



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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
104	Ethnicity (Specify) _____	Dalit1 Janajati2 Madhesi3 Muslim5 Brahmin / Chhetri6 Others96 Don't know98	
105	Gravida <input type="text"/> <input type="text"/>	106	Parity <input type="text"/> <input type="text"/>
107	Date of death (Nepali date)	<input type="text"/> <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"/> : <input type="text"/> <input type="text"/>	AM / PM
		Hour	Minute

109	Period of death	Antenatal period (Skip section 4)	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"/>	AM / PM				
		Hour		Minute						
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"/>	AM / PM				
		Hour		Minute						
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 (Specify in BLOCK LETTERS)	_____								

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
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
302	If she had ANC visits, when did she have her first ANC? (Specify weeks OR completed month of pregnancy)	Weeks	<input type="text"/>							
		Months	<input type="text"/>							
		Don't know	98							
302a	When did she have her last ANC? (Specify weeks OR completed month of pregnancy)	Weeks	<input type="text"/>							
		Months	<input type="text"/>							
		Don't know	98							
303	Any complications DURING this pregnancy? (Specify in BLOCK LETTERS)	_____								

SECTION 4: DELIVERY / TERMINATION OF PREGNANCY AND PUERPERIUM

401	Date of delivery / Termination of pregnancy (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 / Termination of pregnancy (12 hour format)	<input type="text"/> <input type="text"/>	:	<input type="text"/> <input type="text"/>	Hour	Minute	AM / PM
402a	Gestational age at delivery / termination of pregnancy	<input type="text"/> <input type="text"/>	weeks				
403	Place of delivery / termination of pregnancy? <i>(Select only ONE response)</i>	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 <i>(Select only ONE response)</i>	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? <i>(Select only ONE response)</i>	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 / termination of pregnancy?	Vaginal Delivery <i>(Go to 413)</i>					1
		Assisted Vaginal Delivery (Breech, Multiple)					2
		Instrumental Delivery (Vacuum, Forceps)					3
		Caesarean Section					4
		Abortion					5
		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	Alive1 Induced / spontaneous abortion2 Macerated Still Birth3 Fresh Still Birth4 Early Neonatal Death (upto 7 days)5 Later Neonatal Death (7-28 days)6 Infant Death (28- 42 days)7 Both Live Births (in multiple pregnancy)8 Both Still Births (in multiple pregnancy)9 One Live Birth & 1 Still Birth (in multiple pregnancy)10 Others (Specify _____)96 Don't Know98
415	Any apparent complications AFTER delivery / Termination of pregnancy? <i>(Specify in BLOCK LETTERS)</i>	<hr/>

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) – Specify the delay

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> (FINAL / IMMEDIATE CAUSE)	
Antecedent causes <i>(Morbid conditions, if any, giving rise to the above cause, stating underlying condition last)</i> <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)</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> (UNDERLYING / PRIMARY CAUSE)	
Part II		
<i>Other significant conditions (morbid conditions contributing to death, but not related to the disease or conditions causing it) - (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 if 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 Classification (To be done by the Hospital MPDSR Committee)

a	Pregnancy with abortive complications (Direct Maternal Death)	ICD Group 1
b	Hypertensive disorders of pregnancy (Direct Maternal Death)	ICD Group 2
c	Obstetric Hemorrhage (Direct Maternal Death)	ICD Group 3
d	Pregnancy related infections (Direct Maternal Death)	ICD Group 4
e	Other obstetric complications (Direct Maternal Death)	ICD Group 5
f	Unanticipated complications of management (Direct Maternal Death)	ICD Group 6
g	Non-Obstetric complications (Indirect Maternal Death)	ICD Group 7
h	Unknown, Undetermined cause (Indirect Maternal Death)	ICD Group 8
i	Coincidental Cause	ICD Group 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		
			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

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

Thank You

International Classification of Diseases for Maternal Mortality: Reference Aid

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

Definitions of deaths:

Pregnancy Related 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 Deaths: 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 Deaths: 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.

