

NH AIM/ERASE Monthly Webinar  
October 10, 2024

**WELCOME!**

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Julie Bosak & Karen Lee will monitor the chat box and call on you to unmute yourself
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**REMINDERS:**

- Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ [www.NNEPQIN.org](http://www.NNEPQIN.org): [Educational Offerings](#) | [NNEPQIN](#)
- We HIGHLY value your input. Please be sure to **complete the evaluation** that Karen Lee will send to you immediately following the webinar. It takes less than 5 minutes to complete.



**Creating comprehensive postpartum support in these challenging times.**

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## Today's Agenda

**AIM Bundle Updates**  
**Julie Bosak, DrPH, CNM**

**Creating comprehensive postpartum support in these  
challenging times.**

**Kate Stokes, RN, BSN, MPH; Meagan Adams, CHW, RSW,  
doula; and Haley Martell, CLC, RSW, doula**

**NOTE: Today's speakers have nothing to disclose**



## Gender Statement

**We recognize that pregnant people have a variety of gender identities. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.**



A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.



CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.



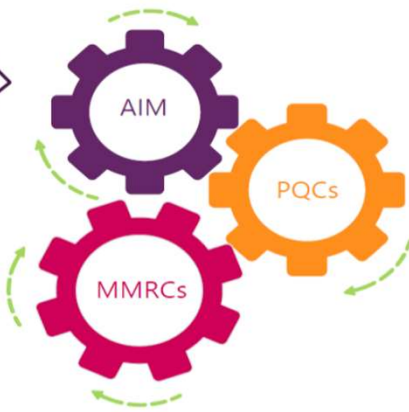
<https://saferbirth.org/>

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

### Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

**Alliance for Innovation on Maternal Health** moves established guidelines into practice with a standard approach to improve safety in care

**Maternal Mortality Review Committees** conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts



**Perinatal Quality Collaboratives** mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Created from a Centers for Disease Control, Division of Reproductive Health source



# Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM



Support implementation of perinatal peer support liaison roles across state to increase postpartum engagement and navigation of services



## Perinatal Mental Health Conditions

Introducing Rebecca Casey MSN, APRN



## Rebecca Casey MSN, APRN

- Becca Casey has a BA from Simmons College (2005) and MSN from Yale School of Nursing (2011).
- Psychiatric nurse practitioner at Dartmouth Hitchcock Medical Center and faculty member at Dartmouth Geisel Medical School since 2018.
- Past six years working embedded in DHMC's obstetrics and gynecology department supporting the mental health of the perinatal population with director, Julie Frew MD.
- Provides proactive inpatient consult service on DHMC's medical floors. She contributes as an educator of psychiatric nurse practitioners and residents. She is a member of the International Marcé Society for Perinatal Mental Health.
- Advanced perinatal mental health training with Postpartum Support International (PSI), MGH women's mental health and the National Curriculum of Reproductive Psychiatry (NCRP).
- Currently pursuing certification in reproductive psychiatry with NCRP's year-long training program



## Becca's Role supporting the NHPQC AIM implementation

### Monday office hours, starting October 14 (virtual)

Bring specific case management questions, typical challenges, come hear what other sites are encountering

<https://dhvideo.webex.com/dhvideo/j.php?MTID=m336ac8b7f2d992242aedd13e806fcc8a>

### Tailored lunch and learns, education and discussion (virtual)

Available for your nursing staff, outpatient providers



## SURVEY SO WE CAN SUPPORT YOUR EDUCATION ON PMHC

We want to hear from you about what areas and topics your staff and providers want more education

<https://www.surveymonkey.com/r/58LPZFP>



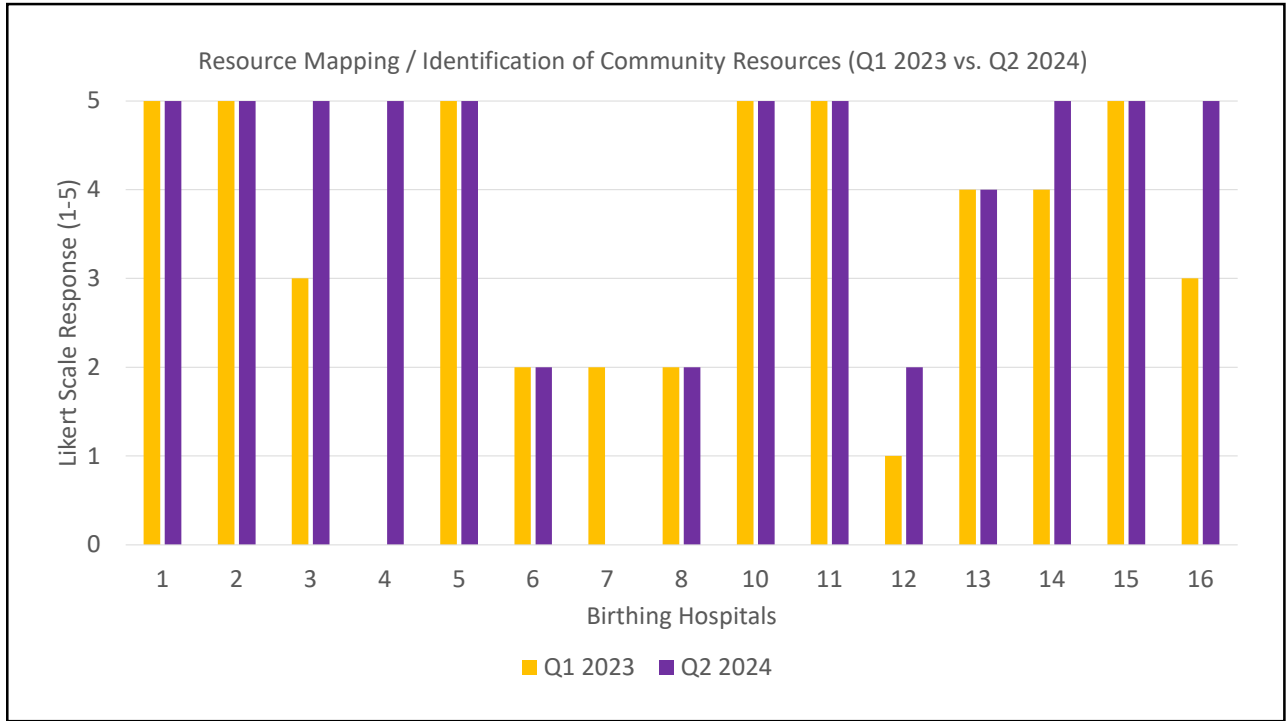
## Thank you for participating in September QA!

Maddie and Maggie have reached out to each site individually to collect the September QA data

Data from Vital Records is expected by mid-October

We will review QA data vs. Vital Records data in our Q3 check-ins with each site





 Dartmouth Health

## Comprehensive Perinatal Support : *Doulas bridging care between the community and healthcare system*

Kate Stokes, RN, BSN, MPH  
Meagan Adams, RSW, Doula, CHW  
Haley Martell, RSW, Doula, CLC



## Agenda and Objectives

- Explore the evidence on doula care
- Learn from recovery coach doulas about their role and their work
- Understand Medicaid reimbursement for doula care in several other states, and explore where NH is at currently

## Maternal health and maternal mortality

- Leading cause of maternal death in the US from 2020 CDC data:
  - Mental health conditions
    - Overdose (unintentional)
    - Suicide
- Among pregnancy-related deaths in 2020
  - 47% occurred 7-365 days postpartum

## What is a doula?

- A companion who provides support through the continuum of perinatal care
  - Prenatal, labor, birth and postpartum support
- Doulas provide:
  - Physical and emotional support
  - Prenatal guidance and resource sharing
  - One-on-one support during labor
  - Advocacy for the birthing person's needs and wishes
  - Education and guidance during the postpartum period on infant and self-care
  - Companionship during the postpartum period

<https://evidencebasedbirth.com/the-evidence-for-doulas>

## Community Based Doula care

- Community-based doulas
  - Trusted and skilled members of the community
  - Ideally culturally and linguistically concordant with their clients
  - Trained to advocate for the birthing person who may face stigma and/or racism, or have a history of previous healthcare-related trauma
  - Prior to the **American Rescue Plan Act**, doula care was generally not covered by Medicaid and most private insurances. Community-based doulas worked as volunteers, were paid through grant funding, or directly charged families for their services.
- Some health systems employ doulas or facilitate volunteer doula services to provide equal access to doula care

<https://evidencebasedbirth.com/the-evidence-for-doulas>

## Why doula care?

### Benefits of doula engagement:

- Decreased rates of cesarean delivery
  - 52.9% lower odds of cesarean delivery (OR: 0.471 95% CI: 0.29 –0.79)
  - Average RR 0.75, 95% CI 0.64 to 0.88; 24 trials, 15,347 women (2017 Cochrane Review)
  
- Decreased rates of postpartum mood disorders
  - 57.5% lower odds of postpartum depression/postpartum anxiety (PPD/PPA) (OR: 0.425 95% CI: 0.22–0.82).
  
- Retrospective cohort study using Medicaid claims data

Falconi et al, 2022.  
Bohren et al, 2017

## Why doula care?

In randomized controlled trial of doula home-visiting, birth parents were more likely to:

- Initiate breastfeeding
  - (81 vs. 74%; OR=1.72, p<.05)
  - Similar results from other studies of in-hospital doula support
  
- Put infants on their backs to sleep
  - (70 vs. 61%; OR=1.64, p<.05)

Hans et al., 2018

## Why doula care?

### Benefits of continuous doula support in labor:

- Increased confidence and autonomy throughout labor
- Less likely to report negative ratings of or feelings about their childbirth experience
  - Average RR 0.69, 95% CI 0.59 to 0.79; 11 trials, 11,133 women (2017 Cochrane Review)

Sobczak et al, 2023.  
Bohren et al, 2017

## Benefits of doulas for clients with mental health and substance use

- Reduced depression and anxiety symptoms
- Assist with referral to mental health professionals (Scoping Review 2023)
- Among patients, increased perceptions of:
  - Emotional support
  - Health literacy
  - Recovery
  - Advocacy

Haiman et al., 2024  
Haerizadeh-Yazdi et al., 2023

## Doula care at DHMC

### Meagan Adams & Haley Martell

- Cross-trained as
  - Doulas (prenatal, labor, birth & postpartum)
  - Recovery support workers
  - Community health workers
  - Lactation counsellors (CLC)
  
- Doula training completed online through Cornerstone  
<https://www.cornerstonedoulatraining.com/>
- Doula mentorship with experienced doula & Evidence Based Birth Instructor, Mary Etna Haac

## Doula care at DHMC

### Observations from working with clients

- Increased connection with population that is typically hard to reach
- Improved self-confidence
- Connection with resources—transportation, food, baby items
- Assistance in getting into treatment
- Support for substance use recovery
- Social support
- Non-judgmental guidance and support
- Assistance with infant care and feeding
- **Education of healthcare staff about substance use and stigma reduction**

If you are interested in recovery support and/or doula services, please call or text us Monday-Friday 8 am to 5 pm:

Call: (603) 650-2602  
Text: (603) 678-0925



## Recovery-Friendly Doula Services



DartmouthHealth.org

JAN06.2024



### What is a Recovery Support Doula?

Our **Recovery Support Doulas** are trained as Doulas and Recovery Support Workers. They have lived experiences that enable them to meet the unique needs of people with substance use disorders during pregnancy, birth or postpartum. They can provide personalized peer support and help in accessing a wide range of local resources and options for supporting well-being.

A **Doula** is a professional who provides continuous, non-clinical support during pregnancy, birth and/or postpartum. Doulas are knowledgeable about birth and the emotional needs of people during pregnancy, birth and postpartum.

A **Recovery Support Worker (RSW)** is a professional who provides guidance and support to people with a diagnosis or history of substance use. RSWs support their clients by providing emotional support, fostering health and resilience and connecting them with resources for meeting basic needs, recovery support, harm reduction and social connection.

### How will my Doula support me during pregnancy and birth?

Your Doula will provide:

- Emotional support and information about pregnancy, birth, postpartum, recovery support and harm reduction
- Guidance in navigating the medical system
- Resource sharing and referrals
- Support in preparing for birth and postpartum
- Support in the use of comfort measures during birth including:
  - Positions, massage, counter-pressure, use of the birth ball and more
- Advocacy and support informed consent
- Support for partners
- Phone/text/email support
- Option to attend your prenatal appointments with you

### How will my Doula support me postpartum?

Your Doula will provide:

- Emotional and physical support
- Education on baby care and postpartum care
- Help with baby care so that you can take a break (e.g., shower)
- Basic lactation support (your doula may be a certified lactation counselor)
- Light housework and meal preparation
- Resource sharing and referrals
- Support for well-being and recovery from substance use
- Phone/text/email support up to 1 year after pregnancy

### RSW/Doulas do NOT:

- Give medical advice
- Perform clinical tasks such as monitoring fetal heart tones
- Diagnose or treat medical conditions
- Make decisions for their clients or interject their personal beliefs
- Care for your children when you are not there

## Federal and state endorsement and legislation

- American Rescue Plan Act 2021- Medicaid Legislation
  - Creates state option to extend coverage to 12 months postpartum, instead of 60 days. States that elect this option must provide full state plan benefits throughout the enrollee's pregnancy and post-partum period.
- NH State Omnibus signed into Budget June 2023
  - Includes coverage of doula care for Medicaid enrollees
  - Expands Medicaid coverage to 12 months postpartum

[Medicaid Provisions in the American Rescue Plan Act | KFF](#)  
<https://healthlaw.org/doulamedicaidproject>  
[Senate Votes to Make Medicaid Expansion Permanent, Approves Other Bills | InDepthNH.org](#)

## Federal legislation

- Omnibus Federal Legislation
  - One Bill signed into law on November 30, 2021
    - *Protecting Moms Who Serve*
  - Remaining 12 bills from Federal Omnibus including '*Perinatal Workforce Act*' are still pending
- Since 2023, the Black Maternal Health Caucus has enacted over \$200 million in NEW Omnibus and maternal health funding through the federal appropriations process

[The Omnibus: Perinatal Workforce Act | Black Maternal Health Caucus \(house.gov\)](#)  
[Appropriations Wins | Black Maternal Health Caucus \(house.gov\)](#)

## Doula workforce expansion through Momnibus

- Expands doula services to low-income birthing people
- Facilitates culturally congruent care

## New Hampshire Medicaid funding for doula care

- Current status:
  - Funding allocated
  - Medicaid credentialing and reimbursement pathways not finalized
  - Planned roll-out September 2025
- DHMC OB-GYN
  - Doula care for pregnant and parenting people with substance use disorders
  - Piloting doula program with Federal HRSA grant funding



## Medicaid reimbursement for doula services in other states

### California

Doulas can be enrolled as an individual Medicaid provider, a group agency providing doula services, or contracted with managed care plans

Covered services: 1 initial visit, up to 8 visits in the prenatal or postpartum period (which is recognized as 12 months following the end of pregnancy), support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage, and up to 2 extended 3-hour postpartum visits

When recommendation by a clinical provider occurs, a doula may provide up to 9 additional extended 3-hour postpartum visits

State of California Department of Health Care Services Doula Services Frequently Asked Questions Document (January 2024). <https://www.dhcs.ca.gov/services/med-cal/Documents/Doula-FAQ-Providers.pdf>

## Medicaid reimbursement for doula services in other states

### Minnesota

Doulas can be enrolled as individual providers or incident to another provider

Covered services:

- 18 non-labor sessions, 1 attendance at the labor, for 19 total sessions

For information about other State Medicaid programs: <https://healthlaw.org/doulamedicaidproject/>

Minnesota Department of Human Services Reproductive Health/OBGYN Provider Manual (May 2024). [https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16\\_190890](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_190890)

## Medicaid reimbursement in NH

We are advocating for the most comprehensive reimbursement in NH!

At a minimum, we would like to see:

- Ability to tailor number of covered visits to patient needs
- Labor and delivery care billed separately from prenatal/postpartum as these may be provided by different people
- Extending coverage for at least 1 year postpartum
- Coverage for unanticipated birth outcomes such as miscarriage and stillbirth

Thank you! Questions?

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## NEXT MONTH

### NH AIM/ERASE Monthly Webinar

Next webinar: November 14<sup>th</sup> 2024

**A multidisciplinary team approach to more effective discharge planning.**





## Perinatal Mental Health Conditions

### Becca open office hours link

<https://dhvideo.webex.com/dhvideo/j.php?MTID=m336ac8b7f2d992242aedd13e806fcc8a>

### SURVEY

<https://www.surveymonkey.com/r/58LPZFP>



# Announcements



# **NNEPQIN Fall Conference**

Designing Strategies to Improve Perinatal Outcomes in  
Northern New England



**Thursday, November 21 - Friday, November 22, 2024**

**Omni Mount Washington Resort, Bretton Woods, NH**