

# Preventing Maternal Death

## Recommendations from the Alaska Maternal Child Death Review Committee (MCDR) *Issue 1 June 2020*

The MCDR committee reviewed all Alaska maternal deaths (16) that occurred in 2017 and 2018. MCDR defines a maternal death as any death within one year of pregnancy due to any cause.

Each maternal death is one too many.

"Atauciungermi yuunrilria  
irnirraarluni qununarquq"\*

*Yupik Translation*

12 (75%) of the 16 Alaska maternal deaths during 2017-2018 were from rural communities.

### **16 out of 16 (100%) maternal deaths were preventable\*\***

Causes for Alaskan maternal deaths include:

#### Cardiovascular

Pregnancy places unique stress on the cardiovascular system and early symptoms of disease can be subtle. A high index of suspicion is critical to patient safety. Nationally, pre-eclampsia/eclampsia, stroke, myocardial infarction, and cardiomyopathy, remain the leading contributors of maternal mortality. Signs of disease include extreme swelling or weight gain, extreme fatigue, fainting, persistent cough, chest pain or fast heartbeat and severe shortness of breath (especially when lying down).

Pregnant and postpartum patients are particularly susceptible to infection. Early recognition and treatment are key to prevent progression to sepsis and septic shock.

#### Infection

#### Violence

There is a need to recognize violence as a preventable public health problem while increasing community and provider education regarding the impact of violence as a prenatal stressor.

There are a disproportionate number of maternal deaths for residents living in rural communities.

#### Social Determinants of Health

#### Substance Misuse and Mental Health

An increasing number of maternal deaths are related to substance use and mental health conditions. There is correlation<sup>1</sup> between substance abuse and higher rates of depression for individuals who experience domestic violence. Between 2014 and 2018, alcohol or substance use contributed to 63% of maternal deaths in Alaska while mental health conditions contributed to 31%.



\* Yupik Translation Courtesy: Bristol Bay Elder, Mrs. Molly Chythlook

\*\*MCDR Committee indicated there was at least some chance to alter the outcome.

1) 4ps plus Screening Instrument, Depression and domestic violence; <https://www.ntiupstream.com/4psabout/>

"There is no power  
for change  
greater than  
a community  
discovering what  
it cares about."

-Margaret Wheatley



## MCDR committee recommendations to help prevent future maternal deaths:

- Promote and train all healthcare providers in [Implicit Bias Training](#), [Trauma Informed Care](#) and [Adverse childhood experiences \(ACEs\)](#)
- Support the goal for all obstetric care providers to have [Medication Assisted Treatment Waiver training](#)
- Promote and train [in cardiovascular conditions](#) including the development of a comprehensive interpregnancy care plan for individuals with heart disease and [patient education for signs/symptoms](#)
- Ensure all providers receive training in [Integrated Behavioral Health](#) utilizing [evidence-based models](#)
- Support the goal for all obstetric care locations to participate in the Alliance for Innovation on Maternal Health: the [current AIM addresses recognition and treatment of hypertension](#)
  - Follow CDC and ACOG perinatal and postnatal infection guidelines for [testing and screening of pregnant women](#)
  - Institute [integrated behavioral health](#), with a validated [universal prenatal screening tool](#)
  - Provide referral and a warm hand off to appropriate therapy or bridge clinic for patients positively screened for [mental health issues](#), [DV/IPV](#), or [illicit drug use](#)
  - Distribute Narcan kits with all opioid prescriptions and follow [CDC opioid prescription guidelines](#)
  - Offer all patients a referral for behavioral health counselling when prescribing an antidepressant

Improve Training

Improve policies regarding prevention initiatives including screening procedures and substance use prevention & treatment

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