

COMMUNITY CHALLENGES ENGAGING WITH MMRCs: SUBORDINATE INCLUSION

BACKGROUND

The United States (U.S.) has the highest maternal mortality rate among high-income countries;^{1,2} moreover, significant racial and ethnic disparities exist in maternal mortality.³ MMRC data has shown that 60% of these deaths are preventable.¹ Maternal mortality review committees (MMRCs) are in a unique position to collect and analyze information on maternal deaths to identify opportunities for prevention.^{4,5} MMRCs are intended to be multidisciplinary committees that conduct comprehensive reviews of pregnancy-related deaths to prevent future deaths.⁴⁻⁶ **However, MMRCs have struggled to identify, engage, and meaningfully include diverse community members who can speak to the essential context, including the strengths and needs of the communities they represent.**

In 2021, the Black Mamas Matter Alliance (BMMA) conducted an environmental scan of nine state MMRCs in the U.S. to gather information

about the opportunities and challenges MMRCs face as they work to broaden committee membership and community engagement. The purpose of this scan was to capture the challenges and opportunities as described by community members who have engaged, or attempted to engage, with MMRCs in an effort to help strengthen the capacity of public health leaders, including those administering and serving on MMRCs, and to better integrate strategies toward equitable practices across MMRC processes.

MMRCs are in a unique position to collect and analyze information on maternal deaths to identify opportunities for prevention.

PARTICIPANTS OF ENVIRONMENTAL SCAN DISCUSSIONS AND CONVERSATIONS

BMMA KINDRED PARTNERS AND COLLABORATORS (N=11)

Black women-led organizations and individuals who are guided by birth justice, reproductive justice, and human rights

COMMUNITY REPRESENTATIVES (N=11)

Members of state MMRCs who represent local community constituents

OTHER MMRC MEMBERS (N=8)

Chairs, coordinators, and abstractors of select state MMRCs

More information on the project and findings have been reported elsewhere,⁷ but this issue brief highlights one of three major themes that arose from these conversations: the challenges experienced due to the **subordinate inclusion of community members within MMRCs**. The brief centers the experiences of KP/Cs and community representatives (henceforth referred to as

“participants”) in reporting the findings. We also share potential opportunities for improvement that the CDC and MMRCs can take to better integrate and value the expertise of community members in the MMRC process.

KEY FINDINGS: SUBORDINATE INCLUSION OF COMMUNITY MEMBERS

Participants stated that the inclusion of community voices and members on MMRCs was often subordinate, and they felt their expertise or presence were not as valued as other members of the committee. While MMRCs may express a desire for including community voices, participants discussed that MMRCs appeared to distrust community members; focused only on diversity without equity;

engaged in tokenism to fulfill quotas on their committees; and extracted community language and knowledge without true inclusion of communities. Participants discussed that some MMRCs as a whole deliberately excluded community members and organizations that challenged the status quo and/or worked to hold MMRCs accountable in maternal health equity discussions.

CHALLENGES AND STRATEGIES ENGAGING WITH MMRCs AS IDENTIFIED BY COMMUNITY MEMBERS

CHALLENGES

Subordinate inclusion of community by MMRCs that:

- Distrust and devalue expertise of community members
- Extract knowledge
- Engage in tokenism and quota-filling
- Exclude those who challenge status quo

STRATEGIES

- Make space for community to lead
- Support communities with resources and funding to implement solutions
- Prioritize representation from members who provide holistic care and are rooted in the community
- Ensure BIPOC leadership and proportional representation from those most affected on MMRCs
- Provide trauma-informed training and mental wellness support for members

The following **CHALLENGES** were identified by participants:

1

MMRCs distrust and devalue the expertise of community members

Participants experienced distrust from clinical members of MMRCs regarding their ability to understand and follow committee rules. They felt that their expertise was not respected by fellow committee members and that only clinical members were thought to have the knowledge and ability to understand and follow MMRC rules.

2

MMRCs extract knowledge from the community

Participants discussed how MMRCs extracted knowledge from communities without giving them credit. For instance, participants said some MMRCs stole language and strategies from community-based organization-led trainings when seeking funding without considering whether those funds would be used to better engage communities.

