MDPQC Maternal Health Office Hours

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Maryland
DEPARTMENT OF HEALTH

Regulatory Update Discussion Session
March 4, 2025

HB1051/SB1059: Maryland Maternal Health Act of 2024

If a newborn is delivered in a hospital following a high-risk pregnancy:

- Birthing hospital must complete a Postpartum Infant and Maternal Referral (PIMR) form and submit it to LHD of patient's home jurisdiction.
- Provide the birthing parent(s) resources and information specific to the circumstances of the birthing parent
  - Include information regarding risks, signs, preventive measures, and treatment needs for postpartum complications
  - CV conditions, chronic disease, substance use/misuse, mental health condition
- Call birthing parent 24-48 hours after discharge to evaluate the parent's status and, as necessary, provide information about postpartum complications.

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Postpartum Infant and Maternal Referral (PIMR) Form

Purpose

This form is intended for use by Maryland hospitals to refer high risk infants and mothers at hospital discharge to their local health department for community-based services. This form replaces the former 'Infant Identification and Referral' form. It does NOT replace the 'Prenatal Risk Assessment' form.

This form should be submitted for the following conditions and circumstances:

- Teen Mother
- No prenatal care
- Substance Use/Misuse
- Mental/behavioral health
- Intimate Partner Violence
- Unstable housing/homelessness
- Previous infant death
- Previous preterm birth
- Very low birthweight (<1500grams)
- Any other circumstance deemed to be a serious risk for the mother or infant

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https://health.maryland.gov/phpa/mch/Pages/postpartum-referral.aspx

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Hospital Sharing

- University of Maryland Capital Region Medical Center
- MedStar Southern Maryland Hospital Center

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PBAC Recommendations

Prior to discharge, take the following steps:

1. **Inform the patient and their family the hospital will be contacting them within 24-48 hours after discharge**
    - Explain the purpose of the communication and why they are receiving it
    - Include a resource such as a one-pager for patients and families to reference

2. **Share with the patient and their family who will be contacting them, and what department they are from**

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PBAC Recommendations

3. **Ask the patient and their family how best to communicate with them**
    - Method of communication: phone call, text, EHR chatbot
        - ➢ rank communication preferences
    - Alternate contact person (i.e. spouse, sibling, parent)
    - Time of day

4. **Practice the communication plan**
    - Reiterate the patient and family's communication preferences
    - Call, text, or send EHR chatbot to the patient and alternate contact person(s)
    - Discuss the questions that hospital team member will be asking patient

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Discussion Questions

PIMR:

- How are hospitals planning to define “high-risk” pregnancy?
- Since the definition is so broad, are hospitals going to complete the PIMR for ALL patients then?
- Who is completing these forms? Need to be clinical staff?
- Are the local health departments equipped to receive all of these referrals, in addition to MPRA?

Phone Calls:

- How are hospitals planning to define “high-risk” pregnancy?
- Was a list of questions ever provided?
- How many times do we have to try to contact the patient?
- How do we document that the phone calls are being made and who/where is this information reported to in order to show compliance with the law?
- Are there any allowable options as to how we contact our patients?
- Can we concurrently ask the patient to call us?

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HB1051/SB1059: Maryland Maternal Health Act of 2024

Report Card for Birthing Facility Maternity Care – MDPQC Measures

Measure	How data will be reported on report card	Data included	Timeline
Education on Respectful and Equitable Care: **1. Providers** **2. Nurses**	The values will be presented as the 10% range as reported to AIM (e.g. 0-9%, 10-19%, etc) or 'Not Reported' if data are missing.	CY2024 and beyond; Data will be reported by calendar year (CY) and will include the data submitted for Q4 only (i.e. CY2024 based on 2024Q4).	2025Q1 data are due at the end of April 2025. Please review CY2024Q4 data and provide any necessary corrections at that time.
Unit Drills - Number of Drills	The report card will display 'yes' if **at least one drill was reported** in the calendar year. If data are missing or 0 for all of the quarters in the calendar year, the report card will display 'no.'	CY2024 and beyond; Data will be reported by calendar year (CY) and will aggregate the data submitted for all four quarters (i.e. CY2024 will be based on 2024Q1 to 2024Q4).	Hospitals are able to enter corrections to data previously submitted for CY2024 to ensure accuracy. Please do so by the end of April 2025 when 2025Q1 data is due.
Patient Education Materials on Urgent Postpartum Warning Signs	The values will be presented as: ● 'Not started' (Hospital report = 1), ● 'Early Implementation' (Hospital report = 2 or 3), ● 'Advanced Implementation' (Hospital report = 4 or 5) ● 'Not Reported' if data are missing for the entire calendar year.	CY2024 (i.e. 2024Q4) and beyond; Data will be reported by calendar year (CY) and will include the data submitted for Q4 only (i.e. CY2024 based on 2024Q4). **Please note: If data for Q4 are missing, the report card will include the most recently reported data during the same measurement year (e.g. 2024Q1-2024Q3).**	2025Q1 data are due in April 2025. Please review CY2024Q4 data and provide any necessary corrections at that time.

Discussion Questions

- What trainings are hospitals completing to meet the Respectful and Equitable Care education measure?

  ✓ACOG Respectful Care eModules: https://www.acog.org/education-and-events/emodules/respectful-care

  ✓Alive!Maryland "Identifying and Addressing Implicit Biases in Healthcare Delivery": https://alivemaryland.org/training/identifying-and-addressing-implicit-biases/

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HB0119/SB2011: GIFT Act

Giving Infants a Future Without Transmission (GIFT) Act

- New HIV diagnosis reports must state pregnancy status
- Reports must be made upon birth of an infant whose mother is HIV positive
- Requires Syphilis test at first prenatal visit, 28 wks gestation, and birth/delivery admission
  - Hospital cannot discharge infant if maternal syphilis serology unknown
- Requires Syphilis test for stillborn infants ≥ 20 wks gestation or ≥ 500g
- Requires maternal HIV test at birth or HIV test of infant if maternal HIV status unknown

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Discussion Questions

- If the mom refuses consent for the HIV test, does that mean the infant will need to be tested?
- Does HIV test consent form need to be separate form or is it included in general consent forms?
- Are hospitals planning to move to rapid testing to meet this mandate?
- How are we addressing false positives ?
  - How are we treating false positives, or are we waiting for lab result that was sent out?
  - Are we informing patient and their family immediately of false positive on rapid test?
  - How are we addressing trauma that patients and families face when receiving a false positive?
- Does CPS have a place for involvement here?
- Would the law permit testing at the first prenatal visit and then prior to 28 weeks, or is 28 weeks/3rd trimester a strict mandate we need to follow?

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Open Discussion

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Next Month

April Maternal Health Office Hours:

- Data Updates
- Tuesday, April 1st, 12pm-1pm
- ***Teams*** Webinar
- Register here: https://events.teams.microsoft.com/event/ffc5119d-eeda-4a91-85a4-ef2d81b37cfa@d2798d0f-9fe2-4eac-bdf1-66c9890342c9

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