



# Maternal Death Review Application User Manual Version 2.0

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# Abbreviations

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FB – Facility Based

CB – Community Based

MID – Mother ID

MCTS – Mother and Child Tracking System

# General Information

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- Website URL
  - <http://nrhm-mdr.nic.in>
- FB and CB forms in the application are exactly similar to the Hard copy form that you are implementing as per GoI guideline.
- User Login is based on completing your registration formalities.
  - For Login User Name and Password, fill in the format given at the end of this document and submit strictly as per the instructions given in the format.
  - 5 types of users can access the application.
    - User Type 1 (Level 2)– District Level User with rights to data entry/editing/creating & viewing reports for all blocks.
    - User Type 2 (Level 3)– District Level User with rights to create and view reports for all blocks.
    - User Type 3 (Level 4)– State Level User with rights to create and view reports for all districts.
    - User Type 4 (Level 5)– State Level User with rights to data entry/editing/creating & viewing reports for all districts.
    - User Type 5 – National Level User with administrative rights for all States/Districts.
- Mother ID is critical.
  - Each Mother ID is of 18 digits.
  - You use the Mother ID as allocated by Mother and Child Tracking System (MCTS).
  - Without Mother ID as allocated in MCTS you cannot proceed with data entry.
  - The application automatically gets Mother details from MCTS server once you enter the Mother ID.
  - Mother ID of ONLY your State/District/Block will be accessible to you for your data entry/editing.

- Gujarat/Karnataka/Rajasthan who have Mother IDs of less than 18 digits have to add two digits before the Mother ID to proceed.
- Except for Gujarat, Mother Details will be stored in English for all states.
- On clicking the tab NEXT on each page the data entered will be saved till that particular page only. Make sure you click NEXT before you proceed further.
- Items marked in \* are mandatory. If you proceed without filling these cells, the application will not move forward and keep reminding you the \* you still have to fill up. Only after filling in the cells will the application proceed to the next page.
- Application administration services for User registration/ trouble-shooting is provided by Avni Health Foundation and team. (022 26631665/ avnimdr@gmail.com)

## Login Page


---

**Login**



**Maternal Death Review Program**

Ministry of Health and Family Welfare (Maternal Health Division)



Username

Password

Environment

- Click Login after entering User Name and Password.

# Home Page

**Maternal Death Review Program**  
Ministry of Health and Family Welfare (Maternal Health Division)

Home | Data Entry | Reports | Download Template | Administration | Logout

Data Entry for FB Case | Data Entry for CB Case

\* Fields are mandatory

**NICMDR Home**

Case Type: Facility Based  
Mother ID: Type number here... Block: Equal Type text Type Block text here and select whether you want exact match or similar match  
Deceased Name: Type text here... Deceased Husband Name: Type text here...  
State: Madhya Pradesh District: Jabalpur

**Get Result**

Please append state code in mother ID for below mentioned state.

<b>Gujarat</b>	<b>Rajasthan</b>	<b>Karnataka</b>
24	08	29

- Only Case Type/Mother ID/Get Result/Reports/Download Template/Logout will be active for all users of State/District.
- Based on user role, menu will be displayed.
  - For District Level Login, State and District will be inactive as they will be auto filled.
  - For State Level Login State will be inactive and Districts can be selected.
  - For Admin All options will be active.
- Select Data entry for FB (Facility based) or CB (Community based) case and enter Mother ID and click Get Result.
  - If it is a new record, system will direct you to data entry screen (See screen shot FB Data entry Annex 1), or else the system will display search result screen (See Search Result screen below)

# Search Result

**Maternal Death Review Program**  
Ministry of Health and Family Welfare (Maternal Health Division)

Home | Data Entry | Reports | Download Template | Administration | Logout

\* Fields are mandatory

**NICMDR Home**

Case Type: Facility Based  
Mother ID: 232801760091110001 Block: Equal  
Deceased Name: Type text here... Deceased Husband Name: Type text here...  
State: Madhya Pradesh District: Jabalpur

Get Result

Please append state code in mother ID for below mentioned state.

State	State Code
Gujarat	24
Rajasthan	08
Karnataka	29

MDR No	Annexure1 Status	Annexure6 Status	Annexure4 Status	Last Updated By	Last Updated Date
232801760091110001	InProgress	InProgress	InProgress	24	4/30/2013 11:14:23 AM

- Status for associated Annexure would be either In-Progress or Done.
- Annexure 1, Annexure 6 and Annexure 4 are associated with FB cases.
  - Complete Annexure 1, and the system will automatically move to Annexure 6 and then to Annexure 4.
  - Annex 6 and 4 are dependent on Annex 1 data and will get auto filled once Annex 1 is complete. Auto filled data in Annex 6 and 4 will be inactive for editing.
  - Changes in inactive cells of Annex 6 and Annex 4 can be made by re-entering the correct data in Annex 1.
- By clicking the In-Progress under Annexure status, the system will redirect you to that particular Annexure page, where you can edit / fill the data and update.
- Once you fill and submit the Data, the Annexure status will change from In-Progress to Done. Meaning the data entry for all the FB forms is complete.



# FACILITY BASED FORM

# FB Data Entry: Ann1 (Office Use)

The screenshot shows the 'Maternal Death Review Program' web application interface. At the top, there is a header with the National Rural Health Mission logo on the left, the program title 'Maternal Death Review Program' and 'Ministry of Health and Family Welfare (Maternal Health Division)' in the center, and the Government of India emblem on the right. Below the header is a navigation menu with tabs for 'Home', 'Data Entry', 'Reports', 'Download Template', and 'Administration'. The 'Data Entry' tab is active, showing sub-options for 'Data Entry for FB Case' and 'Data Entry for CB Case'. A red asterisk indicates that fields are mandatory. The main content area is titled 'Annexure1' and contains a form for office use only. The form includes a 'Mother ID' field with the value '231409303111200150' and a 'Year' dropdown menu set to '2013'. Below this is a section for 'Name, Designation & Address of the District Nodal Officer' with fields for Name (0.1), Designation (0.2), Address (0.3), Block (0.4), State (0.5, set to 'Madhya Pradesh'), District (0.6, set to 'Rewa'), Landline (0.7), Mobile (0.8), and Email (0.9). A 'Next' button is located at the bottom right of the form.

- For a new MID record, this is first data entry screen for FB cases, where user needs to put data related to office purpose only.
- By default this screen carries MID, STATE and DISTRICT from home screen. All these 3 value are not editable (except admin and as per User definition).
- Select the Year from the drop down menu.
- Type the other necessary details as advised within each cell. Click Next to save and move to the next page.

