

ANNEX 6 Maternal Mortality Reporting Form

DIRECTION The Maternal Mortality Review Form below should be filled out by the midwife based on the verbal report from the CHT members and other information. CHT members are expected to support the midwife to complete this form.

MATERNAL MORTALITY REVIEW CHT Reporting Form- For MIDWIFE	
Barangay	_____
Municipality	_____
Province	_____
Date	_____
<hr/>	
Name of the Deceased	_____
Age (at the time of death)	_____
Address	_____
Name of Contact Person: Husband	_____
Nearest Relative	_____
Address	_____
<hr/>	
Date of Death:	_____
Time of Death:	_____
Place of Death:	<input type="checkbox"/> Home <input type="checkbox"/> BEmONC Facility <input type="checkbox"/> CEmONC Facility <input type="checkbox"/> Private Hospital <input type="checkbox"/> Others (Please specify) _____
Woman died :	<input type="checkbox"/> during pregnancy <input type="checkbox"/> during childbirth <input type="checkbox"/> after childbirth; how many days? _____ (specify number of days) more than one month? _____ (please check)
<hr/>	
Cause of Death: <i>(please check as appropriate)</i>	<input type="checkbox"/> bleeding <input type="checkbox"/> infection <input type="checkbox"/> hypertension <input type="checkbox"/> prolonged labor <input type="checkbox"/> Others (Please specify) _____
<hr/>	
Submitted by:	
Name of CHT Midwife	_____
Station	_____
Submitted to and Validated by:	
Name & Signature of RHU Physician	_____
Station	_____
Date of Validation	_____
Death Certificate Number	_____