A COMMUNITY PERSPECTIVE ON MATERNAL MORTALITY REVIEW COMMITTEES

PROBLEM

The United States (US) has the highest maternal mortality rate among developed countries, with nearly 700 women across the country dying each year as a result of pregnancy-related deaths.\(^1\)

Considerable racial inequities exist within this maternal health crisis; Black women experience pregnancy-related deaths at three to four times the rate of non-Hispanic white women.\(^2\) Black women also have a 70% increased risk for severe maternal morbidity (SMM), the unexpected labor consequences that can progress to maternal death, and are associated with quality of obstetric care.\(^3,4\)

The lack of state mandates to systematically collect and report quality maternal mortality and morbidity data has made it difficult to analyze data, compare data across states and regions, and ultimately, hold systems accountable for preventable deaths and injuries. Although the National Center for Health Statistics released new national maternal mortality data for 2018, this is the first report of its kind since 2007.

BMMA POSITION

The Black Mamas Matter Alliance (BMMA) believes that improving maternal mortality and morbidity data quality is essential to addressing the maternal health crisis in the US—a crisis that disproportionately impacts Black women.

Furthermore, BMMA asserts that in order to optimize data quality, communities most impacted must be meaningfully engaged throughout the data collection, analysis, and policy recommendation phases. These actions are critical to eliminating racial disparities in maternal health outcomes and inequities within and beyond the health care system.

Maternal Mortality Review Committees (MMRCs) are uniquely positioned to:

- Improve data quality & availability
- Engage community-based organizations serving communities most impacted
- Promote transparency of MMRC findings and policy development
- Hold existing health care systems accountable for the delivery of quality, comprehensive, patient-centered, and trauma-informed care
BACKGROUND AND RATIONALE

Many experts, analysts, and advocates believe that even the aforementioned pregnancy-related deaths, injuries, and morbidities are extremely underreported. Maternal Mortality Review Committees (MMRCs) are one mechanism to investigate, acknowledge, and make recommendations to prevent these deaths. By reviewing maternal deaths in their jurisdictions, MMRCs are able to assess contributing factors, determine preventability, and examine root causes that lead to maternal deaths. States often rely on lawmakers to pass authorizing legislation to establish an MMRC, outline committee composition, and define reporting expectations and timelines.

The Preventing Maternal Deaths of 2018 provided funding and support through the Centers for Disease Control and Prevention to state and tribal MMRCs to collect, analyze, and report data on pregnancy-related deaths and pregnancy-associated deaths. The Black Mamas Matter Alliance understands that to evaluate the nature and true magnitude of maternal health problems occurring, states need systems, including MMRCs, to collect accurate and complete data on a range of relevant variables. Maternal health surveillance activities should be a core, routine component of the public health work in which state health departments engage. A standardized maternal mortality review process can integrate these data collection and case identification activities into its operations. However, in states where formal review processes have not yet been implemented, state health departments can still work to strengthen data collection strategies in order to identify the scope and nature of pregnancy-related deaths and severe maternal morbidities. MMRCs and state health departments can also share the best practices learned during the review process and via subsequent intervention programs with other states, to improve review mechanisms and establish innovative interventions.

Because maternal deaths, near deaths, and severe maternal morbidities among Black women often occur as a result of a complex combination of systemic barriers and implicit bias, MMRCs must have the capacity to identify and determine the impact of these social determinants. Though the literature supports the underlying role of social determinants of health, MMRCs rarely identify these structural and community factors as contributing to pregnancy-related deaths. BMMA sees this failure to acknowledge and understand the impact of social determinants of maternal health as an issue rooted in the lack of diversity, equity, and inclusion expressed in committee composition. MMRC members should be diverse, multi-disciplinary, and include medical experts in maternity care, pathology, mental health, and other specialty disciplines. Additionally, non-medical members, such as representatives from community-based organizations, bring an analysis of social determinants that helps illuminate additional circumstances that drive poor maternal health outcomes. The numbers only tell a portion of the story, therefore, the engagement of affected communities is necessary to support the data collected by MMRCs. Informed data is necessary for informed policy.
CALL TO ACTION

To more effectively address maternal health inequities, MMRCs should:

**Improve Data Quality & Availability**

→ Collect data concerning pregnancy-related deaths that goes beyond “cause of death” in order to evaluate quality of care in maternity care services;

→ Equally prioritize and examine pregnancy-associated deaths;

→ Advocate for improved surveillance systems to capture severe maternal morbidity data points;

→ Triangulate data on pregnancy-related deaths with data on severe maternal morbidity and “near misses” for a broader understanding of systemic quality of care issues impacting Black women (including enhancing surveillance systems); and

→ Translate maternal health review data and findings into publicly accessible reports, evidence-informed laws and policies to implement solutions around both systemic issues and issues related to individual patients.

**Engage Community-Based Organizations Serving Communities Most Impacted**

→ Ensure mechanisms for meaningful engagement with, and prioritization of, Black women and Black-women led entities and organizations that do work grounded in the birth justice, reproductive justice, and human rights frameworks in policy and program development, implementation, and evaluation;

→ Reflect the racial and ethnic diversity of women most impacted by maternal mortality in the member composition of the MMRC;

→ Provide practical support for community members to attend meetings including support for transportation, childcare, and meals as needed; and

→ Make resources available for MMRC members that may experience trauma inflicted by committee participation and reviewing maternal deaths.

**Promote Transparency of MMRC Findings and Policy Development**

→ Develop solutions and recommendations that are rooted in health equity, and incorporate safe and respectful maternal health tenants that seek to address maternal health inequities;

→ Provide civil society members with information about state government efforts to prevent maternal mortality and morbidity, and ensure safe and respectful maternal health care; and

→ Fund maternal health solutions that engage the participation and knowledge of affected communities and emphasize asset-based, resilience cultural models.
Support accountability and transformation of maternal health care systems

→ Hold existing health care systems accountable while simultaneously working to build health care systems that prioritize the delivery of quality, comprehensive, person-centered, and trauma-informed care.

→ Identify mechanisms for health care providers and health systems that are part of the MMRC ecosystem to hold themselves accountable for systemic change;

→ Explore opportunities for individual patient recourse against maternal health harms inflicted by health care systems; and

→ Eliminate the harmful influences of capitalistic payment structures on delivery of maternity care services.

REFERENCES


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SUGGESTED CITATION: