



STATE PERINATAL ADVISORY BOARD MEETING

MINUTES

SEPTEMBER 27, 2007

ATTENDEES	
Jonell Allen	Community Health Network
Virginia Caine	Marion County Health Department
Lisa Cart	Healthy Families of Grant County
Marcia Cherry	Greater Lafayette Health Services
Lisa Crane	Clarian, Methodist Hospital
Susan Dorrell	ISDH
Clementine DuBose	MCH Network of Lake County
Joanne Goldbort	Union Hospital Health Group
Josephine Hughes	National Association of Social Workers
Joe Landwehr	Ball Memorial Hospital
Lauri McCoy	St. Vincent Women's Hospital
Sandy Runkle	Prevent Child Abuse Indiana
Julie St. Clair	University of Southern Indiana
Laurie Weinzapfel	MDWise

Nicole Anderson	MHS
Tina Babbitt	Indiana Perinatal Network
Tara Billingsley	MHS
Raquel Castro	HealthVisions Midwest
Cheryl Fielden	ISDH
Juanita Fitzgerald	Anthem
Julie Foster	Indiana Perinatal Network
Barb Himes	Indiana Perinatal Network
Julia Tipton Hogan	Indiana Perinatal Network
Larry Humbert	Indiana Perinatal Network
Sarah Hundagen	Indiana Perinatal Network
Chantelle Johnson	Anthem
Amie Morehead	MHS
Donna Myers	ISDH
Alexis Neal	BMH
Christa Owens	Prevent Child Abuse
Caitlin Priest	Indiana Perinatal Network
Margie Pyron	Ball Memorial Hospital
Deb Schumacher	MHS
Tasha Smith-Bonds	ISDH
Michele Starkey	ISDH
Dana Waters	Bloomington Hospital



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Marlita Williams	MCCHC
Leah Sumners York	Indiana Perinatal Network

AGENDA ITEM	DISCUSSION
Welcome!	
ISDH Update <i>Beth Johnson</i>	<ul style="list-style-type: none"> -ISDH is working on a new oral health plan; Beth is trying to make sure prenatal care is included. The goal is that by 2012, all pregnant women will have an oral exam and treatment. -Developing a state preparedness plan for high risk/at risk populations— worked to include pregnant women in that list -Working on a new state adolescent plan, including a new council and a new website -ISDH has been awarded a prevention specialist from the CDC for the first time ever—2 year period starting in November. They will be using her to work on prenatal obesity guidelines and to provide education at the consumer level for obese pregnant women; hoping it will eventually become the federal CDC guidelines -New RFP for Title V funds going out in February; will be competitive
Unplanned Pregnancies <i>Larry Humbert</i>	<ul style="list-style-type: none"> -History: Indianapolis was chosen as a national pilot site for the Friendly Access program; this was a community based research effort trying to find out what consumers thought about access to care -Included surveys, focus groups, discussions with community members, facilitative curriculum -Goal was to examine the association between intent of pregnancy and prenatal care -Conducted 525 interviews w/women during their postpartum stay, similar to PRAMS and other national surveys -Women had to be in the hospital and on Medicaid, self-pay or Wishard Advantage -Demographics of group (HANDOUT) -Intent of Pregnancy findings—72% of women had an unintended pregnancy -Associations w/different variables and intent of pregnancy -The Indiana data was not overly different from what's reported in the national data, but nice to have homegrown data—may help people realize the importance of the issue -Asked women if they wanted to be pregnant now, later, or never -The main differences were between the “planned” and “never” groups of women -The biggest difference was in adequate prenatal care



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	<ul style="list-style-type: none"> -Entry into WIC drops significantly between planned and never categories -Limitation factors to consider: this was a relatively small sample size (500 women) of a socially high risk group of women; timing of survey may have impacted outcomes -Conclusions: extremely high rate of unplanned pregnancies in this high-risk group; link between unplanned pregnancy and certain health behaviors; also linked to satisfaction of care -Main conclusion: can't lump unintended pregnancies into one category -Next steps: assess intent of pregnancy as women come into care—important piece of information to know, incorporate this into your efforts to counsel women about health behaviors -Asked by The National Campaign to be part of their work to focus on younger adults -Call to Action has been endorsed by the Indiana section of ACOG
<p><i>Regional Updates</i></p>	<p><i>Southwest Regional Perinatal Advisory Board</i></p> <ul style="list-style-type: none"> -Susan Bonhotal has been working since March/April gathering additional data on live births w/no prenatal care or late entry; starting to collect data -Real concerns about access to prenatal care in Southern Indiana -Group has submitted grants w/RFF to do centering training -Started pregnancy care help line--this is a central phone number where a nurse doing pregnancy tests will answer calls and refer women to prenatal care providers; she will also provide information on WIC and prenatal care coordinators. Nurse will make a follow up call one week later. <p><i>Community Health Network</i>--planning labor support conferences; also planning certification course for nurses in inpatient obstetrics—this will be a 1 day course using AWOHNN textbook</p> <p><i>AWOHNN</i>--offers a Neonatal/perinatal orientation education program with modules and videos for new nurses—this is an excellent resource</p> <ul style="list-style-type: none"> -April 11th statewide conference in collaboration w/Indiana midwives -ISU Perinatal Conference will be held Nov. 16 in Terre Haute w/Union Hospital <p><i>Lisa Crane</i>—March of Dimes will be holding Nurses Symposiums across the state. The Indianapolis date is Tuesday, Nov. 13th from 9-12 at Pecar and will include a panel discussing late preterm babies and the challenges they face. Check March of Dimes website for additional dates and more details.</p> <p><i>Lake County</i>--Held health disparities summit on July 18th; next event will be Oct.</p>



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	<p>10th, led by Amie Morehead</p> <ul style="list-style-type: none"> -Starting a countywide fetal infant mortality awareness campaign -Held several focus groups to get information on hospitals and what can be improved -Oct 2nd—should know if Methodist will stay public or go private <p><i>Lauri Weinzapfel, MD</i>—On July 1st, Medicaid increased income eligibility to 200% of poverty level for pregnant women</p> <ul style="list-style-type: none"> -Beginning work on presumptive eligibility, targeting March as an implementation date -How can we publicize these good legislative events? <p><i>St. Vincent</i>—BABE stores are currently collecting diapers for a diaper drive</p> <ul style="list-style-type: none"> -The Signature Chef auction, held October 18th, was a great success -Breastfeeding coalition in Marion County; there will be a statewide coalition conference in May 2008 -Healthy Baby Consortium education subcommittee is working on a brochure for employers about breastfeeding -Now offer maternal transports with a 1 call transfer system <p><i>Indiana Perinatal Network</i>—The inaugural IPN Forum, “Controversies and Innovations in Perinatal Health”, will be held March 19-20 in Indianapolis.</p> <ul style="list-style-type: none"> -Thanks for topic and speaker suggestions at the last meeting; please send any additional thoughts or ideas to jthogan@indianaperinatal.org. -IPN will be sending out a call for abstracts and an awards nomination form in late October <p><i>Community Council</i>—The “United In Indiana: Safe Sleep for Babies” workshop was held Oct. 23rd at Hendricks Regional Health with close to 100 participants</p> <ul style="list-style-type: none"> -A subcommittee of the ISDH Community Council has been working on developing a safe sleep policy and proposed curriculum for Indiana hospitals; received feedback from nursing staff at the workshop -The group is finishing up inpatient work and will focus on outpatient messages next <p><i>Dana Waters, Bloomington Hospital</i>—Looking at induction and augmentation issues; bringing together nurses and physicians to agree on standards</p> <ul style="list-style-type: none"> -Started as a milk bank donor site at WIC site; hospital is getting ready to go Baby Friendly
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<p><i>Public Policy</i> <i>Caitlin Priest</i></p>	<p>-Caitlin will be giving updates on policy and legislative issues; if you are aware of a current issue or want more info, let Caitlin know. She can be reached at 317.924.0825 x4231 or cpriest@indianaperinatal.org.</p> <p>-Substance use during pregnancy update—Prenatal Substance Use Commission members have all been appointed and met on Oct. 9th for the first time</p> <p>-SCHIP update—the House failed to override the president’s veto of the bill to reauthorize SCHIP for the next five years. The current authorization to keep the program funded has been extended to Nov while the House, Senate and Executive Branch try to negotiate an acceptable long term compromise.</p> <p>-Bills were introduced last year and were never heard regarding expressing and storing milk in the workplace. Peggy Welch and Vi Simpson are working to tweak language (breastfeeding vs. expressing/storing milk); working w/Breastfeeding Alliance to create a fact sheet to disseminate to legislators; planning meetings w/legislative staffs</p> <p>-Smokefree Ordinance—The American Cancer Society is looking at introducing a smoke free ordinance; focusing on employee aspect—not just a patron aspect but a worker aspect as well</p>
<p><i>2008 Issues</i></p>	<p>Ideas for IPN or SPAB to work on for 2008</p> <p>-Prescription substance use in pregnant women—Indiana does not have a statewide Rx database; this causes problems w/women picking up multiple prescriptions at different pharmacies in different cities and states. Do we need a nationwide database of prescriptions?</p> <p>-Need to communicate that pregnant woman should get prenatal care and not worry about how to pay for it; they can’t wait until they get through the Medicaid system to start</p> <p>-Need to tackle the access to care issue. There are issues with Medicaid and the number of providers that will accept Medicaid recipients.</p> <p>-Women who are incarcerated lose their Medicaid and then can’t find anyone to give them care. Sometimes these women are jailed because of substance use, which further complicates the issue. Medicaid often stops because the county assumes that medical care will be given by the jail.</p> <p>-Dr. Caine said that this could be a great initiative to work on; also, ACOG and AAFP should be made aware that there are not enough providers for incarcerated women</p> <p>-Dana Waters (Bloomington) mentioned that the hospital leverages doctors to take Medicaid via admitting privileges and other contractual arrangements.</p> <p>-Dr. Caine asked what are the standards of care for pregnant women while in prison? Should Indiana legislate a minimum standard of care for incarcerated</p>



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	<p>women?</p> <ul style="list-style-type: none"> -IPN should support initiatives to improve prenatal outcomes (CMS guidelines) -create a practice alert for giving progesterone to reduce risk of recurrent preterm birth -reemphasize the inclusion criteria of who should benefit from progesterone; preterm birth rate has not changed—we need to reduce the risk factors that cause it -HIV protocols are showing large reductions in vertical transmissions; CDC strongly advised universal screening for pregnant women -need a consensus statement saying that IPN agrees with those guidelines -Dr. Caine is on the advisory committee for CDC; they are advocating universal screening for everyone; issues with verbal vs. written consent -IPN Perinatal Mood Disorders task force—looking at screening at well checks for PMD -The problem is having services available for follow-up care once doctors identify women at risk. Medicaid only covers 6 weeks of treatment after birth; if patient has certified PMD, is there a waiver so they can continue treatment? -We need a cost-benefit analysis to show that monthly visits and medication will cost much less than emergency room visits in the long run
<p><i>Next Meeting</i></p>	<p>Look for 2008 dates to be announced soon</p>