



Abstraction						
Abstraction Date			Abstructor Name			
Name of Facility for Chart Review						
Admission Date			Discharge Date			
Peripartum Transport			To Facility (Specify)			
From Facility (Specify)			No			
MR # or Patient ID			Date SMM Identified			
Case Identified for Review By (Select All that Apply)		ICD-10 Dx Code	ICD-10 Px Code	≥ 4 Units RBC		
ICU Admission	Patient and Family Advocacy	Healthcare Team Request	Safety Report			
Per Institution Policy or Guidelines (e.g., conditions list)		Other (Write-In)				
Reason(s) for Chart Review (Select All that Apply)		Hemorrhage Complications		Respiratory Complications		
Cardiac Complications	Renal Complications	Sepsis Complications				
Other Obstetric Complications (Write-In)						
Other Medical Complications (Write-In)						
Unable to Specify (Write-In)						
Timing of SMM-Related Care (Select All that Apply)		Antepartum	Intrapartum	Postpartum (within 8 hours)		
Postpartum (after 8 hours)		Readmission				
Patient Characteristics						
Age		Weight at Admission		Height		
Obesity Class				Specify Race		
Race (Select All that Apply)		American Indian/Alaska Native	Asian	Black		
Native Hawaiian or Pacific Islander		White	Other	Not Documented		
Hispanic or Latino		Yes	No	Not Documented		
Payer Source (Select All that Apply)		Medicaid	Medicare	Commercial Insurance	Military	Self-pay
Accountable Care Organization/Managed Care Organization			Other (Write-In)			



Abstraction			
Obstetric History			
Gravida	Para	Term	Premature
Aborted (Spontaneous or Induced)		Living	
# Previous Fetal Deaths		# Previous Infant Deaths	
Gestational Age at Time of SMM Onset		weeks	days
Delivery Information			Not Applicable
Singleton	Multiple (Specify)		Not Applicable
Gestational Age at Time of Delivery		weeks	days
Birth Status		Delivery Type	
Labor			
If Cesarean Birth Occurred:			Not Applicable
Type of Cesarean			
Reason(s) for Cesarean (Select All that Apply)		Acreta	Arrest of Descent
Elective	Elective Repeat	Fetal Indications	Arrest of Labor
Nonvertex Presentation	Previa	Malposition	Maternal Condition
Other (Write-In)	Not Applicable	Not Documented	
Type of Anesthesia (Select All that Apply)			
Not Applicable	None	Epidural	Spinal
Other (Write-In)		Combined Spinal-Epidural	General
Location(s) of Care			
Location(s) SMM Care Received (Select All that Apply)		Hospital with Obstetric Services	
Hospital without Obstetric Services	Community Setting	Other (Write-In)	
Not Applicable			



Abstraction					
Level(s) of Maternal Care for Location(s) SMM Care Received (Select All that Apply)					1 (Basic Care)
2 (Specialty Care)	3 (Subspecialty Care)	4 (Regional Perinatal Health Care Center)			
Accredited Birth Center	Other (Write-In)				Not Applicable
Prenatal Care					
Documentation of Prenatal Care	Yes	No			
Documented Gestational Age for Start of Prenatal Care		weeks	days		
Documented Disruptions in Prenatal Care	Yes	No	Notes		
Assisted Reproductive Technology	Yes	No	Specify		
Prenatal Care Source or Location (Select All that Apply)		Private Practice	Community Birth Practice		
Hospital-affiliated Clinic	Community-based Public Clinic	FQHC	No Prenatal Care	Not Documented	
Other (Write-in)					
Planned or Intended Delivery Location		1 (Basic Care)	2 (Specialty Care)	3 (Subspecialty Care)	
4 (Regional Perinatal Health Care Center)		Accredited Birth Center	Community Setting	Not Documented	
Documented Completed Peripartum Consultation(s) Prior to SMM (Select All that Apply)					Anesthesia
Cardiology	Critical Care	Endocrinology	Hematology	Mental Health or Psychiatry	MFM
Nephrology	Social Work or Care Management		Oncology	Other (Write-In)	
None					

Use this section to provide a concise narrative summary of the SMM event, key patient details, and the sequence of care. Include an appropriate timeline of care in chronological order. Try to identify key details, events, and care pertinent to the SMM event. Avoid overly specific, specialized language or acronyms other staff may not know.

Example chart summary:

20 yo G1P0 with complaints of decreased fetal movement in clinic and was sent to hospital for evaluation at 39 2/7. BPP done with reactive NST, breathing, and normal fluid but no fetal tone or movement. MFM recommended IOL. Initial exam 1/60/-3 station. Cervical balloon placed. Then 4/80/-3. Pitocin started. CLE placed. AROM clear fluid. Patient remained at 4cm. Regular UCs noted on toco. Provider noted Cat 2 tracing and patient counseled for cesarean for arrest of labor. Uterine atony noted. Methergine, miso, TXA, and Bakri balloon. QBL 1823ml. Massive transfusion protocol initiated. Patient received 4 U PRBCs, plts FFP, and was admitted to ICU for observation x24 hrs.

Chart Summary



This section should be completed by the facility designee(s).

Review of Chart Abstraction Data			
<p>Sequence of SMM</p> <p>Indicate the sequence resulting in the severe morbidity or most severe stage of SMM events. All parts of the sequence should be causal:</p> <p>For example, 1. Preeclampsia; 2. Uncontrolled Hypertension; 3. Intracranial Bleed</p> <p>1.</p> <p>2.</p> <p>3.</p>			
<p>Primary SMM Complication – Reviewer(s) Determination</p> <p>Respiratory Complications Cardiac Complications</p> <p>Other Obstetric Complications (Write-In)</p> <p>Other Medical Complications (Write-In)</p> <p>Unable to specify</p>		<p>Hemorrhage Complications</p> <p>Renal Complications</p>	
<p>(If Physical Trauma Primary Cause of Morbidity) Select Type of Physical Trauma</p> <p>Motor Vehicle Accident Intimate Partner Violence Other Violence (Specify)</p> <p>Other Trauma (Specify)</p>			<p>Attempted Suicide</p>
<p>Was there any intervenable opportunity to alter outcomes or improve care?</p> <p>Yes – Somewhat intervenable opportunity No, not intervenable at all</p>		<p>Yes - Highly intervenable opportunity</p> <p>Unclear</p>	
<p>In a few sentences, provide context and rationale to the response to the the question directly above:</p>			



Review of Chart Abstraction Data

Alterations in factors or other considerations that could have improved care or outcomes

When assessing considerations or factors contributing to outcomes and care, a Just Culture approach should be taken. Responsibility should not be attributed to individuals but consideration should be taken in how these individuals, including the patient, operate in systems that affect the quality of care given or received.

Note that some considerations and factors may be crosscutting. Appropriate clinical judgment should be taken to arrive at determinations.

Systems Factors Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Provider Considerations Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Patient Considerations Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Social and Structural Determinants of Health Factors Highly intervenable Somewhat intervenable
Not intervenable at all Unclear

Opportunities to improve care or outcomes:



Review of Chart Abstraction Data

Additional information or context could have informed the review or recommendations given:

Practices that were effective and should be acknowledged and reinforced:

Potential action steps based on opportunities found to improve care or outcomes: