

Perinatal Advocacy Network (PAN)

Meeting Minutes



November 7, 2014 | 1:00-3:00pm

Present	<p>The meeting was held at Video Conferencing Centers statewide.</p> <p>Lin Joseph (March of Dimes), Jacqueline Tellei (Waikiki Health PATH Clinic), Cathy Betts (HSCSW), Anna-Marie Abraham (HSCSW), Pat Bilyk (Breastfeeding Hawaii), Rebeca Kang (Public Health Nursing), Jaymie Lewis (Pernatal/Birth/PP), Lynette Higa (DOH, Central Oahu Nursing), Christine Lindow (DOH, Central Oahu Nursing), Christina Sorte (Enhanced Healthy Start), Jennifer Lawson (Catholic Charities EID), Nancy Partika (DOH, MCHB), Betty Woods (DOH), Donald Hayes (DOH), JoAnn Farnsworth (DOH), Joanne Viloria (HMHB), Lisa Kimura (HMHB), Karla Filibeck (HMHB)</p>
E Komo Mai – Introductions and Provider Updates	<p>The following handouts were distributed:</p> <ul style="list-style-type: none">• Repositional sticker featuring the national breastfeeding symbol• Mini breastfeeding brochure• March of Dimes 2014 Premature Birth Report Card• Paid Family Leave brochure• Hawaii Maternal and Infant Health Collaborative Fall 2014 Newsletter
Paid Family Leave & Other 2015 Legislative Issues	<p>Presenter: Catherine Betts, JD Executive Director Hawaii State Commission on the Status of Women</p> <p>Cathy presented background information on the Paid Family Leave (PFL) initiative. PFL not only benefits mothers but also families providing care for ill or elderly family members. California has implemented PFL for a number of years so it serves as a good model. Studies have shown positive outcomes for maternal and child health. HB 2097 would allow for 12 weeks of paid leave and would be entirely employee funded through a small payroll tax. It features universal eligibility, and a new parent could take TDI and PFL/TDI in conjunction for a maximum total of 20 weeks. Cathy encouraged participants to visit www.humanservices.hawaii.gov/hscsw and complete the PFL survey. Anyone interested in participating in a working group to hone and revise this bill should contact Cathy at catherine.a.betts@hawaii.gov. The first Caregiver Coalition meeting will be held on either November 12th or 18th.</p> <p>Cathy also presented other 2015 measures and discussed implementation of HB 411 that was passed and signed into law by Governor Abercrombie in 2013. This law mandates that all emergency rooms in the state must provide information about and access to emergency contraception following a sexual assault. Efforts are currently underway to outreach and provide education on compliance. Efforts will be made to survey hospitals, provide compliance checklists and educational posters, and train ER staff. Anyone interested in joining the compliance and outreach team should contact Cathy at catherine.a.betts@hawaii.gov.</p> <p>To see Catherine's entire presentation, please reference the attached PowerPoint.</p>
Perinatal Support	Presenter: Lisa Kimura, MBA

Needs Assessments	<p>Executive Director Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB)</p> <p>Lisa presented findings from needs assessments conducted on post-partum depression (PPD) and breastfeeding support in June 2014. A parent survey and a provider survey were administered statewide.</p> <p>Lisa discussed key findings on postpartum depression support. For example, parent participants reported that recurrent discussion of PPD is important for new mothers. Furthermore, the majority of providers did not feel that they received adequate training around PPD support and treatment. Recommendations included increased training for health care providers about PPD symptoms and treatment as well as implementing a system of consistent and recurrent PPD screenings by providers, among others.</p> <p>Lisa also discussed the barriers to breastfeeding that were identified in the needs assessment as well as the next steps for addressing the barriers. For example, participants reported that mothers wait too long to ask for help and/or do not know where to access help. Therefore, efforts should be made to expand the reach of supportive programs, especially in rural areas and on neighbor islands. To see the entire summary of needs assessment findings and recommendations, please reference the attached reports.</p> <p>HMHB conducts two needs assessments per year as part of its contract with the Department of Health. PAN members discussed topics for future needs assessments and suggested the following: 1) Immunizations, specifically pertussis; 2) Safe sleep; 3) Alcohol use during pregnancy, specifically doctors' recommendations. To suggest additional topics, please contact HMHB at info@hmhb-hawaii.org.</p>
Hawaii Maternal & Infant Health Collaborative Update	<p>Presenter: JoAnn Farnsworth, MS Consultant to the Hawaii Infant & Maternal Health Collaborative</p> <p>Presenter: Donald Hayes, MD, MPH CDC-Assigned Epidemiologist Hawaii Department of Health</p> <p>Don presented data on the overall infant mortality rate 1990-2013 for the State of Hawaii, which was trending downward until 2013 when it increased to 6.1 deaths per 1,000 live births. The Hawaii Maternal and Infant Health Collaborative emerged from the Executive Office of Early Learning's efforts to improve readiness in 3rd grade. The Collaborative focuses on the "First 1,000 Days," which includes the year before conception, pregnancy, and the first year after birth. Its outcomes are to reduce preterm births by 8% and decrease infant mortality and morbidity in the first year of life by 4%. The Collaborative has a "Core Team," three workgroups, and a large membership of more than 100 stakeholders that meet regularly to: 1) improve pre- and inter-conception care, 2) Improve care during pregnancy and delivery, and 3) Improve infant health and safety. Anyone interested in becoming involved in the Collaborative may contact HMHB at info@hmhb-hawaii.org.</p> <p>To see Don's entire presentation, please reference the attached PowerPoint. Prior to the meeting, PAN members were asked to consider the following questions:</p>

	<ul style="list-style-type: none"> • Are there cultural or other barriers to the use of LARC, reproductive life planning, SBIRT, or Safe Sleep practices? • Who in your community would benefit most from improving access to LARC? What would be the most effective way to work with women on reproductive life planning? • How extensive a problem is alcohol and substance use during pregnancy in your community? What would be the best approach in your community to work with clinicians and providers to implement SBIRT? • Who in your community would benefit most from education on safe sleep practices? What would be the most effective way to work with mothers on safe sleep environments? • How can our messages regarding safe sleep practices and home safety be effective? <p>PAN members identified the following barriers to the use of LARC and reproductive life planning:</p> <ul style="list-style-type: none"> • <i>Cost; Some are not covered by insurance</i> • <i>Not thinking about birth control when pregnant</i> • <i>Not returning for post-partum visits</i> • <i>Substance abuse</i> • <i>Transportation</i> • <i>Childcare</i> <p>Jacque shared the PATH Clinic's approach to the use of LARC and reproductive life planning among women who have a history of substance abuse. She noted that they address the root cause of the substance abuse by offering a non-judgmental space, providing support, and removing barriers. They served 125 people last year and have seen an increase in the number of women using LARC and other birth control methods.</p> <p>PAN members discussed the following regarding safe sleep practices:</p> <ul style="list-style-type: none"> • <i>There are very different demographics. On one side, you have those who co-sleep, breastfeed, and babywear. On another side, you have those who are terrified of falling sleep because their doctor has told them their baby will die. These women put their babies to sleep safely but chose not to breastfeed. On yet another side, there are those who don't listen to education and feel "my family did it, so it's OK." All are unsafe for different reasons, so we must reach them in different ways.</i> • <i>Safe sleep is a divisive issue for people. Risk reduction strategies are important or else some will tune you out completely.</i> • <i>There are AAP guidelines for safe co-sleeping.</i> • <i>Motivational interviewing could be used to encourage safe sleep practices.</i> <p>Due to time constraints, the group was not able to discuss all of the questions posed. Responses may be submitted to info@hmhb-hawaii.org at any time.</p>
Birthplace Hawaii Study	<p>Presenter: Tetine Sentell, PhD Assistant Professor Office of Public Health, University of Hawaii at Manoa</p> <p>Tetine shared an overview of her study, <i>Hospital Quality Reports For Expectant</i></p>

Mothers: Considering Race and Language, funded by the Agency for Healthcare Research and Quality (AHRQ). The study's three aims are:

1. Compare inpatient maternal health quality outcomes across diverse Asian American and Pacific Islander and non-English speaking populations using Hawaii all-payer hospitalization data (2008-2012).
2. Interview new mothers from diverse Asian American and Pacific Islander and non-English speaking populations about their delivery decision including which factors were important and how they made their decision.
3. Design and pilot test a personalized, interactive, consumer-focused, easy-to-understand website concerning the maternal hospital delivery decision in English and a non-English language (Chinese).

Tetine shared screen shots of the Birthplace Hawai'i website with PAN members and discussed its features. The website is intended to assist women in choosing a quality hospital in Hawaii at which to deliver their baby. It is currently undergoing testing with English and Chinese-speaking women in Hawaii. It is not yet known if the AHRQ or another entity will choose to fund the launch and implementation of the website following the conclusion of the study.

To see Tetine's entire presentation, including findings from the study's aims 1 and 2, please reference the attached PowerPoint and published paper.