

ID NUMBER: \_\_\_\_\_

## Form 1

## NePeriQIP Registry Data

Data Collector	Name.....
	Code.....

Data ID	Information	Write or circle where applicable	Notes
<b>PART A: BACKGROUND INFORMATION</b>			
101.	Mother's first name		
102.	Mothers' last name		
103.	Inpatient number		
104.	Age of mother (completed years)	<input type="text"/> <input type="text"/>	
105.	Caste		
106.	Ethnicity code		
107.	Address	District	
		Municipality	
		Ward	
108.	Mobile	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
109.	Parity	Nullipara (never carried a pregnancy >22 wks)..... 1	
		Primipara (1 birth).....2	
		Multipara (2-5 births).....3	
		Grand multipara (>5 births).....4	

	Date (BS) dd/mm/yyyy	Signature
Form completed:		
Data entered into database:		

PART B: PRE-DELIVERY DETAILS					
Part B1: Complications during pregnancy (based on ANC records)					
110.	Complications recorded	Yes	No	NR	
110a.	Vaginal bleeding	1	0	98	
110b.	Premature rupture of membranes (PROM)	1	0	98	
110c.	Abdominal pain	1	0	98	
110d.	Decreased foetal movement	1	0	98	
110e.	No foetal movement	1	0	98	
110f.	Muscle or joint pain	1	0	98	
110g.	Lethargy	1	0	98	
110h.	Convulsion	1	0	98	
110i.	Coma/unconscious	1	0	98	
110j.	Disturbed vision	1	0	98	
110k.	Oedema	1	0	98	
110l.	Headache	1	0	98	
110m.	Hypertension during pregnancy ( $\geq 140/90$ mmHg)	1	0	98	
110n.	Pre-existing hypertension	1	0	98	
110o.	Glucose in urine	1	0	98	
110p.	Protein in urine	1	0	98	
110q.	Severe anaemia (Hb $< 7$ mg/dL)	1	0	98	
110r.	Frequent micturation	1	0	98	
110s.	Others (specify)				
111.	Place making referral				
112.	Recent FHS recorded	Yes, normal (110-160 BPM).....1 Yes, abnormal ( $< 110$ BPM or $> 160$ BPM)..... 2 Absent.....3 Not recorded.....98			

Part B2: Condition at the time of admission						
113. Provisional diagnosis of any complication recorded at the time of admission		Yes	No	NR		
113a.	Antepartum haemorrhage (APH) Abruptio placenta/ruptured uterus/placenta previa		1	0	98	
113b.	Postpartum haemorrhage (PPH) Atonic/tear/retained placenta/inverted uterus/ruptured uterus		1	0	98	
113c.	Prolonged labour (>12 hours active phase)		1	0	98	
113d.	Hypertensive disorder (Chronic Hypertension/Pregnancy Induced Hypertension/Pre-Eclampsia/Eclampsia)		1	0	98	
113e.	Malpresentation		1	0	98	
113f.	Malposition		1	0	98	
113g.	Prolapsed cord		1	0	98	
113h.	Chorioamnionitis		1	0	98	
113i.	Premature rupture of membrane (PROM)		1	0	98	
113j.	Pre-term labour		1	0	98	
113k.	Foetal distress in labour		1	0	98	
113l.	Foetal death		1	0	98	
113m.	Decreased foetal movement		1	0	98	
113n.	Foetal congenital anomaly		1	0	98	
113o.	Abdominal pain		1	0	98	
113p.	PV leaking		1	0	98	
113q.	Other (specify):					
114.	Foetal heart rate at admission		Yes, normal (110-160 BPM).....1 Yes, abnormal (<110 BPM or >160 BPM).....2 Absent.....3 Not recorded.....98			
115.	If foetal heart rate recorded	Date (BS) dd/mm/yyyy	<input type="text"/>			
		Time (hh:mm) 24-hr	<input type="text"/>			
116.	Stage of labour		Not in labour.....1 Latent stage of active labour.....2 First stage of active labour.....3 Second stage of labour.....4 Third stage of labour.....5			

PART C: DELIVERY DETAILS			
117.	Partograph use	Yes, completely filled..... 1 Yes, partially filled..... 2 Not filled..... 98	
118.	Foetal heart rate monitoring recorded during delivery	Yes, as per protocol..... 1 Yes, sporadically (> once)..... 2 Yes, only once..... 3 Not recorded..... 98	
119.	Induction of labour	Induction with prostaglandins..... 1 Induction with amniotomy..... 2 Induction with oxytocin..... 3 No..... 0 Not recorded..... 98	
120.	Received prophylactic antibiotics	Yes..... 1 No..... 0 Not recorded..... 98	
121.	Mode of delivery	Spontaneous vaginal..... 1 <i>If vaginal delivery, go to 122</i>  Instrumental..... 2 <i>If Instrumental delivery, go to 121</i>  Assisted breech delivery..... 3 <i>Assisted Breech Delivery, go to 122</i>  Emergency CS..... 4 Elective CS..... 5	If Emergency or Elective CS, go to 125
122.	Reason for CS (multiple response)	Prolonged labour..... 1 Foetal distress..... 2 Abnormal lie..... 3 Obstetric haemorrhage..... 4 Multiple pregnancy..... 5 Previous scar..... 6 Maternal request..... 7 Other (specify).....	
123.	Reason for instrumental delivery	Prolonged labour..... 1 Foetal distress..... 2 Other (specify).....	
124.	Mother given Oxytocin (for augmentation of labour)	Yes..... 1 No..... 0 Not recorded..... 98	
125.	Multiple delivery	Yes..... 1 No..... 0	

PART D: NEWBORN DETAILS					
126.	Date of delivery (BS) dd/mm/yyyy	<input type="text"/>			
127.	Gestational age by LMP (weeks)	<input type="text"/> + <input type="text"/> Not known..... 0 Not recorded.....98			
128.	Gestational age by ultrasound (weeks)	<input type="text"/> + <input type="text"/> Not recorded.....98			
		Single or Twin 1		Twin 2	
129.	Time of delivery (hh:mm)	<input type="text"/>		<input type="text"/>	
130.	Sex of baby	Girl.....1 Boy.....0		Girl.....1 Boy.....0	
131.	Birth weight (grams)	<input type="text"/>		<input type="text"/>	
132.	Delivery outcome (If Stillbirth, go to 150)	Live birth.....1 Stillbirth..... 2		Live birth.....1 Stillbirth..... 2	
133.	APGAR at 1 minute	<input type="text"/>		<input type="text"/>	
134.	APGAR at 5 minutes	<input type="text"/>		<input type="text"/>	
135.	Malformation recorded	Yes.....1 No.....0		Yes.....1 No.....0	
136.	Newborn given vitamin K	Yes.....1 Not recorded.....0		Yes.....1 Not recorded..... 0	
137.	Newborn body temperature recorded	Yes.....1 No.....0		Yes..... 1 No.....0	
138.	Respiratory rate recorded	Yes.....1 No.....0		Yes.....1 No.....0	
139.	Medical examination of baby recorded	Yes.....1 No.....0		Yes.....1 No.....0	
140.	Neonatal morbidity recorded (If No, go to 143)	Yes.....1 No.....0		Yes.....1 No.....0	
141.	Type of morbidity (multiple response)	Yes	No	Yes	No
	a. Birth asphyxia	1	0	1	0
	b. Neonatal encephalopathy	1	0	1	0
	c. Hyper-bilirubinaemia	1	0	1	0
	d. Meconium aspiration	1	0	1	0
	e. Neonatal sepsis	1	0	1	0
	f. Respiratory distress syndrome	1	0	1	0
	g. Hypoglycaemia	1	0	1	0
	h. Retinopathy of prematurity	1	0	1	0
i. Others	1	0	1	0	

142.	If other cause of morbidity, please specify				
143.	Treated for sepsis	Yes.....1 Not recorded .....0	Yes.....1 Not recorded .....0		
144.	Newborn transferred to other facility ( <b>If Not recorded, go to 146</b> )	Yes.....1 Not recorded .....0	Yes.....1 Not recorded .....0		
145.	Day of facility transfer (BS)	<input type="text"/>	<input type="text"/>		
146.	Newborn transferred to another ward ( <b>If No, go to 148</b> )	Yes, SNCU/NICU.....1 Yes, pediatric ward...2 No.....0	Yes, SNCU/NICU.....1 Yes, pediatric ward...2 No.....0		
147.	Day of transfer to ward (BS)	<input type="text"/>	<input type="text"/>		
148.	Newborns survived first 24 hours ( <b>If No, go to 151</b> )	Yes.....1 No.....0 Not known.....9	Yes.....1 No.....0 Not known.....9		
149.	Newborns survived first 7 days ( <b>If No, go to 151</b> )	Yes.....1 No.....0 Not known.....9	Yes.....1 No.....0 Not known.....9		
150.	Newborns alive at discharge ( <b>If Yes, got ot 157</b> )	Yes.....1 No.....0 Not known.....9	Yes.....1 No.....0 Not known.....9		
151.	Date of death (BS) dd/mm/yyyy	<input type="text"/>	<input type="text"/>		
152.	Time of death (hh:mm)	<input type="text"/>	<input type="text"/>		
153.	Perinatal death audit completed ( <b>If No, go to 155</b> )	Yes.....1 No.....0	Yes.....1 No.....0		
154.	If yes, was it completed within 24 hours?	Yes.....1 No.....0 Time not recorded...2	Yes.....1 No.....0 Time not recorded...2		
155.	Cause of death according to journal	Yes	No	Yes	No
	Congenital abnormalities	1	0	1	0
	Preterm birth	1	0	1	0
	Birth asphyxia	1	0	1	0
	Sepsis/pneumonia	1	0	1	0
	Intrapartum stillbirth	1	0	1	0
	Antepartum stillbirth	1	0	1	0
Others (specify)	1	0	1	0	
156.	If other cause of death, please specify	..... .....			
157.	Day of discharge from hospital (BS)	<input type="text"/>	<input type="text"/>		