

MATERNAL

DEATH

SURVEILLANCE

REVIEW



USER MANUAL

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To access the [Maternal and Child Death Surveillance and Response](#), Please follow the following steps:

1. Web Page Link

a. Open any internet browser and in the address bar, type the following URL:

- i. <https://stg.mpcdsrindia.in/#/login/> and press ENTER key.
- ii. The login page will load on your screen.

2.Login page : This login page is common for following users.

BMO - Block Medical Officer

Home Feedback About

 **Maternal, Perinatal, Child Death Surveillance and Response**
A digital initiative under National Health Mission
Ministry of Health and Family Welfare, Government of India

0-000-000-000
MPCDSR Helpdesk
Report Problem

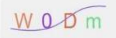
  

Home Contact Sign in

Sign In

Username
uptmo

Password
.....

Enter CAPTCHA
W0Dm

 [Reset Password](#)
Or Call 1-800-180-1104

National Health Programmes | [Help](#) | [Privacy](#) | [Terms](#) | [Acknowledgements](#)

Ministry of Health and Family Welfare, Government Of India
Software Version: 8.3 Website Last Updated On: Fri, Oct 11, 2019

Date Time Sep 10, 2021 04:11 PM

STEP-1: Open the web portal URL: <https://stg.mpcdsrindia.in/#!/login>

STEP-2: Log in using the Block-based log in username and password provided to you followed by typing the captcha code as shown on the website

STEP-3: Click on MDSR to get a drop-down menu of the available forms

STEP-4: Select the required form which may be From 1 to Form 5.

STEP-5 Choose the appropriate Form which you would like to use

BMO Login MDSR : The given below table shows the notifications of Maternal Deaths

Click on **+Add New** Button and use notification card.

Maternal, Perinatal, Child Death Surveillance and Response
12
Block

Dashboard
MDSR Data
Reports
Resources
Orders and directives

+Add new

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 4	Form 5	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes			Yes	Yes
Bara	--	Second	31	--	Health Facility	18-05-2021 12:00 PM	Yes		Yes	Yes	Yes
Bara	--	Suman Verma	42	--	Home	01-06-2021 08:00 AM	Yes			Yes	Yes
Bara	--	Aarti Singh	41	Amilia Tarhar	Health Facility	05-05-2021 09:00 AM	Yes		Yes	Yes	Yes
Bara	912089124937061643	Sanyukta Kumari	35	Shankargarh	Health Facility	01-07-2021 12:00 PM	Yes		Yes	No	Yes
Bara	912089116197098089	Test	41	Amilia Tarhar	Home	01-07-2021 12:00 PM	Yes			Yes	Yes
Bara	912089124937011405	iyoti qa aaaa	34	Shankargarh	Health Facility	06-07-2021 12:00 PM	Yes		Yes	No	Yes
Bara	912089192663	AAA BBBB CCCC	41	--	Health Facility	02-06-2021 12:00 PM	Yes		Yes	No	No
Bara	912089116203522910	Reeta	41	Abhaipur	Health Facility	13-07-2021 12:00 PM	Yes		Yes	No	No
Bara	912089144300	Archna Pandit Kumari	17	--	Health Facility	12-07-2021 12:00 PM	Yes		Yes	No	No
Bara	912089125141	K KDBAKAY LONAI K L BKEI KARI	31		Health Facility	07-07-2021 12:00 PM	Yes		Yes	No	No

Items per page: 50
1 - 22 of 22

Form 1 : User can fill notification card details.

The screenshot displays the 'Notification Card' form within the MDSR application. The header bar is blue with the title 'Maternal, Perinatal, Child Death Surveillance and Response' and a user profile icon labeled 'Block'. Below the header, a navigation menu includes 'Dashboard', 'MDSR Data', 'Reports', 'Resources', and 'Orders and directives'. The form itself is titled 'Notification Card' and features a red 'Back' button in the top right corner. The form fields are organized into several sections: Location (State, District, Block, Village, RCH ID), Deceased Women Name (First Name, Middle Name, Last Name, Name of husband, Name of father), Address (Address of Current Residence, Address of Native Place), Date and Time of death (dd-MM-yyyy hh:mm a), Place of death (dropdown), When did death occur (radio buttons for During pregnancy, During delivery, Within 42 days after delivery, During abortion or within 6 weeks after abortion, None of the above), and Reporting Details (Date, Designation, Name, Mobile). The form is set against a light purple background.

Notification Card Back

State *
Uttar Pradesh

District *
Allahabad

Block *
Bara

Village *

RCH ID

Deceased Women Name

First Name *

Middle Name

Last Name

Name of husband

Name of father

Address of Current Residence *

Address of Native Place

Date of Birth of the women
dd-MM-yyyy

Age of woman *

Mobile No *

Date and Time of death *
dd-MM-yyyy hh:mm a

Place of death *

When did death occur *
☐ During pregnancy ☐ During delivery ☐ Within 42 days after delivery ☐ During abortion or within 6 weeks after abortion ☐ None of the above

Reporting Details

Date *
dd-MM-yyyy

Designation *

Name *

Mobile *

- If user wants to go back then click on back button.

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MCDSP Data Reports Resources Orders and directives

Date and Time of death *

Place of death *

When did death occur *

☐ During pregnancy ☐ During delivery ☐ Within 42 days after delivery ☐ During abortion or within 6 weeks after abortion ☐ None of the above

Reporting Details

Date *

Designation *

Name *

Mobile *

Verified By

Name of the Facility

Date

Submit

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- All fields marked with red asterisk (*) are mandatory.
- Fill the necessary information.
- Fill the necessary information. Click on Next step to SAVE and proceed with data entry.

- This page also has an option to filter the cases on date basis.


Maternal, Perinatal, Child Death Surveillance and Response

12

Block

Dashboard
MDSR Data
Reports
Resources
Orders and directives

Notification Details
+Add new

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 4	Form 5	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes	 		Yes 	Yes
Bara	--									Yes 	Yes
Bara	--									Yes 	Yes
Bara	--									Yes 	Yes
Bara	912									Yes 	Yes
Bara	912									Yes 	Yes
Bara	912									Yes 	Yes
Bara	912									Yes 	Yes
Bara	912089192003	AAA BBBB CCCC	41	--	Health Facility	02-06-2021 12:00 PM	Yes	 	Yes	No 	No
Bara	912089116203522910	Reeta	41	Abhaipur	Health Facility	13-07-2021 12:00 PM	Yes	 	Yes	No 	No
Bara	912089144300	Archana Pandit Kumari	17	--	Health Facility	12-07-2021 12:00 PM	Yes	 	Yes	No 	No
Bara	912089125141	K K D B A K K L D N A K L L K E L K A R I	31	--	Health Facility	07-07-2021 12:00 PM	Yes	 	Yes	No 	No

Items per page: 50 1 - 22 of 22 < >

Filter

State
District
Block
From Date *
To Date *

Uttar Pradesh
Allahabad
Bara
01-04-2021
12-09-2021

View

Form 2 : Block Level MDR Register for All Women's Death (15-49 Years) Data, Click on **+Add new** button to fill the details

Maternal, Perinatal, Child Death Surveillance and Response

12Block

[Dashboard](#)[MDSR Data](#)[Reports](#)[Resources](#)[Orders and directives](#)

Form 2: Block Level MDR Register for All Women's Death (15-49 Years) - 01-09-2021 - 10-09-2021

[+Add new](#)[Filter](#)[Export](#)[PDF](#)

State

Uttar Pradesh

District

Allahabad

Block

Bara

From Date *

01-09-2021

To Date *

10-09-2021

Block	Name of Deceased	Husband	Age	Death Date Time	Place Of Death	When Death Occured	Death Cause	Primary Informant	Designation	Investigation Date	Reason	Action Taken
Bara	asfdsaf asdfadsf asdfadsf	asfadsfsa	23	01-09-2021 11:00 AM	Home	None	Non-Maternal	zsddf	ASHA	07-09-2021	Yrsts	sdfgsdfg

Items per page: 500 of 0<>

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<https://pilot.mcdsrindia.com/#/mdsr/form2>

Click on particular row to add the details and click on the **update** button to save the records.

Maternal, Perinatal, Child Death Surveillance and Response

12Block

[Dashboard](#)[MDSR Data](#)[Reports](#)[Resources](#)[Orders and directives](#)

Form 2: Block Level MDR Register for All Women's Death (15-49 Years) - 01-03-2021 - 10-09-2021

State

Uttar Pradesh

District

Allahabad

Block

Bara

From Date *

01-03-2021

To Date *

10-09-2021

Back

Name of Deceased	Husband	Age	Death Date Time	Place Of Death	When Death Occured	Death Cause	Primary Informant	Designation	Submitted
First	--	121	05-05-2021 12:00 PM	Home	During pregnancy	Maternal	ASHA	ASHA	Submitted
Suman Verma	Sonu	121	01-06-2021 08:00 AM	Home	During pregnancy	Maternal	Sushmita	ASHA	Submitted
Test	Mr.X	41	01-07-2021 12:00 PM	Home	Within 42 days after delivery	Maternal	Radhika	ASHA	Submitted
Is Maternal Death : Yes Reporting Person : Radhika Designation : ASHA Reported Date : 04-07-2021 Field Investigation Date 8/9/2021 If died due to maternal cause, Please specify hvhv Action Taken nb Update									
MNO QP LAA	Tarun	35	23-07-2021 12:00 PM	Home	During delivery	Maternal	Praveen Singh	ANM	Submitted
GDHSDG	--	24	01-08-2021 12:00 PM	Home	Within 42 days after delivery	Maternal	FAQAERQ	ANM	Not Submitted

Items per page: 501 - 8 of 8<>

Form 3: MDR Line Listing Form for All Cases of Maternal Death Data, Click on **+Add new** button to fill the details.

Maternal, Perinatal, Child Death Surveillance and Response

12 Block

[Dashboard](#) [MDSR Data](#) [Reports](#) [Resources](#) [Orders and directives](#) [Help](#) [Feedback](#)

Form 3: MDR Line Listing Form for All Cases of Maternal Death Data (15-49 Years) - 08-01-2021 - 10-09-2021 [+Add new](#) [Filter](#) [Excel](#) [PDF](#)

State *
Uttar Pradesh

District *
Allahabad

Facility/Community MDSR *
Community Based MDSR

SHC/Block
Bara

From Date *
08-01-2021

To Date *
10-09-2021

Block	Name of Deceased	Husband	Age	Death Date Time	MDR Type	Place Of Death	When Death Occured	Death Cause	Primary Informant	Designation	Status of Newborn	Investigator Name	Interview Date	
Bara	First	--	121	05-05-2021 12:00 PM	community	Home	During pregnancy	Maternal	ASHA	ASHA	staus	rahul	27-05-2021	Edit
Bara	Suman Verma	Sonu	121	01-06-2021 08:00 AM	community	Home	During pregnancy	Maternal	Sushmita	ASHA	status	sonu	12-05-2021	Edit
Bara	Test	Mr.X	41	01-07-2021 12:00 PM	community	Home	Within 42 days after delivery	Maternal	Radhika	ASHA	live	rahul	01-08-2021	Edit

Items per page: 50 1 - 3 of 3 [<](#) [>](#)

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- If user wants to download data then click on pdf button.
- If user wants to download excel sheet then click on excel download button.

Click on a particular row to add the details and click on the **Update** button to save the records.

Maternal, Perinatal, Child Death Surveillance and Response

12Block

[Dashboard](#)[MDSR Data](#)[Reports](#)[Resources](#)[Orders and directives](#)

Form 3: MDR Line Listing Form for All Cases of Maternal Death Data (15-49 Years) - 01-02-2021 - 10-09-2021

State *

District *

Facility/Community MDSR *

SHC/Block

From Date *

To Date *

Uttar Pradesh

Allahabad

Community Based MDSR

Bara

01-02-2021

10-09-2021

Name of Deceased	Husband	Age	Death Date Time	Place Of Death	When Death Occured	Primary Informant	Designation	Submitted
First	--	121	05-05-2021 12:00 PM	Home	During pregnancy	ASHA	ASHA	Submitted
Suman Verma	Sonu	121	01-06-2021 08:00 AM	Home	During pregnancy	Sushmita	ASHA	Submitted
Test	Mr.X	41	01-07-2021 12:00 PM	Home	Within 42 days after delivery	Radhika	ASHA	Submitted
Is Maternal Death : Yes Reporting Person : Radhika Designation : ASHA Reported Date : 04-07-2021 Status of New Born(Delivery Outcome) Name of Investigator Date of Interview live rahul 8/1/2021 Update								
MNO QP LAA	Tarun	35	23-07-2021 12:00 PM	Home	During delivery	Praveen Singh	ANM	Not Submitted
GDHSDG	--	24	01-08-2021 12:00 PM	Home	Within 42 days after delivery	FAQAERQ	ANM	Not Submitted
abcdefg	--	31	01-08-2021 12:00 PM	Home	During pregnancy	dasdfas	ANM	Not Submitted

Items per page: 501 - 6 of 6<>

Form 5: For Investigation of Maternal Deaths Data, Click on + button from form 6 to fill the details.

**Maternal, Perinatal, Child Death Surveillance and Response**

Dashboard

MDSR Data

Reports

Resources

Orders and directives

12

Block

Form 5: For Investigation of Maternal Deaths Data

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes		
Bara	--	Suman Verma	42	--	Home	01-06-2021 08:00 AM	Yes		
Bara	912089116197098089	Test	41	Amilia Tarhar	Home	01-07-2021 12:00 PM	Yes		
Bara	912089143639	MNO QP LAA	35	--	Home	23-07-2021 12:00 PM	Yes		
Bara	912089179012	GDHSDG	24	--	Home	01-08-2021 12:00 PM	Yes		
Bara	912089114761	abcdefg	31	--	Home	01-08-2021 12:00 PM	Yes		

Items per page: 501 – 6 of 6<>

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- This page also has an option to filter the cases on date basis.

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MDSR Data Reports Resources Orders and directives

Form 5: For Investigation of Maternal Deaths Data

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes		
Bara	--								
Bara	9								
Bara	9								
Bara	9								
Bara	9								
Bara	9								

Filter

State District Block From Date To Date

Uttar Pradesh Allahabad Bara 01-04-2021 11-09-2021

View

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Form notification

- **General information**
- **Module 1**
- **Module 2**
- **Module 3**
- **Referral details**
- **Others**

Section 1: Click 1 General Information and fill details Investigation of maternal deaths.

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MDSR Data Reports Resources Orders and directives

Form 5: For Investigation of Maternal Deaths [Back](#)

1 General Information 2 Module 1 3 Module 2 4 Module 3 5 Referral details 6 Other

☐ Modify

State: Uttar Pradesh District: Allahabad Block: Bara Facility type: undefined (undefined) Facility: Jsara

Village: Select Deceased woman First Name: regh Deceased Woman Middle Name: Middle name Deceased Woman Last Name: Last name Husband name:

Father name: srgd Date & time of death: 01-05-2007 12:00 PM Probable cause of death: aa Date of investigation: 28-04-2021

Name of investigator(s)	Designation of Investigator
Name *	Designation *
Name	Designation
Name	Designation

- All fields marked with red asterisk (*) are mandatory.

After filled general information details of Investigation of maternal deaths click on Save & Next Button.

