

Adverse Incident Report for Planned Out-of-Hospital Births Florida Department of Health

Submit form to:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C-75 Tallahassee, Florida 32399-3275

Part I: Practitioner Information

Section 456.0495, Florida Statutes, requires an adverse incident, defined as an event associated with a planned out-of- hospital birth over which a physician licensed under Chapter 458 or Chapter 459, a nurse midwife certified under part I of Chapter 464, or a midwife licensed under chapter 467 could exercise control, to be reported to the Department of Health within 15 days of the incident. Adverse incidents include maternal death; maternal hemorrhagic shock or transfusion; fetal or newborn death including a stillbirth; certain traumatic physical or neurological birth injuries; or a transfer of a newborn to a neonatal intensive care unit under specific circumstances. This form does not replace any other adverse incident report required by the statutes and rules governing your specific profession.

Practitioner Name:

License Number:

Part II: Adverse Incident General Information					
Incident Date:		Incident Time:			
Addre	ess where incident ocurred:				
City:		State:	ZIP:		
This a	address is a:				
	Home/Private Residence Physician's Office Birthing Center (specify name): Other (please specify):				
Pleas	e check all that apply:				
	A maternal death occurred during delive A maternal death occurred within 42 day The maternal patient was transferred to The maternal patient experienced hemo The maternal patient required a transfus A fetal or newborn death occurred.	vs after delivery. a hospital intensive care un rrhagic shock.			

 \Box Y \Box N The fetal or newborn death was a stillbirth.

- □ The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.
 - \Box Y \Box N This transfer occurred due to a brachial plexus injury.

□ The newborn was transferred to a neonatal intensive care unit within the first 72 hours after birth and remained in the unit for more than 72 hours.

Part III: Adverse Incident (Narrative Summary)

Describe the circumstances of the incident; use additional sheets as necessary.

Part IV: Patient Identification

Patient Name:					
Patient Address:					
City:	State:	ZIP:			

Part V: Practitioner Signature

Practitioner Signature