

REVIEW DATE

Month	Day	Year

RECORD ID #

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	
CONTRIBUTING	
UNDERLYING	
OTHER SIGNIFICANT	

PREGNANCY-RELATEDNESS: SELECT ONE

- PREGNANCY-RELATED**
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
- PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy
- PREGNANCY-ASSOCIATED BUT UNABLE TO DETERMINE PREGNANCY-RELATEDNESS**
- NOT PREGNANCY-RELATED OR -ASSOCIATED**
(i.e. false positive, woman was not pregnant within one year of her death)

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH
 Refer to page 3 for PMSS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

ESTIMATE THE DEGREE OF RELEVANT INFORMATION (RECORDS) AVAILABLE FOR THIS CASE:

- | | |
|--|---|
| <input type="checkbox"/> COMPLETE
All records necessary for adequate review of the case were available | <input type="checkbox"/> SOMEWHAT COMPLETE
Major gaps (i.e. information that would have been crucial to the review of the case) |
| <input type="checkbox"/> MOSTLY COMPLETE
Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case) | <input type="checkbox"/> NOT COMPLETE
Minimal records available for review (i.e. death certificate and no additional records) |
| | <input type="checkbox"/> N/A |

- | | | | | |
|--|------------------------------|-----------------------------------|-----------------------------|----------------------------------|
| DID OBESITY CONTRIBUTE TO THE DEATH? | <input type="checkbox"/> YES | <input type="checkbox"/> PROBABLY | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| DID MENTAL HEALTH CONDITIONS CONTRIBUTE TO THE DEATH? | <input type="checkbox"/> YES | <input type="checkbox"/> PROBABLY | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? | <input type="checkbox"/> YES | <input type="checkbox"/> PROBABLY | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| WAS THIS DEATH A SUICIDE ? | <input type="checkbox"/> YES | <input type="checkbox"/> PROBABLY | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| WAS THIS DEATH A HOMICIDE ? | <input type="checkbox"/> YES | <input type="checkbox"/> PROBABLY | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

IF HOMICIDE, SUICIDE, OR ACCIDENTAL DEATH, LIST THE MEANS OF FATAL INJURY

- | | | |
|--|---|---|
| <input type="checkbox"/> FIREARM | <input type="checkbox"/> FALL | <input type="checkbox"/> INTENTIONAL NEGLIGENCE |
| <input type="checkbox"/> SHARP INSTRUMENT | <input type="checkbox"/> PUNCHING/KICKING/BEATING | <input type="checkbox"/> OTHER, SPECIFY: |
| <input type="checkbox"/> BLUNT INSTRUMENT | <input type="checkbox"/> EXPLOSIVE | |
| <input type="checkbox"/> POISONING/OVERDOSE | <input type="checkbox"/> DROWNING | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> HANGING/STRANGULATION/SUFFOCATION | <input type="checkbox"/> FIRE OR BURNS | <input type="checkbox"/> NOT APPLICABLE |
| | <input type="checkbox"/> MOTOR VEHICLE | |

 DOES THE COMMITTEE AGREE WITH THE UNDERLYING CAUSE OF DEATH LISTED ON DEATH CERTIFICATE?
 YES
 NO

IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?

- | | | |
|--|---|---|
| <input type="checkbox"/> NO RELATIONSHIP | <input type="checkbox"/> OTHER ACQUAINTANCE | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> OTHER, SPECIFY: | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> EX-PARTNER | | |
| <input type="checkbox"/> OTHER RELATIVE | | |

COMMITTEE DETERMINATION OF PREVENTABILITY

A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors.

WAS THIS DEATH PREVENTABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHANCE TO ALTER OUTCOME?	<input type="checkbox"/> GOOD CHANCE	<input type="checkbox"/> SOME CHANCE
	<input type="checkbox"/> NO CHANCE	<input type="checkbox"/> UNABLE TO DETERMINE

CONTRIBUTING FACTORS WORKSHEET

What were the factors that contributed to this death? Multiple contributing factors may be present at each level.

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTOR (SEE BELOW) AND DESCRIPTION OF ISSUE
PATIENT/FAMILY	
PROVIDER	
FACILITY	
SYSTEM	
COMMUNITY	

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Delay • Adherence • Knowledge • Cultural/religious • Environmental • Violence • Mental health conditions • Substance use disorder - alcohol, illicit/prescription drugs | <ul style="list-style-type: none"> • Tobacco use • Chronic disease • Childhood abuse/trauma • Access/financial • Unstable housing • Social support/isolation • Equipment/technology • Policies/procedures • Communication | <ul style="list-style-type: none"> • Continuity of care/ care coordination • Clinical skill/ quality of care • Outreach • Law Enforcement • Referral • Assessment • Legal • Other |
|--|--|---|

RECOMMENDATIONS OF THE COMMITTEE

If there was at least some chance that the death could have been averted, what were the specific and feasible actions that, if implemented or altered, might have changed the course of events? [Who?] should [do what?] [when?]

RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SEE BELOW)	LEVEL OF IMPACT (SEE BELOW)

PREVENTION LEVEL

- **PRIMARY:** Prevents the contributing factor before it ever occurs
- **SECONDARY:** Reduces the impact of the contributing factor once it has occurred (i.e. treatment)
- **TERTIARY:** Reduces the impact or progression of what has become an ongoing contributing factor (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **SMALL:** Education/counseling (community- and/or provider-based health promotion and education activities)
- **MEDIUM:** Clinical intervention and coordination of care across continuum of well-woman visits (protocols, prescriptions)
- **LARGE:** Long-lasting protective intervention (improve readiness, recognition and response to obstetric emergencies/LARC)
- **EXTRA LARGE:** Change in context (promote environments that support healthy living/ensure available and accessible services)
- **GIANT:** Address social determinants of health (poverty, inequality, etc.)

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH* PMSS-MM

If more than one is selected, please list them in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

*PREGNANCY-RELATED DEATH: 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.

