



INTERVIEW GUIDE

CONFIDENTIAL ENQUIRY INTO

MATERNAL DEATH



Table of Contents

Introduction	3
Process	4
1.0 Purpose Statement	5
2.0 Protection.....	5
3.0 Timing.....	5
4.0 Personnel	5
Cultural and Language Sensitivity	6
Bereavement Support and Social Service Referrals.....	6
5.0 Techniques	6
Identify Potential Participants	7
Introduction Letter.....	7
Consent Form.....	7
Process for Contact	7
Interview Guide.....	8
Closure	8
Appendix A: MMRC Sample Introduction Letter to Potential Informants.....	9
Appendix B: MMRC Sample Consent Form.....	10
Purpose of Interview.....	10
Description of Potential Risks and Benefits	10
Confidentiality of Records.....	10
Questions	11
Consent	11
Appendix C: MMRC Sample Initial Contact Script for Informant Interviews.....	12
Appendix D: MMRC Sample Semi-Structured Informant Interview Guide.....	14
INTRODUCTION	14
INFORMED CONSENT	14
INTERVIEW QUESTIONS	15
OPENING	15
CLINICAL FACTORS	15
SOCIAL DETERMINANT FACTORS	18



CLOSING 21

References 22



Introduction

Maternal deaths are shattering events that affect families and friends of the deceased woman, the health care team who cared for her, and the wider community in which she lived and worked. A maternal death may also involve a fetal or newborn death, adding to the loss. If the newborn survives, the mother's family may be left to raise a baby and other children without their mother, altering the family dynamics forever. When a maternal death occurs, family, friends, and health care professionals are left to sort out their emotions and their understanding of events. They may question what could have prevented such a tragic outcome, struggle with guilt that they might have done something to save her, and/or feel anger upon realizing the death was preventable. Public health surveillance of maternal deaths through maternal mortality review committees (MMRCs) offers opportunities to explore and address these tragic events.¹

The goals of MMRCs are to identify the factors contributing to maternal deaths and implement recommendations to help prevent future deaths.² Historically, MMRCs have relied on data from administrative, medical, coroner, and law enforcement records. Typically, trained abstractors review the records and synthesize their findings into a narrative, which committee members then review to identify contributing factors, determine whether the death was preventable, and formulate recommendations to prevent future deaths.³

MMRCs work to identify contributing factors from the available records at multiple levels: patient, family, provider, facility, systems of care, and community. Some contributing factors are easily identified, such as poor coordination between obstetric and mental health and addiction medicine providers, while others emerge after careful synthesis of the information and committee discussion, such as substance use disorder and violence, where substance use is used as a tool for control in relationships. In any single death, contributing factors typically occur in combination and across levels.⁴

Most MMRCs do not have access to the perceptions, experiences, and accounts of families, health care professionals, and others who can provide an understanding regarding the circumstances of a maternal death. However, these accounts, when obtained through established confidential enquiry methods, can provide multi-faceted perspectives on the woman's care experiences before and surrounding her death. These accounts can include what the woman knew and understood about her health, what those caring for her thought about her condition, and how these ideas informed the care plan. Informant interviews are the foundation of the added value that a confidential enquiry provides to the maternal mortality review process, and they can provide rich contextual information to complement medical, first-responder, and social service records, allowing MMRC members to comprehensively assess factors contributing to the death and to make more effective recommendations for prevention.

In maternal death reviews, MMRC abstractors review medical, first-responder, and social service records to formulate the narratives that inform committee determinations of contributing factors, whether the death was preventable, and recommendations for action. For example, medical records that contain providers' narrative notes of changing clinical status and reasoning underlying subsequent actions have been valuable sources of qualitative data for MMRCs. These data provide insight into how the provider viewed the woman's signs and symptoms and how this informed the care plan. However, the widespread adoption of electronic medical record (EMR) systems, with standardized drop-down boxes and



abbreviated free text space, has greatly diminished the amount and quality of narrative notation, particularly nursing notes, in the medical record. As a result, EMRs can present only limited information that MMRCs need to review the events, such as conversations, clinical or non-clinical decisions, and actions that preceded the woman's death. Hospital records, in particular, do not typically incorporate insights from family members and health care personnel not directly involved at the time of death, such as prenatal care or mental health providers.⁵

With this information gap in records, informant interviews are a supplementary and effective method for collecting information that provide greater context for the events leading to a maternal death. Interviewees who knew the deceased woman personally can provide insight into factors that contributed to her death and the context of those factors in her life.

In some death investigations, interviews are conducted by medical examiner, coroner, or law enforcement investigators, yet those interviews are designed to serve specific purposes, such as obtaining sufficient data to determine cause and manner of death or whether a crime was committed. Such interviews are not typically focused on understanding the woman's personal story or identifying multiple and complex contributors to her death. In most maternal death investigations, particularly those conducted by MMRCs, the investigation may have access to prenatal care, mental health, first-responder, and social services records, but there is little to no systematically gathered, reliable documentation of the perceptions and accounts of the deceased woman's family and friends.

Using informant interviews in conducting mortality reviews is a well-established concept. Many countries have implemented various types of "social" or "verbal" autopsies to identify maternal deaths and their contributing factors.⁶⁻⁷ In 2004, the World Health Organization published *Beyond the Numbers: Reviewing Maternal Deaths and Complications to Make Pregnancy Safer*, which discusses the benefits of using information obtained from community and family interviews when conducting internal facility reviews using medical records.⁸ For decades, the National Fetal and Infant Mortality Review Program in the U.S. has supported the use of family interviews to capture parents' perspectives following a fetal or infant death.⁹

The United Kingdom is probably the most sophisticated country in terms of its system of confidential enquiry into maternal deaths, which is a legislated surveillance program that captures information from midwives, obstetricians, anesthesiologists, family doctors, intensive care specialists, coroners, and members of the public for every maternal death. While versions of the confidential enquiry system have been in place since the 1950s, the process is currently led by a collaboration known as Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK). After it was established in 2012, MBRRACE-UK identified double the number of maternal deaths compared to reports that relied on vital statistics, and it has also shown that a substantial fraction of maternal deaths resulted from suboptimal care, leading to system-wide changes.¹⁰

Process

MMRCs are increasingly realizing the value of informant interviews¹¹, and some have already established legislative authority to conduct them. The purpose of this protocol is to provide guidance for the



development of an MMRC informant interview process. Every MMRC will need to evaluate the authority and directives under which it operates and develop a data-gathering process (methodology) that is appropriate for its jurisdiction. The methodology may or may not require approval from an ethics review or Institutional Review Board (IRB).

The beginning step for the informant interview process is to develop a formal plan to identify and interview informants about maternal deaths. The plan should be documented in the committee's policies and procedures guide and communicated to all those involved in the MMRC process, including committee leadership, staff, and members. Components of the plan may include the following.

1.0 Purpose Statement

The purpose of an informant interview is to gain insight into factors that the participant believes may have contributed to the death and the context around those factors in the deceased woman's life. The intent is *not to establish blame* but rather to gather the objective facts surrounding the event. A well-written purpose statement clearly delineates and details how the information will be used, for example, to inform review of a woman's death and to identify opportunities for recognizing risk and improving health care quality and systems of care. The MMRC should establish a standard procedure for explaining the interview's goals and how it fits into the MMRC process, with the informant receiving this information in both verbal and written formats.

2.0 Protection

The MMRC needs to understand the legislation governing its process to ensure confidentiality and legal immunity to potential informants, as well as to understand when the law requires that confidentiality be broken, such as when domestic violence is reported. The MMRC should use a standard informed consent form (see Appendix B for an example) that outlines the purpose and protections of the interview and includes the text from legislation that authorizes the process and provides appropriate protection. Strong confidentiality protections can facilitate participation and disclosure in interviews.

3.0 Timing

The timing for interviews depends on when the MMRC identifies a maternal death, obtains access to documents that identify next of kin or emergency contacts, and establishes contact with a potential informant, as well as when the informant is available and feels ready to participate. Mandatory reporting of maternal deaths may foster more timely identification of, and contact with, potential informants. Interviews performed within 6 months after a death may provide the freshest recall, and research among bereaved family members indicates that they are open to being contacted within weeks of the death and that do not necessarily experience interviews as distressing.¹⁹ MMRCs need to be sensitive and flexible to the preferences of potential participants when arranging time and circumstances for interviews.

4.0 Personnel

An effective interviewer possesses competencies in qualitative interviewing techniques, empathetic communication, and bereavement counselling. Additionally, effective interviewers must have a thorough understanding of how the interview fits into the overall maternal mortality review process, and what information may and may not be shared with the informant. To maintain neutrality and avoid real or



perceived conflicts of interest, interviewers should not have been directly involved in the care of the mother or baby.

To identify suitable interviewers, the MMRC may consider enlisting qualified staff, or those willing to supplement existing skills, such as Regional Perinatal Coordinators who are trained in outreach, communication, and education. Some fetal and infant mortality reviews have hired social workers, nurses, or other non-medical staff who are trained in family/peer counselling and outreach. Other candidates might include experts in qualitative methods from local universities. The MMRC should arrange for initial and ongoing training of the interviewers regarding confidentiality, communication techniques, and safety procedures, if the interviews take place in private locations.

It is also important for the MMRC to establish mechanisms for the interviewers to debrief about the interview process, including access to emotional support resources when needed. Each MMRC will need to examine its available resources when deciding how to select, train, compensate, and support interviewers.

Cultural and Language Sensitivity

Interviewers need to be familiar with and knowledgeable about the cultural and ethnic background of potential informants, and to demonstrate sensitivity concerning how culture may influence how an individual understands and responds to the maternal death or to the questions being asked. When language interpretation services are necessary, interpreters should have a good understanding of both language and culture in the particular community context.

The influence of culture on expressions of grief and reactions to grief varies. Key factors affecting a person's grief reaction include age, family traditions, gender, education, and income, prior experiences with death and loss, and the historical background of the cultural group. Lived experiences play an important role, particularly for people who have experienced stigma, bias, racism, and other forms of discrimination from providers in the health care system and larger society.⁸

Bereavement Support and Social Service Referrals

In addition to specialized training and expertise in qualitative interviewing techniques, effective interviewers must have basic competencies in empathetic communication and bereavement counselling.^{2,8} Interviewers must be prepared to offer compassionate support or follow-up resources. It is important for interviewers to have access to updated lists of specific community resources they can refer participants to, when applicable. These referrals provide participants with specialized information; social support within a knowledgeable, experienced community; and an opportunity to contribute to ongoing research and clinical care.

5.0 Techniques

Detailed steps for conducting informant interviews will be shaped by the organization that authorizes the MMRC ("authorizing entity," such as a health department or IRB) and by the resources available. The following are suggested strategies:



Identify Potential Participants

Coroners'/Medical Examiners' reports, hospital records, and other official sources may identify the deceased woman's next of kin or emergency contacts. MMRCs need to explore which sources can be used to provide this information and to develop a protocol to guide who is contacted for an interview.

Introduction Letter

An introduction letter should be sent to all potential participants, describing the purpose of the interview and how the participant was identified. This letter needs to be signed by an official MMRC representative and must include a consent form. The consent form describes the rights and protections for the participant, and what information about the deceased woman can or cannot be shared with the participant during the interview (see Consent Form, below). The MMRC representative can then follow up via email or telephone to ensure the potential informant is aware of the request for an interview, to provide more detail about the purpose of the interview, and to obtain consent for participation in the interview.

See Appendix A for Sample Introduction Letter.

Consent Form

This offers additional details about the purpose of the interview outlined in the introduction letter, information about the rights and protections for the participant, and how the MMRC will incorporate interview data into the review process. The consent form needs to clearly state what information interviewers may not disclose to participants about cause of death or other records being reviewed. Interviewers are prevented from disclosing information from protected records to participants. The consent form needs to clearly describe the MMRC's legislative authority and internal processes for ensuring confidentiality, and for protecting the MMRC's discussions and findings. The MMRC may have the consent form developed and/or approved by their authorizing entity, depending on their requirements for process. A copy of the consent form needs to be provided to the participant for their records.

See Appendix B for a Sample Consent Form.

Process for Contact

Interviewers find it valuable to receive basic information about the woman's death before contacting informants. The MMRC may provide interviewers with access to the death certificate, infant birth certificate (if available), and medical, first-responder, and/or social service records, as well as any other available information. The MMRC can decide if initial contact with potential participants will be made in person, via telephone or e-mail. A recommended approach is that the MMRC develop a sample script to guide the interviewer and to provide a uniform approach to the initial contact.

See Appendix C for a Sample Initial Contact Script.



Interview Guide

The MMRC needs to develop or adopt an interview guide based on the information it seeks to obtain. Rigidly structured guides offer consistency but may limit the quality and quantity of the participant's account. A semi-structured interview guide offers direction and consistency while still promoting open response. An unstructured interview guide allows for open and free responses but limits the consistency or standardization of responses. Ideally, a balance should be struck between open- and closed-ended questions.

The interview guide may begin with opening questions that ease the participant into the interview. Good opening questions are neutral and broad but related to the deceased woman and the purpose of the interview. Interview questions can address both medical and non-medical factors related to the death, which may have occurred before, during, or up to 1 year after pregnancy. Factors such as the deceased woman's physical and mental health, medical care, prescription drug use, and relationships with providers can be discussed, as well as social factors, including housing, personal finances, substance use, child welfare, sexual and intimate partner violence, or other traumatic experiences. The interview guide can conclude with questions that allow the participant to reflect and/or offer additional information, and with resources that the participant can use. These questions and resources can help the interviewer or participant move through any emotional difficulties that arise during the interview and provide support after the interview.

See Appendix D for a Sample Semi-Structured Informant Interview Guide.

Closure

The interviewer needs to thank the participant for sharing their insights on the life and/or death of the woman. If relevant, the interviewer should acknowledge the strong emotions present during the interview (e.g., "I know, at times, talking about [first name of deceased woman] was difficult"). If the participant requested or might benefit from bereavement counselling or other resources, the interviewer can offer to share a list of local resources. The MMRC may consider sending a formal letter of appreciation to the participant and include information about whom to contact with any questions about the process.



Appendix A: MMRC Sample Introduction Letter to Potential Informants

Dear [Potential Informant]:

We understand that you and your family recently experienced a loss of a loved one. We wish to express our sincere condolences on your loss.

[Jurisdiction] is conducting a review process to help understand why women pass away during pregnancy or in the year after. By understanding how and why this happens, we can learn about how, if possible, to prevent such deaths. You were identified through information we obtained from next of kin or emergency health contacts after the death of [deceased woman's name].

As part of our review of [first name of deceased woman]'s death, we wish to interview family members and friends who can provide us with information we cannot otherwise get using [first name of deceased woman]'s official records, such as how she was feeling and her experiences with health care.

If you are willing to participate, a trained person will ask you questions about [deceased woman's name], including questions about her health, family, and use of health care and social services. The conversation can take place by telephone, in your home, or in a quiet place that you choose where you are comfortable, and it can be scheduled at a time that is convenient for you. This interview may take about an hour to an hour and a half. With your permission, the interview will be audio-recorded so we can capture your full story and not miss important details. Your participation will help us understand why maternal deaths happen and how to prevent them. Many grieving family members find it helpful to talk about what happened with a trained, compassionate interviewer.

We have attached a consent form with more information about our process. We look forward to hearing from you about your willingness to participate in an interview about [deceased woman's name].

Please contact [MMRC representative or interviewer name] using the information listed below with any questions or to schedule an interview.

Please note that, if you are involved in any legal action related to this death, we will not interview you until that has been concluded.

Again, we express our condolences on your loss.

Sincerely,

[Jurisdiction] Maternal Mortality Review Committee
Name of MMRC representative or interviewer
Contact information for MMRC representative



Appendix B: MMRC Sample Consent Form

Purpose of Interview

[Jurisdiction] is reviewing deaths associated with pregnancy to help understand why maternal deaths happen and how to prevent them in the future.

We wish to interview family members and friends who experienced a loss of a loved one due to maternal death. You were identified through information we got from next of kin or emergency health contacts after the death of [deceased woman's name].

We are writing to ask for your participation in an interview about [deceased woman's name] and her death.

Your participation in this process is completely voluntary. You do not have to be interviewed. You do not have to answer any question you do not wish to answer. You are also free to end the interview at any time.

If you agree to participate, a trained interviewer will ask you questions about [deceased woman's name], including questions about her health, family, and use of health care and social services. The interview will take place by telephone, in your home, or in a quiet place that you choose where you are comfortable, and it can be scheduled at a time that is convenient for you. This interview may take about an hour to an hour and a half. With your permission, the interview will be audio-recorded so we can capture your full story. Your participation will help us understand why maternal deaths happen and how to prevent them.

Please note that, if you are involved in any legal action related to this death, we will not interview you until that has been concluded.

Description of Potential Risks and Benefits

Talking about the death of your loved one is difficult and may bring up strong emotions for you. The interviewer is not a professional counsellor, but if you wish, she or he can provide you with names of professional counsellors who can help you cope with your feelings about your loss.

However, participation in the interview may be a positive experience for you. You may find that talking about the death of your loved one can help with your grief. The interviewer can provide you or your family with information on available services to help you. One benefit is that the information you provide during this interview may result in recommendations to prevent other maternal deaths in the future.

Confidentiality of Records

We will not let anyone know your name or what you told us. All information that identifies you, the family, or the health providers will be kept confidential and will be shared only with the review process staff and consultants. All of [Jurisdiction] review process staff and consultants are required to keep the information about this interview confidential. All records, including audio-recordings, will be kept in a secure, locked location. Confidentiality will be protected. Also, the interviewer cannot disclose to you information from protected records, such as medical history and medical test results.



Questions

If you have questions about the interview or the review process, you may call [social worker, nurse abstractor or staff member name] at (---) --- - ----.

Consent

The purpose of the interview was fully explained to me.

I voluntarily agree to participate in the interview as part of [Jurisdiction]'s maternal mortality review process. I agree to the interview being audio-recorded. I understand that all information obtained from the interview will be strictly confidential and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

[If by phone, obtain audio-recorded verbal consent from participant]

[If in-person, obtain physical signature from participant]

Participant Name: _____

Signature:

Date:

Interviewer's Name:

Interviewer's Signature:

Date:



Appendix C: MMRC Sample Initial Contact Script for Informant Interviews

Hello, my name is _____ and I am a [title such as nurse or social worker] from the [organization/program] that is reviewing [first name of deceased woman]'s death. I am very sorry for your loss.

[Pause and provide empathetic acknowledgement, then move into the reason for the call.]

We are following up to see if you received the letter/e-mail we sent.

IF THEY DID NOT RECEIVE LETTER, PROVIDE KEY POINTS:

I apologize that you did not receive the letter we sent, but I can tell you why we want to talk you about [first name of deceased woman].

- As part of our review of [first name of deceased woman]'s death, it would help us understand what happened to her by talking with a family member or close friend.
- The purpose of this interview and our overall review process is to better understand the events leading to [first name of deceased woman]'s death. We hope that, by listening to you, we can learn how to prevent this from happening to other women and their families.
- Everything we talk about in this interview will be kept confidential and your participation is voluntary. This interview will probably take an hour to an hour and a half , but we will talk for as long as you are comfortable.

Are you willing to talk with us about [first name of deceased woman]'s death?

IF THEY DID RECEIVE LETTER, PROVIDE KEY POINTS:

As part of our review of [first name of deceased woman]'s death, it would help us understand what happened to her by talking with a family member or close friend. Are you willing to talk with us about [first name of deceased woman]'s death?

IF INFORMANT IS NOT WILLING OR EXPRESSES UNCERTAINTY

[Ask about their concerns, what additional information they need, and if they are not willing, ask:]

Is there someone else who knew [first name of deceased woman] who would be willing participate in our interview?

[Listen, document response, including name and contact information for another possible informant, thank them, and express condolences on the loss.]

IF INFORMANT IS INTERESTED SCHEDULING A SPECIFIC DATE AND TIME:

[Schedule the interview. Ask how they would like to be reminded (by telephone, text, or email). Consider sending a copy of the questions by mail or email if they do not wish to participate in a verbal interview; consider the interviewee's literacy level before approaching them in this manner.]



IF INFORMANT RESPONDS THAT THEY CAN TALK NOW

We greatly appreciate your willingness to share information about [first name of deceased woman].

[IF IN-PERSON: Provide them a copy of consent form, review it, get signature.]

[IF ON THE TELEPHONE: Read informed consent form and obtain verbal informed consent. Ask for permission to record the verbal consent; if consent is given, continue with interview questions.]



Appendix D: MMRC Sample Semi-Structured Informant Interview Guide

INTRODUCTION

Hello! My name is _____ and I am a [title such as nurse or social worker] from the [organization/program] that is reviewing [first name of deceased woman]'s death. I am very sorry for your loss.

[Pause and provide empathetic acknowledgement, then move into the reason for the call.]

Is this still a good time for you to talk about [first name of deceased woman]'s death?

We greatly appreciate your willingness to share about [first name of deceased woman].

INFORMED CONSENT

Did you get the consent form that we sent? Did you get a chance to read it? If you would like some time to read it, I could call back in 10 minutes.

I wanted to take just a minute to remind you about the reason that we are doing this interview, and why it is so important to understand what happened around [first name of deceased woman]'s death. [Jurisdiction] is reviewing deaths associated with pregnancy to help understand why maternal deaths happen and how to prevent them in the future. It is not about blame and is all about understanding. To do this, we would like to interview family members and friends who experienced a loss of a loved one due to maternal death. You were identified through information we got from next of kin or emergency health contacts after the death of [deceased woman's name]. All information will be confidential, and shared only with members of the review process.

I will also be able to provide you with some resources that might be helpful to you and your family.

If you have any questions, we can talk about them now.

[Address any questions/concerns.]

If this is clear, we can move on to the questions.

I'm going to read the consent to provide you with detailed information about the purpose of the interview and what you can expect.

As was mentioned in the consent document, the interview will be audio-recorded. The [Jurisdiction] maternal mortality review team believes that everything you have to say is important and can help with the review of [first name of deceased woman]'s death. For that reason, I would like to record our discussion, so we don't miss anything you have to say. Do you feel comfortable with recording our discussion?

Okay, I am going to turn on the audio-recorder and ask for your consent to participate.

[Start audio-recorder]



After I read the following statement, please tell me if you consent to participating in the interview.

The purpose of the interview was fully explained to me. I voluntarily agree to participate in the interview as part of [Jurisdiction]'s maternal mortality review process. I agree to the interview being audio-recorded. I understand that all information obtained from the interview will be strictly confidential, and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

[Obtain verbal consent, document the date/time, and the name of the interviewer who obtained verbal consent from the participant.]

INTERVIEW QUESTIONS

Before we begin, I want to remind you that we want to know your point of view, so there are no right or wrong answers to these questions. If you don't feel comfortable answering a question, let me know and we can skip it.

There might be pauses between questions. I want to give you time to answer the questions, and it will help me to take notes on what you are saying.

Do you have any questions before we start?

[Address any questions/concerns]

Okay, let's get started.

OPENING

1. How are you related to [first name of deceased woman]?

If participant is a parent, skip to question 2.

If not a parent, ask the following:

How long have you known [first name of deceased woman]?

2. What would you like me to know about [first name of deceased woman]?

3. [If applicable, based on information about the death] Do you know if [first name of deceased woman] knew she was pregnant before her death?

CLINICAL FACTORS

Now, I would like to ask you some questions about [first name of the deceased woman]'s health care history and experiences.



4. Do you know how many times [first name of deceased woman] had been pregnant in her life? (Include miscarriages, abortions, live births, and number of living children.)

5. [If she had previous pregnancies] Do you know if [first name of the deceased woman] had any physical complications with a previous pregnancy?

Probe: high blood pressure, seizures, diabetes, blood clots, bleeding, depression/anxiety, issues recovering from cesarean delivery, infection, severe tears, baby in neonatal intensive care unit, stillbirth, etc.

6. How would you describe [first name of deceased woman]'s health before her most recent pregnancy?

Probe: physical health, weight, mental health, reproductive health

7. Was she taking medications before, during, or [if she was alive postpartum] after her most recent pregnancy? This could include prescriptions, over-the-counter medicines, vitamins, or supplements.

If yes, say: **Please tell me what medications, vitamins, or supplements she was taking:**

Before pregnancy _____

During pregnancy _____

After pregnancy [If applicable] _____

Keep probing until complete. Be sure to capture relevant time period for every medication (before, during, and after pregnancy).

If no or don't know, skip to question 8.

8. What can you tell me about the health care [first name of deceased woman] received while she was pregnant?

Probe:

How did she find or select her care provider?

What type of provider did she see? General obstetrician (OB), high-risk obstetrician (sometimes called a maternal fetal medicine specialist/perinatologist), family doctor, registered midwife, or someone else?

How often did she get health care while she was pregnant?



Did she see the same person each time?

Did she have any difficulties getting to her prenatal appointments?

9. How did [first name of deceased woman] feel about the care she received from her care provider(s) while she was pregnant?

Probe:

Did she feel that the care provider(s) was respectful and listened to her concerns? Did she seem to feel comfortable with or confident about her doctor, midwife, or nurse? Did she feel they were giving her quality care?

[Elicit examples]

10. Did [first name of the deceased woman] have any physical complications during her most recent pregnancy?

Probe: high blood pressure, seizures, diabetes, blood clots, bleeding, depression/anxiety, issues recovering from cesarean delivery, infection, severe tears, baby in neonatal intensive care unit, stillbirth, etc.

11. Was [first name of deceased woman] told to go to any other doctors, clinics or hospitals at any time while she was pregnant?

If yes, ask: **Was [first name of deceased woman] able to see the [provider or clinic or hospital] she was referred to when she wanted to, or in a timely manner?**

If yes, ask: **Can you tell me more about what happened when she saw the other doctor?**

If no, ask: **Why was [first name of deceased woman] unable to see the doctor, clinic, or hospital she was referred to?**

If no or don't know, then skip to question 12.

12. [If she was alive postpartum] What can you tell me about the health care [first name of deceased woman] received after she had her baby?

Probe:

Did she see her doctor or midwife a few weeks after she had her baby?

Did she have any difficulties getting to her postpartum appointments?

Was she having complications or other health concerns after she had her baby that caused her to want to or need to see a doctor? Please explain.

If no postpartum care or don't know, skip to question 14.



13. [If she was alive postpartum] How did [first name of deceased woman] feel about the care she got from her doctor, midwife or nurse after she had her baby?

Probe:

Did she feel that the doctor, midwife, or nurse was respectful and listened to her concerns?

Did she seem to feel comfortable with or confident about her doctor, midwife, or nurse?

Did she feel they were giving her good-quality care?

[Elicit examples]

14. Did [first name of deceased woman] tell you she was concerned about her pregnancy or health before her death?

15. What do you think were the events leading to [first name of deceased woman]'s death?

Probes:

What information did she or the family have regarding her condition and treatment?

Who communicated that information to her and to the family?

[Keep probing gently; this is likely to be an emotional time in the interview]

16. [If not elicited from Q15] What do you think was the cause of [first name of deceased woman]'s death?

Probes:

How did you come to that understanding?

Who spoke to you about what happened to [first name of deceased woman]?

[Try to ascertain whether there is any confusion or disagreement among the family about cause of death or how it was determined]

SOCIAL DETERMINANT FACTORS

The next phase of the interview asks questions that relate to [first name of the deceased woman]'s home life. This helps us to better understand what was happening in terms of her health and life around the time of her death.

17. Did [first name of deceased woman] ever worry about her access to health care or having to pay for health care?



If yes, say: **Tell me what issues [first name of deceased woman] was having related to access or payment?**

Probe:

[Try to ascertain the timeline of events]

If no, skip to question 18.

18. How did [first name of deceased woman] feel about where she lived during or after her most recent pregnancy? [if applicable]

Probe: housing, who she lived with, safety of the neighbourhood, access to services, distance to work, or other things that may have affected her health

19. What kind of support did [first name of deceased woman] have to help with her needs during or after pregnancy? [if applicable]

Probe: food, housing, transportation, medical care, financial assistance, advice, information, emotional support

Did these supports help her after she had her baby?

20. Did [first name of deceased woman] experience any anxiety, depression, or other mental health difficulties during or after her most recent pregnancy?

If yes, ask: How was she feeling mentally or emotionally? Probe:

How was she coping?

If no, skip to question 23

21. Was [first name of deceased woman] seeing a provider or a counsellor for her emotional or mental health?

Probe:

What was her experience like with the provider or counsellor she was seeing?

22. How were [first name of deceased woman]'s relationships with others affected by her emotional or mental health?

23. Did [first name of deceased woman] _____ during or after her most recent pregnancy?

Probe:

take prescription drugs

drink alcohol

use cannabis



smoke cigarettes or use any other tobacco products

use street or illegal drugs

[Identify the time frame: during pregnancy or the postpartum period]

If yes, ask: **How do you think the substance use affected [first name of deceased woman]’s ability to do her regular activities or care for her baby?** [if applicable]

If yes, ask: **Did [first name of deceased woman] get counselling or treatment because she was using _____?**

Probe:

prescription drugs

alcohol

cannabis

cigarettes or tobacco

street or illegal drugs

If no, skip question

24. [If not the spouse or partner] How would you describe [first name of deceased woman]’s relationship with the father of her baby?

Probe: clarify the relation of father of baby to deceased woman (i.e., spouse or partner)

25. Sometimes traumatic experiences affect how women experience pregnancy and childbirth. Do you know if [first name of deceased woman] was abused or neglected as a child?

If yes, ask: **What can you tell me about those experiences?**

If yes, ask: **Did she get any counselling or other professional help to cope with those traumatic experiences?**

Probe for type, frequency, length, age and relationship with perpetrators during experiences of abuse or neglect.

If no, skip question

26. Did we leave anything out about [first name of deceased woman]’s life and health experiences that you’d like to share now?

Thank you for sharing about [first name of deceased woman]’s personal life.



CLOSING

We are nearing the end of our interview. I want to pause and thank you so much for sharing with me today. The next few questions are about what you think could have helped [first name of deceased woman] and about how your family is coping.

27. What do you think could be done to better help women like [first name of deceased woman]?

Probe:

What advice would you give to health care providers who take care of women like [first name of deceased woman]?

What advice would you give to families like yours? How are you coping with [first name of deceased woman]'s death?

28. We prepared a list of resources that may be helpful. Would you like to have this list?

If yes, ask: **How would you like me to send the list (mail/email)?**

[List could include resources or support groups on bereavement, a disease or condition, specific resource organizations, local social workers, etc.]

If no, tell the participant how they may get resources later.

Thank you so much for talking with me. I'd like to check in and ask how this interview experience has been for you, and ask whether you have suggestions for me or the maternal mortality review process to better improve how we gather information about maternal deaths like [first name of deceased woman]'s.

[End with an authentic expression of gratitude for their participation. Remind them that they can contact project personnel in the future. Follow up with resources list, if requested.]



References

- 1 Hill PE. Support and counseling after maternal death. *Semin Perinatol*. 2012 Feb;36(1):84-8.
- 2 Berg C, Danel I, Atrash H, Zane S, Bartlett L (Editors). *Strategies to reduce pregnancy-related deaths: from identification and review to action*. Atlanta: Centers for Disease Control and Prevention; 2001.
- 3 Zaharatos J, St Pierre A, Cornell A, Pasalic E, Goodman D. Building U.S. Capacity to Review and Prevent Maternal Deaths. *J Womens Health (Larchmt)*. 2018 Jan;27(1):1-5.
- 4 Maternal Mortality Review Information App. Building U.S. Capacity to Review and Prevent Maternal Deaths. Report from nine maternal mortality review committees: a view into their critical role. 2018 Retrieved 11/25/21 from <https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIARreport.pdf>
- 5 Seacrist MJ, Noell D. Development of a Tool to Measure Nurse Clinical Judgment During Maternal Mortality Case Review. *J Obstet Gynecol Neonatal Nurs*. 2016 Nov-Dec;45(6):870-877.
- 6 Kalter HD, Salgado R, Babilie M, Koffi AK, Black RE. Social autopsy for maternal and child deaths: a comprehensive literature review to examine the concept and the development of the method. *Popul Health Metr*. 2011 Aug 5;9:45.
- 7 United States Department of Veteran Affairs. (2015). Behavioral Health Autopsy Program. Retrieved from https://www.mirecc.va.gov/suicideprevention/News/Newsdocs/1505_CoE_News_May.pdf
- 8 Lewis G. Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer. *Br Med Bull*. 2003;67:27-37.
- 9 Shaefer, J., Noell, D., McClain, M. Fetal and infant mortality reviews: A guide for home interviewers. National Fetal and Infant Mortality Review Program, American College of Obstetricians and Gynecologists, Washington DC. 2002. Retrieved from: <https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/FIMRHomeInterviewersGuide.pdf>.
- 10 Knight M, Tuffnell D, Kenyon S, Shakespeare J, Gray R, Kurinczuk JJ. Saving Lives, Improving Mothers' Care: Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland. Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. National Perinatal Epidemiology Unit: Oxford, 2017.
- 11 Bentley B, O'Connor M. Conducting research interviews with bereaved family carers: when do we ask? *J Palliat Med*. 2015 Mar;18(3):241-5.