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In Reply

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We are grateful for Dr. Lockhart's interest and close reading of our article proposing an approach for identifying severe maternal morbidity in birthing facilities.[1] Dr. Lockhart raises an important point regarding transfusion of blood products, and we agree that this point requires clarification. The use of the term "blood products" could be confusing, especially when considering pooled blood components.

We would like to use this opportunity to clarify that for the purpose of facility-based review, "severe maternal morbidity" should be defined as women who are admitted to an intensive care unit, women who receive 4 or more units of blood (packed red blood cells or whole blood), or both. This definition will identify essentially the same women as would have been identified if other blood products also were included, but it would avoid potential confusion. For example, based on data used by You et al[2] in their study of severe maternal morbidity, nearly all women who would have been identified as having had severe morbidity only because they received blood products other than packed cells or whole blood would have been identified anyway because they were admitted to an intensive care unit.

Identification and review of severe maternal morbidity is an evolving process, and we acknowledge that institutions may elect to include criteria in addition to intensive care unit admission, transfusion of 4 or more units of blood, or both. We look forward to participating in ongoing discussions about review of severe maternal morbidity as a key component of quality improvement for maternity care, and we thank Dr. Lockhart for her insight regarding a potential point of confusion.

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REFERENCES

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