

Government of Kerala
Department of Health & Family Welfare
Directorate of Health Services

Maternal Death Audit

Form A

Name of the Deceased

Age

Hosp No

Date & time of death

Place of death

Hospital

On the way

Home

Cause of death

Primary(eg: PPH, Hypertensive Disease)

Final (eg: Renal failure, Multiorgan dysfunction)

(Please do not put cardiorespiratory arrest as it happens in every death)

Name of husband (or father, if unmarried)

Address

Name and address of the doctor in charge
(where she died)

Tel No

email

Address of the hospital
(where she died)

If referred from another centre, details of the referring centre

Name and address of the referring doctor

Name and address of the referring hospital

signature

Code number

Form B

To be filled by the medical officer in charge (To be kept confidential at all times)

1. Primary (underlying) cause of death

Date and time of death

2. Final cause of death

3. Where she died

Facility / Home / On the way

Level of the facility where she died

Primary

Secondary

Tertiary

Was she referred

Yes

No

If referred, level of that facility

Primary

Secondary

Tertiary

Govt.

Private

4. Date and time of admission

Date of delivery

Condition on admission

Stable

Critical

Moribund

Dead

5. Basic Details

Age

Married

Yes / No

Religion

Hindu,

Muslim,

Christian,

Place of Home

Urban

Rural

Tribal

Education of the deceased

Nil

Primary

Secondary

Graduate or above

Occupation of the deceased

Education of the husband

Nil

Primary

Secondary

Graduate or above

Occupation of the husband

6. Details at time of death

Gravida

Para

Gestation in completed weeks

LMP

EDC

Interval between admission and death

Days/ hrs

Interval between delivery and death

Days /hrs

7. Did she receive regular AN care? Y/N

medications

Mention any relevant information and

Relevant Past medical & obstetric history

Mention any known risk factors present

8. Intrapartum care

Had the woman delivered before arrival Yes / No

Who conducted the delivery Doctor / Nurse

Type of delivery

Abortion

Ectopic

Undelivered, Died during labour

Vaginal vertex unassisted

Vaginal breech

Vaginal assisted - Forceps/ vacuum

Cesarean section - Elective / Emergency / Classical / Peri mortem

Anesthesia - Spinal / General

If emergency CS, time taken from decision to actual surgery

If there was delay of more than 30 minutes to do CS, what was this due to ?

Cesarean findings (in relevant cases), any problems or complications associated with it?

9. Neonatal outcome

Baby	Gestation	Wt.	Sex	Live birth	Stillbirth	Neonatal death
1						
2						

10. Was labour induced? Yes / No If Yes, method of induction (Foleys, Drugs (dose & timings), Acceleration etc).

Was any smooth muscle relaxant used?

(Name of the drug, dose and time, eg: Epidosine, drotaverine, hyosine)

AMTSL - Give Details

11. Postnatal problems (Fever, PPH etc)

Cause of PPH -- Atonic /Traumatic / Placenta previa / Retained placenta

How did you manage PPH

Was surgery done? Give details

If she had hypertensive disease

When was hypertension detected?

Drugs given in A/N period

Was there chronic hypertension, pre-eclampsia Eclampsia HELLP
Cerebral hemorrhage

Did she receive Magnesium sulphate - when & dose

Did she receive antihypertensives - drug, dose & time

12. Was postmortem performed? Yes / No (If yes attach a copy of the report)

13. Relevant investigation results

14. Mention involvement of other specialists

15. Short summary of the case