

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-2887
TTY: Dial 711 (Maine Relay)

March 12, 2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 518 –*Resolve, Increasing Access to Maternal and Child Health Care*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information in opposition to LD 518, *Resolve, Increasing Access to Maternal and Child Health Care*.

LD 518 requires the Department to assess barriers to receiving referrals through CradleME, Maine's universal referral system that connects pregnant or parenting individuals and families with the State's maternal and child health home visiting program and other support services. The bill also requires the Department to consider input from stakeholders and report by December 3, 2025, its findings and recommendations to resolve identified barriers. The Department estimates the related costs to be approximately \$30,000, if enacted as written. Additionally, similar work has been completed by several maternal-child health stakeholders over the past year.

Maine CDC recognizes the important issues this bill is seeking to address and would like to call attention to multiple assessments conducted within the last year to inform Maine's perinatal health landscape, and the recommendations within these assessments, some of which have recently been implemented. (*See supplemental Opportunities for Alignment of MCH Efforts in Maine document*). The barriers understood by this work are:

1. General unawareness of the CradleME referral system for programs available to parents and families and;
2. The challenge of meeting needs of the waitlist resulting from the increase in referrals.

A common theme noted in the assessments is a lack of awareness of *Maine Home Visiting Program* through the CradleME referral system which is universally accessible as it is open to all expecting parents and parents/families with a newborn regardless of the parents' risk level, education, or income. Recommendations from assessments included developing strategies to promote home visiting programs, such as Maine Families Home Visiting and Public Health Nursing (PHN), more widely. In response, Maine CDC has taken steps to create promotional campaigns to help increase the number of referrals received as well as the number of families choosing to participate. Having filled a number of PHN program positions, Maine CDC -PHN can more effectively respond to referrals for these services, however, depending on the provider capacity and which services are being requested, referrals may be waitlisted.

As a resource for parenting and newborn education and support, the CradleME referral form includes Maine Families Home Visiting for pregnant individuals and families with children up to age three months. One of the more recent revisions made to the form, which was amended with input from stakeholders, has this program as an opt out program, meaning every family who has a referral submitted automatically gets a call from Maine Families to see if they're interested in their services. While this increases referrals, program administrators, providers and interested families are finding there are often waitlists for Maine Families across the State. Waitlists may be reduced with additional human and financial resources.

In conclusion, Maine CDC respectfully requests the Committee vote LD 518 ought not to pass, due to the existing and ongoing work that is being done to increase the number of families served through the CradleME system.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



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Director
Maine Center for Disease Control
Maine Department of Health and Human Services

Enc. Opportunities for Alignment of MCH Efforts in Maine (2024)

Opportunities for Alignment of MCH Efforts in Maine

Context: In 2023, multiple maternal-child health (MCH) stakeholders in Maine were awarded grant funding to improve maternal-child health outcomes. Six reports have been produced from this work and while they all explore different aspects of MCH health, there are commonalities in their recommendations.

Methods: The following is a summary highlighting the most frequently mentioned areas of alignment across the six reports. Each report has distinct methods, so we encourage you to go directly to each report for detailed explanation of strengths and limitations.

Purpose

This summary reflects back strategies that most of the reports reference; it is not an analysis or endorsement of the urgency surrounding each topic. This report can be a quick reference for state-level data around a variety of MCH topics and solutions in Maine. This information can be used as a starting point when planning new or expanded MCH efforts in Maine.

Limitations

This summary looks at recommendations across six MCH reports. However, each report has a different focus, methodology as well as stakeholder group; so when referencing recommendations, we suggest going to the original report for additional context and methodology. Links to each report can be found at the end of this summary.

The following MCH reports were reviewed:

1. Needs Assessment of the Obstetrical Workforce in Maine's Rural Hospitals (Roux);
 1. Focus area: rural obstetrical workforce; Population: rural hospitals and health care teams.
2. Preterm Labor Algorithm and Transport Tool Report (PTL);
 1. Focus area: interfacility transfer; Population: physicians, nurses, hospital leaders, EMS personnel.
3. Building Maine's Perinatal System of Care -Roadmap (PSC);
 1. Focus areas: access, workforce, education, data, quality improvement; Populations: health care, public health, community, government, lived experience.
4. Navigating Pregnancy and Post birth: Patient Voices Across Maine Report (Patient Voices);
 1. Focus areas: disparities in prenatal and postpartum care; Populations: birthing people in Maine.
5. Maine Perinatal Health Disparities Needs Assessment (Market Decisions Research-MDR);
 1. Focus areas: Patient experience in care, workforce and data systems. Populations: lived experience, people identifying as BIPOC and/or living in a rural area.
6. Maternal, Fetal, and Infant Mortality Review Annual Report SFY 23 (MFIMR).
 1. Focus areas: Assess factors associated with fetal, infant and maternal deaths. Populations: health care, social service, public health and governmental representatives.

Most Common Recommendations:

- A. Patient Education on management of pregnancy/postpartum and hypertension
- B. Expand awareness and access to home visiting services
- C. Increase access to doula care
- D. Access to maternal mental health support
- E. Importance of respectful, trauma informed and culturally competent care
- F. Address maternal and infant health disparities

A. Patient Education

Hypertension: There were a variety of recommendations, including expanding outreach and education for patients at risk for hypertension.

- PTL: Make a patient-friendly version of their clinical tool; which may include education and signs/symptoms of hypertension or preterm labor.
- Patient Voices report: Standardize hypertension education for patients; for example using AWHONN, “Save your life” campaign.
- MFIMR: Expand outreach education for aspirin for patients at risk for hypertension.

Pregnancy and postpartum:

- PSC: Promote training, education, resources, including tools, on shared decision making between patients, families, and health care teams.
- Patient Voices: Provide more postpartum support to new parents for both physical and mental health.
- MDR: Improve consistency in education on postpartum care.

B. Expand awareness and access to home visiting services

This recommendation focused on expanding awareness to and access for in home supports and services for postpartum patients, specifically Public Health Nursing and Maine Families home visiting programs.

- Roux: Increase support for community-based programs (e.g., including home visiting programs) that provide care and services for prenatal and postpartum patients, including the identification and monitoring of high-risk pregnancies/postpartum individuals, facilitating access to social services.
- PSC: Improve provider and patient awareness of home visiting services and eligibility.
- Patient Voices: Raise awareness of Public Health Nursing and other home visiting programs.
- MDR: Increase awareness of home-visiting services for patients.
- MFIMR: Normalize postpartum in-home care.

C. Doula access

Recommendations focused on expanding access to doula services.

- Roux: Increase support for community-based programs (e.g. doula services, etc.) that provide care and services for prenatal and postpartum patients, including the identification and monitoring of high-risk pregnancies/postpartum individuals, facilitating access to social services.
- PSC: 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.
- MDR: Increase access to doula services to improve perinatal system of care and reduce inequities.
- MFIMR: Expand doula support available for patients.

D. Access to maternal mental health support

- PSC: Recommendation to use validated screening tools prenatally and postpartum, and improve warm handoffs to mental health providers.
- Patient Voices: Patients shared that they need more postpartum support both for physical and mental health. This included both access to services as well as patient education.
- MDR: Participants expressed a lack of postpartum resources, specifically access to mental health supports.
- MFIMR: Recommendation to add a mental health provider to their panel.

E. Respectful/trauma informed/culturally competent care

Throughout the reports, there was a variety of references to respectful care, trauma-informed care, and culturally competent care. This feedback stems both from clinical need as well as patient feedback.

- PSC: Increase opportunities to incorporate patient experience and voice in quality improvement efforts.
- Patient Voices: Shared experiences of patients who felt stigmatized or not listened to, during their perinatal care.
- MDR: Need to improve culturally appropriate care, including improving translation services and use of cultural brokers. Also reducing stigma and improving patient engagement in care. This includes increasing access to CHWs and doula support.
- MFIMR: Educate care providers in trauma-informed care.

F. Address maternal and infant health disparities:

- PSC: Encourage ongoing diversity, equity, inclusion and belonging education to health care providers.
- Pt voices Non-English speaking patients stated that translated patient education forms are very helpful and recommended that incorporating women from their community who have already given birth in the US would help them understand what they can expect.
- MDR: Improve access to cultural brokers, translation services and supportive care postpartum through home visiting services could help to address health disparities.
- MFIMR: Broaden diversity of panel membership.

Conclusion

In the reports that were reviewed, there were a variety of qualitative and quantitative methods used, as well as a wide range of data sources accessed. The inclusion of patient voice in a number of reports provides additional insight as to why these areas are so important to address. By highlighting the areas of alignment, this report aims to help narrow the focus and identify key gaps needing investment across Maine for MCH stakeholders and funders looking to have an impact on improving health outcomes for Maine birthing people, children and their families.

References

1. Needs Assessment of the Obstetrical Workforce in Maine's Rural Hospitals (RMOMS);
 - [Rural Maine Maternity Workforce Needs Assessment by rouxinstitute - Issuu](#)
2. Preterm Labor Algorithm and Transport Tool Report (PTL);

- [Preterm-Labor-Algorithm-and-Transport-Tool-Final-Report- 3.1.23.pdf \(pqc4me.org\)](Preterm-Labor-Algorithm-and-Transport-Tool-Final-Report- 3.1.23.pdf (pqc4me.org))
- 3. Building Maine's Perinatal System of Care -Roadmap (PSC);
 - [Building-Maines-Perinatal-System-of-Care-A-Roadmap-for-The-Future.pdf \(pqc4me.org\)](Building-Maines-Perinatal-System-of-Care-A-Roadmap-for-The-Future.pdf (pqc4me.org))
- 4. Navigating Pregnancy and Post birth: Patient Voices Across Maine Report (Patient Voices);
 - [Navigating-pregnancy-and-post-birth-8.26.23.pdf \(pqc4me.org\)](Navigating-pregnancy-and-post-birth-8.26.23.pdf (pqc4me.org))
- 5. Maine Perinatal Health Disparities Needs Assessment (Market Decisions Research-MDR);
 - <2023 Maine Perinatal health disparities needs assessment>
- 6. Maternal, Fetal, and Infant Mortality Review Annual Report SFY 23 (MFIMR).
 - [SFY2023 MFIMR Annual Report.pdf \(maine.gov\)](SFY2023 MFIMR Annual Report.pdf (maine.gov))

Summary Table: Frequency of Themes and Recommendations Across Reports

Recommendations	Roux/ RMOMS	PTL and Maternal Fetal Transport	Building Maine's PSC	Patient Voices	Perinatal Health Disparities (MDR)	MFIMR 2023
Improve patient education on pregnancy, postpartum and chronic condition management		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Expand/Promote Home Visitors (Maine Families & PHN)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Increase access to Doulas	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
More Access to Maternal Mental Health Support			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Respectful/Culturally Competent/Trauma informed Care			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Address Infant and Maternal Health Disparities (BIPOC, low-income)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to care (Rural OB care)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Increase access to CNMs	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Incentivize Rural Practice (loan forgiveness, etc)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Better Postpartum Support Needed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Better Coordination around SDOH support				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
More Telehealth for GDM and HTN	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
More Smoking Cessation Support for Perinatal Patients			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Data Collection		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
EMS integration into the Perinatal System of Care		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Support Perinatal Nurse Outreach Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>