SUMMARY STATEMENT
The Vermont Department of Health Division of Maternal and Child Health works collaboratively with hospitals, health care providers, home health agencies, social service organizations, and other community partners across the state to support Vermonters throughout pregnancy and postpartum. A few examples are shown below.

ACTIVITIES AND RESULTS

STRONG FAMILIES VERMONT
The Vermont Department of Health partners with the Department for Children and Families Child Development Division to deliver a comprehensive system of voluntary home visiting in Vermont. While there can be some variation regarding eligibility or length of service, all home visiting includes trained professionals — nurses, social workers, child development specialists and more — who meet regularly with expectant parents or caregivers with young children in their homes. Home visitors partner with parents and caregivers to tailor services and resources to best meet the unique needs of each family. We work with families and caregivers to:

• Recognize and build on the strengths of the family, parents and children in the home.
• Teach parenting skills and model effective techniques.
• Promote early learning in the home with an emphasis on positive interactions between parents, caregivers and children.
• Provide information and guidance on a wide range of topics including breastfeeding, safe sleep position, injury prevention and nutrition.
• Conduct screenings and provide referrals and connections to resources if necessary.
• Connect families to other services and resources as appropriate.

OBSTETRIC OUTREACH
The Vermont Department of Health partners with the Vermont Child Health Improvement Program to improve the health of pregnant women and neonates across Vermont. Our objectives are to focus on quality improvement, to strengthen our network of Maternal Health and Family Medicine providers, and to provide a home base for up-to-date obstetrical information, guidelines, and hot topics. This partnership has resulted in a number of significant improvements in the health of pregnant women and neonates by assessing timely state perinatal outcomes and understanding how perinatal care is delivered and incorporates social determinants of health.

Objectives
• To improve access, coordination, and quality of care, including prenatal, perinatal, and preconception care, provided to Medicaid-eligible women and infants
• To establish prenatal care standards and recommendations by standardizing quality assessment, benchmarking, and reporting.
• To identify potential recommendations for changes in the State Medicaid policy for obstetrical care of women

Offerings
• 24-hour telephonic consultative services for referring Medicaid participating providers
• Patient Status for Transferring OB Providers
• Educational webinars for providers
Educational Webinars:
The Vermont Child Health Improvement Program (VCHIP) OB/GYN Webinar Series is designed in collaboration with the Vermont Department of Health (VDH) and the University of Vermont Medical Center’s Obstetrics, Gynecology, and Reproductive Sciences team to educate Vermont obstetrical providers with up-to-date information on obstetrical standards of care, public health, and healthcare reform to ensure best care practices for our community.

Quality Improvement:
A collaboration with University of Vermont OB/GYN, Vermont Regional Perinatal Health Project (VRPHP), Improving Care for Opioid-Exposed Newborns (ICON), and the Vermont Department of Health (VDH) allows for improvements in the collection and provision of timely feedback to all hospitals regarding important aspects of perinatal care and to provide recommendations for improvement.

Vermont Family Based Approach (VFBA) HIP Moms Study:
A program that focuses on the entire family, recognizes emotional and behavioral health as the key aspect of health, and emphasizes health promotion along with evidence-based intervention. The VFBA teams comprise of the child and family, Family Wellness Coaches, Focused Family Coaches, Family-Based Psychiatrists, primary care providers, and community partners. The goal of our research is to take a preventive approach to children's mental health by offering evidence-based wellness interventions in the perinatal period. Our program uses “wellness coaching” to bring health promotion (mindfulness, yoga, nutrition), illness prevention, and family-based intervention for pregnant women. Women are paired with a Family Wellness Coach (FWC) who provides education regarding how wellness activities can support mental health, collaborates with women to set goals, and coordinates resources to meet their goals.

VERMONT REGIONAL PERINATAL HEALTH PROJECT (VRPHP)
VRPHP is a collaboration of Vermont Child Health Improvement Program, Vermont Department of Health, and the University of Vermont College of Medicine Departments of Pediatrics, and Obstetrics, Gynecology and Reproductive Sciences.

Objective
The mission of VRPHP is to be a high-quality academic health care resource for education, skills, competencies and quality improvement in perinatal health care. We partner with the VDH, community hospitals and multi-disciplinary teams of health care professionals to facilitate timely, effective and patient-centered perinatal health care in a rural setting.

Accomplishments
• Annual Statewide Statistics conference to review perinatal outcomes data in the context of key maternal and newborn quality indicators.
• Maternal/Newborn Transport Conferences to provide a format for maternal and neonatal case review for those VT and upstate NY patients who were referred to The University of Vermont Medical Center.
• Nurse Manger’s from the Birth Centers at Vermont Community Hospitals meet quarterly to review policy and discuss efforts for best practice.

IMPROVING CARE FOR OPIOID-EXPOSED NEWBORNS (ICON)
The ICON project partners with the Vermont Department of Health and The University of Vermont Children’s Hospital to improve health outcomes for opioid-exposed newborns. Improved health outcomes are achieved by provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for opioid-dependent pregnant women and their infants.

The project also maintains a maternal and newborn population-focused database for tracking process and outcome measures. This data is used to identify gaps in care and systems related resources; the project addresses these gaps through quality improvement initiatives, focused on enhanced care processes and systems’ changes.

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Objectives

• Improved availability of, and access to prenatal and postnatal care for opioid-dependent, pregnant women and opioid-exposed infants

• Coordination of services for women to connect them with substance abuse treatment providers, housing, newborn care, and resources to support and achieve a healthy family

• Promotion of evidence-based guidelines for use by health care practitioners who provide management of the newborn infant

Accomplishments

• Development of The Care Notebook, a resource guide for opioid-dependent mothers

• Creation of resource booklets for providers working with pregnant women in treatment for opioid-dependence

• Provision of ongoing educational training sessions throughout Vermont

• Collaboration with Alcohol and Drug Abuse Prevention (ADAP) on providing tools and resources for substance abuse screening

COVID RELATED WORK

Vermont Maternal Child Health has worked closely throughout the COVID-19 pandemic to support lives of pregnant and postpartum women and promote healthy birth outcomes. We have done this through a number of ways including: coordination with UVM Maternal/Fetal Medicine and community-based OBs regarding messaging around COVID-19 and pregnancy; coordination with Vermont’s home visiting programs to provide ongoing services and supports to families through remote service delivery; development of materials to support families around safety, resiliency, and prevention during these complex times; and development of guidance and technical assistance and supports for child care providers providing essential and ongoing care during the pandemic.