

## **SUMMARY STATEMENT**

Louisiana has worked tirelessly to reduce preterm births and infant mortality through: focused interventions with health systems and families, Medicaid reforms, increased access to quality reproductive health services, sexually transmitted infection (STI) prevention, testing, and treatment and smoking cessation for Louisiana residents of childbearing age. Louisiana has taken concrete steps to address racial disparities in birth outcomes like those seen in our premature birth report card. These actions are being taken across the spectrum, including with members of the Louisiana Perinatal Quality Collaborative. They require a long-term commitment with multiple partners to implement effective changes. We still have a long way to go, but we are confident that by continuing to work together with health care providers and health systems, community leaders and individual Louisiana residents, we can change the future of our children's health.

## **ACTIVITIES AND RESULTS**

In 2020, the Louisiana Department of Health, Office of Public Health, Bureau of Family Health used the Perinatal Periods of Risk (PPOR) approach to identify potential strategies that would have the greatest impact reducing on fetal, neonatal, and post-neonatal mortality, of which prematurity is a key factor. Through PPOR, suggested actions for the prevention of fetal and infant deaths, including those associated with prematurity, include: focusing efforts on preconception health, reducing unintended pregnancies, addressing maternal risk factors such as high blood pressure and other chronic diseases, and easy access to family planning.

With continuity of Louisiana's Medicaid Expansion, people in Louisiana have had greater access to family planning and STI services. More consistent health coverage for women across the life span (preconception, post-partum, and interconception periods) improves maternal health. Reducing the number of Louisiana babies born to mothers with STIs helps reduce premature births, and reducing preterm births reduces the number of days that babies spend in neonatal intensive care units, which improves infant health trajectories.

In addition, Medicaid covers all FDA-approved contraceptive methods, including long-acting, reversible contraceptives (LARCs), which is critical to improving birth spacing and reducing the 60% of unintended pregnancies in Louisiana, both of which contribute to poor birth outcomes. For decades Office of Public Health Parish Health Units (OPH-PHU), funded by Title X and the state, have been a critical safety net for these services. Medicaid expansion has increased access to these services for all, both in and outside of the PHUs.

The Louisiana Department of Health (LDH) has partnered on several additional activities to improve birth outcomes for both mothers and infants, because healthy mothers lead to healthy babies. Since 2014, LDH, Medicaid, and all Louisiana hospitals have committed to curb the practice of early inductions and cesarean sections, implement extensive birth outcomes quality metrics for Medicaid managed care organizations, and introduce payment reform. The Bureau of Family Health leads the Louisiana Perinatal Quality Collaborative (PQC). The PQC is a network of perinatal care providers, public health professionals, and patient and community advocates who work to advance equity and improve outcomes for women, families, and newborns in Louisiana. This team of people works together to better understand and respond to the complex challenges women face during the perinatal period in order to catalyze transformational change to improve population health and achieve equity.

Furthermore, LDH has worked with the March of Dimes (MOD) to identify actions to reduce severe maternal morbidity and mortality as well as infant mortality. This work has a special focus on racial disparities in mortality, specifically through membership on the Healthy Moms, Healthy Babies workgroup and by co-hosting a summit on addressing infant mortality disparities.

## COVID RELATED WORK

The Louisiana Department of Health has implemented strategies to protect the lives of pregnant and postpartum women and promote healthy birth outcomes during the pandemic in several ways. First, LDH greatly expanded access to telehealth services and quickly implemented telehealth options both via Medicaid coverage and through programs serving families. Notably, the Maternal, Infant, Early Childhood Home Visiting (MIECHV) programs shifted to a telehealth model to minimize disruption in family coaching and support provided to enrolled families. In addition, the Reproductive Health Program implemented telehealth and introduced additional options for people using injectable LARCs so they would not have a lapse in contraception and also minimize the need for an office visit during clinic closures.