

## MODULE 9: REVIEW OF MATERNAL DEATHS

Interviewer Name \_\_\_\_\_ Date (d/m/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS:** *This form should be completed in each health facility for all maternal deaths that occurred in the previous 12 months. A maternal death is defined as the death of a woman due to obstetric causes during pregnancy or within 42 days of the completion of the pregnancy. You will probably identify the women through one of the registers. Ask for her chart/record, partograph, and any other helpful information. You should fill in one column per woman. If more than 3 deaths occurred in the past 12 months, use an additional Module 9 for the additional cases. In the top right hand corner of each module, fill in the number of the form and the total number of forms used in that facility. For example, if a facility had five maternal deaths in the past 12 months, the first copy of Module 9 would be Form 1 of 2. The second copy of Module 9 would be Form 2 of 2. Write the code for the correct answer in the appropriate block (cell).*

No.	Question	Response Codes	Case 1	Case 2	Case 3
1	Age of the woman	99 = No information			
2	Weeks of gestation	88 = Term      99 = No information			
3	When did the woman die:	1. During pregnancy/before delivery 2. During/after abortion 3. During vaginal delivery 4. During obstetric surgery 5. After delivery 9. No information			
4	Was the woman referred to this facility?	1. Yes 0. No → skip to 6 9. No information → skip to 6			
5	From where was the woman referred?	1. CHPS compound 2. Public health center 3. Public hospital 4. Private hospital/private clinic/private maternity 5. Other ( <i>specify by writing in cell</i> ) 9. No information			
6	Location of delivery	0. Not applicable (no delivery) 1. At home with no health worker or TBA present 2. At home with TBA 3. At home with health worker 4. En route to a facility 5. In this facility 6. In other facility: CHPS compound 7. In other facility: health center 8. In other facility: hospital 9. No information			

No.	Question	Response Codes	Case 1	Case 2	Case 3
7	Type of delivery	0. Not Applicable (abortion) 1. Vaginal 2. Assisted with vacuum extractor or forceps 3. Cesarean 4. Destructive delivery (e.g., craniotomy, embryotomy) 5. Laparotomy (uterine rupture) 9. No information			
8	Primary cause of death	<i>Write the <u>primary</u> cause of death in the appropriate column. This could be a direct or an indirect cause.            99 = No primary cause recorded</i>			
9	Secondary cause of death	<i>Write the <u>secondary</u> cause of death in the appropriate column. This could be a direct or an indirect cause.            99 = No secondary cause recorded</i>			
10	Date and time of arrival at facility  <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information 88/88/88 and 88:88 = No labor	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> - : <u>      </u>
11	Date and time first seen by a health worker  <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information 88/88/88 and 88:88 = No labor	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> - : <u>      </u>
12	Date and time seen by medical doctor or specialist  <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information 88/88/88 and 88:88 = No labor 77/77/77 and 77:77 = no medical doctor/specialist at this facility	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> - : <u>      </u>
13	Date and time of onset of labor  <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information 88/88/88 and 88:88 = No labor	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> : <u>      </u>	<u>  /  /  </u> - : <u>      </u>

No.	Question	Response Codes	Case 1	Case 2	Case 3
14	Date and time of onset of complication <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> : <u>  </u>
15	Date and time of delivery <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information 88/88/88 and 88:88 = No delivery	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> : <u>  </u>
16	Date and time of death in the health facility <i>(write date as day/month/year; write time in 24 hours)</i>	99/99/99 and 99:99 = No information	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> : <u>  </u> : <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u> - <u>  </u> : <u>  </u>
17	Day of the week that the woman died at the health facility	1. Monday-Friday 2. Saturday or Sunday 9. No information			

No.	Question	Case 1		Case 2		Case 3	
		Yes	No	Yes	No	Yes	No
18	Did the woman receive any of the following life-saving services, treatments, or interventions? <i>(if item not recorded, circle 0)</i>						
	a. IV fluids	1	0	1	0	1	0
	b. Plasma	1	0	1	0	1	0
	c. Blood transfusion	1	0	1	0	1	0
	d. Antibiotics	1	0	1	0	1	0
	e. Oxytocics	1	0	1	0	1	0
	f. Anticonvulsants	1	0	1	0	1	0
	g. Manual removal of placenta	1	0	1	0	1	0
	h. D & C/E & C	1	0	1	0	1	0
	i. Vacuum aspiration (manual)	1	0	1	0	1	0
	j. Forceps	1	0	1	0	1	0
	k. Vacuum extraction	1	0	1	0	1	0
	l. Cesarean	1	0	1	0	1	0
	m. Hysterectomy	1	0	1	0	1	0
	n. Laparotomy	1	0	1	0	1	0
o. Oxygen	1	0	1	0	1	0	
p. Anti-malarials	1	0	1	0	1	0	
	q. Other treatment <i>(specify in cell)</i>						
19	Outcome of the newborn(s)	0. NA (abortion) → skip to 22 1. Normal live birth → skip to 22 2. Live with distress (APGAR<7) → skip to 22 3. Dead 4. One alive, one dead (twins or more) 9. No information → skip to 22					
20	Was the death a stillbirth or early neonatal death?	1. Stillbirth(s) 2. Early neonatal death(s) 3. One stillbirth, one early neonatal death (twins or more) 9. No information					

No.	Question		Case 1	Case 2	Case 3
21	Cause of newborn death	1. Prematurity-related 2. Asphyxia 3. Infection/pneumonia 4. Congenital anomalies 5. Obstetric trauma 6. Other ( <i>specify in cell</i> ) 9. No information			
22	Factors that contributed to the maternal death:  <i>(answer this to the best of your ability given the information available from providers or records, and based on your own judgment)</i> DK = Don't know	a. Delayed arrival to health facility b. Delayed transfer to appropriate level of care c. Delay of care in health facility due to lack of supplies (drugs, blood, etc.) d. Delay of care in health facility due to absence or slowness of health worker e. Delay in correct diagnosis	Yes No DK 1 0 9	Yes No DK 1 0 9	Yes No DK 1 0 9

Comments