

**Perinatal Emergency
Recommendations,
Considering Disparities and
Outcomes: COVID-19 and Beyond**



Presenters



**Denicia
Cadena**

Policy Director
Bold Futures



**Monica
Larrea de Arellano**

LM, CPM
Staff Midwife at
Breath of My Heart
Birthplace and Luna
Tierra Casa de
Partos



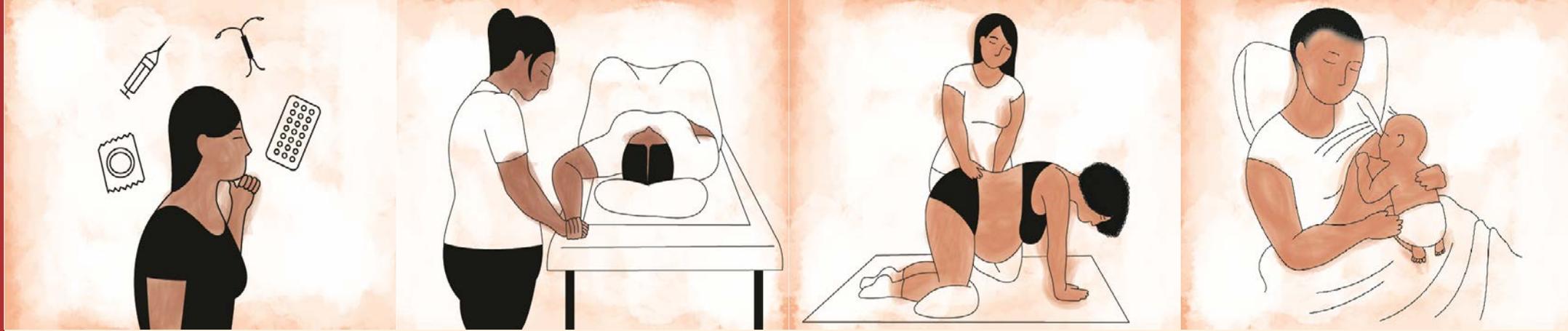
**Angelique
Steadman**

Doula and Childbirth
Educator
Ember Birth Services

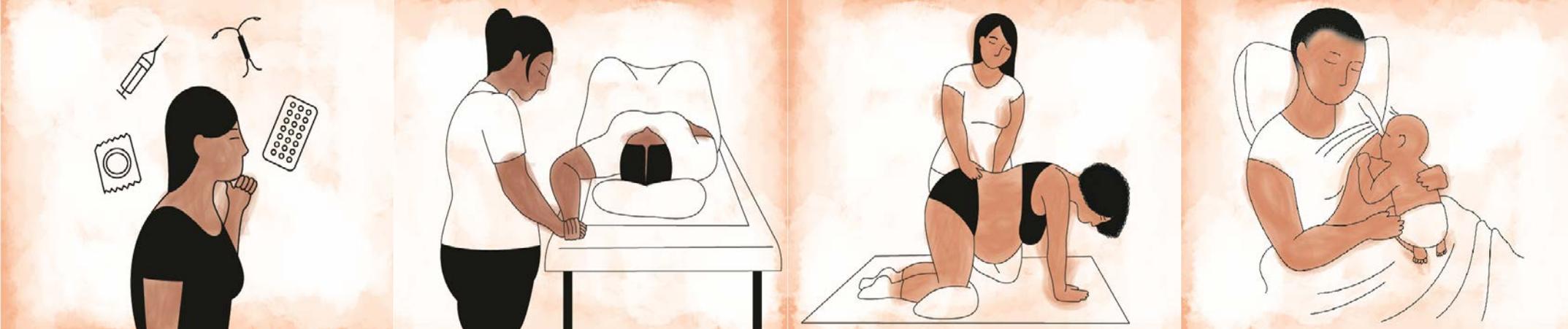


**Amanda
Singer**

CLC
Project Director
Navajo Nation
Breastfeeding
Coalition



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. These 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.



Shared Values

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.



Monica Larrea de Arellano

LM, CPM

Staff Midwife at Breath of My Heart Birthplace and Luna Tierra Casa de Partos



Labor and Delivery

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:

- 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.

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.



Labor and Delivery Recommendations

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.



Labor and Delivery Recommendations

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.



Labor and Delivery Recommendations

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 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.



Labor and Delivery Care-COVID Impacts





Angelique Steadman

Doula and Childbirth Educator
Ember Birth Services

Doulas



“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.

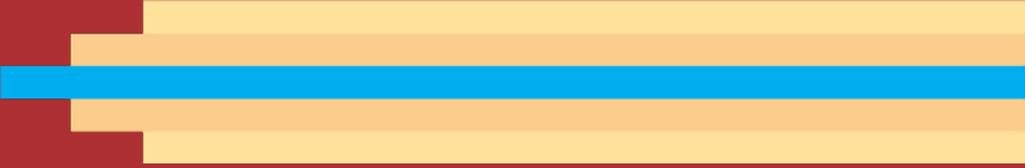
Doulas



Policy and Coverage surrounding doula support includes:

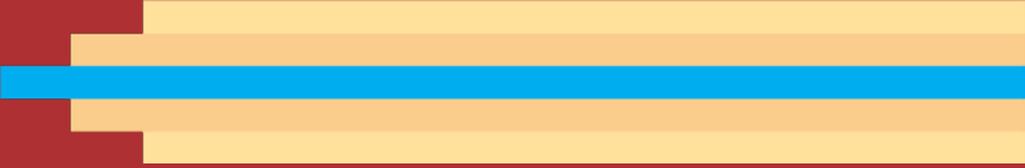
- Doula care has been shown to: improve birth outcomes and overall birth satisfaction; result in longer duration of breastfeeding; and reduce cesarean deliveries and preterm births, the use of epidurals, and overall facility costs.
- There is no statutory or regulatory structure related to doula support 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.

Doula Recommendations



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.

Doula Recommendations



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 within the parameters of up-to-date information within a global health pandemic or other emergent situations, including doula support.

Doula Care- COVID Impacts

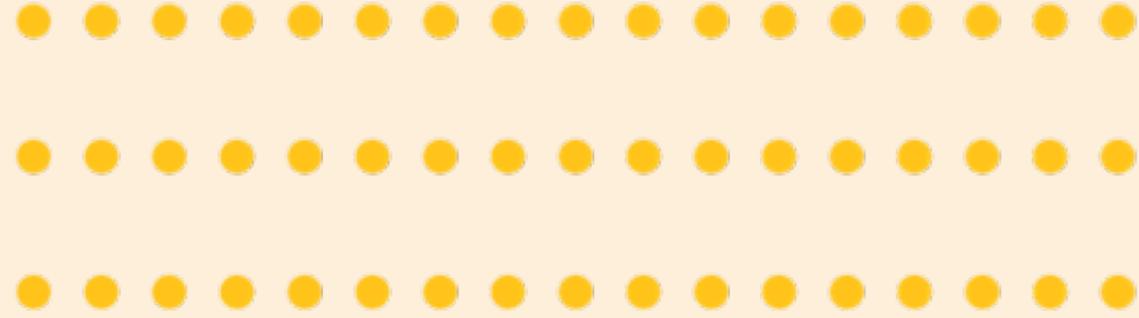




Amanda Singer

CLC
Project Director
Navajo Nation Breastfeeding Coalition

Infant Feeding

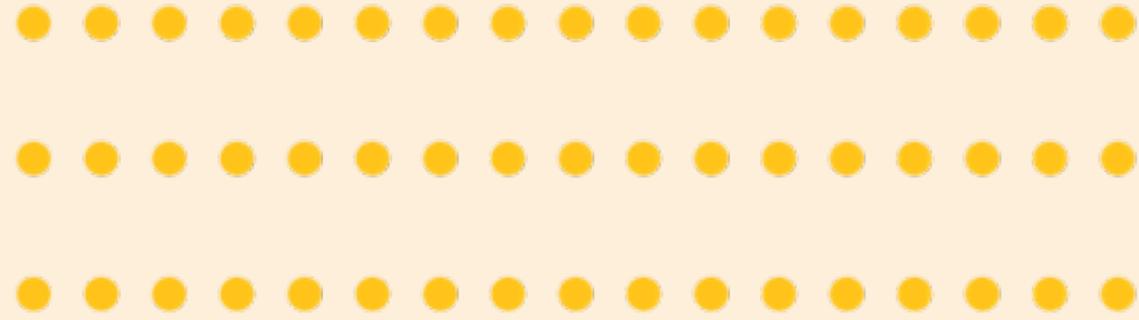


Policy and Coverage surrounding lactation care and support includes:

- **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.**
- 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.

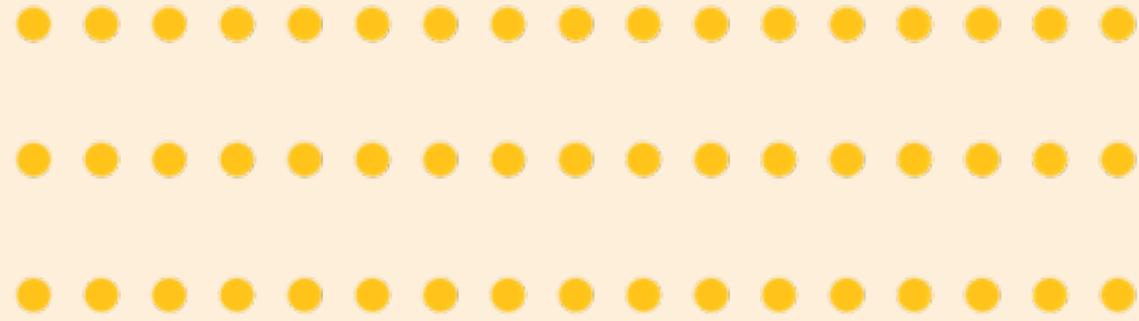
Infant Feeding



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.

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.

Infant Feeding Recommendations

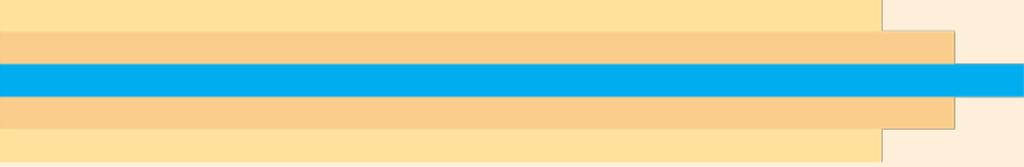


Recommendation for hospitals/clinics/birthing facilities/home birth providers: Uphold infant feeding best practices by providing or making a referral to lactation consultants/advisors for patients who have chosen to breast/chest feed their infant, including considerations for infant feeding in discharge 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.

Infant Feeding COVID Impacts

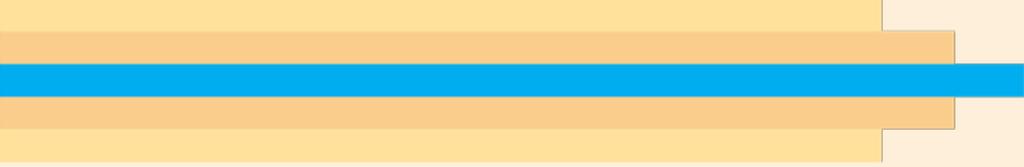




General Recommendations

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



General Recommendations

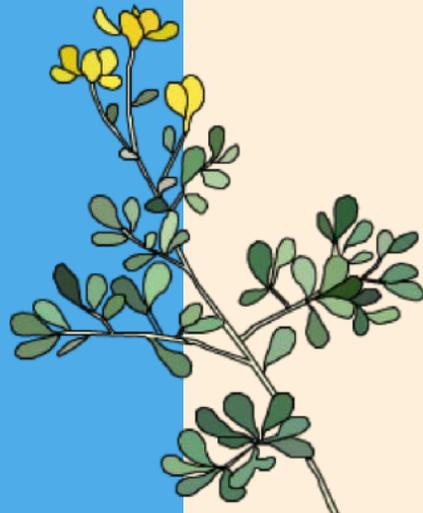
Support immediate needs and reduce stressors of New Mexicans through providing patients with a comprehensive and multilingual resource list (offered on paper, email, and text) that addresses the holistic needs of individuals and families likely exacerbated during crisis (for example, food, housing, mental 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.



Remember these care providers and impacted communities when considering budgets and emergency protocols



[Link to the full list of recommendations](#)



Contact Information

Denicia Cadena

denicia@boldfuturesnm.org

Monica Larrea

monica@breathofmyheart.org

Angelique Steadman

angelique@emberbirth.com

Amanda Singer

asinger_07@yahoo.com



Thank
You

