



STATE OF DELAWARE
Child Death Review Commission (CDRC)
Policy and Procedure

Maternal Mortality Review (MMR)

Purpose:

The goal of the Delaware Maternal Mortality Review (MMR) team is to identify and conduct an in-depth, multidisciplinary review of pregnancy-related deaths and selected pregnancy-associated deaths occurring among Delaware residents in Delaware. The ultimate purpose of these reviews is to describe and track factors associated with maternal deaths, identify systems-wide issues that may have contributed to the deaths, develop recommendations for change, disseminate information and assist in the implementation of recommendations that will improve the health of mothers and infants in Delaware.

Policy:

A maternal death is defined as a death of a woman while pregnant or within one year of the end of pregnancy, irrespective of cause. This is also known as a pregnancy-associated death. Pregnancy-associated deaths can be further divided into two categories: those that are pregnancy-related, and those that are not pregnancy-related. Both of these categories will be reviewed by Delaware's MMR program.

An MMR case that involves pending litigation will be reviewed once litigation is complete. However, if the prosecution is not complete within two years of the death, the case will be administratively reviewed and closed.

Legislative Authority:

31 Del. C. 320-324

Definitions:

Community Action Team (CAT)- The CDRC has identified the Delaware Healthy Mother and Infant Consortium (DHMIC) subcommittees, along with the Wilmington Consortium, as the CATs. The DHMIC subcommittees include Data and Science Standards of Care, Education and Prevention, and Health Equity Systems. This does not preclude the Commission from adding an additional CAT as needed.

De-identified: Information that is stripped of data elements that can lead to the identification of the woman, the family, and service providers involved in the case.

Family interview: A voluntary interview with the partner/spouse or other close family member or friend of the deceased woman to learn more about the context of the woman's life and the events surrounding her death. The family interview is conducted by the CDRC contractual maternal interviewer (MI).

“FIMR” shall mean fetal and infant mortality review team based upon the national model. FIMR is a multi-disciplinary team composed of medical, social service professionals, and other experts from the community who review a de-identified summary of the fetal or infant death and the information from the family interview, if available.

Medical abstraction: A comprehensive medical record review of relevant medical records by a case abstractor, who is usually a physician or nurse with expertise in obstetrics. Review of records include prenatal/postpartum records, outpatient/inpatient visits, hospital admissions related to the pregnancy, delivery records, and primary care records up to two years prior to the death.

Maternal death/Pregnancy-associated death: The death of a woman while pregnant or within one year of the end of her pregnancy, irrespective of cause.

Maternal Mortality team/Review Team(MMR): “MMR” shall mean the maternal mortality review team of the Child Death Review Commission. MMR is a multi-disciplinary team composed of medical, social service professionals, and other experts from the community who review a de-identified summary of the maternal death and the information from the family interview, if available.

MMR Program Coordinator (PC): The coordinator will be responsible for oversight of the MMR. The coordinator will train CRT members and facilitate CRT meetings, consult with the Executive Director of the CDRC to compile and track findings, recommendations and action steps for review by the Commission.

Pregnancy-related death: The death of a woman while pregnant or within 1 year of the end of her pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.

Pregnancy-unrelated death: The death of a woman while pregnant or within 1 year of the end of her pregnancy due to a cause unrelated to pregnancy.

Records Technician (RT): The RT is responsible for securing medical records through subpoenas and case management of the subpoena process. The RT is responsible for retrieving all criminal history as requested by CDRC staff.

Procedure

Notification of the death:

1. The CDRC will receive notification of a maternal death from the following sources:
 - Division of Forensic Sciences-Medical Examiner (DFS-ME)
 - i. Anticipated Time Frame: Next business day after the death.
 - Death Certificate from the Office of Vital Statistics
 - i. Anticipated Time Frame: Between 30 to 90 days of the death depending upon toxicology results from the DFS-ME.
 - Media article
 - i. Anticipated Time Frame: Varies
2. Upon receipt of a death notification, the MMR Program Coordinator (PC) shall within twenty-four hours complete a case disposition form (Appendix 1) and attach it to the death certificate. This disposition will be immediately forwarded to the Office Manager (OM).
3. If the maternal death occurred at the time of the infant's birth, a case will be opened in FIMR and cross-referenced in each database by the OM. The FIMR case review findings will be shared at the MMR meeting.

CASE PREPARATION

Within 2 business days of the Disposition-via Email or Case Disposition Form

1. The OM shall complete the following activities:
 - Open the case in the CDRC internal MMR tracking database. This will include all highlighted blue columns;
 - Conduct a history search of previous cases that will be conducted in FIMR and Child Death Review (CDR) databases at this time;
 - This will include mother's first and last name. This is completed to determine if there was a previous history.
 - Email the new case number to the RT to start the subpoena process;
 - Create an electronic file folder under the shared drive folder regional Review Teams/MMR/caseload (last name first name-with no comma) where records and data sheets will be filed and maintained;
 - Scan all death certificates (including the disposition form) into the electronic case file.
2. The RT will issue subpoenas with the due date at 30 business days for record return. The RT shall monitor all subpoena requests for records to ensure receipt and shall contact the appropriate facility if the record is not received by the due date recorded on the subpoena. The RT will enter a due date into the CDRC subpoena tracking

database to ensure the RT's consistent follow-up for records due. The RT shall conduct a weekly check of the subpoena tracking database and follow up of all outstanding records.

- a. Within 24 hours upon receipt of medical records, the RT shall scan the records into the electronic case file. After ensuring that all pages were scanned correctly, the hard copy records shall be disposed in the locked confidential shredding bin.

Within 30 business days of the disposition

1. The RT will review the Delaware Justice Information System (DELJIS) and the Law Enforcement Investigative Support System (LEISS) to obtain the status of the criminal investigation, complaint number and other details relevant to the review.
 - a. This informational update will be sent via secure egress email to the Executive Director and the MMR PC.
2. The ED will conduct monthly supervision with the MMR PC to identify the cases that will be scheduled for the next scheduled MMR review team. A case that has pending prosecution as a delay, will be given a final end date of two years from the date of death.

2 Months Prior to the Review

1. The MMR PC shall prepare an agenda with the cases identified for the next review.
2. The MMR PC will provide the names of the deceased Mother to the Fatality Review Coordinator (FRC).
3. The FRC will contact the DSCYF and Division of Public Health (DPH) liaison for a history check. The names selected will be from the tentative agenda. Both agencies will be given a due date of one month prior to the CRT.
4. The completed data sheets must be submitted electronically one month prior to the scheduled review date. The FRC shall immediately issue a follow up request to individual members if the data sheets are not received by the specified date.
5. The FRC will ensure that all records are gathered from the DFS-ME. Upon receipt, the records will be given to the OM for scanning the records into the electronic file within five days of receipt.
6. The FRC shall request data sheets from law enforcement jurisdictions that had involvement with the case. The law enforcement representative will also be given the option to present the case in-person or by telephone.

1 Week Prior to Review

1. The FRC shall prepare the confidentiality statement for each meeting and each Review Team member, witness, and invited professional shall be asked to sign the statement. (Appendix 7)

Family Interview

1. Upon notification of a new case by the MMR PC, the OM will send a letter to the husband or other identified family member within 10 days. The letter (see Appendix 2) will invite the family member to participate in the interview and will include a copy of the consent form and a pre-paid envelope with the CDR office as the return address.
 - a. The family Interview will be based on a standard questionnaire (see Appendix 3). A follow up letter and evaluation will be sent to the family member after the family interview (see Appendix 4).
 - b. A family interview will not be conducted if the family member has an active warrant for his or her arrest, if the case is in litigation, or if the psychiatric conditions deem the family member a threat to the family interviewer. However, a medical abstraction and case review will still occur on these cases.
2. Upon response from the family member, the OM will request from the family member his/her preferred phone number and preferred time for the family interviewer to contact the family member.
3. The OM will then make a request to the Records Technician (RT) to conduct a background check to ensure the Family Interviewer's safety. Once completed, the RT will inform the OM and FRC of the results of the background check within 48 hours of the request.
4. The OM will provide the family interviewer with the demographic information from the death certificate, preferred phone number, and CDRC case number.
5. Upon completion of the interview, the family interviewer will notify the FRC and OM that the interview has been completed. The family interviewer will provide the interview form, consent form to the OM via fax or email scan.
6. The OM will then save the forms (within 24 hours) to the following shared drive folder: regional Review Team/MMR/caseload/name of Mother. The OM then notifies the MMR PC via email that this has been completed.
7. A gift card will be given at in-person interviews or through mail after the interview has occurred. The OM will mail the gift card within 5 days of receiving the consent form from the family member.

Medical Abstraction

1. The MMR case abstractor (a health care provider with obstetric expertise) will review and summarize the medical and public agency records and complete a case abstraction form. Some or parts of the abstraction form (de-identified) will be entered into the Center for Disease Control (CDC) Maternal Mortality Review

- Data System (MMRDS) secured computerized database. A comprehensive, de-identified case summary¹ (See Appendix 5) will be presented to the MMR.
2. After completing the de-identified case summary, the medical abstractor will then summarize the information from the summary and family interview, if available, in the Case Discussion Form (See Appendix 6). The Case Discussion Form will be distributed to the MMR Review Team members at the beginning of the meeting. Time will be allocated during the meetings to allow Review Team members to read the case summaries on their own prior to the case discussion. To ensure that the Case Discussion Summary is de-identified, please observe the following:
 - Refer to hospitals as Hospital A, Hospital B, etc. and specify level of acuity care.
 - Refer to clinics as Clinic A, Clinic B, etc.
 - Refer to health care providers only by their specialty, such as the Midwife, MFM provider, etc.
 - To establish a timeline during pregnancy, refer to weeks'/days gestation rather than calendar dates. To establish a timeline postpartum, refer to weeks/days postpartum rather than calendar dates.
 - To describe the terminal event, it may be necessary to include time and day of week in summaries (e.g. 02:00 on Saturday, or Monday 17:50, etc.) to establish a more detailed timeline.

MMR Meeting

1. Reviews shall occur at the next scheduled meeting after receiving the death notification. The location will alternate between New Castle County and Kent County. The goal will be to review within six months. However, due to the MMR review team only meeting once or twice a year, this may need to be extended to 9 months. A case that has pending prosecution as a reason for delay will be given a final completion date of two years from the date of death.
2. The meetings shall occur twice a year in the evening from 5:30 p.m. to 8:30 p.m. Meeting notices will be disseminated by the FRC annually.
3. At each meeting of the MMR, Review Team members must comply with and sign the confidentiality statement for the review process. The confidentiality sheets are collected and maintained by the CDRC staff. (See Appendix 7)
4. Narrative case summaries will be distributed at the start of each MMR meeting for the cases on the agenda that day.
5. The MMR discussion will include, but not be limited to, the following issues: individual/community factors, system factors, clinical factors, death review process. Discussions will be documented on the Case Discussion Summary Form
6. Witnesses and invited professionals shall only be present for the discussion of facts relevant to his or her involvement in the case. Agency representatives may

¹ The de-identified case summary is a detailed form intended to be completed first as medical records become available.

- be authorized to attend in addition to the regularly scheduled member with prior approval from the ED.
7. Following presentations of information and discussion by the MMR, the Chair will ask the Review Team the following:
 - a. Is this death pregnancy-related, not pregnancy-related or undetermined?
 - b. Was this death preventable?
 - c. What was the chance to alter the outcome?
 - d. Were reasonable standards of practice met by the systems involved?
 - e. What issues and gaps does this case highlight?
 8. If a review cannot be completed due to lack of information or expertise, the following should be considered:
 - a. Approval must be given by the ED or designee
 - b. Defer the review.
 - c. A request is made by the MMR for more information. The CDRC staff will attempt to obtain the information (via subpoena if necessary.)
 - d. The case abstractor will summarize the additional information received and reschedule the deferred case as quickly as possible.
 9. At the completion of a review, all MMR members will turn over all documentation related to that review to the CDRC staff for shredding. All data sheets, case discussion forms and other related review materials will be placed in the secure shred bin upon return to the office. All necessary data will be entered by a CDRC staff member or designated contractor into the MMRDS or other similar database. The FRC will update the internal MMR tracking database.
 10. During the summer (annually) the MMR Program Coordinator will apply and submit all required paperwork for CME (certified medical education) units to the Medical Society of Delaware. A total of 2.5 CMEs are issued at each meeting (held twice yearly). At the end of each meeting, the MMR Program Coordinator will submit a copy of the agenda, sign in/attendance sheet and required paperwork needed to finalize process for the end of the meeting. Original copies will be scanned into the appropriate shared drive folder.

Commission Meetings

11. The MMR PC will prepare the MMR report and de-identified case summaries for the MMR Chair to submit at the next scheduled Commission meeting.
12. At the Commission meeting, the Commissioners will review the CRT reports and vote upon approval of the report. If recommendations are needed based upon the data and findings, this will occur at the Commission meeting.² The Commission will have the authority and purview to make recommendations based upon the MMR's review of cases. This can occur at each quarterly meeting or at the annual report meeting (to occur at the first meeting or each calendar year).
13. If a recommendation is put forth by the Commissioners, the appropriate Community Action Team (CAT), under CDRC or the DHMIC, will be asked to begin implementation of action steps for a recommendation.

² Findings and recommendations are reported to the Governor, the General Assembly, and the public through the CDRC annual report. The [annual report](#) can be accessed on the CDRC website.

14. CDRC staff will regularly update the CRT on action steps from the various CAT meetings.

<input type="checkbox"/> Joint Review with CAN and specified Review Team_____ ⁴	<ul style="list-style-type: none"> • Log into excel database • Log into National CDR • Create a folder under shared drive/caseload. • Email the death cert to OCA/Angela Birney • Scan death cert to the CDRC folder and also the OCA folder.
<input type="checkbox"/> Out of State	<ul style="list-style-type: none"> • Log into tracking database • Scan to Out of State shared drive folder.
<input type="checkbox"/> Pending (Re-submit to Executive Director monthly until a disposition can be given). Office Manager will keep in a 30-day review file.	
<input type="checkbox"/> Child is over age 18. Place in designated file.	

⁴ This case gets entered into the national data tool with a CAN case# and a file is opened but no records are subpoenaed.

Appendix 2:

Caring Communities



Sharing Hope

900 N. King Street, Suite 220
Wilmington, DE 19801
(302) 255-1760

INTERVIEW LETTER

Date

Dear Ms,

I am contacting you due to the recent death of your family member_____. I am very sorry for your loss. I would like to talk to you about how you are doing and invite you to participate in our program. This program is based on a national model called Maternal Mortality Review (MMR) that many states have had in place for years. Along with offering help and support to families, we also want to do everything we can to learn from these tragedies.

If you choose to take part in this program, a meeting will be scheduled with you in your home, or another place in which you would feel most comfortable. Or as an alternative option, a phone interview can be completed for your convenience after authorization paper work has been signed. You can tell me about your loved one's experiences with the health care system and any other services that she may have used. We can talk about your needs and the needs of your family. Referrals to programs in the community that can assist you will be provided.

Your participation in the program is completely voluntary and all information gathered is confidential. Your participation in this program will help improve the services for women and babies in Delaware. In appreciation of your willingness to do the interview I would like to offer you a gift bag that will include a \$20 gift card to a local store, as a small thank you for your time. We ask that if you are involved in any litigation as a result of this death; that you do not participate in an interview until all legal matters have been resolved.

If you would like to meet with me to participate in this program, please call the office at 302-255-1760 and leave your contact information for me. ***I am not available during business hours and will most likely contact you during the***

evening or weekends at your convenience. If you choose to conduct the interview by phone, please sign the attached consent form and mail it back in the envelope provided.

You and your family will remain in my thoughts.

Sincerely,

Regina

Dr. Regina M. Tyler
Bereavement Counselor

Caring Communities



Sharing Hope

900 N. King Street, Suite 220
Wilmington, DE 19801
(302) 255-1760

Home Interview Consent Form

Purpose of Interview

Delaware is conducting a Maternal Mortality Review Program. The purpose is to identify factors that may help prevent maternal deaths and to find ways to help families such as yours in the future. To achieve these goals, we wish to interview family members who have recently experienced a loss of a loved one who is of child bearing age. You have been asked to participate in the program because of your recent loss. The interview will take place in your home, or a place that you choose where you are comfortable, and it can be scheduled at a time that is convenient for you. This interview will take about two hours. Your participation will help us towards our goal of preventing deaths in Delaware.

Description of Potential Risk

Talking about the death of your loved one may prove difficult for you. The interviewer cannot provide counseling on an on-going basis. However, if you wish, she can provide you with names of other professionals who can talk to you long-term. If during the course of the interview, you feel you do not want to continue, you may ask the interviewer to stop the interview at any time. There is no expected risk of injury for participants in this study.

Description of Potential Benefits

Participation in the interview may be a positive experience for you. You may find that talking about the death of your loved one can help you in your grief process. Also, if there are some needs that you or your family has the interviewer can provide you with information on the available community services that may be of help. In addition, the information you provide to this program may help prevent the loss of other women in the future.

Alternative Procedures

The alternative to participating in this interview is to choose not to participate at all.

Confidentiality of Records

All information that identifies you, your family or your health providers will be removed before the interview questionnaire is reviewed. All Caring Communities –Sharing Hope staff and consultants have signed an oath of confidentiality and are protected by [statute](#). Therefore, confidentiality will be protected to the full extent permitted by law. However, under state law the interviewer is obligated to report to the authorities reasonably suspected child abuse or neglect disclosed by the interviewee.

Compensation

You will not be paid for participating in the interview.

Voluntary Participation

Your participation in this program is completely voluntary and you may refuse to answer any questions that you do not wish to answer. You are also free to end the interview at any time without consequences.

Questions

If you have any questions concerning the interview or the Caring Communities-Sharing Hope Program, you may call Joan Kelley at (302) 255-1760.

Consent


I have read this form and understand the purpose and conditions for participation in the Maternal Mortality Review/ Caring Communities – Sharing Hope Program. I hereby consent to participate in the program and the interview. I understand that all information obtained from the interview will be strictly confidential and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

Name: _____
Signature: _____
Date: _____

Interviewer’s Name: _____
Interviewer’s Signature: _____
Date: _____

Please provide this signed form to the counselor during your in –person interview or mail this in the envelope provided. Thank you.

Caring Communities-Sharing Hope is a part of MMR under CDRC.

Working Together to Understand Why Children Die  Taking Action to Prevent Deaths

Appendix 3:
Maternal Mortality Review
Informant Interview Questionnaire

Instructions: This questionnaire is intended to offer open-ended questions to learn more about the mother's perspective of her life, pregnancy and health experiences. Please edit these questions as you see fit based on the respondent's relationship with the mother.

Opening Questions-

1. Please describe your relationship to the deceased:
2. How long have you known her?
3. What would you like to tell me about her?
 - a. What was her occupation?
4. If you were present at her death can you describe what you saw?
 - a. What did you hear?
 - b. What did you feel?
5. How did she feel about her pregnancy and/or delivery?
 - a. Did she want to get pregnant at that time?

Social Determinant Factors-

6. Tell me what you know about her financial resources.
 - a. Did she have adequate finances to cover her bills and medical care?
7. Did she have any issues with her health insurance that restricted her ability to seek care or obtain treatment/medications?
8. Are you aware if she was using any of these substances prior to pregnancy, during pregnancy or in the postpartum period? If yes, can you describe the extent of her use and if it caused any problems for her.
 - a. Alcohol –
 - b. Tobacco –
 - c. Prescription pain killers –

d. Illegal drugs –

9. [If she had a history of drug use] Do you know if she ever received counseling or attended rehabilitation?
10. Can you tell me about her housing environment?
11. Did she have available transportation to access care when needed?
12. [if she had children] Did a lack of childcare or work environment impact her ability to keep appointments?
13. Were all of her children living with her at the time of her death? If no, then who was/is caring for her children?
14. Did you ever see or discuss with her any symptoms of anxiety, depression, or other mental health challenges?
15. If answer to #14 is yes, was she seeing a provider or counselor for her mental health condition? If so, can you provide the name or place that she went for care?
16. (If not the spouse or partner) Can you describe her relationship with her spouse or partner?
17. Did she have any history of abuse, neglect, or trauma?

Clinical Factors-

18. How would you describe her general health?
19. How many times had she been pregnant in her life? Can you tell me the outcome of her previous pregnancies (if applicable)?
 - a. List: date of pregnancy / outcome / child alive (yes/no) / child's age if applicable
20. What do you understand was the cause of the mother's death?
21. What factors do you think may have contributed to her death?
22. Did she express concerns about any particular risks prior to her death?
23. Did she have any chronic health conditions?
 - a. If so, was she able to control her condition?

- b. If she was not able to control her condition, tell me what you think the barriers were.
- 24. Were you aware of any medications she was taking prior to, during, or after her pregnancy?
- 25. Did she have any complications in a previous pregnancy, delivery, or postpartum period?
- 26. How did she feel about the care that she was receiving from her health care providers during prenatal, labor & delivery, and/or postpartum (if applicable)?
- 27. Were you aware of any particular issues that arose during her prenatal, labor and delivery, or postpartum period (if applicable)?
- 28. Did she have any problems for which she needed to see a specialist during or after her pregnancy?
- 29. Do you feel adequate information was provided to her and the family regarding her condition and treatment?
- 30. Do you feel that her health care providers worked well with each other to take care of the mother?
- 31. Did she have any particular worries or stresses during her pregnancy or afterwards?
- 32. Did you observe or hear about any of the following regarding adequate attention given to the mother:?
 - If yes to any question, please describe in more detail -
 - a. She was not referred for additional needed services
 - b. She had specific concerns that were not being acknowledged or appropriately addressed
 - c. She felt a lack of respect from healthcare providers

Closure:

- 33. How are you coping with her death?
- 34. Are you interested in receiving a referral for counseling?
- 35. Can you recommend anything that could be done to help families who have experienced the death of a mother?

Appendix 4:



Caring Communities



Sharing Hope

900 N. King Street, Suite 220
Wilmington, DE 19801
(302) 255-1760

MMR family interview: evaluation letter

Date

Dear Ms.,

Thank you very much for meeting with Dr. Regina Tyler, our bereavement counselor, and for your participation in our program. It has been a few weeks since the interview and we wanted to follow up with you to see how you are doing. We realize that dealing with the loss of a loved one is a very long and difficult process. We would like to remind you that our office is here to offer you support.

We have enclosed an evaluation (with a self-addressed envelope) to capture your thoughts and feelings about the maternal interview. We are asking for your feedback to see if there are ways that we can improve our program and our interactions with women/families who participate. Your responses will be kept confidential.

Thank you for your courage and your commitment to helping mothers and infants in our state. If you have any questions, or if you have a need that we may be able to assist with, feel free to contact our office. Our number is (302) 255-1760 and our office hours are 8:30 a.m. to 4:30 p.m.

Sincerely,

Joan Kelley, R.N.
FIMR Program Coordinator

Evaluation of the MMR family interview

1.) When do you feel would have been the best time for Dr. Tyler to have contacted you for the first time after the death of your infant?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> In the hospital | <input type="checkbox"/> 1-2 weeks |
| <input type="checkbox"/> 2-4 weeks | <input type="checkbox"/> 4-6 weeks |
| <input type="checkbox"/> 6-8 weeks | <input type="checkbox"/> 8-10 weeks |
| <input type="checkbox"/> 10 + weeks | |
| <input type="checkbox"/> Other (specify) _____ | |

2.) Which of these things contributed to your decision to participate in the program? (Check all that apply)

- I wanted to talk about my experience.
- I wanted the opportunity to provide information that might help other mothers and infants.
- I was looking for services in the community for me and my family.
- Other (specify) _____

3.) Do you feel the interview gave you an opportunity to openly share your feelings?

- Yes No Somewhat

Comments: _____

4.) Do you feel it was beneficial for you to answer questions about your loss?

- Yes No Somewhat

Comments: _____

5.) Did you feel that you would be helping other families by participating with the interview?

- Yes No Somewhat

Comments: _____

6.) Do you feel as though you gained some insight about your loss through participating in the program?

- Yes No Somewhat

Comments: _____

Do you have any thoughts or feelings about Dr. Tyler and your interaction with her as the maternal interviewer?

Are there other comments or suggestions you would like to make about your experience? Thank you once again for all of your time and your support of this program. We value your opinion and the feedback that you have provided.
Together we can make a difference

Appendix 5:
 Delaware CDRC
REVIEW & PREVENTION
 OF CHILD DEATHS

Case Summary: Delaware Maternal Mortality Review

Case Number	Date of Review
Overview	Age: Pregnancy status: <i>Pregnant, within 42 days, 43-365 days, unknown</i> Outcome of pregnancy: <i>Live birth, fetal death, twins, etc.</i> Manner: <i>As noted on death certificate (accidental, natural, suicide, homicide, etc.)</i> Cause: <i>As noted on death certificate</i> Reports Reviewed: Reports not able to review: Method of case identification: <i>Pregnancy check box on death certificate, obituary, etc.</i>

Summary of Events:

Demographic Information:

Medical History

Pre-existing conditions
Prior hospitalizations and surgeries
Medications

Reproductive History

Pregnancy history and prior outcomes
Interpregnancy interval

Social History

Living situation
Employment
Alcohol, tobacco, drug history
Domestic violence screen

Prenatal Care

Week entered prenatal care:
Number of prenatal visits:
Referrals made:

Labor & Delivery

Level of hospital

Postpartum

Terminal Event

Autopsy & Medical Examiner's Report

Death Certificate:

Cause of death:

Manner of death:

Was pregnancy check box marked: *Yes / No*

Other:

Appendix 6:



Delaware Maternal Mortality Review

Case Discussion Form

Delaware MMR Case # _____

Date of Review

Questions for Discussion

1. How much relevant information was available for this review:
 - Substantially complete information
 - Minor gaps in information
 - Major gaps in information
 - Minimal information available

2. Were reasonable standards of practice met by the systems involved?

3. What issues and gaps does this case highlight?

<u>Improvement Category</u>	<u>Issue Identified</u>
Individual/Community Factors Lack of patient knowledge Cultural or religious beliefs Personal decisions	
System Factors Lack of standardized policies and procedures Barriers to accessing care	
Clinical Factors Knowledge/skills/assessment Communication/documentation Care coordination Prevention/patient education	

Death Review Process Death certificate accuracy MMR abstraction process Medical examiner review and autopsies	
---	--

4. Was this death preventable? Yes / No

5. What was the chance to alter the outcome?

Strong chance / Good chance / Some chance / No chance / Insufficient information

Review Team Vote on Recommendation(s)

Review Team Opinion

Primary cause of death:

Underlying cause(s) of death:

Is this the same as on the death certificate? Yes No

Classification of death

- Pregnancy-related
- Pregnancy-unrelated
- Undetermined

1. METHOD OF CASE ID

- Pregnancy check box on death certificate
- Obituary
- Other: _____

2. MEDICAL HISTORY

- Acute Illness: Specify _____
- Chronic Illness: Specify _____

- Previous Fetal Loss 1 2 3 4
- Previous Infant Loss 1 2 3 4
- No Issues
- No Source Data

3. MEDICAL PROBLEMS (PREGNANCY)

- Anemia
- Diabetes
- Infection
- Multiple Gestation
- Hypertension
- Preeclampsia
- Eclampsia
- Heart Disease
- Trauma
- STD Specify _____
- HIV
- Incompetent Cervix
- Preterm Labor
- PROM
- IUGR
- Other: Specify _____
- No Issues
- No Source Data

4. MEDICAL PROBLEMS (LABOR & DELIVERY)

- Complications of Abortion

5. MEDICAL PROBLEMS (POSTPARTUM)

- Hemorrhage
- Hypertension
- Heart Disease
- Eclampsia
- Pulmonary Embolism
- Amniotic Fluid Embolism
- Infection
- Other: Specify _____
- No Issues
- No Source Data
- Not Applicable

6. NUTRITION ISSUES

- Obesity
- Pre-pregnancy
- Pregnancy
- Postpartum
- No Issues
- No Source Data

7. PRENATAL CARE

- Missed Appointments
- Multiple Providers/Sites
- Maternal/Fetal Specialist
- Other: Specify _____
- No Issues
- No Source Code
- Not Applicable

8. SUBSTANCE ABUSE

- Tobacco
 - Pre-Pregnancy Amt. _____
 - Pregnancy Amt. _____
 - Postpartum Amt. _____
- Alcohol
 - Pre-Pregnancy Amt. _____
 - Pregnancy Amt. _____
 - Postpartum Amt. _____

10. SOCIAL SUPPORT

- Lack of Supportive Partner
- Lack of Supportive Friends or Family
- Negative Influence of Friends or Family
- Other: Specify - _____
- No Issues
- No Source Data

11. HOUSING

- Incarcerated
- Unstable housing
- Moved > 3 times a year
- Other: Specify _____
- No Issues
- No Source Data

12. MENTAL HEALTH

- Mental Illness-Diagnosed
 - Pre-Pregnancy _____
 - Pregnancy _____
 - Postpartum _____
- Mental Illness
 - Undiagnosed/Suspected Pre-Pregnancy _____
 - Pregnancy _____
 - Postpartum - _____
- No Issues
- No Source Data

13. FAMILY VIOLENCE OR NEGLECT

- Partner Abuse
- Family Abuse
- Other: Specify _____
- No Issues
- No Source Data

16. PROVISION OR DESIGN OF SERVICES

- Services not used Specify: _____
- Services not available-Specify _____
- Lack of Care Coordination among Providers/Services
- Poor communication
- Lack of standardized policies/procedures
- Early Discharge
- Lack of preconception care
- Lack of interconception care
- Lack of Referral to Maternal/Fetal Specialist
- Lack of Family Bereavement Support
- Delay of Diagnoses
- Delay of Treatment
- Lack of Diagnosis
- Lack of Treatment
- Lack of Patient Education Re: _____
- Other: Specify _____
- No Issues
- No Source Data

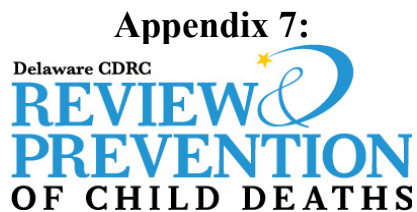
17. FAMILY PLANNING

- Complications of Birth Control Specify _____
- Infertility Treatment Specify _____
- Other: Specify _____
- No Issues
- No Source Data

18. MISCELLANEOUS

- Documentation Discrepancies _____
- Other: Specify _____

Updated 12/1/17



Confidentiality Statement for the Delaware Maternal Mortality Review (MMR) Process

The Maternal Mortality Review CRT (Case Review Team) is a confidential process. Surviving family members, caregivers, service providers and agencies should be protected from the disclosure of information outside of the review meetings. Informed consent for family interviews specifically guarantees this protection.

The nature of the review meetings is to promote open dialogue and the exploration of issues. Participants are encouraged to express opinions that may not reflect the position of their respective agencies. Some factors discussed may be sensitive and involve issues related to values, beliefs, or cultural variables. The opinions expressed are not to be repeated outside of the meeting nor should judgments be made about an individual, their profession or agency. This will allow for a free exchange of differing ideas.

As a participant of the review meeting, I agree to abide by the following:

- I will refrain from speculation regarding the identity of the case subjects, any providers, or institutions, even when I recognize an aspect of the case.
- I understand the purpose of the MMR CRT is not for individual case management of clients, and that if allowed a family/significant other interview, the MMR staff will give the client referral resources as appropriate
- I will **not** present to the public, the media, or professional audiences a finding or recommendation before obtaining approval from the Child Death Review Commission (CDRC).
- Upon approval of the CDRC, I **will** share with my own institution or agency ideas that may assist in the delivery of services within the limits set forth above.
- All written material sent to me via electronic mail (e-mail) will be deleted from my computer system after the CRT completes its review. This information is not to be shared with others outside of the CRT. If preferred, any written material can be left with the MMR staff and they will shred.

Delaware Maternal Mortality Review (MMR) Workflow chart

