

NOTIFICATION.

No.PAB/Legis: V (23)/2025/5891. The Balochistan Maternal and Perinatal Death Surveillance and Response Bill, 2025 (Bill No. 23 of 2025), having been passed by the Provincial Assembly of Balochistan on 28th July 2025, and assented to by the Governor Balochistan on 31st July 2025; is hereby published as an Act of the Provincial Assembly of Balochistan.

**THE BALOCHISTAN MATERNAL AND PERINATAL DEATH SURVEILLANCE AND
RESPONSE ACT, 2025 (ACT NO. XXII OF 2025).**

**AN
ACT**

to provide for the establishment of an effective system of reporting maternal and perinatal deaths across Balochistan and gather information that effectively guides actions to eliminate preventable maternal and perinatal mortality at health facilities and in the community.

Preamble.

Whereas, it is expedient to establish an effective system for reporting maternal and perinatal deaths across Balochistan, gathering information to guide actions that eliminate preventable maternal and perinatal mortality in healthcare facilities and communities;

It is hereby enacted as follows:



**Short title,
extent, and
commencement.**

**CHAPTER-I
PRELIMINARY.**

1. (1) This Act may be called the Balochistan Maternal and Perinatal Death Surveillance and Response Act, 2025.
(2) It shall extend to the whole of Balochistan.
(3) It shall come into force at once.

Definitions.

2. In this Act, unless there is anything repugnant in the subject or context, -
 - (a) **"Act"** means the Balochistan Maternal and Perinatal Death Surveillance and Response Act, 2025;
 - (b) **"Commission"** means Balochistan Healthcare Commission as established under Section 3 of the Balochistan Healthcare Commission Act, 2019 (Act XII of 2019);
 - (c) **"Department"** means the Health Department, Government of Balochistan;
 - (d) **"Facility"** means any tertiary, teaching, secondary, primary, and basic health unit working under the Department(s) or any other

setup providing health services in public or private sector;

- (e) **“Facility-based Maternal and Perinatal Deaths Review (MPDR)”** means a qualitative, in-depth investigation of the causes of, and circumstances surrounding, maternal and perinatal deaths which occur in health care facilities. It is particularly concerned with tracing the path of the women and perinatal who died, through the health care system and within the facility, to identify any avoidable or remediable factors that could be changed to improve maternal care in the future;
- (f) **“Government”** means the Government of Balochistan;
- (g) **“Maternal death”** means the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental;
- (h) **“Maternal and Perinatal Death Surveillance and Response (MPDSR)”** means a form of continuous surveillance linking the health information system and quality improvement processes. It includes the routine identification, notification, quantification, and determination of causes and avoiding of all maternal deaths, as well as the use of this information to respond with actions that will prevent future deaths;
- (i) **“MPDSR Coordinator”** means a person notified by the Department to act as a focal person for relevant MPDSR committee;
- (j) **“Medical facility”** means any public, private or non-profit hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons;
- (k) **“NADRA”** means National Database and Registration Authority;
- (l) **“Neonatal death”** means the death among live birth within the neonatal period, and may be classified as—
- i. “early neonatal death” occurs during the first 7 days of a baby’s life; *and*
 - ii. “late neonatal death” occurs between the 7th and 28th day of a baby’s life;
- (m) **“Neonatal period”** means the period begins with 0 to 28 days after live birth;
- (n) **“Prescribed”** means prescribed by rules made by the Government under this Act;
- (o) **“Perinatal death”** means antepartum and intrapartum stillbirths and neonatal deaths;



- (p) **"Perinatal period"** means the period surrounding birth and commences at 28 complete weeks (196 days) of gestation and ends 28 complete days after birth of the baby;
- (q) **"Review Committees"** means any committee constituted under this Act; it may be Facility Level MPDSR Committee, District MPDSR Committee, Provincial MPDSR Committee or National MPDSR Committee constituted under the relevant law;
- (r) **"Rules"** mean the rules made under this Act;
- (s) **"Stillborn or fetal death"** means a death of a fetus prior to the complete expulsion or extraction of the baby from the mother, pregnancy from 28 weeks onwards and is indicated by an absence of breath or lack of any evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, after the separation of the fetus from the mother;
- (t) **"Surveillance"** means the systematic collection, analysis and interpretation of health data which includes the timely dissemination of the resulting information to those who need it for requisite action and is also essential for the planning, implementation and evaluation of public health practice under this Act;
- (u) **"Suspected maternal death"** means the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, which has been identified by a committee as a death related to or aggravated by the pregnancy or its management; the death of a woman while pregnant or within 42 days of the termination of pregnancy from any cause with the exception of motor vehicle crashes and homicides;
- (v) **"Verbal Autopsy"** means a method of determining the medical causes of death that occur outside a facility as well as the personal, family, or community factors that may have contributed to the death;
- (w) **"Woman of Reproductive age"** means a woman between the ages of 15 and 49 years; *and*
- (x) **"Zero reporting"** means an active process of notifying suspected maternal deaths; if none occurred during a given timeframe that fact must be reported. If no maternal deaths occurred, a "zero" is captured in the data collection system rather than nothing at all.



CHAPTER-II

POWERS AND FUNCTIONS.

Powers and functions of the Department.

3. The Department shall have the following powers and perform the following functions:
 - (a) to develop a provincial policy to notify and review all maternal and perinatal deaths;



- (b) to establish and notify a MPDSR Provincial Task Force, Provincial MPDSR Committee, District MPDSR Committees and Facility Level MPDSR Committees;
- (c) to implement recommendations for improvements to improve the health system;
- (d) to develop a confidential and privileged mechanism for notifying, identifying, and reporting maternal and perinatal deaths;
- (e) to enhance surveillance and response systems through consistent, timely, and accurate data collection and execution of response plans;
- (f) to establish a consolidated provincial database of Maternal and Perinatal Deaths;
- (g) to build linkages with NADRA, Local Government and Rural Development Department, local government/bodies, or any other relevant departments to ensure the compulsory reporting of maternal or perinatal deaths and for sharing of data related to maternal or perinatal deaths while ensuring that confidentiality of the data is not breached or compromised; *and*
- (h) to notify the establishment of committees through official gazette notification.

Provincial Task Force.

4. (1) The Department shall notify Provincial Task Force on Maternal and Perinatal Death Surveillance and Response: -

i.	Chief Minister	Chairperson
ii.	Minister, Health Department	Co-Chairperson
iii.	Secretary, Health Department	Secretary
iv.	ACS Development	Coordinator
v.	Secretary Law Department	Member
vi.	Secretary, Population Welfare Department.	Member
vii.	Secretary, Education Department	Member
viii.	Secretary Planning & Development Department	Member
ix.	Secretary, Social Welfare Department	Member
x.	Secretary, Local Government Department	Member
xi.	Secretary, Finance Department	Member
xii.	PC, MNCH Program Balochistan	Coordinator

xiii.	CEO, Balochistan Health Card	Member
xiv.	Commissioner Afghan Refugees	Member
xv.	Two members of the Provincial Assembly of Balochistan to be nominated by the Speaker	Member
xvi.	Chairperson, Balochistan Commission on the Status of Women	Member
xvii.	Chairperson, Healthcare Commission	Member
xviii.	Provincial Head, WHO Balochistan	Member
xix.	Provincial Head UNFPA	Member
xx.	Provincial Head UNICEF	Member
xxi.	Provincial Head UNHCR	Member
xxii.	Any co-opted members	Non-voting member



(2) The Provincial Task Force on Maternal and Perinatal Death Surveillance and Response shall perform the following functions: -

- (a) to supervise the Maternal and Perinatal Death Surveillance and Response initiatives to improve the quality of care and data collection;
- (b) to provide strategic guidance and issue directions to the Health Department, initiative/programs focusing on MNCH and relevant stake holders to enhance maternal and perinatal healthcare;
- (c) to make evidence-based decisions to improve the overall Maternal and perinatal health through strengthening the Quality of healthcare;
- (d) to ensure the effective implementation of activities/ initiatives in line with Sustainable Development Goals (SDGs)/ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the policies of the Government concerning maternal and child health, reproductive health, and family planning;
- (e) to recommend and support on legislative matters related to MPDSR;
- (f) to review and approve budgetary proposals, as submitted by the Health Department through the Finance Department, aimed at enhancing the quality of maternal and perinatal healthcare services;
- (g) to provide policy support to the Health Department, specifically in matters related to maternal and perinatal healthcare and the integration of MPDSR into the healthcare system;

- (h) to facilitate effective coordination between the Provincial and Federal Governments, and other provinces to ensure a comprehensive and integrated approach to improve maternal and perinatal health outcomes; *and*
- (i) to convene biannually to review progress, address emerging issues, and provide guidance on MPDSR-related matters.

**MPDSR
Coordinator.**

5. There shall be a MPDSR Coordinator who shall:

- (a) be a member of the relevant review committee;
- (b) be responsible for filing out the prescribed form confirming a maternal and perinatal death; *and*
- (c) be responsible for collecting data on maternal and perinatal deaths and reporting it to the relevant Committee.

**MPDSR Review
Committees.**

6. (1) The Department shall establish MPDSR review committees which shall be responsible, -

- (a) to collect the medical and non-medical records of maternal and perinatal deaths;
- (b) to examine the contributing factors which lead to maternal and perinatal deaths;
- (c) to propose recommendations for preventing future deaths; *and*
- (d) to implement recommendations made under this Act.

(2) The review committee may include multidisciplinary and diverse members representing different clinical specialties, public and private health officials, epidemiologists, statisticians, health organizations and individuals or organizations deemed necessary for the better functioning of the committees.



**Facility Level
MPDSR
Committee.**

7. The Facility Level MPDSR Committees shall be established in any secondary and tertiary health facilities and private medical facilities where maternal or perinatal deaths are frequent having the following composition: -

- | | |
|-------------------------------------|---------------------|
| i. Medical Superintendent | Chairperson |
| ii. HOD | Co-Chairperson |
| iii. RMO | Member/ Secretary |
| iv. Head of Unit | Member/ Coordinator |
| v. Senior Consultant faculty member | Member/Coordinator |
| vi. Focal persons unit/MPDSR | Member |
| vii. Anesthetist | Member |
| viii. Pediatrician | Member |

ix.	Pharmacist from tertiary Hospitals	Member
x.	Pathologist	Member
xi.	Head Nurse/staff nurse	Member
xii.	In charge Blood Bank	Member
xiii.	In charge Trauma	Member
xiv.	In charge Medicine	Member

(2) The Facility Level MPDSR Committees shall perform the following functions:

- (a) convene bi-monthly meetings to review all maternal and perinatal deaths;
- (b) identify the service delivery gaps and propose remedial actions;
- (c) investigate facility deaths requiring further scrutiny;
- (d) collect and maintain data on maternal and perinatal deaths in an MPDSR database;
- (e) share data, findings, and recommendations with the District Committee;
- (f) implement the recommendations of the District and Provincial Committees; and
- (g) perform other assigned tasks.

**District
Committee.**

8. (1) A District MPDSR Committee shall be established in each district of the province, comprising:

i.	Deputy Commissioner or ADC Revenue	Chairperson
ii.	District Health Officer	Co-Chairperson
iii.	Medical Superintendent	Member
iv.	District Support Manager, PPHI-Balochistan	Secretary
v.	District Coordinator LHW Program	Co-Secretary
vi.	Gynecologist/LMO	Coordinator
vii.	District Population Officer	Member
viii.	District Surveillance officer DDSRU	Member
ix.	In charge MCH Center	Member



x.	Principal Public Health School (If available in district)	Member
xi.	Public Health Specialist	Member
xii.	Pediatrician	Member
xiii.	Principal Nursing School (If available in district)	Member
xiv.	Principal Midwifery School (If available in district)	Member
xv.	Chairperson District Council and Mayors	Member
xvi.	NADRA Representative	Member
xvii.	Civil Society representative (nominated by DHO)	Member
xviii.	Deputy Director Social Welfare	Member
xix.	Private Hospital Boards head	Member
xx.	Chief Planning Officer	Member



(2) The District MPDSR Committee shall perform the following functions:

- (a) convene quarterly meeting to review all maternal deaths, perinatal deaths and suspected maternal deaths;
- (b) identify the service delivery gaps and propose remedial actions;
- (c) investigate deaths requiring further scrutiny;
- (d) collect and maintain the data on maternal deaths, perinatal deaths, and suspected maternal deaths in the district MPDSR database;
- (e) determine causes of maternal deaths, perinatal deaths, and suspected maternal deaths;
- (f) categorize the deaths as avoidable or unavoidable;
- (g) develop district level action plans to address identified gaps;
- (h) share collected data, findings, and recommendations with the Provincial Committee;
- (i) implement the recommendations of the Provincial Committee; and
- (j) perform any other assigned tasks.

(3) The district shall be the center for the transmission, aggregation, processing and storage of all data of maternal and perinatal deaths in the district. This database shall be utilized for aggregated analysis of all the deaths that have been reviewed.

**Provincial
Committee.**

9. (1) There shall be a Provincial MPDSR Committee having the following composition: -

i.	Secretary, Health Department, Balochistan	Chairperson
ii.	Director General, Health Department, Balochistan	Co-Chairperson
iii.	Provincial Coordinator, MNCH Program Balochistan	Secretary
iv.	Head of Gynae & Obstetrics Department of Bolan Medical College (BMC).	Coordinator
v.	The CEO PPHI-Balochistan	Member
vi.	The CEO CHQ, Quetta	Member
vii.	CEO Health Care Commission	Member
viii.	Health and Nutrition Chief P&D	Member
ix.	Director Technical, Population Welfare Department, Balochistan	Member
x.	Provincial Coordinator, LHW Program	Member
xi.	Director Public Health	Member
xii.	Provincial Coordinator, DHIS Balochistan	Member
xiii.	Secretary, Balochistan Private Hospital Regulatory Authority	Member
xiv.	Provincial Coordinator MCH	Member
xv.	Anesthetist (Head of Department) of Bolan Medical College (BMC).	Member
xvi.	Director Nursing	Member
xvii.	Head of Paed's Department of Bolan Medical College (BMC).	Member
xviii.	In-Charge Regional Blood Bank	Member
xix.	Chief Pharmacist	Member
xx.	Regional Head or Representative, NADRA	Member
xxi.	Provincial Head of UNFPA	Member
xxii.	Provincial Head of UNICEF	Member
xxiii.	Team Lead Mercy Crops	Member



xxiv. Head of sub office, WHO Balochistan Member

xxv. Representative MSF Member

(2) The Provincial MPDSR Committee shall preform the following functions: -

- (a) convene quarterly meetings to review all maternal and perinatal deaths;
- (b) identify service delivery gaps and propose remedial actions;
- (c) investigate deaths requiring further scrutiny;
- (d) collect data on maternal deaths, perinatal deaths and suspected maternal deaths in the district MPDSR database;
- (e) develop Provincial level action plans to address identified gaps;
- (f) publish annual reports of deaths, recommendations, and responses;
- (g) share the collected data, findings and recommendations with the National Committee;
- (h) implement the recommendations of the National Committee; and

CHAPTER-III

IDENTIFICATION, NOTIFICATION AND REGISTRATION.

Notification.

10. (1) Every maternal and perinatal death including suspected death shall be notified in the prescribed form by:
- (a) the medical facility under whose care the death has occurred; or
 - (b) the medical facility where a death is confirmed.
- (2) The notifications shall be shared with the Facility and the District Committees.

Notification Mechanisms.

11. District committees shall establish mechanisms to:
- (a) notify suspected maternal deaths; and
 - (b) notify maternal and perinatal deaths occurring in the community or outside medical facilities.

Review of Community Deaths.

12. (1) Where a maternal or perinatal death has occurred outside a medical facility and where review committee is not notified, the following steps shall be taken: -

- (a) use verbal autopsy tool to interview the family, companions and other community members in order to determine whether a maternal death has occurred:

Provided that informed consent may be obtained from participants from the community for ensuring voluntarism; and



- (b) be brought before the MPDSR Coordinator of the Facility, who shall make a recommendation, in the prescribed form, denying or confirming probability of the suspected maternal death.

CHAPTER IV DATA COLLECTION AND REPORTING.

**Data Collection
and reporting
requirements.**

13. All identified maternal and perinatal death incidences shall be:
- (a) collected including zero reporting and stored in a database or records at the Facility and District level. ;
 - (b) reported, prior to the commencement of the meeting of the Facility Level Committee or District MPDSR Committee or Provincial MPDSR Committee, whichever applicable; *and*
 - (c) reported in a format that allows for analysis by the review committee(s) and the Department:

Provided that the data collected under this Act may be made available, as appropriate, and practicable, for research purposes, in a manner that protects individually identifiable or potentially identifiable information and that is consistent with Federal and Provincial privacy law and data protection law and relevant policies.



14. (1) The Provincial Committee shall submit an annual and other reports to the provincial task force on Maternal and Perinatal Death Surveillance and Response, in the prescribed manner, which includes:
- (a) data, findings and policy recommendations;
 - (b) as applicable, information on the implementation during such year of any recommendations submitted by the committee in a previous year;
 - (c) report shall narrate linkages between different review committees for decision making; *and*
 - (d) report shall narrate developmental plan and its progress tracking steps.

(2) The Provincial Review Committee shall publish and disseminate reports at sub-provincial levels, making them available and communicable for various stakeholders, including for healthcare professionals and affected communities.

CHAPTER V RESPONSE, PREVENTION AND RESEARCH.

Response.

15. Every Review Committee shall ensure reporting, tracing and investigating maternal and perinatal deaths occurring at facilities and within communities, recommend appropriate actions to avoid such preventable maternal and perinatal deaths in future.

**Prevention,
research and
programs.**

16. (1) The Department shall have the authority to further expand research concerning the risk factors, prevention strategies, and the roles of the family, healthcare providers and the community with the aim to prevent maternal and perinatal deaths in future focusing on:
- (a) preconception counselling to reduce the chances of poor obstetric, maternal, and fetal outcomes;
 - (b) identify components of prenatal delivery and postnatal care;
 - (c) factors contributing to premature births and preventive measures;
 - (d) prevention and management/treatment of urinary tract and sexually transmitted infections;
 - (e) optimizing the use of caesarean sections;
 - (f) identifying factors that determines the disparities in maternal care, health risks, and health outcomes including the disproportionality in the ratio of maternal deaths across all districts;
 - (g) reducing gaps in maternity services and outcomes;
 - (h) addressing the three main preventable and treatable conditions (premature births/low birth weight, birth asphyxia and sepsis) responsible for neonatal mortality and identifying the contributing factors;
 - (i) measures for addressing the preventable and treatable causes of maternal deaths including both clinical (postpartum hemorrhage, high blood pressure, infections, complications of unsafe abortions, pre-existing medical conditions like diabetes, cardiac disease etc.) and social (poverty, food insecurity, lack of healthcare facilities, low quality of health care services, low literacy, high parity etc.); and
 - (j) other areas determined appropriate by the Department.
- (2) The Department may undertake activities to improve the maternal health by addressing the factors contributing to maternal and perinatal deaths, including: -
- (a) strengthening the existing health system and vertical programs working in the areas of maternal and newborn health directly or indirectly including Maternal Newborn Child Health Program, National Program for Family Planning & Primary Healthcare, Provincial Nutrition Directorate, Regular Maternal Child Health Program and Provincial DHIS Cell etc.;
 - (b) ensuring the integration of the activities falls under Health and Population & Welfare Departments;
 - (c) advocating for a health-sensitive budget and sufficient funding for maternal, newborn, and child health programs;



- (d) expanding community-based structures (e.g., Lady Health Workers, Community Midwives) to reach underserved populations;
- (e) Developing social behavior change strategies and simplified messages on maternal and newborn health;
- (f) building capacity and enhancing skills of healthcare professionals, and deploying/recruiting skilled birth attendants;
- (g) increasing the number of Basic Emergency Maternal Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Maternal Obstetric and Newborn Care (CEmONC) for improving the rate of institutional deliveries and addressing the preventable deaths; and
- (h) organizing sensitization seminars/events for the medical students, doctors, nurses, lady health visitors, midwives, lady health workers and other cadres on maternal and newborn health.

CHAPTER VI MISCELLANEOUS.



(1) The Department shall periodically train and sensitize all stakeholders in a manner prescribed on MPDSR to ensure accurate identification and reporting.

(2) The Department shall periodically sensitize public through print, electronic and social media on MPDSR to enhance community death reporting.

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|---|------------|--|
| Rules. | 18. | The Government shall, by notification in the official Gazette, frame rules for carrying out the purposes of this Act, within a year from its enactment. |
| Removal of difficulties and adaptation of existing system. | 19. | <p>(1) If any difficulty arises in giving effect to any provisions of this Act, the Government may make such order, not inconsistent with the provisions of this Act, as may appear to it to be necessary or expedient for the purpose of removing the difficulty.</p> <p>(2) The Department may adapt and modify existing systems, mechanisms, processes, or procedures to fulfill the purposes of this Act, rather than creating new or parallel structures.</p> |
| Over-riding effect. | 20. | The provisions of this Act shall have an over-riding effect on any other law for the time being in force. |
| Protection of privacy. | 21. | Provincial Task Force on Maternal & Perinatal Death Surveillance and Response, Provincial, District, Facility review committees, and other departments shall ensure the protection of privacy, confidentiality and anonymity of every reported death along with health professionals, individuals and families who participate as respondents in an MPDSR inquiry after the reporting of the death from the community. |
| Immunity. | 22. | (1) No suit, prosecution and other legal proceedings shall lie against the review committees, its members, the MPDSR Coordinators and other officers and authorities acting under the direction of the review committees or, as the case may be, in respect of anything done with good faith under the provisions of this Act or any rules or orders made thereunder. |

(2) Any information provided under this Act or any rules or orders made thereunder shall not be used against or by any health professional in any Court of law or departmental disciplinary proceedings.

Conflict of interest.

23. The Department shall ensure that MPDSR processes and procedures are free from conflicts of interest.

Penalties.

24. (1) The Department may refer a complaint to the Commission to impose a fine which may extend up to one hundred thousand rupees upon any person working in private sector who—

- (a) refuses or fails, without reasonable cause, to furnish any information to any review committee; or
- (b) provides false or misleading information to the any review committee; or
- (c) breaches or cause to breach the confidentiality of information provided to any review committee; or
- (d) contravenes any provision of the rules, regulations, standing orders and instructions issued under this Act.

(2) The Department may initiate departmental disciplinary proceedings against any person working in public sector who—

- (a) refuses or fails, without reasonable cause, to furnish any information to any review committee; or
- (b) provides false or misleading information to the any review committee; or
- (c) breaches or cause to breach the confidentiality of information provided to any review committee; or
- (d) contravenes any provision of the rules, regulations, standing orders and instructions issued under this Act.

(3) Commission may impose a fine which may extend up to fifty thousand rupees on a person who obstructs, hinders or impedes functions and working of any review committee.


(TAHIR SHAH KAKAR)
Secretary.

No.PAB/Legis: V (23)/2025/5891.

Dated: Quetta, the 1st August, 2025.

A copy is forwarded to the Chief Controller, Government Printing Press, Balochistan Quetta for favor of publication in Extra –ordinary issue of Gazette of Balochistan. Before final printing, a copy thereof be sent to this Secretariat for Proof reading. Fifty copies of the Act may please be supplied to this Secretariat for record.




(ABDUL REHMAN)
Special Secretary (Legis:)

No.PAB/Legis: V (23)/2025/5891.

Dated: Quetta, the 1st August, 2025.

Copy for information to: -

1. The Principal Secretary to Governor, Balochistan, Quetta.
2. The Principal Secretary to Chief Minister, Balochistan, Quetta.
3. The Secretary, Government of Balochistan, Health Department, Quetta.
4. The Secretary, Government of Balochistan, Law & Parliamentary Affairs Department, Quetta.
5. The Director General, Public Relations, Balochistan, Quetta for favour of publication.
6. The System Analyst, Balochistan Provincial Assembly.
7. The Secretary to Speaker, Balochistan Provincial Assembly.
8. The P.S. to Secretary, Balochistan Provincial Assembly.

[Handwritten signature]
01/08/2025
SPECIAL SECRETARY (LEGIS:)

