

**Arkansas Maternal  
Mortality Review  
Committee  
Guidance Document**



**2023**



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## Acknowledgements

Tools and resources for this project were adapted from the Review to Action Website: [www.reviewtoaction.org](http://www.reviewtoaction.org). Review to Action is a resource developed as part of a partnership of the Association of Maternal and Child Health Programs with the Center for Disease Control and Prevention Foundation (CDC) and the CDC Division of Reproduction Health.

## Introduction to Maternal Mortality Review Committees

Maternal mortality in the United States continues to increase. There is no one cause for the increase. A state maternal mortality review process is vital to understanding why women are dying during pregnancy, childbirth, and the year postpartum.

### Data to Action

There are two national sources for trends and information on maternal deaths using vital statistics data.

- 1) The CDC National Center for Health Statistics (NCHS), uses death certificate information to assign ICD-10 codes that are then used to identify maternal deaths and produce a maternal mortality rate (number of deaths while pregnant or within 42 days postpartum per 100,000 live births).
- 2) The CDC Pregnancy Mortality Surveillance System (PMSS) uses death certificates with a relationship to pregnancy identified (1) cause of death ICD-10 codes, (2) check box on the death certificate, or (3) a death certificate with a matching federal death or birth certificate occurring in the year preceding death. Medical epidemiologists review this information to identify pregnancy-related deaths and produce a pregnancy-related mortality ratio (number of deaths while pregnant or within a year postpartum per 100,000 live births).

	<b>CDC National Center for Health Statistics (NCHS)</b>	<b>CDC Pregnancy Mortality Surveillance System (PMSS)</b>
<b>Data Source</b>	Death certificates	Death certificates and matching fetal death and birth certificates
<b>Time Frame</b>	During pregnancy-42 days postpartum	During pregnancy-365 days postpartum
<b>Source of Classification</b>	ICD-10 codes	ICD-10 codes, pregnancy check box, and death certificate with matching fetal death and birth certificates. Reviewed by medical epidemiologists.
<b>Terms</b>	Maternal death	Pregnancy-associated death <ul style="list-style-type: none"><li>• Pregnancy-associated, but not related death</li><li>• Pregnancy-related death</li></ul>
<b>Measure</b>	Maternal mortality rate- # of maternal deaths per 100,000 live births	Pregnancy-related mortality ratio- # of pregnancy-related deaths per 100,000 live births

A reliance on vital statistics alone to measure maternal mortality makes it challenging to determine whether changes observed are the result of improved identification of maternal deaths or changes in the risk. While surveillance using vital statistics can tell us about the trends and disparities, state maternal mortality review committees are best positioned to assess maternal deaths and identify opportunities for prevention.

There are six (6) key decisions that maternal mortality review committees make for each death reviewed:

- 1) **Was the death pregnancy-related?**
- 2) **What was the underlying cause of death?**
- 3) **Was the death preventable?**
- 4) **What were the factors that contributed to the death?**
- 5) **What are the recommendations and actions that address those contributing factors?**
- 6) **What is the anticipated impact of those actions if implemented?**

While all six questions are essential, the last four questions highlight the unique and critical role of the review committees: preventability, contributing factors, recommendations for improvement and measurement of impact.

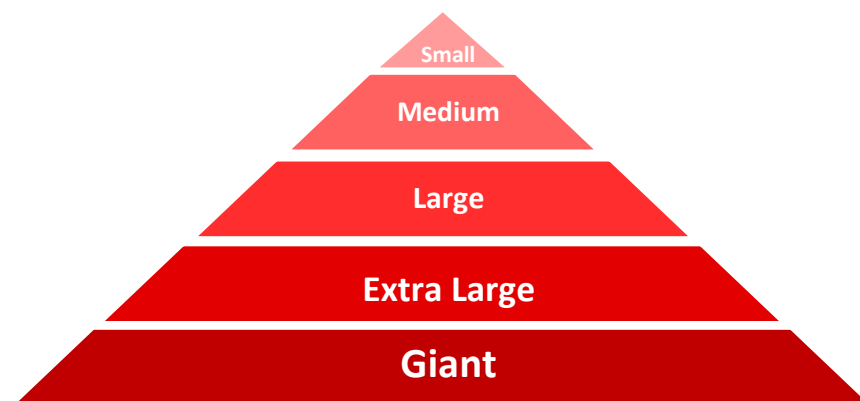
## Levels of Prevention

For each recommendation that the committee makes, the level of prevention should be determined. This decision helps support prioritization of recommendations by the committee for translation to action.

- **Primary:** Prevents the contributing factor before it ever occurs
- **Secondary:** Reduces the impact of the contributing factor once it has occurred (i.e., treatment)
- **Tertiary:** Reduces the impact of progression of an ongoing contributing factor once it has occurred (i.e., management)

## Levels of Impact

For each recommendation a committee makes, the expected level of impact of implementation should be determined. The following can be used as a guide and include examples of each level or impact.



*(Image adapted from former CDC Director Dr. Thomas Frieden's Health Impact Pyramid)*

- **Small:** Education and Counseling
  - Community/provider-based health promotion and education activities
- **Medium:** Clinical Intervention and Coordination of Care
  - Protocols
  - Prescriptions
- **Large:** Long-Lasting Protective Intervention
  - Improve readiness, recognition, and response to obstetric emergencies
  - Increase access to long-acting reversible contraceptives (LARC)
- **Extra Large:** Change in Context
  - Improve public transportation
  - Reduce vehicle carbon emissions
  - Ensure available and accessible services
  - Promote environments that support healthy living
- **Giant:** Address Social Determinants of Health
  - Poverty
  - Inequality

## Arkansas Maternal Mortality Review Committee

The Arkansas Department of Health (ADH) is responsible for administering the Title V Maternal & Child Health (MCH) Services Block Grant Program which involves monitoring, researching, and evaluating health status and conducting activities to identify and address community health problems through use of the 10 essential health services which include 1. Assess and monitor population health, 2. Investigate diagnose, and address health hazards and root causes, 3. Communicate effectively to inform and educate, 4. Strengthen, support, and mobilize communities and partnerships, 5. Create, champion, and implement policies, plans and laws, 6. Utilize legal and regulatory actions, 7. Enable equitable access, 8. Build a diverse and skilled workforce, 9. Improve and innovate through evaluation, research, and quality improvement, and 10. Build and maintain a strong organizational infrastructure for public health.

[www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html](http://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html)).

Within the population of women of reproductive age, maternal mortality events are monitored by ADH pursuant to A.C.A. § 20-15-2301. The increase in maternal death on the national and state level calls for the need to conduct maternal mortality review in order to gain insight into the medical and social factors leading to these events and to prevent future occurrences of maternal mortality.

### Scope

The scope of cases for Arkansas review is all pregnancy-associated deaths or any deaths of women with indication of pregnancy up to 365 days, regardless of cause (i.e., motor vehicle accidents during pregnancy, motor vehicle accidents postpartum, suicide and homicide). Deaths are identified from review of death certificates with a pregnancy check box selection, or linkage of vital records by searching death certificates of women of reproductive age and matching them to birth or fetal death certificates in the year prior. Vital records also capture specific ICD-10 codes that are linked to

possible pregnancy related causes from the death certificates.

## Purpose

The purpose of the Arkansas Maternal Mortality Review Committee (AMMRC), also referred to as “the Committee” throughout this document, is to identify and characterize maternal deaths with the goal of identifying and implementing prevention opportunities.

## Goals

The goals of the Arkansas Maternal Mortality Review Committee (AMMRC) are to:

- **Perform thorough record abstraction** to obtain details of events and issues leading up to a mother’s death.
- **Perform a multidisciplinary review of cases** to gain a holistic understanding of the issues.
- **Determine the annual number of maternal deaths related to pregnancy** (pregnancy-related mortality).
- **Identify trends and risk factors** among pregnancy-related death in Arkansas.
- **Recommend improvements to care** at the patient/family, provider, facility, system, and community levels with the potential for reducing or preventing future events.
- **Prioritize findings and recommendations** to guide development of effective preventive measures.
- **Recommend actionable strategies for prevention** and intervention.
- **Disseminate the findings and recommendations** to a broad array of individuals and organizations (i.e., legislature, stakeholders, organizations represented by committee members).
- **Promote the translation of findings and recommendations** into quality improvement actions at all levels.

## Statutory Authority & Protections

The AMMRC was established pursuant to A.C.A § 20-15-2301 - A.C.A. § 20-15-2307. See Appendix A for full text of the public health laws that apply.

- **A.C.A. § 20-15-2301** provides authority for the AMMRC to review pregnancy-associated deaths or deaths of women with indication of pregnancy up to three hundred sixty-five (365) days after the end of pregnancy.
- **A.C.A. § 20-15-2302** provides powers and duties to the AMMRC including identify maternal death cases, review medical records, contact family members and other affected or involved persons to collect additional relevant data. All proceedings and activities of the AMMRC are confidential and are not subject to the Freedom of Information Act of 1967.
- **A.C.A. §20-15-2303** provides access to all relevant medical records associated with a

case under review by the AMMRC.

## **Process**

Information is gathered from death certificates, birth certificates, medical records, autopsy reports and other pertinent resources. Records are abstracted by a trained abstractor, who prepares de-identified case narratives for review by the AMMRC. Review the Logic Model (Appendix B) for more information.

## **Meeting Structure**

The AMMRC reviews and makes decisions about each case based on the case narrative and abstracted data. The Committee examines the cause of death and its contributing factors to determine the following:

- 1) Was the death pregnancy-related?**
- 2) What was the underlying cause of death?**
- 3) Was the death preventable?**
- 4) What were the factors that contributed to the death?**
- 5) What are the recommendations and actions that address those contributing factors?**
- 6) What is the anticipated impact of those actions if implemented?**

## **The Role of the Abstractor**

The abstractor represents the AMMRC while out in the field and holds a great deal of responsibility to ensure the protection and confidentiality of the information gathered. The abstractor typically reviews and abstracts information from death certificates, fetal death certificates, medical and hospitalization records, autopsies, and social service records. The abstractor will receive assigned cases from the program coordinator and will obtain the information within a defined period of time. The abstractor is responsible for writing the case narrative and providing additional information on each case based on clinical documentation in the records. The abstractor will attend review committee meetings and report to the program coordinator.

## **Membership**

The AMMRC is a multidisciplinary committee whose members represent Arkansas and various specialties, facilities and systems that interact with and impact maternal health. Membership consists of obstetrics and gynecology, forensic pathology, maternal fetal medicine, anesthesiology, nursing, psychiatry, mental/ behavioral health, nurse-midwifery, public health, advocacy and more. AMMRC members are appointed by the Arkansas Secretary of Health. Recruitment of new AMMRC members may occur annually as needed unless a specific type of expertise is required during the year for a case review (Example: domestic violence). Membership will be made up of approximately 20 members.

All AMMRC members will serve in a volunteer capacity and will not receive compensation for participation in the review process. AMMRC members will have a term limit of three years for their volunteer stewardship.

AMMRC members who are not Department employees are not covered under the Department's statutory authority to conduct maternal mortality review work. Thus, external members may not:

- Request records themselves
- Follow up on records requested but not received
- Review personal health information that is not de-identified
- Access identified content in the MMRC Data System

Failure to comply with the defined responsibilities will result in termination from the Arkansas Maternal Mortality Review Committee (AMMRC). Members who are terminated from the Committee are ineligible for future participation.

## **Confidentiality**

According to A.C.A. § 20-15-2304, information, records, reports, statements, notes, memoranda, or other data collected by the AMMRC are not admissible as evidence in any action of any kind in court or before any other tribunal, board, agency, or person. A person participating in a review shall not disclose, in any manner, the information so obtained except in strict conformity with such project review. Meetings of the Committee are confidential and are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et seq., relating to open meetings, subject to subpoena, discovery, or instruction into evidence in any civil or criminal proceeding.

## **Arkansas Maternal Mortality Review Committee Policies and Procedures**

### **Maintaining Confidentiality**

AMMRC members will be reminded at the start of each meeting that all information discussed in the reviews must remain confidential and may not be used for reasons other than for the maternal mortality review. All information regarding facilities, providers and families is considered confidential and is not shared.

All individual case materials presented to AMMRC members contain de-identified information. The Confidentiality Agreement Form (Appendix C) must be signed at the start of every meeting.

All AMMRC members must abide by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule when engaging in case review discussions. This rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and rules regarding the release of information without patient consent. All AMMRC members will be reminded at the start of each meeting that they must adhere to confidentiality/privacy and HIPAA standards and may not expose patient-identifying information about a case should they recognize it. AMMRC members may, at any time, request additional information from ADH regarding HIPAA.

ADH will ensure strict compliance with our state statutes, which requires that ADH protect the confidentiality of maternal mortality information, as well as the HIPAA Privacy Rules. To ensure the protection of AMMRC members, individuals, families and providers, AMMRC will adhere to the following safeguards:



- All AMMRC meetings will be held in private.
- Members of the public or press will not be allowed at AMMRC meetings. If members of the public or press show up uninvited at a meeting, they will be notified that the AMMRC meetings are not open to the public and will be asked to leave. Members of the public or press will be offered the opportunity to engage with ADH staff about the work at a separate time outside of the AMMRC meetings.
- Case-associated information will only be available for discussion at the AMMRC meetings.
- Agenda and meeting notes may be distributed outside of the meeting time and will not contain case-associated information.
- AMMRC members must meet in person or on a secure virtual platform to review information.
- AMMRC members must submit all meeting materials and papers with case-associated notes back to ADH staff at the end of the AMMRC meetings. If using on a virtual platform the members are asked to shred all printed information.
- All case summaries reviewed will include de-identified data/information.
- AMMRC members may request to review a de-identified record for additional information pertinent to the case review. The record(s) will be de-identified by ADH staff. Additional information beyond HIPAA requirements may be redacted if it could lead to the identification of a case.

### **Conflict of Interest**

AMMRC members may inadvertently recognize a case regardless of ADH's compliance with HIPAA standards. If this should happen, the member is not required to disclose that they recognize the case but may not discuss the Committee's discussion of the case outside of the AMMRC meeting or with non-AMMRC members. The member may choose to provide additional information that is pertinent to the case review. The member must contact the Abstractor to provide information pursuant to law and protocol versus revealing it in a committee meeting, so the information can be reviewed and provided back to the Committee if necessary.

### **Agency Conflict Resolution**

The AMMRC is not a peer review committee and, thus, does not seek to examine the performance of individual practitioners, hospitals, or other agencies. The AMMRC is a professional process aimed at improving systems of care for pregnant and postpartum women. While AMMRC members may have concerns or disagreements regarding a case, the review of maternal deaths is not an opportunity for the Committee to criticize provider or agency decisions. As the appointing agency of the AMMRC, ADH reserves the right to ensure discussions remain focused on the meeting's intended purpose. All information discussed by AMMRC members in the reviews will remain confidential and may not be used for reasons other than intended.

# Appendix A

Stricken language would be deleted from and underlined language would be added to present law.  
Act 829 of the Regular Session

1 State of Arkansas *As Engrossed: H2/18/19 H2/20/19*

2 92nd General Assembly

## A Bill

3 Regular Session, 2019

HOUSE BILL 1440

4

5 By: Representatives D. Ferguson, Bentley, Barker, Brown, Burch, Capp, Cavanaugh, Clowney, Crawford,  
6 Dalby, C. Fite, V. Flowers, D. Garner, Godfrey, M. Gray, Lundstrum, McCullough, Petty, Rushing, Scott,  
7 Speaks, Vaught, Della Rosa, *Eaves*

8 By: Senators Irvin, Bledsoe, J. English, Elliott, L. Chesterfield

9

10

### For An Act To Be Entitled

11

AN ACT TO ESTABLISH THE MATERNAL MORTALITY REVIEW

12

COMMITTEE; AND FOR OTHER PURPOSES.

13

14

15

### Subtitle

16

TO ESTABLISH THE MATERNAL MORTALITY

17

REVIEW COMMITTEE.

18

19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

21

22 SECTION 1. DO NOT CODIFY. Legislative findings and intent.

23 (a) The General Assembly finds that:

24 (1) Arkansas ranks forty-fourth in maternal mortality compared  
25 with other states according to the 2018 United Health Foundation report on  
26 the Health of Women and Children;

27 (2) Arkansas currently has thirty-five (35) maternal deaths per  
28 one hundred thousand (100,000) live births, compared with the national  
29 average of twenty (20) deaths per one hundred thousand (100,000) live births,  
30 according to the Centers for Disease Control and Prevention;

31 (3) Thirty-five (35) states in the nation either conduct or are  
32 preparing to conduct organized maternal mortality reviews that help prevent  
33 maternal death through data collection, data analysis, and implementation of  
34 recommendations; and

35 (4) With roughly half of pregnancy-related deaths being  
36 preventable, state maternal mortality review committees are vital to



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1 understanding why women are dying during pregnancy, childbirth, and the year  
2 postpartum, and to achieving goals of improving maternal health and  
3 preventing future deaths.

4 (b) It is the intent of the General Assembly to establish a maternal  
5 mortality review committee in the State of Arkansas and to decrease the  
6 amount of maternal deaths in the state.

7  
8 SECTION 2. Arkansas Code Title 20, Chapter 15, is amended to add an  
9 additional subchapter to read as follows:

10 Subchapter 23 – Maternal Mortality Review Committee

11  
12 20-15-2301. Maternal Mortality Review Committee.

13 (a)(1) The Department of Health shall establish the Maternal Mortality  
14 Review Committee to review maternal deaths and to develop strategies for the  
15 prevention of maternal deaths.

16 (2) The committee shall be multidisciplinary and composed of  
17 members as deemed appropriate by the department.

18 (b) The department may contract with an external organization to  
19 assist in collecting, analyzing, and disseminating maternal mortality  
20 information, organizing and convening meetings of the committee, and other  
21 tasks as may be incident to these activities, including providing the  
22 necessary data, information, and resources to ensure successful completion of  
23 the ongoing review required by this section.

24  
25 20-15-2302. Powers and duties.

26 The Maternal Mortality Review Committee shall:

27 (1) Review pregnancy-associated deaths or deaths of women with  
28 indication of pregnancy up to three hundred sixty-five (365) days after the  
29 end of pregnancy, regardless of cause, to identify the factors contributing  
30 to these deaths;

31 (2) Identify maternal death cases;

32 (3) Review medical records and other relevant data;

33 (4) Contact family members and other affected or involved  
34 persons to collect additional relevant data;

35 (5) Consult with relevant experts to evaluate the records and  
36 data;

1           (6) Make determinations regarding the preventability of maternal  
2 deaths;

3           (7) Develop recommendations for the prevention of maternal  
4 deaths, including public health and clinical interventions that may reduce  
5 these deaths and improve systems of care; and

6           (8) Disseminate findings and recommendations to policy makers,  
7 healthcare providers, healthcare facilities, and the general public.

8  
9           20-15-2303. Access to records.

10          (a) Healthcare providers, healthcare facilities, and pharmacies shall  
11 provide reasonable access to the Maternal Mortality Review Committee to all  
12 relevant medical records associated with a case under review by the  
13 committee.

14          (b) A healthcare provider, healthcare facility, or pharmacy providing  
15 access to medical records as described by subdivision (a) of this section is  
16 not liable for civil damages or subject to any criminal or disciplinary  
17 action for good faith efforts in providing such records.

18  
19          20-15-2304. Confidentiality.

20          (a)(1) Information, records, reports, statements, notes, memoranda, or  
21 other data collected under this subchapter are not admissible as evidence in  
22 any action of any kind in any court or before any other tribunal, board,  
23 agency, or person.

