

House Health Care Testimony 2/13/25 Follow-up

Promotion of health of Vermont newborns and pregnant individuals

Prepared by VDH/Family and Child Health (FCH) division 2/18

Perinatal Quality Collaborative Vermont ([POC-VT](#))

- Through a partnership with the Family and Child Health (FCH) division and the Vermont Child Health Improvement Program (VCHIP) at UVM, the PQC-VT mobilizes state networks to implement quality improvement efforts and improve systems of care for perinatal people, infants, and their families. The PQC-VT supports community-based organizations, pediatric/obstetrical providers as well as all eleven birthing hospitals in Vermont.
- Improving Care of Newborns with Substance Exposure ([ICoNS](#))
 - Improve health outcomes for opioid-exposed newborns.
 - Provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for pregnant people with substance use disorder and their infants.
- The BLISS initiative
 - Funded through FCH's Overdose Data to Action (CDC) funds
 - Engaging community-based organizations around continued education, best practices and engagement around the particular needs and experiences of perinatal people with substance use.
 - The initiative also focuses on ensuring the collaboration and connection between community organizations and clinicians in different regions to ensure better wrap around services.
- The PQC-VT is funded in part through a federal grant from the CDC to FCH and Medicaid funds distributed by FCH to VCHIP.

Evidence-based obstetrical care

- The American College of Obstetricians and Gynecologists (ACOG) is the key source for evidence-based obstetrical care guidance; Vermont's prenatal providers in hospital settings adhere to this:
 - [Genetic testing](#) – this includes the timing for a variety of options
 - STD testing during pregnancy:
 - Syphilis: Screened at the first prenatal visit, in the third trimester, and at delivery. One case of congenital syphilis in a newborn in 2022.
 - Chlamydia and gonorrhea: Screened at the first prenatal visit for people under 25 or at high risk for STIs
 - HIV: Screened early in pregnancy
- TDAP/Covid/Flu immunization recommended during pregnancy and for all caregivers who will be caring for the newborn.
- See below for [graphs](#) of prenatal care utilization in Vermont, which is very high. Of note, the region whose community hospital saw a birth floor closure, Springfield, has the highest rate of inadequate prenatal care in Vermont.

Alliance for Innovation in Maternal (AIM) health patient safety bundles

- FCH staff are working with the AIM Vermont team at UVM and PQC-VT team to support the implementation of AIM patient safety bundles (PSB). PSBs are a structured way of improving the processes of care and patient outcomes. Patient safety bundles are collections of evidence-informed best practices, developed by multidisciplinary experts, which address clinically specific conditions in pregnant and postpartum people with goal. The goal of PSBs is to improve the way care is provided to improve outcomes and reduce maternal mortality and severe maternal morbidity. A bundle includes actionable steps that can be adapted to a variety of facilities and resource levels.
- Previous PSBs implemented in Vermont include: obstetric hemorrhage, hypertensive emergencies, and cardiac conditions.
- Vermont's current PSB is [Care for Pregnant and Postpartum People with Substance Use Disorder](#), which includes clinical based technical assistance, evidence-based training, suggestions for best practice policy and workflow changes to supporting this population, patient education resources, and Community based organization collaborations.

Mental Health and Substance Use Supports and Screening for birthing people

- OB provider screening for Perinatal Mood and Anxiety Disorders (PMAD) and Substance Use Disorder (SUD) – recent survey developed by PQC-VT team and FCH, 10 out of 12 hospitals and OB clinics in Vermont with birth floors responding:
 - Reported above 90% for prenatal screening for PMADs and SUD being performed at some point during pregnancy.
 - However, SUD screening reported being slightly above 30% for each time frame in pregnancy and the post-partum appt, with only approx. 15% reporting they screen at every or most encounters.
 - Intimate Partner Screening screening rates are also variable, with reported rates rarely rising above 20% at any time frame of the perinatal period.
 - PMAD screening is by far and away the most frequently reported screening at every interval of pregnancy and the post-partum period, with above 60% of offices reporting they screen at the post-partum visit, over 50% screening during the third trimester and above 20% reporting they screen at every or most encounters.
- [Strong Families Vermont Nurse Home Visiting](#)
 - There are 26 nurses under Strong Families VT Nurse Home Visiting Program (Maternal and Early Childhood Home Visiting—MECSH) visiting families in every region from pregnancy through two years post-partum.
 - Screening for PMAD, health-related social needs, intimate partner violence and SU utilizing validated tools required at four intervals: prenatal, birth, at 12 months and at exit, with a specified follow up and referral algorithm based on scores and family need.
 - The four screenings are repeated as the mothers/caregivers may not readily disclose at the beginning of the program but through trust and relationship building may be more willing to provide that information. The relationship is built in the prenatal period and extends through the full 2 year postpartum.

- All nurses with evidence based training on supporting perinatal people with PMADs, SU, IPV and other co-occurring issues.
- FCH's Overdose Data to Action (CDC-funded) recovery coaching pilot project is supporting a perinatal recovery coach at the Central Vermont Turning Point Center to create a referral system to coordinate recovery supports with nurse home visiting, doulas, the local parent child center and a volunteer post-partum support organization as well as the local birthing hospital for birthing people with substance use disorder.
- VT [In Depth Technical Assistance](#) from the National Center on Substance Use and Child Welfare. Multidisciplinary team from AHS and external partners to:
 - Update CAPTA notification and Plan of Safe Care policies and practices for infants with prenatal substance exposure and their families
 - Updating and implementing/supporting CHARM/Community Response Teams across Vermont
 - Ensure integration among existing (and new) clinical and community-based services/supports.
 - Improve data collection and review of policy and structural factors.

Developmental Understanding and Legal Collaborations for Everyone ([DULCE](#))

- DULCE is an evidence-based approach based in the pediatric health care setting that proactively addresses social determinants of health, promotes the healthy development of infants from birth to six months of age, and provides support to their families. Family Specialists from the local Parent Child Center are embedded in medical practice and build trusting relationships with families, provide screening and referrals, and connect families to services in the early childhood system. Integrating a legal partner into the DULCE team helps children and families get comprehensive services for which they qualify and improve the functioning of systems for the broader community. The interdisciplinary team meets weekly to support families and improve the systems of care.
- In 2024, DULCE programming expanded from 5 to 9 sites within pediatric primary care.

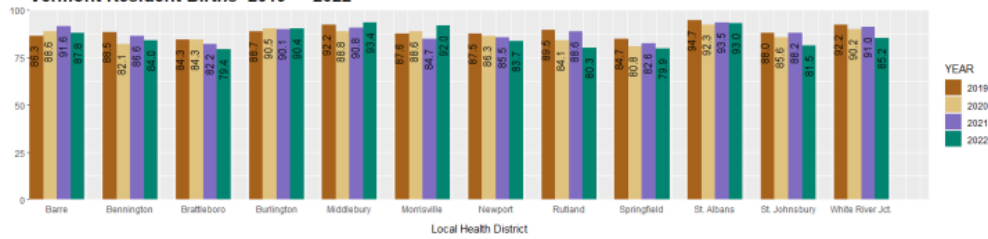
Bright Futures Evidence-based pediatric care

- Vermont has a [strong chapter](#) of the American Academy of Pediatrics with VCHIP also providing quality improvement support around best practices. Vermont pediatricians adhere to AAP best practice guidance around childhood vaccination.
- Vermont has adopted Bright Futures (developed by AAP) as its [periodicity schedule](#) (recommendations for preventive pediatric health care required by Medicaid); Bright Futures is broadly promoted across the state as the gold standard in pediatric care.
- Inpatient and home birth midwives also are able to provide newborn [antibiotic eye prophylaxis](#) although they do report increased rates of parents declining.

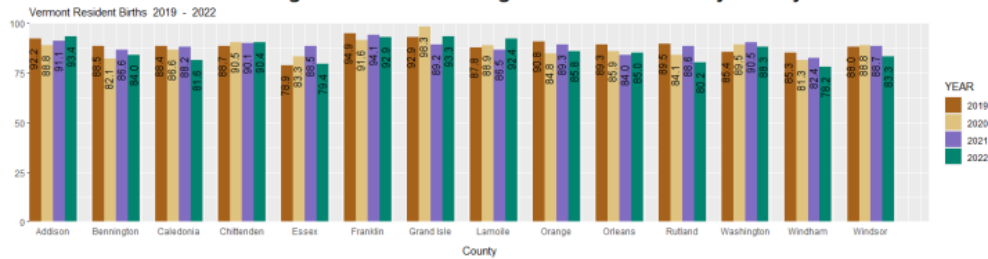
Newborn screening

- Performed between 24 and 48 hours of life by inpatient and home birth providers
- Newborns tested for 33 rare health problems as well as two other tests to check for problems with the [heart](#) and critical congenital heart disease (CCHD).

Percent of Mothers Entering Prenatal Care During the First Trimester by Local Health District Vermont Resident Births 2019 - 2022



Percent of Mothers Entering Prenatal Care During the First Trimester by County Vermont Resident Births 2019 - 2022



Prenatal Care Utilization Vermont Resident Births 2005 - 2022



Table 14: PRENATAL CARE UTILIZATION - ROW PERCENTS by DISTRICT

Vermont Resident Births 2022

DISTRICT	Inadequate	Intermediate	Adequate	Intensive	Adequate Plus
Barre	7.3	4.1	42.5	46.1	88.6
Bennington	6.7	2.0	46.9	44.5	91.3
Brattleboro	12.6	4.5	45.3	37.7	83.0
Burlington	4.3	5.1	55.6	34.9	90.5
Middlebury	4.8	2.6	52.4	40.2	92.6
Morrisville	5.5	6.1	62.4	26.0	88.4
Newport	9.2	5.4	46.9	38.5	85.4
Rutland	10.3	7.0	46.5	36.2	82.7
Springfield	15.6	10.4	41.3	32.7	74.0
St. Albans	5.4	5.2	59.9	29.5	89.4
St. Johnsbury	13.5	5.8	42.9	37.8	80.7
White River Jct.	7.0	9.6	47.1	36.3	83.4
VERMONT	7.3	5.6	50.9	36.1	87.1