**Maternal Mortality Review Committee (MMRC)**

**Meeting Agenda**

<<MM/DD/YYYY>>, <<00:00 a.m. - 00:00 p.m.>>

<<Location>>, <<Street Address>>, <<City>>, <<State>> <<ZIP>>

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| --- | --- | --- | --- |
| Open Meeting/Introductions  |  | Co-Chair | 9:00 – 9:10 |
| Topic-Specific Updates | Present and Discuss | Staff Member, Other, i.e. Subject Matter Expert | 9:10 – 9:15 |
| Recommendations to Action Update | Share and Discuss | Group | 9:15 – 9:30 |
| Sign Confidentiality Statement  | *All case information, including decedent names, provider names and facility names* ***must remain anonymous****.* | Coordinator or Lead Abstractor | 9:30 – 9:45 |
| Overview of Cases Identified for Review that are within Scope from Preliminary Review of Vital Records | Present | Coordinator or Lead Abstractor | 9:45 – 10:00 |
| Case Reviews*20-30 minutes per case* | 1. Review Case Narratives and Core Elements Summaries
2. Complete Committee Decisions Forms
 | Group | 10:00 – 12:00 |
| Lunch  |  |  | 12:00 – 12:30 |
| Case Reviews*20-30 minutes per case* | 1. Review Case Narratives

and Core Elements Summaries1. Complete Committee Decisions Forms
 | Group | 12:30 – 3:00 |
| Synopsis and Conclusion | *Today we reviewed \_\_\_* ***(NUMBER)*** *deaths. We determined \_\_\_ were pregnancy-related, \_\_\_* ***(NUMBER)*** *were pregnancy-associated but not -related, \_\_\_* ***(NUMBER)*** *were* ***(UNABLE TO BE DETERMINED)****. We determined \_\_\_* ***(NUMBER)*** *to be preventable, and we made the following recommendations: \_\_\_\_\_\_\_\_\_\_\_\_.* | Coordinator or Other Staff Member | 3:00-3:15 |

**Upcoming Meeting Dates:**

* << MM/DD/YYYY>>
* << MM/DD/YYYY>>
* << MM/DD/YYYY>>
* << MM/DD/YYYY>>

Upcoming Conferences <<Examples>>:

American College of Nurse Midwives Annual Meeting <<mm/dd/yyyy>>

ACOG District \_\_ Annual Meeting <<mm/dd/yyyy>>