

# **Bylaws of the Arizona Maternal Mortality Review Committee**

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# **Bylaws of the Arizona Maternal Mortality Review Committee**

## **Section 1: Statutory Authority**

The Arizona Revised Statute ([A.R.S. § 36-3501](#)) was amended in April 2011 to establish the Arizona Maternal Mortality Review Committee (MMRC) as a subcommittee to the Child Fatality Review (CFR) Program. The Arizona Maternal Mortality Review Program (MMRP) has convened an MMRC since June 2012 to review all identified maternal deaths in the State.

## **Section 2: Purpose**

The Arizona Maternal Mortality Review Committee (MMRC) is a multidisciplinary committee focused on reviewing the prevention, incidence and causes of maternal death occurring in Arizona. The MMRC is supported by MMRP staff within the Arizona Department of Health Services Bureau of Assessment and Evaluation.

The purpose of these reviews is to determine the causes of maternal mortality in Arizona and identify both medical and non-medical interventions to improve systems of care. Maternal mortality review inclusion criteria include:

- Deaths occurring within one year of pregnancy for individuals aged 10 - 60, regardless of outcome or cause.
- Deaths occurring in Arizona, regardless of if the decedent was a resident.
- Deaths of Arizona residents occurring outside of Arizona (though the MMRP has no statutory authority to obtain records if they are not voluntarily provided by the facility or agency).

Information is gathered from electronic birth and death files, medical records, medical examiner reports, obituaries, and other pertinent sources of information. Records are abstracted by a trained Clinical Nurse Abstractor and de-identified case narratives are reviewed by a committee of experts from diverse disciplines and areas of the state.

For each case review, the MMRC shall complete the most current standardized Committee Decisions Form developed by the Centers for Disease Control and Prevention. The primary questions this Form aims to answer are:

- A. Was the death pregnancy-related?
- B. What was the underlying cause of death?
- C. Was the death preventable?
- D. What are the contributing factors to the death?

- E. What factors related to the social determinants of health may have contributed to the death?
- F. What are some recommendations to decrease, modify, or eliminate these contributing factors to prevent future maternal deaths?

As the MMRC completes reviews for each calendar year, the MMRP shall support the MMRC in synthesizing individual recommendations made for each case for publication with aggregate maternal mortality and morbidity data.

## **Section 3: Committee Structure**

### **3.1 MMRC Leadership and Governance**

The Arizona MMRC follows an operational governance model where the committee manages, governs, and performs the work as required by [A.R.S. § 36-3501](#) in collaboration with ADHS staff. The MMRC shall be led by two MMRC Chairs (Co-Chairs) that will serve renewable two-year terms. Co-Chairs will be elected in alternating years (one Chair elected each year). At least one of the MMRC Co-Chairs must represent a discipline related to obstetrics, including, but not limited to, Obstetrician-Gynecologist, Maternal Fetal Medicine Specialist, Midwife, or Registered Nurse with obstetric experience.

The immediate past MMRC Chair shall also serve as MMRC Advisor for the year following their Chairmanship. See **Section 4** for information about MMRC leadership responsibility and selection.

### **3.2: MMRC Membership**

The Arizona MMRC is intended to be a multidisciplinary team including, but not limited to, diverse representatives of healthcare professionals from rural and urban midwifery, family medicine, nursing, forensic pathology, behavioral health, anesthesiology, maternal-fetal medicine, and obstetrics and gynecology; doula services and patient advocacy; social work; health systems; state and local public health and epidemiology; addiction treatment; home visiting; and violence prevention, healthcare advocacy organizations, Indian Health Services and/or other tribal representation, individuals with lived experience (e.g., patients, family members), and individuals representing underserved or underrepresented communities. MMRC membership will be comprised of three participation levels: core, associate, and subject matter expert. Details regarding participation requirements for each level are included in **Section 5.1**. MMRC membership also includes the ADHS Chief of the Bureau of Women's and Children's Health as a member with voice and vote representing Title V programs in Arizona. See **Section 5** for more information on MMRC member responsibility, selection, and diversity review.

### **3.3 MMRC Patient/Family Advisors**

The Arizona MMRC recruits and compensates people who have lived experience in maternal health issues, known as Patient/Family Advisors, to inform case discussion, prevention recommendations, and dissemination activities. As equal members, Patient/Family Advisors are bound to the responsibilities of all committee members outlined in Section 5. In addition, Patient/Family Advisors may be invited to participate in additional trainings, check-in meetings, or other consultation opportunities.

### **3.4 MMRC Subcommittees**

The Arizona MMRC Co-Chairs may call for the establishment of MMRC subcommittees as needed to complete a specific task or role deemed necessary to MMRC business. The MMRC Co-Chairs must determine the purpose for the subcommittee, required number of members (considering a mix of both clinical and non-clinical representatives), and estimated length of time the Subcommittee should be convened to complete their task. MMRC members will be asked to volunteer for these subcommittees as needed.

At a minimum, the MMRC Co-Chairs will convene a Nominating Subcommittee each year as described in **Section 4.4**, a Membership Subcommittee, as described in **Section 5**, and a Governance Subcommittee as described in **Section 11**.

### **3.5 Arizona Department of Health Staff**

Staff from the Arizona Department of Health Services (ADHS) Maternal Mortality Review Program support the work of the MMRC, which operates under the Bureau of Assessment and Evaluation. ADHS staff include a Program Manager, Clinical Nurse Abstractor, Epidemiologist, Administrative Assistant, Epidemiology Manager, and a Principle Investigator, and Chief for the Bureau of Women's and Children's Health. ADHS staff contribute expertise to support the committee's development of recommendations and, therefore, are not technically part of the committee. ADHS staff do not have a vote, with the exception of the Title V MCH Director or their designee.

## **Section 4: MMRC Leadership Responsibility and Selection**

### **4.1: Responsibilities of the MMRC Co-Chairs:**

- A. Serve a renewable two-year term as Co-Chair with no limits on the number of terms that can be served.
- B. Review case narratives for completion prior to the committee meeting.
- C. Work with the clinical nurse abstractor to confirm "false positives" by reviewing available information to determine eligibility for review based on Arizona's review inclusion criteria (see **Section 2**).
- D. Facilitate MMRC meetings and completion of the Committee Decisions Form, while also encouraging active participation and discussion from MMRC

members. Co-Chairs can determine how to split facilitation (e.g., alternating meetings, alternating cases).

- E. Overseeing MMRC meetings to ensure that MMRC members are abiding by the Code of Conduct, Confidentiality Agreement, and Review to Action procedures.
- F. Serve as a primary reviewer for all products summarizing MMRC findings.
- G. Identify and co-lead MMRC training with ADHS staff.
- H. Participate in relevant CDC MMRIA Users Meeting and other CDC meetings as needed, including travel to conferences, as needed.
- I. Coordinate with ADHS staff when approached for media inquiries regarding MMRC data or processes.
- J. Serve as an MMRC Advisor on the MMRC once Chairmanship is transferred to a new member.
- K. Other duties as needed.

#### **4.2: Responsibilities of the MMRC Advisors**

- A. Coordinate with ADHS staff to facilitate the transition to new MMRC Leadership.
- B. Provide guidance, support, and historical context to new MMRC Leadership as needed.
- C. Stand-in for MMRC Co-Chairs if both are unavailable to facilitate MMRC meetings.

#### **4.3: Selection of MMRC Leadership**

- A. By the end of the first quarter of each calendar year, the MMRP Program Manager shall ask for volunteers to serve on a MMRC Nominating Subcommittee. There will be no limit to the number of individuals on the Nominating Subcommittee, but it should be composed of at least two clinical members and two non-clinical members, and one member from ADHS. The Nominating Subcommittee will be staffed by the MMRP Manager, but that individual will not have a voice or vote.
- B. MMRC members will complete a nomination form to serve as Co-Chair. These nominations can be self-nominations or nominations of a peer. If an individual is nominated by someone else, the MMRP Manager shall ask the individual if they accept the nomination via email.
- C. The MMRP Nominating Subcommittee will review and nominate one candidate for the open Co-Chair in the second quarter of each calendar year. The Subcommittee will also ensure that the nominee support the requirement in Section 3.1 that at least one of the MMRC Co-Chairs represent a discipline related to obstetrics at all times. For example, if the current Co-Chair that is not up for reelection does not represent an obstetric-related discipline, the nominee to fill the open position must represent an obstetric-related discipline.
- D. The nomination will be voted on by the MMRC and will require a majority vote (51%) for approval. The final nomination will be elevated to the Director of the

Arizona Department of Health Services or designee for final approval by the end of the second quarter of that calendar year.

#### 4.4 Vacancy in MMRC Leadership

- A. In the case that an MMRC Leadership Position becomes vacant, the MMRP Manager will convene a special MMRC Nominating Subcommittee to fill the role following the steps outlined in Section 4.3.

### Section 5: Committee Member Responsibility and Selection

#### 5.1 Arizona MMRC members shall:

- A. Agree to serve a two-year term. Terms are renewable with no limit on the number of terms an individual can serve.
- B. Participate in an annual HIPAA/Privacy Training and the [Arizona Ombudsman Citizens' Aide Arizona Open Meetings Law training](#) on an annual basis, and provide documentation of completion in writing to the MMRP Manager.
- C. Sign a Confidentiality Agreement and Code of Conduct upon joining the MMRC and annually thereafter.
- D. Familiarize themselves with the Review to Action protocols for reviewing maternal deaths. All new members shall receive an orientation with ADHS staff to review these procedures prior to their first meeting. All other members can request similar training as needed, though MMRC staff will conduct an abbreviated Review to Action training for the full MMRC in January of each year.
- E. Participate in MMRC business in accordance with the requirements of their membership level:
  - a. **Core Members** shall actively participate in at least 75% of scheduled meetings annually with the exception of personal and professional emergencies inhibiting participation, and shall have voice and vote during meetings and on MMRC business.
  - b. **Associate members** do not have a participation requirement for meetings, but will only have a voice for committee decisions and are not permitted to vote.
  - c. **Subject Matter Experts** are not expected to attend MMRC meetings regularly but shall be available to answer specific questions related to review. They shall also only have a voice, but no vote, for all MMRC decisions.
- F. Engage in productive and fair discussion about Committee Decisions and recommendations to prevent future deaths.
- G. Prepare for each MMRC meeting by thoroughly reviewing case narratives provided by ADHS.

- H. Engage in a group or individual training opportunities provided by ADHS staff. All trainings are intended to enhance the MMRC's ability to thoroughly review all maternal deaths in Arizona.
- I. Support the development, review, and dissemination of reports or other materials summarizing findings from the MMRC or other data related to maternal mortality or severe maternal morbidity in Arizona.
- J. Participate in continuous quality improvement initiatives such as annual surveys to evaluate membership composition and program effectiveness.

## **5.2: Committee members shall not:**

- A. Receive any compensation from ADHS for participation in the MMRC. Membership is on a volunteer basis only. This does not apply to Patient/Family Advisors (see Section 3.3).
- B. Attempt to identify decedents being reviewed by the MMRC by requesting medical records, communicating with providers or facilities that may or may not be involved, or accessing ADHS or the MMRIA data systems.
- C. Speak to any media representative about any aspect of the MMRC or its review activities. Instead, MMRC members shall direct all media inquiries regarding the MMRC to ADHS.

## **5.3: Selection of New Members**

- A. The MMRC shall maintain membership of thirty-five (35) or fewer core members (not including associate members or subject matter experts). Committee Leadership and ADHS Staff shall aim to add new members based on gaps in expertise in the committee or to replace members who have left the committee. New members can be recommended by current MMRC members or identified by ADHS staff.
- B. ADHS staff shall have an introductory meeting with all potential new members to describe the structure and responsibilities of the MMRC and its membership. If interested in joining, potential new members shall complete a brief New Member Application which shall be reviewed by MMRC Leadership. If the MMRC Leadership approves, ADHS shall invite the individual to join the MMRC at a specific membership type (core, associate, or subject matter expert). ADHS staff shall conduct two thorough onboarding meetings with all new members (once before and once after) their first MMRC to review MMRC processes, policies, and structure.

## **5.4: Membership Subcommittee**

- A. In the spring of every year, MMRP Co-Chairs will ask for volunteers to serve on the MMRC Membership Subcommittee. The purpose of this committee is to review current MMRC membership to ensure diversity and representation of all related subject matters/professions and that the committee reflects and/or has

representation from underserved populations or populations that are overrepresented in MMR data.

- B. There will be no limit to the number of individuals on the Membership Subcommittee, but it should be composed of at least two (2) clinical members and two (2) non-clinical members, and one (1) member from ADHS. The Membership Subcommittee will be staffed by the MMRP Manager, but that individual will not have a voice or vote.
- C. The Membership Subcommittee will make recommendations to MMRC Leadership regarding gaps or needed additions to MMRC membership. The MMRP Manager will support recruitment and onboarding of new members based on recommendations.

