

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

Severe Acute Maternal Morbidity (SAMM) template

Reporting criteria: all women who were pregnant or had delivered within the past 42 days, who were admitted to an adult ICU. Relevant information detailed below and findings from the hospital review should be forwarded to the Consultative Council under Section 39(1) of the Public Health and Well-being Act 2008.

The findings regarding preventability will be reviewed by the Maternal Mortality sub-committee and de-identified recommendations reported.

MATERNAL DETAILS			
Given names:	Surname:		
Maternal date of birth:	Maternal UR number (hospital of ICU admission):		
Source of admission to ICU (admitted from – ward , theatre, ED etc):	Maternal date of admission to ICU:		
If a hospital transfer, specify referring hospital:	Maternal date of discharge from ICU:		
Place/hospital of maternal ICU admission:	Destination on discharge:		
Reason for ICU admission (primary diagnosis):	Level ICU:		
		Yes	No
Received ventilatory support (invasive and non-invasive):	<input type="checkbox"/>	<input type="checkbox"/>	
Received blood products:	<input type="checkbox"/>	<input type="checkbox"/>	
IF PREGNANT			
Gestation at maternal ICU admission:	Maternity care provider/s contact details:		
Maternity care provider/s (obstetrician, midwife, GP etc):			
IF POST-PARTUM			
Place/hospital of recent birth/termination:	Maternal UR number (hospital of birth/termination):		
Date of delivery/termination:	Gestation at delivery:		
Maternity care provider/s (obstetrician, midwife, GP etc):	Maternity care provider/s contact details:		
OBSTETRIC AND MEDICAL HISTORY		Attached	
		Yes	Not yet available
		Test not indicated/not performed	
Comprehensive obstetric and medical summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key elements:			

<ul style="list-style-type: none"> • previous pregnancies and outcome • known pregnancy related disease • complications of birth • neonatal outcome 			
Surgical report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetic report Key elements: <ul style="list-style-type: none"> • Anaesthetic management • Complications of anaesthesia 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency department care report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical care/Intensive care unit report discharge summary Key elements: <ul style="list-style-type: none"> • principle diagnosis • APACHE III diagnostic code • intubated/mode of ventilation • number of ventilated hours • ECMO • vital status on discharge from ICU (mortality) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral letters and medical correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report from hospital review of this case (including assessment of contributing factors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATION	Attached		
	Yes	Not yet available	Test not indicated/not performed
Placenta, cord and membrane histopathology - not in FORMALIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant imaging results <ul style="list-style-type: none"> • CT scan, MRI, x-rays and ultrasounds 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant laboratory investigations <ul style="list-style-type: none"> • FBE, biochemistry, coagulation screens, viral serology, microbiology, genetic, metabolic 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Send as password protected file to: consultative.councils@safercare.vic.gov.au

Or by post: CCOPMM, GPO Box 4923, Melbourne, Victoria, Australia 3001

Fax: 03 9096 2700