### DEPARTMENT OF OBSTETRICS & GYNECOLOGY

### SCHOOL OF MEDICINE

**COLLEGE OF HEALTH SCIENCES, Addis Ababa UNIVERSITY**

**Stillbirth and Early Neonatal Death at TAH, GMH& ZMH**

**TOOL A: MOTHER QUESTIONNAIRE**

**Introduction and Consent**

***Purpose of the research:*** Not all pregnancies succeed. Indeed, many end up in delivery of dead babies. Death of the babies can occur before or during labor. Yet, many more mothers may lose their newborns with in few days after delivery. However, most of these deaths are preventable provided that the causes are understood and necessary preventive as well as therapeutic measures are taken. The aims of this study are: 1) to understand why babies die before, during or within few days following delivery.2) to understand the proportion of pregnant mothers who deliver dead babies or lose their live born babies within few days after delivery.

***The study***: We are asking you to grant us your permission to use the information stored in your health chart, delivery chart or your baby’s record to understand and address the above mentioned aims of this study. If a still birth has occurred, we are asking that you grant use your permission to have an autopsy examination on the still born to determine cause of death. This will help us to identify potential problems and prevent future still born cases. If the recorded information is incomplete or ineligible we may ask you or your treating health worker some questions to complete our data collection.

***Benefits:*** The results of this study will help us to learn more on how to prevent and treat death of babies before or after they are delivered, thus enabling us to help people with more knowledge.

***Voluntary nature of the participation:*** You will give us your permission only if you want to. If you don’t want us to use your medical record, your decision is respected and this will not affect the service you have to get from the hospital.􀀁

***Confidentiality:*** You will not be identified in any reports on this study. All the information will be kept confidential. No one else will be able to know about this information.

If you have further questions, you may contact Dr. Eskinder Kebede 0911242900. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board at +25 111 15513099, or at Addis Ababa University, College of Health Science, Black Lion Hospital, New Building 7th Floor.

**CONSENT FORM (English version)**

The purpose of this study has clearly been explained to me. I understand what the study is about and what will be asked of me should I agree to participate. I understand that the records of this study will be kept confidential and will not include any records that can be used to identify me. I understand that taking part in this study is completely voluntary and that I may skip any questions that I do not feel comfortable answering.

I have read or listened to the above information, and have received answers to all questions that I have asked. I consent to take part in this study.

Name of the mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/thumb print of the mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of interview (E.C.): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code of interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFIERS**

**SECTION ONE: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT**

**INSTRUCTION: Now I would like to ask you some questions regarding your background and socioeconomic conditions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 001 | Where do you live currently? | Addis Ababa………………1Out of Addis Ababa………………2Please tell me your address: REGION: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]CITY: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]WOREDA: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]KEBELE: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| 002 | When were you born? | [\_\_|\_\_] MonthDon’t know months………………99[\_\_\_|\_\_\_|\_\_\_|\_\_\_] Year Don’t know months………………99 |  |
| 003 | What is your age in completed years?COMPARE AND CORRECT 001 AND/OR 002 IF INCONSISTENT. | AGE IN COMPLETED YEARS [\_\_\_|\_\_\_] |  |
| 004 | Have you ever attended school? | YES. ………………1NO ……………… 2 | If NO (2) go to Q006 |
| 005  | What is the highest level of school you attended: primary, secondary, technical/vocational or higher? | PRIMARY (Grade 1-8)………………1SECONDARY (Grade 9-12)………………2TECHNICAL/VOCATIONAL…3HIGHER (University/college)………………4 |  |
| 006 | What is your religion? | ORTHODOX………………1CATHOLIC………………2PROTESTANT………………3MUSLIM………………4TRADITIONAL………………5OTHER (SPECIFY) ………………6[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| 007 | What is your marital status?  | NEVER MARRIED ………………1CURRENTLY MARRIED …………2DIVORCED ………………3WIDOWED ………………4OTHER (SPECIFY)………………5[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| 008 | What is your occupation, that is, what kind of work do you mainly do? | HOUSE WIFE………………1GOVERNMENT EMPLOYED ……2PRIVATE EMPLOYED ……………3MERCHANT ………………4STUDENT………………5OTHER (SPECIFY)………………6[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| 109 | What is the average monthly income of your household? PLEASE ADD INCOME OF ALL MEMBERS OF THE HOUSEHOLD | [\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_] Birr |  |

