

Maternal Mortality Form 1

Clinical Summary Form

INITIAL DIAGNOSIS

Initial Diagnosis/Notification: Maternal Mortality

Date of Notification: *DD/MM/YYYY*

Date Investigation Started: *DD/MM/YYYY*

Patient's Demographics

Patient's ID Type:

Driver's License TRN Passport NIN

Patient's ID Number:

First Name:

Middle Name(s):

Last Name:

Pet Name(s):

Medical Record Number:

Reporting Facility:

Date of Birth: *DD/MM/YYYY*

Age:

Country of Residence:

Parish (Jamaica):

House Number, Street Name:

Landmark or directions to address:

Community:

Phone Number:

Occupation:

Email Address:

Name of Workplace/School:

Address of School/Workplace:

Death Summary

Date of Death: *DD/MM/YYYY*

Time of death: *HH:MM*

Age at Death: _____ years

Days post-partum: _____ days

Place of Death

<input type="radio"/> Public Hospital	<input type="radio"/> Private Practitioner's Office	<input type="radio"/> Health Centre
<input type="radio"/> Private Hospital	<input type="radio"/> Private Obstetrician's Office	<input type="radio"/> Home
<input type="radio"/> En Route to Health Facility	<input type="radio"/> Other (specify):	

Name of Facility:

Address Number, Street Name:

Community:

Parish (Jamaica):

If the patient died in hospital, where was she admitted at the time of death?

<input type="radio"/> Antenatal ward	<input type="radio"/> Accident & Emergency	<input type="radio"/> ICU / HDU
<input type="radio"/> Labour ward	<input type="radio"/> Operating theatre	<input type="radio"/> Postnatal ward
<input type="radio"/> Recovery Room	<input type="radio"/> Non-obstetrics ward	Specify:

What is the timing of the death?

<input type="radio"/> Antenatal [while pregnant and before labour]	<input type="radio"/> In labour [during labour and/or delivery]
<input type="radio"/> Postnatal [\leq 42 days after the end of a pregnancy]	<input type="radio"/> Late postnatal [$>$ 42 days and \leq 1 year after the end of a pregnancy]

Was an autopsy requested for the patient? Yes No Unknown

Name of Patient:

Medical Record Number:

Pregnancy History

Number of previous pregnancies (excluding current pregnancy):

Outcomes

Outcome	Number	Outcome	Number
<input type="radio"/> Full term live birth		<input type="radio"/> Induced abortions	
<input type="radio"/> Premature live births (<2500 g)		<input type="radio"/> Ectopic pregnancies	
<input type="radio"/> Stillbirth/foetal death		<input type="radio"/> Trophoblastic disease	
<input type="radio"/> Spontaneous abortion/miscarriage			

Any risks/complications in previous pregnancy(ies)? Yes No Unknown

Select all that diagnosis that apply:

<input type="radio"/> Gestational diabetes	<input type="radio"/> Difficult/prolonged labour	<input type="radio"/> Intrauterine growth retardation
<input type="radio"/> Gestational hypertension	<input type="radio"/> Forceps delivery	<input type="radio"/> Breech presentation
<input type="radio"/> Pre-eclampsia	<input type="radio"/> Postpartum haemorrhage	<input type="radio"/> Transverse lie
<input type="radio"/> Eclampsia	<input type="radio"/> Retained placenta	<input type="radio"/> Large for gestational age
<input type="radio"/> Cervical incompetence	<input type="radio"/> Multiple gestation	<input type="radio"/> Inaudible heartbeat
<input type="radio"/> Spontaneous abortion	<input type="radio"/> Preterm labour	<input type="radio"/> Caesarean Section
<input type="radio"/> Intrauterine death/stillbirth	<input type="radio"/> Antenatal bleeding	<input type="radio"/> Puerperal pyrexia/sepsis
<input type="radio"/> Neonatal death	<input type="radio"/> Excess weight gain	<input type="radio"/> Malignancy
<input type="radio"/> Persistent puerperal hypertension	<input type="radio"/> Foetal compromise, reduced foetal movement	<input type="radio"/> Other

Please specify any other problems during previous pregnancies?

Any previous surgeries? Yes No Unknown

If yes, specify

Medical History

Does the patient have any pre-existing conditions? Yes No Unknown

Please specify any pre-existing conditions

<input type="radio"/> Asthma	<input type="radio"/> Diabetes mellitus	<input type="radio"/> HIV/AIDS	<input type="radio"/> Malignancy
<input type="radio"/> Autoimmune Disease	<input type="radio"/> Heart Disease	<input type="radio"/> Hypertension	<input type="radio"/> Sickle Cell Disease
<input type="radio"/> Other (Specify Other):			

Was the patient admitted during **this** pregnancy? Yes No Unknown

Name of Patient:

Medical Record Number:

If yes, when was the patient admitted?

Admitted	Discharged	Discharge Diagnosis	Discharged By	Complications
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			
<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>			

Was the patient transferred? Yes No Unknown

Hospital name:

Date of transfer: *DD/MM/YYYY*

Reason for transfer:

Current Pregnancy Summary

Pregnancy outcome

Date of Delivery: *DD/MM/YYYY*

- | | | | |
|--------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="radio"/> Full term live birth | <input type="radio"/> Premature live births | <input type="radio"/> Stillbirth/Foetal Death | <input type="radio"/> Spontaneous abortion |
| <input type="radio"/> Induced abortion | <input type="radio"/> Ectopic gestation | <input type="radio"/> Trophoblastic disease | <input type="radio"/> Died Undelivered |

Gestation at pregnancy termination/death: _____ weeks

Onset of labour

- | | | |
|---------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> No labour | <input type="radio"/> Spontaneous | <input type="radio"/> Induced |
|---------------------------------|-----------------------------------|-------------------------------|

Delivery Timing

- | | | |
|-----------------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> Routine/ Elective | <input type="radio"/> Urgent | <input type="radio"/> Emergency |
|-----------------------------------------|------------------------------|---------------------------------|

Was an anaesthetic used? No Yes, local Yes, general

Who administered the anaesthetic?

- | | | |
|------------------------------------------|--------------------------------|-----------------------------------------------|
| <input type="radio"/> Nurse Anaesthetist | <input type="radio"/> Resident | <input type="radio"/> Consultant Anaesthetist |
|------------------------------------------|--------------------------------|-----------------------------------------------|

Attendant at delivery

- | | | |
|-----------------------------------------------|--------------------------------------------------------------|------------------------------------------------|
| <input type="radio"/> Nana/self | <input type="radio"/> District Midwife | <input type="radio"/> Registered Nurse/Midwife |
| <input type="radio"/> General Practitioner | <input type="radio"/> Consultant Obstetrician/ Gynaecologist | <input type="radio"/> Resident |
| <input type="radio"/> Other trained personnel | Specify other: | |

Name of Patient:

Medical Record Number:

Notifier's Details		
Date Investigation Completed: <i>DD/MM/YYYY</i>		
Comments:		
First Name:		Last Name
Job Title:		
Phone number:		Email Address:
Name of Institution:		
Office Number/Street Name:		
Community:		Parish:
Health Region: <input type="radio"/> SERHA <input type="radio"/> NERHA <input type="radio"/> SRHA <input type="radio"/> WRHA		
Name of Parish MO(H):	Signature of MO(H):	Date signed by MO(H): <i>DD/MM/YYYY</i>

Definitions

Labour

- Routine/Elective: The delivery, induction or Caesarean Section did not require any unexpected or urgent intervention.
- Urgent: Recognition of an increasing risk situation required the delivery to be expedited.
- Emergency: Recognition of a high-risk situation required the delivery to be expedited as an emergency.

Infant Outcome

- Livebirth: Refers to the delivery of a baby that shows any sign of life at delivery.
- Stillbirth/Foetal death: a baby is born with no signs of life after 28 or more weeks of gestation.
- Abortion/Miscarriage: Refers to the loss of the foetus before 28 weeks of gestation.

Timing of Death

- Antenatal: The woman died while pregnant and before labour.
- In labour: The woman died during labour and/or delivery.
- Postnatal: The woman died ≤ 42 days after the end of a pregnancy.
- Late postnatal: The woman died >42 days and ≤ 1 year after the end of a pregnancy.