



National Health Mission
Department of Health & Family Welfare
Government of Himachal Pradesh



Annexure 1
For official Use only
Confidential

Facility Based Maternal Death Review Form

NOTE: *This form must be completed for all deaths occurring in the hospital, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy.*

1. Mark with and (X)/(V)/fill where applicable
2. Attach a copy of the case records to this form
3. Complete the form in triplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and one copy would be sent to the District Nodal Officer and the other to the Facility Maternal Death Committee by the Facility Nodal Officer.

For office Use Only:

FB – MDR No.								Year	
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Name, Designation and Address of the District Nodal Officer:

I. General Information:

Name, Designation and Address of the nodal officer of the hospital:

Name, Age and Address of Deceased Woman:

Name and Address of Facility where death occurred:

District:

II. DETAILS OF DECEASED

1. Inpatient Number: _____

2. Name: _____

3. Age (Years): _____

4. Obstetric Formula

Gravida

Para

Abortions

No. of Living Children

5. Date and Time of Admission:
Day Month Year Hours Mins.

6. Date and Time of Delivery:
Day Month Year Hours Mins.

7. Date and Time of Death:
Day Month Year Hours Mins.

8. Delivery/Abortion – Death Interval:
Days Hours

III. DETAILS OF ADMISSION AT INSTITUTION WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED (tick where appropriate)

1. Type of facility where died:

Sub District Hospital	District Hospital	Referral Hospital	Medical College/Tertiary Hospital
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2. Reasons for admission/Diagnosis at admission:

Normal Delivery	Previous Section	Abortion (Specify Type)	Ectopic Pregnancy	Vesicular Mole	Anaemia	Diabetes	PET/Eclampsia
Multiple Pregnancy	APH	Hydramnios	CPD	Abnormal Presentation	PPH	Medical Conditions	Others

3. Period of Admission:

AN before 20 Weeks	Antenatal > 20 Weeks	Intra partum	Post-partum/ Natal up to 24 Hrs	Post Natal 24 Hrs – 1 Week	Post Natal 1 Week to 42 Days
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4. Diagnosis when died:

Obstructed Labour/ Rupture Uterus	PPH	Abortion (Specify Type)	Ectopic Pregnancy	Vesicular Mole	Anaemia (Failure)	Diabetes	Eclampsia
Sepsis	APH	Inversion of Uterus	Post-Operative Complication	Pulmonary Embolism	CVA	Medical Condition	Others

5. Period of Gestation, Intra-natal, Post-natal – at the time of death:

Ante-natal before 20 weeks	Ante-natal after 20 weeks	Intra-partum	Post-partum/ Post-natal
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6. Outcome of pregnancy:

Ectopic	Abortion	Still Birth	Undelivered	Live Birth
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HoursMins

7. Duration from onset of complication to admission:

HoursMins

8. Duration from admission to onset of complication:

9. Condition on Admission: Stable ☐ Semi-conscious responds to verbal commands ☐

Semi-conscious responds to Painful stimuli ☐ Unconscious ☐

10. Was she referred from another centre? Yes ☐ No ☐ Don't Know ☐

10. a. If Yes, Type of facility from which referred:

PHC	24x7 PHC	SDH/Rural Hospital/CHC	District Hospital	Private Hospital	Private Clinic	Others
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11. Other centres visited before coming to the present institution:

PHC	24x7 PHC	SDH/Rural Hospital/CHC	District Hospital	Private Hospital	Private Clinic	Others
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IV. ABORTION (to be filled if applicable)

1. Was the abortion: Spontaneous ☐ Induced ☐

1.a. If spontaneous,

1.a.i. Was it? Complete ☐ Incomplete ☐

1.a.ii. Mention mode of termination? Medical Abortion ☐ MVA ☐ D&C ☐

1.b. If induced, was it Legal ☐ Illegal ☐

2. What was the procedure adopted? Medical Abortion ☐ MVA ☐ D&C ☐

Extra Amniotic Installation ☐ Hysterotomy ☐ Others ☐

3. Post Abortal Period: Uneventful ☐ Sepsis ☐ Haemorrhage ☐ Others ☐

3.a. If sepsis, Method of management

IV Fluids Yes ☐ No ☐

Parental Antibiotics Yes ☐ No ☐

Metronidazole Yes ☐ No ☐

Surgical Interventions Yes ☐ No ☐

Blood/Blood Products Transfused Yes ☐ No ☐

4. Time taken to initiate treatment since onset of the problem Days Hours
5. Was the termination procedure done in more than one centre Yes ☐ No ☐
6. Additional information on complications including Management:

V. ANTENATAL CARE

1. Did she receive ANC? Yes ☐ No ☐ Don't know ☐ No. of visits
- V.1.a. if no reason: Lack of awareness ☐ Lack of accessibility ☐ Lack of funds ☐
- Lack of attendee ☐ Family Problems ☐ Others ☐
- V.1.b. If yes, Type of Care Provider (mark all): SC ANM ☐ MO PHC ☐ MO CHC ☐
- Obstetrician SDH ☐ Obstetrician DH ☐ Obstetrician College/Tertiary Hospital ☐
- Private Hospital ☐ Specify- Obstetrician ☐ MBBS/Other Specialist ☐ Staff Nurse ☐
- V.1.c. If Yes, was she told that she has risk factors? Yes ☐ No ☐ Don't know ☐
- V.1.c.i. If Yes, what was the risk factor identified?

Previous C-Section	Short Stature	Abortion	Ectopic Pregnancy	Vesicular Mole	Anaemia	Diabetes/GDM	PET
Multiple Pregnancy	APH	Hydramnios	Big Baby	Abnormal Presentation	Grand Multi	Medical Conditions	Others Specify

2. Was she admitted with a complication/developed a complication during the AN Period: Yes ☐ No ☐

- 2.a. If yes, what was the complication?

Bleeding	Preterm Labour	Surgical Conditions	Ectopic Pregnancy	Vesicular Mole	Anaemia (with/without failure)	Other Medical Conditions
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Eclampsia	Preterm Labour	Leaking Membranes	Anaemia (with/without failure)	Heart Disease (With/ Without failure)	Others Specify
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3. Time taken to initiate treatment since the onset of the problem: Hrs Mins

3.a. At the first point of contact: Hrs Mins

3.b. At the present institution: Hrs Mins

4. Additional information on AN complications including medication, if any:

VI. DELIVERY, PUERPERM AND NEONATAL INFORMATION

1. Did she have labour pains? Yes ☐ No ☐

1.a. If yes, was a partograph used in referral centre? Yes ☐ No ☐ Don't know ☐

1.a.i. Was partograph used in the present centre? Yes ☐ No ☐

2. Complications during labour:

PROM	PPROM	IP Sepsis	Eclampsia	Obstructed Labour	Inversion of Uterus	Others Specify
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3. Duration of labour: Hrs Mins

4. Mode of Delivery:

Undelivered	Spontaneous Vaginal (with/without episiotomy)	Vacuum/Forceps	Caesarean Section
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5. Time taken to initiate treatment since the onset of the Problem: Hrs Mins

6. In which phase of labour did she die?

Latent Phase	Active Phase	Second Stage	Third Stage	Fourth Stage	> 24 hours after birth
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7. Postnatal period: - Uneventful / Eventful

7.a. If eventful, specify

PPH	Sepsis	CVA/PE	Anaemia	Eclampsia	Post-partum Psychosis	Post op complication	Medical conditions	Others
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8. Blood / Blood products given: Yes ☐ No ☐

8.a. If yes, number of units transferred:

8.b. Was there any transfusion reactions: Yes ☐ No ☐ If yes, specify

9. INTERVENTIONS (Tick appropriate box), Specify other in the last row provided

Early Pregnancy		Antenatal		Intrapartum		Postpartum		Anaesthesia/ICU	
Evacuation		Transfusion		Instrumental Delivery		Removal of retained POC		Anaesthesia-GA	
Transfusion		Version		Caesarean Section		Laparotomy		Spinal	
Laparotomy		Other Surgeries		Hysterectomy		Transfusion		Local	
Hysterectomy				Transfusion		Hysterectomy		Epidural	
				Hysterotomy				ICU Monitoring	
				Manual removal of Placenta					

10. Additional information on Labour, Delivery and Puerperium, including management

VII. Details of Baby:

1. Baby birth weight (g):

2. APGAR Score (5 mins):/10

3. Needed Resuscitation: Y/N

3.a. If yes, who gave early resuscitation?

Obstetrician	Paediatrician	MBBS Doctor/Other Specialist	Staff Nurse	Others (Specify)
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4. Outcome of Delivery: Alive ☐ Still Born ☐ Born Alive and Died ☐

4.a. If still born, was it: Fresh ☐ Macerated ☐

4.b. If the baby is alive, is it: Normal ☐ NICU ☐

4.c. Birth – death interval: Days Hrs

4.d. If died, mention probable cause:

Birth Asphyxia	Sepsis	Aspiration including MAS	Congenital Anomalies	Preterm	Respiratory Distress	Others
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5. Additional information on baby status (in box below)

VIII. CAUSE OF MATERNAL DEATH:

a. Probable cause of obstetric (underlying) cause of death: Specify:

b. Indirect Obstetric Cause of death: Specify:

c. Final Diagnosis (including Non-obstetric causes)

IX. IN YOUR OPINION WERE ANY OF THESE FACTORS PRESENT:

System	Example	Y	N	Not Known
Personal/Family	Delay in Woman seeking help			
	Refusal of treatment			
	Refusal of admission in previous facility			
Logistical Problems	Lack of transport from Home to Health Care Facility			
	Lack of transport between Health Care Facilities			
	Health Service – Health Service Communication Breakdown			
Facilities	Lack of facilities, equipment or consumables			
	Lack of Blood			
	Lack of OT availability			

Health Personnel Problems	Lack of Human Resources			
	Lack of Anaesthetist			
	Lack of Obstetricians			
	Lack of Expertise, Training or Education			

X. Information on avoidable factors, missed opportunities & substandard care

XI. AUTOPSY: Performed ☐ Not Performed ☐

1. If performed, please report the gross findings and send the detailed report later

XII. CASE SUMMARY (Please supply a short summary of the events surroundings the death)

Form filled by the MO on duty

Signature and Name:

Designation:

Nodal Officer of the Hospital:

Signature and Name:

Address of the institution:

Stamp & Date: