**Hospital Low Birth Weight (LBW) Baby (<2000gm) Registration Form (Delivery Room)**

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| **Identification** | | | | | **Delivery and Newborn Status** | | | | | **Remark** |
| **S.No.** | **Name of mother** | **Zone** | **Kebele** | Name of HDA(1-30) Leader | Delivery date **(DD/MM/YY)** and time **(00:00)** | Birth weight in grams | Admitted to NICU **((DD/MM/YY) (00:00))** | Died Immediately After birth **(Y/N)** | Telephone #1 |
| **MRN** | **Name of Husband** | **Woreda** | **Gote** | Linked to KMC unit **((DD/MM/YY) (00:00))** | Cause of death | Telephone #2 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
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**(9) Prematurity, Infection, Asphyxia, Cong. Mal, or others**

**Hospital LBW Register V 1.0**

**MNH services register Version 01, page 01**