Case Study: Michigan State-Based Team

National Medicaid and Midwifery Learning Collaborative

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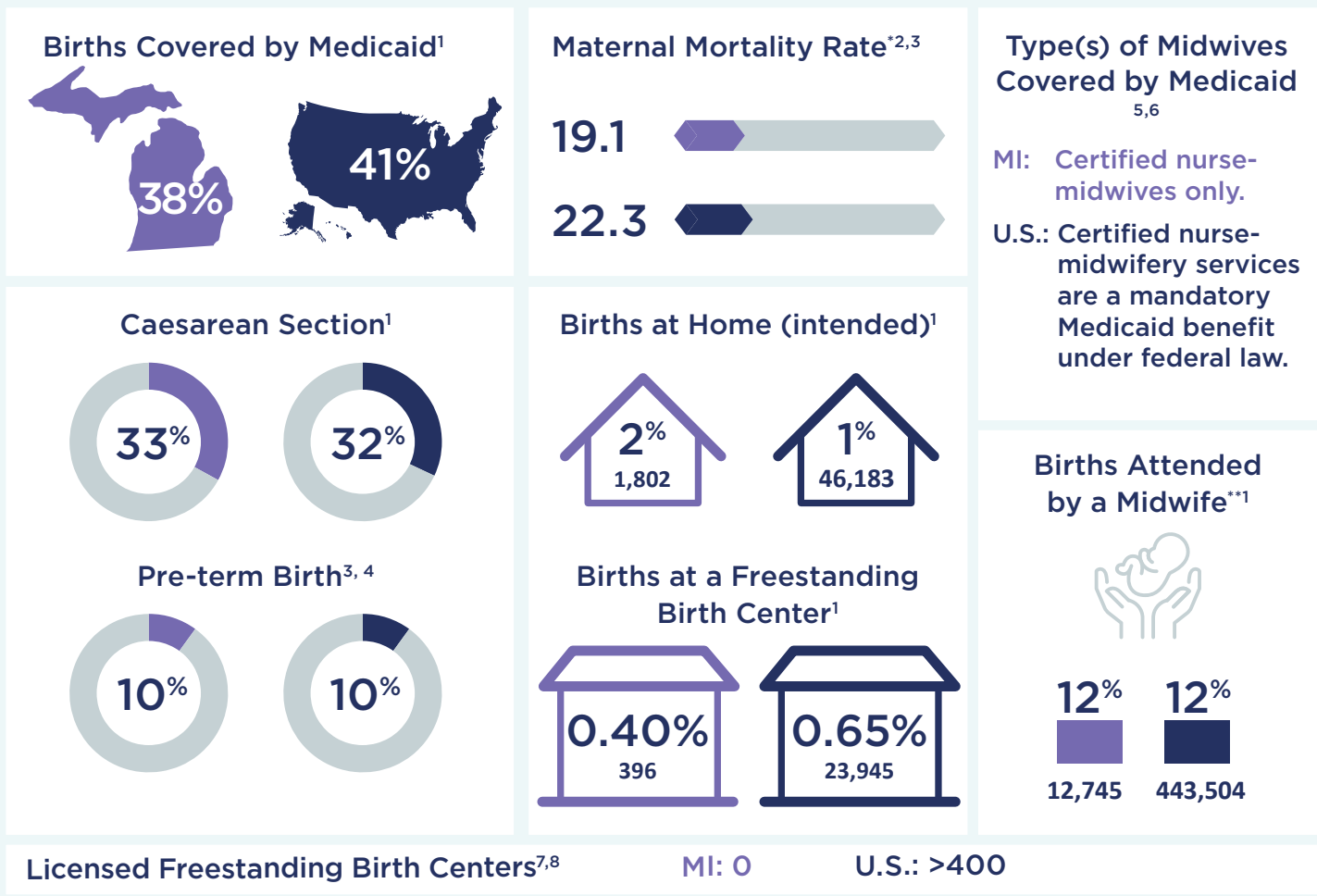
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The national Medicaid and Midwifery Learning Collaborative was an intensive, 3-year initiative led by the Institute for Medicaid Innovation (IMI) and funded by the W. K. Kellogg Foundation. Five state-based teams (Arizona, California, Kentucky, Michigan, and Washington) were selected as part of a competitive application process. They received tools and resources grounded in implementation science theories and community power building to develop sustainable initiatives to advance midwifery-led models of care for those enrolled in Medicaid. Teams also received technical assistance, guidance, and support from IMI staff and a dedicated group of experts on the project national advisory committee. When IMI staff recognized that additional expertise might support the teams, IMI adapted, identified, and procured that expertise. Each team consisted of leaders and innovators representing four key groups: state Medicaid agencies, Medicaid health plans, community-based organizations, and provider groups, including midwives of all credentials. As part of the project funding from the W. K. Kellogg Foundation, IMI prioritized providing an annual honorarium to each state-based team for their participation and funds to support in-person site visits. Team members eligible for the honorarium included midwifery provider groups and community-based organizations. The goal of the learning collaborative was to leverage the underused high-value, evidence-based midwifery-led model of care to address disparities and improve birth equity.

At a Glance:
Maternal Health and Medicaid in Michigan

Michigan ■ ■ United States

Births Covered by Medicaid[1]

38% 41%

Maternal Mortality Rate[*2,3]

19.1

22.3

Type(s) of Midwives Covered by Medicaid [5,6]

MI: Certified nurse-midwives only.

U.S.: Certified nurse-midwifery services are a mandatory Medicaid benefit under federal law.

Caesarean Section[1]

33% 32%

Births at Home (intended)[1]

2% 1,802

1% 46,183

Pre-term Birth[3, 4]

10% 10%

Births at a Freestanding Birth Center[1]

0.40% 396

0.65% 23,945

Births Attended by a Midwife[**1]

12% 12,745

12% 443,504

Licensed Freestanding Birth Centers[7,8]   MI: 0   U.S.: >400

When applicable, data is reported as an annual rate or percentage.
*Per 100,000 live births. **Births attended by a certified nurse-midwife, certified midwife, and other midwife.

About Team Michigan

The Michigan team of the Midwifery Learning Collaborative started the learning collaborative with deep roots in both midwifery and community and advocacy work and with a vision to increase community voice and power in health care policy. The Michigan team uplifted and prioritized the involvement of community-based organizations and individuals enrolled in Medicaid in its planning phase, noting that "it was important that those most impacted were included in this process and informed us while we shaped our goals together."

The team leaders and multiple team members represented Birth Detroit, a Black-led birth justice nonprofit organization and midwifery practice that opened Detroit's first freestanding birth center in June 2024. IMI's Midwifery Learning Collaborative provided the opportunity for this core group to work closely

not only with health care providers and community partners but also representatives of health plans and the state Medicaid agency. From the start of the collaborative, they "remained open to each member's perspective, knowing that most folks have different contributions to this work."

Team Michigan members at the site visit meeting on April 27, 2023, in Detroit, Michigan.

Organizations Represented on Team Michigan

Medicaid Health Plan	Midwifery Provider	Community-Based Organization	State Agency
• Blue Cross Complete • UnitedHealthcare Community Plan	• Birth Detroit • Michigan Midwives Association • University of Michigan School of Nursing • Michigan Affiliate of the American College of Nurse-Midwives	• Friends of Michigan Midwives • Michigan Chamber for Reproductive Justice • MI State of Birth Justice	• Michigan Department of Health and Human Services

Establishing the Framework for the Team

In October 2022, the Michigan team co-lead presented with IMI's founding executive director at the March of Dimes **Mom and Baby Action Network Summit**. The summit's tagline was "Local perspective. National impact. Equitable outcomes." The Michigan team co-lead shared the value of bringing together different partner groups for statewide work, reflecting the potential to have a national influence. "It is wonderful to say that we are part of a national collaborative led by IMI working to integrate midwives in Michigan. It has been beneficial for Birth Detroit to be able to show funders that we are working on long-term sustainability."

The Michigan team's strong vision was actualized through IMI's facilitation of the implementation toolkit. The learning collaborative design of monthly individual state team meetings and quarterly all-team meetings helped the Michigan team sustain momentum and keep their focus on their collective work aligned with their goals and action plan. They noted the value of not only maintaining their own focus but also hearing about other state-based teams' journeys. A Michigan team member excitedly said, "We have seen Medicaid health plans collaborate in authentic ways with communities to support more midwifery access and awareness."

Team Michigan members at the site visit meeting on April 27, 2023, in Detroit, Michigan.

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Elon Geffrard, co-lead of the Michigan team, at the at the June 21, 2024, convening meeting in Detroit, Michigan.

Team Michigan's Story
Celebrating Successes

The team's first goal was to increase knowledge of the state's existing midwifery practice, licensure and credentialing requirements, outcomes, and opportunities for expansion, particularly in Black and Indigenous communities. Leveraging the perspective of each partner organization brought to the team, they created an informative presentation and used it to educate members in all nine of **Michigan's perinatal quality collaboratives**, which are charged with implementing data-informed quality improvement efforts that address birth inequities. These perinatal quality collaborative members then felt equipped to share information on midwifery in Michigan to their networks, composed of local health departments, community health workers, behavioral health providers, and more.

Building on the energy of their successful educational campaign, their next goal was to create a **fact sheet** articulating regulatory barriers to Medicaid integration for midwives. The target audience was Michigan policymakers. The fact sheet provides information on barriers along with state policy actions to overcome the challenges. The team noted that they leveraged the momentum of a major Michigan legislative initiative, the Momnibus, "to work in tandem from the regulatory and legislative side." The team intended the fact sheet to be a tactical resource for elected officials who are invested in maternal health equity, including midwifery care access

expansion, as part of the state's gubernatorial administration's accomplishments and legacies.

Expanding on their communications work, the Michigan team distributed a call-to-action letter addressed to Michigan policymakers and the Michigan Department of Health and Human Services laying out the evidence for high-value midwifery care. Among other suggestions, the letter called for Michigan midwives to be invited to leadership discussions to develop solutions that address the maternal health crisis. Some of the organizations participating in the learning collaborative also launched an initiative called the MI State of Birth Justice, a community coalition working to build urban-rural partnerships to increase access to midwifery care across the state. Rather than developing a standalone website for the 3-year learning collaborative team, the **MI State of Birth Justice website** hosted a page to feature Team Michigan's external communications and serve as an ongoing hub for team members to stay engaged in this work after the learning collaborative concludes.

Overcoming Challenges

Due to staffing changes in the state Medicaid agency, the Michigan team lacked a state Medicaid representative for several months. The team turned this setback into an opportunity to invite key people from the Michigan Department of Health and Human Services to join their work. Team Michigan initially set out to identify new team members with the "power to make changes" within Michigan Medicaid. But they came back to

their core belief that power comes from the community, and goals are achieved through sharing ideas, relationship building, and collaboration. The team identified two individuals from the state Medicaid agency who also championed those principles and invited them to join the collaborative effort.

Team Michigan also stepped forward in cross-team learning collaborative meetings to articulate a challenge that many teams shared: managing frustration. They were honest about how it can be deeply discouraging to work against the status quo and confront the lack of interest in advancing solutions that are so clearly evidence-based and in-demand by communities. The team developed strategies to support each other through these feelings, appreciate their growing network, and celebrate their parallel accomplishments, like the construction of Birth Detroit's new birth center. They upheld the practice of recognizing the importance of small changes, even in what seemed like stagnant episodes.

What's Next?

Team Michigan is excited to have new representatives from the state Medicaid agency actively engaged on their team. They are confident that the new members will strengthen the team's continued work to ensure there is equitable reimbursement of midwifery care in all care settings with all credentials in the state. Additionally, the Michigan team is expanding their efforts to address workforce development. To do so, they are supporting initiatives focused on both certified nurse-midwives and certified professional midwives, recognizing that an integral component of birth equity is building and sustaining the workforce of all credentialed midwives. Members of Team Michigan representing Birth Detroit are thrilled to partner with the University of Michigan on a grant that provides $1 million annually for 4 years to support the financial and mentorship needs of students in the university's nurse-midwifery program. Team Michigan is also considering how best to create a scholarship specifically for student certified professional midwives of color in the state. Midwives are often overlooked as a workforce positioned to expand access to critically needed maternity service for people of color and those living in maternity care deserts. "Our work to find more inclusive, equitable scholarship opportunities for future certified professional midwives remains an ongoing challenge that we are committed to overcoming and getting resourced to support birth equity in our communities."

Advice for Others on the Journey

Team Michigan advises peers and others seeking to carry out similar work to consider what perspectives are or are not represented at the outset of the work: "Think first about who is centered, who is included—not after." The team described the value of not just any partner within the state Medicaid agency or Medicaid health plans but the right partners who can serve as champions and "push levers" in their organizations. They also emphasized the importance of having midwives of all credentials on the team, specifically highlighting the need to include certified professional midwives in Michigan. In addition to midwives of all credentials, teams should include midwives who practice in every setting including community birth, which is not covered by Medicaid and is the most underrepresented birth location. Finally, the team recommends that midwifery consumers, pregnant and birthing people who are enrolled in Medicaid and those who are not, should be at the table.

Opportunities for Policymakers and Champions

Team Michigan shared the following opportunities for policymakers to support their work:

- Read and disseminate the team's midwifery regulatory barriers and opportunities **fact sheet**.

- Educate colleagues on how midwifery care is safe, fiscally responsible, and crucial for the health of communities.

- Reach out to **MI State of Birth Justice** for more information on midwifery or to schedule an educational meeting or presentation.

Recommendations for others to support the team include:

- Share information on the benefits of different models of maternity care, highlighting the high-quality evidence-based outcomes of the midwifery model of care.

- Follow their efforts on social media, sign up for their newsletter, and otherwise support the **MI State of Birth Justice**, a coalition of partner organizations with the shared mission to "educate, inform, and engage our communities statewide in realizing Birth Justice."

- Fund national collaborations like IMI's Midwifery Learning Collaborative.

Notes

The Institute for Medicaid Innovation (IMI) recognizes that transgender and nonbinary people become pregnant or seek perinatal health care services. In response, IMI is committed to creating resources that are gender inclusive and affirming, limiting gendered language, and only using such terms when specified in Medicaid requirements, statutes, policies, research publications, and database variable names. As such, IMI's resources use both gender inclusive and affirming terms but also gender-specific terms like "women/woman" and "maternal."

The IMI national Medicaid and Midwifery Learning Collaborative project team included Rebecca Johnson, MA, MPH; Andrea G. McGlynn, MSN, APN, CNM; Jennifer E. Moore, PhD, RN, FAAN; Karen Shea, MSN, RN; Yontii Wheeler, MPH; and Nana Nimako, MBE.

The views expressed here do not necessarily reflect the views of the W. K. Kellogg Foundation or any named organization participating on the Michigan state-based team.

Before publication of the final case study, IMI sought input from independent clinical, scientific, and policy experts as peer reviewers who do not have conflicts of interest. However, the conclusions and synthesis of information presented in this case study do not necessarily represent the views of individual peer reviewers or their organizational affiliation(s). The peer reviewers were compensated for their time and expertise.

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