MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Maternal Mortality Review Committee
Application for Membership

The Mississippi Maternal Review Committee (MMRC) accepts applications from interested clinical and non-clinical individuals for appointment consideration. The MMRC makes recommendations to help reduce the incidence of pregnancy-related deaths in Mississippi by studying and reviewing:

- Cases of pregnancy-related deaths;
- Trends, rates, or disparities in pregnancy-related deaths;
- Health conditions and factors that disproportionately affect the most at-risk populations; and
- Best practices and programs operating in other states that have lower rates of pregnancy-related deaths compared to Mississippi.

Member Participation

Every appointed MMRC member must attend regularly scheduled meetings in Jackson, MS, no less than quarterly. Frequency of meetings varies according to the number of pregnancy-related deaths which must be reviewed annually.

- Regular committee meetings are held no less than every three months or at the call of the MSDH State Health Officer and/or MMRC Chair(s). Members are expected to travel to Jackson, MS for these meetings or attend virtually at the discretion of the MMRC Chair(s). Each meeting will last approximately 4 – 6 hours.
- This is a voluntary commitment. MMRC members may be provided a small stipend and reimbursed travel expenses to attend and participate in MMRC meetings when funding is available.
- If a member misses three consecutive meetings within a one-year period with or without notice, the member may be removed from the MMRC at the discretion of the MMRC Chair(s) and/or MSDH State Health Officer.
- Members are appointed to serve three-year terms.
- Members are expected to complete MMRC Member Orientation before actively participating in meetings. Orientation will be arranged through the MIHB Director.

If you would like to be considered for appointment to the Mississippi MMRC, please complete the following application. Answer any question which does not apply with "N/A." All applications will be considered according to vacancies on the MMRC by the MMRC Chair(s) and MSDH State Health Officer. Appointments will be made by the MSDH State Health Officer.

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Section 1 – Personal Information

Name:	

Mailing Address:					
City:		**State:**	**MS**	**Zip:**	

Phone:		**Fax:**	
Email:			

Section 2 – Employment Information

Business/Organization:	

Mailing Address:					
City:		**State:**	**MS**	**Zip:**	

Phone:		**Fax:**	
Email:			

Current Position Title/Role:	

In which MS county or counties do you reside? _____

In which MS county or counties do you practice or provide services?

_____

Please indicate which email address we should send any/all MMRC correspondence to:

☐ Personal Email ☐ Work Email ☐ Both

Please indicate any/all professional credentials, licenses, and certifications you maintain and the regulatory or governing bodies for those distinctions.

_____

_____

_____

_____

_____

To support the selection and appointment of a diverse representation among MMRC members, please complete the following.
Note: The following are the categories which adhere to the 1997 Office of Management and Budget (OMB) standards on race and ethnicity. These represent the minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting. These options do not necessarily provide recognition for all or other responses an individual may use for self-identification.

Race (please select all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Section 3 – Categorical Appointment Request

The MMRC should be composed of a diverse representation of clinical and non-clinical professionals. All clinical members of the committee must be actively practicing in Mississippi unless otherwise specified in this policy or exempted by the MSDH State Health Officer.

The following are the categorical/general appointments which **may** comprise the MMRC and do not necessarily represent vacancies or seats available on the MMRC presently. Please indicate **any/all** categories that you should be considered for based on your current/former experience, training, professional status, etc. **Please attach your résumé or curriculum vitae to the application.**

A medical or clinical professional with any of the following credentials, specializations, or distinctions:
Note: All medical or clinical professionals must be actively practicing in Mississippi and licensed, certified, or otherwise credentialed in good standing with a professional occupational board recognized in Mississippi.

Obstetrician

Maternal Fetal Medicine Specialist

Obstetric nurse(s) with a minimum of 3 years in obstetric care

Nurse-midwife

OB/Gyn Resident(s)—PGY-3 or PGY-4 in good academic standing in an accredited Mississippi Obstetrics residency training program

Maternal Fetal Medicine Fellow(s) - PGY 5, PGY 6, or PGY 7 in good academic standing in an accredited Maternal Fetal Medicine Fellowship Program

Obstetric Anesthesiologist(s) who is a current member of the Society for Obstetric Anesthesia and Perinatology

Cardiologist(s)

Cardiology nurse

Critical Care physician

Emergency Medicine physician

Mental health professional or licensed social worker with experience serving obstetric clients

A non-medical or non-clinical community-based or organization representative with experience serving obstetric and perinatal clients, recognized by an organization official or governing board/council:

Domestic or interpersonal violence protection or prevention agency/organization

Perinatal case management or home-visiting program

Program, agency, or organization concerned with the education, health equity promotion, and linkage to care/services for social determinant/drivers of health needs

Additional categories that might be considered for appointment:

Individual with personal experience related to a maternal death

County coroner

A designee of the following, recognized by the Executive Director or other agency/organization official:

Mississippi Department Human Services

Mississippi Department of Child Protective Services

Mississippi Department of Mental Health

Mississippi Attorney General's Office

Mississippi State Medical Examiner's Office

Mississippi Division of Medicaid

Coordinated Care Organization / Third-Party Payor

Section 4 – Questions (Please respond to each question.)

Have you ever served on the Mississippi MMRC or the MMRC of another state or jurisdiction?

☐ **YES** ☐ **NO**

If "YES," please describe your experience.

Explain why you are interested in serving on this committee.

Section 5 – Attestation Statement

All the information contained in this application is true and correct. I understand that the MMRC requires a strong voluntary commitment, including in-person and/or virtual meetings, at least four times per year. I recognize that there may be a need for additional meetings or correspondence outside of the regularly occurring meetings to assure MMRC business is timely. If selected and appointed, I will make every effort to be an active and engaged member of the MMRC and attend all scheduled committee meetings.

_____ _____

Signature (only a wet or e-signature is acceptable) Date

Please submit this application and your resume/CV via email or mail:

Email: Vernesia.Wilson@msdh.ms.gov

Mail: Mississippi State Department of Health
Attn: Office of Women's Health/MIHB
570 Woodrow Wilson
Jackson, MS 39215

Should you have questions about the application or the MMRC, please direct them to Dr. Vernesia Wilson, MIHB Director at Vernesia.Wilson@msdh.ms.gov