I. OVERVIEW

A. VISION: To advance the safety and well-being of pregnant women in New Mexico by reducing deaths from preventable causes

B. MISSION: The mission of the New Mexico Maternal Mortality Review Committee is to identify and review maternal deaths caused by pregnancy complications and other factors, to identify remediable problems contributing to maternal deaths, and to develop interventions to reduce these deaths.

C. PURPOSE: The purpose of the review is to determine the causes of maternal mortality in New Mexico and identify public health and clinical interventions to improve systems of care. Maternal mortality includes deaths occurring during pregnancy up to one year after pregnancy. Information is gathered from death certificates, birth certificates, medical records, autopsy reports, and other pertinent resources. Records are abstracted by a trained abstractor and de-identified case narratives are reviewed by the full New Mexico Maternal Mortality Review Committee.

D. GOALS: The goals of the Maternal Mortality Review Committee are to:
1. Conduct a thorough record abstraction, in order to obtain details of events and issues leading up to the terminal event.
2. Perform a multidisciplinary review of cases to gain a holistic understanding of the issues.
3. Determine the annual number of maternal deaths related to pregnancy (pregnancy-related and pregnancy-associated mortality).
4. Identify trends and risk factors among pregnancy-related deaths in New Mexico.
5. Recommend improvements to care at the individual, provider, and system levels with the potential for reducing or preventing future events.
6. Prioritize findings and establish recommendations for reducing maternal deaths.
7. Partner with the New Mexico Perinatal Collaborative as the “action arm” of the committee, to assist in developing and implementing statewide strategies to reduce maternal mortality.
    a. Develop actionable strategies for prevention and intervention.
    b. Disseminate the findings and recommendations to a broad array of individuals and organizations.
    c. Promote the translation of findings and recommendations into quality improvement actions at all levels.

E. DEFINITIONS:
1. PREGNANCY RELATED DEATH: The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
2. PREGNANCY ASSOCIATED DEATH BUT NOT RELATED: The death of a woman during pregnancy or within one year of the end of pregnancy from a cause *that is not related to pregnancy.*

II. COMMITTEE MEMBERSHIP AND MEETING STRUCTURE:

A. The New Mexico Maternal Mortality Review Committee is a multidisciplinary committee whose geographically diverse members represent various specialties, facilities, and systems that interact with and impact maternal health. The committee currently consists of no more than 25 members who commit to serve a 3-year term; members may choose to continue with one additional 3-year term (for a total of 6 years).

B. The New Mexico Maternal Mortality Review Committee reviews and makes decisions about each case based on the case narrative and abstracted data. The committee examines the cause of death, contributing factors, and determines:
- Was the death pregnancy-related?
- If pregnancy related, what was the underlying cause of death?
- Was the death preventable?
- If there were chances to alter the outcome, what were they?
- Specific and feasible recommendations for actions to prevent future deaths?

III. STATUTORY AUTHORITY

A. The review process is being conducted pursuant to NMAC 7.4.5. Maternal, Fetal, Infant, and Child Death Review http://164.64.110.239/nmac/parts/title07/07.004.0005.htm

IV. EXECUTIVE OVERSIGHT BOARD (EOB)

A. An executive oversight board will comprise department representatives designated by the secretary including but not limited to the office of the New Mexico Department of Health (NMDOH) chief medical officer, office of general counsel, offices of the Public Health Division (PHD) director, Vital Records Health Statistics New Mexico (VRHS/NM), Family Health Bureau (FHB), Maternal Child Health (MCH) epidemiology; and a designated representative of Office of Medical Investigators (OMI), American College of Obstetricians and Gynecologists (ACOG) and Child Youth Family Department (CYFD). Its role is to communicate the actions of the Committee to the leadership of the NMDOH.

V. COMMITTEE STRUCTURE

A. The members of maternal mortality review team will be state or local experts in their field and appointed by the department.
1. Membership may include but is not limited to representatives of the following disciplines: representatives of the New Mexico section of ACOG; the New Mexico Academy of Family Practice; the New Mexico hospital and health service association; the New Mexico Association for Women's Health, Obstetrics, and Neonatal Nursing; the New Mexico Department of Health, Public Health Division; the New Mexico affiliate of the American College of Nurse-Midwives; the New Mexico Vital Records and Health Statistics entity; the Indian Health Service; the New Mexico Office of the Medical Investigator; tertiary center

perinatologists (institutions designated as level III neonatal intensive care unit); and community obstetricians and family practitioners.
2. Membership will include representation from federal (military and Indian), state, and local entities.
3. Membership is voluntary and team members or special panel members shall not be remunerated by the department.

B. An agenda subcommittee will be made up of the Co-Chairs, NMDOH representatives, and select members of the MMRC, who will coordinate Committee membership recruitment and Committee activities.

C. The Department will engage the Committee and Subcommittee to identify and recruit interested individuals; however, the Department will maintain the authority to appoint the membership.
1. Recruitment of new Committee members will occur annually as needed.
    a. Interested applicants will be directed to submit to the Department an application along with a resume/CV.
    b. Selected applicants will be directed to fill out appropriate paperwork in order to be officially vetted
2. If a specific type of expertise is required during the year for a case review (example: domestic violence), they will be invited as an expert guest.
    a. Expert guests will be suggested/recommended to the Co-Chairs by MMRC members for the necessary expertise that is anticipated to be needed for the review process.
    b. Non-expert guests may be permitted as observers. Decision for number of non-expert guests will be determined by Co-Chairs on an individual meeting basis.
    c. The Co-Chairs will decide on final guest list and will be charged with invitation of guests as appropriate; Co-Chairs are responsible for informing guests of their role and confidentiality requirements.
    d. All guests will be held to the same confidentiality requirements (including signing confidentiality forms) and will not be a voting member for any decisions regarding determinations of preventability or formal recommendations to be submitted to the EOB.
3. Member absentee policy
    a. If a member is absent for 50% or more of the MMRC meetings in a given year, the MMRC Co-Chairs will review their continued membership. This review may result in a request to discontinue membership on the committee.

VI. TEAM MEMBER ROLES

A. Co-Chairs
1. Clinical Chair will manage the relationship of the Committee to the clinical and public health providers in New Mexico and will assist the administrative chair in working with the government and non-profit sectors.

2. Administrative Chair will manage the relationship of the Committee to the government and non-profit sectors of New Mexico and will assist the Clinical Chair in communicating with the clinical and public health sectors of the state.

B. Department Coordinator will facilitate and manage the day to day operations of the Committee.

C. Lead Abstractor will coordinate the acquisition of records and the abstraction of data of the records. He/she will interface with the CDC Maternal Mortality Review Information Application (MMRIA) system to ensure proper data entry for abstraction and committee decisions.

D. Department Epidemiologist/Data Manager and/or Medical Epidemiologist will compile the findings and data from the committee deliberations to provide the data for the annual summaries and periodic reports of the committee. He/she will also interface with the CDC MMRIA system to allow regional as well as state specific reports for both committee consideration as they propose interventions for reducing maternal mortality.

VII. DATA COLLECTION AND ABSTRACTION

A. The department designee shall receive case identifiers from OMI and VRHS/NM and shall prepare the file for review by ascertaining what supplementary records are needed for a comprehensive case review. Case data and information are then requested from the relevant sources.

B. Relevant non-federal sources for review include but are not limited to: OMI records; providers of medical, health, nutrition and mental health care; emergency department records; emergency transport records; hospital records; records of applicable law enforcement agencies; other public safety service records such as those maintained by fire departments; records of providers of social work care including child protective services; day care records; school-based records; motor vehicle crash reports.

C. Deaths meeting criteria which have occurred on military reserves or Indian reservations will require collection of case information from relevant federal agencies including but not limited to the federal bureau of investigation (FBI); the bureau of Indian affairs (BIA), the Indian health service (IHS), military and tribal police, and military and tribal social services.

D. A standard form to request information of private or public entities shall be used and which states the authority of the NMDOH. The form shall be prepared, signed, and dated by the department designee or the coordinator.

E. Case review may include interviews with the decedent's family, care providers, and other relevant persons – often by official third party sources. If these interviews are conducted by MMRC, it will only be with the informed consent of the interviewee.

F. In death review data collection where case information is sequestered, privileged, or confidential, the department will request information as required on the data form from appropriate agencies. Such deaths may be deferred for review until such time as the case file may be available for review.

G. Abstracted data will be entered without personal identifiers into a data base dedicated solely to MMR (currently CDC's MMRIA database) and will be accessed only by Department staff, co-chairs, and abstractors. The only personal identifiers include: first, middle, and last name, and the street address of decedent or other persons, including providers.

