

Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*  
*BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES*

29 HAZEN DRIVE, CONCORD, NH 03301-3857  
603-271-4524 1-800-852-3345 Ext. 4524  
Fax: 603-271-8705 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

To Whom It May Concern:

Attached is a Maternal Mortality Initial Report Form. This form is to be used whenever you become aware of the death of a woman or birthing person either during pregnancy or within one year following delivery. Any death under these circumstances constitutes a maternal death.

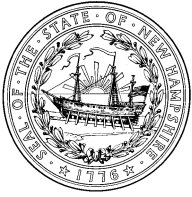
In 2010, RSA 132:30 established a maternal mortality review panel to conduct comprehensive, multidisciplinary reviews of maternal deaths in New Hampshire for the purpose of identifying factors associated with the deaths and to make recommendations for system changes to improve services for women in the state. Maternal deaths may be underreported, especially if the woman had a pregnancy that did not result in a live birth, either through miscarriage or termination prior to 20 weeks gestation, and she died within a year of that date.

Per RSA 132:31 II – Administrative Rule He-P 3013.03, Hospitals, Non-Emergency Walk-in Care Centers, Ambulatory Surgical Centers, or Birthing Centers shall complete the Maternal Mortality Initial Report and send it to the Department either by secure fax or paper format within 10 business days of a maternal death (defined as death during pregnancy through one year postpartum).

Form should be faxed to 603-271-8705, attention Ellen Stickney, RN, MCH Section OR mailed to the attention of Ellen Stickney, RN, Maternal and Child Health Section, 29 Hazen Drive, 2<sup>nd</sup> Floor East, Concord, NH 03301.

If you have any questions about how to complete this form, please feel free to call Ellen Stickney at 603-271-4532. Thank you.

Ellen Stickney, RN, BSN, RNC-OB  
Perinatal Nurse Coordinator/Maternal Child Health Section  
Phone: 603-271-4532 -- Email: [Ellen.T.Stickney@dhhs.nh.gov](mailto:Ellen.T.Stickney@dhhs.nh.gov)



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**Maternal Mortality**  
**Initial Report**

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1.	Hospital, Birth Center, or Ambulatory Surgical Center Name:
2.	Date Initial Report sent to the Department:
3.	Date Event Occurred:
4.	Date Event Discovered:
5.	Name of Patient:
6.	Date of Birth:
7.	Patient Admitting Diagnosis:
8.	Location (i.e. unit/floor/wing/department, OR #, satellite address etc.) of where event took place:
9.	Adverse Event Brief Description:
10.	Hospital, Birth Center, or Ambulatory Surgical Center Contact Person Name & Title:
11.	Hospital, Birth Center or Ambulatory Surgical Center Contact Email & Phone #: