



Maternal Mortality and Morbidity Task Force Report

**As Required By
Senate Bill 495, 83rd Legislature, Regular Session, 2013**



**Department of State Health Services
September 2014**

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Executive Summary

In accordance with Section 2(a) of S.B. 495, 83rd Legislature, Regular Session, 2013, the Department of State Health Services (DSHS) presents this 2014 progress report in establishing the Maternal Mortality and Morbidity Task Force. The DSHS Commissioner has appointed the 15-member task force, including a chair and vice chair. Task force members have been oriented to their roles and duties. DSHS has convened two task force meetings and two additional meetings are planned during 2014. The task force has made considerable progress toward developing the structures, policies, and processes necessary to review maternal death cases and to make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

At this time, DSHS has no recommendations for legislation. DSHS appears to have an appropriate statutory framework to assist in studying pregnancy-related deaths and severe maternal morbidity.

Introduction

The Maternal Mortality and Morbidity Task Force (MMMTF) was created to study cases of pregnancy-related deaths and trends in severe maternal morbidity and make recommendations to reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

S.B. 495, Section 2(a), requires DSHS to submit a report to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and appropriate committees of the Legislature outlining:

- (1) DSHS' progress in establishing the MMMTF required by Chapter 34, Health and Safety Code; and
- (2) Any recommendations for legislation to assist DSHS in studying pregnancy-related deaths and severe maternal morbidity.

Background

Both nationally and in Texas, there has been a rise in maternal mortality during the past 10 years. Although improvements in health care facilitated a dramatic decline in maternal mortality in the U.S. during the 20th century, women still die from complications of pregnancy. Nationally as well as in Texas, Black women have a maternal mortality rate more than twice as high as White women and this disparity gap has increased since 2007 (See Figure 1, page 6), but the causes of this increase are unclear.

Research indicates between 20 percent and 50 percent of maternal deaths in the U.S. are preventable. Initiatives such as state-based maternal death reviews are known to have the potential to identify deaths, review the factors associated with them, and take action on the findings.¹

Related National Initiatives

The Centers for Disease Control and Prevention Maternal Mortality Initiative (MMI) documented the maternal death review processes and the capacity to translate the findings into action to prevent maternal death.

The Health Resource and Services Administration's (HRSA) Maternal and Child Health Bureau launched the National Maternal Health Initiative (NMHI) in 2013. The goal of the NMHI is to reduce maternal morbidity and mortality by improving women's health across the life course. A national maternal health strategy is anticipated for release in 2014.

The Association of Maternal and Child Health Programs launched the Every Mother Initiative project in 2013 to strengthen and enhance state maternal morbidity and mortality surveillance systems to inform maternal death prevention and maternal health improvement strategies.

¹ Berg CJ, Callaghan WM, Syverson C, Henderson Z. Pregnancy-related mortality in the United States, 1998 to 2005. *Obstet Gynecol.* 2010;116(6):1302-9.

Related Texas State Initiatives

The Healthy Texas Babies (HTB) initiative was developed to help Texas communities decrease infant mortality using evidence-based interventions. Framed in the Life Course Perspective, its programs aim to enhance protective factors for those affected by disparities that impact a woman's and her family's health. The initiative is led by the Office of Title V and Family Health in the Family and Community Health Services Division of DSHS in collaboration with the Health and Human Services Commission (HHSC) and the Texas Chapter of the March of Dimes.

DSHS has been an active participant in the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality sponsored by HRSA. The CoIIN establishes cross-state collaborations and exchanges that support rapid-cycle quality improvement activities and collaborative learning to improve maternal and infant outcomes. Priority objectives of the CoIIN include the following: reduced elective delivery at less than 39 weeks of pregnancy; expanded access to interconception care (between pregnancies); increased smoking cessation among pregnant women; improved infant safe sleep practices; and improved perinatal regionalization (a geographically-targeted approach to assure risk-appropriate care for mothers and infants).

The Perinatal Advisory Council, created by H.B. 15, 83rd Legislature, Regular Session, 2013, develops and recommends criteria for designating levels of neonatal and maternal care, makes recommendations for dividing the state into maternal and neonatal care regions, examines utilization trends in maternal and neonatal care, and recommends ways to improve maternal and neonatal outcomes. The council must submit a report with its recommendations to HHSC and DSHS by September 1, 2015.

The Texas Maternal Mortality and Morbidity Task Force

The MMMTF was created by S.B. 495, 83rd Legislature, Regular Session, 2013, to study maternal mortality and morbidity in Texas. The task force is charged to:

- Study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- Determine the feasibility of the task force studying cases of severe maternal morbidity; and
- Make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state.

S.B. 495 prescribed the requirements for task force membership and terms, and directed the DSHS Commissioner to appoint task force members. The statute specifies that the task force must meet quarterly and due to the confidential nature of the work, the meetings are not open to the public.

DSHS MMMTF must submit its first biennial joint report on its findings, including recommendations to reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas by September 1, 2016. Reports are to be submitted to the Governor, Lieutenant Governor, Speaker of the House of Representatives, the Senate Committee on Health and Human Services Commission and the House Committee on Public Health.

Progress in Establishing the Maternal Mortality and Morbidity Task Force

Solicitation of Task Force Positions

DSHS posted a standardized task force application and information on the DSHS website. DSHS requested nominations from a broad cross section of stakeholder groups, including professional organizations, medical associations, hospital districts, university health care systems, local coalitions, licensing boards, social service entities, and other DSHS and HHSC stakeholders.

DSHS assembled a multidisciplinary application review team comprised of DSHS and HHSC staff. The review team evaluated a total of 51 applications. In considering members to serve on the task force, DSHS prioritized individuals working in and representing communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency; and are from different geographic regions of the state. In addition, the review team recommended individuals who are working in and representing communities that are affected by pregnancy-related deaths and severe maternal morbidity, and by a lack of access to relevant perinatal and intrapartum care. In December 2013, the DSHS Commissioner appointed the 15-member multidisciplinary task force. A task force roster is included in Appendix A of this report.

Task Force Activities to Date

DSHS formed a workgroup, the DSHS Core Team, to manage planning and logistics for the task force meetings and communications. A conference call was held with the DSHS Core Team, the task force chair, and the task force vice chair on January 17, 2014, to orient the chairs to new roles and responsibilities; outline key milestones for the establishment of MMMTF's structure; establish shared expectations about the initial task force meeting; and review and solicit feedback on developed materials.

The inaugural meeting of the MMMTF was held February 28, 2014, in Austin. DSHS staff outlined confidentiality and legal considerations for task force members; presented data relevant to maternal mortality and morbidity in Texas; facilitated a discussion on the task force members' perspectives on analytic approach; and received requests for additional analyses of population level data. DSHS also reviewed task force members' duties, roles and responsibilities, and staffing considerations. The chair and vice chair led task force members in a discussion regarding factors impacting the structure of the task force in Texas; opportunities and resources available for the task force; and components of a logistical action plan for short-term actions.

Work continued after the first meeting to develop the necessary infrastructure including developing drafts of task force policies and of tools to record pertinent data from medical, vital statistic, and other records about the events surrounding a mother's death.

The second meeting of MMMTF was held on June 27, 2014, in Austin. Meeting objectives were to:

- Provide an updated overview of Texas maternal mortality and morbidity data;
- Provide MMMTF with technical assistance from a national leader in maternal mortality and morbidity review; and
- Facilitate future task force planning and direction.

Current Status and Next Steps

The DSHS Core Team continues to:

- Coordinate meeting and communications logistics;
- Develop the internal infrastructure necessary to collect, compile, and disseminate de-identified cases of maternal deaths to the task force for review;
- Review legal considerations to ensure maintenance of full confidentiality of information acquired by DSHS pertaining to a pregnancy-related death or severe maternal morbidity, including identifying information of an individual or health care provider; and
- Provide technical assistance and subject matter expertise to support the activities of the task force members.

The task force continues to develop its structure and processes to support comprehensive review of maternal deaths and development of recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state. Next steps include refining and finalizing rules of operation, and establishing clear processes to review cases.

Task force members will participate in a technical assistance webinar on severe maternal morbidity in August 2014 and will continue to meet quarterly; meetings are currently scheduled in Austin in October and December 2014.

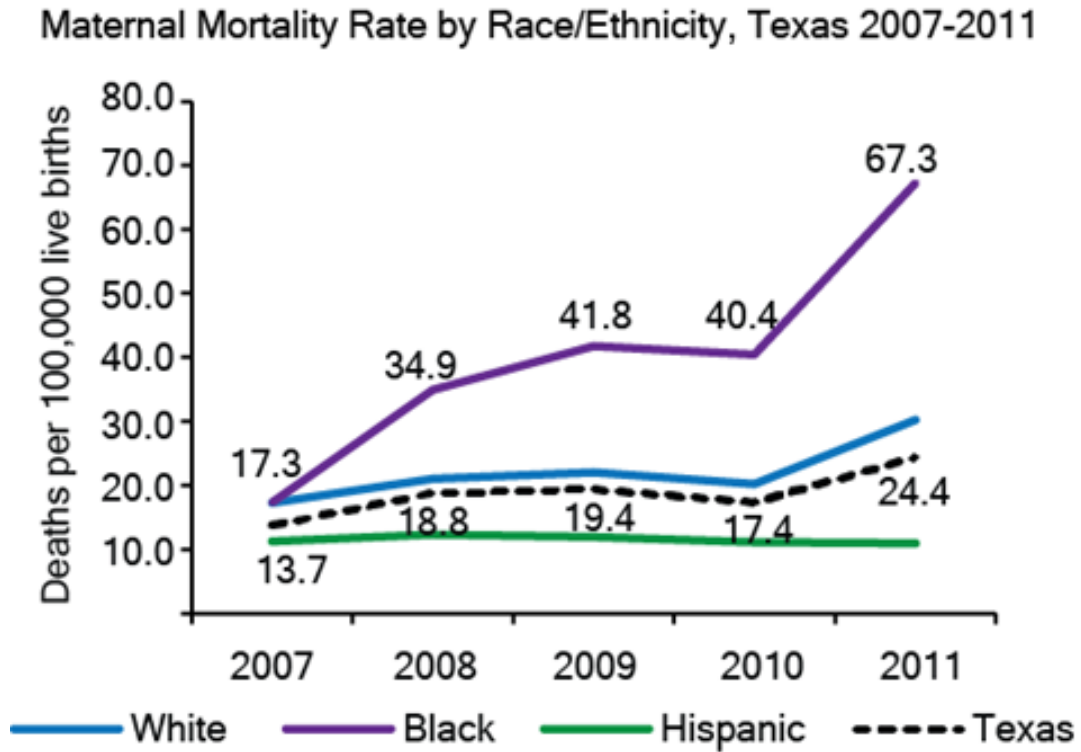
Recommendations for Legislation to Assist the Department in Studying Pregnancy-Related Deaths and Severe Maternal Morbidity

At this time, DSHS has no recommendations for legislation. DSHS appears to have an appropriate statutory framework to study pregnancy-related deaths and severe maternal morbidity.

Conclusion

Since S.B. 495, 83rd Legislature, Regular Session, 2013, went into effect in September 2013, considerable progress has been made toward establishing MMMTF. The DSHS Commissioner appointed a 15-member task force, including a chair and a vice chair. DSHS assembled a team to support the establishment of the task force. Task force members have been oriented to their roles and duties and maternal mortality and morbidity review processes. The task force has held two meetings and has planned for two additional meetings and a webinar during 2014. With support from DSHS, the task force has begun to review state trends in maternal death and severe morbidity and is working to develop rules of operation and the structures and processes necessary to begin case reviews of maternal deaths.

Figure 1: Maternal Mortality Rate by Race/Ethnicity, Texas 2007-2011



Source: Vital Statistics Death Files: ICD10 O00-O959, O98-O999, A34 & Check Box
Prepared by: Office of Program Decision Support, FCHS, DSHS, 2014

Appendix A—Current Task Force Membership

Name	Task Force Position	City
Lisa Hollier, MD, MPH* Chair	Physician specializing in Obstetrics	Houston
Gary Hankins, MD* Vice-Chair	Physician specializing in Obstetrics	Galveston
James Maher, MD*	Physician specializing in Obstetrics	Odessa
Carla Ortique, MD	Physician specializing in Obstetrics	Houston
Ronald Peron, MD	Physician specializing in Family Practice	Greenville
Meitra Leigh Doty, MD	Physician specializing in Psychiatry	Dallas
Kidada Gilbert-Lewis, MD	Physician specializing in Pathology	Houston
Kimberley Molina, MD	Medical Examiner or Coroner responsible for recording deaths	San Antonio
Amy Milenkov, DrPH, MPH	Epidemiologist, Biostatistician, or Researcher of Pregnancy-related Deaths	Fort Worth
Nancy Jo Reedy, CNM, MPH, FACNM	Certified Nurse-Midwife	Arlington
June Hanke, RN, MSN, MPH	Community Advocate	Houston
Armilla Henry, MSN, MEd	Registered Nurse	Houston
Nancy Sheppard, LCSW	Social Worker or Social Services Provider	Austin
Linda Gaul, PhD, MPH	DSHS Representative - State Epidemiologist	Austin
Evelyn Delgado, BS	DSHS Representative – Family and Community Health Services Division	Austin

**indicates maternal fetal medicine specialist*