Annex 5: Facility based abstraction form

I. Abstractor related Information		
Name of the abstractor:__________________ Qualification of the Abstractor______________________ Telephone number of the abstractor:__________ Date of abstraction:______________________________ Was the abstractor involved in the management of the case? 1. Yes 2. No		
II. Identification/ Back ground information		
No.	Question	Response
1	Medical Record Number of the deceased	
2	Age of deceased	
3	Date and time of death	Date ________________________ Time____________________
4	Ethnicity	
5	When did the death occur?	1. In transit 2. While waiting for treatment 3. Following start of treatment
6	Place of usual residence Woreda/sub-city___________________ Kebele__________ Got_____________________________ House number______		
7	Religion	1. Orthodox 3 Protestant 2. Muslim 4. Others (specify)------
8	Educational status of the deceased	1.Illiterate 2.No formal education, but can read and write 3. Grade completed _________________ 4. Don't know
9	Marital status of the deceased	1. Single 3. Divorced 2. Married 4. Widowed
10	Level of education of the husband	1.Illiterate 2.No formal education, but can read and write 3. Grade completed _________________ 4. Don't know
11	Occupation of the deceased	1. Farmer 5. Unemployed 2. Merchant/tradesperson 6. Public employee 3. House wife 7. Others (specify) ____________ 4. Daily labourer
12	Occupation of the husband	1. Farmer 4. Daily labourer 2. Merchant/tradesperson 5. Public employee 3. Unemployed 6. Others __________
13	Monthly income if possible	__________birr
III. Obstetric characteristics		
1.	Gravidity	
2.	Parity	
3.	Number of living children	
4.	Attended ANC?	☐ Yes ☐No ☐Not known
5.	If yes, gestational age in months at the first visit	____
6.	If yes for Q4, where is the ANC?	1. Health post 3. Hospital 2. Health center 4. Clinic
7.	If yes, number of visits	____
8.	Basic package of services provided in ANC (Tick *ALL* that apply)	☐RPR ☐ BP measurement during the follow up ☐Hgb ☐Fefol supplementation ☐Blood group, ☐TT immunization ☐HIV status, ☐Other (Specify) _______________ ☐U/A
9.	Problems or risk factors in the current pregnancy:	
I	***Pre-existing problems*** (Tick *ALL* that apply)	☐Hypertension ☐Cardiac problem ☐Anemia ☐Tuberculosis ☐Diabetes ☐Hepatitis ☐HIV positive ☐Other (Specify) _____ ☐Malaria

II	***Ante-natal/ intra-natal problems/risks*** (Tick *ALL* that apply)	☐Pre-eclampsia / eclampsia ☐Anemia ☐Placenta praevia ☐ Malaria ☐Previous Caesarean Section ☐UTI/pyelonephritis ☐Multiple gestation ☐Unintended pregnancy ☐Abnormal lie/presentation ☐Other (specify)
10	State of pregnancy at the time of death	1. Antepartum 4. Post abortion 2. Intra-partum 5. Ectopic 3. Postpartum
11	If delivered, what is the outcome?	1. Live birth 2. Stillbirth
12	Date of delivery	Date: ___________
13	Place of delivery	1 Home 2. On transit 3. H/post 4. H/center 5. Hospital 6. Clinic
14	If she has delivered, what was the mode of delivery?	1. Spontaneous vaginal delivery, 2. Operative vaginal delivery (vacuum or forceps) 3. Destructive vaginal delivery for dead fetal outcome 4. Operative Abdominal delivery (caesarean section or Hysterectomy)
15	Gestational Age at the time of death in antepartum and /or intra-partum events (specify time period in months & weeks)	____
16	If the death was post-partum or post-abortion, after how many days did the death occur?	Days
17.	Did she had Post natal or Post abortal care?	☐ Yes ☐No ☐Not known ☐ Not applicable
18.	If she had PNC/PAC, Number of Visits?	____
IV. Relevant history of the deceased woman		
1	Date and time of admission	Date________________________ Time_________________
2	Day of admission	1. Working days 2. Weekends 3. Holiday
3	Main reason/symptom for admission	
4	Is it a referred case? *If "No" to question number 5 go to number 9*	☐ Yes ☐No
5	Referred from (Name of health facility)	
6	Reason for referral	
7	Comment on referral	• Accompanied by HCWs • Appropriate management
8	Summary of management at hospital	
9	Qualification of the most senior attending health professional(s)	
10	Primary cause of death	
11	Is this preventable death?	
12	If preventable maternal death, specify factors according to the three delay model	
I	Delay in seeking care	
II	Delay in reaching at right facility	
III	Delay within the facility (diagnostic and therapeutic)	