

1
2
3 Title: Advancing Efforts to Decrease Maternal Mortality
4
5 Introduced by: David Lee, MD, MS, for the MI Section, American College of OB/GYN
6
7 Original Authors: Halley Crissman, MD, MPH, Sara Jaber, MD, David Lee, MD, MS, Madeline
8 Merwin, MD, and Suha Syed, MD
9
10 Referred To: Re-affirmation Calendar
11
12 House Action: **REAFFIRMED MSMS POLICY, "MICHIGAN MATERNAL HEALTH, SAFETY,
13 AND QUALITY CARE INITIATIVES"**
14

15
16 Whereas, the maternal mortality in Michigan has increased from 16.7 deaths per 100,000
17 live births for 2015-2019 to 18.7 per 100,000 live births for 2016-2020, and
18

19 Whereas, there is a huge disparity in maternal mortality rates between White and Black
20 women in Michigan with rates estimated at 20.3 deaths per 100,000 live births for Whites
21 compared with 36 deaths per 100,000 live births for Blacks for the period 2016-2020, and
22

23 Whereas, the most common causes of maternal mortality are cardiovascular disease,
24 infection, and obstetrical complications such as postpartum hemorrhage, elevated blood pressure,
25 complications from delivery, and unsafe abortion procedures, and
26

27 Whereas, data from 2017-2019 revealed that greater than 80 percent of maternal deaths
28 corresponding to 4 out of 5 of these deaths were "preventable," and
29

30 Whereas, there has been tremendous efforts at the national and state level to help with
31 reducing maternal mortality, particularly those that could be avoided, and
32

33 Whereas, the Maternal Mortality Review Committees (MMRC) are multidisciplinary
34 committees that assemble at the local and state level to evaluate the conditions surrounding
35 pregnancy-related deaths and provide future recommendations to prevent such cases from
36 occurring, and
37

38 Whereas, the American College of Obstetricians and Gynecologists (ACOG) published the
39 "maternal levels of care," which would assist in the reduction of maternal morbidity and mortality
40 by risk-appropriate maternal care stratification, and
41

42 Whereas, the maternal levels of care are defined as regionalized maternal care programs
43 that aim to enhance access to care by better defining and reinforcing relationships between health
44 care systems in a region, including well-defined capabilities and criteria for patients to remain at
45 their local hospital versus transferring to a higher level of care, and
46

47 Whereas, the maternal levels of care set the standard for "consultation and transfer of care
48 as deemed appropriate based on the clinical condition" such that low to moderate risk patients

49 may remain at their local hospital, while high risk patients who require escalation of care or
50 subspecialty care be transferred to the suitable health system, and

51
52 Whereas, a four-tier maternal level of care system was devised which includes: Level I (Basic
53 Care), Level II (Specialty Care), Level III (Subspecialty Care), and Level IV (Regional Perinatal Health
54 Care Centers) and enables a risk-based stratification and ensures that appropriate medical, surgical,
55 emergent and comprehensive care are provided to patients which enable optimizing the care
56 received, and ultimately reducing maternal morbidity and mortality, and

57
58 Whereas, levels of care designations are established by “regional and state health care
59 entities, national accreditation and professional organization guidelines, identified regional
60 perinatal health care service needs, and regional resources,” and

61
62 Whereas, the Alliance for Innovation on Maternal Health (AIM) is a “national data-driven
63 maternal safety and quality improvement initiative,” whose goal is to enhance maternal safety and
64 health-related outcomes through “evidence-based patient safety bundles,” and

65
66 Whereas, AIM achieves its goals by utilizing health care systems and state level
67 collaboration to line up “national, state and hospital level engagement efforts,” and

68
69 Whereas, local efforts have included the Michigan Maternal Mortality Surveillance (MMMS)
70 program which involves an organized procedure for the identification and review of the cases of
71 maternal deaths at the state level to issue policy recommendations that assist in preventing future
72 occurrences, and

73
74 Whereas, initiatives such as the establishment of levels-of-care designations and the AIM
75 program have been integral in advancing healthcare, continued work is required to ensure
76 elimination of healthcare disparities within our communities and around the world; therefore be it

77
78 RESOLVED: That MSMS participate with stakeholders to advance statewide initiatives,
79 including Michigan AIM, and support the adoption of “maternal levels of care” in an effort to
80 decrease maternal morbidity and mortality in Michigan.

81
82
83

WAYS AND MEANS COMMITTEE FISCAL NOTE: \$2,000-\$4,000

Relevant MSMS Policy:

Michigan Maternal Health, Safety, and Quality Care Initiatives

MSMS shall participate with other stakeholders involved in the care of pregnant women to advance statewide initiatives to improve maternal health outcomes including, but not limited to, Maternal Levels of care at birthing centers.

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, implement, and sustain a maternal mortality surveillance system that centers around health equity; 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.

State Maternal Mortality Review Committees H-60.909

Our AMA supports: (1) the important work of maternal mortality review committees; (2) work with state and specialty medical societies to advocate for state and federal legislation establishing Maternal Mortality Review Committees; and (3) work with state and specialty medical societies to secure funding from state and federal governments that fully supports the start-up and ongoing work of state Maternal Mortality Review Committees.

Reducing Inequities and Improving Access to Insurance for Maternal Health Care H-185.917

1. Our AMA acknowledges that structural racism and bias negatively impact the ability to provide optimal health care, including maternity care, for people of color. 2. Our AMA encourages physicians to raise awareness among colleagues, residents and fellows, staff, and hospital administrators about the prevalence of racial and ethnic inequities and the effect on health outcomes, work to eliminate these inequities, and promote an environment of trust. 3. Our AMA encourages physicians to pursue educational opportunities focused on embedding equitable, patient-centered care for patients who are pregnant and/or within 12 months postpartum into their clinical practices and encourages physician leaders of health care teams to support similar appropriate professional education for all members of their teams. 4. Our AMA will continue to monitor and promote ongoing research regarding the impacts of societal (e.g., racism or unaffordable health insurance), geographical, facility-level (e.g., hospital quality), clinician-level (e.g., implicit bias), and patient-level (e.g., comorbidities, chronic stress or lack of transportation) barriers to optimal care that contribute to adverse and disparate maternal health outcomes, as well as research testing the effectiveness of interventions to address each of these barriers. 5. Our AMA will promote the adoption of federal standards for clinician collection of patient-identified race and ethnicity information in clinical and administrative data to better identify inequities. The federal data collection standards should be: (a) informed by research (including real-world testing of technical standards and standardized definitions of race and ethnicity terms to ensure that the data collected accurately reflect diverse populations and highlight, rather than obscure, critical distinctions that may exist within broad racial or ethnic categories), (b) carefully crafted in conjunction with clinician and patient input to protect patient privacy and provide non-discrimination protections, and (c) lead to the dissemination of best practices to guide respectful and non-coercive collection of accurate, standardized data relevant to maternal health outcomes. 6. Our AMA supports the development of a standardized definition of maternal mortality and the allocation of resources to states and Tribes to collect and analyze maternal mortality data (i.e., Maternal Mortality Review Committees and vital statistics) to enable stakeholders to better understand the underlying causes of maternal deaths and to inform evidence-based policies to improve maternal health outcomes and promote health equity. 7. Our AMA encourages hospitals, health systems, and state medical associations and national medical specialty societies to collaborate with non-clinical community organizations with close ties to minoritized and other at-risk populations to identify opportunities to best support pregnant persons and new families. 8. Our AMA encourages the development and funding of resources and outreach initiatives to help pregnant individuals, their families, their communities, and their workplaces to recognize the value of comprehensive prepregnancy, prenatal, peripartum, and postpartum care. These resources and initiatives should encourage patients to pursue both physical and behavioral health care, strive to reduce barriers to pursuing care, and highlight care that is available at little or no cost to the patient. 9. Our AMA supports adequate payment from all payers for the full spectrum of evidence-based prepregnancy, prenatal, peripartum, and postpartum physical and behavioral health care. 10. Our AMA encourages hospitals, health systems, and states to participate in maternal safety and quality improvement initiatives such as the Alliance for Innovation on Maternal Health program and state perinatal quality collaboratives. 11. Our AMA will advocate for increased access to risk-appropriate care by encouraging hospitals, health systems, and states to adopt verified, evidence-based levels of maternal care.

Classification and Surveillance of Maternal Mortality H-420.948

Our AMA will: (1) encourage research efforts to characterize the health needs for pregnant inmates, including efforts that utilize data acquisition directly from pregnant inmates while ensuring appropriate nondiscrimination and privacy safeguards; (2) support legislation requiring all correctional facilities, including those that are privately-owned, to collect and publicly report pregnancy-related healthcare statistics with transparency in the data collection process while ensuring appropriate nondiscrimination and privacy safeguards; (3) encourages data collection on pregnancy and other reproductive health outcomes of incarcerated people and research efforts to characterize the health needs for pregnant inmates, including efforts that utilize data acquisition directly from pregnant inmates; (4) supports legislation requiring all correctional facilities, including those that are privately-owned, to collect and report pregnancy-related healthcare statistics with transparency in the data collection process; (5) opposes the separation of infants from incarcerated pregnant individuals post-partum; and (6) supports solutions, such as community-based programs, which allow infants and incarcerated postpartum individuals to remain together.

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:

1. United Health Foundation. Health of Women and Children. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_c/population/mmr_black/state/MI. Published 2022. Accessed February 18, 2023
2. World Health Organization. Maternal Mortality. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>. Published 2023
3. Centers for Disease Control and Prevention. Four in 5 pregnancy-related deaths in the U.S. are preventable. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html#:~:text=More than 80%25 of pregnancy, identify recommendations to prevent future.> Published 2022
4. Levels of Maternal Care: Obstetric Care Consensus No. 9. *Obstet Gynecol.* 2019;134(2):e41-e55. doi:10.1097/AOG.0000000000003383
5. American College of Obstetricians and Gynecologists. The Maternal Levels of Care Verification Program
6. American College of Obstetricians and Gynecologists. State Implementation
7. Srinivas SK, Kozhimannil K, Hung P, Attanasio L, Jou J, Grobman WA. Do Hospitals with a Higher Level of Maternal Care Designation Have Better Maternal Outcomes? *Am J Perinatol.* 2019;36(6):653-658. doi:10.1055/s-0038-1672140
8. Kozhimannil KB, Casey MM, Hung P, Prasad S, Moscovice IS. Location of childbirth for rural women: implications for maternal levels of care. *Am J Obstet Gynecol.* 2016;214(5):661.e1-661.e10. doi:10.1016/j.ajog.2015.11.030
9. Alliance for Innovation on Maternal Health. <https://saferbirth.org/about-us/>
10. American College of Obstetricians and Gynecologists. Alliance for Innovation on Maternal Health (AIM)
11. Michigan Department of Health and Human Services. Michigan Maternal Mortality Surveillance Program. <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/mmms>. Published 2023. Accessed February 18, 2023
12. Mahoney J. The Alliance for Innovation in Maternal Health Care: A Way Forward. *Clin Obstet Gynecol.* 2018;61(2):400-410. doi:10.1097/GRF.0000000000000363
13. Chang OH, Levy B, Lytle H, et al. Implementation of the Alliance for Innovation on Maternal Health Program to Reduce Maternal Mortality in Malawi. *Obstet Gynecol.* 2019;133(3):507-514. doi:10.1097/AOG.0000000000003108
14. Hameed AB, Haddock A, Wolfe DS, et al. Alliance for Innovation on Maternal Health: Consensus Bundle on Cardiac Conditions in Obstetric Care. *Obstet Gynecol.* 2023;141(2):253-263. doi:10.1097/AOG.0000000000005048