



# Maternal Mortality Review Information Application (MMRIA)

## MMRIA Version 2.7 - Blank Forms

MMRIA Blank forms are primarily designed as a reference tool for MMRIA Abstractors, as a guide in locating data fields in MMRIA.

These forms are not intended to be used for data entry. The online MMRIA system is the most accurate way of capturing data.

Throughout the different forms in MMRIA, you will see fields denoted with an asterisk. Fields with asterisks denote core data elements. These fields are not required but are considered critical information for committee members to have when reviewing a case. All of the core elements are brought into a Core Elements Report that you may also wish to print for presentation to the committee.

Please note that the presentation of data-fields in this document is different than the actual online system. Layout of the various MMRIA data collection forms have been formatted for clarity in this document

### Update Legend

**Blue:** Label / Sort order changes, New picklist options

**Red:** New data fields



# Maternal Mortality Review Information Application (MMRIA)

## MMRIA Version 2.7 - Blank Forms

#	MMRIA Form Name	Repeated Form	Export Filename	Grid Filename	Grid Name
01)	Home Record		mmria_case_export.csv		
02)	Death Certificate		mmria_case_export.csv	01) dc_causes_of_death.csv	Causes of Death
03)	Birth/Fetal Death Cert. - Prenat		mmria_case_export.csv		
04)	Birth/Fetal Death Cert. - Infant/Fetal	<input checked="" type="checkbox"/>	certificate_infant_fetal_section.csv	01) bcifs_causes_of_death.csv	Causes of Fetal Death
05)	Autopsy Report		mmria_case_export.csv	01) arrmdf_gross_findings.csv 02) arrmdf_microscopic_findings.csv 03) ar_toxicology.csv 04) ar_causes_of_death.csv	Gross Findings Microscopic Findings Toxicology Findings Coroner/Medical Examiner Causes of Death
06)	Prenatal Care Record		mmria_case_export.csv	01) ical_procedures_before_pregnancy.csv 02) p_pre_existing_conditons_grid.csv 03) p_family_medical_history.csv 04) p_substance_use_grid.csv 05) pph_details_grid.csv 06) p_routine_monitoring.csv 07) p_other_lab_tests.csv 08) p_diagnostic_procedures.csv 09) p_problems_identified_grid.csv 10) tions_and_drugs_during_pregnancy.csv 11) elivery_hospitalizations_details.csv 12) p_medical_referrals.csv 13) p_other_sources_of_prenatal_care.csv	Prior Surgical Procedures Before this Pregnancy Pre-existing Conditions Family Medical History Evidence of Substance Use Pregnancy History Details Routine Monitoring Other Laboratory Tests Diagnostic Procedures Problems Identified During the Sentinel Pregnancy Prescribed Medications/Drugs Pre-Delivery Hospitalization Details Medical Referral Details Sources of Prenatal Care Information
07)	ER Visits & Hospitalizations	<input checked="" type="checkbox"/>	sit_and_hospital_medical_records.csv	01) evahmr_internal_transfers.csv 02) mr_physical_exam_and_evaluations.csv 03) sychological_exam_and_assesments.csv 04) evahmr_labratory_tests.csv 05) evahmr_pathology.csv 06) evahmr_vital_signs.csv 07) evahmr_birth_attendant.csv 08) evahmr_anesthesia.csv 09) evahmr_list_of_medications.csv 10) evahmr_surgical_procedures.csv 11) evahmr_blood_product_grid.csv 12) evahmr_diagnostic_imaging_grid.csv 13) ahmr_referrals_and_consultations.csv	Internal Transfers Physical Examinations and Evaluations Psychological Examinations and Assessments Laboratory Tests Pathology Vital Signs Birth Attendant(s) Anesthesia Prescribed Medications/Drugs Surgical Procedures Blood Products Diagnostic Imaging and Other Technology Referrals and Consultations



# Maternal Mortality Review Information Application (MMRIA)

## MMRIA Version 2.7 - Blank Forms

#	MMRIA Form Name	Repeated Form	Export Filename	Grid Filename	Grid Name
08)	Other Medical Office Visits	<input checked="" type="checkbox"/>	other_medical_office_visits.csv	01) omov_relevant_medical_history.csv 02) omov_relevant_family_history.csv 03) omov_relevant_social_history.csv 04) omov_vital_signs.csv 05) omov_laboratory_tests.csv 06) tic_imaging_and_other_technology.csv 07) omov_physical_exam.csv 08) omov_referrals_and_consultations.csv 09) omov_medications.csv 10) omov_new_grid.csv	Relevant Medical History Relevant Family History Relevant Social History Vital Signs Laboratory Tests Diagnostic Imaging and Other Technology Physical Examinations Referrals and Consultations Prescribed Medications/Drugs Visit Summary
09)	Medical Transport	<input checked="" type="checkbox"/>	medical_transport.csv	01) mt_transport_vital_signs.csv	Transport Vital Signs
10)	Social and Environmental Profile Form (SEP)		mmria_case_export.csv	01) saep_members_of_household.csv 02) saep_details_of_incarcerations.csv 03) saep_details_of_arrests.csv 04) aep_social_and_medical_referrals.csv 05) ices_information_for_this_record.csv 06) saep_if_yes_specify_substances.csv	Members of Household Details of Incarcerations Details of Arrests Social and Medical Referrals Sources of Social Services Information If Yes, Specify Substance(s)
11)	Mental Health Profile Form		mmria_case_export.csv	01) xisting_mental_health_conditions.csv 02) umented_mental_health_conditions.csv	Documented Preexisting Mental Health Conditions Were There Documented Screenings and Referrals
12)	Informant Interviews	<input checked="" type="checkbox"/>	informant_interviews.csv		
13)	Case Narrative Form		mmria_case_export.csv		
14)	Committee Decisions Form (CDF)		mmria_case_export.csv	01) determination_of_causes_of_death.csv 02) cr_critical_factors_worksheet.csv 03) cr_recommendations_of_committee.csv	Committee Determination of Cause(s) of Death Contributing Factors and Recommendations for Action Recommendations for Action

*Please Note:*

*1) MMRIA primary data export file: [mmria\_case\_export.csv], includes fields from all non-repeated forms.*

*2) Repeated Forms and Grids are exported as separate files, for example [medical\_transport.csv, informant\_interviews.csv, etc.].*

## Case Identification

First Name: Middle Name: Last Name: Date of Death\* - Month / Day / Year:  /  / State of Death Record\*: Record ID\*: Agency-Based Case Identifier: How was this Death Identified  
[Select All that Apply]\*:

Obstetric ICD codes from the Death Certificate  
Pregnancy Checkbox on Death Certificate  
Record Linkage of Death and Birth/Fetal Death Certificates  
Record Linkage of Death Certificate and Hospital Discharge Data  
Facility Reporting  
Obituary  
Social Media  
Identified by CDC  
Other  
Unknown

Specify Other or Additional Sources: Primary Abstractor: Case Folder: 

## Overall Case Status

Note: Setting the Case Status to "Review Complete and Decisions Entered", "Out of Scope and Death Certificate Entered", or "False Positive and Death Certificate Entered" will lock the case and no further updates will be permitted to the case.

Case Status: (Select Value)  
Abstracting (incomplete)  
Abstraction Complete  
Ready For Review  
Review Complete and Decision Entered  
Out of Scope and Death Certificate Entered  
False Positive and Death Certificate Entered  
Vitals Import (non-selectable option)

Abstraction Begin Date: Abstraction Complete Date: Projected Review Date: Committee Review Date: Case Locked Date: 

## Overall Assessment of the Timing of Death

Please fill out the field(s) below once you have completed abstraction of the case. Your responses represent your overall assessment of the timing of death in relation to pregnancy and are not based upon any particular source record.

Abstractor-assigned pregnancy status  
based on overall review of records: (Select Value)  
Not pregnant within the past year  
Pregnant at the time of death  
Pregnant within 42 days of death  
Pregnant 43 days to 1 year before death  
Not pregnant, but pregnant within the past year (time unknown)  
Unknown if pregnant within the past year

# of days after end of pregnancy:   
(Count date pregnancy ended as 0)

## Form Status

**Death Certificate:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Autopsy Report:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Birth/Fetal  
Death Certificate -  
Parent Section:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Birth/Fetal  
Death Certificate -  
Infant/Fetal Section:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Prenatal Care Record:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**ER Visits and  
Hospitalizations:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Other Medical  
Office Visits:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Medical Transport:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Social and  
Environmental Profile:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Mental Health Profile:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Informant Interviews:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Case Narrative:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

**Committee Decisions:** (Select Value)  
Not Started  
In Progress  
Completed  
Not Available  
Not Applicable

CDC Automated Vitals Import

See below for details on which CDC Pregnancy-Associated Death Identification Criteria were met.

CDC Case Identification Details:

Vitals Import Date: [hr\_vitals\_imp\_date] response

1) CDC Deterministic Linkage with Infant Birth Certificate: [hr\_cdc\_match\_det\_bc] response

2) CDC Deterministic Linkage with Fetal Death Certificate: [hr\_cdc\_match\_det\_fdc] response

3) CDC Probabilistic Linkage with Infant Birth Certificate: [hr\_cdc\_match\_prob\_bc] response

4) CDC Probabilistic Linkage with Fetal Death Certificate: [hr\_cdc\_match\_prob\_fdc] response

5) CDC Identified ICD-10 Code Indicating Pregnancy on Death Certificate: [hr\_cdc\_icd] response

6) CDC Identified Pregnancy Checkbox Indicating Pregnancy on Death Certificate: [hr\_cdc\_checkbox] response

7) CDC Identified Literal Cause of Death that Included Pregnancy Related Term on Death Certificate: [hr\_cdc\_checkbox] response

Was this death validated with the VRO?

(Select Value)

Yes, confirmed pregnancy-associated death

Yes, confirmed false positive

Yes, VRO unable to determine pregnancy status

VRO confirmation not required (identified via linkage)

Not Applicable

Pending VRO Investigation

# MMRIA DEATH CERTIFICATE

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

## Death Certificate

Time of Death:

Local File Number:

State File Number:

## Place of Last Residence MMRIA automatically generates geocoded fields for: Place of Last Residence.

Street / Apartment or Unit Number:  /

City, State\*, Zip Code:  /  /

County / Country\*:  /

## Demographics

Date of Birth\* - Month / Day / Year:  /  /

Age at Death\*:

MMRIA-Generated Field

**Marital Status\*:** (Select Value)  
Married  
Married, but Separated  
Widowed  
Divorced  
Never Married  
Unknown

**Age at Death:**   
(on death certificate)

**Place of Birth**  
City / State / Country (If Foreign Born)\*:  /  /

**Primary Occupation\*:**

**Business / Industry:**

**Ever in U.S. Armed Forces?** (Select Value)  
Yes  
No  
Unknown

**Hispanic Origin?\*** (Select Value)  
No, Not Spanish/Hispanic/Latino  
Yes, Mexican, Mexican American, Chicano  
Yes, Puerto Rican  
Yes, Cuban  
Yes, Other Spanish/Hispanic/Latino  
Yes, Origin Unknown  
Unknown

**Education\*:** (Select Value)  
8th Grade or Less  
9th-12th Grade; No Diploma  
High School Grad or GED Completed  
Some College Credit, but No Degree  
Associate's Degree  
Bachelor's Degree  
Master's Degree  
Doctorate or Professional Degree  
Unknown

**Other Hispanic, Specify**

**Citizen of What Country:**

Geocoded fields for: Place of Last Residence

**dcpolr\_fmg\_type:** Matching geography type

**dcpolr\_latit:** Latitude

**dcpolr\_longi:** Longitude

**dcpolr\_ngcq\_code:** Coordinate quality code

**dcpolr\_ngcq\_type:** Coordinate quality name

**dcpolr\_nctc\_code:** Census tract certainty code

**dcpolr\_nctc\_type:** Census tract certainty name

**dcpolr\_sc\_fips:** State-county FIPS code

**dcpolr\_cs\_fips:** State FIPS code

**dcpolr\_cc\_fips:** County FIPS code

**dcpolr\_ct\_fips:** Tract FIPS code

**dcpolr\_u\_statu:** Urban status

**dcpolr\_cmd\_fips:** Metropolitan Division

**dcpolr\_cc\_cbsa\_fips:** CBSA FIPS code

**dcpolr\_cc\_micro:** CBSA micropolitan indicator

MMRIA DEATH CERTIFICATE

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

Race\*:  
[Select All that Apply]

White

Black or African American

American Indian or Alaska Native

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Other Race

Race Not Specified

OMB Race Recode:  
*MMRIA-Generated Field*

(Select Value)

White

Black

American Indian/Alaska Native

Pacific Islander

Asian

Bi-Racial

Multi-Racial

Other Race

Race Not Specified

Specify Other Race:

Specify Other Asian:

Specify Other Pacific Islander:

Specify Principal Tribe:

Injury Associated Information

Date of Injury: Month / Day / Year:

/

/

Time of Injury:

Place of Injury (Place Name, if Applicable):

Was Injury at Work?

(Select Value)

Yes

No

Unknown

Transportation Related Injury?

(Select Value)

Driver/Operator

Passenger

Pedestrian

Other

Specify Other:

Were Seatbelts in Use?

(Select Value)

Yes

No

Not Available

Unknown

Location where Injury Occurred *MMRIA automatically generates geocoded fields for: Location where Injury Occurred.*

Street / Apartment or Unit Number:

/

City, State, Zip Code:

/

/

County:

Geocoded fields for: Location where Injury Occurred

dcaoi\_fmg\_type:

Matching geography type

dcaoi\_latit:

Latitude

dcaoi\_longi:

Longitude

dcaoi\_ngcq\_code:

Coordinate quality code

dcaoi\_ngcq\_type:

Coordinate quality name

dcaoi\_nctc\_code:

Census tract certainty code

dcaoi\_nctc\_type:

Census tract certainty name

dcaoi\_sc\_fips:

State-county FIPS code

dcaoi\_cs\_fips:

State FIPS code

dcaoi\_cc\_fips:

County FIPS code

dcaoi\_ct\_fips:

Tract FIPS code

dcaoi\_u\_statu:

Urban status

dcaoi\_cmd\_fips:

Metropolitan Division

dcaoi\_cc\_cbsa\_fips:

CBSA FIPS code

dcaoi\_cc\_micro:

CBSA micropolitan indicator

# MMRIA DEATH CERTIFICATE

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

## Death Information

If Death Occurred  
in Hospital\*:

(Select Value)  
Inpatient  
Outpatient/ ER  
Dead on Arrival  
Unknown

If Death Not  
in a Hospital\*:

(Select Value)  
Hospice  
Nursing Home / LTC  
Home  
Other  
Unknown

Specify Other  
Location:

Manner of Death\*:

(Select Value)  
Natural  
Homicide  
Accident  
Suicide  
Pending Investigation  
Could Not Be Determined  
Unknown

Was Autopsy Performed?\*

(Select Value)  
Yes  
No  
Unknown

Were autopsy findings  
available to complete  
the cause of death?\*

(Select Value)  
Yes  
No  
Unknown

Pregnancy Status\*:

(Select Value)  
Not pregnant within the past year  
Pregnant at the time of death  
Pregnant within 42 days of death  
Pregnant 43 days to 1 year before death  
Not pregnant, but pregnant within the past year (time unknown)  
Unknown if pregnant within the past year  
Not Applicable

Did Tobacco Contribute to Death?

(Select Value)  
Yes  
Probably  
No  
Unknown

## Location where Death Occurred

MMRIA automatically generates geocoded fields for: Location where Death Occurred.

Place of Death (Facility Name, if Applicable):

Street / Apartment or Unit Number:

 / 

City, State\*, Zip Code:

 /  / 

County:

### Geocoded fields for: Location where Death Occurred

**dcaod\_fmng\_type:** Matching geography type

**dcaod\_latit:** Latitude

**dcaod\_longi:** Longitude

**dcaod\_ngcq\_code:** Coordinate quality code

**dcaod\_ngcq\_type:** Coordinate quality name

**dcaod\_nctc\_code:** Census tract certainty code

**dcaod\_nctc\_type:** Census tract certainty name

**dcaod\_sc\_fips:** State-county FIPS code

**dcaod\_cs\_fips:** State FIPS code

**dcaod\_cc\_fips:** County FIPS code

**dcaod\_ct\_fips:** Tract FIPS code

**dcaod\_u\_statu:** Urban status

**dcaod\_cmd\_fips:** Metropolitan Division

**dcaod\_cc\_cbsa\_fips:** CBSA FIPS code

**dcaod\_cc\_micro:** CBSA micropolitan indicator

Causes of Death				
Abstractor can enter multiple responses in the "Cause of Death" grid in MMRIA.				
Type*	Cause (Descriptive)*	ICD Code	Interval	Unit
(Select Value) Immediate Other Significant Contributing Underlying				(Select Value) Minute(s) Hour(s) Day(s) Week(s) Month(s) Year(s)

Reviewer's Notes about the Death Certificate:

Standard Death Certificate Vitals Import – Detailed Cause of Death Information

The following read-only information was transferred via automated vitals import from the standard death certificate. Please use (as applicable) to complete MMRIA Causes of Death fields.

Detailed Cause of Death Information

Cause of Death:

- 01) Part I Line A: [dcdi\_cod1a] Response  
02) Part I Interval, Line A: [dcdi\_interval1a] Response  
03) Part I Line B: [dcdi\_cod1b] Response  
04) Part I Interval, Line B: [dcdi\_interval1b] Response  
05) Part I Line C: [dcdi\_cod1c] Response  
06) Part I Interval, Line C: [dcdi\_interval1c] Response  
07) Part I Line D: [dcdi\_cod1d] Response  
08) Part I Interval, Line D: [dcdi\_interval1d] Response  
09) Part II: Enter other significant conditions: [dcdi\_othercondition] Response

Codes:

- 10) Manual Underlying Cause: [dcdi\_man\_uc] Response  
11) ACME Underlying Cause: [dcdi\_acme\_uc] Response  
12) Entity-axis Codes: [dcdi\_eac] Response  
13) Record-axis codes: [dcdi\_rac] Response text

## Facility of Delivery Demographics

Date of Delivery: Month / Day / Year\*:  /  / Place where Birth Occurred\*: 

(Select Value)  
Hospital  
Free Standing Birthing Center  
Home Birth  
Clinic/Doctor's Office  
Other

Planned to Deliver at Home? 

(Select Value)  
Yes  
No  
Unknown

Maternal Level of Care\*: 

(Select Value)  
Birth Center  
Basic Care (Level I)  
Specialty Care (Level II)  
Subspecialty Care (Level III)  
Regional Perinatal Health Care Center (Level IV)  
Other

Specify Other   
Maternal Level of Care:Facility NPI Number: Facility Name: Attendant's Title\*: 

(Select Value)  
MD  
DO  
CNM/CM  
Other Midwife  
Other  
Unknown

Specify Other Title: Attendant's NPI: Was Mother Transferred?\*: 

(Select Value)  
Yes  
No  
Unknown

If Yes, Enter Name of Facility  
Mother Transferred From: Facility of Delivery Location *MMRIA automatically generates geocoded fields for: Facility of Delivery Location*Street / Apartment or Unit Number:  /   
City, State\*, Zip Code:  /  /   
County: 

## Father's Demographics

Date of Birth: Month / Year:  /  Age: Place of Birth  
City / State / Country (if Foreign Born):  /  / Geocoded fields for: Facility of Delivery Location

**bfdcpfodl\_fmg\_type:** Matching geography type  
**bfdcpfodl\_latit:** Latitude  
**bfdcpfodl\_longi:** Longitude  
**bfdcpfodl\_ngcq\_code:** Coordinate quality code  
**bfdcpfodl\_ngcq\_type:** Coordinate quality name  
**bfdcpfodl\_nctc\_code:** Census tract certainty code  
**bfdcpfodl\_nctc\_type:** Census tract certainty name  
**bfdcpfodl\_sc\_fips:** State-county FIPS code  
**bfdcpfodl\_cs\_fips:** State FIPS code  
**bfdcpfodl\_cc\_fips:** County FIPS code  
**bfdcpfodl\_ct\_fips:** Tract FIPS code  
**bfdcpfodl\_u\_statu:** Urban status  
**bfdcpfodl\_cmd\_fips:** Metropolitan Division  
**bfdcpfodl\_cc\_cbsa\_fips:** CBSA FIPS code  
**bfdcpfodl\_cc\_micro:** CBSA micropolitan indicator

# MMRIA BIRTH/FETAL DEATH CERTIFICATE - PARENT SECTION

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

**Father's Education:** (Select Value)  
 8th Grade or Less  
 9th-12th Grade; No Diploma  
 High School Grad or GED Completed  
 Some College Credit, but No Degree  
 Associate's Degree  
 Bachelor's Degree  
 Master's Degree  
 Doctorate or Professional Degree  
 Unknown

**Father's Primary Occupation:**

**Father of Hispanic Origin?** (Select Value)  
 No, Not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, Other Spanish/Hispanic/Latino  
 Yes, Origin Unknown  
 Unknown

**Business / Industry:**

**Other Hispanic, Specify:**

**Father's Race:** [Select All that Apply]  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Native Hawaiian  
 Guamanian or Chamorro

Samoan  
 Other Pacific Islander  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese

Korean  
 Vietnamese  
 Other Asian  
 Other Race  
 Race Not Specified

**OMB Race Recode:** (Select Value)  
*MMRIA-Generated Field*  
 White  
 Black  
 American Indian/Alaska Native  
 Pacific Islander  
 Asian  
 Bi-Racial  
 Multi-Racial  
 Other Race  
 Race Not Specified

**Specify Other Race:**

**Specify Other Asian:**

**Specify Other Pacific Islander:**

**Specify Principal Tribe:**

## Maternal Record Identification / Demographics

**First Name / Middle Name:**  /

**Last Name / Maiden Name:**  /

**Medical Record Number:**

**Date of Birth: Month / Day / Year:**  /  /  **Age\*:**

**Mother Married?\*** (Select Value)  
 Yes  
 No  
 Unknown

**If No, has Paternity Acknowledgement been Signed in the Hospital?** (Select Value)  
 Yes  
 No  
 Not Applicable  
 Unknown

**Place of Birth**  
**City/State/Country (if Foreign Born)\*:**  /  /

**Primary Occupation:**

**Business / Industry:**

**Ever in U.S. Armed Forces?** (Select Value)  
 Yes  
 No  
 Unknown

Mother of Hispanic Origin?\*

(Select Value)

No, Not Spanish/Hispanic/Latino

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, Other Spanish/Hispanic/Latino

Yes, Origin Unknown

Unknown

Education\*:

(Select Value)

8th Grade or Less

9th-12th Grade; No Diploma

High School Grad or GED Completed

Some College Credit, but No Degree

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate or Professional Degree

Unknown

Other Hispanic, specify:

Location of Residence

MMRIA automatically generates geocoded fields for: Location of Residence

Street / Apartment or Unit Number:

/

City, State, Zip Code:

/

/

County:

Mother's Race

Race\*:

[Select All That Apply]

White

Black or African American

American Indian or Alaska Native

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Other Race

Race Not Specified

OMB Race Recode:

MMRIA-Generated Field

(Select Value)

White

Black

American Indian/Alaska Native

Pacific Islander

Asian

Bi-Racial

Multi-Racial

Other Race

Race Not Specified

Specify Other Race:

Specify Other Asian:

Specify Other Pacific Islander:

Specify Principal Tribe:

Geocoded fields for: Location of Residence

bfdcplor\_fmg\_type:

Matching geography type

bfdcplor\_latit:

Latitude

bfdcplor\_longi:

Longitude

bfdcplor\_ngcq\_code:

Coordinate quality code

bfdcplor\_ngcq\_type:

Coordinate quality name

bfdcplor\_nctc\_code:

Census tract certainty code

bfdcplor\_nctc\_type:

Census tract certainty name

bfdcplor\_sc\_fips:

State-county FIPS code

bfdcplor\_cs\_fips:

State FIPS code

bfdcplor\_cc\_fips:

County FIPS code

bfdcplor\_ct\_fips:

Tract FIPS code

bfdcplor\_u\_statu:

Urban status

bfdcplor\_cmd\_fips:

Metropolitan Division

bfdcplor\_cc\_cbsa\_fips:

CBSA FIPS code

bfdcplor\_cc\_micro:

CBSA micropolitan indicator

Pregnancy History

Date of Last Live Birth (Month/Day/Year):

/

/

Live Birth Interval (Months):

Number of Previous Live Births (Do Not Include this Child)\*:

Now Living (Do Not Include this Child):

Now Dead:

# of Other Pregnancy Outcomes\*:

Date of Last Other Pregnancy Outcome (Month/Day/Year):

/

/

Pregnancy Interval (Months):

## Maternal Biometrics

Height - Feet / Inches:  / Pre-Pregnancy Weight (lbs): Weight at Delivery (lbs): Weight Gain during Pregnancy (lbs): Pre-Pregnancy BMI\*: 

## Prenatal Care

Date Last Normal Menses Began: Month / Day / Year:  /  / Date of First Prenatal Care Visit: Month / Day / Year:  /  / Date of Last Prenatal Care Visit: Month / Day / Year:  /  / Calculated Gestation at Birth: Weeks / Days:  / Obstetric Estimate of Gestation at Birth (Completed Weeks)\*: 

Plurality\*:

  
(Select Value)  
Singleton  
Twins  
Triplets  
More than 3  
Unknown

Specify, if &gt; 3:

Did Mother get WIC Food for Herself During this Pregnancy?\*

  
(Select Value)  
Yes  
No  
Unknown

Principal Source of Payment for this Delivery\*:

  
(Select Value)  
Private Insurance  
Medicaid  
Self-Pay  
Indian Health Service  
CHAMPUS/TRICARE  
Other Government (Fed, State, Local)  
Other  
Unknown

Specify Other:

Trimester of First Prenatal Care Visit\*:

  
(Select Value)  
First  
Second  
Third  
No Prenatal CareTotal # of Prenatal Visits  
for this Pregnancy:

## Cigarette Smoking Before and During Pregnancy (# of Cigarettes/Packs)

Three Months Before Pregnancy: Unit(s): (Select Value)  
Cigarette(s)  
Pack(s)None or Not Specified: (Select Value)  
None  
UnknownFirst Three Months of Pregnancy: Unit(s): (Select Value)  
Cigarette(s)  
Pack(s)Second Three Months of Pregnancy: Unit(s): (Select Value)  
Cigarette(s)  
Pack(s)Third Trimester of Pregnancy: Unit(s): (Select Value)  
Cigarette(s)  
Pack(s)

## Maternal Risk Factors

Risk Factors in this Pregnancy\*:  
[Select All That Apply]

Prepregnancy Diabetes

Gestational Diabetes

Prepregnancy Hypertension

Gestational Hypertension

Eclampsia Hypertension

Previous Preterm Birth

Other Previous Poor Outcome

Pregnancy Resulted from Infertility Treatment

Fertility Enhancing Drugs, Artificial Insemination or Intrauterine Insemination

Assisted Reproductive Technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

Mother had a Previous Cesarean Delivery

None of the Above

Unknown

Number of C-sections: Infections Present or Treated During  
this Pregnancy\*:  
[Select All That Apply]

Gonorrhea

Syphilis

Chlamydia

Herpes Simplex [HSV]

Hepatitis B (live birth only)

Hepatitis C (live birth only)

Cytomegalovirus (fetal death only)

Genital Herpes (fetal death only)

Group B Streptococcus (fetal death only)

HIV (fetal death only)

Listeria (fetal death only)

Parvovirus (fetal death only)

Toxoplasmosis (fetal death only)

Other

None of the Above

Unknown

Specify Other Infection Present or Treated During this Pregnancy: Onset of Labor\*:  
[Select All That Apply]

Premature Rupture of Membranes (Prolonged)

Prolonged Labor (&gt; 20 hours)

Precipitous Labor (&lt; 3 hours)

None of the Above

Unknown

## MMRIA BIRTH/FETAL DEATH CERTIFICATE - PARENT SECTION

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

**Obstetric Procedures\*:**  
**[Select All That Apply]**

Cervical Cerclage  
Tocolysis  
External Cephalic Version: Successful  
External Cephalic Version: Failed  
None of the Above  
Unknown

### Maternal Risk Factors

**Characteristics of Labor and Delivery\* [Select All That Apply]:**

Induction of labor  
Steroids (glucocorticoids) for fetal lung maturation received by mother prior to delivery  
Clinical chorioamnionitis diagnosed during labor or maternal temperature  $\geq 38$  degrees C (100.4 degrees F)  
Epidural or spinal anesthesia during labor  
Augmentation of labor  
Antibiotics received by the mother during labor  
Moderate to heavy meconium staining of the amniotic fluid  
Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery  
Non-vertex presentation  
None of the above  
Unknown

**Maternal Morbidity\* [Select All That Apply]:**

Maternal transfusion  
Unplanned hysterectomy  
Unplanned operating room procedure following delivery  
Third or fourth degree perineal laceration  
Admission to intensive care unit  
Ruptured uterus  
None of the above  
Unknown

**Number of Days Between Birth of Child and Death of Mother\*:**

*MMRIA-Generated Field*

### Reviewer's Notes about the Parent Section of the Birth or Fetal Death Certificate:

# MMRIA BIRTH/FETAL DEATH CERTIFICATE - INFANT/FETAL SECTION

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

Abstractor can enter multiple instances of the "Birth/Fetal Death Certificate - Infant/Fetal Section" form in MMRIA.

Record Type\*:

(Select Value)  
Live Birth  
Fetal Death

Multiple Gestation:

(Select Value)  
Yes  
No  
Unknown

Birth Order:

## Newborn (Fetus) Record Identification

State File Number:

Local File Number:

Newborn Medical Record Number:

Date of Delivery:

Time of Delivery:

## Newborn (Fetus) Biometrics and Demographics

Birth Weight:

Unit of Measurement:

(Select Value)  
Grams  
Pounds/Ounces

Value (Grams or Pounds)\*:

Value (Ounces)\*:

Gender:

(Select Value)  
Male  
Female  
Not Yet Determined  
Unknown

Apgar Score - 5 minute:

Apgar Score - 10 minute:

Is Infant Living at Time of Report?

(Select Value)  
Yes  
No  
Infant Transferred, Status Unknown  
Unknown

Is Infant Being Breastfed at Discharge?

(Select Value)  
Yes  
No  
Unknown

Was Infant Transferred Within 24 Hours of Delivery?

(Select Value)  
Yes  
No  
Unknown

Specify Facility, City and State:

Method of Delivery

A. Was Delivery With Forceps Attempted but Unsuccessful?

(Select Value)

Yes

No

Unknown

B. Was Delivery With Vacuum Extraction Attempted but Unsuccessful?

(Select Value)

Yes

No

Unknown

C. Fetal Presentation at Birth:

(Select Value)

Cephalic

Breech

Shoulder

Compound

Other

Unknown

Specify Other Presentation:

D. Final Route and Method of Delivery\*:

(Select Value)

Vaginal/Spontaneous

Vaginal/Forceps

Vaginal/Vacuum

Cesarean

Unknown

If Cesarean, was a Trial of Labor Attempted?

(Select Value)

Yes

No

Not Applicable

Unknown

Abnormal Conditions of the Newborn:  
[Select All that Apply]

Assisted ventilation required immediately following delivery

Newborn given surfactant replacement therapy

Seizure or serious neurologic dysfunction

Assisted ventilation required for more than 6 hours

NICU admission

Antibiotics received by the newborn for suspected neonatal sepsis

Significant birth injury (skeletal fracture(s), peripheral nerve injury and or soft tissue or solid organ hemorrhage which requires intervention)

Abnormal conditions not specified

None of the above

Unknown

**Congenital Anomalies of  
the Newborn or Fetus:**  
**[Select All that Apply]**

- Anencephaly
- Cyanotic congenital heart disease
- Omphalocele
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft Lip with or without Cleft Palate
- Downs Syndrome
- Karyotype confirmed - Downs Syndrome
- Karyotype pending - Downs Syndrome
- Hypospadias
- Meningomyelocele or Spina bifida
- Congenital diaphragmatic hernia
- Gastroschisis
- Cleft palate alone
- Suspected chromosomal disorder
- Karyotype confirmed - Suspected chromosomal disorder
- Karyotype pending - Suspected chromosomal disorder
- Congenital anomalies not specified
- None of the above
- Unknown

ICD Version:

Causes of Fetal Death <i>Abstractor can enter multiple responses in the "Causes of Fetal Death" grid in MMRIA.</i>				
Type	Class	Complication Subclass	Other (Specify)	ICD Code

**Reviewer’s Notes about the Infant/Fetal Section of the Birth or Fetal Death Certificate**

**Standard Fetal Death Certificate Vitals Import – Detailed Cause of Fetal Death Information**

**Note: The following read-only information was transferred via automated vitals import from the standard fetal death certificate. Please use (as applicable) to complete MMRIA Causes of Fetal Death fields.**

**Detailed Cause of Fetal Death Information****Initiating cause/condition:**

- 01) Rupture of membranes prior to onset of labor: [bcifs\_cod18a1] Response
- 02) Abruptio placenta: [bcifs\_cod18a2] Response
- 03) Placental insufficiency: [bcifs\_cod18a3] Response
- 04) Prolapsed cord: [bcifs\_cod18a4] Response
- 05) Chorioamnionitis: [bcifs\_cod18a5] Response
- 06) Other complications of placenta, cord, or membranes: [bcifs\_cod18a6] Response
- 07) Unknown: [bcifs\_cod18a7] Response
- 08) Maternal conditions/diseases literal: [bcifs\_cod18a8] Response
- 09) Other complications of placenta, cord, or membranes literal: [bcifs\_cod18a9] Response
- 10) Other obstetrical or pregnancy complications literal: [bcifs\_cod18a10] Response
- 11) Fetal anomaly literal: [bcifs\_cod18a11] Response
- 12) Fetal injury literal: [bcifs\_cod18a12] Response
- 13) Fetal infection literal: [bcifs\_cod18a13] Response
- 14) Other fetal conditions/disorders literal: [bcifs\_cod18a14] Response

**Other significant causes or conditions**

- 01) Rupture of membranes prior to onset of labor: [bcifs\_cod18b1] Response
- 02) Abruptio placenta: [bcifs\_cod18b2] Response
- 03) Placental insufficiency: [bcifs\_cod18b3] Response
- 04) Prolapsed cord: [bcifs\_cod18b4] Response
- 05) Chorioamnionitis: [bcifs\_cod18b5] Response
- 06) Other complications of placenta, cord, or membranes: [bcifs\_cod18b6] Response
- 07) Unknown: [bcifs\_cod18b7] Response
- 08) Maternal conditions/diseases literal: [bcifs\_cod18b8] Response
- 09) Other complications of placenta, cord, or membranes literal: [bcifs\_cod18b9] Response
- 10) Other obstetrical or pregnancy complications literal: [bcifs\_cod18b10] Response
- 11) Fetal anomaly literal: [bcifs\_cod18b11] Response
- 12) Fetal injury literal: [bcifs\_cod18b12] Response
- 13) Fetal infection literal: [bcifs\_cod18b13] Response
- 14) Other fetal conditions/disorders literal: [bcifs\_cod18b14] Response

Coded initiating cause/condition

[bcifs\_icode] Response

Coded other significant causes or conditions

- 01) First mentioned: [bcifs\_ocod1] Response
- 02) Second mentioned: [bcifs\_ocod2] Response
- 03) Third mentioned: [bcifs\_ocod3] Response
- 04) Fourth mentioned: [bcifs\_ocod4] Response
- 05) Fifth mentioned: [bcifs\_ocod5] Response
- 06) Sixth mentioned: [bcifs\_ocod6] Response
- 07) Seventh mentioned: [bcifs\_ocod7] Response

# MMRIA AUTOPSY REPORT

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

Was there a Autopsy Referral?

(Select Value)  
Yes  
No  
Unknown

What Type of Autopsy or Examination was Performed?

(Select Value)  
No Autopsy or External Examination  
Full Autopsy  
External Examination Only  
Unknown

Is Autopsy/External Examination Report Available?

(Select Value)  
Yes  
No  
Not Applicable  
Unknown

Was Toxicology Performed?

(Select Value)  
Yes  
No  
Not Applicable  
Unknown

Is Toxicology Report Available?

(Select Value)  
Yes  
No  
Not Applicable  
Unknown

Completeness of Autopsy Information\*:

(Select Value)  
Complete  
Minor Gaps  
Major Gaps

## Reporter Characteristics

Reporter Type:

(Select Value)  
Coroner  
Medical Examiner  
Other  
Unknown

Other (Specify):

Autopsy Date - Month / Day / Year:

 /  / 

Jurisdiction:

Biometrics

Maternal	Fetus (if applicable)	Weight	Length	Estimated Gestational Age (Weeks):
Height (Feet):	<b>Unit of Measurement:</b> (Select Value) Grams Pounds/Ounces	<b>Unit of Measurement:</b> (Select Value) Inches Cm		
Height (Inches):				
Weight (lbs):				
BMI*:				
	<b>Value (Grams or Pounds):</b>	<b>Value (Inches or Cm):</b>		
	<b>Value (Ounces):</b>			

Findings Relevant to Maternal Death

<b>Gross Findings</b>	Abstractor can enter multiple responses in the "Gross Findings" grid in MMRIA.
Finding	Comment(s)

<b>Microscopic Findings</b>	Abstractor can enter multiple responses in the "Microscopic Findings" grid in MMRIA.
Finding	Comment(s)

Was Toxicology Positive for Drugs?\*

(Select Value)

Yes

No

Not Done

Done, but Not Available

Toxicology Findings <i>Abstractor can enter multiple responses in the "Toxicology Findings" grid in MMRIA.</i>					
Substance	Specify Other Substance	Concentration	Unit of Measure	Level	Comment(s)
Acetaminophen				(Select Value)	
Acetazolamide (Diamox)				Not Present	
Alcohol				Trace	
Alprazolam (Xanax)				Non-toxic	
Aminoclonazepam				Therapeutic	
Amphetamines				Toxic	
Aripiprazole (Abilify)				Lethal	
Buprenorphine				Unknown	
Carbamazepine (Tegretol)					
Chlordiazepoxide (Librium)					
Citalopram (Celexa)					
Clonazepam (Klonopin or Rivotril)					
Cocaine					
Diazepam (Valium)					
Doxepin (Silenor, Zonalon, Prudoxin)					
Duloxetine (Cymbalta)					
Felbamate (Felbatol)					
Fentanyl					
Fluoxetine/Olanzapine (Symbyax)					
Heroin					
Hydromorphone (Dilaudid)					
Lorazepam (Ativan)					
Lurasidone (Latuda)					
Marijuana					
Meprobamate (Equanil)					
Methadone					
Methadone Hydrochloride					
Methamphetamine					
Midazolam (Versed)					
Morphine Sulfate					
Oxycodone Hydrochloride					
Oxymorphone Hydrochloride (Opana)					
Pregabalin (Lyrica)					
Quetiapine (Seroquel)					
Sertraline (Zoloft)					
Temazepam (Restoril)					
Tobacco					
Trazadone (Oleptro)					
Zolpidem (Ambien)					
Other					

ICD Code Version:

Coroner/Medical Examiner Causes of Death			
Abstractor can enter multiple responses in the "Coroner/ME Causes of Death" grid in MMRIA.			
Type	Cause	ICD Code	Comment(s)
(Select Value) Immediate Other Significant Contributing Underlying	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reviewer's Notes About the Autopsy Report:

Prenatal Care Record No:

Was There More than One Prenatal Care Source? 

(Select Value)  
Single  
Multiple

Primary Prenatal Care Facility

Place Type: 

(Select Value)  
Clinic  
Hospital  
Office  
Other  
Unknown  
No Prenatal Care

Specify Other Place Type:

Primary Provider Type: 

(Select Value)  
CNM/CM  
CPM  
Family Practice  
MFM  
OBGYN  
Other  
Unknown

Specify Other Provider Type:

Principal Source of Payment\*: 

(Select Value)  
Private Insurance  
Medicaid  
Self-Pay  
Indian Health Service  
CHAMPUS/TRICARE  
Other Government (Fed, State, Local)  
Other  
Unknown

Specify Other Source of Payment:

Use of WIC\*: 

(Select Value)  
Yes  
No  
Unknown

Location of Primary Prenatal Care Facility *MMRIA automatically generates geocoded fields for: Location of Prenatal Care Facility*

Street / Apartment or Unit number:  /   
City, State\*, Zip Code:  /  /   
County:

Geocoded fields for: Location of Prenatal Care Facility  
**ploppcf\_fmg\_type:** Matching geography type  
**ploppcf\_latit:** Latitude  
**ploppcf\_longi:** Longitude  
**ploppcf\_ngcq\_code:** Coordinate quality code  
**ploppcf\_ngcq\_type:** Coordinate quality name  
**ploppcf\_nctc\_code:** Census tract certainty code  
**ploppcf\_nctc\_type:** Census tract certainty name  
**ploppcf\_sc\_fips:** State-county FIPS code  
**ploppcf\_cs\_fips:** State FIPS code  
**ploppcf\_cc\_fips:** County FIPS code  
**ploppcf\_ct\_fips:** Tract FIPS code  
**ploppcf\_u\_statu:** Urban status  
**ploppcf\_cmd\_fips:** Metropolitan Division  
**ploppcf\_cc\_cbsa\_fips:** CBSA FIPS code  
**ploppcf\_cc\_micro:** CBSA micropolitan indicator

Prior Surgical Procedures Before this Pregnancy

Abstractor can enter multiple responses in this grid in MMRIA.

Date	Procedure	Comment(s)

Were There Documented Preexisting Medical Conditions?\*

(Select Value)  
Yes  
No  
Unknown

Pre-existing Conditions

Abstractor can enter multiple responses in the "Pre-existing Conditions" grid in MMRIA.

Condition	Other (Specify)	Duration	Comment(s)
(Select Value) Anemia (pre-pregnancy) Asthma Heart Disease Hypertension Seizure Disorder Sickle Cell Disease Systemic Lupus Erythematosus Type I Diabetes Type II Diabetes Malignancy Other			

Were There Documented Mental Health Conditions?\*

(Select Value)  
Yes  
No  
Unknown

Family Medical History

Abstractor can enter multiple responses in the "Family Medical History" grid in MMRIA.

Relation	Condition	Living?	Age at Death	Comment(s)
(Select Value) Mother Father Sister Brother Grandparent Aunt/Uncle Cousin Other		(Select Value) Yes No Unknown		

Was There Evidence  
of Substance Use?

- (Select Value)
- Yes
- No
- Unknown

Evidence of Substance Use				
Abstractor can enter multiple responses in the "Evidence of Substance Use" grid in MMRIA.				
Substance	Specify Other Substance	Screening	Counseling/Education	Comment(s)
Acetaminophen		(Select Value)	(Select Value)	
Acetazolamide (Diamox)		Yes	Yes	
Alcohol		No	No	
Alprazolam (Xanax)		Unknown	Unknown	
Aminoclonazepam				
Amphetamines				
Aripiprazole (Abilify)				
Buprenorphine				
Carbamazepine (Tegretol)				
Chlordiazepoxide (Librium)				
Citalopram (Celexa)				
Clonazepam (Klonopin or Rivotril)				
Cocaine				
Diazepam (Valium)				
Doxepin (Silenor, Zonalon, Prudoxin)				
Duloxetine (Cymbalta)				
Felbamate (Felbatol)				
Fentanyl				
Fluoxetine/Olanzapine (Symbyax)				
Heroin				
Hydromorphone (Dilaudid)				
Lorazepam (Ativan)				
Lurasidone (Latuda)				
Marijuana				
Meprobamate (Equanil)				
Methadone				
Methadone Hydrochloride				
Methamphetamine				
Midazolam (Versed)				
Morphine Sulfate				
Oxycodone Hydrochloride				
Oxymorphone Hydrochloride (Opana)				
Pregabalin (Lyrica)				
Quetiapine (Seroquel)				
Sertraline (Zoloft)				
Temazepam (Restoril)				
Tobacco				
Trazadone (Oleptro)				
Zolpidem (Ambien)				
Other				

## Pregnancy History

Gravida\*: Para\*: Abortions\*: 

## Pregnancy History Details (Do Not Include the Most Recent Pregnancy)

Abstructor can enter multiple responses in the "Pregnancy History" grid in MMRIA.

Date Ended	Outcome	GA - Weeks	Birth Weight (Grams)	Method of Delivery	Complication(s)	Now Living?
<input type="text"/>	(Select Value) Live Birth Stillbirth or Fetal Death (>=20 wks) Spontaneous Abortion (<20 wks) Induced Abortion Ectopic Pregnancy Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Select Value) Yes No Unknown

## Intendedness (Sentinel Pregnancy)

Date Birth Control was Discontinued - Month / Day / Year:  /  / Was Pregnancy  
Planned?  
(Select Value)  
Planned  
Unplanned (Mistimed)  
Unplanned (Unwanted)  
Other  
Unplanned (Unknown whether Mistimed or Unwanted)  
UnknownSpecify  
Other:Was Patient  
Using Birth  
Control?  
(Select Value)  
None  
Hormone  
IUD  
Barrier  
Rhythm  
Other  
UnknownSpecify Other  
Birth Control  
Method:

## Infertility Treatment (Sentinel Pregnancy)

Did this Pregnancy Result  
from Infertility Treatment?\*  
(Select Value)  
Yes  
No  
Unknown

Fertility Enhancing Drugs:

  
(Select Value)  
Yes  
No  
UnknownAssisted Reproductive  
Technology (ART):  
(Select Value)  
Yes  
No  
Unknown

ART Type:

  
(Select Value)  
Gamete intrafallopian transfer (GIFT)  
In vitro fertilization (IVF)  
Intracytoplasmic sperm injection (ICSI)  
Zygote intrafallopian transfer (ZIFT)  
Other  
UnknownSpecify Other  
ART Type:Cycle Number: Embryos Transferred: Embryos Growing:

Sentinel Pregnancy

Date of Last Normal Menses\* - Month / Day / Year:  /  /

Estimated Date of Delivery - Month / Day / Year:  /  /

Date of First Prenatal Visit\* - Month / Day / Year:  /  /

Gestational Age at First Prenatal Visit: Weeks / Days:  /

Date of First Ultrasound: Month / Day / Year:  /  /

Gestational Age Reported at First Ultrasound: Weeks / Days:  /

Date of Last Prenatal Visit: Month / Day / Year:  /  /

Gestational Age at Last Prenatal Visit: Weeks / Days:  /

Estimate based on: 

(Select Value)  
Ultrasound  
Last Menstrual Period

Height\* - Feet / Inches:  /

Pre-Pregnancy Weight (lbs)\*:

BMI\*:

Weight at First Visit (lbs)\*:

Weight at Last Visit (lbs)\*:

Weight Gain (lbs)\*:

Total Number of Prenatal Care Visits\*:

Trimester of First Prenatal Care Visit\*: 

(Select Value)  
First  
Second  
Third  
None

Number of Fetuses:

Was Home Delivery Planned? 

(Select Value)  
Yes  
No  
Unknown

Attended Prenatal Care Visits Alone?\* 

(Select Value)  
Yes  
No  
Unknown

Name, City and State of Intended Birthing Facility:

MMRIA PRENATAL CARE RECORD

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

**Routine Monitoring**

Abstractor can enter multiple responses in the "Routine Monitoring" grid in MMRIA.

Date	GA - Weeks / Days	Systolic BP	Diastolic BP	Urine Protein	Urine Ketones	Urine Glucose	Blood Hematocrit (%)	Weight (lbs)	Heart Rate	Oxygen Saturation	Comments
				(Select Value) Negative Trace 1+ 2+ 3+ 4+	(Select Value) Negative Trace 1+ 2+ 3+ 4+	(Select Value) Negative Trace 1+ 2+ 3+ 4+					

Highest Blood Pressure\*

Systolic BP:

Diastolic BP:

Lowest Hematocrit\*:

**Other Laboratory Tests**

Abstractor can enter multiple responses in the "Other Laboratory Tests" grid in MMRIA.

Date	GA - Weeks / Days	Test / Procedure	Results (units)	Comment(s)

**Diagnostic Procedures**

Abstractor can enter multiple responses in the "Diagnostic Procedures" grid in MMRIA.

Date	GA - Weeks / Days	Procedure	Comment(s)

Were There Problems Identified During the Sentinel Pregnancy?\*

(Select Value)  
Yes  
No  
Unknown

**Problems Identified During the Sentinel Pregnancy**

Abstractor can enter multiple responses in this grid in MMRIA.

Date First Noted	GA - Weeks / Days	Problem	Comment(s)

Were There Any Adverse Reactions?\*

(Select Value)  
Yes  
No  
Unknown

**Prescribed Medications/Drugs**

Abstractor can enter multiple responses in the "List of Medications" grid in MMRIA.

Date	GA - Weeks / Days	Medication	Dose / Frequency / Duration	Reason	Adverse Reactions?*
					(Select Value) Yes No Unknown

Were There Pre-Delivery Hospitalizations or ER Visits?\*

(Select Value)  
Yes  
No  
Unknown

Pre-Delivery Hospitalization Details <i>Abstractor can enter multiple responses in the "Pre-Delivery Hospitalizations" grid in MMRIA.</i>							
Date	GA - Weeks / Days		Facility	Duration		Reason	Comment(s)

Were There Referrals to Other Medical Specialists/Subspecialties?\*

(Select Value)  
Yes  
No  
Unknown

Medical Referral Details <i>Abstractor can enter multiple responses in the "Medical Referral Details" grid in MMRIA.</i>				
Date	GA - Weeks / Days	Type of Specialist	Reason	Appointment Kept?
				(Select Value) Yes No Unknown

Sources of Prenatal Care Information, Other than the Primary Provider (Transferred Records)						
Place	Provider Type	City	State	Begin Date	End Date	Comment(s)
(Select Value) Clinic Hospital Office Other Unknown No Prenatal Care	(Select Value) CNM/CM CPM Family Practice MFM OBGYN Other Unknown					

Reviewer's Notes About the Prenatal Care Records:

# MMRIA ER VISITS AND HOSPITALIZATIONS

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

Abstractor can enter multiple instances of the "ER Visits and Hospitalizations" form in MMRIA.

Medical Record Number:

## Basic Admission and Discharge Information

### Date of Arrival at Hospital/ER

Month / Day / Year:  /  /

Time of Arrival:

Gestational Age - Weeks / Days:  /

Days Postpartum:

### Date of Admission to Hospital

Month / Day / Year:  /  /

Time of Admission:

Gestational Age - Weeks / Days:  /

Days Postpartum:

Admission Condition:

(Select Value)

Stable  
Serious  
Critical  
Unknown

Admission Status:

(Select Value)

Admitted Directly to the Hospital  
Admitted through the ER  
ER Visit Only  
Other  
Unknown

Specify Other  
Admission Status:

Admission Reason\*:

(Select Value)

Complications of Pregnancy, Not in Labor  
In Labor  
Medical Reasons not Related to Pregnancy  
Planned Induction/C-section  
Postpartum Complications  
Other  
Unknown

Specify Other  
Admission Reason:

Principal Source of Payment  
for this Delivery:

(Select Value)

Private Insurance  
Medicaid  
Self-Pay  
Indian Health Service  
CHAMPUS/TRICARE  
Other Government (Fed, State, Local)  
Other  
Unknown

Specify Other  
Source of Payment:

Was Mother Received  
from Another Hospital?

(Select Value)

Yes  
No  
Unknown

From Where?

To Where?

Was Mother Transferred to  
Another Hospital?

(Select Value)

Yes  
No  
Unknown

## Date of Discharge from ER/Hospital

Month / Day / Year:  /  / Time of Discharge: Gestational Age - Weeks / Days:  / Days Postpartum: 

Discharge Pregnancy Status\*: (Select Value)

Admitted Pregnant, Released Undelivered

Admitted Pregnant, Released Postpartum

Admitted Not Pregnant, but Pregnant within the Last 12 Months

Admitted Not Pregnant, Prior 12 Months Unknown

Not Evaluated for Pregnancy

Unknown

Deceased at Time of Discharge?\* (Select Value)

Yes

No

Unknown

## Name and Location of Facility

Facility Name: 

Type of Facility\*: (Select Value)

Clinic/Doctor's Office

Free Standing Birth Center

Home Birth

Hospital

Other

Specify Other

Type of Facility:

Facility NPI Number: 

Level of Maternal Care\*: (Select Value)

Birth Center

Basic Care (Level I)

Specialty Care (Level II)

Subspecialty Care (Level III)

Regional Perinatal Health Care Center (Level IV)

Other

Specify Other

Level of Maternal Care:

*MMRIA automatically generates geocoded fields for: ER/Hospital Facility Location*Street / Apartment or Unit Number:  / City, State, Zip Code:  /  / County: *Geocoded fields for: ER/Hospital Facility Location*

**evahmrnalf\_fmg\_type:** Matching geography type

**evahmrnalf\_latit:** Latitude

**evahmrnalf\_longi:** Longitude

**evahmrnalf\_ngcq\_code:** Coordinate quality code

**evahmrnalf\_ngcq\_type:** Coordinate quality name

**evahmrnalf\_nctc\_code:** Census tract certainty code

**evahmrnalf\_nctc\_type:** Census tract certainty name

**evahmrnalf\_sc\_fips:** State-county FIPS code

**evahmrnalf\_cs\_fips:** State FIPS code

**evahmrnalf\_cc\_fips:** County FIPS code

**evahmrnalf\_ct\_fips:** Tract FIPS code

**evahmrnalf\_u\_statu:** Urban status

**evahmrnalf\_cmd\_fips:** Metropolitan Division

**evahmrnalf\_cc\_cbsa\_fips:** CBSA FIPS code

**evahmrnalf\_cc\_micro:** CBSA micropolitan indicator

Mode of Transportation to Facility:

(Select Value)  
Ambulance  
Bus  
Private vehicle  
Taxi  
Other  
Unknown

Origin of Travel:

(Select Value)  
Home  
Work  
Other  
Unknown

Specify Other  
Mode of Transportation:

Specify Other  
Origin of Travel:

Travel Time to Hospital

Value:  Unit: 

(Select Value)  
Minute(s)  
Hour(s)  
Day(s)

Internal Transfers <i>Abstractor can enter multiple responses in the "Internal Transfers" grid in MMRIA.</i>			
Date/Time	From Unit	To Unit	Comment(s)

Maternal Biometrics

Height - Feet / Inches:

/

Admission Weight (lbs):

BMI:

Physical Examinations and Evaluations <i>Abstractor can enter multiple responses in the "Physical Examinations and Evaluations" grid in MMRIA.</i>				
Date/Time	Exam / Evaluation	Body System	Findings	Performed By (Provider Type)
		(Select Value) Cardiovascular Constitutional Ear/Nose/Throat Endocrine Eyes Gastrointestinal Genitourinary Hematologic Immunologic Musculoskeletal Neurological Psychiatric Respiratory Skin Other		

Psychological Examinations and Assessments

Abstractor can enter multiple responses in the "Psychological Examinations" grid in MMRIA.

