



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

May 1, 2019

**SENT VIA ELECTRONIC MAIL**

The Honorable Joyce Krawiec, Chair  
Senate Health Care Committee  
North Carolina General Assembly  
Room 308, Legislative Office Building  
Raleigh, NC 27603

The Honorable Dan Bishop, Chair  
Senate Health Care Committee  
North Carolina General Assembly  
Room 2108, Legislative Building  
Raleigh, NC 27601

Dear Chairmen:

Session Law 2018-93, Section 1.(b), requires the Department of Health and Human Services to study and analyze North Carolina's ability to provide women with timely and equitable access to high-quality, risk-appropriate maternal and neonatal care and submit an interim report of its findings and recommendations to the 2019 General Assembly on or before May 1, 2019. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions concerning this report, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

*Mandy T. Cohen*

*for* Mandy Cohen, MD, MPH  
Secretary

cc: Matt Gross LT McCrimmon Rob Kindsvatter Beth Lovette Kody Kinsley  
Joyce Jones Marjorie Donaldson Steve Owen Lisa Wilks Theresa Matula  
Denise Thomas Katherine Restrepo Erin Matteson Mark Benton Zack Wortman  
Jessica Meed Deborah Landry Susan Perry-Manning Mark Collins  
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STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

May 1, 2019

**SENT VIA ELECTRONIC MAIL**

The Honorable Gregory Murphy, Senior Chair  
House Health Committee  
North Carolina General Assembly  
Room 307B1, Legislative Office Building  
Raleigh, NC 27603

The Honorable Josh Dobson, Chair  
House Health Committee  
North Carolina General Assembly  
Room 307B, Legislative Office Building  
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair  
House Health Committee  
North Carolina General Assembly  
Room 303, Legislative Office Building  
Raleigh, NC 27603

The Honorable Larry Potts, Chair  
House Health Committee  
North Carolina General Assembly  
Room 306B1, Legislative Office Building  
Raleigh, NC 27601

The Honorable Donna White, Chair  
House Health Committee  
North Carolina General Assembly  
Room 306A2, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

Session Law 2018-93, Section 1.(b), requires the Department of Health and Human Services to study and analyze North Carolina's ability to provide women with timely and equitable access to high-quality, risk-appropriate maternal and neonatal care and submit an interim report of its findings and recommendations to the 2019 General Assembly on or before May 1, 2019. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions concerning this report, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

*Mark T. Bunker*

*for* Mandy Cohen, MD, MPH  
Secretary

cc:	Matt Gross	LT McCrimmon	Rob Kindsvatter	Beth Lovette	Kody Kinsley
	Joyce Jones	Marjorie Donaldson	Steve Owen	Lisa Wilks	Theresa Matula
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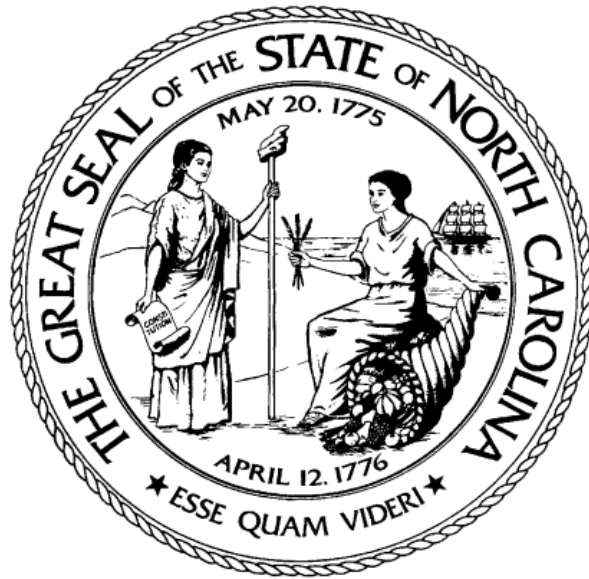
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# **DHHS Study on Risk-Appropriate Maternal and Neonatal Care**

**Session Law 2018-93, Section 1**



**Report to the  
House Health Committee  
and  
Senate Health Care Committee**

**By  
North Carolina Department of Health and Human Services**

**May 1, 2019**

## **Background**

Section 1 of Session Law 2018-93 (SL 2018-93) directed the North Carolina Department of Health and Human Services (DHHS) to study and analyze North Carolina's ability to provide women with timely and equitable access to high-quality, risk-appropriate maternal and neonatal care. Further, the study is to examine at least all of the following:

