

MAINTAINING HEALTHY MOMS, HEALTHY BABIES INVESTMENTS

Doulas



- Doulas improve birth outcomes by providing emotional support and advocating for mothers during the prenatal, birthing and postpartum periods. Studies show their engagement with families reduces healthcare costs.
- Continuing funding at \$3.9M will strengthen the doula workforce and expand access to care. As of January 2025, over 500 doulas accept Medicaid, playing a vital role in ensuring beneficiaries get care and support.

CenteringPregnancy



- The group perinatal care model has been proven to improve birth outcomes by reducing the risk of preterm births, lowering the incidence of low birth weight babies, and increasing breastfeeding rates – all in a supportive environment.
- Sustaining the \$5M investment will support and expand CenteringPregnancy sites across Michigan and provide match for Medicaid. In the past fiscal year, the program grew from 17 to 35 sites, increasing access for Michigan beneficiaries.
 - CenteringPregnancy sites: bit.ly/MICentering

Perinatal Quality Payments



- With dedicated funding in FY25, birthing hospitals participating in the Michigan Alliance for Innovation on Maternal Health (MI AIM) and committed to The Joint Commission's Maternal Levels of Care (MLC) Verification Program are eligible for Maternal Health Quality Payments.
- Ongoing support for the \$5M allocation is vital to drive measurable improvements in maternal health. In FY24, 53 hospitals participated, demonstrating strong engagement and impact across the state.

Perinatal Quality Collaborative



- Michigan's Perinatal Quality Collaborative unites health care and other service providers with community voices to implement data-driven, regional strategies.
- Continuing the \$5M investment will sustain this essential statewide network, enabling local initiatives to address gaps identified through data and input from collaborative members so they can work together to implement evidence-based strategies that will work in their area to improve maternal and infant outcomes.