MANDATORY REPORT OF A MATERNAL DEATH

Please send this report immediately after the death of a woman who was currently pregnant or was pregnant within 365 days of death. Report the event regardless of where the patient died. Please provide as much detail as possible, and submit any associated medical records (e.g., discharge summaries, autopsy reports, EMS reports, etc.) along with this reporting form.

1. Name of woman

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
</tr>
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<tbody>
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Address

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
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2. Date of death

3. Date of birth

4. Woman’s social security number

5. Pregnancy Status

- [x] Pregnant at Death
- [ ] Live birth in past year
- [ ] Miscarriage/Stillbirth in past year

Estimated Gestation

Date of delivery

Name of birth hospital (if known)

Name of Obstetrician (if known)

Names of other hospitals woman was admitted to during the past year

6. Location of death

7. Hospital of death

If different from (5) above

City

8. Woman’s medical record number

9. Name of attending physician at death

10. Autopsy

- [ ] None
- [ ] Yes – at site of death
- [ ] Yes – at other site

11. Cause of death

12. Name of medical examiner or hospital pathologist

13. Name of facility or address where autopsy was performed

14. Report prepared by

Date

15. Name of organization

Telephone

ADMINISTRATIVE SUPERVISOR TO RETURN THIS FORM AND THE ASSOCIATED MEDICAL RECORDS BY STANDARD MAIL TO:

Maternal Mortality Surveillance
Bureau of Epidemiology and Population Health
Michigan Department of Health and Human Services
South Grand Building
333 South Grand Ave, 2nd Floor
Lansing, MI 48933

OR BY EMAIL TO: MDHHS-MaternalMortality@michigan.gov

NOT TO BE RETAINED IN THE PERMANENT MEDICAL RECORD