**SECTION TWO: REPRODUCTIVE CHARACTERISTICS OF RESPONDENTS**

**Now I would like to ask you some questions about your (previous) pregnancies, births and related reproductive health characteristics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 201 | Now I would like to ask about all the pregnancies you have had during your life. During your life how many times have you been pregnant? | # OF TIMES MOTHER WAS PREGNANT [\_\_\_|\_\_\_] |  |
| 202 | When you got pregnant with baby you just delivered, did you want to get pregnant at that time? (Planned) | YES. ………………1NO ……………… 2 | If YES (1) go to Q204 |
| 203 | Did you want to have a baby later on or did you not want any (more) children? | LATER. ………………1NO MORE ……………… 2 |  |
| 204 | Now I would like to ask about all the births you have had during your life. During your life how many times have you given birth (including the birth you just had here)?(28+GA) | # OF TIMES MOTHER GAVE BIRTH [\_\_\_|\_\_\_] |  |
| 205 | Have you ever had a fetus died in utero before birth? | YES. ………………1NO ……………… 2 | If NO (2) go to Q207 |
| 206 | During your life how many times have you had fetus died in utero? | # OF TIMES MOTHER HAD IUFD [\_\_\_|\_\_\_] |  |
| 207 | Have you ever had death of fetus during labour or birth? | YES. ………………1NO ……………… 2 | If NO (2) go to Q209 |
| 208 | During your life how many times have you had death of fetus during labour or birth? | # OF TIMES MOTHER intrapartum fetal death [\_\_\_|\_\_\_] |  |
| 209 | Have you ever given birth to a preterm child (between 28 – 37 weeks of gestation) (including the birth you just had here)? | YES. ………………1NO ……………… 2 | If NO (2) go to Q211 |
| 210 | During your life how many times have you given birth to a preterm child (between 28 – 37 weeks of gestation) (including the birth you just had here)? | # OF TIMES MOTHER GAVE BIRTH TO PRETERM [\_\_\_|\_\_\_] |  |
| 211 | Have you ever had abortion/pregnancy terminated before 28 weeks of gestation? | YES. ………………1NO ……………… 2 | If NO (2) go to Q213 |
| 212 | During your life how many times have you had abortion/pregnancy terminated before 28 weeks of gestation? | # OF TIMES MOTHER HAD ABORTION [\_\_\_|\_\_\_] |  |
| 213 | Have you ever had death of a child within the first 7 days of life? | YES. ………………1NO ……………… 2 | If NO (2) go to Q215 |
| 214 | During your life how many times have you had death of a child within the first 7 days of life? | # OF TIMES MOTHER HAD EAELY NEONATAL DEATH [\_\_\_|\_\_\_] |  |
| 215 | Have you ever had death of a child within the first 28 days of life? | YES. ………………1NO ……………… 2 | If NO (2) go to Q217 |
| 216 | During your life how many times have you had death of a child within the first 28 days of life? | # OF TIMES MOTHER HAD NEONATAL DEATH [\_\_\_|\_\_\_] |  |
| 217 | Have you ever had a child with congenital abnormality? | YES. ………………1NO ……………… 2 | If NO (2) go to Q219 |
| 218 | During your life how many times have you had a child with congenital abnormality? | # OF CHILD WITHCONGENITAL ABNORMALITY [\_\_\_|\_\_\_] |  |
| 219 | Have you ever had any previous other obstetric complications? | YES. ………………1NO ……………… 2 | If NO (2) go to Q301 |
| 220 | Please tell me all the previous obstetric complications you had? | COMP 1: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]COMP 2: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]COMP 3: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]COMP 4: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]COMP 5: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]COMP 6: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |

**SECTION THREE: Substance use**

**Now I would like to ask about use of substance in your life and during pregnancy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 301 | Have ever smoked cigarettes?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q310 |
| 302 | Do you currently smoke cigarettes? | YES. ………………1NO ……………… 2 | If NO (2) go to Q304 |
| 303 | In the last 24 hours, how many cigarettes did you smoke? | [\_\_\_|\_\_\_] CIGARETTES |  |
| 304 | Were you smoking cigarette anytime during your last pregnancy?? | YES. ………………1NO ……………… 2 | If NO (2) go to Q310 |
| 305 | How often were you smoking cigarette during your last pregnancy? | Daily. ………………1Few times per week ……………… 2Rarely. ………………3 | Go to Q306Go to Q307 |
| 306 | If you were smoking cigarette daily during your last pregnancy on average how many cigarettes per day did you smoke?  | [\_\_\_|\_\_\_] CIGARETTES PER DAY |  |
| 307 | If you were smoking cigarette few times per week during your last pregnancy on average how many cigarettes per week did you smoke?  | [\_\_\_|\_\_\_] CIGARETTES PER WEEK |  |
| 308 | Have you ever taken a drink that contains alcohol (Tella/ Tegi/ Areke/ Beer/ Wine, etc.)? | YES. ………………1NO ……………… 2 | If NO (2) go to Q313 |
| 309 | During the last 30 days, how many days did you take a drink that contains alcohol? | [\_\_\_|\_\_\_] DAYS |  |
| 310 | Were you drinking anything that contains alcohol during your last pregnancy?? | YES. ………………1NO ……………… 2 | If NO (2) go to Q313 |
| 311 | How often were you drinking anything that contains alcohol during your last pregnancy? | Daily. ………………1Few times per week ……………… 2Rarely. ………………3 |  |
| 312 | Have you ever drunk coffee or tea?CIRCLE ALL MENTIONED | YES, COFFEE. ………………1YES, TEA ……………… 2NO. ………………3 | If NO (3) go to Q401 |
| 313 | Were you drinking coffee or tea during your last pregnancy?? | YES, COFFEE. ………………1YES, TEA ……………… 2NO. ………………3 | If NO (3) go to Q401 |
| 314 | How often were you drinking coffee or tea during your last pregnancy? | Daily. ………………1Few times per week ……………… 2Rarely. ………………3 | Go to Q316Go to Q317 |
| 315 | If you were drinking coffee or tea daily during your last pregnancy on average how many cup of coffee or tea per day did you drink?  | [\_\_\_|\_\_\_] CUP OF COFFEE PER DAY[\_\_\_|\_\_\_] CUP OF TEA PER DAY |  |
| 316 | If you were drinking coffee or tea sometimes during your last pregnancy on average how many cup of coffee or tea per week did you drink?  | [\_\_\_|\_\_\_] CUP OF COFFEE PER WEEK[\_\_\_|\_\_\_] CUP OF TEA PER WEEK |  |

**SECTION FOUR: CONTRACEPTIVE USE**

**Now I would like to ask about the times you or your partner may have used a method to avoid getting pregnant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 401 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES. ………………1NO ……………… 2 | If NO (2) go to Q501 |
| 402 | How old were you when you FIRST used a method to delay or avoid getting pregnant? | [\_\_\_|\_\_\_] YEARS OLD |  |
| 403 | Which method did you FIRST use to delay or avoid getting pregnant?DO NOT READ THE METHOD CHOICES.  | Female sterilization 1Male sterilization 2IUD 3Injectables 4Implants 5Pill 6Condom 7Female condom 8Emergency Contraception…………..9Standard Days/Cycle Beads………10Lactational Amen. Method 11Other modern method 12Rhythm method 13Withdrawal 14Other traditional method 15 |  |
| 404 | When was the last time you used any type of contraceptive method (MOST RECENT METHOD)?  | [\_\_\_|\_\_\_] MONTHSAGO[\_\_\_|\_\_\_] YEARS AGO |  |
| 405 | Which method did you usebefore (MOST RECENT METHOD) you stopped using contraceptives?DO NOT READ THE METHOD CHOICES.  | Female sterilization 1Male sterilization 2IUD 3Injectables 4Implants 5Pill 6Condom 7Female condom 8Emergency Contraception…………..9Standard Days/Cycle Beads………10Lactational Amen. Method 11Other modern method 12Rhythm method 13Withdrawal 14Other traditional method 15 |  |
| 406 | For how long did you use your last contraceptive (MOST RECENT METHOD) before you stopped using?  | FOR [\_\_\_|\_\_\_] MONTHSFOR [\_\_\_|\_\_\_] YEARS  |  |
| 407 | Why did you stop using your (MOST RECENT METHOD)?Any other reasons? DO NOT READ THE OPTIONS. | Infrequent sex / husband away 1Became pregnant while using 2Wanted to become pregnant 3Husband / partner disapproved 4Wanted more effective method 5No method available 6Health concerns 7Side effects 8Lack of access / too far 9Costs too much 10Inconvenient to use 11Fatalistic 12Difficult to get pregnant / menopausal 13Interferes with body’s processes 14Other 15Don’t know -88 |  |

**SECTION FIVE: MATERNITY CARE**

**Now I would like to ask you some questions about the antenatal care you received for your last pregnancy.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 501 | Did you see anyone for antenatal care for your last pregnancy? | YES. ………………1NO ……………… 2 | If NO (2) go to Q1001 |
| 502 | Whom did you see?Anyone else?PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | HEALTH PERSONNELDOCTOR. ………………1NURSE/MIDWIFE……………… 2HEW. ………………3OTHER HEALTH PERSONNEL (SPECIFY) ……………… 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER PERSONTRAINED TRAD BIRTH ATTENDANT.………………5UNTRAINED TRAD BIRTH ATTENDANT……………… 6HDAs. ………………7OTHER (SPECIFY) ……………… 8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 503 | Where did you receive antenatal care for your last pregnancy?Anywhere else?PROBE TO IDENTIFY TYPE (S) OF SOURCE (S). | **HOME**YOUR HOME. ………………1OTHER HOME……………… 2**PUBLIC SECTOR**GOVT. HOSPITAL. ………………3GOVT. HEALTH CENTER…………4HEALTH POST.………………5OTHER PUBLIC……………… 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NGO**HEALTH FACILITY. ………………7**PRIVATE MED. SECTOR**PVT. HOSPITAL ……………… 8PVT. CLINIC ……………… 9OTHER PRIVATE FACILITY.………10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER (SPECIFY) ……………… 11\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 504 | How many weeks pregnant were you when you first received antenatal care for your last pregnancy? |  [\_\_\_|\_\_\_] WEEKS PREGNANT |  |
| 505  | How many times did you receive antenatal care during this pregnancy? | # OF TIMESANC RECEIVED [\_\_\_|\_\_\_] |  |

**TOOL B: OBSTETRIC AND NEWBORN CARE SERVICE DATA EXTRACTION FORM**

**Instruction to data collectors: Review the birth charts of the laboring women (and interview care providers as necessary) to complete the data extraction form below**

**SECTIO ONE: LABORATORY INVESTIGATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 1001 | Height of the mother in centimeter  |  [\_\_\_|\_\_\_|\_\_\_] CM |  |
| 1002 | Weight of the mother in kilogram  |  [\_\_\_|\_\_\_|\_\_\_] KG |  |
| 1003 | Hemoglobin level g/dl |  [\_\_\_|\_\_\_] g/dl |  |
| 1004 | Blood group | A. ………………1B……………… 2AB. ………………3O ……………… 4 |  |
| 1005 | RH factor  | POSITIVE. ………………1NEGATIVE……………… 2UNKNOWN. ………………3 |  |
| 1006 | VDRL | REACTIVE. ………………1NON-REACTIVE……………… 2NOT DONE. ………………3UNKNOWN. ………………4 |  |
| 1007 | HIV | REACTIVE. ………………1NON-REACTIVE……………… 2NOT DONE. ………………3UNKNOWN. ………………4 |  |
| 1008 | Hb-SAg | REACTIVE. ………………1NON-REACTIVE……………… 2NOT DONE. ………………3UNKNOWN. ………………4 |  |
| 1009 | Number of times urine protein was tested |  [\_\_\_|\_\_\_] TIMES |  |
| 1010 | What was the last urine protein test result?  | TRACE OR +1. ………………1+2……………… 2+3. ………………3+4. ………………4NOT DONE. ………………5 |  |
| 1011 | Malaria parasite blood test (MP)  | POSITIVE. ………………1NEGATIVE. ………………2NOT DONE. ………………3 |  |
| 1012 | Laboratory test findings other than those stated above | TYPE OF TEST (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**SECTIO TWO: CURRENT MEDICAL CONDITIONS OF THE MOTHER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 2001 | Was the mother diagnosed for hypertensive disorder of pregnancy?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2003 |
| 2002 | Specify the type of the hypertensive disorder of pregnancy  | PRE-EXLAMPSIA. ………………1ECLAMPSIA ……………… 2SUPER-IMPOSED PRE-ECLAMPSIA.………………3CHRONIC HYPERTENSION …………4TRANSIENT/GESTATIONAL HYPERTENSION. ………………5UNSPECIFIED HYPERTENSION (INCOMPLETE INFORMATION TO SPECIFY) ……………… 6 |  |
| 2003 | Was the mother diagnosed for APH?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2005 |
| 2004 | Specify the type of the APH  | PLACENTA PREVIA………………1ABRUPTIO PLACENTA ………………2OTHER (SPECIFY) ……………… 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNIDENTIFIED CAUSE……………… 4 |  |
| 2005 | Was the fetus diagnosed with intrauterine growth restriction (IUGR)?  | YES. ………………1NO ……………… 2 |  |
| 2006 | Was there premature rupture of membrane (PROM)?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2008 |
| 2007 | Specify the duration for PROM (total number hours from rapture of membrane to delivery of the baby) |  [\_\_\_|\_\_\_] HOURS |  |
| 2008 | Was the mother diagnosed for obstructed labour?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2010 |
| 2009 | Specify what causes the obstructed labour | CPD………………1CONTRACTED PELVIS ………………2MALPRESENTATION & MALPOSITION……………… 3CONGENITAL MALFORMATION…………… 4OTHER (SPECIFY)……………… 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2010 | Was the mother diagnosed with ruptured uterus?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2012 |
| 2011 | Specify what caused the ruptured uterus  | CPD………………1BIG BABY ………………2MALPRESENTATION & MALPOSITION……………… 3CONGENITAL MALFORMATION…………… 4OTHER (SPECIFY)……………… 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2012 | Was the mother diagnosed with Tuberculosis?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2014 |
| 2013 | Specify the type of Tuberculosis  | PULMONARY………………1EXTRA-PULMONARY ………………2INTESTINAL ……………… 3OTHER (SPECIFY)……………… 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2014 | Was the mother diagnosed with Diabetes Mellitus?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2016 |
| 2015 | Specify the type of Diabetes Mellitus | GESTATIONAL. ………………1PRE-GESTATIONAL. ………………2UNDEFINED. ………………3 |  |
| 2016 | Was the mother diagnosed with Cardiac Disease?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q2018 |
| 2017 | Specify the type of the cardiac disease | CONGENITAL. ………………1RHEUMATIC HEART DISEASE. ………2OTHERS (SPECIFY). ………………3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 2018 | Was the mother diagnosed with Chorioamnionitis?  | YES. ………………1NO ……………… 2 |  |

**SECTIO THREE: LABOUR AND DELIVERY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 3001 | Condition at admission to labour ward or operation room (OR) | BOOKED MOTHER. ………………1SELF REFERRED IN LABOUR………2REFERRED IN LABOUR FROM OTHER HOSPITAL………………3REFERRED FROM HEALTH CENTER………………4OTHER (SPECIFY) ……………… 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3002 | Time of onset of labour | DATE (DD/MM/YYYY)[\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_]TIME (HH/MM)[\_\_\_\_/\_\_\_\_] AM/PM |  |
| 3003 | Time of admission to labour ward  | DATE (DD/MM/YYYY)[\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_]TIME (HH/MM)[\_\_\_\_/\_\_\_\_] AM/PM |  |
| 3004 | Time of delivery of the baby  | DATE (DD/MM/YYYY)[\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_]TIME (HH/MM)[\_\_\_\_/\_\_\_\_] AM/PM |  |
| 3005 | Overall duration of the labour and delivery  | [\_\_\_|\_\_\_] HRS PLUS [\_\_\_|\_\_\_] MINS |  |
| 3006 | Day of delivery CIRCLE ALL THAT APPLY | WORKING DAY. ………………1WEEKEND. ………………2HOLIDAY. ………………3 |  |
| 3007 | Hour of delivery  | WORKING HOURS. ………………1DUTY HOURS ……………… 2 |  |
| 3008 | Onset of labour | SPONTANEOUS. ………………1INDUCED. ………………2ELECTIVE C/S. ………………3 | Go to Q3011Go to Q3009 |
| 3009 | If labour was induced specify indications for induction  | FETAL DISTRESS. ………………1IUGR/SGA ……………… 2PRE-ECLAMPSIA/ECLAMPSIA.………………3MACROSOMIA. ………………4POSTTERM PREGNANCY……………5.OTHER (SPECIFY). ………………6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3010 | If labour was induced specify the drugs used for induction | PITOCIN…………….1MISOPROSTOL WITH PITOCIN………2DINOPROSTOL WITH PITOCIN………..3OTHER (SPECIFY). ………………4 Cervical ripening………………..5Amniotomy……………….…6 |  |
| 3011 | Was labor augmented?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q3013 |
| 3012 | What was the indication for augmentation of labour?  | PROLONGED LATENT PHASE. ………1PROTRACTION DISORDER OF FIRST STAGE OF LABOR………………2PROTRACTION OF DECENT.………3SECONDARY ARREST OF FIRST STAGE LABOR………………4 ARREST OF DECENT. ………………5OTHER (SPECIFY) ……………… 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3013 | Was fetal heartbeat (FHB) taken up on admission?  | YES. ………………1NO ……………… 2ABSENT (IUFD) ……………… 3 | If NO (2) go to Q3015 |
| 3014 | What was the FHB upon admission (beats per minute) |  [\_\_\_|\_\_\_|\_\_\_] BPM |  |
| 3015 | Was the FHB monitored during labour (intra-partum)?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q3017 |
| 3016 | How was the FHB monitored during labour (intra-partum)? Observe from the medical chart  | BY PENIARD/DOPPLER STETHOSCOPE EVERY 30 MIN. ……1BY PENIARD/DOPPLER STETHOSCOPE RANDOMLY………2CONTINUOUS CTG MONITORING…3RANDOM CTG MONITORING ……4FHB WAS NOT AUDIBLE DURING LABOUR. ………………5OTHER (SPECIFY) ……………… 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3017 | The FHB immediately before delivery (at least during the last 30 min before birth of the baby) was | >160BPM. ………………1121 – 160BPM ……………… 290-120BPM………………3<90BPM ………… 4NOT COUNTED/UNKNOWN. ………5 |  |
| 3018 | What was the mode of delivery?  | SVD. ………………1FORCEPS ……………… 2VACUUM.………………3VAGINAL BREECH ………… 4CS. ………………5LAPAROTOMY……………… 6DESTRUCTIVE DELIVERY …………7 | **Go to Q4001****Go to Q3021****Go to Q3021****Go to Q4001****Go to Q3019****Go to Q4001****Go to Q4001** |
| 3019 | In case of CS deliveries specify the type of CS?  | ELECTIVE. ………………1EMERGENCY ……………… 2 |  |
| 3020 | In case of CS delivery specify the indications for the CS delivery  | FETAL DISTRESS. ………………1IUGR/SGA ……………… 2PRE-ECLAMPSIA/ ECLAMPSIA.………………3CORD PROLAPSE ………… 4MACROSOMIA. ………………5BREECH……………… 6MULTIPLE PREGNANCY …………7PROLONGED/ OBSTRUCTED LABOUR. ………………8OTHER (SPECIFY). ………………9\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3021 | In case of forceps/vacuum delivery specify the indications for the forceps/vacuum delivery  | FETAL DISTRESS. ………………1PROLONGED SECOND STAGE ………2POOR MATERNAL EFFORT.…………3TO SHORTEN SECOND STAGE OF LABOR ………………4OTHER (SPECIFY). ………………5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 3022 | Were antibiotics given to mother at any time during pregnancy and labour? | YES. ………………1NO ……………… 2 | If NO (2) go to Q3026 |
| 3023 | When were antibiotics given? CIRCLE ALL THAT APPLY | 1ST TRIMESTER. ………………12ND TRIMESTER. ………………23RD TRIMESTER. ………………3LABOUR. ………………3 |  |
| 3024 | For how long did the mother take the antibiotics? ADD TOTAL NUMBER OF DAYS THE MOTHER TOOK ANTIBIOTICS DURING PREGNANCY | [\_\_\_|\_\_\_] DAYS |  |
| 3025 | Which antibiotic did the mother receive? DO NOT READ THE OPTIONS. CIRCLE ALL THAT ARE MENTIONED | PENICILLIN. ………………1AMPICILLIN ……………… 2GENTAMICIN.………………3METRONIDAZOLE ………… 4CEPHALOSPORIN. ………………5OTHER (SPECIFY) ……………… 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UNKNOWN ……………… 7 |  |
| 3026 | Were drugs other than antibiotics given to mother at any time during pregnancy? | YES. ………………1NO ……………… 2 | Go to Q4001 |
| 3027 | When were drugs other than antibiotics given during pregnancy and labour? CIRCLE ALL THAT APPLY | 1ST TRIMESTER. ………………12ND TRIMESTER. ………………23RD TRIMESTER. ………………3LABOUR. ………………3 |  |
| 3028 | For how long did the mother take the drugs other than antibiotics? ADD TOTAL NUMBER OF DAYS THE MOTHER TOOK DRUGS OTHER THAN ANTIBIOTICS DURING PREGNANCY | [\_\_\_|\_\_\_] DAYS |  |
| 3029 | Which drugs other than antibiotic did the mother receive? (SPECIFY) | NAME OF THE DRUG (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF THE DRUG (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF THE DRUG (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**SECTIO FOUR: BIRTH OUTCOMES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 4001 | Number of delivery  | Singleton. ……………1Twin. ……………2Triplet. ………………3Other (Specify). ………………4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4002 | Weight of the newborn in grams |  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] GRAMS |  |
| 4003 | Sex of the newborn  | Male. ………………1Female ……………… 2 |  |
| 4004 | Record outcome for the mother | GOES TO POSTNATAL WARD. ……1GOES TO SURGERY ……………… 2GOES TO ICU.………………3DIED ………… 4OTHER (SPECIFY)…………5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4005 | Record outcome for the newborn or fetus | GOES TO WARD WITH MOTHER..…1GOES TO SURGERY…..…….……… 2GOES TO NICU……..…...……………3BORN ALIVE BUT DIED…………… 4FRESH STILLBIRTH…..…….………5MACERATED STILLBIRTH…………6OTHER (SPECIFY)……………………7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Go to Q4016Go to Q4016Go to Q4016Go to Q4006Go to Q4006Go to Q4006 |
| 4006 | Timing of fetal death | ANTEPARTUM DEATH. ……………1INTRA-PARTUM DEATH. ……………2NEONATAL DEATH. ………………3UNKNOWN. ………………4 |  |
| 4007 | Time of fetal death  | DATE (DD/MM/YYYY)[\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_]TIME (HH/MM)[\_\_\_\_/\_\_\_\_]AM/PM |  |
| 4008 | Day of death CIRCLE ALL THAT APPLY | WORKING DAY. ………………1WEEKEND. ………………2HOLIDAY. ………………3 |  |
| 4009 | Hour of death  | WORKING HOURS. ………………1DUTY HOURS ……………… 2 |  |
| 4010 | Weight of the newborn at death in grams |  [\_\_\_|\_\_\_|\_\_\_|\_\_\_] GRAMS |  |
| 4011 | Age of the newborn at the time of death |  [\_\_\_|\_\_\_] HOURS[\_\_\_|\_\_\_] MINUTES |  |
| 4012 | Specify the cause of the fetal death (based on physician classification) | Cause of fetal death (physician) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4013 | Mother consented to do autopsy  | YES. ………………1NO ……………… 2 | If NO (2) go to Q4016 |
| 4014 | Autopsy sent for diagnosis  | YES. ………………1NO ……………… 2 | If NO (2) go to Q4016 |
| 4015 | Result of the autopsy (cause of death based on autopsy) | Cause of fetal death (autopsy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4016 | Was there any genetic or additional infectious tests done?  | YES. ………………1NO ……………… 2 |  |
| 4017 | What were the results of the genetic or additional infections tests? (SPECIFY) | TYPE OF TEST (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4018 | Was there any placental abnormality detected?  | YES. ………………1NO ……………… 2 |  |
| 4019 | Was placenta sent for examination? | YES. ………………1NO ……………… 2 |  |
| 4020 | What was the Histopatholgic test result of the placenta? | HISTOPATHOLOGIC TEST RESULT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4021 | Was there any cord abnormality detected? | YES. ………………1NO ……………… 2 |  |
| 4022 | What was the detected cord abnormality? | CORD ABNORMALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**SESSION FIVE: MEDICAL CONDITIONS OF THE FETUS AND NEWBORN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Item** | **Response options**  | **Skip**  |
| 5001 | Apgar score of newborn | [\_\_\_|\_\_\_] 1ST MINUTE[\_\_\_|\_\_\_] 5TH MINUTE  |  |
| 5002 | Did the newborn have any congenital abnormality?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5004 |
| 5003 | What type of gross congenital abnormality did the newborn have? Get digital evidence  | TYPE OF ABNORMALITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5004 | GA by Ballard Score | [\_\_\_|\_\_\_] WKs |  |
| 5005 | Was feeding of the newborn started?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5007 |
| 5006 | Types of feeding (SPECIFY) | BREASTMILK ONLY. ……………1FORMULA FEED ONLY. ……………2MIXED FEED. ………………3OTHER FEED (SPECIFY). ……………4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5007 | Has the infant been put to breast or breastfed?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5009 |
| 5008 | How many hours after birth was the baby first put to the breast? | [\_\_\_|\_\_\_] HOURS |  |
| 5009 | Was temperature of the newborn taken on admission?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5011 |
| 5010 | Temperature of the newborn on admission (axillary in 0C)  | [\_\_\_|\_\_\_]0C |  |
| 5011 | HCT text was done?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5013 |
| 5012 | What was the result of the HCT (%) test?  | [\_\_\_|\_\_\_|\_\_\_|\_\_\_]  |  |
| 5013 | Random blood sugar test done?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5015 |
| 5014 | What was the result of the random blood sugar (first evaluation) test in mg/dl?  | [\_\_\_|\_\_\_|\_\_\_|\_\_\_] |  |
| 5015 | Blood culture done?  | YES. ………………1NO ……………… 2 | If NO (2) go to Q5017 |
| 5016 | Specify the type of bacteria from the blood culture  | BLOOD CULTURE RESULT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5017 | Laboratory test findings other than those stated above | TYPE OF TEST (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TYPE OF TEST (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FINDING (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5018 | Did the newborn have convulsion, unconsciousness or abnormal movements?  | YES. ………………1NO ……………… 2 |  |
| 5019 | Did the newborn have respiratory distress?  | YES. ………………1NO ……………… 2 |  |
| 5020 | Did the newborn have birth asphyxia?  | YES, GRADE I. ………………1YES, GRADE II. ………………2YES, GRADE III. ………………3NO ………………4 |  |
| 5021 | Did the newborn have sepsis?  | YES. ………………1NO ……………… 2UNDETERMINED ………………3 |  |
| 5022 | Did the newborn have hypothermia? (Temperature less than 36.5 0C) | YES. ………………1NO ……………… 2 | If NO (2) go to Q5024 |
| 5023 | Did the newborn have severe hypothermia? (Temperature less than 32 0C)  | YES. ………………1NO ……………… 2 |  |
| 5024 | Did the neonate have other neonatal illnesses?  | SPECIFY THE ILLNESSES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5025 | Was any surgical procurers done for the newborn?  | YES. ………………1NO ……………… 2SPECIFY THE SURGICAL PROCEDURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Thank You**

**END HERE!**