

BOARD OF ALTERNATIVE HEALTH CARE

72 HOUR MORTALITY/MORBIDITY REPORT

37-27-320(2), MCA states "A licensed direct entry midwife shall report within 72 hours to the board and to the department of public health and human services any maternal, fetal, or neonatal mortality or morbidity in patients for whom care has been given. (3) Failure of a direct-entry midwife to submit required reports constitutes grounds to deny renewal of a license."

MIDWIFE LICENSE NUMBER _____ CLIENT ID NUMBER _____ OCCURRENCE DATE _____

Mark the appropriate circumstances with a check.

MORTALITY: Definition: Death of the mother, fetus, or neonate.

- ___ maternal mortality (as a result of pregnancy, birth, or within the postpartum period)
___ spontaneous abortion 1st trimester
___ spontaneous abortion 2nd trimester
___ intrauterine fetal mortality (excluding 1st trimester spontaneous abortion)
___ neonatal mortality (occurs from birth to 28 days old)

CAUSE OF MORTALITY: _____

MORBIDITY: Definition: A pathological condition of the mother and/or baby that presents with symptoms peculiar to what is within normal limits during the prenatal, intrapartum, and/or postpartum periods which requires transfer of care to a physician, transport to a hospital, and/or emergency measures. This, or client refusal to refer or to transfer care, shall be reported to the board within 72 hours, on a form prescribed by the board.

MATERNAL CONDITIONS

- ___ Abnormal vaginal bleeding
___ Preeclampsia or severe PIH
___ SROM with failure to progress in labor
___ 1st stage failure to progress
___ 2nd stage failure to progress
___ Need for pain medication
___ Retained placenta
___ Any other medical or surgical conditions threatening to the pregnancy

FETAL/NEONATAL CONDITIONS

- ___ Premature labor
___ Intrauterine growth retardation
___ Meconium aspiration
___ Severe respiratory distress
___ Major congenital anomaly
___ Fetal distress in labor
___ Unexpected breech
___ Unexpected twins
___ Any other condition threatening to the well being of the baby

BRIEFLY DESCRIBE IN TYPED FORMAT ON A SEPARATE ATTACHED SHEET THE SITUATION, MANAGEMENT AND OUTCOME:

Per 37-27-320(2), MCA, submit this form to the Board of Alternative Health Care: via EMAIL dlibsdahc@mt.gov or FAX 406-841-2305 or MAIL to 301 S Park, Helena, MT 59620, with a copy to the Department of Health, ATTN: CACH, Family and Community Health Bureau, Cogswell Building, Capitol Complex, Helena, MT 59620 or FAX 406-444-2606.