

# Maternal & Infant Health Overview & Update

May 2025

**Dawn Shanafelt**, Director, Maternal & Infant Health Division and Title V  
Maternal Child Health Program



# Mission

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

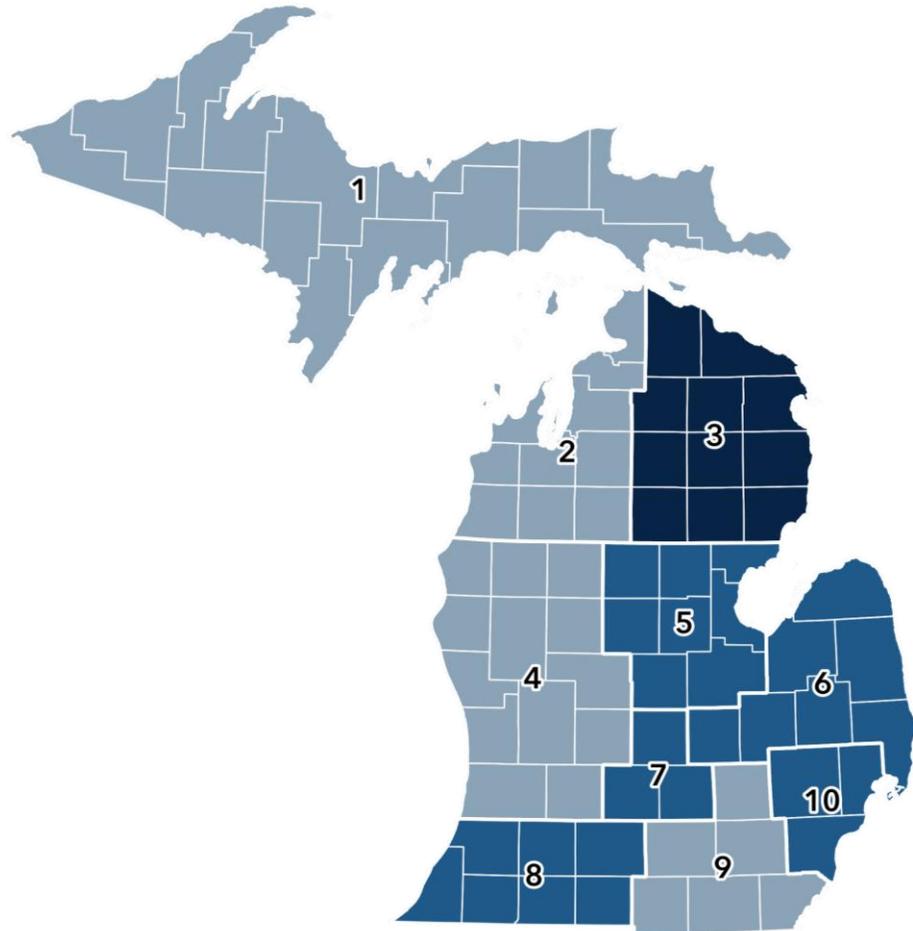
# Infant Mortality Rate, 2014-2023

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 Rate by Prosperity Region, 2023

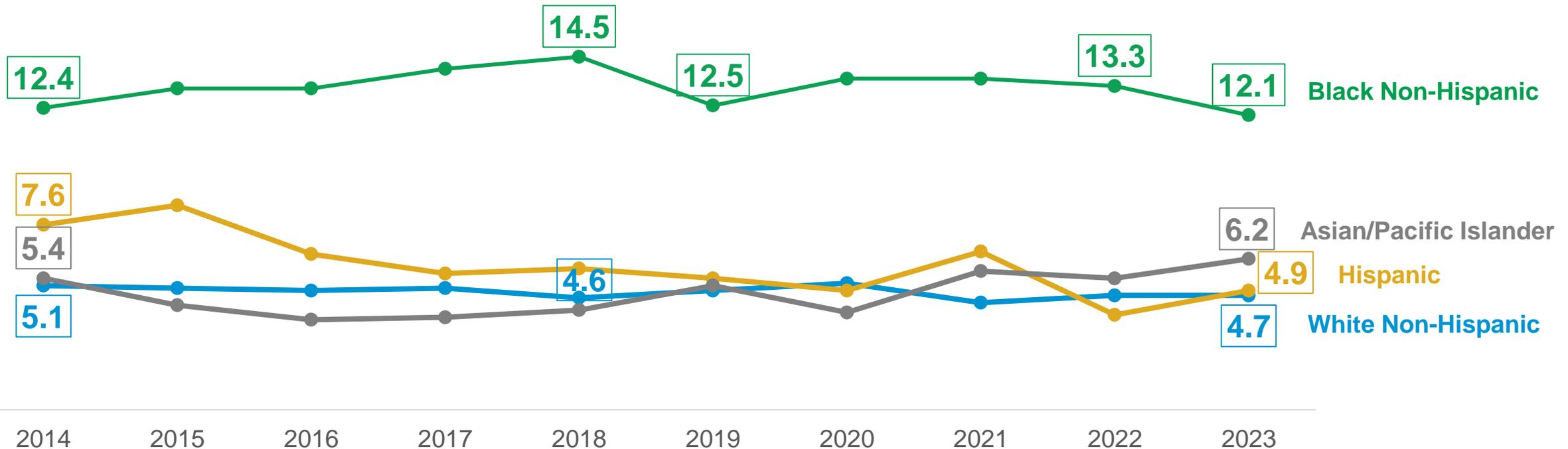
Infant mortality is defined as a death of a baby before his or her first birthday and is expressed as a rate per 1,000 live births.



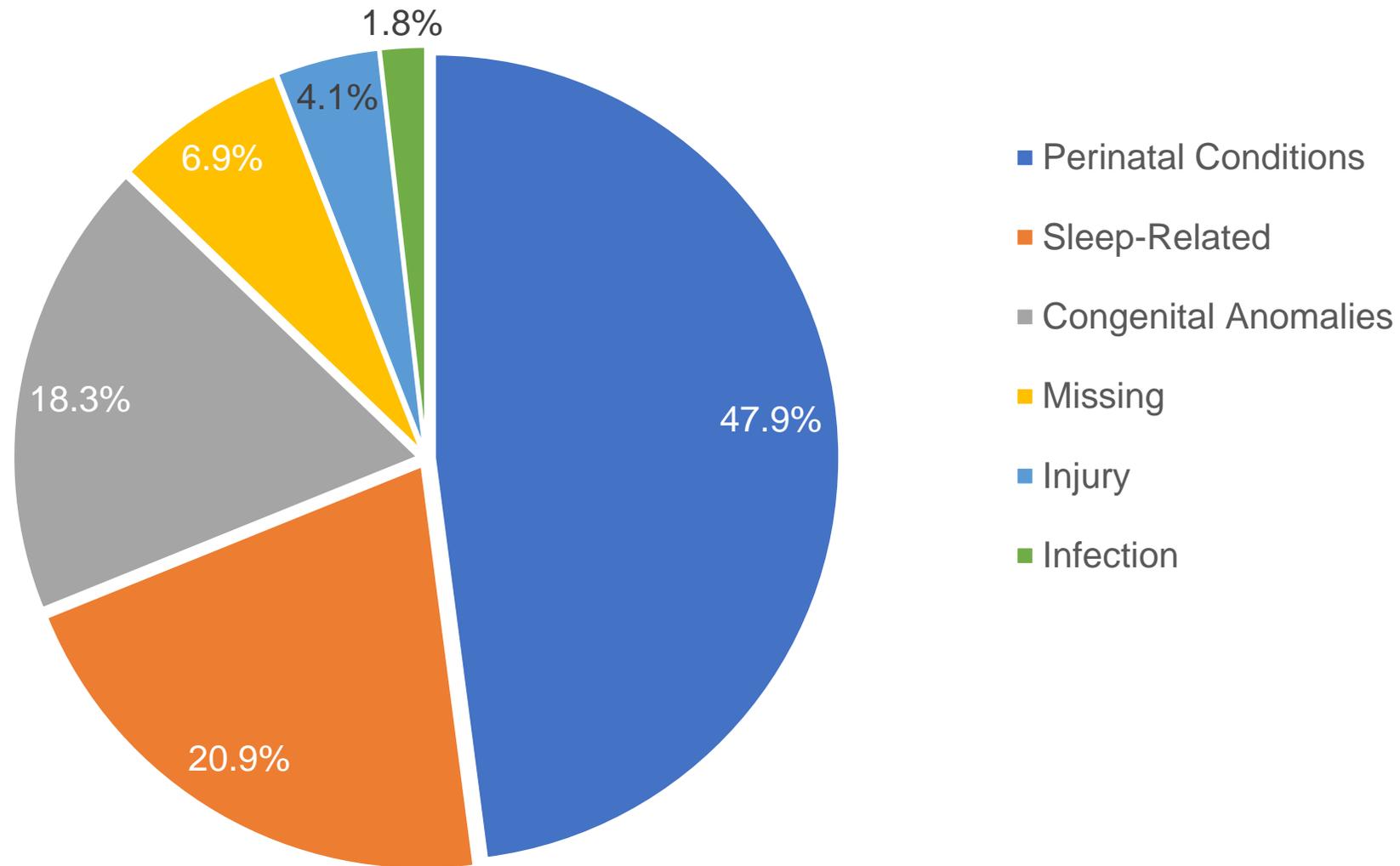
	# Infant Deaths	# Live Births	Rate per 1,000 Live Births
Michigan	607	99,179	6.1
Region 1	10	2,444	4.1
Region 2	10	2,562	3.9
Region 3	17	1,639	10.4
Region 4	87	17,647	4.9
Region 5	41	5,153	8.0
Region 6	55	7,958	6.9
Region 7	31	4,385	7.1
Region 8	47	7,758	6.1
Region 9	40	9,020	4.4
Region 10	263	40,613	6.5

# Infant Mortality Rate by Maternal Race/Ethnicity, 2014-2023

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.



# Cause of Infant Death, 2023



# Maternal Mortality Preventability

## Maternal Mortality Data Updates



- Year
- Prosperity Region
- Cause of Death
- Pregnancy Interval
- Maternal Race
- Preventability
- Age
- Education
- Contributing Factor
- Recommendations

### Maternal Mortality

Maternal Mortality Surveillance involves the systematic collection, analysis and interpretation of data related to maternal deaths. All maternal deaths, defined as those that occur during pregnancy or within one year of pregnancy, are reviewed by the Michigan Maternal Mortality Review Committee (MMRC). A multidisciplinary team examines the circumstances of each death to determine its causes, contributing factors, and whether the death could have been prevented. The goal of this review is to identify ways to improve care and prevent future maternal deaths through better practices, policies and systems. In 2020, the Michigan MMRC restructured from two distinct injury and medical committees to one multidisciplinary team. The restructured MMRC takes a holistic view of the upstream factors that affect maternal deaths. As a result of the restructure and the subjective nature of case review, there was an increase in determinations of pregnancy-related and preventable maternal deaths that can be seen starting with the 2019 data included within this report.

#### Preventability

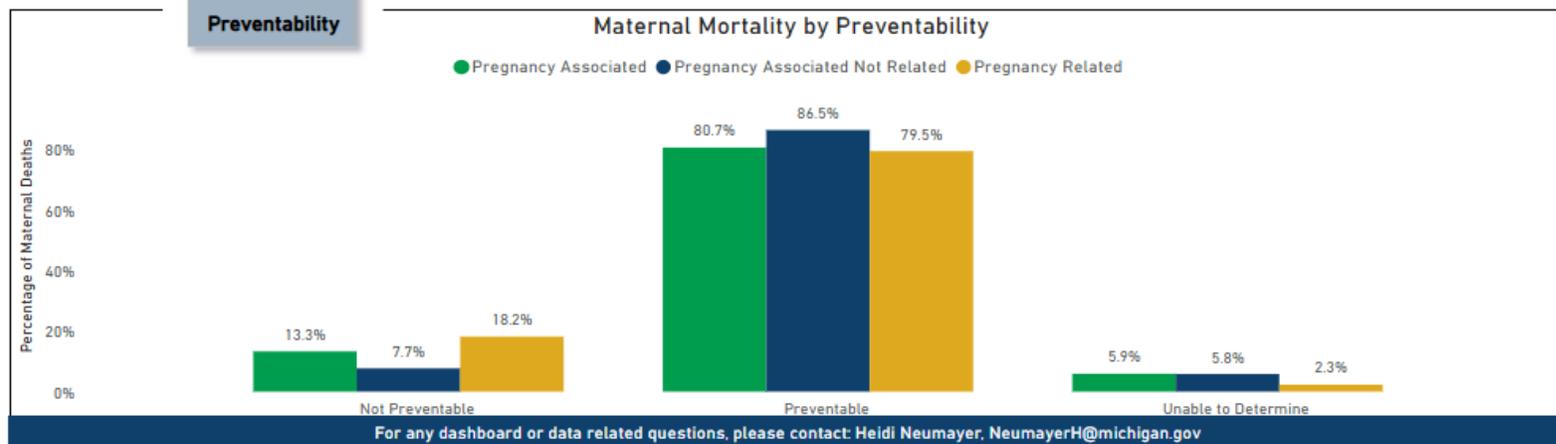
During case review, the Maternal Mortality Review Committee determines whether there is at least some chance of the death being averted by a reasonable change to the patient, family, provider, facility, system and/or community factors. The preventability data displayed is for maternal death years 2017-2021, combined. Note, not all cases are reviewed for preventability due to the expedited nature of some case reviews. Ex...

Preventability

All ▼

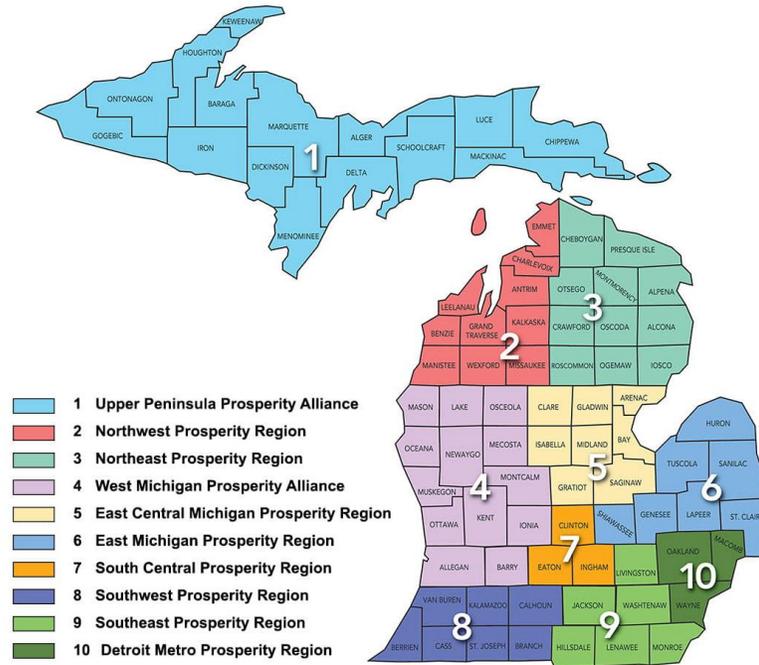
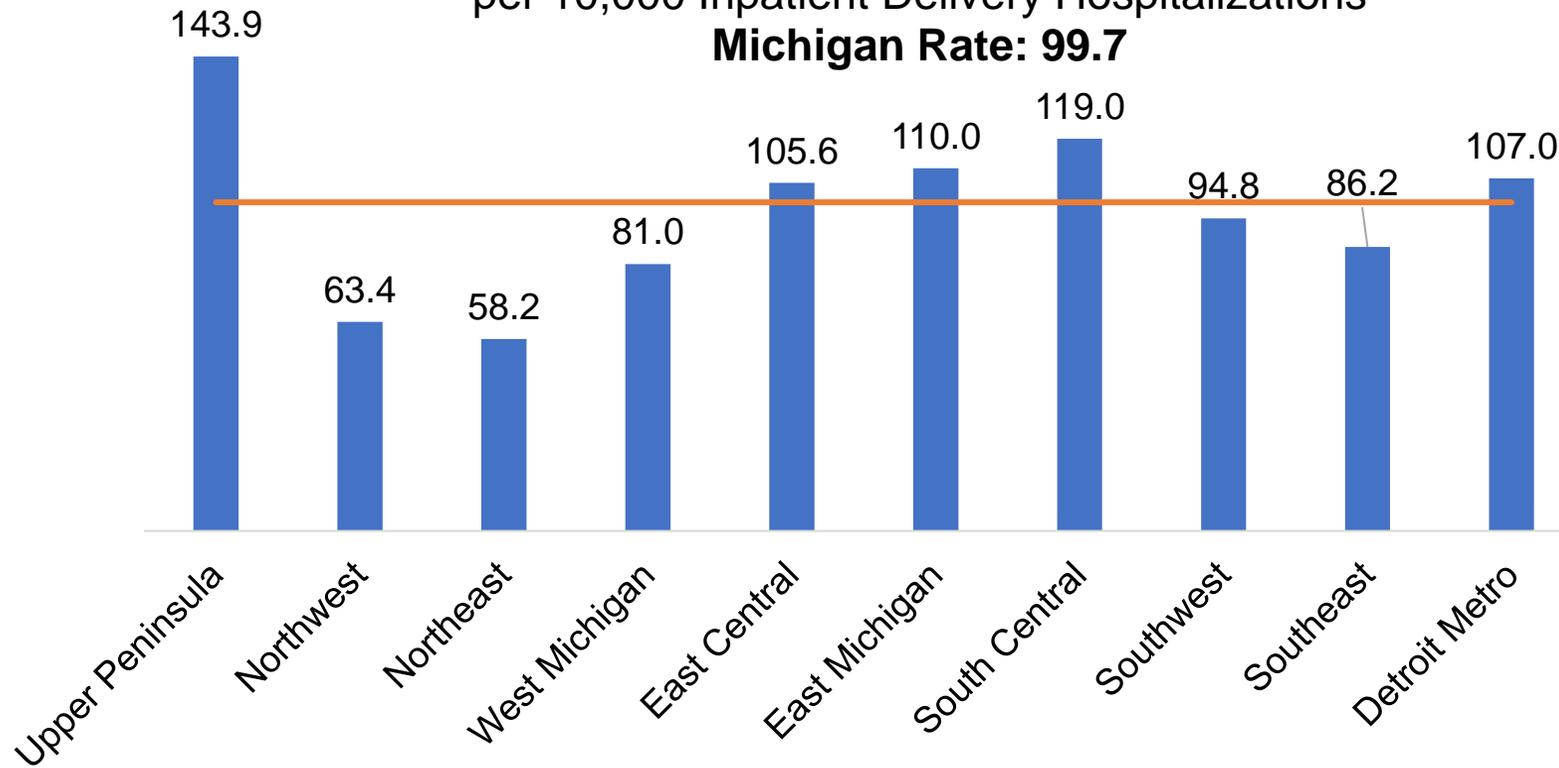
#### Pregnancy Type

Type	Definition
Pregnancy Associated Not Related	The death of a person while pregnant or within one year of the end of a pregnancy due to a cause unrelated to pregnancy.
Pregnancy Related	The death of a person while pregnant or within one year of the end of a pregnancy from any cause related to or aggravated by the pregnancy or its management. This does not include accidental or incidental causes.
Pregnancy Associated	The death of a person while pregnant or within one year of the end of a pregnancy. This includes pregnancy-related, pregnancy-associated not related, and deaths where pregnancy-relatedness was unable to be determined.



# Severe Maternal Morbidity Excluding Transfusions by Prosperity Region, 2023

Severe Maternal Morbidity Excluding Transfusions per 10,000 Inpatient Delivery Hospitalizations  
**Michigan Rate: 99.7**

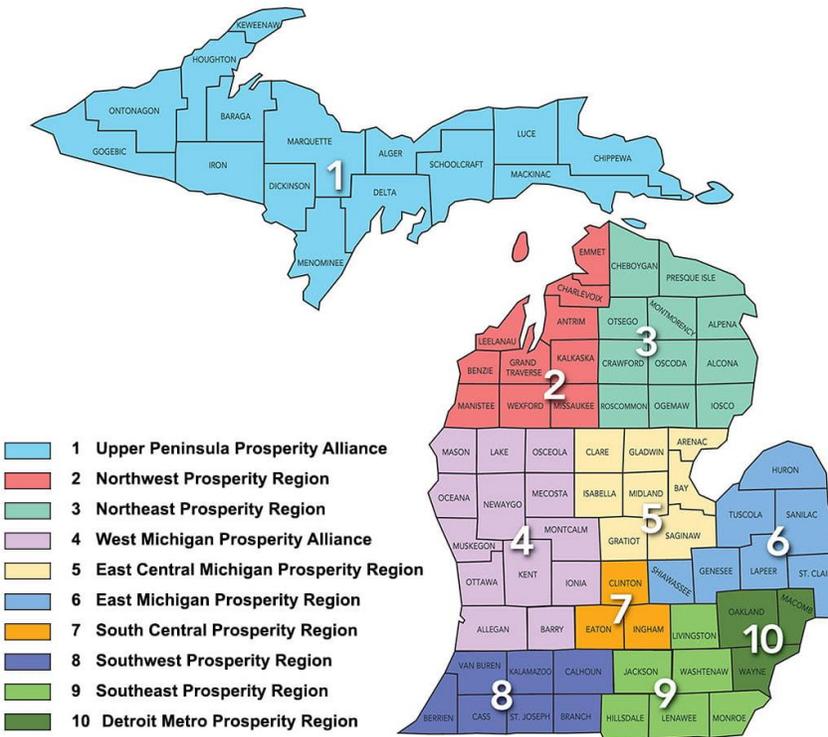
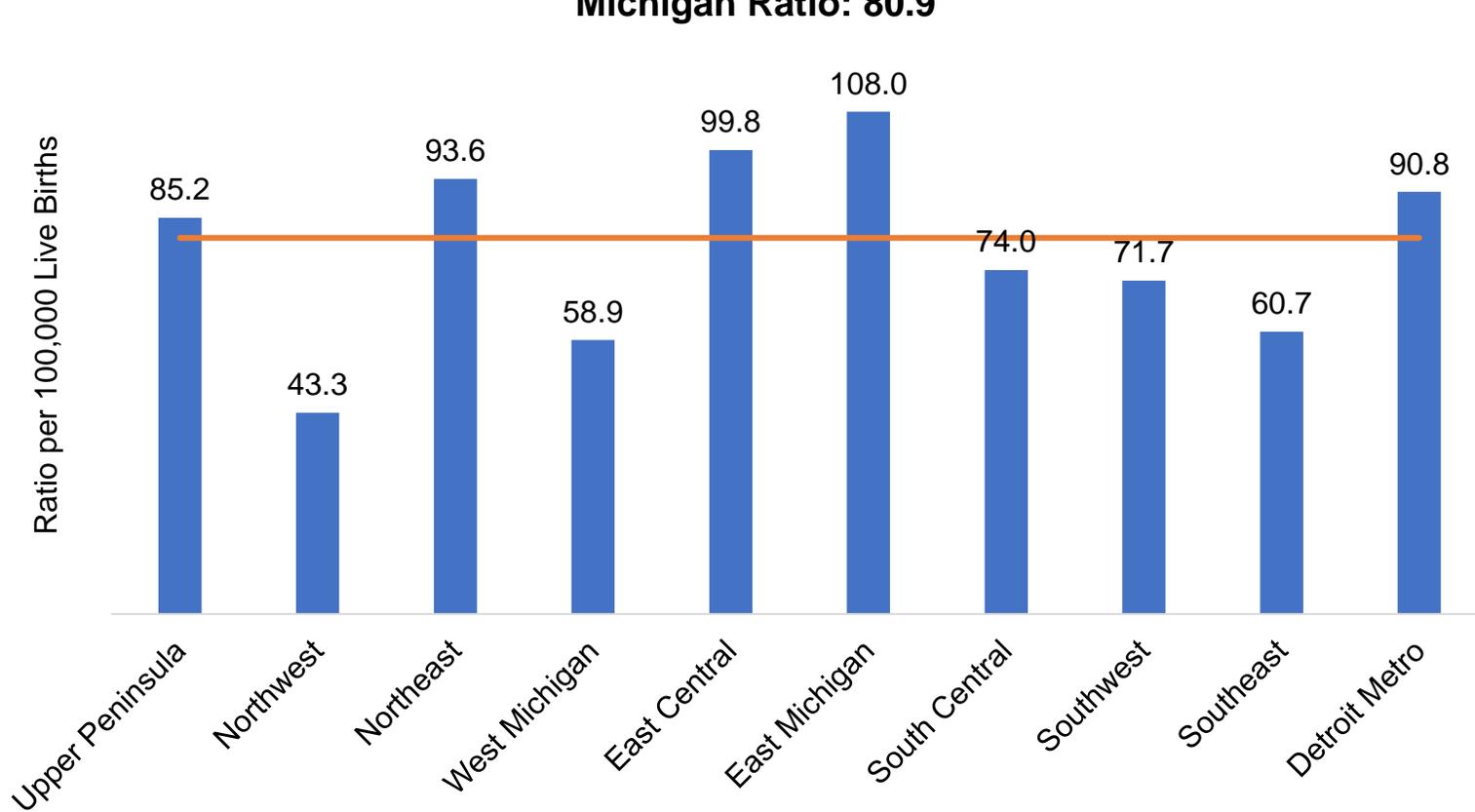


Data reported is Severe Maternal Morbidity (SMM), excluding cases with transfusion as the only SMM qualifier.

# Pregnancy-Associated Mortality by Prosperity Region, 2017-2021

Maternal deaths include deaths that occur during pregnancy, at delivery or within one year of pregnancy.

Pregnancy-Associated Mortality Ratio per 100,000 Live Births  
Michigan Ratio: 80.9





# Healthy Moms, Healthy Babies

# Michigan Alliance for Innovation on Maternal Health (MI AIM)

- Alliance for Innovation on Maternal Health (AIM) initiative focused on improving maternal health outcomes by implementing evidence-based **safety bundles** to reduce preventable maternal mortality and morbidity.
- Standardized protocols and safety practice bundles for obstetric hemorrhage, severe hypertension, sepsis, and substance use to improve clinical care and outcomes.
- Collects and analyzes maternal health data to identify gaps in care.

# MI AIM Participation



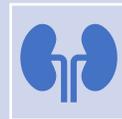
## Obstetric Hemorrhage

94% (63/67) of participating hospitals.



## Severe Hypertension in Pregnancy

93% (62/67) of participating hospitals.



## Sepsis in Obstetric Care

88% (58/67) of participating hospitals.



## Care for Pregnant and Postpartum Patient with Substance Use Disorder

Three pilot sites

- **89%** (67 hospitals) of the state's birthing hospitals are participating in at least one MI AIM safety bundle.
- More than 90% of birthing hospitals are implementing both the hypertension and hemorrhage patient safety bundles.

- **MI AIM participation results in concrete improvements in maternal health outcomes.**
  - Between 2011-2015 and 2019-2023, the statewide SMM rate, excluding blood transfusions alone, for patients with preeclampsia/eclampsia decreased from 6.9% to 6.3%, reflecting a reduction of **8.6%**.
  - From 2011-2015 to 2019-2023, the statewide SMM rate among birthing persons who experienced a hemorrhage, excluding those who only received blood transfusions, declined from 7.4% to 5.2%, an overall reduction of **28.9%**.

- **The Joint Commission & the American College of Obstetricians and Gynecologists' (ACOG) Maternal Levels of Care (MLC) designation program improves patients being seen by the right provider at the right time.**
- In 2024, **53 birthing hospitals** (70%) applied for the MLC designation and received ~ \$6.8 million in quality payments to support quality improvement of maternal health outcomes.
  - **Seven** additional hospitals (81%) are expected to apply for MLC designation in 2025.
- Maternity care deserts continue to provide challenges for Michigan families in rural areas, as hospital birthing units face closures.
  - Keweenaw (Closed birthing unit December 2024).
  - Tawas (Closing birthing unit July 2025).

Centering Pregnancy is evidence-based **group prenatal care**.

- ✓ Decreases rate of preterm and low birth weight babies.
- ✓ Increases breastfeeding rates.
- ✓ Better pregnancy spacing.
- ✓ Improved detection and treatment of postpartum depression.

# Centering Pregnancy

Currently, 36 sites in MI.

## **Fiscal Year 2024:**

- 21 sites had contracts in place and began implementing services.
  - Detroit, Saginaw, Rochester Hills, Ann Arbor, Greenville, Ada, Zeeland, Jackson, Commerce Township, Haslett, Grand Rapids, Lake Orion, Pontiac, Canton, Westland, Livonia, and Muskegon.
- Five grants were awarded to continue services.
  - Grand Rapids, Pennock, Hillsdale, Ann Arbor, Lansing.

## **Fiscal Year 2025:**

- Six sites actively negotiating contracts.
  - Jackson, West Bloomfield, Southfield, Traverse City (three sites).
- Special focus on rural areas.



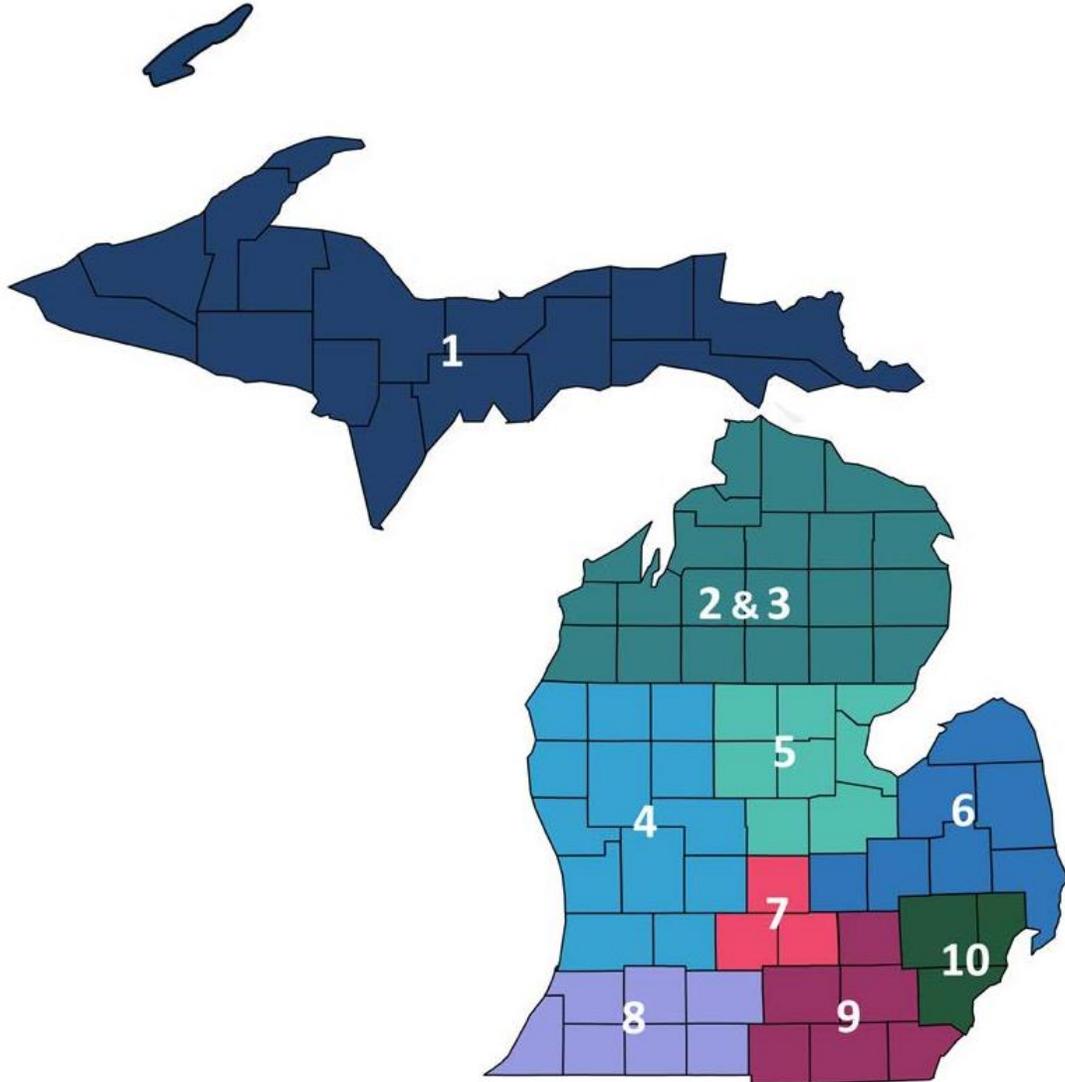
# Home Visiting Infrastructure

- Eight evidence-based home visiting models.
- Close to 20,000 families served with ~150k home visits conducted per year.
- MI Bridges enhanced to allow Michigan families to send referrals to home visiting agencies through the MI Bridges website. So far in Fiscal Year 2025, 7,366 referrals to home visiting agencies have been made.
- The smart phone app Pregnancy+ continues to host Michigan-specific content and linkages to Michigan resources and support. Families in Michigan who are eligible for Medicaid or are uninsured receive free access to Pregnancy+ premium content. There were approximately 5,750 active Medicaid-eligible users in Michigan each month.



Pregnancy+

# Perinatal Quality Collaboratives



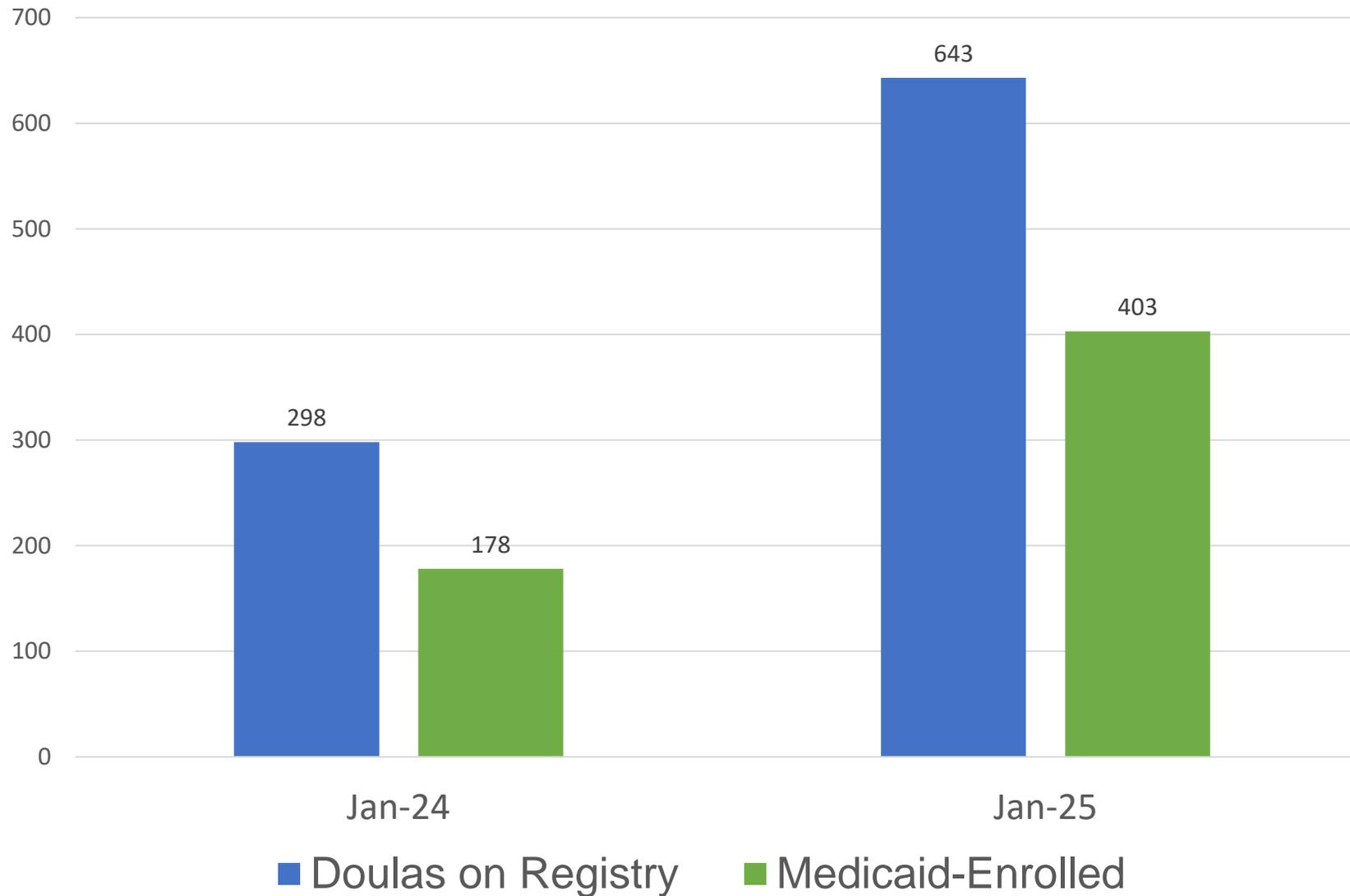
- Comprised of nine Regional Perinatal Quality Collaboratives (RPQCs).
- Regularly convene perinatal partners.
- Improve birth outcomes through data-driven quality improvement efforts.
- Authentically engage families and communities.

