

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.

rules	goveri	ning yo	ur specific profession	1.		
Part	This address is a:					
Incide	ent Dat	e:		Incident ⁻	Гіте:	
Addre	ss wh	ere inc	ident ocurred:			
City:				State:	ZIP:	
This a	ddres	s is a:				
	Physic Birthin	cian's Of ng Cente	ffice er (specify name):			
Pleas	e chec	k all th	at apply:			
	A maternal death occurred within 42 days after delivery. The maternal patient was transferred to a hospital intensive care unit. The maternal patient experienced hemorrhagic shock. The maternal patient required a transfusion of more than 4 units of blood or blood products.					
	ПΥ	□N	The fetal or newborn de	eath was a stillbirth.		
	The n	The newborn was transferred to neonatal intensive care due to a traumatic physical or neurological birth injury.				
	ПΥ	□N	This transfer occurred o	due to a brachial plexus injur	γ.	

Adverse Incident Report for Planned Out-of-Hospital Births (continued)

Part III: Adverse Incident (N	larrative Summar	y)				
Describe the circumstances of the incident; use additional sheets as necessary.						
Part IV: Patient Identification	on					
-						
Patient Address:						
		710.				
City:	State:	ZIP:				
Part V: Practitioner Signatu	ire					
Practitioner Signature		Date/Time Report Completed				

☐ 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.