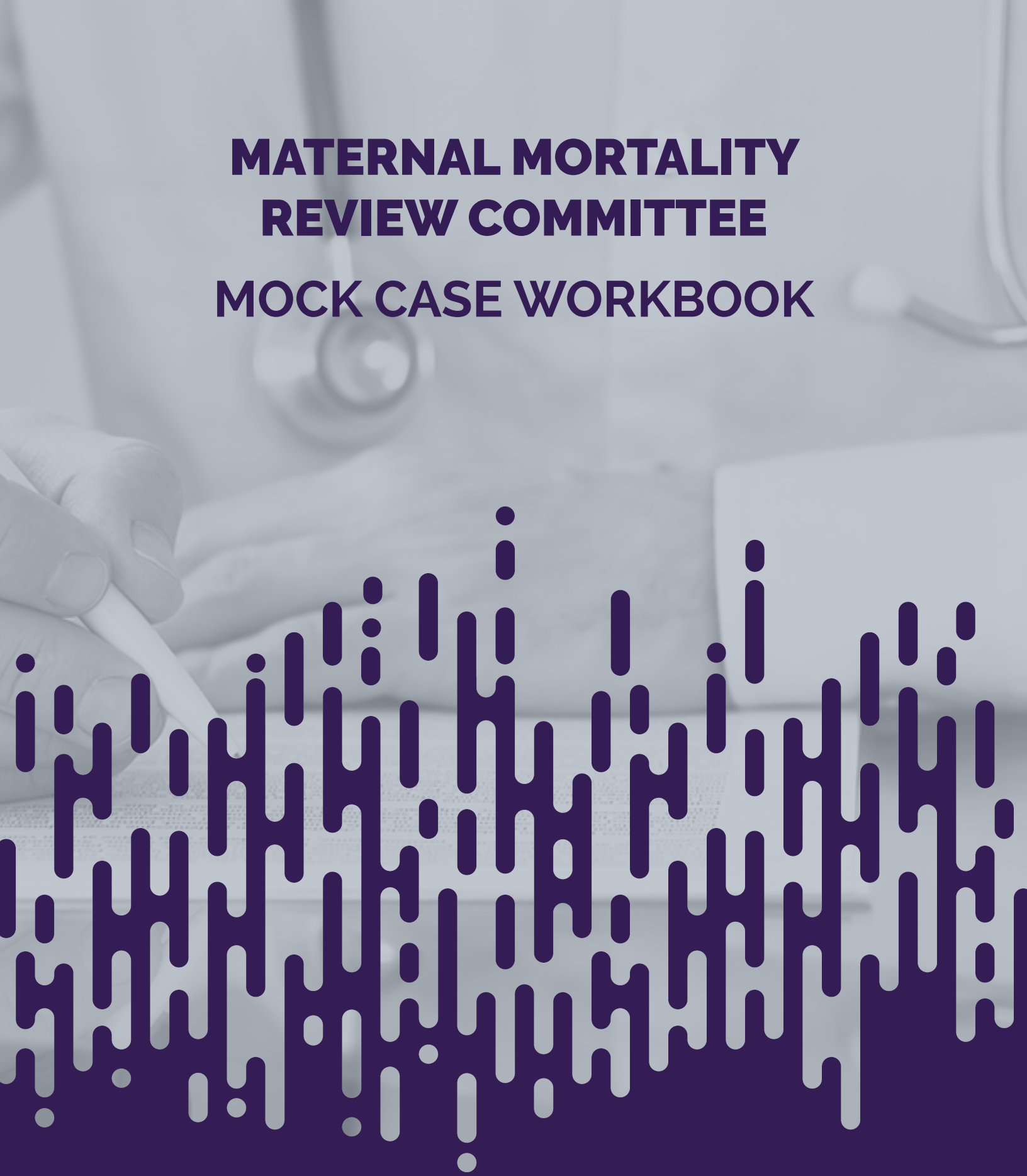
MATERNAL MORTALITY REVIEW COMMITTEE

MOCK CASE WORKBOOK



MMRIA
MATERNAL MORTALITY REVIEW INFORMATION APP

BUILDING U.S. CAPACITY TO REVIEW AND PREVENT MATERNAL DEATHS

REVIEW to ACTION
WORKING TOGETHER TO PREVENT MATERNAL MORTALITY

INTRODUCTION

The work of abstraction can be challenging, requiring the abstractor to be part investigator, part medical professional, part copy editor, and part diplomat. To do their work successfully, abstractors need to identify what kinds of material is available for abstraction, collect potentially voluminous records and discern what is important and what is not, present the critical information in a concise, systematic manner, and navigate complex dynamics between people, institutions, and regulations to get the job done well. The purpose of this resource is to assist the abstractor, whether new or seasoned, in performing abstraction using the Maternal Mortality Review Information Application (MMRIA).

The enclosed mock maternal mortality case records are fictitious. Abstractors and Maternal Mortality Review Committee (MMRC) staff can use the case records as practice material for working in MMRIA.

Four scenarios were selected based on prevalence among the leading causes of maternal death:

- **Cardiomyopathy**
- **Hemorrhage**
- **Overdose**
- **Preeclampsia**

For each case, readers will find a fictitious medical story, the details of which are entered into medical record templates, with corresponding case narratives developed by experienced abstractors. Each set of case documents is followed by a Committee Decision Form with example recommendations for action. For reference when using MMRIA, information from one fictitious case was also entered into MMRIA forms.

Abstractors will find in their work that medical records for different cases range from a few to thousands of pages. Abstractors are charged with the challenge of making the determination of what, how much, and where to enter information into MMRIA. The developed mock cases and case scenarios vary in length and available information to reflect reality and assist abstractors in understanding the scope of their work.

The medical record templates correspond to the following MMRIA forms:

- **Death Certificate**
- **Birth/Fetal Death Certificate**
  - Parent Section
  - Infant/Fetal Section
- **Autopsy Report**
- **Prenatal Care Record,**
- **ER Visits and Hospitalizations**
- **Other Medical Office Visits**
- **Medical Transport**
- **Social and Environmental Profile**
- **Mental Health Profile**
- **Informant Interviews**
- **Case Narrative**
- **Committee Decisions**

Please note that in some cases, certain areas are left intentionally blank or conflicting case information may be included. These features are included in order to simulate what abstractors may actually experience in the field. The four mock cases are intended to assist abstractors in developing comprehensive case narratives and becoming familiar with MMRIA.

Suggested uses for the mock cases include:

- To train both beginner and experienced abstractors with the MMRIA system, using paper forms or direct data entry into system
- To assist both beginner and experienced abstractors in developing case summaries from simulated medical records
- To assist with the development of a standardized maternal mortality case narrative
- To assist with case review trainings in the use of the Committee Decision Form and making recommendations for action

Abstraction of patient records is a fundamental activity of maternal mortality review. State- and city-based maternal mortality review committees (MMRCs) utilize trained abstractors to gather information from records and compose case narratives for presenting cases to committee members. For more information on MMRC processes, consult the *Building U.S. Capacity to Review and Prevent Maternal Deaths Maternal Mortality Review Committee Facilitation Guide*, which includes considerations for hiring abstractors. For background on MMRC abstraction, consult the *Building U.S. Capacity to Review and Prevent Maternal Deaths Maternal Mortality Review Committee Abstractor Manual*.

Please remember that abstractors have the important responsibility of maintaining confidentiality of case and provider information. Indeed, preserving confidentiality is a cornerstone of mortality review processes. Actual case information is obtained under strict state statutory authority with respect to HIPAA guidelines. Therefore, do not share actual case information outside the realm of a protected case review meeting.

The challenge and responsibility that come with abstraction for maternal mortality review committees can seem daunting. Working with these practice cases should help abstractors gain confidence and provide a reference when doing real work. Whatever the difficulty of a given case, remember that the work you are doing contributes to the goal of saving lives.

Thank you.

DISCLAIMER:
The names of people, providers and facilities used in the following four maternal mortality mock cases are fictitious and developed from the author's imagination. Geographic areas in the United States were regionally selected with addresses representative of national places or city parks. All identifiers were created for use in MMRIA data entry practice. Any resemblance to actual persons, providers living or dead, is purely coincidental.

MATERNAL MORTALITY REVIEW COMMITTEE
MOCK CASE WORKBOOK

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MMRIA MOCK CASE: CARDIOMYOPATHY

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U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. m826 STATE FILE NO. 941

NAME OF DECEDENT
For use by physician or institution

To Be Completed/ Verified By: FUNERAL DIRECTOR:

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Marie Baptiste
2. SEX: F
3. SOCIAL SECURITY NUMBER: xxx-xx-2100
4a. AGE-Last Birthday (Years): 30
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 4/3/79
6. BIRTHPLACE (City and State or Foreign Country): Haiti
7a. RESIDENCE-STATE: Georgia
7b. COUNTY: Fulton
7c. CITY OR TOWN: Atlanta
7d. STREET AND NUMBER: 4770 Buford Hwy, NE
7e. APT. NO.:
7f. ZIP CODE: 30341
7g. INSIDE CITY LIMITS? [X] Yes [ ] No
8. EVER IN US ARMED FORCES? [ ] Yes [X] No
9. MARITAL STATUS AT TIME OF DEATH: [ ] Married [X] Married, but separated [ ] Widowed [ ] Divorced [ ] Never Married [ ] Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): Andre Baptiste
11. FATHER'S NAME (First, Middle, Last):
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Marie Filias
13a. INFORMANT'S NAME: June Filias
13b. RELATIONSHIP TO DECEDENT: Sister
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): same as above
14. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] Emergency Room/Outpatient [ ] Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Decedent's home [ ] Other (Specify):
15. FACILITY NAME (If not institution, give street & number): Regional Center Hospital
16. CITY OR TOWN , STATE, AND ZIP CODE: Atlanta , GA 30327
17. COUNTY OF DEATH: Fulton
18. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify):
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Cemetary
20. LOCATION-CITY, TOWN, AND STATE:
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Brothers Funeral Home 1342 Worcester Dr. NE Atlanta, GA 33036
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT:
23. LICENSE NUMBER (Of Licensee):

To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr): 4/26/09
25. TIME PRONOUNCED DEAD: 0030
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): Jose Gomez
27. LICENSE NUMBER: 5566
28. DATE SIGNED (Mo/Day/Yr): 4/26/09
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month): 4/26/09
30. ACTUAL OR PRESUMED TIME OF DEATH: 0030
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [ ] Yes [X] No

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition ----------> resulting in death)
a. Cardiogenic Shock
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**
b. Peripartum Cardiomyopathy due to NSTEMI
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? [ ] Yes [X] No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [ ] Yes [ ] No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] No [ ] Unknown
36. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [X] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
37. MANNER OF DEATH: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month):
39. TIME OF INJURY:
40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area):
41. INJURY AT WORK? [ ] Yes [ ] No
42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code:
43. DESCRIBE HOW INJURY OCCURRED:
44. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
45. CERTIFIER (Check only one):
[X] Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
[ ] Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier:
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Jose Gomez 384 Woodward Way Atlanta, GA 30327
47. TITLE OF CERTIFIER: MD
48. LICENSE NUMBER: 5566
49. DATE CERTIFIED (Mo/Day/Yr): 4/26/09
50. **FOR REGISTRAR ONLY**- DATE FILED (Mo/Day/Yr):

To Be Completed By: FUNERAL DIRECTOR

51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.
[ ] 8th grade or less
[ ] 9th - 12th grade; no diploma
[X] High school graduate or GED completed
[ ] Some college credit, but no degree
[ ] Associate degree (e.g., AA, AS)
[ ] Bachelor's degree (e.g., BA, AB, BS)
[ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
[X] No, not Spanish/Hispanic/Latino
[ ] Yes, Mexican, Mexican American, Chicano
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latino (Specify)
53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[ ] White
[X] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)
[X] Other (Specify) Haitian
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Homemaker
55. KIND OF BUSINESS/INDUSTRY:

REV. 11/2003

LOCAL FILE NO. 234

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER: 1200

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix): Bridgitte Baptiste
2. TIME OF BIRTH: 2230 (24 hr)
3. SEX: F
4. DATE OF BIRTH (Mo/Day/Yr): 3/7/09
5. FACILITY NAME (If not institution, give street and number): General Hospital
6. CITY, TOWN, OR LOCATION OF BIRTH: Atlanta, Ga
7. COUNTY OF BIRTH: Fulton

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): Marie Baptiste
8b. DATE OF BIRTH (Mo/Day/Yr): 4/3/79
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix): Marie Filias
8d. BIRTHPLACE (State, Territory, or Foreign Country): Haiti
9a. RESIDENCE OF MOTHER-STATE: Georgia
9b. COUNTY: Fulton
9c. CITY, TOWN, OR LOCATION: Atlanta
9d. STREET AND NUMBER: 4770 Buford Hwy.
9e. APT. NO.:
9f. ZIP CODE: 30341
9g. INSIDE CITY LIMITS? [X] Yes [ ] No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): Andre Baptiste
10b. DATE OF BIRTH (Mo/Day/Yr): 5/5/80
10c. BIRTHPLACE (State, Territory, or Foreign Country): Haiti

CERTIFIER

11. CERTIFIER'S NAME: Susan Manner
TITLE: [X] MD [ ] DO [ ] HOSPITAL ADMIN. [ ] CNM/CM [ ] OTHER MIDWIFE
[ ] OTHER (Specify)_____
12. DATE CERTIFIED: 3/7/09 / _____ (MM DD YYYY)
13. DATE FILED BY REGISTRAR: 3/7/09 / _____ (MM DD YYYY)

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS: 9 Same as residence, or: State: City, Town, or Location:
Street & Number: Same as above Apartment No.: Zip Code:
15. MOTHER MARRIED? (At birth, conception, or any time between) [X] Yes [ ] No
IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? [ ] Yes [ ] No
16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? [X] Yes [ ] No
17. FACILITY ID. (NPI)
18. MOTHER'S SOCIAL SECURITY NUMBER: xxx-xx-2100
19. FATHER'S SOCIAL SECURITY NUMBER: N/A

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- [ ] 8th grade or less
- [ ] 9th - 12th grade, no diploma
- [X] High school graduate or GED completed
- [ ] Some college credit but no degree
- [ ] Associate degree (e.g., AA, AS)
- [ ] Bachelor's degree (e.g., BA, AB, BS)
- [ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- [ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
- [X] No, not Spanish/Hispanic/Latina
- [ ] Yes, Mexican, Mexican American, Chicana
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latina

(Specify)_____

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
- [ ] White
- [X] Black or African American
- [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (Specify)_____
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander (Specify)_____
- [X] Other (Specify) Haitian

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- [ ] 8th grade or less
- [ ] 9th - 12th grade, no diploma
- [X] High school graduate or GED completed
- [ ] Some college credit but no degree
- [ ] Associate degree (e.g., AA, AS)
- [ ] Bachelor's degree (e.g., BA, AB, BS)
- [ ] Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- [ ] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)
- [X] No, not Spanish/Hispanic/Latino
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino

(Specify)_____

25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)
- [ ] White
- [X] Black or African American
- [ ] American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (Specify)_____
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander (Specify)_____
- [X] Other (Specify) Haitian

Mother's Name

Mother's Medical Record No.

26. PLACE WHERE BIRTH OCCURRED (Check one)
- [X] Hospital
- [ ] Freestanding birthing center
- [ ] Home Birth: Planned to deliver at home? 9 Yes 9 No
- [ ] Clinic/Doctor's office
- [ ] Other (Specify)_____

27. ATTENDANT'S NAME, TITLE, AND NPI
NAME: George Lewis NPI: 561
TITLE: [X] MD [ ] DO [ ] CNM/CM [ ] OTHER MIDWIFE
[ ] OTHER (Specify)_____

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? [ ] Yes [X] No
IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:
_____

REV. 11/2003

MOTHER

29a. DATE OF FIRST PRENATAL CARE VISIT: 02 / 20 / 09 (MM / DD / YYYY) ☐ No Prenatal Care

29b. DATE OF LAST PRENATAL CARE VISIT: 03 / 07 / 09 (MM / DD / YYYY)

30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY: 4 (If none, enter "0".)

31. MOTHER'S HEIGHT: 64 (feet/inches)

32. MOTHER'S PREPREGNANCY WEIGHT: 193 (pounds)

33. MOTHER'S WEIGHT AT DELIVERY: 197 (pounds)

34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☒ No

35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child): 4

35a. Now Living: Number 4 ☐ None

35b. Now Dead: Number ____ ☐ None

36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)

36a. Other Outcomes: Number 1 ☐ None

37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".

Average number of cigarettes or packs of cigarettes smoked per day.

	# of cigarettes		# of packs
Three Months Before Pregnancy	3-4	OR	
First Three Months of Pregnancy	3-4	OR	
Second Three Months of Pregnancy	3-4	OR	
Third Trimester of Pregnancy	3-4	OR	

38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
☐ Private Insurance
☒ Medicaid
☐ Self-pay
☐ Other (Specify) _____

35c. DATE OF LAST LIVE BIRTH: ____ / 2005 (MM / YYYY)

36b. DATE OF LAST OTHER PREGNANCY OUTCOME: ____ / ____ (MM / YYYY)

39. DATE LAST NORMAL MENSES BEGAN: unknown / ____ (MM / DD / YYYY)

40. MOTHER'S MEDICAL RECORD NUMBER: 126459

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis in this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, preeclampsia)
- ☐ Eclampsia

☒ Previous preterm birth

☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

☐ Pregnancy resulted from infertility treatment-If yes, check all that apply:
- ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
- ☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous cesarean delivery
If yes, how many _____

☐ None of the above

42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☒ None of the above

43. OBSTETRIC PROCEDURES (Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis

External cephalic version:
- ☐ Successful
- ☐ Failed

☒ None of the above

44. ONSET OF LABOR (Check all that apply)
- ☐ Premature Rupture of the Membranes (prolonged, ≥12 hrs.)
- ☐ Precipitous Labor (<3 hrs.)
- ☐ Prolonged Labor (≥ 20 hrs.)
- ☒ None of the above

45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
- ☒ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☐ Epidural or spinal anesthesia during labor
- ☐ None of the above

46. METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☒ No

B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☒ No

C. Fetal presentation at birth
☒ Cephalic
☐ Breech
☐ Other

D. Final route and method of delivery (Check one)
☒ Vaginal/Spontaneous
☐ Vaginal/Forceps
☐ Vaginal/Vacuum
☐ Cesarean
If cesarean, was a trial of labor attempted?
☐ Yes
☐ No

47. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☒ None of the above

NEWBORN INFORMATION

NEWBORN

48. NEWBORN MEDICAL RECORD NUMBER: 12345

49. BIRTHWEIGHT (grams preferred, specify unit): 3300 (9 grams 9 lb/oz)

50. OBSTETRIC ESTIMATE OF GESTATION:
_____ (completed weeks)

51. APGAR SCORE:
Score at 5 minutes:_____
If 5 minute score is less than 6,
Score at 10 minutes: _____

52. PLURALITY - Single, Twin, Triplet, etc.
(Specify)_____

53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____

54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☐ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- ☒ None of the above

55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hypospadias
- ☒ None of the anomalies listed above

56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? ☐ Yes ☒ No
IF YES, NAME OF FACILITY INFANT TRANSFERRED TO:_____

57. IS INFANT LIVING AT TIME OF REPORT?
☒ Yes ☐ No ☐ Infant transferred, status unknown

58. IS THE INFANT BEING BREASTFED AT DISCHARGE?
☐ Yes ☒ No

Mother's Name _____ Mother's Medical Record No. _____

BIRTH CERTIFICATE, PAGE 2 OF 2

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

OBSTETRIC MEDICAL HISTORY

Name: Baptiste (LAST) Marie (FIRST) (MIDDLE)

Date Form Completed: 02 – 20 – 2009

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Personal Health History

1. ☒ Yes ☒ No Have you ever had an allergic reaction to a medication or vaccine component?

If yes, please list: _____

Any other allergies or reactions? _____

2. Please mark any condition that you have or have had in the past:

- ☐ Epilepsy
- ☐ Headaches
- ☐ Thyroid Disorder
- ☐ Breast Disease
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Anemia
- ☐ von Willebrand disease or other bleeding disorders
- ☐ Blood Clotting Disorder (eg, Phlebitis/Thrombophilia)
- ☐ Blood Transfusion
- ☐ Gastrointestinal Illness
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Recurrent Urinary Tract Infections
- ☐ Gestational Diabetes
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Arthritis or Lupus
- ☐ Skin Disorders
- ☐ Prior Preterm Birth
- ☐ Group B Streptococcus In Prior Pregnancy
- ☐ Herpes
- ☐ Sexually Transmitted Infections
- ☐ HIV/AIDS
- ☐ Frequent Infections
- ☐ Psychiatric Illness
- ☐ Depression/Postpartum Depression
- ☐ Eating Disorder
- ☐ Other: _____

Describe, if needed: _____

3. Please indicate any surgery or hospitalization that you have had and the date:

4. Please describe any health problems or symptoms that you are having at this time:

5. ☐ Yes ☒ No Do you or any family member have a history of problems with anesthesia?

If yes, please describe: _____

6. ☐ Yes ☒ No Do you have any objections to any form of medical treatment (eg, blood transfusion)?

If yes, please describe: _____

OBSTETRIC MEDICAL HISTORY (FORM A, page 1 of 4)

 (AA402) 12345/09876

Patient Addressograph

Exposures Affecting Health

1. ☑ Yes ☑ No Do you currently or have you in the past year smoked, chewed, used any type of nicotine delivery system (ENDS), or vaped?
   If yes, how many packs per day? 3-4 cigarettes a day If former smoker/user, when did you quit? _____

2. ☐ Yes ☑ No Do you drink alcoholic beverages now or did you before you became pregnant?
   If yes, please indicate number of drinks per week: _____
   What type of drinks? _____

3. Please list any medications taken since your last period, including prescriptions, over-the-counter drugs, multivitamins, other supplements, and any herbal medicines: _____

4. ☐ Yes ☑ No Have you used any street drugs since your last menstrual period (eg, cocaine, marijuana, opioids)?
   If yes, please indicate number of uses per week: _____
   What type of drugs? _____

5. ☐ Yes ☑ No Do you have any reason to believe you or your partner may have been exposed to HIV/AIDS? This may include a history of blood transfusion, IV drug use, sex with gay or bisexual men, or sex with someone who has used IV drugs?

6. ☐ Yes ☑ No Have you been exposed to chemicals (eg, pesticides, lead, hazardous material/agents) or radiation (eg, X-rays) since you became pregnant?
   If yes, please describe: _____

7. ☐ Yes ☑ No Are you on a restricted diet?
   If yes, please describe: _____

Gynecologic Health History

1. When was your last Pap test? _____
   ☐ Yes ☑ No Have you received all three doses of the HPV vaccine?
   ☐ Yes ☑ No Have you ever had an abnormal pap test?
   If yes, when and how were you treated? _____
   What was the diagnosis? _____
   ☑ Yes ☐ No Have you ever had HPV?

2. ☐ Yes ☑ No Have you ever had ☐ Gonorrhea ☐ Chlamydia ☐ Pelvic Inflammatory Disease
   If yes, when, how, and where were you treated? _____

3. ☐ Yes ☑ No Have you ever had herpes?
   If yes, where do you have outbreaks? _____
   If yes, how often do you have outbreaks? _____
   ☐ Yes ☑ No Have you ever had syphilis?
   If yes, how, when, and where were you treated? _____

4. ☐ Yes ☑ No Have you ever used an intrauterine device (IUD) for contraception?
   If yes, please indicate when: _____
   ☐ Yes ☐ No Did you have any problem with the IUD?
   If yes, please describe: _____

5. ☐ Yes ☑ No Have you been treated for infertility?
   If yes, please describe when and treatment received: _____

6. ☐ Yes ☑ No Do you have any other concerns related to your past health history?
   If yes, please list: _____

Patient Addressograph

Family History & Genetic Screening

1. What is your ethnicity? Haitian What is the ethnicity of the baby's father? Haitian

2. ☐ Yes ■ No Have you or has the baby's father had a child born with a birth defect?
   If yes, please describe: _____

3. ☐ Yes ■ No Did either you or the baby's father have a birth defect?
   If yes, please describe: _____

4. Please describe any special needs that have occurred in children of your family or the baby's father's family (eg, cognitive impairment/intellectual disability, birth defects, early infant death, deformities, or inherited diseases, such as hemophilia, muscular dystrophy, or cystic fibrosis):
   _____
   _____
   How is this child/person related to you? _____

5. ☐ Yes ■ No Do you or does the baby's father have a history of pregnancy losses (miscarriages or stillbirths)?
   If yes, have either of you had genetic counseling? ☐ Yes ☐ No
   If yes, have either of you had chromosomal testing? ☐ Yes ☐ No
   Where and what were the results? _____

6. Some genetic problems occur more in couples with certain racial or ancestral backgrounds. Please check if you are, or the baby's father is, of one of these backgrounds:

   ☐ Yes ■ No Eastern European Jewish (Ashkenazi) Ancestry
   If yes, have you had tay–sachs screening tests? ☐ Yes ☐ No
   If yes, have you had a canavan screening test? ☐ Yes ☐ No
   If yes, have you had familial dysautonomia screening? ☐ Yes ☐ No
   Date: _____ /_____ /_____ Result: _____

   ☐ Yes ■ No African American
   If yes, have you had sickle cell screening? ☐ Yes ☐ No
   Date: _____ /_____ /_____ Result: _____

   ☐ Yes ■ No Mediterranean Ancestry or Southeast Asian Ancestry
   If yes, have you had screening for inherited forms of anemia such as Thalassemia? ☐ Yes ☐ No

   ☐ Yes ■ No French Canadian or Cajun Ancestry
   If yes, have you had Tay–Sachs screening tests? ☐ Yes ☐ No

7. ☐ Yes ■ No Have you had cystic fibrosis screening?

8. ☐ Yes ■ No Have you had any other genetic carrier screening, such as an expanded carrier screening?
   Screening: _____ Date: _____ /_____ /_____ Result: _____

9. Please list any other concerns you have about birth defects or inherited disorders:
   _____
   _____
   _____

10. ■ Yes ■ No Do you want a test that will tell you about your risk to have a baby with Down syndrome?

11. ☐ Yes ■ No Is the father 45 years or older?

Patient Addressograph

Psychosocial Screening*

1.	☐ Yes ■ No	Do you have any problems (eg, job, transportation) that prevent you from keeping your health care appointments?
2.	☐ Yes ■ No	Do you feel unsafe where you live?
3.	☐ Yes ■ No	Are you exposed to second-hand smoke? ☐ Yes ☐ No In the past 2 months, have you used any form of tobacco, including smoked, chewed, any type of nicotine delivery system (ENDS), and vaped?
4.	☐ Yes ■ No	In the past 2 months, have you used drugs or alcohol (including beer, wine, or mixed drinks)?
5.	■ Yes ☐ No	In the past year, have you been threatened, hit, slapped, or kicked by anyone you know?
6.	☐ Yes ☐ No	Has anyone forced you to perform any sexual act that you did not want to do?
7.	On a 1–5 scale, how do you rate your current stress level?	Low 1 2 3 4 5 High
8.	How many times have you moved in the past 12 months? 3	
9.	If you could change the timing of this pregnancy, would you want it	☐ earlier ☐ later ■ not at all/NA

*Modified and reprinted with permission from Florida's Healthy Start Prenatal Risk Screening Instrument. Florida Department of Health. DH 3134. September 1997.

PATIENT SIGNATURE

PRINT NAME

DATE

Notes

02/20/09: Mother Creole/French-only-speaking. Only speaks small amount English.

Sister interpreting per her request. Question 6 left blank. Deferred asking at this time.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

ANTEPARTUM RECORD

Date: 02 — 20 — 2009 ID #: 18642

Hospital of Delivery: General Hospital

Name: Baptiste (LAST) Marie (FIRST) (MIDDLE)

Newborn Care Provider: Neighborhood Pediatric Clinic

Primary Care Provider/Group: None

Final EDD: 03/22/09

Referred By: Friend

Address: n/a

Address: 4770 Buford Hwy, Atlanta, Georgia

Zip: 30341 Phone: 830-465-2100 (1) (2)

Birth Date:	Age:	Race:	Marital Status:
04 — 03 — 1979	30	Black	S M W D Sep ✓

Occupation: Stay-at-home mom Education: (Last Grade Completed) HS

Language: French Creole Ethnicity: Haitian

Partner: n/a Phone: n/a

Father Of Baby: Andre Baptiste Phone: no

E-Mail: none

Insurance Carrier/Medicaid #: Medicaid

Policy #:

Emergency Contact: June Filias (sister) Phone: 830-465-2100

Total Preg:	Full Term:	Premature:	Ab, Induced:	Ab, Spontaneous:	Ectopics:	Multiple Births:	Living:
6	0	4	1	0	0	0	4

Menstrual History

Lmp ☐ Definite ☐ Approximate (Month Known) ■ Unknown ☐ Normal Amount/Duration ☐ Final: _____

Duration: Q 7 Days

Prior Menses: ? Date

Frequency: Q 28 Days

Contraception at conception ☐ Yes ■ No

Menarche: 12 (Age Onset)

Hcg + 2 /17 /09

Past Pregnancies (Last Five)

Date Month/ Year	GA Weeks	Length Of Labor	Birth Weight	Sex M/F	Type Of Delivery	Anes	Place Of Delivery	Breastfeeding Duration	Lactation Consult Needed Yes/No	Comments/ Complications
2001	35	-	5.2	M	SVD	-		2 months	-	PROM
2003	36	-	5.1	M	SVD	-		No	-	PROM
2004	37	-	6	F	SVD	-		No	-	none
2005	37	-	6.1	F	SVD	-		No	-	
2006										First trimester TOP

Medical History

	P*	F*	Detail Positive Remarks Include Date & Treatment
A. Drug/Latex Allergies/ Reactions			
B. Allergies (Food, Seasonal, Environmental)			
1. Neurologic/Epilepsy			
2. Thyroid Dysfunction			
3. Breast Disease/Breast Surgery			
4. Pulmonary (TB, Asthma)	✓		After 2005 delivery
5. Heart Disease	✓	✓	Brother died age 19 heart disease ? hx CHF
6. Hypertension			
7. Cancer			
8. Hematologic Disorders			
9. Anemia			
10. Gastrointestinal Disorders			
11. Hepatitis/Liver Disease			
12. Kidney Disease/UTI			
13. Deep Vein Thrombosis			
14. Diabetes (Type 1 Or Type 2)			
15. Gestational Diabetes			
16. Autoimmune Disorders			
17. Dermatologic Disorders			
18. Operations/Hospitalizations (Year & Reason)	✓		Childbith 2001, 2003, 2004, 2005
19. Gyn Surgery (Year & Reason)			
20. Anesthetic Complications			
21. History Of Blood Transfusions			
22. Infertility			
23. Art (IVF Or FET)			
24. History of Abnormal Pap			
25. History of STI			
26. Psychiatric Illness			
27. Depression/Postpartum Depression			
28. Trauma/Violence	✓		
29. Tobacco (Smoked, Chewed, ENDS, Vaped) (AMT/Day)	✓		Prepreg: 3-4 cigs/day; Preg: 3-4 cigs/day; # Years Use: 15
30. Alcohol (AMT/Wk)			
31. Drug Use (Including Opioids) (Uses/Wk)			
32. Polycystic Ovary Syndrome			
33. Other			

*P= Personal F= Family

COMMENTS: 02/20/09: Information obtained via interpreter (sister). "Chronic tobacco use, ? history CHF. RN Intake Note"

ANTEPARTUM RECORD (FORM A, page 1 of 9)

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Genetic Screening*

Condition	Patient	Partner	Other	Relationship
Congenital Heart Defect				
Neural Tube Defect				
Hemoglobinopathy Or Carrier				
Cystic Fibrosis				
Chromosome Abnormality				
Tay–Sachs				
Hemophilia				
Intellectual Disability/Autism				
Recurrent Pregnancy Loss/Stillbirth				
Other Structural Birth Defect				
Other Genetic Disease (eg, PKU, Metabolic Disease, Muscular Dystrophy)				

Teratogen Exposures Since LMP/Conception

	Yes	No	Details/Date
Prescription Medications		✓	
Over The Counter Medications		✓	
Alcohol		✓	
Illicit Drugs		✓	
Maternal Diabetes		✓	HGB A1C
Other			
Uterine Anomaly/DES		✓	

*If a patient has been screened for a genetic disorder previously, the results should be documented but the test should not be repeated.

COMMENTS/COUNSELING: _____

Infection History

	Yes	No
1. Live with Someone with TB or Exposed to TB		✓
2. Patient or Partner has History of Genital Herpes		✓
3. Rash or Viral Illness Since Last Menstrual Period		✓
4. Prior GBS-Infected Child		✓
5. History of STIS: (Check All That Apply) ☐ Gonorrhea ☐ Chlamydia ☐ HPV ☐ Syphilis ☐ PID		

	Yes	No
6. HIV Infection		✓
7. History Of Hepatitis		✓
8. Recent Travel History Outside Of Country		✓
9. Other (See Comments)		

COMMENTS: _____

INTERVIEWER'S SIGNATURE: _____

Immunizations

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
TDAP (Each pregnancy; between 27–36 weeks)		✓	
Influenza† (Each pregnancy as soon as vaccine is available)		✓	
Varicella†	?		
MMR (Rubella-containing vaccine)†	?		
HPV		✓	

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
Hepatitis A (When Indicated)		✓	
Hepatitis B (When Indicated)	?		
Meningococcal (When Indicated)		✓	
Pneumococcal (When Indicated)		✓	

*Yes/No & date to be administered

†All live vaccines are contraindicated in pregnancy, including the live intranasal influenza, MMR, and varicella vaccines. All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point in gestation. Administer the HPV, MMR, and varicella vaccines postpartum if needed. The Tdap vaccine can be given postpartum if the woman has never received it as an adult and did not get it during pregnancy.

Initial Physical Examination

Date: 02 / 20 / 2009 BP/Prepregnancy Weight: 193 Height: 5'4" BMI: 33.1

1. Heent	✓	Normal		Abnormal	11. Vulva	✓	Normal		Condyloma		Lesions
2. Teeth	✓	Normal		Abnormal	12. Vagina	✓	Normal		Inflammation		Discharge
3. Thyroid	✓	Normal		Abnormal	13. Cervix	✓	Normal		Inflammation		Lesions
4. Breasts	✓	Normal		Abnormal	14. Uterus Size	36	Weeks				Fibroids
5. Lungs	✓	Normal		Abnormal	15. Adnexa	✓	Normal		Mass		
6. Heart	✓	Normal		Abnormal	16. Rectum	✓	Normal		Abnormal		
7. Abdomen	✓	Normal		Abnormal	17. Clinical Pelvimetry		Concerns	✓	No Concerns		
8. Extremities	✓	Normal		Abnormal							
9. Skin	✓	Normal		Abnormal							
10. Lymph Nodes	✓	Normal		Abnormal							

COMMENTS (Number and explain abnormals): 02/20/09: Late entry care. Creole-speaking. States vaccines up to date.

EXAM BY: _____

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Drug Allergy: None

Latex Allergy ☐ Yes ■ No

Postpartum Contraception Method: _____

Counseled About LARC? ☐ Yes ■ No

Is Blood Transfusion Acceptable? ■ Yes ☐ No

Antepartum Anesthesia Consult Planned ■ Yes ☐ No

Problems	Plans	Resolved?
1. Late entry care	Weekly visits	
2. History preterm labor/delivery	DIscuss delivery plans. Education signs of labor.	
3. Creole-speaking	Translator as needed.	
4.		
5.		

Medication List (Including Opioids)	Start Date	Stop Date
1. Prenatal vitamins	02 – 20 – 09	– –
2.	– –	– –
3.	– –	– –
4.	– –	– –
5.	– –	– –

EDD Confirmation

Lmp:	? – –	=		= EDD	– –	Prepregnancy Weight	193
Initial Exam:	02 – 20 – 09	=		Wks = EDD	– –	Height	5'4"
Ultrasonography:	02 – 17 – 09	=	35	Wks = EDD	– –	BMI	33.8
Final Edd:	03 – 22 – 09	IVF Transfer:			– –	Estimated Weight Gain	4 pounds
Initialed By:						Recommended Weight Gain	25 pounds

Prepregnancy Weight 193

BMI 33.8

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale * (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present O=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
02 – 20 – 09	35	193	124 80	n n	0	+	O	160	35	vtx	no	c/th/h	1 wk	OB	New OB. Prenatal labs.
02 – 27 – 09	37	193	114 62	n n	0	+	O	153	36	vtx	no	-	1 wk	OB	No c/o's. Labs reviewed.
03 – 04 – 09	38	194	118 64	n n	1-2	+	O	154	-	vtx	+1		1 wk	OB	
03 – 07 – 09	38 3/7	197	116 80	+1 n	2-3	+	O	130	36	vtx	+1	4/50/+1	-	OB	SVE. To L&D for IOL
– –															
– –															
– –															
– –															
– –															
– –															
– –															
– –															

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

ANTEPARTUM RECORD (FORM C, page 3 of 9)

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 – 1979	ID No.: 18642	Date: 02 – 20 – 2009

Laboratory and Screening Tests

Initial Labs	Date	Result	Reviewed
Blood Type	02 – 20 – 09	A B AB O ✓	
D (Rh) Type	02 – 20 – 09	Positive	
Antibody Screen	02 – 20 – 09	Negative	
Complete Blood Count	02 – 20 – 09	HCT/HGB: 10 % 31 g/dL MCV: PLT: 259,000	
VDRL/RPR (Syphilis)	02 – 20 – 09	NR	
Urine Culture/Screen	02 – 20 – 09	Few mucous threads/squa.epithelial cells	
HBsAg	02 – 20 – 09	Neg	
HIV Testing	02 – 20 – 09	Pos. Neg. ✓ Declined	
Chlamydia (When Indicated)	02 – 20 – 09	Neg	
Gonorrhea (When Indicated)	02 – 20 – 09	Neg	
Rubella Immunity	02 – 20 – 09	Immune	
Other:			

Supplemental Labs	Date	Result	Reviewed
Hemoglobin Electrophoresis	02 – 20 – 09	AA ✓ AS SS AC	
PPD/Quanta (When Indicated)	– –		
Pap Test (When Indicated)	02 – 20 – 09	Neg for lesions. Flora suggestive+ BV.	
HPV (When Indicated)	– –		
Early Diabetes Screen (When Indicated)	02 – 20 – 09	Pos. Neg. ✓ Declined	
Varicella Immunity (When Indicated)	– –		
Cystic Fibrosis	– –	Pos. Neg. Declined ✓	
Spinal Muscular Atrophy	– –	Pos. Neg. Declined ✓	
Fragile X	– –	Pos. Neg. Declined ✓	
Tay–Sachs	– –	Pos. Neg. Declined ✓	
Canavan Disease	– –	Pos. Neg. Declined ✓	
Familial Dysautonomia	– –	Pos. Neg. Declined ✓	
Genetic Screening Tests (See Form B)	– –	Pos. Neg. Declined ✓	
Other:			

8–20-Week Aneuploidy Screening	Date Test Performed	Result
Aneuploidy Screening Offered	– –	Accepted Declined GA Too Advanced
1st Trimester Aneuploidy Screening	– –	Pos Neg
2nd Trimester Serum Screening	– –	Pos Neg
Integrated Screening	– –	Pos Neg
Cell-Free DNA	– –	Pos Neg
CVS	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniocentesis	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniotic Fluid (AFP)	– –	Normal Abnormal
Other:		

Comments/Additional Labs

(continued)

PROVIDER SIGNATURE (AS REQUIRED): _____

 (AA128) 12345/09876

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Laboratory and Screening Tests *(continued)*

Late Pregnancy Labs and Screening	Date	Result	Reviewed
Tdap Vaccination (Every Pregnancy; 27–36 Weeks)	– –		
Complete Blood Count	– –	HCT/HGB:_____ % _____ g/dL MCV:_____ PLT:_____	
Diabetes Screen (24–28 Weeks)	– –		
GTT (If Screen Abnormal)	– –	_____Fbs _____1 Hour _____2 Hours _____3 Hours	
D (Rh) Antibody Screen (When Indicated)	– –		
Anti-D Immune Globulin (RhIg) Given (28 Wks Or Greater) (When Indicated)	– –	_____ Signature	
Complete Blood Count	– –	Hct/Hgb:_____ % _____ g/dL MCV:_____ PLT:_____	
Ultrasonography (18–24 Weeks) (When Indicated)	– –		
HIV (When Indicated)*	– –		
VDRL/RPR (Syphilis) (When Indicated)	– –		
Gonorrhea (When Indicated)	– –		
Chlamydia (When Indicated)	– –		
Group B Strep (35–37 Weeks)	02 – 27 – 09		
Resistance Testing If Penicillin Allergic	– –		
Other:	02/20/09	Negative	

Comments/Additional Labs

02/17/09: US: FHR 153, EFW 6 pounds 0 ounces, EGA 35 weeks, EDD 03/22/09

02/20/09: Glucose: 100

*Check state requirements before recording results.

Comments

02/20/09: Late entry care. Initial prenatal labs done.

