**BIRTH DEFECTS CASE ABSTRACTION FORM**

Identification Number

#### BD - 2

**Ministry of Health – Sri Lanka**

**A. BASIC INFORMATION**

1. Infant’s (Mother’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex of Infant : 🞎 Male 🞎 Female 🞎 Ambiguous
3. Location where case identified: 4. Residence:

RDHS Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOH Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GN Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Based on Infant / Mother’s residence)*

Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BHT No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth / Delivery : \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ 8. Place of Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Case Identified: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 10. Age at case detection: \_\_\_\_\_ days \_\_\_\_months
3. Living Status: 🞎 Living 🞎 Still birth – fresh 🞎 Still birth – macerated 🞎 Neonatal Death 🞎 Post-Neonatal Death

|  |  |
| --- | --- |
| Pathological / Forensic post-mortem  Record No:\_\_\_\_\_\_\_\_\_\_ | *Please give details: Done by Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on DD/MM/YYYY* |

1. Post mortem / Necropsy details: 🞎 Done 🞎 Not done

**B. Description of the congenital abnormalities**

Presence of congenital abnormalities: 🖵 Isolated 🖵 Multiple 🖵 Syndromic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Type of Birth Defect | Full Description | Birth Defect Code (ICD 10)\* | RCPCH  Extension | Confirmed / Possible |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

*\* Please refer to annexure for a list of ICD codes and descriptions of conditions*

Photographs taken : Yes / No *(Please attach and upload a photograph/s )*

**Additional Information / Remarks:**

**C. PAENTAL SOCIO-DEMOGRAPHIC DETAILS**

1. Name of the mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Residential Address **:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mother’s Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ 4. Age \_\_\_\_\_Yrs

5. Marital Status: 🞎 Married 🞎 Living Together 🞎 Unmarried 🞎 Divorced 🞎 Widowed

6. Education Level : 🞎 None 🞎 Grade 1 – 5 🞎 Grade 6 – 11 🞎 O/L Passed 🞎 A/L passed 🞎 Tertiary

7. Ethnicity : 🞎 Sinhala 🞎Tamil 🞎 Muslim 🞎 Burgher 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Father’s Age: \_\_\_\_\_Yrs

9. Parental Consanguinity: 🞎 Yes 🞎 No 10. If ‘YES’ Give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Sector: 🞎 Urban 🞎 Rural 🞎 Estate 11. Monthly Average Family Income: Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. National Identity Card No: 13. Contact Phone;

**D. PREGNANCY HISTORY** & **DELIVERY INFORMATION**

1. Total Pregnancies \_\_\_\_\_ 2. Live Births \_\_\_\_\_ *If YES, give details*

|  |  |  |
| --- | --- | --- |
| 3 | Previous terminations of pregnancy  for congenital malformations ? :  🞎 Yes 🞎 No |  |
| 4 | Previous still births? :  🞎 Yes 🞎 No |  |
| 5 | Previous Spontaneous Abortions ?  🞎 Yes 🞎 No |  |
| 6 | Previous live births with congenital  malformations ? :  🞎 Yes 🞎 No |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7. Source of POG  Information:  LMP / Ultrasound | 8. LMP Date  \_\_\_/\_\_\_/\_\_\_\_\_ | 9. Estimated Date of Delivery  \_\_\_/\_\_\_/\_\_\_\_\_ | | 10. Date & Time of Delivery  \_\_\_/\_\_\_/\_\_\_\_\_ at \_\_\_\_\_\_ HRs | | 11. Gestational Age at Delivery \_\_\_\_\_\_ Wks | |  |
| 12. Mode of Delivery: *Normal Vaginal / Breech / Forceps / Vacuum / Elective CS / Emergency CS / Other (Specify)\_\_\_\_\_\_\_\_\_\_\_* | | | | 13. Plurality: *Singleton / Twin / Triplet / Higher order* | | 14. Birth attended by: Midwife / Nurse / HO / SHO / Registrar / VOG | | |
| 15. Pregnancy Outcome  Alive / Still birth – fresh / Still birth – macerated /  Neonatal Death / Post-neonatal Death | | | 16. APGAR at  1 minute 5 minutes 10 minutes  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ | | 17. Birth weight  \_\_\_\_\_(grams) | 18. Length  \_\_\_ cms | 19. Head circumference  \_\_\_\_\_\_\_\_ cms | |

**E. NEONATAL COMPLICATIONS**

*Please give details:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | Pre-pregnancy diabetes mellitus, IDDM | 🞎 Yes 🞎 No | **10** | Pre-pregnancy Folic Acid | 🞎 Yes 🞎 No |
| **2** | Pre-pregnancy diabetes mellitus, NIDM | 🞎 Yes 🞎 No | **11** | Antenatal Anaemia ? (Hb\_\_\_ g/dl) | 🞎 Yes 🞎 No |
| **3** | GDM During this pregnancy | 🞎 Yes 🞎 No | **12** | Active Smoking | 🞎 Yes 🞎 No |
| **4** | Hypertension | 🞎 Yes 🞎 No | **13** | Passive Smoking | 🞎 Yes 🞎 No |
| **5** | Epilepsy/seizures before or during this pregnancy | 🞎 Yes 🞎 No | **14** | Alcohol Before Pregnancy | 🞎 Yes 🞎 No |
| **6** | Maternal obesity (BMI:\_\_\_\_\_\_ ) | 🞎 Yes 🞎 No | **15** | Alcohol During Pregnancy | 🞎 Yes 🞎 No |
| **7** | Rubella | 🞎 Yes 🞎 No | **16** | Other substances: | 🞎 Yes 🞎 No |
| **8** | Rubella vaccinated ? | 🞎 Yes 🞎 No | **17** | Medications during pregnancy | 🞎 Yes 🞎 No |
| **9** | Cytomegalovirus (CMV) | 🞎 Yes 🞎 No | **18** | Any antenatal febrile illness ? | 🞎 Yes 🞎 No |

**F. MATERNAL ILLNESSES, CONDITIONS, COMPLICATIONS and EXPOSURES**

19. Additional Information / Remarks on maternal risk factors:

**G. FAMILY HISTORY OF CONGENITAL ABNORMALITIES**

*Note: This includes any birth defects in the mother / father / siblings*

|  |  |
| --- | --- |
| Relationship to Child | Description of the Congenital Abnormalities |
|  |  |
|  |  |
|  |  |
|  |  |

**H. PRENATAL/ANTENATAL / POSTNATAL INVESTIGATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Lab Tests/ Investigations** | **Date performed / Results and Interpretation** |  | **Lab Tests/ Investigations** | **Date performed / Results and Interpretation** |
| 1 | US Scan / Fetal Anomaly Scan |  | 4 | Chormosomal Analysis (Karyotype) |  |
| 2 | Infantogram / Babygram |  | 5 | Brain MRI |  |
| 3 | 2D Echo |  | 6 | Other (Specify) |  |

**I. THERAPEUTIC / SURGICAL INTERVENTIONS / REFERRALS CARRIED OUT ON ANOMALIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Procedure | Date Performed | Facility | Outcome / Comments |

**J. DEATH DETAILS**

|  |
| --- |
| Date of Death: \_\_\_/\_\_\_/\_\_\_\_\_ Age at Death: \_\_\_\_\_Yrs \_\_\_\_Mths\_\_\_\_\_days Place of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Cause/s of Death:** Underlying Cause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate Cause:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Conditions contributing to Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name :

*Signature of the Clinician / Medical Officer* Designation: Date : *DD/MM/YYYY*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name :

Signature of the Head of Institution Stamp: Date : *DD/MM/YYYY*

*Please prepare this report in duplicate and send one copy to* ***Director / Family Health Bureau, 231 De Saram Place, Colombo 10*** *AND keep the remaining copy for official purposes at your institution.*

**Broad ICD codes – Congenital malformations deformations and chromosomal abnormalities**

|  |
| --- |
| Q00\_Anencephaly\_and\_similar\_malformations |
| Q01\_Encephalocele  Annexure |
| Q02\_Microcephaly |
| Q03\_Congenital\_hydrocephalus |
| Q04\_Other\_congenital\_malformations\_of\_brain |
| Q05\_Spina\_bifida |
| Q06\_Other\_congenital\_malformations\_of\_spinal\_cord |
| Q07\_Other\_congenital\_malformations\_of\_nervous\_system |
| Q18\_Other\_congenital\_malformations\_of\_face\_and\_neck |
| Q20\_Congenital\_malformations\_of\_cardiac\_chambers\_and\_connections |
| Q21\_Congenital\_malformations\_of\_cardiac\_septa |
| Q22\_Congenital\_malformations\_of\_pulmonary\_and\_tricuspid\_valves |
| Q23\_Congenital\_malformations\_of\_aortic\_and\_mitral\_valves |
| Q24\_Other\_congenital\_malformations\_of\_heart |
| Q25\_Congenital\_malformations\_of\_great\_arteries |
| Q26\_Congenital\_malformations\_of\_great\_veins |
| Q27\_Other\_congenital\_malformations\_of\_peripheral\_vascular\_system |
| Q28\_Other\_congenital\_malformations\_of\_circulatory\_system |
| Q30\_Congenital\_malformations\_of\_nose |
| Q31\_Congenital\_malformations\_of\_larynx |
| Q32\_Congenital\_malformations\_of\_trachea\_and\_bronchus |
| Q33\_Congenital\_malformations\_of\_lung |
| Q34\_Other\_congenital\_malformations\_of\_respiratory\_system |
| Q35\_Cleft\_palate |
| Q36\_Cleft\_lip |
| Q37\_Cleft\_palate\_with\_cleft\_lip |
| Q38\_Other\_congenital\_malformations\_of\_tongue\_mouth\_and\_pharynx |
| Q39\_Congenital\_malformations\_of\_oesophagus |
| Q40\_Other\_congenital\_malformations\_of\_upper\_alimentary\_tract |
| Q41\_Congenital\_absence\_atresia\_and\_stenosis\_of\_small\_intestine |
| Q42\_Congenital\_absence\_atresia\_and\_stenosis\_of\_large\_intestine |
| Q43\_Other\_congenital\_malformations\_of\_intestine |
| Q44\_Congenital\_malformations\_of\_gallbladder\_bile\_ducts\_and\_liver |
| Q45\_Other\_congenital\_malformations\_of\_digestive\_system |
| Q60\_Renal\_agenesis\_and\_other\_reduction\_defects\_of\_kidney |
| Q61\_Cystic\_kidney\_disease |
| Q62\_Congenital\_obstructive\_defects\_of\_renal\_pelvis\_and\_congenital\_malformations\_of\_ureter |
| Q63\_Other\_congenital\_malformations\_of\_kidney |
| Q64\_Other\_congenital\_malformations\_of\_urinary\_system |
| Q67\_Congenital\_musculoskeletal\_deformities\_of\_head\_face\_spine\_and\_chest |
| Q74\_Other\_congenital\_malformations\_of\_limbs |
| Q75\_Other\_congenital\_malformations\_of\_skull\_and\_face\_bones |
| Q76\_Congenital\_malformations\_of\_spine\_and\_bony\_thorax |
| Q77\_Osteochondrodysplasia\_with\_defects\_of\_growth\_of\_tubular\_bones\_and\_spine |
| Q78\_Other\_osteochondrodysplasias |
| Q79\_Congenital\_malformations\_of\_the\_musculoskeletal\_system\_not\_elsewhere\_classified |
| Q80\_Congenital\_ichthyosis |
| Q81\_Epidermolysis\_bullosa |
| Q82\_Other\_congenital\_malformations\_of\_skin |
| Q84\_Other\_congenital\_malformations\_of\_integument |
| Q85\_Phakomatoses\_not\_elsewhere\_classified |
| Q86\_Congenital\_malformation\_syndromes\_due\_to\_known\_exogenous\_causes\_not\_elsewhere\_classified |
| Q87\_Other\_specified\_congenital\_malformation\_syndromes\_affecting\_multiple\_systems |
| Q89\_Other\_congenital\_malformations\_not\_elsewhere\_classified |
| Q90\_Down\_syndrome |
| Q91\_Edwards\_syndrome\_and\_Patau\_syndrome |
| Q92\_Other\_trisomies\_and\_partial\_trisomies\_of\_the\_autosomes\_not\_elsewhere\_classified |
| Q93\_Monosomies\_and\_deletions\_from\_the\_autosomes\_not\_elsewhere\_classified |
| Q95\_Balanced\_rearrangements\_and\_structural\_markers\_not\_elsewhere\_classified |
| Q96\_Turner\_syndrome |
| Q97\_Other\_sex\_chromosome\_abnormalities\_female\_phenotype\_not\_elsewhere\_classified |
| Q98\_Other\_sex\_chromosome\_abnormalities\_male\_phenotype\_not\_elsewhere\_classified |
| Q99\_Other\_chromosome\_abnormalities\_not\_elsewhere\_classified |