2025 Maternal Committee Recommendations

Alaska Maternal Child Death Review (MCDR)

The following recommendations were developed by the MCDR Maternal committee from reviews of pregnancy-associated deaths that occurred in 2021–2024. This document only includes those recommendations from deaths that the committee determined were pregnancy-related[1]. See all recommendations and more information about MCDR committees, data, and program updates in the 2025 Surveillance Update on the MCDR website.

All recommendations are the determinations of the Maternal Committee and do not necessarily represent the views of the State of Alaska Department of Health.

- Hospitals should provide regular training in obstetric emergency events to non-OB providers, even in facilities that infrequently treat cases with severe maternal morbidity.
- When an unexpected maternal death occurs in a hospital and the State Medical Examiner's Office (SMEO) does not assume jurisdiction, the hospital should conduct an autopsy.
- Providers and health systems should expand outreach on perinatal education with families and communities to increase knowledge and trust in perinatal care providers and interventions.
- Providers, including non-obstetricians, should receive education on treating vasoconstriction syndrome in pregnancy.
- Cardiac centers and providers should prioritize patients who are pregnant.
- Healthcare facilities should support education for perinatal care providers on up-to-date resources for patients concerning intimate partner violence, maternal housing, and substance use.
- Substance use treatment, including medication treatment options such as Naltrexone, should be offered by perinatal care providers to patients experiencing alcohol use disorder.
- Healthcare systems should prioritize keeping mothers and infants together by coordinating transfers whenever either requires a higher level of care. Policies or protocols should include not discharging one member of the couplet early solely because the other requires transfer or for other social reasons.
- All patients, regardless of their perceived medical knowledge, should be provided with the same level of care and education.

[1] *Pregnancy-related*: A death during or within year of the end of pregnancy from a pregnancy complication, a chain of events initiated by the pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy.

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