Institutional Maternal Death Review (IMDR) AUDIT Tool

Chair of the audit committee:

Name and titles of other audit committee members:

- .....
- ……...

Date of the audit:

District:

Date of maternal death:

Date of institutional review:

Attendees of the Institutional review:

- Director- ☐
- VOG- ☐
- JMO- ☐
- .....
- .....
- .....
- .....

Standards	Yes/No
Was the maternal death notified by the Head of Institution to the FHB within 24 hours using the maternal death notification form? If No why?.....	
Were all the necessary health staff (case specific) present for the investigation? If No, who were not attended If No, reasons…….	
Was the institutional meeting held within 6 weeks after the maternal death? If No, reasons…….	
Have the institutional CEMD formats been sent by the relevant institutional health staff to the FHB within 5 days of the death? If No, reasons……..	
Was the post-mortem performed? If yes, what was the result? If No, reasons…… Was the post-mortem performed by the consultant JMO?	

If no, reasons…….	
Review meeting	
Did all units contributing to the care of the deceased mother have presented their management at the review? If yes, were there any deficiencies of the content were there any deficiencies of the method used for the presentation If No, reasons…….	
Did the discussion adhere to the no fault finding concept If No, reasons……	
Were the hospital records obtained and reviewed? If yes, were there any deficiencies…… If No, reasons……	

Key strengths of the review process:

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.**Major gaps identified:**

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Overall adherence to the correct review process: [Satisfactory / Needs Improvement / Unsatisfactory]

Recommendations for improvement of maternal death institutional review:

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Date **Signature**

Chair of the audit committee