



Informational and Recruitment Session:

MMRC Technical Assistance Partnership Opportunity

Presenters:

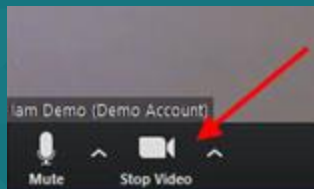
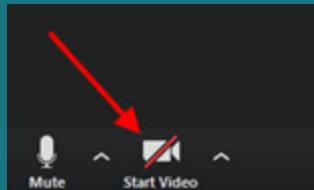
Mattie Curry (Blackfeet), Public Health Program Manager, NCUIH
Aliyah Smith-Gomis, Public Health Project Coordinator, NCUIH



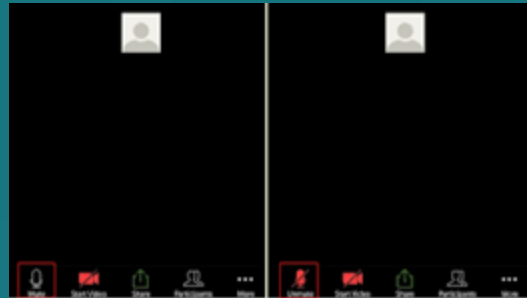
Housekeeping

Please note that today's session will be recorded.

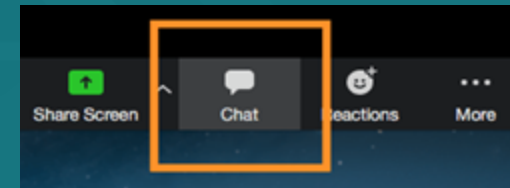
Feel free to turn on/off
your video during this
session



Please mute your
microphone when you
are not speaking.



Please enter
questions or
comments in the
chat.





Agenda

TIME ALLOCATED	TOPIC	PRESENTER
2:00 PM EDT	Welcome	Aliyah Smith-Gomis
2:02 PM EDT	Housekeeping About NCUIH Introduction of Project Team	Aliyah Smith-Gomis
2:10 PM EDT	Overview of MMRC Review of MMRC TA Program at NCUIH Application Process	Mattie Curry
2:45 PM EDT	Q&A Session	Mattie Curry
2:55 PM EDT	Overview of Opportunities Survey Reminder	Aliyah Smith-Gomis
3:00 PM EDT	Adjourn	Mattie Curry/Aliyah Smith-Gomis



NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.



CDC Acknowledgment

NCUIH is proud to partner with the U.S. Centers for Disease Control and Prevention (CDC), as supported through the OT18-1803 Cooperative Agreement, Strengthening Public Health Systems through National Partnerships to Improve and Protect the Nation's Health. CDC is an agency within the Department of Health and Human Services (HHS). The contents of this program do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.



Content Sensitivity Acknowledgement

NCUIH recognizes that addressing maternal mortality prevention, specifically American Indian and Alaska Native maternal deaths, is a sensitive topic that might affect some participants more than others. We encourage those impacted to connect with their support networks.



Project Team



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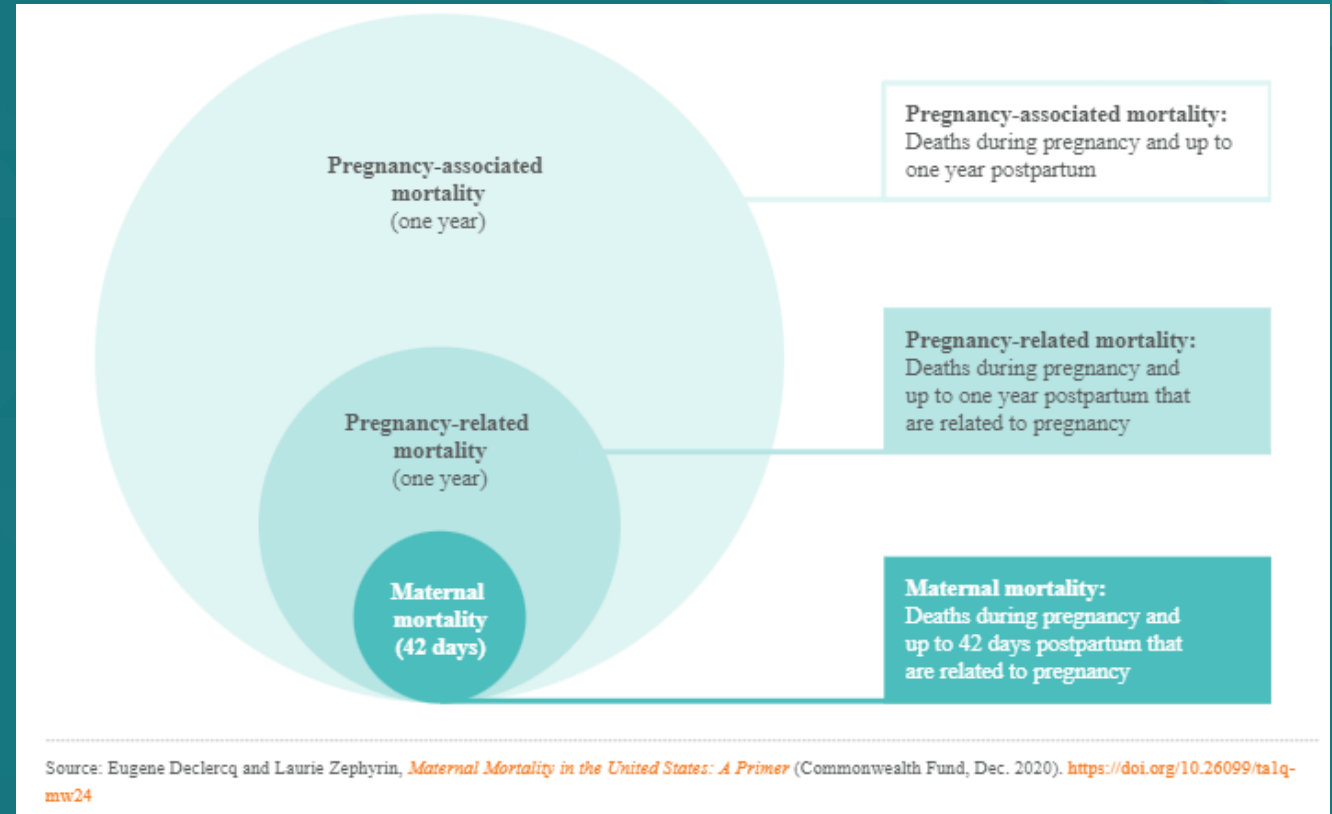


