



Field Fetal Death Case Abstraction Format

1	Province:		2. District:	
3	MOH Area:		4. PHM Area:	
5	Mother's EFR No:		6. NIC No:	
7	Name of Mother:		8. Age (Yrs):	
9	Mother's Residential Address			
10	GN Area of Address:		11. Contact Phone/s:	
12	Mother's Educational Level:	☐ Not Schooled ☐ Primary Only (up to Gd 5) ☐ Grade 5 ☐ Secondary Only (up to Grade 11) ☐ O/L Qualified ☐ A/L Qualified ☐ Tertiary Educated		
13	Mother's Religion	☐ Buddhist ☐ Hindu ☐ Islam ☐ Catholic/NRC ☐ Other		
14	Father's Ethnicity	☐ Sinhalese ☐ Tamil ☐ Muslim ☐ Other: _____		
Fetal Death Details				
15	Parity	P____ C____	16. Sex of the Fetus: ☐ Male ☐ Female ☐ Ambiguous	
17	Type of Pregnancy	☐ Singleton ☐ Twin ☐ Higher_____		
18	Date of Delivery	DD / MM / YYYY		
19	Place of Delivery	☐ Home ☐ Hospital ☐ Other		
20	Name of Hospital (If Delivered at Hospital):			
21	POG at delivery	_____ Completed Weeks	22. Weight at Delivery: _____ grams	
23	Status of Fetal Death	☐ Fresh ☐ Macerated ☐ Other		
24	Main maternal diseases or conditions affecting fetus	☐ M1_Complications of placenta cord and membranes ☐ M2_Maternal complications of pregnancy ☐ M3_Other complications of labour and delivery ☐ M4_Maternal medical and surgical conditions ☐ M5_No maternal condition		
25	Specific Maternal pregnancy complications			
26	Specific Maternal medical and surgical conditions			
27	Probable Cause of Fetal Death:	☐ Congenital malformations or chromosomal abnormalities ☐ Infection ☐ Antepartum hypoxia ☐ Other specified antepartum disorder ☐ Disorders related to fetal growth ☐ Birth Trauma ☐ Acute intrapartum event ☐ Other specified intrapartum disorder ☐ Fetal death of unspecified cause ☐ Other (Specify)..... ☐ Unable to classify		
28	Name of Person Providing Data:			
29	Designation of Person Providing Data:		30. Signature:	

Verified by Medical Officer of Health

Name : Dr.

Signature :

Date: