

ARMMRC Committee Decision Tool

1) What type of pregnancy-associated death is this?

- Medical, obstetrical causes*
- Medical, other medical causes
- Unintentional Injury, motor vehicle crash Unintentional Injury, other
- Suicide Assault/Homicide Unknown
- Drug/Alcohol overdose

* If the death was *pregnancy-related*, check all that apply:

- Hemorrhage
- Infection
- Cardiovascular Conditions
- Hypertensive Disorders of Pregnancy
- Cardiomyopathy
- Cancer
- Cerebrovascular Accident not secondary to hypertensive disorder of pregnancy.

- 2) Autopsy Performed:** Yes No
If No, Would an autopsy report have been helpful: Yes No
Why: _____

3) What do you believe was the most probable cause of death? _____

4) What do you believe were other contributing cause(s) that led to this death, or the incident resulting in death?

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____

- 5) Does the death certificate completely capture the above causes and contributors of death?** Yes No
- Does not accurately reflect most probable cause of death
 - Does not accurately reflect contributing cause(s) of death

Explain why not: _____

6) Was the information available for review adequate for the committee to determine the cause(s) of death?

Yes No

Degree of relevant information (records) available for this case:

What missing information would have helped to better understand this case? (Check all that apply)

- Post-mortem cultures Post-mortem drug screen Post-mortem x-rays School records
- Social Service records Home interview Police report
- Other medical records: (psychiatry/psychology)
- Standardized death scene investigation form
- Toxicology Testing: _____
- Other: _____

* If No, what improvements of the available records would have helped? _____

7) Was lack of access or inadequate access to care associated with this death? (Due to geographical or other reasons)

Yes Yes probably Yes, possibly No Unknown

If any "Yes", explain: _____

8) Was the adequacy of medical care received by this woman associated with this death?

Yes Yes, probably Yes, possibly No Unknown

If any "Yes", explain: _____

9) Domestic violence or other forms of Abuse?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain: _____

If Yes, relationship(s) of perpetrator: _____

11) Mental health conditions?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain: _____

12) Alcohol abuse?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain: _____

13) Drug abuse?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain: _____

If Yes, what type(s) of substance? _____

14) Tobacco use?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain: _____

15) Decedent's medical/health condition (including acute, chronic and congenital conditions, obesity etc. but *not including* mental health condition or pregnancy)?

Yes, present Yes, probably present Possibly, not sure No Unknown (no information available)

If yes, what medical condition(s) were present (be specific)? _____

Associated with death? Yes, associated No Unknown (not enough information)

If any "Yes", explain which condition(s) and how associated with death : _____

If Yes:

Did the medical condition(s) complicate or lead to the event that was the direct cause of death?

Yes No Unknown

Was the woman receiving adequate health care for the medical condition(s)? Yes No Unknown

* **If no**, was the inadequate care while she was pregnant? during pregnancy after birth

Was the woman compliant with prescribed care plans?

Yes No Presumed Unknown N/A

***If No**, check non-compliance issues: Appointments Medications Medical equipment use
 Therapies Other: _____

Did the care facility provide adequate care based on available knowledge and technology?

Yes No Unknown N/A

***If no**, please explain: _____

16) Obesity?

yes no Associated with death yes no

17) Discrimination?

yes no Associated with death yes no

18) Suicide?

- yes no Probably Unknown

19) Homicide?

- Yes no Probably Unknown

If Accidental Death, Homicide or Suicide,

List the Means of Fatal Injury _____

Preventability

20) Was this death preventable? (See definitions handout) Unknown No. Why not? _____

- Yes, possibly (causal chain/mechanism between prevention and outcome is unclear)
- Yes, probably (causal chain/mechanism between prevention and outcome is clear)
- Yes

21) If yes, during the sequence of events prior to the death, what reasonable things, if they **had not occurred or **had** occurred, might have prevented the death? (Please rank in order, with 1 being most likely to have prevented death.)**

Rank

- [] _____
- [] _____
- [] _____
- [] _____
- [] _____
- [] _____

22) What specific change(s) do you believe should occur to **prevent other similar deaths and to keep women safe, healthy and protected? (Check all that apply and describe.)**

- Pre-conception care _____
- Improved education: () patient () family () other caretaker () medical care providers

- More widely offered school education programs _____
- Increased availability and use of alcohol/drug/tobacco abuse treatment programs _____
- New or expanded social support programs or services _____

- New or revised procedures _____
- New law or ordinance _____
- Improved enforcement of existing law/ordinance; What? _____
- Modify or recall consumer product; What product? _____
- Improved access to medical care Primary Intensive Specialty Mental Health _____
- Changes in public health nursing: _____
- Other: _____

23) Suggested recommendations:
