



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

PERINATAL DEATH REVIEW FORM

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 28 weeks of gestation (or baby weighing at least 1000 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 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.

SECTION 1: DETAILS OF MOTHER OF THE DECEASED

101	Name of the mother: _____	101 a. Hospital ID: <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <i>(Enter mother's ID, but if baby was admitted in this hospital, enter baby's ID)</i>
102	Current address: District: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Local level: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Ward number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Contact number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
103	Date of admission (Nepali date) <i>(If baby was delivered in this hospital)</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Day Month Year
104	Time of admission (12 hour format) <i>(If baby was delivered in this hospital)</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> AM / PM Hour Minute
105	Ethnicity (Specify) _____	Dalit1 Janajati2 Madhesi3 Muslim5 Brahmin / Chhetri6 Others96 Don't know98
106	Maternal age in completed years	Years: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <i>(Write '98' if Don't Know)</i>
107	Gravida: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <i>(Write '98' if Don't Know)</i>	108 Parity: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <i>(Write '98' if Don't Know)</i>
109	Did she receive any Antenatal care during this pregnancy?	Yes 1 No (<i>Go to 111</i>) 2 Don't Know (<i>Go to 111</i>) 3

110	If yes, did she have her ANC as per National protocol	Yes	1
		No	2
		Don't Know	98
111	Did she have any perinatal deaths during her previous pregnancies?	Yes	1
		No	2
		Don't Know	98
112	If yes, specify the number of previous perinatal deaths	<input type="text"/> <input type="text"/>	
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: <input type="text"/> <input type="text"/>	Days: <input type="text"/> <input type="text"/>
202	Birth weight (in grams)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Grams	
203	Sex of the baby	Male	Female
		1	2
204	Singleton or multiple birth <i>*Note: If multiple birth, in Baby number: specify whether 1st / 2nd or 3rd baby was a perinatal death</i>	Ambiguous	3
		Singleton	1
		Multiple	2
		* If multiple birth, Baby number: _____	

205	Date of delivery (<i>Nepali date</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day	Month	Year
206	Time of delivery (12 hour format)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Hour	Minute	AM / PM
207	Type of death	Fetal Death (Go to 210)	1		
		Early Neonatal Death (within first 7 days of birth)	2		
208	If Early Neonatal Death (ENND), Date of death (<i>Nepali date</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day	Month	Year
209	If Early Neonatal Death (ENND), Time of death (12 hour format) (Go to 301)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Hour	Minute	AM / PM
210	If Fetal death, type of death	Antepartum fetal death	Intrapartum fetal death		
		1	2		
211	If Fetal death, was Fetal Heart Sound (FHS) present when mother was admitted	Yes	1		
		No	2		

SECTION 3: CLINICAL INFORMATION OF DECEASED BABY

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

	Type of Delays	Avoidable factors	
302	Delay 1: Delay in deciding to seek care (Multiple Response)	Unaware of the warning signs	1
		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 health care facility (Multiple Response)	Unavailability of transport	1
		Transport too expensive	2
		No facility within reasonable distance	3
		Lack of road access	4
		Others (Specify) _____	96
304	Delay 3: Delay in receiving appropriate treatment / management (Multiple Response)	Delayed arrival from referring facility	1
		Delay in providing appropriate intervention	2
		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 system (Multiple Response)	Lack of effective communication from referring facility	1
		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

403	ICD-PM Classification of death		
403a	Fetal death main cause – Antepartum Death (A- Antepartum Deaths)	Congenital malformations, Deformation, Chromosomal abnormalities	A1
		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 (I- Intrapartum Deaths)	Congenital malformations, Deformation, Chromosomal abnormalities	I1
		Birth trauma	I2
		Acute Intrapartum event	I3
		Infections	I4

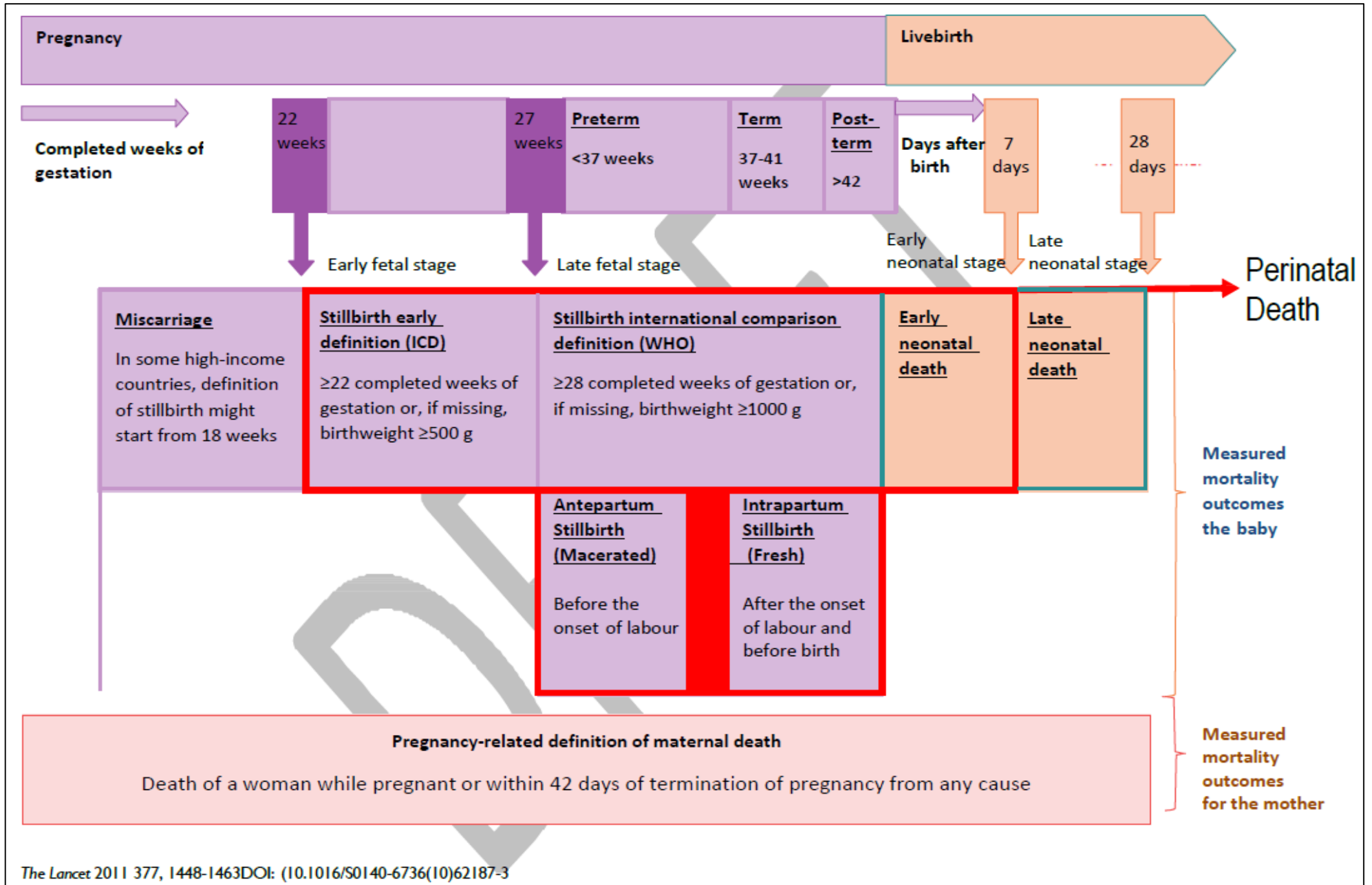
		Other specified Intrapartum disorders	I5
		Disorder related to Fetal growth	I6
		Intrapartum death of unspecified cause	I7
403c	Fetal death main cause – Neonatal Deaths (N- Early Neonatal Deaths)	Congenital malformations, Deformation, Chromosomal abnormalities	N1
		Disorder related to fetal growth	N2
		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 associated with fetal death (M- Maternal Conditions)	Complications of placenta, cord and membrane	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

404 ICD-PM Classification of death	
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Date of form filled by case attending staff (Nepali date)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Day Month Year
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Thank You

ICD Classification for Perinatal Death



Third trimester

28 weeks

37 - 41 weeks

42 weeks

B
I
R
T
H

Livebirth

7 days

Antepartum stillbirth

- A1 Congenital malformations
Deformation
Chromosomal abnormalities
- A2 Infections
- A3 Antepartum
Hypoxia
- A4 Other specified
Antepartum disorders
- A5 Disorder related to
fetal growth
- A6 Antepartum death of
unspecified cause

Intrapartum stillbirth

- I1 Congenital malformations
Deformation
Chromosomal abnormalities
- I2 Birth trauma
- I3 Acute intrapartum
event
- I4 Infections
- I5 Other specified
intrapartum disorders
- I6 Disorder related to
fetal growth
- I7 Intrapartum death of
unspecified cause

Early neonatal death

- N1 Congenital malformations
Deformation
Chromosomal abnormalities
- N2 Disorder related
to growth
- N3 Birth trauma
- N4 Complications of
intrapartum events
- N5 Convulsions and
disorders of cerebral sattu
- N6 Infections
- N7 Respiratory and
cardiovascular disorders
- N8 Other neonatal
conditions
- N9 Low birth weight
and prematurity
- N10 Miscellaneous
- N11 Neonatal death of
unspecified cause

Maternal condition

- M1 Complications of
placenta, cord,
membrane
- M2 Maternal complications
of pregnancy
- M3 Other
complications of
labor & delivery
- M4 Medical surgical
disorder
- M5 Healthy mothers