

Confidential Enquiry in to Maternal Deaths

Confidential Information Format

Consultant Obstetrician / VOG

Maternal death identification number :(Mandatory)

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

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

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. Please 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.

Part A: Antenatal care

Were you involved in providing antenatal care for this patient?

Yes

No

If No, please proceed to part B.

If Yes,

1. what were your observations and comments regarding antenatal care?

2. Were there any difficulties or challenges in providing care / services?

3. What are your suggestions to overcome these difficulties / barriers / challenges that you have experienced?

4. In your frank opinion, what could be done differently in the future, under similar circumstances?

Part C: Postpartum care

Were you involved in providing postpartum care for this patient?

Yes

No

If No, please proceed to part D.

If Yes,

1. what were your observations and comments regarding antenatal care?

2. Were there any difficulties or challenges in providing care / services?

3. What are your suggestions to overcome these difficulties / barriers / challenges that you have experienced?

4. In your frank opinion, what could be done differently in the future, under similar circumstances?

Part D: Considerations prior to pregnancy

In your opinion, would the outcome have been different if this mother had undergone any pre-pregnancy Interventions or optimisation prior to current pregnancy? If yes, what are they?

Eg; - Was this a contraindicated pregnancy or better attention could have been given to Diabetes Mellitus/ Hypertension/ Heart disease/ Mental disorders/ Psychosocial risk situations including domestic violence/ any other diseases

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