BIRTH IN BRAZIL - NATIONAL SURVEY INTO LABOUR AND BIRH			
Information from woman and newborn`s medical record book			
Part	**Nº**	**Questions**	**Alternatives**
Part 1		**GENERAL DATA**	
1	**1**	Date of data collection from medical record	Date format
1	**2**	Time of data collection from medical record	Time format
1	**3**	Name of pregnant/ post-partum woman	String format
1	**4**	Woman`s number in medical record	Number format
1	**5**	Type of Pregnancy	1. Single 2. Twins (two) 3. Twins (three) 4. Twins (four)
1	**6**	Outcome newborn 1	1. Live 2. Stillbirth 3. Neonatal Death
1	**7**	Outcome newborn 2	1. Live 2. Stillbirth 3. Neonatal Death
1	**8**	Outcome newborn 3	1. Live 2. Stillbirth 3. Neonatal Death
1	**9**	Outcome newborn 4	1. Live 2. Stillbirth 3. Neonatal Death
Part 2		**INFORMATION ON ADMISSION**	
2	**10**	Date of admission	Date format
2	**11**	Time of admission	Time format
2	**12**	Sector where pregnant woman was sent at the time of admission	1. Ward / room 2.Labour ward 3. PPP 4. Delivery room 5. Obstetric Surgical Center 6. ICU 9. No Information
2	**13**	Destination from hospital where the woman gave birth	1. Discharged home/community from hospital 2. Transferred in the postpartum period (go to question 15) 3. Left hospital without medical autorization 4. Death 5. Remained hospitalized after 42 days of birth (go to 17)
2	**14**	Date of discharge from hospital	Date format
2	**15**	Hospital where woman was transferred after birth (hospital name - city - state)	String format
2	**15.1**	Reason for being transferred to another hospital	String format
2	**15.2**	Destination from hospital where women was transferred to	1. Discharged home/community from hospital 2. Left hospital without medical autorization 3. Death 4. Remained hospitalized after 42 days of birth (go to 17)
2	**15.3**	Date of discharge from hospital where woman was transferred to	Date format
2	**16**	Death Certificate registry number	Number format
Part 3		**CLINICAL-OBSTETRIC HISTORY**	

3	**17**	Number of previous pregnancies	Number format (If the first pregnancy, complete with 00 and go to question 21)
3	**18**	Number of previous miscarriages	Number format
3	**19**	Total number of previous deliveries	Number format (if 00, go to question 21)
3	**20**	How many deliveries by caesarean section?	Number format
3	**21**	**Personal medical history**	**-**
3	**22**	Heart disease	0. No 1. Yes
3	**23**	High blood pressure with continued treatment	0. No 1. Yes
3	**24**	Severe anemia or other hemoglobinopathy	0. No 1. Yes
3	**25**	Asthma	0. No 1. Yes
3	**26**	Lupus or scleroderma	0. No 1. Yes
3	**27**	Hyperthyroidism	0. No 1. Yes
3	**28**	Diabetes (non gestacional)	0. No 1. Yes
3	**29**	Chronic kidney disease	0. No 1. Yes
3	**30**	Seizures / epilepsy	0. No 1. Yes
3	**31**	Cerebral Vascular Accident (Stroke)	0. No 1. Yes
3	**32**	Chronic liver disease	0. No 1. Yes
3	**33**	Psychiatric illness	0. No 1. Yes
3	**34**	Other	0. No (go to 36) 1. Yes
3	**35**	Specify others	String format
3	**36**	**Obstetric or medical complications in the current pregnancy (before hospital admission)**	**-**
3	**37**	Cervical incompetence (CI)?	0. No 1. Yes
3	**38**	Intra Uterine Growth Restriction (IUGR)?	0. No 1. Yes
3	**39**	Oligohydramnios?	0. No 1. Yes
3	**40**	Polyhydramnios?	0. No 1. Yes
3	**41**	RH isoimmunization?	0. No 1. Yes
3	**42**	Placenta previa?	0. No 1. Yes
3	**43**	Placenta abruption?	0. No 1. Yes
3	**44**	Premature rupture of membranes?	0. No 1. Yes
3	**45**	Gestational Diabetes?	0. No 1. Yes
3	**46**	Hypertensive disorders (chronic hypertension, preeclampsia, HELLP syndrome)?	0. No 1. Yes
3	**47**	Eclampsia / Seizures?	0. No 1. Yes
3	**48**	Threat of premature labour?	0. No 1. Yes

