Wisconsin Maternal Mortality Review Team (MMRT)

July 2024 Meeting Summary

Cases Reviewed: 10

Preventability: 90% preventable

Pregnancy-Relatedness: 80% pregnancy-related

Causes of Death*: Metabolic/Endocrine, Mental Health Conditions, Infection, Injury, Cerebrovascular Accident (CVA), Embolism (Excludes Cerebrovascular), Cardiovascular Conditions (excluding cardiomyopathy, HDP, and CVA), and Unknown Cause of Death.

MMRT Recommendations*: (#) = number of cases

For Providers:

- Providers should educate family members and support persons on hypoglycemia awareness and treatment for anyone living with diabetes. (1)
- Healthcare providers should encourage consultation with maternal fetal medicine for anyone with type 1 diabetes at the beginning of pregnancy. (1)
- Providers should use Periscope or telehealth consultation services when patients present with mental health concerns to initiate treatment when possible. (1)
- Mental health and Alcohol and Other Drug Abuse providers should work to connect with primary care and health care providers to provide comprehensive care throughout the life cycle. (1)
- Clinicians and hospital staff should ensure diagnoses are updated and complete in the medical record to help with appropriate follow up care. (1)
- Providers managing patients with history of venous thromboembolism should make sure appropriate anticoagulation is carried out when patients become pregnant. (1)
- Emergency providers and health care systems should ensure appropriate follow up for patients with ectopic pregnancies at the time of diagnosis. (1)
- Health care providers should utilize thrombolytics in the setting of unstable venous thromboembolism and cardiac arrest. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Facilities:

- Labor and delivery units should initiate sepsis simulations and require sepsis checklists to be kept in all patient and triage rooms and regularly engage with staff at least yearly. (1)
- Skilled care facilities should require adequate staffing and monitoring to ensure timely transfer in clinical decompensation. (1)

For Systems:

- Public health should fund qualitative research to understand the root causes of why people leave against medical advice and provide recommendations for improvement. (1)
- Healthcare organizations should support family dyad visits to increase access to postpartum care whenever limited resources are available. (1)
- Healthcare systems should explore alternative models of prenatal care (for example, home visiting) for people with complex social situations/SUD/mental health disorders. (1)
- State and federal organizations should promote the importance of gun safety and education of family members around suicide through public health campaigns. (1)
- Health care systems should work to connect patients with substance use disorder to trusted primary care providers at each interaction. (1)
- Judicial systems should collaborate with community-based intimate partner violence organizations to provide free community-based advocates for all persons reporting intimate partner violence at every encounter with police and judicial appearance. (1)
- State and federal governments should limit access to firearms when a person has been a perpetrator of intimate partner violence. (1)
- The federal government should fund programs that alleviate financial strain for victims of intimate partner violence, so they have the economic means to leave an abusive relationship whenever judicial proceedings are initiated. (1)
- The judicial system should support guardian ad litem and legal systems to challenge parental rights in cases where the perpetrator will use shared children to further manipulate or cause harm to the victim. (1)
- The victim services program should provide follow up for those that miss protective order hearings to ensure that appropriate follow up arrangements can be made whenever a missed appointment occurs. (1)
- Law enforcement agencies in collaboration with social service providers should enact more robust measures to protect victims of domestic violence from perpetrators and provide continued mental health supports for perpetrators of domestic violence. (1)

MMRT Recommendations Continued:

For Systems (Continued):

- Law enforcement agencies should provide safe means to transition child care in relationships affected by intimate partner violence at every encounter. (1)
- Insurers and hospital systems should pay for appropriate length of stay for diagnosis and management of acute complications during stay. (1)
- The correctional system should do a warm handoff and ensure appropriate access to health care and mental health providers at time of release. (1)
- Criminal justice system should connect persons released from incarceration with community organizations and advocates that are outside the system on release. (1)
- State and federal funders should prioritize more resources into reentry programming and transitional housing especially for those in young adulthood. (1)
- State and federal governments should support peer recovery services such as prison doula programs for those recently incarcerated. (1)

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 and support groups for families. (1)
- Community organizations should promote education on signs of postpartum depression and how to obtain help for those affected. (1)
- Schools and community organizations should emphasize comprehensive reproductive health care at all stages of development. (1)
- Schools should provide curriculum addressing violence prevention alongside other counseling classes and health classes throughout childhood education. This should include healing from ACEs/trauma. (1)
- Neighborhood organizations and local health departments should support those living in boarding homes with a community health worker or other wrap around services during stay. (1)