

POTENTIAL MODELS FOR TRIBALLY-LED MATERNAL MORTALITY REVIEW COMMITTEES

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

POTENTIAL MMRC MODELS

BLENDED TRIBAL/STATE MMRC MODEL:

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