- | | | |
|---|---|--|
| <input type="checkbox"/> 10 Hemorrhage (excludes aneurysms or CVA) | <input type="checkbox"/> 83 Collagen vascular/autoimmune diseases | <input type="checkbox"/> 92.1 Epilepsy/seizure disorder |
| <input type="checkbox"/> 10.1 Hemorrhage – rupture/laceration/
intra-abdominal bleeding | <input type="checkbox"/> 83.1 Systemic lupus erythematosus (SLE) | <input type="checkbox"/> 92.9 Other neurologic diseases/NOS |
| <input type="checkbox"/> 10.2 Placental abruption | <input type="checkbox"/> 83.9 Other collagen vascular diseases/NOS | <input type="checkbox"/> 93 Renal disease |
| <input type="checkbox"/> 10.3 Placenta previa | <input type="checkbox"/> 85 Conditions unique to pregnancy (e.g.
gestational diabetes, hyperemesis, liver
disease of pregnancy) | <input type="checkbox"/> 93.1 Chronic renal failure/End-stage renal
disease (ESRD) |
| <input type="checkbox"/> 10.4 Ruptured ectopic pregnancy | <input type="checkbox"/> 88 Injury | <input type="checkbox"/> 93.9 Other renal disease/NOS |
| <input type="checkbox"/> 10.5 Hemorrhage - uterine atony/postpartum
hemorrhage | <input type="checkbox"/> 88.1 Intentional (homicide) | <input type="checkbox"/> 95 Cerebrovascular accident (hemorrhage/
thrombosis/aneurysm/ malformation)
not secondary to hypertensive disease |
| <input type="checkbox"/> 10.6 Placenta accreta/increta/percreta | <input type="checkbox"/> 88.2 Unintentional | <input type="checkbox"/> 96 Metabolic/endocrine |
| <input type="checkbox"/> 10.7 Hemorrhage due to retained placenta | <input type="checkbox"/> 88.9 Unknown/NOS | <input type="checkbox"/> 96.1 Obesity |
| <input type="checkbox"/> 10.8 Hemorrhage due to primary DIC | <input type="checkbox"/> 89 Cancer | <input type="checkbox"/> 96.2 Diabetes mellitus |
| <input type="checkbox"/> 10.9 Other hemorrhage/NOS | <input type="checkbox"/> 89.1 Gestational trophoblastic disease (GTD) | <input type="checkbox"/> 96.9 Other metabolic/endocrine disorders |
| <input type="checkbox"/> 20 Infection | <input type="checkbox"/> 89.3 Malignant melanoma | <input type="checkbox"/> 97 Gastrointestinal disorders |
| <input type="checkbox"/> 20.1 Postpartum genital tract (e.g. of the uterus/
pelvis/perineum/necrotizing fasciitis) | <input type="checkbox"/> 89.9 Other malignancies/NOS | <input type="checkbox"/> 97.1 Crohn's disease/ulcerative colitis |
| <input type="checkbox"/> 20.2 Sepsis/septic shock | <input type="checkbox"/> 90 Cardiovascular conditions | <input type="checkbox"/> 97.2 Liver disease/failure/transplant |
| <input type="checkbox"/> 20.4 Chorioamnionitis/antepartum infection | <input type="checkbox"/> 90.1 Coronary artery disease/myocardial
infarction (MI)/atherosclerotic
cardiovascular disease | <input type="checkbox"/> 97.9 Other gastrointestinal diseases/NOS |
| <input type="checkbox"/> 20.5 Non-pelvic infections (e.g. pneumonia, TB,
meningitis, HIV) | <input type="checkbox"/> 90.2 Pulmonary hypertension | <input type="checkbox"/> 100 Mental health conditions |
| <input type="checkbox"/> 20.6 Urinary tract infection | <input type="checkbox"/> 90.3 Valvular heart disease congenital and
acquired | <input type="checkbox"/> 100.1 Depression |
| <input type="checkbox"/> 20.9 Other infections/NOS | <input type="checkbox"/> 90.4 Vascular aneurysm/dissection (non-cerebral) | <input type="checkbox"/> 100.9 Other psychiatric conditions/NOS |
| <input type="checkbox"/> 30 Embolism - thrombotic (non-cerebral) | <input type="checkbox"/> 90.5 Hypertensive cardiovascular disease | <input type="checkbox"/> 999 Unknown COD |
| <input type="checkbox"/> 30.9 Other embolism/NOS | <input type="checkbox"/> 90.6 Marfan Syndrome | |
| <input type="checkbox"/> 31 Embolism - amniotic fluid | <input type="checkbox"/> 90.7 Conduction defects/arrhythmias | |
| <input type="checkbox"/> 40 Preeclampsia | <input type="checkbox"/> 90.8 Vascular malformations outside head and
coronary arteries | |
| <input type="checkbox"/> 50 Eclampsia | <input type="checkbox"/> 90.9 Other cardiovascular disease, including CHF,
cardiomegaly, cardiac hypertrophy, cardiac
fibrosis, non-acute myocarditis/NOS | |
| <input type="checkbox"/> 60 Chronic hypertension with superimposed
preeclampsia | <input type="checkbox"/> 91 Pulmonary conditions (excludes ARDS-Adult
respiratory distress syndrome) | |
| <input type="checkbox"/> 70 Anesthesia complications | <input type="checkbox"/> 91.1 Chronic lung disease | |
| <input type="checkbox"/> 80 Cardiomyopathy | <input type="checkbox"/> 91.2 Cystic fibrosis | |
| <input type="checkbox"/> 80.1 Postpartum/peripartum cardiomyopathy | <input type="checkbox"/> 91.3 Asthma | |
| <input type="checkbox"/> 80.2 Hypertrophic cardiomyopathy | <input type="checkbox"/> 91.9 Other pulmonary disease/NOS | |
| <input type="checkbox"/> 80.9 Other cardiomyopathy/NOS | <input type="checkbox"/> 92 Neurologic/neurovascular conditions
(excluding CVAs) | |
| <input type="checkbox"/> 82 Hematologic | | |
| <input type="checkbox"/> 82.1 Sickle cell anemia | | |
| <input type="checkbox"/> 82.9 Other hematologic conditions including
thrombophilias/TTP/HUS/NOS | | |

CONTRIBUTING FACTOR DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The provider or patient was delayed in referring or accessing care, treatment, or follow-up care/action.

ADHERENCE TO MEDICAL RECOMMENDATIONS

The provider or patient did not follow protocol or failed to comply with standard procedures (i.e. non adherence to prescribed medications).

KNOWLEDGE - LACK OF KNOWLEDGE REGARDING IMPORTANCE OF EVENT OR OF TREATMENT OR FOLLOW-UP

The provider or patient did not receive adequate education or lacked knowledge or understanding regarding the significance of a health event (e.g. shortness of breath as a trigger to seek immediate care) or lacked understanding about the need for treatment/follow-up after evaluation for a health event (e.g. needed to keep appointment for psychiatric referral after an ED visit for exacerbation of depression).

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS

Demonstration that any of these factors was either a barrier to care due to lack of understanding or led to refusal of therapy due to beliefs (or belief systems).

ENVIRONMENTAL FACTORS

Factors related to weather or social environment.

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse perpetrated by current or former intimate partner, family member, or stranger.

MENTAL HEALTH CONDITIONS

The patient carried a diagnosis of a psychiatric disorder. This includes postpartum depression.

SUBSTANCE USE DISORDER – ALCOHOL, ILLICIT/ PRESCRIPTION DRUGS

Substance use disorder is characterized by recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems or disability. The committee may determine that substance use disorder contributed to the death when the disorder directly compromised a woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or woman was more vulnerable to infections or medical conditions).

TOBACCO USE

The patient's use of tobacco directly compromised the patient's health status (e.g. long-term smoking led to underlying chronic lung disease).

CHRONIC DISEASE

Occurrence of one or more significant pre-existing medical conditions (e.g. obesity, cardiovascular disease, or diabetes).

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced rape, molestation, or one or more of the following: sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

LACK OF ACCESS/FINANCIAL RESOURCES

System issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, impacted woman's ability to care for herself (e.g. did not seek services because unable to miss work or afford postpartum visits after insurance expired). Other barriers to accessing care: insurance non-eligibility, provider shortage in woman's geographical area, and lack of public transportation.

UNSTABLE HOUSING

Woman lived "on the street," in a homeless shelter, or in transitional or temporary circumstances with family or friends.

SOCIAL SUPPORT/ISOLATION - LACK OF FAMILY/ FRIEND OR SUPPORT SYSTEM

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional.

INADEQUATE OR UNAVAILABLE EQUIPMENT/ TECHNOLOGY

Equipment was missing, unavailable, or not functional, (e.g. absence of blood tubing connector).

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman's needs (e.g. response to high blood pressure, or a lack of or outdated policy or protocol).

POOR COMMUNICATION/LACK OF CASE COORDINATION OR MANAGEMENT/ LACK OF CONTINUITY OF CARE (SYSTEM PERSPECTIVE)

Care was fragmented (i.e. uncoordinated or not comprehensive) among or between healthcare facilities or units, (e.g. records not available between inpatient and outpatient or among units within the hospital, such as Emergency Department and Labor and Delivery).

LACK OF CONTINUITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Care providers did not have access to woman's complete records or did not communicate woman's status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CLINICAL SKILL/QUALITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Personnel were not appropriately skilled for the situation or did not exercise clinical judgment consistent with current standards of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other outside agencies/organizations in the geographic/cultural area that work with maternal child health issues.

INADEQUATE LAW ENFORCEMENT RESPONSE

Law enforcement response was not in a timely manner or was not appropriate or thorough in scope.

LACK OF REFERRAL OR CONSULTATION

Specialists were not consulted or did not provide care; referrals to specialists were not made.

FAILURE TO SCREEN/INADEQUATE ASSESSMENT OF RISK

Factors placing the woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

LEGAL

Legal considerations that impacted outcome.

OTHER

Contributing factor not otherwise mentioned. Please provide description.