

# MATERNAL & PERINATAL DEATH SURVEILLANCE:

## *IDENTIFICATION & NOTIFICATION*



# LEARNING OBJECTIVES

1. Identify the *sources of information* for maternal and perinatal death identification
2. know the *notification process* of maternal and perinatal deaths
3. Identify the *responsible bodies* in the notification process
4. Learn *how to give code* for each maternal and perinatal deaths
5. Learn how to use the *identification and notification tools* of maternal and perinatal death surveillance

# MATERNAL AND PERINATAL DEATH SURVEILLANCE

- **A single maternal or perinatal death is treated as an outbreak**
- **A single maternal or perinatal death review informs a lot to prevent many similar deaths in the future**

# SOURCES OF INFORMATION FOR MATERNAL DEATH & PERINATAL DEATH IDENTIFICATION

## COMMUNITY REPORT

- **What:** All **probable** maternal and perinatal deaths
- **WHO:** Any member of the community will report to their respective H.P or H.C
- **Source:** Any **rumors** in the community
- **How:**
  - **Formally or informally rumors** should be notified **within 30 min** to the next level by any means of communication
  - **Formally:** ID & N **within 24 hrs.** using **paper based tools** from **H.P to H.C**

## HEALTH FACILITIES' REPORT

- **What:** All **confirmed** maternal and perinatal deaths
- **WHO:** Any Health care provider should report to his/her respective facility surveillance focal person
- **Source:**
  - health care providers in the facility
  - Attendants
  - client charts,
  - registers, death logs and
  - other records from the previous 24 hours
- **How:** **formally** within **24 hours** of identification using **paper based I.D & N tools**

# EARLY SURVEILLANCE ACTIVITIES BEFORE REVIEW

## SUSPECTED MATERNAL DEATH

- At community
- Identify and notify immediately (within 30 min) to PHEM focal person
- Report using weekly PHEM (HEW, HC and above)
- Investigate with VA

## CONFIRMED MATERNAL DEATH

- In **Health facility**
- **Identify and notify** immediately (within 30 min) to **PHEM focal person**
- Report using weekly PHEM (HC/Hosp/clinic and district/zone/region & above)
- Investigate with FBMDA

## Annex 1: Identification and Notification form for maternal death

**(To be filled in two copies, one copy kept at HP or reporting ward and the remaining one copy will be documented at health facility surveillance unit)**

<b>Section one (Notification)</b>		
1.	Maternal death Notification is reported from	Community Health facility (MRN _____ Ward on which death occurred _____)
2.	Name of the deceased	_____
3.	Age of the deceased woman (in completed years)	_____
4.	Name of head of the household:	_____
5.	Household address	Woreda/Sub-city _____ Kebele _____ Gott _____ HDA team _____ house number: _____
6.	Date and time of the woman's death	DD/MM/YYYY ____/____/_____ Time _____
7.	Who informed the death of the woman?	1. HDA 2. Religious leader 3. any community member 4. Self (HEW or Surveillance focal person) 5. Other Health care provider 4. Others (specify) _____
8.	Date of Notification:	DD/MM/YYYY ____/____/_____
9.	Place of death:	1. At Home 2. At Health Post 3. At Clinic 4. At Health Center 5. At Hospital 6. On transit from home to Health facility 7. On transit from health facility to health facility
<b>Screening of notified Maternal deaths [to be filled by Health Extension Worker(Community report) or facility surveillance focal person(H.F report)]</b>		
8.	Did she die while pregnant?	Yes No
9.	Did she die with 42 days of termination of pregnancy?	Yes No
10.	Has she missed her menses before she dies?	Yes No Unknown
<b>Section two (Classification and decision for investigation) [ To be filled by Facility Surveillance Focal Person(For both H.F report and community based report)]</b>		
1.	Type of maternal death:	<input type="checkbox"/> Probable <span style="margin-left: 150px;"><input type="checkbox"/> Suspected</span> <input type="checkbox"/> Confirmed
<b>2</b>	<b>If suspected or confirmed maternal death, write ID number/code</b>	_____ _____

Name of reporting person \_\_\_\_\_ signature \_\_\_\_\_

## Annex 7: Identification and Notification Form for Perinatal Deaths

**(To be filled in two copies, one copy kept at HP or reporting ward and the remaining one copy will be documented at health facility surveillance unit)**

<b>Notification (section one)</b>		
1.	Perinatal death Notification is reported from	<input type="checkbox"/> Community <input type="checkbox"/> Health facility (MRN _____ Ward on which death occurred _____)
3.	Name of the mother	_____
2.	Name of head of the household:	_____
3.	Household address:	Woreda/Subcity _____ Kebele _____ Gott _____ HDA team _____ house number: _____
4.	Date of birth	DD/MM/YYYY ____/____/____ Time _____
5.	Date of identification of the death	DD/MM/YYYY ____/____/____ Time _____
6.	Data of notification	DD/MM/YYYY ____/____/____ Time _____
7.	Who informed the death of the perinatal death	1. HDA 2. Religious leader 3. any community member 4. Self (HEW or Surveillance focal person) 5. Other Health care provider 4. Others (specify) _____
8.	Place of still birth/Neonatal death:	1. At home 2. On the way to health post 3. At health post 4. On the way to Health facility (HCs, hospitals) 5. At health facility (HC, Hospital)
<b>Screening of a notified perinatal death to determine whether it is probable, suspected or confirmed</b>		
<b>[to be filled by Health Extension Worker(community report) or facility surveillance focal person(H.F report)]</b>		
9.	Was the birth after 7 months of pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Was the newborn dead at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Did the Baby die within <b>one month (28days)</b> after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section two (Classification and decision for investigation)</b>		
<b>[ to be filled by Health Extension Worker(community report) or facility surveillance focal person(H.F report)]</b>		
1.	Type of perinatal death:	<input type="checkbox"/> probable <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed
2	If suspected or confirmed perinatal death, write ID number/code	_____

Name of reporting person \_\_\_\_\_ signature \_\_\_\_\_

# CODING OF MATERNAL AND PERINATAL DEATH

## SUSPECTED MATERNAL DEATH

- 3 letters from the Region (E.g Oromia: **ORO**)
- 3 letters for the zone (E.g East welega: **EWE**)
- 3 letters for the woreda (E.g KIRamu: **KIR**)
- 3 letters for the health centre (E.g Kokofe: **KOK**)
- 2 letters from Year in Ethiopian calendar that the death occurred (E.g 2007: **07**)
- 2 letters from Month number in the Ethiopian calendar that the death occurred (E.g Hidar: **03**)
- Serial number for the death in the health centre in the month of investigation (second maternal death: **02**)

### ➤ **Maternal death Code:**

**ORO-EWE-KIR-KOK-07-03-02**

## SUSPECTED PERINATAL DEATH

- 3 letters from the Region (E.g Oromia: **ORO**)
- 3 letters for the zone (E.g East welega: **EWE**)
- 3 letters for the woreda (E.g KIRamu: **KIR**)
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- 2 letters from Month number in the Ethiopian calendar that the death occurred (E.g Hidar: **03**)
- Serial number for the death in the health centre in the month of investigation (second perinatal death: **02**)

### ➤ **Perinatal death Code:**

**ORO-EWE-KIR-KOK-07-03- P02**



# CODING OF MATERNAL AND PERINATAL DEATH

## CONFIRMED MATERNAL DEATHS

- ✓ 3 letters from the Region (E.g Oromia: **ORO**)
- ✓ 3 letters for type of health facility (E.g hospital: **HOS**/health center: **HEC**/ clinic: **CLI**)
- ✓ 3 letters for the health facility name (E.g Bishoftu: **BIS**)
- ✓ 2 letters from Year number in Ethiopian calendar that the death occurred (E.g 2007: **07**)
- ✓ 2 letters from Month number in the Ethiopian calendar that the death occurred (E.g Hidar: **03**)
- ✓ Serial number for the death in the health facility in the month of investigation (E.g second maternal death: **02**)

❖ **Maternal death Code:**  
**ORO-HOS-BIS-07-03-02**

## Confirmed Perinatal deaths

- ✓ 3 letters from the Region (E.g Oromia: **ORO**)
- ✓ 3 letters for type of health facility (E.g hospital: **HOS**/health center: **HEC**/ clinic: **CLI**)
- ✓ 3 letters for the health facility name (E.g Bishoftu: **BIS**)
- ✓ 2 letters from Year number in Ethiopian calendar that the death occurred (E.g 2007: **07**)
- ✓ 2 letters from Month number in the Ethiopian calendar that the death occurred (E.g Hidar: **03**)
- ✓ Serial number for the death in the health facility in the month of investigation (E.g second perinatal death: **02**)

❖ **Perinatal death Code:**  
**ORO-HOS-BIS-07-03-P02**

# SUMMARY

## COMPONENTS OF MATERNAL AND PERINATAL DEATH SURVEILLANCE:

### IDENTIFICATION & NOTIFICATION

#### **1. CASE DEFINITION:**

- Community: Probable and Possible/suspected and
- Standard: confirmed

**2. Sources of information:** What, who, source/from where, and how

**3. Tools** for Identification and notification

**4. Coding** of suspected and confirmed deaths

# Exercise

## **Individual Identification and Notification Practical Exercise**

