Perinatal Mortality Study				FORM-D
CCD OBSERVATION FORM (FORM-D)				
Data ID	**Observation**	**Write and circle when applicable**	**Write and circle when applicable**	**Write and circle when applicable**
	This information from 101 to 113 is entered after observing recorded CCD			
	ID no.			
	Admission number			
101	**Place of Table**	Emergency…….. 1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……	Emergency……..1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……	Emergency…….. 1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……
102	**Date of resuscitation (dd/mm/yyyy)**	____/____/_____	____/____/_____	____/____/_____
103	**Time of baby bringing to table**	_____/_____	_____/_____	_____/_____
104	**Baby crying**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
105	**Baby resuscitated with stimulation**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
106	**Duration**	_____ to_____	_____ to_____	_____ to_____
107	**Baby resuscitated with Suction**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
108	**Duration**	_____ to_____	_____ to_____	_____ to_____
109	**Baby provided oxygen**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
110	**Duration**	_____ to_____	_____ to_____	_____ to_____
111	**Baby resuscitated with Bag and Mask**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
112	**Duration**	_____ to_____	_____ to_____	_____ to_____
113	**Time of first cry**	_____/_____	_____/_____	_____/_____
114	**Outcome of baby**	Live..... 1 F. Still birth ……2 M. Still birth……3 Dead……4	Live..... 1 F. Still birth ……2 M. Still birth……3 Dead……4	Live..... 1 F. Still birth ……2 M. Still birth……3 Dead……4
115	**Referral of the baby**	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
Matching with CCD record with Case record form B and transfer information from Case record form B of the baby				
116	**Mothers Name**			
117	**Time of Birth**	_____/_____	_____/_____	_____/_____
118	**Place of Birth**	Emergency…….. 1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……	Emergency……..1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……	Emergency…….. 1 Operation theatre... 2 Labour Room……3 MNSC…….. 4 Other……
119	**Date of Delivery**	____/____/_____	____/____/_____	____/____/_____
120	**Gestational Age of baby**	_____ weeks	_____ weeks	_____ weeks
121	**APGAR at 1 min**			
122	**APGAR at 5 min**			
123	**Birth weight**	_____ grams	_____ grams	_____ grams
124	**Sex**	Male..... 1 Female..... 2	Male..... 1 Female..... 2	Male..... 1 Female..... 2
125	**Name of surveillance officer**			