DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Delaware Healthy Mother & Infant Consortium
Embracing the future of Delaware

HOPE COMMITTEE MEETING

Meeting Minutes

Date: April 2, 2025, 2:30 – 4:00 PM. Virtual Zoom and Anchor Site DPH
Name of note taker: Ana Bueno
Facilitator: Liddy Garcia-Bunuel
Attendees: Dr. Lindsay Ashkenase, Dede Hesse, Katie Labgold, Alethea Miller, DMMA, Vik Vishnubhakta, Meena Ramakrishnan, MD, Bridget Buckaloo, Dr. Priscilla Mpasi.

Agenda Item	**Notes**
Welcome and Roundtable Introductions	Dr. Lindsay Ashkenase and Dr. Alethea Miller welcomed members as co-chairs of the committee and asked members to introduce themselves. Members expressed their excitement about the work of the committee and the hope that the committee work will avoid duplication in the data-gathering process.
History and Evolution of this Committee	• Dr Ashkenase went over the Agenda and Dr. Miller went over shared agreements or ground rules. • Dr. Mpasi asked to modify the fourth bullet: "Keep in mind we are here to work together to support pregnant women in Delaware" to "Keep in mind we are here to work together to support pregnant **people and children** in Delaware". She mentioned she wanted to make sure the committee had an awareness of what is going on in the State of Delaware in terms of Data. • Dr. Priscilla Mpasi provided background on the committee's evolution from previous data-focused groups and informed members that the committee aims to analyze maternal and child health data from multiple sources, identify gaps, and ensure community voices are heard. The scope includes integrating clinical and public health data, examining equity issues, and engaging hospital leaders to address findings. • **ACTION ITEM: HMA to change 4th bullet under agreements to: "Keep in mind we are here to work together to support pregnant people and children in Delaware"**
Scope of Work from HRSA's Maternal Health Task Force/Resource Team Program	• Create asset map and gap analysis of MCH indicators • Complete report on data surveillance and reporting • General a CQI plan • Create a dashboard of metrics
Data Already Being Analyzed	• **Maternal and Child Death Review Commission:** Dr. Meena Ramakrishnan presented data from the Commission's three review programs: Child Death Review,

Sudden Death in the Young, FIMR, Fetal and Infant Mortality Review and Maternal Mortality Review, MMR. She highlighted the unique aspects of each program, including the triage process for FIMR cases and the interview component for FIMR and maternal mortality cases. Meena also shared quantitative data on the causes of death and risk factors in both infant and fetal cases, as well as qualitative data on strengths and findings in each case.

  - The MMR program looks at all pregnancy associated cases regardless of the cause of death
  - FIMR takes data from case abstraction and multidisciplinary case review
  - Quantitative data: shows trends over time: Preeclampsia prevention and FIMR cases: FIMR mothers' receipt of documented low-dose aspirin counseling when appropriate has increased and the proportion of preeclampsia in 2023 FIMR cases decreased.
  - FIMR findings to recommendations: Women with multiple physical health behavioral health and social health risk factors should be offered care coordination services and allowed the opportunity to decide which supports they want.
  - MMR Process: includes interview component with family or friends. Follows CDC guidelines. Identifying contributing factors and drafting recommendations.
  - Quantitative Data: pregnancy-related mortality ratio is 17.6 for Delaware in 2015-2022, on par with the national ratio
  - Overdose is the most common underlying cause of maternal death.
  - Dr. Meena Ramakrishnan emphasized the importance of care coordination and the need for recommendations based on the data. The data is available on the Commission's website. Data can be found at: https://courts.delaware.gov/childdeath/reports.aspx

- **MCH Indicators:** Vik Vishnubhakta presented a comprehensive list of process indicators and outcomes, highlighting the need for better data integration across different programs and data sources. The team also discussed the challenges of tracking individuals longitudinally and the limitations of survey data. They identified gaps in data collection, particularly in the postpartum period and preconception stage, and discussed the potential benefits of accessing Medicaid data.
  - Lindsay Ashkenase asked if he tracked WIC data. Vik indicated that currently, they do not get WIC data but they know that they were tracking data on breastfeeding and safe sleep and promotion.
  - Meena suggested using unsafe sleep-related deaths instead of SIDS
  - **Identified assets:** HealthySoft and HWHB. Access to data made available by home visiting (HFA, NFP, PAT, and CHWs.) Potential access to DHIN.
  - Alethea mentioned getting data from Medicaid
  - **Identified Gaps:** Difficult to track individuals longitudinally across data sources (e.g. blood pressure screening, hypertension preeclampsia but

