

PERINATAL EMERGENCY RECOMMENDATIONS, CONSIDERING DISPARITIES AND OUTCOMES: COVID-19 AND BEYOND

OCTOBER 2020



INTRODUCTION

The following policy recommendations were crafted by a group of Indigenous, Black, and people of color healthcare providers and advocates that serve communities across our state. Historically and today, patient care improvements and changes to health practices and systems have come at the expense of the bodies and lives of Indigenous, Black, and people of color communities; this is unacceptable. In turn, our recommendations were developed by the expertise and experiences of leaders who intimately understand our underlying disparities in perinatal outcomes, and carry critical knowledge around these issues.

Our recommendations are in response to the COVID-19 pandemic, and also with the aim of proactively building preparedness guidelines to serve in the case of another emergent situation in New Mexico. They take into consideration the somewhat problematic perinatal care recommendations crafted in April 2020 by the “New Mexico Perinatal Care Advisory Group for COVID Response” and accepted by the COVID-19 Medical Advisory Team later in the summer.

Our recommendations integrate aspects like the midwifery model of care, doula support, and infant feeding as key in promoting positive outcomes and health equity, particularly in the Indigenous, Black, and people of color communities most severely impacted by the current emergency; they also reach beyond perinatal care into related areas of reproductive health, namely contraception and abortion.

Partners include: Bold Futures NM, Breath of My Heart Birthplace, Ember Birth Services, Indigenous Women Rising, Luna Tierra Casa de Partos, NaSer Acompañamiento Perinatal, Navajo Nation Breastfeeding Coalition, New Mexico Breastfeeding Task Force, New Mexico Doula Association, Strong Families NM, Tewa Women United, and Wadada Midwifery Care.

Breath of My Heart Birthplace

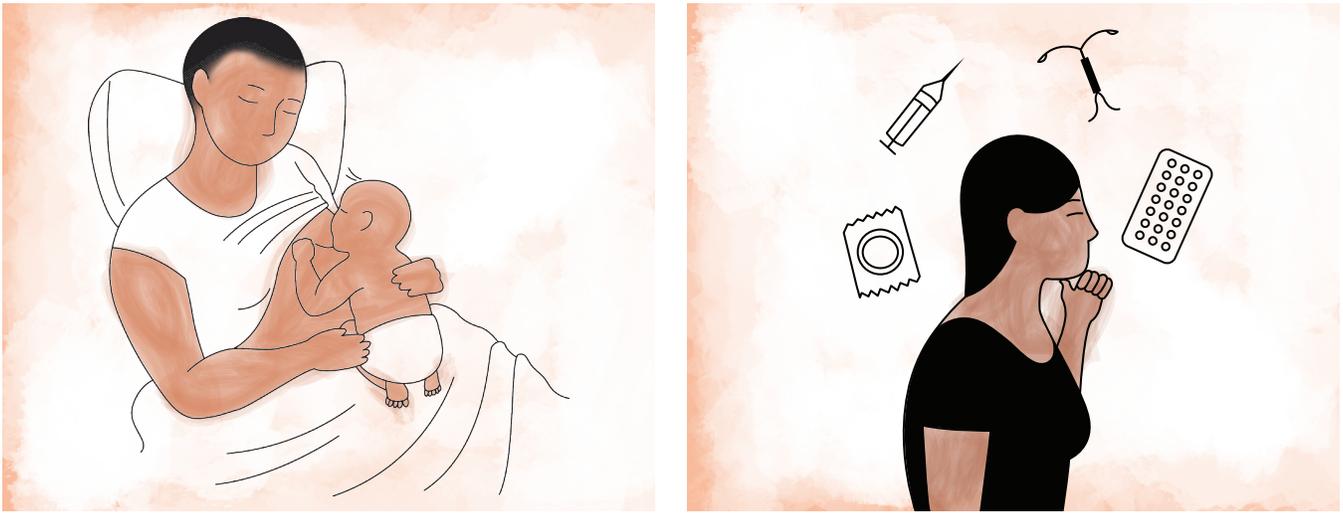


Wadada
Midwifery Care

SHARED VALUES THAT INFORM RECOMMENDATIONS

- ◀ Centering the most impacted communities in an emergency situation reduces harm to the most vulnerable and benefits society as a whole. People with disabilities, queer, trans, and gender variant people, people who use different languages, people with lower incomes, young people who need access to confidential care, Indigenous people, Black people, people of color, undocumented people and other non-citizens, must be centered and respected.
- ◀ The emotional and psychological well-being of patients and families is an integral part of our communities' overall health. Priority must be given to ensuring the safety and comfort of patients, treating patients with respect, and not furthering trauma. While emotional and psychological health should always be taken into consideration, it is particularly critical when facing uncertainty brought on by a large-scale emergency situation.
- ◀ People seeking reproductive healthcare, including contraception and abortion, deserve dignified, accessible, and culturally competent care. Patient dignity, autonomy, and self-determination cannot be compromised under any circumstance. Barriers, shame, and stigma have no place in the provision of healthcare.
- ◀ It is not enough for New Mexicans to have access to healthcare in theory; it must also be true in practice. Barriers such as adequate transportation to and from medical visits, reliable internet access and/or phone service for telehealth services, and money to pay for insurance coverage or copays should be considered and addressed. The many existing barriers for people seeking access to healthcare must be taken seriously and dismantled with patient input from the communities most impacted.





COVERAGE

The recommendations shared here relate to the delivery of healthcare within our state and systems over the course of an emergent situation like the COVID-19 global pandemic. We are committed to advancing long-term solutions that get people closer to coverage they can afford, with a healthcare infrastructure ready to meet their needs.

Healthcare is a basic human right. Equal access to quality healthcare, provided with dignity for all New Mexicans, is critical. In New Mexico, and across the country, too many of our families remain uninsured, or hold coverage that isn't adequate for their needs. In our current system, someone's healthcare coverage will in large part determine the kind of care they can access. Neither providers nor patients should be bound by the limits of their coverage when healthcare decisions are being made.

One group that must explicitly be named are undocumented people and non-citizens who remain essential in our families, communities and economies. Despite their significance, undocumented people and non-citizens, including workers serving on the frontline of COVID-19, do not have meaningful access to healthcare coverage, even during a global health crisis. While NM has pointed undocumented people and non-citizens that may have COVID-19 to HRSA, the requirements to sign-up, including the request for a social security number, have kept people in these communities from the care they need.

INDIGENOUS COMMUNITIES

Within New Mexico exists one of the largest populations of Indigenous people in the country; Indigenous people are over 10% of the population within New Mexico but less than 3% of the U.S. population overall. As well demonstrated through the current global pandemic, Indigenous populations have been disproportionately impacted by COVID-19 positive cases, severe illness, and deaths. Indigenous communities continue to be overrepresented in COVID-19 cases compared to their proportional percentage of New Mexico's overall population. We respect that sovereign nations have their own laws and regulations as it pertains to their citizens, and ask that the state of New Mexico should do as necessary to ensure those from tribal nations who need to access care outside of their home community are able to do so when needed. As appropriate, tribal governments could consider these recommendations as they create access to care for their members and others living in their communities.

RECOMMENDATIONS RELATED TO PROVISION OF PERINATAL AND REPRODUCTIVE HEALTHCARE GENERALLY

Uphold best practices of trauma-informed care, communication and meaningful consent, taking into account considerations of triggers and survival through an emergent situation, literacy and language comprehension, and incorporating cultural humility and competence as markers of quality care.

Build reassurance and awareness with patients and communities by explicitly, and without prompting, describing COVID-19 protocols to patients (temperature screening and assessment, waiting in vehicles instead of waiting rooms, option to pay over phone, etc.).

Support immediate needs and reduce stressors of New Mexicans through providing patients with a comprehensive and multilingual resource list (offered on paper, email, and text) that addresses the holistic needs of individuals and families likely exacerbated during crisis (for example, food, housing, mental health services, mental health support, obtaining PPE, and transportation); the list must rely, as appropriate, on state-level and more local, county-level, and tribal resources, including tribal public health offices.

RECOMMENDATIONS RELATED TO PRENATAL, LABOR/DELIVERY, POSTPARTUM PERIOD

Recommendation for New Mexico state agencies and decision makers: Respect women and people's decision making about where they seek prenatal care and decide to birth by upholding the spectrum of care options that are licensed by the NM Department of Health (NM DOH) and reimbursed by NM Medicaid, including care with New Mexico Licensed Midwives and within community birth centers.

Recommendation for hospitals/clinics/birthing facilities/home birth providers: Create an evidence-based emergency response plan articulating protocol and procedures (for example, regarding testing, contingency bed plans, care for COVID-19 negative and positive patients) related to pregnancy Triage, and Labor and Delivery, to be submitted to the NM DOH Maternal and Child Health Division and made available publicly.

Recommendation for NM DOH and birthing hospitals: Integrate updated information related to policies and procedures for Triage, and Labor and Delivery, from each birthing hospital into COVID-19 (or other emergency situation) response networks that are web and phone-based.

Recommendation for hospitals/birthing facilities: Respect the physiological birthing process through upholding evidence-based standards of care and engaging in informed decision making related to epidurals, pain management, or other interventions within parameters of the emergency situation; emergent situations should not be used to adjust standards of care or push augmentative measures when not otherwise indicated.

Recommendation for hospitals/clinics/birthing facilities: Follow and implement rapidly evolving emergency best practices, and evidence-based practices, shared by bodies of scientists and medical experts including the World Health Organization (WHO) regarding separation of birthing parent, newborn and other family members during the birthing process and post-partum period.¹

PERINATAL EMERGENCY RECOMMENDATIONS

Recommendation for hospitals/clinics/birthing facilities: Publicly provide up-to-date requirements and guidelines regarding Personal Protective Equipment (PPE) or other necessary equipment, gear, or supplies pertinent to the emergency situation through a forum that is accessible for patients, community providers, and support professionals including doulas.

Recommendation for hospitals/clinics/birthing facilities/home birth providers: Uphold perinatal care standards by meeting the individualized needs of patients through discharge planning that integrates considerations of emergent situation, including when there is a COVID-19 case in the home of patient/newborn that may be COVID-19 negative, and related situations.

Recommendation for hospitals/clinics/birthing facilities/home birth providers: Prioritize mental health needs of patients by providing automatic referral to Behavioral Health—prioritizing providers with perinatal experience/training or cultural congruence with the patient—during prenatal care, Triage visits, and as a last resort, before a birthing patient is discharged from care.

Recommendation for hospitals/clinics/birthing facilities/home birth providers: Uphold perinatal care standards by meeting the individualized needs of patients (whether articulated or identified through screenings/assessments) in order to provide or facilitate patient access to the optimal, or “right fit,” of prenatal and postpartum appointments.

Recommendation for hospital-based providers: Considering dynamics of the emergent situation such as COVID-19, and restrictions on movement, refer pregnant or postpartum patients to community clinics, community birth centers and home birth midwives, including for testing, screening, and other medical procedures; Indigenous, Black, and people of color midwives, doulas, and lactation specialists should be considered and centered.

Recommendation for hospitals/clinics/birthing facilities: Uphold best practices of communication and consent by providing pregnant people and/or birthing patients who test positive for COVID-19 either prior to arrival, or while at the facility, with a shared decision-making approach when discussing care, including a full disclosure related to leaving Against Medical Advice (AMA) and an evidence-based discharge plan to include conditions of discharge, with and without their child.

RECOMMENDATIONS RELATED TO DOULA SUPPORT

Recommendation for hospitals/clinics/birthing facilities: Uphold, implement, and disseminate policies that continue to recognize doulas as a professional support to a pregnant/laboring patient, and ensure all doulas are allowed to provide support through in-person or virtual means throughout an emergent situation; doulas should not be counted as a patient’s visitor or non-professional support person within overarching policies.

Recommendation for hospitals/clinics/birthing facilities: Uphold the consideration of labor and delivery support options as well as birthing plans developed by pregnant people and their families, including doula support, within the parameters of up-to-date information within a global health pandemic or other emergent situations.

