

# ***District of Columbia Maternal Mortality Review Committee***

(Established by DC Code §7-761.01 et seq)



401 E Street SW  
Washington, DC 20024

## **Maternal Mortality Review Committee Minutes of the October 24, 2023 Open Meeting**

**Reviewed on November 28, 2023**

The Maternal Mortality Review Committee (MMRC) convened on October 24, 2023, at 10:00 am. Quorum was achieved. The meeting was chaired by MMRC Co-chairs, Jamila Perritt and Aza Nedhari.

**Members in Attendance:** Christina Marea (District Birthing Center, COH), Aza Nedhari (Mamatoto Village), Constance Bohon, MD (ACOG), Kimberly Sommers, MD (DC Health), Jamila Perritt, MD (Community Organization in Women’s Health), Roberta Bell (March of Dimes), Nancy Gaba, MD (George Washington University Hospital), Colleen Kepner, MD (Sibley Memorial Hospital), and Melissa Fries, MD (Medstar Washington Hospital Center).

**Participants:** Candace Hardin, (OCME), Alana Aronin (Children’s National Hospital), Andrew McCardle (OCME), Rodney Adams (OCME), William Boyd Jackson (Council Committee on Health), Renee Spraggins (OCME), Katherine Barnes (OCME), Ebele Brown (OCME), Breanna Cuchara (OCME), Tracie Martin (OCME), and Jenna Beebe-Aryee (OCME).

### **Open Meeting**

The new co-chair was introduced. Following roll call, the members reviewed and approved the open meeting agenda.

The committee held a legislatively required public forum and introduction of the 2021 MMRC Annual report and thanked the members that were involved with the production of the report. Members engaged in a robust conversation to arrive at a place where the committee acknowledged having holistically examined both the clinical, social factors and structural issues that have led to demise and recommendations that would bring the committee closer to a transformational framework of dignified and respectful care in the District.

A member provided background information and context of the MMRC. The MMRC was established in 2018 but was ten years in the making. There are individuals who are sitting on the committee and working with the community that fought to create this committee as an opportunity to interrogate and investigate the systems and structures that “shape the lives of the people that members work, live, and pray beside every day.” The goal of this committee is to address systemic factors and to look to see the ways these factors impact maternal mortality. The committee does this by evaluating services and care delivery provided to women and other birthing people who died during pregnancy, childbirth, and up to one year after the end of any pregnancy. In terms of the legislation, the committee is comprised of 25 members including

individuals from community-based service providers as well as District members and residents who were affected by a maternal mortality. DC is unique in the composition of the MMRC because unlike other jurisdictions, most of the members are not physicians, and this is critical because the committee recognizes that the unfortunate and untimely death of an individual is shaped by so much more than the factors that led up to that one moment in time. This committee has prioritized taking a life force approach to identifying, but also characterizing and evaluating the scope in nature of maternal mortality in the District. The MMRC works to examine past events and circumstances surrounding these deaths. They prioritize developing, revising, and recommending systemic improvements to prevent deaths from occurring in the future. The work of the committee has been collected and summarized in the report the committee is reviewing today.

The open sessions consist of members interacting with the members of the public that can attend. The closed sessions are only attended by committee members and invited guests in the discussion. During the closed sessions, members focus their review on the circumstances surrounding the deaths. In 2021, members reviewed the deaths of four birthing persons that died in 2018 and were DC residents. All the decedents were people of color, age ranged between 20-38 years old, and lived in Wards 2, 5, 7, and 8. The committee recognized the impact of multiple medical, social, and structural factors that impacted the life course of these individuals. The members look to find themes or commonalities in the person's lived experience. These amounted to the inequities that are at the system and structural level. The committee observed lots of evidence of the impact of chronic disease and attempted to identify whether the person's death was preventable.

Challenges were identified when reviewing cases to include the impact of systemic and structural discrimination and bias. When thinking about economic injustice, the impact of violence in our community's individual and community level violence also played out in the lives of the decedent's cases the committee reviewed.

Multiple agencies are invited to participate in the discussion on the decedent's case and to give a complete picture of the decedent's life. This includes any interaction the individual has had with governmental agencies. There is not one single cause of maternal mortality and not one single solution. The work of the MMRC is so critical because it allows members to reach out to these agencies across multiple jurisdictions in the District to think about what is the work that the Hospital Association, the Department of Behavioral Health, etc., can be doing.

After a case has been reviewed, the process includes reaching out to other agencies with recommendations of what changes can be put in place. A member stated how they were thinking about how the MMRC can more deeply engage with other agencies outside of OCME, to think about what systems and structures can be shifted. As the MMRC is one of the newer committees that came out of the Executive Office of the Mayor (EOM) and approved by the City Council. And the process of thinking about ways to engage with outside agencies more efficiently is still being developed. The MMRC has also been considering how they can use this data and place it over the context of a national scale. As seen in other states, the maternal mortality rates are disproportionately impacting some members of the community as opposed to others and putting that in the larger context of what the national landscape of maternal mortalities is another critical step that the committee has been looking towards.

A member of the public commended the members and staff for the report. The public member stated it is both comprehensive, but it is also thoughtful in looking past the mortality, the conditions and into the morbidity. They said it considers the full scope of how the community can address a range of concerns. A public member stated they liked the emphasis and recognition of the role that perinatal mental health plays in so many of the cases. Looking past the mortality and hoping that it can impact the overall wellbeing of all birthing people and therefore, giving the infants a good start. The member of the public inquired as to how this report can be used to leverage future conversations and within partnering commissions and boards and work that has been started and proceeding across the District?

A MMRC member responded and stated there is a Perinatal Quality Collaborative (PQC) in the District and they take up and take charge of some of the recommendations that are coming out of the committee at both the community and institutional level. While looking at the recommendations the committee has brought forward, they consider how they can be operationalized within those spaces. The report is also a discussion piece as one thinks about policies, building, staffing capacity for some recommendations and how best to collaborate especially with institutions and hospitals, members of the community, etc. A member stated the report gives clear guidelines for solutions that can be implemented and can be utilized in the spaces and seats in which someone sits and based on what level of power and control that individual has within their institution or organization.

The FRD Program Manager thanked the public members for participating in the discussion and explained the 2022 Annual Report draft is still being reviewed by the committee. Once the report has been approved, it will go on the agency website and another public discussion will be held such as the one today to address any comments, concerns and/or feedback from the public. The public discussion will be held within 60 days after the report is published. The FRD Program Manager asked if there was anyone public members would like OCME to invite and participate in the conversation, to let the FRD staff know.

The members reviewed and approved the open meeting minutes.

The open portion of the MMRC meeting was closed (per motion and vote) with the following statement read by the co-chair:

“This meeting will hereby be closed to the public for the following reasons – Open Meeting’s Act Section B-12 and 14 and § 7.671.06.”

The next MMRC Meeting is scheduled for **November 28, 2023** at 10:00am, via WebEx.