**Delaware Maternal Mortality Review**

**Case Discussion Form**

Delaware MMR Case #__________________ Date of Review ________________

**Questions for Discussion**

1. How much relevant information was available for this review:
   - [ ] Substantially complete information
   - [ ] Minor gaps in information
   - [ ] Major gaps in information
   - [ ] Minimal information available

2. Were reasonable standards of practice met by the systems involved?

3. What issues and gaps does this case highlight?

<table>
<thead>
<tr>
<th>Improvement Category</th>
<th>Issue Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual/Community Factors</strong></td>
<td></td>
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<tr>
<td>Lack of patient knowledge</td>
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<tr>
<td>Cultural or religious beliefs</td>
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<td>Personal decisions</td>
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<tr>
<td><strong>System Factors</strong></td>
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<tr>
<td>Lack of standardized policies and procedures</td>
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<tr>
<td>Barriers to accessing care</td>
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<tr>
<td><strong>Clinical Factors</strong></td>
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<tr>
<td>Knowledge/skills/assessment</td>
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<td>Communication/documentation</td>
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<tr>
<td>Care coordination</td>
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<tr>
<td>Prevention/patient education</td>
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<tr>
<td><strong>Death Review Process</strong></td>
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<tr>
<td>Death certificate accuracy</td>
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<tr>
<td>MMR abstraction process</td>
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<tr>
<td>Medical examiner review and autopsies</td>
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</tbody>
</table>
4. Are there recommendations that could improve the quality of care and/or possibly prevent future deaths?

5. Was this death preventable? Yes / No

6. What was the chance to alter the outcome?
   Strong chance / Good chance / Some chance / No chance / Insufficient information

Panel Vote on Recommendation(s)

Panel Opinion

Primary cause of death:
Underlying cause(s) of death:

Is this the same as on the death certificate?   Yes   No

Classification of death

- [ ] Pregnancy-related
- [ ] Pregnancy-unrelated
- [ ] Undetermined
1. **METHOD OF CASE ID**
   - [ ] Pregnancy check box on death certificate
   - [ ] Obituary
   - [ ] Other:

2. **MEDICAL HISTORY**
   - [ ] Acute Illness: Specify
     - [ ] ____________________________
   - [ ] Chronic Illness: Specify
     - [ ] ____________________________

   - [ ] Previous Fetal Loss  1  2  3  4
   - [ ] Previous Infant Loss  1  2  3  4
   - [ ] No Issues
   - [ ] No Source Data

3. **MEDICAL PROBLEMS (PREGNANCY)**
   - [ ] Anemia
   - [ ] Diabetes
   - [ ] Infection
   - [ ] Multiple Gestation
   - [ ] Hypertension
   - [ ] Preeclampsia
   - [ ] Eclampsia
   - [ ] Heart Disease
   - [ ] Trauma
   - [ ] STD: Specify
   - [ ] HIV
   - [ ] Incompetent Cervix
   - [ ] Preterm Labor
   - [ ] PROM
   - [ ] IUGR
   - [ ] Other: Specify
   - [ ] No Issues
   - [ ] No Source Data

4. **MEDICAL PROBLEMS (LABOR & DELIVERY)**
   - [ ] Complications of Abortion
   - [ ] Infection
   - [ ] Hemorrhage
   - [ ] Abruptio Placentae
   - [ ] Preeclampsia
   - [ ] Eclampsia
   - [ ] Hypertension
   - [ ] Heart Disease
   - [ ] Pulmonary Embolism
   - [ ] Amniotic Fluid Embolism
   - [ ] Fetal Distress
   - [ ] Complications of Anesthesia
   - [ ] Induced Labor
   - [ ] V-BAC
   - [ ] Failed V-BAC
   - [ ] Other: Specify
   - [ ] No Issues
   - [ ] No Source Data
   - [ ] Not Applicable

5. **MEDICAL PROBLEMS (POSTPARTUM)**
   - [ ] Hemorrhage
   - [ ] Hypertension
   - [ ] Heart Disease
   - [ ] Eclampsia
   - [ ] Pulmonary Embolism
   - [ ] Amniotic Fluid Embolism
   - [ ] Infection
   - [ ] Other: Specify
   - [ ] No Issues
   - [ ] No Source Data

6. **NUTRITION ISSUES**
   - [ ] Obesity
   - [ ] Pre-pregnancy
   - [ ] Pregnancy
   - [ ] Postpartum
   - [ ] No Issues
   - [ ] No Source Data

7. **PRENATAL CARE**
   - [ ] Missed Appointments
   - [ ] Multiple Providers/Sites
   - [ ] Maternal/Fetal Specialist
   - [ ] Other: Specify
   - [ ] No Issues
   - [ ] No Source Code
   - [ ] Not Applicable

8. **SUBSTANCE ABUSE**
   - [ ] Tobacco
     - [ ] Pre-Pregnancy Amt.
     - [ ] Pregnancy Amt.
     - [ ] Postpartum Amt.
   - [ ] Alcohol
     - [ ] Pre-Pregnancy Amt.
     - [ ] Pregnancy Amt.
     - [ ] Postpartum Amt.
   - [ ] Drugs-Type and Amount
     - [ ] Pre-Pregnancy Amt.
     - [ ] Pregnancy Amt.
     - [ ] Postpartum Amt.
   - [ ] Other: Specify
   - [ ] No Issues
   - [ ] No Source Data

9. **PRENATAL RISK ASSESSMENT**
   - [ ] Screening/referral not done
   - [ ] Mother may have benefited from:

10. **SOCIAL SUPPORT**
    - [ ] Lack of Supportive Partner
    - [ ] Lack of Supportive Friends or Family
    - [ ] Negative Influence of Friends or Family
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

11. **HOUSING**
    - [ ] Incarcerated
    - [ ] Unstable housing
    - [ ] Moved > 3 times a year
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

12. **MENTAL HEALTH**
    - [ ] Mental Illness-Diagnosed
      - [ ] Pre-Pregnancy
      - [ ] Pregnancy
      - [ ] Postpartum
    - [ ] Mental Illness
      - [ ] Undiagnosed/Suspected
      - [ ] Pre-Pregnancy
      - [ ] Pregnancy
      - [ ] Postpartum
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

13. **FAMILY VIOLENCE OR NEGLECT**
    - [ ] Partner Abuse
    - [ ] Family Abuse
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

14. **SOCIAL ISSUES**
    - [ ] Poverty
    - [ ] Communication Barrier
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

15. **BARRIERS TO ACCESSING CARE**
    - [ ] Transportation
    - [ ] Distance to Services
    - [ ] Provider shortage
    - [ ] Insurance
    - [ ] Other: Specify
    - [ ] No Source Data

16. **PROVISION OR DESIGN OF SERVICES**
    - [ ] Services not used
      - [ ] Specify
    - [ ] Services not available
      - [ ] Specify
    - [ ] Lack of Care Coordination
      - [ ] Among Providers/Services
    - [ ] Lack of Communication
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

17. **FAMILY PLANNING**
    - [ ] Complications of Birth Control
    - [ ] Infertility Treatment
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

18. **MISCELLANEOUS**
    - [ ] Documentation Discrepancies
      - [ ] Specify
    - [ ] Other: Specify
    - [ ] No Issues
    - [ ] No Source Data

19. **DEATH CLASSIFICATION**
    - [ ] Pregnancy-Related
    - [ ] Pregnancy-Unrelated
    - [ ] Undetermined

20. **CAUSE OF DEATH**

21. **TIMING IN RELATION TO PREGNANCY**
    - [ ] Pregnant
    - [ ] Within 42 days
    - [ ] 43-365 days