



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

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This form will be kept confidential and used only for quality of care improvement and statistical purposes and not for medicolegal 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 pregnancy or its management, but not from accidental or incidental causes (WHO ICD-10). However, MPDSR should include review of all pregnancy related deaths.

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 utilizing 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 staff that had contact with the deceased. All available records related to the deceased should be reviewed. The death should be notified to local level / Health Office / Province / Centre (FWD) via phone, email, etc. within 24 hours of occurrence with name, age and current 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 review section 7 and complete Section 8. The completed forms should be made accessible to Family Welfare Division through web entry.

District: _____ Local level: _____
Name of facility: _____

SECTION 1: DETAILS OF DECEASED WOMAN

| | | | |
|-----|---|---|---|
| 101 | Full name: | 101 a. Hospital ID: | <input type="text"/> |
| 102 | Age at death (Completed years) | <input type="text"/> | Years |
| 103 | Current address: District: _____ <input type="text"/> <input type="text"/> Local level: _____ <input type="text"/> <input type="text"/> <input type="text"/> Ward number: <input type="text"/> <input type="text"/> Contact number: <input type="text"/> | | |
| 104 | Ethnicity: _____ (Write '98' if 'Don't know') | Code: <input type="text"/> <input type="text"/> | (Refer to Annex for Ethnicity code) |
| 105 | Gravida | <input type="text"/> | |
| 106 | Parity | <input type="text"/> | |
| 107 | Date of death (Nepali date) | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year |
| 108 | Time of death (12 hour form) | <input type="text"/> : <input type="text"/> | AM / PM Hour Minute |

| | | | |
|-----|---|---|---|
| 109 | Period of death | Antenatal period (<i>Skip section 4</i>) | 1 |
| | | Intrapartum period (during labor) | 2 |
| | | Postpartum period upto 24 hours after delivery | 3 |
| | | Postpartum period 24 to 48 hours after delivery | 4 |
| | | Postpartum period after 48 hours of delivery | 5 |
| | | Abortion related (< 28 weeks of pregnancy) | 6 |
| 110 | Was the patient BROUGHT DEAD to this facility | Yes | 1 |
| | | No | 2 |

SECTION 2: ADMISSION RELATED INFORMATION (AT INSTITUTION WHERE DEATH OCCURRED)

| | | | | | | | | |
|------|--|---|---|---|----------------------|----------------------|---------|---|
| 201 | Date of admission to this facility (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"/> | Day | Month | Year | |
| 202 | Time of admission (12 hour format) | <input type="text"/> <input type="text"/> | : | <input type="text"/> <input type="text"/> | Hour | Minute | AM / PM | |
| 203 | Period on admission | Antepartum period | | | | | | 1 |
| | | Intrapartum period (during labor) | | | | | | 2 |
| | | Postpartum period upto 24 hours after delivery | | | | | | 3 |
| | | Postpartum period 24 to 48 hours after delivery | | | | | | 4 |
| | | Postpartum period after 48 hours of delivery | | | | | | 5 |
| | | Abortion related (< 28 weeks of pregnancy) | | | | | | 6 |
| 203a | If the patient was referred, where was she referred from? | Name of facility (Specify): _____ | | | | | | |
| 203b | Date of referral | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Day | Month | Year | |
| 203c | What time was she referred? (12 hour format) | <input type="text"/> <input type="text"/> | : | <input type="text"/> <input type="text"/> | Hour | Minute | AM / PM | |
| 204 | Condition / Vital signs at admission | Pulse/min | Temp ° F | BP (Syst) | BP (Dias) | Respiration/min | | |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| 205 | Provisional diagnosis at the time of admission (<i>Specify in BLOCK LETTERS</i>) | _____ | | | | | | |

SECTION 3: CURRENT PREGNANCY

| | | | | | | | | | | |
|------|--|-----------------------------------|----|-----|-----|---|---|---|-----------|------------|
| 301 | Antenatal care visits during this pregnancy? | 8 visits as per National protocol | 8+ | 6-7 | 4-5 | 3 | 2 | 1 | No visits | Don't know |
| | | | | | | | | | | |
| 302 | If she had ANC visits, when did she have her first ANC? (Specify weeks OR completed month of pregnancy) | Weeks | | | | | | | | |
| | | Months | | | | | | | | |
| | | Don't know | | | | | | | 98 | |
| 302a | When did she have her last ANC? (Specify weeks OR completed month of pregnancy) | Weeks | | | | | | | | |
| | | Months | | | | | | | | |
| | | Don't know | | | | | | | 98 | |
| 303 | Any complications DURING this pregnancy? (Specify in BLOCK LETTERS) | _____ | | | | | | | | |

SECTION 4: DELIVERY AND PUERPERIUM

| | | | | | | | |
|------|--|--|---|---|---------|-------|------|
| 401 | 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"/> | Day | Month | Year |
| 402 | Time of delivery (12 hour format) | <input type="text"/> <input type="text"/> | : | <input type="text"/> <input type="text"/> | AM / PM | | |
| 402a | Gestational age at delivery | <input type="text"/> <input type="text"/> | weeks | | | | |
| 403 | Where did she deliver? (Select only ONE response) | This health facility | | | | | 1 |
| | | Other health facility | | | | | 2 |
| | | In transit from one health facility to another health facility | | | | | 3 |
| | | In transit from home to health facility | | | | | 4 |
| | | Home | | | | | 5 |
| 403a | Type of facility (Select only ONE response) | Public Hospital | | | | | 1 |
| | | Private / NGO / Missionary Hospital | | | | | 2 |
| | | Medical college / Teaching Hospital | | | | | 3 |
| | | Others (Specify) _____ | | | | | 96 |
| | | Don't know | | | | | 98 |
| 404 | Is this facility BC/BEONC/CEONC? (Select only ONE response) | Birthing Centre | BEONC | | CEONC | | |
| | | 1 | 2 | | 3 | | |
| 405 | Who was the main delivery attendant? | Doctor | | | | | 1 |
| | | Nurse / Midwife / ANM | | | | | 2 |
| | | Other health workers (Specify) _____ | | | | | 3 |
| | | Others (specify) _____ | | | | | 96 |
| 406 | Was partograph used during delivery? | Yes | | | | | 1 |
| | | No | | | | | 2 |
| | | Don't know | | | | | 98 |
| 407 | Was the pregnancy Single or Multiple? | Single | | | | | 1 |
| | | Multiple | | | | | 2 |

| | | | | | | | | | |
|-----|---|--|-------------------------------|-----------------------|-------------------|-------------------------|----------------------|---------------------------|------------|
| 408 | What was the TOTAL duration of labor? | Not in labor | <12 hrs | 12-23 hrs | ≥24 hrs | Don't know | | | |
| | | 1 | 2 | 3 | 4 | 98 | | | |
| 409 | Presentation of fetus | Cephalic | | | | 1 | | | |
| | | Breech | | | | 2 | | | |
| | | Shoulder | | | | 3 | | | |
| | | Others (Specify) _____ | | | | 96 | | | |
| 410 | What was the mode of delivery? | Vaginal Delivery (Go to 413) | | | | 1 | | | |
| | | Assisted Vaginal Delivery (Breech, Multiple) | | | | 2 | | | |
| | | Instrumental Delivery (Vacuum, Forceps) | | | | 3 | | | |
| | | Caesarean Section | | | | 4 | | | |
| | | Others (Specify) _____ | | | | 96 | | | |
| 411 | What was the reason for Assisted/Instrumental delivery / LSCS ? | Maternal | Fetal | Don't Know | | | | | |
| | | 1 | 2 | 98 | | | | | |
| 412 | Was the Caesarean Section emergency or elective? (ask only if Q410=4) | Emergency | Elective | Don't Know | | | | | |
| | | 1 | 2 | 98 | | | | | |
| 413 | Any apparent complications DURING LABOR or DELIVERY? (<i>Specify in BLOCK LETTERS</i>) _____ | | | | | | | | |
| 414 | Outcome of this pregnancy | Alive | Induced/ spontaneous abortion | Macerated Still Birth | Fresh Still Birth | Early NND (upto 7 days) | Late NND (7-28 days) | Infant death (28-42 days) | Don't Know |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 98 |
| 415 | Any apparent complications AFTER delivery? (<i>Specify in BLOCK LETTERS</i>) _____ | | | | | | | | |

SECTION 5: INTERVENTIONS

| | | | | | | | | | | |
|-----|---|-----------|----|----|-------------|----|----|------------|----|----|
| 501 | Were any of the following emergency interventions administered? (Select all that is appropriate) | | | | | | | | | |
| | | 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 | Hysterectomy / operative intervention | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| c | Exploration of uterus / MRP | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| d | Laparotomy | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| e | ICU/Advanced life support | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| F | MgSO4 | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| G | Uterotonics (Specify) _____ | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| H | Antibiotics | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| I | Treatment of thrombosis | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |
| J | Others (Specify) _____ | 1 | 2 | 98 | 1 | 2 | 98 | 1 | 2 | 98 |

SECTION 6: Medical Cause of Death Assignment

PART I: Case narrative: [Gravida, Parity, ANC/Intra/PNC history, sequence of events, treatment, time line of events] (WRITE IN BLOCK LETTERS)

Please write a short history of what happened prior to admission
Any complications/significant findings during pregnancy:

Reason for hospital admission:

PART II: History of illness prior to death

Findings during admission:

Events during hospital stay

Events that occurred before death:

| Contributing factors (Delays) | |
|-------------------------------|--|
| First delay | |

| | |
|--------------|--|
| | |
| Second delay | |
| Third delay | |

| Cause of Death Assignment | | |
|--|--|---|
| Part I | | Approximate Interval Between Onset & Death |
| Disease or condition directly leading to the death* <i>(Final / Immediate Cause of Death)</i> | a) _____ <i>(due to or as a consequence of)</i> | |
| Antecedent causes <i>(Morbid conditions, if any, giving rise to the above cause, <u>stating underlying condition last</u>)</i> | b) _____ <i>(due to or as a consequence of)</i> | |
| | c) _____ <i>(due to or as a consequence of)</i> | |
| | d) _____ <i>(due to or as a consequence of)</i> | |
| Note: State the underlying condition in the last space and state the sequence of events as you move up, stating the final cause of death in the top-most space (a) | | |
| Part II | | |
| Other significant conditions (morbid conditions contributing to death, but not related to the disease or conditions causing it) <i>(Contributing factors)</i> | _____ | |
| * This does NOT mean the mode of dying, e.g., heart failure, respiratory failure; it means the disease, injury or complication that caused death. | | |
| The woman was: v <input type="checkbox"/> pregnant at the time of death <input type="checkbox"/> was in labour at the time of death <input type="checkbox"/> had delivered within 42 days, at the time of death <input type="checkbox"/> had an abortion within 42 days, at the time of death | | |

Section 7: ICD-MM Classification (To be done by the Hospital MPDSR Committee)

| | | |
|---|---|----------|
| a | Pregnancy with abortive complications (Direct Maternal Death) | ICD-MM 1 |
|---|---|----------|

| | | |
|----------|---|----------|
| b | Hypertensive disorders of pregnancy (Direct Maternal Death) | ICD-MM 2 |
| c | Obstetric Hemorrhage (Direct Maternal Death) | ICD-MM 3 |
| d | Pregnancy related infections (Direct Maternal Death) | ICD-MM 4 |
| e | Other obstetric complications (Direct Maternal Death) | ICD-MM 5 |
| f | Unanticipated complications of management (Direct Maternal Death) | ICD-MM 6 |
| g | Non-Obstetric complications (Indirect Maternal Death) | ICD-MM 7 |
| h | Unknown, Undetermined cause (Indirect Maternal Death) | ICD-MM 8 |
| i | Coincidental Cause | ICD-MM 9 |

SECTION 8: RESPONSE PLAN IN THE HOSPITAL (To be done by the Hospital MPDSR Committee)

| Avoidable factors identified during review | Action to be taken for the avoidable factors | Responsible person/ Dept/ Org | Timeline for the action to be completed | To be monitored by | Remarks |
|--|--|-------------------------------|---|--------------------|---------|
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |
| | | | DD / MM / YYYY | | |

Note: The request for necessary action at the community level has to be sent formally through Local level.

Attendance in MPDSR Committee Meeting

| SN | Name | Designation | Institution/ Dept | Phone | Signature |
|----|------|-------------|-------------------|-------|-----------|
| | | | | | |

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| | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date of form filled by case attending staff (Nepali date) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Day | Month | Year | | |
| Date of review by facility MPDSR committee (Nepali date) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Day | Month | Year | | |

Staff who completed this review form:

Name: _____ Designation: _____
 Phone Number: _____ Signature: _____

Thank You

| S.N | Ethnicity | Code | S.N | Ethnicity | Code |
|-----|---------------------------|------|-----|--|------|
| 1 | Dalit | 01 | 4 | Muslim/Churoute | 04 |
| 2 | Disadvantaged Janajatis | 02 | 5 | Relatively advantaged Janajatis | 05 |
| 3 | Terai Madhesi Caste Group | 03 | 6 | Upper Caste groups (Brahmin/Chhetri/Thakuri/Sanyasi/ Terai Brahmin/ Rajput/ Kayastha / Marwadi) | 06 |

ICD-MM Reference Aid

Groups of the Underlying Cause of Death during Pregnancy, Childbirth, and Puerperium

Definitions of deaths

Death occurring during pregnancy, childbirth and the puerperium is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

Maternal death

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (irrespective of the duration and the site of the pregnancy).

Late maternal death

A late maternal death is the death of a woman from direct or indirect causes more than 42 days but less than one year after termination of pregnancy.

