

Welcome

Press notice for this meeting

This event is solely for partners, stakeholders, and professionals working on maternal and infant mortality prevention and is not open to the media.

Any media questions about maternal and infant health should be directed to DHSMedia@dhs.wisconsin.gov.

If there are members of the media present, we will pause and give you a moment to sign out.

Welcome

Please introduce yourself in the chat

Put your name and where you are located

Tribal Lands Map



<https://wisconsinfirstnations.org/map/>

Unit introduction

Maternal and Infant Mortality Prevention Unit

Supervisor

- Kenmikiiya Terry

Outreach Team

- Robert Fontella
- Mireille Perzan
- Hannah Schmidt
- Jacqueline Sills-Ware

Maternal Mortality Review Team

- Katie Gillespie
- Caroline Hayney
- Emily Morian-Lozano
- Karen Morris

Maternal and Infant Mortality Prevention in Wisconsin

Jasmine Zapata, MD, MPH, FAAP

Chief Medical Officer for Community Health and State Epidemiologist for Maternal and Child Health and Chronic Diseases at the Wisconsin Department of Health Services

August 4, 2022

Acknowledgements

Maternal Mortality Review Program Staff

- Katie Gillespie
- Caroline Hayney
- Emily Morian-Lozano
- Karen Morris
- Dr. Angie Rohan

Maternal Mortality Review Team Co-chairs

- Dr. Jasmine Zapata
- Dr. Kathy Hartke

Maternal Mortality Review Team Members

Maternal and Infant Mortality Prevention Unit Members and Collaborators

- Ashley Bergeron
- Charisse Daniels-Johnson
- Meg Diedrick
- Rob Fontella
- Maddie Kemp
- Mireille Perzan
- Hannah Schmidt
- Jacqueline Sills Ware
- Kenmikiiya Terry
- Fiona Weeks

Presentation Overview

Maternal Mortality

- National data
- Wisconsin Maternal Mortality Review Team
- Wisconsin data
- Recommendations

Infant Mortality

- Wisconsin data
- Data partnerships
- Perinatal Periods of Risk framework

Breakout discussion sessions will follow presentation

What changes are needed to reduce maternal and infant mortality inequities in Wisconsin?

What radical and innovative solutions do we need to consider as a state to positively impact maternal and infant mortality?

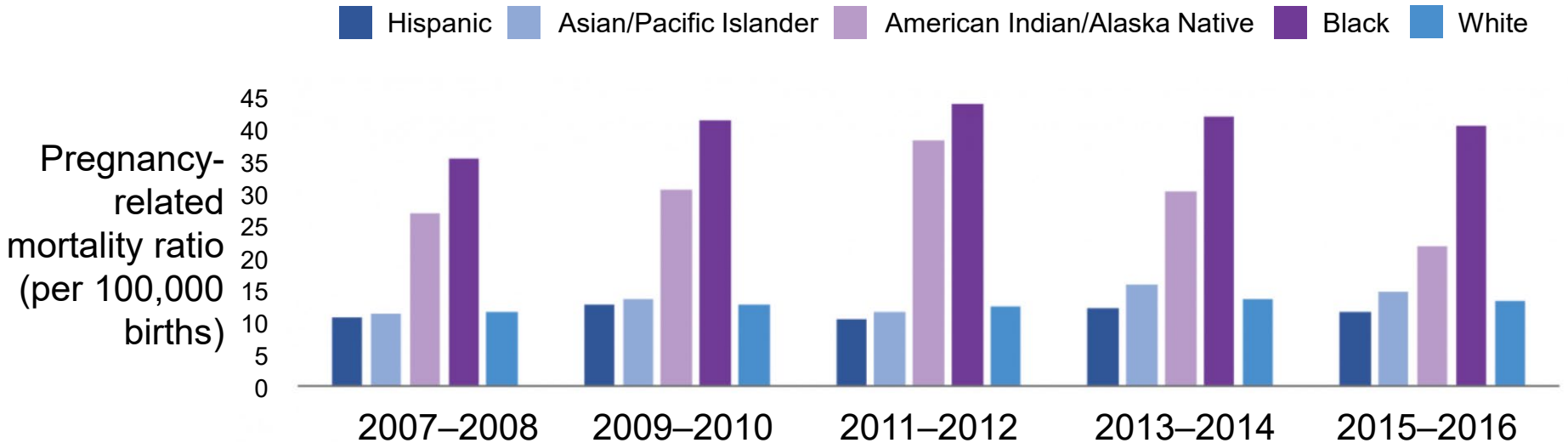
What work are you currently doing in the area of maternal and infant mortality?

What support do you need to continue and progress your work?

Maternal Mortality

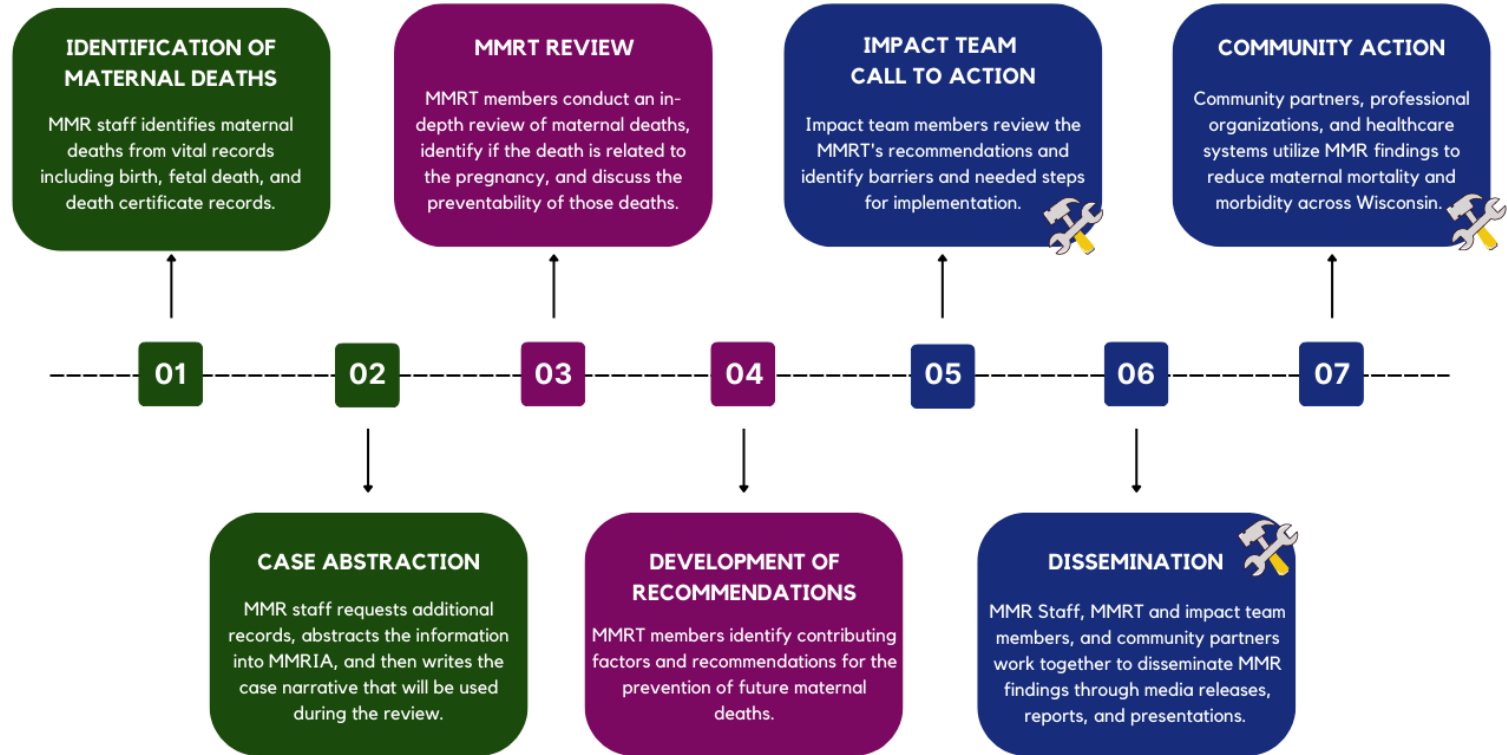


Nationally, pregnancy-related mortality ratios are highest among **Black** and **American Indian/Alaska Native** birthing persons. These gaps have not changed over time.

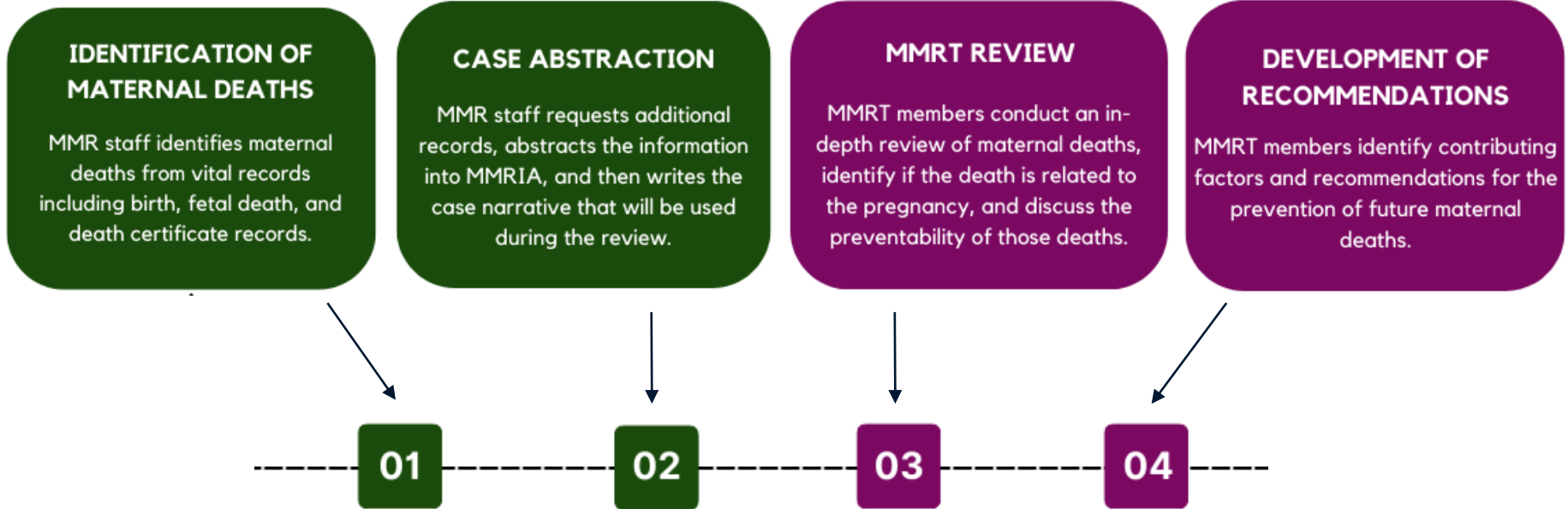


Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016 (CDC, 2022)

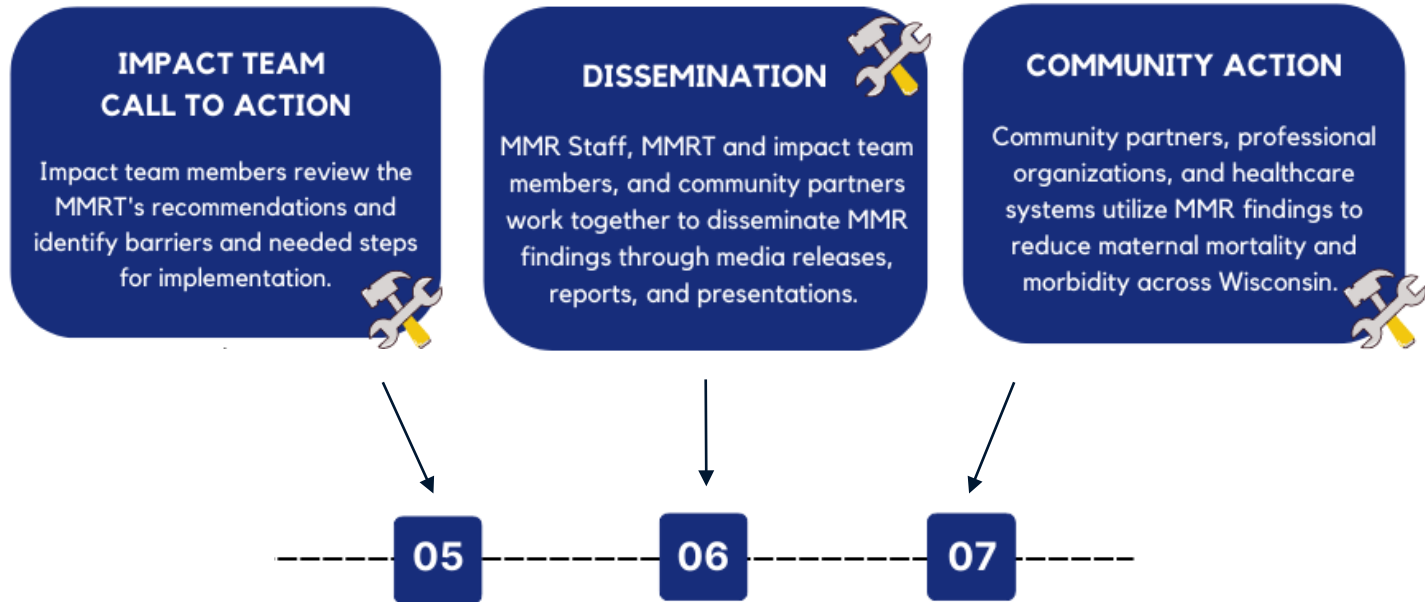
Wisconsin Maternal Mortality Review (MMR)



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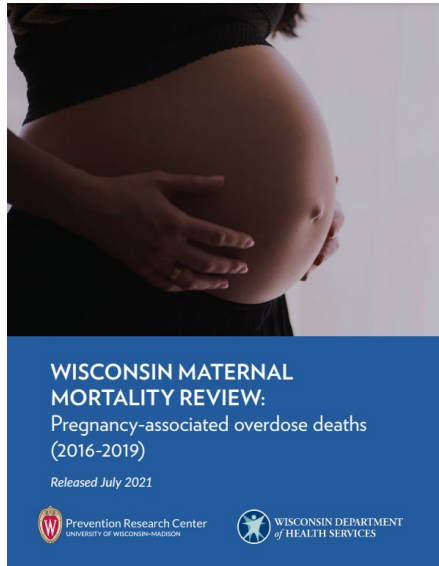


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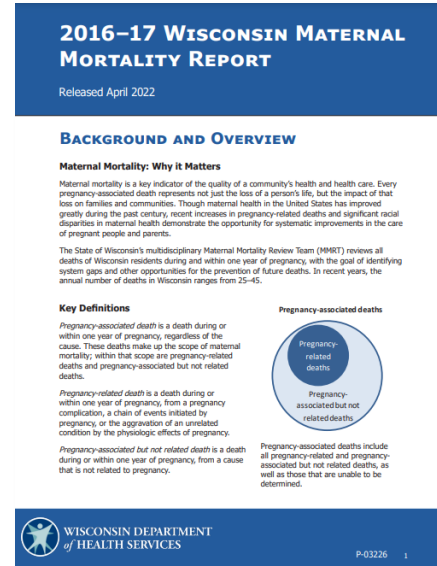


Recent Wisconsin MMR Reports

Pregnancy-associated overdose deaths (2016-19)



Wisconsin Maternal Mortality Report (2016-17)



2016-17 WISCONSIN MATERNAL MORTALITY REPORT

Released April 2022

BACKGROUND AND OVERVIEW

Maternal Mortality: Why it Matters

Maternal mortality is a key indicator of the quality of a community's health and health care. Every pregnancy-associated death represents not just the loss of a person's life, but the impact of that loss on families and communities. Though maternal health in the United States has improved greatly during the past century, recent increases in pregnancy-related deaths and significant racial disparities in maternal health demonstrate the opportunity for systematic improvements in the care of pregnant people and parents.

The State of Wisconsin's multidisciplinary Maternal Mortality Review Team (MMRT) reviews all deaths of Wisconsin residents during and within one year of pregnancy, with the goal of identifying system gaps and other opportunities for the prevention of future deaths. In recent years, the annual number of deaths in Wisconsin ranges from 25-45.

Key Definitions

Pregnancy-associated death is a death during or within one year of pregnancy, regardless of the cause. These deaths make up the scope of maternal mortality; within that scope are pregnancy-related deaths and pregnancy-associated but not related deaths.

Pregnancy-related death is a death during or within one year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Pregnancy-associated but not related death is a death during or within one year of pregnancy, from a cause that is not related to pregnancy.

Pregnancy-associated deaths



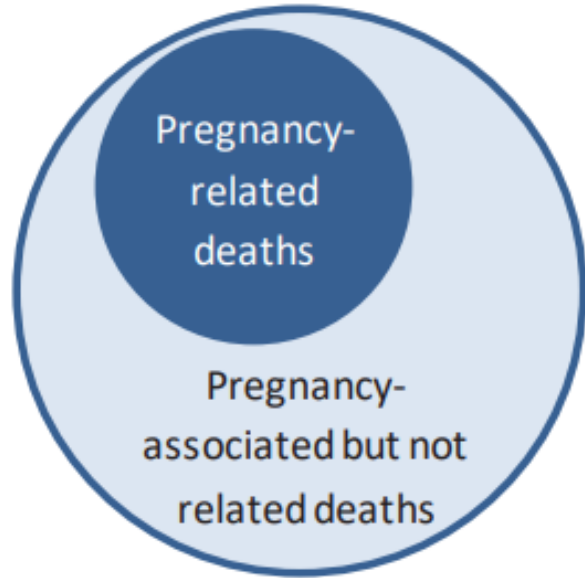
Pregnancy-associated deaths include all pregnancy-related and pregnancy-associated but not related deaths, as well as those that are unable to be determined.



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Key Definitions

Pregnancy-associated deaths



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Pregnancy-associated deaths, 2016–2017

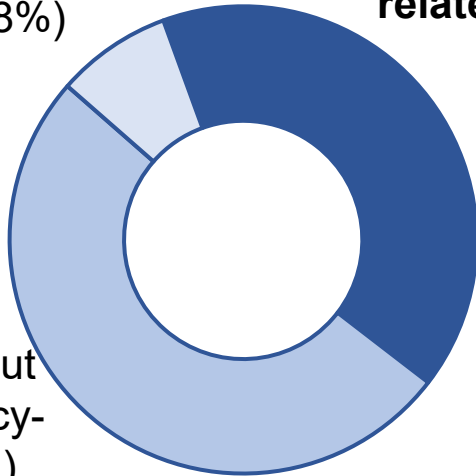
- Pregnancy-associated deaths disproportionately affected birthing people who:
 - ◆ Were between the ages of 20–29
 - ◆ Had high school education or less
 - ◆ Lived in urban areas
 - ◆ Were enrolled in Medicaid at the time of death
- Nearly three in four pregnancy-associated deaths from 2016–2017 occurred during the postpartum period.

Just under half of pregnancy-associated deaths were determined to be pregnancy-related.

Pregnancy-associated but unable to determine relatedness (8%)

Pregnancy-related (41%)

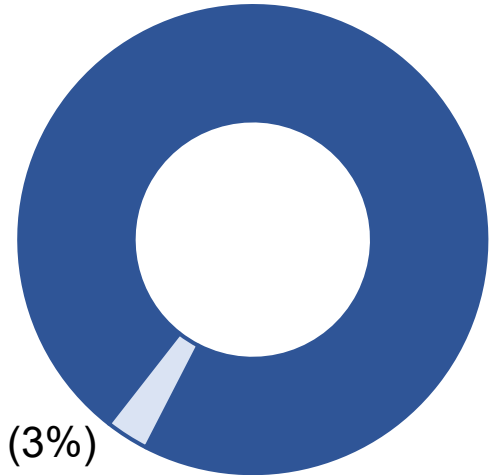
Pregnancy-associated but not pregnancy-related (51%)



Almost all **pregnancy-related** deaths were preventable.

Preventable (97%)

Not preventable (3%)



Most common causes of **pregnancy-related** deaths, 2016–2017



Mental health conditions (52%)



Hemorrhage (12%)



Cardiomyopathy (9%)

While **non-Hispanic Black, non-Hispanic Asian, and Hispanic** mothers made up only one fourth (24%) of Wisconsin births in 2016-17, they represented nearly one half (42%) of all pregnancy-related deaths in the same time period.

Key Recommendations

- Policymakers should **expand Medicaid eligibility** for all postpartum people to one year post-delivery.
- Discuss **reproductive life planning** with all patients before, during, and after pregnancy, including patients with chronic conditions that may affect pregnancy, and ensure patient **access to necessary services** to meet their goals.

Key Recommendations

- Ensure **continuity of care** before, during, and after pregnancy, especially for those with complex medical histories, **mental health diagnoses**, and **substance use disorder**.
- Connect patients with **comprehensive mental health services** when there is a mental health diagnoses after delivery.

MMR and COVID-19

- In December 2021, MMR staff identified an increase in pregnancy-associated deaths due to COVID-19 among unvaccinated persons
 - ◆ Information was released as a part of the Wisconsin DHS Health Alert Network
- Review of 2020 maternal deaths are underway

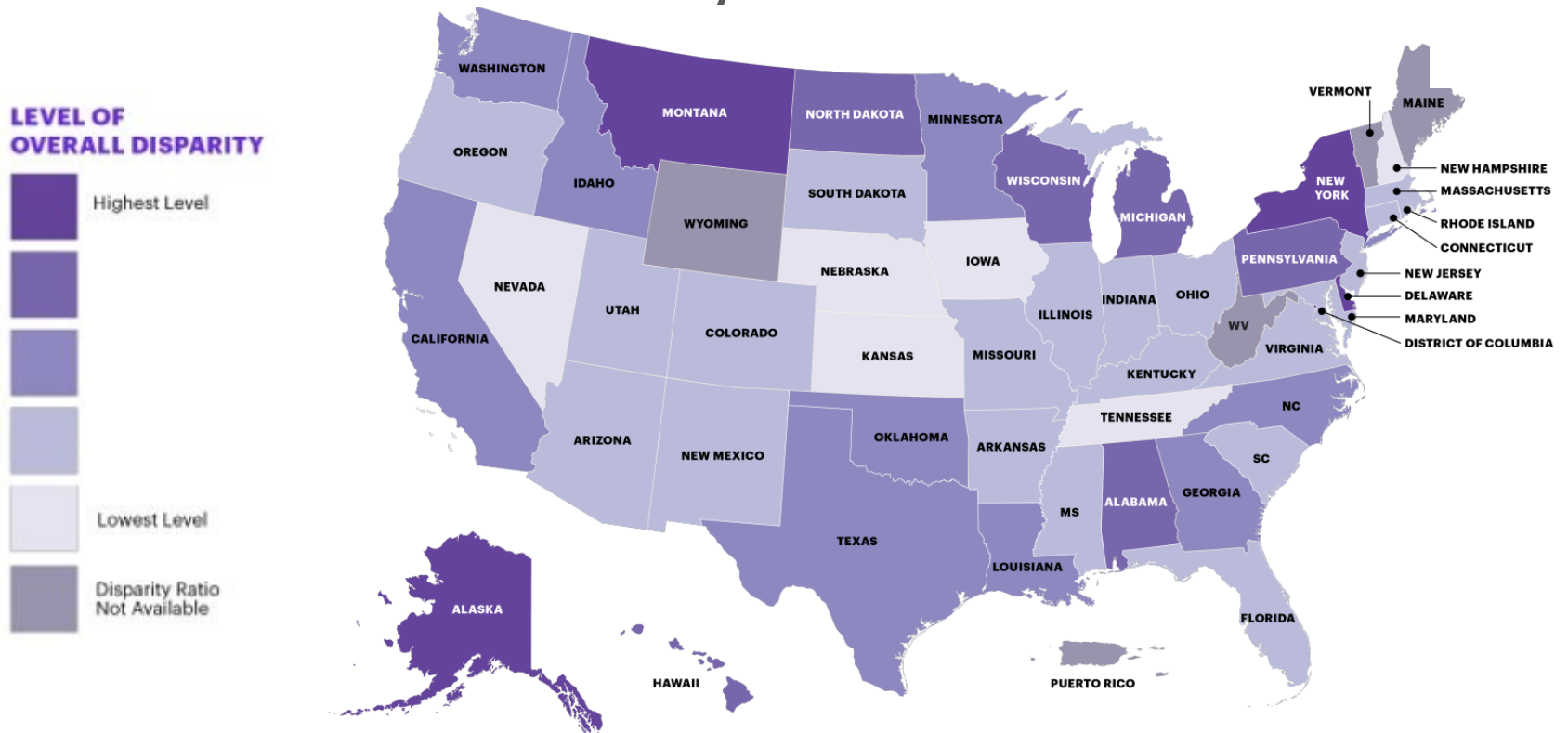
Preliminary Pandemic-Related MMRT Recommendations

- Despite COVID-19 restrictions, **alternative ways to stay engaged with sponsors** should be explored and prioritized by organizations providing peer treatment support/sponsorship.
- Policymakers should recognize and address systems-level issues that place certain populations at higher risk for COVID-19 or other acute community concerns. For example, ensure that all individuals have the opportunity for **supplemental financial assistance** during a pandemic.
- Providers should always arrange for **in-person postpartum visits for high-risk patients** or as soon as possible if abnormal findings (such as high blood pressure) are encountered during televisits.

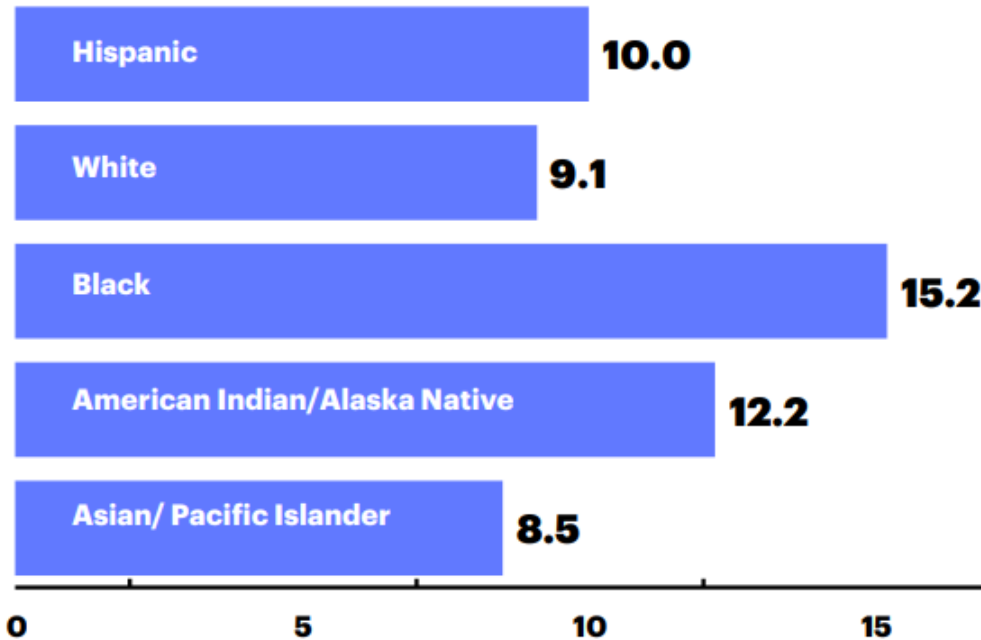
Infant Mortality



Preterm birth inequities are worse in Wisconsin than many other states.



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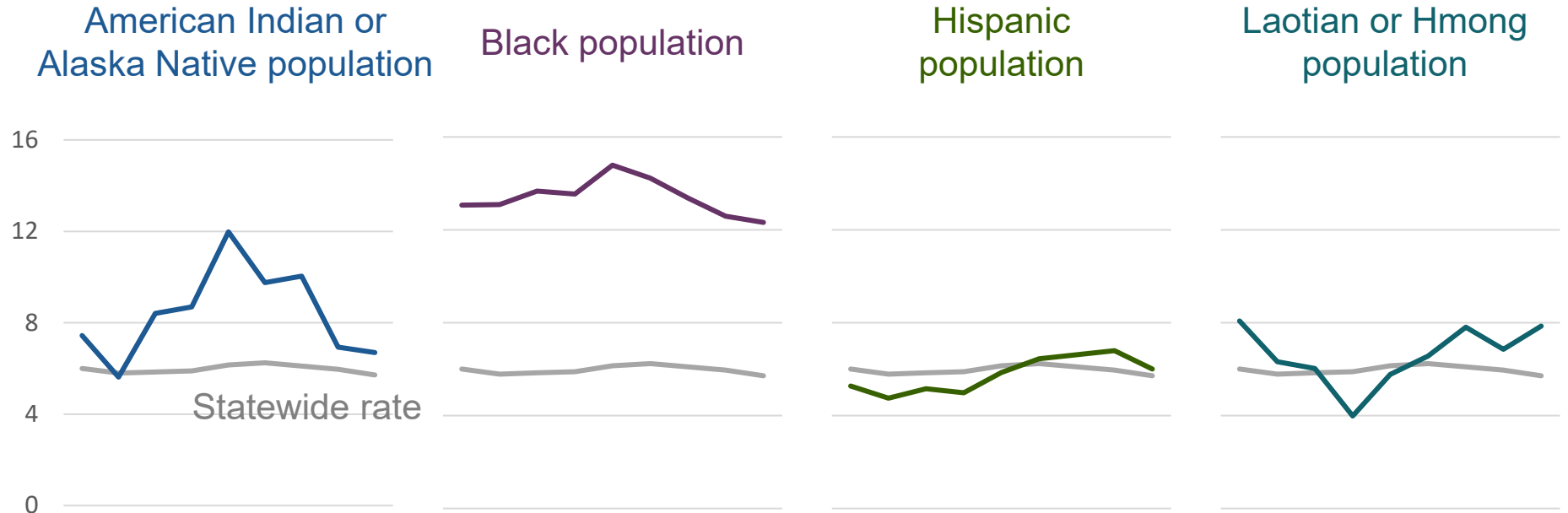


**Percentage of live births
in 2017-2019 (average)
born preterm, Wisconsin**

*2021 March of Dimes Report
Card (March of Dimes, 2021)*

Trends in Wisconsin Infant Mortality, 2011–2021

Rate per 1,000 live births



Leading causes of infant mortality in Wisconsin (statewide), 2016–2020



Birth defects (21%)



Preterm birth and low birthweight (20%)



Maternal pregnancy complications (6%)

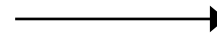
Data Tools and Partnerships

- MMR
 - ◆ Partnership with Black Mamas Matter Alliance
 - ◆ MMR impact team to move data to action
- Pregnancy Risk Assessment Monitoring System (PRAMS)
 - ◆ 2020 oversample of Indigenous birthing persons in collaboration with University of Wisconsin and Great Lakes Inter-Tribal Epidemiology Center
- Perinatal Periods of Risk (PPOR) analysis
 - ◆ Helps to understand what causes inequities in fetal and infant deaths to better focus prevention efforts

Perinatal Periods of Risk

Deaths within a period often share similar causes

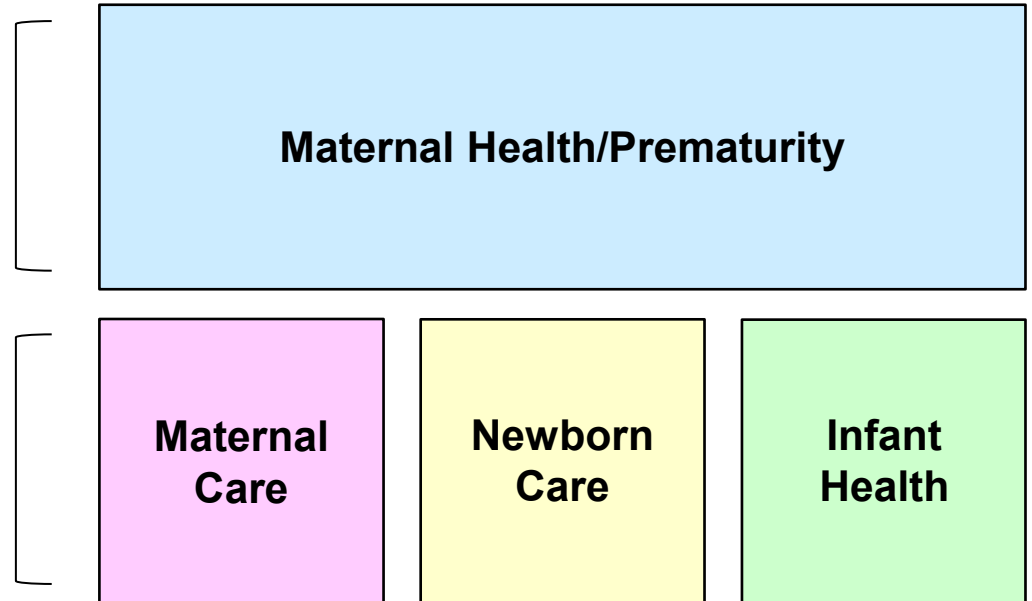
Age at Death



Fetal death
≥ 24 weeks

Neonatal
0–27 days

Post-neonatal
28–364 days



Birthweight



500–1499 grams
(1 lb. 1 oz.–3 lbs. 4 oz.)

≥ 1500 grams
(3 lbs. 4 oz.)

Maternal Health/Prematurity

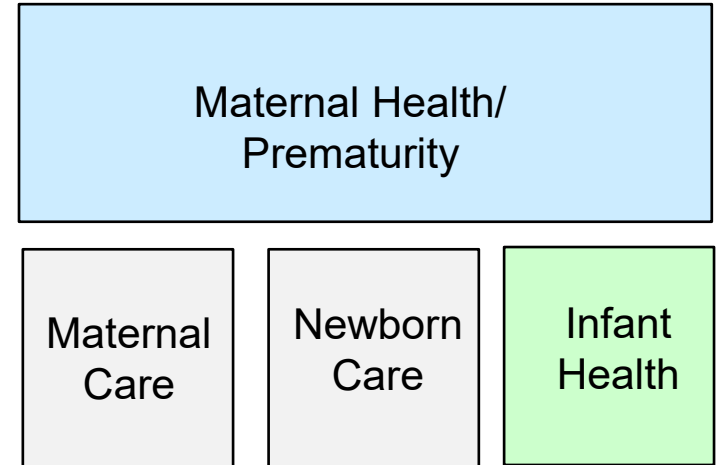
Maternal Care

Newborn Care

Infant Health

PPOR as a Data Tool

- PPOR may help some communities identify causes of excess fetal and infant deaths
- Preliminary analyses have shown that populations greatest impacted by inequities in Wisconsin often have most excess deaths in the **Infant Health** period and **Maternal Health/Prematurity** period
- Watch for upcoming opportunities to review and discuss population-specific findings



Using PPOR Findings

- Can help to identify prevention areas
 - ◆ Causes of excess death may differ for each community
- Unjust, oppressive systems carry the blame for health inequities
 - ◆ Health outcomes impacted by racism, discrimination, socioeconomic status, access to care, insurance, housing security, support systems, and other social determinants of health
 - ◆ Consider the impacts of historical trauma and cumulative stress (weathering)
 - ◆ Prevention efforts should address systemic factors

Potential Prevention Areas

Maternal Health/ Prematurity

- Stressful events and experiences
- Chronic and gestational disease
- Lack of access to quality and culturally appropriate perinatal care
- Reproductive autonomy and reproductive justice
- Complications during delivery

Infant Health

- Unsafe sleep environment
- Smoke exposure
- Alcohol and substance use
- Infant feeding support
- Lack of access to quality and culturally appropriate perinatal and postpartum care
- Low family income

Discussion



Breakout Discussion #1

25 minutes Jamboard

- What changes are needed to reduce maternal and infant mortality inequities in Wisconsin?
- What radical and innovative solutions do we need to consider as a state to positively impact maternal and infant mortality?

Movement & Mindfulness



Discussion



Breakout Discussion #2

25 minutes Jamboard

- What work are you currently doing in the area of maternal and infant mortality?
- What support do you need to continue and progress your work?

Break

Honoring Infant Loss





Infant Death Center

★ Children's Health
Alliance of Wisconsin

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[http://www.chawisconsin.org/initiatives/
grief-and-bereavement/](http://www.chawisconsin.org/initiatives/grief-and-bereavement/)



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Submitting a referral?

<https://tinyurl.com/hohreferral>

Next Steps



Thank you!

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Email: DHSMIMP@dhs.wisconsin.gov

Website: <https://www.dhs.wisconsin.gov/healthybirths/index.htm>

Reflection

