



**LOS ANGELES COUNTY  
PERINATAL SUMMIT 2005 - 2007**

*“Healthy Births Through Healthy Communities: Connecting Leadership to Achieve a Unified Commitment to Action”*



**SUMMARY OF PROCEEDINGS  
And  
ACTION PLAN**

July 1, 2006

Dear Perinatal Stakeholder,

The LA Best Babies Network, the March of Dimes and the Los Angeles County Maternal, Child and Adolescent Health Programs partnered to host the Perinatal Summit "Health Births Through Healthy Communities: Connecting Leadership to Achieve a Unified Commitment to Action" in October 2005. The event was an effort to provide a forum to engage the community and galvanize collective support to address systematic challenges to improving pregnancy and birth outcomes.

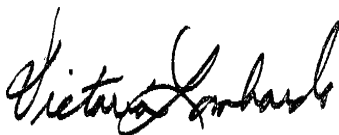
The enthusiasm of participants and the overall readiness for change among stakeholders was apparent on both days of the Perinatal Summit. The community engagement approach prior to the Summit was very effective in identifying community policy priorities and the spirit of change was carried over to the Summit and resulted in 5 policy recommendations for systematic change in Los Angeles County. The commitment of the health leader to working on these recommendations and to move toward change has been solidified through the development of action plans for each recommendation and an endorsement of the action plan as a whole.

With the full endorsement of all of our partners we are excited to begin the implementation of the Action Plan for the Perinatal Summit recommendations and we are committed to seeing significant and measurable change 18 months. We thank you for your participation and commitment to improving pregnancy and birth outcomes.

Sincerely,



Carolina Reyes, MD  
Executive Director  
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*PERINATAL SUMMIT 2005*

*Summary of Proceedings*

**I. Introduction**

The Perinatal Summit “Healthy Births Through Healthy Communities: Connecting Leadership to Achieve a Unified Commitment to Action” held on October 24 and 25, 2005, was the inaugural effort of three partners to develop a blueprint for action to improve birth outcomes in Los Angeles County. The LA Best Babies Network in partnership with Los Angeles County Maternal, Child and Adolescent Health Programs and the March of Dimes brought together perinatal stakeholders and health leaders to begin to build sustainable policies toward improving birth outcomes in Los Angeles.

The overall mission of the Perinatal Summit was to optimize the health and well being of every pregnant woman and their children through improvements in the quality and delivery of equitable care from the prenatal period through the first years of life. The goals of the Summit were to:

- ❖ **ENGAGE COMMUNITIES** – To engage communities and exchange knowledge of contributors to optimal birth outcomes and community-based interventions.
- ❖ **CONNECT LEADERSHIP** – To unite efforts and achieve synergy to improve birth outcomes.
- ❖ **BUILD SUSTAINABLE POLICIES** – To build and sustain health care policies to eliminate disparities in care.
- ❖ **ACHIEVE A UNIFIED COMMITMENT TO ACTION** – To build a unified commitment to effectively improve birth outcomes.

The Summit partners sought to develop an action plan that would demonstrate measurable differences in Los Angeles in a two-year period.

## II. Background

Given that one in every 25 babies born in the United States and one in every 4 babies born in California is born in Los Angeles County, the county has unique challenges to providing quality health care and the state of perinatal health in Los Angeles is of critical concern. Each year over 150,000 babies are born in Los Angeles County yet one in ten babies is born prematurely. One out seven women begin prenatal care late; 1 out of 16 births is to a teen and 1 out of 185 infants dies before its first birthday. The specific challenges related to perinatal health care are issues of ethnic and racial disparities, health plan coverage, service capacity, financing and quality of care.

Within Los Angeles County there is considerable disparity among racial and ethnic groups and the gap is widening:

- African American infants have nearly twice the risk of dying before their first birthday as Caucasian infants;
- The rate of preterm birth in African Americans is 60 percent higher than Caucasians;
- The total number of preterm births is greatest for Hispanics, as 62.5 percent of premature births are Hispanic;
- Birth rates for 15 to 19 year olds were highest for Hispanics (59.7/1000 females) and African Americans (39.1 births/1000 females).

Along with these racial and ethnic disparities, there is also an increasing reliance on public financing for health care costs related to pregnancy. From 1999 to 2002, the percent of births in Los Angeles County insured by Medi-Cal increased from 47% to 51%. The reliance on public health programs and Medi-Cal coverage is expected to increase in spite of significant fiscal pressures on local and state governments. Given that health care expenditures are expected to continually rise, the safety net health care system has never, in the last forty years, been more threatened. A higher level of dependence on public financing can severely compromise the ability of these facilities to provide comprehensive specialized care in a timely manner.

There is also ample room for improvement in the delivery of quality perinatal health care. Public reporting of quality data can lead to improvement in quality of care, yet there are currently only two measures through the Healthplan Employment Data and Information Set (HEDIS) that address pregnancy related care, neither of which addresses the content of care provided. These issues of quality care, financing and service capacity were the cornerstones to the work of the Summit. The Summit was an opportunity to build upon the knowledge of the stakeholders to develop a larger social strategy and create the political will among leaders to build sustainable policies to eliminate these health care disparities.

### III. History of the event

The LA Best Babies Network was formed because partners recognized a need for a coordinated effort to address the needs of pregnant women and their families. The LA Best Babies Network is the coordinating arm of the Healthy Births Initiative, an investment by First 5 LA dedicated to improving pregnancy and birth outcomes in Los Angeles County. The vision for the initiative is to create a future throughout Los Angeles' diverse communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential. The goals of the HBI are intended to challenge organizations to work together to link and build on existing services to improve outcomes for all pregnant women and their families; focus on reducing risks for subsequent birth outcomes; and build sustainable networks to address the needs of pregnant women and their families.

The LA Best Babies Network is the coordinating arm of the HBI and houses the Care Quality Improvement, Policy /Advocacy and Networking components of the HBI. Under the HBI, four Best Babies Collaboratives (BBCs) were organized by geographic region to identify pregnancies at risk, provide support services to reduce disparities in birth outcomes. The Network has also established a Healthy Birth Learning Collaborative (HBLCs) in each of the eight Service Planning Areas (SPAs) in the county. The HBLC's hold quarterly community-based meetings, intended to promote knowledge sharing, capacity building, collaborative planning and action among the network of stakeholders interested in improving pregnancy and birth outcomes in Los Angeles County.





*“In keeping with the philosophy of collaboration and to significantly improve the potential for success, the Network is working with the Los Angeles County-Maternal, Child and Adolescent Health Programs and with the March of Dimes.”*

The LA Best Babies Network works with community stakeholders to identify and institutionalize policies and programs necessary to create sustainable improvements in the health and well-being of women, infants and families. The policy areas of focus include: improving and promoting access to quality care during and after pregnancy; identifying sustainable financial access to care for women (especially those at-risk) between pregnancies so that they can be prepared for the next pregnancy, and promoting family and pregnancy friendly workplaces. In keeping with the philosophy of collaboration and to significantly improve the potential for success, the Network is working with the Los Angeles County-Maternal, Child and Adolescent Health Programs and with the March of Dimes.

Every five years the Los Angeles County - Maternal, Child and Adolescent Health Programs (MCAH) partners with stakeholders to develop a five-year plan to meet the health needs of mothers, children and adolescents throughout the County. From September 2003 to February 2005, MCAH conducted a long-range planning effort involving multiple community stakeholders to perform a countywide needs assessment, prioritize the needs identified, and examine the best strategies for addressing the prioritized issues. The stakeholders consisted of representatives from diverse organizations including community-based agencies, academic institutions, medical establishments, other governmental entities, and parents and adolescents who use MCAH services. The final four prioritized health issues for the 2005-2009 five-year plan are: birth outcomes, childhood asthma, childhood and adolescent overweight, and adolescent well-being.

MCAH will be implementing several strategies to improve birth outcomes over the next five years including: (i) identifying local risk factors for poor birth outcomes and developing strategies to ameliorate the effect of those risk factors; (ii) ensuring access to prenatal and perinatal care services;

(iii) improving the quality of prenatal care; (iv) promoting access to quality preconception and interconception care; (v) promoting breastfeeding; and (vi) improving workplace practices that promote healthy pregnancies, healthy infants and family bonding. MCAH has been a partner in the LABBC since its inception, recognizing the importance of partnering with other key leaders in Los Angeles County, and collectively working towards a unified commitment to action to improve birth outcomes.

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education, and advocacy to save babies and in 2003 launched a campaign to address the increasing rate of premature birth. The campaign is addressing the problem through:

- Expanded scientific research
- Consumer education about healthy pregnancy and signs of preterm labor
- Assistance for health professionals in identifying women at risk for premature birth
- Advocacy for increased access to health coverage for pregnant women and children
- Information and emotional support for families of babies in neonatal intensive care units

In the process of developing the Healthy Births Initiative, the MCAH 5 year Plan and the March of Dimes Prematurity Campaign, the partners recognized the need to bring together stakeholders to develop a unified strategic action plan to address many of the contributing factors of poor pregnancy outcomes. The partners recognized that it would take a commitment from more than just the traditional stakeholders to address all of the issues necessary to improve birth outcomes. The Summit would bring together stakeholders from different arenas to begin to create healthier communities as a means of improving birth outcomes. The partners planned for over a year for the Perinatal Summit with the understanding that the Summit was more than an event for two days but part of a greater action plan and vision.



## IV. Approach

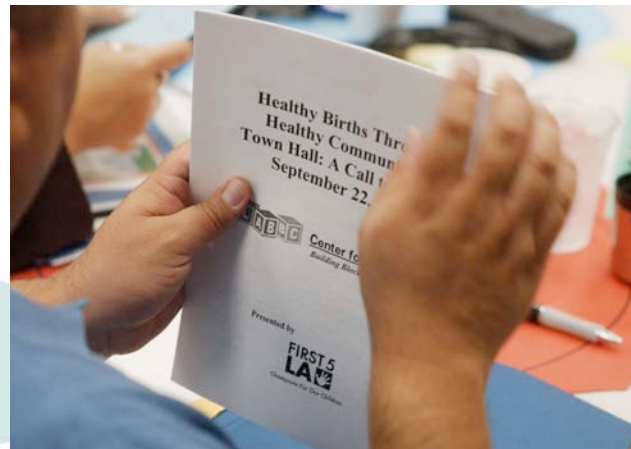
As a part of the vision of the Perinatal Summit, the LA Best Babies Network hosted a Town Hall: A Call to Action to begin to build perinatal policy priorities grounded in community, supported by knowledge, and focused on results. As a result of the Town Hall, the Healthy Births Learning Collaboratives in each of the Service Planning Areas (SPA) in Los Angeles County identified policy priorities for their areas. These priorities were reported to the Perinatal Summit as a framework for the Summit discussion.

Also prior to the Summit, members of the planning committee conducted interviews with key health leaders in Los Angeles County including the Director of Los Angeles County Public Health, the CEOs of health plans and foundations and key hospital administrators. Three questions were asked of each interviewee:

1. What is your organization currently doing to improve birth outcomes?
2. What is your vision about how to improve birth outcomes in Los Angeles County and how would you measure success?
3. What would you like to get from attending the Perinatal Summit on October 25, 2005 to make this a worthwhile use of your time?

The information gained from these interviews provide information on what key organizations were currently doing to improve birth outcomes and provided important information for planning the Summit program.

Responses to the interviews and priorities from the Town Hall were summarized and presented at Day 1 of the Perinatal Summit as a “Menu” of recommendations. This “Menu” was used as the foundation for the afternoon breakout session discussions.



***“Vision of the Perinatal Summit: A Call to Action to begin to build perinatal policy priorities grounded in community, supported by knowledge, and focused on results”***

## V. Perinatal Summit Day 1

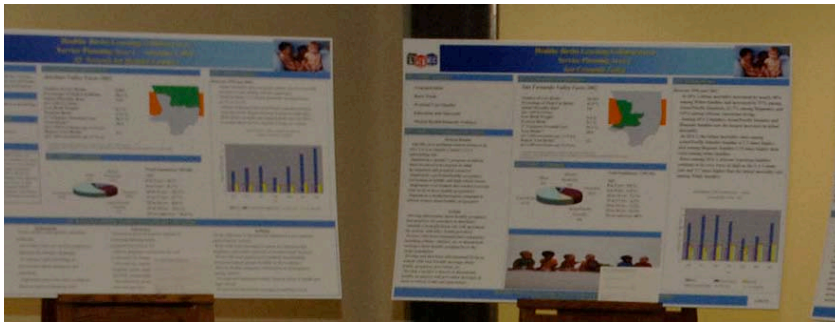
Over 170 people representing more than 60 organizations attended the first day of the Summit. Participants at Day 1 included key partners from the LA Best Babies Network, Los Angeles County Maternal, Child and Adolescent Health Programs and the March of Dimes. Other key participants were representatives from the Best Babies Collaboratives (BBCs) part of the HBI - Antelope Valley Best Babies Collaborative, Harbor Corridor Best Babies Collaborative, Long Beach/Wilmington Best Babies Collaborative, South Los Angeles Best Babies Collaborative and member organizations of the Healthy Birth Learning Collaboratives (HBLCs) for each of the Service Planning Areas. Many participants represented community organizations, providers and advocacy groups.

In convening the stakeholders on Day 1 of the Summit planners hoped to facilitate an information exchange of Perinatal action plans in Los Angeles County and share community wisdom in an effort to strengthen the relationships of those involved in the issue. To this end the Summit opened with a Gallery Walk of posters developed by the three Summit Partners and the BBCs and the HBLCs as part of the Healthy Births Initiative to outline their



***“Over 170 people representing more than 60 organizations attended the first day of the Summit.”***

priorities, goals and action plans in the countywide effort to improve birth outcomes. The posters emphasized the broad scope and commitment to improving birth outcomes. A Gallery Walk Response Panel representing providers, hospital administrators and advocacy groups highlighted the themes and the challenges and opportunities in addressing some of the priorities identified by each of the stakeholder groups in their posters. These themes and priorities served as the basis for participants in developing a strategic message during the morning roundtables in which they responded to the question *What health leaders need to know*. The message was loud and clear that to improve birth outcomes, health leaders need to focus on Pre/Interconception Care, improving quality of care and coordination of care and increasing access to quality care.



*“The posters emphasized the broad scope and commitment to improving birth outcomes.”*

The primary objective of Day 1 was to identify key perinatal issues and recommendations for systems change to forward to health leaders on Day 2 of the Summit. Before developing the recommendations, Day 1 Participants were inspired by the words of keynote speaker Magda Peck, ScD, the founding CEO and Senior Advisor for CityMatCH an organization whose mission is to improve the health and well-being of urban women, children and families by strengthening public health organizations and leaders in their communities. Dr. Peck focused on *Power of 3*. She relayed to participants the importance of the power of 3 when translating Data into Action- the need to develop the knowledge base first, a social strategy second and finally to develop the political will for action or change. Dr. Peck encouraged participants to use the power of 3 – unity, leadership and action – identifying the power of the unity of those in the room on Day 1 to move the leaders on Day 2 toward action.

Day 1 participants responded by developing a unified set of perinatal policy recommendations to forward to key health leaders on Day 2 of the Summit. The recommendations that came out of Day 1 were summarized under four categories: Education, Services, Financing and Accountability.



*“M. Lynn Yonekura, Lynn Kersey and Tom McGuinness comment on common themes in the posters.”*

The table below lists the summary of recommendations from Day 1:

<b>Education</b>	<b>Service</b>
<ol style="list-style-type: none"> <li>1. Increase provider and consumer education on topics such as:               <ul style="list-style-type: none"> <li>➤ Ways to have healthy pregnancies</li> <li>➤ Importance of preconception/interconception care and content</li> <li>➤ Ways to assess health care quality</li> </ul> </li> <li>2. Translate and disseminate all health and referral materials into multiple languages and provide interpreters including interpreters for hearing impaired</li> <li>3. Educate providers on best practices and guidelines</li> </ol>	<ol style="list-style-type: none"> <li>1. Integrate perinatal resources into 211</li> <li>2. Enhance access to electronic information for providers and consumers</li> <li>3. Assure co-location of services and one-stop shopping</li> <li>4. Incorporate a holistic approach to providing services across the lifespan</li> <li>5. Integrate care for mental health, dental, nutrition, chronic and infectious diseases</li> <li>6. Improve quality of Comprehensive Perinatal Services Program delivery of services under managed care</li> </ol>
<b>Financing</b>	<b>Accountability</b>
<ol style="list-style-type: none"> <li>1. Provide reimbursement for Home Visitation Services</li> <li>2. Eliminate lag time in presumptive Medi-Cal eligibility for pregnancy so women enter care earlier in the first trimester</li> <li>3. Enroll newborns into health plan prior to hospital discharge</li> <li>4. Expand and improve funding for mental health services for perinatal population</li> <li>5. Assure that the level of reimbursement mirrors the level of care (high risk)</li> <li>6. Provide reimbursement incentives for quality care – pay for performance</li> </ol>	<ol style="list-style-type: none"> <li>1. Implement Health Care Report cards – assure that all health plans monitor outcomes and public report quality indicators and HEDIS measures</li> </ol>

These recommendations were forwarded to Day 2 of the Summit where key health leaders were convened to hear the recommendations and develop a unified commitment to action.



## VI. Perinatal Summit Day 2

Day 2 participants included representatives from health plans – Blue Cross California, LA Care Health Plan and heads of foundations – the California Endowment and the California Community Foundation. Other participants included key hospital administrators, advocacy groups, providers, county leaders and selected representatives from Day 1.



*“In a county as vast as Los Angeles, this important work cannot be accomplished without a committed partnership of all the stakeholders.”*

Los Angeles, this important work cannot be accomplished without a committed partnership of all the stakeholders.

Dr. Karla Damus, RN, MSPH, PhD Senior Research Associate and Epidemiologist from the Office of the Medical Director of the National March of Dimes Birth Defect Foundation, demonstrated the gravity of the local problem and connected it to research and evidence based solutions being promoted at the national level. Dr. Damus stressed that “preterm birth is a common complex disorder, making it a public health priority”. She encouraged leaders to intervene throughout the continuum of reproductive health for women with culturally sensitive and appropriate risk reduction interventions which may include: smoking cessation programs, eliminating folic acid deficiencies in women, management of all chronic conditions, promoting optimal weight and screening and treatment for all urinary tract infections and sexually transmitted infections.

The objectives on Day 2 of the Summit were to convene health leaders to address challenges and opportunities in providing perinatal services in Los Angeles County, while highlighting evidence-based and promising practices for action and their applicability to LA County. The overall goal of Day 2 was to launch a call to action

in order to achieve a unified commitment to action to improve birth outcomes in Los Angeles County. In a county as vast as



*“Ultimately, the goal of uniting efforts and achieving synergy to improve birth outcomes was met, as participants on both days left with a renewed sense of commitment.”*

Participants then thoroughly examined and discussed the recommendations from Day 1, prioritized the areas of action, and developed a set of final recommendations for improving birth outcomes in Los Angeles County. Health leaders committed themselves and their respective organizations to working on one or more of the areas of action. Ultimately, the goal of uniting efforts and achieving synergy to improve birth outcomes was met, as participants on both days left with a renewed sense of commitment.

## Final Recommendations

The Perinatal Summit produced the following recommendations for Los Angeles County to move toward improving birth outcomes:

### 1. Build upon and strengthen comprehensive perinatal services for all women

- ◆ Assess implementation of the Comprehensive Perinatal Services Program (CPSP) in Los Angeles County
- ◆ Develop a care quality framework for comprehensive services
- ◆ Expand comprehensive services for all women

### 2. Assure every newborn is enrolled in health insurance before leaving the hospital

- ◆ Investigate the status of newborn enrollment at the state level
- ◆ Develop toolkit (best practice) model for newborn enrollment in Medi-Cal and share with hospitals in Los Angeles County
- ◆ High volume delivery hospitals implement a model for newborn enrollment



### **3. Integrate perinatal resources into the 2-1-1 system**

- ◆ Increase the number of perinatal resources available on the 2-1-1 system
- ◆ Disseminate materials and information about 2-1-1 system and availability of perinatal resources
- ◆ Explore the feasibility of a special “Mommy Line”

### **4. Promote risk appropriate perinatal care**

- ◆ Define the need for risk appropriate perinatal care
- ◆ Describe current practice in Los Angeles County
- ◆ Develop strategies to address risk appropriate perinatal care

### **5. Support every woman to have a reproductive life plan**

- ◆ Promote understanding of the importance of and need for Pre/Interconception care.
- ◆ Support financing for Interconception Care for two years after pregnancy for at risk women
- ◆ Enhance the capacity of providers to prepare women “at-risk” for a health problem to reduce the risk in subsequent pregnancies

### **6. Increase provider and consumer education**

## **VII. From the Summit to Action**

The Perinatal Summit itself was the first phase in a three phase strategic process to engage communities and key leaders, and exchange knowledge of contributors and possible strategies to improve birth outcomes and eliminate disparities in care. With a powerful unified commitment, we began Phase II, developing the action plan for the recommendations. In Phase II the partners continued to work with the health leaders from Day 2 and their respective organizations as well as all the participating organizations from Day 1 moving toward Phase III- the implementation phase.

PERINATAL SUMMIT ACTION  
PLAN  
2005-07

*“Healthy Births Through Healthy  
Communities: Connecting Leadership to  
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Action”*



## *The Action Plan*

The mission of the Perinatal Summit partners was to strive to optimize the health and well being of every pregnant woman and their children through improvements in the quality and delivery of equitable care from prenatal period through the first years of life. The two day Summit itself was the first success in our efforts to:

- ❖ **ENGAGE COMMUNITIES** – To engage communities and exchange knowledge on contributors to optimal birth outcomes and community-based interventions.
- ❖ **CONNECT LEADERSHIP** – To unite efforts and achieve synergy to improve birth outcomes.
- ❖ **BUILD SUSTAINABLE POLICIES** – To build and sustain health care policies to eliminate disparities in care.
- ❖ **ACHIEVE A UNIFIED COMMITMENT TO ACTION** – To build a unified commitment to effectively improve birth outcomes.

The convening of the Summit ended Phase I with the development of the recommendations and we entered Phase II, drafting the strategic action plan around the recommendations. During Phase II we met in small working groups with those partners who committed to work on each of the recommendations. The working groups assisted in the development of the action plan and the measures of success.

Phase III, the implementation phase will begin in July 2006. This will mark the beginning of an 18 month implementation period. The following is a summary of the proposed action plans and measures of success for each of the recommendations. The action plan is ambitious, but realistic and achievable with each of the partners playing an active role.

### RECOMMENDATION #1

#### **BUILD UPON AND STRENGTHEN COMPREHENSIVE PERINATAL SERVICES FOR ALL WOMEN**

- ❖ Review implementation of the Comprehensive Perinatal Services Program (CPSP) in Los Angeles County
- ❖ Develop a care quality framework for comprehensive services
- ❖ Expand comprehensive services for all women

The first recommendation of the Perinatal Summit focuses on improving and increasing comprehensive services for all women. The actions under this recommendation are focused on reviewing the State's Comprehensive Perinatal Services Program (CPSP) as it has been implemented in LA County and to compare financial models which impact CPSP such as fee for service and Medi-Cal Managed Care. During the 18 month period, we will review quality care measures used by various health care delivery models, outline CPSP components, and identify challenges to providing CPSP services under various financial models. Ultimately we plan to develop a framework to evaluate CPSP under various health care delivery models.

Concurrently, while developing the evaluation framework for CPSP, we plan to develop a care quality framework. As part of the First 5 LA Healthy Births Initiative, the LA Best Babies Network has launched the Healthy Births Care Quality Collaborative (HBCQC). The HBCQC will implement a Care Quality Initiative for improving prenatal care, working with 11 provider/clinic teams in Los Angeles County. The Collaborative aims to improve pregnancy and birth outcomes to optimize infant health and development for Los Angeles County families by promoting and supporting systems change efforts to increase implementation of nationally or locally established best practice clinical guidelines, and link clinical practice to community resources. The goal is to see a measurable difference in the delivery and quality of services.

**Partners:** Los Angeles County Maternal, Child and Adolescent Health Programs , LA Best Babies Network, First 5 LA, Blue Cross of California, Citrus Valley Hospital, LA Care Health Plan, Community Clinic Association of Los Angeles County, Maternal and Child Health Access, Health Net, Kaiser Permanente, and The California Endowment

## **RECOMMENDATION #2**

**ASSURE EVERY ELIGIBLE NEWBORN IS ENROLLED IN MEDI-CAL BEFORE LEAVING THE HOSPITAL**

- ❖ Review the status of newborn enrollment in Los Angeles County
- ❖ Develop toolkit (best practice) model for newborn enrollment in Medi-Cal and share with hospitals in Los Angeles County
- ❖ Encourage high volume delivery hospitals to implement a model for newborn enrollment

❖ Urge the State to implement electronic enrollment solutions

The second recommendation of the Perinatal Summit proposes that every eligible newborn should be enrolled in Medi-Cal before leaving the delivery hospital. Mothers who carry private health insurance typically add their infant to the insurance policy before leaving the hospital. Babies born to women insured under Medi-Cal receive coverage under their mother's Medi-Cal number during the birth month and following month (a maximum of 60 days). These infants are also eligible for one year of Medi-Cal coverage; however, they must be enrolled in the program for yearlong coverage to begin. Although the State of California has streamlined the enrollment process, many hospitals fail to enroll newborns in Medi-Cal before the infant is discharged from the hospital.

We plan to determine the level of newborn enrollment in Los Angeles County and to develop a best practices model for newborn enrollment, including an enrollment toolkit and training curriculum. We will select and train hospitals for pilot implementation of the toolkit, with the goal of increased newborn enrollment at the end of the 18 month period. After evaluating the effectiveness of the toolkit, we will develop a plan for wider dissemination of the toolkit among birth hospitals with the goal of having at least one delivery hospital in each of the Service Planning Areas trained on its use.

Concurrently, as a critical part of this action plan, we plan to engage the State in a discussion on factors delaying implementation of electronic enrollment and encourage expediency in this process. The implementation of electronic enrollment statewide would move us closer to the goal of assuring every eligible newborn is enrolled in Medi-Cal before leaving the hospital.

**Partners:** Maternal and Child Health Access, Los Angeles County Maternal, Child and Adolescent Health Programs, LA Best Babies Network, Blue Cross of California, Citrus Valley Hospital, LA Care Health Plan, Community Clinic Association of Los Angeles County, Long Beach Department of Health and Human Services, St. Francis Medical Center, Hollywood Presbyterian Medical Center, Regional Perinatal Programs of California.

### RECOMMENDATION #3

#### INTEGRATE PERINATAL RESOURCES INTO THE 2-1-1 SYSTEM

- ❖ Increase the number of perinatal resources in the 2-1-1 system
- ❖ Disseminate materials and information about the 2-1-1 system and availability of perinatal resources
- ❖ Explore the feasibility of a special “Mommy Line”

The third Perinatal Summit recommendation aims to integrate perinatal resources into the 2-1-1 system, formerly Info Line, which provides information and referrals to over 28,000 programs from 4,000 health and human services agencies. The enhancement of perinatal resources into 2-1-1 LA County would increase the number of perinatal resources available on the 2-1-1 system and provide referrals to resources through the largest information and referral service in the nation. As part of the First 5 LA Healthy Births Initiative, the Best Babies Collaboratives (BBCs) will work in partnership with 2-1-1 to assure the resources in their specific geographic areas are included in the 2-1-1 system. The BBCs will also continue to promote the use of 2-1-1 among the populations they serve.

Under this recommendation, we will also promote the importance of establishing a “Mommy Line”. An information line dedicated to providing prenatal, perinatal and postnatal information would be a valuable tool in the Los Angeles County and improve access to services for pregnant and parenting women. In the 18 month period we will explore the feasibility of implementation of the “Mommy Line” within 2-1-1.

**Partners:** Los Angeles County Maternal, Child and Adolescent Health Programs, LA Best Babies Network, First 5 LA, 2-1-1, Long Beach Department of Health and Human Services, St. Francis Medical Center.

### RECOMMENDATION # 4

#### PROMOTE RISK APPROPRIATE PERINATAL CARE

- ❖ Define the need for risk appropriate perinatal care
- ❖ Describe current practice in Los Angeles County
- ❖ Develop strategies to address risk appropriate perinatal care



Babies born prematurely or with birth defects diagnosed prior to delivery are known to have better outcomes if they are delivered at a hospital that is equipped and staffed to provide the needed interventions immediately. Yet, in Los Angeles County, a significant number of very premature babies and babies with pre-diagnosed conditions requiring higher levels of care or surgical interventions are delivered at hospitals unable to provide such services. It is recognized that neonatal transport systems are working well and the neonatology community manages risk appropriate care well. On the maternal side, there remain system barriers for the practitioner as well as the medical facilities in being able to affect appropriate maternal transfers and transports.

Under this recommendation we will define the need for risk appropriate perinatal care and quantify the current practice in Los Angeles County by compiling CPQCC, CCS, AFP, Maternal/Neonatal Transport System and RPPC data. This data will be used to describe the need, risks and outcomes, particularly to identify rates of occurrences that fall outside expected norms or quartiles. We also plan to research and compile regulatory issues affecting maternal transport and referral and to interview health plans to look at reimbursement practices and transport standards. We then plan to convene a statewide expert panel to develop consensus statement, recommendations and tools for dissemination in Los Angeles County including the March of Dimes Preterm Labor Assessment Tool Kit as a standard for managing women in preterm labor. We will then prioritize facilities to target during implementation of the resulting recommendations.

The expected outcome is a decrease in the number of very low birth weight babies born at Basic Level Perinatal Facilities. We hope to see a decrease in the number of infants with prenatal diagnosed congenital anomalies and structural defects that are born at facilities unable to provide full range of services. Ultimately, we hope to enhance relationships between referring and receiving perinatal facilities to improve maternal-fetal transport rates and decrease neonatal transport rates.

**Partners:** Regional Perinatal Programs of California, the March of Dimes, Maternal Child Health Access, Blue Cross of California, St. Francis Medical Center, Hollywood Presbyterian Medical Center.

## RECOMMENDATION #5

### SUPPORT EVERY WOMAN TO HAVE A REPRODUCTIVE LIFE PLAN

- ❖ Promote understanding of the importance of and need for Pre/Interconception care
- ❖ Support financing for Interconception Care for two years after pregnancy for “at- risk women
- ❖ Enhance the capacity of providers to prepare women “at- risk” for a health problem to reduce the risk in subsequent pregnancies

Many medical, social, behavioral, and environmental factors that contribute to adverse pregnancy and birth outcomes continue beyond the birth of the baby; thus the long-term goal is to develop a plan of action to ensure that every woman has continuous health care coverage for up to two years after her baby is born. Pregnancy related Medi-Cal health insurance provides coverage for care only through 60 days following the birth of a baby. Thus, links to medical, dental, and psychosocial support services that can address risk factors related to future adverse birth outcomes are limited for women who have no source for health insurance between pregnancies. The goal under this recommendation is to identify funding mechanisms to cover pre/interconception care. After identifying these mechanisms it will be critical to conduct a cost benefit analysis of providing pre/interconception care to use as a resource and tool in future advocacy efforts.

While Interconception Care financing is an important strategy for improving pregnancy outcomes, increasing the awareness of the need for pre/interconception care is also critical. Thus we plan to promote pre/interconception care with local, state and national provider groups and medical associations. Along with providers we also hope to see an increased awareness about the need for pre/interconception care among employers, and to educate them about the importance of pregnancy - friendly workplaces and employer-offered health insurance that covers benefits related to pre/interconception care. Finally, we also plan to develop a campaign to encourage every woman to have a reproductive life plan. The goal is to have a community with increased knowledge about the importance of staying healthy before, during and after pregnancy and increased consumer demand and knowledge about the need for preconception/interconception care.

The third part of this recommendation involves the work already underway through the First 5 LA Healthy Births Initiative. Under the HBI the Best Babies Collaboratives have developed action plans for their respective geographic areas which include five core approaches, interconception care, case management, health education, health messaging, and support services to reduce disparities in birth outcomes. The goal is to ensure that adequate education and resources are available for women to make the best choices for staying healthy as well as planning and spacing their pregnancies.

**Partners:** LA Best Babies Network, Los Angeles County Maternal, Child and Adolescent Health Programs, March of Dimes, First 5 LA, Blue Cross of California, Maternal Child Health Access, The California Endowment.

*It should be noted that Recommendation #6 - Increase provider and consumer education, has been interwoven throughout the action plans for each of the other recommendations.*



## IX. Acknowledgements – Day 2 of the Perinatal Summit

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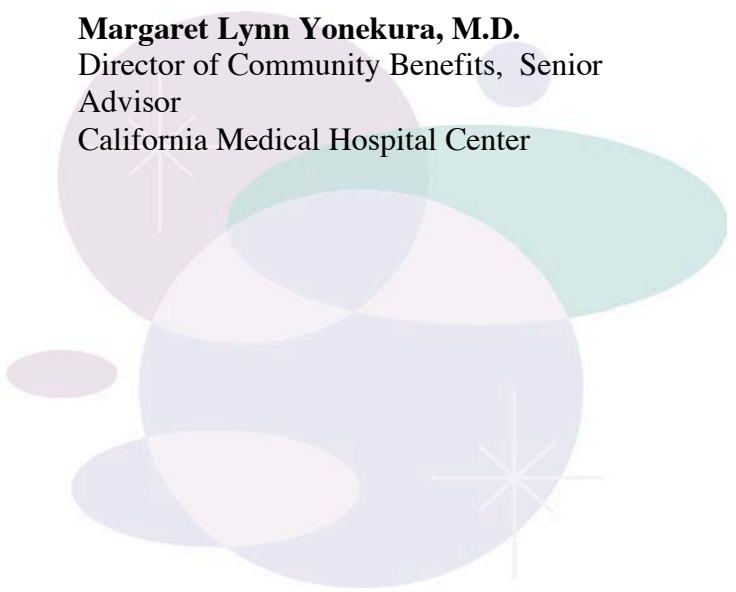
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