

New Mexico Maternal Mortality Review Committee Application

The New Mexico Maternal Mortality Review Committee (MMRC) of the NM Department of Health (NM DOH) is announcing the opportunity to apply for a 3-year membership term on the committee. Individuals with a strong interest and diverse backgrounds in maternal health and patient safety are needed. Persons with lived experience as members of communities disproportionately impacted by maternal mortality are strongly encouraged to apply.

The NM MMRC reviews all pregnancy-associated deaths that occur among NM residents. This is defined as any death that occurs during pregnancy, or within one year of the end of a pregnancy, regardless of the cause. MMRC members review individual cases and overall data on maternal mortality, identify trends and patterns, and provide recommendations to the state, community partners, and healthcare providers to prevent future deaths.

The MMRC seeks members with diverse perspectives on maternal health in New Mexico to ensure that communities, government officials, healthcare professionals, advocates, and birthing people work together to prevent this tragic loss of life.

MMRC Membership Understandings and Expectations

- MMRC membership is voluntary, but reimbursement is available to members who require compensation for time spent in committee meetings. (It is not available to those whose employers provide compensation for their participation.)
- Members attend four to six case review meetings per year, most of which are held virtually but may include one or two in-person meetings. (Per diem and mileage are available to all committee members who must travel beyond a certain number of miles to attend an in-person meeting.)
- Members must commit to attending at least 75% of MMRC meetings, participate in trainings and case reviews, and respond to all MMRC communications.
- Members must read case summaries ahead of each meeting and spend some time considering potential recommendations ahead of each case review meeting.
- Members must sign a confidentiality statement.
- Members are appointed to serve a three-year term, with no consecutive terms.
- A Member of the MMRC may withdraw from the committee at any time and for any reason.

If you or a member of your community or networks would be a good fit for the MMRC, we strongly encourage you to apply or to encourage them to apply. Priority MMRC member recruitment also includes:

1. LGBTQIA community members
2. Individuals with disabilities and/or disability service / advocacy experience
3. Community members with a direct relationship to someone who has experienced maternal death, a significant pregnancy complication, or who almost died during pregnancy or postpartum
4. Traditional healers and healing practitioners
5. People living in rural communities and regions outside of central New Mexico
6. Substance use and mental health professionals
7. Physicians and practitioners with expertise in maternal health and/or emergency medicine
8. Members of immigrant and refugee communities and immigrant and refugee-serving organizations
9. Community health workers, community health representatives (CHRs), doulas, and promotoras de salud
10. Community midwives

11. Injury and violence prevention specialists
12. Law enforcement

How to Apply and Next Steps:

The application process is easy. Just complete this form.

After you submit your application, you may be contacted for additional information. All applications will be considered, and you will be notified of the status of your application. Applications will be kept on file for up to one year.

Thank you for your interest and for your commitment to improving outcomes for New Mexico families and birthing people, and for being willing to serve on a diverse MMRC that values community input and participation.

If you think you might be interested, need assistance with the application, or wish to get more information, please contact: Stephanie Salazar, MMRC Coordinator: stephaniea.salazar@doh.nm.gov

Preferred Mailing Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Current Job Title or Experience

Personal Information Full Name

Pronouns (she/her, he/him, they/them, etc.)

Please enter your phone (xxx) xxx-xxxx

[Please enter your email \(example@example.com\)](#)

Please mark what priority group(s) you may identify with, if any:

- Black and/or Indigenous identity LGBTQIA community members
- Individuals with disabilities and/or disability service / advocacy experience
- Community members with a direct relationship to someone who has experienced maternal death, a significant pregnancy complication, or who almost died during pregnancy or postpartum
- Traditional healers and healing practitioners
- People living in rural communities and regions outside of central New Mexico
- Community members/providers/professionals with experience in substance use, family violence, injury prevention, mental illness, social justice advocacy, and gender-specific and/or lived maternal health experience
- People receiving or providing care within tribal clinics and IHS
- Members of immigrant and refugee communities and immigrant and refugee-serving organizations
- Community health workers, community health representatives (CHRs), doulas, and promotoras de salud
- Expertise in substance use disorders
- Expertise in mental health
- Physicians and practitioners with expertise in maternal health and/or emergency medicine
- Community midwives
- Injury and violence prevention specialists
- Law enforcement
- Other (please input response on following question) None of the above

If you selected 'Other' in the previous question, please explain:

Please tell us about your background and why you are interested in the committee. (Please include any relevant agencies or organizations you are affiliated with.)

Please briefly describe any lived experiences, or identities (ethnic/cultural/geographic) that would inform your participation as a member of the **MMRC**.

Please share your personal/professional understanding of the issues that impact maternal health and death (maternal mortality) in New Mexico.

Please share what you hope to learn from and contribute to the MMRC.

The work of reviewing maternal deaths can be stressful and emotionally difficult. Please indicate what type of skills or emotional support you anticipate needing (if any) to do this work.

Are you available to participate in at least 75% of annual virtual and/or in-person meetings for 3 years and respond to communications from MMRC staff?

Yes

No

Not sure

Please indicate if your job will reimburse you for your time while participating on the MMRC, or if you will need compensation to participate. (Stipends are available, and the need for support is not considered in the application process.)

My job will pay me during the hours I spend in meetings with the MMRC.

I will need a stipend to take time away from work to serve on the MMRC.

I'm not sure yet.

Anything else you would like us to know? (Optional)

If you have a resume or any other document describing your experience that you would like to share, feel free to upload it here (not required):

Signature