

HEALTHYbirthDAY

IMPROVING BIRTH OUTCOMES

Maternal Health Symposium: Empowering Conversations & Proven Maternal Health Solutions

PRESENTED BY:



UnityPoint Health



WELCOME!
THANK YOU TO OUR PRESENTING
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UnityPoint Health



Thank You to our Additional Sponsors!



Need to Know

Recording

Transitions

Your Own Breaks

Questions & Answers

Accessing CE Cert. or Attendance Certificate

We would appreciate your comments and suggestions for improvement, as the information provided will be utilized in planning future summits. The evaluation will remain open through Sunday, November 17, 2024.

https://dmu.co1.qualtrics.com/jfe/form/SV_3t3PxqP7hA0vbx4



Opening Remarks

Kelly Garcia, MPA, Director –
Iowa Department of Health and
Human Services



Health and
Human Services

Melody Walter, Quality
Management Director –
Wellpoint Iowa



Moderator – Megan Aucutt, Program Director – Healthy Birth Day, Inc.



Wellpoint's Commitment to Maternal Health

Teresa Hursey, Wellpoint Plan President



At Wellpoint, we prioritize enhancing maternal health support throughout Iowa. We focus on:

- Developing innovative case management services for our pregnant members
- Identifying and partnering with organizations that offer maternal health programs
- Supporting State efforts to improving maternal health outcomes

By prioritizing maternal health, Wellpoint is not only improving outcomes for mothers and infants but also fostering healthier communities across the state of Iowa.



Maternal-focused Case Management Programs

OB Concierge Care

- Ability to connect directly to Wellpoint OB Nurse Case Manager
- Empowers members to engage with case management however they choose -accessible 24/7
- Education and resources at the member's fingertips

Case Manager Outreach

- Outreaching to pregnant African-American members who live in specific counties (Polk, Blackhawk, Scott and Dubuque) and offer case management support. We also refer members to other no-cost doule providers in other counties if available.



OB Case Management: Concierge Care

Member Benefits:

- Accessible 24/7
- Empowers members to engage with case management however they choose.
- Education and resources at the member's fingertips.
- Ability to connect directly to Wellpoint OB Nurse Case Manager if desired.
- Information able to be shared with care team (e.g., OB/GYN, PCP, etc.)

Case Manager Benefits:

- Increased member engagement.
- Ability to see member journeys, task completion, and other entries (e.g., blood sugar, blood pressure, meals, etc.) to follow up and/or provide feedback.
- Digital communication options.

Member Success Story:



Support State Initiatives in Maternal Health

- Supporting the new CADEII (Connecting All Doula Efforts in Iowa) project facilitated by IHHS. The goal of this project is to align all doula projects and efforts into one space to better align partnerships.
- Active participation in State meetings including the Maternity Taskforce Meeting; Iowa Quality Care Collaborative and Mind the Gap
- Participated in Mom's Meals pilot program to identify food insecure pregnant women and offer meals up to 30 days



Engaging with Community Organizations

Healthy Birth Day

Ongoing partnership and support including baby showers, Stillbirth prevention conversations and the Every Woman Counts luncheon

Young Parents Network

Grant awarded to support 10-week prenatal and parenting education classes

Henry County Public Health

Support for rural SEIA lactation consultant

Waypoint

Grant awarded to support dad's programming

Sponsorship of doula programs at various nonprofits including EveryStep and Young Women's Resource Center





HRSA Overview & Maternal Health Efforts



Kealy Houlahan, MPH, Public Health Analyst
Office of Intergovernmental and External Affairs

Moderator – Megan Aucutt, Program Director – Healthy Birth Day, Inc.



Bridging Gaps: Enhancing and Sustaining Maternity are through Rural-Urban Health System Collaboration

- Amy Dagestad, MBA, MSN, RN NE-BC, RNC-OB, FAWHONN, Executive Director, Inpatient Services,
 - Mary Greeley Medical Center
- Stacy Peterson, BSN, RNC-OB, Director of Maternal Child Services,
 - Mary Greeley Medical Center
- Janean Wedeking, DO, IBCLS, NABBLM-C, Family Medicine,
 - Floyd County Medical Center
- Judi Halback, ARNP, CNM,
 - Floyd County Medical Center

Moderator – Nafissa Egbuonye, PhD, MPH, Associate Vice President of Growth and Community Engagement, Molina Healthcare



Enhancing Maternal and Rural Health Through Emergency Medical Services Collaboration in Iowa



- Joel Otte, MS, NREMT-P, EMS, and Fire Science Education Coordinator
 - DMACC

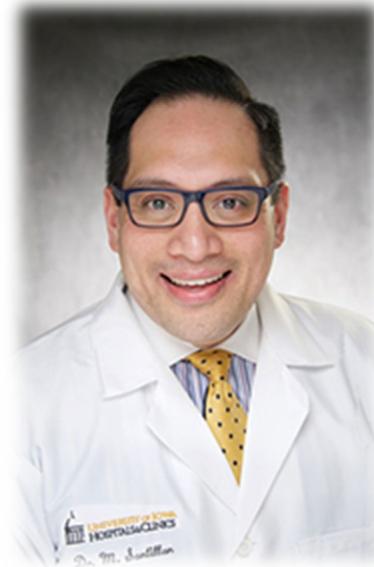
Moderator - Sarah Hybels, State Expansion Coordinator – Healthy Birth Day, Inc.



Enhancing Rural Healthcare in Iowa: Data-Driven Insights



- Donna Santillan, PhD, Research Professor of Obstetrics and Gynecology, Director of the Reproductive Health Sciences Research Division,
 - University of Iowa Health Care



- Mark Santillan MD, PhD, Professor of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine,
 - University of Iowa Health Care.

Moderator – Megan Aucutt, Program Director – Healthy Birth Day, Inc.



STRETCH BREAK

We would appreciate your comments and suggestions for improvement, as the information provided will be utilized in planning future summits. The evaluation will remain open through Sunday, November 17, 2024.

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ACCESSING YOUR CONTINUING EDUCATION OR ATTENDANCE CERTIFICATE

Des Moines University Medicine and Health Sciences (DMU) is the accredited continuing education provider. Certificates will be available for download within 6 weeks of the summit. An email will be sent from DMU CME when your certificate is available.



Ignite Session Time



Moderator - Sarah Hybels and Megan Aucutt– Healthy Birth Day, Inc.



Count the Kicks



Jenifer Rowray, Director of Advocacy & Engagement

- Rowray.Jenifer@healthybirthday.org

National Stillbirth Numbers by Race

Chance of experiencing a stillbirth based on 2022 Data from the CDC

CDC 2022 Vital Statistics. www.cdc.gov/nchs/data/nvsr/nvsr71-04.pdf

1 in 177

U.S. pregnancies
5-year average (2018-2022)

1 in 97

Native Hawaiian or
Other Pacific
Islanders

1 in 100

Black Pregnancies

1 in 139

Indigenous
Pregnancies

1 in 216

Hispanic Pregnancies

1 in 223

White Pregnancies

1 in 270

Asian Pregnancies

Impact of Stillbirth

Results in significant physical and psychological complications for birthing individuals and their families.

- **Severe Maternal Morbidity***
- **Prolonged and complex grief****
- **Economic Burden**

**Wall-Wieler et al., 2019*

*** (Burden et al., 2016)*



Count the Kicks is a highly effective, evidence-based stillbirth prevention program.



We developed a proven early warning system for moms.



We've saved lives in 36 states and six countries so far.





Why Does Movement Matter?

- Movement is one very important way a baby communicates before birth.
- A change in a baby's movement can be an **EARLY** sign and sometimes **ONLY** warning that a baby may give when in distress.



Counting Kicks is What You Should Do. It's Important and Easy Too!

Here's How: Starting at the 3rd trimester, begin counting.



Monitor your baby's movements with the FREE *Count the Kicks* app or web counter. Or, visit CountTheKicks.org to download a paper movement monitoring chart.



Count your baby's movements every day – preferably at the same time. Try to pick a time when your baby is normally active.



Time how long it takes your baby to get to 10 movements, and rate the strength of your baby's movements.

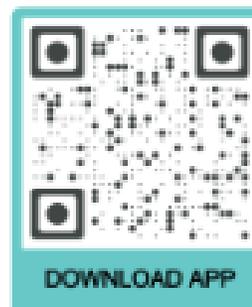


After a few days, you will begin to see an average length of time it takes to reach 10 movements.



Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

Visit the app store to download the FREE *Count the Kicks* app!
Learn more at CountTheKicks.org.

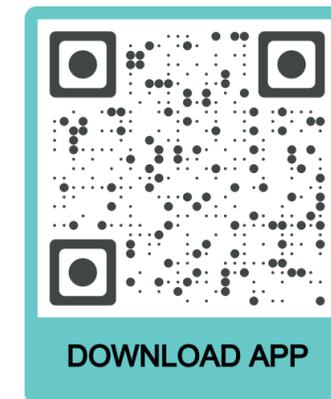


Count the Kicks App

Free and easy to use



- Our FREE app is evidence-based and available in [20+ languages](#)
- Available for Apple and Android products
- Set a daily reminder to *Count the Kicks*
- Download history to share with their provider, family or friends via text or email
- Use Find Help to locate low-cost or free services.
- CountTheKicks.org



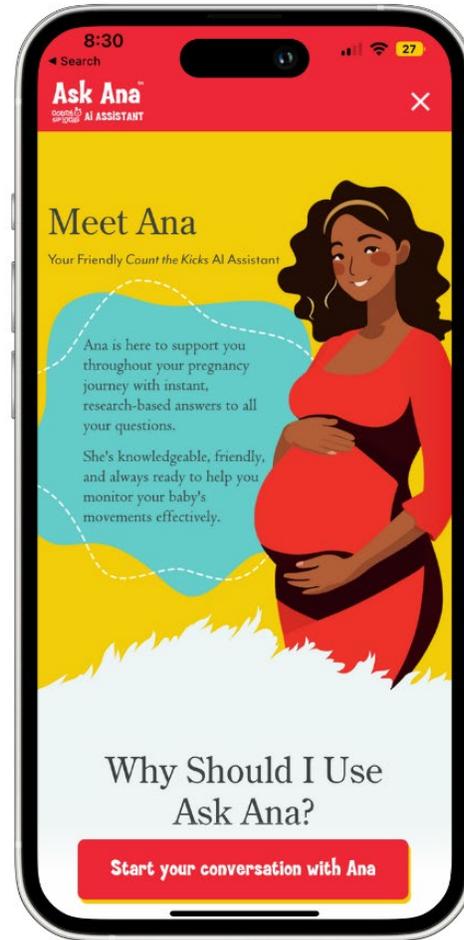
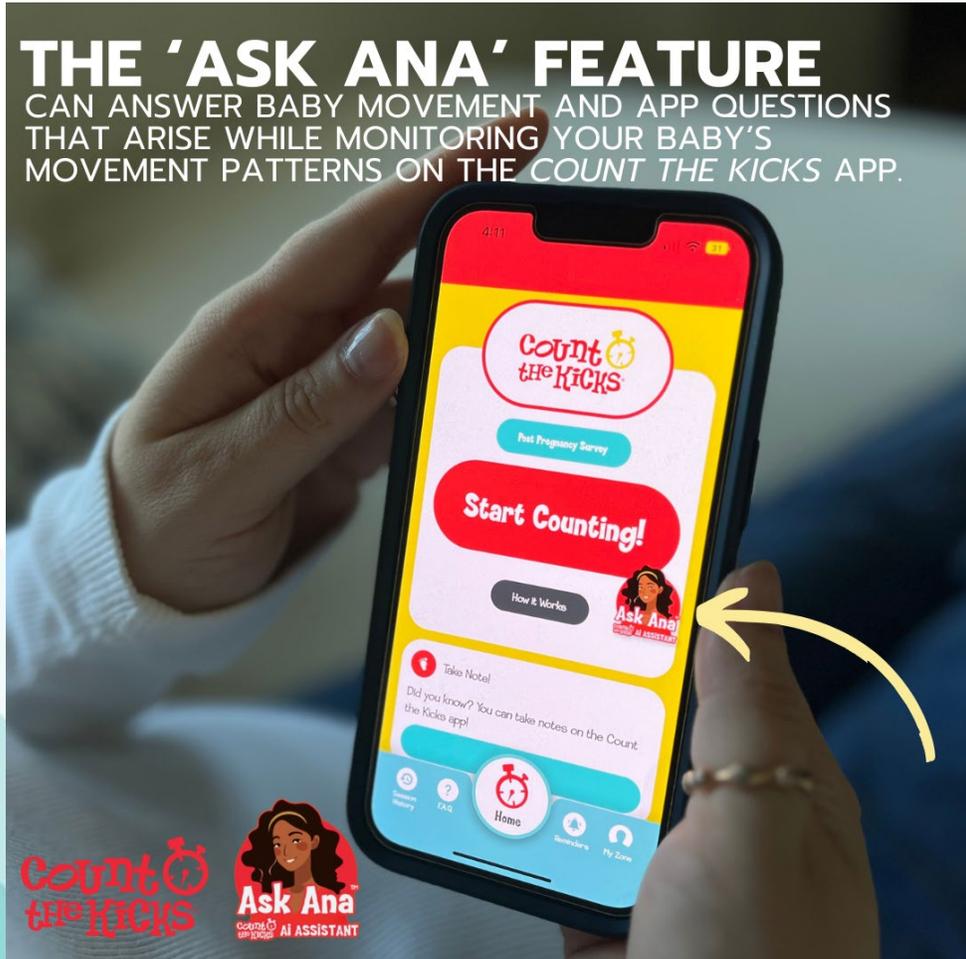
We do not share or sell app user information.

Ask Ana

AI Assistant

THE 'ASK ANA' FEATURE

CAN ANSWER BABY MOVEMENT AND APP QUESTIONS THAT ARISE WHILE MONITORING YOUR BABY'S MOVEMENT PATTERNS ON THE *COUNT THE KICKS* APP.



- Free
- Available in the following languages:
 - English, Spanish, French, Chinese, Russian, Portuguese, and Hindi.
- Access Ask Ana on our socials, website and the app
- App users can ask questions about fetal movement and receive research-based answers.



How to Count – Digital Resource

DIGITAL EDUCATION- ENGLISH

Count the Kicks
Counting Kicks
is What You Should Do.
It's Important and Easy Too!

Here's How: Starting at the 3rd trimester, begin counting.

- 1 Monitor your baby's movements with the FREE *Count the Kicks* app or web counter. Or, visit CountTheKicks.org to download a paper movement monitoring chart.
- 2 Count your baby's movements every day – preferably at the same time. Try to pick a time when your baby is normally active.
- 3 Time how long it takes your baby to get to 10 movements, and rate the strength of your baby's movements.
- 4 After a few days, you will begin to see an average length of time it takes to reach 10 movements.
- 5 Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

Don't Delay!
Download the FREE *Count the Kicks* app in the app store today!

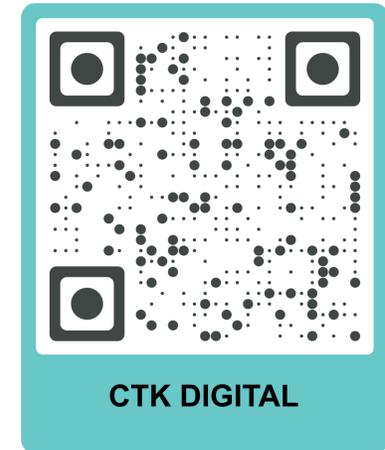
- Helps you monitor baby's movement patterns and strength of movement
- Empowers you to SPEAK UP if you notice a change in your baby's normal movement patterns
- Promotes early bonding
- Helps reduce anxiety
- Available in 20+ languages
- CountTheKicks.org



1/1 Pages Magnify Fullscreen More

Available in nine languages:
English,
Spanish,
Arabic,
French,
Haitian Creole,
Kinyarwanda,
Lingala,
Portuguese,
Somali,
More languages are coming soon.

[Digital Education page](#)



Click "MORE" for sharing options



3rd trimester?



Start Counting!

Counting kicks is what you should do. It's important and easy too!
ASK HOW. ASK NOW.

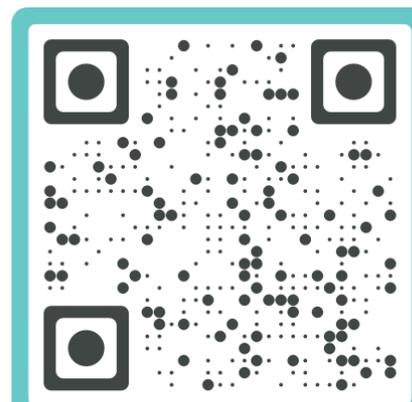


Download the **FREE** **Count the Kicks** app today!

 [CountTheKicks.org](https://www.CountTheKicks.org)

Free Educational Materials

- ▶ Both traditional and At-A-Glance Brochures, Posters, App Reminder Cards, Kick-counting bands, Badge Buddies, magnets and more!
- ▶ All in multiple languages
- ▶ Go to: [CountTheKicks.org](https://www.CountTheKicks.org)



ORDER MATERIALS



Count the Kicks 

Resources for Implementation

AFTER VISIT SUMMARY
Countthekicks Zztest MRN: 1282357 2/8/2023 Birthways

Instructions
Need help?
Pregnancy (<37 Weeks) Discharge Instructions

Please seek medical advice if the following symptoms and health problems present themselves after discharge:

- Uterine contractions every 10-15 minutes or more frequently. This may feel like uterine cramping/intermittent or constant menstrual-like cramps; low abdominal pressure/pelvic pressure; intermittent or constant low dull back ache; increase or change in vaginal discharge; feeling that the baby is "pushing down"; or abdominal cramping with or without diarrhea.
 - If this happens: stop what you are doing, lie on your side, drink 2-3 glasses of water or juice. Wait 1 hour.
 - If the symptoms continue, get worse, or return, call your physician or midwife.
 - If the symptoms stop, tell the physician/midwife what happened at your next visit.
- Bag of water breaks (could be large gush or small trickle). Note the color, odor, and time.
- Vaginal bleeding of more than a teaspoon.
- Persistent/severe headache, blurred vision, visual spots or sparkles, right abdominal pain or epigastric pain, chest pain, low urinary output.
- Temperature of more than 100 degrees.

Count the Kicks: Instructions for monitoring fetal movement (Kick Counts)
WHY COUNT? Tracking fetal movements is an easy and effective way to monitor the wellbeing of your baby, and paying attention to movements helps expectant parents get to know what's normal for their baby and speak up if they notice a change.
Starting in the 3rd trimester (28 weeks), [download the FREE Count the Kicks App](#) or use the instructions and table provided.

1. Pick a time when your baby is normally active (try to use the same time every day).
2. Lay down on your side, try to avoid distractions so you are able to focus on your baby's movements.
3. Record the time you start counting your baby's movements (count all kicks, flutters, and rolls).
4. Count to 10 movements.
5. Record the time you stop counting.
 - a. Time how long it takes your baby to get to 10 movements **every day** in the third trimester.
 - b. Get to know what's a normal amount of time it takes for your baby to get to 10 movements each day. Your baby will start to show you a pattern.
6. Call your provider right away if you notice a change in the strength or how long it takes your baby to get to 10 movements.

Countthekicks Zztest (MRN: 1282357) • Printed at 2/8/2023 1:45 PM Page 1 of 3 Epic

HEALTHY birthDAY IMPROVING BIRTH OUTCOMES Creator of: **Count the KICKS**

Standardizing Care for Healthy Beginnings:

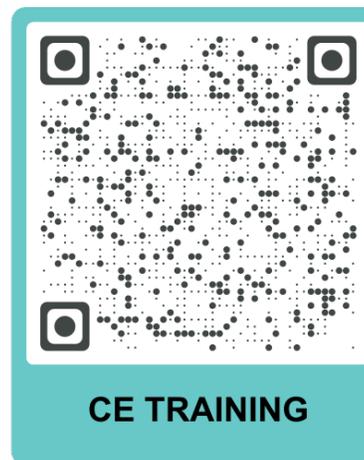
A Healthcare Professional's Guide to Conversations with Expectant Parents on Counting Kicks and Fetal Monitoring to Save Babies

Learn more at HealthyBirthDay.Org and CountTheKicks.org



Register Here: bit.ly/savebabiesCTK

Use the free CE Training Code: SAVEBABIES-IA



Call to Action

Order free or low cost Count the Kicks educational materials

- CountTheKicks.org

Embed Digital Resources

- How to Count
- After Visit Summary
- Videos

Count the Kicks Champion Program

Grand Rounds

Standardizing Care for Healthy Beginnings – Online CE Training

- bit.ly/savebabiesCTK



Together, we can reduce preventable stillbirths through early detection and patient empowerment!



U of Iowa - SIM – IA Program



Jacinda Bunch, PhD, RN, SANE-A, NREMT,
Assistant Professor (Clinical), Senior Advisory,
SIM-IA Program, University of Iowa, College of
Nursing

- jacinda-bunch@uiowa.edu

IOWA

College of Nursing

Simulation in Motion - Iowa

Jacinda Bunch, PhD, RN, SANE-A, NREMT
University of Iowa College of Nursing

November 6, 2024



Maternal Health Challenges in Rural Iowa

- Iowa ranks 52 out of 52 states and territories for **OB/GYN physicians** per capita.
- 32 out of Iowa's 99 counties are **maternal care deserts**.
- 61% of Iowa's 93 rural hospitals have **zero obstetric services** and others are at **high risk of closing**. Labor and delivery is often eliminated as a **cost savings measure** (e.g., Pella Regional Health Center).
- From 2019 to 2021, Iowa's **pregnancy related mortality** was 18.1 deaths per 100,000 live births and it is on the rise.

SIM-IA's Mission

- Provide high fidelity, evidence-based clinical simulation training with a **focus on improving rural health outcomes** to
- critical access hospitals,
- nurses,
- physicians, PAs, NPs,
- first responders,
- ground and air ambulances, and
- community members.



Newborn & 25-Week Preemie





simia.uiowa.edu

SIMIA
Simulation in Motion

Bringing Emergency Care Education to
LIFE

IOWA
College of Nursing

simia.uiowa.edu

SIMIA
Simulation in Motion
Bringing Emergency Care Education to
LIFE

Mobile Simulation Workspaces

Emergency Room

2 Video Cameras
Power cot
Adult Crash Cart
Pediatric Crash Cart
Trauma Chest
Provider Phone
Vital Signs Monitor
IV Pump
Video Display
ER Equipment and Supplies

Simulation Hub

Emergency Room Workstation

- Dual Monitors
- Incoming Provider Phone
- Simulation Laptop

Ambulance Box Workstation

- Dual Monitors
- Incoming Provider Phone
- Simulation Laptop

Ambulance Box

2 Video Cameras
Power cot
Trauma, Airway, Medication Bags
Provider Phone
Vital Signs Monitor
IV Pump
Video Display
Lucas Device
Ambulance Equipment and Supplies

Maternal-Child Scenarios

- 2 scenarios per training hour with feedback
- Birthing Hospitals
 - Routine & Complex Deliveries
 - Post-partum Emergencies
- Non-Birthing Hospitals & EMS
 - Rapid Transfer
 - Emergent Deliveries
 - Post-partum Emergencies
- Evidence-based while supporting individual protocols
- Support for teamwork skills, clear communication, and safe practice environments



SIM-IA Rural Impact

9,197

Individuals
Educated

- 8,148 Nurses & EMTs
- 106 Long Term Care Providers
- 209 Physicians, PAs, and ARNPs
- 184 High School Students

502

Clinical
Simulation
Trainings Held

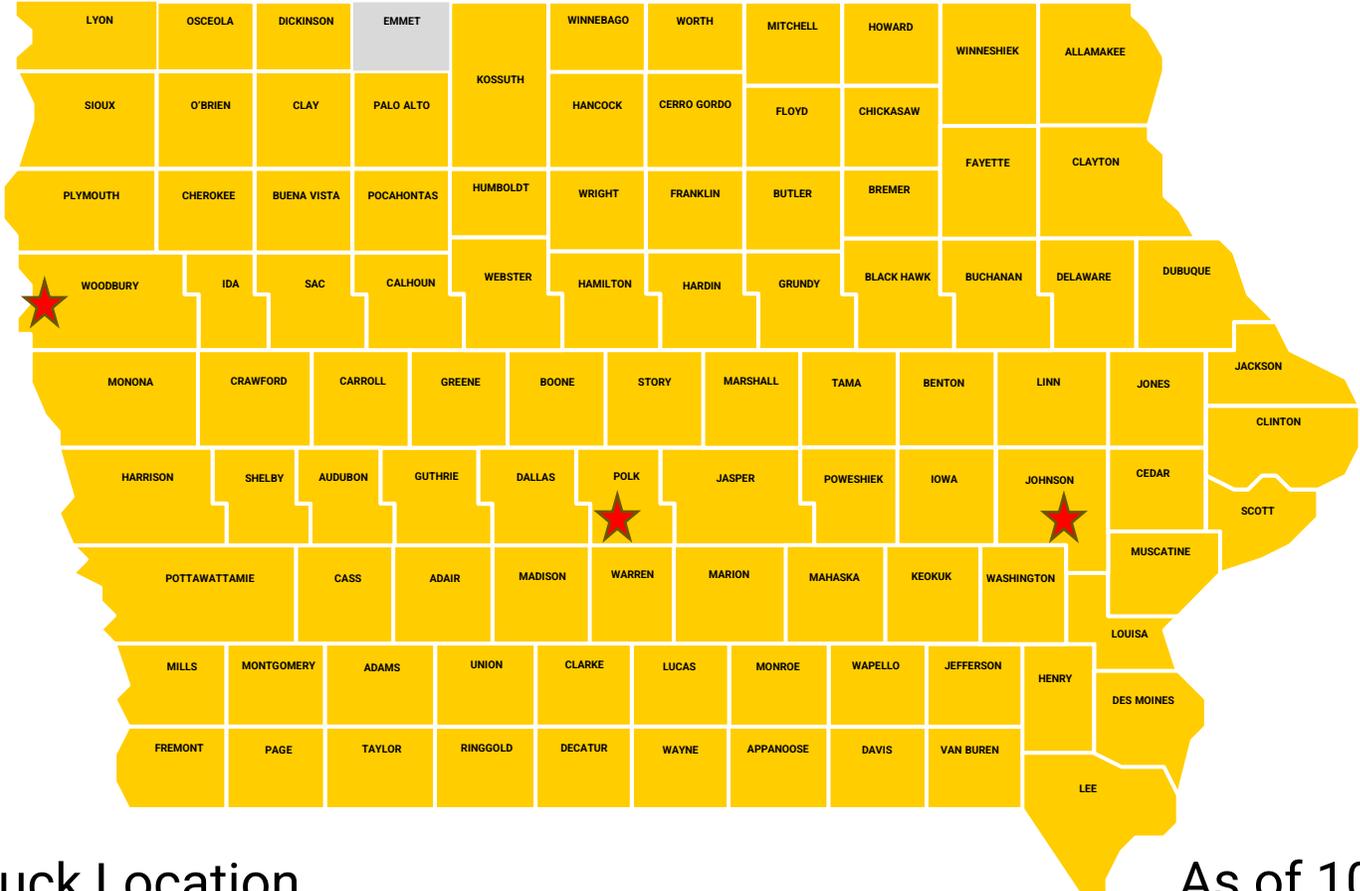
- 358 EMS or Fire Departments
- 92 Hospitals
- 52 Other Locations

> 2,035

Hours of
Clinical
Simulation
Provided

Since 7.11.22

Education Outreach to 98 Counties

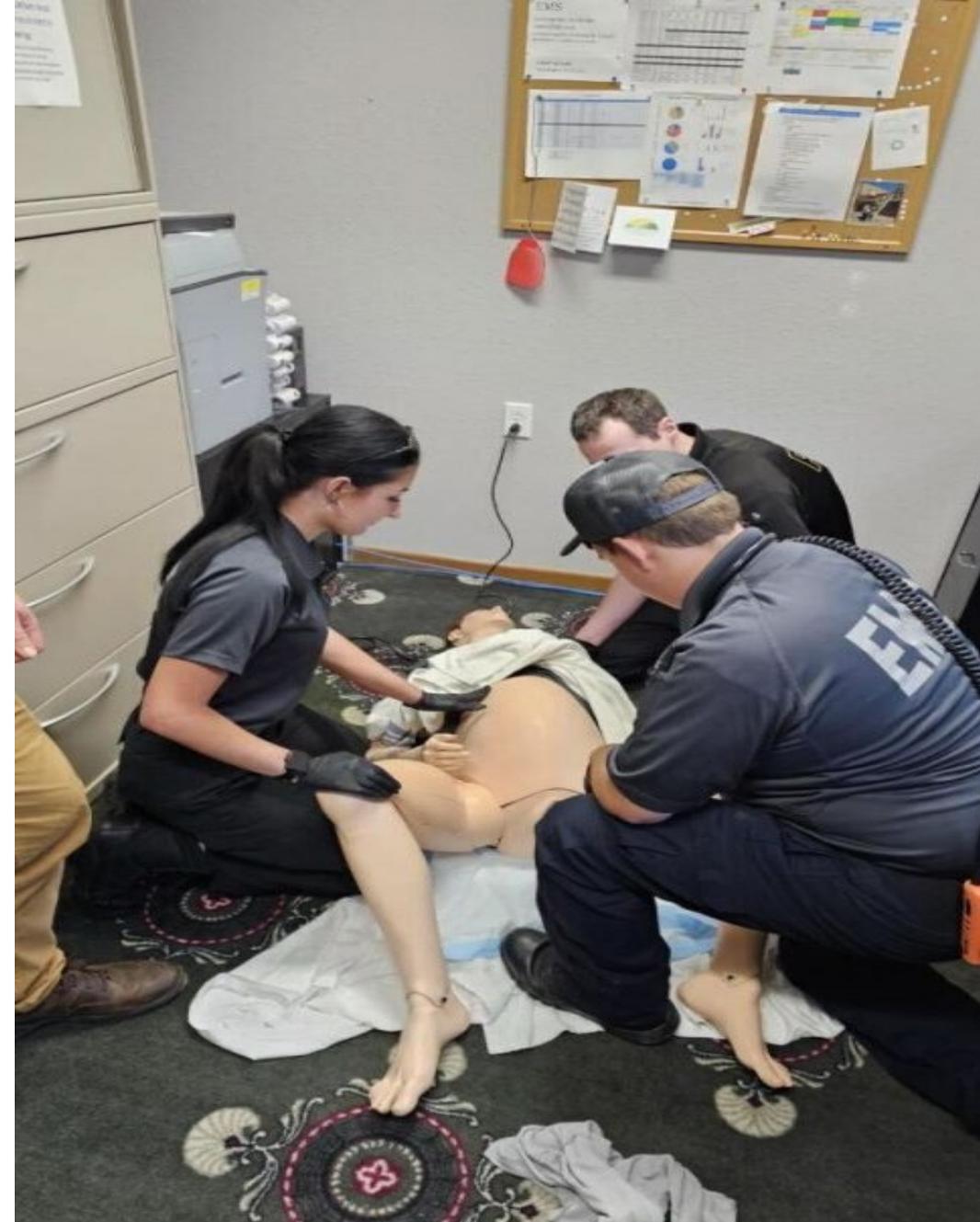


★ SIM-IA Truck Location

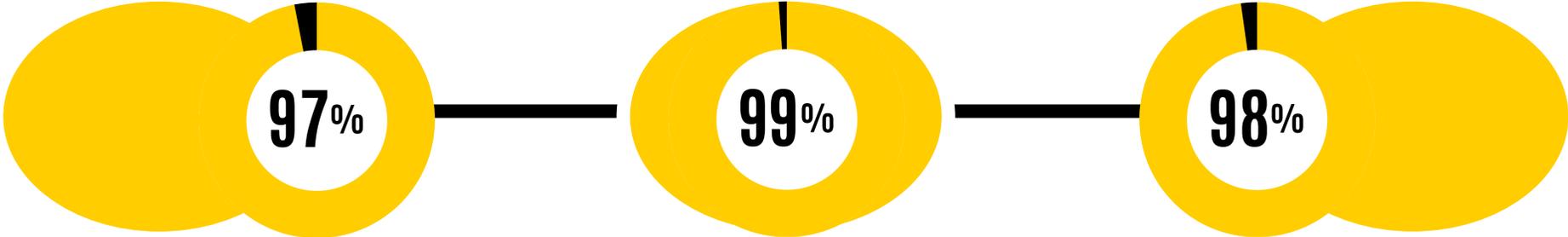
As of 10.14.24

Teamwork and Communication

- Trained educators observe teamwork and communication as well as clinical performance.
- Video recordings facilitate debriefing with multidisciplinary teams.
 - Critical Access Hospital
 - EMS
- Comparisons of key interventions (performance and timing) over repeated trainings to improve care



Improving Competence and Confidence



felt SIM-IA
simulations helped
build their clinical
competence.

felt SIM-IA
simulations were
valuable to their
clinical practice.

felt SIM-IA
simulations helped
build their clinical
confidence.



Maternal Readiness Education

- Work with **community and critical access hospitals** to develop, implement, and evaluate a **comprehensive clinical simulation education program** in Iowa.
- Support joint education training between rural hospitals and local EMS agencies to improve transfer readiness and maternal care.
- Provide **emergency readiness and skills** training for standard deliveries, early identification and management of complications, care of perinatal persons with substance-use disorders, and management of neonates following delivery in **critical access hospital and EMS agencies**.
- Findings will be used to improve care partnerships along with **refining and expanding training opportunities**.

Evolving Clinical Scenarios

Tracy Johansson (17 yrs): Emergency Delivery (Pre-Hospital)

First Responders & EMS

- Responds to call for possible labor at patient's home
- Assesses patient & recognizes delivery is imminent.
- Safe delivery of baby and care of mom via protocols
- Transport and hand-off to Emergency Room providers

Hospital

- Receives report from EMS & prepares for arrival of patients
- Assesses patients to determine treatment/transport decisions
 - Stable patient(s): e.g., Pitocin, Vitamin K, ground transport
 - Unstable patient(s): e.g., bleeding and/or airway management, medications, consider air transport
- Report to birthing hospital
- Hand-off to air or ground EMS crew

Emergency Delivery Scenario Data Points

First Responders & EMS

- Time to patient contact
- Time to 1st vital signs
- Assessment of stage of labor
- Supportive care for laboring mom
- APGAR measurements: 1 & 5 min
- Management of IV access established when feasible
- Transport when appropriate
- Hospital notification
- Hand-off/communication quality at ER transfer of care

Hospital (Pre-Hospital)

- Preparation to receive mother and newborn from EMS report
- Rapid patient assessment upon arrival to ER
 - History
 - Vitals
 - 12-lead ECG, if unstable
 - Medication administration
- Consideration for mode of transportation to birthing hospital based on patient(s) assessments
- Notification and communication quality to birthing hospital
- Hand-off/communication quality at transfer of care to air or ground EMS

SIM-IA Funding

- Helmsley Grant
- Donors
- Corporate Sponsors
- Legislative
- Endowment
- Community Grants



Support for SIM-IA

- SIM-IA is seeking support to continue **evidence-based** educational interventions focused on addressing the greatest **health inequities** for **maternal care** across Iowa.
 - No cost for rural critical access hospitals and EMS agencies
- SIM-IA is committed to **demonstrating the impact** of and refining maternal care simulation education across Iowa to achieve our long-term mission of **improving healthcare outcomes and equity**.



SIM-IA Impact Fund

Where are we?

- Follow us
 - SIM-IA.uiowa.edu
 - Facebook
 - Instagram
 - Twitter



IOWA

Gundersen Health System



Bethany Hanson, RN IBCLC, Lactation Consultant

- blhanson@gundersenhealth.org

Barriers to Rural Care

Bethany Hanson RN, IBCLC

Agenda

- Define barriers
- How can we serve ?
- What is working?
- Who can help and how?
- Final tips & takeaways

Barriers:

- Socioeconomic Status
- Illiterate
- Non-English Speaking
- No transportation
- Very few forms of technology for communication
- Rural living
- Employment
- Daycare
- Mental Health

Staffing Barriers

- MD, DO, CNM
- Surgeons
- Nursing
- Lactation
- Clinic Staffing
- Social Workers
- Interpreters

What does our population look like?

- Over the last 5 years 66-100 births yearly
 - 32-33% Non-English Speaking
-
- 2024: 40% are Non-English Speaking
 - 2024: 43% have no coverage, 34% have private insurance, and 23% are Medicaid.
 - Consequently in 2014 our population on Non-English speaking, moms was 33%.
 - Missed appointments or late to care due to coverage
 - Significant decline in participation in prenatal classes or support groups over the years

How Do We Work With This?

Develop protocols and guidelines :

- As an organization how can we help what's out of the normal scheduling and care
- What barriers are in your control to remove
- Find staff that are passionate and committed
- Constantly Re-evaluate
- Look at your surveys and patient feedback
- Invest in Donor Milk
- Open a Dispensary and become Milk Depot

Prenatally

1. At the first OB visit schedule all appointments
2. Include labs , ultrasounds and teaching visits
3. Ask the patient what days or times of the week work

Meet with the RN and discuss plan of care and key points such as feeding preference, support, count the kicks, safe medications, anxiety and depression screenings, and scheduled education and tour of department.

Key Educational Points and Dates

1. 12 weeks
 2. 20 week Ultrasound
 3. 26-28 weeks
 4. 34 weeks
- In place of prenatal classes, we went to one-on-one education with the mom and support person. It's coordinated with an OB appointment with provider at 34 weeks or out of regular hours if that works better for the patient and selected person.
 - This includes a tour, plan for delivery, options and choices, stages of labor, when to come to the hospital, cautions and warning signs, what the stay looks like and what will happen and when, feeding preference, car seat information, and education on rooming in.
 - Breastfeeding education includes a history and physical exam, along with instruction on prenatal expression.
 - Referrals if needed.
 - Pink Sticky in Epic

Inpatient



- In person visits, assessments, education and support
- Schedule follow up appointments before discharge for better follow through, again asking when the patient can get there helps .
- Rooming in and skin to skin
- Apply current evidenced based practice

Postpartum Follow Up

Babe:

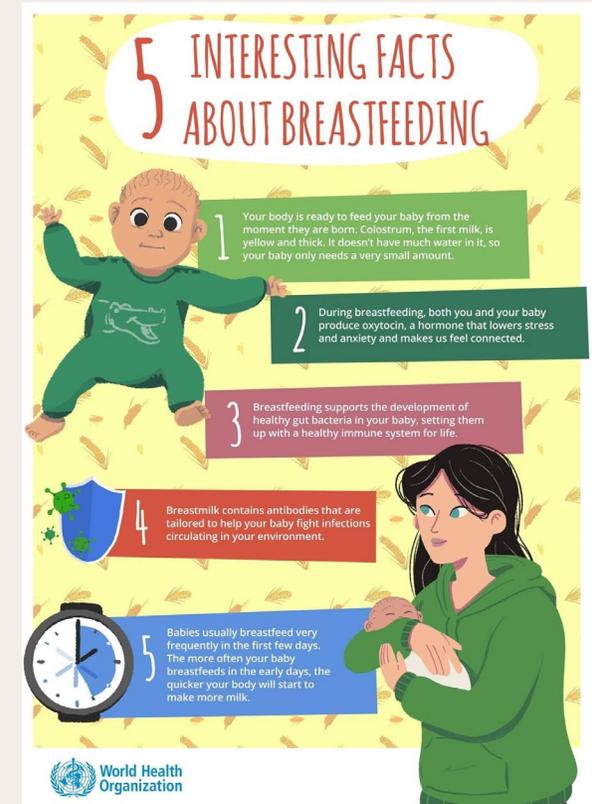
- 2 day follow up with RN, IBCLC
- 1 week with provider
- 2 week with RN, IBCLC if needed for weight check
- 1 month with provider
- 2 month with provider

Mom:

- 2 day with RN, IBCLC
- 1 week with provider
- 2 week with surgeon if C-Section
- 6 week with provider

Staff Education

- Count the Kicks
- Spinning Babies
- Yearly online breastfeeding education
- NRP
- ALSO
- Fetal Monitoring



Staff Preparedness

- Simulations
- Quizzes
- Case Studies
- Scavenger Hunts
- Cross Training

Staff Feedback

- Survey staff about their comfort levels:
 - Include pre and post simulations or policy changes
 - Inquire how knowledgeable they are with evidenced based care and current recommendations

Patient Feedback

- At the two day visit:
 - Have a conversation about there experience
 - Include specifics about their care, treatment, and education.
 - A new question just added was any additional information or education the patient/ family would have liked prior to delivery.

Simulations



Simulation is a key component of patient care training. In this photo, a simulation is being conducted in a hospital room. A man in a white shirt and black cap stands by a patient in a bed, while several nurses in maroon scrubs attend to the patient. Medical equipment and IV stands are visible in the background.

Gundersen Palmer recognized for outstanding patient care and training

By VEGAN HODGSON
 Staff Writer



The Gundersen Palmer Leadership Alliance has bestowed two significant accolades recently. They have been recognized with two awards for their outstanding patient care and training. The group is standing with Norma Naitani, a simulation program faculty member, and other staff members.

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They were at the Gundersen Palmer Leadership Alliance award ceremony. The group is standing with Norma Naitani, a simulation program faculty member, and other staff members.



Norma Naitani, a simulation program faculty member, is shown in the photo. She is smiling and looking towards the camera.

Call to Action

- Get Involved locally, on a state and federal level.
- IMQCC, AIM
- Iowa Strategic Breastfeeding Plan
- Local and state coalitions
- Medicaid Advisory Boards
- Find passionate staff **in** your organization

Thank
you

Bethany Hanson RN, IBCLC

563-422-3811, ext 64869

blhanson@gundersenhealth.org

Monsoon Asian & Pacific Islanders in Solidarity



Audri Lu-Uhlken, Community Health & Transitional
Housing Coordinator

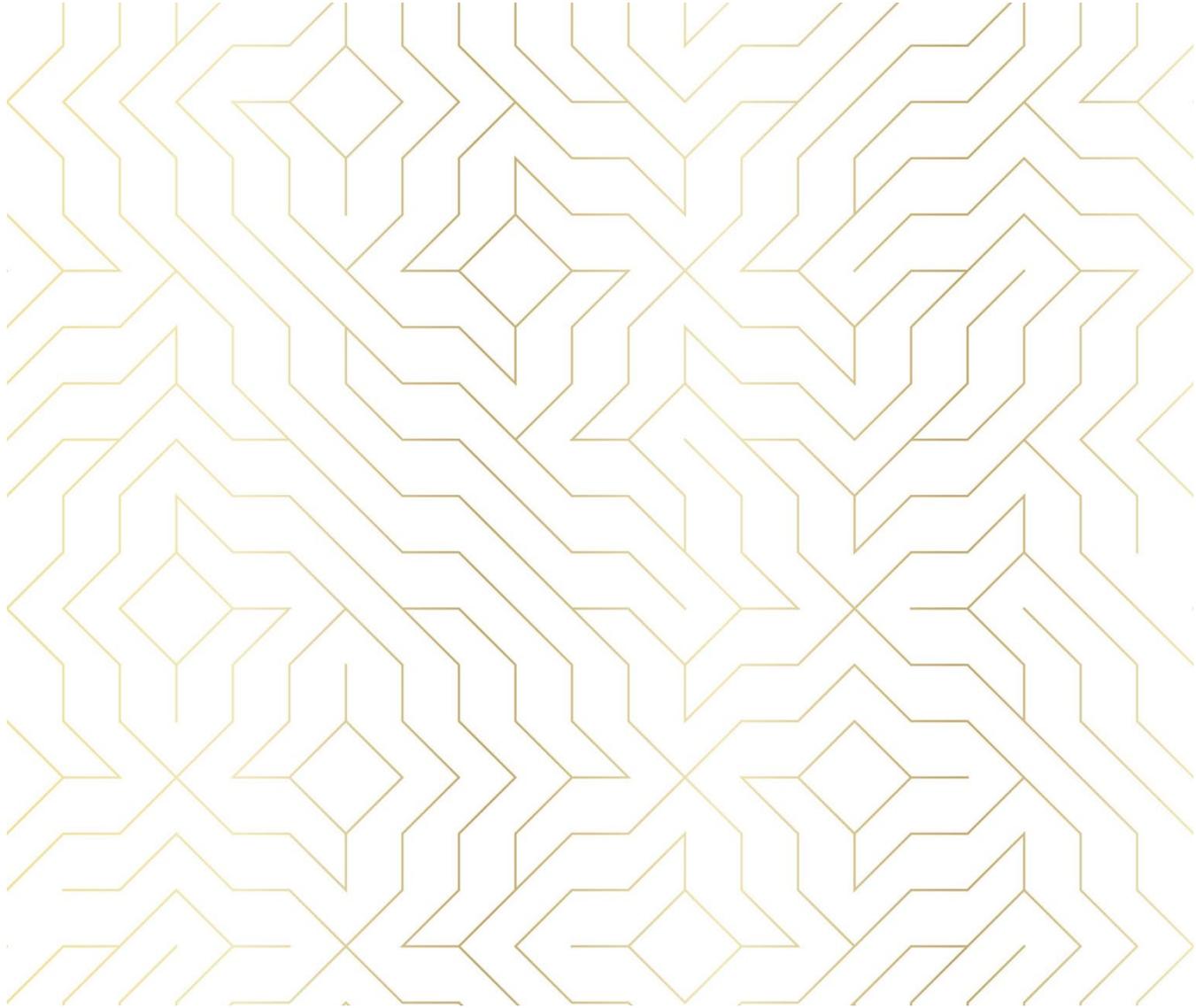
- audri@monsooniowa.org



Maternal Health in Asian & Pacific Islander Communities in Iowa



monsoon
asians &
pacific
islanders
in
solidarity



Audri Lu-Uhlken, Community Health & Transitional Housing Coordinator



About Monsoon

Monsoon Asians & Pacific Islanders in Solidarity, formerly Monsoon United Asian Women of Iowa, is a grassroots organization whose mission is to end violence against women in the Asian and Pacific Islander (API) communities in Iowa

Started as a program of the Iowa Coalition Against Sexual Assault in 2003. Became a 501©3 organization in 2007 and officially open its door on December 15th, 2007

Funded by the DOJ Office on Violence Against Women (OWV), Iowa AG Crime Victims Assistance Division and Iowa Department of Public Health; private donors and foundations.

www.monsooniowa.org

All staff members are multilingual and bi/multicultural

Main office in Des Moines (Central Iowa); office in Iowa City and Dubuque (Eastern Iowa)



Monsoon Programs

- **Direct Services**

Crisis advocacy and counseling; support groups; assistance with needs related to law enforcement, legal, court, child protective services, housing, education, jobs, medical and government benefits; referrals, resource provision and co-advocacy; and systems advocacy

- **Violence Prevention Program**

Peer-to-peer youth advocates conducting outreach on addressing sexual violence in targeted middle and high schools in Central Iowa

- **Community Outreach/Engagement**

Community presentations, meetings, trainings, collaborations and events, including Community Accountability Project

- **Community Health Outreach**

Parenting and elder groups, maternal and infant health, self-sustainability promotion, health and wellbeing resource center, Banh Hao Community Healing Space & Garden focused on well-being activities and support groups

- **Campus Victim Services**

Outreach on sexual assault and domestic violence on college/university campuses and peer-to-peer victim services

Monsoon Programs

- **Transitional Housing**

Interim housing and wrap around voluntary services for victims/survivors served by Monsoon

- **Children, Youths & Engaging Men Services**

Services and education targeting youths and males who have experienced, witnessed or been affected by gender-based violence

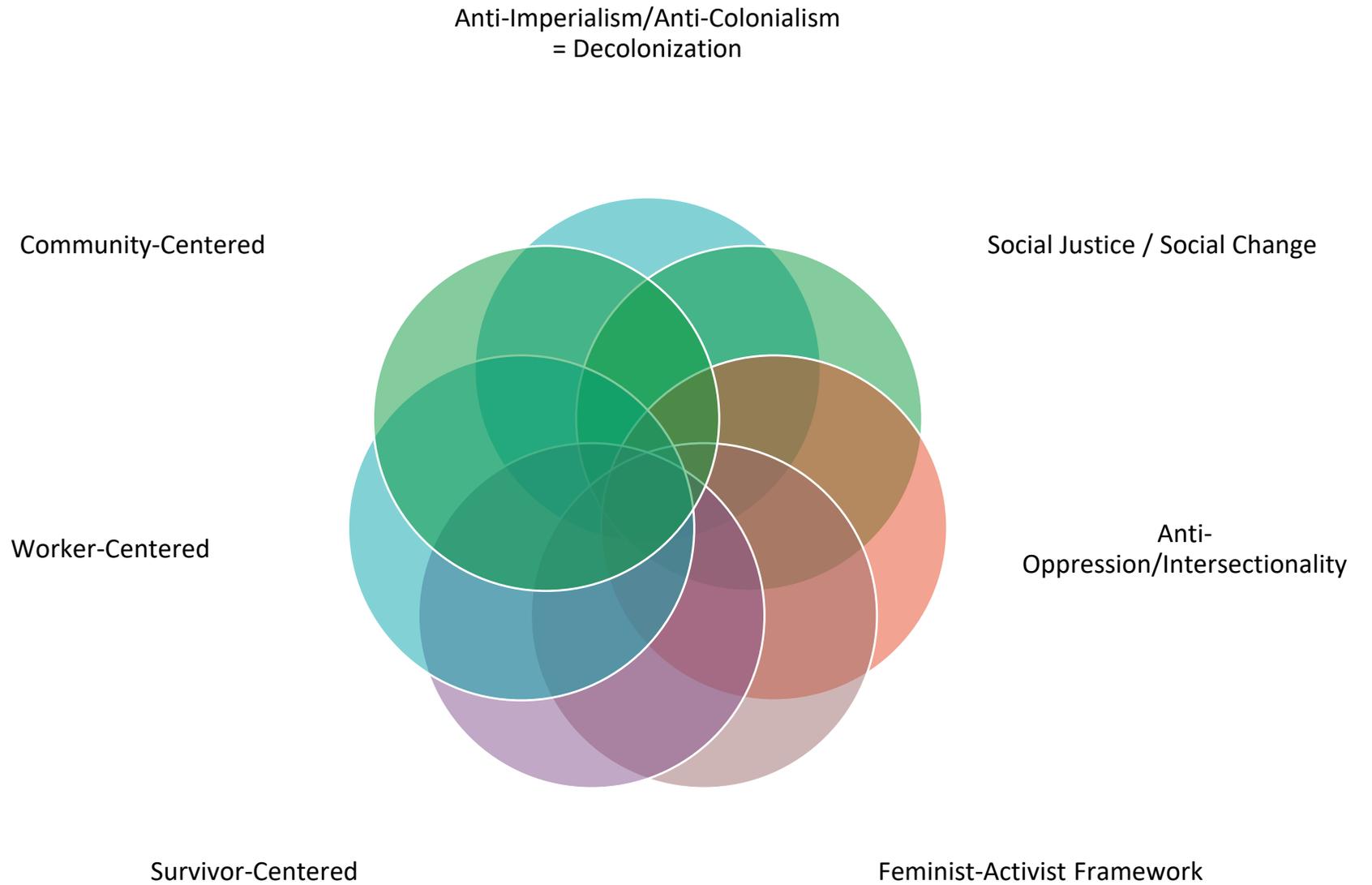
- **Legal Services LAPAPI (Legal Assistance Program for API)**

Legal services for victims/survivors being served by Monsoon (Civil cases: family law and immigration)

- **Technical Assistance**

Provided nationally and internationally by National API Ending Sexual Violence (NAPIESV)

Core Values





Why are we here?



What is at risk?

- In 2024, Surgeon General warns that parenting is a public health issue; hazardous to health
- From 2020 to 2021: The CDC reported a 40% increase in overall maternal deaths in the U.S. [6]
- **In 2022, API women in the U.S. had a pregnancy-related mortality rate higher than white women [5]. In Iowa, the rate is 4x higher than white women [7]. PIs have the highest pregnancy-related mortality ratio of any racial or ethnic group, according to the CDC [13].**
- Leading causes for maternal mortality in the US is Postpartum Hemorrhage (PPH) and complications from preeclampsia/eclampsia [17]. 4 in 5 pregnancy related deaths in the US are preventable [1]. In Iowa, 100% of the pregnancy-related deaths were considered preventable in 2021 [7].
- [Research shows](#) APIs have twice the odds of having PPH compared to all other racial-ethnic backgrounds in the US, resulting in 1 in 5 pregnancy-related deaths of API women [4].
- [A 2021 national study](#) on pregnancy-induced hypertension indicated API women may also have the highest risk for developing cardiovascular complications from preeclampsia/eclampsia compared to all other races [10].



Monsoon Community Assessment Findings in 2022: Community Health and the Asians & Pacific Islander (API) Communities in Iowa

Found API mothers needed [9]:

- Community spaces/talking groups to gather and connect on shared experiences, and to provide peer psychosocial support.
- Increased awareness of the mental health continuum and access to community-based, culturally specific services to address the impacts of intergenerational trauma.



Mothers of Monsoon

An illustration in a soft, painterly style. A woman with long, flowing white hair is shown from the chest up, wearing a dark brown top. She is holding a young child with white hair, who is wearing a dark brown dress. The woman's arms are wrapped around the child. The background is a light, warm beige color, decorated with stylized, layered foliage in shades of brown and tan. The overall mood is gentle and nurturing.

Expanding Motherhood



Monthly Gatherings
Support & Resources
Partnerships
Events: Baby Gear Swap



**Community-Led
Peer-to-Peer
Expert-Led Sessions**



**Carry on API traditional maternal
health practices that have become
stories of pasttime**

Monsoon Community Healing Space & Garden

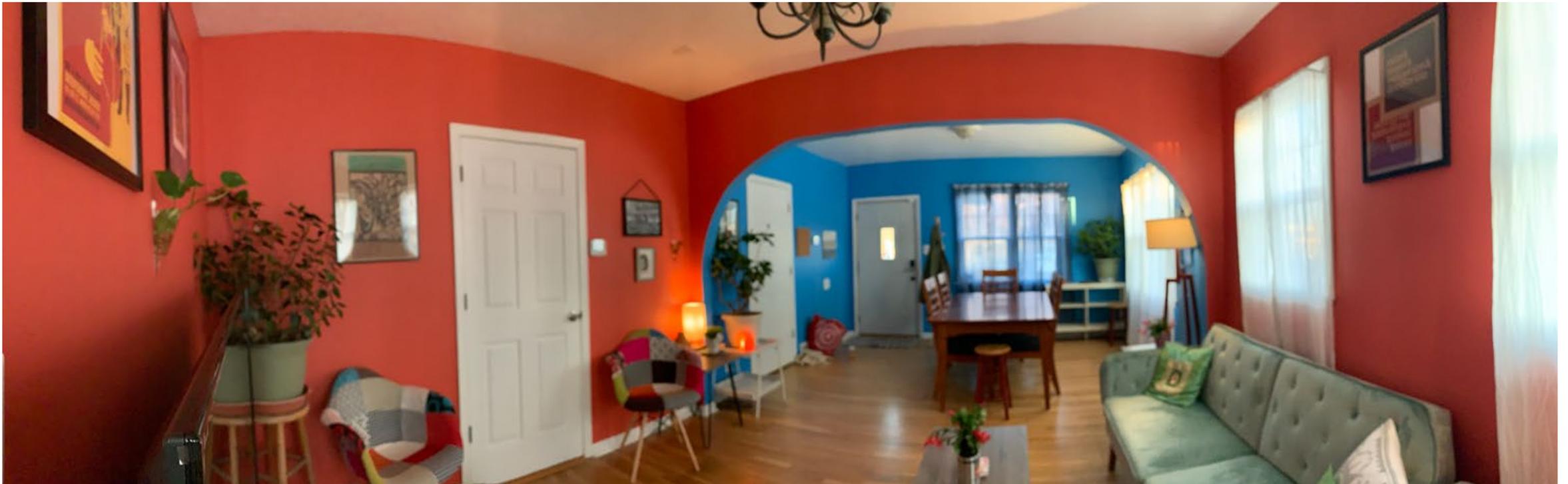
**MONSOON'S
COMMUNITY
HEALING GARDEN**

Part of a Growing Network of
Community Gardens &
Orchards



2016 - Present

- **Banh Hao: Community Healing Space & Garden** - used to be our transitional housing but shifted to a community healing space in 2019. The house was donated by WFB to ICADV who then gifted it to Monsoon. Monsoon renovated the space in 2016 with assistance from the Unitarian Church.





Activism can be the journey rather than the arrival.
- Grace Lee Boggs

What we do is more important than what we say or what we believe.
- bell hooks

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Mom's Meals



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Medically Tailored Meals & Improving Maternal Health Outcomes

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Manager of Healthcare Partnerships
Mom's Meals

MOM'S
MEALS®



MEDICALLY TAILORED MEALS & IMPROVING MATERNAL HEALTH OUTCOMES



The Role of Nutrition in Pregnancy



Food Insecurity and Chronic Condition Management in Pregnancy



Community Examples: Medically Tailored Meals for Vulnerable Parents



Pathways to Medically Tailored Meal Programs for Maternal Health Populations





NUTRITION'S ROLE IN PREGNANCY & POSTPARTUM

Overall nutrient needs are higher during pregnancy and postpartum

Vitamin, mineral, protein, fluid, and calorie needs are slightly higher during pregnancy and lactation



The right amounts of these nutrients are required for **normal fetal development and optimum maternal well-being**

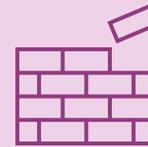




NUTRITION'S ROLE IN PREGNANCY & POSTPARTUM

Adequate nutrition is not optional...it's required!

Without enough nutrition, there **are not enough of the right building blocks** for baby



Without enough nutrition, **nutrients from the mom's body** will be **used for baby** instead



FOOD INSECURITY DURING PREGNANCY & POSTPARTUM

Food insecurity is associated with...

Preventable medical problems for mother and baby, including **birth defects, gestational complications, low birth weight, and postpartum depression**¹



1. <https://medcraveonline.com/JNHFE/food-insecurity-during-the-gestational-period-and-factors-associated-with-maternal-and-child-healthnbsp.html>

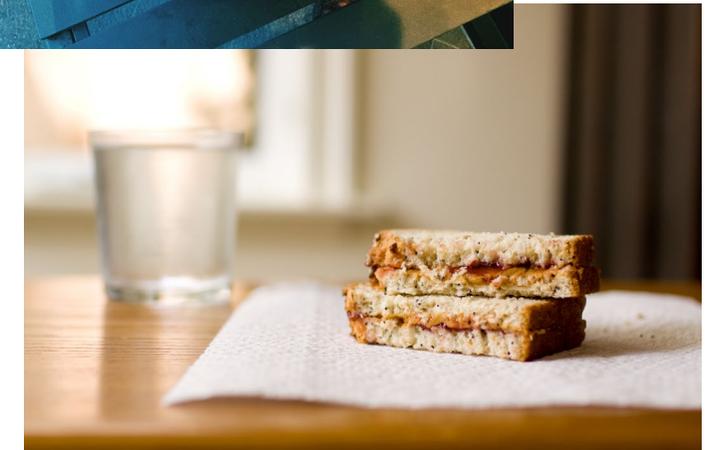
FOOD INSECURITY DURING PREGNANCY & POSTPARTUM

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Moderate FI = Lower nutrition quality
Severe FI = Skipping meals, eating less overall

Either scenario leads to lower nutrient intake, plus affects short term and long-term health outcomes



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MEDICAL CONDITIONS IN PREGNANCY

Nutrition-related conditions can occur during pregnancy



- Pre-existing diabetes
- Gestational diabetes



- Pre-existing hypertension
- Potentially reducing risk for pre-eclampsia¹



- Anemia (iron, folate, B12)
- Potential nutrient deficiencies due to frequent vomiting or food aversions

1. <https://www.preeclampsia.org/the-news/health-information/what-do-we-know-creating-an-effective-understanding-of-nutrition-and-preeclampsia>



HOW MEDICALLY TAILORED MEALS CAN HELP

Nutrient intake, food security, and chronic condition management



Reduce food insecurity by providing a reliable source of nutritious food



Contain the right amount of protein, vitamins, and minerals needed for good health



The most accessible solution for sticking to specialty diets for chronic condition management

CASE STUDY: DIABETES STRATEGY SIMPLY HEALTHCARE



OBJECTIVE

Reduce risks associated with diabetes during pregnancy, including:

- C-Section rates
- Delivery complications
- NICU admissions
- Hospital admissions
- ER Usage
- Preterm deliveries

Program included:

- 2 meals/day over 10 weeks
- Case management
- Blood sugar monitoring



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Identify eligible members



Enroll in monitoring/IVR program



Deliver nutritious meals directly to members' homes



Track progress with monthly/semi-monthly touchpoints



Analysis and Outcomes



CASE STUDY RESULTS FROM SIMPLY

By maintaining program continuity over 2 years, the Simply team has seen several benefits:

- **Program growth – more members served**
 - 62% increase
- **Increased engagement by members**
 - 2.4% increase
- **Improved blood sugar control**
 - 38% decrease



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- **Program growth – more members served**
 - 62% increase
- **Increased engagement by members**
 - 2.4% increase
- **Improved blood sugar control**
 - 38% decrease
- **Fewer NICU babies**
 - 45% decrease
- **Fewer premature births**
 - 41% decrease

The Bottom Line

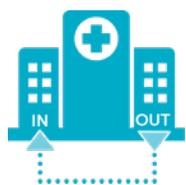
By introducing meals that support blood sugar and blood pressure control, Simply improved overall pre- and post-natal outcomes among high-risk Maternal Health members.



CASE STUDY: PROGRAM DETAILS AND OBJECTIVES

| Program | Weeks of meals | Program Objectives / Targeted Metric Improvements |
|-------------------|--|---|
| Diabetes | 4, 8 or 12 weeks | HbA1C, 30-DACR, PPA, EMS, TCOC |
| Post-Discharge | 2 – 4 weeks | 30-DACR, PPA |
| Chronic Condition | 4, 8 or 12 weeks | HbA1C, Blood Pressure, etc. + 30-DACR, PPA, LANE, EMS, TCOC |
| Maternal Health | Duration of pregnancy plus 8 weeks post-partum | Rates - Low Birth Weight, Preterm Delivery, Newborn NICU Admission* |

Began medically tailored meals program with Mom's Meals in 2015 to align with key plan and state objectives



30-day all-cause readmissions (30-DACR)



Potentially preventable admissions (PPA)



Low Acuity non-emergent ED Visits (LANE)



EMS Utilization



Total Cost of Care (TCOC)

*Efforts now underway to measure the impact of MTM on these measures.

PRE/POST EVAL: CHRONIC CONDITION, MATERNAL HEALTH AND POST-DISCHARGE

AmeriHealth members in all Mom’s Meals programs saw healthcare costs decrease after participating.

Time Series Evaluation

| | Readmits | PPAs | Low-Acuity ED | EMS | Total Cost |
|-------------------|-----------------|-----------------|----------------|-----------------|-----------------|
| Chronic Condition | -\$621K -65% | -\$176K -37% | -\$27K -20% | -\$168K -52% | -\$4M -43% |
| Maternal Health | +\$43K +90% | \$0 | -\$408K -1% | +\$30K +33% | -\$186K -14% |
| Post-Discharge | -\$454K -20% | -\$301 -17% | -\$23K -4% | -\$328K -29% | -\$10M -35% |

Members in the post-discharge program had 20% fewer readmissions and \$10M lower costs.

Chronic Condition n=580
Maternal Health n=420
Post-Discharge n=1817

PPAs = Potentially Preventable Admissions
ED = Emergency Department
EMS = Emergency Medical Services

LOCAL PROGRAM HIGHLIGHT

Objective: to reduce food insecurity in vulnerable parents

Iowa Stops Hunger

- Managed Care Organizations identify members who are
 - Food insecure
 - Eligible for medically tailored meals per their criteria
- Short-term solution for providing adequate nutrition to vulnerable parents
 - Cost effective, targeted, and a part of a larger program to facilitate connection to longer term resources

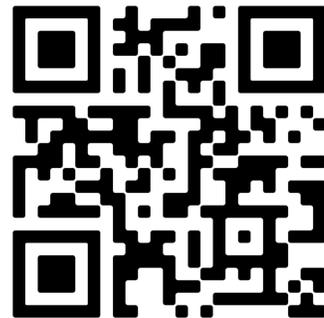
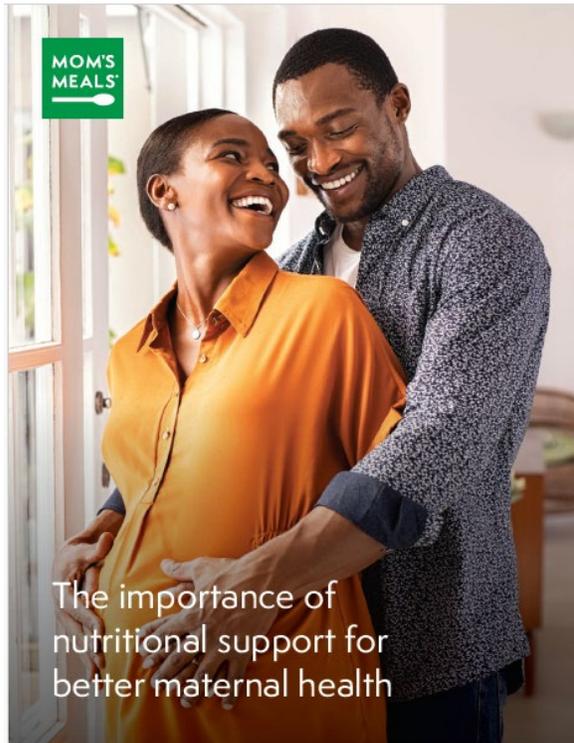


PATHWAYS TO MEALS FOR MATERNAL HEALTH PROGRAMS

Three main ways Medically Tailored Meals can be a covered service

- **Value Added Benefit Programs**
 - Managed Care Organizations can elect to invest in a Medically Tailored Meal program for specific populations to improve health outcomes
- **In Lieu of Services Programs (ILOS)**
 - Medicaid Managed Care programs can elect to offer medically-appropriate and cost-effective services in lieu of a service that is “covered”
- **1115 Demonstrations**
 - Statewide initiatives that can elect to provide Medically Tailored Meals (and a variety of other services) for specific populations within Medicaid

LEARN MORE ABOUT NUTRITION AND MATERNAL HEALTH



Looking for additional details?

Scan to learn more about nutrition and maternal health, check out our resource hub and download our white paper

Revive Physical Therapy



Courtney Buhrow, DPT, Owner and Physical Therapist

- courtney@reviveptwds.com

PELVIC FLOOR THERAPISTS TO BE SEEN AS BIRTHWORKERS

Dr. Courtney Buhrow, DPT

Revive Physical Therapy and Wellness

ABOUT ME

- Courtney Buhrow, DPT
 - Des Moines University, 2018 Grad
- Certified in level 1 and 2 Pelvic Floor Certifications via Herman and Wallace
 - Over 3.5 years of pelvic floor therapy, 95% of caseload
- Certified in Perimenopause Health Coaching
- Owner and CEO of Revive PT & Wellness
- Advocate for Women's Health

REVIVE PHYSICAL THERAPY AND WELLNESS

- Started in January 2022
- Specialized in women's health—pelvic floor
- 95% of caseload is pelvic floor related
- Pregnancy and postpartum through perimenopause/menopause
 - It's never too late to get pelvic floor care!

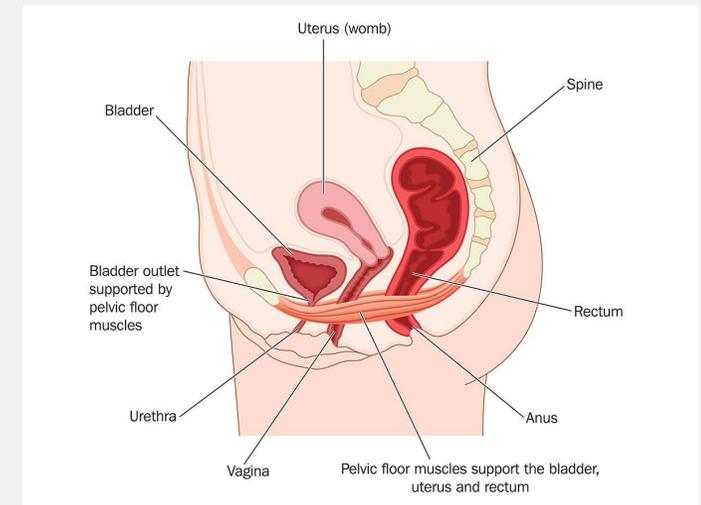


WHAT IS A PELVIC FLOOR THERAPIST?

- Education and training
 - Doctorate degree in Physical or Occupational Therapy with pelvic floor certifications
- Specialization
 - Trained with extra courses and not just a provider who treats women
 - 30-60+ hours of extra training
- Scope of Practice
 - Trained orthopedic therapists with specialty in pelvic floor which includes assessment, diagnosis, and treatment of the entire body including the pelvic floor muscles

WHAT IS PELVIC FLOOR THERAPY?

- The assessment, diagnosis, and treatment of pelvic floor disorders and surrounding tissues —function, strength, endurance, and coordination.
 - The muscles between the pubic bone and tail bone
 - Glutes, abdominals, and low back muscles as well
- Internal vaginal and anal exams for pelvic floor muscles
- Assessment of low back, hips, pelvis, rib cage/breathing



THE ROLE OF A BIRTHWORKER

- To provide physical, emotional and educational support
 - Not just for the event of birth, but everything leading up to it and afterwards as well
- Multidisciplinary approach
 - OBGYN/Midwife, doula, mental health therapist, pelvic floor therapist, chiropractor, lactation consultant, pediatrician, etc.

WHY THE MENTAL/EMOTIONAL STATUS OF PREGNANCY/POSTPARTUM IS IMPORTANT TO PELVIC FLOOR THERAPISTS

- Mental and emotional stress can manifest as physical pain and dissociation away from the pelvis
 - Creating difficulty getting in tune with the pelvic floor during labor and delivery
- Need to bridge the gap and connect the pieces of mental/physical for patient
 - We are not mental health therapists, we refer out
- Need to reassociate with the pelvic floor before birth

PELVIC FLOOR THERAPISTS AS A BIRTHWORKER

- Emphasis on education and empowering women about their bodies
- Education on birth process to patient
- Getting them in tune with their bodies for physiological birth
 - Does not mean non-medicated

WHY IS PELVIC FLOOR THERAPY IMPORTANT FOR PRENATAL

- Symptoms—Common, NOT normal
 - Pelvic pain, prolapse, incontinence, tailbone pain, back/hip pain, painful sex, muscle tightness, perineal scarring, constipation, postpartum symptoms and recovery
- Asymptomatic reasons
 - Labor and delivery prep
 - Postpartum recovery

LABOR AND DELIVERY PREP

- Positions
- Breathing and pelvic floor control
- Prep/education for labor
- How to push
 - No purple pushing
 - Decreases tearing and complications

IMPROVED OUTCOMES

- Decreased tearing and complications
 - Less stored up tension and ability to relax pelvic area
- More physiological births because they are more in tune with their bodies
- More in control of their laboring and delivery
 - Proper pushing techniques
- Decreased c-sections and instrumental interventions

POSTPARTUM CARE

- Recovery from trauma
 - Vaginal and c-section
 - Major event in their bodies
- Faster recovery time and better return to function and activity
- Can help pick up on PPD and other complications with mom or baby
 - More time with them compared to follow up appointments with OBGYN/Midwife
 - Resources for other providers

THE FUTURE OF BIRTHWORK AND PELVIC FLOOR THERAPY

- Growing and expanding as a profession
- More pelvic floor therapists
 - Need more awareness and understanding of what we do so women can be referred

COLLABORATIVE CARE WITH OTHER BIRTHWORKERS

- Meeting with providers in the area
 - Midwives/OBGYNs, doulas, lactation consultants, etc.
- Integrating pelvic health into the overall birth plan

CHALLENGES AND BARRIERS

- Misconceptions about PF health and therapy
 - **NOT just One and Done**
- Limited awareness and pelvic floor therapists
- PF therapists to be trusted and respected as birthworkers
- Understanding of our expertise in pelvic floor and birth
- Insurance coverage and reimbursement

HOW TO BRIDGE THE GAP AND RAISE AWARENESS

- This is important for patients and professionals
- Anyone who is pregnant or postpartum should be recommended to PF therapy
- Tell other professionals about the importance of pelvic floor work
- Ask questions to pelvic floor providers

QUOTES FROM PATIENTS

- ” I was able to work through pelvic floor issues, get prepared for labor & delivery, and feel emotionally and physically supported the whole time. The team helped me reach my L&D goals.”
 - -Jessica, mom of 2 with a traumatic first birth
- “[My PF therapist] helped me prepare for the birth of my first child and made sure I was equipped for labor! Because of her, I felt confident throughout the whole process even when things didn’t go as planned. I’ve continued to see her postpartum which has helped my recovery immensely”
 - -Ashley, mom of 1 with a vaginal birth
- “[My PF therapist] played an instrumental role in my recovery postpartum. She not only helped me recover physically, but took time each appointment to ask how I was doing. She gave me countless resources and connected me to other postpartum support!”
 - -Allison, mom of 2 with PPD

CALL TO ACTION

- Find a pelvic floor therapist and refer!
- When patients are told and encouraged by their providers to seek out pelvic floor therapy and truly understand the importance of it, they are more likely to make it happen and trust the importance of it themselves

Iowa Department of Health and Human Services



Chelsea Schmidt, RDH, Community Oral Health Consultant

- Chelsea.Schmidt@hhs.iowa.gov

I-Smile Dental Home Initiative

I-Smile is a statewide program that connects children and families with dental, medical, and community resources to ensure a lifetime of health and wellness.

History

2005

- State legislation passed requiring Medicaid-enrolled children have a dental home

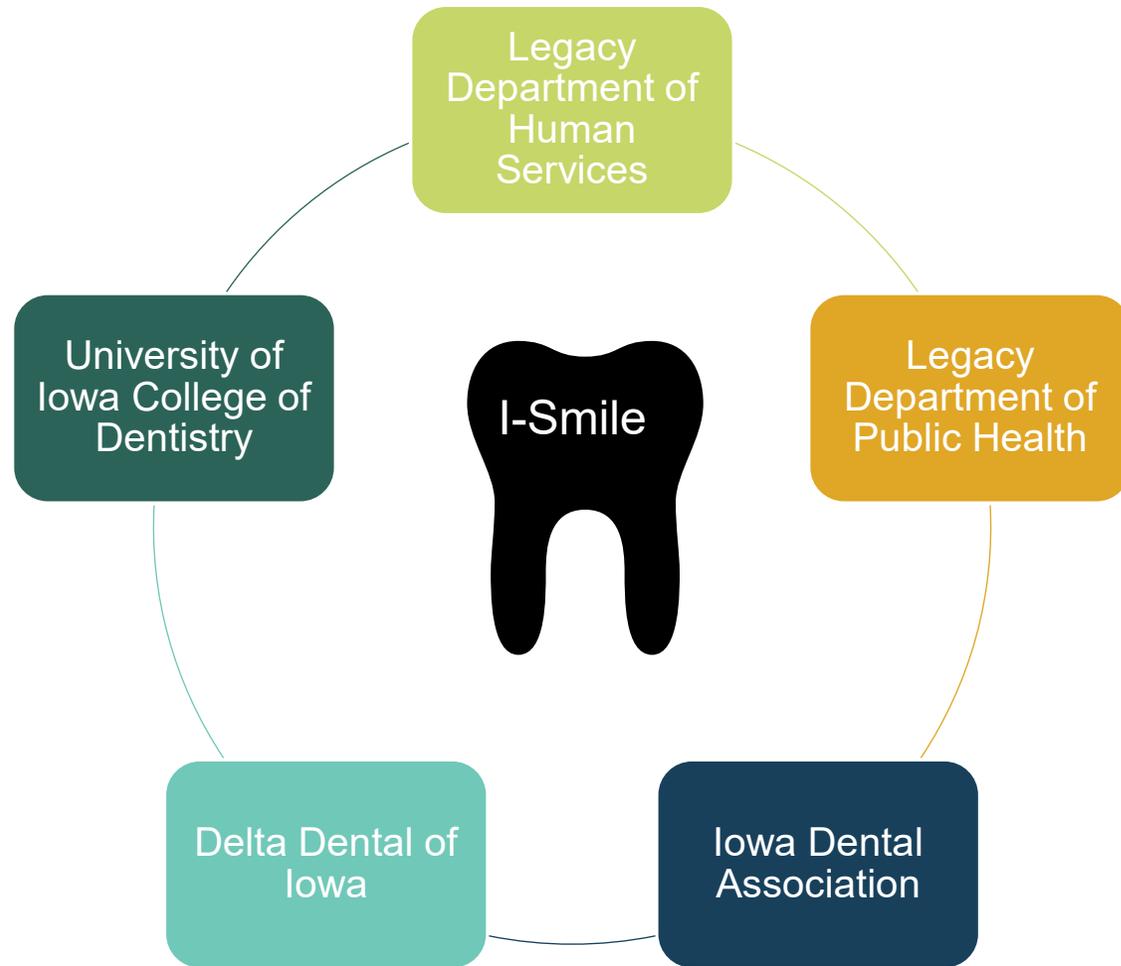


2006

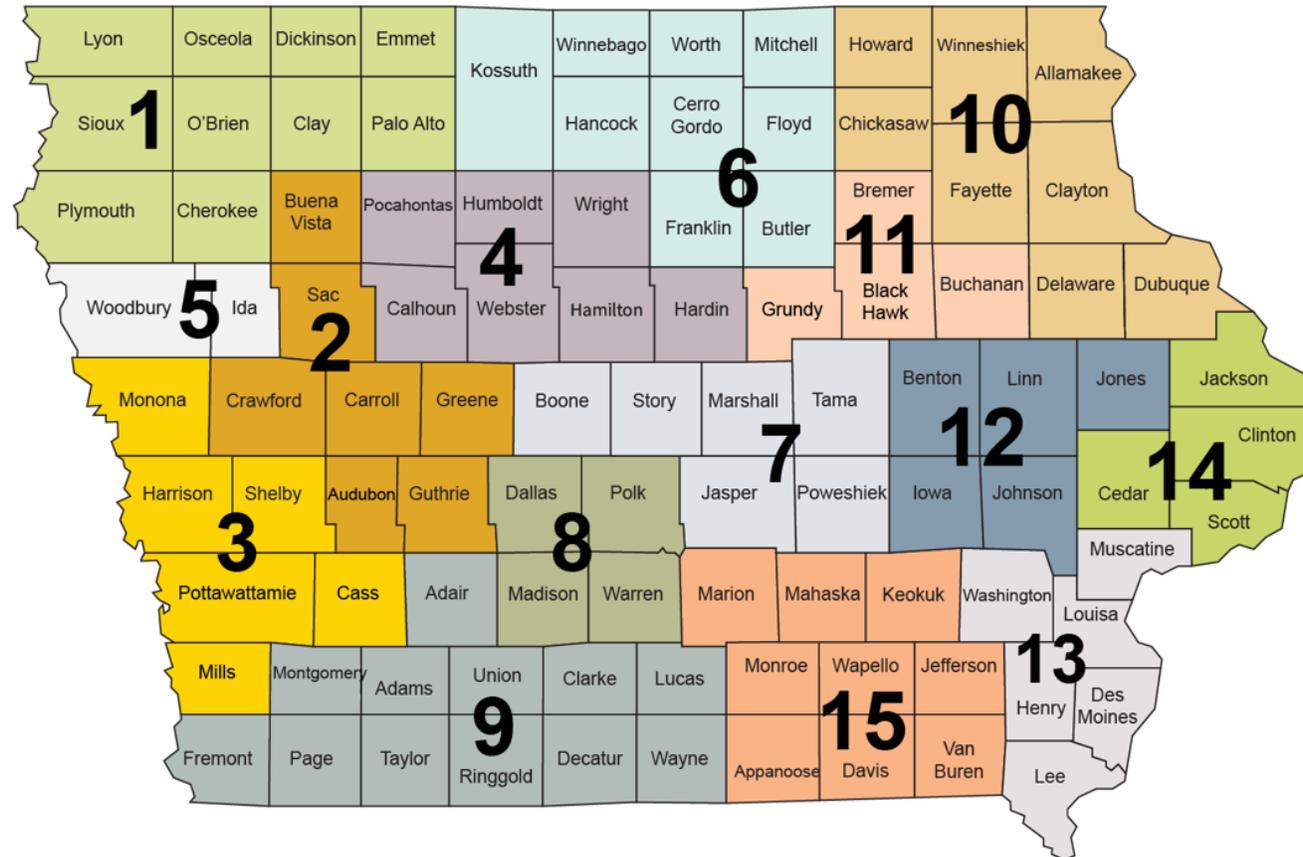
- I-Smile began



I-Smile Development



I-Smile Map



I-Smile Coordinator

- **The I-Smile Coordinator serves as the local point of contact for oral health activities within a collaborative service area**
- **Responsibilities are focused on building systems to ensure oral health for families**

I-Smile Coordinator Responsibilities

Build Partnerships

- Businesses
- Organizations
- Schools

Link with Local Boards of Health

- School dental screening audit
- Address oral health issues of county residents

Create Referral Networks

- Dental and Medical outreach
- Foster relationships
- Increase availability of appointments

I-Smile Coordinator Responsibilities

Assist Families

- Dental care coordination
- Linking to community resources

Educate and Train

- Oral health promotion and prevention
- Train colleagues and staff in medical offices on provision of oral health services

Community Participation

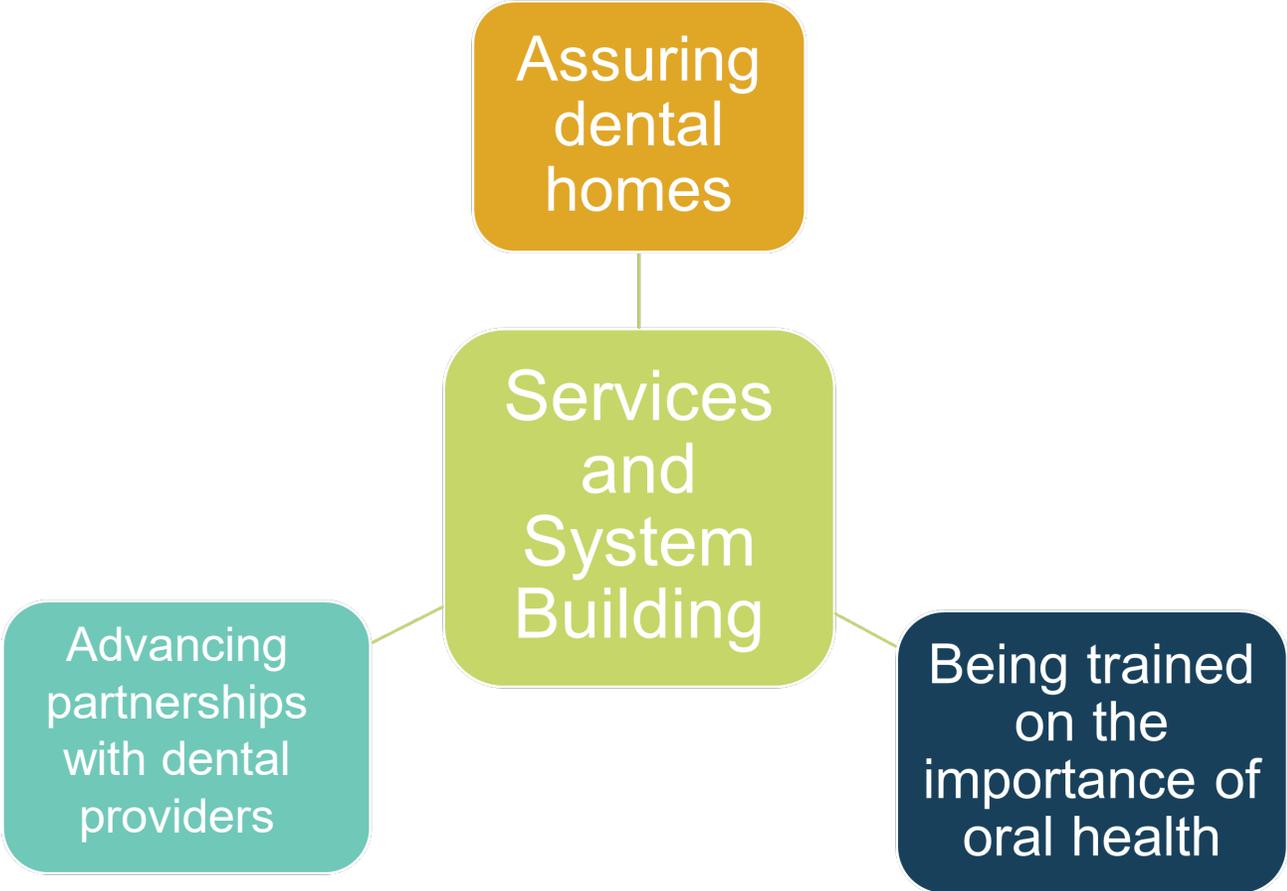
- Incorporate oral health initiatives
- Attend community events and meetings

I-Smile Coordinator Responsibilities

Ensure Direct Services

- I-Smile@School Program
- Gap-filling preventive dental services
- Direct Dental Service Planner
- Dental hygienists
- Dental assistants

Maternal Health Agency Responsibilities



Maternal Health Agency Responsibilities

-  Promote dental visits
-  Dental care coordination
-  Assist with insurance literacy
-  Oral health education
-  Gap-filling direct services

I-Smile Coordinator Responsibilities

Meetings

- Quarterly with Maternal Health Project Director
- Information sharing
- Relationship building
- Strategic planning

Collaboration

- Project collaboration
- Electric toothbrush project!

