

Perinatal Death data sheet - PPIP v2.2

Data collected at _____

Identification									
Date of delivery		(dd/mm/yyyy)							
Date of death		(dd/mm/yyyy)							
Birth mass		g							
Delivered	<input type="checkbox"/> At this unit <input type="checkbox"/> At home <input type="checkbox"/> In transit <input type="checkbox"/> At another unit <input type="checkbox"/> Unknown		(please circle)						
Maternal age	yr	Unknown							
Antenatal care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		(please circle)						
Condition at birth (please circle)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Born alive</td> <td style="width: 50%; border: none;">Stillborn, alive on admission</td> </tr> <tr> <td style="border: none;">Fresh stillborn, dead on admission</td> <td style="border: none;">Stillborn, admission status unknown</td> </tr> <tr> <td colspan="2" style="border: none;">Macerated stillborn</td> </tr> </table>			Born alive	Stillborn, alive on admission	Fresh stillborn, dead on admission	Stillborn, admission status unknown	Macerated stillborn	
Born alive	Stillborn, alive on admission								
Fresh stillborn, dead on admission	Stillborn, admission status unknown								
Macerated stillborn									
Syphilis serology	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done <input type="checkbox"/> Result not available		(please circle)						
Single / multiple	<input type="checkbox"/> Single pregnancy <input type="checkbox"/> Multiple pregnancy		(please circle)						
Maternal HIV serology	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done <input type="checkbox"/> Result not available		(please circle)						
Received ART	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		(please circle - ONLY if HIV positive)						
Primary obstetric cause of death		Enter code. If 'Other', please describe below							
Final cause of death		Enter code. If 'Other', please describe below							
Avoidable factors									
Enter code & circle grade. If 'Other', please describe to the right.		Possible	Probable						
		Possible	Probable						
		Possible	Probable						
		Possible	Probable						
		Possible	Probable						