

Perinatal death detail

PPIP 3 Data Sheet

Health care facility: _____

Data sheet completed by: _____

Identification: _____ Date of delivery: dd/mm/yyyy Date of death: dd/mm/yyyy Birth weight: _____ g

Delivered: At this facility At home
In transit At another facility
Unknown Maternal age: _____ yrs Parity: _____ Antenatal care: Yes
No
Unknown

or

Unknown Unknown

Please circle one Please circle one

Gestational age _____ completed weeks or Unknown

Accuracy if GA known: Certain
Uncertain Based on: Dates
 Ultrasound
 Clinical exam

Please circle one Select one or more

Syphilis serology

Positive
Negative
Not done
Result not available

Please circle one

HIV serology

Positive
Negative
Not done
Result not available

Please circle one

Maternal obstetric condition

Code: _____

'Other' description: _____

Code: _____

'Other' description: _____

Condition at birth

Born alive
Stillborn, alive on admission
Fresh stillborn, dead on admission
Stillborn, admission status unknown
Macerated stillborn

Please circle one

Anti-retroviral drugs

Prophylactic Long-term Intrapartum
Type unknown No ART Unknown

Please circle one ONLY IF (+) HIV serology

Primary obstetric cause of death

Code: _____

'Other' description: _____

Single pregnancy Multiple pregnancy

Please circle one

Final cause of neonatal death

Code: _____

'Other' description: _____

Avoidable factors

Code: _____ Possible Probable

'Other' description: _____

Code: _____ Possible Probable

'Other' description: _____

Code: _____ Possible Probable

'Other' description: _____

Code: _____ Possible Probable

'Other' description: _____