The screenshot shows the 'MDSR Data' tab in a web application. The header bar is blue with the title 'Maternal, Perinatal, Child Death Surveillance and Response' and a user profile 'Block' with a notification badge '12'. The navigation menu includes 'Dashboard', 'MDSR Data', 'Reports', 'Resources', and 'Orders and directives'. The form contains several input fields: 'Village' (a dropdown menu), 'Deceased woman First Name' (text input with 'regh'), 'Deceased Woman Middle Name' (text input with 'Middle name'), 'Deceased Woman Last Name' (text input with 'Last name'), 'Husband name' (text input), 'Father name' (text input with 'srgd'), 'Date & time of death' (calendar icon and text '01-05-2007 12:00 PM'), 'Probable cause of death' (text input with 'aa'), and 'Date of investigation' (calendar icon and text '28-04-2021'). Below these fields is a table for 'Name of investigator(s)' and 'Designation of Investigator' with three rows. Each row has a 'Name' input field and a 'Designation' input field. At the bottom right of the form is a blue button labeled 'Save & Next'. The footer of the page shows '2021 © Etech' and a small blue button with an upward arrow.

Maternal, Perinatal, Child Death Surveillance and Response

12 Block

Dashboard MDSR Data Reports Resources Orders and directives

Village Deceased woman First Name Deceased Woman Middle Name Deceased Woman Last Name Husband name

Select regh Middle name Last name

Father name Date & time of death Probable cause of death Date of investigation

srgd 01-05-2007 12:00 PM aa 28-04-2021

Name of investigator(s)	Designation of Investigator
Name	Designation
Name	Designation
Name	Designation

Save & Next

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- Click on Next step to SAVE and proceed with data entry

Section 2: Click on Module 1 and fill the details of death occurred during antenatal, delivery or postnatal period including abortion.

When user will come on period of death following option are given to access different modules directly,

- If user will click on During pregnancy option in Module 1 then user can go directly Module 3
- If user will click on during abortion or within 6 weeks after abortion option user can go directly Module 3.

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MDSR Data Reports Resources Orders and directives

Form 5: For Investigation of Maternal Deaths [Back](#)

2 Module 1 3 Module 2 4 Module 3 5 Referral details 6 Other

Module 1 to be filled for all the maternal deaths irrespective whether the death occurred during antenatal, delivery or postnatal period including abortion

I. Background Information

Name of the respondent *

Name of the deceased woman *

Relationship of the respondent/s with the deceased woman *

Age of the deceased woman at the time of death *

Period of death *

☐ During pregnancy ☒ During delivery ☐ Within 42 days after delivery ☐ During abortion or within 6 weeks after abortion

Place of death *

Specify the name and place of the institution or village / urban area where death occurred *

Date and Time of death *

Did the doctor or nurse at the health facility tell you cause of death? *

☐ Yes ☒ No ☐ Not applicable

II. Profile of deceased woman

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MDSR Data Reports Resources Orders and directives

II. Profile of deceased woman

Marital Status
☐ Married ☐ Unmarried ☐ Ever Married ☐ Live in

Age at marriage *

Religion

Caste

BPL Status

Education status

III. Availability of health facility, services and transport

Name of the nearest government / private facility providing Emergency Obstetric Care Services *

Location of the nearest government / private facility providing Emergency Obstetric Care Services *

Distance of this facility from the residence *

Mode of transport available to reach this facility *

IV. Write *GPA-Gravida, Para, Live Births, Abortions)

Gravida

Para

Number of alive children

☐ I have only total count

Male

Female

Previous Abortions

☐ I have only total count

Spontaneous

Induced

Block

- All fields marked with red asterisk (*) are mandatory.
- Fill the necessary information.

After filled module 1 details of Investigation of maternal deaths click on Save & Next Button.

The screenshot shows the 'Maternal, Perinatal, Child Death Surveillance and Response' (MCDSP) data entry interface. The top navigation bar includes 'Dashboard', 'MDSR Data', 'Reports', 'Resources', and 'Orders and directives'. The user is logged in as 'Block' with a notification badge showing '12'. The form is titled 'Previous Abortions' and includes a checkbox for 'I have only total count'. Below this, there are fields for 'Spontaneous' and 'Induced' abortions. The main section is 'V. Current pregnancy (to be filled from the information given by the respondents and MCP Card)'. It contains several fields: 'Infant Survival' (a dropdown menu showing 'New born death'), 'Antenatal care received' (a dropdown menu showing 'Yes'), 'write number of antenatal checkups received' (a text input field with '23'), and 'Place of antenatal check-ups' (a multi-select dropdown menu showing 'Sub Health Centre' and 'CHC'). Below these are two sections: 'Services received during ANC' (a multi-select dropdown menu showing 'Blood Pressure measurement') and 'Did the deceased woman have any problem during the antenatal period?' (radio buttons for 'Yes', 'No', and 'Don't know'). The 'Yes' option is selected. Below this is 'Did she seek care for these symptoms?' (radio buttons for 'Yes' and 'No'), with the 'No' option selected. To the right of these are two multi-select dropdown menus: 'What were the symptoms she had?' (showing 'Edema') and 'What were the reasons for not seeking care?' (showing 'Health facility was very far'). At the bottom left is a 'PREVIOUS' button, and at the bottom right is a 'Save and Next' button. A vertical scrollbar is visible on the right side of the form.

- Fill the necessary information. Click on Next step to SAVE and proceed with data entry

Section 2: Click on Module 2 and fill the details of deaths due to abortion related causes.

Maternal, Perinatal, Child Death Surveillance and Response

12Block

DashboardMDSR DataReportsResourcesOrders and directives

Form 5: For Investigation of Maternal Deaths

Back

2Module 1

3Module 2

4Module 3

5Referral details

6Other

This Module is to be filled for the maternal deaths that occurred during the antenatal period or if the deaths due to abortion related causes

VI. No. of weeks of pregnancy completed at the time of death? (Help the respondent in estimating weeks of pregnancy)

2

VIII. Abortion related Death

Did the deceased woman die while having an abortion or within 6 weeks after having an abortion? *

☒ Yes ☐ No ☐ Not known

Type of abortion *

☐ Spontaneous ☒ Induced ☐ Don't know

If the abortion was induced, how was it induced? *

Don't know

If the abortion was induced, where did she have the abortion? *

Other

If other *

ABCD

Maternal, Perinatal, Child Death Surveillance and Response

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DashboardMDSR DataReportsResourcesOrders and directives

Other

Test Data

Medical Condition / Bleeding started spontaneously

Describe the reasons for inducing abortion *

ABCD

What were the complication / symptoms that the woman had after abortion? *

Shock

After developing complications following abortion, did she seek care? *

No

In case of not seeking care from the hospital, what were the reasons for not seeking care *

Health facility was very far

PREVIOUS

Save and Next

↑

After filled module 2 Investigation of deaths due to abortion related causes details click on Save & Next Button.

Fill the necessary information. Click on Next step to SAVE and proceed with data enter

Section 2: Click on Module 3 and fill the details of maternal deaths that occurred during or if the death occurred during postnatal period.

- If user will click on during delivery option in Module 1, then user can go directly module 4.
- If user will click on Within 42 days after delivery option user can go directly module 4

The screenshot shows the 'Maternal, Perinatal, Child Death Surveillance and Response' (MCDSSR) data entry interface. The header bar is blue with the title and a user profile icon labeled 'Block' with a notification badge showing '12'. Below the header is a navigation menu with 'Dashboard', 'MDSR Data' (active), 'Reports', 'Resources', and 'Orders and directives'. The main form area contains several sections:

- Who conduct the delivery? ***: A dropdown menu with 'ANM' selected.
- Type of delivery ***: A dropdown menu with 'Assisted' selected.
- Outcome of the delivery Or not applicable if not delivered but died in labour ***: Three radio buttons labeled 'Live births', 'Still births', and 'None of these applicable'. 'Live births' is selected.
- What were the complications that the deceased woman (name) had during labour / delivery? ***: A multi-select box containing two items: 'Prolonged labour (Primi> 12 hrs / Subsequent deliveries > 8 hrs))' and 'Retained placenta'. Below the box is a 'Select multiple values' button.
- In case of institutional delivery, what was the treatment provided at the health facility? ***: A multi-select box containing one item: 'Received IV drip'. Below the box is a 'Select multiple values' button.
- See the hospital records if available and fill details of treatment received ***: A text area containing 'ABDFS'.

A blue button with an upward arrow is located at the bottom right of the form area.

Click on yes/no option and describe if select yes.

Maternal, Perinatal, Child Death Surveillance and Response

12Block

DashboardMDSR DataReportsResourcesOrders and directives

Any information given to the relatives about the nature of complication from the hospital *

Yes

No

Was there any delay in initiating treatment *

Yes

Any information given to the relatives about the nature of complication by the care provider? *

Yes

No

Was there any delay in initiating treatment *

Yes

No

Don't know

Not applicable

Was the deceased woman referred - from the place of delivery in case of institutional delivery *

Yes

No

Don't know

In case of home delivery, was the deceased woman referred from first point of seeking care for complication? *

If yes, please describe *

BCDSS

If yes, please describe *

AGEDF

If yes, please describe *

ADSF

If yes, please describe *

ASDA

↑


Maternal, Perinatal, Child Death Surveillance and Response

12

Block

Dashboard
MDSR Data
Reports
Resources
Orders and directives

In case of home delivery, was the deceased woman referred from first point of seeking care for complication? *

☒ Yes ☐ No ☐ Don't know

Did she attend the referral center? *

☒ Yes ☐ No ☐ Don't know

In case of not seeking care from the hospital, what were the reasons for not seeking care? *

Financial reasons

Any information given to the relatives about the nature of complication from the hospital? *

☒ Yes ☐ No

If yes, please describe *

ASDAS

Was there any delay in initiating treatment? *

☐ Yes ☒ No ☐ Don't know ☐ Not applicable

If the death happend after delivery of placenta then fill section X also- as it would be classified as death during postnatal period

X. postnatal Period

Did the deceased woman have any problem following delivery? *	Date and time on onset of the problem *	Duration of onset of problem after delivery	Duration of onset of problem after delivery

All fields marked with red asterisk (*) are mandatory.

User can select multiple values.