	HWHB to HealthySoft; Enrollment criteria, Timeliness and access to data Birth Certificates/Vital Stats and Survey Data (PRAMS) o SMM data: Innovation component SMM 20 categories 10 data reported 6 counted o Bridget asked Vik about Eliot Mains's presentation at the AIM conference in DC on Severe Maternal Morbidity and how to measure it. Understand why acute renal failure is the largest contributor to SMM. o Possibly to look at low aspirin to see preeclampsia. o SUD: reduce SUD-exposed infants in 2024 percentage. Data integration. Treatment enrollment missing, nonfatal overdoses, o Emphasizing the need to focus on the preventive aspect of it. • **PRAMS and Vital Statistics:** Dr. Labgold presented the data available for family health systems. o **Base Cohort:** ▪ Infant and maternal birth hospitalization records: 2021-2022 ▪ Live birth certificates: 2012-2022 ▪ Fetal and infant death certificates: 2012-2022 o **Linkable subset:** ▪ PRAMS: 2027=2023 ▪ Program data (HWHB Home Vising SBHC Developmental Screening, MCTA Help Me Grow 211: Various years. ▪ Community-level data (Social and Structural DOH) ▪ Free response questions available in PRAMS where they share experiences team could leverage this information. o Vik shared that SBHCs are a good source as well o Lindsay asked if Title X could be used as well. o Katie and the team trying to get more recent data or on-time data. o Epis for SUD and STI to get more data o Helpful to understand how requesting data from Vital Stats works: ▪ Data request and approval must be received for each project. ▪ Current approved FHS projects: Surveillance of NOWS and Maternal SUD; Surveillance of Preterm Birth (including spatial analysis, zones); PPOR analysis (surveillance of feto-infant mortality); SHTN stillbirth PTB Analysis of LDA (DPQC evaluation project) ▪ Future planned analysis: State of maternal health report and ACEs and PCEs, ▪ Opportunity to leverage data • **ACTION ITEM: Vik to add unsafe sleep-related deaths and SUID**
Gap in Data Review and Analysis	• **Difficult to track individuals longitudinally** across data sources • **Enrollment criteria** for programs lead to limited reach on certain indicators (namely Home Visiting and HWHB).

	• **Timeliness and access to data** (Birth Certificates/Vital Stats). **Survey data** (PRAMS).
	• Bridget Buckaloo asked what type of data is being tracked by home visiting. Vik indicated that home visiting looks at demographics utilization, ethnicity, and employment attainment. They also collect improvements in specific services for example: Breastfeeding, developmental screening, parent parent-child interaction.
	• Dr. Katie Labgold added there is a lack of information during the post-partum period and pre-partum. Possibly Medicaid.
	• Dr. Miller added that home visiting and MCOs reimbursed through Medicaid. CFF's new HER system.
	• Federal guidelines may also create gaps in data on ethnicity.
	• Vick mentioned SUD grant post-partum discharge transition focusing on 4th trimester of care.
	• Bridget mentioned there is not a great way to track discharge post-partum visit scheduled.
	• NOWS and SUD: Bridget suggested avoiding duplication between the data DPQHC data collected and the data collected by Dr. Labgold in the near future.
	  • Vik Vishnubhakta mentioned Title X, WIC, CFF, and someone from DHIN to share access.
	  • Lindsay Ashkenase suggested including Title X and WIC data.
	  • This section of the meeting ended with a discussion on the need for a baseline postpartum visit rate for the Medicaid population and the challenges of measuring this rate.
	  • **ACTION ITEM: Dr. Miller to investigate Medicaid data access for postpartum and outpatient visit information.**

Missing voices at the table	• Vik Vishnubhakta shared:
	  o Title X, WIC, CFF (Kirsten Olson)
	  o Someone from DHIN who could share how to access it?
	• **ACTION ITEM: HMA to research Title X representation for potential inclusion in the committee. Will ask WIC and CFF to attend the next meeting.**

Closing and Next Steps, Co-Chairs	• Dr. Ashkenase and Dr. Miller suggested meeting more often so as not to lose momentum. • Committee to review Goals and objectives during the next meeting • Committee members agreed that the main gaps on data collected are in prevention and post-partum • Dr. Mpasi mentioned that the gap seems to be mainly out-of-hospital data. • Committee members agreed to schedule a follow-up meeting to define the committee's mission and vision and to identify specific goals and objectives. The committee also discussed the need to adapt their description on the website to reflect their new focus. They agreed to invite additional voices, including

	community members, CBOs, and health advocates, to contribute to the data collection process. The committee also discussed the potential for collaboration with Title X to access more data. • **ACTION ITEM: HMA is to send the master deck from the meeting and to develop a poll and the agenda for the next meeting which will be scheduled next month.**
Adjournment	• Meeting adjourned at 4:00 PM