

Perinatal Death Audit

1. Name of the health facility [Required field, text]
 - Kenya/Alupe sub-County Hospital/Secondary 1
 - Kenya/Bungoma County Hospital/Referral 8
 - Kenya/Busia County Hospital/Referral 7
 - Kenya/Khunyangu sub-County Hospital/Secondary 2
 - Kenya/Kocholya sub-County Hospital/Secondary 4
 - Kenya/Matayos sub-County Hospital/Secondary 6
 - Kenya/Matungu sub-County Hospital/Secondary 5
 - Kenya/Nambale sub-County Hospital/Secondary 3
 - Nigeria/FMC Ebute-Meta/Tertiary 7
 - Nigeria/Harvey Rd HC/Secondary 0
 - Nigeria/Isolo GH/Secondary 1
 - Nigeria/Lagos/Gbagada GH Secondary 3
 - Nigeria/Lagos/Havana Specialist Hospital/Private 0
 - Nigeria/LIMH Lagos Island/Tertiary 8
 - Nigeria/LUTH/Tertiary 9
 - Nigeria/Mushin GH/Secondary 4
 - Nigeria/R-Jolad Specialist/Private 2
 - Nigeria/Randle GH/Secondary 6
 - Nigeria/Regina Mundi Mushin/Private 4
 - Nigeria/Shomolu GH/Secondary 5
2. Sex of the baby?
 - Male
 - Female
 - Unknown

3. Date of Birth [Calendar, Required field]
4. Date of Death [Calendar, Required field]
5. What was the baby's birth weight in grams (if unknown enter '9999') [Text field, Required field]
6. Date baby weighed [Calendar, Required field]
7. Was the baby [Single selection; Required field]
 - Term (>37 wks)
 - Preterm (<37 wks)
 - Don't know
8. Was this a multiple birth? [Single selection; Required field]
 - Yes [Relevance: If "Yes", then answer 9]
 - No
9. Did the other baby die? [Single selection; Required field]
 - Yes
 - No
 - Don't know
10. Primary cause of death [Single selection; Required field]
 - Fresh stillbirth [If "fresh stillbirth," then 10a]
 - Macerated stillbirth
 - Birth Asphyxia [If "birth asphyxia," then 10a]
 - Low birth weight (<2500g/prematurity)
 - Infection
 - Congenital malformation [Relevance: If "Malformation", then answer 11]
 - Other [Relevance: If "Other", then answer 12]
 - Don't know
- 10a. Was fetal heart rate monitoring conducted during labor [Single selection, required field]

- Yes
 - No
 - Don't know
11. Please specify which "Malformation" [Text field; Required field]
12. Please describe "Other" [Text field; Required field]
13. Were there contributing factors to this perinatal death? [Single selection; Required field]
- Yes [Relevance: If "Yes", then answer 14]
 - No [Relevance: If "No", then answer 18]
14. Other contributing factors include [Multiple selection; Required field]
- Delay in seeking care [Relevance: If "Yes", then answer 18]
 - Delay in reaching health provider/facility (includes any transport/distance related issues) [Relevance: If "Yes", then answer 18]
 - Delay in provision of care after reaching the facility [Relevance: If "Yes", then answer 18]
 - Failed bag and mask resuscitation attempt [Relevance: If "Yes", then answer 16]
 - Bag and mask resuscitation not attempted [Relevance: If "Yes", then answer 18]
 - Other [Relevance: If "Other", then answer 15]
15. Please mention what is "Other" contributing factor [Text field; Required field]
16. Indicate why 'Failed bag and mask resuscitation attempt' is a contributing factor [Single selection; Required field]
- Resuscitation equipment not available
 - Birth attendant did not know how to perform bag and mask resuscitation
 - Other [Relevance: If "Other", then answer 17]
 - Not Applicable
17. Please mention what is "Other" for 'Failed bag and mask resuscitation attempt' [Text field; Required field]
18. If resuscitation was performed for this infant, has a Resuscitation Debriefing Form been filled?
- Yes

- No
- Don't know

19. Comments? [Text field]