Annex B: Patient Registry Matrix
Revised as of September 2022

Mother's Information								Complications					Baby's Information							
Mother's Hospital Patient No. (if available)	Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	PhilHealth Member ID	AOG	Fundic Height (in cm)	Severe pre-eclampsia (indicate systolic BP, presence of proteinuria 3+ after 20 weeks AOG and danger signs)	PPROM	Onset of labor	Vaginal Bleeding	Multifetal pregnancy	Baby's Hospital Patient No. (if available)	Sex	Date of Birth of Baby (mm/dd/yyyy)	Time of Birth (military time)	Birthweight (in grams)	Gestational age	Route of delivery	Birth order (if multifetal; 1, 2, 3 or higher)