



Annexure 2: Verbal Autopsy Questionnaire

FOR INVESTIGATION OF MATERNAL DEATHS

NAME OF THE STATE	
NAME OF THE DISTRICT	
NAME OF THE BLOCK	
NAME OF THE PHC	
NAME OF THE HEALTH SUB CENTRE	
NAME OF THE VILLAGE	
NAME OF THE PREGNANT WOMAN/MOTHER	
NAME OF THE HUSBAND/OTHER (FATHER/MOTHER)	
DATE OF DEATH	
NAME & DESIGNATION OF THE INVESTIGATOR(S)	
NAME & DESIGNATION OF THE INVESTIGATOR(S)	
DATE OF INVESTIGATION	
PROBABLE CAUSE OF DEATH	

Place

Date:

Consent Form

I am from National Health Mission, Shimla, Himachal Pradesh. To identify the reasons of the death of mothers, we are conducting a study. It has come to our notice that a maternal death has occurred in your family. We express our profound grief on the loss of your family member. If you are in a condition to talk to us we would like to know about the maternal death which has happened in your family.

Your participation in this work is solely voluntary. It is your wish to take part or not to take part in this study. If you agree to take part in this now and later on feel that you are not comfortable with it, you are free to withdraw your participation. The information you provide us with will be kept confidential. You will not benefit directly from this but the information you provide us, will help other women in the country. It may take 20-30 minutes to obtain this information. You may feel uncomfortable while I ask you the questions as they are related to the woman who has died. If you are ready to provide the information please sign below on this paper or else you can also give your thumb impression.

Thank you.

Name & signature of the interviewee

Name & Signature of the interviewer

स्थान.....

दिनांक.....

सहमति पत्र

मैं राष्ट्रीय स्वास्थ्य मिशन, शिमला, हिमाचल प्रदेश से हूँ। हम माताओं में मृत्यु के कारणों का पता लगाने के लिए एक कार्य का संचालन कर रहे हैं। हमें यह पता चला है कि आपके यहां गर्भवती महिला की मृत्यु हुई है। हमें इस बात का बहुत दुःख है तथा यदि आप हमसे बात करने की स्थिति में हैं, तो हम आपसे जिनकी मृत्यु हुई है उनकी बीमारी के बारे में कुछ और बात करना चाहेंगे।

इस कार्य में आपकी सहभागिता पूर्णतया स्वैच्छिक है। इसमें भाग लेना न लेना आपकी इच्छा पर है। यदि आप अभी भाग लेने का फैसला लेते हैं, और बाद में आप इसे छोड़ने का विचार करते हैं तो आप ऐसा कर सकते हैं। आपसे ली गई सभी जानकारी गोपनीय रखी जाएगी। यह जानकारी देने के लिए आपको कोई लाभ नहीं होगा। लेकिन आपकी यह जानकारी देश की अन्य महिलाओं को मरने से बचाने में सहायक हो सकती है। जानकारी के लिए 20-30 मिनट का समय लग सकता है व आपको कुछ मानसिक परेशानी हो सकती है क्योंकि हम आपसे जिनकी मृत्यु हुई है उनकी बीमारी के बारे में प्रश्न पूछेंगे। यदि आप जानकारी देने के लिए तैयार हैं तो कृपया अपने हस्ताक्षर कीजिए/या अपने अंगूठे का निशान लगा दीजिए।