3

MMRCs engage in tokenism and quota-filling from the community

Participants expressed that MMRCs bring Black, Indigenous, People of Color (BIPOC) individuals onto the committees as tokens or to fill quotas. MMRCs were said to engage in a diversity “checkbox” process, or mandate to fill a single designated community member seat with an individual who represented a particular race, ethnicity, region, or job title on the committee. While this practice may increase diversity on the committee, it did not achieve equity or inclusion of communities; did not lead to true representation; and did not shift power. Rather, participants felt isolated, intimidated, and excluded, especially when they were the only person in the room presenting a different point from the majority.

4

MMRCs exclude community members and organizations who challenge the status quo

Participants stated that MMRCs excluded people and organizations that made them uncomfortable, held them accountable, or challenged them around equity discussions in maternal health. Participants expressed difficulty being invited or chosen to sit on MMRCs if they were not “palatable” to certain MMRC members or challenged the status quo.

The following **OPPORTUNITIES FOR IMPROVEMENT** were identified:

1

Make space for communities to lead since they have the expertise and solutions needed to address maternal mortality

MMRCs need to value the knowledge and expertise that community members have to address maternal mortality. Community members know best who is most impacted by maternal mortality and how best to address the root causes when designing solutions for their communities.

2

Support communities that are disproportionately affected by maternal mortality with resources and funding to implement solutions

The CDC and MMRCs need to support impacted communities directly with resources and funding to implement their own solutions. Participants described how it would be more impactful if funding were provided directly to CBOs working with those most affected by maternal morbidity and mortality rather than health departments.



Prioritize members who provide holistic care and come from communities disproportionately affected by maternal mortality

MMRCs should have members who are rooted in the community and provide holistic care to birthing people, such as midwives and doulas. Improvements in maternal mortality can only be achieved when MMRCs are less focused solely on clinical outcomes and more on holistic birthing approaches, which can then lead to more comprehensive solutions and recommendations that fit community needs.



Ensure BIPOC leadership and majority representation from communities disproportionately affected by maternal mortality*

MMRCs should mainly consist mostly of communities that are disproportionately affected by maternal mortality. This includes BIPOC or birthing persons with training in anti-racism, holistic perspectives, and the social determinants of health, as well as those who have nearly died or had a family member or friend die from a pregnancy complication. Such individuals with lived experience are well-positioned to make recommendations on how the healthcare system can best reach and serve them. BIPOC individuals should also, at a minimum, be in leadership positions on MMRCs, which can help ensure that BIPOC birthing persons and their needs are centered on the committee.



Provide trauma-informed training and mental wellness support for members

Inclusion of those with lived experience requires trauma-informed training and mental wellness support to prevent retraumatizing people while reviewing maternal death cases and discussing their experiences. Mental wellness support for all committee members should be provided since harmful and traumatic experiences are discussed during MMRC meetings and someone from the community who focuses on the well-being of members should be added to the committee.

CONCLUSION

Participants presented a variety of challenges and potential opportunities for MMRCs to integrate equitable practices throughout their processes. They maintained that all conversations regarding maternal deaths, policy solutions, and improvements needed to address the systems contributing to maternal mortality should start and end with communities. Community members have the expertise and ability to bring new solutions to MMRCs. However, this requires incorporating BIPOC leadership and proportional representation* onto MMRCs to shift power to community members and to move beyond token efforts to diversify membership.

Integrating equity into MMRCs requires systemic change and that can only be achieved when the communities who are most impacted are meaningfully engaged throughout the data collection, review, recommendations, and implementation phases. State and local MMRCs need funding, training, and support to accomplish this, and CDC has the opportunity to provide these tangible supports to MMRCs in their pursuit to create a more equitable review process. Below are brief recommendations that participants identified as useful starting points for both CDC and MMRCs to consider in addressing the challenge of subordinate inclusion of community members within MMRCs.

* The intent of this recommendation is to broadly increase community representation on an MMRC by encouraging MMRCs to shift its representation and leadership towards the Black and Brown people who disproportionately represent maternal deaths nationally. This recommendation is not intended to be applied as a formula to fill a quota on an MMRC.

RECOMMENDATIONS



Listen to and center the experiences of community members



Provide additional funding to MMRCs



Diversify membership and meaningfully engage communities



Strengthen capacity of MMRCs to better examine and address racism and discrimination



Provide training, guidance, and resources to strengthen the capacity of MMRCs

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THE BLACK MAMAS MATTER ALLIANCE (BMMA) is a national network of Black women-led organizations and multi-disciplinary professionals that work to ensure all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy.

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