

## National Health Mission Department of Health & Family Welfare Government of Himachal Pradesh



## **Annexure 3: MDR Case Summary**

## To be filled by the Medical Officer and the Investigation Team for each Maternal Death

Name of the Block PHC/ District OR Name of the facility					
Particulars of the Deceased	Name:		Age:	Religion:	Caste:
Address (Where she was residing when illness/labour began)					
Place, Date & Time of Death					
Timing of Death	Pregnancy	During or within 6 weeks of abortion	In labour or during delivery	Within 1 week after delivery	7-42 days after delivery
	Gravida	Para	Abortions		Infant Outcome
Obstetric History			Spontaneous	Induced	
Investigation	Date of 1 <sup>st</sup> visit	Date of 2 <sup>nd</sup> visit	Name and contact details of main respondents		