Maternal Medical Record Face Sheet

(To be completed on every record selected)

MRN #	Last Name:		
	Age	G / T / P / A / L	Prenatal Care: Yes ☐ No ☐
Maternal History/ Complications/Diagnoses:	Placenta Accreta Spectrum Disorder (PASD) ☐ Obstetrical Hemorrhage ☐ Massive Hemorrhage and Transfusion ☐ Hypertensive Disorder (requiring treatment) ☐ Sepsis ☐ VTE ☐ Shoulder Dystocia ☐ Behavioral Health Disorders ☐ Other:		
	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: Yes ☐ No ☐	PASD Team Consult: Yes ☐ No ☐		
Patient Arrival Date:	ICU Admit Date:	MFM Consult Date:	MFM at Bedside Date:
Delivery Date:	Gestational Age/Weight:	Resuscitation or Delivery Complications: Yes ☐ No ☐	Neonatal Team Present: Yes ☐ No ☐
Specialty Consult: Yes ☐ No ☐			
Telemedicine: Yes ☐ No ☐ Specialty	Surgeries other than Cesarean-section (include returns to OR):		
Ancillary Services:	Social Services ☐ Behavioral Health ☐ Spiritual Care ☐ Lactation ☐ Dietary ☐ Other:		
Screening and Risk Assessments Performed:	Substance Abuse/Addiction ☐ Drugs ☐ Depression ☐ Other Behavioral Health ☐ VTE ☐ Sepsis ☐ Shoulder Dystocia ☐ Obstetrical Hemorrhage ☐ PASD ☐ Postpartum Depression Screen at Discharge ☐ Other:		

Patient Final Disposition Date:	Transfer ☐ Home ☐ Death ☐		Expired
Total Length of Stay:	ED: Hours _____ Expired ☐	Antepartum Days: ______ Delivered: Yes ☐ No ☐	ICU: Days ______ Expired ☐ Transferred ☐ Discharged ☐

1) PI Event Identified and Level of Harm Event: 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 ☐
2) PI Event Identified and Level of Harm Event: 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 ☐
3) PI Event Identified and Level of Harm Event: 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 ☐