**MATERNAL DEATHS NOTIFICATION FORM v1**

**FOR OFFICIAL USE ONLY CASE NO (in frequency):**

1. This form should be filled up by the health worker on duty at the time of death
2. Complete the maternal death notification form within 24 hours for the facility death and as soon as possible for the community deaths
3. Please hand over the form to the Incharge (MCH, CMO, MS)
4. Perform the audit as per the MPNDSR Guideline 2016
5. Send an email through DHO to Reproductive Maternal and Newborn Health Programme at plethro@health.gov.bt or ltshering@health.gov.bt or tashitshomo@health.gov.bt within 24 hours

Name of the reporting health center………………………………………………

Name of deceased…………………………………Inpatient number…………………………

MCH Reg. No…………………………………………………..

Village………………………………….Gewog…………………………..Dzongkhag………………………………………

Age of deceased………………………….Next of kin………………………………………

Gestational age……………………………………………..wks…………………….Date of deaths……………………………..

Duration of stay at facility…………days……………………….hours……………mins………………

Died (tick) 1. Antenatal/ante partum period 2. In labour 3.After delivery /in operation theater

Possible causes of deaths ……………………………………………………………………………………………………………………

Form filled by…………………………………… Date of filling form………………

Form received by (Name)……………………………………………..Date…………………

Contact no.