

# HEALTHY MOMS HEALTHY BABIES

*In her State of the State address, the governor will be announcing her plan to ensure that Michiganders are given the care they need to have a healthy pregnancy, to combat bias against women of color amongst medical professionals, and to expand support for interventions that are proven to increase health outcomes for women and their children.*

## THE PROBLEM

Expecting Michiganders deserve to have the care they need to have a healthy pregnancy. Yet, 44% of maternal deaths in Michigan are preventable, and black women are three times more likely to die from pregnancy-related causes than white women. We must acknowledge and address health disparities, make sure all women have high-quality health care that meets their individual needs, and increase access to effective birth control.

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## THE GOVERNOR'S PLAN:

### **Update state policy to fit the needs of moms today**

- Expand health care coverage for low-income new moms to a full year after giving birth and move a woman's first postpartum visit to within three weeks, with a comprehensive visit within twelve weeks. This will help new moms work through postpartum depression and anxiety, substance use disorder treatment, challenges with breastfeeding, and other health care needs.

### **Partner with providers and universities to address health disparities**

- Create a partnership between practitioners and students to require tomorrow's doctors and nurses to be trained in implicit bias because health care providers do not always listen to a woman of color's medical concerns the same way they listen to a white woman. Dean Randolph Rasch from Michigan State University and Dr. Audrey Gregory, CEO of the Detroit Medical Center, will be leading the effort to ensure equity in outcomes for every mom and every baby.

### **Expand access to evidence-based home visiting programs**

- Michigan has a long-standing tradition of home visiting for over 20 years. Home visiting is an evidence-based intervention proven to increase health outcomes for women and babies, school readiness, family self-sufficiency, and reduce future contact with the justice system. We will connect more families with services and better address social determinates of health like housing, food security, and safety.

### **Let a woman pick birth control that works for her**

- Access to family planning and contraception is better for women's health and the health of their babies. As a part of comprehensive health care for women we will ask a woman what she wants, ensure she can get it in one visit, and provide coverage for it.

# HEALTHY MOMS QUICK HEALTHY BABIES FACTS

## Maternal Mortality

- The US has the highest maternal death rate in the developed world.
- Detroit's maternal death rate is three times the national average and pregnant black women are 4.5 times more likely to die than non-Hispanic white women.
- 44 percent of pregnancy-related deaths were preventable according to a recent analysis by the Michigan Maternal Mortality Surveillance Committee (MMMS).
- Black women are three times more likely to die from pregnancy-related causes than White women.[1]

## Infant Mortality

- The infant mortality rate in Michigan is 38th in the nation.
- Black babies are more than twice as likely to die before their first birthday than white babies.
- American Indian infants are about twice as likely to die as white infants. Hispanic families also endure a higher rate of infant mortality than white families.
- We must have a healthy mom to have a healthy baby. To improve outcomes, we must ensure that every mother is able to plan pregnancy and come to pregnancy healthy. [2]

## Mental Health

- Perinatal mood and anxiety disorders are the leading pregnancy complication in the nation.
- 1 in 7 women experience postpartum depression or anxiety.
- Half of women with a diagnosis of depression do not get the treatment they need.[3]

## Birth Control and Unintended Pregnancies:

- The CDC has estimated that over half of pregnancies for women of all ages in Michigan are unintended. In cases of unintended pregnancies, health care costs for mothers and their infants are typically higher due to the increased likelihood of entering the pregnancy while unhealthy.
- The Guttmacher Institute's 2014 analysis of the state showed that "Michigan had almost one million women aged 20 to 44 years in need of contraceptive services and supplies." [4]
- The 2017 Michigan Youth Risk Behavior Survey found that:
  - 15% of sexually active youth in the state reported not using any methods to prevent pregnancy.
  - 64% did not use a "most effective" method, such as the IUD or the implant, or a "moderately effective" method, such as the pill, shot, or others.

[1] [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_96967---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_96967---,00.html)

[2] [https://www.cdc.gov/nchs/pressroom/sosmap/infant\\_mortality\\_rates/infant\\_mortality.htm](https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm)

[3] <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

[4] <https://www.guttmacher.org/report/pregnancy-desires-and-pregnancies-state-level-estimates-2014>