

TOOL FOR DOCUMENTATION OF MATERNAL NEAR MISS CASE

Name of pregnant woman who had a maternal near miss	Age	Caste (Please tick appropriate option and specify name of the caste) SC/ST/OBC/BC/Others Name of caste:
Education (Tick appropriate option) None/1-5/ 6-10/ 11-12/ Diploma/Graduate/ Postgraduate	Religion	Certified BPL (Tick appropriate option) Yes/No
Husband's name	Husband's education None/1-5/ 6-10/ 11-12/ Diploma/Graduate/ Postgraduate	Village
Block	District	State
Date of Investigation (Indicate all the dates)	Name of Investigators/ Designation	Name of the respondents and relation with woman
Fill if mother delivered Date of delivery..... Place of delivery.....	Name of hospital-	No of days of hospital admission required
Primi/multi		

DETAILS OF NEAR MISS

During the current or last pregnancy, delivery or upto 42 days postpartum, did the woman have any of the following severe complications? Tick Yes/No in each of the following.

S No.	Condition	Yes	No
1	The woman almost died during the pregnancy, childbirth or within 42 days postpartum. (She was unconscious or gasping or was close to death but survived).		
2	The woman had excessive bleeding before or after delivery that was so much it required		
	a treatment in the form of medicines, IV fluids or blood transfusion or		
	b required some interventions in the form of condom/balloon tamponade, anti shock garment, manual removal of placenta or surgery		
	c required referral for bleeding		
3	The woman had convulsions during pregnancy or delivery or within 42 days postpartum		

4	The woman had to be admitted in hospital after delivery for treatment of infection		
5	Had ruptured uterus (as told to her/family by the health care provider)		
6	Had unsafe abortion, that is		
a	Termination of pregnancy by unqualified/unlicensed providers or		
b	Termination of pregnancy in an unlicensed facility/place		
7	The woman needed blood transfusion of more than one unit		
8	The woman needed abdominal surgery other than caesarean section (includes hysterectomy,surgery for ectopic pregnancy etc.)		
9	The woman needed admission to intensive care unit (ICU)		
10	The woman needed referral to three or more facilities		

If the answer to any of these questions is yes, the woman has had a maternal near miss.

WAS THIS A NEAR MISS? YES / NO

If yes, please fill up the following form.

Use the social autopsy form to document the course of events from onset of complications to treatment and discharge.

1.Intubation and ventilation not related to Anaesthesia						
2.Blood transfusion and blood products more than >5						
3.Laparotomy y) Hysterectomy due to uterine infection or haemorrhage						
4..Oxygen						
5.ICCU admission						
6..Dialysis for acute renal failure						
7.cardio pulmonary resuscitation						

Use the following form for analysis.
ANALYSIS OF MATERNAL NEAR MISS INCLUDING GAPS AND APPROPRIATE INTERVENTIONS THAT LED TO SURVIVAL

	Gaps (What went wrong that the woman almost died)	What went right? (Interventions that contributed to the woman surviving the complication)	Actions recommended	By whom	Remarks
Science(Technical) issues					
System issues					
Social issues					
Rights issues					