NEONATAL DEATH REPORTING FORM

MONTH / YEAR OF DEATH			AGE OF DEATH	
MOTHER	NAME		Mother's MCH Reg.No.	
	Hosp.Reg. No.			
BABY	NAME		Baby's MCH Reg.No.	
	Hosp.Reg. No.			

1. INFORMATION OF REPORTER

REPORTED BY		DESIGNATION		Contact	
DATE		TIME			
NAME OF FACILITY		NAME OF UNIT		DZONGKHAG	

2. INFORMATION OF MOTHER

2.1. Socio-economic status

AGE		NATIONALITY		ETHNICITY				
MARITAL STATUS	☐ Unknown	□ Married	□ Not married	□ Widowed	□ Divorced			
EDUATION	☐ None	□ Primary	□ Secondary	□ Graduate	□ NFE	□ Other (specify).................		
OCCUPATION	☐ Housewife	□ Farmer	□ Office worker	□ Other (specify).................				
PAMANENT ADRESS	Village/Town		Gewog		Dzongkhag			
PRESENT ADRESS	Village/Town		Gewog		Dzongkhag			
DISTANCE OF THE HOUSE FROM THE NEAREST HEALTH FACILITY		BHU			by walk	and/or		by vehicle
		DH			by walk	and/or		by vehicle
		RH			by walk	and/or		by vehicle

2.2. Medical History

☐ Heart disease	☐ Diabetes	□ Hypertension	□ Thyroid disease	□ TB	□ Other (specify).................

2.3. Past Obstetric History

GRAVIDA		PARA				Sl.No.	Age of death	probable cause
						1		
ABORTION		LIVING		DEAD		2		
REMARKS						3		

2.4. Antenatal care

☐ Not done	□Done	No. of Visits		Tetanus shots			
PLACE		Hospital / BHU / ORC		Syphilis status	□Negative	□Positive, treated	□Postive, untreated

2.5. Obstetric Complications

□ PIH	□ GDM	□ APH	□ Multiple Pregnancy		□ UTI	□ PROM	□ Fever
□ Polyhydroamnios (AFI=)		□ Oligohydroamnios (AFI=)		□Pre-eclampsia		□ Other (specify).................	

2.6. Antenatal Medications

Dexamethasone	□ Given	□ Not given	
Tocolysis	□ Given	□ Not given	□ Other (specify).................

3. DELIVERY RECORD

SEX	☐ MALE	□ FEMALE	□ AMBIGUOUS	PLACE OF BIRTH			
DATE OF BIRTH		TIME OF BIRTH		AM/PM	APGAR SCORE	1 min	
						5 min	
POG		weeks		days	BIRTH WEIGHT		Kg
RESUSCITATION	☐ None	☐ PPV	□ CPR	□ Medicine	□ Intubated	URATIO	
	Done by	☐ MO	□ Pediatrician	□ GNM	□ Nurse Anest.	□ Other (specify)	
MODE OF DELIVERY	□ SVD	□ Vacuum	□ Forceps	Presentation at delivery		Labour	□ Induced
	□ Emergency CS	□ Elective CS	□ Breech	□Singleton □Twin □Triplet (1st/2nd/3rd)			□ Spontaneous
	Indication			Partograph maintained	□ YES	□ NO	□ NOT APPLICABLE
FHS on admission	□ YES	□ NO	□ Unknown		If "No" reason		
INTRAPARTUM COMPLICATIONS	□ Lack of progress		□ Prolong 2nd stage labour		□ Obstructed labour		
	□ Fetal distress	□ Meconium	□ Cord prolaps	□ Abruptia Placenta		□ Other (specify)	

3.1. HOME OR NON INSTITUTIONAL DELIVERY

1st CONTACT DATE		TIME		AM/PM	WEIGHT	Kg
BIRTH ATTENDANT	□ Family/Neighbor	□ Health worker	□ None	□ Others (specify)		
CONDITION AT BIRTH	CRY AT BIRTH	□ Strong cry	□ Weak Cry	□ No cry		
	COLOR AT BIRTH	□ Pink	□ Blue	□ Pale	□ Others (specify)	
	GENERAL APPEARANCE	□ Vigorous	□ Limp	□ Others (specify)		

NEONATAL DEATH REPORTING FORM

 Information of Hospital Death

4. EVENTS AT THE TIME OF DEATH

DATE OF ADMISSION		TIME		AM/PM
DATE OF DEATH		TIME		AM/PM
DAYS/HOURS OF LIFE		days	WEIGHT ON DEATH	Kg
	If within 24 hrs	Hours		
PLACE OF DEATH	□ Labour room □ OT □ Maternity ward □ Neonatal ward □ Other (specify)			

5. SUMMARY OF HOSPITALIZATION

CAUSE OF ADMISSION			
CLINICAL DIAGNOSIS			
TREATMENT & INVESTIGATION DETAILS	□ Oxygen □ CPAP □ Intubation □ Ventilation □ Surfactant □ IVF □ TPN □ Tube feeding □ IV Abx (specify) □ Pulseoxymeter □ CP monitor □ ABG □ RBS □ Cap. Bil □Lab tests □ Operation (specify) □ Others (specify)		
TREATED BY	□ Neonatologist/Pediatrician □MO □Nurses □HA □Others		
WITHDRAW /WITHHOLD	□ YES □ NO	REASON	

8. CAUSE OF DEATH

1. Record the first underlying cause of death
2. Record the second underlying cause of death
3. Record the third underlying cause of death
4. Record the contributing causes of death

9. CLASSIFICATION OF DEATH

1. Congenital malformation
2. Conditions associated with prematurity
3. Birth asphyxia
4. Neonatal sepsis
5. Specific condition other than the above

(specify): …………………………………………………………

ICD code ………….

