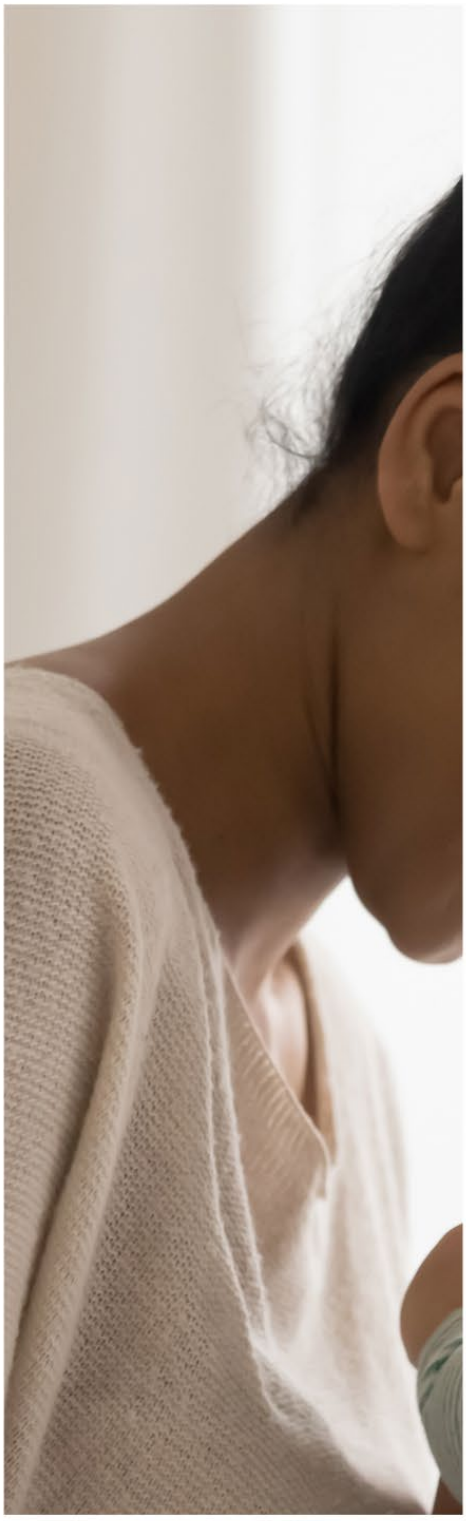

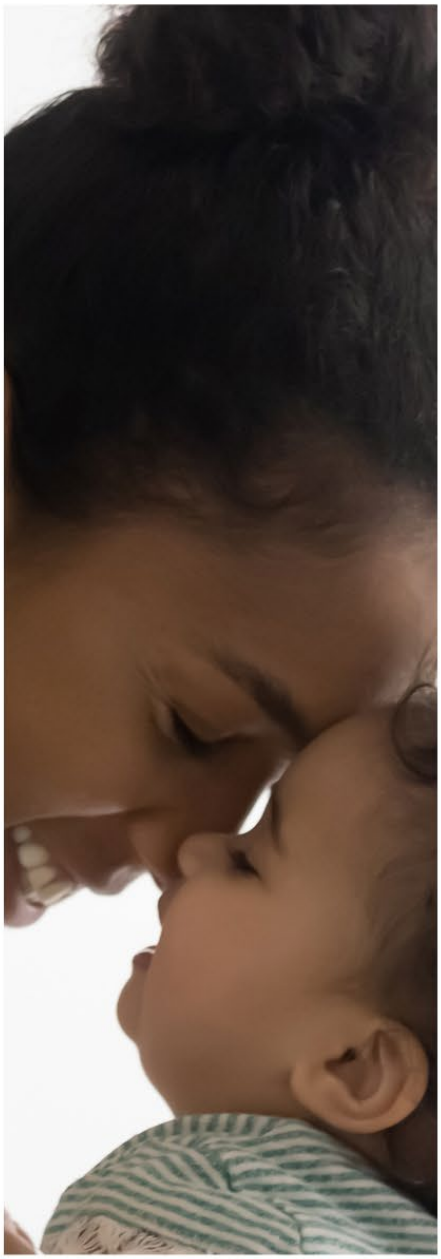

2024-2028

ADVANCING HEALTHY BIRTHS

AN EQUITY PLAN FOR MICHIGAN FAMILIES & COMMUNITIES

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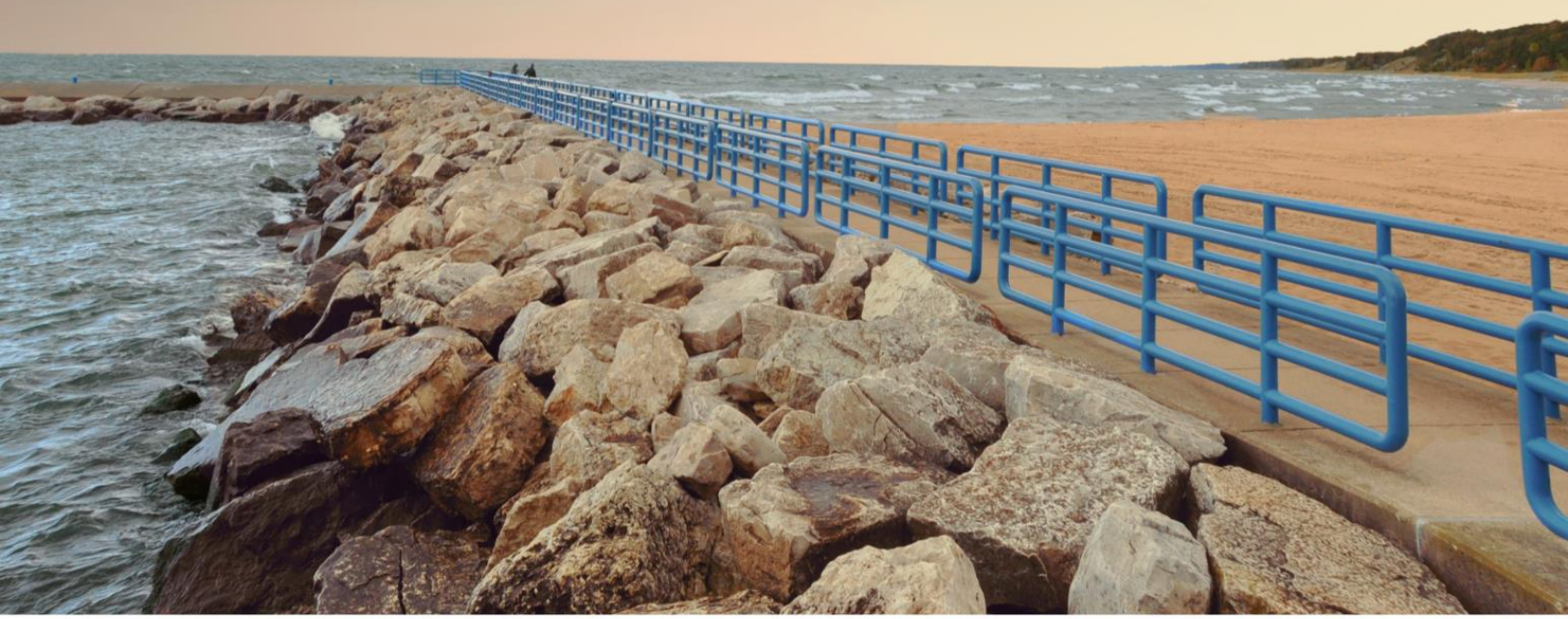


INTRODUCTION & OVERVIEW

Michigan is a unique state with two peninsulas and a history full of diversity, innovation, and leadership. Some of Michigan's notable achievements include the Motown music genre, significant automobile advancements, the construction of the first international tunnel, and the creation of the first concrete road in America.

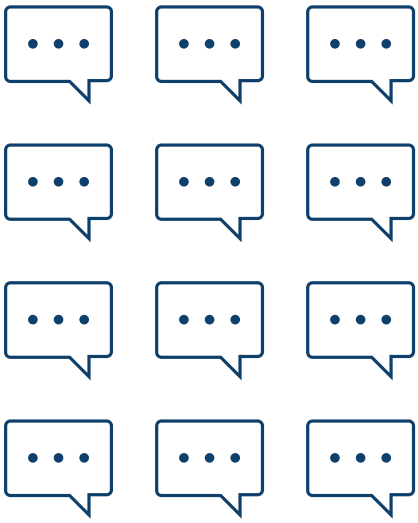
Michigan also has a history of health disparities, where some have better health than others due to unfair and avoidable differences in opportunities and resources. However, inspired by the voices of people across our state, Michigan has taken steps to address the root causes of inequities and pursue systemic changes.

Many of these actions have taken place because of the *Mother Infant Health & Equity Improvement Plan (2020 – 2023)* which was released in the fall of 2019 and will be highlighted in the next several pages.

***Advancing Healthy Births: An Equity Plan for Michigan Families and Communities (2024 – 2028)* is a next step in working towards an equitable Michigan and requires action from all of us.**

Only in listening to Michigan families as experts on their lives and their communities will our goal of zero preventable deaths and zero health disparities be achieved – an equitable Michigan that all birthing people deserve.

12 TOWN HALL DISCUSSIONS



Hosted by Regional Perinatal Quality Collaboratives

Michigan families and communities were consulted as content experts for this document. Their lived experiences, thoughtful insights, and creative ideas are key to improving health in our state.

Twelve Town Hall-style discussions were hosted by the Regional Perinatal Quality Collaboratives and held in communities throughout Michigan. Community members provided insight into what was going well in their communities and what barriers prevented families and babies from being as healthy as possible.

BIRTH EQUITY

Birth equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.[1]

The previous version of this plan titled *Mother Infant Health & Equity Improvement Plan (2020 – 2023)* included health equity as a priority area with five specific action items that the state government committed to addressing. All five action items have since been completed or have an ongoing plan. To eliminate health inequities and reach birth equity, we must address the social determinants of health and the historical and present ways that oppression operates in systems.

Therefore, this plan does not have a standalone priority for health equity. Equity is the framework that guides and informs all the recommended actions.

RECENT ACHIEVEMENTS

01 **Eat, sleep, console, and rooming-in programs:** Five Michigan Regions (1, 2, 3, 5, and 6), partnered with birthing hospitals to provide evidence-based care for infants, who were born substance-exposed. This has drastically decreased the number of infants who require pharmacological treatment for opioid exposure.

02 **Doula services eligible for Medicaid reimbursement (since January 2023).**

03 **Medicaid coverage extended for full 12-month postpartum period** as part of Governor Whitmer's Healthy Moms, Healthy Babies initiative.

04 **Michigan maternal mortality surveillance recommendations workgroup was formed** to put into action the recommendations from Michigan's Maternal Mortality Review Committee to reduce maternal deaths in the state.

05 **Online course, *Breastfeeding For Professionals Working with Families,*** was created to provide Michigan professionals with tools to support a culture of breastfeeding.

06 **Infant safe sleep certification program for Emergency Medical Services (EMS) agencies and fire departments** has certified 13 departments in the state of Michigan to provide safe sleep and community resource education for EMS providers and firefighters.

07 **New licensing rules requiring implicit bias training for health care providers.**

08 **Increasing access to grief and bereavement support** for families including 24/7/365 2-1-1 operators, websites, hospital and community partners, and on-demand family support worker training and support.

09 **Michigan home visitors supported 20,603 families in Fiscal Year 2022** and continue to offer support, education and partnership with pregnant and parenting families.

10 **Region 10 created the Detroit Health Equity Education Resource (DHEER),** a website with health equity information and tools to improve perinatal care and outcomes through organizational capacity building.

11 **High Touch, High Tech (HT2)** is an innovative technology used to provide e-screening, brief intervention, and connection to care, especially at prenatal care intake appointments.

12 **Vaccine hesitancy education:** Four regional perinatal quality collaboratives (4, 8, 9, & 10) created videos to address vaccine hesitancy and educate around the importance of routine vaccinations for perinatal and infant populations including Region 9's Vaccine Testimonies and Region 10's "Trust Me… I Care" campaign.

More successes for Michigan's pregnant and parenting families can be found in the Mother Infant Health & Equity Improvement Plan's Yearly Highlights for 2020, 2021, and 2022.

These achievements, among many others statewide, have resulted in measurable improvements in outcomes for pregnant and postpartum people and their babies in Michigan.

Michigan's 2021 infant mortality rate was

6.2 per 1,000 live births

The **lowest** rate in the state's recorded history.[2]

*"I think Michigan is steering in the right direction. I love how parents are getting involved. **Our voices are heard** and we're not looked down on as much. [Home visitors] are reducing the stigma, it's just great! I just wanted them to know that."* - MICHIGAN HOME VISITING PARENT

BIRTHING OUTCOMES

While Michigan has seen many successes in birthing outcomes, disparities still exist. Black and Indigenous pregnant and postpartum individuals and their infants experience preventable deaths at higher rates than their White counterparts.

Despite being a longstanding issue, racial disparities in maternal and infant mortality have only recently been recognized as a national public health crisis.

Barriers to care persist for Black women and birthing people from marginalized communities, regardless of income, education, and/or socioeconomic status. Disparities are symptoms of systemic inequities, social biases, racism, and discrimination, underscoring the need for multifaceted approaches to achieve health equity. Michigan families continue to grieve unnecessary loss, requiring the need for improved birth outcomes.

IN MICHIGAN...

In 2021, 656 infants died before their first birthday.[2]

Black, non-Hispanic infants are 3 times more likely to die before their first birthday than White, non-Hispanic infants.[2]

In 2021, the severe maternal morbidity rate (excluding transfusions) was 100 events per 10,000 inpatient delivery hospitalizations.[3]

From 2011-2019, 127 women died of pregnancy-related causes.[4]

From 2015-2019, Black women were 2.8 times more likely to die from pregnancy-related causes than White women.[4]

PARTNERING FOR CHANGE

Countless partners in Michigan collaborate to improve outcomes for birthing people, infants, and families. Diverse, multi-sector partnerships and communities are key to addressing longstanding inequities and achieving birth equity.

Alignment and collaboration ensure we all work toward the same goal, resulting in collective impact.

Specifically, the Michigan Perinatal Quality Collaborative (MI PQC) improves perinatal outcomes and birth equity through collaboration with diverse partners. To address the uniqueness of Michigan's regions, MI PQC is divided into nine Regional Perinatal Quality Collaboratives (RPQCs), each engaging families, communities, and cross-sector stakeholders in data-informed quality improvement efforts.

The MI PQC, RPQCs, and other collaborations are essential to successfully reach the goals and carry out the recommendations in this plan.

STRATEGIC VISION → ZERO PREVENTABLE DEATHS ZERO HEALTH DISPARITIES

The advancement of birth equity requires a nuanced and multi-pronged approach. Simple solutions cannot effectively address long-standing public health and societal challenges rooted in inequities. Achieving birth equity requires sustainable actions occurring on every level. Michigan's *Advancing Healthy Births Plan* will be evaluated using a combination of numerical data and personal stories from Michigan families.

GOALS

Infant Mortality Rate[2]
2023 Baseline: 6.7 deaths per 1,000 live births
2028 Goal: 6.0 deaths per 1,000 live births

Eclampsia Rate[3]
2023 Baseline: 6.9 cases per 10,000 hospital deliveries
2028 Goal: 5.6 cases per 10,000 hospital deliveries

Teen Birth Rate[5]
2023 Baseline: 12.2 births per 1,000 females aged 15-19
2028 Goal: 9.0 births per 1,000 females aged 15-19

MDHHS Doula Registration[6]
2023 Baseline: 0 MI doulas trained & on the MDHHS Doula Registry
2028 Goal: 500 MI doulas trained & on the MDHHS Doula Registry

Implementation of *Severe Hypertension In Pregnancy Safety Bundle* (MI AIM)[7]
2023 Baseline: 81.7% hospitals fully implemented
2028 Goal: 90% hospitals fully implemented

PRIORITY AREAS
ROOTED IN EQUITY

Health Across The Reproductive Span: Optimal health before, between, and beyond pregnancies is crucial for pregnancy and postpartum outcomes.

Full-Term, Healthy Weight Babies: Babies who are born full term and of a healthy weight have fewer health challenges as they develop and grow.

Infants Safely Sleeping: Infants have specific sleep environment needs and meeting them decreases the number of preventable deaths.

Mental, Behavioral Health, & Well-being: Focusing on overall health across all stages of life results in better outcomes for both birthing people and their infants.

PRIORITY

HEALTH ACROSS THE REPRODUCTIVE SPAN

ACHIEVING OPTIMAL HEALTH

All Michigan residents have the right to maintain autonomy over their own bodies, make decisions about having or not having children, and have access to resources that contribute to good health.

An estimated 22.7% of Michigan adults reported not having a routine medical checkup within the past year, and younger adults were more likely to report not having a routine checkup than older adults.[8]

By investing in the health and wellness of all residents throughout their lives, they can make informed decisions about when and under what circumstances to start a family, which can lead to healthier pregnancies and birth outcomes.

> *"I do think that sometimes with Black women there's a disconnect between providers and women of color. There were times where I expressed I was in pain and I was not heard or listened to."*
>
> - MI PRAMS RESPONDENT[9]

HEALTH ACROSS THE REPRODUCTIVE SPAN

PRIORITY

RECOMMENDATIONS

Expand access to quality reproductive health care and education across Michigan.

This care should be safe, effective, person-centered, timely, efficient, inclusive, and equitable. Reproductive health education and information should be available to everyone, including young people, so they can make informed decisions about their identities, bodies, relationships, and health.

Educate, train, and hold health care providers accountable for understanding racism and implicit/explicit biases in systems & themselves.

Create environments where providers listen to and act on patients' health concerns, knowing that their patients are the experts of their own bodies.

Increase preventive health services to support Michiganders' health across the reproductive span.

Preventive health care improves health before, between, and beyond pregnancy. Well-visits or annual checkups provide an opportunity for individuals of all ages to receive recommended preventive services based on age and risk factors.

HEALTH ACROSS THE REPRODUCTIVE SPAN

PRIORITY

ACROSS MICHIGAN, ALL PARTNERS IN BIRTH EQUITY CAN. . .

Improve contraceptive access in clinic and hospital-settings by ensuring on-site stocking and same-visit availability of a broad range of Food and Drug Administration (FDA)-approved contraceptive methods.

Ensure all primary care providers, case managers, and home visitors have received training and **integrate contraceptive education and reproductive health goal setting into their care**.

Support young people in accessing reproductive health care services and education with no or low-cost care that is confidential, inclusive, welcoming, and age-appropriate.

Partner with schools, local sex education advisory boards (SEABs) and community programs that serve young people **to support accurate, age-appropriate sexual education content.**

Use **innovative service delivery strategies,** such as telehealth, pop-up clinics and mobile units, to **reduce equity gaps and expand access to health care.**

Educate all primary and pregnancy-care providers on an ongoing basis about systemic racism and bias experienced by Black, Hispanic, and Indigenous communities, as well as people who are low-income, have a disability, or are incarcerated. Implement accountability measures for respectful care and continually measure, evaluate, and report out through patient level experiences.

Implement recommended routine screenings to evaluate health risks and needs such as substance use, depression, anxiety, chronic health conditions, and violence/coercion, and provide referral linkages to affordable care. Include assessments and referrals related to housing, food security, safety, and others.

Update, maintain and utilize referral resources, like MI 2-1-1 and MI Bridges, to link individuals and families to existing and needed services in communities.

PRIORITY

FULL-TERM, HEALTHY WEIGHT BABIES

A HEALTHIER FUTURE

Full-term, healthy weight births lead to a healthier future. However, preterm births are the second leading cause of infant mortality in the United States, and the leading cause among Black infants.[10] In Michigan, both premature birth and low birth weight babies are sadly leading contributors to infant death and long-term health problems. In 2021, 10.6% of infants born in Michigan were born preterm and 9.2% of infants were born with low birthweight.[11]

All Michigan babies have the right to optimal health conditions and opportunities to reach their full potential. Increasing the number of full-term, healthy weight births will reduce infant mortality rates.

Babies are more likely to be born full-term and at a healthy weight when pregnant people receive high-quality and respectful care aimed at overall well-being. Addressing systems-level inequities is necessary to improve outcomes for Michigan families, as Black infants are twice as likely to be born low birthweight than White infants.

FULL TERM, HEALTHY WEIGHT BABIES

PRIORITY

RECOMMENDATIONS

Address chronic health conditions and infections before, during, and between pregnancies.

Access to primary care and preventative health services throughout childbearing years can reduce the risk of conditions that negatively affect birth weight and length of pregnancy, including hypertension and diabetes.

Prompt identification and treatment of hypertensive disorders of pregnancy.

Hypertensive disorders of pregnancy, including gestational hypertension, preeclampsia, and eclampsia, are linked with preterm birth.

Ensure that doulas are part of the birthing care team.

Social support offered by a doula can reduce the negative effect of stress and protect against preterm birth. Doulas may also assist birthing people in self-advocacy and accessing quality care before and during childbirth.

FULL TERM, HEALTHY WEIGHT BABIES

PRIORITY

ACROSS MICHIGAN, ALL PARTNERS IN BIRTH EQUITY CAN. . .

Ensure all pregnant people are connected to quality, respectful, culturally responsive care services of their choice, and improve access to care coordination using high-quality wraparound services.

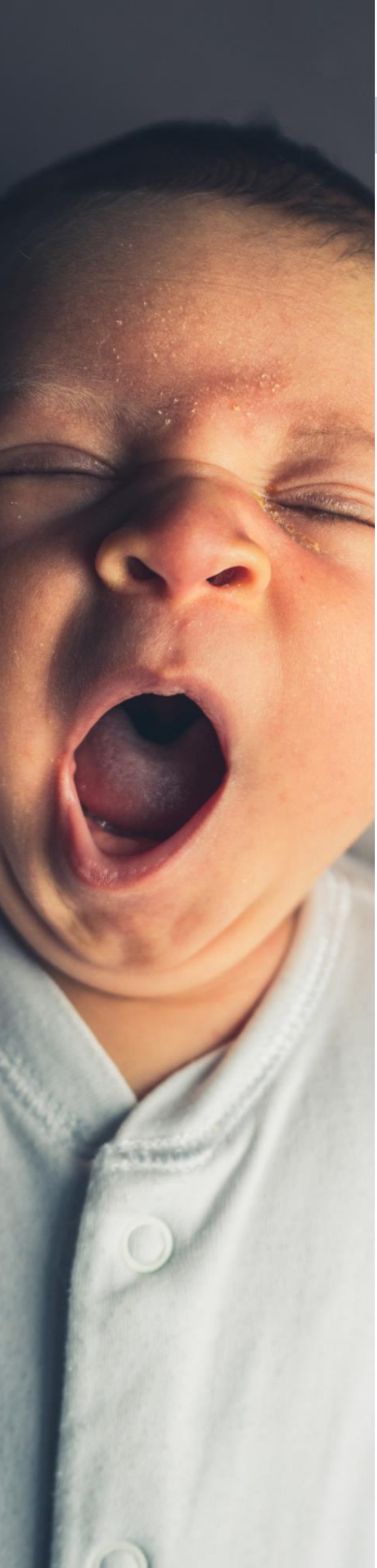
Increase **statewide implementation of hypertension education, in-home blood pressure monitoring,** and programming that serves families.

Increase **statewide hospital implementation of the** Michigan Alliance for Innovation on Maternal Health (MI AIM) patient safety bundle, ***Severe Hypertension in Pregnancy.***

Safely reduce the rate of non-essential primary cesarean sections before 39 weeks gestation.

Expand access to, and equitable reimbursement of, an expanded birthing care team, including midwives, freestanding birth centers, doulas, home visitors, community health workers, lactation professionals, and group prenatal care models such as CenteringPregnancy®.

Educate all people working with families on urgent maternal warning signs and ask clients if they are pregnant or were pregnant in the last year to identify pregnancy-related complications.



PRIORITY

INFANTS SAFELY SLEEPING

SAFE ENVIRONMENTS

Advances in science have increased our understanding of potential dangers in sleep environments, especially for infants. Sadly, a Michigan family experiences the loss of their baby every two to three days because of sleep-related causes. In 2020 alone, Michigan families experienced the death of 161 babies because of unsafe sleep environments.[12]

This is one of the leading causes of death for infants under the age of one year.[2] In Michigan, Black infants are 3.8 times more likely to die of sleep-related causes than White infants, and American Indian babies are 2.5 times more likely to die of this cause than White babies.[12] Disparities in sleep-related infant deaths are a result of long-standing inequities rooted in systemic racism.

Fortunately, there are many things that can be done to reduce or eliminate these risks, with the goal that no family will experience the death of their infant due to an unsafe sleep environment. **Sleep-related deaths are overwhelmingly preventable; knowing this equips us with hope and knowledge.**

INFANTS SAFELY SLEEPING

PRIORITY

RECOMMENDATIONS

Know how social determinants of health impact safe sleep.

Inequities in the social determinants of health (i.e., the conditions in which people live, work, play, and worship) and their impacts on families must be considered when providing resources and support.

Offer safe sleep education to all family members at multiple points before, during, and after pregnancy, and provide safe sleep resources (e.g., cribs, pack and plays, and sleep sacks), as needed.

Sharing safe sleep information from trusted sources and providing access to safe sleep resources improves the likelihood that families will follow safe sleep practices.

Promote breastfeeding/feeding human milk.

Breastfeeding reduces a baby's risk of Sudden Infant Death Syndrome (SIDS) and sleep-related infant death. The American Academy of Pediatrics (AAP) recommends that babies are fed human milk exclusively for six months and continuing to two years or beyond (with solid foods added at about six months).[13]

Support efforts to reduce smoking and vaping during pregnancy and the postpartum period.

Smoking and vaping during pregnancy and exposure to smoke in a baby's environment are major risk factors for Sudden Infant Death Syndrome (SIDS).[14]

Provide training to all providers on how to have **open, nonjudgmental conversations with families** about infant sleep and feeding practices.[15]

INFANTS SAFELY SLEEPING

PRIORITY

ACROSS MICHIGAN, ALL PARTNERS IN BIRTH EQUITY CAN. . .

Encourage all providers (e.g., physicians, nurses, midwives, doulas, community health workers, lactation professionals, home visitors, childcare providers, etc.) **to complete safe sleep training that integrates an understanding of how lack of access to economic, social, and educational resources impacts the ability to practice safe sleep**.

Engage in open, nonjudgmental conversations and use risk reduction techniques when talking with families about safe sleep.[15]

Disseminate community-informed and culturally appropriate educational safe sleep materials, ensuring all pregnant and postpartum people, partners, and caregivers have received safe sleep education at multiple points in their birthing and parenting journeys.

Integrate safe sleep education into existing support systems for pregnant people and new parents, such as community-based organizations, postpartum support groups, and home visiting.

Support access to lactation support professionals, including advocating for insurance reimbursement of International Board-Certified Lactation Consultants (IBCLCs).

Support the rights of postpartum people, who are incarcerated in county jails, to pump human milk to maintain their milk supply.

Advocate for automatic insurance reimbursement of a personal use, double electric breast pump with every pregnancy.

Improve family awareness of, and access to, **resources to quit or reduce smoking and vaping**.

In 2021, 86.5% of Michigan mothers placed their infants to sleep on their backs, 41.3% of infants were placed to sleep on a separate sleep surface, and 64.1% of infants were reported as sleeping with no soft objects (pillows, bumpers, blankets, toys).[9] All of these steps are essential to creating a safer sleep space for infants.

PRIORITY

MENTAL, BEHAVIORAL HEALTH, & WELL-BEING

GROWTH & RESILIENCY

Substance use disorder (SUD) is the leading cause of pregnancy-associated, not related deaths in Michigan, accounting for 38% of the deaths.[4] One in five women have a history of childhood maltreatment[16], and 34% of pregnant people with a history of childhood maltreatment will develop post-traumatic stress disorder (PTSD) during their perinatal year.[17]

The mental and behavioral health of pregnant and parenting individuals greatly impact their physical health, the parent-child relationship, and health outcomes for their baby.

Early childhood mental health is essential for healthy development, particularly in social emotional development, which promotes resilience and reduces risks for various challenges.

To ensure the best outcomes for parents and babies, screening for perinatal mental health disorders and substance use is crucial for connecting individuals with necessary care and support.

PRIORITY

MENTAL, BEHAVIORAL HEALTH AND WELL-BEING

RECOMMENDATIONS

Universal screening for mental and behavioral health needs and improved access to quality service.

The sooner that someone has access to needed mental and behavioral health services, the more opportunity there is to increase growth, development, and resiliency factors.

Eat, Sleep, Console (ESC).

A care approach for infants who are born exposed to opioids and other substances. ESC prioritizes non-pharmacologic approaches to care, such as swaddling, skin-to-skin contact, and breastfeeding. ESC reduces an infant's length of hospital stay, need for medication, and helps maintain the parent-child connection following birth.[18]

Social support and connections within the community.

