

# Notification of Maternal Deaths

## BASIC INFORMATION

Name of the Deceased: Ms.....  
Age: ..... Yrs      Ethnicity: .....      Gravida .....      Parity: .....      Children: .....  
Residential Address: .....  
RDHS area: .....      MOH area: .....

## DEATH DETAILS AND MANAGED HOSPITALS

Date of death: ...../...../2016      Hospital / Place of Death: .....  
Last Managed Hospital: .....      BHT Number: .....  
Post-Mortem done at: ..... Hospital      Post-Mortem No: .....  
Post-Mortem conducted by Dr. ....  
Probable cause of death: .....      Death Certificate No: .....

## PREGNANCY / DELIVERY DETAILS

Period of Gestation at delivery or death : ..... Wks  
If post-partum death, duration after delivery : ..... Days / Months  
Date of delivery / termination of pregnancy : ...../...../ 2016  
Hospital / Place of delivery: .....  
Hospitals previously managed the index case:  
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## BRIEF HISTORY OF THE CASE

Name of the Informant: .....      Designation: .....  
Signature: .....      Contact details: Phone: .....      Mobile: .....