# FB Data Entry: Ann1 (General Information)

**General Information:**

**Name, Address and Designation of the nodal officer of the Facility:**

1.1 Name  \* 1.2 Designation  \*

1.3 Address  \* 1.4 Name Of Hospital  \*

1.5 Facility  \*

1.6 Block  \* 1.7 State  1.8 District

1.9 Landline  \* 1.10 Mobile  \* 1.11 Email

**Name, Age and Address of Deceased Woman:**

1.12 Name  1.13 Age  \* 1.14 Husband Name  \*

1.15 Address  1.16 Village or Description of Location  \*

1.17 Block  \* 1.18 State  1.19 District

1.20 Landline  1.21 Mobile  1.22 Email

**Name and Address of Facility where death occurred:**

1.23 Name & Address  \* 1.24 State  1.25 District

[Previous](#) [Next](#)

- All fields marked with red asterisk (\*) are compulsory.
- Users cannot change Mother name, District and State which are related to Nodal officer details and MID.
- In cells under Name, Age and Address of Deceased women – State and corresponding address of the mother can be changed if the mother is from another district/State and has come to her mothers/relatives place for delivery. Select Age between 15-49 years.
- Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# FB Data Entry: Ann1 (Details of Deceased)

Annexure1

11

**Details Of Deceased:**

2.1 Inpatient Number

2.2 Name  2.3 Age

**Obstetric formula**

2.4a Gravida  2.4b Para  2.4c Abortions  2.4d No. of Living Children

2.5 Date and time of admission  \* Time   
(MM/DD/YYYY) (HH:MM)

2.6 Date and time of delivery/abortion  \* Time   
(MM/DD/YYYY) (HH:MM)

2.7 Date and time of death  \* Time   
(MM/DD/YYYY) (HH:MM)

2.8 Delivery / Abortion-death interval  
(Date and Time of Death - Date and Time of Delivery) Day  Hrs  (HH:MM)

[Previous](#) [Next](#)

- All fields marked with red asterisk (\*) are mandatory.
- Inpatient number (MID), Age and Name of deceased are filled from previous page and are locked.
- Obstetric Formula: Up and Down arrows next to each cell will increase or decrease the values.
- Date of Admission and Time cannot be later than Date/Time of Delivery. Similarly Date/Time of Delivery cannot be later than Date/Time of Death.
- Time should be put in 24:00 Hours format. Eg 11.10 am is 11:10 and 11.10 pm is 23:10
- Delivery / Abortion-death interval field is calculated automatically.
- Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# FB Data Entry: Ann1 (Details of Admission)

Annexure1

1.1

Details of admission at institution where death occurred or from where it was reported :

3.1 Type of facility where died  \*

3.2 Reasons for admission /Diagnosis at admission

3.3 Period of admission

3.4 Diagnosis when died

3.5 Period of gestation, Intranatal, postnatal- at time of death

3.6 Outcome of pregnancy

3.7 Duration from onset of complication to admission  (+!MM)

3.8 Duration from admission to onset of complication  (+!MM)

3.9 Condition on Admission

3.10 Was she Referred from another centre

3.10a If yes, Type of facility from which referred:  Specify Other

3.11 Other centres visited before coming to the present institution  Specify Other

Previous Next

- All fields marked with red asterisk (\*) are mandatory.
- Click Arrow next to each box to display the drop down menu with options to select. If the display does not have an option as written in the hard copy form contact Admin with details of Annexure number/Item Number/Option written in the form. Eg. The above form details for reporting to Admin will have Annexure1/Item Number 3.1/FRU.
- If user selects 3.6 Outcome of pregnancy - Abortion, then you will be directed to Details of Abortion page. For all other options you will be directed to the Antenatal Care page.
- Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# FB Data Entry: Ann1 (Abortion)

Annexure1

1.1

Abortion ( to be filled if applicable) :

4.1 Was the abortion

4.1a If spontaneous, Was it?

4.1c If induced, was it

4.2 What was the procedure adopted?

4.3 Post Abortal Period

If Sepsis, Method of management

4.3a IV Fluids

4.3c Metronidazole

4.3e Blood/Blood products transfused

4.4 Time taken to initiate treatment Days: since onset of the problem  Enter only numeric value

4.5 Was the termination procedure done in more than one centre

4.6 Additional information on complications including Management

4.1b Mention mode of termination

Specify Other

Specify Other

4.3b Parenteral Antibiotics

4.3d Surgical Interventions

Time(+!s) :  (+!MM)

Previous Next

- As explained earlier, this page opens only if 3.6 Outcome of Pregnancy is selected as Abortion in the previous page.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

## FB Data Entry: Ann1 (Antenatal Care)

Annexure1

11

**Antenatal Care :**

5.1 Did she receive ANC?

5.1a If no, reason

5.1c If yes, was she told that she has risk factors?

5.1d If yes, what was the risk factor identified?

5.2 Was she admitted with a complication / developed a complication during the AN period?

5.2a If yes, what was the complication?

5.2b At the first point of contact  (HH:MM)

5.2c At the present Institution  (HH:MM)

5.3 Time taken to initiate treatment since onset of the problem  
Days:  Time:  (HH:MM) Do not fill this value. It will be done automatically.

5.4 Additional information on AN complications including medication if any

5.1b If Yes, Type of Care Provider (Select One):

Specify Other

Specify Other

- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

## FB Data Entry: Ann1 (Delivery, Puerperium and neonatal information)

**Delivery, puerperium and neonatal information :**

6.1 Did she have labour pains?

6.1a If Yes, was a partograph used in the referred centre?

6.2 Complications during labour

6.3 Duration of labour  (HH:MM)

6.4 Mode of Delivery

6.5 Time taken to initiate treatment since the onset of the Problem  (HH:MM)

6.6 In which phase of labour did she die?

6.7 Postnatal period

6.7a If eventful, specify

6.8 Blood /Blood products given

6.8a If yes number of units transfused

6.8b Was there any transfusion reactions

**6.9 INTERVENTIONS**

Early pregnancy

Antenatal

Intrapartum

Postpartum

Anaesthetist

6.10 Additional information on labour ,delivery and puerperium, including management

6.1b Was partograph used in the present centre?

Specify Other

Specify Other

If yes, specify

- 6.9 Interventions – Click on + sign. You can select multiple options.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

## FB Data Entry: Ann1 (Details of Baby)

Annexure1

1 1

**VII. Details of Baby :**

7.1 Baby Birth weight (g)  You can also type weight in numeric values

7.2 APGAR Score (5 mins)

7.3 Needed resuscitation

7.3a If yes, who gave Early resuscitation?  Specify Other

7.4 Outcome of Delivery

7.4a If stillborn, was it

7.4b If the baby is alive, is it

7.4c Birth - death interval  (HH:MM)

7.4d If died, mention probable cause  Specify Other

7.5 Additional information on baby status

Previous Next

- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

## FB Data Entry: Ann1 (Cause of Death)

Annexure1

1 1

8.1 Probable direct obstetric (underlying) cause of death    
 Late Pregnancy Death

**Cause of maternal death : You can select more than one option by pressing Shift Key and then selecting multiple options**

8.2 Indirect Obstetric Cause of death    
 Anaemia   
 Endocrine disorders   
 Infectious diseases

8.3 Final Diagnosis (including Non Obstetric causes)

Previous Next

- In 8.1 you can select only 1 option. In 8.2 you can select multiple options by pressing Shift Key. 8.3 is locked and will auto fill based on selections made in 8.1 and 8.2.

- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.
- Note: In all the previous forms, some cells are inactive initially, but will become active based on the input you select. Eg. If Yes is selected in 7.3, then 7.3 will become active.

## FB Data Entry: Ann1 (Factors present)

---

Annexure1

11

In your opinion were any of these factors present :

You can select more than one option by putting a TICK mark in the box next to the factors narrated

- Personal /Family
  - Delay in woman seeking help
  - Refusal of treatment
  - Refusal of admission in previous facility
- Logistical Problem
  - Lack of transport from home to health care facility
  - Lack of transport between health care facilities
  - Health service - Health service communication breakdown
- Facilities Problem
- Health personnel problems

Previous Next

- Click the + sign; select the options from the display below them.
- Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.



# FB Data Entry: Ann1 (Avoidable Factors)

---

Annexure1

1 1

Information on avoidable factors, missed opportunities & substandard care :

10.1 Avoidable factors  
Type text here...

10.2 Missed opportunities  
Type text here...

10.3 Substandard care  
Type text here...

11 AUTOPSY  
If performed please report the gross findings and send the detailed report later

Select

Previous Next

- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# FB Data Entry: Ann1 (Case Summary)

---

Annexure1

1 1

Case Summary :

\* All the fields are compulsory except Email Id.  
12.1 please supply a short summary of the events surrounding the death

Type text here...

Form Filled by

12.2 Name of Institution Type text here...

12.3 Block Type text here...

12.4 State Madhya Pradesh

12.5 District Rewa

12.6 Landline Type number here...

12.7 Mobile Type number here...

12.8 Email Type email id here...

Previous Finish

- All fields marked with red asterisk (\*) are mandatory.
  - Click on FINISH to complete Annexure 1 and move to Annexure 6.
  - Once FINISH is clicked, any editing can still be done on the form pages by either clicking BACK TO ANNEXURE 1 in Annexure 6 or by going to the HOME PAGE.
-

# FB Data Entry: Annexure 6

Annexure6

**Format for Primary Informer:**

All Women's Death (15-49) Information Report (Maternal deaths alone to be reported from Facilities)

FB-MDR	231409303111200150								
1. Name of State	Madhya Pradesh	2. Name of District	Jabalpur	3. Name of Block	ss				
4. Name of village/Description of location	Dabhaura(15816)ss	6. Name of husband	asadad	8. Date of death	07/03/2013 (MM/DD/YYYY)	Time of death	12:12 (HH:MM)		
5. Name of the deceased woman	vidhyawati	9. Place of death	District Hospital	11. Name of reporting person	Type text here...	Designation	Type text here...	Date	Select... (MM/DD/YYYY)
7. Age of the woman	23								
10. When did death occur	Select								

[Back to Annexure1](#) [Save & Proceed](#)

- After completion of data entry in Annexure 1, application will automatically open Annexure 6 for data entry. Data captured in Annexure 1 is automatically displayed in relevant fields and cannot be edited. If you want to edit the data in ANNEXURE 6 then you will have to go back to the relevant page in ANNEXURE 1 to do it. Click Back to Annexure 1 tab.
- Click Save & Proceed to go ahead with data entry.

# FB Data Entry: Annexure 4

Annexure4

**MDR Line Listing for Case no :**

FB-MDR	231409303111200150								
Name of State	Madhya Pradesh	Name of District	Jabalpur	Name of Block	ss				
Village	Dabhaura(15816)ss	1.1 Time of death	12:12 (HH:MM)	2.0 Name of the deceased woman	vidhyawati				
1.0 Date of death	07/03/2013	3.0 Place of death	District Hospital	4.0 When did death occur	During pregnancy				
5.0 Probable Cause of Death	Select	6.0 Status of newborn baby ( Delivery outcome)	Alive	7.0 Name of respondent who was interviewed	Type text here...	8.0 Name of Investigator	Type text here...	8.1 Date of interview	Select... (MM/DD/YYYY)
Name of reporting person	Type text here...	Designation	Type text here...	Reporting Date	Select... (MM/DD/YYYY)				

[Back to Annexure6](#) [Save & Proceed](#)

- After completion of data entry in Annexure 1 & 6, application will automatically open Annexure 4 for data entry. Data captured in Annexure 1 & 6 is automatically displayed in relevant fields and cannot be edited. If you want to edit the data in ANNEXURE 4 then you will have to go back to the relevant page in ANNEXURE 1 & 6 to do it. Click Back to Annexure 6 tab.

- Click Save & Proceed to complete FB case for one MID.
- You will be directed to the HOME PAGE, where you can use the MID to check if the display shows DONE/DONE/DONE for each of the 3 Annexures.

24	08	29			
MDR No	Annexure1 Status	Annexure6 Status	Annexure4 Status	Last Updated By	Last Updated Date
231409303111200150	<a href="#">Done</a>	<a href="#">Done</a>	<a href="#">Done</a>	24	7/3/2013 6:15:24 PM

---

# COMMUNITY BASED FORM

# CB Data Entry: Annexure 4

Annexure4 CB

MDR Line Listing for Case no :

Mother ID	<input type="text" value="23140930311200151"/>	Name of District	<input type="text" value="Rewa"/>	Name of Block	<input type="text" value="Type text here..."/>
Name of State	<input type="text" value="Madhya Pradesh"/>				
Village	<input type="text" value="Dabhaura"/>				
Date of death	<input type="text" value="Select..."/> <small>(MM/DD/YYYY)</small>	Time of Death	<input type="text" value="00:00"/> <small>(HH:MM)</small>	Name of the deceased woman	<input type="text" value="santi"/>
Place of death	<input type="text" value="Select"/>				
When did death occur	<input type="text" value="Select"/>				
Probable Cause of Death	<input type="text" value="Select"/>				
Status of newborn baby (Delivery outcome)	<input type="text" value="Select"/>				
Name of respondent who was interviewed	<input type="text" value="Type text here..."/>	Name of Investigator	<input type="text" value="Type text here..."/>	Date of interview	<input type="text" value="Select..."/> <small>(MM/DD/YYYY)</small>
Name of reporting person	<input type="text" value="Type text here..."/>	Designation	<input type="text" value="Type text here..."/>	Reporting Date	<input type="text" value="Select..."/> <small>(MM/DD/YYYY)</small>

- CB Data entry starts with Annexure 4, as Annexure 4 is default screen. All fields marked with red asterisk (\*) are mandatory.
- State/District/Mother Name is blocked and auto filled from Login/MCTS.
- Feed the necessary information. Click on SAVE & PROCEED to continue.
- Annexure 2 of CB opens automatically.

# CB Data Entry: Annexure 2

**1. Background Information**

1.1 Resident / Visitor death  \*

1.2 Type of death  \*

1.3 Place of death

Specify other

1.4 Specify the name and place of the institution or village where death occurred

Name of Institution

Address

Block

Village  \*

State

District

1.5 Onset of fatal illness : Date  (MM/DD/YYYY)

Time  (HH:MM)

1.6 Admission in final institution (if applicable): Date  (MM/DD/YYYY)

Time  (HH:MM)

1.7 Death : Date  (MM/DD/YYYY)

Time  (HH:MM)

1.8 Gravida

1.9 Para (number of previous live births)

1.10 Abortions (induced or spontaneous)

1.11 Previous stillbirths

1.12 Living children

1.13 Week of pregnancy if applicable

1.14 Age at death  \*

**2. Family History**

2.1 Age at marriage

2.4 Occupation

2.5 Education

2.2 Religion

2.3 Community

**3. Infant Survival**

3.1 Infant

**4. Availability of health facilities services and transport**

4.1 Name and location of the nearest government / private facility providing Emergency Obstetric Care Services

Facility

Facility Name

Address

Contact No.

Block

State

District

4.2 Distance of this facility from the residence In Kms  You can either type Km or use up down arrow to select

4.3 Number of institutions visited before death (in the order of visits)  (Max 10)

4.4 Reasons given by providers for the referral

Specify other

4.4 Reasons given by providers for the referral

Specify other

5. Current pregnancy  \*

5.1 AN care

5.2 If yes, Date of checkup

Specify other

5.3 Number of antenatal check ups

[Back to Annexure 1](#) [Previous](#) [Next](#)

- All fields marked with red asterisk (\*) are mandatory.
- 1.3, 1.7 and 3.1 will be auto-filled from Annex 4 and are locked. In case you need to change it go to Annex 4 and do the needful.

- 1.1 – Resident (a women who belongs to your district) / Visitor (a women who has come to your district from some other district/State).
  - If you select VISITOR, 1.4 - State and District details can be entered. Otherwise they will be locked if then you select RESIDENT.
- Based on your selection in 1.2 Type of Death, and on completion of data feeding on the form you will be directed to the appropriate form by the application.
  - If you select Antenatal, it takes you to Module 6.
  - If you select Abortion, it takes you to Module 7.
  - If you select Delivery Death, it takes you to Module 8.
  - If you select Post Natal Period. It takes you on Module 9.

## CB Data Entry: Annexure 2 (Module 6)

---

Annexure2

6. Deaths During The Antenatal Period

6.1 Did the mother have any problem during the antenatal period?

6.2 If yes, was she referred anytime during her antenatal period?

6.3 What was the symptom for which she sought care ?

High blood pressure  
 Bleeding p/v  
 No foetal movements  
 Fits

Press CTRL Key For Multiple Selection

6.4 If YES, did she attend any hospital?

6.5 In case of not seeking care from the hospital is it due to

- Module 6 - Antenatal Details.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered unless saved.

# CB Data Entry: Annexure 2 (Module 7)

**7. Abortion Death**

7.1 Did she die while having an abortion or within 6 weeks after having an abortion?

7.2 If during an abortion, was it spontaneous or induced, including MTP?

7.3 If the abortion was induced, how was it induced?

7.4 If the abortion was induced, where did she have the abortion?

7.5 If the abortion was induced, who performed the abortion?

7.6 If induced, what made family seek care?

7.7 If the abortion was spontaneous, Where was the abortion completed?

7.8 How many weeks of pregnancy completed at the time of abortion

7.9 Whether she had any of these symptoms after abortion?

7.10 After developing complications following abortion, did she seek care?

7.11 If yes, whom/where did she seek care?

7.12 In case of not seeking appropriate care, is it due to...

7.13 Date of spontaneous abortion/ date of termination of pregnancy  (MM/DD/YYYY)

7.14 Date of death  (MM/DD/YYYY)

[Back to Annexure4](#) [Previous](#) [Next](#)

- Module 7 – Abortion related details.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered unless saved.

# CB Data Entry: Annexure 2 (Module 8)

**8. Intranatal Service**

8.1 Place of delivery

8.2 Admission (not applicable for home delivery and transit)Date  (MM/DD/YYYY)

8.3 Delivery Date  (MM/DD/YYYY)

8.4 Time interval between onset of pain and delivery (in hours)  HH:MM Enter only numeric value

8.5 Who conducted the delivery- if at home or in institution (Not applicable for transit delivery)

8.6 Type of delivery

8.9 Outcome of the delivery

8.8 During the process of labour/delivery did the mother have any problems?

8.9 Did she seek treatment, if yes by whom and what was the treatment given by the ANM/Nurse/LHW/ / NO/others? (give details)

8.10 Was she referred?

8.11 Did she attend the referral centre?

8.12 In case of non compliance of referrals state the reasons

8.13 Was there delay in

8.14 Any information given to the relatives about the nature of complication from the hospital

8.15 If yes describe

8.16 Was there delay in initiating treatment

8.17 If yes describe

[Back to Annexure4](#)



- Module 8 – Intranatal Services details.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

## CB Data Entry: Annexure 2 (Module 9)

---

Annexure2

**9. Post Natal Period**

9.1 No. of Postnatal checkups

9.2 Did the mother had any problem following delivery

9.3 Onset of the problem  (MM/DD/YYYY)

9.4 Specific problem during PN period

9.5 Did she seek treatment

9.6 If Yes, by whom

9.7 What was the treatment given (give details)

9.8 Was she referred?

9.9 Did she attend the referral center?

9.10 In case of non compliance of referrals state the reasons

[Back to Annexure4](#)

- Module 9 – Postnatal period details.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# CB Data Entry: Annexure 2 (Module 10)

---

Annexure2

---

**10. Reported cause of death**

10.1 Did the doctor or nurse at the health facility tell you the cause of death?

Select

10.2 If yes, what was the cause of death?

- Once you complete either Module 6/ Module 7/ Module 8/ Module 9, Module 10 which is common to all will open.
- Feed the necessary information. Click on Next to SAVE and proceed with data entry or Previous to go to previous page. If you click Previous the data on the current page will have to be re-entered.

# CB Data Entry: Annexure 2 (Module 11)

11. Open history (Narrative format)

Name and address of the facilities she went – decisions and time taken for action

Type text here...

How long did it take to make the arrangements to go from first centre to higher centers and why those referrals were made and how much time was spend at each facility and time spend at each facility before referrals were made and difficulties faced throughout the process

Type text here...

Transportation method used

Transportation cost? (at each stage of referral)

Type text here...

Travel time – at each stage

Type text here...

Care received at each facility?

Type text here...

Total money spend by family

How did the family arrange the money?

- After feeding in the information, Click on FINISH to complete Annexure 2 and move to Annexure 6.

# CB Data Entry: Annexure 6

Annexure6

Format for Primary Informer:

All Women's Death (15-49) Information Report (Maternal deaths alone to be reported from Facilities)

FB-MDR

Name of State	<input type="text" value="Madhya Pradesh"/>	Name of District	<input type="text" value="Rewa"/>	Name of Block	<input type="text" value="Riti"/>
Name of village/Description of location	<input type="text" value="Dabhaura"/>	Name of husband	<input type="text" value=""/>	Date of death	<input type="text" value="07/05/2013"/>
Name of the deceased woman	<input type="text" value="betol devi"/>	Date of death	<input type="text" value="07/05/2013"/>	Time of death	<input type="text" value="00:00"/>
Age of the woman	<input type="text" value="23"/>	Date of death	<input type="text" value="07/05/2013"/>	Time of death	<input type="text" value="00:00"/>
Place of death	<input type="text" value="District Hospital"/>	Designation	<input type="text" value="Type text here..."/>	Date	<input type="text" value="Select..."/>
When did death occur	<input type="text" value="During pregnancy"/>	Designation	<input type="text" value="Type text here..."/>	Date	<input type="text" value="Select..."/>
Name of reporting person	<input type="text" value="Type text here..."/>	Designation	<input type="text" value="Type text here..."/>	Date	<input type="text" value="Select..."/>

- Auto-filled from Annexure 2 and 4. These cells are locked. For any editing, you will have to go back to Annexure 2 and then 4 to make changes to reflect in Annexure 6. Click Save & Proceed to continue. Application will open Annexure 3 automatically.

# CB Data Entry: Annexure 3

Annexure3

**MDR Case summary:**

To be filled by the medical officer and the investigation team for each maternal death

CB-MDR	23140930311200154		
1 Name of the Block PHC/District OR Name of facility	dd.ss.dd.ss.Rewa, Ma		
<b>2 Particulars of the deceased</b>			
2.1 Name	betol devi	2.2 Age	23
2.3 Religion	Select	2.4 Caste	Select
3.0 Address (where she was residing when illness/labour began)	Type text here...		
<b>4.0 Place, date and time of death</b>			
4.1 Place	District Hospital	4.2 Date	07/05/2013 (MM/DD/YYYY)
5.0 Timing of Death	During pregnancy (HH:MM)	Time	00:00 (HH:MM)
<b>6.0 Obstetric History</b>			
6.1 Gravida	0	6.2 Para	0
6.3 Abortions	0	6.4 Infant outcome	Alive
<b>7.0 Investigation</b>			
7.1 Date of 1st visit	Select... (MM/DD/YYYY)		
7.2 Date of 2nd visit	Select... (MM/DD/YYYY)		
<b>Name and contact details of main respondents</b>			
Name	Type text here...	Contact details	Type number here...
<b>Delay</b>			
Delay in Seeking Care	Unawareness of danger signs Illiteracy & Ignorance Delay in decision making No birth preparedness		
Delay in reaching first level health facility	Delay in getting transport Delay in mobilizing funds Not reaching appropriate facility in time Difficult terrain		
Delay in reaching first level health facility	Delay in getting transport Delay in mobilizing funds Not reaching appropriate facility in time Difficult terrain		
Delay in receiving adequate care in facility	Delay in initiating treatment Substandard care in hospital Lack of blood equipment drugs Lack of adequate funds		
Probable direct obstetric cause of death	Early Pregnancy Death Late Pregnancy Death		
Indirect obstetric cause of death	Heart Diseases Anaemia Endocrine disorders Infectious diseases		
Contributory causes of death			
Initiatives suggested	Type text here...		
Name and designation of investigation team	Type text here...		
Name of Block Medical Officer	Type text here...		

- Auto-filled from Annexures 2 / 4 / 6. These cells are locked. For any editing, you will have to go back to Annexure 6, then 2 and then 4 to make changes to reflect in Annexure 3. Feed the relevant information and Click Save & Proceed to continue. Application will open Annexure 5 automatically.

## CB Data Entry: Annexure 5

Annexure5

**Block Level MDR Register for All Women's Death (15-49 years)(Fill in one register for every month)**

CB MDR No	231409303111200154		
1.0 Name of the deceased woman	betol devi	2.0 Age	23
3.0 Date and time of death	7/5/2013 (MM/DD/YYYY)	4.0 Address	Dabhaura
5.0 Husband Name	hi	6.0 Cause Of Death	Maternal
7.0 Name and Designation of Primary Informant	.		
8.0 Date of Field investigation	MM/DD/YYYY		
9.0 If died due to maternal cause, specify reasons	PPH =		
10.0 Action taken	Type text here...		

[Back to Annexure3](#) [Save](#)

- Auto-filled from Annexures 2 / 4 / 6 / 3. These cells are locked. For any editing, you will have to go back to Annexure 3, 6, 2 and then 4 to make changes to reflect in Annexure 5. Feed the relevant information and Click Save & Proceed to Finish.

# REPORTS

# Reports Tab

CLICK on REPORTS on the HOME PAGE to open the REPORT Section. Select any of the report options to generate reports of your data.



## Reports: Annexure 4

Annexure4 Report

MDR Line Listing form for All cases of Maternal deaths

Case Type:

State:  District:  Block:  Village:

Date of Death: From  (MM/DD/YYYY) To  (MM/DD/YYYY)

MDR No	Date of Death	Place of Death	When did the death occur	Probable cause of death	Status of newborn (Delivery outcome)	Name of respondent who was interviewed	Name of Investigator	Date of interview
231409303111200151	07/02/13	District Hospital	Select	PPH	Alive			01/01/00
231409303111200154	07/05/13	District Hospital	During pregnancy	PPH	Alive			01/01/00

- Select the options and Click GET RESULT. A tabular line listing will appear. You can download the line listing in Excel by clicking EXPORT to EXCEL.

# Reports: Annexure 5

Annexure5Report

Block level MDR Register for all women's death

Block PHC:  Block:

State:  District:

Date of Death: From  To

MDR No	Name of deceased	Age	Date of Death	Address	Husband's name	Cause of death	Name/ designation of Primary informant	Date of field investigation	If died due to maternal causes, specify reasons	Action taken
231409303111200154	betal devi	23	07/05/13	Dabhaura	hi	Maternal		01/01/00	PPH	sss

- BLOCK LEVEL MDR REGISTER REPORT - Select the options and Click GET RESULT. A tabular line listing will appear. You can download the line listing in Excel by clicking EXPORT to EXCEL.

# FB Reports page

Home | Data Entry | Reports | Download Template | Administration

Home | Indicators | Community Based Indicators | BG Information \* Fields are mandatory

NICMDR Home | Download Excel | Facility Based Indicators | Fatal illness and death

Annexure4 | Antenatal Care Information

Annexure5 | Abortion Death Information

Case Type | here, Type Block text here and select whether you match

Mother ID | 330100100111000138 | Block | Intranatal Death Information

Deceased Name | Type text here... | Deceased Husband | Complications in Antenatal Period

State | Tamil Nadu | District | Delivery, Puerperium And Neonatal Information

Details Of Baby Information

- Click on Indicators, and see options to select for FB reports.

# CB Reports page

Home | Data Entry | Reports | Download Template | Administration

Home | Indicators | Community Based Indicators | BG Information \* Fields are mandatory

NICMDR Home | Download Excel | Facility Based Indicators | Abortion Death

Annexure4 | Fatal illness and death

Annexure5 | Antenatal Death Information

Case Type | here, Type Block text here and select whether you match

Mother ID | 330100100111000138 | Block | Intranatal Death Information

Deceased Name | Type text here... | Deceased Husband | Postnatal Death Information

State | Tamil Nadu | District | Details Of Baby Information

fact match or similar match

- Click on Indicators, and see options to select for CB reports.



# Facility Based Reports

- In the FB reports you can select items from each of the drop down menus and click get result. Give some time for the application to process the data. Your result will be displayed. See Last Section of this Manual to Know the details of the parameters used to calculate each report item.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | BG Information

\* Fields are mandatory

**Womans Background Information**

State	Tamil Nadu	District	Chennai
Block	Equal		
Date of Death: From	(MM/DD/YYYY)	To	(MM/DD/YYYY)
Age At Death	NA	Gravida	NA
Para	NA	Previous abortions	NA
Living children	NA		

Get Result

- Background information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | Fatal Illness and death

\* Fields are mandatory

**Womans Fatal illness and death**

State	Tamil Nadu	District	Chennai
Block	Equal		
Date of Death: From	(MM/DD/YYYY)	To	(MM/DD/YYYY)
Death interval (from delivery/abortion to death)	NA		
Type of facility	Select		
Diagnosis at admission	Select	Diagnosis at death	Select
Time of death	Select	Outcome of pregnancy	Select
Duration of onset of complication to admission		Number of other facilities visited before present institution	NA
Condition on admission	Select		

Get Result

- Fatal Illness and Death report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | Antenatal Care Information

\* Fields are mandatory

**Womans Antenatal Care information**

State	Tamil Nadu	District	Chennai
Block	Equal		
Date of Death: From	(MM/DD/YYYY)	To	(MM/DD/YYYY)
Number Of ANC Visits	NA		

Get Result

- Antenatal Care Information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | Abortion Death Information

\* Fields are mandatory

---

**Woman's Abortion Death information**

State:  District:

Block:

Date of Death: From  (MM/DD/YYYY) To  (MM/DD/YYYY)

Type of abortion:  If induced, Was it?:

Post Abortal Period:

➤ Abortion Death information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | Complications in Antenatal Period

\* Fields are mandatory

---

**Complications in Antenatal Period**

State:  District:

Block:

Date of Death: From  (MM/DD/YYYY) To  (MM/DD/YYYY)

What type of AN complication:

➤ Complications in Antenatal Period information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Facility Based Indicators | Delivery,Puerperium And Neonatal Information

\* Fields are mandatory

---

**Womans Delivery,Puerperium And Neonatal information**

State:  District:

Block:

Date of Death: From  (MM/DD/YYYY) To  (MM/DD/YYYY)

Use of Partograph in present centre:  Complications during labour:

Duration of labour:  Mode of delivery:

Complications in postpartum period:  Blood products given:

➤ Delivery, Puerperium and Neonatal information report.

Home	Data Entry	Reports	Download Template	Administration
Reports   Indicators   Facility Based Indicators   Details Of Baby Information				
* Fields are mandatory				
<b>Details Of Baby information</b>				
State	Tamil Nadu	District	Chennai	
Block	Equal			
Date of Death: From		(MM/DD To		(MM/DD/YYYY)
Birth weight	NA	Resuscitation of baby	NA	
Cause of death of baby	NA			
<input type="button" value="Get Result"/>				

➤ Details of Baby information report.

## Community Based Reports

Home	Data Entry	Reports	Download Template	Administration
Reports   Indicators   Community Based Indicators   BG Information				
* Fields are mandatory				
<b>Womans Background Information</b>				
State	Tamil Nadu	District	Chennai	
Block	Equal			
Date of Death: From		(MM/DD/YYYY) To		(MM/DD/YYYY)
Age At Death	NA	Religion	NA	
Community	NA	Education	NA	
Occupation	NA	Age at marriage	NA	
Gravida	NA	Para	NA	
Previous abortions	NA	Previous stillbirths	NA	
Living children	NA	Number of ANC visits	NA	
Place of ANC	Select			
<input type="button" value="Get Result"/>				

➤ Background information report.

Home Data Entry Reports Download Template Administration

Reports Indicators Community Based Indicators Abortion Death \* Fields are mandatory

**Womans Abortion Death Information**

State:  District:

Block:

Date of Death: From:  (MM/DD/YYYY) To:  (MM/DD/YYYY)

Type of abortion:  If induced: What method was used:

If induced: Where did the abortion take place:  If induced: Who performed the abortion:

If spontaneous: Where was the abortion completed:  How many weeks of pregnancy at the time of abortion:

Complications after abortion:  Where did she seek care after complications:

If not seeking care, why not:

➤ Abortion Death information report.

Home Data Entry Reports Download Template Administration

Reports Indicators Community Based Indicators Fatal Illness and death \* Fields are mandatory

**Fatal Illness and Death**

State:  District:

Block:

Date of Death: From:  (MM/DD/YYYY) To:  (MM/DD/YYYY)

Type of death:  Place of death:

Weeks of pregnancy at the time of death:  Duration from onset of fatal illness to time of death:

If the woman died in a facility: Time from admission to death:  Number of institutions visited before death (in relation to the fatal illness):

Infant survival:

➤ Fatal Illness and Death report.

Home Data Entry Reports Download Template Administration

Reports Indicators Community Based Indicators Antenatal Death Information \* Fields are mandatory

**Woman's Antenatal Death information**

State:  District:

Block:

Date of Death: From:  (MM/DD/YYYY) To:  (MM/DD/YYYY)

What complications/symptoms did the mother have during the antenatal period:  If referred, did she attend any facility?:

If no, why did she not seek care:

➤ Antenatal Death information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Community Based Indicators | Intranatal Death Information

\* Fields are mandatory

**Intranatal Death information**

State:  District:

Block :

Date of Death: From:  (MM/DD/YYYY) To:  (MM/DD/YYYY)

Place Of Delivery:  Type of delivery:

Who Conducted The Delivery:  Out Come Delivery:

Compliance With Referral :  Complications During Delivery :

Referral:  If not Complying With Referral :

➤ Intranatal Death information report.

Home | Data Entry | Reports | Download Template | Administration

Reports | Indicators | Community Based Indicators | Postnatal Death Information

\* Fields are mandatory

**Postnatal Death information**

State:  District:

Block :

Date of Death: From:  (MM/DD/YYYY) To:  (MM/DD/YYYY)

Number Of PNC Checkups:  Time Of Death Postnatal:

Did She Seek Treatment :

Was She referred?:  By Whom did the seek Treatment:

Compliance with referral:  IF No,Why?

Complications during PN period:

➤ Postnatal Death information report.

## Download Excel

Home | Data Entry | Reports | Download Template | Administration

Reports | Download Excel

\* Fields are mandatory

**Download Excel**

Case Type

Annexure Type

MDR No

➤ Through this section you can download any completed format soft copy in Excel using the MID.

# Indicators used for Report Data Calculations

---

## Facility based MDR INDICATORS

### WOMAN' S BACKGROUND INFORMATION

	Question	Answer categories	Indicators
1	Age at death	<18 , 19 – 35, >36,	% of women in age groups: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died
2	Gravida	1,2-4, ≥ 5	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
3	Para	0, 1-3, ≥ 4	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
4	Previous abortions	0, 1-3, ≥ 4	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
5	Living children	0, 1-4 ≥5	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$

### ABOUT THE FATAL ILLNESS AND DEATH

6	Death interval (from delivery/abortion to death)	<2 hrs, within 24 hrs, 2-7 days, 8-42 days	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died}} * 100$
7	Type of facility	Sub district hospital, District Hospital, Referral Hospital, Medical college/tertiary hospital	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died}} * 100$
8	Diagnosis at admission	Normal delivery, Previous C section, Induce Abortion, Spontaneous abortion, Ectopic pregnancy, Visicular mole, anemia, Diabetes, PET/Eclampsis, Multiple pregnancy, APH, Hydramnios, CPD. Abnormal presentation, PPH, Medical	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died

		conditions, Others	
10	Diagnosis at death	Obstructed labour/ Rupture Uterus, PPH, Abortion, Ectopic pregnancy, Vesicular mole, Anemia, Diabetes, Eclampsia, Sepsis, APH, Inversion of uterus, Postoperative complication, Pulmonary embolism, CVA, Medical condition, others	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died
	Time of death	Antenatal < 20 w, Antenatal ≥20 weeks, Intrapartum, Postpartum	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died
	Outcome of pregnancy	Ectopic, Abortion, Stillbirth, Undelivered, Live birth	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died
	Duration of onset of complication to admission	< 2 hours, 2-6 hours, 7- 12 hours, 13-24 hours, > 24 hours	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died
	Condition on admission	Stable ,Semi conscious /responds to verbal command, Semi conscious /responds to painful stimuli, Unconscious	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died
	Number of other facilities visited before present institution	0, 1, 2, 3, ≥4	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who have died

## ABORTION

	Type of abortion	Spontaneous, induced	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death ( III #2 = induced + spontaneous abortion)
	If induced, was it...	Legal, illegal	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died after induced abortion( III #2 = induced)
	Post abortion period	Uneventful, Sepsis, Haemorrhage, Others	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death ( III #2 = induced + spontaneous abortion)

## ANTENATAL CARE

Number of ANC visits	0, 1, 2-3, 4 and above, not known	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who have died}}$
----------------------	-----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

## COMPLICATIONS DURING ANTENATAL PERIOD

What type of AN complication	Bleeding, Preterm labour, surgical conditions, vesicular mole, anaemia, eclampsia, leaking membranes, heart disease, other medical conditions, Other	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who died in the antenatal period ( III #5 = antenatal < 20w+ > 20 w)}}$
------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## DELIVERY, PUERPERIUM AND NEONATAL INFORMATION

Use of Partograph in present centre	Yes, no	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who were in labour (VI#1=yes)}}$
Complications during labour	PROM, PPROM, IPsepsis, Eclampsia, Obstructed labour/ruptured uterus, inversion of uterus, Other	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who were in labour (VI#1=yes)}}$
Duration of labour	<6 hours, 6-12 hours, 13-24 hours, >24hours	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who were in labour (VI#1=yes)}}$
Mode of delivery	Undelivered, Spontaneous/vaginal, vacuum/forceps, c-section	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who were in labour (VI#1=yes)}}$
Complications in postpartum period	PPH, Sepsis, CVA/PE, Anemia, eclampsia, postpartum psychosis, postoperative complication, medical conditions , other	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who were in labour (VI#1=yes)}}$
Blood products given	Yes, no	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women with PPH (VI#7a = PPH)}}$



## DETAILS OF BABY

Birth weight	< 2500 g, ≥2500 g	% of babies in each category: = $\frac{\text{Number of babies in each group} * 100}{\text{All babies born alive (Section III# 6= live birth)}}$
Resuscitation of baby	Yes/no	% of babies in each category: = $\frac{\text{Number of babies in each group} * 100}{\text{All babies born (Section III# 6= live birth + stillbirth)}}$
Cause of death of baby	Birth asphyxia, sepsis, Aspiration including MAS, Congenital anomalies, preterm, respiratory distress, Others	% of babies in each category: = $\frac{\text{Number of babies in each group} * 100}{\text{All babies born alive (Section III# 6= live birth)}}$

## Community based MDR INDICATORS

### WOMAN' S BACKGROUND INFORMATION

	Question	Answer categories	Indicators
1	Age at death	<18 , 19 - 35, >36,	% of women in age groups: = $\frac{\text{Number of women who have died in each category} * 100}{\text{All women who have died}}$
2	Religion	Hindu/Muslim/Christian/ Others	% of women in each category: = $\frac{\text{Number of women who have died in each category} * 100}{\text{All women who have died}}$
3	Community	SC/ST/OBW/Other class	% of women in each category: = $\frac{\text{Number of women who have died in each category} * 100}{\text{All women who have died}}$
4	Education	Illiterate, up to 8 <sup>th</sup> std, up to 12 <sup>th</sup> std, graduate	% of women in each category: = $\frac{\text{Number of women who have died in each category} * 100}{\text{All women who have died}}$
5	Occupation	Housewife, farmer/labourer, self employed, employed	% of women in each category: = $\frac{\text{Number of women who have died in each category} * 100}{\text{All women who have died}}$
6	Age at marriage	<18 , 19 - 35, >36, not married	% of women in age groups: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who have died}}$
7	Gravida	1,2-4, ≥ 5	% of women in each category: = $\frac{\text{Number of women who have died in each group} * 100}{\text{All women who have died}}$

8	Para	0, 1-3, $\geq 4$	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
9	Previous abortions	0, 1-3, $\geq 4$	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
10	Previous stillbirths	0, 1-3, $\geq 4$	% of women in each category: $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
11	Living children	0, 1-4 $\geq 5$	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
12	Number of ANC visits	0, 1, 2-3, 4 and above, not known	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$
13	Place of ANC	Sub centre, PHC/CHC, Hospital, VHND, Don't know, Not Applicable, Others -specify	% of women in each category: = $\frac{\text{Number of women who have died in each group}}{\text{All women who have died}} * 100$

#### ABOUT THE FATAL ILLNESS AND DEATH

14	Type of death	Abortion, Antenatal, Delivery death, Postnatal	% of women in each category = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died}} * 100$
15	Place of death	Home, CHC/PHC, Subcenter, Government Hospital, Private hospital, Transit, Other_specify	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died}} * 100$
16	Weeks of pregnancy at the time of death	<16, 17-28, $\geq 29$	% of women in each category = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died antenatal+ abortion+ delivery death}} * 100$
17	Duration from onset of fatal illness to time of death	<2 hrs, within 24 hrs, 2-7 days, 8-42 days	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{\text{All women who have died}} * 100$

18	If the woman died in a facility: Time from admission to death	<2 hrs, within 24 hrs, 2-7 days, 8-42 days	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died
19	Number of institutions visited before death (in relation to the fatal illness)	0, 1-2, 3 or more	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died
20	Infant survival	Alive, newborn death	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died

#### ANTENATAL DEATHS

20	What complications/symptoms did the mother have during the antenatal period	<b>PIH</b> (High BP, headache) <b>Eclampsia</b> (high BP, oedema, headache, fits) <b>Anemia</b> <b>APH</b> (bleeding P/V) <b>Ectopic pregnancy</b> (sudden excruciating pain) <b>High fever with rigor</b> <b>No foetal movements</b> <b>Other, specify</b>	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who died an antenatal death
21	If referred, did she attend any facility?	Yes, no, not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who died an antenatal death
22	If no, why did she not seek care	Severity of the complications not known, No attender available, believes and customs, Institution far away, No money, Lack of transport, Not applicable, others-specify	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who died an antenatal death

ABORTION DEATHS

23	Type of abortion	Spontaneous, induced, don't know	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
24	If induced: What method was used	Oral medicine, Traditional vaginal herbal application, instrumentation, Don't know, Not applicable	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
25	If induced: Where did the abortion take place	Home, government facility, private facility, others-specify, Don't know, Not applicable	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
26	If induced: Who performed the abortion	Skilled person, Unskilled person, Others, Don't know, Not applicable	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
27	If spontaneous: Where was the abortion completed	Home, government facility, private clinic, Others-specify, Don't know, Not applicable	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
28	How many weeks of pregnancy at the time of abortion	Up to 12 weeks, 13-20 weeks, > 20 weeks	% of women in each category: = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
29	Complications after abortion	High fever, Foul smelling discharge, Bleeding, Shock, None	% of women in each category : = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
30	Where did she seek care after complications	Did not seek care, Government facility, private hospital, Quack, others-specify, Don't know, Not applicable	% of women in each category : = <u>Number of women who have died in each category * 100</u> All women who died an abortion death
31	If not seeking care, why not	Severity of the complications not known, No attender available, believes and customs, Institution far away, No money, Lack of transport, Not applicable, others-specify	% of women in each category : = <u>Number of women who have died in each category * 100</u> All women who died an abortion death

INTRANATAL DEATHS

32	Place of delivery	Home, CHC/PHC, Subcenter, Govt hospital, Private hospital, Transit, Others	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
33	Who conducted the delivery	Doctor, ANM/Nurse, Dai, Quack, Others-specify, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
34	Type of delivery	Normal, caesarean, assisted , unattended	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
35	Outcome of the delivery	Live birth, multiple births, still birth, Not applicable,	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
36	Complications during delivery	Prolonged labour, Retained placenta, Severe bleeding, Convulsions, High fever, Anemia ( severe breathlessness/cyanosis/edema) Others-specify	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
37	Referral	Yes, No, Not known, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths
38	Compliance with referral	Yes, No, Not known, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100}$ All women who have died Intranatal and postnatal deaths

39	If not complying with referral, why?	Severity of the complications not known, No attender available, believes and customs, Institution far away, No money, Lack of transport, Others-specify	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died Intranatal and postnatal deaths
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POSTNATAL DEATH

40	Number of PNC checkups	0, 1-3, $\geq 4$ , Don't know	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died postnatal
41	Time of death postnatal	< 2 hrs, within 24 hrs, 2-7 days, 8-42 days	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died postnatal
42	Complications during postnatal period	Abnormal behaviour None PPH(severe bleeding) Puerperal sepsis (severe fever with foul smelling discharge) Eclampsia (unconsciousness) DIC (severe pain in leg/swelling, Bleeding from multiple sites) CCF (edema, sudden chest pain & collapse), Severe anemia Others-specify, Don't know	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died postnatal
43	Did she seek treatment	Yes No	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} \times 100$ All women who have died postnatal

44	By whom did she seek treatment	ANM, Nurse, LHV, MO, Quack, Other-specify, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} * 100$ All women who have died postnatal
45	Was she referred	Yes No, Not known, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} * 100$ All women who have died postnatal
46	Compliance with referral	Yes No, Not known, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} * 100$ All women who have died postnatal
47	If no, why	Severity of the complications not known, No attender available, believes and customs, Institution far away, No money, Lack of transport, other-specify, Not applicable	% of women in each category: = $\frac{\text{Number of women who have died in each category}}{100} * 100$ All women who have died postnatal