Maternal Health Oral Health Data

1,766

Pregnant or postpartum women received oral screenings from I-Smile in SFY24

29%

of pregnant women who received an oral screening from I-Smile in SFY24 had active tooth decay and/or gum disease

81%

of pregnant or postpartum clients receiving an oral screening from I-Smile in SFY24 were on Medicaid

Mothers In Iowa

44% of mothers did not have any dental care during their pregnancy

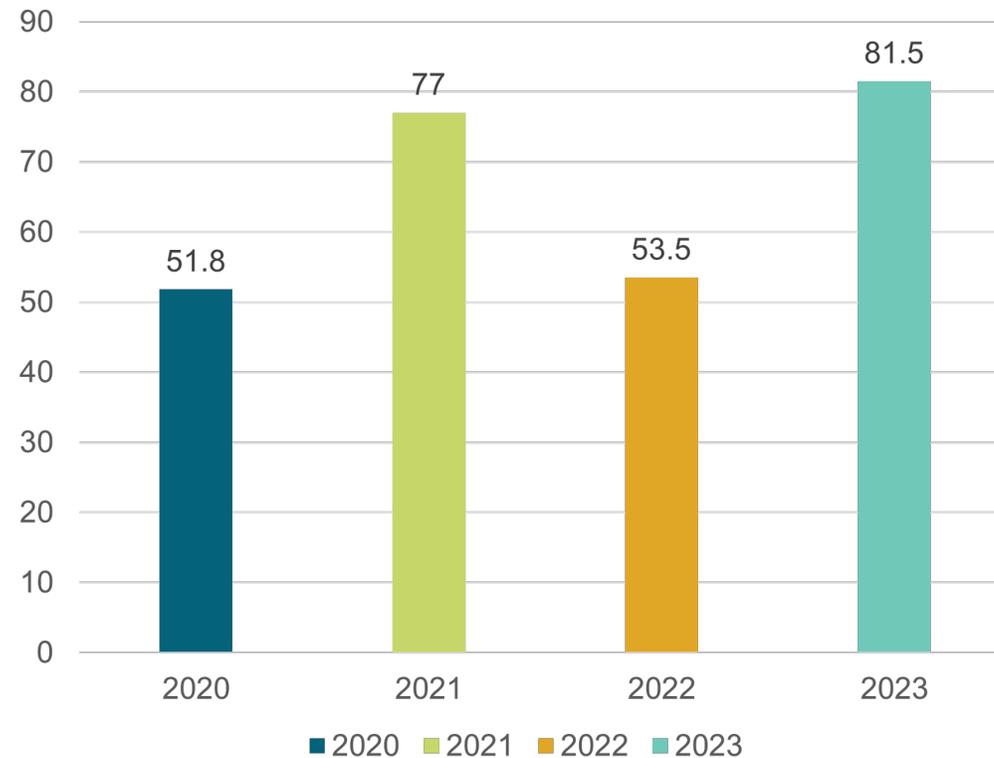
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graph TD; A[44% of mothers did not have any dental care during their pregnancy] --> B[27% did not routinely go to the dentist before pregnancy]; A --> C[12% did not think dental care was important];
```

27% did not routinely go to the dentist before pregnancy

12% did not think dental care was important

Mothers In Iowa

% of Mothers Reported They Did **NOT** Receive Information on Oral Health During Pregnancy



Oral Health Effects on Pregnancy

Periodontal Disease

- Development of preeclampsia
- Preterm birth
- Low birth weight for baby



Maternal Oral Health

Tooth Decay

- Bacteria transmission
- Children of mothers with untreated cavities or tooth loss are **3 times** more likely to have cavities as a child



Include Oral Health



Oral health is important!

- Total Health
- Maternal Health
- Baby's Health

Educate your clients on the importance of oral health!



Questions?

Chelsea Schmidt

Oral Health Consultant, RDH

chelsea.schmidt@hhs.iowa.gov

Find Your
I-Smile Coordinator!



<https://hhs.iowa.gov/programs/programs-and-services/dental-and-oral-health/i-smile>

Family Planning Council of Iowa



Tara Shochet, PhD, MPH, Director of Programs and Grants

- tshochet@fpcouncil.com



Pregnancy Spacing & Postpartum Contraception

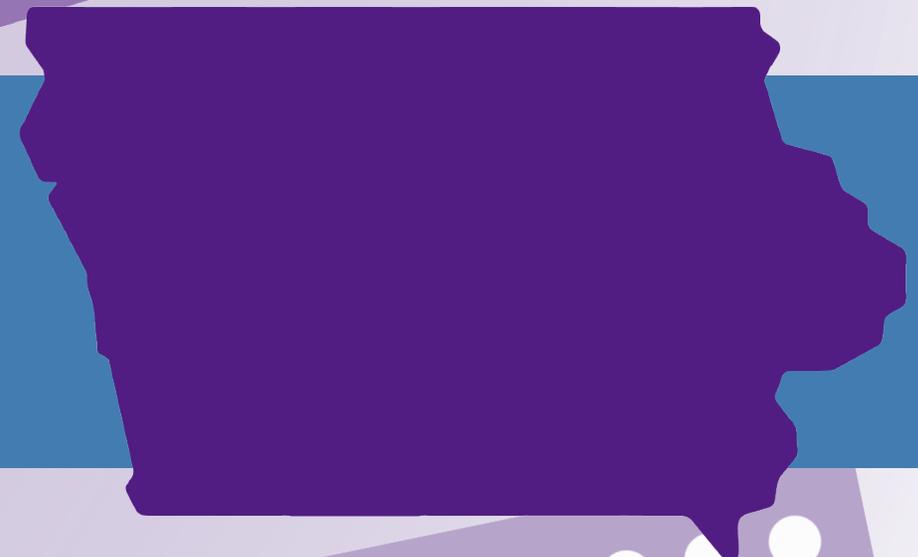
Tara Shochet & Allison Smith
Family Planning Council of Iowa
November 6, 2024

Objectives

1. To familiarize the audience with the Family Planning Council of Iowa (FPCI) and the Title X (ten) program
2. To share guidance and evidence around pregnancy spacing
3. To provide strategies and resources for increased access to contraception following delivery



FPCI & Title X



Family Planning Council of Iowa (FPCI)



- Private, nonprofit organization
- Founded 1980
- Based in West Des Moines

- Mission: ***To provide access to quality reproductive healthcare and family planning services for all***
 - Administer Title X Program in 55 counties
 - Provide community-based education, services, and programming
 - Advocate at the state and federal level for improved access to SRH



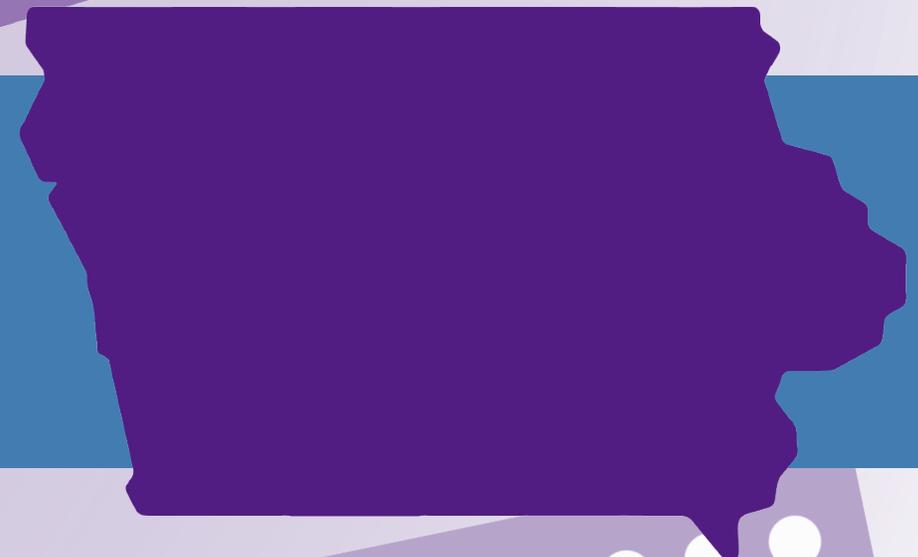
Title X (Ten)



- Federal grant program
 - Provides funding for family planning services
 - Priority = services to low-income individuals
- Pregnancy prevention (e.g., birth control) and birth spacing counseling,
 - Pregnancy testing and counseling,
 - Assistance to achieve pregnancy,
 - Basic infertility services,
 - Sexually transmitted infection (STI) services, and
 - Other preconception health services.
- Voluntary, non-coercive
 - Client-centered, confidential, inclusive, culturally & linguistically appropriate
 - Broad range of high-quality services (QFP)
- Provided to anyone seeking care
 - No residency or referral requirements
 - Sliding fee scale based on income & family size



Pregnancy Spacing



Pregnancy Spacing (AKA Interpregnancy Interval)

- **Pregnancy spacing:** Time between giving birth and getting pregnant again
- **Goal of spacing:** To improve maternal and neonatal outcomes of future pregnancies
- **Client-centered approach**
 - ❖ Supports all timing
 - ❖ Includes education on potential risks/benefits associated with different interpregnancy intervals



Pregnancy Spacing: Timing Guidelines

- Pregnancies spaced **less than six months apart** are associated with significant health risks
- Clients should be counseled about the risks and benefits of repeat pregnancy **sooner than 18 months**



Risks Associated with Interpregnancy Intervals < 6 Months

- Pregnancy-related anemia
- Gestational diabetes
- Congenital disorders
- Premature birth or low birth weight
- Birth complications

****However...**

- Strength of evidence is low
- Evidence supporting causal pathways is limited



Potential Benefits of Interpregnancy Intervals > 18 Months

- Physical and mental recovery
- Replenish nutrients important for pregnancy
- Decreased financial strain
- More bonding time with new infant

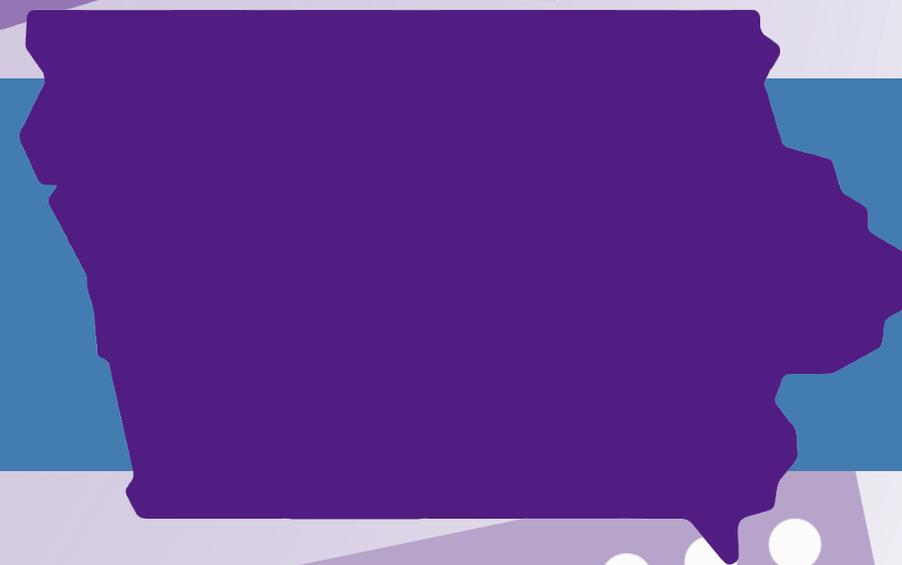
****However...**

- Good reasons for < 18 months
- Client-centered approach critical





Postpartum Contraception



Postpartum Contraception: Best Practices

- Conversations should begin during prenatal care
 - Future pregnancy desires
 - Method selection, priorities, insurance
- Postpartum period can be exhausting, overwhelming
- Pregnancy can (& does) happen before 1st postpartum visit



Postpartum Contraception: Method Guidelines

- Nursing: highly effective if exclusive with regular day & night feedings
- Hormonal methods
 - Timing varies (immediately, 4 or 6 weeks later, etc.)
 - Progestin-only vs combined hormonal methods
- Tubal surgery: within 48 hours or 4-6 weeks later
- Hospital setting matters!

Postpartum Contraception: Key Take-Aways

- Always client-centered
- Family planning conversations before delivery
- Title X clinics are an excellent option
 - Clinic finder:
<https://reproductivehealthservices.gov/>



Thank you!

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Alison Smith: asmith@fpcouncil.com

Follow us @FPClowa to learn more



Bloom Women's Wellness



Madison Sweet, LISW, PMH-C

- madison@bloomwomenswellness.org

Bloom Women's Wellness

Madison Sweet, LISW, PMH-C/Owner



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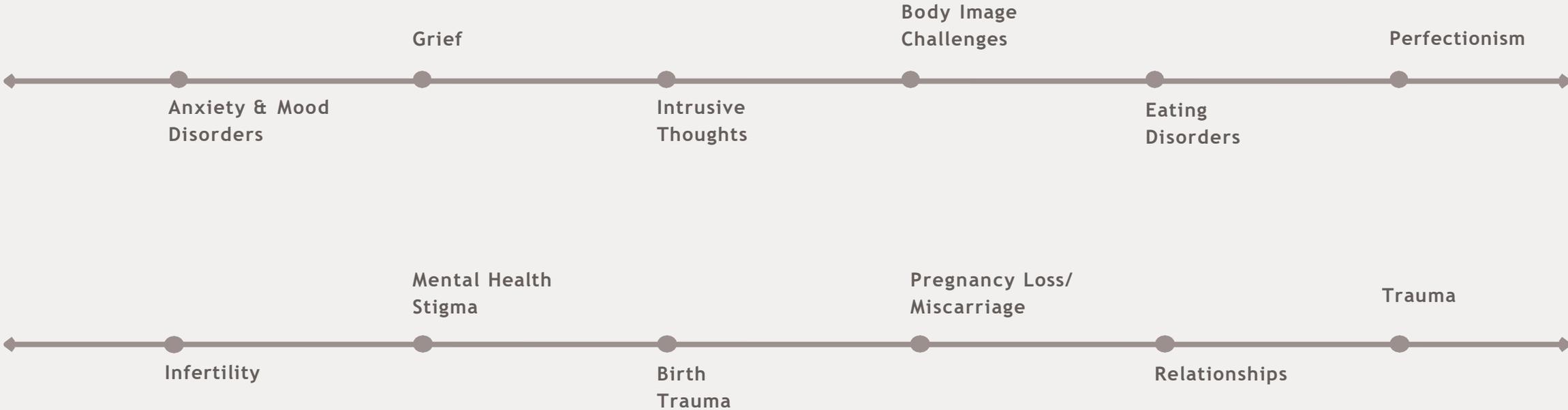


MISSION & COMMITMENT

**INCLUSION + GROWTH + ADVOCACY +
AUTHENTICITY + HOPE + COLLABORATION**

- Holistic approach to maternal wellness
 - Integrating mental, physical, social, spiritual & emotional support
 - Counseling for Women in Every Life Stage
 - Addressing gaps in maternal care
 - Providing hope & fostering growth to lead more empowered lives
-

Common Reasons for Care



Women's Wellness Before & After Birth Support

TRAUMA
INFORMED
CARE

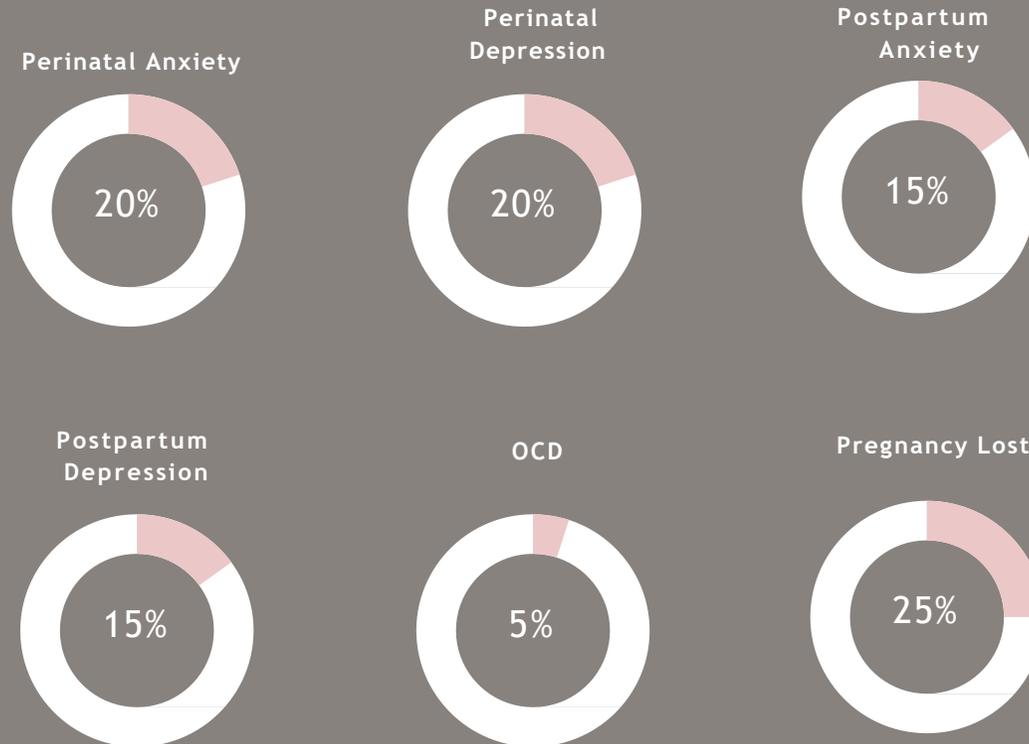
COGNITIVE
BEHAVIORAL
THERPAY

PERINATAL EYE
MOVEMENT
DESENSITIZATION
& REPROCESSING

MINDFULNESS
BASED
INTERVENTIONS

MEDICATION
MANAGEMENT

Challenges to Maternal Mental Health



Early Intervention

The Neuroscience of Motherhood

- From pregnancy to 2 years postpartum, the brain undergoes significant transformations.
- Some regions shrink, improving connectivity and efficiency.
- Other regions expand, enhancing communication for cognitive and emotional processing.
- Recognizing these changes is crucial for supporting maternal health, developing resources, and understanding impacts on fetal development and child outcomes.

Creating a Network of Care

Integrated Support System

- Bloom Women's Wellness collaborates with local healthcare providers, nonprofits, and community organizations to offer family-centered care.
- Continuous care model provides support from prenatal to postpartum and beyond.

Peer Support & Community Care

- Peer support groups create a strong network for mothers to lean on during difficult times, reducing isolation and building emotional resilience.
- Collaborate with care providers to offer classes and workshops on maternal mental health, infant care, and self-care strategies to ensure holistic support.
- Regular mental health screenings during and after pregnancy are essential for identifying those in need.

Referral System

- Connecting mothers to essential services
- Access to external resources and community programs
- Continuous care

Impact: addressing social determinants & advocacy

- Improving outcomes for mothers and infants.
 - Status, Access, Education, Support, Paradigms, Cultural Norms, continuous & comprehensive care
- Advocate for change within healthcare systems prioritizing maternal wellness
 - Awareness, Policy Change, Collaboration, Empowering Mothers, Data-Driven Initiatives

Maternal Mental Health Crisis



Prevalence

- Around 15-20% of new mothers experience postpartum depression (PPD).
- Regular mental health screenings during and after pregnancy are essential for identifying those in need.

Impact

- Maternal mental health issues are intertwined with physical health challenges like gestational diabetes and chronic conditions.
- Heightened risk for anxiety, depression, and PTSD due to hormonal changes and new parenting stress.
- Affects family dynamics; can lead to developmental delays and emotional challenges in children.
- Low-income families and vulnerable populations face heightened risks due to stressors and lack of support.

Making Change

- Advocacy for improved maternal mental health services and funding is ongoing.
- Increasing awareness of maternal mental health disorders helps reduce stigma and encourages help-seeking.
- Emphasis on therapy, support groups, medication, and lifestyle changes to enhance mental health outcomes.
- Collaborative efforts are needed from healthcare providers, policymakers, families, and communities to support maternal mental health.

Why Maternal Mental Health Matters

Families

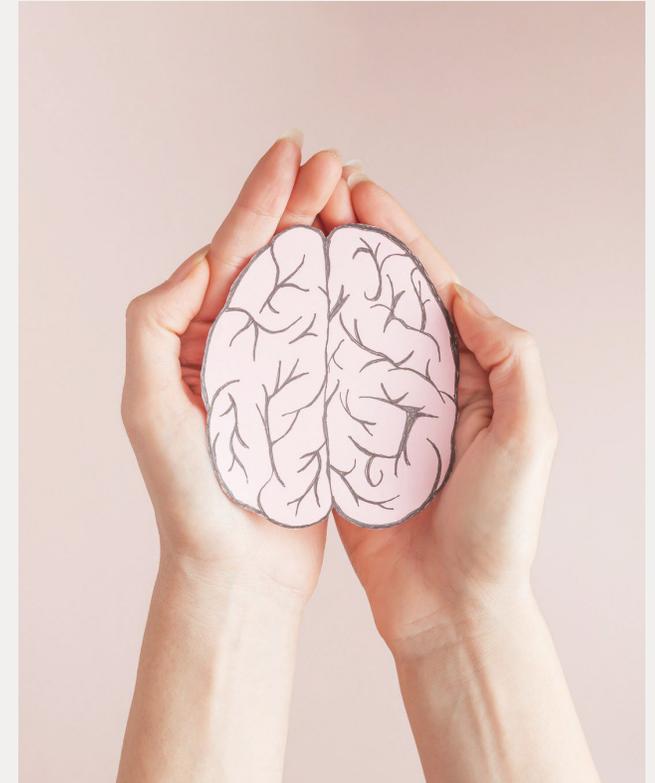
- Influence on Infants: bonding, cognitive development, and future behavior.
- Disruption of Family Dynamics: conditions can lead to stress and unhealthy interactions within the family unit.

Intergenerational Effects

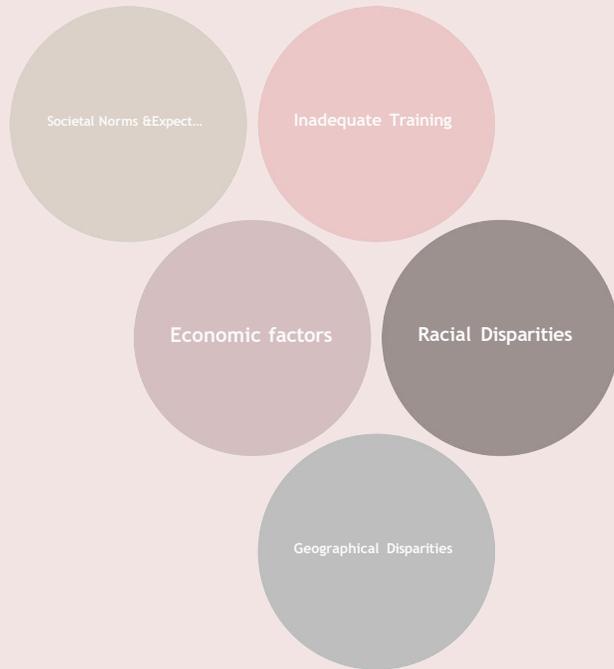
- Developmental Challenges: lasting developmental challenges for children, making it essential to address these concerns for overall family well-being.

Ripple Effect

- Community Resilience: breaking cycles of trauma and fostering resilient families.
- Future Impact: Prioritizing maternal wellness not only benefits individual families but also strengthens the overall health and stability of our communities.



Understanding Systemic Influences



- Financial Stress
 - Lack of paid leave
 - Childcare cost
 - pay gaps
- Cultural Barriers
 - Lack of knowledge
 - High Risks
 - Cultural Expectations
 - Discrimination
- Access to care
 - Insurance Stress
 - Transportation Challenges
 - Disconnect between Services
 - Glass ceiling

Rural Communities

Key Statistics:

- Annual Deaths: Over 700 women die annually in the US due to pregnancy-related complications.
 - Maternal & Infant Mortality: Maternal and infant mortality rates are significantly higher in rural settings.
 - Prenatal Care Access: Only 50% of rural women receive adequate prenatal care.
 - Barriers to Care: Distance to hospitals, shortage of care providers, financial barriers, fewer healthcare facilities in rural areas
-

Bloom Addresses Financial Challenges by Offering:

- Sliding scale payment options
- Insurance navigation support
- Referrals

Caring for Mothers = Caring for the Future: When we invest in maternal health and wellness, we invest in the future of society. Mothers who have access to comprehensive support are better equipped to nurture and care for their children, fostering healthier generations to come.

Ending Cycles of Trauma: By addressing and removing systemic barriers, we can break cycles of intergenerational trauma. Supporting mothers is the first step to ending this cycle and allowing families to not only survive but thrive.

Creating Change Through Empowerment: Empowering mothers with the resources, healthcare, and support they deserve is a catalyst for change in society. It strengthens family units and communities, ensuring a healthier, more equitable future for all.

Innovative Approaches to Maternal Health

Bloom's Support Strategies

- Group Therapy Models
 - Provides emotional support through shared experiences among mothers.
 - Fosters community and connection.
- Peer Support Networks
 - Reduces feelings of isolation.
 - Empowers mothers through shared insights and experiences.
- Telehealth Solutions
 - Ensures access to mental health care for women in rural areas.
 - Increases flexibility and convenience for accessing services.
- Integrative Care Plans
 - Combines mental, physical, and emotional health strategies.
 - Tailored to meet individual needs for holistic support.

Benefits

Decrease feelings of loneliness and improve mental health outcomes.

Combining mental health support with prenatal care leads to better outcomes for both mothers and infants.

E m p o w e r i n g c o n v e r s a t i o n s

Open dialogue is critical for addressing maternal health challenges.

Creating safe spaces for mothers to share their experiences without fear of judgment is essential for fostering honest conversations about mental health and well-being. These environments encourage openness and can help break down barriers to seeking support.

Key Takeaways

UNDERSTANDING
THE LANDSCAPE

PREVALENCE,
IMPACT
&
PROVIDER
TRAINING

SUPPORT SYSTEMS
&
EVIDENCE
BASED PRACTICES

INNOVATIVE
SOLUTIONS
&
COMMUNITY
ENGAGEMENT

COLLABORATIVE
EFFORTS
&
POLICY
ADVOCACY

Ways Iowa Legislators Can Make a Difference

- Funding & Legislative Support:

- Allocate funds for mental health programs and propose bills to extend postpartum care and mental health screenings.
 - Expanded access to services and policies that prioritize maternal mental health.

- Education & Access:

- Fund public awareness campaigns and expand telehealth services, especially in rural areas.
 - Increased community knowledge, leading to higher rates of early intervention and improved care access for underserved mothers.

- Collaboration & Program Evaluation:

- Partner with healthcare providers and establish program evaluation measures.
 - Comprehensive maternal health support, ensuring early intervention and continuous improvement through data.

BLOOM WOMEN'S WELLNESS

**THANK YOU
SO MUCH**

Presented by: Madison Sweet, LISW, PMH-C/Owner
Developed by: Jordyn Jondle, MSW Graduate Student



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Floyd County Medical Center



Janean Wedeking, DO, IBCLC, NABBLM-C, Family
Medicine, Floyd County Medical Center

- janwedeking@fcmhosp.com

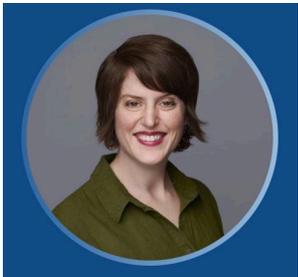


FLOYD COUNTY
MEDICAL CENTER

Delivering exceptional, personalized health care with compassion

Ignite!

Bridging the Maternal/Rural Health Gap Wholistic Women/Infant Healthcare



Dr. Janean Wedeking, DO, IBCLC, NABBLM-C



Wholistic Women/Infant Care

**Outpatient
Services**



**Inpatient
Services**

Bridging The Gap

Call To Action!





FLOYD COUNTY
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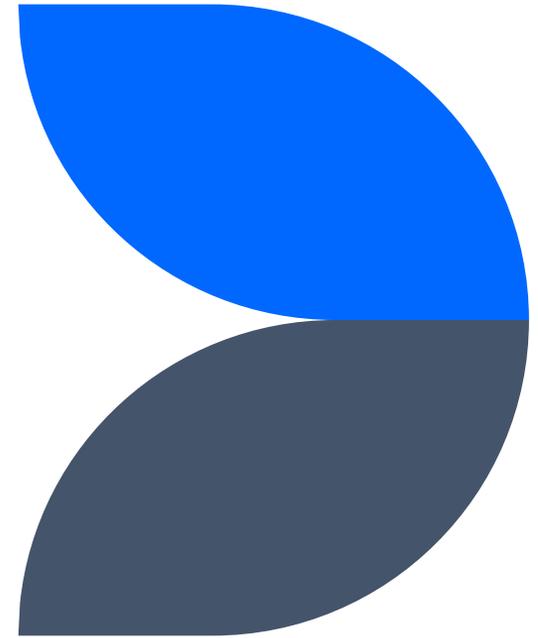


Charles City, Iowa

- NE Iowa
- ~7,000 People
- Serve many surrounding communities



Outpatient Services



Outpatient Services

- Full Spectrum Care
 - Pelvic Floor Physical Therapy
 - Craniosacral Therapy
 - Licensed Mental Health Professional
 - Childbirth Classes
-
- Understanding the population and its needs
 - Partnering with local birth workers
 - Ex: Cash Pay Discount

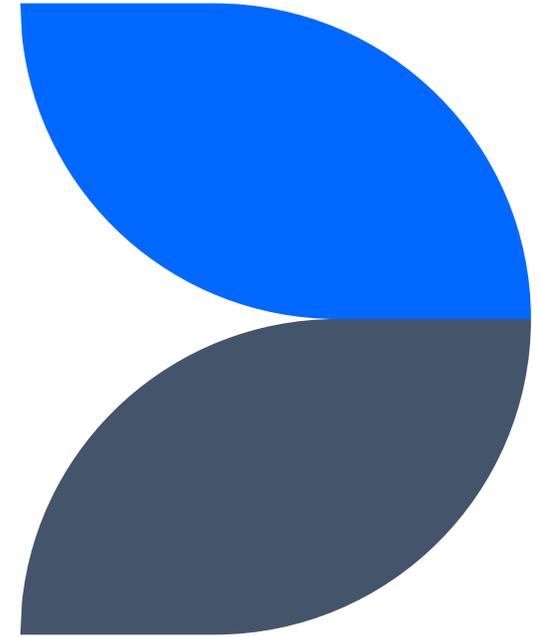


Outpatient Services

- **Breastfeeding Medicine**
 - Low milk supply and oversupply
 - Complex Cases
 - Infant: premature babies, multiple gestation, babies with complex medical issues
 - Maternal: medical conditions, medications, prior breast surgery/chemo/radiation
 - Slow weight gain
 - Latch difficulties
 - Tongue-tie or lip-tie
 - Nipple pain, plugged ducts, engorgement
 - Laboratory work up

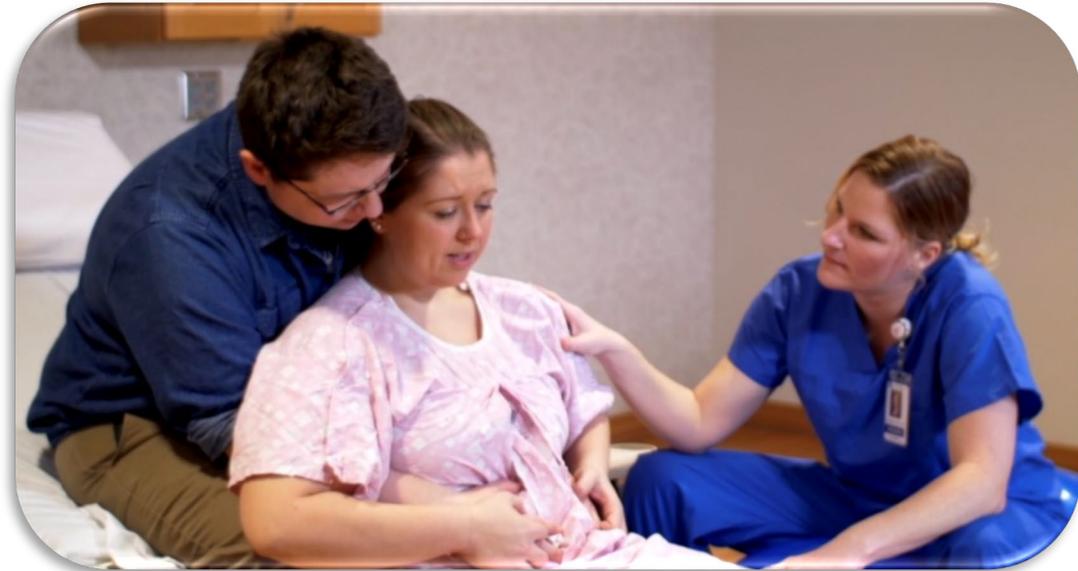


Inpatient Services

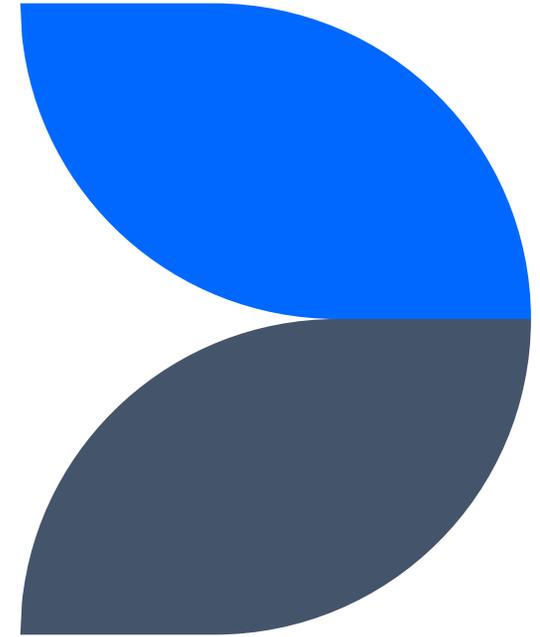


Inpatient Services

- Your Birth Your Way...
 - Comprehensive offerings
 - Patient centered
- Birth Center Navigator/IBCLC
- Lactation Services

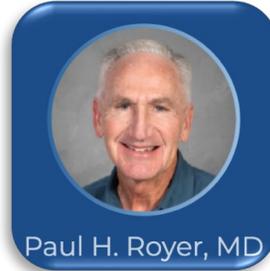


A Team...



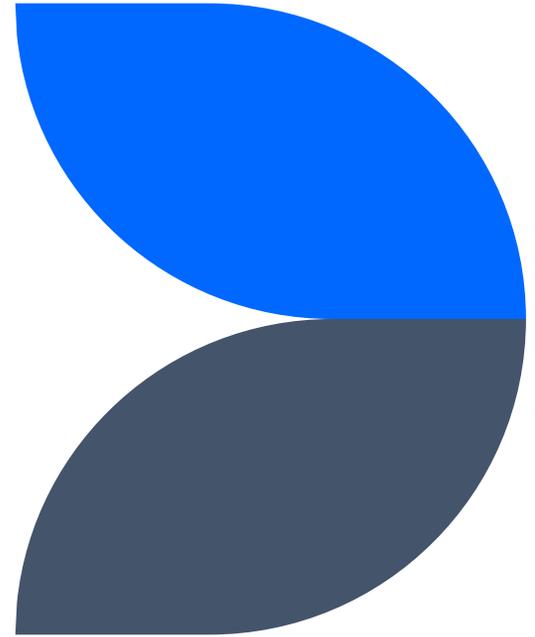
A Team...

- Multidisciplinary
 - CNM
 - FM w/ OB
 - PT
 - General Surgery
 - LMHC
- Administration who...
 - Is committed to keeping birthing services open
 - Is supportive of recruiting providers/staff and finding coverage



Call To Action!

Making Breastfeeding Primary
CNM Reimbursement



Making Breastfeeding Care Primary Care

Prevention

Reimbursement

BREASTFEEDING MEDICINE
Volume 13, Number 2, 2018
© Mary Ann Liebert, Inc.
DOI: 10.1089/bfm.2018.29068.tjt

President's Corner

Breastfeeding Is Primary

Timothy Tobolic

Advocate

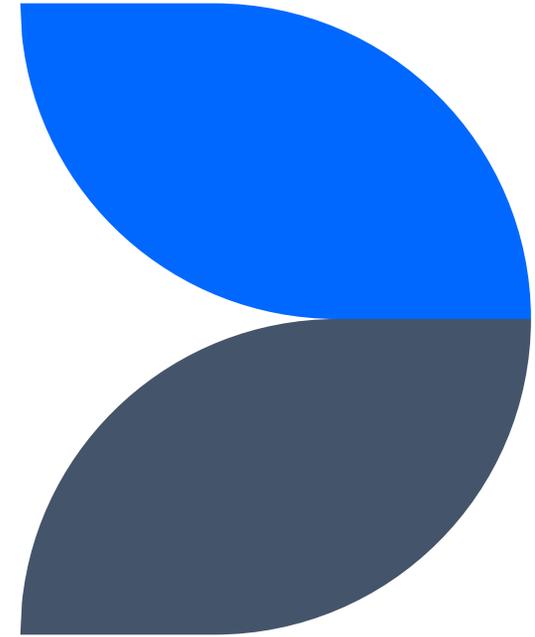
Quality Measures

Disease
Management



Call To Action!

Making Breastfeeding Primary
CNM Reimbursement



Improve and Expand Maternity Care Services by Non-Physician providers

- Equitable Reimbursement
 - Improve Reimbursement rates
 - Help sustain providers in rural areas



Thank you!

Dr. Janean Wedeking, DO, IBCLC, NABBLM-C

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FLOYD COUNTY
MEDICAL CENTER

Delivering exceptional, personalized health care with compassion

Primary Health Care



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Coordinator

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PHC

Maternal Health

Grant

REBECCA NYANGUFI, MPH, CPH.

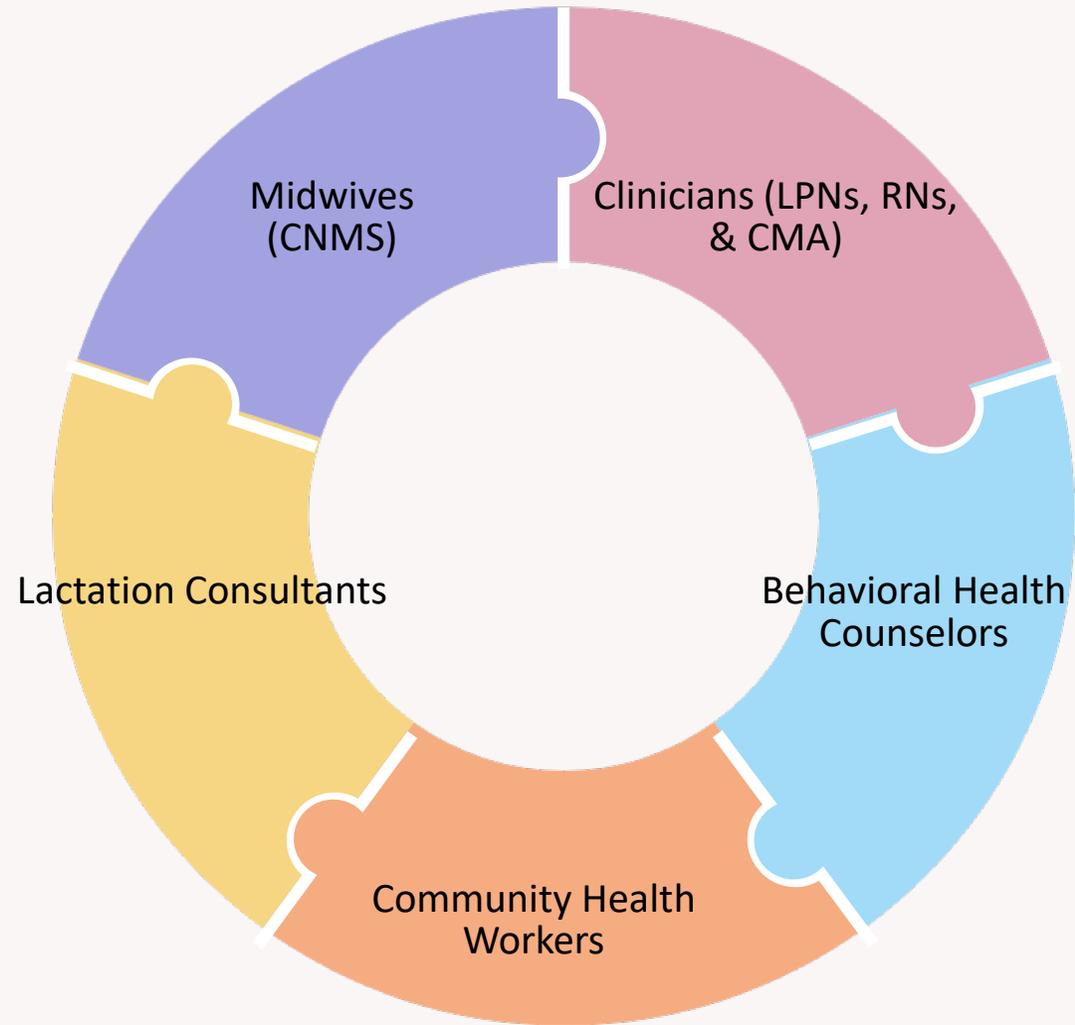
BACKGROUND

Primary Health Care is a community health center serving Ames, Des Moines & Marshalltown. PHC offers obstetrics care to approximately 400 patients per year.

PHC Obstetrics Patients

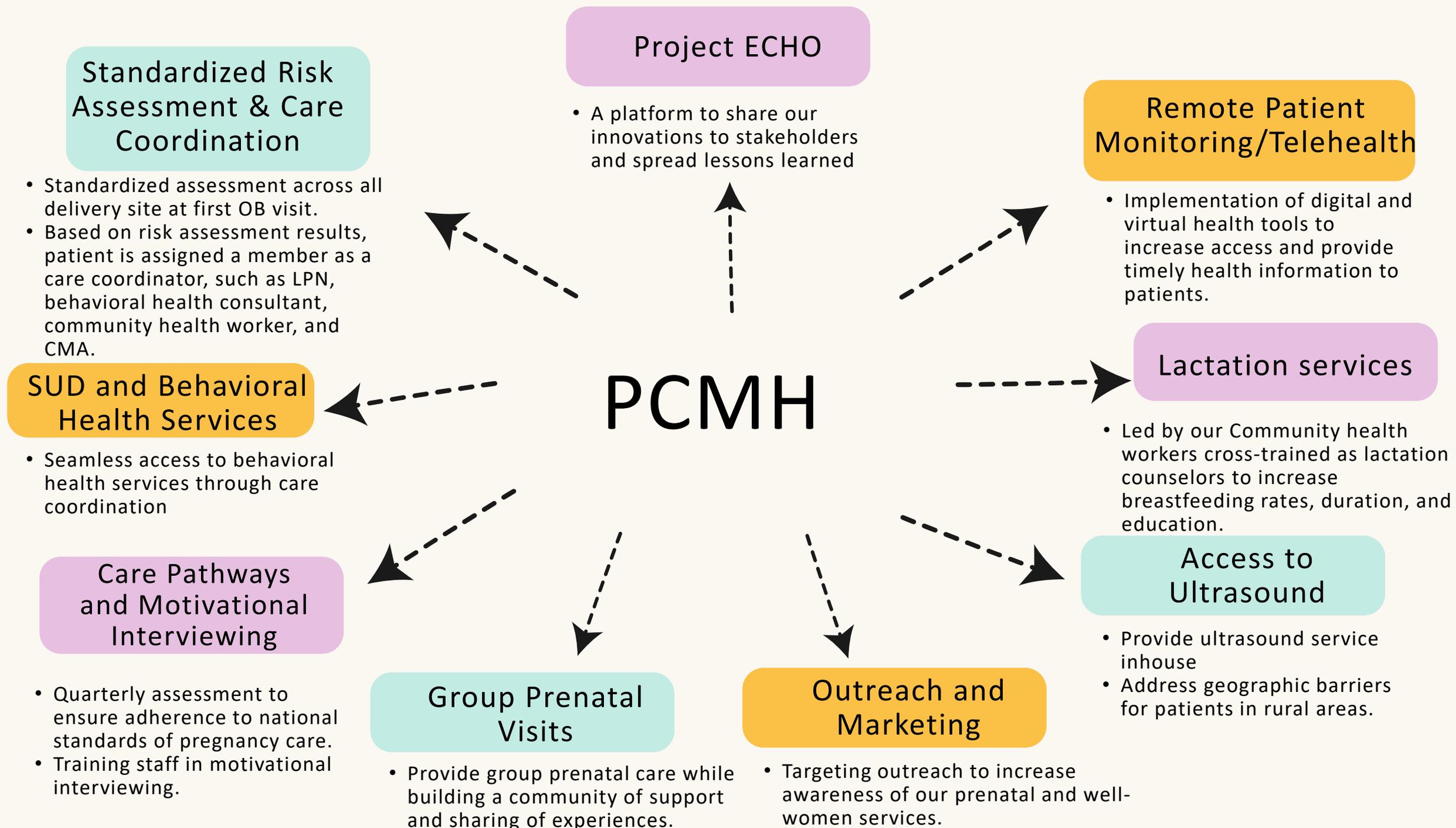
- 56% uninsured
- 33% Medicaid
- 11% Private insurance

OUR OB TEAM

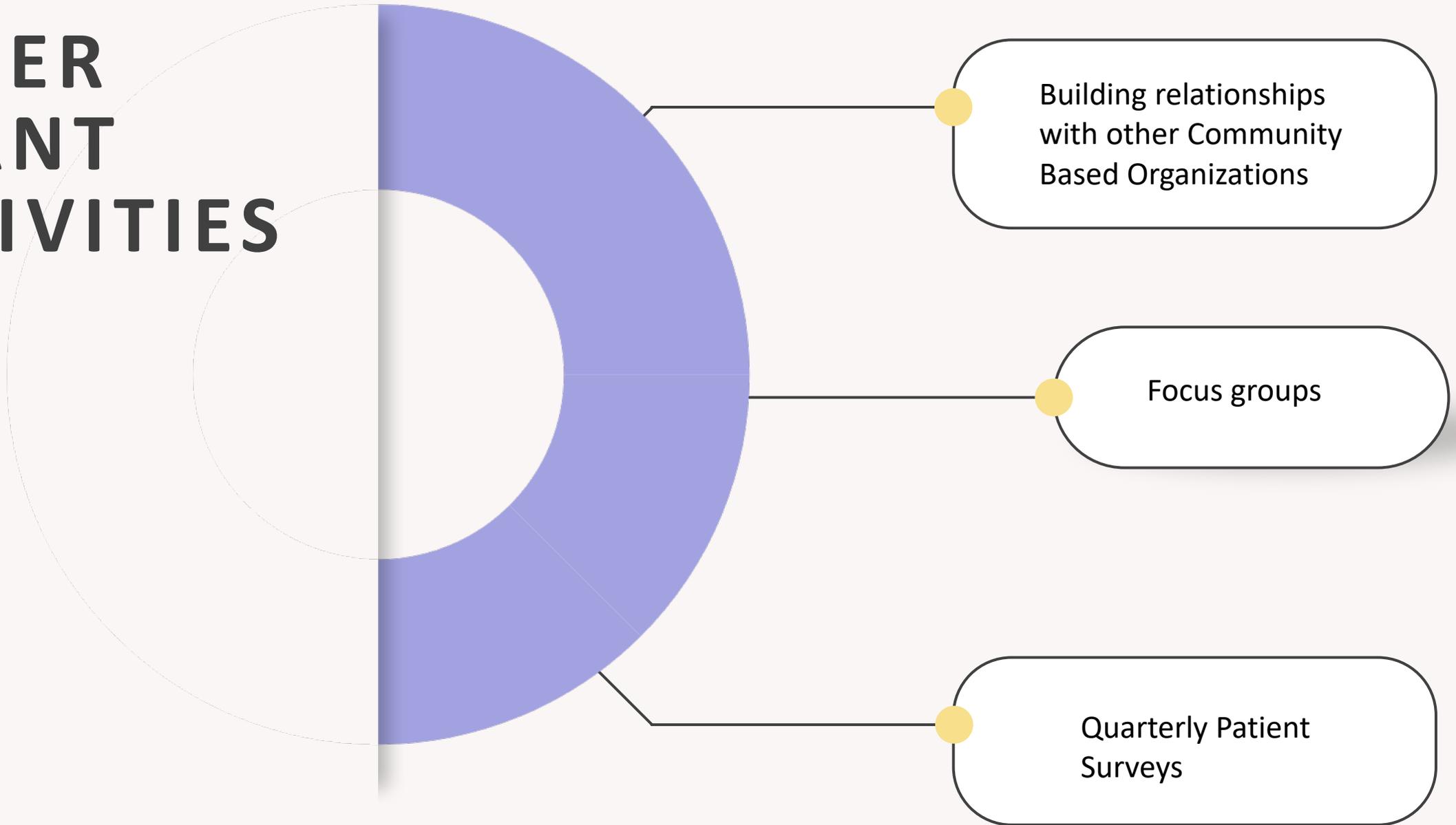


GRANT OVERVIEW

- Quality Improvement
- HRSA
- May 2023-May 2025
- 11 innovations
- Pregnancy-Centered Medical Home Model (PCMH)-Overarching innovation
 - A PCMH for pregnant patients is designed to track patients over time, be more patient centered, and coordinate multiple services and supports necessary to provide proactive care focused on health. PCMH offers a means to organize and anchor interventions, and ensure coordination of often fragmented social, behavioral, and health services.



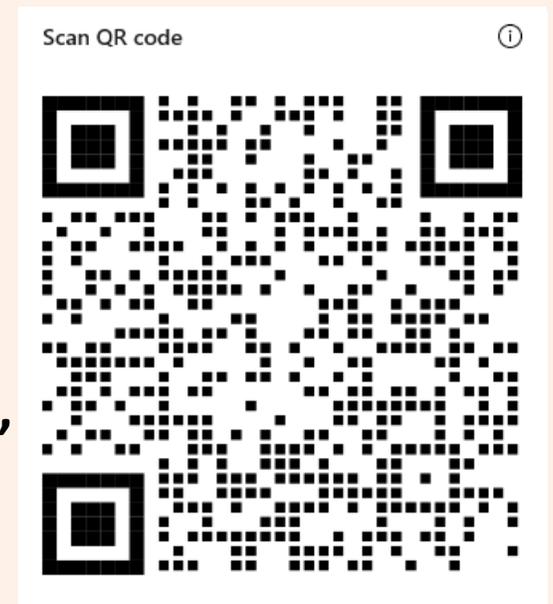
OTHER GRANT ACTIVITIES



Want to learn more?

Scan the code to sign up for iECHO!

Tentative topics: **Community Engagement, Groups,
CHWs + Lactation Consults, Behavioral Health
Warm Handoffs + Care Coordination.**



CONTACTS

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Question Time!

Empowering Rural Communities: The Vital Role of Doulas in Maternal Health

- Jenn Halligan, Manager of Childbirth Education and Doula, MercyOne Des Moines Medical Center
- LaToya Houskin-Lewis, MHA, MPA, BSQ, Founder/CEO of Mahogany Doula Services, LLC
- Julie Vignato, PhD, RN, RNC-LRN, CNE, Assistant Professor, University of Iowa College of Nursing



Moderator – Jenifer Rowray, Director of Advocacy and Engagement – Healthy Birth Day, Inc.



- Mom of Maggie, 16; Colton, 14; Max, 13; and Carter, 11 – Along with Kinnick, my Goldendoodle
- Graduated from ISU in 2009 with a **Bachelor's Degree in Family and Consumer Sciences Education and Health Education and Coaching**
- Taught 7-12 and 10-12 FCS for 6 years at Van Meter Jr./Sr. High and Waukee High School
- Became an **ICEA (International Childbirth Education Association) Certified Childbirth Educator and Birth Doula** in 2015 – started own private practice business (Doula Services with Jenn Callahan) and resigned from teaching
- Graduated from the University of Iowa in 2016 with a **Master's in Educational Policy and Leadership Studies in Administration** wanting to become a High School Principal
- Decided to pursue Administration and Teaching, combining with my love and passion of being a Birth Doula & Childbirth Educator and stayed with MercyOne to take on a leadership/administration role within the Childbirth Ed & Doula Department
- In October 2016, I became the **Manager of Childbirth Education and Birth Doula Services at MercyOne** – Des Moines and became Certified Workshop Trainer with ICEA.
- Along with working at MercyOne full time, I own and manage a doula services agency: **Doula What You Love, LLC**
- I also serve as a **Count the Kicks** Medical Advisory Board Member representing MercyOne Medical Center: Des Moines

LOVE THE LIFE YOU LIVE
AND LIVE THE LIFE YOU LOVE

BOB MARLEY



“Choose a career that you love, and you will never have to work a day in your life.”



Jenn Halligan



MERCYONE.



Manager of Childbirth Education and birth Doula Services: MercyOne Des Moines

M.A. Ed, IAT, ICCE, ICBD, MCH
Jenn.Halligan@mercyoneiowa.org

(ICEA) International Childbirth Education Association certification trainer:

birth & postpartum Doula
Childbirth Educator

count the kicks
Medical advisory board member

Owner: Doula What You Love, LLC
www.doulawhatyoulove.org
Jenn@doulawhatyoulove.org



515-250-8661
#doulawhatyoulove



Mercyone volunteer birth doulas



Did you know that Mercyone Des Moines is the first and only hospital in Iowa that offers a FREE Volunteer Birth Doula Program?!



During the amazing time of welcoming your baby, much care and attention is placed on the baby. Now, it's your time to be the center of attention. At MercyOne, you'll be offered a volunteer birth doula – a woman who specializes in supporting and comforting you during labor.



At MercyOne we have Volunteer Birth Doulas (who are trained and certified) that are “on-call” for a 24-hour period each month. Mothers who are in active labor and choose to have a birth doula will receive them on a first-come, first-serve basis at no additional cost. Not knowing demand, we cannot guarantee the services of our Volunteer Birth Doula Services.

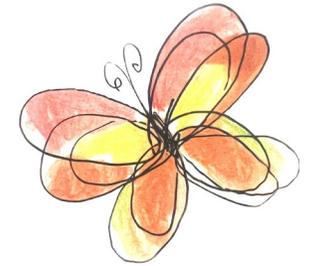
In 2022, we celebrated our 10th Anniversary!

Doulas create a relaxing and comfortable environment to support Mom to labor in by providing comfort measures including position changes, birthing balls, and massage techniques. We set the atmosphere like a spa with candles, low lighting, music and essential oils if desired. We help encourage and guide labor partner to help mom with her breathing techniques to get through labor as we guide the family through their many choices and options they desire as outlined in their birth plan.

Volunteer birth doula program

Celebrating
10 years
of volunteer
birth doulas

MercyOne is the only organization in Iowa to offer a volunteer birth doula program, supporting your personalized delivery plan as you begin life's greatest journey.





Jenn Halligan
FOUNDER &



DOULA WHAT YOU LOVE
DOULA SERVICES AGENCY

Meet the doulas of doula what you love

We are a team of nine professionally trained and experienced birth doulas, postpartum doulas, and childbirth educations certified through ICEA (International childbirth education association).

We proudly provide doula services to central iowa and beyond serving the areas of: ames, des moines, newton, Grinnell, pella, and iowa city)!



www.doulawhatyoulove.org



jenn@doulawhatyoulove.org



515-250-8661



www.facebook.com/DoulaWhatYouLoveDSM
#doulawhatyoulove

PROUDLY PROVIDING DOULA SERVICES TO CENTRAL IOWA AND BEYOND

WWW.DOULAWHATYOULOVE.ORG | 515.250.8661 | JENN@DOULAWHATYOULOVE.ORG



CARMELITA
BALDERAS



ERIN
HOLSTROM



YOLANDA
JACKSON



AMANDA
LANGEMADE



ELIZABETH
PIERCE



IVY
SCHUSTER



JOELLEN
WESSELMANN



HOLLY
WILSON

Meet Latoya Houskin - Lewis

Latoya Lewis is a healthcare administrator who is dedicated to fostering health equity in the maternal health space. She is the Founder/CEO of Mahogany Doula Services, LLC, and is contracted with Every Step to provide doula services for the Des Moines Healthy Start and the Title V Doula program. With over 20 years of experience in the field of health and human services, she has dedicated her career to transforming the lives of Black and Brown communities through innovative programming aimed at providing equitable care and reducing maternal mortality rates.

Latoya holds a Bachelor of Arts in Social Work from the University of Iowa, a Master of Public Administration from Drake University, and a Master of Healthcare Administration from the University of Iowa. In her spare time, she enjoys reading, traveling, and spending time with friends and family, and has recently taken an interest in learning to play golf.





Doula Overview

Q: What is a doula?

A: A trained professional who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.

Q: How can birth doulas contribute to modern Perinatal Care

A: Birthing Individuals are:

- less likely to need Pitocin.
- less likely to have a cesarean birth.
- less likely to use any pain medication.
- more likely to rate their childbirth experience positively.

Q: What is the evidence on doulas?

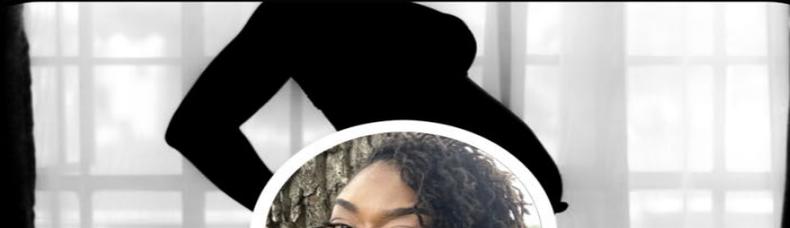
A: There have been 26 randomized trials that tested the effects of continuous labor support on more than 15,000 people giving birth. Overall, people who receive continuous support are more likely to have a normal vaginal birth and less likely to have pain medication, negative feelings about childbirth, and Cesareans. In addition, their labors are shorter and their babies are less likely to have complications at birth.



Latoya Houskin-Lewis, MHA,
MPA

Contact Information
515-328-7744

latoyalewis@mahoganydoulaservice.com



Latoya Lewis

Owner and CEO at Mahogany Doula Services
LLC

Edit

Preview



IOWA

College of Nursing

Community Doulas of Johnson County

Julie Vignato, PhD, RN, RNC-LRN, CNE

Team: Jill Colbert, Grace Swartzendruber, Jazzmine Ray, Mary Doamekpor, Fatou Traore, Sophie Banegas, Teresa Horak, Amber Goodrich

Excellent Partnership: Johnson County Public Health

November 6, 2024



What is a doula?

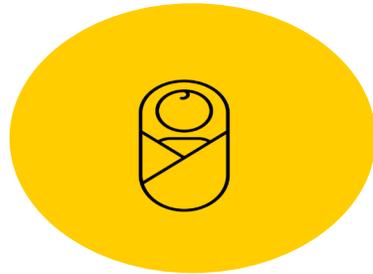
- Community member
- Companion
 - Provides emotional and physical support
 - Education
 - Advocacy of the person's wishes during pregnancy, birth, or postpartum



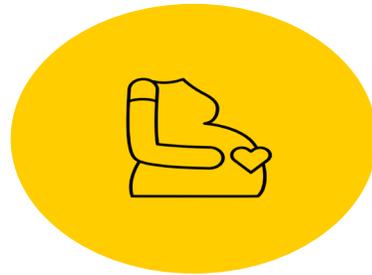
Doulas are Needed for Birthing Mothers and Families

“My birth definitely went in a way I was not planning for, and it was very emotionally tolling to have that plan taken away from me. My doula was able to be an anchor of support in a time where my spouse and I were afraid and feeling helpless.”

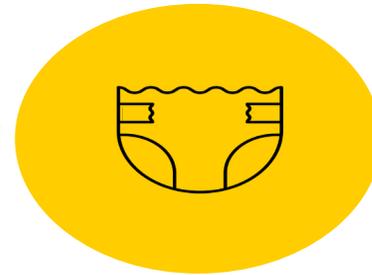
The Evidence on Doulas...



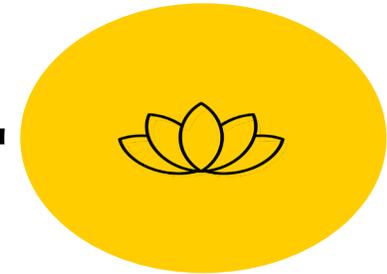
Increased spontaneous vaginal birth



Shorter duration of labor



Decreased C-Sections, use of pain medication, infant distress at birth, and negative maternal feelings about childbirth experiences.



No evidence of harms was found.

Why Do We Need Doulas in Iowa?



© WorldAtlas.com

#1 in the US for
the largest
increase in
infant mortality



#1 in fewest
OB/GYNs per
capita



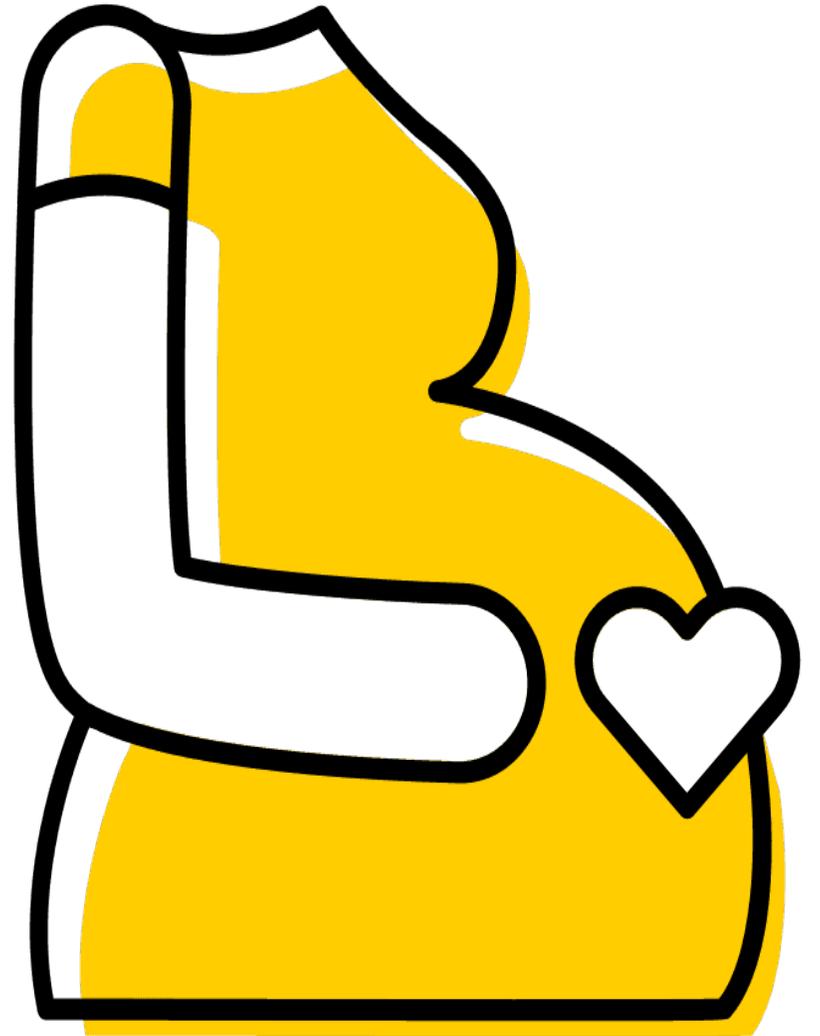
Large number
of maternity
care deserts



High maternal
disease and
death rates

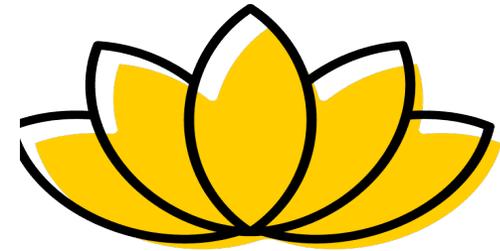
The Community Doulas of Johnson County Program

- Collaboration between:
 - University of Iowa College of Nursing
 - Iowa Health Care
 - Johnson County Public Health
 - Funded with American Rescue Plan Act (ARPA) funds



Community Doulas of Johnson County

- 10 community members trained as doulas (DONA International)
- Open to any low-income mother living in Johnson County
- Iowa Communities in Johnson County:
 - Congolese, Sudanese, Ghana, and Kenya
 - Guatemalan, Puerto Rican, and Latina
- Bilingual: Spanish, French, Lingala, Fante, Twi, and Ga
- Goal for doulas to attend 50 births by December 31, 2026
 - including 4 home prenatal and 4 postpartum visits



Unique about our Program

- Doula Coordinators
 - Prevention of burnout
 - Mental health (PSI)
- Healthcare System Integration
 - Talking to providers
 - Role on the healthcare team



Community Doula of JC Data Collection



Program Outcomes



Disease and Death



**Healthcare Team
(Doulas)**

Doulas are Needed in our Rural Healthcare Systems

- 1) In 2021, there were 15,027 births in the state of Iowa for women on Medicaid. The cost of doula care on average is \$800-1,200.
- 2) Vaginal Delivery Costs
 - Reduced by **\$1,047 per delivery.**
- 3) Cesarean Section Costs
 - Minnesota, over a 2-year period, showed a 40% drop in the Cesarean Section rate for Medicaid patients
 - Rate in Iowa 29% or approximately 1/3 of all deliveries.
 - Even with reimbursement of doulas by Medicaid, there may be a **cost savings to a state of approximately \$2 million/year**
- 4) The program costs **\$150,000 over 2.5 years** to train and establish the doula workforce.



Ending Thoughts...



- Medicaid Legislation
- Looking for collaborators and partners

Empowering Rural Communities: The Vital Role of Doulas in Maternal Health

- Jenn Halligan, Manager of Childbirth Education and Doula, MercyOne Des Moines Medical Center
- LaToya Houskin-Lewis, MHA, MPA, BSQ, Founder/CEO of Mahogany Doula Services, LLC
- Julie Vignato, PhD, RN, RNC-LRN, CNE, Assistant Professor, University of Iowa College of Nursing



Moderator – Jenifer Rowray, Director of Advocacy and Engagement – Healthy Birth Day, Inc.



Advancing Rural and Maternal Health in Iowa



- Juliann Van Liew, MPH, Wellness & Preventive Health Director, Iowa Department of Health and Human Services



Health and
Human Services

Moderator – Emily Price, CEO – Healthy Birth Day, Inc.



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UnityPoint Health



Thank You to our Additional Sponsors!



Next Steps & Thank You!

HEALTHYbirthDAY
IMPROVING BIRTH OUTCOMES

**Maternal Health Symposium: Empowering Conversations
& Proven Maternal Health Solutions**

PRESENTED BY:   UnityPoint Health

EVALUATION

We would appreciate your comments and suggestions for improvement, as the information provided will be utilized in planning future summits. The evaluation will remain open through Sunday, November 17, 2024.

https://dmu.co1.qualtrics.com/jfe/form/SV_3t3PxqP7hA0vbx4

ACCESSING YOUR CONTINUING EDUCATION OR ATTENDANCE CERTIFICATE

Des Moines University Medicine and Health Sciences (DMU) is the accredited continuing education provider. Certificates will be available for download within 6 weeks of the summit. An email will be sent from DMU CME when your certificate is available.





HRSA Overview and Maternal Health Efforts

Iowa Maternal Health Symposium

November 6, 2024

Kealy Houlahan, Public Health Analyst
Region 7- Kansas City
Office of Intergovernmental and External Affairs

Vision: Healthy Communities, Healthy People



Who We Serve

The Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services (HHS), supports equitable health care for the nation's highest-need communities.



HRSA serves those most in need, including:

- **More than 31 million people** in rural and underserved communities
- **More than 58 million pregnant women, infants, and children**
- **More than 560,000 people** with HIV
- **More than 1,900 rural counties and municipalities** across the country
- **Nearly 22,000 health care providers** through loan repayment and scholarship programs



Data in this slide deck reflects HRSA's most recent publicly available information (2023).



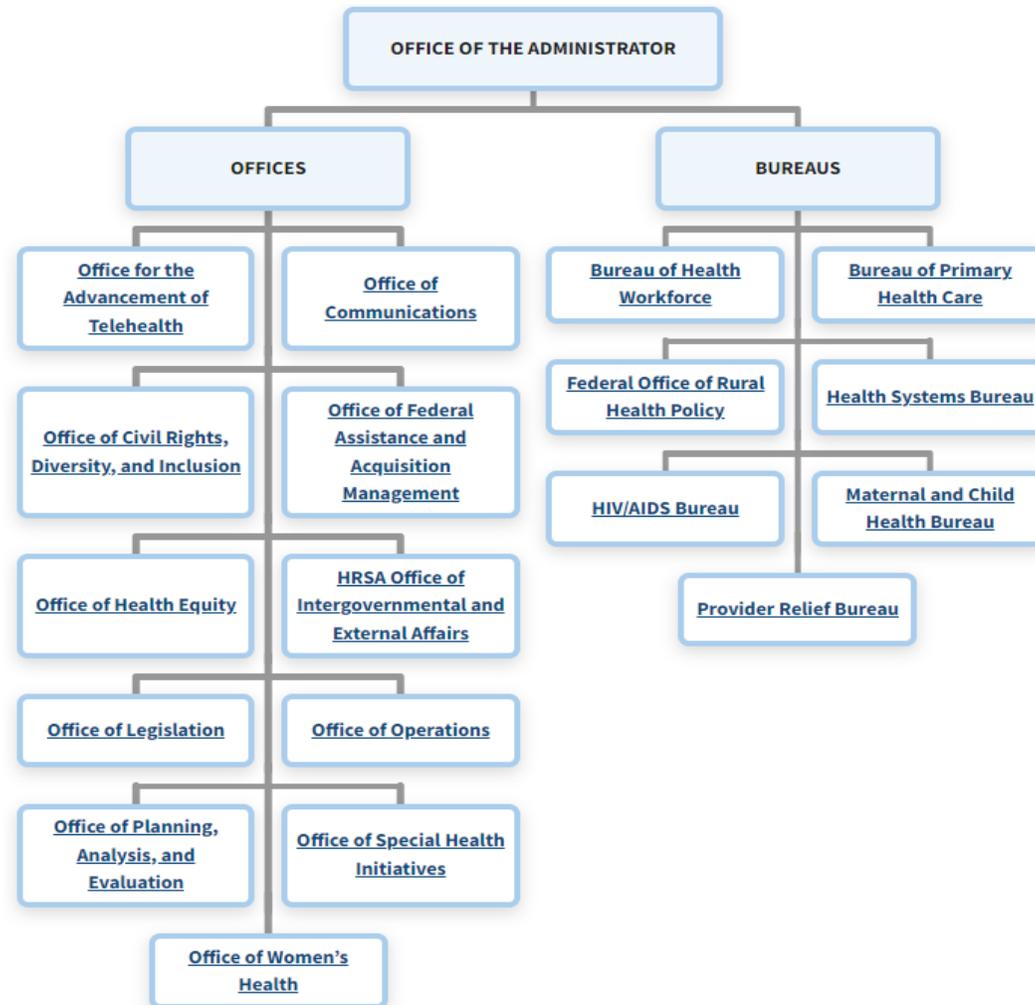
HRSA Priorities

HRSA's vital work expands access to health care services in the communities that need them most by:

- Increasing **equitable access to health care services**
- Strengthening the **well-being of children and families**
- Integrating **behavioral health** into **primary care**
- Growing the **health care workforce**



HRSA Organizational Chart



Source: <https://www.hrsa.gov/about/organization/org-chart>



HRSA Office of Intergovernmental and External Affairs (HRSA IEA)



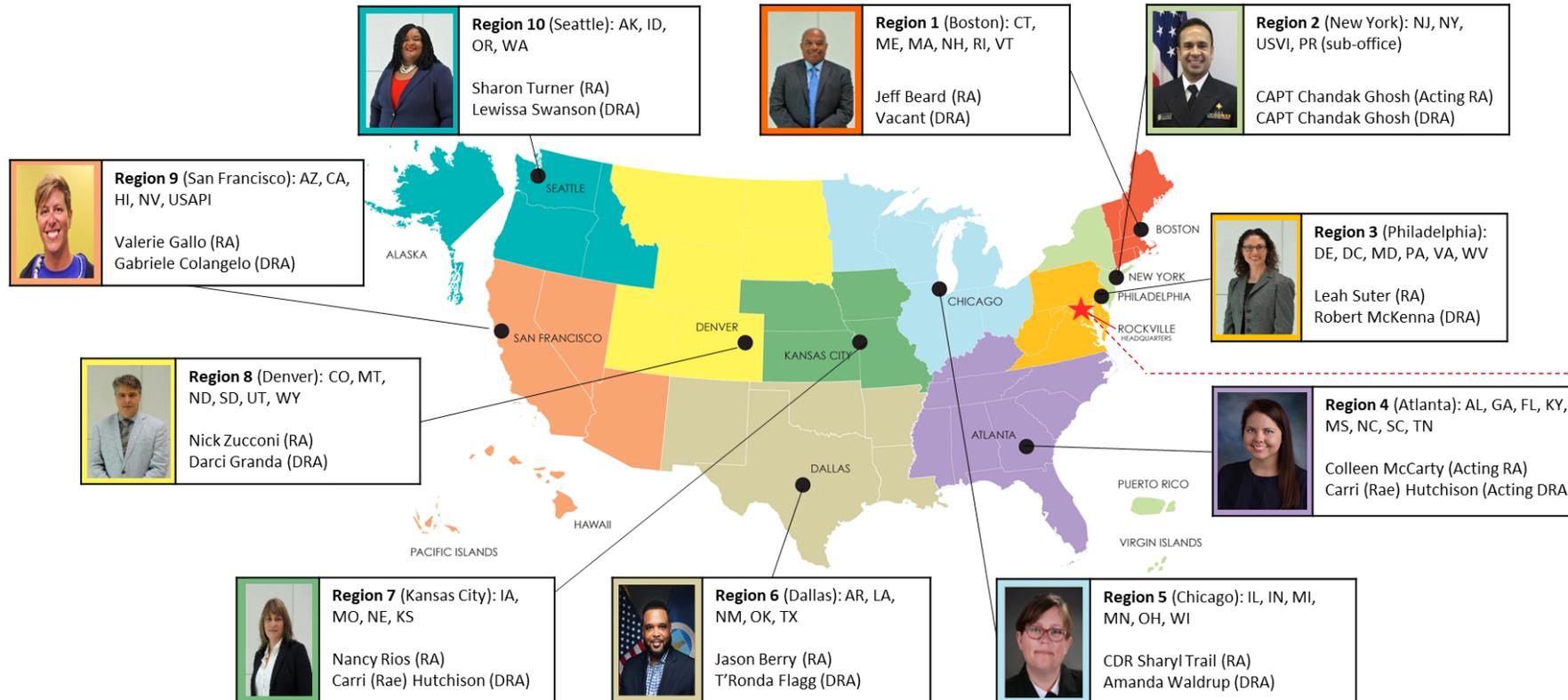
What We Do

- Principal agency lead on intergovernmental and external affairs, tribal partnerships, and regional operations
- Agency liaison to the HHS IEA and other federal intergovernmental stakeholders to advance HRSA's priorities
- Single point of contact on intergovernmental, external events, stakeholder associations, and interest group activities
- Manage HRSA's 10 regional offices that support engagement and promote HRSA's mission and priorities across states, tribes, territories, and local communities



Leadership Team

Ten Regions - One HRSA



HRSA IEA Headquarters

- Antigone Dempsey, Associate Administrator
- Sharon Turner, Acting Deputy Associate Administrator
- Amelia Khalil, Senior Advisor
- Fay Ferguson, Director, Division of Administrative Operations
- Vacant, Director, Division of Strategic External Engagement
- Juliana Blome, Director, Tribal Affairs



HRSA Office of Intergovernmental and External Affairs (IEA)

Regional Highlights



Webinars

- Addressing Health Equity Among Hispanic/Latino Populations: Spanish Webinar Series
<https://www.hrsa.gov/es/seminarios-web/fy23>
- [HHS Region 7 Virtual Office Hours](#)
- Grants 201 Webinar **Coming Soon**



Assistance and Support

- Expanding the Health Workforce in Region 7 - Work with Minority Serving Institutions and Community Colleges
- Technical Assistance to Rural Hospitals
(Funding, Workforce, Partnership Development)



Workshops and Summits

- Region 7 Tribal Behavioral Health Summit
- [Region 7 Virtual Birth Worker Forum](#)
- [Kansas City Kansas Grants 101 Workshop \(December 5, 2024\)](#)
Register here: <https://forms.office.com/g/K9f5Bfumxj>



When Should You Contact HRSA IEA?

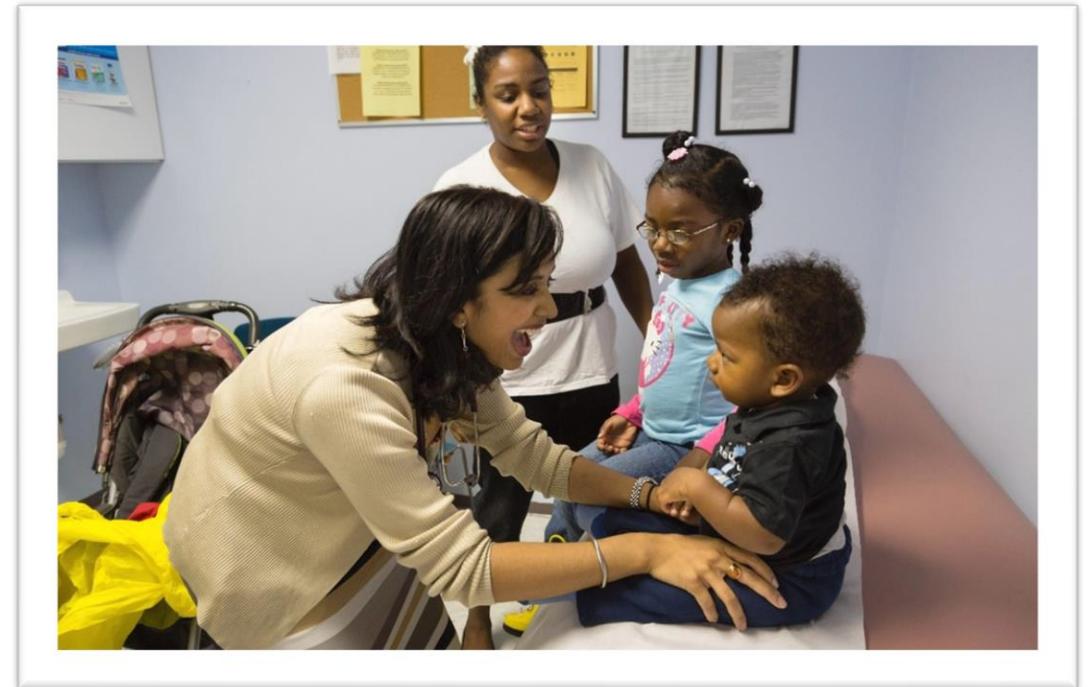
- When you want to know more about HRSA programs or initiatives
- When you need contextual information about the state, local, tribal, and regional landscape that may impact your stakeholders
- When you are looking for technical assistance, resources, funding opportunities, or new partners
- When you want to share new promising or best practices with us



Increasing Equitable Access to Health Care Services

HRSA Delivers Vital Health Care Services and Access to Quality Care

- Delivered primary health care services to more than **31 million people** in rural and underserved communities through **the Health Center Program**, which supports approximately 1,400 health centers that operate **more than 15,500 sites**
- Achieved viral suppression in **nearly 9 out of 10 of people with HIV** who received medical services through the Ryan White HIV/AIDS Program
- Served **1.1 million children** through HRSA-funded school-based health center sites, an **increase of 69%** since 2020.



Strengthening the Well-Being of Children and Families

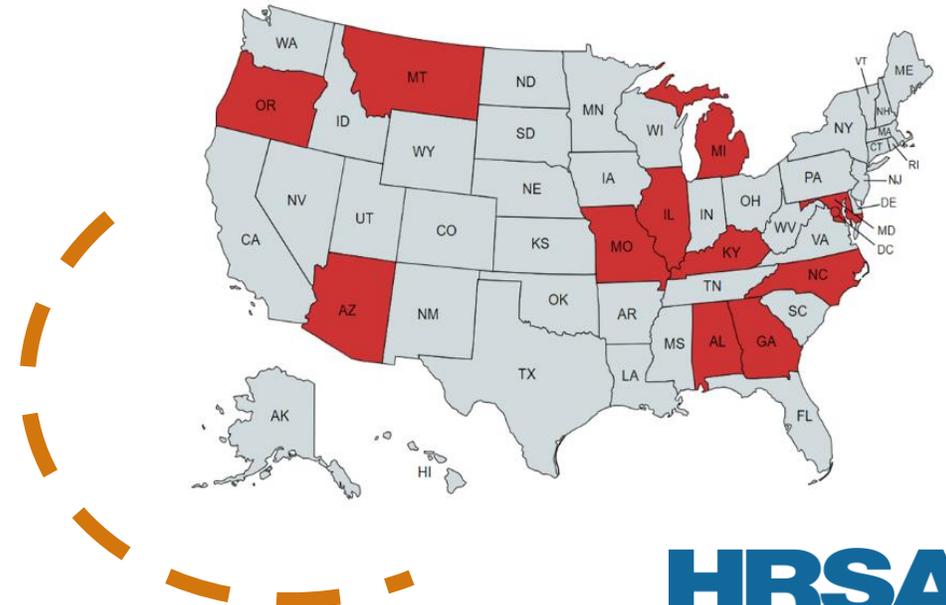
HRSA Increases Access to High-Quality Health Services and Expands the Maternal and Child Health Workforce



- Implemented the first year of bipartisan renewal of the **Maternal, Infant, and Early Childhood Home Visiting Program**, which doubles funding for the program over five years
- Supported newborn screenings for **97% of babies** born in the United States through our maternal and child health programs, which provide screenings for genetic and metabolic conditions
- Reached a milestone of **more than 1,900 birthing facilities** participating in the HRSA-supported Alliance for Innovation on Maternal Health, a program under which hospitals and other facilities adopt proven strategies to increase safe births and reduce negative birth outcomes

Enhancing Maternal Health Initiative

- HRSA launched the **Enhancing Maternal Health Initiative** in January 2024 to:
 - Maximize the impact of HRSA grants and programs
 - Foster new partnerships across the country to address maternal mortality crisis and reduce maternal health disparities
- Yearlong effort to expand access to maternal care, grow the maternal care workforce, support maternal mental health, and address social supports for safe pregnancies
- The initiative focuses on 12 states and jurisdictions where HRSA has significant investments, there are significant opportunities for new partnerships and collaborations, and there is high need:
Arizona, Alabama, Georgia, Illinois, Kentucky, Maryland, Michigan, Missouri, Montana, North Carolina, Oregon, and the District of Columbia



Maternal and Child Health Bureau (MCHB)

MATERNAL AND CHILD HEALTH BUREAU (MCHB) STRATEGIC PLAN

Mission

To improve the health and well-being of America's mothers, children, and families.

Vision

Our vision is an America where all mothers, children, and families thrive and reach their full potential.

MCHB Goals

ACCESS

Assure access to high-quality and equitable health services to optimize health and well-being for all MCH populations.

EQUITY

Achieve health equity for MCH populations.

CAPACITY

Strengthen public health capacity and workforce for MCH.

IMPACT

Maximize impact through leadership, partnership, and stewardship.



Maternal and Child Health Programs

- **Title V Maternal and Child Health Block Grant**
 - Partnership between the federal government and states
 - Served an estimated **61 million pregnant women, infants, and children** in 2022
 - 93% of all pregnant women
 - 99% of infants
 - 61% of children nationwide, including children with special health care needs
- **Maternal, Infant, and Early Childhood Home Visiting Program**
