**GENERAL DATA**

<table>
<thead>
<tr>
<th>Part</th>
<th>Nº</th>
<th>Questions</th>
<th>Alternatives</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Date of data collection from medical record</td>
<td>Date format</td>
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<tr>
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<td>2</td>
<td>Time of data collection from medical record</td>
<td>Time format</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>Name of pregnant/ post-partum woman</td>
<td>String format</td>
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<td>4</td>
<td>Woman`s number in medical record</td>
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<tr>
<td>1</td>
<td>5</td>
<td>Type of Pregnancy</td>
<td>1. Single 2. Twins (two) 3. Twins (three) 4. Twins (four)</td>
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<tr>
<td>1</td>
<td>6</td>
<td>Outcome newborn 1</td>
<td>1. Live 2. Stillbirth 3. Neonatal Death</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>Outcome newborn 2</td>
<td>1. Live 2. Stillbirth 3. Neonatal Death</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>Outcome newborn 3</td>
<td>1. Live 2. Stillbirth 3. Neonatal Death</td>
</tr>
<tr>
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<td>9</td>
<td>Outcome newborn 4</td>
<td>1. Live 2. Stillbirth 3. Neonatal Death</td>
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**INFORMATION ON ADMISSION**

<table>
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<tr>
<th>Part</th>
<th>Nº</th>
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<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>Date of admission</td>
<td>Date format</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>Time of admission</td>
<td>Time format</td>
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<td>2</td>
<td>12</td>
<td>Sector where pregnant woman was sent at the time of admission</td>
<td>1. Ward / room 2.Labour ward 3. PPP 4. Delivery room 5. Obstetric Surgical Center 6. ICU 9. No Information</td>
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<tr>
<td>2</td>
<td>13</td>
<td>Destination from hospital where the woman gave birth</td>
<td>1. Discharged home/community from hospital 2. Transferred in the postpartum period (go to question 15) 3. Left hospital without medical authorization 4. Death 5. Remained hospitalized after 42 days of birth (go to 17)</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>Date of discharge from hospital</td>
<td>Date format</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>Hospital where woman was transferred after birth (hospital name - city - state)</td>
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<td>2</td>
<td>15.1</td>
<td>Reason for being transferred to another hospital</td>
<td>String format</td>
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<td>2</td>
<td>15.2</td>
<td>Destination from hospital where women was transferred to</td>
<td>1. Discharged home/community from hospital 2. Left hospital without medical authorization 3. Death 4. Remained hospitalized after 42 days of birth (go to 17)</td>
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<tr>
<td>2</td>
<td>15.3</td>
<td>Date of discharge from hospital where woman was transferred to</td>
<td>Date format</td>
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<tr>
<td>2</td>
<td>16</td>
<td>Death Certificate registry number</td>
<td>Number format</td>
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**CLINICAL-OBSTETRIC HISTORY**
<table>
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<th>Question</th>
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<tr>
<td>3 17</td>
<td>Number of previous pregnancies</td>
<td>Number format (If the first pregnancy, complete with 00 and go to question 21)</td>
</tr>
<tr>
<td>3 18</td>
<td>Number of previous miscarriages</td>
<td>Number format</td>
</tr>
<tr>
<td>3 19</td>
<td>Total number of previous deliveries</td>
<td>Number format (if 00, go to question 21)</td>
</tr>
<tr>
<td>3 20</td>
<td>How many deliveries by caesarean section?</td>
<td>Number format</td>
</tr>
<tr>
<td>3 21</td>
<td>Personal medical history</td>
<td>-</td>
</tr>
<tr>
<td>3 22</td>
<td>Heart disease</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 23</td>
<td>High blood pressure with continued treatment</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 24</td>
<td>Severe anemia or other hemoglobinopathy</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 25</td>
<td>Asthma</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 26</td>
<td>Lupus or scleroderma</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 27</td>
<td>Hyperthyroidism</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 28</td>
<td>Diabetes (non gestacional)</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 29</td>
<td>Chronic kidney disease</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 30</td>
<td>Seizures / epilepsy</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 31</td>
<td>Cerebral Vascular Accident (Stroke)</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 32</td>
<td>Chronic liver disease</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 33</td>
<td>Psychiatric illness</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 34</td>
<td>Other</td>
<td>0. No (go to 36) 1. Yes</td>
</tr>
<tr>
<td>3 35</td>
<td>Specify others</td>
<td>String format</td>
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<tr>
<td>3 36</td>
<td>Obstetric or medical complications in the current pregnancy (before hospital admission)</td>
<td>-</td>
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<tr>
<td>3 37</td>
<td>Cervical incompetence (CI)?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>3 38</td>
<td>Intra Uterine Growth Restriction (IUGR)?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 39</td>
<td>Oligohydramnios?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 40</td>
<td>Polyhydramnios?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 41</td>
<td>RH isoimmunization?</td>
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<tr>
<td>3 42</td>
<td>Placenta previa?</td>
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<tr>
<td>3 43</td>
<td>Placenta abruption?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 44</td>
<td>Premature rupture of membranes?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 45</td>
<td>Gestational Diabetes?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 46</td>
<td>Hypertensive disorders (chronic hypertension, preeclampsia, HELLP syndrome)?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>3 47</td>
<td>Eclampsia / Seizures?</td>
<td>0. No 1. Yes</td>
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<td>3 48</td>
<td>Threat of premature labour?</td>
<td>0. No 1. Yes</td>
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<td>---</td>
<td>---</td>
<td>---</td>
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<tr>
<td>3</td>
<td>49</td>
<td>Fetal distress? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>Syphilis? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>51</td>
<td>Urinary tract infection? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>52</td>
<td>HIV infection? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>53</td>
<td>Toxoplasmosis (that needed to be treated)? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>54</td>
<td>Positive culture for streptococcus in the vagina? 0. No  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>55</td>
<td>Birth defects? 0. No (go to 57)  1. Yes</td>
</tr>
<tr>
<td>3</td>
<td>56</td>
<td>Which birth defects? String format</td>
</tr>
<tr>
<td>3</td>
<td>57</td>
<td>Other problems 0. No (go to 59)  1. Yes</td>
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<tr>
<td>3</td>
<td>58</td>
<td>Which other problems? String format</td>
</tr>
<tr>
<td>3</td>
<td>59</td>
<td>Previous surgery on the uterus (i.e. to remove fibroids, micro-caesarean to interrupt pregnancy, or other surgical procedures on the uterus)? 0. No  1. Yes</td>
</tr>
</tbody>
</table>

**Part 4**

**INFORMATION ON ADMISSION**

<p>| | | |</p>
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<thead>
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<td>60</td>
<td>Date of last menstrual period (LMP): Date format</td>
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<td>4</td>
<td>61</td>
<td>Gestational age (on admission) calculated by LMP (in weeks): Number format</td>
</tr>
<tr>
<td>4</td>
<td>62</td>
<td>Gestational age (on admission) measured by previous ultrasound scan (in weeks): Number format</td>
</tr>
<tr>
<td>4</td>
<td>63</td>
<td>Gestational age (on admission) but method of calculation is not specified (in weeks): Number format</td>
</tr>
<tr>
<td>4</td>
<td>64</td>
<td>Baby’s presentation: -</td>
</tr>
<tr>
<td>4</td>
<td>70</td>
<td>Occurrence of convulsions before hospital admission? 0. No  1. Yes</td>
</tr>
<tr>
<td>4</td>
<td>71</td>
<td>Any record of blood pressure assessment upon admission? 0. No (go to 74)  1. Yes</td>
</tr>
<tr>
<td>4</td>
<td>72</td>
<td>First check of blood pressure: syst (mmHg): Number format</td>
</tr>
<tr>
<td>4</td>
<td>73</td>
<td>First check of blood pressure: diast (in mmHg): Number format</td>
</tr>
<tr>
<td>4</td>
<td>74</td>
<td>Any record of axillary temperature assessment on admission? 0. No (go to 76)  1. Yes</td>
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<tr>
<td>4</td>
<td>75</td>
<td>Temperature in centigrade</td>
</tr>
<tr>
<td>---</td>
<td>----</td>
<td>---------------------------</td>
</tr>
</tbody>
</table>
| 4 | 76 | Vaginal bleeding after hospital admission and before delivery? | 0. No  
1. Yes, small  
2. Yes, moderate  
3. Yes, intense  
4. Yes, unspecified |
| 4 | 77 | Loss of amniotic fluid (rupture of membranes) before hospital admission: | 1. No  
2. Yes, clear liquid with no lumps  
3. Yes, clear liquid with lumps  
4. Yes, fluid with meconium  
5. Yes, bloody fluid  
6. Yes, purulent fluid / foul  
7. Yes, unspecified |
| 4 | 78 | Dilatation of the cervix on admission in centimeters: | Number format |
| 4 | 79 | Number of contractions every 10 minutes on admission to hospital: | Number format |
| 4 | 80 | Fetal heart rate (FHR) assessment on admission (or the first examination): | 0. Absent (go to 82)  
1. Present |
| 4 | 81 | Frequency of FHR? | Number format |
| 4 | 82 | Any cardiotocography (CTG)? it is possible to have more than one answer | 0. No (go to 84)  
1. Yes, before arriving in hospital  
2. Yes, on admission  
3. Yes, during labour |
| 4 | 83 | Any alteration in CTG? | 0. No  
1. Yes  
9. not registered |
| 4 | 84 | Any Fetal Doppler flowmetry? it is possible to have more than one answer | 0. No (go to 86)  
1. Yes, before arriving in hospital  
2. Yes, on admission  
3. Yes, during labour |
| 4 | 85 | Any alteration in Doppler flowmetry? | 0. No  
1. Yes  
9. not registered |
| 4 | 86 | Use of corticosteroids before delivery it is possible to have more than one answer | 0. No (go to 86)  
1. Yes, before arriving in hospital  
2. Yes, on admission |
| 4 | 87 | Reason for going into hospital | 1. Spontaneous labour  
2. Induction of labour  
3. Elective caesarean section (answer 88 and then go to 130)  
4. Admission as a pregnant woman, for clinical or obstetric complications  
5. Another reason |
<table>
<thead>
<tr>
<th>Page</th>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>4</td>
<td>88</td>
<td>Diagnosis on hospital admission: (it is possible to have more than one answer)</td>
</tr>
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<td>4</td>
<td>89</td>
<td>Which other diagnosis?</td>
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<td>4</td>
<td>90</td>
<td>Which medical complications?</td>
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<tr>
<td>4</td>
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<td>Was there a caesarean section indication on admission?</td>
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### Part 5

#### LABOUR CARE INFORMATION

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<tr>
<td>5</td>
<td>92</td>
<td>Date of admission in labour ward</td>
</tr>
<tr>
<td>5</td>
<td>93</td>
<td>Time of admission in labour ward</td>
</tr>
<tr>
<td>5</td>
<td>94</td>
<td>Labour:</td>
</tr>
<tr>
<td>5</td>
<td>95</td>
<td>Medications/ methods used for labour induction</td>
</tr>
<tr>
<td>5</td>
<td>96</td>
<td>Any companion present during labour?</td>
</tr>
<tr>
<td>5</td>
<td>97</td>
<td>Prescription diet during labour:</td>
</tr>
<tr>
<td>5</td>
<td>98</td>
<td>Prescription of bed rest during labour:</td>
</tr>
<tr>
<td>5</td>
<td>99</td>
<td>Prescription of intravenous liquids during labour:</td>
</tr>
<tr>
<td>5</td>
<td>100</td>
<td>Placement of venous cannulation during labour:</td>
</tr>
<tr>
<td>5</td>
<td>101</td>
<td>Prescription of antibiotics during labour:</td>
</tr>
<tr>
<td>5</td>
<td>102</td>
<td>Shaving for birth (in hospital)?</td>
</tr>
<tr>
<td>5</td>
<td>103</td>
<td>Enema before delivery?</td>
</tr>
<tr>
<td>5</td>
<td>104</td>
<td>Role of professional that assisted labour</td>
</tr>
<tr>
<td>5</td>
<td>105</td>
<td>Was there record of partogram in the medical record?</td>
</tr>
<tr>
<td>5</td>
<td>106</td>
<td>Dilatation of the cervix was registered at the beginning of the partogram?</td>
</tr>
<tr>
<td>5</td>
<td>107</td>
<td>How many centimeters?</td>
</tr>
<tr>
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<td>108</td>
<td>Was the number of times the cervix was checked for dilatation registered in the partogram?</td>
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<tr>
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<td>109</td>
<td>How many times?</td>
</tr>
<tr>
<td>5</td>
<td>110</td>
<td>Prescription of synthetic oxytocin during labour?</td>
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<tr>
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<td>111</td>
<td><strong>Prescription of oxytocin (Annotate the first prescription before delivery):</strong></td>
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<td>112</td>
<td>Number of ampoules of 5UI/500 ml serum</td>
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<td>5</td>
<td>113</td>
<td>No. of drops / min</td>
</tr>
<tr>
<td>5</td>
<td>114</td>
<td>Infusion rate ml / hour</td>
</tr>
<tr>
<td>5</td>
<td>115</td>
<td>Dilatation of the cervix in the administration of oxytocin (in centimeters)</td>
</tr>
<tr>
<td>5</td>
<td>116</td>
<td>Prescription of pain relief medication during labour (it is possible more than one answer)</td>
</tr>
<tr>
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<td>117</td>
<td><strong>Use of non-pharmacological methods of pain relief in labour:</strong></td>
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<tr>
<td>5</td>
<td>118</td>
<td>Water in Shower</td>
</tr>
<tr>
<td>5</td>
<td>119</td>
<td>Bath tub</td>
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<tr>
<td>5</td>
<td>120</td>
<td>Massage</td>
</tr>
<tr>
<td>5</td>
<td>121</td>
<td>Birthing ball</td>
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<td>121.1</td>
<td>Birthing stool</td>
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<td>Rocking birth stool</td>
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<td>5</td>
<td>123</td>
<td>Other</td>
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<td>5</td>
<td>124</td>
<td>Specify other here</td>
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<td>5</td>
<td>126</td>
<td>Rupture of membranes during labour/delivery:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Characteristic of amniotic liquid:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
|5 | 127 | 1. Clear liquid with no lumps  
2. Clear liquid with lumps  
3. Fluid with meconium  
4. Bloody fluid  
5. Purulent fluid / foul  
6. Unspecified |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Dilatation of the cervix at the time of rupture of membranes (in cm):</th>
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<tbody>
<tr>
<td>5</td>
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<td>Number format</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Is it registered in the medical record any of the following conditions? it is possible to have more than one answer</th>
</tr>
</thead>
</table>
|5 | 129 | 1. Fetal distress during labour  
2. Elimination of thick meconium  
3. Fetal bradycardia (BCF <110)  
4. Fetal tachycardia (BCF > 160)  
5. Presence of DIP 2 (slowdown in cardiotocography)  
6. No record of any of the above conditions |

### Part 6 BIRTH CARE INFORMATION

|   |   | Date of birth? |
|---|---|Date format |
|6 | 130 | |

|   |   | Time of birth? |
|---|---|Time format |
|6 | 131 | |

<table>
<thead>
<tr>
<th></th>
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<th>If any companion was present during birth? 0. No  1. Yes  9. Not written in the medical record</th>
</tr>
</thead>
</table>
|6 | 132 | 1. Vaginal (including forceps)  
2. Cesarean (go to 146)  
(In case of twins with both vaginal and cesarean birth, complete with both types of birth) |

<table>
<thead>
<tr>
<th></th>
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<th>Type of delivery?</th>
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</tbody>
</table>

<table>
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<tr>
<th></th>
<th></th>
<th>Use of forceps / vacuum extractor? 0. No  1. Forceps  2. Vacuum</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>134</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>The role of professional who assisted the birth?</th>
</tr>
</thead>
</table>
|6 | 135 | 1. Physician  
2. Obstetrician nurse  
3. Nurse  
4. Midwife  
5. Nurse technician  
6. Student  
7. Other  
9. Not written in the medical record |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Position of women during birth:</th>
</tr>
</thead>
</table>
|6 | 136 | 1. Lying on your back with legs raised  
2. Lying on one side  
3. Sitting / reclining  
4. in the bathtub  
5. All fours support  
6. squatting  
7. standing up  
9. Not written in the medical record |
<table>
<thead>
<tr>
<th></th>
<th>137</th>
<th>Time when the pregnant woman reached full dilatation (in partogram or medical records):</th>
<th>Time format</th>
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<tbody>
<tr>
<td></td>
<td>138</td>
<td>The duration of the second stage</td>
<td>Number format</td>
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<tr>
<td></td>
<td>139</td>
<td>Episiotomy</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td></td>
<td>141</td>
<td>Occurrence of vaginal/perineal suture or episiorrhaphy?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td></td>
<td>142</td>
<td>Kristeller manoeuvre?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td></td>
<td>144</td>
<td>Which complication?</td>
<td>String format</td>
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**Part 7**

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<thead>
<tr>
<th></th>
<th>146</th>
<th>Obstetrician Information</th>
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</table>
7 147 1st obstetrician Indication

<table>
<thead>
<tr>
<th>No.</th>
<th>Indication</th>
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<tbody>
<tr>
<td>01.</td>
<td>Previous Cesarean Section</td>
</tr>
<tr>
<td>02.</td>
<td>Cephalopelvic Disproportion (CPD)</td>
</tr>
<tr>
<td>03.</td>
<td>Failure to Progress Through labour</td>
</tr>
<tr>
<td>04.</td>
<td>Placenta previa</td>
</tr>
<tr>
<td>05.</td>
<td>Placenta abruption</td>
</tr>
<tr>
<td>06.</td>
<td>Fetal distress / Intrauterine Growth Restriction (IUGR)</td>
</tr>
<tr>
<td>07.</td>
<td>HIV Infection</td>
</tr>
<tr>
<td>08.</td>
<td>Breech presentation(sitting)</td>
</tr>
<tr>
<td>09.</td>
<td>Cervix presentation (crossed)</td>
</tr>
<tr>
<td>10.</td>
<td>Tubal ligation</td>
</tr>
<tr>
<td>11.</td>
<td>Hypertension / Preeclampsia</td>
</tr>
<tr>
<td>12.</td>
<td>Eclampsia</td>
</tr>
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<td>13.</td>
<td>HELLP syndrome</td>
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<td>Diabetes</td>
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<td>15.</td>
<td>Oligohydramnios</td>
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<td>16.</td>
<td>Twin pregnancy</td>
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<td>17.</td>
<td>Prematurity</td>
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<tr>
<td>18.</td>
<td>Postmaturity (Prolonged Pregnancy)</td>
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<tr>
<td>19.</td>
<td>Macrosomia</td>
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<td>20.</td>
<td>Failed induction</td>
</tr>
<tr>
<td>21.</td>
<td>Malformation</td>
</tr>
<tr>
<td>22.</td>
<td>Fetal death</td>
</tr>
<tr>
<td>23.</td>
<td>Ruptured of membranes</td>
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</table>

7 148 Another. Which? String format

7 149 2nd obstetrician Indication

7 150 Another. Which? String format

7 151 3rd obstetrician Indication

7 152 Another. Which? String format

7 153 4th obstetrician Indication

7 154 Another. Which? String format

7 155 Anaesthesia type:

Part 8 MATERNAL NEAR MISS

8 156 The woman had any of the following clinical alterations whilst in hospital:

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>0. No</th>
<th>1. Yes</th>
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<tbody>
<tr>
<td>8 157</td>
<td>Acute cyanosis?</td>
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<tr>
<td>8 158</td>
<td>Agonizing breath (gasing)?</td>
<td></td>
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<td>8 159</td>
<td>Respiratory rate (RR) &gt; 40 or &lt;6 ipm?</td>
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<td>8 160</td>
<td>Shock?</td>
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<tr>
<td>8</td>
<td>161</td>
<td>Oliguria unresponsive to hydration and medications?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>162</td>
<td>Coagulation disorder?</td>
<td>0. No  1. Yes</td>
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<tr>
<td>8</td>
<td>163</td>
<td>Jaundice in the presence of pre-eclampsia?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>164</td>
<td>Seizures reentrant / complete paralysis?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>165</td>
<td>Stroke?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>166</td>
<td>Loss of consciousness longer than 12 hours?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>167</td>
<td>Loss of consciousness associated with absence of pulse?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>168</td>
<td>The woman had any of the following laboratory abnormalities whilst in hospital:</td>
<td>-</td>
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<tr>
<td>8</td>
<td>169</td>
<td>O2 saturation &lt;90% for more than 60 minutes</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>170</td>
<td>PaO2/FiO2 &lt;200 mmHg?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>171</td>
<td>Creatinine &gt; 3.5 mg / dl?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>172</td>
<td>Bilirubin &gt; 6 mg / dl?</td>
<td>0. No  1. Yes</td>
</tr>
<tr>
<td>8</td>
<td>173</td>
<td>pH &lt;7.1?</td>
<td>0. No  1. Yes</td>
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<td>8</td>
<td>174</td>
<td>Lactate &gt; 5?</td>
<td>0. No  1. Yes</td>
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<tr>
<td>8</td>
<td>175</td>
<td>Acute thrombocytopenia (platelets &lt;50,000)?</td>
<td>0. No  1. Yes</td>
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<tr>
<td>8</td>
<td>176</td>
<td>Loss of consciousness associated with the presence of glucose and ketoacids in the urine?</td>
<td>0. No  1. Yes</td>
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<td>8</td>
<td>177</td>
<td>Did the woman receive any of the following treatments whilst in hospital:</td>
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<tr>
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<td>178</td>
<td>Continuous use of vasoactive drugs (dopamine, dobutamine, epinephrine)?</td>
<td>0. No  1. Yes</td>
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<tr>
<td>8</td>
<td>179</td>
<td>Hysterectomy after infection, sepsis or bleeding?</td>
<td>0. No  1. Yes</td>
</tr>
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<td>8</td>
<td>180</td>
<td>Transfusion &gt; = 5 units of red blood cells?</td>
<td>0. No  1. Yes</td>
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<td>181</td>
<td>Dialysis for acute renal failure?</td>
<td>0. No  1. Yes</td>
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<td>8</td>
<td>182</td>
<td>Intubation and mechanical ventilation &gt;= 60 minutes (not related to anesthesia)?</td>
<td>0. No  1. Yes</td>
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<td>8</td>
<td>183</td>
<td>Cardiopulmonary resuscitation?</td>
<td>0. No  1. Yes</td>
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**NEWBORN's INFORMATION - PART 1**

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<td>Newborn's number in medical records</td>
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<td>Live Birth certificate registry number</td>
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<td>9</td>
<td>186</td>
<td>Gender:</td>
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<td>Birthweight (grams):</td>
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<td>9</td>
<td>188</td>
<td>Gestational age by LMP</td>
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<tr>
<td>9</td>
<td>189</td>
<td>Weeks:</td>
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<td></td>
<td>190</td>
<td>Days:</td>
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<td></td>
<td>191</td>
<td>Gestational age by ultrasound scan</td>
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<td>192</td>
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<td></td>
<td>193</td>
<td>Days:</td>
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<td>194</td>
<td>Gestational age by Capurro assessment</td>
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<tr>
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<td>195</td>
<td>Weeks:</td>
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<td>Days:</td>
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<td>Gestational age by the New Ballard assessment</td>
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<td>198</td>
<td>Weeks:</td>
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<td>Days:</td>
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<td></td>
<td>200</td>
<td>If caesarean birth, inform the indications written on the newborn' medical records</td>
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<table>
<thead>
<tr>
<th></th>
<th>201</th>
<th>1st Indication for the C-section</th>
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<tr>
<td></td>
<td></td>
<td>01. Previous Cesarean Section</td>
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<td>11. Hypertension / Preeclampsia</td>
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<td>12. Eclampsia</td>
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<td>13. HELLP syndrome</td>
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<td></td>
<td>14. Diabetes</td>
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<td>15. Oligohydramnios</td>
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<td>16. Twin pregnancy</td>
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<td>18. Postmaturity (Prolonged Pregnancy)</td>
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<td>22. Fetal death</td>
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<td>23. Ruptured of membranes</td>
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<td></td>
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<td>24. Clinical complications</td>
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<td>25. Not registered in the medical records</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>202</th>
<th>If another, specify here.</th>
<th>String format</th>
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<tbody>
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<td>203</td>
<td>2nd Indication for the C-section</td>
<td>Same as 201</td>
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<td>204</td>
<td>If another, specify here.</td>
<td>String format</td>
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<td>3rd Indication for the C-section</td>
<td>Same as 201</td>
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<td>9</td>
<td>206</td>
<td>If another, specify here.</td>
<td>String format</td>
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<td>9</td>
<td>207</td>
<td>4th Indication for the C-section</td>
<td>Same as 201</td>
</tr>
<tr>
<td>9</td>
<td>208</td>
<td>If another, specify here.</td>
<td>String format</td>
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<td>9</td>
<td>209</td>
<td>Apgar score at 1 minute:</td>
<td>Number format</td>
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<tr>
<td>9</td>
<td>210</td>
<td>Apgar score at 5 minutes:</td>
<td>Number format</td>
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</table>

**Part 10**

**NEWBORN’s INFORMATION - PART 2**

<table>
<thead>
<tr>
<th>10</th>
<th>211</th>
<th>Resuscitation in the delivery room</th>
<th>0. No 1. Yes</th>
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<tbody>
<tr>
<td>10</td>
<td>212</td>
<td>O2 inhaled</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>213</td>
<td>Mask ventilation with an Ambu bag</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>214</td>
<td>Orotracheal intubation</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>215</td>
<td>Cardiac massage</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>216</td>
<td>Drugs</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>217</td>
<td>Other</td>
<td>0. No 1. Yes</td>
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<tr>
<td>10</td>
<td>218</td>
<td>If another, specify here.</td>
<td>String format</td>
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<tr>
<td>10</td>
<td>219</td>
<td>Other procedures performed in the first hours after birth:</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>220</td>
<td>Upper airway aspiration?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>10</td>
<td>221</td>
<td>Gastric aspiration?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>222</td>
<td>Vitamin K (Kanakion)?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>10</td>
<td>223</td>
<td>Creed’s maneuver (manually extracting the placenta; drops of silver nitrate on newborn’s eyes and manual pressure of bladder)?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>224</td>
<td>Hepatitis B vaccination?</td>
<td>0. No 1. Yes</td>
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<tr>
<td>10</td>
<td>225</td>
<td>The baby went to incubator?</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>226</td>
<td>The baby was hospitalized?</td>
<td>0. No, (go to 256) 1. Yes</td>
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<tr>
<td>10</td>
<td>227</td>
<td>Use of oxygen after birth:</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>228</td>
<td>O2 Hood</td>
<td>0. No 1. Yes</td>
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<td>229</td>
<td>Continuous positive airway pressure (CPAP)</td>
<td>0. No 1. Yes</td>
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<tr>
<td>10</td>
<td>230</td>
<td>Mechanical ventilation</td>
<td>0. No 1. Yes</td>
</tr>
<tr>
<td>10</td>
<td>231</td>
<td>Within 28 days of life was the baby on O2 therapy (any type)?</td>
<td>0. No 1. Yes 8. The baby was no longer in hospital</td>
</tr>
</tbody>
</table>
|   |   | If the baby was born premature, when he completed 36 weeks of corrected gestational age was he still on O2 therapy (any type)? | 1. Term newborn  
2. No  
3. Has not yet reached 36 weeks  
4. Yes  
5. The baby was no longer in hospital |
<table>
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<tbody>
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</table>

|   |   | Was there an indication for admission in neonatal intensive care unit: | 0. No  
1. Yes |
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</tbody>
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|   |   | Was the baby admitted to NICU: | 0. No  
1. Yes |
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|   |   | Use of surfactant: | 0. No  
1. Yes |
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</table>

|   |   | Hypoglycemia (blood glucose less than 40) in the first 48 hours of life | 0. No  
1. Yes |
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<tbody>
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</tbody>
</table>

|   |   | Antibiotic use | 1. No  
2. Before 48 hours of life (early sepsis)  
3. After 48 hours of life (late sepsis) |
<table>
<thead>
<tr>
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</tbody>
</table>

|   |   | Phototherapy in the first 72 hours of life: | 0. No  
1. Yes |
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<table>
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<tr>
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<th>Maximum level of bilirubin in the first 72 hours of life (mg / dl)</th>
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</table>

|   |   | Congenital malformation? | 0. No  
1. Yes |
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</tbody>
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|   |   | Transient tachypnea? | 0. No  
1. Yes |
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|   |   | Hyaline membrane disease? | 0. No  
1. Yes |
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|   |   | Meconium aspiration syndrome? | 0. No  
1. Yes |
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|   |   | Pulmonary hypertension? | 0. No  
1. Yes |
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|   |   | Seizure? | 0. No  
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|   |   | Necrotizing enterocolitis? | 0. No  
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|   |   | Toxoplasmosis? | 0. No  
1. Yes |
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|   |   | Congenital rubella? | 0. No  
1. Yes |
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|   |   | Herpes? | 0. No  
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|   |   | Cytomegalovirus? | 0. No  
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|   |   | Congenital syphilis? | 0. No  
1. Yes |
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|   |   | Children exposed to HIV? | 0. No  
1. Yes |
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|   |   | Other? | 0. No  
1. Yes |
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|   |   | Exclusive breastfeeding: | 0. No  
1. Yes |
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| 10 | 257 | Other foods that the baby received during hospitalization | 1. Water  
2. Intravenous glucose/ Oral glucose  
3. Expressed human milk  
4. Infant formula  
5. Parenteral nutrition |
| 10 | 258 | Outcome | 0. The baby was still in hospital after 28 days  
1. Discharged from hospital  
2. Neonatal death  
3. Transferred to another hospital (go to 260) |
| 10 | 259 | Date of discharge/ outcome | Date format |
| 10 | 260 | Hospital where the baby was transferred to (name - city - state): | String format |
| 10 | 260.1 | Reason for being transferred | String format |
| 10 | 260.2 | Date of transfer | Date format |
| 10 | 260.3 | Outcome from hospital where the baby was transferred to | 0. The baby was still in hospital after 28 days  
1. Discharged  
2. Neonatal death |
| 10 | 260.4 | Date of hospital discharge/outcome from the hospital where he was transferred to | Date format |
| 10 | 261 | Death cause that was registered in the newborn medical record | 1. Extreme prematurity (< 1000g)  
2. Infection  
3. Congenital Syphilis  
4. Malformation  
5. Respiratory complications  
6. Others (answer 262) |
| 10 | 262 | If other, specify here | String format |
| 10 | 263 | Number of the death certificate registry | Number format |
| 10 | 264 | Baby's weight at hospital discharge, death or at 28 days old, if still hospitalized (in grams) | Number format |
| 10 | 265 | Comments: | String format |