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About MOMS

- 5 year program, in year 1
- Goal: to address maternal morbidity and mortality in Montana
- 3 major activities:
  - Statewide Capacity, Data Collection & Analysis (DPHHS);
  - Demonstration Project (Billings Clinic);
  - Evaluation & Publication (U of MT)
- It is vital that the programs advanced, and publications created, reduce duplication, work to eliminate fragmentation and improve care for pregnant women and their newborns
The work being accomplished in the Demonstration Project is organized into one of four focus areas:

1. **Assessment**: this includes surveys, key informant interviews, listening sessions and ongoing feedback for quality improvement and alignment

2. **Training**: offering educational support, mentoring and peer-to-peer interaction for all members of care teams

3. **Support**: shared learning, facilitated peer-to-peer collaboration, limited identification and provision of supplies and equipment needed to address gaps

4. **Integration**: testing what we have learned to serve our target population
Key Responses from Assessment Survey

When asked to identify most significant barriers to best prenatal care, respondents cited:

#1 Lack of treatment options for Substance Use Disorders
#2 Lack of patient transportation to care/distance to care
#3 Lack of providers to treat depressive/mental health disorders
#4 Domestic factors – homelessness, unsafe housing, domestic abuse, lack of support

Other barriers mentioned: lack of volume (provider) to maintain skills, lack of local health system capability, inability to train to retain skills, lack of patient interest in prenatal care, lack of available genetic testing, lack of family-planning/contraception services.

What are your thoughts?

When asked to identify most significant barriers to best labor/delivery/recovery, respondents cited:

#1 Transportation-related: distance to birthing facility, no patient transportation available
#2 Facility-related: inconsistent staffing, lack of tools/supplies, lack of pharmacy or blood products
#3 Volume-related: insufficient volume to maintain skills, lack of training, lack of local surgeon

What are your thoughts?
What, in your experience, is the single unaddressed issue that would improve maternal mortality and morbidity in Montana?

What programs, information, or resources could be directed to this issue to make an improvement in the coming 3-5 years?
### Educational Topics From the Assessment Survey:

**Most Interest:**

1. Postpartum Depression  
2. Care for Opioid-Dependent Patient  
3. Care for Patient with SUD or Co-Occurring Mental Health  
4. Mental Health Care for OB Patient  
5. Severe Hypertension/Pre-eclampsia  
6. Management of Hypertension in Pregnancy  
7. Obstetrical Hemorrhage  
8. Maternal Sepsis  
9. Postpartum Care Access and Standards  
10. Trauma in Pregnancy  

**Least Interest:**

1. OB Anesthesia  
2. Postpartum Contraception  
3. Reduction of Low-Risk Primary Cesarean Births/Support for Intended Vaginal Birth  
4. Reduction of Peripartum Racial Disparities  
5. Morbidly Adherent Placenta  
6. Safe maternal Transport
What are Your Thoughts on Provider & Team Education:

- **Project ECHO**: didactic, case review and peer support via telemedicine
- **Consult Line**: non-emergency access to specialist consult
- **On-Site Mobile Simulation**: planned periodic skill refresher & site-specific topic training
- **Nursing/Allied Health Education & Certification**:
- **ACOG Emergencies in Clinical Obstetrics (ECO) Training**:
- **Medication Assisted Treatment Training & Waiver**:
- **Other?**
What is the Demonstration Project missing?

• What telemedicine-delivered services are of interest?
• Do we need to address remote patient monitoring or aspects of virtual care?
• Does Montana need new or additional urban-based services?
• Does Montana need new or additional services in rural or Tribal communities?
• Are there opportunities to coordinate existing services or programs?