

<b>Notes/Comments</b>
The corporate medical care model is not good for the community. Community-centered care which can meet individual needs of those seeking care without consultation and treatment limitations placed on time provides a better service and experience. Happier patients and clients means a healthier community. Avoid a model requiring providers to focus on profit over quality of care that struggles or is unable to look to address core issues. Adopt an abundance mindset (rather than scarcity) that seeks to support individuals and the community as a whole.
with the community organizations. For instance what do physicians do with an ROI provided by Las Cumbres? Will LAMC corporate leadership be invited to and will send a representative to inform LACHC of current services and needs, plans? Will LAMC corporate leadership present any status changes openly, quickly, and completely to the public? What about private health care provider practices?
Concerned that politics get in the way of good health care, especially in regards to women's health in Los Alamos
Collaboration, not competition, is what makes us stronger and healthier.
Healthy communities start with healthy birth (includes mental health and emotional experience of care and birth).

**About**

This document is established to identify and quantify available and unavailable services for families in Los Alamos County, especially those planning to start or enlarge a family, and those having young children. The goal is to provide the Los Alamos County Health Council with accurate and representative information on community access and desires for health care to incorporate into their community health care planning activities.

Available Services in the county	Comments	Anticipated Services	Comments
Women's Health Clinic (LAMC practice)	LifePoint's track record of valuing profit and minimizing liability over retention and support of providers threatens the success of the clinic. Providers include OBGYN and Medical Assistant(s).	Part time OBGYN	Comprehensive OBGYN reproductive care, including family planning
LAMC OB program	LifePoint's track record of valuing profit and liability reduction over retention and support of providers threatens the success of the clinic. Comprehensive care, including emergencies and Special Care Nursery, available. Staff include: Neonatologist, Certified Neonatal Nurse practitioners, OBGYN, dedicated RNs. No VBAC.	Additional dedicated RNs to cover all shift	Reliance on traveling providers (physician and nurses) for the OB Program is still high. Equipment may be aging without budget to replace?
LAMC Mammography unit			
3-4 Family Practice Physicians in county are known to see all ages in their practice, including pregnancy and postpartum care (no births).	How many accept Medicaid?		
Several Certified Family Nurse Practitioners. Anticipate they could provide care to full range of ages, unknown if provide well woman/person care and maternity care.	It would be helpful to confirm this and that they take infant and older pediatric patients, as well provide as women's health care.		
7 Pediatricians	Good range of choices for pediatrician, do local pediatricians have access to pediatric ICU's.	Rumor keeps threatening that Dr Krohn is about to retire, which would leave 6 providers but only 1 pediatric practice.	Privileges at LAMC? Accept Medicaid?
3 midwifery practices based in Santa Fe provide in-home care for all visits for their clients planning homebirth; these clients do not need to leave the county to access care. 1 midwifery practice (based in Española) will provide half of the care visits in the client's home.	All of these practices can provide well woman/person care. All are out-of-network providers. Accept Medicaid? Midwifery practices see a much lower volume of clients in general compared to hospital-based practices. A community generally needs more midwives as compared to the number of physicians per person to meet its needs.		
Behavioral and mental health for children and adults	present but limited	Behavioral Health (Children)-Las Cumbres	
2 IBCLCs available, though 1 only sees First Born clients	A few other IBCLC/LCs are available outside the county		For private IBCLC services, clients must self-pay; may be able to get reimbursed by insurance plan or HSA. First Born clients do not pay for IBCLC support. Anyone can make an appointment with LAMC's IBCLC and receive insurance-covered services. (The private and LAMC provider are the same person.)
First Born	Home visitor service providing parental support and education to first time (and occasionally subsequent time) parents. There is an IBCLC on staff.		

2 birth doulas	Not enough birth doulas to meet the needs of all interested in this service		almost 9 depending on personal life circumstances. This service is threatened by inability to make a living from it. Clients must self-pay; may be able to get reimbursed by insurance plan or HSA.
1 postpartum doula	Interest in this service appears to be currently low locally, but is subject to the same threats as birth doula services.		
Childbirth education / preparation classes	Currently a free service provided by LAMC. In the past, there have been a variety of childbirth education or preparation class types available in the County. This service, when independently provided, is subject to the same pressures as doula services.		
Maternal Fetal Medicine ultrasound facility	Perinatal Associates of New Mexico provides this in-town option, though no specialists are located here.		
HOPE Pregnancy Center	(provider for court appointed parental education classes). Hosts mobile limited ob ultrasound service as needed. Can provide support for parenting options. Does not provide abortion care provider lists. Has offered abortion recovery support.		