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Plans/Education

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
First Trimester					
Psychosocial Screening					
Desire For Pregnancy		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Alcohol		– –			
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Illicit/Recreational Drugs/Substance Use (Parents, Partner, Past, Present)*		– –			
Intimate Partner Violence		– –			
Barriers To Care		– –			
Unstable Housing		– –			
Communication Barriers		– –			
Nutrition		– –			
Wic Referral		– –			
Environmental/Work Hazards		– –			
Anticipatory Guidance					
Anticipated Course Of Prenatal Care		– –			
Nutrition Counseling; Special Diet; Dietary Precautions (Mercury, Listeriosis)		– –			
Weight Gain Counseling		– –			
Toxoplasmosis Precautions (Cats/Raw Meat)		– –			
Use Of Any Medications (Including Supplements, Vitamins, Herbs, Or Otc Drugs)		– –			
Sexual Activity		– –			
Exercise		– –			
Dental Care/Refer to Dentist		– –			
Avoidance Of Saunas Or Hot Tubs		– –			
Seat Belt Use		– –			
Childbirth Classes/Hospital Facilities		– –			
Breastfeeding		– –			
Fetal Testing					
Indications For Ultrasonography		– –			
Screening For Aneuploidy		– –			
Second Trimester					
Anticipatory Guidance					
Signs And Symptoms Of Preterm Labor		– –			
Selecting A Newborn Care Provider		– –			
Reproductive Life Planning & Contraception		– –			
Postpartum Care Planning		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		02 – 20 – 09	Counseled to stop		
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			

(continued)

*Data from Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		02 – 20 – 09			
Trial Of Labor After Cesarean Counseling		– –			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		– –			
Immediate Postpartum Larc		– –			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		– –			☐ Yes ☐ No
Infant Feeding Intention		02 – 20 – 09			☐ Exclusive ☑ Mixed ☐ Formula
Anticipatory Guidance					
Fetal Movement Monitoring		– –			
Signs And Symptoms Of Preeclampsia		– –			
Labor Signs		02 – 20 – 09			
Cervical Ripening/Labor Induction Counseling		– –			
Postterm Counseling		– –			
Infant Feeding		02 – 20 – 09			
Newborn Education (Newborn Screening, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)		– –			
Family Medical Leave Or Disability Forms		– –			
Postpartum Depression		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			
Postpartum					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Infant Feeding Problems		– –			
Birth Experience		– –			
Glucose Screen (If Gdm)		– –			
Anticipatory Guidance					
Infant Feeding		– –			
Pelvic Muscle Exercise/Kegel		– –			
Return To Work / Milk Expression		– –			
Weight Retention		– –			
Optimal Birth Spacing		– –			
Postpartum Sexuality		– –			
Exercise		– –			
Nutrition		– –			
Cardiometabolic Risk (If Gdm / Ghtn)		– –			
Transition Of Care					
Referral Made To Primary Care Provider		– –			
Pregnancy Complications Documented In Medical Record		– –			
Written Recommendations For Follow-Up Communicated To Patient And To Pcp		– –			

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 – 2009

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

Requests

	Date	Initials	
Tubal Sterilization Consent Signed (If Desired).	– –		
History And Physical Have Been Sent To Hospital, If Applicable.	02 – 27 – 09	OBGYN	
Update With Group B Streptococcus Results Sent.	02 – 27 – 09	OBGYN	

Comments

Patient Addressograph

Patient Name:	Baptiste, Marie	Birth Date: 04 – 03 –1979	ID No.: 18642	Date: 02 – 20 –2009

Plans/Education Notes

02/20/09: Creole-speaking. Information via friend interpreter. Will bring for PNC visits. Importance of weekly visits stressed.

02/27/09: Creole-speaking. Per interpreter. No complaints.

03/07/09: 12:00PM: To L&D. SVE 4 cm/50/+1. +1 edema noted. No c/o SOB per interpreter. No VB. No headache. History 4 SVD.

Denies postpartum hemorrhage history. X 1 TOP. Hemorrhage risk low.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

POSTPARTUM CARE PLAN

To be developed prenatally by the patient and her maternity provider and revised as needed after delivery.

Name: Baptiste (LAST) Marie (FIRST) (MIDDLE)

Care Team

Primary Maternal Provider/Group: George Lewis, MD	Care Coordinator:
	Home Visitor:
PCP: none	MFM:
Infant Medical Provider: Neighborhood Pediatric Care	Consultant:
Lactation Support: n/a	Consultant:

Postpartum Visits

Early Visit (Indication) 3 /28 /09 At: OBGYN CLINIC (scheduled)

☐ Hypertension ☐ Depression/Anxiety ☐ Wound Check ☐ Lactation Difficulties ☐ Medication Titration ■ Other: Early PP visit/ Family Planning

Comprehensive Visit _____ /_____ /_____ At: _____

Reproductive Life Plan

Number Of Children Desired: unsure | Timing Of Next Pregnancy:

Contraceptive Plan

☐ BTL ☐ Implant ☐ LNG-IUS ☐ Copper IUD ■ Depot Medroxyprogesterone Acetate (DMPA) ☐ Combined Ocp ☐ Progesterone Only Pill

☐ Vasectomy ☐ Condoms ☐ Diaphragm ☐ Lactational Amenorrhea ☐ Natural Family Planning ☐ Other

Immediate Postpartum LARC?

☐ Desires ■ Declines ☐ Unsure

Infant Feeding Plan

☐ Exclusive Breastfeeding For _____ Months ☐ Mixed Feeding ■ Formula

Community Resources

☐ WIC Peer Counselor ☐ Mothers' Groups ☐ Lactation Warmline ☐ Return To Work Resources

Pregnancy Complications

Complication none	Follow-Up Scheduled	Result
☐ GDM	Glucose Screen: _____ /_____ /_____	_____ MG/DL (Fasting) _____ MG/DL (Post 75 G Load)
☐ Preeclampsia ☐ GHTN	BP Check _____ /_____ /_____	_____ /_____ MM HG
■ Other: smoker with chronic cough		

Mental Health

Risk For Postpartum Depression/Anxiety	Screening (Should Be Performed At Least Once During Perinatal Period)
☐ High ☐ Medium ■ Low	Date: _____ /_____ /_____ Result:

Postpartum Problems

☐ Perineal/C-Section Wound Pain ☐ Urinary Incontinence ☐ Fecal Incontinence ☐ Dyspareunia/Reduced Sexual Desire ☐ Fatigue/Sleep Issues

Referrals/Interventions: none

Chronic Health Conditions

Problem	Plan
1. smoker	Encouraged to quit
2.	
3.	
4.	

POSTPARTUM CARE PLAN (FORM A, page 1 of 3)

Patient Addressograph

POSTPARTUM FORM

Name: Baptiste (LAST) Marie (FIRST) (MIDDLE)

ID#: 18642 EDD: 03/22/2009

Discharge Date: 3 – 9 – 2009

Delivery Information

Delivery At 38 **weeks**

- ■ Vaginal
  - ■ Svd
  - ☐ Vacuum
  - ☐ Forceps
  - ☐ Episiotomy
  - ☐ Lacerations
  - ☐ Tolac
- ☐ Cesarean
  - ☐ Primary (For:_____)
  - ☐ Repeat (For:_____)
- ☐ Uterine Incision
  - ☐ Low Transverse
  - ☐ Low Vertical
  - ☐ Classical

Labor

- ☐ None
- ☐ Spontaneous
- ■ Induced
- ☐ Augmented

Anesthesia

- ☐ None
- ☐ Local/Pudendal
- ■ Epidural
- ☐ Spinal
- ☐ General
- ☐ Other:

Postpartum Contraception

BTL	☐ Yes	☐ No
Implant	☐ Yes	☐ No
LNG-IUS	☐ Yes	☐ No
Copper IUD	☐ Yes	☐ No
Depot Medroxyprogesterone Acetate (DMPA)	■ Yes	☐ No
Combined OCP	☐ Yes	☐ No
Progesterone-Only Pill	☐ Yes	☐ No
Vasectomy	☐ Yes	☐ No
Condoms	☐ Yes	☐ No
Diaphragm	☐ Yes	☐ No
Lactational Amenorrhea	☐ Yes	☐ No
Natural Family Planning	☐ Yes	☐ No

Other: prefers

Delivered By: Dr. G. Lewis, OBGYN

Postpartum Information

Complications

■ None ☐ Hemorrhage ☐ Infection ☐ Hypertension ☐ Diabetes ☐ Other: _____

Discharge Information

Neonatal Information

Name Of Baby: Brigitte Baptiste

Sex

■ Female ☐ Male

Circumcision ☐ Yes ☐ No

Birth Weight: 3300 g

Disposition

■ Home With Mother ☐ In Hospital

☐ Transfer ☐ Neonatal Death

☐ Stillbirth ☐ Other:_____

Complications/Anomalies:

none

Newborn Care Provider:

Neighborhood Pediatric Clinic

Seen By Newborn Care Provider Before Discharge

■ Yes ☐ No

Received Hepatitis B Birth Dose Prior to Hospital Discharge ■ Yes ☐ No

Maternal Information

Maternal Age: 30 Gravity And Parity: 6 0415

Regarding Smoking, Chewing, Using A Nicotine Delivery System (ENDS), and Vaping

☐ Does Not Use ☐ Quit During Pregnancy

■ Current User

HGB/HCT Level: _____

Medications: prenatal vitamins and iron

HIV Status* Known ■ Yes ☐ No

☐ POS

■ NEG

Feeding Method ☐ Breast ■ Bottle

Diagnostic Studies Pending:

Secondary Diagnosis/Preexisting Conditions

■ Asthma ☐ Hypertension

☐ Diabetes ☐ Other: _____

Immunizations Given

☐ Anti-D Immune Globulin

☐ Tdap Or TD ☐ HPV (When Indicated)

☐ No, Received During Pregnancy

☐ No, Received Before Pregnancy

■ Patient Declined

☐ Influenza ☐ Varicella

☐ No, Received During Pregnancy ☐ Other:_____

■ Patient Declined

☐ MMR (When Indicated)

Infant Status: _____

☐ If Neonatal Death, Bereavement Counseling

Follow-Up Appt: scheduled

Date: 3 / 28 / 2009

Location: OBGYN CLINIC

Other: _____

*Check state requirements before recording results.

Interim Contacts Or Hospitalizations

Date	Comment
3/8/09	Up ambulating. dry cough noted. will check x-ray. Awaiting Social service consult. Mother desires to have her sister adopt this infant.
3/9/09	CXR for dry cough. wnl per radiologist. ? remote history heart failure difficult to assess without medical chart and language barrier. Will f/u 2 weeks
	Per SW consult, cleared for discharge. Adoption process to be completed after discharge. Court order clearance will be needed by FOB whom
	mother has restraining order against.

PROVIDER SIGNATURE (AS REQUIRED): _____

(AA197) 12345/54321

Patient Addressograph

Postpartum Visit

Date: 3 – 28 – 2009

Feeding Method: bottle

Contraception Method

Tubal Sterilization	☐ Yes	☐ No
Intrauterine Device (IUD)	☐ Yes	☐ No
Depot Medroxyprogesterone Acetate (DMPA)	■ Yes	☐ No
Implant	☐ Yes	☐ No
Oral Contraceptives	☐ Yes	☐ No

Other: _____

Postpartum Depression Screening: low

Intimate Partner Violence Screening: restraining order with FOB.

Discuss Tobacco (Smoked, Chewed, ENDS, Vaped) Relapse Prevention Techniques: yes

Infant Health: good

Interim History:

Per interpreter states still very sore, is tired and requests pain medications.

Follow-Up Lab Studies Ordered

☐ Yes ■ No Postpartum HCB/HCT: Hg 9/HCT 29

☐ Yes ☐ No Postpartum Glucose Screening If Patient Had Gestational Diabetes: _____

☐ Yes ☐ No Other Studies Requested: _____

Physical Examination

BP: 118/70 WT: 195 BMI: 34

Breasts	■ Normal	☐ Abnormal:	
Abdomen	■ Normal	☐ Abnormal:	non tender
External Genitalia	■ Normal	☐ Abnormal:	
Vagina	■ Normal	☐ Abnormal:	
Cervix	■ Normal	☐ Abnormal:	
Uterus	■ Normal	☐ Abnormal:	
Adnexa	■ Normal	☐ Abnormal:	
Rectal–Vaginal	■ Normal	☐ Abnormal:	

Pap Test ☐ Yes ■ No If No, Due: _____

Allergies: none

Immunization Update:

refused

Medications/Contraception:

prenatal vitamins and iron

☐ Dispensed

Interval Care Recommendations

For General Health Promotion:

loose weight, increase exercise, stop smoking

Plans For Future Pregnancies: unsure

For Reproductive Health Promotion:

Requests Depo. Per interpreter "her friend liked it." Essure discussed per her friend interpreter.

Repeat Glucose Screening Needed? ☐ Yes ■ No

If Yes, Has Patient Been Counseled? ☐ Yes ☐ No

Date Of Repeat Testing:

Return Visit:

Referrals:

Examined By:

ob-gyn

Comments

3/28/09: OBGYN: Non-tender abdomen. Minimal lochia. Afebrile. Per interpreter, she is still very tired. C/o pain. Told to continue Motrin 1 tablet every 6 hours. To call if pain does not go away. Discussed Essure with mother via interpreter (friend).

PROVIDER SIGNATURE (AS REQUIRED): _____

 (AA197) 12345/54321

POSTPARTUM CARE PLAN (FORM C, page 3 of 3)

#1MOCK CASE CARDIOMYOPATHY

General Hospital

233 Peachtree Street, Atlanta, Ga 30303 **MR # 126459**

LAST NAME **Baptiste**	FIRST NAME **Marie**	MIDDLE INITIAL
DATE OF BIRTH **04/03/1979**	MAIDEN NAME **Filias**	AGE 30
ADDRESS APARTMENT **4770 Buford Hwy.**	CITY **Atlanta**	STATE/ZIP **Georgia, 30341**
HOME PHONE **n/a**	WORK PHONE **N/A**	CELL PHONE **1-830-465-2100**
ETHNICITY **Haitian**	RACE **Black**	MARITAL STATUS **SEPARATED**
RELIGION **CHRISTIAN**	PREFERRED SPOKEN LANGUAGE **FRENCH CREOLE**	PREFERED WRITTEN LANGUAGE **FERENCH CREOLE**
EMPLOYER	TYPE WORK	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS **UNEMPLOYED**	OCCUPATION **STAY AT HOME MOTHER**
PRIMARY CONTACT NAME **June Filias**	RELATIONSHIP TO PATIENT **SISTER**	
HOME PHONE **n/a**	WORK PHONE **N/A**	CELL PHONE **1-830-465-2100**
ADDRESS **4770 Buford Hwy.**	CITY **Atlanta**	STATE/ZIP **Georgia, 30341**
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **NO**		
Transportation to hospital: **family car**		

Date:
3/7/2009

18:00

Admitting Physician: George Lewis MD OB/GYN

ADMITTING DIAGNOSIS: 38 WEEKS INDUCTION OF LABOR

INSURANCE INFORMATION

INSURANCE COMPANY: **MEDICAID**	MEDICAID NUMBER: **9999999**
EFFECTIVE DATE INSURANCE **2/5/09**	

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04-03-1979

LABOR AND DELIVERY-ADMISSION ORDERS

✓ **(ORDERS CHECKED WILL BE INTIATED)** **Date/Time:** 3/7/09 19:00

Allergies: none **Height:** 5'4" **Weight:** 197 pounds **(reported) BMI =** 33.8

1. **NOTIFICATION: NOTIFY PHYSIAN THAT PATIENT IS IN L&D**
   - **A.** ADMIT TO **DR. George Lewis, OBGYN**
   - B. STATUS: INPATIENT

✓ ELECTIVE
○ EMERGENT
○ URGENT (ACTIVE LABOR/MEDICALLY INDICATED)

2. **DIAGNOSIS: 38 weeks IUP with advanced cervical dilation**

✓ LESS THAN 39 WEEKS GESTATION WITH MEDICAL INDICATION:
○ GREATER THAN 39 WEEKS GESTATION

3. **VITAL SIGNS:**
   - ✓ Maternal vital signs at admission and every 4 hours. If ruptured membranes, monitor temperature every 2 hours. Once laboring check vital signs every 1 hour until pushing, then every 15 minutes until delivery. If epidural in place, refer to epidural orders for vital sign orders.
4. Notify physician for temperature greater than 100.4 degrees, systolic BP <90 or >160, diastolic BP>100, respiratory rate < 10 or > 30, heart rate < 50 or > 120, oxygen saturation < 95%, agitation or confusion, unresponsiveness, hypertension with headache, hypertension with shortness of breath,
5. **ACTIVITY:**
   - ✓ Bedrest with bathroom privileges. may ambulate if no epidural, membranes intact and or fetal head engaged with ruptured membranes, category 1 tracing, no active bleeding and BP less than 140/80 and greater than 90/50.
6. **NURSING ORDERS:**
   - ✓ Verify patient has signed all informed consents for delivery vaginal exam as indicated
   - ✓ Check GBS status. if positive or unknown see medication orders below
   - ✓ Baseline electronic fetal monitoring strip.
   - ✓ Notify physician/CNM of any non-reassuring fetal heart rate
   - ✓ Patient assessment: cervical exam: dilation, effacement, station, ROM, clarity of fluid, fetus presentation
   - ✓ Electronic fetal monitoring per hospital protocol
   - ✓ Nurse to check and document progress of labor every 2 hours
   - ✓ May perform I&O catheter for distended bladder post epidural placement. Repeat as needed for distended bladder. May place indwelling urinary catheter for more than two indwelling catheter insertions for I&O. If indwelling catheter placed, discontinue prior to vaginal delivery.
   - ✓ Monitor and record I&O. notify physician for oliguria < 35 cc/hour.
   - ✓ Oxygen at 10-12 liters per minute via face mask for category II or III fetal heart tracing and notify physician. Notify physician for oxygen saturation less than 95%.
   - ✓ NNP/Neo at delivery when indicated by physician
   - ✓ Social Service consult if indicated or per physician request.

#1MOCK CASE CARDIOMYOPATHY

- Gestational Diabetes: I f patient has Gestational Diabetes, blood glucose on admission and every ____ hours or as ordered by MFM. Notify physician if blood glucose is less than 60 or greater than 120 mg/dl

7. ADMISSION HEMORRHAGE RISK FACTOR EVLAUTION. TREAT MULTIPLE FACTORS AS HIGH RISK.

- ✓ **Low:** No previous uterine incision, singleton pregnancy, less than 4 previous vaginal births, no known bleeding disorders
- **Medium:** Prior cesarean birth(s) or uterine surgery, multiple gestation, greater than 4 previous vaginal births, chorioamnionitis.
- **High:** Placenta previa, low lying placenta, suspected placenta accrete or percreta, Hematocrit less than 30 and other risk factors, platelets less than 100,000, known coagulopathy.
  - **Evaluate all patient for Risk Factors (see above)**
    1. If **LOW** risk:
       - ✓ Type and screen
    2. If **MEDIUM** risk:
       - Type and screen
       - Review OB Maternal Hemorrhage Protocol
    3. If **HIGH risk:**
       - Order Type and Screen
       - Review OB Maternal Hemorrhage Protocol
       - Notify OB Anesthesia
    4. Identify women who may decline transfusions
       - Notify OB for plan of care
       - Early consult with OB Anesthesia
       - Review consent form/declination form
    5. If prenatal or current antibody screen positive (if not low level anti-D from Rhogam) type and screen

7. DIET:

- NPO except for ice chips
- NPO
- Clear liquids
- ✓ NPO except for ice chips during active phase of labor

8. MEDICATIONS:

A. IV FLUIDS:
- ✓ Lactated Ringers IV 125ml/hr while in active labor
- IV saline lock with intermittent flush
- ✓ Lactated Ringers 500ml IV bolus PRN x2 for category II or III fetal heart tracing. Notify physician after second bolus required and/or if status is not improved.

B. Pain management: Epidural when requested by patient.
- ✓ Notify OB prior to epidural placement and verify that patient has signed informed consent.
- ✓ Nalbuphine (Nubain) 5 mg IVP every 2 hours PRN for moderate pain.
- Nalbuphine (Nubain) 10 mg IVP every 3 hours PRN for severe pain.

#1MOCK CASE CARDIOMYOPATHY

C. Nausea:
   - ✓ Ondansetron (Zofran) 4 mg IV slowly over a minimum 2 minutes every 4 hours PRN nausea /vomiting.

D. Pruritis:
   - ✓ Diphenhydramine (Benedryl) 25 mg IVP every 6 hours PRN itching

E. Sleep:
   - ✓ Zolpidem (Ambien) 5 mg 1 tablet PO every night PRN sleep.

F. GBS Positive patient:
   - o Penicillin –G 5 million units IVPB x1 dose now, then Penicillin-G 2.5 million units IVPB every 4 hours until delivery
   - o Ampicillin 2 grams IVPB x1 dose now the Ampicillin 1 gram IVPB every 4 hours until delivery.

G. If patient allergic to Penicillin:
   - o Clindamycin 900 mg IVPB x1 now then Clindamycin 900 mg IVPB every 8 hours until delivery.

9. LABS:

A. OB Prenatal Labs:

- ✓ Confirm prenatal labs as appropriate for gestational age. Order routine prenatal labs if unavailable.
  - ✓ CBC with auto differential
  - ✓ Type and screen
  - ✓ Syphilis Screen
  - ✓ HbsAG
  - ✓ Urinalysis to reflex with microscopy
  - o Rubella
  - ✓ HIV
  - o Fetal cell screen
  - ✓ Other: urine drug screen

B.Pregnancy Induced Hypertension:

- o AST
- o ALT
- o BUN
- o Creatinine
- o Uric Acid
- o Urinalysis to reflex with microscopy
- o Other: _____

C. Disseminated Intravascular Coagulation Work –Up:

- o DIC Panel (includes PT, aPTT, Fibrinogen, D-Dimer, Platelet count)

10. RADIOLOGY:

A. Obstetric Ultrasound Complete

- o STAT

#1MOCK CASE CARDIOMYOPATHY

- Routine
- ✓ Bedside/Portable US: to confirm position
- May transport to Radiology for Ultrasound

B. Obstetric Ultrasound Limited for: _____

- STAT
- Routine
- Bedside/Portable US
- May transport to Radiology for Ultrasound

C. Ultrasound: Fetal Biophysical Profile with Non-stress test

- STAT
- Routine
- Bedside/Portable US
- May transport to Radiology for Ultrasound

C. Other:

- CXR
- ECHO
- EKG
- Other: _____

11. Induction:

- Misoprostol
- ✓ Pitocin as per protocol

#1MOCK CASE CARDIOMYOPATHY

OB LABOR & DELIVERY NURSING ADMISSION ASSESSMENT

Baptiste, Marie DOB 04/03/1979

Date/Time: 3/7/09 6:30PM

Gravida/Para: 6 para 0414 **Height:** 5'4" **Weight:** 197 pounds

Weeks Gestation: 38 3/7

LMP: unsure **EDD Dates: -** EDD US: 3/22/09 Done: 2/20/09

Reason for admission: (patient's words): "*I am here to have my baby.*"

Previous Pregnancy History:

Month/Date	Weeks Gestation	Birth Weight	Type Delivery	Complications
2001	35	5.2	vag	none
2003	36	5.1	vag	none
2004	37	6	vag	none
2005	37	6.1	vag	Dx CHF
2006	First trimester		TOP	HX PP CM

Medical History

Condition	Yes	No	Treatments
Asthma	X		No medications since 2005
Diabetes		X	
Hypertension		X	
Preeclampsia		X	
Postpartum Hemorrhage		X	
Abnormal Pap		X	
STD		X	
Renal Disease		X	
Cardiac Disease	X		? CHF. No medications since 2005
Thyroid Disease		X	
Cancer		X	
Psychiatric Illness/Mental Health		X	
Previous Blood transfusion		x	
Other:			

Family History

Condition	Yes	No	Family Member	Comments
Asthma		x		
Diabetes		x		
Hypertension		x		
Cancer		x		

#1MOCK CASE CARDIOMYOPATHY

Other	x			Brother died of heart disease age 19

Baptiste, Marie DOB 0403/1979

Previous Hospitalizations/Surgery

Year	Condition	Treatment	Comments
2001, 2003, 2004, 2005			childbirth

Previous Blood transfusions: no

Medications

Medication	Dosage	Last Dose (date/Time)
Prenatal Vitamins	1	today

Allergy	Type	Reaction
none		

Immunizations: up to date

Last Flu shot: never

Rhogam: n/a

Social History

Type	Y	N	Comments
Occupation/Employed		x	Stay at home mother
Social support	x		FOB Involved? No NOK: sister
Lives alone?		x	If no, Lives with: sister
Smoking	X		Type: cig Amount: 3-4/day Years: x 15 years
Alcohol		x	Type: Amount: Years:
Street Drugs		x	Type: Amount: Years:
Herbal/OTC		x	Type: Amount: Years:
Preferred Language	x		Language: French Creole Written: same Spoken: same
Transportation	x		
WIC		x	
Domestic Violence	X		Restraining order against FOB.
Other			Wants her sister to adopt infant. Sister also has custody of her other children

RN: Marie Noel RN (Creole speaking)

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

OB Admission Note: 3/7/09 at 18:30PM

Identification: 30, Black Haitian, G6 P0414

LMP: unknown

EDC: 3/22/09 by third trimester US

Chief Complaint: advanced dilation with early labor

History of present illness: 38 weeks IUP, Late prenatal care, Creole speaking

Past history:

- **Obstetrics:** 3 NSVD's (2 PT) x 1 TOP
- **Gynecology:** no STD's
- **PMH/PSH:** child birth

Medications: prenatal vitamins

Allergies: none

Social History: Separated. Creole speaking. Per admitting RN history, restraining order against FOB. Per sister mother desires BFA to her. Will order SS consult to assist. Chronic smoker. Advised to stop.

Physical exam:

- General and Vital signs: Obese, pleasant, Temp 37.1 HR 90 RR: 18, BP 110/80
- Lungs: clear to bases
- CV:NSR, no murmur
- ABD: soft, non tender, gravid.
- SVE: 4/60/-1
- EXT: +1 edema

Pertinent Labs: CBC, drug screen**,**

Ultrasound: bedside US vertex, FHR 148**,**

Assessment: 38 weeks IUP in labor

Plan: Pitocin induction, epidural as requested. SS Consult after delivery.

Admit: L&D, Continuous fetal monitoring

Anticipate NSVD

George Lewis, MD

#1MOCK CASE CARDIOMYOPATHY

ANESTHESIA PRE-OPERATIVE QUESTIONAIRE

Baptiste, Marie DOB: 04/03/1979

Date/Time: 3/7/09 19:30

HT: 5'4" Weight: 197 BMI: 33.8

Allergies

Allergen: none	**Reaction**
Food	
Drug	
Medication	
Other	

Prior Surgery

Surgery	Date	Complications
none		

Previous Anesthesia

Anesthesia	Date	Reaction/Complications
General		
Regional		
Spinal		
Epidural X	2001, 2003, 2004, 2005	none
Local		
None:		

Medical Health Assessment

Symptoms/Illness	Date	Symptoms/Illness	Comments
Hematologic			
Cardiovascular	2005	? CHF	No meds
Endocrine			
Respiratory	2005	asthma	No medications
Gastrointestinal			
Musculoskeletal			
Neurological			
Renal			
Psychiatric			
Social History	X		smoker

Current Medications: Prenatal Vitamins

Notes: Per friend who is interpreting for Creole speaking mother, had asthma, ? CHF after delivery 2005, No medications. Will plan for epidural. Consent signed. Low risk hemorrhage. H/H 9/29 plates 234,000

3/7/09: 22:30: Deliver FT female, no complications. Catheter removed 22:45. No complaints.

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

Nursing Delivery Note:

3/7/09: 19:00: Bedside US. Vertex, FHR 150.

Admission VS: 37.1 HR: 90 RR: 18, BP: 110/80, O2 sat 98%

Placed on EFM. IV # 22 gauge to left hand for IVF. Labs drawn. Consents signed. Pitocin induction started. Lactated Ringers infusing as ordered.

Family support: Sister at bedside speaks English and translating for mother. Per sister, mother plans to have her sister adopt infant. She already has custody of her 2 previous children. Per sister she had history of congestive heart failure after last pregnancy in 2005. Her symptoms went away after she stopped taking her medications. She also told to terminate her pregnancy in 2006. Per her sister, mother was very tired this pregnancy and slept a lot.

19:30: OBGYN called and notified vital signs and labor tracing. Mother in active labor. OK for epidural. OB will be here to ROM.

20:00: Epidural by Anesthesia. BP 140/88 HR 96 RR 20, sat 97%, FHR 160, category 1 tracing

20:30: ROM by OBGYN. Fluid clear. SVE: 10/10/-2. FHR 150, category 1 tracing

20:45: HR 98 RR 18 sat 98%, BP126/70. Increase Pitocin.

21:00: HR 88, RR 20, sat 95%, BP 138/80. Late deceleration noted. Position changed.(lateral). Placed on NRBM 10 liters.

21:45: FHR 140, HR 98 RR 20, sat 98%. SVE Complete. Per OB OK to push.

22:15: FHR 150. Pushing. OB at bedside. Sister with mother. Speaking in Creole to calm her.

22:30: SVD. Infant skin to skin. Bulb suction and tactile stimulation. Spontaneous respirations and cry.

22:45: Placenta delivered spontaneously. 3 vessel cord. Intact.

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

Nurse 7p-7A:

23:00: VS: HR 100 RR 20 BP 108/70, sat 100%, NRBM removed. IV saline locked after fluids completed.

23:30: HR 101 BP 99/66

3/8/09:

0030: 36.5 HR 104 RR 18 BP 108/73, sat 98%. Infant to NBN per mother request to sleep. Requests formula. Does not plan to breastfeed. Wants sister to adopt infant. Lochia mild. Fundus firm. Pain med Motrin given.

0130: HR 100 RR 20 BP 108/73, sat 97%. Sleeping. Awoken for vital signs. Up to bathroom with assistance.

0230: 36.5 HR 98 RR 18, BP 108/73, sat 97%. Fundus firm. No bleeding. No complaints.

0600: I&O: positive fluid balance 3128.

Nurse 7A-7P:

0800: 36 HR 75 RR 20 BP 109/68, sat 96%. OB in. Mother with dry cough noted. O2 sats 95-96% on room air. Per mother's sister at bedside, Mother told had asthma in 2005 after delivery. Does not take any medications for this. Few wheezes noted. History tobacco smoker. OB in to see patient.

10:00: To X-ray via wheelchair for CXR. Fundus firm. No bleeding.

11:00: Returned to room. Unproductive cough noted. RR 18. O2 sat 98%. Infant in NBN. Social service consult called in.

14:00: SW in to speak with mother. Interpreter call line used per SW request.

Nurse 7P-7A

1900: Handoff done. Mother ambulating in hall. Requests early discharge in morning. OB aware. Per her sister, states will be taking infant home with them in AM and they will be following up with the adoption process after discharge as needs to get FOB clearance to give up custody of infant before infant can be adopted to sister. Per sister SW gave them referral information. Mother with cough. Requesting to go outside to smoke. OB notified.

2200: BP 110/80 HR 90 RR 20 sat 96%. Non productive cough noted. Mother requests sleeping pill. Wants infant to stay in NBN tonight so she can rest.

3/9/09:

0600: 36.5 HR 90 RR 18, BP 113/79.

Nurse 7A-7P:

8:30: OB in to see mother. Discharge orders written. Cleared by social service. Mother ambulating without difficulty. No complaints. To follow up with OB in 2 weeks. Per mother's sister has already scheduled appointment with OB on 3/28/09 at 10AM. Education on warning signs postpartum: fever, bleeding, extreme sadness, breast care. No questions.

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

OB DELIVERY NOTE

DATE/TIME: 3/7/09 at 22:30

Summary: NSVD of female, 3300 grams, weight 7 pounds 2 ounces, Apgars 9/9, delivered after Pitocin augmentation. Epidural. Nose and mouth suctioned at perineum, body delivered without difficulty. Cord clamped and cut after pulsation stopped. Infant placed skin to skin on mother with nurse attending to infant. Placenta delivered spontaneously, intact. Fundus firm, minimal bleeding. Placenta appears intact with 3 vessel cord. Perineum and vagina inspected. EBL 350ml. Patient tolerated well. Bottle feeding. Social service consult pending.

OB Notes:

3/8/09

PPD #1

Patient reports: No complaints. Up ambulating.

VS: 36 HR 75 RR 20 BP 109/68, saturation 96%

Heart: RRR, S1S2

Lungs: few crackles, ? wheeze. Dry Cough. Chronic smoker.

Breasts: soft. Bottle feeding until milk comes in

Abdomen: soft

Lochia: mild

Labia: intact

Extremities: +1 edema

Labs: H/H 9/29, plates 234,000. Wbc 11. Antibody negative.

A/P: Continue PP care. CXR to F/U remote history asthma/heart disease. Awaiting social service consult BFA. Long time smoker. Encouraged to quit.

Plan: D/C Home in Am per patient request. Awaiting SS clearance. F/u CXR results. Continue to observe.

PPD #2

3/9/09:

Patient reports: No complaints. Up ambulating

VS: 36.5 90, 18, BP 113/79. Saturation 96%

#1MOCK CASE CARDIOMYOPATHY

Heart: RRR, S1S2

Lungs: clear. No cough.

Abdomen: soft

Lochia: mild

Labia: deferred

Extremities: +1 edema

Labs: wnl

CXR: WNL

A/P: Stable. No complaints. Cleared by Social services. Stable. No complaints. Plan D/C Home. Follow up in 2 weeks.

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

DELIVERY SUMMARY

<table>
<tr><td>DELIVERY INFORMATION
G6 P0414</td><td>TYPE OF DELIVERY</td><td>Weeks Gestation: 38 4/7
Weeks LMP: UNKNOWN
Weeks US: 38 3/7
Done at weeks: 35 WEEKS (2/20/09)</td></tr>
<tr><td>DELIVERY DATE/TIME:
3/7/09 AT 22:30</td><td>VAGINAL:<table><tr><td>x</td><td>SVD</td><td></td><td>EPISIOTOMY</td></tr><tr><td></td><td>VACUUM</td><td></td><td>LACERATIONS</td></tr><tr><td></td><td>FORCEPS</td><td></td><td>VBAC</td></tr></table></td><td>CESAREAN: n/a<table><tr><td></td><td>PRIMARY FOR:</td><td></td><td>REPEAT FAILED VBAC</td></tr><tr><td></td><td>CLASSICAL FOR:</td><td></td><td>LOW TRANSVERSE</td></tr><tr><td></td><td></td><td></td><td>LOW VERTICAL</td></tr></table></td></tr>
<tr><td>Date/Time:
ROM: 2 hours
AROM: 3/7/09 AT 2030
Description: CLEAR</td><td>ANESTHESIA<table><tr><td></td><td>NONE</td><td>x</td><td>EPIDURAL</td><td></td><td>GENERAL</td></tr><tr><td></td><td>LOCAL/PUDENDAL</td><td></td><td>SPNAL</td><td></td><td>OTHER</td></tr></table></td><td>Blood loss:
How quantified:
Estimated: 150 CC
Weighed:
Other:</td></tr>
<tr><td>IUPC: NO
Date/Time:

Placenta: 22:45 Intact, 3 vessel cord</td><td>LABOR<table><tr><td></td><td>SPONTANEOUS</td><td></td><td>AUGMENTED</td></tr><tr><td>x</td><td>INDUCED:</td><td></td><td>NO LABOR</td></tr></table>Type INDUCTION/AUGMENTATION: PITOCIN</td><td>POSTPARTUM COMPLICATIONS:
None: x
Hemorrhage:
Infections:
Hypertension:
Other:</td></tr>
<tr><td>MEDICATIONS:</td><td>Pitocin, Lactated Ringers</td><td></td></tr>
<tr><td>NEONATAL DISPOSITION:</td><td>LIVE BIRTH: x
STILL BIRTH
MISCARRIAGE</td><td>SKIN TO SKIN: yes
BREASTFEEDING: no
BOTTLE FEEDING: yes</td></tr>
<tr><td>INFANT
FEMALE: YES
MALE:</td><td>BIRTH WEIGHT:
GRAMS/POUNDS: 3300 GRAMS 7 POUNDS 2 OUNCES
APGARS: 9/9
RESUCIATATION: TACTILE STIMULATION, BULB SUCTION, blow by FIO2, spontaneous respirations, circulations and cry.</td><td>COMPLICATIONS/ANOMALIES:
NONE. NORMAL NEWBORN EXAM</td></tr>
<tr><td></td><td>DISPOSITION:
NBN: X
NICU: NO
STILLBIRTH: n/a</td><td></td></tr>
<tr><td></td><td>OB/GYN/CNM: Dr. G. Lewis</td><td>Pediatrician: Neighborhood Pediatric Clinic</td></tr>
</table>

#1MOCK CASE CARDIOMYOPATHY

Baptiste, Marie DOB: 04/03/1979

Social Service Consult:

3/8/09:

30 year old Haitian, G6 P0414, Creole speaking s/p NSVD female infant 3300 grams 3/7/09, Apgars 9.9. Urine drug screen negative. Requested for SS consult baby for adoption. Per translator on phone line mother states she wants her sister to have custody of her children due to her health issues and fear of the father of the children with whom she has a restraining order against. Per mother FOB lives out of state. Currently she lives with her sister and her sister cares for her and her children. Mother wants FOB to sign over rights of the infant so she can have her sister adopt the child. Explained this may be a lengthy legal process and will take time for court to contact FOB and obtain necessary documentation. Mother states she will take infant home with her and pursue options after discharge. Information on community legal resources given for mother to explore options after discharge. Mother states current living situation safe, she has baby items including car seat. She is unemployed. Her sister helps her with expenses. Information on community resources given. Mother thanked me for information. I left my card and number for her to call if further information needed. Cleared for discharge from social standpoint. Spoke with RN.

Mock Case Cardiomyopathy

General Hospital

233 Peachtree Street, Atlanta, GA 30303 **MR # 126459**

LAST NAME **Baptiste**	FIRST NAME **Marie**	MIDDLE INITIAL
DATE OF BIRTH **04/03/1979**	MAIDEN NAME **Filias**	
ADDRESS **4770 Buford Hwy, NE**	CITY **Atlanta**	STATE/ZIP **GA, 30341**
HOME PHONE **n/a**	WORK PHONE **n/a**	CELL PHONE **1-830-465-2100**
ETHNICITY **Haitian**	RACE **Black**	MARITAL STATUS **separated**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **creole**	PREFERED WRITTEN LANGUAGE **Creole**
EMPLOYER **unemployed**	TYPE WORK	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS	OCCUPATION
PRIMARY CONTACT NAME **June Filias**	RELATIONSHIP TO PATIENT **sister**	
HOME PHONE **n/a**	WORK PHONE **n/a**	CELL PHONE
ADDRESS **4770 Buford Hwy, NE**	CITY **Atlanta**	STATE/ZIP **GA, 30341**
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **Chest pain and SOB**	
Transportation arrival: Family car		

Date of admission: 3/31/09
Time of admission: 21:00

Date of discharge: 4/1/09
Time of discharge: 0130

Admitting Physician: Thomas Jones, ED MD

INSURANCE INFORMATION

INSURANCE COMPANY: **Medicaid**	MEDICAID NUMBER: **9999999**
EFFECTIVE DATE INSURANCE **2/5/09**	
SELF PAY:	

Mock Case Cardiomyopathy

General Hospital

EMERGENCY ROOM RECORD

MEDICAL RECORD **Name: Baptiste, Marie** **NOK: June Filias, (sister)**	**EMERGENCY CARE AND TREATMENT**	**DATE/TIME:** 3/31/09 **In ER:** 21:00 **DISPOSITION:** home **Date/Time:** 4/1/09 at 0130	**Triage:** 21:15 **Seen by MD:** 21:20 **ADMITTED:** no
ARRIVAL: ambulating **CAR:** family **Ems:** no	**Insurance:** Medicaid	**LANGUAGE:** Creole	**Weight:** 195 pounds **Height:** 5'4" **BMI:** 33.5
CURRENT MEDICATIONS Prenatal vitamins: last dose this am Motrin: 2 tabs last dose 18:00 today	**INJURY** no	**DATE LAST VISIT:** 3/9/09 delivery	**DATE LAST TETANUS:** unknown **DATE LAST FLU shot:** No, declined
CURRENTLY PREGNANT: **DATE LMP:** unsure	**BHCG/URINE/BLOOD/QUANT:** Deferred	**PREGNANT WITHIN LAST 42 DAYS:** yes **43 DAYS TO 1 YEAR: n/a** **PLACE DELIVERY:** General Hospital **OB/CNM:** DR. G. Lewis	**PREVIOUS MEDICAL HISTORY:** negative **PREVIOUS SURGICAL HISTORY:** negative **SUBSTANCE USE:** yes (**TOB./ETOH/STREET DRUGS):** cig. 3-4 /day x 15 years **Domestic Violence:** (deferred per RN)
ALLERGIES: none	**COMPLAINT:** Right sided chest pain that extends into right arm. Shortness of breath x2 hours.	**CATEGORY TREATMENT:** **EMERGENT: no** **URGENT: yes** **NON-URGENT: no**	**VS TIME:** 21:15 **TEMP:** 96.7 **BP**: 121/76 **PULSE:** 109 **RESP:** 16 **SAT:** 96% **Pain:** 10/10
LABS: 3/31/09 21:30 **CBC:** wbc 9 H/H 11/35, plates 423,000 **URINE**: ph 6.0, sg 1.020, neg. blood, neg. protein, ketones +2 **BLOOD GAS:** Ph 7.44 pO2 84 pCO2 33 HCO3 22 O2 sat 96% **(on 10 liters NC.)** **Lytes:** Na 140 K 3.4 CL 105 BUN 14 Cr 1 **Card**.: CKMB 97 Troponin < 0.03	**CXR:** cardiomegaly, clear **HEAD CT: n/a** **US: n/a** **CT chest:** No evidence pulmonary embolus or other significant vascular abnormality. Cardiomegaly, Areas of mosaic perfusion raising possibility of reactive airways. **EKG:** sinus tachycardia, ventricular premature complex, leftward axis, left atrial enlargement, low voltage in frontal leads **ECHO: n/a**	**PE: 21;20:** Distressed, obese, Creole speaking, holding right arm. Denies injury. +1 edema lower extremities with no redness or pain. Abdomen soft. No shortness of breath noted. Slight wheeze. Plan: medicated for pain, check labs, EKG, CT/CXR chest.	**VS TIME:**21:45 **TEMP:** 98 **BP:** 110/80 **PULSE:** 90 **RESP:** 18 **SAT:** 97% **Pain:** 9/10 **NN:** States pain unrelieved by medication. Pain 9/10 intermittent with deep inspiration. Occasional productive cough white yellowish small amount. Emesis 100 cc clear. (Did not vomit oral medication.) To CT scan. Sister holding baby.
Medications: **Vicodin 5 mg PO 21:20:** **Morphine 2 mg IV X1: 22:15** **Decadron 10 mg IV: 22:45** **Albuterol TX: 23:30**	**CONSULTS: no**	**22:45:** **NN:** states pain relieved	**VS TIME:** 22:45 **TEMP:**98.2 **BP:**120/80 **PULSE:** 95 **RESP:** 18 **SAT:** 98% **Pain:** 2/10

Mock Case Cardiomyopathy

			VS TIME: 4/1/09 00:45 **Temp:** 97.8 **BP:** 112/80 **Resp:** 16 **Sat:** 98% **Pain:** 0/10 **NN: N**o distress. States wants to go home. Feels better
DISPOSITION; Home **Condition:** stable **Diagnosis:** reactive airway disease	**CONSULTS: no**	**PRESCRIPTIONS: no**	**FOLLOW UP:** see your internist for follow up care
Education: return to ER if symptoms worsens or has increased shortness of breath			

ED NOTES:

Date/time	PROVIDER	NOTES
3/31/09	Thomas Jones, ER MD	Cardiomegaly noted consistent with postpartum state. History asthma. Chronic smoker. Improved after medication and RT TX. No pulmonary embolus noted. No shortness of breath. Stable for discharge. To follow up with PCP for any further issues.

Mock Case Cardiomyopathy

Trauma Center Hospital

742 Catherine St. Atlanta, GA 30310 **MR # 23456**

LAST NAME **Baptiste**	FIRST NAME **Marie**	MIDDLE INITIAL
DATE OF BIRTH **04/03/1979**	MAIDEN NAME **Filias**	
ADDRESS **4770 Buford Hwy. NE**	CITY **Atlanta**	STATE/ZIP **GA 30341**
HOME PHONE **n/a**	WORK PHONE **n/a**	CELL PHONE **1-830-465-2100**
ETHNICITY **Haitian**	RACE **Black**	MARITAL STATUS **separated**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **Creole**	PREFERED WRITTEN LANGUAGE **Creole**
EMPLOYER **unemployed**	TYPE WORK	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS	OCCUPATION
PRIMARY CONTACT NAME **June Filias**	RELATIONSHIP TO PATIENT **sister**	
HOME PHONE **n/a**	WORK PHONE **n/a**	CELL PHONE **1-830-465-2100**
ADDRESS	CITY	STATE/ZIP
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS **4770 Buford Hwy. NE**	CITY **Atlanta**	STATE/ZIP **GA 30341**
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **Chest pain and Shortness of breath**	
Transportation: **family car**		

Date of admission: 4/19/09
Time of admission: 14:00

Date of discharge: 4/19/09
Time of discharge: 23:30

Admitting Physician:

William Adair, MD

INSURANCE INFORMATION

INSURANCE COMPANY:	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	
SELF PAY: **yes**	

Mock Case Cardiomyopathy

Baptiste, Marie DOB: 04/03/1979

ICU Admission

4/19/09 at 16:30

Nursing Assessment: Received from ER via stretcher. Placed on monitor. IVF via right forearm. Site without edema or redness.

VS: 98.1 pulse 110 RR 32 BP 108/78. Pain 5/10. O2 sat 92% on NRBM. Pulling face mask off. Changed to nasal cannula placed with improved respiration noted.

PE: moderate distress. Anxious. ICU MD at bedside speaking with cardiologist. Plan to transfer out to higher level of cardiac care. Nursing supervisor notified. Patient Creole speaking only. Sister at bedside and translating. Aware of plan of care.

18:00: Sleeping. O2 sat 91%. RR 26. NC 10 liters.

19:00: Handoff given. Patient sleeping. Sister at bedside. Transfer attempts in progress by MD.

23:00: Transfer team here. Report given. Care assumed by team.

23:30: Patient transported with copies medical records /scans given to transport team. VS temp 97.1-HR 98-rr24 O 2 sat 93% on 10 liters NC.

MAR

Date	Medication	Dose/Frequency	Reason Prescribed	Administration Time
4/19/09	Decadron	10 mg		
4/19/09	Lasix	40 mg x1	diuretic	In ER
4/19/09	Albuterol	prn	prn	In ER
4/19/09	Fentanyl		Prn pain	
4/19/09	Protonix	Every 24 hours		
4/19/09	Coreg	3.125 mg po bid		20:30
4/19/09	Lovenox	40 mg SQ daily		Start in am
4/19/09	Lisinopril	2.5 mg		held
4/19/09	Aspirin	325 mg po daily		held
4/19/09	Heparin	4 k units loading dose followed by 12 units / kg/hr		d/c after 12/units/kg

Mock Case Cardiomyopathy

Regional Center Hospital

384 Woodward Way NW, Atlanta, GA 30327 **MR # 45456**

LAST NAME **Baptiste**	FIRST NAME **Marie**	MIDDLE INITIAL
DATE OF BIRTH **04/03/1979**	MAIDEN NAME **Filias**	
ADDRESS **4770 Buford Hwy. NE**	CITY **Atlanta**	STATE/ZIP **GA 30341**
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-830-465-2100**
ETHNICITY **Haitian**	RACE **Black**	MARITAL STATUS **separated**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **Creole**	PREFERED WRITTEN LANGUAGE **creole**
EMPLOYER **unemployed**	TYPE WORK	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS	OCCUPATION
PRIMARY CONTACT NAME **June Filias**	RELATIONSHIP TO PATIENT **sister**	
HOME PHONE **n/a**	WORK PHONE **n/a**	CELL PHONE **1-830-465-2100**
ADDRESS **4770 Buford Hwy. NE**	CITY **Atlanta**	STATE/ZIP **GA 30341**
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **Cardiogenic shock refractory to medical therapy. Evaluation for possible cardiac transplant**	

Date of admission: 4/19/09
Time of admission: 23:45

Date of discharge: 4/26/09
Time of discharge: 00:30

Admitting Physician:

Jose Gomez MD

INSURANCE INFORMATION

INSURANCE COMPANY:	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	
SELF PAY: **Yes. Charity services**	

Mock Case Cardiomyopathy

Baptiste, Marie DOB: 04/03/1979

Regional Center

CVICU HOSPITALIZATION

PATIENT DEMOGRAPHICS: 30 YEARS OLD BLACK HAITIAN HS EDUCATED CREOLE SPEAKING and writing CHRISTIAN	**ADMISSION DETAILS:** Tertiary Care center DATE OF ADMISSION: 4/19/09 TIME OF ADMISSION: 23:45 ADMISSION METHOD: EMS to CVICU TRANSFERRED: n/a
PHYSICIAN: CVICU PCP: none	SPECIAL REQUIREMENTS: none
ALLERGIES: Ibuprophen and Tramadol EMERGENCY CONTACT PERSON: SISTER Advanced Directives: No	WEIGHT: 199 HEIGHT: 5'4" BMI: 34

HISTORY

VS: HR 124 BP 106/76 97% on 4 liters NC RR 20
Admitting Diagnosis: Cardiogenic shock refractory to medical therapy. Evaluation for possible cardiac transplant.
PMH: Postpartum cardiomyopathy 5 days after 5th pregnancy. No surgical history. G6 P0414. History asthma who presented to another hospital system with complaints progressive shortness of breath x 1 month. Patient is primarily French speaking and per sister who translates for patient, the patient delivered a baby 3/7/09 and since delivery has been experiencing shortness of breath and leg swelling. According to other hospital records she had runs of non-sustained ventricular tachycardia and has been transfer to this hospital for evaluation for cardiac transplant. Per outside hospital noncompliant with medical care in the past. Aware of her history of cardiomyopathy when pregnant in 2006 when chose to terminate pregnancy for health reasons. Information obtained from patient with assistance from sister tells that patient has been progressively SOB for past month. On 3/31/09 she got diagnosed with "pleurisy" and got discharged home from ER. She felt better for 3 days. This morning at 5:30AM she started having chest pain that was radiating down her right arm with nausea and vomiting and diaphoresis. She went to a different ER where she was diagnosed with NSTEMI and cardiogenic shock. She was transferred here for further management. **FMX:** brother passed away for heart failure at 19 years of age. **OB HISTORY: 4** preterm deliveries. X 1 TOP for CM. LAST PREGNANCY NORMAL DELIVERY 3/7/09 AT LEVEL 1 HOSPITAL.
MEDICATIONS: at home: prenatal vitamins and iron Prior to admission: • Lasix 20 mg daily • Albuterol prn • KCL 20 oral daily • Nitroglycerin IV continuous • Heparin IV • Aspirin 325 mg daily

Mock Case Cardiomyopathy

- Lasix 40 mg IV x1

SOCIAL HISTORY

Lives: Locally. 5 people. Sister and mother and her 3 children.
Resident: No. moved in with sister this year.
SMOKING: yes, 1 ppd, x 15 years. Quit when she found out she was pregnant
ALCOHOL: no
STREET DRUGS: no
HERBALS/OTC: no
OCCUPATIONAL HISTORY: stay at home mother
Pregnancy status: delivered 3/7/09, 1.5 months postpartum

EXAMINATION FINDINGS

Admission Physical examination:
GENERAL APPERANCE: moderate distress lying flat. Minimal eye contact. pale
MENTAL STATE: quiet
HEAD AND NECK: wnl
ORAL EXAMINATION: no caries, good dentition
CARDIOVASCUALR SYSTEM: systolic ejection 3/6 in aortic area, normal S1 S2.
RESPIRATORY: clear , diminished at bases
ABDOMEN: bowel sounds +, non-tender, non-distended
GENITOURINARY: not examined
NERVOUS SYSTEM: grossly intact. Alert and oriented x3.
MUSCULOSKETETAL SYSTEM: +1 EDEMA EXTREMITIES BILATERALLY, pulses present left side, temperature difference left to right leg.
SKIN: intact

Review Exams (other hospital):

- PE w/u Protocol negative
- 4/19/09: Transthoracic ECHO: LV normal wall thickness and ejection fraction 20-30%. RV dilated and hypokinetic. Bi atrial enlargement with 4+mitral regurgitation and 4+ tricuspid regurgitation.
- 2006: Transthoracic ECHO EF 20% dilated right ventricle with decreased function, mild left atrial enlargement and right atrial enlargement moderate tricuspid regurgitation.
- Labs: BNP 4943 CPK 366 CKMB 55 Troponin 0.63

Assessment and Plan:
30-year-old Black Haitian with history PP cardiomyopathy 2006 now with NSTEMI (non ST elevation myocardial infarction) probably due to embolic origin. Transferred due to new onset cardiogenic shock state. Will monitor closely in CVICU.

PLAN:

1. CBC, PT, PTT INR, Liver enzymes, lytes
2. Albuterol treatments prn
3. Cardiac enzymes in am
4. Cardiology consult / STAT cardiac catheterization

Mock Case Cardiomyopathy

4/20/09: Progress Notes

Labs:
4/20/09: 0320:
Wbc 19 HG 10 HCT 35 platelets 325,000
INR 1.2
Albumin 2.7 ALT 82 AST 154 alk phos 350 T bili 1.1

CONSULTANTS

CARDIOLOGY:
4/20/09: 0800: S/P Cardiac catheterization for cardiogenic shock refractory to medical treatment
After review of history, systems and results, treatment options are limited. Any option that requires femoral artery access is limited as this patient has very small common femoral arteries. There is concern regarding her distal pulses. Inotropic medications are risky due to intermittent history of ventricular tachycardia and concern ischemia/infarction from embolism. Transesophageal echocardiogram shows a right ventricular dysfunction. She might need right ventricular support in addition to left ventricular support. During cardiac catheterization, she went into a wide complex tachycardia at 200 bpm. After the sheath was pulled she spontaneously converted out of this rhythm. The left circumflex artery gives off two obtuse marginal branches both of which have distal thrombi that appear to be from embolism. She had a swan Ganz catheter placed.
Main barrier to left ventricular assist device placement/transplant candidacy appears to be psychosocial and the question of her compliance to therapy. There does appear to be some extenuating circumstances (isolated for abusive relationship, but this all needs to be further delineated). Will continue to closely follow status and labs.

Progress Notes:

4/20/09:

Labs: 0615:

CK 816 MB 119 Troponin 2.72 s/p cardiac consult.

Resting with NC. Keeping sat > 92%. Critical status.

4/21/09: continues with temperature, color and pulse differences between extremities. Right groin ultrasound ordered stat. US Negative for pseudo-aneurysm, DVT, arteriovenous fistula and hematoma. Denies pain. Tylenol 650 mg every 4 hours prn. Ipratropium 0.5 mg inhalation every 4 hours prn, Heparin IV prn, Aspirin 81 mg daily, Nipride 100 mg 10-300 mcg/min daily IV continuous

4/22/09: Intra-aortic balloon pump placement.

4/22/09: Carotid duplex limited right sided study. Abnormal waveforms due to heart pump machine. Left side stenosis of 0-19%. CT abdomen and pelvis_ completed due to drop in hemoglobin and concerns for intra-abdominal bleeding. No blood in pelvis or lungs found. Lungs did show multifocal pneumonia.

Mock Case Cardiomyopathy

4/22/09:

Labs: protein 4.8 Alk Phos 229, AST 56, BUN 17, Creatinine 1.19, Na 127 K 4.5, WBC 14 H/H 9/31 plates 199,000

A/P: critically ill. Continue to follow status.

4/23/09: Resting. NC 3 liters. BP 100/70-120/78. HR 90-100. RR 20-28. O2 sats > 92. Appears tired. Pale. Per nurses sister not able to stay at bedside to translate. At home with infant and children. Remains critically ill. Continue to monitor.

Medications: Fentanyl 25-50 mcg IV every 2 hours prn, Lorazepam 0.5 mg IV every 4 hours prn, Calcium Gluconate 1 gram IV once, Tylenol 650 mg every 4 hours prn, Zosyn 3.375 mg IV very 6 hours, Vancomycin 1 gram IV every 12 hours, Ipratropium 0.5mg inhalation prn, Nitroglycerin 100 mg 5-200 mcg/min IV continuous, Heparin IV as needed, Nomogram, Aspirin 81 mg daily, Nipride 10-300 mcg/min IV continuous.

4/25/09: Sleeping. Remains on NC at 3 liters. O2 sats 91% per RN at rest.

Medications: Ativan 2 mg IV prn, Sublimaze 50 mcg IV every 1 hour as needed.

Labs: Venous blood gas: (difficult stick): ph 7.46 pCO2 32 pO2 37

Na 129 K 3.3, WBC 12 H/H 10/32, platelets 181,000, glucose 95

4/26: emergent intubation due to respiratory failure.

(**Abstractor Note:** On date of death, no further records available re: sequence events of demise or of family communication)

MMRIA MOCK CASE: CARDIOMYOPATHY CASE NARRATIVE

She died with cause of death listed on the death certificate as cardiogenic shock secondary to peripartum cardiomyopathy due to non-ST elevated myocardial infarction (NSTEMI), six weeks after delivery. Medical history was significant for developing heart failure and asthma after her delivery in 2005. Pre-pregnancy body mass index (BMI) was 33.8. Her family medical history was significant for having a brother who passed away from cardiac disease at age 19.

Entry into prenatal care was at 36 weeks with four visits at a hospital clinic with an obstetrician (OB). Prenatal history was significant for late entry into care and anemia. There were no referrals made during the prenatal period. This sentinel pregnancy was her 6th pregnancy. She had a past OB history of 4 preterm births and one first trimester termination of pregnancy. There were no noted health events prior to delivery. She presented to hospital at 38.3 weeks' gestation for induction/augmentation of labor. On admission, she requested that her sister adopt infant and a social service consult was made.

Delivery was by an OB, method was spontaneous vaginal delivery (SVD) with epidural anesthesia. No obstetric complications noted. Infant was 38 weeks' gestation and weighed 7 lbs., 2 oz., Apgar scores were 9 and 9. Day after delivery, she developed dry cough, chest x-ray (CXR) was negative. Social service consult completed for adoption request but due to potential for lengthy paternity legal issues, adoption plans were to be formalized after discharge. Mother and infant were discharged to home.

She had scheduled early postpartum visit at 2 weeks. At visit, she complained of (c/o) being tired and still having pain. Edema noted in lower extremities, and she was encouraged to ambulate more and quit smoking. Advised to continue with Motrin every 6 hours for pain and to call if pain does not go away.

Two days later, she presented to emergency department (ED) (same as delivery facility) with complaints of right-sided chest pain and shortness of breath x 2 hours. Studies negative for pulmonary embolus. CXR and computed tomography (CT) scan noted cardiomegaly consistent with postpartum state. EKG noted sinus tachycardia. Pain relieved with narcotics, and she was discharged home with instructions to follow up with her primary care physician (PCP).

Three weeks later, she presented to a different ED c/o shortness of breath (SOB) and chest pain. She was diagnosed with NSTEMI and cardiogenic shock and admitted to intensive care unit (ICU). Seven hours after admission, she was transferred out to higher level cardiac care. Cardiac catheterization was completed. Cardiac support given but she died seven days after admission. The case was not referred to the medical examiner (ME) and no autopsy was performed.

Prenatal Care

Screening was performed for substance use and was negative. Screening was performed for domestic violence and was positive. She had restraining order against father of baby (FOB).

The pregnancy was complicated by late entry into care and anemia. There were no referrals during the prenatal period. Diagnostic procedures during pregnancy included ultrasound at first visit for dates.

Abnormal labs during pregnancy include hemoglobin (Hgb) 10.1 and hematocrit (HCT) 31. No abnormal vital signs noted during pregnancy. During the sentinel pregnancy she was on prenatal vitamins. At routine visit at 38 weeks she was noted to be dilated and sent to labor and delivery (L&D) for induction of labor.

Labor and Delivery

On admission, she requested that infant be adopted to her sister. Admission screening noted smoker, positive domestic violence with restraining order against FOB, low hemorrhagic risk, low risk deep venous thromboses (DVTs). She had Pitocin induction for advanced dilatation with early labor delivering four hours after admission. She delivered via spontaneous vaginal delivery by an OB under epidural at a Level 1 hospital. Medications administered during labor and delivery or postpartum included Pitocin for labor augmentation. Infant weighed 7 lbs., 2 oz. with Apgars of 9 and 9.

Late decelerations were noted and desaturation during labor resolving with use of a face mask postpartum period significant for dry cough. Due to remote history heart failure/asthma, CXR ordered and was negative per radiologist. Social service consult completed with translator line re: adoption request. Process to be completed after discharge as adoption dependent on FOB legal release of paternity. Community resource information given. She was discharged home on day two. Vitals signs at discharge included T 36.5, heart rate (HR) 90, respiratory rate (RR) 18, and blood pressure (BP) 113/79. She was instructed to follow up (f/up) with OB in two weeks. Discharge education included warning signs postpartum: fever, extreme sadness, breast care.

Postpartum Care

She presented for scheduled postpartum visit two weeks after delivery. Weight was 195 pounds. BP 110/80, HR 98, RR 18. Edema noted in extremities. Per sister as interpreter, she c/o being very tired and still c/o pain. Told to continue Motrin and call if pain does not go away. States still smoking. Encouraged to quit and ambulate more. Family planning discussed.

ER Visits and Hospitalizations #1

Two days after postpartum visit with OB she presented to Level 1 facility (same as delivery facility) with right-sided chest pain radiating down right arm and shortness of breath for two hours. Her weight was 195 pounds, T 96.7, BP 121/76, HR 109, RR 16, and oxygen saturation (sat) 96% on room air. Medical history noted as negative except for history smoker x 15 years. Social history significant for English as a second language with sister acting as translator. She had +1 edema in extremities and noted on admission as appearing “distressed.” CT scan was negative for pulmonary embolus. Her pain 10/10 increased with deep breaths. She was given oral Vicodin and then Morphine IV after she vomited. CXR significant for cardiomegaly which radiologist considered “normal for her postpartum state.” Steroids and Albuterol treatment given for her respiratory distress. (**Abstractor note:** No documentation found that her OB was consulted regarding her presentation). Her sister cared for her newborn in ED while all procedures were done. Three hours after arrival, she requested to go home as she felt better. Vital signs (VS) at discharge were T 97.8, HR 90, RR 16, sat 98% on room air. She was considered stable for discharge and instructed to follow up with her PCP for any issues.

ER Visits and Hospitalizations #2

Six weeks postpartum, she presented via family car to the ED at a Level 3 trauma center. She was noted as self-pay. Her chief complaint was SOB, cough, congestion, and chest pain (10/10). She stated having symptoms for three weeks and was seen in another ED last week for same symptoms that have not improved. Chief complaints include pain treated with Motrin for with little relief, can't lie down to sleep, and coughing all night. C/o chest pressure with nausea and vomiting.

Her weight on admission was 199 and her presenting vital signs were: T 98, BP 84/64, , HR 94, RR 26, O2 sat 98% on non-re-breather mask (NRBM). In nurses' admission notation, social history deferred screening due to language barrier and patient medical condition.

Physical examination on admission found:
CARDIOVASCULAR: systolic murmur, (regular rate and rhythm (RRR)
RESPIRATORY: few crackles at bilateral lung bases, no retractions, and +3 edema lower extremities bilaterally.

Labs performed included complete blood count (CBC), comprehensive metabolic panel (CMP), liver enzymes, cardiac enzymes and urine drug screen with some abnormal findings noted including cardiac enzymes. Diagnostic tests performed included with the following abnormal findings noted: electrocardiogram (EKG): NSTEMI, CXR: cardiomegaly, bases with fluid (difficult to read due to body habitus), CAT scan chest negative for pulmonary embolism (PE), echocardiogram (ECHO): ejection fraction (EF) 20-30% severe mitral regurgitation, annulus is dilated, severe tricuspid regurgitation, dilated and hypokinetic right ventricle. Her diagnosis was severe postpartum cardiomyopathy/congestive heart failure (CHF) and 2 ½ hours later she was admitted to ICU for stabilization and consideration for transfer to tertiary care center for possible cardiac cath/heart transplant work up. Intermittent runs of ventricular tachycardia were noted. She was started on cardiac medications and given diuretics.

ER Visits and Hospitalizations: Terminal Event

Seven hours after admission to ICU, she was ground-transported to higher level of care at a regional trauma center for cardiac catheterization and transplant evaluation. Vital Signs on Transfer: T 97.1-98, BP 100/72, RR 24, Oxygen saturation 93%. Cardiac catheterization was done and treatment options were considered limited due to her small common femoral arteries compromising her distal circulation, history of ventricular tachycardia, and concerns for her overall long-term ability for compliance with medical therapy given the advanced state of disease. After intra-aortic balloon pump placement, she experienced drop in hemoglobin. CT abdominal scan negative for bleeding in pelvis or lungs. She developed pneumonia and started on antibiotics. Her sister was unable to stay with her due to childcare issues. Seven days after admission she had a respiratory arrest requiring intubation and was pronounced same day. (**Abstractor Note:** No records available regarding sequence of events leading up to demise or family contact after her death.) The case was not reported to the medical examiner/coroner. Autopsy was not performed.

Demographics
She was a 30 year old, Black-Haitian (born in Haiti), homemaker with a high school education. She had Medicaid insurance.

Social Determinants of Health
Life course issues significant for chronic smoker, single mom (living with sister), separated from husband (with restraining order against him), Creole speaking requiring a translator, desire to place infant for adoption with sister.

MMRIA

MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v14 1

REVIEW DATE: 9 | 10 | 2016

RECORD ID #: Mock Case CM

PREGNANCY-RELATEDNESS: SELECT ONE

- [x] **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
- [ ] **UNABLE TO DETERMINE IF PREGNANCY-RELATED OR PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
- [ ] **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
- [x] **SOMEWHAT COMPLETE**
  Major gaps (i.e. information that would have been crucial to the review of the case)
- [ ] **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**

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

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	
CONTRIBUTING	
UNDERLYING	Peripartum Cardiomyopathy
OTHER SIGNIFICANT	

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH
Refer to page 3 for PMSS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

80.1 Postpartum/peripartum cardiomyopathy

DID **OBESITY** CONTRIBUTE TO THE DEATH?	[ ] YES	[x] PROBABLY	[ ] NO	[ ] UNKNOWN
DID **MENTAL HEALTH CONDITIONS** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **SUICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **HOMICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN

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

- [ ] FIREARM
- [ ] SHARP INSTRUMENT
- [ ] BLUNT INSTRUMENT
- [ ] POISONING/ OVERDOSE
- [ ] HANGING/ STRANGULATION/ SUFFOCATION
- [ ] FALL
- [ ] PUNCHING/ KICKING/BEATING
- [ ] EXPLOSIVE
- [ ] DROWNING
- [ ] FIRE OR BURNS
- [ ] MOTOR VEHICLE
- [ ] INTENTIONAL NEGLECT
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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

- [ ] NO RELATIONSHIP
- [ ] PARTNER
- [ ] EX-PARTNER
- [ ] OTHER RELATIVE
- [ ] OTHER ACQUAINTANCE
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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 WORKSHEET

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

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTOR AND DESCRIPTION OF ISSUE
PATIENT/FAMILY	Communication: lack of understanding of diagnosis; Access to care; Delay: Late entry into prenatal care; violence; Obesity; Chronic smoker
PROVIDER	Quality of care; Assessment: Inadequate risk assessment (cardiac history); Lack of care coordination—prenatal/labor and delivery/ anesthesiology/emergency department; history of cardiomyopathy not obtained
FACILITY	Continuity care: same hospital at different visits (OB not notified of pp ER visit); communication (pp instructions); Policies/procedures: translation services
SYSTEM	Communication; Continuity of care: OB/ cardiology/emergency, need for medical home in inter-conception period; Cultural: CLAS for providers, staff
COMMUNITY	Social support: Referral community resources for women with history of Intimate Partner Violence

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

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

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?

RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SEE BELOW)	LEVEL OF IMPACT (SEE BELOW)
Obstetric provider should refer patients with a reported cardiac condition to cardiologist during prenatal care or between pregnancies.	primary	medium
Anesthesiology should evaluate and/or refer patients with reported cardiac conditions who present to Labor and Delivery, if not already done	secondary	small
All providers should utilize official translation services to discuss patient medical conditions, care, education, and follow-up.	secondary	small
OB should document reasons for patient's late entry to prenatal care.	secondary	small
OB should provide referrals to supportive community resources.	secondary	small
L&D nurses should perform postpartum risk screening on women with chronic medical needs in order to form postpartum discharge care plan.	primary	medium
State perinatal quality collaborative (PQC) should educate obstetric providers and ER staff on peripartum cardiomyopathy signs, treatment plans, and available resources and consider an education campaign for prenatal care providers regarding resources available to victims of intimate partner violence during pregnancy and the postpartum period.	primary	large

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 an ongoing contributing factor once it has occurred (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **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 through obstetrics (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.)

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, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

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

CONTRIBUTING FACTOR DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The woman was delayed in seeking or did not access care, treatment, or follow-up care/actions (e.g. missed appointment and did not reschedule).

ADHERENCE TO MEDICAL RECOMMENDATIONS

The woman did not accept medical advice (e.g. refused treatment for religious or other reasons or left the hospital against medical advice).

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

The woman 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).

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).

ENVIRONMENTAL FACTORS

Factors related to weather or terrain (e.g. the advent of a sudden storm leads to a motor vehicle accident).

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse other than that perpetrated by intimate partner (e.g. family member or stranger); IPV: Physical or emotional abuse perpetrated by the woman's current or former intimate partner.

MENTAL HEALTH CONDITIONS

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

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

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

CHRONIC DISEASE

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

CHILDHOOD SEXUAL ABUSE/TRAUMA

Woman experienced rape, molestation, or other sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or woman experienced physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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.

UNSTABLE HOUSING

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

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

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional (e.g. domestic violence, no one to rely on to ensure appointments were kept).

INADEQUATE OR UNAVAILABLE **EQUIPMENT/ TECHNOLOGY**

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

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).

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**

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.

CLINICAL SKILL/QUALITY OF CARE

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).

INADEQUATE COMMUNITY **OUTREACH**/RESOURCES

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

INADEQUATE LAW **ENFORCEMENT** RESPONSE

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

LACK OF **REFERRAL** OR CONSULTATION

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

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.

LEGAL

Legal considerations that impacted outcome.

MMRIA MOCK CASE: HEMORRHAGE

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U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. 10:123 STATE FILE NO. 10:456

NAME OF DECEDENT
For use by physician or institution
To Be Completed/ Verified By: FUNERAL DIRECTOR:

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Rebecca Smith				2. SEX: F	3. SOCIAL SECURITY NUMBER: xxx-xx-9999
4a. AGE-Last Birthday (Years): 33	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH (Mo/Day/Yr): 03/05/1977	6. BIRTHPLACE (City and State or Foreign Country): New York City, NY	
7a. RESIDENCE-STATE: New York	7b. COUNTY: New York	7c. CITY OR TOWN: New York City			
7d. STREET AND NUMBER: 729 7th Ave.	7e. APT. NO.	7f. ZIP CODE: 10019	7g. INSIDE CITY LIMITS? ☒Yes ☐ No		
8. EVER IN US ARMED FORCES? ☐ Yes ☒ No	9. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): Jonathan Smith			
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Rebecca Johnson			
13a. INFORMANT'S NAME: Jonathan Smith	13b. RELATIONSHIP TO DECEDENT: Husband	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): Same as above			

14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☒Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):

15. FACILITY NAME (If not institution, give street & number)	16. CITY OR TOWN , STATE, AND ZIP CODE	17. COUNTY OF DEATH
General Hospital	350 5th Ave. NY, NY 10118	NY

18. METHOD OF DISPOSITION: ☒Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):	19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
20. LOCATION-CITY, TOWN, AND STATE	21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Serenity Funeral Home 1000 5th Ave. NY, NY 10028
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: Robert Mahan	23. LICENSE NUMBER (Of Licensee): 1234

To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	24. DATE PRONOUNCED DEAD (Mo/Day/Yr): 11/24/2010	25. TIME PRONOUNCED DEAD: 0100
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): Greg Lewis MD	27. LICENSE NUMBER: 2345	28. DATE SIGNED (Mo/Day/Yr): 11/24/2010
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)	30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒Yes ☐ No

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multisystem Organ Failure	
	Due to (or as a consequence of): Disseminated Intravascular Coagulopathy	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**	b.	
	Due to (or as a consequence of): Postpartum Hemorrhage/ Status Post Cesarean Section	
	c.	
	Due to (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? ☒Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?	36. IF FEMALE:	37. MANNER OF DEATH
☐ Yes ☐ Probably	☐ Not pregnant within past year	☒Natural ☐ Homicide
☒ No ☐ Unknown	☐ Pregnant at time of death	☐ Accident ☐ Pending Investigation
	☒ Not pregnant, but pregnant within 42 days of death	☐ Suicide ☐ Could not be determined
	☐ Not pregnant, but pregnant 43 days to 1 year before death	
	☐ Unknown if pregnant within the past year	

38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? ☐ Yes ☐ No

42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code:

43. DESCRIBE HOW INJURY OCCURRED:	44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

45. CERTIFIER (Check only one):
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: Thomas Smith

46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Thomas Smith 11 W. 53rd St. NY, NY 10118

47. TITLE OF CERTIFIER	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. **FOR REGISTRAR ONLY-** DATE FILED (Mo/Day/Yr)
Coroner	11223	11/30/2010	

To Be Completed By: FUNERAL DIRECTOR

51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.	52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.	53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ 8th grade or less	☒ No, not Spanish/Hispanic/Latino	☒ White
☐ 9th - 12th grade; no diploma	☐ Yes, Mexican, Mexican American, Chicano	☐ Black or African American
☐ High school graduate or GED completed	☐ Yes, Puerto Rican	☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Some college credit, but no degree	☐ Yes, Cuban	☐ Asian Indian
☐ Associate degree (e.g., AA, AS)	☐ Yes, other Spanish/Hispanic/Latino (Specify)	☐ Chinese
☐ Bachelor's degree (e.g., BA, AB, BS)		☐ Filipino
☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)		☐ Japanese
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		☐ Korean
		☐ Vietnamese
		☐ Other Asian (Specify)
		☐ Native Hawaiian
		☐ Guamanian or Chamorro
		☐ Samoan
		☐ Other Pacific Islander (Specify)
		☐ Other (Specify)

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Teacher

55. KIND OF BUSINESS/INDUSTRY: Education

REV. 11/2003

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO. 11256 BIRTH NUMBER: 22991

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix)	2. TIME OF BIRTH (24 hr)	3. SEX	4. DATE OF BIRTH (Mo/Day/Yr)
Jonathan Smith Jr.	1905	M	11/23/2010

5. FACILITY NAME (If not institution, give street and number)	6. CITY, TOWN, OR LOCATION OF BIRTH	7. COUNTY OF BIRTH
General Hospital	New York City	NY

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	8b. DATE OF BIRTH (Mo/Day/Yr)
Rebecca Smith	03/05/1977
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	**8d. BIRTHPLACE (State, Territory, or Foreign Country)**
Rebecca Johnson	New York

9a. RESIDENCE OF MOTHER-STATE	9b. COUNTY	9c. CITY, TOWN, OR LOCATION
New York	NY	New York City

9d. STREET AND NUMBER	9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS?
729 7th Avenue		10019	☒ Yes ☐ No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	10b. DATE OF BIRTH (Mo/Day/Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country)
Jonathan Smith Sr.	11/23/1977	Florida

CERTIFIER

11. CERTIFIER'S NAME: Cathy Jones

TITLE: ☒ MD ☐ DO ☐ HOSPITAL ADMIN. ☐ CNM/CM ☐ OTHER MIDWIFE

☐ OTHER (Specify)_____

12. DATE CERTIFIED: 11 / 24 / 2010 (MM / DD / YYYY)

13. DATE FILED BY REGISTRAR: 11 / 24 / 2010 (MM / DD / YYYY)

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS: ☒ Same as residence, or: State: City, Town, or Location:

Street & Number: Apartment No.: Zip Code:

15. MOTHER MARRIED? (At birth, conception, or any time between) IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL?	16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD?	17. FACILITY ID. (NPI)
☒ Yes ☐ No / ☐ Yes ☐ No	☒ Yes ☐ No	

18. MOTHER'S SOCIAL SECURITY NUMBER:	19. FATHER'S SOCIAL SECURITY NUMBER:
xxx-xx-9999	xxx-xx-2345

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)

- ☒ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina

(Specify)_____

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)

- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)

- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify)_____

25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)

- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

Mother's Name

Mother's Medical Record No.

26. PLACE WHERE BIRTH OCCURRED (Check one)

- ☒ Hospital
- ☐ Freestanding birthing center
- ☐ Home Birth: Planned to deliver at home? 9 Yes 9 No
- ☐ Clinic/Doctor's office
- ☐ Other (Specify)_____

27. ATTENDANT'S NAME, TITLE, AND NPI

NAME: Thomas Manner NPI: 4667

TITLE: ☒ MD ☐ DO ☐ CNM/CM ☐ OTHER MIDWIFE

☐ OTHER (Specify)_____

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☒ No

IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:

_____

REV. 11/2003

BIRTH CERTIFICATE, PAGE 1 OF 2

MOTHER

29a. DATE OF FIRST PRENATAL CARE VISIT: 04 / 02 / 2010 (MM / DD / YYYY) ☐ No Prenatal Care

29b. DATE OF LAST PRENATAL CARE VISIT: 11 / 16 / 2010 (MM / DD / YYYY)

30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY: 19 (If none, enter "0".)

31. MOTHER'S HEIGHT: 5'1" (feet/inches)

32. MOTHER'S PREPREGNANCY WEIGHT: 115 (pounds)

33. MOTHER'S WEIGHT AT DELIVERY: 182 (pounds)

34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☒ No

35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child): 0

35a. Now Living: Number 0 ☐ None

35b. Now Dead: Number 0 ☐ None

36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)

36a. Other Outcomes: Number 0 ☐ None

37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".

Average number of cigarettes or packs of cigarettes smoked per day.

	# of cigarettes		# of packs
Three Months Before Pregnancy	0	OR	
First Three Months of Pregnancy		OR	
Second Three Months of Pregnancy		OR	
Third Trimester of Pregnancy		OR	

38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
☒ Private Insurance
☐ Medicaid
☐ Self-pay
☐ Other (Specify) _____

35c. DATE OF LAST LIVE BIRTH: ____/____ (MM / YYYY)

36b. DATE OF LAST OTHER PREGNANCY OUTCOME: ____/____ (MM / YYYY)

39. DATE LAST NORMAL MENSES BEGAN: 02 / 12 / 2010 (MM / DD / YYYY)

40. MOTHER'S MEDICAL RECORD NUMBER: 123456

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis in this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, preeclampsia)
- ☐ Eclampsia

☐ Previous preterm birth

☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

☐ Pregnancy resulted from infertility treatment-If yes, check all that apply:
- ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
- ☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous cesarean delivery
If yes, how many _____

☒ None of the above

42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ None of the above

43. OBSTETRIC PROCEDURES (Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis

External cephalic version:
- ☐ Successful
- ☐ Failed

☒ None of the above

44. ONSET OF LABOR (Check all that apply)
- ☐ Premature Rupture of the Membranes (prolonged, ≥12 hrs.)
- ☐ Precipitous Labor (<3 hrs.)
- ☐ Prolonged Labor (≥ 20 hrs.)
- ☒ None of the above

45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
- ☒ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☒ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☒ Epidural or spinal anesthesia during labor
- ☐ None of the above

46. METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☒ No

B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☒ No

C. Fetal presentation at birth
- ☒ Cephalic
- ☐ Breech
- ☐ Other

D. Final route and method of delivery (Check one)
- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vacuum
- ☒ Cesarean

If cesarean, was a trial of labor attempted?
- ☒ Yes
- ☐ No

47. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☒ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☒ Unplanned operating room procedure following delivery
- ☐ None of the above

NEWBORN

NEWBORN INFORMATION

48. NEWBORN MEDICAL RECORD NUMBER: 4556

49. BIRTHWEIGHT (grams preferred, specify unit): 7 lbs 15 oz. (9 grams / 9 lb/oz)

50. OBSTETRIC ESTIMATE OF GESTATION: 41 (completed weeks)

51. APGAR SCORE:
Score at 5 minutes: 6
If 5 minute score is less than 6,
Score at 10 minutes: 8

52. PLURALITY - Single, Twin, Triplet, etc.
(Specify) single

53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____

54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☒ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- 9 None of the above

55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hypospadias
- ☒ None of the anomalies listed above

56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? 9 Yes ☒ No
IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____

57. IS INFANT LIVING AT TIME OF REPORT? ☒ Yes ☐ No ☐ Infant transferred, status unknown

58. IS THE INFANT BEING BREASTFED AT DISCHARGE? ☐ Yes ☒ No

Mother's Name _____ Mother's Medical Record No. _____

BIRTH CERTIFICATE, PAGE 2 OF 2

Autopsy Report

Smith, Rebecca DOB: 3/5/1977

Date/Time of Death: 11/24/2010 at 0100

Age: 33 years old, white Non Hispanic

Place of Death: General Hospital

Weight: 160 lbs Height: 61 in BMI: 40.6

Evidence of medical intervention: ETT, defibrillation pads, IV's, J- Drain, abdominal incision, foley catheter with grossly red urine,

Certifier of Death: Tom Smith, County Coroner

Place of Transport: County Coroner

Investigative Information: Called by hospital supervisor regarding unexpected death in OR of a 33 year old G1P0 with negative medical history. Diagnosed during prenatal care hetero MTHFR and taking baby ASA until 36 weeks. Prenatal care significant for complaints UTI symptoms, cultures negative. Presented for delivery at 41 weeks in early labor. Labor stalled and was later induced with epidural. Reported vaginal bleeding after AROM by OB. Non reassuring fetal heart tones and intubated and taken for emergent c/section. Developed shock with signs DIC post op returning to OR for hysterectomy and massive transfusion of blood products and fluids. Unable to be resuscitated and pronounced in OR.

Placenta Report from hospital: Third trimester, 3 vessel cord, focally torn placenta, multiple placental calcifications

Autopsy Cause of Death – multisystem organ failure due to disseminated intravascular coagulopathy due to postpartum hemorrhage s/p cesarean section

Toxicology: not performed

Cause of Death: Multisystem organ failure

Autopsy Findings:

1) Intrauterine Pregnancy

A. + heterozygous for methylenetetrahydrofolate reductase, microsomal antibody
B. LE Edema
C. Bed rest, clinical history
D. Proteinuria, clinical history
E. 40 weeks 4 days gestation
    1. Induction of labor.
    2. 2 epidural catheter.
    3. 3 artificial rupture of membranes w/ clear amniotic fluid
F. Fetal bradycardia

1. Emergent cesarean delivery – viable male infant, surgical suprapubic incision

2. Post op emergent laparotomy /hysterectomy w/ Jackson Pratt drain

A. Hemoperitonium (at least 3.5 L)

B. Hemolysis

C. Thrombocytopenia

D. Intestinal ischemia

E. Centrilobular hepatic necrosis

F. Acute renal tubular necrosis

G. Hematuria

Cause of death due to Multisystem Organ Failure due to DIC due to Postpartum Hemorrhage s/p c/section

Manner of Death: natural

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

OBSTETRIC MEDICAL HISTORY

Name: Smith (LAST) Rebecca (FIRST) (MIDDLE)

Date Form Completed: 04 – 02 – 2010

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Personal Health History

1. ■ Yes ☐ No Have you ever had an allergic reaction to a medication or vaccine component?

If yes, please list: Penicillin rash as a child.

Any other allergies or reactions?

2. Please mark any condition that you have or have had in the past:

- ☐ Epilepsy
- ☐ Headaches
- ☐ Thyroid Disorder
- ☐ Breast Disease
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Anemia
- ☐ von Willebrand disease or other bleeding disorders
- ☐ Blood Clotting Disorder (eg, Phlebitis/Thrombophilia)
- ☐ Blood Transfusion
- ☐ Gastrointestinal Illness
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Recurrent Urinary Tract Infections
- ☐ Gestational Diabetes
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Arthritis or Lupus
- ☐ Skin Disorders
- ☐ Prior Preterm Birth
- ☐ Group B Streptococcus In Prior Pregnancy
- ☐ Herpes
- ☐ Sexually Transmitted Infections
- ☐ HIV/AIDS
- ☐ Frequent Infections
- ☐ Psychiatric Illness
- ☐ Depression/Postpartum Depression
- ☐ Eating Disorder
- ☐ Other:

Describe, if needed:

3. Please indicate any surgery or hospitalization that you have had and the date:

None

4. Please describe any health problems or symptoms that you are having at this time:

None

5. ☐ Yes ■ No Do you or any family member have a history of problems with anesthesia?

If yes, please describe:

6. ☐ Yes ■ No Do you have any objections to any form of medical treatment (eg, blood transfusion)?

If yes, please describe:

OBSTETRIC MEDICAL HISTORY (FORM A, page 1 of 4)

Patient Addressograph

Exposures Affecting Health

1. ☐ Yes ■ No Do you currently or have you in the past year smoked, chewed, used any type of nicotine delivery system (ENDS), or vaped?
   If yes, how many packs per day? _____ If former smoker/user, when did you quit? 2005

2. ☐ Yes ■ No Do you drink alcoholic beverages now or did you before you became pregnant?
   If yes, please indicate number of drinks per week: _____
   What type of drinks? _____

3. Please list any medications taken since your last period, including prescriptions, over-the-counter drugs, multivitamins, other supplements, and any herbal medicines: Tylenol for headaches

4. ☐ Yes ■ No Have you used any street drugs since your last menstrual period (eg, cocaine, marijuana, opioids)?
   If yes, please indicate number of uses per week: _____
   What type of drugs? _____

5. ☐ Yes ■ No Do you have any reason to believe you or your partner may have been exposed to HIV/AIDS? This may include a history of blood transfusion, IV drug use, sex with gay or bisexual men, or sex with someone who has used IV drugs?

6. ☐ Yes ■ No Have you been exposed to chemicals (eg, pesticides, lead, hazardous material/agents) or radiation (eg, X-rays) since you became pregnant?
   If yes, please describe: _____

7. ☐ Yes ■ No Are you on a restricted diet?
   If yes, please describe: _____

Gynecologic Health History

1. When was your last Pap test? 2008

   ☐ Yes ■ No Have you received all three doses of the HPV vaccine?

   ☐ Yes ☐ No Have you ever had an abnormal pap test?
   If yes, when and how were you treated? _____
   What was the diagnosis? _____

   ■ Yes ☐ No Have you ever had HPV?

2. ☐ Yes ■ No Have you ever had ☐ Gonorrhea ☐ Chlamydia ☐ Pelvic Inflammatory Disease
   If yes, when, how, and where were you treated? _____

3. ☐ Yes ■ No Have you ever had herpes?
   If yes, where do you have outbreaks? _____
   If yes, how often do you have outbreaks? _____

   ☐ Yes ■ No Have you ever had syphilis?
   If yes, how, when, and where were you treated? _____

4. ☐ Yes ■ No Have you ever used an intrauterine device (IUD) for contraception?
   If yes, please indicate when: _____

   ☐ Yes ☐ No Did you have any problem with the IUD?
   If yes, please describe: _____

5. ☐ Yes ■ No Have you been treated for infertility?
   If yes, please describe when and treatment received: _____

6. ☐ Yes ■ No Do you have any other concerns related to your past health history?
   If yes, please list: _____

Patient Addressograph

Family History & Genetic Screening

1. What is your ethnicity? white What is the ethnicity of the baby's father? white

2. ☐ Yes ■ No Have you or has the baby's father had a child born with a birth defect?
   If yes, please describe: _____

3. ☐ Yes ■ No Did either you or the baby's father have a birth defect?
   If yes, please describe: _____

4. Please describe any special needs that have occurred in children of your family or the baby's father's family (eg, cognitive impairment/intellectual disability, birth defects, early infant death, deformities, or inherited diseases, such as hemophilia, muscular dystrophy, or cystic fibrosis):
   _____
   _____
   How is this child/person related to you? _____

5. ☐ Yes ■ No Do you or does the baby's father have a history of pregnancy losses (miscarriages or stillbirths)?
   If yes, have either of you had genetic counseling? ☐ Yes ☐ No
   If yes, have either of you had chromosomal testing? ☐ Yes ☐ No
   Where and what were the results? _____

6. Some genetic problems occur more in couples with certain racial or ancestral backgrounds. Please check if you are, or the baby's father is, of one of these backgrounds:

   ☐ Yes ■ No Eastern European Jewish (Ashkenazi) Ancestry
   If yes, have you had tay–sachs screening tests? ☐ Yes ☐ No
   If yes, have you had a canavan screening test? ☐ Yes ☐ No
   If yes, have you had familial dysautonomia screening? ☐ Yes ☐ No
   Date: _____ /_____ /_____ Result: _____

   ☐ Yes ■ No African American
   If yes, have you had sickle cell screening? ☐ Yes ☐ No
   Date: _____ /_____ /_____ Result: _____

   ☐ Yes ■ No Mediterranean Ancestry or Southeast Asian Ancestry
   If yes, have you had screening for inherited forms of anemia such as Thalassemia? ☐ Yes ☐ No

   ☐ Yes ■ No French Canadian or Cajun Ancestry
   If yes, have you had Tay–Sachs screening tests? ☐ Yes ☐ No

7. ☐ Yes ■ No Have you had cystic fibrosis screening?

8. ☐ Yes ■ No Have you had any other genetic carrier screening, such as an expanded carrier screening?
   Screening: _____ Date: _____ /_____ /_____ Result: _____

9. Please list any other concerns you have about birth defects or inherited disorders:
   _____
   _____
   _____

10. ■ Yes ☐ No Do you want a test that will tell you about your risk to have a baby with Down syndrome?

11. ☐ Yes ■ No Is the father 45 years or older?

Patient Addressograph

Psychosocial Screening*

1. ☐ Yes ■ No Do you have any problems (eg, job, transportation) that prevent you from keeping your health care appointments?
2. ☐ Yes ■ No Do you feel unsafe where you live?
3. ☐ Yes ■ No Are you exposed to second-hand smoke? ☐ Yes ☐ No In the past 2 months, have you used any form of tobacco, including smoked, chewed, any type of nicotine delivery system (ENDS), and vaped?
4. ☐ Yes ■ No In the past 2 months, have you used drugs or alcohol (including beer, wine, or mixed drinks)?
5. ☐ Yes ■ No In the past year, have you been threatened, hit, slapped, or kicked by anyone you know?
6. ☐ Yes ■ No Has anyone forced you to perform any sexual act that you did not want to do?
7. On a 1–5 scale, how do you rate your current stress level? Low 1✓ 2 3 4 5 High
8. How many times have you moved in the past 12 months? 0
9. If you could change the timing of this pregnancy, would you want it ■ earlier ☐ later ☐ not at all/NA

*Modified and reprinted with permission from Florida's Healthy Start Prenatal Risk Screening Instrument. Florida Department of Health. DH 3134. September 1997.

PATIENT SIGNATURE

Rebecca Smith

PRINT NAME

4/2/2010

DATE

Notes

04/02/2010: HX car accident with fractured right wrist and lacerations at 5 weeks.

Learned of pregnancy then.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

Date: 04 — 02 — 2010 ID #: 12345

ANTEPARTUM RECORD

Hospital of Delivery: General Hospital

Name: Smith (LAST) Rebecca (FIRST) (MIDDLE)

Newborn Care Provider: Neighborhood Pediatric Clinic
Referred By: Friend

Primary Care Provider/Group: None
Address: 11 West 53rd Street, NYC, NY 10019

Final EDD: 11/15/2010

Birth Date: 03 — 05 — 1977 Age: 33 Race: White Marital Status: S M✓ W D Sep
Address: 729 7th Ave, NYC, NY
Zip: 10019 Phone: 888-245-3100 (1) (2)

Occupation: Teacher Education: (Last Grade Completed) Master's degree
E-Mail: n/a

Language: English Ethnicity: n/a
Insurance Carrier/Medicaid #: Private

Partner: Jonathan Smith Phone: 888-245-3145
Policy #: 654321

Father Of Baby: Jonathan Smith Phone: 888-245-3145
Emergency Contact: Jonathan Smith Phone: 888-245-3145

Total Preg:	Full Term:	Premature:	Ab, Induced:	Ab, Spontaneous:	Ectopics:	Multiple Births:	Living:
1	0	0	0	0	0	0	0

Menstrual History

Lmp ■ Definite ☐ Approximate (Month Known) ☐ Unknown ☐ Normal Amount/Duration ■ Final: 02/12/2010

Duration: Q _____ Days
Prior Menses: _____ Date

Frequency: Q _____ Days
Contraception at conception ☐ Yes ■ No

Menarche: _____ (Age Onset)
Hcg + ___/___/___

Past Pregnancies (Last Five)

Date Month/ Year	GA Weeks	Length Of Labor	Birth Weight	Sex M/F	Type Of Delivery	Anes	Place Of Delivery	Breastfeeding Duration	Lactation Consult Needed Yes/No	Comments/ Complications

Medical History

	P*	F*	Detail Positive Remarks Include Date & Treatment
A. Drug/Latex Allergies/ Reactions	✓		PCN: Rash
B. Allergies (Food, Seasonal, Environmental)			
1. Neurologic/Epilepsy			
2. Thyroid Dysfunction			
3. Breast Disease/Breast Surgery			
4. Pulmonary (TB, Asthma)			
5. Heart Disease			
6. Hypertension			
7. Cancer			
8. Hematologic Disorders			
9. Anemia			
10. Gastrointestinal Disorders			
11. Hepatitis/Liver Disease			
12. Kidney Disease/UTI			
13. Deep Vein Thrombosis			
14. Diabetes (Type 1 Or Type 2)			
15. Gestational Diabetes			
16. Autoimmune Disorders			
17. Dermatologic Disorders			
18. Operations/Hospitalizations (Year & Reason)			
19. Gyn Surgery (Year & Reason)			
20. Anesthetic Complications			
21. History Of Blood Transfusions			
22. Infertility			
23. Art (IVF Or FET)			
24. History of Abnormal Pap			Genital warts and +HPV 2000
25. History of STI	✓		
26. Psychiatric Illness			
27. Depression/Postpartum Depression			
28. Trauma/Violence			
29. Tobacco (Smoked, Chewed, ENDS, Vaped) (AMT/Day)	✓		
30. Alcohol (AMT/Wk)			
31. Drug Use (Including Opioids) (Uses/Wk)			
32. Polycystic Ovary Syndrome			
33. Other			

Prepreg	Preg	# Years Use
1 ppd		15

*P= Personal F= Family

COMMENTS: _____

ANTEPARTUM RECORD (FORM A, page 1 of

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –1977	ID No.: 12345	Date: 04 – 02 –2010

Genetic Screening*

Condition	Patient	Partner	Other	Relationship
Congenital Heart Defect				
Neural Tube Defect				
Hemoglobinopathy Or Carrier	✓			
Cystic Fibrosis				
Chromosome Abnormality				
Tay–Sachs				
Hemophilia				
Intellectual Disability/Autism				
Recurrent Pregnancy Loss/Stillbirth				
Other Structural Birth Defect				
Other Genetic Disease (eg, PKU, Metabolic Disease, Muscular Dystrophy)				

Teratogen Exposures Since LMP/Conception

	Yes	No	Details/Date
Prescription Medications		✓	
Over The Counter Medications		✓	
Alcohol		✓	
Illicit Drugs		✓	
Maternal Diabetes		✓	HGB A1C
Other			
Uterine Anomaly/DES		✓	

*If a patient has been screened for a genetic disorder previously, the results should be documented but the test should not be repeated.

COMMENTS/COUNSELING: +ACA MTHFR HETERO

Infection History

	Yes	No		Yes	No
1. Live with Someone with TB or Exposed to TB		✓	6. HIV Infection		✓
2. Patient or Partner has History of Genital Herpes		✓	7. History Of Hepatitis		✓
3. Rash or Viral Illness Since Last Menstrual Period		✓	8. Recent Travel History Outside Of Country		✓
4. Prior GBS-Infected Child		✓	9. Other (See Comments)		✓
5. History of STIS: (Check All That Apply) ☐ Gonorrhea ☐ Chlamydia ☑ HPV ☐ Syphilis ☐ PID					

COMMENTS: _____

INTERVIEWER'S SIGNATURE: _____

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*	Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
TDAP (Each pregnancy; between 27–36 weeks)				Hepatitis A (When Indicated)			
Influenza† (Each pregnancy as soon as vaccine is available)		✓		Hepatitis B (When Indicated)			
Varicella†				Meningococcal (When Indicated)			
MMR (Rubella-containing vaccine)†				Pneumococcal (When Indicated)			
HPV		✓					

*Yes/No & date to be administered

†All live vaccines are contraindicated in pregnancy, including the live intranasal influenza, MMR, and varicella vaccines. All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point in gestation. Administer the HPV, MMR, and varicella vaccines postpartum if needed. The Tdap vaccine can be given postpartum if the woman has never received it as an adult and did not get it during pregnancy.

Initial Physical Examination

Date: 04 / 02 / 2010 BP/Prepregnancy Weight: 115 pounds Height: 5'1" BMI: 21.7

1. Heent	✓	Normal		Abnormal	11. Vulva	✓	Normal		Condyloma		Lesions
2. Teeth	✓	Normal		Abnormal	12. Vagina	✓	Normal		Inflammation		Discharge
3. Thyroid	✓	Normal		Abnormal	13. Cervix		Normal		Inflammation		Lesions
4. Breasts	✓	Normal		Abnormal	14. Uterus Size	7	Weeks				Fibroids
5. Lungs	✓	Normal		Abnormal	15. Adnexa	✓	Normal		Mass		
6. Heart	✓	Normal		Abnormal	16. Rectum	✓	Normal		Abnormal		
7. Abdomen	✓	Normal		Abnormal	17. Clinical Pelvimetry		Concerns	✓	No Concerns		
8. Extremities	✓	Normal		Abnormal							
9. Skin	✓	Normal		Abnormal							
10. Lymph Nodes	✓	Normal		Abnormal							

COMMENTS (Number and explain abnormals): _____

EXAM BY: G. Lewis MD/OBGYN

 (AA128) 12345/09876

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –1977	ID No.: 12345	Date: 04 – 02 –2010

Drug Allergy: PCN

Latex Allergy ☐ Yes ■ No

Postpartum Contraception Method: _____

Counseled About LARC? ■ Yes ☐ No

Is Blood Transfusion Acceptable? ■ Yes ☐ No

Antepartum Anesthesia Consult Planned ☐ Yes ☐ No

Problems	Plans	Resolved?
1. ACA MTHFR positive	Start and continue daily baby aspirin until 36 weeks.	
2. UTI at 27 weeks	8/14: Macrobid x 5 days. Push fluids.	
3.		
4.		
5.		

Medication List (Including Opioids)	Start Date	Stop Date
1. Prenatal vitamins	04 – 02 – 2010	– –
2. Baby aspirin 1 every day	04 – 02 – 2010	10 – 21 – 2010
3. Zyrtec 10 mg 1 tab daily	04 – 02 – 2010	– –
4. Folic acid 1 mg 1 tab	04 – 02 – 2010	– –
5. Tylenol 1000 mg every 6 hours as needed	04 – 02 – 2010	– –

EDD Confirmation

Lmp:	02 – 12 – 2010	=		=	EDD	11 – 18 – 2010
Initial Exam:	04 – 02 – 2010	=	7	Wks	=	EDD	– –
Ultrasonography:	03 – 16 – 2010	=	5	Wks	=	EDD	11 – 15 – 2010
Final Edd:	11 – 15 – 2010	IVF Transfer:					– –
Initialed By: G. Lewis MD							

Pregnancy Weight Gain

Prepregnancy Weight	115
Height	5'1"
BMI	21.7
Estimated Weight Gain	
Recommended Weight Gain	30 pounds

Prepregnancy Weight 115

BMI 21.7

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale* (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present O=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
04 – 02 – 10	7w 1d	130	100 / 48	n / n	0	-	o	156	-	-	-	-	4 wks		New OB. See notes.
04 – 22 – 10	10w	134	110 / 52	n / n	0	-	o	148	-	-	-	-	2 wks		Complains of headache 2-3 days. BP OK.
05 – 05 – 10	11w6d	136	100 / 60	n / n	0	-	o	150	-	-	-	-	1 wk		No complaints.
05 – 10 – 10	12w4d	137	100 / 68	n / n	0	-	o	154	-	-	-	-	4 wks		No complaints. MFM consult.
06 – 08 – 10	16w5d	139	100 / 68	n / n	0	-	o	140	15	-		-	1 wk		C/O headache. See notes.
06 – 11 – 10	17w1d	140	100 / 68	n / n	0	-	o	142	17	-	-	-	2 wks		
06 – 24 – 10	19w	140	100 / 68	n / n	0	+	o	150	18	-	-	-	4 wks		
07 – 06 – 10	20w5d														TC c/o back pain/urinary frequency. UA c/s.
07 – 07 – 10	20w6d														TC rescheduled.
07 – 22 – 10	23w	155	106 / 60	n / n	0	+	o	140	23						Urine C&S neg.
08 – 02 – 10	24w4d										-				TC c/o leg edema. See notes.
08 – 14 – 10	26w2d														TC states thinks has kidney stone. See notes.
08 – 20 – 10	27w1d	165	102 / 50	n / n	0	+	o	148	30						No c/os. See notes.

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

(AA128) 12345/09876

ANTEPARTUM RECORD (FORM C, page 3 of

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 – 1977	ID No.: 12345	Date: 04 – 02 – 2010

Laboratory and Screening Tests

Initial Labs	Date	Result	Reviewed
Blood Type	04 – 02 – 2010	A ✓ B AB O	
D (Rh) Type	04 – 02 – 2010	Positive	
Antibody Screen	04 – 02 – 2010	Negative	
Complete Blood Count	04 – 02 – 2010	HCT/HGB: 11.4 % 34.4 g/dL MCV: 92.0 PLT: 225,000	
VDRL/RPR (Syphilis)	04 – 02 – 2010	Negative	
Urine Culture/Screen	04 – 02 – 2010	Negative	
HBsAg	04 – 02 – 2010	Negative	
HIV Testing	04 – 02 – 2010	Pos. Neg. ✓ Declined	
Chlamydia (When Indicated)	04 – 02 – 2010	Negative	
Gonorrhea (When Indicated)	04 – 02 – 2010	Negative	
Rubella Immunity	04 – 02 – 2010	Immune	
Other:			

Supplemental Labs	Date	Result	
Hemoglobin Electrophoresis	– –	AA AS SS AC	
PPD/Quanta (When Indicated)	– –		
Pap Test (When Indicated)	04 – 02 – 2010	Normal limits	
HPV (When Indicated)	– –		
Early Diabetes Screen (When Indicated)	– –	Pos. Neg. Declined	
Varicella Immunity (When Indicated)	– –		
Cystic Fibrosis	– –	Pos. Neg. Declined	
Spinal Muscular Atrophy	– –	Pos. Neg. Declined	
Fragile X	– –	Pos. Neg. Declined	
Tay–Sachs	– –	Pos. Neg. Declined	
Canavan Disease	– –	Pos. Neg. Declined	
Familial Dysautonomia	– –	Pos. Neg. Declined	
Genetic Screening Tests (See Form B)	– –	Pos. Neg. Declined	
Other:			

8–20-Week Aneuploidy Screening	Date Test Performed	Result
Aneuploidy Screening Offered	04 – 02 – 10	Accepted ✓ Declined GA Too Advanced
1st Trimester Aneuploidy Screening	05 – 10 – 10	Pos Neg ✓
2nd Trimester Serum Screening	– –	Pos Neg
Integrated Screening	– –	Pos Neg
Cell-Free DNA	– –	Pos Neg
CVS	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniocentesis	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniotic Fluid (AFP)	– –	Normal Abnormal
Other:		

Comments/Additional Labs

7/6/2010: Urine C&S negative

(continued)

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –1977	ID No.: 12345	Date: 04 – 02 –2010

Laboratory and Screening Tests *(continued)*

Late Pregnancy Labs and Screening	Date	Result	Reviewed
Tdap Vaccination (Every Pregnancy; 27–36 Weeks)	– –		
Complete Blood Count	09 – 24 – 2010	HCT/HGB: 11.0 % 34.1 g/dL MCV: 90.0 PLT: 200,000	
Diabetes Screen (24–28 Weeks)	08 – 20 – 2010	85 (Abnormal)	
GTT (If Screen Abnormal)	08 – 20 – 2010	_____Fbs _____1 Hour _____2 Hours _____3 Hours	
D (Rh) Antibody Screen (When Indicated)	– –		
Anti-D Immune Globulin (RhIg) Given (28 Wks Or Greater) (When Indicated)	– –	_____ Signature	
Complete Blood Count	– –	Hct/Hgb:_____ % _____ g/dL MCV:_____ PLT:_____	
Ultrasonography (18–24 Weeks) (When Indicated)	– –		
HIV (When Indicated)*	– –		
VDRL/RPR (Syphilis) (When Indicated)	– –		
Gonorrhea (When Indicated)	– –		
Chlamydia (When Indicated)	– –		
Group B Strep (35–37 Weeks)	08 – 20 – 2010	Negative	
Resistance Testing If Penicillin Allergic	– –		
Other:	04-02-2010	Positive ACA, MTHFR	

Comments/Additional Labs

N/A

8/20/2010: TSH 2.040 (wnl)

9/12/2010: Albumin 3.3 (low) Creatine 0.55 (low) K 3.3 (low) CO2 21 (low)

9/12/2010: 24 hour urine wnl, PIH labs wnl

9/24/2010: Lytes wnl, BUN 7 (low)
9/24/2010: 24 hour urine wnl

*Check state requirements before recording results.

Comments

04-02-2010: Cultures done. Start baby ASA. US 5 weeks s/p MVA size = dates.

06-08-2010: Headache resolved with Tylenol. Saw MFM. Level II US wnl. Continue baby ASA.

08-02-2010: SOB. Advised compression stockings. Limit salt.

08-14-2010: TC c/o pain/urinary frequency. Advised to go to ED/L&D for evaluation.

08-20-2010: Completed macrobid x 5 days. Renal US at hospital 8/14 wnl. States pain gone. Occasional headaches.

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –2010	ID No.: 12345	Date: 04 – 02 –2010

Plans/Education

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
First Trimester					
Psychosocial Screening					
Desire For Pregnancy		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Alcohol		04 – 02 – 10			
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		04 – 02 – 10			Stopped before pregnant.
Illicit/Recreational Drugs/Substance Use (Parents, Partner, Past, Present)*		04 – 02 – 10			
Intimate Partner Violence		– –			
Barriers To Care		– –			
Unstable Housing		– –			
Communication Barriers		– –			
Nutrition		04 – 02 – 10			
Wic Referral	✓	– –			
Environmental/Work Hazards		– –			
Anticipatory Guidance					
Anticipated Course Of Prenatal Care		04 – 02 – 10			
Nutrition Counseling; Special Diet; Dietary Precautions (Mercury, Listeriosis)		– –			
Weight Gain Counseling		04 – 02 – 10			
Toxoplasmosis Precautions (Cats/Raw Meat)		– –			
Use Of Any Medications (Including Supplements, Vitamins, Herbs, Or Otc Drugs)		– –			
Sexual Activity		– –			
Exercise		– –			
Dental Care/Refer to Dentist		– –			
Avoidance Of Saunas Or Hot Tubs		– –			
Seat Belt Use		04 – 02 – 10			
Childbirth Classes/Hospital Facilities		04 – 02 – 10			
Breastfeeding		– –			
Fetal Testing					
Indications For Ultrasonography		04 – 02 – 10			
Screening For Aneuploidy		04 – 02 – 10			
Second Trimester					
Anticipatory Guidance					
Signs And Symptoms Of Preterm Labor		08 – 02 – 10			
Selecting A Newborn Care Provider		04 – 02 – 10			
Reproductive Life Planning & Contraception		– –			
Postpartum Care Planning		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		04 – 02 – 10			
Intimate Partner Violence		– –			

(continued)

*Data from Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –2010	ID No.: 12345	Date: 04 – 02 –2010

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		– –			
Trial Of Labor After Cesarean Counseling		– –			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		– –			
Immediate Postpartum Larc		– –			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		– –			☐ Yes ☐ No
Infant Feeding Intention		– –			☐ Exclusive ☐ Mixed ☐ Formula
Anticipatory Guidance					
Fetal Movement Monitoring		10 – 13 – 10			
Signs And Symptoms Of Preeclampsia		10 – 13 – 10			
Labor Signs		– –			
Cervical Ripening/Labor Induction Counseling		– –			
Postterm Counseling		– –			
Infant Feeding		– –			
Newborn Education (Newborn Screening, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)		– –			
Family Medical Leave Or Disability Forms		– –			
Postpartum Depression		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			
Postpartum					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Infant Feeding Problems		– –			
Birth Experience		– –			
Glucose Screen (If Gdm)		– –			
Anticipatory Guidance					
Infant Feeding		– –			
Pelvic Muscle Exercise/Kegel		– –			
Return To Work / Milk Expression		– –			
Weight Retention		– –			
Optimal Birth Spacing		– –			
Postpartum Sexuality		– –			
Exercise		– –			
Nutrition		– –			
Cardiometabolic Risk (If Gdm / Ghtn)		– –			
Transition Of Care					
Referral Made To Primary Care Provider		– –			
Pregnancy Complications Documented In Medical Record		– –			
Written Recommendations For Follow-Up Communicated To Patient And To Pcp		– –			

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –1977	ID No.: 12345	Date: 04 – 02 – 2010

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

Requests

	Date	Initials	
Tubal Sterilization Consent Signed (If Desired).	– –		
History And Physical Have Been Sent To Hospital, If Applicable.	10 – 21 – 2010	GW	
Update With Group B Streptococcus Results Sent.	10 – 21 – 2010	GW	

Comments

ANTEPARTUM RECORD (FORM E, page 8 of

Patient Addressograph

Patient Name:	Smith, Rebecca	Birth Date: 03 – 05 –2010	ID No.: 12345	Date: 04 – 02 –2010

Plans/Education Notes

Patient Addressograph

Name: Smith Rebecca
LAST FIRST MIDDLE

ID#: 12345 EDD: 11/15/2010

Prenatal Visits

Prepregnancy Weight 115

BMI 21.7

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale* (0-10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present ○=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
09 – 10 – 10	30w1d	169	100 60	+1 n	0	+	o	150	30	vtx	2+	-	1w		No S&S PIH
09 – 13 – 10	30.4	170	100 52	tr n	0	+	o	148	30	-	2+	-			C/o blurred vision, spots, dizzy
09 – 16 – 10	31w3d	170	100 52	tr n	0	+	o	140	31	-	2+	-	1w		
09 – 24 – 10	32w1d	173	108 60	tr n	0	+	o	140	32	-	2+	-	1w		More edema LE's. Repeat labs/24hr urine
09 – 30 – 10	33w	171	120 66	n n	0	+		140	33		2+	-	1w		Edema improved, NST reactive. Bedrest.
10 – 04 – 10	33w4d														TC c/o signs UTI. Appoint. in am.
10 – 05 – 10	33w5d	172	99 68	tr n	1	+	o	140	33	-	2+	-	1w		Urine for culture. Came back negative.
10 – 13 – 10	34w6d	175	119 68	tr n	0	+	o	142	34	-	2+	-	1w		NST reactive. See notes.
10 – 21 – 10	36w	-	110 62	tr n	0	+	o	144	37	vtx	2+	-			NST reactive.
10 – 29 – 10	37w1d	178	110 68	1+ n	0	+	o	150	37			-			NST reactive.
11 – 09 – 10	38w5d	180	107 68	tr n	0	+	o	150	37	vtx	1+	-			NST reactive. C/o HA. Swelling ankles.
11 – 16 – 10	39w5d	182	116 70	tr n	0	+	o	140	38	vtx	1+	-			See notes.
– –															

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

Progress Notes

10/13/10: No signs PIH. Weekly NST's.

11/16/10: Edema persists. C/o headache; resolves with Tylenol.

PROVIDER SIGNATURE (AS REQUIRED): _____

 (AA128) 12345/09876

General Hospital: NPI# 8241 (Level II Delivery Hospital) **MR # 45678**

350 5th Ave. NY, NY, 10118

LAST NAME **Smith**	FIRST NAME **Rebecca**	MIDDLE INITIAL
DATE OF BIRTH **3/5/1977**	MAIDEN NAME **Johnson**	
ADDRESS **729 7th Avenue,**	CITY **New York**	STATE/ZIP **New York, 10019**
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3100**
ETHNICITY **Non-Hispanic**	RACE **white**	MARITAL STATUS **married**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **English**	PREFERED WRITTEN LANGUAGE **English**
EMPLOYER **Local Middle School**	TYPE WORK **teacher**	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS **employed**	OCCUPATION **Middle school teacher**
PRIMARY CONTACT NAME **Jonathan Smith**	RELATIONSHIP TO PATIENT **husband**	
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3145**
ADDRESS **same**	CITY	STATE/ZIP
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT husband	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **MVA**	PCP: **none**

Date of admission: 3/16/2010
Time of admission: 00:30

Date of discharge:

3/16/2010
Time of discharge:

0600

Admitting Physician:

Dr. S. Manner

ED MD

INSURANCE INFORMATION

INSURANCE COMPANY: **Private**	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	
SELF PAY:	

General Hospital NPI # 8241 (Level II Delivery Hospital)

ED Hospitalization MR # 45678

Smith, Rebecca DOB: 3/5/1977

PATIENT DEMOGRAPHICS	**ADMISSION DETAILS:** **DATE OF ADMISSION:** 3/16/2010 **TIME OF ADMISSION: ER 00:30** **ADMISSION METHOD:** EMS **TRANSFER TO: n/a** **DISCHARGED:** home 3/16/2010 6AM
PHYSICIAN: Dr. S. Manner **(no PCP)**	**SPECIAL REQUIREMENTS:** none
ALLERGIES Penicillin	**WEIGHT:** 130 **HEIGHT:** 5'1" **BMI:** 24.6
INSURANCE	**EMERGENCY CONTACT PERSON**
private	Jonathan Smith (husband)

HISTORY

REASON FOR ADMISSION: MVA, passenger
PRESENTING COMPLAINTS/ISSUES: laceration and pain right wrist
HISTORY OF ILLNESS: MVA passenger front seat, wearing seat belt
PMH: negative **PSH:** negative **OB HISTORY:** negative
MEDICATIONS AT HOME: no

SOCIAL CONTEXT

HOUSEHOLD COMPOSITION: husband and self **LIVES ALONE:** no **SMOKING:** no **ALCOHOL:** no: **OCCUPATIONAL HISTORY:** teacher at middle school

EXAMINATION FINDINGS

Date/Time: 3/16/10 @ 0100 **Provider: ED Physician** **GENERAL APPERANCE:** AAO x3**,** **VITAL SIGNS:** 98.4 -100-18, BO 110/70, 100% O2, pain 6/10 right wrist **MENTAL STATE:** cooperative. **HEAD AND NECK:** neck non-tender **ORAL EXAMINATION:** good dentition **CARDIOVASCUALR SYSTEM:** RRR, S1S2, no murmur

RESPIRATORY: clear, no distress
ABDOMEN: non-tender
GENITOURINARY: deferred
NERVOUS SYTEM: intact
MUSCULOSKETETAL SYSTEM: guarding right wrist with edema, bruising.
SKIN: laceration right hand
INVESTIGATIONS: unsure LMP, thinks was 2/12/2010

PROBLEMS AND ISSUES:
Unsure LMP. Beta Hcg preg test positive.

PLAN:
Stat US to Assess pregnancy status
R/o fracture right wrist, immobilize. X ray with shield

ORDERS/Findings:
Transvaginal US: IUP 5 weeks 3 days, FHR 160. AFI wnl. Thick walled cyst in left ovary, most probably hemorrhagic corpus luteal cyst.
X-ray right wrist and hand: fractured

MEDICATIONS

Date/time	medication	Dose/frequency	time	comments
3/16/10	Vicodin	5-500 mg 1 tab	0115	X1

CONSULTANTS

no

CLINICAL SUMMARY: 5 weeks pregnant s/p MVA. Diagnosed laceration right hand and fractured right wrist and pregnancy. Wrist splinted. To follow up with PCP and initiate prenatal care.

Nursing Discharge Note @ 0500: VS 98.6, 88, 16, 112/70, 100% O2, pain 2/10

DISPOSITION

Home. F/U with your OBGYN for prenatal care. Prescription given for Vicodin 5-500 mg 1 tablet every 4-6 hours as needed for pain. 15 tablets with no refill.

General Hospital: NPI # 8241 (Level II Delivery Hospital) **MR#34567**

350 5th Ave. NY, NY, 10118

LAST NAME **Smith**	FIRST NAME **Rebecca**	MIDDLE INITIAL
DATE OF BIRTH **3/5/1977**	MAIDEN NAME **Johnson**	
ADDRESS **729 7th Avenue,**	CITY **New York**	STATE/ZIP **New York, 10019**
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3100**
ETHNICITY **Non-Hispanic**	RACE **white**	MARITAL STATUS **married**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **English**	PREFERED WRITTEN LANGUAGE **English**
EMPLOYER **Local Middle School**	TYPE WORK **teacher**	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS **employed**	OCCUPATION **Middle school teacher**
PRIMARY CONTACT NAME **Jonathan Smith**	RELATIONSHIP TO PATIENT **husband**	
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3145**
ADDRESS **same**	CITY	STATE/ZIP
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT husband	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **R/o kidney stones, IUP 26 weeks**	PCP: **none**

Date of admission:

8/14/2010

Time of admission: 11:00 AM

Date of discharge:

8/14/2010

Time of discharge:

16:00

Admitting Physician:

Dr. G. Lewis OBGYN

INSURANCE INFORMATION

INSURANCE COMPANY: **Private**	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	

General Hospital: NPI # 8241 (Level II Delivery Hospital)

ED HOSPITALIZATION

Smith, Rebecca DOB: 3/5/1977

PATIENT DEMOGRAPHICS	**ADMISSION DETAILS:** **DATE OF ADMISSION:** 8/14/2010 **TIME OF ADMISSION:** 11:00AM **ADMISSION METHOD:** car **TRANSFER TO:** n/a **DISCHARGED:** 8/14/2010 16:00
PHYSICIAN	**SPECIAL REQUIREMENTS**
ALLERGIES penicillin	**WEIGHT:** 160 **HEIGHT:** 5'1" **BMI: 30.2**
INSURANCE	**EMERGENCY CONTACT PERSON**
private	Jonathan Smith (husband)

HISTORY

REASON FOR ADMISSION: r/o kidney stone, 26 week IUP
PRESENTING COMPLAINTS/ISSUES: C /o right lower back pain. States she is 26 weeks pregnant and her OB told her to come.
HISTORY OF ILLNESS: sudden pain this morning noted with pain with urination
PMH: negative **PSH:** negative **OB HISTORY: G1 P0**,26 weeks IUP, + PNC
MEDICATIONS AT HOME: PNV. Baby ASA

SOCIAL CONTEXT

HOUSEHOLD COMPOSITION: self and husband **DV:** negative **LIVES ALONE:** no **SMOKING:** no **ALCOHOL:** no **OCCUPATIONAL HISTORY:** teacher

EXAMINATION FINDINGS

GENERAL APPERANCE: ill appearing gravid white woman **VITAL SIGNS:** 99.1-98-20, sat 100%, Pain 9/10, BP 128/60, FHT reassuring 150. **MENTAL STATE:** AAO X3. **HEAD AND NECK:** normal **ORAL EXAMINATION:** normal **CARDIOVASCUALR SYSTEM:** S1S2, RRR, no murmur **RESPIRATORY:** CTAB **ABDOMEN:** soft, non tender **GENITOURINARY:** **NERVOUS SYTEM: i**ntact **MUSCULOSKETETAL SYSTEM:** no edema. Right lower back discomfort. **SKIN:** intact

INVESTIGATIONS: r/o muscle strain versus pylo vs kidney stone. Urine +1 protein. WBC 20-30.

PROBLEMS AND ISSUES:
26 week IUP with back pain and urinary frequency.

PLAN:
Urine culture.
Renal US
Antibiotics
r/o labor

ORDERS:
Urinalysis for culture
Renal US
To L&D: Monitor for contractions and fetal well being
IVF bolus x1.
Cefazolin 1 gram IVP every 8 hours
Morphine 2-4 mg IVP every 4 hours prn pain
Zofran 4-8 mg IVP every 6 hours prn nausea/vomiting
Percocet 1-2 tabs po every 4 hours prn pain

MEDICATIONS

Date/time	medication	Dose/frequency	time	comments
8/14/2010	Cefazolin	1 gram IVP every 8 hours	11:30AM	
8/14/2010	Morphine	2 mg IV	11:30AM	Pain 9/10
8/14/2010	Zofran	4 mg IVP	11:30AM	Nauseous
8/14/2010	Percocet	2 tabs po	14:00	Pain 6/10

CONSULTANTS

11:30: Dr. Lewis (OB called) by ED MD. To L&D floor for continuous monitoring/observation after US.

CLINICAL SUMMARY:

26 weeks, no contractions, not in labor. Normal renal US, complaints back pain and urinary frequency. Pain relived with Morphine.

1530: VS 98.6-70-18, BP 100/68, sat 100%. Pain 2/10. FHT 148. Stable for discharge. To follow up in OB office this week. To return to ED for increased pain, vaginal bleeding, decreased fetal movement.

DISPOSITION

Home. Prescription Macrobid x 500 mg every 6 hours x 7 days. Follow up with PCP Monday morning for urine culture .

General Hospital: NPI # 8241 (Level II Delivery Hospital) **MR# 19645**

LAST NAME **Smith**	FIRST NAME **Rebecca**	MIDDLE INITIAL
DATE OF BIRTH **3/5/1977**	MAIDEN NAME **Johnson**	
ADDRESS **729 7th Avenue,**	CITY **New York**	STATE/ZIP **New York, 10019**
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3100**
ETHNICITY **Non-Hispanic**	RACE **white**	MARITAL STATUS **married**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **English**	PREFERED WRITTEN LANGUAGE **English**
EMPLOYER **Local Middle School**	TYPE WORK **teacher**	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS **employed**	OCCUPATION **Middle school teacher**
PRIMARY CONTACT NAME **Jonathan Smith**	RELATIONSHIP TO PATIENT **husband**	
HOME PHONE n/a	WORK PHONE n/a	CELL PHONE **1-888-245-3145**
ADDRESS **same**	CITY	STATE/ZIP
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT husband	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	**Stomach pains since 6 AM**	PCP: **Dr. G. Lewis**

350 5th Ave. NY, NY, 10118

Date of admission:

11/22/2010

Time of admission:

0830

Date of discharge:

11/24/2010

Time of discharge:

0100

Admitting Physician:

Dr. G. Lewis OBGYN

INSURANCE INFORMATION

INSURANCE COMPANY: **Private**	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	

General Hospital: NPI # 8241 (Level II Delivery Hospital)

Smith, Rebecca DOB: 3/5/1977

Nursing LABOR/ Delivery Note:

11/22/2010: 0800: Admission VS: 36.6 -106-16, BP 123/74. Sat 100% on room air.

Placed on EFM. FH 38, FHT 158. Category 1 tracing.

IV # 22 gauge to left hand for IVF. Labs drawn. Consents signed. Up ambulating as desired.

Hemorrhage risk low.

10:00: SVE by OB 4/50/-1. OB US. FHR 150, vertex.

1200: Cervidil placed in posterior fornix of vagina without difficulty. Lactated Ringers at 125 ml/hours.

HR 90-18, BP 100/68, sat 100%, irregular contractions noted.

Family support: husband at bedside.

11/22/2101:

18:00: Resting. HR 88-18, BP 105/68. Voiding. Dr. Lewis OB called regarding status.

18:30: Hand off given

7P-7A:

2000: Pitocin initiated per OB. Patient refusing epidural at this time.

11/23/10:

0400: Epidural placed by anesthesia after patient requested. Increased contractions noted. Cat 1 tracing. HR 90-18 resp. BP 110/70. Pitocin 8 units/minute increased 10 as per protocol.

0630: Handoff. Mother resting. No complaints. FOB sleeping at bedside.

0800: OB at bedside. Mother states does not want c/section. No progress at this time. Pitocin off to let mother rest. FHR 150's.

12:00: Pitocin restarted. Epidural intact. BP 120/70. HR 80. SVE 8/90/-1. OB notified.

17:00: active labor with ctx. Every 3-4 minutes. Cat 1 tracing. OB called and notified vital signs and labor tracing. Mother in active labor. OB will be here to ROM.

17:30: OB at bedside. AROM. Clear. FHR 160.

18:20: As assessing patient SVE, vaginal bleeding noted with late deceleration 1 minute. Turned to left side and face mask applied. FHR improved. Charge nurse called to page OB.

18:30: OB at bedside. Mother to OR for emergent c/section.

General Hospital: NPI # 8241 (Level II Delivery Hospital)

Smith, Rebecca DOB: 3/5/1977

OB Admission Note: 11/22/2010 at 10AM

Identification: 33 year old, white, married, + PNC

LMP: 2/12/2010

EDC: 11/15/2010

Chief Complaint: 41 weeks IUP in labor

History of present illness: G1P0, EDD by first trimester US. Pregnancy complicated by MVA at 5 weeks with fractured wrist, abdominal pain. UTI x1 treated 5 days Macrobid. C/o headache swelling third trimester, placed on bedrest. Weekly NST's reactive. All studies, including renal ultrasound, negative except for + Microsomal antibody. On Baby ASA until 36 weeks for + MTHFR.

Past medical/surgical history: negative

Obstetrics: +ACA MTHFR HETERO, + Microsomal antibody

- **Gynecology:** + HPV, genital warts
- **PMH/PSH:** stopped smoking prior to pregnancy, No ETOH or drugs. Negative mental health history.

Medications: Baby ASA stopped 11/1/2010

Allergies: Penicillin (rash)

Social History: married

Physical exam:

- **General and Vital signs:** AAO X3, BP 123/74, resp 16, HR 106, 36,6 temp, pulse ox 100%, Pain 5/10.
- **Lungs:** clear to bases
- **CV:** RRR, no murmur/gallops
- **ABD:** non tender
- **Gravid:** gravid, FH 39,
- **SVE:** 4cm/50/-1
- **EXT:** +1 edema noted lower extremities

Pertinent Labs: Urine ph 6.5 sg 1.006 neg pro, sugar, ketones

Admission H/H: 11/33.1, plates 350,000 wbc 6.0

Ultrasound: OB bedside US to confirm position: FHR 150, vertex, AFI wnl

Assessment: 41 weeks IUP in early labor

Plan:

- Encourage ambulation until water breaks. Induce/augment labor as needed.
- Admit L&D with continuous fetal monitoring
- Anticipate NSVD. Epidural protocol as per patient request.

OB Notes:

11/23/2010:

1700: In active labor with contractions every 3-4 minutes. Cat 1 tracing. SVE 8/100%. Will ROM to stimulate delivery. 17:30 AROM clear

18:30: Called to bedside by RN after sudden vaginal bleeding noted with late deceleration FHR 80's. Face mask 10 liters, positioned left side and taking to OR for emergent c/section for possible placental abruption. Intubated on arrival OR by anesthesia. Admission labs H/H: 11/33.1, plates 350,000 wbc 6.0. Pre op Clindamycin 900 mg IV for allergy Penicillin at 18:59. Infant delivered 19:05 and handed off to NICU team. Apgar's 3,6,8 and transferred to NICU. During closure, uterine atony noted during closure. Multiple rounds uterotonics given. Hemostasis confirmed, gutters clear and incision closed. 19:35: Extubated and transferred to recovery room in stable condition. Postop Labs sent.

2000: After arrival recovery room, I was called for frank hematuria noted in urinary catheter. After discussion with family and patient, re: taking back to OR for assessment/possible hysterectomy, labs confirmed DIC. Overhead consult paged for in house surgeon to assist. Massive transfusion protocol activated.

Labs: 19:30: H/H 5.2/15.3 platelets 15,000, wbc 15.14. BUN 7 Cr 0.96, Calcium 7.6 TP 2.5, Bilirubin 1.8 fibrinogen PTT 62.7.

11/24/2010:

Late entry note:

0200: OB Summary of Events:

At 2005 Patient emergently taken back to OR and reintubated by anesthesia. It was noted the uterus was boggy and she was oozing from incision site. Blood products started by anesthesia at this point and it was decided to reenter abdomen to see what was going on. Bleeding noted upon opening uterus incision. Hysterectomy was performed with JP drain placed. Care being done to achieve hemostasis however bleeding continued. Bilateral salping-oopherectomy preformed due to continued bleeding. At this point per Anesthesia she had received 6 units PRBC's and 4 units FFP and 2 units cryo. VS noted heart rate 140 with decreasing BP's 70/. Anesthesia delivering blood products and vasopressors to stabilize however she continued to bleed. She had several episodes of asystole and CPR and ACLS initiated. Code team from

hospital responded and 20 people in OR assisting. At 0100: after multiple episodes of CPR/ACLS it was agreed by all involved, to stop efforts. EBL estimated > 9,000cc. Massive transfusion given as well as massive fluid resuscitation. I spoke with family regarding our inability to stop the bleeding and offered my condolences. Family distraught, requests autopsy. Chaplain called to assist family with their grief.

General Hospital: NPI # 8241 (Level II Delivery Hospital)

ANESTHESIA PRE-OPERATIVE QUESTIONAIRE and Care Notes

Smith, Rebecca DOB: 3/5/1977

Date/Time: 11/22/2010 at 19:00

Weight: 182 **Height:** 5'1" BMI: 34.4

Allergies: Yes

- **Type:** Drug

Allergen	Reaction
Penicillin	Rash as a child

Prior Surgery: none

Surgery	Date	Complications

Previous Anesthesia: no

Anesthesia	Date	Reaction/Complications
General		
Regional		
Spinal		
Epidural		
Local		
None		

Medical Health Assessment

Symptoms/Illness	Date	Symptoms/Illness	Comments
Hematologic	**2010**	**+ACA MTHFR**	**Baby ASA stopped 11/1/2010**
Cardiovascular			
Endocrine			
Respiratory			
Gastrointestinal			
Musculoskeletal			
Neurological			
Renal	**2010**	**Urinary pain**	**Tx UTI. Renal US wnl**
Psychiatric			
Other:	**2010**	Tobacco use 1 ppd x 15 years	Quit before pregnant

Notes: 11/22/2010 19:00 41 weeks, G1P0, remote history smoker, medical history negative, Treated UTI's antibiotics this pregnancy, on Baby ASA for + ACA MTHFR, stopped at 36 weeks on 11/1/2010. No previous anesthesia. Allergic penicillin. Plan Epidural when requested.

Anesthesia Notes

11/23/10: 0400: Epidural placed. Continues with Pitocin induction. Fentanyl bolus interthecally. Basal rate infusion 12/ml/hour.

11/23/2010: 14:00: 120 ml infused. epidural redosed

11/23/2010: 1840: to OR for stat c/section . Vaginal bleeding after AROM with NRFHT.

1845: Intubated with 7.5 ETT for emergent c/section. HR 120 with saturation 99%. BP 128/75.

19:10: Methergine 0.2 mg IM, 1915 Hemabate 250 mcg IM per bleeding noted after delivery infant. Cytotec 1000mcg per rectum by OB. Pitocin 40 mg in IVF. IVF increased and infusing via second IV started.

19:15: OB closing. No bleeding noted. HR 110, saturation 99%. BP 100/60. Urine 100 cc clear. Will increase IVF rate.

19:30: Stat Labs drawn and sent. Extubated. Spontaneous respirations noted at 16. O2 sats 99%. To recovery room. VS 116 BP 100/60.

19:50: While writing notes in RR RN called me stat to bedside with report gross hematuria. Mother pale and diaphoretic. At this time lab called with results significant for severe anemia and DIC. OB called stat over in house pager.

2000: OB at bedside spoke with family and patient. To OR for sat laparotomy. In house surgeon paged to assist. Massive transfusion protocol initiated. Reintubated on arrival OR without difficulty. HR 140, BP 90/.

11/23/Total fluids in OR:

6000cc IVF, 3380 cc PRBC 2000 cc plasma, 400 cc platelets 2 units cryo

EBL: > 9000cc (+ 800cc from initial c/section = > 9.800 cc)

In OR 2030 – 0100: 2 anesthesiologist in OR for fluid resuscitation and ACLS medications. Multiple rounds Epinephrine, Atropine, Na HCO3. Dopamine, Levophed gtts. and massive amounts IVF. Attempts to stop bleeding without success. Asystolic with no pulse at 0005. Compressions with ACLS medications until she was pronounced by OB at 0100.

General Hospital: NPI # 8241 (Level II Delivery Hospital)

Smith, Rebecca DOB: 3/5/1977

DELIVERY SUMMARY

<table>
<tr><td>DELIVERY INFORMATION:
EDD: 11/15/2010</td><td>TYPE OF DELIVERY
Emergent primary c/section for late decelerations, NRFHRT</td><td>Weeks Gestation: 41
Weeks LMP: 41
Weeks US: 41 Done at weeks: 5</td></tr>
<tr><td>DELIVERY DATE/TIME:
11/23/2010
19:05</td><td>VAGINAL:<table><tr><td></td><td>SVD</td><td></td><td>EPISIOTOMY</td></tr><tr><td></td><td>VACUUM</td><td></td><td>LACERATIONS</td></tr><tr><td></td><td>FORCEPS</td><td></td><td>VBAC</td></tr></table></td><td>CESAREAN:<table><tr><td>X</td><td>PRIMARY FOR: placental abruption</td><td></td><td>REPEAT FAILED VBAC</td></tr><tr><td></td><td>CLASSICAL</td><td>x</td><td>LOW TRANSVERSE</td></tr><tr><td></td><td></td><td></td><td>LOW VERTICAL</td></tr></table></td></tr>
<tr><td>Date/Time:
11/23/2010 17:30
ROM:
AROM: X
Description: clear</td><td>ANESTHESIA<table><tr><td></td><td>NONE</td><td>X</td><td>EPIDURAL</td><td>X</td><td>GENERAL</td></tr><tr><td></td><td>LOCAL/PUDENDAL</td><td></td><td>SPNAL</td><td></td><td>OTHER</td></tr></table></td><td>Blood loss: 800 ml
How quantified:
Estimated: X
Weight:
Other:</td></tr>
<tr><td>IUPC: NO
Date/Time:</td><td>LABOR<table><tr><td></td><td>SPONTANEOUS</td><td>X</td><td>AUGMENTED</td></tr><tr><td></td><td>INDUCED:</td><td></td><td>NO LABOR</td></tr></table>Type INDUCTION/AUGMENTATION: Cytotec/Pitocin
Meds In OR: Methergine, Hemabate, IVF Cytotec (see anesthesia notes)</td><td>POSTPARTUM COMPLICATIONS:
None:
Hemorrhage: X
Infections:
Hypertension:
Other:</td></tr>
<tr><td>MEDICATIONS:</td><td></td><td></td></tr>
<tr><td>NEONATAL DISPOSITION</td><td>LIVE BIRTH: X
STILL BIRTH:
MISCARRIAGE:</td><td>SKIN TO SKIN: no
BREASTFEEDING:
BOTTLE FEEDING:</td></tr>
<tr><td>INFANT:
MALE</td><td>BIRTH WEIGHT:
GRAMS/POUNDS: 7 pounds 15 ounces Length: 53 cm head: 34 cm
APGARS: 3, 6, 8
RESUCIATATION: tactile stimulation PPV x 30 seconds</td><td>COMPLICATIONS/ANOMALIES: no</td></tr>
<tr><td></td><td>DISPOSITION: special care nursery
SKIN TO SKIN: no
NBN:
NICU:</td><td></td></tr>
<tr><td>NOTES:</td><td>Mother intubated, general anesthesia</td><td></td></tr>
</table>

General Hospital: NPI # 8241 (Level II Delivery Hospital)

Smith, Rebecca DOB: 3/5/1977

DELIVERY NOTE (C/SECTION)

Date/Time:

Pre-op diagnosis: 41 weeks, failed induction, non reassuring fetal heart tracing, vaginal bleeding, possible placenta abruption,

Post-op Diagnosis: 41 weeks non reassuring fetal heart tracing, vaginal bleeding, placenta abruption**,** Hemorrhage

Procedure: emergency primary low transverse c/section

Surgeon: OBGYN

Anesthesia: epidural then general

Delivery Notes: No bleeding noted upon opening abdomen. Fascia excised in usual fashion exposing uterus. Uterus opened, no bleeding noted and male infant handed off to NICU team.

Boggy uterus during closure. Massaged . Methergine, Hemabate per Anesthesia. Cytotec 1000 mcg given in uterus. Hemostasis achieved. Gutters clean after lavage. All clots removed.

EBL: > 800 cc

Placenta: appeared intact. Sent to pathology

Urine Output: 100 cc

Fluids: 1000 cc IVF.

Disposition: To RR. Extubated. Stable condition. Labs sent.

MMRIA MOCK CASE: HEMORRHAGE CASE NARRATIVE

She died with cause of death multi-system organ failure due to Disseminated Intravascular Coagulation (DIC) and Postpartum Hemorrhage 1 day after delivery. Medical history was significant for + Anticardiolipin antibody (ACA) and mutation of the methylenetetrahydrofolate reductase (MTHFR) gene. She has no prior surgical history and her family medical history was negative.

Pre-pregnancy, she was 5'1" and weighed 115 with a BMI of 21.7. Entry into prenatal care was at 7 weeks with 19 visits at a private clinic with an obstetrician (OB). Prenatal history was significant for urinary tract infection (UTI), +ACA, +MTHFR, blurred vision and edema. Referrals during prenatal period were to a perinatologist / maternal fetal medicine (MFM) specialist.

Health events prior to delivery included presentation to emergency department (ED) to rule out kidney stones. She presented to hospital at 41 weeks' gestation. Delivery was by an OB, method was emergent Cesarean Section due to vaginal bleeding and fetal distress under epidural and general anesthesia. Obstetric complications included hemorrhage. Infant was 41 week's gestation and weighed 7 lbs. 15 ounces, Apgar scores were 3, 6 and 8. Postpartum period significant for developing hemorrhage and DIC. While she was in the recovery room she became diaphoretic and pale. She was taken back to the operating room (OR) for laparotomy/hysterectomy however continued to bleed. Massive transfusion protocol initiated and advanced cardiac life support provided without success. She was pronounced dead at 01:00.

Autopsy was done by a county coroner. Significant findings included focally torn placenta with multiple placental calcifications, thrombocytopenia, intestinal ischemia, centrilobular hepatic necrosis, acute renal tubular necrosis, and hematuria.

Prenatal Care

This sentinel pregnancy was her first pregnancy. She entered care at 7.1 weeks' gestation and weighed 130 pounds. She attended 19 visits at a private clinic, with an OB and had private insurance. Screening was not performed for substance use.

The pregnancy was complicated by urinary tract infection (UTI), +ACA and MTHFR, blurred vision and edema. She was referred to an MFM for +ACA, MTFHR. Diagnostic procedures during pregnancy included Level II ultrasound and renal ultrasound. Abnormal labs during pregnancy include albumin 3.3 (low) Creatinine 0.55 (low) K 3.3 (low) CO2 21(low) and + ACA, MTHFR. There were no abnormal vital signs during pregnancy. During the sentinel pregnancy she was on an aspirin daily.

ER Visits and Hospitalizations: #1

She presented at 8.5 weeks' gestation to the ED in a Level II hospital level of OB care via ambulance at 01:00. Her chief complaint was right wrist pain and laceration following a motor vehicle crash (MVC).

Her weight on admission was 130 pounds and her presenting vital signs were 98.4,100,18, 110/70, 100% oxygen (O2). Physical examination on admission found AAO x3 (awake, alert, oriented to person, place and time), pain rated a 6 out of 10 (6/10) in right wrist; mental state was cooperative; neck was not tender; good dental state; resting respiratory rate of S1S2, no murmur; clear breathing sounds, no distress; abdomen was non tender; genitourinary exam was deferred; intact nervous system; musculoskeletal system exam notes guarding right wrist due to edema (swelling) and bruising; skin exam notes right hand laceration.

Labs performed included beta human chorionic gonadotropin (hCG) with positive findings noted. Diagnostic tests performed included X-Ray of right wrist (abdomen shielded) and transvaginal ultrasound. Abnormal findings noted fracture of right wrist. Her diagnosis was intrauterine pregnancy 8.5 week's gestation with fracture of right wrist and laceration of right hand. She was discharged home with splinted right wrist and instructions to follow-up with primary care provider and initiate prenatal care.

ER Visits and Hospitalizations: #2

She presented at 26 weeks' gestation to the ED in a Level II hospital via private vehicle at 11:00 AM. Her chief complaint was right lower back pain and painful, frequent urination. Her weight on admission was 160 and her presenting vital signs were 99.1, 98, 20, O2 saturation 100%, BP 128/60, pain 9/10. She was screened for domestic violence and UTI, and pyelonephritis vs. kidney stone.

Physical examination on admission found 26 week gravid female, FHT 150, right lower back discomfort, remaining Review of Systems (ROS) all within normal limits (WNL). Labs performed included urine analysis (UA) and culture. UA noted +1 protein, white blood cell (WBC) count of 20-30. Diagnostic tests performed included continuous fetal monitoring and renal ultrasound with no abnormal findings noted. Her diagnosis was UTI and she was discharged to home after treatment with intravenous fluids, Cefazolin 1 gram intravenous push (IVP), Morphine 2-4 mg IVP, Zofran 4-8 mg IVP, Percocet 1-2 tabs by mouth every 4 hours as needed for pain.

ER Visits and Hospitalizations: #3 – L & D/Terminal Event

She presented at 41 weeks' gestation to labor and delivery (L&D) in a Level II OB level of care hospital via private transportation at 08:30. Her chief complaint was labor contractions. Her weight on admission was 160 and her presenting vital signs were 123/74, 16, 106, 36.6, O2 sat 100%, pain 5/10. Vaginal exam on admission- 4 cm, 50%, -1 station. Labs performed included urine WNL, and CBC: Hgb 11 & HCT 33.1. Diagnostic tests performed included abdominal ultrasound identifying cephalic position and amniotic fluid index WNL. Her diagnosis was early labor and she was admitted to L&D for augmentation/induction.

She labored for >24 hours and delivered via emergent Cesarean Section (C-Section) at 19:05 due to increased vaginal bleeding and fetal distress. Upon closure a boggy uterus was identified with oozing from incision site. Multiple rounds of uterotonics given and hemostasis confirmed, labs drawn and sent stat. She was transferred to recovery at 19:35.

At 20:00 she developed frank hematuria and shock with signs of DIC in post-operating room (OR) and was taken back to the OR for a laparotomy/hysterectomy and massive transfusion of blood products and fluids. Around that same time the lab confirmed DIC and massive transfusion protocol /massive fluid resuscitation was initiated and she received a total of 12 units of blood products. A hysterectomy/bilateral salpingo-oophorectomy was performed but the situation continued to deteriorate. She died in the OR at 01:00.

Autopsy

The case was reported to the county coroner. An autopsy was performed and core findings from the autopsy include the following:

Height and weight: 160 lbs. and 5'1"

Systems Exam (Gross Findings):

A. Hemoperitoneum (at least 3.5 L)
B. Hemolysis
C. Thrombocytopenia
D. Intestinal ischemia
E. Centrilobular hepatic necrosis
F. Acute renal tubular necrosis
G. Hematuria

Microscopic Exam: Not noted

Pathology: focally torn placenta, multiple placental calcifications

Toxicology Results: Not done

Cause of Death (per autopsy): multi-system organ failure due to disseminated intravascular coagulopathy due to postpartum hemorrhage status post-cesarean section.

Demographics

She was a 33 year old woman, U.S. born, white, married women with a Master's degree who worked as a teacher.

Social Determinants

No life course issues identified.

MMRIA

MATERNAL MORTALITY REVIEW COMMITTEE DECISIONS FORM v14 1

REVIEW DATE: 2 | 8 | 2013

RECORD ID #: Mock Case Hemorrhage

PREGNANCY-RELATEDNESS: SELECT ONE

- [x] **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
- [ ] **UNABLE TO DETERMINE IF PREGNANCY-RELATED OR PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
- [ ] **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
- [ ] **SOMEWHAT COMPLETE**
  Major gaps (i.e. information that would have been crucial to the review of the case)
- [x] **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**

DOES THE COMMITTEE AGREE WITH THE UNDERLYING CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? [x] YES [ ] NO

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	Multi-system organ failure
CONTRIBUTING	DIC
UNDERLYING	Postpartum hemorrhage
OTHER SIGNIFICANT	Post c-section

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH
Refer to page 3 for PMSS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

10.5 Hemorrhage - uterine atony/postpartum hemorrhage

DID **OBESITY** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
DID **MENTAL HEALTH CONDITIONS** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **SUICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **HOMICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN

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

- [ ] FIREARM
- [ ] SHARP INSTRUMENT
- [ ] BLUNT INSTRUMENT
- [ ] POISONING/ OVERDOSE
- [ ] HANGING/ STRANGULATION/ SUFFOCATION
- [ ] FALL
- [ ] PUNCHING/ KICKING/BEATING
- [ ] EXPLOSIVE
- [ ] DROWNING
- [ ] FIRE OR BURNS
- [ ] MOTOR VEHICLE
- [ ] INTENTIONAL NEGLECT
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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

- [ ] NO RELATIONSHIP
- [ ] PARTNER
- [ ] EX-PARTNER
- [ ] OTHER RELATIVE
- [ ] OTHER ACQUAINTANCE
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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 WORKSHEET

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

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTOR AND DESCRIPTION OF ISSUE
PATIENT/FAMILY	
PROVIDER	Knowledge/Assessment- on admission and throughout L&D
FACILITY	Policies and procedures- hemorrhage preparedness - Have blood products on-hand and ready to access
SYSTEM	
COMMUNITY	

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

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

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?

RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SEE BELOW)	LEVEL OF IMPACT (SEE BELOW)
Providers should screen for hemorrhage risk upon admission and assess for change in risk status throughout L&D	Primary	Medium
Facilities should have blood products on-hand for women at risk of hemorrhage	Secondary	Large
State perinatal quality collaborative should promote ACOG guidelines for treatment of hemorrhage via a webinar for obstetric providers and facilities.		

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 an ongoing contributing factor once it has occurred (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **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 through obstetrics (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.)

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, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

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

CONTRIBUTING FACTOR DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The woman was delayed in seeking or did not access care, treatment, or follow-up care/actions (e.g. missed appointment and did not reschedule).

ADHERENCE TO MEDICAL RECOMMENDATIONS

The woman did not accept medical advice (e.g. refused treatment for religious or other reasons or left the hospital against medical advice).

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

The woman 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).

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).

ENVIRONMENTAL FACTORS

Factors related to weather or terrain (e.g. the advent of a sudden storm leads to a motor vehicle accident).

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse other than that perpetrated by intimate partner (e.g. family member or stranger); IPV: Physical or emotional abuse perpetrated by the woman's current or former intimate partner.

MENTAL HEALTH CONDITIONS

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

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

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

CHRONIC DISEASE

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

CHILDHOOD SEXUAL ABUSE/TRAUMA

Woman experienced rape, molestation, or other sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or woman experienced physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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.

UNSTABLE HOUSING

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

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

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional (e.g. domestic violence, no one to rely on to ensure appointments were kept).

INADEQUATE OR UNAVAILABLE **EQUIPMENT/ TECHNOLOGY**

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

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).

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**

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.

CLINICAL SKILL/QUALITY OF CARE

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).

INADEQUATE COMMUNITY **OUTREACH**/RESOURCES

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

INADEQUATE LAW **ENFORCEMENT** RESPONSE

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

LACK OF **REFERRAL** OR CONSULTATION

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

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.

LEGAL

Legal considerations that impacted outcome.

MMRIA MOCK CASE: OVERDOSE

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U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. 542 STATE FILE NO. 613

NAME OF DECEDENT
For use by physician or institution

To Be Completed/ Verified By: FUNERAL DIRECTOR:

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Susan Johnson
2. SEX: F
3. SOCIAL SECURITY NUMBER: xxx-xx-9999
4a. AGE-Last Birthday (Years): 28
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 01/06/1983
6. BIRTHPLACE (City and State or Foreign Country): Washington State
7a. RESIDENCE-STATE: Washington
7b. COUNTY: King
7c. CITY OR TOWN: Seattle
7d. STREET AND NUMBER: 1300 1st Avenue
7e. APT. NO.:
7f. ZIP CODE: 98101
7g. INSIDE CITY LIMITS? ☒Yes ☐ No
8. EVER IN US ARMED FORCES? ☐ Yes ☒No
9. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
13a. INFORMANT'S NAME: Minnie Johnson
13b. RELATIONSHIP TO DECEDENT: Mother
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 200 NE 45th St. Seattle, WA 98195
14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☒Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):

15. FACILITY NAME (If not institution, give street & number): General Hospital
16. CITY OR TOWN , STATE, AND ZIP CODE: Seattle, WA 98101
17. COUNTY OF DEATH: King
18. METHOD OF DISPOSITION: ☐ Burial ☒Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): County Cremation
20. LOCATION-CITY, TOWN, AND STATE: Seattle, WA
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: 1950 South Marginal Way, Seattle, WA 98101
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT
23. LICENSE NUMBER (Of Licensee)

To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr): 05/25/2011
25. TIME PRONOUNCED DEAD: 0308
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)
27. LICENSE NUMBER
28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month): 05/25/2011
30. ACTUAL OR PRESUMED TIME OF DEATH
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒Yes ☐ No

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute Intoxication by Heroin
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**
b. IV Drug Abuse
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? ☒Yes ☐ No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☒Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☒Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)
39. TIME OF INJURY
40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
41. INJURY AT WORK? ☐ Yes ☐ No
42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code:
43. DESCRIBE HOW INJURY OCCURRED:
44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
45. CERTIFIER (Check only one):
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☒Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: Thomas Jones
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Thomas Jones 9404 East Marginal Way, Seattle, WA 98101
47. TITLE OF CERTIFIER: ME
48. LICENSE NUMBER
49. DATE CERTIFIED (Mo/Day/Yr): 05/28/2011
50. **FOR REGISTRAR ONLY-** DATE FILED (Mo/Day/Yr)

To Be Completed By: FUNERAL DIRECTOR

51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☒ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Unemployed
55. KIND OF BUSINESS/INDUSTRY

REV. 11/2003

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO. 826 BIRTH NUMBER: 9642

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix): Alice Johnson
2. TIME OF BIRTH (24 hr): 0500
3. SEX: F
4. DATE OF BIRTH (Mo/Day/Yr): 5/23/11
5. FACILITY NAME (If not institution, give street and number): General Hospital
6. CITY, TOWN, OR LOCATION OF BIRTH: 1400 E. Prospect St. Seattle
7. COUNTY OF BIRTH: King

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): Susan Johnson
8b. DATE OF BIRTH (Mo/Day/Yr): 1/6/83
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix): Same
8d. BIRTHPLACE (State, Territory, or Foreign Country): Washington State
9a. RESIDENCE OF MOTHER-STATE: Washington
9b. COUNTY: King
9c. CITY, TOWN, OR LOCATION: Seattle
9d. STREET AND NUMBER: 1300 1st Ave.
9e. APT. NO.:
9f. ZIP CODE: 98101
9g. INSIDE CITY LIMITS? ☒ Yes ☐ No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): Michael Jones
10b. DATE OF BIRTH (Mo/Day/Yr): 5/24/86
10c. BIRTHPLACE (State, Territory, or Foreign Country): New York

CERTIFIER

11. CERTIFIER'S NAME: Susan Manner
TITLE: ☒ MD ☐ DO ☐ HOSPITAL ADMIN. ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)_____
12. DATE CERTIFIED: 5 / 24 / 11 (MM / DD / YYYY)
13. DATE FILED BY REGISTRAR: 5 / 24 / 11 (MM / DD / YYYY)

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS: ☒ Same as residence, or: State: City, Town, or Location:
Street & Number: Apartment No.: Zip Code:
15. MOTHER MARRIED? (At birth, conception, or any time between) ☐ Yes ☒ No
IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? ☒ Yes ☐ No
16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? ☒ Yes ☐ No
17. FACILITY ID. (NPI)
18. MOTHER'S SOCIAL SECURITY NUMBER: xxx-xx-9999
19. FATHER'S SOCIAL SECURITY NUMBER: xxx-xx-8888

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- ☐ 8th grade or less
- ☒ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
- ☒ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina

(Specify)_____

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- ☐ 8th grade or less
- ☒ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify)_____

25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

Mother's Name | Mother's Medical Record No.

26. PLACE WHERE BIRTH OCCURRED (Check one)
- ☒ Hospital
- ☐ Freestanding birthing center
- ☐ Home Birth: Planned to deliver at home? 9 Yes 9 No
- ☐ Clinic/Doctor's office
- ☐ Other (Specify)_____

27. ATTENDANT'S NAME, TITLE, AND NPI
NAME: Greg Lewis NPI: 641
TITLE: ☒ MD ☐ DO ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)_____

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☒ No
IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:

REV. 11/2003

BIRTH CERTIFICATE, PAGE 1 OF 2

MOTHER

29a. DATE OF FIRST PRENATAL CARE VISIT: 01 / 29 / 11 (MM / DD / YYYY) ☐ No Prenatal Care

29b. DATE OF LAST PRENATAL CARE VISIT: 3 / 31 / 11 (MM / DD / YYYY)

30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY: 2 (If none, enter "0".)

31. MOTHER'S HEIGHT: 5'1" (feet/inches)

32. MOTHER'S PREPREGNANCY WEIGHT: 168 (pounds)

33. MOTHER'S WEIGHT AT DELIVERY: 170 (pounds)

34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☒ No

35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)

35a. Now Living: Number 1 ☐ None

35b. Now Dead: Number 0 ☐ None

36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)

36a. Other Outcomes: Number 0 ☐ None

37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".
Average number of cigarettes or packs of cigarettes smoked per day.

	# of cigarettes		# of packs
Three Months Before Pregnancy		OR	1
First Three Months of Pregnancy		OR	1
Second Three Months of Pregnancy		OR	1
Third Trimester of Pregnancy		OR	1

38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
☐ Private Insurance
☒ Medicaid
☐ Self-pay
☐ Other (Specify) _____

35c. DATE OF LAST LIVE BIRTH: ____ / 2003 (MM / YYYY)

36b. DATE OF LAST OTHER PREGNANCY OUTCOME: ____ / ____ (MM / YYYY)

39. DATE LAST NORMAL MENSES BEGAN: ____ / ____ / ____ (MM / DD / YYYY)

40. MOTHER'S MEDICAL RECORD NUMBER: 13579

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis in this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, preeclampsia)
- ☐ Eclampsia

☐ Previous preterm birth

☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)

☐ Pregnancy resulted from infertility treatment-If yes, check all that apply:
- ☐ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
- ☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous cesarean delivery
If yes, how many _____

☒ None of the above

42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ None of the above

43. OBSTETRIC PROCEDURES (Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis

External cephalic version:
- ☐ Successful
- ☐ Failed

☒ None of the above

44. ONSET OF LABOR (Check all that apply)
- ☐ Premature Rupture of the Membranes (prolonged, ≥12 hrs.)
- ☐ Precipitous Labor (<3 hrs.)
- ☐ Prolonged Labor (≥ 20 hrs.)
- ☒ None of the above

45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
- ☒ Moderate/heavy meconium staining of the amniotic fluid
- ☐ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☒ Epidural or spinal anesthesia during labor
- ☐ None of the above

46. METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☒ No

B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☒ No

C. Fetal presentation at birth
- ☒ Cephalic
- ☐ Breech
- ☐ Other

D. Final route and method of delivery (Check one)
- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vacuum
- ☒ Cesarean
  If cesarean, was a trial of labor attempted?
  - ☐ Yes
  - ☐ No

47. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)
- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☒ None of the above

NEWBORN

NEWBORN INFORMATION

48. NEWBORN MEDICAL RECORD NUMBER: 123467

49. BIRTHWEIGHT (grams preferred, specify unit): 6lb 2 oz.
9 grams 9 lb/oz

50. OBSTETRIC ESTIMATE OF GESTATION: 37 (completed weeks)

51. APGAR SCORE: 8 @ 5 min.
Score at 5 minutes: _____
If 5 minute score is less than 6,
Score at 10 minutes: _____

52. PLURALITY - Single, Twin, Triplet, etc.: single
(Specify) _____

53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____

54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☒ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- 9 None of the above

55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hypospadias
- ☒ None of the anomalies listed above

56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? 9 Yes ☒ No
IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____

57. IS INFANT LIVING AT TIME OF REPORT?
☒ Yes ☐ No ☐ Infant transferred, status unknown

58. IS THE INFANT BEING BREASTFED AT DISCHARGE?
☐ Yes ☒ No

Mother's Name

Mother's Medical Record No.

BIRTH CERTIFICATE, PAGE 2 OF 2

Mock Case Overdose

AUTOPSY REPORT

Johnson, Susan DOB: 1/6/1983

Date/ time Death: 5/25/2011 03:08

Date /Time Autopsy: 5/28/2011 14:00

Place of Death: General Hospital

Autopsy done: Medical Examiner

Cause of Death:

Immediate: Acute Intoxication by Heroin due to IV drug abuse

Manner: Accident

Investigation: Called by nursing supervisor at hospital reporting suspicious death of postpartum woman in CT scan bathroom. 28-year-old gravida 2 para 2002, s/p day 3 repeat c/section for labor, history chronic pain on Tylenol with Codeine since MVA 2010, positive admission urine drug for THC, Cocaine and opiates. Increased respiratory distress noted evening post op day 2 and taken for PE/CT scan. According to supervisor, she asked her nurse to come to CT scan to assist her to restroom. Unusual noise was heard and she was found on toilet with an unknown syringe in her hand. CPR initiated and she was intubated but did not respond to resuscitative efforts. Police called to investigate. Per police report her significant other/FOB did not know she was still using. Police report noted FOB visibly shocked over her death. Per police report they have been living together about 6 months. She told him she had used IV drugs as a teenager but had been clean for years. He did not know where she would have gotten the drugs. He said she had many visitors that day and he stated she may have received it from one of her friends. Investigation by police in progress.

Gross Description:

The body is that of a well-developed white female. No jaundice and the skin appears normal. No tracks or lines noted on extremities. 3-inch Blue and red Tattoo of a boy's name with a heart and the date 2003 noted on left upper arm. No other tattoos are noted. Low abdomen transversely stapled incision in intact.

EVIDENCE OF Medical Intervention: IV catheter left hand. ETT taped. EKG and defibrillation pads. Intraosseous catheters lower extremities.

Additional: there is an unmarked syringe that was found in patient's hand at time of death.

Systems:

Lungs: right and left lung weigh 800 grams and 740 grams. Lungs appear poorly expanded. There is an ETT positioned in the right mainstem.

Brain: dura matter and leptomeniges normal

Mock Case Overdose

Toxicology:

Cannaboids 2ng/ml

Oxycodone 91 mcg/L

Morphine (free) 1.9 mg/L

Cocaine metabolite (QNS)

Additional note: syringe in mother's hand tested positive for heroin.

Autopsy Findings:

1. Acute and chronic IV drug use:
a) IV heparin lock left hand.
b) Old pin point scars noted left foot between knuckle right fingers
c) Fresh needle track left wrist
d) Acute intoxication by oxycodone
e) Pulmonary intravascular and perivascular foreign bodies
f) Acute pulmonary edema
g) Bilateral pleural effusions
h) Pericardial effusion, 30 ml
i) Lung tissue red brown dark parenchyma
2. Primary low transverse c/section (5/23/11)
    a) Stapled wound of lower incision
    b) Sutured incised lower uterine segment
    c) Hemoperitoneum 200 ml
    d) s/p delivery live full term female infant
3. Rib fractures: noted 4th, 5th on left side chest. Old healed fracture 4th rib on right side.
4. Blunt impacts to trunk and left lower extremity with contusions of left pelvis and left upper leg
5. Evidence Therapeutic procedures
    a. Indwelling ETT in place above carina
    b. Oral gastric tube
    c. Urinary bladder catheter with small amount hematuria

Notes:

5/28/2011: TC to ME office from decedents mother. History taken. Decedent had history marijuana and alcohol as a teenager. Per her mother, she was always anxious. Might have used IV drugs before last pregnancy in 2003. Involved in abusive relationship and became very distant to family. The 7-year-old child now lives with her (grandmother) as was too much for her daughter as he has autism and goes to a special school. She (GM) has custody of him. Her daughter was very upset and blamed herself for his condition and so does not visit him or family. She had not seen her daughter in 2 years and did not know she was pregnant until she called her excited after delivery. Has not met new boyfriend. Asking questions as to how she died and who will have custody of new baby. Informed autopsy in progress and will be awaiting studies. No information available at this time.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

OBSTETRIC MEDICAL HISTORY

Name: Johnson (LAST) Susan (FIRST) (MIDDLE)

Date Form Completed: 01 – 29 – 2011

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Personal Health History

1. ☒ Yes ☐ No Have you ever had an allergic reaction to a medication or vaccine component?

If yes, please list: Toradol, Tramadol and NSAIDS: Nausea, vomiting and stomach pains

Any other allergies or reactions? No

2. Please mark any condition that you have or have had in the past:

- ☐ Epilepsy
- ☐ Headaches
- ☐ Thyroid Disorder
- ☐ Breast Disease
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Anemia
- ☐ von Willebrand disease or other bleeding disorders
- ☐ Blood Clotting Disorder (eg, Phlebitis/Thrombophilia)
- ☐ Blood Transfusion
- ☐ Gastrointestinal Illness
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Recurrent Urinary Tract Infections
- ☐ Gestational Diabetes
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Arthritis or Lupus
- ☐ Skin Disorders
- ☐ Prior Preterm Birth
- ☐ Group B Streptococcus In Prior Pregnancy
- ☐ Herpes
- ☐ Sexually Transmitted Infections
- ☐ HIV/AIDS
- ☐ Frequent Infections
- ☐ Psychiatric Illness
- ☒ Depression/Postpartum Depression
- ☐ Eating Disorder
- ☒ Other: Anxiety, chronic

Describe, if needed: Back injury after car accident

3. Please indicate any surgery or hospitalization that you have had and the date:

2003: C/section
2010: Car accident

4. Please describe any health problems or symptoms that you are having at this time:

5. ☐ Yes ☒ No Do you or any family member have a history of problems with anesthesia?

If yes, please describe:

6. ☐ Yes ☒ No Do you have any objections to any form of medical treatment (eg, blood transfusion)?

If yes, please describe:

OBSTETRIC MEDICAL HISTORY (FORM A, page 1 of 4)

Patient Addressograph

Exposures Affecting Health

1. ☒ Yes ☒ No Do you currently or have you in the past year smoked, chewed, used any type of nicotine delivery system (ENDS), or vaped?
   If yes, how many packs per day? 1 If former smoker/user, when did you quit? _____

2. ☐ Yes ☒ No Do you drink alcoholic beverages now or did you before you became pregnant?
   If yes, please indicate number of drinks per week: _____
   What type of drinks? _____

3. Please list any medications taken since your last period, including prescriptions, over-the-counter drugs, multivitamins, other supplements, and any herbal medicines: Tylenol with codeine

4. ☐ Yes ☒ No Have you used any street drugs since your last menstrual period (eg, cocaine, marijuana, opioids)?
   If yes, please indicate number of uses per week: _____
   What type of drugs? _____

5. ☐ Yes ☒ No Do you have any reason to believe you or your partner may have been exposed to HIV/AIDS? This may include a history of blood transfusion, IV drug use, sex with gay or bisexual men, or sex with someone who has used IV drugs?

6. ☐ Yes ☒ No Have you been exposed to chemicals (eg, pesticides, lead, hazardous material/agents) or radiation (eg, X-rays) since you became pregnant?
   If yes, please describe: _____

7. ☐ Yes ☒ No Are you on a restricted diet?
   If yes, please describe: _____

Gynecologic Health History

1. When was your last Pap test? Can't remember
   ☐ Yes ☒ No Have you received all three doses of the HPV vaccine?
   ☐ Yes ☒ No Have you ever had an abnormal pap test?
   If yes, when and how were you treated? _____
   What was the diagnosis? _____
   ☒ Yes ☒ No Have you ever had HPV?

2. ☐ Yes ☒ No Have you ever had ☐ Gonorrhea ☐ Chlamydia ☐ Pelvic Inflammatory Disease
   If yes, when, how, and where were you treated? _____

3. ☐ Yes ☒ No Have you ever had herpes?
   If yes, where do you have outbreaks? _____
   If yes, how often do you have outbreaks? _____
   ☐ Yes ☒ No Have you ever had syphilis?
   If yes, how, when, and where were you treated? _____

4. ☐ Yes ☒ No Have you ever used an intrauterine device (IUD) for contraception?
   If yes, please indicate when: _____
   ☐ Yes ☐ No Did you have any problem with the IUD?
   If yes, please describe: _____

5. ☐ Yes ☒ No Have you been treated for infertility?
   If yes, please describe when and treatment received: _____

6. ☐ Yes ☒ No Do you have any other concerns related to your past health history?
   If yes, please list: _____

Patient Addressograph

Family History & Genetic Screening

1. What is your ethnicity? White What is the ethnicity of the baby's father? White

2. ☐ Yes ■ No Have you or has the baby's father had a child born with a birth defect?
   If yes, please describe: _____

3. ☐ Yes ■ No Did either you or the baby's father have a birth defect?
   If yes, please describe: _____

4. Please describe any special needs that have occurred in children of your family or the baby's father's family (eg, cognitive impairment/intellectual disability, birth defects, early infant death, deformities, or inherited diseases, such as hemophilia, muscular dystrophy, or cystic fibrosis):
   7-year-old son has autism, trouble speaking.
   How is this child/person related to you? _____

5. ☐ Yes ■ No Do you or does the baby's father have a history of pregnancy losses (miscarriages or stillbirths)?
   If yes, have either of you had genetic counseling? ☐ Yes ☐ No
   If yes, have either of you had chromosomal testing? ☐ Yes ☐ No
   Where and what were the results? _____

6. Some genetic problems occur more in couples with certain racial or ancestral backgrounds. Please check if you are, or the baby's father is, of one of these backgrounds:
   ☐ Yes ■ No Eastern European Jewish (Ashkenazi) Ancestry
   If yes, have you had tay–sachs screening tests? ☐ Yes ☐ No
   If yes, have you had a canavan screening test? ☐ Yes ☐ No
   If yes, have you had familial dysautonomia screening? ☐ Yes ☐ No
   Date: _____/_____/_____ Result: _____
   ☐ Yes ■ No African American
   If yes, have you had sickle cell screening? ☐ Yes ☐ No
   Date: _____/_____/_____ Result: _____
   ☐ Yes ■ No Mediterranean Ancestry or Southeast Asian Ancestry
   If yes, have you had screening for inherited forms of anemia such as Thalassemia? ☐ Yes ☐ No
   ☐ Yes ■ No French Canadian or Cajun Ancestry
   If yes, have you had Tay–Sachs screening tests? ☐ Yes ☐ No

7. ☐ Yes ■ No Have you had cystic fibrosis screening?

8. ☐ Yes ■ No Have you had any other genetic carrier screening, such as an expanded carrier screening?
   Screening: _____ Date: _____/_____/_____ Result: _____

9. Please list any other concerns you have about birth defects or inherited disorders:

10. ■ Yes ☐ No Do you want a test that will tell you about your risk to have a baby with Down syndrome?

11. ☐ Yes ■ No Is the father 45 years or older?

Patient Addressograph

Psychosocial Screening*

1. ☐ Yes ■ No Do you have any problems (eg, job, transportation) that prevent you from keeping your health care appointments?
2. ☐ Yes ■ No Do you feel unsafe where you live?
3. ■ Yes ■ No Are you exposed to second-hand smoke? ■ Yes ☐ No In the past 2 months, have you used any form of tobacco, including smoked, chewed, any type of nicotine delivery system (ENDS), and vaped?
4. ☐ Yes ■ No In the past 2 months, have you used drugs or alcohol (including beer, wine, or mixed drinks)?
5. ☐ Yes ■ No In the past year, have you been threatened, hit, slapped, or kicked by anyone you know?
6. ☐ Yes ■ No Has anyone forced you to perform any sexual act that you did not want to do?
7. On a 1–5 scale, how do you rate your current stress level? Low 1 2✓ 3 4 5 High
8. How many times have you moved in the past 12 months? 2 times
9. If you could change the timing of this pregnancy, would you want it ☐ earlier ☐ later ■ not at all/NA

*Modified and reprinted with permission from Florida's Healthy Start Prenatal Risk Screening Instrument. Florida Department of Health. DH 3134. September 1997.

PATIENT SIGNATURE

PRINT NAME

DATE

Notes

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

ANTEPARTUM RECORD

Date: 01 — 29 — 2011 ID #: 42567

Hospital of Delivery: General Hospital

Name: Johnson (LAST) Susan (FIRST) (MIDDLE)

Newborn Care Provider: Yes	Referred By: Self
Primary Care Provider/Group: General Hospital Women's Health Clinic	Address: 1400 East Prospect St., Seattle Washington, 98101
Final EDD: 6/11/2011	
Birth Date: 01 — 06 — 1983 Age: 28 Race: White Marital Status: S ✓ M W D Sep	Address: 1300 1st Avenue, Apt. 206, Seattle WA Zip: 98101 Phone: 1-888-245-3120 (1) (2)
Occupation: single Education: (Last Grade Completed) 10th	E-Mail: no
Language: English Ethnicity: white	Insurance Carrier/Medicaid #: Medicaid
Partner: Michael Jones Phone: 1-888-245-3100	Policy #: 999999
Father Of Baby: Michael Jones Phone: 1-888-245-3100	Emergency Contact: significant other Phone:

Total Preg:	Full Term:	Premature:	Ab, Induced:	Ab, Spontaneous:	Ectopics:	Multiple Births:	Living:
2	1	0	0	0	0	0	1

Menstrual History

Lmp ☐ Definite ☐ Approximate (Month Known) ■ Unknown ■ Normal Amount/Duration ☐ Final: _____

Duration: Q 5 Days

Prior Menses: _____ Date

Frequency: Q 28 Days

Contraception at conception ☐ Yes ■ No

Menarche: 11 (Age Onset)

Hcg + 1 / 15 / 11

Past Pregnancies (Last Five)

Date Month/ Year	GA Weeks	Length Of Labor	Birth Weight	Sex M/F	Type Of Delivery	Anes	Place Of Delivery	Breastfeeding Duration	Lactation Consult Needed Yes/No	Comments/ Complications
10/2003	40	23 hours	5.5	M	C/section	Epidu	Out of state hospital	No		Failure to progress. Arrest dilation 8 cm.

Medical History

	P*	F*	Detail Positive Remarks Include Date & Treatment
A. Drug/Latex Allergies/ Reactions B. Allergies (Food, Seasonal, Environmental)	✓		Tramadol, Toradol, NSAIDS get nausea and vomiting.
1. Neurologic/Epilepsy			
2. Thyroid Dysfunction			
3. Breast Disease/Breast Surgery			
4. Pulmonary (TB, Asthma)			
5. Heart Disease			
6. Hypertension			
7. Cancer		✓	MOTHER WITH BREAST CANCER
8. Hematologic Disorders			
9. Anemia			
10. Gastrointestinal Disorders			
11. Hepatitis/Liver Disease			
12. Kidney Disease/UTI			
13. Deep Vein Thrombosis			
14. Diabetes (Type 1 Or Type 2)			
15. Gestational Diabetes			
16. Autoimmune Disorders			
17. Dermatologic Disorders			
18. Operations/Hospitalizations (Year & Reason)	✓		2010: 5 days, car accident: hurt back TYLENOL WITH CODEINE FOR PAIN
19. Gyn Surgery (Year & Reason)			
20. Anesthetic Complications			
21. History Of Blood Transfusions			
22. Infertility			
23. Art (IVF Or FET)			
24. History of Abnormal Pap			
25. History of STI			
26. Psychiatric Illness	✓		Anxiety since teenager: does not take medication.
27. Depression/Postpartum Depression			
28. Trauma/Violence			
29. Tobacco (Smoked, Chewed, ENDS, Vaped) (AMT/Day)	✓		Prepreg: 1 ppd; Preg: 1 ppd; # Years Use: 15
30. Alcohol (AMT/Wk)			
31. Drug Use (Including Opioids) (Uses/Wk)	✓		Pain meds; Pain meds; 1 year
32. Polycystic Ovary Syndrome			
33. Other			

*P= Personal F= Family

COMMENTS: _____

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 –2011

Genetic Screening*

Condition	Patient	Partner	Other	Relationship
Congenital Heart Defect				
Neural Tube Defect				
Hemoglobinopathy Or Carrier				
Cystic Fibrosis				
Chromosome Abnormality				
Tay–Sachs				
Hemophilia				
Intellectual Disability/Autism	✓			Son
Recurrent Pregnancy Loss/Stillbirth				
Other Structural Birth Defect				
Other Genetic Disease (eg, PKU, Metabolic Disease, Muscular Dystrophy)				

Teratogen Exposures Since LMP/Conception

	Yes	No	Details/Date
Prescription Medications	✓		Pain meds
Over The Counter Medications		✓	
Alcohol		✓	
Illicit Drugs		✓	
Maternal Diabetes		✓	HGB A1C
Other			
Uterine Anomaly/DES		✓	

*If a patient has been screened for a genetic disorder previously, the results should be documented but the test should not be repeated.

COMMENTS/COUNSELING: 7-year-old son with autism and limited speech.

Infection History

	Yes	No
1. Live with Someone with TB or Exposed to TB		✓
2. Patient or Partner has History of Genital Herpes		✓
3. Rash or Viral Illness Since Last Menstrual Period		✓
4. Prior GBS-Infected Child		✓
5. History of STIS: (Check All That Apply) ☐ Gonorrhea ☐ Chlamydia ☐ HPV ☐ Syphilis ☐ PID		

	Yes	No
6. HIV Infection		✓
7. History Of Hepatitis		✓
8. Recent Travel History Outside Of Country		✓
9. Other (See Comments)		✓

COMMENTS: _____

INTERVIEWER'S SIGNATURE: _____

Immunizations

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
TDAP (Each pregnancy; between 27–36 weeks)		✓	Refused
Influenza† (Each pregnancy as soon as vaccine is available)		✓	Refused
Varicella†			
MMR (Rubella-containing vaccine)†			
HPV			

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
Hepatitis A (When Indicated)			
Hepatitis B (When Indicated)			
Meningococcal (When Indicated)			
Pneumococcal (When Indicated)			

*Yes/No & date to be administered

†All live vaccines are contraindicated in pregnancy, including the live intranasal influenza, MMR, and varicella vaccines. All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point in gestation. Administer the HPV, MMR, and varicella vaccines postpartum if needed. The Tdap vaccine can be given postpartum if the woman has never received it as an adult and did not get it during pregnancy.

Initial Physical Examination

Date: 01 / 29 / 2011 BP/Prepregnancy Weight: 168 Height: 5'"1 BMI: 31.7

1. Heent	✓	Normal		Abnormal	11. Vulva	✓	Normal		Condyloma		Lesions
2. Teeth	✓	Normal		Abnormal	12. Vagina	✓	Normal		Inflammation		Discharge
3. Thyroid	✓	Normal		Abnormal	13. Cervix	✓	Normal		Inflammation		Lesions
4. Breasts	✓	Normal		Abnormal	14. Uterus Size	20	Weeks				Fibroids
5. Lungs	✓	Normal		Abnormal	15. Adnexa	✓	Normal		Mass		
6. Heart	✓	Normal		Abnormal	16. Rectum	✓	Normal		Abnormal		
7. Abdomen	✓	Normal		Abnormal	17. Clinical Pelvimetry		Concerns	✓	No Concerns		
8. Extremities	✓	Normal		Abnormal							
9. Skin	✓	Normal		Abnormal							
10. Lymph Nodes	✓	Normal		Abnormal							

COMMENTS (Number and explain abnormals): _____

EXAM BY: Greggory Lewis MD OBGYN

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 –2011

Drug Allergy: Toradal, Tramadol, NSAIDS

Latex Allergy ☐ Yes ■ No

Postpartum Contraception Method: Condoms

Counseled About LARC? ■ Yes ☐ No

Is Blood Transfusion Acceptable? ■ Yes ☐ No

Antepartum Anesthesia Consult Planned ■ Yes ☐ No

Problems	Plans	Resolved?
1. LATE PRENATAL CARE	Follow closely.	
2. CHRONIC BACK PAIN	Anesthesia consult. Drug screen after care established.	
3. PRIOR C/SECTION	Counsel VBAC. Obtain previous records.	Declined TOL
4. TOBACCO USE	Counsel regarding cessation.	
5. POOR NUTRITION	Refer to WIC.	

Medication List (Including Opioids)	Start Date	Stop Date
1. PRENATAL VITAMINS	01 – 20 – 11	– –
2. TYLENOL WITH CODEINE	01 – 20 – 11	– –
3.	– –	– –
4.	– –	– –
5.	– –	– –

EDD Confirmation

Lmp:	unknown – –	=	= EDD	– –	Prepregnancy Weight	168
Initial Exam:	01 – 29 – 2011	=	20	Wks = EDD	– –	Height	5'1"
Ultrasonography:	01 – 29 – 2011	=	20	Wks = EDD	06 – 11 – 2011	BMI	31.7
Final Edd:	06 – 11 – 2011	IVF Transfer:		– –	Estimated Weight Gain	
Initialed By:					Recommended Weight Gain	25 pounds

Prepregnancy Weight

168

BMI

31.7

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale* (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present O=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
01 – 29 – 11	20 5/7	160	108 80	N N	2	+	O	166	20	BR	NO	-	4 wks	OB	US for dates. New OB. Labs/US.
03 – 31 – 11	29 5/7	168	120 60		2	+	O	144	30	-	NO	-	4 wks	OB	Glucola done. No c/o's. No urine.
04 – 22 – 11															No show.
– –															
– –															
– –															
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– –															

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

ANTEPARTUM RECORD (FORM C, page 3 of 12)

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 – 1983	ID No.: 42567	Date: 01 – 29 – 2011

Laboratory and Screening Tests

Comments/Additional Labs

Initial Labs	Date	Result	Reviewed
Blood Type	01 – 29 – 11	A B AB O ✓	
D (Rh) Type	01 – 29 – 11	Positive	
Antibody Screen	01 – 29 – 11	Negative	
Complete Blood Count	01 – 29 – 11	HCT/HGB: 12 % 37 g/dL MCV: PLT: 322,000	
VDRL/RPR (Syphilis)	01 – 29 – 11	NR	
Urine Culture/Screen	01 – 29 – 11	WNL	
HBsAg	01 – 29 – 11	NEG	
HIV Testing	01 – 29 – 11	Pos. Neg. ✓ Declined	
Chlamydia (When Indicated)	01 – 29 – 11	NEG	
Gonorrhea (When Indicated)	01 – 29 – 11	NEG	
Rubella Immunity	01 – 29 – 11	IMMUNE	
Other: GCT	03/31/2011	108	

Supplemental Labs	Date	Result	
Hemoglobin Electrophoresis	– –	AA AS SS AC	
PPD/Quanta (When Indicated)	– –		
Pap Test (When Indicated)	01 – 29 – 11	WNL	
HPV (When Indicated)	– –		
Early Diabetes Screen (When Indicated)	– –	Pos. Neg. Declined	
Varicella Immunity (When Indicated)	– –		
Cystic Fibrosis	– –	Pos. Neg. Declined ✓	
Spinal Muscular Atrophy	– –	Pos. Neg. Declined ✓	
Fragile X	– –	Pos. Neg. Declined ✓	
Tay–Sachs	– –	Pos. Neg. Declined ✓	
Canavan Disease	– –	Pos. Neg. Declined ✓	
Familial Dysautonomia	– –	Pos. Neg. Declined ✓	
Genetic Screening Tests (See Form B)	– –	Pos. Neg. Declined ✓	
Other:			

8–20-Week Aneuploidy Screening	Date Test Performed	Result
Aneuploidy Screening Offered	– –	Accepted Declined ✓ GA Too Advanced
1st Trimester Aneuploidy Screening	– –	Pos Neg
2nd Trimester Serum Screening	– –	Pos Neg
Integrated Screening	– –	Pos Neg
Cell-Free DNA	– –	Pos Neg
CVS	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniocentesis	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniotic Fluid (AFP)	– –	Normal Abnormal
Other:		

(continued)

PROVIDER SIGNATURE (AS REQUIRED): _____

(AA128) 12345/09876

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 1 – 29 –2011

Laboratory and Screening Tests *(continued)*

Late Pregnancy Labs and Screening	Date	Result	Reviewed
Tdap Vaccination (Every Pregnancy; 27–36 Weeks)	– –		
Complete Blood Count	– –	HCT/HGB:_____ % _____ g/dL MCV:_____ PLT:_____	
Diabetes Screen (24–28 Weeks)	– –		
GTT (If Screen Abnormal)	– –	_____Fbs _____1 Hour _____2 Hours _____3 Hours	
D (Rh) Antibody Screen (When Indicated)	– –		
Anti-D Immune Globulin (RhIg) Given (28 Wks Or Greater) (When Indicated)	– –	_____ Signature	
Complete Blood Count	– –	Hct/Hgb:_____ % _____ g/dL MCV:_____ PLT:_____	
Ultrasonography (18–24 Weeks) (When Indicated)	01 – 29 – 11	20 6/7, 500 GRAMS,	
HIV (When Indicated)*	01 – 29 – 11	NEGATIVE	
VDRL/RPR (Syphilis) (When Indicated)	– –		
Gonorrhea (When Indicated)	– –		
Chlamydia (When Indicated)	– –		
Group B Strep (35–37 Weeks)	– –		
Resistance Testing If Penicillin Allergic	– –		
Other:			

Comments/Additional Labs

*Check state requirements before recording results.

Comments

1/29/11: New OB. States happy with pregnancy. Denies vaginal bleeding. PCP for chronic pain. Tylenol with codeine as needed for back pain S/P MVA 2010.

Will check drug screen.

3/31/11: Denies taking pain meds. Refused to give urine as unable to void. Drug screen next visit.

4/22/2011: No show. TC to home. No answer. Letter sent.

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 –2011

Plans/Education

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
First Trimester					
Psychosocial Screening					
Desire For Pregnancy		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)	✓	01 – 29 – 11			
Alcohol	✓	01 – 29 – 11			
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		01 – 29 – 11		Yes	Info re: classes
Illicit/Recreational Drugs/Substance Use (Parents, Partner, Past, Present)*		01 – 29 – 11			Rx medications by PCP.
Intimate Partner Violence		– –			
Barriers To Care		– –			
Unstable Housing		– –			
Communication Barriers		– –			
Nutrition		– –			
Wic Referral	✓	01 – 29 – 11		Yes	
Environmental/Work Hazards		– –			
Anticipatory Guidance					
Anticipated Course Of Prenatal Care		01 – 29 – 11			
Nutrition Counseling; Special Diet; Dietary Precautions (Mercury, Listeriosis)		01 – 29 – 11			
Weight Gain Counseling		01 – 29 – 11			
Toxoplasmosis Precautions (Cats/Raw Meat)		– –			
Use Of Any Medications (Including Supplements, Vitamins, Herbs, Or Otc Drugs)		01 – 29 – 11			
Sexual Activity		01 – 29 – 11			
Exercise		01 – 29 – 11			
Dental Care/Refer to Dentist		01 – 29 – 11			
Avoidance Of Saunas Or Hot Tubs		– –			
Seat Belt Use		01 – 29 – 11			
Childbirth Classes/Hospital Facilities		01 – 29 – 11			
Breastfeeding		– –			
Fetal Testing					
Indications For Ultrasonography		01 – 29 – 11			
Screening For Aneuploidy		01 – 29 – 11			
Second Trimester					
Anticipatory Guidance					
Signs And Symptoms Of Preterm Labor		01 – 29 – 11			
Selecting A Newborn Care Provider		01 – 29 – 11			
Reproductive Life Planning & Contraception		01 – 29 – 11			
Postpartum Care Planning		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		01 – 29 – 11			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			

(continued)

*Data from Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 –2011

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		03 – 31 – 11	Yes		
Trial Of Labor After Cesarean Counseling		– –			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		– –			
Immediate Postpartum Larc		– –			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		03 – 31 – 11	No		☐ Yes ☐ No
Infant Feeding Intention		03 – 31 – 11			☐ Exclusive ☐ Mixed ☐ Formula
Anticipatory Guidance					
Fetal Movement Monitoring		03 – 31 – 11	No		
Signs And Symptoms Of Preeclampsia		03 – 31 – 11	No		
Labor Signs		03 – 31 – 11			
Cervical Ripening/Labor Induction Counseling		– –			
Postterm Counseling		– –			
Infant Feeding		– –			
Newborn Education (Newborn Screening, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)		– –			
Family Medical Leave Or Disability Forms		– –			
Postpartum Depression		03 – 31 – 11			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		03 – 31 – 11			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		03 – 31 – 11			
Intimate Partner Violence		– –			
Postpartum					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Infant Feeding Problems		– –			
Birth Experience		– –			
Glucose Screen (If Gdm)		– –			
Anticipatory Guidance					
Infant Feeding		– –			
Pelvic Muscle Exercise/Kegel		– –			
Return To Work / Milk Expression		– –			
Weight Retention		– –			
Optimal Birth Spacing		– –			
Postpartum Sexuality		– –			
Exercise		– –			
Nutrition		– –			
Cardiometabolic Risk (If Gdm / Ghtn)		– –			
Transition Of Care					
Referral Made To Primary Care Provider		– –			
Pregnancy Complications Documented In Medical Record		– –			
Written Recommendations For Follow-Up Communicated To Patient And To Pcp		– –			

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 – 2011

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

Requests

3/31/11: Told to stop smoking. Discussed importance PN visits.

	Date	Initials	
Tubal Sterilization Consent Signed (If Desired).	– –		
History And Physical Have Been Sent To Hospital, If Applicable.	– –		
Update With Group B Streptococcus Results Sent.	– –		

Comments

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 –2011

Plans/Education Notes

Patient Addressograph

Name: Johnson Susan
LAST FIRST MIDDLE

ID#: 42567 EDD:

Prenatal Visits

Prepregnancy Weight _____

BMI _____

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale* (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present ○=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
– –															
– –															
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*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

Progress Notes

PROVIDER SIGNATURE (AS REQUIRED): _____

(AA128) 12345/09876

Patient Addressograph

Name: Johnson Susan
LAST FIRST MIDDLE

ID#: 42567 EDD:

Prenatal Visits

Prepregnancy Weight _____

BMI _____

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale * (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present ○=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	**Comments:**
– –															
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*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

Progress Notes

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Johnson, Susan	Birth Date: 01 – 06 –1983	ID No.: 42567	Date: 01 – 29 – 2011

Progress Notes

PROVIDER SIGNATURE (AS REQUIRED): _____

Mock Case Overdose

General Hospital

1400 East Prospect Street, Seattle WA 98101 **MR # 13579**

LAST NAME	FIRST NAME	MIDDLE INITIAL
Johnson	**Susan**	
DATE OF BIRTH	MAIDEN NAME	
01/06/1983	**Williams**	
ADDRESS	CITY	STATE/ZIP
1300 1st Ave	**Seattle**	**WA 98101**
HOME PHONE	WORK PHONE	CELL PHONE
n/a	**n/a**	**1-888-245-3120**
ETHNICITY	RACE	MARITAL STATUS
NON-HISPANIC	**WHITE**	**NEVER MARRIED**
RELIGION	PREFERRED SPOKEN LANGUAGE	PREFERED WRITTEN LANGUAGE
NONE	**ENGLISH**	**ENGLISH**
EMPLOYER	TYPE WORK	
UNEMPLOYED		
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS	OCCUPATION
PRIMARY CONTACT NAME	RELATIONSHIP TO PATIENT	
Michael Jones	**Significant other**	
HOME PHONE	WORK PHONE	CELL PHONE
n/a	**n/a**	**1-888-245-3100**
ADDRESS	CITY	STATE/ZIP
SAME AS MOTHERS		
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
Minnie Johnson	**mother**	
HOME PHONE	WORK PHONE	CELL PHONE
1-888-245-3220	**n/a**	
ADDRESS	CITY	STATE/ZIP
(Unsure address)	**Seattle**	**WA**
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO	REASON FOR ADMISSION:	
NO	**LABOR 37 WEEKS GESTATION**	

Date of admission: 5/23/2011 Time of admission: 04:00

Date of discharge: 5/25/2011 Time of discharge: 03:08

(DECEASED)

Admitting Physician: Greggory Lewis, OBGYN Hospital Women's Health Center

INSURANCE INFORMATION

INSURANCE COMPANY:	MEDICAID NUMBER:
MEDICAID	**999999**
EFFECTIVE DATE INSURANCE	
11/20/10	

Mock Case Overdose

Johnson, Susan DOB: 01/06/1983

General Hospital OB LABOR & DELIVERY NURSING ADMISSION ASSESSMENT

Date/Time: 5/23/2011 0400 **weight: 170 pounds** **Height: 5'1" BMI 32.1**

Gravida: 2 **Para** 1001

Weeks Gestation: 37 weeks

LMP: unknown **EDD Dates: n/a** **EDD US:** 6/11/2011 **Done:** 20 6/7 weeks

Reason for admission: (patient's words): *"I have been having contractions every 2 minutes since 6 pm last night. "*

Previous Pregnancy History:

Month/Date	Weeks Gestation	Length labor/anesthesia	Birth Weight	Type Delivery	Complications
10/2003	40	23 hours epidural	5 pounds 5 ounces	c/section	Failure to progress. Arrest dilation 8 cm

Medical History

Condition	Yes	No	Treatments
Asthma		X	
Diabetes		X	
Hypertension		X	
Preeclampsia		X	
Postpartum Hemorrhage		X	
Abnormal Pap		X	
STD		X	
Renal Disease		X	
Cardiac Disease		X	
Thyroid Disease		X	
Cancer		x	
Psychiatric Illness/Mental Health	X		anxiety
Previous Blood transfusion		X	
Other:		x	

Family History

Condition	Yes	No	Family Member	Comments
Asthma		**X**		
Diabetes		**X**		
Hypertension		**x**		
Cancer	**X**		**Mother:** breast cancer	
Other		**x**		

Mock Case Overdose

Previous Hospitalizations/Surgery

Year	Condition	Treatment	Comments
2003	childbirth	c/section	
2010	MVA	Neck and back injury	Chronic pain

Medications

Medication	Dosage	Last Dose (date/Time)
Prenatal Vitamins	1	5/22/2011
Tylenol with Codeine	2 tablets	5/22/2011 at 10 pm

Allergy	Type	Reaction
yes	Tramadol, Toradol, NSAIDS	Nausea/vomiting/stomach pains

Immunizations: up to date

Last Flu shot: never. Declined

Rhogam: n/a

Social History

Type	Y	N	Comments
Occupation/Employed		X	
Social support	X		FOB Involved? yes NOK: FOB and her mother
Lives alone?		X	If no, Lives with: FOB
Smoking	X		Type: cigs. Amount: 1ppd Years: 15
Alcohol		X	Type: Amount: Years:
Street Drugs		X	Type: Amount: Years:
Herbal/OTC		X	Type: Amount: Years:
Other:	X		Prescription Tylenol with codeine for chronic pain
Preferred Language	X		Language: English Written: same Spoken: same
Transportation	X		
WIC		X	
Domestic Violence	X		2004: previous partner
Other	X		8 year old son with autism. Lives with her mother.

RN: Susie Smith RN

Mock Case Overdose

Johnson, Susan DOB: 01/06/1983

General Hospital LABOR AND DELIVERY-ADMISSION ORDERS

(ORDERS CHECKED WILL BE INTIATED) **Date/Time:** 5/23/2011 0430

Allergies: Tramadol / Toradol/NSAIDS **Height: 5'1" Weight: 170**

BMI: 32.1

1. **NOTIFICATION: NOTIFY PHYSIAN THAT PATIENT IS IN L&D**
   A. ADMIT TO DR.G. Lewis, General Hospital Women's health Clinic OBGYN
   B. STATUS: INPATIENT
      - ELECTIVE
      - EMERGENT
        - ✓ URGENT (ACTIVE LABOR/MEDICALLY INDICATED)
2. **DIAGNOSIS: 37 weeks active labor**
   - ✓ LESS THAN 39 WEEKS GESTATION WITH MEDICAL INDICATION:
3. **VITAL SIGNS:**
   - ✓ Maternal vital signs at admission and every 4 hours. If ruptured membranes, monitor temperature every 2 hours. Once laboring check vital signs every 1 hour until pushing, then every 15 minutes until delivery. If epidural in place, refer to epidural orders for vital sign orders.
   - ✓ Notify physician for temperature greater than 100.4 degrees, systolic BP <90 or >160, diastolic BP>100, respiratory rate, 10 or > 30, heart rate oxygen saturation < 95%, agitation or confusion, unresponsiveness, hypertension with headache, hypertension with shortness of breath.
4. **ACTIVITY:**
   - ✓ Bedrest with bathroom privileges. may ambulate if no epidural, membranes intact and or fetal head engaged with ruptured membranes, category 1 tracing, no active bleeding and BP less than 140/80 and greater than 90/50.
5. **NURSING ORDERS:**
   - ✓ Verify patient has signed all informed consents for delivery vaginal exam as indicated
   - ✓ Check GBS status. if positive or unknown see medication orders below
   - ✓ May perform I&O catheter for distended bladder post epidural placement. Repeat as needed for distended bladder. May place indwelling urinary catheter for more than two indwelling catheter insertions for I&O. If indwelling catheter placed, discontinue prior to vaginal delivery.
   - ✓ Monitor and record I&O. notify physician for oliguria < 35 cc/hour.
   - ✓ Oxygen at 10-12 liters per minute via face mask for category II or III fetal heart tracing and notify physician. Notify physician for oxygen saturation less than 95%.
   - ✓ NNP/Neo at delivery when indicated by physician
   - Social Service consult if indicated or per physician request.
   - Gestational Diabetes: I f patient has Gestational Diabetes, blood glucose on admission and every ____ hours or as ordered by MFM. Notify physician if blood glucose is less than 60 or greater than 120 mg/dl
6. **ADMISSION HEMORRHAGE RISK FACTOR EVLAUTION. TREAT MULTIPLE FACTORS AS HIGH RISK.**
   - **Low:** No previous uterine incision, singleton pregnancy, less than 4 previous vaginal births, no known bleeding disorders

Mock Case Overdose

- ✓ **Medium:** Prior cesarean birth(s) or uterine surgery, multiple gestation, greater than 4 previous vaginal births, chorioamnionitis.
- **High:** Placenta previa, low lying placenta, suspected placenta accrete or percreta, Hematocrit less than 30 and other risk factors, platelets less than 100,000, known coagulopathy.
  - **Evaluate all patient for Risk Factors (see above)**
    1. If **LOW** risk:
       - Type and screen
    2. If **MEDIUM** risk:
       - ✓ Type and screen
       - ✓ Review OB Maternal Hemorrhage Protocol
    3. If **HIGH risk:**
       - Order Type and Screen
       - Review OB Maternal Hemorrhage Protocol
       - Notify OB Anesthesia
    4. Identify women who may decline transfusions
       - Notify OB for plan of care
       - Early consult with OB Anesthesia
       - Review consent form/declination form
    5. If prenatal or current antibody screen positive (if not low level anti-D from Rhogam) type and screen

7. DIET:

- NPO except for ice chips
  - ✓ NPO
- Clear liquids
- NPO except for ice chips during active phase of labor

8. MEDICATIONS:

A. IV FLUIDS:
- ✓ Lactated Ringers IV 125ml/hr while in active labor
- IV saline lock with intermittent flush
- Lactated Ringers 500ml IV bolus PRN x2 for category II or III fetal heart tracing. Notify physician after second bolus required and/or if status is not improved.

B. Pain management: Epidural when requested by patient.
- ✓ Notify OB prior to epidural placement and verify that patient has signed informed consent.
- ✓ Nalbuphine (Nubain) 5 mg IVP every 2 hours PRN for moderate pain.
- Nalbuphine (Nubain) 10 mg IVP every 3 hours PRN for severe pain.

C. Nausea:
- Ondansetron (Zofran) 4 mg IV slowly over a minimum 2 minutes every 4 hours PRN nausea /vomiting.

D. Pruritis:
- Diphenhydramine (Benadryl) 25 mg IVP every 6 hours PRN itching

E. Sleep:

Mock Case Overdose

- Zolpidem (Ambien) 5 mg 1 tablet PO every night PRN sleep.

F. GBS Positive patient:
- Penicillin –G 5 million units IVPB x1 dose now, then Penicillin-G 2.5 million units IVPB every 4 hours until delivery
- Ampicillin 2 grams IVPB x1 dose now the Ampicillin 1 gram IVPB every 4 hours until delivery.

G. If patient allergic to Penicillin:
- Clindamycin 900 mg IVPB x1 now then Clindamycin 900 mg IVPB every 8 hours until delivery.

9. LABS:

A. OB Prenatal Labs:

- Confirm prenatal labs as appropriate for gestational age. Order routine prenatal labs in unavailable.
  - ✓ CBC with auto differential
  - ✓ Type and screen
  - ✓ Syphilis Screen
  - ✓ HbsAG
  - ✓ Urinalysis to reflex with microscopy
  - ✓ Rubella
  - ✓ HIV
  - ✓ Fetal cell screen
  - ✓ Other: drug screen
  - ✓ PT/PTT

B.Pregnancy Induced Hypertension:

- AST
- ALT
- BUN
- Creatinine
- Uric Acid
- Urinalysis to reflex with microscopy
- Other: _____

C. Disseminated Intravascular Coagulation Work –Up:
- ✓ DIC Panel (includes PT, aPTT, Fibrinogen, D-Dimer, Platelet count)

10. RADIOLOGY:

A. Obstetric Ultrasound Complete
- ✓ STAT
- ✓ Bedside/Portable US

B. Obstetric Ultrasound Limited for: position , fetal status

C. Ultrasound: Fetal Biophysical Profile with Non-stress test

Mock Case Overdose

- STAT
- Routine
- Bedside/Portable US
- May transport to Radiology for Ultrasound

C. Other:

- **CXR**
- **ECHO**
- **EKG**
- **Other: _____**

11. INDUCTION (PER PROTOCOL)

- **Pitocin**
- **Cytotec**
- **Other:**

Mock Case Overdose

Johnson, Susan DOB: 01/06/1983

OB Admission Note: 5/23/11 04:35

LMP: unknown

EDC: 6/11/2011 by second trimester US

Chief Complaint: contractions

History of present illness: 37 weeks IUP, previous c/section, denied TOL, late prenatal care, no show care after 30 weeks, chronic pain on prescription medications

Past history:

- **Obstetrics:** gravida 2 para1001, previous c/section for arrest labor
- **Gynecology:** negative for STD's**,**
- **PMH/PSH:** obesity, anxiety, chronic pain on Tylenol with codeine for back/neck pain after MVA 2010

Medications: PNV, Tylenol and Codeine

Allergies: Toradal, Tramadol, NSAIDS

Social History: smoker 1 ppd x 15 years, denies ETOH/street drugs

Physical exam:

- **General and Vital signs:** AAO x3, 36.5 -71-18, BP 133/78, sat 100% room air.
- **Lungs:** clear
- **CV:** RSR no murmur
- **ABD:** non tender
- **Gravid:** 37 weeks IUP
- **SVE:** 2-3cm/80%/1-2 station
- **EXT:** no edema

Pertinent Labs: CBC, UA, urine drug screen, GBS, lytes, PT. PTT ordered

Ultrasound: 37 weeks, vertex, AFI wnl, FHR 170

Assessment: 37 weeks in labor. Intact membranes

Plan:

- ✓ Admit L&D/labs
- ✓ Continuous fetal monitoring
- ✓ Repeat C/Section
- ✓ Consult Anesthesia for epidural and pain management

Mock Case Overdose

Johnson, Susan DOB: 1/06/1983

Nursing LABOR/ Delivery Note:

5/23/11 04:15 Admitted via wheelchair to L&D room. Placed on EFM. Placed on EFM. FHR 150. Active labor noted with good fetal variability. Previous c/section. 37 weeks. Declines TOL. Bedside US. Vertex position. AFI wnl.

Physical exam: normal

Mother states last ate at 6PM.

Admission VS: 98.2 temp HR: 96 RR: 12 BP: 138/82, O2 sat 99%, pain 8/10

0430: OBGYN Notified mother status and orders obtained. Urgent C/section called. Anesthesia notified.

IV # 22 gauge to left hand for IVF. Labs drawn. Consents signed.

0445: Off monitor. To OR for c/section.

Note: 0450: Foley placed and urine drug screen sent.

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

ANESTHESIA PRE-OPERATIVE QUESTIONAIRE

Date/Time: 5/23/2011 at 0430

Allergies: Yes weight: 170 height: 5'1" BMI= 32.1

Type: Drug

Allergen	Reaction
Toradal	Nausea, vomiting
Tramadol	Nausea vomiting
NSAIDS	Stomach pains

Current Medications: PNV. Tylenol with Codeine for pain

Prior Surgery/Hospitalizations

Condition	Date	Complications
c/section	2003	none
MVA	2010	MVA, back and neck injury

Previous Anesthesia

Anesthesia	Y	N		Reaction/Complications
General		x		
Regional		x		
Spinal	x		**2003**	**no**
Epidural		x		
Local		x		
None				

Medical Health Assessment

Condition	Date	Symptoms/Illness	Comments
Hematologic			
Cardiovascular			
Endocrine			
Respiratory			
Gastrointestinal			
Musculoskeletal	**2010**	**MVA**	**Back and neck pain No fracture/fusions**
Neurological			
Renal			
Psychiatric			**Anxiety as a teenager**
Tobacco/vapes/other	**Cig 1ppd**		
Substance/ETOH			**Negative per patient**

Notes: 0430:28-year-old G2 P1 in labor for repeat c/section. Awaiting labs results. Will plan for spinal.

VS: 98.2-96-12, BP 138/82, saturation 99%

0445: Pre op labs: wbc 6.0 H/H 12.2/34, plates 260,000. PT 10 aPTT 26 INR 0.9, Na 136 K 4.0 CL 107.. Spinal in.

05:30: To RR. VS: 97.1-86-14, BP 128/76, O2 sat 98. Stable condition. Meds in OR: Ephedrine, Fentanyl, Ketamine and Morphine for pain control.

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

General Hospital DELIVERY SUMMARY

DELIVERY INFORMATION	**Delivered by OBGYN: Greggory Lewis MD** **Type Of Delivery**	**Weeks Gestation: 37** **Weeks LMP: 37 LMP: 9/5/2010** **Weeks US: 37 Done at weeks: 20**
DELIVERY DATE/TIME: 5/23/2011 0500	**VAGINAL:** ☐ SVD ☐ EPISIOTOMY ☐ VACUUM ☐ LACERATIONS ☐ FORCEPS ☐ VBAC	**CESAREAN:** ☐ PRIMARY FOR: ☒ REPEAT FAILED VBAC ☐ CLASSICAL FOR: ☒ LOW TRANSVERSE ☐ ☐ LOW VERTICAL
Date/Time: **ROM:** **AROM: 5/23/11 at 0458** **Description: meconium**	**ANESTHESIA** ☐ NONE ☐ EPIDURAL ☐ GENERAL ☐ LOCAL/PUDENDAL ☒ SPINAL ☐ OTHER	**Blood loss: 700 cc** **How quantified:** **Estimated: X** **Weight:** **Other:**
IUPC: NO **Date/Time:**	**LABOR** ☐ SPONTANEOUS ☐ AUGMENTED ☐ INDUCED: ☐ NO LABOR **Type INDUCTION/AUGMENTATION: n/a**	**POSTPARTUM COMPLICATIONS:** **None: X** **Hemorrhage:** **Infections:** **Hypertension:** **Other:**
MEDICATIONS:		
NEONATAL DISPOSITION	**LIVE BIRTH: x** **STILL BIRTH:** **MISCARRIAGE:**	**SKIN TO SKIN: no** **BREASTFEEDING:** **BOTTLE FEEDING: x**
INFANT FEMALE	**BIRTH WEIGHT:** **GRAMS/POUNDS:** 6 pounds 2 ounces **APGARS: 8/8** **RESUCIATATION:** bulb suction, tactile, blow by for low saturation,	**COMPLICATIONS/ANOMALIES:** none
Pediatrician: Susan Manner MD Neighborhood Pediatric Clinic	**DISPOSITION:** **SKIN TO SKIN:** **NBN:** **NICU: x**	
NOTES:	37 weeks in labor, previous c/section, declined VBAC, late prenatal care, missed appointments, chronic pain.	

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

DELIVERY NOTE (C/SECTION)

Date/Time: 5/23/2011 at 0500

Pre-op diagnosis: 37 weeks IUP, previous c/section

Post-op Diagnosis: 37 weeks IUP previous c/section

Procedure: low transverse cesarean section

Anesthesia: spinal

Complications: thick meconium, membranes ruptured at delivery

EBL: 700 cc

Urine Output: 1000cc

Fluids: Lactated Ringers 3 liters

C/section PO Note: female infant Apgar's 8/8, weight 6 pounds 2 ounces, infant to NICU

PPD # 1 5/24/2011

Patient reports: pain not being controlled. Per nurse is requesting Morphine and Dilaudid.

VS: 98.6-82-20, BP 134/77, saturation 98%

Heart: RRR, S1S2

Lungs: clear to base

Breasts: wnl

Abdomen: dressing: dry Incision: intact/no redness or drainage

Lochia: wnl

Labia: deferred

Extremities: no edema

Medications: Prenatal Vitamins, Colace, Mylicon, Dilaudid, Morphine

Labs: 5/24/2011:

H/H: 9.5/28, plates 265,000

Na 140 K 4.5 Cl 108 CO2 26, glucose 90

Mock Case Overdose

Admission Urine Drug screen positive cocaine, opiates and THC

A/P: Positive drug screen /social service consult

Anesthesia for pain control

Start Iron

PPD # 2 5/25/2011 at 0900

Patient reports: States feels hot. Afebrile. Talking fast. Appears anxious. Reports pain 10/10. Per nurse's she is unhappy with her pain control and requesting medication before time. States unable to sleep. Hurts all over. Dilaudid not working. Requesting Morphine. Pale. Complaining is coughing up green mucus and coughing makes her stomach hurt. Per nurse mother starts coughing and gagging when she (RN) walks into room.

VS: 98.1-114, 18, sat 98%.

Heart: RRR, tachycardic

Lungs: scattered wheezing, rhonchi.

Breasts: full

Abdomen: soft, non-tender dressing: dry Incision: intact. No redness

Lochia: wnl

Labia: deferred

Extremities: +1 edema

Labs: H/H

A/P: c/o increased pain. Abdomen soft/non-tender.

Will discuss pain management with anesthesia.

History long term tobacco use. Declined Nicotine patch. States had asthma once when she was 14 years old. Will order Albuterol treatment. Follow respiratory status closely.

5/25/2011 1300

OB Note

Appears more comfortable. Continue IV Dilaudid per Anesthesia. Reassess pain needs in AM.

VS: 98.6-90-20. BP 128/70. Saturation 98%. Pain 6/10. No coughing noted. Per RN she has had multiple visitors today and no respiratory distress noted. X1 Albuterol treatment tolerated well. Will continue to follow closely. Infant in NICU with mild respiratory distress. D/W Neonatologist drug screen positive infant opiates, THC, cocaine. Infant treated mild RDS/r/o withdrawal symptoms. DCF/Social Service aware. Per NICU RN mother denied drug usage except for Tylenol

Mock Case Overdose

with Codeine. Left NICU last night very upset after told by Neonatologist the infant's urine was positive for opiates, THC and cocaine and was having withdrawal symptoms that may need weeks of treatment in NICU.

OB Death Summary Note:

5/26/01 0500

28-year-old Gravida 2 Para 1, late entry to care, missed appointments, history chronic back pain after MVA, s/p repeat c/section 37 weeks after initiation labor. Drug screen positive for THC, opiates and cocaine on admission. Infant in NICU treated for withdrawal. Tonight RN called me at home at noting mother agitated with tachycardia with desaturations. Placed on NRBM with some improvement. Taken to CXR and CT scan to rule out PE. After CXR mother requested RN to come help her use restroom prior to CT scan. While in restroom she evidently self-administered unknown medication via her heparin lock and arrested. She was coded by ED for 1 hour with Narcan and multiple rounds ACLS medications and without success. Time pronounced 03:08. Police called and investigating scene. Autopsy will be done per medical examiner when body released. Significant other was sleeping in hospital room while this happened. Per SO she had remote history heroin use but thought she had been clean during pregnancy. Body to medical examiner after police investigation.

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

Anesthesia Consult:

5/24/2011: 0930

Asked to see 28-year-old G2P2 sp c/section PO day 1 regarding pain control. History MVA 2010 with chronic back/neck pain on Tylenol with Codeine. History allergic Toradol, Tramadol and NSAIDS. Urine drug screen positive cocaine, opiates and THC.

PE: Crying. States pain neck/back increased since c/section and not getting relief from pain medications. States pain remains 10/10 after Morphine. Will increase frequency of dosages to stabilize pain control for today and wean tomorrow as tolerated.

5/24/2011 Anesthesia Note:

14:00 States pain better controlled. Remains 4-6/10 but now able to walk in room. Denies difficulty moving neck/head. D/W mother plan to stop Morphine this evening. Will reassess in am. Patient agrees with plan of care.

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

Social Work Consult

Date Time: 5/24/2011

28-year-old G2P2 s/p c/section post op day 1 with urine toxicology positive for THC, opiates and cocaine. Infant 37 weeks in NICU for respiratory distress. Urine toxicology same on infant. Records note history chronic back pain with admitted use Tylenol with Codeine during pregnancy. Prenatal history significant for late prenatal care with missed appointments, 8-year-old son with autism and tobacco use.

5/24/2011:

1500: I entered mother's room and introduced myself. Mother drowsy but responsive. Significant other in room and agreed to step out. Purpose of consult relayed. Per mother she admitted to using cocaine, THC right before delivery as she was worried about the delivery. States last delivery was painful and she was in labor a long time. States she is unemployed, significant other works full time. They have been together for 9 months. He does not know that she did drugs before coming to hospital and she does not want him to know. Just the 2 of them live in an apartment together. She has lived in area her whole life and states she has lots of friends. FOB has lived in area 1 year. Her 8 year old son has autism and lives with her mother in another city. She does not visit him as it is too hard for her to see him like that. She feels safe in her home situation and her current SO is very good to her. The FOB of her 8-year-old son used to beat her up and she had to get a restraining order against him. He lives in another state. She missed prenatal appointments as she didn't have a ride when her SO was working. She did not know she was pregnant until 5 months. Mother informed DCF notified of case and would be arriving later today or tomorrow to do assessment. This is standard of care to assess infant safety issues. Mother became teary and requested interview stop for now. I encouraged her to tell FOB/SO truth of her situation. There are programs in community that she might qualify for help with her drug use after discharge. Told her I will visit again in am. I left her with my card and hospital extension number.

Mock Case Overdose

Johnson, Susan DOB: 1/6/1983

Recovery Room Nurses notes:

5/23/2011:

VS: 0530: 97.1-86-14, BP 128/76, sat 98%. Mother drowsy. Requesting infant. Informed infant to NICU. FOB with infant. Crying wants to see infant. Told will try and take her via stretcher before transferred to room. Dressing intact. Fundus firm.

0630: Mother sleeping. Snoring noted. Handoff given. O2 saturation 96%.

7a-7p:

5/23/2011

0730: Awake. c/o pain 10/10. Medicated as per orders.

VS: 98.1-80-14, BP 130/78, saturation 98%.

PE: wnl. No edema. Fundus firm. No bleeding. To NICU on way to postpartum bed.

Lab called regarding mother's urine positive for cocaine, opiates and THC. OB notified.

NICU RN notified.

Postpartum Nurse's Notes:

0830: States pain 8/10. Told nurse to leave room. Wants to sleep now that has pain medication.

10:00: Visitors in room. Mother talking about infant. Pleasant. IV fluids as ordered infusing well.

1200: Visitors in room. Mother drowsy. FOB in room.

VS: 97.2-78-12. BP 140/78. Pain 8/10. Requesting pain medication. OB notified. No new orders.

13:00: Mother calling requesting pain medication. Pain 10/10. Fundus firm. Dressing intact, abdomen non-tender. Medicated as ordered.

14:00: States pain 6/10. Requests to sleep. Room dark. FOB sleeping in room.

1830: Handoff given. Dressing dry/intact. IVF completed. Taking liquids.

7p-7A:

2000: Mother requests to see infant in NCU. Taken to NICU after medicated for pain. States has chronic pain since MVA in 2010. Denies abdominal pain. OB notified. No new orders.

5/24/2011

12MN: Resting. FOB in room sleeping.

Mock Case Overdose

0400: Awake. Talkative. Requesting pain medication for back. States pain 10/10. Abdomen soft. Voiding.

Ambulating without difficulty to bathroom.

VS: 98.6-82-20 BP 134/77

0630: Snoring. Hand off report given.

7a-7P:

0800: c/o pain 10/10. States Percocet not working and needs Morphine IV. States still has IV “so I can get more”. c/o cough since delivery that makes her pain worse. States is nonproductive cough. States had asthma at age 14 and pneumonia. Said quit smoking 4 months ago. Consult with anesthesia pain management ordered BY Dr. Lewis.

0900: Anesthesia at bedside for consult.

14:00: SW in to see mother.

15:00: Visitors in room. No complaints at this time.

7P-7A:

22:55: Called OB with report patient had desaturation 65% on room air. Placed on 7 liters NRBM with saturation increasing to 94%. HR 120. Wheezing noted. RT called for Albuterol treatment.

5/24/2011: 23:10: RT here for Albuterol treatment. Patient tolerated well. O2 sat increased to 96%. Anxious. Significant other in room trying to calm patient.

5/25/2011: Sitting up in bed. VS: 98.1-114-18, pulse oximeter decreased 88% on 7 liters.

5/25/2011: 00:30: OB at bedside. Attempted to reduce 7 liters to 2 liters and pulse oximeter dropped. HR 110 RR 22. O2 saturation 86% on 8 liters NRBM. To radiology for CT/PE per OB order. IV saline lock.

5/25/2011: 0100: transferred to radiology. Sat 90%. HR 118.

5/25/2011: 01:30 CT scan called regarding mother‘s request for “her RN” to come to CT before scan done. RN to CT scan after handoff of other patients completed.

5/25/2011 0900: RN Late entry note:

At 01:40 Patient found in CT room stating “I need to go to the bathroom. States having abdominal gas pain 8/10. RN assisted patient to CT bathroom. Patient closed door while I waited outside. After a few minutes I knocked on door to ask if she was OK and she said “I am OK.” After a few more minutes I heard labored breathing/panting coming from the bathroom. I opened the door and found her slumped on the toilet leaning towards the wall. She was unable to speak, pale with + heart rate and breathing noted. I called for help and rapid response called 0200. ED responded 0205. While placing mother on stretcher a syringe was noted in mother’s hand with IV hub or saline lock dangling.

Mock Case Overdose

Rapid Response/Code Blue Notes:

0200: Called to CT for complaints unresponsive postpartum woman s/p c/section day 2. Per RN unknown syringe found in patient's hand after became unresponsive in bathroom. History postpartum respiratory distress and increased pain. Pale. Abdomen soft. Abdominal dressing dry and intact.

0210: O2 sat 58%, BP 78/54, HR 168, RR 6. Patient intubated by ED physician. Etomidate. Rocuronium, Ativan.

0220: Hand bagged with increase o2 saturation noted 86%. VS: BP 124/60, resp 18, HR 168, 86% pulse ox.

0230: Asystole. CPR started.

0233: Epinephrine given. HR increased 140 with pulse. Narcan 2 mg given. Femoral labs/ABG drawn. Atropine given.

0240: HR 140's. Lovenox 80 mg sq. VS 134/84-96-18, 100%. Unresponsive to painful stimulation. Continues to be hand bagged.

0246: Asystole. CPR resumed. Dopamine 20 mcg IVPB, Epinephrine given. NaHCO3 given, ABG ph 6.94 pCO2 87 pO2 49 BE -18.

0251: CPR continued. Asystolic.

0252: Epi, CPR, bagged ventilation. Sat 100%.

0253: Bicarbonate IVP

0257: Epinephrine. CPR without response.

0301: Epi. tPA 10 mg IV push for possibility embolus. PEA/CPR with response.

0304: Epinephrine/PEA

0307: Bicarbonate/EPI

0308: No response. Code called.

MMRIA MOCK CASE: OVERDOSE CASE NARRATIVE

She died with cause of death of acute intoxication by heroin with underlying intravenous (IV) drug use 3 days after delivery.

Entry into prenatal care was at 20.5 weeks with 2 visits at a hospital clinic with an obstetrician (OB). Prenatal history was significant for anxiety, chronic back pain, prior Caesarean Section (C-section), tobacco, and opioid use, late-entry into prenatal care and not showing for appointments after 30 weeks. She was noted to be allergic to Toradol, Tramadol and NSAIDS.

She presented to hospital at 37 weeks' gestation. Drug screen on admission was positive for tetrahydrocannabinol (THC), opiates and cocaine. She denied trial of labor (TOL) and had repeat C- Section by an OB with spinal anesthesia. There was thick meconium noted at delivery but no other obstetric complications. Infant was 37 week's gestation and weighed 6 pounds ,2 ounces, Apgar scores were 8 and 8. Postpartum period (before discharge) was significant for continued maternal request for pain medication due to neck/back pain and requesting dilaudid for pain control. During social work consult on day 1 of delivery she disclosed substance use but did not want significant other to know this. Later that day she developed respiratory distress with oxygen saturation (O2 sat) decreasing to 65% and wheezing. Respiratory therapy provided albuterol treatments and OB ordered Chest X-Ray and computerized tomography (CT) scan to rule out (R/O) pulmonary embolus.

While waiting for CT scan she asked to use the restroom. Shortly after, the nurse found her in the bathroom slumped over, unresponsive and holding a syringe. Nurse called rapid response and code initiated but resuscitation was unsuccessful. She was pronounced dead 45 minutes after initiating the code.

An autopsy was conducted by a Medical Examiner. Significant findings included acute heroin toxicity.

Prenatal Care

Past obstetric history of C-section delivery for failure to progress. Her first child is diagnosed with autism and lives with grandmother. In the sentinel pregnancy she entered care at 20 weeks' gestation she was 5'1" and weighed 160 pounds.

Screening was performed for substance use and noted that she smokes 1 pack per day and positive for opioid use. Screening was performed for domestic violence and was found to be negative but past history of domestic violence from former partner. The pregnancy was complicated by late entry into care and chronic pain. There were no referrals during the prenatal period. Diagnostic procedures during pregnancy included ultrasound at 20 weeks' gestation. During the sentinel pregnancy she was on prenatal vitamins and Tylenol with codeine.

ER/Hospital Visit – L & D

She presented at 37 weeks' gestation to the ED in a level II Trauma Center via private vehicle at 04:00. Her chief complaint was contractions every two minutes. Her weight on admission was 170 pounds and her presenting vital signs were 98.2 temperature, heart rate: 96, respiratory rate: 12, blood pressure: 138/82, O2 sat: 99%. Physical examination on admission found she was 2-3 cm dilated and 80% effaced, -1 station. Labs performed included a complete blood count (CBC), urine analysis, urine drug screen, Group B strep, electrolytes, prothrombin time / partial thromboplastin time (PT/ PTT) with a positive drug screen noted. Diagnostic tests performed included ultrasound demonstrating 37 weeks' gestation, vertex, amniotic fluid index within normal limits, and fetal heart rate: 170.

She delivered by repeat C-Section by an OB under spinal anesthesia. Medications administered during labor and delivery or postpartum included Colace, Mylicon, Dilaudid, and Morphine. Infant developed low O2 sat and was taken to the NICU for observation. Complications during labor, delivery or postpartum (prior to discharge) include maternal complaints of failure to control pain.

Terminal Event

At 22:55 on the day after delivery her O2 sat dropped to 65%. O2 at 10L administered and Respiratory Therapy called for albuterol treatment. OB ordered Chest X-Ray and CT scan to R/O pulmonary embolus.

While in CT mother asked to use the restroom. Shortly after the nurse found her in the bathroom slumped over, unresponsive and holding a syringe. Nurse called rapid response and code initiated but resuscitation was unsuccessful. She was pronounced dead 45 minutes after initiating the code, at 02:15.

Autopsy

The case was reported to the medical examiner. Autopsy was performed. Core findings from the autopsy include the following:

Systems Exam (Gross Findings):

- No tracks or lines noted on extremities
- Lungs: right and left lung weigh 800 grams and 740 grams
- Lungs appear poorly expanded
- Endotracheal tube (ETT) positioned in the right mainstem
- Brain: dura matter and leptomeninges normal

Toxicology Results:

- Cannaboids 2ng/ml
- Oxycodone 91 mcg/L
- Morphine (free) 1.9 mg/L
- Cocaine metabolite (QNS)

Additional note: syringe in mother's hand tested positive for heroin

Cause of Death (per autopsy):

1. Acute and chronic IV drug use:
   a) IV heparin lock left hand.
   b) Old pin point scars noted left foot between
2. Acute intoxication by oxycodone
3. Pulmonary intravascular and perivascular foreign bodies
   a) Acute pulmonary edema
   b) Bilateral pleural effusions
   c) Left lung hypoperfusion, collapse
   d) Lung tissue red brown dark parenchyma
4. Primary low transverse c/section
   a) Stapled wound of lower incision
   b) Sutured incised lower uterine segment
   c) Hemoperitoneum 200 ml
5. Rib fractures: noted 4th, 5th on left side chest. Old healed fracture 4th rib on right side.

Demographics

She was a 28 year old, U.S. born, White woman who was never married, with a high school education. She had Medicaid insurance.

Social Determinants

Life course issues significant for single mother, unemployed, substance use and anxiety.

REVIEW DATE: 2 | 8 | 2017

RECORD ID #: Mock Case OD

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
- ☐ **UNABLE TO DETERMINE IF PREGNANCY-RELATED OR PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
- ☐ **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
- ☐ **SOMEWHAT COMPLETE**
  Major gaps (i.e. information that would have been crucial to the review of the case)
- ☒ **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**

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

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	Intoxication by heroin
CONTRIBUTING	Self inflicted
UNDERLYING	
OTHER SIGNIFICANT	3 days postpartum s/p repeat c/section

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH
Refer to page 3 for PMSS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

DID **OBESITY** CONTRIBUTE TO THE DEATH?	☐ YES	☐ PROBABLY	☒ NO	☐ UNKNOWN
DID **MENTAL HEALTH CONDITIONS** CONTRIBUTE TO THE DEATH?	☐ YES	☒ PROBABLY	☐ NO	☐ UNKNOWN
DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH?	☒ YES	☐ PROBABLY	☐ NO	☐ UNKNOWN
WAS THIS DEATH A **SUICIDE**?	☐ YES	☐ PROBABLY	☒ NO	☐ UNKNOWN
WAS THIS DEATH A **HOMICIDE**?	☐ YES	☐ PROBABLY	☒ NO	☐ UNKNOWN

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

- ☐ FIREARM
- ☐ SHARP INSTRUMENT
- ☐ BLUNT INSTRUMENT
- ☒ POISONING/ OVERDOSE
- ☐ HANGING/ STRANGULATION/ SUFFOCATION
- ☐ FALL
- ☐ PUNCHING/ KICKING/BEATING
- ☐ EXPLOSIVE
- ☐ DROWNING
- ☐ FIRE OR BURNS
- ☐ MOTOR VEHICLE
- ☐ INTENTIONAL NEGLECT
- ☐ OTHER, SPECIFY:
- ☐ UNKNOWN
- ☐ NOT APPLICABLE

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

- ☐ NO RELATIONSHIP
- ☐ PARTNER
- ☐ EX-PARTNER
- ☐ OTHER RELATIVE
- ☐ OTHER ACQUAINTANCE
- ☐ OTHER, SPECIFY:
- ☐ UNKNOWN
- ☐ NOT APPLICABLE

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**? [X] YES [ ] NO

CHANCE TO ALTER OUTCOME? [ ] GOOD CHANCE [X] SOME CHANCE [ ] NO CHANCE [ ] UNABLE TO DETERMINE

CONTRIBUTING FACTORS WORKSHEET

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

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTOR AND DESCRIPTION OF ISSUE
PATIENT/FAMILY	Chronic disease (substance prior to pregnancy, during pregnancy and postpartum) delay prenatal care; trauma (history previous abuse, previous child with developmental delay for which she felt responsible for, now having this newborn in NICU with drug withdrawal) adherence (medical recommendation control measures)
PROVIDER	Referral (lack community referral during PNC for known drug user with positive toxicology); continuity of care/care coordination (individual pain management plan postpartum for substance using woman with chronic pain issues)
FACILITY	Failure to screen/inadequate assessment of risk
SYSTEM	Policies/ procedures (lack consistent policy identification and treatment plans for substance using mothers); (importance system support for health care providers who experience unexpected maternal death)
COMMUNITY	Knowledge (substance use; in pregnancy and postpartum)

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

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

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?

RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SEE BELOW)	LEVEL OF IMPACT (SEE BELOW)
State perinatal quality collaborative should educate prenatal care providers on screening and best practices for care of opioid-dependent mothers during pregnancy and the postpartum period.	secondary	medium
State ACOG chapter should garner state legislative support for increased treatment programs for women with substance use disorders in pregnancy and postpartum.	primary	giant
Insurers should reimburse for outpatient case management and coordination between obstetric and MAT providers.		
Obstetric providers should screen for substance use and mental health disorders at multiple points across prenatal care and postpartum period.	tertiary	medium
L&D nurses should refer pregnant and postpartum women with known substance use disorders to currently available treatment options.	tertiary	medium
Obstetric and MAT providers should educate women with history of opioid use on increased risk of overdose postpartum: physiologic changes of pregnancy and abstinence from substances during pregnancy decrease tolerance, and mental illness and stress are known triggers for relapse.		
Perinatal quality collaborative should advocate for multidisciplinary, long-term case management for mother-infant dyads affected by substance use disorders, beginning during prenatal care and continuing after 6 weeks postpartum.	secondary	medium

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 an ongoing contributing factor once it has occurred (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **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 through obstetrics (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.)

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, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

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

CONTRIBUTING FACTOR DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The woman was delayed in seeking or did not access care, treatment, or follow-up care/actions (e.g. missed appointment and did not reschedule).

ADHERENCE TO MEDICAL RECOMMENDATIONS

The woman did not accept medical advice (e.g. refused treatment for religious or other reasons or left the hospital against medical advice).

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

The woman 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).

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).

ENVIRONMENTAL FACTORS

Factors related to weather or terrain (e.g. the advent of a sudden storm leads to a motor vehicle accident).

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse other than that perpetrated by intimate partner (e.g. family member or stranger); IPV: Physical or emotional abuse perpetrated by the woman's current or former intimate partner.

MENTAL HEALTH CONDITIONS

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

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

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

CHRONIC DISEASE

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

CHILDHOOD SEXUAL ABUSE/TRAUMA

Woman experienced rape, molestation, or other sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or woman experienced physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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.

UNSTABLE HOUSING

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

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

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional (e.g. domestic violence, no one to rely on to ensure appointments were kept).

INADEQUATE OR UNAVAILABLE **EQUIPMENT/ TECHNOLOGY**

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

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).

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**

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.

CLINICAL SKILL/QUALITY OF CARE

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).

INADEQUATE COMMUNITY **OUTREACH**/RESOURCES

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

INADEQUATE LAW **ENFORCEMENT** RESPONSE

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

LACK OF **REFERRAL** OR CONSULTATION

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

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.

LEGAL

Legal considerations that impacted outcome.

MMRIA MOCK CASE: PREECLAMPSIA

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U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO. 23647 STATE FILE NO. 89101

NAME OF DECEDENT
For use by physician or institution
To Be Completed/ Verified By: FUNERAL DIRECTOR:

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): Cynthia Elliot
2. SEX: F
3. SOCIAL SECURITY NUMBER: xxx-xx-9999
4a. AGE-Last Birthday (Years): 35
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 10/04/1976
6. BIRTHPLACE (City and State or Foreign Country): Ohio
7a. RESIDENCE-STATE: Washington, DC
7b. COUNTY: Washington
7c. CITY OR TOWN: District of Columbia
7d. STREET AND NUMBER: 3001 Connecticut Ave. NW
7e. APT. NO.:
7f. ZIP CODE: 20008
7g. INSIDE CITY LIMITS? ☒ Yes ☐ No
8. EVER IN US ARMED FORCES? ☐ Yes ☒ No
9. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): James Elliot
11. FATHER'S NAME (First, Middle, Last):
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Cynthia Smith
13a. INFORMANT'S NAME: James Elliot
13b. RELATIONSHIP TO DECEDENT: Husband
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 3001 Connecticut Ave. NW Washington, DC
14. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):
15. FACILITY NAME (If not institution, give street & number): General Hospital
16. CITY OR TOWN, STATE, AND ZIP CODE: Washington, DC
17. COUNTY OF DEATH: Washington
18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
20. LOCATION-CITY, TOWN, AND STATE
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Washington Funeral Home 800 F Street Washington, DC 20040
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: George Washington
23. LICENSE NUMBER (Of Licensee): 12345

To Be Completed By: MEDICAL CERTIFIER

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Mo/Day/Yr): 06/25/2012
25. TIME PRONOUNCED DEAD: 0750
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)
27. LICENSE NUMBER
28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)
30. ACTUAL OR PRESUMED TIME OF DEATH
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death)	a. Cerebral Edema	
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**	b. Severe Toxemia	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☒ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)
39. TIME OF INJURY
40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
41. INJURY AT WORK? ☐ Yes ☐ No
42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code:
43. DESCRIBE HOW INJURY OCCURRED:
44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
45. CERTIFIER (Check only one):
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature of certifier: Jack Fulton MD
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Jack Fulton MD 1776 D St. NW Washington, DC 20560
47. TITLE OF CERTIFIER: MD
48. LICENSE NUMBER: 456
49. DATE CERTIFIED (Mo/Day/Yr): 06/25/2012
50. **FOR REGISTRAR ONLY**- DATE FILED (Mo/Day/Yr)

To Be Completed By: FUNERAL DIRECTOR

51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Lawyer
55. KIND OF BUSINESS/INDUSTRY: Legal

REV. 11/2003

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

LOCAL FILE NO. 12345 BIRTH NUMBER: 67891

CHILD

1. CHILD'S NAME (First, Middle, Last, Suffix): Robert Elliot
2. TIME OF BIRTH (24 hr): 0640
3. SEX: M
4. DATE OF BIRTH (Mo/Day/Yr): 06/21/2012
5. FACILITY NAME (If not institution, give street and number): General Hospital 1776 D St. NW
6. CITY, TOWN, OR LOCATION OF BIRTH: Washington, DC
7. COUNTY OF BIRTH: Washington

MOTHER

8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): Cynthia Elliot
8b. DATE OF BIRTH (Mo/Day/Yr): 10/04/1976
8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix): Cynthia Smith
8d. BIRTHPLACE (State, Territory, or Foreign Country): Ohio
9a. RESIDENCE OF MOTHER-STATE: Washington, DC
9b. COUNTY: Washington
9c. CITY, TOWN, OR LOCATION: Washington , DC
9d. STREET AND NUMBER: 3001 Connecticut Ave. NW
9e. APT. NO.:
9f. ZIP CODE: 20008
9g. INSIDE CITY LIMITS? ☒ Yes ☐ No

FATHER

10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix): James Elliot
10b. DATE OF BIRTH (Mo/Day/Yr): 02/05/1978
10c. BIRTHPLACE (State, Territory, or Foreign Country): Maine

CERTIFIER

11. CERTIFIER'S NAME: Susan Manner
TITLE: ☒ MD ☐ DO ☐ HOSPITAL ADMIN. ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)_____
12. DATE CERTIFIED: 06 / 21 / 2012 (MM DD YYYY)
13. DATE FILED BY REGISTRAR: 06 / 21 / 2012 (MM DD YYYY)

INFORMATION FOR ADMINISTRATIVE USE

MOTHER

14. MOTHER'S MAILING ADDRESS: ☒ Same as residence, or: State: City, Town, or Location:
Street & Number: Apartment No.: Zip Code:
15. MOTHER MARRIED? (At birth, conception, or any time between) ☒ Yes ☐ No
IF NO, HAS PATERNITY ACKNOWLEDGEMENT BEEN SIGNED IN THE HOSPITAL? ☐ Yes ☐ No
16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? ☒ Yes ☐ No
17. FACILITY ID. (NPI)
18. MOTHER'S SOCIAL SECURITY NUMBER: xxx-xx-9999
19. FATHER'S SOCIAL SECURITY NUMBER: xxx-xx-2345

INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY

MOTHER

20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)
- ☒ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina

(Specify)_____

22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)
- ☐ White
- ☒ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

FATHER

23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☒ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)
- ☒ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify)_____

25. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)
- ☐ White
- ☒ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

Mother's Name

Mother's Medical Record No.

26. PLACE WHERE BIRTH OCCURRED (Check one)
- ☒ Hospital
- ☐ Freestanding birthing center
- ☐ Home Birth: Planned to deliver at home? 9 Yes 9 No
- ☐ Clinic/Doctor's office
- ☐ Other (Specify)_____

27. ATTENDANT'S NAME, TITLE, AND NPI
NAME: Greg Lewis NPI: 561
TITLE: ☒ MD ☐ DO ☐ CNM/CM ☐ OTHER MIDWIFE
☐ OTHER (Specify)_____

28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☒ No
IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:
_____

REV. 11/2003

MOTHER

29a. DATE OF FIRST PRENATAL CARE VISIT: 11 / 21 / 2011 (MM / DD / YYYY) ☐ No Prenatal Care

29b. DATE OF LAST PRENATAL CARE VISIT: 06 / 13 / 2012 (MM / DD / YYYY)

30. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY: 12 (If none, enter "0".)

31. MOTHER'S HEIGHT: 5'7" (feet/inches)

32. MOTHER'S PREPREGNANCY WEIGHT: 170 (pounds)

33. MOTHER'S WEIGHT AT DELIVERY: 210 (pounds)

34. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☒ No

35. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child): 0

35a. Now Living: Number _____ ☐ None

35b. Now Dead: Number _____ ☐ None

36. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies)

36a. Other Outcomes: Number 2 ☐ None

37. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".

Average number of cigarettes or packs of cigarettes smoked per day.

	# of cigarettes		# of packs
Three Months Before Pregnancy	N/A	OR	
First Three Months of Pregnancy		OR	
Second Three Months of Pregnancy		OR	
Third Trimester of Pregnancy		OR	

38. PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY
☒ Private Insurance
☐ Medicaid
☐ Self-pay
☐ Other (Specify) _____

35c. DATE OF LAST LIVE BIRTH: ____ / ____ (MM / YYYY)

36b. DATE OF LAST OTHER PREGNANCY OUTCOME: 04 / 2011 (MM / YYYY)

39. DATE LAST NORMAL MENSES BEGAN: 09 / 25 / 2011 (MM / DD / YYYY)

40. MOTHER'S MEDICAL RECORD NUMBER: 123456

MEDICAL AND HEALTH INFORMATION

41. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis in this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, preeclampsia)
- ☒ Eclampsia

- ☐ Previous preterm birth
- ☐ Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)
- ☒ Pregnancy resulted from infertility treatment-If yes, check all that apply:
  - ☒ Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination
  - ☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))
- ☐ Mother had a previous cesarean delivery
  If yes, how many _____
- ☐ None of the above

42. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ None of the above

43. OBSTETRIC PROCEDURES (Check all that apply)
- ☐ Cervical cerclage
- ☐ Tocolysis

External cephalic version:
- ☐ Successful
- ☐ Failed

- ☒ None of the above

44. ONSET OF LABOR (Check all that apply)
- ☐ Premature Rupture of the Membranes (prolonged, ≥12 hrs.)
- ☐ Precipitous Labor (<3 hrs.)
- ☐ Prolonged Labor (≥ 20 hrs.)
- ☒ None of the above

45. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)
- ☐ Induction of labor
- ☐ Augmentation of labor
- ☐ Non-vertex presentation
- ☐ Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- ☐ Antibiotics received by the mother during labor
- ☐ Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
- ☐ Moderate/heavy meconium staining of the amniotic fluid
- ☒ Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
- ☒ Epidural or spinal anesthesia during labor
- ☐ None of the above

46. METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☒ No

B. Was delivery with vacuum extraction attempted but unsuccessful?
☐ Yes ☒ No

C. Fetal presentation at birth
- ☒ Cephalic
- ☐ Breech
- ☐ Other

D. Final route and method of delivery (Check one)
- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vacuum
- ☒ Cesarean

If cesarean, was a trial of labor attempted?
☐ Yes
☒ No

47. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)
- ☒ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☒ Unplanned hysterectomy
- ☒ Admission to intensive care unit
- ☒ Unplanned operating room procedure following delivery
- ☐ None of the above

NEWBORN

NEWBORN INFORMATION

48. NEWBORN MEDICAL RECORD NUMBER: 12345

49. BIRTHWEIGHT (grams preferred, specify unit): 3218 (9 grams 9 lb/oz)

50. OBSTETRIC ESTIMATE OF GESTATION: 38 (completed weeks)

51. APGAR SCORE:
Score at 5 minutes: 8
If 5 minute score is less than 6,
Score at 10 minutes: _____

52. PLURALITY - Single, Twin, Triplet, etc.
(Specify) single

53. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify) _____

54. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)
- ☐ Assisted ventilation required immediately following delivery
- ☐ Assisted ventilation required for more than six hours
- ☒ NICU admission
- ☐ Newborn given surfactant replacement therapy
- ☐ Antibiotics received by the newborn for suspected neonatal sepsis
- ☐ Seizure or serious neurologic dysfunction
- ☐ Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- 9 None of the above

55. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
- ☐ Anencephaly
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hypospadias
- ☒ None of the anomalies listed above

56. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? 9 Yes ☒ No
IF YES, NAME OF FACILITY INFANT TRANSFERRED TO: _____

57. IS INFANT LIVING AT TIME OF REPORT? ☒ Yes ☐ No ☐ Infant transferred, status unknown

58. IS THE INFANT BEING BREASTFED AT DISCHARGE? ☐ Yes ☒ No

Mother's Name _____ Mother's Medical Record No. _____

BIRTH CERTIFICATE, PAGE 2 OF 2

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

OBSTETRIC MEDICAL HISTORY

Name: Elliot (LAST) Cynthia (FIRST) (MIDDLE)

Date Form Completed: 11 – 21 – 2011

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Personal Health History

1. ☒ Yes ☐ No Have you ever had an allergic reaction to a medication or vaccine component?

If yes, please list: Azithromycin: hives. Potassium Clavulanate: rash. Amoxicillin Trihydrate rash.

Any other allergies or reactions?

2. Please mark any condition that you have or have had in the past:

- ☐ Epilepsy
- ☐ Headaches
- ☐ Thyroid Disorder
- ☐ Breast Disease
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Cancer
- ☐ Anemia
- ☐ von Willebrand disease or other bleeding disorders
- ☐ Blood Clotting Disorder (eg, Phlebitis/Thrombophilia)
- ☐ Blood Transfusion
- ☐ Gastrointestinal Illness
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Recurrent Urinary Tract Infections
- ☐ Gestational Diabetes
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Arthritis or Lupus
- ☐ Skin Disorders
- ☐ Prior Preterm Birth
- ☐ Group B Streptococcus In Prior Pregnancy
- ☐ Herpes
- ☐ Sexually Transmitted Infections
- ☐ HIV/AIDS
- ☐ Frequent Infections
- ☐ Psychiatric Illness
- ☐ Depression/Postpartum Depression
- ☐ Eating Disorder
- ☒ Other: Multiple scleros

Describe, if needed: On Rebif

3. Please indicate any surgery or hospitalization that you have had and the date:

4. Please describe any health problems or symptoms that you are having at this time:

5. ☐ Yes ☒ No Do you or any family member have a history of problems with anesthesia?

If yes, please describe:

6. ☐ Yes ☒ No Do you have any objections to any form of medical treatment (eg, blood transfusion)?

If yes, please describe:

Patient Addressograph

Exposures Affecting Health

1. ☐ Yes ■ No Do you currently or have you in the past year smoked, chewed, used any type of nicotine delivery system (ENDS), or vaped?
   If yes, how many packs per day? _____ If former smoker/user, when did you quit? _____

2. ☐ Yes ■ No Do you drink alcoholic beverages now or did you before you became pregnant?
   If yes, please indicate number of drinks per week: _____
   What type of drinks? _____

3. Please list any medications taken since your last period, including prescriptions, over-the-counter drugs, multivitamins, other supplements, and any herbal medicines: Clomid

4. ☐ Yes ■ No Have you used any street drugs since your last menstrual period (eg, cocaine, marijuana, opioids)?
   If yes, please indicate number of uses per week: _____
   What type of drugs? _____

5. ☐ Yes ■ No Do you have any reason to believe you or your partner may have been exposed to HIV/AIDS? This may include a history of blood transfusion, IV drug use, sex with gay or bisexual men, or sex with someone who has used IV drugs?

6. ☐ Yes ■ No Have you been exposed to chemicals (eg, pesticides, lead, hazardous material/agents) or radiation (eg, X-rays) since you became pregnant?
   If yes, please describe: _____

7. ☐ Yes ■ No Are you on a restricted diet?
   If yes, please describe: _____

Gynecologic Health History

1. When was your last Pap test? _____
   ☐ Yes ■ No Have you received all three doses of the HPV vaccine?
   ☐ Yes ■ No Have you ever had an abnormal pap test?
   If yes, when and how were you treated? _____
   What was the diagnosis? _____
   ☐ Yes ■ No Have you ever had HPV?

2. ☐ Yes ■ No Have you ever had ☐ Gonorrhea ☐ Chlamydia ☐ Pelvic Inflammatory Disease
   If yes, when, how, and where were you treated? _____

3. ☐ Yes ■ No Have you ever had herpes?
   If yes, where do you have outbreaks? _____
   If yes, how often do you have outbreaks? _____
   ☐ Yes ■ No Have you ever had syphilis?
   If yes, how, when, and where were you treated? _____

4. ☐ Yes ■ No Have you ever used an intrauterine device (IUD) for contraception?
   If yes, please indicate when: _____
   ☐ Yes ■ No Did you have any problem with the IUD?
   If yes, please describe: _____

5. ■ Yes ☐ No Have you been treated for infertility?
   If yes, please describe when and treatment received: Had 2 miscarriages. On Clomid since 9/11.

6. ☐ Yes ■ No Do you have any other concerns related to your past health history?
   If yes, please list: _____

OBSTETRIC MEDICAL HISTORY (FORM B, page 2 of 4)

Patient Addressograph

Family History & Genetic Screening

1. What is your ethnicity? African American What is the ethnicity of the baby's father? English, Polish, Lithuanian

2. ☐ Yes ■ No Have you or has the baby's father had a child born with a birth defect?
If yes, please describe: _____

3. ☐ Yes ■ No Did either you or the baby's father have a birth defect?
If yes, please describe: _____

4. Please describe any special needs that have occurred in children of your family or the baby's father's family (eg, cognitive impairment/intellectual disability, birth defects, early infant death, deformities, or inherited diseases, such as hemophilia, muscular dystrophy, or cystic fibrosis):
Husband and brother pyloric stenosis, husband's nephew has ADD and is on autism spectrum.
How is this child/person related to you? _____

5. ■ Yes ☐ No Do you or does the baby's father have a history of pregnancy losses (miscarriages or stillbirths)?
If yes, have either of you had genetic counseling? ■ Yes ☐ No
If yes, have either of you had chromosomal testing? ■ Yes ☐ No
Where and what were the results? MTHFR found

6. Some genetic problems occur more in couples with certain racial or ancestral backgrounds. Please check if you are, or the baby's father is, of one of these backgrounds:

☐ Yes ■ No Eastern European Jewish (Ashkenazi) Ancestry
If yes, have you had tay–sachs screening tests? ☐ Yes ☐ No
If yes, have you had a canavan screening test? ☐ Yes ☐ No
If yes, have you had familial dysautonomia screening? ☐ Yes ☐ No
Date: ____/____/____ Result: _____

■ Yes ☐ No African American
If yes, have you had sickle cell screening? ☐ Yes ☐ No
Date: 09/21/20´ Result: Negative

☐ Yes ■ No Mediterranean Ancestry or Southeast Asian Ancestry
If yes, have you had screening for inherited forms of anemia such as Thalassemia? ☐ Yes ☐ No

☐ Yes ■ No French Canadian or Cajun Ancestry
If yes, have you had Tay–Sachs screening tests? ☐ Yes ☐ No

7. ☐ Yes ■ No Have you had cystic fibrosis screening?

8. ■ Yes ☐ No Have you had any other genetic carrier screening, such as an expanded carrier screening?
Screening: Chromosomes Date: 04/25/11 Result: See notes

9. Please list any other concerns you have about birth defects or inherited disorders:
Chromosome results from tissue of miscarriage show 6 to 20 cells had extra genetic material; one copy of the chromosome 2.

10. ■ Yes ☐ No Do you want a test that will tell you about your risk to have a baby with Down syndrome?

11. ☐ Yes ■ No Is the father 45 years or older?

Patient Addressograph

Psychosocial Screening*

1.	☐ Yes ■ No	Do you have any problems (eg, job, transportation) that prevent you from keeping your health care appointments?
2.	☐ Yes ■ No	Do you feel unsafe where you live?
3.	☐ Yes ■ No	Are you exposed to second-hand smoke? ☐ Yes ☐ No In the past 2 months, have you used any form of tobacco, including smoked, chewed, any type of nicotine delivery system (ENDS), and vaped?
4.	☐ Yes ■ No	In the past 2 months, have you used drugs or alcohol (including beer, wine, or mixed drinks)?
5.	☐ Yes ■ No	In the past year, have you been threatened, hit, slapped, or kicked by anyone you know?
6.	☐ Yes ■ No	Has anyone forced you to perform any sexual act that you did not want to do?
7.	On a 1–5 scale, how do you rate your current stress level?	Low 1 2✓ 3 4 5 High
8.	How many times have you moved in the past 12 months? 0	
9.	If you could change the timing of this pregnancy, would you want it	■ earlier ☐ later ☐ not at all/NA

*Modified and reprinted with permission from Florida's Healthy Start Prenatal Risk Screening Instrument. Florida Department of Health. DH 3134. September 1997.

PATIENT SIGNATURE

Cynthia Elliot

PRINT NAME

11/21/2011

DATE

Notes

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Patient Addressograph

ANTEPARTUM RECORD

Date: 11 — 21 — 2011 ID #: 126482

Hospital of Delivery: General Hospital

Name: Elliot (LAST) Cynthia (FIRST) (MIDDLE)

Newborn Care Provider: Neighborhood Pediatric Group

Primary Care Provider/Group: Dr. Thompson (Internist)

Final EDD: 07/01/2012

Birth Date: 10 — 04 — 1976 Age: 35 Race: Black Marital Status: S M✓ W D Sep

Occupation: Lawyer Education: (Last Grade Completed) Doctorate

Language: Englis Ethnicity: Black

Partner: James Elliot Phone: 888-245-3167

Father Of Baby: James Elliot Phone:

Referred By: Friend

Address: Washington, DC

Address: 3001 Connecticut Ave. NW, Washington, DC

Zip: 20008 Phone: 888-245-3166 (1) (2)

E-Mail: n/a

Insurance Carrier/Medicaid #: Private

Policy #: 23456

Emergency Contact: Phone:

Total Preg:	Full Term:	Premature:	Ab, Induced:	Ab, Spontaneous:	Ectopics:	Multiple Births:	Living:
3	0	0	0	2	0	0	0

Menstrual History

Lmp ■ Definite ☐ Approximate (Month Known) ☐ Unknown ☐ Normal Amount/Duration ☐ Final: _____

Duration: Q _____ Days

Prior Menses: _____ Date

Frequency: Q _____ Days

Contraception at conception ☐ Yes ■ No

Menarche: 14 (Age Onset)

Hcg + ___/___/___

Past Pregnancies (Last Five)

Date Month/ Year	GA Weeks	Length Of Labor	Birth Weight	Sex M/F	Type Of Delivery	Anes	Place Of Delivery	Breastfeeding Duration	Lactation Consult Needed Yes/No	Comments/ Complications
04/25/11	6-7 wks									Miscarriage
2009	8 wks									Miscarriage

Medical History

	P*	F*	Detail Positive Remarks Include Date & Treatment
A. Drug/Latex Allergies/ Reactions B. Allergies (Food, Seasonal, Environmental)	✓		Azithromycin-hives, Potassium Clavulanate-rash, Amoxicillin Trihydrate-rash
1. Neurologic/Epilepsy			
2. Thyroid Dysfunction			
3. Breast Disease/Breast Surgery			
4. Pulmonary (TB, Asthma)			
5. Heart Disease		✓	Sister with coronary heart disease; father with CVA and CAD.
6. Hypertension			
7. Cancer		✓	Paternal GM with stomach cancer, maternal grandfather with throat cancer.
8. Hematologic Disorders			
9. Anemia			
10. Gastrointestinal Disorders			
11. Hepatitis/Liver Disease			
12. Kidney Disease/UTI			
13. Deep Vein Thrombosis			
14. Diabetes (Type 1 Or Type 2)		✓	Maternal aunt with diabetes, maternal gr and father with diabetes.
15. Gestational Diabetes			
16. Autoimmune Disorders	✓		Multiple sclerosis; was on Rebif.
17. Dermatologic Disorders			
18. Operations/Hospitalizations (Year & Reason)			
19. Gyn Surgery (Year & Reason)			
20. Anesthetic Complications			
21. History Of Blood Transfusions			
22. Infertility	✓		On infertility treatment.
23. Art (IVF Or FET)			
24. History of Abnormal Pap			
25. History of STI			
26. Psychiatric Illness			
27. Depression/Postpartum Depression			
28. Trauma/Violence			
29. Tobacco (Smoked, Chewed, ENDS, Vaped) (AMT/Day)			
30. Alcohol (AMT/Wk)			
31. Drug Use (Including Opioids) (Uses/Wk)			
32. Polycystic Ovary Syndrome			
33. Other			

Prepreg	Preg	# Years Use

*P= Personal F= Family

COMMENTS: _____

 (AA128) 12345/09876

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 –2011

Genetic Screening*

Condition	Patient	Partner	Other	Relationship
Congenital Heart Defect				
Neural Tube Defect				
Hemoglobinopathy Or Carrier				
Cystic Fibrosis				
Chromosome Abnormality				
Tay–Sachs				
Hemophilia				
Intellectual Disability/Autism			✓	Nephew
Recurrent Pregnancy Loss/Stillbirth				
Other Structural Birth Defect				
Other Genetic Disease (eg, PKU, Metabolic Disease, Muscular Dystrophy)	✓			

Teratogen Exposures Since LMP/Conception

	Yes	No	Details/Date
Prescription Medications	✓		Clomid
Over The Counter Medications		✓	
Alcohol		✓	
Illicit Drugs		✓	
Maternal Diabetes		✓	HGB A1C
Other			
Uterine Anomaly/DES		✓	

*If a patient has been screened for a genetic disorder previously, the results should be documented but the test should not be repeated.

COMMENTS/COUNSELING: Mother with MS. Husband and brother pyloric stenosis. Husband's nephew autism spectrum. Husband's daughter developmenta delay.

Infection History

	Yes	No		Yes	No
1. Live with Someone with TB or Exposed to TB		✓	6. HIV Infection		✓
2. Patient or Partner has History of Genital Herpes		✓	7. History Of Hepatitis		✓
3. Rash or Viral Illness Since Last Menstrual Period		✓	8. Recent Travel History Outside Of Country		✓
4. Prior GBS-Infected Child		✓	9. Other (See Comments)		
5. History of STIS: (Check All That Apply) ☐ Gonorrhea ☐ Chlamydia ☐ HPV ☐ Syphilis ☐ PID					

COMMENTS: _____

INTERVIEWER'S SIGNATURE: _____

Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*	Immunizations	Yes (Month/Year) ___/___	No	If No, Vaccine Indicated?*
TDAP (Each pregnancy; between 27–36 weeks)		✓		Hepatitis A (When Indicated)		✓	
Influenza† (Each pregnancy as soon as vaccine is available)		✓	Refused	Hepatitis B (When Indicated)			
Varicella†				Meningococcal (When Indicated)		✓	
MMR (Rubella-containing vaccine)†				Pneumococcal (When Indicated)		✓	
HPV		✓					

*Yes/No & date to be administered

†All live vaccines are contraindicated in pregnancy, including the live intranasal influenza, MMR, and varicella vaccines. All women who will be pregnant during influenza season (October through May) should receive inactivated influenza vaccine at any point in gestation. Administer the HPV, MMR, and varicella vaccines postpartum if needed. The Tdap vaccine can be given postpartum if the woman has never received it as an adult and did not get it during pregnancy.

Initial Physical Examination

Date: 11 / 21 / 2011 BP/Prepregnancy Weight: 170 Height: 5'7" BMI: 26.6

1. Heent	✓	Normal		Abnormal	11. Vulva	✓	Normal		Condyloma		Lesions	
2. Teeth	✓	Normal		Abnormal	12. Vagina	✓	Normal		Inflammation		Discharge	
3. Thyroid	✓	Normal		Abnormal	13. Cervix	✓	Normal		Inflammation		Lesions	
4. Breasts	✓	Normal		Abnormal	14. Uterus Size	8	Weeks				Fibroids	
5. Lungs	✓	Normal		Abnormal	15. Adnexa	✓	Normal		Mass			
6. Heart	✓	Normal		Abnormal	16. Rectum	✓	Normal		Abnormal			
7. Abdomen	✓	Normal		Abnormal	17. Clinical Pelvimetry		Concerns	✓	No Concerns			
8. Extremities	✓	Normal		Abnormal								
9. Skin	✓	Normal		Abnormal								
10. Lymph Nodes		Normal		Abnormal								

COMMENTS (Number and explain abnormals): _____

EXAM BY: G. Lewis MD, OBGYN

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 –2011

Drug Allergy: Yes

Latex Allergy ☐ Yes ■ No

Postpartum Contraception Method: _____

Counseled About LARC? ☐ Yes ■ No

Is Blood Transfusion Acceptable? ■ Yes ☐ No

Antepartum Anesthesia Consult Planned ■ Yes ☐ No

Problems	Plans	Resolved?
1. Infertility		
2. Hetero MTHFR		
3. Multiple sclerosis		
4. Headaches		
5. AMA		

Medication List (Including Opioids)	Start Date	Stop Date
1. Fioricet	– –	– –
2. Zyrtec	– –	– –
3. Prenatal vitamins	– –	– –
4. Rhinocort Aqua 32 mcg/actuation nasal spray	– –	– –
5.	– –	– –

EDD Confirmation

Lmp:	09 – 25 – 2011	=	07/01/2012	=	EDD	–	–	
Initial Exam:	11 – 21 – 2011	=	8	Wks =	EDD	–	–	
Ultrasonography:	11 – 21 – 2011	=	8	Wks =	EDD	–	–	
Final Edd:	07 – 02 – 2012			IVF Transfer:		–	–	
Initialed By: GL								

Pregnancy Weight Gain

Prepregnancy Weight	170
Height	5'7"
BMI	26.6
Estimated Weight Gain	
Recommended Weight Gain	25 pounds

Prepregnancy Weight 170

BMI 26.6

Date	Weeks Gest. (Best Est.)	Weight	Blood Pressure	Urine (Albumin/Glucose)	Pain Scale* (0–10)	Fetal Movement	Preterm Labor Signs/Symptoms: +=Present ○=Absent	FHR	Fundal Height (CM)/EFW	Presentation	Edema	Cervix Examination (DIL./EFF. STA.) Length On Ultrasonography	Next Appointment	Provider (Initials)	Comments:
11 – 21 – 11	8	180	102 82	n n	0	-	o	170	-	-	-	-	1 wk	CNM	New OB intake. See notes.
11 – 30 – 11	9	180	120 72	n n	0	-	o	168	-	-	-	-	4 wks	OB	GC/US and PAP. See notes.
01 – 11 – 12	15	180	120 74	n n	0	-	o	166	-		-	-	4 wks	CNM	Here for US.
02 – 15 – 12	20	186	118 68	n n	0	+	o	156	-	-	-	-	4 wks	CNM	Glucose instructions given. See notes.
03 – 26 – 12	26	186	104 78	n n	0	+	o	160	-	-	-	-	4 wks	CNM	Doing well. See notes.
04 – 25 – 12	30	191	122 68	n n	0	+	o	162	-	-	-	-	2 wks	OB	Labs reviewed. C/o cramping. See notes.
05 – 07 – 12	32	194	118 74	n n	0	+	o	168					2 wks	CNM	No complaints.
05 – 15 – 12	33	200	118 72	n n	0	+	o	166	-	-	+1	-	1 wk	OB	See notes.
05 – 21 – 12	34	200													See notes.
05 – 23 – 12	34	198	128 72	n	0	+							1 wk	OB	See notes.
05 – 31 – 12	35														Here for US. Concern FM.
06 – 06 – 12	36	200	130 88	n n	0	+		170					1 wk		See notes.
06 – 08 – 12	36	205	128 78	n n	0	+	o	168					1 wk		No complaints.(See page 8 for addl notes

*Describe the intensity of discomfort ranging from 0 (no pain) to 10 (worst possible pain).

(AA128) 12345/09876

ANTEPARTUM RECORD (FORM C, page 3 of 8)

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 – 1976	ID No.: 126482	Date: 11 – 21 – 2011

Laboratory and Screening Tests

Initial Labs	Date	Result	Reviewed	Comments/Additional Labs
Blood Type	11 – 18 – 11	A B AB O ✓		
D (Rh) Type	11 – 18 – 11	Positive		
Antibody Screen	11 – 18 – 11	Negative		
Complete Blood Count	11 – 18 – 11	HCT/HGB: 12 % 38 g/dL MCV: 92.5 PLT: 373,000		
VDRL/RPR (Syphilis)	11 – 18 – 11	Negative		
Urine Culture/Screen	11 – 18 – 11	UA wnl/C&S negative		
HBsAg	11 – 18 – 11	Negative		
HIV Testing	11 – 18 – 11	Pos. Neg. ✓ Declined		
Chlamydia (When Indicated)	11 – 18 – 11	Negative		
Gonorrhea (When Indicated)	11 – 18 – 11	Negative		
Rubella Immunity	11 – 18 – 11	Immune		
Other:				

Supplemental Labs	Date	Result	Reviewed
Hemoglobin Electrophoresis	– –	AA AS SS AC	
PPD/Quanta (When Indicated)	– –		
Pap Test (When Indicated)	11 – 18 – 11	Negative	
HPV (When Indicated)	– –		
Early Diabetes Screen (When Indicated)	– –	Pos. Neg. Declined	
Varicella Immunity (When Indicated)	– –		
Cystic Fibrosis	– –	Pos. Neg. Declined	
Spinal Muscular Atrophy	– –	Pos. Neg. Declined	
Fragile X	– –	Pos. Neg. Declined	
Tay–Sachs	– –	Pos. Neg. Declined	
Canavan Disease	– –	Pos. Neg. Declined	
Familial Dysautonomia	– –	Pos. Neg. Declined	
Genetic Screening Tests (See Form B)	– –	Pos. Neg. Declined	
Other:			

8–20-Week Aneuploidy Screening	Date Test Performed	Result
Aneuploidy Screening Offered	– –	Accepted Declined GA Too Advanced
1st Trimester Aneuploidy Screening	– –	Pos Neg
2nd Trimester Serum Screening	01 – 11 – 12	Pos Neg ✓
Integrated Screening	– –	Pos Neg
Cell-Free DNA	– –	Pos Neg
CVS	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniocentesis	– –	Karyotype: 46,XX Or 46,XY/Other_____ Array
Amniotic Fluid (AFP)	– –	Normal Abnormal
Other:		

(continued)

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 –2011

Laboratory and Screening Tests *(continued)*

Late Pregnancy Labs and Screening	Date	Result	Reviewed
Tdap Vaccination (Every Pregnancy; 27–36 Weeks)	– –		
Complete Blood Count	03 – 26 – 12	HCT/HGB: 11 % _____ g/dL MCV:_____ PLT:_____	
Diabetes Screen (24–28 Weeks)	03 – 26 – 12	121	
GTT (If Screen Abnormal)	– –	_____Fbs _____1 Hour _____2 Hours _____3 Hours	
D (Rh) Antibody Screen (When Indicated)	– –		
Anti-D Immune Globulin (RhIg) Given (28 Wks Or Greater) (When Indicated)	– –	_____ Signature	
Complete Blood Count	– –	Hct/Hgb:_____ % _____ g/dL MCV:_____ PLT:_____	
Ultrasonography (18–24 Weeks) (When Indicated)	– –		
HIV (When Indicated)*	– –		
VDRL/RPR (Syphilis) (When Indicated)	– –		
Gonorrhea (When Indicated)	– –		
Chlamydia (When Indicated)	– –		
Group B Strep (35–37 Weeks)	06 – 06 – 12	Negative	
Resistance Testing If Penicillin Allergic	– –		
Other:			

Comments/Additional Labs

*Check state requirements before recording results.

Comments

Genetic Consult: Per genetic consult 34-year-old diagnosed MS in 2009 and has history of high cholesterol. One sister with heart disease and high cholesterol. One brother with a history of undescended testicle.Her mother is 60 years old and in good health except for asthma. Her father passed away at 53 years of age due tosepsis and multisystem organ failure. Father of baby is 39 years old. He had history of pyloric stenosis in infancy and kidney stones as an adult. He also has one brother with pyloric stenosis. Husband also has brother with a son with autism. Chromosome results from tissue second miscarriage show 6 of 20 cells had extra genetic material; one copy of the chromosome 2.

PROVIDER SIGNATURE (AS REQUIRED): _____

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 –2011

Plans/Education

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
First Trimester					
Psychosocial Screening					
Desire For Pregnancy		11 – 21 – 11			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		11 – 30 – 11			
Alcohol		– –			
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Illicit/Recreational Drugs/Substance Use (Parents, Partner, Past, Present)*		– –			
Intimate Partner Violence		– –			
Barriers To Care		– –			
Unstable Housing		– –			
Communication Barriers		– –			
Nutrition		– –			
Wic Referral		– –			
Environmental/Work Hazards		11 – 21 – 11			
Anticipatory Guidance					
Anticipated Course Of Prenatal Care		11 – 21 – 11			
Nutrition Counseling; Special Diet; Dietary Precautions (Mercury, Listeriosis)		02 – 15 – 12			
Weight Gain Counseling		05 – 15 – 12			
Toxoplasmosis Precautions (Cats/Raw Meat)		– –			
Use Of Any Medications (Including Supplements, Vitamins, Herbs, Or Otc Drugs)		– –			
Sexual Activity		– –			
Exercise		02 – 15 – 12			
Dental Care/Refer to Dentist		– –			
Avoidance Of Saunas Or Hot Tubs		– –			
Seat Belt Use		11 – 21 – 11			
Childbirth Classes/Hospital Facilities		04 – 25 – 12			
Breastfeeding		11 – 21 – 11			
Fetal Testing					
Indications For Ultrasonography		01 – 11 – 12			
Screening For Aneuploidy		01 – 11 – 12			
Second Trimester					
Anticipatory Guidance					
Signs And Symptoms Of Preterm Labor		04 – 25 – 12			
Selecting A Newborn Care Provider		04 – 25 – 12			
Reproductive Life Planning & Contraception		– –			
Postpartum Care Planning		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			

(continued)

*Data from Ewing H. A practical guide to intervention in health and social services with pregnant and postpartum addicts and alcoholics: theoretical framework, brief screening tool, key interview questions, and strategies for referral to recovery resources. Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 –2011

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

	NA	Date	Follow-Up Needed	Referral	Comments
Third Trimester					
Birth Preferences					
Pain Management Plans		06 – 20 – 12			
Trial Of Labor After Cesarean Counseling		– –			☐ TOLAC ☐ Elective RCS
Labor Support Person(S)		06 – 20 – 12			Husband back in town now until after delivery.
Immediate Postpartum Larc		– –			☐ Implant ☐ LNG-IUS ☐ Copper IUD
Circumcision Preference		06 – 20 – 12			☐ Yes ☐ No
Infant Feeding Intention		– –			☐ Exclusive ☐ Mixed ☐ Formula
Anticipatory Guidance					
Fetal Movement Monitoring		04 – 25 – 12			
Signs And Symptoms Of Preeclampsia		04 – 25 – 12			
Labor Signs		06 – 13 – 12			
Cervical Ripening/Labor Induction Counseling		– –			
Postterm Counseling		– –			
Infant Feeding		– –			
Newborn Education (Newborn Screening, Immunizations, Jaundice, SIDS/Safe Sleeping Position, Car Seat)		03 – 26 – 12			
Family Medical Leave Or Disability Forms		– –			
Postpartum Depression		– –			
Psychosocial Screening					
Tobacco (Smoked, Chewed, ENDS, Vaped) Cessation Counseling (Ask, Advise, Assess, Assist, And Arrange)		– –			
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Intimate Partner Violence		– –			
Postpartum					
Screening					
Depression / Anxiety (Should Be Performed At Least Once During Perinatal Period)		– –			
Infant Feeding Problems		– –			
Birth Experience		– –			
Glucose Screen (If Gdm)		– –			
Anticipatory Guidance					
Infant Feeding		– –			
Pelvic Muscle Exercise/Kegel		– –			
Return To Work / Milk Expression		– –			
Weight Retention		– –			
Optimal Birth Spacing		– –			
Postpartum Sexuality		– –			
Exercise		– –			
Nutrition		– –			
Cardiometabolic Risk (If Gdm / Ghtn)		– –			
Transition Of Care					
Referral Made To Primary Care Provider		– –			
Pregnancy Complications Documented In Medical Record		– –			
Written Recommendations For Follow-Up Communicated To Patient And To Pcp		– –			

Patient Addressograph

Patient Name:	Elliot, Cynthia	Birth Date: 10 – 04 –1976	ID No.: 126482	Date: 11 – 21 – 2011

Plans/Education *(continued)*

By Trimester. Initial And Date When Discussed.

Requests

	Date	Initials	
Tubal Sterilization Consent Signed (If Desired).	– –		
History And Physical Have Been Sent To Hospital, If Applicable.	– –		
Update With Group B Streptococcus Results Sent.	– –		

Comments

11/21/11: New OB. Hx 3 days nausea and breast soreness. Concerned due to past x2 M/C. On PNV. Consent including doula signed and new OB book given. US for bleeding history and reassurance. IUP 8 weeks, FHT 171 pbm. Left corpus luteum cyst and echogenic foci on ovary 14 x 15 x 16 mm. No shadowing. Images reviewed with OB.

11/30/11: C/o nausea when hungry. States always tired and sweating.

01/11/12: Level II and AFP today. FHT check in 2 weeks for reassurance.

02/15/12: Husband moving out of state. Patient eats a lot. Discussed diet and exercise. Encouraged walking.

03/26/12: Given pre reg forms and pediatrician info. Husband moved. Plan to travel to Aruba. Advised to check with hospitals there, to avoid travel longer than 3 hours after 34 weeks and avoid travel after 36 weeks. Classes and cord banking discussed. NST's discussed.

04/25/12: Difficulty sleeping. C/o diarrhea episodes every other day. No abdominal cramping - just leg cramps. Taking Tums. Did not go to Aruba. Tryingn to eat better. Still deciding on pediatrician from list.

05/15/12: Weekly NST. C/o swelling hands and feet. Advised to watch salt intake and add more water.

05/21/12: Concerned re: 6-pound weight gain. Had headache all weekend. Did not take meds for it. Had some visual disturbances but states she always does due to MS. C/o palpitations and chest heaviness at different times that lasts for a few minutes.

05/23/12: Reviewed NST. States feeling well. No c/o's.

06/06/12: Weekly NST for AMA. Slight edema in hands and feet. HA. Swelling. Working 8 hours a day. Some work stress.

06/20/12: Husband with patient today. Will be here until after delivery.

General HOSPITAL **MR # 123456**

1776 D. Street NW Washington, DC 20560

LAST NAME **Elliot**	FIRST NAME **Cynthia**	MIDDLE INITIAL
DATE OF BIRTH **10/4/1976**	MAIDEN NAME **Smith**	
ADDRESS **3001 Connecticut Ave. NW**	CITY **Washington DC**	STATE/ZIP **20008**
HOME PHONE **1-888-245-3166**	WORK PHONE **blank**	CELL PHONE **blank**
ETHNICITY **Non-Hispanic**	RACE **Black**	MARITAL STATUS **married**
RELIGION **Christian**	PREFERRED SPOKEN LANGUAGE **English**	PREFERED WRITTEN LANGUAGE **English**
EMPLOYER **blank**	TYPE WORK **lawyer**	
ADDRESS	CITY	STATE/ZIP
PHONE	EMPLOYMENT STATUS	OCCUPATION
PRIMARY CONTACT NAME **James Elliot**	RELATIONSHIP TO PATIENT **husband**	
HOME PHONE	WORK PHONE	CELL PHONE **1-888-245-3167**
ADDRESS **same**	CITY	STATE/ZIP
SECONDARY CONTACT NAME	RELATIONSHIP TO PATIENT	
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS	CITY	STATE/ZIP
DO YOU HAVE AN ADVANCE DIRECTIVE? YES/NO **no**	REASON FOR ADMISSION: **Worst Headache** **Pregnant 38 weeks**	

Date of admission: 6/21/2012
Time of admission: 0545

Date of discharge: 6/25/2012
Time of discharge: 0400

Admitting Physician:

Greggory Lewis MD

OBGYN

INSURANCE INFORMATION

INSURANCE COMPANY: **Private**	MEDICAID NUMBER:
EFFECTIVE DATE INSURANCE	
SELF PAY:	

General Hospital

1776 D Street NW, Washington, DC 20560

ED RECORD

MEDICAL RECORD	**EMERGENCY CARE AND TREATMENT**	**DATE/TIME: 6/21/2012** **In ER: 0530** **DISPOSITION:**	**Triage:** **Seen by MD: 0545** **ADMITTED:** 0630 to OR/CVICU
NAME Elliot, Cynthia DOB: 10/4/1976	**ADDRESS** 3001 Connecticut Ave. NW Washington DC 20008	**PHONE** 1-888-245-3166	**NOK:** James Elliot (husband) **PHONE:** 1-888-245-3167
ARRIVAL: **CAR**: X (personal) **Ems:**	**Insurance:** private	**LANGUAGE:** English	**Weight: 210** **Height: 5'7"** **BMI:** 32.9
CURRENT MEDICATIONS: "Can't remember"	**INJURY:** no	**DATE LAST VISIT: n/a**	**DATE LAST TETANUS: unknown** **DATE LAST FLU SHOT:** never
CURRENTLY PREGNANT: yes **DATE LMP:** 9/25/2012 **EDD:** 7/1/2012 **Weeks gestation:** 38 **Prenatal Care:** yes **OB/CNM: Greggory Lewis, MD** **OB Contacted;** yes, 0615.	**BHCG/URINE/BLOOD/QUANT** N/A	**Postpartum assessment:** **Have you been pregnant within last year:** **If yes,** **PREGNANT WITHIN LAST 42 DAYS: n/a** **or** **Pregnant within 43 DAYS TO 1 YEAR: n/a** **PLACE DELIVERY: n/a**	**PREVIOUS MEDICAL HISTORY:** (blank) **PREVIOUS SURGICAL HISTORY:** no **SUBSTANCE USE:** no (**TOB./ETOH/STREET DRUGS): no** **Domestic Violence:** deferred due to medical condition
ALLERGIES: none	**COMPLAINT:** Sudden onset severe headache	**CATEGORY TREATMENT:** **EMERGENT:** X **UREGENT:** **NON-URGENT:**	**VS TIME:** 0540 **TEMP:** 98.1 **BP:** 255/136 **PULSE:** 100 **RESP:** 16 **SAT:** 96%
LAB ORDERS: stat 0600 • CBC: • URINE: • BLOOD GAS: • Liver enzymes • Clotting studies **CXR**	**Tests:** • **CXR:** for ETT placement • **HEAD CT:** ordered/cancelled • **US: stat**	**PE:** Distress gravid female c/o severe headache, holding head. Shallow respirations, CVS RRR< no murmur, gravid abdomen, soft, non tender. +2 edema extremities, facial edema noted.	**VS TIME:** 0600 **TEMP:** BP: 260/120 **PULSE:** 50 **RESP:** 8 **SAT:** 90%
Lab results: AST 1780 platelets 84,000 Hg 4.5 fibrinogen 86, LDH 1383, INR > 2.0, uric acid 9.4 Urine drug screen negative Protein +3, ketones +2	**CONSULTS:**	**PE:**	**VS TIME:** 0615 **TEMP:** **BP:** 180/110 **PULSE:** 100 **RESP:** ventilated 16 **SAT:** 100% on ventilator
DISPOSITION: to OR **Condition:** critical	**CONSULTS:** OB in house, Anesthesia,	**PRESCRIPTIONS**	**FOLLOW UP**

ED NOTES:

Date/time 0530	PROVIDER	NOTES
6/21/2012	ED	Sudden onset headache with new onset hypertension. 38 weeks IUP. Per family c/o sudden onset worse headache. "Is very puffy" per husband
0600	Nurse's Notes	Labs drawn and IV started. During procedures, she suddenly became unresponsive to questions and started groaning. Tonic clonic seizure noted with loss of consciousness. Asystolic. Code blue called. PEA on monitor noted x 15 minutes until returned rhythm. Intubated by ED with 7.5 ETT 23 at lips. Equal breath sounds. Stat OB/L&D called.
0610	Nurse's Notes	Hydralazine 10 mg IV CXR for tube placement, in place. OB/L&D team at bedside. FHR 90. Orders obtained FOR stat Magnesium Sulfate. OB talking with FOB. Consents signed for stat c/section.
0615	Nurse's Notes	Magnesium Sulfate bolus 6 grams FHT 80 by L&D staff. To OR for emergent c/section. RT at bedside to assist with transport. On ventilator. BP 180/110. Call to Dr. Lewis OB regarding plan for stat c/section and seizure. On way in.
0630	OB	Called to ED for 38 weeks preeclampsia with severe features with eclamptic seizure noted. Intubated by ED. PEA and coded x 15 minutes in ED. Magnesium Sulfate started. Nonreassuring fetal heart tones. Consents signed by husband. Labs consistent with HELLP syndrome. To OR for stat c/section. Massive Transfusion protocol called for DIC/HELLP syndrome. Her OB, Greg Lewis called by nursing staff to update and assist.

General Hospital

Elliot. Cynthia DOB: 10/4/1976

OB Admission Note: 6/21/2012

Identification: 35, African American 38 weeks IUP, with preeclampsia with severe features, possible HELLP syndrome, s/p eclamptic seizure

LMP: 9/25/2011

EDC: 7/1/2012

Chief Complaint: presented ED with complaints sudden onset severe headache.

History of present illness: Vague history by family of swelling and edema hands and feet. Per family stress at work and having headaches. + PNC.

Past history:

- **Obstetrics:** 2 previous first trimester miscarriages. On Clomid for infertility
- **Gynecology:**
- **PMH/PSH:** none

Medications: Prenatal vitamins

Allergies: no

Social History: per family stopped smoking prior to pregnancy

Physical exam:

- **General and Vital signs:**
- **VS TIME: 0540**
- TEMP: 98.1
- BP: 255/136
- PULSE: 100
- RESP: 16
- SAT: 96%

Given Hydralazine 10 mg IV with decreased BP

VS TIME: 0615

- BP: 180/110
- **Lungs:** intubated, clear, equal
- **CV:** pale, RRR, S1S2, no murmur
- **ABD:** soft.
- **Gravid:** FH 38

- **SVE:** deferred
- **EXT:** +2 edema lower extremities. Facial edema noted

Pertinent Labs: elevated liver enzymes, decreased platelets

Ultrasound: OB US in ER FHR 80. Placed on left side. FIO2 100%.

Assessment: NRFHT. HELP syndrome. s/p eclamptic seizure**.**

Plan: To OR for primary emergent c/section

Admit: ICU after OR. Consultants on board

General Hospital

DELIVERY SUMMARY

Elliot, Cynthia DOB: 10/4/1976 Weight: 210 (est) height: 5'7"

<table>
<tr><td>DELIVERY INFORMATION</td><td>TYPE OF DELIVERY</td><td>Weeks Gestation: 38
Weeks LMP: 38
Weeks US: 38 Done at weeks:</td></tr>
<tr><td>DELIVERY DATE/TIME:
6/21/2012
0640</td><td>VAGINAL:
<table><tr><td></td><td>SVD</td><td></td><td>EPISIOTOMY</td></tr><tr><td></td><td>VACUUM</td><td></td><td>LACERATIONS</td></tr><tr><td></td><td>FORCEPS</td><td></td><td>VBAC</td></tr></table></td><td>CESAREAN:
<table><tr><td>x</td><td>PRIMARY FOR:
NRFHT, eclampsia. s/p cardiac arrest</td><td></td><td>REPEAT FAILED VBAC</td></tr><tr><td></td><td>CLASSICAL FOR:</td><td>x</td><td>LOW TRANSVERSE</td></tr><tr><td></td><td></td><td></td><td>LOW VERTICAL</td></tr></table></td></tr>
<tr><td>Date/Time:
6/21/2012
ROM:
AROM: 0640
Description: clear</td><td>ANESTHESIA
<table><tr><td></td><td>NONE</td><td></td><td>EPIDURAL</td><td>x</td><td>GENERAL</td></tr><tr><td></td><td>LOCAL/PUDENDAL</td><td></td><td>SPNAL</td><td></td><td>OTHER</td></tr></table></td><td>Blood loss: 1000cc
How quantified:
Estimated:
Weight:
Other:</td></tr>
<tr><td>IUPC: NO
Date/Time:</td><td>LABOR
<table><tr><td></td><td>SPONTANEOUS</td><td></td><td>AUGMENTED</td></tr><tr><td></td><td>INDUCED:</td><td>X</td><td>NO LABOR</td></tr></table>Type INDUCTION/AUGMENTATION: n/a</td><td>POSTPARTUM COMPLICATIONS:
None:
Hemorrhage: X
Infections:
Hypertension: X
Other:</td></tr>
<tr><td>MEDICATIONS:</td><td>Labetalol 40mg IV x3, Esmodol 140 mg IV x1, IVF 2000ml</td><td>Output: 100 cc</td></tr>
<tr><td>NEONATAL DISPOSITION</td><td>LIVE BIRTH: X
STILL BIRTH:
MISCARRIAGE:</td><td>SKIN TO SKIN: no
BREASTFEEDING: yes
BOTTLE FEEDING:</td></tr>
<tr><td>INFANT: MALE</td><td>BIRTH WEIGHT: 3218 grams
:
APGARS: 2,8
RESUSCITATION: yes. Tactile, PPV x 1 minute</td><td>COMPLICATIONS/ANOMALIES: no</td></tr>
<tr><td></td><td>DISPOSITION: NICU
SKIN TO SKIN:
NBN:
NICU: yes</td><td></td></tr>
<tr><td>NOTES:</td><td>Mother intubated and transferred to CVICU for recovery.
FOB with infant to NICU</td><td></td></tr>
</table>

General Hospital

Elliot, Cynthia DOB: 10/4/1976

DELIVERY NOTE

DATE/TIME: 6/21/2010 0640

C/SECTION

Pre-op diagnosis: 38 weeks, non reassuring fetal heart tones, eclampsia, Possible HELLP Syndrome, S/p Cardiac Arrest PEA

Post-op Diagnosis: 38 weeks, non reassuring fetal heart tones, eclampsia, Possible HELLP Syndrome, S/p Cardiac Arrest PEA

Procedure: emergency low transverse c/section , hysterectomy with JP placement

Surgeon: William Ross OBGYN, Greg Lewis OBGYN

Anesthesia: general

Complications: Bleeding

EBL: 1000 cc

Urine Output: 100 cc frank hematuria

Fluids: 3380 cc PRBC, 2000cc FFP, 400 cc platelets, 6000 cc IVF.

Findings: Oozing noted but controlled with ligation and sutures. BP controlled in OR by anesthesia, no blood products given IVF 2000cc.

Disposition: To CVICU. Remains intubated. See OR note for further discussion. Will consult with Hematology, Pulmonology, Rheumatology, and Neurology.

OB Notes:

8am: BP 70-100's, heart rate 80-90's. Ephedrine given by anesthesia for BP 70. No bleeding found per RN. OB called for BP 50. Found patient in Trendelenburg and responding to questions. Vaginal exam done with bleeding noted. Labs drawn. To OR. 200 cc clot removed manually. Cytotec 1000mcg placed PR. Labs done. Concern for DIC.

9:30: OB Note: labs INR > 20, PTT 135 PT >130, fibrinogen 86. Hg 13 platelets 137,000. AST 3171 LDH 2485. Second IV attempted but bleeding and unable to be placed. Lines placed by anesthesia. Massive transfusion protocol initiated after husband consented to blood products. Noted unresponsive to painful stimulation. Concern for ICH. Too unstable for CT scan/MRI. Awaiting Neurology consult. Remains on Magnesium Sulfate infusion.

10:00: VS BP 160/100. Labetalol 20 mg given IVP. Total blood products (4 units PRBC's, Cryo, 2 units FFP, 2 units platelets infusing for DIC. Massive fluids bolus given. BP improved. Remains on Magnesium Sulfate for seizure prophylaxis. Awaiting consults. D/W husband re: critical status.

10:30: Neurology at bedside. Mother posturing. Ativan / Keppra given for seizure activity. Right Pupils dilated 5 mm non-reactive. Left pupil 4 sluggish. Unresponsive on Propofol. Discussion with husband regarding poor prognosis. Not a candidate for neurosurgery due to DIC history. Per Neurology, concern for brain death. Will let stabilize tonight and reevaluate in am for MRI.

17:00: Remains critically ill on ventilator. Unresponsive/on Propofol. No further seizures noted. VS BP 140/50, Heart rate 100 resp 18 on ventilator with O2 sat 100%. HG 6.9. Transfusing.

ABG: ph 7.26 pCO2 30 pO2 568 BE -5.

Post Op day 1

6/22/2012

0600:

AM Labs: wbc 11 H/H 8/24, Platelets 120,000 clotting studies improved. Cr 2.94 with BUN 22. Urine clear. No bleeding noted. Unresponsive. BP 140/80, HR 100. Ventilated saturation 100%.

Post op day 2

6/23/12:

AM Labs: wbc 39.4 H/H 8.3/25 platelets 125,000

CR 2.8 BUN 24

Generalized edema noted. Unresponsive. Pale. Intubated. Husband at bedside. Updated. Will plan for CT scan when stable.

Post Op day 3

I & O: + 2345 cc. Renal consult ordered for possible dialysis.

VS: BP range 136-150/70-80. Will stop Magnesium Sulfate. Remains on Propofol gtt.

SCD's, GI prophylaxis.

6/24/12:

8 am: Stable for CT scan. No further seizures. No movement noted. Pupils now dilated.

CT without contrast: Massive ICH with cerebral edema noted. Per Neurosurgery, not a candidate for surgery. Brain dead based on findings. Family informed.

Post Op day 4

6/25/12:

AM: Labs: Na 140 K 5.4 Cl 104 BUN 26 Creatinine 3.0. wbc 32 H/H 5/15 plates 85,000.

0600: Pale, edematous. RN reports during night had episodes decreased saturations to 80's. Family wants full code.

0730: Called to bedside for arrest. The patient was given 1 mg epinephrine and initially her rhythm was asystole. Compressions continued for 15 minutes. The patient received epinephrine and a rhythm check every 10 minutes but never regained a pulse or extended asystole. The patient was also given bicarb, atropine, D50 and 1 unit of packed cells. Coded x 15 minutes without success. Family requested stop CPR and pronounced 0750.

OB Discharge Summary:

Admitted: 6/21/12

Death: 6/25/12

"The patient is a G3 P0 at 38 weeks gestational age who presents with sudden onset severe headache. On admit, the patient had an elevated blood pressure of over 250 systolic and over 130 diastolic which decreased with antihypertensives. During exam she had a seizure and became unresponsive. She was taken for emergent c/section due to non reassuring fetal heart tones. I was called on way to OR and arrived when OB in house was preparing to make incision. I took over the case. Prenatal history was significant for 2 previous miscarriages, + MFHTR, infertility. She had multiple visits for AMA monitoring and her history of multiple sclerosis. She c/o of headaches (which were normal for her) and had weight gain and edema (which she said was from her MS). She was placed on bedrest with weekly NST's.

There was no history of hypertension until this admission. She had emergent low transverse cervical cesarean section for a viable male infant who was admitted to NICU for respiratory distress. At the time of surgery, the patient was noted to have oozing but this seemed to be controlled with typical post op care. The patient was taken to the ICU where ICU team assisted with her care. Consults ordered with Hematology, Neurology, Pulmonology. Two hours after admission to CVICU she was taken back to OR for DIC with severe anemia and thrombocytopenia. She was given multiple units of packed red blood cells. FFP, platelets and cryo. No source of bleeding was identified except for a 200 cc clot removed with uterine massage. Because of this, Neurology was concerned for possibility intracranial hemorrhage. Of note, she had severe HELLP syndrome with her post op ALT being as high as 1760, AST being as high as 1780. Her platelets went as low as 84. Hemoglobin was as low as 4.5 and returned to her 6.6 after her 9 units. Fibrinogen went down to 86 and then subsequently went up to 124. LDH was 1383. Her INR was greater than 2.0. Uric acid was 9.54. She was taken for CT scan post op day 1. Massive ICH noted. Magnesium Sulfate was discontinued after 24 hours. Her BP's dropped and pressors had to be started. She had acute renal failure followed by renal with discussion regarding starting dialysis for her generalized edema. Per neurology's request, Propofol was stopped to assess her neurological status. Both dilated and fixed. Family did not want to talk about brain death findings and wanted all support efforts continued. On 6/25, AM labs significant severe anemia . Decreasing BP's noted. Incision dry. At 0730 she went into respiratory arrest and the code team was called. The family asked that we stop compressions. The time of death was noted to be 0750. The family was present for the entire final code. They do not want an autopsy."

MMRIA MOCK CASE: PREECLAMPSIA CASE NARRATIVE

She died with cause of death cerebral edema due to severe toxemia, four days after delivery. Medical history was significant for multiple sclerosis and hyperlipidemia, infertility (on clomid) with two prior miscarriages associated with + mutation of the methylenetetrahydrofolate reductase (MTHFR) gene. Her family medical history was positive for father and sister with heart disease. Pre-pregnancy she was 5'7" and weighed 170 with a body mass index (BMI) of 26.6.

Entry into prenatal care was at 8 weeks with 13 visits at a private clinic with an obstetrician (OB). Prenatal history was significant for headaches with some visual disturbance and mild to moderate swelling of hands and feet, occasional heart palpitations. There were no referrals during prenatal period.

She presented to emergency department (ED) at 38 weeks gestation complaining of severe headache and swelling. Delivery was by an OB, method was urgent Caesarean Section, with general anesthesia. Obstetric complications included preeclampsia/eclampsia, HELLP (Hemolysis, Elevated Liver enzymes, Low Platelet count) syndrome, and Disseminated Intravascular Coagulation (DIC), cardiac arrest and pulseless electrical activity. Infant was delivered at 38 week's gestation and weighed 7 pounds, 9 ounces, Apgar scores were 2 and 8 and complications included requiring resuscitation at delivery.

She was transferred to cardiovascular intensive care unit (CVICU) postpartum where she continued to bleed. Massive transfusion protocol initiated. She experienced Intracerebral Hemorrhage (ICH) and continued to deteriorate. The next day she went into respiratory/cardiac arrest and was not able to be resuscitated.

Prenatal Care

She was a gravida 3 (third pregnancy) para 0020 (no previous full-term or preterm births, miscarriage x 2, and no living children). In the sentinel pregnancy she entered care at 8 weeks gestation and weighed 180 pounds. She attended 13 visits at a private clinic setting, with an OB and had private insurance. Screening was not documented for substance use. Screening was not documented for domestic violence.

The pregnancy was complicated by preeclampsia/eclampsia at 38 weeks gestation. Diagnostic procedures during pregnancy included serial fetal non-stress tests (NSTs) and ultrasound. Abnormal labs during pregnancy include platelets – 373,000. There were no abnormal vital signs noted on her prenatal record. During the sentinel pregnancy she was on Fiorcet, Zyrtec, prenatal vitamins and rhinocort nasal spray.

ED Visit

She presented at 38 weeks gestation to the ED via her private vehicle at 05:30. Her chief complaint was severe headache and swelling. Her weight on admission was 210 pounds and her presenting vital signs were 98.1, 255/136, 100, 16, oxygen saturation 96%.

Physical examination on admission found she was a distressed gravid female complaining of severe headache and holding her head. She had shallow respirations, cardiovascular system with regular rate and rhythm, no murmur, gravid abdomen, soft, non- tender, +2 edema extremities, facial edema noted.

Labs performed included urine, complete blood count (CBC), blood gases, liver enzymes, and clotting studies with the following abnormal findings noted: aspartate aminotransferase test (AST) 1780 platelets 84,000, Hg 4, fibrinogen 86, lactic acid dehydrogenase (LDH) 1383, international normalized ratio (INR) > 2.0, uric acid 9.4, urine drug screen negative, protein +3, ketones +2. Diagnostic tests performed included chest x-ray, head computerized tomography (CT) and abdominal ultrasound with the following abnormal findings noted: intracranial hemorrhage. Her diagnosis was preeclampsia.

Thirty minutes after arriving at ED she began to seize and went into cardiorespiratory arrest. She was coded and resuscitated and transferred to the operating room for an urgent Caesarean Section. A massive transfusion protocol was initiated and she received the following blood products: 3380 cc packed red blood cells (PRBC), 2000 cc fresh frozen plasma (FFP), 400 cc platelets. Post-operation (post-op) she was taken to the CVICU but her condition continued to deteriorate.

Terminal Event / Autopsy Narrative Summary

On post op day 4 at 07:30 she went into cardiorespiratory arrest. She was coded for 15 minutes without success. Family requested cardiopulmonary resuscitation (CPR) to be discontinued. She died the same day at 07:50. The case was not reported to the Medical Examiner/Coroner. Autopsy was not performed.

Demographics

She was a 35 year old, U.S. born, Black non-Hispanic, married, with a PhD and working as a lawyer.

Social Determinants

No significant life course issues identified.

REVIEW DATE: 9 | 10 | 2016

RECORD ID #: Mock Case Preeclampsia

PREGNANCY-RELATEDNESS: SELECT ONE

- [x] **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
- [ ] **UNABLE TO DETERMINE IF PREGNANCY-RELATED OR PREGNANCY-ASSOCIATED, BUT NOT -RELATED**
- [ ] **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
- [ ] **SOMEWHAT COMPLETE**
  Major gaps (i.e. information that would have been crucial to the review of the case)
- [x] **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**

DOES THE COMMITTEE AGREE WITH THE UNDERLYING CAUSE OF DEATH LISTED ON DEATH CERTIFICATE? [ ] YES [x] NO

COMMITTEE DETERMINATION OF CAUSE(S) OF DEATH

TYPE	CAUSE (DESCRIPTIVE)
IMMEDIATE	Cerebral Hemorrhage due to eclampsia
CONTRIBUTING	
UNDERLYING	
OTHER SIGNIFICANT	S/p c/section at 38 weeks IUP

IF PREGNANCY-RELATED, COMMITTEE DETERMINATION OF UNDERLYING CAUSE OF DEATH
Refer to page 3 for PMSS-MM cause of death list. If more than one is selected, list in order of importance beginning with the most compelling (1-2; no more than 2 may be selected in the system).

50 Eclampsia

DID **OBESITY** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
DID **MENTAL HEALTH CONDITIONS** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **SUICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN
WAS THIS DEATH A **HOMICIDE**?	[ ] YES	[ ] PROBABLY	[x] NO	[ ] UNKNOWN

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

- [ ] FIREARM
- [ ] SHARP INSTRUMENT
- [ ] BLUNT INSTRUMENT
- [ ] POISONING/ OVERDOSE
- [ ] HANGING/ STRANGULATION/ SUFFOCATION
- [ ] FALL
- [ ] PUNCHING/ KICKING/BEATING
- [ ] EXPLOSIVE
- [ ] DROWNING
- [ ] FIRE OR BURNS
- [ ] MOTOR VEHICLE
- [ ] INTENTIONAL NEGLECT
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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

- [ ] NO RELATIONSHIP
- [ ] PARTNER
- [ ] EX-PARTNER
- [ ] OTHER RELATIVE
- [ ] OTHER ACQUAINTANCE
- [ ] OTHER, SPECIFY:
- [ ] UNKNOWN
- [ ] NOT APPLICABLE

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 WORKSHEET

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

CONTRIBUTING FACTOR LEVEL	CONTRIBUTING FACTOR AND DESCRIPTION OF ISSUE
PATIENT/FAMILY	Chronic disease (MTHFR and multiple sclerosis) Environmental (job stress)
PROVIDER	Delay (administration BP medication for hypertension (HTN) crisis in pregnancy in ED) Quality of Care (lack stabilization BP and condition prior to c/section, lack stabilization mother condition after c/section; lack repeat FHT prior to c/section)
FACILITY	Delay (ED treatment for pregnant mother presenting with HTN emergency)
SYSTEM	
COMMUNITY	

CONTRIBUTING FACTOR KEY (DESCRIPTIONS ON PAGE 4)

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

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?

RECOMMENDATIONS OF THE COMMITTEE	LEVEL OF PREVENTION (SEE BELOW)	LEVEL OF IMPACT (SEE BELOW)
State perinatal quality collaborative should promote ACOG guidelines for treatment of hypertension in pregnancy via a webinar for ED and obstetric providers.	**secondary**	**medium**
State perinatal quality collaborative should educate ED providers on recognizing pregnancy and postpartum emergencies.	**secondary**	**small**
State perinatal quality collaborative should make the algorithm for acute treatment of severe hypertension and eclampsia readily available to ED providers.	**secondary**	**small**
State should provide policies and procedures guidelines for autopsy for all cases of pregnancy-associated deaths		

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 an ongoing contributing factor once it has occurred (i.e. management of complications)

EXPECTED IMPACT LEVEL

- **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 through obstetrics (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.)

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, A CHAIN OF EVENTS INITIATED BY PREGNANCY, OR THE AGGRAVATION OF AN UNRELATED CONDITION BY THE PHYSIOLOGIC EFFECTS OF PREGNANCY.

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

CONTRIBUTING FACTOR DESCRIPTIONS

DELAY OR FAILURE TO SEEK CARE

The woman was delayed in seeking or did not access care, treatment, or follow-up care/actions (e.g. missed appointment and did not reschedule).

ADHERENCE TO MEDICAL RECOMMENDATIONS

The woman did not accept medical advice (e.g. refused treatment for religious or other reasons or left the hospital against medical advice).

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

The woman 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).

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).

ENVIRONMENTAL FACTORS

Factors related to weather or terrain (e.g. the advent of a sudden storm leads to a motor vehicle accident).

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse other than that perpetrated by intimate partner (e.g. family member or stranger); IPV: Physical or emotional abuse perpetrated by the woman's current or former intimate partner.

MENTAL HEALTH CONDITIONS

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

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

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

CHRONIC DISEASE

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

CHILDHOOD SEXUAL ABUSE/TRAUMA

Woman experienced rape, molestation, or other sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or woman experienced physical or emotional abuse or violence other than that related to sexual abuse during childhood.

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.

UNSTABLE HOUSING

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

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

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional (e.g. domestic violence, no one to rely on to ensure appointments were kept).

INADEQUATE OR UNAVAILABLE **EQUIPMENT/ TECHNOLOGY**

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

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).

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**

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.

CLINICAL SKILL/QUALITY OF CARE

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).

INADEQUATE COMMUNITY **OUTREACH**/RESOURCES

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

INADEQUATE LAW **ENFORCEMENT** RESPONSE

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

LACK OF **REFERRAL** OR CONSULTATION

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

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.

LEGAL

Legal considerations that impacted outcome.