



**HIGHLY CONFIDENTIAL MATERNAL DEATH REVIEW FOR OBSTETRIC CLINICIAN PROGRAMME**

This form must be completed for all maternal deaths (deaths whilst pregnant and deaths occurring up to 42 days following delivery / termination of pregnancy including indirect deaths, abortions, molar and ectopic pregnancies).

<b>Personal details of the woman/adolescent girl who died</b>	
Case number	
Age in years	
Hospital where admitted	
Name of obstetric clinician involved in treatment	
Describe condition at time of death Delivered already? Not yet delivered?	
Gravida and parity	
Gestation in weeks at death	
If delivered, days since delivery	
If delivered gestation at delivery (weeks)	

<b>Details of admission to hospital where death occurred</b>	
Date of admission	
Time of admission: am/pm	
<b>Where admitted from?</b> Home? Another facility?	
<b>Reason for admission?</b> Describe reason in detail	
Was the patient alive on admission?	
Clinical condition on admission? Was she Stable? Was she critically ill?	
Date of death	
Time of death: am/pm	
At time of death what was the patient's situation? -Antenatal -During delivery -Postpartum -During miscarriage or abortion	

<b>Details of delivery if delivery occurred before or during death</b>	
Date of delivery	
Time of delivery: am/pm	
<b>Locality where labour had been underway before hospital admission?</b> -Home? -With TBA in community? -In public clinic? -In private clinic? -In other hospital? (note can be more than one of these)	
Total duration of labour (in hours + minutes)	
Duration of active phase? (in hours + minutes)	
Duration of second stage (in hours + minutes)	
Duration of third stage (in hours + minutes)	
<b>Mode of delivery?</b>	
Spontaneous vaginal?	
Breech?	
Vacuum?	
Forceps?	
Caesarean section?	

<b>Details of delivery if delivery occurred before or during death</b>	
<b>Who undertook delivery?</b>	
Midwife?	
Nurse?	
Nurse assistant?	
Physician assistant ?	
Doctor?	
Obstetric clinician? In what role (as assistant, directly supervised, indirectly supervised, independently)?	
Other? (please describe)	
Describe in detail any problems with any stages of the delivery	

<b>Details of maternal death</b>	
Describe in detail what happened and the most likely mechanisms leading to death	
<b>Describe possible preventable factors that might have contributed to death</b>	
Was a lack of obstetric skills contributory?	
Was there a delay of any kind in reaching the hospital?	
Was there a delay in providing appropriate treatment after arrival at the hospital?	
Was the initial diagnosis correct or incorrect?	
Was the appropriate treatment given?	
Was there a problem in obtaining anaesthetic assistance? If YES, please give details including the reasons and the length of the delay	
Was there a problem in obtaining senior skilled medical/surgical assistance? If YES, please give details including the reasons and the length of the delay	
Was there a lack of essential obstetric drugs? If YES, please give details	

<b>Details of maternal death</b>	
Was there a lack of essential equipment or was it not working? If YES, please give details	
Was there a lack of blood for transfusion? If YES, please give details	
Was there a lack of laboratory facilities? If YES, please explain in what way this situation affected the treatment of the patient.	
Was there any evidence of unsafe traditional medicine use or other harmful practice undertaken in the community? If YES, please give details	
Did the patient or her family refuse treatment? If YES, please give details	
If the death related to miscarriage was there evidence of an unsafe abortion? If YES, please give details.	
Were there any other factors that could have contributed to death? If YES, please give details.	

<b>Details concerning the new-born infant(s)</b>	
Was the baby born alive? If twins answer for both	
What was the birth weight of the baby or babies in grams?	
Was resuscitation given to the baby or babies. If YES please describe what was done and the outcome.	
If there was an intrauterine fetal death, was the new-born a fresh stillbirth or macerated stillbirth? Please give details.	
Was there a neonatal death? If YES, please give details on the likely cause(s) of death and provide the length of time in days after birth the death occurred.	

**NAME OF TRAINEE OBSTETRIC CLINICIAN .....**

**DATE OF COMPLETION OF THIS FORM**

**SIGNATURE OF TRAINEE OBSTETRIC CLINICIAN**

**NAME OF SUPERVISING DOCTOR.....**

**SIGNATURE OF SUPERVISING DOCTOR**