

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

September 2025 Meeting Summary

Cases Reviewed: 10

Preventability: 90%

Pregnancy-Relatedness: 40%

Causes of Death*: Mental health conditions, pulmonary conditions

MMRT Recommendations*:

(#) = number of cases

For Providers:

- All providers should screen for social determinants of health and offer care coordination for patients at high risk for self-harm or adverse mental health outcomes at each prenatal visit. (1)
- Health care providers should have a wide differential for symptoms that may be related to pregnancy (including in Urgent/Emergency Care), consider additional testing, and not withhold necessary testing, imaging or diagnostic studies needed because of pregnancy status. (1)
- Health care providers should appropriately follow up on any chronic medical conditions when patients present for preconception and early pregnancy care, with appropriate referral as needed. (1)

For Facilities:

- Labor and delivery units should provide grief support services during the labor process, as well as in the immediate postpartum period for all patients who have experienced a stillbirth. (1)
- Obstetric care providers and clinics should help patients identify support systems and resources for homegoing after birth--in addition to helping them identify needed medical care. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

- Facilities that provide abortion care should have systems in place to identify and prevent reproductive coercion at each encounter. (1)
- Facilities that provide abortion care should provide information regarding local resources and community supports for patients experiencing grief after ending a wanted pregnancy. (1)
- Emergency departments and hospital systems should offer enhanced follow-up through telehealth, community supports, or mental health peer support for persons presenting with mental health crises that are discharged. (1)
- Emergency departments and urgent cares should implement systems to ensure notification of primary care and obstetric providers to notify them of visit and facilitate follow-up. (1)
- Fertility care centers (or providers) should refer patients for evaluation of chronic conditions early in the process of seeking care for infertility issues. (1)

For Systems:

- Payers should support peer support services, such as bereavement doulas, for patients experiencing birth complications to provide support for an extended time postpartum. (1)
- Public health should model a COVID-19 vaccine campaign for pregnant people after a successful similar campaign (e.g., tdap vaccination during pregnancy), including to promote the initial series and booster doses. (1)
- Hospital systems and care coordinators should ensure follow-up with mental health providers prior to a patient's discharge for those who have suffered from a traumatic birth experience or stillbirth. (1)
- Health care organizations should have guidelines and systems of care in place, including patient coordinators, to help birthing people navigate pregnancies with potentially lethal fetal diagnoses. (1)
- Payers should cover the services of support persons, such as doulas, to support patients undergoing abortion care and during their counseling. (1)
- Payers should provide financial support for wraparound services for adolescents and young adults with multiple mental health diagnoses--especially for those who also have ongoing substance use disorder. (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)
- Health care systems and mental health providers should screen all young people for adverse childhood experiences (ACEs) and provide brief intervention and follow-up plans. (1)

MMRT Recommendations Continued:

- Payers and health systems should fund caregiver supports (counseling, care coordination, community support) for families of adolescents and young adults navigating mental health and substance use disorder issues. (1)
- Payers should cover expenses related to non-traditional forms of behavioral health treatment, in addition to traditional talk therapy, for all patients experiencing mental health disorders. (1)
- State and federal organizations should promote the importance of gun safety and storage and education of family and community members around suicide and self-harm through public health campaigns. (1)
- States should direct federal funding from the Rural Health Transformation Program to support behavioral and mental health care for pregnant and postpartum patients in rural areas. (1)
- States should fund community and peer support programs that provide resources to individuals in the "sandwich" generation caring for young children and aging or disabled parents. (1)
- Hospital care teams should provide information and comprehensive counseling for families and pregnant patients to understand red-flag symptoms--including shortness of breath and symptoms related to hypertension and cardiovascular disease--on any hospital or emergency department discharge. Counseling should be tailored to patients' conditions and learning level. (1)
- Health systems should include space in the electronic medical record for ongoing medical concerns undergoing evaluation that have not yet been diagnosed to allow medical providers to access the information at each visit. (1)
- Payers should adequately reimburse services so health care systems and obstetric service clinics can design obstetric care templates to allow for more time with providers at each prenatal visit. (1)
- Hospital and clinical systems should explore how artificial intelligence can assist with identifying complex conditions based on patient symptoms at each visit to avoid a missed diagnosis. (1)

For Communities:

- Community members and organizations should be involved at discharge from labor and delivery to provide wraparound grief support to individuals who have experienced a traumatic birth experience or stillbirth. (1)
- School districts should provide basic education on health literacy and managing future health care decision-making for all students prior to graduation. (1)