NOR National Obstetric Registry (NOR) web application

General Information		
1**	Reporting Centre Name	

SECTION 1: PATIENT REGISTRATION - MOTHER DETAILS

1**	Date Admission	(dd/mm/yyyy)
2**	Date of Delivery	(dd/mm/yyyy)
3**	Place of Delivery	○ Home ○ Health clinic ○ Government Hospital with specialist ○ Private hospital with >50 beds ○ Government Hospital without specialist ○ Alternative Birthing Centre ○ University hospital ○ Enroute / During transport ○ Private hospital/ maternity home <50 beds with specialist ○ Other ○ Private hospital/ maternity home <50 beds without specialist ○ Unknown ○ Not available ○ Low risk centre
	If Government hospital with specialist	○ District ○ General ○ Not available
	Alternative Birthing Centre	○ Urban ○ Rural ○ Not available
	Others, specify	
4**	Name	
5**	NRIC	MyKad:
		Other ID Document No:
	Specify document type (If others)	○ Passport ○ Work Permit ○ Police ID Card ○ Immigration Permit ○ Others, specify ○ Armed Force ID ○ Drivers License ○ Old IC ○ Hospital Registration ○ Not available
	If others, please specify	
6	Address	** Postcode** Town City**
	State	** ○ Johor Darul Takzim ○ Pahang Darul Makmur ○ Sarawak ○ Wilayah Persekutuan (Labuan) ○ Kedah Darul Aman ○ Perak Darul Ridzuan ○ Selangor Darul Ehsan ○ Wilayah Persekutuan (Putrajaya) ○ Kelantan Darul Naim ○ Perlis Indera Kayangan ○ Terengganu Darul Iman ○ Foreigner ○ Melaka ○ Pulau Pinang ○ Wilayah Persekutuan (Kuala Lumpur) ○ Negeri Sembilan Darul Khusus ○ Sabah
	If foreigner, Specify	
7	MRN	
8**	Date of Birth (dd/mm/yyy)	☐ Estimated / presumed year If the exact date is not known, please enter 01/01/yyyy & check the estimated/presumed year box
9**	Age (years)	
10**	Marital Status	○ Unmarried ○ Married ○ Divorced ○ Widow ○ Unknown ○ Not available
11**	Religion	○ Islam ○ Christianity ○ Buddhism ○ Hinduism ○ Other, specify ○ Not available
	Others, specify	
12**	Nationality & Ethnic group	○ Citizen (Including PR) ○ Non-citizen (legal) ○ Non-citizen (illegal) ○ Unknown ○ Not available
	If Citizen (including PR) - Ethnic group	○ Malay ○ Murut ○ Orang Asli (Peninsular Malaysia) ○ Other indigenous group in Sabah & Sarawak ○ Chinese ○ Bajau ○ Indian ○ Melanau ○ Other ○ Kadazan ○ Iban ○ Dusun ○ Bidayuh ○ Unknown ○ Not Available
	Others, specify	
	If Non- citizen (legal) or Non - citizen (illegal)	Country of origin :
	Nationality Foreign Specify	
13**	Level of education	○ Primary ○ Secondary ○ Tertiary ○ No formal education ○ Not available
14**	Income Combine	○ <RM 500 ○ RM 500 - 799 ○ RM 800 - 999 ○ RM 1,000 - 1,249 ○ RM 1,250 - 1,499 ○ RM 1,500 - 1,749 ○ RM 1,750 - 1,999 ○ RM 2,000 - 2,499 ○ RM 2,500 - 2,999 ○ RM 3,000 - 3,999 ○ RM 4,000 - 4,999 ○ RM 5,000 - 6,999 ○ RM 7,000 - 9,999 ○ RM 10,000 - 12,999 ○ RM 13,000 - 14,999 ○ >RM 15,000 ○ No income ○ Not Available

		If No Income
		Social Welfare ○ Yes ○ No ○ Unknown

SECTION 2: PATIENT (MOTHER) BOOKING DETAILS

1**	**Weight at Booking**	**(autofill)** ○ <=50 kg ○ 51-79 kg ○ >=80 kg ○ Unknown
2**	**Height**	**(autofill)** ○ <=140cm ○ 141-149 cm ○ >=150cm ○ Unknown
3	**BMI**	(kg/m^2) (Autocalculated)
4**	**Blood Pressure**	**Systolic** mmHg **Diastolic** mmHg ☐ **Unknown**
5	**POA of Booking**	**Weeks** **Days**
6**	**Risk Level Booking**	○ Red (Immediate admission to hospital) ○ Yellow (Refer to Family Medicine Specialist or O&G Clinic at nearest hospital) ○ Green (Refer to medical officer) ○ White II (Delivery at home or Alternative Birthing Center) ○ White I (Hospital Delivery) ○ No code ○ Not available
7**	**Contraception Usage**	☐ **Pills** ☐ **Intrauterine device** ☐ **Implant** ☐ **Injections** ☐ **Barrier** ☐ **Traditional** ☐ **Natural** ☐ **Others, specify** ☐ **Unknown**
8**	**i. Prepregnancy counselling**	○ Women with risk factor ○ Women without risk factor ○ Unknown
	ii. Prepregnancy counselling done	○ Yes ○ No

If Prepregnancy counselling Done, reason

☐ **Age > or = 35 years**	☐ **Parity > 5**	☐ **BMI>30**
☐ **Pre-existing Diabetes Mellitus**	☐ **Pre-existing Hypertension**	☐ **Epilepsy**
☐ **Bronchial Asthma**	☐ **Haematological Disorder**	☐ **Thyroid Disease**
☐ **Heart Disease**	☐ **Mental Disorder**	☐ **TB**
☐ **Renal Disease**	☐ **Connective Tissue Disorder**	☐ **Sexually transmitted infection**
☐ **Previous miscarriage/ stillbirth/neonatal death**	☐ **Previous babies with congenital structural abnormalities**	☐ **Previous babies with inherited abnormalities**
☐ **Smoking**	☐ **Substance Abuse**	☐ **Others, specify**
☐ **History of genetic disorders**		

SECTION 3: PATIENT (MOTHER) ADMISSION DETAILS

1**	**Number of fetuses**	○ Singleton ○ Twins ○ Triplets ○ Others, specify **Others, Specify**
2**	**ABO Rh**	**ABO** ○ O ○ A ○ B ○ AB ○ Unknown ○ Not available **RH** ○ Positive ○ Negative ○ Unknown ○ Not available
3**	**Gravida**	☐ **Unknown** 4** **Para** ☐ **Unknown**
5**	**LMP Date**	(dd/mm/yyyy) ☐ **Not available**
6 **	**EDD (dd/mm/yyyy)**	**i) By date** (Autocalculated) **ii) Corrected EDD** (dd/mm/yyyy) ☐ **Unknown**
7	**POA (Auto calculated estimation)**	(Weeks) (Days) 8 **POG (Weeks)** (Weeks) (Days)
9 **	**Referral**	○ Self referral ○ Health clinic (KKM) ○ District hospital/ Government state hospital ○ Private clinic/hospital ○ Others, specify ○ Not available **Others, Specify**
10 **	**Allergy**	☐ **None** ☐ **Drug** ☐ **Food** ☐ **Others, specify :**
11 **	**Smoking Status**	○ Yes ○ No ○ Unknown
12 **	**Substance Abuse**	○ Yes ○ No ○ Unknown ☐ **Alcohol** ☐ **Drugs** ☐ **Others , specify**

SECTION 4: PAST OBSTETRICS HISTORY

1 **	**Past obstetrics history :**	☐ **None** ☐ **Previous PPH** ☐ **Previous Caesarean** **Number** ☐ **Other Surgeries** ☐ **Previous Instrumental Delivery** ☐ **Forceps** ☐ **Vacuum** ☐ **Retained Placenta**

- Previous Premature Delivery — Number
- Still Birth — FSB — Number; MSB — Number
- ENND — Number
- Genital Tract Trauma — 3rd Degree Tear; 4th Degree Tear
- Other, Specify
- Shoulder dystocia
- Termination of pregnancy — Number
- Miscarriage — Number
- Ectopic — Number
- Multiple Pregnancy — Twins; Triplet; Others, specify

2 ** Past Medical history :

- None
- Diabetes
  - Pre-existing / Gestational / Not available
  - If Pre-existing: Type 1 / Type 2 / Not available
  - If Gestational: Diet / Insulin / Not available
- Hypertension
  - Pre-existing / Gestational / Chronic hypertension with superimposed Pre-Eclampsia / Unclassified / Not available
  - If Gestational: PIH without proteinuria / Pre Eclampsia / Not available
  - If Chronic hypertension with superimposed Pre-Eclampsia: Proteinuria > 20 weeks; Severe hypertension; Features of preeclampsia-eclampsia; Worsening proteinuria

SECTION 5: MEDICAL PROBLEM / HISTORY

1 ** Haemoglobin Level :

i) Hb level at booking (g/dl) : **		Not available	(autofill)	< 7 / 7 - 9.9 / 10 - 10.9 / >= 11 / Not available
ii) Hb level at delivery : **		Not available	(autofill)	< 7 / 7 - 9.9 / 10 - 10.9 / >= 11 / Not available
iii) Hb level at discharge (g/dl) : **		Not available	(autofill)	< 7 / 7 - 9.9 / 10 - 10.9 / >= 11 / Not available

2 ** Medical problem / history :

- None
- Diabetes
  - Pre-existing / Gestational / Not available
  - If Pre-existing: Type 1 / Type 2 / Not available
    - If Type 1 or Type 2, specify Total Dose at Delivery (IU)
  - If Gestational: Diet / Insulin / Not available
    - If Insulin, specify Maximum Dose at delivery (IU)
- Hypertension
  - Pre-existing / Gestational / Chronic hypertension with superimposed Pre-Eclampsia / Unclassified / Not available
  - If Gestational: PIH without proteinuria / Pre Eclampsia / Eclampsia / Diet / Severe Pre Eclampsia / Insulin / Not available
  - Chronic hypertension with superimposed Pre-Eclampsia: Proteinuria > 20 weeks; Severe hypertension; Features of preeclampsia-eclampsia; Worsening proteinuria; Others, specify
- Heart Disease
  - i. Classification : NYHA — NYHA I / NYHA II / NYHA III / NYHA IV / Not available
  - ii. Classification : WHO — WHO I / WHO II / WHO III / WHO IV / Not available
  - iii. Etiology — Acquired / Congentinal
    - If Acquired: Arrhythmias; Cardiomyopathy; Cardiac failure; Chronic Rheumatic heart disease; Infective endocarditis; IHD; Prostetic valve; Others, specify; N/A

If Congenital

- ASD
- Eisenmenger
- Mar fan's Syndrome
- PDA
- Pulmonary hypertension
- TOF
- VSD
- Others, specify
- N/A

Others

- TB
- Collagen disease
- Thyroid disease
- Blood Disorder
  - Iron deficiency anaemia
  - Sickle cell anaemia
  - Gestational ITP
  - Thalassemia
  - Others, specify
  - Not available
  - ITP
  - If Others, Specify
- Asthma
- Dengue
  - Fever
  - Vomiting
  - Body Ache
  - Rash
  - Bleeding Gums
  - Enlarge Liver
  - General Oedema
  - Plueral Effusion
  - Ascities
  - Low Platlet
  - Positive Dengue Serology
  - Platelet Transfusion
  - Blood Transfusion
  - Others, specify
- Pneumonia
- Renal Disease
- Other, specify
- Cancer in pregnancy
  - If Cancer in pregnancy
    - Breast cancer
    - Cervical cancer
    - Ovarian cancer
    - Others, specify
    - Not Available
  - If Others, specify
- Psychiatric disorder
- Zika
  - Fever
  - Rash
  - Joint Pain
  - Muscle Pain
  - Headache
  - Other Brain Defects
    - Microcephaly
    - Others, specify
  - Positive Lab Test
  - Birth Defects

HIV: Reactive / Non reactive / Indeterminate / Unknown

- **If Reactive**: < 1000 copies / > 1000 copies / Unknown / Not available
- **On treatment?**: Yes / No

Syphilis: Yes / No / Unknown

SECTION 6: PRESENT OBSTETRICS HISTORY

1 ** Type of conception :

- Spontaneous
- Assisted
  - (a) Drug used: Clomid / Gonadotropin
  - (b) Procedures: IUI / IVF / ICSI

2 ** First trimester dating scan : Yes / No / Unknown

3 ** Place antenatal care received :

- Health Clinic
- Government Hospital with specialist
- Government Hospital without specialist
- Private hospital / clinic
- Mobile clinics
- No antenatal care/ Unbook
- Unknown
- Others, specify

District

- Others, please specify

State

- Johor Darul Takzim
- Kedah Darul Aman
- Kelantan Darul Naim
- Melaka
- Negeri Sembilan Darul Khusus
- Pahang Darul Makmur
- Perak Darul Ridzuan
- Perlis Indera Kayangan
- Pulau Pinang
- Sabah
- Sarawak
- Selangor Darul Ehsan
- Terengganu Darul Iman
- Wilayah Persekutuan (Kuala Lumpur)
- Wilayah Persekutuan (Labuan)
- Wilayah Persekutuan (Putrajaya)
- Foreigner

If foreign, specify

4 ** Current medication

- None
- Asthma
  - Salbutamol
  - Singular
  - Neulin
  - Others, specify
- Antibiotics
  - Ampicillin
  - Unasyn
  - Augmentin
  - Cephalosporins
  - Others, specify
- Haematinics
  - Obumin
  - Ferrous Sulphate
  - Iberate Folate
  - Zincofer
  - Venofer
  - Imferon
  - Others, specify
- Anticoagulants
  - Heparin
  - Clexane
  - Tinzaparin
  - Warfarin
  - Others, specify
- Hypoglycaemic agents
  - Insulin
  - Metformin
  - Others, specify

- Antiepileptics
  - Carbamazepine
  - Sodium Valproate
  - Others, specify
- Antihypertensive
  - Methyl dopa
  - Labetolol
  - Nifidipine
  - Others, specify
- Antipsychotic Drugs
  - Resperidone
  - Others, specify
- Mg So4
  - Prematurity
  - Severe Preclampsia
  - Eclampsia
  - Others, specify
- Others, specify
- Thyroid Medication
  - Propylthyouracil
  - Carbimazole
  - L-Throxine
  - Others, specify

