Welcome

Maternal Death Review Software
Government of India
Maternal Health Division
Ministry of Health and Family Welfare

Ajey Bhardwaj/Dr. Dhawal Naik
Avni Health Foundation
Acknowledgements

- Government of India MOHFW
  - Maternal Health Division
  - National Informatics Cell/MCTS
  - Statistics Division
- National Health Mission – State Government (MOHFW)
- The Federation of Obstetric and Gynaecological Societies of India (FOGSI)
- Cognic Systems
- International Federation of Gynecology and Obstetrics – Leadership in Obstetric and Gynecology for Impact and Change (FIGO – LOGIC)
- UNICEF India Country and State Office
Maternal Health - India

- 27 million women deliver per year
- 15% develop complications, resulting in 56,000 maternal deaths/ year
- Maternal Mortality Ratio –

The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.
Maternal Health - India

- MMR is 178/1,00,000 LB (SRS 2010-12)
- MMR Reduction Goals - MDG 5 - 150 by 2015 and 12th plan - 100 by 2017
Maternal Death Reviews - India

- Launched in 2010
- Facility Based Reviews
- Community Based Reviews
- Incorporates Surveillance and Reporting Components
Maternal Death Reviews -
Objective

✧ To contribute towards improvement in quality of obstetric care and reduce maternal mortality and morbidity

✧ To provide detailed information on various factors at institution and community level that need to be addressed to reduce maternal deaths

✧ To disseminate information on data for review and remedial follow up actions
Maternal Death Reviews (MDR)

Find MD and Report causes of MD

Implementation & Improvement

Reduce Maternal Mortality

Action

Analysis & Feedback

MD – Maternal Deaths
Question for Medical Doctors in the Room

Does collecting and analyzing MDR data give us any benefit?
✩ **Yes** only if they are complete/legible/submitted on time

✩ **No** if they are submitted to fulfil reporting norms / avoid punitive action
Do the Maternal Death report tell us something? (Examples)

- Approximately 120 data sets from the current CB/FB forms can tell a lot!!

Setting up of MDR software for reports will aid analysis
Do the Maternal Death report tell us something? (Examples)

- 50% of women had 3 ANC
- 90% of women were less than 30 years old

**Health promotion and education activities during prenatal care**

- 90% died during transit to a higher center

**Referral system**
Do the Maternal Death report tell us something? (Examples)

- 60% women died due to PPH
- 40% women died owing to complications of HT/Eclampsia/Jaundice/Infection

Can we ask ourselves whether the above problems were avoidable? Is it linked to the quality of care?

- Out of X CHCs only 2 are fully equipped (OT/OBGYN/AAnaesthetist/Blood storage/Paediatrician)
- 11 CHCs have OBGYN, but no Anaesthetist/Blood storage
- Rest of the CHCs have no OBGYN
- 2 Anaesthetist are posted at PHC

Better management of resources & manpower/Training and refresher courses for personnel
Do the Maternal Death report tell us something? (Examples)

- Availability of Iron + folic acid/ Gloves/Cotton/ Equipment etc
- Most families avail health services directly at the DH or Medical college

Making the most of available facilities

Better care to the women, which included Courtesy, Understanding, Communication,

Consideration, Privacy, and Respect

Involving women in decision making

Continuity of care
Do we need a MDR Software?

Reporting tools capture information on several items on each maternal death case (Large database for data analysis)

Many Formats (FB - 8 pages, CB – 15 pages)
Repetition of information across the formats

Paper Based

Difficult to manage the information
Duplication / Compilation
Timely Analysis/Reporting/Action/ Programmatic Interventions

Development of Software
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time line</th>
<th>Incentive/Transaction Cost payment suggested</th>
<th>Source of funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting death of women (15-49 years) by ASHA/other person to the Block PHC MO</td>
<td>Within 24 hours of occurrence of death by phone</td>
<td>Rs 200 per Report</td>
<td>HSC untied fund</td>
</tr>
<tr>
<td>Reporting death of woman by Block MO to the DNO</td>
<td>Within 24 hours of occurrence of death by phone</td>
<td>No incentive</td>
<td></td>
</tr>
<tr>
<td>Community based investigation</td>
<td>Within 3 weeks of occurrence of death</td>
<td>Rs.100 per person to a maximum of three persons</td>
<td>HSC untied fund</td>
</tr>
<tr>
<td>Submission of report by Block PHC MO/facility MDR Nodal MO to DNO in the prescribed form</td>
<td>Within 4 weeks of occurrence of death</td>
<td>No incentive</td>
<td></td>
</tr>
<tr>
<td>Reporting deaths of women by Block MO/ Nodal Officer of Facility to the DNO</td>
<td>Within 24 hours of occurrence of death by phone</td>
<td>No incentive</td>
<td></td>
</tr>
<tr>
<td>Conduct of facility based review meetings and preparation of district MDR report for all deaths in district by the District committee (chaired by the CMO)</td>
<td>Every Month for the deaths reported in previous month.</td>
<td>No incentive</td>
<td></td>
</tr>
<tr>
<td>Conduct of MDR meeting chaired by District Magistrate/Dist. Collector</td>
<td>Once in a month</td>
<td>Incentive of Rs.200 each for two persons of the deceased family</td>
<td>District hospital RKS fund</td>
</tr>
</tbody>
</table>
Information Flow - CBMDR

- State Level Taskforce
  - State Nodal Officer
    - Minutes of the meeting every month
    - Suspected Maternal deaths are telephonically reported
    - Annexure 6 (Primary Informer Format) is submitted monthly
  - DHS/DM
    - Select deaths are reviewed monthly in presence of 2 family members of each deceased
    - Annex 3 (Case summary) and Annex 2 within 4 weeks reported death
  - CMHO and/or District Nodal Officer
    - All Maternal deaths are reviewed monthly
    - Annex 2 (Verbal autopsy) within 3 weeks reported death
    - BMO (fills Annex 4 and 5 and keep them with him)
      - Telephonically reported within 24 hrs
      - Annex 6 is submitted

- Any female death between 15-49 yrs is registered by ASHA/ANM/AWW of that area
  - Interviewers conduct verbal autopsy of those cases which the BMO/block nodal officer has labeled as Maternal deaths after analysis
MDR FORMATS

- Annex 1. FBMDR Format
- Annex 2. Verbal Autopsy Questionnaire
- Annex 3. MDR Case Summary
- Annex 4. MDR Line Listing Cases of Maternal Deaths
- Annex 5. Block Level MDR Register for All Women’s Death (15-49 years)
- Annex 6. Format for Primary Informer
Annex 2. Verbal Autopsy Questionnaire

First page- except probable cause of death, to be filled out by the BMO.

Comprises of 3 modules that should be filled up according to the type of death as follows, however module 1 must be filled for all -

i. Antenatal deaths: Module 1 and 2 (section 6 and 11)

ii. Abortion deaths: Module 1 and 2 (section 7 and 11)

iii. Death during delivery: Module 1 and 3 (section 8, 10 and 11)

iv. Postnatal deaths: Module 1 and 3 (section 9, 10, and 11)
GoI MDR Website

www.nrhm-mdr.nic.in

Select

Live Data Entry – for data entry

Training Data Entry – for training
Current Status

- MDR software is ready and deployed on the NIC server (National Informatics Cell) of Government of India.


- Avni appointed NODAL agency by MH division - MOHFW, GoI to roll-out MDR software in the States.

- States Advised by MH Div to include MDR software scale-up funds in PIP – Prepare and Submit Budget for Training roll-out.

- MDR Software has been scaled up across 5 states (AP, Telangana, MP, Assam, Bihar) and more than 1200 participants trained and have been issued U/n & P/w and a total of 854 CB & 314 FB forms already available on the NIC Server for analysis.
MDR Software Highlights

- Linked to MCTS database
- User Name/Password linked - State/District
- Pre-defined level of access
- User Interface similar to paper formats
- Format dependencies (Only after filling the key formats will the other formats get activated)
- Key Compulsory Fields
Software Highlights

- Repetition is AUTO filled
- Drop down menu’s to ensure uniformity
- Auto Save every page
- Single portal for Training and Live data entry
- FB & CB complete reports with option to download data in Excel format for further analysis.
- Pie Charts can be generated
- Auto lock mechanism after 15 days of commencement of data entry
Open MDR Link on NIC

Login with Secure Name/Password
Page Opens to Allow Data Feeding

Select FB or CB case and Feed MOTHER ID of MCTS to commence data feeding

**FBMDR**

**ANNEX 1**
(Data Feeding For the Registered Pregnant Mother is facilitated)

**ANNEX 6**
(Auto Fill from Data fed in Annex 1)

**ANNEX 4**
(Auto Fill from Data fed in Annex 1 & 6)

**CBMDR**

**ANNEX 4**
(Data Feeding For the Registered Pregnant Mother is facilitated)

**ANNEX 2**
(Auto Fill from Data fed in Annex 4)

**ANNEX 3**
(Auto Fill from Data fed in Annex 4,2 & 6)

**ANNEX 6**
(Auto Fill from Data fed in Annex 4 & 2)

**ANNEX 5**
(Auto Fill from Data fed in Annex 4,2,6 & 3)

**ANNEX 6**
(Auto Fill from Data fed in Annex 4 & 2)

**ANNEX 3**
(Auto Fill from Data fed in Annex 4,2 & 6)
Question for Medical Doctors and Data entry operators in the Room

Do you know where the data goes once you submit it?

