

# MALAYSIAN NATIONAL NEONATAL REGISTRY ( CRF 2011 )

## Supplementary Form

**Instruction:**

- 1) For term babies please fill in according to the most pertinent underlying cause of death.  
 2) For preterm babies please fill in according to the most immediate cause of death.

<b>1. Centre Name:</b>		<b>3. RN:</b>		<b>Office use:</b>	
<b>2. Name:</b>		<b>Passport:</b>		Centre:	
<b>4. Mother's I/C Number:</b>	<b>New IC:</b>				

**Immediate cause of death (Modified Wigglesworth):** Tick relevant button to reach correct classification

**NEONATAL DEATH**  
(Is there any LCM?)

Note: LCM = Lethal Congenital Malformation

LCM present

**a) Lethal congenital malformation/defect, specify:**

Neural tube defects

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

CVS

Complex/ cyanotic heart disease  
 Acyanotic

CNS

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

Recognisable syndrome

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

Not recognisable syndrome

Skeletal dysplasia

Respiratory (eg. lung hypoplasia)

GIT

Hydrops foetalis

Renal

Others, specify: \_\_\_\_\_

LCM absent

**b) (Is gestation <37 weeks?)**

Yes

**c) Gestation <37 weeks conditions associated with immaturity**

 IVH  
 Septicaemia  
 PDA in failure  
 Pulmonary hemorrhage  
 NEC  
 Pneumonia  
 PIE / BPD  
 Pneumothorax  
 Extreme prematurity  
 Asphyxia

No

**Gestation ≥37 weeks (Did the baby have an asphyxial condition?)**

d) Asphyxial condition absent (Did the baby die from infection?)

Asphyxial condition present

e) Infection present

Group B streptococcal septicaemia  
 Meningitis  
 Congenital pneumonia  
 Congenital Infection  
 Others, specify \_\_\_\_\_

Infection absent (Are there any other specific causes of death?)

f) Other specific causes:

Kernicterus/ severe neonatal jaundice  
 Haemorrhagic disease of newborn/ Vitamin K deficiency  
 Intracranial bleed / SAH  
 Pneumothorax  
 Pulmonary hemorrhage  
 IEM  
 MAS  
 Surgical, specify: \_\_\_\_\_  
 Others, specify: \_\_\_\_\_

Unknown cause

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date:  /  /  (dd/mm/yy)