Department of HUMAN SERVICES

Maternal Health Listening Session

February 9, 2022

Agenda

- Introduction and purpose of listening session
- For the following were you able to access in your community or did you have to travel?
  - Prenatal services
  - Services during pregnancy
  - Labor and delivery services
  - Services after delivery
- Case management and supportive services
- What would you like to see improve about pregnancy and postpartum care?
- Next Steps

For the following were you able to access in your community or did you have to travel?

- Prenatal services
  - More scarce
  - Not a whole lot of culturally competent care to prepare women and families
    - QC/BH/Dubuque area – different in access geographically but challenging to find providers that are black
    - Some providers do not accept certain types of insurance
  - Struggle finding providers in general – people don't know where to start to look
  - Conversations around cesarians and inductions are very different depending on race/ethnicity
  - Challenge for some to find support for vaginal birth after cesarian
    - Per ACOG guidelines almost all individuals are eligible but these are not always followed
    - Does not necessarily fall more positively in urban areas

For the following were you able to access in your community or did you have to travel?

- Labor and delivery services
  - Access issue across the state – would love to see increased access to midwives
    - Midwives should be reimbursed similarly – they have good outcomes and will improve access
  - Women in the state are foregoing prenatal care because they cannot get to care or supportive care (per individual choice of type of delivery)
  - Women are traveling distances to be allowed to follow birth plan (allowing movement, doulas, etc.)
    - Not being allowed to follow birthplan is traumatizing
    - Nursing staff need to have access to birthing plans and get to know patient – birthing experience and choice is not one size fits all
  - Medicaid reimbursement for doulas is critical to increase access as well to continuous labor support
  - Important for VBAC supportive care
    - If you are in DSM, you have to drive to Iowa City or Omaha
    - Provider might say that they are supportive but start talking about repeat caesarians at 36 weeks – shows up in data
- Services after delivery
  - Significant difference in how support is available depending on race/ethnicity
    - Automatic assumption that black patients or patients of color will use formula while other populations have more access to support
  - Extending post-partum period for Medicaid
    - With ARPA, states can opt-in to 12 month coverage post-partum
    - A lot of women would benefit from mental health services and title V services
    - Supports after miscarriages included
  - Therapists that understand and can properly diagnose and bill for post-partum depression
    - Currently no providers of color
  - Physical therapy also important during and after pregnancy
  - Post-partum checks 2 weeks after are important – right now standard practice appears to be 6 weeks (too late)
  - Post-partum screenings do not necessarily catch anxiety and other issues

Case management and supportive services

- Looking at questions/concerns about food, housing, transportation, childcare (ACES)
- Many women do not have income for at least a part of leave after delivery
- Why does Iowa not have a provider trained in breach birth?
- Connecting birthing partner with supports and services as well (mental health)
- The ratio for patients of color gets even smaller when combined with other considerations
- What is level of education and competency that a social worker has – need better clarity about expectations to help support family members
- Transportation is huge component for those without access to home services
- Title V is a home care services – provide care coordination but are unable to bill since managed care began
  - Consider when an outside party can get reimbursed for this service and benefits
- Iowa doula collective has training program that includes a mom's group and breast feeding support group
- Often work is being done on grants or free – how can organizations still stand on their own while receiving state funding
  - Would be ideal if there would be flexibility for program to run how it needs to provide the best outcomes without being over-managed by state
  - Report data collected anyway
  - Need to be supported for continuing education so that evidence-based care is updated
- Today, much of the peer support is white led and by volunteers
  - ICAN is run virtually and in person in some locations – does prevention, education, pregnancy/post-partum support
  - Sometimes groups are led by local businesses which creates some awkwardness if not using the services of that business
  - Many supports are geared for individuals who are working less than full-time – need to be inclusive for individuals with different schedules
- Everystep
  - Have interpreters so that available more broadly – need to have plenty of interpreters and paid competitively
- Smaller opportunities for professionals that are building out higher certification are important to consider

What would you like to see improve about pregnancy and postpartum care?

- Clients who get an epidural have little information to make decision – should be a part of their regular prenatal appointments
- Ensure that home births and birth center midwives are reimbursed equivalent to doctors
- Reimburse for doula care
- Make sure that hospitals are provided more options for comfort (water births, gas instead of other meds, tubs of water)
- In some states, to improve c-section rates the state reimburses for vaginal birth at the same rate as c-sections
- Include reduced c-section rates as a performance measure
- Access issues are reported due to 24/7 anesthesia – ACOG does not require
- Some anesthesiologists do not allow doulas in the room or in recovery
- Referrals from WIC offices to avoid persons falling through the cracks
- Reliable transportation
- 12-month post-partum coverage
- Promote more education on infant conditions (CMV)
- Title V are allowed 10 visits in 200 days – if more visits were covered, could serve more people
- Additional access to PT care
- Outreach to family if there is a loss (mom or child) – need to connect to resources for grief
- Need for more culturally competent care
- Good relationships to promote sharing to identify potential domestic violence – better referrals
- Improved access and follow-up for individuals pregnant and post-partum at risk of substance use issues
  - Assumptions that quick births are the result of drug use – testing occurring – fear that child will be taken
  - Switching OBs late triggers a drug test (how can we track this?)
  - Need to remove stigma and be more supportive
- Is there a need for Family's First education
- Incent best practices to prevent obstetric violence
  - Patients need to be educated about how to report abuse (other than hospital)
- Smaller hospitals can have less options for movement or birthing choice because of space constraints?
- Unnecessary cervical checks are happening today
- Overuse of ultrasounds – providers are using to promote induction and/or c-section
- Should be standard that second opinion is needed for a recommendation to induce
- All Medicaid enrolled individuals should have access to electric breast pumps
  - Also need education around how to use pump, how to store milk, how to defrost milk, and how to clean bottles
- Ensure more access to funding for car seat or crib for safe sleep practices
- Breastfeeding mothers need more lactation space