



MATERNAL MORTALITY - Minimum Dataset

MATERNAL INFORMATION											
Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Medical Record Number									Unique record number to identify a delivery episode of care.		
First, middle, last Name	First, middle, last	Text box	X	X	X		YES	NO	Mother's first, middle and last names.		Patient Record
Maternal Height		Text box for number with a tick box for the units used (cm, feet inches).	X	X	X	To calculate pre-pregnancy BMI	YES	YES	Maternal height, measured in imperial or metric units. Reported in metric units.		Patient Record
Maternal first recorded weight (kg)		Text Box	X	X	X		YES	YES	The mother's weight closest to conception and no later than 12 weeks of gestation (metric units).		Patient Record
Maternal Pre-pregnancy BMI		Text Box/Calculation	X	X	X		YES	YES	Maternal pre-pregnancy Body Mass Index (BMI) defined as weight in kilograms divided by the square of the height in metres (kg/m ²) Enter maternal pre-pregnancy BMI if available, otherwise, this can be calculated		Patient Record



Maternal weight at delivery (kg)		Text Box	X	X	X	To calculate weight gain in pregnancy, but may be the only weight available This is not a mandatory data field in some provinces so may not be documented and available	YES	YES	Indicates the maternal weight at delivery (metric units)		Patient Record
What was the outcome of this pregnancy?	<ul style="list-style-type: none"> • Live birth • Stillbirth • Termination • Loss • Unknown • Other (please specify) 		X	X	X		YES	YES	Indicates the actual outcome of this pregnancy, including live births, stillbirths, terminations and losses.		Patient Record
Number of completed pregnancies beyond 22 weeks (including this one)			X	X	X		YES	YES	Indicates number of pregnancies the women has experienced that were beyond 22 weeks, including current pregnancy.		Patient Record
Number of live births (including this one)			X	X	X		YES	YES	Indicates the number of live births the woman has experiences, including this one.		Patient Record
Number of stillbirths/late fetal losses (including this one)			X	X	X		YES	YES	The total number of previous pregnancies resulting in a stillbirth. A stillbirth is defined as a product of conception weighing 500 grams or more or of 20 or more weeks gestation which,		Patient Record



									after being completely delivered, shows no sign of life. Intentional termination of pregnancy that meet either criterion are also classified as stillbirths in some provinces/territories.		
Number of previous c-sections (<i>not</i> including this one)			X	X	X		YES	YES	The total number of previous pregnancies resulting in a cesarean birth occurring at greater than or equal to 20 weeks and 0 days. Number excludes current pregnancy. Multiple gestations are counted as one birth event.		Patient Record
Maternal ethnic group	<ul style="list-style-type: none"> • Canadian • English • Chinese • French • East Indian • Italian • German • Scottish • Cree • Mi'kmaq • Salish • Métis • Inuit • Filipino 	Multiple choice – check all that apply	X	X	X	Canadian census code/categories Ethnicity refers to cultural factors, including nationality, regional culture, ancestry, and language. ... You can have more than one ethnicity but you are said to have one race , even if it's "mixed race ".	YES	YES	Please select all that apply	Issue is whether ethnicity contributed to maternal health or access to acceptable health care. From Care Provider Report: Did maternal ethnicity have a negative effect on maternal health prior to, or during, pregnancy? Y/N/ Unsure/ Unknown Was maternal ethnicity a barrier to receiving appropriate care? Y/N/ Unsure/ Unknown	Patient Record, Confidential Enquiry



	<ul style="list-style-type: none"> • Irish • Dutch • Ukrainian • Polish • Portuguese • Vietnamese • Korean • Jamaican • Greek • Iranian • Lebanese • Mexican • Somali • Colombian • Other – Please specify Unknown 										
Maternal Race	<ul style="list-style-type: none"> • Black (African, Afro-Caribbean, African) • East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other) • Indigenous (First Nations, Métis, Inuk/Inuit) • Latino (Latin American, Hispanic descent) • Middle Eastern 	Multiple choice – check all that apply	X	X	X	<p>Proposed Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada</p> <p>https://www.cihi.ca/sites/default/files/document/proposed-standard-for-race-based-data-en.pdf</p>	YES	YES	Please indicate maternal race	<p>Race refers to a person's physical characteristics, such as bone structure and skin, hair, or eye color.</p> <p>Issue is whether race contributed to maternal health or access to acceptable health care.</p>	Patient Record, Confidential Enquiry



