



Improving Birth Outcomes Through Regional Perinatal Quality Collaboratives

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Objective

- Describe innovative approaches to engage communities in investing in public health transformation



1

- Who is in the audience?

- Nurses?
- Physicians?
- Local public health?
- Medicaid health plans?
- Community members?
- Others?



2

- In 2017, there were _____ number of infant deaths.

A. 458
B. 692
C. 762



2

- In 2017, there were _____ number of infant deaths.

C. 762



3

- The pregnancy-related mortality rate in 2016 was:
 - A. 17.5 per 100,000 live births
 - B. 14.1 per 100,000 live births
 - C. 22.0 per 100,000 live births



3

- The pregnancy-related mortality rate in 2016 was:

B. 14.1 per 100,000 live births

4

- In 2017, babies born to Black, non-Hispanic women were more than twice as likely to die before their first birthday than babies born to White, non-Hispanic women

- A. True
- B. False

4

- In 2017, babies born to Black, non-Hispanic women were more than twice as likely to die before their first birthday than babies born to White, non-Hispanic women

A. True

14.0 and 5.0 per 1,000 live births, respectively



5

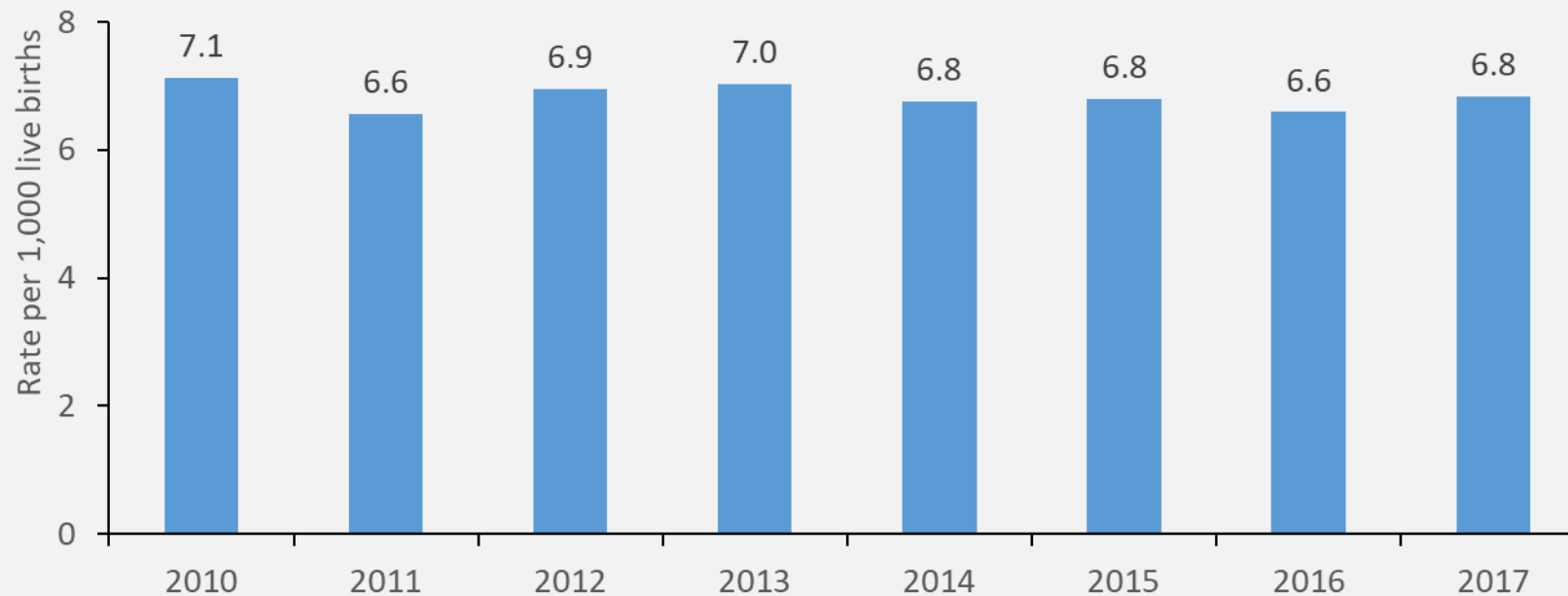
- Who has heard of the Regional Perinatal Quality Collaboratives?

Setting the Stage

Infant Mortality Rate, Michigan, 2010-2017

(rate per 1,000 live births)

Infant Mortality Rate per 1,000 Live Births,
Michigan, 2010-2017

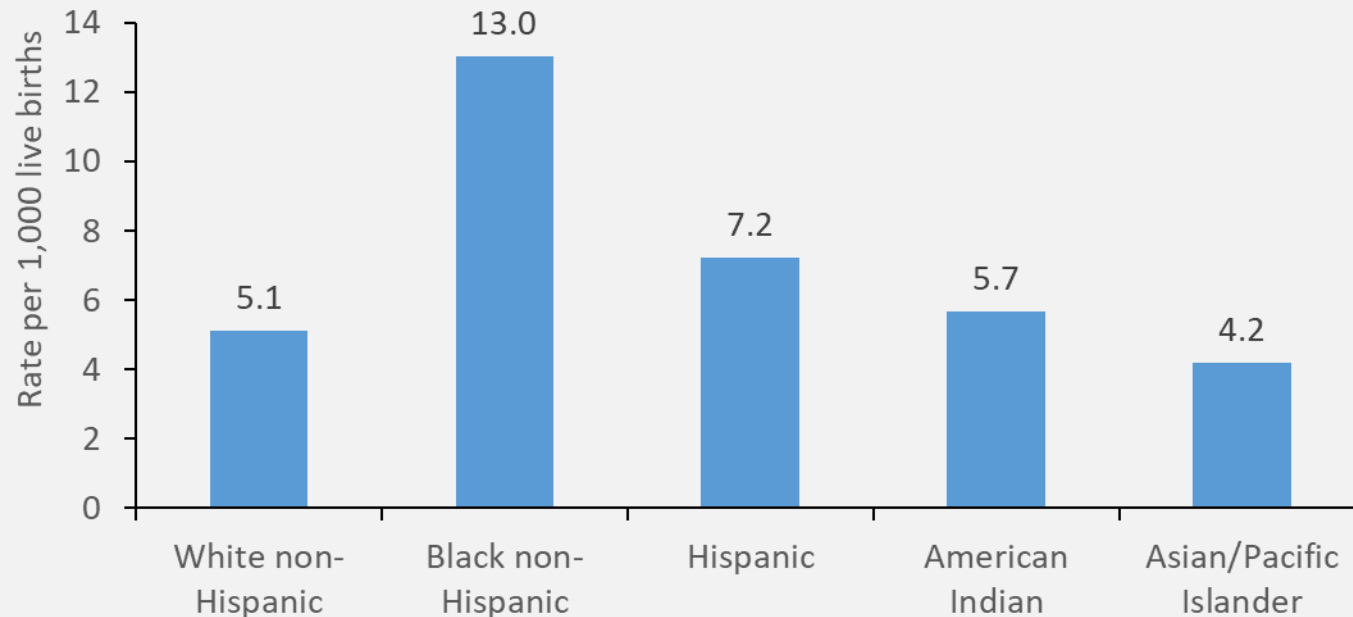


Year	# Live Births	# Infant Death	IMR
2010	114,717	817	7.1
2011	114,159	749	6.6
2012	112,708	783	6.9
2013	113,732	799	7.0
2014	114,460	773	6.8
2015	113,211	770	6.8
2016	113,374	747	6.6
2017	111,507	762	6.8

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Infant Mortality Rates by Maternal Race/Ethnicity, Michigan, 2013-2017 *(rate per 1,000 live births)*

Average Infant Mortality Rate by Maternal Race/Ethnicity, Michigan, 2013-2017

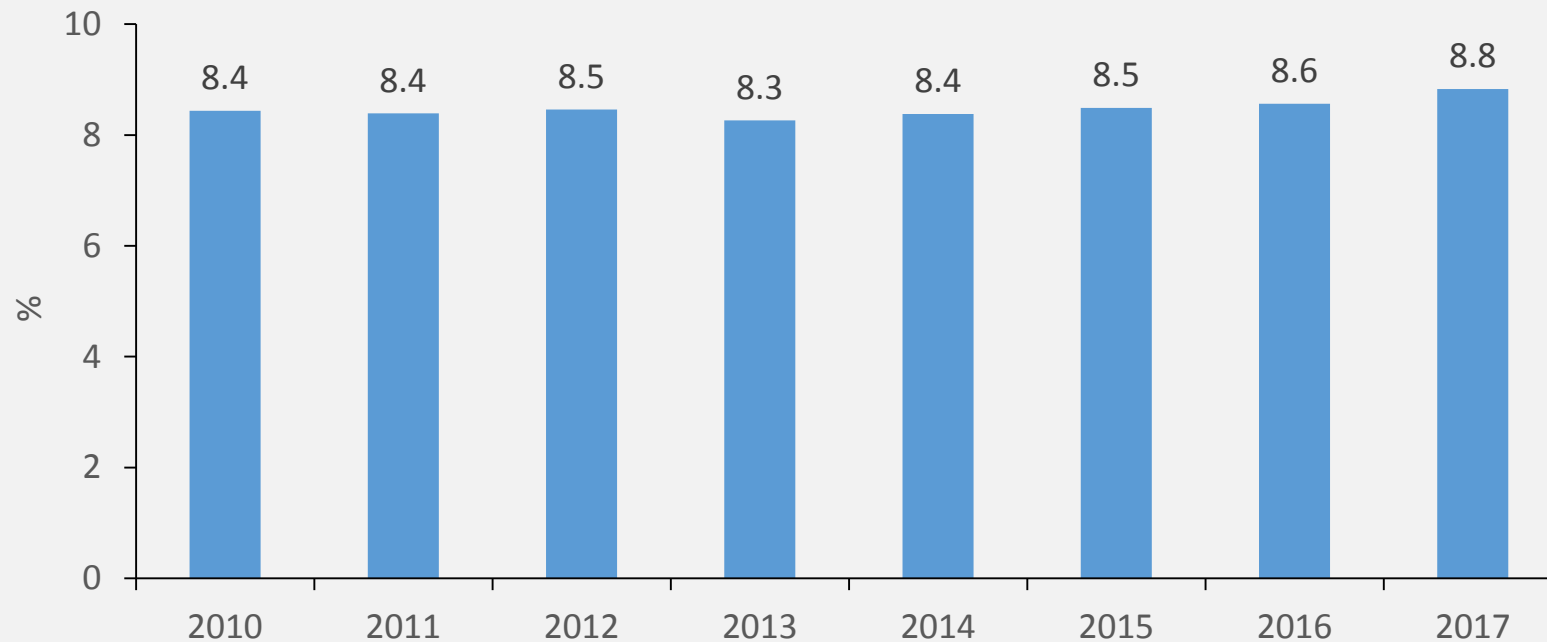


Maternal Race/Ethnicity	# Live Births	# Infant Death	IMR
White non-Hispanic	386,629	1,984	5.1
Black non-Hispanic	103,749	1,350	13.0
Hispanic	38,554	278	7.2
American Indian	2,122	12	5.7
Asian/Pacific Islander	20,044	84	4.2

Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.

