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. Thank you for your support and all that you do to serve Illinois women, infants, and families.

Very truly yours,

Nirav D. Shah

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

IDPH
Illinois Department of Public Health

69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

PROTECTING HEALTH, IMPROVING LIVES
Nationally Accredited by PHAB
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-discussability, or non-admissibility. (735 ILCS 5/8-2102)

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

11/26/2018

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*

### ABSTRACTION

#### PATIENT CHARACTERISTICS

- Abstraction Date:  /  /
- Discharge Date:  /  /
- Race:  ☐ Black/African American  ☐ White  ☐ Hawaiian  ☐ Asian  ☐ Native American  ☐ Multiple:  ☐ Other:  ☐ Unknown*
- Hispanic/Latina:  ☐ No  ☐ Yes  ☐ Unknown*
- Primary Payer Source:  ☐ Medicaid  ☐ Medicare  ☐ Medicaid / Medicare  ☐ Military  ☐ Private Insurance  ☐ Self-Pay / None  ☐ Type unknown*, Carrier Name (if available):
- Weight at Delivery:

#### OBSTETRICAL HISTORY

- # Previous Fetal Deaths:  
- # Previous Infant Deaths:  

#### PRENATAL CARE (PNC)

- ☐ Yes, Week PNC Began:  ☐ Week unknown*  ☐ Number of PNC Visits:  ☐ Visits unknown*
- Assisted Reproductive Tech?  ☐ No  ☐ Yes  ☐ Unknown*  If yes, what:

#### PNC Provider Discipline (select all that apply):

- ☐ Women’s Health/Family Med NP  ☐ Lay Midwife  ☐ Certified Nurse Midwife  ☐ Family Medicine  ☐ Obstetrician  ☐ Maternal Fetal Medicine  ☐ Other (specify):
  - ☐ (N/A) No PNC  ☐ Unknown*

#### PNC Source/Location (select all that apply):

- ☐ Health Department  ☐ Home-Based Practice (lay midwife)  ☐ Hospital Clinic  ☐ Resident Clinic  ☐ Neighborhood Clinic  ☐ Private Office  ☐ Other (specify):
  - ☐ (N/A) No PNC  ☐ Unknown*

#### Timing of Maternal Morbidity:

- ☐ Antepartum (enter Gest. Age):
- ☐ Intrapartum
- ☐ Postpartum (within 8 hours)
- ☐ Postpartum (8 to 72 hours)
- ☐ Postpartum (after 72 hours)

#### SMM Event Date:  /  /

#### Hospital Level:

- ☐ 0  ☐ 1  ☐ 2  ☐ 2+  ☐ 3
- ☐ Outside of hospital

#### Maternal Transport (During Peripartum Period):

- ☐ No:  ☐ Not Warranted, N/A  ☐ Warranted, No Time

#### Perinatologist/Other Consultation (During Peripartum Period):

- ☐ No:  ☐ Not Warranted, N/A  ☐ Warranted, No Time
### 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):

- ☐ Delivered
  - ☐ Live Birth
  - ☐ Fetal Death
  - ☐ Neonatal Death
- ☐ Not Delivered

#### Hemorrhage-related questions (complete for all SMM cases):

- Total Quantified mL of Blood Loss (QBL): __________ mL
- Was massive transfusion protocol called?
  - ☐ No, it was NOT needed
  - ☐ No, it was needed, but not called
  - ☐ Yes
  - ☐ Unknown*

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

##### Labor:

- ☐ Augmented
- ☐ Induced
- ☐ Spontaneous
- ☐ Trial of labor after C-Section (TOLAC)
- ☐ Other (specify):
  - ☐ Unknown*

##### Delivery Type:

- ☐ Spontaneous Vaginal Delivery
- ☐ VBAC
- ☐ Vacuum
- ☐ Forceps
- ☐ Cesarean
- ☐ Other (specify):
  - ☐ Unknown*

##### Type of Anesthesia (select all that apply):

- ☐ None
- ☐ Epidural
- ☐ Spinal
- ☐ Combined Spinal-Epidural
- ☐ General
- ☐ Other (specify):
  - ☐ Unknown*

#### Complete ONLY if Delivery Type was “Cesarean”:

##### Type of C-Section:

- ☐ Scheduled
- ☐ Unplanned
- ☐ Emergency (under local anesthesia)
- ☐ Emergency (under general anesthesia)
- ☐ Unknown*

##### Primary Reason for C-Section:

- ☐ Elective
- ☐ Elective repeat
- ☐ Dystocia/Failure to Progress
- ☐ Malposition
- ☐ Previa
- ☐ Acreta
- ☐ Fetal Indications (specify):
  - ☐ Maternal Condition (specify):
  - ☐ Other (specify):
    - ☐ Unknown*

### 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)

<table>
<thead>
<tr>
<th>SMM Case # (Year-Net Code-Seq #):</th>
<th>Review Date: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. <strong>Primary Cause of Morbidity (only select one):</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Anesthesia</td>
<td>☐ Infection/Sepsis</td>
</tr>
<tr>
<td>☐ Autoimmune Time Related &lt;42 Days</td>
<td>☐ Metabolic Disease</td>
</tr>
<tr>
<td>☐ Cardiac</td>
<td>☐ Primary Malignant Neoplasms</td>
</tr>
<tr>
<td>☐ Endocrine</td>
<td>☐ Pulmonary</td>
</tr>
<tr>
<td>☐ Gastrointestinal</td>
<td>☐ Reproductive Disease</td>
</tr>
<tr>
<td>☐ Hepatic</td>
<td>☐ Pre-Eclampsia/Eclampsia</td>
</tr>
<tr>
<td>☐ Hematologic</td>
<td>☐ Vascular/Vascular Accident</td>
</tr>
<tr>
<td>☐ Hemorrhage</td>
<td>☐ Amniotic Fluid Embolism</td>
</tr>
<tr>
<td></td>
<td>☐ Thromboembolism</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. <strong>Sequence of Morbidity, Clinical Cause of Morbidity:</strong></th>
<th>1 and 2 reflect what initiated the final cause resulting in the severe morbidity and 3 is the final cause. <em>For example: 1. Preeclampsia 2. Uncontrolled hypertension 3. Intracranial bleed. So that 1 caused 2 and resulted in 3, the severe morbidity event.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. <strong>Failure of organ systems (select all that apply):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cardiovascular</td>
</tr>
<tr>
<td>☐ Endocrine</td>
</tr>
<tr>
<td>☐ Gastrointestinal</td>
</tr>
<tr>
<td>☐ Hepatic</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### REVIEW COMMITTEE ASSESSMENT: SYSTEM, PROVIDER AND PATIENT FACTORS

#### Provider Factors

1. **Assessment / Point of Entry to Care**
   - a. Deny access to care or appointment
   - b. Fail to offer preventative treatment
   - c. Delay in assessment / evaluation of patient
   - d. Fail to get complete medical history

2. **Diagnosis / Recognition of High-Risk**
   - a. Inappropriate diagnosis
   - b. Delay (happened but late)
     - *If selected, indicate all that apply in the “Comments/Notes” section.*
   - c. Failure (did not happen)
     - *If selected, indicate all that apply in the “Comments/Notes” section.*

3. **Refer to Expert**
   - a. Delay in referral
   - b. Fail to refer

4. **Treatment**
   - a. Delay in treatment
   - b. Inappropriate treatment
   - c. Fail to treat
   - d. Inadequate / failure equipment

5. **Management Hierarchy**
   - a. Issues with chain of command
   - b. Fail to consult superior

6. **Education**
   - a. Lack of knowledge / lack of training

7. **Documentation**
   - a. Poor charting/Inability to Generate Timeline of Events
   - b. Fail to chart
   - c. Poor legibility

8. **Discharge**
   - a. Inappropriate discharge
   - b. Failure to counsel patient
   - c. Failure to follow-up

#### Systems Factors

9. **Communication Issue**
   - a. Between direct maternity care providers
   - b. Between other health practitioners* & direct maternity care providers
   - c. Between other health practitioners*
   - d. Between departments
   - e. Between hospitals
   - f. Between direct maternity care provider & patient
   - g. Between other health practitioners* & patient
   - h. Chain of responsibility unclear
   - i. Language difficulties

*Other health practitioners: nurses, anesthetists, ER, ICU, other specialties, etc.
### 10. Policies and Procedures

| a. Regarding lab results, meds, blood | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| b. Regarding oversight (residents, nurses) | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| c. Regarding scheduling and assessment | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| d. Regarding emergency preparedness | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| e. Regarding patient education | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| f. Regarding hemorrhage/massive transfusion | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |
| g. Regarding active management of labor | ☐ | ☐ | ☐ | Policies not followed | ☐ | Policies not in place |

*If any are selected, select one option within the “Comments/Notes” section.*

### 11. Delay / Timeliness

| a. Transport | ☐ | ☐ | ☐ |
| b. Laboratory | ☐ | ☐ | ☐ |
| c. Blood transfusion | ☐ | ☐ | ☐ |
| d. Other *(Specify in comments)* | ☐ | ☐ | ☐ |

### 12. Community Barriers to Care

| a. Services not available | ☐ | ☐ | ☐ |
| b. Services not accessible | ☐ | ☐ | ☐ |
| c. Communication Barriers | ☐ | ☐ | ☐ |
| d. Other *(Specify in comments)* | ☐ | ☐ | ☐ |

### Patient Factors

### 13. Pre-Pregnancy: Preexisting Conditions *(Specify in comments)*

| ☐ | ☐ | ☐ |

### 14. Previous Obstetric Conditions (Past Pregnancies) *(Specify in comments)*

| ☐ | ☐ | ☐ |

### 15. Non-Obstetric Medical Complications that Occurred During Pregnancy *(Specify in comments)*

| ☐ | ☐ | ☐ |

### 16. Complications Related to Current Pregnancy *(Specify in comments)*

| ☐ | ☐ | ☐ |

### 17. Psychiatric Health

| a. Psychiatric disorder *(Specify in comments)* | ☐ | ☐ | ☐ |
| b. Other *(Specify in comments)* | ☐ | ☐ | ☐ |

### 18. Behavioral Health

| a. Alcohol | ☐ | ☐ | ☐ |
| b. Tobacco | ☐ | ☐ | ☐ |
| c. Illicit drugs | ☐ | ☐ | ☐ |
| d. Failure to use seat belt | ☐ | ☐ | ☐ |
| e. Other *(Specify in comments)* | ☐ | ☐ | ☐ |

### 19. Significant Stressors

| a. Domestic / intimate partner violence | ☐ | ☐ | ☐ |
| b. Lack of access to food | ☐ | ☐ | ☐ |
| c. Lack of housing access | ☐ | ☐ | ☐ |
| d. Other *(Specify in comments)* | ☐ | ☐ | ☐ |

### 20. Barriers to Seeking Healthcare or to Healthcare Access

| a. Inadequate antenatal care | ☐ | ☐ | ☐ |
| b. Non-compliance with treatment | ☐ | ☐ | ☐ |
| c. Cultural beliefs / belief systems | ☐ | ☐ | ☐ |
| d. Lack of health insurance | ☐ | ☐ | ☐ |
| e. Lack of transportation | ☐ | ☐ | ☐ |
| f. Other *(Specify in comments)* | ☐ | ☐ | ☐ |
**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:

- [ ] Potentially preventable
- [ ] Not preventable, *but improvement in care needed*
- [ ] Not preventable, *no improvement in care needed*
- [ ] Undetermined:
  - [ ] Complete Records Available
  - [ ] Incomplete Records

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

- **Antepartum**
  - [ ] Provider
  - [ ] System
  - [ ] Patient
- **Intrapartum**
  - [ ] Provider
  - [ ] System
  - [ ] Patient
- **Postpartum**
  - [ ] Provider
  - [ ] System
  - [ ] 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