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3 Title: Participation in Alliance for Innovation on Maternal Health Safety Bundles

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5 Introduced by: Laura Carravallah, MD

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7 Original Authors: Kathleen Dinh, Irene Lieu, Jennifer Chinchilla-Perez, and Laura Carravallah,  
8 MD

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10 Referred To:

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12 House Action:  
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15 Whereas, pregnancy-related mortality rate per 100,000 live births (PRMR) has peaked in the  
16 United States over the past decade and hovers at 17 percent, the highest of any industrialized  
17 country, with pregnancy-related mortality defined as "death of a woman while pregnant or within 1  
18 year of the end of pregnancy from any cause related to or aggravated by the pregnancy," and  
19

20 Whereas, Michigan ranks as the eighth worst state for maternal mortality rate and third  
21 worst for Black mothers in the entire U.S., with additional disparities existing in age and educational  
22 level, and  
23

24 Whereas, more than 50 percent of all maternal deaths in Michigan are preventable, with  
25 leading causes of death attributable to obstetric hemorrhage, hypertension, pulmonary embolism,  
26 amniotic fluid embolism, infection, and a worsening of pre-existing chronic conditions, and  
27

28 Whereas, the Michigan Alliance for Innovation on Maternal Health (MI-AIM), pioneered by  
29 Robert Sokol, MD; Dawn Shanafelt, MPA, BSN, RN; Jody Jones, MD; Mary Schubert; and Michigan  
30 Maternal Mortality Surveillance (MMMS) initiatives have led to the creation of "patient safety  
31 bundles" in 2015 to address leading causes of mortality that have led to a 10.5 percent overall  
32 decrease in maternal death rates in Michigan by participating birthing institutions, and  
33

34 Whereas, despite success at institutions that have implemented MI-AIM's safety bundles,  
35 only 50 percent have complete adoption and no standardization of data collection exists to  
36 measure outcomes, and  
37

38 Whereas, racial/ethnic disparities in maternal mortality and morbidity for Black and  
39 American Native/American Indian mothers in Michigan have improved from five times that of white  
40 mothers in 2007-2010 to 2.7 times in 2013-2017, yet still persist, since the startup of MI-AIM, and  
41

42 Whereas, Texas has achieved 99 percent of participation from all of its birthing centers into  
43 AIM since expanded Medicaid reimbursement to adopting centers, and  
44

45 Whereas, California, which currently has the lowest maternal mortality rate, created the  
46 California Maternal Quality Care Collaborative (CMQCC), whose fully implemented programs at 95  
47 percent of their birthing centers include required implicit bias training for all health care workers  
48 involved in perinatal care and ongoing studies assessing racial/ethnic differences in pregnancy  
49 outcomes for those with comorbidities, and

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51           Whereas, the mission of MSMS is to improve the lives of physicians so they may best care  
52 for the people they serve in the state of Michigan and advocate on behalf of both physicians and  
53 their patients; therefore be it  
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55           RESOLVED: That MSMS will support the participation in Michigan Alliance for Innovation on  
56 Maternal Health safety bundles by all birthing institutions in the state of Michigan; and be it further  
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58           RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) urge  
59 the AMA to recognize the need for all birthing institutions in the United States to participate in the  
60 Alliance for Innovation on Maternal Health and implement patient safety bundles; and be it further  
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62           RESOLVED: That MSMS will support Medicaid coverage for birthing centers who become  
63 active members of Michigan Alliance for Innovation on Maternal Health in order to improve full  
64 participation rates; and be it further  
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66           RESOLVED: That MSMS will support the Michigan requirement of all health care workers to  
67 undergo implicit bias training to further close the racial/ethnic gap in maternal mortality.  
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70 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions only requesting new or revised MSMS  
71 or AMA policy - \$500

**Relevant MSMS Policy:**

**Opposition to Compulsory Content of Mandated Continuing Medical Education**

MSMS opposes any attempt to introduce compulsory content of mandated Continuing Medical Education (CME) in the state of Michigan. (Res67-07A) - Reaffirmed (Sunset Report 2020)

**Relevant AMA Policy:**

None

**Sources:**

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3. ABEST. Racism and Inequity in Birth Outcomes for Black and Native American Families: A Review of the Literature
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9. Michigan State Medical Society. First 50 Years of MSMS - In Brief. <https://www.msms.org/About-MSMS/News/ID/126> Published July 2, 2013. Accessed February 18, 2021