

FAQ: Committee Determinations on Circumstances Surrounding Death

These frequently asked questions refer to the following checkboxes on the committee decisions form:

Did obesity contribute to the death?

Did discrimination¹ contribute to the death?

Did mental health conditions other than substance use disorder contribute to the death?

Did substance use disorder² contribute to the death?

Was this death a suicide?

Was this death a homicide?

If accidental death, homicide, or suicide, list the means of fatal injury.

If homicide, what was the relationship of the perpetrator to the decedent?

1. Should the checkboxes be completed for all pregnancy-associated deaths or just those determined to be pregnancy-related?

The checkboxes should be completed for all pregnancy-associated deaths reviewed by your committee, regardless of relatedness. If your committee does not review a pregnant or postpartum person's death because it is considered out of your scope, there is no need to complete the checkboxes.

2. Should the checkboxes be completed in reference to the pregnant or postpartum person, or the broader context surrounding her death?

The checkboxes refer to the decedent's own experience. For example, if a pregnant or postpartum person had a substance use disorder which contributed to the death, the checkbox should be marked 'yes'. In contrast, if the death was a homicide where the perpetrator had a substance use disorder, but the decedent did not, the checkbox should be marked 'no'.

3. Does discrimination encompass racism and other forms of bias?

Yes, and more specificity may be added using the contributing factors worksheet on page 2 of the committee decisions form. There interpersonal racism or structural racism may also be documented.

¹ Defined as treating someone less or more favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping [including racism]. It can manifest as differences in care, clinical communication and shared decision-making. (Smedley et al, 2003 and Dr. Rachel Hardeman)

² 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 pregnant or postpartum person's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or the pregnant or postpartum person was more vulnerable to infections or medical conditions).

4. If substance use was involved in the death, should we choose ‘yes’ for the substance use disorder checkbox?

This checkbox refers to ‘substance use disorder’, not just substance use. The committee should only choose ‘yes’ or ‘probably’ if there is indication of a substance use disorder diagnosis or an expert on the committee (e.g. psychiatrist, psychologist, licensed counselor) who feels that the criteria for a diagnosis of substance use disorder are met based on the available information. Additionally, the checkbox should only be marked ‘yes’ if the committee decides that the substance use disorder was a contributing factor in the death. If the pregnant or postpartum person had a substance use disorder but this did not contribute to the death, the checkbox should be marked ‘no’.

If substance use was involved in the death, and the committee determines the death was an intentional or accidental overdose, this should be recorded as poisoning/overdose under means of fatal injury.

5. For the substance use disorder and mental health conditions checkboxes, is a formal diagnosis required?

A diagnosis should ideally be indicated in the pregnant or postpartum person’s medical records. However, this may underestimate the number of pregnant or postpartum people with substance use disorder or mental health conditions if persons are unable to access care or treatment. Refer to your review committee subject matter experts (e.g. psychiatrist, psychologist, licensed counselor) to determine whether the criteria for a diagnosis of substance use disorder or another mental health condition are met based on the available information.

6. If substance use disorder contributed to the death, but another mental health condition did not, should we also choose ‘yes’ for the mental health conditions checkbox?

No, substance use disorder should be captured separately from other mental health conditions.

7. When do we need to choose a means of fatal injury on the committee decisions form?

If the committee determines that a death was an accidental death, homicide, or suicide, they should also determine the means of fatal injury to be recorded on the committee decisions form. Unintentional and intentional overdoses should be recorded as poisoning/overdose.

8. When do we need to choose a relationship of the perpetrator to the decedent?

If the committee determines that a death was a homicide, they should also record the relationship of the perpetrator to the decedent on the committee decisions forms. The means of fatal injury checkbox should also be filled out for all homicides.

9. If certain deaths are not reviewed by our committee (for example, suicides and homicides), should we still complete the checkboxes?

No, these checkboxes are intended to capture the committee decisions. If a death is not reviewed by the committee, the checkboxes should not be completed.

10. What if our determination for manner of death does not match the manner indicated on the death record?

The checkboxes are intended to capture the decisions of the review committee, and it is expected that sometimes these decisions may differ from the death record. For example, an overdose may have an unknown manner of death on the death certificate, but relevant subject matter experts (e.g. medical examiner), could review additional information and determine that the overdose was intentional. The committee would then check 'yes' for the suicide checkbox. There is also a question on the committee decisions form to indicate whether the committee agrees with the cause of death listed on the death certificate.

11. Are there opportunities for quality improvement with the checkbox data?

Yes, there are lots of opportunities using checkbox data. For example, all unintentional overdoses and overdoses of unknown intent with indication of substance use disorder should have an underlying cause of death PMSS-MM code of 100.5 (Substance Use Disorder) or 100.9 (Other Mental Health Conditions/NOS). If the substance use disorder checkbox is marked 'yes', but the PMSS-MM code is 88.2 (Unintentional Injury), there may be discrepancies in how the PMSS-MM code is being selected.

Another opportunity for quality improvement is to compare the obesity checkbox with the decedent's actual BMI calculated using the height and weight provided in her records. Are there instances where your committee is selecting 'yes' when the BMI suggests the person was at a healthy weight? Of note—this checkbox is intended to capture whether obesity contributed to the death, not whether the pregnant or postpartum person was obese / obesity was present.