

MODULE I

The form is intended to capture general information and information about previous pregnancy history, wherever applicable. It should be used for all the maternal deaths irrespective whether the death occurred during antenatal, delivery or postnatal period including abortion)

I BACKGROUND INFORMATION			
1.	Name of the respondent		
2.	Name of the deceased woman		
3.	Relationship of the respondent/s with the deceased woman		
4.	Age of the deceased woman at the time of death	_____yrs	
5.	Period of Death	Yes	No (tick)
	a) During pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
	b) During delivery	<input type="checkbox"/>	<input type="checkbox"/>
	c) Within 42 days after delivery	<input type="checkbox"/>	<input type="checkbox"/>
	d) During abortion or within 6 weeks after abortion	<input type="checkbox"/>	<input type="checkbox"/>
6.	Place of Death (tick)		
	a) Home.....1	b) Sub-District Hospital.....2	
	c) Sub-Health Centre.....3	d) District Hospital.....4	
	e) PHC.....5	f) Private Hospital.....6	
	g) CHC.....7	h) In-transit.....8	
	i) Others, (Specify _____).....9		
7.	Specify the name and place of the institution or village /urban area where death occurred		
8.	Date & Time of Death	Date: __DD/ __MM/ __YYYY Time: ____: ____ am/ pm	
9.	Did the doctor or nurse at the health facility tell you the cause of death?	Yes.....1 No.....2 Not applicable.....3	Go to sec II
10.	If yes, what was the cause of death?		
II Profile of deceased woman			
	Age at marriage	_____years/ Not married	
	Religion	a) Hindu.....1	
		b) Muslim.....2	
		c) Christian.....3	
		d) Others (Specify.....).....4	

Caste	a) SC.....1	
	b) ST.....2	
	c) OBC.....3	
	d) General.....4	
BPL Status	a) BPL.....1	
	b) Non-BPL.....2	
Education status		
a) Illiterate.....1	b) Completed 5 th std.....2	
c) Completed 8th std.....3	d) Completed 12th std.....4	
e) Graduate.....5	f) Others (Specify___).....6	
III Availability of health facilities, services and transport		
Name and location of the nearest government / private facility providing Emergency Obstetric Care Services		
Distance of this facility from the residence		
Mode of transport available to reach this facility		
IV Write 'GPLA-Gravida, Para, Live Births, Abortions)		
1. Gravida		
2. Para		
3. Live Births		
4. Abortions		
V Current pregnancy (To be filled from the information given by the respondents and MCP Card)		
1. Infant Survival		
a) Alive.....1	b) New born death.....2	
c) Still birth.....3	d) Not applicable.....4	
Antenatal care received	Yes.....1 No.....2 Do not know.....3	} Go to Q6
3. If yes, write number of antenatal checkups received	_____	
4. Place of antenatal check-ups (Multiple responses possible)		
a) VHND.....1	b) Sub Health Centre.....2	
c) PHC.....3	d) CHC.....4	
e) District Hospital.....5	f) Pvt. Hospital/clinic.....6	
g) 7	h) Don't know.....8	
i) Not applicable.....9	j) Others, (specify_____).10	

5.	Services received during ANC (multiple response possible)	a) Tetanus Toxoid Injection.....1 b) Blood Pressure measurement...2 c) Hemoglobin test.....3 d) Abdominal Examination.....4 e) Iron Folic Acid provided.....5 f) Don't know6	
6.	Did the deceased woman have any problem during the antenatal period?	Yes.....1 No.....2 Not known.....3	Go to Module II
7.	What were the symptoms she had?	a) Head ache.....1 b) Edema.....2 c) Anemia.....3 d) High blood pressure.....4 e) Bleeding p/v.....5 f) No foetal movements.....6 g) Fits.....7 h) Sudden excruciating pain.....8 i) High fever with rigor9 j) Others (specify.....).....10	
8.	Did she seek care for these symptoms?	Yes.....1 No.....2	Go to Q 10
9.	Where did she seek care?	a) Sub Health Centre.....1 b) PHC.....2 c) CHC.....3 d) District Hospital.....4 e) Pvt. Hospital/clinic.....5 f) Quack.....6 g) Don't know.....7 h) Not applicable.....8 i) Others, (specify.....).....9	Go to Module II
10.	What were the reasons for not seeking care? (Multiple responses possible)	a) Severity of complication not known.....1 b) Health facility was very far.....2 c) Lack of transport.....3 d) Financial reasons.....4 e) Family reasons5 f) Faith in local healers / dai.....6 g) Disrespectful behaviour of the providers.....7 h) Beliefs and customs.....8 i) Others (Specify.....).....9	

Note: Education status categories may be as: a. Illiterate b. up to 5thst c. 5th to 8thst d. 8th to 12thst e. completed 12thst f. Graduate g. Others (Specify.....)

