

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document Code: HSAAS/OAG/BR181	Patient Sticker
	STILLBIRTH & INTRAUTERINE DEATH FORM	

Baby/Fetus

A. detailed description of the external morphology of the fetus must be documented clearly:

Please tick (✓) if presence

- | | |
|--|--|
| <input type="checkbox"/> Abnormal skull shape or size | <input type="checkbox"/> Hepatosplenomegaly |
| <input type="checkbox"/> Low set ears | <input type="checkbox"/> Ambiguous genitalia |
| <input type="checkbox"/> Cleft lip or palate | <input type="checkbox"/> Imperforate anus |
| <input type="checkbox"/> Abnormality of the limbs and number of digits | <input type="checkbox"/> Spinal bifida |

Others detailed (if any)

.....

Investigation: Fetal intracardiac or card blood for (please take blood with syringes)

- | | |
|--|--|
| <input type="checkbox"/> Culture & Sensitivity | <input type="checkbox"/> Serum bilirubin |
| <input type="checkbox"/> TORCHES | <input type="checkbox"/> Blood group |

1. Umbilical Cord

Number of arteries

Number of veins

Please tick (/) if presence

- | | |
|-----------------------|--------------------------|
| Presence of knot | <input type="checkbox"/> |
| Presence of cord cyst | <input type="checkbox"/> |
| The cord too short | <input type="checkbox"/> |
| The cord too long | <input type="checkbox"/> |
| Cord round neck | <input type="checkbox"/> |

2. Placenta

The weight of the placenta _____ gm

Please tick (/) if presence

- | | |
|--|--------------------------|
| Any placenta infection | <input type="checkbox"/> |
| Retro placenta clots | <input type="checkbox"/> |
| Investigation: placenta swab for culture and sensitivity | <input type="checkbox"/> |

Name: Designation: