

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

November 2023 Meeting Summary

Cases Reviewed: 10

Preventability: 90% preventable

Pregnancy-Relatedness: 50% pregnancy-related

Causes of Death*: Mental health conditions, cardiovascular conditions, and injury

MMRT Recommendations*: (#) = number of cases

For Providers:

- Social workers should continue to advocate for parents with substance use disorders whose children have been removed from the home to be able to find ways to still see them and develop relationships with them during pregnancy and the postpartum period. (2)
- Providers should receive training on motivational interviewing to better understand and address concerns that patients with mental health conditions or substance use disorder may have about treatment options. (1)
- Providers should screen patients for substance use disorder at every medical interaction and make appropriate, timely referrals for treatment options as needed, in addition to a brief intervention provided at that time. (1)
- Providers should screen for sexual assault and intimate partner violence at every visit and refer patients to counseling who report sexual assault or intimate partner violence. (1)
- Providers should refer patients with mental health conditions to appropriate psychiatric resources and ensure that the referral is completed. (1)

For Facilities:

- Facilities should require documentation of mental health and substance use disorder screening, as well as documentation of the patient's screening result and action taken based on result
- Facilities should mandate intimate partner violence and trafficking training for all healthcare practitioners to identify suspicious situations and safely communicate with the patient to offer support and resources as needed. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

- Health facilities providing ultrasound services should provide optional on-site emotional support as well as connection to community resources (e.g., Healing our Hearts) for individuals (specifically people of color) who have just learned they have had a demise and need support. (1)
- Every police department should have mental health liaisons from the community they serve that accompany law enforcement on all mental health calls. (1)
- Emergency departments should create or follow chest pain guidelines to appropriately respond to people who present with chest pain or anginal equivalent (especially those who are pregnant), including the consideration of SCAD and other cardiac conditions. (1)
- Emergency departments should have an obstetric consult for any pregnant emergency department patient who does not have established prenatal care - regardless of whether visit was related to pregnancy. (1)
- Facilities and health systems should arrange for providers to be trained in motivational interviewing so they can effectively counsel patients who are apprehensive about accepting clinical recommendations. (1)

For Systems:

- Health systems and providers should offer immediate substance use treatment and services, including services specific to perinatal mental health and AODA (mother-baby units), to those that are identified as having substance use disorder and not just provide a referral. (1)
- Child protective agencies should immediately prioritize enhancing mental health support for parents who have recently learned that they will lose custody of their children. (prioritize if recently given birth). (1)
- State government should explore alternate ways to work with parents with substance use disorder in the CPS system that prioritizes keeping families together when possible. (1)
- Child protective services should continue to explore strategies to be less punitive, including prioritizing kinship placement, co-residential treatment for parents with substance use disorder, and keeping families together when possible. (1)
- The state government should re-examine and expand financial support to families who are taking care of children who have been removed from their parent(s) who are receiving treatment for substance use disorder. (1)
- The Wisconsin state legislature should continue to explore strategies to be less punitive when working with parents with substance use disorder, including prioritizing kinship placement, co-residential treatment for parents with substance use disorder, and keeping families together when possible. (1)

MMRT Recommendations Continued:

- The Wisconsin State Legislature should immediately repeal Act 292 and end forced substance use treatment, which deters people with SUD from seeking perinatal care and may contribute to overdoses and maternal deaths. (1)
- The legal system should adapt expectations for working parents that need intensive outpatient treatment prior to reunification. (1)
- 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)
- Research institutes should follow [ACOG's recommendations](#) around [including pregnant people in clinical trials](#), which states that "the inclusion of women, including pregnant women, in research studies is necessary for valid inferences about health and disease in women," to ensure there is adequate data on safety and efficacy of vaccines and medication for pregnant people. (1)
- Governments need to invest in innovative housing solutions for pregnant and postpartum patients. (1)
- Health systems should provide pregnant persons with complicated mental health history and substance use disorder with care coordinator and social workers provided by system, with 24/7 access. (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)
- CDC should prioritize distributing federal funding for evidence based programs to schools, public health, and community organizations to combat negative impacts of adverse childhood experiences. (1)
- Policymakers should make funds available to Public Health Departments so they can fund mental health support services for individuals who are the perpetrators of intimate partner violence. (1)
- Law enforcement should train all officers to recognize the signs of a mental health crisis and create procedures for how to respond appropriately. (1)
- States need to increase access to emergency mental health support services to respond to mental health emergencies rather than law enforcement. (1)
- The Wisconsin state legislature should revise state statute to broaden the powers of emergency detention to include mental health professionals. (1)
- Public health should fund qualitative research to understand the root causes of why people leave against medical advice and provide recommendations for improvement. (1)
- Health care systems should do system-level reviews of their medical charting practices in order to understand how bias can be perpetuated through charting and identify and implement ways to reduce bias in charting, including introducing training to all health care providers about the influence of charting social history and risk of medical bias, add info about improving charts to allow for more information to be entered, not just check boxes. (1)

MMRT Recommendations Continued:

- Care coordination and targeted case management should consider recovery coaches and doulas as reimbursable providers. (1)
- State government should increase funding to psychiatric inpatient facilities across the state in order to guarantee available beds within a reasonable distance of patients' residences as needed. (1)

For Communities:

- Communities should amplify public health campaigns for friends and family to recognize signs of suicide and how to connect with mental health emergency services. (2)
- Communities and schools should identify adverse childhood experiences and provide early support through counseling. (1)
- Communities and criminal justice should provide support therapy and other resources to help people who interact with the criminal justice system. (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)

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](#).