

ID NUMBER: _____

Form 1

SUSTAIN Registry Data

Data Collector details	Name	
	Code	<input style="width: 100%;" type="text"/>

Data ID	Information	Write or circle where applicable	Remarks
PART A: BACKGROUND INFORMATION			
101.	Mother's first name		
102.	Mothers' last name		
103.	Mother's inpatient number	<input style="width: 100%;" type="text"/>	
104.	Age of mother (completed years)	<input style="width: 50%;" type="text"/>	
105.	Ethnicity code	Dalit.....1 Janajati..... 2 Madhesi.....3 Muslim..... 4 Brahmin/Chhetri..... 5 Others.....6	
106.	Address	Province	
		District	
		Municipality	
		Ward	
107.	Mobile	<input style="width: 100%;" type="text"/>	
108a	Place of referall for Delivery	Primary health centre.....1 District Hospital..... 2 Health post..... 3 Other 4 NR.....99 Self.....5	
108.	Parity	Primipara (0 previous births).....1	
		Multipara (2-5 births).....2	
		Grand multipara (>5 births).....3	

	Date (AD) dd/mm/yyyy	Signature
Form completed:		
Data entered into database:		

PART B: PRE-DELIVERY DETAILS					
Part B1: Complications during pregnancy (based on ANC records)					
109.	Complications recorded	Yes	No	NR	
109a.	Vaginal bleeding/APH	1	0	99	
109b.	Decreased foetal movements	1	0	99	
109c.	Eclampsia (including convulsions, coma, stroke or unconsciousness)	1	0	99	
109d.	Pre-eclampsia (BP >140/9mmHg and protein urine)	1	0	99	
109e.	Diabeties	1	0	99	
109f.	TORCHES	1	0	99	
109g.	TORCHES (specify).....				
109h.	Others (specify)				
110.	Place making referral				
111.	Anaemia	Yes.....1 No.....2 Not recorded.....99			If No or NR, go to 114
112.	If Yes, type of anaemia	Mild (<11 gm/dL).....1 Moderate (7-10.9 gm/dL)....2 Severe (<7 gm/dL).....3			
113.	Cause of anaemia (multiple choice)	Iron deficiency.....1 Folic acid deficiency.....2 Vitamin B12 deficiency.....3 Sickle cell.....4 Thalassemia.....5 Others (specify).....			
Height	Height of the mother in cm CM			
Weight	Weight of the mother from 1 st ANC checkupKG's			
Part B2: Condition at the time of admission					
114.	Provisional diagnosis of any complication recorded at the time of admission	Yes	No	NR	
114a.	Antepartum haemorrhage (APH)	1	0	99	
114b.	Decreased foetal movements				
114c.	Prolonged labour (>12 hours active phase)	1	0	99	
114d.	Pre-eclampsia (BP >140/9mmHg and protein urine)	1	0	99	
114e.	Eclampsia (including convulsions, coma, stroke or unconsciousness)	1	0	99	
114f.	Breech or transverse lie	1	0	99	
114g.	Prolapsed cord	1	0	99	
114h.	Chorioamnionitis	1	0	99	
114i.	Premature rupture of membrane (PROM)	1	0	99	
114j.	Pre-term labour and/or preterm premature rupture of membranes (PPROM)	1	0	99	

114k.	Foetal congenital anomaly		1	0	99	
114l.	Others (specify):					
115.	Gestational age at admission by USG		<input type="text"/> <input type="text"/> + <input type="text"/> Not known..... 0 Not recorded.....99			
115A	Gestational age at admission by LMP		<input type="text"/> <input type="text"/> + <input type="text"/> Not known..... 0 Not recorded.....99			
Q115B	Anemia diagnosed during admission		Yes.....1 No..... 2 Not recorded.....99			
Q115C	If Yes, type of anaemia		Mild (<11 gm/dL)..... 1 Moderate (7-10.9 gm/dL)....2 Severe (<7 gm/dL)......3			
Q115D	Cause of anaemia (multiple choice)		Iron deficiency.....1 Folic acid deficiency.....2 Vitamin B12 deficiency.....3 Sickle cell.....4 Thalassaemia.....5 Others (specify)......6 recorded99			
116.	Mother's blood group		RH positive.....1 RH negative......2 Not recorded.....99			
117.	ABO blood type		A..... 1 B......2 AB......3 O......4			
118.	FHR at admission		Yes, normal (100-160 bpm).....1 Yes, abnormal (<110 or >160 bpm)..2 Absent......3 Not recorded.....99		If No or NR, go to 120	
119.	If FHR recorded	Date (AD) dd/mm/yyyy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		Time (hh:mm) 24-hr	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
119B	Total Number of PV examinations					
120.	Stage of labour		Not in labour.....1 Latent stage of labour......2 First stage of active labour.....3 Second stage of labour.....4 Third stage of labour.....5			
119A	Duration of active stage of labor	 hours			

PART C: DELIVERY DETAILS

121.	Place of delivery	Home.....1 On the way2 Health facility.....3	If Home or On the way, go to 129
Q121a	If Health facility	Inside delivery room.....1 Outside delivery room..... 2 NR.....99	
122.	Partograph use	Yes, completely filled.....1 Yes, partially filled.....2 Not filled.....0	
123.	FHR monitoring recorded during delivery	Yes, as per protocol.....1 Yes, sporadically (> once).....2 Yes, only once.....3 Not recorded.....99	
124.	Abnormal FHR detected during labour	Yes, bradycardia (< 110).....1 Yes, tachycardia (> 160).....2 Yes, repetitive (during > 50% of contractions) or prolonged (> 3 min) decelerations.....3 No.....0 Not recorded.....99	
125.	Induction of labour	Induction with prostaglandins.....1 Induction with amniotomy.....2 Induction with oxytocin.....3 No.....0 Not recorded.....99	
126.	Augmentation of labour	Augmentation with oxytocin.....1 Augmentation with amniotomy....2 No.....0 Not recorded.....99	

127.	Received prophylactic antibiotics	Yes.....1 No.....0	
127A	Corticosteroids given to mother (Dexamethasone/Betamethasone)	Yes.....1 No.....0	
128.	Mode of delivery	Spontaneous vaginal.....1 Go to 131 Instrumental.....2 Go to 130 Manoeuvre delivery.....3 Go to 131 Emergency CS.....4 Elective CS.....5 Go to 129	

129.	Reason for CS (multiple response)	Foetal distress (FD).....1 Cephalopelvic disproportion (CPD).....2 Abnormal lie/malpresentation/ malposition...3 APH or intrapartum haemorrhage4 PIH (Pre-eclampsia/eclampsia).....5 Non-progress of labour (NPOL) or prolonged labour.....6 Multiple pregnancy.....7 Cord around the neck.....8 Cord prolapse.....9 Oligohydramnios.....10 Previous CS.....11 Maternal request.....12 Other (specify).....	
130.	Reason for instrumental delivery	Prolonged labour.....1 Foetal distress.....2 Maternal distress.....3 Other (specify).....	
131.	Multiple delivery	Yes.....1 No.....0	
If multiple deliveries, use additional form for each baby!			
132.	Delivery conducted by	Nursing staff.....1 Doctor.....2 Other health personnel.....3 Not recorded.....99	
133.	Complication to mother before or at the time of delivery	Yes.....1 No.....0 Not recorded.....99	If No or NR, go to 135
134.	If Yes (multiple choice)	Manoeuvre delivery.....1 Prolonged labour.....2 Antepartum haemorrhage.....3 Postpartum haemorrhage.....4 Pregnancy induced hypertension..5 Oligohydramnios.....6 Others (specify).....	
135.	Amniotic fluid	Clear.....1 Thin meconium stained.....2 Thick meconium stained.....3 Not recorded.....99	
136.	Complication to baby at the time of delivery	Yes.....1 No.....0 Not recorded.....99	If No or NR, go to 138
137.	If Yes (multiple choice)	Birth asphyxia.....1 Grunting.....2 Foetal distress.....3 Preterm.....4 Meconium stained.....5 Tachypnoea.....6	

		Breech delivery.....7 Low birth weight.....8 Sepsis.....9 Cyanosis.....10 Poor cry.....11 Respiratory distress syndrome.....12 Big baby.....13 Gasping14 Others (specify).....			
138.	Date of delivery (AD) dd/mm/yyyy	<input type="text"/>			
139.	Time of delivery (hh:mm) 24-hr	<input type="text"/>			
140.	Sex of baby	Girl.....1 Boy.....0			
141.	Birth weight (grams)	<input type="text"/>			
142.	Gestational age by LMP (weeks)	<input type="text"/> + <input type="text"/> Not known..... 0 Not recorded.....99			
143.	Delivery outcome	Livebirth.....1 Stillbirth.....2	If Livebirth, go to 145		
144.	If stillbirth, type of stillbirth	Fresh.....1 Macerated..... 2	End extraction!!!		
145.	APGAR at 1 minute	<input type="text"/>			
146.	APGAR at 5 minutes	<input type="text"/>			
147.	Method of Resuscitation	Yes	No	NR	
147a.	Clearing of airway (suctioning)	1	0	99	
147b.	Stimulation	1	0	99	
147c.	Bag-mask ventilation	1	0	99	
	Other interventions				
147d.	Oxygen	1	0	99	
147e.	Medication	1	0	99	
147f.	Chest compression	1	0	99	
147g.	Intubation	1	0	99	
147h.	Others (specify).....	1	0	99	
148.	Malformation	1	0	99	If No or NR, go to 150
149.	If Yes (multiple response)	Neural tube defects.....1 Cleft lip.....2 Cleft palate.....3 Club foot.....4 Hypospadias.....5 Omphalocele.....6 Gastroschisis.....7 Imperforate anus.....8 Other limb defects.....9 Others (specify).....			
	Routine care of newborn	Yes	No	NR	
150.	Vitamin K	1	0	99	

151.	Body temperature	1	0	99	
152.	Respiratory rate	1	0	99	
153.	Medical examination of baby	1	0	99	
154.	Newborn transferred from labour room	Yes, SNCU/NICU.....1 Yes, PNC.....2 No.....0 Not recorded.....99			If SNCU/NICU, go to Part D
155.	Outcome of the baby	Healthy.....1 Improved.....2 Referred to other facility.....3 Died4 Absconded.....5 Stillbirth.....7 DOPR.....8			If other than died goto q158
156.	Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
157.	Cause of death (multiple response)	Neonatal sepsis/infection.....1 Meconium aspiration syndrome...2 Birth asphyxia.....3 Respiratory distress syndrome...4 Hypoglycaemia.....5 Low birth weight (LBW).....6 Preterm.....7 Congenital malformation.....8 Others (specify).....			
158.	Date of discharge (AD) dd/mm/yyyy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