3	**49**	Fetal distress?	0. No 1. Yes
3	**50**	Syphilis?	0. No 1. Yes
3	**51**	Urinary tract infection?	0. No 1. Yes
3	**52**	HIV infection?	0. No 1. Yes
3	**53**	Toxoplasmosis (that needed to be treated)?	0. No 1. Yes
3	**54**	Positive culture for streptococcus in the vagina?	0. No 1. Yes
3	**55**	Birth defects?	0. No (go to 57) 1. Yes
3	**56**	Which birth defects?	String format
3	**57**	Other problems	0. No (go to 59) 1. Yes
3	**58**	Which other problems?	String format
3	**59**	Previous surgery on the uterus (i.e. to remove fibroids, micro-caesarean to interrupt pregnancy, or other surgical procedures on the uterus)?	0. No 1. Yes
Part 4		**INFORMATION ON ADMISSION**	
4	**60**	Date of last menstrual period (LMP):	Date format
4	**61**	Gestational age (on admission) calculated by LMP (in weeks):	Number format
4	**62**	Gestational age (on admission) measured by previous ultrasound scan (in weeks):	Number format
4	**63**	Gestational age (on admission) but method of calculation is not specified (in weeks):	Number format
4	**64**	**Baby`s presentation:**	**-**
	65	First Baby	1. Vertex (head first) 2.Breech 3. Other position 9. Not registered
4	**66**	Second baby	1. Vertex (head first) 2.Breech 3. Other position 9. Not registered
4	**67**	Third baby	1. Vertex (head first) 2.Breech 3. Other position 9. Not registered
4	**68**	Fourth baby	1. Vertex (head first) 2.Breech 3. Other position 9. Not registered
4	**69**	Level of conscious state of woman:	1. Lucid 2. Numbness (confusion) 3. In a coma 9. Not registered
4	**70**	Occurrence of convulsions before hospital admission?	0. No 1. Yes
4	**71**	Any record of blood pressure assessment upon admission?	0. No (go to 74) 1. Yes
4	**72**	First check of blood pressure: syst (mmHg):	Number format
4	**73**	First check of blood pressure: diast (in mmHg):	Number format
4	**74**	Any record of axillary temperature assessment on admission?	0. No (go to 76) 1. Yes

4	**75**	Temperature in centigrade	Number format
4	**76**	Vaginal bleeding after hospital admission and before delivery?	0. No 1. Yes, small 2. Yes, moderate 3. Yes, intense 4. Yes, unspecified
4	**77**	Loss of amniotic fluid (rupture of membranes) before hospital admission:	1. No 2. Yes, clear liquid with no lumps 3. Yes, clear liquid with lumps 4. Yes, fluid with meconium 5. Yes, bloody fluid 6. Yes, purulent fluid / foul 7. Yes, unspecified
4	**78**	Dilatation of the cervix on admission in centimeters:	Number format
4	**79**	Number of contractions every 10 minutes on admission to hospital:	Number format
4	**80**	Fetal heart rate (FHR) assessment on admission (or the first examination):	0. Absent (go to 82) 1. Present
4	**81**	Frequency of FHR?	Number format
4	**82**	Any cardiotocography (CTG)? **it is possible to have more than one answer**	0. No (go to 84) 1. Yes, before arriving in hospital 2. Yes, on admission 3. Yes, during labour
4	**83**	Any alteration in CTG?	0. No 1. Yes 9. not registered
4	**84**	Any Fetal Doppler flowmetry? **it is possible to have more than one answer**	0. No (go to 86) 1. Yes, before arriving in hospital 2. Yes, on admission 3. Yes, during labour
4	**85**	Any alteration in Doppler flowmetry?	0. No 1. Yes 9. not registered
4	**86**	Use of corticosteroids before delivery **it is possible to have more than one answer**	0. No (go to 86) 1. Yes, before arriving in hospital 2. Yes, on admission
4	**87**	Reason for going into hospital	1. Spontaneous labour 2. Induction of labour 3. Elective caesarean section (answer 88 and then go to 130) 4. Admission as a pregnant woman, for clinical or obstetric complications 5. Another reason

4	**88**	Diagnosis on hospital admission: (it is possible to have more than one answer)	1. Labour 2. Preterm labour / threat of premature labour 3. Ruptured membranes 4. Multiple pregnancy (two fetuses or more) 5. Prolonged pregnancy / post-maturity 6. Fetal distress (acute / chronic) - growth restriction (IUGR) 7. Polyhydramnios / Oligohydramnios 8. Placental abruption 9. Vaginal bleeding 10. Eclampsia / convulsions 11. Hypertension (any type) 12. Breech or other abnormal presentation (Cormic / transverse) 13. Previous caesarean 14. Gestational Diabetes 15. HIV Infection 16. Fetal death 17. With no clinical or obstetric diagnosis 18. Another diagnosis (answer 89 then go to 91) 19. Medical complications (go to 90)
4	**89**	Which other diagnosis?	String format
4	**90**	Which medical complications?	String format
4	**91**	Was there a caesarean section indication on admission?	0. No 1. Yes (go to 130)
Part 5		**LABOUR CARE INFORMATION**	
5	**92**	Date of admission in labour ward	Date format
5	**93**	Time of admission in labour ward	Time format
5	**94**	**Labour:**	**-**
5	**95**	Medications/ methods used for labour induction	1. Oxytocin 2. Misoprostol 3. Other
5	**96**	Any companion present during labour?	0. No 1.Yes 9. Not registered
5	**97**	Prescription diet during labour:	0. Nil by mouth 1. Liquid diet 2. Another type of diet 9. Not registered
5	**98**	Prescription of bed rest during labour:	0. No 1. Yes
5	**99**	Prescription of intravenous lyquids during labour:	0. No 1. Yes (go to 101)
5	**100**	Placement of venous cannulation during labour:	0. No 1. Yes
5	**101**	Prescription of antibiotics during labour:	0. No 1. Yes
5	**102**	Shaving for birth (in hospital)?	0. No 1. Yes
5	**103**	Enema before delivery?	0. No 1. Yes
5	**104**	Role of professional that assisted labour	1. Medical doctor 2.Obstetric nurse 3. Nurse 4. Midwife
5	**105**	Was there record of partogram in the medical record?	0. No (go to 110) 1. Yes

5	**106**	Dilatation of the cervix was registered at the beginning of the partogram?	0. No (go to 108) 1. Yes
5	**107**	How many centimeters?	Number format
5	**108**	Was the number of times the cervix was checked for dilatation registered in the partogram?	0. No (go to 110) 1. Yes
5	**109**	How many times?	Number format
5	**110**	Prescription of synthetic oxytocin during labour?	0. No (go to 116) 1. Yes
5	**111**	**Prescription of oxytocin (Anotate the first prescription before delivery):**	**-**
5	**112**	Number of ampoules of 5UI/500 ml serum	Number format
5	**113**	No. of drops / min	Number format
5	**114**	Infusion rate ml / hour	Number format
5	**115**	Dilatation of the cervix in the administration of oxytocin (in centimeters)	Number format
5	**116**	Prescription of pain relief medication during labour (it is possible more than one answer)	1. No 2. Yes, opioids (MEPERGAN, meperidine, demerol or pethidine) 3. Yes, other (buscopam, dipyrone, hyoscine, etc.)
5	**117**	**Use of non-pharmacological methods of pain relief in labour:**	**-**
	118	Water in Shower	0. No 1. Yes
5	**119**	Bath tub	0. No 1. Yes
5	**120**	Massage	0. No 1. Yes
5	**121**	Birthing ball	0. No 1. Yes
5	**121.1**	Birthing stool	0. No 1. Yes
5	**122**	Rocking birth stool	0. No 1. Yes
5	**123**	Other	0. No (go to 125) 1. Yes
5	**124**	Specify other here	String format
5	**125**	Use of anesthesia/analgesia during labour:	0. No 1. Epidural 2. Spinal 3. Spinal + epidural (combined) 4. General
5	**126**	Rupture of membranes during labour/delivery:	0. No, it was broken before admission (go to 129) 1. Yes, spontaneous rupture 2. Yes, artificial rupture (made by professionals) 3. Yes, but unspecified how

5	**127**	Characteristic of amniotic liquid:	1. Clear liquid with no lumps 2. Clear liquid with lumps 3. Fluid with meconium 4. Bloody fluid 5. Purulent fluid / foul 6. Unspecified
5	**128**	Dilatation of the cervix at the time of rupture of membranes (in cm):	Number format
5	**129**	Is it registered in the medical record any of the following conditions? **it is possible to have more than one answer**	1. Fetal distress during labour 2. Elimination of thick meconium 3. Fetal bradycardia (BCF <110) 4. Fetal tachycardia (BCF> 160) 5. Presence of DIP 2 (slowdown in cardiotocography) 6. No record of any of the above conditions
Part 6		**BIRTH CARE INFORMATION**	
6	**130**	Date of birth?	Date format
6	**131**	Time of birth?	Time format
6	**132**	If any companion was present during birth?	0. No 1. Yes 9. Not written in the medical record
6	**133**	Type of delivery?	1. Vaginal (including forceps) 2. Cesarean (go to 146) (In case of twins with both vaginal and cesarean birth, complete with both types of birth) "
6	**134**	Use of forceps / vacuum extractor?	0. No 1. Forceps 2. Vacuum
6	**135**	The role of professional who assisted the birth?	1. Phisician 2. Obstetrician nurse 3. Nurse 4. Midwife 5. Nurse technician 6. Student 7. Other 9. Not written in the medical record
6	**136**	Position of women during birth:	1. Lying on your back with legs raised 2. Lying on one side 3. Sitting / reclining 4. in the bathtub 5. All fours support 6. squatting 7. standing up 9. Not written in the medical record

6	**137**	Time when the pregnant woman reached full dilatation (in partogram or medical records):	Time format
6	**138**	The duration of the second stage	Number format
6	**139**	Episiotomy	0. No 1. Yes
6	**140**	Occurrence of vaginal/perineal lacerations?	0. No 1. Yes, first degree 2. Yes, second degree 3. Yes, third degree 4. Yes, fourth degree 5. Yes, unkown degree
6	**141**	Ocurrance of vaginal/perineal suture or episiorrhaphy?	0. No 1. Yes
6	**142**	Kristeller manoeuvre?	0. No 1. Yes
6	**143**	Any complications during birth or immediate postpartum period:	0. No 1. Shoulder dystocia 2. Cord prolapse 3. Uterine rupture 4. Prolonged expulsion stage 5. Uterine atony 6. Retained placenta 7. Other (answer 144)
6	**144**	Which complication?	String format
6	**145**	Use of anaesthesia:	0. No 1. Epidural 2. Spinal 3. Spinal + epidural (combined) 4. General 5. Local 6. Pudendal nerve 9. Not written in the medical record
Part 7		**INDICATION FOR CAESAREAN SECTION**	
7	**146**	Obstetrician Information	

7	**147**	1st obstetrician Indication	01. Previous Cesarean Section 02. Cephalopelvic Disproportion (CPD) 03. Failure to Progress Through labour 04. Placenta previa 05. Placenta abrubtion 06. Fetal distress / Intrauterine Growth Restriction (IUGR) 07. HIV Infection 08. Breech presentation(sitting) 09. Cormic presentation (crossed) 10. Tubal ligation 11. Hypertension / Preeclampsia 12. Eclampsia 13. HELLP syndrome 14. Diabetes 15. Oligohydramnios 16. Twin pregnancy 17. Prematurity 18. Postmaturity (Prolonged Pregnancy) 19. Macrosomia 20. Failed induction 21. Malformation 22. Fetal death 23. Ruptured of membranes
7	**148**	Another. Which?	String format
7	**149**	2nd obstetrician Indication	Same as 147
7	**150**	Another. Which?	String format
7	**151**	3rd obstetrician Indication	Same as 147
7	**152**	Another. Which?	String format
7	**153**	4th obstetrician Indication	Same as 147
7	**154**	Another. Which?	String format
7	**155**	Anaesthesia type:	
Part 8		**MATERNAL NEAR MISS**	
8	**156**	**The woman had any of the following clinical alterations whilst in hospital:**	**-**
8	**157**	Acute cyanosis?	0. No 1. Yes
8	**158**	Agonizing breath (gasping)?	0. No 1. Yes
8	**159**	Respiratory rate (RR)> 40 or <6 ipm?	0. No 1. Yes
8	**160**	Shock?	0. No 1. Yes

