

WISCONSIN MATERNAL MORTALITY REVIEW TEAM (MMRT)

September 2024 Meeting Summary

Cases Reviewed: 8

Preventability: 100% preventable

Pregnancy-Relatedness: 38% pregnancy-related

Causes of Death*: Mental Health Conditions, Cardiovascular Conditions (excluding cardiomyopathy, hypertensive disorders of pregnancy, and cerebrovascular accidents), and Neurologic/Neurovascular Conditions (excluding cerebrovascular accidents)

MMRT Recommendations*: (#) = number of cases

For Providers:

- Providers should complete screening for substance use disorder for all prenatal patients, and patients should be provided assistance and support in treatment of addiction. (1)
- Providers and systems should offer perinatal patients who screen positive for substance use disorder brief intervention rather than immediately referring to child protective services. (1)
- Providers should link all high-risk patients to community organizations and offer culturally concordant care when available. (1)
- Health care providers should discuss the importance of medication adherence in epilepsy at every interaction with patients of childbearing age. (1)
- Any health care provider working with patients with history of substance use should offer harm reduction strategies at every office visit. (1)
- Healthcare providers should emphasize chronic disease management and safety of medications with every person of reproductive age. (1)
- Providers should counsel patients and families about risk of increased seizure activity in pregnancy. (1)
- All providers should have heightened awareness of cardiac disease in pregnancy and practice with suspicion for sudden cardiac death at every interaction with the health care system. (1)
- Providers should offer telehealth as an option when patients have transportation issues or other barriers that may prevent them from accessing care. (1)

* Pregnancy-related only

MMRT Recommendations Continued:

For Facilities:

- Hospitals including postpartum units and ERs should partner with patient advocates and community health workers to work with preg/PP patients with SUD in place of social workers. (1)
- Facilities should have care coordination for high risk patients that includes scheduling appointments ensuring transportation and follow up if a patient does present to an appointment. (1)

For Systems:

- The state should provide funding and support to healthcare systems to assure safe supportive services for pregnant or postpartum people who have a history of trauma or substance use disorder. (1)
- All levels of medical education should enforce training in trauma informed, non-biased care. (1)
- Health systems should train providers in effective communication and trust-building strategies to approach conversations around behavioral health. (1)
- Wisconsin government and insurance payors should incentivize health systems to support responsive, non-traditional models of pre-and post-natal care for pregnant people struggling with substance use disorder. (1)
- Federal and state governments should allot resources to increase access to emergency services in rural areas. (1)
- Health systems should offer wrap around services for individuals with mental health conditions and chronic illness. (1)
- Health care systems should ensure multimodal pain control and close follow up for anyone at risk of poorly controlled pain. (1)
- National Institutes of Health (NIH) should dedicate more funding to seizure disorder research in pregnancy and postpartum period. (1)
- Wisconsin should increase efforts to recruit epileptologists with extra training in pregnancy and women's health. (1)
- The Federal government should direct funding to eliminate maternity care deserts to ensure all high risk pregnant patients have access to specialist care in every pregnancy. (1)
- Hospitals and health care systems should support admission for a pregnant patient that needs additional workup in emergency departments or critical access hospitals. (1)
- Federal and state governments should direct funding to connecting rural care to tertiary and quaternary care through consultation and transport systems for high risk services. (1)

MMRT Recommendations Continued:

For Systems (Continued):

- The federal government should incentivize rural healthcare providers to increase access to appropriate care in health care deserts. (1)
- State government should direct funding toward training healthcare providers for practice in rural areas. (1)