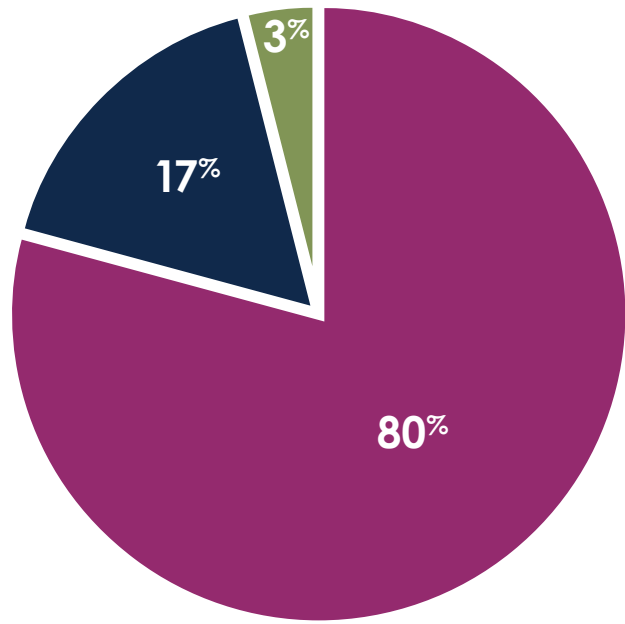


We still have work to do to prevent pregnancy-related deaths...



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

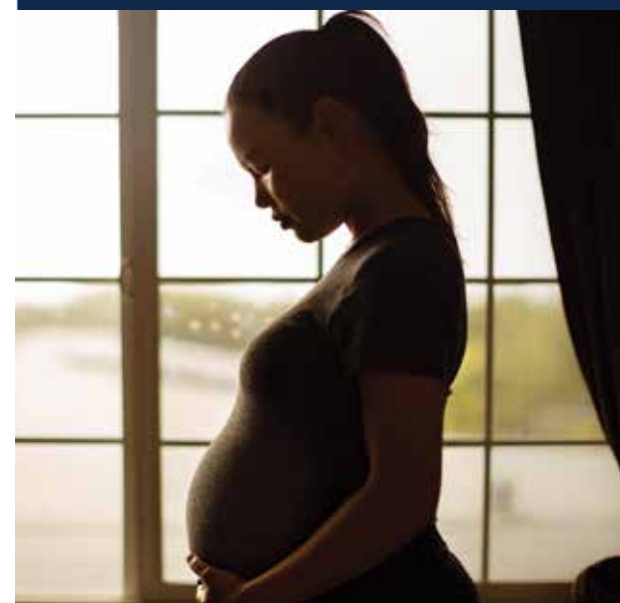


Prevention Recommendations and Activities for Agencies, Organizations & Institutions

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 AGENCIES, ORGANIZATIONS & INSTITUTIONS

Undo Racism and Bias

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

- DOH and Health Care Authority (HCA) should enhance quality improvement efforts to **reduce patient experiences of racism and discrimination.**

- Governmental, academic, and professional organizations should support and fund **initiatives** that lead to **diversification** of the **perinatal provider workforce** to be representative of the demographics of the state.

- Agencies, professional associations, and academic institutions should provide **education and resources about undoing racism, discrimination, and bias in perinatal care.**

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.

- DOH and HCA should work together to increase access to **integrated medical and behavioral health services.**

- Increase **community awareness of behavioral health resources**, including home visiting programs, naloxone, suicide prevention training, and firearm safety information.

- Academic institutions should **teach students about preventing stigma, bias, and provider discomfort** around mental illness, substance use disorder, and treatment.

- Educate **birth workers about behavioral health** issues and pregnancy.

- Ensure **providers** have access to resources specific to **perinatal mental health and substance use disorder.**

- Expand **child welfare prevention supports and wraparound services** for pregnant people and early parents with substance use disorder.

Enhance Health Care Quality and Access

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

- Enhance **reimbursement for screening for social determinants of health** and complex health care needs and ensure people receive referrals.

- HCA, DOH, and other agencies should raise **awareness about Medicaid and provider options** during and after pregnancy.

- DOH and HCA should **investigate the connection** between late or no prenatal care and maternal mortality.

- HCA should explore **care coordination** options for people enrolled in **fee-for-service Medicaid.**

- HCA should **investigate gaps in awareness of Medicaid eligibility and benefits** and work to address those gaps.

- Agencies should explore designating **pregnancy as a qualifying life event** for health plan enrollment.

- DOH, **under guidance of tribal partners**, should explore care pathways for American Indian / Alaska Native communities and how **barriers and access to care** impact maternal mortality.

PRIORITY RECOMMENDATIONS AGENCIES, ORGANIZATIONS & INSTITUTIONS

Strengthen Clinical Care

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

- Ensure EMS statewide has the **training and information** to support pregnant and postpartum people in emergencies.

- State agencies **preparing for emergencies should prioritize and plan** for the increased health needs and risks of **pregnant people.**

- Raise public awareness** about how pregnancy can **impact disease courses**, using social media and emerging technologies to reach people who may be considering pregnancy.

- Promote resources and training on **best practices for emergency care** in the perinatal period.

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.

- Expand **child welfare prevention supports and services** for pregnant people and early parents to help ensure people get care without fear of punitive consequences.

- Strengthen **care coordination systems** that connect pregnant and postpartum patients to appropriate, culturally relevant social supports, navigators, and services.

- Raise **awareness of resource directories** such as Washington 211, Help Me Grow Washington, Pregnant & Parenting Recovery Services, Care Connect, and Perinatal Support of WA.

- Promote **access** for pregnant and postpartum people to resources including affordable **housing, nutritious food, transportation, and economic opportunity.**

- DOH should work with with the Washington State Employment Security Department and academic partners to investigate access to **paid family medical leave.**

Address and Prevent Violence

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

- Increase **public education** on prevention and awareness of **intimate partner violence (IPV).**

- Courts and legal systems** should strengthen practices to **ensure safety.**

- Educational institutions** at all levels should work to prevent and **address violence.**

- Increase **housing access and shelter capacity** for survivors, ensuring housing comes with **wraparound services.**

- Provide access to **trauma-informed, coordinated wraparound/case management services for survivors.**

- Train social service providers, judicial workers, health care providers, and law enforcement on the **increased risk of IPV during and after pregnancy.**

- Health systems should **train staff** on violence prevention.

- Agencies should work with American Indian / Alaska Native communities to address community **violence within and against tribal communities.**