



Maternal and Child Health Access

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Save the Date

Weds. Jan. 18, 11:30-1:30, "Roe v. Wade - 39th Anniversary - Under Siege, Reproductive Justice"
NCJW/LA Council House 543 N. Fairfax Cosponsored by NOW, Planned Parenthood, CA Latinas for Reproductive Justice and others
www.ncjwla.org. RSVP to Ruth Williams 323-852-8503 or ruth@ncjwla.org

Sunday, January 22. CicLAvia South LA Exploration Ride Scheduled Please join the CicLAvia South LA Host Committee as they begin another year promoting a healthy and active South LA community. The committee holds exploration rides to provide more opportunities for residents to engage in group rides and as a planning tool to identify viable route options and potential hiking

Next MCH Access Monthly Meeting:

This Thursday, January 19, 2012 10 AM - 12 noon

LOCATION:

MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

PARKING:

Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

TOPIC:

State budget and effects on families and health resource panel

SPEAKER:

Sue LaVacare, Center for Young Women at Children's Hospital LA
Janet Rivera, Fragile X Association - second only to Down Syndrome causing mental retardation
Other invited resources

Find us on [Facebook](#)

Materials distributed at October meeting, if still timely:

Spanish and English list of agencies providing assistance for health program enrollment, "Get Help Applying for Free or Low-Cost Health Coverage" click [HERE](#)

Partners for Children - Pediatric Palliative Care - see report below from Celia Valdez Materials from March of Dimes Speaker Vickie Lombardo:

- Sat. April 28, Exposition Park - March for Babies: see www.marchforbabies.org
- Posters, "It's best to stay pregnant for at least 39 weeks" - Eng and Span
- Brochures - "If your pregnancy is healthy, it's best to stay pregnant for 39 weeks" - Eng and Span

Guest Speaker: Vicki Lombardo, MSN, RN, Associate State Director of Program Services
March of Dimes

Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational age

corridors. Meet at Augustus Hawkins Natural Park at 10 a.m. and ride to the Watts Towers. For more information, contact Tafari at Tafari@trustsouthla.org

Fri., January 27, 2012, 8:30 to 11 AM Working Together to Ensure Healthy Development for all Children: The New Prevention Services/ Early Start in Los Angeles County - F5LA, The Infant Development Association of California A panel discussion that will focus on the legislative changes that have shifted responsibility for "prevention services" (formerly the Prevention Program) for children age birth to three from the Regional Centers to local California Early Start Family Resource Centers. To register click [here](#).

Braille Institute 741 North Vermont Ave., Los Angeles, CA 90029

Thurs. Feb. 9, 10 - 3:30 FREE Chronic Obstructive Pulmonary Disease (COPD) Summit Breathe, LA (formerly Lung Association) The California Endowment. Group sessions, meet with US Western Region COPD leaders to help build stronger program and advocacy networks. For information or to reserve, Claudia Medina 323-935-8050 ext. 237 or cmolina@breathela.org www.breathela.org

Mon., Feb. 27, 8 - 4:30, Vivian Weinstein Leadership Day: Critical Road Map Options for Early Childhood Sponsored by the Infant Development Association of California and the So. California Association for the Education of Young Children. Register by mail, fax or online at <http://www.idaofcal.org/doc.asp?id=621>

Friday, March 30, 9 AM: Symposium on the State of Black Males. Great Beginnings for Black Babies and Healthy African American Families II. Call 310-677-7995 to RSVP or for more info.

