CDC / AMCHP Assessment of Maternal Mortality Review Processes in the United States

Background
The US maternal mortality ratio doubled between 1995 and 2008 and is 3-4 times higher among black women than white women. Maternal mortality review committees (MMRC) are necessary for ensuring all pregnancy-related deaths are identified and reviewed, and that effective prevention actions developed. The capacity for conducting this process across the US is not currently known.

Methods
Twenty state and 2 local MMRCs were selected, based on best evidence that they were currently active, to participate in a CDC and AMCHP developed online assessment of MMRC processes. The 33-item assessment collected information related to: funding and staffing; case identification; data abstraction and review; legislation; challenges; and examples of translation. De-identified data were analyzed. Representatives from 20 state and local review committees completed the assessment (91 percent response rate).

Results

Funding and Staffing: Of the responding areas, 32 percent depend solely on in-kind support. Among those with a dedicated budget, 85 percent receive >90 percent of their funding from the Title V MCH Block Grant. For 75 percent of review processes, Public Health has primary administrative, data storage, and analytic responsibilities.

Case Identification: Greater than 90 percent of settings use linked data to identify cases, and in 72 percent of these, vital records offices conduct the linkage.

Data Abstraction and Review: 74 percent of surveyed committees consider information about potential non-medical contributors to death. Approximately half of surveyed MMRCs examine preventability.

Legislation: In only one-quarter of settings are maternal mortality reviews legislatively mandated, and only half guarantee legal immunity to committee members.

Challenges: The most commonly identified challenges to conducting the review process were: funding; accessing records; and lack of legal protection, standard guidelines for review processes, data systems, and mechanisms for networking with other reviews.

Translation: The majority of respondents were able to provide examples of successfully translating process findings. Some examples include postpartum depression assessment legislation; implementing universal prenatal behavioral health screening; establishing maternal autopsy standards; and developing hypertension guidelines for pregnant women.

Conclusions
Maternal mortality review committees in the US have multiple threats to sustainability, with low legislative support and heavy dependence on in-kind resources. However, the review process can have an essential role in improving maternal mortality and morbidity.