

Maternal Mortality Review Committee Key Components to Support Authorities and Protections

Efforts to establish or strengthen a maternal mortality review committee (MMRC) should include a review of what protections and authorities are already in place. The purpose of the MMRC is not to assign blame to individual providers or hospitals but to look for opportunities to prevent maternal deaths within and across cases for population level action. It is distinct from and not a substitute for hospital peer review committees, root cause analysis, or complaint investigations. Authority and protections for MMRCs must protect the intent of the public health surveillance process.

The “Building US Capacity to Review and Prevent Maternal Deaths” initiative developed a [short video](https://youtu.be/jtKde7hGz4I) <youtu.be/jtKde7hGz4I> on the steps to establish a MMRC that is useful in educating individuals about MMRCs.

What are some key components to consider?

Component	Rationale and Objective	Example
1. Authority to access data	Case abstractors should be able to collect at a minimum vital records, hospitalization and prenatal care records, and autopsy reports. Other desirable data sources include interviews with family members or police reports. Pointing to clear authority in legislation can facilitate compliance with data requests.	<u>WASHINGTON:</u> <i>(5) The department of health shall review department available data to identify maternal deaths. To aid in determining whether a maternal death was related to or aggravated by the pregnancy, and whether it was preventable, the department of health has the authority to: (a) Request and receive data for specific maternal deaths including, but not limited to, all medical records, autopsy reports, medical examiner reports, coroner reports, and social service records; and (b) Request and receive data as described in (a) of this subsection from health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, and the department of social and health services and its licensees and providers. (6) Upon request by the department of health, health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, and the department of social and health services and its licensees and providers must provide all medical records, autopsy reports, medical examiner reports, coroner reports, social services records, information and records related to sexually transmitted diseases, and other data requested for specific maternal deaths as provided for in subsection (5) of this section to the department.</i>
2. Confidentiality and protection of collected data, proceedings, and activities	Confidentiality for MMRCs refers to the legal protection of information collected as part of the review process and the protection of the MMRC’s discussions and findings from discovery or subpoena. Strong confidentiality protections can facilitate participation in reviews and the sharing of data and information.	<u>GEORGIA:</u> <i>(e)(1) Information, records, reports, statements, notes, memoranda, or other data collected pursuant to this Code section shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person. Such information, records, reports, statements, notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any officer or representative of the department or any other person, except as may be necessary for the purpose of furthering the review of the committee of the case to which they relate. No person participating in such review shall disclose, in any manner, the information so obtained except in strict conformity with such review project. (2) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the committee, and other persons, agencies, or organizations so authorized by the department pursuant to this Code section shall be confidential. (f)(1) All proceedings and activities of the committee under this Code section, opinions of members of such committee formed as a result of such proceedings and activities, and records obtained, created, or maintained pursuant to this Code section, including records of interviews, written reports, and statements procured by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this Code section, shall be confidential and shall not be subject to Chapter 14 of Title 50, relating to open meetings, or Article 4 of Chapter 18 of Title 50, relating to open records, or subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding; provided, however, that nothing in this Code section shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the committee's proceedings.</i>

Component	Rationale and Objective	Example
3. Immunity for committee members	Immunity protects MMRC members as well as any witnesses or others providing information from personal liability based on activities during the review process. Immunity facilitates full participation in the review process.	<u>GEORGIA:</u> <i>(2) A health care provider, health care facility, or pharmacy providing access to medical records pursuant to this Code section shall not be held liable for civil damages or be subject to any criminal or disciplinary action for good faith efforts in providing such records. (2) Members of the committee shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the committee; provided, however, that nothing in this Code section shall be construed to prevent a member of the committee from testifying to information obtained independently of the committee or which is public information.</i>
4. Regular reporting and dissemination of findings	Specifying how often and to whom/to what entity the MMRC will report its findings and recommendations helps keep MMRC as a public health priority for the state and facilitates dissemination of best practices.	<u>GEORGIA:</u> <i>(g) Reports of aggregated non-individually identifiable data shall be compiled on a routine basis for distribution in an effort to further study the causes and problems associated with maternal deaths. Reports shall be distributed to the General Assembly, health care providers and facilities, key government agencies, and others necessary to reduce the maternal death rate.</i>
5. Multidisciplinary committee with local input	The MMRC members should represent a variety of clinical and psychosocial specializations and members working in and representing diverse communities and from differing geographic regions in the state. Specifying committee membership facilitates diversity and inclusion of key stakeholder groups.	<u>TEXAS:</u> <i>In appointing members to the task force, the commissioner shall:</i> 1. <i>include members:</i> a) <i>working in and representing communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency; and</i> b) <i>from differing geographic regions in the state, including both rural and urban areas;</i> 2. <i>endeavor to include members who are working in and representing communities that are affected by pregnancy-related deaths and severe maternal morbidity and by a lack of access to relevant perinatal and intrapartum care services; and</i> 3. <i>ensure that the composition of the task force reflects the racial, ethnic, and linguistic diversity of this state.</i>
6. Ability to share de-identified data and findings locally and regionally	Flexible authority for limited access to MMRC data for research and to collaborate with other jurisdictions helps MMRCs overcome challenges presented by identification of trends from small caseloads or cases where the place of residence and place of death are in different states, and participate in activities to advance regional or national priorities in maternal mortality prevention.	<u>CONNECTICUT:</u> <i>...the committee shall make recommendations regarding the prevention of maternal deaths [and] report to the Commissioner of Public Health any recommendations and findings of the committee...</i> <u>TENNESSEE:</u> <i>(2) The state team:</i> ... <i>(B) May share information with other public health authorities or their designees as the state team may determine necessary to achieve the goals of the program.</i> <i>(b) The state team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the state team with information necessary to complete the review of the particular fatality; such persons may include healthcare providers or staff involved in the care of the woman or the person who first responded to a report concerning the woman.</i>

Questions about MMRCs? Please contact [Julie Zaharatos](mailto:jjzaharatos@cdc.gov) <jzaharatos@cdc.gov> at CDC, [Andria Cornell](mailto:acornell@amchp.org) <acornell@amchp.org> at AMCHP, and [Kathryn Moore](mailto:kmoore@acog.org) <kmoore@acog.org> at ACOG. ACOG has a state toolkit with additional examples.