

Maternal Death Information Report**Format for Primary Informer**

(To be compiled for reporting Maternal Deaths to Civil Surgeon, Deputy Commissioner & the State Director Family Welfare by the Primary Informer i.e. by Facility Nodal Officer in case of FBMDR and by SMO Block PHC in case of CBMDR. Also by ANM to SMO Block PHC in case of CBMDR)

1.	Name of District	
2.	Name of Block	
3.	Report under FBMDR or CBMDR	
4.	Name of deceased woman	
5.	Age of the deceased woman	
6.	Address of the deceased woman	
7.	Name of husband	
8.	Contact Phone no. of husband/close relative	
9.	Date of death	
10.	Time of death	
11.	Place of death	
	Home	
	Health Facility (Specify name and address of the Facility)	
	Urban area/Others (Specify):	
12.	When did death occur	
	Weeks of pregnancy	
	During delivery/labour	
	Number of days after delivery (within 42d)	
	During abortion	
	Within 6weeks of abortion	
13.	Pregnancy Registered/ Not	
14.	Name of concerned ASHA	
15.	Phone no. of concerned ASHA	
16.	Name of concerned ANM	
17.	Phone no. of concerned ANM	
18.	ANM- regular/contract	
19.	Name of reporting person	
20.	Mobile/telephone no. of reporting person	

Signature of reporting person:

Designation:

Name of the Sub-centre/Facility/Block PHC:

Date & Time: