

REVIEW DATE Month/Day/Year	RECORD ID #	COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for PMSS-MM cause of death list.																											
PREGNANCY-RELATEDNESS: SELECT ONE PREGNANCY-RELATED A death during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy PREGNANCY-ASSOCIATED, BUT NOT-RELATED A death during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy PREGNANCY-ASSOCIATED BUT UNABLE TO DETERMINE PREGNANCY-RELATEDNESS		<table border="1"> <thead> <tr> <th>TYPE</th> <th>OPTIONAL: CAUSE (DESCRIPTIVE)</th> </tr> </thead> <tbody> <tr> <td>UNDERLYING*</td> <td></td> </tr> <tr> <td>CONTRIBUTING</td> <td></td> </tr> <tr> <td>IMMEDIATE</td> <td></td> </tr> <tr> <td>OTHER SIGNIFICANT</td> <td></td> </tr> </tbody> </table>	TYPE	OPTIONAL: CAUSE (DESCRIPTIVE)	UNDERLYING*		CONTRIBUTING		IMMEDIATE		OTHER SIGNIFICANT		COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH																
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*Underlying cause refers to the disease or injury that initiated the chain of events leading to death or the circumstances of the accident or violence which produced the fatal injury.

**Encompasses Discrimination, Interpersonal Racism, and Structural Racism as described on page 4.

COMMITTEE DETERMINATION OF PREVENTABILITY

A death is considered preventable if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, provider, facility, system and/or community factors.

WAS THIS DEATH PREVENTABLE?	YES	NO
CHANCE TO ALTER OUTCOME	GOOD CHANCE NO CHANCE	SOME CHANCE UNABLE TO DETERMINE

CONTRIBUTING FACTORS AND RECOMMENDATIONS FOR ACTION (Entries may continue to grid on page 5)

CONTRIBUTING FACTORS WORKSHEET

What were the factors that contributed to this death? Multiple contributing factors may be present at each level.

RECOMMENDATIONS OF THE COMMITTEE

If there was at least some chance that the death could have been averted, what were the specific and feasible actions that, if implemented or altered, might have changed the course of events?

DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	CONTRIBUTING FACTORS (choose as many as needed below)	LEVEL	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.	LEVEL	PREVENTION TYPE (choose below)	EXPECTED IMPACT (choose below)
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<p>CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)</p> <ul style="list-style-type: none"> • Access/financial • Adherence • Assessment • Chronic disease • Clinical skill/ quality of care • Communication • Continuity of care/ care coordination • Cultural/religious • Delay • Discrimination • Environmental • Equipment/ technology • Interpersonal racism • Knowledge • Law Enforcement • Legal • Mental health conditions • Outreach • Policies/procedures • Referral • Social support/ isolation • Structural racism • Substance use disorder - alcohol, illicit/prescription drugs • Tobacco use • Trauma • Unstable housing • Violence • Other 	<p>DEFINITION OF LEVELS</p> <ul style="list-style-type: none"> • PATIENT/FAMILY: An individual before, during or after a pregnancy, and their family, internal or external to the household, with influence on the individual • PROVIDER: An individual with training and expertise who provides care, treatment, and/or advice • FACILITY: A physical location where direct care is provided - ranges from small clinics and urgent care centers to hospitals with trauma centers • SYSTEM: Interacting entities that support services before, during, or after a pregnancy - ranges from healthcare systems and payors to public services and programs • COMMUNITY: A grouping based on a shared sense of place or identity - ranges from physical neighborhoods to a community based on common interests and shared circumstances 	<p>PREVENTION TYPE</p> <ul style="list-style-type: none"> • PRIMARY: Prevents the contributing factor before it ever occurs • SECONDARY: Reduces the impact of the contributing factor once it has occurred (i.e. treatment) • TERTIARY: Reduces the impact or progression of what has become an ongoing contributing factor (i.e. management of complications) 	<p>EXPECTED IMPACT</p> <ul style="list-style-type: none"> • SMALL: Education/counseling (community- and/or provider-based health promotion and education activities) • MEDIUM: Clinical intervention and coordination of care across continuum of well-woman visits (protocols, prescriptions) • LARGE: Long-lasting protective intervention (improve readiness, recognition and response to obstetric emergencies/ LARC) • EXTRA LARGE: Change in context (promote environments that support healthy living/ensure available and accessible services) • GIANT: Address social drivers of health (poverty, inequality, etc.)
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IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH* PMSS-MM

* PREGNANCY-RELATED DEATH: DEATH DURING PREGNANCY OR WITHIN ONE YEAR OF THE END OF PREGNANCY FROM A PREGNANCY COMPLICATION, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

Hemorrhage (Excludes Aneurysms or CVA)

- 10.1 - Hemorrhage – Uterine Rupture
- 10.2 - Placental Abruption
- 10.3 - Placenta Previa
- 10.4 - Ruptured Ectopic Pregnancy
- 10.5 - Hemorrhage – Uterine Atony/Postpartum Hemorrhage
- 10.6 - Placenta Accreta/Increta/Percreta
- 10.7 - Hemorrhage due to Retained Placenta
- 10.10 - Hemorrhage – Laceration/Intra-Abdominal Bleeding
- 10.9 - Other Hemorrhage/NOS

Infection

- 20.1 - Postpartum Genital Tract (e.g., of the Uterus/ Pelvis/Perineum/Necrotizing Fasciitis)
- 20.2 - Sepsis/Septic Shock
- 20.4 - Chorioamnionitis/Antepartum Infection
- 20.6 - Urinary Tract Infection
- 20.7 - Influenza
- 20.8 - COVID-19
- 20.10 - Pneumonia
- 20.11 - Other Non-Pelvic Infection (e.g., TB, Meningitis, HIV)
- 20.9 - Other Infection/NOS

Embolism - Thrombotic (Non-Cerebral)

- 30.1 - Embolism – Thrombotic (Non-Cerebral)
- 30.9 - Other Embolism (Excludes Amniotic Fluid Embolism)/NOS

Amniotic Fluid Embolism

- 31.1 - Embolism - Amniotic Fluid

Hypertensive Disorders of Pregnancy (HDP)

- 40.1 - Preeclampsia
- 50.1 - Eclampsia
- 60.1 - Chronic Hypertension with Superimposed Preeclampsia

Anesthesia Complications

- 70.1 - Anesthesia Complications

Cardiomyopathy

- 80.1 - Postpartum/Peripartum Cardiomyopathy
- 80.2 - Hypertrophic Cardiomyopathy
- 80.9 - Other Cardiomyopathy/NOS

Hematologic

- 82.1 - Sickle Cell Anemia
- 82.9 - Other Hematologic Conditions including Thrombophilias/TTP/HUS/NOS

Collagen Vascular/Autoimmune Diseases

- 83.1 - Systemic Lupus Erythematosus (SLE)
- 83.9 - Other Collagen Vascular Diseases/NOS

Conditions Unique to Pregnancy

- 85.1 - Conditions Unique to Pregnancy (e.g, Gestational Diabetes, Hyperemesis, Liver Disease of Pregnancy)

Injury

- 88.1 - Intentional (Homicide)
- 88.2 - Unintentional
- 88.9 - Unknown Intent/NOS

Cancer

- 89.1 - Gestational Trophoblastic Disease (GTD)
- 89.3 - Malignant Melanoma
- 89.9 - Other Malignancies/NOS

Cardiovascular Conditions (excluding cardiomyopathy, HDP, and CVA)

- 90.1 - Coronary Artery Disease/Myocardial Infarction (MI)/Atherosclerotic Cardiovascular Disease
- 90.2 - Pulmonary Hypertension
- 90.3 - Valvular Heart Disease Congenital and Acquired
- 90.4 - Vascular Aneurysm/Dissection (Non-Cerebral)
- 90.5 - Hypertensive Cardiovascular Disease
- 90.6 - Marfan Syndrome
- 90.7 - Conduction Defects/Arrhythmias
- 90.8 - Vascular Malformations Outside Head and Coronary Arteries
- 90.9 - Other Cardiovascular Disease, including CHF, Cardiomegaly, Cardiac Hypertrophy, Cardiac Fibrosis, Non-Acute Myocarditis/NOS

Pulmonary Conditions (Excludes ARDS-Adult Respiratory Distress Syndrome)

- 91.1 - Chronic Lung Disease
- 91.2 - Cystic Fibrosis
- 91.3 - Asthma
- 91.9 - Other Pulmonary Disease/NOS

Neurologic/Neurovascular Conditions (Excluding CVA)

- 92.1 - Epilepsy/Seizure Disorder
- 92.9 - Other Neurologic Diseases/NOS

Renal Disease

- 93.1 - Chronic Renal Failure/End-Stage Renal Disease (ESRD)
- 93.9 - Other Renal Disease/NOS

Cerebrovascular Accident (CVA) not Secondary to HDP

- 95.1 - Cerebrovascular Accident (Hemorrhage/ Thrombosis/Aneurysm/Malformation) not Secondary to Hypertensive Disorders of Pregnancy

Metabolic/Endocrine

- 96.2 - Diabetes Mellitus
- 96.9 - Other Metabolic/Endocrine Disorders/NOS

Gastrointestinal Disorders

- 97.1 - Crohn's Disease/Ulcerative Colitis
- 97.2 - Liver Disease/Failure/Transplant
- 97.9 - Other Gastrointestinal Diseases/NOS

Mental Health Conditions

- 100.1 - Depressive Disorder
- 100.2 - Anxiety Disorder (including Post-Traumatic Stress Disorder)
- 100.3 - Bipolar Disorder
- 100.4 - Psychotic Disorder
- 100.5 - Substance Use Disorder
- 100.9 - Other Psychiatric Conditions/NOS

Unknown COD

- 999.1 - Unknown COD

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

Systemic barriers, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to noncompliance, impacted their ability to care for themselves (e.g. did not seek services because unable to miss work or afford postpartum visits after insurance expired). Other barriers to accessing care: insurance non-eligibility, provider shortage in their geographical area, and lack of public transportation.

ADHERENCE TO MEDICAL RECOMMENDATIONS

The provider or patient did not follow protocol or failed to comply with standard procedures (i.e. non adherence to prescribed medications).

FAILURE TO SCREEN/INADEQUATE ASSESSMENT OF RISK

Factors placing the individual at risk for a poor clinical outcome recognized, and they were not transferred/transported to a provider able to give a higher level of care.

CHRONIC DISEASE

Occurrence of one or more significant pre-existing medical conditions (e.g. obesity, cardiovascular disease, or diabetes).

CLINICAL SKILL/QUALITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Personnel were not appropriately skilled for the situation or did not exercise clinical judgment consistent with standards of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

POOR COMMUNICATION/LACK OF CASE COORDINATION OR MANAGEMENT/ LACK OF CONTINUITY OF CARE (SYSTEM PERSPECTIVE)

Care was fragmented (i.e. uncoordinated or not comprehensive) among or between healthcare facilities or units, (e.g. records not available between inpatient and outpatient or among units within the hospital, such as Emergency Department and Labor and Delivery).

LACK OF CONTINUITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Care providers did not have access to individual's complete records or did not communicate their status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS

The provider or patient demonstrated that any of these factors was either a barrier to care due to lack of understanding or led to refusal of therapy due to beliefs (or belief systems).

DELAY

The provider or patient was delayed in referring or accessing care, treatment, or follow-up care/action.

DISCRIMINATION

Treating someone less or more favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication and shared decision-making. (Smedley et al, 2003 and Dr. Rachel Hardeman).

ENVIRONMENTAL FACTORS

Factors related to weather or social environment.

INADEQUATE OR UNAVAILABLE EQUIPMENT/TECHNOLOGY

Equipment was missing, unavailable, or not functional, (e.g. absence of blood tubing connector).

INTERPERSONAL RACISM

Discriminatory interactions between individuals based on differential assumptions about the abilities, motives, and intentions of others and resulting in differential actions toward others based on their race. It can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization. (Jones, CP, 2000 and Dr. Cornelia Graves).

KNOWLEDGE - LACK OF KNOWLEDGE REGARDING IMPORTANCE OF EVENT OR OF TREATMENT OR FOLLOW-UP

The provider or patient did not receive adequate education or lacked knowledge or understanding regarding the significance of a health event (e.g. shortness of breath as a trigger to seek immediate care) or lacked understanding about the need for treatment/follow-up after evaluation for a health event (e.g. needed to keep appointment for psychiatric referral after an ED visit for exacerbation of depression).

INADEQUATE LAW ENFORCEMENT RESPONSE

Law enforcement response was not in a timely manner or was not appropriate or thorough in scope.

LEGAL

Legal considerations that impacted outcome.

MENTAL HEALTH CONDITIONS

The patient had a documented diagnosis of a psychiatric disorder. This includes postpartum depression. If a formal diagnosis is not available, refer to your review committee subject matter experts (e.g. psychiatrist, psychologist, licensed counselor) to determine whether the criteria for a diagnosis of substance use disorder or another mental health condition are met based on the available information.

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other outside agencies/organizations in the geographic/cultural area that work with maternal health issues.

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the individual's needs (e.g. response to high blood pressure, or a lack of or outdated policy or protocol).

LACK OF REFERRAL OR CONSULTATION

Specialists were not consulted or did not provide care; referrals to specialists were not made.

SOCIAL SUPPORT/ISOLATION - LACK OF FAMILY/ FRIEND OR SUPPORT SYSTEM

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional.

STRUCTURAL RACISM

The systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc. - (Adapted from Bailey ZD. Lancet. 2017 and Dr. Carla Ortique)

SUBSTANCE USE DISORDER - ALCOHOL, ILLICIT/ PRESCRIPTION DRUGS

Substance use disorder is characterized by recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems or disability. The committee may determine that substance use disorder contributed to the death when the disorder directly compromised their health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or they were more vulnerable to infections or medical conditions).

TOBACCO USE

The patient's use of tobacco directly compromised the patient's health status (e.g. long-term smoking led to underlying chronic lung disease).

TRAUMA

The individual experienced trauma: i.e., loss of child (death or loss of custody), rape, molestation, or one or more of the following: sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or other physical or emotional abuse other than that related to sexual abuse during childhood.

UNSTABLE HOUSING

Individual lived "on the street," in a homeless shelter, or in transitional or temporary circumstances with family or friends.

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse perpetrated by current or former intimate partner, family member, friend, acquaintance, or stranger.

OTHER

Contributing factor not otherwise mentioned. Please provide description.

CONTRIBUTING FACTORS AND RECOMMENDATIONS FOR ACTION (Continued from page 2)

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