## Section 6: MMRC Meetings

### 6.1 Regular Meetings:

- A. The MMRC shall convene monthly on the first Monday of each month (or second Monday of each month if the first Monday falls on or near a holiday) from 8 a.m. - 11 a.m. The primary purpose for these meetings is to conduct case reviews of maternal deaths in Arizona.
- B. Pursuant to A.R.S. § 36-3503, meetings of the MMRC are closed to the public and are not subject to A.R.S. Title 38, Chapter 3, Article 3.1 *if* the MMRC is reviewing individual cases of maternal fatalities associated with pregnancy. **All other** meetings are open to the public.
  - a. A meeting consists of the gathering in person or through technological devices, of a quorum of members of the MMRC (simultaneous interaction is not required for a "meeting" to have occurred under Open Meetings Law). When members of MMRC are parties to an exchange of e-mail communications that involve discussions, deliberations or taking legal action by a quorum of the MMRC concerning a matter that may foreseeably come before the public body for action, the communications constitute a meeting through technological devices. Such a meeting without public notice and the chance for public participation is a violation of Open Meetings Law. Outside of a publicly noticed meeting, members are required to refrain from meeting in person, by telephone, electronically, or through other means to discuss a topic that is or may be presented to the MMRC for decision.
  - b. Generally, a quorum is a majority of MMRC. Vacancies do not count toward the number of members of the MMRC. If the MMRC does not have a quorum, it will not hold a meeting.
- C. The MMRP Manager will prepare and disseminate password protected case narratives at least one (1) week prior to the meeting.
- D. One or both of the MMRC Co-Chairs shall serve as the facilitator for each meeting. If neither Co-Chair is available, an MMRC Advisor or the MMRP Manager shall facilitate the meeting.



- E. The MMRC Co-Chairs and MMRP Manager shall be responsible for upholding the MMRC Code of Conduct and Confidentiality Agreement in all meetings.
- F. Should a vote be needed for any Committee Decision (e.g., Pregnancy-Relatedness), the MMRP Program Manager shall launch a poll for all active MMRC members to vote on their preferred answer. ADHS staff shall not participate in this vote, with the exception of the Title V Director. A majority vote (51%) of votes casted are needed to affirm a decision.

### **6.2 Special Meetings:**

- A. The MMRC Co-Chairs shall call special meetings of the MMRC in the case that additional meetings are needed to complete the duties of the MMRP (e.g., extra review meeting to accommodate a deadline).
- B. Also see 6.1(B)(a) and (b).

### **6.3 MMRC Trainings:**

- A. The MMRC shall participate in an annual Review to Action training to refresh member understanding of the MMR process and completion of the Committee Decisions Form.
- B. Additional training relevant to the MMR process will be identified by the MMRP Manager and approved by the MMRC Co-Chairs. To the extent possible, training will be provided at a time that is convenient for most members.

## **Section 7: Confidentiality**

MMRC members shall sign a Confidentiality Form (Appendix A) at the beginning of every calendar year. The confidentiality form states that MMRC members shall abide by State confidentiality and privacy laws, including A.R.S. § 36-3503 to protect the confidentiality of the records, the privacy of the person(s) named therein and the privacy of the family of said person(s).

A.R.S. § 36-3503, concerning the duties of the Maternal Mortality Review Team states:

- A. All information and records acquired by the State Team or any state-sanctioned Local Team are confidential and not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceedings, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by a team.
- B. Members of a team, persons attending a team meeting, and persons who present information to a team may not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person from testifying to information obtained independently of the team or which is public information.

- C. A member of the state or local Maternal Mortality Review Team shall not contact, interview or obtain information by request or subpoena from a member of a deceased woman's family, except that a member of the State Team or a Local Team who is otherwise a public officer or employee may contact, interview or obtain information from a family member if necessary, as part of the public officer's or employee's other official duties.
- D. Any person who violates the confidentiality provisions of this section is guilty of a Class 2 Misdemeanor.

Additionally, MMRC members shall agree to abide by confidentiality requirements for web-based meetings, including:

- A. Participating in the meeting from a location where their screen is not visible to others and the content of the meeting cannot be overheard.
- B. Wearing headphones when possible to prevent the voices of others' from being overhead.
- C. Agreeing not to disseminate or retain any materials related to case reviews, including case narratives and health equity dashboards.

## **Section 8: Conflict of Interest**

An MMRC member may recognize a case regardless of the Department's compliance with confidentiality standards. If this should happen, the member shall not disclose that they recognize the case, and may not discuss the committee's discussion of the case outside of the MMRC meeting or with non-MMRC members. The member may choose to provide additional information that is pertinent to the case review but must adhere to confidentiality standards, including ensuring that no identifiers are relayed.

## **Section 9: Agency Conflict Resolution and Code of Conduct**

The MMRC is a professional process aimed at improving systems of care for pregnant and postpartum individuals. The MMRC is not a peer review committee, and, thus, does not seek to examine the performance of individual practitioners, hospitals, or other agencies. While committee members may have concerns or disagreements regarding a case, the review of maternal deaths is not an opportunity for the MMRC to critique specific provider or agency decisions, therefore, ADHS shall always ensure providers, facilities, or agencies involved with each case remain anonymous.

The MMRC and ADHS shall adhere to language that is not judgmental, derogatory, stereotypical, or condescending. Members participating in the review process must be mindful of biases, whether unintentional or intentional. The perspective of MMRC members is respected and valued, but it must be in keeping with the MMRC legislation and uphold an environment of socio-cultural inclusivity.

To this end, as the appointing agency of the MMRC, ADHS reserves the right to ensure discussions remain focused on the meeting's intended purpose of improving maternal health outcomes in Arizona. All information discussed by committee members in the reviews shall remain professional and confidential and may not be used for reasons other than that which are intended.

As such, MMRC members shall annually sign and abide by the following Code of Conduct (Appendix B):

- Treat each other and each case with dignity and respect.
- Focus on process and policy, not people.
- Actively listen while recognizing discussion of opposing views.
- Avoid polarizing, degrading, offensive, or unproductive conduct or comments.
- Use expressive language that will honor the lives of the women whose stories we review.
- Present problems in a way that promotes mutual discussion and resolution.
- Practice being open-minded, particularly regarding opposing views, while taking an inventory of, and accepting your role in the situation.
- Practice and experience humility and patience.
- Practice self-care and respect your own and other's personal boundaries.
- Establish a space where members support each other's' growth and learning as new or unfamiliar topics arise during reviews
- Acknowledge and respect the Confidentiality Agreement, Bylaws, governance structure, and Review to Action Process.
- When in doubt, ask yourself/others: "How does this contribute to prevention?"

The items included in this Code of Conduct shall be reviewed each year to ensure comprehensiveness.

If a member is unable to uphold the Code of Conduct, MMRC leadership has the right to enact a removal of the member from the Committee. In order for a member to be removed, a MMRC member must submit a summary of their concern regarding a MMRC member's behavior to the MMRC Co-Chairs, which will be kept anonymous. The MMRC Co-Chairs will convene the Governance Committee to discuss and decide on whether removal or another course of action is appropriate. The MMRC Co-Chairs will be responsible for notifying the member of the Governance Committee's decision.

## **Section 10: Funding**

ADHS established a Cooperative Agreement with the CDC in September 2019 through the award of the 5-year grant: Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees. ADHS anticipates achieving the following period performance outcomes upon project completion: 1) Generation of timely, accurate, and standardized information for deaths to women during pregnancy and deaths within a year after the end of a pregnancy, including


documenting opportunities for prevention; 2) Increased awareness of the existence and recommendations of the MMRC among the public, clinicians, and policymakers; 3) Implementation of data-driven recommendations; 4) Widespread adoption of patient safety bundles and/or policies that reflect the highest standards of care and subsequently 5) Reduction in maternal complications of pregnancy.

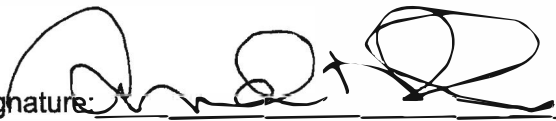
## **Section 11: Adoption and Amendment of Bylaws**


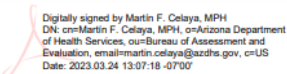
Every two (2) years, the MMRC Co-Chairs will ask for volunteers to serve on a temporary Governance Subcommittee to review the existing bylaws. There will be no limit to the number of individuals on the Governance Subcommittee, but it shall be composed of at least two (2) clinical members and two (2) non-clinical members, and one (1) member from ADHS. The Governance Subcommittee shall be staffed by the MMRP Program Manager, but that individual will not have a voice or vote. Amendments that the Governance Subcommittee wishes to bring to the MMRC for decisions must be passed by a majority vote (51%). This Governance Subcommittee should convene no longer than three (3) months. If an emergent situation should arise, the MMRC Chair can reconvene another temporary Governance Subcommittee composed of past or new Subcommittee members.

■ **Section 12. Approval of Bylaws**

These bylaws were reviewed and voted upon by the MMRC on March 3, 2023. There were 24 votes in favor of these bylaws and 0 opposed to these bylaws. This vote surpasses the majority vote (51%) requirement for the MMRC to adopt these bylaws for the next two (2) years.

MMRC Co-Chair Signature:  Date: \_\_\_\_\_

MMRC Co-Chair Signature:  Date: 03.13.2023

ADHS BAE Chief Signature:   Date: \_\_\_\_\_

## Appendix A



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

### CONFIDENTIALITY STATEMENT MATERNAL MORTALITY REVIEW TEAMS AND RESEARCHERS

By signing this form I, \_\_\_\_\_, agree to abide by State  
(Print full name)  
confidentiality and privacy laws, including Arizona Revised Statute (A.R.S.) § 36-3503, to protect the confidentiality of the records, the privacy of the person(s) named therein and the privacy of the family of said person(s).

A.R.S. § 36-3503, concerning the duties of the Maternal Mortality Review Team states:

- A. All information and records acquired by the State Team or any state-sanctioned Local Team are confidential and not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceedings, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by a team.
- B. Members of a team, persons attending a team meeting, and persons who present information to a team may not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person from testifying to information obtained independently of the team or which is public information.
- C. A member of the state or local Maternal Mortality Review Team shall not contact, interview or obtain information by request or subpoena from a member of a deceased woman's family, except that a member of the State Team or a Local Team who is otherwise a public officer or employee may contact, interview or obtain information from a family member if necessary, as part of the public officer's or employee's other official duties.
- D. A person who violates the confidentiality provisions of this section is guilty of a Class 2 Misdemeanor.

Additionally, I also agree to abide by confidentiality requirements for Maternal Mortality Review Committee meetings, including:

- A. Participating in the meeting from a location where their screen is not visible to others and the content of the meeting cannot be overheard.
- B. Wearing headphones when possible to prevent the voices of others' from being overheard.
- C. Agreeing not to disseminate or retain any materials related to case reviews, including case narratives and health equity dashboards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix B

### CODE OF CONDUCT

### MATERNAL MORTALITY REVIEW TEAMS AND RESEARCHERS



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

By signing this form I, \_\_\_\_\_, agree to abide by the Arizona  
(Print full name)  
Maternal Mortality Review Committee (MMRC) Code of Conduct which states:

The MMRC is a professional process aimed at improving systems of care for pregnant and postpartum individuals. The MMRC is not a peer review committee, and, thus, does not seek to examine the performance of individual practitioners, hospitals, or other agencies. While committee members may have concerns or disagreements regarding a case, the review of maternal deaths is not an opportunity for the MMRC to critique specific provider or agency decisions, therefore, ADHS shall always ensure providers, facilities, or agencies involved with each case remain anonymous.

The MMRC and ADHS shall adhere to language that is not judgmental, derogatory, stereotypical, or condescending. Members participating in the review process must be mindful of biases, whether unintentional or intentional. The perspective of MMRC members is respected and valued, but it must be in keeping with the MMRC legislation and uphold an environment of socio-cultural inclusivity.

To this end, as the appointing agency of the MMRC, ADHS reserves the right to ensure discussions remain focused on the meeting's intended purpose of improving maternal health outcomes in Arizona. All information discussed by committee members in the reviews shall remain professional and confidential and may not be used for reasons other than that which are intended.

As such, MMRC members shall by the following Code of Conduct:

- Treat each other and each case with dignity and respect.
- Focus on process and policy, not people.
- Actively listen while recognizing discussion of opposing views.
- Avoid polarizing, degrading, offensive, or unproductive conduct or comments.
- Use expressive language that will honor the lives of the women whose stories we review.
- Present problems in a way that promotes mutual discussion and resolution.
- Practice being open-minded, particularly regarding opposing views, while taking an inventory of, and accepting your role in the situation.
- Practice and experience humility and patience.
- Practice self-care and respect your own and other's personal boundaries.
- Establish a space where members support each others' growth and learning as new or unfamiliar topics arise during reviews
- Acknowledge and respect the Confidentiality Agreement, Bylaws, governance structure, and Review to Action Process.
- When in doubt, ask yourself/others: "How does this contribute to prevention?"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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P | 602-364-1400

W | azhealth.gov