

2021

MATERNAL DEATHS IN IDAHO

A report of findings by the Maternal Mortality Review Committee



Key Findings

- Seventeen women died in Idaho while pregnant or within one year of pregnancy. Sixteen of these deaths were reviewed by the MMRC, see page 14 in the full report for more information.
- Fifteen deaths were determined to be preventable.
- Nine of the deaths were determined to be pregnancy-related.
- The most common contributing factor in these women's deaths was lack of knowledge regarding importance of event. The provider or patient did not receive adequate education or lacked knowledge or understanding regarding the significance of a health event or the need for treatment/follow-up after evaluation for a health event. The second most common contributing factor was lack of access/financial resources. The third most common was mental health conditions.
- The most common underlying cause of death was mental health conditions, which includes deaths related to suicide, substance use disorder, overdose/poisoning, and unintentional injuries determined by the MMRC to be related to a mental health condition. This was followed by infection and amniotic fluid embolism.
- Idaho's 2021 MMRC Pregnancy-Related Mortality Ratio (PRMR) was 40.1 pregnancy-related deaths per 100,000 live births. The MMRC PRMR was 41.8 in 2020, 13.6 in 2019, and 18.7 in 2018.

Key Recommendations

- Idaho Medicaid should expand coverage for pregnant women to 12 months postpartum, regardless of pregnancy outcome.
- Facilities should implement screening for adverse childhood experiences as part of routine patient care and have appropriate follow-up options in place such as treatment, referral, or emotional support.
- Facilities, systems, and communities should increase access, education, and funding for mental health resources across the state, including access to mental health care providers for patients both in-person and by telehealth.

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Key Recommendations Continued

- Idaho Medicaid, and other insurers, should consider case management for pregnant and postpartum women with substance use disorder and/or mental health conditions.
- Providers should educate patients and their families on the importance of a safety plan and the removal of means of suicide, including gun locks and safe storage, for pregnant or postpartum patients having suicidal thoughts, who have a history of suicide attempts, or other mental health conditions.
- Facilities should educate providers who may lack training on the risk factors, symptoms, and signs of cardiovascular disease and arrhythmias for all women but especially those who are planning to become pregnant, currently pregnant, or postpartum. Providers should be prepared to identify and treat common types of arrhythmias and refer patients to cardiology for specialized care.
- Providers, facilities, and systems should continue to educate the public that CDC recommends COVID-19 vaccines for everyone aged 6 months and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or those who might become pregnant in the future. This recommendation includes getting boosters per CDC guidance.