

**Institute for Research in Medical Statistics, ICMR
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**ESTIMATE OF MATERNAL MORTILITY RATIO IN INDIAN
STATES (A PILOT STUDY)**

ID NO.

Questionnaire for maternal death

State -----	<input type="text"/> <input type="text"/>
District -----	<input type="text"/> <input type="text"/>
Taluka/ Mandal/ Block -----	<input type="text"/> <input type="text"/> <input type="text"/>
Village/Town -----	<input type="text"/> <input type="text"/> <input type="text"/>
Type of area	Rural (1) / Urban (2) <input type="checkbox"/>
Name of the head of the household -----	
Address of the HH -----	
Name of deceased --- -----	

1. Particulars Of Woman / Maternal Death

Q. No.	Questions and filters	Coding categories
101	Name of Woman	
102	Name of Husband	
103	Age (in completed years) of the woman at death	<input type="text"/> <input type="text"/>
104	Age at the time of marriage (in completed years)	<input type="text"/> <input type="text"/>
105	No. of children	Surviving/Alive <input type="text"/> <input type="text"/> Died <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/>

2. Socio – economic characteristics

201	Caste	Scheduled Caste.....1 Scheduled Tribe.....2 Backward caste.....3 Other.....4
202	Type of family	Nuclear.....1 Joint.....2
203	Education of woman	Illiterate.....1 Primary.....2 Middle.....3 Secondary/Higher Sec.....4 College &above.....5
204	Education of Husband	Illiterate.....1 Primary.....2 Middle.....3 Secondary/Higher Sec.....4 College &above.....5
205	Occupation (deceased)	Work in others House.....1 Skilled worker in manufacturing or constructions.....2 Unskilled worker in factory/ any Construction company.....3 Landless Labour.....4 Service (Prof. and Teacher).....5 Own Business.....6 House wife.....7 Others (Specify).....8
206	Occupation of husband	Work in others House.....1 Skilled worker in manufacturing or constructions.....2 Unskilled worker in factory/ any construction company.....3 Landless Labour.....4 Service(Prof. and Teacher).....5 Own Business.....6 Others (Specify).....7
207	Type of house	Kutcha.....1 Pucca.....2 Semi pucca.....3
208	Separate room as kitchen	Yes.....1 No.....2
209	Toilet facility available	Open field1 Own flush toilet2 Public flush toilet.....3 Own pit toilet.....4 Public pit toilet.....5 Others _____6 Specify

210	Electricity connection Available	Yes.....1 No.....2
211	Source of drinking water	Well1 Pond.....2 Handpump.....3 Tapwater.....4
212	Drainage in front of the house	Open and stagnant.....1 Open and running.....2 Closed.....3 No drainage system.....4

3. status of pregnant women & ANC (Current)

301	Whether she delivered a birth	Yes.....1 No.....2 → 305
302	Place of delivery	Home1 Institutional.....2
303	Type of the delivery (last delivery)	Normal1 Use forceps.....2 Cesarean3
304	Who conducted the delivery	Trained dai.....1 Untrained dai.....2 FHW/FHS.....3 Nurse.....4 Doctor.....5 Others__ specify -----6
305	Did she undergo for an abortion	Yes.....1 No.....2 → 311
306	If yes, Type of abortion	Spontaneous.....1 Induced2
307	If induced, Who conducted the abortion	Doctor.....1 ANM.....2 Trained Dai.....3 Untrained Dai.....4 Relative.....5 Others.....6
307a	Who accompanied her for adoration	Husband.....1 Mother.....2 Mother-in-law.....3 Mother's side relative.....4 Others.....5
308	Complications after the abortion	Yes.....1 No.....2 → 311

309	If yes type of complication	Excessive bleeding.....1 Occasional pain in lower abdomen.....2 Fever.....3 Occasional fever4 Others.....5
310	Whether any treatment taken	Yes.....1 No.....2
310a	If yes, type of treatment	Doctor (Allopathic).....1 Homeopathic / Ayurvedic / Vaidya/ Unani Doctor / Hakim etc;.....2 ANM.....3 Dai.....4 Any other (give description).....5
311	Did she seek antenatal care?	Yes.....1 No.....2 Don't Know.....3
312	At what month of pregnancy did she go for first ANC check-up	Months <input type="text"/> <input type="text"/>
313	Where did she go for antenatal care?	Govt Hospital /PHC/MH.....A Health worker.....B Pvt. Hospital/ Nursing home/ (allopathic) ...C Homeopathic Doctor.....D Ayurvedic Doctor / Vaidya, Unani Doctor / Hakim etc.....E Any other (give description).....F
314	Who did the ANC	Doctor.....1 ANM.....2 Dai.....3 Any other (give description).....4
315	Whether the following were done	B.P.....A Urine Examination.....B Blood Examination.....C Height.....D Weight.....E Not doneF Don't know.....G
316	Whether she received, T.T during pregnancy.	Yes.....1 No.....2 Don't Know.....3
317	If yes, then how many doses	<input type="text"/>
318	Did she take iron folic acid tablets during last antepartum?	Yes.....1 No.....2 → 322 Don't Know.....3 → 322

319	If yes then where she received the supply.	Govt Hospital /PHC/MH.....A Health worker.....B Pvt. Hospital/ Nursing home/ (allopathic) ..C Homeopathic Doctor.....D Ayurvedic Doctor / Vaidya, Unani Doctor / Hakim etc.....E Any other (give description).....F
320	How many tablets did she consume?	<input type="text"/> <input type="text"/> <input type="text"/>
321	How many months after pregnancy she started taking the IFA?	<input type="text"/>
322	Did any health worker visited home during pregnancy?	Yes.....1 No.....2 Don't Know.....3
323	If yes, then how many times?	<input type="text"/> <input type="text"/>
324	Did she receive any special diet during pregnancy?	Yes.....1 No.....2 Don't Know.....3
325	If yes, then mention?	Milk or Milk products.....1 Egg, Fish and Meat.....2 Grams, Soybean and Pulses.....3 Green Vegetables.....4 Fruits5 Others (specify).....6
326	Whether she suffered any problem during pregnancy	High B.P.....A Diabetes.....B Heart Disease.....C AsthmaD JaundicesE AnemiaF Fits.....G Swelling of feet (Oedema).....H No problem.....I Don't Know.....J
327	Place of treatment?	Govt. hospital/PHC/Maternity Home.....A Pvt. Hospital/Nursing Home.....B Homeopathic doctors.....C Ayurvedic/Unani Doctor.....D Any other.....E
328	Result of the treatment	Cured.....1 Partially cured2 Not improved.....3

4. General Information Regarding Death (Common to all types of data)

401	Was she treated before her death?	Yes.....1 No.....2	→ 404
402	Who treated her before she expired/died?	Allopathic doctor.....A Nurse or sister.....B Health worker (ANM, AWWetc)...C Homeopathic doctor.....D Ayurvedic Doctor, Vaidya, Unani Doctor, Hakim etc.....E Trained Dai.....F Any other (give description).....G	
403	Where was she treated? Place of treatment	Govt Hospital /PHC/MH.....A Pvt. Hospital/ Nursing home/ (allopathic) ..B At Home.....C Any other place (give description).....D	
404	If not treated, what were the reasons?	Due to inadequate facility of transport she could not be taken to a hospital.....A Could not get time to call any doctor at home.....B Could not guess the services condition of the patientC At that time no male or experienced person was present at home.....D Abortion or delivery was arranged at home.....E At that time no physician or doctors or health worker was available near the house.....F The doctor or physician was busy or treating another patient.....G No money to take the patient to doctor.....H Any other (specify)I	
404a	Whether there was any delay to take her to doctor / hospital	Yes1 No2	
405	Whether the lady died in the hospital or on the way to a successive hospital	On the way.....1 Hospital.....2 Home3	→ 407 → 414
405a	How far is the health facility?	Distance in Km <input type="text"/> <input type="text"/>	

406	If on the way, type the vehicle was used to take the patient to hospital / health center?	On foot or by walking.....1 On bicycle.....2 In a rickshaw.....3 In a van.....4 Autorickshaw.....5 Any other.....6
407	Who advised to take the pregnant lady to hospital or health center?	Allopathic doctor.....A Nurse or sister.....B Health worker (ANM, AWWetc).....C Homeopathic doctor.....D Ayurvedic Doctor/ Vaidya, Unani Doctor/Hakim etc/RMP.....E Trained DaiF Any other (give description).....G
408	If death occurred at hospital then who accompanied the woman to the hospital	Husband.....1 Husband & mother in Law2 Others.....3
409	Did she face any problem at the time of admission in hospital?	Yes.....1 No.....2
410	If yes, then mention the reason?	Medical personnel are not available at the time of registration1 No bed availability at the time of admission.....2 Refused to take Admission for high-risk of Patient.....3 Due to high admission charges.....4
411	Did she face any medical equipment failure at the time of delivery?	Yes.....1 No.....2 Don't Know.....3
412	If yes, then mention?	Blood transfusion.....1 Ultra Sound Machine.....2 Non availability of Oxygen.....3 Non availability of specialist4
413	How many days the woman stayed in the hospital before her death?	<input type="text"/> <input type="text"/>
414	If death occurred at home who attended at the delivery?	Untrained Dai -----1 Trained-----2 Relative-----3 Neighbour-----4 ANM-----5 LHV-----6 Pvt. Doctor-----7 Govt. Doctor-----8 Any other (Specify)-----9

5. Maternal Mortality Characteristics.

Q. No.	Questions and Filters	Coding Categories	Skip To
501	Date of Death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
502	Place of Death	Home.....1 Nursing/Maternity Home.....2 Pvt. Hospital3 Govt. Hospital (CHC/PHC)...4 On The Way.....5 Other.....6	
503	When did the maternal death occur?	During Pregnancy of less than 28 weeks?.....1 During Pregnancy of 28 weeks or more and before labour.....2 During labour/child birth.....3 Within 42 days after the child birth or abortion.....4	→Q 601 →Q 701 →Q 801 →Q 901

6. Pregnancy of Less Than 28 Weeks

Q. No.	Questions And Filters	Coding Categories	Skip To
601	Was any attempt made to terminate the Pregnancy?	Yes.....1 No.....2 DK.....8	
602	If the Death due to abortion then type of abortion	Spontaneous Abortion.....1 Induced Abortion/MTP.....2	
603	Did she have pain in abdomen?	Yes.....1 No.....2 DK.....8	
604	Was there bleeding?	Yes.....1 No.....2 DK.....8	→ 608 → 608
605	Was bleeding normal or Excessive?	Excessive.....1 Normal.....2 DK.....8	
606	On which day after abortion bleeding became excessive?	<input type="text"/> <input type="text"/> RECORD 88 IF DK	
607	For how long in hours did she bleed?	<input type="text"/> <input type="text"/> RECORD 88 IF DK	

608	Did she have fever after abortion?	Yes.....1 No.....2 DK.....8	→Q 612
609	How many days after abortion did she has fever?	<input type="text"/> <input type="text"/> RECORD 88 IF DK	
610	What was the severity of fever?	Mild.....1 Moderate.....2 High.....3	
611	Did she complain of persistent headache frequently?	Yes.....1 No.....2 DK.....8	
612	Did she have blurring of vision?	Yes.....1 No.....2 DK.....8	
613	Was blood pressure recorded?	Yes.....1 No.....2 DK.....8	→ 615 → 615
614	How much was the blood pressure?	Normal.....1 Low.....2 High.....3 Very High.....4 DK.....8	
615	Did she have fits?	Yes.....1 No.....2 DK.....8	
616	Did she ever have fits prior to this pregnancy?	Yes.....1 No.....2 DK.....8	

7. Pregnancy of 28 weeks or more & before labour

Q. No.	Questions and filters	Coding categories	Skip to
701	Did she complain of persistent headache frequently?	Yes.....1 No.....2 DK.....8	
702	Did she have blurring of vision?	Yes.....1 No.....2 DK.....8	
703	Was blood pressure recorded?	Yes.....1 No.....2 DK.....8	→ 705
704	How much was the blood pressure?	Normal.....1 Low.....2 High.....3 Very High.....4 DK.....8	
705	Did she have fits during pregnancy?	Yes.....1 No.....2 DK.....8	→ 707

706	Did she ever have fits prior to this pregnancy?	Yes.....1 No.....2 DK.....8	
707	Was there vaginal bleeding preceeding death?	Yes.....1 No.....2 DK.....8	
708	In which month of pregnancy there was vaginal bleeding?	<input type="text"/> <input type="text"/> RECORD 88 IF DK	
709	How much was the bleeding?	Spotting1 Excessive.....2 DK.....8	
710	Did she have abdominal pain with bleeding?	Yes.....1 No.....2 DK.....8	

8. During labour/ childbirth

Q. No.	Questions and filters	Coding categories	Skip to
801	Did she complain of persistent headache frequently?	Yes.....1 No.....2 DK.....8	
802	Did she have blurring of vision?	Yes.....1 No.....2 DK.....8	
803	Was blood pressure recorded?	Yes.....1 No.....2 DK.....8	→ 805
804	How much was the blood pressure?	Normal.....1 Low.....2 High.....3 Very High.....4 DK.....8	
805	Did she have fits?	Yes.....1 No.....2 DK.....8	
806	Did she ever have fits prior to this pregnancy?	Yes.....1 No.....2 DK.....8	
807	Did bag of water rupture before onset of labour pains?	Yes.....1 No.....2 DK.....8	
808	What was the period between onset of labour & delivery?	<input type="text"/> <input type="text"/> HOURS	
809	Did baby get stuck during delivery?	Yes.....1 No.....2 DK.....8	

810	Was any manipulation done?	Yes.....1 No.....2 DK.....8	→ 814
811	What manipulation was done?	Manual.....1 Instrumental.....2 Operation.....3	
812	Was bleeding normal or excessive during labour?	Excessive.....1 Normal.....2 DK.....8	
813	When did bleeding become excessive?	After labour pain had started but before delivery of the baby.....1 After the baby was delivered but before delivery of the placenta.....2 After delivery of placenta.....3 DK.....8	
814	Was placenta delivered within half an hour after childbirth?	Yes.....1 No.....2 DK.....8	

9. Death within 42 days of childbirth or abortion

Q. No.	Questions and filters	Coding categories	Skip to
901	Did she complain of persistent headache frequently?	Yes.....1 No.....2 DK.....8	
902	Did she have blurring of vision?	Yes.....1 No.....2 DK.....8	
903	Was blood pressure recorded?	Yes.....1 No.....2 DK.....8	→ 905
904	How much was the blood pressure?	Normal.....1 Low.....2 High.....3 Very High.....4 DK.....8	
905	Did she have fits?	Yes.....1 No.....2 DK.....8	→ 907
906	Did she ever have fits prior to this pregnancy?	Yes.....1 No.....2 DK.....8	
907	Was bleeding from womb normal or excessive after childbirth?	Excessive1 Normal2 DK.....8	→ 910
908	On which day after delivery there was excessive bleeding?	<input type="text"/> <input type="text"/> RECORD 88 IF DK	

909	For how long in hours bleeding continued?	<input type="text"/> <input type="text"/>	RECORD 88 IF DK	
910	Did she have fever?	Yes.....1 No.....2 DK.....8		→ 912
911	What was the severity of fever?	Mild.....1 Moderate.....2 High.....3		
912	Did she have pain in legs (calves)?	Yes.....1 No.....2 DK.....8		
913	Did she have swelling in legs?	Yes.....1 No.....2 DK.....8		

10. Section

Q. No.	Questions and filters	Coding categories	Skip to
1001	Person interviewed	Main Respondent (husband).....1 Others Respondents.....2 Facilitator (ANM, DAI).....3.	
1002	Was the main respondent with the deceased (Dead Body)?	Yes.....1 No.....2 DK.....3	
1003	Respondents' view of the cause of death		
1004	Was the deceased shown in any hospital/clinic immediately before death?	Yes _____...1 Specify No.....2 DK.....3	
1005	Cause of death based on any hospital/physician records, if available		
1006	Is the death registered?	Yes.....1 No.....2 DK.....8	
1007	Is the Death Certificate available?	Yes.....1 No.....2 DK.....8	
1008	What was the cause of death on the death certificate?		