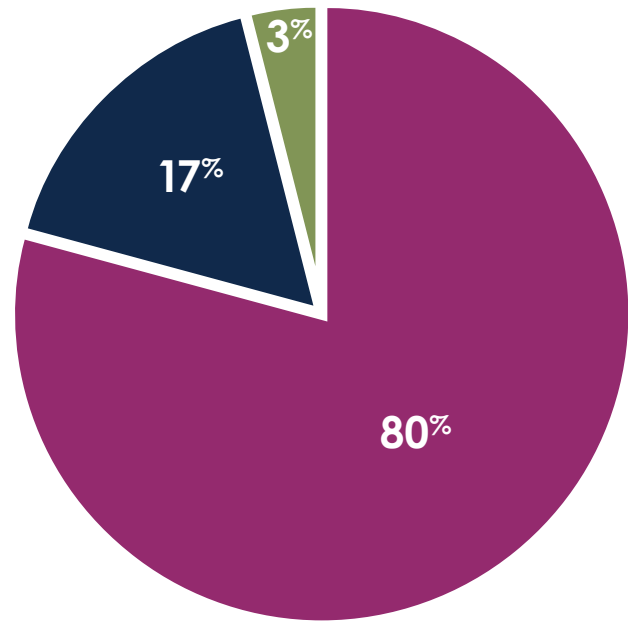


We still have work to do to prevent pregnancy-related deaths...



The Panel found that **80% of all pregnancy-related deaths were preventable**. That's a higher percentage of preventable deaths than in previous reports. It reflects the Panel's expanded understanding of preventability, and it means we have more ways to take action. To determine whether a death was preventable, the Panel considers not just clinical factors, but also factors related to equity and social determinants of health, such as racism or a lack of stable housing.

Preventability of Pregnancy-Related Deaths (n=97), Washington State, 2014–2020



Of all people who died from pregnancy-related deaths...



27%

were pregnant at the time of death



11%

died the same day as delivery



31%

died within 42 days of end of pregnancy



31%

died within 43 days to one year of end of pregnancy



How you can help....

- To read the full report and recommendations or to learn more about the Maternal Mortality Review Panel, visit www.doh.wa.gov/maternalmortality or contact us at maternalmortality@doh.wa.gov
- To learn more about how to help implement the Maternal Mortality Review Panel's recommendations, or to participate in the Washington State Perinatal Collaborative, visit www.doh.wa.gov/you-and-your-family/womens-health/washington-state-perinatal-collaborative-wspc

Maternal Mortality Review Panel

March 2023



Prevention Recommendations and Activities for Perinatal Providers & Facilities

Maternal Deaths 2014–2020

224 pregnancy-associated deaths occurred between 2014 and 2020.

- Of those deaths, **97** were directly related to pregnancy.
- Leading causes of pregnancy-related deaths: behavioral health conditions (32%, predominantly by suicide or overdose); hemorrhage (12%); and infection (9%).



PRIORITY RECOMMENDATIONS FOR PERINATAL PROVIDERS & FACILITIES

Undo Racism and Bias

Address racism, discrimination, bias, and stigma in perinatal care.

- Implement perinatal quality improvement initiatives with a focus on **health equity and culturally competent care**.
- Track data on **racial disparities in maternal outcomes** as part of quality improvement initiatives.
- Offer evidence-based training to providers and staff on topics such as **institutionalized and structural racism**.
- Ensure access to **certified medical interpreters**.
- Implement policies and procedures for responding appropriately if employees, patients, or clients **witness or experience racism**.
- Prioritize **Continuing Education Units / Continuing Medical Education** on addressing bias and discrimination.

Address Mental Health and Substance Use Disorder

Increase access to mental health and substance use disorder prevention, screening, and treatment for pregnant and parenting people.

- Expand access to **addiction specialist consultation** for providers.
- Train providers on safety of medications for **opioid use disorder during pregnancy and after delivery**.
- Give birth parents who use or have used opioids or other prescribed substances take-home doses of **naloxone before hospital discharge**.
- Provide discharge plans** for all patients who use substances, with follow-up appointments and transportation access.
- Screen for substance use, mental health and suicide risk.** Include service referrals and treatment plans.
- At pediatric and family practice appointments, **screen for behavioral health, substance use, and suicide risk**.
- Screen all patients for firearms** in the household.
- Implement best practices for **supporting the parent-infant dyad after delivery**.
- Train providers on substance use and mental health **during pregnancy and postpartum**.
- Co-locate services** for prenatal, primary, obstetric, substance use, behavioral health, and well-child care and provide care navigation and coordination.

Enhance Health Care Quality and Access

Expand equitable and high-quality health care by improving care integration, expanding telehealth services, and increasing reimbursement.

- Ensure that **doulas are available** to all birthing people who would like doula services.
- Offer **telehealth, extended hours, or walk-in appointments** to reduce barriers to care.
- Ensure patients are aware of the **full spectrum of benefits** under Medicaid, including transportation and care coordination.

PRIORITY RECOMMENDATIONS FOR PERINATAL PROVIDERS & FACILITIES

Strengthen Clinical Care

Strengthen perinatal clinical care by making it comprehensive, coordinated, culturally appropriate, and adequately staffed.

- Train and provide drills for emergency physicians and other providers on **coordinating with obstetricians** in obstetric emergencies.
- Provide rapid, seamless transfers to ensure **timely diagnostics and critical care**.
- Link electronic health records (EHR)** systems across facilities as possible.
- Invest in and train staff on **high-quality, easy-to use EHR** systems.
- Strengthen care coordination by creating **multidisciplinary teams** in one location where possible.
- Ensure patients understand the importance of taking medications as **prescribed and follow-up** steps for their care after discharge.
- Offer patients **comprehensive options** for reproductive and contraceptive care at relevant visits.
- Ensure pregnant patients of all body sizes and weights get **appropriate and respectful** care.
- Consult with **perinatal clinical specialists** for patients with complex health histories or needs.
- Pathologists, coroners, and medical examiners **review and follow DOH autopsy guidelines** for potential maternal deaths.
- Ensure patients receive individualized, **ongoing postpartum care** for 12 months after the end of pregnancy.

Meet Basic Human Needs

Meet basic needs of pregnant and parenting people by prioritizing access to housing, nutrition, income, transportation, child care, care navigation, and culturally relevant support services.

- Integrate perinatal support providers, such as **doulas and community health workers**, into care practices.
- Fund services to provide patients **child care during appointments** and transportation to appointments.
- Increase care coordination to screen patients for support needs and connect them with services, such as **transportation, housing, and child care**.
- Increase availability of social workers and nurses to support patients, provide referrals, and connect patients with services to address **social determinants of health**.
- Offer **housing to parents or caregivers** when infants need to remain in the hospital after parents have been discharged.

Address and Prevent Violence

Prevent violence in the perinatal period through survivor-centered and culturally appropriate coordinated services.

- Screen all patients for interpersonal violence and personal safety, **including firearm safety**, in a way that ensures privacy and is culturally appropriate.
- Provide **all patients with community resources about experiencing violence**, regardless of the results of screening for violence.
- Safely document intimate partner violence so that the **information can't be accessed by others** through patient portals, such as using caution in pediatric records that another parent can view.
- Offer training about intimate partner violence that includes information about the **connections between pregnancy and violence**.