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Meeting Minutes of:
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Maternal Mortality Review Committee – Violent Deaths (MMRC-V)

May 8, 2018
10:00 a.m. until 4:00 p.m.

IDPH Offices 122 S. Michigan, 7th Floor, Rm 711 Chicago, IL	IDPH Offices 535 West Jefferson, 4th Floor Springfield, IL
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Attendees

Members in Attendance	Guests and IDPH
Maripat Zeschke (Chair) Thomas Barker Kara Driscoll Stacie Geller Katherine Kane-Willis Jo Kim Carrie Klima Abby Koch Jerome Loew Bakahia Madison Jennifer Martin Denise McCaffrey Cindy Mitchell Shirley Scott Lita Simanis Vickie Smith Carole Warshaw	Amanda Bennett, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Ashley Horne, IDPH Christi Jackson, IDPH Shannon Lightner, IDPH Andrea Palmer, IDPH Virginia Reising, IDPH Miranda Scott, IDPH Alexander Smith, IDPH Kelly Vrablic, IDPH Roma Allen Daniell Ashford Andrea Cross Robyn Gude Jodi Hoskins Elaine Shafer
	Members Not In Attendance
	Deborah Boyle (excused) Erica Davis Robert Gessner (excused) Cindy Guerra Nora Harms-Pavelski (excused) Jaclyn Rodriguez (excused) Amber Truehart (excused) Teresa Tudor (excused)

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Introductions

Meeting was called to order about 10:00 AM. Everyone introduced themselves and what agency they are from. Since there were new members to the committee, the members also gave further introduction of themselves.

Motions

1. **Motion to approve minutes from January 2018.**
 - 1st Stacie Geller, 2nd Jo Kim, Unanimous Yes.
2. **Motion to close session to review the cases/abstracts and membership.**
 - 1st Shirley Scott, 2nd Abby Koch, Unanimous Yes
3. **Motion to recommend to PAC to add Bernadette Ray to the sub-committee.**
 - Unanimous Approval
4. **Motion to recommend to PAC to add Barbara Parilla to the sub-committee.**
 - Unanimous Approval
5. **Motion to adjourn the meeting**
 - 1st Carrie Klima, 2nd Abby Koch , Unanimous Yes

Minutes

The minutes from January 2018 were approved with a motion from Stacie Geller and a second from Jo Kim. Passed with unanimous approval.

Agenda Items

1. IDPH Update

- The Illinois Department of Public Health was on hand to give a few updates.
- IDPH spoke about the CDC meeting that Shannon Lightner, Amanda Bennett, and Ashley Horne attended.
 - o Illinois received an award for the work being done on the maternal mortality review committees
 - o The meeting gave ideas of how to disseminate findings and recommendations to come out of the groups

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- It was suggested that when the report comes out for the case year 2015 findings that both maternal mortality review groups be able to send inquiries and preview the document.
- Amanda Bennett did a power point presentation on the overarching goal of the committee.
- Ashley Horne spoke about the recommendations so far for case year 2015 and also recommendations that came from the last meeting
 - o Some statistics were given for recommendations by domain, completeness of records, conditions contributing to cause of death for 2015 cases, agreement between committee cause of death versus the cause listed on the death certificate, and critical factors
- Amanda Bennett also showed some data on opioid related deaths broken down into a prescription, heroin, methadone, or synthetic. The highest rate of increases were in synthetic and heroin.

2. Closed Session for Case Review and New Members

- The session was closed approximately at 10:42 AM to review the eight cases to be presented to the committee as well two resumes of potential new members.
- The meeting was reopened with a motion from Abby Koch, and a 2nd from Carrie Klima.

