

Birthing Hospital Check In

We asked our birthing hospitals if a doula was allowed in the OR for C-Section deliveries and if the doula counted as a support person or not.

- **Three Rivers Beacon Health System**
- **Borgess**
 - Doula's are allowed in the OR
 - They are in addition to one other support person
 - At bedside in general they do not count as a support person
 - We have joined MI AIM and working on that
 - For breastfeeding month we have been offering classes in support of breastfeeding
- **Oaklawn**
 - At the moment we are only allowing one person in the OR with a C-Section, it can be a doula or the patients significant other. This is due to infection control and available space
- **Corewell Health**
 - We do count the doula as a member of the healthcare team. We have allowed them in the OR
 - By December 1st we will have a physician inhouse 24/7 with an OB ED
 - Patients who are 12 weeks and further along can go to the OB ED and not the main ED
 - We have a breastfeeding support group every Wednesday
 - We are working on getting MIPH back in Berrien County
- **Bronson Methodist**
 - Both BMH & BBC allow doula's in the OR as part of the care team
 - They do need to be certified and we have them sign an agreement form
 - We continue to work on MI AIM, 3 & 7 day postpartum visits being scheduled before the mom is discharged
 - We continue to work with the Sepsis collaborative and doing multidisciplinary case reviews on Sepsis cases
 - We have started the Maternal Levels of Care

MI AIM Overview

- **MI AIM Designation Criteria 2023**
 - Participation in MI AIM
 - Data Reporting
 - Bundle Implementation
 - OB Hemorrhage - Hemorrhage Risk assessment, quantified blood loss measurement
 - Severe Hypertension – time to treatment
 - Sepsis – patients screened for sepsis
 - Reduction of NTSV Primary C-Section (OBI) labor dystocia criteria met
 - 2023 MI AIM Designation Status – Region 8

- Corewell Health Lakeland St. Joseph – Silver
- Corewell Health Lakeland Niles – Gold
- Bronson Methodist – Gold
- Bronson Battle Creek – Gold
- Three Rivers Health – Gold
- Promedica Coldwater – Gold
- **MI AIM 2024 Focus**
 - Continued goals: participation, data collection, bundle implementation (hypertension, hemorrhage, and/or sepsis), OBI NTSV primary c-sections
 - New Objectives: Maternal Sepsis – Monthly collaborative meetings. Focus on multidisciplinary case reviews, patient and provider/nurse education on sepsis and Urgent Maternal Warnings Signs
 - Sever Hypertension – Postpartum 3 day or 7 day follow up visits

Results of SWMPQIC’s Qualitative Needs Assessment

- Town Hall Meeting
- Community Health Needs Assessment Scan
- Key Partner Interviews
- Listening Sessions

Themes that we found from the different assessments we had.

- **Physical Health**
 - Women experienced challenges staying healthy during pregnancy and after birth
 - Some challenges were within their control like: eating healthy, exercising, staying hydrated, and avoiding substances like marijuana
 - Some challenges were more outside their control like: nausea, high blood pressure, gestational diabetes, pelvic floor weakness, prolapse, & miscarriages
 - Participants wanted more knowledge on how to make healthy choices while pregnant but did not feel this information was adequately addressed by provider offices
 - Birthing persons who use substances during pregnancy can be more reluctant to trust and share this information with providers or have in-home services like home visiting programs
 - Postpartum check ups are typically 6 weeks following birth which is too far and infrequent to catch problems as they arise or connect people to needed resources
- **Mental Health**
 - Pregnancy and the birth of a baby are high stress life events that require additional supports for moms and babies to stay healthy
 - Work life balance and pressure to meet societal norms are particularly challenging during pregnancy, birth and following birth
 - There is a lack or perceived lack of mental health resources like support groups or services for those experiencing mild to moderate postpartum mood disorders
 - The process of screening mental health during this time, referral to services if needed, and then those services connecting to provide mental health needs is concerning

- Mental health services are operating at capacity or near capacity
- **Access to Care**
 - Birthing persons are experiencing challenges getting to their provider and having enough time in the appointment to feel adequately cared for
 - Provider offices have limited appointments that meet the needs of families in a Minely manor. Wait times are long, especially for first appointments. Appointment times are during the day when families are at work or struggle to find childcare
 - Geographic proximity to provider offices is poor for some parts of the region. Added distance traveled requires more time off work and/or transportation challenges like getting a ride or gas
 - Children are not welcomed at appointments for the birthing person so childcare is needed
 - Establishing needed trust with a provider is challenging when appointments are fast and first appointments with an OB come later in the pregnancy. An added layer is that patients are often not seeing providers who look like them
 - Lack of insurance or type of insurance lead to disparities in quality and access to care
 - Access to a doula is limited by cost, availability, geographic location, and policy
- **Access to Resources**
 - Agencies are experiencing challenges getting information to those who need it and those who need resources are having trouble getting those services
 - Awareness of available community resources is not consistent and there is no centralized location to identify services when they are needed. Agencies struggle to get information to those who need it in a way that they trust the message
 - Eligibility requirements to access services can be restricting. This leaves out individuals who may need the services but are ineligible and causes a stigma for those who do quality.
 - Rural communities have less resources available to residents
- **Healthy Literacy and Advocacy**
 - Birthing Persons need more understandable information to make appropriate choices during their pregnancy, birth and after
 - Providers are not sharing information in a way that is easily understood but respectful the “why” something is important and the options that the birthing person has is often left out in communication
 - Birthing persons often feel dismissed, ignored, or minimized when asking questions or raising concerns with their providers. Non-White women are experiencing this even more frequently. Interactions with providers are different depending on who is with the patient, like home visitors or doulas
 - Families want more information on what is needed to keep their families healthy, like care seat safety, development of baby in pregnancy and after birth infant CPR, Heimlich maneuver, when/how/what to feed baby, how to prepare your body for labor, pumping at work, navigating insurance, what is adequate prenatal care, where to find needed resources, how to advocate when faced with racism or provider bias with their care etc.. But don't feel it is covered by providers and do not know where else to get this information and are turning to the internet
- **Social Determinants of Health**

- Families are experiencing factors beyond their health that have huge impacts on health outcomes
- Costs of things like medical care, essential baby items like diapers, wipes or formula, food for the family and housing has stressed families budgets
- Transportation is a significant barrier. There is a lack of public transportation or ride share services in the region, especially rural areas, Transportation services are not family friendly and rarely reliable
- Safe, affordable housing free from bugs, mice, lead, mold, crime, and other conditions is sparse. Landlords must abide by lax or flawed policies and regulations leading to poor conditions. Homeless shelters are at capacity
- Healthy food is expensive, and access is limited in some areas. Many need food assistance services but do not qualify, and for those that do qualify have challenges finding the food approved by the program
- Safe childcare is hard to find and is even harder to afford
- Birthing persons who speak languages other than English have added complexity to understand forms, materials, and interactions with their providers. Agencies struggle to provide personal care and establish trusting relationships without speaking the same language
- **Provider Supports**
 - Providers need additional support to provide optimal care to birthing persons and their families
 - Providers need more education and training on health literacy and active listening
 - Providers need training and accountability to practice sensitivity, remove biases and proper bedside manners
 - Training opportunities are not equitable across hospital systems, roles within the hospital etc. There needs to be more system wide training for all roles, including residents
 - Providers need more time with their patients
 - There needs to be greater awareness of common complications like preeclampsia and how to catch it much earlier
 - Providers are limited in their knowledge and ability to connect birthing persons to needed resources in the community
- **Provider Shortage**
 - There are not enough providers in the region to get quality care to birthing persons in a timely manor
 - Health systems are short staffed. Specifically, doctors, nurses, midwives, lactation consultants, childbirth educators, and physical therapists were noted.
 - Since a birthing hospital in the region closed, there are more birthing persons seeking care at surrounding practices increasing demand for providers
 - Provider shortages are a contributing factor to long wait times for appointments and short appointment times
 - Roles in provider offices have shifted to try to accommodate additional patients with less hands on time with doctors and nurses
 - Geographic span of service provision leaves home visitors stretched thin
- **Support for Families**

- Families need social support systems and paid family leave to care for themselves and their families
- Families are leaning on their “village” or support system, like family to keep themselves and their babies healthy for things like childcare, transportation, housing, food, and information
- Families without paid parental leave are experiencing high stress. Families are having to use limited sick days or go unpaid for things like prenatal care appointments and during postpartum recovery. Families who have sick days often don’t have any left for things like future doctors’ appointments and those who go unpaid have the added financial stress
- Employers don’t always offer the time off needed to adequately recover from birth. Or are not accommodating like for example, not lifting after having a C-Section or conveniently pumping while at work
- **Coordination of Care**
 - There are gaps to connecting birthing persons to care, community resources, and referrals
 - Referral loops to services are not being followed up on so those that are not connected to not receive those needed services
 - There is a gap in knowledge of what community programs exist and their eligibility requirements
 - Those coordinating referrals like nurse navigators, community health workers, and care coordinators, etc. are not a part of the care team who does not see all birthing persons or create a warm point of contact
 - When patients are referred to a service, they don’t know who the referral is to so they are unable to follow up themselves
 - Some families do not answer calls from unknown numbers or numbers change making them hard to reach once they leave the office
 - In areas where more than one provider is available, some birthing persons bounce between systems and there is little coordination to care

Advancing Healthy Births Grant Awardees Updates

SWMPQIC awarded 7 mini grants in the amount of \$50,000 each to support community-led efforts in improving disparate birthing outcomes and ensuring healthy births in the region.

- **Branch County Great Start Collaborative** – Filling 20 scholarships to train doulas to serve the county and providing them with starter kits containing resources and materials. Offering Welcome Baby Baskets with car seats and pack-n-plays to families who need them
- **Corewell Health** – Providing culturally competent childbirth education and advocacy to those at highest risk for disparate birth outcomes, offering pack-n-plays, care seats, diaper bags and \$25.00 to participants who completed the class
- **HOPE Parent Resource Center** – Assembled and allocated 100 baby bundle bags to 11 community partners. Bags included resources, educational and advocacy materials for expecting people. Partnership with Help Me Grow to connect families to home visiting programs and to get families pack-n-plays, breast pumps and blood pressure monitors to families who need them

- **Michigan Breastfeeding Network and LactPower** – Created access to lactation care for those who would otherwise not be able to get lactation services, by lactation consultants who look like the people being served. Two additional lactation consultants were trained
- **Milk Like Mine** – Doulas have been able to be compensated a fair wage for their support with regional births, necessary administrative costs are being covered, working with fathers to become daddy doulas, providing mentorship to newer doulas to gain experience, knowledge and confidence
- **Twenty Hands MIPH** – Staff participated in up-to-date safe sleep training. Purchased 75 pack-n-plays and swag bags with materials to disseminate at a home visit dedicated to safe sleep education. Held presentations in the community on safe sleep and 20 Hands MIPH program leading to 40 families served thus far, 26 who were not in the program
- **YWCA** – Providing client wrap around services for the WISH program participants like diapers, groceries, housing assistance, and translation services for non-English speaking clients to increase participation in the WISH program

There is another baby shower event in Battle Creek at Macedonia Baptist Church

There will be a car seat safety check event in September Tekonsha, servicing both Branch and Calhoun Counties.

Community Grand Rounds will be October 18th. It is tailored to non-clinical audience and is open to anyone

Cradle Kalamazoo next community Baby Shower will be September 21st

Branch County Community Baby Shower will be Saturday, September 28th from 10am – 12pm

State Updates

- The next MIHEC meeting will be 8/15/24 virtually at 1pm. You will need to register in order to receive the Zoom link
- There will be another MIHEC meeting on November 14th, you will need to register for that one as well
- August is national breastfeeding month.
- 211 Michigan page now has grief and bereavement resources
- Save the Date: 2025 MIH Summit – 6/17 and 6/18 at the Radisson Hotel in Kalamazoo

SWMPQIC Updates

- PSI Reducing Your Risk/Postpartum Planning classes www.postpartum.net
- Childbirth and beyond
- Infant Car Seat Safety
- Coming Soon – Injoy Childbirth & Breastfeeding self-paced eClasses in multiple languages
- Check out SWMPQIC's website www.swmpqic.com or our weekly newsletter to learn more about classes and regional events