HP - 2

Ministry of Health

Monthly Hospital Perinatal Mortality Surveillance Report

Name of Hospital :	**Reference Month :** **Year :**

Total number of deliveries		Total number of Early Neonatal Deaths (< 7 days old)	
Total number of live births		Total number of births *(live births + foetal deaths > 28 wks)*	
Total number of Foetal Deaths > 22 wks (>500g)		Total number of Perinatal Deaths *(Foetal Deaths > 28 wks + Early Neonatal Deaths)*	
Total number of Foetal Deaths > 28 wks (>1000g)		Perinatal Mortality Rate for the hospital *(Perinatal deaths / total births) x 1000)*	

Summary Information of Perinatal Deaths: Please complete the annexure and attach all individual Perinatal Death Documentation Formats to this report.

Note : *If a baby is live born even before 28 weeks of POA and died later (before 7 days), such deaths are considered as early neonatal deaths and should be included and counted as perinatal deaths.*
(Data on fetal deaths with POA < 28 weeks are only for information and not considered in statistical calculations).

Deficiencies / Problems Identified and the proposed solutions made at the meeting

	Deficiencies /Problems Identified	Proposed Solution	Responsibility	Time Frame

Please use additional sheets if necessary to describe actions taken.

List of participants:

Staff from the hospital

	Designation	No. Participated	Remarks
1	Director /Medical Superintendent		
2	Deputy Director /Deputy MS		
3	Consultant Paediatricians		
4	Consultant Neonatologist		
5	Consultant Obstetrician & Gynaecologists		
6	MO-Planning		
7	Registrar- Paediatrics		
8	Registrar-Obs & Gynae		
9	SHO/MO-Special Care baby Units		
10	SHO-Paediatric Units		
11	SHO-Obs &Gynae Units		
12	Other MOs including HOs		
13	Matrons		
14	Nursing Officers -NICU		
15	Nursing Officers -SCBU		
16	Nursing Officers-Labour room		
17	Nursing Officers -Ante natal wards		
18	Nursing Officers -Post natal wards		
19	Midwives		
20	MRO		
21	Nursing Officer-Health education		
22	Nursing Officer-Infection Control		
23	Other officers		
	Sub Total		
Staff from other Institutions			
	Designation	No. Participated	Remarks
24	MOMCH		
25	MOH		
26	PHNS		
27	PHMs		
28	Other		
	Sub Total		
Total Number Participated			

Name of Head of Institute:

Date: **Signature:**
Official Stamp:

The completed data format should be sent to:
Director (MCH), Family Health Bureau, 231 De Saram Place Colombo 10.

Summary Information of Perinatal Deaths

	A	B	C	D	F	J	K	N	P	Q	R	S	T	U
Serial No:	BHT No.	Name of Mother / Baby	Address	MOH area	Type of Death (FD or NND)	Date of Birth (ddmmyy)	Place of Delivery	POG at birth *(wks)*	Birth weight *(grams)*	Sex *(Male / Female / Ambiguous)*	Date of death *dd/mm/yy*	Age at death *(for NND) (days + hours)*	Timing of death *(AN / IP / EN)*	Cause/s of Death
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Use additional sheets if necessary.

Please attach all individual Perinatal Death Documentation Formats relevant to above deaths to this report