ARMMRC Committee Decision Tool

1) **What type of pregnancy-associated death is this?**

- [ ] Medical, obstetrical causes*
- [ ] Medical, other medical causes
- [ ] Unintentional Injury, motor vehicle crash
- [ ] Unintentional Injury, other
- [ ] Suicide
- [ ] Assault/Homicide
- [ ] Unknown
- [ ] Drug/Alcohol overdose

* If the death was *pregnancy-related*, check all that apply:
  - [ ] Hemorrhage
  - [ ] Infection
  - [ ] Cardiovascular Conditions
  - [ ] Hypertensive Disorders of Pregnancy
  - [ ] Cardiomyopathy
  - [ ] Cancer
  - [ ] Cerebrovascular Accident not secondary to hypertensive disorder of pregnancy.

2) **Autopsy Performed:**

- [ ] Yes
- [ ] No

If No, Would an autopsy report have been helpful:

- [ ] Yes
- [ ] No

**Why:**

3) **What do you believe was the most probable cause of death?**

4) **What do you believe were other contributing cause(s) that led to this death, or the incident resulting in death?**

   A)
   
   B)
   
   C)
   
   D)
   
   E)

5) **Does the death certificate completely capture the above causes and contributors of death?**

- [ ] Yes
- [ ] No

[ ] Does not accurately reflect most probable cause of death

[ ] Does not accurately reflect contributing cause(s) of death

**Explain why not:**

__________________________________________________________________________________________

__________________________________________________________________________________________
6) Was the information available for review adequate for the committee to determine the cause(s) of death?
[ ] Yes  [ ] No

Degree of relevant information (records) available for this case:

What missing information would have helped to better understand this case? (Check all that apply)

[ ] Post-mortem cultures  [ ] Post-mortem drug screen  [ ] Post-mortem x-rays  [ ] School records
[ ] Social Service records  [ ] Home interview  [ ] Police report
[ ] Other medical records: (psychiatry/psychology)
[ ] Standardized death scene investigation form
[ ] Toxicology Testing: ____________________________________________
[ ] Other: ______________________________________________________

* If No, what improvements of the available records would have helped? ____________________________________________

7) Was lack of access or inadequate access to care associated with this death? (Due to geographical or other reasons)
[ ] Yes  [ ] Yes probably  [ ] Yes, possibly  [ ] No  [ ] Unknown

If any “Yes”, explain: __________________________________________________________________________
___________________________________________________________________________________________________

8) Was the adequacy of medical care received by this woman associated with this death?

[ ] Yes  [ ] Yes, probably  [ ] Yes, possibly  [ ] No  [ ] Unknown

If any “Yes”, explain: __________________________________________________________________________
___________________________________________________________________________________________________

9) Domestic violence or other forms of Abuse?

[ ] Yes, present  [ ] Yes, probably present  [ ] Possibly, not sure  [ ] No  [ ] Unknown (no information available)

Associated with death?  [ ] Yes, associated  [ ] No  [ ] Unknown (not enough information)

If any “Yes”, explain: __________________________________________________________________________
___________________________________________________________________________________________________

If Yes, relationship(s) of perpetrator: ______________________________________________________________

11) Mental health conditions?

[ ] Yes, present  [ ] Yes, probably present  [ ] Possibly, not sure  [ ] No  [ ] Unknown (no information available)
Associated with death?  [ ] Yes, associated   [ ] No   [ ] Unknown (not enough information)

If any “Yes”, explain: ________________________________________________________________
__________________________________________________________________________________

12) Alcohol abuse?

[ ] Yes, present   [ ] Yes, probably present   [ ] Possibly, not sure   [ ] No   [ ] Unknown (no information available)

Associated with death?  [ ] Yes, associated   [ ] No   [ ] Unknown (not enough information)

If any “Yes”, explain: ________________________________________________________________
__________________________________________________________________________________

13) Drug abuse?

[ ] Yes, present   [ ] Yes, probably present   [ ] Possibly, not sure   [ ] No   [ ] Unknown (no information available)

Associated with death?  [ ] Yes, associated   [ ] No   [ ] Unknown (not enough information)

If any “Yes”, explain: ________________________________________________________________
__________________________________________________________________________________

If Yes, what type(s) of substance? _________________________________________________

14) Tobacco use?

