Event ID: _____

Initial Report Date (HERF Q1): _____

Patient Safety Event Report – Hospital:

PERINATAL

Use this form to report any patient safety event associated with the birthing process or intrauterine procedures that occur during the perinatal period to the mother, fetus(es), or neonate(s). The perinatal period extends from the 20th week of gestation through 4 weeks (28 days) postpartum. Narrative detail can be captured on the Healthcare Event Reporting Form (HERF). Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

If a single event affected the mother, and/or fetus or neonate, use one perinatal event form. In the rare circumstance when a single event affects more than one neonate, fill out this form for the most severely affected neonate and note injury to other neonate(s) in the narrative.

1. Which of the following did the event involve? CHECK ONE:

a. ☐ Birthing process (labor and delivery)
b. ☐ Intrauterine procedure (prenatal)
c. ☐ Other
d. ☐ Unknown

STOP This form is complete.

2. Immediately prior to delivery, or at the time of the intrauterine procedure (prenatal), what was the best estimate of completed weeks of gestation? CHECK ONE:

a. ☐ 20-< 36 weeks
b. ☐ 36-< 38 weeks
c. ☐ 38-< 42 weeks
d. ☐ 42 weeks or more
e. ☐ Unknown

3. Was the mother a primipara? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

4. How many fetuses were in this pregnancy? ENTER NUMBER:

NUMBER

COUNT FETUSES WHETHER OR NOT BORN ALIVE. IF A FETAL REDUCTION WAS PERFORMED, COUNT THE NUMBER AFTER SUCH REDUCTION.

5. Who was affected by the event? CHECK ALL THAT APPLY:

a. ☐ Mother
b. ☐ Fetus(es)
c. ☐ Neonate(s)

ONLY IF EVENT AFFECTED THE MOTHER, ANSWER QUESTION 6 -8

6. Which adverse outcome(s) did the mother sustain? CHECK ALL THAT APPLY:

a. ☐ Hemorrhage requiring transfusion
b. ☐ Eclampsia
c. ☐ Magnesium toxicity
d. ☐ Infection

7. Which of the following maternal infections? CHECK ONE:

a. ☐ Chorioamnionitis
b. ☐ Endometritis
c. ☐ Other: **PLEASE SPECIFY** _____

e. ☐ Injury to body part or organ
f. ☐ Death
g. ☐ Other: **PLEASE SPECIFY** _____

8. Which body part(s) or organ(s)? CHECK ALL THAT APPLY:

a. ☐ Uterine rupture
b. ☐ Third- or fourth-degree perineal laceration
c. ☐ Ureter
d. ☐ Bladder
e. ☐ Bowel
f. ☐ Other: **PLEASE SPECIFY** _____

ONLY IF EVENT AFFECTED A FETUS, ANSWER QUESTION 9

9. Which adverse outcome did the fetus sustain? CHECK FIRST APPLICABLE:

a. ☐ Unexpected death
b. ☐ Injury

ONLY IF EVENT AFFECTED A NEONATE, ANSWER QUESTIONS 10- 12

10. What was the 5-minute Apgar score? ☐☐

APGAR SCORE

11. Which adverse outcome(s) did the neonate sustain? CHECK ALL THAT APPLY:

a. ☐ Birth trauma/injury as listed under ICD-9-CM 767 or ICD-10-CM P10-P15
b. ☐ Five-minute Apgar < 7 and birthweight > 2500 grams
c. ☐ Anoxic or hypoxic encephalopathy
d. ☐ Seizure(s)
e. ☐ Infection (e.g., group B strep)
f. ☐ Unexpected death
g. ☐ Other: **PLEASE SPECIFY** _____

12. Which birth trauma/injury? CHECK ONE:

a. ☐ Subdural or cerebral hemorrhage
b. ☐ Injury to brachial plexus, including Erb's or Klumpke's paralysis
c. ☐ Other: **PLEASE SPECIFY** _____

IF THIS EVENT INVOLVED THE BIRTHING PROCESS, ANSWER QUESTIONS 13 - 20

13. What was the date of delivery? ___ ___ / ___ ___ / ___ ___ ___ ___
MM DD YYYY

14. Number of live births: [ ]
ENTER NUMBER

15. What was the neonate's birthweight (or weight of stillborn)? [ ]
ENTER IN GRAMS

16. Was labor induced or augmented? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

17. Which one? CHECK ONE:

a. ☐ Induced
b. ☐ Augmented

18. What was the mode of delivery? CHECK ONE:

a. ☐ Vaginal delivery
b. ☐ Attempted vaginal delivery followed by Cesarean section
c. ☐ Cesarean section
d. ☐ Unknown

19. Regardless of the final mode of delivery, was instrumentation used to assist vaginal (or attempted vaginal) delivery? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

20. What instrumentation was used? CHECK ONE:

a. ☐ Vacuum
b. ☐ Forceps
c. ☐ Vacuum followed by forceps

Thank you for completing these questions.