Wisconsin Maternal Mortality Review Team (MMRT)

May 2023 Meeting Summary

Cases Reviewed: 9

Preventability: 89% preventable

Pregnancy-Relatedness: 44% pregnancy-related

Causes of Death*: Mental health conditions (includes overdose), infection, and hemorrhage (excludes aneurysms and strokes)

MMRT Recommendations*: (#) = number of cases

For Providers:

- 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)
- All healthcare providers should inquire about conception planning for all reproductive-aged patients at every visit. (1)
- 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. (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. (1)
- Providers should complete verbal* screening for substance use disorder for all prenatal patients and patients should be provided assistance and support in treatment of addiction (1)
- 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 refer patients with mental health conditions to appropriate psychiatric resources and ensure that the referral is completed (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Facilities:

- Substance use and mental health treatment centers should provide recovery opportunities while maintaining contact between mother/child. Recovery facilities should allow parents to recover alongside children or while ensuring mother and child are allowed to maintain contact. (1)
- Hospital facilities should follow up with parents of children in NICU for mental health supports for 1 year postpartum. (1)
- Facilities should provide counseling and pregnancy termination options for patients with unwanted pregnancies in the emergency department. (1)
- Hospitals should engage and collaborate with community organizations to provide peer support and community services, particularly for those with substance use disorder presenting to the emergency department. (1)
- Hospitals/providers should avoid unnecessary cesarean and offer labor after cesarean/VBAC in order to prevent complications from multiple repeat cesareans. (1)
- Delivery facilities should ensure that birthing people are connected back to primary care, especially those with complex or chronic health conditions. (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)

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. (1)
- Medical schools should educate medical students about how to screen for substance use without causing harm, as well teaching residents about how to screen for substance use in a non stigmatizing, trauma-informed way that is non punitive (1)
- State law and provider care around substance use should focus on harm reduction and support services rather than legal action. (1)
- Federal policymakers should assure universal access to healthcare services. (1)
- Wisconsin DHS should provide continuing education and alerts to increase provider awareness of C. Sordellii infection after abortion or childbirth, including presentation, diagnosis, and treatment of the infection. (1)
- Wisconsin legislature should expand insurance access to ensure coverage of all types of contraception. (1)

MMRT Recommendations Continued:

- 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.

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. (1)
- Schools should provide comprehensive sex education and education about contraception and abortion. (1)
- Schools should provide evidence-based alcohol-specific education programming in K-12. (1)
- Communities, providers, and health systems should provide information on maternal early warning signs using the Hear Her campaign materials. (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.