ALIGNED RECOMMENDATIONS: MATERNAL MORTALITY REVIEW COMMITTEE (MMRC) AND FETAL INFANT MORTALITY REVIEW (FIMR) TEAMS

Melissa Limon-Flegler, BSW
Michigan Maternal Mortality Surveillance Program Coordinator
Michigan Department of Health and Human Services

Audra Brummel, MPH, CHES®
Michigan Fetal Infant Mortality Review Coordinator
Michigan Department of Health and Human Services
OBJECTIVES

1. Describe qualitative analysis techniques for aligning recommendations

2. Increase awareness of aligned themes and recommendations

3. Explore methods used for elevating prevention and intervention strategies at a state, family/community, and policy level, which aim to enhance outcomes for women, children, and families.
Overview of Michigan Fetal Infant Mortality Review (FIMR) & Michigan Maternal Mortality Surveillance (MMMS) Program
FIMR

- Scope: Fetal and Infant Deaths
- FIMR process follows a continuous quality improvement cycle that tells us how and why babies die in a community.

Deaths Identified
Cases Reviewed
Recommendations Developed

MMMS

- Scope: Maternal deaths that occur within one year of the end of pregnancy
- MMMS is a continuous quality improvement process that tells us how and why mothers die in Michigan.
Describe significant social, economic, safety, health, and systems factors that contribute to mortality; and

Design and implement community-based action plans founded on the information obtained from the reviews.

Source: [https://ncfrp.org/fimr/fimr-process/](https://ncfrp.org/fimr/fimr-process/)
Two-Tiered Process

CASE REVIEW TEAM (CRT)
- Review case summary and maternal/family story
- Identify strength and gaps
- Develop recommendations for system and resource improvements

COMMUNITY ACTION TEAM (CAT)
- Implement recommendations for changes/process improvements

MMMS & MMRC Process

Maternal Mortality Review Committee Process

- State-level, multidisciplinary MMRC
- Maternal deaths that occurring within 1 year of the end of pregnancy
- Develop recommendations aimed at improving systems of care, social services, & community support

Guiding Questions for Review Committees

- Was the death pregnancy-related?
- What was the underlying cause of death?
- Was the death preventable?
- What are the contributing factors to the death?
- What specific and feasible actions might have changed the course of events?

Sourced from: Review to Action (https://reviewtoaction.org/)
Promote the translation of findings into action

Work with communities to implement interventions aimed at improving systems and resources

Determine if MMRC recommendations need modified

Collaborate in disseminating findings & related action
Improve and align Fetal Infant Mortality Review (FIMR), Child Death Review (CDR) and Michigan Maternal Mortality Surveillance (MMMS) to provide actionable and locally relevant recommendations.

The Mother Infant Health & Equity Improvement Plan (MIHEIP)

- Improve and align Fetal Infant Mortality Review (FIMR), Child Death Review (CDR) and Michigan Maternal Mortality Surveillance (MMMS) to provide actionable and locally relevant recommendations.

“Lean” Process Improvement

- Purpose: To align MMMS & FIMR recommendations into a collaborative format for communicating, disseminating, evaluating, and acting on joint findings and collected data.

- Expected Outcome: Develop a communication plan that assures that recommendations are shared widely amongst the general public, healthcare professionals, community health partners, state partners, and policy makers; provide an evaluation process, and provide transparency and accountability to all stakeholders involved.
COLLECTION OF LOCAL FIMR RECOMMENDATIONS
NEXT STEPS AFTER LOCAL RECOMMENDATIONS ARE RECEIVED

1. Local FIMR Recommendations are Input into the MMMS/FIMR Joint Recommendation Tool
   a) Recommendation
   b) FIMR Site & Prosperity Region
   c) Theme for Action

2. Recommendations are sent to Preventable Mortality Epidemiologist
Developed by Michigan’s MMRC during case review

Documented within the MMRIA Committee Decisions Form & Recommendations Creation Guide

Recommendations Analyzed & Approved Quarterly

COLLECTION OF MMRC RECOMMENDATIONS
NEXT STEPS AFTER MMRC RECOMMENDATIONS ARE APPROVED

1. MMRC Recommendations entered into the MMMS/FIMR Joint Recommendation Tool
   a) Recommendation
   b) Michigan Prosperity Region
   c) Theme for Action
2. Recommendations are sent to Preventable Mortality Epidemiologist
ALIGNMENT METHODOLOGY
ALIGNMENT ANALYSIS PROCESS

Individual Program Files
- Unique identifier
- Import type

Parent Nodes
- Themes for Action
- Program Specific
- Alignment Categories

Program Specific Coding
- Includes recommendations that are specific to one program (example: infant safe sleep)

Themes for Action Coding
- Child codes
- Based on coordinator or FIMR team assignment
- Recommendations between files within each child code analyzed for alignment

Alignment Category Coding
- Child Codes created by
  - Nvivo Auto code
  - Word Query
  - Matrix Query
  - Recommendations between files within each child code analyzed for alignment
  - Coding highlights
  - Text query

Final Alignment Categories
- Exported with individual recommendations included
- Visual representations
- Dissemination
ALIGNMENT CATEGORY
RESULTS

TOP FIVE, FISCAL YEAR 2022
TOP FIVE ALIGNED CATEGORIES

- **Substance Use Disorder**
  - 35 total recommendations: 23 FIMR and 12 MMMS

- **Mental Health Conditions**
  - 33 total recommendations: 27 FIMR and 6 MMMS

- **Wrap Around Services**
  - 28 total recommendations: 23 FIMR and 5 MMMS

- **Health Equity**
  - 19 total recommendations: 12 FIMR and 7 MMMS

- **Social Determinants of Health**
  - 18 total recommendations: 14 FIMR and 4 MMMS
SUBSTANCE USE DISORDER
SUBSTANCE USE DISORDER: THEMES FOR ACTION

- Improve Trainings and Education
- Improve Access to Quality Care
- Improve Management of Pre-Existing Conditions
- Improve Care Coordination and Communication Between Providers
- Address Environmental Conditions
- Address Safety Issues/Conditions
- Improve Policies Regarding Systems of Care, Prevention Initiatives, Screening, and Treatment Programs
- Develop and Implement Prevention Initiatives, Screening, and Treatment Programs
SAMPLE RECOMMENDATIONS

- Increase access to integrated care for SUD interventions and services
- Increase awareness and education around the need to spread information to the SUD community about signs and symptoms of an overdose
- Implement substance use screening (including alcohol and tobacco) at first prenatal visit, throughout pregnancy and postpartum visits – including ED visit

- “There should be more education and resources provided that deal with the intersection of mental health and substance abuse”
- “Increase information around substance use (and management) during pregnancy and after birth”
Supporting implementation of the Alliance for Innovation on Maternal Health (AIM) patient safety bundle, **Care for Pregnant and Postpartum People.**
MENTAL HEALTH CONDITIONS

27 FIMR
6 MMMS
RECOMMENDATIONS
MENTAL HEALTH CONDITIONS: THEMES FOR ACTION

- Improve Trainings and Education
- Adopt Levels of Maternal Care
- Improve Access to Quality Care
- Improve Management of Pre-Existing Conditions
- Improve Provider/Patient Communication
- Address Social Determinants of Health and/or Health Equity
- Improve Care Coordination and Communication Between Providers
- Address Environmental Conditions
- Improve Policies Regarding Systems of Care, Prevention Initiatives, Screening, and Treatment Programs
- Develop and Implement Prevention Initiatives, Screening, and Treatment Programs
SAMPLE RECOMMENDATIONS

- Provide universal rescreening by home visiting professionals/family support professionals and medical providers for IPV, substance use, mental health during visits once a rapport with the client has been established.
- Require social work consults for all pregnant or postpartum patients with Substance Use Disorder, IPV, past trauma and/or mental health disorders including referrals to appropriate follow up care and support such as MIHP.
- The MMRC will increase awareness and visibility of behavior health options, including the University of Michigan MC3, to prenatal care providers, birthing hospitals, and emergency departments using the Departments communication strategies and processes.
- “Improve availability of Mental Health Services for pregnant women”
- “Support referrals for mental health treatment during pregnancy”
- “Continue perinatal counseling and discussion with families who have predicted poor birth outcomes”
- “Warm hand-off of continuum of care; mental health, substance use, social services”
- “Provide physicians/residents with more education about MC3 as a MH resource. Implement into resident grand rounds”
INITIATIVES

- Improving or expanding local grief support resources and services (e.g., support groups) for families.
- Increasing awareness and visibility of behavioral health options to prenatal care providers, birthing hospitals, and emergency departments in Michigan.
WRAP AROUND SERVICES: THEMES FOR ACTION

- Improve Access to Quality Care
- Improve Provider/Patient Communication
- Address Social Determinants of Health and/or Health Equity
- Improve Care Coordination and Communication Between Providers
- Address Environmental Conditions
- Address Safety Issues/Conditions
- Improve Policies Regarding Systems of Care, Prevention Initiatives, Screening, and Treatment Programs
SAMPLE RECOMMENDATIONS

- Offer women wrap-around services to help align systems of care and transform every interaction into a potential opportunity for change

- Increase access to home visiting/family support services for all pregnant and postpartum women in Michigan

- Women need to be connected to family support programs/services (home visiting, doulas, community health workers, etc.) to facilitate communication between patient and provider to elevate the patients’ voice/concerns

- “Wrap-around care from preconception to post-conception to increase access to care and streamline referrals to social services”

- “Increase provider numbers of SWs, CHWs, and HV, the number of their programs, and institutional support for all”

- “Implement CHW as liaison between the patient and the provider, on behalf of the patient”
INITIATIVES

- Raising awareness of home visiting programs available in clinical spaces.
- Utilizing a resource first initiative/approach to connect families to resources.
- Improving awareness of family support services available for pregnant and postpartum women in Michigan.
HEALTH EQUITY

12 FIMR
7 MMMS
RECOMMENDATIONS
HEALTH EQUITY: THEMES FOR ACTION

- Improve Trainings and Education
- Improve Access to Quality Care
- Improve Provider/Patient Communication
- Address Social Determinants of Health and/or Health Equity
- Improve Care Coordination and Communication Between Providers
- Address Environmental Conditions
- Improve Policies Regarding Systems of Care, Prevention Initiatives, Screening and Treatment Programs
Believe women. The MMRC expects providers, communities, and systems to trust, hear and listen to women.

Increase access to education for providers and systems on delivering culturally competent care and reducing stigma, bias and barriers when implementing services and recommend that all providers are exposed to implicit bias training that leads to use of best practices for dignity and respectful care.

“Equitable care for all patients, to insure they receive the same level of care”

“Begin to entrust providing the best, culturally competent evidence through trusted individuals/groups”

“Social Worker should inquire if there are specific cultural or language barriers that are experienced and if those factors contribute to mother's medical decisions, grief process, family transition, beliefs regarding termination and other factors”
INITIATIVES

- Presentations to local partners on racial disparities in birth outcomes and health related experiences.
- Community partners engaging local communities to address maternal health inequities and improve access to culturally responsive health care.
- Developing a toolkit to promote awareness of implicit bias among health care teams.
SOCIAL DETERMINANTS OF HEALTH
SOCIAL DETERMINANTS OF HEALTH: THEMES FOR ACTION

- Improve Trainings and Education
- Improve Access to Quality Care
- Address Social Determinants of Health and/or Health Equity
- Improve Care Coordination and Communication Between Providers
- Develop and Implement Prevention Initiatives, Screening, and Treatment Programs
Streamline governmental assistance application processes and administrative requirements so it’s easier for pregnant and parenting people to obtaining assistance.

Pregnant and parenting women should have access to stable and secure housing to improve women’s health.

“Expand access to affordable licensed childcare”

“Improve ways in which families have to navigate through housing sectors (make user friendly)”

“More information needed on all support services”
Community groups focusing on housing and its impact on pregnant and parenting individuals.

Local public transportation hiring drivers to get community members to their appointments.

Working with childcare and employment in the early childhood education sector.
WAYS TO USE THE REPORT

- Look at specific recommendations that you could implement in your community
- As a resource to inform your local improvement plans/initiatives
- To raise awareness and educate decision makers

To view the report, please visit: MMMS and FIMR aligned recommendations (michigan.gov)
THANK YOU!

**Michigan Fetal Infant Mortality Review**

Audra Brummel  
Michigan Fetal Infant Mortality Review Coordinator  
(517) 582-1344  
BrummelA@Michigan.gov  
www.Michigan.gov/FIMR

**Michigan Maternal Mortality Surveillance**

Melissa Limon-Flegler  
Program Coordinator, Michigan Maternal Mortality Surveillance  
(517) 284-4230  
LimonfleglerM1@Michigan.gov  
www.Michigan.gov/MMMS

Heidi Neumayer  
Preventable Mortality Epidemiologist  
(517) 335-8959  
Neumayerh@michigan.gov  
www.Michigan.gov/MMMS