

CBA ID no.

Community Based Newborn and Maternal, Child Health Initiative
(CBNB & MCHI)

C. Only fill in if dead baby had Asphyxia 1) Was baby asphyxiated? Yes <input type="checkbox"/> No <input type="checkbox"/> 2) Did you use mucus extractor? Yes <input type="checkbox"/> No <input type="checkbox"/> 3) Did you use bag and mask? Yes <input type="checkbox"/> No <input type="checkbox"/> 4) How long did you use bag and mask? _____ 5) Was cord around baby's neck? _____	D. Only fill in if dead baby had Infection (Sepsis) 1) Was baby treated for Sepsis by CBA? Yes <input type="checkbox"/> No <input type="checkbox"/> 2) When did infection start? Date _____ 3) How many days was baby treated? _____ 4) Was baby referred to Health Center? Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Only fill in if dead baby died because of other cause What caused baby's death (specify) _____ _____ _____	

For Supervisor

Form checked by: Name _____ Date _____

Correction if any _____

Any unusual or different observation if noted _____

Whether the form is complete? Yes No

Signature: _____
Supervisor

M. Akoma P.I.