CT MMRC Recommendations

The committee issued 6 recommendations in September 2020 and 21 recommendations in October 2021. Recommendations from September 2020 are marked with an asterisk; they were included in the Committee's first annual report, in December 2020, and are reprinted here for the sake of reference.

Provider & Staff	
Increase Provider Education	The CT MMRC recommends that: 1) The Connecticut Perinatal Quality Collaborative (CPQC) and Connecticut Hospital Association (CHA) offer, through the Alliance for Innovation on Maternal Health (AIM) Hypertension (HTN) bundle, provider training to increase awareness of health care needs, follow-up, and the significance of hypertensive disorders among pregnant and postpartum persons. a. CPQC and CHA provide obstetrics and gynecology providers with education about the importance of ensuring a referral to primary care providers, both during pregnancy and in the postpartum period, for persons with high blood pressure during pregnancy. b. CPQC and CHA educate primary care providers regarding the significance of high blood pressure during pregnancy and the importance of following up after delivery with patients who have high blood pressure during pregnancy. 2) The Governor's Office coordinate the development of a web-based point of access portal for primary care providers and obstetrics and gynecology providers to refer patients to community resources such as, but not limited to, mental health treatment, substance use treatment programs, and home visiting programs. 3) CSMS and CHA provide training for emergency department providers to raise awareness on how to make referrals for substance use and mental health treatment for pregnant and postpartum persons. 4) CHA in partnership with birth hospitals provide ongoing training to obstetrics and gynecology providers on appropriate treatment for substance use during pregnancy. 5) CSMS and CHA in partnership with birth hospitals provide training to educate emergency department providers on the significance of Group A Strep in pregnant and postpartum persons. 6) CSMS and CHA educate providers about checking prescription drug monitoring programs and patients' substance use history before prescribing opioids. 7) Promote CDC's *Hear Her* campaign to obstetricians and other obstetrics providers, hospital obstetrics units, and emergency departments.*

	8) The Connecticut Coalition Against Domestic Violence (CCADV) provide trainings to CT MMRC members on intimate partner violence.* 9) CT MMRC subcommittee consisting of CCADV, DPH, and CSMS provide education to obstetric providers on available evidence-based screening tools for intimate partner violence, perinatal depression, and substance use disorder, and also available resources.* 10) CT MMRC subcommittee consisting of CCADV, DPH, and CSMS provide education in hospitals to emergency department and social work staff as well as to obstetrics offices on indicators of intimate partner violence.*
	Care Systems and Hospitals
Develop Medical Care (Provider) Protocols	The CT MMRC recommends that: 11) CT MMRC members lobby for an increased capacity of mobile crisis services to ensure 24/7 access. 12) We recommend that CPQC, CHA, and birth hospitals ensure, via AIM venous thromboembolism (VTE) bundle, that hospital discharge plans provide education to patients on the importance of mobility following cesarean sections, as well as risks associated with immobility, and that providers are prescribing and documenting the use of anticoagulation and pneumatic compression boots for birthing persons at risk of VTE, including persons who have had cesarean sections and those who have had prolonged immobility. 13) CHA and hospitals work to flag all critical lab reports collected in emergency departments with panic values to ensure results are reported promptly to ordering providers and/or primary care providers. 14) CT MMR program staff develop a patient safety bundle for pregnant and postpartum persons with mental health disorders other than substance use disorder.
Improve Care Systems (Hospital) Protocols	The CT MMRC recommends that: 15) CPQC ensure all birth hospitals have a policy in place about when to consult with maternal-fetal medicine. 16) CHA, hospitals, and physician offices work to implement policies about screening consistently for social determinants of health – including, at a minimum, intimate partner violence, perinatal depression, and adverse childhood experiences – at initial emergency department and obstetrics and gynecology visits, over the course of pregnancy, and in the postpartum period. 17) CHA and hospitals ensure policies are in place to provide discharge summaries and discharge instructions to primary care physicians, pediatricians, and treating obstetrics and gynecology providers.

Community Context	
Improve Coordination of Care and Community Collaboratives	The CT MMRC recommends that: 18) The Human Services Committee, Women and Girl's Subcommittee propose a legislative mandate for all home visiting programs in Connecticut to enroll all birthing persons prenatally. 19) The American College of Obstetricians and Gynecologists (ACOG) chapter in Connecticut provide ongoing training to educate obstetrics and gynecology providers about the importance of collaborating with home visiting programs to ensure outreach to pregnant persons when there is a lapse in prenatal care. 20) The Office of Early Childhood (OEC) home visiting program conduct outreach to all obstetrics and gynecology providers to increase awareness about services offered through home visiting and how to refer patients.
State Policies, Resources & Standards	
Broader Level (State and Community) Supports	The CT MMRC recommends that: 21) Department of Children and Families (DCF) provide support to all parents who are undergoing removal of a child and send a report to the patient's obstetric provider. 22) Hospital social workers be involved with cases where the child is being removed and develop a post-partum plan and send it to the obstetric provider. 23) Hospital social workers provide parents with contact information for therapists and counselors when there is consideration for child removal or a temporary hold on infant discharge. 24) CT MMRC members lobby for increased inpatient psychiatric capacity in Connecticut. 25) CT MMRC members lobby for congregate care housing for pregnant and postpartum persons with mental health disorders other than substance use disorder. 26) Department of Social Services (DSS) consider extending Medicaid coverage to one year postpartum.* 27) DSS improve access to same day long-acting contraception in Federally Qualified Health Centers by adjusting Medicaid reimbursement.*