What happens to the Data you submit online?
Next Steps

✧ Username & Passwords for NIC website will be shared by email with the participants.

✧ Ensure all Mother IDs are available.

✧ Data entry for all old MDR Formats to be completed within the next 3 months.

✧ Feed all formats regularly.
Data Lock after 15 days

To Unlock Mother ID / case, please share the following mandatory information by raising a Ticket or by sending an Email on avnimdr@gmail.com –

1. State
2. District
3. Mother Id
4. Username
5. Email id of the user
6. Reason for unlocking
Key Points

- Username Password for Training and Live site are different
- Select Live Data Entry and Click OK to confirm data entry on live server
- Auto Lock after 15 days
- Ticket Generation
- Unlocking Mother Id
QUESTIONS ??
Thank you

For more information write to us on MDR support email

avnimdr@gmail.com
LOGIN

SELECT CASE TYPE

FEED MOTHER ID

CLICK GET RESULT TO OPEN

FORMAT TO FEED DATA OF FB/CB CASE
### FB Case Annex 1

- **General Information:**
  - Name, Address and Designation of the nodal officer of the Facility:
    - **Name:** Type text here...
    - **Designation:** Type text here...
    - **Address:** Type text here...
    - **Name of Hospital:** Type text here...
    - **Facility:** Select
    - **Block:** Type text here...
    - **State:** Tamil Nadu
    - **District:** Ariyalur
    - **Landline:** Type number here...
    - **Mobile:** Type number here...

- **Name, Age and Address of Deceased Woman:**
  - **Name:** noorjagon
  - **Address:** a.n.pottal

**Note:**
- State Name/District auto filled. Fixed cell, no changes allowed.
- FB Case -- Mother name and address as fed in MCTS is auto filled. Fixed cell, no changes allowed.

### CB Case Annex 4

- **Name ID:** 33018001001111600135
- **Name of State:** Tamil Nadu
- **Village:** noorjagon
- **Date of death:** Select
- **Time of death:** 00:00
- **Place of death:** Select
- **When death occur:** Select
- **Probable Cause of Death:** Select
- **Status of newborn baby (Delivery outcome):** Select
- **Name of respondent who was interviewed:** Type text here...
- **Name of reporting person:** Type text here...

**Note:**
- CB Case -- Mother name and address as fed in MCTS is auto filled. Fixed cell, no changes allowed.
### Woman’s Background Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer categories</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| 1 Age at death                                | <18, 19–35, >36   | % of women in age groups:  
= Number of women who have died in each category * 100  
All women who have died |
| 2 Gravida                                      | 1,2-4, ≥ 5        | % of women in each category:  
= Number of women who have died in each group * 100  
All women who have died |
| 3 Para                                         | 0, 1-3, ≥ 4       | % of women in each category:  
= Number of women who have died in each group * 100  
All women who have died |
| 4 Previous abortions                          | 0, 1-3, ≥ 4       | % of women in each category:  
= Number of women who have died in each group * 100  
All women who have died |
| 5 Living children                             | 0, 1-4 ≥5        | % of women in each category:  
= Number of women who have died in each group * 100  
All women who have died |

### About the Fatal Illness and Death

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer categories</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| 6 Death interval (from delivery-abortion to death) | <2 hrs, within 24 hrs, 2-7 days, 8-42 days | % of women in each category:  
= Number of women who have died in each category * 100  
All women who have died |
| 7 Type of facility                            | Sub district hospital, District Hospital, Referral Hospital, Medical college/tertiary hospital | % of women in each category:  
= Number of women who have died in each category * 100  
All women who have died |
| 8 Diagnosis at admission                      | Normal delivery, Previous C section, Induce Abortion, Spontaneous abortion, Ectopic pregnancy, Visicular mole, anemia, Diabetes, PET/Eclampsis, Multiple pregnancy, APH, Hydramnios, CPD. Abnormal presentation, PPH, Medical | % of women in each category:  
= Number of women who have died in each category * 100  
All women who have died |