3. Debrief

- The committee has completed case year 2015.
- Discussion on the case load of the committee. Asked if the committee should continue reviewing every type of death.
- Amanda could look at putting together timing of death as well as type of death.
- Suggested that the last meeting of each year could look at how the recommendations can be disseminated.
- Recommended to help reduce abstracting process: The post-partum violent deaths, the prenatal records yield very little help.
- Discussed having a workgroup look at the recommendations and how they will be reported. This workgroup will look at language and how to combine previous recommendations.
- Recommendations from this meeting:

Patient/Family

1. Increase public awareness around signs and symptoms of postpartum depression; support public awareness of the MOMS line for PPD, as well as resources for immediate assessment (also incorporate this into L&D discharge information) (3)
2. IDPH should recommend that all patients coming from drug treatment at any level of care have "collateral" in the form of family members who are educated on the patient's condition and treatment and are supportive of their recovery, and are educated on the signs and symptoms of overdose. (4)

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3. IDPH should work with law enforcement and community partners to increase gun safety education
4. Identify high risk moms for home visiting in the very early postpartum period; improve the reach of these programs to more zip codes and accessibility to women with unstable housing; emphasize the high risk dyad of mom and baby together

Community

1. IDPH to identify existing substance abuse treatment facilities in Illinois that take pregnant women. IDPH to work with communities and MCO's to create substance abuse programs that care for pregnant women; increase education of existing SA programs (1)
2. IDPH should work with community partners to promote awareness of resources for treatment and services for women with substance use disorders in the community. (2)
3. IDPH should recommend that funding for violence disruption programs like Cease Fire be increased and implemented throughout the state
4. IDPH should work with local law enforcement to do outreach and social services for gang members
5. IDPH should recommend that screening for domestic violence and community violence is required during prenatal care, delivery hospitalization and in any ER visits during pregnancy, especially visits that may be injury related. (i.e. "what do you perceive your risk of community violence is?"

Provider

1. IDPH should enforce medical providers and emergency department staff to utilize the prescription drug monitoring program (PDMP) database and internal medical records to check for past opiate prescriptions and/or patterns of drug seeking behavior in patients. (6)
2. IDPH should recommend that pediatric providers provide regular gun safety education and risk assessment during doctor's visits.
3. Providers should screen for unstable living conditions during prenatal care using a nuanced, specific evaluation (1)
4. IDPH should encourage providers to adopt new recommendation for seeing postpartum women sooner than 6 weeks after delivery (1)

Facility

1. IDPH should provide recommendations for use of validated screening tools to be used consistently in evaluating substance use; APC clinical outreach educators should provide education and training to providers on how to use these screening tools and how tools should be integrated into healthcare EMR systems (2)

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2. IDPH should work with existing substance abuse centers to establish protocol for all healthcare facilities for educating the patient on overdose prevention and harm reduction techniques as well as regularly prescribing naloxone to women who are treated for overdose or substance use (2)
3. Implement the new recommendations for post-operative C-section pain relief guidelines to avoid opioid prescribing: alternative pain meds at delivery for anyone with history of opioid use disorder (AAP/FDA/ACOG)

System

1. Increase care coordination following discharge from an inpatient psychiatric hospitalization
2. Establish points of definitive care for psychiatry during pregnancy and the postpartum period, especially in southern/rural Illinois. Explore options for telemedicine when access to direct psychiatric care is not available. (3)
3. Adequate supply of Narcan to be prescribed to women along with education on signs of overdose (3)
4. IDPH should recommend that correctional facilities (jails and prisons) in Illinois should provide identification of substance use disorders on intake, treatment during stay, and referral, education and naloxone prescription when releasing known substance users.
5. IDPH should recommend that correctional facilities (jails and prisons) in Illinois screen all women of childbearing age for pregnancy screening for current and/or recent pregnancy upon admission to the facility
6. IDPH should encourage the statewide initiative on immediate postpartum contraception

4. Next Steps

- Next meeting will discuss recommendations.
- Ashley Horne will put together the recommendations for case year 2015 and have the workgroup review.

Adjournment

1st Carrie Klima motioned to adjourn the meeting, seconded by Abby Koch, with a unanimous approval.