

# Perinatal Advocacy Network (PAN)

Meeting Minutes



healthy mothers  
healthy babies  
COALITION OF HAWAII

February 12, 2015 | 1:30-3:30pm

<p><b>Present</b></p>	<p>The meeting was held at Video Conferencing Centers statewide.</p> <p>Nancy Partika (DOH, MCHB), Sharon Taba (Same Small Boat Productions), Lynn Wilson (Same Small Boat Productions), Autumn Brody (ACOG), Joanna Stallsmith (UH Dept. of Public Health), Don Hayes (DOH), Lin Joseph (March of Dimes), Laurie Field (Planned Parenthood), Christina Sorte (Enhanced Healthy Start), Lea Garner (JustTheDoula), Honorah Domizio (DOH, Bay Clinic WIC), Audrey Inaba (DOH), Maylyn Tallett (DOH), Christine Lindo (DOH, Central Oahu Nursing), Janet Clanton (DOH, Central Oahu Nursing), Selena Green (Hale Kealaula, LLC), <b>Milaka Robins (CHECK)</b>, Jennifer Lawson (Catholic Charities EID), Martha Yamada (DOH), Lisa Kimura (HMHB), Joanne Viloria (HMHB), Derek Galanto (HMHB), Melissa Nagatsuka (HMHB)</p>
<p><b>E Komo Mail – Introductions and Provider Updates</b></p>	<p>The following handouts were distributed:</p> <ul style="list-style-type: none"> <li>• Repositional sticker featuring the national breastfeeding symbol</li> <li>• Mini breastfeeding brochure</li> <li>• Pregnancy and Alcohol Brochure – ETR Associates</li> <li>• Family Planning Brochure – Department of Health and Human Services</li> </ul> <p>The following handouts were circulated:</p> <ul style="list-style-type: none"> <li>• Oral Health Care During Pregnancy: A National Consensus Statement</li> <li>• Oral Health Care During Pregnancy</li> <li>• Access to Oral Health Care During the Perinatal Period – A Policy Brief</li> <li>• A Healthy Smile for Your Baby – Tips to Keep Your Baby Healthy</li> </ul>
<p><b>Paid Family Leave &amp; Other 2015 Legislative Issues</b></p>	<p>Presenter: Lisa Kimura, MBA Executive Director Healthy Mothers Healthy Babies Coalition of Hawaii</p> <p>With special thanks to Laurie Field, Lin Joseph, and Autumn Brody</p> <p>Lisa 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 4096 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. Lisa also presented other 2015 measures and ____.</p> <p>To view Lisa’s entire presentation, please reference the attached <b>PowerPoint</b>.</p>
<p><b>Disease Prevention</b></p>	<p>Facilitator: Lisa Kimura, MBA</p>

<p><b>and Optimal Nutrition During Pregnancy Discussion</b></p>	<p>Executive Director Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB)</p> <p>Prior to the meeting, PAN members were asked to consider relevant questions that yielded the following responses:</p> <ol style="list-style-type: none"> <li>1. Need to increase consumption of lean protein, fresh organic vegetables</li> <li>2. Need to decrease the consumption of sugar</li> <li>3. Need to consume good, balanced meals while monitoring/limiting carbohydrates (especially if at risk for GDM) and adequate folic acid and iron supplementation</li> <li>4. Increase access to foods high in fiber and omega fatty acids (whole grains, fish, fresh fruits and veggies)</li> <li>5. Gestational Diabetes (diabetes mellitus), Hypertension (and Pregnancy-Induced Hypertension), Preeclampsia, and Polycystic Ovary Syndrome are common chronic diseases</li> <li>6. Salient barriers to 1) optimizing nutrition during pregnancy and 2) chronic disease management during pregnancy: <ul style="list-style-type: none"> <li>• Getting women into care earlier in their pregnancy</li> <li>• Having providers on the same page with nutritional information</li> <li>• Lack of care/optimization of chronic medical conditions prior to pregnancy</li> <li>• Patient compliance and awareness</li> <li>• Lack of resources to purchase fresh produce and limited knowledge around cooking; having multiple children and being unable to cook</li> <li>• Stress and work schedules</li> <li>• Cost and access to fresh foods and resources</li> <li>• Drug use</li> <li>• Poverty</li> <li>• Cultural barriers</li> </ul> </li> <li>7. Patients diagnosed with chronic diseases or gestational diabetes are being referred to: <ul style="list-style-type: none"> <li>• Their current OB provider</li> <li>• Maternal-fetal medicine and sweeter choice diabetic program</li> <li>• Diabetes in pregnancy program (ADA certified) in office</li> <li>• In-house dieticians</li> <li>• Kapiolani to University Women's Health Specialists, Fetal Diagnostic Institute of e Pacific</li> </ul> </li> <li>8. Patient compliance to guidelines associated with gestational diabetes/chronic disease prevention or management are across the spectrum with very compliant and not compliant at all being common.</li> <li>9. Suggestions to improve nutrition during pregnancy/chronic disease rates: <ul style="list-style-type: none"> <li>• Diet diary upon entering care</li> <li>• Evaluating and re-evaluating diet at every appointment</li> <li>• Explanation of the effects of good/poor nutrition on mom and baby; discussion on how poor nutrition affects her body during labor and in the postpartum period</li> </ul> </li> </ol>
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- Education on importance of preconception optimization
- Preconceptual consultation and management of diabetes and hypertension. However, HMSA does not reimburse for preconceptual consultation
- A training for providers specifically on GDM or HTN/PIH would be helpful; cooking classes for women with GDM
- Expand food options with WIC, increase income maximums, give out information freely and often
- Opening a safe prenatal care clinic for drug users
- Increase education and access
- Have Centering Pregnancy to develop support groups in the community
- Nutritional/chronic disease counseling support groups/classes available in the community
- Care co-coordinators assigned to patients with nutritional risk and/or chronic disease state

Additional information collected through the facilitated discussion:

Hilo

- Prenatal care (domino effect) – substance abuse during pregnancy (illegal and prescription drugs) – not going to prenatal care of fear that they will be tested for it
- High obesity rate/unsure how to cook; require recipes, tips, education on high fructose corn syrup, soda, etc.
- Moms who live in single room housing or similar locations may not have kitchens, which leaves no way to cook; families tend to pick up easy items to eat as well as items with a long shelf-life
- Fast food and packaged ramen is a staple as it is easily accessible and convenient; the only restaurant in Hilo with multiple locations is McDonalds
- UH Cooperative Extension – Fnet – cooking classes, demonstrations, etc., budgeting, financial planning
- Food bank – delivery of fresh produce from Farmer’s Markets – can get it with EBT (\$10/week and must pick it up / very slow to grow / no delivery site)
- Free perinatal health education series
- No facilities are available in Pahoa; able to provide information and hope for the best; stores in Pahoa do not accept EBT; convenience mart exists and qualifies as a WIC dealer (used to require travel to Keao, Hilo)
- The Farmers’ Market (accepts EBT) is much cheaper than the supermarkets in Hilo

Oahu

- Convenience
- Markets are sometimes more expensive

	<ul style="list-style-type: none"> <li>• An early start to education and cooking</li> <li>• More advertisement of Farmers' Markets / get cost down to make it more appealing to the public</li> <li>• Autumn Brody shared that many patients come in with undiagnosed chronic diseases and they do not seek care during pregnancy due to insurance issues; women must also learn how to manage themselves</li> </ul> <p>Midwife</p> <ul style="list-style-type: none"> <li>• Early entry into care; improved education</li> <li>• The importance of the intersection between chronic disease and pregnancy</li> </ul> <p>Available and suggested resources:</p> <ul style="list-style-type: none"> <li>• Hawaii Island Perinatal Program (Public Health Nursing – Malama Perinatal)</li> <li>• Diabetes classes – Hui Malama / Clinic</li> <li>• Women that don't get prenatal care of any kind – not wanting to be judged, reported, stigma, etc. – therefore need substance abuse place to get prenatal care without having to be judged at a normal OB / women were successful as a "secondary issue" – requesting a similar program available to local women</li> <li>• Maine model – matrix to provide resources / screen</li> <li>• PATH Clinic on Oahu – was supposed to be a statewide model to address substance abuse – should get them involved</li> <li>• Sweeter Choices – consultation, meet with diabetic and nurse educator; nutrition counseling; tailor nutrition program culturally (GSM is high amongst Pacific Islanders)</li> <li>• GSM is an issue for specific populations (Micronesian, Marshall Islanders; Asians too); getting GSM is a gateway to healthier efforts across family members; issues regarding beetle nut use; impacted hypoglycemia – screening issue (improved testing); high rates of prematurity and hypertension, preeclampsia (among Filipinos)</li> </ul>
<p><b>Exploring New Prenatal Oral Health Resources</b></p>	<p>Presenter: Joanne Vilorio, MPH  Facilitator: Lisa Kimura, MBA  Healthy Mothers Healthy Babies Coalition of Hawaii</p> <p>To view Joanne's entire presentation, please reference the attached <b>PowerPoint</b>.</p> <p>Prior to the meeting, PAN members were asked to consider relevant questions that yielded the following responses:</p> <ol style="list-style-type: none"> <li>1. Currently, oral health discussions either: occur briefly; occur frequently (with a video presentation); occur at the initial OB visit or in a preconception visit; or not at all. One respondent mentioned that he/she recommends dental cleanings, informs patients of where they can access sliding fee dental services (QUEST doesn't have dental coverage for pregnancy). He/she also informs patients that dental disease is directly related to preterm labor and delivery and the importance of good oral health and taking care of any dental</li> </ol>

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concerns during pregnancy.

2. Common dental needs/concerns include: dental caries (cavities), lack of care for many years prior to pregnancy; lack of insurance; need for preventive care before, during and after pregnancy; limited access; need for routine cleanings, cavity fillings, abscess, root canals, teeth extractions; need for dental consult in relation to growths (whether abscessed vs. pregnancy-related)
3. Patients with oral health concerns are referred to: local dentists; FQHC's that have dental programs (Kokua Kalihi Valley, Waimanalo Health Center, Waianae Coast Comprehensive Health Center, Kalihi-Palama Health Center); provided a list based on their insurance
4. Barriers to accessing oral health care during pregnancy include: a lack of insurance; cost; transportation; providers unwilling to provide oral care to pregnant women; poor oral health due to years of no dental services
5. There is a consensus that there is a need for greater oral health education among OBs and other providers who see pregnant women and a need for more prenatal oral health outreach materials and/or services. A respondent have mentioned that promoting oral health through WIC would be ideal.
6. Respondents shared that the resources they are lacking as health providers/professionals working with the perinatal population include: dental information; difficulty finding neurologists willing to see pregnant patients; money; providers need to develop oral health competencies and feel comfortable providing oral health care to their population; nutritional resources; labor support services; new mom support groups; childbirth classes across the island; classes to learn baby-wearing, cloth diapering, infant CPR, information on pain options and risks involved with them as well as way to stay involved with the labor even if they have an epidural, patient rights in their chosen birth environment, questions to ask your health care provider, development of fetus with activities families can do to be involved in their pregnancy

Additional information and comments collected through the facilitated discussion:

- Issues with prenatal care providers referring pregnant women to oral care
- DOH: 1/3 of women report getting a dental cleaning
- Low utilization/high priority group (DOH will have results available shortly)
- Most health centers have dental, but integration is key
- Misperceptions about risk – dentists have issues around risk involved on behalf of dentists
- Same Small Boat Productions received a grant from the Chamber of Commerce Public Health Fund and provided dental oral health training for Maternal Oral Health Early Childhood Home Visiting throughout the State; they produced an 8-topic DVD that was evaluated by the International Journal of Dentistry; training and DVD had lead to statistically significant results in family behavior; also

	<p>part of the Headstart Programs</p> <ul style="list-style-type: none"> <li>• Issue: discomfort of home visitors to encourage oral health during visits</li> <li>• Across 100 home visitors; didn't understand the importance of oral health during pregnancy/preconception – Videos are available to interested organizations</li> <li>• Issues around referring women – need a type of prenatal dental kit – basic points – with basic information – make creative approaches to bridging regular health care with oral health</li> </ul>
<p><b>Resources Lacking and Comments</b></p>	<p>Through facilitated discussion, we were able to gather a list of resources that would be of assistance to perinatal support service providers include:</p> <ul style="list-style-type: none"> <li>• Flyers or posters</li> <li>• Case management for patients requiring transportation to the mainland for fetal and neonatal care not provided in Hawaii</li> <li>• Upon addressing dental issues, midwives who provide concurrent care with OBs, have very little resources to refer to</li> <li>• Women will not look for dental care, prenatal care – no time, resources, etc.</li> <li>• Compiling a list of available dentists is necessary</li> <li>• WIC tried to include oral health – beginning packet/don't know if additional resources are available</li> <li>• Starting to connect parents to dental providers (Pahoa)</li> </ul>

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