Maternal Medical Record Face Sheet

(To be completed on every record selected)

MRN #	Last Name	Age

Race/Ethnicity	Prenatal Care	G / T / P / A / L	BMI
	☐ Yes ☐ No		

Maternal History/ Complications/Diagnoses	☐ Placenta Accreta Spectrum Disorder (PASD) ☐ Obstetrical Hemorrhage ☐ Massive Hemorrhage and Transfusion ☐ Hypertensive Disorder ☐ Sepsis ☐ VTE ☐ Shoulder Dystocia ☐ Behavioral Health Disorders ☐ Return to OR ☐ Other
	Other
Did pt require treatment for hypertension?	☐ Yes ☐ No
	☐ QBL ☐ EBL
	Total blood loss

Blood products received	☐ Yes ☐ No			
Blood product amounts	Whole blood	PRBC	FFP	Plts

	☐ Transfer In ☐ Transfer Out ☐ ICU ☐ Antepartum Admission ☐ Other Admission (ER, Surgery, Med/Surg, etc.) ☐ Readmission within 30 days
Delivery Category	☐ Vaginal ☐ Forceps Assist ☐ Vacuum Assist
	☐ TOLAC Successful VBAC ☐ Yes ☐ No
	☐ Cesarean Section ☐ Scheduled ☐ Urgent ☐ Emergent

ICU Team Consult	PASD Team Consult
☐ Yes ☐ No	☐ Yes ☐ No

Patient Arrival Date	ICU Admit Date	MFM Consult Date	MFM at Bedside Date

Delivery Date	Gestational Age/Weight
Resuscitation or Delivery Complications	Neonatal Team Present
☐ Yes ☐ No	☐ Yes ☐ No

Specialty Consult	☐ Yes ☐ No
Specialties	
Telemedicine	☐ Yes ☐ No
Specialty	
Surgeries other than Cesarean-section (include returns to OR)	
Ancillary Services	☐ Social Services ☐ Behavioral Health ☐ Spiritual Care ☐ Lactation ☐ Dietary
Screening and Risk Assessments Performed	☐ Substance Abuse/Addiction ☐ Depression ☐ Other Behavioral Health ☐ VTE ☐ Sepsis ☐ Shoulder Dystocia ☐ Obstetrical Hemorrhage ☐ PASD ☐ Postpartum Depression Screen at Discharge

Patient Final Disposition Date	Disposition	Scheduled follow-up date
	☐ Transfer ☐ Home ☐ Death	

Total Length of Stay				
	ED	Hours		☐ Expired
	Antepartum	Days		Delivered ☐ Yes ☐ No
	ICU	☐ Expired ☐ Transferred ☐ Discharged		

PI Event Identified and Level of Harm# 1			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action items that occurred as result of review			
Loop Closure	☐ Yes ☐ No ☐ Ongoing		

PI Event Identified and Level of Harm# 2			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action items that occurred as result of review			
Loop Closure	☐ Yes ☐ No ☐ Ongoing		

PI Event Identified and Level of Harm# 3			
PI Event Identified			
Level of Harm			
Date			
Primary Review	☐ Yes ☐ No	Date	
Secondary Review	☐ Yes ☐ No	Date	
Tertiary Review	☐ Yes ☐ No	Date	
Action items that occurred as result of review			
Loop Closure	☐ Yes ☐ No ☐ Ongoing		

Outreach Education to Transferring Facility/Transport	
Identified and Documented	☐ Yes ☐ No