



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

SMM Review Form

August 2025

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Before Starting Abstraction or Case Review

As you begin the chart abstraction portion of the severe maternal morbidity (SMM) review form, please take note of the following throughout your review of care to aid in answering questions later in the form. Alternately, these sections can be assigned to the hospital designee to complete during their chart review and interviews with health care team members directly involved in the care of the patient.

- **Use of language** – Were potentially judgmental or stigmatizing language used in chart documentation? This may include 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 article, “Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record.”
- **Review of informed decision making** – Were consent forms, 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** – Was the sequence and process of care easy to follow and understand? How could have the chart documentation been improved to support the abstraction and review of the severe maternal morbidity?

Abstraction

Reason(s) for Chart Review (Select all that apply)

Cardiac Complications

Renal Complications

Infection or Sepsis Complications

Hypertensive Complications

Mental Health Complications

Substance Use Complications

Physical Trauma Complications

Other Obstetric Complications (Write-In)

Other Medical Complications (Write-In)

Unable to Specify (Write-In)

Hemorrhage Complications

Respiratory Complications

Case Identified for Review by (Select all that apply)

ICD-10 Dx Code

ICD-10 Px Code

>= 4 Units RBC

Readmission

MEWS/Event Reporting

ICU Admission

Patient and Family Advocacy

Healthcare Team Request

Safety Report

Per Institute Policy or Guidelines

Other (Write-In)

Abstraction			
Abtractor Date		Abtractor Name	
Name of the Facility for Chart Review			
Admission Date:		Discharge Date:	
Peripartum Transport To Facility (Specify) From Facility (Specify) No			
MR# or Patient ID:		Date SMM Identified:	
Timing of SMM-Related Care (Select all that apply) Antepartum Intrapartum Postpartum (within 8 hours) Postpartum (after 8 hours) Readmission			
Patient Characteristics			
Age	Weight at Admissions (kg or lb)		Height (cm or in)
Most Recent Obesity Class:		Hispanic or Latino: Yes No Not Documented	
Race (Select all that apply) American Indian/Alaska Native Asian Black or African American White Middle Eastern or North African Native Hawaiian or Pacific Islander Other Not Documented			
Specify Race			
Does this patient accept care in English? Yes No	Patient's Preferred Language (Write-in)		Interpreter Needed? Yes No Not Documented
Payor Source (Select all that apply) Medicaid Medicare Commercial Insurance Military Self-Pay Accountable Care Organization/Managed Care Organization Other (Write-In)			
Obstetric History			
Gravida	Para	Term	Preterm
Abortion (Spontaneous or Induced)		Living	
# Previous fetal deaths		# Previous infant deaths	
Gestational Age at Time of SMM Onset weeks days			
Delivery Information			
Location of Delivery (Select all that apply) Hospital with Obstetric Services Hospital without Obstetric Services Planned Community/Birth Center Planned Homebirth Unplanned Out-of -Hospital Other (Write-In)			

Abstraction				
Delivery Information <i>(continued)</i>				
Level of Maternal Care for Location of Delivery		1 (Basic Care)	2 (Specialty Care)	3 (Subspecialty Care)
4 (Regional Perinatal Health Care Center)		Accredited Birth Center		
Other defined by facility standards				
Singleton	Multiple (Specify)			Not Applicable
Gestational Age at Time of Delivery		weeks	days	
Birth Status		Delivery Type		
Labor				
If Cesarean Birth Occurred:				Not Applicable
Type of Cesarean	Scheduled	Emergency/Stat	Urgent/Unplanned	
Other (Write-In)				
Reason(s) for Cesarean (Select all that apply)		Placenta Accreta Spectrum Disorder		
Arrest of Labor		Arrest of Descent		
Elective Primary		Elective/Scheduled/Repeat		
Failed Operative Vaginal Birth (Vacuum/Forceps)		Failed Induction of Labor		
Non-Reassuring Fetal Assessment		Known Fetal Anomalies		
Maternal Condition		Macrosomia (EFW over 5000gms without diabetes, 4500 gms with diabetes)		
Multiple Gestation		Nonvertex Presentation		
Prior Uterine Surgery		Previa		
Suspected Uterine Rupture		Umbilical Cord Prolapse		
Other (Write-In)		Not Documented		
Type of Anesthesia (Select all that apply)		None	Epidural	Spinal
General		Combined Spinal-Epidural		
Regional Converted to General		Other (Write-In)		
Prenatal Care				
Documentation of Prenatal Care	Yes	No		
Documented Gestational Age for Start of Prenatal Care	weeks		days	
Documented Gaps in Prenatal Care	Yes	No	Notes	
Prenatal Care Source of Location (Select all that apply)		Private Practice		
Hospital-affiliated Clinic		Community Birth Practice		
Community-based Public Clinic		FQHC		
Not Documented		No Prenatal Care		
Other (Write in)				
Planned or Intended Delivery Location		1 (Basic Care)	2 (Specialty Care)	3 (Subspecialty Care)
4 (Regional Perinatal Health Care Center)		Accredited Birth Center		Community Setting
Unknown		Home		

Abstraction				
Prenatal Care <i>(continued)</i>				
Past Relevant Medical History (Select all that apply)		Hypertensive Disorder	Tobacco	Asthma
Substance Use excluding tobacco	Neurological Condition	Renal Condition		
Gastrointestinal Disorder	Diabetes (Write-in)			
Cardiac Condition (Write in)				
Mental Health Condition (Write-in)				
Autoimmune Disease (Write-in)				
Endocrine Disorder, excluding Diabetes (Write-in)				
Other (Write in)			Unknown	None
Documented Completed Peripartum Consultation(s) <i>Prior</i> to SMM (Select all that apply)				
Anesthesia	Cardiology	Critical Care	Endocrinology	Hematology
Mental Health or Psychiatry	MFM	Nephrology	Addiction Medicine	Oncology
Social Work or Care Management	Other (Write in)			None
Documented Completed Peripartum Consultation(s) <i>During</i> SMM (Select all that apply)				
Anesthesia	Cardiology	Critical Care	Endocrinology	Hematology
Mental Health or Psychiatry	MFM	Nephrology	Addiction Medicine	Oncology
Social Work or Care Management	Other (Write in)			None
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				
Excessive gatekeeping (e.g., inability to reach provider, leaving messages)				
Leaving against medical advice				
Repeated triage/emergency department/urgent care visits in a short time frame				
Implicit/unconscious bias (i.e., attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner)				
Use of Judgement Words (e.g., Adamant, Apparently, Claims, Insists)				
Use of Stigmatizing Language (e.g., Non-Compliant, Refused, Difficult or Challenging, Non-Cooperative, Substance Abuse(r), Addict)				
None Identified				
If Use of Judgement Words selected	Which potential judgement words did you identify in the medical record? (Select all that apply)			
	Adamant	Apparently	Claims	Insists
	Other (Write in)			

*This section could also be completed by facility designee chart reviewer.

Abstraction	
Respectful Care <i>(continued)*</i>	
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 Abuse(r), Addict
	Other (Write in)
When applicable, was thorough documentation of the consent process and informed decision-making present 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 <u>nursing</u> 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 <u>clinician</u> 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	

*This section could also be completed by facility designee chart reviewer.



Use this section to provide a concise narrative summary of the SMM event, 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 SMM event. Avoid overly specific, specialized language or acronyms other staff may not know.

Example chart summary

20 yo G1P0 with complaints of decreased fetal movement in clinic and was sent to hospital for evaluation at 39 2/7. NST reactive, and BPP 4/8 for no fetal tone or movement. MFM recommended IOL. Initial exam 1/60/-3. Cervical balloon placed. Upon removal four hours later, SVE 4/80/-3. Pitocin started. Epidural placed. Four hours later, SVE 6/80/-2, AROM clear fluid. Another four hours later, SVE unchanged and IUPC placed. Five hours later, provider noted Cat 2 tracing, and SVE remained unchanged, despite adequate MVUs and regular contractions. Patient counseled and decision made to proceed with a cesarean birth due to arrest of labor. Uterine atony noted. Methergine, miso, TXA, and Bakri balloon. QBL 1823ml. Massive transfusion protocol initiated. Patient received 4 U PRBCs. Patient remained stable following 24 hr observation in ICU, and transferred to postpartum unit. Infant weight 3560g. Apgars 8/9.

Chart Summary

This section should be completed by the facility designee(s).

Review of Abstracted Information

This section is not part of the Chart Abstraction

Review Completed by:

Sequence of SMM

Indicate the sequence resulting in the severe morbidity or most severe stage of SMM events. All parts of the sequence should be causal:

For example: 1. Uterine Atony; 2. Postpartum Hemorrhage; 3. Hemorrhagic shock

1.

2.

3.

Primary SMM Complication – Reviewer(s) Determination (Select all that apply)

Hemorrhage Complications

Respiratory Complications

Cardiac Complications

Renal Complications

Infection or Sepsis Complications

Hypertensive Complications

Mental Health Complications

Substance Use Complications

Physical Trauma Complications

Other Obstetric Complications (Write-In)

Other Medical Complications (Write-In)

Unable to Specify (Write-In)

(If physical trauma primary cause of morbidity) Select type(s) of physical trauma

Attempted Suicide

Motor Vehicle Accident

Intimate Partner Violence

Gun Violence

Other Violence (Specify)

Other Trauma (Specify)

Review of Abstracted Information

Alterations in factors or other considerations that could have improved care or outcomes

When assessing considerations or factors contributing to outcomes and care, it should be noted that it can be difficult to disentangle performance and other complex components from systems and structures. Responsibility should not be attributed to individuals but consideration should be taken in how these individuals, including the patient, operate in systems that affect the quality of care given or received.

Note that some considerations and factors may be crosscutting. Appropriate clinical judgment should be taken to arrive at determinations.

Systems Factors Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Provider Considerations Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Patient Considerations Highly intervenable Somewhat intervenable Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Social and Structural Determinants of Health Factors Highly intervenable Somewhat intervenable

Not intervenable at all Unclear

Opportunities to improve care or outcomes:

Was there any opportunity to alter outcomes?

Strong Possible None Can not be determined

Review of Abstracted Information

In a few sentences, provide context and rationale to the response directly above?

Provide supporting details regarding whether there was any intervenable opportunity to alter outcomes. Please also include intervenable opportunities to improve respectful, equitable, and supportive care. [Please refer to the [condition-specific questions](#) to help guide your decision making.]

Was there any opportunity to ***improve care***?

Strong

Possible

None

Can not be determined

In a few sentences, provide context and rationale to the response directly above?

Provide supporting details regarding whether there was any intervenable opportunity to improve care. Please also include intervenable opportunities to improve respectful, equitable, and supportive care. [Please refer to the [condition-specific questions](#) to help guide your decision making.]

Practices done well that should be reinforced.

Please list practices done well that should be recognized and continued.

Recommendations for system, practice, and/or provider improvements.

Please list recommended improvements in care based on chart review.

This section's intention is to guide SMM reviewers through key, condition-specific considerations for chart abstraction and review to ensure sufficient assessment to identify opportunities for quality improvement. This list of questions is not meant to be exhaustive but should serve as a starting point for assessing care based on expert, multidisciplinary review. Determining whether care was timely and appropriate should be based on reviewer judgment in relation to current evidence, policies, and knowledge of facility-specific considerations.

Respectful, Equitable, and Supportive Care

These questions should be considered in addition to condition-specific questions listed below.

- Was documentation in the patient's chart non-stigmatizing and respectful?¹
- Was there documentation of screening for social and structural determinants of health needs?
- Was there documentation of timely referral to identified needed resources and social supports?
- Was there documentation of a referral to social work and/or other support services after the event?

Obstetric Hemorrhage

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Risk factors for hemorrhage in advance of the event, if present
 - Recognition of the obstetric hemorrhage event
 - Recognition of presenting signs of hypovolemia
- **Did the following occur in an appropriate and timely manner:**
 - Appropriate preparations for an obstetric hemorrhage based on the patient's level of risk
 - Laboratory studies, in an ongoing manner throughout care
 - Administration of fluid replacement, blood, and blood products
 - Management of the obstetric hemorrhage based on etiology and the facility stage-based protocol

¹ See Sun, M., Oliwa, T., Peek, M., & Tung, E. (2022). Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record. *Health Affairs*, 41(2), doi: 10.1377/hlthaff.2021.01423.

Hypertensive Disorders of Pregnancy

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Current or recent pregnancy within the past 12 months to contextualize the hypertensive emergency
 - The hypertensive emergency
- **Did the following occur in an appropriate and timely manner, if applicable or needed:**
 - Treatment of persistent severe hypertension (systolic or diastolic blood pressure greater than or equal to 160/110 persisting for 15 minutes or greater) within 60 minutes of the first severe range blood pressure reading
 - Administration of magnesium sulfate
 - Delivery at an appropriate gestational age in relation to the patient's hypertensive disease
 - Monitoring for and management of any complications related to the patient's hypertensive disease or treatment
- **If this was a postpartum hypertension readmission, did the patient receive appropriate delivery discharge medications and follow up based on their diagnosis and documented blood pressure prior to initial discharge?**

Thrombotic Disease

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Risk factors for thrombotic disease in advance of the event, if present
 - The thrombotic disease
- **Did the following occur in an appropriate and timely manner:**
 - Thromboprophylaxis
- **Was an appropriate post-event plan made for anticoagulation?**

Cardiac and Cardiopulmonary Conditions

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Current or recent pregnancy within the past 12 months to contextualize the cardiac condition and/or emergency
 - Patient cardiovascular disease risk or signs and symptoms of cardiac conditions
 - The cardiac condition
 - The cardiac emergency
- **Did the following occur in an appropriate and timely manner:**
 - Management of the cardiac emergency
 - Consultations with specialists

Infections and Sepsis

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Risk factors for infectious complications
 - The infection
- **Did the following occur in an appropriate and timely manner:**
 - Treatment of infection or sepsis based on the severity of disease and facility sepsis protocol and guidelines
 - Supportive and resuscitative care

Mental Health Conditions

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Current or recent pregnancy within the past 12 months to contextualize the mental health emergency
 - Perinatal mental health conditions or risk factors for mental health emergencies
- **Did the following occur in an appropriate and timely manner:**
 - Interventions based on the severity of the mental health emergency and facility protocol
 - Initiation of medications for mental health conditions
 - Safety planning prior to and/or following the mental health emergency
 - Referrals to ongoing care prior to discharge

Substance Use Conditions

- **Were the following available in an appropriate and timely manner:**
 - Supplies and equipment
 - Medications
 - Personnel and staffing
 - Level of care
- **Were the following recognized in an appropriate and timely manner:**
 - Current or recent pregnancy within the past 12 months to contextualize the substance use-related emergency
 - The patient's substance use condition(s) and associated risk factors
 - The substance use-related emergency
- **Did the following occur in an appropriate and timely manner:**
 - Interventions based on severity of the substance use-related emergency and facility protocol
 - Counseling for, referrals to, and/or provision of harm reduction strategies
 - Referrals to ongoing care prior to discharge

This section is intended to guide reviewers through specific factors that may have contributed to morbidity or care during a severe maternal morbidity (SMM) chart review. Use of this tool may support completion of the SMM Review Form, particularly in determining whether there was any chance to prevent or minimize morbidity and which factors may have contributed to morbidity. This tool can also be used to further identify opportunities for improvement if used as part of an SMM chart review.

SYSTEM & PROVIDER FACTORS	How did these factors contribute to the morbidity?	
	Present	List details here
Inadequate delivery planning		
Diagnosis, incorrect, delayed, or other		
Treatment not in line with best practice guidelines and recommendations		
Team communication breakdown		
Patient care team hierarchy challenges (e.g., RN to physician, resident to attending)		
Provider and staff education and knowledge deficits		
Barriers or delays in referral process for specialty care or evaluation needs		
Transfer to a higher level of care (intrafacility)		
Transfer to a higher level of care (interfacility)		
Deficits in policies or facility guidance		
Incomplete or inaccurate documentation		
Lack of equipment and resources		
Inadequate language translation services for patient care		
Barriers preventing patient access to recommended care		

SYSTEM & PROVIDER FACTORS	How did these factors contribute to the morbidity?	
	Present	List details here
Barriers preventing patient access to recommended follow-up care		
Deficits in discharge planning and process (including education on warning signs and when to seek care)		

PATIENT & SSDOH FACTORS	How did these factors contribute to the SMM?	
	Present	Other, list specifics details here
Pre-pregnancy existing medical conditions		
Non-obstetric medical complication/condition that occurred during pregnancy		
Psychiatric/Behavioral health • Substance use (i.e., tobacco, alcohol, other substances) • Psychiatric condition • Intellectual or cognitive disability • Other (specify)		
Existing obstetric condition (initially noted in pregnancy, e.g., IVF)		
New obstetric conditions (evolved throughout care, e.g., PPROM)		
Significant unmet social needs or factors • Intimate partner violence • Lack of food access • Lack of housing • Lack of transportation • Faith beliefs • Cultural practices • Limited English proficiency or communication barriers • Other financial barriers • Other		