



Maternal Health Leadership Council Meeting

January 18, 2022

12:00 – 2:00 PM

Zoom Meeting <https://mtgov.zoom.us/j/88429847215?pwd=TTkwWUJQRlpNY1I3bFZEUUVKVFIQT09>

Meeting ID: 884 2984 7215 Password: 499747

Agenda

12:00 – 12:10 Roll call, review agenda and approve minutes

12:10 – 12:35 **Montana's Levels of Care Assessment Tool (LOCATe) Results and Next Steps**
Carla DeSisto, PhD, MPH - Epidemiologist | Maternal Health and Chronic Disease Team
Maternal and Infant Health Branch | Division of Reproductive Health

12:35 – 12:45 Questions and discussion

12:45 – 12:50 Hospital Award Designation for Dedication to Maternal Health Care

12:50 – 12:55 Break

12:55 – 1:40 **Montana Tribal Perspective of Healthcare**
LeeAnn Bruised Head, Crow Tribal Health Department Director

1:40 – 1:55 Questions and discussion

1:55 – 2:00 Public comment

Next meeting – April 19

Emergency Obstetrics data

Native American Historical Trauma

CDC Levels of Care Assessment Tool

Montana Results



Risk-Appropriate Care (Perinatal Regionalization)

- Strategy promoted in 1976 March of Dimes report*
- Guidelines set by AAP and ACOG/SMFM
- Simple concept quickly embraced by many states
- Enhanced by public health research



*Committee on Perinatal Health. Toward Improving the Outcome of Pregnancy: Recommendations for the Regional Development of Maternal and Perinatal Health Services. White Plains, NY: March of Dimes National Foundation, 1976.

How Should Risk-Appropriate Care Work?

Shared understanding of facilities' levels of care
(Level I, Level II, Level III, or Level IV)



Delivery occurs at facilities where the anticipated
appropriate level of care is available



Level III and IV facilities work to provide support to
Level I and II facilities when needed

Levels of Neonatal Care

Facility Level	Definition
Level I	Well born nursery – Provide basic levels of care to neonates who are low risk and have the capability to perform neonatal resuscitation at delivery and provide postnatal care for healthy newborn infants.
Level II	Special care nursery – Provide care to stable or moderately ill newborn infants who are born at 32 weeks' gestation or more weighing 1500 g or more at birth with problems that are expected to resolve rapidly, without anticipated need of subspecialty-level services of an urgent basis.
Level III	NICU – Meet level II requirements and have continuously available personnel (neonatologists, neonatal nurses, and respiratory therapists) and equipment to provide life support for as long as necessary. A broad range of pediatric medical and surgical subspecialists should be readily accessible on site or by prearranged consultative agreements.
Level IV	Regional NICU – Meet level III requirements, have considerable experience in the care of the most complex and critically ill newborn infants, and have pediatric medical and surgical consultants available on-site 24 hours a day, with the capability for surgical repair of complex conditions.

Levels of Maternal Care

Facility Level	Definition
Accredited Birth Center	Care for low-risk pregnant persons with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth.
Level I	Care for low- to moderate-risk pregnancies with ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum, or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available.
Level II	Level I facility plus care of appropriate moderate- to high-risk antepartum, intrapartum, or postpartum conditions.
Level III	Level II facility plus care of more complex maternal medical conditions, obstetric complications, and fetal conditions.
Level IV	Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant persons and fetuses throughout antepartum, intrapartum, and postpartum care.

* ACOG, SMFM, Kilpatrick, S., Menard, K., Zahn, C., Callaghan, W.M. Levels of Maternal Care. AJOG. 2019.

What is CDC LOCATe[®]?

Produces standardized assessments

- Based on guidelines by AAP and ACOG/SMFM
- Strengthens evidence for necessity of increased specificity in criteria

Facilitates stakeholder conversations

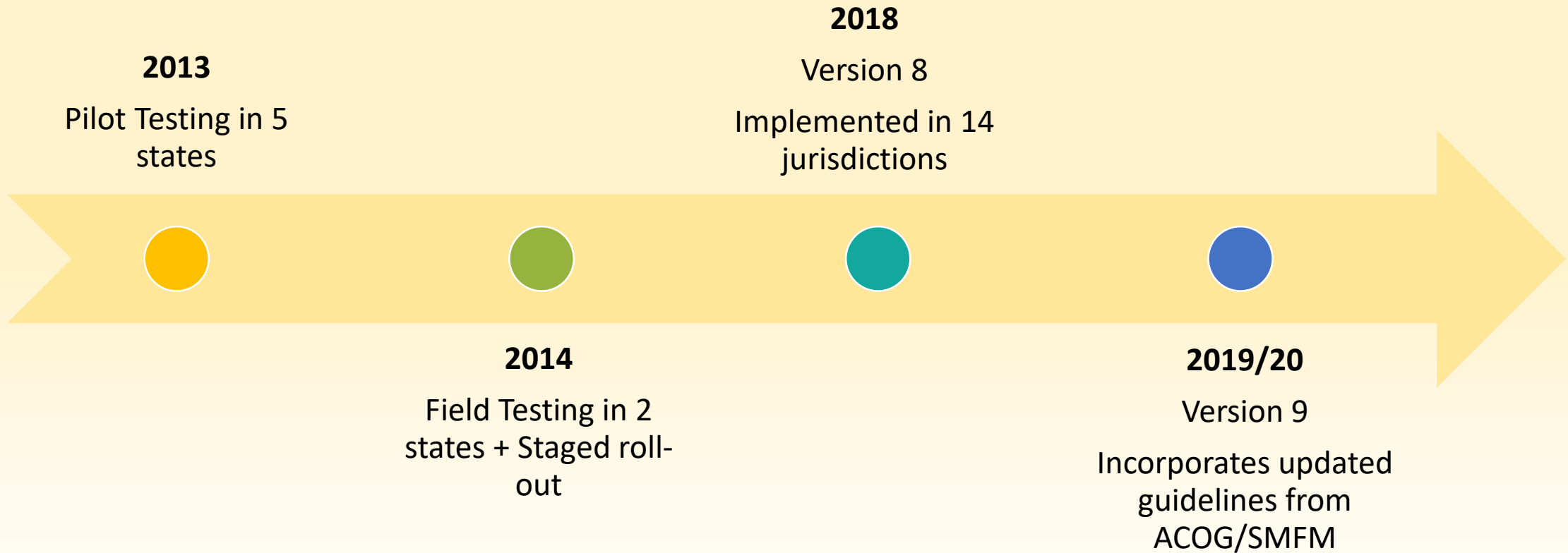
- Increases (common) understanding of risk appropriate care landscape
- Provides data for informed improvements by facilities and systems

...while, minimizing burden on respondents

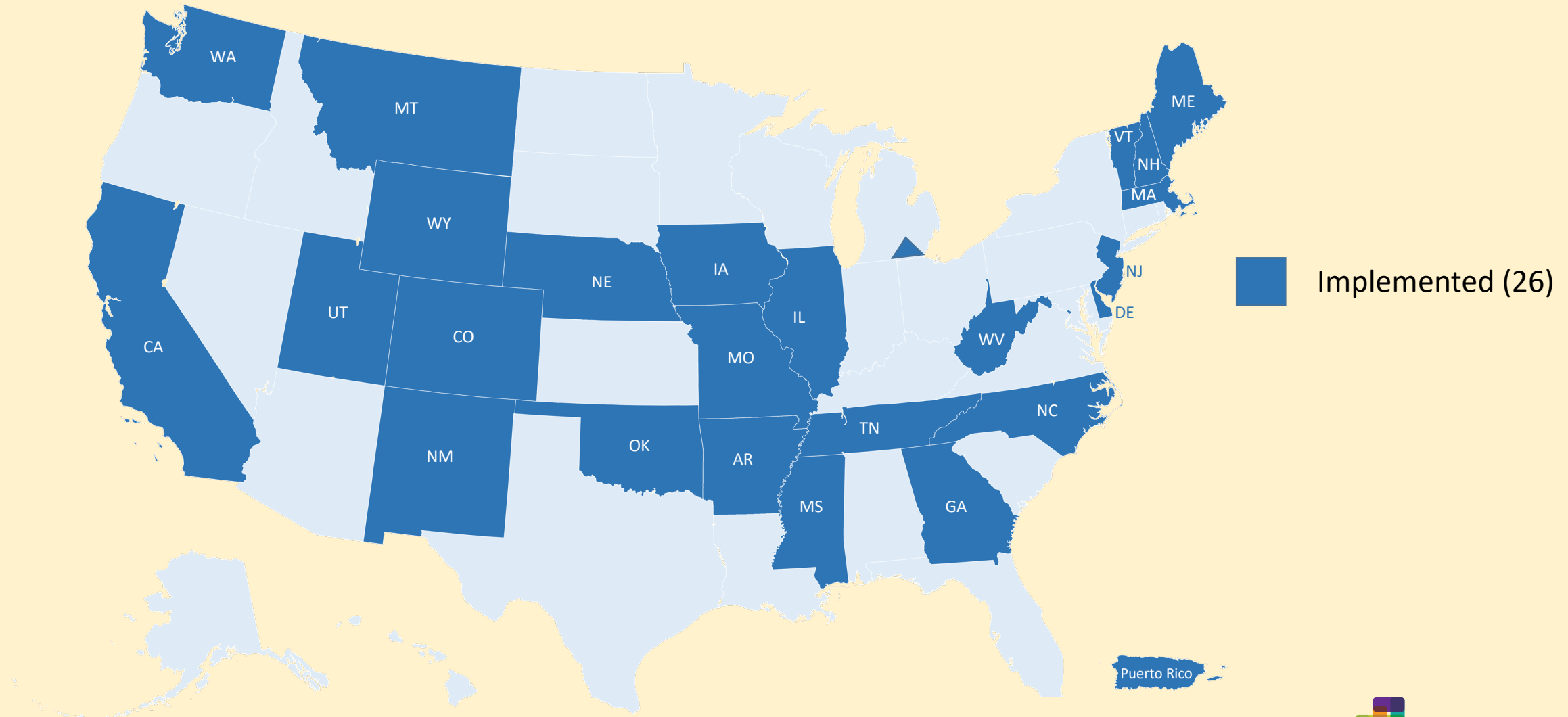
What LOCATe® is NOT...

- NOT... A comprehensive assessment of all neonatal and maternal criteria
- NOT... A tool for formal designation of levels of care
- NOT... A tool for health care regulation

Development of LOCATe®



LOCATe States and Other Jurisdictions*



* As of Dec. 2021

Results: Neonatal Levels of Care

Levels of Neonatal Care

Facility (n=25)	Self-Report	LOCATe Assessment
Level I	60% (n=15)	48% (n=12)
Level II	20% (n=5)	32% (n=8)
Level III	20% (n=5)	20% (n= 5)
Level IV	0	0

Neonatal Level Discrepancies

12% of facilities (n=3) had discrepancies between their self-reported level of neonatal care and their LOCATe-assessed level of neonatal care

- All 3 of these facilities LOCATe-assessed higher than their self-report

Neonatal Transport

	Receive neonatal transports (any)	Receive complicated, high risk neonates	Receive convalescent neonates
Montana overall (N=25)	28% (n=7)	86% (6/7)	71% (5/7)
LOCATe-assessed < Level II (n=12)	0	0	0
LOCATe-assessed Level II (n=8)	25% (2/8)	50% (1/2)	100% (2/2)
LOCATe-assessed Level III (n=5)	100% (5/5)	100% (5/5)	60% (3/5)

100% of facilities (n=7) in Montana that receive neonatal transports reported coordinating emergency transport for neonates

Results: Maternal Levels of Care

Levels of Maternal Care

Facility (n=25)	Self-Report*	LOCATe Assessment
< Level I	0	24% (n=6)
Level I	57% (n=13)	52% (n=13)
Level II	22% (n=5)	16% (n=4)
Level III	17% (n=4)	4% (n=1)
Level IV	4% (n=1)	4% (n=1)

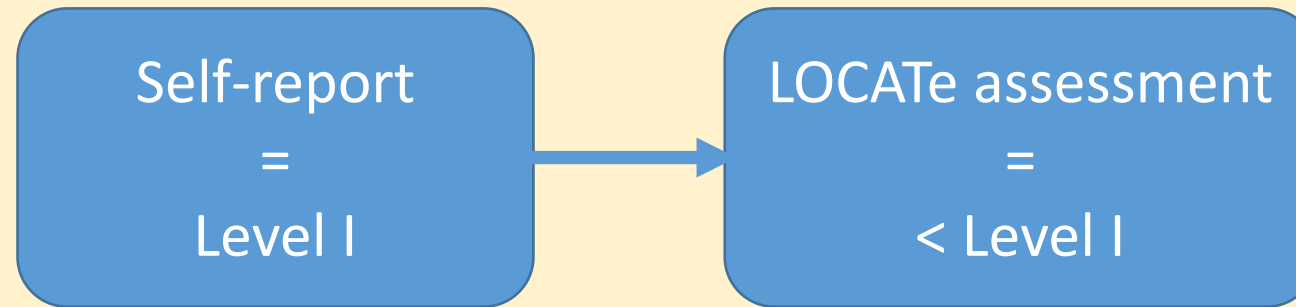
*2 facilities responded 'unknown';
denominator = 23

Maternal Level Discrepancies

48% of facilities (n=12) had discrepancies between their self-reported level of maternal care and their LOCATe-assessed level of maternal care

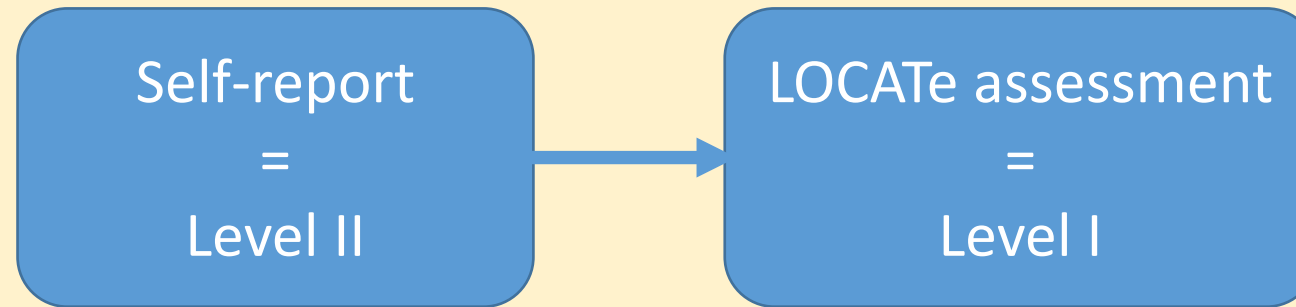
- All LOCATe-assessed lower than their self-report
 - All discrepancies were by 1 level

Reasons for Maternal Level Discrepancies



- The most common reasons for discrepancies were:
 - Level I required either:
 - limited OB ultrasound with interpretation services readily available at all times, or
 - standard OB ultrasound with interpretation services readily available at all times

Reasons for Maternal Level Discrepancies



- The most common reason for discrepancies was lacking an MFM with appropriate availability
 - Level II requires that an MFM is readily available at all times for consultation on site, by phone or by telemedicine as needed

Emergency Preparedness

	Any	Obstetric Hemorrhage	HTN Emergency
Written policy	88% (n=22)	100% (22/22)	91% (20/22)
Drill in last 12 months	n/a	73% (16/22)	60% (12/20)

Disaster Response Drills	
Any	88% (n=22)
Neonatal Unit	64% (14/22)
OB Unit	68% (15/22)

Maternal Transport

	Written plan for transport of complicated obstetric patients (any)	Plan includes mechanism for maternal transport to higher-level facility available at all times	Plan includes mechanism to facilitate and openly accept maternal transports from lower-level facilities
Montana overall (N=25)	56% (n=14)	93% (13/14)	21% (3/14)
LOCATe-assessed < Level I (n=6)	33% (2/6)	100% (2/2)	0
LOCATe-assessed Level I (n=13)	69% (9/13)	100% (9/9)	0
LOCATe-assessed Level II (n=4)	25% (1/4)	0	100% (1/1)
LOCATe-assessed Level III (n=1)	100% (1/1)	100% (1/1)	100% (1/1)
LOCATe-assessed Level IV (n=1)	100% (1/1)	100% (1/1)	100% (1/1)

A few more points about transport

- Both AAP and ACOG/SMFM note:
 - All facilities need to have the capability to stabilize and provide initial care to any patient in need of transfer to higher-level care
 - Level III and IV facilities can facilitate transfers when necessary
- More specific points about maternal transport from ACOG/SMFM:
 - To ensure optimal care of all pregnant women, all < Level III hospitals should collaborate with Level III and IV hospitals to develop and maintain maternal transport plans and cooperative agreements to meet the health care needs of women who develop complications.
 - Collaborating receiving hospitals should openly accept transfers.

Potential opportunities for LOCATe data

- Individual follow-up with hospitals
- Participate in multi-jurisdiction analysis
- Include level of maternal care for MMRC deaths
- Utilize MMRC and LOCATe data to identify priorities
 - Obstetric emergency preparedness
- Other areas of focus:
 - Availability of specialists and services (neonatologists, MFMs, etc.)
 - Transport analyses & policies (back and high risk/complex)

Montana LOCATe Initiative – Next Steps

- Dissemination
 - **Facility Specific Reports** - each facility will receive an individual report. Hospital-level data will not be shared publicly.
 - **Montana LOCATe Report** - statewide aggregate report.
 - **Emergency Obstetric Services Report** - statewide aggregate report.
- Engage facilities, state health department, Montana Hospital Association, and maternal health stakeholders to collaborate on next steps.

Risk Appropriate Care Learning Community

- The Association of State and Territorial Health Officials (ASTHO) Risk Appropriate Care (RAC) Learning Community.
- Learning Community Background.
- Program Elements.
- Montana's Application.

Thank you! Questions?

Carla DeSisto
wup5@cdc.gov

The findings and conclusions in this presentation are those of Carla and do not necessarily represent the official position of the Centers for Disease Control and Prevention



Need volunteers – to determine criteria and awards for champions in maternal health care

Considerations

- ECHO clinics
- SIM-MT trainings
- NRP & STABLE nurse trainings
- Simulation Leadership Academy Trainings
- Montana Perinatal Quality Collaborative (MPQC)
- Alliance for Innovation in Maternal Health (AIM)
- Levels of Care Assessment Tool (LOCATe)
- Emergency Obstetrics Survey
- MOMS Rapid Response Mini-Grants

MOMS COUNCIL TRIBAL PERSPECTIVE JANUARY 18, 2022



CDR LeeAnn Bruised Head, MPH

Apsaalooka/Kainai

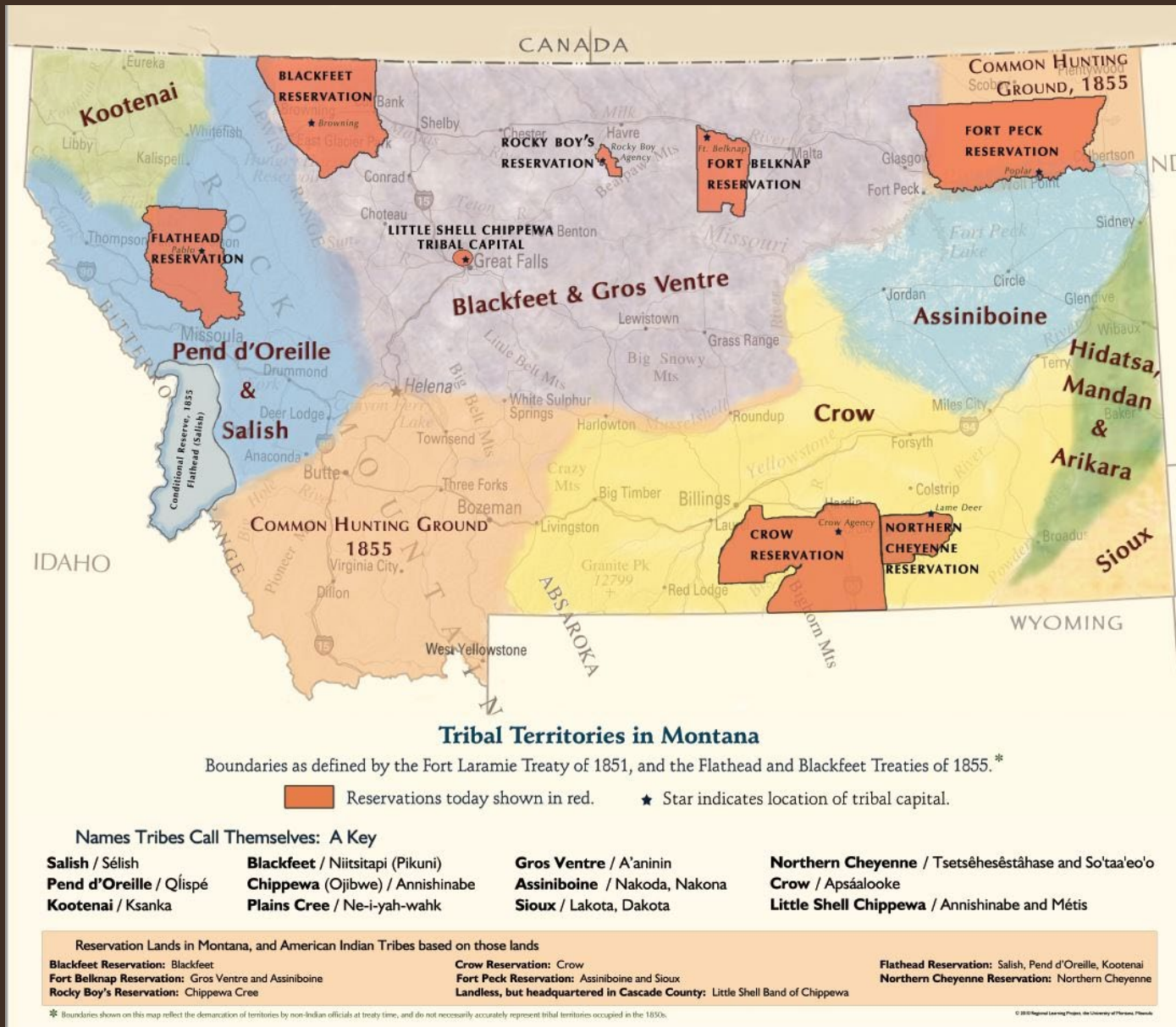
Director Crow Tribal Health

Public Health Advisor



Auntie & Nephew – Crow Fair

TRIBAL PERSPECTIVE





HEALTH CARE FOR TRIBES

Indian Health Service – Service Units

Located ONLY on Tribal Lands

Urban Indian Health Organizations

Located in 5 Urban Settings

Tribal Programs

Compact & 638 Contracts

IHS is NOT HEALTH INSURANCE!!!

IHS SERVICE UNITS DIRECT PATIENT CARE

Located on 6 Reservations

- *Crow*
- *Blackfeet*
- *Northern Cheyenne*
- *Ft. Peck*
- *Ft. Belknap*
- *Little Shell*



Fashion-show looks by Lauren Good Day Photographed by Shayla Blatchford

URBAN INDIAN
HEALTH
ORGANIZATIONS
Non-profit

Contract with IHS
for specific
services
NOT IHS Facility

<https://www.ihs.gov/urban>

Billings Urban Indian Health &
Wellness Clinic

Helena Indian Alliance

Indian Family Health Clinic of
Great Falls

All Nations Health Center Missoula

Butte Native Wellness Center

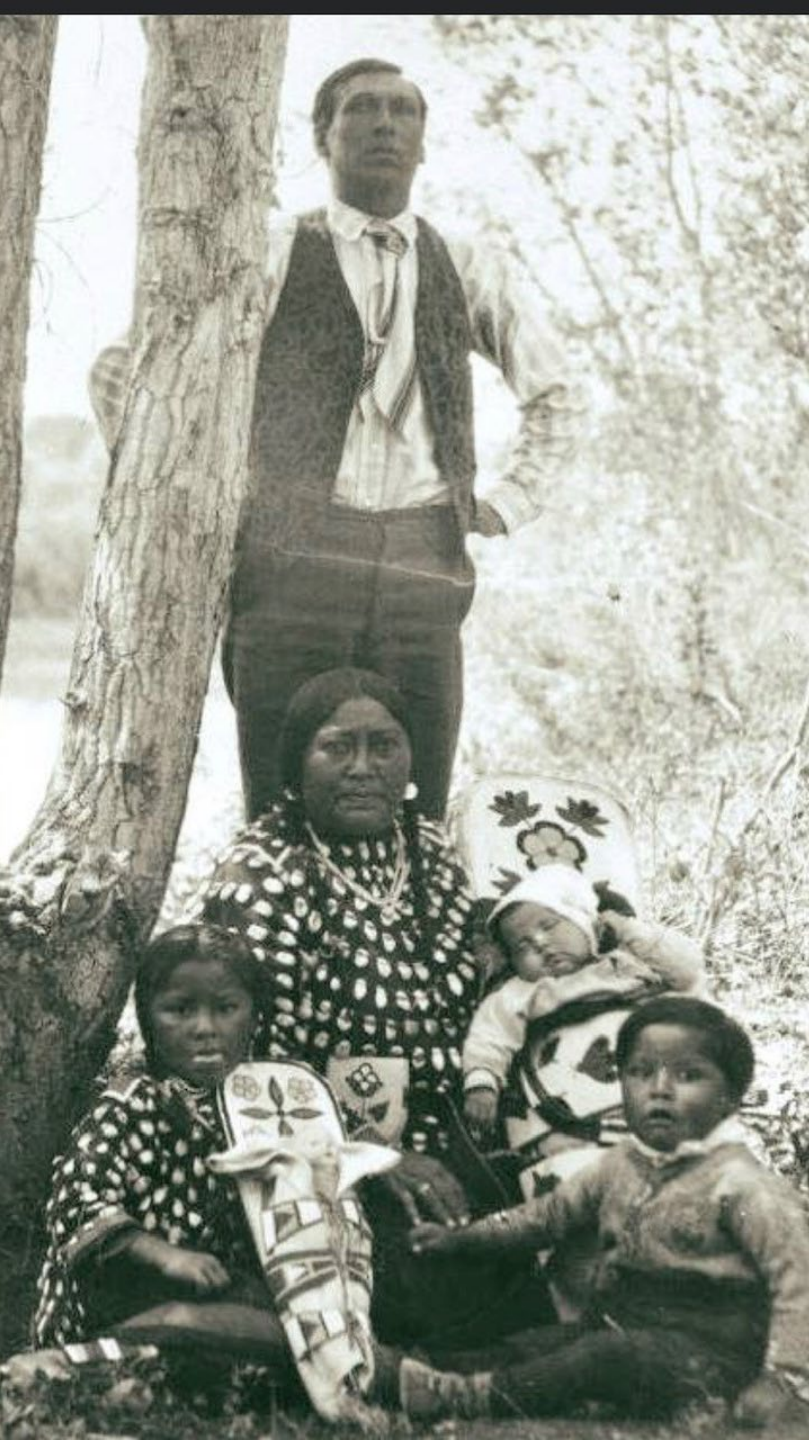
TRIBAL PROGRAMS

Compact Tribes

- Confederated Salish & Kootenai Tribal Health
- Rocky Boy Tribal Health

638 Contracts

- Crow
- Blackfeet
- Northern Cheyenne
- Ft. Peck
- Ft. Belknap



RELATIONSHIP BUILDING

Visit	<p>Visit the Tribes</p> <ul style="list-style-type: none">•See and feel the isolation and challenges/ See the beauty and strengths
Research	<p>Research Historical Trauma</p> <ul style="list-style-type: none">•Understand the lasting effects of colonization efforts: Confined to Reservations, Boarding School era, loss of language and spiritual practices, etc..... AMERICAN HOLOCAUST
Understand	<p>Understand Each Tribe is Unique</p> <ul style="list-style-type: none">•Cultural Practices, Language, Social Structures, Spiritual Practices and TABOOS
Learn	<p>Learn the Social Structures of each Tribe</p> <ul style="list-style-type: none">•Clan Systems, relational structures
Learn	<p>Learn the Tribal words for BABY, MOTHER, FATHER, GRANDMA, GRANDPA & FAMILY</p>



BUILDING HEALTHY FAMILIES

Strength of families, extended families and adopted families are necessary to support young parents and raising of a child.

It takes a Village to Raise a Child.

PLANTING THE SEEDS

Tribal Families Council (MOMS Council)

Address the wellbeing of young parents

- Emotional Healing
- Spiritual Growth

Thank you for this Opportunity to Share ☺



January 2022 Demonstration Project Updates

- Billings Clinic continues to offer twice monthly Project ECHO clinics on an array of medical, behavioral health, and social topics related to maternal healthcare. Attendance has been strong, and we continue to attract new participants. We will continue offering CME and CNE in 2022. Didactic topic recommendations/speakers and case presenter recommendations are always welcome and can be directed to Stephanie at sfitch@billingsclinic.org.
- The Empaths Perinatal Substance Use Pilot Study is a collaboration between Billings Clinic, Rimrock Foundation, University of Montana and rural providers. Empaths integrates universal screening for perinatal substance use disorders (SUD) and co-occurring mental health and social needs into prenatal and postpartum care and provides a streamlined pathway from the medical office to behavioral health treatment and community/peer resources. Partnering with Rimrock guarantees mothers access to at least one level of treatment within 72 business hours of referral and all outpatient services are available in-person and via telehealth.
 - Since its launch in April 2021, the Empaths program has expanded to four medical centers and nearly 500 women have been screened for SUD concerns. More than 40 women have been connected to behavioral health services and many more have received brief intervention and support in the OB/GYN and primary care settings. Participating sites include: Billings Clinic, Glendive Medical Center, Beartooth Billings Clinic, and Billings Clinic Miles City. We are currently working to expand the Empaths program. Interested facilities/providers can complete the survey at www.mtmoms.org/empaths [mtmoms.org] or email Valerie at vlofgren@billingsclinic.org.
- SIM-MT trainings from contract one will be completed at the end of January 2022. This contract included four trainings for 14 sites. Topics included: a) Uncomplicated delivery, b) Normal delivery with mildly depressed newborn, c) Preeclampsia recognition, d) Postpartum hemorrhage recognition and triage. Rather than entering into another multi-site contract, contracting will be on an individual basis for a few sites needing targeted training.
- The MOMS Simulation Leadership Academy, currently in development, aims to create a network of simulation leaders at rural healthcare facilities across the state. This training will support leaders in developing, implementing, and assessing simulation content/programming at their facilities and increase access to/prevalence of simulation trainings at rural sites. MOMS will provide simulation equipment for participating sites. This is tentatively scheduled to launch in March 2022 and will accept up to 5 sites to participate in the first cohort. Interested parties can contact Stephanie at sfitch@billingsclinic.org.