

December 19, 2017

Councilmember Charles Allen, Chairperson
Committee on the Judiciary and Public Safety
Council of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Dear Chairperson Allen:

On behalf of the Board of Directors of the Medical Society of the District of Columbia, our almost 2,700 physician members, and the thousands of patients whom they treat each and every day, I am writing to you to express the Medical Society's strong support for the **Maternal Mortality Review Committee Establishment Act of 2017 (Bill 22-524)**. This legislation, introduced by you and eight of your colleagues, will go a long way in helping us find solutions to lower the maternal death rate and improve maternal health.

The maternal mortality rate in the District of Columbia is about twice as high as the comparable neighboring cities of Baltimore and Richmond. When we are compared with other states, our rate is among the highest. From 2001 to 2006 the Centers for Disease Control and Prevention (CDC) data placed DC at #51. Since then our numbers have not consistently improved. For example, in 2011 the rate was 64 maternal deaths per 100,000 live births. The CDC's Healthy People Goal for 2020 is 11.4 pregnancy related deaths per 100,000 live births.

We know that over half of maternal deaths could be prevented by early identification of problems. But we have not had the cross-discipline evaluation to determine root causes and implement impactful changes to reverse the increasing and worrisome trend of pregnancy-associated mortality and near-miss cases of severe morbidity – the critically sick patients who survive. In order to identify maternal deaths and then review each death with a team of public health representatives, physicians, nurses and community organizations, we need a maternal mortality review committee. This committee will conduct a systematic, confidential analysis of the medical and non-medical circumstances of deaths that occur during pregnancy or up to one year after. There will be specific, data-driven recommendations that identify gaps in services and systems in order to prevent future maternal deaths as well as strengthen the systems of care that should be supported or expanded. The committee can also provide new recommendations to help reduce racial and geographic disparities in maternal mortality that disproportionately affect African American and low-income women.

A lack of funds and inconsistent funding can make it difficult to sustain the work of the committee. The CDC estimates that for a review of 5 cases per year with 87.5 hours spent abstracting the cases, 2.5 hours to review the case and 1.3 meetings per year, the total abstraction cost is \$4,375. Ideally, the Office of the Chief Medical Examiner (OCME) could provide support for these reviews with administrative responsibilities including an epidemiologist and case abstraction.

We have a responsibility to District residents regardless of gender, race, location, reproductive capability and socioeconomic status. Maternal health is an important indicator of the health of communities, patients and health systems. A maternal mortality review committee is a vital—but, so far, missing—piece of the District of Columbia's ongoing efforts to improve the health and well-being of D.C. women and families. The Medical Society of the District of Columbia unequivocally supports the passage of the **Maternal Mortality Review Committee Establishment Act of 2017**.



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Please don't hesitate to call upon the Medical Society whenever we can be of assistance. I can be reached at (202) 466-1800 or shanbacker@msdc.org.

Sincerely,

A handwritten signature in blue ink, which appears to read "K. Edward Shanbacker".

K. Edward Shanbacker
Executive Vice President