

ANNEX 7 Neonatal Mortality Reporting Form

DIRECTION The Neonatal Mortality Review Form below should be filled out by the midwife based on the verbal report from the CHT members and other information. CHT members are expected to support the midwife to complete this form.

NEONATAL MORTALITY REVIEW (Age below 28 days old) CHT Reporting Form- For MIDWIFE	
Barangay	_____
Municipality	_____
Province	_____
Date	_____
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Name of the Deceased Child:	_____ Sex: _____
Age (at the time of death) :	_____ Date of Birth: _____
Place of Birth:	_____
Order of the baby among the siblings:	_____ 1st _____ 2nd _____ 3rd _____ 4th _____ others: _____
Address:	_____
Name of Mother:	_____
Total Number of Pregnancy:	_____ times
Total Number of Children Living:	_____ children
Name of Father:	_____
Date & Time First Seen at Health Facility	Date: _____ Time: _____
Hospital Admission Details	Date: _____ Time Admitted: _____
Referral From (Please ✓):	<input type="checkbox"/> CHT <input type="checkbox"/> RHU <input type="checkbox"/> Lying-in Clinic <input type="checkbox"/> District Hospital
	<input type="checkbox"/> Other: Please specify _____
Place of Death: (Please ✓ and indicate the address accordingly)	<input type="checkbox"/> Home <input type="checkbox"/> Health Facility: Please specify _____
	<input type="checkbox"/> Other: Please specify _____
Address: _____	
Date & Time of Death:	Date: _____ Time: _____
Attendant at Delivery (Please ✓):	_____ Doctor _____ Midwife _____ Nurse _____ TBA (Hilot)
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Submitted by:	
Name of CHT Midwife	_____
Station	_____
Submitted to and Validated by:	
Name & Signature of RHU Physician	_____
Station	_____
Date of Validation	_____
Death Certificate Number	_____