[ ] Yes, present   [ ] Yes, probably present   [ ] Possibly, not sure   [ ] No   [ ] Unknown (no information available)

Associated with death?  [ ] Yes, associated   [ ] No   [ ] Unknown (not enough information)

If any “Yes”, explain: ________________________________________________________________
__________________________________________________________________________________

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15) **Decedent’s medical/health condition** (including acute, chronic and congenital conditions, obesity etc. but *not including* mental health condition or pregnancy)?

[ ] Yes, present  [ ] Yes, probably present  [ ] Possibly, not sure  [ ] No  [ ] Unknown (no information available)

If yes, what medical condition(s) were present (be specific)? __________________________________________________________

________________________________________________________________________________________________________

Associated with death?  [ ] Yes, associated  [ ] No  [ ] Unknown (not enough information)

If any “Yes”, explain which condition(s) and how associated with death : __________________________________________________

________________________________________________________________________________________________________

**If Yes:**

Did the medical condition(s) complicate or lead to the event that was the direct cause of death?

[ ] Yes  [ ] No  [ ] Unknown

Was the woman receiving adequate health care for the medical condition(s)?  [ ] Yes  [ ] No  [ ] Unknown

* If no, was the inadequate care while she was pregnant?  [ ] during pregnancy  [ ] after birth

Was the woman compliant with prescribed care plans?

[ ] Yes  [ ] No  [ ] Presumed  [ ] Unknown  [ ] N/A

*If No, check non-compliance issues:  [ ] Appointments  [ ] Medications  [ ] Medical equipment use  [ ] Therapies  [ ] Other:________________________

Did the care facility provide adequate care based on available knowledge and technology?

[ ] Yes  [ ] No  [ ] Unknown  [ ] N/A

*If no, please explain:____________________________________________________

____________________________________________________________________________

16) **Obesity?**

[ ] yes  [ ] no

Associated with death  [ ] yes  [ ] no

17) **Discrimination?**

[ ] yes  [ ] no

Associated with death  [ ] yes  [ ] no
18) Suicide?
[ ] yes    [ ] no    [ ] Probably    [ ] Unknown

19) Homicide?
[ ] Yes    [ ] no    [ ] Probably    [ ] Unknown

If Accidental Death, Homicide or Suicide,
List the Means of Fatal Injury
__________________________________________________________________

Preventability

20) Was this death preventable? (See definitions handout)   [ ] Unknown   [ ] No. Why not? ___________________________
[ ] Yes, possibly (causal chain/mechanism between prevention and outcome is unclear)
[ ] Yes, probably (causal chain/mechanism between prevention and outcome is clear)
[ ] Yes

21) If yes, during the sequence of events prior to the death, what reasonable things, if they had not occurred or had occurred, might have prevented the death? (Please rank in order, with 1 being most likely to have prevented death.)

Rank
[ ] __________________________
[ ] __________________________
[ ] __________________________
[ ] __________________________
[ ] __________________________
[ ] __________________________

22) What specific change(s) do you believe should occur to prevent other similar deaths and to keep women safe, healthy and protected? (Check all that apply and describe.)
[ ] Pre-conception care __________________________
[ ] Improved education: ( ) patient ( ) family ( ) other caretaker ( ) medical care providers __________________________
[ ] More widely offered school education programs __________________________
[ ] Increased availability and use of alcohol/drug/tobacco abuse treatment programs __________________________
[ ] New or expanded social support programs or services __________________________
[ ] New or revised procedures ____________________________________________________________
[ ] New law or ordinance ______________________________________________________________
[ ] Improved enforcement of existing law/ordinance; What? __________________________________
[ ] Modify or recall consumer product; What product? ________________________________________
[ ] Improved access to medical care [ ] Primary [ ] Intensive [ ] Specialty [ ] Mental Health ____________________________
[ ] Changes in public health nursing: ______________________________________________________
[ ] Other: __________________________________________________________________________

23) Suggested recommendations:
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