

Editor-in-chief's message



Dear Colleagues,

In July 2019, the NPWH Board of Directors approved a position statement entitled Eliminating Preventable Maternal Deaths. Readers can find the position statement in this issue of the journal. Within this position statement, NPWH makes a commitment to provide members with continuing education (CE) programs and evidence-based resources regarding causes, contributing factors, and strategies to eliminate preventable pregnancy-related deaths.

This year's 22nd Annual NPWH *Premier Women's Healthcare* Conference provides numerous sessions in various formats that inform NPs about how we can lead in the elimination of preventable pregnancy-related deaths. The preconference day includes a 4-hour panel format presentation, Maternal Mortality: Beyond the Hospital Walls, that focuses on quality improvement (QI) efforts and how to implement relevant Alliance for Innovation on Maternal Health safety bundles in clinical settings. A breakout session, The Heart of the Matter: What Every Obstetrical Provider Must Know About Pregnancy-Related Hypertensive Disorders and Peripartum Cardiomyopathy in 2020, provides important information on these two leading causes of preventable pregnancy-related death. To address growing evidence that mental health disorders and substance abuse are major contributors to maternal mortality—most apparent in the first year postpartum—the conference includes a breakout session, Maternal Mental Health: A Comprehensive Pathway, and a 4-hour American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorders Course. The ASAM course, combined with 4 hours of online content, meets the required education to obtain a waiver to prescribe medication-assisted treatment for opioid use disorder. I strongly recommend attending at least one of these sessions.

The journal itself is an excellent avenue for CE and for sharing of evidence-based resources. To that purpose, I am putting out a special call for submission of journal manuscripts on topics related to:

- risk factors that can be identified prior to a pregnancy and mitigated by care individualized to each woman's needs (See Box 3 of the position statement);
- leading causes of maternal mortality during the preg-

nancy-through-postpartum continuum (See Box 1 of the position statement);

- strategies for action to address contributing factors for pregnancy-related deaths at community, health facility, patient/family, and/or provider levels (See the Table in the position statement);
- racial/ethnic disparities in maternal mortality; and
- addressing implicit bias at provider, health facility, and health system levels.

If you wish to respond to this call for manuscripts, you can access our Guidelines for Authors [here](#)^A. If you wish to discuss a potential manuscript topic, please contact me at bkelsey@npwomenshealthcare.com.

Nurse practitioners who provide healthcare for women before, during, and in between pregnancies must heed the call to lead or be part of the collaborative effort needed to make a difference. As you read the position statement, I hope you take to heart and implement at least some of the recommendations. I hope that you get involved in planning and implementing evidence-based maternal mortality prevention strategies not just at provider and patient levels but also at community and health facility levels. You can lead and/or participate in research and QI projects addressing preventable maternal mortality. You can educate your state and federal legislators so they understand and embrace the imperatives to reduce racial and ethnic disparities in pregnancy-related mortality and to ensure access to quality care for all reproductive-aged women.

In a country as rich in resources as the United States, the maternal mortality rate should not be higher than that in other countries with similar resources. But it is. If three in five pregnancy-related deaths in the U.S. are preventable, then they should be prevented.¹ Please join with NPWH in our commitment to make a difference.

Beth Kelsey, EdD, APRN, WHNP-BC, FAANP

Reference

1. Petersen EE, Davis NL, Goodman D, et al. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 States, 2013-2017. *MMWR*. 2019;68(18):423-429. cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm

Web resource

- A. npwomenshealthcare.com/wp-content/uploads/2019/04/WH-Guidelines-for-Authors-04-8-19.pdf