

Data collection tool

Instructions:

- ✓ Please ensure accuracy and completeness in recording information. If a particular variable does not apply, mark it as "N/A" or "Not Applicable."
- ✓ Put X in corresponding ☐
- ✓ Write the corresponding answer to dedicated areas (.....)

S/N	Variable	Data
SOCIODEMOGRAPHIC		
1	Education Level of Mother	<input type="checkbox"/> None (1) <input type="checkbox"/> Primary (2) <input type="checkbox"/> Secondary (3) <input type="checkbox"/> University (4)
2	Residency	<input type="checkbox"/> Rural (1) <input type="checkbox"/> Urban (2)
3	Age of Mother (years)	<input type="checkbox"/> Below 19 (1) <input type="checkbox"/> 19–24 (2) <input type="checkbox"/> 25-29 (3) <input type="checkbox"/> 29-34 (4) <input type="checkbox"/> 35 and above (5)
4	Delivery place	<input type="checkbox"/> Home (1) <input type="checkbox"/> Health Post (2) <input type="checkbox"/> Health Center (3) <input type="checkbox"/> Ambulance (4) <input type="checkbox"/> Hospital (5) <input type="checkbox"/> Other: Specify..... (6)
MATERNAL FACTORS		
5	Parity	<input type="checkbox"/> Primiparous (1) <input type="checkbox"/> Multiparous (2)
6	Multiple Birth	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
7	Gestation age	<input type="checkbox"/> Above 42 weeks (1) <input type="checkbox"/> 37–42 weeks (2) <input type="checkbox"/> 34–36 weeks (3) <input type="checkbox"/> 28–33 weeks (4)

		<input type="checkbox"/> Below 28 weeks (5)
8	Antenatal care services	<input type="checkbox"/> 3 and Above (1) <input type="checkbox"/> 1-2 (2) <input type="checkbox"/> None (2)
9	PROM	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
10	If PROM, Duration of PROM	<input type="checkbox"/> < 12 hours (1) <input type="checkbox"/> ≥ 12 hours (2)
11	If PROM, Antibiotic for prophylaxis	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
12	Onset of labor	<input type="checkbox"/> Spontaneous (1) <input type="checkbox"/> Induced (2) <input type="checkbox"/> C/Section before onset (3) <input type="checkbox"/> Unknown (4)
13	Mode of delivery	<input type="checkbox"/> Normal(svd) (1) <input type="checkbox"/> Assisted (2) <input type="checkbox"/> Ceserean (3)
14	Steroids given during pregnancy	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Not documented (3) <input type="checkbox"/> Not eligible (4)
15	Any comorbidities	<input type="checkbox"/> None (1) <input type="checkbox"/> HIV (2) <input type="checkbox"/> Hypertension (3) <input type="checkbox"/> Anemia (4) <input type="checkbox"/> DM (5) <input type="checkbox"/> STI (6) <input type="checkbox"/> Other, specify..... (7)
FETAL CONDITION AND CASUSE OF NEONATAL ADMISSION IN NICU		
16	Date of admission/...../.....
17	Age of newborn at delivery	<input type="checkbox"/> Post term (Above 42 weeks) (1) <input type="checkbox"/> Term (37-42 weeks) (2) <input type="checkbox"/> Preterm (32-36 weeks) (3) <input type="checkbox"/> Very preterm (Below 32 weeks) (4)
18	Temperature at admission	<input type="checkbox"/> 36.5-37.5 (1) <input type="checkbox"/> Above 37.5 (2) <input type="checkbox"/> Below 36.5 (3)

19	Causes of Neonatal admission	<input type="checkbox"/> Prematurity <input type="checkbox"/> VLBW <input type="checkbox"/> LBW <input type="checkbox"/> Early ONS <input type="checkbox"/> Late ONS <input type="checkbox"/> Birth Asphxia <input type="checkbox"/> Respiratory distress syndrome <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Neonatal Jaundice <input type="checkbox"/> Severe Birth Trauma <input type="checkbox"/> RVI Exposed <input type="checkbox"/> Congenital Malformation <input type="checkbox"/> Others*(Hep inf, anemia and NEC)
20	Age at Admission	<input type="checkbox"/> > 7 days <input type="checkbox"/> ≤7 days
21	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
22	Weight	<input type="checkbox"/> ≥ 4500 mg <input type="checkbox"/> 2500-4500 mg <input type="checkbox"/> < 2500 mg
23	Resuscitation at birth	<input type="checkbox"/> None <input type="checkbox"/> Stabilisation/Stimulation <input type="checkbox"/> Stimulation and Suction <input type="checkbox"/> Stimulation, Suction, Bag and mask <input type="checkbox"/> Until external cardiac massage
24	Scored APGAR	<input type="checkbox"/> 1 st minute: <input type="checkbox"/> 5 th Minute:
25	Breastfeed within 1 hr	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Any hypothermia during hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	PNA	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Kangaroo Mother Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Respiratory support	<input type="checkbox"/> No

		<input type="checkbox"/> CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Both
30	Any neonatal infection during hospitalisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	If yes, is the antibiotics started on time	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUTCOME AND CAUSE OF NEONATAL MORTALITY		
32	Mode of Discharge	<input type="checkbox"/> Cured <input type="checkbox"/> Death <input type="checkbox"/> Escaped <input type="checkbox"/> Against the medical advice <input type="checkbox"/> Still hospitalised
33	Causes of neonatal mortality	<input type="checkbox"/>
34	Length of stay in hospital	<input type="checkbox"/> > 5 days <input type="checkbox"/> ≤ 5 days
35	Date of end of follow up	<input type="checkbox"/>/.....20....
36	Status at 28 th day after birth	<input type="checkbox"/> Live <input type="checkbox"/> Dead

Data collector:.....