

Case number: _____ Year: _____

CLASSIFICATION

Autopsy (yes/no) _____

Direct obstetric cause

Early pregnancy: Miscarriage _____ Legal abortion _____ Ectopic pregnancy _____

Thrombosis or thromboembolism:

Pulmonary _____ Cerebral _____

Hypertensive disease

Pregnancy induced hypertension _____ Pre-eclampsia _____ Eclampsia _____ HELLP _____

Haemorrhage: Placental abruption _____ Placenta praevia _____ Post partum haemorrhage _____

Genital tract infection:

In pregnancy: Febrile abortion _____ PPROM/PROM _____ Other _____

Puerperal: After surgical procedure _____ After vaginal birth _____

Amniotic fluid embolism _____

Complications to anaesthesia _____

Other direct cause: _____

Indirect obstetric cause

Cardiac disease _____ Congenital (which) _____

Acquired ischemic(which) _____ Acquired other (which) _____

Infectious disease -non genital (which) _____

Lung disease Asthma _____ Other _____

Endocrine Diabetes (type) _____ Other _____

CNS

Subarachnoidal blødning _____ Intracerebral blødning _____

Cerebral thrombosis _____ Epilepsi _____

Psykiatriske (beskriv) _____

Other indirect cause (incl non-coincidental cancers) _____

Coincidental

Cause of death _____

Assessment

Suboptimal care:

0	1	2	3
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0: No suboptimal factors

Suboptimal factors:

1: Lessons can be learned from suboptimal factors but they hardly contributed to the maternal death

2: Suboptimal factors may have contributed to the death

3: Suboptimal factors have possibly contributed to the death. A different care or organisation might have prevented the death.

Suboptimal factors:

Organisation _____

Medical care _____

Maternal/social _____

Insufficient data to assess _____:

Summary of the case / Description of suboptimal factors:

Learning points