

# MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 2019)

<b>Centre Name:</b> <input style="width: 90%;" type="text"/>	<input type="radio"/> <b>New Case</b> <input type="radio"/> <b>Readmission</b> <input type="radio"/> <b>Transfer from another SDP Hospital or IJN:</b>	<b>MNNR No. (Office use):</b> <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>  <b>Centre:</b> <input style="width: 20%;" type="text"/>
<b>Date of Admission:</b> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> (dd/mm/yy)		

**Admitted to neonatal ward:**  Yes → (Proceed to complete ALL sections in this CRF)  No → (Proceed to complete Section 1, 2 [without No.28], 4[No.47 only] and 5)

**Abandoned baby** → (if this box is ticked, item No. 1, No. 4a, No. 6 to No.16 are not mandatory)

**Instruction:** Where check boxes  are provided, ticked (✓) one or more boxes. Where radio buttons  are provided, ticked (✓) one box only.

## SECTION 1 : PATIENT PARTICULARS & MATERNAL HISTORY

<b>*1. Name of mother:</b>	<input style="width: 95%;" type="text"/>		
<b>2. Name of baby (Optional):</b>	<input style="width: 95%;" type="text"/>		
<b>*3. RN of baby:</b>	<input style="width: 95%;" type="text"/>		
<b>*4a. Mother's I/C number:</b>	MyKad: <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>	Other ID document No: <input style="width: 80%;" type="text"/>	
	Specify document type (if others): <input type="radio"/> Passport <input type="radio"/> Armed Force ID <input type="radio"/> Driver's License <input type="radio"/> Old IC <input type="radio"/> Hospital RN <input type="radio"/> Father's I/C <input type="radio"/> Work Permit number <input type="radio"/> Police ID Card <input type="radio"/> Immigration permit <input type="radio"/> Other, specify:.....		
<b>4b. Baby's MyKid number:</b>	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>		
<b>*5a. Date of birth of baby (dd/mm/yy)</b>	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>	<b>5b. Time of birth:</b> (24 hour format. Enter the best estimated time of birth if the exact time unknown)	<input style="width: 10%;" type="text"/>
<b>*6. Ethnic group of Mother:</b>	<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Bumiputra Sabah, specify:..... <input type="radio"/> Other, Malaysian <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Bumiputra Sarawak, specify:..... <input type="radio"/> Non-citizen, specify country:.....		
<b>*7. Maternal age:</b>	<input style="width: 10%;" type="text"/>		
<b>*8. GPA:</b> (current pregnancy before delivery of this child)	<b>*Gravida:</b>	<input style="width: 10%;" type="text"/>	<b>*Parity:</b>
		<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
<b>*9. Maternal diabetes (including gestational diabetes):</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*10. Maternal hypertension, chronic pregnancy included:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*11. Maternal Eclampsia:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*12. Maternal Chorioamnionitis:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*13. Maternal Anaemia: (&lt;11g/dL)</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*14. Maternal abruption placenta:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*15. Maternal bleeding placenta praevia:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*16. Cord prolapse:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*17. Other current illness:</b>	<input type="radio"/> Yes If yes,specify : ..... <input type="radio"/> No		

## SECTION 2 : BIRTH HISTORY

<b>*18. Antenatal steroid:</b>	<input type="radio"/> Yes → <input type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> No <input type="radio"/> Unknown		
<b>*19. Antenatal magnesium sulphate:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*20. Intrapartum antibiotic:</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
<b>*21. Birth weight:</b>	<input style="width: 15%;" type="text"/> (gram)		
<b>*22. Gestation:</b>	<input style="width: 10%;" type="text"/> (weeks)		
<b>*23. Growth status:</b>	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA		
<b>*24. Gender:</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Ambiguous / Indeterminate		
<b>*25. Place of birth:</b>	<input type="radio"/> Inborn <input type="radio"/> Outborn → <div style="display: flex; justify-content: space-between; border: 1px dashed black; padding: 5px;"> <div style="width: 30%;"> <input type="radio"/> Home  <input type="radio"/> Health Clinic  <input type="radio"/> Private Hospital  <input type="radio"/> Government hospital with specialist  <input type="radio"/> District <input type="radio"/> General  <input type="radio"/> Government hospital without specialist                     </div> <div style="width: 30%;"> <input type="radio"/> University hospital  <input type="radio"/> Enroute / during transport  <input type="radio"/> Maternity home with specialist  <input type="radio"/> Maternity home without specialist  <input type="radio"/> Alternative Birthing centre (ABC)  <input type="radio"/> Urban <input type="radio"/> Rural                     </div> <div style="width: 30%;"> <input type="radio"/> Others / specify:.....  <input type="radio"/> Unknown                     </div> </div>		
<b>*26. Multiplicity:</b>	<input type="radio"/> Singleton <input type="radio"/> Twin <input type="radio"/> Triplet <input type="radio"/> Other, specify: .....		Specify birth order if not a singleton: <input style="width: 10%;" type="text"/>
<b>*27. Final Mode of delivery:</b>	<input type="radio"/> Vaginal delivery → <input type="radio"/> SVD <input type="radio"/> Breech <input type="radio"/> Caesarean section → <input type="radio"/> Elective <input type="radio"/> Emergency <input type="radio"/> Instrumental → <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="radio"/> Others, specify:..... <input type="radio"/> Unknown		

## SECTION 2 : BIRTH HISTORY (continue)

*28. Apgar score at 1 min and 5 min ( 0-10)	a) Score at 1 min:	<input type="text"/>	<input type="checkbox"/> Unknown	b) Score at 5 min: (Please score even if the baby is intubated)	<input type="text"/>	<input type="checkbox"/> Unknown
29. Initial resuscitation: (applicable for inborn only)	a) Oxygen:	<input type="radio"/> Yes	<input type="radio"/> No	d) Endotracheal tube vent:	<input type="radio"/> Yes	<input type="radio"/> No
	b) Early CPAP :	<input type="radio"/> Yes	<input type="radio"/> No	e) Cardiac compression:	<input type="radio"/> Yes	<input type="radio"/> No
	c) Bag and mask ventilation:	<input type="radio"/> Yes	<input type="radio"/> No	f) Adrenaline:	<input type="radio"/> Yes	<input type="radio"/> No
*30.	a) Plastic wrap at birth (for <1500 gm)	<input type="radio"/> Yes	<input type="radio"/> No			
	b) If yes : was baby wrapped without drying at birth	<input type="radio"/> Yes	<input type="radio"/> No			
	c) Admission temperature: (mandatory if admitted to Neonatal ward)	<input type="text"/>	<input type="text"/>	°C		

## SECTION 3: NEONATAL EVENT

*31. Respiratory support: If < 12 hours = state 0.5 days If > 12 to 24 hours = state 1 day If > 24 hours = state to next completed days Complete entry a) to e) for each type of respiratory support given	<input type="radio"/> Yes →	a) CPAP/bilevel CPAP	<input type="radio"/> Yes	<input type="radio"/> No	ii) Total duration of CPAP/bilevel CPAP at your centre:	<input type="text"/>	<input type="text"/>	Day(s)
	<input type="radio"/> No	b) High flow nasal cannula (HFNC):	<input type="radio"/> Yes	<input type="radio"/> No	i) Total duration of HFNC at your centre:	<input type="text"/>	<input type="text"/>	Day (s)
		c) Conventional ventilation:	<input type="radio"/> Yes	<input type="radio"/> No	i) Total duration of Conventional ventilation at your centre :	<input type="text"/>	<input type="text"/>	Day (s)
		d) HFJV/HFOV:	<input type="radio"/> Yes	<input type="radio"/> No	i) Total duration of HFJV//HFOV at your centre:	<input type="text"/>	<input type="text"/>	Day (s)
		e) Nitric Oxide:	<input type="radio"/> Yes	<input type="radio"/> No	i) Total duration of Nitric Oxide at your centre:	<input type="text"/>	<input type="text"/>	Day (s)
*32. Surfactant:	<input type="radio"/> Yes →	<input type="radio"/> < 1 hr	<input type="radio"/> 1-2 hrs	<input type="radio"/> > 2 hrs				
	<input type="radio"/> No							
*33. Parenteral nutrition:	<input type="radio"/> Yes	<input type="radio"/> No						

## SECTION 4: PROBLEMS/ DIAGNOSES

34. Respiratory:	<input type="checkbox"/> Meconium aspiration syndrome	<input type="checkbox"/> Pulmonary haemorrhage	<input type="checkbox"/> Congenital pneumonia	<input type="checkbox"/> Community acquired pneumonia			
	<input type="checkbox"/> Transient tachypnoea of newborn	<input type="checkbox"/> Pulmonary interstitial emphysema	<input type="checkbox"/> Nosocomial pneumonia				
*35. RDS:	<input type="radio"/> Yes	<input type="radio"/> No					
*36. Pneumothorax:	<input type="radio"/> Yes →	Pneumothorax developed during:					
	<input type="radio"/> No	<input type="radio"/> Spontaneous	<input type="radio"/> CPAP	<input type="radio"/> CMV	<input type="radio"/> HFV		
*37. Supplemental oxygen and BPD:	a) Is baby on > 21% oxygen continuously for 28 days or more?	<input type="radio"/> Yes	<input type="radio"/> No				
	b) If Yes	(i) for < 32 weeks GA, baby still on oxygen , CPAP or other forms of respiratory at 36 weeks		<input type="radio"/> Yes	<input type="radio"/> No		
		(ii) for >= 32 weeks GA, baby still on oxygen , CPAP or other forms of respiratory support at at day 56		<input type="radio"/> Yes	<input type="radio"/> No		
*38. CVS :	*37a. PPHN :	<input type="radio"/> Yes	<input type="radio"/> No	*38b. Heart Failure :	<input type="radio"/> Yes	<input type="radio"/> No	
*39. PDA:	<input type="radio"/> Yes →	a) ECHO done:	<input type="radio"/> Yes	<input type="radio"/> No			
	<input type="radio"/> No	b) Pharmacological closure	<input type="radio"/> Yes	<input type="radio"/> No			
			If Yes then to choose <input type="checkbox"/> Indomethacin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Paracetamol				
	c) Ligation:	<input type="radio"/> Yes	<input type="radio"/> No				
*40. NEC (stage 2 and above):	<input type="radio"/> Yes →	a) surgical treatment:	<input type="radio"/> Yes	<input type="radio"/> No			
	<input type="radio"/> No	b) NEC present before admission to your centre: ( for outborn baby only)	<input type="radio"/> Yes	<input type="radio"/> No			
*41. ROP Retinal Exam Done  < 32 weeks OR ≤ 1500g - option 'Not Applicable' will be auto blocked  ≥ 32 weeks AND >1500g: option 'Yes' & 'No' will be auto blocked	<input type="radio"/> Yes →	a) Date of first screening:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	(If yes, worst stage of ROP):	b) Post conceptional age at 1st screening:	<input type="text"/>	(autocalculate)			
		c) <input type="radio"/> No ROP <input type="radio"/> Stage 1 <input type="radio"/> Prethresh <input type="radio"/> Thresh <input type="radio"/> Stage 4 <input type="radio"/> Stage 5 <input type="checkbox"/> PLUS disease <input type="checkbox"/> APROP					
		d) Laser Therapy:	<input type="radio"/> Yes	<input type="radio"/> No			
		e) Cryotherapy:	<input type="radio"/> Yes	<input type="radio"/> No			
		f) Vitrectomy/AntiVEGF:	<input type="radio"/> Yes	<input type="radio"/> No			
		g) ROP present prior to admission? (for outborn baby only)	<input type="radio"/> Yes	<input type="radio"/> No			
		Appointment given:	<input type="radio"/> Yes	<input type="radio"/> No			
<input type="radio"/> No →		Date of appointment: <input type="text"/> / <input type="text"/> / <input type="text"/>					
<input type="radio"/> Not Applicable							

**SECTION 4: PROBLEMS/ DIAGNOSES (continue)**

**\*42. IVH:**  
 < 37 weeks - option 'Not Applicable' will be auto blocked

Yes    *If yes, worst grade:* →     Grade 1     Grade 2     Grade 3     Grade 4  
 No  
 Not applicable (term infant)  
 Ultrasound not done

VP shunt/ reservoir insertion

**\*43a. Central Venous Line**  
 (applies to the catheter in situ for the longest duration)

i.     Yes     No

ii.    Date of insertion:     /  /   
       Date of removal:     /  /

Duration of central line (autocalculate) : \_\_\_\_\_ days

**43b. CLABSI**

Yes     No

**\*44. Confirmed sepsis:**  
 (Blood culture positive only)

Yes     No

≤ 72 hours of life

ii) **Type of organism** (can tick more than one)

Group B Streptococcus     Staphylococcus aureus     Acinetobacter     ESBL organisms  
 MRSA     Klebsiella     Fungal     E. Coli  
 CONS     Pseudomonas     Serratia     Others, specify: .....

≥ 72 hours of life

ii) **Type of organism** (can tick more than one)

Group B Streptococcus     Staphylococcus aureus     Acinetobacter     ESBL organisms  
 MRSA     Klebsiella     Fungal     E. Coli  
 CONS     Pseudomonas     Serratia     Others, specify: .....

**\*45. Neonatal meningitis:**

Yes     No

**CSF Culture positive :**     Yes     No

**ii) If Yes, type of organism:** (can tick more than one)

Group B Streptococcus     Staphylococcus aureus     Acinetobacter     ESBL organisms  
 MRSA     Klebsiella     Fungal     E. Coli  
 CONS     Pseudomonas     Others, specify : .....

**\* 46. HIE :**  
 (Only for ≥ 35 weeks GA)

If None option chosen leave b,c and d blank

a ) HIE severity     None     Mild     Moderate     Severe

b ) Highest Thompson     /

c ) Cooling therapy :     Yes     No

If yes ;then to choose

Cooling blanket or cap  
 Passive cooling ± gel pack  
 Both

d) Seizures in HIE cases:     Yes     No

**\*47. Congenital anomalies:**

**\*47a. Major congenital anomalies :**

Yes     No

Syndrome (known)

Down  
 Edward  
 Patau  
 Others, specify  
 (Refer to ICD 10):

Not a recognized syndrome

Isolated major abnormality

**\*47b. Types of abnormalities (check all that are present. Applies to all including 'known syndromes', 'not a recognized syndrome' or isolated major abnormality'**

CNS →

Hydrocephalus  
 Hydrancephaly  
 Holoprosencephaly  
 Others (Refer to ICD 10) : \_\_\_\_\_

Neural Tube Defect →

Myelomeningocele  
 Anencephaly  
 Encephalocele  
 Others (Refer to ICD 10) : \_\_\_\_\_

CVS → Please see (page 4)

Skeletal dysplasia  
 Respiratory  
 CDH  
 GIT  
 Hydrops  
 Renal  
 Others , specify (Refer ICD10) :  
 None of the above

## SECTION 4: PROBLEMS/ DIAGNOSES (continue)

**47c.**

CVS  
Tick all present

Duct dependent lesion →

- TGA
- TOF or PA with VSD
- Pulmonary atresia (PA) with Intact ventricular septum
- Complex cyanotic heart with PA
- Critical PS
- Hypoplastic left heart syndrome
- Interrupted aortic arch
- Coarctation of aorta
- Critical AS
- Tricuspid atresia
- Others, specify.....

Non duct dependent lesion →

- TAPVD
- ASD
- VSD
- AVSD
- PDA
- Others, specify.....

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Date of echo diagnosis : Date done: \_\_\_/\_\_\_/\_\_\_ auto calculate age (days)

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Intervention →

- Nil done
- Surgery
- Catheterization
- Died before operation
- Palliative
- For review later

Date done: \_\_\_/\_\_\_/\_\_\_ auto calculate age (days)  
Date done: \_\_\_/\_\_\_/\_\_\_ auto calculate age (days)

Name of procedure: \_\_\_\_\_

## SECTION 5: OUTCOME

<b>*48a. Date of discharge / transfer/ death: (dd/mm/yy)</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> </tr> </table>					<b>48b. Time of Death: (24 hour format) (mandatory for death cases)</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> </tr> </table> <small>(enter the best estimated time of death if the exact time is unknown)</small>																
<b>*49. Weight and growth status on discharge:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>a) Weight:</b></td> <td style="padding: 5px;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> </tr> </table>           (grams)         </td> </tr> <tr> <td style="padding: 5px;"><b>b) Growth status:</b></td> <td colspan="3" style="padding: 5px;"> <input type="radio"/> SGA      <input type="radio"/> AGA      <input type="radio"/> LGA         </td> </tr> </table>			<b>a) Weight:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> </tr> </table> (grams)					<b>b) Growth status:</b>	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA												
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<b>b) Growth status:</b>	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA																						
<b>*50. Total duration of hospital stay (neonatal/ paed care):</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> </tr> </table> ( in completed days ) (auto calculate)																						
<b>*51. Outcome:</b>																							
<input type="radio"/> Alive →																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="background-color: #f0f0f0; padding: 5px;"><b>Place discharged to:</b></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <input type="radio"/> Home  <input type="radio"/> Social welfare home  <input type="radio"/> Other wards within hospital  <input type="radio"/> Still hospitalized as of 1st birthday  <input type="radio"/> Transfer to other hospitals             </td> </tr> <tr> <td style="padding: 5px;"><b>a) Name of hospital:</b></td> <td colspan="3" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"><b>b) Reason for transfer:</b></td> <td style="padding: 5px;"> <input type="radio"/> Growth/ stepdown care  <input type="radio"/> Lack of NICU bed  <input type="radio"/> Chronic/ Palliative care             </td> <td style="padding: 5px;"> <input type="radio"/> Acute medical/ diagnostic services  <input type="radio"/> Surgery             </td> <td style="padding: 5px;"> <input type="radio"/> Social/ Logistic reason  <input type="radio"/> Other, specify: .....             </td> </tr> <tr> <td style="padding: 5px;"><b>c) Post transfer disposition:</b> <small>(Please fill this section if place transferred is not part of the NNR Network)</small></td> <td style="padding: 5px;"> <input type="radio"/> Home  <input type="radio"/> Death             </td> <td colspan="2" style="padding: 5px;"> <input type="radio"/> Transferred again to another hospital  <input type="radio"/> Readmitted to your hospital  <input type="radio"/> Still in ward             </td> </tr> </table>				<b>Place discharged to:</b>				<input type="radio"/> Home <input type="radio"/> Social welfare home <input type="radio"/> Other wards within hospital <input type="radio"/> Still hospitalized as of 1st birthday <input type="radio"/> Transfer to other hospitals				<b>a) Name of hospital:</b>				<b>b) Reason for transfer:</b>	<input type="radio"/> Growth/ stepdown care <input type="radio"/> Lack of NICU bed <input type="radio"/> Chronic/ Palliative care	<input type="radio"/> Acute medical/ diagnostic services <input type="radio"/> Surgery	<input type="radio"/> Social/ Logistic reason <input type="radio"/> Other, specify: .....	<b>c) Post transfer disposition:</b> <small>(Please fill this section if place transferred is not part of the NNR Network)</small>	<input type="radio"/> Home <input type="radio"/> Death	<input type="radio"/> Transferred again to another hospital <input type="radio"/> Readmitted to your hospital <input type="radio"/> Still in ward	
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<input type="radio"/> Dead →																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; background-color: #f0f0f0; padding: 5px;"><b>Place of death:</b></td> <td colspan="3" style="padding: 5px;"> <input type="radio"/> Labour room/OT      <input type="radio"/> Neonatal unit  <input type="radio"/> In transit      <input type="radio"/> Others, specify: .....             </td> </tr> </table>				<b>Place of death:</b>	<input type="radio"/> Labour room/OT <input type="radio"/> Neonatal unit <input type="radio"/> In transit <input type="radio"/> Others, specify: .....																		
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Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: [ ] [ ] [ ] (dd/mm/yy)