24          (2) Information, records, reports, statements, notes, memoranda,  
25 or other data collected under this subchapter shall not be exhibited or  
26 disclosed in any way, in whole or in part, by any officer or representative  
27 of the Department of Health or any other person, except as necessary for the  
28 purpose of furthering the review of the Maternal Mortality Review Committee  
29 of the case to which they relate.

30          (3) A person participating in a review shall not disclose, in  
31 any manner, the information so obtained except in strict conformity with such  
32 review project.

33          (b) All information, records of interviews, written reports,  
34 statements, notes, memoranda, or other data obtained by the department, the  
35 committee, and other persons, agencies, or organizations so authorized by the  
36 department under this subchapter are confidential.

1           (c)(1) All proceedings and activities of the committee under this  
2 subchapter, opinions of members of the committee formed as a result of such  
3 proceedings and activities, and records obtained, created, or maintained  
4 pursuant to this subchapter, including records of interviews, written  
5 reports, and statements procured by the department or any other person,  
6 agency, or organization acting jointly or under contract with the department  
7 in connection with the requirements of this subchapter, are confidential and  
8 are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et  
9 seq., relating to open meetings, subject to subpoena, discovery, or  
10 introduction into evidence in any civil or criminal proceeding.

11           (2) However, this subchapter does not limit or restrict the  
12 right to discover or use in any civil or criminal proceeding anything that is  
13 available from another source and entirely independent of the committee's  
14 proceedings.

15           (d)(1) Members of the committee shall not be questioned in any civil  
16 or criminal proceeding regarding the information presented in or opinions  
17 formed as a result of a meeting or communication of the committee.

18           (2) This subchapter does not prevent a member of the committee  
19 from testifying to information obtained independently of the committee or  
20 which is public information.

21  
22           20-15-2305. Disclosure.

23           Disclosure of protected health information is allowed for public  
24 health, safety, and law enforcement purposes, and providing case information  
25 on maternal deaths for review by the Maternal Mortality Review Committee is  
26 not a violation of the Health Insurance Portability and Accountability Act of  
27 1996.

28  
29           20-15-2306. Immunity from liability.

30           State, local, or regional committee members are immune from civil and  
31 criminal liability in connection with their good-faith participation in the  
32 maternal death review and all activities related to a review with the  
33 Maternal Mortality Review Committee.

34  
35           20-15-2307. Reporting.

36           (a) Beginning in 2020, the Maternal Mortality Review Committee shall

1 file a written report on the number and causes of maternal deaths and its  
2 recommendations on or before December 31 of each year to:

3 (1) The Senate Committee on Public Health, Welfare, and Labor;

4 (2) The House Committee on Public Health, Welfare, and Labor;

5 and

6 (3) The Legislative Council.

7 (b) The report shall include:

8 (1) The findings and recommendations of the committee; and

9 (2) An analysis of factual information obtained from the review  
10 of the maternal death investigation reports and any local or regional review  
11 panels that do not violate the confidentiality provisions under this  
12 subchapter.

13 (c) The report shall include only aggregate data and shall not  
14 identify a particular facility or provider.

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*/s/D. Ferguson*

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**APPROVED: 4/9/19**

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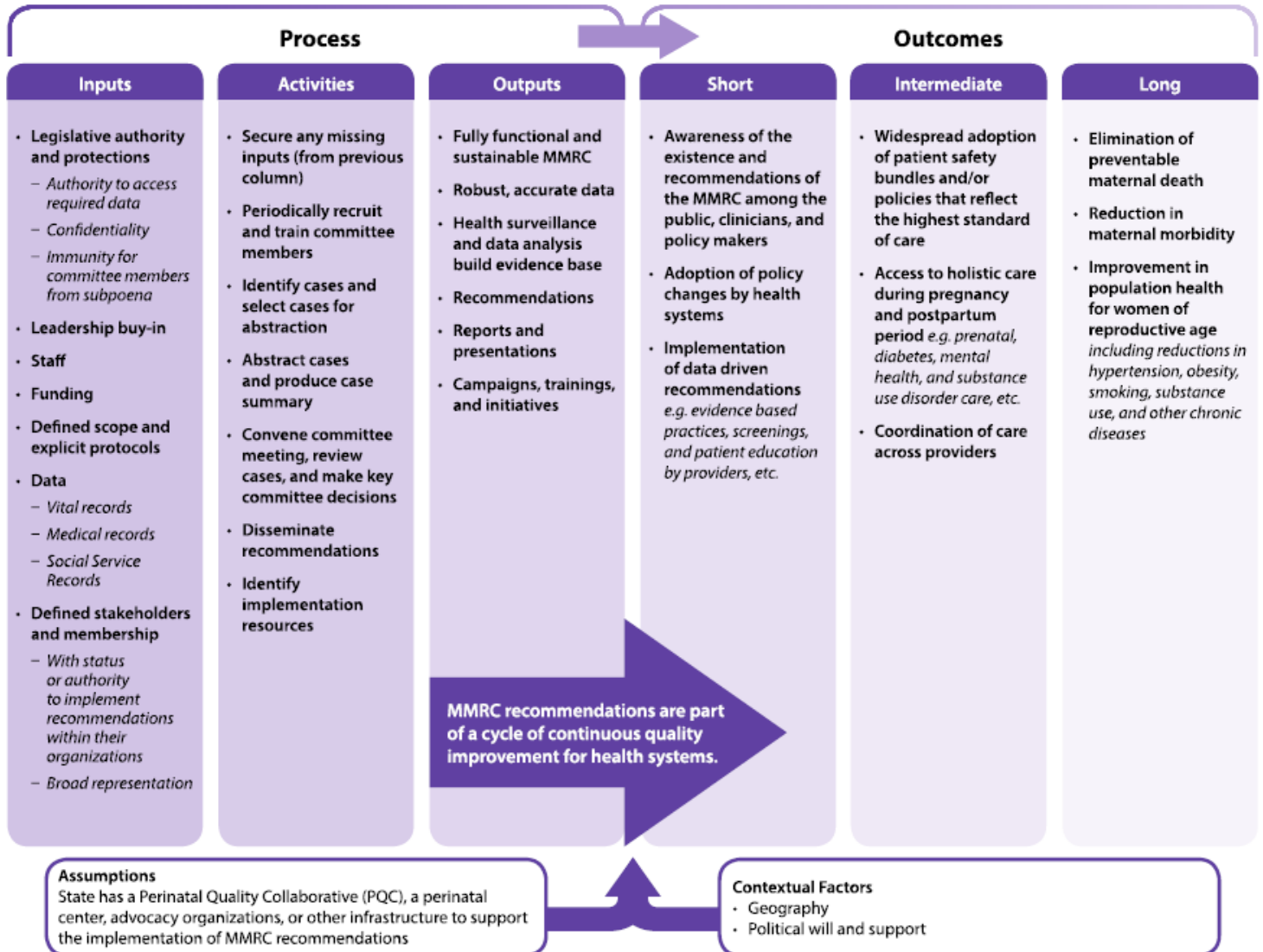
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# Appendix B

## Maternal Mortality Review Committee Logic Model





# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

**Governor Sarah Huckabee Sanders**

**Renee Mallory, RN, BSN, Interim Secretary of Health**

**Jennifer Dillaha, MD, Director**

## MATERNAL MORTALITY REVIEW COMMITTEE CONFIDENTIALITY AGREEMENT FORM

The purpose of the Maternal Mortality Review Committee is to conduct a full examination of all pregnancy-associated deaths (both pregnancy-related and non-pregnancy-related) in Arkansas. In order to assure a coordinated response that fully addresses all systemic concerns surrounding an incident, the Maternal Mortality Review Committee must review all pertinent information on each death. This includes reviewing de-identified autopsy reports, coroner's reports, law enforcement reports, hospital and prenatal care records and other information that may have a bearing on the involved family. The records provided to Maternal Mortality Review Committee members will be de-identified of the Health Insurance Portability and Accountability Act (HIPAA) identifiers listed in the Maternal Mortality Review Policies and Procedures.

With this purpose in mind, I the undersigned, as a representative of

\_\_\_\_\_

agree to all the following:

- I shall maintain the confidentiality of all information secured and discussed in the maternal mortality review and I will not use the information provided for reasons other than maternal mortality review;
- I will not take materials with case identifying information from the meetings; and
- I will not discuss confidential Review Committee information outside of a Review Committee meeting with individuals who are not part of the Maternal Mortality Review Committee.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Appendix D



## Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

**Governor Sarah Huckabee Sanders**

**Renee Mallory, RN, BSN, Interim Secretary of Health**

**Jennifer Dillaha, MD, Director**

### AMMRC Membership Application Form

The Arkansas Maternal Mortality Review Committee (AMMRC) is a multidisciplinary committee whose geographically diverse members represent various specialties, facilities and systems that interact with and impact maternal health. Committee members are appointed by the Arkansas Secretary of Health. Recruitment of new AMMRC members may occur as needed unless a specific type of expertise is required during the year for a case review. AMMRC members have a 3 year term limit for their volunteer stewardship.

**AMMRC Vision:** To protect and improve the health and well-being of all Arkansans by eliminating preventable maternal deaths in Arkansas.

**AMMRC Mission:** Optimal health for all Arkansans to achieve maximum personal, economic, and social impact.

Name			
Preferred Phone		Email	
Address		City, State, Zip	
Organization			
Position Title			
Why are you interested in participating on the AMMRC?			
<p>The AMMRC is not designed to be very time intensive (review meetings 2-3 times per year); however, a commitment to active, face-to-face participation is essential. Please provide any reason that you may have a difficult time participating in meetings.</p> <p><input type="checkbox"/> I do not anticipate having difficulties in participating in review meetings.</p> <p><input type="checkbox"/> I do not anticipate having difficulties in participating in reviews <i>with</i> accommodations. (Please describe below).</p>			

Please submit questions and/or the application by email to Saja AlQuzweeni at [Saja.Alquzweeni@arkansas.gov](mailto:Saja.Alquzweeni@arkansas.gov)

<i>Office Use Only</i>
Appointment Recommendation: _____ Yes _____ No _____ Hold for future placement
Comments:

## Key Contacts

### **William W. Greenfield, MD, MBA**

Medical Director for Family Health  
Family Health Branch  
Center for Health Advancement  
Arkansas Department of Health  
5800 West 10th Street, Suite 810  
Little Rock, AR 72204

[William.Greenfield@arkansas.gov](mailto:William.Greenfield@arkansas.gov)

### **Wanda Simon, MS**

MMRC and WIC Epidemiologist  
Epidemiology Branch  
Center for Public Health Practice  
Arkansas Department of Health  
4815 West Markham Street Slot 32  
Little Rock, AR 72205

[Wanda.Simon@arkansas.gov](mailto:Wanda.Simon@arkansas.gov)

### **Lynda Rogers, BSN, RN**

Nurse Abstractor  
Women's Health Section  
Center for Health Advancement  
Arkansas Department of Health  
5800 West 10<sup>th</sup> Street, Suite 810  
Little Rock, AR 72204

[Lynda.Rogers@arkansas.gov](mailto:Lynda.Rogers@arkansas.gov)

### **Saja AlQuzweeni, MPA**

MMRC Project Coordinator  
Women's Health Section  
Center for Health Advancement  
Arkansas Department of Health  
5800 West 10<sup>th</sup> Street, Suite 810  
Little Rock, AR 72204

[Saja.Alquzweeni@arkansas.gov](mailto:Saja.Alquzweeni@arkansas.gov)

## National Websites/Resources

<https://www.reviewtoaction.org>

<https://www.cdc.gov/grand-rounds/pp/2017/20171114-maternal-mortality.html>

<https://safehealthcareforeverywoman.org/aim-program/>

[HEAR HER Campaign | CDC](#)