MCH Innovations Database

EVIDENCE-INFORMED POLICY DEVELOPMENT

DC MATERNAL MORTALITY REVIEW COMMITTEEE

Location	Focus Area	Policy Type
Washington, DC	Access to Health Care/Insurance; Health Equity; Service Coordination/Integration	Big P Policy

Target Population
Birthing people in Washington, DC

SECTION 1: POLICY DESCRIPTION

The MMRC was created by the DC City Council in consultation with the DC Department of Health (DOH) to identify the causes of maternal mortality in DC and determine actions that can be taken to decrease the rate. The multidisciplinary committee includes obstetricians, midwives, RN, doula, social worker, community members and representatives from the DOH, Office of the Chief Medical Examiner (OCME) (where the committee is housed), Health Care Finance, Human Service and Behavioral Health. The committee is charged with the task of reviewing the maternal deaths of all DC residents and the maternal deaths of non-DC residents that occur in DC hospitals. The first meeting of the committee was in May 2019. There are approximately 10,000 deliveries in DC per year.

The MMRC was established within the OCME by the "Maternal Mortality Review Committee Establishment Act of 2018" (D.C. Law 22-111) which was enacted by the Council of the District of Columbia and became effective June 5, 2018. The MMRC was established to determine the causes associated with maternal mortalities of District residents and those that occur in the District, to describe and record any trends, data, or patterns that are observed surrounding maternal mortalities, to create a strategic framework for improving maternal health outcomes for racial and ethnic minorities in the District, to recommend training to improve the identification, investigation, and prevention of maternal mortalities, and make publicly available an annual report of its findings, recommendations, and steps taken to evaluate implementation of past recommendations.

Law 22-111, the "Maternal Mortality Review Committee Establishment Act of 2018," was introduced in the Council and assigned Bill No. 22-524 which was referred to the Committee on Judiciary and Public Safety. The bill was adopted on first and second readings on Feb. 6, 2018, and Mar. 6, 2018, respectively. After mayoral review, it was assigned Act No. 22-315 on Apr. 12, 2018, and transmitted to Congress for its review. D.C. Law 22-111 became effective June 5, 2018.

KEY ELEMENTS & GOALS

As described in D.C. Law 22-111. Maternal Mortality Review Committee Establishment Act of 2018, the primary goals of the MMRC are to determine the causes associated with maternal mortalities of District residents and those that occur in the District, to describe and record any trends, data, or patterns that are observed surrounding maternal mortalities, to create a strategic framework for improving maternal health outcomes for racial and ethnic minorities in the District, to recommend training to improve the identification, investigation, and prevention of maternal mortalities, and make publicly available an annual report of its findings, recommendations, and steps taken to evaluate implementation of past recommendations. The MMRC aims to determine the cause of death and the factors that contributed to death for all maternal deaths related to pregnancy in that happen in the District. Based on the causes, the committee will then make recommendations for actions that can be taken to address these factors.

EVIDENCE TO SUPPORT POLICY APPROACH

When initial work on the MMRC began in 2011, the pregnancy-related mortality rate in DC was worse than that of all other states with 43.7 deaths/100,000 live births in 2010. Data from the CDC showed that DC pregnancy-related mortality in 2001-2006 was 38.2 deaths/100,000 live births, compared to 14.5/100,000 live births in the US broadly from 1998-2005. As is well documented, the African American maternal mortality rate is 3-4x greater than that of non-Hispanic whites nationwide, and this disparity exists in DC as well. Though pregnancy-related deaths were occurring annually in DC, in 2011 no one was reviewing the maternal data for action. At the time, the opinion of the District leaders was that because the raw number of maternal deaths was low, especially when compared with the child fatality numbers, there was not a focus on maternal deaths. Furthermore, requests for pregnancy-related mortality data took over three months to obtain. Taken together, the data showing that pregnancy-related deaths were occurring annually in DC, the fact that no one was looking into the root causes of these deaths to move towards action, and the inaccessibility of maternal mortality data presented a clear need for the formation of an MMRC.

STAKEHOLDER ENGAGEMENT

Multiple stakeholder groups were engaged throughout the policy development process. The Maternal Mortality Review Organizing Committee first met on July 11th, 2013 and was composed of a variety of stakeholders including: 1) obstetricians from each of the delivering hospitals in DC: WHC, Georgetown, GW, Howard, Providence, UMC and Sibley. This group included both general obstetricians and MFM; 2) Family Practitioner; 3) CNM from Medstar (WHC, Georgetown) and GW; 4) DC Medical Society; 5) AWOHNN representative; 6) RN from Howard L&D; 7) Obstetricians from FQHCs: Unity and Mary's Center; 8) specialist from ACOG who was in the process of creating AIM; 9) DC DOH; and 10) AMCHP. Of course, not all members attended each meeting.

The meeting held by the Community Health Administration of the DOH to draft the actual language of the policy also included many stakeholders. The DOH invited stakeholders to this meeting, which primarily consisted of physicians. Few community organizations were directly involved in drafting the legislation. Stakeholders were also engaged during the process of getting the bill enacted by the DC City Council. 19 different individuals testified on behalf of the bill including individuals from: Planned Parenthood; March of Dimes; Physicians from each hospital; FQHC midwife; AMCHP and nursing association; AAP; Black Mamas Matter; ACOG; DC Campaign to Prevent Teen Pregnancy; Center for

Reproductive Rights; obstetricians from Sibley, WHC and Georgetown; CNM from Community of Hope/Family Health and Birth Center; Association of Women's Health, Obstetric and Neonatal Nurses (AWOHNN); and ACNM. A few folks testified as public witnesses that came through other organizations as well.

HEALTH EQUITY

As is well documented, the African American maternal mortality rate is 3-4 times greater than that of non-Hispanic whites nationwide, and this disparity exists in DC as well. The MMRC was established in large part to address disparities in maternal mortality among birthing people in the District. One of the main goals listed in the legislation was "to create a strategic framework for improving maternal health outcomes for racial and ethnic minorities in the District". The committee looks at how disparities in a wide variety of social determinants of health including access to transportation, food, and housing impact birth and maternal outcomes. The committee also looks at any disparities in treatment that members of marginalized racial and ethnic groups may experience regarding the quality of care and types of reactions they receive from providers and hospital staff. The committee reviews each case individually to assess disparities. They are still in the process of developing recommendations related to addressing disparities.

SOCIAL & POLITICAL CONTEXT

When initial work to establish the DC MMRC began in 2011 led by Dr. Connie Bohon, there was little political appetite to establish such a committee among the DC City Council. Past attempts to establish an MMRC had been blocked by the DOH. This current attempt to establish the MMRC began while Dr. Bohon was serving as the Vice Chair of the DC section of ACOG in which she was responsible to report the data from DC to the District IV Maternal Mortality Committee. This committee included seven states on the east coast. Many of these states had strong MMRCs, specifically Florida and Maryland, which prompted Dr. Bohon to investigate maternal outcomes in DC. The need for a DC MMRC became apparent when Dr. Bohon, after much effort in accessing data, reviewed DC government data on maternal outcomes in DC and identified that in some years DC had worse maternal outcome raates than the other 50 states. Dr. Bohon established a Maternal Mortality Organizing Committee (the committee), as described above, which first met on 11 July 2013.

When Dr. Bohon reached out to the Chief Medical Examiner (CME) to invite her to participate in her committee, initially her emails were not returned. Subsequently she contacted a DC City Councilmember who contacted the CME. Dr. Bohon received a prompt email advising her that there was insufficient staff to support a MMRC and she should re-try in 2014. The CME left her position sometime in late 2013 or early 2014. At that point, Dr. Bohon and the committee decided to take another tack. Jeanne Mahoney from ACOG and Dr. Bohon then met with the Chief of the Perinatal and Infant Health Bureau in the Community Health Administration (CHA) Division of the DC DOH. During 2014 this group met five times to discuss the creation of a MMRC including where to house the committee and legislation. Before the end of the year, the Chief too had left her position and did not sign off the committee's concerns to her successor. In fact, she did not tell the committee she was leaving, and the group learned of her departure during a call to confirm a scheduled meeting.

In May 2015, the committee held a meeting where the new ACOG DC Section Chair, Tamika Auguste MD FACOG, invited some new representatives from the DC DOH. Attending were obstetricians from Medstar WHC, GW, Georgetown, Howard, Providence, Sibley and Mary's Center; AMCHP; 3 representatives from NICHD; Medical Society of DC; ACOG/AIM; Manager fatality review in CME office and the Deputy Director for Programs at the CHA in the DC DOH. The representatives from NICHD were very supportive of the need for a MMRC. At the meeting, the representative for the CME stated the MMRC could not be housed there. That left the committee with the options for 1) DOH to collaborate with the DC Medical Society or ACOG with the assistance of staff from the DOH 2) DOH to contract with DC Medical Society or ACOG to establish a MMRC and hire staff 3) DC City Council to create a fund to establish the MMRC and through legislation determine the membership and responsibilities. Rather than write minutes, Dr. Bohon tasked attendees to address these options and questions raised at the meeting.

In July 2015, Dr. Bohon received a letter from the Deputy Director of the CHA about a meeting with the CME, DOH and the Center for Planning, Policy and Evaluation Administration to discuss the potential need for legislative establishment and funding for administrative activities of MMRC. The next step recommended by this group was for the Directors of the DOH and the CME to determine the best approach to legislative establishment of a MMRC in DC. Dr. Bohon notes that she will never forget the day in August when she received a call from the relatively new CME informing her that the MMRC would be housed in his office.

In September 2015, a meeting was convened by the DC DOH to discuss the creation of a MMRC. The group included the Director of the DC DOH, a physician from the NICHD/Pregnancy and Perinatology Branch, CDC representatives from the National Center for Statistics and the Division of Reproductive Health, AMCHP, representative from the Virginia office of the CME, the DC CME, obstetricians from each of the obstetrical hospitals in DC, Deputy Director for CHA, representatives from the DC DOH, and the General Counsel for the DC Office of the CME. The latter agreed to write the bill and send it out to the committee members for review. She sent out the proposed bill in December which was then introduced by the Mayor's office to the budget committee in May 2016. However, the bill was not reviewed because it was budget neutral.

Efforts were stalled for a time, but in March 2017 Dr. Bohon testified to the new city council about a separate issue and made a closing push for the need for an MMRC in DC. Council Member, Charles Allen, attended that briefing, and afterwards had his staff reach out to Dr. Bohon to express interest in supporting the development of the MMRC. To address past issues with attempting to establish the MMRC within the DOH, Council Member Allen worked with the Mayor’s Office to see if the Mayor would introduce the legislation. The Mayor’s office denied this request. Council Member Allen put forth the bill himself. Nineteen witnesses testified on behalf of the bill including community members and members from the organizing committee (described in question 3.1 below). The bill also had the support of the Chief Medical Examiner’s Office. The bill was adopted on first and second readings on Feb. 6, 2018, and Mar. 6, 2018, respectively. After mayoral review, it was assigned Act No. 22-315 on Apr. 12, 2018, and transmitted to Congress for its review. D.C. Law 22-111 became effective June 5, 2018.

SECTION 2: CONSIDERATIONS FOR FUTURE POLICY DEVELOPMENT

LESSONS LEARNED

This policy development effort was informed by MMRCs developed in Florida, Maryland, and Philadelphia. Technical assistance was solicited from AIM at ACOG and from AMCHP. Dr. Bohon looked to work done in Maryland and Florida to help determine the stakeholders to be involved in the initial Maternal Mortality Review Organizing Committee. From this, they realized that they needed individuals on their committee who could help and inform and provide information on MMRC efforts rather than initial supporters. Learning that Maryland's MMRC is funded by a grant to the Maryland Medical Society for the creation of a MMRC helped inform these policy developments as well. Seeing the challenges that Maryland has faced regarding stability and sustainability of an MMRC with grant funding, prompted the organizing committee to push for the MMRC to be codified in legislation. The organizing committee also received support from Jeanne Mahoney from ACOG and used ACOG resources to help identify stakeholders to be included in the actual MMRC legislation. Dr. Bohon also spoke with people from Philadelphia to learn about their MMRC work and how they gather data as they are a similar municipality, being a city rather than a state.

FUTURE CHANGES

Health Equity

One of the main goals listed in the legislation was "to create a strategic framework for improving maternal health outcomes for racial and ethnic minorities in the District". It is recommended that future policy development efforts also explicitly highlight for historically underresourced groups in similar policies.

Stakeholder/Advocacy Efforts

Having strong stakeholder engagement was key to the success of this policy development process. Future efforts should similarly ensure that insights and feedback from a wide range of stakeholders including both providers and people with lived experience are included in the development process.

FUNDING

Funding for this policy is stated in the legislation as "The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006". Translated, these means that the Office of the Chief Medical Examiner (OCME) will include the funding for the MMRC in its budget. The current funding for the MMRC is ½ an full-time employee (FTE), which was determined based on the estimated need based on the number of cases per year.

CONTACT INFORMATION

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