ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Obstetric Care Assessment for Resource-Limited Environments (O-CARE)

August 2025

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Intent

These tools are designed to assist health care teams in evaluating system readiness and care provided **in a single encounter** when a pregnant or postpartum patient presents at a site where formal obstetric services may be limited or unavailable. By reviewing policy, capacity, and clinical documentation, care teams can identify system strengths and gaps to improve care for patients and their families.

While the review process is multistep, it enables a comprehensive review of care and supports review by providers and staff who may not regularly care for pregnant and postpartum people. As teams become more familiar with assessing care for pregnant and postpartum patients, there may be an opportunity to streamline review further.

Tracking types of cases reviewed over time and other data points to understand trends in care seen by a facility may be an appropriate addition to this form. This may include tracking whether cases reviewed were pregnancy associated emergencies, routine concerns, precipitous births, or transfers to understand trends in obstetric care at a facility.

Process

O-CARE REVIEW INVOLVES 4 STEPS:

1.Care capacity at encounter

This step reviews facility systems, structures, and available resources *at the time of care.*

Completed by: A person familiar with unit capacity and who can access site policies, such as a nurse leader of the Emergency Department (ED) or a quality improvement (QI) specialist.

2. Chart abstraction

This step reviews and gathers details of patient care.

Completed by: A nurse abstractor or other professional with clinical knowledge and electronic medical record (EMR) navigation experience.

3. Review of care

This step reviews all factors of care gathered through the *care capacity at encounter form* and the *chart abstraction form* to assess quality of care. As providers become more comfortable assessing care provided to pregnant and postpartum patients, this section may not be necessary for some review teams.

Completed by: A provider or group of providers with the ability to review and assess care.

4. Summary, recommendations, and action planning

This step assesses the *review of care* to generate recommendations and next steps for improving quality of care.

Completed by: A provider or quality improvement leader with authority to review and recommend changes to enhance care.

Initial Review Questions

Proceed with the O-CARE review ONLY IF BOTH answers below are "Yes."

Was this patient currently pregnant, or were they pregnant in the last 12 months? ☐ Yes ☐ No

Was the patient's presenting concern associated with or potentially exacerbated by pregnancy? ☐ Yes ☐ No
This may also include concerns about mental health or substance use.

Instructions

This section contextualizes site capacity *at the time of the patient care encounter*. By understanding site capacity and resource availability, reviewers can identify opportunities to improve systems and structures for care of pregnant and postpartum patients. This section should be completed by a person familiar with unit capacity who can access site policies, such as a nurse leader of the Emergency Department (ED) or quality improvement (QI) specialist.

Preliminary Information

Assessment Date	**Assessor Name**
Name of Facility Reviewed	

Emergency Readiness and Equipment

Were any of the following supplies <u>needed and not available</u> at the time of care? (*Select all that apply)*

- ☐ Blood pressure cuff with appropriate sizes
- ☐ Fetal Doppler or fetal monitor
- ☐ Ultrasound for bedside assessment
- ☐ Magnesium sulfate
- ☐ Labetalol
- ☐ Hydralazine
- ☐ Nifedipine
- ☐ Oxytocin
- ☐ Tranexamic acid
- ☐ Rh immune globulin
- ☐ Methergine (methylergonovine maleate)
- ☐ Hemabate (carboprost)
- ☐ Cytotec (Misoprostol)
- ☐ PRBC
- ☐ Fresh frozen plasma
- ☐ Cryoprecipitate
- ☐ Platelets
- ☐ Nonsurgical hemorrhage control devices
- ☐ Precipitous vaginal delivery pack
- ☐ Other (Write-In)

Were the following services available onsite or through timely transfer?

- ☐ Laboratory services, including STAT labs and ability to process labs
- ☐ Diagnostic imaging (e.g., ultrasound, CT, X-ray)
- ☐ Anesthesia services
- ☐ Neonatal resuscitation or newborn care services

Were emergency supplies needed and listed above functional and accessible (i.e., not locked, expired, or missing)?

- ☐ Yes
- ☐ No
- ☐ Unknown

If answered 'No' to the above question: Which equipment were inaccessible?

Did any of the following care team members receive education or training on obstetric, maternal emergencies in the last year: *(Select all that apply)*

- ☐ Providers
- ☐ Nurses
- ☐ Ancillary staff

IF ANY CHECKED FROM ABOVE: **Specify which emergency topics were addressed.**

Did the facility have a designated consulting facility at the time of care? ☐ Yes ☐ No

Transportation and Transfer Capacity

What were the transport capabilities of this facility? ***(Select all that apply)***

☐ Ground ☐ Fixed wing ☐ Helicopter ☐ No transport available

☐ Other (Write-In)

Did the facility have predetermined obstetric facilities for transfer at the time of care? ☐ Yes ☐ No

Staffing and Consultation

Were any the following providers needed and readily available onsite: ***(Select all that apply)***

☐ Anesthesia providers ☐ Obstetric providers, including Family Medicine and other advance practice clinicians

☐ Pediatric/newborn providers ☐ None needed ☐ Needed but not readily available onsite

Were any of the following providers available on call or remote only: ***(Select all that apply)***

☐ Anesthesia providers ☐ Obstetric providers ☐ Pediatric/newborn providers

If obstetric providers were not available, were they available by telehealth or phone? ☐ Yes ☐ No

Was on demand consultation with behavioral health or substance use available, if needed?

☐ Yes ☐ No ☐ Referred out ☐ Not applicable

Policy and Protocols

Did the site have a system in place to identify obstetric patients at triage (e.g., confidential patient intake form, pregnancy test, verbal inquiry)? ☐ Yes ☐ No ☐ Unknown

Were up-to-date clinical protocols or policies relevant to this patient's condition present and accessible (e.g., care of the obstetric patients in the ED, obstetric hemorrhage, hypertensive disorders of pregnancy, sepsis, behavioral health, substance use, escalations to higher levels of care, transport)? ☐ Yes ☐ No

List relevant protocols and policies that were written and up-to date at the time of care:

List any protocols and policies that were <u>not available</u> or up-to-date at the time of care:

Instructions

This section is a chart abstraction tool that documents specific details of the case for review. It should be completed by a nurse abstractor or other professional with clinical knowledge and electronic medical record (EMR) navigation experience.

DURING THE ABSTRACTION STEP OF THE O-CARE REVIEW THE FOLLOWING SHOULD BE CONTINUOUSLY CONSIDERED:

Use of language – Was potentially biased or stigmatizing language used in chart documentation? This may include the use of words such as non-compliant, difficult, challenging, apparently, claims, insists, etc. More details on examples of such language can be found in the publication, **"Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record."**

Review of informed decision making – Were consent forms, all care options, and discussions with patients or their support networks documented in the medical record to demonstrate the use of informed decision making?

Review of quality of chart documentation – Were the sequence and process of care easy to follow and understand? How could the chart documentation been improved to support the abstraction and review?

Preliminary Information

Abstraction Date	**Abstractor Name**
Admission Date	**Discharge Date**

Site of the initial presentation for care being reviewed ☐ Emergency Medical Services ☐ Emergency Department ☐ Obstetric Clinic ☐ Urgent Care ☐ Other (Write-In)

Transport

☐ To facility (Specify)

☐ From facility (Specify)

☐ Not applicable

MR # or Patient ID

Chief complaint ☐ Abdominal pain ☐ Back pain ☐ Change in mental health status ☐ Chest pain ☐ Contractions ☐ Decreased or absent fetal movement ☐ Edema ☐ Fever/chills ☐ Headache ☐ High blood pressure ☐ Injury ☐ Pain with urination ☐ Right upper quadrant pain ☐ Shortness of breath ☐ Substance use ☐ Vaginal bleeding ☐ Other (Write-In)

PATIENT CHARACTERISTICS

Age	**Weight at admission (kilograms or pounds)**	**Hispanic or Latino** ☐ Yes ☐ No ☐ Not documented

Race *(Select all that apply)* ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not documented ☐ Other (Write-In)

Specify ethnicity *(write-in)*

Does this patient accept care in English? ☐ Yes ☐ No ☐ Not documented

Patient's preferred language *(write-in)*

Interpretation needed?

☐ Yes, and interpretation available ☐ Yes, but interpretation unavailable ☐ No ☐ Not documented

Were other communications barriers documented? ☐ Yes ☐ No

Payer source *(Select all that apply)* ☐ Medicaid ☐ Medicare ☐ Commercial insurance ☐ Military/Government
☐ Self-pay ☐ Accountable care organization/managed care organization
☐ Other (Write-In)

Timing of care encounter: ☐ Antepartum (< 20 weeks gestation) ☐ Antepartum (>= 20 weeks gestation)
☐ Postpartum (within first 24 hours) ☐ Postpartum (> 24 hours but less than 8 days postpartum)
☐ Postpartum (between 8 days and 6 weeks postpartum) ☐ Postpartum (> 6 weeks postpartum)

Gestational age at time of presentation for care: **weeks** **days** ☐ Unknown ☐ Not applicable

Date pregnancy concluded: Date (Write-in) ☐ Not applicable

Peripartum Care

Has the patient received any prenatal care? ☐ Yes ☐ No

Were prenatal records readily accessible through the patient or an integrated electronic medical record system?
☐ Yes ☐ No ☐ Not applicable

Past relevant medical history *(Select all that apply)* ☐ Hypertensive disorder
☐ Substance use excluding tobacco ☐ Tobacco use, including vaping and smokeless tobacco
☐ Neurological condition ☐ Asthma ☐ Renal condition ☐ Gastrointestinal disorder
☐ Diabetes (Write-in)
☐ Congenital cardiac condition (Write-in)
☐ Acquired cardiac condition (Write-in)
☐ Mental health condition (Write-in)
☐ Autoimmune disease (Write-in)
☐ Endocrine disorder, excluding diabetes (Write-in)
☐ Disability (Write-in)
☐ Prior Cesarean birth or uterine surgery
☐ Other (Write-in) ☐ None ☐ Unknown

Related documented consultation(s) prior to the care encounter: *(Select all that apply)*
☐ Cardiology ☐ Critical Care ☐ Endocrinology ☐ Hematology ☐ Oncology ☐ Nephrology
☐ Maternal-fetal medicine ☐ Social work or care management ☐ Obstetrics or Midwifery
☐ Mental Health or psychiatry ☐ Addiction medicine ☐ Anesthesia ☐ None
☐ Other (Write-in)

Triage

Where was the patient first asked about pregnancy status? ☐ Check-in ☐ Triage ☐ Provider evaluation
☐ Not asked about pregnancy status ☐ Other (Write-in)

How was the pregnancy status documented? ☐ LMP ☐ EDC ☐ Delivery date ☐ In narrative note
☐ Other (Write-in) ☐ Not documented

Patient ESI Score:

Where was the patient recognized as at high risk of deterioration? ☐ In triage
☐ In the ED once seen by a provider ☐ Once the patient had symptoms that required urgent or emergent treatment
☐ Patient not identified as at high risk of deterioration ☐ Other (Write-in)

Were any of the following assessment(s) complete and documented? ***(Select all that apply)***
☐ Vital signs ☐ ECG ☐ Weighing of pads/chux ☐ Urine sample ☐ Breath sounds ☐ Fetal heart tones
☐ Mental health/suicidality/PPD screen ☐ IPV screen ☐ Syphilis testing or status ☐ Abdominal palpation

Initial/triage vital signs
Temperature HR B/P RR SaO2

Pain assessment Location (Write-in)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Was there any information in the triage note that should have flagged the patient as higher triage acuity than what was given? ***(Select all that apply)***
☐ Chest pain ☐ Abdominal pain ☐ Shortness of breath ☐ Vaginal bleeding ☐ Vaginal discharge
☐ Reported rupture of membranes ☐ Right upper quadrant pain ☐ Rupture of membranes
☐ Decreased fetal movement ☐ Depression/SI/HI ☐ Substance use
☐ Other (Write-in) ☐ Not applicable information in the triage note

Had the patient presented for care at this facility or any other facility in the last 72 hours?
☐ Yes ☐ No ☐ Unknown

Pregnancy Conclusion Information

COMPLETE THIS SECTION <u>ONLY</u> IF THE ANSWER BELOW IS "NO,"

Was the patient still pregnant when care was concluded at this facility? ☐ Yes ☐ No

Delivery location, actual or planned (Write-in)

☐ **Singleton** ☐ **Multiple (Write-in)**

Gestational age at conclusion of pregnancy

Birth status ☐ Ectopic ☐ Live birth ☐ Spontaneous abortion ☐ Stillbirth
☐ Other (Write-in)

Delivery type ☐ Spontaneous vaginal birth ☐ Vaginal birth after Cesarean ☐ Cesarean section
☐ Resuscitative hysterotomy ☐ Not applicable

Labor ☐ Augmented ☐ Induced ☐ Spontaneous ☐ TOLAC ☐ Not applicable

IF CESAREAN DELIVERY OCCURRED: Type of Cesarean ☐ Emergency/Stat ☐ Urgent/Unplanned ☐ Other (Write-in)

IF CESAREAN DELIVERY OCCURRED: Reason(s) for Cesarean *(Select all that apply)* ☐ Abruption ☐ Arrest of labor ☐ Maternal cardiac arrest ☐ Non-reassuring fetal assessment ☐ Maternal condition ☐ Multiple gestation ☐ Nonvertex presentation ☐ Previa ☐ Suspected uterine rupture ☐ Umbilical cord prolapse ☐ Not document ☐ Other (Write-in)

Type of anesthesia/analgesia: ☐ None ☐ Epidural ☐ Spinal ☐ Combined spinal-epidural ☐ General ☐ Regional converted to general ☐ Local ☐ Other (Write-in)

Care Provided

Was the provider made aware of the patient's high risk of deterioration by triage/nursing staff? ☐ Yes ☐ No

Lab Work

Time from orders by provider to samples obtained

Time from lab order to lab results

Did the provider request an ob-gyn consult? ☐ Yes ☐ No

IF YES ABOVE: Which specialty was consulted? ☐ Obstetrics ☐ Maternal-fetal medicine ☐ Gynecology

Did the patient receive the ordered consult? ☐ Yes ☐ No

Time from initial call or contact to connection with consulting provider in minutes:

What were the documented barriers to receiving consultation, if any? ☐ No consultant available ☐ Unclear which consultant to call ☐ Delayed response from consultant ☐ No response from consultant ☐ Technology barriers ☐ Other barriers (Write-in) ☐ Not applicable

What were the recommendations from the consultant?

Was additional consultant contact recommended? ☐ Yes ☐ No

Were consultant recommendations carried out? ☐ Yes ☐ No ☐ Partially

If consultant recommendations were unable to be fully carried out, what were the documented limitations?

Transfer

COMPLETE THIS SECTION <u>ONLY</u> IF THE ANSWER BELOW ARE "YES" OR "YES, BUT NOT COMPLETED."

Was the patient transferred? ☐ Yes ☐ Yes, but not completed ☐ No

Reason for transfer: ☐ Lack of obstetric services at transferring institution ☐ Need for gynecologic surgery ☐ Need for higher level of obstetric services ☐ Need for higher level of neonatal care ☐ Need for other subspecialist care (write-in)

Was the patient accepted at the first attempted transfer location? ☐ Yes ☐ No

IF NO ABOVE: How many transfer locations were contacted?

Time to transfer:

Time from decision to transfer to leaving facility: minutes

Approximate distance to receiving institution: miles minutes

Method of transport: ☐ Ground ☐ Fixed wing ☐ Helicopter ☐ Privately owned vehicle

Type of transport: ☐ Basic life support ☐ Advanced cardiac life support ☐ Perinatal/neonatal

Personnel involved in transport: ☐ Paramedic ☐ EMT basic ☐ Nurse ☐ Physician
☐ Other (Write-in)

Fetal monitoring available during transport? ☐ Yes ☐ No ☐ Not applicable

Documented barriers to transfer: *(Select all that apply)* ☐ Transportation availability ☐ Transfer staff availability
☐ Weather ☐ No documented barriers to transfer ☐ Other (Write-in)

Primary reason transfer did not occur: *(Select all that apply)* ☐ Transportation availability ☐ Patient instability
☐ Transfer staff availability ☐ Other (Write-in) ☐ Not applicable

Disposition

COMPLETE THIS SECTION <u>ONLY</u> IF THE ANSWER BELOW IS "YES."

Was the patient discharged from the presenting facility? ☐ Yes ☐ No

Was any follow-up care confirmed? ☐ Yes ☐ No

Did provider give patient return precautions or education on expectant signs and symptoms? ☐ Yes ☐ No

Did the patient leave prior to care being completed (patient-directed discharge)? ☐ Yes ☐ No

IF YES ABOVE: Did the patient receive follow-up instructions prior to leaving? ☐ Yes ☐ No

IF YES ABOVE: Was the patient informed they could return for further evaluation or care if needed? ☐ Yes ☐ No

Respectful Care

From your review of the medical record, did any of the following potentially occur? *(Select all that apply)*

☐ Negative patient/provider/facility interaction ☐ Use of judgment words (e.g., "adamant," "apparently," "claims,' "insists")

☐ Repeated outpatient visits in a short time frame ☐ Patient-directed discharge (i.e. leaving against medical advice)

☐ Excessive gatekeeping (e.g., inability to reach provider, leaving messages)

☐ Implicit/unconscious bias (i.e., attitudes of stereotypes that affect our understanding, actions, and decisions in an unconscious manner)

☐ Use of stigmatizing language (e.g., "non-compliant," "refused," "difficult or challenging," "non-cooperative," "substance abuser," "addict")

☐ None identified

IF USE OF JUDGMENT WORDS SELECTED: Which potential judgement words did you identify in the medical record? *(Select all that apply)*

☐ Adamant ☐ Apparently ☐ Claims ☐ Insists ☐ Other (Write-in)

IF USE OF STIGMATIZING LANGUAGE SELECTED: Which potentially stigmatizing words did you identify in the medical record? *(Select all that apply)*

- [ ] Non-compliant
- [ ] Refused
- [ ] Difficult or challenging
- [ ] Non-cooperative
- [ ] Substance abuser, addict
- [ ] Anxious (outside of clinical diagnosis)
- [ ] Other (Write-in)

When applicable, was thorough documentation of consent and informed decision-making thoroughly and clearly recorded in the medical record?

- [ ] All aspects were present
- [ ] Most aspects were present
- [ ] Some aspects were present
- [ ] Minimal to no aspects were present

Quality of Chart Documentation

Please assess the quality of nursing documentation.

- [ ] All aspects of care were easy to follow and understand
- [ ] Most aspects of care were easy to follow and understand
- [ ] Some aspects of care were easy to follow and understand
- [ ] Minimal aspects of care were easy to follow and understand

Please assess the quality of provider documentation.

- [ ] All aspects of care were easy to follow and understand
- [ ] Most aspects of care were easy to follow and understand
- [ ] Some aspects of care were easy to follow and understand
- [ ] Minimal aspects of care were easy to follow and understand

Was documentation by all members of the care team entered in a timely manner?

- [ ] Documented as care occurred
- [ ] Documented during encounter
- [ ] Documented after encounter

Chart Summary

Use this section to provide a concise narrative summary of the care encounter, key patient details, and the sequence of care. Include an appropriate timeline of care in chronological order. Try to identify key details, events, and care pertinent to the care provided. Avoid overly specific, specialized language or acronyms staff may not know.

EXAMPLE CHART SUMMARY:

29-year-old gravida 2 para 1 at 35 weeks gestation presented with c/o of severe frontal headache, blurred vision, and RUQ abdominal pain that had persisted for the past six hours. Visibly anxious and uncomfortable. Initial vital signs blood pressure of 172/116 mmHg, with repeat confirming persistent hypertension. Other VS WNL. A&O x's 3, but reported significant discomfort. Neurologically, no focal deficits, visual disturbances and a persistent headache. Abd exam with pain in the RUQ without rebound or guarding. Fetal heart tones were via Doppler and found to be140 bpm.

Labs with PLTs 92,000, AST 112, ALT 98, and creatinine 1.3. UA 3+ proteinuria.

Patient thought to have preeclampsia with severe features. Due to the lack of obstetric and neonatal services at the facility, arrangements were made for immediate transfer to a tertiary care. The receiving facility was contacted and accepted the transfer within 25 min of contact. In the interim, the magnesium sulfate infusion with a 4-gram IV loading dose administered over 20 minutes per policy. Labetalol 20 mg IV was given to begin blood pressure control. Continuous maternal monitoring was initiated, though fetal monitoring was limited due to equipment constraints.

EMS transport was arranged with paramedic and the patient transferred at approximately 5:00 AM for continued management and delivery planning.

Instructions

As providers review information in the **care capacity at encounter** and the **chart abstraction** sections, providers should complete this section to gather key information and details to support them in determining findings and recommendations.

Preliminary Information

Review Date	**Reviewer Name**
Name of Facility Reviewed	
Patient Care Date(s)	

Triage

Select any documented vital signs at triage that were <u>out of range</u> for a pregnant or postpartum patient.[1,2,3] ***(Select all that apply)***

- ☐ Temperature < 36˚C or > 38˚C
- ☐ HR >= 120
- ☐ SBP >= 140 or < 90
- ☐ DBP >= 90
- ☐ RR >= 25
- ☐ SaO2 <= 94%
- ☐ Not applicable

Select all indicated assessment(s) that were <u>not</u> completed and documented at the initial encounter.

- ☐ Vital signs
- ☐ ECG
- ☐ Weighing of pads/chux
- ☐ Urine sample
- ☐ Breath sounds
- ☐ Fetal heart tones
- ☐ Mental health/suicidality/PPD screen
- ☐ IPV screen
- ☐ Abdominal palpation
- ☐ Not applicable

Did the clinical team give the correct ESI Score? ☐ Yes ☐ No

Was the patient appropriately identified as high risk of deterioration? ☐ Yes ☐ No

IF YES ABOVE: Were factors that identified the patient as high risk recognized (e.g., HTN, CVD, previous pregnancy complication, concerning symptoms, etc.)? ☐ Yes ☐ No

IF YES ABOVE: Was a provider made aware of high-risk status by the triage team? ☐ Yes ☐ No

IF NO ABOVE: Which factors contributed to lack of identification of high-risk status? ***(Select all that apply)***

- ☐ Not identified as pregnant during triage
- ☐ Vital sign abnormalities not noted
- ☐ Patient unaware of pregnancy at time of triage
- ☐ History of pregnancy complications not identified
- ☐ Other (Write-in)

[1] Data from Bauer ME, Albright C, Prabhu M, Heine PR, Lennox C, Allen C, et al. Alliance for Innovation on Maternal Health: Consensus Bundle on Sepsis in Obstetric Care. Obstet Gynecol. 2023;142(3):481-492. doi: 10.1097/AOG.0000000000005304

[2] Data from American College of Obstetricians and Gynecologists. Cardiovascular Disease (CVD) in Pregnancy and Postpartum Algorithm. Accessed May 28, 2025. https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/programs/ob-emergencies/cardiovascular-disease-in-pregnancy-and-postpartum_algorithm.pdf?rev=18548b615a28467daa1aa8d7550b42f3&hash=4DFFD91BFCF822EF11DECDB2EAEDCCC9

[3] Data from Gestational Hypertension and Preeclampsia. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020;135:e237-e260. 10.1097/AOG.0000000000003891

Care Provided

Did a provider act on high-risk status with appropriate assessment and workup? ☐ Yes ☐ No ☐ Not applicable

Did a provider follow up on lab work to stratify risk in a timely manner? ☐ Yes ☐ No

If any services were delayed or unavailable, describe the impact on care.

Was an OB consult required and completed? ☐ Required and completed ☐ Required but not completed ☐ Not required but completed ☐ Not required and not completed

Was the response from OB consult timely? ☐ Yes ☐ No ☐ Not applicable

Did delays in consultation contribute to delays in care? ☐ Yes ☐ No ☐ Not applicable

Did the patient receive appropriate consultation? ☐ Yes ☐ No ☐ Not applicable

Document any barriers to receiving a consultation.

Were recommendations from the consult carried out? ☐ Fully ☐ Partially ☐ No

What were barriers to carrying out recommendations from the consultant fully?

Was stigmatizing or judgmental language used in the chart? ☐ Yes ☐ No ☐ Unable to determine

Transfer

COMPLETE IF PATIENT TRANSFERRED, OTHERWISE SKIP THIS SECTION.

Were delays in transfer noted? ☐ Yes ☐ No

Was there a delay in identifying whether the patient would need to be transferred? ☐ Yes ☐ No

Select reasons for delay in arranging transport. ***(Select all that apply)***

☐ Weather ☐ Distance ☐ Staffing ☐ Equipment ☐ Receiving site availability ☐ Not applicable

Select reasons for delay in transferring out. ***(Select all that apply)***

☐ Weather ☐ Acceptance from outside facility ☐ Initiation of transfer ☐ Transport availability

☐ Appropriate level of care transport availability (e.g., fetal monitoring, critical care) ☐ Not applicable

Did the patient decline transport, or was an alternate plan required? ☐ Yes ☐ No

Did appropriately trained EMS crew or transport personnel accompany patient? ☐ Yes ☐ No

Did a delay in transport potentially impact care outcome or patient status?

☐ Yes ☐ No ☐ Unable to determine ☐ Not applicable

Disposition

COMPLETE IF THE PATIENT WAS DISCHARGED FROM THE PRESENTING FACILITY, OTHERWISE SKIP THIS SECTION.

Did the provider share information regarding follow up care (e.g., return to the ED, establish outpatient care?)

☐ Yes ☐ No

Did the provider give the patient return precautions or education on expectant signs and symptoms?

☐ Yes ☐ No

Did the patient leave prior to care being completed? ☐ Yes ☐ No

IF YES ABOVE: What factors led to the patient leaving prior to care completion?

IF YES ABOVE: Did the patient leave with follow up instructions? ☐ Yes ☐ No

IF YES ABOVE: Did the patient understand they could return to care? ☐ Yes ☐ No

Did the patient return to the presenting facility within 72 hours? ☐ Yes ☐ No

IF YES ABOVE: Was it for the same symptoms or complaint? ☐ Yes ☐ No

IF YES ABOVE: Did the patient present with the same or lower ESI score? ☐ Yes ☐ No

IF YES ABOVE: What was the patient's disposition?

☐ Admit | Admit location

☐ Transfer | Transfer location

☐ Discharge ☐ Expire

Instructions

As providers review the **review of care section**, they should use information gathered to summarize the case for ongoing monitoring of findings, as well as to determine strengths, gaps, and action planning to improve care for pregnant and postpartum patients. Quality improvement methodologies should be used to enact identified needed improvements based on recommendations in this section.

Preliminary Information

Review Date	**Reviewer Name**
Name of Facility Reviewed	
Patient Care Date(s)	

Condition(s) addressed *(Select all that apply)*

- ☐ Hemorrhage
- ☐ Respiratory complications
- ☐ Cardiac complications
- ☐ Renal complications
- ☐ Infection or sepsis
- ☐ Hypertension
- ☐ Mental health complications
- ☐ Substance use concerns
- ☐ Physical trauma
- ☐ Other obstetric complications (Write-in)
- ☐ Other medical complications (Write-in)
- ☐ Unable to specify (Write-in)

Concerns of Contributing Factors Noted *(Select all that apply)*

- ☐ Delayed obstetric provider consultation
- ☐ Return to ED within 72 hours
- ☐ No follow-up documented
- ☐ Stigmatizing or judgmental language in chart
- ☐ Patient left prior to care being completed
- ☐ Other (Write-in)
- ☐ Not applicable

Equity and Non-Medical Drivers of Health

- ☐ Language barrier
- ☐ Delayed interpreter access
- ☐ Insurance coverage challenge
- ☐ Patient transportation difficulty
- ☐ Provider bias or communication gap
- ☐ Social or structural barriers documented
- ☐ Other (Write-in)
- ☐ Not applicable

Summary of Findings

Key events timeline

System strengths noted

Was there any opportunity to improve care?

☐ Strong ☐ Possible ☐ None ☐ Cannot be determined

Opportunities to improve care

Reviewer recommendations *(Select all that apply)*

☐ No further action ☐ Local quality improvement discussion ☐ Education or training opportunity identified

☐ Protocol of workflow review suggested ☐ Refer for higher-level review of care discussion

Next Steps

Please note any planned next steps to operationalize above recommendations (e.g. information sharing back to clinician, team debrief, QI planning and next steps, staffing education, policy updates or changes, etc.)