

Government of Nepal Ministry of Health and Population Department of Health Services Family Welfare Division Teku, Kathmandu PERINATAL DEATH REVIEW FORM MPDSR Tool 5

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

Perinatal deaths include death of a baby from <u>28 weeks of gestation (or baby weighing at least 1000 grams</u>) 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 program reform across the country.

Personal identifiable information in this form will be kept confidential and will be grouped and non- identifiable. 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 doctors / nursing staff in consultation with other staff who had contact with the mother/infant. All available records related to the deceased should be reviewed.

PDR Summary form should be filled for monthly death review and action plan developed by the hospital MPDSR Committee. The completed PDR summary forms should be made accessible to Family Welfare Division through web-based data entry.

101	Name of the mother:	101 a. Hospital ID: (Enter mother's ID, but If baby was admitted in thi	is
102	Current address: District:	hospital, enter baby's ID) Local level:	
	Ward number: Contact nu	mber:	
103	Date of admission (Nepali date) (If baby was delivered in this hospital)	Day Month Year]
104	Time of admission (12 hour format) (If baby was delivered in this hospital)	Hour Minute AM / PM	
105	Ethnicity (Specify)	Code: (Refer to Annex for ethnicity codes)	,
106	Maternal age in completed years (Write '98' if Don't Know)	Years:	
107	Gravida: (Write '98' if Don't Know)	108 Parity: (Write '98' if Don't	Know)
109	Did she receive any Antenatal care during this	Yes	1
	pregnancy?	No (Go to 111)	
		Don't Know (Go to 111)	
110	If yes, did she have her ANC as per National	Yes	1
	protocol	No	
		Don't Know	98

SECTION 1: DETAILS OF MOTHER OF THE DECEASED

111	Did she have any perinatal deaths during her	Yes	1
	previous pregnancies?	No	2
		Don't Know	98
112	If yes, specify the number of previous perinatal deaths		
113	Any co-existing maternal conditions	No maternal condition present / identified	1
		Diabetes	2
		Hypertension	3
		Hypo/Hyperthyroidism	4
		Severe anemia	5
		Other Chronic illness	6
		Others (Specify)	96
114	Obstetric condition of mother at admission	Not in labor	1
		Latent phase of labor	2
		Active phase of labor	3
		Third stage of labor	4
		Post-partum	5
115	Provisional diagnosis of mother at the time of admission (Specify in BLOCK LETTERS)		
116	Place of delivery (Specify in BLOCK LETTERS)		
117	Mode of delivery	Vaginal delivery (Go to 119)	1
		Vacuum	2
		Forceps	3
		Breech	4
		Caesarean Section	5
		Destructive operation	6
		Others (Specify)	96
118	If other than vaginal delivery, specify the main reason (Specify in BLOCK LETTERS)		
119	Condition of baby at birth	Normal	1
		Asphyxiated	2
		Stillborn	3
		Others (Specify)	96

SECTION 2: DETAILS OF THE BABY

201	Gestational age	Weeks:	Days:	
202	Birth weight (in grams)		Grams	
203	Sex of the baby	Male	Female	Ambiguous
		1	2	3
204	Singleton or multiple birth	Singleton		1
		Multiple		2
		Baby number: _		

205	Date of delivery (Nepali date)	Day Month	Year	
206	Time of delivery (12 hour format)	Hour Minute	AM / P	М
207	Type of death	Fetal Death (Go to 210)		1
		Early Neonatal Death (with days of birth)	in first 7	2
208	lf Early Neonatal Death (ENND), Date of death (Nepali date)	Day Month	Year	
209	If Early Neonatal Death (ENND), Time of death (12 hour format) (Go to 301)	Hour Minute	AM / PI	M
210	If Fetal death, type of death	Antepartum fetal death (Macerated)	•	n fetal death till birth)
		1	2	2
211	If Fetal death, was Fetal Heart Sound (FHS)	Yes		1
	present when mother was admitted	No		2

SECTION 3: CLINICAL INFORMATION OF DECEASED BABY

301	01 Relevant events summary for fresh still birth and neonatal deaths [please write about the complication, diagnosis, investigations, procedures, IV therapy and drugs] (If delivered at this hospital, labor and newborn management; if new admission, condition and management on and after admission)				
Da	ate	Time	Gestational / Postnatal age	Events	

	Type of Delays	Avoidable factors	
302	Delay 1: Delay in deciding to	Unaware of the warning signs	1
	seek care (Multiple Response)	Lack of decision to go to health facility 2	
	(· · · · · · · · · · · · · · · · · · ·	Did not know where to go to seek health care	3
		Reliant on traditional practice / medicine	4
		Had no one to take care of other children	5
		Financial constraints	6
		Others (Specify)	96
303	Delay 2: Delay in reaching	Unavailability of transport	1
	health care facility (Multiple Response)	Transport too expensive	2
		No facility within reasonable distance	3
		Lack of road access	4
		Others (Specify)	96
304	Delay 3: Delay in receiving	Delayed arrival from referring facility	1
	appropriate treatment / management	Delay in providing appropriate intervention	2
	(Multiple Response)	Lack of appropriate intervention	3
		Lack of medicine, equipment and supplies	4
		Absence of trained human resource	5
		Lack of inter- department communication	6
		Poor documentation	7
		Others (Specify)	96
305	Factors relating to referral	Lack of effective communication from referring facility	1
	system (Multiple Response)	Delayed transfer of patients to appropriate treatment centre	2
		Unable to refer due to:	
		- Financial constraints	3
		- Lack of transportation	4
		- Patient party's denial for referral	5
		- Others (Specify)	96

SECTION 4: CAUSE OF DEATH

020110						
403	ICD-PM Classification of death					
403a	Fetal death main cause – Antepartum Death	Congenital malformations, Deformation, Chromosomal abnormalities	A1			
	(A- Antepartum Deaths)	Infection	A2			
		Antepartum Hypoxia	A3			
		Other specified Antepartum disorders	A4			
		Disorders related to fetal growth	A5			
		Antepartum death of unspecified cause	A6			

403b	Fetal death main cause – Intrapartum Deaths	Congenital malformations, Deformation, Chromosomal abnormalities	11
	(I- Intrapartum Deaths)	Birth trauma	12
		Acute Intrapartum event	13
		Infections	14
		Other specified Intrapartum disorders	15
		Disorder related to Fetal growth	16
		Intrapartum death of unspecified cause	17
403c	Fetal death main cause – Neonatal Deaths	Congenital malformations, Deformation, Chromosomal abnormalities	N1
	(N- Neonatal Deaths)	Disorder related to fetal growth	N2
		Birth trauma	N3
		Complications of intrapartum events	N4
		Convulsions and disorders of cerebral status	N5
		Infections	N6
		Respiratory and cardiovascular disorders	N7
		Other neonatal conditions	N8
		Low birth weight and prematurity	N9
		Miscellaneous	N10
		Neonatal death of unspecified cause	N11
403d	Maternal Conditions	Complications of placenta, cord and membrane	M1
	associated with fetal death (M- Maternal Conditions)	Maternal complications of pregnancy	M2
	(IVI- IVIALEITIAI CONULTIONS)	Other complications of labor and delivery	M3
		Maternal medical and surgical conditions; Noxious influences	M4
		No maternal condition identified (Healthy mother)	M5

Date of form filled by case attending staff (Nepali date)	
	Day Month Year
Staff who completed this review form:	
Name:	_Designation:
Phone Number:	_

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