

Comments in response to the Federal Register Notice

A 60-day notice was published in the Federal Register on June 20, 2109, Vol. 84, No. 199, pp. 28819-28820 with the title “The Maternal Mortality Review Information Application (MMRIA)” (**Attachment 5a**). CDC received four comments related to this notice (**Attachment 5b**). All four comments were sent by individuals or organizations outside of CDC and were supportive. CDC has responded to comments related to collecting data on deaths that occur within a year of pregnancy as opposed to a shorter time period, making data publicly available, inclusion of nutritionists on Maternal Mortality Review Committees, collection of data related to nutrition and access to food, and collection of other data such as maternal use of e-cigarettes (**Attachment 5b**). No changes in the information collection were made in response to these comments.

Comments	Date Received by CDC	CDC’s Response
Comment 1		
Elizabeth Marquez commented that she supported the proposed data collection.	8/6/2019	CDC appreciates the affirmation that the proposed data collection is important.
Elizabeth Marquez commented that the proposed program should address the lack of pregnancy-related questions on the death certificates of 15 states.	8/6/2019	No reply (outside the scope of the project)
Elizabeth Marquez commented that the agency fails to justify collecting data on deaths that occur within a year of pregnancy as opposed to within 42 days per the World Health Organization’s definition of maternal mortality.	8/6/2019	CDC defines a pregnancy-related death as the death of a woman while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. This definition is used for CDC’s Pregnancy Mortality Surveillance System (PMSS) which began in 1986. The MMRIA system uses the same definition for consistency with the existing PMSS system. A significant number of pregnancy-related deaths would be missed if data collection was limited to within 42 days of the pregnancy.
Comment 2		

L. Calvo commented in response to Elizabeth Marquez's comment noting that collecting data up to one year after the end of the pregnancy allows for the detection of longer-term health risks that lead to maternal mortality.	8/23/2019	CDC appreciates the affirmation that the proposed data collection is important and that including women whose death occurred up to one year after the end of their pregnancy is valuable.
Comment 3		
Jenn Holcomb of 1,000 Days commented on the frequency of maternal mortality and severe maternal morbidity in the United States as well as disparities in maternal mortality by race and income. She noted that the information collection will be important for monitoring, assessing and understanding cases of maternal death.	8/23/2019	CDC appreciates the affirmation that the proposed data collection is important.
Comment 4		
Jeanne Blankenship and Pepin Andrew Tuma of the Academy of Nutrition and Dietetics (the Academy) commented that the Academy strongly support the information collection.	8/23/2019	CDC appreciates the affirmation that the proposed data collection is important.
The Academy recommends that the data be made accessible to researchers and scientists.	8/23/2019	The data within MMRIA is owned by the state/jurisdiction (users). Through current agreements with MMRIA users, CDC is not allowed to re-release user data. MMRIA data is not accessible to CDC staff for analysis unless the jurisdiction specifically grants approval. Researchers or scientists interested in further analyses of these data would need to be granted access by each individual jurisdiction through data sharing agreements. The MMRIA user would then be responsible for providing the data file to the researcher/scientist.
The Academy encourages the Maternal Mortality Review Committees to add Registered Dietitian Nutritionists to the interdisciplinary review process.	8/23/2019	CDC appreciates the affirmation on the importance of specialty disciplines on Maternal Mortality Review Committees. CDC and other national stakeholders encourage multidisciplinary review committees through guidance available on www.reviewtoaction.org . Nutrition is currently noted as a specialty discipline which committees are encouraged to consider for their committee. Committee membership and assignments are governed by state and other local authorities.

<p>The Academy recommends adding data points to determine whether women were provided guidance or counseling regarding weight gain recommendations.</p>	<p>8/23/2019</p>	<p>CDC appreciates the position of the Academy of Nutrition and Dietetics that all women of reproductive age receive education about maternal and fetal risks associated with pre-pregnancy obesity, excessive gestational weight gain, and significant postpartum weight retention, including potential benefits of lifestyle changes.</p> <p>MMRIA contains narrative fields to capture any notes in the medical record related to prenatal care received which may include guidance or counseling that may have been provided by any provider on weight recommendations.</p>
<p>The Academy recommends adding obesity and underweight data collection fields to the list of pregnancy risk factors and in the pre-pregnancy history section.</p>	<p>8/23/2019</p>	<p>CDC appreciates the Academy's points on the importance of overweight/obesity and underweight status as a risk factor for poor pregnancy outcomes.</p> <p>The MMRIA Prenatal Care Form is modeled after the American College of Obstetrician and Gynecology's prenatal records format. MMRIA contains narrative fields to capture any notes in the medical record related to overweight or underweight status.</p> <p>MMRIA includes the following question on the committee decisions form to prompt discussion and consideration for obesity during committee reviews:</p> <ul style="list-style-type: none"> • Did obesity contribute to the death? (Yes/Probably/No/Unknown)
<p>The Academy recommends adding data collection for a history of eating disorders to the pre-existing mental health and prenatal treatment sections. This should also be a consideration under the mental health conditions discussed during committee discussions.</p>	<p>8/23/2019</p>	<p>CDC appreciates the Academy's note on including eating disorders as a pre-existing and/or mental health condition.</p> <p>MMRIA contains fields pertaining to history of mental health conditions prior to, during, and after pregnancy. These fields are inclusive of a history of eating disorders.</p>

		<p>MMRIA includes the following question on the committee decisions form to prompt discussion and consideration for mental health conditions during committee reviews:</p> <ul style="list-style-type: none"> • Did mental health conditions contribute to the death? (Yes/Probably/No/Unknown)
The Academy recommends adding malnutrition to the list of risk factors during pregnancy.		<p>CDC appreciates the affirmation of the importance of complete case abstraction and narrative development that is inclusive of all medical, behavioral, environmental, and social factors related to a maternal death.</p> <p>MMRIA contains fields to capture information abstracted from medical records, including any information that may pertain to malnutrition or a noted history of malnutrition documented in prenatal care, hospitalization, or other medical records.</p>
The Academy recommends adding use of e-cigarettes and vaping products to tobacco data collection.	8/23/2019	<p>CDC appreciates the affirmation of the importance of complete case abstraction and narrative development that is inclusive of all medical, behavioral, environmental, and social factors related to a maternal death.</p> <p>MMRIA contains fields to capture a woman's history of use related to e-cigarettes, vaping products, and other tobacco products in the Death Certificate, Prenatal Care, Hospitalization, and Other Medical Records forms.</p>
The Academy recommends inclusion of both MRSA and meningitis in the technical assistance provided to clinicians and staff who complete the forms.	8/23/2019	CDC provides abstractor training materials that guide abstractors to look for and document any findings in medical records related to infections such as MRSA and meningitis.
The Academy recommends revised language to address food insecurity in addition to data regarding specific program participation, and recommends adding SNAP participation as a data point.	8/23/2019	CDC appreciates the affirmation of the importance of complete case abstraction and narrative development that is inclusive of all medical, behavioral, environmental, and social factors related to a maternal death.

		<p>CDC encourages abstractors to include any notes on food insecurity in a comprehensive case narrative in MMRIA.</p> <p>CDC encourages multidisciplinary committee membership, which may include membership or consult to the committee from social support programs such as WIC and SNAP. Committee membership and assignments are governed by state and other local authorities.</p>
The Academy recommends adding whether skin to skin contact was made between mother and infant during the first half hour following delivery.	8/23/2019	MMRIA contains narrative fields to capture information on care of mother and infant during hospital stay which may include skin to skin contact and any other information in the medical record that maternal mortality review committees deem relevant to the woman's death.
The Academy recommends that the CDC explore opportunities to share information beyond PMSS by collaborating in new ways with The Joint Commission Sentinel Event reporting for those states not participating in the MMRC initiative.	8/23/2019	<p>CDC appreciates the Academy's note on exploring opportunities to share information beyond PMSS and to collaborate with the Joint Commission.</p> <p>CDC makes training resources and the MMRIA data system available to all states to encourage such collaborations, and partners with national stakeholders when feasible. MMRIA is accessible for use by funded (CDC-RFA-DP19-1908) and non-funded states.</p>