RECOMMENDATIONS RELATED TO INFANT FEEDING

Recommendation for hospitals/birthing facilities: Maintain baby-friendly standards as outlined by the WHO and UNICEF (United Nations International Children’s Emergency Fund) regarding infant feeding in the event of an emergency, with consideration of the safety and well-being of patients and healthcare team.²

Recommendation for hospitals/birthing facilities: Uphold critical communication by providing patients who have tested positive for COVID-19 or COVID-19 antibodies with clear and consistent information in their native language regarding transmission of COVID-19 through breast milk to support informed consent surrounding breast/chest feeding decisions; telehealth consultations and visits should be considered if appropriate.³

Recommendation for hospitals/clinics/birthing facilities/home birth providers: Uphold infant feeding best practices by providing or making a referral to lactation consultants/advisors for patients who have chosen to breast/chest feed their infant, including considerations for infant feeding in discharge planning that mirror lactation care patient would have received if not for emergent situation (including lactation support, tongue ties, testing and screening, and other medical procedures); telehealth consultations and visits should be considered if appropriate.

Recommendation for NM Medicaid, Superintendent of Insurance and NM Insurers: Recognize the New Mexico Lactation Care Provider License (LCP) for reimbursement of services as an Allied Health Professional regulated by the Board of Nursing; and facilitate payment of reimbursement for LCPs, particularly as lactation support can be provided in a home or community setting, reducing the risk of COVID-19 exposure or other threats that may be present during an emergent situation.

Recommendation for NM Medicaid: Ensure newborns have coverage (through Medicaid of their birthing parent) for necessary and timely lactation-related services, including tongue ties, over the 28-day period that newborn remains on the case of their Medicaid eligible birthing parent, without families being expected to pay up front or make a payment plan for these services over this transition period.

Recommendation for hospitals/clinics/birthing facilities: Uphold parents’ feeding decisions in the event that an infant is transferred to a higher level of care with birthing parent having tested positive for COVID-19 or under other circumstances; continue practicing evidence-based care and informed consent with parent/s related to the infant’s feeding needs.

RECOMMENDATIONS FOR REPRODUCTIVE HEALTHCARE INCLUDING CONTRACEPTION AND ABORTION

Recommendation for clinical teams providing reproductive healthcare, including contraception and abortion:

Uphold and build patient's privacy, confidentiality and security through additional accommodations, including automatically offering documentation for medical appointments that contains name of provider without identifiable name of clinic/office, and generic language like "outpatient" medical services, instead of naming visit related to contraception or abortion care (which may be used to travel or navigate restrictions on movement).

Recommendation for clinical teams providing reproductive healthcare, including contraception:

Facilitate and provide telehealth for contraceptive counseling and related prescriptions, as medically appropriate and indicated.

Recommendation for NM Medicaid, Superintendent of Insurance and NM Insurers:

Facilitate payment of reimbursement for provider/prescriber contraceptive counseling time as required by law.

Recommendation for clinical teams and prescribers providing contraceptive care:

Share information with patients about unique provisions in New Mexico that may be relevant to their contraceptive access over the course of an emergent situation or health pandemic, including potential 6 month contraceptive prescriptions and dispensing, pharmacist prescriptive authority, telecounseling, and contraception by mail.

Recommendation for School-Based Health Centers providing reproductive healthcare:

Adapt to needs of young people by ensuring students and their household members have continuity of care and access to telehealth options, including through school-issued technology and devices, mirroring service to district families that exist when school is being held in person.

Recommendation for clinical teams providing reproductive healthcare, including abortion:

Facilitate and provide telehealth medication abortion and related prescriptions, as medically appropriate and indicated (previously, the FDA required that medication abortion care take place in person; since then, a July 2020 ruling allows the medication to be mailed).⁴

Recommendation for New Mexico Governor and leadership overseeing decisions related to

restricted movement during emergency: Continue upholding reproductive healthcare, including abortion, as essential healthcare; allow for medically necessary travel and extended curfew hours within New Mexico and through our state borders for people accessing abortion care.

SOURCES

1. https://www.who.int/maternal_child_adolescent/links/covid-19-mncah-resources-for-pregnancy-childbirth-postnatalcare/en/
2. <https://www.who.int/nutrition/bfhi/en/>; https://www.who.int/maternal_child_adolescent/links/covid-19-mncah-resources-breastfeeding/en/; <https://www.unicef.org/laos/documents/infant-young-child-feeding-context-covid-19>
3. <https://nyaspubs.onlinelibrary.wiley.com/doi/full/10.1111/nyas.14477>
4. <https://www.scotusblog.com/2020/09/physicians-tell-justices-not-to-disturb-lower-court-ruling-that-eased-access-to-abortion-pill-during-pandemic/>

CONTEXT FOR PRENATAL, LABOR AND DELIVERY, AND POSTPARTUM CARE

Pregnant people in New Mexico may seek care with a range of healthcare providers in a spectrum of settings, including care with New Mexico Licensed Midwives and within community birth centers.

Policy and Coverage that support perinatal care includes:

- ◀ Pregnancy-related NM Medicaid covers pregnant people with incomes up to 250% of the federal poverty level.
- ◀ NM Medicaid Birthing Options Plan covers a range of pregnancy-related care including home birth, birth in a community birth center, and birth in a hospital.
- ◀ Licensed midwives (LMs) and certified nurse midwives (CNMs) have independent practice through statutory authority.

In New Mexico, Licensed Midwives provide prenatal, labor and delivery, and postpartum care to women/pregnant people with low to normal risk pregnancies. Additionally, LMs are trained to provide 6 weeks postpartum care to mom/parent, and 6 weeks newborn care to infants. This care includes referrals for ultrasounds, nutritional counseling, lab work, and lactation support, among other services. LMs also provide a range of reproductive health services, including: preventive care, preconception care, and STI testing. In New Mexico, Licensed Midwives are regulated by the Department of Health.

Though New Mexico boasts some of the highest rates of LM and CNM attended births in the country, access is still limited and many families cannot access the care they may need in their home community.

CONTEXT FOR DOULAS

Doula care has been shown to: improve birth outcomes and overall birth satisfaction; result in longer duration of breastfeeding; and reduce cesarean deliveries and preterm births, the use of epidurals, and overall facility costs.

Policy and Coverage surrounding doula support includes:

- ◀ There is no statutory or regulatory structure related to doula support in the state of New Mexico.
- ◀ There are a variety of doula training organizations, including New Mexico-based organizations.
- ◀ Insurance coverage does not currently exist for doula support through NM Medicaid or most types of insurance; most families that use doula support currently have to pay out of pocket, limiting ability to access doula support.

“A doula is a person who provides emotional, physical, and educational support to a person who is pregnant, is experiencing labor, or has recently given birth. The doula’s purpose is to help people have a safe, memorable, and empowering experience. Some doulas have additional training that enables them to provide services to families across the full spectrum of reproductive choices and experiences including: preconception, abortion, miscarriage, stillbirth and infant loss.” (Tewa Women United)

In addition, New Mexico has a tradition of community-based doulas, a model of support intended to provide culturally competent and affordable support across the pregnancy spectrum to Indigenous, Black and people of color communities to improve health outcomes and reduce racial disparities.

CONTEXT FOR INFANT FEEDING

Evidence-based practices show long-term health benefits for breast/human milk that extend to both the parent and infant, for example, by improving newborn immunity and providing other long-term health benefits that can extend throughout childhood.

Policy and Coverage surrounding lactation care and support includes:

- ◀ Statute that established the right to breastfeeding in public.
- ◀ Statute that established the right of all employees to access breastfeeding accommodations at work.
- ◀ 2017 statute—the Lactation Care Provider Practice Act—that established the scope of practice of lactation care providers.
- ◀ Both NM Medicaid and private insurers cover lactation support; however, reimbursement policies can vary greatly by insurance carrier and lactation support professional.

Though lactation care providers are able to practice in New Mexico, care is still extremely limited and many families cannot access the care and/or support they need in their home community, especially within a timely period.

CONTEXT FOR CONTRACEPTION

Policy and Coverage that support contraception care includes:

- ◀ Family planning NM Medicaid covers people under 50 needing family planning services with incomes up to 250% of the federal poverty level.
- ◀ A 2017 protocol that allows pharmacists to prescribe most types of contraception.
- ◀ A 2019 statute that created requirements for insurance coverage of contraception established that coverage must be provided without a copay or coinsurance, for both women and men, and must cover multiple months of dispensing as well as over the counter contraception without a prescription.
- ◀ A 2020 statute that requires pharmacists be paid for their counseling time.
- ◀ For those who do not have insurance coverage, Title X programs operated by the state of New Mexico provide family planning coverage on a sliding scale.

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