VIII. CONFIDENTIALITY

A. Protecting confidentiality of all personal health information should be the highest priority of the Committee. The Health Insurance Portability and Accountability Act's (HIPPA) Privacy Rule will inform all of the activities of the Committee.

B. To ensure the protection of committee members, individuals, families and providers, the MMR will adhere to the following safeguards:
   1. MMRC meetings will be closed to the public and the press. The MMRC is not a policy-making body, and thus is not subject to the Open Meetings Act, Sections 10-15-1 through 10-15-4 NMSA 1978.
   2. Guests will not be allowed to be present at case reviews unless the individual is approved by the Co-Chairs and signs the confidentiality agreement.
   3. Members of the public or press will not be allowed at MMRC meetings.
      a. If members of the public or press show up uninvited at a meeting they will be notified that the MMRC meetings are not open to the public and will be required to leave.
      b. Members of the public or press will be offered the opportunity to engage with NMDOH about the work at a separate time outside of the MMRC meetings.
   4. Case-associated information will only be available for review and discussion at the MMRC meetings.
      a. Agenda and meeting notes may be distributed outside of the meeting time and will not contain case-associated information.
      b. MMRC members must meet in person to review information.
      c. Team members are prohibited from leaving case reviews with any identifiable written review information that is related to cases under review, those cases which have been reviewed, and those cases which will be reviewed.
         i. All materials held by anyone other than the coordinator of the review team, the department designee for MCH death review, an OMI representative, or the designee of any of the aforementioned individuals will be collected and destroyed by the presiding chair(s).

C. Confidentiality Statement
   1. All members shall receive training and orientation regarding applicable statutes, protocols, and the rules for confidentiality.

a. Each member is required to sign a confidentiality statement, the intent of which is to protect the confidentiality and privacy of the decedent, the decedent's family, and other individuals, agencies or providers cited in the case file.
b. The confidentiality statement shall be signed by each member prior to participation in case review at each meeting.

2. All guests are required to sign the confidentiality statement prior to attendance at a case review.
3. Committee members will be reminded at the start of each meeting that all information discussed in the reviews must remain confidential and may not be used for reasons other than for the maternal mortality review.

D. Breaches of confidentiality shall be subject to legal actions including, but not limited to, the provisions of the Vital Statistics Act at Sections 24-14-27 NMSA 1978 and 24-14-31 NMSA 1978.

IX. CONFLICT OF INTEREST

A. A MMRC member may inadvertently recognize a case regardless of the Department's compliance with HIPAA standards.
   1. If this should happen, the member is encouraged to not disclose that they recognize the case, and may not discuss the committee's discussion of the case outside of the MMRC meeting or with non-MMRC members.

X. AGENCY CONFLICT RESOLUTION

A. The MMRC is not a peer review committee, and, thus, does not seek to examine the performance of individual practitioners, hospitals or other agencies.

B. The MMRC is a professional process aimed at improving systems of care for pregnant and postpartum women.

C. While committee members may have concerns or disagreements regarding a case, the review of maternal deaths is not an opportunity for the MMRC to criticize provider or agency decisions.

D. As the appointing agency of the MMRC, the Department reserves the right to ensure discussions remain focused on the meeting's intended purpose.

E. All information discussed by committee members in the reviews will remain confidential and may not be used for reasons other than that which are intended.

XI. REPORTING PROVIDERS NOT ACTING IN "GOOD FAITH"

A. Should MMRC members have concerns about foreseeable harm to future patients, MMRC members may relay their concerns to the Department staff leading the maternal mortality work.

B. These Department staff members will report the concerns to leadership and legal staff and the Department will move forward according to Department-wide policies.

C. Members of the MMRC may not individually report a provider based on information they have learned as part of the MMRC.

D. Failure to comply with this will result in termination from the committee.

XII. REPORT OF FINDINGS

A. The findings and recommendations of the MMR teams with respect to prevention, risk reduction or systems failures are the property of the department.
   1. They are based on retrospective case review.
   2. The process by which findings are derived is different from the understanding and judgment of a provider or any other person present at the time of caring for the decedent prior to the death.
   3. Findings and recommendations are prevention-oriented rather than punitive to any individual, provider, facility, or system.
   4. The opinions expressed are based upon an aggregate of information which has been compiled from a variety of sources post-mortem, and which was not available to any single provider at the time of death.

B. Statistical studies and research reports based upon the confidential information may be published, but they will not identify decedents, their families, or provide any other information that can be extrapolated to ultimately identify these individuals. Data will be published in the aggregate.