

Louisiana Commission on Perinatal Care and the Prevention of Infant Mortality

**Past Functions**

Presented by Dr. William Gill at the July 8, 2010, meeting of the Commission.

1. **Louisiana State** **Perinatal Plan**

[Title 48:I-XXV, Public Health--General (Book 2 of 2)](http://doa.louisiana.gov/osr/lac/48v2/48v2.doc)  
Last amended August 2012, compiled August 2012

Rule, Hospital Licensing Standards

LAC 48:1.9469, 9505-0521

Review and revision of the older Perinatal Plan defining the levels of Perinatal and Neonatal care as Levels I, II, III, and III-Regional. Requirements and Standards were based upon the ACOG/AAP Guidelines for Perinatal Care, Fifth Edition.

The document was created by the Commission, edited and placed in the appropriate format by staff, and was published in the Louisiana Register Vol.33,No.02, February 20,2007. The Commission chaired public hearings throughout the state as is required when the Standards are revised.

Some Commission meetings featured representatives from several hospitals around the state. These representatives expressed their concerns about some requirements of the plan, including in-house anesthesia coverage, in-house NICU coverage, and the requirement for a Board Certified Maternal-Fetal Medicine (MFM or Perinatologist) in light of the lack of available specialists.

Commission members participated in scientific conferences, community meetings, and academic settings to enhance the understanding of the Perinatal Plan, and to promote practices leading to healthy outcomes for mothers and babies.

1. **Outcomes Review**

The Commission with the assistance of the Office of Public Health Office of Maternal and Child Health and Epidemiology conducted a state wide review of outcomes of very low birth weight babies relative to the designated Level of care of the hospital of birth.

1. **Fetal-Infant Mortality Review (FIMR)**

Through legislation empowering protected PEER review, the Commission enabled regional FIMR panels to conduct comprehensive chart reviews of fetal and infant deaths in the separate regions of the state to identify associated factors and conditions.

1. **Financing for Pregnant Women and Neonates**

The Commission worked with the Bureau of Health Services Financing to enable expanded Medicaid programs which enhanced the provision of obstetrical and neonatal care, support services, and treatment options designed to improve outcomes.

1. **Problem and Issue Identification**

In an effort to address problems and issues faced by pregnant women and neonates, the Commission consulted with and received input from many groups and agencies within the state including but not limited to:

Office of Public Health, esp. Maternal and Child Health and Epidemiology

Health Care Financing

Louisiana Coalition for Maternal and Infant Health

LA Family Planning

March of Dimes

Department of Social Services

private and public health care facilities

private and public academic health sciences programs

LA State Boards of Medicine, Nursing, and Dentistry

Infectious Disease prevention and treatment services

Substance Abuse prevention and treatment services

Domestic Abuse treatment and prevention services

Louisiana Legislative members and staff

State organizations of ACOG, AAP, and ANA

After deliberation with these groups, the Commission was able to use the input to make recommendations, support or oppose legislation, and utilize data to find other means to enhance healthy outcomes for mothers and babies.

1. **Statewide Emergency Preparedness/Evacuation Plan**

The Commission participated in the discussion in the development of a statewide emergency preparedness program designed for pregnant women, families, and infants as well as an emergency evacuation plan for hospitalized well babies and neonates in NICUs within the state.

1. **Legislative Awareness**

With the assistance of the Executive Director of the Louisiana Maternal Child Health Coalition, the Commission was kept aware of pending legislation that would have effects on pregnant women and neonates. Members testified as required or invited to legislative committees and hearings and cooperated in gathering information for others who testified.

1. **Inquiries**

The Commission responded frequently to inquiries from individuals or groups regarding issues that affected pregnant women or neonates.

**Duties**

* **Chairman**: The Chair of the Commission chairs all meetings at least six times per year, creates the agenda, assigns duties and tasks to other members, composes correspondence as necessary, works with staff to prepare and review minutes, makes referrals, responds to inquiries, insures that members meet the requirements outlined in the legislation which created the Commission, and other duties as necessary.
* **Vice-Chairman**: The Vice-Chair acts in the capacity of the Chair when necessary and performs all other delegated responsibilities. Assists staff with information and referrals when the Chair is not available.