Maternal Medical Record Face Sheet

(To be completed on every record selected)

MRN #	Last Name:	Age	
Race / Ethnicity	Prenatal Care: Yes ☐ No ☐	G / T / P / A / L	BMI
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: _____		
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: 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 ☐	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:	Transfer ☐ Home ☐ Death ☐		Scheduled f/u date
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/Other:	Identified and Documented: Yes ☐ No ☐