

Nebraska's SEVERE MATERNAL MORBIDITY (SMM) ABSTRACTION FORM

V 5/20/25

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

CASE TIMELINE

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
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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:
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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:
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ICU ADMISSION QUESTIONS

Reason for ICU Admission:

Respiratory Cardiovascular Neurologic Preeclampsia/Eclampsia
 Hemorrhage Sepsis 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: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Unknown Hemorrhage Risk Assessment Prior to Delivery: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Unknown	Hemorrhage Risk Assessment After Delivery: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Unknown Was Blood Prepared Prior to Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No
Post-Delivery Guidance Followed per Institutional Guidelines?	Uterotonics Given: <input type="checkbox"/> None Used <input type="checkbox"/> Oxytocin <input type="checkbox"/> Methylergonovine (Methergine) <input type="checkbox"/> Misoprostol (Cytotec) <input type="checkbox"/> Carboprost Tromethamine (Hemabate) <input type="checkbox"/> Tranexamic Acid (TXA) <input type="checkbox"/> Unknown	
	Non-Surgical Interventions Applied: <input type="checkbox"/> None Applied <input type="checkbox"/> Uterine Massage <input type="checkbox"/> Uterotonics <input type="checkbox"/> Jada <input type="checkbox"/> Bakri Balloon <input type="checkbox"/> Unknown	
	Surgical Interventions Applied: <input type="checkbox"/> D&C <input type="checkbox"/> Laparotomy <input type="checkbox"/> B-Lynch Suture <input type="checkbox"/> Uterine Artery Ligation <input type="checkbox"/> Hysterectomy	

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	<input type="checkbox"/> O'Leary <input type="checkbox"/> Interventional Radiology Consult <input type="checkbox"/> Unknown
<ol style="list-style-type: none"> 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
<ol style="list-style-type: none"> 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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