Community Based Maternal Death Review Registration

Date__________________________________________________________

Name of interviewer(s) ____________________________________________

Name of informant_________________________________________________

Contact information_________________________________________________

What was the informant’s relationship to the one who died? ______________

Name of deceased_________________________________________________

Village, parish, sub-county__________________________________________

When did the death occur? Day, month, and year if possible, otherwise as close as the
interviewee can come, at least year and time of year.

Community Based Maternal Death Review Questionnaire

Date______________________________________________________________
Interviewer(s)__________________________________________________________________
_____________________________________________________________________________
Study ID for informant___________________________________________________________
Study ID for deceased___________________________________________________________
What is your relationship to the one who died?_______________________________________
Age of deceased at time of death__________________________________________________
When did she die? __________________________________________________________________
Where did she die? __________________________________________________________________
Was she pregnant when she died? _________________________________________________
Did she die during labor but undelivered? __________________________________________
If she died after having the baby, how long after, (hours, days, weeks or months.)
_____________________________________________________________________________
Is the child alive and well? Is the child with the family? ___________________________________________________________________
If the baby died, when did they learn he or she was dead? ___________________________________________________________________
When did she become pregnant? __________________________________________________________________
When was the expected time that the baby would be born? (due date)
_____________________________________________________________________________
How many months pregnant was she when she died or when she gave birth? ____________

**Narrative history.**

What happened? You can tell me/us about it now if you want to.

If they tell their story at this point, then when they are done, just say, I’d like to get some more details about her life and health now to help us understand what happened.

**Health and Social History**

When was she born?
Where was she born?
Are her parents still living?
At the time of her death, where was she living? With whom?

During her pregnancy, how was the food supply?

Looking at her whole life, for as much as you know, how was her health in general?

Was she married at the time she died, or living together with the baby’s father? If not, who did she live with?

If not married, had she been married in the past?

What kind of work did she do?

At any time throughout her life, did she have any problems for which she took medicine or traditional remedies?

Was she on any medicine that she was supposed to take every day?

Did she attend any health center or clinic if she was sick, or consult any health care provider or traditional or herbal healer?

Did she smoke cigarettes? Did she use alcohol? Did she use illegal drugs?

Had she ever been a patient in a hospital over-night or longer? If so, when and for what?

How many pregnancies did she have?

How many births? How many living children? Any multiple births?

How many pregnancies ended early before the time the child could live? Abortion, induced or spontaneous?

If she had previous births, were they normal of complicated?

Had she used family planning? If so, what kind and when

Did she have regular menstrual periods?

Did she have heavy menstrual periods?

Was she ever diagnosed with HIV? If so, was she treated?

Was she ever diagnosed with anemia? If so, was she treated?

Was she ever diagnosed with high blood pressure? If so, was she treated?

Was she ever diagnosed with preeclampsia, or high blood pressure of pregnancy?

Did she ever have convulsions? Was she ever given medicine for epilepsy?

Did she have sickle cell disease?

During her pregnancy, was she ever diagnosed with urinary tract infection? Was she treated?
Did she get malaria frequently? Did she ever have severe malaria? Did she have malaria during the pregnancy? Did she take medicine for it? Was she hospitalized?

Was she ever diagnosed with tuberculosis? If so was she treated?

Tell me about any other illnesses she may have had that she was treated for, either during her pregnancy or before.

Did she ever have a serious injury or a broken bone?

Did she ever have a surgery, including cesarean section?

**Ask these questions if she died in early pregnancy, before the time when the baby could live.**

Please tell me the story of what happened before her death, at the time of her death, and after.

Was she taken to the hospital?

Did she have severe bleeding?

Did she receive a blood transfusion?

Did she have severe pain?

Did she have any surgery?

Did the doctor or health practitioner tell you what caused her death?

Did she have malaria?

Did she die during an abortion, either spontaneous or caused by some treatment or medicine?

How many months pregnant was she when the abortion occurred?

Did she develop smelly vaginal discharge, abdominal pain and/or fever after the abortion?

Where did she die?

**Ask these questions if she died in late pregnancy, in labor, during delivery, or after delivery up to one year.**

When she started labor, where did she intend to give birth?

During the last three months of pregnancy or around the time of giving birth or after did she suffer from any of the following illnesses or conditions?

- Vaginal bleeding?
- Smelly vaginal discharge?
Puffy face?
Headache?
Blurred vision?
Convulsions?
Fever?
Malaria?
Severe abdominal pain that was not labor pain?
Was she pale and short of breath?

Was there difficulty obtaining transport to the health center or to the hospital?
Was there difficulty making contact with someone who might help?
Was there excessive bleeding on the day she started labor?
Was there excessive bleeding during labor before delivering the baby?
Was there fetal distress?
Did she have difficulty delivering the placenta?
Was there excessive bleeding at placental delivery or after?
Did she quit bleeding after giving birth and then after days or weeks start bleeding heavily?
Was she in labor unusually long? Twenty-four hours or more? How long?
Did she push her baby out?
Did the doctor pull her baby out with forceps or other instrument?
Did she have cesarean section?
When did she die?
Where did she die?
Did the baby live or die? If he or she died, when did this happen?
Did the medical care providers say what the cause of death was for mother? How about for baby if the baby also died?

If she died after giving birth, please go to the separate questionnaire, “Further questions if death occurred after delivery after one year.” Otherwise, continue here.
Narrative History
Is there anything else you would like to tell us?
How are you doing now?
How is the family doing?
And last, perhaps the most important question, what would have helped? That is what might have prevented her death? Or, as we know that not all maternal deaths are completely preventable, what would have helped the family, friends and helpers to cope with the loss?

Finally, thank you very much for completing this survey! If you think of more details to tell us, or if you have ideas about what might have helped, please get in touch.

Further questions if death occurred after delivery up to one year.

Date the one who died gave birth
Date of her death
Did she recover fully from delivery and then become sick later on?
How was she doing after she had the baby?
What happened that caused her death?
During this time from birth until her death, did she have an accident or an injury?
Did the accident or injury contribute to her death?
For how long was she ill before she died?
Did she have a fever?
Was the fever continuous or on and off?
Did she have a fever only at night?
Did she have chills/rigor?
Did she have a cough?
Was the cough severe?
Was the cough productive with sputum?
Did she have night sweats?
Did she have breathlessness?
Was she unable to do her normal work due to weakness or breathlessness?
Was she breathless when lying flat?
Did she have wheezing?
Did she have chest pain?
For how long did she have chest pain?
Did chest pain start suddenly or gradually?
When she had severe chest pain, how long did it last?
Was the chest pain located below the breast bone?
Was the chest pain located over the heart, and/or down the left arm?
Was the chest pain located over the ribs, on the right or left side or both?
Was the chest pain continuous, or off and on?
Was the chest pain get worse with coughing?
Did she have palpitations?
Did she have diarrhea? Was it continuous, or off and on?
When the diarrhea was most severe, how many times a day did she pass stools?
At any time during the final illness was there blood in the stool?
Did she vomit?
For how long before she died did she have vomiting?
Did the vomit look like coffee-colored fluid or bright red blood?
How many times a day did she vomit at the worst?
Did she have abdominal pain?
Did her stomach swell up?
For how long before she died did her stomach swell up?
Did the swelling develop rapidly over days or gradually over months?
Did she fail to pass stool normally?
Did she have a mass in her abdomen? If yes, continue below.
   For how long did she have a mass in her abdomen?
   Where in her abdomen was the mass located?
Did she have difficulty or pain in swallowing solids? If yes, continue below.
   For how long did she have difficulty or pain in swallowing solids?
   Did she have difficulty or pain in swallowing liquids?
   For how long did she have difficulty or pain in swallowing liquids?
Did the whites of her eyes turn yellow?
Did her skin turn yellow?
For how long before she died were the whites of her eyes or her skin yellow?
Did she have headache? If so continue below:
   For how long did she have headache?
   Was the headache severe?
   Did she have a stiff or painful neck?
Did she have mental confusion?
Did the mental confusion start suddenly, quickly, within a single day, or slowly over many days?
Did she become unconscious?
For how long was she unconscious?
Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?
Did she have convulsions?
Was she unable to open her mouth? For how long?
Did she have stiffness of the whole body? For how long?
Did she have paralysis of one side of the body?
For how long did she have this paralysis? Did it start suddenly, quickly, within a single day, or slowly over many days?

Did she have paralysis of the lower limbs?

For how long did she have this paralysis? Did it start suddenly, quickly, within a single day, or slowly over many days?

Was there any change in the color of her urine?

During her final illness did she pass blood in the urine?

Was there any change in the amount of urine she passed daily? For how long did this last?

Did she pass too much urine, or too little? Or did she not pass urine at all?

During the illness that lead to her death, did she have a skin rash? If so continue below.

For how long did she have a skin rash

Where on the body was it?

What did it look like?

Did she ever have fever blisters or genital herpes?

Did she have weight loss? For how long?

Did she look very thin or wasted?

Did she have mouth sores or white patches in the mouth? For how long?

Did she have any swelling? If yes, see below.

For how long did she have swelling?

What part of her body had the swelling?

Did she have any lumps? If yes, continue below.

For how long did she have the lumps?

What part of the body were they on? Neck, armpit, groin, any other place.

Did she have an ulcer, abscess, or sore on any part of her body?

For how long did she have it?

What part of the body was the sore or sores on?

Did she receive any treatment for the illness that lead to her death?

What drugs or other treatment was she given?

Was she given blood transfusion?
Did she receive any treatment with a tube passed through her nose?

Did she have any operation for the illness? If so,

   How long before her death was the operation?

   On what part of her body was the operation?

Were you told by any health care practitioner what was the cause of her death?

Now go back to the last page of the main questionnaire and ask the final questions under Narrative History. And thank you for taking the time to complete this questionnaire!