

Confidential Enquiry in to Maternal Deaths
Confidential Information format
Medical Officer of Health/Additional Medical Officer of Health

Maternal death identification number:(Mandatory)

(Issued by FHB- MMMSU via Maternal Death Notification letter sent to MOH)

Instructions to the care provider

- 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. Did you see this mother during her pregnancy

Yes

No

If yes at what points (Please tick the relevant)

Pre-pregnancy period Antenatal clinic

Postpartum period (up to 42 days)

2. Were there any issues identified related to her current pregnancy at the following point/points?

(1) Adolescence and school period

(2) Preconception/ Inter pregnancy care (including Family Planning services)

(3) Antenatal care

(4) Planning the Delivery and Emergency preparedness plan

(5) Intra natal care

(6) Postnatal care

(7) Community factors, Social factors & Domestic violence

(8) Other factors (Transport issues, delay in seeking care, refusal/ noncompliance of care & Language difficulties etc.)

3. What was your general opinion, regarding the response to the issues identified?

4. What was your general opinion, regarding the overall care received by the patient?

5. Do you feel that you & your field staffs had any difficulties / barriers / limitations / challenges / missed opportunities, in providing care / services? For example, briefly describe availability of consumables.

6. In your opinion, what would you and the field staff 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)*

7. What are your suggestions to improve the overall care 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.