

CONFIDENTIAL

Facility Based Maternal Death Review Form

(To be conducted and filled by Medical Officer on duty and Facility Nodal officer)

NOTE:

1. *This FBMDR Form must be completed in duplicate for all maternal deaths, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy.*
2. *Mark with an (✓) where applicable (mark with '?' when uncertain).*
3. *Attach a copy of the case sheet/records of the deceased with this form.*
4. *Complete the form in duplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and the copy is sent to the District MDR Committee for district level monthly review.*

(Ref. Chapter 3, para 3.7 & 3.10 of MDR guidelines)

Yearly Serial No: _____ . Calendar Year: _____

(Refer to Para 3.9 of the MDR Guidelines)

Please fill up the proforma given below

I. GENERAL INFORMATION

Contact Person:

Name & Address:.....
.....

Telephone/Mobile No. :

Relationship with the deceased:

Name, Age & Residential Address of deceased woman:

.....
.....

Name & Phone No. of Husband:

Name & Phone No. of Parents/ close relative of deceased:

Address where Died:

Name and Address of facility:

Block: District:

II. DETAILS OF DECEASED

Inpatient Number: Name: Age (years) :
 Hb Level:

Gravida Live Births Still Births Abortions

No. of Living children

Date of admission: Day Month Year Hrs min
 Time of admission Hrs min

Date of Delivery: Day Month Year Hrs min
 Time of Delivery: Hrs min

Date of death: Day Month Year Hrs min
 Time of death: Hrs min

III. ADMISSION AT INSTITUTION WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED (tick where appropriate)

Type of facility where died:

PHC	24x7 PHC	SDH/RURAL HOSPITAL/CHC	DISTRICT HOSPITAL	MEDICAL COLLEGE/TERTIARY HOSPITAL	PRIVATE HOSPITAL	PVT CLINIC	OTHER
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Used 108: Y/N

Stage of pregnancy/delivery on admission:

Antenatal weeks----	Ectopic pregnancy	Not in labour	In labour	ABORTION	Postpartum days--
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Reasons for admission /Diagnosis at admission:

Normal delivery	Previous C section	Abortion (Specify type)	Ectopic pregnancy	Vesicular Mole	Anaemia	Diabetes	PET/ Eclampsia
Multiple pregnancy	APH	Hydramnios	CPD	Abnormal presentation	PPH	Medical conditions	Others

Stage of pregnancy/delivery when died:

Antenatal weeks----	Ectopic pregnancy	Not in labour	In labour	ABORTION	Postpartum days--
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Diagnosis when died:

Obstructed labour/ Rupture Uterus	PPH	Abortion (specify)	Ectopic pregnancy	Vesicular Mole	Anaemia (failure)	Diabetes	Eclampsia
Sepsis	APH	Inversion of uterus	Post operative complication	Pulmonary embolism	CVA	Medical condition	Others

Duration from onset of complications to admission: Hrs mins

Duration from admission to onset of complications: Hrs mins

Condition on Admission: Stable Semi conscious responds to verbal commands

Semi conscious responds to painful stimuli Unconscious Serious Brought dead

Referral from another centre? Yes No Don't know

Other centres visited before coming to the present institution:

PHC	24x7 PHC	SDH/Rural Hospital/ CHC	District Hospital	Private Hospital	Private clinic	Others
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If yes, how many centres?

Specify type of centre(s) in order of referral:

IV. ABORTION (to be filled if applicable)

1. Was the abortion Spontaneous Induced

1.a. If spontaneous,

1.a.i. Was it? Complete Incomplete

1.a.ii. mention mode of termination? Medical abortion MVA D&C

1.b. If induced, was it Legal Illegal

2. What was the procedure adopted? Medical abortion MVA D&C

Extra Amniotic Installation Hysterotomy Others

3. Post Abortal Period Uneventful Sepsis Haemorrhage others

If Sepsis, Method of management

IV fluids Yes No

Parenteral Antibiotics Yes No

Metronidazole Yes No

Surgical Interventions Yes No

Blood/Blood products transfused Yes No

Days Hrs

4. Time taken to initiate treatment since onset of the problem

5. Was the termination procedure done in more than one centre Yes No

Additional information on complications including Management:

V. ANTENATAL CARE

Pregnancy registration Status: Y/N

Did she receive ANC? Yes No Don't know

If no, reason(s): Lack of awareness Lack of accessibility Lack of funds
 Lack of attendee Family problems

If Yes, Number of ANC CHECKUPS.....& Type of Care Provider (mark one or more):

S/C ANM M/O PHC M/O CHC Specialist SDH Specialist D/H
 Specialist College/Tertiary Hosp Private Hosp (Please Specify Type of Doctor/Nurse):

If yes, was she told she has risk factors? Yes No Don't know

If yes, What was the risk factor identified?

Previous C section	Short stature	Abortion	Ectopic pregnancy	Vesicular Mole	Anaemia	Diabetes/GDM	PET
Multiple pregnancy	APH	hydramnios	Big baby	Abnormal presentation	Grand multi	Medical conditions	Others Specify

Complications (admitted with / developed afterwards) in antenatal period:

Bleeding	Preterm labour	Surgical conditions	Ectopic pregnancy	Vesicular Mole	Anaemia (with/without failure)	Other Medical conditions
Eclampsia	Preterm labor	Leaking membranes	Anaemia (with/without failure)	Heart Disease (with/without failure)	Others Specify	

Time taken to initiate treatment since the onset of the Problem: Hrs Mins

At the first point of contact Hrs Mins

At the present Institution Hrs Mins

Comments on antenatal care, complications and list medication, if any (give details of Tablet Iron, Folic acid also):

VI. DELIVERY, PUERPERIUM AND NEONATAL INFORMATION

Did she have labour pains? Yes No Don't know

If Yes, was a partograph used? Yes No Don't know

was partograph used in the present centre? Yes No

Complications during labour

PROM	PPROM	IP sepsis	Eclampsia	Obstructed labour/ Rupture Uterus	Inversion of Uterus	Others Specify
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Duration of labour: hrs mins

Mode of Delivery

Undelivered	Spontaneous Vaginal (with/without episiotomy)	Vacuum/forceps	Caesarean section
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Time taken to initiate treatment since the onset of the Problem: Hrs Mins

In which phase of labour did she die?

Latent phase	Active phase	Second stage	Third stage	Fourth stage	> 24 hrs after delivery
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Puerperium (Tick \checkmark): Uneventful / Eventful

If eventful, specify

PPH	Sepsis	CVA/PE	Anaemia	Eclampsia	Post partum Psychosis	Post op complica tion	Medical condition s	Others
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Blood /Blood products given: Yes No

If yes number of units transfused:

Was there any transfusion reactions: Yes No , If yes, specify

INTERVENTIONS: (Tick appropriate box)

Early pregnancy		Antenatal		Intrapartum		Postpartum		Anaesthesia/ ICU	
Evacuation		Transfusion		Instrumental del.		Removal of retained POC		Anaesthesia - GA	
Transfusion		Version		Caesarean section		Laprotomy		Spinal	
Laprotomy		Other surgeries		Hysterectomy		Transfusion		Local	
Hysterectomy				Transfusion		Hysterectomy		Epidural	
				Hysterotomy				ICU monitoring	
				Manual removal of placenta					

Indirect Obstetric cause of death: Specify:

Other Contributory (or antecedental) cause/s: (Specify)

VIII. IN YOUR OPINION WERE ANY OF THESE FACTORS PRESENT?

System	Example	Y	N	?	Specify
Personal/Family	Delay in woman seeking help				
	Refusal of treatment				
	Refusal of admission in facility				
Logistical Problems	Lack of transport from home to health care facility				
	Lack of transport between health care facilities				
	Health service - Health service communication breakdown				
Facilities	Lack of facilities, equipment or consumables				
	Lack of blood				
Health personnel problems	Lack of human resources				
	Lack of Anesthetist				
	Lack of Surgeons				
	Lack of expertise, training or education				

Comments on potential avoidable factors, missed opportunities and substandard care:

IX. **AUTOPSY:** Performed Not Performed

If performed please report the gross findings (and send the detailed report later):

X. **CASE SUMMARY:** (please supply a short summary of the events surrounding the death)

Form filled by:

Name: Mobile Phone Number:

Designation:

Name & address of the Facility:

Block/Tehsil: District:

Signature and Office Seal: Date & Time:

Facility Nodal Officer:

Name: Mobile Phone Number:

Designation:

Signature:

Date & Time: