Wisconsin Maternal Mortality Review Team (MMRT)

July 2025 Meeting Summary

Cases Reviewed: 13

Preventability: 100% preventable

Pregnancy-Relatedness: 15% pregnancy-related

Causes of Death*: Cancer, embolism (excludes cerebrovascular)

MMRT Recommendations*: (#) = number of cases

For Providers:

- Healthcare providers and hospital staff should still review discharge warning signs, prescribe necessary medications, and help arrange appropriate follow up whenever a patient expresses intent to leave against medical advice. (1)

For Facilities:

- Facilities should use Hear Her campaign materials to educate providers, patients, and families/support networks on early warning signs at each prenatal visit and in their waiting areas, exam rooms, etc. (1)

For Systems:

- Federal and state funding should invest in research to prevent and treat venous thromboembolism in pregnant and postpartum patients to disseminate evidence based guidelines for providers as soon as possible. (1)
- Accrediting agencies should ensure that all physical spaces in their facilities are accessible to larger bodies and provide appropriate equipment for people with higher BMI bodies in outpatient and emergency settings. (1)
- Hospital systems that care for birthing persons should educate patients and family members on warning signs of venous thromboembolism throughout prenatal and postpartum course. (1)
- Health systems and payers should provide formal, in-person interpretation for all patient and family interactions, including conversations around complex medical planning (including diagnosis, treatment, and vaccination when applicable). (1)

* Pregnancy-related only

MMRT Recommendations Continued:

- Payers should support bilingual community health workers or doulas to provide in-person support and build trust with the health system at each prenatal and postpartum visit. (1)