



Maternal Health Leadership Council Meeting

January 26, 2020

3:30 - 5:00 PM

Agenda

- | | |
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| 3:30 – 3:40 | Roll call, review agenda and approve minutes |
| 3:40 – 4:00 | Continue discussing survey results to determine council changes and priorities in 2021 |
| 4:00 – 4:15 | Guest presentation on maternal health initiatives - Montana Winners of AHRQ's Cross-Sectional Innovation to Improve Rural Postpartum Mental Health
<i>- Kelsey Kyle, RN Care Manager, PMH-C, St. Peter's Health
St. Peter's Health Maternal Mental Health Program</i> |
| 4:15 – 4:25 | Q & A Opportunity with Guest Presenter |
| 4:25 – 4:45 | Updates from DPHHS <ul style="list-style-type: none">• Maternal Mortality Review Committee (MMRC)• Perinatal Quality Collaborative (PQC)• Alliance for Innovation in Maternal Health (AIM)• Public education campaign |
| 4:45 – 4:55 | Q & A Opportunity with DPHHS Staff |
| 4:55 – 5:00 | Public comment/roundtable questions and discussion |

Meeting materials

- Agenda
- December draft minutes
- Survey results
- St. Peter's Health presentation
- MMRC decision brief – updated with FICMMR county leads' feedback
- PQC update
- Public education campaign work plan



Maternal Health Leadership Council

Meeting Minutes:

December 8, 2020:

3:30-5:30 PM:

Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & OB/GYN with Billings Clinic

Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS

Tami Schoen, WIC, CPA at Hill County Public Health Department

Karen Cantrell, American Indian Health Director at DPHHS

Lisa Troyer, Wellness Consultant at PacificSource

Sarabeth Upson for Mary LeMieux, Member Health Management Bureau Chief at Medicaid and Perinatal Behavioral Health/Meadowlark Initiative Project Director

Janie Quilici, LAC, LSWC, Perinatal Behavioral Health Counselor at Community Physicians Group

Olivia Riutta (for Cindy Stergar), Outreach & Engagement Manager at Montana Primary Care Association

Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies

Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center

Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services

Dr. Tim Wetherill, Medical Director at Blue Cross Blue Shield of Montana

Vicki Birkeland, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative

Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health

Members Absent

Dr. Malcom Horn, Medical Director at Blue Cross Blue Shield of Montana

Dina Kuchynka, Maternal & Newborn Health Manager at SCL Health – Holy Rosary

Vice-Chair, Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)

Dr. Drew Malany, OB/GYN at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)

Program Staff Present

Amanda Eby, MOMS Program Coordinator at DPHHS

Dianna Linder, Director of Grants and Program Development at Billings Clinic

Stephanie Fitch, Project Coordinator for MOMS at Billings Clinic

Annie Glover, University of Montana

Public Attendees

Leslie deRosset, Implementation Specialist at the Maternal Health Learning and Innovation Center and the University of North Carolina

Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call.

Pregnancy Risk Assessment Monitoring System (PRAMS) data summary/analysis

Dr. Annie Glover gave an overview of her analysis of the Montana PRAMS data. The surveillance program is funded by the CDC and administered by MT DPHHS and is conducted using mailed surveys and phone calls to mothers after delivery. It does show that Native moms and rural moms experience higher rates of severe morbidity and mortality. The data is not regionalized by county within Montana but can compare rural vs. urban and possibly to other states. The response rate must reach a minimum of 65% threshold to be powered for data to be stratified for full analysis such as racial. It's a new program in Montana, so is working to improve the response rate. The data can help us better understand where to direct resources as well as the types of screenings women are getting during prenatal and postpartum care – such as depression and substance use. The survey is self-reported and is worded in a way to make sense to the patient – does not give full patient history on whether patients with hypertension or depression during pregnancy also had it before pregnancy. The data is not publicly available but was accessed by Annie submitting a data request with an analysis plan to the principal investigator at MT DPHHS. Annie offered to pursue additional data requests and analyze and present them to the council upon their requests. [Click here for her presentation.](#)

Maternal Mortality Review Committee (MMRC) decision brief discussion

Amanda Eby presented the MMRC decision brief that was developed based on a template provided by the Early Childhood and Family Support Division where MOMS is housed. [Click here to access the brief.](#) The document outlined the problem that needed to be addressed – whether to build a state-based or a MMRC or a join a regional MMRC with Utah and Wyoming. The brief summarizes the issue, the history, regulation, context and requirement; then it lists out the risks and benefits of each option. Amanda explained that she wrote the brief based on her research and consultation with national experts at the CDC and MMRCs in other states. Council discussion was as follows:

- **Dr. Tersh McCracken**– A partnership with Utah is not what was perceived and would still require nearly as much effort as if we did it on our own. MMRC is vital to the work we do on maternal health as a state, it is how we take our temperature, learn from our mistakes and find our gaps in care. We are trying to get a large Region 8 platform for MMRCs to compare data. For example, New Mexico may come up with around 200 recommendations based on 20 deaths in a year. ACOG could possibly provide support/funding for the ongoing sustainability of a MT MMRC and push the state to do so as well. Fully support a Montana MMRC.
- **Brie Maclaurin** – With a small number of deaths we could learn more from other states in the regional model but if it is state specific, we could apply the prevention factors more easily.
 - Dr. McCracken responded that the two are not mutually exclusive – we could conduct the case abstraction and review at the state level and then still collaborate regionally with other states through ACOG and other platforms like the CDC.
- **Brie** – Do many patients get transferred to Utah for care?
 - **Vicki Birkeland** – those that do are transferred for severe fetal complications rather than maternal and even those are very few.
 - Dr. McCracken agreed.
- **Vicki** – We could start it on our own and if we struggle, then go back to Utah. If the timeline is an issue, which option would get us there more quickly?
 - Dr. McCracken – equivocal or we could get there more quickly on our own. We aren't going to get this perfect on our first try. The advantage of doing it on our own is getting more Montana professionals engaged in the MMR process and have a more heightened awareness of MMR in the state.

- **Olivia Riutta** – I like Dr. McCracken’s point about getting more Montana professionals involved if we build it in Montana, specifically for involving IHS. Indian Country needs to be represented due to the disproportionate amount of deaths.
- **Karen Cantrell** recommended reaching out to Bryce Redgrave (IHS Director) because he is very willing to work with us and it would be important to get him involved on the MMRC.
 - Rocky Mountain Tribal Epidemiology Center works with IHS on data and there needs to be a separate discussion with them on this.
- **Dr. Tersh McCracken** – a good MMRC needs to be multi-disciplinary and representative.
- **Vicki Birkeland made a motion for Montana to create its own MMRC; multiple people seconded the motion and it passed unanimously.**

Update from a MOMS partner

Vicki Birkeland gave a presentation on the Montana Perinatal Quality Collaborative (PQC) and described a maternal health quality improvement initiative at St. Vincent’s. The PQC is receiving support from MOMS to collaborate with the Montana Hospital Association (MHA) and DPHHS contractor Yarrow, to recruit new birthing facilities to implement Alliance for Innovation on Maternal Health (AIM) patient-safety bundles. There was not much time left for discussion after Vicki’s presentation, but program staff and council members commented on what great maternal and child health improvement work is being done and pleased that it is expanding. [Click here for Vicki’s slides.](#)

Update from Billings Clinic on MOMS demonstration project

MOMS Project Coordinator Stephanie Fitch provided an update on the activities of the MOMS demonstration project out of Billings Clinic. [Click here for the slides.](#)

Year one evaluation report overview

Dr. Annie Glover presented the highlights and recommendations from the year one evaluation report recently completed by her team at UM. Click [here for the slides](#) and [here for the full report](#).

Public education campaign update

Colin Bonnicksen of Windfall, the marketing firm on contract with DPHHS to conduct the public education campaign, presented their work plan and timeline ([click here to download](#)). Colin explained that the first year of the campaign would be very heavily digital with targeting advertising and social media to get the information in front of as many people as possible for the best value. Videos and other mediums will also come later, and website copy is being created now for a patient-education website.

This topic prompted a lively discussion about the need for coordinated messaging since other campaigns with similar or the same messaging are also launching. Brie expressed the importance of other organizations that are targeting similar messaging to the same population can share their plans so that messaging can be shared and coordinated. Brie said that Healthy Mothers Healthy Babies is partnering with Vicki soon launching a public messaging campaign targeting women of childbearing age as is an opioid reduction grant and likely more. HMHB is planning a meeting to convene several partners planning messaging to the perinatal population to leverage expertise and resources. Amanda relayed that MOMS would partner with other organizations on messaging and wherever it made sense. She had a conversation with Olivia Riutta about partnering with Cover Montana on messaging to mothers about obtaining insurance coverage and welcomed such conversations with others. MOMS is open to co-branding as well

Discuss survey results – council priorities in next six months

Amanda asked Leslie deRosset to administer a bi-annual feedback survey to council members for the sake of neutrality and there was a 77% response rate (14 out of 19). Everyone answered all the questions. People were asked about who is missing from the council which is helpful to know whether all the right people are at the table either here or in work groups. There were one to two people who said they disagreed or somewhat disagreed regarding how the council operations were going which is an opportunity for changes. Overall, people feel satisfied with how the council is going and feel like work is getting done. Some were concerned about how to get more work done rather than just talking about it. Some council members could help program staff in thinking through the feedback and how to do things differently. Concern was expressed about the length of documents sent for meetings. This data provides ideas for how to move forward in January. The survey also listed 18 priority areas for members to select the top five they were interested in for a workgroup or focus area of the council. There were five high scoring topics the council could further discuss in January. [Click here for slides summarizing the report.](#)

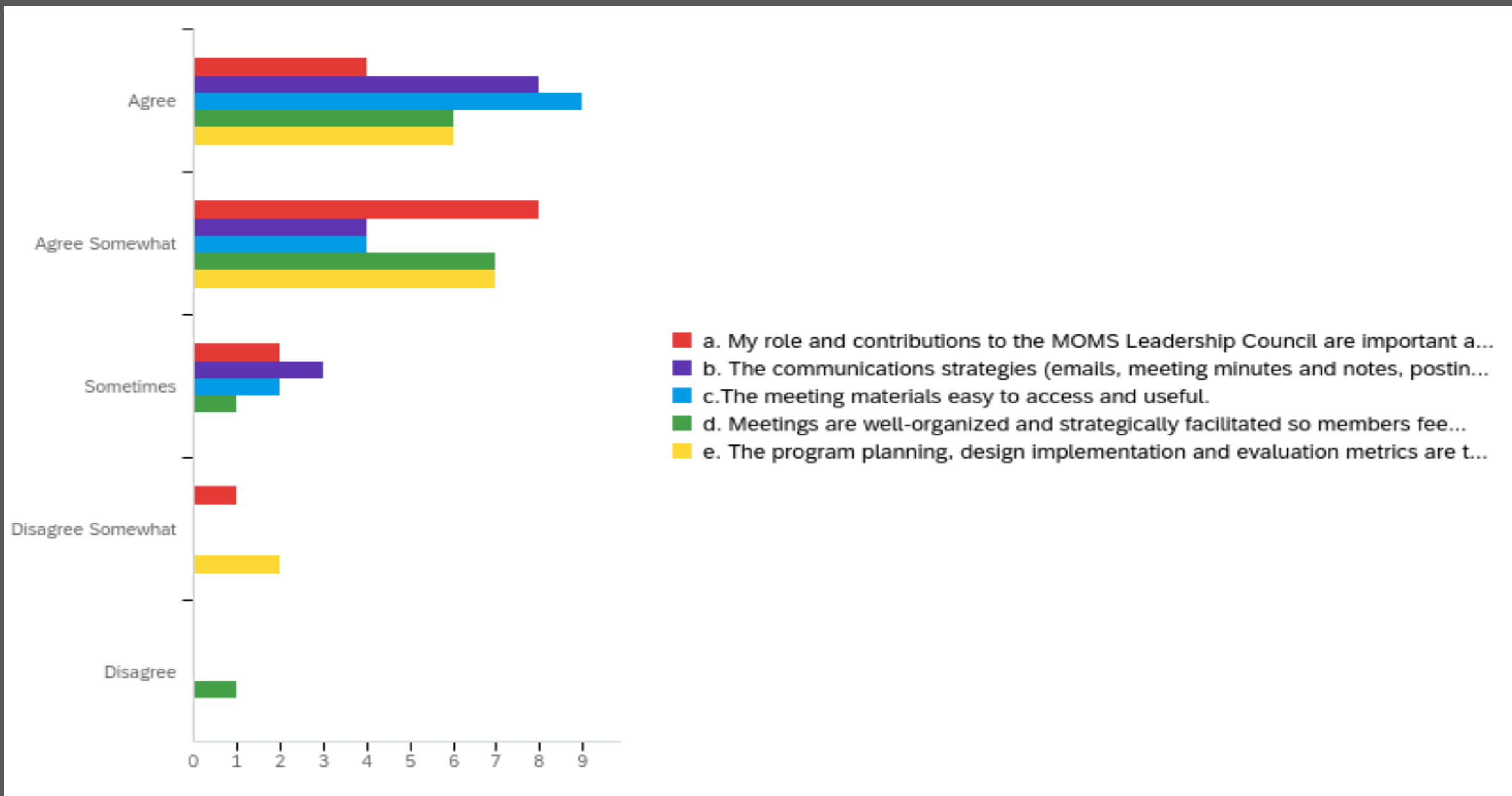
Public comment/roundtable questions and discussion

There was not time left for public comment or roundtable discussion, but Tersh said that it was important to him and there would be more time allotted for it at the next meeting. He thanked everyone for their participation and expressed satisfaction with the progress and direction of the council.

Meeting adjourned at 5:34 pm.

MOMS BI-Annual Feedback Survey

- Survey open for feedback from 12/4 – 12/8/20 at noon
 - Additionally, 1 person completed after 12/8 and results were updated
- 15 out of 18 respondents completed the survey (83.3%)
- Critical partners or stakeholders that are missing from the MOMS program?
 - 40.0% (n = 6) said yes
 - 20.0% (n = 3) said no
 - 40.0% (n = 6) said “I am not sure”



MOMS BI-Annual Feedback Survey

Scale: 1 (Agree) 2 (Agree Somewhat) 3 (Sometimes) 4 (Disagree Somewhat) 5 (Disagree)

Question/Statement	Mean	% (n = 15)				
		Agree	Agree Somewhat	Sometimes	Disagree Somewhat	Disagree
a. My role and contributions to the MOMS Leadership Council are important and valued.	2.00	26.7	53.3	13.3	6.7	-
b. The communications strategies (emails, meeting minutes and notes, postings on the website, etc.) for the MOMS Leadership Council are clear and easy to understand.	1.67	53.3	26.7	20.0	-	-
c. The meeting materials easy to access and useful.	1.53	60.0	26.7	13.3	-	-
d. Meetings are well-organized and strategically facilitated so members feel welcome, empowered to contribute and comfortable to share ideas and thoughts.	1.87	40.0	46.7	6.7	-	6.7
e. The program planning, design implementation and evaluation metrics are transparent and include stakeholders and council members at every stage.	1.87	40.0	46.7	-	13.3	-

Opportunities to Improve the Leadership Council

Starting to feel movement towards making actual change in all areas of the state

Length and format of meeting is challenging – lots of housekeeping

It's a hard time to think critically

Concerns from other organizations across the state the partnerships need to be more inclusive

Better delineate sectors to consider well-defined topics

Begin to do work in smaller workgroups, break-out rooms – the group is really large

Shorter summaries – so many documents.

Continue to be transparent and seek input from members for solutions

Only meet 1x per month

Split up and focus on work in smaller groups/teams



The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I feel movement towards areas where we can start to discuss actual changes in all areas of the state.
 - I believe we are working towards this and do understand that with the development of any group there are a lot of implementation objectives that must be handled first.
- Other organizations are concerned about lack of involvement as most everything is communicated as a partnership with Billings Clinic. Although they are doing important work, in order to be a true, statewide program, this needs to be minimized and others are invited to the table.
- Agendas are full, possibly fewer items and facilitate to pull for more dialogue from quiet members; They have a very clinical focus and at times I think we need more clinical representation.
- **Only meet once monthly and let favorites chose their own AIM algorithm.**
- The length and format of the meeting is difficult. Lots of time spend on 'housekeeping' and unproductive items, leaving little time for substantive issues. I think it could be improved with better, more thoughtful coordination and manipulation of the format to include breakout rooms, polls, and better delineated 'sectors' to consider well-defined topics.

The work of the Leadership Council is a critical component for the planning, design and implementation of MOMS. Please describe what you think the program staff of MOMS could do to improve the Leadership Council.

- I have not been able to participate as much as I would like, so I am not a good representative to answer this.
- Continue to be transparent on challenges/barriers and seek input from the members for their solutions.
- Shorter Summaries of what is a priority would help. There are so many documents it is difficult to keep it straight.
- The group is quite large, I believe that the best productivity will come if we can split up into focused groups that are targeting specific items
- The time is difficult for critical thinking activities.
- If activities require discussion, break into smaller groups and allot more time to participate.
- Send out information to be reviewed in timely manner, poss. with 'reminders' of what needs to be done

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
1	Addressing barriers to best prenatal/labor and delivery/postpartum care	16.4% (12)
2	Rural and racial disparities in care	13.7% (10)
3	First trimester prenatal care	8.2% (6)
3	Health Care Provider teams education and support	8.2% (6)
3	Data collection - improvement and alignment to inform policies, programs, and clinical care	8.2% (6)
4	Public education campaign guidance and oversight	6.9% (5)
5	Adverse Childhood Experiences (ACE) training	5.5% (4)
6	CDC Levels of Care Assessment Tool (CDC LOCATe)	4.1% (3)
6	Patient and family engagement with the Perinatal Quality Collaborative (PQC) and Maternal Mortality Review Committee (MMRC)	5.5% (4)

