




Strengthening Supports for Maternal Health



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The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

Question for the Viewers



*Describe your level of knowledge or experience
with maternal mortality data in your state or region:*

- A. A lot
- B. Some
- C. Little
- D. None



Let us take a moment to honor the individuals, families, and communities affected by maternal mortality

Overview and Background



Data and Findings



Panel Recommendations





Overview and Background

Maternal Mortality Review Panel: Legislative Mandate



The Panel is directed by the maternal mortality review panel law (RCW 70.54.450) to conduct comprehensive reviews of maternal deaths in Washington.

- The Washington State Legislature established **the Maternal Mortality Review Panel in 2016**, following enactment of Senate Bill 6534.
- **In 2019, the law was amended to permanently establish the Panel** and the maternal mortality review process.

Maternal Mortality Review Panel: Legislative Mandate



The law directs the Panel to:

- **Review maternal deaths** in the state and determine if deaths are **related** to pregnancy
- Identify **factors contributing** to those deaths
- Make **recommendations for system changes** to improve perinatal health care services
- **Submit a report of findings** to the health care committees of the House of Representatives and Senate every three years

Who is on the Panel?



The 2023 - 2025 MMRP has an incredible wealth of experience

2023 Maternal Mortality Review Report

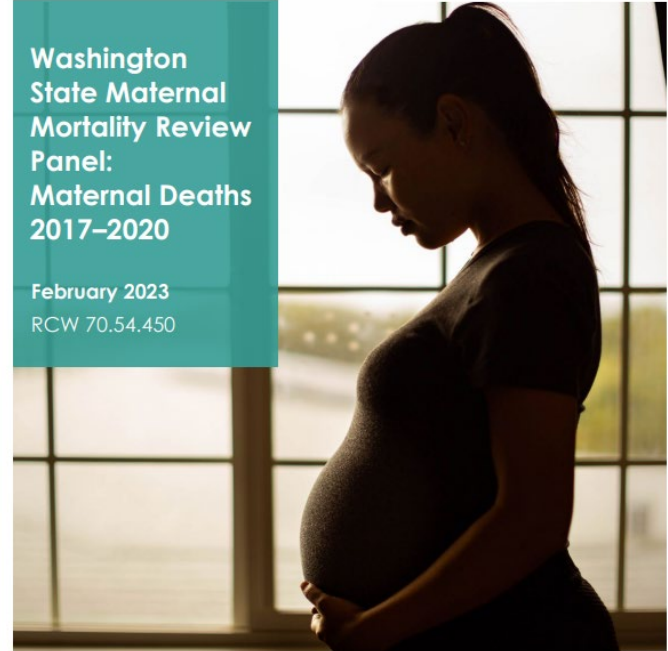
Aims of the report:

- Prevent maternal deaths
- Raise awareness about contributing factors
- Promote change
- Increase health equity
- Improve perinatal care

Report to the Legislature

Washington
State Maternal
Mortality Review
Panel:
Maternal Deaths
2017–2020

February 2023
RCW 70.54.450



Prepared by the
Prevention and Community
Health Division



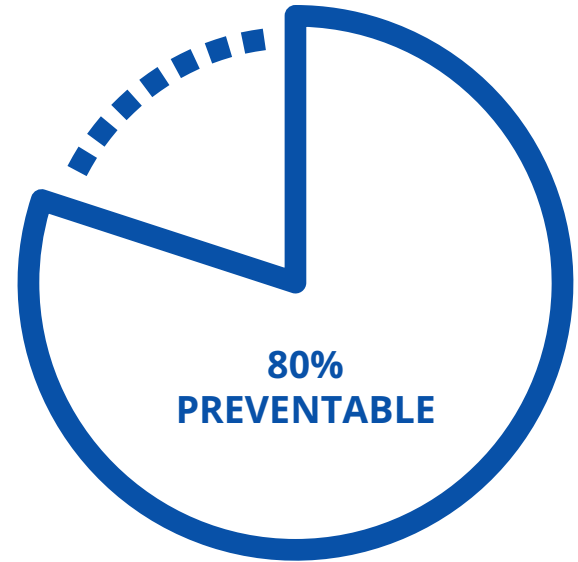
Maternal Mortality: The Tip of the Iceberg



At least **60,000 people** each year in the United States experience severe complications related to pregnancy and childbirth.

Key Message: Preventability

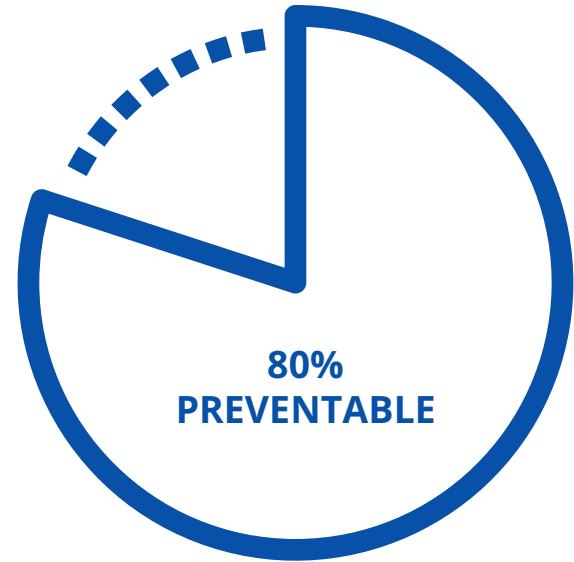
The Panel found **80 percent of pregnancy-related deaths were preventable**, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.



Key Message: Preventability

This high percentage reflects:

- **A broader understanding of preventability**
 - From a clinical perspective
 - From an equity and social determinants of health perspective
- **An opportunity to take action** because we better understand what's behind maternal deaths

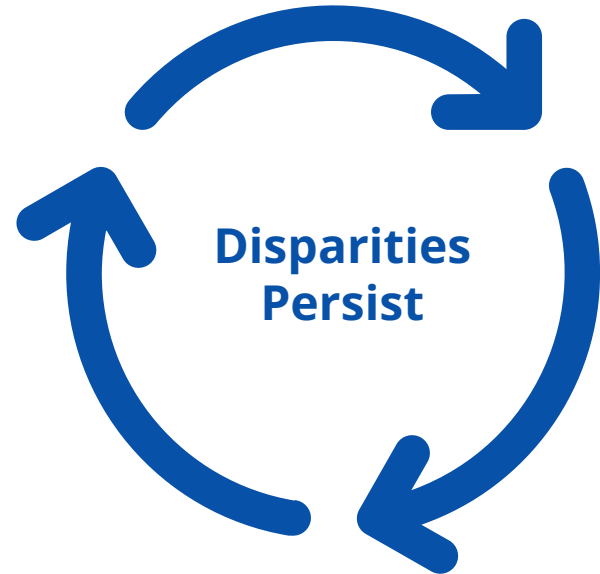


Overview of Data

- Trend data show that overall pregnancy-associated mortality in Washington state has remained relatively stable in recent years and did not increase in the period 2014 – 2020. But disparities persist.
- Leading underlying causes of pregnancy-related deaths were behavioral health conditions (predominantly by suicide and overdose), hemorrhage, and infection
- We are **not able to draw conclusions about the impact of COVID-19** pandemic on maternal mortality in Washington state because of the very small number of maternal deaths in 2020 associated with COVID-19

Key Message: Racism, Discrimination, and Bias

- **Critical disparities persist by race and ethnicity, socioeconomic status, and urban vs. rural status**
- We understand these better due to changes in how the Panel reviews cases and how we review data on communities with smaller populations
- The Panel identified **discrimination, bias, interpersonal racism, or structural racism** in **49 percent** of preventable pregnancy-related deaths from 2017 - 2020



Key Message: Racism, Discrimination, and Bias

- Communities most burdened by perinatal health inequities have the **expertise** and **cultural knowledge** to **lead solutions** to **reduce maternal mortality**
- Black, indigenous, and communities of people of color must be **centered as leaders** for the successful implementation of many of the recommendations in this report



CONSIDER:

How do we operationalize this locally? What is your role? What is already being done?

How Cases Are Reviewed

- **A respectful review of each potentially pregnancy related death**
- **Try to reach consensus**
 - Was the death pregnancy related?
 - What was the underlying cause of death?
 - If it was pregnancy related, was it **preventable**?*
 - **Did racism, discrimination, and bias play a role?**
 - If it was pregnancy related and preventable, what factors contributed to the death?
- **Make recommendations (provided in report every three years)**
 - What were the opportunities for intervention – who needs to do what and when?

Data and Findings





Maternal mortality is a rare event.

- Observations from maternal mortalities in Washington are not generalizable outside the state
- Small numbers often make rates unstable, making it difficult to discern true change on a year-to-year basis
- We can still make meaningful recommendations and interventions

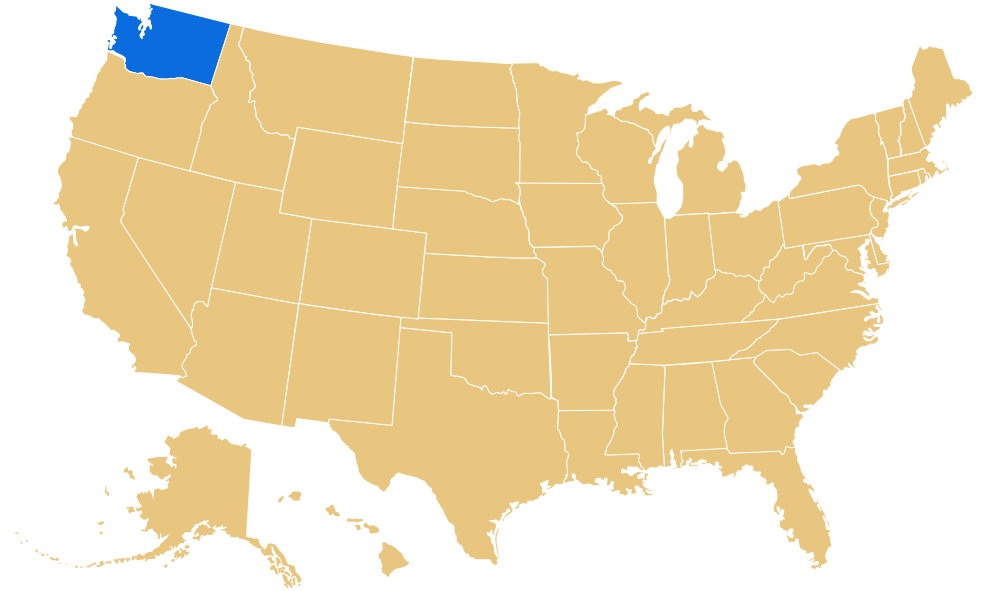
Maternal Mortality, WA and US, 2014 – 2020

Washington

- 15.9 pregnancy-related deaths / 100,000 live births*

United States

- 18.6 pregnancy-related deaths / 100,000 live births**
- 861 pregnancy-related deaths per year (PMSS – CDC 2020)
- Rates increasing since 1980s
- Higher than rates in Canada, Europe, and other wealthy nations



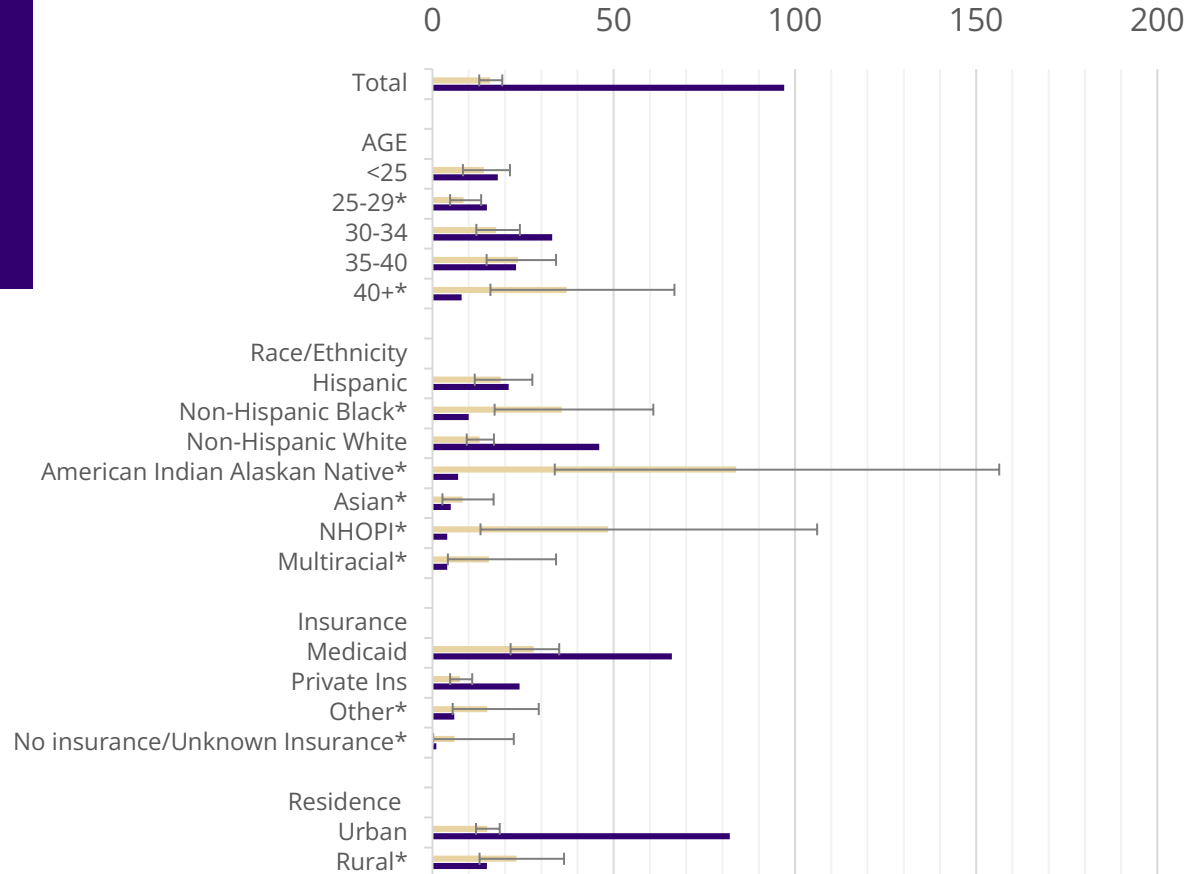
* This rate (WA) includes deaths from substance use overdose and suicide

** This rate (US) does NOT include deaths from accidental or incidental causes

Pregnancy-Related Deaths, 2014 – 2020

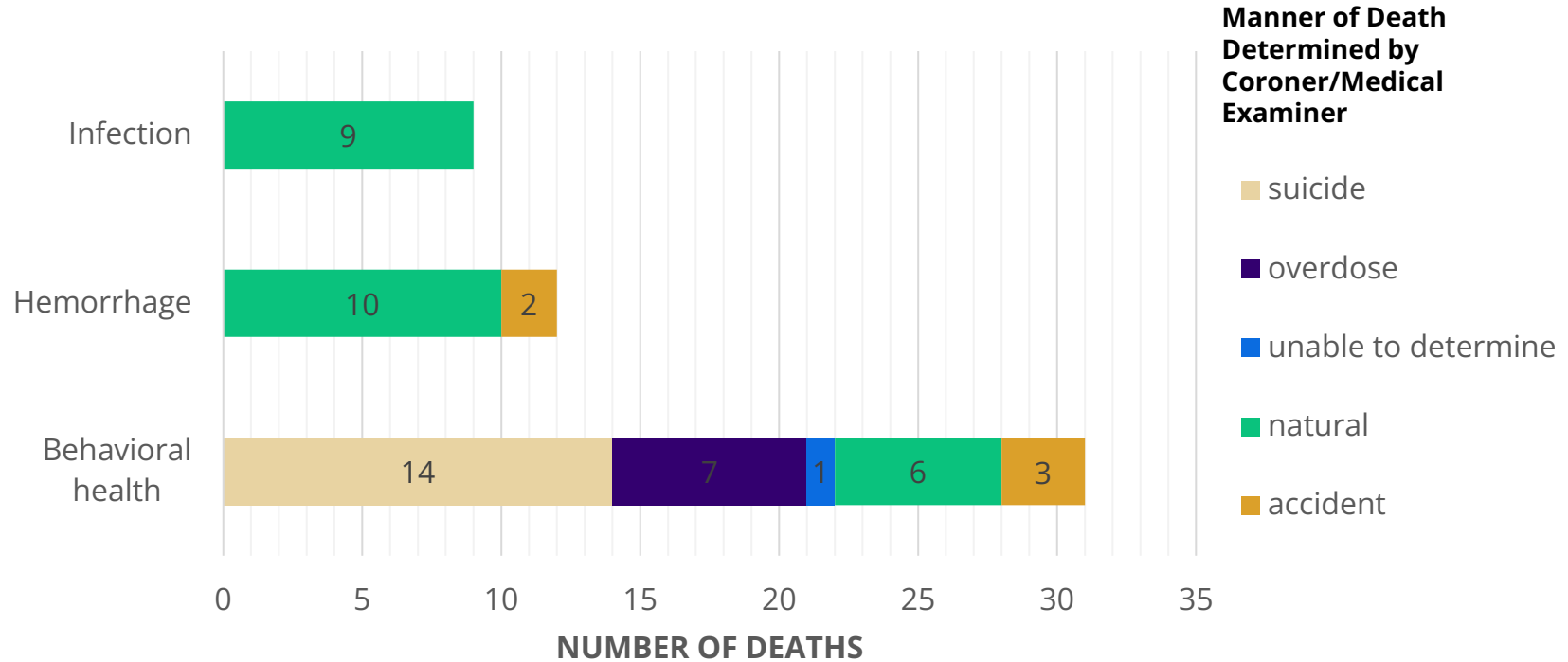
(n = 97)

- Rate per 100,000 Births
- Frequency



*RSE is above 25%; rates are unstable.

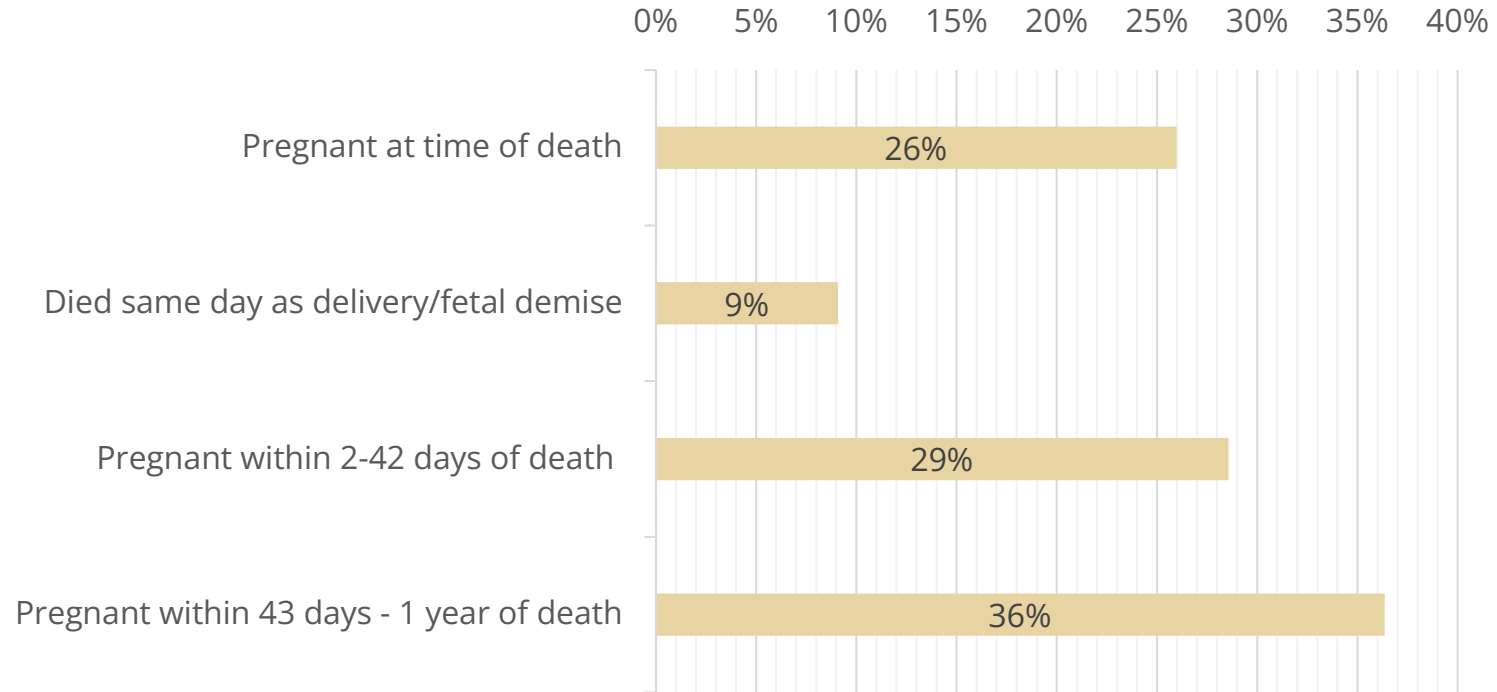
Manner of Death and Three Leading Causes of Pregnancy-Related Deaths



Preventability of Pregnancy-Related Deaths as Determined By MMRP

Preventability of Pregnancy Related Deaths	Count	Percent (%)
YES – Preventable	78	80.4
NO – Not preventable	16	16.5
Unable to determine preventability	3	3.1

Timing of Preventable Pregnancy-Related Deaths (N = 78)



Societal Levels of Contributing Factors

Contributing Factors to Death

Event(s) or issue(s) identified by the Panel during the review of each death that **if changed or averted**, may have **prevented the death** from occurring



Community Level



Systems of Care Level



Facility Level



Provider Level



Patient/Family Level

Question for the Viewers



*In your own work to support maternal health,
which of the following areas is currently your highest priority?*

- A. Addressing racism and promoting health equity
- B. Increasing access to mental health and substance use disorder prevention
- C. Strengthening care integration
- D. Improving quality of care
- E. Other (type in chat)



Panel Recommendations

Recommendations: Key Audiences

The Panel's recommendations fall under six broad categories, each with detailed recommended actions for four key audiences:

1. Policy and Budget Actions (**Legislature**)
2. Perinatal Systems of Care (**Providers and Facilities**)
3. Governmental, Academic, Community, and Professional Agencies and Organizations
4. The **Department of Health**



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

- Expanding and diversifying the perinatal workforce to reflect cultures and languages of communities
- Prioritizing access to perinatal care in communities experiencing inequities



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

- Enhance reimbursement for mental health and substance use disorder screening
- Increasing the number of residential treatment facilities that allow parents and children to be together



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

- Expanding home visiting services for pregnant and postpartum families
- Supporting legislation to increase doulas and midwives through one year postpartum



4. Strengthen the quality and availability of perinatal clinical and emergency care that is comprehensive, coordinated, culturally appropriate, and adequately staffed

- Supporting legislation that creates perinatal quality improvement incentive programs for outpatient perinatal services
- Ensuring pregnant patients of all body sizes and weights get appropriate and respectful care



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

- Increasing access to safe, affordable, stable housing
- Increasing funding for education, employment, childcare, transportation, and other services



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

- Funding safe housing for pregnant and postpartum people
- Funding free legal services for families

“The number one priority is to reduce Native Maternal Mortality until the disparity is eliminated.”

“It is essential to American Indian/Alaska Native healing to rely on Tribally developed and implemented solutions. What the Tribes and Urban Indian Health Organizations need is partnership with the state in funding and collaboration. It has been 500+ years of trauma and discrimination; it will take time to heal”



SAVE THE DATE!

You Are Invited to a Conversation

About the Native Experience of Pregnancy, Birth, and the First 1000 Days of Parenthood.

Intended audience: Tribal Leaders, Tribal Health Directors, and AIHC Delegates Residing in Washington State.

Advanced Registration is Required. This is for Washington State residents ONLY.

August 4th: 1:00pm-2:00pm or 5:00pm-6:00pm

SCAN QR CODE TO REGISTER

1pm-2pm



5pm-6pm



PULLING TOGETHER FOR WELLNESS

If you have any questions, please contact Ashley Olmstead - ashleyolmstead91@gmail.com

Implementation: Washington State Perinatal Collaborative (WSPC)

Vision

Washington state is a safe and equitable place to experience pregnancy, give birth, be born, and parent

Mission

End preventable morbidity, mortality, and disparities in pregnancy, postpartum, and infant care through quality improvement initiatives and fostering a network of statewide perinatal leaders



Current and Past Projects

- Center of Excellence for Perinatal Substance Use
- Postpartum Coverage Expansion to 1 year under Medicaid
- Hemorrhage care bundle
- Maternal autopsy guidelines
- Perinatal Substance Use Disorder Learning Collaborative
- Smooth Transitions – safe hospital transfers
- MMRP ECHO Case Conference Series

To get involved...

Reach out to our team:

Deborah Gardner

MMRP Coordinator

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A Chat with Katie Eilers



Sue Grinnell



Katie Eilers

QUESTIONS?

To ask a question, please click the



icon in the Zoom toolbar to open your Q&A Pod.

Resources

Maternal Mortality Review Panel

Washington State Department of Health

<https://doh.wa.gov/public-health-healthcare-providers/public-health-system-resources-and-services/maternal-mortality-review-panel>

Maternal Morality Review Panel Report with Addendum from the American Indian Health Commission

<https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf>

Maternal Deaths 2014 – 2020 | Factsheet

<https://doh.wa.gov/sites/default/files/2023-03/141-081-MaternalDeathsFactSheet-2023.pdf?uid=646e887a79593>

Prevention Recommendations and Activities for Agencies, Organizations & Institutions

<https://doh.wa.gov/sites/default/files/2023-04/141-086-MMR-RecommendationsforAgenciesOrganizations-FactSheet2023.pdf?uid=64d66c51429f7>

Washington State Perinatal Regional Collaborative (WSPC)

<https://doh.wa.gov/you-and-your-family/womens-health/washington-state-perinatal-collaborative-wspc#:~:text=The%20Washington%20State%20Perinatal%20collaborative,pregnant%20mothers%2C%20newborns%20and%20infants>