

APPENDIX B. CONTRIBUTING FACTOR DESCRIPTIONS

LACK OF ACCESS/FINANCIAL RESOURCES

Systemic barriers, e.g., lack or loss of healthcare insurance or other financial duress, as opposed to noncompliance, impacted their ability to care for themselves (e.g., did not seek services because unable to miss work or afford postpartum visits after insurance expired). Other barriers to accessing care: insurance non-eligibility, provider shortage in their geographical area, and lack of public transportation.

ADHERENCE TO MEDICAL RECOMMENDATIONS

The provider or patient did not follow protocol or failed to comply with standard procedures (i.e., non adherence to prescribed medications).

FAILURE TO SCREEN/INADEQUATE ASSESSMENT OF RISK

Factors placing the woman at risk for a poor clinical outcome recognized, and they were not transferred/transported to a provider able to give a higher level of care.

CHRONIC DISEASE

Occurrence of one or more significant pre-existing medical conditions (e.g., obesity, cardiovascular disease, or diabetes).

CLINICAL SKILL/QUALITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Personnel were not appropriately skilled for the situation or did not exercise clinical judgment consistent with standards of care (e.g., error in the preparation or administration of medication or unavailability of translation services).

POOR COMMUNICATION/LACK OF CASE COORDINATION OR MANAGEMENT/ LACK OF CONTINUITY OF CARE (SYSTEM PERSPECTIVE)

Care was fragmented (i.e., uncoordinated or not comprehensive) among or between healthcare facilities or units, (e.g., records not available between inpatient and outpatient or among units within the hospital, such as Emergency Department and Labor and Delivery).

LACK OF CONTINUITY OF CARE (PROVIDER OR FACILITY PERSPECTIVE)

Care providers did not have access to woman's complete records or did not communicate their status sufficiently. Lack of continuity can be between prenatal, labor and delivery, and postpartum providers.

CULTURAL/RELIGIOUS, OR LANGUAGE FACTORS

The provider or patient demonstrated that any of these factors was either a barrier to care due to lack of understanding or led to refusal of therapy due to beliefs (or belief systems).

DELAY

The provider or patient was delayed in referring or accessing care, treatment, or follow-up care/action.

DISCRIMINATION

Treating someone less or more favorably based on the group, class or category they belong to resulting from biases, prejudices, and stereotyping. It can manifest as differences in care, clinical communication and shared decision-making. (Hardeman, 2022)⁸

ENVIRONMENTAL FACTORS

Factors related to weather or social environment.

INADEQUATE OR UNAVAILABLE EQUIPMENT/TECHNOLOGY

Equipment was missing, unavailable, or not functional, (e.g., absence of blood tubing connector).

INTERPERSONAL RACISM

Discriminatory interactions between individuals based on differential assumptions about the abilities, motives, and intentions of others and resulting in differential actions toward others based on their race. It can be conscious as well as unconscious, and it includes acts of commission and acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization. (Hardeman, 2022)⁸

KNOWLEDGE - LACK OF KNOWLEDGE REGARDING IMPORTANCE OF EVENT OR OF TREATMENT OR FOLLOW-UP

The provider or patient did not receive adequate education or lacked knowledge or understanding regarding the significance of a health event (e.g., shortness of breath as a trigger to seek immediate care) or lacked understanding about the need for treatment/follow-up after evaluation for a health event (e.g., needed to keep appointment for psychiatric referral after an ED visit for exacerbation of depression).

INADEQUATE LAW ENFORCEMENT RESPONSE

Law enforcement response was not in a timely manner or was not appropriate or thorough in scope.

LEGAL

Legal considerations that impacted outcome.

MENTAL HEALTH CONDITIONS

The patient had a documented diagnosis of a psychiatric disorder. This includes postpartum depression. If a formal diagnosis is not available, refer to your review committee subject matter experts (e.g., psychiatrist, psychologist, licensed counselor) to determine whether the criteria for a diagnosis of substance use disorder or another mental health condition are met based on the available information.

INADEQUATE COMMUNITY OUTREACH/RESOURCES

Lack of coordination between healthcare system and other outside agencies/organizations in the geographic/cultural area that work with maternal health issues.

LACK OF STANDARDIZED POLICIES/PROCEDURES

The facility lacked basic policies or infrastructure germane to the woman's needs (e.g., response to high blood pressure, or a lack of or outdated policy or protocol).

LACK OF REFERRAL OR CONSULTATION

Specialists were not consulted or did not provide care; referrals to specialists were not made.

SOCIAL SUPPORT/ISOLATION - LACK OF FAMILY/ FRIEND OR SUPPORT SYSTEM

Social support from family, partner, or friends was lacking, inadequate, and/or dysfunctional.

STRUCTURAL RACISM

The systems of power based on historical injustices and contemporary social factors that systematically disadvantage people of color and advantage white people through inequities in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc. (Hardeman, 2022)⁸

SUBSTANCE USE DISORDER – ALCOHOL, ILLICIT/ PRESCRIPTION DRUGS

Substance use disorder is characterized by recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems or disability. The committee may determine that substance use disorder contributed to the death when the disorder directly compromised their health status (e.g., acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or they were more vulnerable to infections or medical conditions).

TOBACCO USE

The patient's use of tobacco directly compromised the patient's health status (e.g., long-term smoking led to underlying chronic lung disease).

TRAUMA

The woman experienced trauma: i.e., loss of child (death or loss of custody), rape, molestation, or one or more of the following: sexual exploitation during childhood plus persuasion, inducement, or coercion of a child to engage in sexually explicit conduct; or other physical or emotional abuse other than that related to sexual abuse during childhood.

UNSTABLE HOUSING

Individual lived "on the street," in a homeless shelter, or in transitional or temporary circumstances with family or friends.

VIOLENCE AND INTIMATE PARTNER VIOLENCE (IPV)

Physical or emotional abuse perpetrated by current or former intimate partner, family member, friend, acquaintance, or stranger.

OTHER

Contributing factor not otherwise mentioned. Please provide description.

⁸ Hardeman RR, et al. *Developing Tools to Report Racism in Maternal Health for the CDC Maternal Mortality Review Information Application (MMRIA): Findings from the MMRIA Racism & Discrimination Working Group*. Matern Child Health J. 2022.