

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

January 2023 Meeting Summary

Cases Reviewed: 4

Preventability: 100% preventable

Pregnancy-Relatedness: 75% pregnancy-related

Causes of Death*: Mental health conditions (includes overdose)

MMRT Recommendations*: (#) = number of cases

For Providers:

- Providers should complete screening for substance use disorder for all prenatal patients, and patients should be provided assistance and support in treatment of addiction. (1)
- Health care providers should educate patients early in pregnancy about the impact of weaning off suboxone during pregnancy (i.e., increased risk of relapse to mother and risk of intrauterine complications for baby). (1)

For Facilities:

- Mental health agencies should continue to offer free mental health first aid trainings year round to help individuals recognize and respond to self harm language they may hear others saying. (1)
- Correctional facilities should always provide prenatal care to incarcerated pregnant people. (1)
- Public health departments should regularly provide support and additional conflict resolution training for house managers of sober living homes. (1)
- Health facilities providing ultrasound services, including emergency departments, should provide optional on-site emotional support as well as connection to community resources (for example, Pregnancy Options Wisconsin: Education, Resources, Support, Inc.) for individuals who have just learned they have had a demise and need support. (1)
- Health facilities providing ultrasound services should provide optional on-site emotional support as well as connection to community resources (for example, Healing our Hearts) focused on serving people of color for individuals of color who have just learned they have had a demise and need support. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Systems:

- The state/county correctional system should provide enhanced resources for strong case management for individuals with mental health and substance abuse disorders when they are released back into the community. (2)
- Governmental agencies should continue to provide and prioritize funding to support positive youth development activities, mentorship programs, and resilience building activities in order to help families heal from and prevent future adverse childhood experiences over the life course. (1)
- The Wisconsin State Legislature should immediately repeal Act 292 and end forced substance use treatment, which deters people with substance use disorder from seeking perinatal care and may contribute to overdoses and maternal deaths. (1)
- Child protective services should continue to explore strategies to be less punitive. (1)
- The Division of Medicaid Services should increase Medicaid reimbursement in order to incentivize more high quality mental health/substance use disorder treatment providers in the community. (1)
- Health care systems should provide treatment options for substance use disorder during pregnancy and the postpartum period that allow children to join or stay with the individual receiving treatment. (1)
- Correctional systems should work with local medications for opiate use disorder (MOUD) programs to treat or manage incarcerated perinatal and postpartum persons suffering with opioid use disorder using evidence-based treatments like buprenorphine. (1)
- Health systems (social services) and providers should offer immediate substance use treatment and services, including services specific to perinatal mental health and alcohol and other drug abuse (mother-baby units), to those that are identified as having substance use disorder and not just provide a referral. (1)
- Governments should increase public health funding in order to increase awareness of the risks of weaning from suboxone during pregnancy. (1)
- State and federal government should work with indigenous communities to develop an equitable means of restoring property rights and driving job creation on indigenous lands. (1)
- Tribal agencies, including the Native American Center for Health Professions, should provide culturally relevant awareness campaigns on substance use disorder and available treatment options as well as supports (such as group counseling) to indigenous communities. (1)

For Communities:

- Social service organizations should identify children at increased risk of substance use early and provide intervention services at an early age through school and community organizations. (2)

MMRT Recommendations Continued:

- Public health agencies should create public awareness campaigns to educate people on the risks of weaning from suboxone during pregnancy. (1)
- Community health resources should provide naloxone and fentanyl testing strips at no cost. (1)
- Community health resources should provide education to providers about where to access fentanyl test strips and naloxone. (1)
- Pregnancy Options of Wisconsin and UW Hope after Loss Clinic should provide education and campaigns on how common early pregnancy loss is, information on what to look for if experiencing a pregnancy loss, and resources for support services after experiencing a loss. (1)

These recommendations were written by the Wisconsin Maternal Mortality Review Team (MMRT). The content of this meeting summary reflects the view and opinions of the MMRT. It may not reflect the official policy or position of DHS. For more information on the MMRT, please visit [our website](#).