

Promoting Healthy Beginnings

Fall 2018 - Volume XX - Issue 1

A newsletter for health and human service providers published by:

Mohawk Valley Perinatal Network, Inc.

3 Parkside Court, Building 2

Utica, NY 13501

Phone: 315.732.4657

Fax: 315.732.5640

E-mail: info@newfamily.org

Web: www.newfamily.org

If you would like to contribute to our newsletter as a writer or with suggestions for future articles, please call, fax, or e-mail the office.

Midwife and Doula Care—What's the Difference?

Mom has a lot to think about when she becomes pregnant: from being comfortable and healthy in pregnancy and getting ready for the arrival of her little one, to making sure the birth goes smoothly. Not only is there a lot to think about, there are many options available to help mom in this exciting time, such as using a midwife or a doula. Although many people think they are the same, midwives and doulas have their differences.

Midwife Services

A midwife is a healthcare professional who provides a variety of services for women. The exact services offered depend on their qualifications. A Nurse Midwife, for example, can provide the most comprehensive array of services since they are licensed, independent health care providers and can write prescriptions. Medicaid reimbursement for Certified Nurse Midwife (CNM) care is mandatory in all states. In New York State, programs reimburse at 85% of physician rates.

Midwives can provide the following:

- Annual GYN exams
- Family planning, preconception care, menopausal management
- Prenatal care, labor and delivery support, newborn care
- Reproductive education

There are many benefits to having a midwife involved in labor and delivery care:

- Positive, natural birth experience
- Decreased risk of having a C-section or having a labor induction
- Decreased use of anesthesia
- Decreased infant mortality and preterm birth rates
- Increased chance of breastfeeding

Doula Services

A doula is more like a birthing coach. She is a trained professional who provides physical, emotional and informational support to a mother before, during and shortly after birth. This continuous care helps women have the healthiest birth possible. Doulas provide services based on the four pillars of labor support (from the textbooks *Best Practices in Midwifery* and *Optimal Care in Childbirth*):

- **Emotional Support** – helps mom feel cared for and feel a sense of pride and empowerment after birth.
- **Physical Support** – helps mom maintain a sense of control, comfort, and confidence. For example, soothing with touch (massage), creating a calm environment and assisting with walking to and from the bathroom.
- **Advocacy** – supports mom in her right to make decisions about her body and baby.
- **Informational Support** – helps keep mom informed about what's going on with the labor, and provides access to evidence-based information about birth options. May suggest breathing or relaxation techniques, and help explain medical procedures as they are occurring.

Many women love their doulas, and it's easy to see why. Aside from the many great ways doulas provide support, encouragement, and reassurance, women can also experience a decrease in the risk of a C-section, and an increase in the chance of labor starting on its own.

While midwives and doulas provide similar, yet different types of support, it could be beneficial to have one at mom's side while giving birth. There's no doubt an extra person in the room can help to make her feel more comfortable.

Sources: "Essential Facts about Midwives", American College of Nurse-Midwives; "Midwives", American Pregnancy Association; "Potential benefits of increased access to doula support during childbirth", Kozhimannil, K. B. PhD, MPA, et al.; "What is a doula?" Rebecca Dekker, PhD, RN, APRN

Tummy Time for Babies

Many people know how important it is to place baby on their back to sleep, but did you know tummy time is just as important while baby is awake? Tummy time is when baby is placed on the floor on their stomachs and engage in supervised play time. Tummy time has many benefits for baby, including decreasing the risk for flat head syndrome (non-harmful flat spots on the head) and developing the neck and shoulder muscles.

Putting babies on their belly to play is something doctors have started encouraging parents to do after the success of the Back to Sleep campaign. This campaign promoted safe infant sleep practices and decreased the risk for SIDs. However with the rise of people putting babies on their back to sleep, the number of children developing flat head syndrome also increased. This is because babies were now spending more time on their backs than before, which only increased once car seats were redesigned to incorporate carriers. Since these carriers are so convenient, people tend to leave their babies in them for extended periods of time (especially when baby is sleeping as to not wake them). Previous to these carriers, people would simply pick up their child and carry them in their arms to and from the car, allowing the child to look around and move their arms and legs freely.

To combat all this time spent on the back, we can encourage parents to implement tummy time in their daily routines. One way parents can do this is to limit time spent in a carrier to 15-20 minutes each time. Below are a few other ways to engage baby while they are on their belly or side. Spending just 3-5 minutes a few times a day using these techniques can really improve motor development and head and neck control.

Tummy to Tummy: It's never too early to start tummy time! While still in the hospital, mom can position her baby on her tummy or chest while she's awake and in a reclined position on a chair or bed, tummy to tummy with baby. This time can be used to engage in eye contact, be animated, and use exaggerated expressions to get baby to look at mom or dad.

Lap Time: Position baby tummy down across the lap lengthwise while providing head support, keeping the head aligned with the body. If he or she falls asleep in that position, transfer her to a safe sleeping area such as a Pack N Play or safety approved crib, and place her on her back.

Side Lying with Support: Placing baby on their side is an alternative to stomach lying for babies who may not tolerate being on their belly. Parents can use a blanket or rolled up towel for support if necessary. A folded washcloth will work great for under baby's head. Baby's arms should be in front of her and mom can bring her legs forward at the hips and bend her knees to make her comfortable.

Tummy time as play time:

While baby is lying on their tummy, make this time count! Check out the below activities for ways you can help baby grow and learn even more through play time!

- Place toys close to baby, but just out of reach so he/she will have to reach or crawl for it.
- Roll a ball to baby when he or she is sitting up
- Place toys on a couch and let baby pull himself up to get the toys
- Create an obstacle course with cushions, pillows, and boxes – stay with baby while she completes the course!



Sources: Ten Tips: Tummy Time to Walking, Noodle Soup; The Benefits of "Tummy Time", Perri Klass, M.D. for The New York Times

Medicaid/Medicare Reimbursement of LARC

Did you know that providers can now bill Medicaid and Medicare for insertion of Long-Acting Reversible Contraception (LARC) on delivery day (or shortly after)? In 2014, New York State (and many other states across the country) implemented a policy that allows doctors, hospitals, nurse practitioners and midwives to insert LARC during a woman's inpatient hospital stay after giving birth – often on the same day or within the next few days before mom leaves. This helps to improve birth outcomes and reduce risks for preterm, premature, or low-birthweight babies in low-income families, as this type of birth control can be an expensive out-of-pocket cost.

There are some important points to consider when talking about LARC insertion reimbursement in NYS:

Payment strategy:

→ Reimbursement of LARC insertion immediately postpartum in the inpatient hospital setting.

Policy description:

→ Reimbursement provided for the LARC device and insertion during postpartum inpatient hospital stay.

→ Medicaid will reimburse for the replacement of IUDs once every five years (Skyla every 3 years) per manufacturer recommendations. Reimbursement will be provided for an IUD sooner than five years if medically necessary.

Implementation:

→ Hospitals include the LARC invoice separately from the inpatient labor and delivery claim.

→ Physicians, midwives, and nurse practitioners may submit a separate claim to FFS Medicaid for their professional services.

Since this is still a relatively new addition to what Medicaid and Medicare cover, many women may not know about it. To educate consumers about Medicaid / Medicare coverage and LARC in general, start with one key question:

“Would you like to become pregnant in the next year?”

If the woman says no, discuss the benefits of LARC:

- Prevents pregnancy for 3-10 years
- Does not require the client to do anything (no need to remember a pill or shot)
- Can be removed if she changes her mind
- Allows proper length of time between birth and next pregnancy for mom's body to heal

There are two types of LARC that women should know about – the implant and the IUD.

→ **Implant** – a thin rod that goes under the skin of your arm, 99% effective in preventing pregnancy for up to three years. Can be removed at any time if a woman desires to become pregnant.

→ **IUD** – stands for Intra-Uterine Device and is a small, “T”-shaped piece of plastic that is inserted into the uterus to prevent a pregnancy. There are 3 types, and the one that may be right for your client depends on their health history and what their plans for the future are. Can be removed at any time if the woman desires to become pregnant.

⇒ **Skyla:** over 99% effective at preventing pregnancy for 3 years and made of soft, flexible plastic.

⇒ **Mirena:** 99% effective in preventing pregnancy for up to 5 years and made of soft, flexible plastic.

⇒ **ParaGard:** 98% effective at preventing pregnancy for up to 10 years, made of copper, contains no hormones.



Sources: Planned Parenthood, Centers for Medicaid & CHIP Services—U.S. Department of Health

Open Enrollment

The Open Enrollment Period for 2019 Qualified Health Plan coverage will begin November 1, 2018 and end January 31, 2019. While the federal government maintains the shortened enrollment period initiated last year, New York continues to allow open enrollment throughout the full, 3-month period. A longer enrollment period has been shown to increase enrollment of younger individuals and enables the Marketplace to provide better customer service to New Yorkers.

Our Mission

To improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change

MVPN Staff

April Owens,
Executive Director

Theresa Gorgas,
Director of Finance
and Administration

Diane Schnier,
Perinatal Program
Coordinator

Megan Capuana,
Perinatal Program
Associate

Lynne Gates,
Health Insurance
Programs Coordinator

Cheryl Perkins,
Health Benefits
Specialist

Gerda Mortelette,
Small Business
Specialist

Filomena Facciolo,
Health Benefits
Navigator

Darlene Mack-Brown,
Program Support
Specialist

MVPN

Board of Directors

Elizabeth Campbell

Renee Tuggle, Secretary

Karen Casab

Colleen Cavallo

Linda Culyer

Victor Fariello, Chair

Regina Farrell, MD

Joan Gallimo

Mary Kline

Denise Moller, Treasurer

Susan Niedzielski

Kay Roberts, Vice Chair

Nancy Seller

In the states that use the federal marketplace, HealthCare.gov, the federal government has again set December 15, as the end date for this year's open enrollment period. Because New York operates its own marketplace, the state has flexibility to set its open enrollment period dates. New York is exercising this authority to meet the needs of consumers by ensuring that they have sufficient time to enroll, and adequate access to enrollment assistance from the Customer Service Center and in-person assistors. Given the volume of calls and appointments during previous open enrollment periods, a shortened Open Enrollment could result in longer consumer wait times.

Individuals currently enrolled in a plan through NY State of Health will receive notices in October about how to renew their coverage for 2019 directly from the Marketplace. Notices will include information about how to select a plan, if applicable.

Details about 2019 plan options will be released in late fall.

Enrollment in the Essential Plan, Medicaid and Child Health Plus is open all year.

***For more information or to set up an appointment,
contact Mohawk Valley Perinatal Network's
Health Insurance Navigators
(315) 732-4657***

