Society of Obstetricians & Gynecologists of Pakistan

Maternal Mortality Form 2020

Name and Address of the Health Facility: **City:**

Government Health Facility / DHQ / THQ / RHC / MCHC

Private Health Facility / Maternity Home

Tertiary Care Teaching Hospital / Government or Private

Hospital total beds	**HDU available in hospital Yes/No**
Obstetric total beds	**Number of beds if HDU available**
ICU available in hospital Yes/No	**Total Number of deliveries**
Number of beds if ICU available	**Total Number of Live Births**
Total Number of maternal deaths: • **Died in the Hospital** • **Brought Dead** **MMR/100,000 live birth**	

Maternal Characteristic	Died in the Hospital (no & %)	Brought Dead (no & %)
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15-20 Years		
21-30 Years		
31-40 Years		
> 40 years		
Parity:		
0+0		
P 1-4		
P5 & Above		
Gestational Age at the time of death:		
< 28 weeks		
28-37 weeks		
> 37 weeks		
Pregnancy Status:		
Abortion		
Ectopic Pregnancy		
Undelivered		
Delivered • Vaginal • Instrumental • C/S		
Cause of Death:		
Hemorrhage • Antepartum a) Placenta Previa b) Abruption c) Morbidly adherent placenta • Postpartum a) Primary		

b) Secondary		
Septicemia (Antepartum or Pureparel)		
Hypertensive disorders • PIH • Pre eclampsia • Eclampsia		
Rupture Uterus / Obstructed Labour		
Abortion • Hemorrhage • Visceral Injury • Sepsis		
Ectopic pregnancy (Cause of Death) Shock or any other		
Anesthetic death		
Anemia		
Cardiac diseases		
Hepatic disorder		
Epilepsy		
Others (Specify)		

Condition at time of admission Stable / Moribund

Duration of stay in hospital before death 4-6hur 6-12hur 12-24 hrs 24-48 hrs 48-72 hrs > 72 hrs

In your opinion what was the delay in.

No of Deaths.

1. **Delay in identifying a complication.**
2. **Delay in making a decision to seek treatment**
3. **Delay in getting the women to the health facility**
4. **Delay in receiving quality treatment**

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Name and Signature of the person filing the enquiry form

Date: ________________________