

PREGNANCY ASSOCIATED MORTALITY REVIEW

CASE

Pregnancy Related, Possibly Related, Not Related

Interval between Date of Delivery and Date of Death:

PAMR Selection: ICD 10, Pregnancy Check Box, Birth/Fetal Death certificate, Healthy Start Screen

INFORMATION FROM DEATH CERTIFICATE: (from death certificate only)

Demographics: (age, place of birth, race/ethnicity, marriage status, level education)

Causes of Death:

Immediate:

Underlying:

Pregnancy Box Checked:

- At time of death
- Not pregnant at time of death but pregnant within 1-42 days of death
- Not pregnant at time of death but pregnant within 43 days-1 year before death

Autopsy:

Autopsy findings available to complete cause of death:

Reported to Medical Examiner:

ICD 10:

COMMUNITY INFORMATION:

Community: Urban, Rural/Urban, Rural

Estimated Distance home to Nearest Level III NICU Delivering Facility: ____ miles

Estimated distance home to Nearest Level I Trauma Center: _____ miles

Case Summary Synopsis: (From abstracted records)

She was (age, place of birth, race/ethnicity, marriage status, level education, occupation), gravida ____ para ____ (*list all not including most recent pregnancy*), who died with cause of death ____, ____ days /months, before, during or after delivery. Medical history was significant for _____. Prepregnancy BMI was _____. Life course issues significant for _____. Entry into prenatal care was at ____ weeks with # ____ visits at a ____ with a _____. Prenatal history was significant for _____. Referrals during prenatal period were to _____. History prior to delivery included _____. She presented to _____ at ____ weeks. Delivery was by a _____, method was _____, with _____ anesthesia. Obstetric complications included _____. Fetus/ infant was ____ weeks gestation and weighed ____ pound/ounces, Apgars _____ and complications were _____. Postpartum period significant for developing _____. Mother and infant were/ were not discharged. At weeks postpartum she presented to _____. Postpartum care significant for _____. Autopsy was ____ done by a _____. Significant findings included _____.

1. MEDICAL HISTORY**General History:** 11 a-ee

Acute History/ Chronic Illness:

Family history significant/insignificant for: _____

Healthy Start: 56 (#21)**Immunization History:** 12 a-d**Sexual History:** 13 a-d**Obstetrical History:****Contraceptive:** 14 a, f

Breast feeding in last 24 months: 14 b

Births over 9 pounds: 14 c**Menstrual Cycle:** 14d**Previous Pregnancy Problems:** 14 e**Healthy Start:** Pre:16**Reason for initial appointment:** 16**Current Medications:** 17 a-d**Prior Hospitalization:** 18**HIV:** 23 a, e

2. PRENATAL CARE RECORD Mark one: **Complete** (= *full* record seen at OB office/clinic) **Partial**(= *only a portion* of record visualized)

Provider: 25**Prenatal Care:** 27**First Visit:** 28 date/ ____ weeks**Last Visit:** 29 date/ ____ weeks**Location:** 30a**Referred for Specialist Care/Type of Specialist/Date and Reason for Referral:** 30b**Number of Prenatal Visits:** 31a**Pregnancy Planned?** 31b Intended, Unintended, or No Source Data**Last Menstrual Period:** 32**EDD by Dates:** 33**EDD by Sonogram:** 34 Done at _____ weeks**Gravida:** 35 ____ **Para:** 36 ____**Maternal or Infant Genetic Problems:** 37, 38**Previous Pregnancy History:** (Do NOT include pregnancy closest to mother's death.)39 a. Year ____ b. Outcome ____ c. Birthweight ____ d. Current Status ____
e/f. Maternal Complications ____40 a. Year ____ b. Outcome ____ c. Birthweight ____ d. Current Status ____
e/f. Maternal Complications ____41 a. Year ____ b. Outcome ____ c. Birthweight ____ d. Current Status ____
e/f. Maternal Complications ____42 a. Year ____ b. Outcome ____ c. Birthweight ____ d. Current Status ____
e/f. Maternal Complications ____**Healthy Start:** 56 (#15,16)

Thrombosis /DVT Risk/Treatment: 114 e
 Ectopic Tubal Risk Screening: 114 f
 Hemorrhage Risk Screening: 114 g
 Stroke Risk screening: 114 h
 Other: 114 i

Significant Medical Issues During Labor and Delivery: 114 a
IUPC: 114 b
Obstetrical Problems: 115
Labs/Procedures: 116a

Date/time				

Presentation: 117a
Type of Delivery: 117c
Reason for C-Section: 118
Delivery Date/Time: 117c
Anesthesia: 119
Medications: 120 a (Include date/time started and amount for blood products, magnesium sulfate, and antibiotics)
Status of Baby: 120 b
 Fetal Demise or Live Birth:
 Weight: Length: Head:
Gestational Age 120 c
 Infant Apgars: 120 d
 Resuscitation Efforts: 120 e.
 Transferred: 120 f
 Contact with Mother: 120 g
Expiration during L&D: 122 a
Other comments regarding delivery: 122 d
Documentation active management 3rd Stage Labor: 122 d

<p>4. MEDICAL PROBLEMS POSTPARTUM (PRIOR TO HOSPITAL DISCHARGE)</p>

Postpartum Vital Signs: 123a
 1 Hour:
 2 hour:
 3 Hour:

4 Hour:

Day 1:

Day 2:

Day 3:

Medications: 120 (Include date/time started and amount for blood products, magnesium sulfate, and antibiotics)

Postpartum Complications/Treatments: 124a

Quantification of Blood Loss: 124 b.

Documentation of Notification Response/Treatments: 124 c.

DVT/Thrombosis Prevention: 124 d

Ectopic Tubal Treatment: 124 e

Influenza Treatment: 124 f

Other: 124 g

Labs/Procedures: 123 c

Date/time				

Tests/Procedures: 123 d

Placenta Report: 123 e

Discharged: 127a,b,c, d,e

Discharge Vital Signs: 123b

Discharge Follow-up: 127 g,h,i or

Summarization of Events Prior to Discharge/Demise: 127f

5. POSTPARTUM (AFTER DISCHARGE)
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Postpartum Care: (Duplicate as needed)

Date/Time: 147

Place: 148

Provider: 149

Reason for Visit: 151

Condition: 152 a

Procedures/Labs/Medications: 155

Follow-up: 157

Comments: 158b

Outpatient Visits:(Duplicate this section as needed in Prenatal or Postpartum Sections)

Date/Time: 159

Place: 160

Reason for Visit: 163

Condition: 164 a
Procedures/Labs/Medications: 167
Follow-up: 169
Comments: 171

HOSPITALIZATION # _____

(May have multiple entries. Insert the data for each hospitalization into this document in chronological order, and designate as #1, #2, #3 etc.)

Level of Hospital: 62
Date/Time of Admission: 63, 64
Admitting Diagnosis/History of Illness: 65a
 Days/months postpartum: 65b:
 Admission Vital Signs: 65 c
Medical Risk Screenings: 65 d
 Influenza Screening:
 Thrombosis /DVT Risk/Treatment:
 Ectopic Tubal Risk Screening:
 Hemorrhage Risk Screening:
 Other:
History of Illness: 66 a-d
Final Disposition: 68
Physical Exam on Admission: 70 a-w
Pregnancy Status: 71, 72, 73, 74,
Pregnancy evaluation: 75 a
ER Events: 75 b.
Labs: 76 a-f

Date/time				

Tests: 76 a-f
Medications: 77
Providers: 78
Consultants: 79 a
Procedures: 79 b
Complications/Treatments: 79c
Quantification of Blood Loss: 79 d..
Changes in Vital signs/BP/Sat/Pain/UOP/LOC: 79e

Documentation of Notification Response/Treatments: 79 f.

DVT/Thrombosis Prevention: 82 a

Ectopic Tubal Treatment: 82 b

Influenza Treatment: 82 c

Other: 82 d

Discharge Planning: 87a,f,g, h or

Events Surrounding Demise/Discharge: 87b

TRANSPORT (CUT AND PASTE TO APPROPRIATE AREA)
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Date/Time: 89a

Reason for Transport: 89 b

Maternal Condition: 90 a-c

Fetal/Neonatal Condition: 91, 92

Transport Manager: 93

Transport Vehicle: 94

Timing: 95a-f

- a. Call received:
- b. Depart for referring facility/home:
- c. Arrive at referring facility/home:
- d. Patient contact:
- e. Depart for referring facility:
- f. Arrive at receiving facility:

Place: 96

Procedures before Transport: 97

Procedures during Transport: 98

Vital Signs: 99

Comments:

TERMINAL EVENT

Date/Time of Death: 128 a,b

When mother died: Prenatal/L&D/Postpartum prior to discharge/Postpartum after discharge 129, 137 b

Age: 130

Place of Death: 131

Weight: 132 **Height:** 133 a **BMI =** 133 a

Resuscitation: 134

Law Enforcement: 135

Certifier of Death: 136

Medical Provider 24 hours before Death: 137

Place of Transport: 138

Medical Examiner/Pathologist Investigative Information regarding Terminal Event: 139

Autopsy Offered: 140 a **Performed by:** 140 b

Autopsy findings available to complete cause of death: 140 c

Reported to Medical Examiner: 140 d
Medical Examiner Case: 141
Autopsy Findings: 142 a (*include microscopic*)
Toxicology: 142 b
Cause of Death:
 Medical Record: 143 a
 Autopsy record: 143 b
Manner of Death: 144a
Pregnancy Box Checked: 144b
Other Notes: 146

6. NUTRITION ISSUES

Medical History: Prepregnancy Weight: 15 aa
 Recent Weight Change: 15 ab
 Description weight: 15 ac
 Height: 15b
 BMI: 15 c
Prenatal: Prepregnancy Weight: 49a Height: 49b BMI: 49c
 Weight Gain: 50
 Nutritional Factors: 51
Healthy Start: 18
Labor and Delivery: Weight: 106c Height: 106d BMI: 106e
 Nutritional Factors: 125a,b,c,d,e,f
Postpartum Visit: Weight: 152 b, 152 c, 152 d
 Nutritional Issues Identified: 152 e
Outpatient Visits: Weight/Height: 164 b BMI = 164 b
 Nutritional Issues Identified: 164 c
Hospitalization: Weight: 81a height: 81 b BMI = 81 c
 Nutritional Issues/Assessment: 83, 84, 85, 86
Autopsy: weight: 132 height: 133a BMI = 133 b.

7. PRENATAL CARE

Prenatal Care: 27
First Visit: 28(date)/____ weeks
Healthy Start: 56 (15, 16, 19, 20)
Last Visit: 29(date)/____ weeks
Location: 30a
Specialist: 30b
Number of Prenatal Visits: 31a

8. SUBSTANCE USE

Medical History: 19, 20, 21, 22
Prenatal: 47c, 56
Healthy Start: 56 (12,13)

L & D: 126d
Postpartum: 153
Hospitalization: 80c
Outpatient: 165
Terminal event:
Autopsy: Toxicology results: 142 b

9. PRENATAL RISK ASSESSMENT

Prenatal: 54 a, b, c
Healthy Start Score/ Date screened: 55 a
Referred to Healthy Start: 55 f
Services received: 55 g
Not referred or patient declined: 55 e, f

10. SOCIAL SUPPORT

Demographics: (from death certificate)
Medical History: 24e
Prenatal: 47c,
Healthy Start: 56 (3, 4, 7)
Hospitalization: 80c
L & D: 126d
Postpartum: 153
Outpatient: 165
Transport: 100a, c
Terminal Event: 145 d

