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3 Title: Maternal Levels of Care Standards of Practice  
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5 Introduced by: Federico G. Mariona, MD, MBA, FACOG, FACS, for the Wayne County  
6 Delegation  
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8 Original Authors: Federico Mariona, MD, and Brianna Sohl  
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10 Referred To: Reaffirmation Calendar  
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12 House Action: **REAFFIRMED**  
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15 Whereas, severe maternal morbidity and maternal-infant mortality continue to be a serious  
16 national public health and physicians’ concern, and  
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18 Whereas, in the last five years the Centers for Disease Control and Prevention (CDC), the  
19 American College of Obstetricians and Gynecologists (ACOG), the Society for Maternal Fetal  
20 Medicine (SMFM) and the Joint Commission, supported by other national professional  
21 organizations, have recommended the implementation of initiatives to reduce severe maternal  
22 morbidity and avoid preventable pregnancy-related maternal deaths, and  
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24 Whereas, several states and specific geographic areas where maternal care is provided have  
25 implemented collaborative programs to ensure optimal care to pregnant women and decrease or  
26 avoid inequality in maternal care, an issue that more severely affects minorities, and  
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28 Whereas, maternity care with standardized and established levels of care appears conducive  
29 to provide optimal obstetrical and perinatal care and improve clinical outcomes, and  
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31 Whereas, due to the increasing demand in clinical care added by the coronavirus 19  
32 (COVID-19) pandemic this resolution requires urgent attention; therefore be it  
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34 RESOLVED: That MSMS support statewide initiatives to help improve maternal care in the  
35 state of Michigan; and be it further  
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37 RESOLVED: That MSMS advocate for the implementation of standards consistent with the  
38 Maternal Levels of Care at all birthing centers in the state; and be it further  
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40 RESOLVED: That the Michigan Delegation to the American Medical Association ask our  
41 AMA to support national standards of practice to help improve maternal health at birthing centers  
42 across the country.  
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45 WAYS AND MEANS COMMITTEE FISCAL NOTE:

**Relevant MSMS Policy:**

RESOLVED: That MSMS join efforts with the Michigan Department of Community Health, the Michigan Section of the ACOG, the Keystone OB initiative, and all professional societies in the state involved in the care of pregnant women by advocating for the implementation of a standard risk assessment clinical protocol for the identification and standardized treatment of postpartum hemorrhage in all Michigan institutions that offer maternity services.

### **Relevant AMA Policy:**

#### **Disparities in Maternal Mortality D-420.993**

Our AMA: (1) will ask the Commission to End Health Care Disparities to evaluate the issue of health disparities in maternal mortality and offer recommendations to address existing disparities in the rates of maternal mortality in the United States; (2) will work with the CDC, HHS, state and county health departments to decrease maternal mortality rates in the US; (3) encourages and promotes to all state and county health departments to develop a maternal mortality surveillance system; and (4) will work with stakeholders to encourage research on identifying barriers and developing strategies toward the implementation of evidence-based practices to prevent disease conditions that contribute to poor obstetric outcomes, maternal morbidity and maternal mortality in racial and ethnic minorities.

#### **Infant Mortality D-245.994**

1. Our AMA will work with appropriate agencies and organizations towards reducing infant mortality by providing information on safe sleep positions and preterm birth risk factors to physicians, other health professionals, parents, and child care givers. 2. Our AMA will work with Congress and the Department of Health and Human Services to improve maternal outcomes through: (a) maternal/infant health research at the NIH to reduce the prevalence of premature births and to focus on obesity research, treatment and prevention; (b) maternal/infant health research and surveillance at the CDC to assist states in setting up maternal mortality reviews; modernize state birth and death records systems to the 2003-recommended guidelines; and improve the Safe Motherhood Program; (c) maternal/infant health programs at HRSA to improve the Maternal Child Health Block grant; (d) comparative effectiveness research into the interventions for preterm birth; (e) disparities research into maternal outcomes, preterm birth and pregnancy-related depression; and (f) the development, testing and implementation of quality improvement measures and initiatives.

#### **Maternal and Child Health Care H-420.986**

The AMA opposes any further decreases in funding levels for maternal and child health programs; encourages more efficient use of existing resources for maternal and child health programs; encourages the federal government to allocate additional resources for increased health planning and program evaluation within Maternal and Child Health Block Grants; and urges increased participation of physicians through advice and involvement in the implementation of block grants.

### **Sources:**

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