

Prenatal/Postpartum Care Through Community Paramedicine

A Mobile Integrated Healthcare Initiative

The Indiana Rural Health Association (IRHA), UnitedHealthcare, and the Crawfordsville Fire Department are collaborating to expand Community Paramedicine to other counties in Indiana.

Introduction

In this Community Paramedicine program, non-physician paramedic practitioners (NPPPs) make in-home visits with the mothers at varying frequencies throughout the pregnancy process and during the 16 weeks following birth. The NPPP makes one visit per month during the first trimester, focusing on gathering information, doing exams, educating, counseling, and connecting with mothers with community collaborative partners like women's resource centers, other healthcare facilities, and the County and State Health Departments. Mothers are educated about child care, health, safety, immunization, sleep patterns, exposure to harmful substances, etc., along with the importance of their own mental and physical health, while giving them the resources necessary to maintain them.

Visit frequency increases as the pregnancy progresses into the second and third trimesters, where visits become weekly. The NPPP spends 1-2 hours with the mother at each visit, providing a personal level of care in the comfort of their own home. This helps to build a trusted relationship between the mothers and NPPP, who is there for 24/7 assistance in the form of emergency response, emotional support, or just to answer any questions that the mothers might have throughout the process. In addition to the medical assistance and one-on-one support of the NPPP, community paramedicine also can provide an extensive list of partnered services available to mothers including birthing education with a certified instructor, connections and/or referral to a primary care physician and pediatricians, transportation assistance, car seat inspections, safe sleep education (DOSE), home safety inspections, postpartum health and depression screenings/evaluations, Baby & Me Tobacco Free® Program, social service referrals, coping tools, and other great resources.

Community Paramedicine is making great strides toward lessening the number of low birth weights, pre-term deliveries, and infant mortality rates, all while providing powerful emotional support, significant cost avoidances across all parties, and numerous partnerships extending shared value.

Mission and Vision

Mission:

To prevent unnecessary 911 calls, pregnancy complications, emergency department visits, hospital admissions, and/or readmissions of high-risk expectant mothers by extending access to high-quality prenatal and postpartum care in addition to social support and services to prepare the mothers for parenthood.

Vision: To transform multiple counties into communities where all expectant mothers have access to proper prenatal care and support, ensuring healthy deliveries and improving overall mother and child wellness by preparing them mentally and physically.

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Goals

Community Paramedicine has several goals to achieve the mission and vision:

1. Respond to patient referrals and contact potential patient within 24-48 hours of referral.
2. Follow up on patient and provide an in-home assessment within 7 days of hospital or emergency department discharge, or of referral by their primary care physician.
3. Increase the number of deliveries carried to term.
4. Improve infant birth weights.
5. Reduce the number of infant mortalities.
6. Improve patient's perception of care and social support.
7. Ensure that new parents are adequately prepared to care for their child so that the child may remain safely in their home.
8. Serve as patient navigator, advocate and health care coach
9. Provide subsequent follow up support to patient as needed.
10. Establish the Montgomery County model as evidence-based with proven positive outcomes.

Benefit to Hospital Partners

Community Paramedicine brings numerous benefits to hospital partners and their patients:

- Delegation of medical staff responsibilities to NPPPs
- Fewer no-show appointments due to the ability to visit patients in-home
- Reduced hospital readmissions due to faster follow-up from hospital discharge
- Improved hospital quality outcomes
 - Reduced preterm births
 - Reduced low birthweight babies
- Healthier mothers in all aspects of the term

Training Requirements

The NPPP navigates and establishes systems to better serve the citizens of their communities. They help individuals and communities overcome barriers that prevent them from accessing and benefitting from health services. They serve as advocates, facilitators, liaisons, community brokers and resource coordinators. NPPPs are also trained as direct service providers, which will ensure basic and advanced levels of care appropriate to prevention, emergencies, evaluation, triage, disease management, and basic oral and mental health.

In addition to the training requirements for all NPPPs, individuals assigned to the Community Paramedicine initiative will be required to complete several components of their required training under a physician in obstetrics.

The clinical experience goals for SUD NPPPs are:

- To increase the NPPPs knowledge in obstetrics
- To understand how to provide appropriate prenatal care
- To identify signs and symptoms related to pregnancy complications
- To treat pregnancy complications

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- To learn methods for preparing patients physically and emotionally for childbirth/parenthood

Provided Services

Community Paramedicine can provide the following services:

- Medical Direction
 - NPPPs will work with the patient's referring/primary medical provider office staff to coordinate care.
- Home Visitation
 - NPPPs will conduct home visits for patients according to their medical provider's order and have access to the patient's medical chart. NPPPs will provide both medical and non-medical/educational visits.
- History and Physical
 - NPPPs will assist the medical provide in observing and documenting information including health history, review of systems, psychosocial status, environmental health, and physical assessment.
- Makena Injections
 - NPPPs will administer Makena injections under the medical direction of a physician, which prevent preterm labor and delivery among high-risk pregnant women.
- Hyperemesis Management
 - NPPPs will provide treatment as necessary to manage hyperemesis, the most severe form of nausea and vomiting during pregnancy.
- Home Safety Assessment
 - NPPPs conduct a detailed walkthrough of the patient's home, identifying safety hazards and making recommendations when needed.
- Medication Reconciliation
 - NPPPs will reconcile patient medications and evaluate patient compliance.
- Medication Sorting
 - NPPPs will provide patients with a pill container and will assist them with sorting their medications.
- Medication Disposal
 - NPPPs will collect any expired or discontinued medications that the patient no longer needs during their in-home visits and dispose of them properly.
- Follow-Up/Post-Discharge
 - NPPPs will visit patients in-home upon the request of a medical provider to follow-up from a medical provider visit, ER visit, and/or hospital discharge.

Through IRHA, [Connecting Kids to Coverage – Indiana](#) (CKC-IN) is available to community paramedicine participants. CKC-IN consists of a team of five licensed Indiana navigators that can help families anywhere in Indiana apply for insurance coverage completely free of charge, virtually, and in 100% compliance with HIPAA requirements.

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Contact Information

Please contact us if you have any questions or would like to discuss further what participating in community paramedicine would look like:

Amnah Anwar, MBBS, MPH
Indiana Rural Health Association
aanwar@indianarha.org

Nicole Watkins, MPH, CRHCP
Indiana Rural Health Association
nwatkins@indianarha.org