

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

March 2024 Meeting Summary

Cases Reviewed: 10

Preventability: 100% preventable

Pregnancy-Relatedness: 40% pregnancy-related

Causes of Death*: Mental health conditions

MMRT Recommendations*: (#) = number of cases

For Patients/Families:

- Patients and families should utilize birth support persons or non-clinical support for information and education (e.g., doulas). (1)

For Providers:

- Providers should screen all patients for intimate partner violence at every visit and offer immediate referrals and resources if necessary. (1)
- Providers and health systems should screen all pregnant patients with a history of adverse childhood events for mental health and substance use. (1)
- Everyone working with families who suffer an infant loss should provide or connect family to grief support services including bereavement doulas, social workers, and other supports. (1)
- Anyone documenting in the medical record of pregnant patients with substance use disorder should have training on providing non-biased care with trauma informed language. (1)
- Non-clinical birth support persons, such as doulas, should educate and empower patients on the topics of self-advocacy and navigating the health care system. (1)

For Facilities:

- Organization providing abortion care should assess for suicide risk in people with significant mental health and/or suicide history both before and after care. (1)
- Hospitals and providers should offer additional resources to pregnant patients with substance use disorder such as peer support counseling, harm reduction, and counseling at all points care. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Systems:

- Both US Congress and the state of Wisconsin should act to reform gun laws to reduce the number of fire arm related deaths. (2)
- Health systems should work to provide abortion care that is culturally sensitive and supportive (e.g., abortion doulas). (1)
- Health systems and legislatures should work together to integrate abortion care with obstetric and gynecology care to allow for wrap around support and follow up across the reproductive life cycle. (1)
- Health systems should provide follow up and support services for those with pregnancy loss and major grief in pregnancy. (1)
- Health systems should work to provide culturally appropriate care for substance use disorder and mental health. (1)
- Hospital systems should refer all birthing people who have a child in the NICU for a prolonged period of time to receive a postpartum doula or support person. (1)
- Insurance payors and Centers for Medicare & Medicaid Services should support community based interventions and incentivize whole person, trauma informed care. (1)
- The criminal justice system should work to provide mental health support and substance use disorder counseling to those within the system. (1)
- Centers for Medicare & Medicaid Services and insurance payors should expand coverage for additional needs identified in the clinical setting such as community health workers, care navigators, and peer support specialists in furnishing medically necessary care. (1)
- Insurance payors should cover postpartum doulas or support persons for birthing people who have a child in the NICU for a prolonged period of time. (1)
- Hospital systems, pediatric and obstetric providers should provide mental health support services to patients with neonates in the NICU. (1)
- Health systems and community partners should provide support services, screen for substance use, and offer mental health counseling that is trauma informed to anyone with a history of sexual assault or adverse childhood experiences. (1)
- Hospital organizations and state governments should work together to keep the mother-baby dyad together and explore payment options that allow for holistic care and avoid early separation after delivery. (1)
- Legislators need to provide funding to support community-based support programs focused on mental health and substance use, particularly in low resource and/or rural spaces. (1)
- Hospital systems should develop and implement evidence-based interventions and statewide quality improvement projects to reduce stigma and directly improve quality of care and person-centered care for patients with substance use disorder. (1)

MMRT Recommendations Continued:

For Systems:

- All levels of medical education should enforce training in trauma informed, non-biased care. (1)
- Insurance payors and CMS should support community-based interventions and incentivize whole person, trauma-informed treatment for substance use. (1)
- The state of Wisconsin should pass legislation to decriminalize substance use in pregnancy which leads to worse pregnancy outcomes, lack of prenatal care, child and family separation, and maternal morbidity and mortality. (1)
- Wisconsin Medicaid needs to unbundle perinatal care to allow for fair reimbursement for integrated care models. (1)
- Health care organizations should work to increase mental health support through telehealth to help those in rural areas/areas with lack of access to existing resources. (1)
- Hospital systems should partner with faith communities to deliver health care and provide health education in an effort to bridge and rebuild trust. (1)
- States should work to ensure funding for emergency medical services in rural areas. (1)
- State legislators should pass Extreme Risk Laws or Red Flag Laws that allow loved ones or law enforcement to petition for a court order to temporarily prevent someone in a crisis from accessing guns. (1)

For Communities:

- Community-based organizations should provide resources to support transportation, housing, and food to those under financial duress. (1)
- Communities should empower people to recognize and intervene when those who are having a mental health crisis are in danger of harming themselves. (1)
- Religious communities should increase awareness and conversation around mental illness including ways to access care. (1)
- Public health, health systems, and community leaders should support primary prevention of gun misuse and violence in communities through youth education and other evidence based programs. (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](#).