Confidential Enquiry in to Maternal Deaths

Confidential Information Format

Head of the Institute

Maternal death identification number (Issued by FHB): ……..**(Mandatory)**

Issued by FHB- MMMSU via Maternal Death Notification letter sent to the Head of the Institute

Type of Institution: NH/ TH/Maternity Hospital/ DGH/ PDG/ Maternity Hospital/ BH/ DH/ Pvt

Instructions to the care provider

- Please make sure to fill the **maternal death identification number** accurately as it will be used to identify this death. This number can be taken from the head of the institute or Medical Officer – Planning/quality/ Public Health
- This is a common format designed for different scenarios. You are expected to provide information relevant to your engagement in the care pathway.
- Your personal identification information (name) **should not be entered** in this format.
- Your **anonymity will be maintained** throughout the CEMD process.
- The information you provide will be **strictly confidential** and will only be used for the review process.
- This information is **not linked to any disciplinary process** at any point.
- The CEMD process needs your frank opinion, accurate information, opinions and impressions of the staff members, care providers such as you. Therefore, we would like you to provide what you **genuinely feel** about the care and services provided to this patient.
- The genuine information you provide will be the basis of the CEMD process, which will enhance the quality of national recommendations generated, and direct us in future activities to reduce maternal deaths.
- As the information you provide is anonymous, it cannot be used against a particular individual or institution.

Please ensure that the Maternal death identification number is filled correctly in the previous page

1. **In your opinion, was there any delay in attending to the patient at the following point of care?**

   ETU / OPD ☐Yes ☐No

   Admission to the ward ☐Yes ☐No

   Admission to the theatre ☐Yes ☐No

   Admission to the ICU ☐Yes ☐No

   If so, please indicate the reason?

1. **Do you feel that your hospital had any difficulties / barriers / limitations / challenges / missed opportunities, in providing care / services?**
   (Describe briefly, in relation to the following areas.)

   • Equipment

   • Staff *(unavailability / inadequate staff, heavy work load)*

   • Communication staff/patient *(inability to contact care providers/language barriers etc)*

   • Supportive services *(Blood bank, Operating theatre, Availability at ICU, lab, imaging, transport facilities)*

• Senior involvement *(escalation to the next level of professional, not informing seniors, seniors not responding, physical presence would have been advantageous)*

• Multidisciplinary engagement *(difficulties in coordination, lack of senior level engagement)*

3. What are your suggestions to improve the overall management of the patient for a better outcome?

(By yourself and/or another individual and/or your team and/or the Hospital Administration and/or Ministry of Health)

4.Was Post mortem done? If not done what is the reason?

Thank you very much for your contribution towards enhanced maternity care in the future.