



Mississippi Maternal Mortality Review Committee Building Capacity to Address Maternal Health Equity

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MISSISSIPPI STATE DEPARTMENT OF HEALTH

OB/GYN- UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

Mississippi Maternal Care & Outcomes Landscape

Total Population
~3million; 37k
births per year

41 birthing
facilities, 1 level IV
NICU, 10 Level III

429 Ob/Gyns in 36
of 82 Counties

< 5% Births
attended by
Midwives, No Birth
Centers

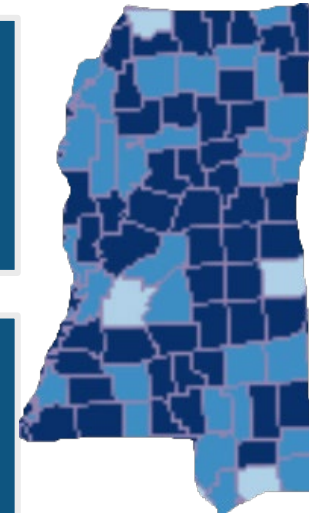
1 abortion provider
in state, Jackson,
MS

>65% Births
Medicaid

- Changes to Medicaid
controlled by state
legislature

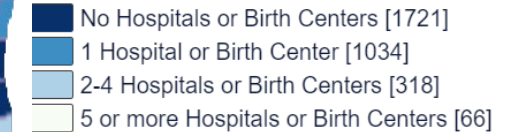
Highest Cesarean
Section Rate 38.5%

Highest Preterm &
Infant Mortality
Rate

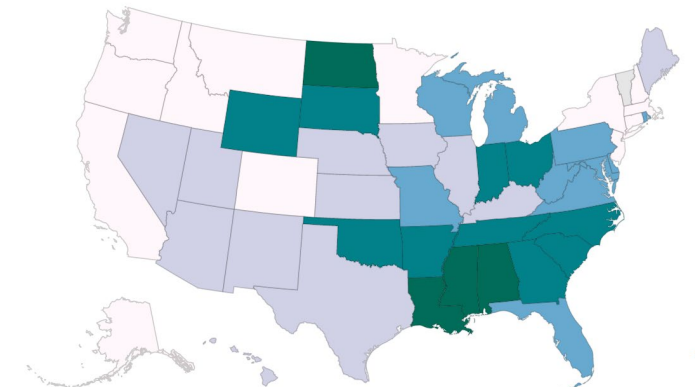


March of Dimes, Maternity Care Deserts Report, 2020

Hospitals offering offering obstetric care or freestanding birth centers



Infant Mortality Rates by State



MAP
SHOWING THE DISTRIBUTION
OF THE
SLAVE POPULATION
OF THE
SOUTHERN STATES
OF THE
UNITED STATES
Compiled from the
CENSUS OF
1860
Washington September 1862

Sent for the benefit of the
Sick and Wounded
of the *Soldiers*
U.S. ARMY.

SCALE
The following table shows the distribution of the slave population in the Southern States, by county, according to the Census of 1860. The number in each box represents the percentage of the slave population in that county. The darker the shading, the larger the percentage. The following table shows the percentage of the slave population in each county, by state.

Scale of Shading
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Alabama
Arkansas
California
Colorado
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Delaware
Florida
Georgia
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

THE
SOUTHERN
STATES
OF
THE
UNITED
STATES

Washington September 1862

Scale of Shading
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

THE
SOUTHERN
STATES
OF
THE
UNITED
STATES

Washington September 1862

**LYNCHINGS BY STATES AND COUNTIES IN THE UNITED STATES
1900 TO 1931**
(DATA FROM RESEARCH DEPARTMENT, TUSKEGEE INSTITUTE)

CLARITY
County Outline Map
UNITED STATES

Scale: 1 inch = 100 miles
1:50,000,000

NUMBER OF LYNCHINGS BY STATE			NUMBER OF LYNCHINGS BY COUNTY		
STATE	1900-1931	1931	STATE	1900-1931	1931
Alabama	1,145	10	Alabama	1,145	10
Arizona	1	0	Arizona	1	0
Arkansas	1,145	10	Arkansas	1,145	10
California	1	0	California	1	0
Colorado	1	0	Colorado	1	0
Connecticut	1	0	Connecticut	1	0
Delaware	1	0	Delaware	1	0
District of Columbia	1	0	District of Columbia	1	0
Florida	1,145	10	Florida	1,145	10
Georgia	1,145	10	Georgia	1,145	10
Idaho	1	0	Idaho	1	0
Illinois	1	0	Illinois	1	0
Indiana	1	0	Indiana	1	0
Iowa	1	0	Iowa	1	0
Kansas	1	0	Kansas	1	0
Kentucky	1,145	10	Kentucky	1,145	10
Louisiana	1,145	10	Louisiana	1,145	10
Maine	1	0	Maine	1	0
Maryland	1,145	10	Maryland	1,145	10
Massachusetts	1	0	Massachusetts	1	0
Michigan	1	0	Michigan	1	0
Minnesota	1	0	Minnesota	1	0
Mississippi	1,145	10	Mississippi	1,145	10
Missouri	1,145	10	Missouri	1,145	10
Montana	1	0	Montana	1	0
Nebraska	1	0	Nebraska	1	0
Nevada	1	0	Nevada	1	0
New Hampshire	1	0	New Hampshire	1	0
New Jersey	1	0	New Jersey	1	0
New Mexico	1	0	New Mexico	1	0
New York	1	0	New York	1	0
North Carolina	1,145	10	North Carolina	1,145	10
North Dakota	1	0	North Dakota	1	0
Ohio	1,145	10	Ohio	1,145	10
Oklahoma	1,145	10	Oklahoma	1,145	10
Oregon	1	0	Oregon	1	0
Pennsylvania	1,145	10	Pennsylvania	1,145	10
Rhode Island	1	0	Rhode Island	1	0
South Carolina	1,145	10	South Carolina	1,145	10
South Dakota	1	0	South Dakota	1	0
Tennessee	1,145	10	Tennessee	1,145	10
Texas	1,145	10	Texas	1,145	10
Vermont	1	0	Vermont	1	0
Virginia	1,145	10	Virginia	1,145	10
Washington	1	0	Washington	1	0
West Virginia	1,145	10	West Virginia	1,145	10
Wisconsin	1	0	Wisconsin	1	0
Wyoming	1	0	Wyoming	1	0
TOTAL	10,000	100	TOTAL	10,000	100

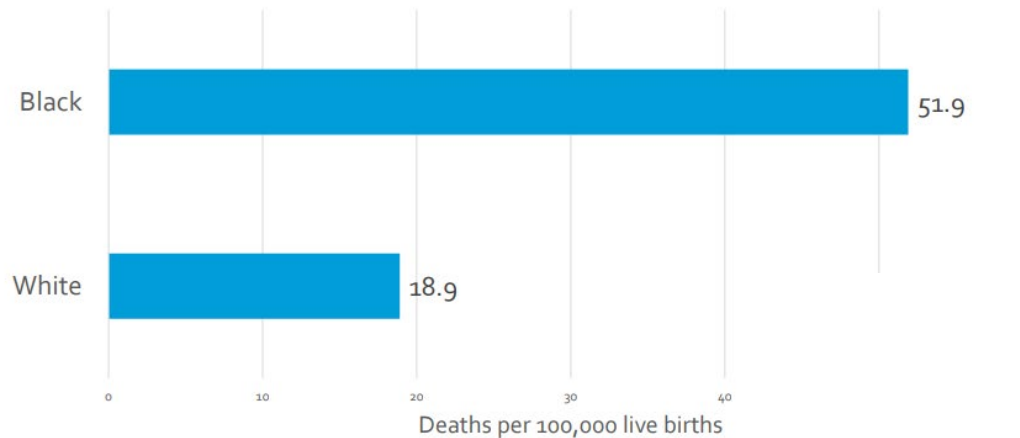
Map by the Staff of
THE TUSKEGEE INSTITUTE
Copyright 1932 by the Staff of the Institute

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Maternal Mortality In Mississippi

