

Healthy NJ 2030 Maternal Infant Health Subcommittee  
 April 22, 2022

Attendance:

Member	Role	Present	Absent
Julie Blumenfeld		X	
Lisa D'Amico		X	
Renee Kraus	Co-chair	X	
Genevieve Lalanne-Raymond		X	
Ellen Maughan		X	
Phygenia Nimoh		X	
Jessica Nugent			X
Carly Slutzky		X	
Sanford Starr		X	
Nelly Quinones		X	
Shakila Woltz		X	
Brandie Wooding	Chair	X	

Meeting Minutes

Agenda Item	Lead Speaker	Notes
Ongoing modifications of 'living document' to clarify what each strategy should address and the corresponding activities that would support this.	B Wooding	<p>Using the overall goal: <i>Equitably improve the health outcomes of birthing people and their families in New Jersey</i>, the group discussed each strategy and numerous activities that could be implemented to support them. Additionally, the group agreed that all strategies should address equity, policy and resilience and each period of pregnancy. The conversation focused on broad setting of goals with the understanding that exact metrics will be set later in the process. R Krauss took notes on the actual document during the meeting to capture the members suggestions. Members suggestions related to <b>Strategy #1</b> <i>Ensure universal, equitable, high-quality care in New Jersey's health systems</i> included:</p> <ul style="list-style-type: none"> <li>• Universal home visitation, including awareness that some individuals may not be comfortable having someone in their home</li> <li>• Medicaid coverage for lactation care</li> <li>• Workforce development for lactation related work, including IBCLCs</li> <li>• Inclusion of anti-racism and implicit bias awareness</li> </ul>

		<ul style="list-style-type: none"> <li>• Increased support for programming for families in the postpartum period</li> </ul> <p>Members suggested a <b>new strategy</b> focusing on <i>The first year of life</i>. Suggestions included:</p> <ul style="list-style-type: none"> <li>• Safe sleep</li> <li>• Fatherhood programming</li> <li>• Centering for parenting</li> <li>• Specific focus on parents &lt; 20 years old and &gt; 40 years old</li> <li>• Prematurity prevention programming</li> <li>• Increased clarity, public messaging, and advocacy for the public regarding worker benefits including paid leave. R Krauss will reach out to the First Lady’s office to verify if these issues are already being addressed.</li> </ul> <p>Members suggestions related to <b>Strategy #2</b> <i>Improve the collection, analysis, and application of state-level data on maternal mortality and morbidity</i> included:</p> <ul style="list-style-type: none"> <li>• Collection of birth data specific to provider type (Physician, Midwife)</li> <li>• Allow the hospital facility fee to be billed by a midwife when the birth is attended by a midwife so that billing data accurately reflects the provider type at the birth</li> <li>• Improve the maternal health hospital report card and provide tools to help the public utilize this data.</li> <li>• Include data about breastfeeding exclusivity on hospital report card.</li> <li>• Develop statewide hospital-based internship programs for non-nurse IBCLCs to facilitate workforce development and diversification</li> </ul> <p>Members suggestions related to <b>Strategy #3</b> <i>Strengthen community support and improve coordination between community providers and health systems</i> included:</p> <ul style="list-style-type: none"> <li>• Develop a system to close the loop when the PRA is used to screen patients so that providers have information regarding the referrals they have made</li> <li>• Educate providers regarding the PRA, requirements regarding its use, and best practice for utilization</li> </ul>
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		<p>Members suggestions related to <b>Strategy #4</b> <i>Address the Intersection between Maternal Health, Mental Health and Substance Uses</i> included:</p> <ul style="list-style-type: none"> <li>• Widespread education for hospital administration and providers regarding evidenced based screening for SUD</li> <li>• Develop non-punitive, non-judgmental strategies to facilitate patient disclosure of SUD</li> <li>• Increased statewide access to mental health providers, in particular ones who work with Medicaid</li> </ul> <p>Members suggestions related to <b>Strategy #5</b> <i>Ensure that social services and policies cultivate, and support positive birth outcomes</i> included:</p> <ul style="list-style-type: none"> <li>• Education for hospital administration and providers to ensure that policies and messaging regarding doulas are positive and inclusive</li> <li>• Education for all hospital providers and staff regarding shared decision making, implicit bias and use of inclusive language</li> </ul> <p>Members suggestions related to <b>Strategy #6</b> <i>Establish schools as supportive environment for pregnant teens</i> included:</p> <ul style="list-style-type: none"> <li>• Combine this strategy and <b>Strategy #7</b> <i>Ensure access to contraception, in particular LARC methods</i></li> <li>• Ensure statewide support for pregnant teens</li> <li>• Promote programming for teen pregnancy prevention</li> </ul> <p>B Wooding and R Krause will investigate if Strategy #6 and #7 are part of child health to avoid potential duplication of work</p> <p>The group discussed not creating a new and separate strategy for lactation and will work to incorporate it across existing strategies</p>
Next Steps	B. Wooding	<ul style="list-style-type: none"> <li>• Follow-up meeting is scheduled for Friday May 5<sup>th</sup> at 12pm. B. Wooding will send out a recurring meeting invite</li> <li>• Between meetings B. Wooding and R. Krause will share MCH updates for the group regarding statewide initiatives</li> <li>• Drafts of goal and objectives are due to the larger committee by May 20<sup>th</sup> 2022</li> </ul>

