



**National Collaborative Perinatal Neonatal Network (NCPNN)**  
Stillbirth questionnaire (printing version)

Entry Date  Questionnaire Code  /   
 Month of Birth  Center Code

**Section I: Socio-Demographics**

Mother's admitted class  1  2  3

Place of Residence

Area  Province

Area of origin

Mother  Province

Father  Province

Mother's Religion  Moslem  Druze  Christian  Other

Father's religion  Moslem  Druze  Christian  Other

Mother's Age  Father's Age

Mother's Education  Illiterate  Read and Write  Elementary  Intermediate  
 Secondary  Technical  University (Undergrad.)  University (Grad.)

Mother's Work  No  Yes

Parental Consanguinity  No  Yes **Specify**  1st cousins (mother & father are cousins)  
 2nd cousins (parents are cousins)  
 More (related, but to a lesser extent)

Relationship

Total # of people (excluding current newborn) living in the house?

Total # of rooms (excluding kitchen & bathrooms) in the house?

Go to Next Tab

**Section II: Maternal Obstetric History**

Obstetrician  Male  Female

Gravidity  Parity

Abortions, Total  Spontaneous  Induced  Living Children

Previous neonatal death (1st 28 days of life)  No  Yes **If yes, number**   
 Previous c-section  No  Yes **If yes, number**   
 Previous preterm birth  No  Yes **If yes, number**   
 Cigarette smoking during pregnancy  No  Yes **If yes, #cig/day**   
 Arguileh smoking during pregnancy  No  Yes **If yes, #arg/week**   
 Alcohol drinking during pregnancy  No  Yes **If yes, #glass/week**

Prenatal care  No  Yes **If yes, total # of visits**   
**Earliest visit**  1st trimester  2nd trimester  3rd trimester

**Ultrasound Abnormality**  No (Normal)  Yes (Abnormal)

**Height**  **cm** **Weight before pregnancy**  **kg** **Weight at delivery**  **kg**

## Section II (continue): Maternal Obstetric History

### Maternal chronic conditions

**Chronic hypertension**  No  Yes **Heart disease**  No  Yes  
**Asthma**  No  Yes **Hypothyroidism**  No  Yes  
**Epilepsy**  No  Yes **Hyperthyroidism**  No  Yes  
**Anemia**  No  Yes **Hemoglobinopathies**  No  Yes  
**Diabetes Mellitus**  No  Yes **If yes, type:**  IDDM  NIDDM

### Pregnancy-related complication

**Urinary tract infection**  No  Yes  
**Bleeding**  No  Yes **If yes**  1st trimester  2nd trimester  3rd trimester  
 Spotting  Placenta previa  Chronic abruption  
**Hypertensive disorders**  No  Yes **If yes**  Eclampsia  Preeclampsia  
**Gestational diabetes mellitus**  No  Yes **If yes, did she receive insulin**  No  Yes  
**Hospitalization during pregnancy**  No  Yes **If yes, total number of days**

### Medications during pregnancy

**Regular folic acid intake at least 1 month prior to pregnancy**  No  Yes **If yes, # of courses**  1  2  > 2  
**Antenatal Steroids**  No  Yes **If yes,**  Heparin  Aspirin  Sintrom  
**Anti-coagulants**  No  Yes

## Section III: Delivery Characteristics

**Intrapartum fever (>38 C)**  No  Yes  
**Duration of rupture of membranes**  **hours**  
**Intrapartum Group B Streptococcus prophylaxis (Penicillin, Ampicillin, Erythromycin)**  No  Yes  
**Mode of delivery**  Normal Vaginal  Operative Vaginal  Cesarean Section

Vaginal birth after C-Section (VBAC)  No  Yes

**Indication for c-section**

- Fetal distress/Non reassuring fetal heart/Bradycardia/Deceleration/prolapsed
- Cephalopelvic Disproportion (CPD) / Dystocia / Failure to progress / unfavorable
- Presentation (breech, transverse..)
- Multiple pregnancy
- Previous c-section / scar in uterus / previous myomectomy
- Elective c/s (precious infant, IVF, old maternal age, tubal ligation...)
- Other

**Anesthesia**

- None  1) Epidural  2) General  3) Local  4) Spinal  Combination of two
- Combination 1**  **Combination 2**

**Amniotic fluid**

- Oligohydramnios  Polyhydramnios  Meconium  clear

**Section IV: Postpartum Complications**

In hospital postpartum complications

**Maternal death**

No  Yes

**Thromboembolic events**

No  Yes

**Postpartum Hemorrhage (bleeding)**

No  Yes

If yes, hemorrhage treated with:

**Pitocin**

No  Yes

**Methergine**

No  Yes

**Prostaglandins**

No  Yes

**Hysterectomy**

No  Yes

Go to Next Tab

**ADMISSION & GENERAL CHARACTERISTICS IN STILLBIRTHS**

**Gestation**

- Single  Twins  Triplets  Plus

**Assisted reproductive technology**

No  Yes

**Type**

- IVF  ET  ICSI  GIFT  ZIFT  IUI

**Newborn Sex**

Male  Female

**Gestational Age**

weeks+  days (0-6)

**Birthweight**

grams

Go to Next Tab

**BIRTH DEFECTS**

**Birth Defects Diagnosed**

No  Yes

**Cardiovascular**

- Atrial Septal Defect (ASD)
- Coarctation of the Aorta
- Hypoplastic Left Heart Syndrome (HLHS)
- Malformations of the tricuspid/pulmonary valves
- Single Ventricle
- Atrioventricular Canal - AV canal
- Dextroposition of the heart
- Malformations of the mitral/aortic valves
- Pulmonary Stenosis (PS)
- Tetralogy of Fallot (TOF)

- Transposition of Great Vessels (TGV)  Ventricular Septal Defect (VSD)
- Gastrointestinal**
  - Atresia of esophagus with or without fistula  Absence, atresia & stenosis of anus or rectum /imperforated anus
  - Absence, atresia & stenosis of intestine /intestinal obstruction  Congenital fistula of rectum and anus
  - Congenital malformation of intestinal fixation  Hirschprung's disease / megacolon
  - Liver malformation  Macroglossia
  - Meckel's divertulum  Pyloric stenosis

- Cleft lip & Palate**
  - Cleft lip  Cleft palate  Cleft lip and palate

- Neurological**
  - Agenesis of corpus callosum  Anencephaly
  - Arnold Chiari  Dandy walker syndrome
  - Encephalocele  Hydrocephalus
  - Spina bifida / Myelomeningocele / Meningocele

- Chromosomal**
  - Down's syndrome(T21)  Edward's syndrome(T18)  Patau's syndrome

- Respiratory**
  - Choanal atresia  Hypoplasia and dysplasia of lung

- Musculoskeletal**
  - Clubfoot  Congenital hip dislocation or displacia
  - Diaphragmatic hernia  Gastroschesis
  - Omphalocele  Prune Belly

- Urogenital**
  - Absent testis  Cystic kidney disease
  - Hypospadias  Indeterminate sex / ambiguous genitalia
  - Renal agenesis / Potter's syndrome

**Other major, or life threatening, birth defect**     No     Yes

**If please describe in details**

**Go to Next Tab**

**Discharge Characteristics**

- Mode of payment**
- 1) Self     2) Insurance company     3) NSSF     4) MOH
  - 5) HIP     6) Army / Forces     7) COOP     8) Other private
  - 9) Other public     combination of two

**Combination 1**     **Combination 2**

Postpartum workout

- Karyotype**     No     Yes    **If yes**     Normal     Abnormal     Pending
- Autopsy**     No     Yes    **If yes**     Normal     Abnormal     Pending
- Placental Pathology**     No     Yes    **If yes**     Normal     Abnormal     Pending

Cause of death

**Congenital Heart Disease**     No     Yes

**Birth defects other than CHD**     No     Yes

**If yes**

**Placental problems**  No  Yes  Abruptio  Previa  Other

**Umbilical cord accidents**  No  Yes **If yes**  Prolapse  Knot  Loops  Torsion  Around neck  Other

**Infection**  No  Yes **If yes**  Maternal  Fetal  Placental (chorioamnionitis)

**Maternal Medical condition**  No  Yes **If yes**  Diabetes  Hypertension  Renal disease  Hemoglobinopathy  
 Other

**Prematurity**  No  Yes

**Oligo / anhydromniotic**  No  Yes

**Rh incompatibility (Iso-immunization)**  No  Yes

**Labor and delivery associated**  No  Yes

**Maternal injury**  No  Yes

**Unexplained antepartum death**  No  Yes

**Other**  No  Yes

Go to Next Tab

**Preterm Labor**

1) Preterm labor:  No  Yes

At what gestational age:  **Weeks**

Cervical dilation  **cm**

2) Was the patient admitted to hospital for preterm labor?  No  Yes

How many times?

At what gestational age?  **weeks** **OR**  **months**

3) Was the patient maintained on tocolytics?  No  Yes

Period on tocolytics:  < 1 week  > 1 week and < 1 month

> 1 month and less than 2 months  > 2 months

At what gestational age were tocolytics discontinued?  **weeks**



Version 3.0 Last Modified January 2010