MOTHER INFANT
HEALTH & EQUITY
IMPROVEMENT PLAN

Mother Infant Health and Equity Collaborative (MIHEC) Meeting

May 21, 2020

Welcome

Agenda

- Welcome
- COVID-19 Response in Maternal and Infant Health Populations
  - Clinical Impact and Perspective
  - Local Health Department Impact and Perspective
  - Community Based Organization Impact and Perspective
- Implicit Bias Exercise
- Maternal and Infant Health Partner Sharing
- MDHHS Update and Meeting Closure

COVID-19 Response in Maternal and Infant Health Populations

Clinical Impact and Perspective

Joanne Bailey, Michigan Medicine

Penny Cox, Munson Medical Center

COVID pandemic care for maternal infant health

Joanne Motino Bailey, CNM, PhD

Director, Nurse-Midwives

Michigan Medicine

Prenatal care

- Transition to virtual visits for low risk care
- Cluster care care needs

https://medicine.umich.edu/dept/obgyn/patient-care-services/prenatal-care-during-covid-19-pandemic-prenatal-patient-resources

We have developed strategies to deliver safe prenatal care for pregnant patients during the COVID-19 pandemic

Reduce in-person visits to 5:

First Week Ultrasound Visit
19-21 Week Ultrasound
28 Weeks
36 weeks
39 weeks

By clustering care around:


Exams


Tests & Vaccines


Ultrasounds

Maximize support using telemedicine:


Video visits where possible


Phone visits as an alternative

Supported by remote monitoring (checking from home):

1. Blood Pressure
2. Fetal Heart Tones
3. Weight

Use strict precautions when in-person contact is necessary:

Wait in the car for appointment

Avoid patients with symptoms

See CDC guidelines!

Alex Friedman Peahl, MD

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Social Support

Higher risk follow up

- Health care students calling to check on patients postpartum who had hypertensive disorders during labor and birth
- Health care and social work students calling postpartum to check on mood and coping

Inpatient practices

- Upon admission to hospital birth center or 2 days prior to planned procedure
  - 20-50% of patients are declining screening
- Only 1 support person during labor/birth/postpartum period, no exception for doula currently
- No access to waterbirth, nitrous
- Increased PPE usage during birth

Care management for COVID positive birth parent

- Support person stays with them
- Recommend separation from newborn with well family member identified to care for them

Maternal Infant Health & Equity Collaborative

COVID-19 Response in Maternal and Infant Health Populations

Clinical Impact and Perspective

Penny Cox, MSN, WHNP-BC; Maternity APRN

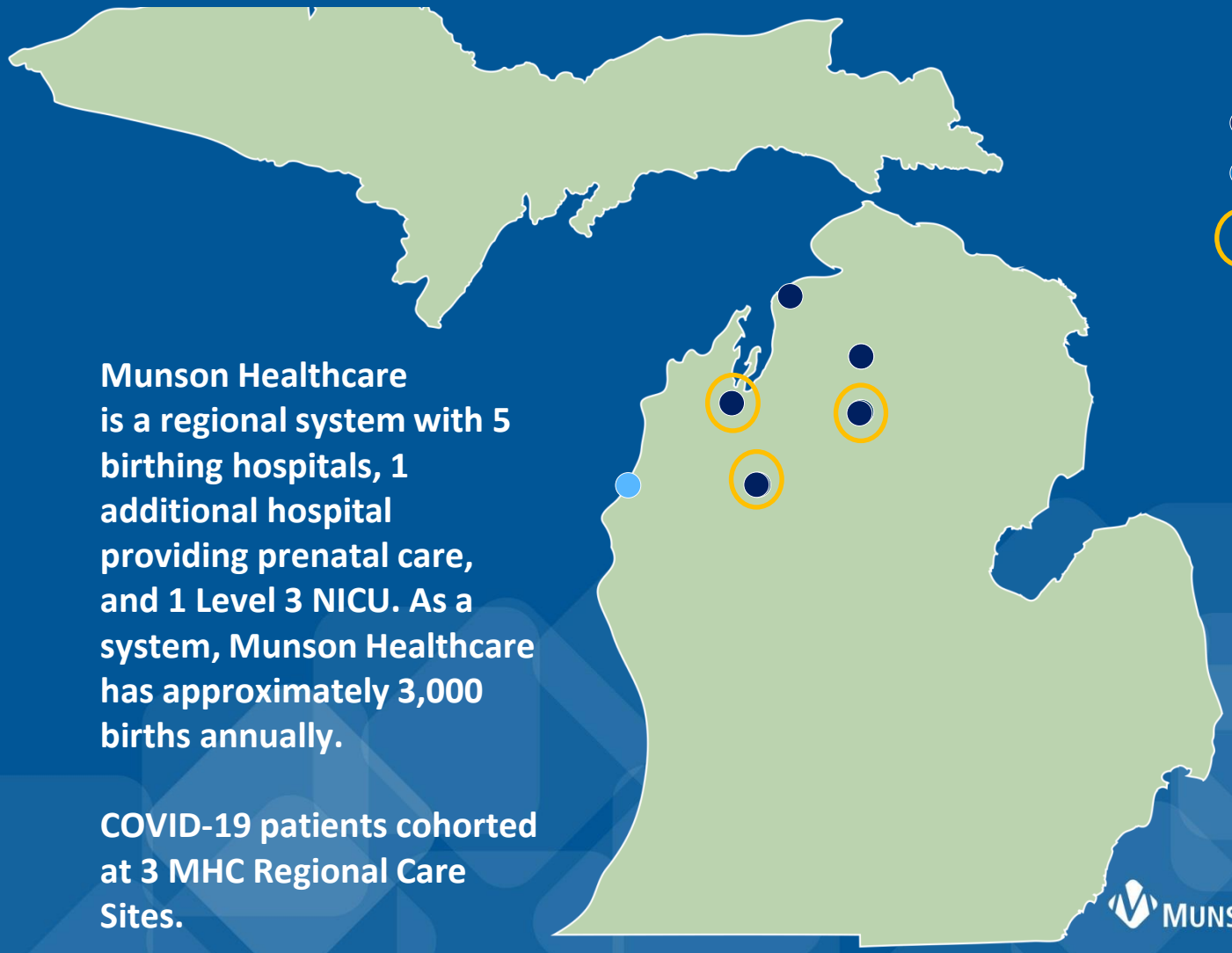
Munson Healthcare System

May 21, 2020

MUNSON HEALTHCARE

Munson Healthcare System

Regional Care Plan



Birthing Hospitals
Prenatal Care Hospital
Regional Care Sites

Munson Healthcare is a regional system with 5 birthing hospitals, 1 additional hospital providing prenatal care, and 1 Level 3 NICU. As a system, Munson Healthcare has approximately 3,000 births annually.

COVID-19 patients cohorted at 3 MHC Regional Care Sites.

MUNSON HEALTHCARE

Regional COVID Planning Calls

Regional Collaboration

- **Daily 0630 calls initially, with multidisciplinary leaders-providers, nursing, and outpatient offices**
- **Collaboration on practice changes, number of PUI/+ patients in the region**
  - As the regional OB and NICU referral center, plan for Munson Medical Center to care for critically ill pregnant patients, those less than 36 weeks, and all COVID+ pregnant patients in MHC system

MUNSON HEALTHCARE

Workflow Changes

- **Workflow algorithms developed by multidisciplinary team**
  - OB, NICU, Anesthesia, ICU, ED, Pediatrics, Pharmacy, Main OR
- **Goal to cohort all COVID patients together**
  - OB triage room in ED for PUI/+
  - Labor, delivery, and postpartum room created in COVID unit
  - Main OR COVID room
  - NICU isolation room
- **Maternity COVID carts created to have rapid access to supplies and medications**
- **Visitor limitations – 1 support person**

MUNSON HEALTHCARE

Team Preparation

Multidisciplinary

- **Drills**
- **Unit walk-throughs**

MUNSON HEALTHCARE

Keeping the Patient at the Center

Our Why

They couldn't have made this experience any better for me. The love and compassion they showed me was nothing short of amazing! They became my family when I couldn't have my own there to support me in one of the scariest moments of my life. I have the upmost respect for these amazing people!

MUNSON HEALTHCARE

Local Health Department Impact and Perspective

Joann Hoganson, Kent County Health Department

Safe Start Pilot

A collaboration between the Kent County Health Department Maternal Infant Health Program and the Michigan Department of Health and Human Services

History:

- For many years leadership at MDHHS and KCHD have understood the benefit of collaboration between the two agencies to facilitate early enrollment in MIHP and WIC services.

- Safe Start Pilot planning meeting - January 31, 2020
  - DHS case worker assigned a caseload focusing on pregnant women
  - Under the same roof-Two days per week MIHP staff available for warm hand-off from case worker at Sheldon Complex
  - Enrollment in Medicaid and MIHP on the same day

- Plan in motion - March 31, 2020

Objectives:

- MIHP is an evidence based home visiting program, proven to improve birth outcomes when a beneficiary is enrolled in the first 2 trimesters and has at least three additional face to face prenatal contacts
  - Enroll women early in pregnancy to maximize number of home visits during pregnancy
- Create a partnership with the MIHP beneficiary, MIHP home visitors, and a DHS case worker to address the social influences of health
  - Care coordination
  - Evidence based interventions
  - Access to health care
  - Social and community resources

Data:

- # of enrollments in MIHP and WIC
- # of visits per enrolled client
- Re-evaluate after 3 and 6 months

- Challenge: how has Covid-19 influenced data?
  - # of visits
  - Outcomes of phone vs. face to face visits

Maternal enrollments

	2018	2019	2020
January	36	19	26
February	37	35	30
March	34	36	35 (Pilot-2)
April	21	38	49 (Pilot-33)
May	31	39	
June	27	29	
July	24	30	
August	41	27	
September	27	16	
October	28	25	
November	27	18	
December	16	25	
Monthly average:	**29**	**28**	**35**

Referral source for enrollments by month

2020	January	February	March	April
Pilot	-	-	2	33
WIC	16	14	20	6
MIHP-self	6	8	5	7
Medicaid Health Plan	5	4	7	2
MD office	3	1	2	
CPS		2	1	
Strong Beginnings		1		
BCC		1		
Pregnancy Resource Center		1		
ALC			1	1
Total:	**30 (4 enrollments with 2 referrals)**	**32 (2 enrollments with 2 referrals)**	**38 (3 enrollments with 2 referrals)**	**49**

Responses from Staff and Beneficiaries

- From MIHP staff
  - DHS case worker, Teya, very nice to work with and helpful
  - What is the best time of day for this work? Is 8:30 in the morning too early?
  - Feel bad enrolling clients and not being able to give them our usual level of services
- From DHS case worker
  - Clients are very excited to be enrolled
  - Clients like the nurses attitude when they speak with them
  - I would like to add when I went out Job shadowing with the nurse she made the client feel so safe to speak with her about anything and also was so down to earth with the client and handle each baby with special care

Lessons learned

- Flexibility is key
  - Warm handoff via phone instead of face-to-face
  - Telephone visits vs. in the home

- Staff
  - Dedicated staff get the job done despite heavy workload related to Covid-19
  - Make a difference for clients despite challenges

Community Based Organization Impact and Perspective

Kiddada Green, Black Mother's Breastfeeding Association

Debbie Aldridge, Healthy Futures

Community Perspective - COVID-19

BMBFA®
BLACK MOTHERS' BREASTFEEDING ASSOCIATION

Kiddada Green,
Founding Executive Director

KiddadaG@BMBFA.org www.BMBFA.org

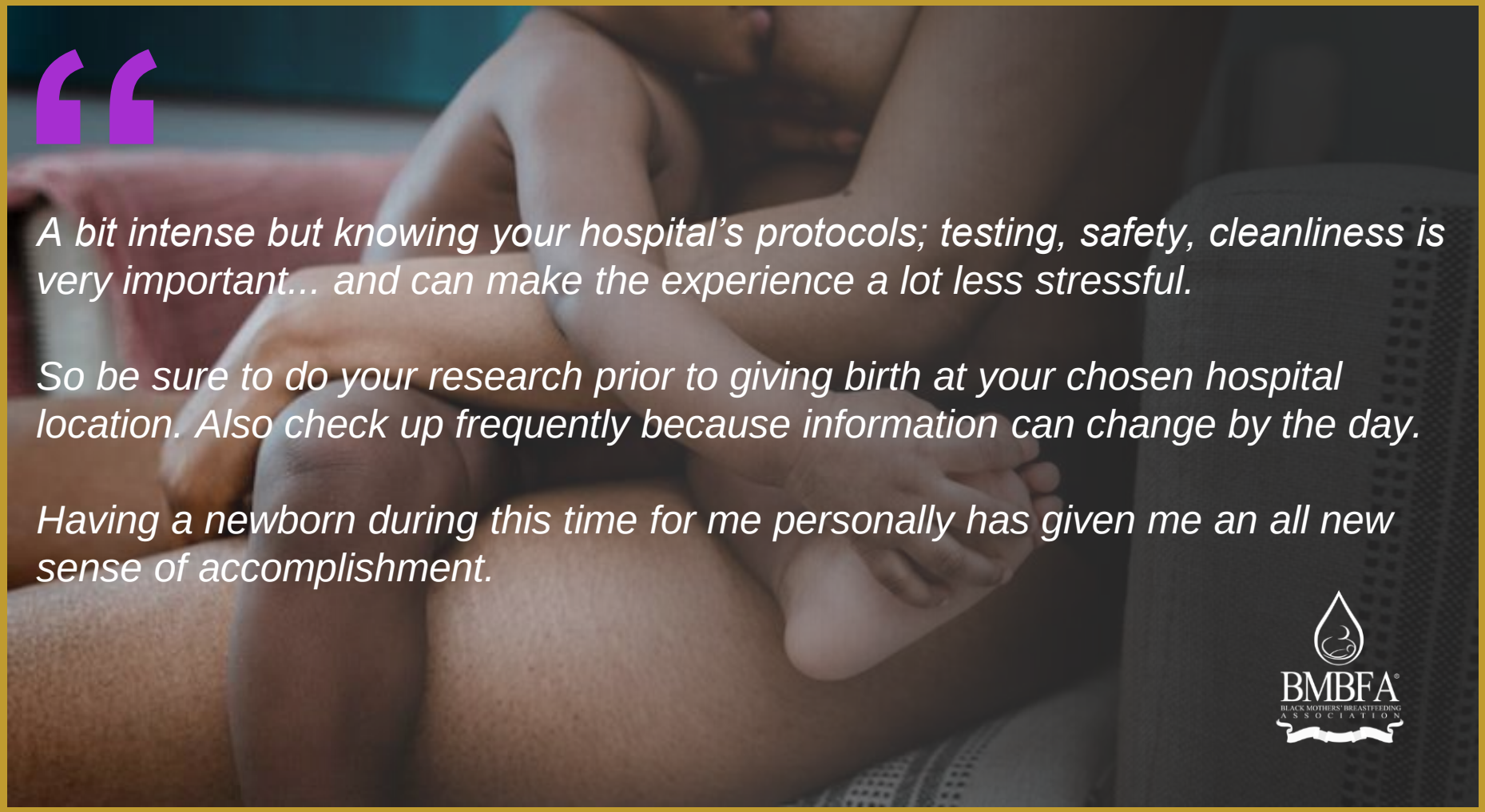
COVID-19

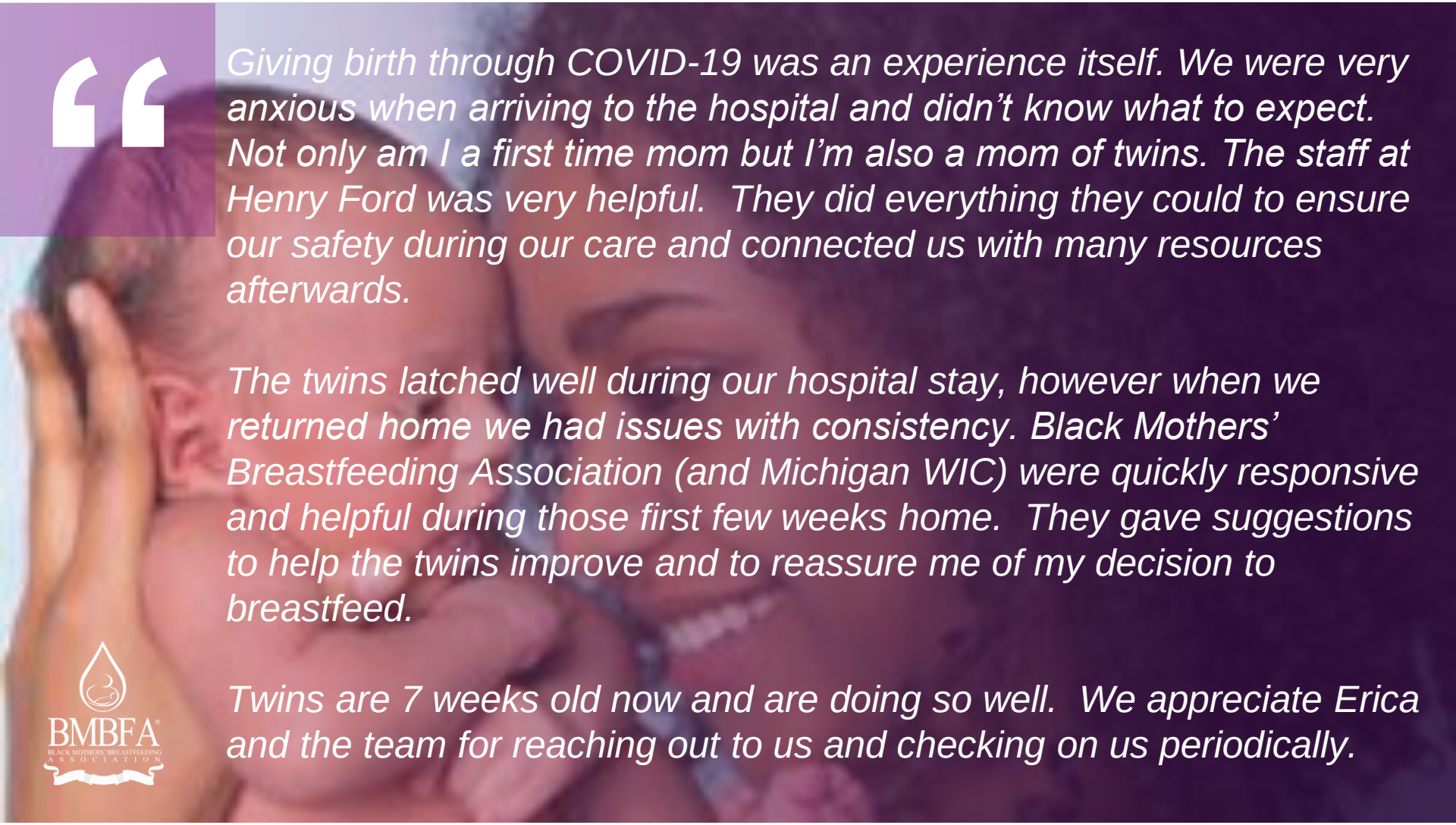
Birthing
Pregnant
Newborn
Working
Breastfeeding
Homeschooling

My experience with this has been pretty steady, actually. I've had support along the way to take my mind off all the stress & anxiety this pandemic has brought. I feel alright about giving birth in a hospital setting, as long as the staff is 'my staff' not running around tending to others.

My first day working from home was long and boring. My job wants me to go into the office once a week, but I don't have a (baby)sitter and I don't know who has been exposed to COVID 19. My husband works 4 days a week, so I guess I'll just call in (on) the days (that) he works.


“
In my opinion, beyond basic precautions as in making sure I wash my hands, making sure I take off my uniform and keep my children away from things that have been exposed to outside atmospheres; working and homeschooling during the covid-19 crisis has just been normal challenges that occur with taking on multiple hats as a working mother and as a homeschooling mother.
BMBFA
BLACK MOTHERS' BREASTFEEDING ASSOCIATION


“
A bit intense but knowing your hospital’s protocols; testing, safety, cleanliness is very important... and can make the experience a lot less stressful.
So be sure to do your research prior to giving birth at your chosen hospital location. Also check up frequently because information can change by the day.
Having a newborn during this time for me personally has given me an all new sense of accomplishment.
BMBFA
BLACK MOTHERS' BREASTFEEDING ASSOCIATION



Giving birth through COVID-19 was an experience itself. We were very anxious when arriving to the hospital and didn't know what to expect. Not only am I a first time mom but I'm also a mom of twins. The staff at Henry Ford was very helpful. They did everything they could to ensure our safety during our care and connected us with many resources afterwards.

The twins latched well during our hospital stay, however when we returned home we had issues with consistency. Black Mothers' Breastfeeding Association (and Michigan WIC) were quickly responsive and helpful during those first few weeks home. They gave suggestions to help the twins improve and to reassure me of my decision to breastfeed.

Twins are 7 weeks old now and are doing so well. We appreciate Erica and the team for reaching out to us and checking on us periodically.

BMBFA
BLACK MOTHERS' BREASTFEEDING ASSOCIATION

Other comments

- Homeschooling and pregnant/newborn is difficult due to illness
- Worried about different staff in and out of the room
- COVID-19 testing while laboring and after birth
- Housing instability

Breastfeeding if you have COVID-19

Copied directly from https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html

- Breast milk provides protection against many illnesses and is the best source of nutrition for most infants. Learn more about breastfeeding.
- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding.
- We do not know for sure if mothers with COVID-19 can spread the virus to babies in their breast milk, but the limited data available suggest this is not likely.
- If you have COVID-19 and choose to breastfeed:
  - Wear a cloth face covering while breastfeeding and wash your hands before each feeding.
- If you have COVID-19 and choose to express breast milk:
  - Use a dedicated breast pump.
  - Wear a cloth face covering during expression and wash your hands before touching any pump or bottle parts and before expressing breast milk.
  - Follow recommendations for proper pump cleaning [Español] after each use, cleaning all parts that come into contact with breast milk.
  - If possible, expressed breast milk should be fed to the infant by a healthy caregiver who does not have COVID-19, is not at high-risk for severe illness from COVID-19, and is living in the same home.

THANK YOU

Kiddada Green
Executive Director
KiddadaG@BMBFA.org

HEALTHY FUTURES
COVID-19 RESPONSE

MIHEC
May 21,2020

Debbie Aldridge RN
Healthy Futures Coordinator

Challenges

healthy futures

- HF hospital visits at MMC stopped when visitor restriction initiated.
- Stopped most routine post partum newborn home visits.
- Staffing challenges with nurses pulled for COVID response at local health depts.
- Data collection based on paper and faxing was not efficient with many staff working at home.
- Many anxious pregnant moms with concerns about what the labor and delivery experience will be like at the hospital with the PPE requirements and visitor restrictions.
- Enrollment in HF program decreasing.

Successes

- Collaboration with pediatricians to continue home visits for most vulnerable or at risk babies.
- Became more comfortable using video technology with moms for breastfeeding help and other creative ways to offer support.
- Diapers and formula resources located with many baby pantries closed.
- Started using a secure portal for some electronic data collection.
- Able to provide moms with accurate information about COVID-19 during contacts and with social media.
- Working to promote the online enrollment in program.

Implicit Bias Exercise

Facilitated by Michigan Public Health Institute

UNCONSCIOUS BIAS AND MATERNAL CHILD HEALTH

ELON GEFFRARD, BS, CLC

MAY 21, 2020

DEFINING UNCONSCIOUS BIAS

Attitudes or stereotypes that affect our understanding, actions, and decisions; unconsciously.

Our biases are beliefs activated involuntarily without our awareness or voluntary control. Bias itself can be positive or negative

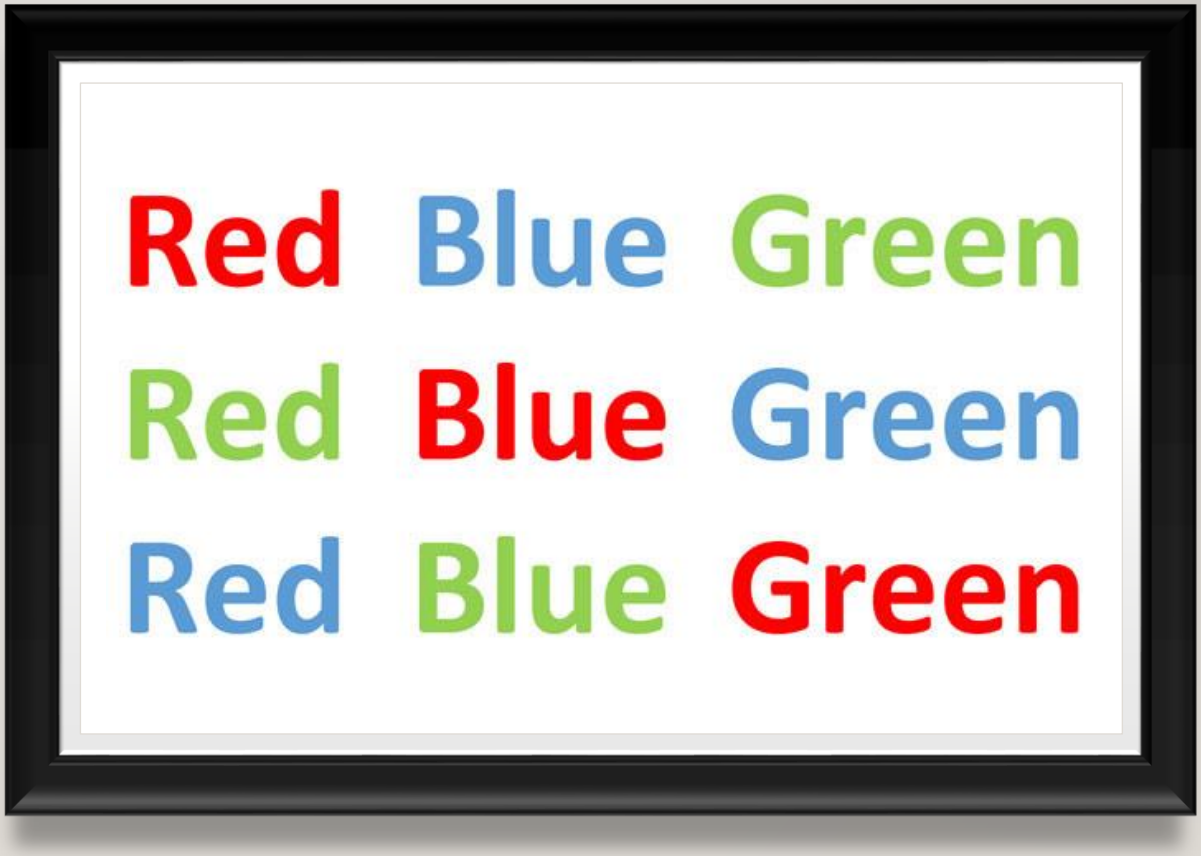
Kirwan Institute

A QUICK EXERCISE IN UNCONSCIOUS BIAS: COGNITIVE SHORT CUTS

"If you can raed tihs praapragh, it's bcsecuae our mnids are vrey good at ptuting tgoehter peiecs of ifnroamtoin in a way taht is esay for us to make snese of. Our mnids do tihs atoumtaicllay, whituot our cosncoius cotnrol."

A QUICK EXERCISE IN UNCONSCIOUS BIAS:

