

## Instructions For Completing Confidential Medical Report Form

Maine law requires hospitals and providers to report to the Maine Birth Defects Program (MBDP) any baby born with a reportable birth defect either at the time of discharge or transfer or within 7 days of diagnosis whichever comes first. The following information

is needed to accurately identify the mother and baby born with a reportable birth defect.

This will allow the MBDP to assist families locate specialty services and provide information in a timely manner.

Please provide as much information as possible. Please print clearly using blue or black ink if filling out hard copy of form.

### **CHILD'S INFORMATION**

Name: Child's last name at time of transfer, or as listed on the birth certificate.

DOB: Enter the date of birth or delivery.

EDD: Enter the estimated date of delivery if DOB not available.

Sex: Identify sex by using the drop down list if doing form online or circle "M" for male; "F" for female; "U" for undesignated.

Birth Status: Document if live born or still born.

Birth Facility: Hospital or other location of birth.

MR#: Medical record number of baby. Note: If the baby is still born, it might not have its own medical record number. In this case, enter the mother's medical record number.

Transfer Facility: List the facility name, date of transfer and medical record number assigned at the transfer facility, if known.

Date of Discharge: The date the infant was discharged to home.

Deceased: If infant has died, enter the date here. If not, leave blank.

Autopsy: Circle if appropriate or use drop down box if doing form online.

### **DIAGNOSIS**

Enter whether diagnosis was made prenatally, at birth or later in infancy. Note if diagnosis is confirmed or pending. If confirmed, list how the diagnosis was confirmed. Check all of the reportable defects that apply.

### **MOTHER'S INFORMATION**

Name: Use mother's legal name as noted in the medical record. If infant is adopted or in foster care, please list the name of either adoptive/foster parent, if known, on form.

DOB: Date of birth of mother

MR#: Use the medical record number from the hospital of birth if available.

Address: Use the current address.

Phone: Use mother's phone or if no phone then a contact person and their phone number.

### **REFERRALS:**

List all the referrals to outside agencies that were made at the time of this report, and include the date of each referral. This information will be used to assure that the family is provided with available resources.

### **PROVIDER INFORMATION:**

Primary Pediatric Provider: Indicate the name of medical provider caring for the baby.

Specialty Provider: Include name of provider caring for the baby. Such as neonatologist, cardiologist or surgeon, etc.

Reporting Source: Include name, date, and hospital or office that completed the report.

It is essential that this be completed as we track the reporting sources to the program for quality assurance purposes.

**REMINDER:** Be as accurate as possible. Provide as much information as possible.

A copy should be placed in the infant's medical record or if prenatal diagnosed, a copy should be placed in mom's medical record. More forms can be printed off by going to the Maine Birth Defects website at

[http://www.maine.gov/dhhs/boh/cshn/birth\\_defects/index.html](http://www.maine.gov/dhhs/boh/cshn/birth_defects/index.html)

The online form can be found at <https://linkmc.ums.maine.edu/mebdreport/mebdreport.aspx>

Fax or mail completed forms to the following:

Department of Health and Human Services

Children with Special Health Needs

Maine Birth Defects Program

SHS 11, 7th Floor, 286 Water Street

Augusta, ME 04333

Phone: (207) 287-8424 Fax: (207) 287-5355