- (1) The complexity levels of care currently being provided by all delivering hospitals in caring for birth mothers and newborns.
- (2) How current systems of referral and transport to different facilities and specialty providers based on patient risk are being managed.
- (3) Disparities in access to risk-appropriate maternal and hospital care.
- (4) Service gaps.
- (5) Issues that impact the ability to most appropriately match patient need with provider skill.
- (6) Recommendations for actionable steps that can be taken in North Carolina to best ensure that pregnant women receive quality prenatal care and that mothers and newborns are cared for in a facility that can meet their specific clinical needs.
- (7) Any other issues the Department deems relevant to this study

DHHS is directed to make an interim report of its findings and recommendations to the 2019 Regular Session of the 2019 General Assembly on or before May 1, 2019, and a final report of its findings and recommendations, including any recommended legislation, to the 2020 General Assembly.

DHHS Division of Public Health (DPH) contracted with the NC Institute of Medicine (NCIOM) to convene the Perinatal Systems of Care Task Force. This interim report provides an overview of the NCIOM Task Force Process and Duties, Role of Task Force Volunteers, the Task Force Charge, and an overview of the first four meetings of the Perinatal Systems of Care Task Force. A list of Task Force and Steering Committee members is included in *Appendix 1*.

## **NCIOM Task Force Process and Duties**

Although every North Carolina Institute of Medicine Task Force (NCIOM) is different in its topic, member composition, partnering organizations, and scope of work, the process typically follows a certain general method.

### **Task Force (TF) Components**

- A steering committee guides the work by constructing agendas, inviting speakers, and reviewing materials before distribution.
- Co-chairs preside over the TF meetings and guide members.
- NCIOM staff ensures the needs of the TF are met by facilitating discussion, authoring written materials (such as reports and fact sheets), arranging meeting logistics, and meeting other needs as they arise.

- TF meetings are public and interested persons may attend as many meetings as they like; although, comment and discussion are limited to Task Force members unless invited by the chair.

### **Task Force Duration**

- TF generally meets for 6-12 months, with work in two phases.
- The first phase typically involves one-half to two-thirds of the meetings and may be viewed as a fact-finding phase.
  - Speakers are invited to offer their perspective on the issue.
  - Presentations may include research summaries and/or statistics, a description of a program, the challenges and opportunities a certain constituency faces, or national developments.
  - Presenters may include TF members, researchers, national or state leaders, or NCIOM staff.
- The second phase may be viewed as the recommendation phase.
  - The TF begins developing, reviewing, refining, and approving policy recommendations based on the findings of the first phase.
  - A final report is initially authored by NCIOM staff.
  - At all points in the recommendation and report process, TF and Steering Committee members are encouraged to comment on written materials. Draft documents are circulated via email multiple times.
  - At the final meeting, TF members vote on the slate of recommendations.

### **Final Report**

- TF members review the tentative report, make changes, and vote on the report and recommendations.
- The TF usually selects a smaller subset of recommendations as priority recommendations.
- Because the report is issued under the name of the NCIOM, the full report must be approved by the NCIOM Board of Directors before it can be released.
- The NCIOM Board may make substantive changes to the report or recommendations, but typically the changes are very minor.

### **Task Force Volunteers**

#### **Task Force Members**

- TF members are nominated by the steering committee. The steering committee will be composed of a small group (usually 4-6) from agencies most directly partnering with the NCIOM.
- The process for nominating members generally involved an iterative review of qualified individuals and organizations required to bring perspective to the issue. The will usually include at least two consumer representatives.
- The steering committee will evaluate TF composition with attention to discipline, agency, geography, sex, and race/ethnicity.
- TF meetings are generally once per month (10 am – 3 pm) at the NCIOM in Morrisville, NC. Members are asked to attend (or call in) for most meetings. They are occasionally asked to read to and respond to emailed materials between meetings.

- All TF members (and steering committee members) are expected to read the report and give feedback before final publication as the report is issued.
- TF (and steering committee) members are occasionally asked to provide special assistance in writing a small section of the report (perhaps 1 paragraph), framing of recommendations, or attending an extra conference call particular to their expertise.
- Subcommittees or special work groups will occasionally meet outside the TF meetings to address particular issues.

### **Co-chairs**

- The co-chairs will call the meeting to order, recognize the speakers, keep the meeting on track, and call on members for questions and comments.
- The co-chairs are invited to but not expected to attend steering committee meetings.
- The co-chairs are expected to attend most meetings in person. Co-chairs are also full voting members of the TF.

### **Steering Committee**

- The steering committee generally meets once per month in addition to the TF meetings.
- Steering committee members are expected to attend most of both steering committee meetings and TF meetings (face to face or by phone).
- The steering committee will help staff identify potential TF members, create agendas, identify speakers, and will occasionally be asked to facilitate discussions during TF meetings.
- Steering committee members generally are not voting members unless they represent an agency or constituency otherwise not represented on the TF. Steering committee members may be asked to facilitate introductions to potential TF members or speakers.

### **Staff Duties**

- NCIOM staff will schedule all meetings, manage meeting logistics (including meals, space, communications) distribute material electronically, print materials for meetings, prepare agendas, take notes, distribute meeting summaries, post materials on website, invite speakers, prepare background research, write report, and disseminate report.
- Dissemination of reports usually involves presentations to key stakeholder groups, distribution of hard copy of report to key stakeholders (average dissemination 1,000-1,200 copies), issue a press release and respond to press queries.
- NCIOM publishes an update that reviews progress towards recommendations 3-5 years after the release of the report.

### **NCIOM Perinatal System of Care – Task Force Charge**

Both the North Carolina's Perinatal Health Strategic Plan 2016-2020, developed by DPH and its partners, and SL 2018-93 were used to determine the scope of work of the task force. Point 3 of the Plan intersects with the requirements of SL 2018-93 and is outlined below:

*Point 3E: Ensure that pregnant women and high-risk infants have access to the risk appropriate level of care through a well-established regional perinatal system.*

- *Decrease the percent of Very Low Birthweight (VLBW) and high-risk babies who are born at Level 1 and Level 2 hospitals 2.*

- *Define, identify and promote centers of excellence for VBAC (vaginal birth after cesarean) 3.*
- *Assess the levels of neonatal and maternity care services for hospitals using the consensus recommendations of the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM)*
  - *North Carolina's current criteria for assessing the levels of neonatal and maternity care services for hospitals are outdated and do not reflect current best practices.*

### **Task Force Meeting Summaries**

The Perinatal Systems of Care TF initially convened in January 2019 and is anticipated to continue through at least August 2019. At the time of the writing of this interim report, the TF had completed 5 meetings, all part of the initial information gathering stage. Below is a summary of each meeting, as well as the dates of the future TF meetings.

#### **Meeting 1: (January 11, 2019)**

- TF members were introduced to the co-chairs and received the charge to the TF.
- Presentations included a personal story about a woman's experiences during her two pregnancies, a Certified Nurse Midwife perspective, an overview of the current state of Perinatal System of Care and the goals of the TF, current data points, and the NC Perinatal Health Strategic Plan.
- All slides are available for review online at the NCIOM website:  
<http://nciom.org/events/task-force-meeting-11/>.

#### **Meeting 2: (February 1, 2019)**

- This meeting was divided into two primary topics: a description of various levels of care and a deep dive into the uses and mechanisms of the Centers for Disease Control and Prevention (CDC) Levels of Care Assessment Tool (LOCATe).
- This included a presentation of the existing NC guidelines on Neonatal Intensive Care Units (NICU); the American Academy of Pediatrics (AAP) Neonatal Levels of Care and the American College of Obstetrics and Gynecology (ACOG) Maternal Levels of Care; and the CDC LOCATe tool and its use across different states, including an overview of how the tool has been implemented in North Carolina.
- All slides and discussion material are available for review online at the NCIOM website:  
<http://nciom.org/events/task-force-meeting-15/>.

#### **Meeting 3: (February 28, 2019)**

Presentations included:

- A woman's experience with transfers in NC when her newborn was transferred to a higher level of care facility without her.
- Transport and back transport processes in healthcare facilities (the differences between Level 2 and Level 4 facilities).
- Experiences with the perinatal outreach program in NC before funding was terminated.
- The current state of perinatal outreach services at Vidant.

- All slides and discussion material area available for review online at the NCIOM website: <http://nciom.org/events/task-force-meeting-16/>.

#### **Meeting 4: (March 21, 2019)**

- This meeting focused heavily on the best practices of other states that have developed risk-appropriate perinatal systems of care.
- Presentations included:
  - Leaders in states with similar geographic barriers, like Tennessee, as well as states that have been very progressive in their approach to risk-appropriate neonatal and maternal care, like Texas.
  - An overview about the changes Medicaid Transformation in NC will bring to perinatal care.
  - The American College of Obstetricians and Gynecologists (ACOG)'s Maternal Levels of Care verification program, and the American Academy of Pediatrics (AA)'s Neonatal Intensive Care Unit Verification Program.
- All slides and discussion material area available for review online at the NCIOM website: <http://nciom.org/events/task-force-meeting-17/>

#### **Meeting 5: (April 11, 2019)**

- This meeting began with a consumer presentation on her experience with receiving prenatal care services.
- Other presentations included:
  - review of the current hospital licensure forms
  - focus on prenatal care within local health departments
  - challenges with 4th trimester care for women
- The Task Force also began discussions on potential recommendations
- All slides and discussion material area available for review online at the NCIOM website: <http://nciom.org/events/task-force-meeting-18/>

#### **Future Task Force Meeting Dates are:**

- Task Force Meeting 6: Thursday, May 2, 2019
- Task Force Meeting 7: Thursday, June 6, 2019
- Task Force Meeting 8: Thursday, June 27, 2019
- Task Force Meeting 9: Friday, July 26, 2019
- Task Force Meeting 10: Thursday, August 29, 2019

#### **Future Task Force Topic Areas are:**

- Access to appropriate levels of prenatal care
- Transportation to and from appointments (Prenatal Care, Specialists, etc.)
- Perinatal substance use and mental health concerns
- Nutrition
- Genetics
- Opportunities to partner with WIC on programs
- Centering & Doula's - Effectiveness, Costs, Data
- Patient's Rights, Advocacy and Engagement
- Access to high-risk perinatal care (specialists)



- The importance of relationship between Perinatal Outreach Coordinators and providers and lower level hospitals
- Regional Perinatal Centers

The Perinatal Systems of Care Task Force currently has 10 total meetings scheduled, with the belief that 12 will be necessary to fully ensure all necessary topics are adequately covered. These meetings include time to gather the necessary data for DHHS' final report to address North Carolina Session Law 2018-93 in an effective manner.

**Appendix 1**  
**NC Institute of Medicine**  
**Perinatal System of Care Task Force**

**CO-CHAIRS**

**Walidah Karim, DNP, CNM**

Obstetrics/Gynecology  
Cone Health Medical Group  
Center for Women's Healthcare at Women's Hospital

**Kelly Kimple, MD, MPH, FAAP**

Section Chief  
NC Department of Health and Human Services  
Division of Public Health, Women and Children's Health Section

**Kate Menard, MD, MPH**

Professor, Vice Chair for Obstetrics and Director  
UNC Maternal-Fetal Medicine

**Latoshia Rouse**

Parent, Speaker and Parent Advisor  
Newborn Individualized Developmental Care and Assessment Program (NIDCAP)

**MEMBERS**

**Lorrie Basnight, MD, FAAP**

Executive Director  
Eastern AHEC  
Associate Dean  
CME – Brody School of Medicine

**Martha Bordeaux, CNS, MSN, PNP-BC**

Neonatal Affiliations Coordinator, Director of Advance Practice Nursing, & Nurse Practitioner  
Duke University Health Systems

**Tara Bristol-Rouse**

Patient and Family Engagement Strategist  
Health Research and Education Trust

**Joanna Cartwright, NNP**

Neonatology  
Moore Regional Hospital

**Azzie Conley**

Section Chief, Acute and Home Care Licensure and Certification Section  
NC Division of Health Service Regulation

**Daragh M. Conrad**

Certified Genetic Counselor  
Wake Forest Baptist Health – Comprehensive Fetal Care Center

**Sarah Dumas, CNM**

Director  
Women's Birth and Wellness Center

**Steve Eaton, MPH**

Public Health Director  
Gaston County Department of Health and Human Services

**Rachael Elledge, MS, RD, LDN, CDE**

Clinical Nutrition Program Manager  
Durham County Department of Public Health

**Robin Emanuel, WHNP-C**

Women's Health Nurse Practitioner  
RHCC – Julian T. Pierce Health Center

**Joel Faircloth**

Executive Director  
Alexander Rescue Squad and EMS

**Jennifer Greene**

Health Director/CEO  
Apphealthcare - Appalachian District Health Department

**Jennifer Hardee**

Coordinator  
Pitt County Public Health Department – Women's and Children's Health Education Programs

**Kimberly Harper**

Perinatal Neonatal Outreach Coordinator  
UNC Center for Maternal and Infant Health

**Nancy Henley, MD, MPH**

Chief Medical Officer  
North Carolina Medicaid/NCDHHS DMA

**Sherika HiSmith George, MPH**

Associate Director  
Wake AHEC - Nursing Education

**Kelly Holder, DO**

Women's Health OB/GYN  
Rural Health Group Family and Women's Health

**Melissa Johnson, PhD**

Fellow, Early Intervention and Mental Health  
NC Child

**Commander Patrielle R. Johnson, CDR, NC, USN**

Directorate of Nursing Services  
Naval Medical Center – Maternal Child Infant Nursing Department

**Mary Kimmel, MD**

Assistant Professor and Medical Director  
UNC School of Medicine  
Department of Psychiatry, Perinatal Psychiatry Inpatient Unit

**Nancy Koerber**

Executive Director  
WNC Birth Center

**Senator Joyce Krawiec**

North Carolina State Senate

**Charea Mason**

Outreach Coordinator  
Christian Faith Center

**Martin McCaffrey, MD**

Professor of Pediatrics/ Neonatology, UNC School of Medicine  
Director, Perinatal Quality Collaborative of North Carolina (PQCNC)

**Janet McCauley**

Senior Medical Director, Clinical Effectiveness  
Blue Cross Blue Shield of North Carolina

**Corinna Miller**

Director, Community Engagement  
United HealthCare

**Stephanie Nantz**

Assistant Director of Operations  
Office of Rural Health

**Michaela Penix, MPH**

Director, MCH & Advocacy  
March of Dimes

**Duncan Phillips, MD, FACS, FAAP**

Pediatric Surgeon  
WakeMed Physician Practices

**Melissa Poole, CNM**

Certified Nurse Midwife  
WNC Birth Center

**Melinda Ramage, MSN, FNP-BC**

Medical Director, Project Cara  
Perinatal Nurse Practitioner, MAHEC

**Anu Rao-Patel, MD**

Medical Director  
Blue Cross Blue Shield

**Representative Robert Reives**

NC House of Representatives

**Lisa Sammons, MSW**

Mecklenburg County Health Department

**Roytesa Savage, MD, FAAP**

Pediatrician & Associate Professor  
Brody School of Medicine

**Tina Sherman**

Campaign Director, Breastfeeding/Paid Leave  
MomsRising

**Paul Lindsay Stevenson, MD**

OB/GYN  
Sentara OB/GYN Specialists

**Velma Taormina, MD**

Medical Director  
Gaston County Health Department

**Dolores Vasquez**

Robeson Healthcare Corporation

**Amy Williford, NNP**

Neonatal Transport Manager  
Vidant Medical Center

**Walker Wilson**

Assistant Secretary for Policy  
Department of Health & Human Services

**Chama Woydak, LCCE, CD (DONA), BDT (DONA)**

Owner

Homegrown Babies and Homegrown Families Health and Education Center

**STEERING COMMITTEE MEMBERS**

**Keith Cochran MA, MLT (ASCP), CABM, (C) NPM, LSSBB, PMP**

Program Manager

Perinatal Quality Collaborative of NC (PQCNC)

**Kay Mitchell CNM, MSM**

Clinical Nurse Specialist

Vidant - Perinatal/Neonatal Outreach Coordination Program

**Amanda Murphy, CNM**

Director

Centering Pregnancy & Mothering Asheville

**Frieda Norris MPH, BSN, FACCE, LCCE, CIMI**

Perinatal Educator

Caramount Regional Care Center Birthplace

**Belinda Pettiford, MPH**

Branch Head, Women's Health Branch

NC DHHS – Division of Public Health, Women's and Children's Health

**Tara Shuler**

Perinatal Health Unit Manager, Women's Health Branch

NC DHHS – Division of Public Health, Women's and Children's Health