Texas Maternal Mortality and Morbidity Review Committee Maternal Mortality Case Review Terms

The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) uses technical terms to describe maternal mortality in the Joint Texas Department of State Health Services (DSHS) and MMMRC Biennial Legislative Report. The 2024 Joint MMMRC-DSHS Biennial Legislative Report references the following sources to define maternal mortality case review technical terms.

> Definitions of the 1986 American College of Obstetricians and Gynecologists/Centers for Disease Control and Prevention (CDC) Maternal Mortality Study Group. Source: Berg C, Danel I, Atrash H, Zane S, Bartlett L (Editors). pp 6. Strategies to reduce pregnancy-related deaths: from identification and review to action. Atlanta: CDC; 2001. Available: stacks.cdc.gov/view/cdc/6537.
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> The Association of Maternal and Child Health Programs, Centers for Disease Control (CDC) Foundation, CDC Division of Reproductive Health. Review to Action: Building U.S. Capacity to Review and Prevent Maternal Deaths. Definitions. Available: reviewtoaction.org/learn/definitions.
>
> John Richards, MA, Pickett, OP, Wilhite, BS. Maternal and Child Health Library: Life Course and Social Determinants Professional Resource Brief. Available: mchlibrary.org/professionals/lifecourse.php.

Key term definitions used in this report include:

Chance to Alter Outcome - A review committee determination on the degree of preventability. The review committee determines if there was no chance, some chance, or a good chance of averting the death by one or more reasonable changes to patient, family, community, provider, or systems factors.

Contributing Factor - Factors identified by the review committee that contributed to the death. Contributing Factor identification to death allows the review committee to identify prevention and quality improvement opportunities that may have prevented the woman's death and make recommendations to reduce maternal mortality.

Life Course Theory - A theory approaching health as an integrated continuum rather than as disconnected and unrelated stages. It posits a "complex interplay" of social and environmental factors mixed with biological, behavioral, and psychological issues that help to define health outcomes across the course of a person's life. From this perspective, each life stage influences the next stage; social, economic, and physical environments. These factors impact individual and community health.

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Preventability - A death is considered preventable if the committee determines there was at least some chance of averting the death.

Underlying Cause of Death - The disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury.

Table 1. Terms related to the establishment of pregnancy-relatedness[1]

Pregnancy-associated death *The death of a woman while pregnant or within one year of the end of the pregnancy, regardless of the cause.*		
Pregnancy-related death	**Pregnancy-associated, but not related death**	**Pregnancy-associated, but unable to determine pregnancy-relatedness**
The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.	The death of a woman during pregnancy or within one year of the end of pregnancy from a case that is not related to pregnancy.	The death of a woman while pregnant or within one year of pregnancy, due to a cause that could not be determined to be pregnancy-related or not pregnancy-related.

[1] The College of Obstetricians and Gynecologists/CDC Maternal Mortality Study Group developed these terms in the U.S. for state or city case review teams to identify deaths for review and action. They expand beyond standardized vital event registration terms to highlight the importance of first identifying all deaths with a temporal relationship to pregnancy (pregnancy-associated deaths) as a group from which to find those deaths caused by or aggravated by pregnancy or its management (pregnancy-related deaths).