Setting the Context: AI/AN Maternal Mortality

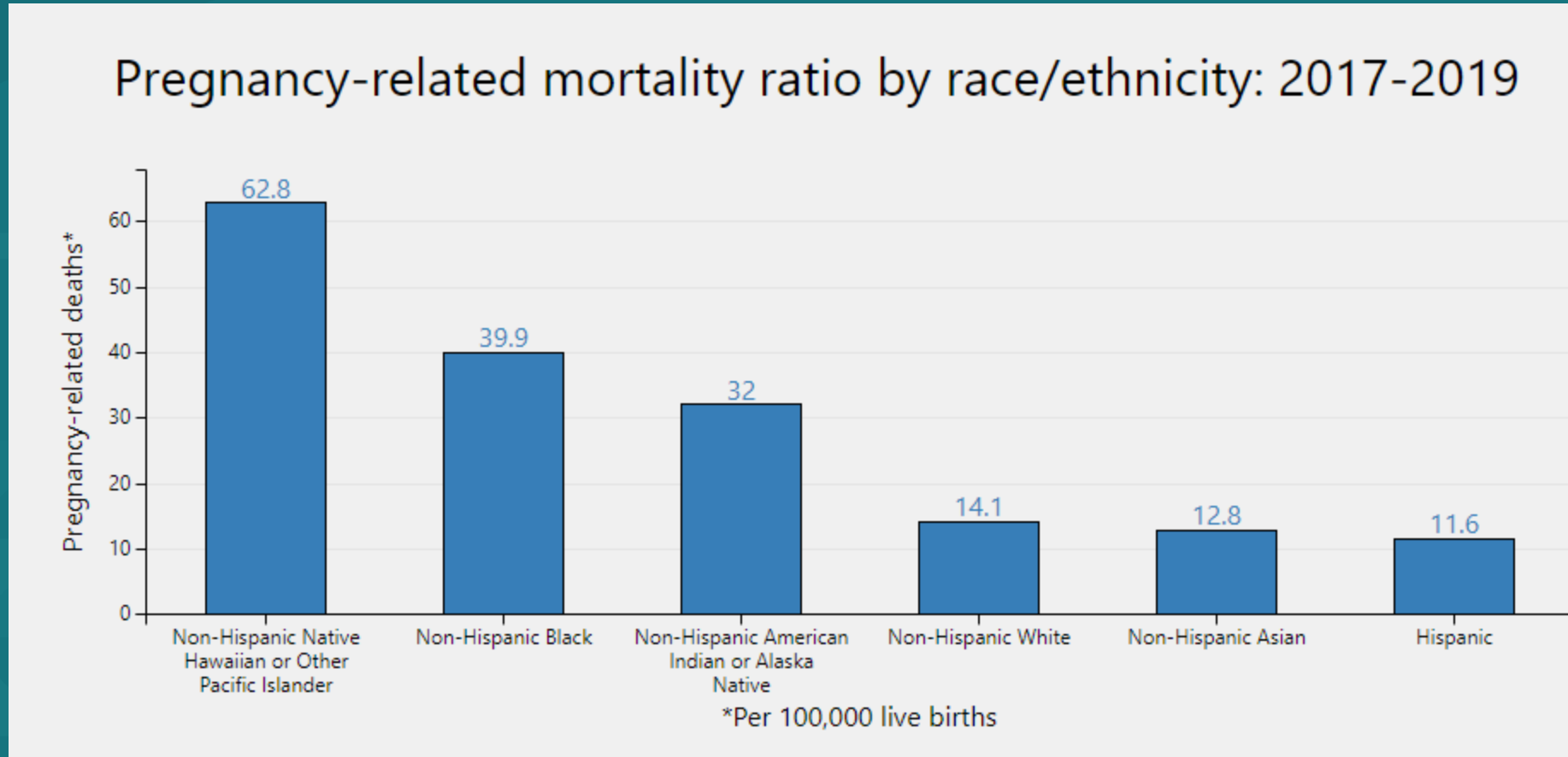


What is Maternal Mortality?

- **Maternal Mortality:** MMRCs examine cases of death of a person while pregnant or within 1 year of the end of pregnancy from any cause related to or aggravated by the pregnancy (CDC, PMSS, 2022).
 - The range of when a death occurs after pregnancy differs between different organizations, i.e., WHO and NVSS have a cut-off of 42 days after birth (CDC, NCHS, 2022).
- Among AI/AN MMRC cases in 2017–2019, 29.4% of pregnancy-related deaths occurred 43–365 days after birth (CDC, ERASE MM Program, 2022).



Prevalence of AI/AN Pregnancy-Related Deaths



(CDC, PMSS, 2023)

AI/AN Maternal Mortality and Severe Morbidity

Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019



Underlying Causes of Pregnancy-Related Death Among American Indian or Alaska Native Persons, Data from Maternal Mortality Review Committees in 36 US States, 2017–2019*

Underlying Cause of Death	Number of Cases	% of Total Cases*
Mental Health Conditions	5	31.30%
Hemorrhage	3	18.80%
Amniotic Fluid Embolism	2	12.50%
Infection	2	12.50%
Cardiac And Coronary Conditions	1	6.30%
Collagen Vascular/Autoimmune Diseases	1	6.30%
Conditions Unique to Pregnancy	1	6.30%
Injury	1	6.30%

- AI/AN women are 2x more likely to die of pregnancy/birth complications than non-Hispanic white women
- Mental health conditions and hemorrhage account for 50% of AI/AN maternal deaths
- Underlying causes are symptoms of broader underlying social and economic issues that are rooted in racism and discrimination

Pregnancy-Related Deaths are Preventable

Table 2. Distribution of pregnancy-related deaths among American Indian or Alaska Native persons by timing of death in relation to pregnancy, data from Maternal Mortality Review Committees in 36 US states, 2017–2019*

	n	%
During pregnancy	2	11.8
Day of delivery	3	17.7
1–6 days postpartum	1	5.9
7–42 days postpartum	6	35.3
43–365 days postpartum	5	29.4

Table 3. Percentage of pregnancy-related deaths to American Indian or Alaska Native persons determined by MMRCs to be preventable, data from Maternal Mortality Review Committees in 36 US states, 2017–2019*

	n	%
Preventable	14	93.3
Not Preventable	1	6.7

*A preventability determination was missing (n=1) or unable to be determined (n=1) for a total of 2 (11.8%) pregnancy-related deaths.

