

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

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Jurisdiction-level Maternal Mortality Review

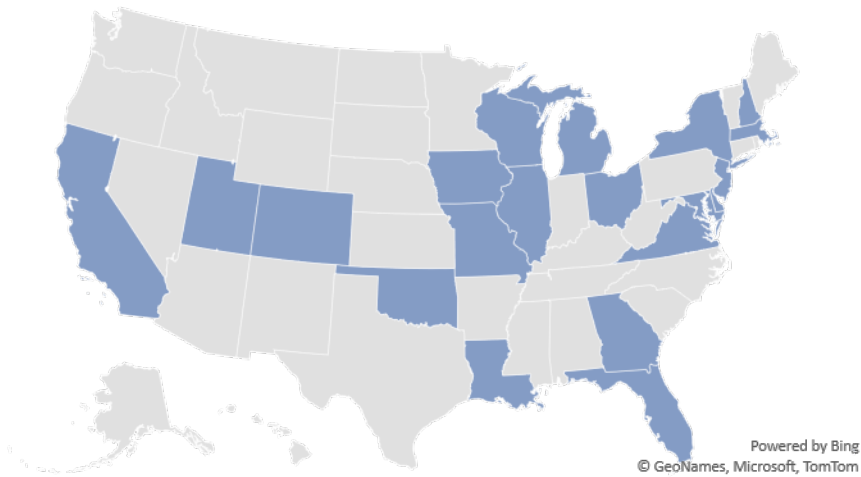
Committees provide local maternal mortality data



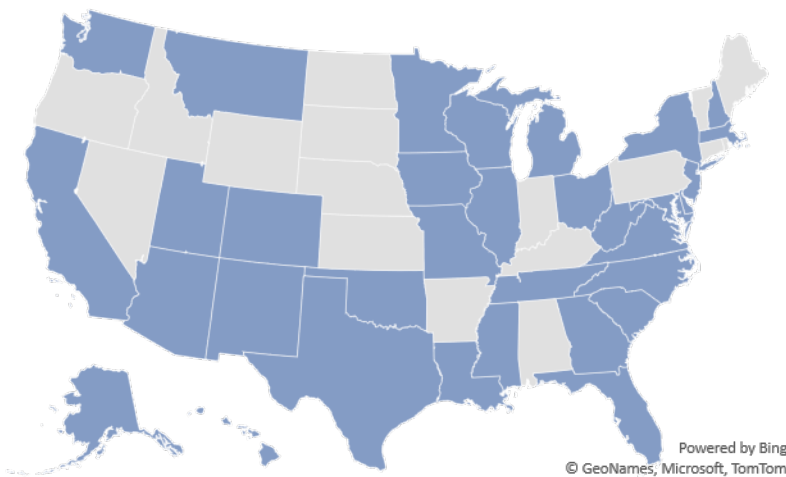
	State and Local Maternal Mortality Review Committees (MMRCs)
Data Source	Death certificates and linked birth or fetal death certificates, medical records, social service records, autopsy, informant interviews, etc.
Time Frame	During pregnancy – 1 year
Source of Classification	Multidisciplinary committees
Terms	Pregnancy associated, (Associated and) Pregnancy related, (Associated but) Not pregnancy related
Measure	Pregnancy Related Mortality Ratio - # of Pregnancy Related Deaths per 100,000 live births
Purpose	Understand medical and non-medical contributors to deaths, prioritize interventions that effectively reduce pregnancy-related deaths

The growth over time

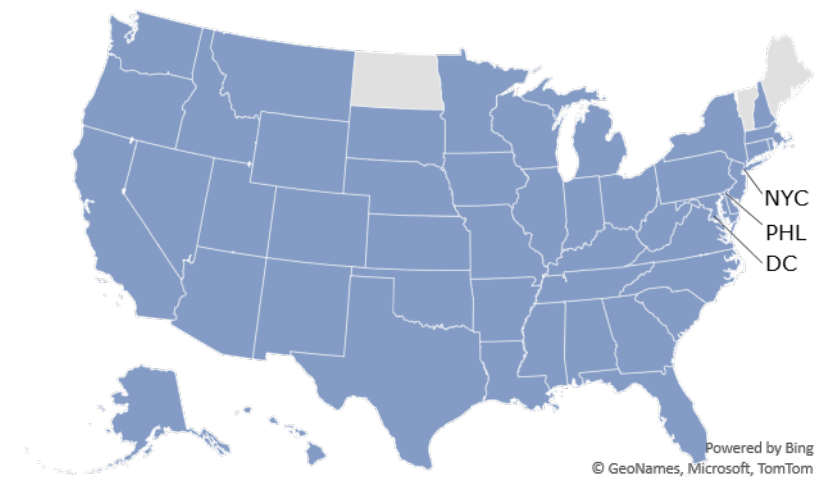
2015



2018



2021



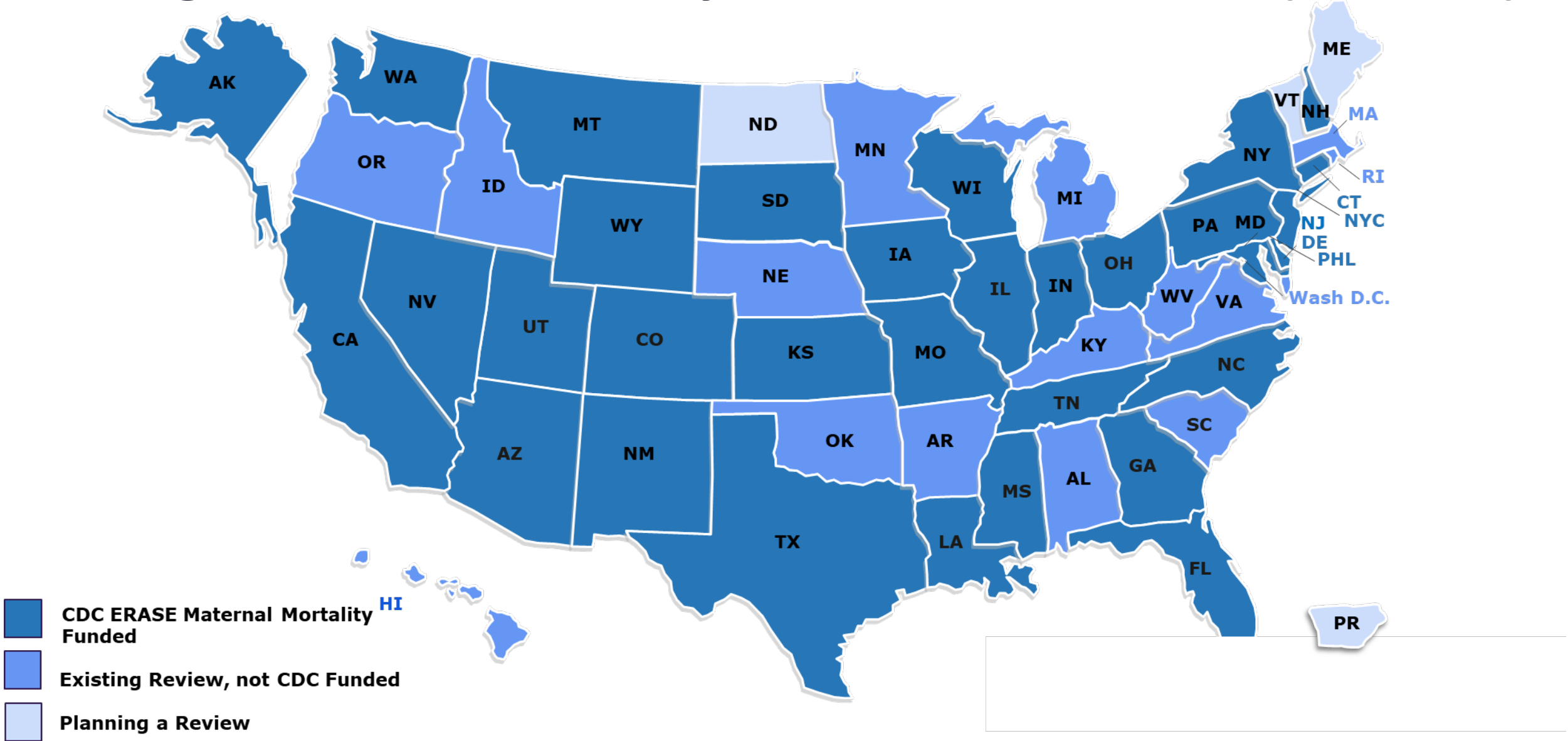


MMRIA

MMRIA is a CDC data system that provides a **common data language** for MMRCs, facilitating their functions and **promoting a national approach**.

MATERNAL MORTALITY REVIEW
INFORMATION APP

Existing Maternal Mortality Review Committees (MMRCs)



Review to Action

Staff present each *selected case* to the MMRC using the case narrative

MMRC discusses and makes key decisions about each death

Enter key decisions into MMRIA

Analyze data, identify key issues and recommendation themes

Prioritize and disseminate findings

Adapted from WA State DOH

Review to Action, cont'd

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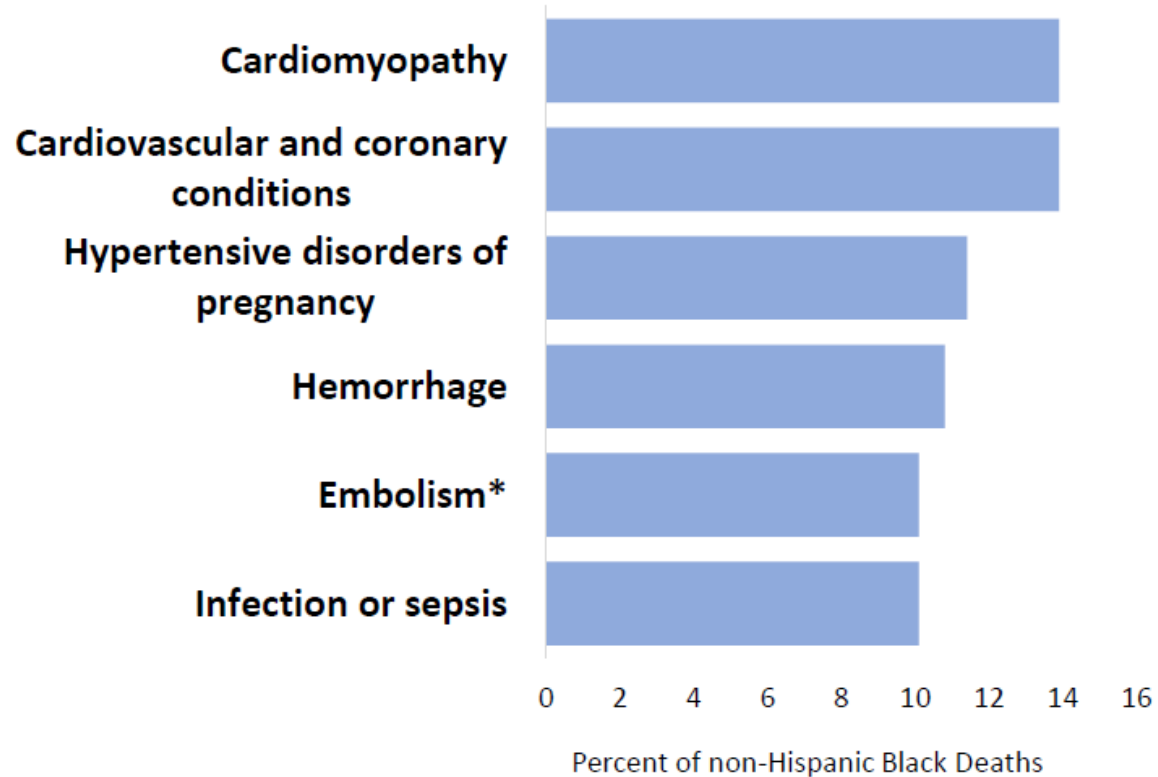
Analyze data, identify key issues and recommendation themes

Prioritize and disseminate findings

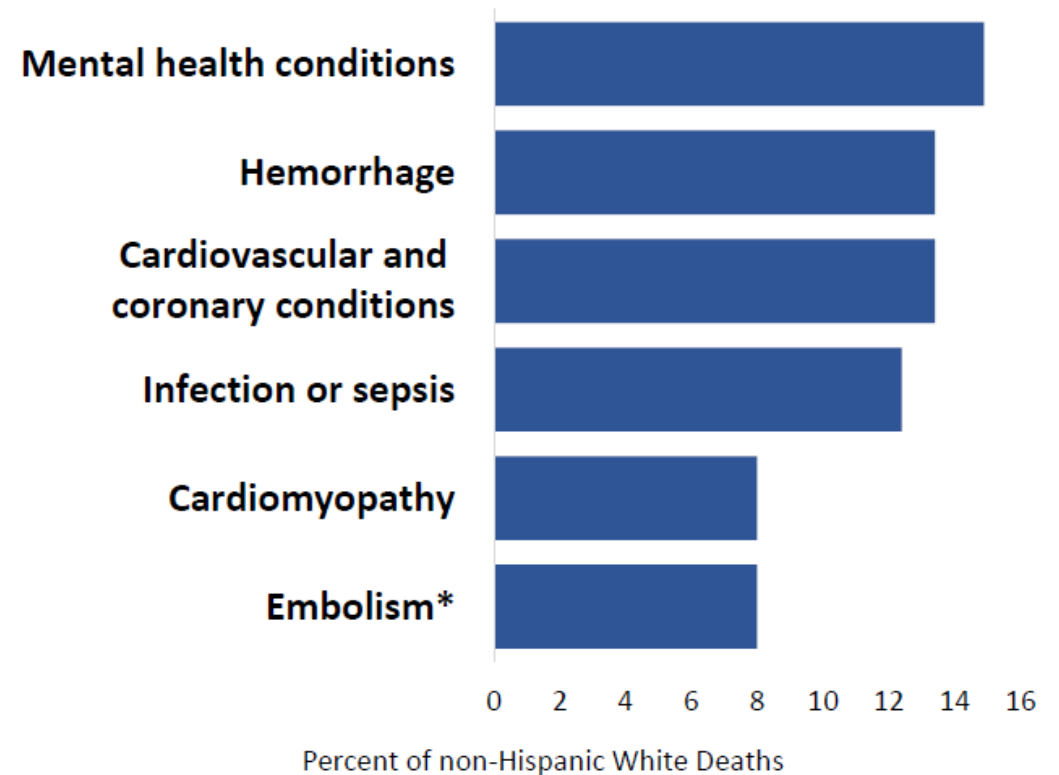
Adapted from WA State DOH

Leading causes vary by race-ethnicity: 14 MMRCs

Non-Hispanic Black



Non-Hispanic White



Data Source: <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

Notes: * Embolism – thrombotic pulmonary and other embolisms

Review to Action, cont'd 2

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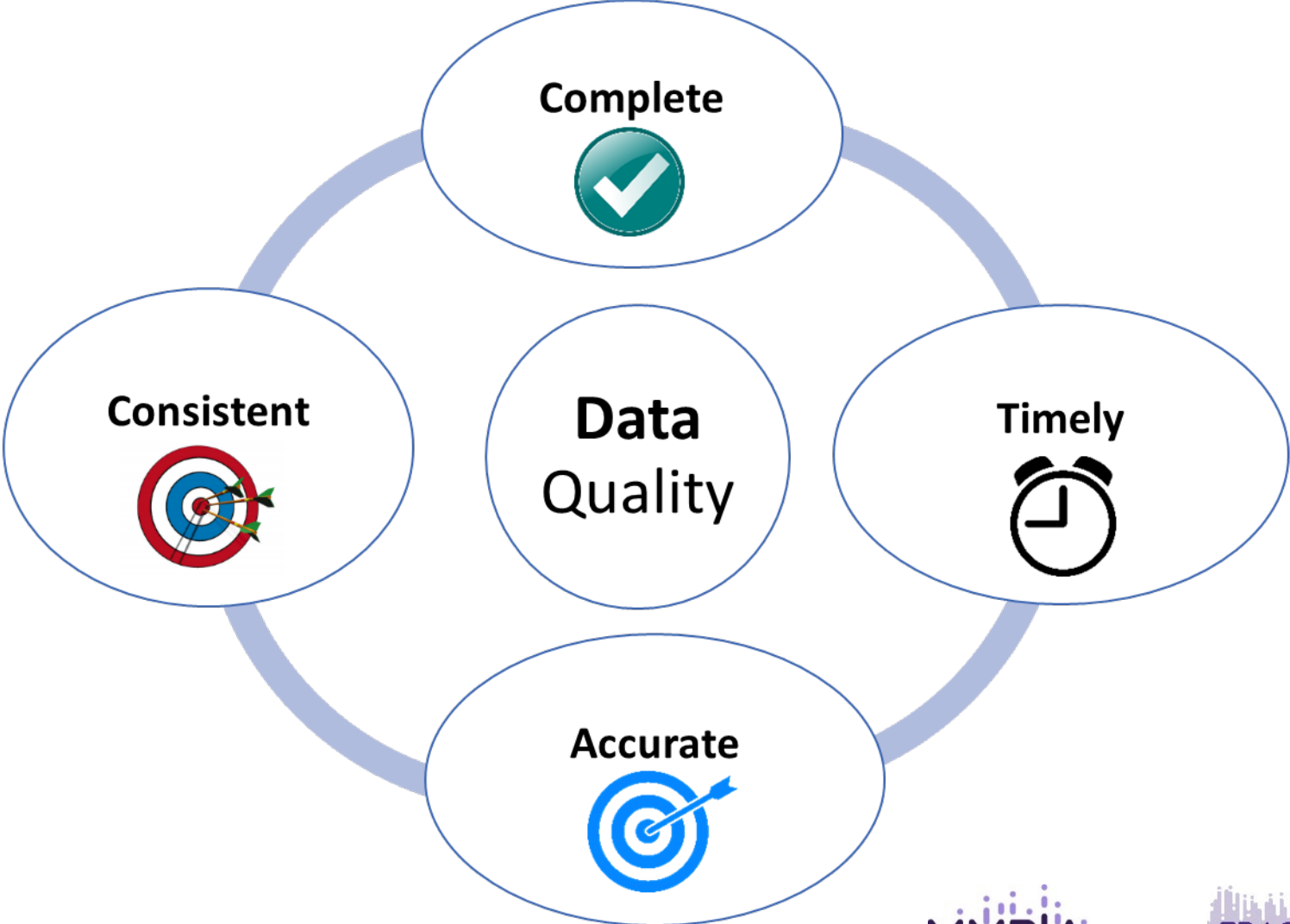
Prioritize recommendations for action, and disseminate findings

Data to action example

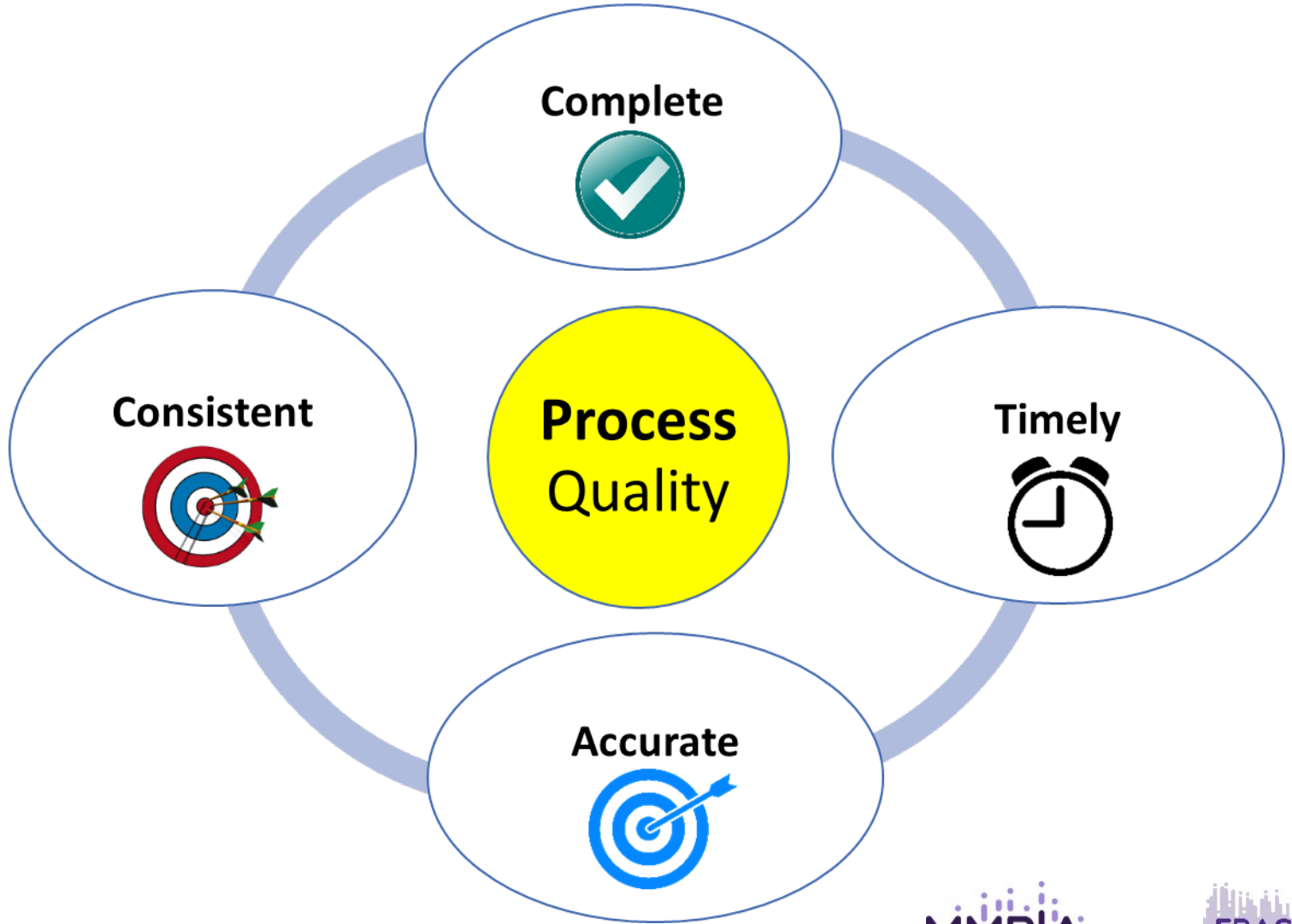


- 15 bills addressing maternal morbidity and mortality introduced in the State Legislature
- First state to extend Medicaid coverage for postpartum women to 1 year

Setting MMRCs up for success



Focus on process quality sets MMRCs up for success



CDC efforts to support MMRC processes

Qualitative Analysis






**Documentation of
discrimination and
racism**

Tribally-led MMRCs

Informant Interviews

Community Vital Signs

Example of using qualitative analysis for a deeper understanding of MMRIA data on substance use

- MMRIA qualitative analysis showed fragmentation of screening for substance use disorder was commonly noted in case narratives and contributing factors.
- Individuals experienced:
 -  Housing instability including homelessness
 -  Violence* sometimes across their lifespan
 -  Incarceration history
 -  Financial instability/unemployment
 -  Loss of child/children/pregnancy**

Only 50% of pregnancy-associated drug overdose deaths had substance use documented in the prenatal records



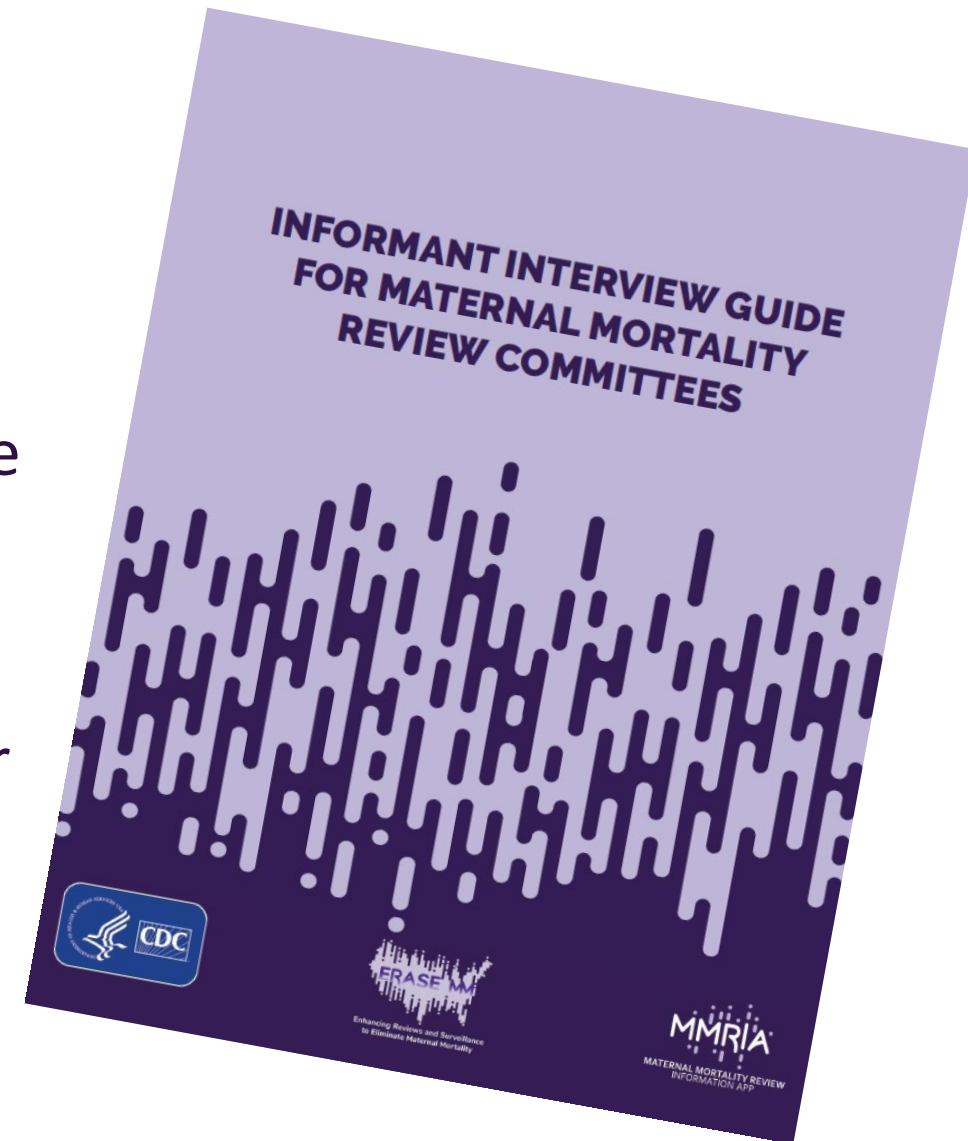
*Violence includes intimate partner violence, domestic violence, personal and familial violence including physical and sexual abuse, and childhood trauma.
**Loss of child/children/pregnancy: defined as the death or loss child including stillbirth and induced termination or spontaneous loss of pregnancy, removal of a child by Child Protective Services, or loss of child to custody issues.

Informant interviews offer additional qualitative data and context

- More complete data to present a more complete story
- Informants can be partner, family member
- Important way to incorporate lived experience

*One committee chair recently told CDC, “Now that we include informant interviews in our case materials, it would be hard to consider a case complete **without** the interview. There is so much the medical record cannot tell you.”*

Available at <https://www.reviewtoaction.org/national-resource/informant-interview-guide-maternal-mortality-review-committees>



Identifying, Documenting, and Addressing Bias



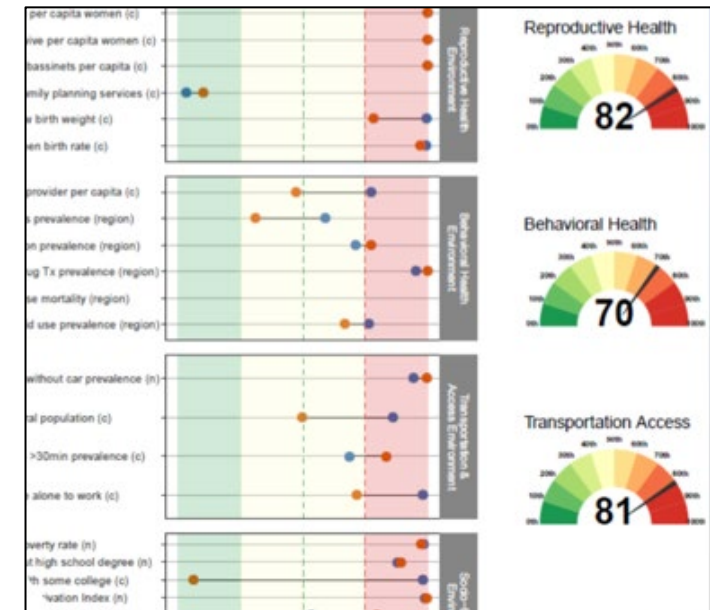
Discrimination: treating someone more or less favorably based on the group, class or category they belong to resulting from **biases, prejudices, and stereotyping**. It can manifest as differences in **care, clinical communication** and shared **decision-making**.

Interpersonal Racism: discriminatory interactions between individuals resulting in differential assumptions about the **abilities, motives, and intentions** of others and differential actions toward others based on their race. It can be **conscious** as well as **unconscious**, and it includes acts of **commission** and acts of **omission**. It manifests as lack of **respect, suspicion, devaluation, scapegoating, and dehumanization**.

Structural Racism: the systems of power based on **historical injustices** and **contemporary social factors** that systematically **disadvantage people of color** and **advantage white people** through **inequities** in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.

Community vital signs dashboards for additional context

- Community Vital Signs dashboard data supports maternal mortality reviews by comparing community health indicators where the pregnant or postpartum person lived to those of all pregnant or postpartum persons in the same state or in the US.
- Community Vital Signs dashboards for MMRIA users expected by Fall 2022 through partnership with HHS Office of Minority Health and Emory University.



Tribally-led partnerships

- The National Indian Health Board (NIHB) is working to assist Tribes and Tribal organizations in designing and implementing Tribally-led MMRCs.
- NIHB will provide in-person and virtual trainings and building a resource library on maternal health and maternal mortality in Indian Country. They will also be supporting Indian Health Boards or Tribes directly via grants and technical assistance to conduct a readiness assessment.
- To learn more visit https://www.nihb.org/public_health/maternal_mortality.php

Data informing action

Maternal health care standards, tools and resources

Prioritization of right place-right time interventions informed by MMRIA analyses

Understanding of leading causes of pregnancy-related deaths as determined by MMRCs

Community engagement

Thank you!

For more information, visit www.cdc.gov/erasemm or contact: erasemm@cdc.gov



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

