

GOAL 2 Action 2.2

WHITE HOUSE
BLUEPRINT
EVIDENCE TO
ACTION BRIEFS

Bolster the voice of communities of color to increase community participation



Maternal Health
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**THE WHITE HOUSE BLUEPRINT
FOR ADDRESSING THE
MATERNAL HEALTH CRISIS**



The [White House Blueprint for Addressing the Maternal Health Crisis](#) (White House Blueprint) has identified goals and actions to reduce the rates of maternal mortality and morbidity, eliminate disparities in maternal health outcomes, and improve the experience of pregnancy, birth, and the postpartum period for people across the United States.

The following Evidence to Action Brief highlights Action 2.2 of the White House Blueprint, part of the effort to ensure that those giving birth are heard and are decision-makers in accountable systems of care (Goal 2 of the Blueprint).

Maternal Health Action 2.2

Bolster the voice of communities of color when analyzing factors contributing to pregnancy-related deaths by developing a roadmap to increase community participation in state maternal mortality review committees and incorporating community participation in future funding opportunities when allowable.

Contribution to Quality of Life

The [White House Blueprint](#) is a “whole-of-government approach to combating maternal mortality and morbidity” so that all people in the United States who are capable of becoming pregnant and giving birth are healthy and safe.

Each year in the US, approximately 861 women die due to pregnancy-related conditions or complications, with many more experiencing severe complications and illness during and after pregnancy.^{1,2} American Indian/Alaska Native and Black women are two to three times as likely to die from a pregnancy-related cause than White women.² Maternal Mortality Review Committees have found that over 80% of pregnancy-related deaths are preventable.³

Basic Facts

Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees that comprise medical, public health, and social service professionals, and determinedly should include community members as an important part of the solution to address the maternal health crisis. MMRCs perform comprehensive reviews of pregnancy-related deaths to help all stakeholders and health care providers fully understand the circumstances of these deaths. The goals of MMRCs are not only to prevent pregnancy-related deaths by optimizing clinical/medical interventions and protocols but also to reveal social/structural barriers to responsive treatment/care and to provide recommendations that help build health care systems that provide quality, accessible, and respectful health care for all.⁴ Using a reproductive justice framework, MMRCs help to ensure that the voices of community members and individuals with lived experience are included in MMRC reviews and processes. This is critical to improving the recommendations that shape efforts to alleviate the US maternal health crisis.⁵

MMRCs follow a systematic process to identify and conduct case reviews of pregnancy-related deaths, which can occur during pregnancy, childbirth, and up to 365 days postpartum. In preparation for a review, MMRCs obtain quantitative and qualitative data from diverse sources, such as clinical/hospital records, birth and death data, and social services and/or other administrative records. Using structured case reviews as well as informant interviews, each MMRC is responsible for consolidating case findings, disseminating these findings, and producing local-level recommendations.³ MMRC data can be used to understand the leading causes of pregnancy-related deaths to disproportionately affected populations. This data can inform efforts to prioritize system changes and interventions that reduce inequities.



In the US, 49 states and the District of Columbia, New York City, and Puerto Rico have a formal MMRC.⁶ In recent years, the Centers for Disease Control and Prevention (CDC) has increased its focus (and funding) at the state and federal level in strengthening MMRCs around the country in terms of community engagement, capacity, data sharing, and transparency, both in their recruitment and analysis processes and in their dissemination protocols.³ Currently, the CDC funds 44 states and 2 US territories (n= 46) through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program. Funding directly supports the agencies and organizations that coordinate and manage the MMRCs (see Figure 1).

The [Black Mamas Matter Alliance](#) (BMMA), a Black women-led cross-sector alliance that centers Black mothers and birthing people, recommends that MMRCs comprise multidisciplinary representatives who include members from various fields such as maternal-fetal medicine, midwifery, mental health, and behavioral health, as well as social workers and patient advocates.⁵ In their seminal report, “Maternal Mortality Review Committees: Sharing Power with Communities,” BMMA states that although the MMRCs with support from the CDC are working to bolster community engagement and increase trust by building MMRCs that are representative of the communities they serve, MMRCs continue to “struggle to identify, engage, and meaningfully include diverse community members who can speak to the essential context, including the strengths and needs of the communities they represent.”⁵ Such collaboration between those with lived experience and stakeholders responsible for enhancing outcomes for maternal and child health populations has been shown to improve the efficiency of those working to implement MMRC recommendations and advance equitable systems change.⁷

To ensure community inclusion, some states have hired community specialists with roles that include infusing the community voice into MMRC planning, implementation, and evaluation.⁷ Other states have adopted frameworks—such as the collective impact framework—that build community efforts into every aspect of committee work.⁷ Other examples include community stakeholder interviews and community events that engage those with lived experience to offer insight, perspective, and context.⁷ In Massachusetts, a new method for recruiting committee members includes a formal application process that ensures membership is representative of diverse geographic areas, all levels of care, and both urban and rural hospitals.⁸ Additional success stories can be found [here](#).

CALL TO ACTION

The environmental scan by the Black Mamas Matter Alliance offers several strategies to inclusively and authentically include communities in state-level MMRCs. Some of these recommendations include: “making space for community to lead, support communities with resources and funding to implement solutions, institute open calls for recruitment, compensate community members, and integrate family interviews.” For more information, visit [BMMA](#).

In 2021, BMMA conducted an environmental scan of 9 state MMRCs to gather information about the opportunities and challenges MMRCs face. Its report includes several recommendations to the CDC, which include:

- Listen to and center the experiences of community members
- Diversify MMRC membership and meaningfully engage communities
- Provide additional funding to MMRCs
- Increase transparency of MMRC processes and data
- Strengthen the capacity of MMRCs to examine and address racism and discrimination
- Provide training, guidance, and resources to strengthen the capacity of MMRCs⁵

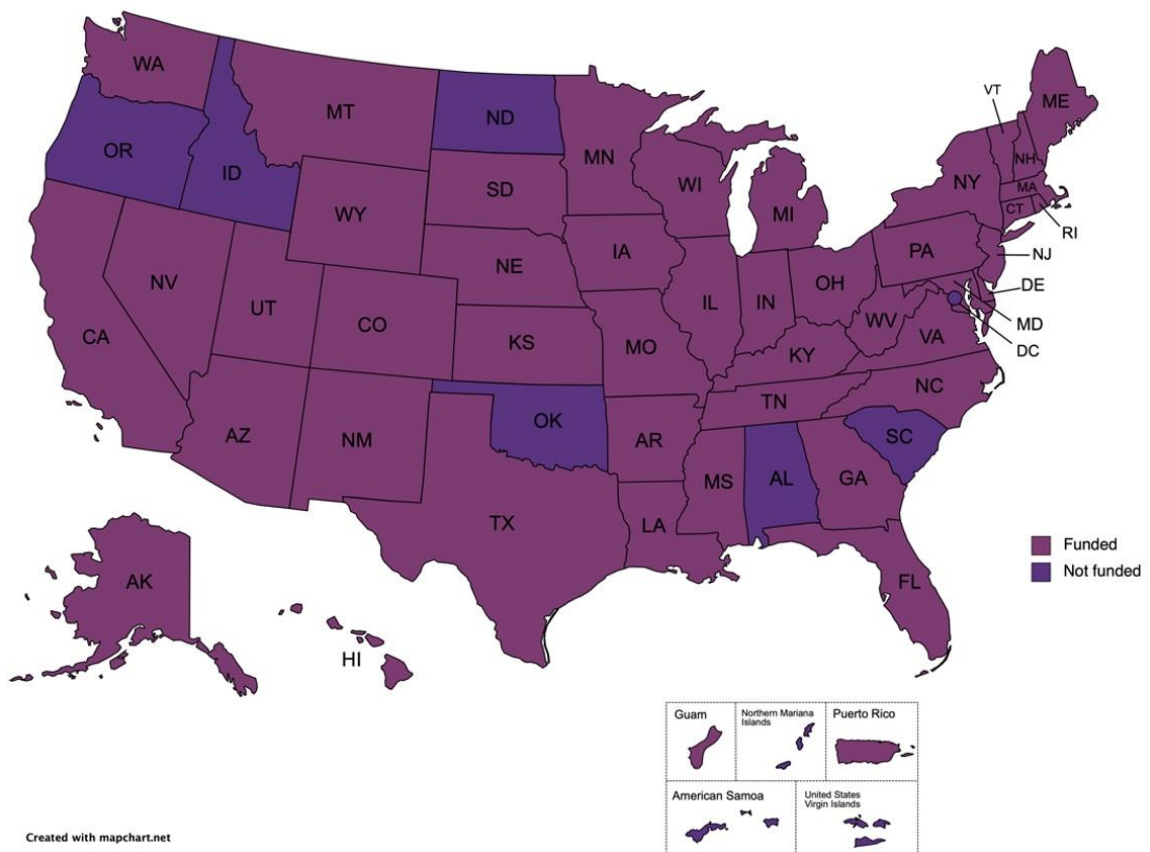


To ensure that those giving birth are heard and are decision-makers in accountable systems of care (Goal 2), the [White House Blueprint](#) commits to supporting the effort to center the voices of communities of color in the analysis of factors contributing to pregnancy-related deaths. The Department of Health and Human Services will increase the participation of community members in state MMRCs by developing a roadmap of best practices for incorporating state, local, and tribal community organizers advocating for the needs of racial and ethnic minorities and other vulnerable individuals.

How are we doing?

Below we highlight data related to Action 2.2.

Figure 1: States and US Territories Funded Through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program

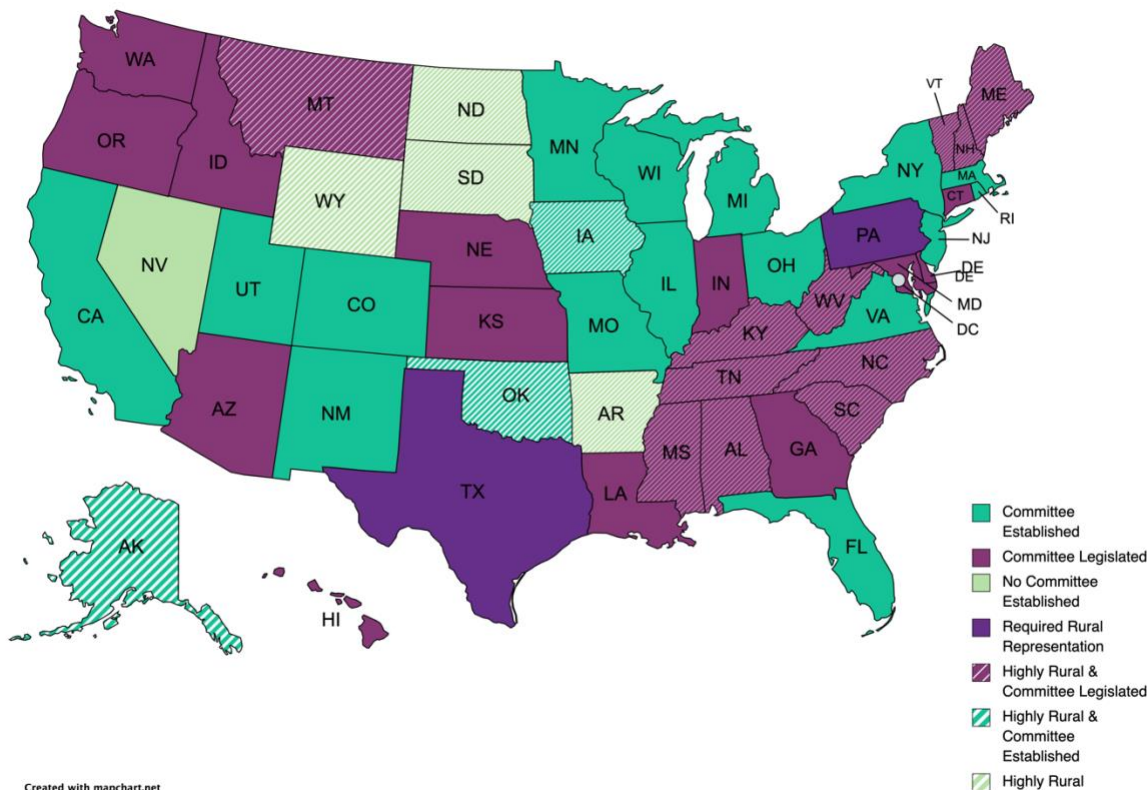


The CDC currently funds 44 states and 2 US territories for the ERASE MM program. This figure represents states and US territories funded through the program.

Source: [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\)](#). Centers for Disease Control and Prevention. 2020. Accessed September 12, 2023.



Figure 2: Limited Focus on Rural Residents in State Maternal Mortality Review Committees (MMRCs)



In 2019, an analysis found that only 2 states require rural representation among MMRC members, indicating a gap in the effort to make MMRCs more representative of the communities they serve.

Source: Kozhimannil K, et al. [Rural Focus and Representation in State Maternal Mortality Review Committees: Review of Policy and Legislation](#). *Women's Health Issues*. 2019;29(5).

Story Behind the Data: Factors Affecting Progress

MMRCs have existed in the US for more than a century, and significant changes and advancements for MMRCs have occurred over the last decade. The shift to multidisciplinary members has been one of the most meaningful changes, as it has facilitated a more holistic review of the circumstances surrounding a pregnancy-related death, along with a deeper understanding of the root causes of implicit bias. However, as noted in the BMMA's 2021 environmental scan of 9 state MMRCs, there are many factors affecting progress in this area. A principal finding of their assessment is that MMRCs have struggled to meaningfully include diverse community members who can speak to the needs of the communities they represent.⁹ Participants described a lack of transparency in the recruitment process, legislative barriers around compensation, issues around background checks, and limited space on the MMRC panels for community members (see Figure 2). Other challenges include inconsistent or delayed reporting by an MMRC on results and recommendations from its findings, and a lack of perspective from the community when developing recommendations that can feasibly be implemented at the local level.⁹

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Another challenge has been the limited scope of analyses from MMRCs. Historically, MMRC recommendations have focused on “clinical recommendations,” failing to fully consider the social determinants of health, which may have the greatest impact on reducing maternal mortality.⁸ An analysis of MMRCs by the Association of Maternal and Child Health Programs noted that this could be related to the way MMRCs typically are implemented within health care systems: While factors outside of the health care system may be recognized as relevant to maternal health, barriers exist that prevent reaching across sectors and from hospitals to communities to strengthen comprehensive strategies.⁸ In addition, some states have experienced a lack of staff capacity and funding, preventing an MMRC from responding to recommendations and operating most effectively.

What can be done to address the issue?

The [White House Blueprint](#) identifies actionable steps to address Action 2.2. In addition, experts from the maternal and child health (MCH) field have identified innovative, evidence-informed strategies from several databases and national repositories.

Maternal and Child Health Innovations

MCH experts selected the following resources for action after a review that included: the [MCHbest Database](#), a database developed to aggregate evidence-based strategies that can be used as is or adapted to fit local and state-level contexts; the [Association of Maternal & Child Health Program’s Innovation Hub \(AMCHP\)](#), a searchable repository of local and state practices, policies, and community-based innovations considered to be “what’s working” in the MCH field; the [Robert Wood Johnson Foundation’s What Works for Health \(RWJ\)](#) database, a tool that helps local communities to identify policies and programs that fit within their context and match their priorities; the [Maternal Health Learning & Innovation Center](#), a national resource for improving maternal health inequities; and a search of leading organizations and agencies working in this field.

- [Colorado](#). Colorado’s Maternal Mortality Prevention Program uses a 3-pronged approach—community-led solutions, clinical quality improvement, and public health programs—to eliminate preventable maternal deaths in the state, reduce maternal morbidities, and improve population health and health equity for pregnant and postpartum people. (AMCHP)
- [Eliminating Preventable Maternal Mortality and Morbidity](#). The 2023 policy priority statement by the [American College of Obstetricians and Gynecologists \(ACOG\)](#) focuses on addressing maternal morbidity and mortality in the US by operationalizing AIM bundles, postpartum care, levels of maternal care, postpartum Medicaid coverage, and more.
- [Maternal Mortality Review Committees: A Decade of Challenge and Growth](#). AMCHP developed a scoping review in 2020 to better understand the past, present, and future roles of MMRCs in the US.
- [Maternal Mortality Review Committees: Sharing Power with Communities](#). This 2021 report from the department of research and evaluation at Black Mamas Matter Alliance (with support from the CDC and AMCHP) provides actionable recommendations for enhancing equity across MMRC processes.
- [Washington, DC](#). The DC Maternal Mortality Review Committee was established by the DC City Council in consultation with the DC Department of Health to identify the causes of maternal mortality in the city and determine actions that can be taken to decrease the mortality rate. (AMCHP)

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State Maternal Health Innovations from the Health Resources & Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Grantees

The [State Maternal Health Innovations \(MHI\)](#) initiative, funded by [HRSA's MCHB](#), currently provides funding to 18 states to develop, implement, and evaluate state-level equity-centered innovations. Below we highlight innovations from the MHI cohorts (2019–2024) that address Action 2.2

- [Arizona](#). In 2018, Arizona was among the first states to adopt the CDC's Review to Action protocols, including use of the Maternal Mortality Review Information Application, to align Arizona's review and reporting practices with other states. These processes, along with funding from the CDC's ERASE MM award, have resulted in both standardized and robust identification and reviews of maternal mortality in the state, and supported more timely dissemination of findings and recommendations.
- [Illinois](#). In addition to an MMRC, Illinois established an MMRC on Violent Deaths to review deaths resulting from homicide, suicide, or drug overdose. This is a unique idea that may not be achievable in all states.
- [Maryland](#). In 2018, the Maryland General Assembly established a Maternal Mortality Review Stakeholder Group to review the findings and recommendations in the state's annual Maternal Mortality Review Report. This group includes representatives from pertinent government offices, women's health advocacy organizations, community organizations engaged in family support issues, families that have experienced a maternal death, local health departments, and providers of maternal health services.
- [Montana](#). Montana's MMRC is a multidisciplinary council convened by the state Department of Public Health and Health Services that has local county representation. The MMRC meets regularly to review and analyze case data to capture contributing factors related to pregnancy-related deaths.
- [Iowa](#), [New Jersey](#), [North Carolina](#), [Ohio](#). These states receive HRSA MHI funds to enhance their MMRCs.

Evidence-based Strategy Measures from the [MCH Evidence Center](#) Related to Action 2.2

Throughout the country, state-level [Title V MCH](#) agencies develop measures to help track their efforts around improving the health and well-being of women, children, and families. Below are measures related to improving equitable maternal and child outcomes that can support Action 2.2.

- Percentage of recommendations from the MMRC with who/what/when components. ([TN](#))
- Number of MMRC recommendations implemented annually. ([PA](#))
- Development and dissemination of annual topic-specific data briefs centered around MMRC findings. ([SC](#))

Findings from [BMMA's MMRC 2021 Report](#)

"Community can bring the necessary public health, population health, and racial equity lens and perspective to the table to disrupt the medical model and approach traditionally taken. [Community has] expert knowledge of most impacted mothers, families, communities [and] contextual knowledge of root causes to better connect the dots on MMRCs on appropriate solutions and change."⁵ – [BMMA Partner Participant](#)



Resources from the [MCH Evidence Center's Digital Library](#)

The [MCH Digital Library](#) is a digital repository of evidence-based and -informed toolkits, briefs, white papers, and more with seminal and historic resources. The following may support Action 2.2:

- Building U.S. Capacity to Review and Prevent Maternal Deaths. [Report From Nine Maternal Mortality Review Committees](#). 2018. Accessed September 30, 2023.

Findings from BMMA's MMRC 2021 Report

“The ethic of the maternal mortality review is one of reflection, respect, grief, and improvement. It is an opportunity for us as a society to reflect on how we can do better by pregnant and postpartum people and our communities, and to grieve the person who has died, to recognize and honor the trauma experienced by their children, their families, their provider care teams, and their communities. It is also an opportunity to grieve that these are inequities that exist in our society, and to build a fire for change—not just to ensure that we prevent deaths, but also to ensure that we support health and well-being.” – [Shivani Bhatia, MPH \(Colorado\), AMCHP](#)

Strategy Development Criteria to Consider for State and Local Implementation

To select impactful strategies for local implementation, an organization may consider using the following criteria, based on the Results-Based Accountability framework outlined in the book *Trying Hard Is Not Good Enough* by Mark Friedman.

- **Specificity:** Ensure strategies are clearly defined, including responsible parties and timelines.
- **Leverage:** Evaluate how strategies can improve data quality and reliability.
- **Values:** Assess alignment with community and organizational values.
- **Reach:** Consider feasibility and affordability at the required scale.

Using these criteria can aid in developing feasible and impactful strategies. Visit maternalhealthlearning.org/Blueprint for more details.



References

1. Centers for Disease Control and Prevention. [Maternal Mortality Rates in the United States, 2020](#). Publications and information products, National Center for Health Statistics. Last updated February 23, 2022. Accessed September 28, 2023.
2. Centers for Disease Control and Prevention. [Pregnancy-Related Deaths in the United States](#). Division of Reproductive Health, HEAR HER Campaign. Last updated November 16, 2022. Accessed September 28, 2023.
3. Centers for Disease Control and Prevention. [Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States 2017–2019](#). Division of Reproductive Health, Maternal Mortality, ERASE MM Program. Last updated September 19, 2022. Accessed September 28, 2023.
4. The White House. [The White House Blueprint for Addressing the Maternal Health Crisis](#). June 2022.
5. Black Mamas Matter Alliance, Research and Evaluation Department. [Maternal Mortality Review Committees: Sharing Power with Communities](#). Atlanta, GA. November 2021.
6. Guttmacher Institute. [Maternal Mortality Review Committees](#). September 1, 2023. Accessed September 29, 2023.
7. Snead A, et al. [Birth Justice Philly: Equitable Community Engagement in Action](#). *Journal of Health Disparities Research and Practice*. 2022;15(2).
8. Association of Maternal and Child Health Programs. [Maternal Mortality Review Committees: A Decade of Challenge and Growth](#). February 2020. Accessed February 28, 2023.
9. Black Mamas Matter Alliance. [Community Challenges Engaging with MMRCs: Transparency, Data and Legislative Barriers Issue Brief](#). Atlanta, GA. July 2022. Accessed September 29, 2023.





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The MHLIC is available for consultation, coaching, and technical assistance to support your implementation of any innovations to improve maternal mortality and morbidity. For more information, visit <https://maternalhealthlearning.org/connect>.

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