

HOTRAC Regional Maternal P/I Summary Report

(circle reporting month/quarter)

1st Quarter
Jan-Feb-Mar

2nd Quarter
Apr-May-June

3rd Quarter
Jul-Aug-Sept

4th Quarter
Oct-Nov-Dec

Facility Name: _____

Person Submitting Report: _____

- Total # of Deliveries: _____
- Total # of patients transferred into facility: _____
- Total # of patients diverted by or difficulty transferring to a higher level of care: _____
- Total # of births outside of the facility setting: _____
- Total # of patients with labor induced by a traumatic event: _____
- Total # of mothers that tested positive for drugs: _____ Babies that tested positive for drugs: _____
- Total# of maternal hemorrhage: _____
- Total # of deaths: _____
- Total # of transfers outside of TSA M (please list each case below and give reason): _____

- List cases not noted above and give reason for fall-out (use additional sheet if needed):