

DISTRICT LEVEL CBMDR - CASE SUMMARY

District level CBMDR-Case Summary, for every maternal death reported by the Block PHCs, 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 and to the State Director Family Welfare for monthly report (Ref: MDR Guidelines-Para 5.5-iii, 5.5-v and 6.2)

Yearly Serial No. _____ .

Calendar Year: _____

1. General Information:

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

2. Fill in appropriate cause(s) of delay:

a. 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)	

b. 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)	

c. 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)	

3. Probable direct obstetric cause of death:

4. Indirect obstetric cause of death:

5. Contributory cause(s) of death:

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

6. Initiatives suggested by SMO Block PHC: (Add extra page if required)

7. Remedial follow up actions planned or implemented: (Add extra page if required)

(Signatures of District Nodal Officer MDR)

(Office Seal)

Name:

Date:

Mobile Phone Number:

(Signatures of Civil Surgeon)

(Office Seal)

Name:

Date:

Mobile Phone Number:

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