

Maternal Chart Audit

Demographics				Risk factors			
OB Provider:		CNM:		Pediatrician:			
MRN		MRN Infant		Evidence of Risk factors assessed/diagnosed:			
Gravida	Para	Living	TAB	SAB	Post Partum Hemorrhage:		Hypertensive disorder:
Age @ delivery		MFTI documented on arrival		Risk of Sepsis/Sepsis:		VTE:	
GA		EFW if <33 wks		Shoulder Dystocia:		Behavioral Health issues:	
BMI:		GBS status		If yes to any of the above, explain:			
Prenatal Care:		# visits					
Psychosocial assessment		Prenatal	Inpatient	Smoker:		Pack/day	
Why?				Hx of drug(s) of abuse:		UDS	
Edinburgh done on admission		at discharge		What drugs?			
Any other relevant Hx:				Substance abuse screening done prenatally?			
Was an MFM consulted?				Was a tertiary care center consulted?			
Reason for Consult?				Reason for consult?			
Hospital Course							
Route of delivery:				Was there a shoulder dystocia:			
Type of Delivery:				Length of shoulder dystocia: Minutes			
C-section Reason:				VTE Prophylaxis			
If Emergent C-section: D2I (in minutes)				If Yes, list:			
Gestation at delivery				Delayed cord clamping?			
Anesthesia:				Apgars	1min	5min	10min
Category FHT 30 min prior to delivery				Cord Gas done:		Cord Ph	Base+/-
Vacuum:		# of Pop offs		Cord Gas required per order:			
Post Partum Hemorrhage stage				Birth complications Mother: Please List			
Length of Labor Total		ROM	Hours				
1st Stage	2nd	3rd		Birth complications Infant: Please list			
If labor longer than 8 hrs was PPH risk re-evaluated?							
If yes, how often?				Status of Infant(s): A		B	
PP Hemorrhage risk prior to delivery?				Any Maternal S/S of infection			
EBL		QBL		If Yes, please describe or list:			
Transfusion(s) needed?		MTP?		Chorioamnionitis present or suspected:			
If C/S were Abx given within 60min of cut time?				Antibiotics started?			

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Any MEWS triggers:	Any abnormal V/S that did not trigger a MEWS
MEWS Trigger Time	
Provider contact (min)	
MEWS Resolved time	
MEWS Length	
If MEWS not resolve for chronic condition?:	
Any post partum complications:	
Medication started for HTN within 60 min	If no, how many minutes from trigger to med?
Discharge Disposition	
Discharged:	Was mom transported to a level III facility?
Discharged with infant?	If pt met criteria and was not transferred state reason:
Disposition of infant(s)	
Any Consults:	
If Yes List and state a reason	
Any debriefs held: Explain:	
Did the mom qualify for level III transport?	Name of facility for transfer:
Comments:	
Was the reason patient not transported prior to delivery documented by a physician in the chart?	
If not, name of Provider responsible for care at the time of transport decision?	
Were all consents complete/signed?	If no, list:
Was an H&P documented by the provider	Was there an addendum done within 30 days of delivery?
Was a delivery summary documented by Provider	If no, name of delivering provider:
Was a discharge summary document by Provider	If no, name of discharging provider:
Quality Assurance Process	
Midas report: Refer to MMD for review?	MMD referral to M&M for review?
Any Midas triggers identified in chart audit?	If yes, what?
Assessment of overall quality of care:	Refer to QAPI for
Comments/recommendations:	
MPM signature	MMD Signature