

## 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 ____		
<b>Race</b> (Indicate race patient identifies) Choose an item.  <b>Hispanic or Latina</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>Obstetric History</b> Gravida _____ Para ____ Term ____ Premature ____ Aborted ____ Living ____ # Previous fetal deaths ____ # Previous infant deaths ____
Prenatal Care (PNC)		
<b>Yes</b> <input type="checkbox"/> Week PNC began ____ Week unknown <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Number of PNC visits ____ Visit # unknown <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Unknown PNC status</b> <input type="checkbox"/>		
<b>Discipline of Primary PNC Provider</b> (choose one) Choose an item.	<b>Prenatal care source/location</b> Choose an item.	
<b>Planned/intended place of delivery</b> Choose an item.	<b>Timing of maternal morbidity</b> Choose an item.	
<b>Maternal Transport</b> (during peripartum period) <b>No</b> Choose an item. <b>Yes</b> <input type="checkbox"/> From facility _____ to facility _____ <b>Unknown</b> <input type="checkbox"/>	<b>Perinatologist consultation</b> (during peripartum period) <b>No</b> Choose an item. <b>Yes</b> <input type="checkbox"/> Provider type: _____ <b>Unknown</b> <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)		
<b>Birth status</b> Choose an item.	<b>Labor</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Delivery type</b> Choose an item.
<b>If C-Section</b> Type of C-section Choose an item.	<b>If C-Section</b> Primary reason for C-Section Choose an item.	
<b>Type of anesthesia</b> Choose an item.	<b>Primary payer source</b> 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

<b>Opportunity to Alter Outcome</b> <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.