MODULE - II

This module is to be filled for the maternal deaths that occurred during the antenatal period or if the deaths due to abortion related causes.

VI	No. of weeks of pregnancy completed at the time of death? <i>(Help the respondent in estimating weeks of pregnancy)</i>	_____ weeks	<i>If less than 6 weeks go to sub section VIII</i>
VII	Death during Antenatal Period		
1.	What was the problem that the deceased woman had at the time of death?		
2.	What were the symptoms?		
	a) Head ache.....1	b) Edema.....2	
	c) Anemia.....3	d) High blood pressure.....4	
	e) Bleeding p/v.....5	f) No foetal movements.....6	
	g) Fits.....7	h) Sudden excruciating pain.....8	
	i) High fever with rigor9	j) Others (specify _____).....10	
3.	Was she referred at that time?	Yes.....1 No.....2 Not known.....3	} Go to Q 6
4.	Did she seek care for these complications?	Yes.....1 No.....2	If yes, fill the table no. 1 for referral transport If no skip to Q 6
5.	If yes, where did she seek care?		
	a) PHC.....1	b) CHC.....2	Go to Sec VIII
	c) District Hospital.....3	d) Pvt. Hospital/clinic.....4	
	e) Quack.....5	f) Don't know.....6	
	g) Others, (specify _____).....7		

6.	In case of not seeking care from the hospital, what were the reasons for not seeking care (<i>Multiple responses possible</i>)		
	a) Severity of complication not known.....1	b) Health facility was very far.....2	
	c) Lack of transport.....3	d) Financial reasons.....4	
	e) Family reasons.....5	f) Faith in local healers / dai.....6	
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8	
	i) Others (Specify _____).....9		
VIII	Abortion related Death		
1	Did the deceased woman (name) die while having an abortion or within 6 weeks after having an abortion?	Yes.....1 No.....2 Not known.....3	
2	Type of abortion	a) Spontaneous.....1 b) Induced2 c) Don't know.....3	If induced Go to Q. 5
3	Date of spontaneous abortion/ date of termination of pregnancy	DD__ / MM__ / ____ YYYY	
4	If the abortion was spontaneous, where was the abortion completed?		Go to Q 9
	a) Home.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Don't know.....6	
	g) Others (Specify _____).....7		
5	If the abortion was induced, how was it induced?	a) Oral Medicine.....1 b) Traditional Vaginal Herbal Medication.....2 c) Instrumentation.....3 d) Don't know.....4	
6	If the abortion was induced, where did she have the abortion?		
	a) Home.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Don't know.....6	
	g) Others (Specify-----)7		
7	If the abortion was induced, who performed the abortion?		
	a) Allopathic Doctor.....1	b) AYUSH doctor.....2	
	c) Nurse.....3	d) Quack.....4	
	e) Dai.....5	f) Don't know.....6	
	g) Other (Specify _____).....7		

8a	What was the reason for inducing abortion?	a) Medical Condition/Bleeding started spontaneously.....1 b) Wanted to terminate the pregnancy.....2 c) Don't know.....3	
8b	Describe the reasons for inducing the abortion		
9	What were the complications/ symptoms that the woman had after abortion?		
	a) High fever.....1	b) Foul smelling discharge.....2	
	c) Bleeding.....3	d) Shock.....4	
	e) None.....5	f) Don't know.....6	
10	After developing complications following abortion, did she seek care?	Yes.....1 No.....2 Not applicable.....3	Go to Q 12
11	If yes, where did she seek care?		If the answer is <i>any facility</i> , also fill the table 1 below for referral transport
	a) SHC.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Quack.....6	
	g) Don't know.....7	h) Others (Specify.....).....8	
12	In case of not seeking care from the hospital, what were the reasons for not seeking care		
	j) Severity of complication not known.....1	k) Health facility was very far.....2	
	l) Lack of transport.....3	m) Financial reasons.....4	
	n) Family reasons.....5	o) Faith in local healers / dai.....6	
	p) Beliefs and customs.....7	q) Disrespectful behaviour of the providers.....8	
	r) Others (Specify.....).....9		

Please fill the table below for the details on transport, referral and type of care given				
Table 1				
Place	Home/ Village	Facility 1	Facility 2	Facility 3
Date (DD/MM/YY)				
Time of onset of complication or onset of labour				
Time of calling/ arrival of transport				
Transport used				
Name of Facility/ Level of referral		Facility 1	Facility 2	Facility 3
Time to reach				
Money spent on transport				
Reason for referral				
Referral slip (given or not)				
Treatment given				
Money spent on treatment/ medicine/ diagnostics				
Time spent in facility				

MODULE - III

This module is to be filled for the maternal deaths that occurred during delivery or if the death occurred during postnatal period (after delivery of placenta)

IX	INTRANATAL SERVICES		
1	Place of delivery		In case of institution delivery also fill table 2 after completion of this form
	a) Home.....1	b) SHC.....2	
	c) PHC.....3	d) CHC.....4	
	e) DH.....5	f) Private hospital.....6	
	g) Transit.....7	h) Don't know.....8	
	i) Others (Specify.....).....9		
2	In case of home delivery, what were the reasons for home delivery?		Skip in case of non-home delivery
	a) Family's preference.....1	b) Village Dai is good.....2	
	c) No transport facilities.....3	d) Cost of transport is high.....4	
	e) No information given about need for institutional delivery.....5	f) Services not available at the nearest health facility.....6	
	g) High expenses.....7	h) Bad experience at institution.....8	
	i) No complication so no need.....9	j) Home is more comfortable.....10	
	k) Others (Specify.....).....11		
3	No. of completed pregnancy weeks at time of delivery	_____ weeks	
4	Date and Time of delivery	Date : Time __:___ am/pm	
5	Date and Time of death	Date: Time __:___ am/pm	
6	Who conducted the delivery?		
	a) Allopathic doctor.....1	b) AYUSH doctor.....2	
	c) ANM.....3	d) Staff nurse.....4	
	e) Dai.....5	f) Quack.....6	
	g) Relatives.....7	h) Don't know.....8	
	i) Others (specify.....).....9		
7	Type of delivery		
	a) Normal.....1	b) C- section.....2	
	c) Assisted.....3	d) Unattended.....4	
	e) Don't know.....5		

8	Outcome of the delivery (write numbers in each column) Or not applicable if not delivered but died in labour	Live births	Still births	
9	What were the complications that the deceased woman (name) had during labour/ delivery?			
	a) Prolonged labour (Primi>12 hrs / Subsequent deliveries >8 hrs).....1	b) Severe bleeding/ bleeding with clots- (one saree/in skirt soaked =500ml).....2		
	c) Labour pain which disappeared suddenly.....3	d) Inversion of the uterus.....4		
	e) Retained placenta.....5	f) Convulsions.....6		
	g) Severe breathlessness /cyanosis/ edema.....7	h) Unconsciousness.....8		
	i) High fever.....9	j) Not applicable.....10		
	k) Other (specify _____).....11			
10a	<i>In case of institutional delivery,</i> what was the treatment provided at the health facility?	a) Received IV drip.....1 b) Blood transfusion.....2 c) Oxygen was given.....3 d) Don't know.....4 e) Others (specify _____).....5		
10b	See the hospital records if available and fill details of treatment received.			
10c	Any information given to the relatives about the nature of complication from the hospital	Yes.....1 No.....2	If no, Go to Q 10e	
10d	If yes, please describe			
10e	Was there any delay in initiating treatment	Yes.....1 No.....2 Not known.....3 Not Applicable.....4	} Go to Q 12	
10f	If yes, please describe			Go to Q 12
11a	In case of home delivery, did the woman seek care?	Yes.....1 No.....2	If yes, Go to Q11c	

11b	In case of not seeking care, what were the reasons for not seeking care		Go to Sec X
	a) Severity of complication not known.....1	b) Health facility was very far.....2	
	c) Lack of transport.....3	d) Financial reasons	
	e) Family reasons.....5	f) Faith in local healers / dai.....6	
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8	
	i) Others (Specify _____).....9		
11c	Where did she seek care?		
	a) SHC.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital.....5	f) Quack.....6	
	g) Don't know.....7	h) Others (Specify _____).....8	
11d	Any information given to the relatives about the nature of complication by the care provider?	Yes.....1 No.....2	If no, Go to Q 11f
11e	If yes, please describe		
11f	Was there any delay in initiating treatment	Yes.....1 No.....2 Don't know.....3 Not applicable.....4	Go to Q 12
11g	If yes, please describe		
12	Was the deceased woman referred – from the place of delivery in case of institutional delivery	Yes.....1 No.....2 Not known.....3	
13	In case of home delivery, was the deceased woman referred from first point of seeking care for complication?	Yes.....1 No.....2 Not known.....3	
14	Did she attend the referral centre?	Yes.....1 No.....2 Not known.....3	Also fill table 2 given below for information on referrals

15	In case of not seeking care from the hospital, what were the reasons for not seeking care		
	s) Severity of complication not known.....1	t) Health facility was very far.....2	
	u) Lack of transport.....3	v) Financial reasons.....4	
	w) Family reasons.....5	x) Faith in local healers / dai.....6	
	y) Beliefs and customs.....7	z) Disrespectful behaviour of the providers.....8	
	aa) Others (Specify _____).....9		
16	Any information given to the relatives about the nature of complication from the hospital	Yes.....1 No.....2	If no, Go to Q.18
17	If yes, please describe		
18	Was there any delay in initiating treatment	Yes.....1 No.....2 Don't know.....3 Not Applicable.....4	Go to Sec XI
19	If yes, please describe		
<i>If the death happened after delivery of placenta then fill section X also- as it would be classified as death during post natal period</i>			
X	POST NATAL PERIOD		
1	Did the deceased woman (name) have any problem following delivery	Yes.....1 No.....2 Don't know.....3	Go to Q 10
2a	Date and time of onset of the problem	Date - DD __/MM__ / YYYY__ Time __:____	
2b	Duration of onset of problem after delivery	_____ hrs _____ days	

3	What was the problem during post natal period?		
	a) Severe bleeding.....1	b) High fever and foul smelling discharge.....2	
	c) Unconsciousness/ visual disturbance.....3	d) Bleeding from multiple sites4	
	e) Severe leg pain, swelling5	f) Abnormal behaviour.....6	
	g) Severe anemia.....7	h) Sudden chest pain & collapse.....8	
	i) Don't know.....9	j) Others (Specify _____).....10	
4	Did she seek treatment	Yes.....1	If yes, also fill table 2 If no Go to Q No. 7
		No.....2	
5	If yes, where did she seek treatment		
	a) SHC.....1	b) PHC.....2	
	c) CHC.....3	d) DH.....4	
	e) Private hospital/clinic.....5	f) Quack.....6	
	g) Don't know.....7	h) Others (Specify _____).....8	
6a	What was the treatment provided at the health facility?	a) Received IV drip.....1	
		b) Blood transfusion.....2	
		c) Oxygen was given.....3	
		d) Don't know.....4	
		e) Others (specify _____).....5	
6b	See the hospital records if available and fill details of treatment received.		
7	Was she referred?	Yes.....1	If no, Go to Q.10
		No.....2	
8	Did she attend the referral center?	Yes.....1	If yes, also fill table 2
		No.....2	
9	In case of not seeking care from the hospital, what were the reasons for not seeking care		
	a) Severity of complication not known.....1	b) Health facility was very far.....2	
	c) Lack of transport.....3	d) Financial reasons.....4	
	e) Family reasons.....5	f) Faith in local healers / dai.....6	
	g) Beliefs and customs.....7	h) Disrespectful behaviour of the providers.....8	
	i) Others (Specify _____).....9		

10	Did she receive any postnatal check ups	Yes.....1 No.....2	If no, <i>end of the questionnaire</i>
11	No. of post natal check ups received	_____	
12	Who did the post natal check ups		
	a) Doctor.....1	b) ANM.....2	
	c) ASHA.....3	d) Dai.....4	
	e) Quack.....5	f) Don't know.....6	
	g) Others (Specify-----)7		

Please fill the table below for the details on transport, referral and type of care given				
Table 2				
Place	Home/ Village	Facility 1	Facility 2	Facility 3
Date (DD/MM/YY)				
Time of onset of complication or onset of labour				
Time of calling/ arrival of transport				
Transport used				
Name of Facility/ Level of referral		Facility 1	Facility 2	Facility 3
Time to reach				
Money spent on transport				
Reason for referral				
Referral slip (given or not)				
Treatment given				
Money spent on treatment/ medicine/ diagnostics				
Time spent in facility				

