

## **SUMMARY STATEMENT**

Under the leadership of First Lady Tammy Murphy and Nurture New Jersey, our state is determined to eliminate disparities in maternal and infant health and become the safest place in the United States to give birth. Initiatives launched and continued in 2020 are explained below.

## **ACTIVITIES AND RESULTS**

The New Jersey Maternal Mortality Review Committee has been re-launched with new, more interdisciplinary membership, statutory authority and funding to achieve more timely data, broader contributing factors to maternal mortality and stronger recommendations. In 2020, The Colette Lamothe-Galette Community Health Worker Institute (CLG-CHI), in collaboration with the Department of Labor, was also established. The CLG-CHI is developing a standardized statewide curriculum for community health workers, including trauma-informed care and other core competencies.

Another initiative, Healthy Women Healthy Families, works toward improving maternal and infant health outcomes while reducing racial, ethnic and economic disparities through a collaborative, community-driven approach with Community Health Workers and Central Intake Hubs. Overall, 43,955 clients have participated in Healthy Women, Healthy Families, 80 doulas have been trained, who assisted 390 women, which resulted in 315 births, the establishment of 6 group prenatal care sites, the participation of 521 fathers in fatherhood sessions, and the development of a statewide breastfeeding strategic plan that includes breastfeeding during a pandemic and telehealth.

Collaboration with the Department of Human Services includes doula certification to support Medicaid reimbursement, efforts to address substance use and Neonatal Abstinence Syndrome, implementation and interoperability of Perinatal Risk Assessment and the pursuit of better inter-agency data-sharing and data integration. The State is pursuing Doula Certification to ensure that reimbursement is sustainable and supportive of doulas. Doula care provides a powerful and personalized strategy for improving birth outcomes for mothers and babies. From prenatal planning to postpartum visits, doula care can impact more than a patient's experience. Evidence demonstrates that doula care can play an important role in improving health outcomes by acting as a mitigating factor for maternal mortality, particularly in low-income communities and communities of color.

NJDOH published the second Maternity Care Report Card using 2018 data to provide insight into the disparities that characterize severe maternal morbidity and indicate pathways toward quality improvement. NJDOH continues to implement activities to decrease maternal mortality and morbidity through the CDC ERASE Maternal Mortality cooperative agreement and the federal Health Resources Services Administration (HRSA) Maternal Health Innovation Program, with a focus on addressing implicit bias, increasing shared decision-making, designating maternal levels of care, increasing use and interoperability of the Perinatal Risk Assessment and supporting access to Long-Acting Reversible Contraception (LARCs). The Maternal Care Quality Collaborative (MCQC), to be launched in the first quarter of 2021, is a cross-sector entity to connect data with action in coordination with the Governor's office. NJDOH is in the process of finalizing the 34 critical state and non-governmental health stakeholder representatives. The MCQC will convene for the first time during the first quarter of 2021. One of the primary goals of the MCQC will be to review the Nurture NJ Strategic Plan and devise an implementation plan.

The New Jersey Department of Health (NJDOH) also continues to work with the Departments of Children and Families, Human Services, Education and Labor and Workforce Development to stand up Central Intake, address Adverse Childhood Experiences (ACEs) and provide MIECHV (home visiting) services. A few more activities that have taken place in the past year are listed below:

Establishment of a standardized community health worker curriculum, registration/certification to ensure CHW work is sustainable and eligible for potential Medicaid funding

Meaningful contraception choice and access through a fully funded state family planning program and partnership with the New Jersey Family Planning League, Planned Parenthood, and other advocates. NJDOH's efforts are reinforced through collaboration with fellow agencies, and Medicaid's Plan First benefit and OAG's special litigation to defend and expand reproductive freedoms.

NJDOH supports the pursuit of non-punitive, universal guidelines for screening and referral for Neonatal Abstinence Syndrome (NAS).

## COVID RELATED WORK

On June 29, 2020, NJDOH issued an Executive Directive stating that a doula, who is part of the patient's care team, is essential to patient care throughout labor, delivery, and the entire postpartum hospital stay and shall not count as a support person. This executive Directive replaced the previous March 29th, 2020 directive allowing for one support person in labor and delivery which could be a doula, partner, husband, or other chosen person per the laboring woman. To ensure doulas' safety, online training about safety, and the proper use of personal protective equipment, occurred on July 13, 2020.

Additionally, comprehensive recommendations for perinatal care during the pandemic were published on May 7th by a workgroup convened by the New Jersey Healthcare Quality Institute and included state agencies, providers and support services. The recommendations of the New Jersey Perinatal Care During COVID-19 workgroup are updated weekly.

The NJDOH Division of Family Health Services shared information documents electronically with grantees, partners, and families concerning pregnancy, labor and delivery support, doulas, home visiting, Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and Early Intervention and other resources, in addition to holding virtual "town halls" offering general information and resources for pregnant women, new mothers, and families.

In efforts to understand effects of COVID-19 on pregnancy and birth outcomes, the New Jersey Department of Health (DOH), in collaboration with CDC together will be monitoring pregnant women who test positive for SARS-CoV-2 through the end of their pregnancy, including birth outcomes of their infant(s). By collecting existing laboratory and clinical information on these mothers and infants, we will be able to characterize the spectrum of health effects associated with SARS-CoV-2 infection during pregnancy to inform clinical guidance, programs, and services. DOH staff have already begun to work with hospital Health Information Management Departments and are currently abstracting data from medical records for cases where delivery has already occurred.

Finally, state agencies, providers and Rutgers University implemented multiple Project ECHO (Extension for Community Healthcare Outcomes) sessions to educate and support New Jersey's perinatal providers as they faced the challenges related to safe and pregnancy, childbirth and new parenthood amidst COVID-19.