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Policy Considerations to Advance Birth Equity

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Birth equity (noun):

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.





Climate ripe for change and collaboration to improve outcomes



- Tremendous potential on both state and federal level to partner for policy change to reduce racial disparities in maternal and infant outcomes
- Healthy Moms, Healthy Babies initiative at state level
- MOMNIBUS bills at federal level
- Importance of hearing and honoring voices of those most impacted amplified by the work of community organizations to inform policy direction
- Need for partnership and collaboration on advocacy



Birth Equity Education Project

- Series of knowledge products funded by the WK Kellogg Foundation to promote policy improvements in specific areas of maternal and infant health with goal to highlight initiatives and policy strategies that can reduce health inequities for black and indigenous women and babies.
- Audience includes policy makers, legislators, state administrators, as well as health care leaders.
- MCMCH offering policy considerations for each
- Published to date:
 - Doula Services for Improving Birth Outcomes
 - Reimagining Perinatal Care
 - Nurturing a Healthy Dyad: The Importance of Maternal and Infant Mental Health
 - Diversifying the Healthcare Workforce
 - Finance and Payment Innovation
- In progress:
 - Breastfeeding
 - Substance use and perinatal interventions
 - TBD

All BEEP knowledge products and
policy considerations at:
www.mcmch.org

Doulas

Doulas have shown to be an empowering and effective resource to improve birth outcomes and reduce the racial disparities in birth outcomes.

Policy considerations to enhance the availability and viability of doulas:

- Coverage of doulas in the state's Medicaid program and through private insurers via legislation and policy
- Incorporate information about the role of doulas and their impact on outcomes in the education of all medical providers involved in maternity care.
- Prohibit hospital policies that restrict doulas participation as part of a birthing care team and clarify that doulas should not be counted as family members or visitors.



Perinatal Care

Different types of perinatal care delivery methods have demonstrated evidence of improving outcomes and addressing racial disparities in maternal and infant health outcomes.

Policy considerations for implementing innovative perinatal care models:

- Modify insurance reimbursement, including Medicaid, to allow for and incentivize responsive models of care.
- Require coverage and distribution of blood pressure cuffs and fetal monitors to provide patients the ability to monitor and provide readings to practitioners during virtual medical appointments.
- License free-standing birth centers in Michigan to facilitate reimbursement and sustainability and ensure safety and standards of care while recognizing the unique value of centers built for and by the community.



Maternal and Infant Mental Health

Nurturing and supporting the mental health of the dyad requires regular screening by all professionals and service providers who engage with new families, and policies and investments that promote interventions.

Policy considerations for enhancing maternal and infant mental health:

- Seek funding and reimbursement for additional maternal mental health (depression) screenings in medical care and community-based services.
- Expand use of innovative screening tools that provide prompt referral and follow-up.
- Position and resource mental health professionals in trusted settings to deliver immediate services.
- Advocate for sustainable funding and increase utilization of telepsychiatry support to obstetrical and pediatric providers.
- Commission a Michigan-specific study on the prevalence of perinatal mental illness and mood disorders, associated maternal and infant outcomes, and the cost of untreated illness.



Diversifying the Workforce

Beyond implicit bias training for existing providers, more must be done to bring diverse individuals into the maternal and child healthcare workforce.

Policy considerations for diversifying professionals who serve pregnant individuals and children:



- Incorporate measures of workforce diversity into to system performance metrics, such as hospital community needs assessments.
- Increase and enhance educational loan repayment programs
- Payers of health care, primarily insurers, can provide incentive payments to provider organizations that demonstrate workforce diversity, and provider-patient concordance.
- Academic institutions must utilize holistic admissions and not rely on grade point averages and standardized test scores built on historic inequities and racism.
- Provide stipends and workload adjustments for mentors in both the educational and work settings to allow meaningful engagement. Pair experts in social supports with mentors to assure that barriers to retention can be supported and addressed.
- Establish and incentivize work opportunities for undergraduate and graduate students to create earning opportunities and place emphasis on the value of practical and clinical experience.



Finance & Payment Innovation

Perinatal payment reforms can improve outcomes while reducing costs. Most importantly, they can incentivize and sustain strategies shown to reduce racial disparities in maternal and infant health.

- An inclusive process should be created with consumers, providers, Medicaid health plans and other payers, and advocates to:
- Review and understand how perinatal care is financed in Michigan.
- Define a perinatal service array, from prenatal care through birth and 12-months postpartum.
- Ensure the full range of providers and birth workers in the care team are part of the process (e.g., doulas, midwives, care coordinators, community health workers, mental health providers, advance practice nurses, and physicians).
- Adopt appropriate and meaningful measures/metrics that focus on equity in access, care, and outcomes. Experience in other states suggests a short list of measures tightly focused on a few screenings, procedures, or conditions will not be sufficient.
- Propose payment structures that align with and support current quality initiatives (e.g., MI AIM) and programs that are focused on improving equity in infant and maternal outcomes.
- Don't assume that bundling is the solution and will achieve desired results. Some states have succeeded by unbundled postpartum care or other elements in the perinatal continuum.



Dialogue & Questions