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The New Mexico Maternal Mortality Review Committee Annual Report

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Legislative Health & Human Services Committee
11/29/23

Objectives

- Introduce the mandate, organization and scope of the Maternal Mortality Review Committee (MMRC)
- Review analysis that includes deaths occurring in 2019 – 2020
- Update LHHS on the status of the original MMRC recommendations published in 2022
- Identify priority recommendations generated for 2019 – 2020
- Address questions from the Committee

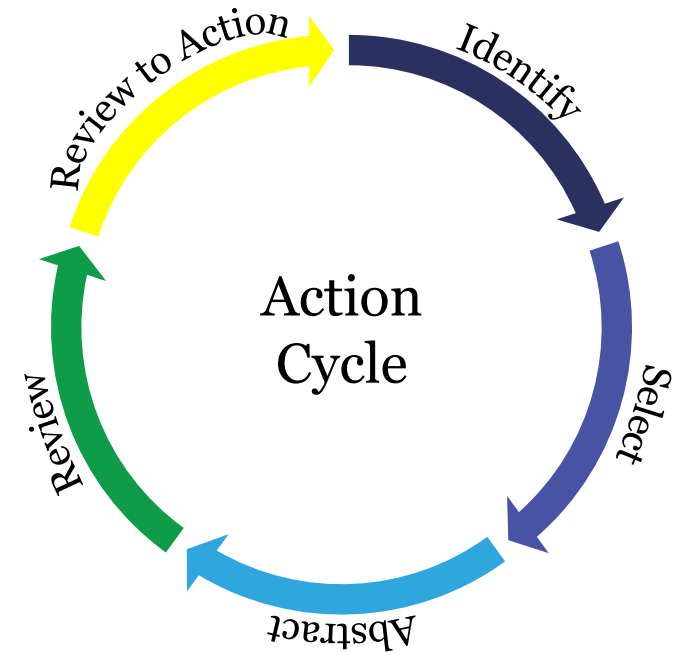
NM Maternal Mortality Review Committee (MMRC)

- Volunteers providing diverse, multidisciplinary expertise to review each death occurring during pregnancy or within one year of a pregnancy to determine:
 - Pregnancy-relatedness
 - Contributing factors
 - Preventability
 - Actionable recommendations to prevent future deaths
- 2018 New Mexico MMRC formed
- 2019 joined first ERASE MM cohort (5-year funding)
- 2021 Updated MMRC Statute (SB96- Sen. Nancy Rodriguez)
- 2022 Promulgated Rule / Published Inaugural Report
- 2023 Implemented Self-Governance Co-Leadership Model

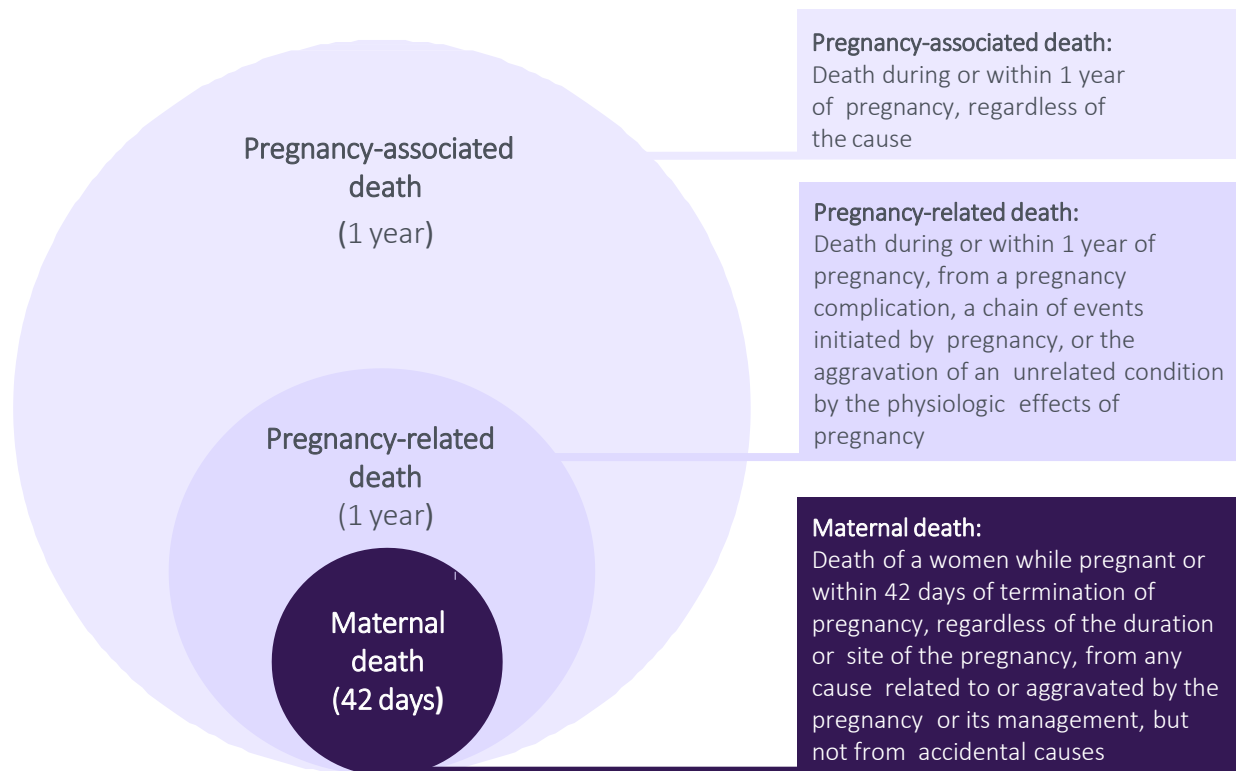


MMRC: Gold Standard for State-Based Data

- Part of an ongoing quality improvement action cycle
 - **Identify:** BVRHS birth and death records for NM residents
 - **Select:** All deaths during pregnancy and one year after pregnancy
 - **Abstract:** Clinical records, law enforcement, autopsy reports, informant interviews, publicly available information
 - **Review:** Prepared case narratives reviewed and discussed by full committee
- Leads to understanding of the drivers of each death and determination of what interventions will have the most impact at patient, provider, facility, system, and community levels to prevent future deaths = **Review to Action**



Definitions

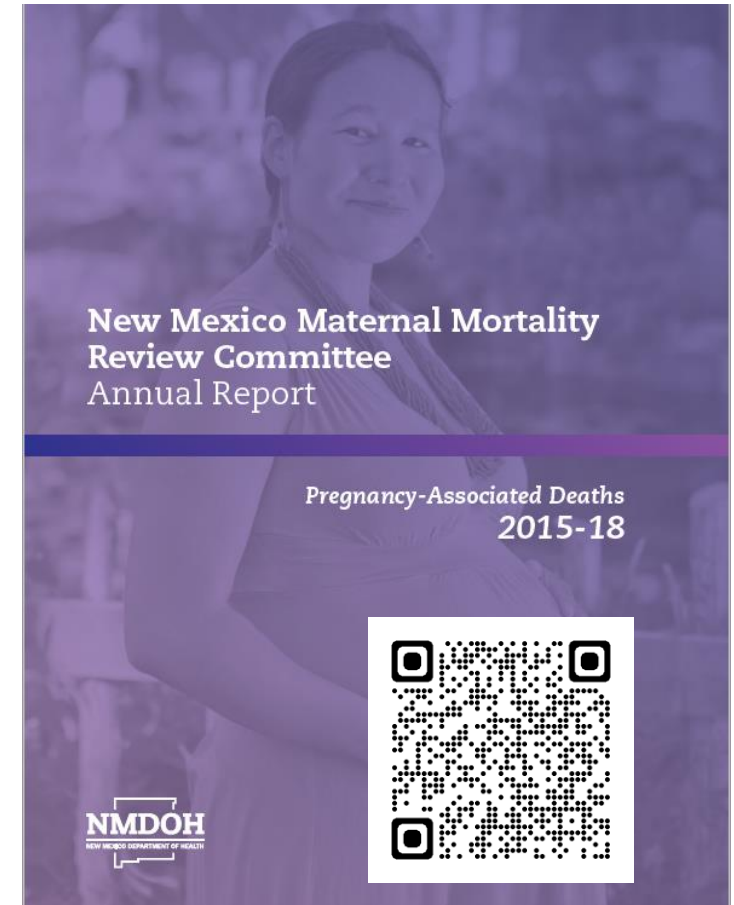


Slide adapted with permission from Eugene Declercq
<https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>

The Inaugural MMRC Report

- First of its kind for New Mexico, published in August 2022
- Annual reporting is required by the Maternal Mortality and Morbidity Prevention Act Section 24-32-1 to 24-32-5, NMSA 1978
- Represents reviews of every pregnancy-associated death that occurred, 2015-2018
- Identifies committee generated recommendations to prevent mortality at the health systems, community, and policy levels

[NM Maternal Mortality Review Committee Annual Report \(nmhealth.org\)](https://nmhealth.org)

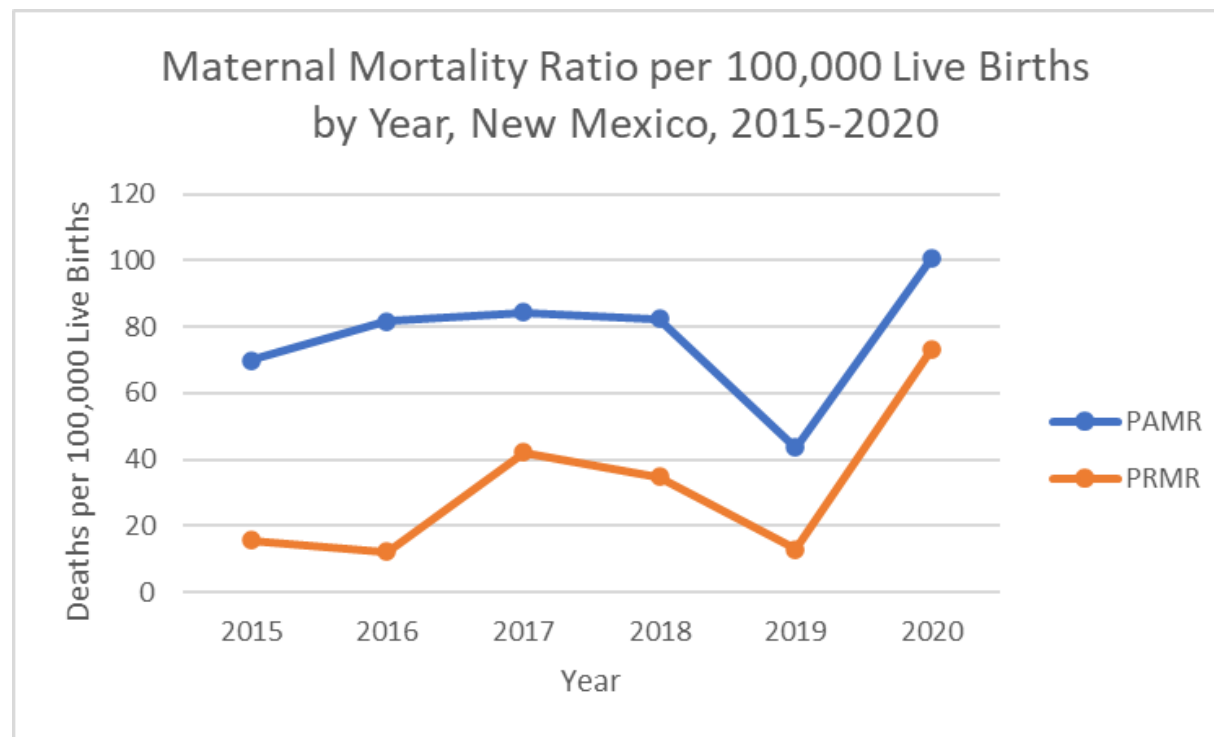


Key Findings for 2023 Annual Report

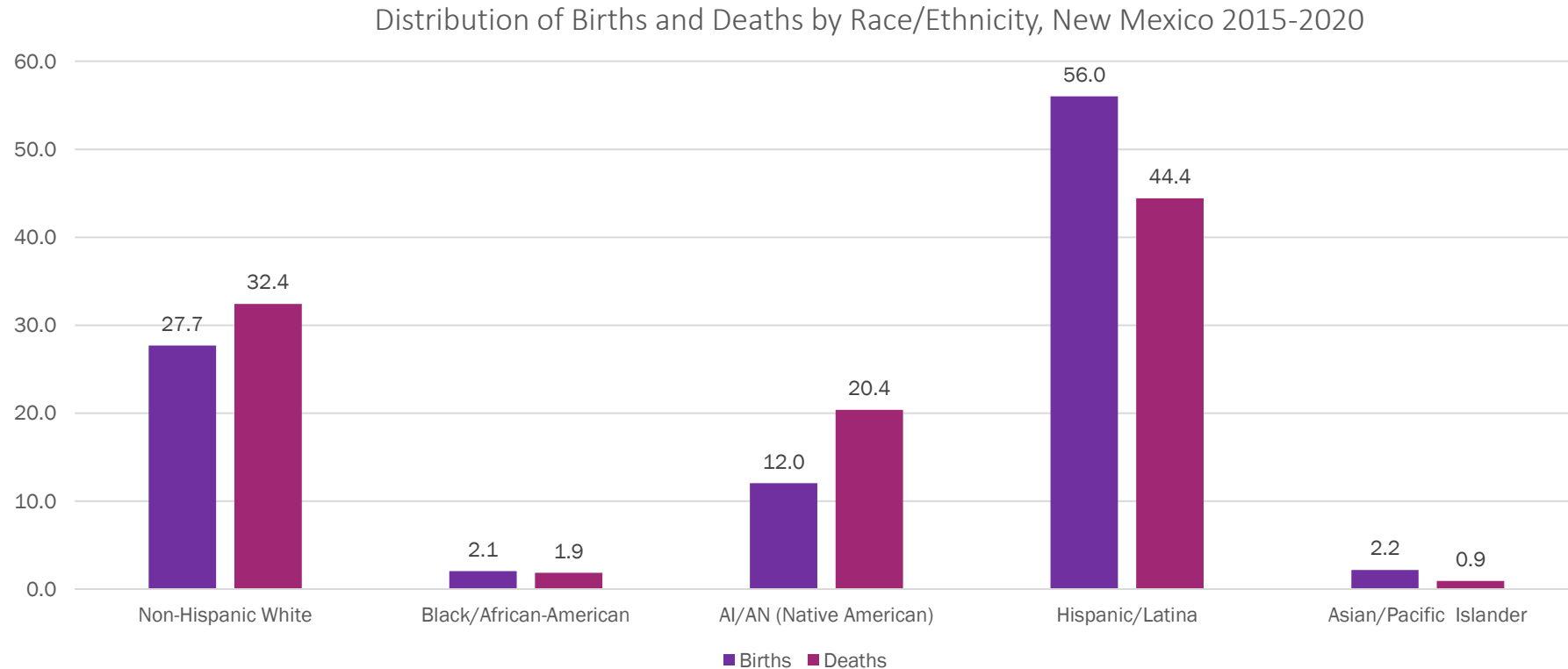
- There is concerning discordance between birth rates and death rates by race/ethnicity, age and insurance type.
- Mental health conditions, especially substance use disorders, remain the most significant contributing factors to maternal mortality.
- Analysis on discrimination as a contributing factor is available for the first time and was found in nearly half of all pregnancy-related deaths, 2018-2020.
- More than half of all deaths occur in the late postpartum period.
- Prevention recommendations for 2019-2020 reviews are engaging more diverse actors and strategies to address larger intended impacts.
- ***Maternal mortality is overwhelmingly preventable.***

Updated Mortality Ratios for NM

- **109** pregnancy-associated deaths from 2015-2020. The Pregnancy-Associated Mortality Ratio (PAMR) was 76.85 deaths per 100,000 live births.
- **44** pregnancy-related deaths from 2015-2020. The Pregnancy-Related Mortality Ratio (PRMR) was 31.02 deaths per 100,000 live births.
 - The PRMR for the U.S 2015-2019 = 17.3 deaths per 100,000 live births.

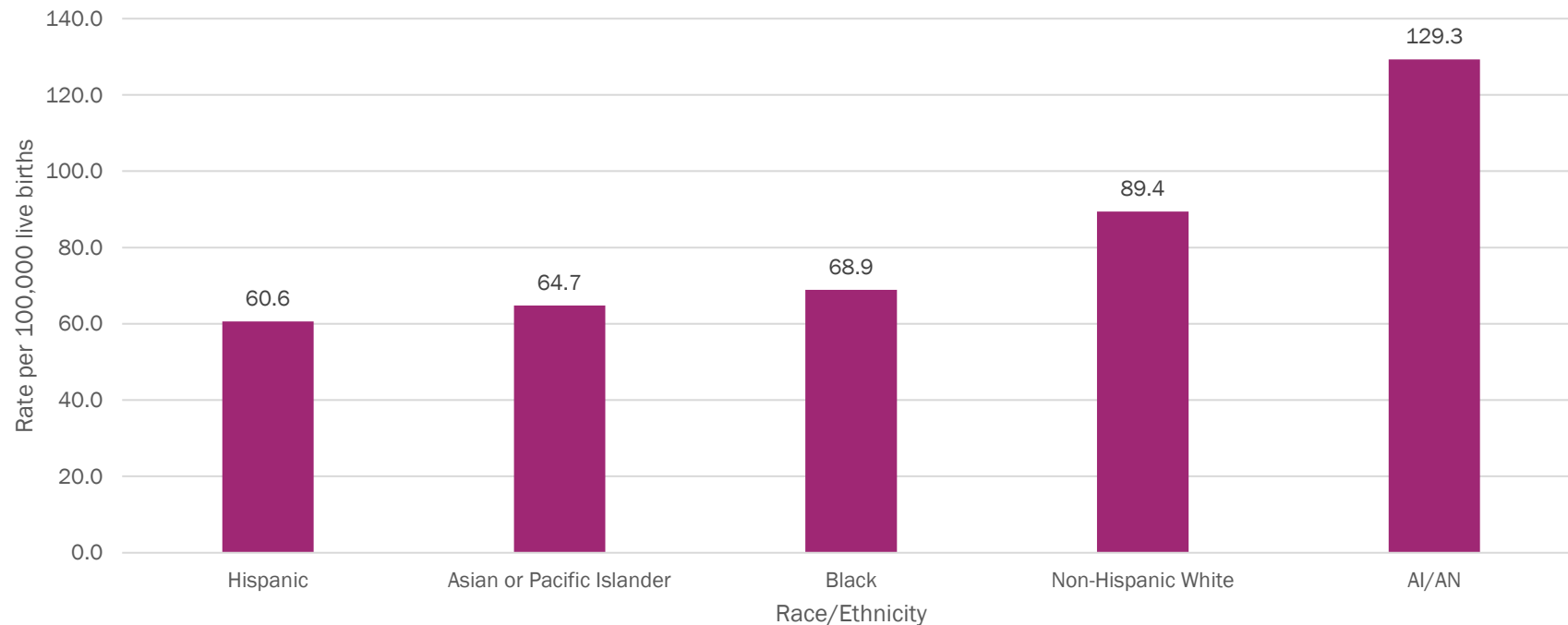


Comparison of Birth and Death Proportions by Race/Ethnicity

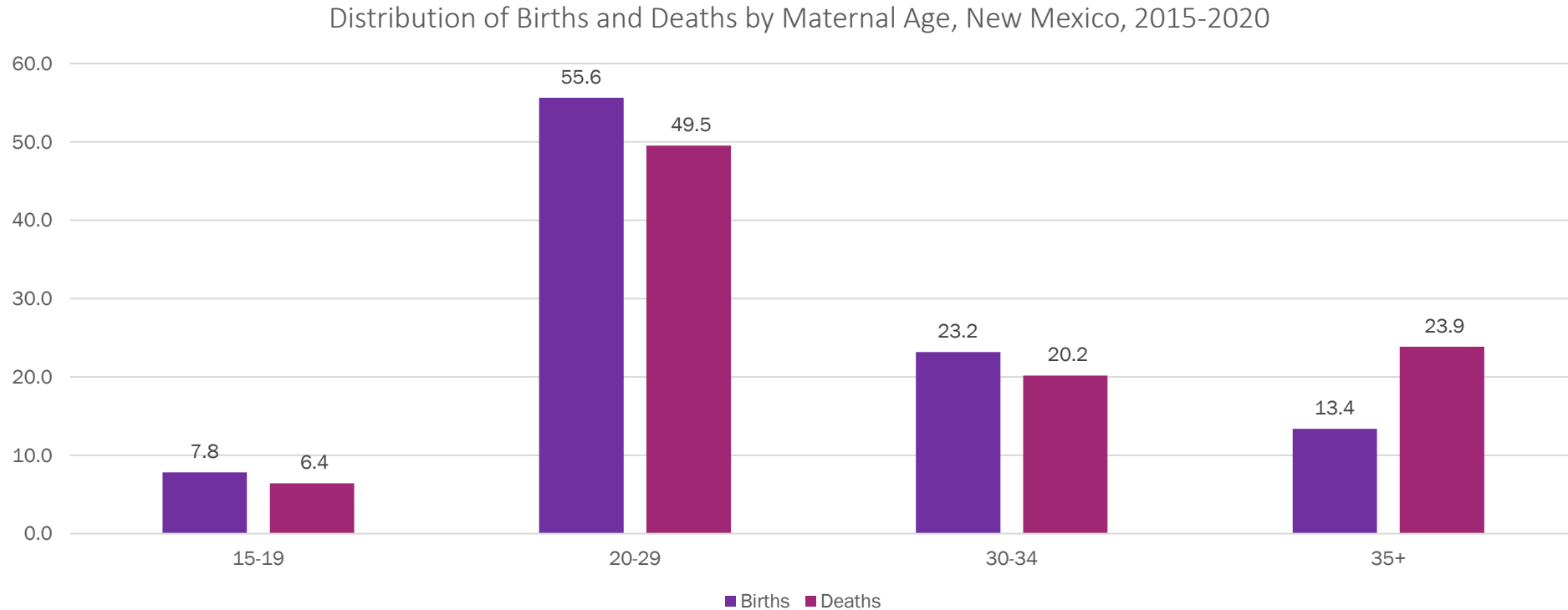


Pregnancy-Associated Mortality Ratio by Race/Ethnicity

Rates of Pregnancy-Associated Death per 100,000 live births by Race/Ethnicity,
New Mexico, 2015-2020

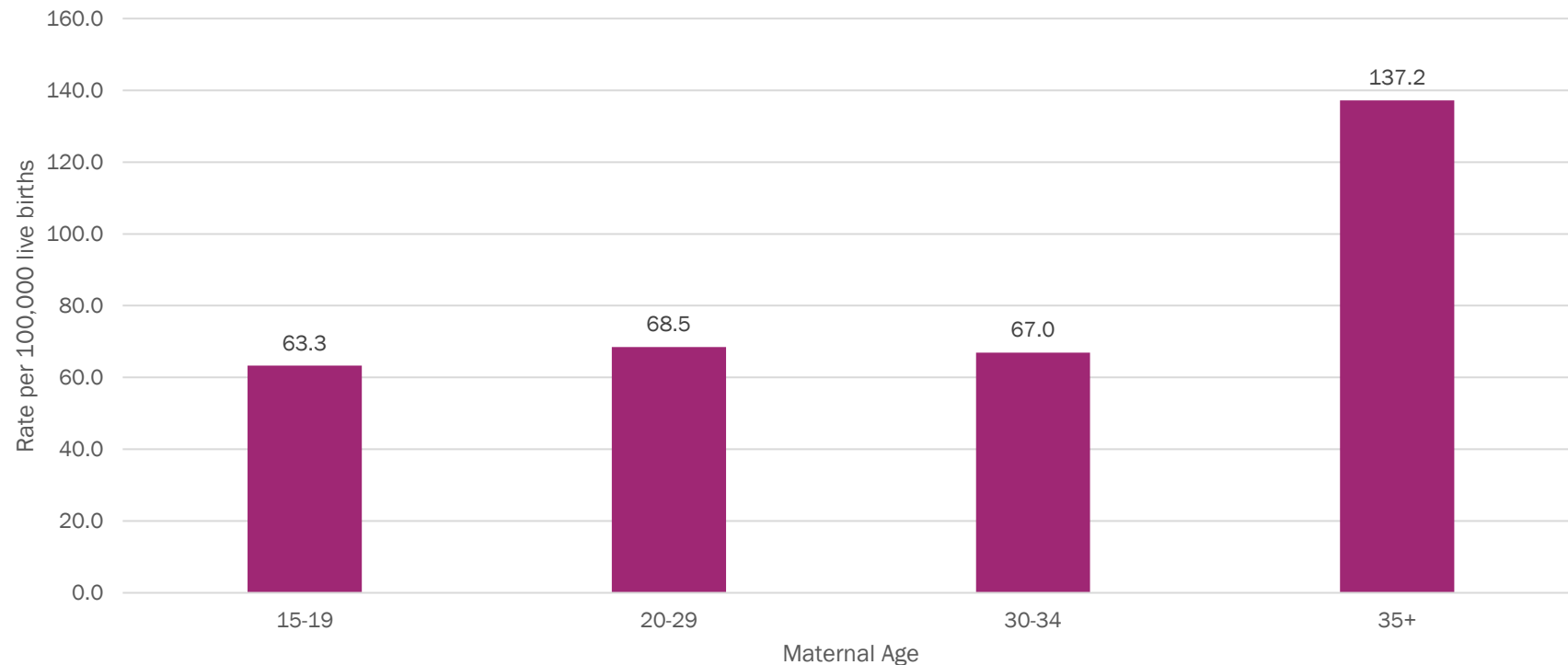


Comparison of Birth and Death Proportions by Maternal Age



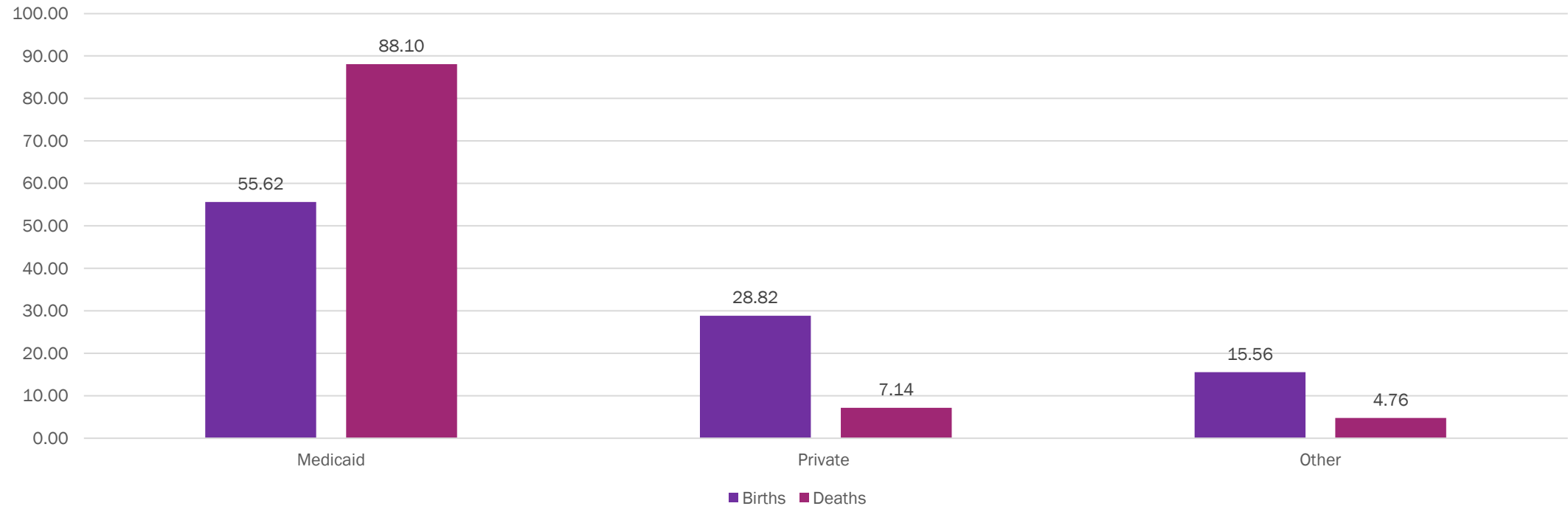
Pregnancy-Associated Mortality Ratio by Maternal Age

Rates of Pregnancy-Associated Death per 100,000 live births by Maternal Age
New Mexico, 2015-2020



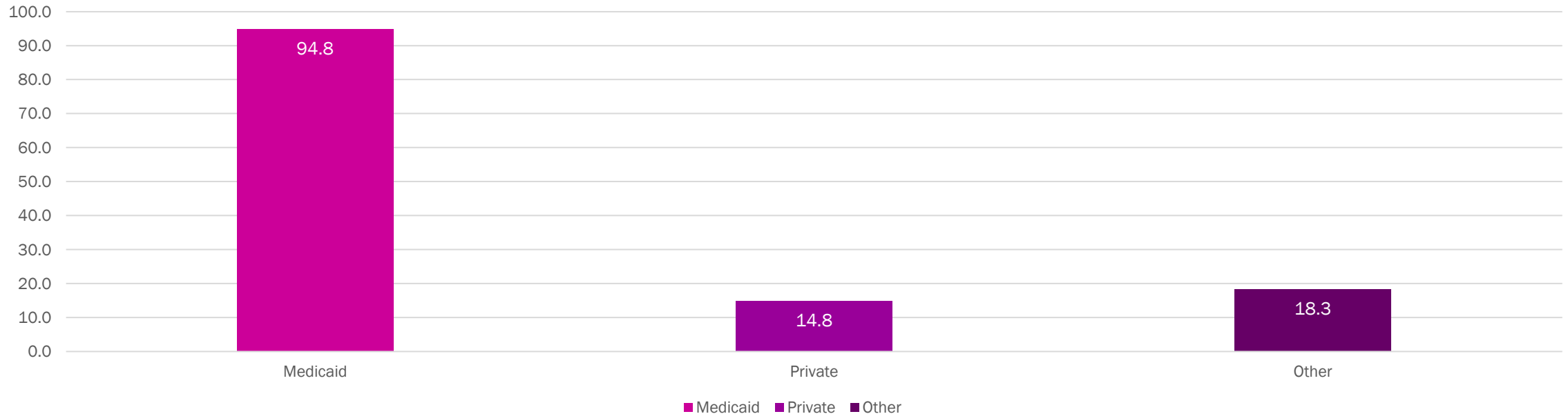
Comparison of Birth and Death Proportions by Insurance Type

Distribution of Births and Deaths by Insurance Type, New Mexico, 2015-2020



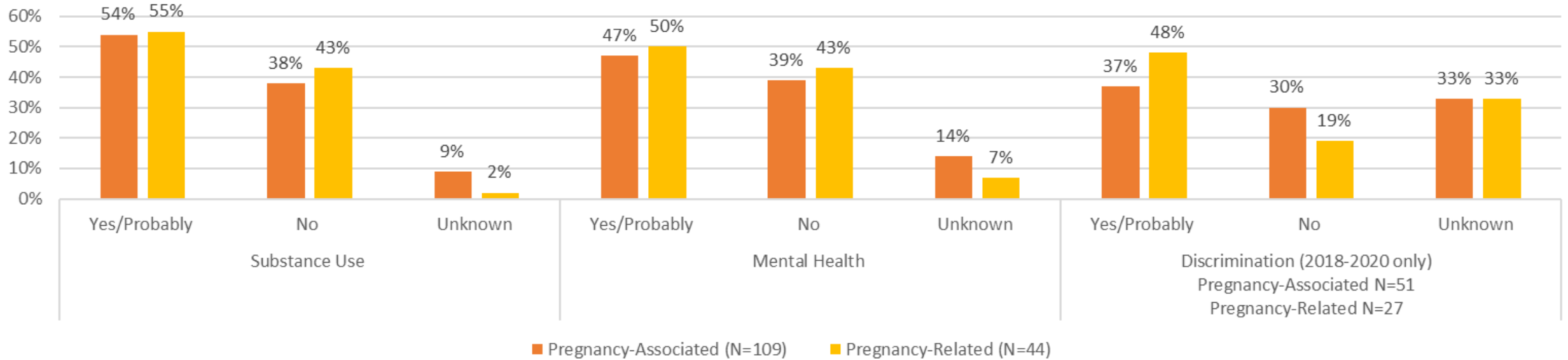
Pregnancy-Associated Mortality Ratio by Insurance Type

Rates of Pregnancy-Associated Death per 100,000 live births by Insurance Type, New Mexico, 2015-2020



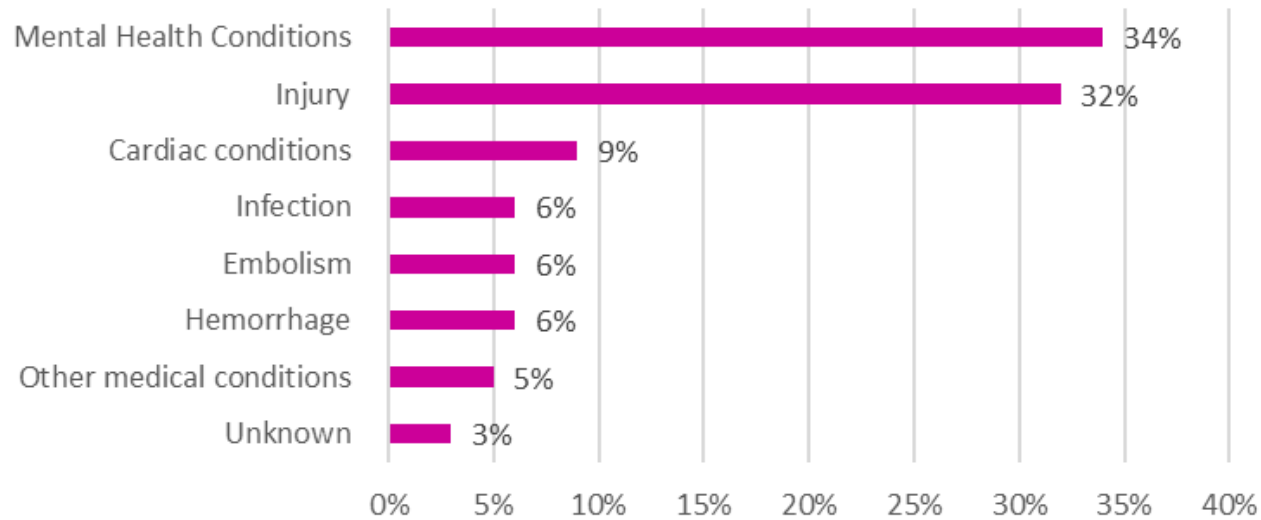
Contributing Factors to Deaths

Proportion of Pregnancy-Associated and Pregnancy-Related Deaths with Contributing Factors to Death, New Mexico, 2015-2020

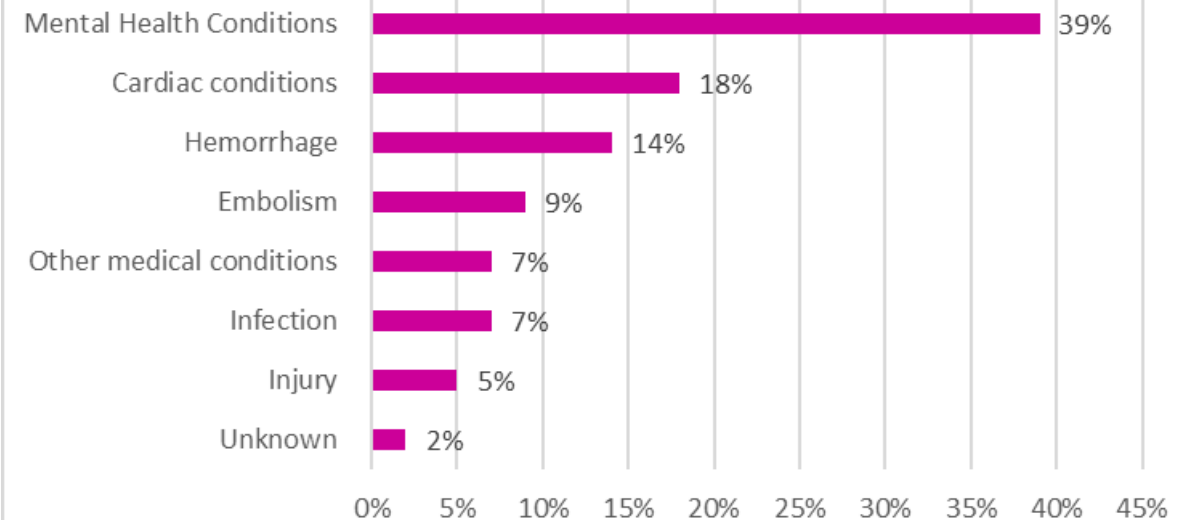


Causes of Death

Proportion of Causes of Death among Pregnancy-Associated Deaths (N=109)

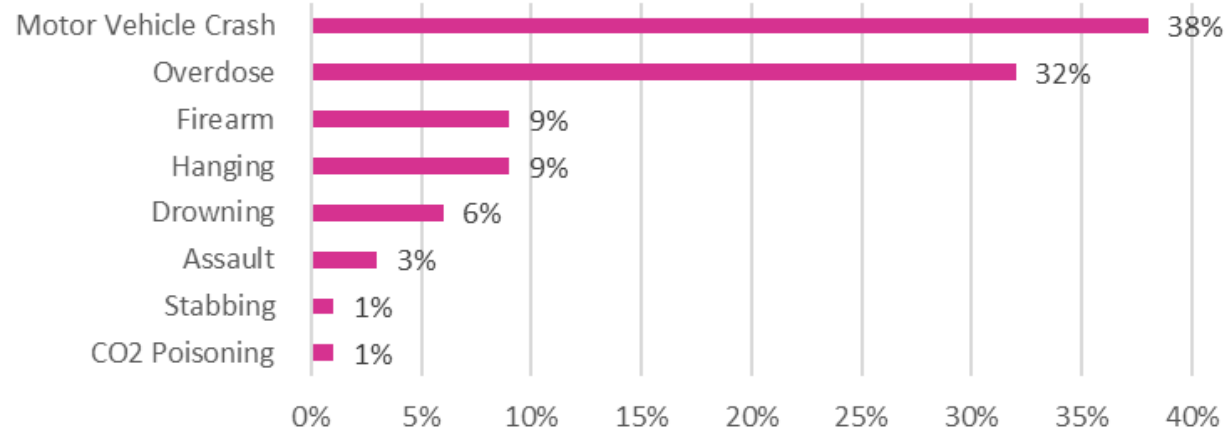


Proportion of Causes of Death among Pregnancy-Related Deaths (N=44)

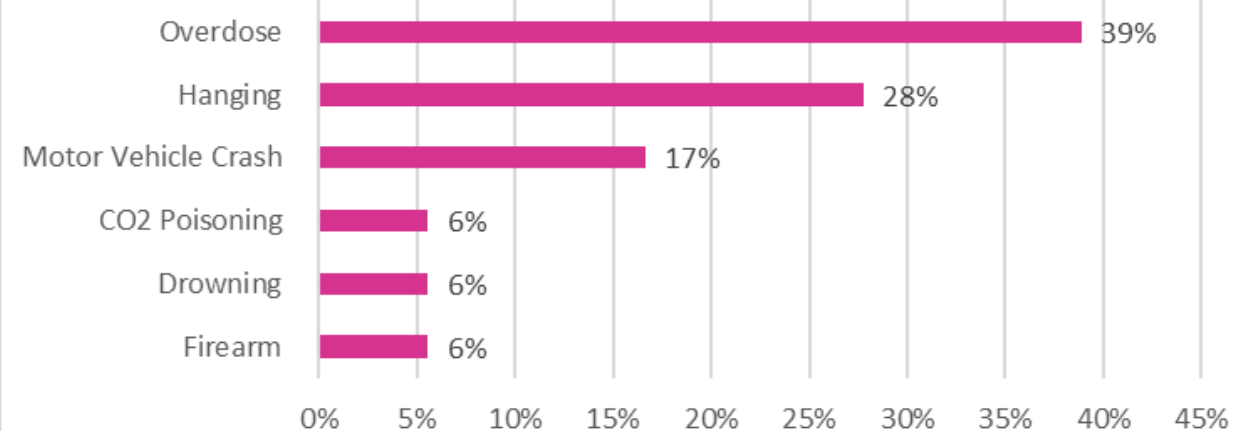


Mechanisms of Injury

Proportion of Mechanisms of Injury among Injury and Mental Health Pregnancy-Associated Deaths (N=68)

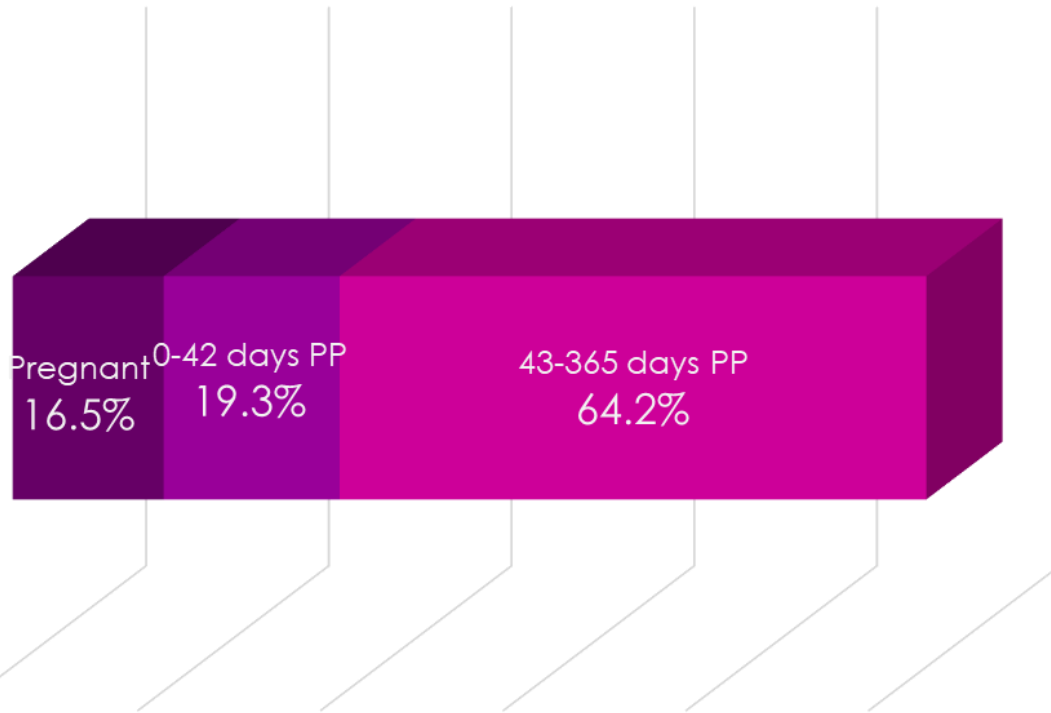


Proportion of Mechanisms of Injury among Injury and Mental Health Pregnancy-Related Deaths (N=18)

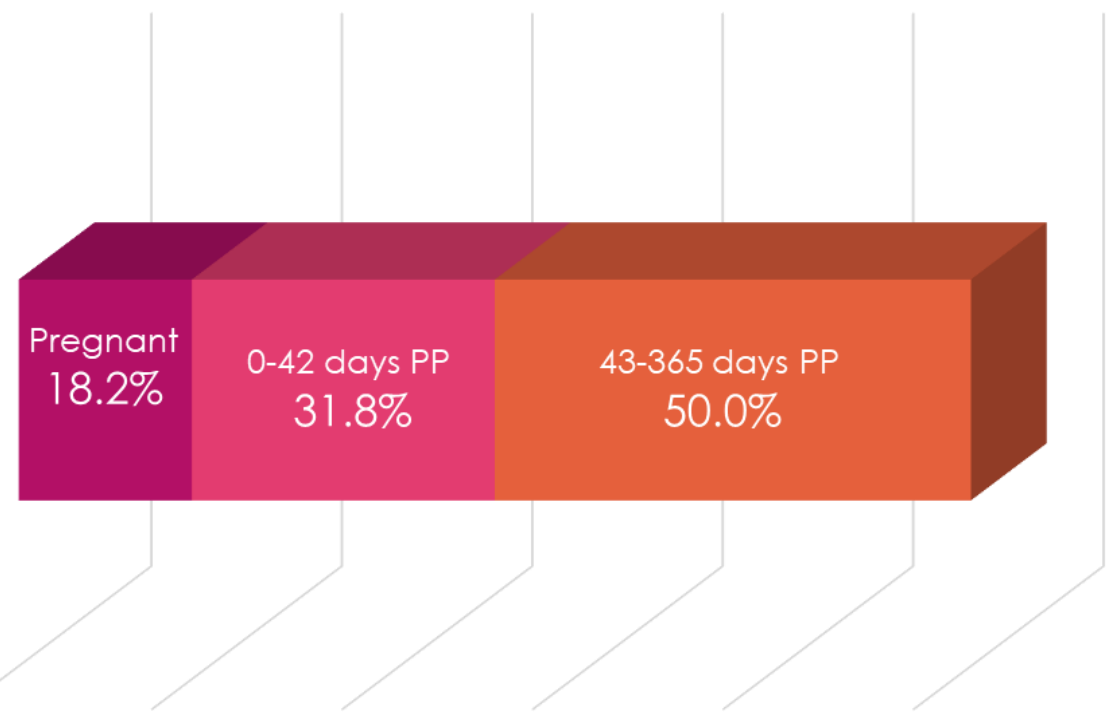


Timing of Death in Relation to Pregnancy

Timing of all Pregnancy-Associated Deaths,
New Mexico, 2015-2020

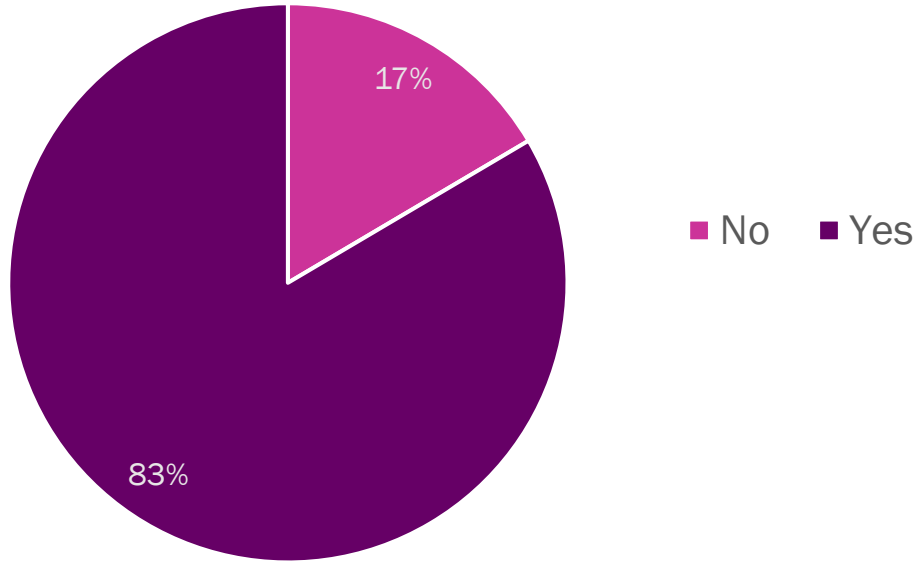


Timing of all Pregnancy-Related Deaths,
New Mexico, 2015-2020

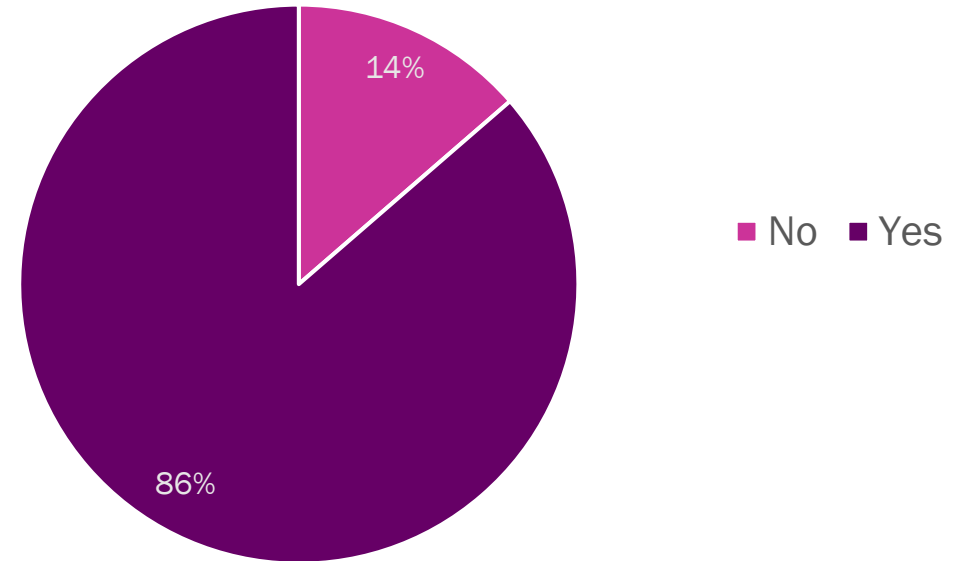


Preventability

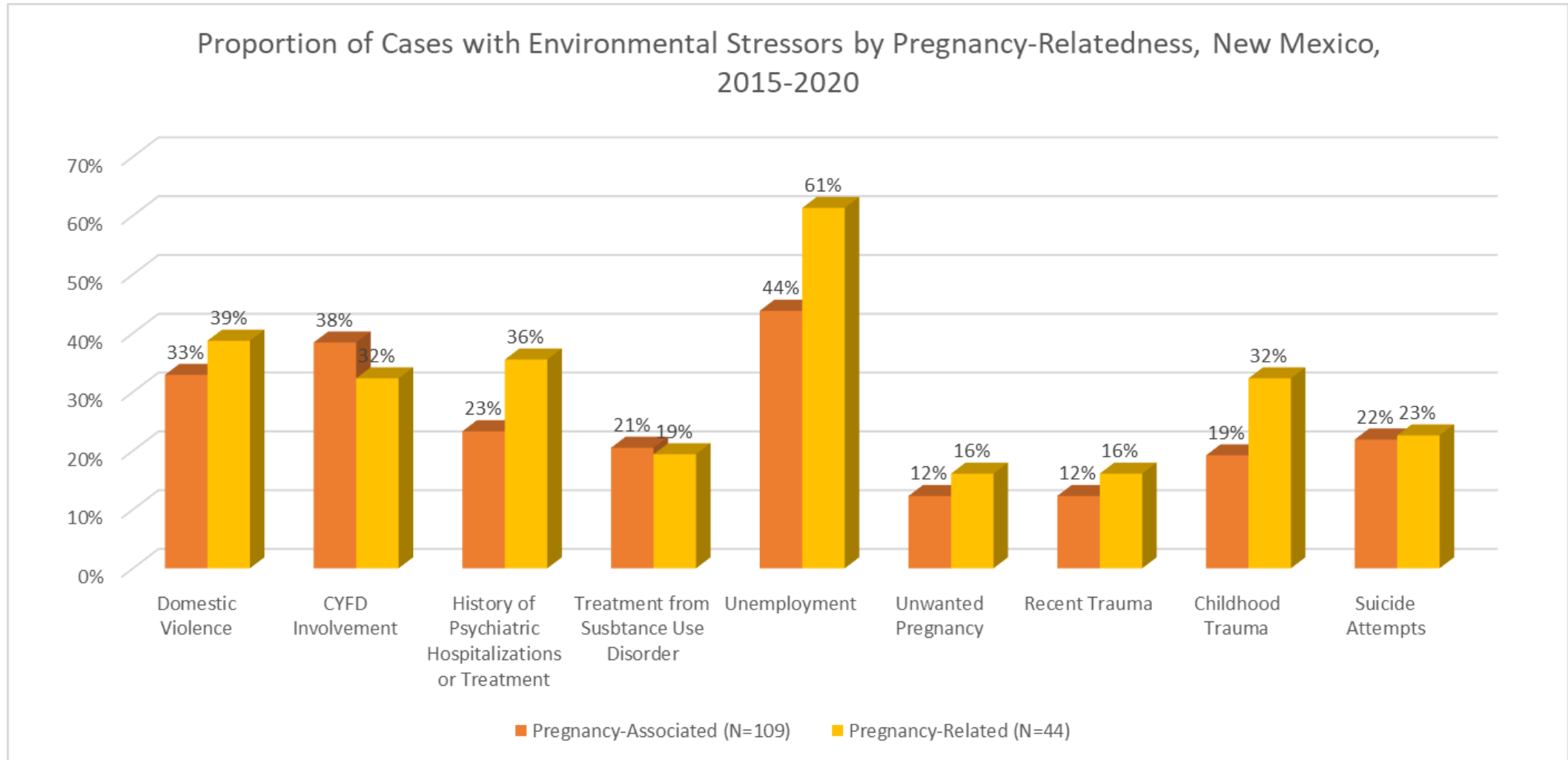
Preventability of Pregnancy-Associated Deaths,
New Mexico, 2015-2020



Preventability of Pregnancy-Related Deaths,
New Mexico, 2015-2020



Environmental Stressors



Original Priority Recommendations

- ✓ 1. Expand Medicaid eligibility to provide full pregnancy benefits coverage for one year postpartum
2. Increase access to perinatal mental healthcare and support by expanding treatment options, including telehealth models, and integrating wrap-around services, such as home visiting, particularly in rural communities.
3. Address the extremely limited availability of inpatient and community-based substance use disorder treatment programs for pregnant and parenting individuals by increasing treatment capacity statewide.
4. Increase resources for Care Coordination, Continuity of Care, and Access to Care between prenatal/postpartum care providers, substance use treatment, and mental health treatment
5. All birthing hospitals, freestanding birth centers, and perinatal healthcare providers should participate actively in ongoing perinatal quality improvement activities that have been shown to reduce the leading causes of maternal mortality.
6. Increase resources and support for identification, prevention, and intervention to address intimate partner violence (IPV)
7. Raise community-level awareness of the significant role of motor vehicle crashes (MVCs) in pregnancy-associated deaths, and increase funding for education on risks, proper use of seatbelts, and enforcement of road safety regulations.

2019-2020 Recommendations

- Reinforce themes highlighted by inaugural report including the urgent need for increased access to behavioral health services, family-inclusive and culturally sensitive peer support, treatment programs, and inpatient facilities specializing in substance use disorders during the perinatal period.
- Call for increased access to the full range of perinatal service providers, such as doulas, midwives, birthing centers, peer counselors, and perinatal mental health specialists.
- Require anti-bias training for healthcare providers and incorporate cultural sensitivity, reproductive justice, and health equity content into clinical training programs to combat discrimination in health care.
- Preliminary Draft: NM DOH should prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations.

Current DOH Maternal Mortality Prevention Activities

- Maternal Health Innovations Grant (MHI)
 - 5-year award from HRSA- \$981,300 per year
 - Maternal Health Taskforce for prevention implementation
- Collaboration with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)
 - Analytic support and technical assistance for MMRC
 - Leadership on data products and analyses for tribal governments
- Opioid settlement funding for clinician training to expand MOUD availability during the perinatal period
- Maternal Health strategic planning with Medicaid
- Collaboration on Voluntary Doula Registry
- Health Equity training requirement for midwifery licensure
 - First healthcare licensing authority to adopt continuing education requirements focused on equity and anti-bias training

Contacts

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