

COMMITTEE RECOMMENDATIONS

Over the course of the 2016 case reviews, more than 100 recommendations were recorded. Key recommendations are outlined below with detailed descriptions. If implemented, these are believed to have the potential to change the course of events that ultimately led to the demise of the women. Moving forward, organizations and stakeholders that have the resources to implement programs and activities may use these recommendations in their considerations to improve maternal health.

HEALTHCARE COVERAGE AND POSTPARTUM CARE

Healthcare coverage remains a significant issue in addressing maternal mortality. Medicaid expansion up to one year postpartum and improved reimbursement for providers could improve the healthcare women receive, as a majority of the deaths reviewed occurred 43 to 365 days after the end of pregnancy. To honor the reproductive rights of all women, it is recommended that the Medicaid waiting period for women requesting a postpartum bilateral tubal ligation be waived.

AUTOPSIES FOR MATERNAL DEATHS

In order to better understand the causes of and contributors to maternal mortality, it is important that autopsies are conducted. Autopsies serve to document diseases and injuries, determine cause of death, provide clinicopathologic correlation for health care providers, and can help give closure to family members. Only 18 of the 36 deaths reviewed had an autopsy performed. Funding for autopsies through the Maternal Health Act will aid in this matter by increasing access to autopsy services by reducing or eliminating significant financial barriers for underserved communities. Strongly encouraging autopsies on maternal deaths, especially to underserved families, would help ensure that vital information is not lost that would contribute to the knowledge base of maternal mortality in the state. Creating a widely recognized, adequately funded, well publicized, easily navigated pathway for coroners, providers, district attorneys, and families to maternal autopsy services is essential. Effectively promulgating such a pathway to stakeholders is of paramount importance. Providers, coroners, district attorneys, and other stakeholders need education and direction regarding the importance of and availability of autopsies through ADPH. Making autopsy report review routine and expected for all cases referred to the AL-MMRC would provide deeper understanding of modifiable and non-modifiable lethal factors and help guide the committee in issuing future recommendations.

SUBSTANCE USE AND MENTAL HEALTH DISORDERS

Substance use treatment beds for pregnant women are an urgent need, yet only a limited number of beds are available within the state. Access to mental health services, treatment, and providers must be improved to allow women with such conditions to receive care. Punitive measures for pregnant women with mental health and substance use disorders must be eliminated, in order to create an environment that encourages them to seek assistance during pregnancy. Out of fear of negative consequences (e.g., incarceration or losing custody of children), women avoid getting appropriate care, which leads to missed opportunities for treatment of both the mother and baby.

PATIENT EDUCATION

One significant aspect to safeguard maternal health is education of the patient regarding important health topics related to preconception, interconception, and postpartum care. The following topics should be included in patient educational materials:

- Specific medical conditions: including hypertension and cardiovascular disease, and the importance of follow-up visits with providers
- Preconception and interconception counseling and education for women of child-bearing age, including healthy birth spacing intervals
- Access to contraception in the postpartum period
- Smoking cessation

PROVIDER EDUCATION

Similarly, providers who work directly with maternal patients, including those outside of the obstetric specialty, should be equally educated on important topics which impact maternal health. The following are potential subjects to be included in educational materials for providers:

- Condition-specific: cardiomyopathy, postpartum hemorrhage (and early recognition), postpartum danger signs and symptoms of pregnancy-associated hypertension, and massive transfusion protocols
- Efforts should be taken to increase awareness of ancillary providers outside of obstetrics on the occurrence of postpartum hypertension
- Patient care: thorough assessments which do not relate patients' complaints to changes associated with pregnancy
- Management and coordination of patient care needs: timely screening and referral for perinatal depression; referrals to Maternal Fetal Medicine, cardiology, and social work for high-risk patients; and inclusion of family counseling in obstetric plans of care
- Perimortem cesarean delivery should occur at the site of the arrest, as transport compromises cardiopulmonary resuscitation and leads to further time delays
- Adoption of evidence-based patient safety practices/protocols at all delivering hospitals

LEVELS OF MATERNAL CARE

Existing national standards regarding levels of maternal care should be adopted, as they are critical to reducing maternal morbidity and mortality and ensuring the provision of risk-appropriate care that is specific to the needs of women. This includes determining who is responsible for patient hospital admissions; the unit/department which is most appropriate to ensure quality of care; and usage of telemedicine and/or phone consults for transferral of patients to higher levels of care.

ACCESS TO CARE

In 2016, approximately eight percent of the maternal mortality cases lived in rural areas in the state. Efforts to keep rural hospitals open allow patients who live in those areas access to healthcare. In the same way, additional obstetricians and gynecologists, family practice physicians who provide obstetrical care, nurse practitioners, and certified nurse midwives are needed in Alabama to adequately cover the medical demands of mothers. Safe abortion services and access to contraceptives are also imperative to women's health. Furthermore, the increasing number of women who present to hospitals without prenatal care must be addressed. Better medical care and an understanding of the system of care for pregnant women, in addition to barriers, need to also be addressed. Although care coordination should take place for all admissions, specialized care coordination should occur for cardiovascular patients to optimize outcomes.

