



Significant Morbidity and Mortality Report Form

Mid 401.01, 407.01, 407.02

- 401.01 k. **Definition of Significant Morbidity** means any event that requires hospitalization of 24 hours or more for purposes other than observation.
- 401.01 f. **Definition of Maternal Mortality** means death of the client within 6 weeks of birth.
- 401.01 h. **Definition of Neonatal Mortality** means death of the newborn within 6 weeks of birth.

When to report significant Morbidity and Mortality:

A midwife shall fill out a Morbidity/Mortality Report Form for every transfer of a client and/or newborn that gets admitted into the hospital while in the midwife's care and within 6 weeks of birth.

- 407.01 a. A midwife shall make an initial report within 72 hours of any incident of maternal or neonatal significant morbidity or mortality.
- b. The initial report shall:
- 1) Be made by telephone to the Chairperson of the Council and include the information set forth in the report form below.
 - 2) Be made in writing on this report form.
- c. If the initial report is made by telephone, the final report shall be made:
- 1) Within 10 days of the incident
 - 2) This report form by the Council will be used.
- d. If the initial report is made on this report form provided by the Council, no final report shall be required.

The Council will impose a fine of \$150 for each time a report is not filed within the time period stated in the rules 407.01. Disciplinary action may be taken as the Council deems necessary.

Provide as much detail as possible: use more space or another sheet if more room is needed.

Name, address and phone # of Midwife:

Midwife's Certification #:

Client's name, address and phone#:

Newborn's name (if applicable):

The location of the incident of significant morbidity or mortality:

If the client and/or newborn was transferred to a hospital:

a) Describe in detail the reason for the transfer of the care of the client and/or newborn to the hospital:

b) Name and location of the hospital to which care of the client and/or newborn was transferred:

c) The date and time of the call for transportation to the hospital:

d) The date and time the client and/or newborn arrived at the hospital:

e) The means of transportation to the hospital:

f) Describe in detail the maternal outcome:

g) Describe in detail the newborn's outcome:

h) Describe in detail additional significant concerns or information:

Signature of Midwife

Date