Documentation for Perinatal Mortality Reviews

Day 2 Session Two
Session Objectives

1. State the key components for documentation of perinatal mortality reviews

2. Acquainted with the minimum set of perinatal indicators, births and deaths summary form, stillbirth and neonatal death review form

3. Learn how to take effective meeting minutes

4. Determine the flow of information

5. Learn how to make effective case reviews
Recording Forms

• Form 1: Minimum set of perinatal indicators to collect for all births and perinatal deaths

• Form 2: Birth and death summary form

• Form 3: Stillbirth and Neonatal Death Case Review Form

• Meeting minutes and action items form
Minimum set of Perinatal Indicators

• For all births and perinatal deaths:
• Data currently collected and collated on births and birth outcomes vary widely across

1. Maternal age
2. Place of delivery
3. Mode of delivery
4. Birth weight
5. Gestational age
6. Birth outcomes
Why and When to Complete?

**Purpose:**
To identify the minimum elements that should be collected on every birth and death in the health-care facility

**Time of completion:**
- Completed as close to the time of birth and discharge/death as possible
- Compiled before or prior to the start of the perinatal mortality review meeting
Form 1: Minimum set of perinatal indicators to collect for all births and perinatal deaths

• **Section 1**: Identification: Mothers, baby, Facility name, district name

• **Section 2**: Pregnancy progress and care: Obstetric history, mother’s age, type of pregnancy, # of ANC visits, HIV status, ART

• **Section 3**: Labour and birth: LMP, DOB, Time of birth, Gestational age, Method of determination of gestational age, place of delivery, attendant at delivery, mode of delivery, sex of the baby, birth weight

• **Section 4**: Details of the death: Date, time, type of death
Form 2: Birth and Death Summary Form

Section 1:

• Identification: Facility name, which month, district name
• Births: Total births, Stillbirths, neonatal deaths (total #)
• Multiple pregnancies
• Born before arrival: total #
• Mode of delivery: total #

• Gestational age
• HIV status
• Syphilis serology
• Maternal age
Form 2: Birth and Death Summary Form

Section 2:

Cause of death:

• **Antepartum stillbirth**: Congenital, antepartum complications, intrapartum complications, complications of prematurity, infection, other and Unknown/Unspecified

• **Intrapartum stillbirths**: Congenital, antepartum complications, intrapartum complications, complications of prematurity, infection, other and Unknown/Unspecified

• **Neonatal deaths**: Congenital, antepartum complications, intrapartum complications, complications of prematurity, infection, other and Unknown/Unspecified
Form 3: Stillbirth and Neonatal Death Case Review Form

• Section 1: Identification: Mothers and baby’s ID, facility name, district name

• Section 2: Pregnancy progress and care: Obstetric history, mothers age, type of pregnancy, ANC visits, HIV status, ART
Form 3: Stillbirth and Neonatal Death Case Review Form

- **Section 3**: Labour and birth: LMP, DOB, Time of birth, Gestational age, Method of determination, place of delivery, attendant at delivery, mode of delivery, onset of labour, FHR on admission, partograph use, model of delivery, Apgar score (1 and 5 minutes), Resuscitation, Sex of the baby and Birth weight

- **Section 4**: Details of the death: Date, time, type of death, cause of death
Section 5: Critical delays and modifiable factors.

- 5.1: Critical delays: Delay 1, 2 or 3.

- 5.2: Modifiable factors: Family related, administration-related, provider-related, patient related (medical pre-condition), others.

• Recommendations/Actions taken to address the critical delays and modifiable factors

• Forms completed by:

• Date
Determining Flow of information

All births and all perinatal deaths (form 1)

Birth and death monthly summary form (form 2)

Generate summary statistics and transfer to database

Facilities will need to complete the stillbirth and neonatal death case review form (Form 3) and hold monthly perinatal conferences

Aggregate data sent to district level database and HMIS

Health facility level

National level:
Family health/ child health bureau
Data / HMIS section

Institutional summary report on perinatal death audits produced annually

During every monthly meeting ensure that the meeting minutes and action items forms is used
Meeting Minutes Form

• Identification information

• Statistics (To be filled before the start of the meeting)
  • No of women who delivered
  • Number of babies born
  • Preterm birth rate (<37 weeks)%
  • Low birth weight rate (<2500 grams) %
  • Caesarean section rate % (indications?)
  • Assisted vaginal delivery %
  • Antepartum stillbirth rate
  • Intrapartum stillbirth rate
  • Neonatal mortality rate

• Details of cases discussed: Main causes, modifiable factors

• Action plans

• Date of the next meeting
Meeting Minutes Form

• **When to take:** During the meeting. Do not leave to a later date.

• **When to circulate:** Within 72 hours, type up and stored electronically and circulated to all via email.

• **Responsible:** Chairperson

**Details:**

• For main causes enter short summary. For example: Case X.N; No 1234, intrapartum stillbirth 2.5 kgs, ruptured uterus
  • If additional presentation, attach in the back of the meeting minutes

• Main modifiable factors identified

• Action plans developed and documented (by whom, by when, any resources required?)

• During the following meeting, first review draft meeting minutes of the previous months meeting and verify whether tasks have been completed and then proceed with new statistics/case presentations