

BUILDING MAINE'S PERINATAL SYSTEM OF CARE

Table of Roadmap Findings and Actions Currently Underway or For Future Consideration

August 2023

Building Maine's Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

This table is organized with regard to the four core components (**Access, Workforce Education & Training, Data, Surveillance & Evaluation, and Quality Improvement**) and the four cross-cutting components (**Parent & Family Education, Diversity, Equity, Inclusion & Belonging, Communication, Coordination & Infrastructure, and Policy & Environment**) of Maine's Perinatal System of Care that were identified in the Roadmap Project Report.

Findings are based on the research phase of the Roadmap project. **Current Actions Underway and Those for Future Consideration** include those made directly by interviewees and/or were drawn from information provided to the authors of this report. **Survey Comments** are those made by respondents to a SurveyMonkey survey that was distributed to numerous Perinatal System of Care mailing lists in the fall of 2023.

The purpose of the Table is to stimulate formal and informal discussions with individuals, organization, and communities across the state and to support additional work to identify priorities and action steps that will contribute to further building and strengthening Maine's Perinatal System of Care improving outcomes for all.

For more information, contact Ashlee Crowell-Smith, Center for Quality Improvement at acrowell-smith@mainemed.com

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
ACCESS	<p>1. OB service closures are increasingly limiting access to care in rural areas.</p>	<p><i>Actions currently underway:</i></p> <p>1.1 State government, hospitals, and advocates, providers, patients, and families are working together on collaborative approaches to hospitals that are considering OB unit closure. Examples of actions include:</p> <ul style="list-style-type: none"> • Perinatal Outreach Education and Consultation Services (POEC) is providing education including orientation for new staff and on-going professional development for existing staff. • Quality Improvement initiatives, such as AIM bundles, are aimed at improving patient outcomes and engaging/retaining staff. • Dissemination and adoption of the Preterm Labor Perinatal Risk Assessment by all Maine birthing and non-birthing hospitals is underway. • Rural Maternity and Obstetrics Management Strategies (RMOMS) and Maine Maternal Opioid Model (MaineMOM) are working to expand access to services through technologies such as telehealth. <p><i>Actions for future consideration:</i></p> <p>1.2 Support analysis of data and policy options by DHHS Rural Health Transformation Team, Office of Rural Health, hospitals, and others.</p> <p>1.3 Explore strategies to keep maternity units open and retain/recruit stable, high-quality nursing and physician staff:</p> <ul style="list-style-type: none"> • Encourage hospitals and hospital systems to consider creative nursing/midwifery/physician staffing-regional float pool strategies • Encourage the Maine Hospital Association and other relevant organizations to promote collaborations between hospitals and local schools of nursing to promote Maternal and Child Health (MCH) experiences in undergraduate setting and engage in MCH care. • Encourage PQC4ME, the Maine Hospital Association, POEC, and others to explore establishment of a system by which lower volume community hospitals nurses and providers can experience orientation and ongoing clinical competency in higher volume, including tertiary care settings.

