



WELCOME

**Southeast Michigan Perinatal
Quality Improvement Coalition**

April 10, 2018



Healthy Baby at Home (HB@H) Update & Focus Group Results

SEMPQIC Meeting

April 10, 2018

Alethia Carr



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**FETAL INFANT MORTALITY CASE REVIEW TEAM
RECOMMENDATIONS**

PROGAM SUMMARY

- FIMR-CRT is a multi-sector group that meets monthly to review abstracted case summaries and maternal interviews documenting the life and death of infants who died in Detroit, MI
- Identifies items in relevant categories specific to each case like: preconception/interconception care, medical status of mother and infant, family planning, substance use, prenatal care/delivery, pediatric care, environment, social support, transportation, chart documentation
- Have compiled relevant themes including:
 - Late entry to prenatal care
 - Homelessness, frequent moves and/or extreme housing instability
 - First pregnancy at or under age 18 (this infant or past pregnancies)
 - Lack of provider referrals to home visiting agencies, WIC, or prenatal care (pregnancy confirmed at ED)
 - Involvement of CPS for mother of deceased infant as well as for parents/family of mother
 - Untreated mental health issues
 - Sleep-related deaths occurred in homes with a safety-approved sleep environment (infant sleeping elsewhere at time of death)
 - Pregnancies were spaced less than 18 months apart
 - Lack of financial or emotional support from father of infant
 - Tobacco and substance use (most frequently prescriptions and marijuana)

RECOMMENDATIONS

Recommendation/Suggested Action(s)	Relevant Organization(s)/Stakeholders
<p>1. Whenever a pregnant woman enters an ED, this event should trigger follow-up to ensure entrance into or continuation of prenatal care, as well as referral for home visiting and other appropriate resources</p>	<p>ED staff/intake, hospital social workers/case managers, peer manager, nurse, or other designated hospital staff</p>
<p>2. Family planning method/prescription referral and birth spacing counseling at discharge from hospital</p>	<p>Birth hospitals, OG-GYNs</p>
<p>3. More complete and standardized client information gathered by providers at intake</p>	<p>Intake nurses, physician assistants, intake staff</p>
<p>4. Depression screening and mental health assessment at all prenatal, postpartum, and Well-Woman visits</p>	<p>Intake nurses/PAs, OB-GYNs</p>
<p>5. Provider referrals to home visiting programs (i.e. MIHP) for ALL pregnant women, not only women who “seem” eligible</p>	<p>Intake nurses/PAs, OB-GYNs</p>

RECOMMENDATIONS

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6. Ensure that safe sleep education is provided before delivery and provide tailored safe sleep education for younger populations (teen parents, siblings, etc.) and low-literacy populations (below 3rd grade reading level with more pictures, audio/video messages)	DHD, MDHHS, MPHI, local health departments
7. Screen for intimate partner violence at intake and each prenatal visit	Intake nurses/PAs, OB-GYNs
8. Develop QI/QA initiatives for evidence-based home visiting agencies to ensure that all women receive care, education, linkage to appropriate services during and after pregnancy	MDHHS, other (?)

RECOMMENDATIONS

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9. Community liaison at hospitals to inform providers (office managers)/patients of community services	Hospital administrators, nurse managers
10. Ensure pregnant women (and mothers) who are incarcerated and caregivers of incarcerated mothers who are incarcerated receive timely prenatal/postpartum care and infant safety education	Michigan Department of Corrections
11. Make LARCs available via home delivery to women / enhance referrals to family planning	MDHHS, MIHPs
12. Routine screening, assessment, and referral for women of childbearing age who are overweight or obese to appropriate interventions/ services	Intake nurses/PAs, OB-GYNs, general practitioners

RECOMMENDATIONS

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13. Depression Screening Postpartum each and every time	Intake nurses/PAs, OB-GYNs
14. Publication of Safe Delivery as option for parents	Local health departments, birth hospitals/centers, ER rooms
15. Advertise Home Visiting HUB and other home visiting options in Emergency Department Triage Area	Emergency department Staff



Vernice Anthony, BSN, MPH, VDA Health Connect

**INTERACTIVE SESSION ON IMPLICIT BIAS &
RECOMMENDATIONS FROM LAST MEETING**

Upcoming Events & Webinars

Infant Mortality Reduction Plan Community of Practice Webinars

April 18, May 9, & June 20 @ 10 AM

Improving Infant Safe Sleep Conversations: Strategies for Helping Families Adopt Safe Sleep Habits

April 25, 2-3 PM

<https://www.nichq.org/safe-sleep-webinar>

In Pursuit of a Baby-Friendly Detroit: Affirming the Value of Women

May 10, hosted by DIEBO @ Charles H. Wright Museum, Detroit

<https://www.eventbrite.com/e/in-pursuit-of-a-baby-friendly-detroit-affirming-the-value-of-women-tickets-43852306429>

IMAC

May 17 @ Delta Dental in Okemos, MI

<http://ihp.msu.edu/index.php/imac-meetings>

SEMPQIC Conference

September 26 @ Focus: Hope, Detroit

More details TBA



2018 Meetings

June 19, 2018

1:00 – 4:00 p.m.

GDAHC Conference Room