DEPARTMENT OF HEALTH

Recommendations from Review of 2017 Cases

The following recommendations were developed from the Minnesota Maternal Mortality Review Committee (MMMRC), which convened in the fall of 2019. These recommendations are based on maternal mortality cases from 2017 case narratives, and will be updated as new recommendations are determined.

The Minnesota MMRC is a multidisciplinary group of clinicians, public health professionals and community members who review each pregnancy-associated death and collectively develop recommendations that aim to prevent future pregnancy-associated deaths and improve maternal health outcomes for all mothers and their families. A pregnancy-associated death is *the death of a woman while pregnant or within one year of birth or termination of pregnancy, regardless of the cause*.

During fall 2020, the Minnesota MMRC will review identified maternal deaths that occurred in Minnesota from 2017-2018. The MMRC uses the Center for Disease Control methodology to review, measure, and analyze maternal deaths with the same metrics as other review committees across the nation. Of the cases reviewed from 2017, recommendations centered around these themes:

1. Health care access;
2. Patient-centered culturally based care;
3. Comprehensive postpartum care;
4. Screening and treatment/referral for postpartum depression; and
5. Screening and treatment/referral for substance misuse.

In addition, maternal violence and suicides are among causes of maternal mortality; therefore it is imperative that Minnesota develop and implement action plans with systems, providers, and community-led organizations that address and prevent the root causes of these preventable outcomes.

Below are the MMRC's preliminary recommendations to improve population level maternal health outcomes. Recommendations are grouped categorically by support type, interventions from individual women and their support systems, health providers and staff, health facilities and systems, communities, and statewide.

Women and their Support Systems

- Screen for the presence of guns in the home and provide safety education if applicable. If guns are in the home, they should receive patient education on harm reduction related to guns and safe storage.
- Involve partner and/or family with every care team interaction on prenatal, pregnancy and postpartum care to provide culturally-specific education and questions on pregnancy, family planning, or other lifespan concerns.
- Increase awareness of insurance coverage prior to, during, and after pregnancy, in collaboration with staff and care coordinator teams. If questions of insurance coverage arise, instruct staff to contact insurance provider or arrange a patient-care navigator meeting.

- Partner with women to find pregnancy resources that fit the women's needs such as prenatal groups, birthing classes, or other community driven groups that support pregnant or parenting mothers.
- Provide information on available options in maternal health care such as doulas, birth centers, and community health workers.
- Provide women and family/friends of women with an opiate use disorder with information on signs and symptoms of possible overdose and access to education on Narcan use.

Health Care Staff

- Improve care team communication and continuity of care for each patient over the course of the pregnancy and postpartum period. Providers and the care team should maintain clear coordination for comprehensive care of the mother, including identification and review of health history, pregnancy risk factors, prenatal care, birth, and postpartum issues to improve communication with maternal patients and address all concerns during provider interactions.
- Recognize, screen, and refer all women of childbearing age for 1) intimate partner violence, 2) gun safety screening, 3) postpartum depression, and 4) substance misuse.
- Educate provider teams on tools available for patients onsite, in network, or community organizations to coordinate referral process for needs outside of medical care. Embed a follow-up system with programs such as family home visitors, care coordinators, or social work consults.
- All women of childbearing age should be screened for the presence of guns in the home. If guns are present, educate patient on harm reduction and safe storage.
- Assess all women for reproductive life course planning, family planning, and education on contraception.
- Provide access and use of interpretive services for mothers and family members.
- Encourage culturally competent quality interventions to address disparities and achieve equitable care.

Facility

- Train all staff (providers and house staff) on implicit bias and care across cultures. Embed strategies to improve policy, patient care, and systems changes to address inequitable practices. Recommend shared decision making through provider care to encourage listening to the concerns of mothers and their families/support members.
- Provide detailed documentation of hospital events including timelines, medications, referrals, and communication to improve identification of clinical concerns throughout care. Develop a comprehensive obstetric report with narrative notes to allow all providers to understand full clinical picture, using continuity of care in practice.
- Discuss postpartum care options while in hospital: 1) screen and evaluate mothers, 2) provide education, 3) share available resources after discharge such as home visiting care, and 4) schedule follow-up visit.
- Invest in mental health champions: individual staff or teams who take action to increase awareness, provides support, and educates other staff and women on mental health; within nurses, hospitals, clinics and, community locations as resources for mothers and families.
- Implement smart sets in practice (staff training and electronic health records) to identify early warning signs for clinical deterioration. Apply in practice protocols to address maternal morbidity such as sepsis,

hemorrhage, embolism, and postpartum care. Evaluate application in rural hospitals, such as regional and critical access locations, as well as emergency departments.

System

- Increase maternal mental health programs and opportunities for training community members and providers. Increase funding, providers, and group programs developed to improve mental wellbeing. Allow opportunity for community members to lead groups, and develop programming to fit the needs and strengths of their mothers and families.
- Develop systems to model maternal wrap-around care to reach patients with timely communication with patients/support family to attend next scheduled visit. Integrate care models for pregnant and postpartum women to focus on mental health and wellbeing.
- Prioritize care processes during the "4th trimester" (postpartum period) throughout systems to elevate critical time for mother's health by 1) screening by emergency department, obstetrics, and family practice providers, and 2) connecting with doula, home visiting, community health workers to address maternal needs, questions, or referrals.
- Ensure access to Narcan in communities, along with proper training and education. Education should be addressed at all of the patient's touch points (community members, pharmacy, law enforcement, health providers, etc.).

Community/Policy

- Expand Medicaid (MA) for up to a year postpartum. Embed evidence-based strategies, such as Strong Start, aimed to reduce preterm births and improve outcomes for pregnant women.
- Embed home service models with a reimbursement plan for systems to provide community health workers, visiting nurses, and doulas during prenatal/pregnancy/postpartum.
- Strengthen healthcare with a workforce that reflects patients' communities through innovative strategies that invest to mentor younger generations.
- Invest in programs that diversify workforce, particularly programs for healthcare workers. Increase resources and programs for providers of color, indigenous practice, and traditional medicine into pregnancy practices and women's health.
- Improve and expand management for mental health services and substance use treatment programming for women of childbearing age. Link with treatment networks and case management for families using a community-based approach.
- Increase awareness in the general population and health networks for insurance eligibility and access to services with an emphasis on translation services/resources and connecting rural and urban communities.
- Review controlled substance reporting laws in Minnesota. Due to some of these reporting laws, women using substances may not seek prenatal or postpartum treatment with the fear of being reported by providers.
- The American College of Obstetricians and Gynecologists (ACOG) issued a statement on Gun Violence and Safety**.** This statement is supported by the review committee and is based on an evidence-based, public health approach to gun violence. Recommendations include: routine screening for intimate partner

violence, periodic injury prevention evaluation and counseling regarding firearms, and supports regulations on limiting the purchase and ownership of firearms by individuals with emergency, temporary, or permanent protective restraining orders or those with intimate partner violence and/or stalking convictions.

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