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**Meeting Minutes of:  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - PERINATAL ADVISORY COMMITTEE  
Maternal Mortality Review Committee (MMRC)**

**April 11, 2018  
9:00 a.m. until 2:00 p.m.**

<b>George W. Dunne Building 69 W. Washington Chicago, IL</b>	<b>IDPH Offices 535 West Jefferson, 5<sup>th</sup> Floor Springfield, IL</b>
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**Attendees**

Members in Attendance	Guests and IDPH
Robin L. Jones Robert Abrams Jennifer Banayan Deborah Boyle Joan Briller Stacie Geller Abby Koch Olga Lazala Kathryn Lindley (Phone) Gary Loy Lisa Masinter Paula Melone Frank Nagorka (Phone) Heather Nixon Brielle Osting Shirley Scott Lee Smith Michael Socol Patrick Thornton Paloma Toledo	Jean Becker, IDPH Amanda Bennett, IDPH Tanya Dworkin, IDPH Trishna Harris, IDPH Ashley Horne, IDPH Shannon Lightner, IDPH Nancy Martin, IDPH Andrea Palmer, IDPH Virginia Reising, IDPH Miranda Scott, IDPH Alexander Smith, IDPH  Roma Allen Daniell Ashford Alison Bowen Andrea Cross Robyn Gude Cindy Mitchell Myra Sabini Elaine Shafer Bernadette Taylor Maripat Zeschke
	Members Not In Attendance
	Robert Gessner (excused) Jerome Loew (excused) Kevin Madsen (excused) Barbara Scavone (excused)

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## **Introductions**

Robin L. Jones called the meeting to order at 9:30 AM and began with introductions.

## **Motions**

1. **Motion to approve December 2017 minutes**  
1<sup>st</sup> Stacie Geller, 2<sup>nd</sup> Abby Koch, Unanimous Approval
2. **Motion to close for maternal death case reviews and membership discussion.**  
1<sup>st</sup> Stacie Geller, 2<sup>nd</sup> Paula Melone, Unanimous Approval
3. **Motion to reopen the meeting to the public following case review and membership discussion.**  
1<sup>st</sup> Stacie Geller, 2<sup>nd</sup> Deborah Boyle, Unanimous Approval.
4. **Motion to recommend to the PAC to add Beth Plunkett to the review committee**  
Unanimous Approval.
5. **Motion to recommend to the PAC to add Donald Reese to the review committee.**  
Unanimous Approval.
6. **Motion to recommend to the PAC to add Katherine Austman to the review committee.**  
Unanimous Approval.
7. **Motion to adjourn**  
1<sup>st</sup> Paula Melone, 2<sup>nd</sup> Patrick Thornton, Unanimous Approval

## **Minutes**

The minutes from the December 2017 meeting were reviewed and approved.

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## **Agenda Items**

### IDPH Update

- IDPH touched on some ideas and lessons that from the Centers for Disease Control (CDC) training that Amanda Bennett and Shannon Lightner had attended.
- There was a discussion that certain representation is still lacking such as having someone from the Illinois Perinatal Quality Collaborative and someone from Title X work.
- Illinois received an award from the CDC for their work and all of the hard work being done by the maternal mortality review committee.
- IDPH also reminded the committee about the importance of attendance.

### Review Process Presentation

- Amanda Bennett went over the process behind the scenes of case review and a refresher about the purpose and goal of the MMRC.
- Robin L. Jones stressed the importance of pre-reviews and encouraged the committee to volunteer for the pre-review process when they are able.
- **Action Item:** Roma Allen requested the pre-review blank template. Alex will send it to the perinatal network administrators.

### Summary of Case Year 2015 Reviews to Date

- Ashley Horne covered the case year 2015 and decisions made to date. It was noted that the case year 2015 recommendations list from the committee is neither finalized nor prioritized. She also reminded the committee that the suggestions to date are not just for their information, but also to help make recommendations in the future.
- Discussion on the meetings, pace, and implementation of the recommendations from the committee
  - o Michael Socol suggested that either the committee have more meetings or to decide on some cases outside of the meeting.
  - o Brielle Osting commented that when looking at the recommendations especially around obesity that it will help the committee recommend what ancillary supports a woman might need.
- **Action Item:** Alex will resend the link for the webinar and send the slides from today's presentation.

### Closed Session

- Closed to discuss the maternal death cases and individual resumes of potential new members to the committee.

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New Members Vote

- After the group reopened, they voted on whether to add four new members to the review committee:
  - o Beth Plunkett, Donald Reese, and Katherine Austman were all voted on and approved unanimously.
  - o Bernadette Ray was tabled for the current moment to see if the Maternal Mortality Review Committee-Violent Death group could use her specialty.

Debrief and Recommendations

Patient/Family

1. Ensure postpartum well check-ins for mothers within first week of birth with additional postpartum follow up, with emphasis on home visiting for women with chronic disease.
2. IDPH should support a public education campaign and discharge education to prenatal and postpartum women for awareness of the signs and symptoms of: Catastrophic postpartum complications (including cardiomyopathy, VTE, etc.) (1)
  - a. Potential partners: Medicaid organization, community clinics, March of Dimes.

Provider

1. IDPH should recommend that all hospitals review professional cesarean indications to ensure if C-section is needed and when it is (peer review protocol?)
2. All hospitals have triggers for peer-review process (separate from M&M process) and root cause analysis, including potentially unnecessary cesarean sections - IDPH require of hospitals in designation process?
3. Policy for EDs to require OB provider consultation for postpartum patients before discharge, utilization of telehealth for non-delivery hospitals
4. Onboarding process for new physicians and staff as related to patient safety bundles – need for training in the midst of staff turnover
5. ILPQC should sustain the implementation of the ACOG hypertension bundle across the state, especially follow up within 72 hours of discharge from birth hospital for high risk moms.

Facility

1. Implementation of early warning system to trigger care for sepsis
2. Use standardized recommended recommendation for mechanical prophylaxis and pharmacological prophylaxis

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3. Use standardized thromboembolism risk assessment tool upon admission to any obstetrical unit whether admission antepartum, for delivery, and postpartum --Implement ACOG VTE Patient Safety bundle
4. Hospitals should document of contraceptive management plan be documented in chart at delivery discharge
5. APC's should implement ACOG Maternal Safety Bundle for VTE and highlight anticoagulation guidelines. Possible put bundles in the required reading for recertification, track if PE is also an issue with improper anticoagulation treatment.

System

1. Provision of adequate PNC can be addressed with Medicare
2. "hospitals ask about community services received on standard intake form; prior to discharge, hospital provide counseling and education related to community service programs available;
  - a. Coordination at state and local level between clinical, community, and Medicaid systems "
3. establish contact/appointment with PCP before delivery hospital discharge (2)

## Adjournment

- Motion to adjourn the meeting from Paula Melone with a second from Patrick Thornton with unanimous approval.