**Maternal, Perinatal, Child Death Surveillance and Response**

12Block

DashboardMDSR DataReportsResourcesOrders and directives

Did the deceased woman have any problem following delivery *

☒ Yes ☐ No ☐ Don't know

Date and time on onset of the problem *

25-06-1970 05:30 AM

Duration of onset of problem after delivery

1

Duration of onset of problem after delivery

1

What was the problem during postnatal period? *

Bleeding from multiple sites × Select multiple values

Did seek treatment *

☒ Yes ☐ No

If yes, where did she seek treatment *

DH ×

What was the treatment provided at the health facility? *

Oxygen was given × Select multiple values

See the hospital records if available and fill details of treatment received. *

ABDFS



Weeks of follow-up *

**Maternal, Perinatal, Child Death Surveillance and Response**

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Was she referred? *

☒ Yes ☐ No

Did she attend the referral center? *

☒ Yes ☐ No

In case of not seeking care from the hospital, what were the reasons for not seeking care *

Family reasons × Faith in local healers / dai × Financial reasons × Health facility was very far ×

Select multiple values

Did she receive any postnatal check ups *

☒ Yes ☐ No

No. of postnatal check ups received *

Who did the postnatal check ups *

ANM ×

Select multiple values



- Click on Next step to SAVE and proceed with data entry


Maternal, Perinatal, Child Death Surveillance and Response

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Form 5: For Investigation of Maternal Deaths

Back

2 Module 1
3 Module 2
4 Module 3
5 Referral details
6 Other

Please fill the table below for the details on transport, referral and type of care given

Place	Home / Village	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Date (DD-MM-YYYY)	01-01-1970 	01-01-1970 	01-01-1970 	01-01-1970 	01-01-1970 	01-01-1970 
Time of onset of complication on onset of labour	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 
Time of calling / arrival to transport	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 	hh:mm a 
Transport used?						
Transport type						
Level of Facility						

- Select the appropriate cause of death from the drop-down menu.
After filled table click on Save & Next Button.


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Time to reach		hh:mm a		hh:mm a		hh:mm a		hh:mm a		hh:mm a	
Money spent on transport (Rs.)											
Reason for referral											
Referral slip (given or not)											
Treatment given											
Money spent on treatment / medicine / Diagnostics (Rs.)											
Time spent in facility		hh:mm a		hh:mm a		hh:mm a		hh:mm a		hh:mm a	

PREVIOUS
Save and Next

↑

- All fields marked with red asterisk (*) are mandatory.
- Click on Next step to SAVE and proceed with data entry

6: Other Click on 6 other and fill the details of Investigation of Maternal Deaths

**Maternal, Perinatal, Child Death Surveillance and Response**

12  Block

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Form 5: For Investigation of Maternal Deaths[Back](#)

2 Module 1

3 Module 2

4 Module 3

5 Referral details

6 Other

Primary diagnosis/condition leading to death

Direct cause of Death

Group Name *

Select Group Name x

Category *

Select Category x

Sub Category

Select Sub Category x

Indirect cause of Death

Group Name *

Select Group Name x

Category *

Select Category x

Sub Category

Select Sub Category x

Part 1:Antecedent cause (Please mention the cause of death from Box Below)

Due to or as a consequence of

Due to or as a consequence of

Due to or as a consequence of

IN YOUR OPINION WERE ANY OF THESE FACTORS PRESENT?

System	Example
Personal / Family	Delay in woman seeking help

☐ Yes ☐ No ☐ Not Known

In your opinion were any of these factors present

Maternal, Perinatal, Child Death Surveillance and Response

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IN YOUR OPINION WERE ANY OF THESE FACTORS PRESENT?

System	Example	
Personal / Family	Delay in woman seeking help	☐ Yes ☐ No ☐ Not Known
	Refusal of treatment or admission	☐ Yes ☐ No ☐ Not Known
	Refusal of admission in previous facility	☐ Yes ☐ No ☐ Not Known
Logistical Problems	Lack of transport from home to health care facilities	☐ Yes ☐ No ☐ Not Known
	Lack of transport between health care facilities	☐ Yes ☐ No ☐ Not Known
	Lack of assured referral system	☐ Yes ☐ No ☐ Not Known
Facilities	Lack of facilities, equipment or consumable	☐ Yes ☐ No ☐ Not Known
	Lack of blood / blood product	☐ Yes ☐ No ☐ Not Known
	Lack of OT availability	☐ Yes ☐ No ☐ Not Known
Health Personnel Problems	Lack of human resources	☐ Yes ☐ No ☐ Not Known
	Lack of Anesthetist	☐ Yes ☐ No ☐ Not Known
	Lack of Obstetricians	☐ Yes ☐ No ☐ Not Known
	Lack of expertise, training or education	☐ Yes ☐ No ☐ Not Known

Autopsy

☐ Performed ☐ Not Performed

↑

Click on **Save & Close** Button save all the information.

Case summary part you can fill summary in you opinion

Maternal, Perinatal, Child Death Surveillance and Response

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Block

DashboardMDSR DataReportsResourcesOrders and directives

Health Personnel Problems

Lack of human resources

☐ Yes

☐ No

☐ Not Known

Lack of Anesthetist

☐ Yes

☐ No

☐ Not Known

Lack of Obstetricians

☐ Yes

☐ No

☐ Not Known

Lack of expertise, training or education

☐ Yes

☐ No

☐ Not Known

Autopsy

☐ Performed

☐ Not Performed

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Case summary...

PREVIOUS

Save & Close

Click on save and close button for submission.

- This page also has an option to filter the cases on date basis.

The screenshot displays the 'Maternal, Perinatal, Child Death Surveillance and Response' (MCDSP) web application interface. The top navigation bar includes a logo, the application title, and a user profile icon with the name 'Block'. Below the navigation bar, a menu bar contains links for 'Dashboard', 'MDSR Data', 'Reports', 'Resources', and 'Orders and directives'. The main content area is titled 'Form 5: For Investigation of Maternal Deaths Data'. It features a table with columns: Block, UID, Deceased Woman Name, Age, Village, Place of Death, Death Date Time, IsMaternal?, Action, and Form 6. The table contains several rows of data, with the first row showing 'Bara' as the block, 'First' as the deceased woman's name, and '05-05-2021 12:00 PM' as the death date time. A 'Filter' modal is open over the table, allowing users to filter data by State (Uttar Pradesh), District (Allahabad), Block (Bara), From Date (01-04-2021), and To Date (12-09-2021). The modal includes a 'View' button to apply the filters. The footer of the application shows the copyright notice '2021 © Etech'.

Maternal, Perinatal, Child Death Surveillance and Response

Dashboard MDSR Data Reports Resources Orders and directives

Form 5: For Investigation of Maternal Deaths Data

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes		
Bara	--								
Bara	9								
Bara	9								
Bara	9								
Bara	9								
Bara	9								

Filter

State District Block From Date To Date

Uttar Pradesh Allahabad Bara 01-04-2021 12-09-2021

View

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Form 6: MDR Case Summary, Click on + from **Form 6** button to fill the MDR Case Summary details.

Maternal, Perinatal, Child Death Surveillance and Response

12Block

DashboardMDSR DataReportsResourcesOrders and directives

Form 6: MDR Case Summary

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Form4/Form5	Form 6
Bara	--	First	42	--	Home	05-05-2021 12:00 PM	Yes	No/Yes	 
Bara	--	Second	31	--	Health Facility	18-05-2021 12:00 PM	Yes	Yes/Yes	 
Bara	--	Suman Verma	42	--	Home	01-06-2021 08:00 AM	Yes	No/Yes	 
Bara	--	Aarti Singh	41	Amilia Tarhar	Health Facility	05-05-2021 09:00 AM	Yes	Yes/Yes	 
Bara	912089124937061643	Sanyukta Kumari	35	Shankargarh	Health Facility	01-07-2021 12:00 PM	Yes	Yes/No	 
Bara	912089116197098089	Test	41	Amilia Tarhar	Home	01-07-2021 12:00 PM	Yes	No/Yes	 
Bara	912089124937011405	Jyoti qa aaaa	34	Shankargarh	Health Facility	06-07-2021 12:00 PM	Yes	Yes/No	 
Bara	912089192663	AAA BBBB CCCC	41	--	Health Facility	02-06-2021 12:00 PM	Yes	Yes/No	
Bara	912089116203522910	Reeta	41	Abhaipur	Health Facility	13-07-2021 12:00 PM	Yes	Yes/No	
Bara	912089144300	Archna Pandit Kumari	17	--	Health Facility	12-07-2021 12:00 PM	Yes	Yes/No	
Bara	912089125141	KJKDBAKAKJ DNALK LLHKFLKAHL	31	--	Health Facility	07-07-2021 12:00 PM	Yes	Yes/No	

Items per page: 501 - 19 of 19<>

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- This page also has an option to filter the cases on date basis.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

Form 6: MDR Case Summary

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Form4/Form5	Form 6
Bara	—	Second	31	—	Health Facility	18-05-2021 12:00 PM	Yes	Yes/Yes	
Bara	—								
Bara	91								
Bara	91								
Bara	91								
Bara	91								
Bara	91								
Bara	91208912374	KUNDABARNA DAKSHINAKH	31	—	Health Facility	07-07-2021 12:00 PM	Yes	Yes/No	
Bara	912089127459	Sunita ii kuman	35	—	Health Facility	11-08-2021 12:00 PM	Yes	Yes/Yes	
Bara	912089191350	ffff ffff fff	36	—	Health Facility	03-08-2021 12:00 PM	Yes	Yes/No	
Bara	912089115999		36		Health Facility	04-08-2021 12:00 PM	Yes	Yes/No	

Items per page: 50 1 - 13 of 13

Filter

State District Block From Date * To Date *

Uttar Pradesh Allahabad Bara 01-04-2021 10-09-2021

View

Click on add button and fill the MDR Case Summary details in form 6.

The screenshot displays the MDSR web application interface. The top navigation bar is blue with the title "Maternal, Perinatal, Child Death Surveillance and Response" and a user profile icon labeled "Block". Below the navigation bar, there are tabs for "Dashboard", "MDSR Data", "Reports", "Resources", and "Orders and directives". The main content area shows "Form 6: MDR Case Summary" with a red "Back" button in the top right corner. The form is divided into several sections: 1. Basic Information: Includes fields for State (Uttar Pradesh), District (Allahabad), Block (Bara), Facility (Facility), and RCH Id (3433). 2. Deceased Information: Includes fields for Name of deceased woman (fiza aaaa), Age of deceased woman (29), Place of residence (aa), Native Place (aa), and Place of death (Health Facility). 3. Death Details: Includes fields for Date and Time of death (10-08-2021 12:00 PM), Religion (dropdown), Caste (dropdown), and Timing of death (dropdown). 4. Obstetric History: Includes fields for Gravida (0), Para (0), Infant outcome (0), Number of alive children (0), and Previous Abortions (Spontaneous: 0, Induced: 0). 5. Investigation: Includes fields for Date of interview (dd-MM-yyyy), Date of second interview (dd-MM-yyyy), Name of main respondent, and Contact of main respondent. 6. Delay in seeking care: A dropdown menu with the option "Select multiple values".

Form 6: MDR Case Summary

State: Uttar Pradesh, District: Allahabad, Block: Bara, Facility: Facility, RCH Id: 3433

Name of deceased woman: fiza aaaa, Age of deceased woman: 29, Place of residence: aa, Native Place: aa, Place of death: Health Facility

Date and Time of death: 10-08-2021 12:00 PM, Religion: , Caste: , Timing of death:

Obstetric History

Gravida: 0, Para: 0, Infant outcome: 0, Number of alive children: 0, Previous Abortions: Spontaneous: 0, Induced: 0

Investigation

Date of interview: dd-MM-yyyy, Date of second interview: dd-MM-yyyy, Name of main respondent: , Contact of main respondent:

Delay in seeking care: Select multiple values

- Fill the necessary information.

User can choose multiple values

Maternal, Perinatal, Child Death Surveillance and Response

12Block

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Delay in seeking care

Select multiple values

Delay in reaching health facility

Select multiple values

Delay in receiving adequate care in facility

Select multiple values

Probable direct obstetric cause of death

Indirect obstetric cause of death

Contributory causes of death

Initiatives suggested

Investigation team details

Name of investigator(s)	Designation of Investigator
Name	Designation
Name	Designation

**Maternal, Perinatal, Child Death Surveillance and Response**

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Block

Dashboard

MDSR Data

Reports

Resources

Orders and directives

Contributory causes of death

Initiatives suggested

Investigation team details

Name of investigator(s)	Designation of Investigator
Name	Designation
Name	Designation
Name	Designation

Doctor Name *

Date *

Registration No.

dd-MM-yyyy

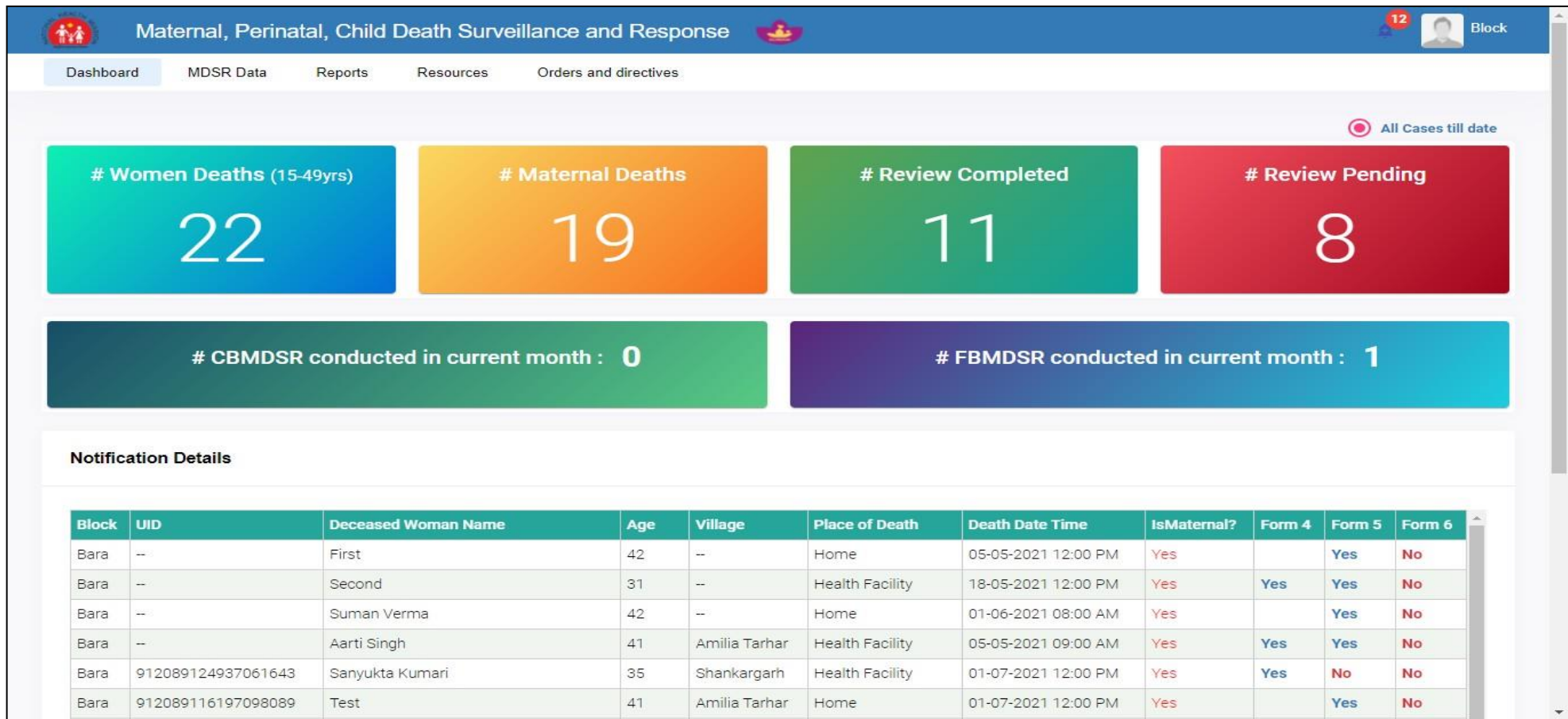


Submit

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↑

Click on the **Submit** button to save all the information



Dashboard: This dashboard is common for all login levels, this dashboard contains all important information like **Reported Deaths, Maternal Deaths, Review Pending** and **Review Completed** state wise.

Thank you