

Severe Maternal Morbidity form

NPEC reference number

The audit applies to all pregnant women and recently pregnant women up to 6 weeks following the pregnancy end (includes miscarriage, ectopic, termination of pregnancy and delivery).

Local reference number

Completed by

1. Maternal Morbidity Category

Please tick all SMM that apply to this case

Major obstetric haemorrhage	Estimated blood loss \geq 2500ml and/or transfused 5 or more units of blood. Also includes miscarriage, ectopic pregnancy or termination of pregnancy meeting these criteria.	<input type="checkbox"/> Yes
Uterine rupture	A complete separation of the wall of the pregnant uterus, with or without expulsion of the fetus, involving rupture of membranes at the site of the uterine rupture or extension into uterine muscle separate from any previous scar, and endangering the life of the mother or fetus. Excluded: any asymptomatic palpable or visualised defect (e.g. dehiscence noted incidentally at caesarean delivery)	<input type="checkbox"/> Yes
Peripartum hysterectomy	Peripartum hysterectomy	<input type="checkbox"/> Yes
Eclampsia	Seizure associated with antepartum, intrapartum or postpartum symptoms and signs of pre-eclampsia	<input type="checkbox"/> Yes
Renal or liver dysfunction	Acute onset of biochemical disturbance, urea $>$ 15mmol/l, creatinine $>$ 400mmol/l, AST/ALT $>$ 200u/l	<input type="checkbox"/> Yes
Pulmonary oedema	Clinically diagnosed pulmonary oedema associated with acute breathlessness and O2 saturation $<$ 95%, requiring O2, diuretics or ventilation	<input type="checkbox"/> Yes
Acute respiratory dysfunction	Respiratory dysfunction requiring intubation or ventilation for $>$ 60 minutes (not including duration of general anaesthetic)	<input type="checkbox"/> Yes
Pulmonary embolism	Increased respiratory rate ($>$ 20/min), tachycardia, hypotension. Diagnosed as "high" probability on V/Q scan or positive spiral chest CT scan. Treated by heparin, thrombolysis or embolectomy	<input type="checkbox"/> Yes

Cardiac arrest	No detectable major pulse	<input type="checkbox"/> Yes
Coma	Including diabetic coma. Unconscious for >12 hours	<input type="checkbox"/> Yes
Cerebro-vascular event	Stroke, cerebral/cerebellar haemorrhage or infarction, subarachnoid haemorrhage, dural venous sinus thrombosis	<input type="checkbox"/> Yes
Status epilepticus	Constant or near constant state of having seizures that last 30mins or more	<input type="checkbox"/> Yes
Septicaemic shock	<p>Sepsis induced tissue hypoperfusion or hypotension persisting after resuscitation with 30mls/kg intravenous isotonic crystalloid fluid as evidenced by:</p> <ul style="list-style-type: none"> • Systolic blood pressure < 90 mmHg or MAP < 65 mmHg • Decrease in systolic blood pressure by 40mmHg from baseline and/or • Lactate > 4 mmol/l. 	<p><i>Please select type of septicaemic shock</i></p> <p><input type="radio"/> Pregnancy-related</p> <p><input type="radio"/> Non-Pregnancy related</p> <p><input type="radio"/> Unknown if pregnancy related</p>
Anaesthetic problem	Aspiration, failed intubation, high spinal or epidural anaesthetic	<input type="checkbox"/> Yes
ICU/CCU admission	Unit equipped to ventilate adults. Admission for one of the above problems or for any other reason. Includes CCU admissions.	<p><input type="radio"/> Alone, no other associated SMM as defined in this audit</p> <p><input type="radio"/> With associated SMM as defined in this audit</p> <p><i>If no other morbidity as defined in this audit was present, please select the indication for ICU admission:</i></p>
Interventional radiology	Received planned (a) or unplanned (b) interventional radiology	<input type="checkbox"/> Yes

Women's Details

Please notify all categories of Severe Maternal Morbidity, occurring during pregnancy or up to 42 days following delivery, miscarriage, termination of pregnancy or ectopic pregnancy

Place of delivery

PRIOR to the SMM event, what was the antenatal care pathway assigned to this woman?

Date of clinical event (day-month-year)

 D-M-Y

Time of onset of clinical event (hour-minute)

 H:M

Woman's age

Were there any pre-existing medical problems?

- Yes
- No

Was this woman a private or public or semi-private patient?

- Private
- Public
- Semi-private

Did the woman have any previous pregnancies?

- Yes
- No

Height at booking in Centimetres

Weight at booking in kilograms

BMI

Date of delivery

 D-M-Y

Time of delivery

 H:M

Ethnic group

- White Irish
- White Irish - Traveller community
- White Irish - Roma
- Any other White background
- Black or Black Irish: African
- Black or Black Irish: Any other black background
- Asian or Asian Irish: Chinese
- Asian or Asian Irish: Indian/Pakistani/Bangladeshi
- Asian or Asian Irish: Any other Asian background
- Arabic
- Mixed, please write description
- Other, please write description

Please specify country of birth

Was the care of this woman transferred FROM another hospital?

- Yes
- No

Was the care of this woman transferred TO another hospital?

- Yes
- No

Did the woman smoke any tobacco products at booking?

- Yes
- No

Did the woman drink alcohol at booking?

- Yes
- No

Is there documented history of drug abuse or attendance at a drug rehabilitation unit?

- None recorded
 - Prior to this pregnancy
 - During this pregnancy
-
-

Obstetric history, pregnancy and delivery details

Parity

Did the woman have a previous caesarean section?

- Yes
 No

Was this pregnancy the result of fertility treatment?

- Yes
 No

Presentation at delivery

- Cephalic
 Breech
 Compound
 Brow/Face
 Transverse
 Oblique

Onset of labour

- Spontaneous
 Induced
 Never in labour (i.e. Caesarean section)

Number of fetuses/babies in this delivery

- One
 Two
 Three
 More than three

Completed number of weeks at birth

Completed number of days at birth

Location and level of care

Location of care during the SMM clinical event

- On the ward
 Delivery Suite
 Theatre
 High Dependency Unit
 ICU/CCU

Please tick all that apply

Please indicate the HIGHEST level of care required during the clinical event

Maternal Morbidity Details

Please use this space to enter any additional relevant information

NPEC admin

- Yes
 No

This question has been added for admin purposes. Please leave this question blank.

Form Status