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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**PERINATAL HEALTH SYSTEM OF ILLINOIS**  
**MATERNAL MORTALITY REVIEW COMMITTEE**

**October, 6, 2010**  
**10:30 A.M.**  
**9<sup>th</sup> Floor, room 034**  
**James R. Thompson Center**  
**Chicago, Illinois**

**MINUTES**

**Chair :** Robin L Jones, MD

**Attendees:** Patricia Prentice, J. Roger Powell, MD, Cynthia Wong, MD, Jerome Loew, MD, Stacie Geller, PhD., Kevin Madsen, MD, Barb Prochnicki

**Absent:** Trish O'Malley (excused), Pat Schneider, (excused) John Gianopolous, (excused), Deborah Boyle (excused), Harold Bigger, (excused)

**IDPH Staff:** Charlene Wells

**Guest:** Beverly Lawton, MD

**1. Welcome and Introductions**

Beverly Lawton, MD from New Zealand was welcomed to the Committee. New Zealand currently has a study reviewing severe morbidity and mortality and is tracking ICU admissions. Technically there is a higher rate of Maternal Mortality in New Zealand when compared to Illinois (14-23/100,000) The population is 4.5 Million. The current definition of Maternal Death is from conception to 43 days Post Partum. Stacie Geller will be

traveling to New Zealand to work with Dr. Lawton. The members thanked her for coming to the MMR and pledged assistance to her in her efforts.

## **2. Review and Approval of Minutes- June 9, 2010**

The minutes were presented. J. Roger Powell moved approval of the minutes, Barb Prochnicki seconded the motion. The minutes were approved.

## **3. Director's Response to MMRC Motions**

Since the June meeting the Director approved the five points for continuation of the MMRC and sent out a letter to that effect with the 2010 Hospital Assessment Form.

The MMRC discussed the non-compliance of one hospital with the Obstetric Hemorrhage education project. One hospital out of 144 – did not complete the project. The Sub-Committee agreed to make a recommendation for censure. Efforts to remedy the lack of participation included a call from Charlene Wells to the Level II Nursing Administrator. She would not take her call. The Perinatal Center has issued a written warning. The members discussed the next step should be (1) a letter to the CEO upon approval of the PAC (2) review all morbidity cases, (3) The next Site Visit will document Non-Compliance with a mandatory IDPH Program. The members further requested that the Chair of Obstetrics needs to respond within two weeks of the receipt of this letter or the Perinatal designation needs to be dissolved.

**MOTION#1: The MMRC requests that the PAC approve a letter be sent to the CEO of the Level II hospital that continues to be non-compliant with the required Obstetric Hemorrhage Education Project summarizing the efforts of the Perinatal Center and the Illinois Department of Public Health that have made to date and stating that:**

- 1. The MMRC will review all morbidities and deaths from this facility for one year**
- 2. If all who have not completed the Obstetric Hemorrhage Education Program are not through all four components in four weeks after receipt of the letter, the Chicago Department of Public Health will be notified by the Illinois Department of Public Health with a recommendation to withdraw obstetric services.**

**Pat Prentice made the above motion, Barb Prochnicki seconded the motion. The motion passed unanimously.**

#### **4. Birth Center Demonstration Program Code – MMRC comments were as follows:**

1. Perinatal Center needs to be involved in the initial discussion with the Birth Center and affiliating hospital
2. Ambulatory Care Centers – should be included in this proposal –
3. Need the Obstetric Hemorrhage Education Program – Education Programs for all staff
4. Quality review process needs to be in place with the Perinatal Center - Perinatal Centers will establish the Quality Criteria.
5. Emergency Station - BLS, ACLS- required of staff
6. Birth Assistant is not specific – criteria must be developed
7. All morbidities and mortalities need to be reviewed by the Perinatal Center
8. Any previous Cesarean deliveries must be excluded

#### **5. New Business**

Stacie Geller indicated Amnesty International is trying to get every state to have an MMRC and may be in touch with Dr. Jones.

Texas may request consultation from the MMRC. Ten to twelve states have MMRC's at present.

A Sub Committee for a writing group will prepare a draft competency for presentation in December.

Data from the OBHEP and Hospital Assessment tools in now being placed in a database.

#### **6. MMRC Case Reviews and Recommendations**