Wisconsin Maternal Mortality Review Team (MMRT)

March 2025 Meeting Summary

Cases Reviewed: 11

Preventability: 100% preventable

Pregnancy-Relatedness: 27% pregnancy-related

Causes of Death*: Infection, embolism - thrombotic (non-cerebral), mental health conditions

MMRT Recommendations*: (#) = number of cases

For Providers:

- Clinicians should consider additional testing in Urgent/Emergency Care for pregnant patients and not withhold due to pregnancy status. (1)
- Clinicians, particularly in Urgent/Emergency Care settings, should recognize the need for treatment in pregnancy to prevent possible infectious morbidity. (1)
- Providers should link all high-risk patients to community organizations and offer or refer for culturally concordant care when available, including for substance use or mental health concerns. (1)
- Providers managing patients with history of coagulation disorders, such as venous thromboembolism or thrombophilia, should make sure appropriate anticoagulation is carried out when patients become pregnant and in the postpartum period. (1)

For Facilities:

- Hospitals should ensure collaborative monitoring with obstetrics for all postpartum patients who are being treated in a non-obstetric unit, including the intensive care unit, and create pathways for notification and follow up by primary obstetric care provider. (1)
- Facilities should implement early sepsis protocols and broad spectrum antibiotics when appropriate, including for maternal sepsis in the emergency department and obstetric triage. (1)
- Facilities that offer maternity care for patients with high risk conditions should have access to advanced life saving interventions, such as catheter directed thrombolysis and thrombectomy. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Systems:

- Payers should utilize community-based prenatal/postpartum visits with community health workers or doulas for key screenings, follow-up, and/or home visits for various issues, including mental health, social support and isolation, particularly for medically complex patients (including after emergency visits). (2)
- Payers should improve coverage for community-based, culturally appropriate/ concordant care for pregnant or postpartum patients with substance use disorder and mental health concerns. (1)
- Care coordinators and payers should work together to support postpartum Medicaid patients to be in a health maintenance organization (HMO) to facilitate ongoing care. (1)
- Health systems and communities should have available resources for enhanced care coordination, education and assistance with social needs for pregnant people during pregnancy and in first year postpartum. (1)
- The Wisconsin legislature should expand insurance access through Medicaid by extending postpartum Medicaid coverage from 60 days to at least 12 months. (1)
- The federal government should direct funding to study adequate anticoagulation in pregnancy. (1)
- Health systems should create positions that allow for close follow-up with patients after their emergency department visits to assess need for additional monitoring or intervention. (1)
- Federal funding should be directed to support nationwide campaigns on the signs and symptoms of venous thromboembolism in pregnancy and the postpartum period. (1)
- Health systems and payers should increase resource allocation for care coordinators and social workers in emergency departments. (1)

For Communities:

- Communities should adopt a "housing first" policy and invest in innovative housing solutions for pregnant and postpartum patients. (1)