

Using the *MMRIA Committee Decisions Form*

CDC Division of Reproductive Health
Maternal Mortality Prevention Team



Agenda

- Review the MMRIA Committee Decisions Form, including the latest updates Julie
- Answer some FAQs Susanna
- Discussion All



ERASE MM

Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

Purpose of ERASE MM

Through the ERASE MM initiative CDC supports agencies to:

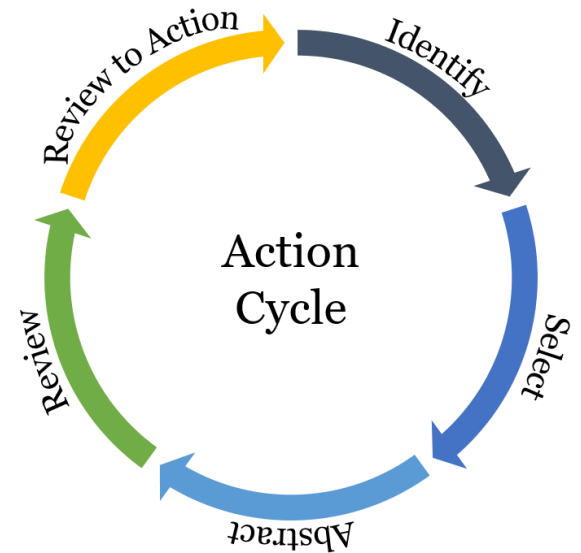
- Identify pregnancy-associated deaths
- Abstract clinical and non-clinical data into MMRIA
- Conduct multidisciplinary reviews
- Enter committee decisions into MMRIA
- Improve data quality and timeliness
- Analyze data
- Share findings
- Inform prevention strategies

This activity supports a nationwide approach to collecting and sharing data on maternal deaths

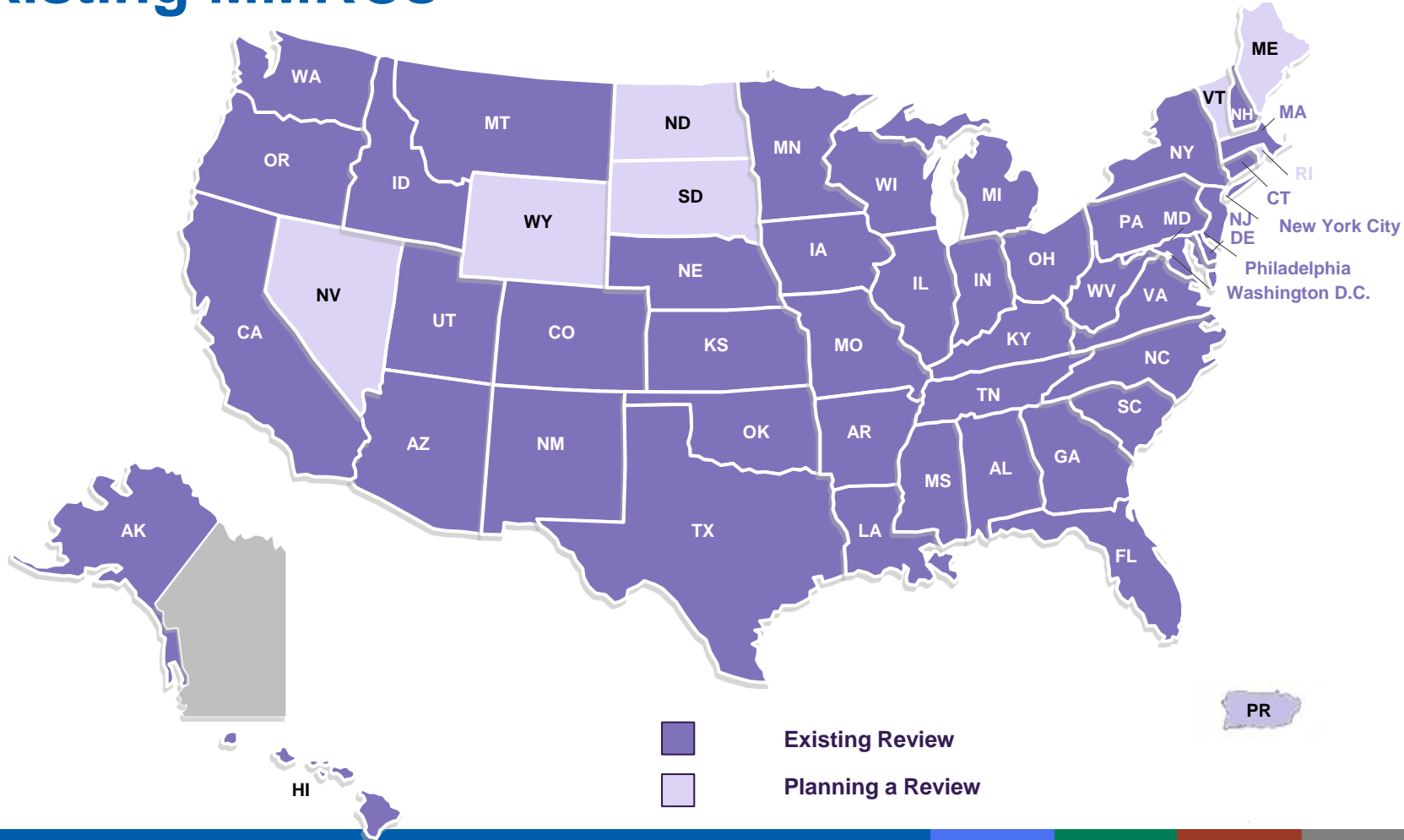
MMRIA Committee Decisions Form

What does it provide?

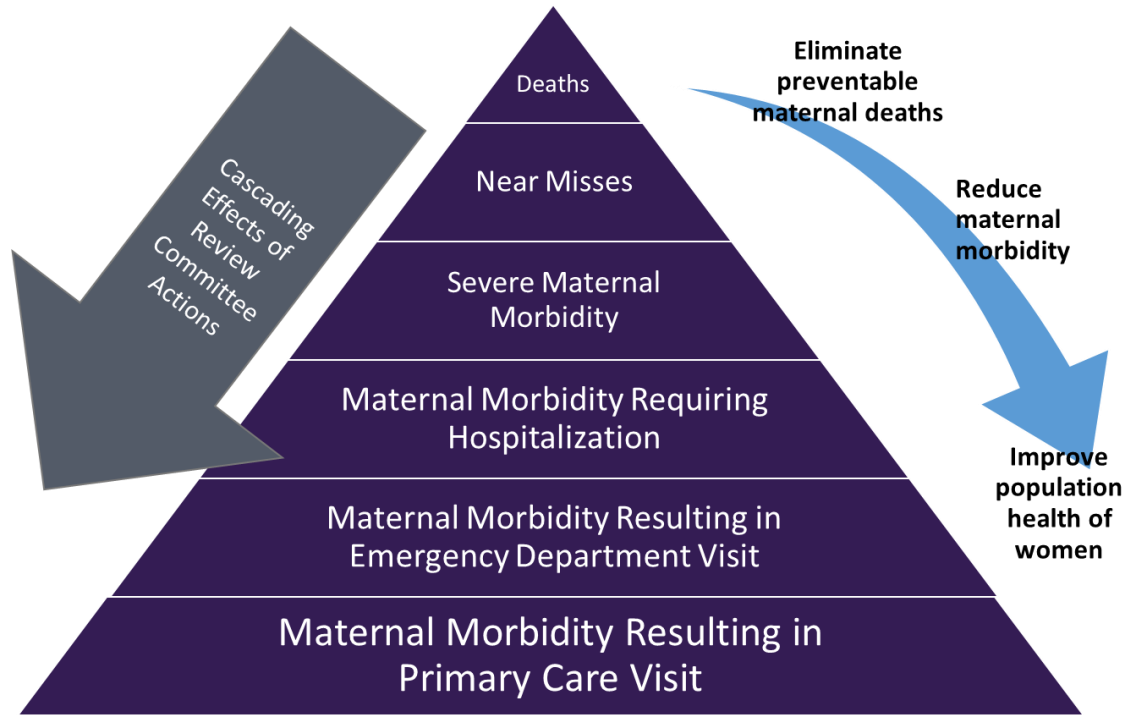
- A synthesis of various forms from MMRCs around the U.S.
- A common language for MMRCs
- A way to collect data that feeds ACTION!



