

The committee has identified this emerging issue for from the first quarter of Maternal Mortality Reviews:

- Hypertensive disease continues to contribute to maternal death. **Providers should better adhere to standards of practice and patient education surrounding hypertension in pregnancy and preeclampsia throughout the prenatal and postpartum period.** The following article describes clinical considerations and recommendations for hypertension and preeclampsia: https://journals.lww.com/greenjournal/fulltext/2019/01000/ACOG_Practice_Bulletin_No_202_Gestational.49.aspx#:~:text=Among%20women%20with%20gestational%20hypertension,and%20maternal%20evaluation%20is%20recommended.
- Many maternal deaths involve failure to provide appropriate management of co-existing or high risk medication conditions. **Providers should deliver prompt assessments, followed by early intervention, to all high risk obstetrical patients.**
- Patient non-adherence often contributes to death. **Overcoming non-adherence** requires understanding the complex reason(s) for it, which often are discoverable only through non-judgmental, empathic inquiry, such as motivational interviewing. **Providers should practice motivational interviewing techniques such as open-ended questions, affirmations, reflective listening and summarizing.** <https://www.aafp.org/fpm/2011/0500/p21.html>
- Racial, socioeconomic, and gender-based healthcare inequities contribute to many maternal deaths. **System-wide implicit bias training should be incorporated to reduce discrimination within all health care levels, from schooling to within the clinic and hospital system.**
- Every maternal death must prompt the question, "Would autopsy help us understand why she died?" It is impossible to reduce maternal mortality without knowing precisely why and how mothers die. That sometimes requires a postmortem examination. **Providers should pursue autopsy whenever there is uncertainty regarding the cause of death.**
- Mothers affected by minority status, poverty, under-/un-insurance, incarceration, and lack of education are all at risk for healthcare inequities that contribute to maternal mortality. **Providers and systems should be mindful of healthcare inequities and provide significant coordinated care initiatives to deliver equitable care for women affected by socio-cultural inequalities.**
- Reoccurring themes of unsafe driving practices such as distracted driving **and lack of seatbelt use** are often seen in pregnancy-associated, but not related cases. **Department of Safety should increase social media messaging around safe driving practices.**