

Michigan MMS  
Voluntary Maternal  
Death Report Form  
and  
Instructions

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
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. Provide as much detail as possible.

1. Name of woman \_\_\_\_\_  
Last First Middle Maiden  
Address \_\_\_\_\_  
Street City State Zip  
2. Date of death \_\_\_\_\_ 2a. Time of death \_\_\_\_\_  
3. Date of birth \_\_\_\_\_  
4. Location of death \_\_\_\_\_  
5a. Report prepared by \_\_\_\_\_ Date \_\_\_\_\_  
5b. Name of organization \_\_\_\_\_ Telephone \_\_\_\_\_

If this death is being reported by a **law enforcement agency** please attach a copy of the report (automobile accident investigation, etc).  
If this death is being reported by the **Medical Examiner** please attach a copy of the Medical Examiners Report and the autopsy report.  
If this death is being reported by **Emergency Medical Services** please attach a copy of the EMS report.

If this death is being reported by a **hospital** please complete this section.

- 6a. Woman's medical record number \_\_\_\_\_ 6b. Woman's Social Security number \_\_\_\_\_  
7. Name of attending physician \_\_\_\_\_  
8. Hospital of death \_\_\_\_\_ City \_\_\_\_\_  
if different from 4. above  
9. Autopsy  None  Yes - at site of death  Yes - at other site  
10a. Name of medical examiner or hospital pathologist \_\_\_\_\_  
10b. Name of facility or address where autopsy performed \_\_\_\_\_  
11. Names of additional hospitals where woman was admitted during pregnancy \_\_\_\_\_  
\_\_\_\_\_  
12. Name of birth hospital if known \_\_\_\_\_  
13a. Live Birth  Yes  No 13b. If live birth, date of delivery \_\_\_\_\_

Please return this form to:  
MATERNAL MORTALITY SURVEILLANCE  
BUREAU OF FAMILY, MATERNAL & CHILD HEALTH  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
WASHINGTON SQUARE BUILDING  
109 W. MICHIGAN, 3<sup>RD</sup> FLOOR  
LANSING, MI 48913

## INSTRUCTIONS FOR COMPLETING THE MICHIGAN MATERNAL DEATH REPORT

**Reportable Case:** When it is deemed that death occurred to a pregnant woman or one who has been pregnant within the last 365 days, it is the responsibility of the knowledgeable person to report that death to Maternal Mortality Surveillance (MMMS) at the Michigan Department of Community Health. The MMMS will conduct a confidential investigation. Provide as complete a report as possible. Leave blank any unknown information.

1. **Name and address of woman:** Record the full name and address of the woman.
2. **Date of death:** Record the date of the woman's death as month, day year.
- 2a. **Time of death:** Record the time of the woman's death as hour, minute, a.m. or p.m.
3. **Date of birth:** Record the date of the woman's birth as month, day, year.
4. **Location of death:** If the woman's death did not take place in a hospital, record the location type, or name if a facility, or mode of transportation (such as clinic, ambulance, etc.) and city.
- 5a. **Report prepared by:** Record the name of the person completing the report and the date that the report was prepared.
- 5b. **Name of organization:** Record the name of the organization and telephone number of the person preparing the report.
- 6a. **Woman medical record number:** If this death is being reported by a hospital, please record the woman's medical record number.
- 6b. **Social Security Number:** Record the woman's Social Security number.
7. **Name of attending physician:** Record the name of the physician in attendance at the time of death.
8. **Hospital of death:** Record the name and city of the hospital where the Michigan woman died if it is not the same as number 4, 'Location of Death'.
9. **Autopsy:** Check the most appropriate description of autopsy status.
- 10a. **Medical examiner or hospital pathologist:** Record the name of the medical examiner or hospital pathologist who performed the autopsy.
- 10b. **Name of facility or address where autopsy performed:** Record the name of the facility or address where the autopsy was performed.
11. **Name of additional hospitals where woman was admitted during pregnancy:** Record the names of any other hospitals in which the woman was an inpatient in the last 365 days.
12. **Name of birth hospital if known:** Record the name of the hospital where the woman gave birth.
- 13a. **Live birth:** Record whether the woman delivered a live born infant.
- 13b. **If live birth, date of delivery:** If the woman delivered a live born infant, record the date of delivery.