



**Government of Nepal  
Ministry of Health  
Family Health Division**

**MPDSR Tool 9**

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

## Summary of Hospital Perinatal Death Review Form

Name of Facility: \_\_\_\_\_ District: \_\_\_\_\_ Palika: \_\_\_\_\_

1. Report for:

MM	YY

2. Total Deliveries: 

--	--	--	--

3. Total Live Births: 

--	--	--	--

4. Maternal Deaths: 

--	--

5. Perinatal Deaths:

SB	Early NND

6. ENND:

≤ 1 day	>1 day

7. Condition of SB:

Macerated SB	Fresh SB	
	FHS present when mother admitted	FHS absent when mother admitted

8. Birth Weight:

≤1000	1001-1500	1501-2500	2501-4000	>4000	Unknown

9. Gestational Age:

22 - 27	28 – 32	33-36	37 – 41	≥ 42	Unknown

10. Delivered at:

This Facility	Other Facility	Home	On the way	Unknown

11. Maternal age:

<20	20-35	>35	Unknown

12. Antenatal care:

No	1-2	3-4	> 4	Unknown

13. Pregnancy:

Single	Multiple

14. Deaths:

Preventable	Not Preventable

15. Sex of Babies:

Male	Female	Ambiguous

16. Ethnicity:

Dalit	Janjati	Terai Madhesi	Muslim	Brahmin/Chhetri	Others

<b>17. Primary Cause of Death:</b>	<b>Number:</b>	<b>18. Final Cause of Death:</b>	<b>Number:</b>
Preterm labour		Birth asphyxia	
Intrapartum hypoxia		Septicaemia	
Antepartum haemorrhage		Pneumonia	
Hypertensive disorder		Tetanus	
Infections		Hypothermia	
Congenital anomalies		Complications of prematurity	
Intrauterine growth retardation		Congenital anomalies	
Trauma		Birth trauma	
Unexplained intra-uterine cause		Others	
Maternal disease			
Others			

<b>19. Wigglesworth Classification:</b>	<b>Number</b>
Normally formed macerated stillbirth	
Lethal congenital malformation	
Conditions associated with immaturity	
Asphyxial conditions (including fresh SB)	
Other specific conditions	

**20. 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	

**21. Action plan for reducing perinatal deaths:**

Avoidable factors	Action to be taken	Responsible	Timeline	Monitored by	Remarks

**22. List of participants in monthly MPDSR review meeting:**

SN	Name	Position	Phone	Signature

Date of review by facility MPDSR committee (Nepali date)	<input type="text"/> <input type="text"/> dd	<input type="text"/> <input type="text"/> mm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yy
---	---	---	---