

## Annex 2J: Maternal Death-Reporting Form and Perinatal Death Reporting Forms

Maternal Death Reporting Form	
<i>The form must be completed for all deaths, including abortions and ectopic gestation related deaths, in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy</i>	
Questions/Variables	Answers
1	Country
2	LGA
3	Reporting Site
4	How many of such maternal deaths occurred cumulatively this year at this site?
5	Date this maternal death occurred (day/month/year)
6	Maternal death locality (Village or Town)
7	Record's unique identifier (year-Country code-LGA-site-maternal death rank)
8	Maternal death place (Community, health facility, LGA hospital, referral hospital or private hospital, on the way to health facility or hospital)
9	Age (in years) of the deceased
10	Gravida: how many times was the deceased pregnant?
11	Parity: how many times did the deceased deliver a baby of 22 weeks/500g or more?
12	Time of death (specify "During pregnancy, At delivery, during delivery, during the immediate post-partum period, or long after delivery)
13	If abortion: was it spontaneous or induced?
<b>Maternal death history and risk factors</b>	
14	Was the deceased receiving any antenatal care? (Yes/No)
	Did she have Malaria? (Yes or No)
15	Did she have Hypertension? (Yes or No)
16	Did she have Anaemia? (Yes or No)
17	Did she have Abnormal Lie? (Yes or No)
18	Did she undergo any Previous Caesarean Section? (Yes or No)
19	What was her HIV Status? (choose "HIV+; HIV-; or Unknown HIV status")
<b>Delivery, puerperium and neonatal information</b>	
20	How long (hours) was the duration of labour
21	What type of delivery was it? (choose one from "1=Vaginal non-assisted delivery, 2= vaginal-assisted delivery (Vacuum/forceps), or 3=Caesarean section"
22	What was the baby status at birth? (Alive or Stillborn)

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Questions/Variables	Answers
23	In case the baby was born alive, is he/she still alive or died within 28 days after his/her birth? (choose 1=Still alive, 2=neonatal death, 3=died beyond 28 days of age)
24	Was the deceased referred to any health facility or hospital? (Yes/No/Don't know)
25	If yes, how long did it take to get there? (hours)
26	Did the deceased receive any medical care or obstetrical/surgical interventions for what led to her death?
27	(Yes/No/Don't know) If yes, specify where and the treatment received*
28	Primary cause of the Maternal Death
29	Secondary cause of the Maternal Death
30	Analysis and Interpretation of the information collected so far (investigator's opinion on this death)
31	Remarks
32	Maternal death notification date (day/month/year)
33	Investigator (Title, name and function)
*Treatment received	
I.V. Fluids; Plasma; Blood Transfusion; Antibiotics; Oxytocin; Anti-seizure drugs; Oxygen; Anti-malarial; Other medical treatment; Surgery; Manual removal of placenta; Manual intra uterine aspiration; Curettage, laparotomy, hysterectomy, instrumental delivery (Forceps; Vacuum), Caesarean section, anaesthesia (general, spinal, epidural, local)	
Definitions	
Gravida: The number of times the woman was pregnant- Parity: Number of times the woman delivered a baby of 22 weeks/500g or more, whether alive or dead	

## Annex 2J: Maternal Death-Reporting Form and Perinatal Death Reporting Forms

Perinatal death – reporting form		
<i>The form must be completed for selected perinatal deaths, comprising stillbirths and early neonatal deaths</i>		
Questions / Variables		Answers
<b>Identification</b>		
1	Country	
2	LGA	
3	Reporting site/facility	
4	Perinatal death locality (village or town)	
5	Place of death (community, health facility, LGA hospital, referral hospital or private hospital, on the way to health facility or hospital)	
6	Date this perinatal death occurred (day/month/year)	
7	Record's unique identifier (year-country code-LGA-site) for the mother.	
8	Record's unique identifier (year-country code-LGA-site) for the baby (deceased).	
<b>Pregnancy progress and care (Perinatal death history and risk factors)</b>		
9	Mother's age (in years)	
10	Type of pregnancy (singleton/twin/higher multiples)	
11	Did the mother of the deceased receive any antenatal care? (Yes/No/Unknown),	
12	If yes to 11, how many visits? _____	
13	Did the mother of the deceased have malaria? (Yes/No/Unknown)	
14	If yes to 13, did the mother receive treatment? (Yes/No/Unknown)	
15	Did the mother of the deceased have pre-eclampsia disease? (Yes/No/Unknown)	
16	If yes to 15, did the mother receive any treatment? (Yes/No/Unknown)	
17	Did the mother of the deceased have severe anaemia (HB,7g/dl)? (Yes/No/Unknown)	
18	If yes to 17, did the mother receive any treatment? (Yes/No/Unknown)	
19	Did the mother of the deceased have recommended maternal immunizations (for example, tetanus toxoid) (Yes/ No/Unknown)	
20	Did the mother of the deceased have Rhesus factor (Rh) or ABO incompatibility? (Yes/ No/Unknown)	
21	If Rhesus positive, did the mother of the deceased receive Anti-D injection during this baby's pregnancy? (Yes/ No/Unknown)	

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22	Did the deceased present an abnormal lie (including breech presentation)? (Yes/ No/Unknown)	
23	What was the HIV status of the mother? (choose "HIV+; HIV-; or Unknown HIV status")	
24	What was the status of the syphilis test of mother? (Positive (+) or negative (-) If she was positive for syphilis, did she receive treatment	
Labour, birth, puerperium		
25	Date of birth (day/month/year)	
26	Attendance at delivery (Nurse/midwife/doctor/other-specify).	
27	Was foetal heart rate assessed on admission? (Yes, No)	
	What type of delivery was it? (choose one from "1=Vaginal non-assisted delivery, 2= vaginal-assisted delivery (Vacuum/forceps), or 3=Caesarean section	
28	Sex of the baby (1=male; 2=female, 3=ambiguous)	
29	Birth weight in grams (>=2500; 1500-2499 (LBW); 1000-1499g (VLBW); <1000 (ELBW))	
30	Did the mother of the deceased have premature rupture of membranes (PROM)? (Yes/No/Unknown)	
31	Did the mother of the deceased have foul smelling liquor?	
32	Gestational age (in weeks) Method of estimation: Ultrasound /LMP (DD/MM/YY)	
33	How long (hours) was the duration of labour?	
Information on the death and actions taken before and after the death		
30	If stillbirth – gestational age (in weeks) of the deceased	
31	If neonatal death – age (in days) of the deceased	
32	If the deceased baby was born alive what was the APGAR Score?	
33	If the deceased baby was born alive, was resuscitation with bag and mask conducted?	
34	If the deceased baby was born alive, was he/she referred to any health facility or hospital? (Yes/No/Unknown)	
35	If the deceased baby was born alive, did he/she receive any other medical care beyond resuscitation? (Yes/No/Unknown)	
	If yes, specify where and the treatment received: * I.V. Fluids; Blood/Plasma transfusion; Antibiotics; Oxygen; Other medical treatment	
	Primary cause of death:	
	Secondary cause of death:	

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<b>Perinatal death – reporting form</b>		
	Maternal condition (if applicable)	
34	Timing of death (1-fresh stillbirth; 2-macerated stillbirth)	
35	Any physical malformation noted on the deceased? (Yes/No)	
	If yes, type of birth defect (with full description):	
<b>Investigator’s report</b>		
36	Analysis and interpretation of the information collected so far (investigator’s opinion on this death)	
37	Perinatal death notification date (day/month/year)	
38	Investigator (Title, name and function)	