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
		<p>Survey Comment: 1) <i>Explore expansion of Maternal Fetal Medicine in-person or telemedicine patient consult visits to rural regions of the state.</i></p>
	<p>2. Coverage for 12 mos. postnatal care for pregnant women enrolled in MaineCare was approved in August 2022.</p>	<p>Actions currently underway: 2.1 Pregnant women enrolled in MaineCare are being encouraged to engage in recommended prenatal and postnatal care, especially those whose access may be limited due to language, geography, culture, race, or other issues in a new campaign implemented by the Office of MaineCare Services.</p> <p>Actions for future consideration: 2.2 Monitor data to determine prenatal and postnatal care participation.</p>
	<p>3. Pregnant women enrolled in MaineCare have higher rates of tobacco and substance use, experience stress at higher levels than privately insured women.</p>	<p>Actions for future consideration: 3.1 Assure all pregnant women enrolled in MaineCare are screened and engage in referrals and treatment for tobacco use, substance use, depression, other mental health issues, and domestic violence; promote awareness of screening and referral services among providers.</p> <p>3.2 Promote collaboration and partnerships among Maine CDC’s Public Health Districts, Maine Prevention Services Network, Maine Center for Tobacco Independence, Maine Coalition to End Domestic Violence, and behavioral and substance use providers who can support referrals for services.</p> <p>Survey comments: 1) <i>Increase access to Community Health Workers, Maine Families Visitors, and other community-based, family-centered services.</i> 2) <i>Include Child Development Services Part C in collaborative partnership efforts to support families of infants who are eligible for services.</i></p>
	<p>4. Providers and public are unclear as to who qualifies for visits to birthing people from Public Health</p>	<p>Actions currently underway: 4.1 Public Health Nursing (PHN) referral team is working to promote awareness and benefits of home visits among providers, community organizations, birthing people, and families.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>Nursing and/or Maine Families and use of these beneficial services is low.</p>	<p>Actions for future consideration:</p> <p>4.2 Encourage PHN to partner with PQC4ME to discuss a possible QI initiative, including a change to policy such as an opt out approach as opposed to the current opt in approach, to achieve the goal of increasing prenatal and postpartum referrals to PHN.</p> <p>4.3 Encourage PHN to monitor data to assure that all birthing people have at least one home postpartum visit from Public Health Nurses and/or Maine Families.</p> <p>4.4 Explore EMS community paramedicine program for select patients.</p> <p>Survey comments:</p> <ol style="list-style-type: none"> 1) <i>Expand Maine Families eligibility beyond infant age of four months.</i> 2) <i>Quality improvement initiative related to Cradle ME referrals to best utilize forms and referrals.</i> 3) <i>Include Early Head Start Home Visiting Program as an option for families in counties that offer the services.</i> 4) <i>Consider piloting in one region or county an opt out approach to home visiting services. Include assessment of engagement in the evaluation of the pilot.</i>
	<p>5. Screening for MH issues has increased but gaps exist regarding treatment resources including counseling, medication management, etc.</p>	<p>Actions currently underway:</p> <p>5.1 RMOMS grant is exploring expansion of opportunities for telehealth as a delivery mechanism.</p> <p>Actions for future consideration:</p> <p>5.2 Promote universal use of validated screening tools for pregnant and postpartum people, as well as adoption of systems and processes that assure warm handoffs or closed loop referrals among health care and behavioral health providers.</p> <p>Survey Comments:</p> <ol style="list-style-type: none"> 1) <i>Recruit mental health providers.</i> 2) <i>Develop strategies and education around stigma reduction.</i> 3) <i>Ongoing education for clinicians (NOTE: RMOMS is beginning an ECHO series in October, 2023).</i>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
<p>WORKFORCE EDUCATION & TRAINING</p>	<p>1. Challenges before, during and after the COVID-19 pandemic continue to create tremendous pressure on workforce recruitment and retention among nurses, primary care and specialty physicians, midwives, and others.</p>	<p><i>Actions currently underway:</i></p> <p>1.1 RMOMS is in discussions with PQC4ME to conduct a qualitative and quantitative analysis of current perinatal workforce capacity, including all professionals who deliver babies and /or care for newborns. Some, but not all this information is collected during POEC annual site visits to assess hospital LOC status and needs.</p> <p><i>Actions for future consideration:</i></p> <p>1.2 Convene leadership of nursing programs and hospitals in Maine to review above report to develop and support recommendations regarding enrollment, graduation, and placements, including the number of new graduates projected to enter the specialty of maternal and infant care.</p> <p>1.3 Encourage RMOMS, PQC4ME, POEC to disseminate the report; engage and convene leaders of education and training programs, policymakers, and advocates in developing and supporting recommendations.</p> <p>Survey Comment:</p> <p>1) <i>Important to consider compensation and life balance.</i></p>
	<p>2. Core statewide resources of Perinatal Outreach Coordinators, Maternal Fetal Medicine physicians, and neonatology consultants provide valuable services to birthing people and families, hospitals, hospital teams and providers across the state.</p>	<p><i>Actions currently underway:</i></p> <p>2.1 Many efforts are underway to assure coordination of services and technical assistance among both Perinatal Outreach Coordinators and inclusion of Coordinators, Maternal Fetal Medicine, and neonatology in advisory groups, perinatal system of care-related strategic planning and evaluation.</p> <p><i>Actions for future consideration:</i></p> <p>2.2 Assure adequate capacity of providers and widespread understanding and awareness of when and how to access MFM; assure alignment and coordination when policies are created or updated.</p>
	<p>3. Perinatal Nursing leadership turnover- leadership academy or</p>	<p><i>Actions for future consideration:</i></p> <p>3.1 Encourage POEC to discuss at future Perinatal Leadership Coalition of Maine (PLCM) meeting the need to create a leadership academy or other support for</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>other support for emerging leaders</p>	<p>emerging leaders, or utilize an existing program such as the Hanley Health Leadership Program.</p> <p>3.2 Encourage hospital senior leadership to support emerging nurse leaders’ participation in leadership academies or similar programs.</p>
	<p>4. Maternity unit closures are due in part to workforce issues such as education and training, retention, and recruitment; innovations are needed to enhance existing models of care.</p>	<p>Actions currently underway:</p> <p>4.1 The Association of Certified Nurse Midwives (ACNM) is exploring with Maine colleges/universities the creation of a CNM program.</p> <p>Actions for future consideration:</p> <p>4.2 Explore expanded numbers of obstetrics residents per year at the Level 4 facility. If successful expansion of numbers, assure that each resident has at least one month of experience in a rural setting during their four years of training.</p> <p>Survey Comment:</p> <p>1) <i>Expand loan repayment options for the full range of health care providers who stay in Maine to practice.</i></p>
	<p>5. A dwindling number of FM physicians who can do C-sections has contributed to the closures of some maternity units. Variation in training exists with respect to newborn resuscitation skills.</p>	<p>Actions for future consideration:</p> <p>5.1 Convene teaching hospitals and residency program leadership to explore creating an OB fellowship program for Family Medicine (FM) residents in Maine.</p> <p>5.2 Expand training for family medicine residents to assure that all FM residents have adequate exposure to well and high-risk newborns and newborn resuscitation skills.</p>
<p>DATA, SURVEILLANCE AND EVALUATION</p>	<p>1. Awareness of perinatal data surveillance and related reports is often low, complicated by a lack</p>	<p>Actions currently underway:</p> <p>1.1 Funding has been secured for a new Early Childhood Integrated Data System as part of the new Preschool Development Grant.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>of awareness about where to find data.</p>	<p>1.2 Interactive graphics that describe and provide detail on Perinatal System of Care components have been created for the Roadmap report and website.</p> <p><i>Actions for future consideration:</i></p> <p>1.3 Promote awareness of Perinatal System of Care dashboards, reports, and presentations developed by MCDC Maternal and Child health epidemiologists and others.</p>
	<p>2. Data describing components of the Perinatal System of Care are not often linked to other systems, such as early childhood; linking data across the developmental continuum would provide greater awareness and understanding by parents and families, providers, policymakers, and others.</p>	<p><i>Actions for future consideration:</i></p> <p>2.1 Promote broad engagement in the development of the new Early Childhood Integrated Data System as well as awareness of the system and how to access it.</p>
	<p>3. The new Perinatal Needs Assessment will provide much-needed qualitative and quantitative data on disparities within the Perinatal System of Care.</p>	<p><i>Actions currently underway:</i></p> <p>3.1 The Perinatal Disparities Needs Assessment was launched in May 2023 and will be completed in the Spring of 2024.</p> <p><i>Actions for future consideration:</i></p> <p>3.2 Encourage PQC4ME, Maine CDC, POEC, to promote awareness of the report and findings, including the list of key indicators.</p>
	<p>4. The <i>Understanding and Addressing the Drivers of Infant Mortality</i> Report, published in 2020,</p>	<p><i>Actions for future consideration:</i></p> <p>4.1 Encourage PQC4ME, Maine CDC, and others to assess the status of all data, surveillance, and evaluation recommendations in the Infant Mortality report, determine current relevance and prioritize implementation.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>contained 27 recommendations - several related to data, surveillance, and evaluation; only a few of these have been implemented.</p>	
	<p>5. Low awareness of comparative quality and safety indicators and benchmarking among Maine birthing hospitals</p>	<p>Actions for future consideration: 5.1 Encourage Maine Hospital Association and PQC4ME to co-convene hospitals, payers, DHHS and others to explore strategies to benchmark and compare hospital discharge and other perinatal data related to quality and safety.</p> <p>Survey Comments:</p> <ul style="list-style-type: none"> 1) <i>Include hospital administrators in these efforts; allotting physician time and attention to QI projects should be included in duty hour schedules and productivity assessments.</i> 2) <i>Schedule meetings outside of office hours or when providers are in the OR.</i>
<p>Quality Improvement</p>	<p>1. Dissemination and maintenance of quality improvement initiatives is often not sustained after program funding ceases, causing improvements in outcomes to decline.</p> <p>2. Awareness of QI initiatives and their impact and effectiveness by</p>	<p>Actions for future consideration: 1.1 Encourage PQC4ME and DHHS to develop sustainability strategies for QI initiatives, such as posting program descriptions, tools, and resources on the PQC4ME website, to assure their accessibility after a project ends. 1.2 Encourage PQC4ME and its partners to monitor QI outcomes from statewide and QI initiatives such as Safe Sleep to determine the need to re-invigorate these initiatives.</p> <p>Survey Comment: 1) <i>Review all reports that evaluate QI initiatives to assess original implementation effectiveness, including ensuring that all partners are aligned and coordinated.</i></p> <p>Actions currently underway: 2.1 Awareness of QI initiatives (results, tools, contacts, etc.) is being promoted on PQC4ME’s new website.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>hospital leaders, providers, government, parents and family members, payers, advocates, and others is a critical factor in their support and funding.</p>	<p><i>Actions for future consideration:</i></p> <p>2.2 Promote awareness of QI initiatives (results, tools, contacts, etc.) on social media platforms, with outreach to all stakeholders.</p> <p>Survey Comment:</p> <p>1) <i>Explore all forms of social media to reach those that families are most often using.</i></p>
	<p>3. Reports produced by the MFIMR/MMRC committees contain valuable information, insights and recommendations for action that can be translated into quality and safety initiatives, among other actions.</p>	<p><i>Actions currently underway:</i></p> <p>3.1 The MFIMR panel coordinator routinely disseminates the reports to advisory groups, advocates, birthing hospitals, policymakers, and others.</p> <p><i>Actions for future consideration:</i></p> <p>3.2 Encourage Maine Maternal, Fetal and Infant Mortality Review Committee (MFIMR) Panel Coordinator, MMRC Panel Coordinator, Maternal Health Task Force, and PQC4ME to review Recommendations in MFIMR/MMRC reports and prioritize translation into QI initiatives.</p> <p>3.3 Explore a Data Sharing Agreement between MFIMR and the National Center for Fatality Review and Prevention to provide comparative Maine data and national benchmarks for fetal, infant, and child fatalities.</p> <p>3.4 Explore ways to standardize case selection process for the MFIMR Committee and expanding MFIMR staffing for case abstraction to assure that additional staffing support for abstraction in order to assure that all deaths have an initial high-level review and priority cases have an in-depth review presented to the Committee.</p>
	<p>4. Maine’s involvement in NNEPQIN is valuable and provides opportunities for interprofessional professional education, regional quality</p>	<p><i>Actions currently underway:</i></p> <p>4.1 Representatives from Maine are involved on the Northern New England Perinatal Quality Improvement Network (NNEPQIN) Steering Committee and promote collaboration with NH and VT PQCs.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>improvement and research.</p> <p>5. Collaboration with NNPQC, ACOG/AIM, and other sources of QI technical assistance and skill-building is growing, as the result of new projects such as PQC4ME and the AIM Severe Maternal Hypertension Bundle.</p> <p>6. Simulations and drills are a key component of quality improvement but are often underutilized by hospitals due to a lack of tools and resources.</p>	<p><i>Actions currently underway:</i></p> <p>5.1 PQC4ME is encouraging participation in Communities of Learning (NNPQC and AIM) and other initiatives to build relationships and strengthen staff and consultant knowledge and skills.</p> <p><i>Actions currently underway:</i></p> <p>6.1 POEC is collaborating with simulation facilities and others to apply for grants to expand opportunities for simulations and drills.</p> <p><i>Actions for future consideration:</i></p> <p>6.2 Encourage the development of standardized tools and resources, including webinars and ECHOs for hospital teams.</p> <p>Survey Comment:</p> <p>1) <i>Incorporate simulation drills into residency curricula. Collaborate with ACOG ME to offer weekend conferences twice per year (one in Portland, one in Bangor) to assist with these educational drills. Engage hospital and community-based physicians.</i></p>
Cross-cutting Components		
PATIENT & FAMILY ENGAGEMENT	<p>1. Engagement of people with lived experience on advisory panels and committees is increasing as the result of several newly-funded initiatives.</p>	<p><i>Actions currently underway:</i></p> <p>1.1 Many efforts are being made by PQ4ME, RMOMS, State Maternal Health Innovations, Early Childhood Comprehensive Systems (ECCS) and other initiatives to engage birthing people, families, and individuals with lived experience and to provide supports such as training, mentoring, and financial incentives.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
		<p><i>Actions for future consideration:</i> 1.3 Explore increased coordination and resource sharing among these and other efforts.</p> <p>Survey Comment: 1) <i>Evaluate participant satisfaction with engagement on a regular basis.</i></p>
	<p>2. Patient experience is a key measure of perinatal care; birthing hospitals that established have patient-family advisory committees report improvements in care processes, provider satisfaction and patient outcomes.</p>	<p><i>Actions for future consideration:</i> 2.1 Promote awareness of Maine hospitals, health centers and birthing centers that support patient-family advisory committees, sharing of best practices and resources. 2.2 Encourage analysis and sharing of patient experience data from birthing hospitals with patients, families, and hospital teams.</p>
	<p>3. Birthing people and families need and want to be involved in creating and assessing services and programs but few opportunities exist for them to be involved.</p>	<p><i>Actions currently underway:</i> 3.1 The State Maternal Health Innovations (SMHI) grant, PQC4ME, and the Maternal Mortality Review Committee are all working to engage birthing people, families, and individuals with lived experience in shaping new/existing services and projects and programs.</p> <p><i>Actions for future consideration:</i> 3.2 Explore involving the Maternal Health Task Force (SMHI) to expand connections with community organizations, hospitals, and others.</p>
	<p>4. Engagement of patients, families and communities in QI initiatives is being actively addressed by several Perinatal System of Care projects – working</p>	<p><i>Actions currently underway:</i> 4.1 PQC4ME’s Diversity, Equity, Inclusion, and Belonging (DEIB) Workgroup has developed principles and identified actions to engage and involve patients, families, and others with lived experience in all aspects of QI initiatives.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>in collaboration to share coordinate resources and best practices.</p>	<p><i>Actions for future consideration:</i> 4.2 Encourage integration of the principles into all QI initiatives, both PQC4ME/statewide initiatives as well as individual health care facility initiatives.</p>
	<p>5. Shared decision making between birthing people, families and providers leads to greater engagement and improved patient experience.</p>	<p><i>Actions for future consideration:</i> 5.1 Promote training, education, resources, including tools, on shared decision making between patients, families, and health care teams.</p>
<p>DIVERSITY, EQUITY, INCUSION & BELONGING</p>	<p>1. PQC4ME’s Diversity, Equity, Inclusion, and Belonging Workgroup has created a strategic plan and tools and resources to encourage outreach, engagement, and involvement of diverse communities in planning, implementing, and evaluating QI initiatives.</p>	<p><i>Actions currently underway:</i> 1.1 Considerable outreach is underway to engage new and existing partners, community-based organizations, diverse communities, and others, to identify areas of common interest and desire to collaborate. 1.2 Strategies to expand diversity on the PQC4ME Executive and Membership Committees and in planning and implementation of QI activities are being implemented by the Center for Quality Improvement (CQI).</p>
	<p>2. Many health care organizations, clinicians, community partners, and advocates are recognizing the impact of disparities, race, and ethnicity, social determinants of health and other factors on health outcomes of birthing people, infants and</p>	<p><i>Actions for future consideration:</i> 2.1 Raise awareness of inequities among Maine birthing people, families and communities through reports, webinars, storytelling, presentations, etc. – link to the findings of the Perinatal Needs Assessment and other projects as appropriate. 2.2 Promote the use evidence-based assessment tools to assure that strategies and activities are aligned with PQC4ME DEIB values and principles 2.3 Promote use of tools and resources recommended by PQC4ME’s DEIB Workgroup and others.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>families and are seeking opportunities to increase awareness, understanding, and skills to address these issues.</p>	<p>2.4 Explore expansion of navigators such as doulas and community health workers to support birthing people whose access may be limited due to language, geography, culture, race, literacy, or other issues, and identify needs for training, costs, access, and licensure/certification.</p> <p>Survey Comments:</p> <ol style="list-style-type: none"> 1) <i>Build infrastructure to support and pay a living wage to Community Health Workers and doulas.</i> 2) <i>Encourage ongoing DEIB education with all health care providers.</i>
<p>COMMUNICATION, COORDINATION & INFRASTRUCTURE</p>	<p>1. Communication and coordination among Perinatal System of Care projects, hospitals, community-based organizations, and others are improving and will require the ongoing allocation of human and other resources to assure timeliness, inclusion, and effectiveness.</p>	<p>Actions currently underway:</p> <p>1.1 The Perinatal Leadership Coalition meets monthly to disseminate information and promote best practices among birthing hospitals and home birth professionals, as does the Statewide Perinatal Grants Coordination Committee.</p> <p>1.2 A statewide Perinatal System of Care conference was convened by PQC4ME in June, 2023 that brought together hospital teams, community-based organizations, primary care, advocates, people with lived experience and others across the state to share accomplishments, discuss strategy and future priorities.</p> <p>Actions for future consideration:</p> <p>1.3 Encourage continued build-out and updates to PQC4ME’s website so that it is a centralized repository of Perinatal System of Care resources, links to other sites, organizations, and projects.</p> <p>1.4 Encourage ongoing maintenance and updates and assure the technical and human resources needed are secured for the website and social media.</p> <p>1.5 Encourage an annual statewide Perinatal System of Care conference; participate in other state, regional and national conferences.</p> <p>1.6 Explore the creation of a centralized, highly publicized website for birthing people, families, and others to provide easy access to patient education tools and resources,</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
		<p>promotes awareness and use of programs like WIC, SNAP, and Maine Families Home Visiting.</p> <p>1.6 Raise awareness about on progress on Perinatal System of Care measures to hospitals and health systems, PQC4ME, professional associations, advocates, community organizations and the public by producing an annual report that is widely disseminated.</p> <p>Survey Comment: 1) <i>Include Early Head Start with other programs mentioned to promote awareness of availability and eligibility.</i></p>
	<p>2. The Perinatal System of Care Working Partners Group has established itself as the most broadly representative, cross-discipline Perinatal System of Care advisory body; it has primarily focused on information sharing and coordination between the public and private sectors. As the system evolves, there is a need to assess and consider implementation of governance models that advance equity in all aspects of decision making, regarding priorities, resource allocation, etc.</p>	<p>Actions currently underway: 2.1 The Perinatal System of Care Working Partners Group meets quarterly and is a statewide, broadly representative forum for sharing information and resources and soliciting feedback.</p> <p>Actions for future consideration: 2.2 Establish an ad hoc committee to identify and assess the feasibility and value of governance models developed and used elsewhere; solicit feedback from the Perinatal Systems of Care Working Partners Group, DHHS, hospitals and health systems, advocates, and others; develop and implement recommendations.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>3. The number of home births is increasing, having doubled in the past 10 years although little data exists on the contributing factors, outcomes, and implications for the health care system, workforce education and training, and birthing people and families.</p>	<p>Actions currently underway:</p> <p>3.1 POEC, EMS-C, and Maine CDC are continuing to monitor data on EMS facilitated births in Maine that includes projections and recommendations for hospitals, EMS, including workforce education and training and other issues.</p> <p>Actions for future consideration:</p> <p>3.2 Explore developing a system for gathering and collating and reviewing data on current licensing rules that require Certified Professional Midwives to submit outcomes and other relevant data to the state by engaging the Board of Complementary Medicine to discuss with Maine CDC MCH leadership regarding the use of existing databases or other systems needed.</p> <p>Survey Comments:</p> <ol style="list-style-type: none"> 1) Develop a plan for dissemination of home birth data, including collaborative review of data and discussion of any potential policy changes. 2) Create and disseminate a brief survey to parents who planned to give birth at home to ask about the factors that contributed to their choice.
	<p>4. There are well established regional systems for transporting sick newborns. No dedicated regional or statewide system to arrange for interfacility transport of sick pregnant or postpartum people.</p>	<p>Actions for future consideration:</p> <p>4.1 Encourage the Maine Hospital Association to convene birthing hospitals, the Department of Public Safety/EMS, POEC, Maine CDC, and others to review available data including LOC guidance, identify successes and challenges, and identify potential strategies.</p>
<p>POLICY & ENVIRONMENT</p>	<p>1. Awareness and understanding of policies and environments that impact birthing people, infants, and families, and the relationship to early childhood and subsequent</p>	<p>Actions for future consideration:</p> <p>1.1 Collaborate with existing partners at MHA, MMA, state agencies, Maine ACOG, the Maine Chapter of the American Academy of Pediatrics, the Maine Academy of Family Medicine, the Maine Children’s Alliance, the Maine Primary Care Association, community-based organizations, and others to identify and track state and federal legislation that impacts the Perinatal System of Care on an ongoing basis and provide updated access to that information on the PQC4ME or other websites.</p>

Building Maine’s Perinatal System of Care Table of Roadmap Findings and Action Currently Underway or For Future Consideration

Component	Findings	Actions Currently Underway or for Future Consideration
	<p>healthy growth and development require greater awareness and understanding by individuals, communities, and organizations.</p>	<p>1.2 Encourage the practice of having all relevant MCH organizations and subject matter experts at the table when discussions and strategic decisions are being made regarding perinatal care, such as the closure of hospital OB services.</p> <p>1.3 Promote the alignment of perinatal-related policies with those that support early childhood development, school readiness, healthy youth, and young adults</p> <p>1.4 Promote achievement of goals championed by the Maine Children’s Cabinet</p> <p>1.5 Encourage the Maine CDC, POEC, Maine EMS and others TBD to assure LOC guidance is followed when hospitals change the level of maternal or newborn care or when an OB unit closure decision is contemplated.</p> <p>1.6 Consider adding a requirement to the LOC guidance document that requires hospitals who close their maternity unit to develop patient access and transition plans, including how to support finding a new provider and accessing urgent transport.</p>
	<p>2. Advancing equity and health equity should be highlighted as goals in all Perinatal System of Care initiatives.</p>	<p><i>Actions for future consideration:</i></p> <p>2.1 Encourage support for policies that have been shown to improve outcomes for birthing people, infants, and families, especially those that integrate and align across sectors and advance health equity.</p> <p>Survey Comment:</p> <p>1) <i>Provide details about how policies will be implemented and reference policies from Maine or elsewhere that have showed impact in advancing equity in general, along with the healthcare sector.</i></p>