8	**161**	Oliguria unresponsive to hydration and medications?	0. No 1. Yes
8	**162**	Coagulation disorder?	0. No 1. Yes
8	**163**	Jaundice in the presence of pre-eclampsia?	0. No 1. Yes
8	**164**	Seizures reentrant / complete paralysis?	0. No 1. Yes
8	**165**	Stroke?	0. No 1. Yes
8	**166**	Loss of consciousness longer than 12 hours?	0. No 1. Yes
8	**167**	Loss of consciousness associated with absence of pulse?	0. No 1. Yes
8	**168**	**The woman had any of the following labouratory abnormalities whilst in hospital:**	-
8	**169**	O2 saturation <90% for more than 60 minutes	0. No 1. Yes
8	**170**	PaO2/FiO2 <200 mmHg?	0. No 1. Yes
8	**171**	Creatinine> = 3.5 mg / dl?	0. No 1. Yes
8	**172**	Bilirubin> 6 mg / dl?	0. No 1. Yes
8	**173**	pH <7.1?	0. No 1. Yes
8	**174**	Lactate> 5?	0. No 1. Yes
8	**175**	Acute thrombocytopenia (platelets <50,000)?	0. No 1. Yes
8	**176**	Loss of consciousness associated with the presence of glucose and ketoacids in the urine?	0. No 1. Yes
8	**177**	**Did the woman receive any of the following treatments whilst in hospital:**	-
8	**178**	Continuous use of vasoactive drugs (dopamine, dobutamine, epinephrine)?	0. No 1. Yes
8	**179**	Hysterectomy after infection, sepsis or bleeding?	0. No 1. Yes
8	**180**	Transfusion> = 5 units of red blood cells?	0. No 1. Yes
8	**181**	Dialysis for acute renal failure?	0. No 1. Yes
8	**182**	Intubation and mechanical ventilation >= 60 minutes (not related to anesthesia)?	0. No 1. Yes
8	**183**	Cardiopulmonary resuscitation?	0. No 1. Yes
Part 9		**NEWBORN's INFORMATION - PART 1**	
9	**184**	Newborn's number in medical records	Number format
9	**185**	Live Birth certificate registry number	Number format
9	**186**	Gender:	1. Male 2. Female 3. Undefined
9	**187**	Birthweight (grams):	Number format
9	**188**	Gestational age by LMP	Number format
9	**189**	Weeks:	Number format

9	**190**	Days:	Number format
9	**191**	Gestational age by ultrasound scan	Number format
9	**192**	Weeks:	Number format
9	**193**	Days:	Number format
9	**194**	Gestational age by Capurro assessment	Number format
9	**195**	Weeks:	Number format
9	**196**	Days:	Number format
9	**197**	Gestational age by the New Ballard assessment	Number format
9	**198**	Weeks:	Number format
9	**199**	Days:	Number format
9	**200**	If caesarean birth, inform the indications written on the newborn' medical records	-
9	**201**	1st Indication for the C-section	01. Previous Cesarean Section 02. Cephalopelvic Disproportion (CPD) 03. Failure to Progress Through labour 04. Placenta previa 05. Placenta abrubtion 06. Fetal distress / Intrauterine Growth Restriction (IUGR) 07. HIV Infection 08. Breech presentation(sitting) 09. Cormic presentation (crossed) 10. Tubal ligation 11. Hypertension / Preeclampsia 12. Eclampsia 13. HELLP syndrome 14. Diabetes 15. Oligohydramnios 16. Twin pregnancy 17. Prematurity 18. Postmaturity (Prolonged Pregnancy) 19. Macrosomia 20. Failed induction 21. Malformation 22. Fetal death 23. Ruptured of membranes 24. Clinical complications 25. Not registered in the medical records
9	**202**	If another, specify here.	String format
9	**203**	2nd Indication for the C-section	Same as 201

