

National Neonatal Registry

D/A Hospital Selayang
Lebuhraya selayang-Kepong
68100 Batu Caves
Selangor Darul Ehsan

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Ext: 4139/4181
Fax: 603- 6120 2761

i. Hospital:				
ii. Month:	<input type="text"/>		iii. Year:	<input type="text"/>
iv. Total Births:	<input type="text"/>	v. Live Births:	<input type="text"/>	vi. Still Births:

SECTION 1 : DELIVERIES VERSUS BIRTH WEIGHT

Birth Weight (grams)	No. of Still Births	No. of Live Births	No. Admitted to Neonatal Unit	** No. who died in delivery room
< 500				
500				
501 - 600				
601 - 700				
701 - 800				
801 - 900				
901 - 1000				
1001 - 1250				
1251 - 1499				
1500				
1501 - 2000				
2001 - 2500				
> 2500				
TOTAL				

** CRF to be filled for each case

SECTION 2 : BIRTH VERSUS GESTATION WEEKS

Gestation weeks	No. of Still Births	No. of Live Births	No. Admitted to Neonatal Unit	** No. who died in delivery room
22 - 24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37 - 40				
> 40				
TOTAL				

** CRF to be filled for each case

SECTION 3 : BIRTH VERSUS MODE OF DELIVERY

Mode of Delivery	No. of Still Births	No. of Live Births	No. Admitted to Neonatal Unit	** No. who died in delivery room
SVD				
Breech				
Forceps				
Ventouse				
LSCS Elective				
LSCS Emergency				
TOTAL				

** CRF to be filled for each case

SECTION 4 : BIRTHS VERSUS ETHNIC GROUP

Ethnic Group	No. of Still Births	No. of Live Births	No. Admitted to Neonatal Unit	** No. who died in delivery room
Malay				
Chinese				
Indian				
Orang Asli				
Bumiputera Sabah, specify ethnic group: _____				
Bumiputera Sarawak, specify ethnic group: _____				
Foreigner				
Other Malaysian				
TOTAL				

** CRF to be filled for each case

1. Remarks:	
2. Name of Site Coordinator:	
3. Chop:	
4. Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

i. Birth census should be sent together with the tracking forms and the completed CRFs of discharges for the month by the end of the following month.

ii. Sample of tracking form are as follows