

### Before Starting Abstraction or Case Review

As you begin the chart abstraction portion of the severe maternal morbidity (SMM) review form, please take note of the following throughout your review of care to aid in answering questions later in the form. Alternately, these sections can be assigned to the hospital designee to complete during their chart review and interviews with health care team members directly involved in the care of the patient.

- **Use of language** – Were potentially judgmental or stigmatizing language used in chart documentation? This may include use of words such as non-compliant, difficult, challenging, apparently, claims, insists, etc. More details on examples of such language can be found in the article, “Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record.”
- **Review of informed decision making** – Were consent forms, care options, and discussions with patients or their support networks documented in the medical record to demonstrate the use of informed decision making?
- **Review of quality of chart documentation** – Was the sequence and process of care easy to follow and understand? How could have the chart documentation been improved to support the abstraction and review of the severe maternal morbidity?

### Abstraction

#### Reason(s) for Chart Review (Select all that apply)

Cardiac Complications

Renal Complications

Infection or Sepsis Complications

Hypertensive Complications

Mental Health Complications

Substance Use Complications

Physical Trauma Complications

Other Obstetric Complications (Write-In)

Other Medical Complications (Write-In)

Unable to Specify (Write-In)

Hemorrhage Complications

Respiratory Complications

#### Case Identified for Review by (Select all that apply)

ICD-10 Dx Code

ICD-10 Px Code

>= 4 Units RBC

Readmission

MEWS/Event Reporting

ICU Admission

Patient and Family Advocacy

Healthcare Team Request

Safety Report

Per Institute Policy or Guidelines

Other (Write-In)

Abstraction			
Abstractor Date		Abstractor Name	
Name of the Facility for Chart Review			
Admission Date:		Discharge Date:	
<b>Peripartum Transport</b> To Facility (Specify) <div>From Facility (Specify)</div> <div>No</div>			
MR# or Patient ID:		Date SMM Identified:	
<b>Timing of SMM-Related Care (Select all that apply)</b> Antepartum      Intrapartum <div>Postpartum (within 8 hours)      Postpartum (after 8 hours)      Readmission</div>			
Patient Characteristics			
Age	Weight at Admissions (kg or lb)		Height (cm or in)
Most Recent Obesity Class:		Hispanic or Latino:    Yes    No    Not Documented	
<b>Race (Select all that apply)</b> American Indian/Alaska Native      Asian      Black or African American      White <div>Middle Eastern or North African      Native Hawaiian or Pacific Islander      Other      Not Documented</div>			
Specify Race			
<b>Does this patient accept care in English?</b> <div>Yes    No</div>	<b>Patient's Preferred Language (Write-in)</b>		<b>Interpreter Needed?</b> <div>Yes    No Not Documented</div>
<b>Payor Source (Select all that apply)</b> Medicaid      Medicare      Commercial Insurance      Military <div>Self-Pay      Accountable Care Organization/Managed Care Organization</div> <div>Other (Write-In)</div>			
Obstetric History			
Gravida	Para	Term	Preterm
Abortion (Spontaneous or Induced)		Living	
# Previous fetal deaths		# Previous infant deaths	
<b>Gestational Age at Time of SMM Onset</b> weeks      days			
Delivery Information			
<b>Location of Delivery (Select all that apply)</b> Hospital with Obstetric Services      Hospital without Obstetric Services <div>Planned Community/Birth Center      Planned Homebirth      Unplanned Out-of -Hospital</div> <div>Other (Write-In)</div>			

Abstraction				
Delivery Information <i>(continued)</i>				
<b>Level of Maternal Care for Location of Delivery</b>		1 (Basic Care)	2 (Specialty Care)	3 (Subspecialty Care)
4 (Regional Perinatal Health Care Center)		Accredited Birth Center		
Other defined by facility standards				
<b>Singleton</b>	<b>Multiple (Specify)</b>			<b>Not Applicable</b>
<b>Gestational Age at Time of Delivery</b>		<b>weeks</b>	<b>days</b>	
<b>Birth Status</b>		<b>Delivery Type</b>		
<b>Labor</b>				
<b>If Cesarean Birth Occurred:</b>				Not Applicable
<b>Type of Cesarean</b>	Scheduled	Emergency/Stat	Urgent/Unplanned	
Other (Write-In)				
<b>Reason(s) for Cesarean (Select all that apply)</b>		Placenta Accreta Spectrum Disorder		
Arrest of Labor		Arrest of Descent		
Elective Primary		Elective/Scheduled/Repeat		
Failed Operative Vaginal Birth (Vacuum/Forceps)		Failed Induction of Labor		
Non-Reassuring Fetal Assessment		Known Fetal Anomalies		
Maternal Condition		Macrosomia (EFW over 5000gms without diabetes, 4500 gms with diabetes)		
Multiple Gestation		Nonvertex Presentation		
Prior Uterine Surgery		Previa		
Suspected Uterine Rupture		Umbilical Cord Prolapse		
Other (Write-In)		Not Documented		
<b>Type of Anesthesia (Select all that apply)</b>		None	Epidural	Spinal
General		Combined Spinal-Epidural		
Regional Converted to General		Other (Write-In)		
Prenatal Care				
<b>Documentation of Prenatal Care</b>	Yes	No		
<b>Documented Gestational Age for Start of Prenatal Care</b>	<b>weeks</b>		<b>days</b>	
<b>Documented Gaps in Prenatal Care</b>	Yes	No	Notes	
<b>Prenatal Care Source of Location (Select all that apply)</b>		Private Practice		
Hospital-affiliated Clinic		Community Birth Practice		
Community-based Public Clinic		FQHC		
Not Documented		No Prenatal Care		
Other (Write in)				
<b>Planned or Intended Delivery Location</b>		1 (Basic Care)	2 (Specialty Care)	3 (Subspecialty Care)
4 (Regional Perinatal Health Care Center)		Accredited Birth Center		Community Setting
Unknown		Home		

Abstraction				
Prenatal Care (continued)				
<b>Past Relevant Medical History (Select all that apply)</b>		Hypertensive Disorder	Tobacco	Asthma
Substance Use excluding tobacco	Neurological Condition	Renal Condition		
Gastrointestinal Disorder	Diabetes (Write-in)			
Cardiac Condition (Write in)				
Mental Health Condition (Write-in)				
Autoimmune Disease (Write-in)				
Endocrine Disorder, excluding Diabetes (Write-in)				
Other (Write in)			Unknown	None
<b>Documented Completed Peripartum Consultation(s) <i>Prior</i> to SMM (Select all that apply)</b>				
Anesthesia	Cardiology	Critical Care	Endocrinology	Hematology
Mental Health or Psychiatry	MFM	Nephrology	Addiction Medicine	Oncology
Social Work or Care Management	Other (Write in)			None
<b>Documented Completed Peripartum Consultation(s) <i>During</i> SMM (Select all that apply)</b>				
Anesthesia	Cardiology	Critical Care	Endocrinology	Hematology
Mental Health or Psychiatry	MFM	Nephrology	Addiction Medicine	Oncology
Social Work or Care Management	Other (Write in)			None
Respectful Care*				
<b>From your review of the medical record, did any of the following potentially occur? (Select all that apply)</b>				
Negative patient/provider/facility interaction				
Excessive gatekeeping (e.g., inability to reach provider, leaving messages)				
Leaving against medical advice				
Repeated triage/emergency department/urgent care visits in a short time frame				
Implicit/unconscious bias (i.e., attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner)				
Use of Judgement Words (e.g., Adamant, Apparently, Claims, Insists)				
Use of Stigmatizing Language (e.g., Non-Compliant, Refused, Difficult or Challenging, Non-Cooperative, Substance Abuse(r), Addict)				
None Identified				
<b>If Use of Judgement Words selected</b>	<b>Which potential judgement words did you identify in the medical record? (Select all that apply)</b>			
	Adamant	Apparently	Claims	Insists
	Other (Write in)			

\*This section could also be completed by facility designee chart reviewer.

Abstraction	
Respectful Care <i>(continued)</i> *	
If Use of Stigmatizing Language selected	Which potentially stigmatizing words did you identify in the medical record? (Select all that apply)
	Non-Compliant      Refused      Difficult or Challenging
	Non-Cooperative, Substance Abuse(r), Addict
	Other (Write in)
<p><b>When applicable, was thorough documentation of the consent process and informed decision-making present in the medical record?</b></p> <p>All aspects were present</p> <p>Most aspects were present</p> <p>Some aspects were present</p> <p>Minimal to no aspects were present</p>	
Quality of Chart Documentation*	
<p><b>Please assess the quality of <u>nursing</u> documentation.</b></p> <p>All aspects of care were easy to follow and understand</p> <p>Most aspects of care were easy to follow and understand</p> <p>Some aspects of care were easy to follow and understand</p> <p>Minimal aspects of care were easy to follow and understand</p>	
<p><b>Please assess the quality of <u>clinician</u> documentation.</b></p> <p>All aspects of care were easy to follow and understand</p> <p>Most aspects of care were easy to follow and understand</p> <p>Some aspects of care were easy to follow and understand</p> <p>Minimal aspects of care were easy to follow and understand</p>	

\*This section could also be completed by facility designee chart reviewer.



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. NST reactive, and BPP 4/8 for no fetal tone or movement. MFM recommended IOL. Initial exam 1/60/-3. Cervical balloon placed. Upon removal four hours later, SVE 4/80/-3. Pitocin started. Epidural placed. Four hours later, SVE 6/80/-2, AROM clear fluid. Another four hours later, SVE unchanged and IUPC placed. Five hours later, provider noted Cat 2 tracing, and SVE remained unchanged, despite adequate MVUs and regular contractions. Patient counseled and decision made to proceed with a cesarean birth due to arrest of labor. Uterine atony noted. Methergine, miso, TXA, and Bakri balloon. QBL 1823ml. Massive transfusion protocol initiated. Patient received 4 U PRBCs. Patient remained stable following 24 hr observation in ICU, and transferred to postpartum unit. Infant weight 3560g. Apgars 8/9.*

**Chart Summary**



ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

## SMM Review Form — Review of Abstracted Information

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

### Review of Abstracted Information

This section is not part of the Chart Abstraction

#### Review Completed by:

#### Sequence of SMM

Indicate the sequence resulting in the severe morbidity or most severe stage of SMM events. All parts of the sequence should be causal:

**For example:** 1. Uterine Atony; 2. Postpartum Hemorrhage; 3. Hemorrhagic shock

1.

2.

3.

#### Primary SMM Complication – Reviewer(s) Determination (Select all that apply)

Hemorrhage Complications

Respiratory Complications

Cardiac Complications

Renal Complications

Infection or Sepsis Complications

Hypertensive Complications

Mental Health Complications

Substance Use Complications

Physical Trauma Complications

Other Obstetric Complications (Write-In)

Other Medical Complications (Write-In)

Unable to Specify (Write-In)

#### (If physical trauma primary cause of morbidity) Select type(s) of physical trauma

Attempted Suicide

Motor Vehicle Accident

Intimate Partner Violence

Gun Violence

Other Violence (Specify)

Other Trauma (Specify)

## Review of Abstracted Information

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

When assessing considerations or factors contributing to outcomes and care, it should be noted that it can be difficult to disentangle performance and other complex components from systems and structures. 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:

### Was there any opportunity to alter outcomes?

Strong      Possible      None      Can not be determined



## Review of Abstracted Information

### In a few sentences, provide context and rationale to the response directly above?

*Provide supporting details regarding whether there was any intervenable opportunity to alter outcomes. Please also include intervenable opportunities to improve respectful, equitable, and supportive care. [Please refer to the [condition-specific questions](#) to help guide your decision making.]*

### Was there any opportunity to ***improve care?***

Strong      Possible      None      Can not be determined

### In a few sentences, provide context and rationale to the response directly above?

*Provide supporting details regarding whether there was any intervenable opportunity to improve care. Please also include intervenable opportunities to improve respectful, equitable, and supportive care. [Please refer to the [condition-specific questions](#) to help guide your decision making.]*

### Practices done well that should be reinforced.

*Please list practices done well that should be recognized and continued.*

### Recommendations for system, practice, and/or provider improvements.

*Please list recommended improvements in care based on chart review.*