

## Maternity Severity Assessment Code (SAC) examples 2023

The examples below are for **guidance only; they are not intended to be prescriptive or exclude other events from review**. The final SAC rating can be amended following review based on the experience of harm for the consumer, not based on the number or type of learning opportunities developed. The viewpoints and experiences of consumers and whānau must be incorporated into the provisional and final SAC ratings. See also the [SAC rating and process tool](#).

For adverse events related to the [Always Report and Review list](#), hospital and specialist services, aged residential care, primary care, pre-hospital, mental health and addiction services or healthcare-acquired infections, please refer to the [specific SAC examples](#) here.

**Note:** references to ‘pregnancy’ or ‘during pregnancy’ in this document include antenatal, intrapartum and the postnatal period up to 42 days following the end of pregnancy.

### ***Psychological, cultural and spiritual harm***

Psychological, cultural and spiritual harm is dependent on the values and experiences of individual consumers, which makes identifying specific examples difficult. When rating an event, engage with the consumer and whānau to identify their perspective and ability to function as a result, for example, consider the psychological effect on a consumer when consent isn’t obtained before an examination or procedure.

Psychological, cultural and spiritual harm includes unconsented student involvement, disposal of human products such as whenua (placenta) and pito (umbilical cord) without parental consent (when the whānau would have taken it home for burial), not being offered the opportunity for whānau support in the room during a procedure, care providers not being supportive of tino rangatiratanga of birthing mothers and dismissing or undermining their wishes during birth, causing cultural and spiritual harm.

**SAC 1 – Death or harm causing severe loss of function and/or requiring life-saving intervention**

- Not related to natural course of illness or treatment
  - Differs from the immediate expected outcome of care
  - Can be physical, psychological, cultural or spiritual
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- Intra-uterine death beyond viability that differs to the immediate expected outcome of care
  - Pregnancy-related death of a woman or person (eg, sepsis or anaesthetic complication)
  - Suspected suicide of a woman or person during pregnancy
  - Unexpected peripartum hysterectomy
  - Hypoxic brain injury for a woman or person resulting in severe loss of function during pregnancy
  - Delayed recognition of, or escalation of, or access to appropriate services for, deterioration in a woman or person resulting in cardiopulmonary resuscitation, severe loss of function or death during pregnancy
  - Medication, vaccination or treatment plan error resulting in death of pregnant woman or person, or neonatal death
  - Delayed recognition of, or escalation of, or access to appropriate services for, neonate deterioration resulting in cardiopulmonary resuscitation or death
  - Unexpected neonatal death within 28 days (eg, sepsis)
  - Neonatal hypoxic brain injury resulting in palliation or severe loss of function
  - Neonatal abduction or discharge to wrong whānau from a continuous care setting regardless of time absent from area or successful return

## **SAC 2 – Major; harm causing major loss of function and/or requiring significant intervention**

- Not related to natural course of illness or treatment
  - Differs from the immediate expected outcome of care
  - Can be physical, psychological, cultural or spiritual
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- Medication, vaccination or treatment plan error (eg, requiring dialysis or anaphylaxis with known medication allergy)
  - Perineal trauma – grade 4 tear associated with loss of function (eg, ostomy formation, faecal or urinary incontinence)
  - Eclampsia in pregnant woman or person following assessment/admission for known pre-eclampsia
  - Hospital-acquired stage 3, 4 or unstageable pressure injury
  - Unplanned admission of a woman or person to intensive care unit, high dependency unit, 1:1 care or another hospital for higher-acuity care (eg, haemorrhage, sepsis or anaesthetic complications)
  - Pregnant woman or person inpatient fall resulting in major bone fracture (ie, vertebrae, skull, jaw, femur, tibia, fibula, humerus, radius, ulna or pelvis), head injury or laceration requiring significant intervention
  - Organ trauma during caesarean section
  - Delayed recognition of, escalation of or access to appropriate services for deterioration in a neonate, pregnant woman or person resulting in transfer to higher-acuity care
  - Unplanned term neonatal admission to a higher level of care requiring significant intervention (eg, intubation, cooling for suspected neonatal encephalopathy or sepsis management)
  - Neonatal fall resulting in fracture or other significant injury (eg, head injury requiring admission to a neonatal unit)

**SAC 3 – Moderate; harm causing short-term loss of function and/or requiring moderate additional intervention**

- Not related to natural course of illness or treatment
  - Differs from the immediate expected outcome of care
  - Can be physical, psychological, cultural or spiritual
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- Medication, vaccination or treatment plan error requiring minimal additional treatment
  - Non-clinically indicated early induction of labour or elective caesarean section
  - Woman or pregnant person inpatient fall resulting in minor fracture, dislocation of a joint, dental injuries or laceration
  - Unplanned return to operating theatre for a woman or pregnant person
  - Perineal trauma – grade 3 or grade 4 tear without loss of function
  - Woman, person or neonatal injury due to emergency manoeuvres during birth
  - Anaesthetic complication requiring additional intervention and/or length of stay in hospital (eg, dural tap patch required)
  - Pulmonary embolism/deep-vein thrombosis during admission or within 7 days of discharge
  - Post-partum infection including urosepsis following urinary tract manipulation
  - Deviation from care plan and cultural or spiritual needs without consent during pregnancy (with the exception of life-saving treatment/procedures)
  - Delayed recognition of, escalation of or access to appropriate services for deterioration in a neonate, pregnant woman or person resulting in the need for additional intervention (SAC rating depends on actual harm to the consumer)
  - Unexpected admission to a neonatal unit of a term baby for longer than 48 hours

**SAC 4 – Minor; harm causing no loss of function and requiring little or no intervention (includes near misses)**

- Not related to natural course of illness or treatment
  - Extra investigation or observation
  - Review by another clinician
  - Minor treatment
  - Can be physical, psychological, cultural or spiritual
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- Medication or treatment plan error requiring additional monitoring or minor treatment
  - Delay in response and/or escalation requiring additional monitoring
  - Device-related healthcare-associated infection (eg, peripheral intravenous catheter exit site infection)

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