

# Wisconsin Maternal Mortality Review Team (MMRT)

## July 2026 Meeting Summary

**Cases reviewed:** 3

**Preventability:** 100%

**Pregnancy-relatedness:** 67%

**Causes of death\*:** Mental health conditions

### MMRT recommendations\*:

(#) = number of cases

#### For Communities:

- School staff should include psychologists and social workers who identify adverse childhood events (ACEs) and intervene early by offering therapy to children and support to families. (1)
- Governments need to invest in innovative housing solutions for pregnant and postpartum patients. (1)
- Community organizations and public health departments should fund social media campaigns to raise awareness of existing mental health resources and community supports available for new parents. (1)

#### For Providers:

- Patients with mental health conditions should be referred by providers to wraparound services for care coordination to help with appointments, medications, and navigating systems. (1)
- Providers should include overdose prevention planning as part of discharge planning for everyone with a substance use disorder. (1)

#### For Facilities:

- Facilities should assign social workers to patients who are high risk and have a history of trauma to help them in navigating care systems. (1)

\*Pregnancy-related only

## **MMRT recommendations\* continued:**

### **For Systems:**

- Healthcare systems and treatment programs should assign dedicated social workers or community health workers to provide wraparound services and support system navigation for high-risk patients, including those with substance use disorder, who have been dismissed from clinical practice. (1)
- State and federal organizations should provide funding for safe housing for individuals with intellectual and cognitive delays, such as shared living facilities where they can parent with supervised support. (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)
- State and local governments should work with community health organizations to build public health campaigns that provide evidence-based guidance regarding perinatal/postpartum treatment and support for individuals when they choose non-traditional perinatal care approaches. (1)
- Healthcare systems and public health agencies should educate patients, their families, and community members on warning signs for suicide or self-harm on an ongoing basis. (1)
- Public health officials and health care organizations should collaborate with religious leaders/ organizations to promote perinatal mental health and provide support for partners and family members. (1)

\*Pregnancy-related only