



Sri Lanka College of Obstetricians and Gynaecologists

Maternal Deaths Notification Form – 2021

(To be filled by the Consultant Obstetrician and Gynaecologist within 48hrs after a maternal death and email to slcog-ec@hotmail.com)

Name of the patient:

Age: **Parity:** G P C **BHT No:**

Date of the maternal death:

Name of the Institution:

Antenatal: POA

Intranatal:

Postnatal: Number of days / hours after delivery

Late maternal death: Number of days after delivery

Mode of delivery (If applicable): NVD Instrumental Delivery LSCS

Any high risk factors:

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Summary of the case:

Probable causes of death:

Name and Signature of consultant _____ Date: