

## Stillbirth and Neonatal Death Case Review Form

<b>Section 1: Identification</b>		
Facility name: _____ Month: _____ Year _____		
Mother's file no: [ _____ ]	Newborn's file no: [ _____ ]	
National number of the mother : _____		
Full name of the mother: _____		
Full name of the husband: _____		
Nationality:      1. Jordanian      2. Syrian      3. Iraqi      4. Other		
Permanent residence: Governorate _____ City/village _____		
Mother's mobile phone #: _____		Husband's mobile phone # _____
<b>Section 2: Mothers' information</b>		
Age of the mother in achieved years: [ _____ ]	Years of formal schooling completed by the women: [ _____ ] years	Years of formal schooling completed by the husband: [ _____ ] years
Total monthly family income in JDs: [ _____ ]		Occupation: 1. Housewife   2. Employee
Number of children alive:[ _____ ]	Number of children born alive and died before 28 days: [ _____ ]	Number of stillbirths/ previous spontaneous abortions/miscarriages:[ _____ ]
Number of Previous C-Sections: [ _____ ]	Religion:   1. Muslim   2. Christian   3. Other	
<b>Section 3. Current pregnancy</b>		
Number of pregnancies including this one:[ _____ ]		Number of deliveries including this one:[ _____ ]
Write the date of current delivery: [ dd ]/[ mm ]/[ yyyy ]		
If there is previous delivery: Write the date of last previous one_[ mm ]/[ yyyy ]		
How many antenatal visits did you attend during this pregnancy:[ _____ ]	When did you get the first antenatal visit for this pregnancy? 1. 1 <sup>st</sup> trimester   2. 2 <sup>nd</sup> trimester   3. 3 <sup>rd</sup> trimester   4. No visit	
Number of fetuses: 1: Singleton fetus      2: Two fetuses      3: ≥3 fetuses		
Smoking during this pregnancy: 1. Yes      2. No		
Hospitalization(s) during the current pregnancy? 1. Yes      2. No	Reasons for hospitalization(s) if any: <div style="background-color: #e0e0e0; height: 40px; width: 100%;"></div>	
Was the woman hospitalized between 24- 34 weeks of pregnancy? 1. Yes      2. No	If yes, was the prophylactic treatment for respiratory distress syndrome given:   1. Yes      2. No	
Was the mother transferred from any other hospital or	If yes, what was the indication of transfer:	

from a lower level of care? 1. Yes      2. No			
<b>Section 4. Current Delivery</b>			
Gender:      1. Male    2. Female	Birth Weight: [      ] g		Gestational age in weeks: [      ]
Presentation of fetus: 1: Cephalic      2: Breech      3: Other: specify:		Onset of the labor: 1: Spontaneous      2: Induced      3: Planned C-section	
Mode of delivery:    1: Vaginal delivery    2: Cesarean			
Apgar score: At 1 Minute: [    ]/10      At 5 Minutes: [    ]/10			
<b>Section 5. Details of the death</b>			
<b>Type of death:</b>	1. Neonatal Death	2. Intrapartum stillbirth	3. Antepartum stillbirth
			4. stillbirth, unknown timing
<b>Date of death:</b>	[ dd ]/[ mm ]/[ yyyy ]      [ hour: min]    [ AM or PM ]		
<b>Main maternal conditions (M) that might contributed to the death</b>			
<b>Causes of death</b>			
a. Congenital			
b. Antepartum complications			
c. Intrapartum complications			
d. Complications of prematurity			
e. Infection:	1. Tetanus      2. Sepsis      3. Pneumonia      4. Meningitis		
	5. Diarrhea      6. Other, specify if known: _____		
f. Other, specify			
g. Unknown/unspecified			

**Section 6: Critical delays (Health professionals perception)**

<p><b>Delay 1: Delay recognizing need for care and Delay in the decision to seek care.</b>                  Examples:</p> <ul style="list-style-type: none"> <li>- A woman labour at home for too long because she and/or her family are afraid to come for care</li> <li>- Delay because parents are concerned about the cost of care</li> <li>- Not understand when to seek care for their infant</li> <li>- A woman did not recognize developing problems.</li> </ul>	<p><b>Delay 2: Delay seeking care_or reaching care.</b>                  Examples:</p> <ul style="list-style-type: none"> <li>- A labouring woman may not be able to find or afford expedient transportation to a health-care facility.</li> </ul>	<p><b>Delay 3: Delay receiving care Ex-amples:</b></p> <ul style="list-style-type: none"> <li>- A labouring woman may arrive at a hospital without any clinicians available to provide care to her</li> <li>- Women transfer between lower and higher-level facilities may take too long to provide effective care and prevent stillbirth.</li> </ul>
<p><b>Please write down any type 1 delays</b></p>	<p><b>Please write down any type 2 delays</b></p>	<p><b>Please write down any type 3 delays</b></p>

**Section 7: Modifiable factors (Health professionals perception)**

<p><b>Family-related modifiable factors</b>                  Examples:</p> <ul style="list-style-type: none"> <li>- late/no antenatal care</li> <li>- cultural inhibition to seeking care</li> <li>- no knowledge of danger signs</li> <li>- financial constraints</li> <li>- partner restricts care-seeking</li> <li>- use of traditional/ herbal medicine</li> <li>- smoking / drug / alcohol abuse</li> <li>- attempted termination, etc.</li> <li>- not understand when to seek care for their infant</li> </ul>	<p><b>Administration-related modifiable factors</b>                  Examples:</p> <ul style="list-style-type: none"> <li>- transfer between lower- and higher-level facilities inhibited by administrative barriers</li> <li>- stock-out of any needed medicines or equipment (neonatal facilities; theatre facilities; resuscitation equipment; blood products)</li> <li>- lack of training</li> <li>- insufficient staff numbers</li> <li>- anesthetic delay</li> <li>- no antenatal documentation; etc.</li> </ul>	<p><b>Provider-related modifiable factors</b>                  Examples:</p> <ul style="list-style-type: none"> <li>- partogram not used</li> <li>- action not taken</li> <li>- inappropriate action taken</li> <li>- iatrogenic delivery</li> <li>- delay in referral</li> <li>- inadequate monitoring</li> <li>- delay in calling for assistance</li> <li>- inappropriate discharge</li> <li>- unable to give adequate resuscitation</li> <li>- needs for additional training or resources for providers</li> </ul>
<p><b>Please write down any Family-related factors</b></p>	<p><b>Please write down any Administration-related factors</b></p>	<p><b>Please write down any Provider-related factors</b></p>

## Guidance for completing

### The Stillbirth and Neonatal Death Case Review Form

#### Purpose of form:

- To assist perinatal death review (also known as “perinatal mortality audit”) meetings/committees in reviewing a perinatal death
- To identify critical delays and modifiable factors that can be targeted with interventions to prevent future deaths.

#### Time of completion:

- Two assigned midwives/nurses will be responsible for filling this form for all stillbirths and neonatal deaths taking place in each health facility.
- This form should be filled shortly after the occurrence of the death and all filled forms will be presented to the death review committee during their monthly meeting.
- The data to be filled in the form should be gathered from different sources including:
  - Abstraction of the data from medical records
  - Consulting with the attending physician at the time of death occurrence
  - Interviewing the mothers/parents

#### Section 1: Identification

This section includes woman and hospital identifying information. It is important to record the mother's and baby's file numbers as sometimes you may need to review the file again if it is requested from the death audit committee.

#### Section 2: Mothers' information

This section collect data on socio-demographic and clinical characteristics. This information might be determinant of a stillbirth or neonatal death.

#### Section 3. Current pregnancy

This section collects information on previous pregnancies and deliveries, antenatal care, and any problems during the current pregnancy.

#### Section 4. Current Delivery

This section collects information on the birth outcomes including birth weight and gestational age, presentation of fetus, and mode of delivery. This information is critical to assess the causes of the deaths.

#### Section 5. Details of the death

This section includes detailed information on the type of death and date of death. For maternal conditions, please include all maternal diseases/conditions that might contribute to stillbirth or neonatal death. For causes of death, you need to consult the attending physician to specify all possible causes of death. There are 7 categories and for each category, please write the appropriate condition.

#### Section 5: Critical delays and modifiable factors

**Critical delays:** Describe any delays in care that are recognized during the review of the case. For each delay category, please specify the nature of delay and if there is no delay in any of the categories, please write "not identified".

The “three delays” model describes three types of delays in getting adequate care:

**Delay 1:** Delay in the decision to seek care. For example, a woman may labour at home for too long because she and/or her family are afraid to come for care, are concerned about the cost of care, or do not recognize developing problems. Please write down any type 1 delays you can identify on the Stillbirth and Neonatal Death Case Review Form.

**Delay 2:** Delay in reaching care. For example, a labouring woman may not be able to find or afford expedient transportation to a health-care facility. Please write down any type 2 delays you can identify on the Stillbirth and Neonatal Death Case Review Form.

**Delay 3:** Delay in receiving adequate care. For example, a labouring woman may arrive at a hospital without any clinicians available to provide care to her, or transfer between lower and higher-level facilities may take too long to provide effective care and prevent stillbirth. Please write down any type 1 delays you can identify on the Stillbirth and Neonatal Death Case Review Form.

***Modifiable factors:*** A modifiable factor is something that may have prevented the death if a different course of action had been taken. Many modifiable factors are due to missed opportunities within the health system. These represent potential for positive change. Documenting these modifiable factors is a very important priority of perinatal death review (also known as “perinatal mortality audit”). Discussion of modifiable factors in terms of levels of system failure may be helpful to guide interventions. Typically three levels are discussed:

1. ***Family level:*** Did the family of a victim of neonatal death not understand when to seek care for their infant? Should families in their community be targeted with an educational campaign or provided with resources to help them get to care sooner?  
— If no family-level modifiable factor can be identified, circle “none identified”.
  
2. ***Administrative level:*** Was transfer between lower- and higher-level facilities inhibited by administrative barriers? Was there a stock-out of any needed medicines or equipment?  
— If no Administrative level modifiable factor can be identified, circle “none identified”.
  
3. ***Provider level:*** Was a health-care provider unable to give adequate resuscitation? Are there needs for additional training or resources for providers? For example, if a baby dies of preeclampsia, and the mother did not attend antenatal care, then the modifiable factor would most likely have been related to family- or patient level factors. However, if the mother attended the antenatal clinic but the health worker failed to treat her, then the avoidable factor would have been provider related. Finally, if the mother attended antenatal clinic, and the health worker treated her but either transport or the facilities to perform the test were not available, then the modifiable factor would have been administration related.  
— If no Provider level 1 modifiable factor can be identified, circle “none identified”.