

Benefits of the Maternal Infant Health Program (MIHP)

An Information Sheet for Health Care Providers

How can MIHP help pregnant mothers and infants in your practice?



MIHP services supplement medical (prenatal and infant) care and are provided by Michigan

Department of Health and Human Services (MDHHS) certified providers in accordance with Medicaid policy, to **provide care coordination and intervention services**, focusing on the mother-infant dyad.



MIHP – an evidence and population based model

As a population based model, every Medicaid insured pregnant woman is eligible for comprehensive risk screening, care coordination and MIHP services based on risk.

Other features of the population-based model are: a strong focus on outcomes; use of specified, evidence-based

Care coordination services are provided by a registered nurse and licensed social worker. Intervention services are provided by a registered nurse, a licensed social worker, registered dietitian (with a physician order), and an infant mental health specialist, based on the beneficiary's needs.

MIHP recognizes the impact of social determinants of health in

MIHP families and works to consider the life factors of these families when assisting in the access of health care, social and community resources.

Referrals to MIHP may be made by anyone however; physician referrals to MIHP are encouraged when the Medicaid eligible woman calls to set up her prenatal visit. This allows for early risk screening and coordination of services.

The goal of MIHP is to support Medicaid beneficiaries to promote healthy pregnancies, positive birth outcomes, and infant health and development.

interventions tied to level of risk; comprehensive data collection; development of a centralized database; and use of data to drive program decisions to improve program quality.

Delivery of services are monitored to assure MIHP providers are adhering to model fidelity through: periodic certification; medical record review;

data analysis; and monitoring by MDHHS MIHP consultants as well as other quality improvement initiatives.





The evidence supporting MIHP

Research shows that MIHP has favorable effects across a range of maternal and infant care and health outcomes during pregnancy, at birth, and through the first year after birth. Studies found evidence of effectiveness in a variety of areas, including:

Improved maternal care

"The results from Michigan provide strong evidence for the effectiveness of a Medicaid-sponsored population-based home-

visitation program in improving maternal prenatal and postnatal care and infant care."¹ Mothers participating in MIHP are more likely to receive prenatal care, have improved prenatal care adequacy, and to receive an appropriate postnatal checkup.¹

Improved infant care

Infants in MIHP are more likely to present for well-child visits and to adhere to the recommended number of well-child visits during the first year of life.¹

Reduced risk of infant mortality

Participation in MIHP reduced the risk of infant death, with significant reductions both in neonatal and post-neonatal infant death.³ Possible mechanisms include

Improved birth outcomes

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"MIHP reduced risk for adverse birth outcomes, with particular advantage for black women."² Enrolling in the program in the first 2 trimesters and receiving screening and at least 3 additional face-to-face prenatal contacts decreased the likelihood of having adverse birth outcomes – low birth weight, very low birth weight, preterm births, and very preterm births – for women of all races, with the MIHP effects more robust for black women.²

improvements in the adequacy of prenatal care and reductions in the risk of adverse birth outcomes.³

*For more information about MIHP, visit the following web page:
www.michigan.gov/mihp*

*If you have questions regarding MIHP, contact: Suzette Burkitt-Wesolek at
burkittwesoleks@michigan.gov*

This information sheet for providers presents this evidence resulting from a program of research conducted at Michigan State University in partnership with the Michigan Department of Health and Human Services.

Endnotes and published research papers:

¹Meghea CI, Raffo JE, Zhu Q, Roman LA. Medicaid home visitation and maternal and infant healthcare utilization. *Am J Prev Med.* 2013;45(4):441-447

²Roman L, Raffo JE, Zhu Q, Meghea CI. A statewide Medicaid enhanced prenatal care program: impact on birth outcomes. *JAMA Pediatr.* 2014 Mar;168(3):220-7. doi:10.1001/jamapediatrics.2013.4347.

³Meghea CI, You Z, , Raffo JE, Leach RE, Roman LA. Statewide Medicaid Enhanced Prenatal Care Programs and Infant Mortality. *Pediatrics.* 2015. In Print.

Peters C, McKane P, Meghea CI. Return on investment: cost savings to Medicaid from Maternal and Infant Health Program due to reduction in preterm birth rate." ROI Fact Sheet Series, Volume 1, (2015)