

**On approval of the Rules for the provision of information (emergency notification) on deaths of pregnant women, parturient women, as well as in the event of the death of postpartum women within forty-two calendar days after childbirth, the sudden death of patients during the provision of elective medical care (primary healthcare and specialized assistance, including high-tech medical services)**

*Unofficial translation*

Order of the Minister of Healthcare of the Republic of Kazakhstan dated September 7, 2020, No. ҚР ДСМ -100/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on September 8, 2020, No. 21181.

**Unofficial translation**

In accordance with subparagraph 17) of Article 8 of the Code of the Republic of Kazakhstan “On Public Health and the Healthcare System”, **I HEREBY ORDER:**

**Footnote. Preamble – as amended by Order № 97 of the Minister of Healthcare of the Republic of Kazakhstan dated September 18, 2025 (shall come into effect ten calendar days after its first official publication).**

1. To approve the attached Rules for the provision of information (emergency notification ) on deaths of pregnant women, parturient women, as well as in the event of the death of postpartum women within forty-two calendar days after childbirth, the sudden death of patients during the provision of elective medical care (primary healthcare and specialized assistance, including high-tech medical services).

2. The Committee for Quality Control and Safety of Goods and Services of the Ministry of Healthcare of the Republic of Kazakhstan, in the manner prescribed by law, shall ensure:

1) state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan;

2) posting this Order on the Internet resource of the Ministry of Healthcare of the Republic of Kazakhstan after its official publication;

3) within ten working days after the state registration of this Order, submission to the legal department of the Ministry of Healthcare of the Republic of Kazakhstan the information on the implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

3. Control over the execution of this Order shall be entrusted to the supervising Vice-Minister of Healthcare of the Republic of Kazakhstan.

4. This Order shall come into effect upon the expiration of ten calendar days after the day of its first official publication.

*Minister of Healthcare*

*A. Tsoi*

**Rules for the Provision of Information (Emergency Notification)  
on Cases of Death in Pregnant Women, Maternity Women, and in Maternity Women within  
Forty-Two Calendar Days of Childbirth,  
Sudden Death in Planned Medical Care (Primary Health Care and Specialised Care, Including  
High-Tech Medical Services)**

**Footnote. The Rules - as reworded by Order № KR DSM-104 of the Minister of Health of 15.10.2021 (shall be put into effect ten calendar days after the date of its first official publication).**

**Chapter 1. General provisions**

1. These Rules for the Provision of Information (Emergency Notification) on Cases of Death in Pregnant Women, Maternity Women, and in Maternity Women within Forty-Two Calendar Days of Childbirth, Sudden Death in Planned Medical Care (Primary Health Care and Specialised Care, Including High-Tech Medical Services) (hereinafter – the Rules) have been developed under sub-paragraph 17) of Article 8 of the Code of the Republic of Kazakhstan “On Public Health and the Health Care System” (hereinafter the Code) and establish the procedure for providing information (emergency notification) on cases of death in pregnancy, maternity or childbirth after termination of pregnancy, as well as sudden death of patients during routine medical care (primary health care and specialised, including high-tech, medical care).

2. Basic concepts used herein:

1) The International Statistical Classification of Diseases and Related Health Problems, tenth revision (hereinafter referred to as ICD-10), a single document for establishing a morbidity and mortality recording system;

2) a competent authority in the field of health care (hereinafter referred to as the competent authority) - the central executive body responsible for management and inter-sectoral coordination in the field of health protection of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary and epidemiological welfare of the population, circulation of medicines and medical devices, quality of medical services (assistance));

3) government agency in the area of providing medical services (assistance) – a government agency that exercises leadership in the area of providing medical services (assistance), and controls and supervises the quality of medical services (assistance).

Footnote. Paragraph 2 as amended by Order № 97 of the Minister of Healthcare of the Republic of Kazakhstan dated September 18, 2025 (shall come into effect ten calendar days after the date of its first official publication).

## **Chapter 2: Procedures for reporting deaths in pregnancy, childbirth and maternity and in cases of maternity deaths within forty-two calendar days of childbirth**

3. From the moment of registration of cases of death in pregnancy, maternity or childbirth , as well as in the case of maternal death within forty-two calendar days after delivery (maternal mortality), the heads of local public health authorities in the oblasts, cities of national importance and the capital and health-care facilities shall ensure the submission of:

1) notification within two hours by telephone to the management of the approved authority;

2) within 24 hours to the public authority and its territorial subdivisions (hereinafter territorial subdivisions) information and copies of the following medical documents, in electronic form (in PDF format) with the available results of additional methods of investigation (laboratory, instrumental ones) as per the forms approved by Order of the Acting Minister of Health № KR DSM-175/2020 of October 30, 2020 “On Approval of Health Record Forms” (recorded in the Register of State Registration of Regulatory Legal Acts under № 21579) (hereinafter Order № KR DSM-175/2020), daily:

“Notifications” in the form annexed hereto;

Form № 077/y “Medical History of Pregnancy and Maternity”;

Form No 048/y “Exchange Card of Pregnancy and Maternity”;

Form № 020/y “Birth Registration Form”;

Insert sheet 11 to the inpatient medical record “Developmental History of the Newborn Infant”;

Form № 001/y “Medical Record of an Inpatient Patient”, including a history of termination of pregnancy and a history of childbirth;

Form № 052/y “Outpatient Medical Record”, including for completing a history of termination of pregnancy;

Form № 051/y “Maternal Mortality Registration Card”.

3) Form № 002/y “Protocol (Card) of Pathological-Anatomical Examination, Blocks and Cover-Glass Preparations” approved by Order № KR DSM-175/2020, Blocks and Cover-Glass Preparations to territorial offices within seven working days from the registration of a case of maternal mortality.

4. Maternal mortality cases shall be registered and counted at the place of attachment to the healthcare facility, irrespective of the place of death of pregnant women, parturient women and women in labour within forty-two calendar days after childbirth.

The healthcare facility of the place of death shall report the maternal mortality case to the healthcare facility of the place of registration.

If there is no registration with a health care facility, the maternal mortality shall be registered by the health care facility at the place of residence (location).

5. Information as per the form “Maternal Mortality Registration Card” shall be filled in by a healthcare practitioner (attending or on-duty physician) of the healthcare facility, regardless of ownership and departmental affiliation, as well as by natural persons engaged in private medical practice.

6. Healthcare specialists of an ambulance, paramedic and obstetric unit, or health centre who establish maternal mortality outside the health centre (at home, in the street due to road accidents, natural or man-made emergencies) shall inform the health centre of the place where the person is registered.

In these cases, as per the form “Maternal Mortality Registration Card” shall be completed by the healthcare specialist of the healthcare facility at the place of registration with the healthcare facility.

If there is no registration with a healthcare facility, the maternal mortality records shall be maintained similar to Paragraph 4 hereof.

7. The first head of the healthcare facility and the deputy head of the local health authority of the region, city or capital city in charge of obstetric care shall supervise the registration and counting of maternal mortality.

8. Republican e-Health Centre Republican State Enterprise on the Right of Economic Management shall provide to the competent authority:

1) summary information as per the form “Maternal Mortality Registration Card” daily by 4.00 p.m. of the current day;

2) monthly summary reports on the provision of maternity facilities with personnel and medical equipment by region, by the eighth day of each month following the reporting month;

3) monthly summary information on cases of maternal mortality by the eighth day of each month following the reporting month, indicating the final diagnosis and ICD-10 code.

**Chapter 3. The procedure for providing information on cases of sudden patient death in the provision of planned medical care (primary and specialised medical care, including high-tech medical services)**

9. Starting from the registration of cases of sudden death (R96 according to ICD-10 code) of patients during the provision of planned medical care (primary health care and specialised care, including high-tech medical services), as well as cases of death of patients with diagnoses: anaphylactic shock (T78. 0 under ICD-10 code), iatrogenic complications (T80-85 under ICD-10 code), cardiac arrest (I46.1, I46.9 under ICD-10 code), the heads of the local public health authorities of the oblasts, cities of national importance and the capital, and of the healthcare facilities shall ensure that the relevant territorial divisions are provided with:

1) a notification in the form annexed hereto within 24 hours;

2) copies of medical documents per forms approved by Order № KP DSM-175/2020 in electronic format (PDF) with the results of additional examinations (laboratory, instrumental) within two working days:

Form № 001/y “Medical Record of an Inpatient Patient”,

Form № 052/y “Outpatient Medical Record”,

3) Form № 002/y “Protocol (Card) of Pathological-Anatomical Examination, Blocks and Cover-Glass Preparations”, approved by Order № KR DSM-175/2020, within fourteen working days.

10. Control over registration and accounting of sudden death cases (R96) of patients during provided planned medical care (primary and specialised medical care, including high-tech medical services), as well as deaths of patients with diagnoses: anaphylactic shock (T78.0), iatrogenic complications (T80-85), cardiac arrest (I46.1, I46.9), shall be performed by the first executive of the healthcare facility, as well as the deputy head of the local public health authority of the region, city of national importance and the capital responsible for preventive health care.

Annex to the Rules  
for the Provision of Information  
(Emergency Notification) on Cases of  
Death  
in Pregnant Women, Maternity Women,  
and in Maternity Women within  
Forty-Two  
Calendar Days of Childbirth, Sudden  
Death  
in Planned Medical Care (Primary Health  
Care  
and Specialised Care, Including  
High-Tech  
Medical Services)

Emergency notification on cases of death in pregnant women, maternity women, and in maternity women within forty-two calendar days of childbirth, sudden death in planned medical care (primary health care and specialised care, including high-tech medical services) (shall be provided within 24 hours of the case being registered)

1. IIN

2. Surname, first name, patronymic (if any)

3. Date of birth

4. Gender male; female

5. Resident of the city \_\_\_\_\_, resident of the village \_\_\_\_\_

6. Address of residence

7. Contact telephone number

8. Marital status

9. Healthcare facility of registration \_\_\_\_\_

10. Place of employment/study/childcare centre \_\_\_\_\_ position \_\_\_\_\_  
housewife \_\_\_\_\_
11. Address and name of healthcare facility, department
12. Date of hospital admission (planned, emergency one)
13. Obstetric parity \_\_\_\_\_, pregnancy \_\_\_\_\_, childbirth \_\_\_\_\_
14. Date of death
15. Bed-days spent \_\_\_\_\_, of which in the Anaesthesiology, Intensive Care and Intensive Care Unit \_\_\_\_\_
16. Diagnosis (preliminary, main, concomitant, pathological diagnosis)
17. Name of the healthcare facility (HF) area that completed the notification (from the HF registry)
18. Surname, first name, patronymic (if any) and the ID of the physician who completed the notification
19. The full name (if any) of the head of the healthcare facility who completed the notification and of the head of the relevant local public health authority of the region, city of national importance and the capital city.
20. Date and time of completion.