

Maternal Health Improvement Task Force

Fall Quarterly Meeting

October 25, 2022 | 2:30-4:00 PM ET

ExplorationCommons, 50 W. Main Street, Westminster, MD

Hybrid

MINUTES

Task force members present: (in-person) Donna Neale, Adrienne Burgess; (Remote) Ann Burke, Patricia Pierre, Clark Johnson, Katie Richards, Kristen Newman, David Mann, Tracey DeShields, Dianne Feeney, Bonnie Dipietro, Larry Polsky, Tennile Ramsay, Tanay Harris, Kelly Bower, Kanika Harris, Tere Dickson, Laura Goodman

MDH staff present: Nina Martin, Cassidy Spence, Annapurna Kocherlakota, Sharon Neely

Welcome and Introductions

Co-Chair Neale and Co-Chair Harris opened the meeting. The group conducted introductions as there were several new members or proxies present.

Task Force Business

The group voted to approve the September meeting notes, and reviewed the group agreements. Co-Chair Neale reiterated the attendance policy, that members must attend at least 50% of the meetings to be deemed active. Nina Martin noted that this policy will go into effect as of this meeting, and active memberships will be next assessed after the January 2023 quarterly meeting. Co-Chair Neale noted members can request proxies attend for meetings they are not available for, but need to be submitted and approved by the Co-Chairs prior to the meeting. She also noted that individuals who are not members of the MHIP Task Force will be asked to leave the meeting.

The group then reviewed the proposed edits to the charter. Nina Martin read the proposed edits, and the group conducted a vote to approve. All members present agreed to adopt the new charter (none opposed).

Update on Progress Towards Maternal Health Strategic Action Plan

Nina Martin presented a plan to develop an update on the strategic plan progress. She first reviewed the background of the strategic plan, and the plan priorities. She also reviewed the inventory project, which was presented for the first time at the September in-person meeting. The group paused for discussion of these two projects. They discussed what specific goals exist for each of the priorities, and how we will identify who is providing the services we seek to

capture in the inventory project. Nina noted that we heard during the September meeting the need to bound the project and who we consider to be a “maternal health service provider”, to provide a starting point. This would be done with the understanding that these definitions can be further expanded to understand additional factors and providers across the life course. To start, MDH will likely be looking at the perinatal and postpartum period up to 1 year after the end of pregnancy. Nina noted that MDH welcomes ongoing feedback from the MHITF on how to approach this process. The group noted that it will be important to understand the full scope of services needed across the perinatal period, and that this could include doula services, lactation consultants, and food security. They also discussed how one of the frameworks presented in an article shared for the September meeting (“Building and Bridging Black Futures Beyond Birth”, Scott & Davis, 2022) could serve as a way to frame what could be captured in the inventory project. They discussed other ways of framing the project focus: One member suggested focusing on topics or services that make the most impact, while others asked the group to consider what the basic set of services a birthing person should receive could be, and the quality of those services. Co-Chair Harris noted that one of the goals of this project is to center reproductive justice and the birthing person. The hope is to provide a body of resources and have the basic knowledge of what exists to allow a person to make individual choices, and for this task force to know what is happening in Maryland. She noted that there has been a lot of duplication that has led to fragmentation, and that this project can be a baseline. The group overall discussed the importance of this inventory being able to provide a holistic view of comprehensive services. Co-Chair Neale suggested that a survey sent to MHITF members could be one way of beginning to capture information for the inventory.

Finally, Nina reviewed the plan to prepare an update on the progress of the strategic plan. MDH will coordinate the update, and is seeking members of the MHITF to serve on a small group to provide guidance to the project. The group shared that focusing on having this update ready by mid-April would be ideal, since that will be the time when the new administration and legislature will be setting their priorities. They also discussed that this update could provide both specific actions and broader updates on the state of maternal health. Co-Chair Neale noted that this update can highlight gaps that were present in the initial strategic action plan. The group expressed interest in understanding more about the legislative sessions.

Presentation from Medicaid Partners on Maternal Health Initiatives

Laura Goodman (MHITF Member and representative from the Health Care Financing Administration, MDH) provided an update on maternal health initiatives from Medicaid. She addressed home visiting expansion, implementation of CenteringPregnancy and Healthy Steps, the doula reimbursement initiative, MOM Model, the expansion of postpartum care, and the Healthy Babies Act (see slides). The group asked whether there are areas of need with no home

visiting services, and MDH MCHB will follow up. Laura noted that for the Healthy Babies Act eligibility, they are still working out if an individual can enroll postpartum.

Wrap up, next steps, and adjournment

The group ended the meeting, and Nina shared the schedule for 2023 meeting dates (calendar invitations will be sent in follow up).