**Instructions:** Panel members are provided with all clinical, laboratory findings including autopsy findings and the progress ion of the illness to decide on the PRIMARY cause of mortality and the CONTRIBUTORY maternal and infant-related causes of mortality following the WHO guidance on certification of causes of mortality. This form should be completed within 6 months after the death of the infant.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. If Infant died at or prior to day 28** | Date of Death: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) | | | | | | |
| 2. Was consent for autopsy contained? | 1Yes | 2No | 3Don’t know | |  | | |
|  | **cause of death according to paNEL CONSENSUS** | | | | | | |
| 3. Primary cause of death  *→Select one* | 1Congenital malformation 2Respiratory Distress Syndrome 3Asphyxia 4DIC/pulmonary hemorrhage 5 Persistent Pulmonary Hypertension of the Newborn 6Transient Tachypnea of the Newborn 7IVH 8Sepsis 9Pneumonia 10 Meningitis 11 NEC 12 Hypothermia 13 Apnea 14 Jaundice/kernicturus 15 Anemia 16 Renal failure 17Tetanus 18Other, specify:\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 3a. Degree of certainty for primary cause *→Select one* | 1 Probable 2 Possible | | | | | | |
| 4.Contributing cause of death  *→check all that apply:* | 1Congenital malformation 2RDS 3Asphyxia 4 DIC/pulmonary hemorrhage 5PPHN 6TTN 7IVH 8Sepsis 9Pneumonia 10 Meningitis 11 NEC 12 Hypothermia 13 Apnea 14 Jaundice 15 Anemia 16 Renal failure 17Tetanus 18Other, specify:\_\_\_\_\_\_\_\_\_\_  19Hypoglycaemia | | | | | | |
| 5. If died, maternal contributing risk factors *→check all that apply:* | 1Obstructed labor 2Cord prolapse/complication 3Signs of fetal distress 4Antenatal hemorrhage 5Preeclampsia/eclampsia 6Maternal signs of infection 7Chorioamnionitis 8Other, specify:\_\_\_\_\_\_\_\_\_\_\_ 9iatrogenic preterm delivery | | | | | | |
| 6. Preventability of death *→Check one* | 1 Not likely preventable 2 Possibly preventable with care at local hospital 3 Possibly preventable with state-of-the art care | | | | | | |
| 6a. If preventable, what interventions  *→Check all that apply* | 1Oxygen/CPAP 2 Resuscitation  3 Thermoregulation/monitor temperature 4 KMC  5 Antibiotics 6 Aminophyline 7 Monitor glucose/treat hypoglycemia 8 Phototherapy | | | 9  Appropriate infant feeding 10 Vitamin K 10Other newborn intervention: specify:\_\_\_\_\_\_\_\_\_\_\_  11Antenatal Steroids  12Timely C-section 13Tetanus toxoid vaccine 14Other maternal intervention specify:\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. Data quality *→comment on the quality of the data to assess this death (i.e., completeness, accuracy)* | 1 Acceptable  2 Poor 3 If poor – comments: | | | | | | |
| **FORM COMPLETION** |  |  |  | |  |  |  |
| 8. Form completed by: Panel 1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID|\_\_|\_\_|  Panel 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID|\_\_|\_\_|  9. Date of Completion: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) | | | | | | | |