

**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 \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

**Address**

STREET CITY STATE ZIP

2. Date of death \_\_\_\_\_ 2. Time of death \_\_\_\_\_

3. Date of birth \_\_\_\_\_ 4. Woman's social security number \_\_\_\_\_

**5. Pregnancy Status**

Pregnant at Death Estimated Gestation \_\_\_\_\_  Live birth in past year Date of delivery \_\_\_\_\_  Miscarriage/Stillbirth in past year

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 \_\_\_\_\_ City \_\_\_\_\_  
*If different from (5) above*

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