Advisory Committee on Infant Mortality (ACIM)

5600 Fishers Lane, Room 18N25
Rockville, MD 20857
https://www.hrsa.gov/advisory-committees/Infant-Mortality/index.html

June 29, 2020

Alex M. Azar II, Secretary
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

As Acting Chair of the Advisory Committee on Infant Mortality (ACIM), the Federal Committee charged by you to address the needs of mothers and infants, I am writing today to share the recommendations developed by SACIM to address the effects of the COVID-19 pandemic on prenatal, labor and delivery, and newborn care, for the purpose of preventing increases in maternal and infant mortality and morbidity.

This letter is a follow-up to my March 27, 2020 letter which included the Committee's preliminary recommendations. Since that time, we have learned a great deal about SARS-CoV-2 and its impact on the health of mothers and infants. We have also seen the effects of the COVID-19 pandemic on our healthcare system. While there is still much that we do not know about SARS-Cov-2, what we have learned informed ACIM's deliberations. These final recommendations were unanimously approved by the appointed, voting members of SACIM at its meeting on June 18, 2020.

The COVID-19 pandemic is stressing our entire healthcare system, particularly hospitals, in ways never experienced. Over the last several months hospitals across the country have augmented their capacity and limited elective procedures to care for those seriously infected with SARS-CoV-2. While our country faces this public health crisis, babies continue to be born. We are concerned that the pandemic will exacerbate our maternal mortality crisis and adversely impact infant mortality. As our healthcare system works to respond to the COVID-19 pandemic, we must ensure that standards of care for pregnant women and infants are not compromised, and that they continue to receive the quality care they need to optimize maternal and infant health outcomes.

Given ACIM's charge to advise you on issues affecting infant and maternal mortality, SACIM has developed a set of recommendations for your consideration, based upon our Committee's work in three priority areas: Promoting Access to and Quality of Clinical Care, Assuring Equity and Inclusion, and Translating Data and Research into Evidence-based Action.

Our work related to COVID-19 is based on the following five core assumptions:

- The COVID-19 pandemic will continue to have disproportionate impacts on communities of color and indigenous peoples, particularly Black and American Indian/Alaska Native and Hispanic communities. Especially vulnerable will be low income women and infants, and homeless, immigrant, and incarcerated populations.
- Rural and Tribal populations have unique needs and will require targeted interventions.
- Hospitals and licensed, accredited birth centers remain the safest settings for births. It is critical that access to high-quality perinatal care for pregnant women and their infants not be jeopardized.
- All labor and delivery units must have sufficient access to appropriate personal protective equipment (PPE) and rapid-response testing, including for designated support persons, like all other essential healthcare providers.
- States will continue eligibility TANF, WIC, SNAP, childcare subsidies, and other federal income support programs to all families with pregnant women and infants.

With these assumptions in mind, ACIM unanimously recommends the following strategic approaches to perinatal and newborn clinical care during the COVID-19 crisis, with immediate implementation:

Protect Pregnant Women and Infants from Harm and Promote their Well-being

1. In light of the disparate impacts of COVIC-19 on vulnerable populations, investment and policy priorities should be given to infants, mothers, and women who are at greatest risk – those who are low income, under or uninsured, housing insecure or homeless, undocumented or immigrants, incarcerated, and/or members of populations of color or indigenous groups.

2. Expand the capacity of existing, licensed, accredited free-standing birth centers and in communities with hospital capacity concerns, enable temporary hospital-affiliated or linked labor and delivery units.

3. Pregnant patients considering options for where to give birth, especially those in underserved communities, should have access to accurate, evidence-based health, safety, and risk information about COVID-19 and pregnancy.

4. Support community-based prenatal, postpartum, and newborn care using a care team approach, to allow for early discharge from delivery units. This includes the use of doulas and other community-based perinatal health workers to provide education and support during pregnancy, labor, delivery, and recovery, including telehealth in instances where health worker access to hospitals is restricted.

5. Expand the use of certified nurse-midwives and/or certified midwives in these units/centers and allow them to practice to the full extent of their certification in all states and in all facilities (as per your March 24 guidance to expand the capacity of the healthcare workforce to address COVID-19 issues).

6. Expand and sustain access to telehealth via reliable broadband internet service for prenatal, early labor triage, and early and continuous postpartum and newborn care, including physicians, certified nurse-midwives and certified midwives, home visitors, home health workers, and doulas as a care team. This should be done in the context of a comprehensive healthcare system dedicated to assuring the best possible health outcomes for the communities that it serves.

Support Innovations in Finance and Policy

7. Support broad financing (including Medicaid) for telehealth for the full range of perinatal care services provided as described in #4, #5, and #6 above.

8. Encourage states to continue eligibility (without redeterminations) for women following a Medicaid financed birth, for one year after delivery. Their infants are already automatically and continuously eligible for one year under federal law. This will allow for access to care for women in the interconception period to focus on chronic disease management and behavioral health services.

9. Expand the use of federal financing for home visiting (including virtual visits) and indicated device monitoring (e.g. blood pressure monitors) for pregnant women, infants, and postpartum women for one year following delivery.

10. Provide professional liability protections for the evolving, reconfigured maternity care team—specifically for new patient triage arrangements, new integration of non-hospital community-based care with hospital-based care, and the expanding perinatal workforce.

Strengthen Data and Surveillance Systems Across Sectors to Monitor Impact

11. Expand investments in robust data and surveillance methods and systems, ensure the uniform and standardized collection and full reporting of race and ethnicity data, and support strategic research and evaluation efforts to monitor the impact of additional clinical and community approaches for protecting infants, mothers and women amidst the COVID-19 pandemic.

12. Utilizing accepted data standards, promote and support greater data sharing and interoperability of data and systems across sectors, to address social and environmental factors driving racial disparities in maternal and infant mortality amidst the Covid-19 pandemic and beyond.

ACIM's data-driven recommendations are grounded by our commitment to health equity and our shared belief that women of childbearing age, in collaboration with their healthcare professionals, are best able to determine the optimal care plan for their individual needs related to pregnancy. Pregnant women and infants already are being affected by the presence of COVID-19 in our communities. We believe that implementing the strategies listed above will help ensure the health and safety of all of America's mothers and babies during these challenging times and beyond.

Implementing these recommendations will require the strategic input of maternal and child health experts and coordination among stakeholders from multiple private and governmental agencies and organizations. ACIM stands ready and willing to assist you and serve as the entity to coordinate activities and assure alignment and efficiency.

Finally, while ACIM has addressed the immediate crisis of COVID-19 with the recommendations outlined above, our deliberations also confirmed how blatantly and severely the COVID-19 pandemic is being compounded by Racism - an acknowledged public health crisis in the United States. Prior to this pandemic, systemic racism has been recognized as driving social and environmental determinants of infant and maternal health, accounting for a disproportionate burden of disease and deaths among Black and Indigenous mothers and their infants. Forces of racial injustice, most recently manifest in the violent, preventable deaths of Mr. George Floyd and other Black Americans, also have devastating short-term and long-term impacts on maternal and child health outcomes in communities of color. This Advisory Committee plans to address the public health crisis of racism, specific to preventing maternal and infant mortality and eliminating racial disparities and make strategic recommendations for your consideration in the near future.

Respectfully submitted,

/S/

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ACIM members, including ex-officio members