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Acting Chair, Secretary's Advisory Committee on Infant Mortality

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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 Secretary's Advisory Committee on Infant Mortality (SACIM), the Federal Committee charged by you to address the needs of mothers and infants, I am writing today to share my concerns about the immediate effects of the COVID-19 pandemic on prenatal, labor and delivery, and newborn care, and potential impacts on maternal and infant mortality and morbidity. The urgency of the issues facing pregnant women and their infants prompts me to bypass the usual mechanism of getting recommendations to you. Because of administrative procedures, this letter is not "officially" the recommendations of SACIM. However, the information that follows has been discussed by the members of SACIM and there is consensus that you should receive this information as soon as possible. I will be scheduling an expedited SACIM meeting as soon as possible to formally endorse these recommendations.

The COVID-19 pandemic is stressing our entire healthcare system, particularly our hospitals, in ways never experienced. With an anticipated surge in the days and weeks ahead, hospitals across the country are gearing up to augment their capacity to care for those seriously infected with SARS-CoV-2. One approach being taken is to free up existing hospital beds to address the needs of seriously ill individuals; this effort will affect all other hospital-based care.

Strategic, evidence-based approaches to providing clinical care that protects the health of mothers and babies, especially those most at risk, are required to align our efforts and redirect resources. Based on research and programs already tested by the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA), such as Strong Start for Mothers and Newborns, we know there are multiple ways to provide high quality perinatal care for pregnant women and their infants. Publications from the American College of Obstetrics and Gynecology (ACOG), the Society of Maternal and Fetal Medicine (SMFM), the American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) reiterate the point that high quality options for care delivery exist. Implementing a combination of effective efforts now can help free up health care resources to address individuals with COVID-19 and save the lives of mothers and babies.

Given SACIM's charge to advise you on issues affecting infant and maternal mortality, SACIM has developed an initial 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/Research into Evidence-based Action.

Our work related to COVID-19 is based on the following 7 core assumptions:

- The COVID-19 pandemic will have disproportionate impacts on vulnerable populations, particularly women and infants who are low income, homeless, immigrants, and incarcerated, or members of populations of color or indigenous groups.
- Rural and tribal populations have unique needs and will require targeted interventions.
- While hospitals and accredited birth centers remain the safest settings for births, an increasing number of pregnant women will be considering out-of-hospital delivery. As alternative approaches are explored during this time of crisis, access to high-quality perinatal care for pregnant women and their infants must not be jeopardized.
- Pressure may increase for early induction of labor and elective C-Sections. Pregnant women and care providers must recognize that these procedures are not the standard of care and would be counter-productive to assuring good infant and maternal health outcomes.
- All labor and delivery units must have access to standard personal protective equipment (PPE), 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, SACIM 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

1. Stand-up hospital-linked, non-hospital-based labor and delivery units and expand the capacity of existing free-standing birthing centers,
2. Expand the use of licensed 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).
3. Expand access to telehealth for prenatal, early labor triage, early and continuous postpartum and newborn care, including physicians, midwives, home visitors, and doulas as a care team.
4. Support community-based 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.

Support Innovations in Finance and Policy

5. Support broad financing (including Medicaid) for telehealth for the full range of perinatal care services provided as described in #3 and #4 above.

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6. Permit states to continue eligibility (without redeterminations) for women following a Medicaid financed birth, for the duration of the emergency. Their infants are already automatically and continuously eligible for one year under federal law.
7. Expand the use of federal financing for home visiting (including virtual visits) for pregnant women, infants and postpartum women in the '4th trimester.'
8. Provide professional liability insurance for this expanded and reconfigured perinatal workteam.

Monitor Impact to Determine What Works

9. Expand data and surveillance systems, and support targeted research and evaluation efforts, to monitor the impact of additional strategic approaches specific to mothers and babies amidst the pandemic.

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. SACIM is ready and willing to assist you and serve as the entity to coordinate activities and assure alignment and efficiency.

Our recommendations are grounded by our commitment to health equity, and our shared belief that pregnant women, in collaboration with their obstetric care professionals, are best able to determine the optimal care plan for their individual needs. 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.

Respectfully submitted,

/S/

Edward P. Ehlinger, MD, MSPH
Acting Chair, SACIM

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SACIM members