

Perinatal Summit Final Report

“Healthy Births Through Healthy Communities: Connecting Leadership to Achieve a Unified Commitment to Action” the theme of the Los Angeles County Perinatal Summit held over four years ago set the tone for the efforts of perinatal partners. The Perinatal Summit held October 24 and 25, 2005, was the inaugural effort of partners to develop a blueprint for action to improve birth outcomes in Los Angeles County. The LA Best Babies Network, Los Angeles County Department of Public Health Maternal, Child and Adolescent Health Programs and the March of Dimes brought together perinatal stakeholders and health leaders to begin to build sustainable policies toward improving birth outcomes in Los Angeles County.

The overall mission of the Perinatal Summit was and continues to be to optimize the health and well being of all pregnant women and their children through improvements in the quality of care and the delivery of equitable care from the prenatal period through the first years of life. The Summit marked the beginning of our efforts to:

- ❖ **ENGAGE COMMUNITIES** - To engage communities and exchange knowledge of contributors to optimal birth outcomes and community-based interventions.
- ❖ **CONNECT LEADERSHIP** - To unite efforts and achieve synergy to improve birth outcomes.
- ❖ **BUILD SUSTAINABLE POLICIES** - To build and sustain health care policies to eliminate disparities in care.
- ❖ **ACHIEVE A UNIFIED COMMITMENT TO ACTION** – To build a unified commitment to effectively improve birth outcomes.

The Perinatal Summit Partners sought to develop a countywide action plan and demonstrate measurable differences in Los Angeles. At the event held in October 2005 five key policy recommendations were identified and in the months following, action plans were developed for each of the recommendations leading to the release of the policy recommendations and an action plan in June 2006. Perinatal Summit participants formed workgroups for each of the recommendations and responded to a call to action at the launch meeting in June 2006 and began implementation of the action plan July 1, 2006. The following summary highlights the accomplishments of the workgroups and outlines the policy strategies under each recommendation which will continue to guide the Perinatal Policy Agenda for Los Angeles County.

Recommendation #1 – Build upon and strengthen comprehensive perinatal services for all women

Why this recommendation is critical to improving pregnancy/birth outcomes

Pregnancy and birth outcomes are determined by a multitude of interrelated factors. Research has shown that providing multidisciplinary obstetrical care results in a decreased incidence of low birth weight babies. The Comprehensive Perinatal Services Program (CPSP) is an obstetrical model of care for Medi-Cal eligible pregnant women that include medical, psychosocial, nutrition, and health education components, all of which potentially impact a woman’s pregnancy. With 55% of the births and maternity care in Los Angeles County being covered by Medi-Cal annually, this recommendation highlighted the need to examine the state



Perinatal Summit Final Report

program designed to provide services for this population covered by Medi-Cal. The community also recognized the need to evaluate the effectiveness of CPSP and to develop standards of care for comprehensive services for all women in Los Angeles, regardless of insurance coverage.

Objectives of the Recommendation:

- Review implementation of the Comprehensive Perinatal Services Program (CPSP) in Los Angeles County
- Develop a care quality framework for comprehensive services
- Expand comprehensive services for all women

Accomplishments:

- Outlined the impact of different financial models (such as fee-for-service and managed care) on implementation of CPSP
- LA Best Babies Network developed a Care Quality Framework for ambulatory perinatal care and launched a data registry for the practice sites to regularly assess their progress. The Network launched two Healthy Births Care Quality Collaboratives (HBCQC). The collaboratives included 10 clinical sites, all approved CPSP providers who demonstrated significant improvement in the quality of care.
- Conducted a training for CPSP providers - *Promoting Healthy Weight in Pregnancy Using BMI* – to share the Network’s Care Quality Collaborative best practice recommendations with all CPSP providers in Los Angeles County
- Developed the CPSP Perinatal Depression Screening Project to promote screening best practices among all CPSP providers
- Developed an evaluation framework for CPSP

Partners:

- Los Angeles County Department of Public Health Maternal, Child and Adolescent Health
- LA Best Babies Network
- Long Beach Department of Health and Human Services
- Maternal Child Health Access
- March of Dimes
- Anthem/Blue Cross
- LA Care Health Plan
- Unihealth Foundation

What is different now compared to 4 years ago?

The workgroup has made many strides toward expanding comprehensive perinatal services to all women. LA Best Babies Network launched two Healthy Births Care Quality Collaboratives (HBCQC), each with 10 clinical sites. The Healthy Births Care Quality Collaborative is supported by First 5 LA, LA Care Health Plans and UniHealth Foundation. In the second round of the collaborative the clinic teams are focused on improving screening for maternal depression, perinatal infection, gestational diabetes and tobacco, alcohol and substance use as well as



Perinatal Summit Final Report

education and support for breastfeeding and perinatal nutrition. The Network has also developed a Postpartum Visit Toolkit for the participating clinics to implement.

CPSP staff (in conjunction with other southern California CPSP Coordinators) revamped the entire quality assurance process and is diligently working with local providers to improve the quality of services for Medi-Cal pregnant women. Many providers have incorporated best practice recommendations, such as documentation of BMI and perinatal depression screening, into routine CPSP assessments and interventions.

While fee-for-service Medi-Cal rates have remained unchanged and Medi-Cal managed care reimbursement has been reduced in some cases, the cost of providing prenatal care has continued to rise. Some providers have stopped offering CPSP services, especially to managed care patients for whom no reimbursement beyond the capitation rate is available.

Next Steps

The next steps in this process include a continuation of the Care Quality Collaborative and continued training for CPSP clinics. The workgroup will continue to seek funding to conduct an official assessment of CPSP services and conduct a Breakthrough Series Learning Collaborative with CPSP clinics in Los Angeles.

Future policy strategies:

- Continue to promote best practice recommendations for quality perinatal services
- Create an evidence based Care Quality framework for CPSP
- Evaluate the quality of care provided through the Comprehensive Perinatal Services Program (CPSP)
- Align quality of care measures with CPSP reimbursement
- Expand a quality framework for prenatal care in public and private insurance plans
- Advocate for resources to train medical and social service providers serving at-risk populations
- Promote best practices in early identification and treatment of perinatal depression.
- Incorporate screening of perinatal depression as a standard of care in perinatal health care services.
- Incorporate breastfeeding education as a standard of care in all county hospitals.

Recommendation #2 – Assure every eligible newborn is enrolled in Medi-Cal before leaving the hospital

Why this recommendation is critical to improving pregnancy/birth outcomes

As mentioned previously over 50% of births in Los Angeles County are to women covered by Medi-Cal which makes their infants eligible for Medi-Cal coverage. A mechanism exist to enroll infants in Medi-Cal before they leave the hospital, but most are not enrolled, causing gaps in services for infants, improper use of the emergency room and lack of medical homes. While this recommendation does not directly impact pregnancy or birth outcomes, it is critical to infant mortality and infant health outcomes.

Objectives of the Recommendation:

- Investigate the status of newborn enrollment at the state level



Perinatal Summit Final Report

- Develop toolkit (best practice) model for newborn enrollment in Medi-Cal and share with hospitals in Los Angeles County
- Work with high volume delivery hospitals to implement a model for newborn enrollment

Accomplishments:

- Developed Newborn Enrollment Toolkit which includes materials to explain and promote Newborn Referral Form
- Established important partnerships including that with the Hospital Association of Southern California (HASC). The workgroup submitted an article to HASC for dissemination to their member hospitals.
- Introduced the Newborn Enrollment Toolkit to multiple hospitals and educated staff on the use of the Newborn Referral Form
- Partnered with Regional Perinatal Programs of California to include information on the Newborn Referral Form in statewide newsletters
- Explored opportunities for statewide trainings for Vital Records Birth Clerks
- Partnered with Department of Public Social Services to establish baseline of newborn enrollment for hospitals in the County. This partnership has lead DPSS to maintain statistics on enrollment despite severe personnel cutbacks.
- Advocated for and monitored the progress of electronic enrollment at the state level

Partners:

- MCH Access
- LA Best Babies Network
- LAC/DPH Maternal Child and Adolescent Health Programs
- March of Dimes
- LA Care
- Health Net
- Well Point
- Regional Perinatal Programs of California (RPPC)
- Cedars-Sinai Medical Center
- Long Beach Department of Health

What is different now compared to 4 years ago?

After four years there is more interest in newborn enrollment and increased awareness of the unique ability to enroll infants born to mothers on Medi-Cal. More hospitals in Los Angeles County are aware of the Newborn Referral Form. Also there is a new extension to AIM/Healthy Families through the federal American Recovery and Reinvestment Act of 2009.

Next Steps:

This workgroup will continue to meet and continue to do outreach to hospitals to share the Newborn Enrollment Toolkit. The workgroup plans to do this outreach in a more systematic manner through partners such as PACLAC and other groups. The workgroup will conduct and outreach campaign submitting articles on the Newborn Referral Form in various organizational newsletters. The advocacy efforts at the state level for electronic enrollment will continue. The Newborn Referral Form and toolkit will be part of the First 5 LA funded Welcome Baby! pilot.

Future policy strategies:



Perinatal Summit Final Report

- Advocate state implementation of electronic enrollment
- Every newborn discharged from LA County Hospitals are enrolled in eligible insurance plan.

Recommendation #3 – Integrate perinatal resources into the 2-1-1 system

Why this recommendation critical to improving pregnancy/birth outcomes:

The third Perinatal Summit recommendation to integrate perinatal resources into the 211 system, was selected because partners recognized that 211 formerly Info Line, provides information and referrals on over 28,000 programs from 4,000 health and human services agencies. While there were many resources listed in 211, there was a need for a coordinated effort around identifying and integrating perinatal resources, particularly given the investment by First 5 LA in the Healthy Births Initiative and the establishment of the Best Babies Collaboratives. Identifying and integrating programs providing perinatal services into the 211 system would begin to address issues of access for pregnant women and their families.

Objectives of the Recommendation Action Plan

- Increase the number of perinatal resources in the 211 system.
- Disseminate materials and information about the 211 system and availability of perinatal resources.
- Assist in developing training modules for Community Resource Advisors (CRA).

Accomplishments:

This workgroup successfully increased the number of perinatal resources in the Los Angeles County 211 database. Through quarterly meetings the group was able to identify perinatal resources and services such as those offered by LA County Parks and Recreation. LA County Department of Public Health/MCAH Programs also identified resources and services offered at all 94 Los Angeles hospitals and established liaisons between hospitals and 211 to identify classes offered to the community by the hospitals. LA County DPH Service Planning Areas (SPAs) actively participated on the workgroup assuring that resources were listed, and gaps in resources were identified. This workgroup also conducted trainings with CRAs to deepen their understanding of the services offered by the Department of Public Health, Maternal Child and Adolescent Health programs, Environmental Health and Children's Medical Services.

Stakeholders including members of the Best Babies Collaboratives and Healthy Births Learning Collaboratives marketed the use of 211 by including it on all printed materials as part of the First 5 LA Healthy Births Initiative. Perinatal health resources in 211 are also a critical component of the First 5 LA's Best Start Welcome, Baby! pilot, which provides an opportunity for all families with a newborn to connect to perinatal resources.

Partners:

- LAC/DPH Maternal, Child and Adolescent Health Programs
- 211 LA County
- LA Best Babies Network
- Best Babies Collaboratives
- First 5 LA



Perinatal Summit Final Report

- LAC/DPH Service Planning Areas
- LA County Parks and Recreation
- City of Long Beach
- Healthy City – Advancement Project
- Other stakeholders such as Citrus Valley Health Partners and evaluation consultants

What is different now compared to 4 years ago?

There are 700 more perinatal resources integrated into the 211 county information helpline than four years ago. New resources added include: 65 for maternal depression treatment; 35 for weight management; 147 nutrition programs; 52 breastfeeding support programs; and 447 for physical fitness. LA Best Babies Network also partnered with 211 LA County to increase the number of perinatal mental health resources included in their database. L.A. County Department of Public Health MCAH Programs such as the Comprehensive Perinatal Services Program (CPSP) and Black Infant Health continuously update their roster of providers who met the criteria for inclusion in 211. As part of the First 5 LA Healthy Births Initiative, the Best Babies Collaboratives (BBCs) regularly update their information in 211 and actively promote its use. There are now 211 referrals to park programs and to activities that address improving nutrition and physical activity as well as resources and classes in area hospitals.

Next Steps

While this workgroup will not continue to have formal meetings, mechanisms have been put in place to continue to update and identify resources for the 211 database so that all women of reproductive age are able to access the necessary resources and referrals.

Future policy strategies:

- This recommendation will be included as a component in the policy priorities related to universal home visitation, preconception health care, perinatal mental health and comprehensive perinatal services. There is a need to address the dissemination of resources and information in all of the policy priority areas.
- Advocate for continued funding to provide training to 211 on perinatal health issues and resources

Recommendation #4 – Promote risk appropriate perinatal care

Why this recommendation is critical to improving pregnancy/birth outcomes?

In order to achieve optimal pregnancy and birth outcomes, it is critical that mother/infant dyads undergo early risk identification and care in a setting appropriate for the level of risk and transport when necessary. The Healthy People 2010 goal is that 90% of all very low birth weight (<1,500 grams or 3 pounds, 4 ounces) babies are born in facilities with tertiary perinatal services (Healthy People 2010).

Studies have shown that when babies are born prematurely or with birth defects, they suffer lower rates of neonatal morbidity and mortality as well as a shorter length of stay in the NICU when they are delivered at hospitals equipped and licensed to deliver the level or intensity of care they require. Literature also demonstrates that the safest way to transport babies from one hospital to another is BEFORE they are born. Yet it is common practice for babies to be



Perinatal Summit Final Report

delivered at community hospitals and then later transported to the appropriate level NICU, often at great expense or in less than desirable condition.

Studies point to improved outcomes for mother and fetus as well as better survival rates for high-risk infants. We know that births in a hospital with level 3 neonatal services is associated with lower neonatal mortality (Bode et al., 2001) and that neonatal deaths (16-23%) among VLBW infants could have been prevented if 90% of high-risk infants were delivered at the recommended level facility (Samuelson et al., 2002)

Hospital systems within California have developed their own program of perinatal regionalization within their own organizations that cross traditional geographic lines and pre-existing regional relationships. The odds of delivering at an inappropriate site ranged from 0.37 to 2.75 across the state (average 10.5% of VLBW infants born at primary care facilities) (Gould et al., 1999).

Objectives of the Recommendation

- Define the need for risk appropriate perinatal care
- Describe current practice in Los Angeles County
- Develop strategies to address risk appropriate perinatal care

Accomplishments:

- The workgroup defined risk appropriate perinatal care as:
 - Access to preconception/interconception care
 - Appropriate prenatal monitoring and intervention
 - Availability of consultation and referral to appropriate specialists
 - Competent labor and delivery management including transport to a higher level facility
 - Standardized neonatal resuscitation, stabilization and assessment at the time of birth
 - Comprehensive neonatal care
- The workgroup hosted two statewide summits on the issue and convened a panel of experts to form the California Perinatal Summit an alliance of healthcare professionals, public health officials, individuals and organizations. This alliance will work to establish methods to assess, plan for and evaluate hospital obstetric care in order to improve access to appropriate care for women at risk of premature delivery (infants <1500 grams) or with prenatally diagnosed birth defects.
- The group also formalized the following recommendations for levels of hospital maternal care and appropriate consultation, referral and transport:
 - Maternal/fetal levels of care should be established in order for hospitals to be identified by that level depending on the services they are/can provide.
 - Participate in Regional Cooperation Agreements/transport agreements pertaining to maternity care as well as neonatal care.
 - Develop medical criteria for consultation and referral of pregnant women.
 - Develop a mechanism for transporting the maternal population.
 - Collect and review data to assist in evaluating care.
 - Maintain written policies that are reviewed every three years or as the
 - Capabilities of the involved facilities change.

Perinatal Summit Final Report

- Align reimbursement/incentives for improving risk-appropriate quality care including malpractice providers.

Partners:

- March of Dimes
- Sutter Health Systems
- State Department of Health Services (California Department of Public Health, Genetic Disease Branch, CCS, Medi-Cal)
- County Departments of Health
- California Perinatal Quality Care Council CPQCC
- California Maternal Quality Care Council CMQCC
- American Academy of Pediatrics
- California Perinatal Transport System CPETS
- Regional Perinatal Programs of California
- American College of Obstetricians and Gynecologist ACOG
- American College of Family Physicians
- Advanced Practice Nurses

What is different now compared to 4 years ago?

The conversation has begun, and opportunities to improve outcomes have been identified. An approach has been designed and action steps identified. In some cases, individual facilities have begun to take steps. The March of Dimes is now in the process of designing an approach and identifying appropriate partners to move forward with the recommendations to affect change. Hospitals have begun to change their maternal transport practices as identified by some RPPC regions. Other hospitals are in the process of adopting the Preterm Labor Assessment Toolkit as one way to insure mothers are assessed quickly and transported, if appropriate, to a higher level of care.

Next Steps:

The alliance has developed the following objectives:

- Establish and disseminate criteria for levels of hospital obstetric care.
- Identify specific high-risk maternal/fetal conditions which require specialty or sub-specialty care before or at the time of delivery.
- Define risk assessment and criteria for referral to appropriate specialists as needed for women contemplating pregnancy, during the prenatal period and as delivery approaches.
- Facilitate safe and appropriate transfer from basic perinatal care centers to specialty or sub-specialty centers with emphasis on maternal/fetal transport rather than neonatal transport.
- Increase the proportion of very low birth weight neonates and neonates with prenatally diagnosed disorders including neural tube defects and complex cardiac anomalies born at subspecialty perinatal hospitals and medical centers to 90% by 2010.



Perinatal Summit Final Report

- Identify and publish hospitals in the state by level of care for the purpose of appropriate consultation, referral and transport of pregnant women and neonates.

It is recognized that this is a complex systems change issue and must be addressed carefully. The following strategies for improvement are recommended, some can be implemented by individual organizations, and others require system wide change.

- Preterm Labor Assessment Toolkits (MOD, RPPC): identify facilities with quality improvement potential from within the Basic/Primary, Intermediate NICU, Intermediate Care Neonatal Nursery ICNN- No CCS and Other level of care.
- Regional Cooperation Agreements (CCS, RPPC, Hospitals): target intervention toward regional and community CCS NICUs. Ensure RCA standards for: collaborative consultations, transport, policies, procedures, evaluation of outcomes and professional education.
- Design evaluation and recommendations including: Antenatal risk assessment and transfer; Adoption of basic criteria for maternal/fetal care; Development of medical criteria for consultation and referral of pregnant women; Collection and review of data to assist in evaluating care.
- Identify existing models or develop tool kit of materials including: Preterm Labor Assessment Toolkit; Guidelines/materials for families at risk for delivering VLBW; Stabilization guidelines for maternal and neonatal patients; How to accomplish safe maternal transport / neonatal transport; List of Maternal and Neonatal Transport teams; Endorse CCS/CPeTS/CPQCC neonatal transport data collection and evaluation system; List of Maternal Fetal Medicine Specialist (MFM)/Neonatologists by facility of practice
- Develop standards, guidelines and universal transport forms for maternal transports with regular review of policies.
- Safe delivery if maternal transports not possible
- Optimize care of VLBW not able to be in-utero transported

Future policy strategies:

- California should have a system of care that ensures that all women and newborns receive risk-appropriate family-centered maternal care regardless of their racial, cultural, economic or geographic differences.
- For successful systems change the right partner must be identified to develop definitions of maternal levels of care in parallel with the CCS definitions of neonatal levels of care and implement those throughout California.
- Advocate for the support from third party payers to look at their systems of reimbursement and make sure they are not incentivizing physicians to complete high risk deliveries at Level I hospitals.



Perinatal Summit Final Report

- Recognition that elective inductions and c-sections are contributing to late preterm birth rates and admission to NICUs across the state.
- Assisted reproduction practices, standards and policies must be examined in order to reduce the number of premature multiple births.

Recommendation #5 - Support every woman to have a reproductive life plan

Why this recommendation is critical to improving pregnancy/birth outcomes?

About half of all pregnancies in the United States are unintended. Risk behaviors, toxic exposures, and pre-existing health conditions can affect fetal development and birth outcomes. Being healthy before pregnancy is the best preparation for a good birth outcome. A reproductive life plan is a woman's game plan for becoming healthy and deciding if and when to bear children.

Objectives of the Recommendation:

- Promote understanding of the importance of and need for Pre/Interconception care approaching preconception health from a life course perspective, framing as women's health throughout the reproductive years
- Support financing for Interconception Care for two years after pregnancy for "at-risk" women
- Enhance the capacity of providers to prepare women "at-risk" for a health problem to reduce the risk in subsequent pregnancies
- Share best practice strategies for incorporating preconception health into public health
- Complement state and national preconception health efforts

Accomplishments:

- The Los Angeles Preconception Health Collaborative was formed through a formal demonstration project under the Centers for Disease Control and CityMatCH.
- **California Family Health Council (CFHC)**, the March of Dimes grantee, developed a curriculum for integrating preconception and interconception health into family planning clinics. Preconception/interconception health activities were introduced into nearly 80 Title X family planning clinics in California. Preconception care integration strategies for family planning programs were presented at national and statewide conferences. See <http://www.cfhc.org>.
- **LA Best Babies Network (LABBN)** developed a quality framework for perinatal care and a data registry for monitoring progress. Staff prepared policy brochures for employers and provided technical assistance. They developed the *How Healthy Are You?* Scorecard which was focus group tested with women at WIC sites. The Network also partnered with Worksite Wellness LA to develop a curriculum for healthy living based on the scorecard and used the curriculum to do healthy living workshops at a large apparel employer in downtown Los Angeles. The *How Healthy Are You?* Scorecard was also focus group tested with CFHC to examine the efficacy of the scorecard with family planning clinic staff. The scorecard has been disseminated to



Perinatal Summit Final Report

multiple CFHC family planning clinics and WIC sites. The Network worked with the Los Angeles Preconception Health Collaborative to develop *Your Health, Your Life Plan: A Reproductive Health Life Planner for all Ages* which is currently under review. See <http://www.labestbabies.org>.

- The **Los Angeles County Department of Public Health** developed a Speakers' Bureau Presentation on Preconception Health - *The ABCDE's to Envisioning a Healthy Future*. About 100 physicians, nurses, health educators, and others completed training in 2008. Training for over 100 health administrators and health care providers is planned for 2009. A data brief, *Healthy Women in Los Angeles County: Reaching to Optimal Health in the Reproductive Years* is under development. A Preconception Health Web Page is under development.
- The **March of Dimes, CA Chapter (MOD)** distributed over 1,800 brochures, posters, palm cards, and DVDs. The MOD is a key partner and leader of the Preconception Health Council of California. The organization advocates for increasing health care access for women and babies. The MOD funded the CFHC Curriculum Development and WIC WOW projects. See <http://www.marchofdimes.com>.
- The **PHFE-WIC Program** developed the WIC Offers Wellness (WOW) Project. WOW aims to demonstrate that care coordination for high-risk mothers significantly improves the likelihood of a healthy future pregnancy. WIC held a full-day conference on preconception health and the life course perspective in 2008. Over 600 PHFE-WIC staff attended training in January 2009. Preconception and interconception health screening was integrated into the standard WIC Postpartum Nutrition Questionnaire tools. Materials were shared with agencies in California and Texas. See <http://www.first5la.org/articles/wic-helps-prevent-premature-births>.
- Collaborative members have partnered with the Preconception Health Council of California. See *Every Woman California*, at <http://www.everywomancalifornia.org/index.cfm>.
- Collaborative members highlighted work of the collaborative in print, conference presentations, and on the web.

Partners:

- California Family Health Council (CFHC)
- Centers for Disease Control and Prevention (CDC)
- City MatCH
- LA Best Babies Network (LABBN)
- Los Angeles County Department of Health
- March of Dimes
- PHFE-WIC
- Perinatal Advisory Council – Leadership, Advocacy, and Consultation (PAC/LAC)
- Preconception Health Council of California

What is different now compared to 4 years ago?

Collaborative members and their outside partners recognized that their work contributed to preconception health and were receptive to integrating preconception health activities into their work. Some members of the collaborative advocated for preconception/interconception care and



Perinatal Summit Final Report

financing. Members have served on the Preconception Health Council of California and the Centers for Disease Control and Prevention (CDC) work group for preconception care.

The work of the collaborative has become more integrated locally since the formal demonstration project ended in 2008. During this time of fiscal restraint, the routinization of preconception health has shown that far-reaching initiatives can be implemented without substantial investments in new staff or funding. Use of existing resources and the in-kind contributions of partners partially compensated for budgetary limitations.

Next Steps:

The collaborative is planning a countywide Preconception Health Update and Training for April 2010 in an effort to continue to promote preconception health and care among health care providers in Los Angeles County. The specific March of Dimes funded programs WIC Offers Wellness and the CFHC project continue. The collaborative also continues its partnership with the Preconception Health Council of California. The Los Angeles County Department of Public Health is leading the development of an evaluation framework for the group based on the specific project activities for 2008-2011.

Future policy strategies:

- Continued promotion of preconception health activities, strategies, and resources.
- Expand Medi-Cal coverage to provide access to health care for two years post partum for women at high risk to reduce risk in the next pregnancy
- Advocate for funding for messaging campaign on preconception/interconception health
- Advocate for funding for perinatal home visiting for every newborn
- Provide messaging campaign within the county clinics and hospitals raising awareness of existing case management/home visiting programs
- Promote County offices to adopt Pregnancy and Family Friendly Workplace Policies