Low Birthweight, Michigan, 2000-2017

Percent Low Birthweight (Birthweight < 2,500 Grams), Michigan, 2010-2017

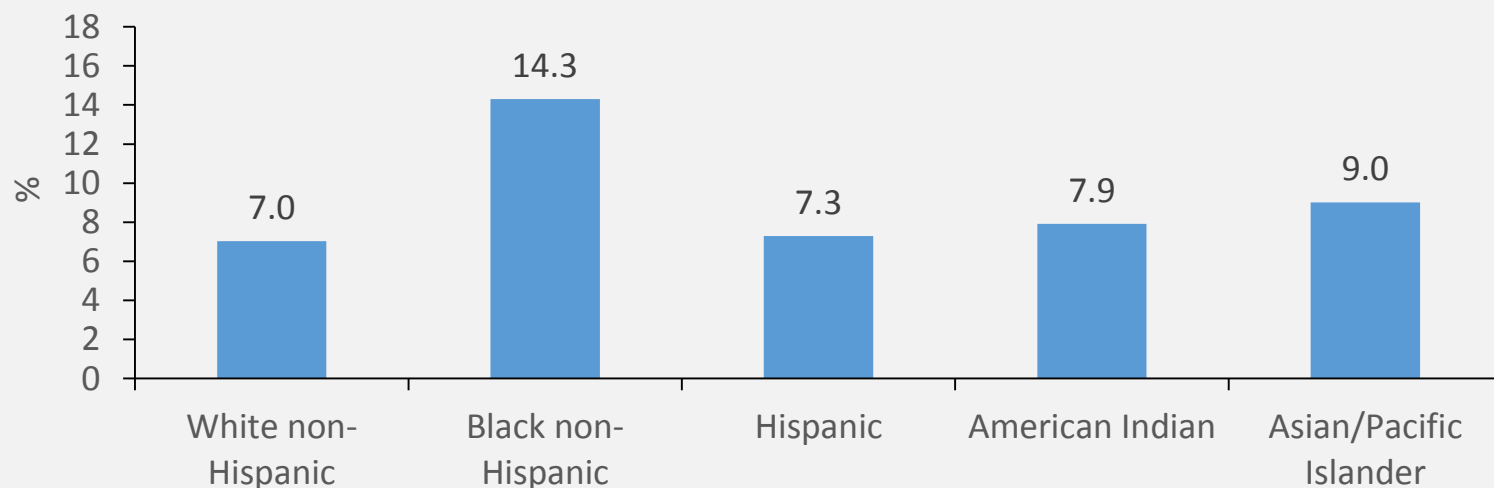


Year	# Live Births	# LBW	LBW %
2010	114,717	9,678	8.4
2011	114,159	9,576	8.4
2012	112,708	9,535	8.5
2013	113,732	9,397	8.3
2014	114,460	9,592	8.4
2015	113,211	9,611	8.5
2016	113,374	9,708	8.6
2017	111,507	9,846	8.8

Low birthweight rate is defined as number of births with baby birthweight < 2,500 grams per 100 live births.

Low Birthweight by Maternal Race/Ethnicity, Michigan, 2013-2017

Average Percent Low Birthweight (Birthweight
< 2,500 Grams) by Maternal Race/Ethnicity,
Michigan, 2013-2017

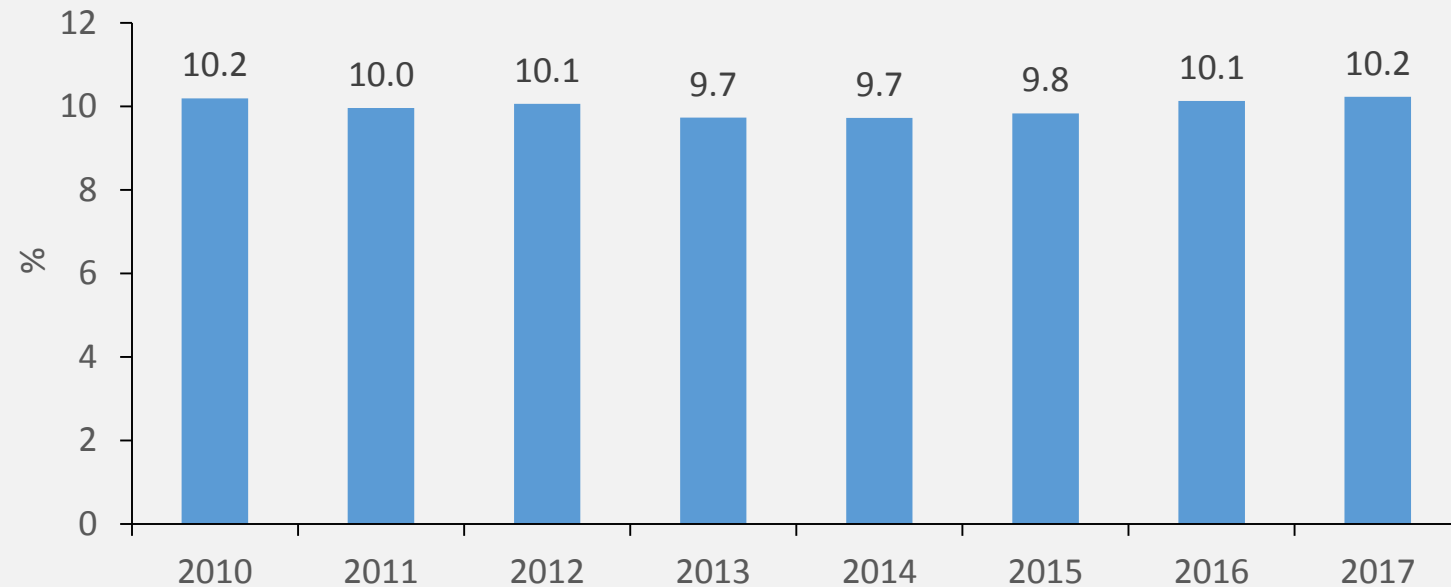


Maternal Race/Ethnicity	# Live Births	# LBW	LBW %
White non-Hispanic	386,629	27,168	7.0
Black non-Hispanic	103,749	14,837	14.3
Hispanic	38,554	2,815	7.3
American Indian	2,122	168	7.9
Asian/Pacific Islander	20,044	1,808	9.0

Low birthweight rate is defined as number of births with baby birthweight < 2,500 grams per 100 live births.

Preterm Birth, Michigan, 2010-2017

Percent Preterm Birth (Estimated Gestational Age < 37 Weeks), Michigan, 2010-2017

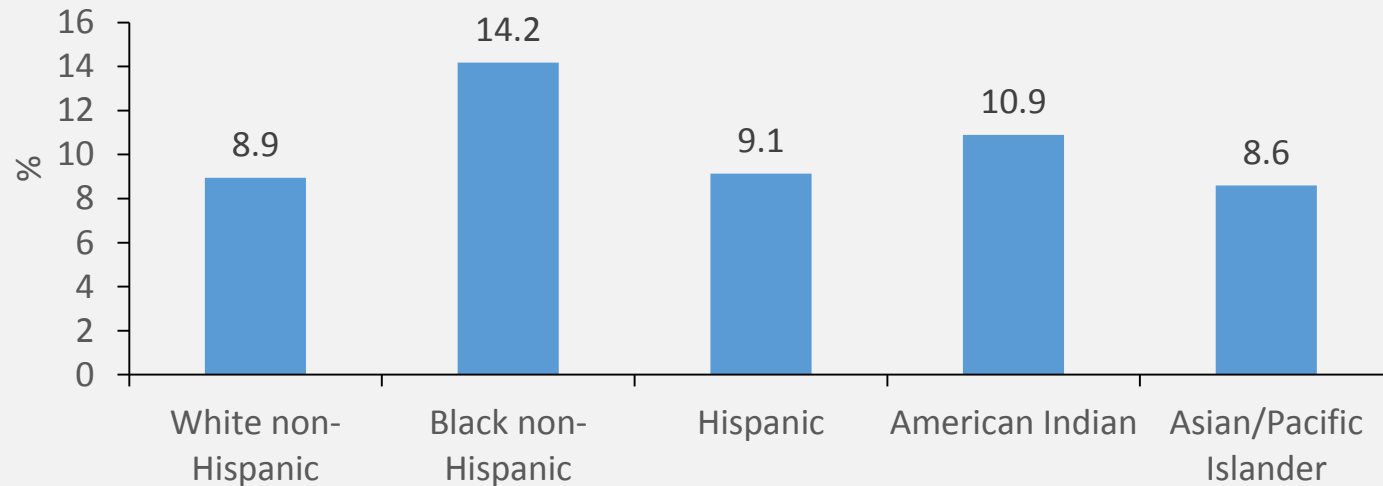


Year	# Live Births	# PTB	PTB %
2010	114,717	11,696	10.2
2011	114,159	11,378	10.0
2012	112,708	11,338	10.1
2013	113,732	11,069	9.7
2014	114,460	11,136	9.7
2015	113,211	11,136	9.8
2016	113,374	11,490	10.1
2017	111,507	11,406	10.2

Preterm birth rate is defined as number of births delivered before 37 completed weeks of gestation per 100 live births. Gestational age is based on the obstetric estimate of gestation.

Preterm Birth by Maternal Race/Ethnicity, Michigan, 2013-2017

Average Percent Preterm Birth (Estimated Gestational Age < 37 Weeks) by Maternal Race/Ethnicity, Michigan, 2013-2017

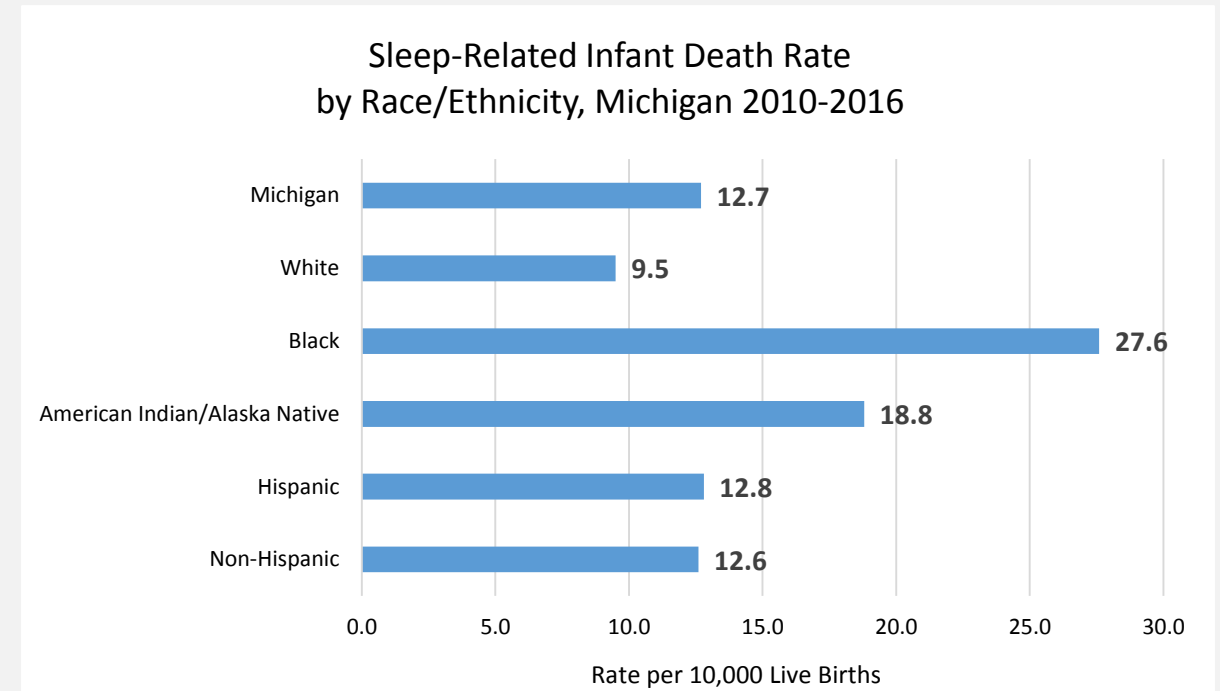


Maternal Race/Ethnicity	# Live Births	# PTB	PTB %
White non-Hispanic	386,629	34,558	8.9
Black non-Hispanic	103,749	14,709	14.2
Hispanic	38,554	3,522	9.1
American Indian	2,122	231	10.9
Asian/Pacific Islander	20,044	1,723	8.6

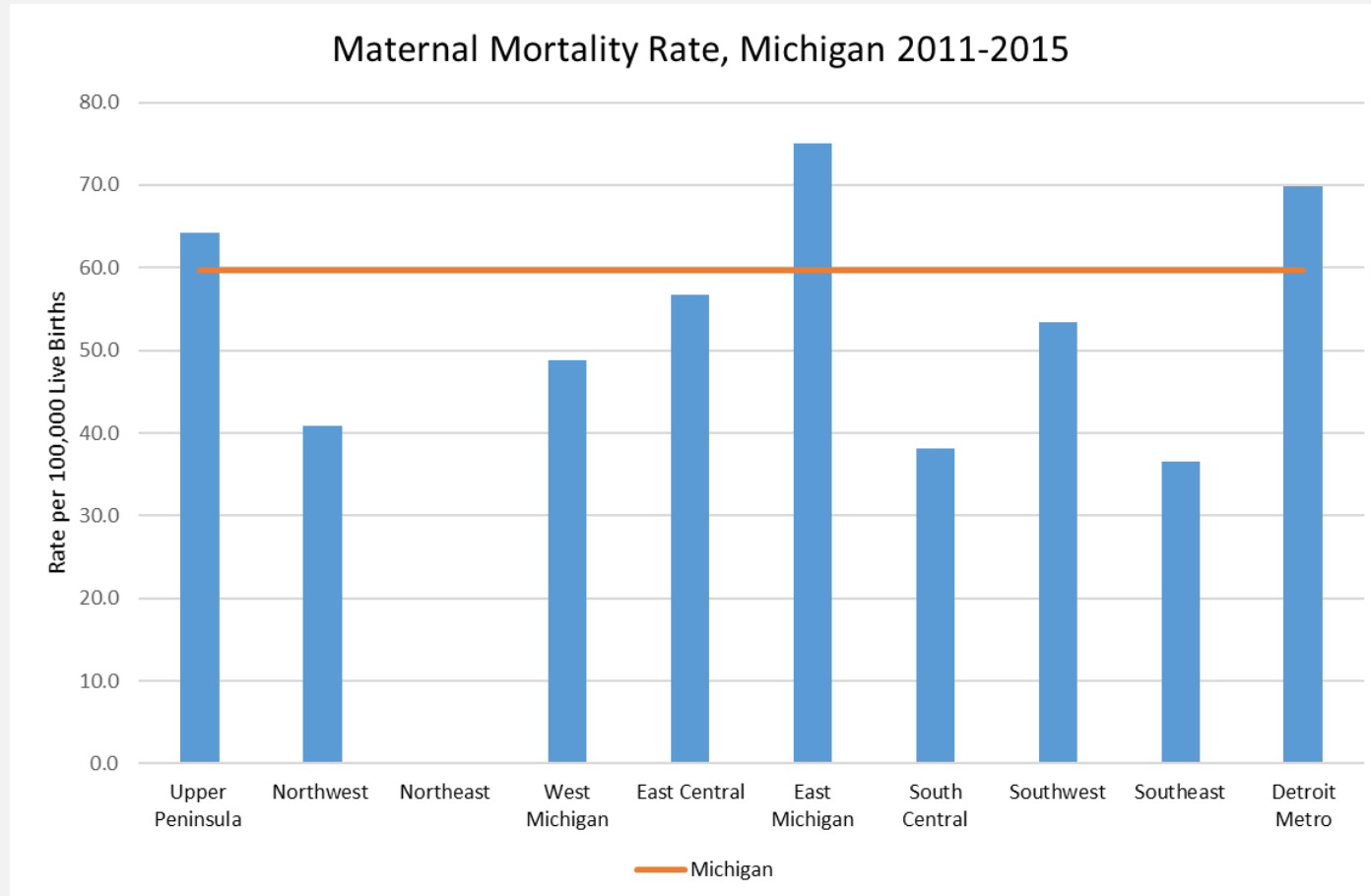
Preterm birth rate is defined as number of births delivered before 37 completed weeks of gestation per 100 live births. Gestational age is based on the obstetric estimate of gestation.

Overview of Sleep-Related Infant Deaths in Michigan

- Between 2010 and 2017 there were **1,136 sleep-related infant deaths** in Michigan.
- The three-year moving average for sleep-related infant death decreased in 2015-2017, after having experienced an increasing trend for several years.
- Between 2010 and 2016 White infants experience lower sleep-related infant death rates as compared to Black infants and American Indian/Alaska Native infants.
- Between 2010 and 2016 Hispanic and non-Hispanic infants experienced similar sleep-related infant death rates.




Maternal Mortality *(per 100,000 live births)*



- Maternal deaths include deaths that occur during pregnancy, at delivery or within one year of pregnancy.
- Total maternal mortality includes both pregnancy associated mortality (unrelated to the pregnancy) and pregnancy-related mortality (related to or aggravated by the pregnancy).
- Between 2011 and 2015, there were **339 maternal deaths**, including pregnancy-associated and pregnancy-related deaths
- Maternal mortality rate for 2011-2015 is **59.7 per 100,000 live births**



An Innovative Approach



History of the Regional Perinatal Quality Collaboratives (RPQCs)

In 1970s and 1980s, Michigan was a national leader in regionalization of perinatal systems

Over time the perinatal system faded

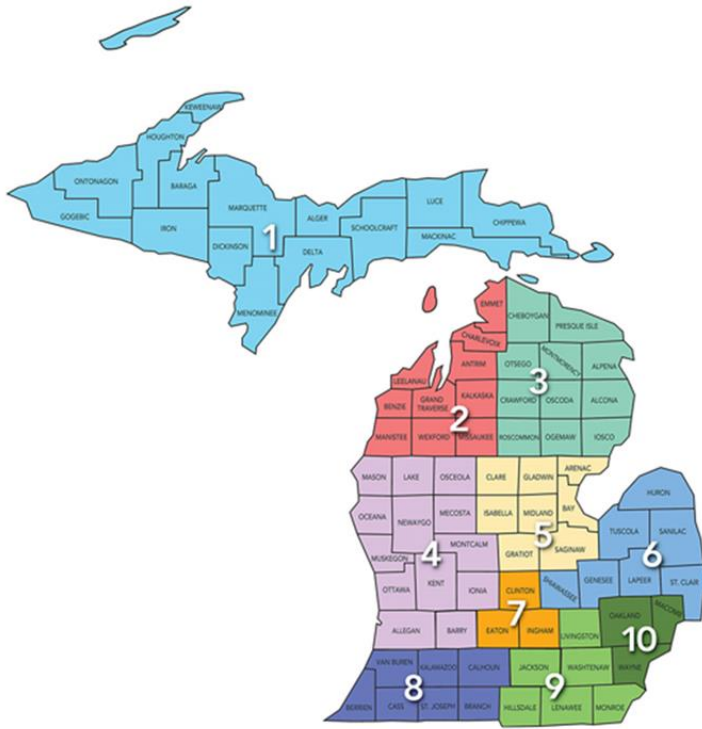
Between 2005 and 2009 efforts were made to strengthen the waning system

In 2011, Prosperity Regions 2&3 initiated Perinatal Care System efforts

- **Driven by closure of birthing hospitals in these regions**

Regional Perinatal Quality Collaborative Timeline

- 2015: MDHHS funds Regions 2&3 as a Regional Perinatal Quality Collaborative (RPQC)
- 2016: Regions 4 and 10 initiate RPQCs
- 2017: Regions 1 and 8 initiate RPQCs
- 2018: Region 5 initiates an RPQC
- 2019: Region 6 initiates RPQC
- 2019: Regions 7 and 9 initiate RPQCs



What is a Regional Perinatal Quality Collaborative?

Not the CDC's Perinatal Quality Collaboratives (PQC)

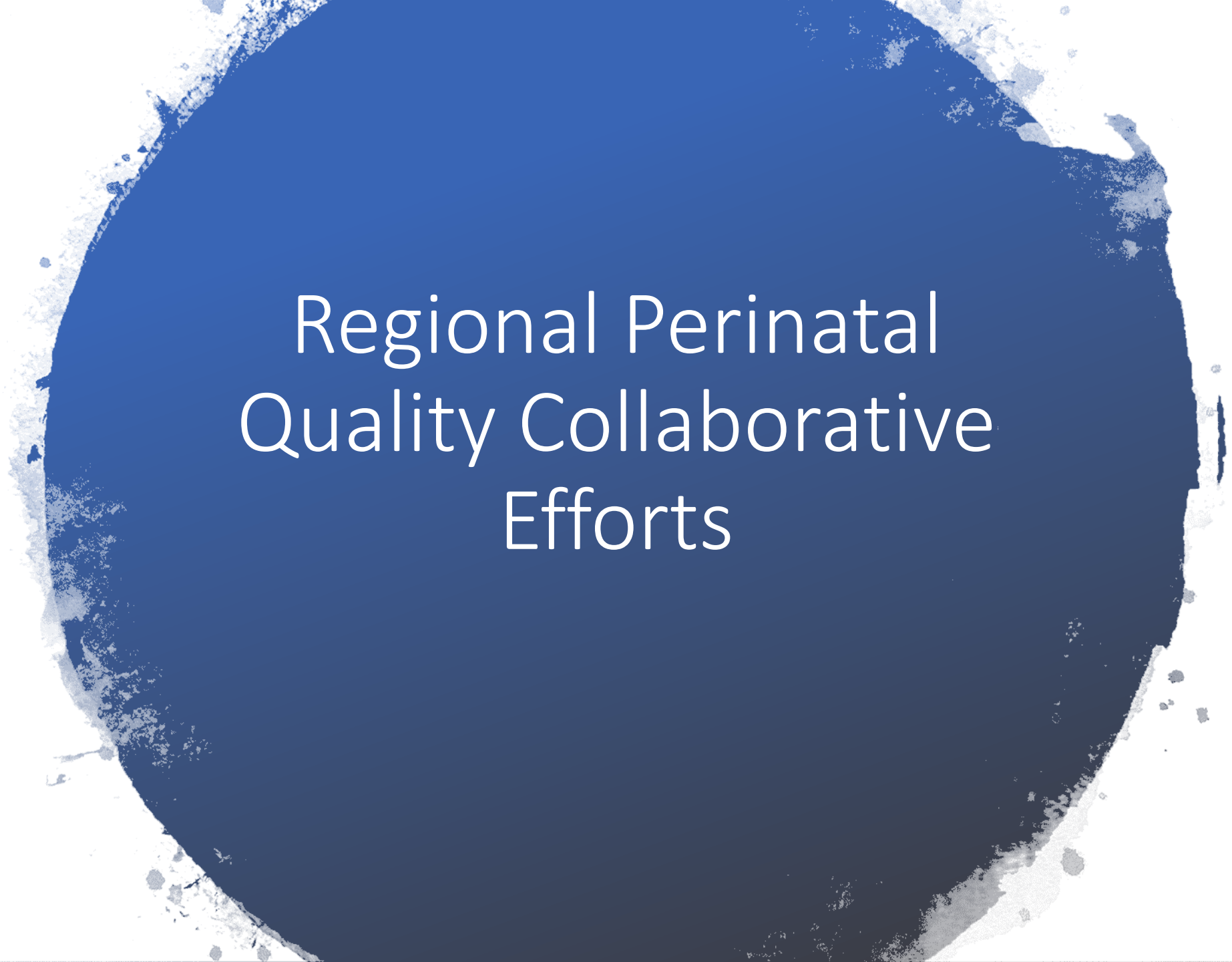
- 13 states participate in this initiative
- The CDC PQCs are clinically focused

Michigan's Regional Perinatal Quality Collaboratives:

- Defined by prosperity region
- Cross-sector, diverse membership
- Fiduciaries and funding sources
- Structure to fit the Region's unique culture and dynamics
 - Leadership structure
 - Frequency of RPQC meetings
 - Type and number of quality improvement projects

Role of Regional Perinatal Quality Collaboratives (RPQCs)

- RPQCs are tasked with:
 - ****Engaging families!!!****
 - Convening diverse stakeholders
 - Fostering relationships and networking opportunities
 - Efforts to improve maternal and infant health
 - Data driven
 - Utilize evidence-based and promising practices
 - Quality improvement methodology
 - Start small and then spread through region; share with other RPQCs



Regional Perinatal Quality Collaborative Efforts



Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
 - High Touch, High Tech (HT2) electronic screening tool implementation
 - Increasing capacity of Medication Assisted Treatment (MAT) providers
 - SCRIPT implementation within Maternal Infant Health Program (MIHP)
 - Expanding Healthy Futures home visiting program
 - Leadership involvement in long-active reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety (hypertension and hemorrhage)



Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Neonatal abstinence syndrome (NAS) rates 3rd and 4th highest regions in 2017
 - Percentage of pregnant women smoking in 2017 range from 12% to 44%
 - Increasing capacity of Medication Assisted Treatment (MAT) providers
 - SCRIPT implementation within Maternal Infant Health Program (MIHP)
 - Expanding Healthy Futures home visiting program
 - Leadership involvement in long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety (hypertension and hemorrhage)





High Touch, High Tech Overview

- Electronic screening tool that includes a brief intervention and option to share results with provider for linkage to resources/referrals
 - Dr. Steven Ondersma of Wayne State University and Dr. Maria Muzik of the University of Michigan
 - Screening questions can be modified to a specific clinic – main questions related to substance use (including alcohol and tobacco) and depression
 - Original model had Infant Mental Health Specialist part-time in clinic, but rural areas have concerns related to access and having resources available
 - Looking now toward tele-behavioral health
 - Referrals to resources
 - 1 clinic has peer recovery coach available to patients

High Touch, High Tech (HT2) Data

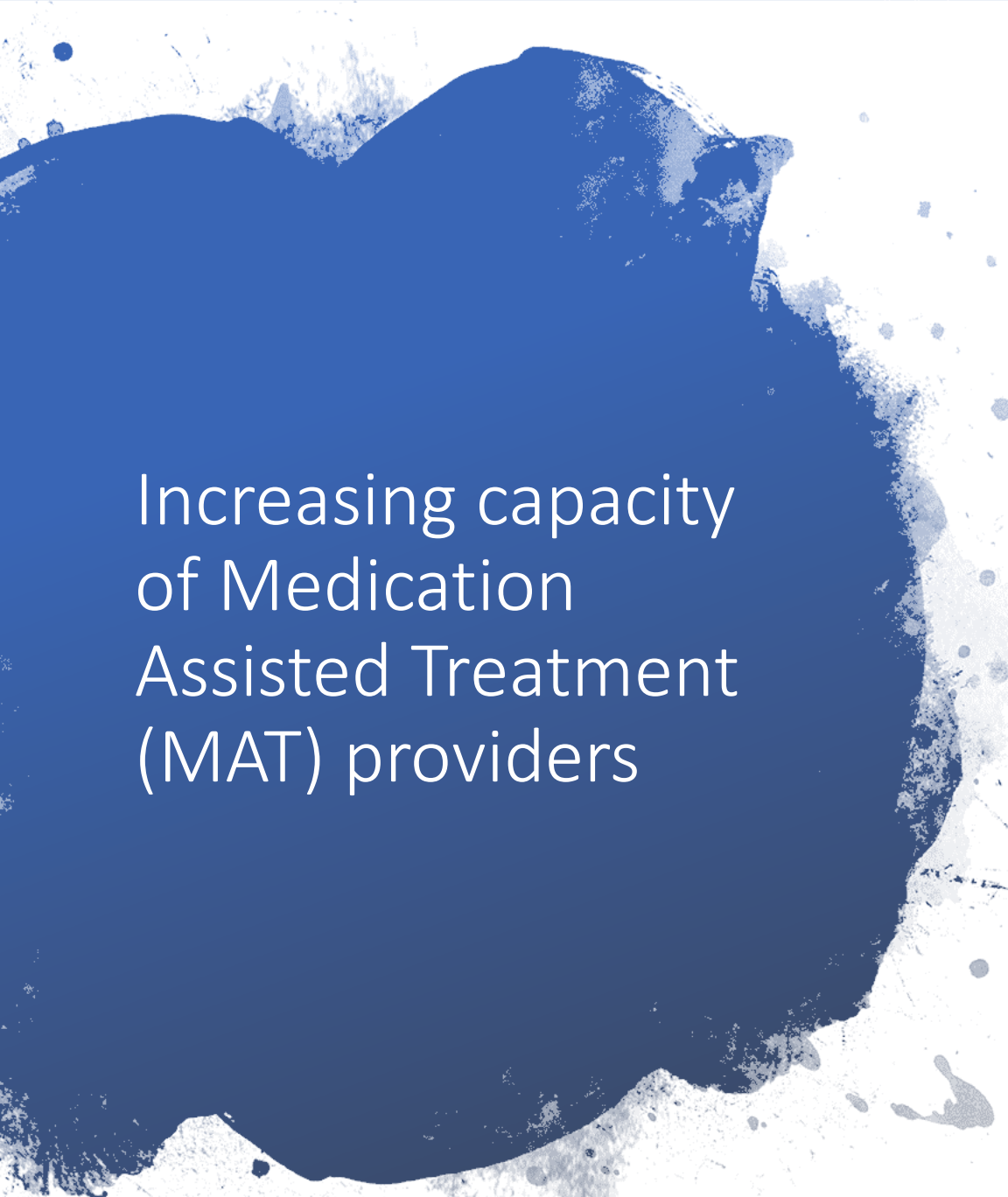
- 4 clinics in Regions 2&3 have implemented HT2, looking to expand to additional clinics in FY20

	Number of women at OB intake screened	Number of pregnant women that screened positive for substance use	Number of pregnant women received brief intervention	Number of pregnant women referred for treatment and counseling
Clinic A	74 (98.6%)	37 (50%)	16 (43.2%)	7 (3 already in treatment, 3 declined)
Clinic B	63 (100%)	44 (69.8%)	32 (72.7%)	19 (12 declined, 4 already in treatment)
Clinic C	113	48 (42.9%)	16 (33.3%)	Not reported

Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - **Increasing capacity of Medication Assisted Treatment (MAT) providers**
 - SCRIPT implementation within Maternal Infant Health Program (MIHP)
 - Expanding Healthy Futures home visiting program
 - Leadership involvement in long-acting reversible contraceptive (LARC) initiative in Munson Health System and American College of Obstetrics and Gynecologists (ACOG) Alliance for Innovation for Maternal Health (AIM) safety bundles (hypertension and hemorrhage)





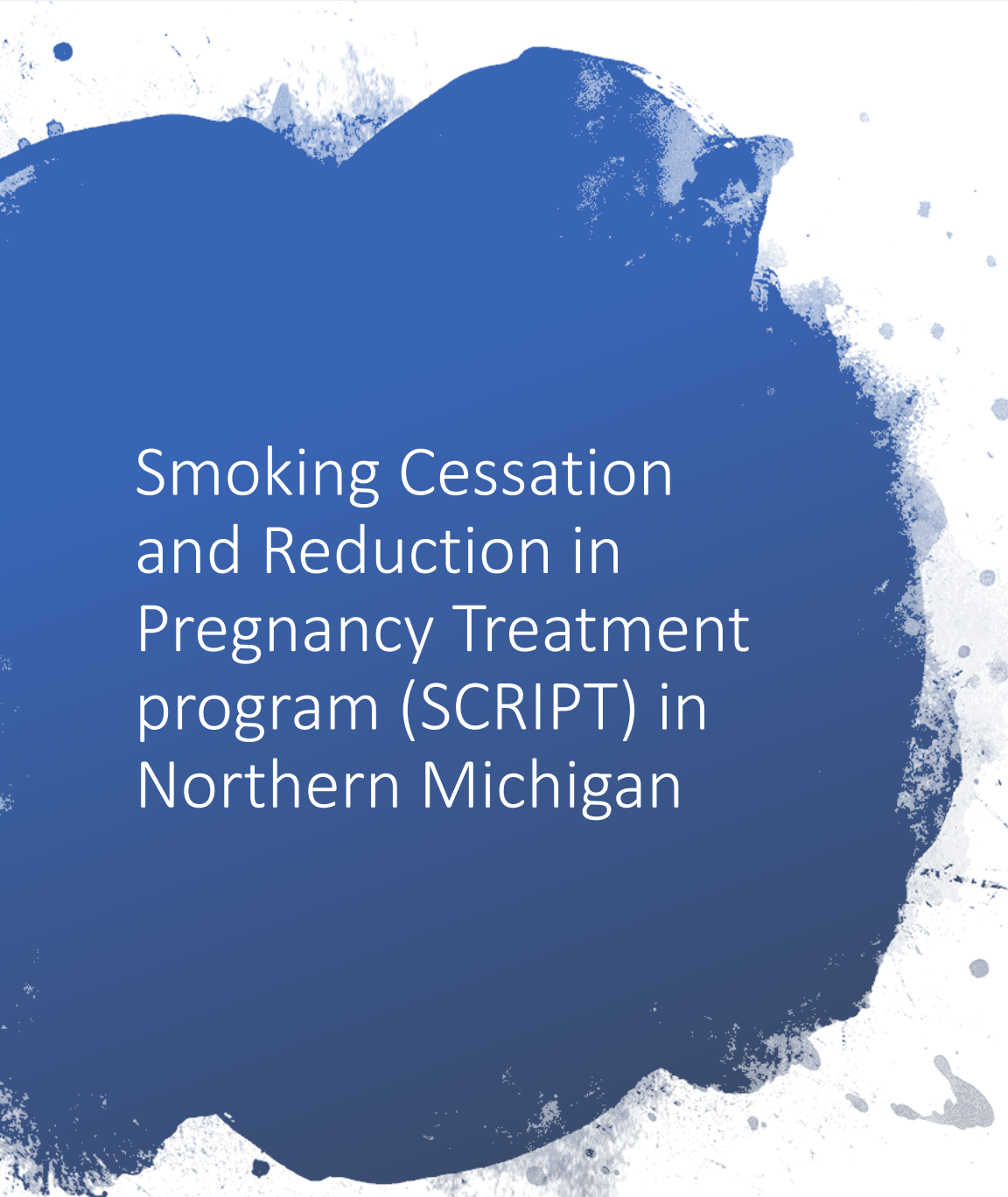
Increasing capacity of Medication Assisted Treatment (MAT) providers

- Now 9 additional providers trained in Medication Assisted Treatment (MAT)
- Able to provide MAT to pregnant/postpartum women
- Implemented at the 2 Traverse City clinics that are participating in HT2
- 1 clinic also has peer recovery coach available

Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
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 - Increasing capacity of Medication Assisted Treatment (MAT) providers
 - **SCRIPT implementation within Maternal Infant Health Program (MIHP)**
 - Percentage of pregnant women smoking in 2017 range from 12% to 44%
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Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) in Northern Michigan

- What is SCRIPT?
- Staff from all local health departments in the two regions received SCRIPT training
- Desire to pair SCRIPT with Maternal Infant Health Program (MIHP)
 - Piloting at 2 sites
 - 44 pregnant women in MIHP identified as using tobacco
 - 33 of those women completed the SCRIPT assessment
 - 9 have enrolled
 - 3 have reduced or quit smoking
- Continuous quality improvement

Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Increasing capacity of Medication Assisted Treatment (MAT) providers
 - SCRIPT implementation within Maternal Infant Health Program (MIHP)
 - **Expanding Healthy Futures home visiting program**
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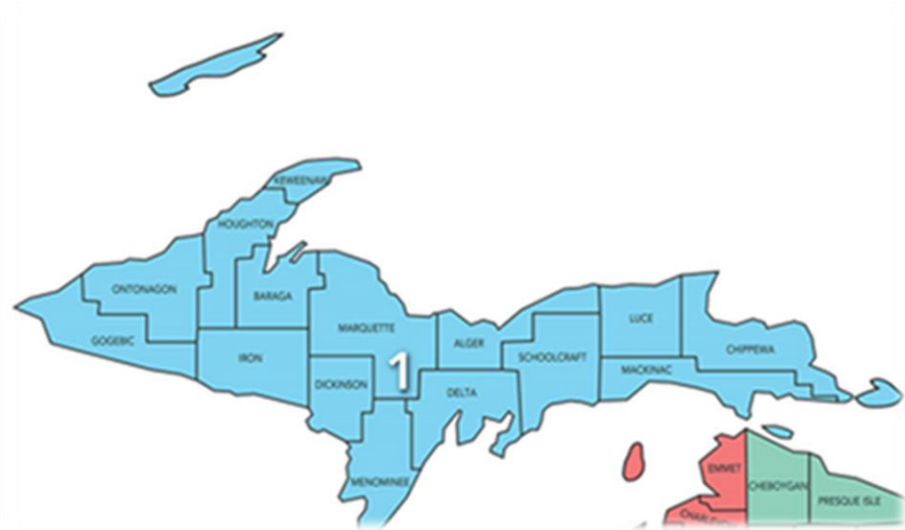
Expanding Healthy Futures home visiting program

- Munson Medical Center based program that provides follow-up from LHD nurse post-birth and connects mom/family to needed resources
- Looking to expand within, and outside, the Munson Health System
 - Otsego Memorial Hospital and OB office

Regions 2&3 – Northern Lower Michigan

- Fiduciary: Munson Health Care
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Increasing capacity of Medication Assisted Treatment (MAT) providers
 - SCRIPT implementation within Maternal Infant Health Program (MIHP)
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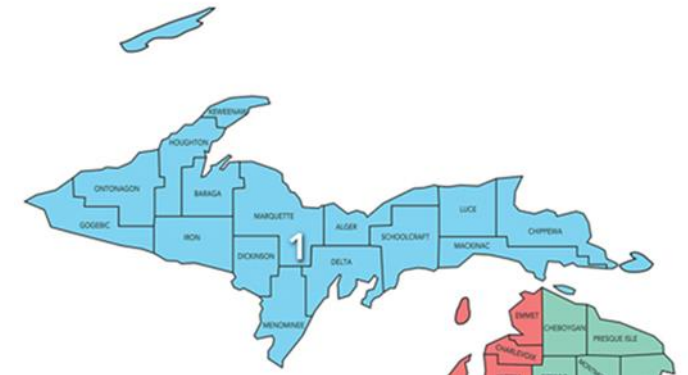




Region 1

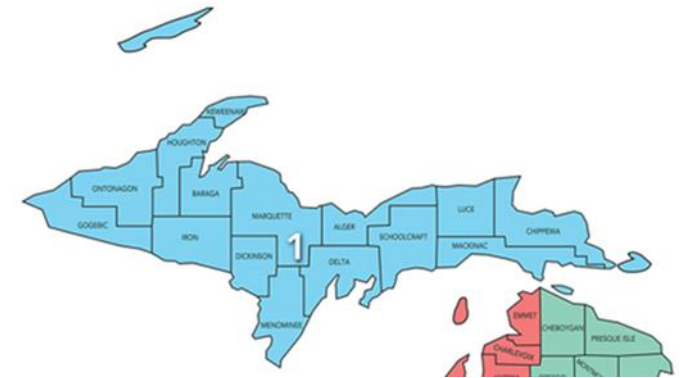
Region 1 – Upper Peninsula

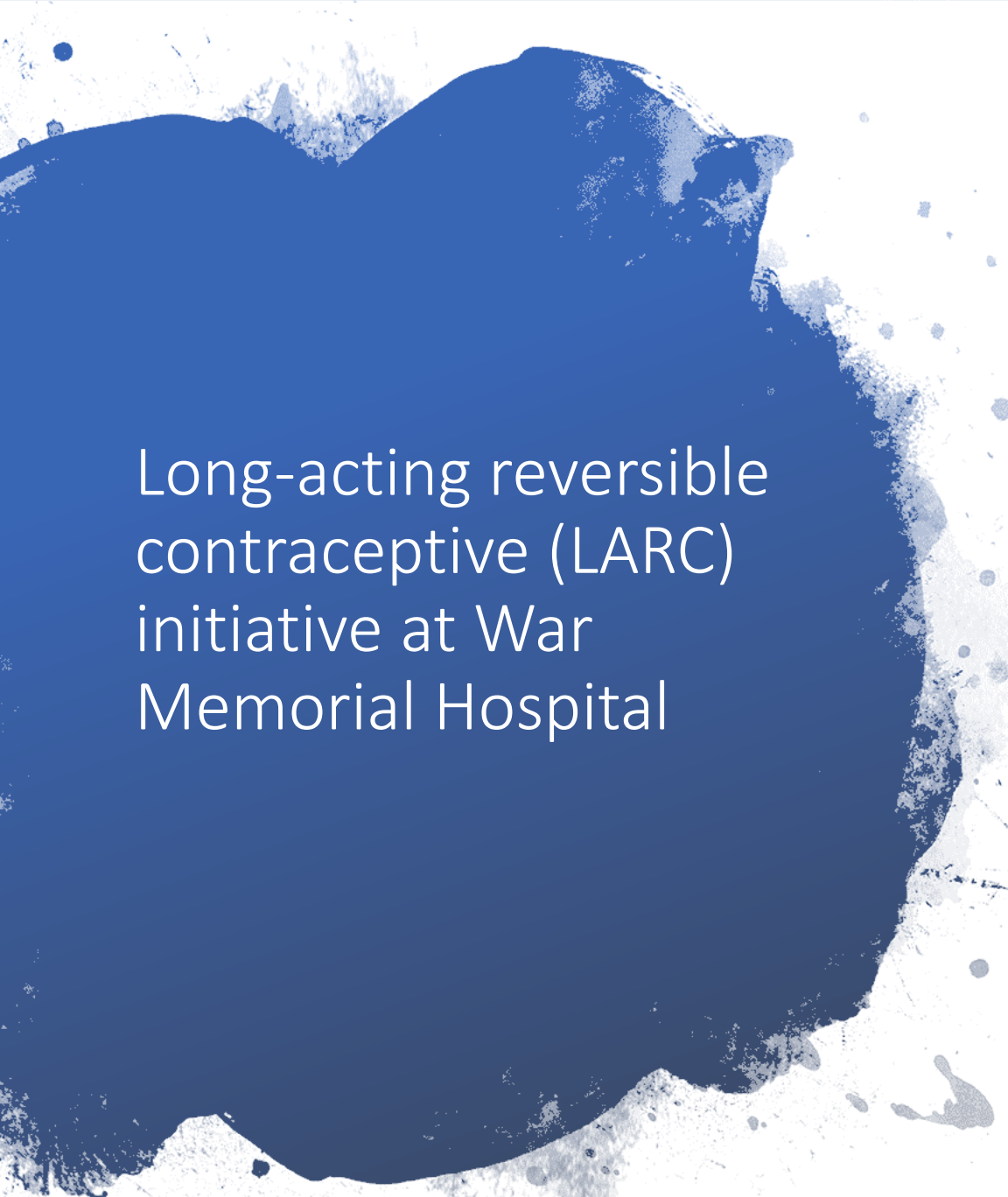
- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Universal home visiting workgroup
 - Health equity and stigma reduction



Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Universal home visiting workgroup
 - Health equity and stigma reduction



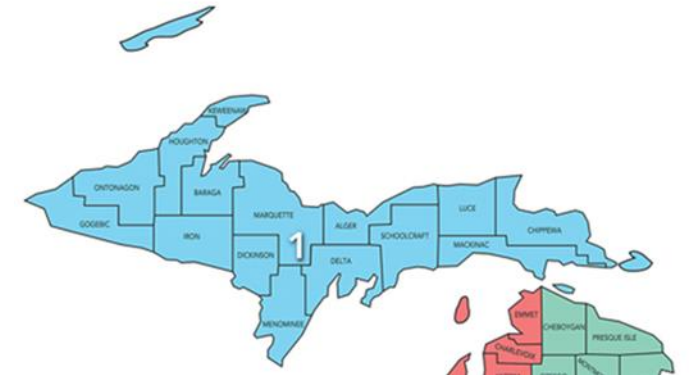


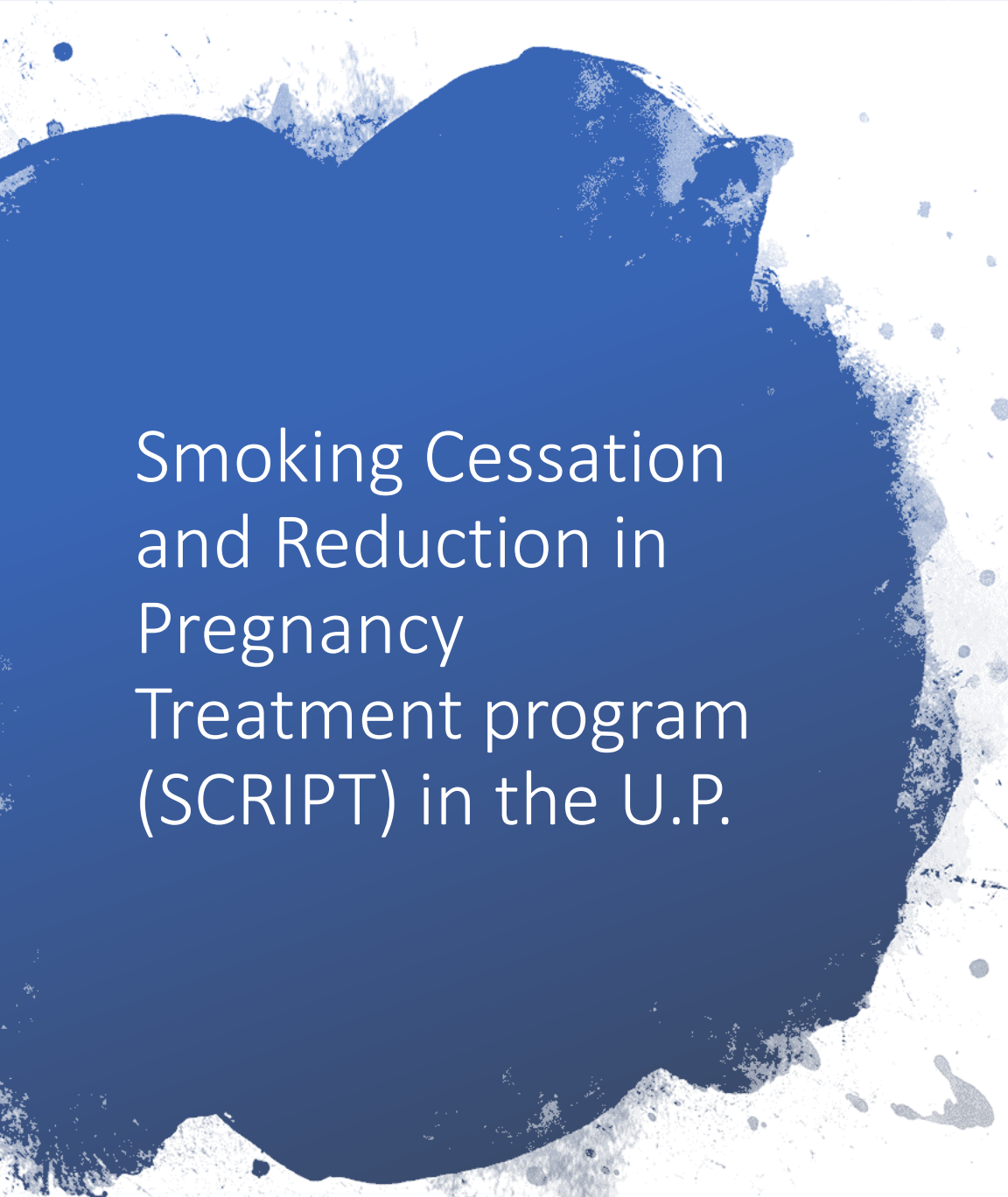
Long-acting reversible
contraceptive (LARC)
initiative at War
Memorial Hospital

- “Pilot” Hospital
- Policies, procedures and process
- Share best practices with birthing hospitals in the UP

Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - **Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics**
 - Percentage of women reporting smoking in pregnancy in 2017 ranges from 11% - 47%
 - **2013-2015: 31.2% smoking in pregnancy for Region 1**
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Universal home visiting workgroup
 - Health equity and stigma reduction



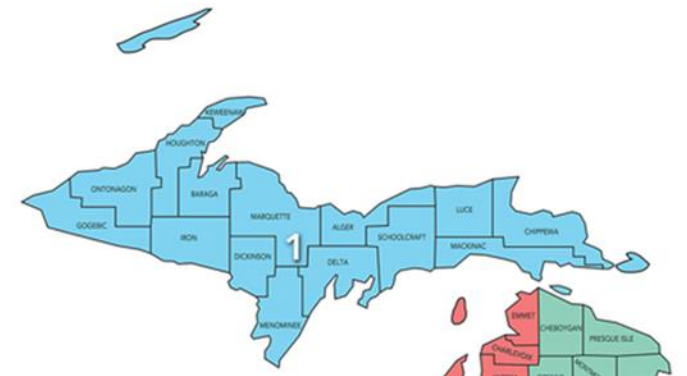


Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) in the U.P.

- 7 agencies throughout the U.P. trained in SCRIPT
- Half are currently participating in implementation
- Through August, the agencies have identified 39 pregnant women using tobacco
 - 13 have agreed to participate in SCRIPT
 - 2 women have reduced smoking by greater than 50% and 1 woman has quit completely
- Additional outcomes/overcoming challenges

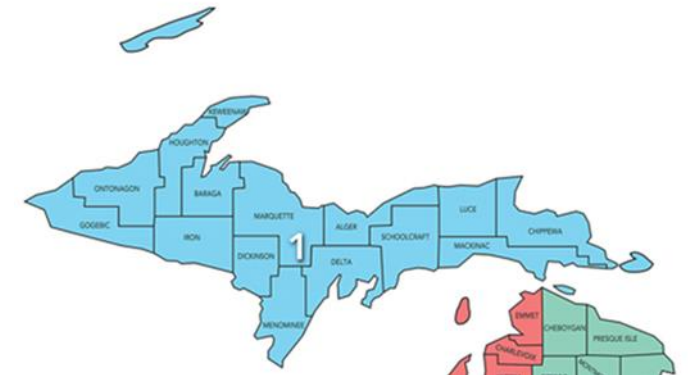
Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
 - *High Touch, High Tech (HT2) electronic screening tool implementation*
 - In 2017, had the highest neonatal abstinence syndrome (NAS) rates of any prosperity region in the State
 - High smoking rates (as stated earlier)
 - Universal home visiting workgroup
 - Health equity and stigma reduction



Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - **Universal home visiting workgroup**
 - Health equity and stigma reduction



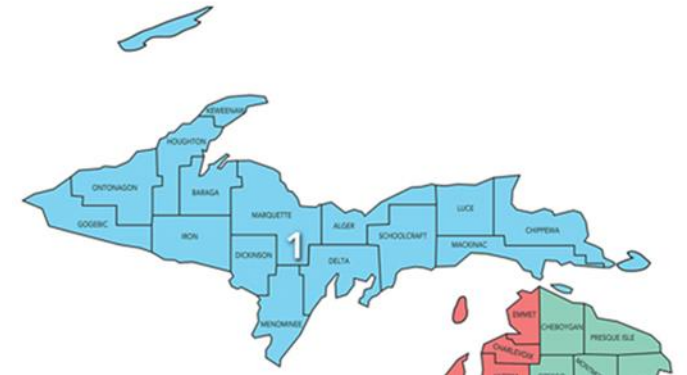



Universal home visiting workgroup

- Initiated as result of grant for Systems Level Approach to NAS
- Working to develop universal referral protocol
- Connecting all women to home visiting programs
 - Further referral to substance use resources as needed

Region 1 – Upper Peninsula

- Fiduciary: Upper Peninsula Health Care Solutions
- Efforts include:
 - Long-acting reversible contraceptive (LARC) initiative at War Memorial Hospital
 - Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation at various clinics
 - *High Touch, High Tech (HT2)* electronic screening tool implementation
 - Universal home visiting workgroup
 - **Health equity and stigma reduction**





Health equity and stigma reduction

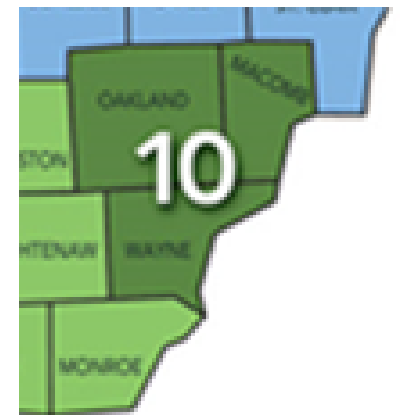
- Neonatal Abstinence Syndrome (NAS) quality improvement efforts in collaboration with MPHI
- Trainings and workshops
 - NAS education and stigma reduction
 - Treatment of Opioid Use Disorder
 - Serving Native American Families
 - MI AIM Safety Bundle Training



Region 10

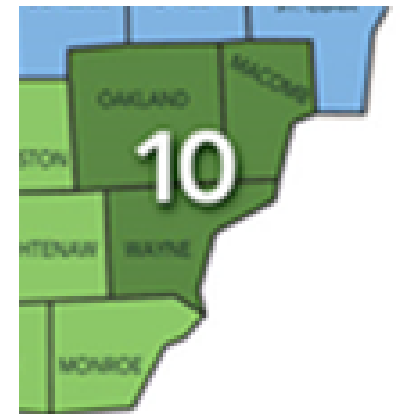
Region 10 – Southeast Michigan

- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
 - Increasing referrals and enrollment in home visiting programs
 - Diversity, equity and inclusion
 - Diverse Regional Perinatal Quality Collaborative (RPQC) membership



Region 10 – Southeast Michigan

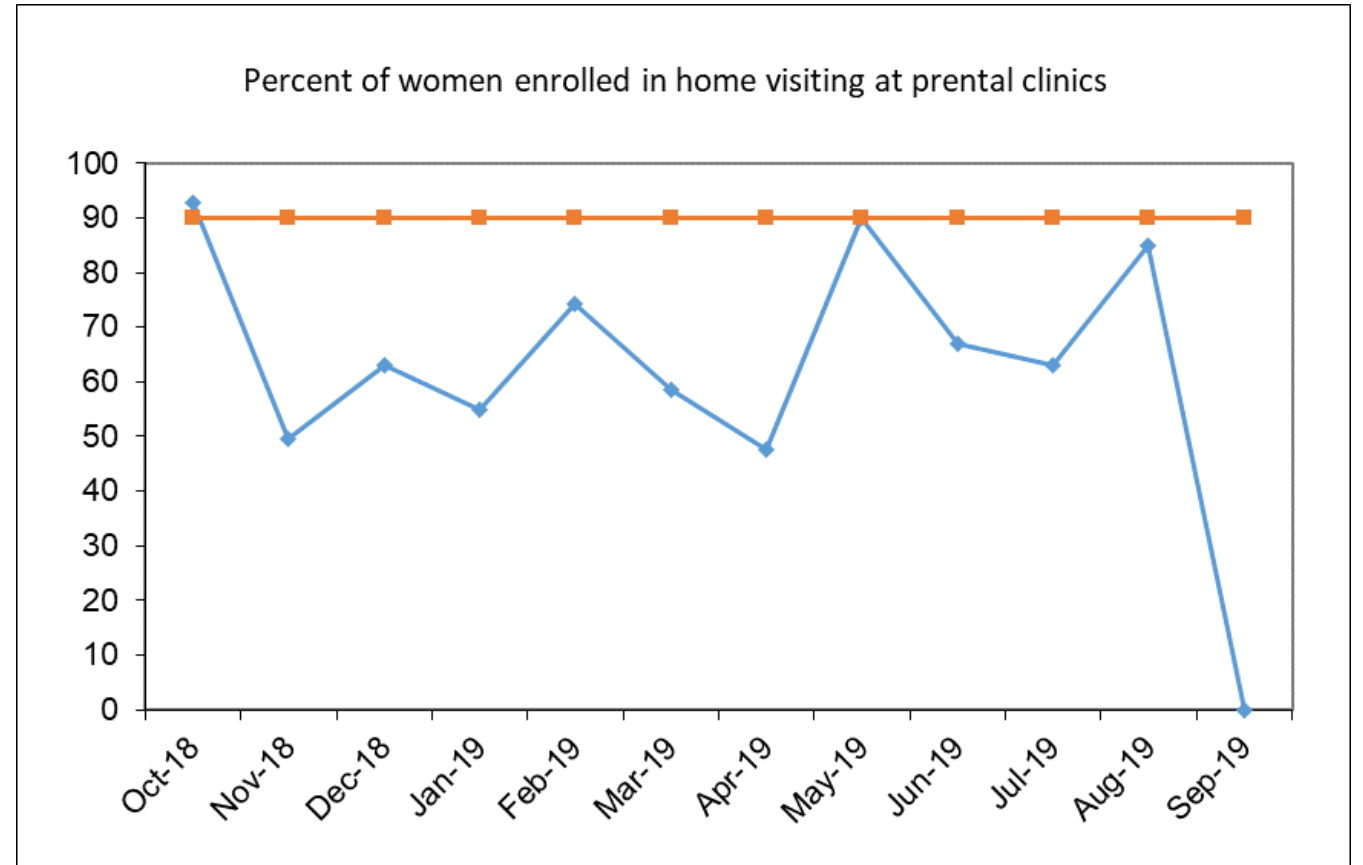
- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
 - Increasing referrals and enrollment in home visiting programs (Healthy Baby @ Home)
 - Diversity, equity and inclusion
 - Diverse Regional Perinatal Quality Collaborative (RPQC) membership



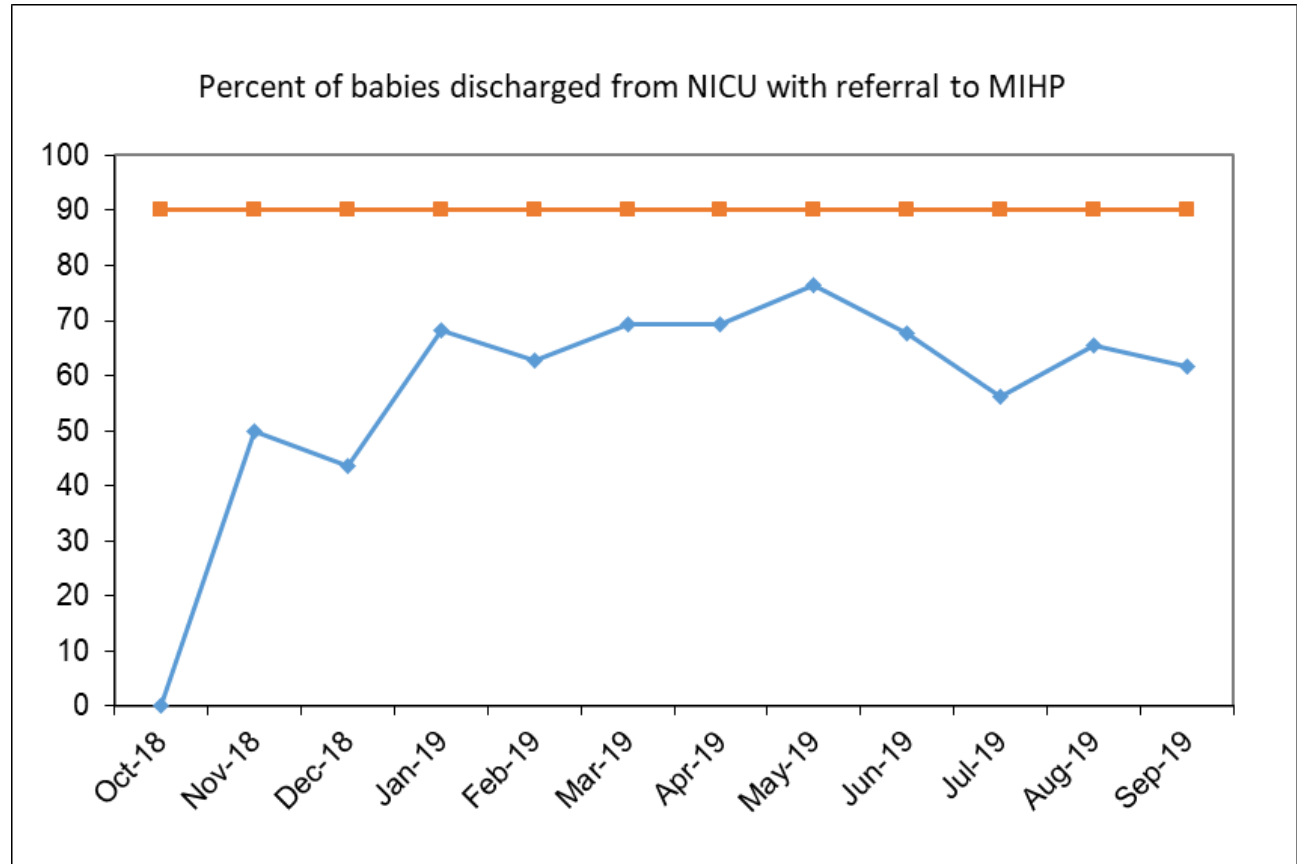
Healthy Baby @ Home

- To address low enrollment in home visiting programs
- Partnered with Maternal Infant Health Program (MIHP) agencies and prenatal care clinic(s)
 - 2 MIHP agencies alternate being present in prenatal care clinic
 - 3rd agency works with an additional prenatal care clinic
 - Provides patients an opportunity to connect with someone from the agency and creates a 'warm hand-off'
 - Opportunity to connect patient to resources at that time
- MIHP agencies also work with Neonatal Intensive Care Unit (NICU) and Special Care Nursery staff at local hospital
 - Connect families to services and enroll in home visiting program

Healthy Baby @ Home: Data

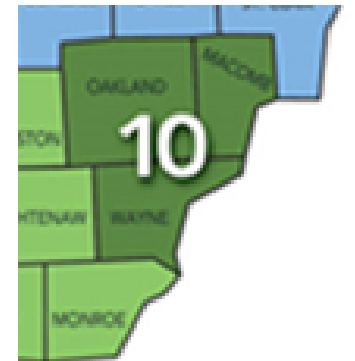


Healthy Baby @ Home: Data



Region 10 – Southeast Michigan

- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
 - Increasing referrals and enrollment in home visiting programs
 - **Diversity, equity and inclusion**
 - Diverse Regional Perinatal Quality Collaborative (RPQC) membership



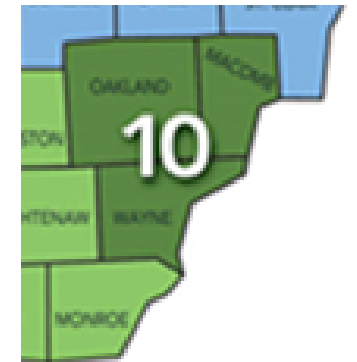


Diversity, equity and inclusion

- Working with partner agencies to ensure policies and procedures are equitable
- Maternal Infant Health Program (MIHP) staff and clinical partners participating in quality improvement (QI) project received implicit bias training and engaging communities

Region 10 – Southeast Michigan

- Fiduciary: Greater Detroit Area Health Coalition
- Efforts include:
 - Increasing referrals and enrollment in home visiting programs
 - Diversity, equity and inclusion
 - **Diverse Regional Perinatal Quality Collaborative (RPQC) membership**





Diverse Regional Perinatal Quality Collaborative (RPQC) membership

- Community based organizations
 - Focus:HOPE
- Health Systems
- Local public health
- Medicaid health plans
- Home visiting agencies
- Mental health agencies



Region 6

Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening
 - Expanding Regional Perinatal Quality Collaborative (RPQC) membership
 - Innovative
 - Potential efforts in fiscal year 2020 (FY20)



Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening
 - 2017 Percentage of pregnant women smoking: 18-25%
 - 2nd highest treated neonatal abstinence syndrome (NAS) rate in 2017
 - Expanding Regional Perinatal Quality Collaborative (RPQC) membership
 - Innovative
 - Potential efforts in fiscal year 2020 (FY20)






High Touch, High Tech (HT2) in Region 6

- Partnered with Federally Qualified Health Center (FQHC) in Bay City
 - In-house licensed master of social work (LMSW)
- June-August 2019 data
 - 118 (96.7%) pregnant women completed the screening
 - 75 (63.6%) women screened positive and/or were eligible for brief intervention on iPad
 - 53 (70.7%) received the brief intervention
 - Majority of positive screens were for tobacco, alcohol, marijuana and depression

Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening
 - **Expanding Regional Perinatal Quality Collaborative (RPQC) membership**
 - Innovative
 - Potential efforts in fiscal year 2020 (FY20)





Expanding Regional Perinatal Quality Collaborative (RPQC) membership

- Excellent participation of families
- Every local health department (LHD) is actively participating
- Working to add diverse, cross-sector members

Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening
 - Expanding Regional Perinatal Quality Collaborative (RPQC)
 - **Innovative**
 - **Use of technology for meeting attendance**
 - Potential efforts in fiscal year 2020 (FY20)



Region 6 – Thumb Area

- Fiduciary: Tuscola County Health Department
- Efforts include:
 - *High Touch, High Tech (HT2)* electronic screening
 - Expanding Regional Perinatal Quality Collaborative (RPQC)
 - Innovative
- Potential efforts in fiscal year 2020 (FY20)





Potential efforts in fiscal year 2020 (FY20)

- Michigan Alliance for Innovation for Maternal Health (AIM) safety bundle implementation
 - [Obstetric Care for Women with Opioid Use Disorder \(OUD\)](#)
- Smoking Cessation and Reduction in Pregnancy Treatment program (SCRIPT) implementation



Aligning Efforts



Strategic Vision

Zero preventable deaths

Zero health disparities



Six Priority Areas



**Health
Equity**



**Healthy Girls,
Women &
Mothers**



**Optimal Birth
Spacing &
Intended
Pregnancies**



**Full Term,
Healthy
Weight Babies**



**Infants Safely
Sleeping**



**Mental,
Emotional &
Behavioral
Well-Being**



**MOTHER INFANT
HEALTH & EQUITY
IMPROVEMENT PLAN**

Maternal and Infant Health Indicators

Indicators	2017 Metric	2023 Goal	% Improvement
Infant Mortality Rate/1000 live births	6.8	5.8	15%
Low Birthweight	8.8%	7.8%	11%
Preterm Birth	10.2%	9.4%	8%
Sleep Related Infant Death Rate/10,000 live births	8.9	7.6	14%
Severe Maternal Morbidity Rate/10,000 delivery hospitalizations	169	130	23%
Pregnancy Related Maternal Mortality Rate/100,000 live births [2016 data]	11.5	7.3	37%

* Vital Records (VR) data were used in place of data match with HP2020 goal; ** 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% 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.



1

- Who has heard of the Regional Perinatal Quality Collaboratives?



2

- Regional Perinatal Quality Collaboratives are tasked with engaging families, convening diverse, cross-section stakeholders and improving maternal and infant birth outcomes through data-driven quality improvement efforts.

- A. True
- B. False



2

- Regional Perinatal Quality Collaboratives are tasked with engaging families, convening diverse, cross-section stakeholders and improving maternal and infant birth outcomes through data-driven quality improvement efforts.

A. True



Summary

- Regional Perinatal Quality Collaboratives (RPQCs) offer an innovative and alternate model
- RPQCs have cross-sector and diverse membership
- RPQC example of networking and relationship building at its finest
- Importance of aligning efforts to improve birth outcomes and decrease disparities

MIHEIP and Regional Perinatal Quality Collaboration (RPQC) Participation

01

Sign up for the MIHEIP newsletter

Sign up at: www.Michigan.gov/MIHEIP

02

Connect with your RPQC

Contact Emily Goerge -- GoergeE@Michigan.gov

03

November 14, 2019

Attend a MIHEC Meeting

Ann Arbor, Michigan

Register: www.Michigan.gov/MIHEIP

04

March 30-31, 2020

Attend Mother Infant Health Summit

Lansing, MI



Contact Information

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Resources

- www.Michigan.gov/MIHEIP
- www.Michigan.gov/MCHEpi
- Michigan Community Health Information:
https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_5326---,00.html
- Michigan AIM: www.miaim.us
- ACOG Patient Safety Bundles:
<https://safehealthcareforeverywoman.org/patient-safety-bundles/#tab-maternal>