- RPQCs support a wide range of efforts tailored to the region:
  - Three hospitals in the Upper Peninsula are implementing the AIM perinatal substance use disorder bundle.
  - Upper Peninsula Maternal Opioid Misuse Model (UP MOM).
  - Universal family services referral process to support families affected by substance use.
  - Addressing cardiac care outcomes.
  - Supporting fatherhood engagement.
  - Linking mothers to mental and behavioral health supports.

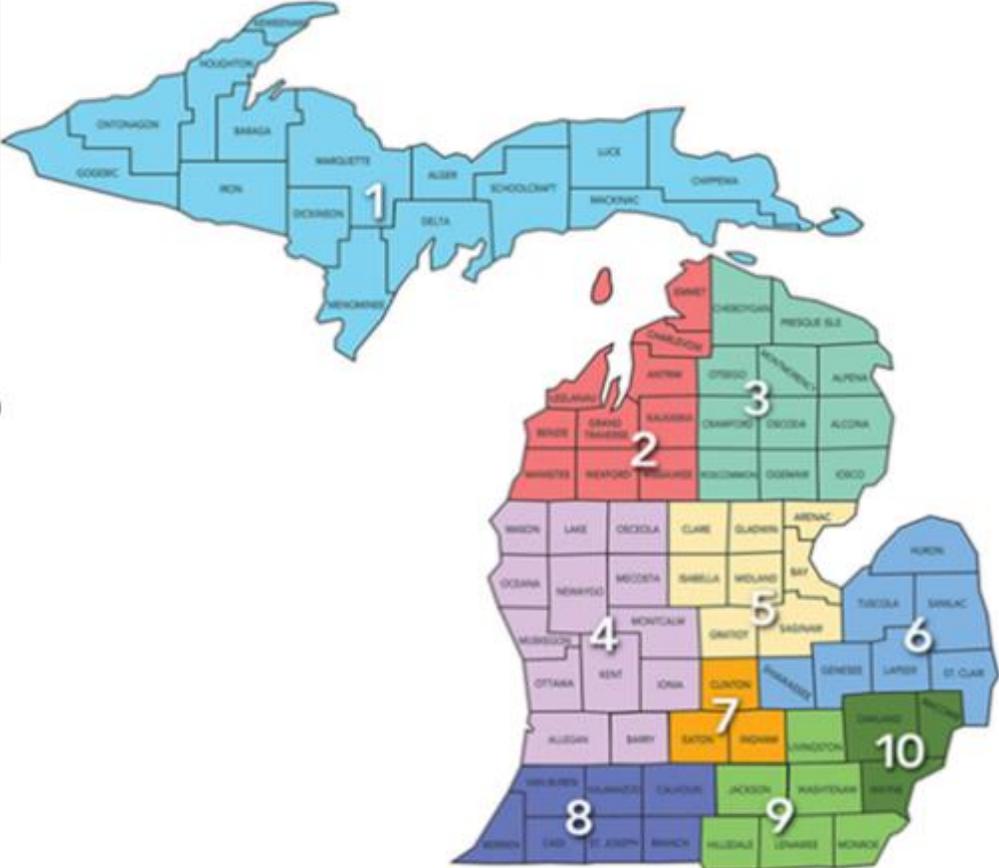
# Community Grants

- 125 agencies/programs received one-time mini grant funding through the RPQCs.
- Examples of funded efforts include, but are not limited to:
  - Childbirth education classes and programs.
  - Breastfeeding support.
  - Infant safe sleep initiatives.
  - Mental health training opportunities.
  - Supporting healthy pregnancies.
  - Infant CPR training.

# Doula Registry Statewide



# MDHHS Doula Initiative Doula Registry



- Statewide:
  - 750 doulas.
  - 504 Medicaid-enrolled doulas.
- By Prosperity Region:

Region	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
Doulas	36	40	26	169	67	101	70	94	175	353
Medicaid	21	31	20	113	51	78	50	68	125	240

## MDHHS Contact Information:

Chardaé Burton  
Director of Legislative Affairs  
517-243-3221  
[BurtonC5@michigan.gov](mailto:BurtonC5@michigan.gov)



Thank you!