**Form 1**

**NePeriQIP Registry Data**

| Data Collector | Name ........................................................................................................... |
|----------------|-----------------------------------------------------------------------------|
|                | Code........................................................................................................... |

| Data ID | Information                      | Write or circle where applicable | Notes |
|---------|----------------------------------|----------------------------------|-------|
|         | **PART A: BACKGROUND INFORMATION** |                                  |       |
| 101.    | Mother’s first name              |                                  |       |
| 102.    | Mothers’ last name               |                                  |       |
| 103.    | Inpatient number                 |                                  |       |
| 104.    | Age of mother (completed years)  | [ ] [ ]                         |       |
| 105.    | Caste                           |                                  |       |
| 106.    | Ethnicity code                   |                                  |       |
| 107.    | Address                         | District                         |       |
|         |                                  | Municipality                     |       |
|         |                                  | Ward                             |       |
| 108.    | Mobile                          | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |       |
| 109.    | Parity                          | Nullipara (never carried a pregnancy >22 wks)……1 |       |
|         |                                  | Primipara (1 birth).........................................................2 |       |
|         |                                  | Multipara (2-5 births)..............................3 |       |
|         |                                  | Grand multipara (>5 births).................................4 |       |

| Date (BS) dd/mm/yyyy | Signature |
|----------------------|-----------|
| Data entered into database: |           |

NePeriQIP Form 1: Registry Data (ver. 12; 25.06.2017)
### PART B: PRE-DELIVERY DETAILS

**Part B: Complications during pregnancy (based on ANC records)**

| 110.  | Complications recorded | Yes | No | NR |
|-------|-------------------------|-----|----|----|
| 110a. | Vaginal bleeding        | 1   | 0  | 98 |
| 110b. | Premature rupture of membranes (PROM) | 1 | 0 | 98 |
| 110c. | Abdominal pain          | 1   | 0  | 98 |
| 110d. | Decreased foetal movement | 1 | 0 | 98 |
| 110e. | No foetal movement      | 1   | 0  | 98 |
| 110f. | Muscle or joint pain    | 1   | 0  | 98 |
| 110g. | Lethargy                | 1   | 0  | 98 |
| 110h. | Convulsion              | 1   | 0  | 98 |
| 110i. | Coma/unconscious        | 1   | 0  | 98 |
| 110j. | Disturbed vision        | 1   | 0  | 98 |
| 110k. | Oedema                  | 1   | 0  | 98 |
| 110l. | Headache                | 1   | 0  | 98 |
| 110m. | Hypertension during pregnancy (≥140/90 mmHg) | 1 | 0 | 98 |
| 110n. | Pre-existing hypertension | 1 | 0 | 98 |
| 110o. | Glucose in urine        | 1   | 0  | 98 |
| 110p. | Protein in urine        | 1   | 0  | 98 |
| 110q. | Severe anaemia (Hb <7mg/dL) | 1 | 0 | 98 |
| 110r. | Frequent micturation    | 1   | 0  | 98 |
| 110s. | Others (specify)        |     |    |    |
| 111.  | Place making referral   |     |    |    |
| 112.  | Recent FHS recorded     | Yes, normal (110-160 BPM)………………1<br>Yes, abnormal (<110 BPM or >160 BPM)……2<br>Absent…………………………………………3<br>Not recorded………………………………….98 |
### Part B2: Condition at the time of admission

| 113. Provisional diagnosis of any complication recorded at the time of admission | Yes | No | NR |
|---|---|---|---|
| 113a. Antepartum haemorrhage (APH) Abruptio placenta/ruptured uterus/placenta previa | 1 | 0 | 98 |
| 113b. Postpartum haemorrhage (PPH) Atonic/tear/retained placenta/inverted uterus/ruptured uterus | 1 | 0 | 98 |
| 113c. Prolonged labour (>12 hours active phase) | 1 | 0 | 98 |
| 113d. Hypertensive disorder (Chronic Hypertension/Pregnancy Induced Hypertension/Pre-Eclampsia/Eclampsia) | 1 | 0 | 98 |
| 113e. Malpresentation | 1 | 0 | 98 |
| 113f. Malposition | 1 | 0 | 98 |
| 113g. Prolapsed cord | 1 | 0 | 98 |
| 113h. Chorioamnionitis | 1 | 0 | 98 |
| 113i. Premature rupture of membrane (PROM) | 1 | 0 | 98 |
| 113j. Pre-term labour | 1 | 0 | 98 |
| 113k. Foetal distress in labour | 1 | 0 | 98 |
| 113l. Foetal death | 1 | 0 | 98 |
| 113m. Decreased foetal movement | 1 | 0 | 98 |
| 113n. Foetal congenital anomaly | 1 | 0 | 98 |
| 113o. Abdominal pain | 1 | 0 | 98 |
| 113p. PV leaking | 1 | 0 | 98 |
| 113q. Other (specify): | | | |

| 114. Foetal heart rate at admission | Yes, normal (110-160 BPM) | Yes, abnormal (<110 BPM or >160 BPM) | Absent | Not recorded |
|---|---|---|---|---|
| 115. If foetal heart rate recorded | Date (BS) | | |
| | dd/mm/yyyy | | |
| | Time (hh:mm) 24-hr | | |

| 116. Stage of labour | Not in labour | Latent stage of active labour | First stage of active labour | Second stage of labour | Third stage of labour |
|---|---|---|---|---|---|
|   |   |   |
|---|---|---|
| **PART C: DELIVERY DETAILS** |   |   |
| 117. | Partograph use | Yes, completely filled............. 1  
Yes, partially filled............. 2  
Not filled..................................98 |
| 118. | Foetal heart rate monitoring recorded during delivery | Yes, as per protocol..................... 1  
Yes, sporadically (> once).................. 2  
Yes, only once................................ 3  
Not recorded..................................98 |
| 119. | Induction of labour | Induction with prostaglandins.........1  
Induction with amniotomy...............2  
Induction with oxytocin.................3  
No...........................................0  
Not recorded..................................98 |
| 120. | Received prophylactic antibiotics | Yes...........................................1  
No...........................................0  
Not recorded..................................98 |
| 121. | Mode of delivery | Spontaneous vaginal.....................1  
*If vaginal delivery, go to 122*  
Instrumental..............................2  
*If Instrumental delivery, go to 121*  
Assisted breech delivery...............3  
*Assisted Breech Delivery, go to 122*  
Emergency CS............................4  
Elective CS...............................5  
*If Emergency or Elective CS, go to 125* |
| 122. | Reason for CS (multiple response) | Prolonged labour.........................1  
Foetal distress............................2  
Abnormal lie................................3  
Obstetric haemorrhage....................4  
Multiple pregnancy.......................5  
Previous scar.............................6  
Maternal request...........................7  
Other (specify)............................|
| 123. | Reason for instrumental delivery | Prolonged labour.........................1  
Foetal distress............................2  
Other (specify)............................|
| 124. | Mother given Oxytocin (for augmentation of labour) | Yes...........................................1  
No...........................................0  
Not recorded..................................98 |
| 125. | Multiple delivery | Yes...........................................1  
No...........................................0 |
### PART D: NEWBORN DETAILS

|   | Description                                                                 | Single or Twin 1 | Twin 2 |
|---|-----------------------------------------------------------------------------|------------------|--------|
| 126. | Date of delivery (BS) dd/mm/yyyy                                             |                  |        |
| 127. | Gestational age by LMP (weeks)                                              |                  |        |
|     | Not known                      |
|     | Not recorded                   |
| 128. | Gestational age by ultrasound (weeks)                                       |                  |        |
|     | Not recorded                   |
| 129. | Time of delivery (hh:mm)                                                   |                  |        |
| 130. | Sex of baby                    | Girl..............1 |        |
|     | Boy........................0                                                |                  |        |
| 131. | Birth weight (grams)                                                       |                  |        |
| 132. | Delivery outcome (If Stillbirth, go to 150)                                | Live birth........1 |        |
|     | Stillbirth...................2                                              |                  |        |
| 133. | APGAR at 1 minute                                                          |                  |        |
| 134. | APGAR at 5 minutes                                                          |                  |        |
| 135. | Malformation recorded                                                      | Yes..............1 |        |
|     | No........................0                                                |                  |        |
| 136. | Newborn given vitamin K                                                     | Yes..............1 |        |
|     | Not recorded                    |
| 137. | Newborn body temperature recorded                                          | Yes..............1 |        |
|     | No........................0                                                |                  |        |
| 138. | Respiratory rate recorded                                                   | Yes..............1 |        |
|     | No........................0                                                |                  |        |
| 139. | Medical examination of baby recorded                                       | Yes..............1 |        |
|     | No........................0                                                |                  |        |
| 140. | Neonatal morbidity recorded (If No, go to 143)                             | Yes..............1 |        |
|     | No........................0                                                |                  |        |
| 141. | Type of morbidity (multiple response)                                       | Yes | No | Yes | No |
|     | a. Birth asphyxia                                                          | 1  | 0  | 1  | 0  |
|     | b. Neonatal encephalopathy                                                 | 1  | 0  | 1  | 0  |
|     | c. Hyper-bilirubinaemia                                                     | 1  | 0  | 1  | 0  |
|     | d. Meconium aspiration                                                     | 1  | 0  | 1  | 0  |
|     | e. Neonatal sepsis                                                         | 1  | 0  | 1  | 0  |
|     | f. Respiratory distress syndrome                                            | 1  | 0  | 1  | 0  |
|     | g. Hypoglycaemia                                                           | 1  | 0  | 1  | 0  |
|     | h. Retinopathy of prematurity                                              | 1  | 0  | 1  | 0  |
|     | i. Others                                                                 | 1  | 0  | 1  | 0  |
|   |   |   |
|---|---|---|
| 142. | If other cause of morbidity, please specify |   |
| 143. | Treated for sepsis | Yes……………….1  
Not recorded .......0 |
| 144. | Newborn transferred to other facility (If *Not recorded, go to 146*) | Yes……………….1  
Not recorded .......0 |
| 145. | Day of facility transfer (BS) |   |
| 146. | Newborn transferred to another ward (If *No, go to 148*) | Yes, SNCU/NICU......1  
Yes, pediatric ward...2  
No……………………0 |
| 147. | Day of transfer to ward (BS) |   |
| 148. | Newborns survived first 24 hours (If *No, go to 151*) | Yes……………….1  
No………………....0  
Not known.........9 |
| 149. | Newborns survived first 7 days (If *No, go to 151*) | Yes……………….1  
No………………....0  
Not known.........9 |
| 150. | Newborns alive at discharge (If *Yes, got at 157*) | Yes……………….1  
No………………....0  
Not known.........9 |
| 151. | Date of death (BS) dd/mm/yyyy |   |
| 152. | Time of death (hh:mm) |   |
| 153. | Perinatal death audit completed (If *No, go to 155*) | Yes……………….1  
No……………………0 |
| 154. | If yes, was it completed within 24 hours? | Yes……………….1  
No………………....0  
Time not recorded...2 |
| 155. | Cause of death according to journal | Yes | No |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| 156. | If other cause of death, please specify |   |
| 157. | Day of discharge from hospital (BS) |   |