



MATERNAL MORTALITY REVIEW PROCESS

By Lori Rowe
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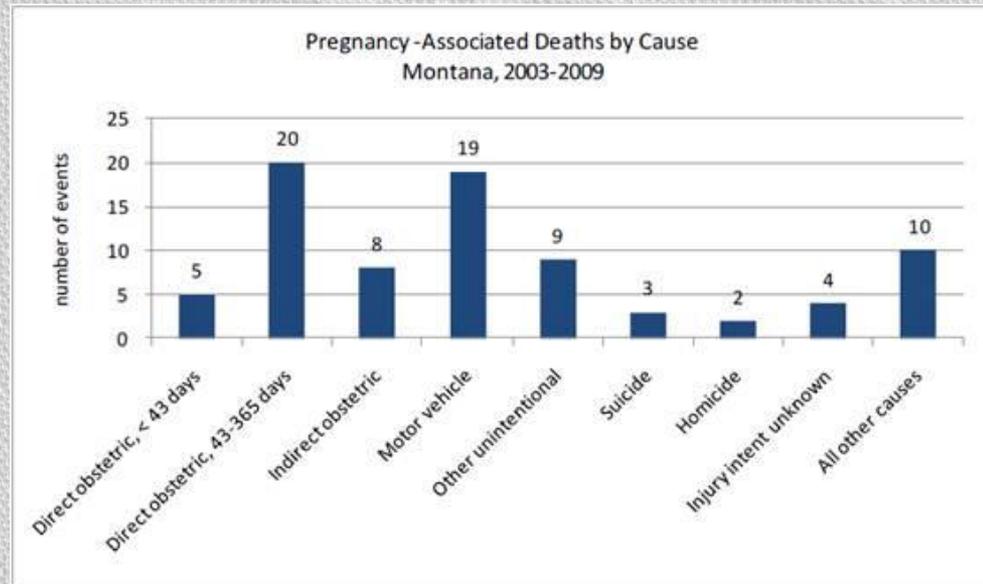
History and Progress

- HB 28 introduced to 2013 MT Legislature
 - Amend FICMR Act
 - Perform in-depth analysis of maternal deaths within 1 year of delivery.
 - Teams to include OB, FP, or PA who's duties include obstetrical care
 - Passed January 31, 2013
 - Law effective October 1, 2013
- Developed MMR Workgroup
 - 12 Members (County Health, ACOG Reps, DPHHS Staff)
 - Develop reporting form and policies
 - Continue to meet 2x's year
 - Review MMR cases
 - Make prevention recommendations



How Many Maternal Deaths does Montana Encounter Annually?

- Average about 12-15 deaths per year
 - Small/Medium counties
 - Large counties may encounter more deaths
- 2003-2009 Maternal Deaths
 - 41% attributed to indirect or direct obstetric causes
 - 59% are not attributed to a medical condition thought to be pregnancy related
 - 23% Motor Vehicle Crashes



How is Maternal Mortality going to coincide with the Child Death Reviews?

- Use current child death review team
 - Include OB, Family Practice MD, or PA with obstetric duties when reviewing maternal death.
 - Recommend becoming a core member for child reviews.
 - Incorporate MMR case when scheduling child death review meeting
- Monthly Death List
 - Separate child and maternal list
 - Encouraged to find maternal deaths
 - May not see any change
 - Vital stats is about 90 days out
- One year to complete reviews and submit cases
 - Deaths from Oct 1, 2013 through December 31, 2013 will be due by **December 31, 2014.**
 - Six cases identified for 2013
 - One case so far for 2014



Montana Maternal Mortality Review Process

- MMR questionnaires will be prepopulated
 - Maternal Death Certificate
 - Birth Certificate (when available)
 - Child may be born out of MT
- Report form will be sent in a secure email or by postal service, along with the maternal death certificate.
 - Infants birth or death certificate will be included when available.
- Medical deaths will be reviewed by county of residence.
 - May have to request records outside of county
 - Collaboration efforts
- Intentional or unintentional deaths will be reviewed by the county where death occurred.



Montana Maternal Mortality Review Process Continued

- Teen Pregnancy Death use the MMR form.
- Unique cases, State Coordinator will decide which county will complete review.
- MMR completed cases need to be returned to the State FICMMR Coordinator.
 - Keep copy of case review in a secure locked cabinet or electronic file.
 - Data entry will be done at the department.
 - MMR case reviews may not be entered into the CDR.
 - Missing information letters
- MMR Case Review Reporting form posted on FICMMR Website.



Montana Mortality Maternal Case Review Report Form

- Local Coordinators need to continue to look for deaths
- Ascertainment: State/Community
- Skip Logic Applied
- Section B and C Teen Related Death
- Case reporting form can be completed electronically
- Returned electronically thru E-Pass or mail.
 - Must be legible
 - E-Pass <https://transfer.mt.gov>

CASE NUMBER			
Reviewing County: _____ / Date of Review: _____		Case Type: <input type="radio"/> Pregnant within 42 days of death <input type="radio"/> Pregnant with 43 days to 1 year of death <input type="radio"/> Pregnant at time of death	Mother's Death Certificate Number: _____ Infant Birth Certificate Number: _____ Infant/Fetal Death Certificate Number: _____
		Ascertainment: <input type="radio"/> State <input type="radio"/> Community	Date CDRT Notified of Death: _____
A. MOTHER INFORMATION			
1. Mother's name: First: _____ Middle: _____ Last: _____ <input type="checkbox"/> UIK			
2. Date of birth: <input type="checkbox"/> UIK mm/dd/yyyy	3. Date of death: <input type="checkbox"/> UIK mm/dd/yyyy	4. Age: <input type="checkbox"/> UIK	6. Race, check all that apply: <input type="checkbox"/> UIK <input type="checkbox"/> White <input type="checkbox"/> Am. Indian/ Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian, specify: _____ <input type="checkbox"/> Pacific Islander, specify: _____
		5. Sex: <input checked="" type="checkbox"/> Female	7. Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK
8. Residence address: <input type="checkbox"/> UIK Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____		9. Type of residence: <input type="checkbox"/> Mother's home <input type="checkbox"/> Relative home <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Licensed group home <input type="checkbox"/> Shelter <input type="checkbox"/> Licensed foster home <input type="checkbox"/> Homeless <input type="checkbox"/> Relative foster home <input type="checkbox"/> Jail/detention <input type="checkbox"/> UIK	
11. Residence overcrowded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK		10. New residence in past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK	
12. Mother ever homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK		13. Number of children living with mother: _____ <input type="checkbox"/> UIK	
14. Highest education level: <input type="radio"/> None <input type="radio"/> Drop out <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> Grade K-8 <input type="radio"/> College <input type="radio"/> Other, specify: _____ <input type="radio"/> Grade 9-12 <input type="radio"/> Home schooled, K-8 <input type="radio"/> Other, specify: _____ <input type="radio"/> Home schooled, 9-12 <input type="radio"/> UIK		15. Did mother have problems in school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input checked="" type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> UIK <input checked="" type="checkbox"/> Other, specify: _____	
16. Mother's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medical <input type="checkbox"/> IHS <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> UIK		17. Mother's work status: <input type="checkbox"/> N/A <input type="checkbox"/> Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Homemaker <input type="checkbox"/> Active military duty if yes, specify branch: _____ <input type="checkbox"/> UIK <input type="checkbox"/> Not working <input type="checkbox"/> UIK	
18. Mother had disability or chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK If yes, check all that apply: <input checked="" type="checkbox"/> Physical, specify: _____ <input type="checkbox"/> Mental, specify: _____ <input type="checkbox"/> Sensory, specify: _____ <input checked="" type="checkbox"/> UIK If yes, was mother receiving Children's Special Health Care Needs services? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK		19. Mother's mental health (MH): Mother had received prior MH services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK Mother was receiving MH services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK Mother on medications for MH illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK Issues prevented mother from receiving MH services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK If yes, specify: _____	
20. Mother had history of substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK If yes, check all that apply: <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input checked="" type="checkbox"/> UIK <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs		21. Mother had history of maltreatment? If yes, check all that apply: As Victim As Perpetrator As Victim As Perpetrator <input type="radio"/> N/A <input type="radio"/> Yes <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> Sexual <input type="checkbox"/> UIK <input type="checkbox"/> UIK <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> UIK If yes, how was history identified: <input type="checkbox"/> Through CPS <input type="checkbox"/> # CPS referrals <input type="checkbox"/> Other sources <input type="checkbox"/> # Substantiations	
22. Was there an open CPS case with mother at time of death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK		23. Was mother ever placed outside of the home prior to the death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK	
24. Were any siblings placed outside of the home prior to this death? <input type="radio"/> N/A <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="checkbox"/> UIK		25. Mother had history of intimate partner violence? Check all that apply: <input checked="" type="checkbox"/> Yes, as victim <input checked="" type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> UIK	
26. Mother had delinquent or criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Robbery <input type="checkbox"/> UIK <input type="checkbox"/> Drugs <input type="checkbox"/> UIK		27. Mother spent time in adult correctional facility? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK	
28. Mother spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK		29. Mother acutely ill during the two weeks before death? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> UIK	
		30. Was any parent a first generation immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UIK If yes, country of origin: _____	
		31. What was mother's sexual orientation? <input type="radio"/> Heterosexual <input type="radio"/> Questioning <input type="radio"/> Lesbian <input type="radio"/> UIK <input type="radio"/> Bisexual	

QUESTIONS?



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