

Confidential Enquiry in to Maternal Deaths

Confidential Information Format

To be filled by Anaesthetists other than the Consultant Anaesthetists

(MO's, Registrar and Senior Registrar)

Maternal death identification number :**(Mandatory)**

(Issued by FHB- MMMSU via Maternal Death Notification letter sent to the Head of Institute)

Type of Institution: NH/ TH/ Maternity Hospital/DGH/ PDG/ Maternity Hospital/ BH/ DH/ Pvt

Duration of involvement in care of index case : DD/MM/YYYY to DD/MM/YYYY

Please read the following instructions

- Please make sure to fill the **maternal death identification number** accurately as it will be used to identify this death. This number can be taken from the head of the institute or Medical Officer – Planning/quality/ Public Health
- Please fill this form **individually** without discussing with others.
- Your personal identification information (such as name) **should not be entered** in this format.
- Your **anonymity will be maintained** throughout the CEMD process.
- The information you provide will be **strictly confidential** and will only be used for the review process.
- This information is **not linked to any disciplinary process** at any point.
- The CEMD process needs your frank opinion and your impressions. Therefore, we would like you to provide what you **genuinely feel** about the care and services provided to this patient.
- The genuine information you provide will be the basis of the CEMD process, which will enhance the quality of national recommendations generated, and direct us in future activities to reduce maternal deaths.
- As the information you provide is anonymous, it cannot be used against a particular individual or institution.
- This is a common format designed for different sections. You are expected to provide information relevant to **your engagement** in the care pathway. (If you were not involved in a section, indicate that, without leaving it blank)
 - Section A- Labour analgesia
 - Section B-Anaesthesia (Regional Anesthesia or/and General Anesthesia)
 - Section C- Resuscitation

Please ensure that the Maternal death identification number is filled correctly in the previous page

Section A

If patient has under gone labour analgesia please fill this section

1. Indication –
2. Mode of labour analgesia-
3. Did any complications arise (indicate using)-
 - Hypotension (SBP<80mmHg)
 - Bradycardia (<50 bpm)
 - High Sensory Block (Above T4)
 - Other – (Specify).....
4. If any complications happened during labour analgesia how were they managed?

Section B

If the Patient underwent anaesthesia for surgery please fill this section

Pre-anaesthetic care-

1. Antenatal or preoperative consultation done - Yes / No

Date (dd/mm/yy) - / /

2. Any problems identified and actions taken

Problems identified	Actions taken

3. Any MDT meetings conducted regarding care of index case
- Yes (If yes specify number of MDT's held) -
 - No

4. Specify the MDT dates and agreed decisions taken at each MDT-

Date of MDT (DD/MM/YYYY)	Agreed decisions

Anaesthesia:

If the patient had received anaesthesia several times, please fill the form for each time separately (please indicate as first anaesthetic, second anaesthetic etc)

1. Indication-
2. Operation-

Category of surgery/ caesarean section--
3. Where was the patient brought from? LR/ ward/ ICU/ ETU
4. Mode of anaesthesia-

Please state the reason for selecting this mode-
5. Fasting period (specify number of hours for solids)-
6. Aspiration prophylaxis given?-
 - Yes (if Yes indicate time-.....)
 - No
7. Monitoring used during anaesthesia (Indicate the type)-

If regional anesthesia (RA) was given please fill this section-

1. CVS and RS status before RA –

- BP-
- HR-
- RR-
- SpO2-
- Other -

2. Regional technique given –

3. Any complications encountered (Specify the complications and indicate the actions)?

Complications	Management

4. Was there any conversion from regional to general?

- Yes-(If yes reason)-
- No-

If General Anaesthesia was given, please fill this section -

1. Indication for GA-

2. Anticipated difficult airway

- Yes: Specify
- No

3. Any complications with GA? (Specify the complications and indicate the actions)

Complications	Management

For both RA and GA-

1. Specify Total Blood Loss-
2. Specify the type of Fluids. Blood and Blood products given. Indicate volume of each fluid given-

Type	Volume

3. Anesthetist team performing, assisting and supervising by CA during RA or GA

Grade of medical staff	Performing		Assisting		Supervising CA (Onsite)	
	Put tick	duration of experience in obstetric anesthesia	Put tick	duration of experience in obstetric anesthesia	Put tick	duration of experience in obstetric anesthesia
Medical Officer						
PG trainee						

Consultant						
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4. Was a trained nursing or minor staff help available at all times?- Yes / No

5. Was the consultant anaesthetist on call informed?- Yes / No

If Yes, specify at what point prior to, during or after the operation?

Recovery from anaesthesia-

1. Place of recovery-

2. Did full recovery occur after GA? Yes / No

3. Was the recovery delayed or not after GA? Yes / No

4. Monitoring during recovery-

- SpO2 (on air)-
- BP-
- HR-
- RR-
- GCS-

5. Any complications during recovery ? (Specify the complications and indicate the actions)

Complications	Management

6. Where was the post-operative care given? Ward/ HDU/ ICU / Other

7. If the patient died before recovery- indicate the time between induction of anesthesia and death

Section C -Resuscitation

(include details of all attempts)

	Attempt 1	Attempt 2	Attempt 3
Place of resuscitation (LR/ Ward/ ETU/ ICU / OT/ Other)			
Date and time of initiation of resuscitation			
Condition of patient at time of initiation of resuscitation- <ul style="list-style-type: none">• CVS-• RS-• RR-• SpO2-• CNS-			
Grade of anesthetists involved (MO/Reg/ SR/ CA)-			
Outcome-			

Overall Opinion-

- 1. What was your general opinion, regarding the overall anesthetic care received by the patient?** *(Describe briefly, what you felt regarding the care received by the patient example: factors attributable to the patient, care provision, health system)*

- 2. Do you feel that you had any difficulties / barriers / limitations / challenges / missed opportunities, in providing anaesthetic care or other services?** *(Describe briefly)*

- 3. In your opinion, what would you do differently in the future, under similar circumstances?** *(What actions, if taken earlier may have avoided this death. What did you learn from this event and changed your practice)*

- 4. What are your suggestions to improve the overall management of the patient for a better outcome?** *(By yourself and/or another individual and/or your team and/or the Hospital Administration and/or Ministry of Health)*

Thank you very much for your contribution towards enhanced maternity care in the future.