Delaware Healthy Mother & Infant Consortium

Maternal Morbidity and Mortality Work Group

Wednesday, March 4, 2020

9:00 a.m. – 10:30 a.m.

Delaware Tech, Terry Campus, Dover

**Meeting Notes**

Attending: Dr. David Paul, Dr. Garrett Colmorgen, Dr. Matthew Hoffman, Sen. Bryant Richardson, Bridget Buckaloo, Liz O’Neill, Kim Petrella, Anne Pedrick, Meena Ramakrishnan, Kate Stomieroski, Paula Jimenez, Michelle Finey, Eileen Sparling, Crystal Hurley, Atlanta Williams, Lisa Klein, Shruthi Subramaniam, Khaleel Hussaini, George Yocher, Jennifer Miles, Mary Manson

**Review/Approval of Previous Meeting Minutes**

Minutes from the previous meeting were approved with the following change:

Removed the last two sentences under Maternal Health Discussion pertaining to the University of Delaware, Center for Drug & Health Studies.

**One-Year DHMIC Goals**

1. Develop sustainable data repository for DPQC projects – Khaleel is working on this. A MOU is being created to put processes in place at every hospital to “move forward.”
2. Complete statewide initiative on OB Hemorrhage – This is not completed yet but is moving forward on the right track. Each hospital is in varying phases of implementing. Dr. Paul stated that processes are being put in place at DPQC. Bridget said that there needs to be a universal definition of hemorrhage.
3. Improve capacity to perform statewide CQI – Delaware has very heterogenous hospitals which is somewhat of a limitation. Need to refine processes – need to know what is done well at all hospitals and implement processes. Bridget stated that DPQC needs to be more prescriptive (hand each organization a step-by-step manual). Dr. Hoffman said we need to know what it should look like at each hospital and understand what processes would lead to that. Khaleel developed a key diagram in relation to hemorrhage process (identifiable baseline). Dr. Paul said there is a possibility to get a half-day training session and get teams from each hospital to attend.
4. Maximize medical management of premature birth statewide – Dr. Colmorgen stated that 60% of eligible mothers received the 17-OHP/aspirin protocol. Dr. Hoffman said that a large trial was required, so an international trial was conducted with different populations than in the U.S. There was no difference, low-rate of pre-term birth, but there are questions about integrity of study. Help is needed legislatively/administratively providing funds. There was further discussion about the importance of continuing this program.
5. Advance statewide kick counts, safe sleep and breastfeeding programs – Dr. Colmorgen said the Safe Sleep Program needs to develop specific messaging. A report including safe sleep and substance abuse will be discussed at next meeting.

**Three-Year DHMIC Goals**

1. Create sustainable model for health advocates to improve birth outcomes – DHMIC can play a role to facilitate. Lisa Klein said more doulas should be part of the model. Dr. Colmorgen and Dr. Hoffman stated there was a lot of opportunity to work collaboratively. Dr. Paul asked about credentialing at the hospital level. Lisa stated that certification is available. Bridget mentioned the peer recovery program in Oregon that has trained doulas and has had a lot of success. Meena mentioned following up with Connections and Brandywine. A closer look at the African-American community is needed due to large number of pre-term births compared to substance abuse population.
2. Engage hospital systems and other anchor institutions to partner and drive community economic change – Dr. Paul stated this is currently done at the hospital level and is aligned with hospital goals. “Community Benefit Plan”
3. Improve the effectiveness of organizations and staff statewide in cross-cultural encounters – Recognize implicit bias. ACOG is developing a conference to address topic. Upstream is providing training materials re: bias. Anne’s group could assist with training the MMR group. Network DE has a meeting on April 4th to address this issue.
4. Start new initiatives to include maternal hypertension – discussed previously with OB hemorrhage.
5. Develop robust infrastructure to support Collaborative - discussed previously.
6. Develop a model to address risk factors associated with previous poor birth outcomes – Discussed the inclusion of this as a HWHB benchmark.

**Keeping Track of Legacy Data Programs – PRAMS, FIMR, Birth Defects**

Dr. Paul asked how it was best to report out on these programs. Anne said it would be beneficial to have a Data & Science meeting scheduled as needed between the quarterly DHMIC meetings. Dr. Paul will schedule a Data & Science meeting.

**Next Meeting**

**DHMIC Meeting:** Wednesday, June 10, 2020 (virtual meeting). No committee meetings will be held.