Maternal Death Field Investigation 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 field investigation:

Standards	Yes/No
Was the maternal death notified by MOH to the FHB via Maternal death notification form? If No, reasons.....	
Were all the necessary health staff (case specific) present for the field investigation? (MO-MCH, MOH, all AMOH, all PHNS, SPHM and PHM of the area) If No, reasons.....	
Was the field investigation initiated within first 14 days? If No, reasons.....	
Have the Field CEMD formats been sent by the relevant field health staff to the FHB within first 5 days? If No, reasons.....	
Home visit to the deceased	
Was a home visit done to collect information for the field investigation If No, reasons.....	
Was a confidential interview conducted with the husband/family? If yes, was any deficiency identified?..... If No, reasons.....	
Documentation	
Was the standard maternal death investigation form (677a) was used? If yes, was any deficiency identified?..... If Yes, reasons.....	
Quality	
Did the field team identify any deficiencies of the maternal care? If yes, What were the avoidable factors?..... If yes, where was the deficiency?.....	
Was this maternal death discussed in the next closest monthly conference?	

If No why?.....	
Was the completed H-677a format forwarded to the FHB within 14 days of notification? If No, reasons.....	

Key strengths of the field investigation:

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Major gaps identified in the field investigation:

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

Recommendations for improvement of the field investigation:

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Date **Signature**

Chair of the audit committee