

Virginia Maternal Morbidity Workgroup

July 1st, 2025

CHAPTER 457

An Act to direct the Office of the Chief Medical Examiner and the Maternal Mortality Review Team to convene a work group to expand the work of the Maternal Mortality Review Team; report.

- Year 1: Progress Report — July 1, 2025
- Year 2: Full Report— July 1, 2026

1. Key Progress Highlights

- a. Convened a multi-agency and key community member workgroup for monthly meetings beginning February 2025.
- b. Solidified the importance for SMM review in Virginia.
- c. Crafted recommendations for strategies to study and address maternal morbidity in Virginia.
- d. Developed a draft model for Severe Maternal Morbidity (SMM) reviews in Virginia.
 - i. Draft model adapted from existing models for SMM review in other states^{3 4}.

2. [VNPC Severe Maternal Morbidity Data Report – April 2025](#)

- a. Severe Maternal Morbidity (SMM): defined as unexpected outcomes during the delivery hospitalization that result in significant short- and long-term consequences to a woman's health².
- b. A 2024 study found that individuals with SMM were more likely to deliver in a teaching tertiary care hospital (40.8% vs 51.1%), and to have preexisting conditions (eg, ≥ 2 conditions: 1.2% vs 5.3%), gestational diabetes (8.2% vs 11.7%), stillbirth (0.5% vs 1.6%), preterm birth (7.7% vs 25.0%), or cesarean delivery (31.0% vs 54.3%)¹.
- c. Fast Facts:
 - i. SMM peaked during COVID-19 pandemic, affecting about 1.7% of all inpatient deliveries in 2022; 1.1% of inpatient deliveries in 2024.
 1. SMM affects about 1,000 new mothers each year.
 - ii. SMM is higher in Black, Medicaid, and older maternal populations (40+ years)
 - iii. SMM is more prevalent with other maternal complications (including but not limited to Obstetric Hemorrhage, Cardiac Conditions, Severe Hypertension, Mental Health, Substance Use, and Sepsis.
 - iv. In 2024, leading diagnosis codes associated with SMM include Acute Renal Failure, Disseminated Intravascular Coagulation, Hysterectomy, Shock, and Sepsis.



3. Severe Maternal Morbidity Review Draft Model
 - a. State-Level Surveillance
 - i. VNPC will monitor state-level trends in SMM using inpatient discharge data from the Maternal Health Dashboard.
 - ii. Currently being done at the VNPC and reports will be updated annually.
 - iii. Population: during delivery
 - b. Hospital-Level Surveillance
 - i. Hospitals will diagnose and review cases of SMM at their own facilities.
 - ii. SMM identification according to ACOG guidelines⁵.
 1. Admission to an intensive/critical care unit (ICU/CCU); and/or
 2. Transfusion of four or more units of blood products.
 - iii. Population: During pregnancy to 42-days postpartum
 - c. Review Process Structure
 - i. Centralized/state-level team of multidisciplinary experts will oversee the process, validate findings, and evaluate results.
 - ii. Regional teams of local experts will focus on the morbidity reviews in their respective regions, and randomly select cases reviewed by hospitals to validate results in the region.
 1. Regional teams will finalize recommendations based on hospital case reviews.
 - iii. Hospital teams will oversee abstracting and reviewing cases, determining main cause of SMM, and recommend areas of improvement in the patient's care.
 1. Hospital reviews will be based on AIM SMM review guide⁶.
4. Next Steps
 - a. The Virginia Maternal Morbidity Workgroup will continue to meet monthly to discuss and expand on the draft model for SMM reviews.
 - i. Committee members will review and approve recommendations for the following:
 1. Methods for collecting information about maternal morbidity in the commonwealth.
 2. Criteria for selecting cases for investigation and review.
 3. Criteria for selecting cases for in-depth review, which may include interviews with families and community members who have information on such cases.
 4. Procedures for maintaining confidentiality and security with regard to reviews undertaken by the Maternal Mortality Review Team (MMRT).
 5. A five-year plan for the expansion and operation of the Maternal Mortality Review Team, which shall include (i) identification of necessary staff and equipment; (ii) identification of annual goals; (iii) provisions for coordination among stakeholders; (iv) identification of funding sources available to support and sustain the Maternal Mortality Review Team; (v) a proposed annual budget for each year; and (vi) a proposed data dissemination plan that includes data to be disseminated, methodology for

dissemination, frequency of dissemination, and a list of key stakeholders and community partners who may be interested in the data and other outputs.

6. Any recommendation for further study, legislative actions, or implementation of the Maternal Mortality Review Team.
5. Final Report Process
 - a. November-December 2025
 - i. VNPC Drafts full report
 - b. January-February 2026
 - i. SMM Workgroup review and approves full report
 1. Workgroup will draft independently and provide comments.
 2. Virtual meetings to discuss comments.
 3. Final version sent to workgroup for email approval.
 - c. March-April 2026
 - i. Office of the Chief Medical Examiner (OCME) reviews final report
 - d. May-June 2026
 - i. Final plan submitted to Chairmen of the House Committees and Senate Committees
 6. Challenges & Needs
 - a. Need for sustainable funding sources.
 - i. Mobilizing a statewide review process will require sustained funding to continue the work moving forward.
 - ii. Current funding is insufficient to support long-term staffing, data infrastructure, and hospital/community engagement.
 - b. Data integration and privacy.
 - i. Robust data systems will be needed to ensure the security and timeliness of morbidity case reviews.
 - ii. Access to real-time morbidity data is currently limited, and coordination healthcare facilities will be imperative to access timely data.
 - c. Turning recommendation into action.
 - i. Recommendations from case reviews will need to be supported by community and statewide action to guide improvement efforts for maternal morbidity.
 - ii. There will likely be implications for improvements across social determinants of health in both clinical and non-clinical applications.
 7. Morbidity Review Team Invited Members

Organization/Title	Name
Chief Medical Examiner	Dr. William Gromley
Director of the Office of Family Health	Dr. Vanessa Walker-Harris
State Registrar of Vital Records	Celes Davis



Commissioner of Behavioral Health and Developmental Services	Glenda Knight*
Commissioner of Social Services	Traci Jones*
Director of the Department of Corrections	Paul Targonski*
Maternal Child Health Epidemiologist	Kelly Conatser
Maternal Mortality Program Manager	Dr. Melanie Rouse
Director of the Department of Criminal Justice Services (or their designees)	Jackson Miller
Director of the Virginia Neonatal Perinatal Collaborative (or their designee)	Shannon Pursell
Community Stakeholders	
Mental health treatment provider	Dr. Olivia Reichenbacker
United Healthcare – Payer	Shane Ashby
Payer	Tameeka Smith – United Healthcare
Local nonprofit organization	Sara Zia – Virginia Prison Birth Project
Local nonprofit organization	Kimberly Barrow – Community Transformers
Local nonprofit organization	Roxanne Harris – Augusta Health Foundation
Certified Nurse Midwife	Dr. Nichole Wardlaw – Jamil Birth and Wellness
Representatives of medical professionals with experience in maternal health	
Maternal Fetal Medicine	Dr. Chris Chisholm
Obstetrics & Gynecology, Addiction Medicine	Dr. Arthur Ollendorff
Obstetrics & Gynecology – Medical Society of Virginia	Dr. Lee Ouyang
Family Practitioner – Board of Virginia Academy of Family Physicians	Dr. Verneeta Williams
Staff and members of appropriate state agencies	
Virginia Office of the Chief Medical Examiner	Dr. Ryan Diduk-Smith – OCME
Virginia Council on Women	Emma Jensen – Virginia Council on Women

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Department of Medical Assistance Services	Estelle Kendall - DMAS
Department of Medical Assistance Services	Maryssa Sadler – DMAS
Virginia Neonatal Perinatal Collaborative	Evan Isaacs – VNPC
Virginia Neonatal Perinatal Collaborative	Tiffany Carter – VNPC
Virginia Neonatal Perinatal Collaborative	Reagan Overeem - VNPC
O-Pries Consulting/Virginia Neonatal Perinatal Collaborative	Lindsey O-Pries – O-Pries Consulting/VNPC
Presidents of the following organizations (or their designees):	
a. Virginia Hospital and Healthcare Association	Mary Brandenburg*
b. Virginia Chapter of the American College of Obstetrics and Gynecology	Ami Keatts
c. Virginia Chapter of the American Academy of Pediatrics	Dr. Natasha Sriraman
d. Virginia Affiliate of the American College of Nurse-Midwives	Shaughanasee Vines

Members in bold attended 1 or more meetings: February 3rd, March 20th, and/or April 17th

* Members with asterisk are serving as designees

Contact Information

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Sources

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CDC. “Identifying Severe Maternal Morbidity (SMM).” *Maternal Infant Health*, 20 Mar. 2024, www.cdc.gov/maternal-infant-health/php/severe-maternal-morbidity/icd.html.

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"Obstetric Care Consensus No. 5." *Obstetrics & Gynecology*, vol. 128, no. 3, Sept. 2016, pp. e54–e60, <https://doi.org/10.1097/aog.0000000000001642>.

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