

Michigan Department
of Community Health



Jennifer M. Granholm, Governor
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Perinatal Regionalization

Past, Present, Future

Reducing Infant Mortality in Michigan: Lessons From the Field
Monday, May 5, 2008
Lansing, Michigan

Regionalization of Perinatal Care: Background

- Regionalization of perinatal care can be traced to the development of premature infant centers in the United States during the 1930's and 1940's.
- Between the mid-1970s and mid-1980s, perinatal care activities such as risk identification, transport of patients, application of technologically sophisticated equipment, and use of the levels of care concept became the nationwide standard of care
- Michigan led the nation in pioneering the concept of a regionalized perinatal system in the 1970s and 80s.
- During that time, Nigel Paneth of Michigan State University found that mortality of low-birth weight babies was significantly higher in Level I and Level II centers than it was in Level IIIs—in some areas, mortality decreased by one third to one half when the babies were tended to in tertiary centers.

Speakers:

- 1/ Greg Holzman, MD, MPH
Chief Medical Executive, MDCH
- 2/ George Baker, MD
Pediatrician Consultant for Children with Special Care Service
(CSHCS) Program, MDCH
- 3/ Lawrence A. Reynolds, M.D., F.A.A.P
President / CEO, Mott Children's Health Center Flint, Michigan

Panelists:

- 1/ Nigel Paneth, MD, MPH
Professor of Epidemiology and Pediatrics, Department of
Epidemiology, Michigan State University
- 2/ Joseph Moore, MD
Chair, Maternal Mortality Surveillance Injury Committee

Suggested future key strategies

- Engage health professionals from both medicine and public health in a collaborative effort.
- Develop “regional” teams to advance data-driven projects and activities. Each team that would include representatives from the tertiary birthing centers, the county/urban health department, clinical care providers, and community-based programs and organizations. Teams also were required to have a mix of medical, public health, statistical/ epidemiological, and community program skills. A state team will be formed at the same time, with the expectation that it would model the collaborative, cross-sector behavior desired at the local/regional level.
- Create a statewide consortium to promote interaction among regional teams. A statewide effort is needed to integrate regional efforts and to create a broader base for collaborative learning. The statewide consortium, with regular meetings, is the mechanism for sharing strategies, lessons, and ideas.
- Develop the structures, requirements, and activities in the regional perinatal program.