

Annexure 1: Facility Based Maternal Death Review Form

(Adopted from Maternal Death Review Guidebook, Maternal Health Division, Ministry of Health and Family Welfare, Government of India)

For official use only

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1. **NOTE:** *This form must be completed for all deaths occurring in the hospital, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy*
2. *Mark with an (X) / (✓) / fill where applicable*
3. *Attach a copy of the case records to this form*
4. *Complete the form in triplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and one copy would be sent to the District Nodal Officer and the other to the Facility Maternal Death Committee by the Facility Nodal officer.*

Sr. No.	Question	Response
For Office use only		
	FBMDR No	
	Year	
	Name, Designation & Address of the District Nodal Officer	
I. General Information		
	Name, Designation & Address of the Nodal Officer of the hospital	
	Name, Age and Address of Deceased woman	
	Name and Address of Facility where death occurred	
	District	
	State	
II Details of Deceased		
1	Inpatient number	
2	Name	
3	Age (years)	
4a	Gravida	
4b	Para	

4c	Abortion					
4d	No. of living children					
5	Date and time of admission	Day	Month	Year	Hrs	Min
6	Date and time of delivery	Day	Month	Year	Hrs	Min
7	Date and time of death	Day	Month	Year	Hrs	Min
8	Delivery/abortion – death interval	Day	Hrs			
III Details of admission at institution where death occurred or from where it was reported (select appropriate)						
1	Type of facility where died	Sub district hospital		Medical college hospital/tertiary hospital		
		District hospital				
		Referral hospital				
2	Reasons for admission/diagnosis at admission	Normal delivery		Multiple pregnancy		
		Previous C Section		APH		
		Abortion (specify type)		Hydramnios		
		Ectopic pregnancy		CPD		
		Vesicular mole		Abnormal Presentation		
		Anaemia		PPH		
		Diabetes		Medical Conditions		
PET/Eclampsia		Others				
3	Period of Admission	AN before 20 weeks		Post partum up to 24 hrs		
		AN > 20 weeks		Postnatal 24 hrs – 1 week		
		Intrapartum		Post natal 1 week to 42 days		
4	Diagnosis when died	Obstructed labour/rupture Uterus		Post operative complications		
		PPH		APH		
		Abortion (specify)		Inversion of Uterus		
		Ectopic pregnancy		Sepsis		
		Vesicular mole		Pulmonary embolism		
		Anemia (failure)		CVA		
		Diabetes		Medical condition		
Eclampsia		Others				
5	Period of gestation at time of death	Antenatal ≤ 20 weeks		Intrapartum		
		Antenatal > 20 weeks		Post partum/post natal		
6	Outcome of pregnancy	Ectopic		Undelivered		
		Abortion		Live birth		
		Still birth				
7	Duration from onset of complication to admission	Hrs	mins			
8	Duration from admission to onset of complications	Hrs	mins			

9	Condition on admission	Stable		Unconscious	
		Semiconscious responds to verbal commands		Semiconscious responds to painful stimuli	
10	Was she referred from another center	Yes		Don't know	
		No			
10a	If yes, type of facility from where referred	PHC		Private clinic	
		24X7 PHC		SDH/ Rural Hospital/ CHC	
		District hospital		Others	
		Private hospital			
11	Other centers visited before coming to the present institution	PHC		Private clinic	
		24X7 PHC		SDH/ Rural Hospital/ CHC	
		District hospital		Others	
		Private hospital			
IV Abortions (to be filled if applicable)					
1	Was the abortion	Spontaneous		Induced	
1a	If spontaneous				
1ai	Was it?	Complete		Incomplete	
1aii	Mention the mode of termination	Medical abortion		D&C	
		MVA			
1b	If induced, was it	Legal		Illegal	
2	What was the procedure adopted?	Medical abortion		Extra amniotic installation	
		MVA		Hysterotomy	
		D&C		Others	
3	Post abortion period	Uneventful		Sepsis	
		Haemorrhage		Others	
3a	If sepsis, method of management				
	IV fluids	Yes		No	
	Parenteral antibiotics	Yes		No	
	Metronidazole	Yes		No	
	Surgical interventions	Yes		No	
	Blood/blood products transfused	Yes		No	
4	Time taken to initiate treatment since onset of problem	Days	Hrs		
5	Was the termination procedure done in more than one center	Yes		No	
6	Additional information on complications including management				
V Antenatal care					
1	Did she received ANC	Yes		No	
		Number of visits		Don't know	
1a	If no, reason	Lack of awareness		Lack of attendee	
		Lack of accessibility		Family problems	
		Lack of funds		Others	

1b	If yes type of care provider (mark all applicable)	SC ANM		MO CHC	
		MO PHC		Obstetrician SDH	
		Obstetrician DH		Obstetrician college/ tertirary hospital	
		Private hospital		Specify – obstetrician	
		MBBS/ other specialist		Nurse	
1c	If yes, was she told that she has risk factors	Yes		Don't Know	
		No			
1.c.i	If yes, what was the risk factors identified	Previous C Section		Multiple pregnancy	
		Short stature		APH	
		Abortion		Hydramnios	
		Ectopic pregnancy		Big baby	
		Vesicular mole		Abnormal presentation	
		Anemia		Grand multi	
		Diabetes/GDM		Medical conditions	
		PET		Others – specify	
2	Was she admitted with complication/ developed a complication during the AN Period	Yes		No	
2.a	If yes, what was the complication	Bleeding		Eclampsia	
		Preterm labour		Anemia (with or without failure)	
		Surgical conditions			
		Ectopic pregnancy		Preterm labour	
		Vesicular mole		Leaking membranes	
		Medical conditions		Heart diseases	
		Other specify			
3	Time taken to initiate treatment since the onset of the problem	Hrs	Mins		
3.a	At the first point of contact	Hrs	Mins		
3.b	At the present institution	Hrs	Mins		
4	Additional information on AN complications including medications if any				

VI Delivery, Puerperium and Neonatal information

1	Did she have labour pains	Yes		No	
1.a	If yes was partograph used in the referred center	Yes		Don't know	
		No			
1.a.i	Was partograph used in the present center?	Yes		No	
2	Complications during labour	PROM		Inversion of Uterus	
		PPROM		Obstructed labour/ rupture uterus	
		IP Sepsis			
		Eclampsia		Others specify	

3	Duration of labour	Hrs Mins			
4	Mode of delivery	Undelivered		Spontaneous vaginal (with or without episiotomy)	
		Vacuum/ forceps			
		Caesarean section			
5	Time taken to initiate treatment since the onset of the problem (hrs)				
6	In which phase of labour did she die	Latent phase		Third stage	
		Active phase		Fourth stage	
		Second stage		>24 hrs after delivery	
7	Postnatal period	Uneventful		Eventful	
7.a	If eventful, specify	PPH		Post partum psychosis	
		Sepsis		Post op complications	
		CVA/PE		Medical conditions	
		Anemia		Others	
		Eclampsia			
8	Blood/blood products given	Yes		No	
8.a	If yes number of units				
8.b	Was there any transfusion reaction	Yes		If yes, specify	
		No			
9	Interventions				
	Early pregnancy	Evacuation		Laprotomy	
		transfusion		Hysterectomy	
	Antenatal	Transfusion		Other Surgeries	
		Version			
	Intrapartum	Instrumental delivery		Transfusion	
		Caesarean section		Hysterotomy	
		Hysterectomy		Manual removal of placenta	
	Post partum	Removal of retained POC		Transfusion	
		Laprotomy		Hysterectomy	
	Anaesthesia/ICU	Anaesthesia – GA		Epidural	
		Spinal		ICU Monitoring	
		Local			
10	Additional information on labour, delivery and puerperium, including management				
VII Details of baby					
1	Baby birth weight (g)				
2	APGAR Score (5 mins)	/10			

3	Needed resuscitation	Yes		No	
3.a	If yes, who gave early resuscitation	Obstetrician		MBBS doctor/ other specialist	
		Paediatrician			
		Staff nurse		Others (specify)	
4	Outcome of delivery	Alive		Born alive and died	
		Still born			
4.a	If stillborn, was it	Fresh		Macerated	
4.b	If the baby was alive, is it	Normal		NICU	
4.c	Birth – Death interval	Days	Hrs		
4.d	If died, mention probable cause of death	Birth asphyxia		Aspiration including MAS	
		Sepsis			
		Congenital anomalies		Respiratory distress	
		Preterm		others	
5	Additional information on baby status				

VIII Cause of maternal death

A	Probable direct obstetric (underlying) cause of death	
B	Indirect obstetric cause of death	
C	Final diagnosis (including non obstetric causes)	

IX – In your opinion were any of these factors present?

	System	Example	Yes	No	Not known
	Personal/family	Delay in woman seeking help			
		Refusal of treatment			
		Refusal of admission in previous facility			
	Logistical problems	Lack of transport from home to health care facility			
		Lack of transport between health care facilities			
		Health service - health services communication breakdown			
	Facilities	Lack of facilities, equipment of consumables			
		Lack of blood			
		Lack of OT availability			
	Health personal problems	Lack of human resources			
		Lack of Anaesthetist			
		Lack of Obstetrician			
		Lack of expertise, training or education			

X Information on avoidable factors, missed opportunities & substandard care

[Large greyed-out area for information on avoidable factors, missed opportunities & substandard care]

XI	Autopsy performed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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XII Case summary (please supply a short summary of the events surrounding the deaths)

[Large greyed-out area for case summary]

Form filled by the MO on duty

Nodal Officer of the Hospital:

Signature & Name

Signature & Name

Designation

Address of the Institution

Stamp & Date: