National Surveillance Unit, National Epidemiology Branch,
15 Knutsford Boulevard, Kingston 5,
Email: surveillance@moh.gov.jm, Telephone 876-633-7937

Maternal Mortality Investigation

Maternal Mortality Post Mortem Report

Patient's Demographics	
Patient Name:	Medical Record Number:
Date of Birth: *DD/MM/YYYY*	Age:
Death Summary	
Date of death: *DD/MM/YYYY*	Age at death:

Other medical problems/risk factors present:

Cause of Death

I.

(a) Immediate cause

(b) Intermediate cause

(c) Intermediate cause

(d) Underlying cause

II. Other significant conditions

Autopsy Completed by:

◯ DM Pathologist - Ministry of Health and Wellness/UHWI	◯ DM Pathologist - Ministry of National Security	◯ DMO	◯ Medical Officer

Date of Autopsy: *DD/MM/YYYY*

Notifier's Details	
Date of Reporting *(DD/MM/YYYY)*: /	
First Name:	Last Name
Job Title:	
Phone number:	Email Address:
Name of Institution:	
Parish:	Community:
Office Number/Street Name:	
Health Region: ◯ SERHA ◯ NERHA ◯ SRHA ◯ WRHA	
Signature:	Date signed: *DD/MM/YYYY*