



Republic of Namibia
Ministry of Health and Social Services



CONFIDENTIAL MATERNAL DEATH REVIEW FORM

NOTE:

1. This form must be completed for all maternal deaths, including deaths from abortion and ectopic gestation related deaths in pregnant women or within 42 days after termination of pregnancy irrespective of duration or site of pregnancy.
2. Circle number where applicable.
3. To be completed by a Medical Practitioner or Registered or Enrolled Nurse/Midwife or the in charge of the unit where the death occurred.
4. Complete the original form. The original remains at the facility where death occurred and two copies must be sent simultaneously to the Regional and National Maternal, Stillbirth and Neonatal Death Review Committee Secretariats *within 7 days of the review*.
5. Attach a copy of the maternal record (ANC or health passport and hospital records). In the copy of the case record, patient's names and all names of health care workers should be crossed out with a black marker to enable a confidential review of the case.
6. Fill in all information that is available. Write N/A if not available or not applicable.
7. Woman's name should not be mentioned but a unique identifier should be given:
 - 1-2 Abbreviation of region, (e.g. KU, ER, OS, HA etc.)
 - 3-4 Month of death (e.g. 05, 12 etc.)
 - 5-6 Year of death (e.g. 21, 19, etc.)
 - 7-8 Initials of patient or woman in case of stillborn or neonatal death (e.g. AM, SS, TE etc.)
 - 9-10 Year of birth patient or woman in case of stillborn or neonatal death (e.g. 89, 91, 07 etc.)

For example:

Ms Anna Petrus, DOB 23-05-1987, died on 4 April 2017 in Kunene region will be KU-04-17-AP-87

8. Contact details for National Level:
Division Quality Assurance:

email: _____ Fax _____



REPUBLIC OF NAMIBIA

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Woman's name should not be mentioned but a unique identifier should be given:

Unique identifier:

Example: Anna Petrus, DOB 23-05-1987, died on 4 April 2017 in Kunene will be KU 04 17 AP 87

Reporting Region		Month of death		Year of death		Initials of Woman		Woman's year of birth	

1) **Reporting Facility Name:** _____

2) **Region of reporting Facility:**

- | | | |
|---------------------|------------------|----------------------|
| 1 Erongo (ER) | 6 Khomas (KH) | 11 Oshana (OS) |
| 2 Hardap (HA) | 7 Kunene (KU) | 12 Oshikoto (OK) |
| 3 Karas (KA) | 8 Ohangwena (OH) | 13 Otjozondjupa (OT) |
| 4 Kavango East (KE) | 9 Omaheke (OM) | 14 Zambezi (ZA) |
| 5 Kavango West (KW) | 10 Omusati (OU) | 99 Unknown (UN) |

A. Maternal Demographic details

3) **Woman's Initials:** ____ - ____

4) **Date of Birth:** ____ / ____ / ____ (dd/mm/yyyy)

5) **Age:** ____

6) **Marital Status:** 1 Married 2 Single 99 Unknown

7) **Nationality:** 1 Namibian 2 Non-Namibian 99 Unknown

8) **Employment:** 1 Employed (incl. self-employed) 2 Unemployed 99 Unknown

9) **Admission to facility:**

1. Date ____ / ____ / ____ (dd/mm/yyyy) 99 Unknown

2. Time ____ h ____ 99 Unknown

10) **Status on admission:** 1 Stable 2 Critically ill 3 Dead on arrival

11) **Reason for referral:** _____

12) **Referred from:**

- | | | |
|------------------------|-------------------------|--------------------|
| 1 Self referred (home) | 4 District Hospital | 7 Private facility |
| 2 Health Clinic | 5 Intermediate Hospital | |
| 3 Health Centre | 6 National Hospital | 99 Unknown |

13) **Name of Referring facility:** _____

14) *Region of Referring facility:*

- | | | |
|---------------------|------------------|----------------------|
| 1 Erongo (ER) | 6 Khomas (KH) | 11 Oshana (OS) |
| 2 Hardap (HA) | 7 Kunene (KU) | 12 Oshikoto (OK) |
| 3 Karas (KA) | 8 Ohangwena (OH) | 13 Otjozondjupa (OT) |
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| 5 Kavango West (KW) | 10 Omusati (OU) | 99 Unknown (UN) |

B. Maternal Medical History

- 15)
- Woman's Body Parameters:*
- | | |
|------------------------|-----------------|
| 1 Height _____ cm | 3 MUAC _____ cm |
| 2 Last Weight _____ kg | 99 Unknown |

- 16)
- Last haemoglobin prior to admission:*
- 1 _____ g/dl 99 Unknown

17) *Past Medical History:*

- | | | |
|---------------------------------|---------------------|---------------------------|
| 1 Hypertension | 6 GIT Disorder | 11 Epilepsy |
| 2 Cardiac Disease | 7 Diabetes Mellitus | 12 Mental Health Disorder |
| 3 Respiratory Disease (Chronic) | 8 Anaemia | 13 Others (Specify) |
| 4 Renal Disease | 9 DVT / PE | _____ |
| 5 Liver Disease | 10 TB | 14 None |
| | | 99 Unknown |

18) *Past Surgical or Trauma History:*

- | | | |
|-----------------|---|--------------------|
| 1 Myomectomy | 4 3 rd / 4 th degree Tear | 7 Poly trauma |
| 2 Salpingectomy | 5 Laparotomy (not C/S) | 8 Others (Specify) |
| 3 ERPOC / MVA | 6 Pelvic Injury | _____ |
| | | 9 None |
| | | 99 Unknown |

C. Obstetric (Antenatal) details

- 19)
- Gravidity:*
- _____ [at start of current pregnancy – all pregnancies including previous abortions]

- 20)
- Parity:*
- _____ [number of babies delivered > 28weeks or >1000g (dead or alive). excl current pregnancy]

- 21)
- Number of live children:*
- _____

- 22)
- Number of previous pregnancy losses (<13 weeks):*
- _____ [at start of current pregnancy]

- 23)
- Number of previous pregnancy losses (≥13 - <28 weeks):*
- _____ [at start of current pregnancy]

- 24)
- Number of previous Stillbirths (≥28 weeks):*
- _____ [at start of current pregnancy]

- 25)
- Number of previous Caesarean Sections:*
- _____ [at start of current pregnancy]

- 26)
- Did woman attend Antenatal Care:*
- 1 Yes* 2 No 99 Unknown

- 27)
- *If yes, how many contacts:*
- _____

- 28)
- Timing of 1st contact*
- | | | | |
|--------------------------|---------------------------------------|----------------------------------|------------|
| 1 1st Trimester (<13wks) | 2 2 nd Trim. (≥13 – 27wks) | 3 3 rd Trim. (≥28wks) | 99 Unknown |
|--------------------------|---------------------------------------|----------------------------------|------------|

29) *Special Investigations:*

=	1 Negative	2 Positive	99 Unknown
Antibodies present	3 No	4 Yes	99 Unknown
Hep B	1 Negative	2 Positive	3 Declined Test 99 Unknown
RPR	1 Negative	2 Positive	3 Declined Test 99 Unknown
Treatment given	4 No	5 Yes	6 Declined Treatment 99 Unknown
HIV	1 Negative	2 Positive	3 Declined Test 99 Unknown
Treatment given	4 No*	5 Yes**	99 Unknown

- 30) ***If NOT on ARVS:** 1. Not yet started 2. Declined ARVs 3. Defaulted 99. Unknown
- 31) ****If HIV Positive: Treatment started when?**
1 Pre pregnancy 2 This pregnancy at _____ weeks 99 Unknown
- 32) **If HIV Positive: Latest Test:**
1 Latest CD4 Count # _____ / _____ / _____ (dd/mm/yyyy) 99 Unknown
2 Latest Viral Load # _____ / _____ / _____ (dd/mm/yyyy) 99 Unknown
- 33) **TB Preventative therapy (TPT) given:**
1 Yes _____ Started _____ / _____ / _____ (dd/mm/yyyy) 4 Defaulted
2 No 3 Declined Treatment 99 Unknown

D. Obstetric details (delivery, termination, miscarriage)

- 34) **Place of delivery, miscarriage or termination*:**
1 Home (incl BBA) 5 Intermediate Hospital 66 Undelivered
2 Health Clinic 6 National Hospital 88 Transfer between facilities
3 Health Centre 7 Private facility 99 Unknown
4 District Hospital

* If miscarried, terminated or undelivered – skip to Question 42

- 35) **Delivery details:** (if more than triplets, please add details at bottom of page)

1	First Baby	_____ / _____ / _____ (dd/mm/yyyy)	99 Unknown
	Time	_____ h _____	99 Unknown
2	Twin 2	_____ / _____ / _____ (dd/mm/yyyy)	99 Unknown
	Time	_____ h _____	99 Unknown
3	Triplet 3	_____ / _____ / _____ (dd/mm/yyyy)	99 Unknown
	Time	_____ h _____	99 Unknown

- 36) **Gestational age at delivery:** 1 <28 weeks 2 ≥28 weeks at _____ /40 99 Unknown
- 37) **Did labour occur:** 1 Yes 2 No 99 Unknown
- 38) **Was labour induced:** (circle all that apply)
1 Artificial rupture of membranes 3 Prostaglandins 5 Oxytocin
2 Mechanical 4 Misoprostol 99 Unknown
- 39) **Was labour augmented:** (tick all that apply)
1 No 2 Yes 3 Medication used _____
99 Unknown
- 40) **Was Labour Care Guide used:**
1 Yes, used correctly 2 Yes, incomplete 3 No, not used 4 Not in labour 99 Unknown
- 41) **Please indicate duration:** (where known)
1 Latent phase (<5cm) _____ / _____ hours / mins 99 Unknown
2 Active phase (5-10cm) _____ / _____ hours / mins 99 Unknown
3 2nd stage of labour (10cm to delivery) _____ / _____ hours / mins 99 Unknown
4 3rd stage of labour (delivery of baby to delivery of placenta) _____ / _____ hours / mins 99 Unknown

42) **Final Mode of Delivery:**

- First Baby 1 Vaginal Delivery - Cephalic / Breech (circle one) 4 Laparotomy (Uterine Rupture)
 2 Instrumental Delivery – Ventouse / Forceps 5 Other (Specify) _____
 3 Caesarean section (a) Planned _____
 (b) Emergency 66 Undelivered
 Indication for C/S _____ 99 Unknown
 Twin 2 Choose number (from above) _____ 99 Unknown
 Triplet 3 Choose number (from above) _____ 99 Unknown
 55 Miscarriage / Termination (circle one) _____/40

43) **Were there any Pregnancy or Labour Complications** (circle all that apply):

- | | | |
|----------------------------------|---------------------------|----------------------------------|
| 1 Premature ROM | 10 Prolonged labour | 18 Oligohydramnios |
| 2 Prolonged ROM | 11 Obstructed labour | 19 Polyhydramnios |
| 3 Premature labour | 12 Malpresentation | 20 Fetal distress |
| 4 Placenta praevia | 13 Shoulder dystocia | 21 Meconium stained liquor |
| 5 Placenta abruptio | 14 Postpartum haemorrhage | 22 Ectopic / abdominal pregnancy |
| 6 Antepartum haemorrhage | 15 Uterine rupture | 23 Septic miscarriage |
| 7 Hypertension (no preeclampsia) | 16 Cord Prolapse | 24 Other (Specify) _____ |
| 8 Preeclampsia / Eclampsia | 17 Maternal infection/s | |
| 9 Diabetes / Gestational DM | | 25 None |
| | | 99 Unknown |

44) **Interventions around the time of Delivery and/or Maternal Death:** (circle all that apply)

Early Pregnancy	1	ERPOC / MVA	6	Hysterotomy
	2	Laparotomy	7	Hysterectomy
	3	Laparoscopy	8	Blood Transfusion
	4	Myomectomy		
	5	Salpingectomy	99	Unknown
Antenatal	1	Blood Transfusion	2	Tocolysis
			99	Unknown
Intrapartum	1	Induction of Labour	4	Caesarean Section
	2	Augmentation of Labour	5	Blood Transfusion
	3	Instrumental Delivery	99	Unknown
Postpartum	1a	Oxytocin	4	Manual removal of placenta
	1b	Tranexamic acid	5	Balloon Tamponade
	1c	Ergometrine	6	Laparotomy
	1d	Misoprostol	7	B-Lynch suture
	1e	Carbetocin	8	Hysterectomy
	2a	Surgical repair of perineal trauma	9	Blood Transfusion/s
	2b	Surgical repair of cervical trauma	10	Other _____
	3	ERPOC	99	Unknown
Other	1	Local Anaesthesia	6	MgSO ₄ (AN / Intra / Post partum)
	2	Epidural	7	Invasive Monitoring
	3	General Anaesthesia	8	Ventilation / CPAP
	4	Spinal Anaesthesia	9	Other _____
	5	Conscious Sedation	99	Unknown

45) **Did complications require above interventions?** 1 Yes _____ 2 No _____

46) **Did above intervention result in complication?** 1 Yes _____ 2 No _____

47) Summarize the interventions and/or complications resulting from interventions

48) Treatment (include drugs/dosage, surgery etc): (relevant to cause of death and contributing morbidity)

E. Pregnancy outcome*

(*skip this section when pregnancy outcome is miscarriage or termination)

49) **Pregnancy outcome:** (circle one - if more than triplets, please add details at bottom of page)

First Baby	1 Live Birth	2 Stillbirth: Antepartum / Intrapartum	99 Unknown
	3 Baby alive on admission?	Yes / No	99 Unknown
Twin 2	Choose number 1-3 (from above) _____		99 Unknown
Triplet 3	Choose number 1-3 (from above) _____		99 Unknown

50) **Apgar Scores:** (for stillbirths indicate O and O / for miscarriage and termination, skip to Section F)

First Baby	_____ 1min;	_____ 5 min;	_____ 10 min	99 Unknown
Twin 2	_____ 1min;	_____ 5 min;	_____ 10 min	99 Unknown
Triplet 3	_____ 1min;	_____ 5 min;	_____ 10 min	99 Unknown

51) **Sex & Birth measurements:**

First Baby	Sex: M / F	_____ grams	Length _____ cm	HC _____ cm	99 Unknown
Twin 2	Sex: M / F	_____ grams	Length _____ cm	HC _____ cm	99 Unknown
Triplet 3	Sex: M / F	_____ grams	Length _____ cm	HC _____ cm	99 Unknown

F. Maternal Death Details

52) **Death details:** (for stillbirths indicate data and time of Birth)

1 Date	_____ / _____ / _____ (dd/mm/yyyy)	99 Unknown
2 Time	_____ h _____	99 Unknown

53) **Timing of maternal death:**

1 Early Pregnancy (<20 weeks)	4 Postpartum (>12hrs - 72 hrs after delivery)
2 Late Pregnancy (>20 weeks)	5 Postpartum (>72 hrs to 42 days after delivery)
3 Intrapartum (during labour or within 12 hours of delivery)	99 Unknown (but during pregnancy or <42days)

54) **Place where death occurred:**

1 Before arrival	3 After admission: ANW/ Labour /PNW	5 After admission: Gynae ward
2 At arrival / during triage	4 After admission: ICU / ACU	6 Other _____

55) **Manner of Death**

1 Disease	4 Accident	7 Pending investigation
2 Assault	5 Legal intervention	88 Could not be determined
	6 War	99 Unknown / Unclear

PLEASE NOTE: WHO (2016) clearly differentiates between the following:

Cause of death: the disease, injury or complication directly *RESULTING* in death (ultimate consequence)

Underlying cause: the disease or injury *INITIATING* the sequence of events leading to death or fatal injury

Manner of death: the circumstances in which a death occurred

Mode of death: comprises conditions such as heart failure, cardiac arrest, shock, brain failure, hepatic failure, renal failure – these generally do NOT occur *without* initiating or precipitating causes or illnesses

56) **Maternal death classification:**

Use the table below (WHO, ICD 10MM) to determine the underlying cause of death by choosing the Type, Group and underlying cause of death (select only the most appropriate underlying cause)

Type	Group	Underlying Cause (select only ONE)
Maternal Death: DIRECT	A. Pregnancies with abortive outcomes	1) Septic miscarriage 2) Haemorrhage (non-trauma) 3) Uterine trauma 4) Gestational trophoblastic disease (GTD) 5) Following legal TOP 6) Ectopic < 20 weeks 7) Ectopic > 20 weeks
	B. Hypertensive Disorders	8) Chronic hypertension 9) Pre-eclampsia 10) Eclampsia 11) HELLP 12) Liver rupture
	C. Obstetric Haemorrhage	13) Abruptio with hypertension 14) Abruptio without hypertension 15) Placenta praevia 16) Other APH 17) Ruptured uterus with previous CS 18) Ruptured uterus without previous CS 19) Retained placenta 20) Morbidly adherent placenta 21) Uterine atony 22) Vaginal trauma 23) Cervical trauma 24) Bleeding during CS 25) Bleeding after CS 26) Other PPH
	D. Pregnancy related infection	27) Chorioamnionitis (ruptured membranes) 28) Chorioamnionitis (intact membranes) 29) Puerperal sepsis after vaginal delivery 30) Puerperal sepsis after CS 31) Bowel trauma at CS 32) Bladder trauma
Maternal Death: DIRECT	E. Other obstetric complications	33) Amniotic fluid embolism 34) Pulmonary embolism 35) Hyperemesis gravidarum 36) Acute fatty liver 37) Maternal suicide
	F. Unanticipated complications of management	38) Anaesthetic complications (general) 39) Anaesthetic complications (spinal) 40) Drug related complications a) Antibiotics (e.g. Penicillin) b) MgSO ₄

Type	Group	Underlying Cause (select only ONE)
		c) Opioids d) Insulin e) ARV medication f) TB medication g) Herbal medication h) Other medication 41) Blood transfusion reaction
Maternal Death: INDIRECT	G. Non-obstetric complications	42) Cardiac disease 43) Endocrine conditions 44) Gastrointestinal tract conditions 45) Central nervous system conditions 46) Respiratory conditions 47) Genitourinary conditions 48) Renal disease 49) Liver disease 50) Autoimmune disorders 51) Skeletal diseases 52) Psychiatric disorders 53) Neoplasms 54) Infections that are not a direct result of pregnancy a) PCP pneumonia b) Other Pneumonia c) TB d) Endocarditis e) UTI f) Malaria g) Cryptococcal meningitis h) Other meningitis i) Toxoplasmosis j) Hepatitis k) Gastroenteritis l) Wasting syndrome m) Other n) Disease outbreak or related complications (e.g. Cholera, Covid-19 etc)
Maternal Death: UNSPECIFIED	H. Unknown / I. Undetermined	55) Death at home or outside health services 56) No cause found 57) Incomplete history / lack of information 58) Missing file / records unavailable
Maternal Death: During pregnancy, childbirth and puerperium	J. Coincidental Cause	59) Motor Vehicle Accident 60) Other accidents (e.g. drowning, falling etc.) 61) Assault 99) Other

57) **Cause of Death:** (sequence of events leading up to death)

Immediate CAUSE/ disease/ injury/ complication directly leading to death on line (a)

a) _____
 ↗ secondary to (as a consequence of) (b) below

Disease/injury/complication leading to (a) above

b) _____
 ↗ secondary to (as a consequence of) (c) below

Disease/injury/complication leading to (b) above

c) _____

Other contributing morbidity _____

G. Modifiable Factors

Use the table below to indicate all applicable avoidable factors. Where "Yes" is ticked, provide further details

58) Woman /Family / Community related modifiable factors:

Factor	No	Yes	Un known	Details (if yes)
1. No Antenatal Care				
2. Infrequent Antenatal Care				
3. Delay in seeking care				
4. Declined treatment or admission				
5. Unsafe termination of pregnancy				
6. Use of herbal oxytocics				
7. Use of other traditional medicine/s				
8. No healthcare access due to Disease outbreak / Extreme weather / Conflict				

59) Health System related (Administrative) modifiable factors:

Factor	No	Yes	Un known	Details (if yes)
9. Lack of transport (home to facility)				
10. Lack of transport (between facilities)				
11. Lack of accessibility				
12. Delay in initiating critical care (overburdened facility)				
13. Communication breakdown (between healthcare workers)				
14. Lack of facilities, equipment or consumables Specify:				
15. Lack of human resources (health care workers, incl. ambulance personnel)				
16. Lack of expertise, training or education				
17. Lack of Specialist				
18. Service interruption due to Disease outbreak / Extreme weather / Conflict				
19. Other				

60) Health Worker related modifiable factors:

Factor	No	Yes	Un known	Details (if yes)
20. Incorrect / Poor documentation of care				
21. Labour care guide not used or incomplete				
22. Delay in initiating critical care (failure to act promptly)				
23. Delay in referring patient				
24. Managed at inappropriate level				
25. Problem with recognition / diagnosis				
26. Incorrect diagnoses (resulting in incorrect management)				
27. Treatment not provided				

Factor	No	Yes	Un known	Details (if yes)
28. Incorrect treatment or management (but correct diagnosis)				
29. Sub-standard management (but correct diagnosis)				
30. Not monitored / infrequently monitored				
31. Prolonged abnormal monitoring but no action taken				
32. Inappropriate discharge				
33. Other				

61) *Was an Autopsy performed:*

1 Yes (if yes, specify results) 2 No 99 Unknown

H. Case Summary

Please summarize important information, findings and actions relating to the case

I. Conclusion

Would the outcome have changed with improved care?

1. NO, good care was provided
2. NO, improvements to care may have made NO difference to outcome
3. YES, (preventable) improvements to care may have made a difference to outcome

Form completed by:

Full Name _____ Rank _____

Cell phone _____

email _____

Signature _____ Date _____