धन्यवाद।

भागीदार का नाम तथा हस्ताक्षर

साक्षात्कारकर्त्ता का नाम तथा हस्ताक्षर

General Instructions

1. The Verbal Autopsy is a technique whereby family members, relatives, neighbors or other informants and care providers are interviewed to elicit the information on the events leading to the death of the mother during pregnancy/abortion/delivery/after delivery in their own words to identify the medical and non-medical (including socio-economic) factors for the cause of death of the mother.
2. It is preferable to give advance information about the purpose of visit to the relatives of the deceased who were with the mother from the onset of complications till the death, and obtain their consent.
3. **CONFIDENTIALITY:** After the formal introduction to the respondents, the investigating official should give assurance that the information will be kept **confidential**.
4. Throughout the interview, the interviewer should be very polite and sensitive questions should be avoided.
5. Make all the respondents seated comfortably and explain to them that the information that they are going to provide will prevent death of mother in future.
6. Allow the respondents to narrate the events leading to the death of the mother in their own words. Keep prompting until the respondent says there was nothing more to say.
7. Wherever, needed, the investigating official should encourage the respondents to bring out all information related to the event.
8. Please also write information in a **narrative form**
9. **NEUTRALITY AND IMPARTIALITY:** The interviewer should not be influenced by the information provided by the field health functionaries, doctors or by the information available in the mother care register, case sheets etc.

Module - 1

Contains general instructions, information about previous pregnancies wherever applicable. It should be used for all the maternal deaths irrespective whether occurred during antenatal, delivery or postnatal period including abortion.

I. BACKGROUND INFORMATION

Kindly tick (✓) the correct answer for each question

1.1	Name of the Deceased										
1.2	Type of death	Abortion		Antenatal		Delivery Death		Postnatal			
1.3	Place of Death	Home						Health Sub-Centre			
		CHC						PHC			
		Medical College Hospital						District Hospital			
		Sub-district Hospital						Private Hospital			
		Transit/on the way						Others (Specify)			
1.4	Specify the name and place of the institution or village where death occurred										
1.5	Onset of fatal Illness	Date __ / __ / ____ Time __ : __ : __									
1.6	Admission in final institution (if applicable)	Date __ / __ / ____ Time __ : __ : __									
1.7	Death	Date __ / __ / ____ Time __ : __ : __									
1.8	Gravida	1		2		3		4		≥ 5	
1.9	Para (Number of previous live births)	0		1		2		3		≥ 4	
1.10	Abortions (Induced or spontaneous)	0		1		2		3		≥ 4	
1.11	Previous Still Births	0		1		2		3		≥ 4	
1.12	Living Children	0		1		2		3		4	≥ 5
1.13	Week of pregnancy If applicable	< 16 weeks		17 – 28 weeks		≥ 29 weeks					
1.14	Age at death										

2. Family History

No.	Details	Deceased Mother	
2.1	Age at Marriage	< 18 years	
		18 – 25 years	
		26 – 30 years	
		31 – 35 years	
		≥ 36 years	
		Not Married	
2.2	Religion	Hindu	
		Muslim	
		Christian	
		Others (Specify)	
2.3	Community	SC	
		ST	
		OBC	
		Other class	
2.4	Occupation	House Wife	
		Agri. Labour	
		Cultivator	
		Non-Agri. Daily Wages	
		Govt. Employee	
		Private Employee	
		Self-Employed	
		Business	
		Others (Specify)	
2.5	Education	Illiterate	
		Up to 8 th Std.	
		Up to 12 th Std.	
		Graduate	

3. INFANT SURVIVAL

3.1	Infant	Alive	Newborn	Still Birth	Not Applicable
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4. AVAILABILITY OF HEALTH FACILITIES, SERVICES AND TRANSPORT

(4.1 & 4.2 to be filled by the investigator before the interview)

4.1	Name and location of the nearest Government/Private facility providing Emergency Obstetric Care Services	
4.2	Distance of this facility from the residence	

4.3	Number of institutions visited before death (in the order of visits)						
4.3	Reasons given by providers for the referral	No explanation		Lack of Blood		Not applicable	
		Lack of staff		Others (specify)			

5. CURRENT PREGNANCY

(To be filled from the information given by the respondents)

5.1	Antenatal Care	Yes		No		Don't Know	
5.2	If yes, Place of Antenatal Checkup?	Health Sub-centre		PHC/CHC			
		Govt. Hosp.		Pvt. Hospital			
		VHND		Govt. & Pvt. Hosp.			
		Don't Know		Not applicable			
		Other (Specify)					
5.3	Number of antenatal checkups	Nil		1		Not Known	
		2 – 3		4 and above			

MODULE - II

6. DEATHS DURING THE ANTENATAL PERIOD

This module is to be filled for the maternal deaths that occurred during the antenatal period including deaths due to abortion. In addition to module II, module I also should be filled for all the maternal deaths

6.1	Did the mother have any problem during the antenatal period?	Not known		No	
		Yes			
6.2	If yes, was she referred anytime during her antenatal period?	Yes		No	
		Don't Know		Not Applicable	

6.3	What was the symptom for which she sought care?	<ul style="list-style-type: none"> • Headache • Edema • Anaemia • High Blood Pressure • Bleeding p/v • No foetal movements • Fits • Sudden excruciating pain • High Fever with rigor • Others (specify) 			
6.4	If yes, did she attend any hospital?	Yes		No	
		Don't Know		Not Applicable	
6.5	In case of not seeking care from the hospital is it due to	Severity of the complications not known		Institution far away	
		No attendant available		No money	
		Beliefs and customs		Lack of transport	
		Not applicable		Others (specify)	

7. ABORTION DEATHS

7.1	Did she die while having an abortion or within 6 weeks after having an abortion	Yes		No		Don't know	
7.2	If during an abortion, was it spontaneous or induced, including MTP?	Spontaneous		Induced		Don't Know	
7.3	If the abortion was induced, how was it induced?	Oral Medicine		Traditional Vaginal Herbal application			
		Instrumentation		Don't Know		Not applicable	
7.4	If the abortion was induced, where did she have the abortion?	Home		Govt. Hospital (Specify Level)		Pvt. Clinic	
		Not applicable		Don't know		Others (Specify)	

7.5	If the abortion was induced, who performed the abortion?	Doctor		Nurse		Don't know	
		AYUSH Doctor		Traditional Practitioner		Not applicable	
7.6	If induced, what made family seek care?	Bleeding started spontaneously		Wanted to terminate the pregnancy		Not applicable	
7.7	If the abortion was spontaneous, where was the abortion completed?	Home		Govt. Hospital (Specify Level)		Private Clinic	
		Don't Know		Not Applicable		Other (Specify)	
7.8	How many weeks of pregnancy completed at the time of abortion?						
7.9	Whether she had any of these symptoms after abortion?	High Fever		Foul smelling discharge			
		Bleeding		Shock		None	
7.10	After developing complications following abortion, did she seek care?	Yes		No			
		Don't Know		Other (Specify)			
7.11	If yes, whom/where did she seek care?	Govt. Hosp.		Pvt. Clinic/Centre			
		Quack		Don't Know			
		Not applicable		Other (specify)			
7.12	In case of not seeking appropriate care, is it due to	Beliefs and customs		Severity of complications not known			
		No money		No attendant available			
		Institution far away		Lack of transport			
		Not applicable		Others (specify)			
7.13	Date of spontaneous abortion/date of termination of pregnancy	Date__/__/_____					
7.14	Date of Death	Date__/__/_____					

Module – III

(Section (8) to be used for the deaths occurring during delivery. Section (9) is for women who died in the postnatal period. For these deaths, Module I should also be filled)

8. INTRANATAL SERVICES

8.1	Place of delivery	Home		Sub-centre	
		CHC		PHC	
		Medical College		District Hospital	
		Sub – District Hospital		Private Hospital	
		Transit		Other (specify)	
8.2	Admission (not applicable for home delivery and transit)	Date__ / __ / ____ Time __ : __ : __		Not applicable	
8.3	Delivery	Date__ / __ / ____ Time __ : __ : __		Not applicable	
8.4	Time Interval between onset of pain and delivery (in hours)	Hours __ : __		Not applicable	
8.5	Who conducted the delivery-if at home or in institution (not applicable for transit delivery)	ANM		Staff Nurse/M. Asstt.	
		Doctor		Dai	
		Quack		Not applicable	
		Others (Specify)			
8.6	Type of delivery	Normal		Caesarean	
		Assisted		Unattended	
		Not applicable			
8.7	Outcome of the delivery	Live Birth		Still Birth	
		Multiple Births		Not applicable	
8.8	During the process of labour/delivery did the mother have any problems?	Prolonged labour (Primi> 12 hrs/ Subsequent deliveries > 8 hrs)		Severe bleeding/ bleeding with clots	
		Labour pain which disappeared suddenly		Inversion of the uterus	
		Retained placenta		Convulsions	
		Severe breathlessness/ cyanosis/edema		Unconsciousness	
		High Fever		Other (specify)	

8.9	Did she seek treatment, if yes by whom and what was the treatment given by the ANM/Nurse/LHV/ MO/Others? (Give Details)						
8.10	Was she referred?	Yes		No			
		Not known		Not applicable			
8.11	Did she attend the referral centre?	Yes		No			
		Not known		Not applicable			
8.12	In case of non-compliance of referrals state the reasons	Intensity of complications not known		Institution far away			
		No attendant available		No money			
		Beliefs and Customs		Lack of transport			
		Not applicable		Others (specify)			
8.13	Was there delay in	Decision making		Mobilizing funds			
		Arranging transport		Not applicable			
		Others (specify)					
8.14	Any information given to the relatives about the nature of complication from the hospital	Yes		No		Not applicable	
8.15	If yes, describe	Not applicable					
8.16	Was there any delay in initiating treatment	Yes		No		Not applicable	
8.17	If yes, describe	Not applicable					

9. POSTNATAL PERIOD

9.1	No. of Postnatal Checkups	Nil		1		2 – 3	
		≥ 4		Don't know			
9.2	Did the mother had any problem following delivery	Yes		No			
		Not known					
9.3	Onset of the problem	Date __ / __ / ____ Time __ : __ : __					

9.4	Specific problem during PN period	Sever Bleeding		Severe Fever and foul smelling discharge	
		Sudden chest pain & collapse		Unconsciousness/ visual disturbance	
		Bleeding from multiple sites		Severe leg pain, swelling	
		Abnormal behavior		Severe Anaemia	
		Don't Know		Other (specify)	
9.5	Did she seek treatment	Yes		No	
9.6	If yes, by whom	ANM		Nurse	
		Not Applicable		LHV	
		MO		Other (specify)	
9.7	What was the treatment given (give details)	Not applicable			
9.8	Was she referred	Yes		No	
		Not known		Not applicable	
9.9	Did she attend the referral centre?	Yes		No	
		Not known		Not applicable	
9.10	In case of non-compliance of referrals. State the reasons.	Intensity of complications not known		Institution far away	
		No attendant available		No money	
		Beliefs & Customs		Lack of transport	
		Not applicable		Others (specify)	

10. Reported cause of death

10.1	Did the doctor or nurse at the health facility tell you the cause of death?	Yes		No	
		Don't know			
10.2	If yes, what was the cause of death?				

11. Open History (Narrative Format)(explore)

<ul style="list-style-type: none">• Name and address of the facilities she went – decisions and time taken for action
<ul style="list-style-type: none">• How long did it take to make the arrangements to go from first centre to higher centres and why those referrals were made and how much time was spend at each facility and time spend at each facility and time spend at each facility and time spend at each facility before referrals were made and difficulties faced throughout the process
<ul style="list-style-type: none">• Transportation method used
<ul style="list-style-type: none">• Transportation cost? (at each stage of referral)
<ul style="list-style-type: none">• Travel time – at each stage
<ul style="list-style-type: none">• Care received at each facility?
<ul style="list-style-type: none">• Total money spend by family
<ul style="list-style-type: none">• How did the family arrange the money?