



# Maternal and Perinatal Death Surveillance and Response [MPDSR]

## - Hospital Perinatal Death Review Form-



नेपाल सरकार  
स्वास्थ्य मन्त्रालय  
स्वास्थ्य सेवा विभाग  
परिवार स्वास्थ्य महाशाखा



# Objective

By the end of session, the participants will be able to

- describe the contents of PDR forms and
- fill up the PDR forms correctly and completely using medical records/case files/mock files of maternal mortality.



# Perinatal Death Review Form



- The attending medical personnel at the time of the perinatal death has to fill the PDR form within 72 hours of the death.



Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
Family Health Division  
Teku, Kathmandu

## PERINATAL DEATH REVIEW FORM

### CONFIDENTIAL

*This form will be kept confidential and used only for quality of care improvement and collective statistical purposes*

*Perinatal deaths include death of a baby from 22 weeks of gestation (or baby weighing at least 500 grams) to first 7 days of life (early neonatal period).*

*The perinatal death review process is an in-depth investigation of the causes of and circumstances surrounding late fetal and early neonatal deaths occurring at health facilities with the objective of identifying avoidable factors and utilizing the information for improving quality of care at the facility, and policy and programme reform across the country.*

*Personally identifiable information on this form will be kept confidential, and will be grouped and non-identifiable. Information and discussion arising from this review form cannot be used in legal proceedings.*

*Sections 1-4 should be completed within 72 hours of the perinatal death by the attending medical officer/nursing staff in consultation with other staff that had contact with the mother/infant. All available records related to the deceased should be reviewed.*

*Sections 1-4 should then be reviewed each month by the hospital MPDR committee and Section 5 should be completed after discussion. The completed forms should be made accessible to Family Health Division and DPHO through web-based data entry.*

**PDR form contains six sections and background information, all sections need to be completed**



# Background Information



District: \_\_\_\_\_

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Name of health facility: \_\_\_\_\_

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# Section 1: Demographic Details of Mother of Deceased



101	Name of the Mother : _____	Hospital ID Number: _____
102	Address : _____ <hr style="border-top: 2px dashed red;"/> District: _____ <input type="text"/> <input type="text"/> VDC/Municipality: _____ <input type="text"/> <input type="text"/> Ward No.: <input type="text"/> <input type="text"/>	
103	Ethnicity/Caste (Specify): Caste: _____ Ethnicity: _____ <input type="text"/> <input type="text"/> <input type="text"/> <i>[Note: Coding to be done during data entry]</i>	
104	Maternal age (in completed years) <i>[Write 98, if Don't know]</i>	<input type="text"/> <input type="text"/>
105	Gravida <i>[Write 98, if Don't know]</i>	<input type="text"/> <input type="text"/>
106	Parity <i>[Write 98, if Don't know]</i>	<input type="text"/> <input type="text"/>



# Section 1: Demographic Details of Mother Contd.



107	Did she receive any antenatal care during this pregnancy?	Yes	1
		No (Go to 109)	2
		Don't Know (Go to 109)	3
108	If ANC received, how many times?	Specify _____	
109	Obstetric condition of mother at admission	Not in labour	1
		Latent phase of labour	2
		Active phase of labour	3
		Third stage of labour	4
		Post partum	5
110	Provisional diagnosis of mother at the time of admission	Specify .....	
111	Place of delivery	Specify .....	1
112	Mode of delivery	Normal (Go to 114)	1
		Vacuum	2
		CS	3
		Embryotomy	4
		Other (Specify) _____	5
113	If other than normal delivery, specify main reason for this		
114	Relevant maternal event summary		



# Section 2: Details of the Deceased Baby



201	Gestational age	<input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Days
203	Birth weight	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Grams
204	Sex of the baby	Male <span style="float: right;">1</span>
		Female <span style="float: right;">2</span>
		Ambiguous <span style="float: right;">3</span>
205	Singleton or multiple birth	Singleton <span style="float: right;">1</span>
		Multiple <span style="float: right;">2</span>
		Baby number: _____
206	Date of delivery: (Nepali date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy
207	Time of delivery (24 hours clock)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Hours
209	Type of death	Fetal (Go to 212) <span style="float: right;">1</span>
		Early Neonatal <span style="float: right;">2</span>
210	If early neonatal death, date of death: (Nepali date)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yy
211	If early neonatal death, time of death [Skip to Q 301]	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Hours (24 hours clock)
212	If fetal death, type of death	Antepartum fetal death (macerated) <span style="float: right;">1</span>
		Intrapartum fetal death (fresh) <span style="float: right;">2</span>





