CPQCC	DELIVERY ROOM DEATH FORM FOR INFANTS BORN IN 2025 DO NOT mail or fax this form to the CPQCC Data Center. This form is for internal use ONLY.

NETWORK ID:			HOSPITAL ID:]	
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Any inborn infant who dies in the delivery room or at any other location in your hospital within 12 hours after birth and prior to admission to the NICU is defined as a "Delivery Room Death." These locations may include the mother's room, resuscitation rooms, or any location other than the NICU in your hospital. Outborn infants and infants who are admitted to the NICU should not be classified as Delivery Room Deaths.

	INDENTIFICATION AND DEMOGRAPHICS
1.	Birth Weight: grams
2.	Head Circumference at Birth: cm Unknown Done
3.	Best Estimate of Gestational Age:a) Weeks (15-46)b) Days (0-6) Unknown
4.	a. Birth Date: (MM-DD)2025
	b. Birth Time: (00:00) : (use 24-hour clock)
5.	Infant Sex: All Male Female Undetermined Unknown
6.	Died in Delivery Room: Xes

		MA	ATERNAL HISTOR	Υ		
9.	a. Maternal Date of Birth: (MM	/DD/YY) /	/	b. Maternal Ag	e: years	Unknown
10.	Maternal Race Ethnicity: (select	all that apply)				
	American Indian/Native Amer		Black Dther	Hispanic or Lating	o 🔄 Middle Eastern	1/North African
11.	Prenatal Care:	Yes 🗌 No	Unknown			
12.	Group B Strep Positive:	Yes No	Not Done	Unknown		
13.	a. Is there documentation that	Antenatal Steroids therap	y was initiated be	efore delivery?	Yes No	Unknown
	b. Is there documentation in the antenatal steroid therapy bet for inborn infants who are <34	fore delivery? (This item is			Yes 🗌 No	Unknown
	c. If Yes, what was the docume NOT administrating antena (This item is only applicable an inborn infants who are <34 we	tal steroids? Of d optional for In	norioamnionitis ther active infectior nmediate delivery tus has anomalies i	n ncompatible with life	 History of advers corticosteroids Comfort Care Other Unknown 	se reaction to
14.	Spontaneous Labor] Yes 🗌 No	Unknown			
15.	a. Multiple Gestation] Yes 🗌 No	Unknown			
	b. If Yes, to multiple gestation e	enter number of infants d	elivered including	g stillborn 🗌 🗌	Unknown	NA
	c. Birth Order: Unk	nown 🗌 NA				
16.	Delivery Mode (check only one)	Spontaneous V	aginal 🗌 Op	erative Vaginal	Cesarean	Unknown
17.	Antenatal Conditions (select AL)	L conditions occurring in th	nis pregnancy)			
	a. Maternal Antenatal Conditio	ns None Hypertension Chorioamnionitis	 Other Infe Diabetes Prev. Cesar 		 Antenatal Magne Other (describe): Unknown 	
	b. Fetal Antenatal Conditions	☐ None ☐ IUGR	☐ Non-Reass ☐ Anomaly	uring Fetal Status	 Other Fetal (desc Unknown 	cribe):
	c. Obstetrical Conditions] None] Preterm (<37 wks) Labor] Preterm (<37 wks) Prema] Term Premature ROM (≥ emature gestation)	ature ROM before of		 Prolonged ROM Malpresentation/ Bleeding/Abrupt Other Obstetrica 	Breech ion/Previa

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DELIVERY ROOM DEATH FORM FOR INFANTS BORN IN 2025

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	B HOSPITAL ID:	
18. Indications for Cesarean Section (select at le	east one)	
 Not Applicable (No C/S) Elective Malpresentation/Breech Dystocia/Failed to Progress 	 Multiple Gestation Placental Problems Non-Reassuring Fetal Status 	Hypertension Other (describe): Unknown

		DELI	VERY RO	OM AND FI	RST HOU	IR AFTER BI	RTH			
20.	a. Apgar Scores:	min 🔲	Unknown		5 min	Unknow:	n	10 min		nknown
		1	Not Done			Not Dor	ne		🗌 Ne	ot Done
22.	Delivery Room Resuscitation	1								
	a. Supplemental Oxygen:	Yes	No [Unknown	e. Epine	ephrine:		Series Yes	🗌 No	Unknown
	b. Nasal CPAP:	Yes	No	Unknown	f. Cardia	ac Compress	sions:	🗌 Yes	🗌 No	Unknown
	c. PPV via Bag/Mask:	Yes	No	Unknown	g. Noni	nvasive Ven	tilation	🗌 Yes	🗌 No	🗌 Unknown
	d. ETT Ventilation	Yes	No	Unknown	h. Supra	aglottic Airw	ay Device	Yes	🗌 No	Unknown
23.	Surfactant Treatment									
	a. Was Surfactant given in the	e Delivery Ro	oom?	Tes Yes		No	Unknow	7n		
	b. Was Surfactant given at an	y time?		☐ Yes		No	Unknow	7n		
	c. Enter age at first dose:				hours		mins [Unknown	🗌 NA	
	U			or Date/t	time of Fir	st Surfactant	Dose (MM-l	DD-YYYY HI	H:MM)	
									:	

	NETWOF					
		CO	NGENTIAL INFECTIO	NS / ANOMALIES		
2.	Congenital Infection	Yes				
		· · ·			3	
				388 (other):		
2.	a. Congenital Anomalies	Yes		Unknown		
	b. If Yes, enter up to 5 con					
	Code 1 Enter a congenital anoma				Code 5	
			NOTES	5		

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