TRIBE-SPECIFIC MMRCs: Individual Tribes establish a MMRC and review all cases in their defined community.

CONSIDERATIONS:

PROS:
- Empowers Tribes to serve and protect their mothers
- Recommendations and discussions will be more relevant to each specific Tribal community
- Exercises sovereignty

CONS:
- For smaller Tribes, reviews may only happen every few years due to lower case numbers making it difficult to sustain a committee
- Lower staff numbers in smaller communities may make it difficult to sustain a committee
- Data on maternal deaths and hospital records may be unknown or difficult to locate
- Confidentiality of maternal deaths may be compromised in smaller communities when reviewing cases

AREA-WIDE MMRCs: IHS Area-wide MMRCs represented by multiple Tribes with the potential to be led and/or organized by Area Indian Health Boards.

CONSIDERATIONS:

PROS:
- Tribal Epidemiology Centers (TECs) may have the data capacity to support an MMRC
- Resources can be pooled together within an area
- Eliminates the burden on individual Tribes
- Ability to leverage existing relationships with Area Indian Health Boards and IHS staff to implement recommendations created from MMRC reports
- Greater potential of impact on state policies

CONS:
- May take longer to establish and organize a committee
- Accessing death certificates from the state could pose a barrier
- Turnover in Tribal leadership may shift opinions and/or require repeated training
- Need to coordinate with multiple state data systems

BLENDING TRIBAL/STATE MMRCs: Utilizing established state-led MMRCs, with the addition of Tribally-led subcommittees that handle AI/AN cases.

CONSIDERATIONS:

PROS:
- Subcommittees decide who reviews cases
- May help foster stronger communication between Tribes and the surrounding state
- Increased access to resources
- Ability to build off existing MMRC infrastructure
- Potential to include more partners

CONS:
- There will need to be meaningful oversight of Tribal subcommittee involvement in state-led MMRCs
- Successful and effective collaboration may be dependent on the Tribes’ relationship with state
- Only 40 states currently have established MMRCs, so this option is not available across the United States

NATIONAL MMRC: One National, Tribally-led MMRC that would review all AI/AN maternal death cases.

CONSIDERATIONS:

PROS:
- Larger number of cases allows the committee to meet more often
- Possibility to engage with IHS leadership on recommendations
- National scope for policy change
- Increased access to resources

CONS:
- Unclear authority on gathering medical records and death certificates from each state
- It could take longer to gather information on each maternal death
- Less community participation and knowledge
- It may be difficult to translate recommendations into actions

DISCLAIMER: These models were constructed with the input of 11 American Indian and Alaska Native Maternal Health subject matter experts during a NIHB convening on Maternal Mortality Review Committees. These thoughts do not represent all of Indian Country. The 4 models described are intended to be a starting point for conversations. There is still the possibility for other models and considerations.