



# REPORT ON A MATERNAL DEATH

(Institutional Investigation Section)

This report is to be completed by the Head of the Institution after the Institutional investigation / review or by the MOH in case of deaths occurring at home or on the way to hospital.

## PART 1

1. Name of Mother:

NIC No:

2. Address:

3. RDHS Division:  4. \* MOH Division:

## PART II - Basic Information

Ethnic group  Religion

5. Occupation:

6. Educational Status:

| None                 | Primary Gd. 1-5      | Secondary Gd. 6-12   | Tertiary             | Unknown              |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

7. Age of mother: Years:

8. Gravida:

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1                    | 2                    | 3                    | 4                    | >5                   |

9. LRMP

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Y                    | Y                    | M                    | M                    | D                    | D                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Not known / Unreliable

10. Marital Status:

Unmarried

Married

Divorced

Widowed

Others Specify:

## PART 11

11. Name of Hospital:

12. BHT No:

13.

|                                |                      |
|--------------------------------|----------------------|
| 1. Place of overall management | 2. Place of death    |
| <input type="text"/>           | <input type="text"/> |

### 14. a. Date & Time of Admission:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Y                    | Y                    | M                    | M                    | D                    | D                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|         |         |                |
|---------|---------|----------------|
| Weekday | Weekend | Public holiday |
|---------|---------|----------------|

Time  am  pm

\* MOH area where mother was resident

b. Admitted by:

c. Designation

15. Date & Time of Death

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Y                    | Y                    | M                    | M                    | D                    | D                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|         |         |                |
|---------|---------|----------------|
| Weekday | Weekend | Public holiday |
|---------|---------|----------------|

Time  am / pm

16. No. of days / hours in ward prior to death

Days

Hours

17. Stage of pregnancy at the time of maternal death:

| POA | Antepartum | Intra partum     |                  |                  | Post partum         |               |              | Unknown |
|-----|------------|------------------|------------------|------------------|---------------------|---------------|--------------|---------|
|     |            | During 1st stage | During 2nd stage | During 3rd stage | Within 1st 24 Hours | Day 2- Day 42 | Day 43 1 yr. |         |
| WKS |            |                  |                  |                  |                     |               |              |         |

Please mark the correct cage with (X)

18. Outcome of present pregnancy:

18.1

| Ectopic              | Abortion             | Stillbirth           | Live Birth           | Not Delivered        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

18.2 Status of baby at the time of maternal death where applicable:

Live  Dead  Not known

Y Y M M D D

19. Date of baby's death:

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

20. Result of previous pregnancies:

| Total No. of pregnancies | No. of Live births   | No. of Abortions/ Ectopic | No. of stillbirths   |
|--------------------------|----------------------|---------------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/>      | <input type="text"/> |

**PART IV Antenatal care**

21. Whether Antenatal clinic care was provided by this Institution:

Yes  No  Shared care

22. Booking or first ANC -

Weeks

POA at first visit:

Weeks

23. Details of Clinic Examinations & Investigations

|                  | Recorded or not | Last POA recorded | Result |
|------------------|-----------------|-------------------|--------|
| Oedema           |                 |                   |        |
| Anaemia          |                 |                   |        |
| Height           |                 |                   |        |
| RS               |                 |                   |        |
| CVS              |                 |                   |        |
| BP               |                 |                   |        |
| Height of fundus |                 |                   |        |
| Presentation     |                 |                   |        |
| FHS              |                 |                   |        |
| Urine - Sugar    |                 |                   |        |
| - Albumin        |                 |                   |        |
| Blood Group      |                 |                   |        |
| Haemoglobin      |                 |                   |        |
| VDRL             |                 |                   |        |

\* Details should be obtained from Clinic records/  
Pregnancy record

24. How many times was she seen by the following officers in this clinic?

| Category  | Time of visit and POA |   |   |   |   |    |
|-----------|-----------------------|---|---|---|---|----|
|           | 1                     | 2 | 3 | 4 | 5 | >6 |
| VOG       |                       |   |   |   |   |    |
| Registrar |                       |   |   |   |   |    |
| SHO       |                       |   |   |   |   |    |
| HO        |                       |   |   |   |   |    |
| DMO/MO.IC |                       |   |   |   |   |    |
| AMO/RMO   |                       |   |   |   |   |    |
| Others    |                       |   |   |   |   |    |

\* Details should be obtained from Clinic records/  
Pregnancy record

25. Were there any medical conditions or factors that could have been a risk to her life?  Yes  No

25.1 Please state the medical conditions / risk factors of the mother.

| Condition / risk factor | POA at time of detection | Status of condition/ Details |
|-------------------------|--------------------------|------------------------------|
|                         |                          |                              |

25.2 Whether seen by a VOG and a relevant specialist? Yes  No

**26. Antenatal Ward Care**

26.1 Was the mother previously admitted to Antenatal ward during pregnancy? Yes  No

26.2 If Yes, dates and duration of stay

| Date | Duration of stay |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |

26.3 Were any risk conditions identified during the course of stay in ward? Yes  No

| Condition Diagnosed in ward | POA at time of Diagnosis | Management Plan/treatment | Status of condition |
|-----------------------------|--------------------------|---------------------------|---------------------|
|                             |                          |                           |                     |
|                             |                          |                           |                     |
|                             |                          |                           |                     |

**Details of the last admission**

27. Condition/s for which the patient was admitted :

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

27.1 POA at time of admission. Weeks

27.2 Antenatal management:

27.3 Intrapartum management:

Y Y M M D D

28. Date & Time of labour / delivery

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Time:  am / pm

29. Place and time of delivery

|                       | At Home | Ambulance on the way to hospital | Private Nursing Home | Maternity Home | Govt. Hospital | Other Places | Duration of 1st stage | Not applicable |
|-----------------------|---------|----------------------------------|----------------------|----------------|----------------|--------------|-----------------------|----------------|
| Onset of labour       |         |                                  |                      |                |                |              |                       |                |
| Delivery (1)          |         |                                  |                      |                |                |              |                       |                |
| Delivery (2)          |         |                                  |                      |                |                |              |                       |                |
| Expulsion of Placenta |         |                                  |                      |                |                |              |                       |                |

\* Specify the place where it occurred.

29.1 Mode of onset of labour

| Spontaneous | Induction |     |            |        | Elective LSCS | Emergency LSCS |
|-------------|-----------|-----|------------|--------|---------------|----------------|
|             | ASM       | ARM | ARM+synto. | Synto. |               |                |
|             |           |     |            |        |               |                |

29.2 If labour was induced please indicate the reasons:

- 1.
- 2.
- 3.

29.3 If there was an indication for LSCS, please give reasons:

Elective LSCS

Emergency LSCS

|    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

30. Was the delivery monitored with a partogram?

Yes  No

If No, Reasons

Malpresentation at onset of labour, if detected

32. Details of management of labour

|                            |  |
|----------------------------|--|
| Data not available         |  |
| Not applicable             |  |
| None                       |  |
| Lack of progress of labour |  |

Other specify

31. Mode of delivery

|                         |  |
|-------------------------|--|
| Normal vaginal delivery |  |
| Breech delivery         |  |
| Forceps-low             |  |
| Vaccum extraction       |  |
| Caesarean section       |  |
| Mother died undelivered |  |

Others specify

33. Attendance during delivery and labour.  
(may have more than one option)

|                             |  |
|-----------------------------|--|
| Unattended delivery         |  |
| Unqualified person          |  |
| Public Health Midwife       |  |
| Labour room Midwife         |  |
| Labour room Nursing Officer |  |
| Private Doctor              |  |
| AMP / RMP                   |  |
| House Officer               |  |
| DMO / MO                    |  |
| SHO / RO                    |  |
| VOG                         |  |

34. Trauma during Labour

|   |  |
|---|--|
| No trauma detected                        |  |
| Trauma to Perineum                        |  |
| Laceration of GU organs                   |  |
| - vagina                                  |  |
| - uterus                                  |  |
| - cervix                                  |  |
| Urinary organ / pelvic or abdominal organ |  |
| Rupture of uterus                         |  |
| Trauma to other pelvic organs             |  |

