

# INFORMANT INTERVIEW GUIDE FOR MATERNAL MORTALITY REVIEW COMMITTEES



Enhancing Reviews and Surveillance  
to Eliminate Maternal Mortality



MATERNAL MORTALITY REVIEW  
INFORMATION APP

# INFORMANT INTERVIEW GUIDE FOR MATERNAL MORTALITY REVIEW COMMITTEES

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## Introduction

Maternal deaths are shattering events that affect families and friends of the deceased woman, the healthcare team who cared for her, and the wider community in which she lived and worked. A maternal death may co-occur with a fetal death, adding additional loss, or her surviving family may be left to raise a newborn and other children without their mother, altering the family dynamics forever. When a maternal death occurs, family, friends, and healthcare professionals are left to sort out their understanding of events and emotions. They may question what could have prevented such a tragic outcome, struggle with guilt that they might have done something to save her, and/or feel anger upon realizing the death was preventable. Public health surveillance of maternal deaths through maternal mortality review committees (MMRCs) offers opportunities to explore and address these tragic events.<sup>1</sup>

The goals of MMRCs are to identify the contributing factors to maternal deaths and implement recommendations to help prevent future deaths.<sup>2</sup> Historically, MMRCs have relied on data sources derived from administrative, medical and coroner, or law enforcement records. Typically, nurse abstractors employed by the MMRC review the records and synthesize their findings into a narrative, which Committee members then review to identify contributing factors, determine preventability, and formulate recommendations to prevent future deaths.<sup>3</sup>

MMRCs work to identify contributing factors at multiple levels: patient, family, provider, facility, systems of care, and community from the available records. Some contributing factors are easily identified, such as *continuity of care/care coordination*, for example poor coordination between obstetric and mental health and addiction medicine providers, while others emerge after careful synthesis of the information and committee discussion, such as *substance use disorder/violence* where substance use is used as a tool for control in relationships. In any one death, contributing factors typically occur in combination and across levels (e.g. patient/family, provider, facility, system or community).<sup>4</sup> Most MMRCs do not have access to the perceptions, experiences, and accounts of

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families, health care professionals, and others who can add understanding regarding the circumstances of a maternal death. However, these data, when obtained through qualitative, participant-centered research methods, can provide multi-faceted perspectives on the woman's care experiences before and surrounding her death. These data can include what the woman knew and understood about her health, what those caring for her thought about her condition, and how these ideas informed their care plan. Informant interviews can provide rich contextual information to complement medical, first responder, and social service records, allowing MMRC members to comprehensively assess contributors to the death and make more effective recommendations for prevention.

In maternal death reviews, MMRC abstractors review medical, first responder, and social service records to formulate the narratives that inform Committee determinations of preventability, contributing factors, and recommendations for action. For example, medical records that contain providers' narrative notes of changing clinical status and reasoning underlying subsequent actions have been valuable sources of qualitative data for MMRCs. These data provide insight on how the provider viewed the signs and symptoms and how this informed the care plan. However, the widespread adoption of Electronic Medical Record (EMR) systems, with standardized drop-down boxes and abbreviated free text space, has greatly diminished the amount and quality of narrative notation, particularly nursing notes, in the medical record. As a result, EMRs are limited in their ability to produce medical records that present information MMRCs need to review the events, such as conversations, clinical or non-clinical decisions, and actions that preceded the woman's death. Hospital records, in particular, do not typically incorporate insights from family members and healthcare personnel not directly involved at the time of death, such as the prenatal care or mental health providers.<sup>5</sup>

With this informational gap in records, informant interviews are supplementary and effective methods for collecting information that provides greater context around the events leading to a maternal death. Interviewees who knew the decedent personally can provide insight into factors that

contributed to the death and the context of those factors in her life. In some death investigations, interviews are conducted by medical examiner, coroner, or law enforcement investigators, yet those interviews are designed to serve institutionally-specific purposes, such as obtaining sufficient data to determine cause and manner of death or whether a crime was committed. Such interviews are not typically focused on understanding the personal story of the woman or identifying multiple and complex contributors to her death. In most maternal death investigations, particularly those conducted by MMRCs, there may be access to prenatal care, mental health, first responder and social services records, but there is little to no data systematically gathered to reliably document the perceptions and accounts of the decedent's family and friends.

Utilizing informant interviews in conducting mortality reviews is not a new concept. Many countries have implemented various types of “social” or “verbal” autopsies to identify maternal deaths and their contributing factors.<sup>6</sup> In 2004, the World Health Organization published *Beyond the Numbers*, which discusses the benefits of utilizing information obtained from community and family interviews when conducting internal facility reviews using medical records.<sup>7</sup> For decades, the National Fetal and Infant Mortality Review Program in the U.S. has supported the use of family interviews to capture parents' perspectives following a fetal or infant death.<sup>8</sup> Currently the U.S. Department of Veterans Affairs conducts interviews of family members following a veteran's death due to suicide.<sup>9</sup> For each of these reviews, obtaining personal interviews has been beneficial in identifying gaps and understanding the contextual aspects and potentially contributing factors to each death.<sup>8,9</sup> Additionally, the Taxonomy of Error, Root Cause Analysis and Practice (TERCAP) Maternal Morbidity and Mortality Inquiry Tool was designed in 2015 by a group of expert nurses to capture the personal and professional perceptions of nurses following a maternal death or severe maternal morbidity in the hospital.<sup>10</sup>

## Process

Increasing numbers of MMRCs are realizing the value of informant interviews and some have already established legislative authority to conduct them.<sup>11,12,13,14,15,16,17</sup> The purpose of this protocol is to provide guidance for the development of an MMRC informant interview process. Every MMRC will need to evaluate the authority and directives under which they operate, and develop a data gathering process (methodology) that is appropriate for their state or locality, which may or may not require approval from an ethics review or Institutional Review Board (IRB).

The beginning step for the informant interview process is developing a formal plan to identify and interview informants about maternal deaths. It is important that the plan be documented in the committee's policies and procedures guide and communicated to all those involved in the MMRC process, including committee leadership, staff, and members. Components of the plan may include:

- 1. Purpose Statement:** The purpose of an informant interview is gaining insight into factors that the participant believes contributed to the death, and the context around those factors in the decedent's life. A well written purpose statement clearly delineates and includes details regarding how the information will be used, e.g., to inform review of a woman's death, and to identify opportunities for improving healthcare quality and systems of care. The MMRC should establish a standard procedure for explaining the interview's goals and how it fits into the MMRC process, with the informant receiving this information in both verbal and written formats.
- 2. Protection:** The MMRC needs to understand the statutes governing their process to ensure confidentiality and legal immunity to potential informants; as well as when confidentiality may be legally required to be broken, such as when domestic violence is reported. The MMRC should utilize a standard informed consent form (see Appendix B for an example) that outlines the purpose and protections of the interview and includes the texts of statutes which authorize

the process and provide protection from discovery. Strong confidentiality protections can facilitate participation and disclosure in interviews.

3. **Timing:** The timing for interviews is dependent upon when the MMRC identifies maternal deaths, obtains access to documents that identify next of kin or emergency contacts, establishes contact with a potential informant, and that person's availability and readiness to participate. Mandatory reporting of maternal deaths may foster more timely identification of, and contact with, potential informants. Interviews performed within six months after a death may provide the freshest recall, but research among bereaved family members indicates their openness to being contacted within weeks of the death, and that interviews are not necessarily experienced as distressing.<sup>18</sup> MMRCs need to be sensitive and flexible to the preferences of potential participants in terms of interview participation and timing.
4. **Personnel:** An effective interviewer possesses competencies in qualitative interviewing techniques, empathetic communication, and bereavement counseling. Additionally, effective interviewers have a thorough understanding of how the interview fits into the overall maternal mortality review process, and what information may and may not be shared with the informant. To maintain neutrality and avoid real or perceived conflicts of interest, interviewers should not have been directly involved in the care of the mother or baby.

To identify suitable interviewers, the MMRC may consider enlisting qualified staff, or those willing to supplement existing skills, such as Regional Perinatal Coordinators who are trained in outreach, communication, and education. Some Fetal and Infant Mortality Reviews have hired social workers, nurses, or other non-medical staff who are trained in family/peer counseling and outreach. Other candidates might include qualitative methods experts from local universities. The MMRC will arrange for initial and ongoing training of the interviewers regarding

confidentiality, communication techniques, and safety procedures if the interviews take place in private locations. It is also important for the MMRC to establish mechanisms for the interviewers to debrief about the interview process, including access to emotional support resources when needed. Each MMRC will need to examine their available resources when deciding how to select, train, compensate and support interviewers.

- **Cultural Sensitivity:** Interviewers need to be familiar with and knowledgeable about the cultural and ethnic background of potential informants; and demonstrate sensitivity to how culture may influence how an individual understands and responds to the maternal death, or the questions being asked. When language interpretation services are necessary, it is important that interpreters have a good understanding of both language and culture in the particular community context. **Note:** The influence of culture on expressions and reactions to grief varies. Key factors affecting grief reaction include nativity, age, family traditions, gender, education and income, prior experiences with death and loss, and the historical background of the cultural group. Lived experiences play an important role, particularly for people who have experienced stigma, bias, racism and other forms of discrimination from providers in the health care system and larger society.<sup>8</sup>
- **Bereavement Support and Social Service Referrals:** In addition to specialized training and expertise in qualitative interviewing techniques, effective interviewers have basic competencies in empathetic communication and bereavement counseling.<sup>2,8</sup> Depending on the reported needs of participants, interviewers need to be prepared to offer compassionate support or follow up resources. It is important for interviewers to have access to updated lists of specific community resources to refer participants, where applicable. For example, interviewers may share information with families about

available disease registries, such as the Amniotic Fluid Embolism Registry or the Preeclampsia Registry.<sup>19,20</sup> These referrals provide participants with specialized information, potential social support within a knowledgeable, experienced community, and an opportunity to contribute to ongoing research and clinical care.

5. **Techniques:** Detailed process steps for conducting informant interviews will be shaped by the MMRC's authorizing entity and available resources. The following are suggested strategies:

- **Identify Potential Participants:** Coroner reports, hospital records and other official sources may identify the decedent's next of kin or emergency contacts. MMRCs need to explore which data sources can provide this information and to develop a protocol to guide who is contacted for an interview.
- **Introduction Letter:** An introduction letter, sent to all potential participants, describes the purpose of the interview and how the participant was identified. This letter needs to be signed by an official MMRC representative and include a copy of the consent form. The consent form describes the rights and protections for the participant, and what information about the decedent can or cannot be shared with the participant during the interview. The MMRC representative can then follow-up via phone or other method to ensure the potential informant is aware of the request for their participation in an interview, to provide more detail about the purpose of the interview, and to obtain consent for participation in the informant interview. **Refer to Appendix A for Sample Introduction Letter.**
- **Consent Form:** This offers additional details about the purpose of the interview outlined in the introduction letter and includes information about the rights and protections for the participant and how the MMRC will incorporate interview data into the review process. The consent form needs to clearly state what information

interviewers may not disclose to participants about cause of death or other records being reviewed. Interviewers are prevented from disclosing protected records information to participants. The consent form needs to clearly describe the MMRCs' legislative authority and internal processes for ensuring confidentiality of the information gathered to the fullest extent of the law, and protection of the MMRC's discussions and findings from discovery or subpoena. The MMRC may have the consent form developed and/or approved by their authorizing entity (state health department legal team or IRB). A copy of the consent form needs to be provided to the participant for their records. **Refer to Appendix B for a Sample Consent Form.**

- **Process for Contact:** It is valuable for interviewers to receive basic information about the woman's death prior to contacting informants. The MMRC may provide interviewers with access to the death certificate, infant birth certificate if available, medical, first responder, and/or social service records, and other available information prior to initiating contact with informants. The MMRC can decide if initial contact with potential participants will be made in person, via telephone, or otherwise. A recommended approach is that the MMRC develop a sample script to guide the interviewer and provide a uniform approach to introducing the interview process. **Refer to Appendix C for a Sample Initial Contact Script.**
- **Interview Guide:** The MMRC needs to develop or adopt an interview guide based upon the information they seek to obtain. Rigidly structured guides offer consistency but may limit the quality and quantity of the participant's account. A semi-structured interview guide offers direction and consistency while still promoting open response. An unstructured interview guide allows for open and free responses but limits the

consistency or standardization of responses. Ideally, there is a balance in the use of open- and closed-ended questions.

The interview guide may begin with opening questions that ease the participant into the interview. Good opening questions are neutral and broad but related to the decedent and the purpose of the interview. Interview questions can address both medical and non-medical factors related to the death that may occurred before, during, or up to one year after pregnancy. Factors such as the decedent's physical and mental health, medical care, prescription drug use, and provider relationships can be discussed, as well as social factors including housing, personal finances, substance use, child welfare, sexual and intimate partner violence, or other traumatic experiences. By ending the interview guide with questions that allow the participant to reflect and/or offer additional information, and resources, it can help the interviewer or participant move through any emotional difficulties that arise during the interview and provide support after the interview. **Refer to Appendix D for a Sample Semi-Structured Interview Guide.**

- **Closure:** The interviewer needs to thank the participant for sharing their insights on the life and/or death of the woman. If relevant, acknowledge the strong emotions present during the interview (e.g., I know at times, talking about [first name of decedent] was difficult. If participant requested or might benefit from bereavement counseling or other resources, interviewer can offer to share a list of local resources. The MMRC may consider sending a formal letter of appreciation to the participant and include information about who to contact with any questions about the process.

## Appendix A: MMRC Sample Introduction Letter to Potential Informants

Dear [Potential Informant]:

We understand you and your family recently experienced a loss of a loved one from a maternal death. We wish to express our sincere condolences on your loss.

[Jurisdiction] is conducting a maternal mortality review process to help understand why maternal deaths happen and how to prevent them. You were identified through information we obtained from next of kin or emergency health contacts after the death of [decedent name]. Maternal mortality review processes are explained in detail here: [reviewtoaction.org/implement/process-review](https://reviewtoaction.org/implement/process-review).

As part of our review of [first name of decedent]'s death, we wish to interview family members and friends who can provide us with information we cannot otherwise get using [first name of decedent]'s official records, such as how she was feeling and her experiences with health care.

Please note, if you are involved in any legal action as a result of this death; we will not ask you to participate in an interview until all legal matters are resolved.

If there is no current legal action, and you voluntarily agree to participate, a trained interviewer will ask you questions about [decedent name], including questions about her health, family, and use of healthcare and social services. The interview will take place by phone, in your home, or in a quiet place that you choose where you are comfortable, and it can be scheduled at a time that is convenient for you. This interview may take about an hour to an hour and a half. With your permission, the interview will be audio-recorded so we can capture your full story. Your participation will help us understand why maternal deaths happen and how to prevent them. Many grieving family members find it helpful to talk about what happened with a trained, compassionate interviewer.

We have attached an informed consent form with more information about our process. We look forward to hearing from you about your willingness to participate in an interview about [decedent name]'s death. Please contact [MMRC representative or interviewer name] using the information listed below with any questions or to schedule an interview.

Again, we express our condolences on your loss.

Sincerely,

[Jurisdiction] MMRC

Name of MMRC representative or interviewer

Contact information for MMRC representative

## Appendix B: MMRC Sample Consent Form

### **Purpose of Interview**

[Jurisdiction] is reviewing pregnancy-associated deaths to help understand why maternal deaths happen and how to prevent them.

We wish to interview family members and friends who experienced a loss of a loved one from a maternal death. You were identified through information we got from next of kin or emergency health contacts after the death of [decedent name].

Please note, if you are taking legal action as a result of [decedent's name]'s death, we will not ask you to participate in an interview until all legal matters have settled.

If there is no current legal action, and you voluntarily agree to participate, a trained interviewer will ask you questions about [decedent name], including questions about her health, family, and use of health care and social services. The interview will take place by phone, in your home, or in a quiet place that you choose where you are comfortable, and it can be scheduled at a time that is convenient for you. This interview may take about an hour to an hour and a half. With your permission, the interview will be audio-recorded so we can capture your full story. Your participation will help us understand why maternal deaths happen and how to prevent them.

### **Description of Potential Risk**

Talking about the death of your loved one is difficult and may bring up strong emotions for you. The interviewer is not a professional counselor, but if you wish, she or he can provide you with names of professional counselors who can help you cope with your feelings about your loss.

You may stop the interview at any time, if you do not want to continue. Your participation is voluntary. There is no cost for being interviewed, other than your time and effort.

### **Description of Potential Benefits**

There may not be any benefits for participating in the interview because the interview may be emotional. However, participation in the interview may be a positive experience for you. You may find that talking about the death of your loved one can help with your grief. The interviewer can provide you or your family with information on available services to help you. The information you provide during this interview may result in recommendations to prevent other maternal deaths.

### **Alternative Procedures**

You can choose to participate or not participate. You do not have to be interviewed.

### **Confidentiality of Records**

We will not let anyone know your name or what you told us. All information that identifies you, the family or the health providers will be kept confidential outside the review process staff and consultants. All of [Jurisdiction] maternal mortality review process staff and consultants have signed oaths of confidentiality. All records, including audio-recordings will be kept in a secure, locked location. Confidentiality and anonymity will be protected to the full extent permitted by law. The interviewer may not disclose protected records information to you, such as medical history and medical test results.

**Mandated Reporters**

Please note that any danger to children or adults that is discovered must be disclosed to authorities to prevent future harm.

**Compensation**

You will not be paid or otherwise compensated for participating in the interview.

**Voluntary Participation**

Your participation in this process is completely voluntary. You do not have to be interviewed. You do not have to answer any question you do not wish to answer. You are also free to end the interview at any time.

**Questions**

If you have questions about the interview or [Jurisdiction] process of reviewing pregnancy-associated deaths, you may call [social worker, nurse abstractor or staff member name] at (---) --- - ----.

**Consent**

The purpose of the interview was fully explained to me.

I voluntarily agree to participate in the interview as part of [Jurisdiction]'s maternal mortality review process. I agree to the interview being audio-recorded. I understand that all information obtained from the interview will be strictly confidential to the fullest extent allowable by law and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

[If by phone, obtain audio-recorded verbal consent from participant]

[If in-person, obtain physical signature from participant]

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix C: MMRC Sample Initial Contact Script for Informant Interviews

Hello, my name is \_\_\_\_\_ and I am a [title such as nurse or social worker] from the [organization/program] that is reviewing [first name of decedent]'s death. I am very sorry for your loss.

[Pause and provide empathetic acknowledgement, then move into the reason for the call.]

We are following up to see if you received the letter we sent.

### IF THEY DID NOT RECEIVE LETTER, PROVIDE KEY POINTS:

I apologize that you did not receive the letter we sent, but I can tell you why we want to talk you about [first name of decedent]'s death.

- As part of our review of [first name of decedent]'s death, it would help us understand what happened to her by talking with a family member or close friend.
- The purpose of this interview and our overall review process is to better understand the events leading to [first name of decedent]'s death. We hope that by listening to you, we can learn how to prevent this from happening to other women and their families.
- Everything we talk about in this interview will be kept confidential and your participation is voluntary. This interview will probably take no longer than [provide a time estimate-1 to 1 1/2 hours, is reasonable], but we will talk for as long as you are comfortable.

Are you willing to talk with us about [first name of decedent]'s death?

### IF THEY DID RECEIVE LETTER, PROVIDE KEY POINTS:

As part of our review of [first name of decedent]'s death, it would help us understand what happened to her by talking with a family member or close friend. Are you willing to talk with us about [first name of decedent]'s death?

### IF INFORMANT IS NOT WILLING OR EXPRESSES UNCERTAINTY

[Ask about their concerns, what additional information they need, and if they are not willing, ask:]

Might someone else who knew [first name of decedent] who be willing participate in our interview?"

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[Listen, document response, including name/contact information for another possible informant, thank them, and express condolences on the loss.]

### IF INFORMANT IS INTERESTED SCHEDULING A SPECIFIC DATE AND TIME:

[Schedule the interview. Ask how they would like to be reminded (by phone/text/email). Consider sending a copy of the questions via hardcopy or email if they do not wish to verbally converse; consider interviewee literacy before approaching in this manner.]

### IF INFORMANT ANSWERS THEY CAN TALK NOW

We greatly appreciate your willingness to share about [first name of decedent].

[IF IN-PERSON—provide them a copy of consent form, review it, get signature.]

[IF ON PHONE—read informed consent form and obtain verbal informed consent. Ask for permission to record the verbal consent, if accepted move to interview questions.]

## Appendix D: MMRC Sample Informant Interview Guide

### INTRODUCTION

Hello! My name is \_\_\_\_\_ and I am a [title such as nurse or social worker] from the [organization/program] that is reviewing [first name of decedent]'s death. I am very sorry for your loss.

[Pause and provide empathetic acknowledgement, then move into the reason for the call.]

Is this still a good time for you to talk about [first name of decedent]'s death?

We greatly appreciate your willingness to share about [first name of decedent].

### INFORMED CONSENT

You may or may not have received the consent document we sent. I'm going to read the consent to provide you with detailed information about the purpose of the interview and what you can expect.

[Read consent form; Appendix B]

Do you have any questions about the consent document I read?

[Address any questions/concerns.]

As I mentioned while reading the consent document, the interview will be audio recorded. The [Jurisdiction] maternal mortality review team believes that everything you have to say is important and can help with the review of [first name of decedent]'s death. For that reason, I would like to record our discussion, so we don't miss anything you have to say. Do you feel comfortable with recording our discussion?

Okay, I am going to turn on the audio recorder and ask for your consent to participate.

[Start audio-recorder]

After I read the following statement, please tell me if you consent to participating in the interview:

The purpose of the interview was fully explained to me. I voluntarily agree to participate in the interview as part of [Jurisdiction]'s maternal mortality review process. I agree to the interview being audio-recorded. I understand that all information obtained from the interview will be strictly confidential and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

[Obtain verbal consent, document the date/time, and the name of the interviewer who obtained verbal consent from the participant.]

## INTERVIEW QUESTIONS

Before we begin, I want to remind you that we want to know your point of view so there are no right or wrong answers to these questions. If you don't feel comfortable answering a question, let me know and we can skip it.

There might be pauses between questions. I want to give you time to answer the questions and it will help me take notes on what you are saying.

Do you have any questions before we start?

[Address any questions/concerns]

Ok, let's get started.

## OPENING

### 1. How you are related to [first name of decedent]?

- ▼ If participant is a parent, skip to question 2.
- If not a parent, ask How long have you known [first name of decedent]?

### 2. What would you like me to know about [first name of decedent]?

### 3. [If applicable, based on information about the death] ask Do you know if [first name of decedent] knew she was pregnant before her death?

## CLINICAL FACTORS

Now, I would like to ask you some questions about [first name of the decedent]'s health care history and experiences.

### 4. Do you know how many times had [first name of decedent] been pregnant in her life? (Include miscarriages, abortions, live births, and number of living children.)

5.

[If she had previous pregnancies] Do you know if [first name of the decedent] had any physical complications with a previous pregnancy?

Probe: high blood pressure, seizures, diabetes, blood clots, bleeding, depression/anxiety, C-section recovery issues, infection, severe tears, baby in NICU, stillbirth, etc.

### 6. How would you describe [first name of decedent]'s health before her most recent pregnancy?

Probe: physical health, weight, mental health, reproductive health

**7. Was she taking medications before, during, or after her most recent pregnancy [if she lived postpartum]? This could include prescriptions, over-the-counter medicines, vitamins or supplements.**

- ▼ If yes, say: Please tell me what medications, vitamins or supplements she was taking \_\_\_\_\_.
  - Before pregnancy.
  - During pregnancy.
  - After pregnancy. [If applicable]

Keep probing until complete. Be sure to capture relevant time period for every medication (before/during/after pregnancy).

- If no or don't know, skip to question 8.

**8. What can you tell me about the health care [first name of decedent] received while she was pregnant?**

Probe:

- How did she find or select her care provider?
- What type of provider did she see (general obstetrician (OB), maternal fetal medicine specialist/perinatologist, family medicine, certified nurse midwife, other midwife)?
- How often did she get health care while she was pregnant?
- Did she see the same person each time?
- Did she have challenges getting to her prenatal appointments?

**9. How did [first name of decedent] feel about the care she received from her doctor, midwife or nurse while she was pregnant?**

Probe:

- Did she feel that the (doctor/midwife/nurse) was respectful and listened to her concerns?
- Did she seem to feel comfortable with or confident about her doctor/midwife/nurse?
- Did she feel they were giving her quality care?

[Elicit examples]

**10. Did [first name of the decedent] have any physical complications during her most recent pregnancy?**

Probe: high blood pressure, seizures, diabetes, blood clots, bleeding, depression/anxiety, C-section recovery issues, infection, severe tears, baby in NICU, stillbirth, etc.

**11. Was [first name of decedent] told to go to any other doctors, clinics or hospitals at any time while she was pregnant?**

- ▼ If yes, ask: Was [first name of decedent] able to see the [provider or clinic or hospital] she was referred to?
  - ▼ If yes, ask: Can you tell me more about what happened when she saw the other doctor?
  - ▼ If no, ask: Why was [first name of decedent] not able to see the doctor/clinic/hospital she was referred to?
- If no or don't know, then skip to question 12.

**12. [If she lived postpartum] What can you tell me about the health care [first name of decedent] got after she had her baby?**

Probe:

- Did she see her doctor or midwife a few weeks after she had her baby?
- Did she have challenges getting to her postpartum appointments?
- Was she having complications or other health concerns after she had her baby that caused her to see a doctor? Please explain.

- If no postpartum care or don't know, skip to question 14.

**13. [If she lived postpartum] How did [first name of decedent] feel about the care she got from her doctor, midwife or nurse after she had her baby?**

Probe:

- Did she feel that the (doctor/midwife/nurse) was respectful and listened to her concerns?
- Did she seem to feel comfortable with or confident about her doctor/midwife/nurse?
- Did she feel they were giving her quality care?

[Elicit examples]

**14. Did [first name of decedent] tell you she was concerned about her pregnancy or health before her death?**

**15. What do you think were the events leading to [first name of decedent]’s death?**

Probes:

- What information did she or the family have regarding her condition and treatment?
- Who communicated that information to her/the family?

[Keep probing gently; this is likely to be an emotional time in the interview]

**16. [If not elicited from Q15] What do you think was the cause of [first name of decedent]’s death?**

Probes:

- How did you come to that understanding?
- Who spoke to you about what happened to [first name of decedent]?

[Try to ascertain whether there is any confusion or disagreement among the family about cause of death or how it was determined]

**SOCIAL DETERMINANT FACTORS**

Social Determinant Factors:

The next phase of the interview asks questions that relate to [first name of the decedent]’s home life. This helps us to better understand what was happening in terms of her health and life around the time of her death.

**17. Did [first name of decedent] ever worry about having money or health insurance to cover her bills and medical care during or after her most recent pregnancy [If applicable]?**

- ▼ If yes, say: Tell me what issues [first name of decedent] was having with covering her bills or medical care.

Probe:

[Try to ascertain the timeline of events]

- If no, skip to question 18.

**18. How did [first name of decedent] feel about where she lived during or after her most recent pregnancy [If applicable]?**

Probe: housing, who she lived with, safety of the neighborhood, access to services, distance to work, or other things that may have affected her health

**19. What kind of support did [first name of decedent] have to help with her needs during or after pregnancy [if applicable]?**

Probe: food, housing, transportation, medical care, financial assistance, advice, information, emotional support.

- Did they help her after she had her baby?

**20. Did [first name of decedent] experience anxiety, depression, or other mental health challenges during or after her most recent pregnancy?**

- ▼ If yes, ask: How was she feeling mentally or emotionally?

Probe:

- How was she coping?

- If no, skip to question 23

**21. Was [first name of decedent] seeing a provider or a counselor for her emotional or mental health?**

Probe:

- What was her experience like with the provider or counselor she was seeing?

**22. How were [first name of decedent]'s relationships with others affected by her emotional or mental health?**

**23. Did [first name of decedent] happen to \_\_\_\_\_ during or after her most recent pregnancy?**

Probe:

- take prescription narcotics
- drink alcohol
- smoke cigarettes or use any other tobacco products
- use street or illegal drugs

[Identify the time frame: during pregnancy, or the postpartum period]

- ▼ If yes, ask: How do you think the substance use affected [first name of decedent]'s ability to do her regular activities or care for her baby [if applicable]?
- ▼ If yes, ask: Did [first name of decedent] get counseling or treatment because she was using \_\_\_\_\_?
- If no, skip question

**24. [If not the spouse or partner] How would you describe [first name of decedent]'s relationship with the father of her baby?**

Probe: clarify the relation of father of baby to decedent (i.e., spouse/partner)

**25. Sometimes traumatic experiences affect how women experience pregnancy and childbirth. Do you know if [first name of decedent] was abused or neglected as a child?**

- ▼ If yes, ask: What can you tell me about those experiences?
- ▼ If yes, ask: Did she get any counseling or other professional help to cope with those traumatic experiences?

Probe for type, frequency, length, age and relationship with perpetrators during experiences of abuse or neglect.

- If no, skip to question 21

**26. Did we leave anything out about [first name of decedent]'s life and health experiences that you'd like to share now?**

Thank you for sharing about [first name of decedent]'s personal life.

**CLOSING**

We are nearing the end of our interview. I want to pause and thank you so much for sharing with me today. The next few questions are about what you think could have helped [first name of decedent] and about how your family is coping.

**27. What do you think could be done to better help women like [first name of decedent] from experiencing a loss?**

Probe:

- What advice would you give to doctors, midwives, nurses, or other health care providers who take care of women like [first name of decedent]?
- What advice would you give to families like yours? How are you coping with [first name of decedent]'s death?

**28. We prepared a list of resources that may be helpful – would you like to have this list?**

- ▼ If yes, ask: How would you like me to send the list (mail/email)?

[List could include resources/support groups on bereavement, disease/condition, specific resource organizations, local social workers, etc.]

- If no, tell the participant how they may get resources later.

## Informant Interview Guide for Maternal Mortality Review Committees

Thank you so much for talking with me. I'd like to check in and ask how this interview experience has been for you, and ask whether you have suggestions for me or the maternal mortality review process to better improve how we gather information about maternal deaths like [first name of decedent]'s.

[END BY AUTHENTIC EXPRESSION OF GRATITUDE FOR THEIR PARTICIPATION, REMIND THEM THEY CAN CONTACT PROJECT PERSONNEL IF THEY DESIRE IN THE FUTURE. Follow up with resources list, if requested.]

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