

Kansas Maternal Mortality Review Committee (KMMRC)

Purpose: The purpose of the review is to determine the factors contributing to maternal mortality in Kansas and identify public health and clinical interventions to improve systems of care. Maternal Mortality includes deaths occurring during pregnancy and up to one year after pregnancy.

Mission: The mission is to increase awareness of the issues surrounding pregnancy-related death and to promote change among individuals, communities, and healthcare systems in order to reduce the number of deaths.

Vision: The Maternal Mortality Review Committee's vision is to eliminate preventable maternal deaths in Kansas.

KMMRC Bylaws

Article 1: Membership

Section 1. Duties of the Kansas Maternal Mortality Committee

- Determine and complete the MMRIA form for all cases.
- Only the full Kansas Maternal Mortality Review Committee may determine pregnancy relatedness and preventability. However, the committee may utilize the recommendations of subcommittees to determine pregnancy relatedness, preventability, and recommendations for (patient/family, provider/ system).
- Communicate findings of maternal mortality reviews with appropriate agencies and professional committees

Section 2. The Kansas Maternal Mortality Review Committee (KMMRC) is a multidisciplinary committee with geographically diverse members representing various specialties, facilities, and systems that interact with and impact maternal health. Membership represents obstetrics and gynecology, forensic pathology, nurse-midwifery, maternal fetal medicine, anesthesiology, nursing, psychiatry, mental/behavioral health, public health, advocacy, Indian/Tribal health, and more.

The KMMRC shall consist of members from state, local and private organizations or groups who have expertise in maternal health.

- A. Membership may include but is not limited to representatives of the following disciplines:
- a. KDHE, Division of Public Health
 - i. Bureau of Family Health: Title V Director and program staff
 - ii. Bureau of Epidemiology and Public Health Informatics: Maternal and Child Health Epidemiologist(s) and Office of Vital Statistics
 - b. KDHE, Division of Health Care Finance (State Medicaid Program)
 - c. Kansas Department of Aging and Disability Services
 - d. Kansas Department for Children and Families
 - e. Kansas March of Dimes
 - f. Kansas section of American College of Obstetricians & Gynecologists (ACOG)
 - g. The Society of Maternal Fetal Medicine
 - h. Kansas Academy of Family Practice

- i. Kansas Hospital Association
- j. Kansas Medical Society
- k. Kansas Association for Women's Health, Obstetrics, and Neonatal Nursing (AWHONN)
- l. Kansas affiliate of the American College of Nurse-Midwives
- m. Kansas Midwives Alliance
- n. Indian Health Services/Tribal Representative
- o. Local Healthy Start Agency
- p. Local Maternal and Child Health (MCH) Agency
- q. Federally Qualified Health Center
- r. Community Health Center and/or Rural Health Center
- s. Local Health Department
- t. Medicaid Managed Care Organization
- u. Law Enforcement
- v. Obstetricians and Family Practitioners
- w. Other Physician Specialties, including but not limited to:
 - i. Family Physician
 - ii. Anesthesiology
 - iii. Perinatology
- x. Behavioral Health Provider and/or Association of Community Mental Health Centers of Kansas
- y. Kansas Coalition Against Sexual & Domestic Violence
- z. Patient/Consumer

B. Membership is voluntary and team members shall not be remunerated by the department.

Section 3. KDHE will engage the KMMRC to identify and recruit interested individuals. Recruitment of new KMMRC members may occur annually as needed. Interested individuals must complete a membership application that will be reviewed by KDHE KMMRC staff members and then nominated as appropriate.

Nominations for new members can be made by KDHE and/or ACOG. Appointments to the KMMRC must be made by the Leadership Team. Nominations must be submitted by September 1st with new terms starting on October 1st. The process to appoint individuals nominated to complete an unexpired term will follow the same procedures as those for appointing new members to the KMMRC. If there is a vacancy in membership prior to October 1st, the Leadership Team can look to appoint a new member to fill the vacancy.

Section 4. The KMMRC membership will not exceed 40 members, excluding KDHE KMMRC staff. Members will be appointed on a staggered basis and will serve three-year terms. Terms will begin October first. Members may be re-appointed by the KMMRC Leadership Team for an unlimited number of terms.

The current membership will be renewed in staggered 3-year terms starting October 1, 2020. One third of current members will have a one-year term, one third will have a 2-year term and one third will have a 3-year term. After completion of this renewal cycle, all members will have 3-year terms.

It is the expectation of the committee that members maintain good standing with their professional organizations, if applicable as well as maintain professional licensure, if applicable. Concerns regarding membership shall be brought to KDHE staff and/or the Chair or Co-Chair.

In accordance with a Memorandum of Understanding (MOU), an ACOG-KS Member will serve as the Chair or Co-Chair of the KMMRC to provide guidance on case identification, abstraction, and coordination of the review process. The ACOG-KS Chair will nominate another ACOG-KS member to serve as KMMRC Chair and/or Co-Chair, subject to approval by KDHE. The Chair and Co-Chair will serve 5-year terms. These terms will not begin and end at the same time. The Chair and Co-Chair may serve more than 1 term. Both Chair and Co-Chair shall be Ob Gyn Practitioners. These individuals can be removed for cause as determined by ACOG-KS and KDHE.

Section 5. When a vacancy occurs on the KMMRC, an individual from the organization or group represented may be nominated to fill the remainder of the unexpired term. Upon completion of the term, the individual filling the vacancy may be appointed to serve on the KMMRC for a complete term or, if that individual will not continue, another individual from the same organization or group may be nominated to serve on the KMMRC.

Section 6. Active participation is critical to the success of this KMMRC. Attendance records will be maintained and reviewed periodically by KDHE KMMRC Coordinator and project staff. Inconsistent attendance will be brought to the attention of the impacted member when 50% of meetings have been missed in any one-year period. Should attendance continue to be inconsistent, the KMMRC Leadership Team shall make a recommendation to terminate membership.

Article 2: Sub-committee

Section 1. A KMMRC Leadership Team shall meet on a regular basis, including after each KMMRC meeting. It is at the discretion of the Department to appoint members to the Leadership Team. This team may include but is not limited to:

- A. KDHE KMMRC Coordinator
- B. KDHE project staff
- C. Abstractor
- D. Chair
- E. Co-Chair
- F. WSU Support Staff
- G. Kansas Perinatal Quality Collaborative (KPQC) Chairperson (nonvoting member and optional attendance)

Duties of the Leadership Team includes, but is not limited to:

- A. Coordinate meetings
- B. Ensure presentations and information is available prior to meeting
- C. Responsible for distribution of findings & reporting to appropriate agencies, committees, or individuals
- D. Review cases prior to full membership meetings to ensure necessary information is available
- E. Coordinate, direct and appoint subcommittees
- F. Ensure the process of collecting, data, abstracting is ongoing.
- G. Ensure availability of resources necessary for MMRC to operate and function.
- H. Review cases and assign to subcommittee(s)
- I. Determine & approve memberships, facilitator, and leader for subcommittee(s)
- J. Removal of members of the Kansas Maternal Mortality Committee for cause
- K. Communication of findings through Kansas agencies or organizations

Section 2. A subcommittee(s) may be formed to review cases that need a more thorough review, including but not limited to cases from apparent suicide, overdose, homicide, and/or motor vehicle accidents. These reviews will be used to identify possible gaps that extend beyond medical or behavioral health care, such as needs in the Social Determinants of Health, or gaps in referral and care in substance use disorder. A Chair of the subcommittee(s) will be determined by the Leadership Team. The members of the subcommittee(s) will serve until their term with the KMMRC ends.

The duty and membership of the subcommittee will be under the direction of the Leadership Team.