

Report of Maternal Death

Decedent's Name (first, middle, last)

Date of Birth

Date of Death

Cause of Death (if known)

Place of Death (home/hospital/hospice/other)

Pregnancy status (pregnant, within 42 days postpartum, 42-365 days postpartum)

Source of prenatal care (clinic/provider name and address)

Hospital (or place) of delivery (if applicable)

Other information (including whether autopsy will be performed)

Instructions for form completion:

1. Complete each field with as much information as possible.
2. If applicable, please include decedent's maiden name.
3. Completed Report of Maternal Death form may be mailed to the Minnesota Department of Health, Maternal and Child Health Section to the address listed below.
4. Maternal death reports may also be reported by phone via a confidential voicemail by calling 651-539-3044. If calling to report a maternal death, please include the following information:
 - a. Decedent's full name (including maiden name if applicable).
 - b. Decedent's date of birth.
 - c. Decedent's date of death.
 - d. Cause of death.

REPORT OF MATERNAL DEATH

- e. Pregnancy status.
 - f. Place of death.
 - g. Source of prenatal care (clinic and provider's name).
 - h. Hospital of delivery (if applicable).
5. For electronic ways to report this death, please contact MDH's women's health consultant at 651-539-3044 or health.womens-health@state.mn.us to discuss options.
Please do not email case directly without notification.

Minnesota Administrative Rule

4615.0800 Procedures for Reporting of Maternal Deaths

Any death associated with pregnancy, including abortion and extrauterine pregnancy, or the puerperium for a period of three months postpartum, whether or not it is the actual cause of death shall be reported by mail within three days after death to the Minnesota Department of Health, Section of Maternal and Child Health, by the attending physician and by the hospital where the death occurred.

Statutory Authority: MS s 144.05, 144.12

Minnesota Department of Health
Maternal and Child Health Section
Maternal Mortality Review Project
625 Robert Street N.
PO Box 64975
St. Paul, MN 55164
651-539-3044
health.womens-health@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-221-3650.