

Maternal / Newborn / Reporting data form

Maternal

Date of admission Hospital number

Name

DOB Age

Province

District

Village

Readmission Yes No

2 or more doses of tetanus toxoid during pregnancy Yes No

No of antenatal visits

Mother had antenatal care Yes No

Date of delivery

Maternal illness

Tuberculosis Malaria
 Heart disease Other...
 Respiratory illness

HIV infection

Negative Positive Not tested

Maternal complications other

Maternal Outcome Survived Died

Maternal date of discharge / transfer / death

Complications during pregnancy

Anaemia Hypertension Infection
 Urinary tract infection Pre-eclampsia Unsafe abortion
 Mental health problems Gestational diabetes

Complications post delivery

Post partum haemorrhage
 Puerperal sepsis
 Wound infection

Complications during delivery

Prolonged rupture of membranes (>18 hours) Placental abruption Maternal sepsis
 Severe bleeding (antepartum haemorrhage) Obstructed labour High blood pressure
 Placenta praevia Prolapsed cord Eclampsia

Newborn

Name

Date of birth

Admission date

Est Gestational age weeks

Sex M F

Birth Weight

grams

Breast feeding first hour Yes No

Skin to skin care Yes No

Cord care Yes No

Eye care Yes No

Vitamin K Yes No

Vaccines

BCG Yes No

Hepatitis B Yes No

Resuscitation of baby required

Yes No

Resuscitation given

Bag valve mask
 Oxygen therapy
 Antibiotics

Birth Outcome

Baby well Died: Labour ward
 Sick baby but survived Died: During hospital admission
 Died: Still born

Exclusive breast feeding at discharge Yes No

Discharge Date

**If the newborn becomes unwell please complete the Neonatal Data Form on the Neonatal tab