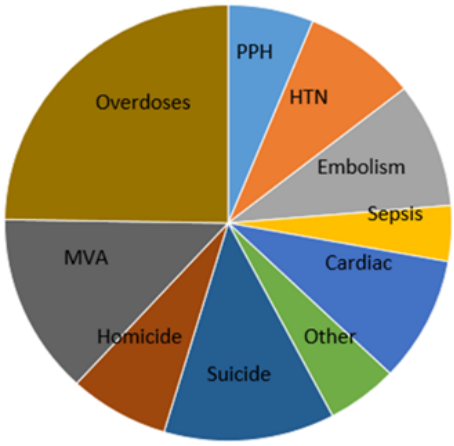
Fact Sheet: New Mexico's State Maternal Mortality Review Committee

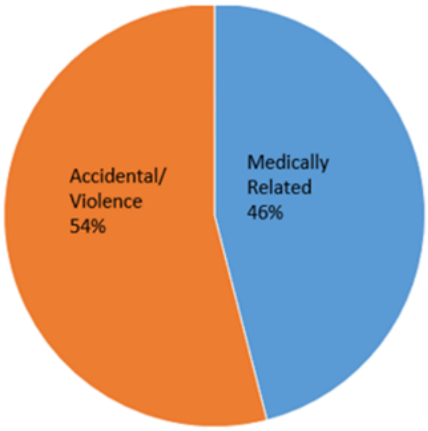
(MMRC)

What is the history and purpose of the Maternal Mortality Review Committee?

- **NMAC 7.4.5 created in 1993; MMRCs in 2004 and 2009; relaunched in 2018.**
- **MMRCs identify, review, and analyze maternal deaths, disseminate findings, and work with stakeholders such as the NM Perinatal and Neonatal Collaborative to address improvements to maternal care.**
- **The New Mexico MMRC has support from state, national and federal partners via trainings, multi-state meetings, and committee membership.**
- **Data on maternal death cases are abstracted from hospital/clinic, autopsy reports, and police records and are recorded on a national de-identified database (the Maternal Mortality Review Information Application or MMRIA, maintained at the Centers for Disease Control).**
- **De-identified summaries are presented to MMRC to determine pregnancy related or associated, accuracy of cause of death, whether preventable, contributing factors, recommendations on prevention, and potential impact of recommendations.**

Characteristics of Maternal Mortality Cases from previous years 2010-2014 (5 Years = 97 cases)





Cause of Pregnancy–Associated Death* as stated on Death Certificate

***Pregnancy-associated deaths are defined as the death of a woman while pregnant or within one year of the termination of pregnancy, regardless of the cause.**

Future Directions for the New Mexico MMRC

- **In 2019, the MMRC will convene to review 2016 maternal death cases in-depth, combine findings from 2015-2016 case reviews, and develop workable recommendations.**
- **The MMRC will collaborate with stakeholders such as the NM Perinatal and Neonatal Collaborative to implement actionable strategies to improve maternal care in the state and reduce the incidence of maternal deaths.**