

Annexure 1: Facility Based Maternal Death Review Form

Annexure 1

For official use only

CONFIDENTIAL

Facility Based Maternal Death Review Form

1. NOTE: This form must be completed for all deaths occurring in the hospital, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy
2. Mark with an (X)/ (✓) / fill where applicable
3. Attach a copy of the case records to this form
4. Complete the form in triplicate within 24 hours of a maternal death. The original remains at the institution where the death occurred and one copy would be sent to the District Nodal Officer and the other to the Facility Maternal Death Committee by the Facility Nodal officer.

For Office Use Only:

| | | | | |
|------------|---|--|------|---------|
| FB-MDR NO: | 2 | | Year | 2021-22 |
|------------|---|--|------|---------|

Name, Designation & Address of the District Nodal Officer:

Dr Ghulam Ahmed Malik - CMO/ Dy CMO Poonch

I. General Information:

Name, Designation and Address of the nodal officer of the Hospital:

~~Tanweer Akhter~~ / Dr Shanaz Bhat
Consultant Gynaecologist
DH Poonch

Name, Age and Address of Deceased Woman:

Tanweer Akhter Age 19 yrs. R/o. Khenetu.

Name and Address of Facility where death occurred:

District: Poonch. State: J & K.

II. DETAILS OF DECEASED

1. Inpatient Number: 6851
 2. Name: Tanveer Akter

3. Age(years) : 19 yrs.

4. Obstetric formula

Gravida ☒ ☐ Para ☐ ☐

Abortions ☐ ☐ No. Living children ☐ ☐
 Day Month Yr Hrs min

5. Date and time of admission: 22 01 22 11 13 am

Day Month Yr Hrs min

6. Date & time of delivery:

☐ ☐ ☐ ☐ ☐ ☐

Day Month Yr Hrs min

7. Date & time of death:

22 01 22 06 30 pm

Days Hrs

8. Delivery/abortion- death interval : ☐ ☐ ☐

III. DETAILS OF ADMISSION AT INSTITUTION WHERE DEATH OCCURRED OR FROM WHERE IT WAS REPORTED (tick where appropriate)

1. Type of facility where died:

| | | | |
|-----------------------|---|-------------------|------------------------------------|
| Sub District Hospital | District Hospital <input checked="" type="checkbox"/> | Referral hospital | Medical College/ Tertiary Hospital |
|-----------------------|---|-------------------|------------------------------------|

2. Reasons for admission /Diagnosis at admission:

| | | | | | | | |
|--------------------|--------------------|-------------------------|-------------------|-----------------------|---------|--------------------|-------------------|
| Normal delivery | Previous C section | Abortion (Specify type) | Ectopic pregnancy | Vesicular Mole | Anaemia | Diabetes | PET/ Eclampsia |
| Multiple pregnancy | APH | Hydramnios | CPD | Abnormal presentation | PPH | Medical conditions | Others <u>IUD</u> |

3. Period of admission:

| | | | | | |
|--------------------|----------------------|---|-------------------------------|--------------------------|------------------------------|
| AN before 20 weeks | Antenatal > 20 weeks | Intrapartum <input checked="" type="checkbox"/> | Post Partum/Natal up to 24hrs | Post natal 24hrs- 1 week | Post natal 1 week to 42 days |
|--------------------|----------------------|---|-------------------------------|--------------------------|------------------------------|

4. Diagnosis when died:

| | | | | | | | |
|-----------------------------------|-----|---------------------|-----------------------------|--------------------|-------------------|-------------------|-----------|
| Obstructed labour/ Rupture Uterus | PPH | Abortion (specify) | Ectopic pregnancy | Vesicular Mole | Anaemia (failure) | Diabetes | Eclampsia |
| Sepsis | APH | Inversion of uterus | Post operative complication | Pulmonary embolism | CVA | Medical condition | Others |

5. Period of gestation, Intranatal, postnatal- at time of death:

| | | | |
|---------------------------|--------------------------|---|-------------------------|
| Antenatal before 20 weeks | Antenatal after 20 weeks | Intrapartum <input checked="" type="checkbox"/> | Post Partum /Post natal |
|---------------------------|--------------------------|---|-------------------------|

6. Outcome of pregnancy:

| | | | | |
|---------|----------|-------------|---|------------|
| Ectopic | Abortion | Still birth | Undelivered <input checked="" type="checkbox"/> | Live birth |
|---------|----------|-------------|---|------------|

7. Duration from onset of complication to admission : 06 Hrs 30 mins

8. Duration from admission to onset of complication : 06 Hrs 30 mins

9. Condition on Admission: Stable ☒ Semi conscious responds to verbal commands ☐ Semi conscious responds to painful stimuli ☐ Unconscious ☐

10. Was she Referred from another centre? Yes ☐ No ☒ Don't know ☐

10.a. If yes, Type of facility from which referred:

| | | | | | | |
|-----|----------|-------------------------|-------------------|------------------|----------------|--------|
| PHC | 24x7 PHC | SDH/Rural Hospital/ CHC | District Hospital | Private Hospital | Private clinic | Others |
|-----|----------|-------------------------|-------------------|------------------|----------------|--------|

11. Other centres visited before coming to the present institution

| | | | | | | |
|-----|----------|-------------------------|-------------------|------------------|----------------|--------|
| PHC | 24x7 PHC | SDH/Rural Hospital/ CHC | District Hospital | Private Hospital | Private clinic | Others |
|-----|----------|-------------------------|-------------------|------------------|----------------|--------|

IV.ABORTION (to be filled if applicable)

1. Was the abortion Spontaneous ☐ Induced ☐

1.a. If spontaneous,

1.a.i. Was it? Complete ☐ Incomplete ☐

1.a.ii. mention mode of termination? Medical abortion ☐ MVA ☐ D&C ☐

1.b. If induced, was it Legal ☐ Illegal ☐

2. What was the procedure adopted? Medical abortion ☐ MVA ☐ D&C ☐

Extra Amniotic Installation ☐ Hysterotomy ☐ Others ☐

3. Post Abortal Period Uneventful ☐ Sepsis ☐ Haemorrhage ☐ others ☐

3.a. If Sepsis, Method of management

| | | |
|---------------------------------|------------------------------|-----------------------------|
| IV fluids | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parenteral Antibiotics | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Metronidazole | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Surgical Interventions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Blood/Blood products transfused | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Days Hrs

4. Time taken to initiate treatment since onset of the problem ☐☐ ☐☐

5. Was the termination procedure done in more than one centre Yes ☐
No ☐

6. Additional information on complications including Management:

V. ANTENATAL CARE

1. Did she receive ANC? Yes ☒ No ☐ Don't know ☐ No. of Visits: ☐

V.1.a. If no, reason: Lack of awareness ☐ Lack of accessibility ☐

Lack of funds ☐ Lack of attendee ☐ Family problems ☐ Others ☐

V.1.b. If Yes, Type of Care Provider (mark all): SC ANM ☐ MO PHC ☒
MO CHC ☐ Obstetrician SDH ☐ Obstetrician DH ☐ Obstetrician
College/Tertiary Hosp ☐ Private Hosp ☐ - Specify - Obstetrician ☐
MBBS/other specialist ☐ Nurse ☐

V.1.c. If yes, was she told that she has risk factors? Yes ☐ No ☐

Don't know ☒

V.1.c.i.If yes, what was the risk factor identified ?

| | | | | | | | |
|--------------------|---------------|------------|-------------------|-----------------------|-------------|--------------------|---------------------------|
| Previous C section | Short stature | Abortion | Ectopic pregnancy | Vesicular Mole | Anaemia | Diabetes/G DM | PET |
| Multiple pregnancy | APH | hydramnios | Big baby | Abnormal presentation | Grand multi | Medical conditions | Others Specify <i>Di.</i> |

2. Was she admitted with a complication / developed a complication during the AN period Yes ☒ No ☐

2. a. If yes, what was the complication?

| | | | | | | |
|-----------|----------------|---------------------|--------------------------------|--------------------------------------|--------------------------------|--------------------------|
| Bleeding | Preterm labour | Surgical conditions | Ectopic pregnancy | Vesicular Mole | Anaemia (with/without failure) | Other Medical conditions |
| Eclampsia | Preterm labor | Leaking membranes | Anaemia (with/without failure) | Heart Disease (with/without failure) | Others Specify <i>Di.</i> | |

3. Time taken to initiate treatment since the onset of the Problem:

☒ Hrs ☒ Mins

3.a. At the first point of contact ☐ Hrs ☐ Mins

3.b. At the present Institution ☐ Hrs ☐ Mins

4. Additional information on AN complications including medication if any:

VI. DELIVERY, PUERPERIUM AND NEONATAL INFORMATION

1. Did she have labour pains? Yes ☒ No ☐

1.a.If Yes, was a partograph used in the referred centre? Yes ☐ No ☐ Don't know ☐ *She was in latent phase of labour so partograph not indicated*

1.a.i. Was partograph used in the present centre? Yes ☐ No ☐

2. Complications during labour :

| | | | | | | |
|------|-------|-----------|-----------|--------------------------------------|---------------------|---|
| PROM | PPROM | IP sepsis | Eclampsia | Obstructed labour/ Rupture Uterus | Inversion of Uterus | Others Specify <i>pulmonary embolism</i> |
|------|-------|-----------|-----------|--------------------------------------|---------------------|---|

3. Duration of labour: ☐☐hrs ☐☐mins

4. Mode of Delivery

| | | | |
|-------------|--|----------------|-------------------|
| Undelivered | Spontaneous Vaginal (with/without episiotomy) | Vacuum/forceps | Caesarean section |
|-------------|--|----------------|-------------------|

5. Time taken to initiate treatment since the onset of the Problem: Hrs

☐☐ Mins ☐☐

6. In which phase of labor did she die?

| | | | | | |
|--------------|--------------|--------------|-------------|--------------|--------------------|
| Latent phase | Active phase | Second stage | Third stage | Fourth stage | >24hrs after birth |
|--------------|--------------|--------------|-------------|--------------|--------------------|

7. Postnatal period: - Uneventful / Eventful

7.a. If eventful, specify

| | | | | | | | | |
|-----|--------|---------|---------|-----------|-----------------------|----------------------|--------------------|--------|
| PPH | Sepsis | CVA /PE | Anaemia | Eclampsia | Post partum Psychosis | Post op complication | Medical conditions | Others |
|-----|--------|---------|---------|-----------|-----------------------|----------------------|--------------------|--------|

8. Blood /Blood products given : Yes ☐ No ☒

8.a. If yes number of units transfused :

8.b. Was there any transfusion reactions: Yes ☐ No ☐, If yes, specify

9. INTERVENTIONS (Tick appropriate box), Specify other in the last row provided

| Early pregnancy | Antenatal | Intrapartum | Postpartum | Anaesthesia/ ICU |
|-----------------|-----------------|----------------------------|-------------------------|------------------|
| Evacuation | Transfusion | Instrumental del. | Removal of retained POC | Anaesthesia -GA |
| Transfusion | Version | Caesarean section | Laprotomy | Spinal |
| Laprotomy | Other surgeries | Hysterectomy | Transfusion | Local |
| Hysterectomy | | Transfusion | Hysterectomy | Epidural |
| | | Hysterotomy | | ICU monitoring |
| | | Manual removal of placenta | | |
| | | | | |

VIII. CAUSE OF MATERNAL DEATH :

a. Probable direct obstetric (underlying) cause of death: Specify:

Most probable Pulmonary Embolism

b. Indirect Obstetric Cause of death: Specify

Intra uterine fetal death

c. Final Diagnosis (including Non Obstetric causes)

19yr. old Primigravida with USG documented IUD.

IX. IN YOUR OPINION WERE ANY OF THESE FACTORS PRESENT?

| System | Example | Y | N | Not known |
|---------------------------|---|---|---|-----------|
| Personal/Family | Delay in woman seeking help | | | |
| | Refusal of treatment | | | |
| | Refusal of admission in previous facility | | | |
| Logistical Problems | Lack of transport from home to health care facility | | | |
| | Lack of transport between health care facilities | | | |
| | Health service - Health service communication breakdown | | | |
| Facilities | Lack of facilities, equipment or consumables | | | |
| | Lack of blood | | | |
| | Lack of OT availability | | | |
| Health personnel problems | Lack of human resources Lack of Anesthetist Lack of Obstetricians | | | |
| | Lack of expertise, training or education | | | |

X. Information on avoidable factors, missed opportunities & substandard care

XI. AUTOPSY: Performed ☐ Not ☐
performed

1.If performed please report the gross findings and send the detailed report later

XII.CASE SUMMARY (please supply a short summary of the events surrounding the death)

19yr old Young Primigravida (Pregnancy)
USG documented 30w4 DDD.

Form filled by the MO on duty

Signature & Name

Designation

Dr. Shilpa Sheenu
Consultant Gynec DH.
Raja Sukhdav Singh District Hospital
POONCH

Nodal Officer of the Hospital:

Signature & Name

Address of the Institution

Dr. Jyoti Shekhar
Consultant
Raja Sukhdav Singh District Hospital
POONCH

Stamp & Date :

25/01/2022

Medical Superintendent
Raja Sukhdav Singh District Hospital
POONCH