

The committee has identified these emerging issues for providers, healthcare facilities, and organizations from the third quarter of Maternal Mortality Reviews

Providers should counsel women with a history of pre-eclampsia on the long-term cardiovascular effects across their lifespans.

Facilities should incorporate the use of the AIM bundles and other educational materials to providers annually to ensure early recognition and treatment of signs and symptoms of cardiovascular disease.

TDH should fund evidence based home visiting referrals in every county for women during pregnancy and the postpartum period.

State agencies should be encouraged to request increased funding for ongoing public outreach and educational efforts related to fentanyl use across the lifespan of childbearing individuals.

State agencies should be encouraged to request funding to facilities for the provision of universal Naloxone for women to receive during prenatal appointments and postpartum prior to discharge.

State agencies should increase funding for educational outreach to the community to spread ongoing awareness that cardiac disease (e.g., cardiomyopathy, preeclampsia, and eclampsia) is the number one killer in pregnancy-related deaths.

Providers should refer all patients to receive corresponding mental health therapy when patients have a significant trauma history and are prescribed medication assisted treatment (MAT) and other psychiatric medications.