	(Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)) <ul style="list-style-type: none"> • South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean) • White (European) • Other – please specify • Unknown 										
Age at delivery	<ul style="list-style-type: none"> • 14 to 50 • Other – Please specify 	Text box	X	X	X		YES	YES	Mother's age (in years) at delivery		Patient Record
Living arrangements	<ul style="list-style-type: none"> • Own • Rent • Public housing • Living alone • Living with partner • Living with relative • Homeless • Other • Unknown 	Multiple choice, please check all that apply	X	X	X		YES	YES		Was social support/family support a barrier to receiving appropriate care? Y/N/ Unsure/Unknown	Databases (CIHI, DIMR), Confidential Enquiry



Postal Code (first 3 digits)	<ul style="list-style-type: none"> TEXT 	Text box	X	X	X	<p>Can define Urban, Rural, income quintiles, etc, which can be used as a proxy for SES.</p> <p>Calculations for these will be built in.</p>	YES	YES		<p>For the report: Was there a geographic impact on health and/or access to health care? Y/N/ Unsure/Unknown</p> <p>Is there an income effect on health and/or access to health care? Y/N Unsure/Unknown</p> <p>Was SES a factor on health and/or access to health care? Y/N Unsure/Unknown</p>	Patient Record
Immigration status	<ul style="list-style-type: none"> Born in Canada Landed Immigrant Other (please specify) <p>Country of Origin (please specify)</p> <p>How long in Canada (please specify)?</p>	Multiple choice	X	X	X		YES	YES		<p>For the report: Did maternal country of origin or immigration status have a negative effect on maternal health prior to, or during, pregnancy? Y/N/ Unsure/ Unknown</p> <p>Was maternal country of origin or immigration status a barrier to receiving appropriate care? Y/N/ Unsure/ Unknown</p>	Patient Record, Confidential Enquiry
<p>Were there other documented barriers that had a negative effect on maternal health prior to, or during, pregnancy?</p> <p>Were there other documented</p>	<ul style="list-style-type: none"> Yes Patient unfamiliarity with health systems Limited pre-arrival healthcare Patient not knowing medical history Mistrust of government/serv 	Multiple choice (please select all that apply)	X	X	X		YES	YES		<p>Before arriving in Canada, newcomers may have received inadequate or substandard care leading to an unmanaged, complex medical condition. They may also have experienced psychological trauma.</p> <p>There are few doctors with appropriate language or</p>	Patient Record, Confidential Enquiry, or data linkages with availability of services, etc



barriers that had a negative impact on access to appropriate care?	<ul style="list-style-type: none"> • Gaps in language or literacy • Cultural gaps • Limited access to physician • Health professional's lack of knowledge or skills • Precarious finances • Lack of availability of services • Waiting for care • Inadequate or no insurance coverage • Other (please specify) • No • Unknown 									<p>cultural skills accepting newcomer patients in some areas where they are needed.</p> <p>Being unfamiliar with the Canadian health care system can make it difficult for newcomers to access quality care.</p>	
Was there any history of maternal substance use?	<ul style="list-style-type: none"> • No • Unknown • Yes • Alcohol • Nicotine • Opiates • *Methadone • Cocaine/crack • Cannabis • Methamphetamine/speed • Prescriptions 	Matrix Multiple choice with pre-pregnancy, during pregnancy, post-partum	X	X	X		YES	YES	<p>Self-reported maternal substance use</p> <p>This refers to the use of street drugs and the inappropriate use of prescription and non-prescription drugs.</p> <p>For cannabis: Indicate whether mother used/tried cannabis at</p>		Patient Record, Confidential Enquiry



	<ul style="list-style-type: none"> • Other (please specify) 								<p>any point during this pregnancy as documented in the medical record. Cannabis can be smoked, vaped, eaten, take in pill form, or applied topically.</p> <p>Note: UNKNOWN - It is unknown if the mother used or did not use cannabis during this pregnancy. This includes situations where the mother declined to provide information about cannabis exposure in pregnancy.</p>		
How often was/were the substances consumed?	<ul style="list-style-type: none"> • Daily • Weekly • Monthly • Other (please specify) • Unknown 	Matrix choices with pre-pregnancy, during pregnancy, post-partum	X	X	X				Self-reported frequencies closest to time of labour/admission		
What was primary the route of administration?	<ul style="list-style-type: none"> • Injection • Smoking • Vaping • Eating/drinking • Other (please specify) • unknown 	Matrix Multiple choice with pre-pregnancy, during pregnancy, post-partum	X	X	X				Self-reported route of administration for maternal substance use closest to time of labour/admission		



<p>What was the average amount consumed?</p>	<p>For nicotine: <=10 per day, >=10 per day, quit, quantity unknown</p> <p>For alcohol: average drinks/day; days/week</p> <ul style="list-style-type: none"> For others: TEXT BOX 	<p>Matrix choices with pre-pregnancy, during pregnancy, post-partum</p>	<p>X</p>	<p>X</p>	<p>X</p>				<p>Self-reported amounts closest to time of labour/admission</p> <p>Self-reported alcohol consumption during pregnancy: A standardized serving of alcohol beverage is approx a 12oz serving of regular beer (5%), a 5oz glass of wine (12%) or a 1.5oz glass of 40% spirit (SOGC, 2010). If the amount of drinking varied over the course of the pregnancy, estimate the total number of drinks and average it out over the entire pregnancy. Select the one that represents the highest exposure or impact.</p>		
<p>Were there documented pre-existing mental health conditions?</p>	<ul style="list-style-type: none"> Yes <ul style="list-style-type: none"> Condition (please specify) Duration of condition Was there pharmacological treatment? Duration of treatment Was 	<p>Matrix Multiple choice with Prior to pregnancy, During pregnancy, Postpartum</p>	<p>X</p>	<p>X</p>	<p>X</p>		<p>YES</p>	<p>YES</p>	<p>Indicate all documented pre-existing mental health conditions, and any known information about treatment</p>		<p>Patient Record, Confidential Enquiry</p>



	<p>treatment changed during pregnancy?</p> <ul style="list-style-type: none"> ○ Was dosage changed during pregnancy? ○ Was there a mental health provider consultation during pregnancy? ○ Did patient adhere to treatment? ○ For each: <ul style="list-style-type: none"> ● Yes ● No ● Unsure ● Unknown 										
Was the woman asked about abuse during antenatal visits?	<ul style="list-style-type: none"> ● Yes ● No ● Not documented ● No antenatal visits ● Unknown 	Multiple choice	X	X	X		YES	NO			Patient Record, Confidential Enquiry
Was there documented evidence of abuse?	<ul style="list-style-type: none"> ● Yes <ul style="list-style-type: none"> ● Physical ● Sexual ● Verbal/Emotional ● Mental/Psychological ● Financial/Ec 	Matrix for Prior to pregnancy, during pregnancy, childhood (please check all	X	X	X		YES	YES	The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse. Definitions		Patient Record, Confidential Enquiry, Coroner/ME Report, case summary



	<ul style="list-style-type: none"> • Cultural/Identity ○ No ○ Unsure • Unknown 	that apply)							https://reachma.org/6-different-types-abuse/		
Was the abuse domestic/intimate partner?	<ul style="list-style-type: none"> • Yes • No • Unknown ○ Unsure 		X	X	X		YES	YES	Self disclosure that the abuse was from domestic/intimate partner		Patient Record, Confidential Enquiry, Coroner/ME Report, case summary
Was infant taken into care?	<ul style="list-style-type: none"> • Yes • No • Unknown 	Multiple choice	X	X	X		YES	YES			Patient Record, Confidential Enquiry, case summary

INFORMATION ABOUT THE MATERNAL DEATH

Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Date of maternal death	Month Year	Dropdown menu	X		X		YES	YES	Date that the maternal death occurred (month/year)		Patient Record
Time of maternal death		Dropdown menu	X		X		YES	NO	Time that the maternal death occurred		Patient Record
Place of maternal death	<ul style="list-style-type: none"> • In hospital • At home • Other healthcare facility • Ambulance • Other (please specify) 	Multiple choice	X		X		YES	YES	Indicate where the maternal death occurred		Patient Record
Pregnancy status at time of maternal death	<ul style="list-style-type: none"> • Undelivered • Delivered • Death during labour/birth 	Multiple choice	X		X		YES	YES	Indicate whether the women was delivered or not at the time of maternal death, of if death occurred during labour/birth		Patient Record
What was the initially presumed cause of death?		Text box	X		X		YES	YES			Patient Record
What were the cause(s) of death stated on the death certificate?		3 Text boxes	X		X		YES	YES	List cause(s) of death listed on death certificate		Patient Record
Was autopsy performed?	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • Was it used for death coding • If yes, what code 	Multiple choice	X		X		YES	YES	Indicate whether an autopsy was performed, who performed it, and		Coroner/ME Report



	<p>was recorded?</p> <ul style="list-style-type: none"> Performed by coroner, ME, hospital, other? No 								whether it was used for death coding. Captures death code.		
If autopsy was performed, what was the diagnosis on the death certificate?	Text box	Text box	X		X		YES	YES			Coroner/ME Report
Is there any injury-associated information that is relevant?	<ul style="list-style-type: none"> Yes Accidental Murder Suicide <ul style="list-style-type: none"> Date Location Transportation-related Use of seatbelt Car accident Other (please specify) No 	Multiple choice	X	X	X						Patient Record, Confidential Enquiry, or case summary



INFORMATION ABOUT LABOUR AND DELIVERY

Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Date of delivery	<ul style="list-style-type: none"> • Month/Year • Unknown 	Text box	X	X	X		YES	YES	<p>Indicates the date of delivery (month/year)</p> <p>Best estimate of date of birth determined by ultrasound or mathematical calculation using Nägele's rule. Same as EDC and EDD. EDB is the preferred term.</p>		Patient Record
What was the planned mode of delivery?	<ul style="list-style-type: none"> • Vaginal birth • C-section • Unknown 	Multiple choice	X	X	X		YES	NO			Patient Record, Confidential Enquiry
What was the actual mode of delivery	<ul style="list-style-type: none"> • Spontaneous • Assisted vaginal • C-section: <ul style="list-style-type: none"> ○ Pre-labour ○ After onset of labour ○ Perimortem 	Multiple choice	X	X	X	If yes, go to next questions for branching	YES	YES	Indicates whether the labour started spontaneously, was induced mechanically or pharmalogically or did not labour prior to C-Section. Also indicates when c-section occurred.		Patient Record
Was delivery with forceps attempted?	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • Was successful • Was not successful • No • Unknown 	Multiple choice	X	X	X		YES	YES	Indicates use of Forceps assist birth		Patient Record
Was delivery with vacuum	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • Was successful 	Multiple choice	X	X	X		YES	YES	Indicates use of Vacuum to assist		Patient Record



attempted?	<ul style="list-style-type: none"> • Was not successful • No • Unknown 								birth		
What was intended place of delivery?	<ul style="list-style-type: none"> • Level 1 Facility • Level 2 Facility • Level 3 Facility • Birth Centre • At home • Other (please specify) • Unknown 	Multiple choice	X	X	X		YES	NO	Location where mother intended to give birth at the onset of labour. For a scheduled Cesarean, select Hospital.		Patient Record, Confidential Enquiry
Where did the delivery occur?	<ul style="list-style-type: none"> • Level 1 Facility • Level 2 Facility • Level 3 Facility • Birth Centre • At home • Ambulance • Other (please specify) 	Multiple choice	X	X	X		YES	YES	Actual location where mother gave birth. For a scheduled Cesarean, select Hospital.		Patient Record
Was there access to c-section at the delivery site?	<ul style="list-style-type: none"> • Yes • No 										Known by site of delivery?
Was the patient transferred at any time?	<p>To critical care area/specialist care?</p> <ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • When (Date) • No • Unknown <p>To a facility with a higher level of care?</p> <ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • When (Date) • No • Unknown 	Multiple choice, text boxes	X	X	X		YES	YES	Indicates if there were there any transfers of care		Patient Record
Was the patient transferred via Emergency	<ul style="list-style-type: none"> • Yes • No • Unknown 	Multiple choice	X	X	X		YES	YES			Patient Record



Health Services?											
Was the delivery early pregnancy loss?	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> ○ Best estimate of gestational age (please specify) ○ Ectopic ○ Miscarriage ○ Termination ○ Other (please specify) ○ Date • No 	Checkboxes	X	X	X		YES	YES			Patient Record
Did the woman labour?	<ul style="list-style-type: none"> • Yes • No 	Dropdown	X	X	X		YES	YES			Patient Record
Did the woman have antenatal visits?	<ul style="list-style-type: none"> • Yes • No • Unknown 	Multiple choice	X	X	X		YES	YES			Patient Record
Was delivery induced?	<ul style="list-style-type: none"> • Yes • No 	Multiple choice	X	X	X		YES	YES	Induction refers to the initiation of labour		Patient Record
Did woman have anaesthesia?	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • General • Epidural • Spinal • Combined epidural/spinal • Other (please specify) • No 	Multiple choice; check all that apply	X	X	X		YES	YES	Indicates use of type of anaesthesia; check all that apply		Patient Record
Were there any surgical procedures performed (other than c-section)?	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> • Procedure • Date and time • hospital unit • Outcome • Performed by (Text 	Dropdown	X	X	X		YES	YES	Indicates surgical procedures performed, other than c-section		Patient Record



	box) <ul style="list-style-type: none"> No 										
Were there any maternal blood product transfusions?	<ul style="list-style-type: none"> Yes <ul style="list-style-type: none"> Patient Blood type <ul style="list-style-type: none"> Blood products Date and time Number of units Reaction/Complication (please specify) No FFP Cryo 	Multiple choice	X	X	X		YES	YES	Mother received whole or packed red blood cells during this pregnancy (includes autologous blood transfusion). Total number of units of whole or packed red blood cells the mother received during the antepartum period of this pregnancy.		Patient Record
Who was the most responsible birth attendant at the time of birth (i.e., who signed the birth record)?	<ul style="list-style-type: none"> Family physician OBGYN Midwife Nurse Nurse Practitioner Other (please specify) Unattended 	Multiple choice	X	X	X		YES	YES	Identify the health care provider who actually caught/delivered (had hands on) the baby. Select one. This field is entered by midwives and hospital staff so the language 'caught' refers to midwifery and 'delivered' refers to hospital settings. If the person who caught/delivered the baby is not a health care provider, select 'Unattended (None)'.		Patient Record
Did any of these occur?	<ul style="list-style-type: none"> Yes <ul style="list-style-type: none"> Persistent vegetative state 	Multiple choice	X	X	X		YES	YES	Select all that occurred during labour/delivery		Patient Record, Death Certificate



	<ul style="list-style-type: none"> • Cardiac arrest • Cerebrovascular accident • Adult respiratory distress syndrome • Disseminated intravascular coagulopathy • HELLP • Pulmonary edema • Mendleson's syndrome • Renal failure • Thrombotic event • Septicemia • Required ventilation • Other 										
	<ul style="list-style-type: none"> • No 										

INFORMATION ABOUT THIS PREGNANCY

Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Medical record number		Text box	X	X	X		YES	NO			Patient Record
Is previous obstetrical history known?	<ul style="list-style-type: none"> • No • Yes • Number of 	Text boxes for numbers	X	X	X		YES	YES			Patient Record



	<ul style="list-style-type: none"> completed pregnancies beyond 22 weeks Number of live births Number of stillbirths/late fetal losses Number of previous caesarean sections 										
Was this a multiple gestation?	<ul style="list-style-type: none"> Yes Number of fetuses, including this baby No 		X	X	X		YES	YES	If this was a multiple gestation, indicate total number of fetuses, including this one		Patient Record
Date of last live birth	<ul style="list-style-type: none"> Text Box Unknown N/A 		X	X	X		YES	NO			Patient Record
Did patient have assisted reproductive technology?	<ul style="list-style-type: none"> No Yes Specify use of fertility-enhancing drugs ART type <ul style="list-style-type: none"> IVF IUI ICSI Cycle number # Embryos transferred # Embryos growing Unknown 	Multiple choice with dropdown and text boxes	X	X	X		YES	YES	Select type of reproductive technology and provide information about numbers of cycles and embryos		Patient Record
Estimate of gestation at birth	<ul style="list-style-type: none"> Best EDC (Estimate date of confinement) Unknown 	Dropdown menu (weeks)	X	X	X		YES	YES			Patient Record
Who was the	<ul style="list-style-type: none"> OBGYN 	Matrixed	X	X	X		YES	YES			Patient Record



<p>planned primary provider of care during the pregnancy, at delivery, post-partum?</p> <p>Who was the Actual primary provider of care during the pregnancy, at delivery, post-partum?</p>	<ul style="list-style-type: none"> • Family physician • Community health nurse • Midwife • Other (please specify) 	Multiple choice									
<p>Were there problems in this pregnancy?</p> <p>Or Post-Partum?</p> <p>Were there problems in previous pregnancy?</p>	<ul style="list-style-type: none"> • No • Yes <ul style="list-style-type: none"> • Physical health • Mental health • Social <ul style="list-style-type: none"> • Please specify • Gestational age when noted • Unknown <p>Pregnancy problems:</p> <ul style="list-style-type: none"> • Thrombotic event • Amniotic fluid embolism • Pre/Eclampsia • 3 or more miscarriages • Preterm birth or mid trimester loss • Haemorrhage • Placenta praevia • Gestational diabetes 	Multiple choice matrix with text field for this pregnancy, post-partum and for previous	X	X	X	These are from UK	YES	YES	Select all maternal problems and/or complications including those pre-existing, diagnosed during pregnancy or active during pregnancy and/or post-partum		Patient Record



	<ul style="list-style-type: none"> • Significant placental abruption • Post-partum haemorrhage requiring transfusion • Puerperal psychosis • Significant post natal depression • Suicide attempt • Neonatal death • Stillbirth • Baby with a major congenital abnormality • Small for gestational age (SGA) infant • Large for gestational age (LGA) infant • Infant requiring intensive care • Surgical procedure in pregnancy • Hyperemesis requiring admission • Dehydration requiring admission • Ovarian hyperstimulation syndrome • Severe infection e.g. pyelonephritis • Other (please specify): 										
Was there any major maternal morbidity in this pregnancy?	<ul style="list-style-type: none"> • No • Yes <ul style="list-style-type: none"> • Persistent vegetative state 	Multiple choice matrix with text	X	X	X		YES	YES	Select all maternal morbidities during this pregnancy		Patient Record

	<ul style="list-style-type: none"> • Cardiac arrest • Cerebrovascular accident • Adult respiratory distress syndrome • Disseminated intravascular coagulopathy • HELLP • Pulmonary edema • Mendleson's syndrome • Renal failure • Thrombotic event • Septicemia • Required ventilation • Other (please specify) 	field								
Were there pre-existing or antenatal conditions that affected this pregnancy?	<ul style="list-style-type: none"> • No • Yes <ul style="list-style-type: none"> • Essential Hypertension (not pregnancy related) • Renal disease <ul style="list-style-type: none"> • Neurological disorders • Endocrine disorders • Haematological disorders • Autoimmune diseases • Gastrointestinal disease • Cancer 	Matrix of types of problems for pre-existing and antenatal	X	X	X	These are from UK	YES	YES	Select all maternal pre-existing or antenatal conditions that affected this pregnancy	Patient Record



	<ul style="list-style-type: none"> • Infectious disease (e.g. HIV, TB) • Psychiatric disorders • Social stress • Emotional stress • Unknown 										
Was the woman discharged from hospital after delivery and before death?	<ul style="list-style-type: none"> • Yes • No • Unknown • Never in hospital 										

INFANT INFORMATION

Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Record details	medical record number	Text box	X	X	X		YES	NO			Patient Record
What was the infant's status at the time of the maternal death?	<ul style="list-style-type: none"> • Live birth • Perinatal death • Perinatal injury or complication • Date of death • Primary cause of death, as stated on death certificate • Unknown 	Multiple choice	X	X	X		YES	YES			Patient Record, Confidential Enquiry
Birth Weight (g)		Text box							Birth weight in grams		
Did any other major infant complications occur?	<ul style="list-style-type: none"> • Yes: <ul style="list-style-type: none"> • Respiratory distress syndrome • Intraventricular 	Matrixed table	X	X	X		YES	YES			Patient Record

	<p>haemorrhage</p> <ul style="list-style-type: none"> • Necrotising enterocolitis • Neonatal encephalopathy • Chronic lung disease • Severe jaundice requiring phototherapy • Congenital anomaly • Severe infection e.g. septicaemia, meningitis • Exchange transfusion • Other (please specify) <ul style="list-style-type: none"> • No • Unknown 										
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CONCLUDING INFORMATION OF REVIEW COMMITTEE

Data field	Wording	Format	MM	SMM	Perinatal	Comments	Provincial	National	Data Dictionary	Report Significance	Source
Please use this space to enter any other information you feel may be important	TEXT	Text box	X	X	X		YES	YES			
What was the committee's determination of the cause of maternal death?	Table with type (list of options), descriptive cause, ICD code, interval, unit (minutes, hours, days...) Notes about death certificate Notes about autopsy report (presented in chronological narrative)	Text box	X	X	X		YES	YES			
Was this death preventable?	<ul style="list-style-type: none"> • Yes • No • Undecided 	Multiple choice	X	X	X		YES	YES			