COGNITIVE SHORT CUTS



SOCIALIZED COGNITIVE SHORTCUTS

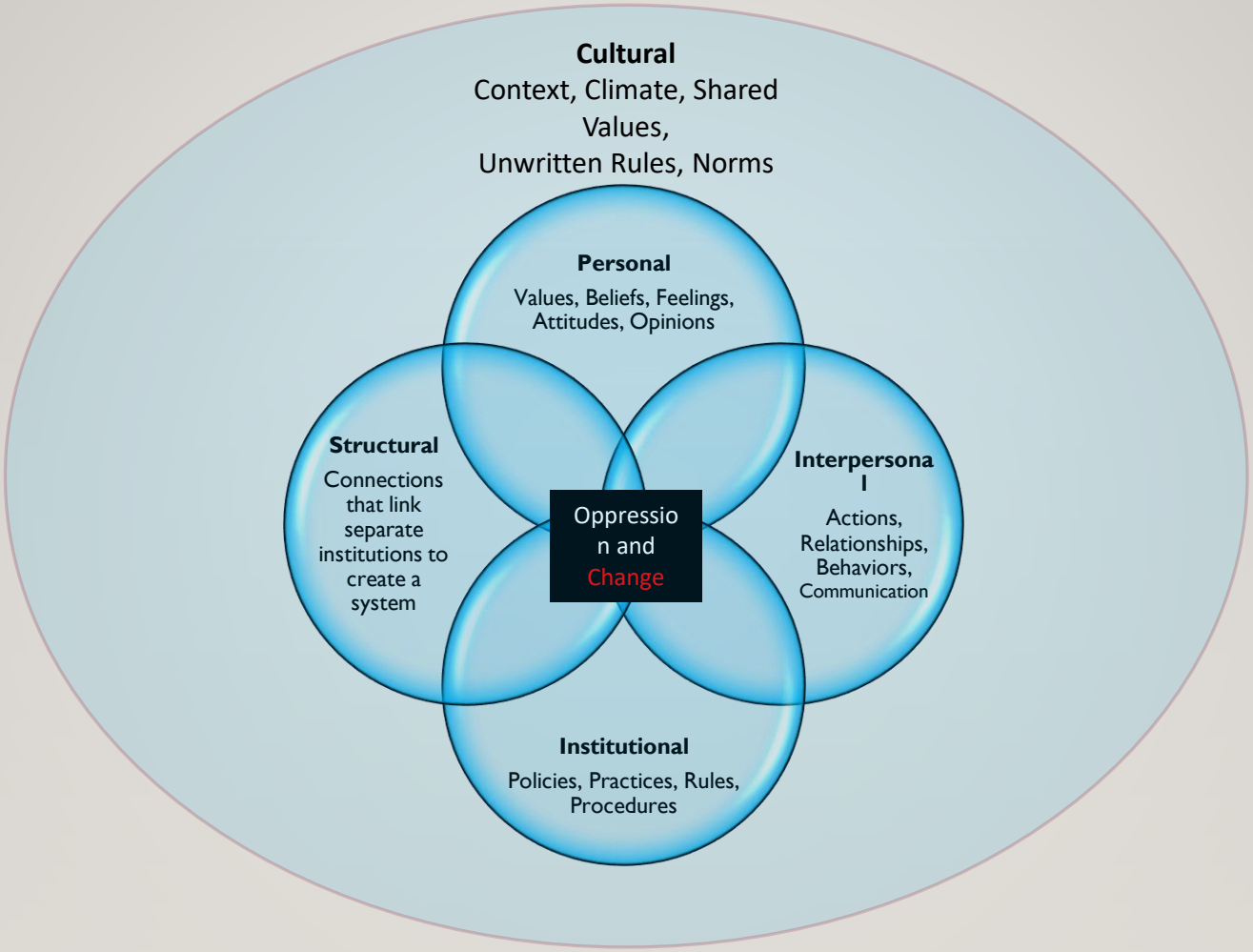
WHERE DO OUR UNCONSCIOUS BIASES COME FROM?

- Historical Context (e.g. eugenics--belief that White people were genetically superior to other racial groups; curricula taught at all levels that reinforced stereotypical notions of racial groups and their treatment.
- Policies, written and unwritten, at institutional levels that reinforce racist, patriarchal, and classist ideologies.
- Dominant Narratives (e.g. the narrative that fat people are unhealthy people)

DEFINING OPPRESSION AND ITS ROOT CAUSES

Oppression-- When a group of people, typically connected by a dimension of shared social identity, is prevented from having ***just*** opportunities, freedom, and potential as a result of a misuse, abuse, and/or imbalance of power.

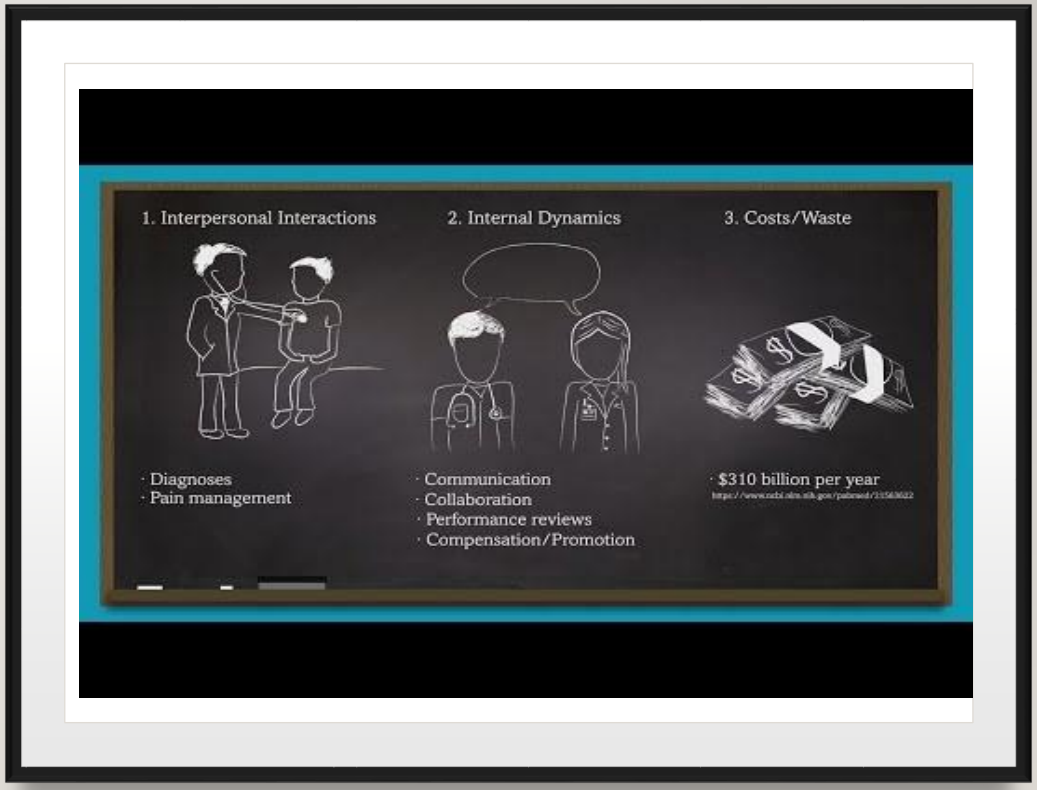
Oppression is rooted in **Racism, Gender Exploitation and Discrimination, and Classism.** These are not the only means of oppressing the identities of groups, however these are historically rooted in how people are rooted in the U.S.


Cultural
Context, Climate, Shared Values,
Unwritten Rules, Norms
Personal
Values, Beliefs, Feelings, Attitudes, Opinions
Structural
Connections that link separate institutions to create a system
Interpersonal
Actions, Relationships, Behaviors, Communication
Oppression and Change
Institutional
Policies, Practices, Rules, Procedures

UNCONSCIOUS BIAS'S IMPACTS ON PERINATAL CARE

Melissa identifies as a Native American woman and is a first time mom who weighs 250 lbs. she meets with her home visitor and a large part of the visit is spent asking Melissa questions about her eating habits and physical activity. Melissa says that she eats well and takes a walk daily if the weather permits. Melissa's home visitor makes a note in her chart that she suspects client seems high risk for gestational diabetes due to weight and race.

UNCONSCIOUS BIAS AND CARE DISPARITY



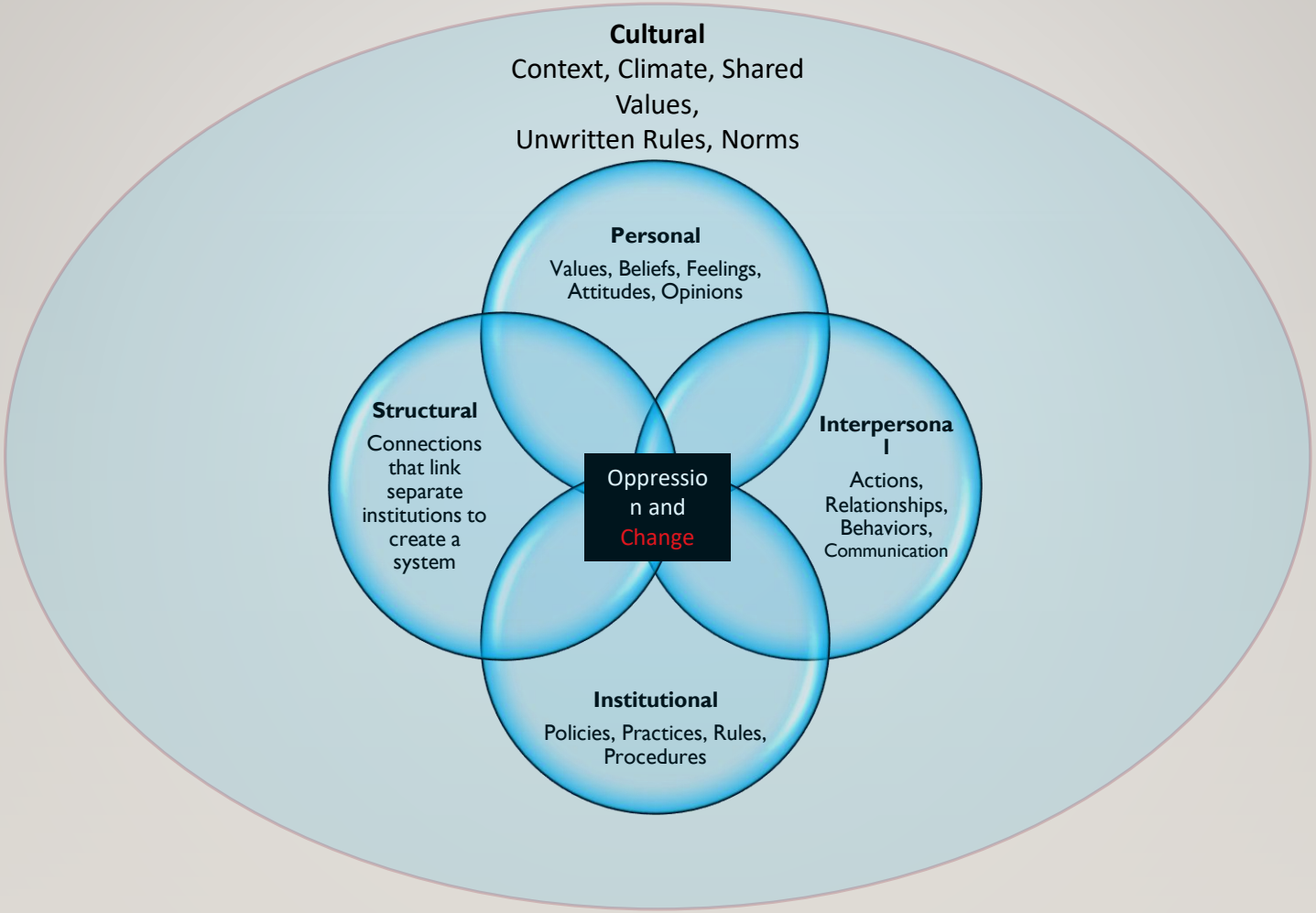
ELEMENTS OF OPTIMAL PERINATAL CARE

Personal: Moving from empowerment to acknowledgment of a person's personal efficacy.

Interpersonal: Collaborative and collective decision making with clients.

Institutional: Re-imagining how care is provided; not just tweaking what's always been.