Top 5 Priority Areas for 2021 for the MOMS Leadership Council

Rank	Priority/Interest Description	% (n)
7	Family Planning (all ages)	2.9% (2)
7	Adolescent pregnancy prevention and education	4.1% (3)
7	COVID-19 including telemedicine, access, treatment	2.7% (2)
7	Utilization of implementation tools such as the Key Drivers, Network Mapping, plan/do/study/act (PDSA) and continuous quality improvement (CQI)	2.9% (2)
8	Preconception health care	1.5% (1)
8	Other: create state award system to incentivize participation	1.5% (1)
8	Other: Open up funding to other hospitals to create alignment, reward innovation, as they are all doing similar work	1.5% (1)

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

We are dedicated to supporting parents, guardians, and families experiencing a variety of stressors including mental health or substance use challenges during pregnancy and through the first year postpartum.

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

DEVELOPMENT OF PROGRAM

POPULATIONS SERVED

POSITIVE REFERRAL INDICATORS

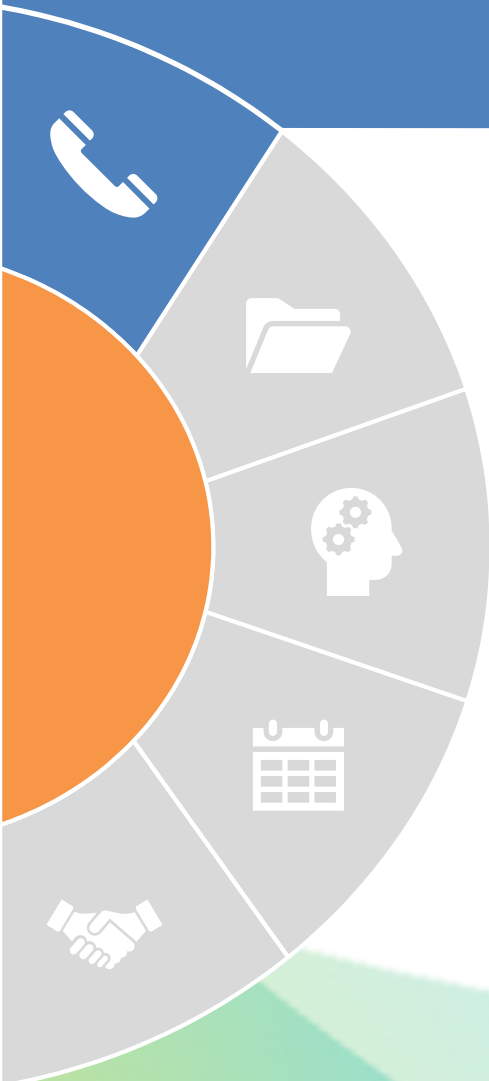
REFERRAL PROCESS

ENROLLED PATIENT SUPPORTS



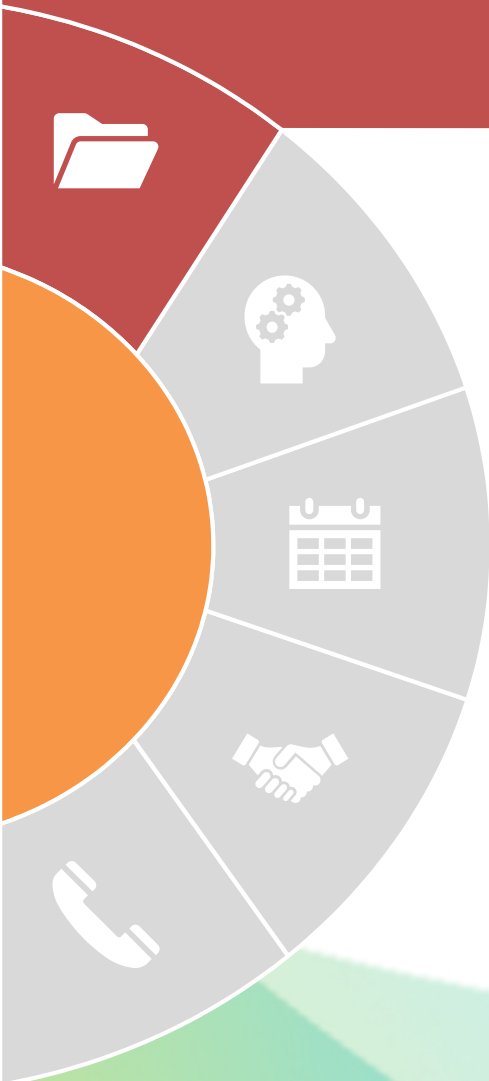
TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

DEVELOPMENT OF PROGRAM

- 
- Community health improvement plan identified three priority areas:
 - **Behavioral Health:** Education, awareness, screening and access to care;
 - **Early Childhood:** ACES/trauma-informed care, early care and education;
 - **System access and referral.**
 - Primary Care RN Care Manager identification of pregnancy & postpartum population needing support
 - Meadowlark funding through the Montana Healthcare Foundation
 - Maternal Mental Health Task Force and community focus on supporting families in the perinatal period
 - SPH building strong relationships with community partners serving this population
 - AHRQ Award

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

POPULATIONS SERVED

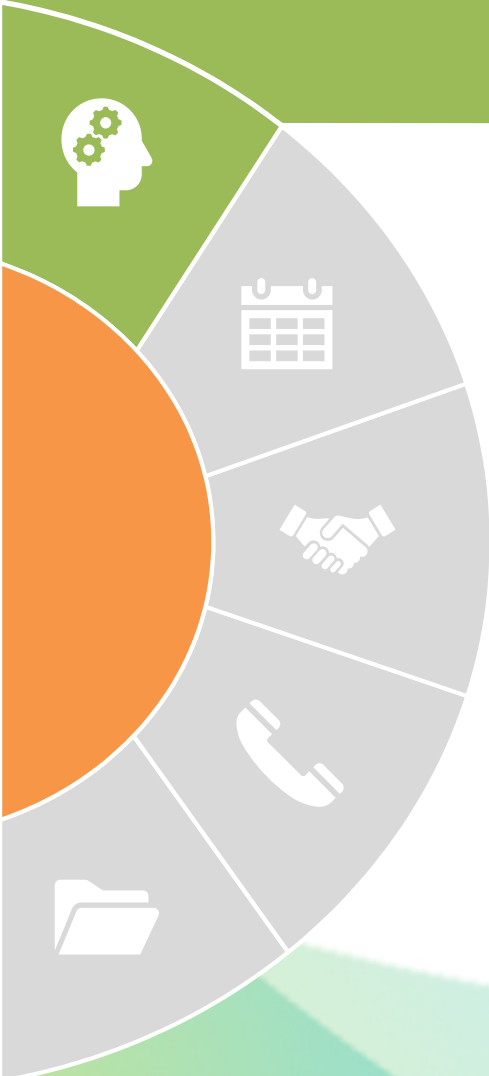


- SPHMG PCP patient who verbalize desire to become pregnant with positive referral indicator(s)
- Individual establishes OB care with SPHMG FP OB
- SPHMG PCP patient or partner with infant delivered/adopted/fostered in the past year
- SPHMG PCP patient who is a caregiver to child <12 mo. old
- SPHMG PCP patient who delivers a child at SPH (discharge call within 2 business days)
- Patient referred from Women & Children's unit
- Patient referred from CPS

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

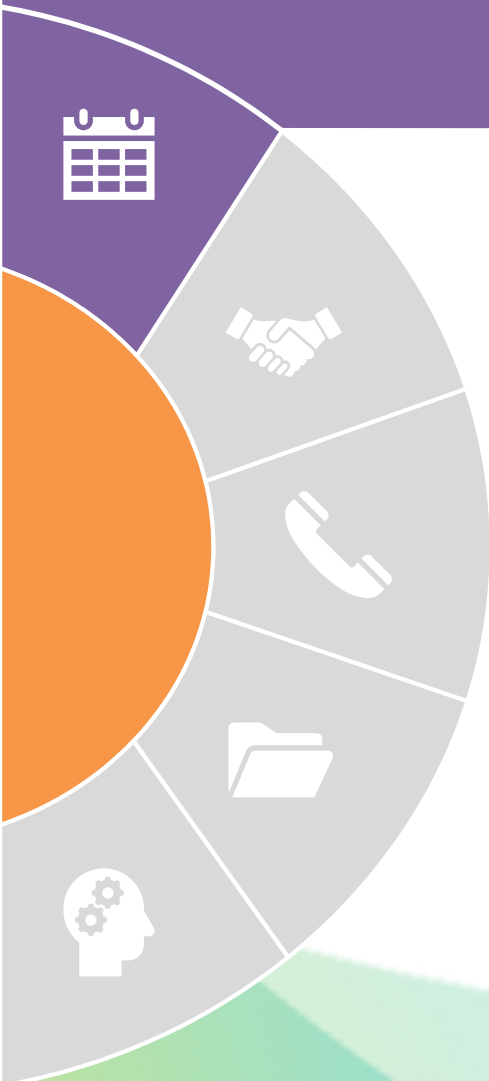
POSITIVE REFERRAL INDICATORS

REFERRALS CAN ORIGINATE FROM
OUTPATIENT OR INPATIENT SETTING

- 
- Complex medical conditions present before pregnancy
 - 1+ SDoH need
 - PHQ9 or Edinburgh score 10+
 - CPS involvement
 - Substance use
 - New mental health medication started
 - Grief or loss
 - NICU babies/parents
 - Individual is stressed, overwhelmed & needing connection to parenting resources


TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

REFERRAL PROCESS

- 
- Warm handoff with Parental Mental Health RN Care Manager &/or Social Worker/Social Services Coordinator (otherwise outreach within 2 days)
 - Via CONNECT from CPS
 - Women & Children's Unit
 - SPHMG FP OB (future goal to include high-risk individuals with community OB and SPHMG PCP)
 - Outreach at 2 weeks postpartum with Edinburgh screening
 - Outreach at 4 months postpartum with Edinburgh screening
 - Outreach at 9 months postpartum

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

ENROLLED PATIENT SUPPORTS

- 
- Outreach every 1-4 weeks, based on preference and risk.
 - Program duration is pregnancy through 1 year postpartum. Potential for longer duration on case-by-case basis.
 - Assistance with:
 - Goal setting to decrease symptoms
 - Referrals to community supports
 - Referrals to Primary Care behavioral health professional/community therapist/Psychiatry if indicated
 - Connection to PCP for medication & symptom discussion
 - Rescreening at least monthly

TAKING CARE OF YOU: A PARENTAL SUPPORT PROGRAM

For more information contact:

TakingCareOfYou@sphealth.org



Greetings, MOMS Leadership Council-

The Montana Obstetrics and Maternal Support (MOMS) grant team is excited to share with you the accomplishments our demonstration project has made in our first year of operation (see Year 1 Highlights flyer) as well as discuss our plans for grant year two which began October 1st. Our year two plans include:

- Launching the ***Eastern Montana Perinatal Addiction Treatment Health System (EMPATHS)*** program in January 2021. We have hired Joseph Salyer, a certified behavioral health peer support specialist, to serve as the case manager for this program. He is trained in screening, brief intervention and referral to treatment (SBIRT) and will meet with all women who screen positive for potential substance use disorders (SUD) following universal screening within participating OBGYN practices. A contract is in place with Rimrock Foundation and they've agreed to enroll women in treatment services within 72 business hours from the time of EMPATHS referral. We launched this program at Billings Clinic and plan to offer services to rural sites and other healthcare systems once we have worked out some preliminary kinks.
- Bringing the ***American College of Obstetricians and Gynecologists' Emergencies in Clinical Obstetrics (ECO)*** program to Montana. There are currently no doctors in Montana who have been certified in this program. MOMS will be hosting a train-the-trainer event on January 22nd in Billings. We currently have 8 physicians and 3 nurses/CNMs enrolled. Once trained, these providers are tasked with providing the ECO program to provider teams across rural and frontier Montana.
- Continuing ***MOMS Project ECHO*** clinics every 2nd and 4th Tuesday of the month. We plan to continue expanding our participant base and offer learning opportunities related to improving medical and behavioral healthcare for Montana's pregnant and postpartum women. MOMS has received approval to offer CME and CNE beginning in January 2021.
- Creating an ***educational series*** that highlights the unique, traditional culture of ***Montana's American Indian communities***. This docuseries is intended to identify beliefs and practices related to maternal health that can be used as educational resources for Montana's medical and behavioral health providers. MOMS hopes that increased understanding of American Indian culture will inspire practice changes among Montana's healthcare providers that promote higher quality, more diverse and inclusive care.
- Offering infant ***Neonatal Resuscitation Program (NRP) and Sugar, Temperature, Airway, Blood pressure, Lab work and Emotional support (STABLE) training*** to nurses and providers at critical access facilities across Eastern Montana. We've purchased a HealthStream interface specific to MOMS and will be offering trainings online for participant convenience. We will contract nurse educators in Spring 2021 to complete the required live portion of NRP certification trainings.
- Finishing ***Simulation in Motion Montana (SIM-MT)*** trainings. Billings Clinic purchased 72 trainings for rural sites in Eastern Montana. Due to COVID delays, only 22 of these were completed in 2020. The remaining 50 trainings will be scheduled in year 2.
- Creating a series of ***clinical care guides and toolkits*** that will provide peer-reviewed resources that promote competency and consistency in the care being provided in Montana. Resources will be provided in discipline-specific format tailored to providers, nursing and administration teams and social workers.



We are proud of what we've accomplished in our first year and hope to further innovations in Montana's maternal health landscape in year two. We look forward to continued support from the MOMS Leadership Council and hope you will help us to continue expanding and advancing the MOMS demonstration project.

Sincerely,

Tersh McCracken, MD, FACOG

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MOMS

Montana Obstetrics
& Maternal Support

Year 1 Highlights

The Montana Obstetrics & Maternal Support (MOMS) program was created to connect rural providers to obstetrical/gynecological, perinatal, mental health and addiction medicine specialists to build competency and consistency across perinatal providers. MOMS is a collaboration between the Montana Department of Public Health and Human Services, Billings Clinic, and the University of Montana. MOMS seeks to elevate maternal health as a priority in Montana.

- Montana has the 6th highest rate of maternal mortality at 40.7 deaths per 100,000 births.¹
- With 194 of every 10,000 deliveries resulting in significant complications, Montana's rate of severe maternal morbidity is 35% higher than the national average.²
- Racial and rural health disparities plague Montana's health system with 52 of Montana's 56 counties having at least one Medically-Underserved Area (MEA) designation.³
- More than half of Montana's counties do not have an obstetric physician or mid-level professional, such as a nurse practitioner, providing maternal healthcare. In these counties, women may travel hundreds of miles for annual visits and prenatal care, as well as delivery.³

Montana Department of Public Health and Human Services (DPHHS)

- Convened the **MOMS Maternal Health Leadership Council**, a state level advisory group that guides maternal health initiatives in the state of Montana.
- Transitioned the **Montana Perinatal Quality Collaborative (PQC)** to be convened by DPHHS, and is expanding membership and facilitating implementation of maternal quality and safety improvement projects at birthing facilities across the state.
- Working with the **Alliance for Innovation on Maternal Health (AIM)** to elevate maternal safety as a priority in Montana. Montana will apply for AIM enrollment in February 2021 and begin work on the first patient safety bundle.



For more information, visit mtmoms.org



Billings Clinic

- Began work on the **MOMS Needs Assessment** which identified access/distance to care, lack of access to mental health and substance use treatment, and inadequate resources for identifying and remedying social determinants of health as the primary barriers to effective prenatal and postpartum care.
- Launched **MOMS Project ECHO** clinics that connect urban-based specialists to rural medical professionals serving Montana's perinatal and postpartum populations through a free, online telehealth platform. Through didactic presentations, patient case reviews, and peer discussions, ECHO participants learn best-practices in maternal health. Project ECHO limits provider isolation and improves competency and consistency across the state of Montana. Clinics are offered the 2nd and 4th Tuesday of each month.

Project ECHO has attracted over 100 unique participants, with more than 30 being physicians.

- Launched rural simulation training in conjunction with **Simulation in Motion-Montana (SIM-MT)**. 18 sites in Eastern Montana have been offered access to high-fidelity simulation training services provided in their communities at no cost. Learners have participated in birthing scenarios addressing uncomplicated births, basic neonatal resuscitation, and identification of obstetric hemorrhage.

17 physicians and midlevel providers have participated in SIM-MT trainings alongside their nursing, emergency medical technician, and law enforcement counterparts.

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

- Completed the first annual **Maternal Health Report** to be disseminated to stakeholders in December 2020. This report compiles and synthesizes data from several public health and demographic surveillance systems to illustrate the status of maternal health in Montana.
- Conducted a **research study on telemedicine practices** adopted by obstetricians during the COVID-19 pandemic in Montana, Wyoming, and Idaho.
- Initiated a partnership with the Montana Hospital Association to **study severe maternal morbidity** and near miss obstetric events in rural and native communities.
- Provided continuous quality improvement (**CQI**) **assessments and feedback** to facilitate improvement of the MOMS Project ECHO Clinic and simulation training program.

References

- 1 America's Health Rankings analysis of CDC WONDER Online Database, Mortality files, United Health Foundation, [America'sHealthRankings.org](https://www.america'shealthrankings.org), Accessed 2020.
- 2 Center for Disease Control and Prevention, Rates in Severe Morbidity Indicators per 10,000 Delivery Hospitalizations 1993-2014. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/rates-severe-morbidity-indicator.htm>, Accessed 2020.
- 3 Montana Medicaid. 2016. Access Monitoring Plan. <https://www.medicaid.gov/sites/default/files/2019-12/mt-amrp-16.pdf>



**FOR MORE
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*For more information, visit **mtmoms.org***