

Audit every maternal death and e-mail this report to relevant parties within your IP and UNHCR (see guideline)

Maternal Death: The death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes

REVIEWERS:

List individuals involved in reviewing the death (names & titles / relationship to deceased):

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

SUMMARY INFORMATION:

Host country:	Camp, settlement or area:	
Woman's name:	Nationality:	Age:

INFORMATION ON PREGNANCY:

Gravida:	Parity:	No. ANC visits:	Performed by (qualification only):
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Risk factors identified during antenatal visits:

- | | | |
|--|--|--|
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Severe malaria | <input type="checkbox"/> High parity (above 4 pregnancies) |
| <input type="checkbox"/> Ante-partum haemorrhage | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Previous caesarean section |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Multiple pregnancy |
| <input type="checkbox"/> None | <input type="checkbox"/> Others (specify): | |

Number of postnatal visits:	When (e.g. first 24 hours, 1 day, 1 week...):
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INFORMATION ON DEATH:

- Did not deliver: Suspected gestational age at the time of maternal death: weeks months
- Delivered/Aborted: Time between delivery / abortion and maternal death: hours days

Location of death:

- | | |
|---|--|
| <input type="checkbox"/> Home; <input type="checkbox"/> On route;
<input type="checkbox"/> Camp Health Facility
<input type="checkbox"/> Referral Health Facility | Specify details:
Date & time of admission:
Date & time of death: |
|---|--|

SUMMARIZED HISTORY OF IMMEDIATE EVENTS:

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IDENTIFIED RELEVANT DELAY FACTORS:

Factors related to the 1st delay (delay in deciding to seek care)?

- 1.
- 2.
- 3.

Factors related to the 2nd delay (delay in reaching care)?

- 1.
- 2.
- 3.

Factors related to the 3rd delay (delay in receiving appropriate care at facility)?

- 1.
- 2.
- 3.

CAUSE OF DEATH:

Direct (e.g.: haemorrhage, obstruction, eclampsia, sepsis, etc.):

Indirect (e.g.: anaemia, HIV/AIDS, malaria, etc.):

LESSONS LEARNED	ACTION TO BE TAKEN / PROPOSED SOLUTIONS

Date(s) of maternal death review:	Date of report:
Report compiled by (name & title):	