PREGNANCY ASSOCIATED MORTALITY REVIEW

CASE #
Pregnancy Related, Possibly Related, Not Related
Interval between Date of Delivery and Date of Death:
PAMR Selection: ICD 10, Pregnancy Check Box, Birth/Fetal Death certificate, Healthy Start Screen

INFORMATION FROM DEATH CERTIFICATE: (from death certificate only)
Demographics: (age, place of birth, race/ethnicity, marriage status, level education)
Causes of Death:
  Immediate:
  Underlying:
Pregnancy Box Checked:
  • At time of death
  • Not pregnant at time of death but pregnant within 1-42 days of death
  • Not pregnant at time of death but pregnant within 43 days-1 year before death

Autopsy:
  Autopsy findings available to complete cause of death:
  Reported to Medical Examiner:

ICD 10:

COMMUNITY INFORMATION:
  Community: Urban, Rural/Urban, Rural
Estimated Distance home to Nearest Level III NICU Delivering Facility: _____ miles
Estimated distance home to Nearest Level I Trauma Center: _____ miles

Case Summary Synopsis: (From abstracted records)
She was (age, place of birth, race/ethnicity, marriage status, level education, occupation),
gravida _____ para ___ (list all not including most recent pregnancy), who died with cause of death _____. ___ days /months, before, during or after delivery. Medical history was significant for ____. Prepregnancy BMI was_______. Life course issues significant for ______________. Entry into prenatal care was at ____ weeks with ___ visits at a ____ with a ___. Prenatal history was significant for ____. Referrals during prenatal period were to ____. History prior to delivery included____________. She presented to ______________ at ____ weeks. Delivery was by a ____, method was ____, with ____ anesthesia. Obstetric complications included ____. Fetus/infant was ____ weeks gestation and weighed ____ pound/ounces, Apgars _____ and complications were ____. Postpartum period significant for developing _____. Mother and infant were/ were not discharged. At weeks postpartum she presented to ______________. Postpartum care significant for ______________. Autopsy was ___ done by a ___. Significant findings included _____.

Updated 2015
1. MEDICAL HISTORY

**General History:** 11 a-ee
Acute History/ Chronic Illness:
Family history significant/insignificant for: ______________

**Healthy Start:** 56 (#21)

**Immunization History:** 12 a-d

**Sexual History:** 13 a-d

**Obstetrical History:**
- **Contraceptive:** 14 a, f
- Breast feeding in last 24 months: 14 b
- **Births over 9 pounds:** 14 c
- **Menstrual Cycle:** 14d

**Previous Pregnancy Problems:** 14 e

**Healthy Start:** Pre:16

**Reason for initial appointment:** 16

**Current Medications:** 17 a-d

**Prior Hospitalization:** 18

**HIV:** 23 a, e

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2. PRENATAL CARE RECORD  Mark one: □Complete (= full record seen at OB office/clinic) □Partial(= only a portion of record visualized)

**Provider:** 25

**Prenatal Care:** 27

**First Visit:** 28 date/____weeks

**Last Visit:** 29 date/____weeks

**Location:** 30a

**Referred for Specialist Care/Type of Specialist/Date and Reason for Referral:** 30b

**Number of Prenatal Visits:** 31a

**Pregnancy Planned?** 31b Intended, Unintended, or No Source Data

**Last Menstrual Period:** 32

**EDD by Dates:** 33

**EDD by Sonogram:** 34 Done at ______ weeks

**Gravida:** 35 ___ **Para:** 36 ___

**Maternal or Infant Genetic Problems:** 37, 38

**Previous Pregnancy History:** (Do NOT include pregnancy closest to mother’s death.)


e/f. Maternal Complications ______

40 a. Year _____ b. Outcome _____ c. Birthweight _______ d. Current Status ______

e/f. Maternal Complications ______

41 a. Year _____ b. Outcome _____ c. Birthweight _______ d. Current Status ______

e/f. Maternal Complications ______

42 a. Year _____ b. Outcome _____ c. Birthweight _______ d. Current Status ______

e/f. Maternal Complications ______

**Healthy Start:** 56 (#15,16)
HIV: 43a,b,c,d,e
Laboratory Screening Tests: 44
  Initial: 44a-o
  Other and Repeated Labs: 44 p-ff
Comments: 45
Procedures: 46
Medications: 48
Information on prenatal visits: 58 (from Prenatal Care Visits Attachment)

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<th>Date</th>
<th>Weeks</th>
<th>Fundal Ht.</th>
<th>Weight</th>
<th>BP</th>
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Prenatal Visit Notes: 59
Hemorrhage Risks: 60
Identified Factors: 61

*Note: If this woman was hospitalized prior to the hospital visit which included Labor and Delivery, please cut and paste that hospitalization here.

3. LABOR AND DELIVERY RECORD
Location: 102
Level of Hospital: 105
Date/Time of Admission: 106a,b
Admitting Diagnosis: 107a
Vital Signs on Admission: 107b
Admission History: 107c
Onset of Labor: 108
Documentation Care Planning Measures: 109a
Status upon Arrival: 109b
Membranes: 110a,b,c
Primary Provider for Labor and Delivery: 111
Other Providers: 112
Duration in Labor: 113a
Type Induction/Augmentation of Labor: 113b
Medical Risk Screenings: 114c
  Influenza Screening: 114d

Updated 2015
Thrombosis /DVT Risk/Treatment: 114 e
Ectopic Tubal Risk Screening: 114 f
Hemorrhage Risk Screening: 114 g
Stroke Risk screening: 114 h
Other: 114 i

**Significant Medical Issues During Labor and Delivery:** 114 a
**IUPC:** 114 b
**Obstetrical Problems:** 115
**Labs/Procedures:** 116a

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**Presentation:** 117a
**Type of Delivery:** 117c
**Reason for C-Section:** 118
**Delivery Date/Time:** 117c
**Anesthesia:** 119
**Medications:** 120 a (Include date/time started and amount for blood products, magnesium sulfate, and antibiotics)
**Status of Baby:** 120 b
  - Fetal Demise or Live Birth:
  - Weight:  
  - Length:  
  - Head:  
**Gestational Age** 120 c
  - Infant Apgars: 120 d
  - Resuscitation Efforts: 120 e.
  - Transferred: 120 f
  - Contact with Mother: 120 g
**Expiration during L&D:** 122 a
**Other comments regarding delivery:** 122 d
**Documentation active management 3rd Stage Labor:** 122 d

### 4. MEDICAL PROBLEMS POSTPARTUM
(PRIOR TO HOSPITAL DISCHARGE)

**Postpartum Vital Signs:** 123a
1 Hour:  
2 hour:  
3 Hour:  

Updated 2015
4 Hour:
Day 1:
Day 2:
Day 3:
Medications: 120 (Include date/time started and amount for blood products, magnesium sulfate, and antibiotics)
Postpartum Complications/Treatments: 124a
Quantification of Blood Loss: 124 b.
Documentation of Notification Response/Treatments: 124 c.
DVT/Thrombosis Prevention: 124 d
Ectopic Tubal Treatment: 124 e
Influenza Treatment: 124 f
Other: 124 g
Labs/Procedures: 123 c

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Tests/Procedures: 123 d
Placenta Report: 123 e
Discharged: 127a,b,c, d,e
Discharge Vital Signs: 123b
Discharge Follow-up: 127 g,h,i or
Summarization of Events Prior to Discharge/Demise: 127f

5. POSTPARTUM (AFTER DISCHARGE)
Postpartum Care: (Duplicate as needed)
Date/Time: 147
Place: 148
Provider: 149
Reason for Visit: 151
Condition: 152 a
Procedures/Labs/Medications: 155
Follow-up: 157
Comments: 158b

Outpatient Visits: (Duplicate this section as needed in Prenatal or Postpartum Sections)
Date/Time: 159
Place: 160
Reason for Visit: 163

Updated 2015
Condition: 164 a
Procedures/Labs/Medications: 167
Follow-up: 169
Comments: 171

HOSPITALIZATION #____
(May have multiple entries. Insert the data for each hospitalization into this document in chronological order, and designate as #1, #2, #3 etc.)
Level of Hospital: 62
Date/Time of Admission: 63, 64
Admitting Diagnosis/History of Illness: 65a
  Days/months postpartum: 65b:
  Admission Vital Signs: 65 c
Medical Risk Screenings: 65 d
  Influenza Screening:
  Thrombosis/DVT Risk/Treatment:
  Ectopic Tubal Risk Screening:
  Hemorrhage Risk Screening:
  Other:
History of Illness: 66 a-d
Final Disposition: 68
Physical Exam on Admission: 70 a-w
Pregnancy Status: 71, 72, 73, 74,
Pregnancy evaluation: 75 a
ER Events: 75 b.
Labs: 76 a-f

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Tests: 76 a-f
Medications: 77
Providers: 78
Consultants: 79 a
Procedures: 79 b
Complications/Treatments: 79c
Quantification of Blood Loss: 79 d..
Changes in Vital signs/BP/Sat/Pain/UOP/LOC: 79e
Documentation of Notification Response/Treatments: 79 f.
DVT/Thrombosis Prevention: 82 a
Ectopic Tubal Treatment: 82 b
Influenza Treatment: 82 c
Other: 82 d
Discharge Planning: 87a,f,g, h or
Events Surrounding Demise/Discharge: 87b

TRANSPORT (CUT AND PASTE TO APPROPRIATE AREA)

Date/Time: 89a
Reason for Transport: 89 b
Maternal Condition: 90 a-c
Fetal/Neonatal Condition: 91, 92
Transport Manager: 93
Transport Vehicle: 94
Timing: 95a-f
a. Call received:
b. Depart for referring facility/home:
c. Arrive at referring facility/home:
d. Patient contact:
e. Depart for referring facility:
f. Arrive at receiving facility:
Place: 96
Procedures before Transport: 97
Procedures during Transport: 98
Vital Signs: 99
Comments:

TERMINAL EVENT

Date/Time of Death: 128 a,b
When mother died: Prenatal/L&D/Postpartum prior to discharge/Postpartum after discharge 129, 137 b
Age: 130
Place of Death: 131
Weight: 132 Height: 133 a BMI = 133 a
Resuscitation: 134
Law Enforcement: 135
Certifier of Death: 136
Medical Provider 24 hours before Death: 137
Place of Transport: 138
Medical Examiner/Pathologist Investigative Information regarding Terminal Event: 139
Autopsy Offered: 140 a Preformed by: 140 b
Autopsy findings available to complete cause of death: 140 c
Reported to Medical Examiner: 140 d
Medical Examiner Case: 141
Autopsy Findings: 142 a *(include microscopic)*
Toxicology: 142 b
Cause of Death:
Medical Record: 143 a
Autopsy record: 143 b
Manner of Death: 144a
Pregnancy Box Checked: 144b
Other Notes: 144

### 6. NUTRITION ISSUES

**Medical History:**
- Prepregnancy Weight: 15 aa
- Recent Weight Change: 15 ab
- Description weight: 15 ac
- Height: 15b
- BMI: 15 c

**Prenatal:**
- Prepregnancy Weight: 49a
- Height: 49b
- BMI: 49c
  - Weight Gain: 50
  - Nutritional Factors: 51

**Healthy Start:** 18

**Labor and Delivery:**
- Weight: 106c
- Height: 106d
- BMI: 106e
  - Nutritional Factors: 125a,b,c,d,e,f

**Postpartum Visit:**
- Weight: 152 b, 152 c, 152 d
  - Nutritional Issues Identified: 152 e

**Outpatient Visits:**
- Weight/Height: 164 b
  - BMI = 164 b
  - Nutritional Issues Identified: 164 c

**Hospitalization:**
- Weight: 81a
  - height: 81 b
  - BMI = 81 c
  - Nutritional Issues/Assessment: 83, 84, 85, 86

**Autopsy:**
- weight: 132
  - height: 133a
  - BMI = 133 b.

### 7. PRENATAL CARE

**Prenatal Care:** 27

**First Visit:** 28(date)/____ weeks

**Healthy Start:** 56 (15, 16, 19, 20)

**Last Visit:** 29(date)/____ weeks

**Location:** 30a

**Specialist:** 30b

**Number of Prenatal Visits:** 31a

### 8. SUBSTANCE USE

**Medical History:** 19, 20, 21, 22

**Prenatal:** 47c, 56

**Healthy Start:** 56 (12,13)
9. PRENATAL RISK ASSESSMENT

Prenatal: 54 a, b, c
Healthy Start Score/ Date screened: 55 a
Referred to Healthy Start: 55 f
Services received: 55 g
Not referred or patient declined: 55 e, f

10. SOCIAL SUPPORT

Demographics: (from death certificate)
Medical History: 24e
Prenatal: 47c,
Healthy Start: 56 (3, 4, 7)
Hospitalization: 80c
L & D: 126d
Postpartum: 153
Outpatient: 165
Transport: 100a, c
Terminal Event: 145 d

11. HOUSING

Medical History: 24e
Prenatal: 47c,
Hospitalization: 80c
L & D: 126, 126 d
Postpartum: 153
Outpatient: 165
Transport: 100c
Terminal Event: 145 d

12. MENTAL HEALTH

Medical History: 24e
Prenatal: 47c,
Healthy Start: 56 (6,8)
Hospitalization: 80c
L & D: 126d
Outpatient: 165
Postpartum: 153

Updated 2015
Transport: 100c  
Terminal Event: 145 d

13. FAMILY VIOLENCE OR NEGLECT

Medical History: 24e
Prenatal: 47c, 56  
Healthy Start: 56 (9)
Hospitalization: 80c  
L & D: 126d
Outpatient: 165
Postpartum: 153  
Transport: 100c  
Terminal Event: 145 d

14. SOCIAL ISSUES

Life Course Issues:  
Poverty:  
Medical History: 24e
Prenatal: 47c, 56  
Healthy Start: 56 (4, 10)
Hospitalization: 80c  
L & D: 126d
Outpatient: 165
Postpartum: 153  
Transport: 100c  
Terminal Event: 145 d

Payer Source:  
Prenatal: 26
L & D: 103
Hospitalization: 69
Outpatient: 162
Postpartum: 150
Terminal Event:  
Communication/Belief Issues:  
Medical History: 24e
Prenatal: 47c
L & D: 126 d
Hospitalization: 80c
Outpatient: 165
Postpartum: 153
Transport: 100c  
Terminal Event: 145 d

Transportation:  
Medical History: 24e
Prenatal: 47c
L & D: 104, 126d
Hospitalization: 67, 80c
Postpartum: 153
Outpatient: 165
Transport: 89b
Terminal Event: 145 d

15. ENVIRONMENTAL OR OCCUPATIONAL HAZARDS
Demographics: 5
Medical History: 24e
Prenatal: 47c, 56
L&D: 126d
Hospitalization: 80c
Outpatient: 165
Postpartum: 153
Terminal Event: 145 d

16. FAMILY PLANNING
Medical History: 14a, f
Prenatal: 61
Healthy Start: 56 (5, 14)
L&D: 127j
Hospitalization: 88
Postpartum: 156
Outpatient: 168

17. PROVISION OF SERVICES

Refferrals:
  Medical History: 24 a-d, 24 e
  Prenatal: 47 a-b
  52, 53
  Healthy Start: 55 e,f
  L&D Referrals: 127j
  Hospitalization Referrals: 87 d, 88a
  RIPICC Transport: 101
  Referrals for Remaining Children: 87c, 122b, 145c
  Postpartum: 158 a
  Outpatient: 170

Education:
  HIV: Medical History 23a, c, d 43a
  Prenatal: 57
  L & D Discharge: 127k l
  Hospitalization: 88 b

Updated 2015
Outpatient: 166
Postpartum: 154

**Bereavement/Grief Support**
- L & D Bereavement: 122c
- Hospital Documentation of Grief Support: 87d
- Transport Documentation of Grief Support: 100b
- Terminal Event Documentation of Grief Support: 145a,b

**18. MISCELLANEOUS INFORMATION**

**Records Abstracted:** (Same information as checked on Data Sources Attachment and Abstracted Data sheet)

- ☐ Prenatal Care-Complete
- ☐ Prenatal Care-Partial
- ☐ Healthy Start Care Coord
- ☐ Labor and Delivery
- ☐ Postpartum
- ☐ Outpatient Record
- ☐ Other Hospitalization
- ☐ Terminal Event
- ☐ Autopsy Report
- ☐ Transport Record
- ☐ Law Enforcement
- ☐ ME/Pathologist Report
- ☐ Toxicology Report
- ☐ Pathology Report
- ☐ Social Services
- ☐ Other:

**Records Unable to Be Accessed:**

**Documentation Discrepancies:**

**Missing Records/Lapses in Care:**

**Other:**

Updated 2015