

**COMMUNITY BASED MDR -CASE SUMMARY**  
(BLOCK PHC)

Case Summary Form to be filled in duplicate by the SMO Block PHC for each confirmed maternal death in the block after investigation and to be sent to District MDR Committee within 4 weeks of occurrence of the death (Ref: MDR Guidelines-Para 4.13)

Yearly Serial No. (Refer to Para 4.13 of the Guidelines): \_\_\_\_\_.

Name of the Block PHC/ District							
Particulars of the deceased		Name:			Age:	Hb Level:	
Husband's name, address & Phone No.							
Gravida	Para	Live births	Sill births	Abortions	No. of living children		
Visitor/Resident: Address							
Timing of Death		Weeks of pregnancy	During delivery	Exact number of days after delivery	During abortion	Wks after abortion	
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					
Religion/Caste/Community							
Place, Date & Time of death							
Date of investigation							
Used 108: Y/N							

**Fill in appropriate cause(s) of delay:**

**1. Delay in Seeking Care:**

Not aware of danger signs	
Problem not identified/identified and neglected	
Delay in decision making	
No birth preparedness	
Beliefs and customs	
Any other (specify)	

**2. Delay in reaching first level facility:**

Delay in getting transport	
Delay in mobilizing funds	
Not reaching appropriate facility in time	
Difficult terrain	
Any other (specify)	

**3. Delay in receiving adequate care in facility:**

Delay in initiating treatment	
Substandard care in hospital	
Lack of blood, equipment & drugs	
Lack of adequate funds	
Any other (specify)	

**Probable direct obstetric cause of death:**

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**Indirect obstetric cause of death:**

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**Contributory causes of death (may list them):**

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

**Initiatives suggested:**

**Date:**

**(Signatures of SMO Block PHC)**

**Mobile Phone Number:**

**Name:**

(Office Seal)

**Note: To facilitate investigations (Verbal Autopsy /Community Based MDR), for detailed questions refer to Annexure-2 on CBMDR**