

Travel During Pregnancy

To the Editor:

The study you published on travel during pregnancy is very interesting. In this study, Antony et al found that both local and international travel during pregnancy was not uncommon and that some patients reported visiting Zika virus outbreak areas, but there was no data on the abnormal ultrasonography and pregnancy outcomes.¹

We would like to share ideas and observations on this finding. In our setting, tropical Indochina, the ultrasonography is also widely used in obstetrics. The Zika virus is endemic and the risk of exposure to Zika virus infection can be expected regardless of travel to other destinations. Of interest, there is still no observation on the increased rate of ultrasonography use, and there is also no report on the increasing incidence of abnormal ultrasound finding.² Almost all cases of women infected with Zika virus are asymptomatic.³

—Beuy Joob, Viroj Wiwanitkit

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Severe Maternal Morbidity During Pregnancy

To the Editor:

I would like to commend the authors of the recent article "Severe Maternal Morbidity During Pregnancy"¹ for publishing the first study of its type to document severe maternal morbidity in Wisconsin. I would also like to humbly thank the authors for recognizing my contributions to their manuscript. Having helped restart the maternal mortality review process in Wisconsin in the late 1990s and then having chaired the review pro-

cess in Wisconsin for the past 18 years I also have tried on multiple occasions to promote critical review of maternal morbidity cases in Wisconsin hospitals without significant success.

I participated in the initial attempt by the American Congress of Obstetricians and Gynecologists (ACOG)² to promote the idea of maternal morbidity reviews on a nationwide basis. ACOG, through the Alliance for Innovation on Maternal Health, has taken this work a step further, and now has a program accessible on the ACOG website (Council on Patient Safety in Women's Health Care)³ to perform these types of reviews. Also, the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) published in January 2015 a mandate to consider these cases as sentinel events, and to perform a root cause analysis of all of these cases in all JCAHO-accredited hospitals. This mandate was subsequently rescinded after release of a joint statement by ACOG and the Society of Maternal and Fetal Medicine⁴ that clarified a potential screening and review process for maternal morbidities. As stated in the WMJ article, maternal morbidities far outnumber maternal mortalities, and critical review of these cases would provide a significantly greater source of information to effectively study maternal disease and accurately track the quality of maternal care.

Unfortunately, many hospitals in Wisconsin, and indeed nationwide, have not taken this message to heart. There still is a great paucity of concrete data in Wisconsin concerning critical review of these cases. It is well documented that careful and complete reviews of these events can improve the quality of maternal health care where they are being done.⁴

I implore organizations like the Wisconsin Medical Society and the Wisconsin Hospital Association to address this issue. These types of reviews could be done on a local level as suggested by ACOG.^{2,3} The data could then be analyzed on a statewide basis in a similar fashion to the Wisconsin Maternal Mortality Review. Wisconsin now has a Perinatal Quality Collaborative recently established and currently managed by the Wisconsin Association of Perinatal Care (WAPC). With the support of the above-mentioned groups as well as the Wisconsin Section-ACOG and the WAPC, this dream could become reality. However, appropriate specific changes in the Wisconsin state statutes would probably be required to protect the confidentiality of these reviews (as is the case with the current maternal mortality reviews in Wisconsin), to allow for accurate and complete collection of hospital

records, and to establish and maintain of a privileged status of this information from medical-legal review. With these changes I believe that a comprehensive review of these cases would be possible, and meaningful strides in improving maternal healthcare in Wisconsin could be made.

—Michael A. Schellpfeffer, MD, MS

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