

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

September 2023 Meeting Summary

Cases Reviewed: 12

Preventability: 100% preventable

Pregnancy-Relatedness: 33% pregnancy-related

Causes of Death*: COVID-19 infection

MMRT Recommendations*: (#) = number of cases

For Providers:

- Healthcare providers who see patients who are pregnant, recently pregnant (including those who are lactating), who are trying to get pregnant now, or who might become pregnant in the future, should review patients' COVID-19 vaccination status at each pre- and post-natal visit and encourage COVID-19 vaccination for those who are unvaccinated, including confronting misinformation with evidence-based messaging from credible sources. (4)
- Primary care and obstetric providers should discuss preconception planning with all patients, including those with a history of chronic medical illness and/or a history of pre-eclampsia in previous pregnancies, and refer to specialty care when indicated. Providers should follow ACOG guidelines when assessing and referring for cardiac disease. (2)
- Providers should discuss all vaccine recommendations during preconception and fertility treatment care with all patients. (1)
- Public health practitioners and providers should utilize evidence-based approaches and available experts to encourage behavioral change to encourage COVID-19 vaccine uptake. (1)
- Health care practitioners, public health advocates and birth workers should collaborate to improve vaccine access and uptake, particularly among Black people, including integrating COVID-19 vaccination into routine prenatal care, advocating for expanded access to primary care, and fighting targeted vaccine disinformation, and funding infrastructure that enables trusted community partners to deliver ongoing evidence-based interventions in marginalized communities. (1)
- Health care providers and doulas should build their relationship to be able to better incorporate doula services into medical care in the perinatal period. (1)
- All healthcare providers should discuss and confirm current diagnoses as listed in medical record at all clinic visits and ensure patients understand the diagnoses/implications. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Facilities:

- Facilities should implement early sepsis protocols and broad spectrum antibiotics when appropriate, including [Surviving Sepsis Protocols for COVID-19](#). (2)
- 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. (1)
- Facilities should have 24/7 access to in person or virtual interpreters to aid in emergency situations. (1)
- Facilities should educate outpatient providers on diagnostic criteria of sepsis. (1)
- Facilities should embed maternal early warning signs criteria and alerts in clinical health records to alert providers of early signs and encourage closer monitoring or other actions. (1)
- Health care facilities should build connections with social support services so that providers can connect patients with appropriate social support when needed. (1)
- Health facilities should have disaster preparedness plans for public health emergencies, including planning for widespread availability of needed specialty services during a pandemic. (1)

For Systems:

- Policymakers and the Wisconsin Hospital Association should recognize and address systems-level issues that place certain populations at higher risk for COVID-19 or other acute community concerns. For example, ensure that all individuals have the opportunity for supplemental financial assistance during a pandemic. (2)
- Health systems should create a procedure that identifies patients at high risk of COVID-19 so there is no delay in care if they are then diagnosed with COVID-19. (2)
- Policymakers and health systems should ensure that all patients have ongoing access to primary care and should work to ensure ongoing continuity of care. (2)
- Health systems should provide formal interpretation for all patient and family interactions, including conversations around diagnosis, treatment, and vaccination when applicable. (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 for pregnant people. (1)
- The health care community should work to improve relationships and trust with community leaders and people provide support services in the community in order to be able to draw on those relationships to disseminate evidence-based health information when needed. (1)

MMRT Recommendations Continued:

- Health care systems should ensure facilities follow most recent ACOG's Optimizing Postpartum Care recommendations on when to see patients postpartum, which includes the following: "All women should ideally have contact with a maternal care provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth." (1)
- Federal policymakers should assure universal access to healthcare service. (1)
- Federal government should fund universal high-quality childcare. (1)
- Payers should utilize community-based postpartum visits with community health workers or doulas to address key postpartum screenings and other issues, including mental health, social support, and isolation. (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)
- Hospital facilities should follow up with parents of children in NICU for mental health supports for 1 year postpartum. (1)
- State and national organizations who work in perinatal health care, including ACOG and WAPC, should support and include family medicine obstetric care in maternity care improvement, projects, and other work with the entire continuum of perinatal providers. (1)
- Public health and health care systems should implement effective primary prevention interventions within communities to reduce community transmission of COVID-19 and other infectious respiratory diseases. (1)
- Public health should model a COVID-19 vaccine campaign for pregnant people after a successful similar campaign (e.g., Tdap vaccination during pregnancy). (1)

For Communities:

No community-level recommendations.

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](#).