Cultural: Changing the narrative; lifting up stories that counter the dominant messages we've always received.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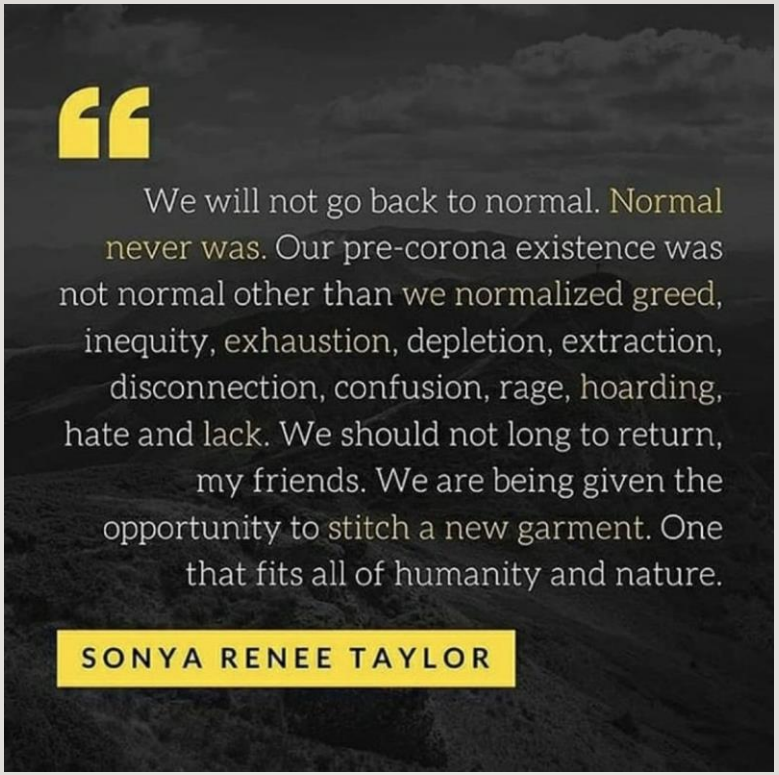
MITIGATING BIAS: DOING OUR OWN WORK

- Learn about our own biases; Project Implicit-Harvard University (IAT)
- Paying attention to what we are exposed to and what information we take in that may confirm our stereotypes.
- Address broad policies or practices that are subject to individual interpretation.
- Acknowledging our own biases (both positive and negative).
- Pausing and attending to moments of bias and those quick mental shortcuts.
- Be intentional about diversifying our experiences and interactions with others not a part of our "in" groups.


We will not go back to normal. Normal never was. Our pre-corona existence was not normal other than we normalized greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.
SONYA RENEE TAYLOR

THANK YOU

Elon Geffrard, BS, CLC

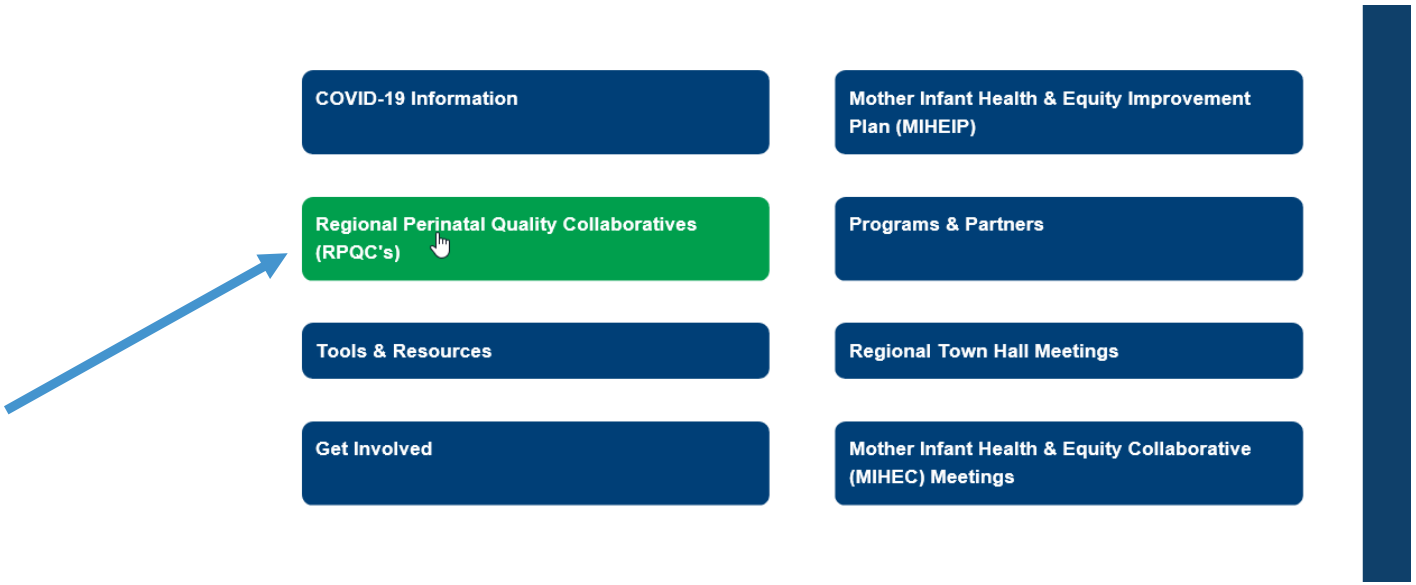
Maternal Infant Health Equity Consultant
–Michigan Public Health Institute

For more resources contact:
egeffrar@mphi.org

Maternal and Infant Health Partner Sharing

Regional Perinatal Quality Collaborative Updates

- Please see www.Michigan.gov/MIHEIP for the posted updates from Regions These updates will be found under the RPQC page within their respective Region's 'tab'



MDHHS Updates and Meeting Closure

Save the Date

2020 MIHEC Schedule

Registration is required

August 20, 2020 – Traverse City (tentative)

November 12, 2020 –Oakland County (tentative)

Maternal Infant Health Summit

Will be by **virtual access** on **September 22 & 23, 2020**

Visit https://mihealthsummit.com/ for more information

MOTHER INFANT HEALTH & EQUITY IMPROVEMENT PLAN

2020-2023

TOGETHER, SAVING LIVES

Thank You!

Michigan.gov/MIHEIP