MATERNAL MORTALITY REVIEW COMMITTEE

FORMS FOR REVIEWERS

December 2021

Summary Forms for Reviewers

A comprehensive Maternal Mortality Review Process requires notes from a thorough abstraction that are complied into a comprehensive Case Narrative for presentation to the committee. After all data and information is gathered, it can be used to populate the forms.

The templates will help committee members to write a case narrative that can be easily printed for presentation to the committee.

Fields with asterisks denote core data elements considered critical information for committee members to have when reviewing a case. If you have this data available, make sure you complete the field. If it is not available, you may wish to note that in the Reviewer's Notes.

Fill in the form using the information available to you from all sources.

Tick the boxes as appropriate. If you require any additional space to answer a question, please use the space provided in section 7.

Please complete all dates in the format DD/MM/YY, and all times using the 24hr clock (e.g., 18:37)

If codes or examples are required, some lists (not exhaustive) are included for reference.

If you do not know the answers to some questions, please indicate this in section 7.

Table of Contents

Home Record

First name:_____ Middle name:_____ Last name: _____

Date of Death*

Month: _____ Day: _____ Year: _____

Agency-based case identifier: _____

How was this death identified? (Primary source)*:
□ Coroner/Medical Examiner
□ Obstetric ICD codes from death certificate
□ Pregnancy checkbox on death certificate
□ Record linkage of death and birth/fetal death certificates
□ Record linkage of death certificate and hospital discharge data
□ Facility
□ Obituary
□ Social Media
□ Other
□ Unknown

Specify other or additional sources: _____

Primary Abstractor: _____

Rapid report and surveillance form

1.0 Woman's details

☐ **Ethnic group:**[1]* *(enter code, please see Definitions for codes)*

☐ **Race:**[1]* *(enter code, please see Definitions for codes)*

1.2 Was this woman born in Canada? Yes ☐ No ☐ Unknown ☐

If No, Country of birth:

1.3 Was this woman a Canadian citizen? Yes ☐ No ☐ Unknown ☐

If No,

State country of citizenship:

How long in Canada before death:

If <24 months, number of months ☐☐

If ≥24 months, number of years ☐☐

Unknown ☐

and please tick one of the following

Born in Canada ☐ Landed immigrant ☐ Other (Specify)_____☐ Unknown

1.4 Did the woman speak/understand English? Yes ☐ No ☐

1.5 Living arrangements: *(Tick all that apply)*

Own ☐ Rent ☐ Public Housing ☐

Living alone ☐ Living with partner ☐ Living with relative ☐

Homeless ☐ Other ☐ Unknown ☐

1.6 Maternal Height: ☐☐ *cm* Not known ☐

1.7 Maternal first recorded Weight: ☐☐ kg Unknown ☐

1.8 Pre-pregnancy BMI ☐☐ Unknown ☐

1.9 Smoking status: Never ☐ Pre-pregnancy ☐ During Pregnancy ☐
Post-Partum ☐ Unknown ☐

1.10 Was this woman known to misuse alcohol or other substances?
Yes ☐
No ☐
Unnown ☐

1.11 Domestic Abuse:

Did this woman experience domestic abuse prior to pregnancy? Yes ☐ No ☐ Unknown ☐

Was domestic abuse identified during pregnancy? Yes ☐ No ☐ Unknown ☐

Was the woman asked about abuse during her antenatal visits?

Yes ☐ No ☐ Not documented ☐ No antenatal visits ☐ Unknown ☐

1.12 Mental Health:

Did this woman have a current mental health condition? Yes ☐ No ☐ Unsure ☐ Unknown ☐

If **Yes**, please specify details:

1.13 Was the infant taken or to be taken into care? Yes ☐ No ☐ Unknown ☐

2.0: Previous Obstetric History

2.1 Is the previous obstetric history known? Yes ☐ No ☐

If No, *please go to Section 3*.

2.2 Previous pregnancies Number of completed pregnancies beyond 22 weeks ☐☐

Number of live births ☐☐

Number of stillbirths/late fetal losses ☐☐

Number of previous caesarean sections ☐☐

If no previous pregnancies, *please go to section 3.*

2.3 Did the woman have any previous pregnancy problems?[2]* Yes ☐ No ☐ Unknown ☐

If **Yes**, please specify details:

3.0: Previous Medical History

3.1 Did the woman have any pre-existing or antenatal conditions?[3]* Yes ☐ No ☐ Unknown ☐

If **Yes**, please specify details:

3.2 Has this woman ever had a mental health diagnosis? Yes ☐ No ☐ Unsure ☐ Unknown ☐

If **Yes**, please specify details:

Was this history identified at first appointment? ☐ Yes ☐ No ☐ Unknown

4.0: This Pregnancy

4.1 Final Estimated Date of Birth (EDB[4]*)? MM ☐☐ YY ☐☐ Unknown ☐

4.2 Was this a multiple gestation? Yes ☐ No ☐

If **Yes**, please specify the number of fetuses, including this baby ☐

4.3 Was this pregnancy the result of assisted reproduction/IVF? Yes ☐ No ☐ Unknown ☐

4.4 Did the woman receive antenatal care? Yes ☐ No ☐ Unknown ☐

4.5 What was the intended place of birth?

Level 1 Facility ☐ Level 2 Facility ☐ Level 3 Facility ☐ Birth Centre ☐

At home ☐ Other (please specify) _____ Unknown ☐

4.6 Were there problems in this pregnancy[2]*? Yes ☐ No ☐ Unknown ☐

If **Yes**, please specify details:

4.7 Were there post-partum problems following this pregnancy[2]*? Yes ☐ No ☐ Unknown ☐

If **Yes**, please specify details:

5.0: Delivery

5.1 Was the woman undelivered at the time of death? Yes ☐ No ☐

If **No**, where did the woman deliver?

Level 1 Facility ☐ Level 2 Facility ☐ Level 3 Facility ☐ Birth Centre ☐

At home ☐ Ambulance ☐ Other (please specify) _____

5.2 Was this delivery an early pregnancy loss? Yes ☐ No ☐

Best estimate of gestational age: ☐

If **Yes,** please state if loss was due to Ectopic ☐ Miscarriage ☐ Termination ☐ Other ☐

If **Other**, please specify:

_____

5.3 Was labour induced? Yes ☐ No ☐

5.4 Did the woman labour? Yes ☐ No ☐

5.5 What was the mode of delivery?

Spontaneous ☐ Assisted Vaginal ☐ C-section ☐

If delivered by c-section, was it:

Pre-labour ☐ After onset of labour ☐ Perimortem ☐

5.6 Did the woman ever have anaesthesia? Yes No

If Yes, what method(s) were used? GA ☐ Epidural ☐ Spinal ☐ Combined Epidural/Spinal ☐

Other _____

6.0: Outcomes

Section 6a: Woman

6a.1 Was the woman transferred to critical care? Yes ☐ No ☐ Unknown ☐

Or to a facility with a higher level of care? Yes ☐ No ☐ Unknown ☐

6a.2 Was there any major maternal morbidity in this pregnancy?[5*]

Yes ☐ No ☐ If **Yes**, please specify_____ Unknown ☐

6a.3 Was the woman discharged from hospital after delivery and before death?

Yes ☐ No ☐ Unknown ☐ Never in hospital ☐

6a.4 What was the date and time of death? DD ☐☐ MM ☐☐ YY ☐☐ hh ☐☐ mm ☐☐

OR tick if time not known ☐

What was the initially presumed cause of death? _____

What were the cause(s) of death stated on the death certificate?

_____

_____

_____

Was autopsy performed?

Hospital ☐ Coroner/Medical Examiner ☐ Other ☐ No ☐

If Yes, what was the diagnosis on the death certificate?

_____

6a.5 Where did the woman die?

Hospital ☐ At home ☐ Other healthcare facility ☐ Ambulance ☐ Other _____

Section 6b: Infant 1

NB: If more than one infant, for each additional infant, please photocopy the infant section of the form (before filling it in) and attach extra sheet(s) or download additional forms from the website.

6b.1 Date and time of delivery DD ☐☐ MM ☐☐ YY ☐☐ hh ☐☐ mm ☐☐

OR tick if time not known ☐

6b.2 Mode of delivery Spontaneous ☐ Vaginal breech ☐ Vacuum ☐ Forceps ☐

Prelabour c-section ☐ C-section after onset of labour ☐ Perimortem c-section ☐

6b.3 Birthweight (g) ☐☐☐☐g

6b.4 What was the infant's status at the time of the maternal death?

Live birth ☐ Perinatal death ☐ Perinatal injury or complication ☐ Unknown ☐

If the infant died, please specify date of death DD ☐☐ MM ☐☐ YY ☐☐

6b.5 What was the primary cause of death, as stated on the death certificate?

_____

_____

6b.6 Did any other major fetal/infant complications occur?[6]* Yes ☐ No ☐

If **Yes**, please specify_____

7.0: Other Information

Please use this space to enter any other information you feel may be important.

