

3. FBMDR TOOLS

3.1 FBMDR Reference Manual

3.2 Cause of Death Classification



3.1 FBMDR REFERENCE MANUAL

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Instructions for filling up the Facility Based Maternal Death Review format

Process of filling and submission of the FBR format

This form would be filled by the Medical officer (MO) who had treated the mother and was on duty at the time of the maternal death. The form would be submitted after incorporating the suggestions and approval of the nodal officer designated for that hospital. The format has to be prepared in triplicate. One copy of the FBR format would be retained by the institution, one copy would be sent for review by the Maternal Death Review (MDR) committee of the hospital and the other would be sent to the District Nodal Officer with 24hrs of the occurrence of death.

Guideline for filling up the FBR format:

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Note: Read the notes carefully and follow accordingly

Mark with an X or $\sqrt{\quad}$, or fill the boxes as required

Please fill the relevant areas only. For example if death was due to septic abortion do not fill questions related to AN, intranatal and post natal components.

The box for “*office use only*” will be filled by the District Nodal Officer only.

The Medical officer has to start filling from 'General Information' onwards. General information on this page includes details of the Nodal officer and address of the deceased women and the institution.

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Appropriate boxes have to be filled or ticked as required.

III.2. In Reasons for admission/diagnosis at admission:

- **APH** refers to abruption placenta or placenta previa
- **Abortion**- specify the type – spontaneous, induced, septic etc
- **Previous C section** refers to caesarean section
- **CPD** refers to Cephalo pelvic disproportion.
- **Medical condition** refers to systemic problems like cardio vascular problems, diabetes, jaundice, renal problems and other conditions like Tuberculosis, asthma etc

III. 4. Diagnosis when died:

- **Post operative** complications include surgical complications, anaesthesia complications and complications due to blood transfusion.
- **Abortion** specify – spontaneous, induced with/without bleeding, septic abortion etc
- **Medical condition** refers to systemic problems like cardio vascular problems, diabetes, jaundice, renal problems and other conditions like Tuberculosis, asthma etc

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III.7. Answer this question only if the patient had come to the hospital with a complication. E.g. Severe haemorrhage at the time of admission.

III.8. Answer this question only if the patient had been admitted for a normal process and later developed complications. For eg. She was admitted for normal delivery, but she developed post partum haemorrhage following delivery.

III. 10.a Mention the centre which had referred her

III. 11. The mother might have visited more than one centre since the onset of the problem/labour before coming to this centre. Tick for all the centres visited. More than one box can be ticked.

IV. 1.b. **Illegal abortion** refers to abortion done by unqualified persons or quacks

IV.2. **Others** refer to unapproved/ unacceptable procedures like introducing sticks of plant etc

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IV.6. Give detailed information on how the mother developed complications (due to abortion) and how it was managed.

V.1.b. **SC** refers to Health Sub centre & **MO** refers to Medical Officer, **other specialist** refers to doctors who have a diploma/ Degree in specialties other than Obstetrics, e.g. ENT surgeon

V.1.c. **GDM** refers to Gestational Diabetes Mellitus & **Grand Multi** refers to 5th pregnancy or above

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V.4. Additional information on AN complication

All events that happened during the AN period should be recorded. Narration of the patient/ their attenders, reports, complications during the AN period and treatment given should be given in detail.

VI.2. **PROM** refers to Premature rupture of membranes, **PPROM** refers to Preterm Premature rupture of membranes and IP sepsis refers to Intrapartum sepsis

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VI. 6. Phases of labour

- Latent phase – The phase of labour when irregular and painful contractions start and continue to build up both in intensity and frequency.
- Active Phase – The active phase of labour is the second part of the first stage, during which the cervix dilates from 0 to 10 cm.

- Second stage – starts from full dilatation of the cervix to the delivery of the baby
- Third stage – delivery of placenta
- Fourth stage – up to two hours following delivery of placenta

VI. 7.a. **CVA** refers to cerebro vascular accidents & **PE** refers to Pulmonary embolism

VI.7.b. **others** refers to conditions like urinary tract infections, thrombophlebitis etc.

VI.9. Intervention done , which is not the list may be included in the last row in the appropriate columns.

VI.10. All information on the complications during delivery and puerperium should be stated. All interventions done and medication given should be mentioned in detail

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VII.4. **Still birth** refers to death of a fetus having birth weight >500 g (or gestation 22 weeks or crown heel length 25 cm) or more.

VII.4. **NICU** refers to Neonatal intensive care unit

VII. 4.b. **MAS** refers to Meconium aspiration syndrome. **Preterm** refers to Gestational age of less than 37 completed weeks (i.e. less than 259 days)

VII.5. Provide details of the status of the newborn and complications if any and its management

VII Cause of Maternal Death: Guide to define the Direct, Indirect & Non obstetric cause of death is given in detail in this manual in a separate chapter.

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IX- Tick appropriate boxes, if information is not know, tick 'Not known'

X. Detailed information on avoidable factors both prior to admission / subsequent to it can be discussed including sub standard care in the hospital.

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XI.1. If autopsy was done, mention the gross findings and the detailed autopsy report can be send the Facility based maternal death review committee later.

XII. A summary of cause of death and the events leading to it, specifying the date and time of each complication and steps taken and treatment provided.

On completion of the format the medical officer should submit the format to the nodal officer, who would review for the completeness of the information and approve submission of the report duly signed.

3.2 Cause of Death Classification

Direct obstetric deaths

Maternal deaths resulting from obstetric complications of the pregnant state (pregnancy, labour, and the puerperium), from interventions, omissions or incorrect treatment, or from a chain of events resulting from any of the above.

A classification of dual causes of maternal death are more useful. It allows for two of causes: an essential level and a specific level. The essential level identifies a minimum list of causes that can be identified in all settings, whatever the level of sophistication of the cause of death reporting. The list of specific causes improves the degree of detail achieved.

Examples: Antepartum haemorrhage following placenta praevia, Postpartum haemorrhage following prolonged labour, PPH following cervical tear, eclampsia, sepsis following prior foetal death (WHO).

Maternal death

The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO).

Maternal Mortality Ratio (MMR)

The Maternal Mortality Ratio is the number of maternal deaths per 100,000 live births per year (WHO).

Indirect obstetric deaths

Maternal deaths resulting from previous existing disease or disease that developed during pregnancy and that was not due to direct obstetric causes but was aggravated by the physiological effects of pregnancy.

Indirect maternal deaths are relatively few in number. The classification should list the causes of importance according to the local epidemiology of diseases. The diseases representing relatively large proportions should be listed as such rather than hidden in a broader category.

Examples: Heart diseases, Hepatitis, malaria, TB, AIDS, tetanus (WHO).

Non-obstetric causes

Death of pregnant woman resulting from accidental or incidental causes. (Examples: Accident, assault, suicide, snake bite, burns).

A. Direct Obstetric Causes

I. Early Pregnancy death (EPD) (First 20 weeks of pregnancy)

(i) Abortions

1. Spontaneous abortion and haemorrhage
2. Spontaneous abortion and sepsis
3. Spontaneous abortion and trauma
4. Induced abortion and haemorrhage
5. Induced abortion and sepsis
6. Induced abortion and trauma
7. Ectopic pregnancy
8. Molar pregnancy

II. Late pregnancy deaths

(i) Ante partum Haemorrhage (After 20 weeks of pregnancy)

1. APH due to placenta praevia.
2. APH due to abruptio placenta
3. APH due to indeterminate causes.

(ii) Obstructed labour/ rupture uterus

1. Antepartum rupture
2. Postpartum rupture
3. Scar rupture
4. Rupture uterus attributed to oxytocin
5. Rupture uterus attributed to misoprostol

(iii) Post partum Haemorrhage (PPH).

(a) Primary PPH (birth to 24 hours of delivery)

1. PPH following uterine atony due to hydramnios
2. PPH following uterine atony due to twins
3. PPH following uterine atony due to prolonged or obstructed labour
4. PPH following uterine atony due to multiparity
5. PPH following retained membranes or placental bits
6. PPH following retained placenta with normal placentation
7. PPH following retained placenta with abnormal placentation (acreta/increta/percreta)
8. Traumatic PPH following tears in cervix /vagina / perineum
9. PPH following placenta praevia
10. PPH following abruptio placenta
11. DIC
12. PPH following inversion of uterus.
13. PPH following prior foetal death
14. PPH due to undetermined cause

(b) Secondary PPH (abnormal or excessive bleeding which occurs between 24 hours and 6 weeks postpartum)

1. 31.Secondary PPH due to retained placental tissue
2. 32. Secondary PPH due to sepsis
3. 33. Secondary PPH due to undetermined causes.

(iv) Hypertensive disorders of pregnancy

1. 34. Severe Pre eclampsia
2. 35. Eclampsia.
3. 36. Chronic hypertension with superimposed PIH
4. 37. HELLP syndrome
5. 38. CVA

(v) Sepsis related to pregnancy and child birth

1. Chorioamnionitis.
2. Puerperal Sepsis following normal delivery
3. Puerperal Sepsis following caesarean section
4. Peritonitis

(vi) Complications of anaesthesia

1. Complications following general anaesthesia
2. Complications following spinal anaesthesia
3. Complications following epidural anaesthesia
4. Complications following local anaesthesia

(vi) Surgical complications

5. Surgical complications following caesarean section
6. Surgical complications following emergency hysterectomy

7. Surgical complications following puerperal sterilization
8. Surgical complications following sterilization after MTP*

(vii) Transfusion reactions

1. Transfusion reactions
2. Reactions following IV fluid administration

(viii) Sudden deaths (others)

1. Pulmonary Embolism
2. Amniotic Fluid Embolism
3. Sudden death due to undetermined cause

(ix) Other conditions

1. Peripartum cardiomyopathy
Suicide due to puerperal psychosis.
2. Any other direct cause- specify

B. Indirect Obstetric Causes

(i) Heart diseases complicating pregnancy

1. Congenital Heart Disease
2. Rheumatic Heart Disease
3. Complications following valve replacement
4. Chronic hypertension (existing before 20 weeks & pregnancy)
5. Myocardial infarction
6. Dilated cardiomyopathy
7. Undiagnosed heart disease

(ii) Anaemia

1. Anaemia complicating pregnancy

(iii) Endocrine disorders

1. Diabetes mellitus
2. Thyroid disease
3. Other endocrine conditions

(iv) Infectious diseases

1. Meningitis / encephalitis.
2. Maternal tetanus.
3. HIV / AIDS
4. Malaria
5. Typhoid
6. Tuberculosis
7. Tuberculosis and HIV
8. H1N1(swine flu)
9. Other infections

(v) Liver disorders

1. Jaundice due to hepatitis viruses
2. Jaundice due to noninfectious cause
3. Hepatic encephalopathy

(vi) Renal conditions

1. Acute renal failure due to non obstetric cause
2. Chronic renal failure due to non obstetric causes

(vii) Other conditions

1. Bronchial Asthma
2. Epilepsy
3. Intracranial Space occupying lesion
4. Cancer

5. Haematological causes
6. Other causes-specify

***III. Non- Obstetric Causes
(accidental or incidental
causes)***

1. Non obstetric surgical cause
(appendicitis, pancreatitis, bowel
obstruction, ovarian torsion etc.)
2. Injury due to burns
3. Injury due to assault

4. Injury due to Road Traffic Accident
5. Injury due to other accidents
6. Electric shock
7. Snake Bite
8. Suicide
9. Any other specify

Note:* included here because death is due to complications of sterilization but not due to abortion.