



|     |  |  |    |
|-----|--|--|----|
| 111 | Did she have any perinatal deaths during her previous pregnancies?                           | Yes  | 1  |
|     |  | No   | 2  |
|     |  | Don't Know                                 | 98 |
| 112 | If yes, specify the number of previous perinatal deaths                                      | <input type="text"/> <input type="text"/>  |    |
| 113 | Any co-existing maternal conditions  | No maternal condition present / identified | 1  |
|     |  | Diabetes                                   | 2  |
|     |  | Hypertension                               | 3  |
|     |  | Hypo/Hyperthyroidism                       | 4  |
|     |  | Severe anemia                              | 5  |
|     |  | Other Chronic illness                      | 6  |
|     |  | Others (Specify) _____                     | 96 |
| 114 | Obstetric condition of mother at admission   | Not in labor                               | 1  |
|     |  | Latent phase of labor                      | 2  |
|     |  | Active phase of labor                      | 3  |
|     |  | Third stage of labor                       | 4  |
|     |  | Post-partum                                | 5  |
| 115 | Provisional diagnosis of mother at the time of admission ( <b>Specify in BLOCK LETTERS</b> ) | _____                                      |    |
| 116 | Place of delivery ( <b>Specify in BLOCK LETTERS</b> )  | _____                                      |    |
| 117 | Mode of delivery   | Vaginal delivery ( <b>Go to 119</b> )      | 1  |
|     |  | Vacuum                                     | 2  |
|     |  | Forceps                                    | 3  |
|     |  | Breech                                     | 4  |
|     |  | Caesarean Section                          | 5  |
|     |  | Destructive operation                      | 6  |
|     |  | Others (Specify) _____                     | 96 |
| 118 | If other than vaginal delivery, specify the main reason ( <b>Specify in BLOCK LETTERS</b> )  | _____                                      |    |
| 119 | Condition of baby at birth   | Normal                                     | 1  |
|     |  | Asphyxiated                                | 2  |
|     |  | Stillborn                                  | 3  |
|     |  | Others (Specify) _____                     | 96 |

## SECTION 2: DETAILS OF THE BABY

|     |                             |   |   |
|-----|-----------------------------|---|---|
| 201 | Gestational age             | Weeks: <input type="text"/> <input type="text"/>  | Days: <input type="text"/> <input type="text"/> |
| 202 | Birth weight (in grams)     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Grams |   |
| 203 | Sex of the baby             | Male  | Female  |
|     |                             | 1   | 2   |
| 204 | Singleton or multiple birth | Ambiguous   | 3   |
|     |                             | Singleton   | 1   |
|     |                             | Multiple  | 2   |
|     |                             | Baby number: _____  |   |

|     |  |   |      |        |         |
|-----|--|---|------|--------|---------|
| 205 | Date of delivery ( <i>Nepali date</i> )  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | Day  | Month  | Year    |
| 206 | Time of delivery ( <b>12 hour format</b> )   | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | Hour | Minute | AM / PM |
| 207 | Type of death  | Fetal Death ( <b>Go to 210</b> )  | 1    |        |         |
|     |  | Early Neonatal Death (within first 7 days of birth)                                   | 2    |        |         |
| 208 | If Early Neonatal Death (ENND), Date of death ( <i>Nepali date</i> )                         | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | Day  | Month  | Year    |
| 209 | If Early Neonatal Death (ENND), Time of death ( <b>12 hour format</b> ) ( <b>Go to 301</b> ) | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | Hour | Minute | AM / PM |
| 210 | If Fetal death, type of death  | Antepartum fetal death (Macerated)  | 1    |        |         |
|     |  | Intrapartum fetal death (Fresh Still birth)   | 2    |        |         |
| 211 | If Fetal death, was Fetal Heart Sound (FHS) present when mother was admitted                 | Yes   | 1    |        |         |
|     |  | No  | 2    |        |         |

**SECTION 3: CLINICAL INFORMATION OF DECEASED BABY**

| 301  | Relevant events summary for fresh still birth and neonatal deaths [ <i>please write about the complication, diagnosis, investigations, procedures, IV therapy and drugs</i> ] (If delivered at this hospital, labor and newborn management; if new admission, condition and management on and after admission) |                             |        |
|------|--|-----------------------------|--------|
| Date | Time   | Gestational / Postnatal age | Events |
|      |  |                             |        |
|      |  |                             |        |
|      |  |                             |        |
|      |  |                             |        |
|      |  |                             |        |
|      |  |                             |        |

|                          | <b>Type of Delays</b>  | <b>Avoidable factors</b>                                     |    |
|--------------------------|--|--|----|
| 302                      | Delay 1: Delay in deciding to seek care<br><b>(Multiple Response)</b>                        | Unaware of the warning signs                                 | 1  |
|                          |  | Lack of decision to go to health facility                    | 2  |
|                          |  | Did not know where to go to seek health care                 | 3  |
|                          |  | Reliant on traditional practice / medicine                   | 4  |
|                          |  | Had no one to take care of other children                    | 5  |
|                          |  | Financial constraints  | 6  |
|                          |  | Others (Specify) _____                                       | 96 |
| 303                      | Delay 2: Delay in reaching health care facility<br><b>(Multiple Response)</b>                | Unavailability of transport                                  | 1  |
|                          |  | Transport too expensive                                      | 2  |
|                          |  | No facility within reasonable distance                       | 3  |
|                          |  | Lack of road access  | 4  |
|                          |  | Others (Specify) _____                                       | 96 |
| 304                      | Delay 3: Delay in receiving appropriate treatment / management<br><b>(Multiple Response)</b> | Delayed arrival from referring facility                      | 1  |
|                          |  | Delay in providing appropriate intervention                  | 2  |
|                          |  | Lack of appropriate intervention                             | 3  |
|                          |  | Lack of medicine, equipment and supplies                     | 4  |
|                          |  | Absence of trained human resource                            | 5  |
|                          |  | Lack of inter- department communication                      | 6  |
|                          |  | Poor documentation   | 7  |
|                          |  | Others (Specify) _____                                       | 96 |
| 305                      | Factors relating to referral system<br><b>(Multiple Response)</b>                            | Lack of effective communication from referring facility      | 1  |
|                          |  | Delayed transfer of patients to appropriate treatment centre | 2  |
|                          |  | Unable to refer due to:                                      |    |
|                          |  | - Financial constraints                                      | 3  |
|                          |  | - Lack of transportation                                     | 4  |
|                          |  | - Patient party's denial for referral                        | 5  |
| - Others (Specify) _____ | 96   |  |    |

**SECTION 4: CAUSE OF DEATH**

| 403  | ICD-PM Classification of death   |  |    |
|------|--|--|----|
| 403a | Fetal death main cause – Antepartum Death<br><b>(A- Antepartum Deaths)</b> | Congenital malformations, Deformation, Chromosomal abnormalities | A1 |
|      |  | Infection  | A2 |
|      |  | Antepartum Hypoxia   | A3 |
|      |  | Other specified Antepartum disorders                             | A4 |
|      |  | Disorders related to fetal growth                                | A5 |
|      |  | Antepartum death of unspecified cause                            | A6 |

|      |  |  |     |
|------|--|--|-----|
| 403b | Fetal death main cause – Intrapartum Deaths<br><b>(I- Intrapartum Deaths)</b>      | Congenital malformations, Deformation, Chromosomal abnormalities | I1  |
|      |  | Birth trauma   | I2  |
|      |  | Acute Intrapartum event  | I3  |
|      |  | Infections   | I4  |
|      |  | Other specified Intrapartum disorders                            | I5  |
|      |  | Disorder related to Fetal growth                                 | I6  |
|      |  | Intrapartum death of unspecified cause                           | I7  |
| 403c | Fetal death main cause – Neonatal Deaths<br><b>(N- Neonatal Deaths)</b>            | Congenital malformations, Deformation, Chromosomal abnormalities | N1  |
|      |  | Disorder related to fetal growth                                 | N2  |
|      |  | Birth trauma   | N3  |
|      |  | Complications of intrapartum events                              | N4  |
|      |  | Convulsions and disorders of cerebral status                     | N5  |
|      |  | Infections   | N6  |
|      |  | Respiratory and cardiovascular disorders                         | N7  |
|      |  | Other neonatal conditions  | N8  |
|      |  | Low birth weight and prematurity                                 | N9  |
|      |  | Miscellaneous  | N10 |
|      |  | Neonatal death of unspecified cause                              | N11 |
| 403d | Maternal Conditions associated with fetal death<br><b>(M- Maternal Conditions)</b> | Complications of placenta, cord and membrane                     | M1  |
|      |  | Maternal complications of pregnancy                              | M2  |
|      |  | Other complications of labor and delivery                        | M3  |
|      |  | Maternal medical and surgical conditions; Noxious influences     | M4  |
|      |  | No maternal condition identified (Healthy mother)                | M5  |

|   |       |
|---|-------|
| <b>404 ICD-PM Classification of death</b> | _____ |
|---|-------|

|   |                      |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date of form filled by case attending staff (Nepali date) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|   | Day                  | Month                | Year                 |                      |                      |

|                                       |
|---------------------------------------|
| Staff who completed this review form: |
| Name: _____ Designation: _____        |
| Phone Number: _____                   |

**Thank You**

| S.N | Ethnicity                 | Code | S.N | Ethnicity   | Code |
|-----|---------------------------|------|-----|---|------|
| 1   | Dalit                     | 01   | 4   | Muslim/Churoute   | 04   |
| 2   | Disadvantaged Janajatis   | 02   | 5   | Relatively advantaged Janajatis   | 05   |
| 3   | Terai Madhesi Caste Group | 03   | 6   | Upper Caste groups<br>(Brahmin/Chhetri/Thakuri/Sanyasi/ Terai<br>Brahmin/ Rajput/ Kayastha / Marwadi) | 06   |