10. Identification of the Social Factors Responsible for Neonatal Deaths

1. Delay in recognition and decision to seek care by caretaker
2. Delay in reaching primary health care facility from home (transport)
3. Delay in receiving quality of care at primary health care facility
4. Delay in reaching higher health care facility from primary health facility (referral)
5. Delay in receiving quality of care at primary health care facility
6. None of above (specify____)

11. SUGGESTION

Give your suggestions for future intervention to prevent similar deaths in your health center.

NEONATAL DEATH REPORTING FORM

(3/4) **Information of Home or non institutional Death**

4. EVENTS AT THE TIME OF DEATH

DATE OF ARRIVAL		TIME		AM/PM	PLACE OF DEATH
DATE OF DEATH		TIME		AM/PM	□ Home
DAYS/HOURS OF LIFE		days	WEIGHT ON ARRIVAL	Kg	□ En Route
	If within 24 hrs	Hours			□ Other (specify)

5. VARBAL AUTOPSY

Questions	YES	NO	Don't know	Remarks	Implication
2.13 Was the late part of the pregnancy, labor or delivery complicated? 1. Mother had convulsion? 2. Child delivered feet first? 3. Excessive bleeding before delivery? 4. Emergency caesarean section? 5. Multiple delivery? 6. Prolonged labour (>12 hrs)? 7. PROM > 18 hours? 8. Mother had fever? UTI?	If any "yes" describe No.	If none of them present, tick here.		8. Others (specify) ……………………………….	
When did you feel the fetal movement last?				When?	IUFD? Intrapartum death?
2.14 At the time of birth was the baby: 1. Very small? 2. Smaller than usual? 3. About average? 4. Larger than usual?	If any "yes" describe No.	If none of them present, tick here.			
2.15 Was the baby able to breathe after birth?					If both No, possible still birth
2.16 Was the baby able to cry after birth?					
2.37. Was the skin condition of the infant at birth macerated?					If Yes, possible IUFD
2.17 Was the baby able to suckle in a normal way after birth?					
2.18 Did the baby have spasms or convulsions before death?					Meningitis? Birth Asphyxia? Tetanus if spasm? Hypoglysemia? Kernichterus?
2.19 If yes, was it stimulated by touch, sound or light?					Tetanus?
2.20 Did the baby become rigid as the illness progressed?					Tetanus?
2.21 During the illness that lead to death, did the baby become unresponsive/ unconscious?					Meningitis? Sepsis?
2.22 During the illness that lead to death, did the baby have a bulging fontanelle?					Meningitis? If it's right after birth Birth Asphyxia?
2.23. During the illness that lead to death, did the baby have yellow eyes?					Severe Jaundice? Sepsis?
2.24. During the illness that lead to death, did the baby have redness or drainage from the umbilical cord stump?					Sepsis? Umbirical infection?
2.25 During the illness that lead to death, did the baby have a skin rash with pustules?					Sepsis? Skin Infection?
2.26 During the illness that lead to death, did the baby have a fever?				If yes how many days did the fever last? ……………days	Sepsis?
2.27 During the illness that lead to death, did the baby have difficulty in breathing?				If yes how many ………………days	Sepsis? Pneumonia? Congenital Heart Disease?
2.33 Did the baby have in drawing of the chest?					
2.34 Did the baby have nostrils flaring with breathing?					
2.28 Did the baby have fast breathing?					
2.29 Did the baby become blue?					Congenital Heart Disease? Sepsis? Hypothermia?
2.30 Did the baby have abdominal distention?					Sepsis? Intestinal obstruction?
2.31 Did the baby have repeated vomiting?					
2.32 Did the baby stop breathing for a long time and start again?					Apnea due to sepsis? Apnea of prematurity?
2.35 Was the baby feed anything else besides breast milk:				If yes specify: :………………………………………….	
2.36 Did the baby have any congenital anomalies:				If yes specify: ………………………………………………	

6. TREATMENT RECORD

Questions	YES	NO	Don't know	Remarks
3.1. Was care sought outside home while the baby was sick?				If yes specify? If No why? ....
3.2. Medical notes	3.2.1 Record the date of the last note: ……../………/……………(D/M/Y)			
	3.2.2 Write the diagnosis: …………………………………………………………………………………………			
	3.2.3 Write the medications: …………………………………………………………………………………………			

7. DIAGNOSIS

7.1. Live birth	
7.2. Still birth	
7.2.1.Intrapartum death	
7.2.2. IUFD	

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(4/4) EVENT TRACING/RECOMMENDATION

Chronological event tracing

Recommendation for future

CENTRAL REGIONAL REFERRAL HOSPITAL
NICU/NEONATAL WARD
MONTHLY NEONATAL DEATH REPORT

MONTH/YEAR

Monthly Sl. No.	Census Month–No.	Hospital Reg. No.	Patient's Name	Age of death	Place of birth	Cause of death						
						Birth Defect	Preterm	Sepsis	Birth Asphyxia	Hypo-thermia	Mal-nutrition	Others
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Total												