

Abstraction

SMM (recorded cause) _____ SMM Date _____
 MR # or PATIENT ID _____ Zip code of patient residence _____
 Abstraction Date ____/____/____ Abstractor _____
 Birth Facility _____
 Hospital Level 1 2 3 4 Birth center Other (Specify) _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>		Obstetric History Gravida _____ Para ____ Term ____ Premature ____ Aborted ____ Living ____ # Previous fetal deaths ____ # Previous infant deaths ____
Prenatal Care (PNC)		
Yes <input type="checkbox"/> Week PNC began ____ Week unknown Yes <input type="checkbox"/> No <input type="checkbox"/> Number of PNC visits ____ Visit # unknown Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Unknown PNC status <input type="checkbox"/>		
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 <input type="checkbox"/> From facility _____ to facility _____ Unknown <input type="checkbox"/>	Perinatologist consultation (during peripartum period) No Choose an item. Yes <input type="checkbox"/> Provider type: _____ Unknown <input type="checkbox"/>	
Delivery Information		
Gestational age at time of morbidity _____ Singleton <input type="checkbox"/> Multiple <input type="checkbox"/> (If multiple fill out additional delivery information per fetus)		
Birth status Choose an item.	Labor Yes <input type="checkbox"/> No <input type="checkbox"/>	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.	
Type of anesthesia Choose an item.		Primary payer source Choose an item.

Case Narrative

Should include brief synopsis focused on the specific severe maternal morbidity that occurred that allow you to address the disease specific questions. It should be concise and pertinent to the particular SMM and include appropriate time line, evaluation, and be in chronologic format. Try to identify key moments that impacted care

Case Analysis

Assessment

MR# or PATIENT ID _____

Date of event: _____

Date of review: _____

Reviewers: _____

1. Morbidity Category ICU Admission Transfused 4 or more units Other _____

2. Sequence of Morbidity 1.

Indicate the course of events:

Clinical Cause of Morbidity: 1&

*2 reflect what initiated the final
cause resulting in the severe 2.
morbidity. 3 is the final cause*

For example: 1. Preeclampsia 3.

2. uncontrolled hypertension 3

*intracranial bleed,
So that 1, caused 2, that
resulted in 3 – the severe
morbidity*

3. Primary Cause of Morbidity Choose an item.

If trauma indicated as primary cause of morbidity: Choose an item.

Other cause _____

Resolution

Refer to the SMM Outcome Factors Guide (pg. 7) of the SMM Review Long Form to determine contributing factors and opportunities

Opportunity to Alter Outcome <input type="checkbox"/> Strong <input type="checkbox"/> Possible <input type="checkbox"/> None
If opportunity to alter outcome present were opportunities largely: Circle 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:

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.