9	**204**	If another, specify here.	String format
9	**205**	3rd Indication for the C-section	Same as 201
9	**206**	If another, specify here.	String format
9	**207**	4th Indication for the C-section	Same as 201
9	**208**	If another, specify here.	String format
9	**209**	Apgar score at 1 minute:	Number format
9	**210**	Apgar score at 5 minutes:	Number format
Part 10		**NEWBORN's INFORMATION - PART 2**	
10	**211**	Resuscitation in the delivery room	0. No 1. Yes
10	**212**	O2 inhaled	0. No 1. Yes
10	**213**	Mask ventilation with an Ambu bag	0. No 1. Yes
10	**214**	Orotracheal intubation	0. No 1. Yes
10	**215**	Cardiac massage	0. No 1. Yes
10	**216**	Drugs	0. No 1. Yes
10	**217**	Other	0. No 1. Yes
10	**218**	If another, specify here.	String format
10	**219**	Other procedures performed in the first hours after birth:	0. No 1. Yes
10	**220**	Upper airway aspiration?	0. No 1. Yes
	221	Gastric aspiration?	0. No 1. Yes
10	**222**	Vitamin K (Kanakion)?	0. No 1. Yes
10	**223**	Creed`s maneuver (manually extracting the placenta; drops of silver nitrate on newborn`s eyes and manual pessure of bladder)?	0. No 1. Yes
10	**224**	Hepatitis B vaccination?	0. No 1. Yes
10	**225**	The baby went to incubator?	0. No 1. Yes
10	**226**	The baby was hospitalized?	0. No, (go to 256) 1. Yes
10	**227**	Use of oxygen after birth:	-
10	**228**	O2 Hood	0. No 1. Yes
	229	Continuous positive airway pressure (CPAP)	0. No 1. Yes
10	**230**	Mechanical ventilation	0. No 1. Yes
10	**231**	Within 28 days of life was the baby on O2 therapy (any type)?	0. No 1. Yes 8. The baby was no longer in hospital

10	**232**	If the baby was born premature, when he completed 36 weeks of corrected gestational age was he still on O2 therapy (any type)?	1.Term newborn 2. No 3. Has not yet reached 36 weeks 4. Yes 5. The baby was no longer in hospital
10	**233**	Was there an indication for admission in neonatal intensive care unit:	0. No 1. Yes
10	**234**	Was the baby admited to NICU:	0. No 1. Yes
10	**235**	Use of surfactant:	0. No 1. Yes
10	**236**	Hypoglycemia (blood glucose less than 40) in the first 48 hours of life	0. No 1. Yes
10	**237**	Antibiotic use	1. No 2. Before 48 hours of life (early sepsis) 3. After 48hours of life (late sepsis)
10	**238**	Phototherapy in the first 72 hours of life:	0. No 1. Yes
10	**239**	Maximum level of bilirubin in the first 72 hours of life (mg / dl)	Number format
10	**240**	Congenital malformation?	0. No 1. Yes
10	**241**	Other diagnoses during hospitalization:	-
10	**242**	Transient tachypnea?	0. No 1. Yes
10	**243**	Hyaline membrane disease?	0. No 1. Yes
10	**244**	Meconium aspiration syndrome?	0. No 1. Yes
10	**245**	Pulmonary hypertension?	0. No 1. Yes
10	**246**	Seizure?	0. No 1. Yes
10	**247**	Necrotizing enterocolitis?	0. No 1. Yes
10	**248**	Toxoplasmosis?	0. No 1. Yes
10	**249**	Congenital rubella?	0. No 1. Yes
10	**250**	Herpes?	0. No 1. Yes
10	**251**	Cytomegalovirus?	0. No 1. Yes
10	**252**	Congenital syphilis?	0. No 1. Yes
10	**253**	Children exposed to HIV?	0. No 1. Yes
10	**254**	Other?	0. No 1. Yes
10	**255**	Specify others here	
10	**256**	Exclusive breastfeeding:	0. No 1. Yes

10	**257**	Other foods that the baby received during hospitalization	1. Water 2. Intravenous glucose/ Oral glucose 3. Expressed human milk 4. Infant formula 5. Parenteral nutrition
10	**258**	Outcome	0. The baby was still in hospital after 28 days 1. Discharged from hospital 2. Neonatal death 3. Transfered to another hospital (go to 260)
10	**259**	Date of discharge/ outcome	Date format
10	**260**	Hospital where the baby was transferred to (name - city - state):	String format
10	**260.1**	Reason for being transferred	String format
10	**260.2**	Date of transfer	Date format
10	**260.3**	Outcome from hospital where the baby was transferred to	0. The baby was still in hospital after 28 days 1. Discharged 2. Neonatal death
10	**260.4**	Date of hospital discharge/outcome from the hospital where he was transferred to	Date format
10	**261**	Death cause that was registered in the newborn medical record	1. Extreme prematurity (< 1000g) 2. Infection 3. Congenital Syphilis 4. Malformation 5. Respiratory complications 6. Others (answer 262)
10	**262**	If other, specify here	String format
10	**263**	Number of the death certificate registry	Number format
10	**264**	Baby's weight at hospital discharge, death or at 28 days old, if still hospitalized (in grams)	Number format
10	**265**	Comments:	String format