

# **Maine Maternal and Infant Mortality Review (MIMR)**

## **Annual Report to the Legislature for 2007**

**Submitted by the  
Department of Health and Human Services  
Maine CDC, Division of Family Health**

### **Background:**

In the second session of the 122<sup>nd</sup> Legislature, LD 1420/ P.L. 2005, c.467 (“An Act To Establish a Maternal and Infant Death Review Panel”) was passed assigning responsibility for the development and implementation of the Maternal and Infant Mortality Review (MIMR) to the Maine Center for Disease Control and Prevention (Maine CDC).

The infant mortality rate is a sensitive public health indicator of social health and well-being. Although infant mortality has declined in Maine so that we now consistently have one of the lowest rates in the U.S., the rate has leveled off in recent years and remains higher than the rate for many other nations. By understanding the factors associated with infant and maternal deaths, we will enrich and expand our capacity as a state to direct prevention efforts to the most effective and humane strategies possible. The overall purpose of the Panel (MIMR), using a public health approach, is to strengthen community resources and enhance state and local systems and policies affecting women, infants, and families in order to improve health outcomes in this population.

## **Achievements 2007:**

1. The MIMR continued to increase collaborative partnerships in laying down the foundation for the program.
2. A 32-member Review Panel as specified in LD 1420, has been named with official appointments pending the final adoption of Rules.
3. After two years of effort, the Rules have been drafted, gone to public comment and are proceeding toward final adoption, anticipated March 2008.
4. The data system for tracking MIMRR case reviews is modeled after the database recommended by the American College of Obstetricians and Gynecologists (ACOG). An update of this database is expected in early 2008.
5. Panel protocols, including confidentiality, case review, and maternal and family interview guidelines have been drafted. They will be reviewed by key stakeholders and finalized in 2008.
6. The full Review Panel was convened July 18, 2007. An update of available data was discussed. A review of an infant death was completed using a “mock” case as an introduction to the Panel process. Feedback was provided on the process and will be incorporated into Panel Protocols.
7. A new Panel Coordinator has been identified to assume responsibility for development and implementation of the MIMR Panel.
8. The data release application with Office of Data Research and Vital Statistics to access vital records data related to Panel activities was submitted and approved.
9. Consultation occurred with Chief Medical Examiner to determine access to case information.
10. A series of grand rounds presentations occurred in August entitled, “Maternal and Infant Mortality Review: Why, How, and Why Now”. The speaker was Russell S. Kirby, PhD, MS, FACE, Professor, Department of

Maternal and Child Health, School of Public Health, University of Alabama at Birmingham. This grand rounds presentation was funded in collaboration with the March of Dimes, The Perinatal Outreach Education Program and the Maine Center for Disease Control

**Activities for 2008:**

1. Finalize the Rules.
2. Complete Panel appointments upon Rule adoption.
3. Panel workgroups will meet to provide recommendations on protocols and materials. These workgroups include: Technical Review, Community Action, and Resiliency and Bereavement.
4. Convene the Review Panel to finalize protocols and to review a “mock” maternal death case.
5. Finalize the data system, program manual, case review protocols, interview guidelines, and assurances of confidentiality.
6. Provide bereavement training to panel members and other interested parties in order to ensure that all components of the program, especially the case reviews and family interviews, demonstrate sensitivity to and understanding of the grieving process.
7. Begin the process to invite families to participate in the review process and/or interview.
8. Continue to monitor statistical data for trends in maternal and infant mortality