

The Importance of Increasing Social Support and Curbing Isolation

Wisconsin Maternal Mortality Review Program | FALL 2023 | ISSUE BRIEF

Why is this issue important?

This issue brief addresses the critical issue of maternal health social support and isolation, highlighting its impact on the well-being of expecting and new mothers. Social support plays a crucial role in promoting positive maternal health outcomes, while isolation can lead to detrimental effects on mental and physical health. The Wisconsin Maternal Mortality Review Impact Team (MMR Impact Team) chose this topic for this issue brief because “social support and isolation” was often identified as a contributing factor in reviewed maternal death cases. This brief is the first in a series the MMR Impact Team will continue to release for external organizations and people to use to inform their maternal health programming and advocacy. For additional information, please visit the Wisconsin Maternal Mortality Review Team website: <https://www.dhs.wisconsin.gov/mch/maternal-mortality-review-team.htm>

What does the data show?

Maternal mortality and morbidity rates across the country have increased steadily over the past 20 years, even as rates in all other developed countries have decreased significantly. Additionally, U.S. maternal deaths have continued to increase throughout the pandemic.

As maternal mortality rates have risen so has the interest from government agencies, community organizations, health care professionals, policymakers, and public health advocates in tackling the issue.

There are various risk factors that contribute to pregnancy-related deaths, but one that may not be discussed enough is the role social support plays in the well-being of pregnant people.

Research suggests that social support—such as providing emotional (caring for), practical (housekeeping or financial aid), or psychological support—by the social network of family members, friends, and community members can help to decrease poor birth outcomes in pregnant and post-partum people and promote improvements in maternal quality of life. Social support decreases stress and improves the physical and emotional well-being. Those who receive low social support during and after pregnancy are at risk of higher rates of substance use, adverse birth outcomes, and developing mental illness.

In Wisconsin, mental health conditions (including substance use disorder) contributed to almost half of pregnancy-related deaths in 2020. Social isolation was a key factor for 91% of these deaths.

The goal of this issue brief is to raise awareness about these findings and transform them into solutions.

What is the Wisconsin Maternal Mortality Review Program?

- The Wisconsin Maternal Mortality Review Program works to review and increase awareness around deaths of individuals who died during pregnancy or within one year postpartum. The overall mission is for partners to use this data to save lives. The MMR Program consists of Wisconsin Department of Health Services (DHS) staff as well as public health and health care experts who convene as the Maternal Mortality Review Team (MMRT) and Impact Team.

Maternal Mortality Review Team (MMRT)

- Wisconsin’s MMRT meets every other month to review the information abstracted from records submitted to the State Vital Records Office. The MMRT process aims to determine whether the death was related to pregnancy, and develop prevention recommendations.

Impact Team

- In 2022, the MMR Program launched the Impact Team, a team of public health and health care experts who meet quarterly to identify critical action steps for disseminating and implementing MMRT recommendations. The focus of the Impact Team is to move from data to action and assist with generating regular issue briefs.

MMRT Co-Chairs:

Dr. Jasmine Zapata and Dr. Jacquelyn Adams

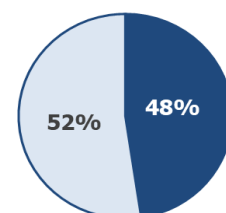
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Social support and isolation recommendations

Below is a list of 16 recommendations¹ the Maternal Mortality Review Team identified to address the issue of social support and isolation in maternal death cases. The recommendations are grouped into six topics: group prenatal care, support for those with substance use disorder, non-clinical support providers, screening, and treatment, addressing trauma, and connecting to resources.

Group prenatal care

1. Providers should implement group prenatal care to increase social connectivity for women with substance use disorders.

Supports for family and friends of those with substance use disorder

2. Communities should amplify public health campaigns for friends and family to recognize signs of suicide and how to connect with mental health emergency services.
3. Local public health systems and community partners that work with patients with substance use disorders should continue to prioritize friend and family support groups to help give friends/family tools they need to best support patients with substance use disorders.
4. Communities should provide access to interventions grounded in harm reduction models (e.g. Narcan, clean needles, safe use locations).

Non-clinical support providers

5. Community organizations should have home health checks in cases of domestic violence, substance use, and mental health disorders and isolation with no transportation.
6. Health systems should employ specific navigators for pregnant and postpartum patients who are struggling with substance use.
7. Facilities should assign social workers to patients who are high risk and have a history of trauma to help them in navigating care systems.
8. Despite COVID-19 restrictions, alternative ways to stay engaged with sponsors should be explored and prioritized by organization providing peer treatment support/sponsorship.

Screening and treatment

9. Providers should consistently screen patients for mental health conditions and when identified, should refer to mental health provider and other resources to collaborate and manage care.
10. Health care systems should provide treatment options for substance use disorder during pregnancy and the postpartum period that allow children to join or stay with the individual receiving treatment.
11. The government should fund and develop perinatal psychiatric/AODA inpatient/residential units to provide support for pregnant and postpartum people.

Addressing trauma

12. Trauma informed practices in criminal justice and health care can help compensate for lack of family function.
13. Social service organizations should identify children at increased risk of substance use early and provide intervention services at an early age through school and community organizations.

Connections to resources

14. Communities should connect patients with adequate social support to resources, such as support groups and social services.
15. Governments, schools, churches and health care systems should provide culturally aware parental support and assistance to families.
16. Communities should provide access to interventions grounded in harm reduction models (e.g. Narcan, clean needles, safe use locations).

¹ Recommendations were created from reviews of 2016, 2017 and 2020 maternal mortality review cases in Wisconsin.

How can we move data to action?

Implementing these MMRT recommendations related to social support and isolation are important as we work together to decrease maternal mortality in Wisconsin.

Community organizations, health care professionals, public health advocates, and policymakers play a crucial part in working collaboratively to address and improve our state's current maternal health crisis, especially as it relates to increasing social support and curbing isolation among pre- and post-partum people with a history of mental health conditions and substance use disorders. Please see below for additional action items each entity can take to make a difference.

COMMUNITY ORGANIZATIONS

Community organizations have the unique opportunity to create impact on an individual and community level. The ways community organizations can promote social support and curb isolation include, but are not limited to:

- **Support groups:** Community organizations can establish support groups tailored to the needs of those expecting a child and those who have given birth. These groups provide a safe and non-judgmental space for those who are pregnant or have given birth to share experiences, concerns, and emotions.
- **Prenatal and postnatal education:** Community organizations can offer prenatal and postnatal education programs that provide information and guidance on various aspects of pregnancy, childbirth, and infant care.
- **Partner and family involvement:** Community organizations can promote the involvement of partners and family members in supporting people expecting a child and those who have given birth, emphasizing the importance of their role in providing emotional and practical support.

HEALTH CARE PROFESSIONALS

Health care professionals are there for pregnant people from the beginning. It is crucial that during their time with their patient, that they maximize it. The ways health care professionals can promote social support and curb isolation include, but are not limited to:

- **Screen for social support needs:** During prenatal visits and postpartum check-ups, they can ask questions about the birthing parent's support network, available resources, and any challenges they may be facing.

- **Advocate for comprehensive non-biased care:** They can collaborate with policymakers and health care systems to develop policies and standardized protocols that prioritize social support as an integral part of maternal care.
- **Collaborate with community organizations:** They can collaborate with policymakers and health care systems to develop policies and protocols that prioritize social support as an integral part of maternal care.

PUBLIC HEALTH ADVOCATES

While public health advocates are among the specific actors listed in this section, they can also be researchers, public health educators, community members, and non-policymaking government employees. They can also be individuals who are passionate about improving maternal health. These are some ways public health advocates can promote social support and curb isolation:

- **Raise awareness:** Public health advocates can develop campaigns and educational materials that highlight the benefits of social support, debunk myths and misconceptions, and emphasize the role of community networks.
- **Research evidence-based interventions:** Public health advocates can conduct research and evaluation to understand the effectiveness of interventions aimed at curbing isolation and promoting social support for people expecting a child or who has given birth.
- **Support cultural responsiveness:** Public health advocates should consider cultural practices, beliefs, and preferences to ensure that interventions are respectful and inclusive.

POLICYMAKERS

Although policymakers do not have direct access to individual people who are expecting a child or are new parents, they are in a unique situation where they can fight and advocate for statewide, even national, investments in maternal health programs. A few ways policymakers can promote social support and curb isolation are:

- **Funding and resource allocation:** Policymakers can allocate adequate funding and resources to support programs and services that promote social support for maternal health.
- **Maternity leave policies:** Implementing robust maternity leave policies that provide sufficient time off and job protection for people during pregnancy and after childbirth is crucial.
- **Integration of mental health services:** Policymakers should prioritize the integration of mental health services into maternal health care systems. This involves ensuring that mental health screening, prevention, and treatment services are available and accessible to expecting and new parents.

Organization and Program Spotlight

In addition to highlighting data and raising awareness toward inequities, it is important to also celebrate positive work that is happening across our state in the field of maternal and child health. Community organizations and programs play a critical role in improving maternal health by providing information, fostering social support networks, addressing disparities, coordinating care, and empowering those who are pregnant. These programs are essential in ensuring that all pre- and post-partum people have access to the resources, support, and care they need for a healthy pregnancy, childbirth, and postpartum period. This page highlights a few organizations working to address disparities, empower pre- and post-partum people as advocates, and serve as a bridge between health care providers, social services, and support organizations. This is not a comprehensive list, just a few spotlights.

Wisconsin Association for Perinatal Care (WAPC)

The WAPC is a nonprofit organization dedicated to promoting optimal perinatal care in Wisconsin. They provide resources, education, and advocacy to health care professionals and organizations involved in maternal and child health. WAPC focuses on improving prenatal care, reducing infant mortality, and supporting maternal well-being. Visit <https://wiperinatal.org> for more information.

March of Dimes Wisconsin

March of Dimes is a national organization dedicated to improving the health of babies and mothers. The Wisconsin chapter of March of Dimes focuses on preventing premature birth, birth defects, and infant mortality. They support research, community programs, and advocacy efforts to ensure the health and well-being of mothers and infants. Visit <https://www.marchofdimes.org> for more information.

Family Foundations Home Visiting Program

Home visiting programs are for pregnant women and families with a child under age 5. Trained home visitors provide education, support, and resources to promote positive parenting, child development, and maternal well-being. The goal is to offer help to women as early as possible during pregnancy and throughout their child's first few years. Visit <https://dcf.wisconsin.gov/cwportal/homevisiting> for more information.

Wisconsin Perinatal Quality Collaborative (WisPQC)

WisPQC is a collaborative effort among health care providers, organizations, and stakeholders to improve the quality and safety of perinatal care in Wisconsin. They work on various initiatives to reduce maternal and infant morbidity and mortality, such as addressing disparities in care, promoting evidence-based practices, and enhancing care coordination. Visit <https://wiperinatal.org/wispqc/> for more information.

Wisconsin Women's Health Foundation (WWHF)

WWHF is a nonprofit organization that focuses on improving the health and well-being of women throughout their lifespan. They provide resources and support for maternal health, including prenatal education, breastfeeding support, and postpartum mental health resources. WWHF also offers programs that address women's health needs across various stages of life. Visit <https://wwhf.org> for more information.

Additional Resources

Support Hotlines

- Uplift Wisconsin 534-202-5438
- National Maternal Mental Health Hotline (HRSA): 1-833-943-5746
- Substance Abuse and Mental Health Services Administration (SAMHSA Suicide Prevention Hotline: 988)
- Postpartum Support International (PSI) Hotline: 1-800-944-4773
- Wisconsin Well Badger Resource Center: 800-642-7837

Maternal Health Policies & Legislation

- Medicaid Postpartum Coverage Extension Tracker: <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
- White House Blueprint for Addressing the Maternal Health Crisis: <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>

Maternal Health Spotlight



Dr. Jasmine Zapata, MD, MPH, FAAP is the Chief Medical Officer for the Wisconsin Department of Health Services Bureau of Community Health Promotion. She is co-chair of the Wisconsin Maternal Mortality Review Team and leads the Maternal Mortality Review Program Impact Team. She is a practicing clinician and preventive medicine physician. She has a passion for translating data to action and getting "outside" the clinic walls to impact change.

*Stay tuned for future WI Maternal Mortality Program member spotlights.