Case Number: Date of Review: / /

**MIMR-CDR Pregnancy-Associated Death Committee Consensus Form**

Case Presenter: Other Case Reviewers: 1.

Scribe: 2.

1. **What type of pregnancy-associated death is this?**

\* If the death was *pregnancy-related*, check all that apply:

[ ] Hemorrhage

[ ] Ectopic pregnancy

[ ] Pregnancy-induced hypertension

[ ] Embolism

[ ] Infection

[ ] Other complications of pregnancy and childbirth

[ ] Medical, obstetrical causes\*

[ ] Medical, other medical causes

 [ ] Unintentional Injury, motor vehicle crash [ ] Unintentional Injury, other

[ ] Suicide [ ] Assault/Homicide [ ] Unknown

[ ] Drug/Alcohol overdose

**2) Autopsy Performed:** [ ] Yes [ ] No

 **If No**, Committee recommended autopsy: [ ] Yes [ ] No

 **Why: \_\_\_\_\_**

**3) What do you believe was the most probable cause of death?** \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_

**4) What do you believe were other contributing cause(s) that led to this death, or the incident resulting in death?**

 **A)**

 **B)**

 **C)**

 **D)**

 **E)**

### 5) Does the death certificate completely capture the above causes and contributors of death? [ ] Yes [ ] No

 [ ] Does not accurately reflect most probable cause of death

 [ ] Does not accurately reflect contributing cause(s) of death

**Explain** why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 6) Was the information available for review adequate for the committee to determine the cause(s) of death?

###  [ ] Yes [ ] No

**What missing information** would have helped to better understand this case? (*Check all that apply*)

 [ ] Post-mortem cultures [ ] Post-mortem drug screen [ ] Post-mortem x-rays [ ] School records

[ ] Social Service records [ ] Home interview [ ] Police report

[ ] Other medical records: (psychiatry/psychology)

 [ ] Standardized death scene investigation form

 [ ] Toxicology Testing: \_\_\_\_\_

 [ ] Other:

**\* If No**, what **improvements of the available records** would have helped? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_

**7) Was lack of access or inadequate *access to care* associated with this death? (Due to geographical or other reasons)**

 [ ] Yes [ ] Yes probably [ ] Yes, possibly [ ] No [ ] Unknown

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**8) Was the adequacy of *medical care* received by this woman associated with this death?**

 [ ] Yes [ ] Yes, probably [ ] Yes, possibly [ ] No [ ] Unknown

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Underlying issues:**

**Based on the information you reviewed, which of the following issues were present in the life of this woman within one year of her death, and in your consensus opinion, were these issues associated with her death?**

**9) Adverse socioeconomic issues** (homelessness, lack of transportation, food insecurity, joblessness, issues related to poverty etc.)

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**10) Domestic violence or other forms of Abuse?**

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **If Yes,** relationship(s) of perpetrator: [ ] decedent [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11) Mental health conditions** (including depression and mental illness of others)**?**

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **If Yes,** relationship(s) of person with mental health condition: [ ] decedent [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **12) Alcohol abuse** (including alcohol abuse by persons other than the decedent)**?**

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **If Yes,** relationship(s) of person abusing alcohol (check both if applicable): [ ] decedent [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13) Drug abuse** (including abuse by persons other than the decedent)**?**

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **If yes,** relationship(s) of person abusing drugs (check both if applicable): [ ] deceased [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If Yes**, what type(s) of substance? [ ] Cocaine [ ] ETOH [ ] Methadone [ ] Tobacco

[ ] Semi-synthetic opiates [ ] OTC [ ] Marijuana [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Victim’s prescribed meds [ ] Other’s prescribed meds

**14) Tobacco use** (including abuse by persons other than the decedent)

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **If Yes,** relationship(s) of person using tobacco (check both if applicable): [ ] deceased [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15) Decedent’s pregnancy?**

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

 **Associated with death?** [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 **If any “Yes”**, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**16) Decedent’s medical/health condition** (including acute, chronic and congenital conditions, obesity etc. but *not including* mental health condition or pregnancy)?

 [ ] Yes, present [ ] Yes, probably present [ ] Possibly, not sure [ ] No [ ] Unknown (no information available)

If yes, what medical condition(s) were present (be specific)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Associated with death? [ ] Yes, associated [ ] No [ ] Unknown (not enough information)

 If any “Yes”, explain which condition(s) and how associated with death : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If Yes:**

 Did the medical condition(s) complicate or lead to the event that was the direct cause of death?

 [ ] Yes [ ] No [ ] Unknown

 Was the woman receiving adequate health care for the medical condition(s)? [ ] Yes [ ] No [ ] Unknown

 **\* If no**, was the inadequate care while she was pregnant? [ ] during pregnancy [ ] after birth

 Was the woman compliant with prescribed care plans?

 [ ] Yes [ ] No [ ] Presumed [ ] Unknown [ ] N/A

**\*If No**, check non-compliance issues: [ ] Appointments [ ] Medications [ ] Medical equipment use

[ ] Therapies [ ] Other: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Did the care facility provide adequate care based on available knowledge and technology?

[ ] Yes [ ] No [ ] Unknown [ ] N/A

**\*If no**, please explain:

**Specific Causes or Contributing Factors to Death**

***Please also refer to and correct the data extraction sheet on the left side of the file***

**Motor Vehicle N/A** (Circle N/A and skip to next section if not applicable)

**17)** Was the decedent properly restrained or wearing proper protective gear (i.e. seatbelt, ATV rider protection)?

[ ] Yes [ ] No [ ] Unknown [ ] N/A

 **\*If No**, please list what was *not* or *incorrectly* used. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The above listed was: [ ] Not Used [ ] incorrectly used [ ] Unknown

Please describe any factors not previously mentioned that you believe may have contributed to motor vehicle incident resulting in the death of the woman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Drowning N/A** (Circle N/A and skip to next section if not applicable)

**18)** What was the primary reason the woman was in the water?

[ ] Unknown [ ] Rescuing another [ ] Swimming [ ] Bathing

[ ] Accidental fall (i.e. fell in bathtub, fell off boat) [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contributing factor(s) to death (check all that apply):

 [ ] Weather [ ] Current [ ] Drop-off [ ] Inappropriate supervision [ ] House not safe

 [ ] No personal flotation devise [ ] Water temp [ ] inability to swim [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please describe any factors not previously mentioned that you believe may have contributed to the drowning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assault N/A** (Circle N/A and skip to next section if not applicable)

**19)** Decedent-related factors that may have contributed to the assault (*check all that had supporting evidence*)

 [ ] Current sexual abuse [ ] Past sexual abuse [ ] Dangerous online activities

 [ ] Prostitution [ ] Drug use/abuse [ ] History of delinquency

 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perpetrator-related factors that may have contributed to the assault (*check all that had supporting evidence*)

 [ ] Inexperienced caregiver [ ] Stress/frustration [ ] Drug use/abuse

 [ ] Mental health issues [ ] Previous victim of DV/abuse [ ] Previously committed DV/abuse

 [ ] Religious beliefs [ ] Discrimination [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Event-related factors that may have contributed to the assault (*check all that had supporting evidence*)

 [ ] Domestic dispute [ ] Gangs [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accident / Risky Behavior** **N/A** (Circle N/A and skip to next section if not applicable)

**20)** Behavior that led to accident (describe behavior):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Did risky behavior lead to the accident?** (*See definition of risky behavior on the definitions sheet*.)

 [ ] Yes [ ] Yes, probably [ ] Yes, possibly [ ] No [ ] Unknown [ ] N/A

 The behavior described in #20 was (check all that apply): [ ] N/A [ ] behavior of someone else

 [ ] Unknown [ ] behavior of decedent

 Behavior by decedent or other(s) was: [ ] Unknown [ ] Direct cause of death [ ] Contributing cause of death

 If behavior by someone else, what is the relationship to the decedent? [ ] N/A (reckless behavior by decedent)

 [ ] Unknown [ ] Parent [ ] Other primary caregiver [ ] Friend [ ] Family member

 [ ] Stranger [ ] Sibling [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What was the primary reason for this behavior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preventability**

**39)** Was this death preventable? (*See definitions handout*) [ ] Unknown [ ] No. Why not?

[ ] Yes, possibly (causal chain/mechanism between prevention and outcome is unclear)

[ ] Yes, probably (causal chain/mechanism between prevention and outcome is clear)

[ ] Yes

# **40)** If yes, during the sequence of events prior to the death, what reasonable things, if they **had** **not** occurredor **had** occurred, might have prevented the death? (Please rank in order, with 1 being most likely to have prevented death.)

Rank

[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**41)** What specific change(s) do you believe should occur to **prevent other similar deaths** and to keep women safe, healthy and protected? (*Check all that apply and describe*.)

[ ] Pre-conception care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Improved patient education

[ ] Improved parent education

[ ] Improved other caretaker education

[ ] Improved education of medical care providers; Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] More widely offered school education programs

[ ] Increased availability and use of alcohol/drug/tobacco abuse treatment programs

[ ] New or expanded social support programs or services

[ ] New or revised procedures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] New law or ordinance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Improved enforcement of existing law/ordinance; What? \_

[ ] Modify or recall consumer product; What product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Improved access to medical care [ ] Primary [ ] Intensive [ ] Specialty [ ] Mental Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Changes in public health nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**42)** Other comments (Anything else important about this death that has not already been captured):