To mitigate or decrease the negative effects of stress, protecting against poor health outcomes that have been associated with stress including preterm birth, and postpartum stressors that may lead to a relapse in substance use.[19,20]

Access to early childhood mental health services.

Services such as Infant Mental Health (IMH) home visiting and Infant and Early Childhood Mental Health Consultation (IECMHC) can help build and maintain secure parent-child relationships and ensure positive foundations for growth and development.

PRIORITY

MENTAL, BEHAVIORAL HEALTH AND WELL-BEING

ACROSS MICHIGAN, ALL PARTNERS IN BIRTH EQUITY CAN. . .

Create program, clinic, or institutional policies to implement **universal mental and behavioral health screening for all pregnant people** during prenatal care.

Develop **innovative methods for connecting pregnant and parenting people to mental and behavioral health** services, including telehealth, in-home services, and making resources available where people already are (e.g., schools, healthcare offices).

Inform all pregnant and parenting people about free, 24/7, confidential support through the National Maternal Mental Health Hotline by calling or texting 1-833-TLC-MAMA (1-833-852-6262).

Develop prenatal and postpartum support programs for non-birth parents and birth parents who do not identify as women.

Strengthen wraparound mental health and substance use services that include home visiting, peer navigators, peer recovery doulas, and family support programs.

Support hospital implementation of Eat, Sleep, Console and rooming-in programs for infants who are born substance-exposed.

Provide anti-stigma and implicit bias training to all service providers regarding individuals with a substance use disorder.

Increase access to trauma-informed care training for health care providers and incentivize training completion.

Address the critical need for support immediately following a maternal or infant death, as well as provide linkages to ongoing support of grieving families and communities.

Improve community awareness of available infant/child mental health services and resources such as Infant Mental Health (IMH) home-visiting services and Infant and Early Childhood Mental Health Consultation (IECMHC).

Build the capacity of the early childhood workforce to deliver equitable services and increase diversity to better represent the communities being served.

Expand the availability of Infant and Early Childhood Mental Health Services within under-served communities.

Respectfully engage partners, fathers and other trusted individuals to support and advocate for pregnant and parenting people, as well as assure resources are connected when needed.

KEY TERMS & DEFINITIONS

Birth equity: The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.[1]

Doula: A trained professional who provides continuous physical, emotional, and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.[21]

Eclampsia: A rare but serious complication of preeclampsia that occurs in the second half of pregnancy. Eclampsia is when a person with preeclampsia develops seizures (convulsions) during pregnancy.[22]

Health Equity: Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Infant mortality: The death of an infant before their first birthday.

Low birthweight: An infant born weighing less than 5 pounds, 8 ounces (2,500 grams).

Preeclampsia: A serious disorder that can affect all the organs in your body. Preeclampsia can lead to a condition that causes seizures and stroke. It usually develops after 20 weeks of pregnancy, often in the third trimester.[23]

Pregnancy-associated death: The death of a person while pregnant or within one year of the end of pregnancy.

Pregnancy-associated, not related death: A death of a person while pregnant or within 1 year of the end of pregnancy, where the death is unrelated to the pregnancy.

Pregnancy-related death: The death of a person while pregnant or within one year of the end of pregnancy, where the death is related to, or aggravated by, the pregnancy.

Neonatal Abstinence Syndrome (NAS): A group of conditions caused when a baby withdraws from substances they were exposed to in the womb before birth.

Neonatal Opioid Withdrawal Syndrome (NOWS): A term that refers to the symptoms an infant may experience as a result of exposure to opioids in the womb before birth.

KEY TERMS & DEFINITIONS CONTINUED

Severe Maternal Morbidity Event: Unexpected outcomes of labor and delivery that result in significant short- and long-term consequences to a person's health.

Social Determinants of Health and Equity: The economic and social conditions/systems that influence the health of individuals and communities. The conditions and systems in/under which people are born, grow, live, work, and age.

Sudden Infant Death Syndrome: The unexplained death of a baby. The baby is usually less than a year old and seems to be healthy. It often happens during sleep.[24]

Very low birthweight: An infant born weighing less than 3 pounds, 4 ounces (1,500 grams).

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MDHHS
Michigan Department of Health & Human Services