Other nearby Services	Comments	Anticipated Services	Comments	Travel Time (est. from
Presbyterian Española Hospital services and physician practices	Supports VBAC. Term births only (the cutoff may be late pre-term though). Highest risk OB and neonatal patients transferred to Abq. Pediatricians, OBGYNs, dedicated RNs.		No clinic space in LAC	27 min
6-8 (depending on who is currently providing full scope midwifery services) additional midwifery practices based outside of the county	Support VBAC. Term births only. Includes two birth center practices (one also provides homebirth care), the rest provide homebirth care. All of these practices can provide well woman/person care.	Santa Fe Birth Center is exploring the option of establishing an office in Los Alamos so that clinical care can be provided in the community for their LAC clients at least 1 day a week (births would still happen at their birth center).	How many are Medicaid providers?	27-50 min
Christus St Vincent Regional Medical Center	Supports VBAC. Term births only (the cutoff may be late pre-term though). Dedicated OR on OB floor. Highest risk OB and neonatal patients transferred to Abq. Pediatricians, OBGYNs, dedicated RNs.		Some clinic space in LAC, but not for obstetric, neonatal, or gynecology services	50 min
Presbyterian Santa Fe Medical Center	No VBAC, no births 34(?) or fewer weeks. Dedicated OR on OB floor. Highest risk OB and neonatal patients transferred to Abq. Pediatricians, OBGYNs, dedicated RNs.		No clinic space in LAC	55 min

Wish List (not in order of priority)	Comments
Second+ LAMC OBGYN provider	
Private practice OBGYN provider with privileges at LAMC	
CNMs, with privileges at LAMC	LifePoint professes to not directly hire this provider type. Privileges at LAMC have been given in the past to CNMs, but only those who have been in private practice with an OBGYN (cite liability concerns and it seems likely do not respect NM licensure of CNMs which provides them primary care provider status not requiring MD oversight). It is untested whether an independent/private practice CNM could get privileges at LAMC as this type of CNM practice is rare.
Ability to respond to a pediatric emergency and intensive care needs with dedicated pediatric specialists providing care at LAMC.	Many children needing care must be transferred to a different facility for care, which may include an air ambulance flight.
Freestanding Birthing Center	Sustainability of this type of facility and practice is threatened by fluxes in community interest to support and utilize. Ability to enroll with insurers as in-network providers, as well as enroll as a Medicaid provider, will also be important for this county. If established, it would be the first in LAC.
NICU-level care	The Los Alamos County Birth Care Survey (2019) respondents indicated a NICU-level facility and services is desired (do not want to leave community and social support base for this care). If this high level care cannot be brought into the county, perhaps a program supporting the travel, childcare needs and or expenses incurred to receive this care can be developed? Support with accessing Ronald McDonald House?
Other obstetric and or maternal fetal medicine ultrasound facility open to all OB patients/clients	To provide more than one choice than PANM
Midwifery practice based in LAC providing home and or in-county birth center birth place and care options	Having many midwives willing to serve LAC families is important. Having a midwife living and based in the community would be especially important for families wanting a provider close by when care is needed. More midwives are needed per capita to meet population needs because midwifery practice style often limits the number of clients that can be accepted into a practice as compared to a typical medical practice. Most humans appreciate having more than one option when making a choice.
Dedicated OB operating room	

Behavioral health providers specializing in supporting the needs of parents (including fathers) experiencing postpartum mood disorders and or birth trauma.	
24/7 on call well and sick childcare services	Many birthing families do not have family or enough friends to cover needs during the birth and early postpartum periods when away from home for care.
Breast health provider	
Planned VBAC support and care provided at LAMC	Approximately 32% of LAC residents (not all birth at LAMC; average 2015-2019) giving birth do so by caesarean section. Options for laboring and vaginal birth after caesarean section is currently only available in our county to individuals who fall within an LM's scope of practice to receive the care in a homebirth. LAMC does not currently support planned VBAC.
Continuity of care with the same provider	This was identified by Survey respondents repeatedly as important. LMs are traditionally not granted privileges in a hospital setting; would it be possible to create a way for LMs and any independent CNMs who wish to to continue to lead care when hospital-level resources are needed?
Does the community want to support local access to abortion care / full spectrum reproductive care?	
Does the community want local access to in/fertility care, including those familiar with and able to teach fertility awareness/natural family planning methods?	Need was expressed for providers who respectfully support and have more than cursory knowledge of fertility awareness and natural family planning methods to meet reproductive goals in the Survey.
Obstetric, women's health, and pediatric providers who can provide culturally appropriate care.	Birthing families who speak English as a second language or not well would benefit from providers who can speak in their native language.