

**Government of Nepal
Ministry of Health**

MPDSR Tool 8

.....
.....
Summary of Hospital Maternal Death Review Form

[CONFIDENTIAL]

Name of Hospital: _____

Identification:

1. Date of Death:

dd	mm	yyyy

2. Death Occurred During:

Pregnancy	Intrapartum	Postpartum	Not known
1	2	3	5

(Check one)

3. Maternal age:

	Unknown
--	----------------

4. Antenatal care:

Yes	No	Unknown
1	2	3

(Check one)

5. Cause of Death

Cause of Death		Code
Primary Cause of Death		
Contributory Cause of Death		
Final Cause of Death		

6. Is this death preventable?

Yes	No

7. If the death is preventable write the avoidable factors according to three delay model

Type of delays		Avoidable factors
1	Delay in decision to seek care	
2	Delay in reaching at right facility	
3	Delay in receiving care at facility	

8. Action plan for reducing similar maternal deaths

Delay Type	Avoidable factors	Action to be taken	Responsibility	Timeline	Date action completed	Rearks
Delay1						
Delay2						
Delay3						

14. List of participates

SN	Name	Position	Address	Phone	Signature