



HUMAN
SERVICES
DEPARTMENT



LHHS: MATERNAL MORTALITY
NOVEMBER 29, 2023

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil



MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.



Investing for tomorrow, delivering today.

MATERNAL HEALTH AND MEDICAID

ALANNA DANCIS, DNP

MATERNAL HEALTH IN NEW MEXICO AND MEDICAID

The measures below are important indicators for how New Mexico is supporting the health of birthing people

30.2

PER 100,000 BIRTHS

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.



22.8

PERCENT

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head-first, and at least 37 weeks pregnant.



23.3

PERCENT

INADEQUATE PRENATAL CARE

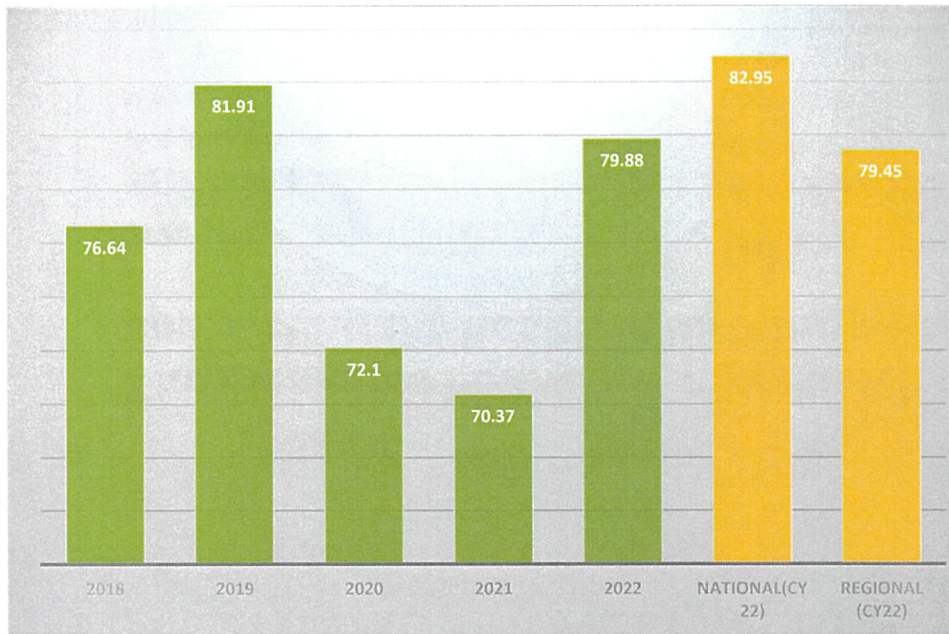
Percent of birthing people who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.



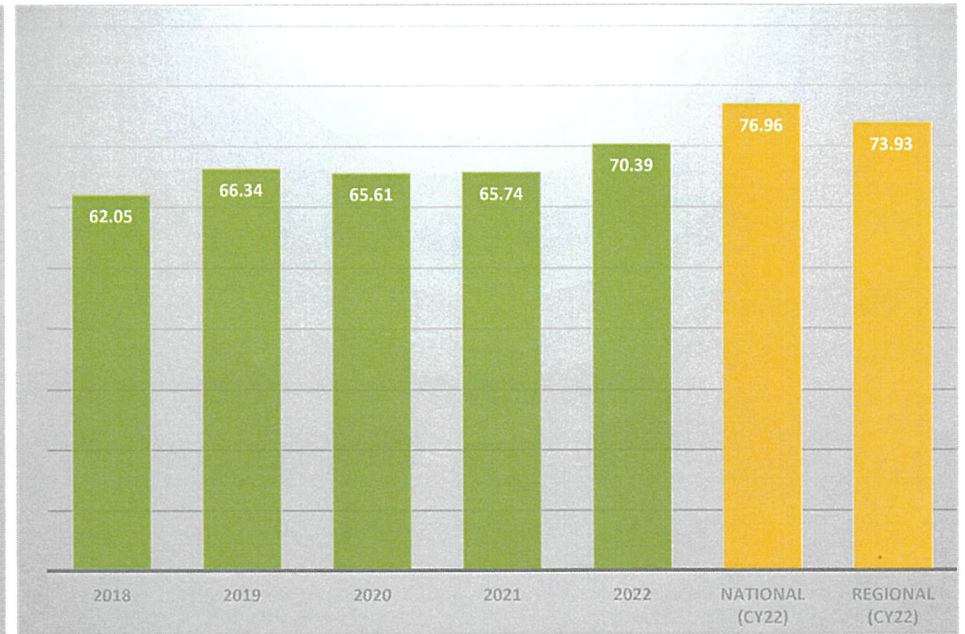
Source: National Center for Health Statistics, Mortality data, 2018-2021. National Center for Health Statistics, Natality data, 2022.

ACCESS TO MATERNAL HEALTH CARE

PRENATAL CARE



POSTPARTUM CARE



MATERNAL MORTALITY REVIEW
COMMITTEE,
DOH, AND HSD
ALANNA DANCIS, DNP

THE IMPACT OF MMRC ON MAD POLICY

Key Finding	79% of pregnancy related deaths occur postpartum
Interventions	12-month postpartum coverage
	Define postpartum period as 12-month in Turquoise Care contract
	Include postpartum coverage in doula benefit
	Fund study with Center for Health Policy to evaluate new payment structures for birth to incentivize more robust postpartum follow-up
	Performance Metric Turquoise Care: Timeliness of postpartum care

THE IMPACT OF MMRC ON MAD POLICY

Key Finding	Substance use disorder contributed to 40% of pregnancy-related deaths. Mental health conditions contributed to 36% of deaths.
Interventions	Strategic planning meetings to commence in January between MAD, DOH, and BHSD
	Performance Metric Turquoise Care: Pharmacotherapy for Opioid Use Disorder
	Comprehensive Addiction Recovery Act Letter of Direction
	Expansion of Centennial Home Visiting programs to include postpartum enrollment in January 2024

RECOMMENDATIONS AND RESPONSE

MMRC Recommendation	HSD Response
Expand Medicaid Eligibility to provide full pregnancy benefit coverage for one year postpartum.	Completed in April 2022.
Increase access to perinatal mental healthcare and support by expanding treatment options, including telehealth models, and integrating wraparound services, such as home visiting, particularly in rural communities.	Strategic planning sessions Home visiting expansion Strengthening network adequacy requirements in Turquoise Care contract
Increase resources for care coordination, continuity of care, and access to care between prenatal/postpartum providers, substance use treatment, and mental health treatment.	All pregnant people will be automatically in care coordination level 1. All care coordination for pregnant people will be delegated to community-based organizations in Turquoise Care.
Raise community-level awareness of the significant role of motor vehicle crashes in pregnancy-associated deaths, and increase funding for education on risks, proper use of seatbelts, and enforcement of safety regulations.	Funding of ROAMS program to allow telehealth to continue in Clayton, Raton, and Taos counties. Examine potential hub and spoke model of prenatal and postpartum care for 1115 waiver amendment.

HSD MATERNAL HEALTH INITIATIVES

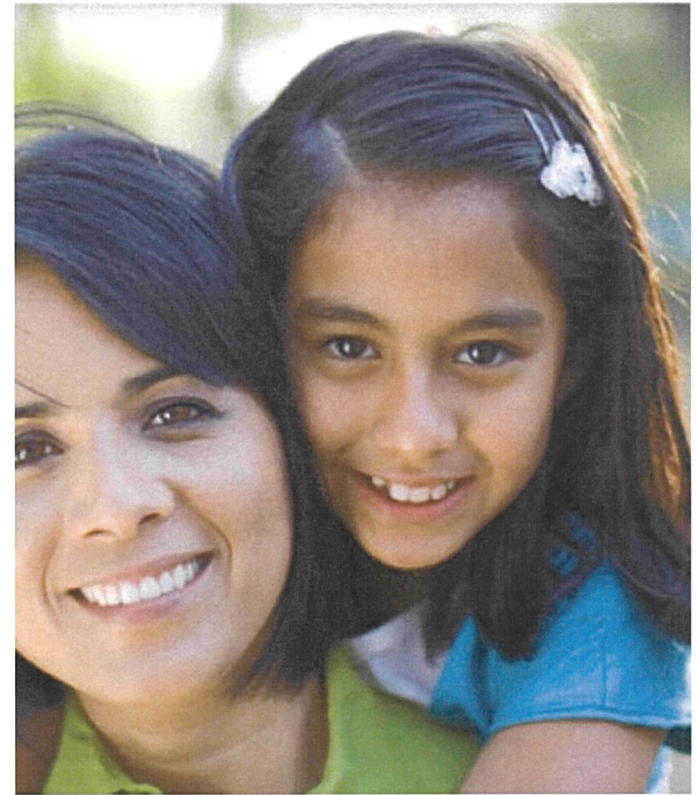
ALANNA DANCIS, DNP

OTHER HSD INITIATIVES

- Directed payments
- Doula Benefit and Lactation Consultant benefit to begin FY 2025
- Standing Order for Opill and Emergency Contraception January 2024



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Q&A

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