**Abstraction**

Date

MR # or PATIENT ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code of patient residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Abstraction Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_ Abstractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Patient Characteristics** |
| Age **\_\_** Weight/Height / Body mass index (BMI) at first prenatal visit Most recent BMI \_\_\_\_ |
| **Race** (Indicate race patient identifies)Choose an item.**Hispanic or Latina**No [ ]  Yes [ ]  Unknown [ ]  |  | **Obstetric History**Gravida \_\_\_\_\_\_\_ Para \_\_\_ Term \_\_\_ Premature \_\_ Aborted \_\_ Living \_\_\_# Previous fetal deaths \_\_\_\_# Previous infant deaths \_\_\_\_ |
| **Prenatal Care (PNC)** |
| **Yes ☐** Week PNC began \_\_\_\_\_ Week unknown Yes ☐ No ☐ Number of PNC visits \_\_\_\_ Visit # unknown Yes ☐ No ☐**No ☐** **Unknown PNC status** ☐ |
| **Discipline of Primary PNC Provider** (choose one) Choose an item. | **Prenatal care source/location**Choose an item. |
| **Planned/intended place of delivery** Choose an item. | **Timing of maternal morbidity**Choose an item. |
| **Maternal Transport** (during peripartum period)No Choose an item.**Yes** [ ] From facility \_\_\_\_\_\_\_\_ to facility \_\_\_\_\_\_\_\_\_\_\_\_**Unknown** [ ]  | **Perinatologist consultation** (during peripartum period)**No** Choose an item.**Yes** [ ] Provider type: \_\_\_\_\_\_\_\_\_\_\_**Unknown** [ ]  |
| Did race/ethnicity contribute to morbidity?Yes **☐** No **☐** Maybe ☐ Did language barrier contribute to morbidity? Yes **☐** No **☐** Maybe ☐Did specific social determinants of health contribute to the morbidity? Yes **☐** No **☐** Maybe ☐ |
| **Delivery Information**Gestational age at time of morbidity \_\_\_\_\_\_\_\_\_\_Singleton [ ]  Multiple [ ]  (If multiple fill out additional delivery information per fetus) |
| **Birth status** Choose an item. | **Labor** Yes **☐** No **☐**  | **Delivery type** Choose an item. |
| **If C-Section**Type of C-section Choose an item. | **If C-Section**Primary reason for C-Section Choose an item.  |
|  | **Primary payer source** Choose an item. |

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| **Resolution**  Review the SMM Outcome Factors Guide (pg. 7) of the SMM Review Form to determine contributing factors and opportunities |
| **Opportunity to alter outcome** Yes [ ]  No [ ]   |
| **Which factor(s) offers the opportunity to alter outcomes (select all that apply)]** Provider [ ]  System [ ]  Patient [ ]  |
| **List up to 3 things that could be done to alter outcome** |
| **Identify practices that were done well and should be reinforced** |
| **Recommendations for system, practice, provider improvements** |

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**Hypertensive disease**

1. Was hypertension measured and recognized appropriately?
2. Did the patient receive nifedipine?
3. Was severe hypertension treated in a timely fashion?
4. Was the patient transferred to the hospital?
5. Were any complications related to hypertensive disease managed appropriately?

This form was originally developed by the California Pregnancy-Associated Mortality Review (CA-PAMR) using Title V MCH funding and is adapted with permission from the California Department of Public Health, Maternal, Child and Adolescent Health Division. Sacramento, CA

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