



Maternal and Perinatal Death Surveillance and Response [MPDSR]

- Hospital Maternal Death Review Form-



नेपाल सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार स्वास्थ्य महाशाखा



Objective

By the end of session, the participants will be able to

- describe the contents of MDR forms and
- fill up the MDR forms correctly and completely using medical records/case files/mock files of maternal mortality.



Maternal Death Review Form



- The attending medical personnel at the time of maternal death has to fill the MDR form within 24 hours of the death and notify the Doctor in charge.



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 collective statistical 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).

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 other 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 Section 8 and 9. The completed forms should be made accessible to Family Health Division through web entry.

MDR form contains ten sections and background information, all sections need to be completed

Section 1: Demographic Detail of Deceased Woman

101	Full Name:			
102	Age at death (Completed years)			<input type="text"/> <input type="text"/>
103	Address			
	District:	<input type="text"/> <input type="text"/>	VDC/Municipality:	<input type="text"/> <input type="text"/> <input type="text"/> Ward No. <input type="text"/> <input type="text"/>
104	Ethnicity/Caste (Specify): Caste: _____ <input type="text"/> <input type="text"/> <input type="text"/> (Don't know: 998)[Note: Please see Annex for the code]			
105	Gravida			<input type="text"/> <input type="text"/>
106	Parity			<input type="text"/> <input type="text"/>
107	Date of Death	Day	Month	Year
108	Time of Death (24 hour format)	Hour	Minute	
109	Period of death	Antenatal period (<i>skip section 4</i>)		1
		Intrapartum period		2
		Postpartum period up to 48 hours after dleivery		3
		Postpartum period after 48 hours of delivery		4

Section2: Admission Related Information

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 (in labour)					2	
			Postpartum (up to 48 hours after delivery)					3	
			Postpartum (between 2- 42 days after delivery)					4	
204	Condition on admission		Pulse	Temperature	BP	BP	Respiration		
				/F	(S)	(D)	/M		
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	Pre-eclampsia			1	2	98		
	g	Eclampsia			1	2	98		
	h	Retained placenta			1	2	98		
	i	Puerperal sepsis			1	2	98		
	j	Abortion related complications			1	2	98		
	k	Pregnancy induced hypertension			1	2	98		
	l	Other (Specify).....			1	2	98		
	m	No diagnosis given			98				

Section 3: Information About 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)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div>			
		Don't Know	98		
303	Did she suffer from any of the following complication during this pregnancy and child birth? (Clinical history of this pregnancy)	Yes	No	DK	
a.	Ante partum haemorrhage	1	2	98	
b.	Postpartum haemorrhage	1	2	98	
c.	Ectopic pregnancy	1	2	98	
d.	Multiple pregnancy	1	2	98	
e.	Prolonged/obstructed labour	1	2	98	
f.	Ruptured uterus	1	2	98	
g.	Pre-eclampsia/eclampsia	1	2	98	
h.	Retained placenta	1	2	98	
i.	Puerperal sepsis	1	2	98	
j.	Complications related to induced abortion	1	2	98	
k.	Pregnancy induced hypertension	1	2	98	
l.	Anaemia	1	2	98	
m.	Malaria	1	2	98	
n.	Hepatitis / Jaundice	1	2	98	
o.	Heart disease	1	2	98	
p.	Diabetes	1	2	98	
q.	HIV/AIDS	1	2	98	
r.	Others (Specify)				

Section 4: Information About Delivery & Puerperium

401	Date of delivery (<i>Nepali date</i>)	Day		Month		Year		
402	Time of delivery (<i>24 hour format</i>)	Hour		Minute				
403	Where did she deliver?	This facility					1	
		PHCC/HP/SHP					2	
		Government hospital					3	
		Private/NGO/Missionary facility					4	
		Home / someone else's home					5	
		In transit to health facility					6	
		Other (<i>Specify</i>)					96	
		Don't know					98	
404	What type of facility was that?	CEONC					1	
		BEONC					2	
		Birthing centre					3	
		Others (<i>Specify</i>)					96	
		Don't know					98	
405	Who was the main delivery attendant?	Doctor					1	
		Nurse/ANM/SBA					2	
		Other health workers (<i>Specify</i>)					3	
		FCHV/ Friend /Relative					4	
		Self					5	
		Other (<i>Specify</i>)					96	

Section 4: Information About Delivery & Puerperium Contd.

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 duration of labour?	< 12 hours	12-23 hours	>=24 hours	Don't know	
		1	2	3	98	
409	Presentation of foetus	Cephalic			1	
		Breech			2	
		Shoulder			3	
		Other (<i>specify</i>)			4	
410	What was the mode of delivery?	Normal <i>(Skip 411 and 412)</i>			1	
		Vacuum			2	
		Caesarean section			3	
		Destructive Operation (Embroyotomy)			4	
		Others (<i>specify</i>)			5	
411	What was the reason for vacuum/forceps/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		

Section 4: Information About Delivery & Puerperium Contd.

413	Did she suffer from any of the following complications during labor 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 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	
k.	Other (<i>Specify</i>)				1	2	98	
414	Was it a multiple pregnancy?				Yes	No		
					1	2		
415	Outcome of this pregnancy	Alive	Macerated still birth	Fresh still birth	Early neonatal death (up to 7 days)	Late neonatal death (7 - 28 days)	Induced/ spontaneous abortion	Don't know
		1	2	3	4	5	6	98

Section 4: Information About Delivery & Puerperium Contd.

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	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 (specify).....	1	2	98

Section 5: Information About Interventions

501	Were any of the following interventions administered during ANC, Delivery and postpartum period?									
	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.	External cephalic version	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
f.	ICU (Advanced life support)	1	2	98	1	2	98	1	2	98
g.	Treatment for malaria	1	2	98	1	2	98	1	2	98
h.	Treatment of anaemia (Specify).....	1	2	98	1	2	98	1	2	98

Section6: Causes of Death (Primary, Contributory, Final)

601	What was the primary cause of death? (<i>Select one</i>)	
a.	Ante partum haemorrhage	1
b.	Postpartum haemorrhage	2
c.	Eclampsia	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	Inversion uterus	10
K	Pulmonary embolism	11
L	Agents primarily affecting blood constituents (blood transfusion reaction)	12
m.	Others (Specify):.....	96

Section6: Causes of Death (Primary, Contributory, Final) Contd.

602	What were the contributory factors leading to the death (multiple response) ?	
a.	Ante partum haemorrhage	1
b.	Postpartum haemorrhage	2
c.	Eclampsia	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	Inversion uterus	10
K	Pulmonary embolism	11
L	Agents primarily affecting blood constituents (blood transfusion reaction)	12
m.	Others (Specify):.....	96

Section6: Causes of Death (Primary, Contributory, Final) Contd.

603	What was the final cause of death ? (Select one)	
a.	Cardiac failure	1
b.	Respiratory failure	2
c.	Hypovolemic shock	3
d.	Septic shock	4
e.	Acute cardiopulmonary failure	5
f.	Renal failure	7
g.	Disseminated intravascular coagulation	8
h.	Liver failure	9
i.	Multi-organ failure	10
j.	Cerebral complications	11
k.	Unknown	12
l.	Other (Specify) _____	96

Section 7: Case Summary

Please write a short summary describing the circumstances surrounding her death. It is important to understand 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 after admission (Write in block letter)

Section 8: Finding of MPDSR Committee Review

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
		Mis-diagnosis	9
		Others <i>(Specify)</i>	96

Section 8: Finding of MPDSR Committee Review Contd.

803	<p>Factors relating to referral system</p> <p><i>(Multiple Response)</i></p>	Lack of effective communication from referring facility	1
		<p>Unable to refer due to</p> <p>a) financial constraints</p> <p>b) lack of transportation</p> <p>c) patient party's denial</p> <p>d) other(<i>specify</i>).....</p>	<p>2</p> <p>3</p> <p>4</p> <p>5</p>

Section 9: Critical Examination of Care in 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: MPDSR Committees Recommendation and Plan of Action

Actions	To be performed by Hospital	To be performed by/through DPHO
Immediate Actions		
<i>Responsible for implementation</i>		
<i>Time line (less than a month)</i>		
<i>Monitoring to be done by</i>		
(Mid Term Actions)		
<i>Responsible for implementation</i>		
<i>Time line (less than six month)</i>		
<i>Monitoring to be done by</i>		
(Long Term Actions)		
<i>Responsible for implementation</i>		
<i>Time line (less than a year)</i>		
<i>Monitoring to be done by</i>		

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

Section 10: MPDSR Committees Recommendation and Plan of Action Contd.

SN	Name	Designation	Institution/Dept	Phone	Signature

Section 10: MPDSR Committees Recommendation and Plan of Action Contd.

Date of review by case attending staff (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
Date of review by facility MPDR 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

Staff who completed this review form:

Name: _____ Designation: _____

Phone Number: _____ Date/month/year: _____ Signature: _____



Group Work

- Divide into five group (4-6 members in each).
- Fill up the MDR form with provided case file/mock file of maternal mortality up to Section 7.
- 45 minutes for group work to fill up the form.
- Presentation from each group after group work.



मातृ मृत्यु निगरानी तथा प्रतिकार्य



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