



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

PERINATAL DEATH REVIEW FORM

CONFIDENTIAL

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

Perinatal deaths include death of a baby from 22 weeks of gestation (or baby weighing at least 500 grams) to first 7 days of life (early neonatal period).

The perinatal death review process is an in-depth investigation of the causes of and circumstances surrounding late fetal and early neonatal deaths occurring at health facilities with the objective of identifying avoidable factors and utilizing the information for improving quality of care at the facility, and policy and program reform across the country.

Personally identifiable information on this form will be kept confidential, and will be grouped and non-identifiable. Information and discussion arising from this review form cannot be used in legal proceedings.

Sections 1-4 should be completed within 72 hours of the perinatal death by the attending medical officer/nursing staff in consultation with other staff who had contact with the mother/infant. All available records related to the deceased should be reviewed.

PDR Summary form should be filled for monthly death review and develop action plan by the hospital MPDSR Committee. The completed PDR summary forms should be made accessible to Family Health Division and DPHO through web-based data entry.

District: _____ Palika: _____

Name of health facility: _____

SECTION 1: DETAILS OF MOTHER OF THE DECEASED

101	Name of the Mother : _____	Hospital ID Number: _____
102	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"/>	
103	Ethnicity (Specify): Caste: _____ Ethnicity: _____	<input type="text"/> <input type="text"/>
104	Maternal age (in completed years) [Write 98, if Don't know]	<input type="text"/> <input type="text"/>
105	Gravida [Write 98, if Don't know]	<input type="text"/> <input type="text"/>
106	Parity [Write 98, if Don't know]	<input type="text"/> <input type="text"/>
107	Did she receive any antenatal care during this pregnancy?	
	Yes	1
	No (Go to 109)	2
	Don't Know (Go to 109)	3

108	If ANC received, how many times?	Specify _____	
109	Obstetric condition of mother at admission	Not in labour	1
		Latent phase of labour	2
		Active phase of labour	3
		Third stage of labour	4
		Post partum	5
110	Provisional diagnosis of mother at the time of admission	Specify	
111	Place of delivery	Specify	
112	Mode of delivery	Normal(<i>Go to 114</i>)	1
		Vacuum	2
		Forceps	3
		Breech	4
		CS	5
		Destructive operation	6
		Other (Specify) _____	7
113	If other than normal delivery, specify main reason for this		
114	Relevant condition of baby at birth and relevant maternal history		

SECTION 2: DETAILS OF THE BABY

201	Gestational age	<input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Days	
202	Birth weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Grams	
203	Sex of the baby	Male	1
		Female	2
		Ambiguous	3
204	Singleton or multiple birth	Singleton	1
		Multiple Baby number: _____	2
205	Date of delivery: (Nepali date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy	
206	Time of delivery (24 hours clock)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Hours	
207	Type of death	Fetal (<i>Go to 212</i>)	1
		Early Neonatal (death within first 7 days)	2
208	If early neonatal death, date of death: (Nepali date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy	
209	If early neonatal death, time of death <i>[Skip to Q 301]</i>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Hours (24 hours clock)	
210	If fetal death, type of death	Antepartum fetal death (macerated)	1
		Intrapartum fetal death (fresh)	2
210 a	If fetal death, FHS present when mother was admitted	Yes	1
		No	2
211	Preventable death	Yes	1
		No	2

SECTION 3: CLINICAL INFORMATION OF DECEASED BABY

301	Relevant events summary for fresh still birth and neonatal deaths <i>[please write about the complication, diagnosis, investigations, procedures, IV therapy and drugs]</i> (If delivered at this hospital, labor and newborn management; if new admission, condition and management on and after admission)		
	<u>Date</u>	<u>Time</u>	<u>Gestational/ Postnatal age</u>
			<u>Event</u>
302	Type of Delays		Avoidable factors
1	Delay in decision making		
2	Delay in reaching at right facility		
3	Delay in receiving proper care at facility		

SECTION 4: CAUSE OF DEATH

401	What was the primary (<i>underlying</i>) cause of death?	Preterm labor	1
		Intrapartum hypoxia	2
		Antepartum hemorrhage	3
		Hypertensive disorder	4
		Infections	5
		Congenital anomalies	6
		Intrauterine growth retardation	7
		Trauma	9
		Unexplained intra-uterine cause	10
		Maternal disease (Specify) _____	11
		Others (Specify) _____	96
402	What was the final cause of death?	Birth asphyxia	1
		Septicemia	2
		Pneumonia	3
		Tetanus	4
		Hypothermia	5
		Complications of prematurity	6
		Congenital anomalies	7
		Birth trauma	9
		Others (Specify) _____	96

403	Wigglesworth classification of death	Normally formed macerated stillbirth	1
		Lethal congenital malformation	2
		Conditions associated with immaturity	3
		Ashphyxial conditions (includes fresh still birth)	4
		Other specific conditions	5

Date of form filled by case attending staff (Nepali date)	<input type="text"/> <input type="text"/> <input type="text"/>
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="text"/><input type="text"/> dd</div> <div style="text-align: center;"><input type="text"/><input type="text"/> mm</div> <div style="text-align: center;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/> yy</div> </div>

Staff who completed this review form:
Name: _____ Designation: _____
Phone Number: _____

Thank You

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