 - Voluntary, evidence-based home visiting services for pregnant people and parents with young children who live in communities that are at risk for poor maternal and child health outcomes
 - Served approximately **138,000 parents and children** in over **69,000 families** and provided over **840,000 home visits** in FY 2022
- **Healthy Start**
 - Provides grants to communities with infant mortality rates **at least 1.5x** the U.S. national average
 - Provides services and facilitates access to comprehensive health and social services
 - Healthy Start served just over **85,000 participants** in FY 2022.



Data in this slide deck reflects HRSA's most recent publicly available information

National Maternal Mental Health Hotline



For support, understanding, and resources, **CALL**
OR TEXT 1-833-852-6262 (1-833-TLC-MAMA)

Free Promotional Materials Available



Additional Behavioral Health Resources

- **Postpartum Support International (PSI) Perinatal Psychiatric Consult Line**

- Available for medical professionals who have questions about the mental health care related to pregnant and postpartum patients and pre-conception planning.
- Staffed by reproductive psychiatrists who are members of PSI and specialists in the treatment of perinatal mental health disorders
- Service is free
- **1-877-499-4773**



- **Pediatric Mental Health Care Access**

- The program brings behavioral health consultation, training, and support to pediatric primary care and other providers so that children's mental health needs are met.

- **Screening and Treatment for Maternal Mental Health and Substance Use Disorders**

- The program supports the expansion of health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders. Funded programs establish, improve, and/or maintain statewide or regional networks that provide real-time psychiatric consultation, care coordination support services, and culturally and linguistically appropriate training to maternity care providers and clinical practices.



Women's Preventive Services Initiative (WPSI)

- Coalition of national health professional organizations and patient advocates with expertise in women's health
- Develops, reviews, and updates recommendations for the Women's Preventive Services Guidelines
- Aims to improve adult women's health across the lifespan



Maternal Health Learning & Innovation Center



About Programs Resource Center Events Connect     



THE PRACTICAL PLAYBOOK III
Working Together to Improve Maternal Health

EDITED BY
Dorothy Clenti, Alisahah Jackson,
Natalia B. Hernandez, Lindsey Yates, Sarah Verbiest,
Lloyd Michener, and Brian C. Castrucci

NOW AVAILABLE

GET YOUR COPY [MATERNALHEALTHPLAYBOOK.ORG](https://maternalhealthplaybook.org)

MHLIC's vision is to be an exceptional national resource center for eliminating maternal health inequities and improving well-being for all families in the U.S. [Learn more.](#)



Looking for maternal health resources?
Search our Resource Center.

[SEARCH NOW](#)



MotherToBaby

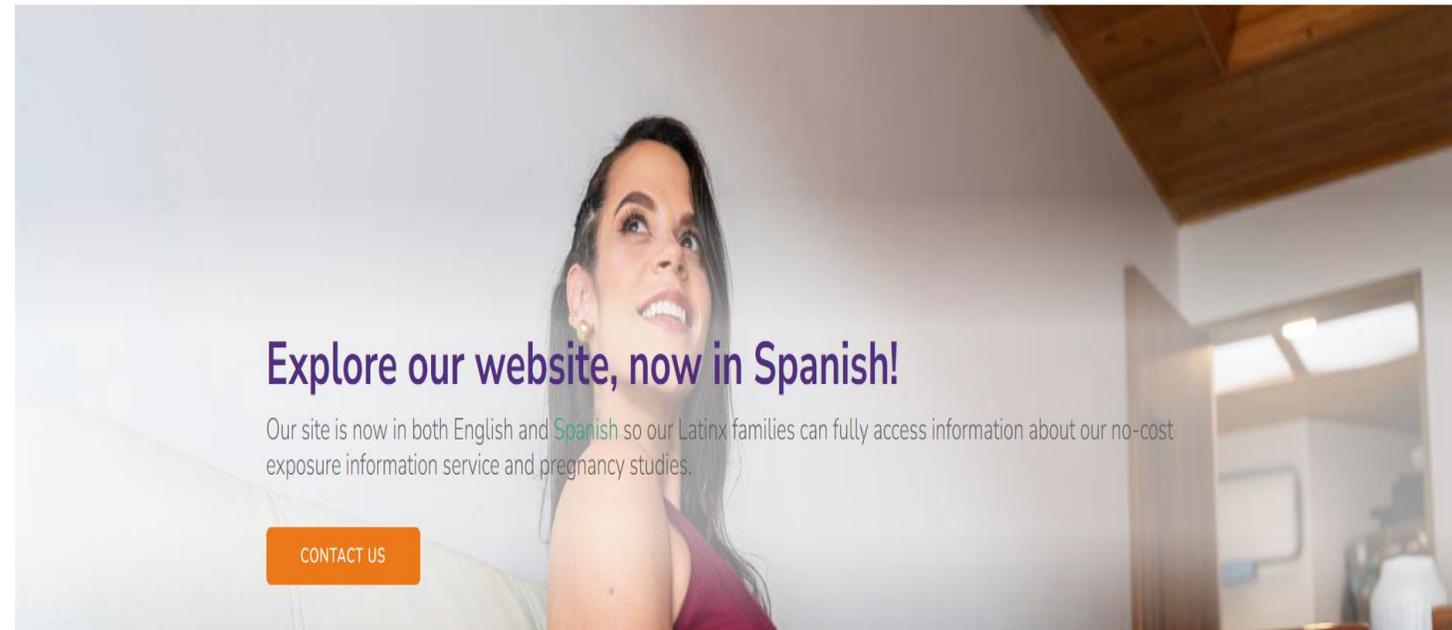
- Provides evidence-based information on the safety of medications and other exposures during pregnancy and while breastfeeding
- Information provided in English and Spanish
- Exposure Information Service
1.866.626.6847



English ▼

SEARCH **866.626.6847**

ABOUT ▼ EXPOSURES ▼ STUDIES ▼ HEALTH PROFESSIONALS ▼ MEDIA ▼ IN YOUR AREA OTIS ▼ DONATE CONTACT



Intimate Partner Violence (IPV) Toolkit

- Step-by-step IPV Toolkit tailored for health centers and other providers
- Use the IPV Toolkit to:
 - build partnerships,
 - adopt evidence-based interventions,
 - promote patient education around IPV, and
 - improve long-term health and safety outcomes for women and their families.

Cultivating partnerships between healthcare providers and domestic violence advocates to promote survivor's health and safety.



IPV and Health

Intimate partner violence (IPV) is a public health problem of epidemic proportions, impacting 1 in 4 U.S. women and 1 in 7 men. IPV contributes to injuries, chronic health issues, and high risk health behaviors.

[Learn more](#)

HRSA Find Health Services Locator Tools

The screenshot shows the 'Find a Health Center' tool. At the top left, there is a link for 'En Español' and a 'Share' button with a share icon. The main heading is 'Find a Health Center' in white text on a dark blue background, accompanied by an icon of a house with people. Below this is a light blue map of the United States. The text reads: 'Enter a City name, ZIP Code, (such as "20002"), address, State name, or place name.' Underneath is a 'Near' section with a search input field containing the placeholder text 'Enter a location' and a magnifying glass icon. At the bottom, it says 'HRSA Powered by data.hrsa.gov'.

findahealthcenter.hrsa.gov

The screenshot shows the 'Find a Ryan White HIV/AIDS Program Medical Provider' tool. At the top left, there is a link for 'En Español' and a 'Share' button with a share icon. The main heading is 'Find a Ryan White HIV/AIDS Program Medical Provider' in white text on a dark red background, accompanied by a red awareness ribbon icon. Below this is a light blue map of the United States. The text reads: 'Enter a City name, ZIP Code, (such as "20002"), address, State name, or place name.' Underneath is a 'Near' section with a search input field containing the placeholder text 'Enter a location' and a magnifying glass icon. At the bottom, it says 'HRSA Powered by data.hrsa.gov'.

findhivcare.hrsa.gov



HRSA Funding Opportunities

Health Resources & Services Administration

HRSA
Health Resources & Services Administration

Call or Text the Maternal Mental Health Hotline

Bureaus and Offices | Newsroom | Contact HRSA | Recursos en español

Home | Grants | Loans & Scholarships | Data Warehouse | About HRSA

Home » Grants » Find Grant Funding

Apply for a Grant

- Find Grant Funding
- Determine Eligibility
- Prepare Your Application
- Follow the Application Process
- Track Your Application

Manage your Grant

Become a Grant

Find Grant Funding

Alert

Email Grants.gov Applicant Support if you receive an error message (such as "Bad request" or "Bad link") while applying on grants.gov.

Grants.gov is aware and working on the issue.

Help us serve communities and people who need it most.



<https://www.hrsa.gov/grants/find-funding>



Rural Maternity and Obstetrics Management Strategies (Rural MOMS) Program

Forecast

- **Purpose:** Establish or continue collaborative improvement and innovation networks that improve and expand access to maternal and obstetric services in rural, frontier and tribal areas.
- **Eligible Applicants:** Non-profit or for-profit entities providing prenatal care, labor care, birthing, and postpartum care services in rural areas, frontier areas, or medically underserved areas, or to medically underserved populations or Indian Tribes or Tribal organizations.
- **FY 2025 NOFO will be available winter 2024. | Estimated Project Start Date: 9.1.2025**
- **Previous NOFO:** <https://www.grants.gov/search-results-detail/340917>

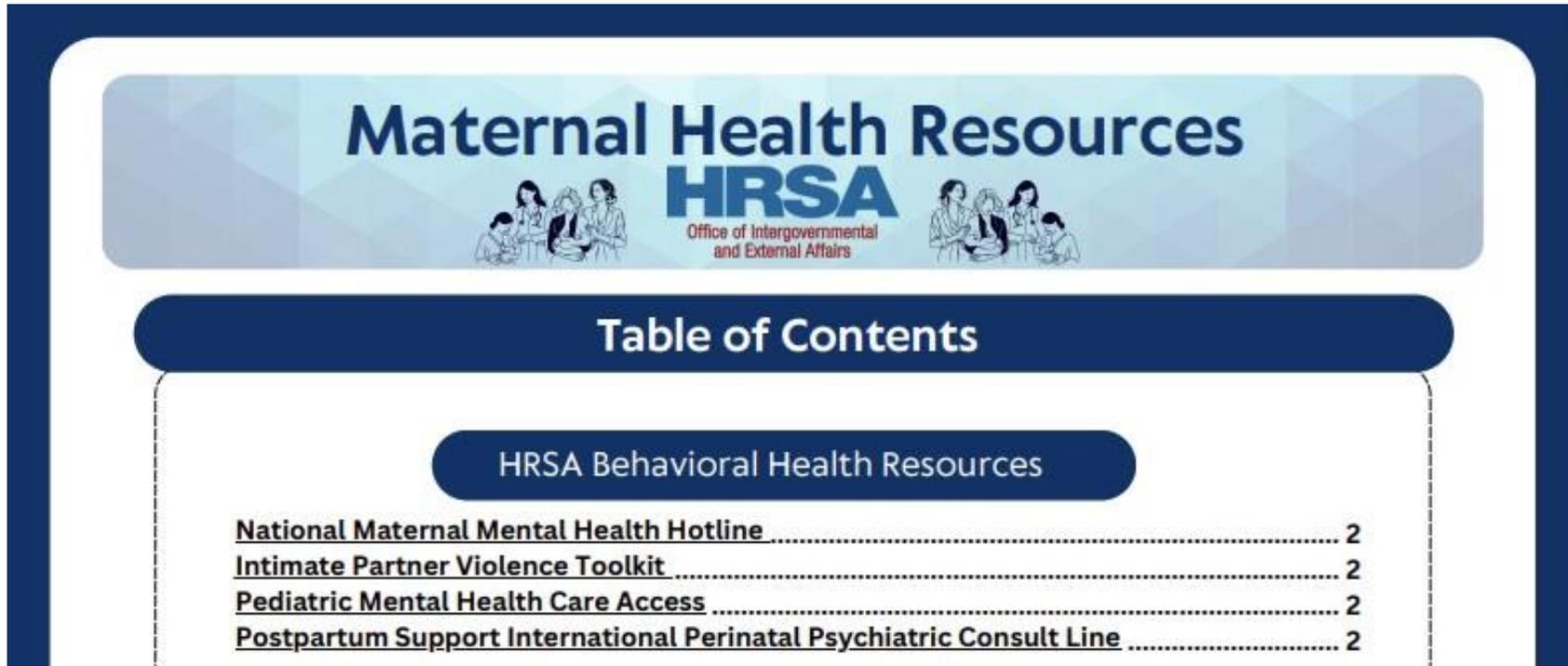


Learn More About Maternal Health

- **Maternal Health (HRSA)**
 - <https://mchb.hrsa.gov/programs-impact/focus-areas/maternal-health>
- **Maternal Health (Rural Health Research Gateway)**
 - <https://www.ruralhealthresearch.org/topics/maternal-health>
- **Maternal Mortality (Center for Disease Control and Prevention)**
 - <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>



Maternal Health Resource Guide



Maternal Health Resources
HRSA
Office of Intergovernmental and External Affairs

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HRSA Behavioral Health Resources

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| <u>Postpartum Support International Perinatal Psychiatric Consult Line</u> | 2 |



Contact

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Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

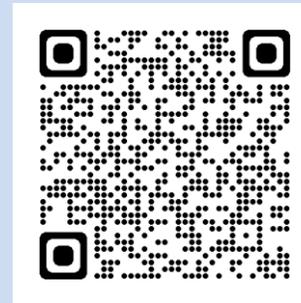


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BRIDGING GAPS: ENHANCING AND SUSTAINING MATERNITY CARE THROUGH RURAL-URBAN HEALTH SYSTEM COLLABORATION

Maternal Health Symposium: Empowering Conversations & Proven Maternal Health Solutions

Janean Wedeking, DO, IBCLC, NABBLM-C janwedeking@fcmhosp.com

Judi Halbach, ARNP, CNM jhalbach@fcmhosp.com

Stacy Peterson BSN, RNC-OB petersonst@mgmc.com

Amy Dagestad MBA, MSN, RN, NE-BC, RNC-OB, FAWHONN dagestad@mgmc.com

November 6th, 2024

Disclosures

None of the speakers have any actual or potential conflicts of interest in relation to this content or presentation.

Agenda

About Us & Fun Facts

How We Have Grown

Growing Forward

Scenarios/Discussions

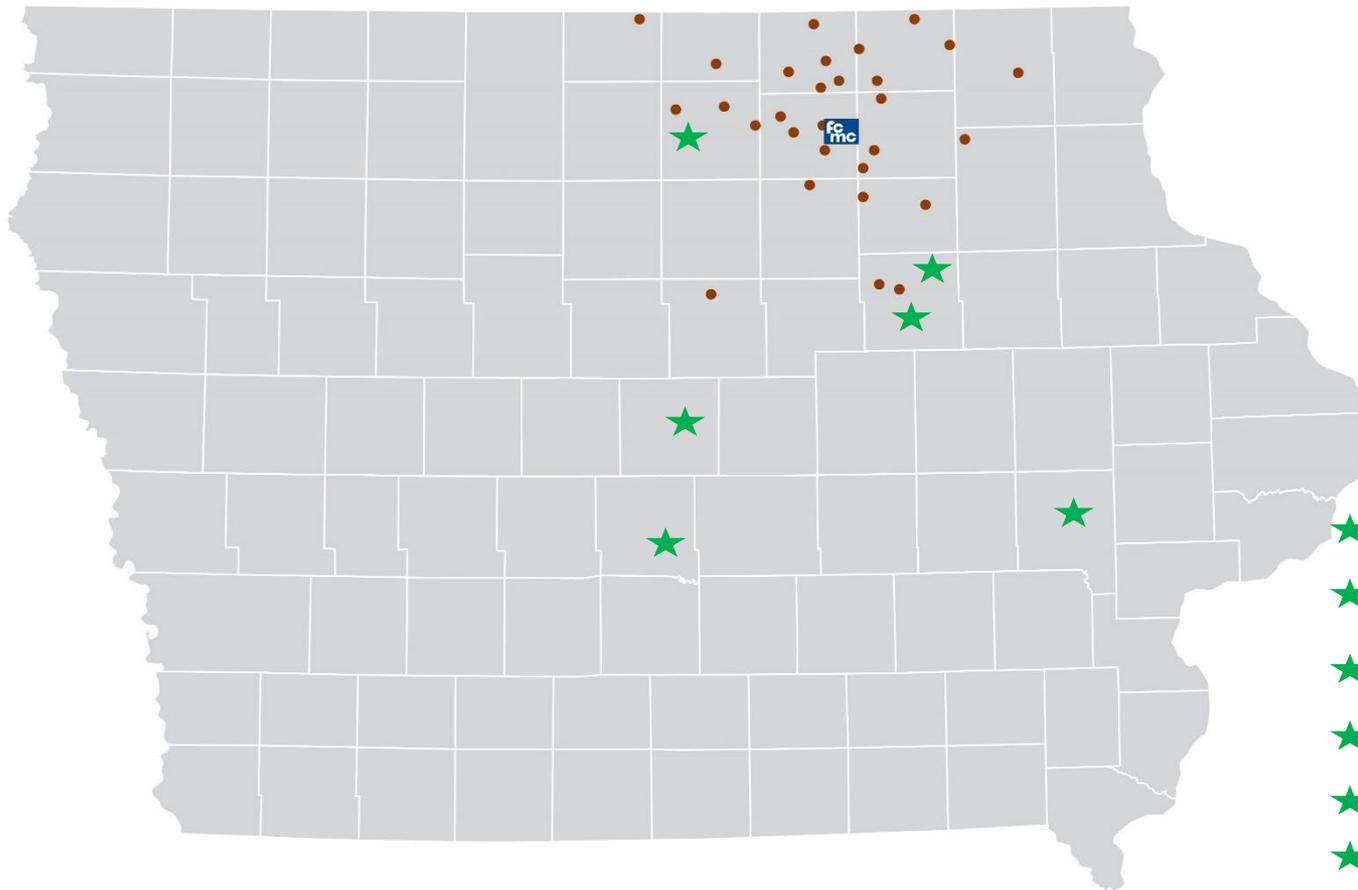
Questions

FCMC Facts

- ❖ Charles City (North central Iowa)
- ❖ Population: 7400
- ❖ Level 1 Nursery/Maternity Care
- ❖ Diversity
 - Caucasian, Mennonite, Black, Hispanic, Asian, Filipino, Indian



Where do our patients come from?



- ★ 34 mi Mercy One, Mason City
- ★ 55 mi Mercy One, Waterloo
- ★ 49 mi Unity Point, Waterloo
- ★ ~80 mi Mayo Clinic
- ★ 148 mi Mercy One, Des Moines
- ★ 120 mi Mary Greeley, Ames
- ★ 133 mi UIHC



Mary Greeley
MEDICAL CENTER
Doing what's right.



LOCATED IN AMES, IOWA



220-BED
ACUTE CARE
HOSPITAL

1,400

EMPLOYEES

200

PHYSICIANS

400

VOLUNTEERS

9,000

ADMISSIONS PER YEAR

28,000

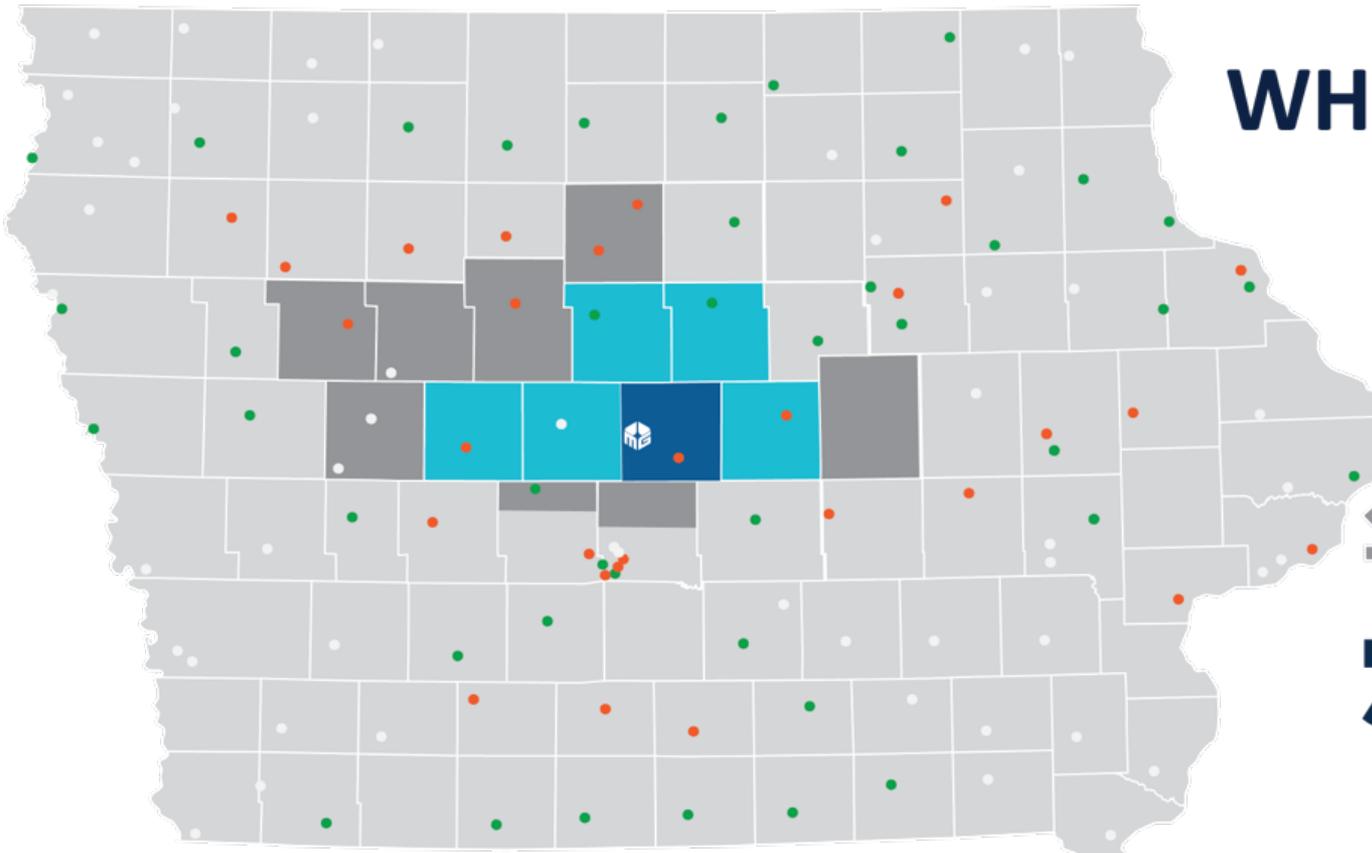
EMERGENCY ROOM VISITS PER YEAR

MUNICIPAL HOSPITAL, GOVERNED BY **5**-MEMBER BOARD OF TRUSTEES



Mary Greeley
MEDICAL CENTER

WHO WE SERVE



1 PRIMARY COUNTY

5 SECONDARY COUNTIES

14 COUNTY SERVICE AREA

389,000

TOTAL POPULATION SERVED

● Competitor 1
● Competitor 2



1,393
births

2023

174
NICU

26.5%
c/s rate

31
VBAC

3
Transfer in

12
twins

7
stillbirths

28
Transfer out

23 LDRP/NICU Suites

2 Twins

3 Triage

2 ORs

2 Lactation

4 NICU

8 Peds

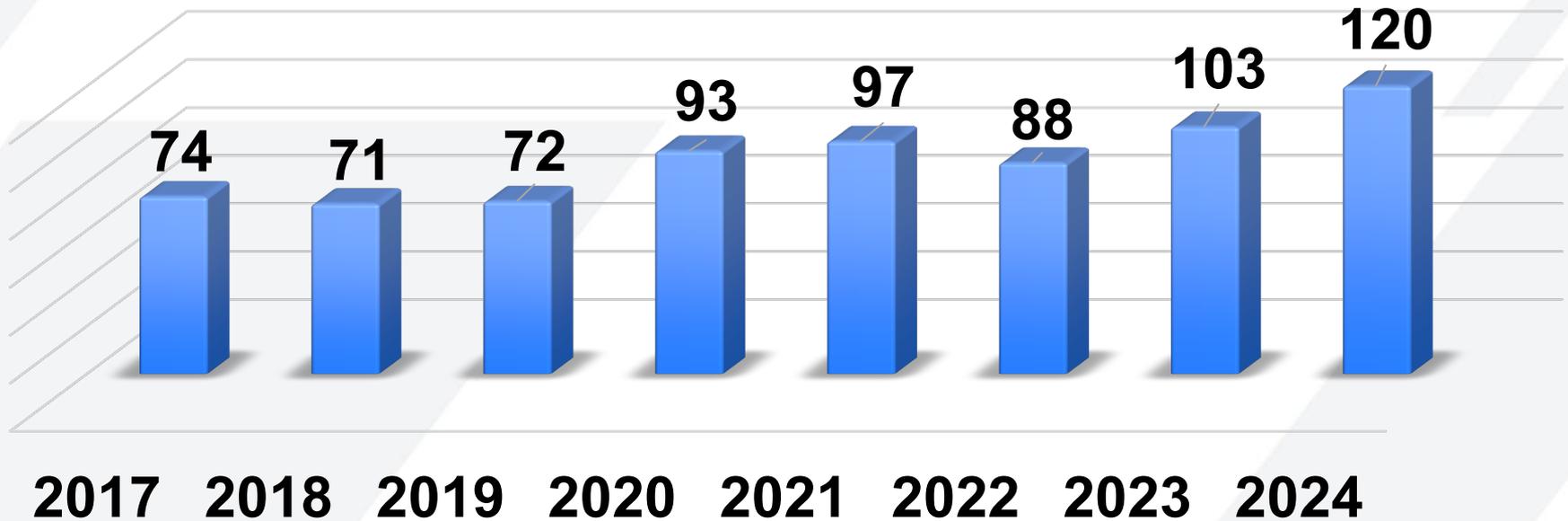


Mary Greeley
MEDICAL CENTER 8

Midwifery program's 5th birthday

Oh, how we've grown!

Birth numbers per year



Midwifery program's 5th birthday

Oh, how we've grown!

Before 2019

- 4 FMOB (Continuity)
- 3 male + 1 female



4/2019

- Midwifery practice starts
- 1 CNM (Continuity)
- FMOB b/u
- 1st FMOB stops OB

10/2021

- 2nd CNM (Shared)
- 2nd FMOB stops OB
- Continues b/u for CNM Team



8/2023

- (+) 1 female FMOB
- Continuity & B/u call

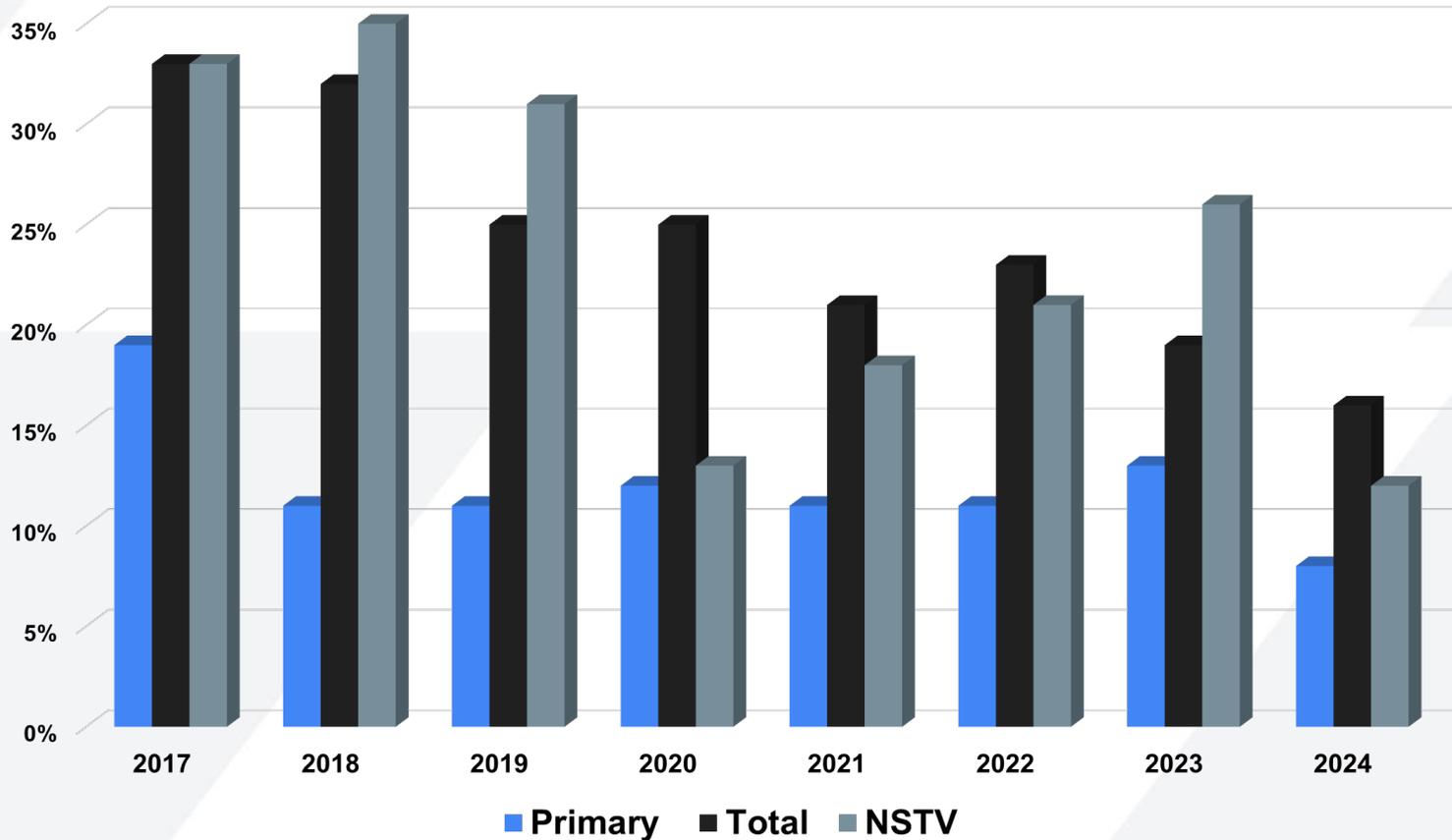


7/2024

- (+) 1 female FMOB to CNM Team
- Shared



Cesarean Rates



Oh, how we've grown!

Contributing Factors...

- ❖ Word of Mouth!
- ❖ Your Birth Your Way



Oh, how we've grown!

Contributing Factors...

Patient Experiences

- ❖ Allowing or Encouraging Eating/Drinking
- ❖ Welcoming Environment
- ❖ Increased Bedside Support
- ❖ Cash Pay Option
- ❖ Telehealth

Midwife = Less Intervention

- ❖ Initiate Intermittent Auscultation
- ❖ PROM Expectant Mngt
- ❖ Not Requiring Saline Lock/IV Unless Indicated

Choices

- ❖ Shared Decision Making
- ❖ Spaced Visits (Quality > Quantity)
- ❖ Pain Mngt
- ❖ Outpatient Cook's Catheter

Teamwork

- ❖ Welcome Doulas
- ❖ Partner With Local Birth workers
- ❖ Nursing Staff Learning/Comfort to Ask ?s

Oh, how we've grown!

Unique Factors.

Services

- ❖ PT (Craniosacral Therapy)
- ❖ PT Pelvic Floor
- ❖ Lactation Services
- ❖ Education Classes
- ❖ Breastfeeding Medicine
- ❖ Comprehensive Care
- ❖ LMHC

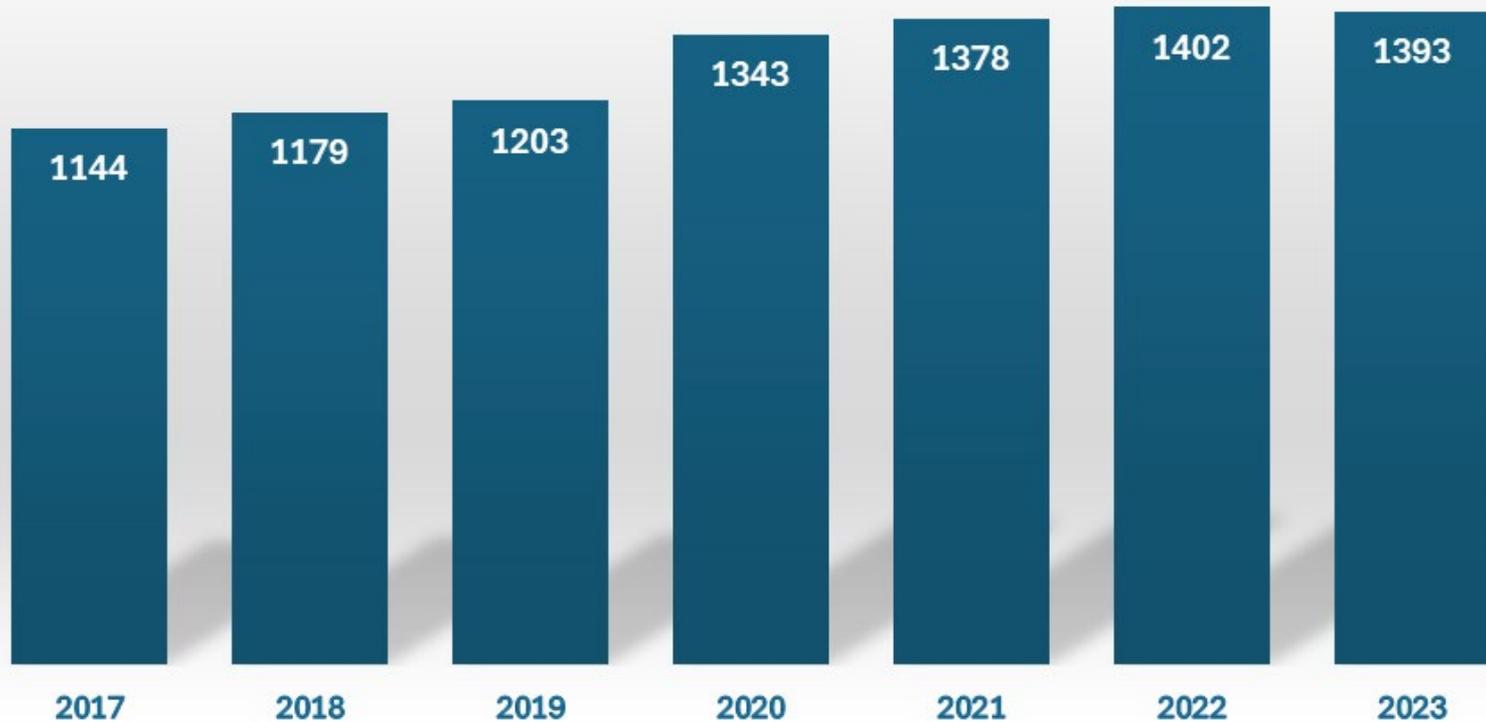


Provider Autonomy

- ❖ In practice
- ❖ In care style

Growing the Numbers

Deliveries by Year



Growing the Numbers

Mary Greeley Medical Center Obstetric Deliveries 2018 - 2023

| City | Mary Greeley Discharge | | | | | | Percent of Discharge | | | | | |
|------|------------------------|---------|---------|---------|---------|---------|----------------------|---------|---------|---------|---------|---------|
| | 2018 CY | 2019 CY | 2020 CY | 2021 CY | 2022 CY | 2023 CY | 2018 CY | 2019 CY | 2020 CY | 2021 CY | 2022 CY | 2023 CY |
| Ames | 454 | 377 | 400 | 405 | 408 | 397 | 39.3% | 33.5% | 30.5% | 29.9% | 29.8% | 28.9% |

| City | Mary Greeley Discharge | | | | | | Percent of Discharge | | | | | |
|--------------|------------------------|---------|---------|---------|---------|---------|----------------------|---------|---------|---------|---------|---------|
| | 2018 CY | 2019 CY | 2020 CY | 2021 CY | 2022 CY | 2023 CY | 2018 CY | 2019 CY | 2020 CY | 2021 CY | 2022 CY | 2023 CY |
| Ames | 454 | 377 | 400 | 405 | 408 | 397 | 39.3% | 33.5% | 30.5% | 29.9% | 29.8% | 28.9% |
| Marshalltown | 68 | 123 | 254 | 243 | 257 | 270 | 5.9% | 10.9% | 19.4% | 17.9% | 18.8% | 19.6% |

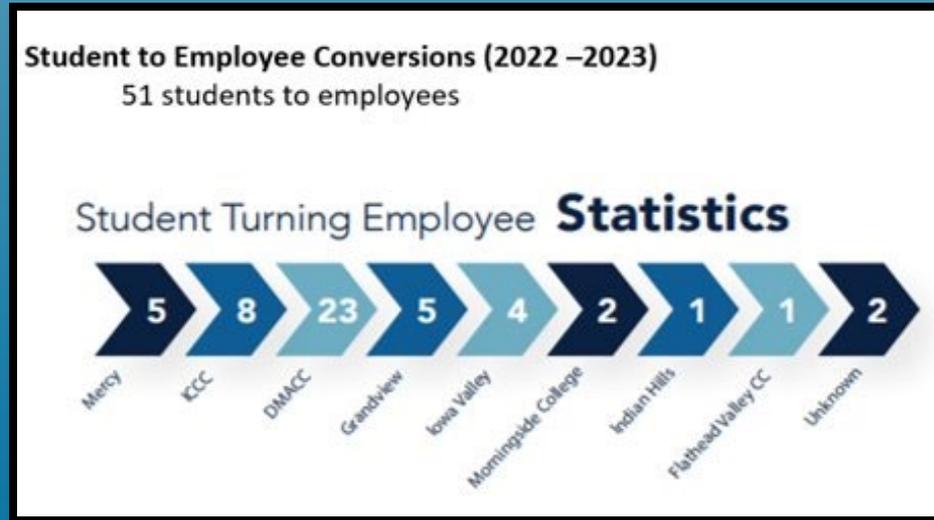
| | | | | | | | | | | | | |
|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Ogden | 12 | 15 | 12 | 18 | 20 | 19 | 1.0% | 1.2% | 0.9% | 1.3% | 1.9% | 1.4% |
| State Center | 18 | 11 | 16 | 16 | 22 | 18 | 1.6% | 1.0% | 1.2% | 1.2% | 1.6% | 1.3% |
| Jefferson | 19 | 13 | 12 | 17 | 19 | 18 | 1.6% | 1.2% | 0.9% | 1.3% | 1.4% | 1.3% |
| Roland | 21 | 24 | 16 | 16 | 11 | 16 | 1.8% | 2.1% | 1.2% | 1.2% | 0.8% | 1.2% |
| Gilbert | 15 | 12 | 21 | 10 | 16 | 15 | 1.3% | 1.1% | 1.6% | 0.7% | 1.2% | 1.1% |
| Stratford | 8 | 8 | 11 | 11 | 10 | 15 | 0.7% | 0.7% | 0.8% | 0.8% | 0.7% | 1.1% |
| Slater | 11 | 5 | 8 | 9 | 8 | 13 | 1.0% | 0.4% | 0.6% | 0.7% | 0.6% | 0.9% |
| Jewell | 17 | 11 | 12 | 9 | 9 | 12 | 1.5% | 1.0% | 0.9% | 0.7% | 0.7% | 0.9% |
| Hubbard | 8 | 10 | 8 | 6 | 7 | 12 | 0.7% | 0.9% | 0.6% | 0.4% | 0.5% | 0.9% |
| Madrid | 14 | 10 | 5 | 12 | 8 | 11 | 1.2% | 0.9% | 0.4% | 0.9% | 0.6% | 0.8% |
| All Others | 155 | 182 | 187 | 207 | 219 | 206 | 13.4% | 16.1% | 14.3% | 15.3% | 16.0% | 15.0% |
| Grand Total | 1156 | 1127 | 1310 | 1354 | 1370 | 1375 | 100% | 100% | 100% | 100% | 100% | 100% |



Growing the Nursing Workforce

School Partnership Programs

- Clinical Instructors
 - Mercy College (5)
 - Iowa Central Community College (7)



Total number of students from both schools: 181 (324 since program start)

30 total school partners

Top Schools across all student types:

- DMACC – 519 students
- Iowa Central CC – 148 students
- Mercy College of Health Sciences – 150 students
- Iowa Valley CC (Ellsworth/MCC) – 95 students



Growing the Nursing Workforce



WORKFORCE GROWTH & DEVELOPMENT

STUDENT SUCCESS
(INTERNSHIPS & CLINICAL INSTRUCTORS)

EMERGENCY FUND

SCHOLARSHIPS

ENGAGEMENT & RESILIENCE

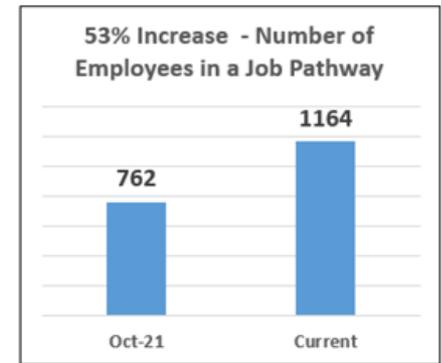
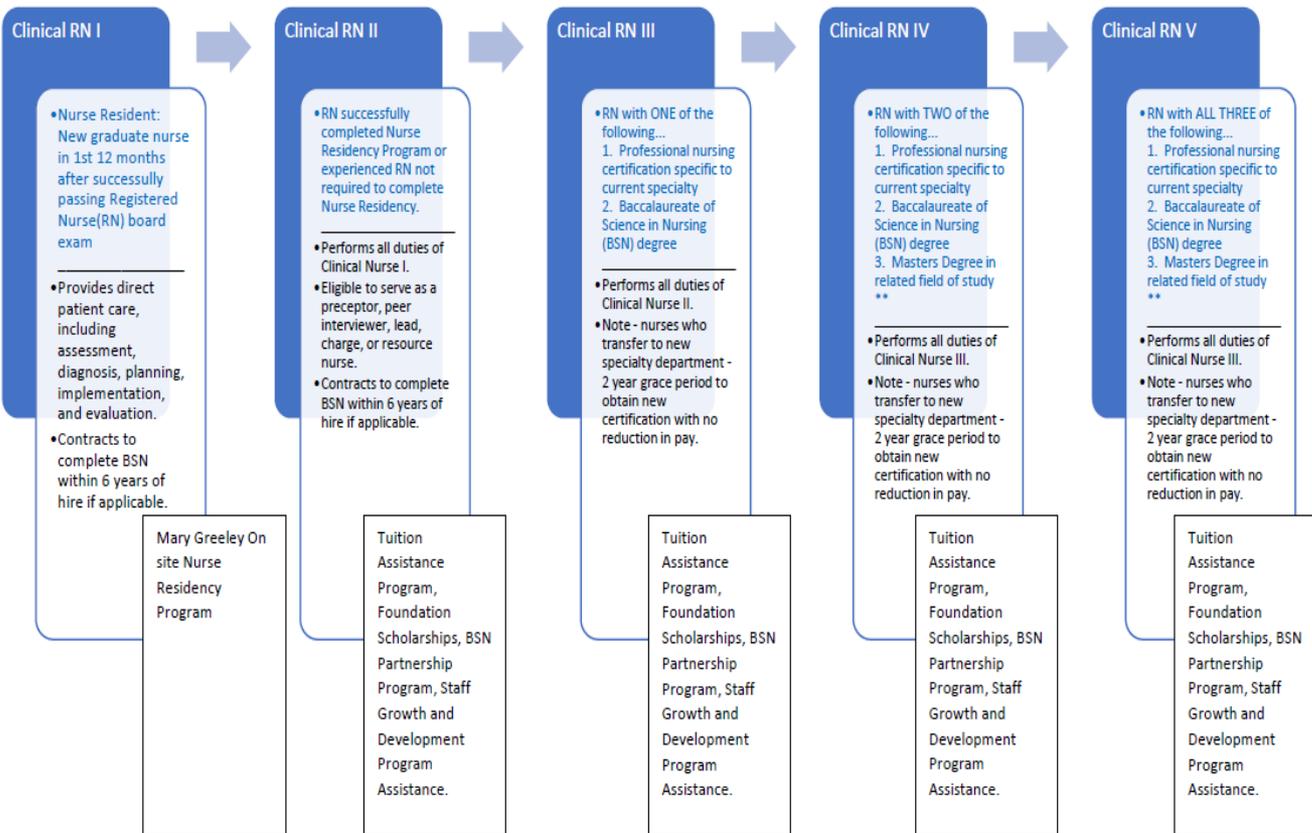
STAFF EDUCATION (GRAND ROUNDS,
TUITION ASSISTANCE, GROUP EDUCATION)

STAFF RECRUITMENT



Career Pathways

CAREER PATHWAYS @ MGMC CLINICAL NURSE



Growing the Nursing Workforce

Workforce Growth & Development **ACTIVITY BREAKDOWN**

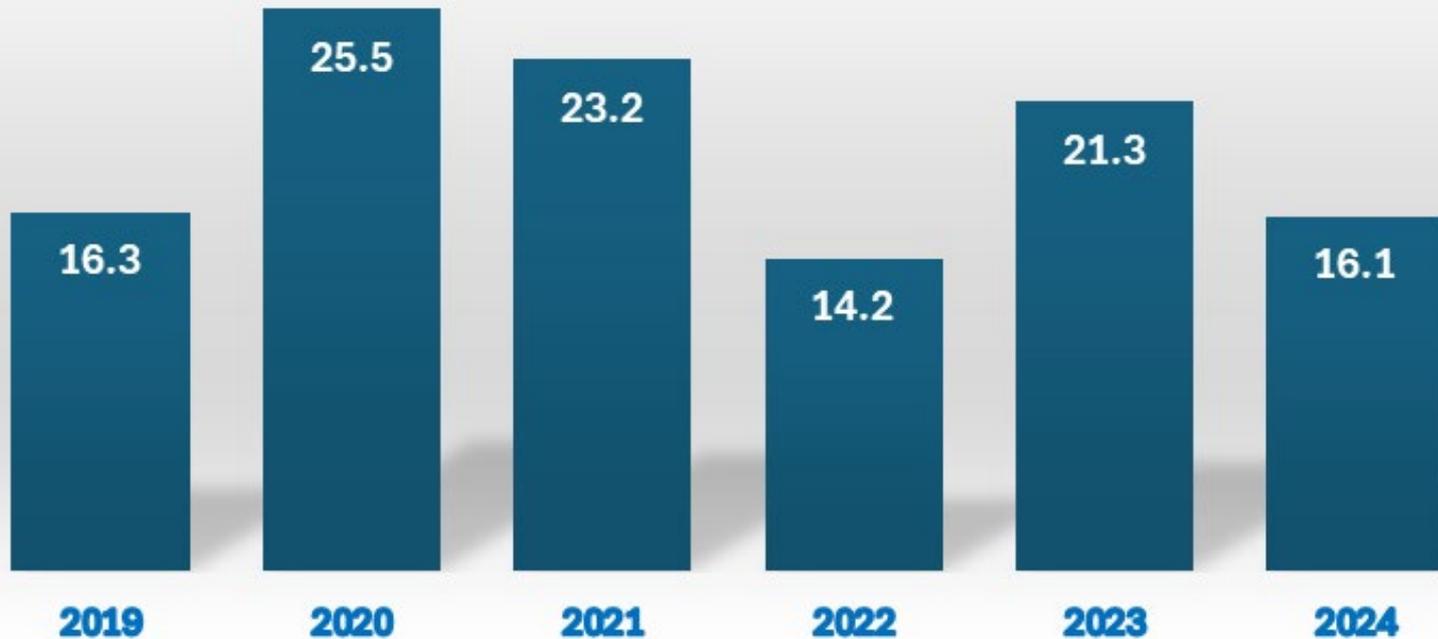


Big Dot Goal Alignment



Growing the Numbers

Percent of Turnover by Fiscal Year



Growing the Numbers

- New Unit – New Model of Care
- Night Resource Nurse
- OR Coordinator
- Preceptor Champions
- Primary Lead RNs



Growing Pains!

Challenges. Lacking. Managing.

Staffing

- ❖ Nursing Experience/Training
- ❖ Nursing Shortage!
- ❖ Nursing Backup/Travelers
- ❖ Medical/Maternity Leave
- ❖ Recruiting Providers/Access
- ❖ CS = 1 General Surgeon
- ❖ CNO w/o OB Experience

Resources

- ❖ Private Ambulance Service
- ❖ US NOT 24/7
- ❖ NO D&C
- ❖ OB/GYN/MFM
- ❖ Space Constraints
- ❖ BURNOUT

Culture Change

- ❖ Resistance to Change
- ❖ Outdated Thinking

Finances

- ❖ Poor Reimbursement for OB Care
- ❖ Reimbursement CNM ≠ FMOB

~~Growing Pains!~~ Growing Forward

What have we done? Utilized?

ALSO Training Nursing/Providers

Nursing Simulation Labs
OB Primary Nursing Staff
Posts/Bonuses
Iowa Aim Initiatives
Team Drills
Spinning Babies Training

- ❖ Recruiting Providers/Access
- ❖ CNO w/o OB Experience

Recruiting/Training Residents

Culture Change

Policy & Procedure Overhaul/Update
Increased Acuity of Patient Care
High Risk Lists

Resources

- ❖ Private Ambulance Service
- ❖ US NOT 24/7
- ❖ NO D&C
- ❖ OB/GYN/MFM
- ❖ Space Constraints
- ❖ BURNOUT/Call



New Hospital Clinic Expansion

CNM
(Vacuum/Jada)

Finances

- ❖ Poor Reimbursement for OB Care
- ❖ Reimbursement CNM ≠ FMOB

~~Growing Pains!~~ Growing Forward

Partnering with Urban Institutions

Partnership with Mary Greeley
Iowa Airm Institutions

- ❖ Nursing Experience/Training
- ❖ Nursing Shortage!
- ❖ Nursing Backup/Travelers
- ❖ Medical/Maternity Leave
- ❖ Recruiting Providers/Access
- ❖ CS = 1 General Surgeon
- ❖ CNO w/o OB Experience

Resources

- ❖ Private Ambulance Service
- ❖ US NOT 24/7
- ❖ NO D&C
- ❖ OB/GYN/MFM
- ❖ Space Constraints
- ❖ BURNOUT/Call

UIHC for Training

Utilizing MFMs
Shared Care

Culture Change

- ❖ Resistance to Change
- ❖ Outdated Thinking

Finances

- ❖ Poor Reimbursement for OB Care
- ❖ Reimbursement CNM ≠ FMOB

MGMC Strategic Partnerships



BURGESS
Health Center



UnityPoint Health
Marshalltown



University of Iowa Health Care



BOONE COUNTY
HOSPITAL

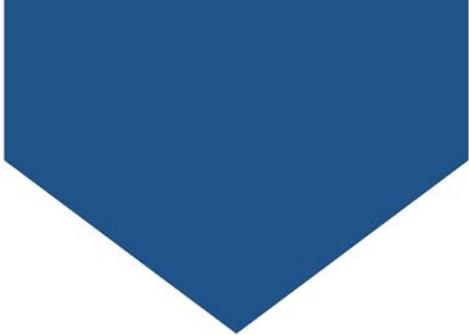


fc
mc

FLOYD COUNTY
MEDICAL CENTER



Mary Greeley
MEDICAL CENTER



Let's Discuss!

You are working at a Rural Iowa Hospital.

Your OB unit has ~120 deliveries a year. You are struggling to keep OB nurses in the unit, they have all gone to surgery! You are struggling to even get applications and have even offered sign on bonuses. You are staffing substantially with travelers, which costs a lot of money... The OB nurses want 2 nurses on at all time, and they don't really like the idea of a rotating call schedule for back up 3rd nurse....

What do you do?



FLOYD COUNTY
MEDICAL CENTER

Delivering exceptional, personalized health care with compassion

Let's Discuss

You work in a regional hospital delivering around 1400 babies per year. You have facilities around you closing and those that are staying open, are reaching out to help keep staff competent. Other than those discussed today, how else can you help keep those OB units around you open?

What do you do?



Let's Discuss!



You are working at a Rural Iowa Hospital.

Your clinic serves the town (10K) and many surrounding communities. Your OB numbers are growing, but your older physicians are transitioning out to provide backup to the CNMs and there are no FMOBs knocking at your door. When your GS is out you must pay both a GS and OBGYN for CS coverage... its spendy. Despite competitive pay, its hard work and burnout is a concern. To top it off, no one at your place can do D&Cs.

What do you do?



FLOYD COUNTY
MEDICAL CENTER

Delivering exceptional, personalized health care with compassion

Questions?

Advancing Rural and Maternal Health in Iowa

Juliann Van Liew

Director of Wellness & Preventive Health

November 6, 2024



Agenda

- ▶ What it takes
- ▶ Building a shared understanding
- ▶ Creating an aligned set of strategies
- ▶ Committing to sustained collaboration

What will it take?



**A shared
understanding of
where we are and
what we need**



**An aligned set of
strategies to meet
those needs**



**Dedicated
commitment
across sectors**

Building a Shared Understanding



Health and
Human Services

What is the data telling us?

Women are entering pregnancy less healthy.

Location and quality of care matters

Women-specific cancers are on the rise.

Changes in access to reproductive healthcare access are affecting health outcomes.

Pregnant and Postpartum moms need mental health and substance use support.

Maternal Mortality Review Committee Report

- ▶ Preconception health matters
- ▶ Timely access to quality care is critical
- ▶ Deaths most often result from a mix of factors that include upstream social drivers and missed opportunities in care

****Report to be released later this month****

What are Iowans telling us?

Iowa's Statewide Maternal Child Health Assessment

- ▶ Residents survey:
4,500 responses
- ▶ **Stakeholder survey**
– We need to hear
from you!



Aligning strategy

HHS Women's Health Strategic Plan



Comprehensive but with a focus:

1. **Women's cancer**
2. **Chronic disease**
3. **Maternal and reproductive health**
4. Behavioral Health
5. Violence prevention
6. Aging for women

HHS Obesity Prevention Plan

- ▶ Currently conducting an ecological and needs assessment
 - Including particular needs/barriers in rural spaces
- ▶ Working to build a set of strategies that include primary, secondary, and tertiary prevention
- ▶ Will be inclusive of chronic disease efforts
 - Offers opportunities to focus on subpopulations, like maternal health and rural health

Maternal Behavioral Health

- ▶ Providing training for supporting maternal behavioral health provision
 - Partnered with IA chapter of Postpartum Support International
- ▶ Working with communities to improve provider screening and community connection practices
- ▶ Exploring the development of a perinatal psychiatric access line
 - Partnering with maternal health coalition
 - Focused on rural health access
- ▶ Listening visits for Health Pregnancy Program clients

Committing to Collaboration

HHS Women's Health Strategic Plan

Community and Partner Engagement

▶ January – March 2025

HHS Obesity Prevention Plan

Community and Partner Engagement

▶ Spring / summer 2025

Maternal Child Health Needs Assessment

- ▶ Results coming spring, 2025
- ▶ Will inform maternal child health planning mid-2025 and into 2026
 - Prioritization
 - Resource allocation
 - Partnership



How do you want to participate?

Please take this one question survey so we can connect you to the right spaces:

<https://www.surveymonkey.com/r/HHSmaternalhealth>





Questions

Juliann Van Liew
Wellness & Preventive Health Director
Juliann.vanliew@hhs.iowa.gov



Health and
Human Services

IOWA

Enhancing Rural Healthcare in Iowa: Data-Driven Insights

Donna Santillan, PhD

Professor

Department of Obstetrics and Gynecology

Division of Reproductive Health Sciences Research

Mark Santillan MD, PhD

Professor

Department of Obstetrics and Gynecology

Division of Maternal Fetal Medicine

Maternal Health Symposium

November 6, 2024

Putting perinatal diseases in context

Audience Participation:

How many of you have been through a pregnancy?

Every living person has been through a pregnancy. Perinatal disorders are not “just” a women’s health issue!

Women's Health is Understudied

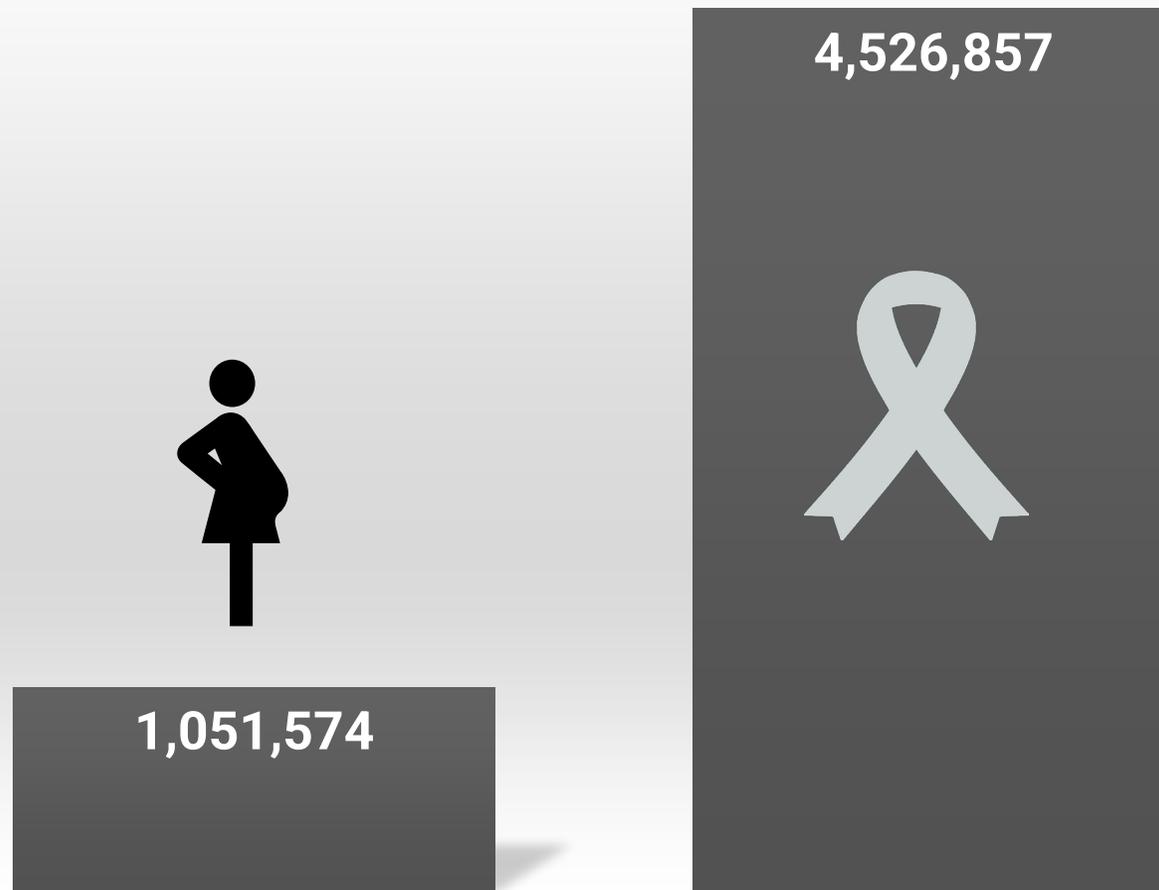
1993: NIH Revitalizations Act required the inclusion of women

2014: NIH began requiring applications to address the sex of cells and animals

2018: Revised Common Rule removes “vulnerable” designation from pregnant population

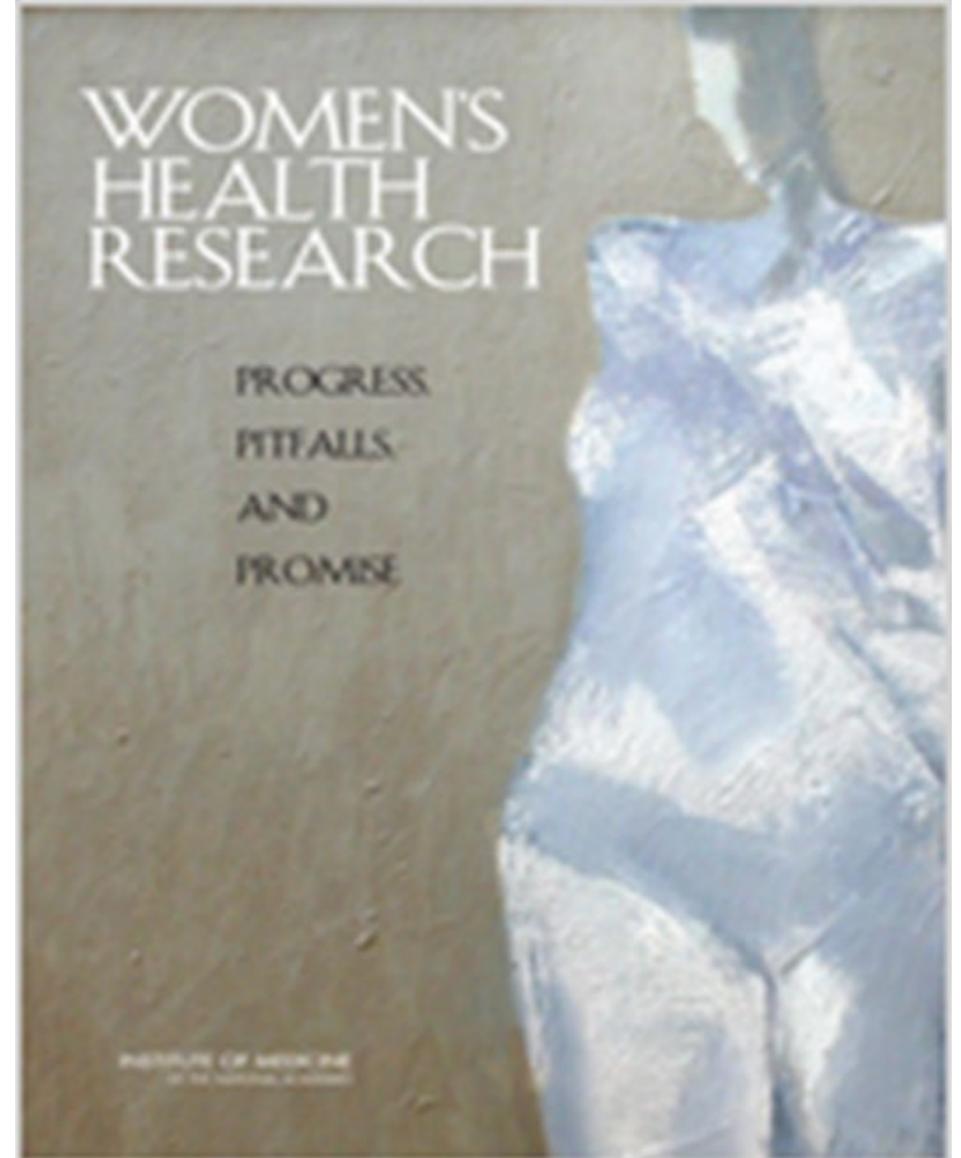
Pregnancy is Understudied

Manuscripts

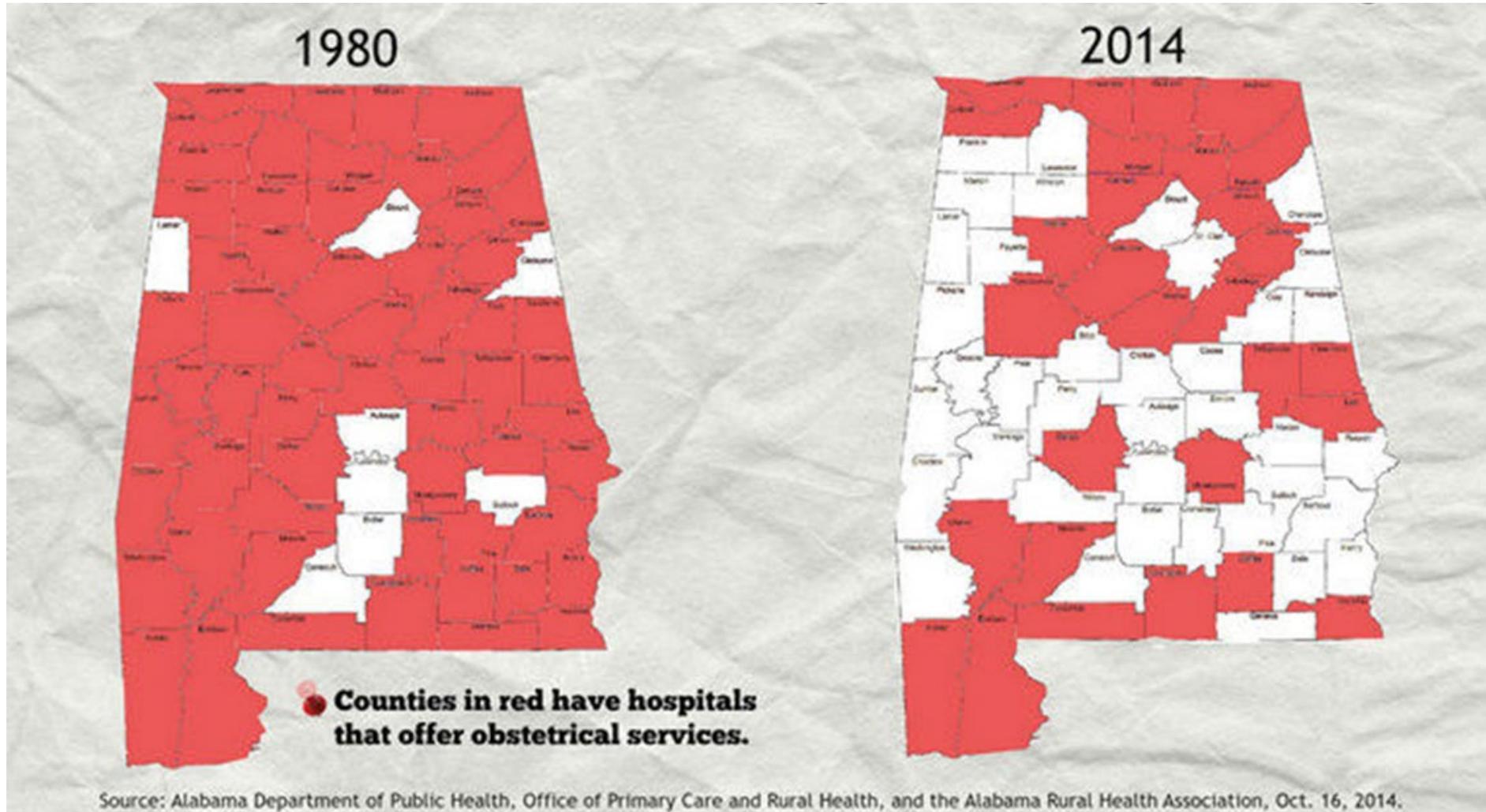


Barriers to Progress

- Inadequate attention to SDOH
- Lack of attention to environmental factors
- Inadequate enforcement of including women in studies
- Lack of accounting for sex & gender differences
- Poor communication of results



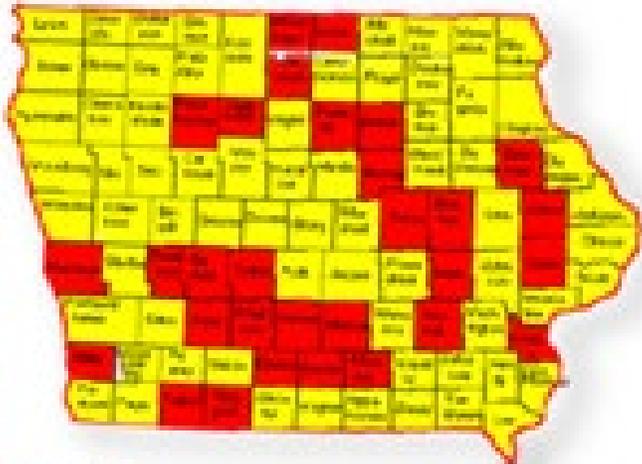
There is a healthcare crisis in pregnancy.



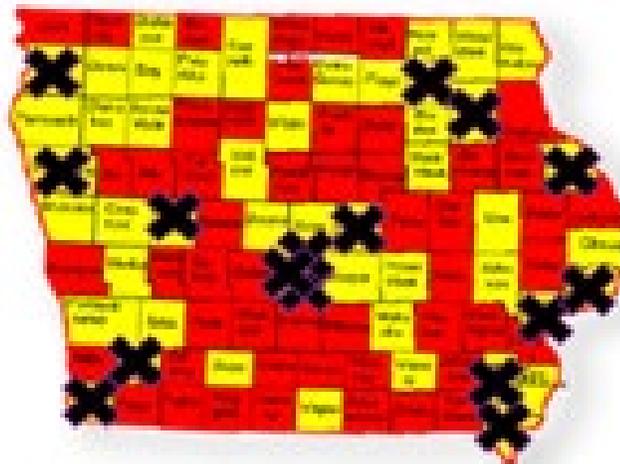
Access to Care is Limited

585,645
Women of
Reproductive
Age

2000

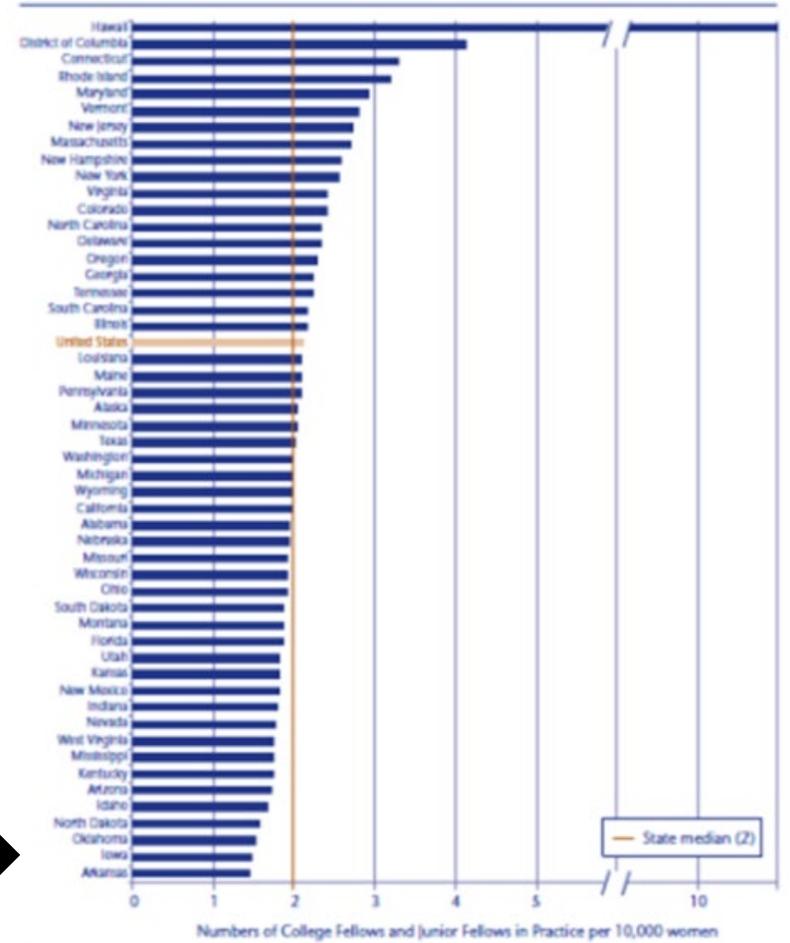


2019



- Counties with Labor & Delivery services
- Counties without Labor & Delivery services
- X L&D Closures since 2019

Iowa →

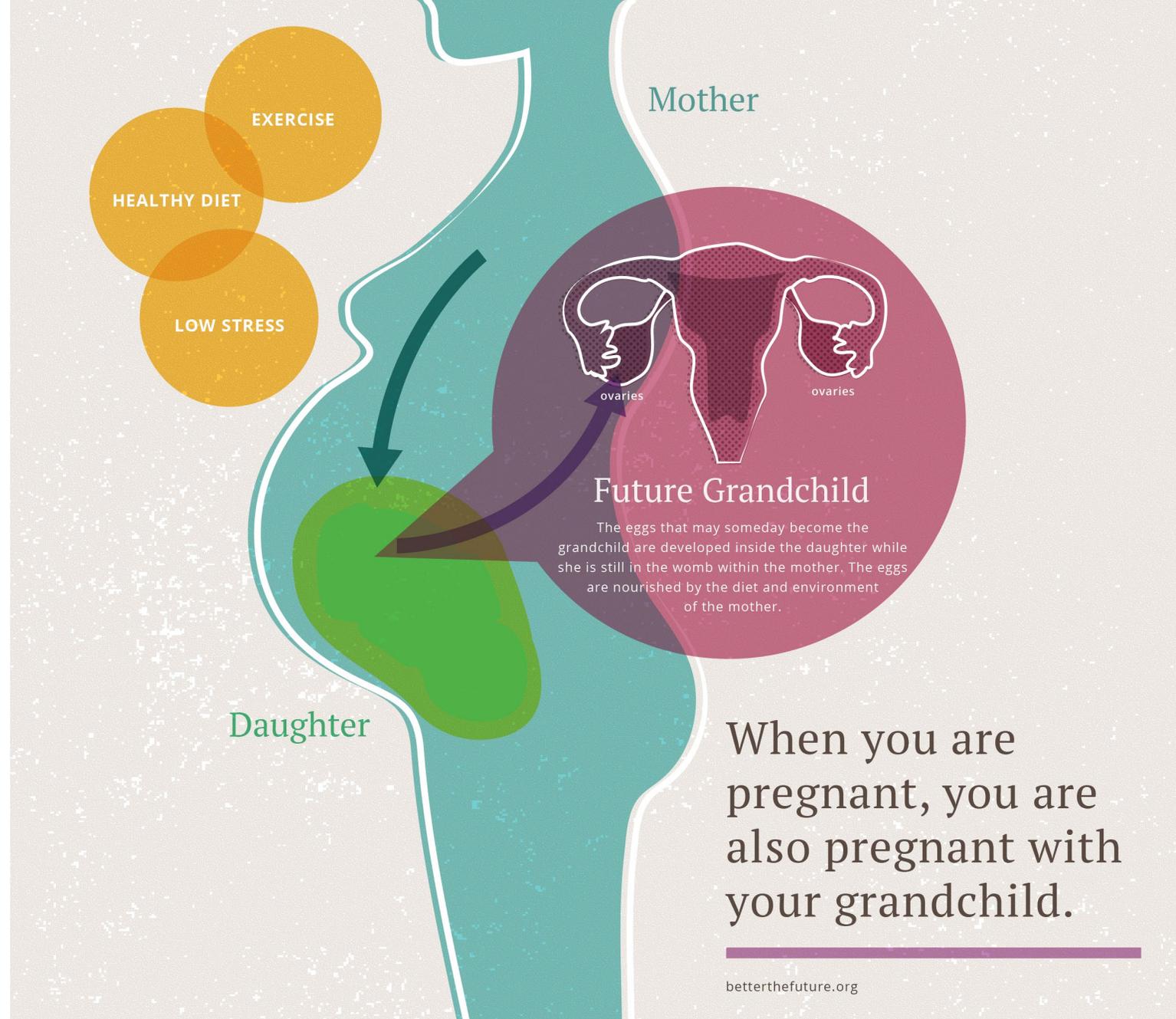


IOWA

Perinatal Origins of Disease

- Obesity
- Type II Diabetes
- Cardiovascular Disease
- Endocrine Cancers
- Osteoporosis
- Frailty in Elderly
- Mental Health
- Cognitive Function
- Respiratory Disease
- Immune Function
- Allergy

IOWA



Perinatal Lifespan Research: Biobanking



Clinical data
& maternal blood



Cord blood



Amniotic
Fluid



Placenta



Urine

- IRB-approved biorepository
- Approach almost every mother receiving care at UIHC
- Significant annotations from the medical record
 - Mom as long as patient at UIHC
 - Child thru age 18
- Make data and samples available to a wide range of researchers at UIHC and worldwide
- IRB Approved data governance sharing processes
- Temptrak and LabMatrix-LIMS
- **90% recruitment**
- **> 14,000 birthing parents and offspring**

Perinatal Lifespan Research: Biobanking

- **Consent UIHC patients to participate**
- **Collect “extras” alongside clinically-indicated samples**
- **Code biological samples to protect patient privacy**
- **After approvals are received, researchers can obtain samples and needed coded clinical data.**
- **Opportunity to join registry for future studies**
- **Participant, Sample, Consent information stored in UIBioshare**
- **Collaborate with Tissue Procurement Center**
- **Samples processed using SOPs and stored in temp monitored freezers and tanks**

Perinatal
Family Tissue
Bank

Reproductive
Endocrinology
& Infertility
Tissue and
Data Bank

Well Woman
Bank

Gynecologic
Malignancies

Samples Collected

Maternal/
Paternal
Blood

Maternal
Urine

Seminal
Fluid

Follicular
Fluid &
pellet

Umbilical
Cord
Blood

Placenta

Tumor &
Normal
Adj
Tissue

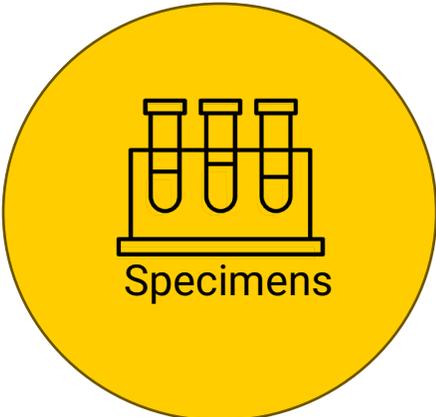
Surveys
Clinical
Data



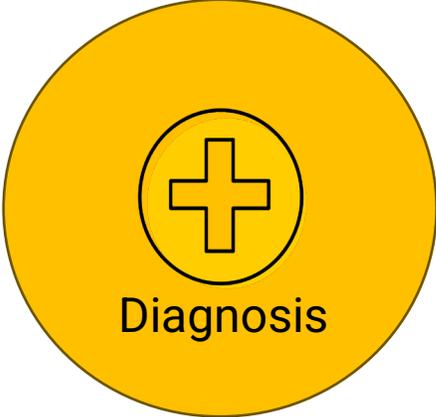
Banks are fulfilling needs in Women's Health Research



**7445 Maternal-
Child Pairs**



**122,552 aliquots
available from
18,450 samples**

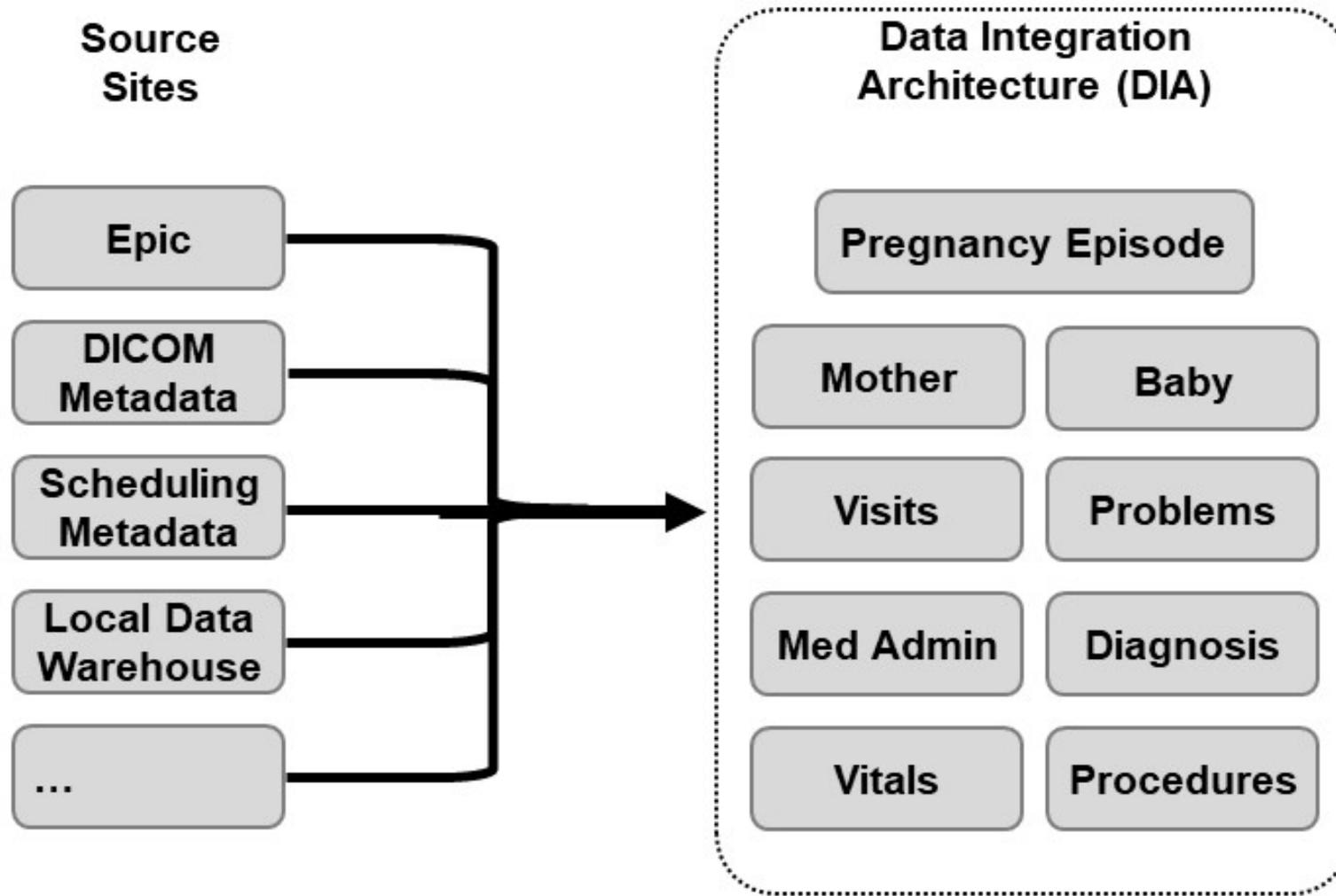


**Preeclampsia
Gestational Diabetes
Depression
Cardiomyopathy
Suicide Ideation
Preterm Birth
Environmental Exposures
Group B Strep Infection
Viral Infections
Obesity
Covid-19 effects
Severe Maternal Morbidity
Neurodevelopmental Disorders
Vaping/Smoking
Aspirin use**



**Over 150 projects
30 manuscripts
5 patents**

Perinatal Lifespan Research: Clinical Data Warehouse

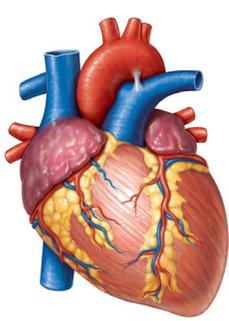


Santillan DA, Santillan MK, et al *JAMIA* 2022

Perinatal Lifespan Research: Clinical Data Warehouse

The screenshot displays the 'Datamart Viewer' interface. At the top left, the text 'Datamart Viewer' is visible, and at the top right, there is a 'Log Out' link. A sidebar on the left is titled 'SAVED QUERIES' and lists various query names, with 'Diagnosis' currently selected. The main area of the page is titled 'Datamart Viewer' and includes a welcome message: 'Welcome to Datamart Viewer for Babymart'. Below this, a grid of 27 query cards is presented, each with a title and a subtitle. The queries are organized as follows:

| Query Title | Query Subtitle |
|-------------------------------|-------------------------------|
| Baby List with All Columns | Baby List with All Columns |
| List of Mothers | List of Mothers |
| Diagnosis | List of All Diagnosis |
| Moms Diagnosis (ICD10) | Moms Diagnosis (ICD10) |
| Mom Episodes | Mom Episodes |
| Newborn Episodes | Newborn Episodes |
| Baby Diagnosis (ICD10) | Baby Diagnosis (ICD10) |
| Schema | all tables and columns |
| Mom Procedures [draft] | Mom Procedures [draft] |
| Baby Procedures [draft] | Baby Procedures [draft] |
| Mom Vitals [draft] | Mom Vitals [draft] |
| Baby Vitals [draft] | Baby Vitals [draft] |
| Mom Labs [draft] | Mom Labs [draft] |
| Baby Labs [draft] | Baby Labs [draft] |
| Moms Diagnosis (ICD10 - new) | Moms Diagnosis (ICD10 - new) |
| List of Mothers (new) | List of Mothers (new) |
| Mother Social History Episode | Mother Social History Episode |
| Mother Meds [draft] | Mother Meds [draft] |



Cardiovascular Disease

Preeclampsia

Neuroscience

Autism

Neurodevelopmental Disorders

Neuropsychiatric Disorders

Depression

Environmental Causes of Perinatal Disease

Gut microbiome and metabolism

Exercise Physiology

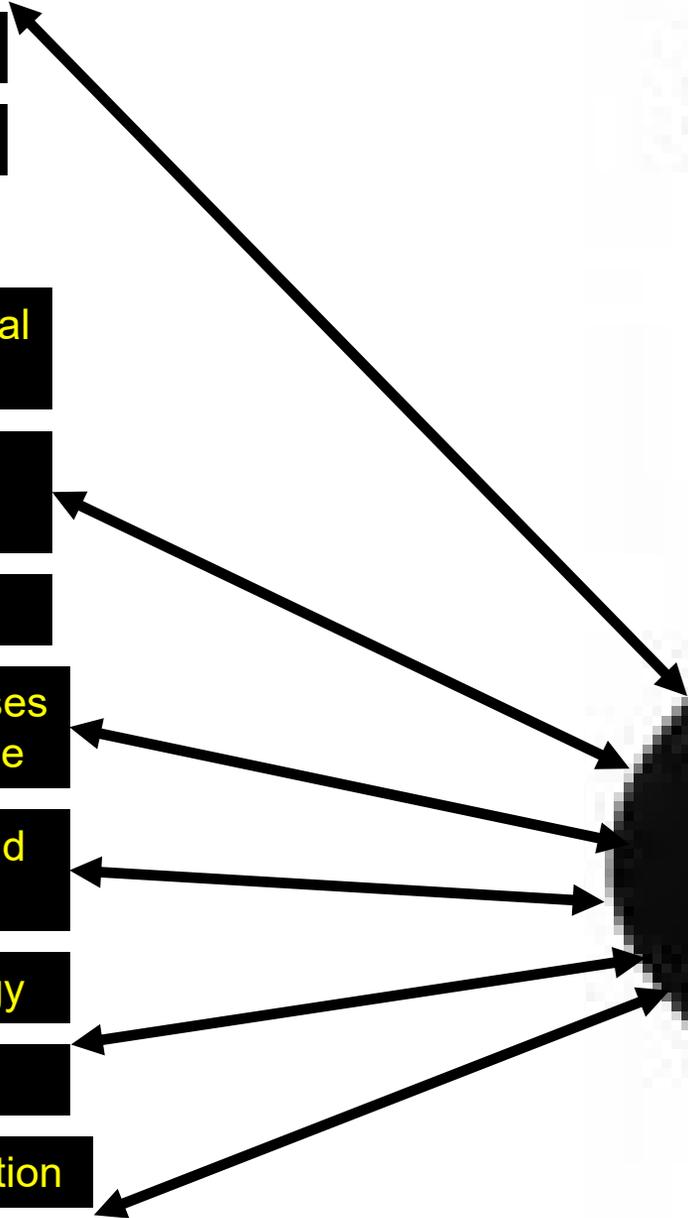
Vascular Biology

Fetal Growth Restriction

Fetal Origins of Disease

IOWA

Department of
Obstetrics and
Gynecology



Preeclampsia has short and long term effects

Headache

Blurry Vision

Hypertension

Shock

Kidney Failure

Liver Failure

Pancreatic Failure

Removal of Bowel

Lots of Rehab

87 days in the hospital





Preeclampsia: By the Numbers

- 4,000 cases/year in Iowa
- 500,000 cases/year in U.S.A.
- 100,000 maternal deaths/year
- 500,000 fetal & newborn deaths/year
- 8x higher incidence than heart attack
- 25x higher incidence than prostate cancer
- 50x higher incidence than colon cancer



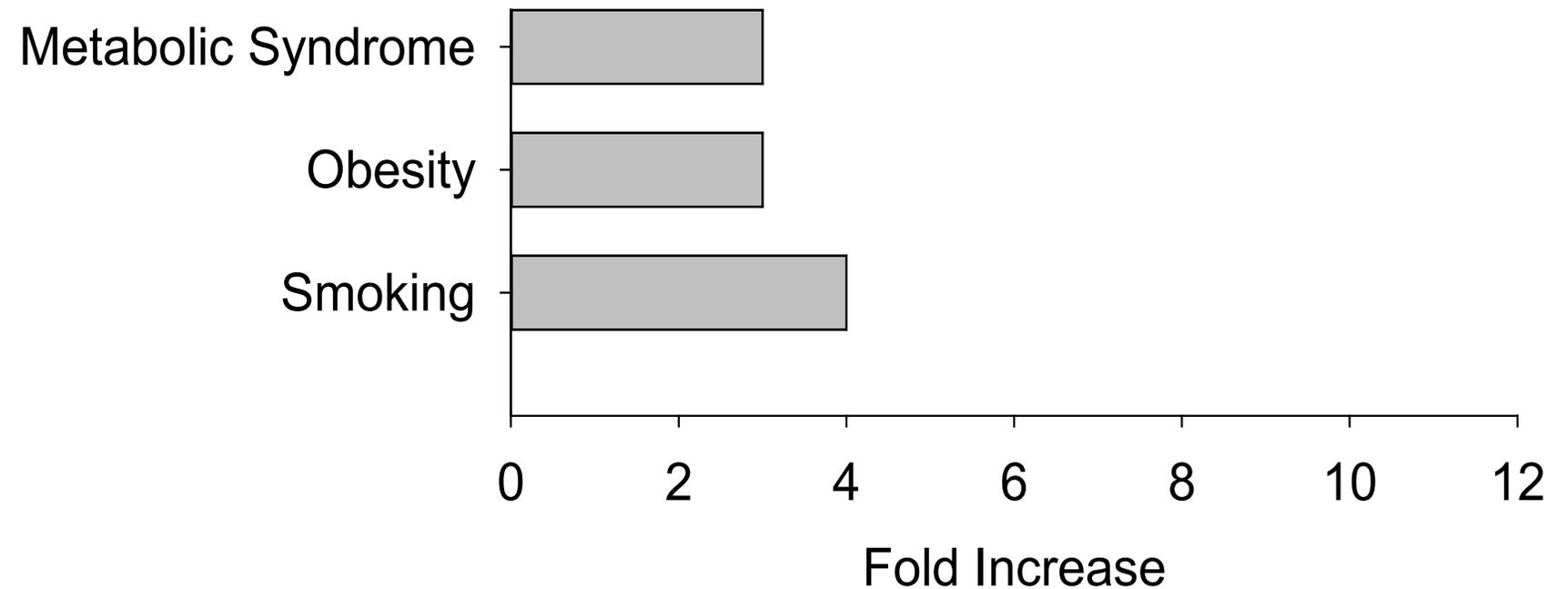
*Originally described by
Hippocrates... 2,400 years ago*

Still today:

- No Diagnostic Test
- No Animal Models
- No Treatments



Preeclampsia and Risk of Future Cardiovascular Disease



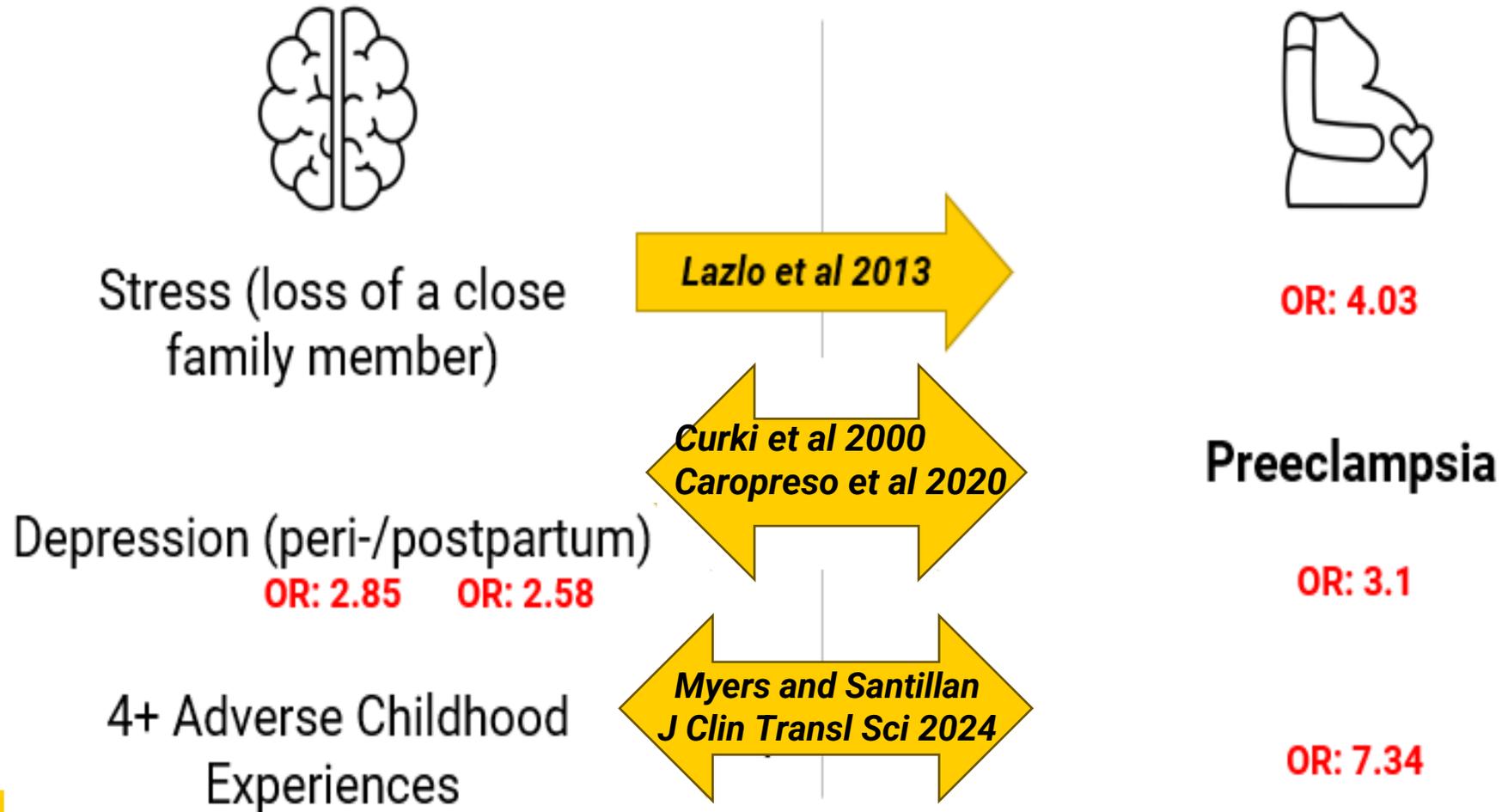
Long Term Manifestations: Fetal

Relative Risk = $\frac{\text{Probability of event in case group}}{\text{Probability of event in control group}}$



| Study | Disease | Relative Risk |
|---------------------|----------------------------|---------------|
| Kajantie et al 2009 | Stroke | 1.9 |
| Wu et al 2009 | Epilepsy | 1.2 |
| Wu et al 2009 | Nutritional / Metabolic Dz | 1.6 |
| Wu et al 2009 | Blood Diseases | 1.5 |
| Swamy et al 2008 | Fertility in Preterm Born | 0.24 |

The Intersection of Psychology and Obstetrics



Preeclampsia: Child Brain impacts

Psychopathology:

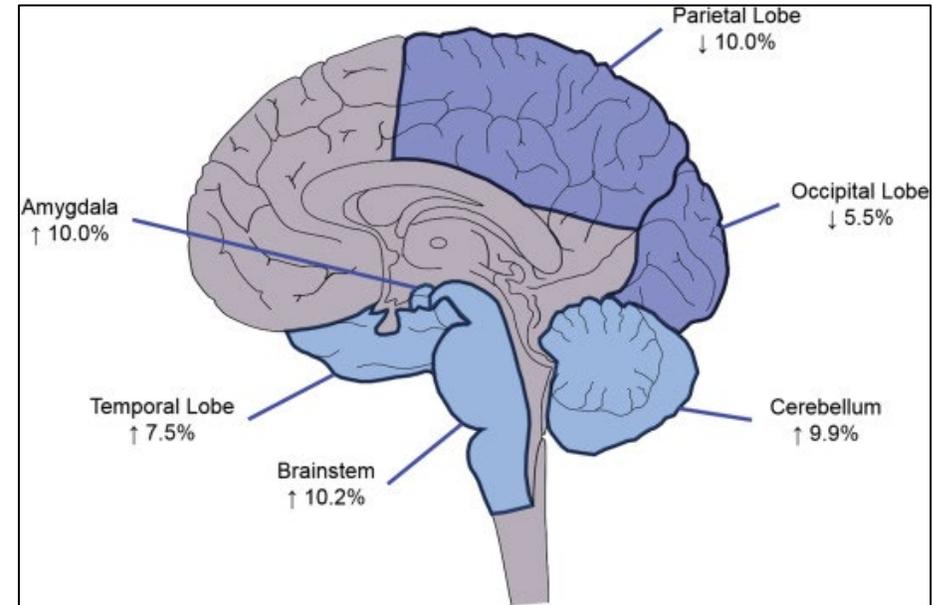
- ASD: OR=1.85
- Schizophrenia: OR= 1.69
- Mood disorder: OR=1.44
- Anxiety disorder: OR= 1.39

Aberrant Neuroanatomy:

- Altered pediatric neuroanatomy, vasculature
- Elevated cerebral stroke risk

Impaired Cognitive Development:

- Low childhood cognitive fxn: OR= 1.34
- Reduced verbal acuity, verbal IQ



Walker... Hertz-Picciotto, *JAMA peds*, 2015, Ehrenstein...Sorensen, *Am J Epi*, 2009, Gumusoglu et al., *TINS*, 2021, Tuovinen...Eriksson, *BJOG*, 2010. Mann et al., 2010, Kajantie...Barker, *Stroke*, 2009, Ratsep...Croy, *Placenta*, 2016, Whitehouse et al., 2012, Morsing & Marsal, 2014, Heikura et al., 2012, Griffith et al., 2010, Many et al., 2003

Patching the Potholes of Rural Healthcare/Research

Specialized
Study in
Specialty
Care

Lack of Harmonized Data
and Sampling

Different Care Providers

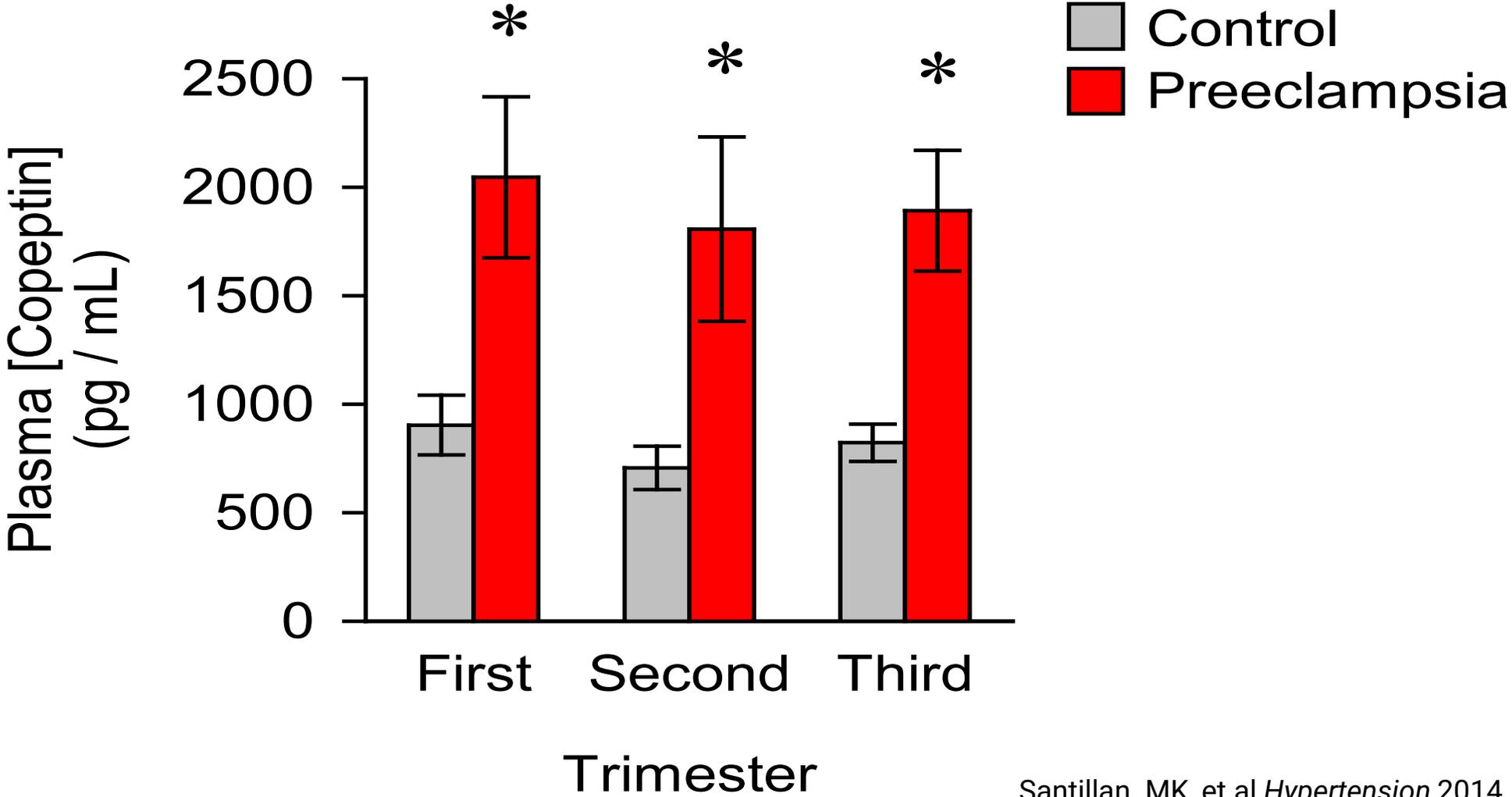
Lack of Biomarkers

Care Silos

Lack of Long Term Engagement
Structure:
Participants and Caregivers

Long Term
Engagement
in Primary
Care

Maternal plasma [Copeptin] is elevated throughout pregnancy in women who develop preeclampsia.

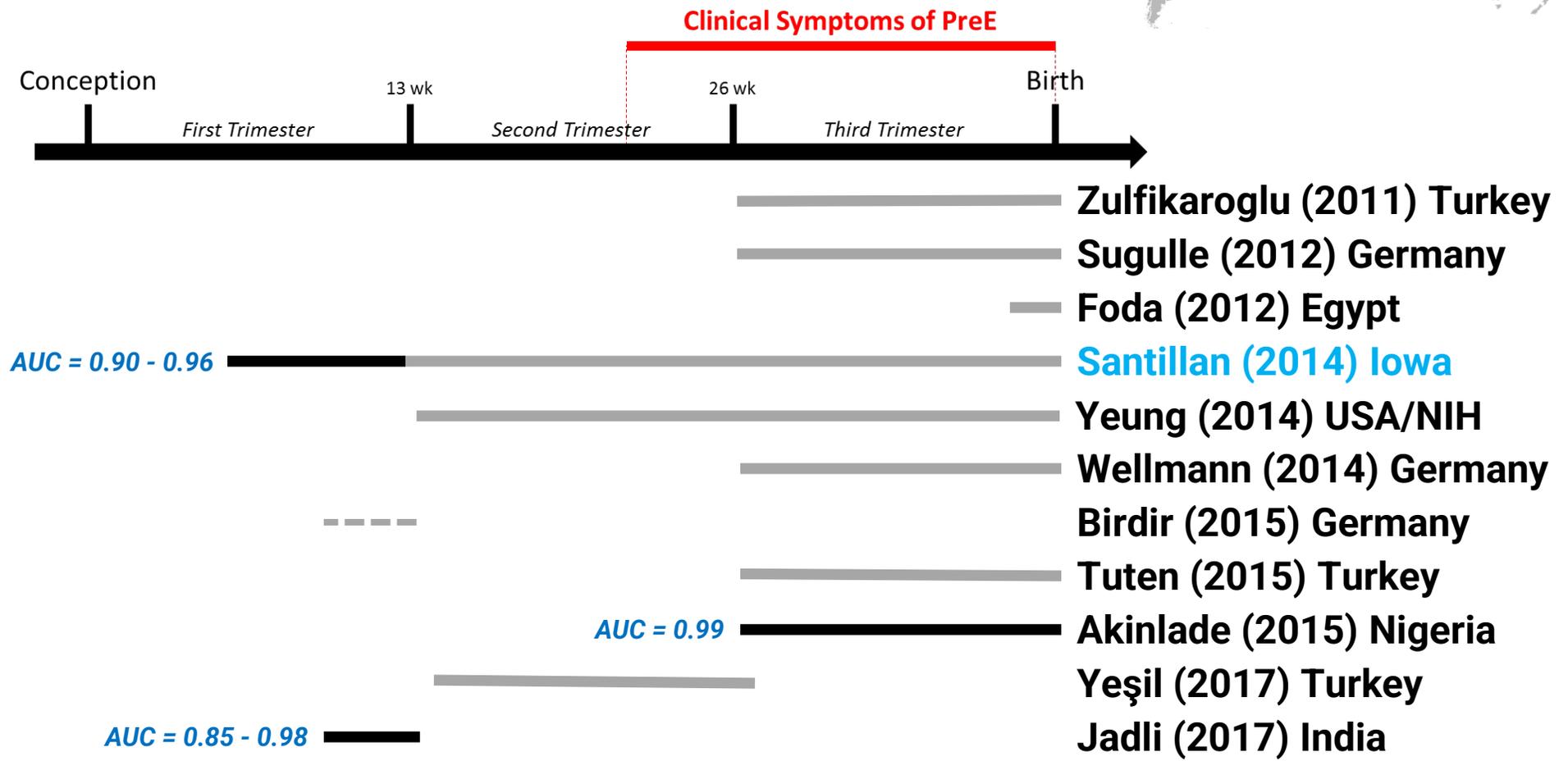


Copeptin is elevated in preeclampsia: Worldwide association

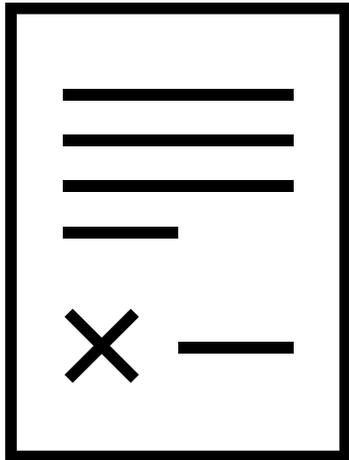


Assays utilized by various groups include:

BRAHMS / Cusabio / USCN / Phoenix / Glory Biosci / BT Bioassay / custom



Copeptin measurements, and diagnostic test development



U.S. Patent No. 15/906,844, 2018

THERAPEUTIC STRATEGIES FOR THE TREATMENT OF PREECLAMPSIA

U.S. Patent No. US20170315130A1

EARLY PREDICTION OF PREECLAMPSIA

Community, Provider, and Participant Engagement



American Heart Association®



National Center for Advancing Translational Sciences

iELEVATE



Edward-Elmhurst HEALTH



Obstetrics & Gynaecology
UNIVERSITY OF TORONTO



BWH BRIGHAM AND WOMEN'S HOSPITAL

Spencer Hospital
Care you trust. From people you know.

Wheaton Franciscan Healthcare
Partners in OB/Gyn

Wheaton Franciscan Healthcare
Covenant Midwives

MERCY CEDAR RAPIDS
OB/Gyn Associates

University of Iowa Hospitals & Clinics
Iowa Women's Health
University of Iowa Health Care

the group
Obstetrics & Gynecology Specialists, P.C.

broadlawn
MEDICAL CENTER

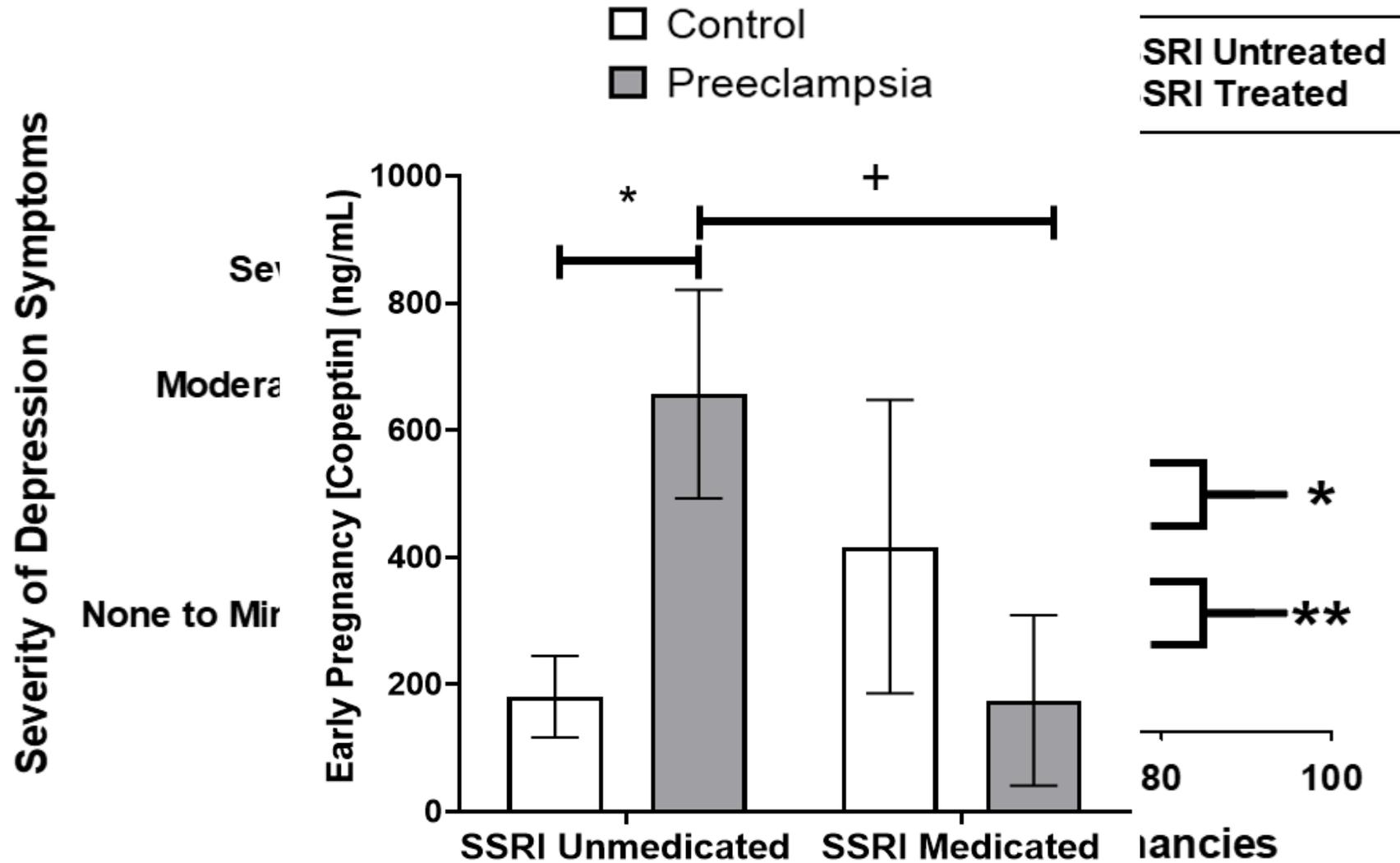
OB/Gyn Associates

Mercy Medical Center
DES MOINES
A member of Mercy Health Network

Map of Iowa with colored markers indicating provider locations.

IOWA

SSRI exposure: Lower AVP Secretion PreE Incidence



Novel Biomarkers and Technologies

Article

RNA profiles reveal signatures of future health and disease in pregnancy

<https://doi.org/10.1038/s41586-021-04249-w>

Received: 9 April 2021

Accepted: 16 November 2021

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Open access

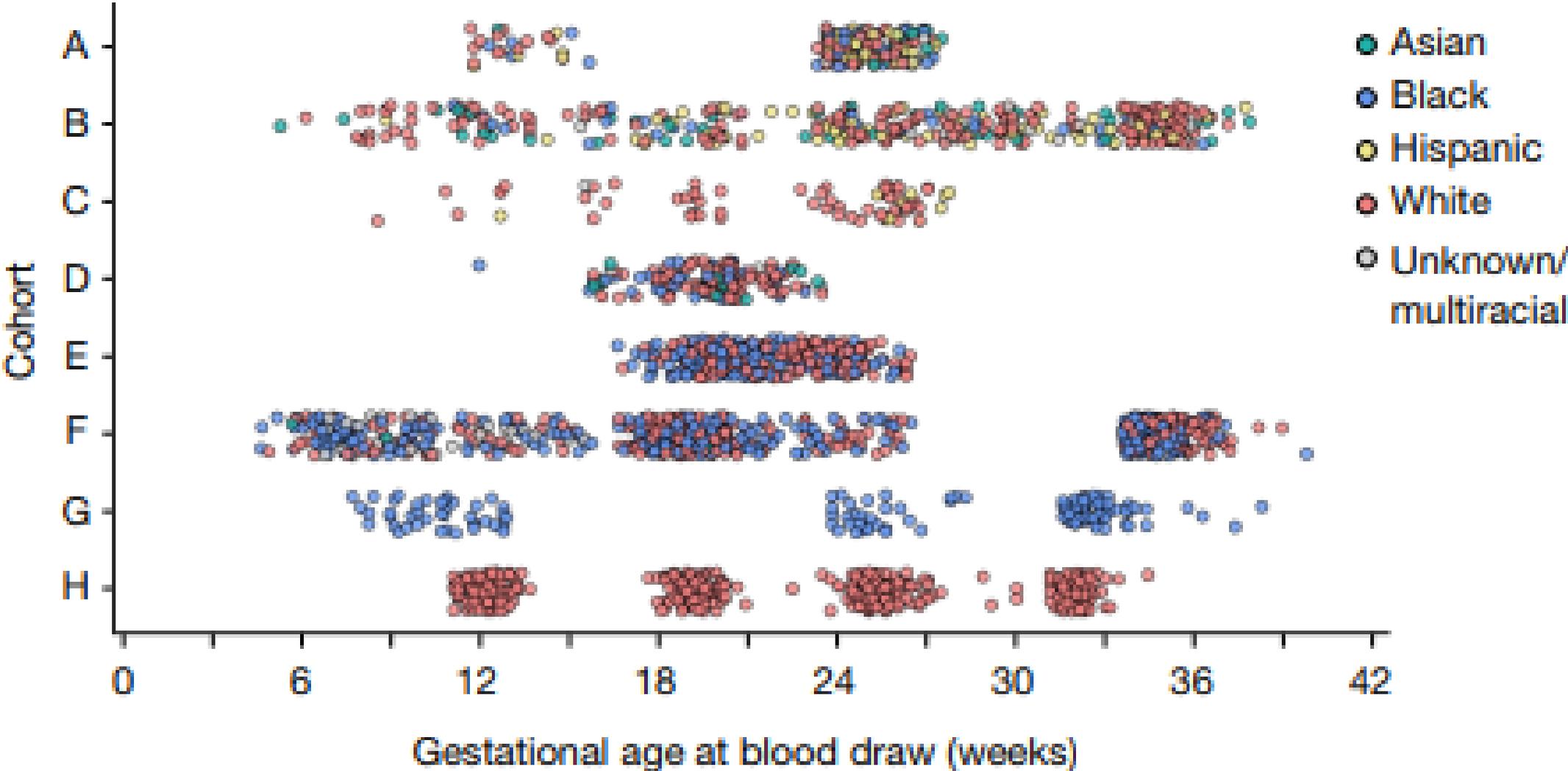
 Check for updates

Morten Rasmussen¹✉, Mitsu Reddy¹, Rory Nolan¹, Joan Camunas-Soler¹, Arkady Khodursky¹, Nikolai M. Scheller², David E. Cantonwine³, Line Engelbrechtsen⁴, Jia Dai Mi⁵, Arup Dutta⁶, Tiffany Brundage¹, Farooq Siddiqui¹, Mainou Thao¹, Elaine P. S. Gee¹, Johnny La¹, Courtney Baruch-Gravett⁷, Mark K. Santillan⁸, Saikat Deb^{6,9}, Shaali M. Ame⁹, Said M. Ali⁹, Melanie Adkins¹⁰, Mark A. DePristo¹¹, Manfred Lee¹, Eugeni Namsaraev¹, Dorte Jensen Gybel-Brask^{12,13}, Lillian Skibsted¹², James A. Litch⁷, Donna A. Santillan⁸, Sunil Sazawal⁶, Rachel M. Tribe⁵, James M. Roberts¹⁴, Maneesh Jain¹, Estrid Høgdall¹³, Claudia Holzman¹⁰, Stephen R. Quake^{15,16,17}, Michal A. Elovitz^{1,18}✉ & Thomas F. McElrath³✉

Rasmussen M *Nature* 2022

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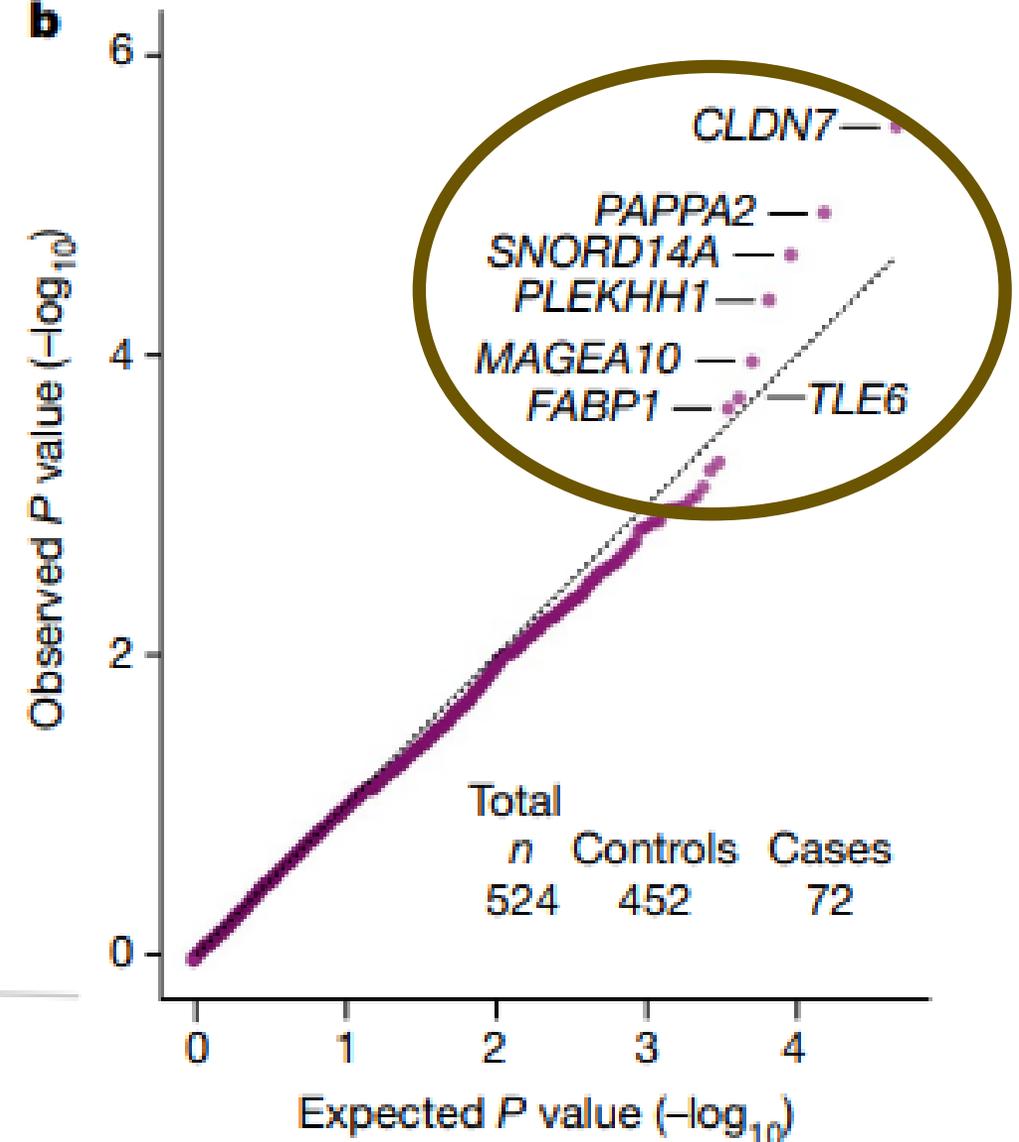
Novel Biomarkers: How far a long am I?



Rasmussen M *Nature* 2022

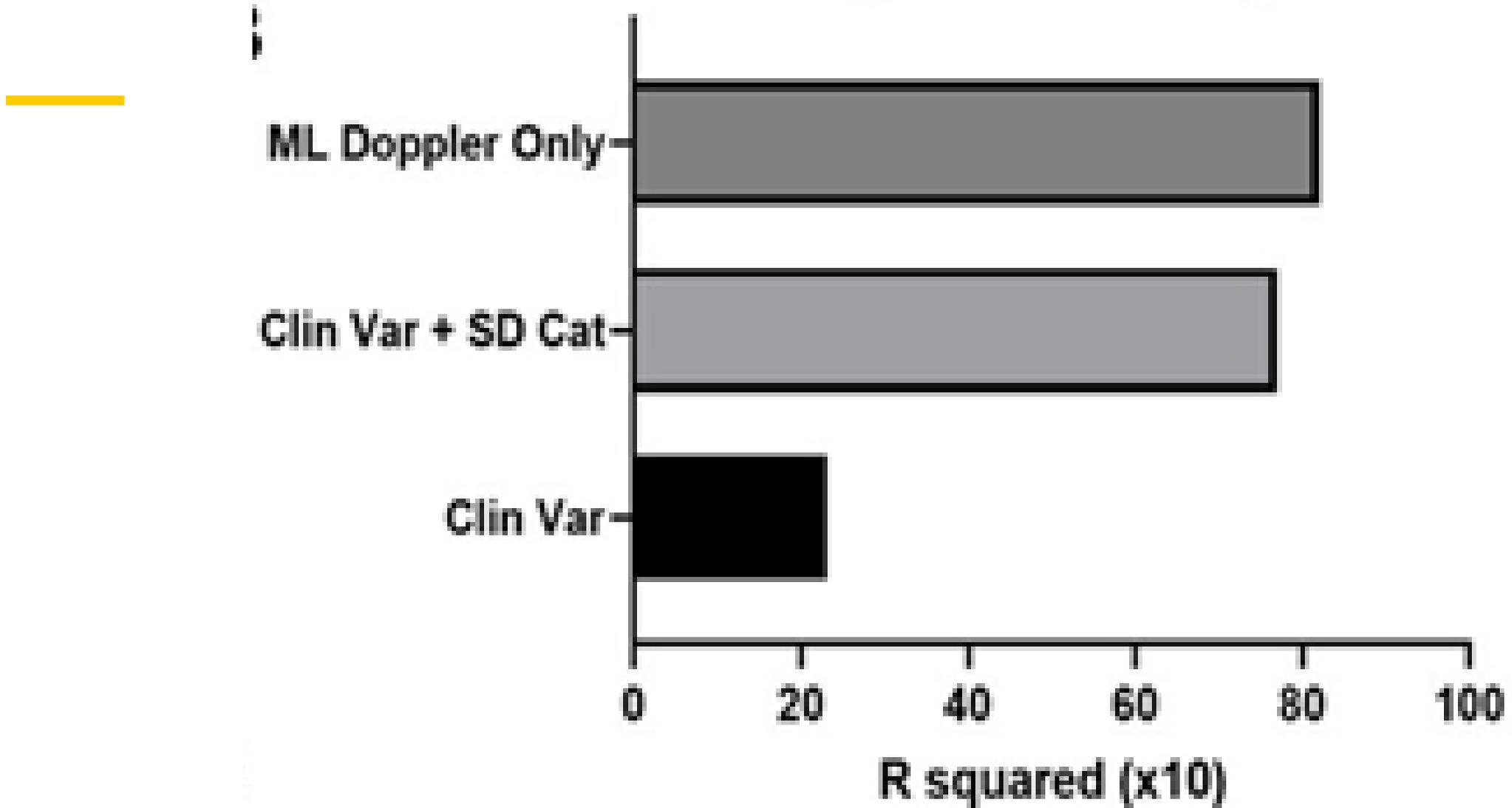


Novel Biomarkers: Will I get Preeclampsia?



< 20 weeks gestation!

Novel Biomarkers: Can I predict when to deliver small babies?



Bartlett CW et al SN Comput Sci 2023

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RESEARCH SERVICES



CLINICAL TRIALS



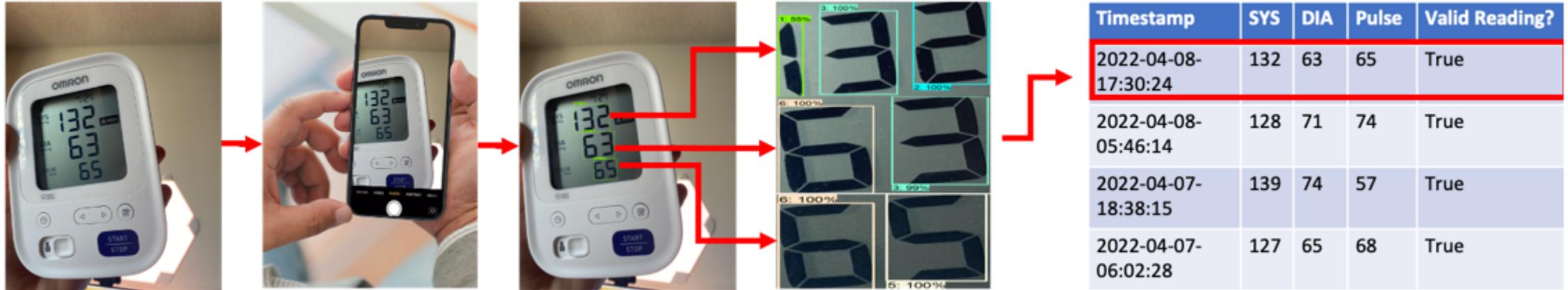
ICTMS RESOURCES



IMPACT AND CONTRIBUTION

Element E: Project 1 – PreE and Remote BPs

Figure E1: OCR. Taking a photo of the BP display (left), reading values from the photo (center), data recorded (right)

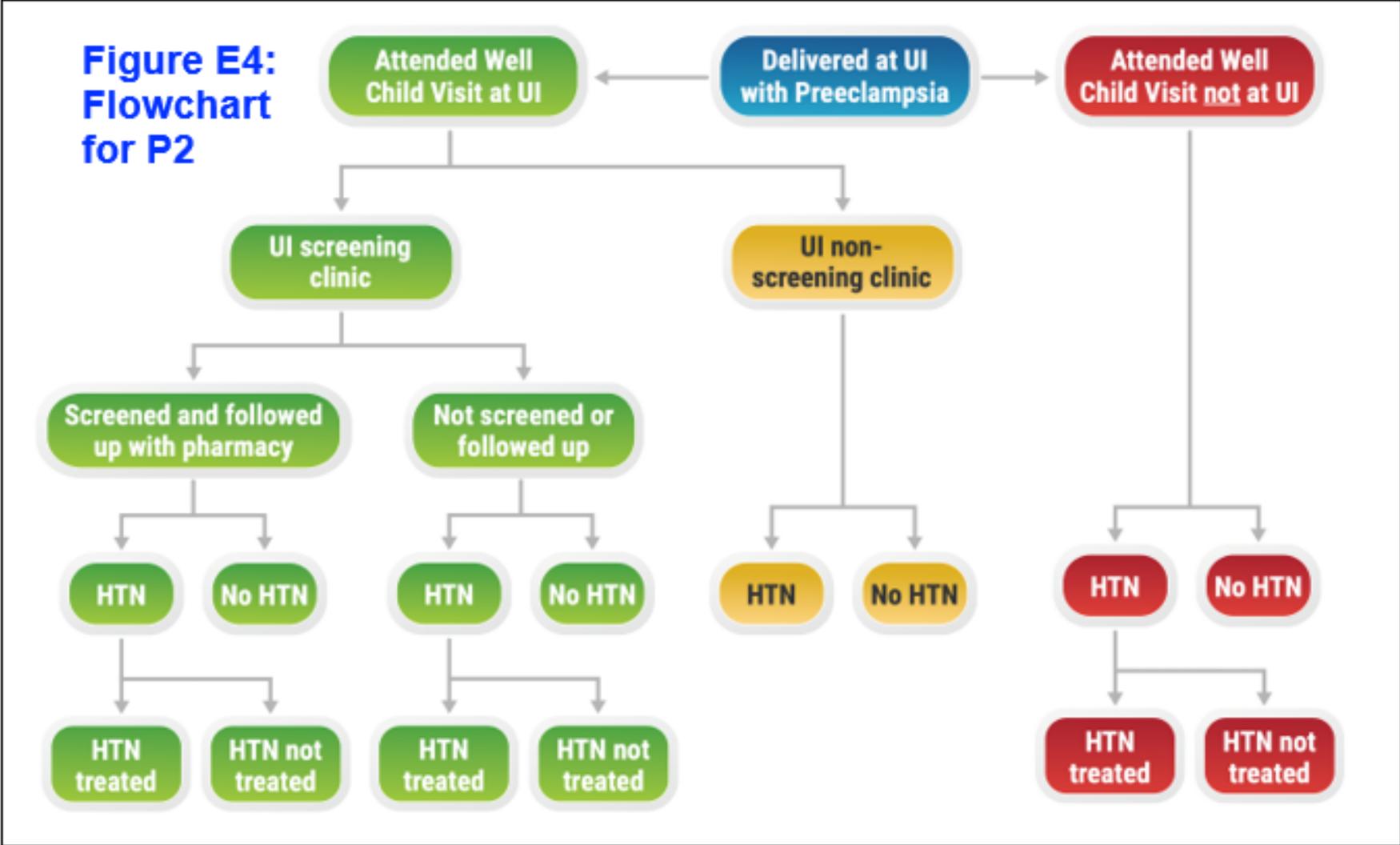


**Project 1.1:
OCR vs. Bluetooth
vs. SMS Texting**

**Project 1.2:
BP Frequency
3/2/1 x week or 1/month**

Element E: Project 2 – Novel Recruiting Techniques

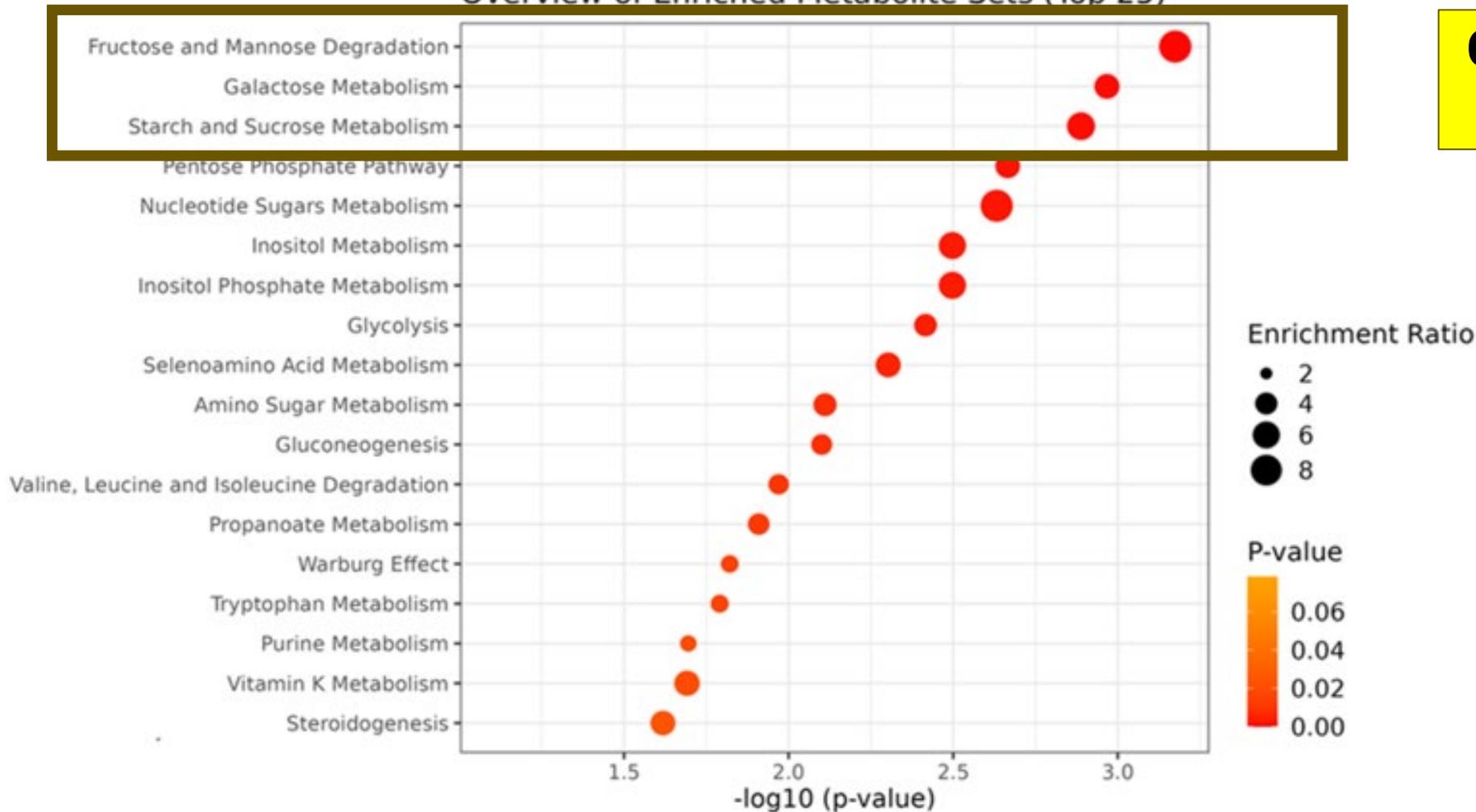
**Figure E4:
Flowchart
for P2**



Novel Biomarkers: Will my baby develop autism?

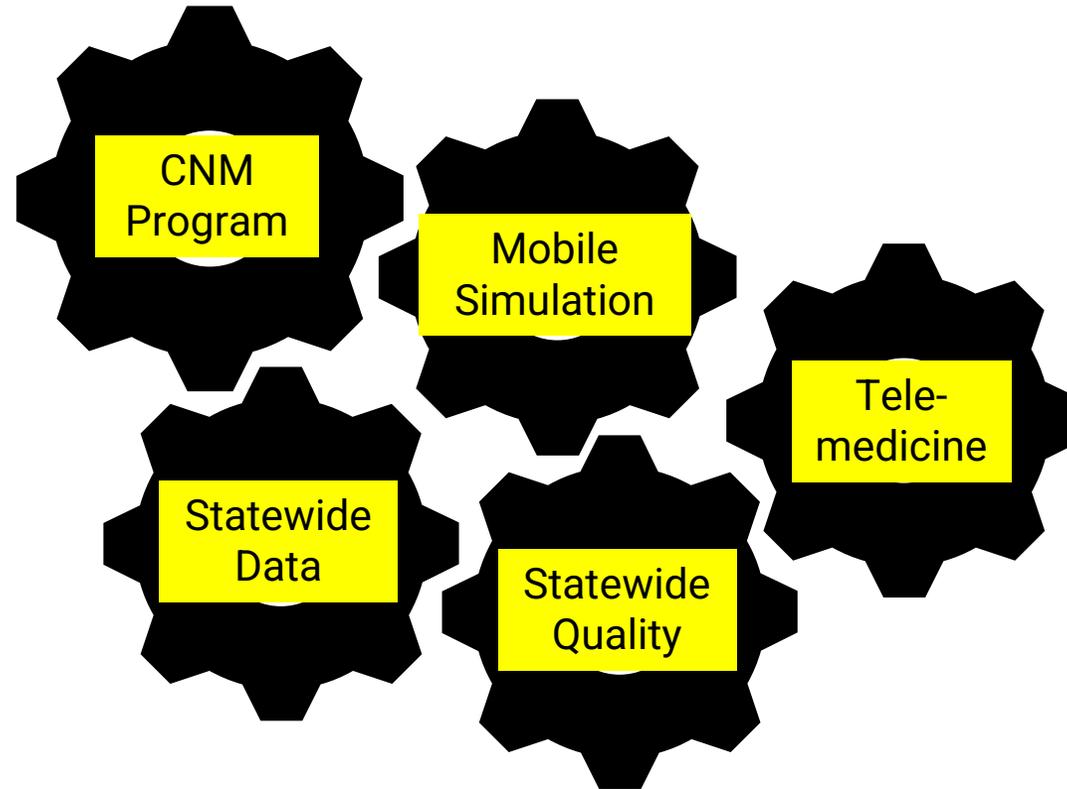
C

Overview of Enriched Metabolite Sets (Top 25)



Cord blood at the time of birth!

HRSA Innovation Grant to Decrease Maternal Mortality



Healthy Birth Day and University of Iowa Collaboration



Limited Analyses on Heterogenous Causes

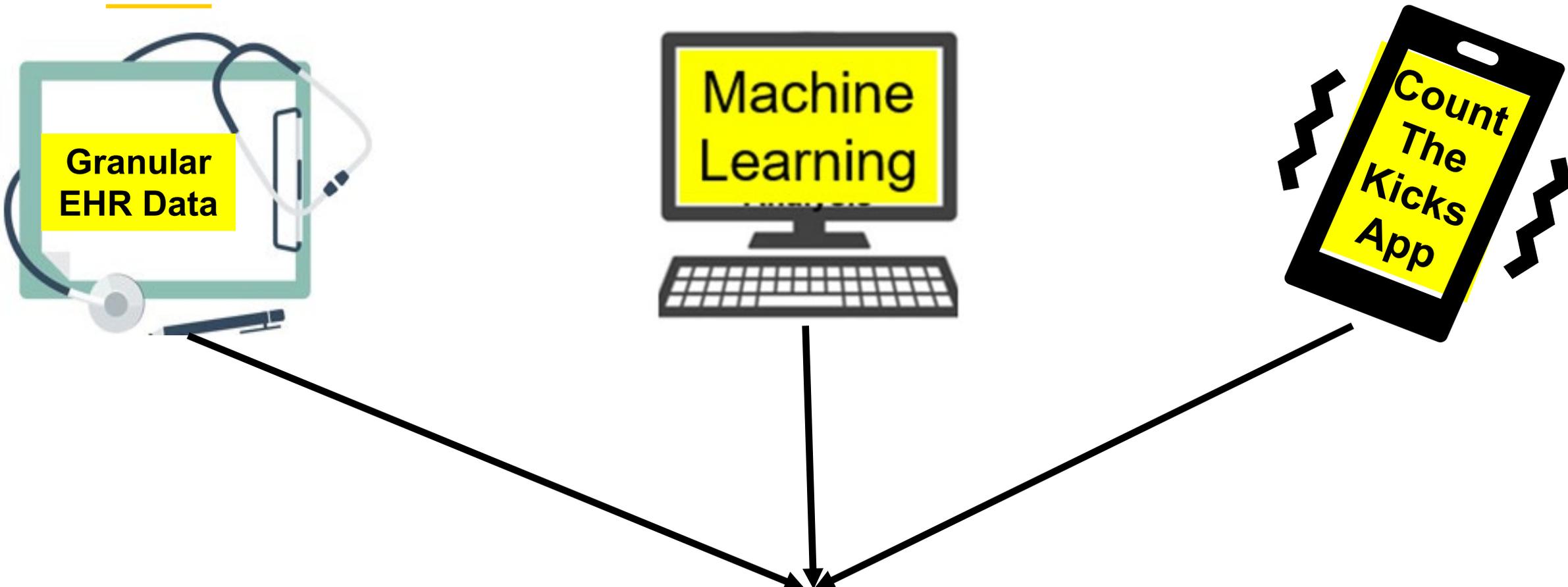


Unknown Fetal Movement Monitoring Efficacy

Poor Stillbirth Prediction

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Healthy Birth Day and University of Iowa Collaboration

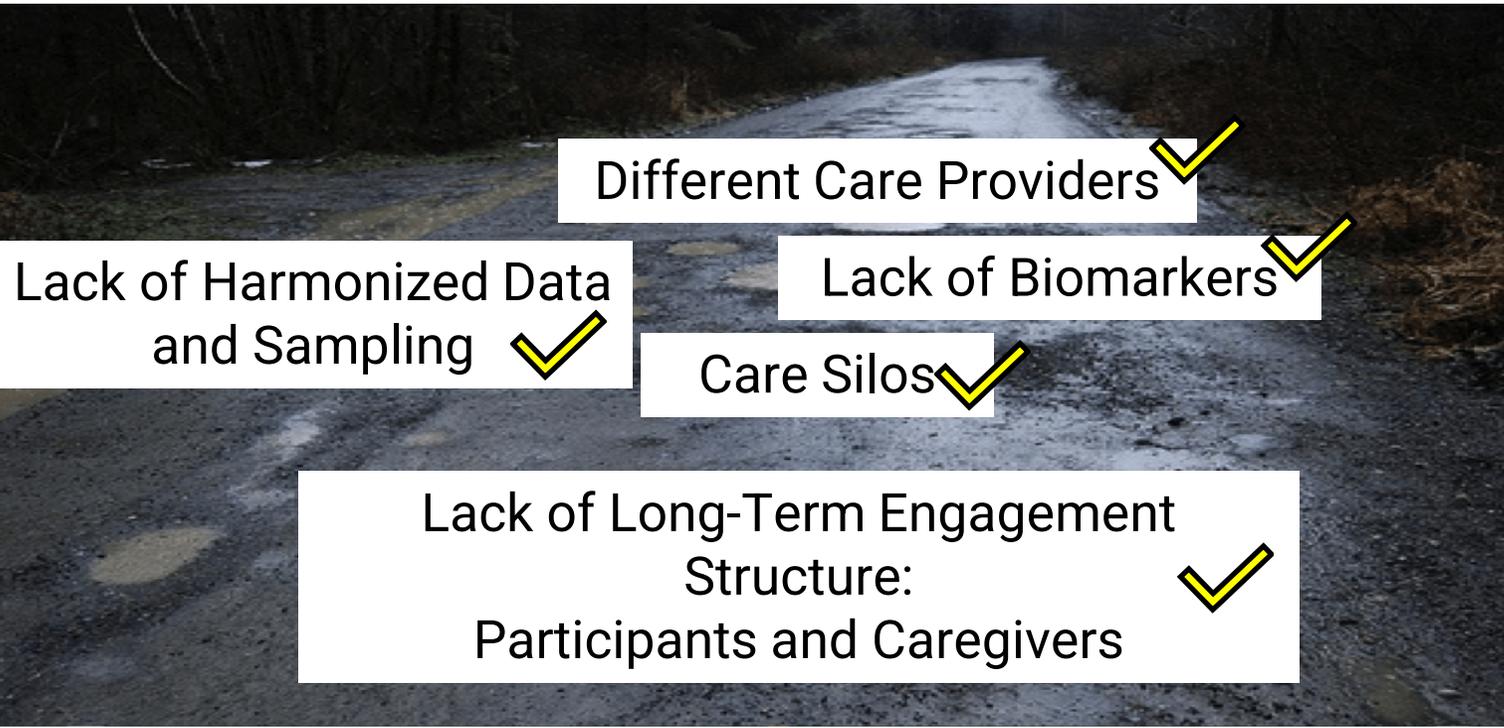


Improved Stillbirth Prediction

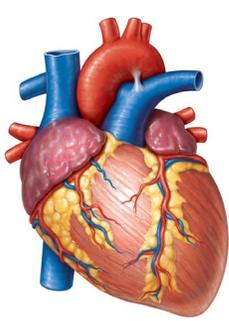
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Patching the Potholes of Rural Healthcare/Research

Specialized
Study in
Specialty
Care



Long Term
Engagement
in Primary
Care



Cardiovascular Disease

Preeclampsia

Neuroscience

Autism

Neurodevelopmental Disorders

Neuropsychiatric Disorders

Depression

Environmental Causes of Perinatal Disease

Gut microbiome and metabolism

Exercise Physiology

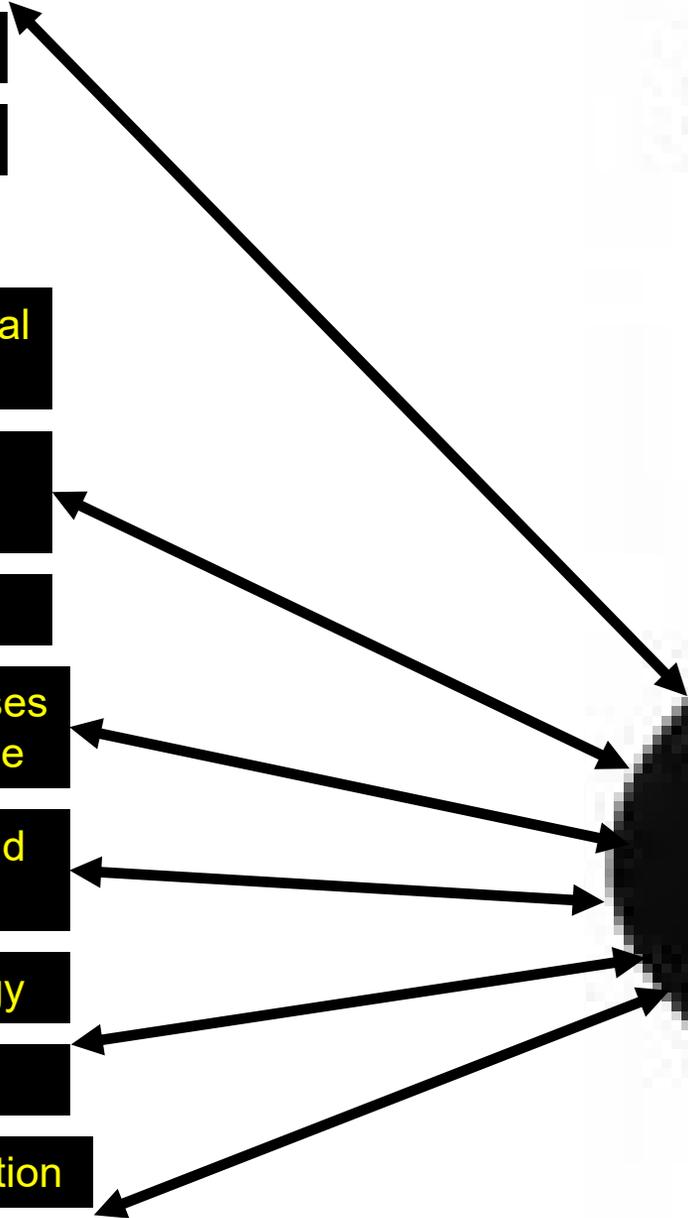
Vascular Biology

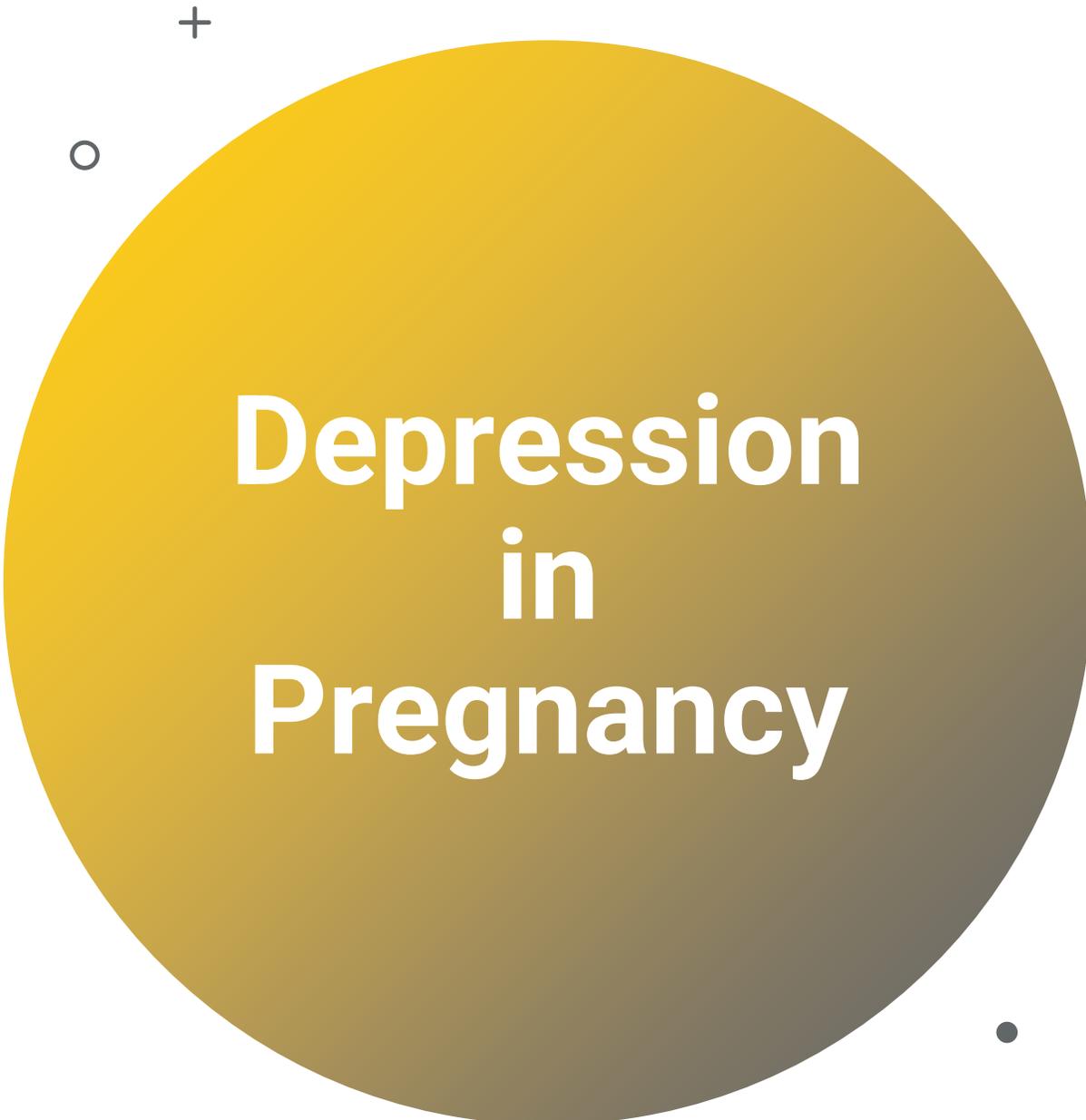
Fetal Growth Restriction

Fetal Origins of Disease

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Department of
Obstetrics and
Gynecology





Depression in Pregnancy

- **~10% pregnant people experience depression**
 - **Suicide is a leading cause of death in perinatal period**
 - **Goal: to understand where efforts need to be deployed and to understand causes**
-

Depression in Pregnancy: Rural and Urban People

2010-2021

n=24,227

Pre-Pandemic

| | Prenatal | Postpartum | Significance |
|-------|----------|------------|--------------|
| Rural | 8.63% | 11.19% | P<0.001 |
| Urban | 6.49% | 9.28% | |

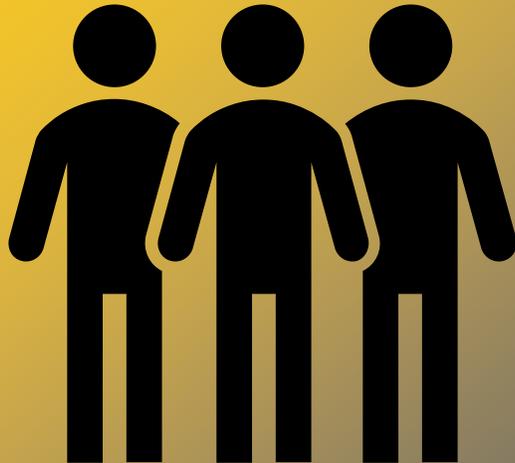
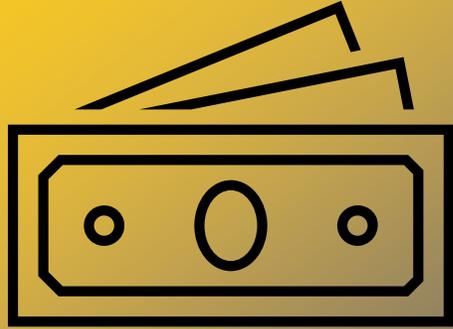
Depression in the time of COVID-19: Examination of prenatal and postpartum depression, rurality, and the impact of COVID-19. Preprint 2024

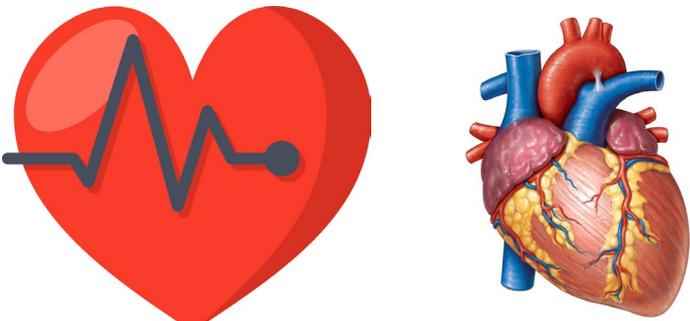
What were the effects of Covid-19?

Clinical surveys
Research surveys

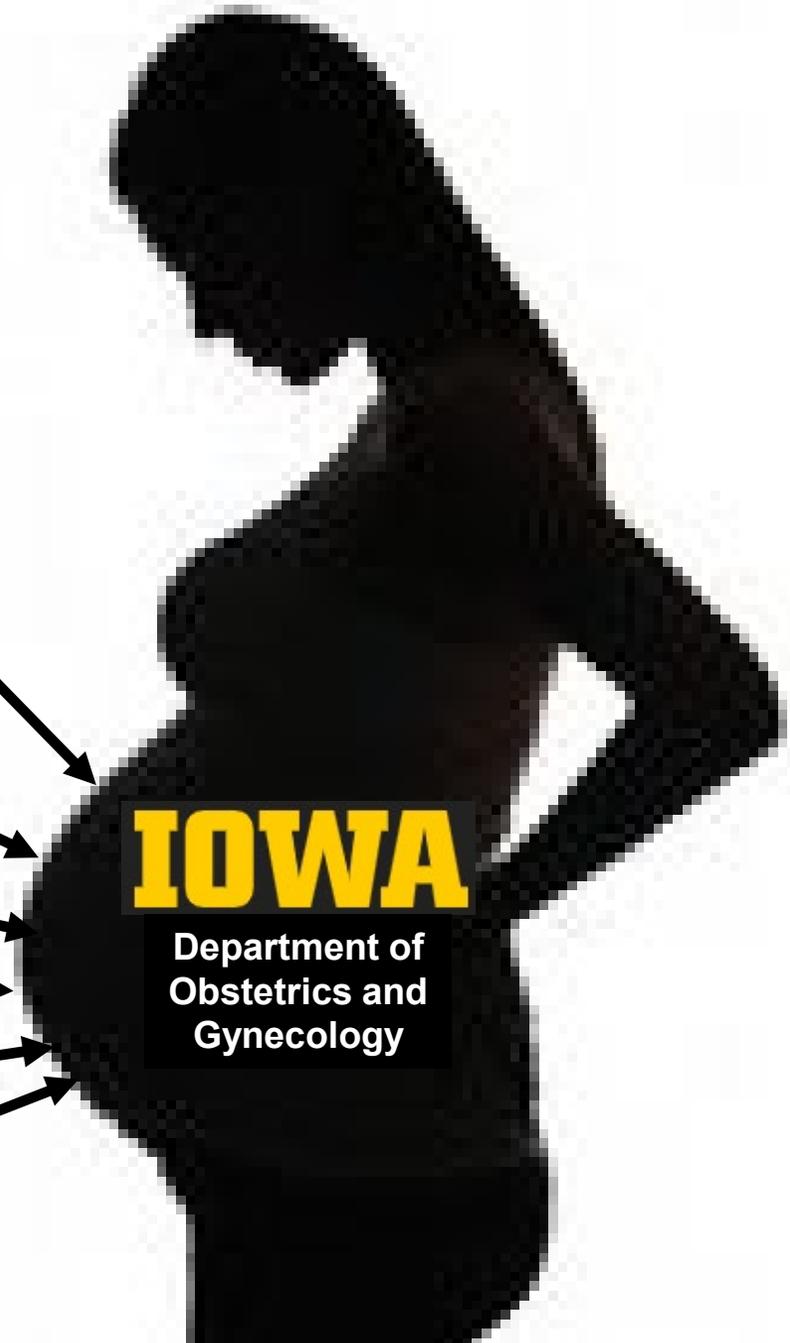
Different Effects

- Urban participants had increased postpartum depression.
- Rural participants endorsed more financial and labor concerns
- Urban participants expressed support system concerns.



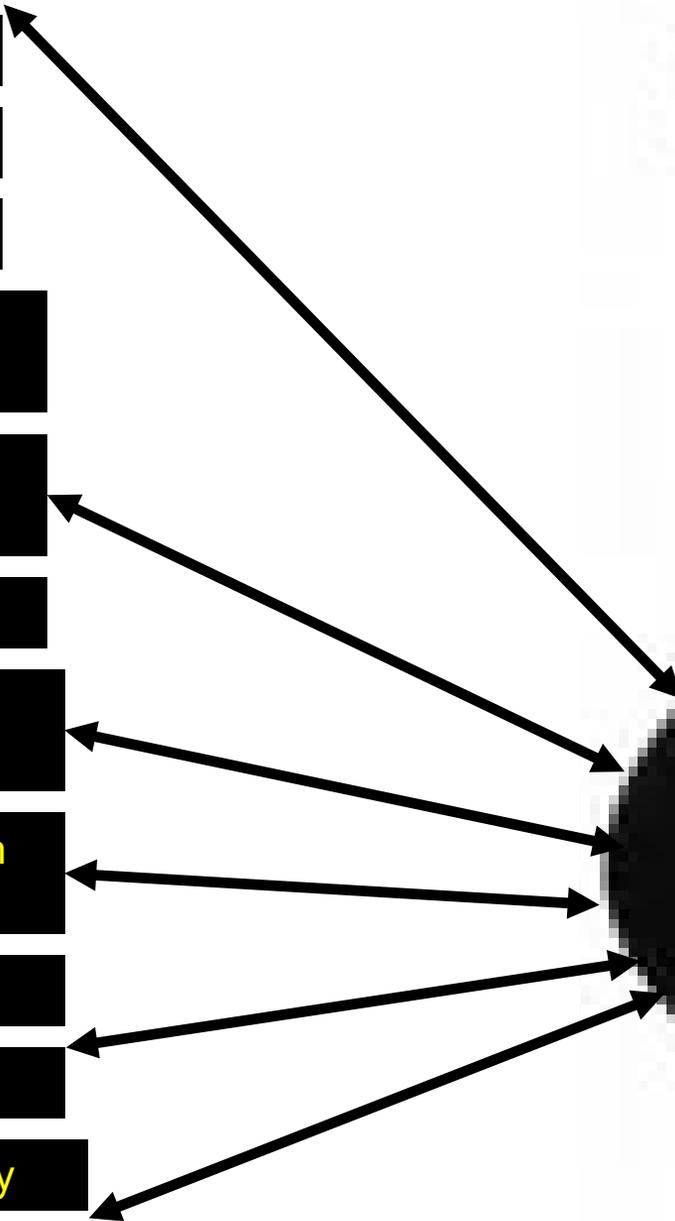


- Cardiovascular Medicine
- Int. Medicine
- Neuroscience
- Pharmacology
- Adult and Child Psychiatry
- Psychology and Brain Sciences
- Epidemiology
- Environmental Engineering
- Health and Human Physiology
- Family Medicine
- Pediatrics
- Pediatric Neurology
- Neonatology



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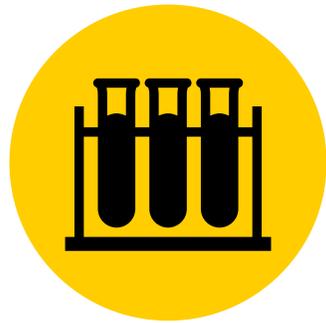
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Unique Department of OB/Gyn Strengths



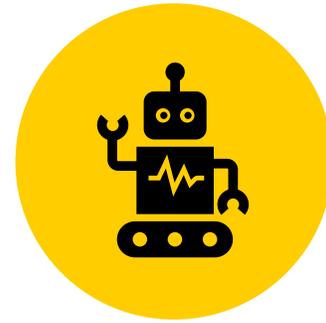
Datamart



Biobanking



Recruitment



Technology



**Team
Science**

Acknowledgments

- Patients and healthcare team
- UI Administration
- Collaborators
- Community Partners
 - Healthy Birth Day
 - EndPreeclampsia
- Funders
 - Carver College of Medicine
 - Department of Obstetrics & Gynecology
 - Institute for Clinical and Translational Science
 - Biomedical Informatics
 - HAWK-IDDRC
 - Holden Comprehensive Cancer Center
 - HRSA through Iowa Department of Health and Human Services (data only)
 - Iowa Public Private Partnership



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University of Iowa Department of Obstetrics and Gynecology

Thank you!

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