

Maternal Death Review Format		
Reporting for month :-		
Sl.No.	Information Required	Number
1	Number of maternal deaths reported	
1.1	Number of maternal deaths reported by the community	
1.1.a	By AHSA	
1.1.b	By other	
1.2	Number of maternal deaths reported by facility	
2	Number of maternal deaths by place	
2.1	Health facility	
2.2	Home	
2.3	Transit	
3	Number of maternal death reviews conducted	
3.1	Community based	
3.2	Facility based	
4	Number of maternal deaths reviewed by district MDR committee of CMO	
5	Number of maternal deaths reviewed during the reporting month by District Magistrate	
6	Number of review meetings conducted at district level	
7	Causes of MDs reviewed (Number)	
7.a	Haemorrhage	
7.b	Sepsis	
7.c	Abortion	
7.d	Obstructed Labour	
7.e	Hypertensive disorders in pregnancy*	
7.f	Others **	
8	MDs Associated with anemia	
8.a	How many pregnant women <i>who died</i> had severe anaemia (tested Hb <7 gm/dl) in numbers	
8.b	How many pregnant women <i>who died</i> had moderate anaemia (tested Hb 7-9.9 gm/dl) in numbers	
8.c	Number of Maternal Deaths in which anaemia has been identified as a cause (direct/ associated) by Hb testing (9.a + 9.b)	