

# Maternal Death Form

The Council defines maternal death as a death of a woman while pregnant or within 42 days of birth or the termination of pregnancy irrespective of the cause of death, and late maternal death as that occurring after 42 days but within a year of the birth or termination of the pregnancy, regardless of cause.

This checklist should be completed within 28 days of the death or as specified by the CCOPMM:

1. for any death occurring in the wards or emergency department of the health service [Sections 39-40 of the Public Health and Wellbeing Act 2008 (PHWB Act)]. These reports should be completed automatically, without a request from CCOPMM.
2. for deaths occurring outside the health service, but where the deceased received care or services prior to death at the health service (Section 47 of the PHWB Act). A request from CCOPMM will be sent for these reports, as your hospital may not be aware of the death.

\* Required

## Reporting individual details

1. First Name \*

2. Reporter Surname \*

3. Health Service \*

4. Position \*

5. Phone number \*

6. Email address \*

# Maternal Details

7. Given names \*

8. Surname \*

9. Maternal date of birth \*



Format: M/d/yyyy

10. Maternal date of death \*



Format: M/d/yyyy

11. Place of maternal death \*

12. Mother's UR number (hospital of death) \*

13. Cause of death (as specified on death certificate) \*

14. Indigenous status of deceased \*

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Not indigenous
- Unknown

15. Admitted to ICU \*

- Yes
- No

16. Referred to coroner \*

Yes

No

If currently pregnant

17. Gestation at maternal death \*

18. Pregnant model of care

19. Intended place of birth

20. Comments \*

## If postpartum

21. Place of birth (if applicable)

22. Mother's UR number (if hospital)

23. Baby's date of birth



Format: M/d/yyyy

24. Gestation at delivery

25. Postpartum model of care

## 26. Comments \*

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