RGI/CGHR PROSPECTIVE STUDY
SRS - VERBAL AUTOPSY FORM
Form 10D: Maternal death (females aged 15 to 49 years)

CONFIDENTIAL

SRS unit number

Unique form number 5

Year : 20 1st HYS 2nd HYS

Name of the head of the household

Identification code of the head

Full name of deceased

Identification code of the deceased

1. How many months long was the pregnancy?

2A. How many times previously was she pregnant?

2B. How many times previously did she deliver a live infant?

3A. Did she receive antenatal care during this pregnancy?

1. Yes 2. No 99. Unknown

3B. How many times did she receive antenatal care during this pregnancy?

4. How many days after delivery/abortion did she die?

5. Where was the delivery/abortion?

1. Home
2. On way to Health facility
3. PHC/CHC/Rural Hospital
4. District Hospital
5. Private Hospital
6. Other place
99. Unknown

6. If the delivery was NOT at home - were other women delivering babies at the facility at the same time the woman delivered?

1. No - mother was only delivery
2. Yes - 5 or less other women
3. Yes - more than 5 other women
99. Unknown

7. Who attended the delivery?

1. Untrained traditional birth attendant
2. Trained traditional birth attendant
3. ANM/Nurse
4. Allopathic Doctor
5. None
6. Other
99. Unknown

8. Did she have a caesarean delivery?

1. Yes 2. No 99. Unknown

9. Did she have too much bleeding at the beginning of labour pains?

1. Yes 2. No 99. Unknown

10. Did she have too much bleeding during labour (before delivering the baby)?

1. Yes 2. No 99. Unknown

11. Did she have too much bleeding after delivering the baby?

1. Yes 2. No 99. Unknown

12. Did she have prolonged labour: ≥ 24 hours for first baby, ≥ 12 hours otherwise?

1. Yes 2. No 99. Unknown

13. Did she have difficulty delivering the placenta?

1. Yes 2. No 99. Unknown

14. Did she have fits or loss of consciousness during the pregnancy, during labour or after labour?

1. Yes 2. No 99. Unknown

15. Did she have a fever after the birth?

1. Yes 2. No 99. Unknown

16. Did she have foul smelling discharge?

1. Yes 2. No 99. Unknown

Section 3: Written narrative in local language

17. Narrative language code

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available. (Use attached symptoms list)

Respondent's cooperation: 1. Good 2. Poor

Interviewer name: Code:

Date: D D / M M / Y Y

Signature/Impression

Respondent: Respondent

Interviewer: Interviewer