

Maternal and Perinatal Death Surveillance and Response [MPDSR]

- Hospital Perinatal Death Review Form-







Objective



- By the end of session, the participants will be able to
- describe the contents of PDR forms and
- fill up the PDR forms correctly and completely using medical records/case files/mock files of maternal mortality.



Perinatal Death Review Form



 The attending medical personnel at the time of the perinatal death has to fill the PDR form within 72 hours of the death.

MPDSR Tool 7



Government of Nepal Ministry of Health and Population Department of Health Services Family Health Division Teku, Kathmandu PERINATAL DEATH REVIEW FORM

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This form will be kept confidential and used only for quality of care improvement and collective statisticalpurposes

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 programme reform across the country.

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

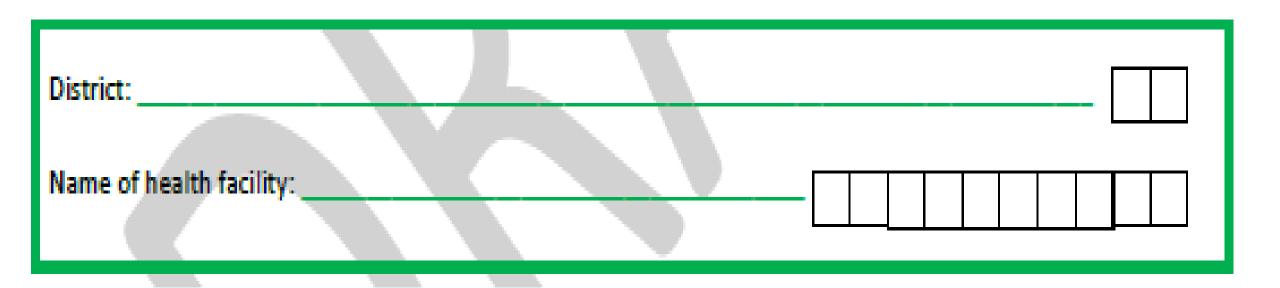
Sections 1-4 should be completed within 72 hours of the perinatal death by the attending medical officer/nursing staff in consultation with other staff that had contact with the mother/infant. All available records related to the deceased should be reviewed.

Sections 1-4 should then be reviewed each month by the hospital MPDR committee and Section 5 should be completed after discussion. The completed forms should be made accessible to Family Health Division and DPHO through web-based data entry.

PDR form contains six sections and background information, all sections need to be completed



Background Information





Section1: Demographic Details of Mother of Deceased

101	Name of the Mother :	Hospital ID Number:	
102	Address :		
	District: VD	OC/Municipality:	Ward No.:
103	Ethnicity/Caste (Specify): Caste: [Note: Coding to be done during data et		
104	Maternal age (in completed years) [Write 98, if Don't know]		
105	Gravida		
	[Write 98, if Don't know]		
106	Parity		
	[Write 98, if Don't know]		



Section1: Demographic Details of Mother Contd.



107	Did she receive any antenatal care	Yes	1
	during this pregnancy?	No (Go to 109)	2
		Don't Know (Go to 109)	3
108	If ANC received, how many times?	Specify	
			<u> </u>
109	Obstetric condition of mother at	Not in labour	1
	admission	Latent phase of labour	2
		Active phase of labour	W
		Third stage of labour	4
		Post partum	5
110	Provisional diagnosis of mother at the		
	time of admission	Specify	
111	Place of delivery		1
		Specify	
			L
112	Mode of delivery	Normal (Go to 114)	1
		Vacuum	2
		cs	3
		Embryotomy	4
		Other (Specify)	5
113	If other than normal delivery, specify		
	main reason for this		
114	Relevant maternal event summary		



