JOINT DPQC / MCDRC PUBLIC MEETING

SEPTEMBER 15, 2025 | 4PM | DOVER HILTON GARDEN INN

MINUTES

Attendees—

Dr. Garrett Colmorgen	Leah Jones	Patricia Dailey Lewis
Mona Liza Hamlin – DHMIC Rep	Dr. Dede Hesse	Kim Liprie
Dr. Mark-Anthony Umobi	Brit Seidt	Aleks Caspar
Bridget Buckaloo	Shebra Hall	Kim York
Dr. Erica Heilman	Kathy Kolb	Katy Kaplan
Dr. Nancy Petit	Hanunah Oqlesbg	Trenee Parker
Tracy Harpe	Megan Coalson	Andra Warfee
Deborah Knight	Stephanie Wagner	Essence Sutherland
Kelly Ensslin	George Yocher	Vik Vishnubhakta
Meena Ramakrishnan	Cassandra Codes Benjamin	Dara Hall

Agenda & Discussion

1. Welcome

- Dr. Garrett Colmorgen opened the meeting, noting the joint nature of the session.
- Attendees were invited to ask questions and provide comments on presentations and next steps.

2. MCDRC Annual Report – Meena Ramakrishnan

- A moment of silence was held to honor women and children lost.
- Overview of MCDRC mandate and committee structure (Child Death Review, Sudden Death in the Young, Fetal & Infant Mortality Review (FIMR), and Maternal Mortality Review (MMR)).
- **FIMR findings (2024):**
  - 48 cases reviewed.
  - One in four women experiencing a loss did not attend postpartum visits; rates have been stagnant.
  - ~33% had late or no prenatal care (2nd or 3rd trimester start).
  - Higher late/no care among Kent and Sussex residents, Medicaid beneficiaries, and Black/Hispanic mothers.
  - Recommendations included: streamlined care coordination referral processes, improved provider/family education, expansion of midwifery training in Delaware, and stronger support for interconception care.
- **Maternal Mortality Review:**
  - 9 cases reviewed; 5 due to overdose.
  - Overdose has been leading cause for five years (61% of cases).
  - 90% deemed potentially preventable; majority occurred in late postpartum period.
  - Recommendations:
    - Nurse navigators for high-risk transitions postpartum.
    - Better use of ED as a touchpoint for SUD resources.

        - Expanded harm reduction and Narcan access; promotion of helpisherede.com.

3. DPQC Grant Updates – Bridget Buckaloo & Garrett Colmorgen

- **AIM Capacity Grant (Alliance for Innovation on Maternal Health):**
    - Focus: Transition to postpartum care (4th trimester model).
    - Objective: Ensure two- to three-week "safety check" visit in addition to six- to twelve-week comprehensive postpartum visit.
    - Activities: Toolkit development, provider/hospital education sessions, tracking of visit scheduling, and leveraging extended Medicaid coverage.
- **SMHI Innovation Grant:**
    - Focus: Substance use disorder and overdose deaths.
    - Innovation: Training peer support specialists as doulas to support women prenatally through the first postpartum year.
    - Includes creation of a Maternal Health Task Force, a strategic plan (now on 3rd draft), listening sessions with women with lived experience, and partnerships with DFS and other stakeholders.
    - Sustainability and data evaluation are key goals.

4. MHTF Strategic Plan

- As part of SMHI grant obligations, DPQC/MCDRC developing a maternal health strategic plan.
- Intent: Improve linkage of care coordination between providers, MCOs, and community services.
- Strategic plan and continuous quality improvement plan are in development.

5. DPQC Initiatives – Vik Vishnubhakta & Bridget Buckaloo

a. Time to Treat (Severe Hypertension):

- Data show improvements in both identification and timely treatment since initiative began (Aug 2023).
- Education addressed confusion between isolated severe hypertension vs. persistent severe hypertension.
- Hospitals now consistently retake and act within 15 minutes.

b. Severe Maternal Morbidity (SMM):

- Rates increasing since 2022, though sample size small.
- Acute renal failure unexpectedly largest component, possibly related to coding practices.
- Hospitals encouraged to conduct internal reviews of SMM events; may expand tracked measures.

c. OB Hemorrhage:

- Stagnant at ~7–8% across birthing hospitals.
- Inventory showed compliance with national bundles, but gaps in trauma-informed care and disparity reduction.
- Link between rising induction rates and hemorrhage noted.
- Attention drawn to prenatal anemia management and transfusion thresholds.

d. Low-Dose Aspirin:

- Adoption improved since 2021, though plateaued below target.
- Barriers: late/no prenatal care, conflicting provider/pharmacy messages, lack of patient understanding.
- Discussion on use of claims data (e.g., DMMA) to track fills/refills.
- Opportunities identified for provider and patient-facing education.

e. Eat. Sleep. Console.

- Two hospitals have begun implementation; data not yet available.
- Focus on improved care models for infants with neonatal abstinence syndrome.

6. Public Comments

- Attendees raised questions about data collection limits, referral follow-up, and broader adoption of doula training standards.
- Suggestions included leveraging pharmacy claims data, free supplemental trainings for doulas, and stronger postpartum supports.

7. Adjournment

- Dr. Colmorgen thanked all participants and emphasized ongoing collaboration.