

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							
Reporting Health Facility name & type (H.C/Clinic Hosp): _____			Region: _____ Zone : _____ Woreda: _____				
			Date of Reporting DD/MM/YYYY ____/____/____				
This MDRF is extracted from 1. Verbal autopsy (VA) 2. Facility based maternal death abstraction form (FBAF)							
II. Deceased Information							
Deceased ID(code): _____		Date of Death DD/MM/YYYY ____/____/____			Age at death: ____ Years		
Residence of deceased <input type="checkbox"/> Urban <input type="checkbox"/> 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	1. Single 2. Married 3. Divorced 4. Widowed						
Religion: _____			Ethnicity : _____				
Level of Education	1. No Formal education 2. No formal education, but can read and write 3. Elementary school 4. High school 5. College and above 6. 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. 1 st 24 hr.	2. 2 nd and 3 rd day		3. 4 th -7 th day 4. 8 th -42 day	
III. Antenatal Care (ANC), Delivery and Postnatal care (PNC) / Post abortion care(PAC)							
Attended ANC?		1. Yes 2. No 3. Not known					
If yes, where is the ANC?		1. Health post 2. Health centre 3. Hospital 4. Other (specify) _____					
If yes for ANC, number of visits?		_____					
If yes, GA in months at the first ANC visit		_____					
If delivered, Mode of delivery?		1. Vaginal delivery 2. Abdominal operated delivery (CS or hysterectomy)					
Place of delivery or Abortion?		1 Home 2. On transit 3. H/post 4. H/center 5. Hospital 6. Clinic					
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?		1. Yes 2. No 3. Not known 4. Not applicable					
If yes for PNC/PAC, number of visits?		_____					
IV. Cause of death							
Direct obstetric	1= haemorrhage	2= obstructed labour	3= HDP	4=abortion	5= sepsis	6. Others _____	
Indirect obstetric	1=anaemia	2= malaria	3= HIV	4= TB	5. Others _____		
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)							
Delay 1	<input type="checkbox"/> Traditional practices <input type="checkbox"/> Lack of decision to go to health facility <input type="checkbox"/> Family poverty <input type="checkbox"/> Delayed referral from home <input type="checkbox"/> Failure of recognition of the problem						
Delay 2	<input type="checkbox"/> Delayed arrival to referred facility <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of roads <input type="checkbox"/> No facility within reasonable distance <input type="checkbox"/> Lack of money for transport						
Delay 3	<input type="checkbox"/> Delayed arrival to next facility from another facility on referral <input type="checkbox"/> Delayed or lacking supplies and equipment(specify) _____ <input type="checkbox"/> Delayed management after admission <input type="checkbox"/> Human error or mismanagement						

Reported by: _____ Signature: _____ Seal