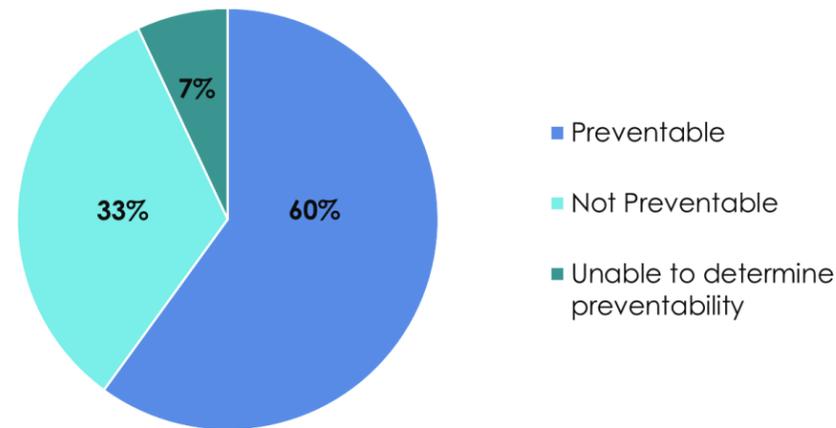


We still have work to do to prevent pregnancy-related deaths...

Preventability of Pregnancy-Related Deaths,
Washington State, 2014-2106 (N=30)



The Panel found that 60% of all pregnancy-related deaths were preventable. Some of the issues the Panel identified include access to health care services, gaps in continuity of care (especially postpartum), gaps in clinical skill and quality of care (including delays in diagnoses, treatment, referral, and transfer), and lack of care coordination at the provider, facility, and systems levels. The Panel used this information to make recommendations to prevent maternal deaths.

360-236-3510 | maternalmortality@doh.wa.gov
www.doh.wa.gov/maternalmortality



How you can help...

- Read the full report at www.doh.wa.gov/maternalmortality
- To learn more about the Maternal Mortality Review Panel and to sign up for email updates visit www.doh.wa.gov/maternalmortality
- To learn more about how to help implement the Maternal Mortality Review Panel's recommendations and activities, or to participate in the Washington State-Perinatal Collaborative, visit [here](#).

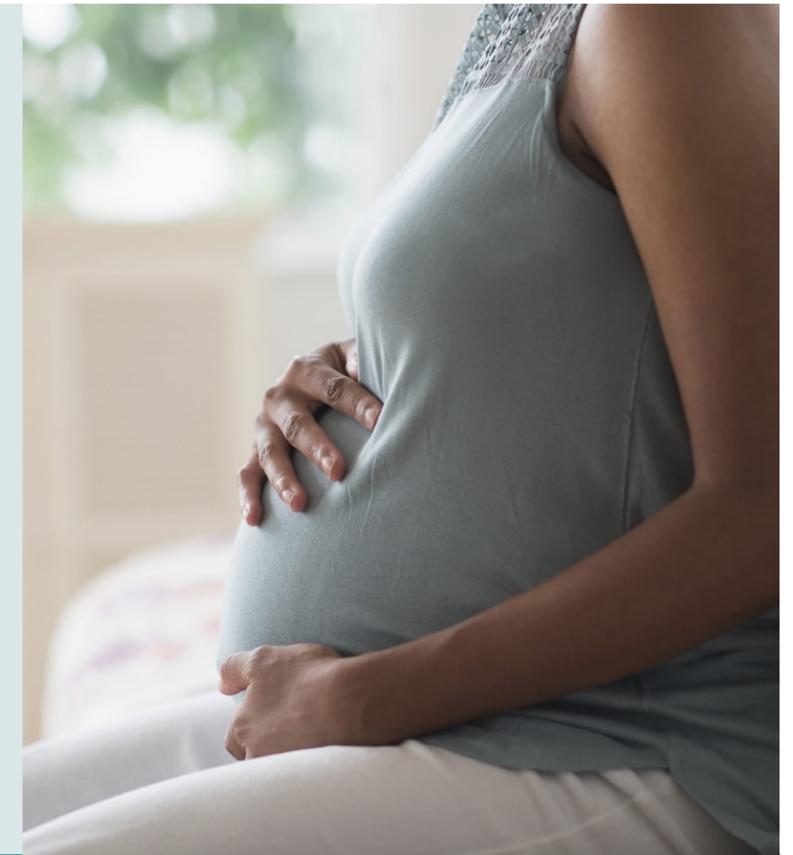
DOH 141-018 December

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Please call 800-525-0127 (TTY 711) or email civil.rights@doh.wa.gov.



Maternal Mortality Review Panel

October 2019



Prevention Recommendations and Activities for Perinatal Clinical and Service Providers



Maternal Deaths 2014-2016

- 100 maternal deaths occurred between 2014 and 2016
 - 30 deaths were determined to be directly related to pregnancy.
 - The leading causes of pregnancy-related deaths were from behavioral health conditions (suicide and overdose), hemorrhage related to child birth, and hypertension in pregnancy.
- The Panel identified recommendations and activities to reduce preventable deaths and improve maternal care

RECOMMENDATIONS and ACTIVITIES Improve Perinatal Care and Services

Disparities and Social Determinants of Health	Patient Safety and Quality Improvement	Postpartum Care and Support
Address racism, social determinants of health, and social inequities to reduce maternal mortality in priority populations.	Actively engage in quality improvement efforts that reduce the leading causes of maternal mortality and morbidity.	Ensure funding and access to postpartum care and support through the first year after the end of pregnancy.
<ul style="list-style-type: none"> ✓ Prioritize funding for housing, education, employment, and transportation for families from low-income backgrounds and/or who are American Indian/Alaska Native 	<ul style="list-style-type: none"> ✓ Require all birthing hospitals/licensed birth centers to implement protocols that address the leading national causes of maternal morbidity and mortality 	<ul style="list-style-type: none"> ✓ Develop policies and procedures for a follow up phone call to all patients 1-2 days after pregnancy ends
<ul style="list-style-type: none"> ✓ Address the housing crisis; ensure women and children have access to safe, affordable, and stable housing 	<ul style="list-style-type: none"> ✓ Medicaid Quality Incentives should require birthing hospitals to participate in Washington's Alliance for Innovation in Maternal Health program to implement maternal safety bundles 	<ul style="list-style-type: none"> ✓ Follow the American College of Obstetricians and Gynecologists' opinion for Optimizing Postpartum Care to see patients early and frequently after pregnancy ends
<ul style="list-style-type: none"> ✓ Apprenticeships related to Engrossed Substitute House Bill 1109 §219 should include opportunities in perinatal care and behavioral health 	<ul style="list-style-type: none"> ✓ Implement systems, policies, and tools to automatically initiate referrals and consultations when clinically indicated 	<ul style="list-style-type: none"> ✓ Ensure continuity of care and create policies and procedures for a warm hand off to patients' primary care or other specialty providers
<ul style="list-style-type: none"> ✓ Hire and retain people from diverse ethnic, cultural and racial backgrounds in perinatal medical care, service, and leadership 	<ul style="list-style-type: none"> ✓ Create delivery care plans that meet individual needs 	<ul style="list-style-type: none"> ✓ Develop practices to help people identify and address barriers to prenatal and postpartum care

RECOMMENDATIONS and ACTIVITIES Improve Perinatal Behavioral Health Care

Increase Access	Improve Reimbursement	Improve Knowledge
Increase access to perinatal behavioral health and support from preconception through one year postpartum.	Improve reimbursement for behavioral health care from preconception through the first year postpartum.	Increase knowledge of behavioral health disorders and resources during and after pregnancy.
<ul style="list-style-type: none"> ✓ Use validated tools to screen for postpartum mood disorders, including anxiety and bipolar disorder. Refer and consult as needed 	<ul style="list-style-type: none"> ✓ Consider hiring additional staff to provide behavioral health and perinatal support needs 	<ul style="list-style-type: none"> ✓ Address knowledge gaps in screening and caring for people who are pregnant and struggling with substance use disorder
<ul style="list-style-type: none"> ✓ Newborn providers should screen newborn caregivers for postpartum depression at well child checks through the first year of the newborn's life 	<ul style="list-style-type: none"> ✓ Learn about enhanced reimbursement for group prenatal and postpartum care 	<ul style="list-style-type: none"> ✓ Address knowledge gaps in screening, assessing, and managing suicide risk during and after pregnancy.
<ul style="list-style-type: none"> ✓ For caregivers whose babies are in the newborn intensive care unit (NICU), postpartum depression screenings should be done by NICU providers 	<ul style="list-style-type: none"> ✓ Learn how to integrate and bill for collaborative care models to integrate behavioral health in maternal care settings 	<ul style="list-style-type: none"> ✓ Use consultation resources for providers, like Perinatal Access Line and Perinatal Support Washington
<ul style="list-style-type: none"> ✓ Integrate behavioral health and perinatal support service providers into perinatal practices and facilities 	<ul style="list-style-type: none"> ✓ Create policies and procedures for suicide care and management; consider hiring additional staff to help 	<ul style="list-style-type: none"> ✓ Read existing reports and recommendations on suicide prevention, care and management