

SUMMARY STATEMENT

All Michigan mothers, infants and families have the right to optimal health. Disparities that show up in every facet of maternal and infant health are rooted in long standing systemic inequities, often based on race. In 2018, there was a threefold difference in infant mortality rates by maternal race/ethnicity, 14.5 Black non-Hispanic babies died for every 1,000 live births, whereas 4.6 White non-Hispanic babies died for every 1,000 live births. That same year, there were 6.6 infant deaths for every 1,000 live births, well above the national rate of 5.7. Institutions, policymakers, government, communities, as well as extended families and friends, play an integral role in improving these health outcomes and eliminating disparities. In September 2019, Michigan released the [Mother Infant Health & Equity Improvement Plan \(MIHEIP\)](#) with the vision of zero preventable deaths and zero health disparities. Priority areas of the MIHEIP are health equity, healthy girls, women and mothers, optimal birth spacing, full term and healthy weight babies; safe sleep for infants and mental, emotional and behavioral well-being.

ACTIVITIES AND RESULTS

During the last year, many successes have improved the lives of mothers, infants, and families in Michigan. At the 2020 State of the State address, Michigan renewed its commitment to maternal and infant health, and recommended expanding access to comprehensive health care and social support for women and infants.

Stakeholders in Michigan, along with the [Michigan Department of Health and Human Services \(MDHHS\)](#) have worked to align programs and strengthen partnerships statewide; the Statewide Perinatal Quality Collaborative comprised of nine [Regional Perinatal Quality Collaboratives \(RPQCs\)](#) is an integral part of this work. The RPQCs conducted quality improvement projects and implemented data-driven strategies to address their regions most pressing maternal infant health challenges. The multisector stakeholders addressed social determinants of health and equity while elevating the voices of Michigan's families.

Several RPQCs have prioritized the implementation and expansion of universal screening for Substance Use Disorder (SUD), utilizing telehealth and electronic screening. RPQCs worked with hospitals to implement rooming-in models of care, and several of Michigan's birthing hospitals have joined initiatives to safely decrease pharmacological treatment of newborns, support maternal-infant dyad and prevent and/or decrease Neonatal Intensive Care Unit (NICU) length of stays. To decrease stigma and focus on prevention, RPQCs and birthing hospitals have provided clinical and community education and created educational materials for families affected by SUD. Additionally, RPQCs have leveraged innovative partnerships to co-locate services and coordinate care with Medication Assisted Treatment (MAT) providers and perinatal care providers.

The Regional Perinatal Quality Collaboratives (RPQCs) aligned with the [Michigan Alliance for Innovation in Maternal Health \(MI AIM\)](#) to decrease maternal mortality and morbidity. MI AIM has been working on the implementation of the Obstetric Hemorrhage and Severe Hypertension Patient Safety Bundles in Michigan's birth hospitals. The partnership is driving forward maternal health initiatives in southeast Michigan, specifically the metro-Detroit area. MI AIM is addressing health disparities by supporting implementation of additional patient safety bundles focusing on racial and ethnic disparities and postpartum care and safety.

To provide actionable and locally relevant joint recommendations Michigan's [Fetal Infant Mortality Review \(FIMR\)](#) and [Michigan Maternal Mortality Surveillance \(MMMS\)](#) underwent quality improvement and alignment. Both programs worked to adopt a health equity framework to address and incorporate equity into case reviews and recommendations. The FIMR Network developed a [Health Equity Toolkit](#) and MMMS released the [Maternal Deaths in Michigan Data Update](#), emphasizing racial disparities.

MDHHS has partnered with maternal infant health stakeholders to work towards zero health disparities. RPQCs have worked to increase access to implicit bias trainings statewide and assist in the creation of internal health equity policies in hospitals and other organizations serving moms and babies. MDHHS created the Maternal Infant Health, Health Equity website to provide trainings, and resources to partners in Michigan. Governor Gretchen Whitmer prioritized health equity across Michigan by: requiring all healthcare professionals to receive training to recognize and mitigate implicit bias and recognizing and addressing racism as a public health crisis, making health equity a major goal for MDHHS, and requiring implicit bias training for all State of Michigan employees.

In alignment with Michigan's work to ensure emotional and behavioral wellbeing and eliminate disparities, Child & Adolescent Health Centers and Title V have worked to ensure comprehensive screening, assessment, and treatment for children and focus on implementing bullying prevention initiatives in schools.

In an effort to capture the voices of families and strengthen partnerships, [Michigan's Safe Sleep program](#) aligned with breastfeeding initiatives to increase knowledge of best practices in monthly webinars, create and disseminate safe sleep messaging made by families, and train professionals in safe sleep, motivational interviewing and risk reduction. MDHHS is slated to release the second edition of the Michigan Breastfeeding Plan in partnership with stakeholders in early 2021.

The third annual Mother Infant Health Summit was held in September 2020. Over 650 people took part in the virtual event which focused on the root causes of systemic racism, health equity and implicit bias. The Michigan Alliance for Innovation on Maternal Health (MI AIM) hosted a national update during the Summit, discussed the continued work in Michigan to eliminate preventable maternal mortality and conducted a strategic planning session. [The Mother Infant Health & Equity Improvement Plan \(MIHEIP\) - Year One Highlights](#) document was released at the Summit, giving a brief overview of the successes in maternal infant health statewide, and acknowledging the invaluable commitment of stakeholders.

COVID RELATED WORK

Michigan's maternal infant health stakeholders worked throughout the pandemic to protect and promote the health and wellbeing of moms, babies, and families. MDHHS provided up-to-date information to stakeholders by aligning programs and ensuring Maternal Infant Health communications were distributed widely.

RPQCs worked to ensure access to care and support by adapting care models to virtual platforms (ex. Centering, Baby Cafés, prenatal care, prenatal education, and other support groups). RPQCs have championed the expansion of virtual services by adding resources on maternal infant health, smoking cessation, and SUD into existing initiatives, such as MyStrength and MiRecovery. Michigan also worked to increase access to behavioral healthcare through the release of Stay Well, a statewide telehealth resource for self-care and wellness.

The RPQCs partnered with Birthing Hospitals, Health Plans, and the Preeclampsia Foundation to provide patient education materials and blood pressure cuffs to high-risk women to improve the safety of telehealth prenatal care. While many hospitals struggled with the pandemic and quickly changing policies, Michigan's Hospital Association partnered to host weekly calls with labor and delivery units statewide to ensure quality, data-driven care was afforded to families. In addition, to decrease the impact of the pandemic on maternal health outcomes, MI AIM modified the Hemorrhage & Hypertension recommendations to address the impact on Patient Safety Bundle implementation.

Michigan's Home Visiting programs rapidly responded to policy changes in response to COVID-19. Their programs switched to virtual visits, incorporated telehealth and filled social service gaps caused by the pandemic. Along with home visiting and many other local services, Women, Infant and Children (WIC) program quickly adapted and maintained services statewide due to waivers by the USDA for remote certifications, remote service delivery and expansion of authorized foods to increase access to fruits and vegetables. WIC also implemented automated certifications and benefit extension processes during the pandemic.