

## MATERNAL MORTALITY REVIEW

Facility Reporting Form

**Name of Health Facility** Bicol Regional Training and Teaching Hospital

**Address** Legazpi City

**Date** \_\_\_\_\_

Essentials Data Items	Details
Name of the Deceased	
Age <i>(at the time of death)</i>	
Hospital Number	
Address	
Number of Pregnancies	
Name of Contact Person	Husband : Nearest Relative:
Address	
Date and Time First Seen at Health Facility	Date: Time:
Referral from <i>(Please check as appropriate)</i>	WHT _____ RHU ____ Lying In Clinic _____ District Hospital _____ Others : _____ <i>(Please specify)</i>
Admitting Diagnosis	
Hospital Admissions Details	Date: Time:
Place of Death	Health Facility: Address:
Date and Time of Death	Date: Time:
Cause of Death	
Condition at the Time of Death <i>(Please check as appropriate)</i>	Pregnant _____ Post-partum ____ In labor _____
Final Diagnosis	
<i>If post-partum: Place of Delivery</i>	
Attendant at Delivery <i>(Please check as appropriate)</i>	Doctor _____ Midwife ____ Nurse _____ TBA <i>(Hilot)</i> _____
Condition of the Baby at the Time of Mother's Death	Born alive? <b>( ) Yes ( ) No</b>
Medical Management Received	Surgery (CS) done _____ Manual removal of placenta ____ Blood Transfusion _____ Vaginal Assisted (forceps) ____ Administrative of: Removal of retained Anticonvulsant _____ placental products ____ Oxytocic _____ Others (specify) : CPR Antibiotic _____ Intubation Oxygen inhalation _____ Fluids & Electrolytes _____

**Submitted by:** \_\_\_\_\_

**Medical Officer III**

**Submitted to:** \_\_\_\_\_

Name of Provincial Health Officer



**MONTHLY MATERNAL DEATH REPORTING  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**



		Case no. 1	Case no. 2	Case no. 3
Name				
Barangay				
Age				
Gravida Parity				
Number of Antenatal Check – ups (Indicate number of visit/s per trimester)				
Birth Attendant (Doctor, Nurse, Midwife, TBA)				
Place of Delivery (Home, BHS, RHU, Hospital, Others: Specify)				
Date of Death				
Place of Death (Home, BHS, RHU, Hospital, Others: Specify)				
Woman	During Pregnancy (Indicate number of months)			
Died	During Childbirth			
	After Childbirth (Indicate number of days)			
Three Delays Assessment				
Cause of Death (Medical)				
Intervention (Medical and Non-medical)				
PhilHealth membership (NHTS 4P's, LGU sponsored or none)				
Final Diagnosis				