

Revised Annexure – 6A

**MATERNAL DEATH RECORD REGISTER**

(FACILITY / DISTRICT / STATE)

*To be maintained at Facility, District and State level to keep record of all the reported/ confirmed 'Maternal Deaths' (Ref: Para 3.9, 5.5.ii & 7.3 of MDR Guidelines)*

Sr · No.	1 Name of District / Block	2 Name of Block PHC/ Facility	3 Report under FBMDR or CBMDR	4 Name, age & address of the deceased woman	5 Name & phone no. of husband	6 Date and time of death	7 Pregnancy regist ration status : Y/N	8 Name & phone no. of Concerned ANM	9 Place of death			10 When did death occur					11 Name & designation of reporting person & mobile/teleph one no.	12 Date & time of receipt of inform ation on teleph one	13 Date & time of receipt of inform ation in Annex ure- 6	14 Outcome of the investigation (Tick <input type="checkbox"/> in the appropriate box)	
									Home	Health Facility (Specify name and address of the Facility)	Urban area/ Others (Specif y)	Wee ks of preg nancy	Durin g deliv ery	Exact number of days after delivery	During aborti on	Within 6 wks of aborti on				Confirme d Maternal Death (mention Yearly Serial Number)	Non- mater nal Death
1																					
2																					
3																					
4																					
5																					

**NOTE:** Column No. 14 will be completed after report of verification/ investigation is available.