

MATERNAL

DEATH

SURVEILLANCE

REVIEW



USER MANUAL

INDEX

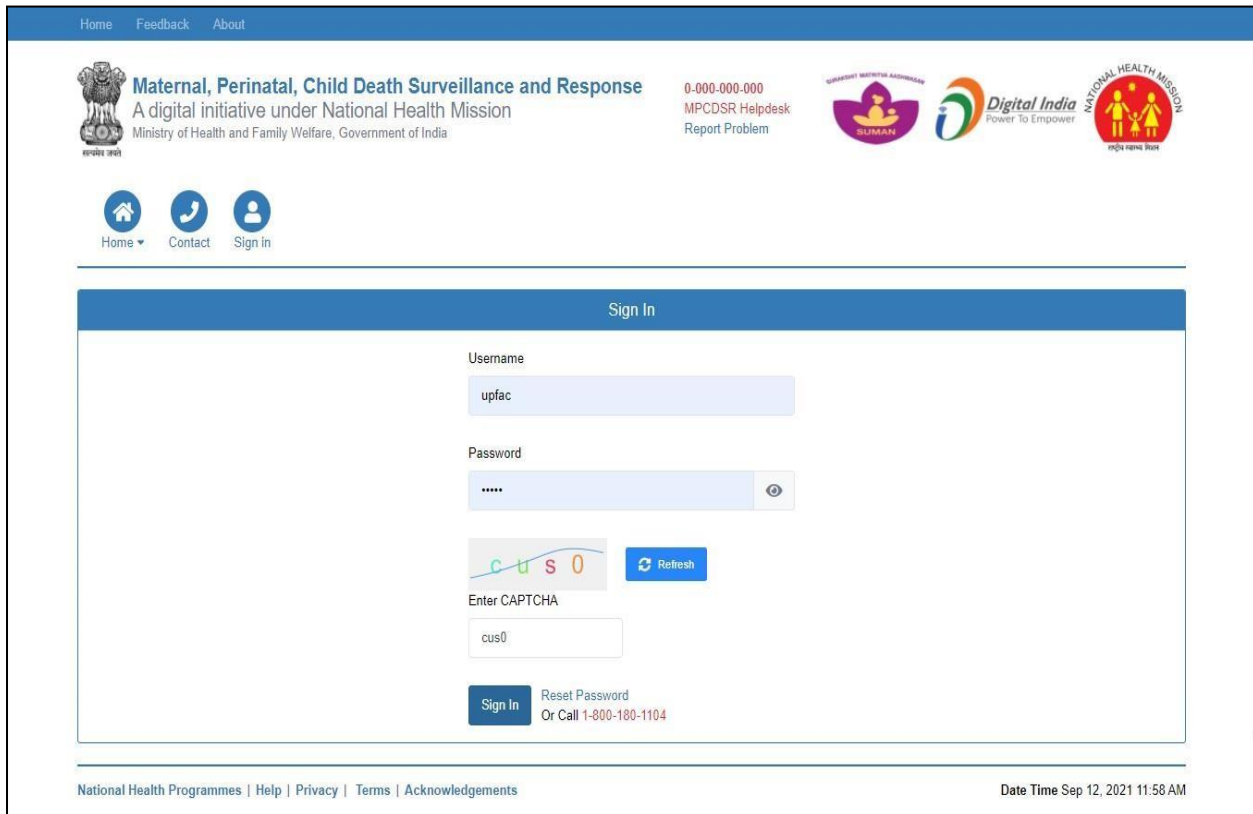
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To access the [Maternal and Child Death Surveillance and Response](#), Please follow the following steps:

1.Web Page Link

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

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



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
MPCDRS Helpdesk
Report Problem

SUMAN

Digital India
Power To Empower

NATIONAL HEALTH MISSION
एकता नामो भक्ति

Home Contact Sign in

Sign In

Username
upfac

Password
.....

cus0 Refresh

Enter CAPTCHA
cus0

Sign In Reset Password
Or Call 1-800-180-1104

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Date Time Sep 12, 2021 11:58 AM

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

FNO: Facility Officer

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

STEP-2: Log in using the facility officer-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-5 Choose the appropriate Form which you would like to use.

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

Maternal, Perinatal, Child Death Surveillance and Response

12

Facility

MDSR

Reports

Resources

Orders and directives

Review Meetings

Notification Details

+Add new

Block	UID	Deceased Woman Name	Age	Husband Name	Village	Death Date Time	IsMaternal?	Action	Form 4	Form 6
Bara	--	Second	31	--	--	18-05-2021 12:00 PM	Yes	 	Yes	Yes
Bara	--	Aarti Singh	41	Sushil	Amilia Tarhar	05-05-2021 09:00 AM	Yes	 	Yes	Yes
Bara	912089124937061643	Sanyukta Kumari	35	Anuj	Shankargarh	01-07-2021 12:00 PM	Yes	 	Yes	Yes
Bara	912089124937011405	jyoti qa aaaa	34	aaa	Shankargarh	06-07-2021 12:00 PM	Yes	 	Yes	Yes
Bara	912089192663	AAA BBBB CCCC	41	--	--	02-06-2021 12:00 PM	Yes	 	Yes	No
Bara	912089116203522910	Reeta	41	--	Abhaipur	13-07-2021 12:00 PM	Yes	 	Yes	No
Bara	912089144300	Archna Pandit Kumari	17	Nayan	--	12-07-2021 12:00 PM	Yes	 	Yes	No
Bara	912089125141	KJKDBAKAKJ DNALK LLHKFLKAHL	31	obhlawk	--	07-07-2021 12:00 PM	Yes	 	Yes	No
Bara	912089127459	Sunita ii kumari	35	jitu	--	11-08-2021 12:00 PM	Yes	 	Yes	No
Bara	912089191350	ffff ffff fff	36	--	--	03-08-2021 12:00 PM	Yes	 	Yes	No
Bara	912089125332	guyti	35	--	--	04-08-2021 12:00 PM	Yes	 	Yes	No

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Items per page: 50 1 - 14 of 14 < >

Click on **+Add New** Button to the data.

Form 1: MDR Register Notification Card.

The screenshot shows the 'Notification Card' form within the 'Maternal, Perinatal, Child Death Surveillance and Response' (MDSR) system. The interface includes a top navigation bar with the title and a user profile icon. Below the navigation bar, there are tabs for 'MDSR', 'Reports', 'Resources', 'Orders and directives', and 'Review Meetings'. The 'Notification Card' form is the main content area, featuring a 'Back' button in the top right corner. The form is organized into several sections: a location section with dropdowns for State (Uttar Pradesh), District (Allahabad), Block (Bara), and Village; a 'Deceased Women Name' section with input fields for First Name, Middle Name, Last Name, Name of husband, and Name of father; an address section with input fields for Address of Current Residence and Address of Native Place; a date and time section with a date picker for Date of Birth of the women and a date-time picker for Date and Time of death; a place of death section with a dropdown for Place of death; and a section for 'When did death occur' with radio button options: During pregnancy, During delivery, Within 42 days after delivery, During abortion or within 6 weeks after abortion, and None of the above.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

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

- If you want to go back then click on back button.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

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

Date

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- All fields marked with red asterisk (*) are mandatory.
- Fill the necessary information.
- Click on submit button for successfully submitting.

- 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 4: Facility Based Maternal Death Review Form

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
-------	-----	---------------------	-----	---------	----------------	-----------------	-------------	--------	--------

Items per page: 50 0 of 0

Filter

State District Block From Date * To Date *

Uttar Pradesh Allahabad Bara 01-04-2021 27-10-2021

View

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

Click on pdf button for downloading your data in pdf file.

Click on cross sign button for downloading data in excel sheet.

Maternal, Perinatal, Child Death Surveillance and Response

12 Facility

MDSR Reports Resources Orders and directives Review Meetings

Form 3: MDR Line Listing Form for All Cases of Maternal Death Data (15-49 Years) - 01-04-2021 - 12-09-2021

+Add new

X

PDF

State *

District *

Facility/Community MDSR *

Facility Name

From Date *

To Date *

Uttar Pradesh

Allahabad

Facility Based MDSR

Select Facility

01-04-2021

12-09-2021

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	Aarti Singh	Sushil	121	05-05-2021 09:00 AM	facility	Health Facility	During delivery	Maternal	Konika	ANM	new	Inves1	31-05-2021	
Bara	Sanyukta Kumari	Anuj	35	01-07-2021 12:00 PM	facility	Health Facility	During delivery	Maternal	Arun	Doctor	MNO PQR	ABCD	17-08-2021	

Items per page: 50 1 - 2 of 2 < >

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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

12

Facility

MDSR
Reports
Resources
Orders and directives
Review Meetings

Form 3: MDR Line Listing Form for All Cases of Maternal Death Data (15-49 Years) - 01-06-2021 - 12-09-2021



State *
Uttar Pradesh

District *
Allahabad

Facility/Community MDSR *
Facility Based MDSR

Facility Name
Select Facility

From Date *
01-06-2021

To Date *
12-09-2021

Name of Deceased	Husband	Age	Death Date Time	Place Of Death	When Death Occured	Primary Informant	Designation	Submitted
Second	--	31	18-05-2021 12:00 PM	Health Facility	During delivery	Sonu	ANM	Not Submitted
Aarti Singh	Sushil	121	05-05-2021 09:00 AM	Health Facility	During delivery	Konika	ANM	Submitted
Is Maternal Death : Yes Reporting Person : Konika Designation : ANM Reported Date : 01-06-2021								
Status of New Born(Delivery Outcome) new			Name of Investigator Inves1		Date of Interview 5/31/2021			
Sanyukta Kumari	Anuj	35	01-07-2021 12:00 PM	Health Facility	During delivery	Arun	Doctor	Submitted
jyoti qa aaaa	aaa	35	06-07-2021 12:00 PM	Health Facility	During delivery	hdhdhd	Doctor	Not Submitted
AAA BBBB CCCC	--	41	02-06-2021 12:00 PM	Health Facility	During pregnancy	Sushmita	Individual	Not Submitted
Reeta	--	41	13-07-2021 12:00 PM	Health Facility	During pregnancy	Sushmita	Doctor	Not Submitted

Form 4: Form 4 is only for FNO (Facility).Based on Maternal Death Review Form

The screenshot displays the MCDSSR web application interface. The header includes the title 'Maternal, Perinatal, Child Death Surveillance and Response' and a user profile 'Facility'. The main navigation bar contains links for 'MDSR', 'Reports', 'Resources', 'Orders and directives', and 'Review Meetings'. The central content area is titled 'Form 4: Facility Based Maternal Death Review Form' and contains a table with 10 columns: Block, UID, Deceased Woman Name, Age, Village, Place of Death, Death Date Time, IsMaternal?, Action, and Form 6. The table lists 12 maternal deaths, all occurring at a 'Health Facility'. The 'Action' column for each row contains a blue plus icon, which is the 'Add' button mentioned in the instructions. The 'Form 6' column contains a blue plus icon for the first two entries. At the bottom right of the table, there is a pagination control showing 'Items per page: 50' and '1 - 13 of 13'.

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
Bara	--	Second	31	--	Health Facility	18-05-2021 12:00 PM	Yes	+	+
Bara	--	Aarti Singh	41	Amilia Tarhar	Health Facility	05-05-2021 09:00 AM	Yes	+	+
Bara	912089124937061643	Sanyukta Kumari	35	Shankargarh	Health Facility	01-07-2021 12:00 PM	Yes	+	
Bara	912089124937011405	jjyoti qa aaaa	34	Shankargarh	Health Facility	06-07-2021 12:00 PM	Yes	+	
Bara	912089192663	AAA BBBB CCCC	41	--	Health Facility	02-06-2021 12:00 PM	Yes	+	
Bara	912089116203522910	Reeta	41	Abhaipur	Health Facility	13-07-2021 12:00 PM	Yes	+	
Bara	912089144300	Archna Pandit Kumari	17	--	Health Facility	12-07-2021 12:00 PM	Yes	+	
Bara	912089125141	KJKDBAKAKJ DNALK LLHKFLKAHL	31	--	Health Facility	07-07-2021 12:00 PM	Yes	+	
Bara	912089127459	Sunita ii kumari	35	--	Health Facility	11-08-2021 12:00 PM	Yes	+	+
Bara	912089191350	ffff ffff fff	36	--	Health Facility	03-08-2021 12:00 PM	Yes	+	
Bara	9120891105222	jjyoti	35	--	Health Facility	04-08-2021 12:00 PM	Yes	+	

- Click on Add button in action column and fill the all given sections

Sections notification

- General information
- Patient history
- On admission
- Condition and admission
- Interventions
- Other

- 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 4: Facility Based Maternal Death Review Form

Block	UID	Deceased Woman Name	Age	Village	Place of Death	Death Date Time	IsMaternal?	Action	Form 6
Bara	--	Second	31	--	Health Facility	18-05-2021 12:00 PM	Yes	+	+
Bara	--							+	+
Bara	9							+	+
Bara	9							+	+
Bara	9							+	+
Bara	9							+	+
Bara	9							+	+
Bara	912089128141	KUNDABANDU BANERJEE BANERJEE	31	--	Health Facility	07-07-2021 12:00 PM	Yes	+	+
Bara	912089127459	Sunita ii kumari	35	--	Health Facility	11-08-2021 12:00 PM	Yes	+	+
Bara	912089191350	ffff ffff fff	36	--	Health Facility	03-08-2021 12:00 PM	Yes	+	+
Bara	012090125922	ffff	25	--	Health Facility	04-08-2021 12:00 PM	Yes	+	+

Items per page: 50 1 - 13 of 13

Filter

State District Block From Date * To Date *

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

View

Section 1: Add General information, Click on Next Step to add more details.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

12 Facility

Form 4: Facility Based Maternal Death Review Form

Back

1 General Information

2 Patient History

3 On Admission

4 Condition on Admission

5 Diagnosis

6 Inti

State *
Uttar Pradesh

District *
Allahabad

Block *
Bara

Facility type

Facility

Name of Nodal Person
Facility Nodal Officer

Mobile *
9999999999

Address *
ABCD

FBMDRNo.

MCTS / RCH No.
102

Month *
May

Year *
2021

Background information of deceased Mother

First Name *
Second

Middle Name

Last Name

Age *
41

Inpatient No. *
123

Contact / Mobile No *
9898989898

Deceased Women Current Address *
FFFFF

- Fill the necessary information.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

FBMDR No. MCTS / RCH No. Month * Year *

102 May 2021

Background information of deceased Mother

First Name * Middle Name Last Name Age * Inpatient No. *

Second 41 123

Contact / Mobile No. * Deceased Women Current Address *

9898989898 FFFFF

Education

☒ Illiterate ☐ Up to 5th st ☐ 6th to 8th st ☐ 9th to 12th st ☐ Completed 12th st ☐ Other

Below Poverty Line Medico-legal admission

☐ BPL Certified ☒ Self Certified BPL ☐ Not BPL ☒ Yes ☐ No

Save & Next

- Fill the necessary information.
- Click on save button for successfully registering.

2 Patient History

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

Form 4: Facility Based Maternal Death Review Form

Back

2 Patient History 3 On Admission 4 Condition on Admission 5 Diagnosis 6 Interventions 7 Outcome

Date and Time of Admission * 06-04-2021 12:00 PM

Date and Time of Death * 02-06-2021 05:30 AM

Date and Time of Delivery 03-08-2021 12:00 PM

Duration of hospital stay Days Hours Minutes

Duration of ICU stay, if any Days Hours Minutes

Admission - Delivery Interval Days Hours Minutes

Admission - Death Interval * 56 17 30

Outcome of pregnancy * ☐ Abortion ☐ Ectopic ☐ Live Birth ☐ Still Birth (fresh) ☒ Still Birth (macerated) ☐ Undelivered

PREVIOUS Save & Next

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

Section 3: On Admission.

Form 4: Facility Based Maternal Death Review Form Back

3 On Admission 4 Condition on Admission 5 Diagnosis 6 Interventions 7 Other

Complaints at time of admission

1

Obstetric Formula on admission

Gravida Para

Number of alive children ☐ I have only total count

Male Female

Previous Abortions ☐ I have only total count

Spontaneous Induced

Period of gestation *

☐ Before 22 weeks ☒ Antenatal 22-34 weeks ☐ Antenatal ≥ 34 weeks ☐ Intrapartum ☐ Post - Partum up to 24hrs ☐ Post-natal 24hrs - 1 week ☐ Post-natal-More than 1 week to 42 days

PREVIOUS Save & Next

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

Section 4: Condition On Admission, Click on **Next Step** to add more details.

Maternal, Perinatal, Child Death Surveillance and Response

MDSR Reports Resources Orders and directives Review Meetings

Form 4: Facility Based Maternal Death Review Form Back

3 On Admission 4 **Condition on Admission** 5 Diagnosis 6 Interventions 7 Other

Condition on Admission *

☒ Stable ☐ Semi conscious responds to verbal commands ☐ Semi conscious responds to painful stimuli ☐ Unconscious ☐ Brought dead

Referred from outside * ☒ Yes ☐ No

No. of places visited prior *

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						
Time to reach		hh:mm a	hh:mm a	hh:mm a	hh:mm a	hh:mm a
Money spent on transport (Rs.)						

- Select the one option from the drop-down menu

Section 5:Diagnosis Details, Click on **Next Step** to add more details.

3 On Admission

4 Condition on Admission

5 Diagnosis

6 Interventions

7 Other

Diagnosis at time of admission

Hemorrhage

☐ Yes ☐ No

Hypertensive disorders of Pregnancy

☐ Yes ☐ No

Labour Related Disorders

☐ Yes ☐ No

Medical Disorders

☐ Yes ☐ No

Infection

☐ Yes ☐ No

Incidental/Accidental Disorders

☐ Yes ☐ No

E.g. Surgical including iatrogenic, Trauma, Violence, Anaesthetic complications

Any Other

☐ Yes ☐ No

Maternal, Perinatal, Child Death Surveillance and Response

12

Facility

MDSR

Reports

Resources

Orders and directives

Review Meetings

Incidental/Accidental Disorders

☐ Yes

☐ No

E.g. Surgical including Iatrogenic, Trauma, Violence, Anaesthetic complications

Any Other

☐ Yes

☐ No

Save & Next

Next

Abortion (to be filled if applicable)

Antenatal Care

DELIVERY, PUERPERIUM AND NEONATAL INFORMATION (If Applicable)

PREVIOUS

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Section 6: Interventions Details

The screenshot displays the 'Form 4: Facility Based Maternal Death Review Form' within the 'Maternal, Perinatal, Child Death Surveillance and Response' system. The interface includes a top navigation bar with 'MDSR', 'Reports', 'Resources', 'Orders and directives', and 'Review Meetings'. A 'Back' button is located in the top right corner. The form is divided into five sections: '3 On Admission', '4 Condition on Admission', '5 Diagnosis', '6 Interventions' (the current section), and '7 Other'. Section 6 contains a table for recording interventions across different stages of pregnancy and delivery. The table has columns for 'Early Pregnancy', 'Antenatal', 'Intrapartum', 'Postpartum', 'Anaesthesia / ICU', 'Blood Transfusion given?', and 'Any transfusion reaction occurred?'. Each row contains radio buttons for 'Yes' and 'No', and a text box for 'Specify other in the last row'. A dropdown menu for 'Blood Transfusion given?' is open, showing options: 'Whole Blood, FFP, PRBC, Platelets / Cryo'. A 'Test Data' field is also present at the bottom right of the form.

Stage	Intervention	Yes	No	Specify other in the last row
Early Pregnancy	Evacuation	☒	☐	
Antenatal	Transfusion	☒	☐	
Intrapartum	Instrumental del	☒	☐	
Postpartum	Removal of retained POC	☒	☐	
Anaesthesia / ICU	Anaesthesia-GA	☒	☐	
Blood Transfusion given?		☒	☐	
Any transfusion reaction occurred?		☒	☐	

- If you want to go back the click on back button

Section 7: Other Details, Click on **Submit** to save the r

Maternal, Perinatal, Child Death Surveillance and Response

MDSRReportsResourcesOrders and directivesReview Meetings

Form 4: Facility Based Maternal Death Review Form

Back

3 On Admission4 Condition on Admission5 Diagnosis6 Interventions7 Other

Primary diagnosis/condition leading to death

Direct cause of Death

Group Name

Hypertensive disorders in pregnancy, birth and puerperium

Category

Essential Hypertension

Category

Select Sub Category

Indirect cause of Death

Group Name

Non Obstetric Complication

Category

Liver Disorders

Category

Acute hepatic failure

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

Maternal, Perinatal, Child Death Surveillance and Response

MDSRReportsResourcesOrders and directivesReview Meetings

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
	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



Lack of expertise, training or education

☐ Yes ☐ No ☐ Not Known

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Discussion

☐ Performed ☐ Not PerformedDoctor Martin

Chapter 8

Fluorinated Polymers 143

ANCO

01-01-1970



Case Summary

B I U H₁ H₂ π_1 π^1 π Normal Normal A Sans Serif π

Case summary...

[PREVIOUS](#)

Slomovitz & Pérez

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

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	--	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	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	
Bara	912089127459	Sunita ii kumari	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	912089125222	AAAA	25	--	Health Facility	04-08-2021 12:00 PM	Yes	Yes/No	

Items per page: 50 1 - 13 of 13

- Click on eye button for viewing MDR Case Summary.
- Click on edit button for editing data. MDR Case Summary.

Users can search MDR Case Summary or Advance Search

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	91								
Bara	912089123141	KORUBAKANS DINKER LAKSHMAN	31	--	Health Facility	07-07-2021 12:00 PM	Yes	Yes/No	
Bara	912089127459	Sunita ii kumari	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	912089135322	ffff ffff fff	35	--	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 12-09-2021

View

- This page also has an option to filter the cases on date basis for viewing MDR Case Summary.

Add MDR Case Summary

**Maternal, Perinatal, Child Death Surveillance and Response**12  Facility

MDSRReportsResourcesOrders and directivesReview Meetings

Form 6: MDR Case Summary

Back

State	District	Block	Facility	RCH Id
Uttar Pradesh	Allahabad	Bara	Goisara	
Name of deceased woman	Age of deceased woman	Place of residence ?	Native Place ?	Place of death *
AAA BBBBCCCC	41	dsfdfsdf		Health Facility
Date and Time of death	Religion	Caste	Timing of death	
02-06-2021 12:00 PM 				
Obstetric History				
Gravida	Para	Infant outcome	Number of alive children	Previous Abortions
0	0	0	0	Spontaneous 0 Induced 0
Investigation				
Date of interview	Date of second interview ?	Name of main respondent	Contact of main respondent	

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



MDSR

Reports

Resources

Orders and directives

Review Meetings

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

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



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

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

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 Facility

MDSR

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Review Meetings

Contributory causes of death

Initiatives suggested

Investigation team details

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

Doctor Name *

Designation *

Date *

Registration No.

dd-MM-yyyy



Submit

↑

Thank You.....