 ***DELAWARE HEALTH* AND SOCIAL SERVICES**

**Division of Public Health**

**Well Woman Committee and Black Maternal Health Committee**

**Meeting Minutes**

**Date:** May 14, 2024

**Chair/Facilitators:** Mona Liza Hamlin

**Recorder:** Hannah Savage (Health Management Associates (HMA))

**Location:** Virtual

**Well Women Committee’s Primary Focus**:

* Focuses on a comprehensive and evidence-based approach to reproductive health and the health of women before, during and between pregnancy
* Focused on a women centered, and clinician engaged care.

**Black Maternal Health Workgroup’s Primary Focus:**

* The Black Maternal Health Workgroup focuses on how to address the persistent maternal health disparities gap, by bringing awareness through grassroots organizations, educating consumers so educators and Black women can have better outcomes before, during and between pregnancy
* Focuses on maternal mental health as a current priority

**Welcome and Introductions:** Meetingwas called to order by Mona Liza Hamlin at 9:05 am.

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| Ama Amponsah | Hannah Savage | Lori Holsey |
| Anne DeCaire | Helen Arthur | Michelle Mathew |
| Bridget Buckaloo | Joan Kelly | Mona Liza Hamlin |
| Cynthia Guy | Kirsten Olson | Philinda Mindler |
| Danielle Johnson | Kristen Dricken  | Shebra Hall |
| Dara Hall | LaToya Washington | Yinka Isichei |
| Elizabeth Campbell | Leora Sansone | Yvonne Fletcher |
| Erin Rideout | Leah Jones Woodall |  |
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The January 24, 2024, minutes were approved unanimously.

**New Business:**

1. Welcome and Introductions
2. Review of January 24, 2024, Meeting Minutes
	1. All minutes will be posted at the following link: <https://dethrives.com/dhmic/committees-and-workgroups/well-woman-black-woman-health-workgroup#upcoming-meetings>
	2. The January 24, 2024, minutes were approved unanimously.
3. Review of Progress, November 2023-January 2024
	1. The committee reviewed the progress we have made from November 2023 through today including developing the Fourth Trimester Health and Wellness Priorities. We reviewed these priorities and requested committee members add any priorities that have not been discussed yet (see below).
		1. Substance use disorder
		2. Physical health, exercise, and nutrition (preconception)
		3. Cultural humility and trauma
		4. Finding strength in faith-based organizations
		5. Youth education, prevention, and health promotion
		6. Health literacy
	2. Committee members discussed that the DHMIC has focused on youth education and awareness before
	3. Committee members want to ensure we do not reinvent the wheel when it comes to the resource list and ensure we are raising awareness around what already exists.
	4. Committee members raised the issue of getting the resource list out to the right people and making sure it does not get lost. We need to take some time to focus on distribution and creating something that is useful.
	5. The group noted that as we move forward, it is important to find the low-hanging fruit to tackle and make progress.
	6. The committee viewed the Maternal and Infant Health Stakeholder List and commented that it will be a good resource and would like to fill it out further.
4. Group Activity: Fourth Trimester Health and Wellness Resources, by Priority
	1. Gaps and Opportunities Grid
		1. For Reference: ACOG Committee Opinion Article <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care#:~:text=In%20addition%20to%20being%20a,urinary%20incontinence%202%203%204>
		2. The committee would like to see the resources organized by time intervals, including preconception, post-partum, and others, to be able to sort the resources.
	2. As the committee reviewed the grid of existing resources mapped to our priorities we discussed where the gaps and opportunities might be for us to make an impact. The committee also requested more existing resources be added to the grid and offered to email co-chairs with additional information about what exists. The following describes the gaps and opportunities identified.
		1. Chronic disease self-management, specifically around vaping. Providers are seeing a lot of pregnant people vaping and struggling to stop and could use more awareness, support, and resources targeted to this issue. A committee member noted that they hear about smoking cessation, but not vaping in the hospital setting.
		2. Awareness of existing resources – Peer support, doulas, and others need to know what is out there. There is a need to get this resource into the community and make sure the resource is accessible and user friendly.
			1. Committee members highlighted health literacy and the many languages spoken throughout Delaware. Anything we are developing and putting online should be accessible for everyone.
			2. Additionally, there is a need to consider the ways youths communicate online and to speak the language they speak or reach them where they are. It is important to involve youth in creating content.
			3. The Family Planning team did a sexually transmitted infections campaign using videos and a professional nurse speaking with students that was shared on social media and worked well.
		3. Substance Use Disorders (SUDs) – The fetal and infant mortality review under maternal and child death have a focus on SUDs. There is a need to improve the process when the provider asks parents through verbal screening about drugs. While marijuana use has increased and is legal, there are challenges in the system with making it safe for people to say yes and ask for help without fear of getting their child taken. The committee discussed being a designated reporter but would like to have a more positive approach that leads to safety net enhancement.
			1. Looking at maternal mortality data, most people are dying outside the hospital in the first year from substance use and chronic conditions. It is important to see this data by race and ethnicity. The committee reinforced that decisions need to be made based on data. The 2023 Delaware Maternal and Child Death Review Annual Report can be found here, please note page 36. <https://courts.delaware.gov/forms/download.aspx?id=246228>
			2. The Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles (PSBs) are a collection of evidence-based practices that aim to improve maternal care and outcomes. The bundles are developed by multidisciplinary working groups that include experts, researchers, and patients. The goal is to reduce severe illness and deaths by improving the quality of care during delivery and postpartum.
			3. There are existing resources and communications we could dust off and repackage to use again.
		4. Community Action Team – This group is already doing SUD work and has their own independent goals using a community-based approach. We may be able to partner with this team.
		5. Life Planning – The life plans have not been revisited in a long time, these are an opportunity to go back revamp these tools and relaunch the toolkit of community health workers and doulas. There can be a teen and an adult version.
	3. The committee needs to go through the priority list and determine what we do not need to focus on and what can be our main priority to be able to create goals. We want to make sure we have a return on our investment and members stay engaged.
5. Next Steps and Closing
	1. Look out for our Summer Workgroup date (Virtual). This time will be used to “scrub” the priority list and narrow it down to something we will be able to work on.
	2. We will also discuss the best methods to socialize the resource guide. If we have time, we will also begin reviewing the life plan toolkit.
	3. Save the Date: Q3 Well Woman/Black Maternal Health Committee Date: Tuesday, September 10, 2024 (In-Person)