Pregnancy-related deaths by race, MS, 2013-2016



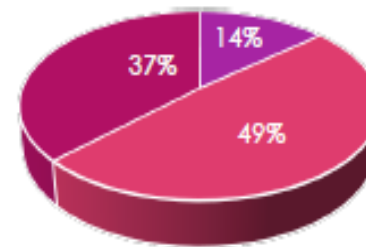
Leading Pregnancy Related Causes:

Cardiovascular Conditions
Severe Maternal Hypertension/Preeclampsia

70-80% Black mothers

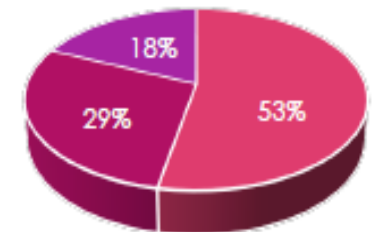
Timing of pregnancy-related deaths
2013-2016

- Pregnant
- Within 6 Weeks Postpartum
- > 6 weeks Postpartum



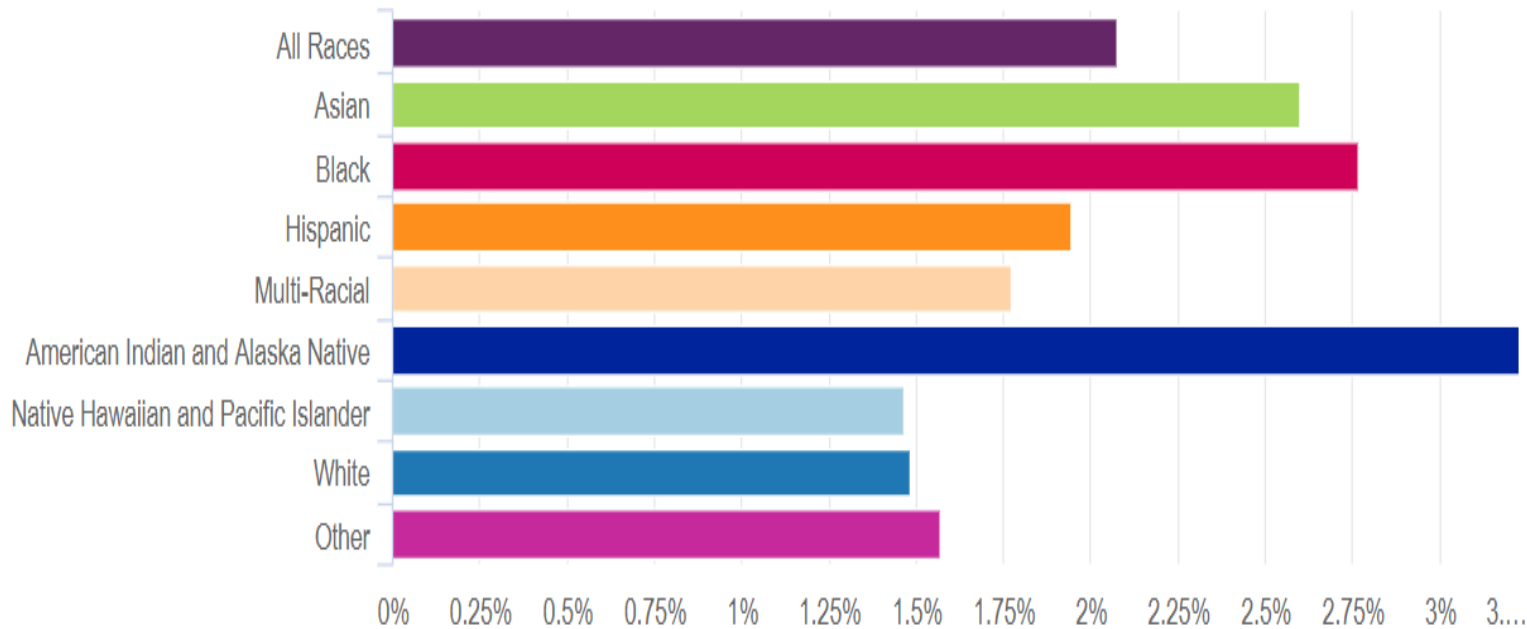
Location of pregnancy-related deaths, 2013-2016

