

**Maternal death detail**

**PPIP 3 Data Sheet**

Health care facility: \_\_\_\_\_

Data sheet completed by: \_\_\_\_\_

Identification: \_\_\_\_\_

Date of death: dd/mm/yyyy

Death occurred:

- During early pregnancy (less than 20 weeks gestation)
- In the antenatal period
- Intrapartum
- Postpartum
- Unknown

Please circle one

**Obstetric cause of death**

Code: \_\_\_\_\_

Description if 'Other': \_\_\_\_\_

**Final cause of death**

Code: \_\_\_\_\_

Description if 'Other': \_\_\_\_\_

Code: \_\_\_\_\_

Description if 'Other': \_\_\_\_\_

Code: \_\_\_\_\_

Description if 'Other': \_\_\_\_\_