The March of Dimes (MOD) has taken on the issue of non-medically indicated deliveries done too early, before 39 weeks gestational age, due to a sharp decline in deliveries occurring after 39 weeks and a sharp increase in births primarily between 36-39 weeks gestation, 25-50% increase. This is similar in all racial-ethnic groups, but the highest increase has been among non-Hispanic whites. The MOD and the California Maternal Quality Care Collaborative have developed a toolkit for clinicians about the growing problem of elective deliveries. The reasons for the increase are multiple. Ms. Lombardo showed results of a study by Goldenberg, et al (Obstet Gynecol 2009 114:1254) that illustrates that women don't necessarily know when babies are considered full term or when it is safe to deliver the baby, and the majority in the study chose time periods between 34-38 weeks. This would indicate a lot of patient education needed. Obstetricians elect to deliver early for convenience as well as many nonmedical indications: "maternal intolerance to late pregnancy"; prior labor complication, mother lives far away, etc. The risks of non-medical inductive deliveries include nearly a doubling of risk for admission to NICU, an increase in respiratory complications and feeding problems and other transition issues. A study done in Massachusetts showed that morbidity (illness) increased significantly vs. term infants (22% vs. 3%) and nearly doubled for each gestational week below 39 weeks. Ms. Lombardo explained the importance of fetal brain development and critical growth between 34 and 40 weeks of gestation. Several programs have been successful in reducing elective early term deliveries, and it is now a national quality measure for several national quality organizations. Successful reduction or elimination of elective deliveries before 39 weeks gestation involves several important steps, affecting the clinician and/or patient desire to schedule, the process of scheduling itself and the hospital policy, and physician leadership to enforce policy and not schedule for elective delivery if set criteria are not met. Ms. Lombardo ended her presentation with distribution of patient education materials for prenatal offices and/or classes. One of them is a brochure, "If your pregnancy is healthy, it's best if your baby is born at 40 weeks" with a picture of the developing brain and differences between 35 and 40 weeks.

Sources for State Health Budget Analysis

The Governor's proposed 2012-13 state budget is out, early, and the news is not great. MCHA will have a paper on the impact on Maternal and Child Health at our meeting. According to the California Budget Project, the Governor's proposed 2012-13 spending plan addresses a \$9.2 billion projected shortfall for the remainder of 2011-12 and the upcoming 2012-13 fiscal years. The Governor proposes \$10.3 billion in "solutions" to close the identified gap and provide a \$1.1 billion budget reserve. The gap stems from a \$4.1 billion shortfall in 2011-12 and a \$5.1 billion projected shortfall in 2012-13. The Governor's proposal assumes that voters will approve a measure that would be placed on the November 2012 ballot that would raise \$6.9 billion in 2011-12 and 2012-13. His proposed spending plan also includes \$5.4 billion of additional spending cuts that would be triggered on if voters fail to approve the proposed tax measure. The Governor's proposals include deep cuts to health and human services programs, as well as to student aid and child care. Health and human services and child care programs would be targeted for \$2.5 billion of the \$4.2 billion in proposed spending reductions

RESOURCES

Eliminating Adult Dental Benefits in Medi-Cal: An Analysis of Impact

California Health Care Foundation
California eliminated non-emergency adult dental services from Medi-Cal in 2009. What has this policy change meant for Medi-Cal beneficiaries and dental providers? Click [HERE](#)

Poverty stats: A new weekly [blog about poverty](#) from a national newsmagazine!

Greg Kaufmann, a writer for *The Nation* magazine, has started [The Week in Poverty](#), which will run every Friday. His second installment, out 1-13-12, cites research showing that poverty's attendant ills can affect the development of brain architecture in young children and that 6.7 million 16-24 year olds face real barriers to full participation in our economy. (See, "A poverty solution that starts with a hug" click [HERE](#)) You can also find good links about poverty on Coalition for Human Needs' [poverty webpage](#).

Documenting Proven Strategies to Help Teens Caught in the Cycle of Drugs, Alcohol and Crime A special issue of *Children and Youth Services Review* describes how [Reclaiming Futures](#)

communities are making a difference in the lives of teens and families across the country. In 29 communities in 17 states and tribal areas, a service team screens each young person that enters the juvenile justice system for drug and alcohol problems. The team then develops a treatment plan connecting teens with employers, mentors and volunteer service projects to provide more treatment, better treatment, and options beyond treatment.

