



Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Health Division
Teku, Kathmandu

CONFIDENTIAL

This form will be kept confidential and used only for quality of care improvement and statistical purposes and not for medicolegal purposes

MATERNAL DEATH REVIEW FORM

Maternal death includes death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (WHO ICD-10). However, MPDSR should include review of all pregnancy related deaths.

The maternal death review process is an in-depth investigation of the causes of and circumstances surrounding maternal deaths occurring at health facilities with the objective of identifying avoidable factors and utilising the information for improving quality of care at the facility, and policy and programme reform.

Sections 1-7 should be completed within 24 hours of a maternal death by the attending medical officer/nursing staff in consultation with staff that had contact with the deceased. All available records related to the deceased should be reviewed. The death should be notified to Family Health Division within 24 hours of occurrence with name, age and permanent address of the deceased.

Sections 1-7 should be reviewed within 72 hours by a hospital maternal death review committee. After discussion, the committee should complete Sections 8, 9 and 10. The completed forms should be made accessible to Family Health Division through web entry.

District: _____ Palika: _____

Name of facility: _____

SECTION 1: DETAILS OF DECEASED WOMAN

101	Full Name:	101 a. Hospital ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
102	Age at death (Completed years)	<input type="text"/> <input type="text"/>		
103	Address: District: <input type="text"/> <input type="text"/> Palika: <input type="text"/> <input type="text"/> <input type="text"/>			
	VDC/Municipality: <input type="text"/> <input type="text"/> Ward No. <input type="text"/> <input type="text"/>			
104	Ethnicity: _____ <input type="text"/> <input type="text"/> (Don't know: 98)			
105	Gravida	<input type="text"/> <input type="text"/>		
106	Parity	<input type="text"/> <input type="text"/>		
107	Date of Death	Day	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>
108	Time of Death (24 hour format)	Hour	Minute	
		<input type="text"/>	<input type="text"/>	
109	Period of death	Antenatal period (<i>skip section 4</i>)	1	
		Intrapartum period	2	
		Postpartum period up to 48 hours after delivery	3	
		Postpartum period after 48 hours of delivery	4	

SECTION 2: ADMISSION RELATED INFORMATION (AT INSTITUTION WHERE DEATH OCCURRED)

201	Date of admission to this facility (<i>Nepali date</i>)		Day		Month		Year		
202	Time of admission (24 hour Time Format)		Hour		Minute				
203	Period on admission		Antepartum					1	
			Intrapartum (during labor)					2	
			Postpartum (up to 48 hours after delivery)					3	
			Postpartum (between 2- 42 days after delivery)					4	
204	Condition/Vital Signs at admission		Pulse/min	Temp °F	BP (Sys)	BP (Dias)	Respiration/min		
205	Diagnosis on admission (Provisional Diagnosis)				Yes	No	Unknown		
	a	Ante partum haemorrhage			1	2	98		
	b	Postpartum haemorrhage			1	2	98		
	c	Ectopic pregnancy			1	2	98		
	d	Prolonged/obstructed labour			1	2	98		
	e	Ruptured uterus			1	2	98		
	f	Pregnancy induced hypertension			1	2	98		
	g	Pre-eclampsia			1	2	98		
	h	Eclampsia			1	2	98		
	i	Retained placenta			1	2	98		
	j	Puerperal sepsis			1	2	98		
	k	Abortion related complications			1	2	98		
	l	Other (Specify).....			1	2			
	m	Not known			98				

SECTION3: PREGNANCY

301	Did she receive any antenatal care?		Yes		1		
			No (skip to 303)		2		
			Don't know 98 (skip to 303)		98		
302	If yes, when did she had first ANC? (Specify month of pregnancy)		Don't Know 98		□□		
302 a	How many ANC visit/s did she have		Don't Know 98		□□		
303	Did she suffer from any of the following complication during this pregnancy?				Yes	No	DK
a.	Ante partum haemorrhage			1	2	98	
b.	Ectopic pregnancy			1	2	98	
c.	Multiple pregnancy			1	2	98	
d.	Pregnancy induced hypertension			1	2	98	
e.	Pre-eclampsia/eclampsia			1	2	98	
f.	Complications related to induced abortion			1	2	98	
g.	Anaemia			1	2	98	
h.	Malaria			1	2	98	
i.	Hepatitis / Jaundice specify if known.....			1	2	98	
j.	Heart disease specify if known.....			1	2	98	
k.	Diabetes specify if known.....			1	2	98	
l.	HIV/AIDS			1	2	98	
m.	Others (Specify)			1	2		

SECTION 4: DELIVERY AND PUERPERIUM

401	Date of delivery (<i>Nepali date</i>)	Day		Month		Year		
402	Time of delivery (<i>24 hour format</i>)	Hour		Minute				
402 a	Gestational age at delivery	Weeks						
403	Where did she deliver?	This facility					1	
		PHCC/HP/Birthing Center					2	
		Government hospital					3	
		Private/NGO/Missionary facility					4	
		Home					5	
		In transit to health facility					6	
		Other (<i>Specify</i>).....					96	
404	What type of facility was that?	CEONC					1	
		BEONC/Birthing Center					2	
		Non-Birthing centre/HP					3	
		Others (<i>Specify</i>).....					96	
		Don't know					98	
405	Who was the main delivery attendant?	Doctor					1	
		Nurse/ANM (SBA)					2	
		Nurse/ANM (non-SBA)					3	
		Other health workers (<i>Specify</i>)					4	
		FCHV					5	
		None					6	
		Other (<i>Specify</i>)					96	
406	Was a Partograph used?	Yes		No		Don't know		
		1		2		98		
407	If a partograph was used please write relevant information based on partograph:					Yes	No	DK
	Half hourly foetal heart rate monitored					1	2	98
	Half hourly uterine contraction monitored					1	2	98
	Four hourly PV examination done					1	2	98
408	What was the total duration of labour?	Not in Labour	< 12 hours	12-23 hours	>=24 hours	Don't know		
		1	2	3	4	98		
409	Presentation of foetus	Cephalic					1	
		Breech					2	
		Shoulder					3	
		Other (<i>specify</i>					4	
410	What was the mode of delivery?	Normal Vaginal Delivery(<i>Skip 411 and 412</i>)					1	
		Assisted Vaginal Delivery (Vacuum, Forceps, Breech, twin etc)					2	
		Caesarean section					3	
		Destructive Operation					4	
		Others (<i>specify</i>).....					5	
411	What was the reason for Assisted vaginal delivery/CS/destructive operation?	Maternal					1	
		Foetal					2	
		Don't know					98	
		<i>Describe the reason:</i>						

412	Was the caesarean section emergency or elective?				Emergency	Elective	Don't know		
					1	2	98		
413	Did she suffer from any of the following complications during labour or delivery?				Yes	No	Don't Know		
a.	Haemorrhage				1	2	98		
b.	Shock				1	2	98		
c.	Eclampsia				1	2	98		
d.	Pre-eclampsia				1	2	98		
e.	Anaesthetic complication				1	2	98		
f.	Major uro-genital tract injury				1	2	98		
g.	Obstructed labour				1	2	98		
h.	Prolonged labour				1	2	98		
i.	Seizures / Unconsciousness				1	2	98		
j.	Retained placenta				1	2	98		
k.	Hand prolapsed				1	2	98		
l.	Cord prolapsed				1	2	98		
m.	Other (<i>Specify</i>)				1	2			
414	Was it a multiple pregnancy?				Yes	No			
					1	2			
415	Outcome of this pregnancy	Alive	Induced/ spontaneous abortion	Macerated still birth	Fresh still birth	Early NND (up to 7 days)	Late NND (7 - 28 days)	Infant death upto 42 days	Don't know
		1	2	3	4	5	6	7	98
416	Did she suffer from any of the following complications after delivery?				Yes	No	Don't know		
a.	Postpartum haemorrhage				1	2	98		
b.	Puerperal sepsis				1	2	98		
c.	Complications of operative delivery <i>Specify</i>				1	2	98		
d.	Thrombosis				1	2	98		
e.	Eclampsia				1	2	98		
f.	Anaemia				1	2	98		
g.	Maternal depression				1	2	98		
h.	Pulmonary embolism				1	2	98		
i.	Heart disease				1	2	98		
j.	Gastroenteritis				1	2	98		
k.	Pneumonia				1	2	98		
l.	Hepatitis				1	2	98		
m.	Other (<i>specify</i>).....				1	2	98		

SECTION 5: INTERVENTIONS

501	Were any of the following emergency interventions administered?									
	Interventions	Antenatal			Intrapartum			Postpartum		
		Yes	No	DK	Yes	No	DK	Yes	No	DK
a.	Blood transfusion	1	2	98	1	2	98	1	2	98
b.	MgSO4	1	2	98	1	2	98	1	2	98
c.	Hysterectomy	1	2	98	1	2	98	1	2	98
d.	Exploration of uterus / MRP	1	2	98	1	2	98	1	2	98
e.	Laparotomy	1	2	98	1	2	98	1	2	98

501	Were any of the following emergency interventions administered?									
	Interventions	Antenatal			Intrapartum			Postpartum		
		Yes	No	DK	Yes	No	DK	Yes	No	DK
f.	ICU/Advanced life support	1	2	98	1	2	98	1	2	98
g.	Repair of major urogenital tear	1	2	98	1	2	98	1	2	98
h.	Treatment of thrombosis...	1	2	98	1	2	98	1	2	98
i.	Others (Specify).....	1	2		1	2		1	2	

SECTION 6: CAUSES SURROUNDING THE DEATH

601	What was the primary cause of death? (<i>Select one</i>)	
a.	Antepartum haemorrhage	1
b.	Postpartum haemorrhage	2
c.	Hypertensive disorders in pregnancy, childbirth, and the puerperium	3
d.	Induced Abortion	4
e.	Spontaneous Abortion	5
f.	Obstructed labour	6
g.	Puerperal sepsis	7
h.	Retained placenta without haemorrhage	8
i.	Ruptured uterus	9
j.	Uterine Inversion	10
k.	Pulmonary embolism	11
l.	Agents primarily affecting blood constituents (blood transfusion reaction)	12
m.	Others (Specify):	96
602	What were the contributory factors leading to the death (multiple responses)?	
a.	Anaemia	1
b.	HIV	2
c.	TB	3
d.	Hepatitis	4
e.	Diabetes	5
f.	Congenital Heart Disease	6
g.	Malaria	7
h.	Others (Specify):	96
603	What was the final cause of death? (<i>Select one</i>)	
a.	Cardiac failure	1
b.	Respiratory failure	2
c.	Hypovolemic shock	3
d.	Septic shock	4
e.	HELLP Syndrome	5
f.	Renal failure	6
g.	Disseminated intravascular coagulation	7
h.	Liver failure	8
i.	Cerebral complications	9
j.	Unknown	10
k.	Other (Specify)	96

SECTION 7: CASE SUMMARY

Please write a short summary describing the circumstances surrounding her death. It is important to understand the underlying social, as well as medical, problems which led to her death, in addition to trying to understand the primary and contributory clinical causes of death. Please write a description of everything that happened, even if this means repeating some of the information you have already provided.

701	Please write a short history of what happened prior to admission (Write in block letter)
702	Please write a short history of what happened during and after admission (Write in block letter)

SECTION 8: REVIEW BY MPDR COMMITTEE

Complete this form based on review of and discussion on the information in sections 1-7 and available records.

801	Factors relating to the woman/her family/social situation that have contributed to death of the woman	Delay to seek health care	1
		Delay to reach the health facility	2
802	Factors relating to health facility that have contributed to death of the woman <i>(Multiple Response)</i>	Delay in providing appropriate intervention	1
		Absence of critical human resource	2
		Lack of resuscitation equipment	3
		Lack of supplies and drugs	4
		Lack of blood and blood products	5

		Lack of inter-department communication	6
		Lack of intra-department communication	7
		Poor documentation e.g. Partograph, Case note etc	8
		Lack of appropriate intervention	9
		Others (<i>Specify</i>).....	96
803	Factors relating to referral system (<i>Multiple Response</i>)	Lack of effective communication from referring facility	1
		Unable to refer due to	
		a) financial constraints	2
		b) lack of transportation	3
		c) patient party's denial	4
		d) Others (<i>specify</i>).....	5

SECTION 9: CRITICAL EXAMINATION OF CARE IN THE HOSPITAL

901	Do you think the mother could have been saved?	Yes	Possibly	Probably No	Never
		1	2	3	4
902	If yes or possibly, how do you think the mother could have been saved?				
903	Please write a list of <i>lessons learned</i> from this case				
904	Has a similar situation happened before at this facility that resulted in a maternal death or a near miss?	Yes	No		
		1	2		
905	If yes, discuss: why this situation has occurred again? If the necessary steps had been put in place at this facility could this death have been prevented?				

SECTION 10: MPDR COMMITTEE'S RECOMMENDATIONS AND ACTION TAKEN

Avoidable factors	Action to be taken	Responsible	Timeline	Monitored by	Remarks

The request for necessary action at the community level has to be sent formally through District Public Health Office.

Annex: List of ethnicity with codes

SN	Ethnicity	Code
1	Dalit	01
2	Janjati	02
3	Terai Madhesi Caste group	03
4	Muslim	04
5	Brahmin/Chhetri	05
6	Others	06