

Summary of findings by the Maternal Mortality Review Committee



FINDINGS:

Five women in Idaho died while pregnant or within one year of pregnancy.

All five of the deaths could have been prevented.

Three of the five deaths were classified as pregnancy-related deaths (deaths either directly caused or exacerbated by the pregnancy).

In three of the five deaths, substance use disorder was a contributing factor.

The 2019 pregnancy-related mortality ratio (PRMR) in Idaho was 13.6 pregnancy-related deaths per 100,000 live births. In the United States, the most recent PRMR (2017) was 17.3 deaths per 100,000 live births.

KEY RECOMMENDATIONS:

- Providers should utilize the Maternal, Infant, and Early Childhood Home Visiting Program for pregnant and postpartum women when applicable.
- Providers should follow up with women after a pregnancy loss, especially in women with known mental health or mood disorders.
- Facilities should screen for substance use disorders when a patient seeks reproductive care and provide a referral when substance use is identified, preferably a warm handoff or call to the facility to schedule the first appointment while the patient is present.
- Facilities should institute communication channels between providers, especially if potential high-risk scenarios have been identified in the prenatal, labor and delivery, and postpartum periods. This includes communication with outside facilities or providers.
- State funds should be allocated to the Division of Public Health to develop a statewide Perinatal Quality Collaborative.
- Idaho Medicaid should expand coverage for pregnant women to 12 months postpartum, regardless of pregnancy outcome.