EMPLOYMENT

MCHA is hiring a nurse for our Welcome Baby program. See descriptions [HERE](#)

Governor's Budget Summary 2012-13. Click [HERE](#) - page 101 for Health and Human Services

The Legislative Analyst's Office, California's Nonpartisan Fiscal and Policy Advisory, released their analysis of the Governor's Budget 6 days later, see: www.lao.ca.gov on the left side (36 pages, Health and Human Services on p. 24)

California Budget Project: Click [HERE](#)

The Western Center on Law and Poverty: click [HERE](#) for analysis (see mid-page below first screen):

Maintaining Continuity of Care for Pregnant Women on Medi-Cal

(see MCHA November newsletter for this full article). The MCCD has finalized a process whereby women caught in the issue of third trimester enrollment into a plan can call and seek disenrollment over the phone if they qualified (mainly because their provider does not accept Medi-Cal Managed Care). Click [HERE](#) for State instructions on this policy have been released to counties and we are monitoring how it is being implemented.

Medi-Cal Palliative Care Waiver

Celia Valdez spoke of a resource new to Los Angeles in 2011; it has been in place since 2009, but implemented year by year since then in 13 counties. The project is a pilot project, a pediatric palliative care benefit for children with life-threatening conditions, to evaluate whether, and to what extent, such a benefit should be offered under the Medi-Cal program. Palliative care focuses on improving quality of life, pain and symptom management and providing emotional support. Services offered include care coordination, 24/7 on-call nursing support, expressive therapies, family training, respite care and support counseling. This information is from the Children's Medical Services office of the California State Department of Health Services website. [The Nick Snow Children's Hospice and Palliative Care Act of 2006/ Assembly Bill 1745](#) requires the State Department of Health to submit a waiver to the federal government that allows children with life limiting or life threatening conditions to receive concurrent curative and palliative care. Currently, full service palliative care i.e. Hospice Care, is only provided to children when 1) a physician determines that the child has 6 months or less to live and 2) that the child forgoes curative therapy. Services are accessed via the child's provider and the California Children's Services program; in Los Angeles the contact information is:

Los Angeles	9320 Telstar Avenue, Suite 226, El Monte, CA 91731-2849	800-288-4584
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First Edition of the Welcome Baby E-News

MCHA's Welcome Baby program has launched the first edition of our e-news, a quarterly update for providers working in the Metro area who may refer patients to the program. Pregnant women are eligible if they will give birth at California Hospital Medical Center and live within 5

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miles of the hospital, or women may learn about the program and sign up in the hospital at birth. To learn about Welcome Baby and its benefits, click [HERE](#): The e-news button is on the lower right hand side.

The Lucile Packard Foundation for Children's Health | January 11, 2012 An In-Depth Look at Weight, Poverty, Special Ed, and Foster Care/Child Abuse

Kidsdata.org, a program of the Lucile Packard Foundation for Children's Health, has just posted Data Briefs on four key topics in children's health. Each brief includes:

- * Recent California/local data
- * A description of the importance of the issue
- * Links to related research
- * A summary of high-level policy implications

These Data Briefs also include printable fact sheets on each topic. Read more [HERE](#)

State Legislation Introduced/Continuing

SB 694 (Padilla) - Authorizes a study to test workforce models that can meet the dental care needs of underserved children and ensures CA has a Statewide Office of Oral Health led by a dental director. Sponsored by the Children's Partnership, see www.childrenspartnership.org/SB694

SB 255 (Pavley) - Clarifies who is entitled to hospital stays for mastectomies to include lumpectomies, so that those surgical patients are not subject to "drive-through mastectomies".

Click [HERE](#) for leg info page on the bill:

SB 810 (Leno) - Single Payer health care. Being heard in Senate Appropriations today, 1-17. Click [HERE](#) for leg info page on the bill:

Contact us:

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