Date/Time	Exam / Assessment	Findings	Performed By (Provider Type)

Laboratory Tests

Abstractor can enter multiple responses in the "Laboratory Tests" grid in MMRIA.

Date/Time	Specimen	Test Name	Result	Diagnostic Level	Comments
				(Select Value) Within Normal Limits Decreased Increased Not Applicable Unknown	

Pathology

Abstractor can enter multiple responses in the "Pathology" grid in MMRIA.

Date/Time	Specimen	Exam Type	Findings

Onset of Labor

Date of Onset of Labor

Month / Day / Year:  /  /

Time of Onset of Labor:

Duration of Labor Prior to Arrival (hrs):

MMRIA-Generated Field

Date of Rupture of Membranes

Month / Day / Year:  /  /

Time of Rupture:

MMRIA ER VISITS AND HOSPITALIZATIONS

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

Final Delivery Route\*:

(Select Value)

Vaginal/Spontaneous

Vaginal/Forceps

Vaginal/Vacuum

Cesarean

Other

Unknown

Onset of labor:

(Select Value)

Spontaneous

Artificial

Multiple Gestation:

(Select Value)

Yes

No

Unknown

Pregnancy Outcome\*:

(Select Value)

Live Birth

Stillbirth or Fetal Death (>=20 wks)

Spontaneous Abortion (<20 wks)

Induced Abortion

Ectopic Pregnancy

Live Birth/Stillbirth

Other

Specify Other

Pregnancy Outcome:

Vital Signs

Abstractor can enter multiple responses in the "Vital Signs" grid in MMRIA.

Date/Time	Temperature	Heart Rate	Respiration	Systolic BP	Diastolic BP	Oxygen Saturation	Comment(s)

Highest Systolic BP\*:

Highest Diastolic BP\*:

Birth Attendant(s)

Abstractor can enter multiple responses in the "Birth Attendants" grid in MMRIA.

Title	Specify Other	NPI#
<div><div>(Select Value)</div><div>CNM/CM</div><div>CPM</div><div>Family Practice</div><div>MFM</div><div>OBGYN</div><div>Other</div><div>Unknown</div></div>	<div></div>	<div></div>

Were There Complications of Anesthesia?\*

(Select Value)

Yes

No

Unknown

Anesthesia

Abstractor can enter multiple responses in the "Anesthesia" grid in MMRIA.

Date/Time	Method	Complications

Were There Adverse Reactions to Any Medications?\*

(Select Value)

Yes

No

Unknown

Prescribed Medications/Drugs				
Abstractor can enter multiple responses in the "List of All Medications" grid in MMRIA.				
Date/Time	Medication	Dose / Frequency / Duration	Adverse Reaction?	Comment(s)

Were There Any Surgical Procedures?\*

(Select Value)

Yes

No

Unknown

Surgical Procedures				
Abstractor can enter multiple responses in the "Surgical Procedures" grid in MMRIA.				
Date/Time	Hospital Unit	Procedure	Performed By (Provider Type)	Outcome

Were There Any Blood or Blood Product Transfusions?\*

(Select Value)

Yes

No

Unknown

Patient Blood Type:

Blood Products			
Abstractor can enter multiple responses in the "Blood Products" grid in MMRIA.			
Date/Time	Product	Number of Units	Reaction/Complications

Diagnostic Imaging and Other Technology			
Abstractor can enter multiple responses in the "Diagnostic Imaging" grid in MMRIA.			
Date/Time	Procedure	Target	Findings

Referrals and Consultations			
Abstractor can enter multiple responses in the "Referrals & Consultations" grid in MMRIA.			
Date	Specialist Type	Reason	Recommendations

Reviewer's Notes About this Hospitalization, Delivery or ER Visit:

## MMRIA OTHER MEDICAL OFFICE VISITS

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Abstractor can enter multiple instances of the "Other Medical Office Visits" form in MMRIA.

### Date of Medical Office Visit

Month / Day / Year:  /  /

Arrival Time:

Gestational Age: Weeks / Days:  /

Days Postpartum:

Visit Type\*:   
Initial  
Annual  
Follow Up  
Referral  
Postpartum  
Other  
Unknown

Medical Record Number:

Specify Other Visit Type:

Reason For Visit Or Chief Complaint:

### Medical Care Facility

Place Type:   
Clinic  
Hospital  
Office  
Other  
Unknown

Specify Other Place Type:

Provider Type:   
OBGYN  
MFM  
Family Practice  
Mental Health Specialist  
Pain Management Clinic  
Treatment Specialist  
Other  
Unknown

Specify Other Provider Type:

Payment Source:   
Private Insurance  
Medicaid  
Self-Pay  
Indian Health Service  
CHAMPUS/TRICARE  
Other Government (Fed, State, Local)  
Other  
Unknown

Specify Other Payment Source:

Pregnancy Status:   
Pregnant  
Postpartum  
Unknown

Was this Provider the Primary Prenatal Care Provider?\*   
Yes  
No  
Unknown

MMRIA OTHER MEDICAL OFFICE VISITS		FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
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211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366

**FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION**

**Location Of Medical Care Facility** *MMRIA automatically generates geocoded fields for: Location of Medical Care Facility*

Street / Apartment or Unit Number:  /

City, State, Zip Code:  /  /

County:

Geocoded fields for: Location of Medical Care Facility

- omovlomcf\_fmg\_type:** Matching geography type
- omovlomcf\_latit:** Latitude
- omovlomcf\_longi:** Longitude
- omovlomcf\_ngcq\_code:** Coordinate quality code
- omovlomcf\_ngcq\_type:** Coordinate quality name
- omovlomcf\_nctc\_code:** Census tract certainty code
- omovlomcf\_nctc\_type:** Census tract certainty name
- omovlomcf\_sc\_fips:** State-county FIPS code
- omovlomcf\_cs\_fips:** State FIPS code
- omovlomcf\_cc\_fips:** County FIPS code
- omovlomcf\_ct\_fips:** Tract FIPS code
- omovlomcf\_u\_statu:** Urban status
- omovlomcf\_cmd\_fips:** Metropolitan Division
- omovlomcf\_cc\_cbsa\_fips:** CBSA FIPS code
- omovlomcf\_cc\_micro:** CBSA micropolitan indicator

**Relevant Medical History** *Abstractor can enter multiple responses in the "Relevant Medical History" grid in MMRIA.*

Finding	Comment(s)

**Relevant Family History**      *Abstractor can enter multiple responses in the "Relevant Family History" grid in MMRIA.*

Finding	Comment(s)

**Relevant Social History** *Abstractor can enter multiple responses in the "Relevant Social History" grid in MMRIA.*

Finding	Comment(s)

**Vital Signs** *Abtractor can enter multiple responses in the "Vital Signs" grid in MMRIA.*

[illegible]

Laboratory Tests

Abstractor can enter multiple responses in the "Laboratory Tests" grid in MMRIA.

Date/Time	Specimen	Test Name	Result	Diagnostic Level	Comment(s)
				(Select Value) Within Normal Limits Decreased Increased Not Applicable Unknown	

Diagnostic Imaging and Other Technology

Abstractor can enter multiple responses in the "Diagnostic Imaging" grid in MMRIA.

Date/Time	Procedure	Target	Finding

Physical Examinations

Abstractor can enter multiple responses in the "Physical Exam" grid in MMRIA.

Body System	Finding	Comment(s)
(Select Value) Cardiovascular Constitutional Ear/Nose/Throat Endocrine Eyes Gastrointestinal Genitourinary Hematologic Immunologic Musculoskeletal Neurological Psychiatric Respiratory Skin Other		

Referrals and Consultations

Abstractor can enter multiple responses in the "Referrals & Consultations" grid in MMRIA.

Date	Specialty	Reason	Recommendations

Prescribed Medications/Drugs

Abstractor can enter multiple responses in the "Medications" grid in MMRIA.

Date/Time	Medication Name	Dose/Frequency/Duration	Adverse Reaction?	Comment(s)

<b>Visit Summary</b> <i>Abstractor can enter multiple responses in the "Visit Summary" grid in MMRIA.</i>	
<b>Abnormal Findings</b>	<b>Recommendations and Action Plans</b>

**Reviewer's Notes About This Medical Office Visit:**

Abstractor can enter multiple instances of the "Medical Transport" form in MMRIA.

Date of Transport

Month / Day / Year:  /  /

Gestational Age - Weeks / Days:  /

Days Postpartum:

Reason for Transport:

Patient Conditions (Describe):

Who Managed the Transport?

(Select Value)  
Attending Physician  
Another Clinician  
EMS/911  
Other

Specify Other who Managed the Transport:

Transport Vehicle:

(Select Value)  
Ground Ambulance  
Fixed-Wing Aircraft  
Helicopter  
Other

Specify Other Transport Vehicle:

Timing of Transport

Date/Time

Call Received:

Depart for Patient Origin:

Arrive at Patient Origin:

Patient Contact:

Depart for Receiving Facility:

Arrive at Receiving Facility:

Geocoded fields of: Origin Information

**Specify Other Place of Origin:**

*MMRIA automatically generates geocoded fields for: Transport Origin*

**Street / Apartment or Unit Number:**  /   
**City, State, Zip Code:**  /  /   
**Country, County:**  /

**Specify Other Trauma Level of Care:**

**Specify Other**

**Level of Maternal Care:**

**Comments:**

<b>Procedures Before Transport</b> <b>(Describe):</b>	
--	--

<b>Procedures During Transport</b> <b>(Describe):</b>	
--	--

[illegible][illegible]

Mental Status of Patient During Transport (Describe):

Documented Pertinent Oral Statements Made by Patient or Others on Scene:

Destination Information

Name of Facility:

Place of Destination:

(Select Value)

Home

Hospital

Other

Specify Other Destination:

MMRIA automatically generates geocoded fields for: Transport Destination

Street / Unit Number:

/

City, State, Zip Code:

/

/

Country, County:

/

Estimated Distance (Miles) Between Origin and Destination of Medical Transport:

Trauma Level of Care:

(Select Value)

Level I

Level II

Level III

Level IV

Other

Specify Other Trauma Level of Care:

Level of Maternal Care:

(Select Value)

Birth Center

Basic Care (Level I)

Specialty Care (Level II)

Subspecialty Care (Level III)

Regional Perinatal Health Care Center (Level IV)

Other

Specify Other Level of Maternal Care:

Comments:

Reviewer's Notes About Medical Transport:

Geocoded fields for: Destination Information

mt\_dst\_fmg\_type:

Matching geography type

mt\_dst\_latit:

Latitude

mt\_dst\_longi:

Longitude

mt\_dst\_ngcq\_code:

Coordinate quality code

mt\_dst\_ngcq\_type:

Coordinate quality name

mt\_dst\_nctc\_code:

Census tract certainty code

mt\_dst\_nctc\_type:

Census tract certainty name

mt\_dst\_sc\_fips:

State-county FIPS code

mt\_dst\_cs\_fips:

State FIPS code

mt\_dst\_cc\_fips:

County FIPS code

mt\_dst\_ct\_fips:

Tract FIPS code

mt\_dst\_u\_statu:

Urban status

mt\_dst\_cmd\_fips:

Metropolitan Division

mt\_dst\_cbsa\_fips:

CBSA FIPS code

mt\_dst\_cc\_micro:

CBSA micropolitan indicator

Socio-Economic Characteristics

<b>Source of Income:</b>	<div>(Select Value) Self Spouse Relative Public Assistance Multiple Sources Other Unknown</div>	<b>Specify Multiple/Other Sources of Income:</b>	<div></div>	<b>Employment Status:</b>	<div>(Select Value) Full Time Part Time Self Employed Contract Unemployed Multiple Employment Statuses Other Unknown</div>	<b>Specify Multiple/Other Employment Status:</b>	<div></div>
<b>Occupation:</b>	<div></div>	<b>Religious Preference:</b>	<div></div>				
<b>Country of Birth:</b>	<div></div>						
<b>Immigration Status:</b>	<div>(Select Value) US Citizen Legal Permanent Resident (LPR) Parolee Refugee/Asylee Student Visa Holder Tourist/Visitor Visa Holder (Including Laser Visa Border Crossers) Undocumented Victim of Crime/Victim of Trafficking or Unaccompanied Minor Work Visa Holder (J and H) Other Unknown</div>			<b>Time in the US:</b>	<div></div>	<b>Units:</b>	<div>(Select Value) Minute(s) Hour(s) Day(s) Week(s) Month(s) Year(s)</div>
<b>Living Arrangement at Time of Death:</b>	<div>(Select Value) Own Rent Public Housing Live with Relative Homeless Other Unknown</div>						
<b>Homelessness*: [Select All that Apply]</b>	<div>Never More than 1 Year Prior to Pregnancy Within 1 Year Prior to Pregnancy During Pregnancy After Pregnancy Unknown Yes, in Last 12 Months (historical non-selectable option) Yes, but More than 12 Months Ago (historical non-selectable option)</div>			<b>Unstable Housing? [Select All that Apply]</b>	<div>Never More than 1 Year Prior to Pregnancy Within 1 Year Prior to Pregnancy During Pregnancy After Pregnancy Unknown</div>		

Members of Household

Abstractor can enter multiple responses in the "Members of Household" grid in MMRIA.

Relationship	Gender	Age	Comment(s)
(Select Value) Partner/Spouse Child Parent Sibling Aunt/Uncle Niece/Nephew Grandparent Cousin Unrelated Unknown	(Select Value) Male Female Unknown		

Was Decedent Ever Incarcerated?  
[Select All that Apply]

Never  
More than 1 Year Prior to Pregnancy  
Within 1 Year Prior to Pregnancy  
During Pregnancy  
After Pregnancy  
Unknown  
Before Pregnancy (historical non-selectable option)

Details of Incarcerations

Abstractor can enter multiple responses in the "Details of Incarcerations" grid in MMRIA.

Date	Duration	Reason	Occurrence	Comment(s)
			(Select Value) More than 1 Year Prior to Pregnancy Within 1 Year Prior to Pregnancy During Pregnancy After Pregnancy Unknown	

Was Decedent Ever Arrested?  
[Select All that Apply]

Never  
More than 1 Year Prior to Pregnancy  
Within 1 Year Prior to Pregnancy  
During Pregnancy  
After Pregnancy  
Unknown

Details of Arrests

Abstractor can enter multiple responses in the "Details of Arrests" grid in MMRIA.

Date	Reason	Occurrence	Comment(s)
		(Select Value) More than 1 Year Prior to Pregnancy Within 1 Year Prior to Pregnancy During Pregnancy After Pregnancy Unknown	

**Health Care Access**

**Documented Barriers to Health Care Access\*:**  
**[Select All that Apply]**

Child Care  
Cultural Norms  
Distance  
Financial  
Mobility  
Transportation  
Other  
None  
Unknown

**Specify Other Barriers  
to Health Care Access:**

**Comments:**

**Communications**

**Documented Barriers to Communications\*:**  
**[Select All that Apply]**

Cultural Differences  
Functional Illiteracy  
Hearing Impaired  
Language Differences  
Speech Impaired  
Vision Impaired  
Other  
None  
Unknown

**Specify Other Barriers  
to Communicaitons:**

**Comments:**

**Social or Emotional Stress**

**Evidence of Social or Emotional Stress\*:**  
**[Select All that Apply]**

History of Domestic Violence  
History of Psychiatric Hospitalizations or Treatment  
Child Protective Services Involvement  
History of Treatment for Substance Use  
Unemployment  
History of Substance Use Treatment  
Pregnancy Unwanted  
Recent Trauma  
History of Childhood Trauma  
Prior Suicide Attempts  
Other  
None  
Unknown

**Specify Other Evidence of Stress:**

**Explain Further:**

# MMRIA SOCIAL AND ENVIRONMENTAL PROFILE

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

## Utilization of Health Care System

Any Prenatal Care?\*

(Select Value)  
No  
Yes

Reasons for Missed Appointments\*:  
[Select All That Apply]

Appointment Conflict  
Busy Elsewhere  
Don't Like Prenatal Care Provider  
Forgot  
Lack of Childcare  
No Transportation  
Other  
No Missed Appointments  
Unknown

Specify Other Reason  
for Missed Appointments:

Comments:

Military Status at Time of Death:

(Select Value)  
Active Military  
Military Veteran  
Military Dependent  
None of the Above  
Unknown

Is There Documentation of Bereavement Support?

(Select Value)  
Yes  
No  
Unknown

## Social and Medical Referrals

*Abtractor can enter multiple responses in the "Social & Medical Referrals" grid in MMRIA.*

Date	Referred To	Specialty	Reason	Adhered?	Reason for Non-Adherence	Comment(s)
				(Select Value) Yes No Unknown		

## Sources of Social Services Information for this Record

*Abtractor can enter multiple responses in the "Sources of Social Services" grid in MMRIA.*

Date	Element	Specify Other Element	Source Name	Comment(s)
	(Select Value) SES Characteristics Household Members Incarcerations Barriers to Health Care Communication Barriers Stress Utilization of Health Care Referrals Other Unknown			

Was There Documented Substance Use?\*

(Select Value)

Yes

No

Unknown

If Yes, Specify Substance(s) *Abstractor can enter multiple responses in the "Substance Use" grid in MMRIA.*

Documented Substance	Specify Other Substance	Timing of Substance Use
Acetaminophen Acetazolamide (Diamox) Alcohol Alprazolam (Xanax) Aminoclonazepam Amphetamines Aripiprazole (Abilify) Buprenorphine Carbamazepine (Teqretol) Chlordiazepoxide (Librium) Citalopram (Celexa) Clonazepam (Klonopin or Rivotril) Cocaine Diazepam (Valium) Doxepin (Silenor, Zonalon, Prudoxin) Duloxetine (Cymbalta) Felbamate (Felbatol) Fentanyl Fluoxetine/Olanzapine (Symbyax) Heroin Hydromorphone (Dilaudid) Lorazepam (Ativan) Lurasidone (Latuda) Marijuana Meprobamate (Equanil) Methadone Methadone Hydrochloride Methamphetamine Midazolam (Versed) Morphine Sulfate Oxycodone Hydrochloride Oxymorphone Hydrochloride (Opana) Pregabalin (Lyrica) Quetiapine (Seroquel) Sertraline (Zoloft) Temazepam (Restoril) Tobacco Trazadone (Oleptro) Zolpidem (Ambien) Other		<div>(Select Value)</div> <div>No Documentation</div> <div>Pre-pregnancy</div> <div>During Pregnancy</div> <div>Postpartum</div>

Reviewer's Notes About the Social and Environmental Profile:

Were There Documented Preexisting Mental Health Conditions?\*

(Select Value)

Yes

No

Unknown

Documented Preexisting Mental Health Conditions

Abstractor can enter multiple responses in the "Preexisting Mental Health Conditions" grid in MMRIA.

Condition	Duration of Condition	Treatment(s)	Duration of Treatment	Treatment Changed During Pregnancy?	Dosage Changed During Pregnancy?	If Yes, Mental Health Provider Consultation During this Pregnancy?	Did Patient Adhere to Treatment?
(Select Value)				(Select Value)	(Select Value)	(Select Value)	(Select Value)
Anxiety Disorder (i.e. PTSD or OCD)				Yes	Yes	Yes	Yes
Bipolar Disorder				No	No	No	No
Depression				Unknown	Unknown	Unknown	Unknown
Psychotic Disorder							
Substance Use Disorder							
Comment(s):							

Were There Documented Screenings and Referrals for Mental Health Conditions?

Abstractor can enter multiple responses in the "Screening & Referrals" grid in MMRIA.

Date of Screening	GA - Weeks / Days	Days Postpartum	Screening Tool	Specify Other Screening Tool	Referral for Treatment
			(Select Value)		(Select Value)
			Alcohol Use Disorders Identification Test (AUDIT)		Yes
			Beck Depression Inventory (BDI)		No
			Beck Depression Inventory-II (BDI-II)		Unknown
			CAGE-AID		
			Center for Epidemiologic Studies Depression Scale Revised (CESD-R)		
			Columbia-Suicide Severity Rating Scale (C-SSRS)		
			Drug Abuse Screening Test (DAST-10)		
			Edinburgh Postnatal Depression Scale (EPDS)		
			Generalized Anxiety Disorder (GAD-7)		
			Mood Disorder Questionnaire (MSQ)		
			NIDA Quick Screen		
			NM ASSIST		
			Patient Health Questionnaire (PHQ-9)		
			Postpartum Depression Screening Scale (PDSS)		
			Primary Care PTSD Screen (PC-PTSD)		
			SAFE-T		
			Zung Self-Rating Depression Scale (SDS)		
			Other		
			Unknown		
				Findings:	
				Comment(s):	

Was the Decedent TREATED for Any of the Following Mental Health Conditions PRIOR TO the Most Recent Pregnancy?\*[Select All that Apply]

- Anxiety Disorder
- Bipolar Disorder
- Depression
- Psychotic Disorder
- Substance Use Disorder
- Other
- Not Treated
- Unknown

Specify Other:

Was the Decedent TREATED for Any of the Following Mental Health Conditions DURING the Most Recent Pregnancy?\*[Select All that Apply]

- Anxiety Disorder
- Bipolar Disorder
- Depression
- Psychotic Disorder
- Substance Use Disorder
- Other
- Not Treated
- Unknown

Specify Other:

Was the Decedent TREATED for Any of the Following Mental Health Conditions AFTER the Most Recent Pregnancy?\*[Select All that Apply]

- Anxiety Disorder
- Bipolar Disorder
- Depression
- Psychotic Disorder
- Substance Use Disorder
- Other
- Not Treated
- Unknown

Specify Other:

Reviewer's Notes About the Mental Health Profile:

## MMRIA INFORMANT INTERVIEWS

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

*Abstractor can enter multiple instances of the "Informant Interviews" form in MMRIA.*

Date of Interview: Month/Day/Year:  /  /

Interview Type\*:

(Select Value)  
Family  
Neighbor  
Friend  
Witness  
Law Enforcement  
Health Care Provider  
EMS Transport Provider  
Coroner  
Medical Examiner  
Other

Specify Other Type:

### Information About the Informant

Age Group:

(Select Value)  
65 or older  
18 to 64  
12 to 18  
6 to 11  
Under 6  
Unknown

Relationship To Deceased:

(Select Value)  
None  
Parent  
Partner  
Child  
Grandparent  
Sister  
Brother  
Aunt  
Uncle  
Cousin  
Other

Other Relationship:

Interview Narrative:

Reviewer's Notes About the Informant Interview:

Case Narrative:

Committee Review Information

Review Date:

Pregnancy-Relatedness: (Select Value)  
Pregnancy-Related  
Pregnancy-Associated, but NOT -Related  
Pregnancy-Associated but Unable to Determine Pregnancy-Relatedness  
Not Pregnancy-Related or -Associated (i.e. False Positive) (historical non-selectable option)

Estimate the Degree of Relevant Information (Records) Available for this Case: (Select Value)  
Complete  
Mostly Complete  
Somewhat Complete  
Not Complete  
N/A

Does Committee Agree with the Underlying Cause of Death Listed on Death Certificate? (Select Value)  
Yes  
No

**If Pregnancy-Related, Committee Determination of Primary Underlying Cause of Death (PMSS-MM) / If Applicable: Secondary Underlying Cause of Death (PMSS-MM):**

(Select Value)	Injury
Hemorrhage (Excludes Aneurysms and CVA)	88.1 Intentional (Homicide)
10.1 Hemorrhage - Uterine Rupture	88.2 Unintentional
10.2 Placental Abruptio	88.9 Unknown Intent/NOS
10.3 Placenta Previa	Cancer
10.4 Ruptured Ectopic Pregnancy	89.1 Gestational Trophoblastic Disease (GTD)
10.5 Hemorrhage - Uterine Atony/Postpartum Hemorrhage	89.3 Malignant Melanoma
10.6 Placenta Accreta/Increta/Percreta	89.9 Other Malignancy/NOS
10.7 Hemorrhage due to Retained Placenta	Cardiovascular Conditions
10.8 Hemorrhage due to Primary DIC (Obsolete)	90.1 Coronary Artery Disease/Myocardial Infarction (MI)/Atherosclerotic Cardiovascular Disease
10.10 Hemorrhage - Laceration/Intra-Abdominal Bleeding	90.2 Pulmonary Hypertension
10.9 Other Hemorrhage/NOS	90.3 Valvular Heart Disease Congenital and Acquired
Infection	90.4 Vascular Aneurysm/Dissection (Non-Cerebral)
20.1 Postpartum Genital Tract Infection (e.g. of the Uterus/Pelvis/Perineum/Necrotizing Fasciitis)	90.5 Hypertensive Cardiovascular Disease
20.2 Sepsis/Septic Shock	90.6 Marfan Syndrome
20.4 Chorioamnionitis/Antepartum Infection	90.7 Conduction Defects/Arrhythmias
20.5 Non-Pelvic Infection (e.g. Pneumonia, TB, Meningitis, HIV) (Obsolete)	90.8 Vascular Malformations Outside Head and Coronary Arteries
20.6 Urinary Tract Infection	90.9 Other Cardiovascular Disease, including CHF, Cardiomegaly, Cardiac Hypertrophy, Cardiac Fibrosis, Non-Acute Myocarditis/N
20.7 Influenza	Pulmonary Conditions (Excluding ARDS)
20.8 COVID-19	91.1 Chronic Lung Disease
20.10 Pneumonia	91.2 Cystic Fibrosis
20.11 Other Non-Pelvic Infection (e.g. TB, Meningitis, HIV)	91.3 Asthma
20.9 Other Infection/NOS	91.9 Other Pulmonary Disease/NOS
Embolism	Neurologic/Neurovascular Conditions (Excluding CVA)
30.1 Embolism - Thrombotic (non-cerebral)	92.1 Epilepsy/Seizure Disorder
30.9 Other Embolism (Excludes Amniotic Fluid Embolism)/NOS	92.9 Other Neurologic Disease/NOS
Amniotic Fluid Embolism	Renal Diseases
31.1 Embolism - Amniotic Fluid	93.1 Chronic Renal Failure/End-Stage Renal Disease (ESRD)
Hypertensive Disorders of Pregnancy	93.9 Other Renal Disease/NOS
40.1 Preeclampsia	Cerebrovascular Accidents not Secondary to Hypertensive Disorders of Pregnancy
50.1 Eclampsia	95.1 Cerebrovascular Accident (Hemorrhage/Thrombosis/Aneurysm/Malformation) not Secondary to Hypertensive Disorders of Pre
60.1 Chronic Hypertension with Superimposed Preeclampsia	Metabolic/Endocrine
Anesthesia Complications	96.1 Obesity (Obsolete)
70.1 Anesthesia Complications	96.2 Diabetes Mellitus
Cardiomyopathy	96.9 Other Metabolic/Endocrine Disorder/NOS
80.1 Postpartum/Peripartum Cardiomyopathy	Gastrointestinal Disorders
80.2 Hypertrophic Cardiomyopathy	97.1 Crohn's Disease/Ulcerative Colitis
80.9 Other Cardiomyopathy/NOS	97.2 Liver Disease/Failure/Transplant
Hematologic	97.9 Other Gastrointestinal Disease/NOS
82.1 Sickle Cell Anemia	Mental Health Conditions
82.9 Other Hematologic Condition including Thrombophilias/TTP/HUS/NOS	100.1 Depressive Disorder
Collagen Vascular/Autoimmune Diseases	100.2 Anxiety Disorder (including Post-Traumatic Stress Disorder)
83.1 Systemic Lupus Erythematosus (SLE)	100.3 Bipolar Disorder
83.9 Other Collagen Vascular Disease/NOS	100.4 Psychotic Disorder
Conditions Unique to Pregnancy	100.5 Substance Use Disorder
85.1 Condition Unique to Pregnancy (e.g. Gestational Diabetes, Hyperemesis, Liver Disease of Pregnancy)	100.9 Other Mental Health Condition/NOS
	Unknown COD
	999.1 Unknown COD

Committee Determination of Cause(s) of Death		
Abstractor can enter multiple responses in the "Committee Determination of Cause(s) of Death" grid in MMRIA.		
Type	Cause (Descriptive)	Comments
(Select Value) Underlying Contributing Immediate Other Significant		

Committee Determinations on Circumstances Surrounding Death

Did Obesity Contribute to the Death?	(Select Value) Yes Probably No Unknown	Did Discrimination Contribute to the Death?	(Select Value) Yes Probably No Unknown
Did Mental Health Conditions Other than Substance Use Disorder Contribute to the Death?	(Select Value) Yes Probably No Unknown	Did Substance Use Disorder Contribute to the Death?	(Select Value) Yes Probably No Unknown

Manner of Death

Was this Death a Suicide?	(Select Value) Yes Probably No Unknown	Was this Death a Homicide?	(Select Value) Yes Probably No Unknown
If Accidental Death, Homicide, or Suicide, List the Means of Fatal Injury:	(Select Value) Firearm Sharp Instrument Blunt Instrument Poisoning/Overdose Hanging/Strangulation/Suffocation Fall Punching/Kicking/Beating Explosive Drowning Fire or Burns Motor Vehicle Intentional Neglect Other Not Applicable Unknown	Specify Other Means of Fatal Injury:	

# MMRIA COMMITTEE DECISIONS FORM

FOR REFERENCE USE ONLY - NOT FOR DATA COLLECTION

**If Homicide, What Was the Relationship of the Perpetrator to the Decedent?**

(Select Value)  
No Relationship  
Partner  
Ex-Partner  
Other Relative  
Other Acquaintance  
Other  
Unknown  
Not Applicable

**Specify Other Relationship:**

**Was this Death Preventable?**

(Select Value)  
Yes  
No

**Chance to Alter Outcome:**

(Select Value)  
Good Chance  
Some Chance  
No Chance  
Unable to Determine

## Contributing Factors and Recommendations for Action

Abstractor can enter multiple responses in the "Contributing Factors & Recommendations" grid in MMRIA.

Description of Issue	Contributing Factor Class	Level	Committee Recommendation	Level	Prevention Type	Expected Impact
	(Select Value)	(Select Value)		(Select Value)	(Select Value)	(Select Value)
	Access/Financial	Patient/Family		Patient/Family	Primary	Small
	Adherence	Provider		Provider	Secondary	Medium
	Assessment	Facility		Facility	Tertiary	Large
	Chronic Disease	System		System		Extra Large
	Clinical Skill/Quality of Care	Community		Community		Giant
	Communication					
	Continuity of Care/Care Coordination					
	Cultural/Religious					
	Delay					
	Discrimination					
	Environmental					
	Equipment/Technology					
	Interpersonal Racism					
	Law Enforcement					
	Knowledge					
	Legal					
	Mental Health Conditions					
	Outreach					
	Personnel					
	Policies/Procedures					
	Referral					
	Social Support/Isolation					
	Substance Use Disorder- Alcohol, Illicit/Prescription Drugs					
	Structural Racism					
	Tobacco Use					
	Trauma					
	Unstable Housing					
	Violence					
	Other					

If recommendations and opportunities for strengthening systems and processes were discussed during the review of this death but would not have prevented this specific death, please document those recommendations here. For example, a recommendation related to the referral of pregnancy-associated deaths to the coroner or medical examiner's office for an autopsy could be listed here.

Recommendations for Action			Abstractor can enter multiple responses in the "Recommendations for Action" grid in MMRIA.		
Note: Historical migrated data. For reference only.					
Recommendation			Prevention Level		Level of Impact
			(Select Value)		(Select Value)
			Primary		Small
			Secondary		Medium
			Tertiary		Large
					Extra Large
					Giant