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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

◯ Public Hospital	◯ Private Practitioner's Office	◯ Health Centre
◯ Private Hospital	◯ Private Obstetrician's Office	◯ Home
◯ En Route to Health Facility	◯ 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?

◯ Antenatal ward	◯ Accident & Emergency	◯ ICU / HDU
◯ Labour ward	◯ Operating theatre	◯ Postnatal ward
◯ Recovery Room	◯ Non-obstetrics ward	Specify:

What is the timing of the death?

◯ Antenatal [while pregnant and before labour]	◯ In labour [during labour and/or delivery]
◯ Postnatal [≤ 42 days after the end of a pregnancy]	◯ Late postnatal [> 42 days and ≤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
◯ Full term live birth		◯ Induced abortions	
◯ Premature live births (<2500 g)		◯ Ectopic pregnancies	
◯ Stillbirth/foetal death		◯ Trophoblastic disease	
◯ Spontaneous abortion/miscarriage			

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

Select all that diagnosis that apply:

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

◯ Asthma	◯ Diabetes mellitus	◯ HIV/AIDS	◯ Malignancy
◯ Autoimmune Disease	◯ Heart Disease	◯ Hypertension	◯ Sickle Cell Disease
◯ 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
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			
DD/MM/YYYY	DD/MM/YYYY			

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			
◯ Full term live birth	◯ Premature live births	◯ Stillbirth/Foetal Death	◯ Spontaneous abortion
◯ Induced abortion	◯ Ectopic gestation	◯ Trophoblastic disease	◯ Died Undelivered

Gestation at pregnancy termination/death: _____weeks

Onset of labour

◯ No labour	◯ Spontaneous	◯ Induced

Delivery Timing

◯ Routine/ Elective	◯ Urgent	◯ Emergency

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

Who administered the anaesthetic?

◯ Nurse Anaesthetist	◯ Resident	◯ Consultant Anaesthetist

Attendant at delivery

◯ Nana/self	◯ District Midwife	◯ Registered Nurse/Midwife
◯ General Practitioner	◯ Consultant Obstetrician/ Gynaecologist	◯ Resident
◯ Other trained personnel	Specify other:	

Name of Patient: | Medical Record Number:

Infant Outcome						
Number of foetuses: _____						
Infant outcome	**Sex at Birth**	**Method of delivery**	**Presentation**	**Birthweight (kg)**	**Neonatal outcome**	**If died, date of death**
◯ Livebirth ◯ Stillbirth/ Foetal death (≥28 weeks) ◯ Abortion/ Miscarriage (<28 weeks)	◯ Male ◯ Female ◯ Indeterminate ◯ Intersex ◯ Unknown	◯ Normal ◯ Assisted breech delivery ◯ Total breech extraction ◯ Vacuum extraction ◯ Vacuum extraction with rotation ◯ Lift-out forceps ◯ Low forceps ◯ High forceps ◯ High forceps with rotation ◯ Caesarean - lower uterine segment ◯ Caesarean - Classical ◯ Other	◯ Vertex ◯ Breech ◯ Face ◯ Brow ◯ Foot ◯ Arm ◯ Shoulder ◯ Unknown		◯ Alive ◯ Deceased	*DD/MM/YYYY*
◯ Livebirth ◯ Stillbirth/ Foetal death (≥28 weeks) ◯ Abortion/ Miscarriage (<28 weeks)	◯ Male ◯ Female ◯ Indeterminate ◯ Intersex ◯ Unknown	◯ Normal ◯ Assisted breech delivery ◯ Total breech extraction ◯ Vacuum extraction ◯ Vacuum extraction with rotation ◯ Lift-out forceps ◯ Low forceps ◯ High forceps ◯ High forceps with rotation ◯ Caesarean - lower uterine segment ◯ Caesarean - Classical ◯ Other	◯ Vertex ◯ Breech ◯ Face ◯ Brow ◯ Foot ◯ Arm ◯ Shoulder ◯ Unknown		◯ Alive ◯ Deceased	*DD/MM/YYYY*

Clinical Summary/Death Details:

Name of Patient:	Medical Record Number:

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

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.