



**DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSES**



**Idaho MMRC
Annual Report 2023**



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Idaho Division of Occupational and Professional Licenses
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The Maternal Mortality Review Committee operates independently of any disciplinary actions or investigations conducted by the Board of Medicine. No disciplinary proceedings will be shared with or recommended to the Idaho Board of Medicine based on committee findings.

Executive Summary

Pregnancy-associated death (PAD): The death of a woman while pregnant or within one year of pregnancy, regardless of cause. This includes two categories:

- **Pregnancy-Associated but not Related Death:** Death due to a cause unrelated to pregnancy.
- **Pregnancy-Related Death (PRD):** Death due to pregnancy complications, events initiated by pregnancy, or aggravation of an existing condition by pregnancy

To provide the legislature with the most current data, the MMRC analyzed 2023 data first. 2022 and 2024 data will be assessed in 2025, and the respective reports will follow at a later time. The Idaho Maternal Mortality Review Committee (MMRC) reviewed thirteen (13) deaths and determined that eleven (11) met the criteria for Pregnancy-Associated Deaths for calendar year 2023. Of those five (5) were classified as Pregnancy-Related Deaths (PRD). This represents a 44.4% decrease in PRD and a 31.25% decrease in Pregnancy-Associated Deaths compared to 2021. Idaho’s calculated Pregnancy-Related Mortality Ratio is 22.6 maternal deaths per 100,000 live births. Notably, medical error and/or denial of care were not contributing factors in any of the reviewed cases.

Pregnancy-Relatedness	2019 (n =5)		2020 (n=11)		2021 (n=16)		2023 (n=11)	
Pregnancy-Associated Deaths (PAD)	5	100%	11	100%	16	100%	11	100%
Pregnancy-Related Deaths (PRD)	3	60%	9	82%	9	56%	5	45%
Pregnancy-Associated but not Related Deaths	2	40%	2	18%	7	44%	6	55%

Key Findings

- One (1) of the five (5) Pregnancy-Related Deaths occurred because the woman did not seek medical care during or after the pregnancy.
- Mental health conditions and hemorrhage were the most common causes of PRD, accounting for 40% each.
- 37.7% of maternal deaths since 2018 have occurred in women 43 days to 1-year postpartum.
- 64% of the 2023 maternal deaths were among women residing in urban areas, while 36% lived in rural counties.
- Unmarried women represent the highest risk group for maternal death, accounting for 47% of all recorded deaths from 2018 to 2023.

Recommendations

- Urge awareness among healthcare providers, especially those in rural areas, regarding the importance of screening for hemorrhage during pregnancy, particularly after a dilation and curettage (D&C) procedure.
- Increase education and awareness for emergency department providers regarding pregnancy and disseminated intravascular coagulation (DIC).
- Educate all newly pregnant women about medication safety during pregnancy and breastfeeding and encourage continuation of their prescribed medication until they can have a discussion with their provider.
- Enhance monitoring and support by healthcare providers and local communities for mothers during pregnancy and for up to one year after childbirth, particularly for women with a history of behavioral health concerns including:
 - Increase screening and monitoring for changes in their mental health.
 - Provide resources, including the Idaho and National Suicide Prevention Lifeline and other local organizations, to women showing signs of postpartum depression.
- The Idaho legislature has enacted laws increasing access to virtual care. Providers serving rural populations are encouraged to offer telehealth visits to patients who may not seek, or delay care due to distance, cost, or other barriers.
- Pregnant women should consult with a healthcare provider if they experience any new or unusual symptoms.

Conclusion

While Idaho has seen a decline in Pregnancy-Related Deaths in 2023, the MMRC report highlights the need for continued efforts to improve maternal health outcomes. The recommendations focus on increasing awareness, education, and access to health care, particularly for at-risk populations.

Preliminary data from Health and Welfare shows that there were fifteen (15) incidents of maternal mortality in 2022, and five (5) in 2024. This figure may change pending final review by Health and Welfare Vital Statistics and then the Idaho Maternal Mortality Review Committee.

- Idaho Maternal Mortality Review Committee

PREFACE

Statutory Authority: Idaho Code– §54-1806 (12)

- (a) Collect and review data and information concerning maternal mortality in the state of Idaho. The board shall have the power throughout the state of Idaho to require the production of all information relating to any incidence of maternal mortality.*
- (b) The board shall provide an annual summary report no later than January 31 each year to the legislature on the number of instances of maternal mortality and other information as determined by the board.*

Idaho Maternal Mortality Review Staff

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INTRODUCTION

DEFINITIONS

ICD-10 Codes: The International Classification of Diseases, Tenth Revision, is a standardized system for coding diseases and medical conditions (morbidity) data. It is also the system for coding causes of death on death certificates.¹

Maternal Death:

- As defined by Health and Human Service's Office of Disease Prevention and Health Promotion: The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.² This definition is used to calculate the MICH-04 Obstetric Caused Pregnancy-Related Ratio.
- As defined by the Idaho Maternal Mortality Review Committee (MMRC): The death of a woman from any cause during pregnancy or within 365 days following the end of the pregnancy.

Maternal Mortality Review Committee (MMRC): multidisciplinary group that convenes at the state or local level to comprehensively review deaths that occur during or within 1 year of the end of pregnancy.³ Each MMRC is designed to identify ways to improve behaviors, health and healthcare delivery before, during, and after pregnancy.

MICH-04 Pregnancy-Related Ratio: Used by the U.S. Department of Health and Human Services as a quantitative measure of the number of Pregnancy-Related obstetric caused deaths per 100,000 live births.² This counting methodology aligns with the international definition of maternal death.

- Numerator: number of female deaths due to obstetric causes (ICD-10 codes: A34, O00-O95, O98-O99) while pregnant or within 42 days of being pregnant.
- Denominator: Total number of live births per year in Idaho.

Pregnancy-Associated Death (PAD): The death of a woman from any cause, while pregnant or within one year of being pregnant, regardless of the duration and location of the pregnancy. This

¹ Centers for Disease Control and Prevention. (2024, June 07). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>

² Office of Disease Prevention and Health Promotion. (n.d.). *Reduce maternal deaths*. Healthy People 2030. Retrieved from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-maternal-deaths-mich-04>

³ Centers for Disease Control and Prevention. (2024, May 15). *Maternal mortality review committees (MMRCs)*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/maternal-mortality/php/mmrc/index.html>

represents the total number of maternal deaths within the state of Idaho and is subdivided into two categories:

Pregnancy-Associated but not related Death: The death of a woman due to a non-pregnancy related cause.

Pregnancy-Related Death (PRD): A Pregnancy-Associated Death resulting from one of the following:

- Complications of the pregnancy itself.
- A chain of events initiated by the pregnancy.
- Aggravation of an unrelated condition by the physiological effects of pregnancy.

Pregnancy-Related Mortality Ratio (PRMR): Used by most MMRCs to calculate the number of Pregnancy-Related Deaths (women that were pregnant or within 365 days of being pregnant) per 100,000 live births

- Numerator: number of Pregnancy-Related Deaths per year
- Denominator: Total number of live births per year in Idaho

Urban – Counties in which the largest city has more than 20,000 residents. Nine (9) of Idaho's forty-four (44) counties meet criteria to be classified as urban.⁴

FEDERAL GOAL

The U.S. Department of Health and Human Services, through its Healthy People 2030 Initiative (MICH-04), has set the goal of decreasing the number of female deaths due to obstetric causes while pregnant or within 42 days of being pregnant to 15.7 per 100,000 live births.

IDAHO GOAL

Prevent maternal deaths in the state of Idaho.

REVIEW PROCESS

Case Identification

The MMRC relies on the accurate submission and reporting of death certificates within the state. The Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics provides the MMRC staff with the names of the women that qualify for MMRC review for a given year. Maternal deaths are identified through:

- Linkage of the women's death certificate to a fetal birth certificate or death record that occurred within one year of the mother's death.
- Death certificate with the pregnancy status/history box checked.
- Confirmation of pregnancy status through available healthcare records.

⁴ Idaho Department of Health and Welfare. (n.d.). *Idaho County Population Distribution*. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=23351&dbid=0&repo=PUBLIC-DOCUMENTS>

Records Request

Staff seeks and acquires all pertinent medical (hospital, prenatal care, primary care, mental health, etc.) and non-medical (autopsy reports, obituaries, social media, news reports, etc.) records to determine what factors may have contributed to the woman's death.

Case Abstraction

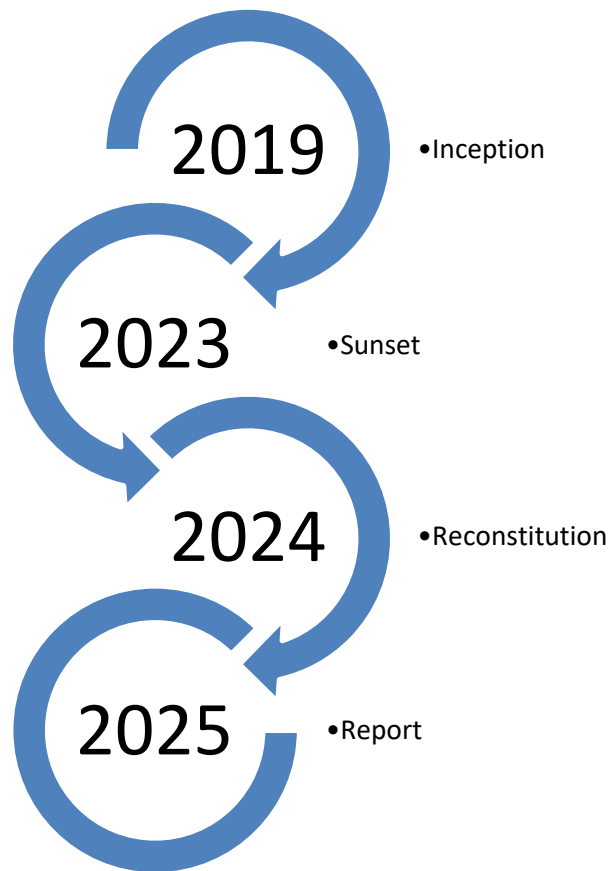
All medical and non-medical records received are reviewed for relevance, ordered chronologically, de-identified, and summarized for the committee to review.

Committee Review

Prior to each committee meeting, members are given adequate time to review materials and prepare for discussion. During a review meeting, each case is systematically discussed to (1) confirm that it falls within the purview of the MMRC and, if so, (2) to determine the following:

- Was the death pregnancy-related?
- What was the cause of death?
- Was the death preventable?
- What factors contributed to the death?
- What recommendations, if any, should be provided to prevent future types of deaths from occurring?

BACKGROUND INFORMATION



- In 2019, HB 109 established the first MMRC within the state of Idaho that would sunset on July 1, 2023, if not renewed. It granted Health and Welfare statutory authority to constitute a committee and ascertain records relating to maternal deaths within the state.⁵
- Attempts to remove the sunset clause from Idaho Code Title 39 Chapter 96 were unsuccessful. The Idaho MMRC sunset on July 1, 2023.
- Two separate bills were proposed during the 2024 legislative session to re-establish the Idaho MMRC HB 399⁶ and HB 423⁷. HB 399 was ultimately signed into law, moving the MMRC from the Department of Health and Welfare to the Idaho Board of Medicine.
- January 31, 2025, marks the first report that the reconstituted MMRC will furnish for the Idaho Legislature.⁸

⁵ Idaho State Legislature. (2019). *House Bill 109*. [House Bill 109](#)

⁶ Idaho State Legislature. (2024). *H0399 - maternal mortality*. [House Bill 399](#)

⁷ Idaho State Legislature. (2024). *H0423 - Maternal mortality review committee*. [House Bill 423](#)

⁸ To provide the legislature with the most current data, the MMRC analyzed 2023 data first. 2022 and 2024 data will be assessed in 2025, and the respective reports will follow at a later time.

2023 FINDINGS

In 2023, thirteen (13) deaths were identified for review by Health and Welfare Vital Records and Health Statistics. The MMRC reviewed all thirteen (13) cases and determined that two (2) did not meet the Pregnancy-Associated inclusion criteria with the pregnancy status/history being marked in error. Of the eleven (11) confirmed Pregnancy-Associated Deaths (PAD), five (5) were determined to be pregnancy-related. Of the remaining six (6), three (3) were motor vehicle accidents (MVAs), one (1) was from natural causes, one (1) was from suicide, and one (1) was from a homicide. Data from the homicide may be revisited at a later date if more records become available following the completion of the criminal prosecution. Two (2) of the three (3) MVAs were not wearing a seatbelt at the time of the accident. While data for calendar year 2022 has yet to be analyzed, this marks a more than forty-four percent (44.4%) decline in the number of Pregnancy-Related Deaths and a more than thirty-one percent (31.25%) decline in Pregnancy-Associated Deaths compared to 2021. The MMRC further determined that medical error and/or denial of care were not contributing factors in the maternal deaths reviewed for 2023.

Health & Welfare Vital Statistics Classification⁹

Total Deaths	13
Suicides	3
Natural Causes	6
Motor Vehicle Accident (MVA)	3
Homicides	1

Pregnancy-Relatedness	2019 (n =5)		2020 (n=11)		2021 (n=16)		2023 (n=11)	
Pregnancy-Associated Deaths (PAD)	5	100%	11	100%	16	100%	11	100%
Pregnancy-Related Deaths (PRD)	3	60%	9	82%	9	56%	5	45%
Pregnancy-Associated but not Related Deaths	2	40%	2	18%	7	44%	6	55%

The distinction between Pregnancy-Related and Pregnancy-Associated deaths highlights the potential for future prevention. Pregnancy-Related deaths (PRDs) are generally more preventable than Pregnancy-Associated but not related deaths. The outcomes of the majority of the 2023 Pregnancy-Related Deaths may have been altered if additional healthcare interventions were sought.

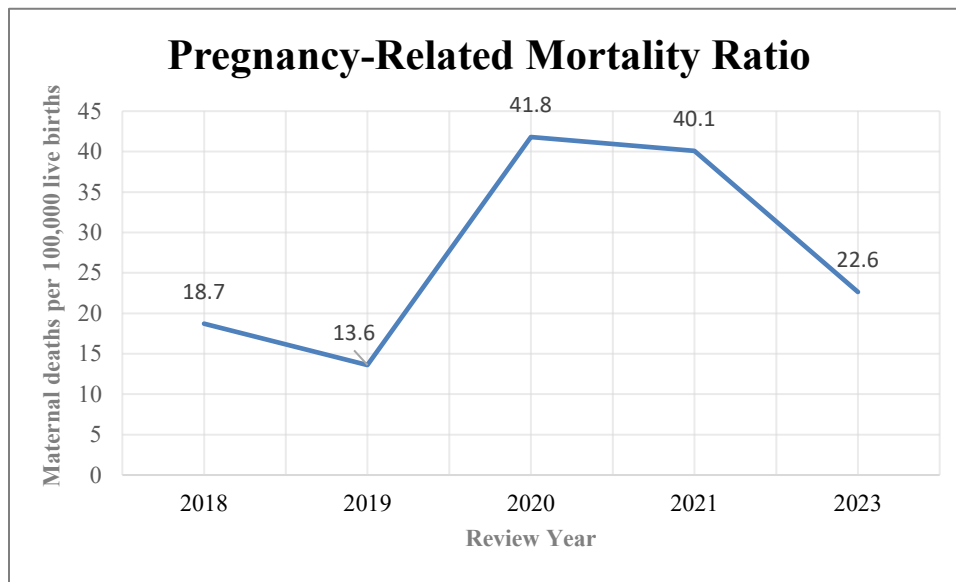
⁹ The MMRC does not use this classification system to make case determinations.

Pregnancy-Related:

One (1) of the five (5) pregnancy related deaths occurred due to the woman not seeking medical care during or after the pregnancy. Communities exist in Idaho that do not utilize modern medicine and are at higher risk of adverse pregnancy outcomes if complications arise.

Pregnancy-Associated but not Related:

Two (2) of the six (6) Pregnancy-Associated Deaths had illicit substances in their system at time of death as confirmed by positive autopsy reports. One (1) of these had an extensive history of substance use disorder that may have been compounded by cycling in and out of incarceration during the pregnancy.



$$PRMR = \frac{5 \text{ PRD}}{22,089 \text{ births}} \times 100,000$$

In 2023 there were 22,089 live births within the state. The Pregnancy-Related Mortality Ratio (PRMR) indicates the likelihood of a pregnant women dying while pregnant or up to 365 days post-partum. Each death that is determined to be Pregnancy-Related shifts the Idaho PRMR by a magnitude of 4.5 deaths per 100,000 births. Accuracy of the PRMR is dependent on the consistent analysis and categorization of Pregnancy-Related Deaths.

Pregnancy-Related Mortality Ratio

Idaho vs. U.S.	2018	2019	2020	2021	2023
Idaho PRMR	18.7	13.6	41.8	40.1	22.6
United States ¹⁰	17.3	17.6	24.9	33.2	

The above table compares Idaho’s PRMR with the U.S. PRMR provided by the CDC Pregnancy Mortality Surveillance System (PMSS). Direct comparison is difficult to make between the Idaho and U.S. PRMR given the relatively small sample size that encompasses the Idaho PRMR. Additionally, the U.S. PMSS excludes certain types of maternal deaths such as suicide, homicide, overdose, etc.¹¹ Even one Pregnancy-Related Death in Idaho has the potential to shift the PRMR above the national average. The CDC has not yet released data for years after 2021. Additional U.S. maternal mortality statistics can be accessed through the Centers for Disease Control and Prevention website.

MICH-04 Pregnancy-Related Mortality Ratio

Idaho vs. U.S.	2019	2020	2021	2022	2023
Idaho					13.6
United States ¹²	20.1	23.8	32.9	22.3	

$$\text{PRMR} = \frac{3 \text{ MICH-04 PRD}}{22,089 \text{ births}} \times 100,000$$

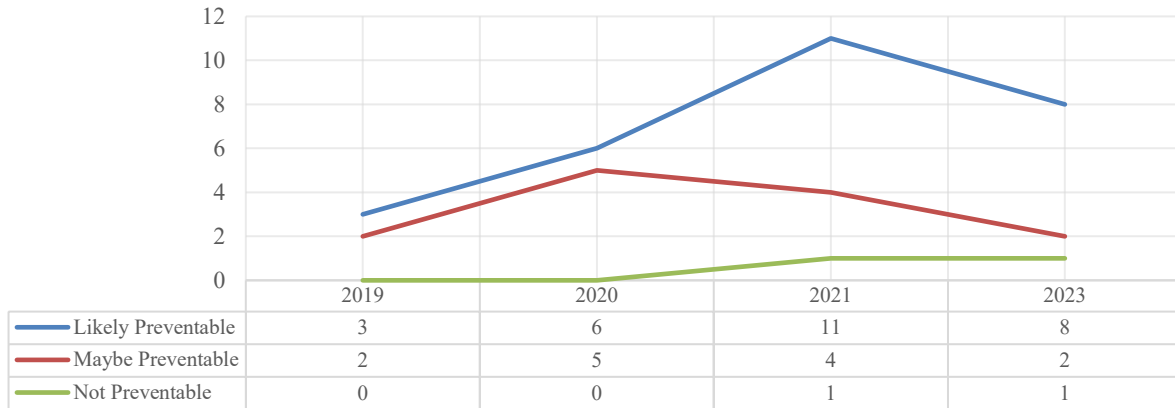
The MICH-04 Healthy People 2030 Initiative methodology and measurement uses the same definitions as the international community and is used to compare maternal deaths between different nation-states.⁹ Maternal deaths included in this ratio are limited to only deaths attributed to select medical diagnostic codes (ICD-10 codes: A34, O00-O95, O98-O99 which excludes suicides). As of 2023, Idaho had 2.1 less maternal deaths per 100,000 live births than the stated Healthy People 2030 Initiative goal of 15.7 deaths per 100,000 live births.

¹⁰ Centers for Disease Control and Prevention. (2024, November 14). *Pregnancy Mortality Surveillance System*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/index.html>

¹¹ Centers for Disease Control and Prevention. (2024, November 14). *Pregnancy Mortality Surveillance System: Frequently Asked Questions*. Centers for Disease Control and Prevention. <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/pmss-faqs.html>

¹² Office of Disease Prevention and Health Promotion. (n.d.). *Reduce maternal deaths — MICH-04 - Healthy People 2030*. Healthy People 2030. Retrieved from <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-maternal-deaths-mich-04>

Maternal Mortality Preventability by Year



Of the 45 cases the MMRC has reviewed since 2019, 95% have been determined to have some level of preventability. Only one (1) case reviewed in 2023 was determined to not be preventable. A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, community, provider, facility, and/or systems factors.¹³ For example all three (3) suicides and the homicide were determined to have some level of preventability.

Pregnancy-Associated Deaths by Pregnancy Checkbox Status



The above graph reflects the timing of death as recorded on the death certificate. During 2023, the greatest number of deaths (45.5%) occurred not in pregnant women, but in women who were sometime between 43 days and 1-year post-partum. Since 2018, 37.7% of maternal deaths have fallen within this category, but that may be influenced by higher-than-normal rates in 2021 and 2023.

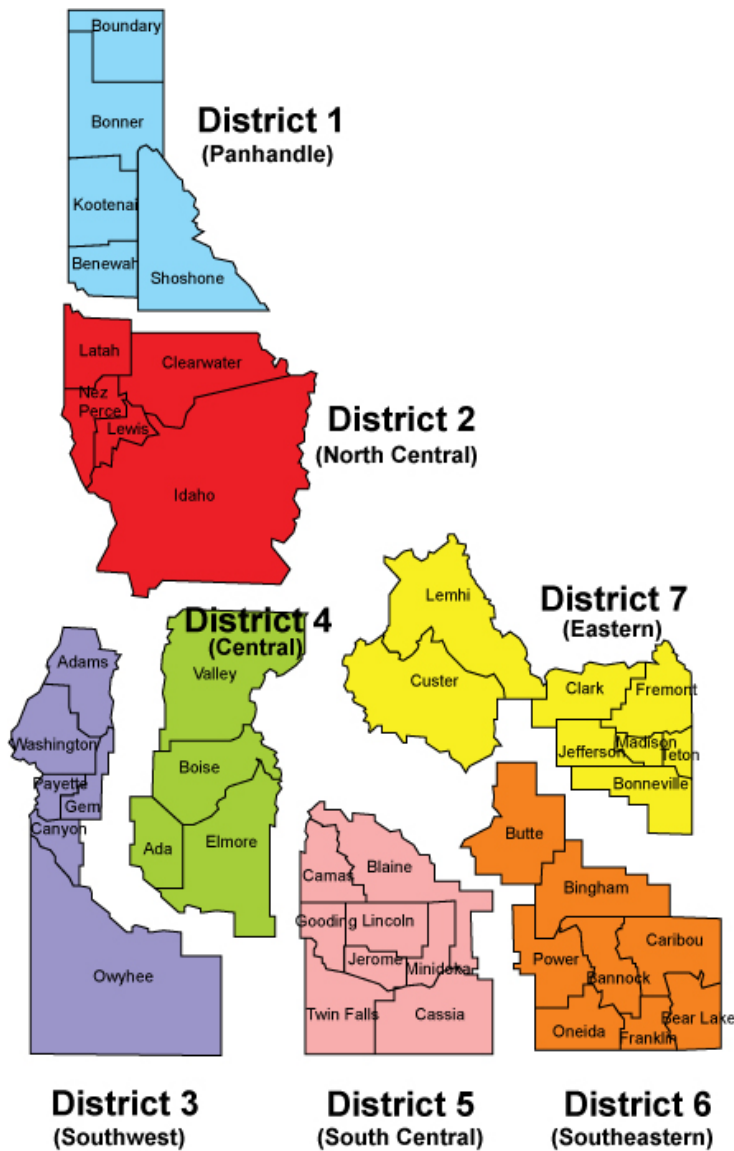
¹³ Centers for Disease Control and Prevention. (2024, May 28). *Maternal Mortality Review Committees (MMRCs) Data, 2017-2019*. Centers for Disease Control and Prevention. <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>

Pregnancy-Associated Deaths by Health Insurance Status 2023

Status	Deaths	Percentage of Deaths
Insured	9	82%
Uninsured	2	18%

Nine (9) of the eleven (11) Pregnancy-Associated Deaths were insured at the time of death.

