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69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

November 26, 2018

Dear Hospital CEO,

The Illinois Department of Public Health (IDPH) recognizes that major complications of pregnancy and childbirth, or severe maternal morbidities, have risen nationwide by 50% over the last decade. During 2016-2017, over 3,500 Illinois women experienced severe maternal morbidity. Such morbidity is related to higher medical costs, longer hospitalization stays, and higher rates of maternal mortality. According to the Centers for Disease Control and Prevention, the review of severe maternal morbidity cases provides an opportunity to identify points of intervention for quality improvements in maternal care.

IDPH wishes to reduce the incidence of severe maternal morbidity throughout the State. To improve maternal outcomes in Illinois, IDPH needs to understand better the patient, provider, facility, and other factors leading to the incidence of severe maternal morbidity, as well as how Illinois hospitals currently review and address instances of severe maternal morbidity. Gaining a better understanding of these factors will allow IDPH to develop policies to reduce severe maternal morbidity and improve patient outcomes.

Pursuant to Part 21, Medical Studies, of Article VIII of the Illinois Code of Civil Procedure, 735 ILCS 5/8-2101, commonly known as the Medical Studies Act, I am declaring a medical study by IDPH to better understand the patient, provider, facility, and other factors leading to the incidence of severe maternal morbidity. This study will inform IDPH's policy development to reduce the incidence of severe maternal morbidity across the State.

For this study, IDPH will request at least one set of medical records for a woman who has experienced severe maternal morbidity from each Regionalized Perinatal Network, as well as the corresponding medical record abstract created by the hospital where the event occurred and the completed severe maternal morbidity review form. This five-year medical study will begin with records from 2016. Hospitals may seek and obtain assistance from their Administrative Perinatal Centers as needed to ensure a full and timely response to an IDPH request for records.

A copy of: (i) the medical study declaration, and (ii) the maternal morbidity review form are attached to this letter. If you have questions about this medical study, please contact Amanda Bennett in the IDPH Office of Women's Health and Family Services at [Amanda.C.Bennett@illinois.gov](mailto:Amanda.C.Bennett@illinois.gov). Thank you for your support and all that you do to serve Illinois women, infants, and families.

Very truly yours,

*Nirav Shah*

Nirav D. Shah, M.D., J.D.  
Director, Illinois Department of Public Health



## **DECLARATION OF MEDICAL STUDY**

Pursuant to Part 21, Medical Studies, of Article VIII of the Illinois Code of Civil Procedure, 735 ILCS 5/8-2101, commonly known as the Medical Studies Act, I declare a medical study by the Illinois Department of Public Health (IDPH) for the purpose of reducing severe maternal morbidity and improving patient care in Illinois.

### **I. Importance and Rationale**

Major complications of pregnancy and childbirth, or severe maternal morbidities, have risen by 50 percent in the United States over the last decade. During 2016-2017, over 3,500 Illinois women experienced severe maternal morbidity during the delivery of their infant. Severe maternal morbidity is related to higher medical costs, longer hospitalization stays, and higher rates of maternal mortality. According to the Centers for Disease Control and Prevention, the review of severe maternal morbidity cases provides an opportunity to identify points of intervention for quality improvements in maternal care. IDPH wishes to reduce the incidence of severe maternal morbidity throughout the State.

To improve maternal outcomes in Illinois, IDPH needs to understand better the patient, provider, facility, and other factors leading to the incidence of severe maternal morbidity, as well as how Illinois hospitals currently review and address instances of severe maternal morbidity. Gaining a better understanding of these factors will allow IDPH to develop policies to reduce severe maternal morbidity and improve patient outcomes.

### **II. Data Collection**

This medical study will begin with records from 2016. During the first year of this study, IDPH will request at least one set of medical records for a woman who has experienced severe maternal morbidity from each Regionalized Perinatal Network (Network), as well as the corresponding medical record abstract created by the hospital where the event occurred and the completed severe maternal morbidity review form. During later years, IDPH may choose to collect more than one set of medical records from each Network. Hospitals may seek and obtain assistance from their Administrative Perinatal Centers as needed to ensure the full and timely response to an IDPH request for records.

The data collected under this medical study may be used for the following activities pertaining to evaluation and improvement of quality care, including, but not limited to:

- Improving the maternal morbidity and mortality review process at hospitals;
- Evaluating and identifying the need for statewide quality improvement initiatives; and
- Evaluating and identifying the need for statewide training and education to address severe maternal morbidity trends and events.

Through these evaluation and improvement processes, IDPH will be able to identify opportunities for revising data collection strategies to provide information that is accurate and reliable to support the following public health surveillance activities:

- Tracking trends in severe maternal morbidity;
- Monitoring geographic patterns in severe maternal morbidity;
- Characterizing the patient and medical factors associated with severe maternal morbidity;
- Analyzing the factors influencing severe maternal morbidity events and outcomes; and
- Assessing the impact of timely identification of severe maternal morbidity events and subsequent care on the outcomes of women experiencing severe maternal morbidity.

This medical study will begin upon execution and continue for five (5) years. This medical study may be extended via amendment and new publication for the purpose of adding additional years of data, revising data collection requirements, or requesting additional information from hospitals.

### **III. Information Obtained**

*All data... (provided to) the Illinois Department of Public Health for this medical study shall be privileged, strictly confidential and shall be used only for the evaluation and improvement of quality care or for IRB approved medical research. (735 ILCS 5/8-2101)*

### **IV. Admissibility as Evidence**

*Information provided shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person. The disclosure of any such information or data, whether proper, or improper, shall not waive or have any effect upon its confidentiality, non-discoverability, or non-admissibility. (735 ILCS 5/8-2102)*

Nirav Shah

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Nirav D. Shah, M.D., J.D.  
Director, Illinois Department of Public Health

11/26/2018

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Date

**SMM Type**

≥4 Units Packed Red Blood Cells Transfused?  No  Yes  
 ICU/CCU Admit?  No  Yes  
 If “Yes”, was the ICU/CCU Admit Planned?  No, Unplanned/Unexpected  
 Yes, Planned  
 If “Yes, planned”, did an unexpected, acute event occur after the planned admission?  
 Yes, an unexpected, acute morbidity event occurred (explain in comments box)  
 No, no further morbidities occurred  
 Unknown\*

Perinatal Network: \_\_\_\_\_ Hospital Name: \_\_\_\_\_ SMM Case#(Year-Net Code-Seq): \_\_\_\_\_

**ABSTRACTION**

**PATIENT CHARACTERISTICS**

Abstractor Job Title:

<b>Abstraction Date:</b> / /	<b>Discharge Date:</b> / /	<b>Age:</b>
<b>Weight/Height</b> (pre-pregnancy): lbs/ inches	<b>BMI</b> (pre-pregnancy):	<b>Weight at Delivery:</b>
<b>Race:</b> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiple: <input type="checkbox"/> Other: <input type="checkbox"/> Unknown*	<b>Hispanic/Latina:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown*	<b>Primary Payer Source:</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> Military <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self-Pay / None <input type="checkbox"/> Type unknown*, <i>Carrier Name (if available):</i>

**OBSTETRICAL HISTORY**

<b>Gravida:</b>	<b>Para:</b>	<b>Term:</b>	<b>Premature:</b>	<b>Aborted:</b>	<b>Living:</b>
<b># Previous Fetal Deaths:</b>			<b># Previous Infant Deaths:</b>		

**PRENATAL CARE (PNC)**

Yes, *Week PNC Began:*  *Week unknown\** *Number of PNC Visits:*  *Visits unknown\**  
 No  Unknown\*

<b>Assisted Reproductive Tech?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown* <i>If yes, what:</i>	<b>Depression/Psych Disorder?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown* <i>If yes, what:</i>
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<b>PNC Provider Discipline</b> (select all that apply): <input type="checkbox"/> Women’s Health/Family Med NP <input type="checkbox"/> Lay Midwife <input type="checkbox"/> Certified Nurse Midwife <input type="checkbox"/> Family Medicine <input type="checkbox"/> Obstetrician <input type="checkbox"/> Maternal Fetal Medicine <input type="checkbox"/> Other (specify): <input type="checkbox"/> (N/A) No PNC <input type="checkbox"/> Unknown*	<b>PNC Source/Location</b> (select all that apply): <input type="checkbox"/> Health Department <input type="checkbox"/> Home-Based Practice (lay midwife) <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Resident Clinic <input type="checkbox"/> Neighborhood Clinic <input type="checkbox"/> Private Office <input type="checkbox"/> Other (specify): <input type="checkbox"/> (N/A) No PNC <input type="checkbox"/> Unknown*	<b>Timing of Maternal Morbidity:</b> <input type="checkbox"/> Antepartum (enter Gest. Age): <input type="checkbox"/> Intrapartum <input type="checkbox"/> Postpartum (within 8 hours) <input type="checkbox"/> Postpartum (8 to 72 hours) <input type="checkbox"/> Postpartum (after 72 hours) <b>SMM Event Date:</b> / / <b>Hospital Level:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3 <input type="checkbox"/> Outside of hospital
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<b>Maternal Transport (During Peripartum Period):</b> <input type="checkbox"/> No: <input type="checkbox"/> Not Warranted, N/A <input type="checkbox"/> Warranted, No Time	<b>Perinatologist/Other Consultation (During Peripartum Period):</b> <input type="checkbox"/> No: <input type="checkbox"/> Not Warranted, N/A <input type="checkbox"/> Warranted, No Time
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<input type="checkbox"/> Warranted, kept patient <input type="checkbox"/> Yes, <i>Transfer From</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3 <i>To</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3 <input type="checkbox"/> Unknown*	<input type="checkbox"/> Warranted, not done <input type="checkbox"/> Yes, <i>Transfer From / To</i> : <input type="checkbox"/> Unknown*
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**DELIVERY INFORMATION**

**One (1) of** \_\_\_\_\_ *(If multiple, fill out additional delivery information per fetus on additional page)*

**Pregnancy Status at Time of Morbidity (Select One):**

<input type="checkbox"/> <b>Delivered</b> <input type="checkbox"/> Live Birth <input type="checkbox"/> Fetal Death <input type="checkbox"/> Neonatal Death <b>Date:</b> / / <b>Birthweight:</b> <b>Gest. Age:</b>	<b>Apgar&lt;7 at 5 min?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk <b>NICU admit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk <b>Hospital Level:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3 <input type="checkbox"/> Outside of hospital	<input type="checkbox"/> <b>Other Outcome</b> <input type="checkbox"/> Ectopic <input type="checkbox"/> Molar pregnancy <input type="checkbox"/> AB: Spontaneous <input type="checkbox"/> AB: Therapeutic <b>Date:</b> / /	<b>Gest. Age:</b> <b>Hospital Level:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3 <input type="checkbox"/> Outside of hospital	<input type="checkbox"/> <b>Not Delivered</b> <input type="checkbox"/> <b>Unknown*</b>
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**Hemorrhage-related questions (complete for all SMM cases):**

<b>Total Quantified mL of Blood Loss (QBL):</b> <div style="text-align: right;">mL</div>	<b>Was massive transfusion protocol called?</b> <input type="checkbox"/> No, it was NOT needed <input type="checkbox"/> No, it was needed, but not called <input type="checkbox"/> Yes <input type="checkbox"/> Unknown*
<b>Total Units Blood Products Transfused (entire hospitalization):</b>	

**Complete ONLY if Pregnancy Status was “Delivered”:**

<b>Labor:</b> <input type="checkbox"/> Augmented <input type="checkbox"/> Induced <input type="checkbox"/> Spontaneous <input type="checkbox"/> Trial of labor after C-Section (TOLAC) <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown*	<b>Delivery Type:</b> <input type="checkbox"/> Spontaneous Vaginal Delivery <input type="checkbox"/> VBAC <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="checkbox"/> Cesarean <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown*	<b>Type of Anesthesia (select all that apply):</b> <input type="checkbox"/> None <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> Combined Spinal-Epidural <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown*
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**Complete ONLY if Delivery Type was “Cesarean”:**

<b>Type of C-Section:</b> <input type="checkbox"/> Scheduled <input type="checkbox"/> Unplanned <input type="checkbox"/> Emergency (under local anesthesia) <input type="checkbox"/> Emergency (under general anesthesia) <input type="checkbox"/> Unknown*	<b>Primary Reason for C-Section:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Dystocia/Failure to Progress <input type="checkbox"/> Previa <input type="checkbox"/> Fetal Indications (specify): <input type="checkbox"/> Maternal Condition (specify): <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Elective repeat <input type="checkbox"/> Malposition <input type="checkbox"/> Acreta <input type="checkbox"/> Unknown*
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**Complete for ALL cases:**

**Did the patient have a hysterectomy during this hospitalization?**  
 No  Yes, elective  Yes, emergency  Unknown\*

**Following SMM, did discharge include guidance regarding the risk of pregnancy in the near future?**  
 No  Yes  Unknown\*

**Does hospital allow contraception counseling?**  No  Yes

- **If yes, was contraception discussed prior to discharge after SMM?**  No  Yes  Unknown\*
- **If yes, was contraception provided and/or prescribed prior to discharge after SMM?**  No  Yes  Unknown\*

*\*Unknown also includes instances when the data/information needed to answer the field is not documented.*

**ABSTRACTION: CASE NARRATIVE AND TIMELINE**

This should include brief synopsis focused on the specific severe maternal morbidity that occurred. It should be concise and pertinent to the particular SMM and include appropriate timeline, evaluation, and be in chronologic format. Please attempt to identify key moments that impacted care. *Attach pages as needed.*

**CASE REVIEW ASSESSMENT (DO NOT COMPLETE PRIOR TO REVIEW)**

SMM Case # (Year-Net Code-Seq #):

Review Date: / /

**A. Primary Cause of Morbidity (only select one):** Anesthesia Autoimmune Time Related <42 Days Cardiac Endocrine Gastrointestinal Hepatic Hematologic Hemorrhage Infection/Sepsis Metabolic Disease Primary Malignant Neoplasms Pulmonary Reproductive Disease Pre-Eclampsia/Eclampsia Vascular/Vascular Accident Amniotic Fluid Embolism Thromboembolism Other Urinary Tract/Renal Psychiatric Disorder Drug Use Trauma (select): Attempted Suicide Motor Vehicle Accident Intimate Partner Violence Other (specify): Other (specify): Unknown

**B. Sequence of Morbidity, Clinical Cause of Morbidity:** 1 and 2 reflect what initiated the final cause resulting in the severe morbidity and 3 is the final cause. *For example: 1. Preeclampsia 2. Uncontrolled hypertension 3. Intracranial bleed. So that 1 caused 2 and resulted in 3, the severe morbidity event.*

1.

2.

3.

**C. Failure of organ systems (select all that apply):** Cardiovascular Endocrine Gastrointestinal Hepatic Hematologic Neurologic Pulmonary Respiratory Renal Urinary Vascular Other (Specify): None Unknown

**REVIEW COMMITTEE ASSESSMENT: SYSTEM, PROVIDER AND PATIENT FACTORS**

Factor	Ante	Intra	Post	Comments/Notes
<b>Provider Factors</b>				
<b>1. Assessment / Point of Entry to Care</b>				
a. Deny access to care or appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Fail to offer preventative treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Delay in assessment / evaluation of patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Fail to get complete medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Diagnosis / Recognition of High-Risk</b>				
a. Inappropriate diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Delay (happened but late) <i>If selected, indicate all that apply in the "Comments/Notes" section.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In diagnosis/recognition of high risk status <input type="checkbox"/> In ordering or checking lab tests <input type="checkbox"/> In recognition of abnormal vitals <input type="checkbox"/> In recognition of surgical complications
c. Failure (did not happen) <i>If selected, indicate all that apply in the "Comments/Notes" section.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In diagnosis/recognition of high risk status <input type="checkbox"/> In ordering or checking lab tests <input type="checkbox"/> In recognition of abnormal vitals <input type="checkbox"/> In recognition of surgical complications
<b>3. Refer to Expert</b>				
a. Delay in referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Fail to refer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Treatment</b>				
a. Delay in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Inappropriate treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Fail to treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Inadequate / failure equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Management Hierarchy</b>				
a. Issues with chain of command	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Fail to consult superior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Education</b>				
a. Lack of knowledge / lack of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Documentation</b>				
a. Poor charting/Inability to Generate Timeline of Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Fail to chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Poor legibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Discharge</b>				
a. Inappropriate discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Failure to counsel patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Failure to follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Systems Factors</b>				
<b>9. Communication Issue</b>				
a. Between direct maternity care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Between other health practitioners* & direct maternity care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Between other health practitioners*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Between departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Between hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Between direct maternity care provider & patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Between other health practitioners* & patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Chain of responsibility unclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*Other health practitioners: nurses, anesthetists, ER, ICU, other specialties, etc.

<b>10. Policies and Procedures</b>					
a. Regarding lab results, meds, blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
b. Regarding oversight (residents, nurses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
c. Regarding scheduling and assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
d. Regarding emergency preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
e. Regarding patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
f. Regarding hemorrhage/massive transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
g. Regarding active management of labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Policies not followed	<input type="checkbox"/> Policies not in place
<i>If any are selected, select one option within the "Comments/Notes" section.</i>					
<b>11. Delay / Timeliness</b>					
a. Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>12. Community Barriers to Care</b>					
a. Services not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Services not accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Communication Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Patient Factors</b>					
<b>13. Pre-Pregnancy: Preexisting Conditions</b>					
( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>14. Previous Obstetric Conditions (Past Pregnancies)</b>					
( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>15. Non-Obstetric Medical Complications that Occurred During Pregnancy</b>					
( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>16. Complications Related to Current Pregnancy</b>					
( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>17. Psychiatric Health</b>					
a. Psychiatric disorder ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>18. Behavioral Health</b>					
a. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Failure to use seat belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>19. Significant Stressors</b>					
a. Domestic / intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Lack of access to food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Lack of housing access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>20. Barriers to Seeking Healthcare or to Healthcare Access</b>					
a. Inadequate antenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Non-compliance with treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Cultural beliefs / belief systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Lack of health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Lack of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Other ( <i>Specify in comments</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**FINAL REVIEW COMMITTEE ANALYSIS**

*In the context of severe maternal morbidity review, **preventability** is defined as “any action or inaction on the part of the health care provider, system, patient, or combination of these factors that may have caused or contributed to progression to more severe morbidity.” In other words, did the woman have to become as sick as she was?*

**Disposition of Severe Maternal Morbidity:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Potentially preventable | <input type="checkbox"/> Not preventable, <i>but improvement in care needed</i> | <input type="checkbox"/> Not preventable, <i>no improvement in care needed</i> | <input type="checkbox"/> Undetermined:              |
|  |   |  | <input type="checkbox"/> Complete Records Available |
|  |   |  | <input type="checkbox"/> Incomplete Records         |

**If opportunity to alter SMM outcome present, opportunities were (select all that apply):**

- | <b>Antepartum</b>                 | <b>Intrapartum</b>                | <b>Postpartum</b>                 |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Provider | <input type="checkbox"/> Provider | <input type="checkbox"/> Provider |
| <input type="checkbox"/> System   | <input type="checkbox"/> System   | <input type="checkbox"/> System   |
| <input type="checkbox"/> Patient  | <input type="checkbox"/> Patient  | <input type="checkbox"/> Patient  |

**List actions that could have been done to alter outcome:**

**Identify practices that were done well and should be reinforced:**

**Recommendations for system, practice, and/or provider improvements:**

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

- Geller SE, Adams MG, Kominiarek MA, Hibbard JU, Endres LK, Cox SM, Kilpatrick SJ. Reliability of a preventability model in maternal death and morbidity. *AJOG* 2007;196:57.e1
- Geller SE, Cox SM, Kilpatrick SJ. A descriptive model of preventability in maternal morbidity and mortality. *J Perinat* 2006;26:79-84
- Lawton B, Macdonald EJ, Brown SA, Wilson L, Stanley J, Tait JD, Dinsdale RA, Coles CL, Geller SE. Preventability of severe acute maternal morbidity. *AJOG* 2014;210:557.