

Birth Defect Screening checklist for Health Facilities

Name of Health Facility.....

Date.....

For every new-born delivered, ANM/Staff Nurse/MO conducting the delivery needs to fill out this checklist.

Please screen the baby from head to toe and front to back for any birth defect and then select one of the following options:

- Congenital Malformations of the Nervous System
- Congenital malformations of eye, ear, face and neck
- Congenital malformations of the circulatory system
- Congenital malformations of the respiratory system
- Cleft lip and cleft palate
- Other congenital malformations of the digestive system
- Congenital Malformations of Genital Organs
- Congenital Malformations of the Urinary System
- Congenital Malformations of the Musculoskeletal System
- Other congenital malformations
- Chromosomal abnormalities, not elsewhere classified

Note 1: For PHC and above, In case any birth defect is identified, please upload the information along with pictures on Birth Defect Surveillance portal for final ICD code classification and for further linkages for treatment/Management.

Note 2: For Health Sub-centre and delivery huts, please contact concerned PHC for uploading the information on Birth Defect Surveillance portal for final ICD code classification and for further linkages for treatment/Management.

Name:

Designation:

Signatures: