Today's Date ___ / ___ / 200__ Data collector _____ Survey record no. ____ / _____

Patient name		**Hospital record number**	

Second birth	**Third birth**
12 **MODE OF BIRTH** ☐ normal vaginal delivery ☐ forceps ☐ vaginal breech ☐ caesarean section ☐ vacuum extraction	12 **MODE OF BIRTH** ☐ normal vaginal delivery ☐ forceps ☐ vaginal breech ☐ caesarean section ☐ vacuum extraction
17 **BABY RESUSCITATION** ☐ Yes ☐ No **If yes**, (tick **all** that apply) ☐ bag and mask ☐ IPPV via ETT ☐ drugs given **If bag and mask or IPPV via ETT, what type of gas used:** ☐ air alone ☐ oxygen alone ☐ O_2/air mix	17 **BABY RESUSCITATION** ☐ Yes ☐ No **If yes**, (tick **all** that apply) ☐ bag and mask ☐ IPPV via ETT ☐ drugs given **If bag and mask or IPPV via ETT, what type of gas used:** ☐ air alone ☐ oxygen alone ☐ O_2/air mix
18 **SKILLED RESUSCITATOR PRESENT AT BIRTH** ☐ Yes ☐ No ☐ unknown	18 **SKILLED RESUSCITATOR PRESENT AT BIRTH** ☐ Yes ☐ No ☐ unknown
19 **1 minute APGAR score** ☐ ☐ unknown	19 **1 minute APGAR score** ☐ ☐ unknown
20 **5 minute APGAR score** ☐ ☐ unknown	20 **5 minute APGAR score** ☐ ☐ unknown
21 **BIRTHWEIGHT (grams)** ☐☐☐☐ gms ☐ unknown	21 **BIRTHWEIGHT (grams)** ☐☐☐☐ gms ☐ unknown
22 **GESTATIONAL AGE AT BIRTH** ☐☐ weeks ☐ unknown **If GA <37 weeks, please complete Preterm Form**	22 **GESTATIONAL AGE AT BIRTH** ☐☐ weeks ☐ unknown **If GA <37 weeks, please complete Preterm Form**
35 **IMMUNISATION OF NEWBORN AGAINST HEPATITIS B** ☐ Yes ☐ No ☐ unknown	35 **IMMUNISATION OF NEWBORN AGAINST HEPATITIS B** ☐ Yes ☐ No ☐ unknown
38 **STILLBIRTH** ☐ Yes ☐ No Cause of death: _____	38 **STILLBIRTH** ☐ Yes ☐ No Cause of death: _____
39 **BORN ALIVE BUT DEATH BEFORE DISCHARGE** ☐ Yes ☐ No Cause of death: _____ If yes, how many days after birth did the baby die: ☐☐☐ days ☐ unknown	39 **BORN ALIVE BUT DEATH BEFORE DISCHARGE** ☐ Yes ☐ No Cause of death: _____ If yes, how many days after birth did the baby die: ☐☐☐ days ☐ unknown
41 **DATE OF DISCHARGE FROM DELIVERY HOSPITAL** ☐☐ D D ☐☐ M M ☐☐ Y Y ☐ unknown	41 **DATE OF DISCHARGE FROM DELIVERY HOSPITAL** ☐☐ D D ☐☐ M M ☐☐ Y Y ☐ unknown
☐ Entered online | Date entered __ / __ /200__ | Initials	☐ Entered online | Date entered __ / __ /200__ | Initials