

Nurturing Mothers: A Two-Part Webinar Series on Breastfeeding Support and Maternal Mental Health

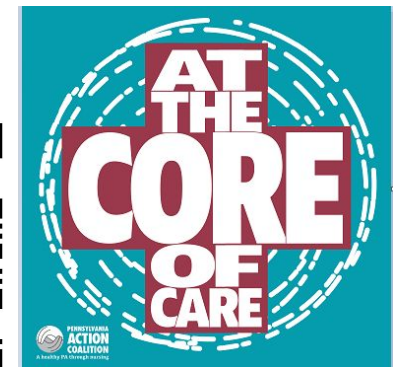


**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



May 2, 2024

Part 2: Continuity of Care: Strengthening Maternal and Child Health through Strategies for Effective Breastfeeding Support Programs



Zoom Orientation

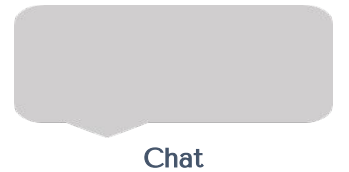
1 Captions

To adjust or remove captions, click the "Live Transcript" button at the bottom of your Zoom window and select "Hide Subtitle" or "Show Subtitle."



2 Questions

Please raise your hand or add your questions for the speaker and comments for the group into the Chat box.



3 Technical Issues

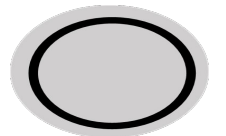
Please raise your hand to let us know or message us in the chat.



Raise Hand

4 Recording

This session will be recorded and made available to participants in the Learning Collaborative. Your comments and questions will not be shared publicly.



Recording

Accreditation Statement


Accreditation Statement: The National Nurse-Led Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Each session has been approved for 1.0 NCPD contact hours.

Success Completion Requirements: To obtain 1.0 contact hours of nursing continuing professional development, you must participate in the entire activity, complete the evaluation, and achieve an 80% pass rate on the knowledge gain assessment following the session.

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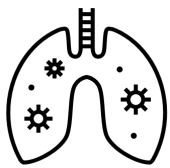
What is an NTTAP's role to support Health Center Excellence

- Provide population-specific T/TA on HRSA-defined objectives
- Support health center capacity to provide interdisciplinary, culturally competent care
- Consultation and support in developing CBO and public housing partnerships
- Connect your HC to our National Training Experts for specialty TTA on aging, unhoused populations, IPV and human trafficking, workforce retention, LGBTQ+
- Participation in national efforts to provide T/TA around SDOH, chronic disease mgt
- Support emergency preparedness and response efforts for health center populations
- Tracking trends and changes in health center training needs
- Support the incorporation of the Health Center Excellence Framework and the Health Center 2035 initiatives

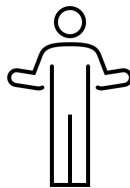


Community Health Center Program

- HRSA funds over 1,500 health centers (HC) & and look-alike (LAL) organizations
- These HC and LALs operate more than 17,890 service delivery sites in communities across the country and serve more than 30.5 million people, or 1 in 11 people nationwide.
- 108 HCs are funded as PHPC and serve over 850,000 patients.
- Residents of public housing are living with higher rates of:



Chronic
Disease



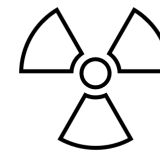
Social
Isolation



Disability
or a
Caregiver



Aging



Environmental
risks



Complex
medical and
social needs



NNCC's NTTAP Team



Jillian Bird

Director of Training and Technical Assistance



Matt Beierschmitt

Senior Program Manager



Fatima Smith

Project Manager



Junie Mertus

Program Intern





The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care.

NNCC's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs.

We do this through:

- training and technical assistance
- public health programing
- consultation
- direct care

NNCC's NTTAP is funded by HRSA's Bureau of Primary Health Care to provide subject matter expertise through the development, delivery, coordination, and evaluation of FREE training and technical assistance offerings to health center grantees and look-alikes.

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,218,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

National Center for Health in Public Housing

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National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Agenda

5 min - Welcome

**20 min- Affinia Healthcare:
Kristen Gore**

**20 min - NCHPH: Health
Center Patient Survey
& UDS Data**

**5 min - NNCC: Telehealth
Toolkit**

10 min - Wrap-up



Subject Matter Experts



Kristen Gore
Affinia Healthcare
Director of WIC and Nutrition
Services



Dr Kevin Lombardi, MD, MPH
The National Center for Health in
Public Housing (NCHPH)
Manager of Health Research,
Policy and Promotion

Continuity of Care: Strengthening Maternal and Child Health through Strategies for Effective Breastfeeding Support Programs



Kristen Gore, Dietitian, CLC, CHCEF- Director,
WIC and Nutrition Services

Overview

- Affinia Healthcare by the numbers
- Breastfeeding support offered through WIC
- Breastfeeding Data
- Breastfeeding and Mental Health
- Supporting families through their breastfeeding journey
- Practical takeaways

Affinia Healthcare

- A non-for-profit community health center organization providing medical, dental, and behavioral health services to the Greater St. Louis Metropolitan Area since 1906
- Provided a health care home for 39,629 patients in 2022
- 94% have incomes under 100% of the federal poverty line
- 38% of our patients are uninsured, 40% receive Medicaid, including Medicaid Managed Care Plans, and 6% receive Medicare



Affinia Healthcare

- 69% are Black and 13% are Hispanic
- 11% of patients are best served in a language other than English including Spanish, Dari, Arabic and over 40 additional languages
- Approximately 9% of patients receiving services at Affinia Healthcare are unhoused and another 9% self-report living in public housing.



Affinia Healthcare

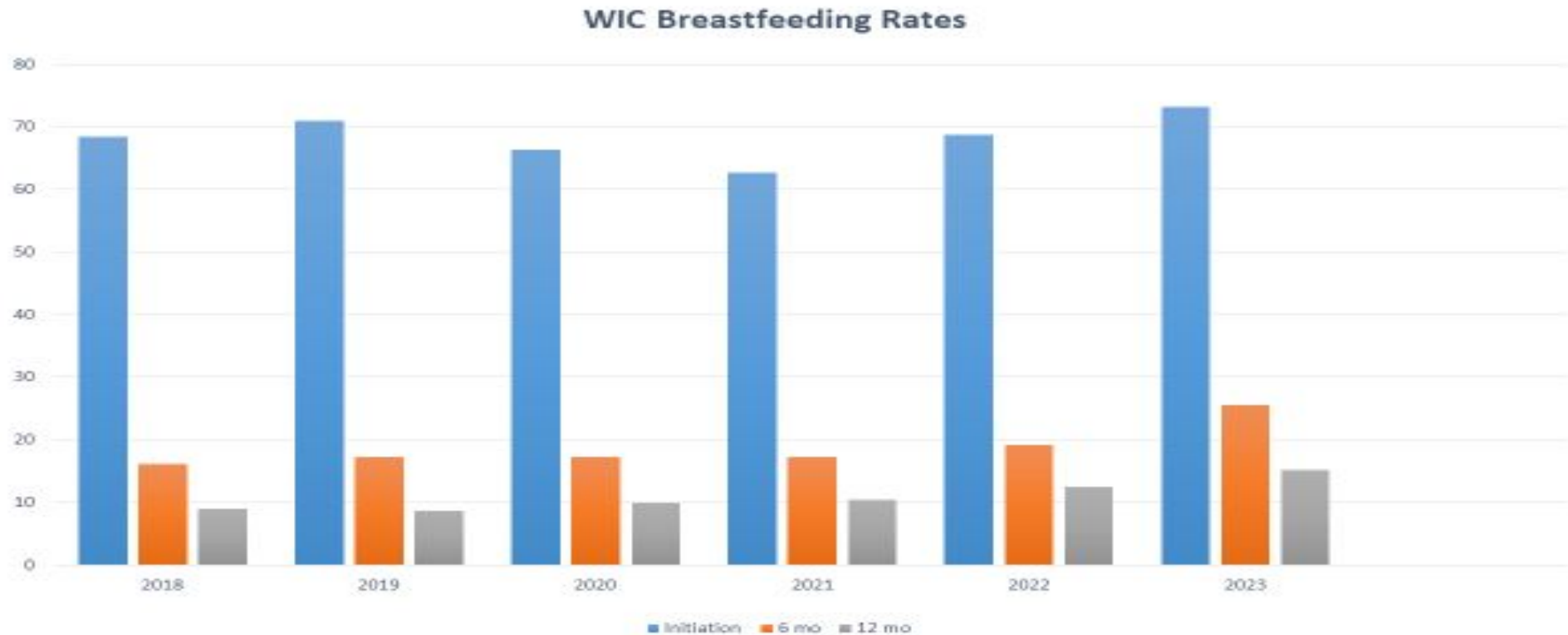
- Addition of Midwifery Services
- Perinatal Community Health Workers
- Trained Doulas on staff
- C-Section rate of <10%



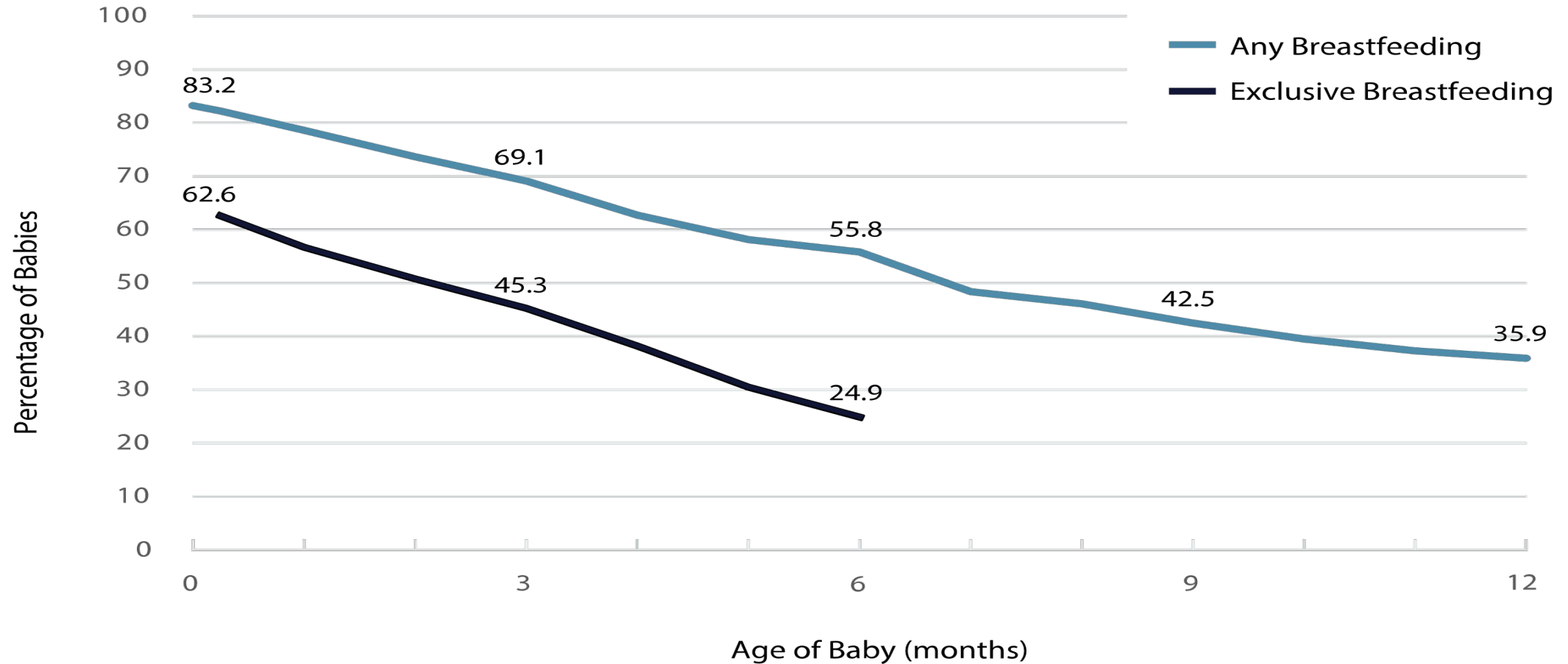
WIC Breastfeeding Support



Affinia WIC Breastfeeding Rates

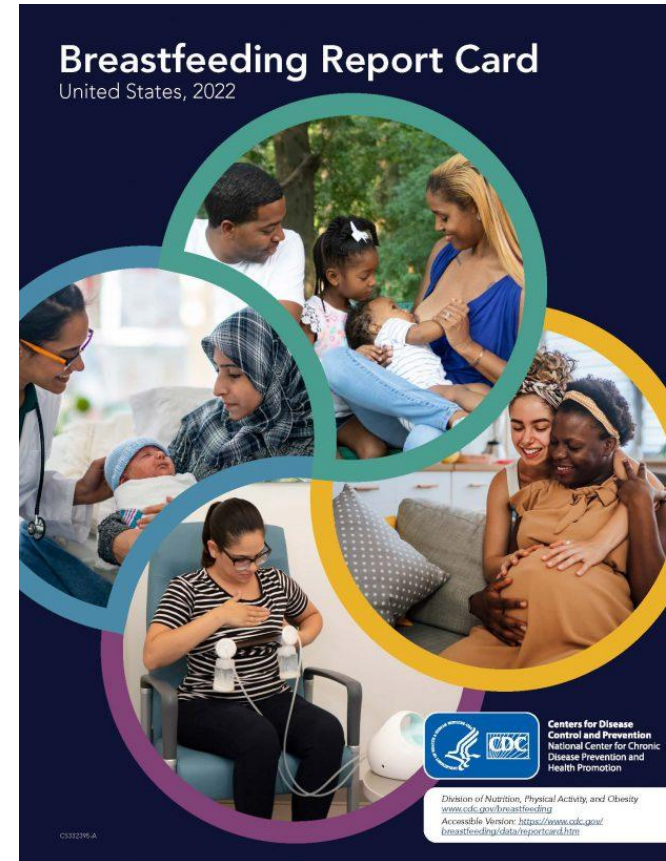


Breastfeeding Data



Breastfeeding Data

- CDC Breastfeeding Report Card
- Data Sources
 - Pregnancy Risk Assessment Monitoring System (PRAMS)
 - National Immunization Survey
 - Maternity Practices in Infant Nutrition and Care (mPINC)
 - National Health and Nutrition Examination Survey (NHANES)



Racial Disparities in Breastfeeding Initiation and Duration

- 64.9% of AA women reported receiving a formula gift pack, compared to only 19.0% of non-AA women
- 70.6% AA women who initiated breastfeeding reported their baby being given a pacifier in the hospital compared to only 27% of non-AA women
- Black babies are dying at over twice the rate of non-Hispanic white infants





Stereotypes Prejudice Unfair
Research Behavior Beliefs
Groups UNCONSCIOUS
Measure BIAS Implicit
Reaction Respect
Corporations Decisions Race
People Social Subconscious
Judgement Hidden Ethnicity
Cognition Preferences Gender

Breastfeeding and Mental Health



Studies show that breastfeeding reduces the risk of postpartum depression and anxiety

Oxytocin- The love hormone

Some studies report breastfeeding difficulties as a stressor to the mom

What does breastfeeding support look like for our black/brown families?

- Culturally Relevant
- Breastfeeding counselors
 - IBCLC's of color (peer support)
- Anticipatory Guidance- navigating breastfeeding and employment
- Support Groups/Group classes
- Doulas
- Midwives



Breastfeeding Support Groups



Join us for Breastfeeding Support

Cutie's & Mom-osas

Free Drop-in sessions

- Breastfeeding support
- Check your baby's weight
- Check your baby's latch
- Light refreshments
- Mother's Day token of love



Tuesday, May 9
10 am-12 pm
3930 S Broadway, St. Louis,
MO 63118



MISSOURI WIC
Allina Healthcare
314-898-1701



In the Community!!!



BLACK
BREASTFEEDING
WEEK
AUGUST 25-31

THEME ANNOUNCEMENT:

We @ Outside!

#WeOutside #BBW23

Aug 25-31



Celebrating Connection & Our Communities





This institution is an equal opportunity provider

Sponsored by:

AFFINIA HEALTHCARE WIC

FATHER'S DAY FUN DAY

SAT. JUNE 3RD 10AM-2PM

FOOD FUN DANCE VENDORS GAMES

Call WIC Affinia Healthcare at 314-898-1701 for more information.

1717 BIDDLE ST., ST. LOUIS, MO 63106





"Breastfeeding is everything I dreamed of. The bond I have built with my 3 Boys is so powerful and melts my heart all the time.

**Breastfeeding to me is: Babies Readily Eating And Succeeding Through Feedings Every Enriching Day!"
(BREASTFEED!)**

**Jerriesha B.
Affinia Biddle**



"Breastfeeding is such a blessing! It is amazing that nourishing my body helps nourish my baby's body. I am looking forward to getting my body back and it is important to take care of yourself."

**Antoinette Barnes
Affinia WIC-Carestl**



"The power of breast-feeding is the natural nutrients that my infant child gets from me..."

Royal is 9 months now. I am healthy as ever...Nursing is the best thing that happen for the both of us!!!"

**-Diahhan Price
Affinia Biddle**

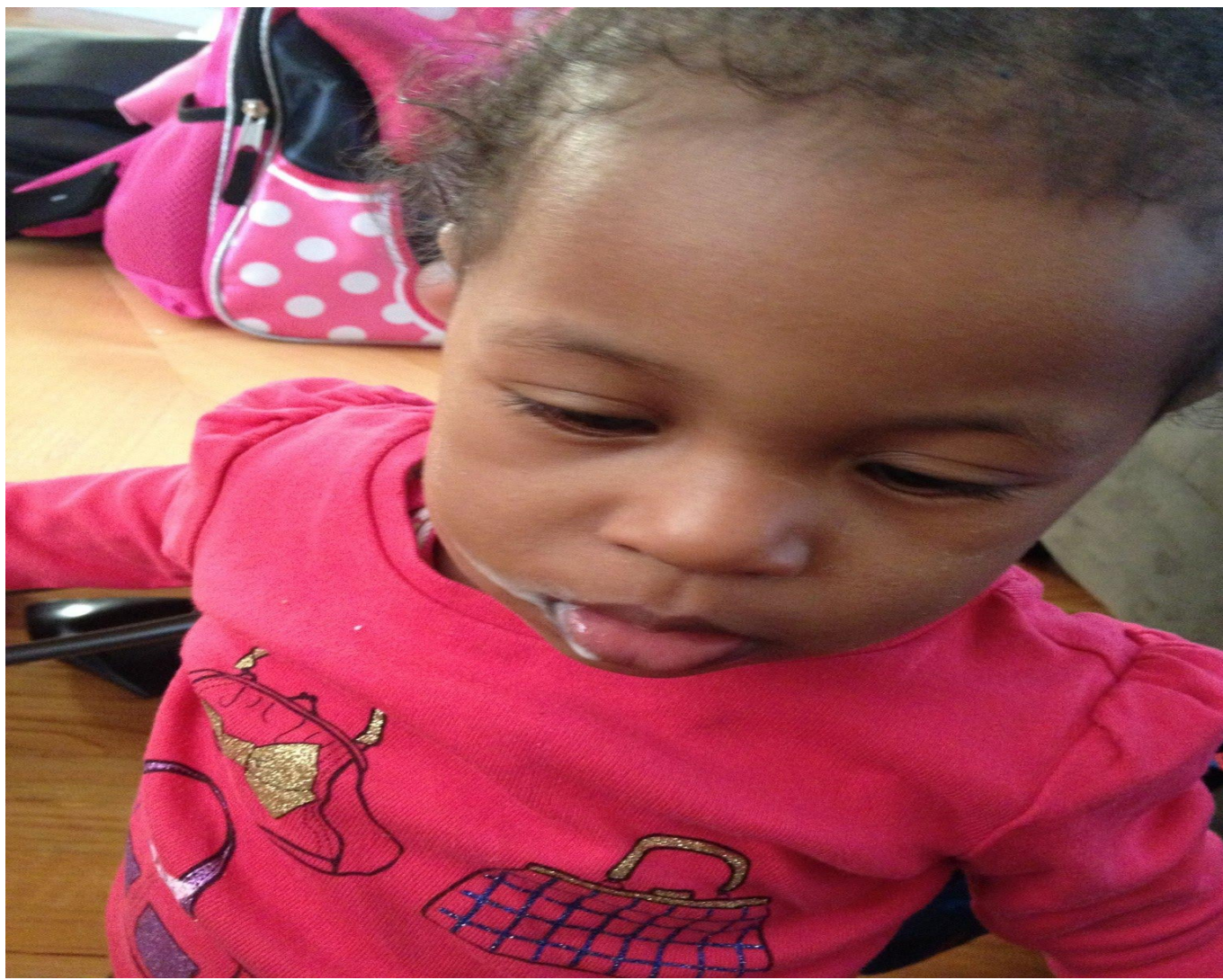


Affinia WIC Staff

**Breast Milk:
Never Recalled**



Questions????





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National Center for Health in Public Housing

National Nurse-Led Care Consortium

Jose Leon MD, MPH

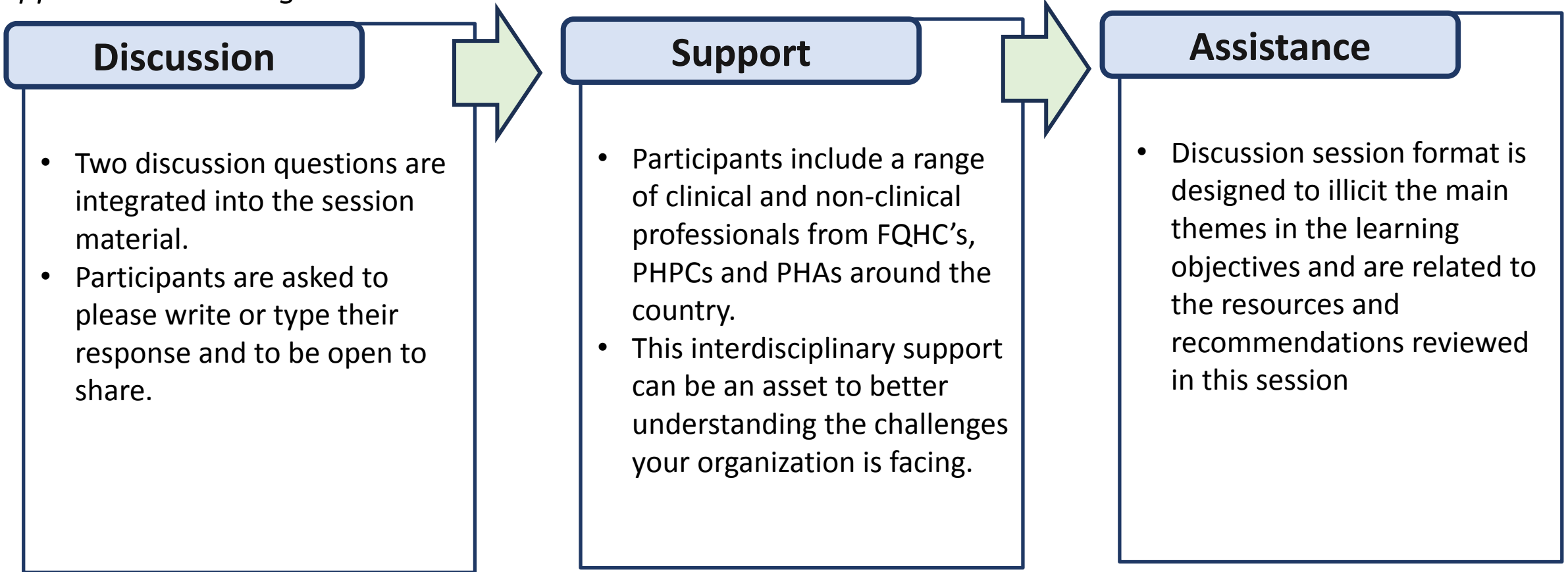
***Chief Medical Officer
The National Center for Health in Public Housing***

Kevin Lombardi MD, MPH

***Manager of Health Research, Policy and Advocacy
The National Center for Health in Public Housing***



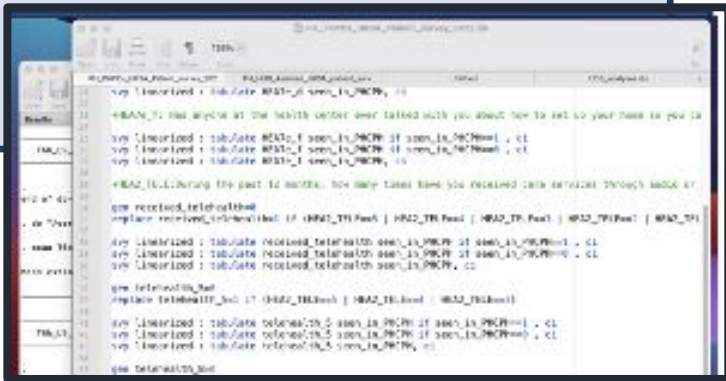
This session is designed to illicit discussion, process sharing and support between colleagues. The session framework will reflect these priorities. The – Discussion – Support – Assistance model describes NCHPHs approach to Training and Technical Assistance



NCHPH presentations are designed to be utilized as external resources by FQHCs PHPCs and PHAs these can be freely circulated to partners and colleagues as needed.

Research and Clinical Resources

- Cited resource links are located at the bottom right of the slides.
- Resources are publicly available and can be shared internally or externally.
- Cited research is investigated and validated during a structured review process.





Guidance and Recommendations

- Recommendations are based on NCHPH internal research or validated external research.
- Practice recommendations presented are reviewed and validated by the NCHPH team.

HRSA Health Center Program Practice Recommendations: HRSA Patient Survey

Question MEN1E_r (recode)
 “During the past 30 days how often did you feel that everything was an effort all or most of the time?”

Percent of patients reporting any of these feelings in the past 30 days:

 <p>All FQHC* patients 9.4% CI: 7.2-12.1</p>	 <p>All HUD-Assisted* 17.2% CI: 4.8-17.5</p>
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Link to Resource: [2022 Health Center Patient Survey](#)

NCHPA
 National Center for Health in Public Housing

Support and Consultation Resources

- NCHPH staff members and SMEs are available to FQHCs, PHPCs, PHAs and partner organization for consulting and advising services.

Long-COVID: Mental Health and Systemic Sequelae

Symptoms, complications and management of long COVID: a review

Olafskan Lee Atyegbust^{1,2,3,4,5}, Sarah E. Hughes^{1,2,3}, Grace Turner^{1,2}, Samantha Cruz Rivera^{1,2,3}, Christel McMullan^{1,2}, John Singh Chandan¹, Shami Haroon¹, Gary Price¹, Elin Haf Davies¹, Krishnarajah Nirantharankumar^{1,2}, Elizabeth Sapey^{6,9}, Melanie J. Calvert^{1,2,5,6,10,11}, and on behalf of the TIC Study Group

Abstract
 Globally, there are now over 160 million confirmed cases of COVID-19 and more than 3 million deaths. While the majority of infected individuals recover, a significant proportion continue to experience symptoms and complications after their acute illness. Patients with ‘long COVID’ experience a wide range of physical and mental/psychological symptoms. Pooled prevalence data showed the 10 most prevalent reported symptoms were fatigue, shortness of breath, muscle pain, joint pain, headache, cough, chest pain, altered smell, altered taste and diarrhoea. Other common symptoms were cognitive impairment, memory loss, anxiety and sleep disorders. Beyond symptoms and complications, people with long COVID often reported impaired quality of life, mental health and employment issues. These individuals may require multidisciplinary care involving the long-term monitoring of symptoms, to identify potential complications, physical rehabilitation, mental health and social services support. Resilient healthcare systems are needed to ensure efficient and effective responses to future health challenges.

Resource download: [Symptoms, complications and management of long COVID: a review](#)

NCHPA
 National Center for Health in Public Housing

Link to Resource: [NCHPH](#)



Figure 1

Many healthcare services can be delivered via telemedicine during and after pregnancy

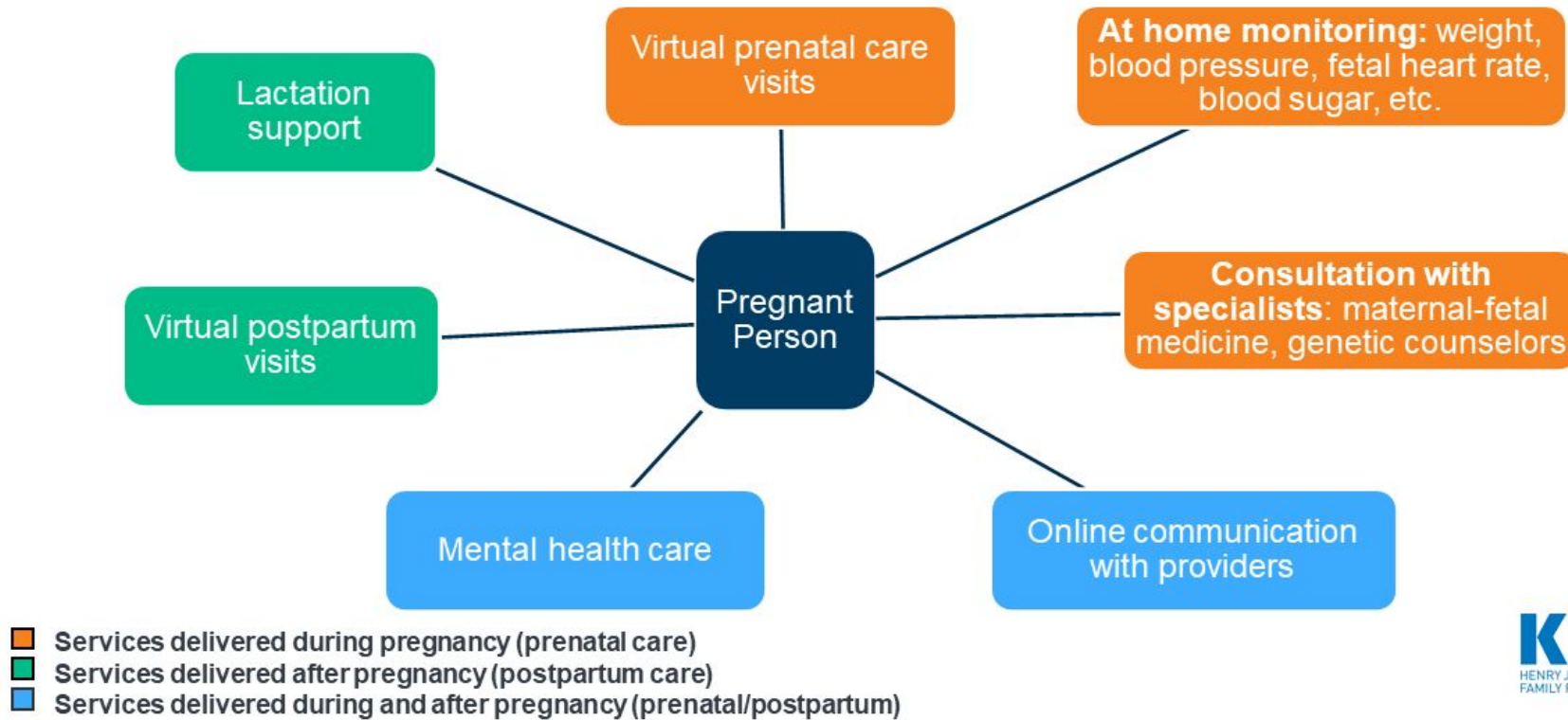
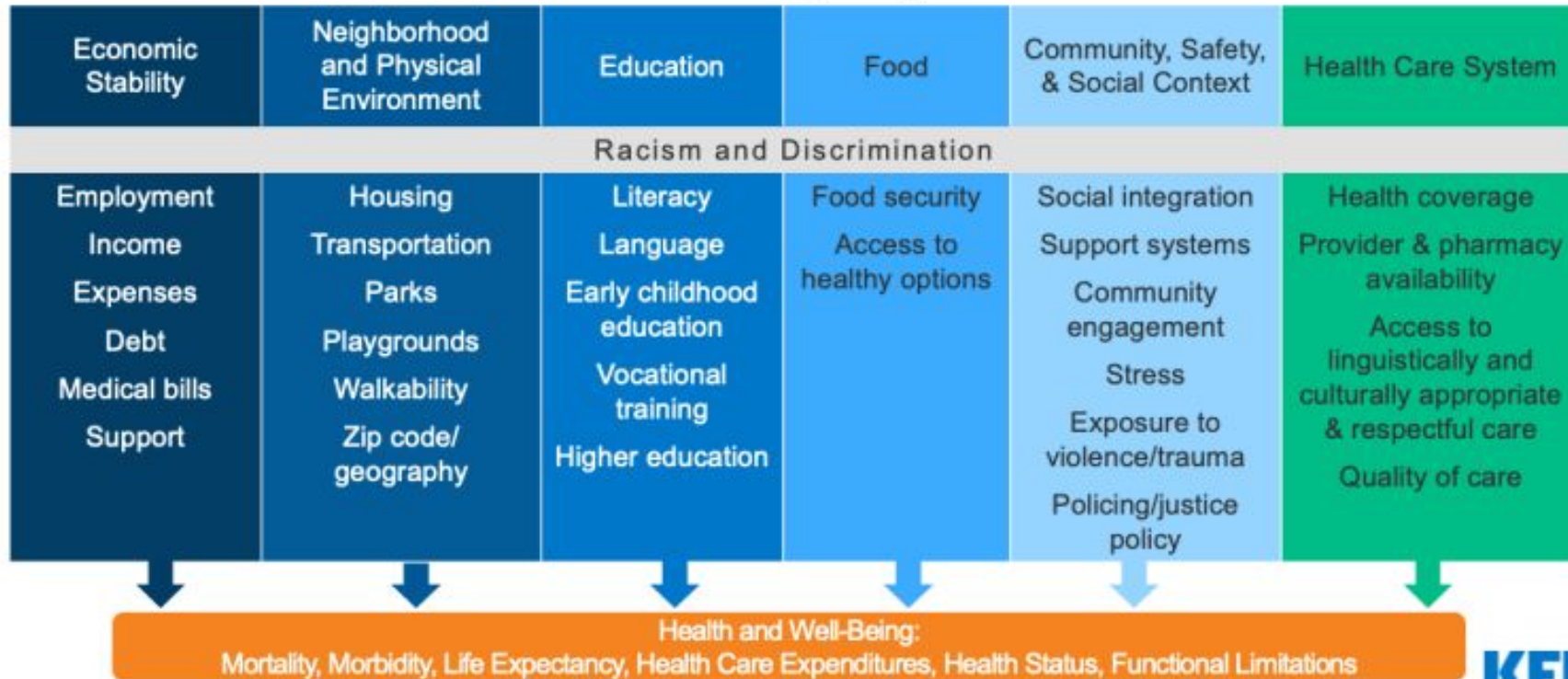


Figure 6

Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination



KFF

- What is maternal mortality?
- Why is maternal mortality high among black women?
- How is age a contributing factor to maternal mortality?
- How has COVID 19 contributed to maternal mortality?
- What health conditions are driving the high number of maternal deaths?
- How does prenatal care affect maternal mortality?
- Improve access to critical services
- Improve the quality of care provided to pregnant women
- Address maternal and infant mental health
- Enhance supports for families before and after birth
- Improve data collection and oversight
- Ensure health literacy and childbirth education

C.M. is a 36-year-old Spanish-speaking Mexican-American woman with a 3-year history of type 2 diabetes. She was seen in a health center setting because of a missed menstrual period; a pregnancy test was positive.

Her past obstetrical history included five vaginal deliveries and six miscarriages. All of her previous pregnancies occurred before the diagnosis of diabetes. Her previous medical care was in Mexico

She was never told of any glucose problem during her pregnancies, and she does not know the birth weights of her children. At the time of her visit, she was 8 weeks pregnant and taking glyburide 10 mg twice daily. She was checking her blood glucose once daily in the morning with typical readings between 180 and 220 mg/dl on a plasma-referenced meter. Family history was positive for diabetes in her mother.

Her height was 62 inches, and her weight was 198 lb. Other than mild acanthosis nigricans and obesity, her physical examination was normal. She had no retinopathy and no evidence of neuropathy.

She was never told of any glucose problem during her pregnancies, and she does not know the birth weights of her children. At the time of her visit, she was 8 weeks pregnant and taking glyburide 10 mg twice daily. She was checking her blood glucose once daily in the morning with typical readings between 180 and 220 mg/dl on a plasma-referenced meter. Family history was positive for diabetes in her mother.

Her glycosylated hemoglobin (HbA_{1c}) level was 10.5% (normal <6.0%), and an office capillary blood glucose 4 h after lunch was 201 mg/dl.

Question 1: *Is there a relationship between C.M.'s diabetes and her adverse obstetrical history?*

Question 2: *What should have been done before her recent pregnancy to increase the odds of a favorable outcome?*

Question 3: *What considerations affect the choice of therapy for her diabetes now?*

Analysis of UDS 2022 Data provides insight into the time during their pregnancies that patients are receiving their first prenatal appointments

Date of first prenatal screen by trimester, PHPCs and FQHCs, 2022				
Date of first prenatal screen	PHPC		All other HC	
	With HC	Other Prov.	With HC	Other Prov.
First trimester	58.6%	6.4%	63.8%	5.7%
Second trimester	23.4%	3.6%	22.2%	2.0%
Third trimester	6.8%	1.3%	5.5%	0.8%
Total (average pts)	100.0%		100.0%	

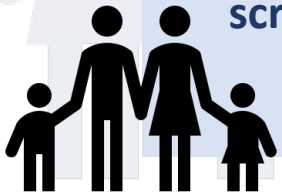
A relatively low number of FQHC and PHPC patients received their first prenatal visit during their first trimester

Maternal health outcomes: improving prenatal screening

Analysis of UDS 2022 Data provides insight into the time during their pregnancies that patients are receiving their first prenatal appointments

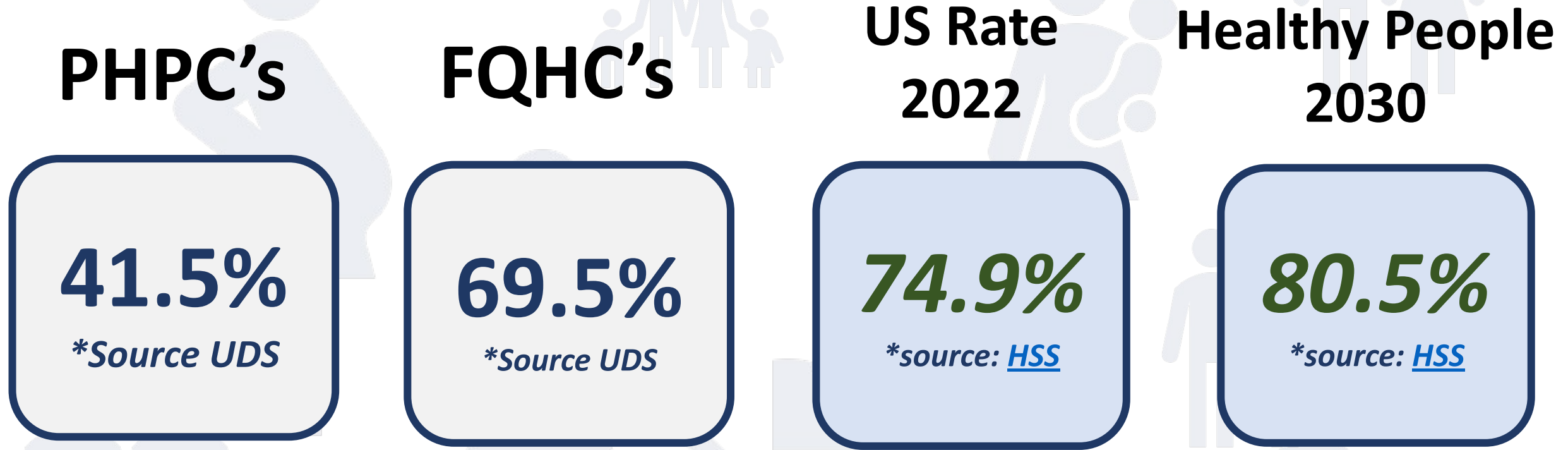
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Second trimester	23.4%	3.6%		22.2%	2.0%
Third trimester	6.8%	1.3%		5.5%	0.8%
Total (average pts)	100.0%			100.0%	

A relatively large proportion of patients at FQHCs and PHPCs receive their first prenatal screening during their third trimester



Percent of Pregnant Women Receiving Adequate Prenatal Care*

Data from HRSA's UDS allows us to compare prenatal screening compliance rates with US national rates and Health People's 2030 goals



Even if only screening appointment compliance is considered PHPC and FQHC patients lag behind the U.S. national rate and [Healthy People 2030 guidelines](#).

The 2022 HRSA Health Center Patient Survey helps us to compare reported rates of prenatal obesity to national, measured rates.

Public Housing

34.4%

95% CI: 22.8-46.9

All FQHC

38.1%

95% CI: 32.6-43.6

**US Rate
2022**

38.2%

*source: [HSS](#)

**Healthy People
2030**

47.1%

*source: [HSS](#)

**based on compliance with initial prenatal screening guidelines*

Telehealth Toolkit



Telehealth for maternal health services

Introduction to telehealth for maternal health services

Maternal health care is critical for the long-term health and success of parents and children. Health equity in maternal care has long been a struggle, especially for those in rural and underserved communities. Telehealth is one way to bridge those gaps.

This guide will highlight the needs and procedures for a successful maternal telehealth program.

The United States offers some of the most advanced medical technologies

[Give feedback](#)

In this guide

Introduction

Bridging the gaps with telehealth

Getting started

Billing for maternal telehealth

Telehealth and Postpartum Care



Key Takeaways

Barriers to Care

- The cost associated with travel, parking, or the cost of gas
- Long driving distances between home and your provider's office
- Not being able to drive for a period after childbirth per your provider's instructions
- Lack of childcare for the new baby or older siblings
- Lack of maternity leave for patients who have to begin work as soon as possible after childbirth

Postpartum Telehealth Services

- General health check-in to see how the patient is doing after childbirth
- Lactation support
- Screening and treatment for postpartum depression
- Therapy appointments with telehealth
- Referrals to specialists, including substance abuse programs
- Birth control counseling and prescriptions


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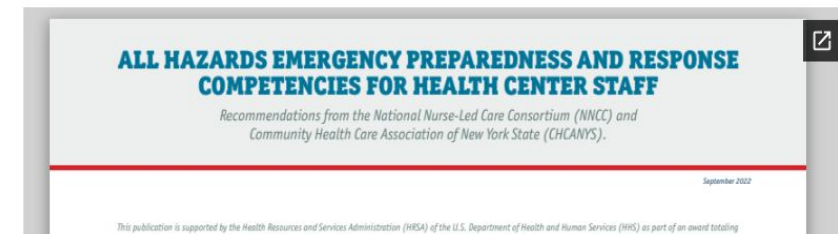
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All Hazards Emergency Preparedness and Response Competencies for Health Center Staff

To successfully perform their assigned emergency/disaster roles, health center staff must understand how their organization will respond to hazards, including the use of altered management structures and modified operations. The National Nurse-Led Care Consortium (NNCC) and the Community Health Care Association of New York State (CHCANYS) created a set of competencies to improve the emergency and disaster preparedness of all health center staff. This publication provides a comprehensive overview of those competencies and sub-competencies, as well as a description of their development process. The competencies are intended to form the foundation of health center staff education and preparedness for all-hazards emergency and disaster response and will allow health centers to direct their limited training time and resources to cover the most essential preparedness aspects.



Thank You!

If you have any further questions or concerns please reach out to Fatima Smith fasmith@phmc.org or Fide Pineda at Fide@namgt.com