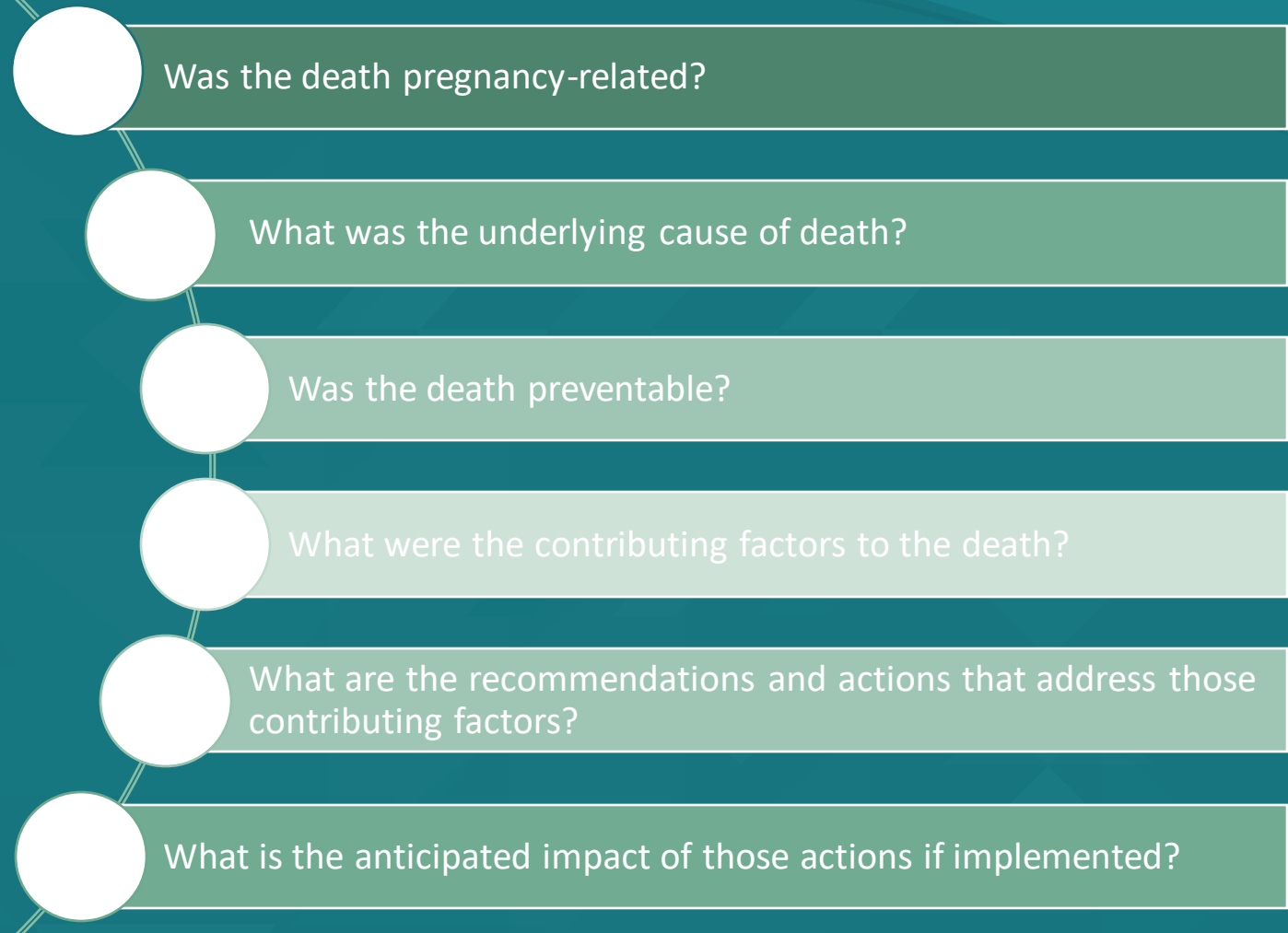


What are Maternal Mortality Review Committees?



Maternal Mortality Review Committees: Purpose

- **Maternal Mortality Review Committees (MMRCs)** are multidisciplinary committees at the state or local level that convene to review pregnancy-associated deaths that occur within a year of pregnancy
- MMRCs identify, review, and characterize pregnancy-related deaths to identify prevention opportunities
- **Funding**
 - CDC
 - Enhancing Reviews and Surveillance to Eliminate Maternal Morality (ERASE MM)



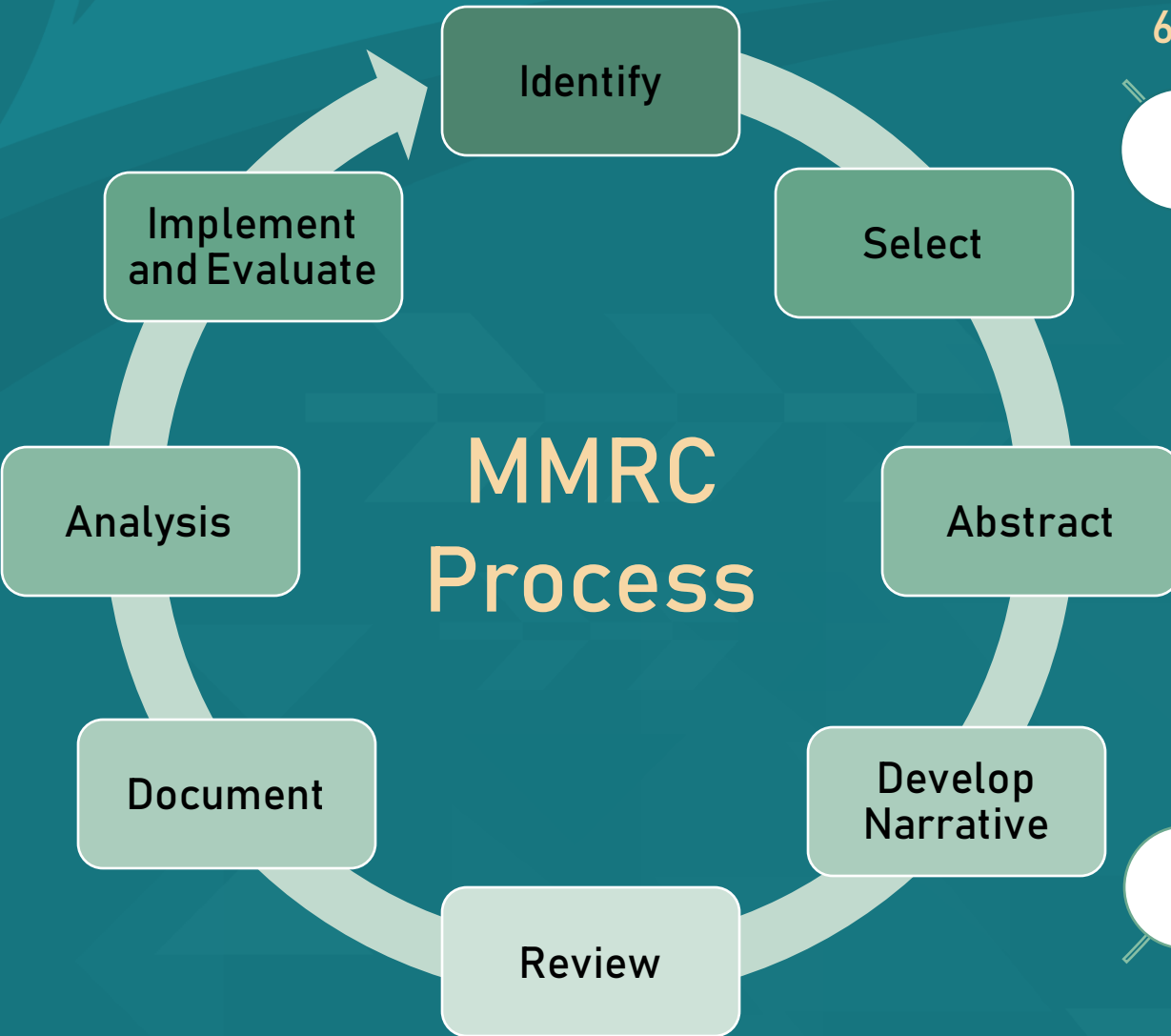


MMRCs: Telling Her Story

- Comprehensive process to identify every death that took place during pregnancy, childbirth, and the year postpartum
- Contextual understanding of the story via extensive information sources:
 - Autopsy reports
 - Medical records (prenatal, primary, postnatal, pharmacy, ED, clinical)
 - Incarceration history/Police reports
 - WIC
 - Community programs
 - Obituaries
 - Emergency medical services
 - Key informants → Family and friends

How Does an MMRC Work?

MMRC Process



6 Key Decisions MMRCs Make for Each Death Review

- Was the death pregnancy-related?
- What was the underlying cause of death?
- Was the death preventable?
- What were the contributing factors to the death?
- What are the recommendations and actions that address those contributing factors?
- What is the anticipated impact of those actions if implemented?



Who sits on MMRCs?

- Anyone who can help to tell the mother's story → Clinical and non-clinical representation
 - Public health professionals
 - OB/GYNs and obstetric care providers
 - Pediatricians
 - Nurses
 - Midwives
 - Doulas
 - Forensic pathologists
 - Coroners
 - Mental health professionals
 - Maternal-fetal medicine experts
 - Social workers
 - Epidemiologists
 - Community health workers
 - Patient advocates
 - Any other relevant stakeholders

Making Recommendations

- Example: Washington State MMRC recommendations from 2019 report: Review of Maternal Deaths, 2014-2016

Address social determinants of health, structural racism, provider biases, and other social inequities in priority populations

Support active engagement by birthing hospitals, licensed birth centers, and perinatal providers in quality improvement efforts that reduce leading causes of maternal morbidity and mortality

Ensure funding and access to postpartum care and support through the first year after pregnancy.

Increase access and reduce barriers to behavioral health and community support structures from preconception through pregnancy and the first year postpartum.

Increase and improve reimbursement for behavioral health care from preconception through all phases of pregnancy and the first year postpartum, including screening, treatment, monitoring, and support services.

Increase knowledge and skill of providers, patients, and families about behavioral health conditions during and after pregnancy, and the treatment and resources that are available for support.



NCUIH's MMRC Work So Far

Year 1 (2022-2023): Information gathering via a Feedback Assessment Plan

- Hosted virtual dialogue for the 41 UIOs to understand UIO awareness around AI/AN maternal mortality and MMRCs
- Sent out a questionnaire to all 41 UIOs to gauge maternal health service capacity at UIOs and understand UIOs levels of interaction with their jurisdictional MMRCs
- Conducted key informant interviews with OKCIC, KCIC, and SDUIH to dive deeper into understanding barriers around UIOs engaging with MMRCs and to explore recommendations for further engagement
- Attended the CDC MMRIA User Meeting in April 2023 to provide UIO knowledge/guidance/considerations during meeting discussions
- Drafted recommendations...



Drafted Recommendations:

- UIO MMRC representatives should be someone who understands and values the role of AI/AN cultural practices and ceremonies in the pregnancy, birthing, and post-partum periods.
- Compensation for time and travel to MMRC meetings
- UIO MMRC representatives need to be emotionally supported in this work.
- MMRCs should be committed to diverse representation, examining biases, and addressing underlying systemic issues.
- MMRCs should include the presence of AI/AN protective factors in case abstraction



Year 2 (Next Steps, 2023-2024)

- Partnership Opportunity: NCUIH MMRC Urban Indian Maternal Health Alliance
 - Apply today!
 - Up to two UIOs will receive \$12,000 each for the purpose of:
 1. Connecting and engaging with their state/jurisdictional MMRC
 2. Assess barriers/recommendations for increasing UIO engagement with MMRCs
 3. Develop plans for continued engagement post-funding

Apply Here!



NCUIH MMRC Urban Indian Maternal Health Alliance: Partnership Opportunity for UIOs

- Application Deadline: December 31, 2023
- Core Requirements:
 - Designate staff as a project coordinator with commitment to fulfilling project requirements and engaging with MMRCs
 - Attend monthly check-in calls with NCUIH project staff and partners
 - Mandatory participation in the NCUIH MMRC Team's virtual dialogue, which will be hosted in the Spring of 2024
 - Attend up to two national/regional convenings with the NCUIH MMRC team, including the 2024 CDC MMRIA User Meeting which will be held on April 10th and 11th, 2024
 - Provide documentation of all completed activities within a timely manner as agreed upon by NCUIH and the UIO partner
- Project Period Ends: July 31, 2024

Apply Here!





Questions?

Please feel free to ask any questions by unmuting yourself or typing your question in the Zoom chat before we bring today's event to a close.



Closing Reminders

Please scan the QR code below to
apply for the MMRC UIO
Partnership Opportunity!

Scan Me!



Apply to be a Partner Against Urban Indian
Maternal Mortality at
<https://form.jotform.com/233395341331148>
and contact mcurry@ncuih.org with any
questions about this opportunity.



Upcoming Events

Visit www.ncuih.org/events to learn about more upcoming events, such as:

December 2023

- 12/14/2023- NCUIH Fireside Chat in Partnership with Pfizer on Health Equity in Action
- 12/19/2023- **Registration Closes** for Mental Health First Aid for Urban Indian Organizations Training on 1/19/2024.

January 2024

1/19/2024- Mental Health First Aid for Urban Indian Organizations Training



Thank You!

Your feedback is
important to us!



Scan Me!





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