Section2: Details of the Deceased Baby



201	Gestational age	Weeks Days
203	Birth weight	Grams
204	Sex of the baby	Male 1
		Female 2
		Ambiguous 3
205	Singleton or multiple birth	Singleton 1
		Multiple 2
		Baby number:
206	Date of delivery:	
	(Nepali date)	dd mm yy
207	Time of delivery	
	(24 hours clock)	- Hours
209	Type of death	Fetal (Go to 212) 1
		Early Neonatal 2
210	If early neonatal death, date of death:	
	(Nepali date)	dd mm yy
211	If early neonatal death, time of death	. Hours (24 hours clock)
211	[Skip to Q 301]	Antonio (antonio (ant
212	If fetal death, type of death	Antepartum fetal death (macerated) 1
212		Intrapartum fetal death (fresh) 2

Section3: Clinical Information of Deceased Baby

301	301 Relevant neonatal events summary [please write about the complication, diagnosis, investigations, procedures, IV therapy and drugs]				
Da	ate	<u>Time</u>	<u>Postnatal age</u>	<u>Event</u>	



Section4: Cause of Death of Baby (3)



401	What was the primary (underlying) cause	Spontaneous preterm labour	1
	of death?	Intrapartum hypoxia	2
		Antepartum haemorrhaage	з
		Hypertensive disorder	4
		Infections	5
		Congenital anomalies	6
		Intrauterine growth retardation	
		Trauma	9
		Unexplained intra-uterine cause	10
		Maternal disease (Specify)	
		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
		Asphyxial conditions (includes fresh still birth)	4
		Other specific conditions	5



Section5: Finding of Review by MPDR Committee.



Critically analyze the situation, circumstances and record how it could have been saved (avoidable factors)

Q	Type of Avoidable Factors	Avoidable Factors	Code
501	Patient related		
502	Administrative problems		
503	Medical personnel associated		
504	Other		



Section5: MPDR Committee Recommendation & Action Taken



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

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

Family Health Division, DOHS



Section6: Date of Review & Person Completing Form

Date of review by case attending staff (Nepali date)	dd mm yy
Date of review by facility MPDR committee (Nepali date)	dd mm yy

Staff who completed this review form:			
Name:	Designation:		
Phone Number:	_Date/month/year:	Signature:	





Summary of Hospital PDR Form





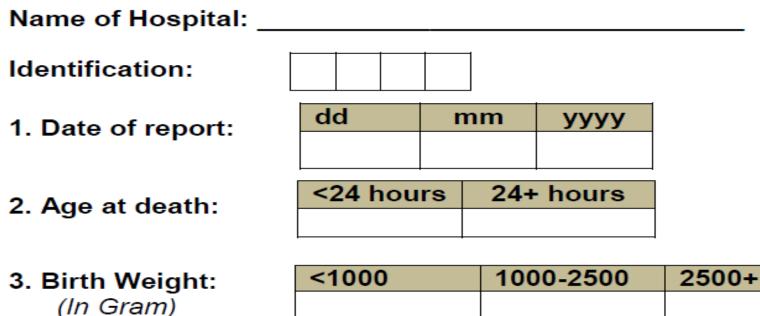
MPDSR Tool 9



Government of Nepal Ministry of Health and Population

Summary of Hospital Perinatal Death Review Form

[CONFIDENTIAL]







Not known

4. Gestational Age: in Week

5. Delivered at:

This Facility	Other Facility	Home	Unknown

37 – 41

6. Maternal age:

<20	20-35	>35

28 – 36

22 - 27

7. Antenatal care:

:	No	1-3	≥ 4

8. Condition at birth

Born Alive	Still Born: Fetus Alive	Fresh	Macerated	
	on Admission	Stillborn	Stillborn	

≥ 42

9. Pregnancy status

10. Primary Cause Of Deaths

Single Pregnancy	Multiple Pregnancy			

Cause of Death	Number





11. Number of preventable deaths

Preventable	Not Preventable		

12. If the deaths are 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	





13. Action plan for reducing preinatal 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



Group Work



Divide into five group (4-6 members in each).

- Group work to fill up the PDR form with provided case file/mock file of maternal mortality up to Section 4.
- 30 minutes for group work to fill up the forms.
- Presentation from each group after group work.





