PARTICIPANT ID: ☐☐☐☐☐☐

Labor and Delivery Form – Fetal/Neonatal				
PHC ID: ☐☐	**Subcenter:** ☐☐☐☐	**ANM ID:** ☐☐☐☐☐☐	**Participant ID:** ☐☐☐☐☐☐	**Baby ID:** ☐ of ☐
DATE (dd/mm/yy)	☐☐/☐☐/☐☐			

- **TO BE COMPLETED BY THE ANM FOR STILLBIRTH OR LIVE BIRTH AMONG PARTICIPATING WOMEN.**
- **CHECK SECTION F, Q61 OF THE MATERNAL FORM → RECORD THE NUMBER OF BABIES ABOVE AND FILL ONE FORM FOR EACH BABY**

SECTION A: INFORMATION ABOUT THE BABY ANSWER THE FOLLOWING QUESTIONS			
#	**Question**	**Response**	**Code / Instructions**
1.	DATE OF BIRTH	☐☐ / ☐☐ / ☐☐	WRITE DATE (dd/mm /yy)
2.	TIME OF BIRTH	☐☐:☐☐ - ☐☐ HH MM AM/PM	WRITE TIME (HH : MM - AM,PM)
3.	SEX OF THE BABY	☐	1 = Male 2 = Female 3 = Not sure
4.	WEIGHT OF THE FETUS/BABY	☐.☐☐☐	WEIGHT IN KG 9.999 = NOT WEIGHED
5.	VITAL STATUS OF THE BABY AT BIRTH	☐	1=ALIVE 2=DEAD
	5a. DID THE BABY EVER CRY?	☐	1 = Yes 2 = No
	5b. DID THE BABY EVER MOVE?	☐	1 = Yes 2 = No
	5c. DID THE BABY EVER BREATH?	☐	1 = Yes 2 = No
	CONFIRM ANSWER TO QUESTION 5 • **IF ANY OF QUESTION 5a, 5b, or 5c is "YES", the baby was born alive – MAKE SURE Q5 = "1" (Alive)** • **CONTINUE TO SECTION B** • **IF QUESTION 5a, 5b, and 5c are ALL "NO", the baby was stillborn – MAKE SURE Q5 = "2" (Dead)** • **SKIP TO SECTION C**		

SECTION B: INFORMATION ABOUT THE BABY ANSWER THE FOLLOWING QUESTIONS			
#	**Question**	**Response**	**Code / Instructions**
6.	DID THE BABY BREATHE OR CRY IMMEDIATELY AFTER BIRTH?	☐	1 = Yes (GO TO Q8) 2 = No (GO TO Q7)

PARTICIPANT ID: ☐☐☐☐☐☐

SECTION B: INFORMATION ABOUT THE BABY
ANSWER THE FOLLOWING QUESTIONS

#	Question	Response	Code / Instructions
7.	HOW LONG AFTER BIRTH DID THE BABY BEGIN CRYING OR BREATHING?	☐	1=within 1 minute 2=2-5 minutes 3=6-9 minutes 4=10-15 minutes 5= > than 15 minutes 9=Don't Know
8.	WERE ANY MEASURES TAKEN TO START THE BABY CRYING OR BREATHING?	☐	0 = Nothing Done 1 = Drying 2 = Stimulation 3 = Bag and mask 4 = Mouth to mouth 5 = Other (SPECIFY) _____
9.	HOW WAS THE INFANT CRYING IMMEDIATELY AFTER BIRTH?	☐	0=Did not cry 1=Cried weakly 2=Cried normally or vigorously 9=Don't Know
10.	HOW DID THE INFANT MOVE ITS LIMBS IMMEDIATELY AFTER BIRTH?	☐	0=Did not move 1=move weakly 2=move normally or vigorously 9=Don't Know
11.	WHAT WAS THE COLOR OF THE BABY IMMEDIATELY AFTER BIRTH?	☐	1=Red all over 2=Red, except for extremities 3=blue/gray or pale 9=Don't Know
12.	DID THE BABY HAVE ANY STIFFENING OF THE BACK OR CONVULSIONS AT ANY POINT BEFORE DISCHARGE?	☐	1 = Yes 2 = No
13.	WAS THE BABY UNCONSCIOUS FROM FIRST CRY (OR AFTER RESUSCITATION) UNTIL DISCHARGE?	☐	1 = Yes 2 = No
14.	DID THE BABYHAVE ANY ABNORMALITY OF THE FOLLOWING BODY PARTS?	1 = Yes 2 = No	If Yes, describe below
	a. HEAD SHAPE/SIZE	☐	
	b. EYES	☐	
	c. EARS	☐	
	d. NOSE	☐	
	a. MOUTH/LIPS	☐	
	b. JAW	☐	

PARTICIPANT ID: ☐☐☐☐☐☐

SECTION B: INFORMATION ABOUT THE BABY **ANSWER THE FOLLOWING QUESTIONS**			
#	**Question**	**Response**	**Code / Instructions**
	c. ARMS	☐	
	d. HANDS/FINGERS	☐	
	e. BACK	☐	
	f. GENITALIA	☐	
	g. LEGS	☐	
	h. FEET/TOES	☐	
	i. OTHER	☐	
15.	WAS THE BABY ABLE TO SUCKLE NORMALLY?	☐	1 = Yes (GO TO Q16) 2 = No (GO TO Q17)
16.	IF YES, HOW MANY MINUTES/HOURS PASSED BETWEEN BIRTH AND INITIATION OF BREASTFEEDING?	☐☐ MINUTES ☐ HOURS	
17.	DID THE BABY EXPERIENCE ANY COMPLICATIONS THAT MADE YOU DECIDE TO REFER THE BABY TO A HIGHER LEVEL OF CARE?	☐	1 = Yes (GO TO Q18) 2 = No (GO TO Q21**)**
18.	WHAT WAS THE COMPLICATION?	☐	1 = Birth asphyxia 2 = Pre term 3 = Low birth weight 4 = Other (SPECIFY) _____
19.	WAS THE BABY TRANSPORTED TO A HIGHER LEVEL OF CARE?	☐	1 = Yes (G0 TO Q21) 2 = No (GO TO Q20)
20.	WHY WASN'T THE BABY TRANSPORTED?	☐	1 = Problem was managed and baby no longer required transport 2 = Transport was not available 3 = Family refused transport 4 = Other (SPECIFY) _____
21.	FINAL STATUS OF BABY AT DISCHARGE?	☐	1 = Live (**GO TO END**) 2 = Transported (**GO TO END**) 3 = Dead (GO TO Q22)

PARTICIPANT ID: ☐☐☐☐☐☐

SECTION B: INFORMATION ABOUT THE BABY **ANSWER THE FOLLOWING QUESTIONS**			
#	**Question**	**Response**	**Code / Instructions**
22.	IF DEAD AT DISCHARGE, CAUSE OF DEATH?	☐	1 = Preterm 2 = Birth Asphyxia 3 = Sepsis 4 = LBW 5 = Malformation 6 = Other – Specify _____

SECTION C: STILLBIRTH QUESTIONS			
#	**Question**	**Response**	**Code / Instructions**
1.	WERE THERE ANY BRUISES OR SIGNS OF INJURY ON THE BABY'S BODY AT THE TIME OF DELIVERY?	☐	1 = Yes (GO TO QC2) 2 = No (GO TO QC3)
2.	WHAT SIGNS? (UP TO THREE RESPONSES)	☐ ☐ ☐	1=Bleeding 2=Bruises 3=Other (SPECIFY) _____
3.	WAS IT A FRESH OR MACERATED STILLBIRTH?	☐	1 = Fresh 2 = Macerated
4.	WAS ANY PART OF THE BABY PHYSICALLY ABNORMAL AT THE TIME OF DELIVERY?	☐	1 = Yes (GO TO QC5) 2 = No (**GO TO END**)
5.	WHAT WERE THE ABNORMALITIES? RECORD MULTIPLE RESPONSES, IF NECESSARY	☐ ☐ ☐	1=Head size very small 2=Head size very large 3=Mass or lump on back of head or spine 4= Other (SPECIFY) _____