

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

March 2026 Meeting Summary

Cases Reviewed: 9

Preventability: 89%

Pregnancy-Relatedness: 44%

Causes of Death*: Cardiovascular conditions, embolism - thrombotic (non-cerebral), hemorrhage, and injury

MMRT Recommendations*: (#) = number of cases

For Providers:

- All maternity care providers should educate patients and family members on warning signs of venous thromboembolism throughout prenatal and postpartum course. (1)
- 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. (1)
- Healthcare providers should offer every pregnant person counseling/information on pregnancy options, including abortion, adoption, and continuation; and the conversation should be had with the patient alone. (1)

For Systems:

- State and county health should provide education opportunities for all birth attendants (traditional and not) on warning signs and symptoms in pregnancy and in the postpartum period. (1)
- Team members of the Rural Health Transformation program should meet with Plain communities statewide to determine if there are community-desired interventions to improve access to EMS and emergency care. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

- The state of Wisconsin and Rural Health Transformation Program should fund culturally sensitive, community voice-centered training for health educators and community members, in conjunction with Plain communities, around maternal health warning signs. (1)
- Hospitals should monitor patients at high risk for adverse outcomes from hypertension until adequately treated or with close outpatient follow-up immediately upon discharge. (1)
- Payers should support pharmacies and providers to use reminder systems, medication delivery, and other technology to support those with complex medical conditions or high needs. (1)
- Both US congress and the state of Wisconsin should act to reform gun laws to reduce the number of firearm-related deaths. (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)
- State lawmakers should explore avenues to expand the scope of background check criteria to include additional sources of information/collateral information prior to approving someone for firearm purchase. (1)
- Social service providers, such as social workers or CPS, should collaborate with law enforcement agencies to enact more robust measures to protect victims of domestic violence from perpetrators and provide continued mental health supports for perpetrators of domestic violence. (1)

For Communities:

- Governments need to invest in innovative housing solutions for pregnant and postpartum patients. (1)
- Policymakers should expand training requirements for obtaining a license to own a firearm to include a practical test demonstrating an understanding of the functionality of firearms and a proficiency in shooting those firearms. These must be conducted prior to the issuance of the permit and annually thereafter. Training requirements should also include a written test in which applicants demonstrate an understanding of the nature and limits of self-defense; state firearm laws; the risk of firearm suicide, homicide, and unintentional shootings associated with gun ownership; and the benefits of safe firearms storage. (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)