

# Confidential Enquiry in to Maternal Deaths

Confidential Information Format

Medical Officer

*(Intern House Officers, RHO's, MO's, SHO's, Registrar and Senior Registrar)*

**Maternal death identification number** : .....**(Mandatory)**  
(Issued by FHB- MMMSU via Maternal Death Notification letter sent to Hospital Director)

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

**Designation:**

(SHO-Gyn & Obs, MO-Nephrology, Registrar-Medicine etc)

**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.
- This is a common format designed for different scenarios. You are expected to provide information relevant to your engagement in the care pathway.
- 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.

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

**1. Have you been involved in this patient's care before this encounter (Such as providing antenatal care or a previous admission)?**

Yes

No

If Yes please comment briefly on the issues identified and opinion on care provided (at the previous encounter):

**2. At what point/points in her care, in what capacity / role were you involved and any issues identified?**

(eg: first point of contact at hospital, care in the ward, care at time of delivery, postpartum period (up to 42 days), critical event)

1.

2.

3.

**3. What was your general opinion, regarding the overall 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)*



- Multidisciplinary engagement (*difficulties in coordination, lack of senior level engagement*)

**5. 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)*

**6. 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.***