

EDUCATE. ADVOCATE. INTEGRATE.

NATIONAL PERINATAL ASSOCIATION

STUDENT SECTION NEWSLETTER

NPA's Position: Healthcare Reform

NPA is dedicated to promoting compassionate, ethical, and evidence-based care for all pregnant women, infants, parents, caregivers, and families during the perinatal period. This is a commitment that transcends all geographic, cultural, ethnic, gender, religious, or political differences.

NPA stands with the American Medical Association (AMA) in recognizing that the Affordable Care Act (ACA) has increased health insurance coverage for approximately 20 million individuals and expanded coverage for young adults and children with preexisting health conditions. Healthcare reform expanded Medicaid insurance coverage and extended health insurance eligibility to economically vulnerable individuals, pregnant women, and families, central components of the population served by NPA and all stakeholders in perinatal health.

NPA advocates for healthcare reforms to be built from ACA gains and instituted through evidence-based models and practices that improve access, costs, and quality in the U.S. healthcare system.

From academic professionals to parent advocates, longtime clinicians to up-and-coming students, the NPA goes beyond being your typical professional organization - it is a genuine collective of passionate individuals that can focus on the well-being of pregnant women, their families and newborns from several different perspectives at once.



- Jerasimos Ballas, MD, MPH

Perinatal Substance Use: 5 ways to improve care during pregnancy and beyond (NPA)

Educate. Learn more about the pharmacology of substance use, promote evidence-based care by communicating with patients in a way that separates fact from fiction, and understand cycles of sobriety and relapse to help patients plan for their recovery.



Communicate. Know the difference between substance use, substance misuse, and substance use disorders. Reject language that stigmatizes substance use.

substance use.

Screen. Conversations about substance use should be routine in medical care. Become comfortable asking questions and listening to what patients say, for you may be the first person to ever ask.



Deliver. Get trained to offer medication-assisted treatment (MAT), the standard of care during pregnancy. Contact SAMHSA to become an opioid

treatment program and make naloxone available to all patients using opioids.



Decriminalize. Embrace people who use substances by meeting them where they are. Abide by medical ethics, practice beneficence, and promote public health.

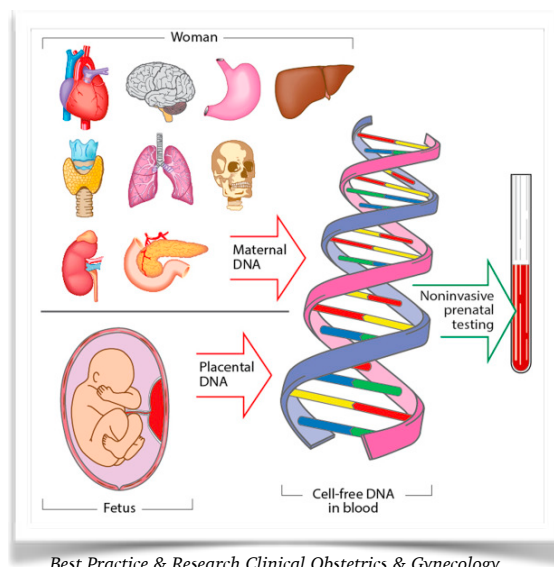
Advances in Prenatal Screening

Mayo Clinic Center for Individualized Medicine

"DNA sequencing and molecular technology have improved and become more cost effective. These tests are important for family planning before pregnancy as well as planning for the care of a baby who is found to have a genetic disorder during pregnancy." -Myra Wick, M.D., Ph.D.

Here's what's new and exciting in perinatal testing:

1. **Cell-free DNA Testing:** Thanks to Mayo Medical Laboratories, we now have a blood test to screen for the most common chromosome disorders diagnosed in pregnancy. Screen the mother's blood that contains DNA from the baby and knock out having to use traditional first and second trimester screening. This new test generally has a higher detection rate and fewer false positives. Cost: \$350 depending on insurance coverage and testing lab specifics. Results: Within 1 week.
2. **Expanded Carrier Testing:** Have a couple of who is uncertain about their ethnic heritage? Insert expanded carrier testing, a comprehensive test that looks for 100 or more genetic disorders by assessing multiple genes associated with genetic diseases. This is especially useful for assessing autosomal recessive inheritance. Cost: \$350



depending on insurance coverage. Results: Within 1-2 weeks.

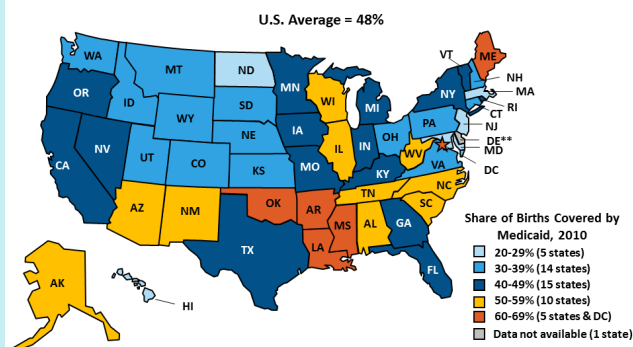
3. **Whole Exome Sequencing (WES):** If the ultrasound reveals several fetal medical conditions, WES takes a look at most fetal genes linked with growth and health, providing a diagnosis in 30% of cases. Traditional genetic testing often struggles to capture the nuances of more than one medical diagnosis. WES takes family planning capabilities to the next level. Cost: \$8,000 depending on the specific WES test selected and insurance coverage. Results: Within several weeks.

MEDICAID'S ROLE FOR WOMEN (KAISER FAMILY FOUNDATION)

"There is no federal definition of what services states must cover under their traditional Medicaid programs for pregnant women beyond inpatient and outpatient hospital care, but states that have expanded Medicaid eligibility must cover all preventive services recommended by the United States Preventive Services Task Force (USPSTF) to individuals who qualify through this pathway. Overall, most states cover a broad range of perinatal services across eligibility pathways, including prenatal screenings, folic acid supplements, and breastfeeding supports."

Figure 6

Medicaid Pays for Nearly Half of all Births in the U.S.



NOTES: **Delaware did not have financial figures for 2010.
SOURCE: Markkus AR, Andres E, West KD, Garro N, & Pellegrini C. (2013). Medicaid Covered Births, 2008 Through 2010, in Context of the Implementation of Health Reform. Women's Health Issues; 23-5, pp. e273-e280.

Perinatal Voices Corner

Hyphen-Asian America Unabridged

For Mimi Khúc, a 33-year-old woman who had her first child four years ago, both pregnancy and her home birth had been easy. Initially, she felt that things were “super happy and glorious.” However, within three weeks, her husband went back to work and her mother, who had come from Vietnam to help out for a month, returned to her home country. Khúc, an adjunct professor in the Asian American studies department at the University of Maryland, found herself alone with the baby for hours. Severely sleep deprived, exhausted, and filled with despair and anger, Khúc struggled to bond with her baby. As the months passed, she began thinking about running away-and suicide.

Khúc recounts her experience: “I was crying all the time. My husband dreaded coming home from work... There were days that I lay in bed and cried...I felt trapped. Motherhood is not supposed to be hard-not in the context of war and displacement and poverty and fighting for stability and upward mobility. In the United States, children of immigrants, especially refugees, have nothing to complain about. My family has this bootstrap mentality. You survive the United States and poverty. You don’t cry about it, you don’t complain about it. You don’t complain about mothering. You have it good. You have it easy.”

Khúc’s experience highlights the features of postpartum depression (PPD), a long-lasting form of depression suffered by a mother following childbirth and typically arising from the combination of hormonal changes, psychological adjustment to motherhood, and fatigue. She explains her experience that the “Vietnamese don’t have a word for mental illness; you’re either crazy or not crazy. There’s no word for PPD. We don’t talk about mental illness in Vietnamese families even though it’s in my family and is common. There is so much silence about the Vietnam War and trauma in general.”

Over time, Khúc came to terms with her diagnosis and feels that though she is not cured, she can manage her



depression. She acknowledges that her heritage contributed to her initial silence about what she was experiencing, but she began to make progress towards recovery when she accepted a mixture of couples and personal therapy, health supplements, and increased family support.

Khúc and fellow Asian American women who have experienced postpartum depression have a request for health practitioners. They ask that healthcare professionals discuss PPD with women and prepare both women and their partners before and after their births for the possibility of PPD. Furthermore, they recognize that Asian American women may be overlooked by healthcare professionals as being at risk for PPD because of the “model minority myth” that Asians seem to “have it all together.” However, they hope to be instrumental in dispelling this myth by sharing their narratives. Khúc affirms, “it’s important for me to identify as a survivor; to name it...because naming it makes people have to see it and see all the silence around it. To me, it was a political act to name and identify it and continue to identify as a survivor.”

The content in this newsletter’s Perinatal Voices Corner is inspired by Mimi’s story and that of other Asian American women who experienced postpartum depression, as captured in Sharline Chiang’s article “Don’t Call It Baby Blues.” Sharline Chiang, a Berkeley-based writer, editor, and survivor of PPD herself, is dedicated to helping fellow Asian American women realize they are not alone in their struggles with PPD. Check out Hyphen Magazine for Chiang’s complete article and follow her Twitter account @SharlineChiang. Chiang currently works as an editor for Democracy in Color.