# Section 3: Clinical Information of Deceased Baby



301 Relevant neonatal events summary *[please write about the complication, diagnosis, investigations, procedures, IV therapy and drugs]*

<u>Date</u>	<u>Time</u>	<u>Postnatal age</u>	<u>Event</u>



# Section 4: Cause of Death of Baby (3)

401	What was the primary (underlying) cause of death?	Spontaneous preterm labour	1
		Intrapartum hypoxia	2
		Antepartum haemorrhage	3
		Hypertensive disorder	4
		Infections	5
		Congenital anomalies	6
		Intrauterine growth retardation	7
		Trauma	9
		Unexplained intra-uterine cause	10
		Maternal disease (Specify) _____	11
		Others (Specify) _____	96
402	What was the final cause of death?	Birth asphyxia	1
		Septicemia	2
		Pneumonia	3
		Tetanus	4
		Hypothermia	5
		Complications of prematurity	6
		Congenital anomalies	7
		Birth trauma	9
		Others (Specify) _____	96
403	Wigglesworth classification of death	Normally formed macerated stillbirth	1
		Lethal congenital malformation	2
		Conditions associated with immaturity	3
		Asphyxial conditions (includes fresh still birth)	4
		Other specific conditions	5



# Section 5: Finding of Review by MPDR Committee.

Critically analyze the situation, circumstances and record how it could have been saved (avoidable factors)

Q	Type of Avoidable Factors	Avoidable Factors	Code
501	Patient related		
502	Administrative problems		
503	Medical personnel associated		
504	Other		



# Section 5: MPDR Committee Recommendation & Action Taken

Actions	To be performed by Hospital	To be performed by/through DPHO
<b>Immediate Actions</b>		
<i>Responsible for implementation</i>		
<i>Time line (less than a month)</i>		
<i>Monitoring to be done by</i>		
<b>(Mid Term Actions)</b>		
<i>Responsible for implementation</i>		
<i>Time line (less than six month)</i>		
<i>Monitoring to be done by</i>		
<b>(Long Term Actions)</b>		
<i>Responsible for implementation</i>		
<i>Time line (less than a year)</i>		
<i>Monitoring to be done by</i>		

***The request for necessary action at the community level has to be sent formally through District Public Health Office.***



# Section 6: Date of Review & Person Completing Form



Date of review by case attending staff (Nepali date)	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>dd</td><td>mm</td><td>yy</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd	mm	yy			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
dd	mm	yy											
Date of review by facility MPDR committee (Nepali date)	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>dd</td><td>mm</td><td>yy</td><td></td><td></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	dd	mm	yy			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
dd	mm	yy											

Staff who completed this review form:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date/month/year: \_\_\_\_\_ Signature: \_\_\_\_\_



# Summary of Hospital PDR Form



# Government of Nepal Ministry of Health and Population

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## Summary of Hospital Perinatal Death Review Form

**[CONFIDENTIAL]**

Name of Hospital: \_\_\_\_\_

Identification:

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1. Date of report:

dd	mm	yyyy

2. Age at death:

<24 hours	24+ hours

3. Birth Weight:  
(In Gram)

<1000	1000-2500	2500+



**4. Gestational Age:  
in Week**

22 - 27	28 – 36	37 – 41	≥ 42	Not known

**5. Delivered at:**

This Facility	Other Facility	Home	Unknown

**6. Maternal age:**

<20	20-35	>35

**7. Antenatal care:**

No	1-3	≥ 4

**8. Condition at birth**

Born Alive	Still Born: Fetus Alive on Admission	Fresh Stillborn	Macerated Stillborn

**9. Pregnancy status**

Single Pregnancy	Multiple Pregnancy

**10. Primary Cause  
Of Deaths**

Cause of Death	Number





## 11. Number of preventable deaths

Preventable	Not Preventable

## 12. If the deaths are preventable write the avoidable factors according to three delay model

Type of delays		Avoidable factors
1	Delay in decision to seek care	
2	Delay in reaching at right facility	
3	Delay in receiving care at facility	



### 13. Action plan for reducing preinatal deaths

Delay Type	Avoidable factors	Action to be taken	Responsibility	Timeline	Date action completed	Rearks
Delay1						
Delay2						
Delay3						

### 14. List of participates

SN	Name	Position	Address	Phone	Signature



# Group Work

- Divide into five group (4-6 members in each).
- Group work to fill up the PDR form with provided case file/mock file of maternal mortality up to Section 4.
- 30 minutes for group work to fill up the forms.
- Presentation from each group after group work.



# मातृ मृत्यु निगरानी तथा प्रतिकार्य



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