

MALAYSIAN NATIONAL NEONATAL REGISTRY (CRF 2025)

Centre Name:	<input type="radio"/> New Case <input type="radio"/> Readmission <input type="radio"/> Transfer from another SDP Hospital or IJN:	MNNR No (Office use): <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> Centre: <input style="width: 40px;" type="text"/>
Date of Admission: (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.30], 4[No.47 only] and 5)

Abandoned baby → (if this box is ticked, item No.1, No.3a & 3b, No.5 to No.20 are not mandatory)

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

* RN of baby:

SECTION 1 : PATIENT PARTICULARS & MATERNAL HISTORY

* 1. Name of mother:			
* 2. Name of baby (Optional):			
* 3a. Mother's I/C number:	MyKad: <input style="width: 40px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/> Other ID document No: <input style="width: 100px;" type="text"/> Specify document <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 type (if others): <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:.....		
* 3b. Baby's MyKid number:	<input style="width: 40px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 40px;" type="text"/>		
* 4a. Date of birth of baby: (dd/mm/yy)	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	* 4b. Time of birth: (24 hour format. Enter the best estimated time of birth if the exact time unknown)	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>
* 5. Ethnic group of Mother:	<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:.....		
* 6. Maternal age:	<input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>		
* 7. GPA: (current pregnancy before delivery of this child)	*Gravida:	<input style="width: 20px;" type="text"/>	*Parity:
		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
* 8. Maternal diabetes (including gestational diabetes):	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 9. Maternal hypertension, chronic pregnancy included:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 10. Maternal Eclampsia:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 11. Maternal Chorioamnionitis:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 12. Maternal Anaemia: (<11g/dL)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 13. Maternal abruption placenta:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 14. Maternal bleeding placenta praevia:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 15. Cord prolapse:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 16. Maternal obesity:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
* 17. Other current maternal illness:	<input type="radio"/> Yes	If yes, specify :	<input type="radio"/> No

SECTION 2 : BIRTH HISTORY

* 18. Antenatal steroid:	<input type="radio"/> Yes → <input checked="" type="radio"/> 1 dose <input type="radio"/> 2 doses <input type="radio"/> No <input type="radio"/> Unknown		
* 19. Antenatal magnesium sulphate:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 20. Intrapartum antibiotic:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
* 21. Birth weight:	<input style="width: 40px;" type="text"/> (gram)		
* 22. Gestation:	<input style="width: 20px;" type="text"/> (weeks)		
* 23. Growth status:	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA		
* 24. Gender:	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Ambiguous / Indeterminate		
* 25. Place of birth:	<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: 45%;"> <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: 45%;"> <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>		
* 26. Multiplicity:	<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: 20px;" type="text"/>
* 27. Final Mode of delivery:	<input type="radio"/> Vaginal delivery → <input checked="" type="radio"/> SVD <input type="radio"/> Breech <input type="radio"/> Instrumental → <input type="checkbox"/> Vacuum <input type="checkbox"/> Forceps <input type="radio"/> Caesarean section → <input type="radio"/> Elective <input type="radio"/> Emergency <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"/> . <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 → <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a) CPAP/bilevel CPAP</td> <td style="width: 10%;"><input type="radio"/> Yes <input type="radio"/> No</td> <td style="width: 65%;">ii) Total duration of CPAP/bilevel CPAP at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>b) High flow nasal cannula (HFNC):</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of HFNC at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>c) Conventional ventilation:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of Conventional ventilation at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>d) HFJV/HFOV:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of HFJV//HFOV at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> <tr> <td>e) Nitric Oxide:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td>i) Total duration of Nitric Oxide at your centre: <input type="text"/> . <input type="text"/> Day (s)</td> </tr> </table>	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)	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)
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)															
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"/> No	<input type="radio"/> < 1 hr <input type="radio"/> 1-2 hrs <input type="radio"/> > 2 hrs															
* 33. Parenteral nutrition:	<input type="radio"/> Yes <input type="radio"/> No	<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 → <input type="radio"/> No	Pneumothorax developed during: <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:	*38a. PPHN : <input type="radio"/> Yes <input type="radio"/> No	*38b. Heart Failure : <input type="radio"/> Yes <input type="radio"/> No	
* 39. PDA: (Only for < 37 weeks GA)	<input type="radio"/> Yes → <input type="radio"/> No	a) ECHO done: <input type="radio"/> Yes <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 → <input type="radio"/> No	a) surgical treatment <input type="radio"/> Yes <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 < 34 weeks OR ≤ 1750g - option 'Not Applicable' will be auto blocked ≥ 34 weeks AND > 1750g - option 'Yes' & 'No' will be auto blocked	<input type="radio"/> Yes → (If yes, worst stage of ROP): <input type="radio"/> No → <input type="radio"/> Not Applicable	a) Date of first screening: <input type="text"/> / <input type="text"/> / <input type="text"/>	
		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="radio"/> APROP <input type="checkbox"/> PLUS disease	
		d) Laser Therapy: <input type="radio"/> Yes <input type="radio"/> No	
		e) Cryotherapy: <input type="radio"/> Yes <input type="radio"/> No	
		f) AntiVEGF: <input type="radio"/> Yes <input type="radio"/> No	
		g) Vitrectomy <input type="radio"/> Yes <input type="radio"/> No	
		h) 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	Date of appointment: <input type="text"/> / <input type="text"/> / <input type="text"/>	

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 (for term infant)
- Others, specify.....

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

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

*48a. Date of discharge / transfer / death: (dd/mm/yy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	48b. Time of Death: (24 hour format) (mandatory for death cases)	<input type="text"/> : <input type="text"/> : <input type="text"/>
* 49. Weight and growth status on discharge:	a) Weight:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (grams)	
	b) Growth status:	<input type="radio"/> SGA <input type="radio"/> AGA <input type="radio"/> LGA	
* 50. Total duration of hospital stay (neonatal/ paed care):	<input type="text"/> <input type="text"/> <input type="text"/> (in completed days) (auto calculate)		
* 51. Home oxygen therapy:	<input type="radio"/> Yes <input type="radio"/> No		
* 52. Outcome:			

Alive →

Place discharged to:

- Home
- Social welfare home
- Other wards within hospital
- Still hospitalized as of 1st birthday
- Transfer to other hospitals →

a) Name of hospital:			
b) Reason for transfer:	<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:
c) Post transfer disposition: (Please fill this section if place transferred is not part of the NNR Network)	<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	

Dead →

Place of death:

- Labour room/OT
- In transit
- Neonatal unit
- Others, specify:

Name : _____ Signature: _____

Date: / / (dd/mm/yy)

MALAYSIAN NATIONAL NEONATAL REGISTRY

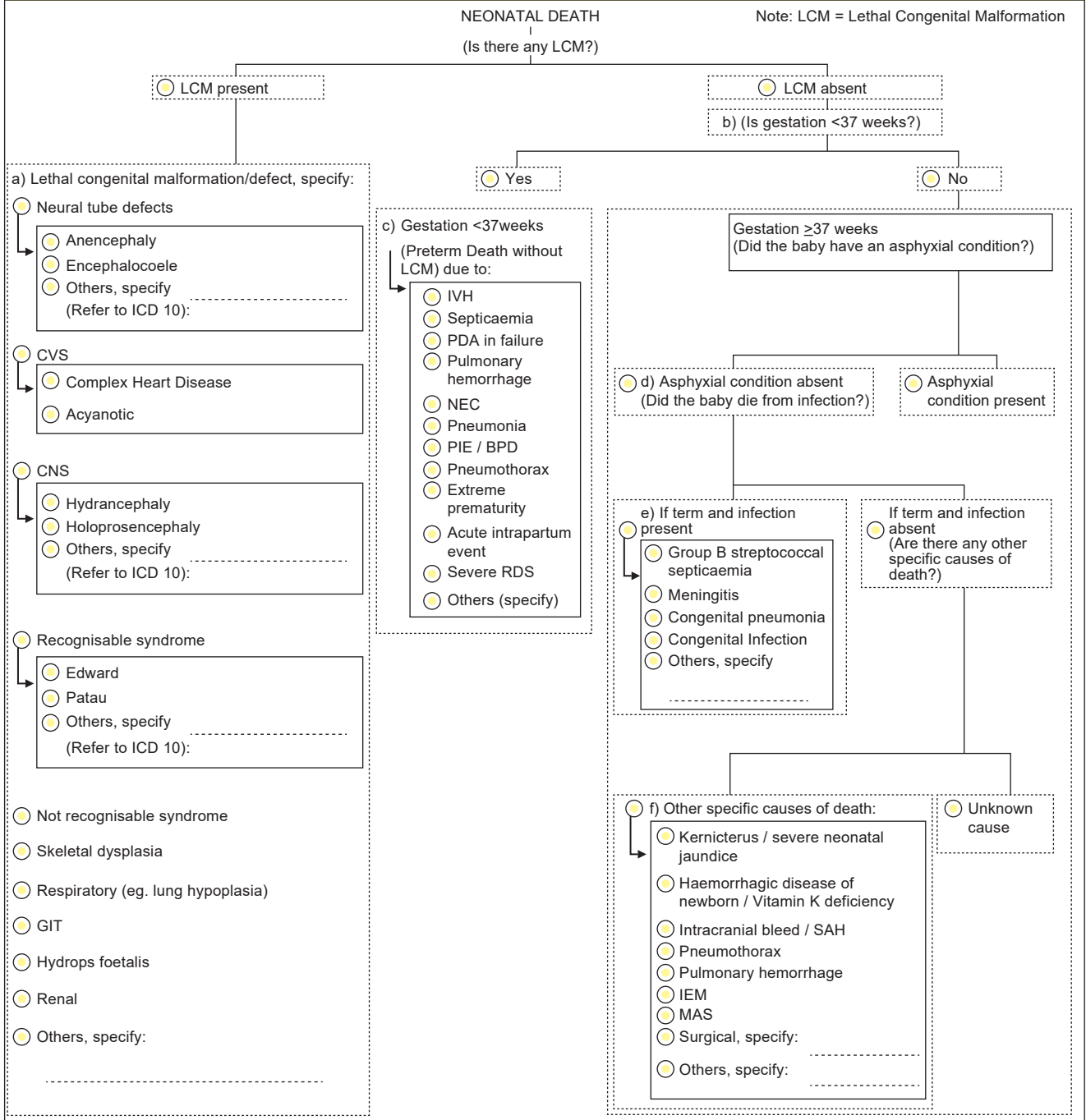
Supplementary Form

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.

1. Centre Name:		3. RN:		Office use:	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
2. Name:		Passport:		Centre:	<input style="width: 100%; height: 20px;" type="text"/>	
4. Mother's I/C Number:	New IC:					

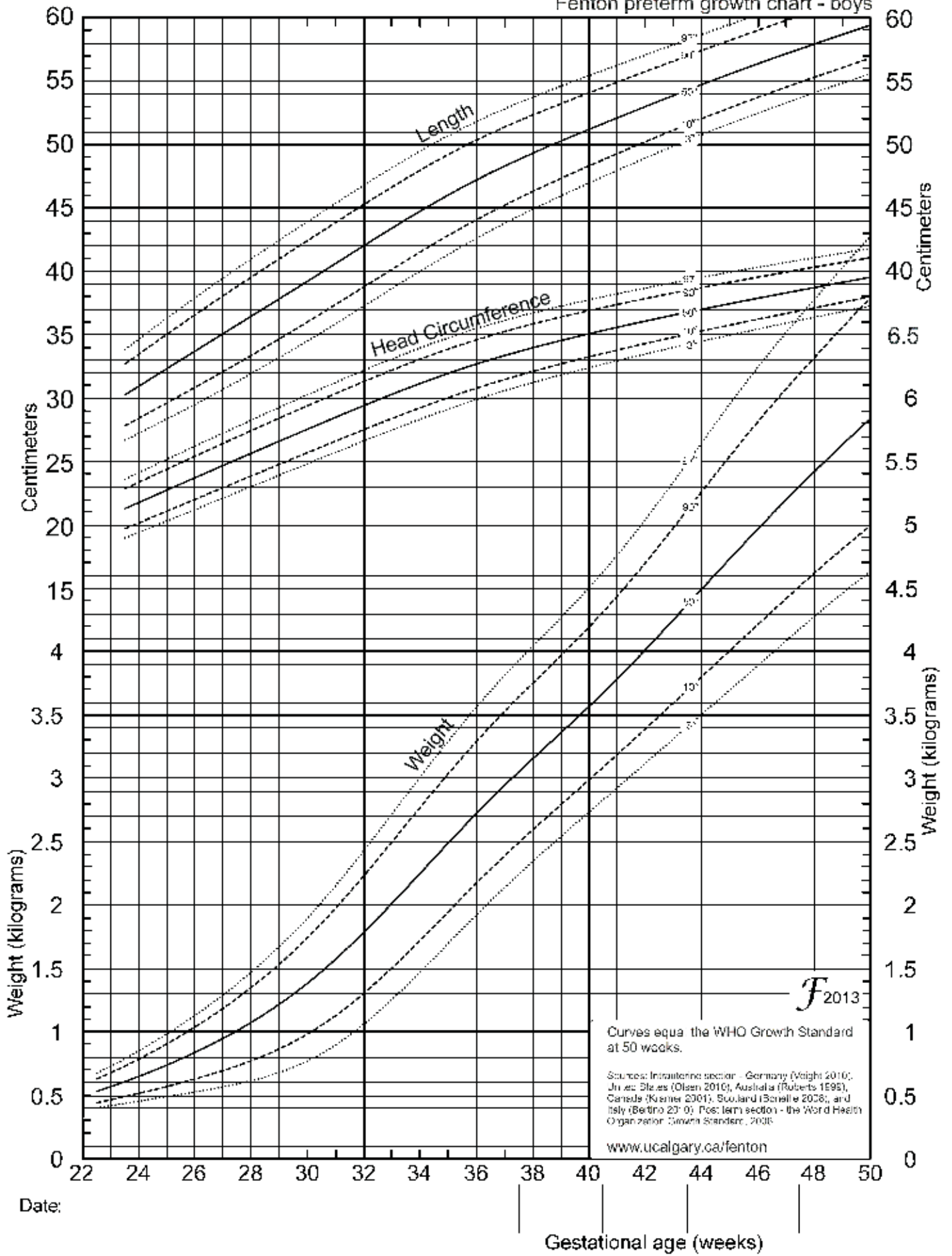
Immediate cause of death (Modified Wigglesworth): Tick relevant button to reach correct classification



Name : _____ Signature: _____

Date: / / (dd/mm/yy)

Fenton preterm growth chart - boys



Date:

Gestational age (weeks)

Fenton preterm growth chart - girls

