

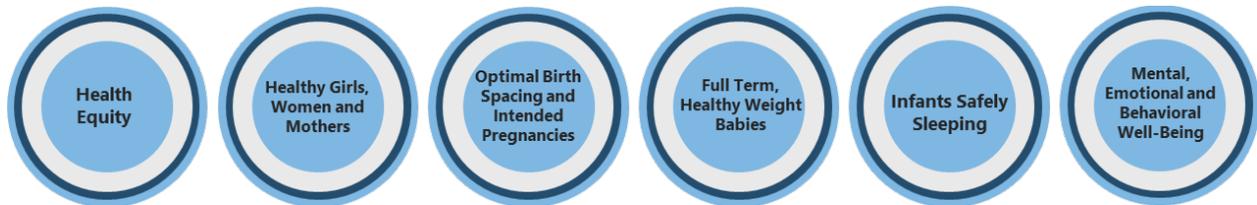
MOTHER INFANT HEALTH & EQUITY IMPROVEMENT PLAN

Year One Highlights-2020

The Michigan Department of Health and Human Services (MDHHS) is proud to support the [Mother Infant Health & Equity Improvement Plan \(MIHEIP\)](#). The plan outlines Michigan’s commitment to improving maternal and infant health.



During the last year, many successes have improved the lives of mothers, infants and families in Michigan. Maternal infant health stakeholders work on expansive and diverse efforts statewide. Therefore, it is not possible to capture every achievement. This update is intended to highlight successes and acknowledge the invaluable commitment of stakeholders. Together we can achieve the vision of **zero preventable deaths and zero health disparities**.



By 2023, Michigan’s goal is to improve the infant mortality Black/White ratio by 15 percent to achieve a ratio of 2.3 Black infant deaths for every one White infant death¹.

Indicators	2017 Metric	2018 Metric	2023 Goal	Improvement Expected
Infant Mortality Rate/1,000 live births	6.8	6.6	5.8	15%
Low Birthweight	8.8%	8.5%	7.8%	11%
Preterm Birth	10.2%	10.0%	9.4%	8%
Sleep Related Infant Death Rate/10,000 live births	8.9*	12.4*	7.6	14%
Severe Maternal Morbidity Rate/10,000 delivery hospitalizations	169	176	130	23%
Pregnancy Related Maternal Mortality Ratio/100,000 live births	11.5 (2016 data)	(2017 data not available)	7.3**	37%

*Vital Records (VR) data were used in place of SUID Case Registry data to match with the HP2020 goal for this indicator. **A 2022 goal of 7.3 was used in the regression model for this indicator as it is the current pregnancy-related maternal mortality rate for California and Canada. Methodology The most recent four to five year of indicator data, along with the HP2020 goal (when available), were modeled to obtain annual projections for each of the MIHEIP indicators listed below. Ordinary least squares (linear) regression models were used to calculate projected annual objectives when current estimates were within an acceptable range (0.2 – 0.8) and projected estimates did not surpass 100 percent or in cases where numerators and denominators were not available. Log-binomial models were used to calculate projected annual estimates when current estimates were outside the acceptable range for OLS and numerators and denominators were available.

Establishing and Strengthening Partnerships

Regional Perinatal Quality Collaboratives (RPQCs) of Michigan implemented strategies to address the social determinants of health and equity and engaged diverse stakeholders and partners to address pressing maternal and infant health challenges. **The Michigan Perinatal Quality Collaborative (PQC)**, under which the Regional Perinatal Quality Collaboratives are located, has been recognized as an active **State Perinatal Quality Collaborative** by the Centers for Disease Control and Prevention (CDC).

Michigan Doulas, midwives and birth workers have worked to build strong partnerships statewide to increase access to enhanced care coordination models, inclusive of Community Health Workers (CHWs) and Doulas.

Fetal Infant Mortality Review (FIMR) and **Michigan Maternal Mortality Surveillance (MMMS)** underwent quality Improvement and alignment, to provide actionable and locally relevant joint recommendations.

Advancing Equity

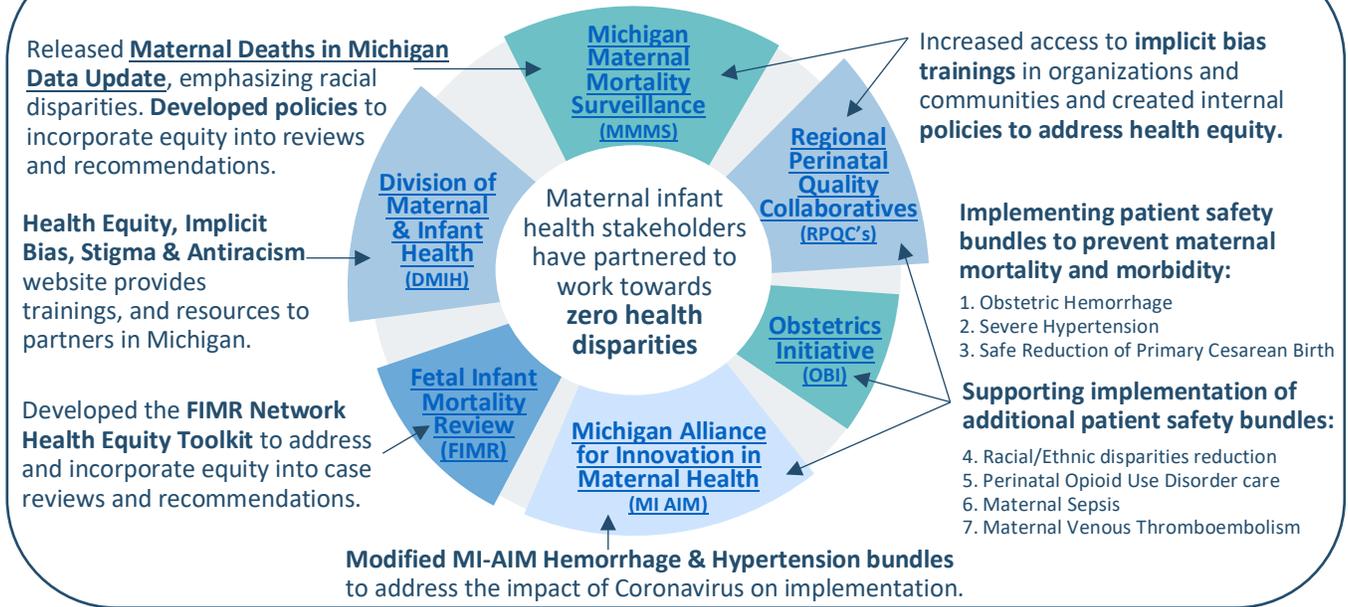
Governor Gretchen Whitmer prioritized health equity and elevated Black voices across Michigan:

Requiring all health care professionals to receive training to recognize and mitigate implicit bias. ([Executive Directive 2020-7](#))

Recognized and addressed racism as a public health crisis, making health equity a major goal for MDHHS, and required implicit bias training for all State of Michigan employees. ([Executive Directive 2020-9](#))

Created the Black Leadership Advisory Council to elevate Michigan’s Black leaders and representatives. ([Executive Order 2020-163](#))

Michigan's maternal infant health partners are working to advance equity.



Michigan Public Health Institute (MPHI) Achieving Birth Equity through Systems Transformation (ABEST) project, together with partners, Inter-Tribal Council of Michigan Asabike Coalition and Berrien County Health Department Raising Up Healthy Babies Task Force, seeks to disrupt inequities in maternal and infant health by addressing root causes of mortality through systems change.

Healthy Girls, Women & Mothers

2020 State of the State address: Governor Whitmer recommended expanding access to evidence-based home visiting services. This decision was backed by stakeholders statewide.

The Maternal Infant Health Program (MIHP) overhauled its certification review process to focus on increasing quality of MIHP. Data collection and trainings have been modified to promote best practice.

MIHP programs rapidly responded to policy changes in response to the coronavirus: They switched to virtual visits, incorporated telehealth and filled social service gaps caused by the pandemic.

RPQCs increase enrollment in home visiting programs by enhancing referral processes. For example, the Kent County Health Department Maternal Infant Health Program partnered with Kent County Department of Health and Human Services (DHHS) to provide onsite MIHP representative for 'warm hand-off' and linkage to services.

The Governor's Advisory Group on Home Visiting and Early Childhood Services created guidelines to safely restart in-person visits for home visiting, childcare and schools.

WIC quickly adapted and maintained services statewide due to waivers by the USDA for remote certifications, remote service delivery and expansion of authorized foods, increasing access to fruits and vegetables. WIC implemented automated certifications and benefit extension processes during the coronavirus pandemic.

RPQCs worked to ensure access to care and support during the coronavirus pandemic by adapting care models to virtual platforms (ex. Centering, Baby Café's, prenatal care, prenatal education, and other support groups).

To improve safety of telehealth prenatal care, RPQCs partnered with Birthing Hospitals, Health Plans, and the Preeclampsia Foundation to provide patient education materials and blood pressure cuffs to high risk women.

Optimal Birth Spacing & Intended Pregnancies

2020 State of the State address, Michigan renewed its commitment to providing access to family planning and contraceptive services as a part of comprehensive health care for women.

Increased Access to Reproductive Health Services through Title X, by successfully adding new locations: Detroit Health Department's teen focused Hutzel clinic, the Washtenaw County Health Department, and Honor Community Health's Baldwin and Family Medicine clinics in Oakland County.

During the coronavirus pandemic, Title X Family Planning services adapted to change by offering drive through contraceptive access and an online condom distribution service to increase access.

Increasing access to comprehensive Reproductive Life planning by training MIHP agencies on effective methods of providing with MIHP on-staff training regarding patient-centered reproductive goals and counseling.

Prenatal Care

Home Visiting

Reproductive Health

Full Term, Healthy Weight Babies

RPQCs increased access to tobacco cessation intervention in waiting rooms at providers' offices, and in client's homes with the assistance of home visitors.

Make Your Date-Detroit, a Wayne State University Program, is encouraging cervical length screening and use of vaginal progesterone as best practices to reduce preterm birth.

Infants Safely Sleeping

Partnered with **Greater Detroit Area Health Council (GDAC)** and **Inter-Tribal Council** to create and disseminate safe sleep messaging.

Released the **Second Edition of the State Breastfeeding Plan**.

Partnered with stakeholders on **Black Breastfeeding Week**, screening of chocolate milk and virtual outreach.

Black Mothers Breastfeeding Association (BMBFA) partnership to hold breastfeeding groups at Focus: HOPE of Detroit.



Support lactation services and decreasing barriers to breastfeeding; a protective factor in reducing sleep-related deaths.

WIC Breastfeeding Warmline open 7 days a week to support breastfeeding and education.

586 professionals completed online course: **Helping Families Practice Safe Sleep**.

22 motivational interviewing trainings for **531 participants**, to address safe sleep risk reduction when working with families.

Michigan Breastfeeding Network leveraged partnerships to increase knowledge of best practices in monthly webinars.

Mental Emotional & Behavioral Well-Being: Innovation in Action

Increased access to behavioral healthcare through the release of **Stay Well**, a statewide telehealth resource for self-care and wellness. **RPQCs have championed the expansion of virtual services** by adding PSUD resources, smoking cessation and maternal infant health to existing initiatives, such as **MyStrength** and **MiRecovery**.

Expanding, Enhancing Emotional Health (E3) funded 71 sites to ensure Child & Adolescent Health Centers have access to mental health therapists providing comprehensive screening, assessment, and treatment for children ages 5-21 years with mild to moderate severity of need.

Title V state plan focus on implementing bullying prevention initiatives in schools: Creating safe schools for LGBTQ students via social emotional health education and providing guidance on state laws and model policies.

Michigan prioritized the implementation and expansion of universal screening for Substance Use Disorder (SUD), utilizing innovative methods such as telehealth and electronic screening.

High Touch, High Tech (HT2), an electronic SUD screening tool, is offered in the waiting room and includes brief intervention and community referrals.

Expanding services through innovative public-private partnerships with RPQCs, communities and healthcare providers.

HT2 is currently implemented in five clinics: In Mid-Michigan and Northern Michigan, with plans for expansion.

RPQCs have ensured that 3,270 pregnant women were screened through an electronic screening tool or through hard-copy screening methods.

Increasing access to healthcare by co-locating services and building meaningful partnerships to coordinate care. Including innovative partnerships with Medication Assisted Treatment (MAT) providers and prenatal or postpartum care.

MAT providers have moved to telehealth visits due to the pandemic. This has increased utilization and retention of services and decreased no-shows.

To decrease stigma and focus on prevention, RPQCs and birthing hospitals have partnered to provide clinical and community SUD/NAS education and expand access to education on Trauma Informed Care and ACEs.

Providing quality care for families impacted by neonatal abstinence syndrome (NAS).

Implementing rooming-in models of care for substance exposed infants: Several Michigan birthing hospitals have joined this initiative to safely decrease pharmacological treatment of newborns, support maternal-infant dyad and prevent unnecessary Neonatal Intensive Care Unit (NICU) stays.

War Memorial Hospital in Sault Ste Marie began the process to implement rooming-in, supported through funding from the Blue Cross Blue Shield Foundation.

RPQCs are improving care for families with SUD by creating educational materials, such as what to expect with CPS involvement, how to navigate the NICU, MAT and breastfeeding care, and more.

To view the MIHEIP and learn more about Maternal Infant Health programs and updates, please visit: Michigan.gov/MIHEIP.

