Annex 6: Maternal Death Reporting Format (MDRF)
(To be filled in 5 copies by the Health Centre/hospital. Send the rest of copies to the next level by keeping one copy)

### I. Reporting Facility Information

<table>
<thead>
<tr>
<th>Reporting Health Facility name &amp; type (H.C/Clinic Hosp):</th>
<th>Region: ______ Zone: _______ Woreda: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________________________________</td>
<td>Date of Reporting DD/MM/YYYY <strong>/</strong>/____</td>
</tr>
</tbody>
</table>

This MDRF is extracted from 1. Verbal autopsy (VA) 2. Facility based maternal death abstraction form (FBAF)

### II. Deceased Information

<table>
<thead>
<tr>
<th>Deceased ID(code):</th>
<th>Date of Death DD/MM/YYYY</th>
<th>Age at death: ___ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>________________</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

Residence of deceased
- [ ] Urban
- [ ] Rural

Region________ Zone_________
Woreda_________
Kebele ___________

Place of Death
1. At home 2. At health post 3. At health centre 4. At Hospital 5. On transit from home to health facility 6. On transit from health facility to health facility

Marital status
- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Widowed

Religion: _________________________________
Ethnicity :________________________________

Level of Education
- [ ] No Formal education
- [ ] No formal education, but can read and write
- [ ] Elementary school
- [ ] High school
- [ ] College and above
- [ ] I do not know

Gravidity _______________ Parity__________________

Timing of death in relation to pregnancy
- [ ] 1= Antepartum
- [ ] 2= Intra-partum
- [ ] 3= Postpartum

If the deaths occur in post-partum/post-abortion, timing of death?
- [ ] 1. 1st 24 hr.
- [ ] 2. 2nd and 3rd day
- [ ] 3. 4th - 7th day
- [ ] 4. 8th - 42 day

### III. Antenatal Care (ANC), Delivery and Postnatal care (PNC) / Post abortion care(PAC)

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where is the ANC?</td>
<td>1. Health post 2. Health centre 3. Hospital 4. Other (specify)</td>
</tr>
<tr>
<td>If yes for ANC, number of visits?</td>
<td>________________</td>
</tr>
<tr>
<td>If yes, GA in months at the first ANC visit</td>
<td>________________</td>
</tr>
</tbody>
</table>

If delivered, Mode of delivery?
- [ ] 1. Vaginal delivery
- [ ] 2. Abdominal operated delivery (CS or hysterectomy)

Place of delivery or Abortion?

Date of delivery /Abortion Date ________________

If it was delivery/Abortion, who assisted the delivery/Abortion?
1. Family/ 2. TBA elderly 3. HEWs 4. HCWs

Attended PNC/PAC?

If yes for PNC/PAC, number of visits?
______________

### IV. Cause of death

<table>
<thead>
<tr>
<th>Direct obstetric</th>
<th>1= haemorrhage 2= obstructed labour 3= HDP 4= abortion 5= sepsis 6. Others__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect obstetric</td>
<td>1=anaemia 2= malaria 3= HIV 4= TB 5. Others ________________</td>
</tr>
</tbody>
</table>

If delivered, what was the outcome?
1. Live birth 2. Stillbirth

Is the death preventable? 1= Yes 2= No

### V. Contributory factors (Thick all that apply)

<table>
<thead>
<tr>
<th>Delay 1</th>
<th>Traditional practices  Lack of decision to go to health facility  Family poverty  Delayed referral from home  Failure of recognition of the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay 2</td>
<td>Delayed arrival to referred facility  Lack of transportation  Lack of roads  No facility within reasonable distance  Lack of money for transport</td>
</tr>
<tr>
<td>Delay 3</td>
<td>Delayed arrival to next facility from another facility on referral  Delayed or lacking supplies and equipment(specify)  Delayed management after admission  Human error or mismanagement</td>
</tr>
</tbody>
</table>

Reported by: ______________________ Signature: _______________  Seal