SECTION 7: COMPLICATIONS OF PREGNANCY / DELIVERY

1 ** Complications of pregnancy / delivery

- None
- Anaesthetic complication
- Ante Partum Haemorrhage
  - Abruptio Placenta
  - Indeterminate APH
  - Placenta Praevia
  - Others, specify
- Cord Prolapse
  - a. If Cord Prolapse, Type: Vaginal / Instrumental / Not available / Caesarean
  - If Caesarean, Decision to delivery interval: < 30 mins / 30 - 60 mins / > 60 mins / Not available
- Deep vein thrombosis
- Disseminated intravascular coagulation
- Eclampsia
  - a. MgSo4 given: Yes / No
  - b. Complication: None Complication; Intra Cranial Bleed; Primary postpartum haemorrhage; Acute kidney injury; Disseminate intravascular coagulation; Recurrent seizures
- Embolism
  - Amniotic fluid embolism
  - Pulmonary embolism
  - Thromboembolism
- HELPP Syndrome
- IUGR
- Maternal Collapse
  - Shock
    - Hypovolemic
    - Cardiogenic
    - Sepsis
  - Others, specify
- Other, Specify
- Placenta praevia
  - Placenta morbidly adherent
    - Morbidly Adherent Condition: Accreta / Increta / Percreta / Not Available
- Prematurity
  - Preterm labour
    - Type: Spontaneous / Induced / Not available
    - IUGR
    - Heart disease
    - PPROM
    - Severe preeclampsia
    - Fetal anomaly
    - Other, specify
  - Tocolysis
    - Nifedipine
    - Salbutamol/Terbutaline
    - Others, specify
    - GTN
    - Atosiban
  - Corticosteroid: Completed / Not completed / Not available / None
- Prelabour rupture of membrane
- Primary postpartum haemorrhage
  - a. Blood loss: <1500 mls / ≥ 1500 mls / Not available
  - b. Causes: Uterine Atony; Genital Tract Trauma; Retained placenta; Uterine Inversion
  - c. Hysterectomy performed: Yes / No
    - Hysterectomy following SVD
    - Hysterectomy following Instrumental delivery
    - Hysterectomy following Caesarean section
- Pulmonary Oedema
- Septicaemia
- Shoulder Dystocia
- Uterine Rupture

NOR National Obstetric Registry (NOR) web application

General Information				
1	Reporting Centre Name			
2	Patient Name		Office use	
3	NRIC	MyKad / Mykid	Other ID document No	
		Specify document type	Specify document type (if others) - Others specify	

SECTION 1: BABY DETAILS

1	Baby number		2 **	BBA (born before arrival)	○ Yes ○ No ○ Not available		
3 **	Date of delivery	☐ Unknown	4**	Time of delivery (24 hours)	☐ Unknown		
5 **	Sex	○ Male ○ Female ○ Ambiguous/Indeterminate ○ Not available	6 **	Birth weight (g)	☐ Unknown		
7	Head Circumference	cm					
8	Outcome	a) ICD 10 at diagnosis: Select ICD 10; Specify					

b.**

○ Alive ○ Dead ○ Unknown ○ Not available

If alive :

Apgar score at 1 min (0 -10) **		☐	Intubation at 1 min
Apgar score at 5 min (0 -10) **		☐	Intubation at 5 Min

If dead : **

○ Stillbirth ○ Livebirth ○ Not available

If Stillbirth

○ MSB ○ FSB ○ Not available

Macerated Stillbirth **

○ LCM present ○ LCM absent ○ Not available

a) Lethal congenital malformation / defect, specify

☐	Neural tube defects (eg. anencephaly, large spina bifida)	☐	Normally Formed Macerated stillbirth
☐	Complex / Cyanotic heart disease		
☐	Recognisable syndrome, specify: ○ Patau ○ Edwards ○ Others, specify ○ Not available; Other Specify		
☐	Not recognisable syndrome		
☐	Hydrops foetalis		
☐	Others, specify		
☐	None of the above		

If Fresh Stillbirth **

○ LCM present ○ LCM absent ○ Not available

a) Lethal congenital malformation / defect, specify

☐	Neural tube defects	☐	Asphyxial condition
☐	Complex / Cyanotic Heart Disease		
☐	Recognisable syndrome, specify: ○ Patau ○ Edwards ○ Others, specify ○ Not available; Other Specify		
☐	Not recognisable syndrome		
☐	Hydrops foetalis		
☐	Others, specify		
☐	None of the above		

If Livebirth **

○ LCM present ○ LCM absent ○ Not available

If LCM present

a) Lethal congenital malformation / defect, specify

☐	Neural tube defects	☐	Not recognisable syndrome
☐	Livebirth Complex / Cyanotic Heart Disease	☐	Hydrops foetalis
☐	Recognisable syndrome; Recognisable syndrome, specify: ○ Patau ○ Edwards ○ Others, specify ○ Not available	☐	Others, specify

		Other, Specify
		None
	If LCM absent	
	Gestation	Gestation <37 weeks conditions associated with Immaturity (ND) / Gestation >=37 weeks (Did the baby have an asphyxial condition?) / Not available
	Asphyxia	Asphyxial condition present (Did the baby die from infection?) / Asphyxial condition absent / Not available
	Infection	Infection present / Infection absent (Are there any other specific causes of death?) / Not available
	If Infection Absent, Other specific cause	Other specific cause of death (ND) / Unknown
		Kernicterus / severe neonatal jaudice
		Haemorrhagic disease of newborn / Vitamin K deficiency
		If Other specific cause - Others
9 **	Discharge To	Mother / Admitted to NICU / Nursery / Mortuary / Not available

SECTION 2: ECV

1 **	ECV	Not applicable / Not Done / Done / Not available
	If Done	Successful / Unsuccessful / Not available

SECTION 3: DELIVERY TYPE

1 **	Labour Details	1. Labour: Spontaneous / Induce / None
		i. Induction labour **: Oxytocin / ARM / Mechanical, specify / Any other combination / Prostaglandins / Others, specify
		If ARM / Mechanical / Prostaglandins Presence: Meconium / Clear Liquor / Not Available
		If Meconium: Thick / Thin / Not Available
		2. Augmentation labour **: Yes / No
		3. Preterm/Term: Term / Preterm
2 **	Delivery Type	Vaginal / Instrumental / Caesarean / Other / Not available
		If Vaginal **: SVD / Breech / Not available
		If Breech: Extended / Flexed / Footling / Not available
		If Instrumental **: i) ** Vacuum / Forceps
		ii) Indications of instrumentation : ** Fetal Distress / Shortened 2nd Stage / Prolonged 2nd Stage / Others, specify
		If Caesarean **: i. Timing **: Elective / Emergency
		ii. Type of caesarean **: Inverted T / Inverted J / Inverted U / Classical / LSCS / Hysterotomy / Others
		Additional: Bilateral tubal ligation / Hysterectomy / Cystectomy / Others, specify
		iii) Indication for Caesarean section **: Fetal distress / Previous Uterine Surgery / Multiple pregnancy
		If Fetal Distress: Abnormal CTG / Abnormal doppler / Others, specify / Not Available; If Others, specify
		Previous Uterine Surgery: ≥ 2 previous scar / Previous myomectomy / uterine perforation / Previous classical or upper segment incision / Previous scar with extended tear / Unknown scar integrity / Previous cornual pregnancy / Scar dehiscence
		Multiple pregnancy: Non cephalic leading twin / Mono chorionic mono amniotic (MCMA) twin pregnancy / Twin pregnancy with previous scar / Retained second twin / Triplet pregnancy / Others, specify

- Abnormal labour progress
  - Primary dysfunctional labour
  - Secondary arrest
  - Prolonged second stage
  - CPD
  - Poor progress
- Maternal Request
  - LSCS
    - Previous LSCS
    - No Previous LSCS
    - Not Available
  - Refused Trial of Scar (TOS)
- Hypertensive disorders
  - Severe pregnancy induced hypertension
  - Impending eclampsia / Severe PE
  - Eclampsia
- Malpresentation
  - Breech
  - Face
  - Brow
  - Hand
  - Compound
- Failed induction (IOL)
- Macrosomia
- Retroviral Disease
- Chorioamnionitis
- IUGR
- Foetal Anomaly
- Abnormal Lie
  - Transverse
  - Oblique
  - Unstable
- Cord prolapse / presentation
- Amniotic fluid abnormalities
  - Anhydramnious
  - Oligohydramnious
  - Polyhydramnious
  - Meconium
    - Thick
    - Thin
    - Not Available
- Placental Factor
  - Placenta preavia minor
  - Placenta preavia major
  - Abruptio placenta
  - Morbidly Adherent
    - Condition
      - Accreta
      - Increta
      - Percreta
      - Not Available
- Failed instrumentation
  - Failed Instrument Type
    - Vacuum
    - Forceps
- Pre-term labour
- Heart Disease
- Others, specify

Others, Specify

3 ** Delivered By

- Specialist
- Medical Officer with > 6 months O&G experience
- Medical Officer with < 6 months O&G experience
- Medical Officer with no O&G experience
- House Officer
- Other Medical Officer
- Staff Nurse
- Community nurse
- Consultant
- Others, specify
- Not Available

Others, specify

SECTION 4: COMPLICATIONS (BABY)

1 ** Complications

- None (defined as No complications)
- IUD
- Presumed sepsis
- Apgar score (AS ≤ 7 at 1 min and ≤ 7 at 5 min)
- IUGR
- Shoulder dystocia
- Birth injuries, specify
- Meconium aspiration syndrome
- Syndromic Baby
  - Downs
  - Patau
  - Edwards
  - Others, specify
  - Not available
- Congenital anomaly
- Others, specify
- TTN
- Congenital Pneumonia
- Prematurity

SECTION 5: OTHER DETAILS

1 ** Placenta

- Healthy
- Unhealthy
- Not available
- Complete
- Ragged
- Piecemeal
- Not available

2 ** Removal Type

- CCT
- MRP
- Not available

3 ** Perineal status

- Intact
- Episiotomy
- Tears
- Not available

Labial		Skin nick		Vaginal Hematoma		3rd Degree	
Clitorial		Multiple tear		1st Degree		4th Degree	
Vaginal				2nd Degree		Cervical Tear	

4 Others

- Cord round neck

NOR National Obstetric Registry (NOR) web application

General Information					
1	Reporting Centre Name				
2	Patient Name		Office use		
3	NRIC	MyKad / Mykid		Other ID document No	
		Specify document type		Specify document type (if others) - Others specify	

SECTION 1: MOTHER DISCHARGE SUMMARY FROM LABOUR ROOM

1 **Mother status :**

a) ICD 10

Specify :

b) **

○ Alive ○ Dead ○ Not available

If Alive

○ Discharge to ○ Transfer out to tertiary hospital ○ Not available

a. Discharge to : ○ Ward ○ ICU ○ HDU ○ AOR ○ Not available

If Dead **

i) Date of death : **		☐	**Unknown**
ii) Time of death : **	(24 hours)	☐	**Unknown**
iii) Provisional cause of death : **	☐ **Postpartum hemorrhage**	☐	**Heart disease in pregnancy**
	☐ **HPT disorder of pregnancy**	☐	**Sepsis**
	☐ **Obstetric embolism**	☐	**Obstetric trauma**
	☐ **Associate medical condition**	☐	**Others, specify**
	☐ **HIV associated deaths**		
iv) Post-mortem :	○ Yes ○ Limited ○ No		
v) Place of death : **	○ Labour room ○ ICU ○ Other ○ HDU ○ Obstetric ward ○ Not available		
	Others, specify		
vi) District of death : **	**Others, Specify**		
vii) State of death : **	○ Johor Darul Takzim	○	Pulau Pinang
	○ Kedah Darul Aman	○	Sabah
	○ Kelantan Darul Naim	○	Sarawak
	○ Melaka	○	Selangor Darul Ehsan
	○ Negeri Sembilan Darul Khusus	○	Terengganu Darul Iman
	○ Pahang Darul Makmur	○	Wilayah Persekutuan (Kuala Lumpur)
	○ Perak Darul Ridzuan	○	Wilayah Persekutuan (Labuan)
	○ Perlis Indera Kayangan	○	Wilayah Persekutuan (Putrajaya)
	○ Foreigner		