**APPENDIX A**

# Severe Maternal Morbidity Data Dictionary

| Variable / Field Name | Form Name | Section Header | Field Type | Field Label | Choices, Calculations, OR Slider Labels | Field Note |
|---|---|---|---|---|---|---|
| record_id | severe_maternal_morbidity_reporting_form | | text | Record ID | | |
| reportingdate | severe_maternal_morbidity_reporting_form | | text | Reporting Date | | |
| facility | severe_maternal_morbidity_reporting_form | `<div class="rich-text-field-label"><p style="text-align: center;">Facility/Hospital Information</p></div>` | dropdown | Reporting facility | 1, Albert Einstein Medical Center \| 2, Children's Hospital of Philadelphia \| 3, Hospital of the University of Pennsylvania \| 4, Pennsylvania Hospital \| 5, Thomas Jefferson University Hospital \| 6, Temple University Hospital \| 7, Abington Memorial Hospital \| 8, St. Mary's Lanhorne \| 9, Lankenau Hospital \| 10, Holy Redeemer Hospital \| 11, Bryn Mawr \| 88, Other (please specify below) | |
| otherfac | severe_maternal_morbidity_reporting_form | | text | other facility | | |
| reportingperson | severe_maternal_morbidity_reporting_form | `<div class="rich-text-field-label"><p style="text-align: center;">Reporting Person` | text | Name of person reporting | | First & Last Name |

| | | Information</p></div> | | | | |
|---|---|---|---|---|---|---|
| reportingpersonemail | severe_maternal_morbidity_reporting_form | | text | Email of reporting person | | |
| reportingpersonphone | severe_maternal_morbidity_reporting_form | | text | Phone number of reporting person | | |
| phillyresident | severe_maternal_morbidity_reporting_form | <div class="rich-text-field-label"><p style="text-align: center;">Patient Information</p></div> | yesno | Philadelphia resident? | | |
| mrn | severe_maternal_morbidity_reporting_form | | text | Patient Medical Record Number (MRN): | | |
| fname | severe_maternal_morbidity_reporting_form | | text | Patient first name | | |
| lname | severe_maternal_morbidity_reporting_form | | text | Patient last name | | |
| dob | severe_maternal_morbidity_reporting_form | | text | Patient date of birth | | |
| gestage | severe_maternal_morbidity_reporting_form | | text | Gestation age at delivery | | in weeks |
| bdod | severe_maternal_morbidity_reporting_form | | text | Date of delivery | | |
| ethnicity | severe_maternal_morbidity_reporting_form | | radio | Patient ethnicity | 1, Hispanic/Latinx \| 2, Non-Hispanic/Latinx \| 3, Unknown ethnicity | |

| race | severe_maternal_morbidity_reporting_form | | radio | Patient race | 1, White (ex. German, Irish, English, Italian, etc.) \| 2, Black or African American (ex. African American, Jamaican, Haitian, etc) \| 3, American Indian or Native Alaskan (ex. Navajo, Cherokee, Seminole, etc.) \| 4, Asian (ex. Chinese, Cambodian, Asian Indian, etc.) \| 5, Middle Eastern or North African (ex. Lebanese, Egyptian, Iranian, etc.) \| 6, Native Hawaiian or Pacific Islander (ex. Togan, Samoan, Chamorro, etc.) \| 7, Bi-racial/Multi-racial \| 8, Other race {otherrace} \| 9, Unknown race | |
|---|---|---|---|---|---|---|
| otherrace | severe_maternal_morbidity_reporting_form | | text | Other race | | |
| comorbidities | severe_maternal_morbidity_reporting_form | | checkbox | Did the patient have any of the following comorbidities? (select all that apply) | 1, Multiple gestation \| 2, Prior cesarean section or myomectomy \| 3, Placental comorbidities (i.e. Placenta accreta | |

| | | | | | spectrum, Placenta previa, Chronic placental abruption) \| 6, Intrauterine fetal demise \| 7, Gestational hypertension/preeclampsia without severe features \| 8, Preeclampsia with severe features/HELLP syndrome \| 9, Chronic hypertension \| 10, Heart or Cardiovascular comorbidities (i.e. Congenital heart disease or other valvular disease, Congestive heart failure, Coronary artery disease, Pulmonary hypertension, Cardiac arrhythmia) \| 15, Blood Disorders (i.e. Sickle cell disease, Bleeding disorder, Coagulopathy) \| 18, HIV/AIDS \| 19, Systemic lupus erythematosus or other significant autoimmune disease \| | |
|---|---|---|---|---|---|---|

| | | | | | 20, Inflammatory bowel disease or other major gastrointestinal disease \| 21, Organ transplant \| 22, Chronic renal disease \| 23, Asthma \| 24, Major psychiatric disease \| 25, Neurological comorbidities (i.e. Epilepsy, History of stroke, Neuromuscular disorder) \| 28, Gestational diabetes \| 29, Pre-gestational diabetes \| 30, Substance use comorbidities (i.e. Alcohol abuse disorder, Other substance use disorder, Current cigarette smoker) | |
|---|---|---|---|---|---|---|
| deliverymethod | severe_maternal_morbidity_reporting_form | &lt;div class="rich-text-field-label"&gt;&lt;p style="text-align: center;"&gt;Delivery Information&lt;/p&gt;&lt;/div&gt; | radio | Delivery method | 1, Vaginal \| 2, C-Section | |
| vaginalmethod | severe_maternal_morbidity_reporting_form | | radio | Was the vaginal | 1, Spontaneous \| 2, Operative | |

| | | | | delivery spontaneous or operative? | | |
|---|---|---|---|---|---|---|
| tolac | severe_maternal_morbidity_reporting_form | | yesno | Was this a trial of labor after cesarean (TOLAC)? | | |
| repeatcsection | severe_maternal_morbidity_reporting_form | | radio | Was this a prime or repeat c-section? | 1, Prime \| 2, Repeat | |
| scheduledcsection | severe_maternal_morbidity_reporting_form | | radio | Was the c-section scheduled or unscheduled? | 1, Scheduled \| 2, Unscheduled | |
| csectionreason | severe_maternal_morbidity_reporting_form | | notes | What was the indication for an unscheduled c-section? | | |
| smm_criteria | severe_maternal_morbidity_reporting_form | <div class="rich-text-field-label"><p style="text-align: center;">Eligibility for Severe Maternal Morbidity</p></div> | checkbox | "Which of the following did the patient experience? Please select all that apply. | | |
| " | 1, Transfusion of > 4 units of packed red blood cells \| 2, Intensive care unit (ICU) admission \| 3, Extended length of stay (≥5 days) \| 4, Hospital readmission (within 30 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | days after discharge date) | | | | | |
| icu_reason | severe_maternal_morbidity_reporting_form | | notes | Reason for the patient's ICU admission | | |
| los | severe_maternal_morbidity_reporting_form | | text | Patient's postpartum length of stay | | in days |
| dischargedate | severe_maternal_morbidity_reporting_form | | text | Discharge date after delivery | | |
| losreason | severe_maternal_morbidity_reporting_form | | notes | Reason for extended length of stay | | |
| readmitreason | severe_maternal_morbidity_reporting_form | | notes | Reason for postpartum hospital readmission | | |
| readmitlos | severe_maternal_morbidity_reporting_form | | text | Duration of hospital readmission | | in days |
| readmitdate | severe_maternal_morbidity_reporting_form | | text | Date of hospital readmission | | |
| smm | severe_maternal_morbidity_reporting_form | | checkbox | "Did the patient experience any of the following major complications? Please select all that apply. | 1, Acute myocardial infarction \| 2, Aneurysm \| 3, Acute renal failure \| 4, Adult respiratory distress syndrome \| 5, Amniotic fluid embolism \| 6, Cardiac arrest/ventricular fibrillation \| 7, Conversion of cardiac | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | rhythm \| 8, Disseminated intravascular coagulation \| 9, Eclampsia \| 10, Heart failure/arrest during surgery or procedure \| 11, Puerperal cerebrovascular disorders \| 12, Pulmonary edema/acute heart failure \| 13, Severe anesthesia complications \| 14, Sepsis \| 15, Shock \| 16, Sickle cell disease with crisis \| 17, Air and thrombotic embolism \| 18, Blood products transfusion \| 19, Hysterectomy \| 20, Temporary tracheostomy \| 21, Ventilation | |
| dischargenotes | severe_maternal_morbidity_reporting_form | | notes | Discharge Notes | | |
| smmreviewyn | severe_maternal_morbidity_reporting_form | <div class="rich-text-field-label"><p style="text-align: center;">SMM Review</p></div> | radio | Has this patient been reviewed by your facility's SMM review process? | 1, Yes \| 2, No \| 3, Unsure/Don't Know | |

| reccomendsmmre view | severe_maternal_morbid ity_reporting_form | | radio | Do you recommend this case be reviewed by Philadelphia SMM review committee? | 1, Yes \| 2, No \| 3, Unsure/Don't Know | |
|---|---|---|---|---|---|---|
| admin | severe_maternal_morbid ity_reporting_form | | descriptive | \<div class="rich-text-field-label">\<p style="text-align: center;">Admi n Section\</p>\</ div> | | |
| phillycasereview | severe_maternal_morbid ity_reporting_form | | yesno | Was this case selected for case review? | | |
| adminnotes | severe_maternal_morbid ity_reporting_form | | notes | Admin Notes: | | |
| fileno_bc | vital_statistics_birth | \<div class="rich-text-field-label">\<p style="text-align: center;">Birth Certificate\</p>\</div > | text | Birth Certificate ID# | | |
| bdob_bc | vital_statistics_birth | | text | Infant Date of Birth | | |
| meo_id | vital_statistics_maternal _death | \<div class="rich-text-field-label">\<p style="text-align: center;">Maternal | text | MEO ID# | | |

| | | Death Certificate</p></div> | | | | |
|---|---|---|---|---|---|---|
| fileno_mdc | vital_statistics_maternal_death | | text | Death Certificate ID# | | |
| mdod_mdc | vital_statistics_maternal_death | | text | Maternal Date of Death | | |
| cod_mdc | vital_statistics_maternal_death | | text | Underlying Cause of Death on Maternal Death Certificate | | |
| fileno_bdc | vital_statistics_infant_death | <div class="rich-text-field-label"><p style="text-align: center;">Infant Death Certificate</p></div> | text | Death Certificate ID# | | |
| bdod_bdc | vital_statistics_infant_death | | text | Infant Date of Death | | |
| cod_bdc | vital_statistics_infant_death | | text | Underlying Cause of Death on Infant Death Certificate | | |
| fileno_fd | vital_statistics_fetal_death | <div class="rich-text-field-label"><p style="text-align: center;">Fetal Death Certificate</p></div> | text | Fetal Death Certificate ID# | | |

| fdod_fd | vital_statistics_fetal_death | | text | Date of Fetal Death | | |
|---|---|---|---|---|---|---|
| cod_fd | vital_statistics_fetal_death | | text | Underlying Cause of Death on Fetal Death Certificate | | |
| interviewdate | maternal_interview | | text | Date of interview | | |
| interviewer | maternal_interview | | radio | Interviewer | 1, Name of interviewer \| 2, Name of interviewer | |
| interviewtranscript | maternal_interview | | file | Interview transcript | | |
| interviewernotes | maternal_interview | | notes | Notes | | |
| datecasereview | case_review_form_recommendations | | text | Date of Case Review | | |
| abstractornotes | case_review_form_recommendations | | notes | Notes | | |