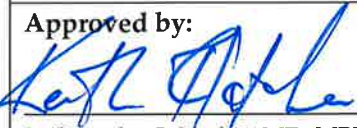



District of Columbia Department of Health  <h2>Review of Potential Pregnancy-Associated Deaths</h2>		<b>PROCEDURE 1175.000</b> Implementing Office: Center for Policy Planning and Evaluation Training Required: Yes Originally Issued: <b>MAY 13 2019</b> Revised/Reviewed:
<b>Approved by:</b>  LaQuandra S. Nesbitt MD, MPH; Agency Director	<b>Review by Legal Counsel:</b>  Phillip Husband, Esq.; General Counsel	<b>Effective Date:</b> <b>MAY 13 2019</b>  <b>Valid Through Date:</b> <b>MAY 13 2022</b>

<b>I. Authority</b>	Reorganization Plan No. 4 of 1996; Mayor's Order 1997-42;
<b>II. Reason for the Policy</b>	<p>The DC Vital Records Division (DCVRD) within the Center for Policy Planning and Evaluation (CPPE) is responsible for maintaining detailed and accurate records of births, deaths, and fetal deaths in the District of Columbia. The Data Management and Analysis Division (DMAD), also within CPPE, is responsible for regular and ad hoc statistical analysis, and reporting of vital statistics based on the vital records data. Pregnancy-Associated Deaths are a critical area of public health reporting that inform a range of public health policies. Pregnancy-Associated Deaths encompass a complex range of real-life scenarios, and are historically under-reported. To assure that Pregnancy-Associated Deaths are accurately reported, a protocol is required to review <b>Potential Pregnancy-Associated Deaths</b> and, in some cases, investigate the medical record to verify and/or edit the vital record with accurate information about the death, and classify deaths as <b>maternal, pregnancy-related, and pregnancy-associated deaths</b> based on the vital records data. With the proper documentation provided by the certifier the death certificate will be amended</p>
<b>III. Applicability</b>	<p>This document shall apply to all DC Health employees, vendor staff, contract employees, interns, employees of other DC government agencies temporarily assigned to DC Health who are assigned to DCVRD, DMAD, or whose assignment affords access to information in vital records. These individuals are referred to collectively herein as "employees."</p>

## IV. Policy Statement

DCVRD is responsible for ensuring the quality of vital records data. DMAD serves as the statistical support for helping DCVRD achieve high quality vital records data, and reporting of vital statistics. The State Vital Records Registrar (“the Registrar”) is the program manager responsible for the proper execution of all tasks assigned to DCVRD. The Supervisory Statistician is the program manager responsible for the proper execution of all tasks assigned to DMAD.

The Supervisory Statistician, or designee, is responsible for compiling all death records that are Potential Pregnancy-Associated Deaths at a minimum of once per calendar quarter. This compilation will include all records meeting any of the following conditions:

1. The death certifier has checked any of the following on the pregnancy checkbox:
  - a. Pregnant at the time of death;
  - b. Not pregnant, but pregnant within 42 days of death;
  - c. Not pregnant, but pregnant 43 days to one year before death; or
2. The literal multiple cause of death fields as well as the coded multiple cause of death fields in the death record contains pregnancy-related codes to indicate that the decedent was, or may have been, pregnant at the time of death, or within one year prior to death; or
3. The literal cause of death fields contain terms related to “pregnancy” and “childbirth”; or
4. The death record has been electronically linked to a birth record, or fetal death record, listing the decedent as the mother. This includes linkages to records in other jurisdictions through the sharing agreements of the State and Territorial Exchange of Vital Events.

The VRD-DMAD Pregnancy-Associated Death Review Team (“the Review Team”) is responsible for reviewing all Potential Pregnancy-Associated Deaths. The membership of that team will include, at a minimum:

1. The Supervisory Statistician (co-chair);
2. The Registrar (co-chair);
3. The Vital Statistics Specialist

#### 4. DMAD Health Statistician

At the end of each calendar quarter, the Supervisory Statistician is responsible for convening two meetings of the Review Team if any Potential Pregnancy-Associated Deaths were identified since the previous meeting.

During the first quarterly meeting (Initial Review), the Review Team will complete a review of every Potential Pregnancy-Associated Death using a review checklist. This checklist may be amended as needed as methods for identifying Pregnancy-Associated Deaths improve.

At the conclusion of the Initial Review, the Review Team will, at a minimum place every record into one of the following five categories:

1. Correctly labelled Pregnancy-Associated Death with no error: All evidence in the death record is consistent with a Pregnancy-Associated Death;
2. Correctly labelled Pregnancy-Associated Death with a suspected error: All evidence in the death record is consistent with a Pregnancy-Associated Death however the timing of the pregnancy may be inconsistent with additional data available through record linkage or in the death record;
3. Suspected False Positive: The death record indicates a Pregnancy-Associated Death, but there is evidence of an error requiring an edit to the death record;
4. Suspected False Negative: There is evidence that the decedent may have been pregnant within a year of her death;
5. False Negative: There is nothing in the death record to indicate it is a Pregnancy-Associated Death, but evidence subsequently emerged to place it in that category (e.g. the death certifier had no knowledge of a previous pregnancy but the identifying information of the decedent on the death certificate linked to identifying information of a mother on a live birth or fetal death certificate.)

All correctly labelled Pregnancy-Associated Deaths with a suspected error, suspected false positive, suspected false negative,

and false negative cases will be investigated by the Vital Statistics Specialist. An investigation consists of interviewing the death certifier and, if necessary, reviewing the medical record, to resolve any questions or inconsistencies identified by the Review Team. Investigations must be complete within four weeks from the review.

For all records with an error confirmed and documented by the investigation, the Registrar, or designee, will request an amendment to the death record from the Death Certifier. If the Death Certifier refuses to amend the death certificate, the Vital Statistics Specialist will submit to the Registrar the findings and documentation for review. With the Registrar's approval, the statistical record will be edited.

During the second meeting (Post-investigation Review), the Review Team will review and summarize the findings of the investigations and place every record into one of the following four categories:

1. Correctly labelled Pregnancy-Associated Death (as defined above)
2. Correctly labelled Pregnancy-Associated Death with an error: All evidence in the death record is consistent with a Pregnancy-Associated Death however a data error was confirmed;
3. False Positive: The death record was flagged as a Pregnancy-Associated Death, but following investigation, the decedent was determined to not have been pregnant in the last year;
4. False Negative (as defined above)

Of these four categories, three would have required statistical and/or legal amendments. The Supervisory Statistician, or designee, will maintain a database of final determinations from the Post-investigation Review as well as a registry of all Pregnancy-Associated Deaths (which include Correctly labelled Pregnancy-Associated Death, Correctly labelled Pregnancy-Associated Death with an error, and false negatives).

Any employee in violation of any part of this SOP may be subject to commensurate disciplinary action.

<p><b>IV. Definitions &amp; Acronyms</b></p>	<p><b>COD-</b> Cause of death</p> <p><b>CPPE-</b> Center for Policy Planning and Evaluation</p> <p><b>DCVRD-</b> District of Columbia Vital Records Division</p> <p><b>Death certifier-</b> the physician providing treatment at the time of death or the medical examiner investigating the cause and manner of death; Per § 7-231.12 section f, in the absence or inability of the death certifier, or with his or her approval, the medical certification may be completed by the death certifier's associate physician, the chief medical officer of the institution in which the death occurred, or the physician who performed an autopsy upon the decedent, if the death is due to natural causes.</p> <p><b>DMAD-</b> Data Management and Analysis Division</p> <p><b>False negative-</b> A death record that fails, for any reason, to indicate that the death was pregnancy-associated when it did meet the definition of a Pregnancy-Associated Death.</p> <p><b>ICD-10-</b> International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Edition.</p> <p><b>Maternal Death-</b> A maternal death is defined by the CDC and WHO as “a death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes”.</p> <p><b>NCHS-</b> National Center for Health Statistics</p> <p><b>Potential Pregnancy-Associated Death-</b> A death of a female decedent wherein any of the below information is present in the death record. The record is considered a Potential Pregnancy-Associated Death until that information is confirmed through a quarterly review and, if applicable, follow-up investigation.</p>
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1. The death record specifically states that the decedent was pregnant at the time of death, or had been pregnant within one year; or
2. The coded multiple cause of death codes in the death record are consistent with a Pregnancy-Related Death; or
3. The death record electronically links to a birth record or fetal death record suggesting the decedent had been pregnant within one year of her death.

**Pregnancy-Associated Death-** The death of a woman while pregnant or within one year of the termination of pregnancy, regardless of the cause.

**Pregnancy Checkbox-** A field on a death record that prompts the death certifier to specify the pregnancy status for all female decedents aged 5-75 years (per the NCHS death edit specifications). The options in this field are as follows:

1. Not pregnant within past year;
2. Pregnant at the time of death;
3. Not pregnant, but pregnant within 42 days of death;
4. Not pregnant, but pregnant 43 days to one year before death;
5. Unknown if pregnant within the past year.

**Pregnancy-Related Death-** The CDC defines a pregnancy-related death as “a death of a woman while pregnant or within one year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.”

**Pregnancy-Related Death Cause of Death (COD) codes-** The ICD-10 code range for Pregnancy, childbirth and the puerperium O00-O9A, and A34 (Obstetric tetanus) used by the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) to define a pregnancy-related death.

**Suspected false positive-** The death record was flagged as a Pregnancy-Associated Death, but there is evidence of an error requiring an edit to the death record.

	<p><b>Underlying Cause of Death-</b> The disease or injury that initiated the train of morbid events leading directly to death or the circumstances of the accident or violence that produced the injury.</p> <p><b>WHO-</b>World Health Organization</p>
<p><b>VI. Procedures</b></p>	<p><b>Procedure A: Compiling Potential Pregnancy-Associated Deaths</b></p> <ol style="list-style-type: none"> <li>1. The Supervisory Statistician, or designee, will generate a report of all death records, filed or unfiled, where a female decedent is linked to the mother on a birth or fetal death record during the current or the previous year.</li> <li>2. The Supervisory Statistician, or designee, will generate a report of all death records where the pregnancy checkbox response is "Pregnant at the time of death," "Not pregnant, but pregnant within 42 days of death," or "Not pregnant, but pregnant 43 days to one year before death."</li> <li>3. The Supervisory Statistician, or designee, will generate a report of all death records with pregnancy-related cause of death codes and records that have a literal cause of death field with terms suggesting the decedent was pregnant at the time of death, or had been pregnant during the preceding year.</li> <li>4. The Supervisory Statistician, or designee, will consolidate all three reports of potential pregnancy-associated deaths described above in 1-3 into a single list of records.</li> <li>5. If there are any Potential Pregnancy-Associated Deaths identified from the list generated in step 4, the Supervisory Statistician will schedule the Initial Review.</li> </ol> <p><b>Procedure B: Quarterly Review of Potential Pregnancy-Associated Deaths</b></p> <ol style="list-style-type: none"> <li>1. During the Initial Review, the Review Team will complete a review checklist, and determine whether each record compiled in Procedure A is classified as: 1) Correctly labelled Pregnancy-Associated Death with no error, 2) Correctly labelled Pregnancy-Associated Death with a</li> </ol>

suspected error, 3) a Suspected False Positive, 4) a Suspected False Negative, or 5) a False Negative as defined in the Policy Statement of this SOP. Documentation will be maintained with the appropriate classification for each record.

2. A list of all records that are determined to be a correctly labelled Pregnancy-Associated Death with a suspected error, a Suspected False Positive, a Suspected False Negative, or a False Negative will be forwarded to the Vital Statistics Specialist for follow-up investigation.
3. The Vital Statistics Specialist conducts the follow-up investigation (see Procedure C).
4. During the Post-investigation Review, the Review Team will review the completed investigation packages from the Vital Statistics Specialist and classify each potential pregnancy-associated death in one of the following four categories: 1) Correctly labelled Pregnancy-Associated Death, 2) Correctly labelled Pregnancy-Associated Death with an error, 3) False Positive, and 4) False Negative, as defined in the Policy Statement of this SOP.
5. The Supervisory Statistician, or designee, will maintain a cumulative database of final determinations made during all Post-investigation Reviews.
6. The Supervisory Statistician, or designee, will maintain a cumulative database of all Pregnancy-Associated Deaths (e.g., Correctly labelled Pregnancy-Associated Death with no error, Correctly labelled Pregnancy-Associated Death with a suspected error, False Negative).

### **Procedure C: Investigating Potential Pregnancy-Associated Deaths**

This procedure is for use only with records that are classified as a Pregnancy-Associated Death with a suspected error, a Suspected False Positive, a Suspected False Negative or a False Negative after review by the Review Team.



	<ol style="list-style-type: none"> <li>1. For deaths that occurred in DC, the Vital Statistics Specialist will work with the death certifier to obtain any information necessary to resolve the questions or inconsistencies identified by the review team. This may involve requesting and reviewing the decedent's medical record.</li> <li>2. Following the investigation of a DC-occurrence death, if an amendment is warranted, the Vital Statistics Specialist will request the appropriate documentation from the death Certifier to amend the death certificate.</li> <li>3. If the Certifier refuses to amend the death certificate, the Vital Statistics Specialist will submit to the Registrar the findings and documentation for review. With the Registrar's approval, the statistical record will be edited.</li> <li>4. For DC-resident deaths that occurred outside of DC, the Vital Statistics Specialist will communicate with the death jurisdiction about inconsistencies identified by the review team. The jurisdiction is not required to make this edit. With the Registrar's approval, the statistical record will be edited.</li> <li>5. The Vital Statistics Specialist will compile all completed investigation packages for discussion during the Post-investigation Review.</li> <li>6. See Procedure B; Steps 4-6.</li> </ol>
<b>VII. Contacts</b>	<p>State Vital Records Registrar</p> <p>Supervisory Statistician</p>
<b>VIII. Related Documents, Forms and Tools</b>	<p>Review checklist</p>