### INSTRUCTIONS

- **WHICH MORTALITY EVENTS?** (see final page for more definitions)
  - Any stillbirth (fetal death after 22 weeks and/or >500g)
  - Any infant death within the first 28 completed days of life

- **WHO IS RESPONSIBLE FOR SUBMITTING THIS FORM?**
  - Mortality at home:
  - Camp facility mortality: for relevant health facility
  - Referral mortality (baby born outside camp):
  - Referral mortality (baby born inside camp, then referred):

- **WHO IS RESPONSIBLE FOR FILLING THIS FORM?**
  - Mortality at home:
  - Camp facility mortality:
  - Referral mortality (baby born outside camp):
  - Referral mortality (baby born inside camp, then referred):

- **WHO WILL RECEIVE THIS FORM?** (Keep original; send copies)
  - Mail to the following:

- **HOW DOES FORM IMPACT ME?** It is anonymous | “No Name, No Blame”

- **WHEN SHOULD FORM BE SUBMITTED?** Within **72 hours** of mortality

### 1. INTRODUCTORY DATA

| **Date this report form was completed (dd/mm/yyyy)** |  |
| **Date of birth (dd/mm/yyyy)** | 14/01/2017 |
| **Date of referral (if baby referred) (dd/mm/yyyy)** | [Click here to enter a date.](#) |
| **Timing of death (relative to birth)** | ☑ Before delivery (in utero)  □ After delivery |
| **Date of death if baby born alive (dd/mm/yyyy)** | 14/01/2017 |
| **Date of reporting the death case to the auditing agency** | 14/01/2017 |
| **Precise time of newborn death** | Enter time ____:___:___ |
| **Number DAYS alive** | (baby's age at time of death in **HOURS** or **DAYS**; do not enter weeks or months) |
| **Type of staff person completing this report** (Select one: doctor, nurse, nurse-midwife, public health officer, other → specify) | Doctor |
| **Location of death event** (Select one: home, camp health facility, referral facility, other → please specify) | Camp Health Facility |

JHAS Death Registry #: _____________  UNHCR Death Registry #: _____________  Version: 17 October 2019
### 2. DATA FROM NEWBORN’S MEDICAL FILE

<table>
<thead>
<tr>
<th><strong>Baby’s name</strong> (Acceptable formats:)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td>Syrian</td>
</tr>
<tr>
<td><strong>Camp (e.g. Za’atari, Azraq)</strong></td>
<td>Azraq</td>
</tr>
<tr>
<td><strong>Address (Village, Block, Plot, Shelter)</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **Baby condition at time of delivery**                          | ☐ Live born ☐ Fresh stillbirth ☐ Macerated stillbirth [skin sloughing, bullae, abnormal skin color (yellow/gray), joint hypermobility] |
| **Neonatal resuscitation required**                             | ☐ Yes ☐ No ☐ Do not know |
| **Birth weight (#### grams)**                                   |                      |
| **Apgar scores**                                                | ☐ _____ (1 minute) ☐ Not documented ☐ _____ (5 minutes) |

![Apgar Scoring Chart](chart.png)

**Upon discharge at time of delivery was the following counseling done at the level of the facility on:**

- □ _danger signs_  □ _harmful practices_  □ _vaccination_  □ _breastfeeding_
- □ _Postnatal care visits_  □ _cord care, thermal care, and hygiene_
- □ _N/A case was admitted and never left the facility_

**Did you take the baby to the following Postnatal visits**

- □ _3rd day_  □ _7th day_  □ _28 days_
- □ _N/A case was admitted and never left the facility_

**Date of baby admission (if admitted any time after birth)**

- (dd/mm/yyyy)

**Time of admission**

- ☐ __:___ am
- ☐ __:___ pm

**Was baby brought from another location?**

- □ Yes (specify: __________________________)
- □ No
- □ Do not know

**Reason for admission**

- (Select all that apply)

- □ Birth asphyxia
- □ Fever
- □ Neonatal sepsis
- □ Hypothermia
- □ Jaundice
- □ Tetanus
- □ Dyspnea
- □ Prematurity
- □ Refusal to suck
- □ Low birth weight
- □ Congenital anomaly
- □ Convulsions
- □ Diarrhea
- □ Other → specify: ____________

JHAS Death Registry #: _____________  UNHCR Death Registry #: _____________  Version: 17 October 2019
### Annex D: Perinatal/Neonatal Mortality Event Review

<table>
<thead>
<tr>
<th>Condition on admission</th>
<th>□ Stable □ Critically ill □ Dead on arrival □ Other → specify:________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umbilical infection</td>
<td>□ Yes □ No □ Do not know</td>
</tr>
<tr>
<td>Prophylaxis administered at birth (Select all that apply)</td>
<td>□ Vitamin K □ Antibiotic eye ointment/drops □ BCG □ Oral polio vaccine</td>
</tr>
<tr>
<td>Interventions provided to newborn (Select all that apply)</td>
<td>□ Oxygen □ Parenteral antibiotics □ Parenteral anticonvulsants □ BCG</td>
</tr>
<tr>
<td></td>
<td>□ Blood transfusion □ Oral rehydration salts □ IV fluids</td>
</tr>
<tr>
<td></td>
<td>□ Operation for illness □ Phototherapy □ Treatments/food through a tube passed through nose</td>
</tr>
<tr>
<td></td>
<td>□ CPAP or Mechanical Ventilator □ Other → specify:________</td>
</tr>
</tbody>
</table>

3. **NEWBORN'S DATA FROM MATERNAL/CAREGIVER INTERVIEW**

**Name of the caregiver you are interviewing?**

**Relationship to deceased?**

**How many weeks was the pregnancy when the baby was born?**

(Enter: ##/40)

**Please tell me about the illnesses or events that led to the baby’s death (You may write anything that the decedent’s relative tells you)**

**Was baby born 24 hours (or more) AFTER mother’s water broke?** □ Yes □ No □ Do not know

**Did the baby's bottom, feet, arm, or hand come into the vagina before its head?** □ Yes □ No □ Do not know

**How soon was baby put to breast after delivery? (enter ## minutes or ## hours)**

**Exclusive breastfeeding?** □ Yes □ No □ Do not know

**Was the baby of abnormal size?** □ Yes □ No □ Do not know

**Was the baby:**

(Select one)

**Was the umbilical cord wrapped several times (more than once) around baby's neck at birth?** □ Yes □ No □ Do not know

**Indicate if baby had any visible malformations (Select all that apply)** □ Swelling/defect on back □ Other anomaly → specify:

□ Very large head □ Very small head □ Baby had no malformations according to the parents

**Was the baby blue in color at birth?** □ Yes □ No □ Do not know

**Did the baby breathe after birth, even a little?** □ Yes □ No □ Do not know

**If the baby did not cry or breathe, was it born dead?** □ Yes □ No □ Do not know □ NA
Was the dead baby macerated [skin sloughing, bullae, abnormal skin color (yellow/gray), joint hypermobility]?

- Yes
- No
- Do not know

Did the baby suffer from any injury or accident prior to death?

- Yes (Specify injury: ________________________)
- No
- Do not know

For how long was the baby ill before he or she died?

- Hours ______
- Days ______
- Do not know

Did the baby die suddenly?

- Yes
- No
- Do not know

Did the baby stop suckling or bottle feeding 3 days after birth?

- Yes
- No
- Do not know

Did the baby have convulsions?

- Yes
- No
- Do not know

If the baby had convulsions, when did convulsions occur?

- Within first Day of Life (DOL)
- Starting after the second DOL
- Do not know
- NA

Did the baby's body become stiff, with the back arched backwards?

- Yes
- No
- Do not know

How did the fontanelle appear?

- Bulging or raised
- Sunken
- Neither bulging, raised, or sunken
- Do not know

Did baby become unresponsive or unconscious?

- Yes
- No
- Do not know

If baby became unresponsive/unconscious, when did it occur?

- Less than 24 hours after birth
- More than 1 day after birth
- Do not know
- NA

Did baby have a fever?

- Yes
- No
- Do not know

Did baby become cold to touch before it died?

- Yes
- No
- Do not know

Did baby have a cough?

- Yes
- No
- Do not know

If baby had a cough, did he or she make a whooping sound? (PLEASE DEMONSTRATE)

- Yes
- No
- Do not know
- NA

How did the baby breathe?

- Fast breathing
- Appeared short of breath
- Noisy breathing (grunting or wheezing)
- Baby did not have breathing problems; Breathing was normal

Did you see the lower chest wall/ribs being pulled in as the child breathed?

- Yes
- No
- Do not know

Did baby have diarrhea?

- Yes
- No
- Do not know

At any time during the final illness, was there blood in the stools?

- Yes
- No
- Do not know

Did baby vomit?

- Yes
- No
- Do not know

Did baby vomit “coffee grounds” or bright red blood?

- Yes
- No
- Do not know
- NA

Did baby have a more than usual protruding abdomen?

- Yes
- No
- Do not know

Did baby have redness or discharge from umbilical cord stump?

- Yes
- No
- Do not know

Indicate if the baby had these skin problems (Select all that apply)

- Ulcers/abscesses/sores (NOT on feet)
- Ulcers/abscesses/sores (on feet)
- Skin rash
- Measles rash
- Yellow palms or soles
- Baby did not have any of these skin problems
In the final days, was baby taken to a health facility?  
☐ Yes  ☐ No  ☐ Do not know  ☐ Baby was born at health facility and baby never left health facility

How was baby transported to health facility?  
☐ Ambulance  ☐ Private taxi  ☐ Walking  ☐ Other → specify: ___________________________  
☐ Do not know  ☐ NA (Born in health facility and never left)

Were there any problems with transportation to the health facility?  
☐ Yes  ☐ No  ☐ Do not know  ☐ NA (Born in health facility and never left)

What problems did you experience in transporting baby to health facility?  
(You may write anything that the decedent’s relative tells you)

Did you encounter any challenges once the baby was at the health facility?  
☐ Yes  ☐ No  ☐ Do not know  ☐ NA (Born in health facility and never left)

If yes, please describe the problems you encountered at the health facility.  
(Do NOT prompt caregiver. Just write down what caregiver states)

Did it take more than 2 hours to get to the nearest health facility/hospital from the baby’s house?  
☐ Yes  ☐ No  ☐ Do not know  ☐ NA (Born in health facility and never left)

Was baby discharged from the hospital very ill?  
☐ Yes  ☐ No  ☐ Do not know  ☐ NA (Born in health facility and never left)

In the final days before death, were there any doubts about whether medical care was needed?  
☐ Yes  ☐ No  ☐ Do not know

In the final days before death, were any traditional remedies or practices used?  
☐ Yes  ☐ No  ☐ Do not know

In the final days before death, did anyone use a telephone or mobile phone to call for help?  
☐ Yes  ☐ No  ☐ Do not know

Over the course of illness, did the total costs of care and treatment prohibit other household payments?  
☐ Yes  ☐ No  ☐ Do not know

4. MOTHER’S DATA FROM MATERNAL INTERVIEW | MEDICAL FILE | PREGNANCY CARD

Name of mother  
Acceptable formats: (1) First/Middle/Surname; (2) Mother of: _____________

Age of mother

Gravida (number of pregnancies)

Parity (number of births)

Type of pregnancy  
☐ Singleton  ☐ Twin  ☐ Triplet  ☐ Other → specify: ___________________________

Did mother receive antenatal care before delivery?  
☐ Yes  ☐ No  ☐ Do not know

If yes, how many visits did she receive?  
(Enter total number of visits)

During antenatal period, did mother receive:  
(Select all that apply)  
☐ Tetanus toxoid  ☐ ARV  
☐ Iron supplement  ☐ Other -→ specify: _____________  
☐ Folic Acid
### Pregnancy danger signs identified during antenatal period, especially last 3 months of pregnancy

(Select all that apply)

- Fever
- Abdominal pain
- Vaginal bleeding
- Seizures
- Decreased/no fetal movement
- Elevated blood pressure
- Glycosuria
- Blurred vision
- Other: ____________________

- No danger signs were present

### Which interventions were applied after danger signs identified?

(Select all that apply)

- Referral
- Anti-convulsion medication
- Anti-hypertensive medication
- Anti-biotics
- Anti-retroviral
- Other: ____________________

- No interventions were applied
- NA (No danger signs)

### If the mother was diagnosed with anemia during pregnancy (HB less than 11 mg/dl)

List the visits dates and the management plan for each visit based on the patient Medical file:

- -
- -
- -
- -

### Where was mother located (or who was she with) when labor began?

(Select all that apply)

- Syria
  - In Za’atri: at home
  - With unskilled birth attendant
  - Syrian refugee provider (not associated with official facility)

- Other: ____________________

### Was a Partograph used?

- Yes
- No
- Not documented

### Duration of labor

- Latent phase: _____ hours
- Active phase: _____ hours
- Second stage: _____ minutes
- Third stage: _____ minutes

### Fetal presentation at time of delivery

(Select one: cephalic, breech, transverse, other)

- Spontaneous vaginal (SVD; unskilled birth attendant)
- SVD (skilled birth attendant)
- Assisted vag. (vacuum; forceps)
- Caesarean section
- Other: ________________

### Mode of delivery

- Syria
  - In Za’atri: at home
  - With unskilled birth attendant
  - Syrian refugee provider (not associated with official facility)

- On the way to health facility
  - Clinic/health center
  - Camp/health center
  - Camp hospital
  - Referral hospital
  - Other: ____________________

### Delivery location

- None present
- Family member
- TBA
- Syrian health professional
- Camp nurse-midwife
- Camp physician
- Other: ________________
- Unknown

### Birth attendant

(Select all that apply)

- Ambulance
- Private taxi
- Walking
- Other specify: ________________
- NA (delivered in the camp)

### If delivery location was out of camp. How the mother was transported to the health facility?

- Yes
- No
- Do not know
- NA (delivered in health facility and never left)
### Annex D: Perinatal/Neonatal Mortality Event Review

**Did you encounter any challenges once you were in the health facility?**

- [ ] Yes
- [ ] No
- [ ] Do not know
- [ ] NA (delivered in health facility and never left)

**If yes, please describe the problems you encountered at the health facility?**

(Do NOT prompt caregiver. Just write down what the mother states)

**Did it take more than 2 hours to get to the nearest health facility/hospital from your house?**

- [ ] Yes
- [ ] No

#### Adverse labor events

**(Select all that apply)**

- [ ] Preterm rupture of membranes
- [ ] Prolonged ROM (beyond 24 hrs)
- [ ] Abnormal fetal heart sounds
- [ ] Cord prolapse
- [ ] Nuchal cord
- [ ] Meconium-stained discharge
- [ ] Offensive discharge
- [ ] Other: _____________________
- [ ] No adverse events

#### Maternal delivery complications

**(Select all that apply)**

- [ ] Caesarean section
- [ ] Eclampsia
- [ ] Retained placenta
- [ ] Prolonged/obstructed labor
- [ ] Post-partum hemorrhage
- [ ] Puerperal sepsis
- [ ] Uterine rupture
- [ ] No Complication
- [ ] Other ⏰ specify:_________

#### Maternal outcome

**Select one:** alive, dead, if another undesirable morbidity → specify

---

5. **For the Provider FILLING or SUBMITTING this form:**

Additional comments or observations about events involving this baby, caregiver, or health facility (not captured by preceding questions):

---

JHAS Death Registry #: _____________  UNHCR Death Registry #: _____________  Version: 17 October 2019
6. **ANALYSIS: MORTALITY EVENT REVIEW & RESPONSE TEAM ONLY**

**Summarize History of Events:** Chronological narrative should include *brief summary of maternal pregnancy & delivery events, detailed case management steps such as examination and tests undertaken, duration of hospital stay (if any), interaction with traditional/community health providers, relevant health system/infrastructure details (such as means of transportation and types of providers involved with neonate's treatment)*

Signed by **MER2 Team Member:** ____________________________

<table>
<thead>
<tr>
<th>RISK FACTORS CONTRIBUTING TO DEATH</th>
<th>For each factor listed, was it <strong>AVOIDABLE</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical/Medical</td>
<td></td>
</tr>
<tr>
<td>NON-MEDICAL</td>
<td></td>
</tr>
</tbody>
</table>

*Modifiable or AVOIDABLE Risk Factors include:* patient/family lack of knowledge, harmful traditional practices, clinician non-adherence to standards of care, need for blood transfusion, any of the “3 Delays”, etc.

**CAUSE OF DEATH**

- **Immediate cause of death (ICD-10)**: .........................................................
- **Underlying cause of death (ICD-10)**: .........................................................
- **Autopsy (attach report, if performed)**: ......................................................

JHAS Death Registry #: ___________  UNHCR Death Registry #: ___________  Version: 17 October 2019
### 7. ACTION ITEMS & TIMELINE FOR RESPONSE

<table>
<thead>
<tr>
<th>Modifiable Factor</th>
<th>Action to be taken (indicate: short-term &amp; long-term)</th>
<th>Responsible Person or Agency</th>
<th>Timeline</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active MER2 Team that meets regularly</td>
<td>MER2 Team meets to review case (short-term)</td>
<td></td>
<td>Within 2-3 weeks of mortality</td>
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### MER2 DEFINITIONS & HELPFUL REMINDERS

- **24 hours**
  - Notify MOH & HCR

- **2-3 days**
  - Complete official MSR form

- **2-3 weeks**
  - REVIEW
  - Analyze findings
  - Implement action items

- **4 weeks**
  - HCR & MOH give feedback to camp

- **6 months**
  - Action items implemented?

### Death Event

<table>
<thead>
<tr>
<th>Death Event</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stillbirth</strong></td>
<td>In utero death with delivery after 22nd week of pregnancy or baby &gt; 500g</td>
</tr>
<tr>
<td><strong>Early neonatal death</strong></td>
<td>Death of a live-born baby occurring less than seven completed days from the time of birth</td>
</tr>
<tr>
<td><strong>Late neonatal death</strong></td>
<td>Death of a live-born baby occurring from the 7th day of life and before 28 completed days from the time of birth</td>
</tr>
</tbody>
</table>