11. HOUSING

Medical History: 24e
Prenatal: 47c,
Hospitalization: 80c
L & D: 126 , 126 d
Postpartum: 153
Outpatient: 165
Transport: 100c
Terminal Event: 145 d

12. MENTAL HEALTH

Medical History: 24e
Prenatal: 47c,
Healthy Start: 56 (6,8)
Hospitalization: 80c
L & D: 126d
Outpatient: 165
Postpartum: 153

Transport: 100c
Terminal Event: 145 d

13. FAMILY VIOLENCE OR NEGLECT

Medical History: 24e
Prenatal: 47c, 56
Healthy Start: 56 (9)
Hospitalization: 80c
L & D: 126d
Outpatient: 165
Postpartum: 153
Transport: 100c
Terminal Event: 145 d

14. SOCIAL ISSUES

Life Course Issues:

Poverty:

Medical History: 24e
Prenatal: 47c,
Healthy Start: 56 (4, 10)
Hospitalization: 80c
L & D: 126d
Postpartum: 153
Outpatient: 165
Transport: 100c
Terminal Event: 145 d

Payer Source:

Prenatal: 26
L & D: 103
Hospitalization: 69
Outpatient: 162
Postpartum: 150
Terminal Event:

Communication/Belief Issues:

Medical History: 24e
Prenatal: 47c
L & D: 126 d
Hospitalization: 80c
Outpatient: 165
Postpartum: 153
Transport: 100c
Terminal Event: 145 d

Transportation:

Medical History: 24e

Prenatal: 47c
L & D: 104, 126d
Hospitalization: 67, 80c
Postpartum: 153
Outpatient: 165
Transport: 89b
Terminal Event: 145 d

15. ENVIRONMENTAL OR OCCUPATIONAL HAZARDS

Demographics: 5
Medical History: 24e
Prenatal: 47c, 56
L&D: 126d
Hospitalization: 80c
Outpatient: 165
Postpartum: 153
Terminal Event: 145 d

16. FAMILY PLANNING

Medical History: 14a, f
Prenatal: 61
Healthy Start: 56 (5, 14)
L&D: 127j
Hospitalization: 88
Postpartum: 156
Outpatient: 168

17. PROVISION OF SERVICES

Referrals:

Medical History: 24 a-d, 24 e
Prenatal: 47 a-b
 52, 53
Healthy Start: 55 e,f
L&D Referrals: 127j
Hospitalization Referrals: 87 d, 88a
RIPICC Transport: 101
Referrals for Remaining Children: 87c, 122b, 145c
Postpartum: 158 a
Outpatient: 170

Education:

HIV: Medical History 23a, c, d 43a
Prenatal: 57
L & D Discharge: 127k l
Hospitalization: 88 b

Outpatient: 166
Postpartum: 154
Bereavement/Grief Support
L & D Bereavement: 122c
Hospital Documentation of Grief Support: 87d
Transport Documentation of Grief Support: 100b
Terminal Event Documentation of Grief Support: 145a,b

18. MISCELLANEOUS INFORMATION

Records Abstracted: (Same information as checked on Data Sources Attachment and Abstracted Data sheet)

<input type="checkbox"/> Prenatal Care-Complete	<input type="checkbox"/> Other Hospitalization	<input type="checkbox"/> Toxicology Report
<input type="checkbox"/> Prenatal Care-Partial	<input type="checkbox"/> Terminal Event	<input type="checkbox"/> Pathology Report
<input type="checkbox"/> Healthy Start Care Coord	<input type="checkbox"/> Autopsy Report	<input type="checkbox"/> Social Services
<input type="checkbox"/> Labor and Delivery	<input type="checkbox"/> Transport Record	<input type="checkbox"/> Other:
<input type="checkbox"/> Postpartum	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other:
<input type="checkbox"/> Outpatient Record	<input type="checkbox"/> ME/Pathologist Report	<input type="checkbox"/> Other:

Records Unable to Be Accessed:
Documentation Discrepancies:
Missing Records/Lapses in Care:
Other: