Maternal Mortality Review Committee Logic Model

Process

Outcomes

Inputs	Activities	Outputs	Short	Intermediate	Long

• **Legislative authority and protections**
  – *Authority to access required data*
  – *Confidentiality*
  – *Immunity for committee members from subpoena*
• **Leadership buy-in**
• **Staff**
• **Funding**
• **Defined scope and explicit protocols**
• **Data**
  – *Vital records*
  – *Medical records*
  – *Social Service Records*
• **Defined stakeholders and membership**
  – *With status or authority to implement recommendations within their organizations*
  – *Broad representation*
	• **Secure any missing inputs (from previous column)**
	• **Periodically recruit and train committee members**
	• **Identify cases and select cases for abstraction**
	• **Abstract cases and produce case summary**
	• **Convene committee meeting, review cases, and make key committee decisions**
	• **Disseminate recommendations**
	• **Identify implementation resources**
		• **Fully functional and sustainable MMRC**
		• **Robust, accurate data**
		• **Health surveillance and data analysis build evidence base**
		• **Recommendations**
		• **Reports and presentations**
		• **Campaigns, trainings, and initiatives**
			• **Awareness of the existence and recommendations of the MMRC among the public, clinicians, and policy makers**
			• **Adoption of policy changes by health systems**
			• **Implementation of data driven recommendations** *e.g. evidence based practices, screenings, and patient education by providers, etc.*
				• **Widespread adoption of patient safety bundles and/or policies that reflect the highest standard of care**
				• **Access to holistic care during pregnancy and postpartum period** *e.g. prenatal, diabetes, mental health, and substance use disorder care, etc.*
				• **Coordination of care across providers**
					• **Elimination of preventable maternal death**
					• **Reduction in maternal morbidity**
					• **Improvement in population health for women of reproductive age** *including reductions in hypertension, obesity, smoking, substance use, and other chronic diseases*

MMRC recommendations are part of a cycle of continuous quality improvement for health systems.

Assumptions
State has a Perinatal Quality Collaborative (PQC), a perinatal center, advocacy organizations, or other infrastructure to support the implementation of MMRC recommendations

Contextual Factors
• Geography
• Political will and support

MMRIA
MATERNAL MORTALITY REVIEW INFORMATION APP

BUILDING U.S. CAPACITY TO REVIEW AND PREVENT MATERNAL DEATHS

REVIEW to ACTION
WORKING TOGETHER TO PREVENT MATERNAL MORTALITY