



Montana Maternal Health Programs and Resources



A letter from MOMS Medical Director
Clayton H. “Tersh” McCracken III, MD, FACOG



Greetings All,

I am excited to introduce you to the Montana Obstetrics and Maternal Support (MOMS) project. As you may know, Montana has the sixth highest rate of maternal mortality across the United States as well as concerning rates of maternal morbidity. Many communities lack access to maternal fetal medicine, obstetrical and neonatal specialists, leaving rural/frontier primary care providers with a lack of knowledge and resources necessary for providing comprehensive maternal healthcare.

The MOMS project has two primary trajectories: the demonstration project being carried out by Billings Clinic and the pursuit of Alliance for Innovation on Maternal Health (AIM) state recognition spearheaded by the Montana Department of Public Health and Human Services (MT DPHHS). The demonstration project will work at dissemination of best practices in maternal healthcare via simulations, consultation, training, telementoring/telemedicine and Project ECHO clinics; it will also seek to provide necessary resources, including equipment and training/certification opportunities, that are not otherwise available to rural facilities. This will be coupled with patient-facing efforts including promotion of prenatal care in the first trimester and increasing awareness and access to substance abuse and mental health treatment services.

MT DPHHS and their pursuit for AIM recognition has multiple facets. The current focus is the creation of the Maternal Health Leadership Council which will inform future projects such as the revamp of the Maternal Mortality Review Committee (MMRC) and expansion of the Perinatal Quality Improvement Collaborative (PQIC). These are further discussed later in this report.

In my short tenure as the MOMS Medical Director, I have encountered difficulty in identifying and contacting various perinatal resources on the local, state and national levels. My intention in compiling this Montana Maternal Health Programs and Resources report is to identify perinatal resources and provide contact information so that providers around Montana get the support and resources they need to care for Montana's perinatal patients. I hope you find this compilation helpful in navigating state and local resources. The MOMS team understands that this list is not all-inclusive and intends to routinely publish updated editions as resources and contacts change; if you know of other perinatal resources available to providers in Montana, please submit them to Stephanie Fitch, MOMS Program Coordinator, at sfitch@billingsclinic.org to be included in future editions of the Montana Maternal Health Programs and Resources report.

For additional information about MOMS program activities, please visit mtmoms.org.

Sincerely,

Tersh McCracken, MD, FACOG
MOMS Medical Director
Billings Clinic



BACKGROUND

At 40.7 deaths per 100,000 births, Montana has the 6th highest maternal mortality ratio (MMR) nationwide, up from 25.7 deaths per 100,000 births in previous surveys. At 194 per 10,000 births, Montana's rate of severe maternal morbidity (SMM) is 35% higher than the national rate, resulting in hospitalization of 144 mothers per 10,000 births.

The Montana Obstetrics and Maternal Support (MOMS) program presents an important opportunity to strengthen Montana's capacity to address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity. Montana's mortality ratio is undoubtedly related to Montana's high rate of severe maternal morbidity. The most common types of SMM in Montana are blood transfusions, sepsis, eclampsia and hysterectomy. Montana also registers pregnancy-associated deaths that include obstetric complications caused by substance abuse, motor vehicle accidents and suicide.

Montana's pregnancy-associated deaths — deaths of women occurring during pregnancy or within one year of giving birth — illustrate the importance of recognizing mental health and substance use disorder in promoting maternal health in general. Montana has the highest suicide rate in the nation. At 28.9 suicide deaths per 100,000 total population, Montana's rate is more than twice as high as the national rate. Montana's mental health crisis affects all subpopulation groups, and it has contributed to maternal morbidity and mortality. Pregnant women and new mothers have an extremely high burden of mental illness in Montana.

While 10.5% of women at the national level report depression before pregnancy, this number climbs to 19.6% for Montana women. Lack of behavioral health resources attributes to Montana's suicide rate as well as substance abuse concerns.

The number of Montana infants born with neonatal abstinence syndrome increased tenfold between 2000 and 2013, from 0.8 per 1,000 live births in 2000 to 9.0 per 1,000 live births in 2013. A 2018 study conducted by the Montana Office of Vital Statistics found that only 73.2% of women received prenatal care in their first trimester; many Montana providers have cited illicit drug use as a reason their clients postponed or opted not to engage in any prenatal care.

Montana's primary health disparities exist in race and geography. MOMS will disperse culturally-inclusive, evidence-based best-practices via telemedicine/telementoring, training, simulations, consultation services, care guides and Project ECHO. MOMS gives rural providers the resources they need to effectively care for perinatal and postpartum patients in their home communities by connecting local providers to obstetrical/gynecological, perinatal, mental health and substance abuse specialists.

Over the course of five years, the MOMS program aspires to overcome health disparities and reduce maternal mortality and morbidity rates throughout the region.

Montana Maternal Health Programs and Resources

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Montana Obstetrics and Maternal Support (MOMS)

The MOMS program was created by a \$10 million grant awarded to the Montana Department of Public Health and Human Services (MT DPHHS) by the Health Resource Services Administration (HRSA) to address Montana's concerning rates of maternal morbidity and mortality.

MOMS seeks to address Montana's unique, rural healthcare challenges by connecting local providers to obstetrical, gynecological, perinatal, mental health and substance abuse specialists who will provide expert consultation, training, resources and support to help providers deliver effective prenatal, delivery and postpartum care. MOMS will address remote providers' challenges by offering a variety of virtual services that can be adapted to their needs, such as provider education and training, tele-mentoring, remote monitoring, an access consultation line and telehealth.

The MOMS program provides this resource to serve as a statewide hub of information on perinatal and maternal health in Montana. For stakeholders, this is a one-stop-shop for information on programs and organizations working with MOMS. The program strives to connect these partners, convene stakeholders and coalesce efforts toward mutual goals.

MOMS is housed within the Family and Community Health Bureau, in the Early Childhood and Family Support Division of MT DPHHS. The MOMS program collaborates with the following related public health programs.

Maternal and Child Health Block Grant (Title V)

The MOMS grant is housed in the Maternal and Child Health Coordination Section (MCHC), which also houses the Title V/Maternal and Child Health (MCH) Block Grant. The MCHBG falls under Title V of the Social Security Act and it is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to MCH programs administered by county health departments, and by the Children's Special Health Services Section.

Fetal, Infant, Child & Maternal Mortality Review and Prevention (FICMMR)

FICMMR is a statewide effort to reduce preventable fetal, infant, child and maternal deaths. While the program is statewide, it is powered locally by multi-disciplinary county teams. Review team members are comprised of health and social service professionals, law enforcement, coroners, tribal representatives and experts from other fields as indicated in the **Fetal, Infant Child and Maternal Mortality Prevention (FICMMP) Act**. FICMMR review teams share and discuss comprehensive information on the circumstances leading to a death, if it was preventable and the response to the death. The process identifies critical community strengths and needs in order to effectively address the unique social, health and economic issues associated with negative health outcomes which may have caused or contributed to the preventable death. The FICMMR Prevention Program is supported by the Title V/MCH Block Grant.



Montana Title X Family Planning

The Montana Family Planning Program provides reproductive and sexual health services. Family planning clinics provide comprehensive reproductive health services, regardless of ability to pay. Clinics offer a sliding fee scale for individuals with low incomes and those without insurance. The program promotes planned, healthy pregnancies and focuses on preventing unintended pregnancies and sexually transmitted infections.

Maternal and Early Childhood Home Visiting

Home visiting includes voluntary, family-centered services by a professionally trained home visitor. The program serves pregnant and newly parenting women and families/caregivers with infants and young children (under 5 years of age). It is federally funded primarily through the Maternal Infant and Early Childhood Home Visiting (MIECHV) funding.

Montana's Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC is a public health nutrition program under the United States Department of Agriculture (USDA). Montana WIC's mission is to assure healthy pregnancies, healthy birth outcomes and healthy growth and development for women, infants and children up to age five who are at nutritional risk, by providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating and referrals to healthcare and critical social services.

Resources, Partners And Stakeholders

Maternal Health Leadership Council

The Maternal Health Leadership Council includes representatives from the state's public and private healthcare provider and payer organizations, tribal organizations and multidisciplinary local level providers. The Council will 1) Ensure continuous representation from each of the aforementioned groups; 2) Identify Montana-specific gaps in maternal service; 3) Assist in the development of a Montana-focused strategic plan that incorporates findings from the 2020-2025 Title V Statewide Needs Assessment to improve maternal health outcomes, address identified gaps and reflect strategies to translate knowledge and recommendations into practice.



Montana Perinatal Quality Collaborative (MPQC)

The Montana PQC is housed within the Montana Perinatal Association (MPA) and launched in 2014. It is comprised of the five level three neonatal intensive care units (NICUs) in the state. The MPQC is a network of maternal and infant care providers and public health professionals working to improve health outcomes for mothers and babies. Their goal is to identify health care practices and processes that need to be improved, collect and share data, and collaborate with birthing hospitals throughout Montana to improve statewide outcomes through continuous quality improvement. The Montana PQC mission statement is: Promoting maternal and infant health in Montana through education, collaboration and influence of state policy.

Montana Maternal Mortality Review Committee

MT DPHHS will convene and facilitate a Montana Maternal Mortality Review Council (MMRC), which will be a multidisciplinary council with local county representation. The MMRC will meet regularly to review and analyze case data to capture contributing factors and map each death to a prevention recommendation that can be implemented statewide.

Healthy Mothers, Healthy Babies

Healthy Mothers, Healthy Babies works to improve the health, safety and well-being of Montana families by supporting mothers and babies, age zero to three. They promote various programs and initiatives including Safe Sleep, Perinatal Mental Health Screening, Children's Health Data projects, Adverse Childhood Experiences (ACEs) screening and many more.

The Meadowlark Initiative

The Meadowlark Initiative is the Montana Healthcare Foundation and HRSA-funded Perinatal Behavioral Health Initiative's (PNBHI) team-based approach to maternal healthcare. The MOMS Program will help practices implement a coordinated team of primary care providers, behavioral health providers, and care coordinators, as well as peer supporters. Teams will be located on site as much as possible to support effective warm handoffs between obstetric and behavioral health providers. With the addition of funding through the MOMS Program, integrated care teams will be extended to critical access hospitals and medically underserved communities tasked with providing early prenatal care as well as healthcare services post-delivery.

Maternal Mortality Review Information Application (MMRIA)

Created by the Centers for Disease Control and Prevention (CDC) and the CDC Foundation, in partnership with maternal mortality review committees, the Maternal Mortality Review Information Application (MMRIA or “Maria”) serves two purposes. First, it provides a repository for the medical and social information needed for maternal mortality review committee (MMRC) case review. Second, MMRIA provides standardized data that can be used for surveillance, monitoring and research on maternal mortality. MMRIA provides a common language that helps MMRCs collaborate in case review and analysis. The Montana MMRIA site will launch in May 2020.

Alliance for Innovation on Maternal Health (AIM)

AIM is a national data-driven maternal safety and quality improvement initiative based on interdisciplinary consensus-based practices to improve maternal safety and outcomes. The program provides implementation and data support for the adoption of evidence-based patient safety bundles. AIM works through state teams and health systems to align national, state and hospital level engagement efforts to improve overall maternal health outcomes.

Perinatal Quality Collaboratives (PQC)

Perinatal quality collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and babies. PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible. PQCs have contributed to important improvements in health care and outcomes for mothers and babies, including:

- Reductions in deliveries before 39 weeks of pregnancy without a medical reason.
 - Reductions in health care-associated bloodstream infections in newborns.
 - Reductions in severe pregnancy complications.
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American College of Obstetricians and Gynecologists (ACOG)

Founded in 1951, ACOG is the specialty’s premier professional membership organization dedicated to the improvement of women’s health. With more than 58,000 members, the College is a 501(c)(6) organization and its activities include producing the College’s practice guidelines and other educational material. ACOG is comprised of 12 Districts and 98 Sections with Montana placed in District VIII.

ACOG District VIII MMRC (Maternal Mortality Review Committee) Project

The District VIII MMRC Project is led by Suzanne Burlone, MD and Sharon Phelan, MD, both of Albuquerque, NM. This project focuses on enabling each state in District VIII to have a viable MMRC which utilizes the Centers for Disease Control and Prevention (CDC) MMRIA platform. The goal is for each state to have data that can be compared and aggregated which supports a concerted effort to improve maternal mortality in America’s western states.

Montana Perinatal Association (MPA)

The (MPA) is dedicated to establishing and promoting priorities for optimal perinatal healthcare within the State of Montana. Membership consists of neonatologists, maternal fetal medicine specialists, neonatal nurses and other related healthcare providers.

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

AWHONN is the foremost nursing authority that advances the health care of women and newborns through advocacy, research and the creation of high quality, evidence-based standards of care. AWHONN's 24,000 members worldwide are clinicians, educators and executives who serve as patient care advocates focusing on the needs of women and infants. The Montana AWHONN has 90+ members and is looking to expand the local chapter.

[click here for National website](#)

[click here for Montana website](#)

University of Montana- Center for Children, Families and Workforce Development

The Center is a multidisciplinary team of professors, researchers, policy advocates, child welfare specialists, health care professionals, and students, representing a breadth and depth of professional experience in working with children, families, and the issues that impact their lives. The Center will be completing the evaluation assessment for the MOMS grant.



FOR ADDITIONAL INFORMATION:

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