Existing MMRCs



Data that Feeds Action



What does the form NOT provide?

- A perfect way to cleanly capture every possible cause, manner and contributor to every possible maternal death

...and never will

<https://reviewtoaction.org/content/guidance-using-mmria-committee-decisions-form>



Guidance for Using the MMRIA Committee Decisions Form


YEAR OF PUBLICATION OR LAST UPDATE: 2018

The following webinar was recorded on March 23, 2018 to assist committees in using the MMRIA Committee Decisions form and to answer frequently asked questions: <https://ondieh.adobeconnect.com/put5ctfi87qj/>. The accompanying slide set and PMSS-MM Underlying Cause of Death Decision Tree are discussed in the webinar recording. The PMSS-MM Underlying Cause of Death Decision Tree may be particularly helpful when reviewing deaths related to suicide and substance overdoses.

WEBSITE: Maternal Mortality Review Committee Consensus, Decisions and Next Steps Video

FILE:

 Webinar Using the MMRIA Committee Decisions Form 03.23.2018.pdf

 PMSS-MM Decision Tree for Suicides and Overdoses.pdf

Maternal Mortality Review Information Application Committee Decisions Form v19



REVIEW DATE

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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

The death of a woman 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

The death of a woman 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 NOT PREGNANCY-RELATED OR -ASSOCIATED

(i.e. false positive, woman was not pregnant within one year of her death)

ESTIMATE THE DEGREE OF RELEVANT INFORMATION (RECORDS) AVAILABLE FOR THIS CASE:

 COMPLETE

All records necessary for adequate review of the case were available

 MOSTLY COMPLETE

Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case)

 SOMEWHAT COMPLETE

Major gaps (i.e. information that would have been crucial to the review of the case)

 NOT COMPLETE

Minimal records available for review (i.e. death certificate and no additional records)

 N/A

DOES THE COMMITTEE AGREE WITH THE UNDERLYING* CAUSE OF DEATH LISTED ON DEATH CERTIFICATE?

 YES NO

TYPE	OPTIONAL: CAUSE (DESCRIPTIVE)
UNDERLYING*	<input style="width: 100%; height: 25px;" type="text"/>
CONTRIBUTING	<input style="width: 100%; height: 25px;" type="text"/>
IMMEDIATE	<input style="width: 100%; height: 25px;" type="text"/>
OTHER SIGNIFICANT	<input style="width: 100%; height: 25px;" type="text"/>

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

DID OBESITY CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID DISCRIMINATION CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID MENTAL HEALTH CONDITIONS *OTHER THAN SUBSTANCE USE DISORDER* CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

MANNER OF DEATH

WAS THIS DEATH A SUICIDE? YES PROBABLY NO UNKNOWN

WAS THIS DEATH A HOMICIDE? YES PROBABLY NO UNKNOWN

IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY

- | | | |
|--|--|--|
| <input type="checkbox"/> FIREARM | <input type="checkbox"/> FALL | <input type="checkbox"/> INTENTIONAL NEGLIGENCE |
| <input type="checkbox"/> SHARP INSTRUMENT | <input type="checkbox"/> PUNCHING/ KICKING/BEATING | <input type="checkbox"/> OTHER, SPECIFY: <input style="width: 100%; height: 25px;" type="text"/> |
| <input type="checkbox"/> BLUNT INSTRUMENT | <input type="checkbox"/> EXPLOSIVE | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> POISONING/ OVERDOSE | <input type="checkbox"/> DROWNING | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION | <input type="checkbox"/> FIRE OR BURNS | |
| | <input type="checkbox"/> MOTOR VEHICLE | |

IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?

- | | | |
|--|--|---|
| <input type="checkbox"/> NO RELATIONSHIP | <input type="checkbox"/> OTHER ACQUAINTANCE | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> PARTNER | <input type="checkbox"/> OTHER, SPECIFY: <input style="width: 100%; height: 25px;" type="text"/> | <input type="checkbox"/> NOT APPLICABLE |
| <input type="checkbox"/> EX-PARTNER | | |
| <input type="checkbox"/> OTHER RELATIVE | | |

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MMRIA MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v19 1

1

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

REVIEW DATE: / /
Month Day Year

RECORD ID #:

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for PMSS-MM cause of death list.

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for PMSS-MM cause of death list.

PREGNANCY-ASSOCIATED, BUT NOT -RELATED
 The death of a woman 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

NOT PREGNANCY-RELATED OR -ASSOCIATED
 (i.e. false positive, woman was not pregnant within one year of her death)

ESTIMATE THE DEGREE OF RELEVANT INFORMATION (RECORDS) AVAILABLE FOR THIS CASE:

COMPLETE
 All records necessary for adequate review of the case were available

MOSTLY COMPLETE
 Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case)

SOMEWHAT COMPLETE
 Major gaps (i.e. information that would have been crucial to the review of the case)

NOT COMPLETE
 Minimal records available for review (i.e. death certificate and no additional records)

N/A

DOES THE COMMITTEE AGREE WITH THE UNDERLYING* CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? YES NO

OTHER SIGNIFICANT:

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

DID OBESITY CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID DISCRIMINATION CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

MANNER OF DEATH

WAS THIS DEATH A SUICIDE? YES PROBABLY NO UNKNOWN

WAS THIS DEATH A HOMICIDE? YES PROBABLY NO UNKNOWN

IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY

FIREARM FALL INTENTIONAL NEGLIGENCE

SHARP INSTRUMENT KICKING/BEATING OTHER, SPECIFY:

BLUNT INSTRUMENT EXPLOSIVE

POISONING/OVERDOSE DROWNING

HANGING/STRANGULATION/SUFFOCATION FIRE OR BURNS UNKNOWN

MOTOR VEHICLE NOT APPLICABLE

IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?

NO RELATIONSHIP OTHER ACQUAINTANCE UNKNOWN

PARTNER OTHER, SPECIFY:

EX-PARTNER NOT APPLICABLE

OTHER RELATIVE

*Underlying Cause
 the disease or injury
 which initiated the
 train of events
 leading directly to
 death, or the
 circumstances of the
 accident or violence
 which produced the
 fatal injury*

*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

Page 1: Updates

MMRIA MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v19 1

REVIEW DATE: [Month] [Day] [Year] RECORD ID #: [REDACTED]

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for S-MM cause of death list. **2**

PREGNANCY-RELATEDNESS: SELECT ONE

PREGNANCY-RELATED
The death of a woman, during pregnancy or within one year of the

TYPE	OPTIONAL: CAUSE (DESCRIPTIVE)
UNDERLYING*	[REDACTED]
CONTRIBUTING	[REDACTED]
IMMEDIATE	[REDACTED]
OTHER SIGNIFICANT	[REDACTED]

TYPE	OPTIONAL: CAUSE (DESCRIPTIVE)
UNDERLYING*	[REDACTED]
CONTRIBUTING	[REDACTED]
IMMEDIATE	[REDACTED]
OTHER SIGNIFICANT	[REDACTED]

adequate review of the case were available

MOSTLY COMPLETE
Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case)

NOT COMPLETE
Minimal records available for review (i.e. death certificate and no additional records)

N/A

that would have been crucial to the review of the case)

DOES THE COMMITTEE AGREE WITH THE UNDERLYING* CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? YES NO

WAS THIS DEATH A HOMICIDE? YES PROBABLY NO UNKNOWN

IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY

FIREARM FALL INTENTIONAL NEGLIGENCE

SHARP INSTRUMENT PUNCHING/BEATING OTHER, SPECIFY: [REDACTED]

BLUNT INSTRUMENT KICKING/BEATING EXPLOSIVE

POISONING/OVERDOSE DROWNING UNKNOWN

HANGING/STRANGULATION/SUFFOCATION FIRE OR BURNS MOTOR VEHICLE NOT APPLICABLE

IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?

NO RELATIONSHIP OTHER ACQUAINTANCE UNKNOWN

PARTNER OTHER, SPECIFY: [REDACTED] NOT APPLICABLE

EX-PARTNER

OTHER RELATIVE

*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

Page 1: Updates

MMRIA		MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v19		1
REVIEW DATE	RECORD ID #	COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH		
<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>	<input type="text"/>	IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for PMSS-MM cause of death list. <input type="text"/>		
PREGNANCY-RELATEDNESS: SELECT ONE		TYPE	OPTIONAL: CAUSE (DESCRIPTIVE)	
<input type="checkbox"/> PREGNANCY-RELATED The death of a woman 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		UNDERLYING*	<input type="text"/>	
<input type="checkbox"/> PREGNANCY-ASSOCIATED, BUT NOT -RELATED The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy		CONTRIBUTING	<input type="text"/>	
<input type="checkbox"/> PREGNANCY-ASSOCIATED BUT UNABLE TO DETERMINE PREGNANCY-RELATEDNESS		IMMEDIATE	<input type="text"/>	
<input type="checkbox"/> NOT PREGNANCY-RELATED OR -ASSOCIATED <i>(i.e. false positive, woman was not pregnant within one year of her death)</i>		OTHER SIGNIFICANT	<input type="text"/>	
		3 COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH		
		DID OBESITY CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		DID DISCRIMINATION CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

AVAILABLE FOR THIS CASE:	DID DISCRIMINATION CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
<input type="checkbox"/> COMPLETE All records necessary for adequate review of the case were available	<input type="checkbox"/> SOMEWHAT COMPLETE Major gaps (i.e. information that would have been crucial to the review of the case)	MANNER OF DEATH		
<input type="checkbox"/> MOSTLY COMPLETE Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case)	<input type="checkbox"/> NOT COMPLETE Minimal records available for review (i.e. death certificate and no additional records)	WAS THIS DEATH A SUICIDE? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
	<input type="checkbox"/> N/A	WAS THIS DEATH A HOMICIDE? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM <input type="checkbox"/> SHARP INSTRUMENT <input type="checkbox"/> BLUNT INSTRUMENT <input type="checkbox"/> POISONING/OVERDOSE <input type="checkbox"/> HANGING/STRANGULATION/SUFFOCATION	
		<input type="checkbox"/> FALL <input type="checkbox"/> PUNCHING/KICKING/BEATING <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> DROWNING <input type="checkbox"/> FIRE OR BURNS <input type="checkbox"/> MOTOR VEHICLE		
		<input type="checkbox"/> INTENTIONAL NEGLIGENCE <input type="checkbox"/> OTHER, SPECIFY: <input type="text"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE		
DOES THE COMMITTEE AGREE WITH THE UNDERLYING* CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?		
		<input type="checkbox"/> NO RELATIONSHIP <input type="checkbox"/> PARTNER <input type="checkbox"/> EX-PARTNER <input type="checkbox"/> OTHER RELATIVE		
		<input type="checkbox"/> OTHER ACQUAINTANCE <input type="checkbox"/> OTHER, SPECIFY: <input type="text"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE		

*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

Page 1: Updates

MMRIA		MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v19		1										
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Month Day Year		[]												
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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

Page 1: Updates

MMRIA
MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v19
1

REVIEW DATE <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between;"> <div style="border-right: 1px solid #ccc; width: 20%; text-align: center;">Month</div> <div style="border-right: 1px solid #ccc; width: 20%; text-align: center;">Day</div> <div style="width: 60%; text-align: center;">Year</div> </div>	RECORD ID # <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH <div style="background-color: #4a4a4a; color: white; padding: 5px; font-size: 0.8em;"> IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING* CAUSE OF DEATH Refer to page 3 for PMSS-MM cause of death list. </div> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>										
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<input type="checkbox"/> NOT PREGNANCY-RELATED OR -ASSOCIATED <small>(i.e. false positive, woman was not pregnant within one year of death)</small>												

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MANNER OF DEATH

<input type="checkbox"/> COMPLETE <small>All records necessary for adequate review of the case were available</small>	<input type="checkbox"/> SOMEWHAT COMPLETE <small>Major gaps (i.e. information that would have been crucial to the review of the case)</small>	WAS THIS DEATH A SUICIDE? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN																		
<input type="checkbox"/> MOSTLY COMPLETE <small>Minor gaps (i.e. information that would have been beneficial but was not essential to the review of the case)</small>	<input type="checkbox"/> NOT COMPLETE <small>Minimal records available for review (i.e. death certificate and no additional records)</small>	WAS THIS DEATH A HOMICIDE? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN																		
<input type="checkbox"/> N/A	IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> FIREARM</td> <td><input type="checkbox"/> FALL</td> <td><input type="checkbox"/> INTENTIONAL NEGLIGENCE</td> </tr> <tr> <td><input type="checkbox"/> SHARP INSTRUMENT</td> <td><input type="checkbox"/> PUNCHING/ KICKING/BEATING</td> <td><input type="checkbox"/> OTHER, SPECIFY:</td> </tr> <tr> <td><input type="checkbox"/> BLUNT INSTRUMENT</td> <td><input type="checkbox"/> EXPLOSIVE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> POISONING/ OVERDOSE</td> <td><input type="checkbox"/> DROWNING</td> <td></td> </tr> <tr> <td><input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION</td> <td><input type="checkbox"/> FIRE OR BURNS</td> <td><input type="checkbox"/> UNKNOWN</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MOTOR VEHICLE</td> <td><input type="checkbox"/> NOT APPLICABLE</td> </tr> </table>	<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE	<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE		<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING		<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE
<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE																		
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<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN																		
	<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE																		
DOES THE COMMITTEE AGREE WITH THE UNDERLYING* CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> NO RELATIONSHIP</td> <td><input type="checkbox"/> OTHER ACQUAINTANCE</td> <td><input type="checkbox"/> UNKNOWN</td> </tr> <tr> <td><input type="checkbox"/> PARTNER</td> <td><input type="checkbox"/> OTHER, SPECIFY:</td> <td><input type="checkbox"/> NOT APPLICABLE</td> </tr> <tr> <td><input type="checkbox"/> EX-PARTNER</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER RELATIVE</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> EX-PARTNER			<input type="checkbox"/> OTHER RELATIVE								
<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN																		
<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> NOT APPLICABLE																		
<input type="checkbox"/> EX-PARTNER																				
<input type="checkbox"/> OTHER RELATIVE																				

*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

Page 2:

Data for Action

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 SOME CHANCE
 NO 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?

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.	PREVENTION LEVEL (choose below)	EXPECTED IMPACT (choose below)
PATIENT/FAMILY					
PROVIDER					
FACILITY					
SYSTEM					
COMMUNITY					

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

- Access/financial
- Adherence
- Assessment
- Childhood abuse/trauma
- 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
- Unstable housing
- Violence
- Other

PREVENTION LEVEL

- **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)

EXPECTED IMPACT

- **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 determinants of health (poverty, inequality, etc.)

Page 3: Reference – PMSS-MM Codes

Tip: laminate a copy for everyone

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH* PMSS-MM

If more than one is selected, please list them in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

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

- | | | |
|---|--|--|
| <input type="checkbox"/> 10 Hemorrhage (excludes aneurysms or CVA) | <input type="checkbox"/> 83 Collagen vascular/autoimmune diseases | <input type="checkbox"/> 92.1 Epilepsy/seizure disorder |
| <input type="checkbox"/> 10.1 Hemorrhage – rupture/laceration/ intra-abdominal bleeding | <input type="checkbox"/> 83.1 Systemic lupus erythematosus (SLE) | <input type="checkbox"/> 92.9 Other neurologic diseases/NOS |
| <input type="checkbox"/> 10.2 Placental abruption | <input type="checkbox"/> 83.9 Other collagen vascular diseases/NOS | <input type="checkbox"/> 93 Renal disease |
| <input type="checkbox"/> 10.3 Placenta previa | <input type="checkbox"/> 85 Conditions unique to pregnancy (e.g. gestational diabetes, hyperemesis, liver disease of pregnancy) | <input type="checkbox"/> 93.1 Chronic renal failure/End-stage renal disease (ESRD) |
| <input type="checkbox"/> 10.4 Ruptured ectopic pregnancy | | <input type="checkbox"/> 93.9 Other renal disease/NOS |
| <input type="checkbox"/> 10.5 Hemorrhage – uterine atony/ post-partum hemorrhage | <input type="checkbox"/> 88 Injury | <input type="checkbox"/> 95 Cerebrovascular accident (hemorrhage/ thrombosis/aneurysm/ malformation) not secondary to hypertensive disease |
| <input type="checkbox"/> 10.6 Placenta accreta/increta/percreta | <input type="checkbox"/> 88.1 Intentional (homicide) | <input type="checkbox"/> 96 Metabolic/endocrine |
| <input type="checkbox"/> 10.7 Hemorrhage due to retained placenta | <input type="checkbox"/> 88.2 Unintentional | <input type="checkbox"/> 96.1 Obesity |
| <input type="checkbox"/> 10.8 Hemorrhage due to primary DIC | <input type="checkbox"/> 88.9 Unknown/NOS | <input type="checkbox"/> 96.2 Diabetes mellitus |
| <input type="checkbox"/> 10.9 Other hemorrhage/NOS | <input type="checkbox"/> 89 Cancer | <input type="checkbox"/> 96.9 Other metabolic/endocrine disorders |
| <input type="checkbox"/> 20 Infection | <input type="checkbox"/> 89.1 Gestational trophoblastic disease (GTN) | <input type="checkbox"/> 97 Gastrointestinal disorders |
| <input type="checkbox"/> 20.1 Post-partum genital tract (e.g. of the uterus/ pelvis/perineum/necrotizing fasciitis) | <input type="checkbox"/> 89.3 Malignant melanoma | <input type="checkbox"/> 97.1 Crohn's disease/ulcerative colitis |
| <input type="checkbox"/> 20.2 Sepsis/septic shock | <input type="checkbox"/> 89.9 Other malignancies/NOS | <input type="checkbox"/> 97.2 Liver disease/failure/transplant |
| <input type="checkbox"/> 20.4 Chorioamnionitis/antepartum infection | <input type="checkbox"/> 90 Cardiovascular conditions | <input type="checkbox"/> 97.9 Other gastrointestinal diseases/NOS |
| <input type="checkbox"/> 20.5 Non-pelvic infections (e.g. pneumonia, TB, meningitis, HIV) | <input type="checkbox"/> 90.1 Coronary artery disease/myocardial infarction (MI)/atherosclerotic cardiovascular disease | <input type="checkbox"/> 100 Mental health conditions |
| <input type="checkbox"/> 20.6 Urinary tract infection | <input type="checkbox"/> 90.2 Pulmonary hypertension | <input type="checkbox"/> 100.1 Depression |
| <input type="checkbox"/> 20.9 Other infections/NOS | <input type="checkbox"/> 90.3 Valvular heart disease | <input type="checkbox"/> 100.9 Other psychiatric conditions/NOS |
| <input type="checkbox"/> 30 Embolism - thrombotic (non-cerebral) | <input type="checkbox"/> 90.4 Vascular aneurysm/dissection | <input type="checkbox"/> 999 Unknown COD |
| <input type="checkbox"/> 30.9 Other embolism/NOS | <input type="checkbox"/> 90.5 Hypertensive cardiovascular disease | |
| <input type="checkbox"/> 31 Embolism – amniotic fluid | <input type="checkbox"/> 90.6 Marfan's syndrome | |
| <input type="checkbox"/> 40 Pre-eclampsia | <input type="checkbox"/> 90.7 Conduction defects/arrhythmias | |
| <input type="checkbox"/> 50 Eclampsia | <input type="checkbox"/> 90.8 Vascular malformations outside head and coronary arteries | |
| <input type="checkbox"/> 60 Chronic hypertension with superimposed preeclampsia | <input type="checkbox"/> 90.9 Other cardiovascular disease, including CHF, cardiomegaly, cardiac hypertrophy, cardiac fibrosis, nonacute myocarditis/NOS | |
| <input type="checkbox"/> 70 Anesthesia complications | <input type="checkbox"/> 91 Pulmonary conditions (excludes ARDS-Adult respiratory distress syndrome) | |
| <input type="checkbox"/> 80 Cardiomyopathy | <input type="checkbox"/> 91.1 Chronic lung disease | |
| <input type="checkbox"/> 80.1 Post-partum/peripartum cardiomyopathy | <input type="checkbox"/> 91.2 Cystic fibrosis | |
| <input type="checkbox"/> 80.2 Hypertrophic cardiomyopathy | <input type="checkbox"/> 91.3 Asthma | |
| <input type="checkbox"/> 80.9 Other cardiomyopathy/NOS | <input type="checkbox"/> 91.9 Other pulmonary disease/NOS | |
| <input type="checkbox"/> 82 Hematologic | <input type="checkbox"/> 92 Neurologic/neurovascular conditions (excluding CVAs) | |
| <input type="checkbox"/> 82.1 Sickle cell anemia | | |
| <input type="checkbox"/> 82.9 Other hematologic conditions including thrombophilias/TTP/HUS/NOS | | |