35. Third stage complications

|                                   |  |
|-----------------------------------|--|
| Not applicable                    |  |
| Data not available                |  |
| Spontaneous expulsion of placenta |  |
| Manual removal of placenta        |  |
| Removed under GA                  |  |
| Placenta - Not expelled           |  |
| Acute inversion of uterus         |  |

Other specify:

36. Episiotomy given Yes  No

36.1 Time of suturing of episiotomy / tear

|             |                          |
|-------------|--------------------------|
| within 1 hr | <input type="checkbox"/> |
| 1-2 hours   | <input type="checkbox"/> |
| >2 hours    | <input type="checkbox"/> |

36.2 Officer (Designation) sutured the episiotomy / tear?

**Operative Care:**

37. If operative delivery performed the following questions should be answered

37.1 Prophylactic pre-operative medication given: Yes  No

If Yes Cimetidine / ranitidine

Sodium citrate

Others specify

37.2 Type of anaesthesia

| Local                    | Spinal                   | Epidural                 | GA                       | Failed spinal            |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37.3 Anaesthesia administered by

| HO                       | Registrar                | SR                       | Consultant               |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37.4 Recovery from anaesthesia

Satisfactory  Unsatisfactory

State details of all anaesthetic problems

37.5 Ceasarian section was performed by

| SHO                      | Registrar                | SR                       | RO                       | VOG                      | Others specify           |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37.6 Comments about clinical care available during surgery:

37.8 Were there any complications during the surgery? Yes  No

37.9 Was the mother monitored during the Post-op period      Yes       No

**Post Partum Care**

38. Condition of mother in immediate post partum period.

|                  | 15 mts. | 30 mts. | 45 mts. | 1 hour | 75 mts. | 90 mts. | 2 hours. |
|------------------|---------|---------|---------|--------|---------|---------|----------|
| Bleeding         |         |         |         |        |         |         |          |
| Status of uterus |         |         |         |        |         |         |          |
| Pulse            |         |         |         |        |         |         |          |
| BP               |         |         |         |        |         |         |          |

39. How do you rate the post partum care / monitoring done?    Very poor  0  1  2  3  4  5  Excellent

Please qualify your statement

40. Complications during puerperium (following normal / operative delivery)

Day of Puerperium

|                   | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| Fever             |     |     |     |     |     |     |     |     |     |      |
| Abnormal bleeding |     |     |     |     |     |     |     |     |     |      |
| Wound infection   |     |     |     |     |     |     |     |     |     |      |

41. Other complications during puerperium specify

| Complications | Time of diagnosis | Action taken | Comments |
|---------------|-------------------|--------------|----------|
|               |                   |              |          |

42. Causes of puerperal pyrexia if applicable

Wound infection

Urinary tract infection

Mastitis

Viral fever

Pneumonia

Unknown

Not applicable

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

42. Brief statement of events leading to death

42.1 Short history up to the death

42.2 View of the investigation team on factors contributing to maternal death.

a. Lack of / non availability of health personnel

b. Lack of / non availability of services - OT / Laboratory findings / Blood / Transport etc.

c. Negligence in clinic management / deficiencies / judgement

43. Any avoidable factors identified at field care: Yes  No

If yes, specify

44. Any avoidable factors identified at referring / transferring institution? Yes  No

If yes, specify

45.1 List the actions already taken or proposed to take to address the deficiencies. (technical/ logistic / and others)

45.2 Any avoidable factors regarding mother's compliance (1st Delay)

46. Cause of death

|      |                            |
|------|----------------------------|
| 46.1 | Immediate cause of death:  |
| 46.2 | Underlying cause of death: |
| 46.3 | Associated cause of death: |

47. Post mortem

Death Certificate Registration No.

Major findings:

Designation

Date

48. Maternal Death notification done Yes  No

Date Y Y M M D D

49. Date of Institutional Investigation: Y Y M M D D

50. Names and Designation of the officers who participated:

| Name | Designation |
|------|-------------|
| 1.   |             |
| 2.   |             |
| 3.   |             |
| 4.   |             |
| 5.   |             |

Signature of Head of Institution: .....

Designation: .....

Date: .....