



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

MPDSR Tool 6

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: _____ Local level: _____

1. Report for:

MM	YY

 2. Maternal Deaths:

3. Total Deliveries: 4. Total live Births: 5. Total Multiple births:

6. Still Births (SB):

Macerated SB	Fresh SB (FHS present when mother admitted)	Fresh SB (FHS absent when mother admitted)	Total Still Births

7. Early NND:

ENND ≤ 1 day	ENND > 1 day	Total ENND

8. Total perinatal Deaths (SB + ENND):

Total Perinatal Deaths

9. Birth Weight (Gms):

<1000 gms	1000-1500 gms	1501-2499 gms	2500-4000 gms	>4000 Gms	Unknown

10. Gestational Age (weeks):

<28 weeks	28-32 weeks	33-36 weeks	37-41 weeks	>=42 weeks	Unknown

11. Delivered at:

This facility	Other facility	Home	On the way	Unknown

12. Maternal age (Yrs):

<20 yrs	20-35 yrs	>35 yrs	Unknown

13. Antenatal care:

No ANC	ANC as per National Protocol	ANC NOT as per National Protocol	Unknown

14. Pregnancy:

Single	Multiple

 15. Co-existing Maternal Condition:

Yes	No

16. Sex of Babies:

Male	Female	Ambiguous

17. Ethnicity:

Dalit	Disadvantaged	Terai Madhesi	Muslim/churoute	Relatively advantaged janaajati	Upper caste (Brahmin / Chhetri)

18. ICD-PM classification of death

Maternal condition	Complications of placenta, cord and membranes (M1)	Maternal complications of pregnancy (M2)	Other complications of labor and delivery (M3)	Maternal medical and surgical conditions; Noxious influences (M4)	No maternal condition identified (Healthy mother) (M5)	Other	Total
	Antepartum Death (A)						
Congenital malformations, Deformations and Chromosomal abnormalities (A1)							
Infection (A2)							
Antepartum Hypoxia (A3)							
Other specified Antepartum disorder (A4)							
Disorders related to fetal growth (A5)							
Antepartum death of unspecified cause (A6)							
Intrapartum death (I)							
Congenital malformations, Deformations and Chromosomal abnormalities (I1)							
Birth trauma (I2)							
Acute Intrapartum event (I3)							
Infections (I4)							
Other specified Intrapartum disorder (I5)							
Disorders related to Fetal growth (I6)							
Intrapartum death of unspecified cause (I7)							
Neonatal death (N)							
Congenital malformations, deformations and chromosomal abnormalities (N1)							
Disorders 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)							

19. Avoidable factors according to three delay model

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

20. Action plan for reducing perinatal deaths:

Avoidable factors identified during review	Action to be taken	Responsible person/dept/org	Timeline (Date)	To be monitored by	Remarks
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		
			__/__/____ DD MM YYYY		

List of participants in monthly MPDSR review meeting:

SN	Name	Position	Phone	Signature

Date of review by facility MPDSR committee (Nepali date)	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td style="text-align: center;">DD</td> <td style="text-align: center;">MM</td> <td colspan="4" style="text-align: center;">YYYY</td> </tr> </table>							DD	MM	YYYY			
DD	MM	YYYY											