Utah Criteria

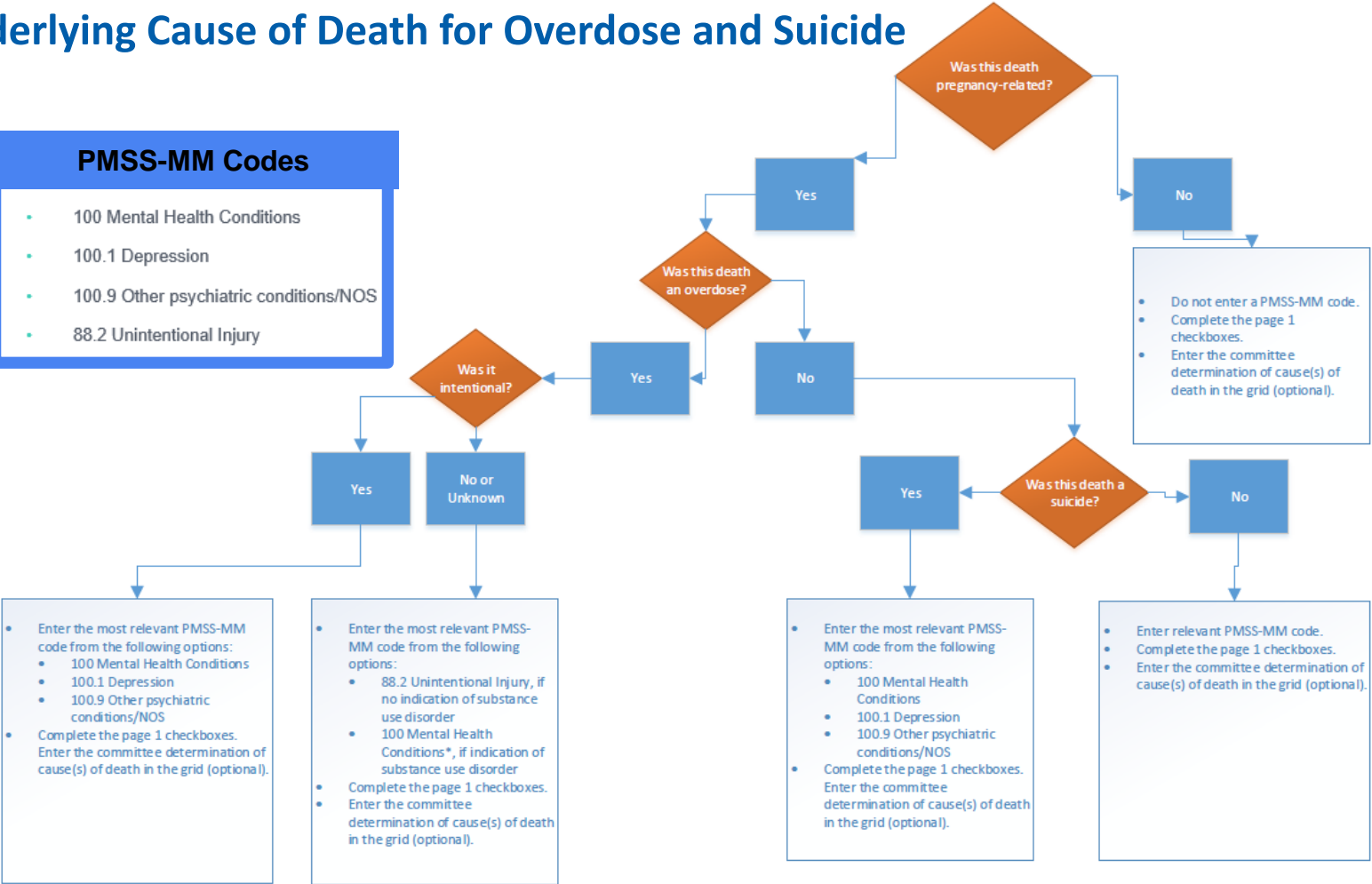
Pregnancy-relatedness criteria for mental health-related deaths, including overdose and suicide

- Pregnancy complications
- Chain of events initiated by pregnancy
- Aggravation of an unrelated condition by the physiologic effects of pregnancy

Coding Underlying Cause of Death for Overdose and Suicide

PMSS-MM Codes

- 100 Mental Health Conditions
- 100.1 Depression
- 100.9 Other psychiatric conditions/NOS
- 88.2 Unintentional Injury



- Enter the most relevant PMSS-MM code from the following options:
 - 100 Mental Health Conditions
 - 100.1 Depression
 - 100.9 Other psychiatric conditions/NOS
- Complete the page 1 checkboxes. Enter the committee determination of cause(s) of death in the grid (optional).

- Enter the most relevant PMSS-MM code from the following options:
 - 88.2 Unintentional Injury, if no indication of substance use disorder
 - 100 Mental Health Conditions*, if indication of substance use disorder
- Complete the page 1 checkboxes. Enter the committee determination of cause(s) of death in the grid (optional).

- Enter the most relevant PMSS-MM code from the following options:
 - 100 Mental Health Conditions
 - 100.1 Depression
 - 100.9 Other psychiatric conditions/NOS
- Complete the page 1 checkboxes. Enter the committee determination of cause(s) of death in the grid (optional).

- Enter relevant PMSS-MM code.
- Complete the page 1 checkboxes.
- Enter the committee determination of cause(s) of death in the grid (optional).

Updates to Contributing Factor Classes in v19



COMMITTEE DETERMINATION OF PREVENTABILITY

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WAS THIS DEATH PREVENTABLE? YES NO

CHANCE TO ALTER OUTCOME GOOD CHANCE SOME CHANCE
 NO 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?
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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?

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.	PREVENTION LEVEL (choose below)	EXPECTED IMPACT (choose below)
PATIENT/FAMILY					
PROVIDER					
FACILITY					
SYSTEM					
COMMUNITY					

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

<ul style="list-style-type: none"> • Access/financial • Adherence • Assessment • Childhood abuse/trauma • Chronic disease • Clinical skill/quality of care • Communication • Continuity of care/care coordination • Cultural/religious • Delay 	<ul style="list-style-type: none"> • Discrimination • Environmental • Equipment/technology • Interpersonal racism • Knowledge • Law Enforcement • Legal • Mental health conditions • Outreach • Policies/procedures • Referral • Social support/isolation • Structural racism 	<ul style="list-style-type: none"> • Substance use disorder - alcohol, illicit/prescription drugs • Tobacco use • Unstable housing • Violence • Other
--	--	--

PREVENTION LEVEL

- **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)

EXPECTED IMPACT

- **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)
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- **EXTRA LARGE:** Change in context (promote environments that support healthy living/ensure available and accessible services)
- **GIANT:** Address social determinants of health (poverty, inequality, etc.)

6

Page 2: Updates

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

- Access/financial
- Adherence
- Assessment
- Childhood abuse/trauma
- 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
- Unstable housing
- Violence
- Other

Added three new contributing factors*:

- Discrimination
- Interpersonal Racism
- Structural Racism

Will be on the version of MMRIA committee decisions form
(<https://reviewtoaction.org/content/maternal-mortality-review-committee-decisions-form>)
to be released by May 31, 2020.

Standardized Committee Decisions Form Pg. 2

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?

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.	PREVENTION LEVEL (choose below)	IMPACT LEVEL (choose below)
PATIENT/FAMILY					
PROVIDER					
FACILITY					
SYSTEM					
COMMUNITY					

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

• Access/financial	• Discrimination	• Substance use disorder - alcohol, illicit/prescription drugs
• Adherence	• Environmental	• Tobacco use
• Assessment	• Equipment/technology	• Unstable housing
• Childhood abuse/trauma	• Interpersonal racism	• Violence
• Chronic disease	• Knowledge	• Other
• Clinical skill/quality of care	• Law Enforcement	
• Communication	• Legal	
• Continuity of care/care coordination	• Mental health conditions	
• Cultural/religious	• Outreach	
• Delay	• Policies/procedures	
	• Referral	
	• Social support/Isolation	
	• Structural racism	

See Pg. 4 for descriptions

- Discrimination
- Interpersonal Racism
- Structural Racism

Page 4: Reference – CF Descriptions

LACK OF ACCESS/FINANCIAL RESOURCES

System Issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, Impacted woman's ability to care for herself (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 woman's 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 woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced 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; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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 current 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 woman's complete records or did not communicate woman's status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS Demonstration 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 carried a diagnosis of a psychiatric disorder. This includes postpartum depression.

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 woman'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.

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 Ortigue)

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

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

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 a woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or woman was 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).

UNSTABLE HOUSING

Woman 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, or stranger.

OTHER

Contributing factor not otherwise mentioned. Please provide description.

Tip:
laminates
a copy for
everyone



REVIEW
ON APP



Page 4: Updates

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

System Issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, impacted woman's ability to care for herself (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 woman's 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 woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

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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 current standards of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

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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 race, 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, intentions of others and resulting in differential actions based on their race. It can be conscious or unconscious, and it includes acts of commission or omission. It manifests as lack of respect, devaluation, scapegoating, and dehumanization. (Smedley et al, 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 knowledge or understanding regarding the importance of a health event (e.g. shortness of breath as a trigger for immediate care) or lacked understanding about the need for treatment/follow-up after evaluation for a health event (e.g. need to keep appointment for psychiatric referral or ED visit for exacerbation of depression).

INADEQUATE LAW ENFORCEMENT RESPONSE

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

LEGAL

Legal considerations that impacted outcome.

MENTAL HEALTH CONDITIONS

The patient carried a diagnosis of a psychiatric disorder. Includes postpartum depression.

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other community 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 woman's needs (e.g. response to high blood pressure, or a lack of or outdated policy or protocol).

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)

Page 4: Updates

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

System Issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, Impacted woman's ability to care for herself (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 woman's 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 woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced 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; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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 current 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 woman's complete records or did not communicate woman's status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS Demonstration 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 race, class or category they belong to resulting in prejudices, and stereotyping. It can manifest as discrimination 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).

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INTERPERSONAL RACISM

Discriminatory Interactions between individuals based on differential assumptions about the abilities, intentions of others and resulting in differential actions based on their race. It can be conscious or unconscious, and it includes acts of commission or omission. It manifests as lack of respect, devaluation, scapegoating, and dehumanization. (Jones, 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 knowledge or understanding regarding the importance of a health event (e.g. shortness of breath as a trigger for immediate care) or lacked understanding about the need for treatment/follow-up after evaluation for a health event (e.g. need to keep appointment for psychiatric referral or ED visit for exacerbation of depression).

INADEQUATE LAW ENFORCEMENT RESPONSE

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

LEGAL

Legal considerations that impacted outcome.

MENTAL HEALTH CONDITIONS

The patient carried a diagnosis of a psychiatric disorder. Includes postpartum depression.

INADEQUATE COMMUNITY OUTREACH/RESOURCES

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

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).

Page 4: Updates

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

System Issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, Impacted woman's ability to care for herself (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 woman's geographical area, and lack of public transportation.

ADHERENCE TO MEDICAL RECOMMENDATIONS

The provider or patient did not follow standard procedures (e.g. prescribed medications).

FAILURE TO SCREEN/INADEQUATE SCREENING

Factors placing the woman at risk for a condition were not recognized, and the woman was not referred to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced rape, molestation, sexual exploitation, persuasion, inducement, or coercion, or sexually explicit conduct; physical or psychological violence other than that related to childhood.

CHRONIC DISEASE

Occurrence of one or more significant chronic conditions (e.g. obesity, cardiovascular disease).

CLINICAL SKILL/QUALITY OF CARE (PATIENT PERSPECTIVE)

Personnel were not appropriately skilled or did not exercise clinical judgment consistent with the standard of care (e.g. error in the preparation of medication or unavailability of transfusion).

POOR COMMUNICATION/LACK OF COORDINATION (PATIENT PERSPECTIVE)/ LACK OF CONTINUITY OF CARE (PATIENT PERSPECTIVE)

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

LACK OF CONTINUITY OF CARE (PROVIDER PERSPECTIVE)

Care providers did not have access to medical records or did not communicate with each other. Lack of continuity can be between prenatals and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE BARRIERS

Language barrier or lack of understanding or led to refusal of treatment (e.g. religious 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, race, ethnicity, sex, gender, sexual orientation, or differences in ability, disability, or geographical area.

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman'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.

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)

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

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

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 a woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or woman was 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).

UNSTABLE HOUSING

Woman 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, or stranger.

OTHER

Contributing factor not otherwise mentioned. Please provide description.

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)

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<https://reviewtoaction.org/content/using-mmria-document-discrimination-and-racism>

Using MMRIA to Document Discrimination and Racism

YEAR OF PUBLICATION OR LAST UPDATE: 2020

Dr. Elizabeth Howell MD, MPP, Director, Blavatnik Family Women's Health Research Institute, and Professor & Vice Chair of Obstetrics and Gynecology at the Mount Sinai School of Medicine, discusses tools for MMRCs to identify racism and discrimination as contributing factors in pregnancy-related deaths. The first recording is available here: <https://ondieh.adobeconnect.com/pjrd6p7s8e3o/>. This webinar was recorded on April 20, 2020.

FILE:



DRH_Zaharatos_SL_Using_MMRIA_Disc_Racism_041520.pdf

Contributing Factors and Recommendations for Action

Page 2: Mapping Contributing Factors to Recommendations

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
PATIENT/FAMILY			
PROVIDER	Clinical skill/quality	Failure to perform risk assessment for cardiac history and IPV.	Obstetric providers should refer patients with a reported cardiac condition or significant family history to cardiologist during prenatal care and postpartum period +
FACILITY	Policies/procedures	Did not use interpretive services	Facilities should implement and adhere to utilization of official translation services
SYSTEM	Unstable housing	Transient housing	State office of community health should implement system-wide policy that prioritizes housing for pregnant and postpartum persons
COMMUNITY	Social support/isolation	Single mother / marital separation	Community- and Faith-Based Organizational leaders should expand resources/capacity for victims of IPV.

Page 5: Additional Worksheet Page

Mapping Contributing Factors to Recommendations

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
FACILITY	<ul style="list-style-type: none"> ▾ Policies/procedure ▾ 	Did not use interpretive services	Facilities should implement and adhere to utilization of official translation services
FACILITY	<ul style="list-style-type: none"> ▾ Policies/procedure ▾ 	Did not use interpretive services	Obstetric providers should complete and adhere to Culturally and Linguistically Appropriate Services (CLAS) standards.
	<ul style="list-style-type: none"> ▾ 	▾	
	<ul style="list-style-type: none"> ▾ 	▾	

Page 5: Additional Worksheet Page

Mapping Contributing Factors to Recommendations

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
PROVIDER	Clinical skill/qua	Inadequate mental health intervention (medication-only)	Obstetric provider/clinic should ensure coordination of care with other treating providers.
PROVIDER	Continuity of car	Discharge without primary care provider follow-up or OB and MAT care coordination.	Obstetric provider/clinic should ensure coordination of care with other treating providers.

Page 5: Additional Worksheet Page

Assigning Contributing Factor / Recommendation Level

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
▼	▼	Did not screen for intimate partner violence (IPV)	
▼	▼		
▼	▼		
▼	▼		

Page 5: Additional Worksheet Page

Assigning Contributing Factor / Recommendation Level

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
	▼	▼ Did not screen for intimate partner violence (IPV)	Obstetric provider should screen for IPV, depression, housing stability and nutritional needs and provide referrals to community +
	▼	▼	
	▼	▼	
	▼	▼	

Page 5: Additional Worksheet Page

Assigning Contributing Factor / Recommendation Level

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
	<div style="border: 1px solid black; padding: 2px;"> ▼ ▼ Clinical skill/qualit </div>	Did not screen for intimate partner violence (IPV)	Obstetric provider should screen for IPV, depression, housing stability and nutritional needs and provide referrals to community +
	<div style="border: 1px solid black; padding: 2px;"> ▼ ▼ </div>		
	<div style="border: 1px solid black; padding: 2px;"> ▼ ▼ </div>		
	<div style="border: 1px solid black; padding: 2px;"> ▼ ▼ </div>		

Page 5: Additional Worksheet Page

Assigning Contributing Factor / Recommendation Level

LEVEL	CONTRIBUTING FACTORS (choose as many as needed below)	DESCRIPTION OF ISSUE (enter a description for EACH contributing factor listed)	COMMITTEE RECOMMENDATIONS [Who?] should [do what?] [when?] Map recommendations to contributing factors.
PROVIDER	<div style="display: flex; align-items: center;"> ▾ Clinical skill/quality ▾ </div>	Did not screen for intimate partner violence (IPV)	Obstetric provider should screen for IPV, depression, housing stability and nutritional needs and provide referrals to community +
	<div style="display: flex; align-items: center;"> ▾ ▾ </div>		
	<div style="display: flex; align-items: center;"> ▾ ▾ </div>		
	<div style="display: flex; align-items: center;"> ▾ ▾ </div>		

Specific and Actionable Recommendations



Specific and Actionable Recommendations from State MMRCs

_____ should _____.

(who?) (do what?) (when?)

WHO is the entity/agency who would have been/be responsible for the intervention?*

WHAT is the intervention and **WHERE** is the intervention point?*

- Patient/Family
- Provider
- Facility
- System
- Community

WHEN is the proposed intervention point?

- Among women of reproductive age (“preconception”)
- In pregnancy and in the postpartum period
 - Labor & Delivery (L&D)
 - Prior to L&D hospitalization discharge
 - First 6 weeks postpartum
 - 42-365 days postpartum

Specific and Actionable Recommendations from State MMRCs

Example 1:

- Hospital leaders should mandate comprehensive communication training addressing implicit bias, explicit bias, racism, and shared-decision making training for all healthcare professionals on a continuous basis.

Specific and Actionable Recommendations from State MMRCs

Example 1:



- **Hospital leaders** should mandate comprehensive communication training addressing implicit bias, explicit bias, racism, and shared-decision making for all healthcare professionals on a continuous basis.

Specific and Actionable Recommendations from State MMRCs

Example 1:



- Hospitals leaders should **mandate comprehensive communication training addressing implicit bias, explicit bias, racism, and shared-decision making for all healthcare professionals** on a continuous basis.

Specific and Actionable Recommendations from State MMRCs

Example 1:

- Hospital leaders should mandate comprehensive communication training addressing implicit bias, explicit bias, racism, and shared-decision making for all healthcare professionals **on a continuous basis.**



Specific and Actionable Recommendations from State MMRCs

Example 2:

- OB clinicians should screen patients for social determinants of health (SDOH) at prenatal and L&D visits, including late entry into healthcare system, and work with social workers to address specific needs and care coordination relevant to the SDOH.

Specific and Actionable Recommendations from State MMRCs

Example 2:



Who?

- **OB clinicians** should screen patients for social determinants of health (SDOH) at prenatal and L&D visits, including late entry into healthcare system, and work with social workers to address specific needs and care coordination relevant to the SDOH.

Specific and Actionable Recommendations from State MMRCs

Example 2:



- OB clinicians should **screen patients for social determinants of health (SDOH)** at prenatal and L&D visits, including late entry into healthcare system, **and work with social workers to address specific needs and care coordination relevant to the SDOH.**

Specific and Actionable Recommendations from State MMRCs

Example 2:



- OB clinicians should screen patients for social determinants of health (SDOH) **at prenatal and L&D visits**, including late entry into healthcare system, and work with social workers to address specific needs and care coordination relevant to the SDOH.

Facilitation Tips



Tips for Facilitating Decision-Making

- Pregnancy-Relatedness question:
 - “if she had not been pregnant, would she have died?”
- Use the preventability questions to move the conversation to contributing factors and recommendations
 - If struggling with the preventability determination, do the inverse. Start with contributing factors and recommendations. If there are many recommendations then the death was likely preventable.
- Assign someone to keep time

Tips for Facilitating Decision-Making

- Provide a summary of previous findings at beginning of each meeting (IL)
- Get everyone on the same page!
Project the form (HI, DE, and TN - others?)
- Assign multiple note takers
- Reorder questions as is helpful

Frequently Asked Questions...



The “Checkboxes”

Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

DID OBESITY CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
DID DISCRIMINATION CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

MANNER OF DEATH

WAS THIS DEATH A SUICIDE?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE
	<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> OTHER, SPECIFY:
	<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE	
	<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING	
	<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?	<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> NOT APPLICABLE
	<input type="checkbox"/> EX-PARTNER		
	<input type="checkbox"/> OTHER RELATIVE		

Complete this section for every pregnancy-associated death reviewed by your committee.

These checkboxes refer to the woman’s own experience, not the broader context surrounding her death.

Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH			
DID OBESITY CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
DID DISCRIMINATION CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
MANNER OF DEATH			
WAS THIS DEATH A SUICIDE ? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
WAS THIS DEATH A HOMICIDE ? <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM <input type="checkbox"/> SHARP INSTRUMENT <input type="checkbox"/> BLUNT INSTRUMENT <input type="checkbox"/> POISONING/OVERDOSE <input type="checkbox"/> HANGING/STRANGULATION/SUFFOCATION	<input type="checkbox"/> FALL <input type="checkbox"/> PUNCHING/KICKING/BEATING <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> DROWNING <input type="checkbox"/> FIRE OR BURNS <input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> INTENTIONAL NEGLIGENCE <input type="checkbox"/> OTHER, SPECIFY: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT ?	<input type="checkbox"/> NO RELATIONSHIP <input type="checkbox"/> PARTNER <input type="checkbox"/> EX-PARTNER <input type="checkbox"/> OTHER RELATIVE	<input type="checkbox"/> OTHER ACQUAINTANCE <input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE

*This checkbox refers to obesity. It is intended to capture **whether obesity contributed to the death, not whether the woman was obese / obesity was present.***

Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH			
DID OBESITY CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID DISCRIMINATION CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
MANNER OF DEATH			
WAS THIS DEATH A SUICIDE ?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE ?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE
	<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> OTHER, SPECIFY:
	<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE	
	<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING	
	<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT ?	<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> NOT APPLICABLE
	<input type="checkbox"/> EX-PARTNER		
	<input type="checkbox"/> OTHER RELATIVE		

Discrimination encompasses racism and other forms of bias

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

System issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, impacted woman's ability to care for herself (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 woman's 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 woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced 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; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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 current standards of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

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).

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman'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.

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)

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

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

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 a woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or woman was 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).

Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH			
DID OBESITY CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID DISCRIMINATION CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
MANNER OF DEATH			
WAS THIS DEATH A SUICIDE ?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE ?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM <input type="checkbox"/> SHARP INSTRUMENT <input type="checkbox"/> BLUNT INSTRUMENT <input type="checkbox"/> POISONING/OVERDOSE <input type="checkbox"/> HANGING/STRANGULATION/SUFFOCATION	<input type="checkbox"/> FALL <input type="checkbox"/> PUNCHING/KICKING/BEATING <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> DROWNING <input type="checkbox"/> FIRE OR BURNS <input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> INTENTIONAL NEGLIGENCE <input type="checkbox"/> OTHER, SPECIFY: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT ?	<input type="checkbox"/> NO RELATIONSHIP <input type="checkbox"/> PARTNER <input type="checkbox"/> EX-PARTNER <input type="checkbox"/> OTHER RELATIVE	<input type="checkbox"/> OTHER ACQUAINTANCE <input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE

Intended to capture whether the mental health condition(s) contributed to the death, not just whether it was present.

Diagnosis of mental health condition(s) can be in the records or from an expert on the committee who feels that the criteria for a diagnosis are met based on the available information.

FAILURE TO SCREEN/INADEQUATE ASSESSMENT OF RISK

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

CHILDHOOD SEXUAL ABUSE/TRAUMA

The patient experienced 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; physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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 current 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 woman's complete records or did not communicate woman's status sufficiently.

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 carried a diagnosis of a psychiatric disorder. This includes postpartum depression.

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other

media, health care, criminal justice, etc. – (Adapted from Bailey ZD. Lancet. 2017 and Dr. Carla Ortique)

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

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

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 a woman's health status (e.g. acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or woman was 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).

UNSTABLE HOUSING

Woman 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, or stranger.

OTHER

Contributing factor not otherwise mentioned. Please provide description.

Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH			
DID OBESITY CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID DISCRIMINATION CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
MANNER OF DEATH			
WAS THIS DEATH A SUICIDE ?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE ?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM <input type="checkbox"/> SHARP INSTRUMENT <input type="checkbox"/> BLUNT INSTRUMENT <input type="checkbox"/> POISONING/OVERDOSE <input type="checkbox"/> HANGING/STRANGULATION/SUFFOCATION	<input type="checkbox"/> FALL <input type="checkbox"/> PUNCHING/KICKING/BEATING <input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> DROWNING <input type="checkbox"/> FIRE OR BURNS <input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> INTENTIONAL NEGLIGENCE <input type="checkbox"/> OTHER, SPECIFY: <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT ?	<input type="checkbox"/> NO RELATIONSHIP <input type="checkbox"/> PARTNER <input type="checkbox"/> EX-PARTNER <input type="checkbox"/> OTHER RELATIVE	<input type="checkbox"/> OTHER ACQUAINTANCE <input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE

Intended to capture whether substance use disorder contributed to the death, not just whether it was present.

Diagnosis can be in the records or from an expert on the committee who feels that the criteria for a diagnosis are met based on the available information.

CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

System issues, e.g. lack or loss of healthcare insurance or other financial duress, as opposed to woman's noncompliance, impacted woman's ability to care for herself (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 woman's 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 woman at risk for a poor clinical outcome recognized, and the woman was not transferred/transported to a provider able to give a higher level of care.

CHILDHOOD SEXUAL ABUSE/TRAUMA

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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 current standards of care (e.g. error in the preparation or administration of medication or unavailability of translation services).

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

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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).

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman'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.

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Determinations on Circumstances Surrounding the Death

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH			
DID OBESITY CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID DISCRIMINATION CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS OTHER THAN SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
MANNER OF DEATH			
WAS THIS DEATH A SUICIDE?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE?	<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE
	<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> OTHER, SPECIFY:
	<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE	
	<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING	
	<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS	<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> MOTOR VEHICLE	<input type="checkbox"/> NOT APPLICABLE
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?	<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY:	<input type="checkbox"/> NOT APPLICABLE
	<input type="checkbox"/> EX-PARTNER		
	<input type="checkbox"/> OTHER RELATIVE		

The checkboxes are intended to capture the decisions of the review committee, and it is expected that sometimes these decisions may differ from the death record.



Thank you!



For more information, contact CDC

erasemm@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

