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Form 1: Notification Card

To access the [Maternal, Perinatal Child Death Surveillance and Response](#), please follow the following steps

1. Web Page Link

a. Open any internet browser and in the address bar, type the following URL:

I. <https://stg.mpcdrsindia.in/#/login> and press Enter key.

II. The login page will load on your screen.

2.Login page: This login page is common for following users

FNO: Facility Officer

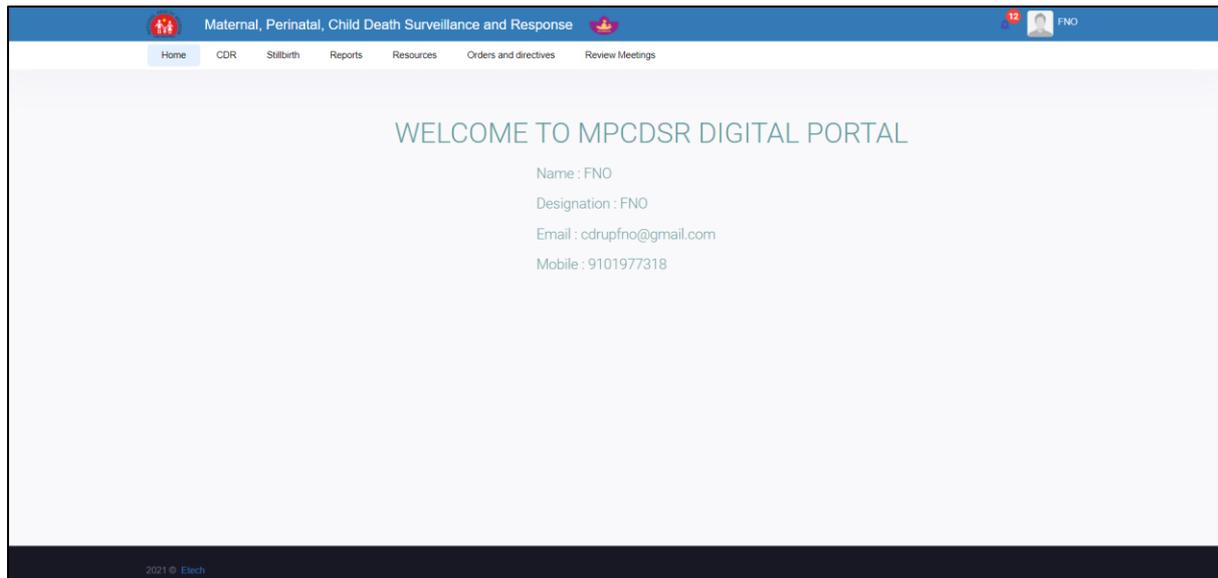
STEP-1: Open the web portal URL: <https://stg.mpcdrsindia.in/#/login>

STEP-2: Log in using the facility-based log in username and password provided to you followed by typing the captcha code as shown on the website

STEP-3: Click on CDR to get a drop-down menu of the available forms

STEP-4: Select the required form which may be From 1 to Form 5.

STEP-5 Choose the appropriate Form which you would like to use



Based on user role, menu will be displayed.

Form notification

- **Form 1: Notification Card**

Form4 : Facility based

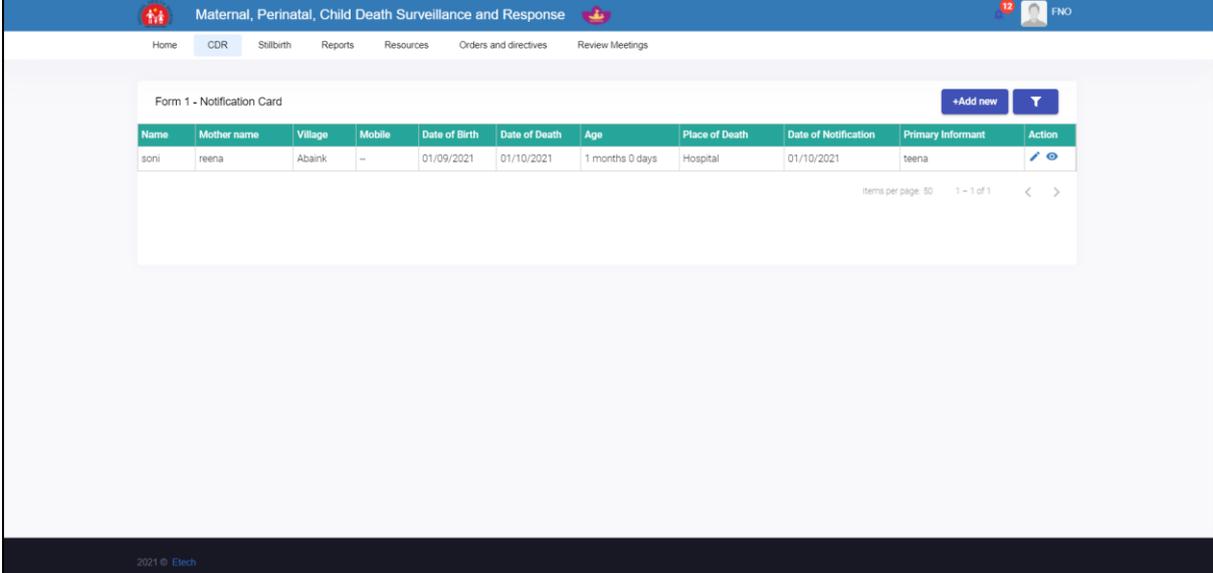
- Form 4A: Neonatal Death Review
- Form 4B: Post Neonatal Death Review

Form5

- Facility level Reporting Form

Form 1: Notification Card

FOR A NEW RECORD TO BE ADDED: Click on +Add New

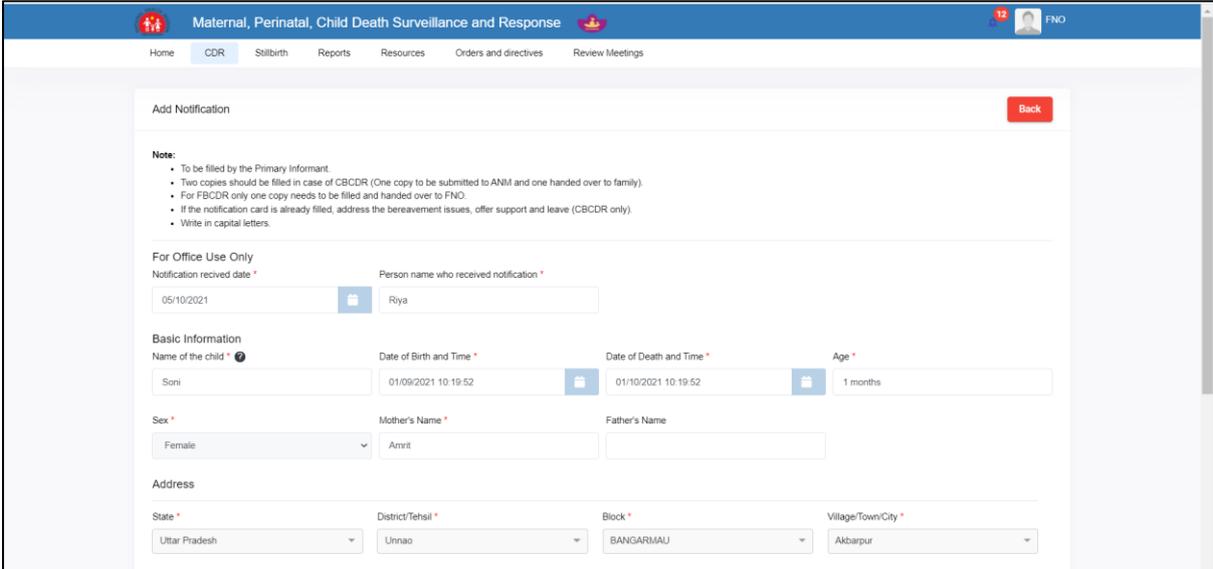


The screenshot shows the MPCDR web application interface. At the top, there is a navigation bar with the title "Maternal, Perinatal, Child Death Surveillance and Response" and a user profile icon labeled "FNO". Below the navigation bar, there are tabs for "Home", "CDR", "Stillbirth", "Reports", "Resources", "Orders and directives", and "Review Meetings". The main content area displays a table titled "Form 1 - Notification Card". The table has columns for Name, Mother name, Village, Mobile, Date of Birth, Date of Death, Age, Place of Death, Date of Notification, Primary Informant, and Action. A single record is visible with the following details: Name: soni, Mother name: reena, Village: Abaink, Mobile: --, Date of Birth: 01/09/2021, Date of Death: 01/10/2021, Age: 1 months 0 days, Place of Death: Hospital, Date of Notification: 01/10/2021, Primary Informant: teena, and Action: edit/delete icons. There are "+Add new" and "Filter" buttons above the table. At the bottom right of the table, it says "Items per page: 50 1 - 1 of 1". The footer of the application shows "2021 © Etech".

Name	Mother name	Village	Mobile	Date of Birth	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
soni	reena	Abaink	--	01/09/2021	01/10/2021	1 months 0 days	Hospital	01/10/2021	teena	 

- All fields marked with red asterisk (*) are mandatory.

Add Notification



The screenshot shows the "Add Notification" form in the MPCDR web application. The form is titled "Add Notification" and has a "Back" button in the top right corner. Below the title, there is a "Note" section with the following instructions:

- To be filled by the Primary Informant.
- Two copies should be filled in case of CBCDR (One copy to be submitted to ANM and one handed over to family).
- For FBCDR only one copy needs to be filled and handed over to FNO.
- If the notification card is already filled, address the bereavement issues, offer support and leave (CBCDR only).
- Write in capital letters.

The form is divided into several sections:

- For Office Use Only:** Includes "Notification received date *" (05/10/2021) and "Person name who received notification *" (Riya).
- Basic Information:** Includes "Name of the child *" (Soni), "Date of Birth and Time *" (01/09/2021 10:19:52), "Date of Death and Time *" (01/10/2021 10:19:52), and "Age *" (1 months).
- Sex *:** A dropdown menu set to "Female".
- Mother's Name *:** A text input field containing "Anrit".
- Father's Name:** An empty text input field.
- Address:** Includes "State *" (Uttar Pradesh), "District/Tehsil *" (Unnao), "Block *" (BANGARMAU), and "Village/Town/City *" (Akbarpur).

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Soni 01/09/2021 10:19:52 01/10/2021 10:19:52 1 months

Sex * Female Mother's Name * Anrit Father's Name

Address

State * Uttar Pradesh District/Tehsil * Unnao Block * BANGARMAU Village/Town/City * Akbarpur

Mohalla/Colony/Area * Akbarpur House/Flat/Apartment Number Pincode Enter 6 Digit Number Landmarks, if any

Landline 011-234567 Mobile Enter 10 Digit Number Without Prefix Place of Death * Hospital Hospital Name * Aashayas

Type of the First Informant * ASHA Name of First Informant * Nisha Time of the Information * 10:22:27 Date of Notification * 05/10/2021 00:09:52

- Fill the necessary information.
- Click on save button for successfully registering.

- This page also has an option to filter the cases on date basis

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 1 - Notification Card +Add new

Name	Mother name	Village	Mobile	Date of Birth	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
Filter										
State	District	Block	From Date *	To Date *						
Uttar Pradesh	Unnao	BANGARMAU	01-04-2021	05-10-2021						
View										

Form 4 – Facility Based Neonatal Death review Form

- First Brief Investigation Report would be shown here.

Note: Only those CDR Death is viewing whose age is between (0 days-28 days)

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Form 4A: Facility Based Neonatal Death review Form

NOTE: Only those CDR Death is viewing whose age is between (0 days - 28 days)

Name	Mother name	Village	Mobile	Date of Death	Age	Place of Death	Date of Notification	Primary Informant	Action
Meena	Manshu	Allampur Retwa	-	04/10/2021	20 days	Hospital	04/10/2021	Anu	+

Items per page: 50 1 - 1 of 1

2021 © Etch

Click on Add button and fill the all given sections.

Sections notification

- Basic
- Section A
- Section B
- Section C
- Section D
- Section E
- Section F

Basic

4A: Facility Based Neonatal Death review Form Back

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Basic Section A Section B Section C Section D Section E

FBCDR no * Year * Facility name * State *

122 2021 Radha Uttar Pradesh

District * Block * Village *

Unnao BANGARMAU Allampur Retwa

NEXT STEP

- Fill the necessary information. Click on Next step to SAVE and proceed with data entry

Section A

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

4A : Facility Based Neonatal Death review Form Back

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Section A Section B Section C Section D Section E Section

Inpatient number/ID * 123 Age (In Days) * 20 Sex * Female Category * SC

Name of the newborn * Meena Name of the Mother * Manshu

Address

State * Uttar Pradesh District * Unnao Block * BANGARMAU Village * Allampur Retwa

Colony * Allampur Retwa House number Pincode Landmark

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

Date of Birth * 2021-09-14 Place of Birth * Home Child weight at birth (In Grams) * 2000 Date of admission * 2021-10-07

Time of admission * 09 : 00 Death certified by * Nisha Designation of the doctor * Nurse Facility Type * CHC/FRL/RH

Main complaints at the time of admission

Inability to feed * No Fever * No Loose stools * No Vomiting * No

Fast breathing * No Convulsions * No Appearance of skin rashes * No Injury (like fractures, wounds) * No

Lethargy * No Stiffness of neck * No Bluish discolouration of lips/nails * No Skin pustules of yellowish colour * No

Other

Child weight at admission(In Grams) * 5000 Immunisation history * BCG

PREVIOUS NEXT STEP

- If you want to go on previous Page then click on previous button .
- Fill the necessary information. Click on Next step to SAVE and proceed with data entry

Section B: Condition on Admission

The screenshot displays a web-based form titled "4A: Facility Based Neonatal Death review Form". The form is part of a larger system for "Maternal, Perinatal, Child Death Surveillance and Response". The current section is "Section B: Condition on Admission".

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DHO within one month.
- Attach a copy of the case records to this form.

Condition on Admission

Breathing status as admission *
Normal breathing

Consciousness level of child at the time of admission *
Semi-conscious, responds to painful stimuli

Circulation status of child at the time of admission *
Capillary refill time < 3 seconds

Did baby have any other symptoms *
Dehydration

Duration of stay in the health facility *
< 24 hours

Investigations done

Investigation (Done/Not Done) *
Done

Blood glucose *
No

CBC *
No

Sepsis screen *
No

CRP *
No

Renal function tests *
No

CSF *
No

S. Bilirubin *
No

LFT (Liver Function Test) *
No

Other

Navigation: PREVIOUS, NEXT STEP

- Click on Next step to SAVE and proceed with data entry

Section C: Referral Details

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

4A: Facility Based Neonatal Death review Form [Back](#)

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Section B **Section C** Section D Section E Section F

Referral Details

Was the child referred from another Centre? *

type of facility from which last referred? *

Have multiple referrals been made? (include both private and public health facilities) *

How many? *

[PREVIOUS](#) [NEXT STEP](#)

- Click on Next step to **SAVE** and proceed with data entry

Section D: Intrapartum and Postpartum Details (only for inborn babies)

4A: Facility Based Neonatal Death review Form

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Section B Section C **Section D** Section E Section F

Intrapartum and Postpartum Details (only for inborn babies)

Was the onset of labour * Spontaneous	What was the Gestational age at the time of admission * Preterm(< 28 weeks)	What was the Mode of Delivery * Vacuum/forceps	Were there any complications during labour? * Sepsis
Was Partograph used? * Yes	Birth weight (In Grams) * 2000	Was the resuscitation at birth done * Yes	Who gave resuscitation? * Obstetrician

APGAR Score (if recorded at time of birth)
1

- Fill first Brief investigation Report Case summary and click on save button

Section E: Treatment Details

4A: Facility Based Neonatal Death review Form

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Section B Section C Section D **Section E** Section F

Treatment Details

Resuscitation * Yes	Temperature Control (in case of newborns only) Yes	Phototherapy * Yes	Oxygen use * Yes
IV Fluids * No	Antibiotics * No	Anticonvulsants * No	Blood components * No
Steroids * No	Antiretroviral drugs * No	Vasopressors (Dopamine, dobutamine) * No	Exchange blood transfusion * No
Respiratory support (CPAP/Ventilator) * No	Surgical interventions * Yes	Surgical interventions details * Surgical interventions details	Bronchodilators * No
Other interventions * No			

- Click on Next step to SAVE and proceed with data entry

Section F: **Diagnosis**

Maternal, Perinatal, Child Death Surveillance and Response

Home CDR Stillbirth Reports Resources Orders and directives Review Meetings

4A Facility Based Neonatal Death review Form

Note:

- This form must be completed for new born deaths (upto 28 days) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the DNO within one month.
- Attach a copy of the case records to this form.

Section B Section C Section D Section E **Section F**

Diagnosis

Death With In(Hours) * Provisional diagnosis at time of admission * Provisional diagnosis at time of death *

Probable direct cause of death (As per ICD-10 Classification) * Indirect cause of death (As per ICD-10 Classification) *

Final Diagnosis (Within one week) (As per ICD-10 Classification) *

PREVIOUS

Form 4B: Facility Based Post Neonatal Death Review Form

Basic

4B: Facility Based Post Neonatal Death review Form

Note:

- This form must be completed for new born deaths (upto 29 days to 5 year) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the within one month.
- Attach a copy of the case records to this form.

Basic Section A Section B Section C Section D Section E

FBCDR no * 1324 Year * 2021 Facility name * Anup State * Uttar Pradesh

District * Unnao Block * BANGARMAU Village * Akbarpur

NEXT STEP

- Click on Next step to SAVE and proceed with data entry

Section A

4B: Facility Based Post Neonatal Death review Form

Note:

- This form must be completed for new born deaths (upto 29 days to 5 year) occurring in the hospital.
- Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the within one month.
- Attach a copy of the case records to this form.

Section A Section B Section C Section D Section E

Inpatient number/ID * 23345 Age (in Days) * 30 Sex * Female Category * ST

Name of the child * Soni Name of the Mother * Anant

Address

State * Uttar Pradesh District * Unnao Block * BANGARMAU Village * Akbarpur

Colony * Akbarpur House number Pincode Landmark

Date of birth * 2021-09-01 Place of birth * Health facility Child weight at birth (in Grams) * 2000 Date of admission * 2021-10-05

- Click on Next step to SAVE and proceed with data entry

Section B: Condition on Admission

The screenshot shows the 'Section B: Condition on Admission' form. The header includes 'Maternal, Perinatal, Child Death Surveillance and Response' and navigation links for Home, CDR, Stillbirth, Reports, Resources, Orders and directives, and Review Meetings. The form is divided into five sections, with Section B currently active. The form contains several dropdown menus for data entry:

- Condition on Admission:**
 - Breathing status as admission *: Severe chest in drawing
 - Consciousness level of child at the time of admission *: Semi-conscious, responds to painful stimuli
 - Circulation status of child at the time of admission *: Capillary refill time < 3 seconds
 - Did baby have any other symptoms *: (empty dropdown)
 - Duration of stay in the health facility *: (empty dropdown)
- Investigations done:**
 - Investigation(Done/Not Done) *: Done
 - Blood glucose *: No
 - CBC *: No
 - Urine test *: No
 - Renal function tests *: No
 - CSF *: No
 - Widal test *: No
 - Serum Bilirubin *: No
 - Blood culture *: No
 - Liver Function Test *: No
 - Urine culture *: No
 - Other: (empty text box)

Navigation buttons 'PREVIOUS' and 'NEXT STEP' are located at the bottom of the form.

Section C: Referral Details

The screenshot shows the 'Section C: Referral Details' form. The header is identical to the previous form. The form title is '4B: Facility Based Post Neonatal Death review Form'. A 'Note' section provides instructions: 'This form must be completed for new born deaths (upto 29 days to 5 year) occurring in the hospital. Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the within one month. Attach a copy of the case records to this form.' The form is divided into five sections, with Section C currently active. The form contains several dropdown menus for data entry:

- Referral Details:**
 - Was the child referred from another Centre? *: Yes
 - Type of facility from which last referred? *: SDHR/Rural Hospital/CHC
 - Have multiple referrals been made? (include both private and public health facilities) *: Yes
 - How many? *: One

Navigation buttons 'PREVIOUS' and 'NEXT STEP' are located at the bottom of the form.

Section D: Treatment Details

The screenshot displays the '4B: Facility Based Post Neonatal Death review Form' with Section D highlighted. The form includes a navigation bar at the top with 'Home', 'CDR', 'Stillbirth', 'Reports', 'Resources', 'Orders and directives', and 'Review Meetings'. A 'Back' button is in the top right corner. Below the navigation bar, there is a 'Note' section with instructions: 'This form must be completed for new born deaths (up to 29 days to 5 year) occurring in the hospital. Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the within one month. Attach a copy of the case records to this form.' Below the note are five tabs: 'Section A', 'Section B', 'Section C', 'Section D' (active), and 'Section E'. The 'Treatment Details' section contains several dropdown menus: 'Resuscitation' (No), 'Oxygen use' (No), 'IV Fluids' (No), 'Antibiotics' (No), 'Anticonvulsants' (No), 'Bronchodilators' (Yes), 'Blood components' (No), 'Antitussive drugs' (No), 'Antibiotic drugs' (No), 'Vasopressors (Dopamine, dobutamine)' (No), 'Respiratory support (CPAP/ventilator)' (No), 'Surgical interventions' (Yes), 'Surgical interventions details' (empty), 'Other interventions' (Yes), and 'Other interventions details' (empty). At the bottom, there are 'PREVIOUS' and 'NEXT STEP' buttons.

Section E

The screenshot displays the '4B: Facility Based Post Neonatal Death review Form' with Section E highlighted. The form includes a navigation bar at the top with 'Home', 'CDR', 'Stillbirth', 'Reports', 'Resources', 'Orders and directives', and 'Review Meetings'. A 'Back' button is in the top right corner. Below the navigation bar, there is a 'Note' section with instructions: 'This form must be completed for new born deaths (up to 29 days to 5 year) occurring in the hospital. Complete the form in duplicate within 48 hours of the newborn death. The original remains at the institution where the death occurred and one copy is sent to the within one month. Attach a copy of the case records to this form.' Below the note are five tabs: 'Section A', 'Section B', 'Section C', 'Section D', and 'Section E' (active). The 'Diagnosis' section contains several dropdown menus: 'Death With in Hours' (within 24 hours of birth), 'Provisional diagnosis at time of admission' (12:00), 'Provisional diagnosis at time of death' (6:00), 'Probable direct cause of death (As per ICD-10 Classification)' (Other intestinal infectious diseases), 'Indirect cause of death (As per ICD-10 Classification)' (Diarrhoea and gastroenteritis of presumed infectious origin), and 'Final Diagnosis (Within one week) (As per ICD-10 Classification)' (Diarrhoea and gastroenteritis of presumed infectious origin). At the bottom, there are 'PREVIOUS' and 'SAVE' buttons.

Form 5C: Facility Level Reporting Form

Form 5C: Facility Level Reporting Form

Indicators	MCTS ID	Category	Name	Mother name	Sex	Age	Place of Death	Birth weight (kg)	Immunisation Status	Date of Admission	Date of Death	Probable Cause of Death	Final Diagnosis	Facility Based CDR conducted	Name of the treating Doctor
Case 1	23345	ST	Soni	Amrit	Female	1 months	Hospital	2000	BCG	05/10/2021	01/10/2021		Diarrhoea and gastroenteritis of presumed infectious origin /	YES	AMIT
Case 2	123	SC	Meena	Manshu	Female	20 days	Hospital	2000	BCG	07/10/2021	04/10/2021	Tetanus /		YES	Nisha

Items per page: 50 1 - 2 of 2 < >

- If you want to export data then click on export button.
- This page also has an option to filter the cases on date basis

Form 5C: Facility Level Reporting Form

Filter

State: Uttar Pradesh District: Unnao Block: BANGARMAU From Date: 01-04-2021 To Date: 05-10-2021

View

Thank you

