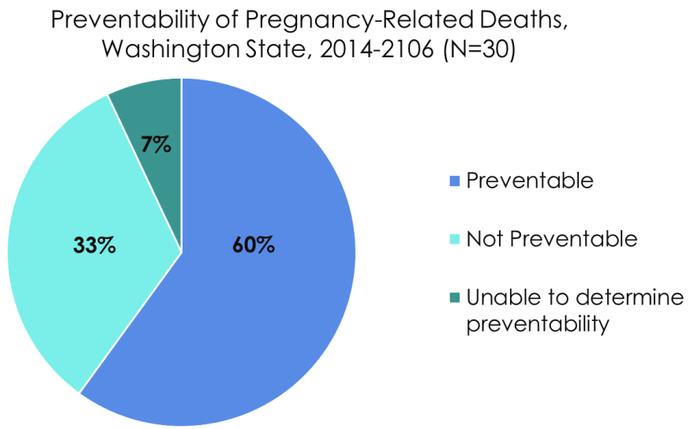
We still have work to do to prevent pregnancy-related deaths...



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.

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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 ipmplement the Maternal Mortality Review Panel's recommendations and activities, or to parciticipate in the Washington State Perinatal Collaborative, visit here.

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Washington State Department of Health

Maternal Mortality Review Panel

October 2019

Prevention Recommendations and Activities for
Policy Makers and State Agencies

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.
Prioritize funding for housing, education, employment, and transportation for families from low-income backgrounds and/or are American Indian/Alaska Native.	Require all birthing hospitals/licensed birth centers to implement protocols that address the leading causes of maternal morbidity and mortality.	Fund universal home visiting services that focus on birthing parents as well as newborns, and includes at least one visit during the first 48-72 hours after the end of pregnancy.
Address the housing crisis; ensure women and children have access to safe, affordable, and stable housing.	Quality incentives should require birthing hospitals to participate in the Alliance for Innovation in Maternal Health (AIM) program.	Conduct a gap analysis to determine how to fund and sustain a universal perinatal outreach and support system.
Apprenticeships that result of Engrossed Substitute House Bill 1109 §219 should include opportunities in perinatal care and behavioral health care.	Implement systems, policies, and tools to automatically initiate referrals and consultations when clinically indicated.	Increase funding for Medicaid to expand the maternal labor and delivery bundled payments through the first 90 days postpartum and increase the total number of allowable postpartum visits.
Hire and retain people from diverse ethnic, cultural and racial backgrounds in perinatal medical care, service and leadership.	Create delivery care plans that meet individual needs.	Increasing funding for Medicaid to expand Maternity Support Services through the first year after pregnancy.

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.**
Establish funding to support community health workers, including doulas and peer lactation consultants.	Increase funding to Medicaid to reimburse for perinatal behavioral health care treatment and services.	Fund programs that support obstetric providers, such as the Partnership Access Line for Moms and the Perinatal Support Washington.
Increase the number of perinatal behavioral health and service providers to decrease wait times for care to be two weeks or less.	Fund the Health Care Authority to reimburse birthing hospitals for inpatient maternal substance use care up to 14 days after delivery so mothers can stay with their infants.	Amend RCW 43.70.442 to require health professional suicide trainings to include content about suicide risk factors for people who are or recently were pregnant.
Increase funds to programs and agencies that integrate behavioral care or perinatal support services into obstetric care.	Fund the Health Care Authority to reimburse for caregiver depression screenings by newborn providers through the infant's first year.	Fund an evidence-based awareness campaign on behavioral health conditions and care during pregnancy and postpartum.
Require and fund the Health Care Authority to reimburse for outpatient intensive day treatment for maternal mental health disorders.	Ensure all legislatively funded or supported suicide prevention activities include people who are pregnant or who have been pregnant in the last year.	Fund and implement recommendations in the Suicide Education report published by the Department of Health and the Washington State Suicide Prevention Plan.