- Hospital Inpatient
- Emergency Department
- Other Location

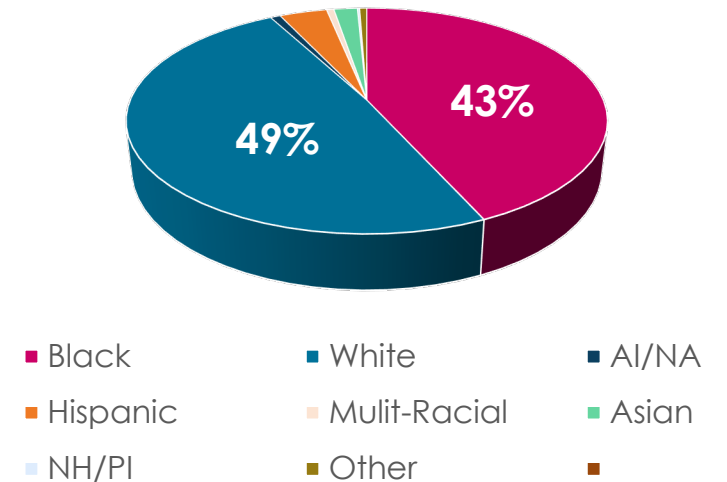


Severe Maternal Morbidity in Mississippi

Severe Maternal Morbidity Disaggregated by Race/Ethnicity (Q1 2013 - Q4 2019)



Birth Hospitalizations



Mississippi Maternal Mortality Review Committee

- ▶ Maternal Mortality Review Committee Established in 2017
 - ▶ Passage of HB 494 creating committee and legal protections
 - ▶ CDC Funding 2018
 - ▶ All Pregnancy-Associated Deaths Identified within 1 year of end of pregnancy
 - ▶ In-Depth Committee Review of Pregnancy-related causes
 - ▶ Creation of recommendations for state to reduce maternal mortality
 - ▶ First report published 2019

Missing the Mark on Equity

- ▶ Despite identifying major gaps in evidence-based obstetric care and creating needed recommendations.
 - ▶ Overly focused on medical record as data source
 - ▶ Over representation of clinicians committee
 - ▶ Recommendations highly clinical
 - ▶ Lack of patient/family voice & input
 - ▶ Avoidance of discussing racism, politics as sources of disparities

Is The Mississippi MMRC Equipped To Address Inequities & Black Maternal Mortality?

- ▶ Does our MMRC Have:
 - ▶ Representation and inclusivity of committee members?
 - ▶ A process to recognize and eliminate personal bias and racism in review process?
 - ▶ Data sources that are wholistic, capture perspective of pregnant & birthing people & families and evaluated for racism & bias?
 - ▶ Knowledge about health equity, social determinants of health, racism as underlying causes of Black maternal health inequities?
 - ▶ Awareness of Black community strengths, solutions and scholarship?
 - ▶ Has influence and authority to create policy and systems level change?



Equity Mission Statement for MMRC

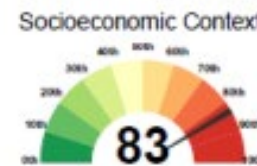
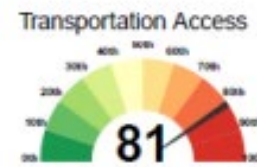
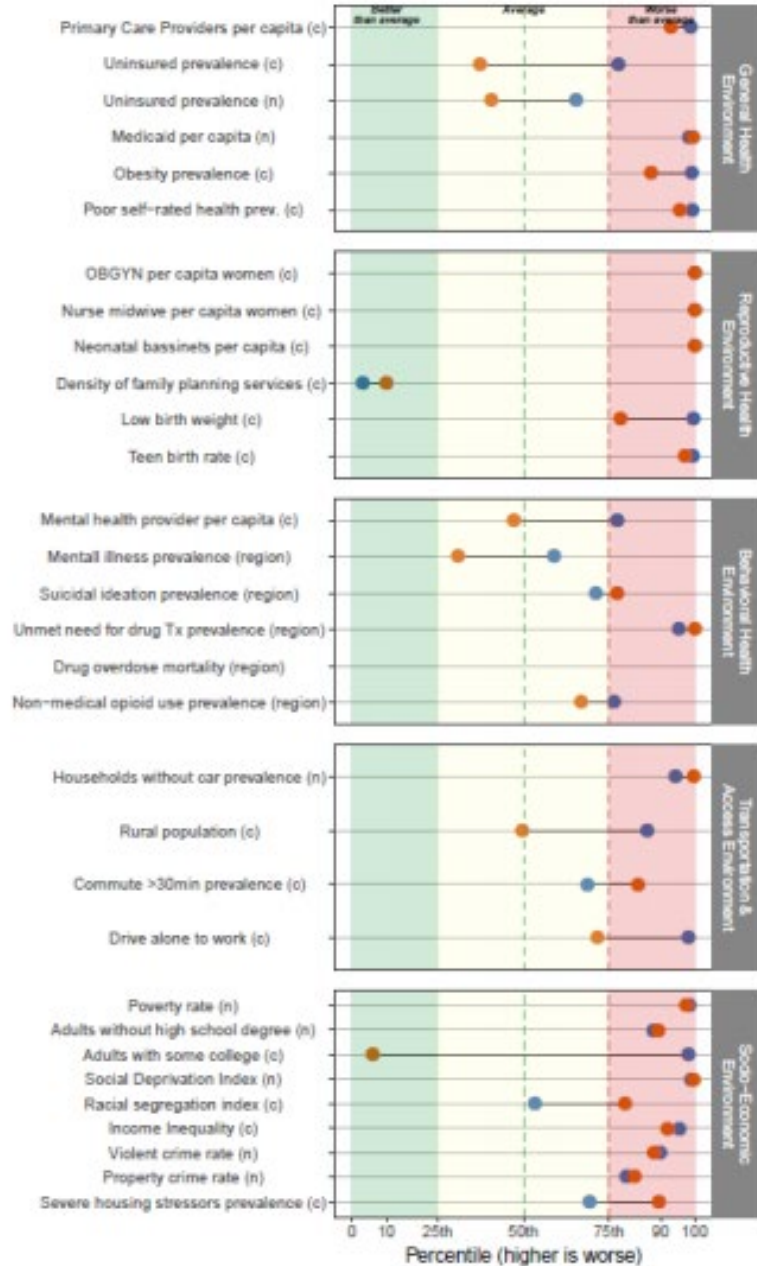
As a committee we are committed to addressing health equity in our approach to understanding maternal deaths and creating recommendations. We seek to eliminate preventable maternal mortality and close racial and socioeconomic disparities in maternal health outcomes.

Committee Representation

- ▶ Legislation and guidelines *not* prescriptive of committee membership
- ▶ Expanded States usual process of requesting nominations from professional organizations (ACOG, AWHONN, ACNM)
- ▶ Multiple members within roles to ensure equity and racial/geographic concordance across positions.
- ▶ Recognizing and correcting gaps as regular objective for committee.
- ▶ Addition of Patient advocates, Black Community Mental Health , Domestic Violence specialists

Equity Subcommittee

- ▶ Objectives:
 - ▶ Develop and apply a health equity framework to all aspects of MMRC
 - ▶ Provide space and time to acknowledge, discuss and develop solutions to structural and interpersonal racism, discrimination and social determinants of health particularly affecting Black mothers/people.
 - ▶ Develop enhanced skills in interpreting and applying social determinants of health data
 - ▶ Participated in Equity Pilot with CDC, M. Kramer PhD, using social-special dashboard of metrics capturing key community factors



Community Vital Signs Dashboard

Committee Education

- ▶ All expected to complete and engage in ongoing education on health equity, anti-racism and bias.
- ▶ June Launched Birth Equity Foundations training by National Birth Equity Collaborative for MMRC members.
 - ▶ 2 hour introductory workshop
 - ▶ 1 hour interactive lecture
 - ▶ Follow up workshops

Racial equity trainings focus on the structural and social dynamics working within health care institutions and communities that prevent optimal births for every woman, particularly women of color. With trainings on racial equity, social determinants of health inequities, collective impact and advocacy, participants will begin to realize their role within the transformation of systems.

Review Process

- ▶ Name given to every mother/person rather than case number or anonymized.
- ▶ Race, ethnicity, SES, employment, marital status, insurance, education -> listed after event details
- ▶ CDC Maternal Mortality Review Information Application (MMRIA) Committee Decision Form updated in 2020 to include evaluation of discrimination, racism , E. Howell et. al

DID DISCRIMINATION CONTRIBUTE TO THE DEATH?** ☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN

****Encompasses Discrimination, Interpersonal Racism, and Structural Racism as described on page 1.**

Excerpts from- CDC, MMRIA, Committee Decision Form, v21

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

DID DISCRIMINATION** CONTRIBUTE TO THE DEATH? ☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN

**Encompasses Discrimination, Interpersonal Racism, and Structural Racism as described on page 1.

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

- Access/financial
- Adherence
- Assessment
- Chronic disease
- Clinical skill/quality of care
- Communication
- Continuity of care/care coordination
- Cultural/religious
- Delay
- Discrimination
- Environmental
- Equipment/technology
- Interpersonal racism
- Knowledge
- Law Enforcement
- Legal
- Mental health conditions
- Outreach
- Policies/procedures
- Referral
- Social support/isolation
- Structural racism
- Substance use disorder - alcohol, illicit/prescription drugs
- Tobacco use
- Trauma
- Unstable housing
- Violence
- Other

DISCRIMINATION

Treating someone less or more favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication and shared decision-making. (Smedley et al, 2003 and Dr. Rachel Hardeman).

STRUCTURAL RACISM

The systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc. (Adapted from Bailey ZD. Lancet. 2017 and Dr. Carla Ortique).

INTERPERSONAL RACISM

Discriminatory interactions between individuals based on differential assumptions about the abilities, motives, and intentions of others and resulting in differential actions toward others based on their race. It can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization. (Jones, CP, 2000 and Dr. Cornelia Graves).

Broadening Scope

Characteristics of pregnancy-associated deaths from suicide, drug overdose and homicide

	Suicide N=7	Drug Overdose N= 9	Homicide N= 10
Average Timing* (Average, Range)	6 months (41- 329 days)	5 months (4-265 days)	5 months (pregnant- 213 days)
Average Age (Average, Range)	23 years (20-28 years)	29 years (23-41 years)	26 years (19-32 years)
Percent Race (Highest percent)	71% White	66% White	60% Black

*during pregnancy or days postpartum

Informant Interviews

- ▶ 2020 initiated informant interviews with commitment to include for all reviewed events.
- ▶ Licensed clinical social worker with training in trauma, bereavement counseling
- ▶ Provision of resources, connection to services
- ▶ **Uncover details omitted from records, out of hospital events, perceptions of care quality, experience of disrespect, discrimination, holistic view of life, ongoing challenges/generational harm**



Pre – Interview Stage
Preparation
+ Planning



Interview Stage
Outreach
+ Contact



Post Interview Stage
Completion

MMRC Impact on Statewide Change

- ▶ 1st recommendation of MMRC was extension of Medicaid to 12 months postpartum
- ▶ MS Lawmakers *removed* this provision in 2021 session citing cost
- ▶ Engaging lawmakers now for 2022
- ▶ Promotion of policy changes to support Doula payment and Midwifery care

MMRC Impact on Statewide Change

- ▶ Funding towards Mississippi based Black woman led organizations addressing gaps
 - ▶ Maternal Mental Health- MomMe
 - ▶ Community Grants for Doula services, Townhalls, BP Cuffs



six dimensions



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Research Associate



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LOFTON**
Marketing &
Communications

momMe

You're Not Alone

Our community is the proof. In the last 18 months we have touched the lives of over 200 mothers across the state and we are growing. Join us.



www.Momme.rocks

Acknowledgements- MMRC/MSPQC Staff



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Neonatal
Lead



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Thank You

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