

**Nebraska's
SEVERE MATERNAL MORBIDITY (SMM)
ABSTRACTION FORM**

V 5/20/25

Abstraction date:	ID #:
Abtractor:	Hospital:
Criteria Met for SMM: <input type="checkbox"/> Intensive Care Unit (ICU) Admission <input type="checkbox"/> ≥ 4 Units Packed Red Blood Cells Transfused	
<input type="checkbox"/> Other:	

PATIENT CHARACTERISTICS

Age:	Height: Weight:	Body Mass Index (BMI) at 1st Prenatal Visit:	Current BMI:
Race/Ethnicity: Primary Language: Interpreter Used: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Primary Insurance: Gestational Age at Delivery: Admission Reason:		<u>Obstetric History</u> Gravida: Para: Term: Preterm: Abortion: Living: Past Medical History:	

CASE TIMELINE

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MRN OR ID#: _____

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PRENATAL CARE	
Prenatal care: <input type="checkbox"/> Yes <input type="checkbox"/> No # Of Prior Cesarean Delivery: # Of Prior Vaginal Delivery:	Discipline of Primary Prenatal Care Provider: Perinatologist Consultation: <input type="checkbox"/> Yes <input type="checkbox"/> No

OBSTETRICAL RISK FACTORS	
Multiple Gestation: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Fetuses:	History of Postpartum Hemorrhage: <input type="checkbox"/> Yes <input type="checkbox"/> No History of Transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Placental Complications: <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Treatment:

SMM EVENT	
Timing of Morbidity:	Medical Reasons Not Related to Pregnancy:

DELIVERY/NEWBORN SUMMARY	
Labor: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Labor: Planned induction: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery Complications:	Birth Status: Mode of Delivery: If C-Section: Type: Reason: Birth Weight (grams): APGAR Score: NICU Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Newborn Complications:

ICU ADMISSION QUESTIONS
Reason for ICU Admission: <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Neurologic <input type="checkbox"/> Preeclampsia/Eclampsia <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Sepsis <input type="checkbox"/> Other:

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Was the Patient Transferred in a Timely Manner?

Appropriate Consults?

HEMORRHAGE QUESTIONS

**Total Estimated Blood Loss /
Quantitative Blood Loss (ml):**

**Total Units of Packed Red Blood
Cells Transfused:**

Other Blood Products Transfused:

**Total Units of Other Blood Products
Transfused:**

Alternative Products Administered:

**Pre-Delivery Preparations
Followed per Institutional
Guidelines?**

**Hemorrhage Risk Assessment on
Admission:**

☐ Low ☐ Medium ☐ High
☐ Unknown

**Hemorrhage Risk Assessment
Prior to Delivery:**

☐ Low ☐ Medium ☐ High
☐ Unknown

**Hemorrhage Risk
Assessment After Delivery:**

☐ Low ☐ Medium ☐ High
☐ Unknown

**Was Blood Prepared Prior to
Delivery:** ☐ Yes ☐ No

**Post-Delivery Guidance
Followed per Institutional
Guidelines?**

Uterotonics Given:

☐ None Used
☐ Oxytocin
☐ Methylergonovine (Methergine)
☐ Misoprostol (Cytotec)
☐ Carboprost Tromethamine (Hemabate)
☐ Tranexamic Acid (TXA)
☐ Unknown

Non-Surgical Interventions Applied:

☐ None Applied
☐ Uterine Massage
☐ Uterotonics
☐ Jada
☐ Bakri Balloon
☐ Unknown

Surgical Interventions Applied:

☐ D&C
☐ Laparotomy
☐ B-Lynch Suture
☐ Uterine Artery Ligation
☐ Hysterectomy

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- | | |
|--|---|
| | <input type="checkbox"/> O'Leary
<input type="checkbox"/> Interventional Radiology Consult
<input type="checkbox"/> Unknown |
|--|---|

1. Was the Hemorrhage Recognized in a Timely Fashion?
2. Were Signs of Hypovolemia Recognized in a Timely Fashion?
3. Were Transfusions Administered in a Timely Fashion?
4. Were Appropriate Interventions Used (e.g., Medications, balloons, sutures, etc.)?
5. Were Modifiable Risk Factors Managed Appropriately (e.g., Pitocin, induction, chorioamnionitis, and delay in delivery)?
6. Was Sufficient Assistance Requested and Received (e.g. Additional doctors, nurses, or others)?

INFECTION QUESTIONS

1. Was the Diagnosis of Sepsis or Infectious Disease Made in a Timely Fashion?
2. Were Appropriate Antibiotics Used After Diagnosis?
3. How Long to Treatment, if Applicable?
4. Did the Woman Receive Appropriate Volume of IV Fluids?
5. Were Significant Modifiable Risk Factors for Infectious Complications Identified?

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HYPERTENSIVE DISEASE QUESTIONS

1. Was Hypertension Recognized Appropriately?
2. Did the Patient Receive Magnesium Sulfate Appropriately?
3. Was Severe Range Blood Pressures Treated Within One Hour?

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CASE ANALYSIS

COMMITTEE DECISION

"An SMM event is considered preventable if there was some chance that :

1. The event could have been averted or
2. The patient did not have to get as sick as they did.

In other words, one or more reasonable changes to patient, family, provider, system or community factors could have had some chance to alter the outcome."

Was there an opportunity to alter the outcome?

☐ Potentially Avoidable ☐ Not Avoidable ☐ Unable to Determine

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Identify practices that were done well and should be reinforced:

List actions that could have been done to alter the outcomes:

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Recommendations for system, practice, and provider improvements:

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