

Minnesota Maternal Mortality Review Project Recommendations from Review of 2016 Cases

Documentation

- Individuals filling out birth and death certificates need to do so with attention to detail. The data entered makes a difference to programs, funding, training needs, and to the families.
- Documentation of care in medical and hospital records needs to include narratives, not just flow sheets and check lists. Discharge summaries are often missing in the records of decedents.
- Prenatal records should be incorporated into hospital OB/L&D records.
- If there is discussion of end of life care, it should be clearly documented.

Patient Education

- All pregnant women should be reminded to wear seatbelts.
- All women should be screened at the first OB visit for the presence of guns in the home and educated about safety.

Health Care Staff

- Be aware that women of color, American Indians, and immigrants are over-represented among maternal deaths.
- When dealing with women who are immigrants and/or for whom English is not their native tongue, interpreters familiar with the culture should be used. Providers should make efforts to learn salient aspects of the culture, and pay attention to body language, eye contact, and verbal pitch.
- Many women have experienced adverse events in their lives. Trauma Informed health care is important.

Clinical

- Document intendedness of pregnancies.
- Assess women's social networks of support and encourage their use.
- Screen women for depression, mental health, and substance use issues at all prenatal visits, ED visits, and at well child checks.
- Provide non-judgmental, non-criminalizing prenatal care.
- There should be a higher level of care coordination to bridge gaps for high risk women with complex medical and/or psychosocial conditions and for those who lose Medicaid coverage 60 days post-partum. Use of Care Coordinators is to be encouraged.
- Postpartum contact prior to the 6 week check-up is to be encouraged, particularly in rural areas.
- Providers should do breast exams at all postpartum visits, even if lactating.
- For women who are newly diagnosed with depression or have a history of depressive episodes, access to lethal means should be explored.

- For women with a chronic condition needing frequent hospitalizations, the provider should consider continuous hospitalization to improve continuity of care.
- Providers should be encouraged to use the Prescription Monitoring Program for controlled substances, particularly with women who have a history of or current drug use/abuse
- For women on Methadone maintenance, avoid narcotics postpartum if possible.

Overall statement:

Similar to the broader population, we have seen an increase in maternal deaths involving substance use, depression and suicides, and gun violence.

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