



**Maryland**  
DEPARTMENT OF HEALTH

# State of Reproductive Health in Maryland

**Melissa Beasley, Director, Office of Family and Community Health Services**

**June 2, 2020**



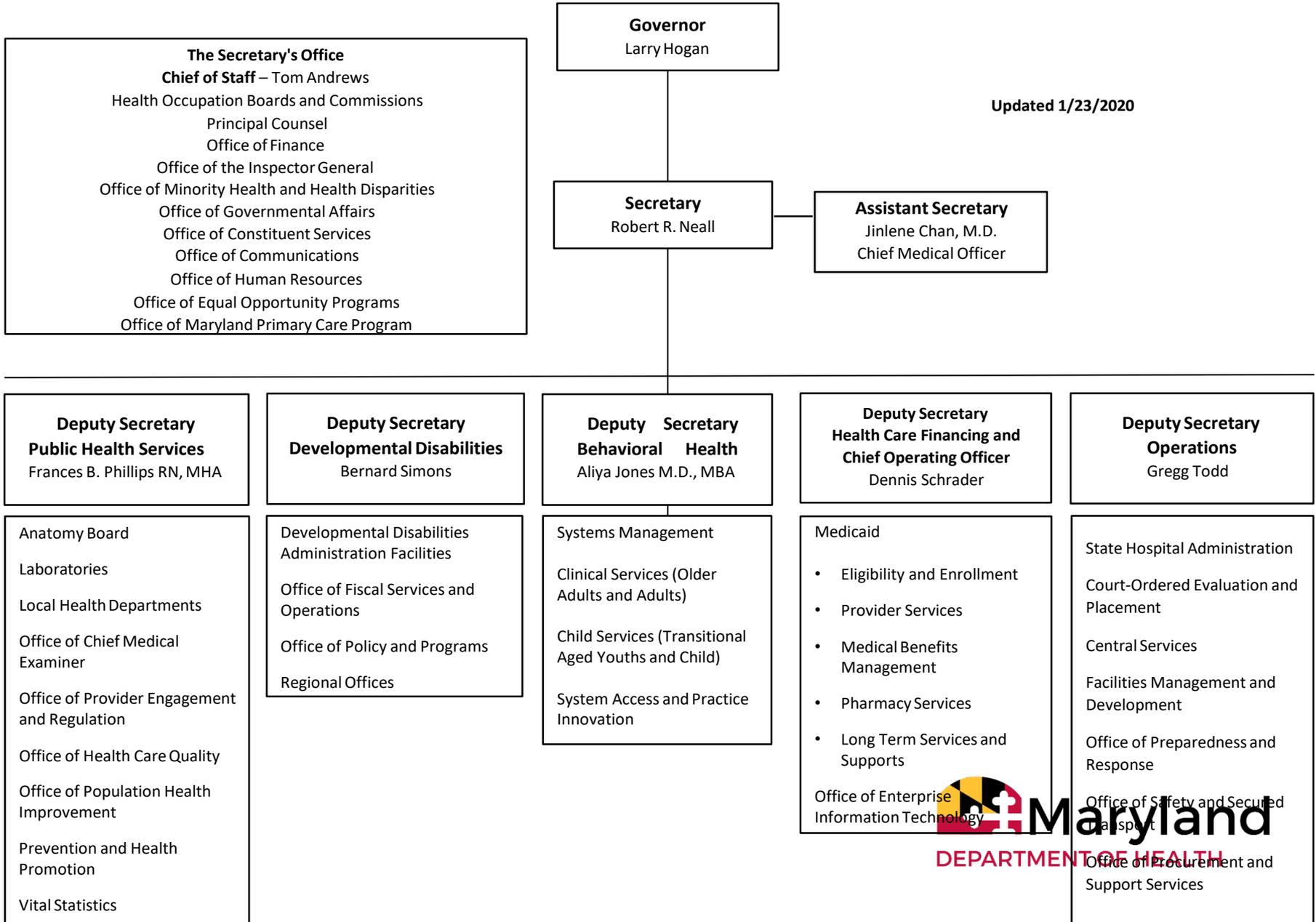
# Objectives

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- Outline the status of MFPP
- Review program priorities
- Identify some of the major national challenges with Title X program
- Overview of analysis of family planning annual report data
- Discuss the evolving services of MFPP

# Maryland Department of Health Organizational Chart

Updated 1/23/2020



# Vision, Mission & Values

Maternal Child Health Bureau

## OUR MISSION

The Maternal and Child Health Bureau's mission is to protect, promote, and improve the health and well-being of all women, newborns, children, and adolescents in Maryland.

## OUR VISION

To integrate the programs within the Maternal and Child Health Bureau (MCHB) to ensure a holistic and coordinated life span approach to enhance the health of Marylanders.

## OUR VALUES

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QUALITY



LEADERSHIP



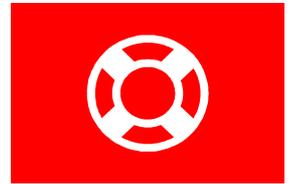
INTEGRITY



PASSION



RESPECT



SAFETY



# Office of Family and Community Services

Maternal and Child Health Bureau, Prevention and Health Promotion Administration



**Maternal, Infant,  
and Early Childhood  
Home Visiting  
(MIECHV)**



**Babies Born  
Healthy**



**Child and  
Adolescent Health  
(PREP/SRAE)**



**Family Planning &  
Reproductive Health**

# Meet Our Team

Maryland Family Planning Program



**Melissa Beasley**  
*Director*

Office of Family and  
Community Health  
Services

Maternal Child Health  
Bureau



**Linda Alexander,**  
MD, MPP, FACOG

*Reproductive Health  
Medical Director  
Acting Medical Director*

Maternal and Child  
Health Bureau



**Diane Hanlon, BSN,**  
CRNP-OB/GYN, WHNP-BC

*Family Planning Nurse  
Consultant*

Southern and Eastern  
Maryland



**Valina Hartman,**  
BSN, RN

*Family Planning Nurse  
Consultant*

North/Central and  
Western Maryland



**Victoria Stinson**

*Coordinator of Special  
Programs*

Private Non Profits/FQHC,  
Fiscal Compliance  
Reviews

# Maryland Family Planning Program

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Mission: To reduce unintended pregnancies and to improve pregnancy outcomes by ensuring access to quality, comprehensive family planning services for those individuals with incomes below 250% FPL.

- Broad range of family planning methods
- Breast and cervical cancer screening
- Prevention and treatment of sexually transmitted infections
- HIV testing and prevention education
- Infertility and preconception services
- Health education/counseling and referrals to community resources

# Maryland puts women's health ahead of politics. Let's hope the nation follows.

- **May 2019**  
Maryland became the 1st state to formally opt out of Title X federal funding for family planning services in the wake of the Trump administration's new family planning rule.



# National Challenges with Title X

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- Undermines the standard of care, confidentiality, and trust.
- Inappropriately emphasizes comprehensive care.
- Eliminates nondirective counseling – makes abortion counseling difficult.
- Requires physical and financial separation.
- Redefines “low-income.”
- HHS oversight powers and grantees expanded responsibilities.
  - Discretion to disqualify applicants.

# MFPP Program Priorities

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- Provide voluntary, client-centered, and non-coercive services.
- Develop high quality family planning health services.
- Implement activities that encourage positive family relationships.
- Promote comprehensive primary health services.
- Comply with State laws - Office of Population Affairs (OPA) performance metrics.
- Collaboration between public and private sector health care providers.
- Inclusion of parents/legal guardians for minors seeking family planning services.

# Maryland Family Planning Program

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- Provided program oversight of MFPP Local Health Departments and Private Non-Profit contacts.
- Facilitated 12 Family Planning Regional Meetings in the four statewide regions.
- Continues to delegate specific strategic technical assistance and clinic support to both Local Health Departments and Private Non-Profit delegates.

# Maryland Family Planning Program

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- Developed and distributed the MFPP 2020 Clinical guidelines.
- Completed 34 MFPP delegate site reviews prior to COVID-19.
- Continued to closely monitor (and provide technical assistance for) MFPP delegate data through the Maryland Family Planning Data System.

## **MFPP Program Updates**

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- **Awards Process**
  - Funding period
  - Grantees
- **Funding Opportunity Announcement**
  - Grant application
    - DUE September 30th

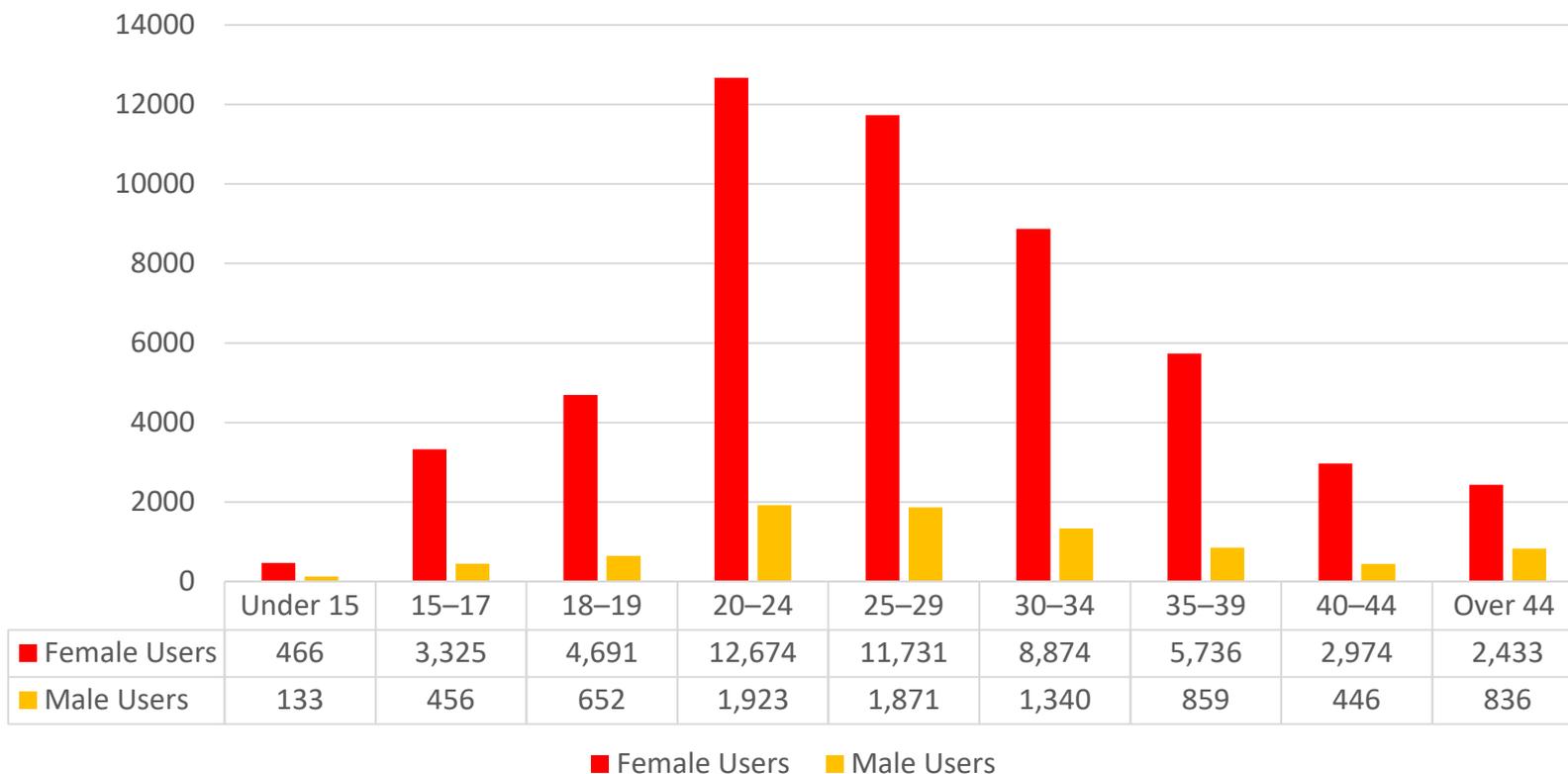
*Data Analysis:*

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# **The Maryland Family Planning Annual Report 2019**

## MFPP Data - Unduplicated Clients By Age and Gender

Maryland Family Annual Report-2019



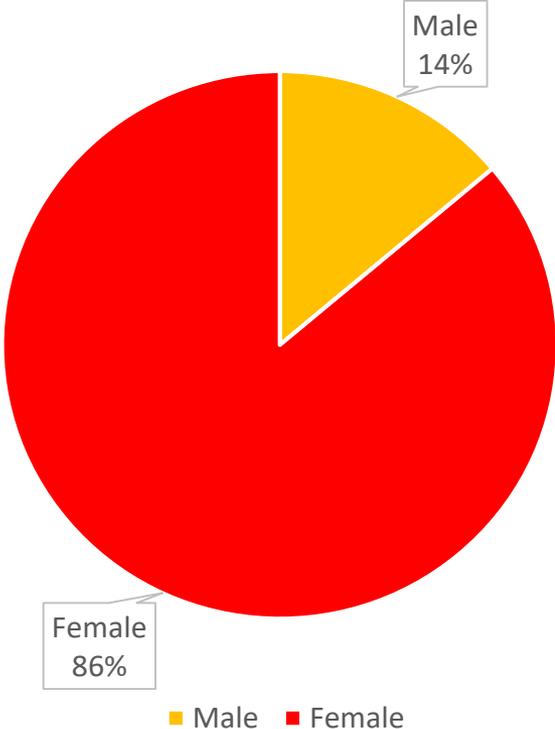
Data source: Family Planning Annual Report (FPAR) 2019.

Data shows a comparison between Maryland residents who utilized Family Planning services in 2018 and 2019.

# MFPP Data - Total Unduplicated Clients 2019

91,393 Total Family Planning Visits

Total Unduplicated Clients- 61,420

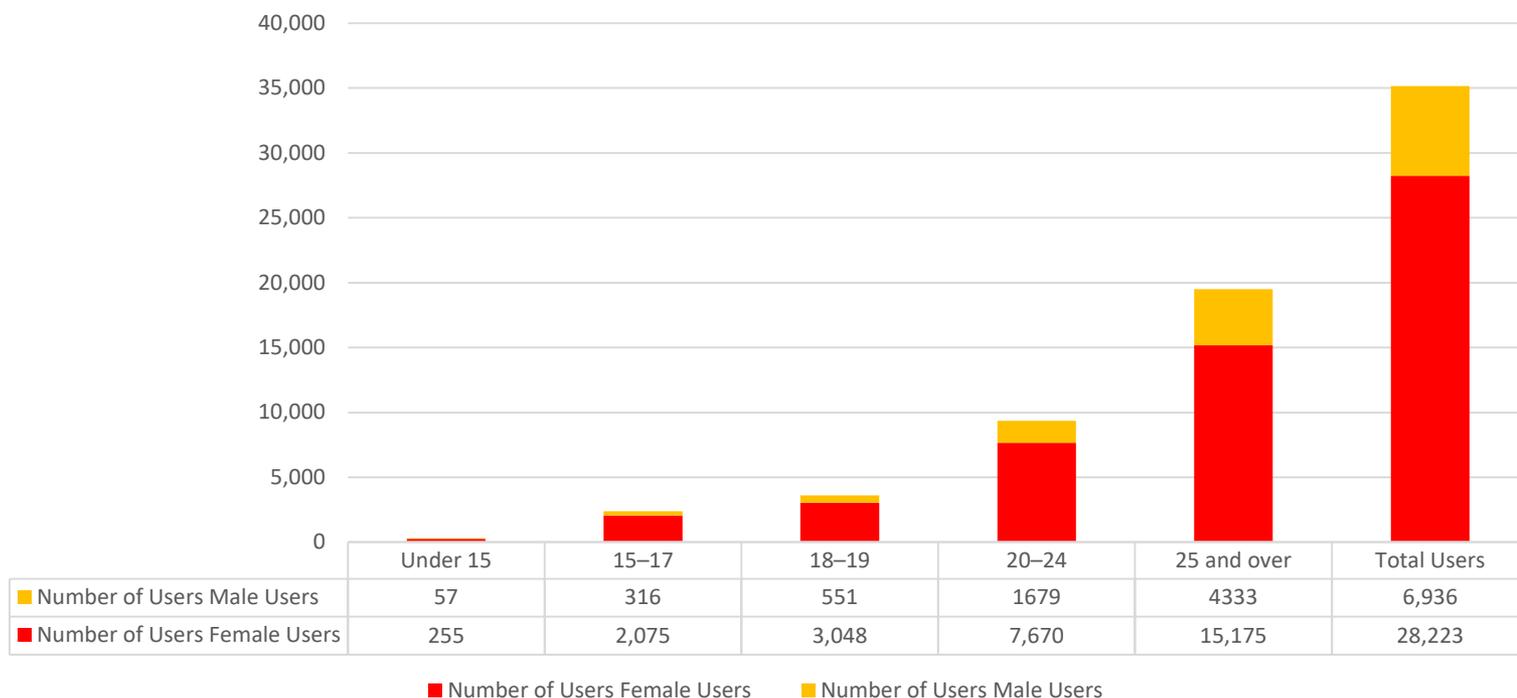


Data source: Family Planning Annual Report (FPAR) 2019.  
Data shows a comparison between Maryland residents who utilized Family Planning services in 2018 and 2019.



# MFPP - Unduplicated Clients Tested for Chlamydia

Chlamydia by Age and Gender- 2019



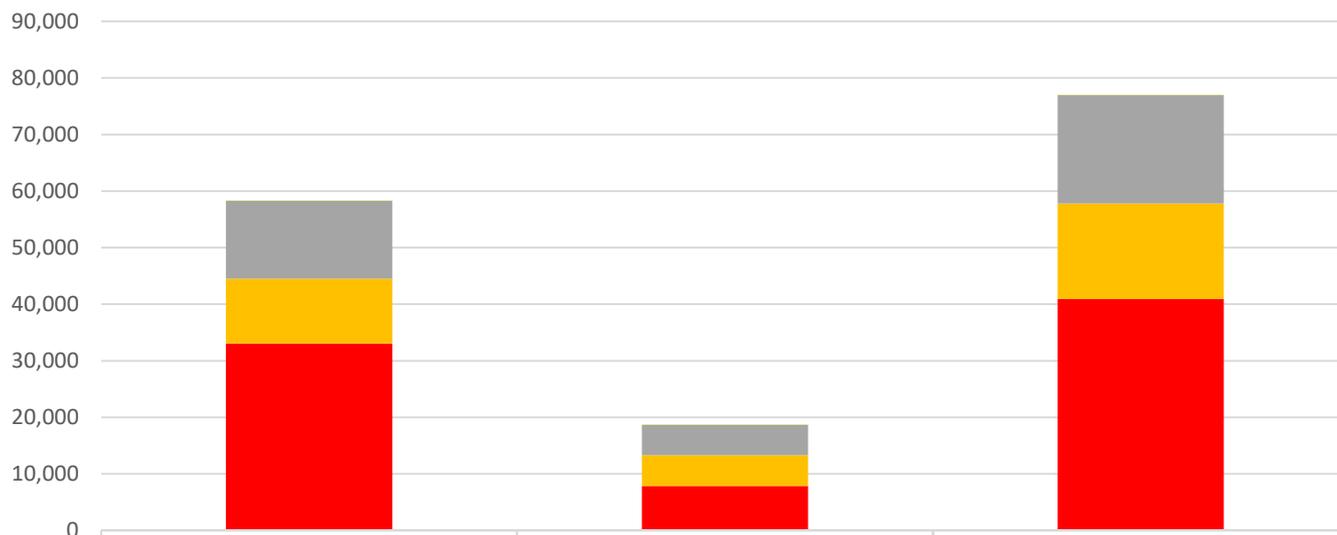
Data source: Family Planning Annual Report (FPAR) 2019.

Data shows a comparison between Maryland residents who utilized Family Planning services in 2018 and 2019.



# MFPP Data - STIs

Number of Gonorrhea, Syphilis, and HIV Tests 2019



	Number of Tests		Total Tests
	Female	Male	
■ HIV – Positive confidential tests	17	38	55
■ HIV – All confidential tests	13,773	5,431	19,204
■ Syphilis	11,447	5,426	16,873
■ Gonorrhea	33,069	7,864	40,933

■ Gonorrhea   ■ Syphilis   ■ HIV – All confidential tests   ■ HIV – Positive confidential tests

*Pre/Post COVID-19*

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# Maryland Family Planning

# COVID-19 Revelations

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- Telehealth/Telemedicine – Future and Flexibility in Crisis
- MFPP developed and distributed the Administrative Guidelines, including a new guideline on Telehealth.
- LHD Health Departments and PNP organizations provided excellent examples of the transitioning of service delivery.

## **Family Planning Creative Response to Crisis**

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- Linked clients to community partners when necessary.
- Proactively called scheduled patients to best assess their needs
- Provided education/counseling regarding “bridge method: (micronor)
- Birth control by mail

# Garrett County Health Department

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- Continues to utilize telehealth where possible.
- Clients are instructed to wear a mask and call after arrival.
- The nurse conducts a COVID health assessment while client is still in vehicle.
- Garrett created a “depo tray”.

## **Garrett: Getting Back in the Swing of Things**

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- Last week began in-person for problem visits (1 day/week).
- No overlap of clients in the office.
- Extensive screening and registration via phone prior to office visit.
- COVID health screening/temperature taken prior to entry.
- Client-centered care conducted in examination room, lavatory, and front desk.

# Family Planning Post COVID-19

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- Continually assess the ability to provide the best possible care, in the safest manner possible.
- Evolving those processes to best meet the needs of your clients (and staff as well).

*The Future of*

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# Maryland Family Planning

# Opioids (the other epidemic) NAS/NOWS

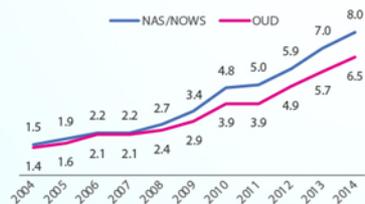
## DRAMATIC INCREASES IN MATERNAL OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

Opioid use during pregnancy can result in a drug withdrawal syndrome in newborns called **neonatal abstinence syndrome**, or **neonatal opioid withdrawal syndrome (NAS/NOWS)**, which causes **costly** hospital stays. A recent analysis showed that an estimated **32,000** babies were born with this syndrome in the United States in 2014, a more than **5-fold increase** since 2004.

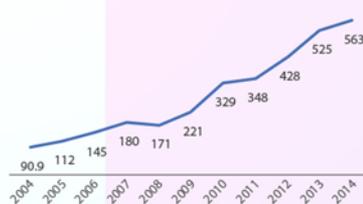


**EVERY ~ 15 MINUTES,  
A BABY IS BORN SUFFERING  
FROM OPIOID WITHDRAWAL.**

**NAS/NOWS and Maternal Opioid Use Disorder on the Rise**  
Rates per 1,000 Hospital Births



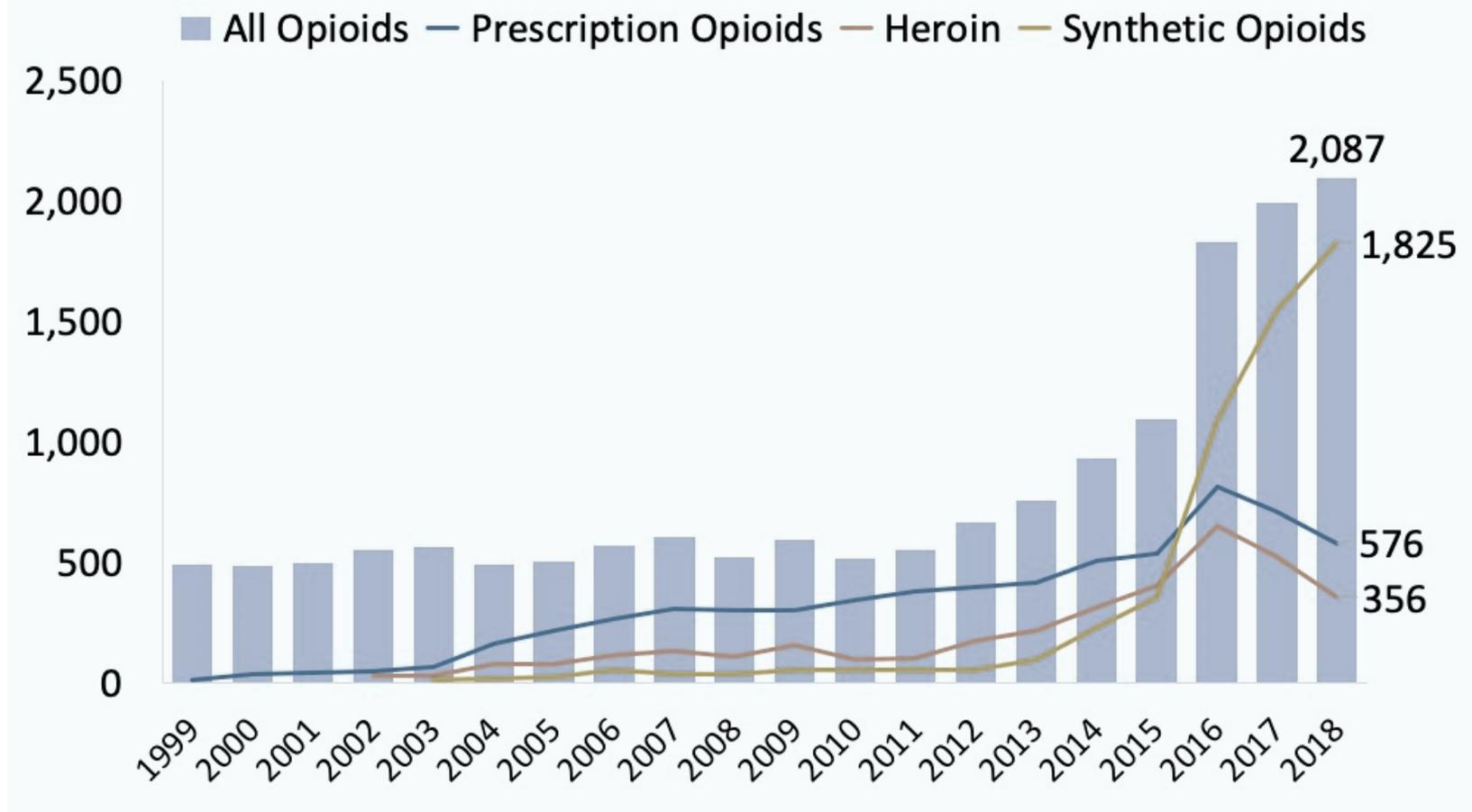
**Growing Hospital Costs for Treatment of NAS/NOWS**  
Inflation-Adjusted U.S. Dollars (millions)



Honein et al. Pediatrics 2019, Winkelman et al. Pediatrics 2018, Haight et al. MMWR 2018.

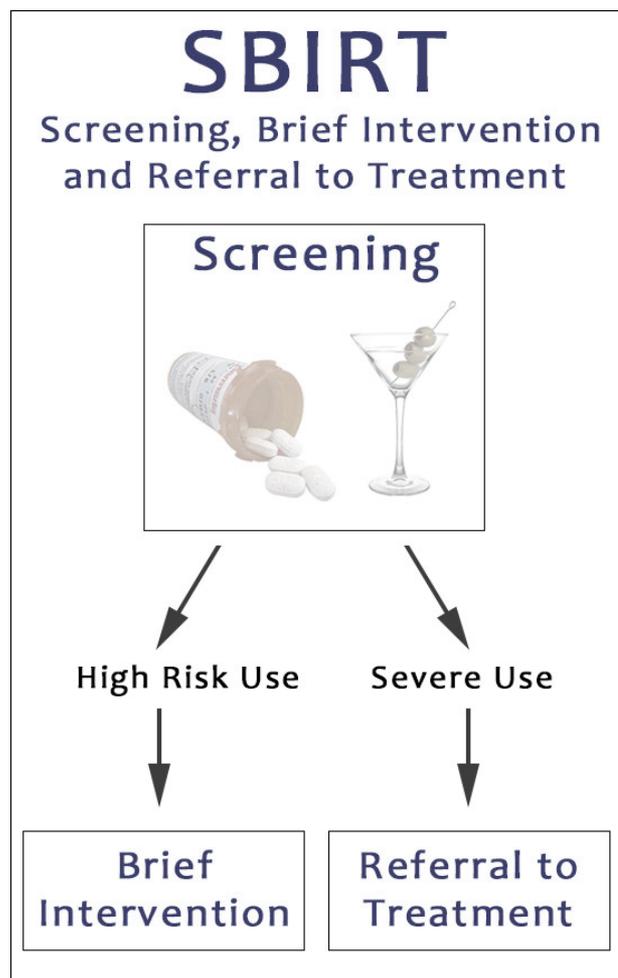
- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.
- In 2016, hospital costs for NAS/NOWS births totaled \$572.7 million, after adjusting for inflation.
- The incidence rate of NAS/NOWS in Maryland in 2017 was 14.3 cases per 1,000 hospital births and is the most recent data available.

## Maryland: Opioid-Involved Deaths and Related Harms



Source: NIH <https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-involved-deaths-related-harms>

# SBIRT Training – Best Practice Intervention



- MFPP is collaborating with Danya Institute, Planned Parenthood of Maryland, and Calvert County Health Department to strategically implement SBIRT Training in FP settings as well as a baseline model for all LHDs.

# We Appreciate You

*State of Reproductive Health  
in Maryland*



# QUESTIONS?

**Maryland Department of Health  
Prevention and Health Promotion Administration**

<https://phpa.health.maryland.gov/mch/Pages/home.aspx>