



# The New Mexico Maternal Mortality Review Committee

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## Maternal Mortality Review Committees (MMRCs):

- Review each death occurring during pregnancy or within one year of a pregnancy; determine pregnancy relatedness
- Incorporate multidisciplinary expertise to review deaths, determine preventability and make recommendations to prevent future deaths
- Identify what interventions that would have the most impact at patient, provider, facility, system and community level
- New Mexico committee operating since 2018

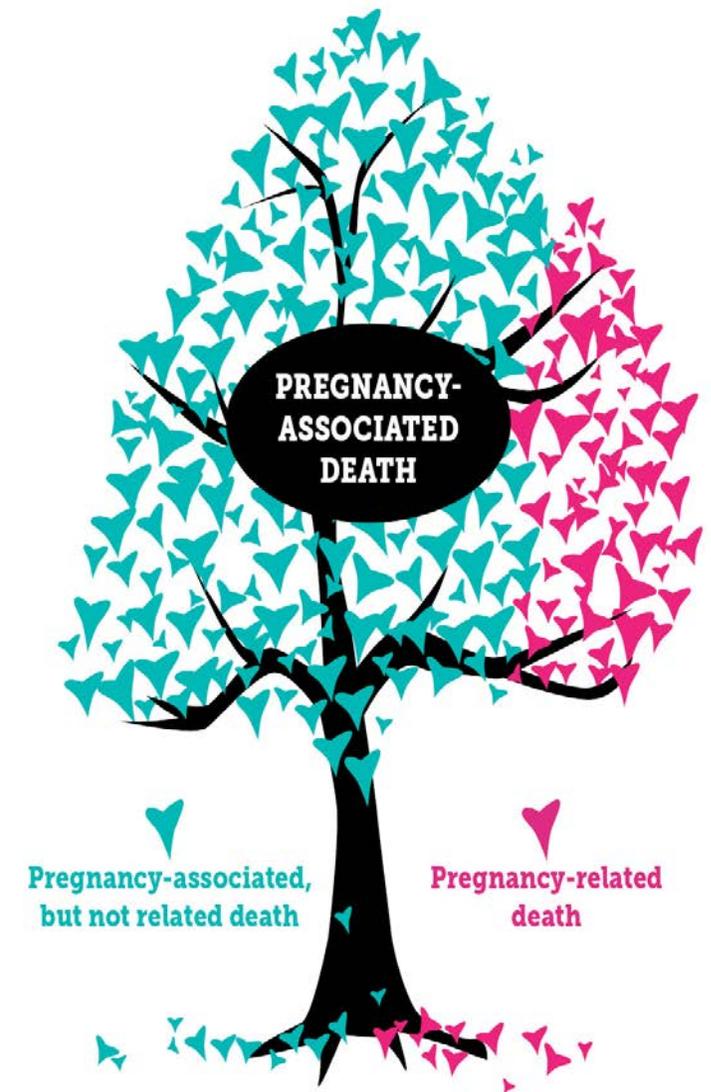
# Key Definitions for Maternal Death

## Pregnancy-associated death:

The death of a woman while pregnant or within one year of the end of pregnancy, irrespective of cause.

## Pregnancy-related death:

The death of a woman while pregnant 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.



Source: MMRIA Facilitation Guide and Review to Action <https://reviewtoaction.org/content/mmria-committee-facilitation-guide>

Graphic source: South Dakota Department of Health <https://doh.sd.gov/statistics/maternalmortality.aspx>

# Maternal Mortality Review...

## IS

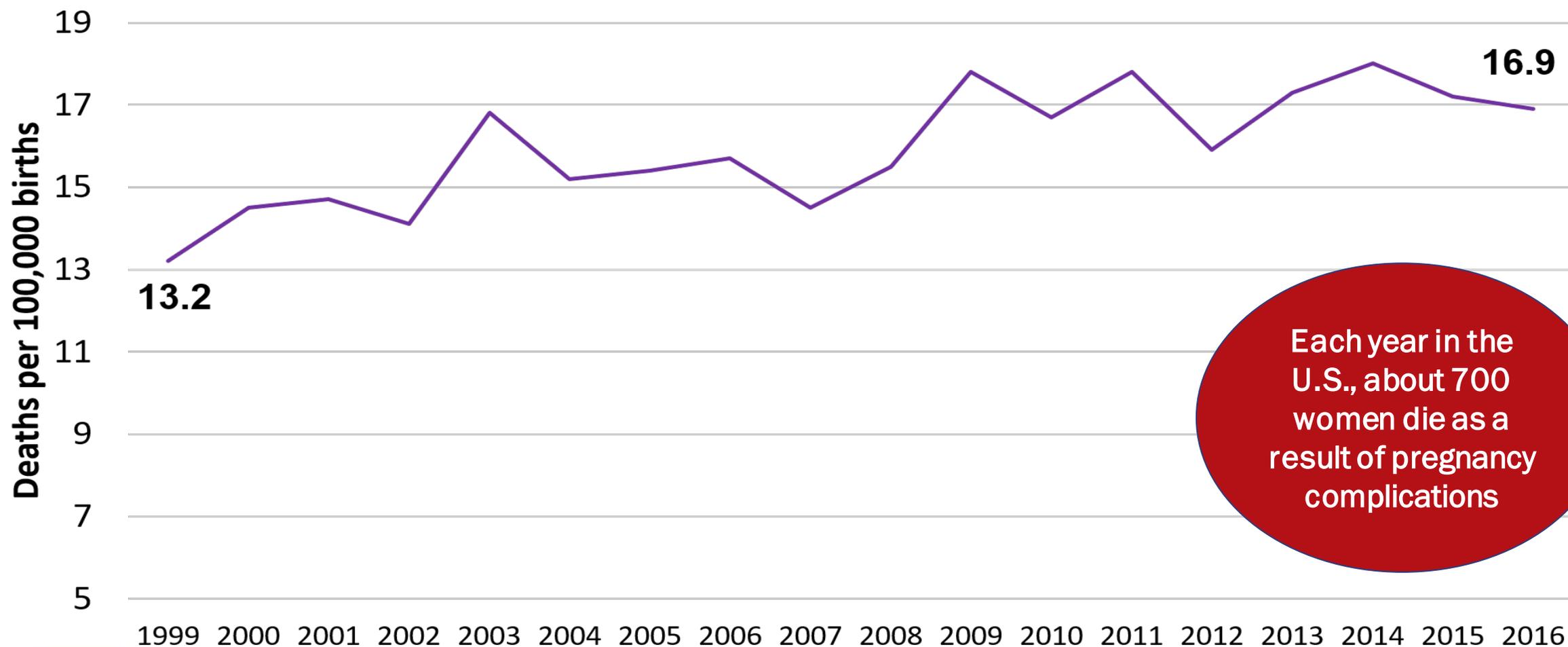
- Ongoing anonymous and confidential data collection, analysis, interpretation and action
- Population level information leading to public health and community partner interventions
- Data driven recommendations to guide prevention activities

## IS NOT

- A mechanism for assigning blame or responsibility for any death
- A research study
- An institutional or peer review

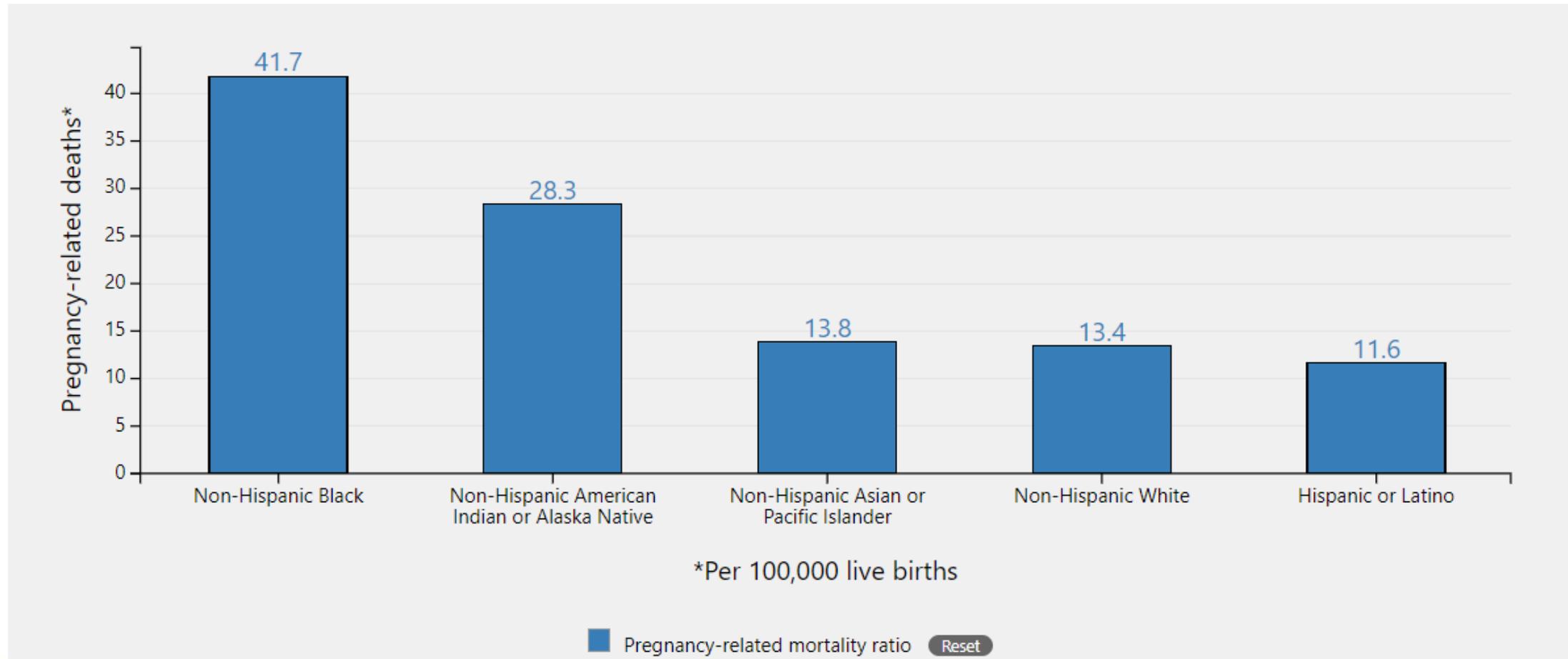


# Pregnancy-Related Mortality Ratio, U.S., 1999-2016



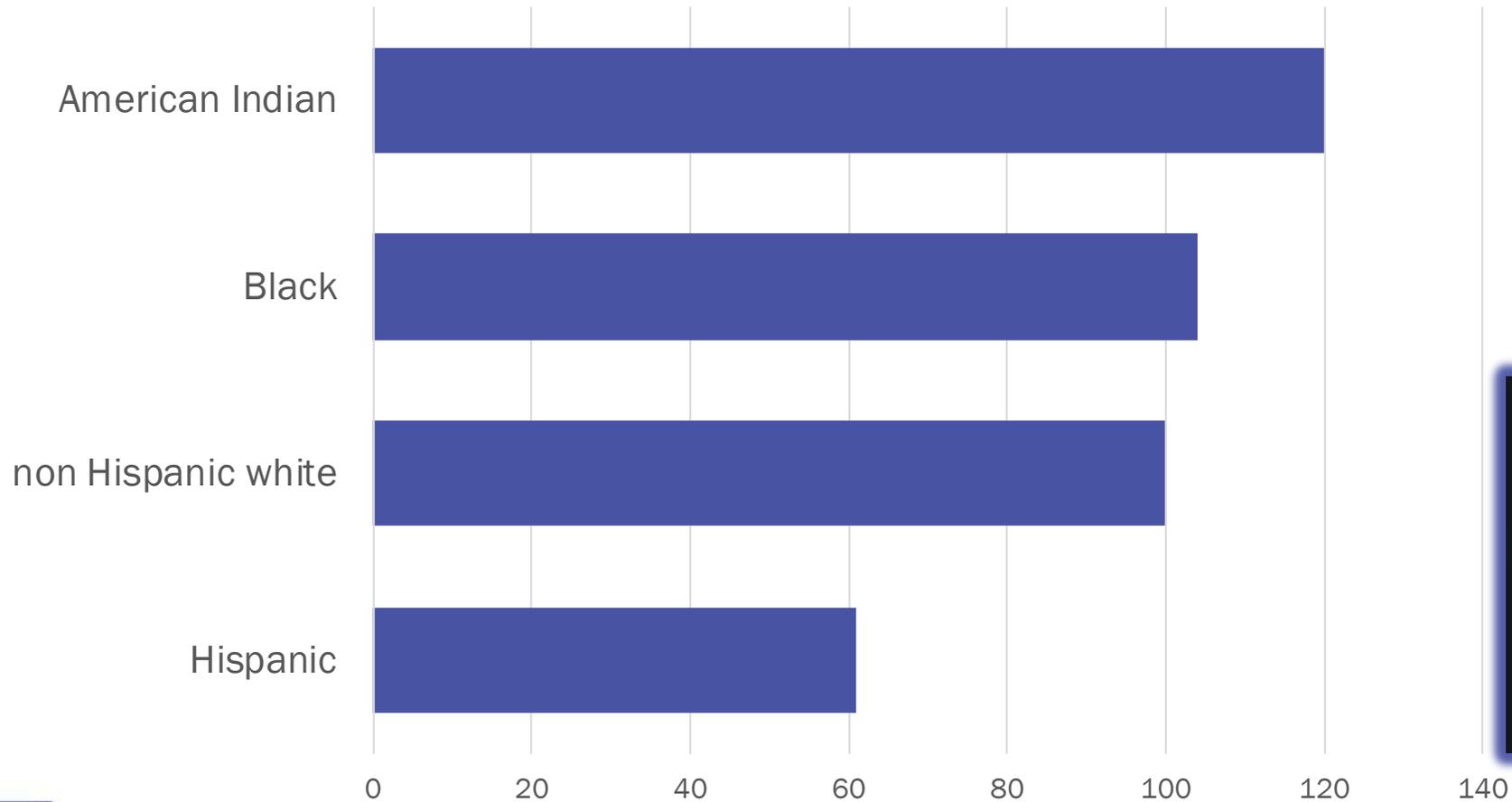
Each year in the U.S., about 700 women die as a result of pregnancy complications

# Pregnancy-Related Mortality Ratio by Race-ethnicity, U.S., 2014-2017



# Who is dying in New Mexico, by race- ethnicity?

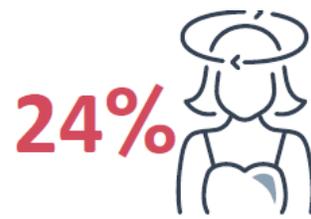
Pregnancy Associated Mortality Ratio  
Deaths per 100,000 live births, 2015-2018



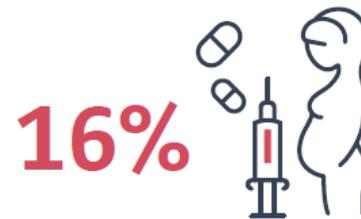
# How are pregnant and birthing people dying in NM?



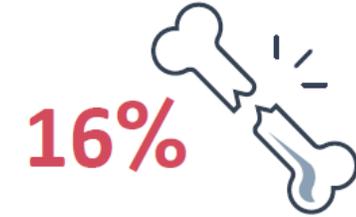
Motor vehicle crash



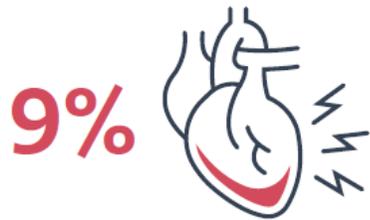
Mental health



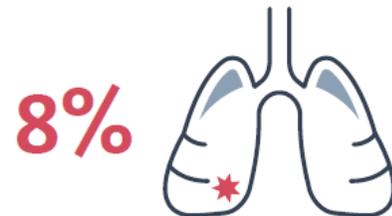
Overdose



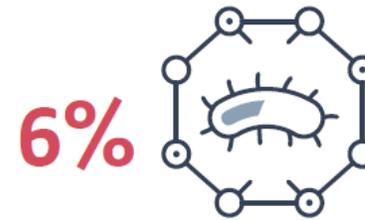
Other injury



Cardiac



Embolism



Infection

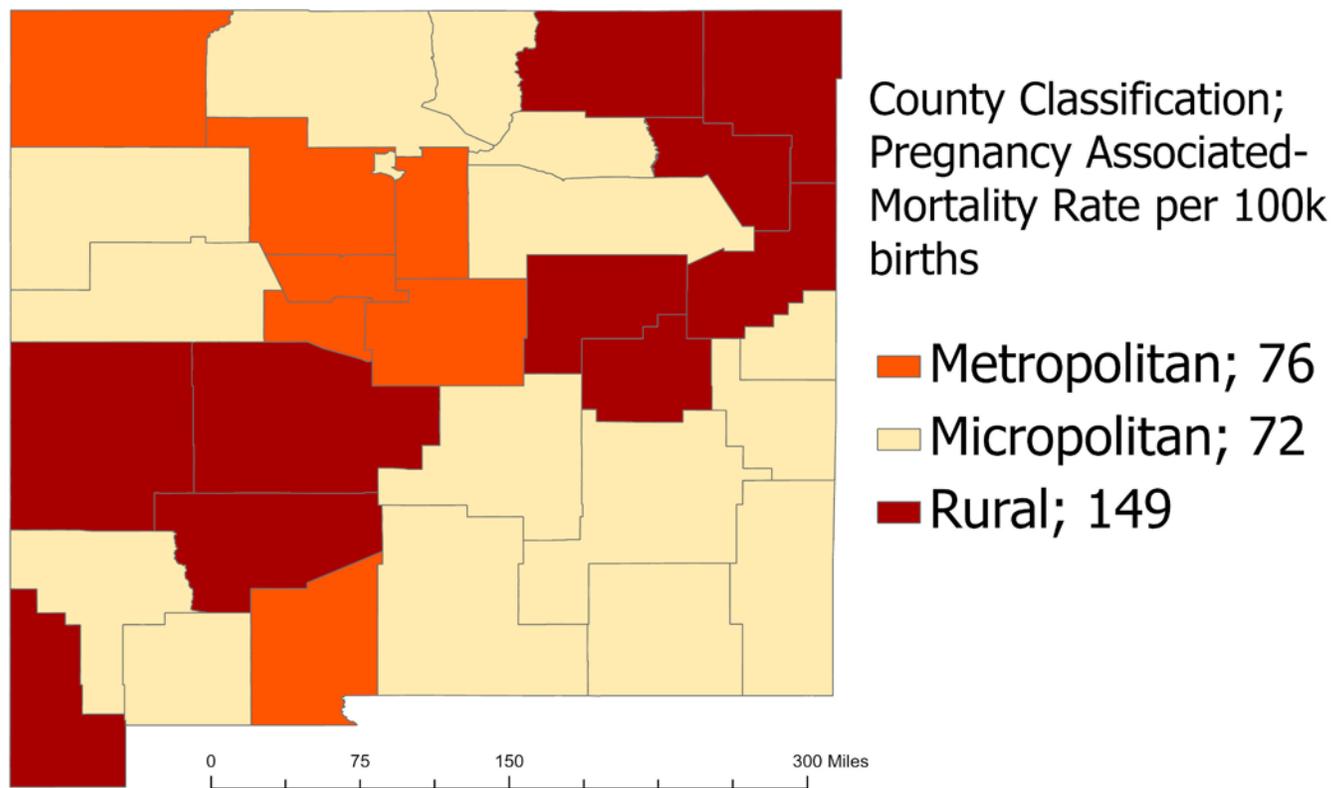


Hemorrhage

Source: NMDOH 2021: 2015-2018 MMRC findings

# Where are pregnant or birthing people dying in NM?

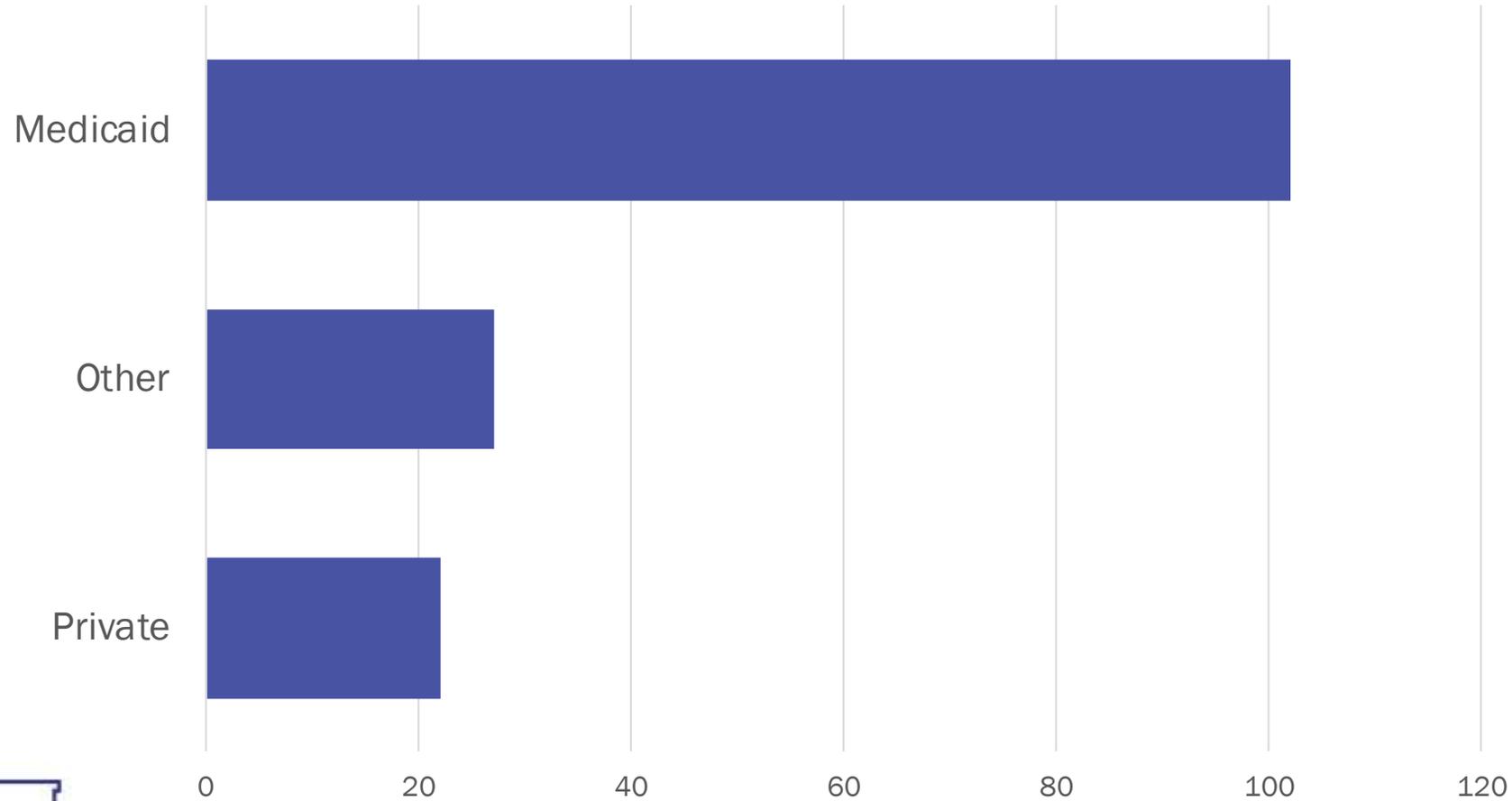
Pregnancy-Associated Mortality Rates and Urban to Rural Classifications of New Mexico Counties, 2020



Source: U.S. Census Bureau,  
Population Division

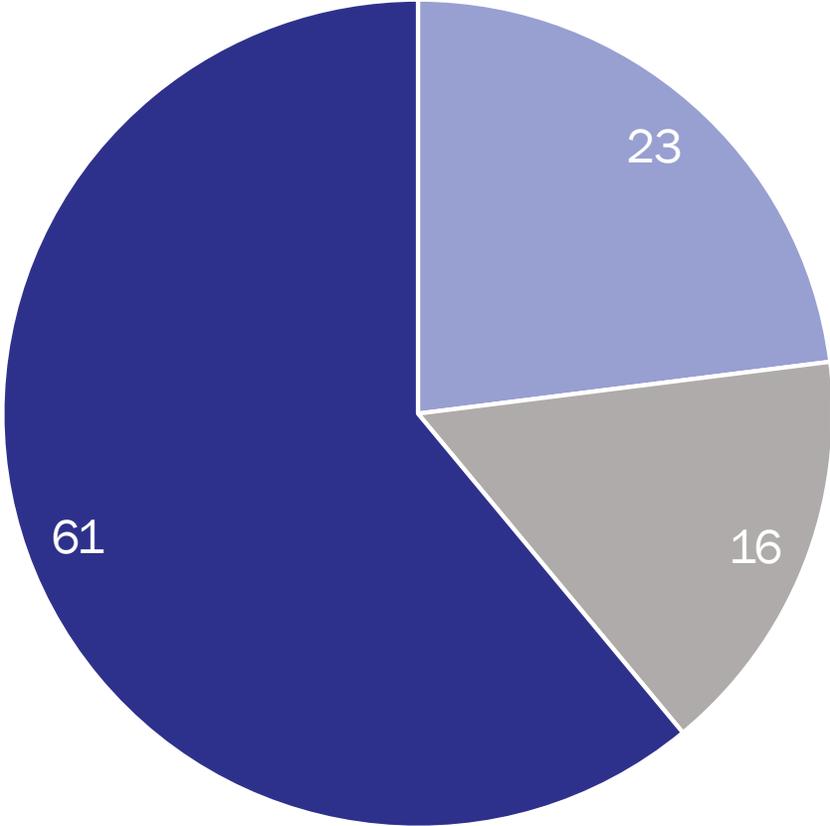
# Who is dying in New Mexico, by insurance coverage?

Pregnancy Associated Mortality Ratio  
Deaths per 100,000 live births, 2015-2018



# When are people dying in NM?

PERCENT OF DEATHS BY TIMING



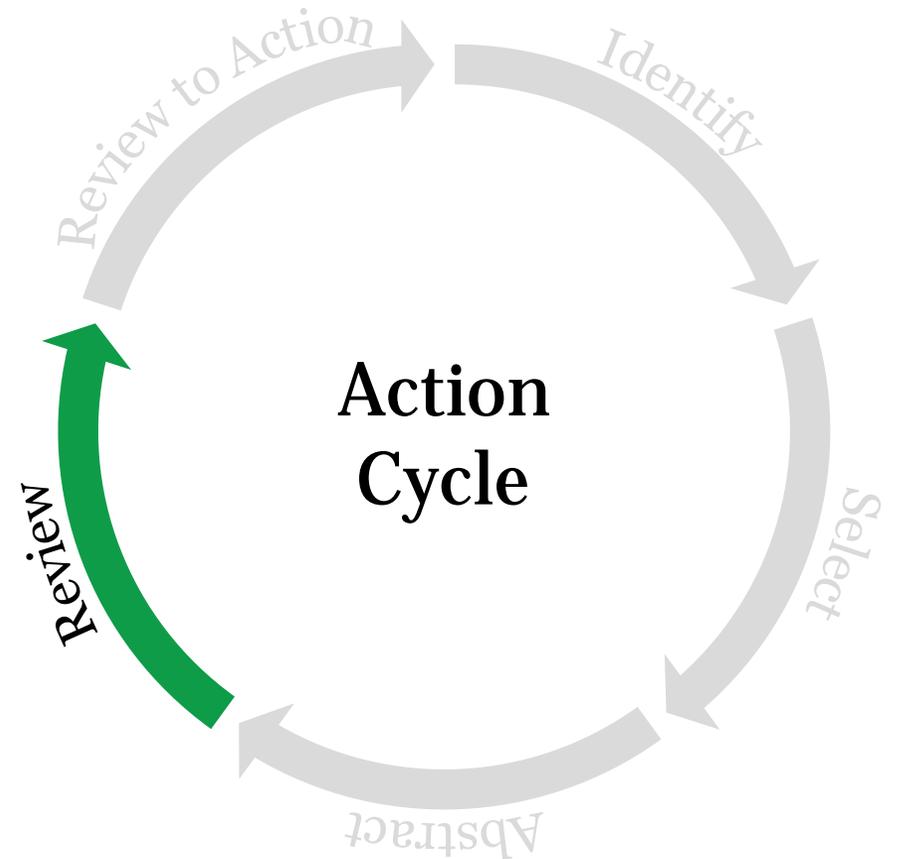
- During pregnancy
- within 42 days postpartum
- 43+ days from pregnancy



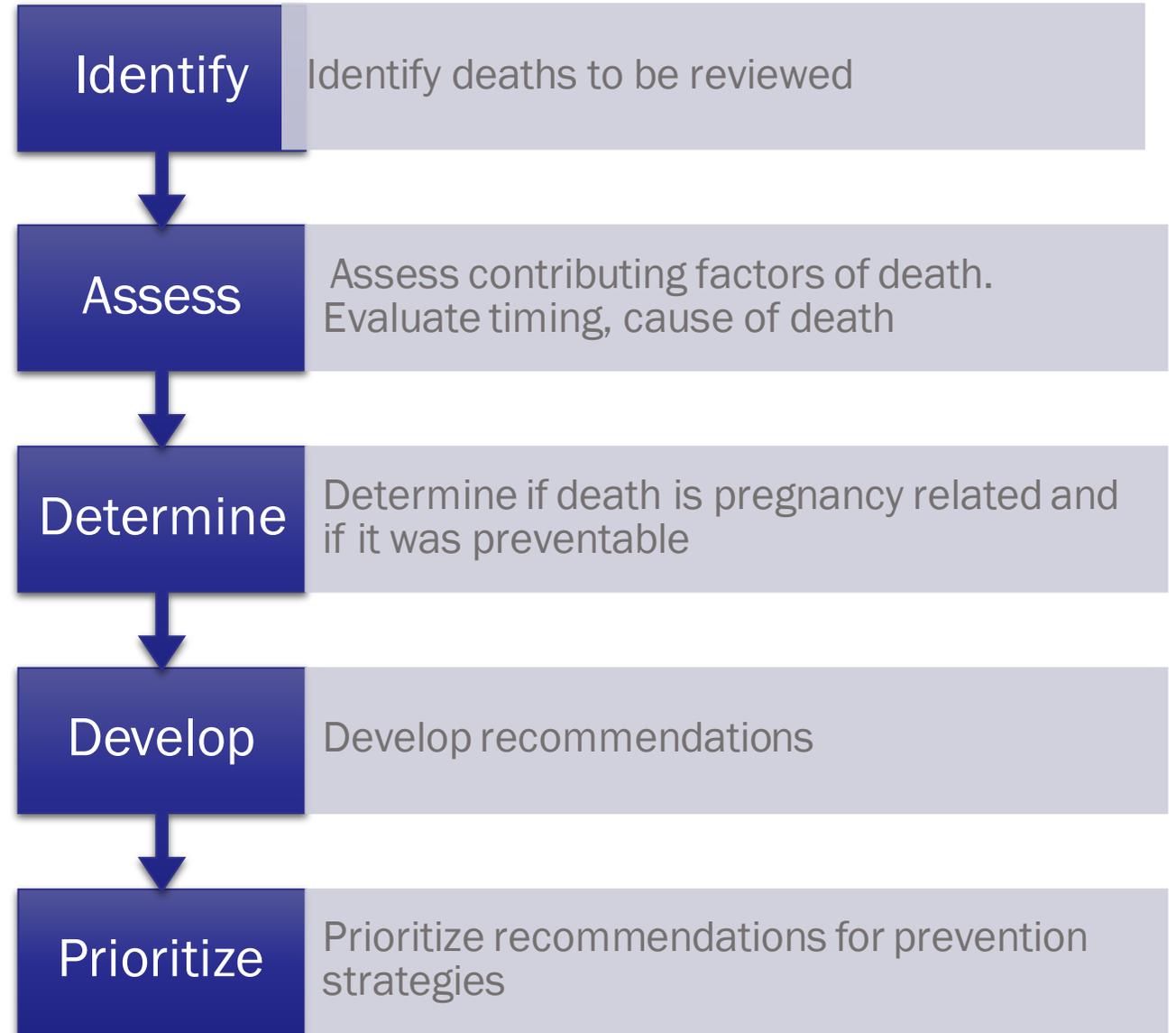
*Investing for tomorrow, delivering today.*

# Guiding Questions for Review

- Was the death pregnancy-related?
  - What was the underlying cause of death?
  - Was the death preventable?
  - What are the contributing factors to the death?
- What specific and feasible actions might have changed the course of events?



## Steps for Committee case identification and review



# SB 96 (2021) Maternal Mortality and Morbidity Act

- Increases membership to 30 individuals:
  - 2 seats appointed by the Indian Affairs Department
  - 2 seats by the Office of African-American Affairs
- Allows invited, expert guests to contribute to review process
- Supports member reimbursement for ‘critical time lost’ in committee
- Membership reflects ethnic and geographic diversity of NM
- Membership includes people most impacted by maternal mortality
- Requires trauma-informed training for members

# Who should be a committee member?

The department acknowledges the quality of case review and recommendations be directly aligned with the expertise and lived experience of the individuals serving on the Maternal Mortality Review Committee (MMRC).

*As a result, SB 96 requires:*

- both clinical and non-clinical expertise*
- community-based and lived experience*
- diverse backgrounds to make better recommendations*

## What's NEXT?

- Rules are taking shape and require input- Draft 1 will be shared with community partners early October
- A public hearing of the rules will be held between October and November 2021, which will include community feedback
- An open call for membership was made in collaboration with NMDOH, IAD, and OAAA, the Black and Indigenous Maternal Health Policy Coalition (BIMHPC)
- The first annual MMRC report will be published in Fall 2021
- Ongoing collaboration with BIMHPC

Introduction of Community Partners...

# Black and Indigenous Maternal Health Policy Coalition (BIMHPC)

Black Health New Mexico  
Tewa Women United  
Indigenous Women Rising  
Changing Woman Initiative  
The Navajo Nation Breastfeeding Coalition  
Wadada Midwifery Care

**Sunshine Muse, Executive Director**

Black Health New Mexico, The New Mexico Birth Equity Collaborative

**Corine Sanchez, Executive Director**

Tewa Women United

# ***Black and Indigenous Maternal Health Policy Coalition Presentation ...***

# Maternal Health Program

Abigail Reese, PhD, CNM

Maternal Health Program Manager

Family Health Bureau



# NMDOH Mission

*To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.*

## Goals



**We expand equitable access** to services for all New Mexicans



**We ensure safety** in New Mexico healthcare environments



**We improve health status** for all New Mexicans



**We support each other** by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

# NMDOH Maternal Health Program Overview

To assure that all birthing families have the best possible outcomes, the Program:

- Licenses and supports Certified Nurse Midwives and Licensed Midwives
- Collaborates with MCH Epidemiology to collect and analyze data
- Engages community and providers to ensure best practices in maternal health care

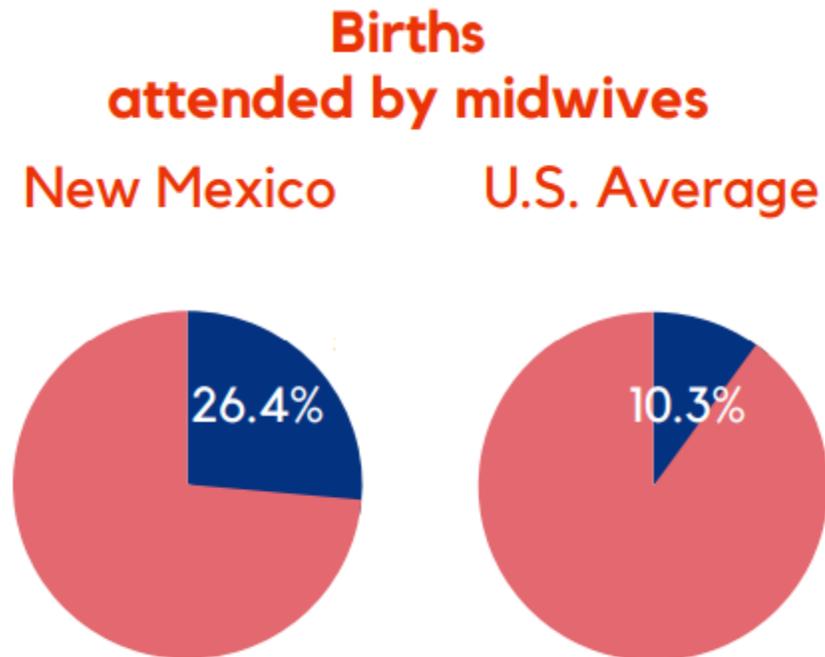


# NM Birthing Landscape

- Birthing Hospitals:
  - 3 IHS hospitals
  - ~~26~~ 25 non-federal birthing hospitals
  - 9 in metropolitan areas (4 in ABQ alone)
  - ~~17~~ 16 hospitals serve the remaining rural communities
- > 25% NM counties have no hospital-based maternity services
- Since 2010, ~~four~~ 6 hospitals have closed maternity care services and only one has reopened
  - Rehoboth McKinley Christian Health Care Services has closed unit as of 9/24/21
- Community:
  - Midwife-led models: birth centers and home-based services

# Support for Certified Nurse Midwives and Licensed Midwives

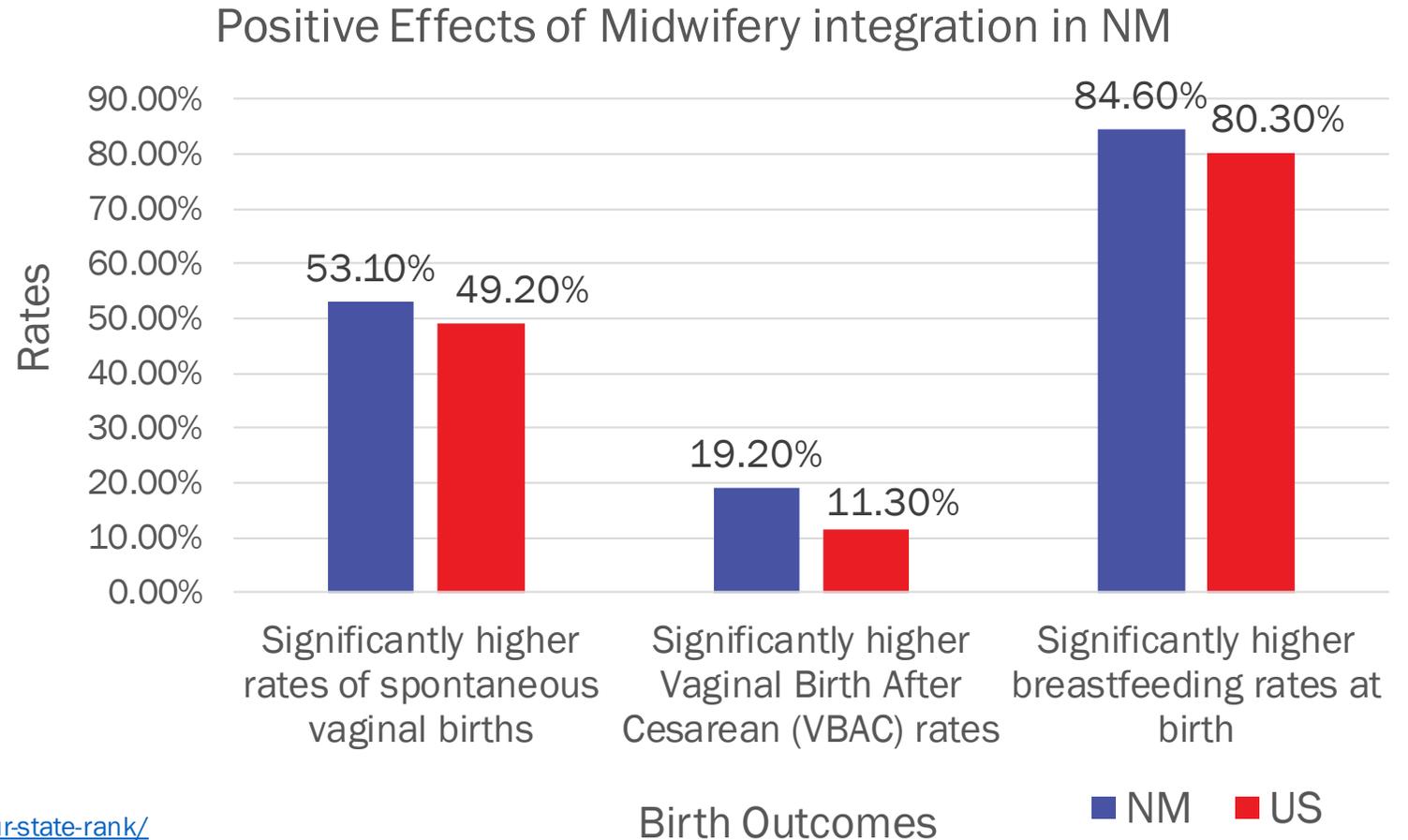
- MHP promulgates rules and regulations for safe practice
- Supports midwives as members of a statewide, multidisciplinary, perinatal workforce



(Vedam et al., 2018)

# Midwifery Integration Improves Outcomes

- Certified Nurse-Midwives & Licensed have independent scope of practice
- Provide hospital & community birth services covered by Medicaid
- Midwifery integration in NM is associated with positive outcomes



<https://www.birthplacelab.org/how-does-your-state-rank/>

*Investing for tomorrow, delivering today.*

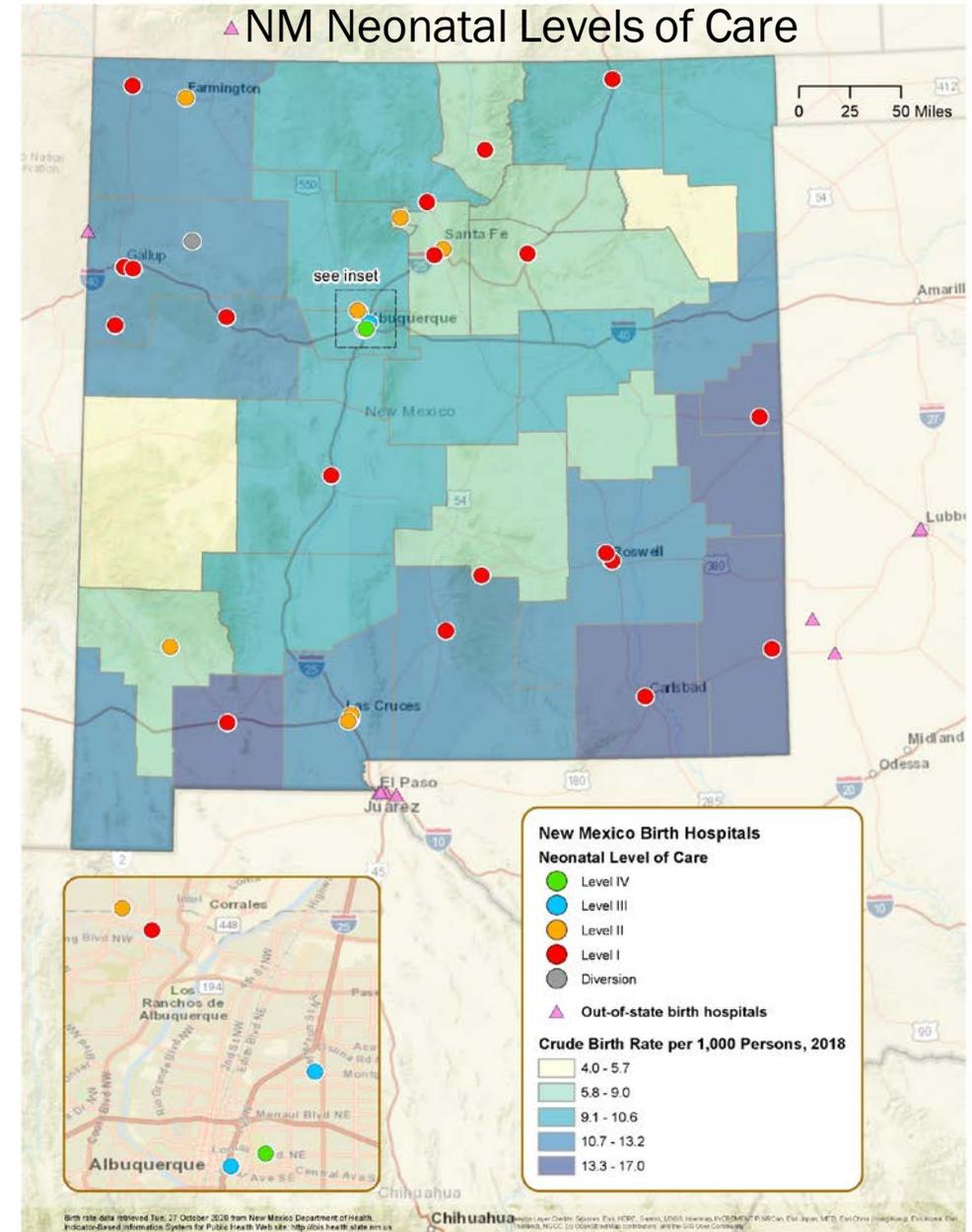
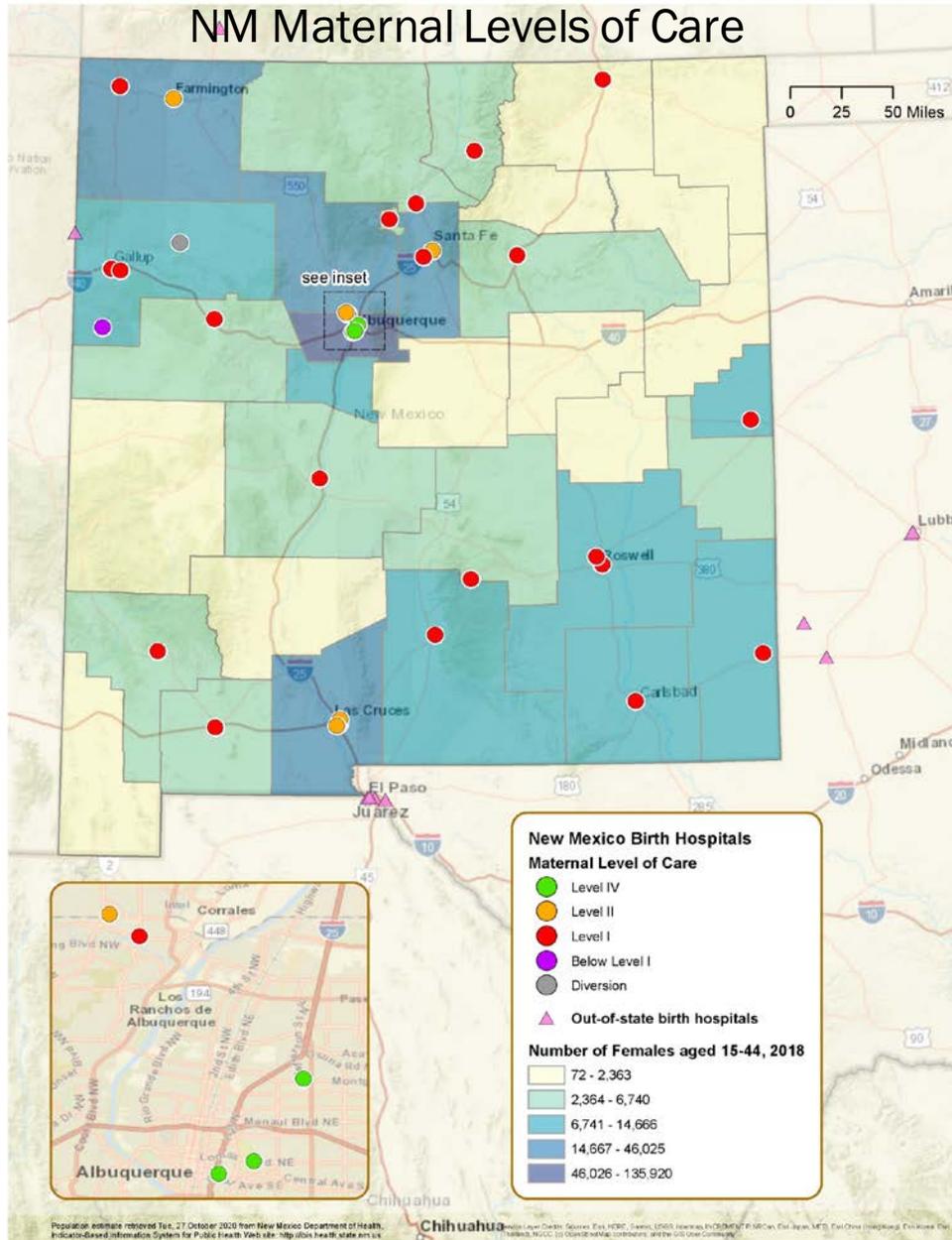
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# Data to Inform Policy: CDC LOCATe<sup>SM</sup>



- Self-administered tool to help states create standardized assessments of levels of maternal and neonatal care.
- May be used to assess distribution of staff and services throughout the state.
- Help evaluate the relationship between the volume of services provided by a facility and maternal and infant health outcomes.
- NM had 100% birthing hospital participation
- Majority are rural Level 1 hospitals providing essential services to all NM families who live outside of metropolitan counties.
  - Most vulnerable to closure, understaffing, and lack of training resources

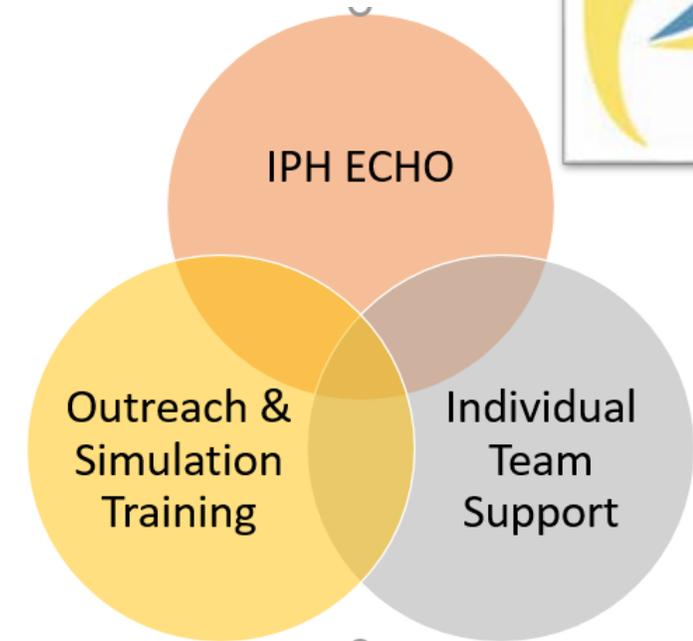
# New Mexico Birthing Hospitals



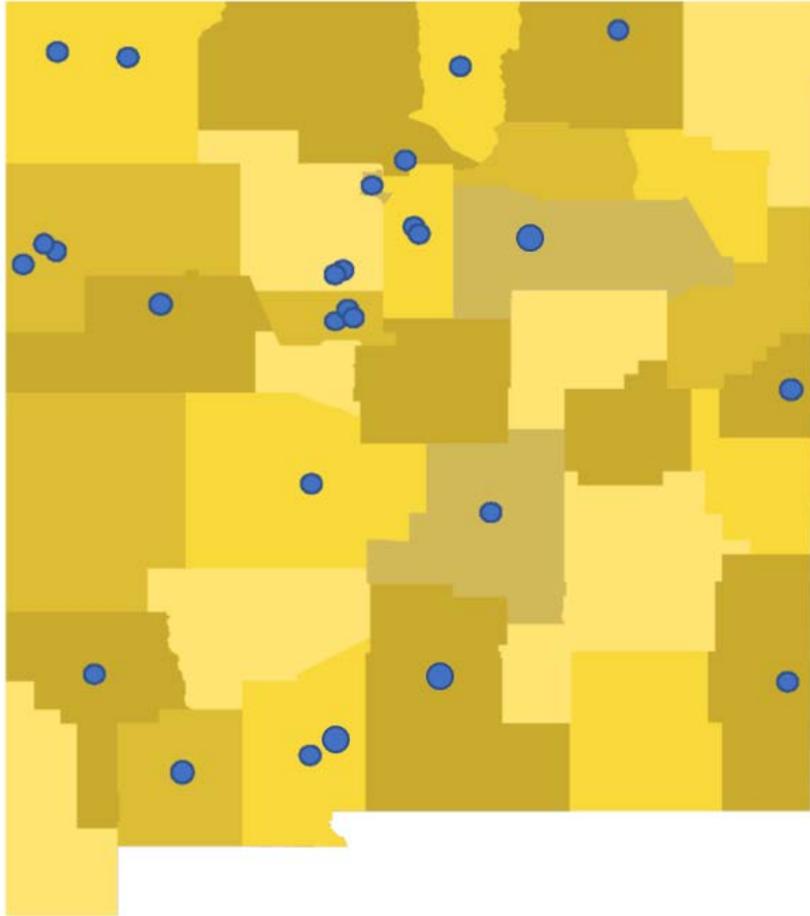
# Perinatal Quality Improvement



- Alliance for Innovation on Maternal Health (AIM) maternal safety initiative
- NM Perinatal Collaborative (NMPC) represents New Mexico in AIM
  - Improving Perinatal Health ECHO / Project ECHO
  - Substance Use Disorder Workgroup
    - Multidisciplinary statewide group
    - Implementing best practices in SUD care
    - Bold Futures providing content expertise



# AIM Hospital Enrollment to Date



- 23 out of 26 non-federal hospitals enrolled
- Geographically dispersed throughout state
- All 3 IHS birthing facilities are actively engaged
- Early adopters were rural Critical Access Hospitals

# Questions?