# CONNECTICUT
## HEALTH IMPROVEMENT COALITION
*Partners Integrating Efforts and Improving Population Health*

**State Health Improvement Planning**
## Maternal and Child Health Coalition

September 17, 2019
CT Women's Consortium
2321 Whitney Avenue, Hamden
9:00 am– 11:00 am

**Meeting Summary**

Attendees: Rosa Biaggi, Maryanne Goss, Lisa Budris, Jennifer Morin, Joan Lane, Betsy Cronin, Colette Anderson, Jason Lang, Melissa Touma, Michal Klau-Stevens, Allison Bombard, Marty Milkovic, Christine Velasquez, Bethanne Vergean, Selma Alves, Kareena DuPlessis, Christine Bracken, Lois Conklin, Maya Zeiberg, Judith Decine, Ann Gionet, Trishanna Branford, Eva Haldane, Connie Heye, Betsey Cronin, Jordana Frost, Melanie Vitelli, Whitley Mingo, Leigh-Lynn Vitukinas, Marijane Carey

| Agenda Item | Discussion | ACTION Items and person responsible |
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| 1. Welcome and Introductions | • Marijane Carey opened the meeting. Introductions were made around the room.<br>• Melissa Touma said the SHIP Summit that will be taking place on Friday. | |
| 2. Welcome to Commissioner Coleman-Mitchell | Rosa Biaggi introduced the Commissioner of Public Health.<br><br>Commissioner Coleman-Mitchell said that maternal health, specifically the area of maternal mortality, is one of her priority focuses for DPH. Maternal deaths can be prevented. This focus also has a tremendous impact on infant mortality. There are racial disparities affecting infant mortality.<br><br>Community Health Worker legislation has passed. People are recognizing the importance of community health workers. Commissioner Coleman-Mitchell spoke with Senator Moore about the importance of doulas. We should have a conversation with the legislature on having a positive impact on maternal and infant mortality by including the use of doulas. | |

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| 3. Update on efforts to address maternal mortality | Jordana Frost, March of Dimes<br>• March for Moms YouTube video on the death of Kiera Johnson after the birth of her second child https://youtu.be/05uBCBfrY4g<br>• H.R.1318 – Preventing Maternal Deaths Act of 2018 allocated funds from the Center for Disease Control and Prevention to states for Maternal Mortality and morbidity.<br>• Maternal death/maternal mortality –<br>o Death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.<br>o Pregnancy related mortality ratio (PRMR) is defined as the number of pregnancy-related deaths per 100,000 live births.<br>• Pregnancy associated death – death of a woman from any cause while pregnant or within 1 calendar year of the end of pregnancy. Can be pregnancy related or not pregnancy related (not causally related to the pregnancy).<br>• 33% of deaths occur 1 week to 1 year after deliver.<br>• 31% of deaths occur during pregnancy.<br>• 36% of deaths occur during delivery and up to 1 week afterward.<br>• Leading causes of maternal death – heart disease and stroke; obstetric emergencies; in week after delivery – severe bleeding, high blood pressure, infection; Cardiomyopathy is leading cause of deaths 1 week to 1 year after delivery.<br>• Other developed nations maternal mortality trends are going down. USA is going up.<br>• America's black-white maternal mortality gap is widening – black women are 4 to 5x more likely to die.<br>• 60% of maternal deaths are preventable. Factors playing a part in this include access to care, missed or delayed diagnoses, and not recognizing warning signs.<br>• POST BIRTH warning signs. (Pain in chest, Obstructed breathing or shortness of breath, Seizures, Thoughts of hurting self or baby; Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger, Incision that is not healing, Red or swollen leg that is painful or warm to touch, Temperature of 100.4F or higher, Headache that does not get better even after taking medicine or a bad headache with vision changes). | |

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| | • Hospitals/health system can standardize coordination of care and emergency responses; improve delivery of quality prenatal/postpartum care, train non-obstetric providers to consider recent pregnancy history.<br>• State and Communities can – assess and coordinate delivery hospitals for risk-appropriate care and support review of causes behind deaths.<br>• Women and their families can know and communicate symptoms of complications, note pregnancy history when receiving medical care.<br>• March of Dimes leads the fight for the health of all moms and babies.<br>• Partners on Advocacy and government affairs and Maternal Child Health impact.<br>• Implicit bias training will be made available to maternity care providers launching in October<br>• Please participate in #blanketchange on social media<br>Marc Camardo – DPH<br>• Legislation passed in 2018 to establish a maternal mortality review committee within DPH to identify factors associated and make recommendations. Currently there are 22 members.<br>• DPH was awarded a CDC Grant to increase capacity and develop infrastructure to develop the maternal mortality review program at DPH.<br>• DPH is developing regional collaboration with other New England states to optimize resources to improve maternal health outcomes.<br>• Maternal Mortality Review Committee Case Review will review calendar year 2016 cases next.<br>• DPH has requested a CDC Epidemiologist Assignee to help lead the 5-year needs assessment for the Maternal and Child Health Block Grant and explore the feasibility of implementing a maternal mortality surveillance system in Connecticut. | |
| 4. CHDI Impact Report *Helping Young Children Exposed to Trauma: a Systems Approach to Implementing Trauma-Informed* | Jason Lang, M.D., Child Health and Development Institute<br>• Vision – all children have a strong start in life with ongoing supports to ensure their optimal health and well-being.<br>• Trauma – results from an event, series of events, or set of circumstances experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being (SAMSHA).<br>• ACEs: Adverse Child Experiences.<br>• Trauma in early childhood – by 2 to 5 almost half are exposed to physical assault. | |

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| *Care* | • Most trauma exposure is unreported.<br>• Effects of trauma on young children – clingy, aches and pains, fear, behavior problems, anger and aggression, sleep problems, social withdrawal, sadness, executive functioning issues; brain development (size and structure).<br>• Cumulative ACEs associated chronic diseases including asthma.<br>• $1.8 million per child in lifetime costs.<br>• 6+ ACES= 20 years of life lost.<br>• Trauma- Informed EC System – Move from "What's wrong with you?" to "What happened to you?"; understand the connection of adversity and behavior.<br>• Fred Rogers – "Anything that is human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone."<br>• Workforce development, Trauma Screening, Practice Change and Use of Evidence based Practices, Collaboration and Communication Across Systems.<br>• Connecticut has several strengths: multiple resources/agencies/programs; increased awareness/recognition of trauma and interest in trauma informed care; growing network of professionals with basic training in trauma; increased trauma screening; growing network of trauma-focused EBT providers but not as many for very young children.<br>• Trauma screening is an opportunity to talk with families about trauma and provide psychoeducation and developmental guidance.<br>• "In the brain, as in the economy, getting it right the first time is ultimately more effective and less costly than trying to fix it later" James Heckman, Nobel Laureate Economist. | |
| 5. Updates, preview of coming attractions & opportunities | • Connections Annual Conference – Cultivating Resilience.<br>• 211 website – updated to include screener for social determinant of health.<br>• December 11, 2019 will be next meeting at the CT Women's Consortium. | M. Carey will send information on conference and presentations. |