

Birth Defects Case Abstraction Form

Ministry of Health

Hospital		Unit		Birth Defect ID (System Generated ID)	
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A. Basic Details

1.	Mother's BHT Number:		2. Baby's BHT Number:	3. Baby's Clinic Number:
4.	Name of the Mother:			
5.	Name of the Baby			
6.	Residential Address:			
7.	District / RDHS Area:		8. MOH Area:	
9.	Sector:	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Estate		
10.	Telephone:	Mobile:		Fixed:
11.	Age of Mother:	Years	12. NIC No of Mother:	
13.	Ethnicity of Mother:	<input type="checkbox"/> Sinhala <input type="checkbox"/> Tamil <input type="checkbox"/> Muslim <input type="checkbox"/> Burgher <input type="checkbox"/> Other		
14.	Religion:	<input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Islam <input type="checkbox"/> Other		
15.	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Living Together <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
16.	Parental Consanguinity:	<input type="checkbox"/> 1 st Degree <input type="checkbox"/> 2 nd Degree <input type="checkbox"/> No		
17.	Mother's Education Level:	<input type="checkbox"/> Grade 1- 5 <input type="checkbox"/> Grade 6 – 11 <input type="checkbox"/> O/L Passed <input type="checkbox"/> A/L Passed <input type="checkbox"/> Tertiary Education <input type="checkbox"/> None		
18.	Occupation of Mother:			
19.	Age of Father:	Years		
20.	Occupation of Father:			
21.	Gravida:			22. Parity:

B. Baby & Delivery Details

1.	Date of Delivery / Birth:	DD / MM / YYYY	Time of Delivery: HH : MM	AM / PM
3.	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous		
4.	Birth Weight:	Grams	5. Head Circumference:	cm
6.	Length:	cm		
7.	POG at Delivery:	Weeks	8. Method of Assessment: <input type="checkbox"/> LMP <input type="checkbox"/> USS <input type="checkbox"/> Both	
9.	Place of Delivery:	<input type="checkbox"/> Hospital (Hospital Name.....) <input type="checkbox"/> Outside Hospital		
10.	Mode of Delivery:	<input type="checkbox"/> NVD <input type="checkbox"/> Vaginal Breech <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> Elective LSCS <input type="checkbox"/> Emergency LSCS <input type="checkbox"/> Hysterotomy <input type="checkbox"/> Laparotomy for Ruptured Uterus		
11.	Type of Pregnancy:	<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Higher		
12.	Date of Case Identified:	DD / MM / YYY	13. Age at case detection:..... Days Months	
14.	POA at Detection:	Weeks		

C. Neonatal Complications

Please Give Details:

D. Antenatal Care (From Pregnancy Record – H 512)

1.	BMI at Booking:	Kg ^m - ²	2. Haemoglobin:	g/dl
3.	Rubella Test:	<input type="checkbox"/> Done <input type="checkbox"/> Not Done 4. Rubella Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	Syphilis Test (VDRL):	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown		
6.	Cytomegalovirus (CMV) Test:	<input type="checkbox"/> Done <input type="checkbox"/> Not Done 7. Folic Acid: <input type="checkbox"/> Given <input type="checkbox"/> Not Given <input type="checkbox"/> Unknown		
8.	Maternal Risk Factors:	<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Betal Leaves Chewing <input type="checkbox"/> Other Substances Abuse <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Epilepsy / Seizures		
9.	Any Medications:			
10.	Febrile Illnesses Within 1 st Trimester:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

E. History of Birth Defects in Pervious Pregnancies

3.	Previous Pregnancy Loss due to Malformation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Previous Still Births:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Previous Spontaneous Abortion(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Birth Defects in Previous Live Births:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Family History of Birth Defects

Note: Birth Defects In mother, Father, Siblings

Relationship to Child	Birth Defect
i	
ii	
iii	
iv	

G. Birth Defect Details of the Current Baby

1.	Presence of Congenital Abnormalities:	<input type="checkbox"/> Isolated <input type="checkbox"/> Multiple <input type="checkbox"/> Syndromic		
2.	Type of Birth Defects	Full Description	ICD 10 Code with RCPCH Extension	Confirmed
i				<input type="checkbox"/> Yes <input type="checkbox"/> No
ii				<input type="checkbox"/> Yes <input type="checkbox"/> No
iii				<input type="checkbox"/> Yes <input type="checkbox"/> No
iv				<input type="checkbox"/> Yes <input type="checkbox"/> No
v				<input type="checkbox"/> Yes <input type="checkbox"/> No
vi				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Overall Diagnosis / Syndrome			

H. Photograph Taken Yes No **If Yes; Please Attach**

I. Investigations (If Any)

Investigation	Date Performed/ Results & Interpretation
1. USS / Foetal Anomaly Scan:	
2. Brain MRI:	
3. 2D Echo:	
4. Chromosomal Analysis (Karyotype):	
5. Infantogram / Babygram:	
6. Other (Specify);	

J. Therapeutic / Surgical Interventions / Referrals Carried Out on Anomalies

1.	Procedure	Date Performed	Facility	Outcome / Comments
2.	Status of the Baby	<input type="checkbox"/> Living & Inward <input type="checkbox"/> Living & Clinic Follow up <input type="checkbox"/> Dead		

K. Death Details

1.	Date of Death:	DD / MM / YYYY				
2.	Age at Death:	Years	Months	Days		
3.	Place of Death:					
4.	Underline Cause of Death:					
5.	Immediate Cause of Death:					
6.	Conditions Contributing to death:					
7.	Pathological / Forensic Post-mortem:	<input type="checkbox"/> Done <input type="checkbox"/> Not Done	If Yes, Record Number:			
8.	Post-Mortem Findings:					

Date.....

Signature of Paediatrician.....

Broad ICD codes – Congenital malformations deformations and chromosomal abnormalities

Q00 Anencephaly and similar malformations
Q01 Encephalocele
Q02 Microcephaly
Q03 Congenital hydrocephalus
Q04 Other congenital malformations of brain
Q05 Spina bifida
Q06 Other congenital malformations of spinal cord
Q07 Other congenital malformations of nervous system
Q18 Other congenital malformations of face and neck
Q20 Congenital malformations of cardiac chambers and connections
Q21 Congenital malformations of cardiac septa
Q22 Congenital malformations of pulmonary and tricuspid valves
Q23 Congenital malformations of aortic and mitral valves
Q24 Other congenital malformations of heart
Q25 Congenital malformations of great arteries
Q26 Congenital malformations of great veins
Q27 Other congenital malformations of peripheral vascular system
Q28 Other congenital malformations of circulatory system
Q30 Congenital malformations of nose
Q31 Congenital malformations of larynx
Q32 Congenital malformations of trachea and bronchus
Q33 Congenital malformations of lung
Q34 Other congenital malformations of respiratory system
Q35 Cleft palate
Q36 Cleft lip
Q37 Cleft palate with cleft lip
Q38 Other congenital malformations of tongue mouth and pharynx
Q39 Congenital malformations of oesophagus
Q40 Other congenital malformations of upper alimentary tract
Q41 Congenital absence atresia and stenosis of small intestine
Q42 Congenital absence atresia and stenosis of large intestine
Q43 Other congenital malformations of intestine
Q44 Congenital malformations of gallbladder bile ducts and liver
Q45 Other congenital malformations of digestive system
Q60 Renal agenesis and other reduction defects of kidney
Q61 Cystic kidney disease
Q62 Congenital obstructive defects of renal pelvis and congenital malformations of ureter
Q63 Other congenital malformations of kidney
Q64 Other congenital malformations of urinary system
Q67 Congenital musculoskeletal deformities of head face spine and chest
Q74 Other congenital malformations of limbs
Q75 Other congenital malformations of skull and face bones
Q76 Congenital malformations of spine and bony thorax
Q77 Osteochondrodysplasia with defects of growth of tubular bones and spine
Q78 Other osteochondrodysplasias
Q79 Congenital malformations of the musculoskeletal system not elsewhere classified
Q80 Congenital ichthyosis
Q81 Epidermolysis bullosa
Q82 Other congenital malformations of skin
Q84 Other congenital malformations of integument
Q85 Phakomatoses not elsewhere classified
Q86 Congenital malformation syndromes due to known exogenous causes not elsewhere classified
Q87 Other specified congenital malformation syndromes affecting multiple systems
Q89 Other congenital malformations not elsewhere classified
Q90 Down syndrome
Q91 Edwards syndrome and Patau syndrome
Q92 Other trisomies and partial trisomies of the autosomes not elsewhere classified
Q93 Monosomies and deletions from the autosomes not elsewhere classified
Q95 Balanced rearrangements and structural markers not elsewhere classified
Q96 Turner syndrome
Q97 Other sex chromosome abnormalities female phenotype not elsewhere classified
Q98 Other sex chromosome abnormalities male phenotype not elsewhere classified
Q99 Other chromosome abnormalities not elsewhere classified

<http://apps.searo.who.int/npn/>