



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग

MPDSR Tool 5

जिल्ला जनस्वास्थ्य/स्वास्थ्य कार्यालय
मातृ तथा पेरिनेटल मृत्यु निगरानी तथा प्रतिकार्य समिति (District MPDSR Committee)

मौखिक परीक्षणको सारसंक्षेपको ढाँचा

मातृ मृत्युको मौखिक परीक्षण सम्पन्न भएपछि मृत्युको कारण विश्लेषण सम्बन्धी तालिम प्राप्त डाक्टरबाट विश्लेषण गराई मातृ मृत्यु निगरानी तथा प्रतिकार्य समितिमा मातृ मृत्यु समीक्षाका लागि प्रस्तुती गर्न यो ढाँचाको प्रयोग गर्नुपर्दछ।

Time of death and review			
Date of death		Death notified on	
MD screened on		VA completed on	
Date of review			

Background information about the deceased			
Name of the deceased			
VDC/Municipality		Ward No.	
Caste/ethnicity (103)		Age	
Marital status (114)		Educational status	
Main occupation (121)		Parity	
Gravida		Gestational week	
Pregnancy status at the time of death		Place of death (home/facility)	
If institutional death, name of the facility			
Baby status (live or dead)			
History of previous cesarean section (420)			

Diagnosis at the last illness (Section 2)			
Did she die suddenly (201)		Length of last illness (days) (202)	
Diseases diagnosed during the last illness (203 – 221)			

ANC history			
Number of ANCs done		Months ANC done	
Facilities visited for ANCs			
Major problems during ANC period			
Basic services provided during ANC visits			

Treatment during the last illness			
Date of last visit to facility		Name of facility	
Major complications			
Major treatment procedures			
Date of 2 nd last visit to		Name of facility	

Treatment during the last illness		
facility		
Major complications		
Major treatment procedures		

Risk factors (Section 6)		
Alcohol (601)		
Smoking (602 - 203)		
Smoking frequency (604)		

History of injuries/accidents (Section 5)	
Death due to injury/accident (501)	
Type of injury/accident (502 – 521)	

Cause of Death Assignment: VA and MDR (if applicable)			
Part I	VA	MDR	Remarks
Disease or condition directly leading to the death*	a) (due to or as a consequence of)		
Antecedent causes (Morbid conditions, if any, giving rise to the above cause, stating underlying condition last)	b) (due to or as a consequence of)		
	c) (due to or as a consequence of)		
	d) (due to or as a consequence of)		
Other significant conditions			
Certainty of Diagnosis			
Insufficient information			
Reviewer			
Dater of review			

Contributing factors – Delays (Section)		
First delay	Second delay	Third delay

Report prepared by		Date	
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