- Eight (8) of the eleven (11) were eligible for Medicaid with seven (7) actively enrolled in Idaho Medicaid.
- Two (2) of the eleven (11) were privately insured.
- Records showed that two (2) of the eleven (11) were uninsured at the time of death.

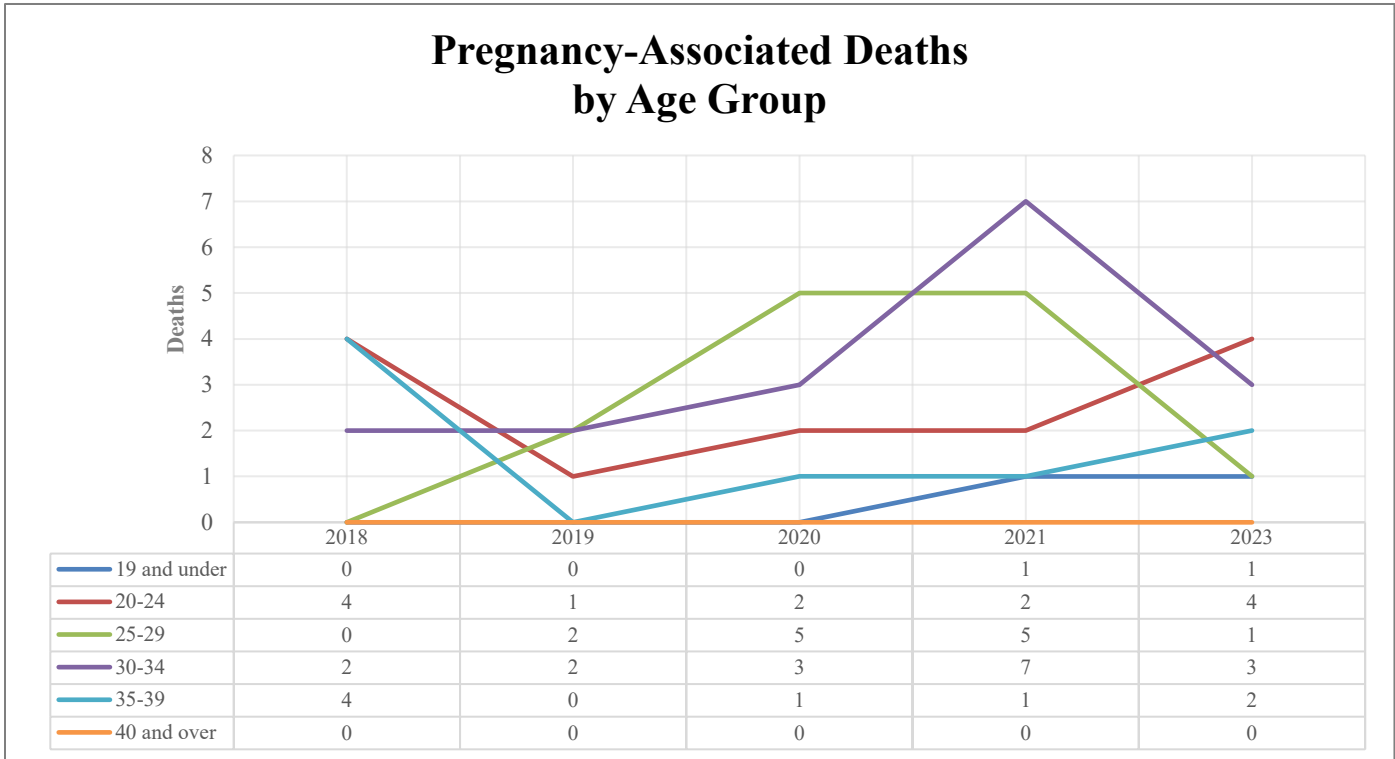


To better protect the identities of the deceased, the table below uses Health Districts as the smallest geographical unit to represent where each woman resided prior to her death.

Of the 2023 maternal deaths in Idaho, 64% of the women lived in an urban county, while 36% lived in a rural county.

Pregnant and post-partum women can utilize telehealth services throughout the state of Idaho.

	2018 (n =10)		2019 (n= 5)		2020 (n=11)		2021 (n=16)		2023 (n=11)	
Health District	# of Deaths	% of Deaths	# of Deaths	% of Deaths	# of Deaths	% of Deaths	# of Deaths	% of Deaths	# of Deaths	% of Deaths
Health District 1	2	20%	0	0%	1	9%	1	6%	4	36%
Health District 2	0	0%	2	40%	0	0%	0	0%	0	0%
Health District 3	3	30%	0	0%	4	36%	4	25%	3	27%
Health District 4	0	0%	0	0%	0	0%	7	44%	1	9%
Health District 5	1	10%	2	40%	3	27%	1	6%	1	9%
Health District 6	0	0%	1	20%	3	27%	1	6%	0	0%
Health District 7	4	40%	0	0%	0	0%	2	13%	2	18%



The age group that experienced the highest number of maternal deaths were those aged 20-24. Women aged 40 and over experienced no recorded maternal deaths during 2018-2021 and 2023.

Pregnancy-Associated Deaths by Demographics					
Demographics	2018	2019	2020	2021	2023
Race/Ethnicity	# of Deaths	# of Deaths	# of Deaths	# of Deaths	# of Deaths
Hispanic	2	0	1	3	3
Non-Hispanic White	4	4	10	11	5
Non-Hispanic Black	0	0	0	1	0
American Indian/Alaska Native	1	1	0	0	2
Asian	0	0	0	0	1
Pacific Islander	1	0	0	1	0
Bi-racial	2	0	0	0	0

Hispanic and Non-Hispanic Whites account for 81% of all maternal deaths in the state of Idaho during 2018-2021 and 2023 while accounting for 94.1% of the total population.¹⁴

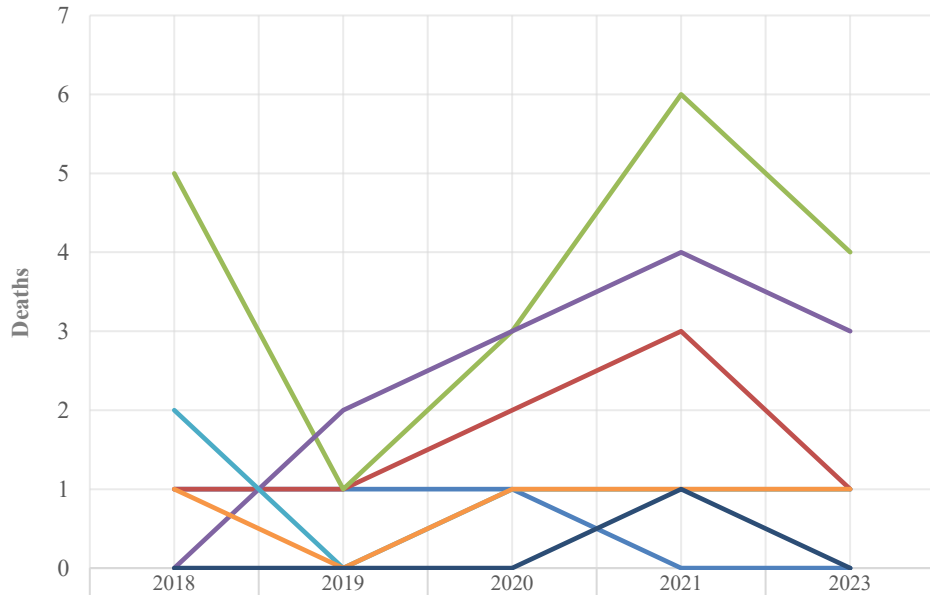
- Non-Hispanic Whites account for 46% of Pregnancy-Associated Deaths in 2023, while accounting for 80.3% of the population.
- Hispanic Whites account for 27 % of Pregnancy-Associated Deaths in 2023, while accounting for 13.8% of the population.
- American Indians/Alaskan Natives account for 18% of Pregnancy-Associated Deaths in 2023, while accounting for 1.7% of the population.
- Asians account for 9% of Pregnancy-Associated Deaths in 2023, while accounting for 1.7% of the population.

The committee found no direct evidence in any of the records received that the 2023 Pregnancy-Associated Deaths were attributable to any form of discrimination.

¹⁴ United States Census Bureau. (2024, July 1).

QuickFacts: Idaho. <https://www.census.gov/quickfacts/fact/table/ID/PST045224>

Pregnancy-Associated Deaths by Level of Educational Attainment

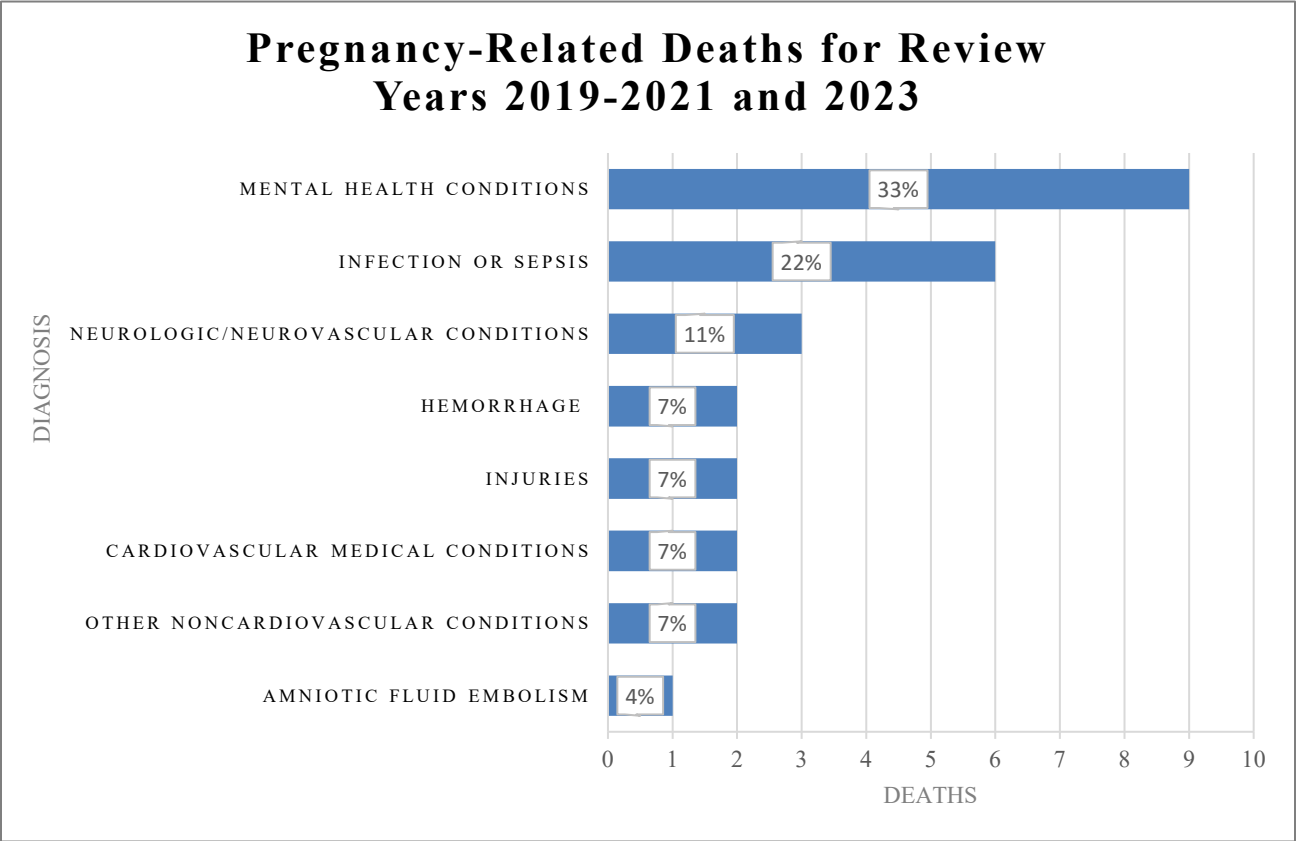


8th Grade or Less	1	1	1	0	0
9th-12th Grade, No Diploma	1	1	2	3	1
High School Grad or GED	5	1	3	6	4
Some College; No degree	0	2	3	4	3
Associate's Degree	2	0	1	1	1
Bachelor's Degree	1	0	1	1	1
Advanced Degree (Masters or Doctorate)	0	0	0	1	0

Current trends suggest that increased educational attainment decreases the likelihood of dying while pregnant or within a year post-partum. In 2023, High School Graduates/GED or those that attended Some College, but didn't receive a degree accounted for 64% of all PAD deaths.

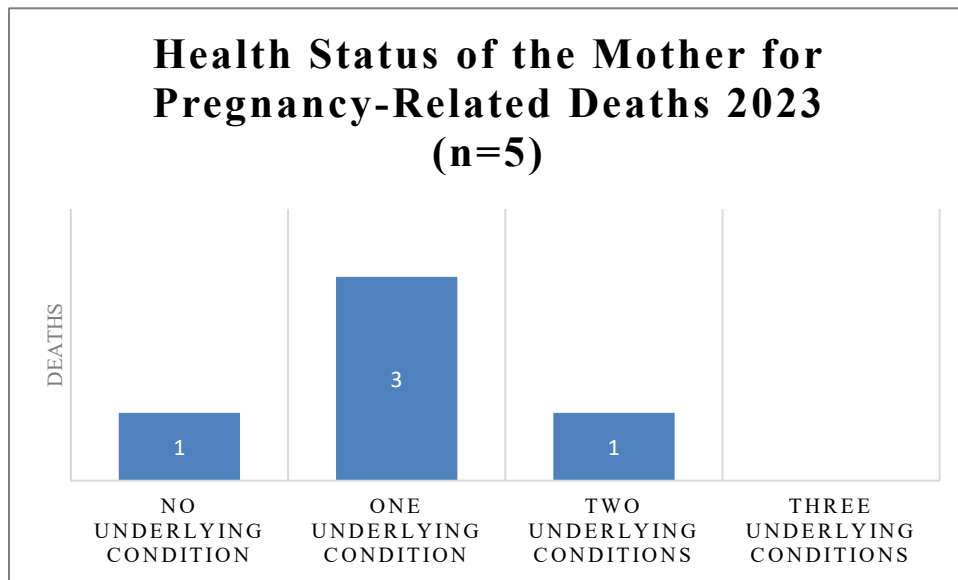
Pregnancy-Associated Deaths by Marital Status					
	2018	2019	2020	2021	2023
Marital Status	# of Deaths	# of Deaths	# of Deaths	# of Deaths	# of Deaths
Married	5	0	5	5	4
Married, but Separated	0	0	0	0	0
Widowed	0	0	0	0	1
Divorced	0	1	2	4	1
Never Married	5	4	4	7	5

Since the inception of the MMRC in 2018, the highest accumulated risk group for maternal death has been unmarried women, which accounts for 47% of all recorded deaths for review years 2018-2021 and 2023.



2023 Pregnancy-Related Cause of Death (n=5)		
Hemorrhage	2	40%
Infection or Sepsis	1	20%
Mental Health Conditions	2	40%

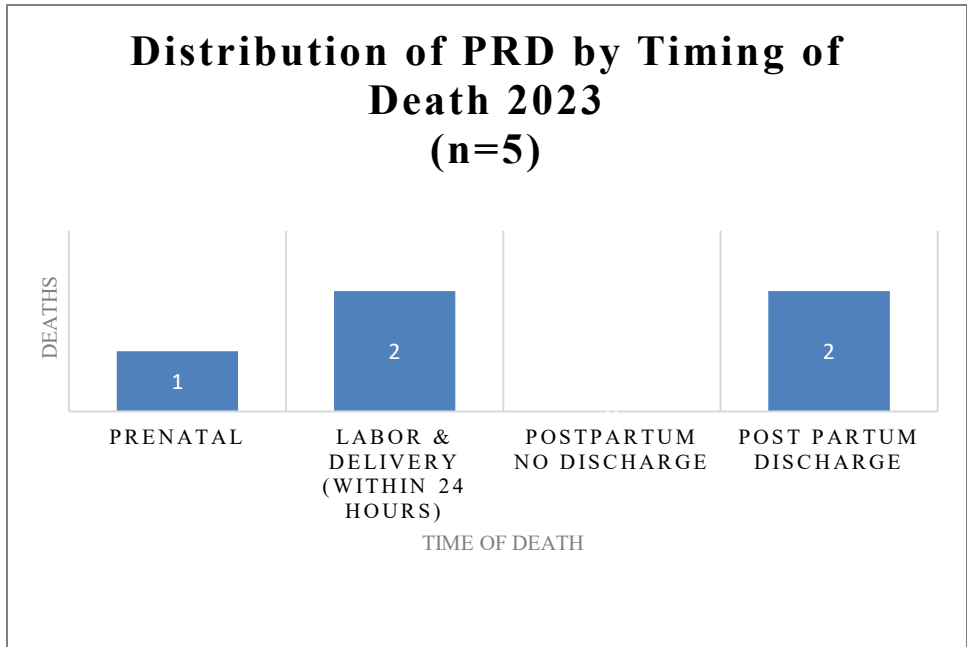
- According to the CDC, Infection or Sepsis has been the leading cause of pregnancy related deaths in the United States for 2020 and 2021.
- Mental Health Conditions continue to be the leading cause of PRM in the state of Idaho with Infection or Sepsis being the second leading cause of maternal death since 2018.¹⁵
- One (1) of the two (2) deaths related to mental health conditions may have been worsened by a late-stage transfer of care during the pregnancy when the woman moved to Idaho.



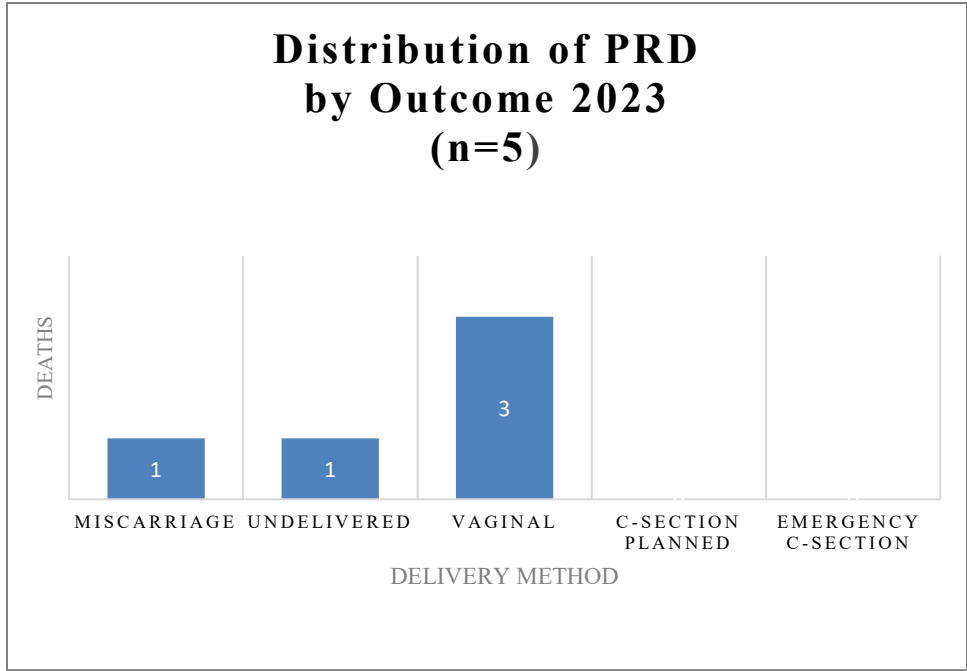
Idaho’s 2023 Pregnancy-Related Death (PRD) findings highlight that women with pre-existing health conditions have a higher risk of dying during pregnancy and for a year after childbirth. To improve maternal health outcomes, patients, providers, and healthcare systems must actively work together to address and manage these conditions.

- Three (3) of the five (5) Pregnancy-Related Deaths had a mental health condition as a pre-existing condition.
- Four (4) of the five (5) Pregnancy-Related Deaths had at least one pre-existing condition prior to the pregnancy.

¹⁵ It is important to note that some states exclude suicide from being categorized as a Pregnancy-Related Death.



Two (2) of the five (5) Pregnancy-Related Deaths occurred in an in-patient facility.



Of the five (5) Pregnancy-Related Deaths, three (3) were delivered vaginally, one (1) miscarried, and one (1) fetus was undelivered and died in utero due to the suicide of the mother. Of the three (3) vaginal deliveries resulting in maternal deaths, one (1) involved an individual that did not seek nor utilize any medical services before, during the pregnancy or after childbirth.

ACCESS & RESOURCES

Federal

The Centers for Medicare and Medicaid Services (CMS) tracks Birthing-Friendly Hospitals and Health Systems. To earn this designation, hospitals and health systems report their progress on the CMS's Maternal Morbidity Structural Measure to the Hospital Inpatient Quality Reporting (IQR) Program. The measure identifies whether a hospital or health system has:

- Participated in a statewide or national perinatal quality improvement collaborative program; and,
- Implemented evidence-based quality interventions in hospital settings to improve maternal health.

Idaho currently has 15 hospitals that have received this designation.¹⁶

Idaho Resources

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. The Idaho Crisis and Suicide Hotline is available to call or text 24 hours a day, 7 days a week. Individuals may call or text 9-8-8 or visit the website online at <https://idahocrisis.org/>.¹⁷

Idaho Health and Welfare compiles a directory of names, addresses, and telephone numbers of public and private agencies that provide services and financial aid for pregnancy and child health services.¹⁸

Idaho Health and Welfare compiles a list of resources for individuals struggling with substance use disorder, including that for pregnant and post-partum women.¹⁹

¹⁶ Centers for Medicare & Medicaid Services. (n.d.). *Birthing-friendly hospitals and health systems*. CMS.gov. Retrieved from <https://data.cms.gov/provider-data/birthing-friendly-hospitals-and-health-systems>

¹⁷ Idaho Crisis & Suicide Hotline. (n.d.). *Idaho Crisis & Suicide Hotline*. <https://idahocrisis.org/>

¹⁸ Idaho Department of Health and Welfare. (2022, March). *Pregnancy Directory*. [Directory](#)

¹⁹ Idaho Department of Health and Welfare. (2022, May 6). *Resources*. [Behavioral Health](#)

RECOMMENDATIONS

Legislature

- Consider investigating the current access landscape for pregnant and postpartum women, including those incarcerated, for evidence-based treatments, including pharmacologic agents, for substance use disorder.

Healthcare System

- The Idaho legislature has enacted laws increasing access to virtual care. Providers serving rural populations are encouraged to offer telehealth visits to patients who may not seek, or may delay care, due to distance, cost, or other barriers.
- Encourage insurance providers to reimburse for virtual postpartum telehealth visits.
- Encourage all insurers to cover case management during pregnancy and post-partum.
- Consider providing community liaison outreach to communities that avoid medical care due to religious or cultural beliefs.
- Increase awareness of substance use disorder treatment for pregnant and post-partum women.
- Ensure adequate patient education and awareness of signs and symptoms of post-partum complications such as sepsis, pre-eclampsia, and hemorrhage.
- Educate pediatricians on the importance of screening mothers for post-partum depression during infant wellness visits and referring them to mental health specialists as appropriate.
- Healthcare providers should familiarize themselves with available mental health resources for pregnant and post-partum women.
- Urge awareness among healthcare providers, especially those in rural areas, regarding the importance of screening for hemorrhage during pregnancy, particularly after a dilation and curettage (D&C) procedure.
- Increase education and awareness for emergency department providers regarding pregnancy and disseminated intravascular coagulation (DIC).
- Midwives and other midlevel providers should frequently screen for abnormalities in pregnancy and make referrals when detected.

Communities

- All pregnant women should wear a seatbelt when in a motor vehicle.
- Pregnant women should consult with a healthcare provider if they experience any new or unusual symptoms.

- Enhance monitoring and support by healthcare providers and local communities for mothers during pregnancy and for up to one year after childbirth, particularly for women with a history of behavioral health concerns including:
 - Increase screening and monitoring for changes in their mental health.
 - Provide resources, including the Idaho and National Suicide Prevention Lifeline and other local organizations, to women showing signs of postpartum depression.

Joint Recommendations

- All women should receive early post-partum care:
 - If complicated (hypertensive, etc.) within three (3) to five (5) days of discharge
 - If uncomplicated within fourteen (14) days of discharge
- Educate all newly pregnant women about medication safety during pregnancy and breastfeeding and encourage continuation of their prescribed medication until they can have a discussion with their provider.
- Ensure that pregnant women establish care with new providers before moving out of state.