

DISTRICT LEVEL FBMDR - CASE SUMMARY

District level FBMDR-Case Summary, for every maternal death reported by the Facilities, to be completed in duplicate by the District Nodal Officer after review by the District MDR Committee and reports compiled to be put up to the Deputy Commissioner for monthly review & to State Director Family Welfare for monthly report (Ref: MDR Guidelines-Para 5.5-iii, 5.5-v and 6.2)

(Fill / tick (√) in appropriate boxes)

Yearly Serial No. : _____ . Calendar Year: _____

General Information:

Name of the Facility/ District:							
Particulars of the deceased:		In-Patient No.		Name		Age	Hb Level
Husband's name, address & Phone No.							
Pregnancy registration status: Y/N				Name & Phone No. of concerned ANM			
Number of ANC CHECKUPS							
High Risk case/ Not				If Yes, whether she was told about Risk Factors: Y/N			
Gravida	Para	Still births	Live Births	Abortions	No. of living children		
Timing of Death :			Weeks of pregnancy	During delivery	Exact number of days after delivery	During abortion	Wks after abortion
Religion:		Caste			Sub-caste/Community		
Date & Time of admission:							
Date & Time of Death:							
Used 108: Y/N							

1. **Stage of pregnancy/delivery on admission:** Pregnancy/ Abortion /Ectopic Pregnancy /In labour / Postpartum

2. **Stage of pregnancy/delivery when died:** Pregnancy/Abortion / Ectopic Pregnancy / In labour/ postpartum

3. **Duration from onset of complications to admission:** Hrs min

4. **Condition on Admission:** Stable Unconscious Serious Brought dead

5. **Risk factors:**

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

COMMENTS IF ANY

Complications:

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

COMMENTS IF ANY

6. **In which phase of labour did she die:**

Latent phase	Active phase	Second stage	Third stage	> 24 hrs after birth
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7. **Duration of labour:** Hours: _____, Minutes: _____.

8. **Delivery:**

Undelivered	Spontaneous Vaginal (with/without episiotomy)	Vacuum/forceps	Caesarean section
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Outcome	Still born	Alive at birth	Died immediately after birth	Alive at:	
				7 days	28 days

9. **Details of Baby:**

Baby Birth Weight (gms) Apgar Score

10. 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					

11. Probable direct obstetric cause of death:

12. Indirect obstetric cause of death:

13. Contributory causes of death:

Probable Cause of death (Predominant one only) is: Haemorrhage / Hypertensive disorders in pregnancy / Sepsis/ Abortion/ Obstructed Labor / Others (includes Anaemia)

14. 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				
	Lack of OT availability				
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:

15. If autopsy performed, please report the findings :

16. Findings of the review by the Facility MDR Committee and corrective actions taken:

17. Remedial follow up actions spelled out by the District MDR Committee: (Add extra page if required):

(Signatures of District Nodal Officer MDR)

(Office Seal)

Mobile Phone Number:

Name:

Date:

(Signatures of Civil Surgeon)

(Office Seal)

Mobile Phone Number:

Name:

Date:

Note: For details, refer to Annexure-1 on FBMDR