

Maternal Mortality Review Committee Charter

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Statutory Authority

State statute (Minnesota Statutes, section 145.901 and Laws of Minnesota 2021 1st Special Session, chapter 7, article 3, section 39) requires the Commissioner of Health to convene a Maternal Mortality Review Committee to conduct maternal death studies and make recommendations aimed at reducing the number of preventable maternal deaths in Minnesota. Per statute, the committee may have up to 25 members.

Members may include persons from various relevant professions and backgrounds. Examples include but are not limited to:

- Medical examiners or coroners
- Representatives of health care institutions that provide care to pregnant women
- Obstetric and midwifery practitioners
- Medicaid representatives
- Representatives of state agencies
- Individuals from communities with disparate rates of maternal mortality

More generally, state statute ([Minnesota Statutes, section 145.901](#)) governs how instances of maternal mortality are defined (i.e., “a woman who died within during a pregnancy or within 12 months of a fetal death, a live birth, or other termination of a pregnancy”) and supports the Minnesota Department of Health’s (“MDH”) collection of records and information relating to such deaths from various sources, including medical examiners/coroners, health care providers, law enforcement, and the Minnesota Department of Human Services.

Minnesota Statutes, section 145.901, also classifies and protects the data collected and used for maternal mortality reviews:

- Data that does or can be used to identify the individual whose death is being reviewed, their children, or individual health care providers – including the source records as well as the case narratives provided to Maternal Mortality Review Committee members—are classified as confidential, meaning they are protected under the Minnesota Government Data Practices Act and cannot be disclosed outside MDH or the Committee unless specifically authorized by law.
- A person attending a Maternal Mortality Review Committee is generally prohibited from disclosing what transpired at the meeting. Proceedings and records of Committee meetings are classified as protected non-public, meaning they are they are protected under the Minnesota Government Data Practices Act and cannot be disclosed outside MDH or the Committee unless specifically authorized by law.
- Proceedings and records of the Maternal Mortality Review Committee are also protected from discovery or introduction into evidence in certain court proceedings. Questions about the scope of these protections should be directed to MDH’s Legal Unit.

Definitions

In Minnesota we use the definitions utilized by both the American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control (CDC) and examine all deaths that occur while pregnant or within 1 year of the termination of pregnancy (which is also the standard used in Minnesota Statutes, section 145.901). This includes both pregnancy-associated and pregnancy-related deaths.

Pregnancy-associated maternal death

The death of a woman while pregnant or within one year of the termination of pregnancy, regardless of the cause.

The following are subsets of pregnancy-associated maternal deaths:

Pregnancy-related death

The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Pregnancy-associated death, not related

The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.

Unable to determine if pregnancy related

A maternal death, but whether the death is pregnancy-related is not able to be determined.

Preventability

A maternal death is considered preventable if the MMRP members determine that there was at least some chance of a death being averted by one or more reasonable changes to patient, community, provider, faculty and/or systems factors.

Case Narrative

Summary of identified maternal death completed by a medial abstractor. Narrative includes information collected from maternal death certificate, birth certificates/fetal death certificates, medical records, law enforcement records, online findings, or other sources to develop a summary of prenatal care to sentinel event and life course.

Committee decision form

To be completed by committee for each case narrative. Form allows committee to identify pregnancy-relatedness, cause of death, level of preventability, and recommendations.

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Maternal Mortality Review Information Application (MMRIA)

CDC-developed repository for the medial and social information needed for maternal mortality review committees. Provides standardized data that can be used for surveillance, monitoring, and research on maternal mortality.

Mission

To examine all Minnesota maternal deaths in an effort to identify and reduce preventable contributors and causes, including the effects of access to care, standardization of care, discrimination and racism. This examination will help guide recommendations to influence state guidelines and policies and ultimately reduce preventable perinatal deaths in Minnesota.

Goals

Build on committee members' expertise and strengthen relationships between committee members to work effectively and collaboratively using shared language and goals with attention to areas of committee work and process that need improvement.

Specific Contributing Factors Definitions developed by the CDC:

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, et. al., 2017).

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 (adapted from Jones, C. P, 2000).

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 (adapted from Smedley, et. al., 2003).

Co-Chairs

A. Co-Chairs

Two Co-chairs will represent different professional backgrounds (example: one co-chair is a certified nurse midwife and other co-chair is a racial equity health professional). The role of the chairs is to guide discussion and recommendations of case narratives and serve in a leadership role on the committee.

- a. Co-Chairs will serve in a 3-year term, starting November 2021.
- b. The duties of the co-chairs:
 - i. Preside at all maternal mortality review committee meetings, lead case discussions to systematically determine preventability, and recommendations for maternal cases.
 - ii. At the request of the commissioner, be the spokesperson and representative for the committee. Potentially attend national meetings on maternal mortality.
 - iii. Attend meeting planning meetings with MDH staff, de-brief on discussions and review final summary notes to be shared with committee.
 - iv. Attend Minnesota Perinatal Quality Collaborative Steering Committee meetings to provide MMRC updates.
 - v. Serve as past co-chair for one year.
 - vi. Appoint work groups and/or subcommittee as needed to carry out the committee's work.

B. Past Chair

- a. The past co-chairs serve a one-year term following the end of their three-year term as chair. The outgoing co-chairs will coordinate with incoming co-chairs over a transition period.
- b. The duties of the past chair are to:
 - i. Advise co-chairs and serve as a resource to the committee.
 - ii. Preside at review committee meetings in the absence of both co-chairs.

C. Elections

- a. Co-Chair Elections
 - i. The Commissioner appointed co-chairs in 2021 from appointed members and based on appointee applicants. The three-year terms of the new co-chairs began in November 2021.
 - ii. In October of 2024, towards the conclusion of membership appointments, co-Chairs will be elected by the Committee after all committee appointments have been filled. The committee must approve both co-chairs with the majority of members voting in a secure virtual capacity.

Membership, Appointments and Responsibilities

A. Membership

Commissioner appointed members/voting members: The Commissioner appoints up to 25 members who will constitute the voting members of the committee. In compliance with statute voting members from each of the following: Medical examiner/coroner, representatives of health care institutions that provide care to pregnant women, obstetrics and midwifery practitioners, Medicaid representatives, and individuals from communities with disparate rates of maternal mortality. All members have a core foundational goal to advance health equity in maternal health and when relevant to maternal deaths, identify structural racism, interpersonal racism and discrimination as contributing factors and craft recommendations to address health inequities.

No voting member shall be an employee of the Minnesota Department of Health. Voting members must be in attendance of review committee meeting, if unable to attend, notification to co-chairs and MDH leadership should be given no later than 2 weeks prior to the meeting. If a member has 3 consecutive absences, they will be asked to step down from their seat.

Ex-Officio members: In order to make the MMRC representative of the populations it reviews, and a lens for the Commissioner to understand maternal outcomes, additional individuals or organizations may be invited by the MMRC co-chairs to serve as ex-officio members.

- This position is a non-voting position.
- The chairs of the MMRC will send a list of recommended ex-officio members to the Commissioner for approval and invitation to join the Committee. The Commissioner can choose to accept or deny the proposed ex-officio members. Ex-officio members may be individuals with specific expertise, leaders in health equity work, a representative of an organization, or a representative of a community disproportionately impacted by maternal mortality. Organizational members may include, but are not limited to, the following organizations: the Minnesota Department of Human Services, the Minnesota Department of Education, the University of Minnesota's School of Public Health, and the Center for Health Equity.

Alternates: An MMRC member may apply to the Commissioner, or the Commissioner's designee, and the MMRC co-chairs to have an alternate. The application must state the reason the member would like to have an alternate and the name of the alternate. Alternates are approved and serve at the discretion of the Commissioner, or the Commissioner's designee, and co-chairs. The Commissioner can choose to accept or deny the proposed alternative members. An alternate may vote and receive reimbursement only when the primary member is absent or when asked to serve on subcommittee or work group. MMRC members are responsible for assuring their alternate is fully versed on the work of the MMRC and up to date on issues of interest to the committee.

B. Terms of Appointment

1. As of the 2021-22 review committee, Commissioner appointments are for 3-year terms. Appointments are posted on the Office of Secretary of State (OSS) to apply for vacancies or through direct appointment by the commissioner.
 - At the conclusion of appointments in December of 2024, members can apply for seats for either 2- year term or 3- year term. Each seat they apply for will have the length of term designated.

Alternate members: The term of alternate members coincides with the term of the primary member.

Ex-Officio members: An ex-officio member's term ends on January 1 following the second full year of membership on the committee.

C. Term Limits

1. **Commissioner appointed members:** Commissioner appointed members can reapply at the end of their term but are limited to two consecutive terms.
2. **Alternate members:** The term limit for an alternate member coincides with the term of the primary member. If an alternate becomes a commissioner appointed or ex-officio member, their term limit is governed by the provisions for that member category.
3. **Ex-Officio members:** MMRC co-chairs shall determine the term limit for individuals serving as an ex-officio member, based on the resources required for committee activities.

D. Terminations, Resignations and Vacancies

1. Members may serve until their successors are appointed and qualify. If a successor has not been appointed by January 31 after the scheduled end of a member's term, the term of the member for whom a successor has not been appointed may be extended until the first Monday in January two years after the scheduled end of the term.
2. Each member will receive notification of the expiration of his or her term at least sixty days prior to the termination date. Notification will also be sent to the co-chairs.
3. Certificates of Recognition will be presented to all departing members during the last meeting of the year of the ending term.
4. Commissioner appointed and ex-officio members should communicate their intent to resign in writing to the co-chairs of the review committee and Minnesota Department of Health staff supporting the committee. When a commissioner appointed member resigns, the Commissioner will appoint a new member to serve the remainder of the term. When an ex-officio member resigns, the co-chairs will determine whether to fill the vacancy, based on the need for resources for committee activities.
5. Commissioner appointed, ex-officio members, and alternates may be removed by the Commissioner at any time, at the Commissioner's discretion.

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6. Commissioner appointed and ex-officio members may be removed for missing three consecutive meetings. If a member misses two consecutive meetings, the Minnesota Department of Health staff supporting the review committee will notify the member in writing that the member may be removed for missing the next meeting.
7. Vacancies for commissioner appointed members are filled through direct appointment from commissioner, or OSS appointment process. Vacancy requests can request specific disciplines (i.e., medical examiner, midwives) to apply to comply with state statute.

E. Orientation and Trainings

Orientation will be provided by Minnesota Department of Health staff to all newly appointed members ideally prior to their first MMRC meeting or no later than two (2) months after their appointment to the MMRC.

Additional training may be provided based on emerging best practices including but not limited to implicit bias, addressing social determinants of health, in-service on emerging infections/diagnosis impacting maternal mortality, or education on practices impacting maternal health.

F. Social Determinants of Health Work

As a core mission, identifying and addressing discrimination and racism and its impacts on maternal outcomes is imperative to this committee work. As partners in learning and applying anti-racism models to the work, the committee will participate and collaborate amongst its members and with other states to develop and refine methodology of discrimination in maternal deaths. The goal is to develop actionable steps to dismantle these structures and listen to community partners to advance health equity in all sectors of maternal health work.

G. Responsibilities and Expectations of Committee Members

In accepting appointment to the Maternal Mortality Review Committee, members are expected to:

1. Attend review committee meetings.
2. Prior to the beginning of each meeting, sign appropriate agreements, review all case narratives and vote on committee decision form link.
3. Prepare for active participation in discussions and decision-making by reviewing meeting materials ahead of each meeting.
4. Serve on committees, work groups, and other advisory groups as requested by the chair.
5. Act as a liaison when appropriate between constituent groups and the review committee.
6. Ensure confidentiality of all meeting materials, and information discussed during meetings, in compliance with all applicable laws and the MMRC confidentiality agreement.
7. Abstain from voting where a conflict of interest or basis for recusal exists or may exist. All members must review, complete, and sign a MMRC conflict of interest and recusal form.

8. Refrain from writing letters or engaging in other kinds of communication in the name of the committee unless the Commissioner specifically authorized such communication {145.901 Subd. 5 (b)}.
9. Comply with the review committee code of conduct in Appendix D.

H. Staff Support

The Commissioner will make available staff, space, and other resources as appropriate and available to support the work of the MMRC. Staff support for the MMRC will be provided by the director of the Division of Child and Family Health, subject to the approval of the Commissioner.

Support staff coordinate meeting agendas, development of case narratives, and communication with review committee members.

Meetings and Reimbursement

The section applies to the meetings of the review committee. Other meetings such as co-chair and workgroups are not included.

- A. **Frequency:** The MMRC shall meet as requested by the co-chairs as frequently as necessary. Due to delay with COVID-19 and appointments the MMRC will meet according to the identified dates below. At the conclusion of these meetings **the MMRC will meet the second Friday morning of every other month for 2 years** or will be re-evaluated by leadership in July of 2022. Additional dates to be determined.
 - May 12, 2022, 12:00- 5:00 pm
 - May 13, 2022, 07:00- 12:00
 - September 9, 2022, 07:00- 12:00
 - November 18, 2022, 07:00- 12:00
 - January 13, 2023, 07:00- 12:00
 - March 10, 2023, 07:00- 12:00
 - May 12, 2023, 7:00-12:00
- C. **Cancellations:** Meetings of the MMRC may be cancelled and rescheduled by co-chairs or by the Commissioner. Committee members will be notified of cancellations in as timely a manner as possible.
- D. **Expenses:** To be determined. Alternative members will only receive reimbursement when attending in place of the primary member.
 - a. State employees will not be eligible for compensation or reimbursement.
 - b. Ex-officio members will not be eligible for compensation or reimbursement.
- E. **Quorum:** The presence of 15 MMRC members constitutes a quorum at review committee meetings. This excludes ex-officio and alternative members unless the alternate is attending

in place of the primary member.

- F. **Private Meetings:** All review committee meetings are closed to the public.

General Procedures & Conduct of Meetings

The Minnesota Maternal Mortality Review Committee is intended to function as an advisory to Minnesota Department of Health programs on behalf of the Commissioner of Health to identify, review, and provide recommendations for maternal deaths occurring in Minnesota's birthing population.

Meetings will be held on a virtual platform or in person, dependent upon the decision of the co-chairs. Monthly emails will be circulated to members with any communication updates or meeting notices.

All documents and working materials will be housed on a secure site for members to access during their tenure.

One month prior to each meeting confidentiality agreements will be sent to membership to sign. Agendas, case narratives, and voting mechanism will be released to all members. Each member is expected to review said documents and vote prior to the review meeting.

Meeting:

- A. Co-chairs will call meeting to order.
- B. Review of agenda and attendance, introductions.
- C. Updates, moment of silence, and acknowledgement.
- D. Case narratives will be presented to the committee by lead abstractor of the case, or appointee.
- E. Time will be allowed for clarifying questions or comments on cases.
- F. Discussion will close and voting will commence. Summary voting results will be provided to committee members as a baseline for committee decision form; each category will be reviewed.
- G. Majority/Roberts Rules ruling for each Committee Decision voted on.
- H. Members can choose to abstain from the vote.

Co-chairs will lead the open discussion of determining recommendations for the case. The committee decision form will be uploaded into the MMRIA database system within 72 hours of review.

One week after the meeting, a high-level summary will be developed by MDH staff for co-chairs to review and approve. These high-level notes will be used to develop annual reports and bi-annual committee updates.

Work Groups

Work groups will be established to assist the work of the review committee. The co-chairs will request for volunteer members based on their expertise and interest to serve on a work group.

Work groups will be given a specified charge and period to fulfill that charge and will present a final report or recommendations to the committee for approval at completion of its charge or implementation of change.

Co-chairs may ask persons who are not commissioner appointed committee members, ex-officio members, or alternates to serve on subcommittees or work groups as necessary to fulfill a specialized or technical charge. This includes but is not limited to professional organizations in perinatal health, or specialties discussed in maternal death cases.

Annual Report

A. **Annual Report**

The review committee prepares and presents the Commissioner of Health an annual report based on the findings of the review committee and included recommendations for internal and external partners. The purpose of the annual report will be public for use, to understand the current state of maternal mortality in Minnesota and allow population interventions to stem from committee recommendations. All committee members will have the opportunity to participate in the development of the annual review document. Other reports may be prepared on specific topics as requested by the Commissioner and/or determined by committee co-chairs in consultation with the Minnesota Department of Health staff. This will be available on the MDH website.

B. **Bi-annual updates**

Bi-annual updates will be disseminated to internal and external partners about current recommendations around maternal mortality work and any critical trends to aware stakeholders in this work. This will be available on the MDH website.

Amendments

Amendments to this charter may be made only after notification of the committee at least thirty (30) days in advance of a regularly scheduled meeting. Amendment requires a vote of two-thirds of the members present. Suspension of rules or operating procedures does not constitute amendment.

Appendix A

Confidentiality Agreement

As a member of the MMMRC, I **understand and agree that:**

1. Each maternal death case summary has been prepared for the purposes of:
 - a. Identifying factors that contribute to poor pregnancy outcomes and maternal deaths; and
 - b. Identifying opportunities for prevention of maternal mortality and developing recommendations to improve maternal health on an individual, provider, facility, system, and community level in Minnesota.
2. Data contained in maternal death case summaries are classified as confidential under state law.
3. The proceedings and records of the MMMRC are also protected under state law, and a person attending a MMMRC meeting is prohibited by state law from disclosing what happened at the meeting, except as necessary to carry out the purposes of the review committee.
4. **Consistent with requirements of state law, I will maintain the confidentiality of MMMRC data and will not:**
 - a. **Share, disclose, or discuss case summaries or any information in case summaries outside the MMMRC.**
 - b. **Share, disclose or discuss any records or proceedings of the MMMRC, or information about what happened or was discussed at an MMMRC meeting, unless authorized to do so by MDH to carry out the purposes of the committee. But in no instance will I be authorized to share any information that could identify an individual or specific provider associated with a case.**
5. If I believe that I recognize a particular individual, facility, or agency from anything mentioned in a case summary, **I will not disclose the identity of that individual, facility, or agency** to anyone during or outside of the committee meeting.
6. I will promptly return each case summary that I have reviewed to the MMMRC facilitator. I will not retain any copies of case summaries.
7. I will comply with the requirements of this agreement both during my period of service on the committee and thereafter.
8. I understand that if I do not comply any part of this agreement, I will be dismissed from the MMMRC.

Minnesota Maternal Mortality Review Project Committee Member Signature

Print Name of MMMRP Committee Member

Appendix B

Review Committee member conflict or duality of interest disclosure form

A conflict of interests exists when a Maternal Mortality Review Committee member has a financial, professional, or personal interest that could directly affect findings or recommendations developed by the MMMRC.

MMMRC Conflict or Duality of Interest Disclosure Form - Please answer Yes or No to the following:

Do you, your family members, or those with whom you have common financial interest, have financial investments or property interest that could be directly affected by the MMMRC death reviews, findings, or recommendations?

YES NO

Could the financial or property interests of your employer, business partners or clients (or the financial interests of your spouse's employer, business partners or clients) be directly affected by the MMMRC death reviews, findings, or recommendations?

YES NO

Could the employment or self-employment of you or your spouse, including any consulting relationships of you or your spouse be directly affected by the MMMRC death reviews, findings, or recommendations?

YES NO

Could your current research, funding, or support, including equipment, facilities, industry partnerships, and research personnel be directly affected by the MMMRC death reviews, findings, or recommendations?

YES NO

Do you have any professional obligations that effectively require you to publicly defend a previously established position on an issue that is relevant to the functions of MMMRC?

YES NO

To the best of your knowledge, could your service to MMMRC enable you to obtain access to a competitor's or potential competitor's confidential proprietary information?

YES NO

Minnesota Maternal Mortality Review Committee Member Signature

Print Name of MMMRC Member

Date

Appendix C

Recusal Policy and Form

Policy Statement:

The Recusal Policy directs Minnesota Maternal Mortality Review Committee (MMMRC) Members to recuse themselves from Maternal Mortality committee review proceedings if a conflict of interest arises. The purposes of the recusal policy is to protect the confidentiality of the identified review committee member and to keep the death review discussions consistent with the neutrality and anonymity of other reviews.

Background:

The Minnesota Maternal Mortality Review Committee is a voluntary committee hosted by the Minnesota Department of Health in the Division of Child and Family Health. The Minnesota Maternal Mortality Review Committee seeks to determine the causes and levels of preventability of maternal deaths in Minnesota, to identify policy and healthcare systems to changes to reduce maternal mortality, improve maternal healthcare services and address associated and socioeconomic disparities.

Policy:

The Minnesota Department of Health takes numerous precautions to ensure the confidentiality and security of the data obtained through its review of maternal deaths in Minnesota. Great lengths are taken to ensure the confidentiality of the patients, health care professionals and facilities, and the secure maintenance of electronic and hard copy data. The Minnesota Maternal Mortality Review committee is a multidisciplinary, volunteer committee panel comprised of statewide expert health professionals and stakeholders. There is the possibility that a member may have been involved in the care of a mother whose death is under the review by the committee, or that the member may have participated in institutional review of the death, expert testimony for legal processing's. To address such situations, guidance is provided below for when recusal of committee members may be appropriate.

Procedure:

REQUIRED RECUSAL and Required Non-participation in MMMRC Deliberations.

In deaths where a committee member is identified as having been actively involved in the care, either as the primary provider or consultant, of a maternal death under review, the member will be recused from the review discussion. The process of recusal will be as follows:

- The Committee member will be contacted prior to the meeting and informed that it will be necessary for them to be absent from the room when the maternal death in question is reviewed.
- The Committee member will be aware of when the maternal death in question will be reviewed.

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- The Committee chairs and facilitator will be informed ahead of time, to ensure that the case is not assigned to the Committee member and that case review does not begin until the Committee member is absent from the room.
- There will be no discussion of the case before the Committee member or by the Committee member.
- In the event that the Chair of the Committee is involved in the active care of the case, a replacement facilitator will be appointed.
- The identity of the panel member will be protected from disclosure to the review committee and known only to Department of Health maternal mortality review project staff on an as-needed basis.

Self-Recusal:

In cases where a Committee member was peripherally involved in the care or has independent knowledge of a case under review, the Committee member has the obligation to recuse himself or herself from the discussion. The intent is to avoid unintentional bias or the accidental admission of additional facts not found in the medical record.

Examples of having been peripherally involved in the care of a case include but are not limited to having provided a consult on the case, having had supervisory responsibility for the primary health care professional, being a partner in private practice with or a colleague in the same facility as the primary health care professional.

Examples of having independent knowledge of a case include but are not limited to having served or anticipate being on an institutional mortality review board for the case in question, having provided or anticipate being asked to provide expert testimony for legal proceedings or other investigations, or having served or anticipate being asked to serve on malpractice, medical risk, and other insurance-related committees where this case was or will be discussed.

In the event of a Committee member having peripheral or independent knowledge about a case under review in the Minnesota Maternal Mortality Review Committee, the process of self-recusal will be as follows:

- If a Committee member realizes they have peripheral or independent knowledge of a death, they should contact project staff as soon as possible.
- If a Committee member/abstractor is assigned as a lead reviewer for a case and realizes they have peripheral or independent knowledge of the case upon review of the case summary form, they should contact project staff at MDH as soon as possible so that the case can be reassigned.
- If a Committee member realizes in the course of the case review discussion that they have peripheral or independent knowledge of the case, they should declare this during the discussion as soon as they believe this to be the situation. The intent is to avoid unintentional bias, or the accidental admission of additional facts not found in the medical

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record. The Committee member may choose to remain in the room and listen to the Committee deliberations but should refrain from participating in the discussion.

As a member of the Minnesota Maternal Mortality Review committee, **I understand and agree that:**

I agree to be recused from MMMRC death review discussion for deaths where I was directly involved in the care of the decedent as a primary provider or consultant. I also acknowledge that I will declare independent knowledge of deaths when applicable and self-recuse from further participation in that death review.

Minnesota Maternal Mortality Review Committee Member Signature

Print Name of MMMRC Member and Date

Appendix D

Code of Conduct

The review committee's primary objective is to identify factors contributing to maternal deaths and the health inequities impacting maternal health in the state and leads the charge of disseminating recommendations it improve maternal outcomes for our Minnesota mothers.

The Minnesota Maternal Mortality Review Committee adheres to language that is free of judgement, stereotypes, condescension, or any form of derogatory meaning. The perspective of members is respected and valued but must be rooted in an environment of inclusivity.

The committee shall:

- Uphold the standards of professionalism, be honest in all professional interactions, and strive to report any members deficient in character.
- Respect the rights of the other committee members and shall safeguard case confidences.
- Respect the rights, including the privacy rights, of the individual whose death is being reviewed, their family members, and all other persons whose information is implicated by the review.
- Recognize a responsibility to the improvement of the community and the betterment of population health.

Inappropriate behavior will result in dismissal from the committee. Inappropriate behavior is conducting oneself in a way that is undesirable, unsuitable, improper or incorrect. Examples of inappropriate behavior or conduct whether in person or text fields, privately or publicly include:

- Comments that are insulting, hurtful, disrespectful, stigmatizing, or rude
- Threatening or abusive language directed at an individual
- Degrading or demanding comments
- Profanity or similar offensive language
- Physical behavior with another individual that is perceived as threatening, intimidating or unwelcome
- Passive-aggressive behavior — behavior that is passive in expression but is aggressive or malicious in intent and may include non-verbal behavior or body language that is irritating or offensive

Any acts which violate the MMRC's code of conduct and ethics will result in dismissal from the committee.