

MOTHER NEWBORN CHILD MORTALITY REGISTRY (MNCM) REPORTING FORMAT ON STILLBIRTHS & NEONATAL DEATHS, MALAYSIA (PNMR) I

Office use:	/	
Centre:		

Instruction: 1) Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

2) Please complete a form for all of birth weight equal to or more than 500 g (or 22 completed weeks of pregnancy if birth weight is not known) to 27 completed days of age. Please tick (✓) in relevant box).

SECTION A: REPORTING DETAILS

Case no.:	/	Year:	
Investigation district:			
Investigation state:	<input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan Labuan, Sabah <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah		

SECTION B: CASE DEFINITION

1. How was this case defined:	<input type="radio"/> Macerated stillbirth (≥500g or ≥22 weeks gestation) (NOR) <input type="radio"/> Fresh stillbirth (≥500g or ≥22 weeks gestation) (NOR)	<input type="radio"/> Early neonatal death (age:0-6 days and BW ≥500g) (NNR) <input type="radio"/> Late neonatal death (age:7-27 days and BW ≥500g) (NNR)
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SECTION C: MOTHER

2. Name :			
3a. NRIC :	MyKad:		
	Other ID document No:		
	Specify document type (if others):	<input type="radio"/> Passport <input type="radio"/> Work Permit # <input type="radio"/> Police ID Card <input type="radio"/> Immigration permit <input type="radio"/> Others, specify: <input type="radio"/> Armed Force ID <input type="radio"/> Driver's License <input type="radio"/> Old IC <input type="radio"/> Hospital RN <input type="radio"/> Father's IC	
3b. Status :	<input type="radio"/> Citizen (including PR) <input type="radio"/> Non-citizen (legal) Country of origin: <input type="radio"/> Indonesia <input type="radio"/> Thailand <input type="radio"/> Other, specify: <input type="radio"/> Non-citizen (illegal) <input type="radio"/> Philippines <input type="radio"/> India <input type="radio"/> Unknown <input type="radio"/> Unknown		
4. Address:			
	Postcode:	District: (NNR)	
	State :	<input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan Labuan, Sabah <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah <input type="radio"/> Foreign, specify:	
5. Age: (years)	<input type="checkbox"/> Unknown		
6. Ethnic group :	<input type="radio"/> Malay <input type="radio"/> Kadazandusun <input type="radio"/> Melanau <input type="radio"/> Orang Asli (Peninsular Malaysia) <input type="radio"/> Others, specify: <input type="radio"/> Chinese <input type="radio"/> Murut <input type="radio"/> Iban <input type="radio"/> Other indigenous group in Sabah & Sarawak <input type="radio"/> Indian <input type="radio"/> Bajau <input type="radio"/> Bidayuh <input type="radio"/> Unknown		

SECTION D: CURRENT PREGNANCY

7a. Gravida :	7b. Para :	7c. Abortion :
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
8. Gestational age at delivery:	(in completed weeks)	
<input type="checkbox"/> Unknown		
9. First trimester dating scan:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
10a. Date of delivery :	10b. Time of delivery :	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unknown	(24 hours) (NOR) (NNR)	

Reporting person from O&G Department: _____ Date: _____
 Reporting person from Neonatal Department: _____ Date: _____

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SECTION D: CURRENT PREGNANCY (cont.)

11. Place antenatal care received: (NNR)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Clinic</td> <td><input type="checkbox"/> Mobile clinics</td> </tr> <tr> <td><input type="checkbox"/> Government Hospital with specialist</td> <td><input type="checkbox"/> Others, specify:</td> </tr> <tr> <td><input type="checkbox"/> Government Hospital without specialist</td> <td><input type="checkbox"/> No antenatal care</td> </tr> <tr> <td><input type="checkbox"/> Private hospital / Clinic</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Mobile clinics	<input type="checkbox"/> Government Hospital with specialist	<input type="checkbox"/> Others, specify:	<input type="checkbox"/> Government Hospital without specialist	<input type="checkbox"/> No antenatal care	<input type="checkbox"/> Private hospital / Clinic	<input type="checkbox"/> Unknown																																																																																						
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(Please indicate the District and State with most number of antenatal visits)	District: (NNR) State: (NNR) <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td><input type="radio"/> Johor Darul Takzim</td> <td><input type="radio"/> Pahang Darul Makmur</td> <td><input type="radio"/> Sarawak</td> <td><input type="radio"/> Wilayah Persekutuan Labuan, Sabah</td> </tr> <tr> <td><input type="radio"/> Kedah Darul Aman</td> <td><input type="radio"/> Perak Darul Ridzuan</td> <td><input type="radio"/> Selangor Darul Ehsan</td> <td><input type="radio"/> Wilayah Persekutuan Putrajaya</td> </tr> <tr> <td><input type="radio"/> Kelantan Darul Naim</td> <td><input type="radio"/> Perlis Indera Kayangan</td> <td><input type="radio"/> Terengganu Darul Iman</td> <td></td> </tr> <tr> <td><input type="radio"/> Melaka</td> <td><input type="radio"/> Pulau Pinang</td> <td><input type="radio"/> Wilayah Persekutuan Kuala Lumpur</td> <td></td> </tr> <tr> <td><input type="radio"/> Negeri Sembilan</td> <td><input type="radio"/> Sabah</td> <td></td> <td></td> </tr> <tr> <td><input type="radio"/> Darul Khusus</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="radio"/> Johor Darul Takzim	<input type="radio"/> Pahang Darul Makmur	<input type="radio"/> Sarawak	<input type="radio"/> Wilayah Persekutuan Labuan, Sabah	<input type="radio"/> Kedah Darul Aman	<input type="radio"/> Perak Darul Ridzuan	<input type="radio"/> Selangor Darul Ehsan	<input type="radio"/> Wilayah Persekutuan Putrajaya	<input type="radio"/> Kelantan Darul Naim	<input type="radio"/> Perlis Indera Kayangan	<input type="radio"/> Terengganu Darul Iman		<input type="radio"/> Melaka	<input type="radio"/> Pulau Pinang	<input type="radio"/> Wilayah Persekutuan Kuala Lumpur		<input type="radio"/> Negeri Sembilan	<input type="radio"/> Sabah			<input type="radio"/> Darul Khusus																																																																									
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12. Place of Delivery: (NNR)	<table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Home</td> <td><input type="radio"/> Health clinic</td> <td><input type="radio"/> Private hospital/maternity home >50 beds</td> </tr> <tr> <td><input type="radio"/> Government hospital with specialist</td> <td><input type="radio"/> District</td> <td><input type="radio"/> General</td> </tr> <tr> <td><input type="radio"/> Government hospital without specialist</td> <td><input type="radio"/> Alternative Birthing Centre</td> <td><input type="radio"/> Urban</td> </tr> <tr> <td><input type="radio"/> University hospital</td> <td><input type="radio"/> Enroute/ During transport</td> <td><input type="radio"/> Rural</td> </tr> <tr> <td><input type="radio"/> Private hospital/ maternity home <50 beds with specialist</td> <td><input type="radio"/> Others, specify:</td> <td></td> </tr> <tr> <td><input type="radio"/> Private hospital/ maternity home <50 beds without specialist</td> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table>	<input type="radio"/> Home	<input type="radio"/> Health clinic	<input type="radio"/> Private hospital/maternity home >50 beds	<input type="radio"/> Government hospital with specialist	<input type="radio"/> District	<input type="radio"/> General	<input type="radio"/> Government hospital without specialist	<input type="radio"/> Alternative Birthing Centre	<input type="radio"/> Urban	<input type="radio"/> University hospital	<input type="radio"/> Enroute/ During transport	<input type="radio"/> Rural	<input type="radio"/> Private hospital/ maternity home <50 beds with specialist	<input type="radio"/> Others, specify:		<input type="radio"/> Private hospital/ maternity home <50 beds without specialist	<input type="radio"/> Unknown																																																																													
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Type of caesarean: <input type="radio"/> Classical <input type="radio"/> LSCS Additional: <input type="checkbox"/> Bilateral tubal ligation <input type="checkbox"/> Hysterectomy <input type="radio"/> Hysterotomy <input type="radio"/> Others <input type="checkbox"/> Cystectomy <input type="checkbox"/> Others, specify: iii. LSCS details: <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Fetal distress</td> <td style="width: 33%;"><input type="checkbox"/> Previous uterine surgery</td> <td style="width: 33%;"><input type="checkbox"/> Multiple pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Abnormal labour progress</td> <td><input type="checkbox"/> ≥ 2 previous scar</td> <td><input type="checkbox"/> Non – cephalic leading twin</td> </tr> <tr> <td><input type="checkbox"/> Primary dysfunctional labour</td> <td><input type="checkbox"/> Previous myomectomy/ uterine perforation</td> <td><input type="checkbox"/> Mono chorionic mono amniotic (MCMA) twin pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Secondary arrest</td> <td><input type="checkbox"/> Previous classical or upper segment incision</td> <td><input type="checkbox"/> Twin pregnancy with previous scar</td> </tr> <tr> <td><input type="checkbox"/> Prolonged second stage</td> <td><input type="checkbox"/> Previous scar with extended tear</td> <td><input type="checkbox"/> Retained second twin</td> </tr> <tr> <td><input type="checkbox"/> CPD</td> <td><input type="checkbox"/> Unknown scar integrity</td> <td><input type="checkbox"/> Triplet pregnancy</td> </tr> <tr> <td><input type="checkbox"/> Poor progress</td> <td><input type="checkbox"/> Previous cornual pregnancy</td> <td><input type="checkbox"/> Others, specify:</td> </tr> <tr> <td><input type="checkbox"/> Malpresentation</td> <td><input type="checkbox"/> Scar dehiscence</td> <td><input type="checkbox"/> Hypertensive disorders</td> </tr> <tr> <td><input type="checkbox"/> Breech</td> <td></td> <td><input type="checkbox"/> Severe pregnancy induced hypertension</td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td></td> <td><input type="checkbox"/> Impending eclampsia</td> </tr> <tr> <td><input type="checkbox"/> Hand</td> <td></td> <td><input type="checkbox"/> Eclampsia</td> </tr> <tr> <td><input type="checkbox"/> Compound</td> <td></td> <td><input type="checkbox"/> Macrosomia</td> </tr> <tr> <td><input type="checkbox"/> Oblique</td> <td></td> <td><input type="checkbox"/> Retroviral disease</td> </tr> <tr> <td><input type="checkbox"/> Transverse</td> <td><input type="checkbox"/> Maternal request</td> <td><input type="checkbox"/> Chorioamnionitis</td> </tr> <tr> <td><input type="checkbox"/> Unstable</td> <td><input type="checkbox"/> Failed induction (IOL)</td> <td><input type="checkbox"/> Refused Trial of Scar (TOS)</td> </tr> <tr> <td><input type="checkbox"/> Placental factor</td> <td><input type="checkbox"/> Cord prolapse/ presentation</td> <td><input type="checkbox"/> IUGR</td> </tr> <tr> <td><input type="checkbox"/> Placenta previa minor</td> <td><input type="checkbox"/> Failed instrumentation</td> <td><input type="checkbox"/> Foetal anomaly</td> </tr> <tr> <td><input type="checkbox"/> Placenta previa major</td> <td></td> <td><input type="checkbox"/> Amniotic fluid abnormalities</td> </tr> <tr> <td><input type="checkbox"/> Abruptio placenta</td> <td></td> <td><input type="checkbox"/> Anhydramnious</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Oligohydramnious</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Polyhydramnious</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Pre-term labour</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Heart disease</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Others, specify:</td> </tr> </table> </td> </tr> <tr> <td></td> <td><input type="radio"/> Others, specify:</td> </tr> <tr> <td style="vertical-align: top;"> 14. Number of fetuses / babies in this pregnancy: (NOR) (NNR) </td> <td style="padding: 5px;"> <input type="radio"/> Singleton <input type="radio"/> Twins <input type="radio"/> Triplets <input type="radio"/> Others, specify: <input type="radio"/> Unknown </td> </tr> </table>	<input type="radio"/> Vaginal (NNR)	<input type="radio"/> SVD (NNR)	<input type="radio"/> Breech (NNR)	<input type="radio"/> Extended	<input type="radio"/> Flexed	<input type="radio"/> Footling	<input type="radio"/> Instrumental (NNR)	i. <input type="checkbox"/> Vacuum (NNR) <input type="checkbox"/> Forcep (NNR) ii. Indications of instrumentation: <input type="checkbox"/> Fetal distress <input type="checkbox"/> Shortened 2nd stage <input type="checkbox"/> Prolonged 2nd stage <input type="checkbox"/> Others, specify:					<input type="radio"/> Caesarean (NNR)	i. <input type="radio"/> Elective <input type="radio"/> Emergency ii. 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14. Number of fetuses / babies in this pregnancy: (NOR) (NNR)	<input type="radio"/> Singleton <input type="radio"/> Twins <input type="radio"/> Triplets <input type="radio"/> Others, specify: <input type="radio"/> Unknown																																																																																														

Reporting person from O&G Department: _____ Date: _____
 Reporting person from Neonatal Department: _____ Date: _____

MOTHER NEWBORN CHILD MORTALITY REGISTRY (MNCR) REPORTING FORMAT ON STILLBIRTHS & NEONATAL DEATHS, MALAYSIA (PNMR) I

Office use: /
Centre:

Instruction: 1) Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

SECTION D: CURRENT PREGNANCY (cont.)

15. Were there any of the following in this pregnancy:

Medical history/ problem (NOR) = all except 'Vaginal bleeding' & 'Anaemia in pregnancy (Hb <11gm%)'

None (NNR) Vaginal bleeding (NNR) - only applicable for NNR but not NOR

Diabetes (NNR) Anaemia in pregnancy (Hb <11gm%) (NNR) - only applicable for NNR but not NOR

Pre-existing Gestational

Hypertension (NNR)

Pre-existing Gestational

Chronic hypertension with superimposed Pre-Eclampsia Unclassified

PIH without proteinuria Pre Eclampsia Eclampsia

Proteinuria > 20 weeks Features of preeclampsia-eclampsia

Severe hypertension Worsening proteinuria

Heart Disease

NYHA I NYHA II NYHA III NYHA IV

Others

TB Renal disease Asthma

Blood disorder (Thalassemia/Leukemia) Collagen disease Others, specify : _____

HIV → Reactive Non reactive Indeterminate Unknown

Syphilis → Yes No Unknown

i. Hb level at booking (g/dl): (autofill) < 6.5 6.5 - 7.9 8 - 9.4 9.5 - 11 >11.1 Not available

ii. Hb level at delivery (g/dl): < 6.5 6.5 - 7.9 8 - 9.4 9.5 - 11 >11.1 Not available

iii. Hb level at discharge (g/dl): < 6.5 6.5 - 7.9 8 - 9.4 9.5 - 11 >11.1 Not available

Complications of pregnancy/ delivery (NOR) = all

None Preterm labour (NNR) Shock

Cord prolapse Uterine Inversion Hypovolemic

Foetal distress Uterine atony Cardiogenic

Maternal collapse Primary postpartum hemorrhage Sepsis

Eclampsia < 1500 mls ≥ 1500 mls

Pyrexia Secondary postpartum hemorrhage

Shoulder dystocia Disseminated intravascular coagulation

Anaesthetic complication Genital tract trauma

Retained placenta Vaginal hematoma

Prolonged labour Vaginal tear (1st & 2nd degree)

Membranes ruptured (NNR) 3rd and 4th degree tear

Failed Instrumentation (Forceps/ Vacuum) Cervical tear

Clinical evidence of DIVC Uterine scar dehiscence

Placenta praevia Uterine rupture

Abruptio placenta Indeterminate APH (NNR)

Threatened miscarriage

SECTION E: FOETUS/ NEONATE

16. Sex: (NNR) (NOR) Male Female Ambiguous/Indeterminate Unknown

17. Birth weight : * (earliest weight recorded) (g) (NNR) (NOR) Unknown

18. Placenta: (NOR) a) Healthy Unhealthy b) Complete Ragged Piecemeal

19. Type of removal: (NOR) CCT MRP

20. Place of death: (FSB/ livebirth only) (NNR) Home Private hospital/maternity home >50 beds Health clinic Alternative Birthing Centre Government hospital with specialist Urban Rural Government hospital without specialist Enroute/ During transport Private hospital/ maternity home <50 beds with specialist Others, specify: _____ Private hospital/ maternity home <50 beds without specialist Unknown

21a. Date of death : * (dd/mm/yyyy) (NNR) (NOR) / / Unknown 21b. Time of death : * (24 hours) (NNR) (NOR) Unknown

22. Timing of death : (Stillbirth only) (Applicable for NOR but not NNR) Not in labour In labour Unknown Before admission After admission Unknown

Reporting person from O&G Department: _____

Date: _____

Reporting person from Neonatal Department: _____

Date: _____

MOTHER NEWBORN CHILD MORTALITY REGISTRY (MNCR) REPORTING FORMAT ON STILLBIRTHS & NEONATAL DEATHS, MALAYSIA (PNMR) I

Office use: /
Centre:

Instruction: 1) Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

23. Classification of death (Modified Wigglesworth):

Tick relevant box/button to reach correct classification

DEATH
Is it stillbirth or livebirth?

Stillbirth (NOR) - only applicable for NOR but not NNR

Is it macerated or fresh?

Macerated Stillbirth

LCM present LCM absent

a) Lethal congenital malformation/defect (SB & ND), specify:

Neural tube defects (eg. anencephaly, large spina bifida)

Spina bifida

Anencephaly

Encephalocele

Others, specify (Refer to ICD 10): _____

CVS

Complex/ cyanotic heart disease

Acyanotic

ECHO done

CNS

Hydrocephalus

Hydrancephaly

Holoprosencephaly

Others, specify (Refer to ICD 10): _____

Recognisable syndrome (eg. Edward, Patau)

Down

Edward

Patau

Others, specify (Refer to ICD 10): _____

Not recognisable syndrome (eg. multiple gross congenital abnormalities)

Isolated major abnormality

Skeletal dysplasia

Respiratory

GIT

Hydrops foetalis

Renal

Cleft

Lip

Palate

Lip and palate

Others, specify: _____

None of the above

Fresh Stillbirth

LCM present LCM absent

a) Lethal congenital malformation/defect (SB & ND), specify:

Neural tube defects (eg. anencephaly, large spina bifida)

Spina bifida

Anencephaly

Encephalocele

Others, specify (Refer to ICD 10): _____

CVS

Complex/ cyanotic heart disease

Acyanotic

ECHO done

CNS

Hydrocephalus

Hydrancephaly

Holoprosencephaly

Others, specify (Refer to ICD 10): _____

Recognisable syndrome (eg. Edward, Patau)

Down

Edward

Patau

Others, specify (Refer to ICD 10): _____

Not recognisable syndrome (eg. multiple gross congenital abnormalities)

Isolated major abnormality

Skeletal dysplasia

Respiratory

GIT

Hydrops foetalis

Renal

Cleft

Lip

Palate

Lip and palate

Others, specify: _____

None of the above

Livebirth (NNR)

Is there any LCM?

LCM present

a) Lethal congenital malformation/defect (SB & ND), specify:

Neural tube defects (eg. anencephaly, large spina bifida)

Spina bifida

Anencephaly

Encephalocele

Others, specify (Refer to ICD 10): _____

CVS

Complex/ cyanotic heart disease

Acyanotic

ECHO done

CNS

Hydrocephalus

Hydrancephaly

Holoprosencephaly

Others, specify (Refer to ICD 10): _____

Recognisable syndrome (eg. Edward, Patau)

Down

Edward

Patau

Others, specify (Refer to ICD 10): _____

Not recognisable syndrome (eg. multiple gross congenital abnormalities)

Isolated major abnormality

Skeletal dysplasia

Respiratory

GIT

Hydrops foetalis

Renal

Cleft

Lip

Palate

Lip and palate

Others, specify: _____

None of the above

LCM absent (Is gestation <37 weeks?)

d) Gestation <37 weeks conditions associated with immaturity (ND)

Gestation ≥37 weeks (Did the baby have an asphyxial condition?)

Asphyxial condition absent (Did the baby die from infection?)

Asphyxial condition present

e) Infection present

Infection absent (Are there any other specific causes of death?)

Other specific conditions

Unknown cause (ND)

f) Other specific causes (ND):

Kernicterus/ severe neonatal jaundice

Haemorrhagic disease of newborn/ Vitamin K deficiency

Others, specify: _____

Note:
LCM = Lethal Congenital Malformation
MSB = Macerated Stillbirth
FSB = Fresh Stillbirth
SB = Stillbirth
ND = Neonatal Death

Reporting person from O&G Department: _____

Date: _____

Reporting person from Neonatal Department: _____

Date: _____