8.0: Signatory

Name of person completing form:_____

Designation: _____

Today's date: DD ☐☐ MM ☐☐ YY ☐☐

9.0 Definitions

1. Codes for Ethic Group:

01. Canadian
02. English
03. Chinese
04. French
05. East Indian
06. Italian
07. German
08. Scottish
09. Cree
10. Mi'kmaq
11. Salish
12. Métis
13. Inuit
14. Filipino
15. Irish
16. Dutch
17. Ukrainian
18. Polish
19. Portuguese
20. Vietnamese
21. Korean
22. Jamaican
23. Greek
24. Iranian
25. Lebanese
26. Mexican
27. Somali
28. Colombian
29. Other
30. Unknown

Codes for Race:

01. Black (African, Afro-Caribbean, African)
02. East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian
03. Indigenous (First Nations, Métis, Inuk/Inuit)
04. Latino (Latin American, Hispanic descent)
05. Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish))
06. South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
07. White (European)
08. Other
09. Unknown

2. Previous, post-partum or current pregnancy problems, including:

- Physical Health
- Mental Health
- Social stress
- Emotional stress
- Thrombotic event
- Amniotic fluid embolism
- Pre/Eclampsia
- 3 or more miscarriages
- Preterm birth or mid trimester loss
- Haemorrhage Placenta praevia
- Gestational diabetes
- Significant placental abruption
- Post-partum haemorrhage requiring transfusion
- Puerperal psychosis
- Significant post natal depression
- Suicide attempt

- Neonatal death
- Stillbirth
- Baby with a major congenital abnormality
- Small for gestational age (SGA) infant
- Large for gestational age (LGA) infant
- Infant requiring intensive care
- Surgical procedure in pregnancy
- Hyperemesis requiring admission
- Dehydration requiring admission
- Ovarian hyperstimulation syndrome
- Severe infection e.g. pyelonephritis

3. **Pre-existing or antenatal conditions, including:**

- Essential Hypertension (not pregnancy related)
- Renal disease
- Neurological disorders
- Endocrine disorders
- Haematological disorders
- Autoimmune diseases
- Gastrointestinal disease
- Cancer
- Infectious disease (e.g. HIV,TB)
- Psychiatric disorders

4. Estimated date of delivery (EDD):

Use the best estimate (ultrasound scan or date of last menstrual period) based on a 40 week gestation

5. Major maternal morbidity, including:

- Persistent vegetative state
- Cardiac arrest
  - Cerebrovascular accident
  - Adult respiratory distress syndrome
  - Disseminated intravascular coagulopathy
  - HELLP
  - Pulmonary edema
  - Mendleson's syndrome
  - Renal failure
  - Thrombotic event
  - Septicemia
- Required ventilation
- Other

6. **Fetal/infant complications, including:**

- Respiratory distress syndrome
- Intraventicular haemorrhage
- Necrotising enterocolitis
- Neonatal encephalopathy
- Chronic lung disease
- Severe jaundice requiring phototherapy
- Congenital anomaly
- Severe infection (e.g. septicaemia, meningitis)
- Exchange transfusion
- Other

Maternal Mortality Review Local Obstetrician Report

CONFIDENTIAL

DO NOT RETAIN COPIES. DO NOT USE THE WOMAN'S NAME, THE NAMES OF STAFF, OR HOSPITAL IN THIS REPORT

It is a professional obligation of all staff to participate in this confidential enquiry. The contents of this report should be regarded as highly confidential. No copies of material prepared specifically for this Enquiry should be retained by individuals or in any local authority/provincial health authority/hospital records.

Please include as full a description of the events surrounding the woman's death as possible to enable lessons learned to be used to improve care in the future. Confidentiality is assured, as all reports will be fully anonymized before final assessment, so please express your views fully and candidly and be as informative as possible.

Where there is not enough space on the form, you may append further individual sheets. Where junior members of staff were also involved, each is required to complete their own summary; please copy this form before completion or go to WEBSITE to download an additional copy. All staff should sign and date each contribution, providing each professional designation.

1.0: Antenatal care

1.1 Was this woman seen by an obstetrician antenatally? Yes ☐ No ☐

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 2.

If Yes, continue

1.2 Please summarize antenatal care:

1.3 Are there any specific social or psychiatric circumstances surrounding this woman we need to know about? Yes ☐ No ☐

If Yes, please describe below:

2.0: Intrapartum care

2.1 Who provided the intrapartum care? _____

Was there a need for a consult with another care provider? Yes ☐ No ☐ Unknown ☐

As there transfer of care to another care provider? Yes ☐ No ☐ Unknown ☐

Who delivered the baby? _____

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 3

If Yes, continue

2.2 Please summarize intrapartum care

3.0: Postnatal care

3.1 Who provided postnatal care? _____

Was there a need for a consult with another care provider? Yes ☐ No ☐ Unknown ☐

As there transfer of care to another care provider? Yes ☐ No ☐ Unknown ☐

If No, please explain why not (e.g. the woman was assessed as low risk) and proceed to section 3.4

If Yes, continue

3.2 Please summarize postnatal care

4.0: Lessons Learned

4.1 Were there any lessons learned from this case?

5.0: Local Review

5.1 Was a local review of this case carried out? Yes ☐ No ☐ Unknown ☐

If Not, why not?

Signature: Designations(s):

Print name:

Date: dd/mm/yy