
Downloaded from: http://researchonline.lshtm.ac.uk/2172946/

DOI: 10.17037/PUBS.02172946

Usage Guidelines

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: http://creativecommons.org/licenses/by-nc-nd/2.5/
Appendix A: Ethical approval letters

London School of Hygiene & Tropical Medicine
Keppel Street, London WC1E 7HT
United Kingdom
Switchboard: +44 (0)20 7636 8636
www.lshtm.ac.uk

Observational / Interventions Research Ethics Committee

Francesca Cavallaro
Research Degree Student
IDE / EPH
LSHTM

29 June 2013

Dear Ms. Cavallaro,

Study Title: Developing and piloting a population-based classification of caesarean sections
LSHTM ethics ref: 6455

Thank you for your letter of 4 July 2013, responding to the Observational Committee’s request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion
On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion
Approval is dependent on local ethical approval having been received, where relevant.

Approved documents
The final list of documents reviewed and approved by the Committee is as follows:

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSHTM ethics application</td>
<td>n/a</td>
<td>03/06/2013</td>
</tr>
<tr>
<td>Protocol</td>
<td></td>
<td>03/06/2013</td>
</tr>
<tr>
<td>Information Sheet &amp; Online Consent form</td>
<td></td>
<td>03/06/2013</td>
</tr>
</tbody>
</table>

After ethical review
Any subsequent changes to the application must be submitted to the Committee via an E2 amendment form. All studies are also required to notify the ethics committee of any serious adverse events which occur during the project via form E4. At the end of the study, please notify the committee via form E5.

Yours sincerely,

Professor John DHI Porter
Chair
eiuscs@lshtm.ac.uk
http://intra.lshtm.ac.uk/management/committees/ethics/

Improving health worldwide
Observational / Interventions Research Ethics Committee

Lisa Hurt
Lecturer
DPH / MPH
LSHTM

24 June 2013

Dear Dr. Hurt,

Study Title: Developing and piloting a population-based classification of caesarean sections
LSHTM ethics ref: 6429

Thank you for your application of 14 May 2013 for the above research, which has now been considered by the Observational Committee.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

Conditions of the favourable opinion

Approval is dependent on local ethical approval having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSHTM ethics application</td>
<td>n/a</td>
<td>14/05/2013</td>
</tr>
<tr>
<td>Protocol</td>
<td></td>
<td>04/04/2013</td>
</tr>
</tbody>
</table>

After ethical review

Any subsequent changes to the application must be submitted to the Committee via an E2 amendment form. All studies are also required to notify the ethics committee of any serious adverse events which occur during the project via form E4. At the end of the study, please notify the committee via form E5.

Yours sincerely,

Professor John DH Porter
Chair
ethics@lshtm.ac.uk
http://intra.lshtm.ac.uk/management/committees/ethics/

Improving health worldwide
Kintampo Health Research Centre (KHRC) Institutional Ethics Committee (IEC)

Date: 11th July 2012

Study File Number: 2012-05

Title of Study: Proposal for data analyses using information collected during the Otsopla ViA and Newborns trials

Principal Investigator(s): Dr.Lisa Hurt, Seh Owusu-Asare

Type of Review: Full Board Review

Approval Date: 10th July 2012

Expiration Date: 10th July 2013 (Renewable)

1. The Kintampo Health Research Centre Institutional Ethics Committee (IEC) is constituted and operates in conformance with requirements of 45 CFR 46, 21 CFR 50, 21 CFR 56 and section 3 of the International Council on Harmonization Guidelines. The OHRP Federal wide Assurance number for the committee is 0001170; the IRB registration number is 0004851.

2. The study was reviewed on 9th July 2012 by a full convened committee meeting.

3. The following documents were reviewed and approved:
   - Proposal for data analyses using information collected during the Otsopla ViA and Newborns trials
   - Curriculum Vitae of study PI(s)

4. Full Ethical Approval (FEA) was granted for conduct of the study.

5. To safeguard confidentiality of the communities and populations involved in the Otsopla ViA and Newborns trials, the committee request that final report (publications) should not explicitly bias communities or individuals in those trials in terms of diseases or negative practices.

File number: 2012-05
6. Changes or modifications to this research activity must be submitted and approved by the committee before they are implemented.

7. PI(s) would be required to submit application for renewal of this approval certificate (if necessary) plus a progress report.

8. Submit a final report or publication(s) of the study to the committee to review and guarantee that communities and trial participants' confidentiality was not unduly compromised.

9. Regulated study records, including IEC approvals must be securely maintained by PI(s) and available for audits after the study is closed.

Sincerely,

[Signature]

THE CHAIRMAN, KINTAMPO HEALTH RESEARCH CENTRE
INSTITUTIONAL ETHICS COMMISSION

Ref: [Ref. Note]

Chair
Institutional Ethics Committee
Kintampo Health Research Centre

File number: 2012-05

Page 2 of 2
Appendix B: Caesarean rates according to maternal education

Caesarean delivery rates by maternal education and survey year, South Asia and sub-Saharan Africa

<table>
<thead>
<tr>
<th>Region, country and educational level</th>
<th>Caesarean delivery ratea (%) in:</th>
<th>Cumulative rateb (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Asia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>1.6</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>4.06</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>17.21</td>
</tr>
<tr>
<td>India</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.63</td>
<td>2.2</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>2.65</td>
<td>5.51</td>
</tr>
<tr>
<td>Complete primary</td>
<td>3.27</td>
<td>6.71</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>6.46</td>
<td>10.73</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>16.28</td>
<td>20.99</td>
</tr>
<tr>
<td>Nepal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.57</td>
<td>0.43</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>0.66</td>
<td>0.9</td>
</tr>
<tr>
<td>Complete primary</td>
<td>1.17</td>
<td>1.01</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>2.14</td>
<td>1.93</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>5.73</td>
<td>6.14</td>
</tr>
<tr>
<td>Pakistan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.66</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.93</td>
<td>-</td>
</tr>
<tr>
<td>Complete primary</td>
<td>2.59</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>11.81</td>
<td>-</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>16.68</td>
<td>-</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.85</td>
<td>2.33</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>5.07</td>
<td>3.58</td>
</tr>
<tr>
<td>Complete primary</td>
<td>4.2</td>
<td>5.69</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>8.42</td>
<td>10.83</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>20.5</td>
<td>7.76</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.7</td>
<td>0.84</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>2.98</td>
<td>2.09</td>
</tr>
<tr>
<td>Complete primary</td>
<td>2.33</td>
<td>4.41</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>5.26</td>
<td>4.75</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>20.22</td>
<td>4.13</td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1.13</td>
<td>0.27</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.72</td>
<td>1</td>
</tr>
<tr>
<td>Complete primary</td>
<td>1.94</td>
<td>4.54</td>
</tr>
<tr>
<td>Region, country and educational level</td>
<td>Caesarean delivery ratea (%) in:</td>
<td>Cumulative rateb (%)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>3.63</td>
<td>3.81</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>2.8</td>
<td>12.02</td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>0.27</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>0.28</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>3.6</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>3.37</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.03</td>
<td>1.26</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>0.69</td>
<td>2.82</td>
</tr>
<tr>
<td>Complete primary</td>
<td>0.77</td>
<td>1.84</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>2.34</td>
<td>5.08</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>8.06</td>
<td>10.87</td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1.76</td>
<td>1.51</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.97</td>
<td>2.73</td>
</tr>
<tr>
<td>Complete primary</td>
<td>4.65</td>
<td>2.78</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>11.76</td>
<td>5.29</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>30.3</td>
<td>18.19</td>
</tr>
<tr>
<td>Guinea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>1.13</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>2.03</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>0.91</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>6.75</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>7.59</td>
</tr>
<tr>
<td>Mali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.18</td>
<td>0.68</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>0.59</td>
<td>1.12</td>
</tr>
<tr>
<td>Complete primary</td>
<td>0</td>
<td>3.19</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>2.28</td>
<td>3.69</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>0</td>
<td>5.07</td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>0.45</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>0.34</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>1.12</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>0.90</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>2.90</td>
</tr>
<tr>
<td>Senegal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Eastern and Southern Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>0.11</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>1.06</td>
</tr>
<tr>
<td>Region, country and educational level</td>
<td>Caesarean delivery rate a (%) in:</td>
<td>Cumulative rate b (%)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>1.04</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>7.05</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>12.41</td>
</tr>
<tr>
<td><strong>Kenya</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1.7</td>
<td>2.25</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>3.29</td>
<td>3.02</td>
</tr>
<tr>
<td>Complete primary</td>
<td>4.65</td>
<td>5.49</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>7.58</td>
<td>7.79</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>12.86</td>
<td>11.89</td>
</tr>
<tr>
<td><strong>Lesotho</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Madagascar</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>0.55</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>0.56</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>6.18</td>
</tr>
<tr>
<td><strong>Malawi</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>2.04</td>
<td>1.78</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>3.26</td>
<td>2.7</td>
</tr>
<tr>
<td>Complete primary</td>
<td>6.97</td>
<td>3.42</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>10.49</td>
<td>4.07</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>15.12</td>
<td>10.27</td>
</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>-</td>
<td>1.14</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>-</td>
<td>2.5</td>
</tr>
<tr>
<td>Complete primary</td>
<td>-</td>
<td>1.61</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>-</td>
<td>3.87</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>-</td>
<td>0.22</td>
</tr>
<tr>
<td><strong>Rwanda</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.95</td>
<td>1.13</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.46</td>
<td>1.93</td>
</tr>
<tr>
<td>Complete primary</td>
<td>2.08</td>
<td>2.54</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>3.73</td>
<td>4.54</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>7.98</td>
<td>7.52</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.92</td>
<td>1.27</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.91</td>
<td>2.18</td>
</tr>
<tr>
<td>Complete primary</td>
<td>5.48</td>
<td>3.15</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>3.58</td>
<td>5.29</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>4.49</td>
<td>11.74</td>
</tr>
<tr>
<td><strong>United Republic of Tanzania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1.17</td>
<td>0.94</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>1.17</td>
<td>1.38</td>
</tr>
<tr>
<td>Complete primary</td>
<td>2.73</td>
<td>4.19</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>6.8</td>
<td>2.95</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>0</td>
<td>29.87</td>
</tr>
<tr>
<td><strong>Zambia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>0.93</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>0.95</td>
<td>-</td>
</tr>
<tr>
<td>Region, country and educational level</td>
<td>Caesarean delivery rate(a) (%) in:</td>
<td>Cumulative rate(b) (%)</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Complete primary</td>
<td>2.35</td>
<td>-</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>2.6</td>
<td>-</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>7.68</td>
<td>-</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>1.29</td>
<td>2.14</td>
</tr>
<tr>
<td>Incomplete primary</td>
<td>3.89</td>
<td>3.69</td>
</tr>
<tr>
<td>Complete primary</td>
<td>6.13</td>
<td>5.26</td>
</tr>
<tr>
<td>Incomplete secondary</td>
<td>7.52</td>
<td>7.38</td>
</tr>
<tr>
<td>Complete secondary</td>
<td>14.38</td>
<td>11.56</td>
</tr>
</tbody>
</table>

\(a\) Caesarean delivery rates are expressed as percentages of deliveries that ended in a live birth, excluding all but the last-born of the neonates delivered in each multiple birth. They take into account sampling weights.

\(b\) The caesarean delivery rate – in this and any poorer quintiles – in the most recent survey included in the analysis.
Appendix C: Optimal Caesarean Rates Survey questionnaire

Study Information & Online Consent Form

You are invited to participate in a research study on optimal caesarean rates. The purpose of this study is to gather the range of opinions on optimal caesarean rates among deliveries with different characteristics. This online survey will only take 10 minutes to complete. Results from the study will help inform the development of a classification of need for caesarean sections.

Your decision to participate in this study is completely voluntary and you have the right to terminate your participation at any time by closing your browser. You may skip any questions you do not wish to answer.

Your participation in this research will be completely confidential and data will be averaged and reported in aggregate.

I agree to these terms:

- I have read and understand the above consent form,
- I certify that I am a medical doctor with experience performing caesareans in the last 5 years, and,
- By clicking the button below to enter the survey, I indicate my willingness to take part in the study voluntarily.

Questionnaire

1. Information on panellists:
   - What is your gender? (female, male)
   - How old are you? (20-29, 30-39, 40-49, 50-59, 60 or older)
   - What is your main occupation? (practicing obstetrician, practicing medical doctor (non-obstetrician), non-clinical doctor (including public health
• In what country did you complete your obstetrics training (or medical training, if non-obstetrician)?
• In what country did you gain most of your experience in obstetrics?
• In what type of facility did you most recently provide obstetric care (public, private for profit, private not-for-profit, other)?
• In what facility level did you most recently provide obstetric care? (primary care facility, district-level hospital, regional referral hospital, national or university referral hospital, not applicable (e.g. independent private clinic), other)
• Of all deliveries in your institution in one year, what percentage of births were delivered by caesarean? (0-14%, 15-29%, 30-49%, 50% or higher, don’t know)
• How did you receive the invitation to participate in this survey? (group email, personal email (addressed to you specifically), link from facebook post, link from twitter account, other)
• Please enter your email address if you wish to be kept informed of the findings from our study (optional)

2. **Optimal caesarean rates for various delivery characteristics:**

For each of the following obstetric characteristics, please indicate what proportion of women should receive a caesarean for optimal maternal and fetal outcomes (from 0 to 100%). Some women may have other complications (related or unrelated to the stated characteristic); please consider all women with the stated characteristic, regardless of whether or not they have other complications.

Please consider both planned and emergency caesareans (before or during labour), in a general obstetric population.

<table>
<thead>
<tr>
<th>Obstetric characteristics</th>
<th>Of 1000 women with the following characteristic, what proportion should receive a caesarean for optimal maternal and fetal outcomes? (0-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete placenta praevia</td>
<td></td>
</tr>
</tbody>
</table>

243
| Antepartum haemorrhage from placental abruption |
| Uterine rupture (baby alive) |
| Transverse/oblique lie |
| Face or brow presentation |
| Breech presentation |
| Severe cephalopelvic disproportion |
| Prolonged labour (active stage of labour >6 hrs) |
| Previous caesarean section |
| Twin pregnancy |
| Eclampsia (convulsions, baby alive) |
| Pre-eclampsia (blood pressure >140/90 and ++ proteinuria, baby alive) |
| Maternal diabetes (gestational or pre-gestational) |
| Premature labour (<34 weeks) |
| Cord prolapse |

2. Reproductive and nutritional characteristics (including any possible associated obstetric complications)

- Multipara, singleton cephalic delivery, no other risk factors known at the onset of labour
- Birthweight >4,000g (weighed after delivery)
- Birthweight <2,500g (weighed after delivery)
- Grand multipara (parity ≥6)
- Nullipara
- Maternal height <150cm / <5’0’
- Maternal BMI 25-30 pre-pregnancy
- Maternal BMI >30 pre-pregnancy
- Maternal history of stillbirth
- Maternal history of early neonatal death (<24hrs of birth)
- Maternal age >35

3. Optimal caesarean rate among all deliveries

Of all deliveries worldwide, what proportion should receive a caesarean for optimal maternal and fetal outcomes?
# Appendix D: National caesarean rates and source

National caesarean rates, year of estimate and source for all countries with available data (updated from Gibbons et al. 2012 [1])

<table>
<thead>
<tr>
<th>Country</th>
<th>Caesarean rate (%)</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>12.5</td>
<td>2010</td>
<td>National Statistical Service [Armenia], Ministry of Health [Armenia], and ICF International.</td>
</tr>
<tr>
<td>Australia</td>
<td>31.5</td>
<td>2009</td>
<td>World Health Organization. Global Health Observatory data repository. Available at: <a href="http://www.who.int/gho/countries/en">http://www.who.int/gho/countries/en</a>'.</td>
</tr>
<tr>
<td>Austria</td>
<td>29</td>
<td>2011</td>
<td>World Health Organization. Global Health Observatory data repository. Available at: <a href="http://www.who.int/gho/countries/en">http://www.who.int/gho/countries/en</a>'.</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------</td>
<td>--------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Bosnia</td>
<td>18.6</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Brazil</td>
<td>52.3</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>1.81</td>
<td>2010</td>
<td>Institut National de la Statistique et de la Démographie (INSD) et ICF</td>
</tr>
<tr>
<td>Burundi</td>
<td>4</td>
<td>2010</td>
<td>Institut de Statistiques et d'Etudes Economiques du Burundi (ISTEEBU),</td>
</tr>
<tr>
<td>Cambodia</td>
<td>3</td>
<td>2010</td>
<td>National Institute of Statistics, Directorate General for Health, and ICF</td>
</tr>
<tr>
<td>Canada</td>
<td>27.8</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Chad</td>
<td>1.5</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Chile</td>
<td>37</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Colombia</td>
<td>42.8</td>
<td>2011</td>
<td>World Health Organization. Global Health Observatory data repository.</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------</td>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>38.8</td>
<td>2010</td>
<td>World Health Organization. Global Health Observatory data repository. Available at: <a href="http://www.who.int/gho/countries/en/">http://www.who.int/gho/countries/en/</a></td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------</td>
<td>----------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mozambique</td>
<td>3.9</td>
<td>2011</td>
<td>Ministerio da Saúde (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI), Moçambique Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA: MISAU, INE e ICFI. Available at: <a href="http://dhsprogram.com/publications/publication-FR266-DHS-Final-Reports.cfm">http://dhsprogram.com/publications/publication-FR266-DHS-Final-Reports.cfm</a></td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Country</td>
<td>Caesarean rate (%)</td>
<td>Year</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
Appendix E: ObaapaVitA data collection forms

PROFILE form ......................................................255
BIRTH form..........................................................260
HOSPITAL form......................................................269
VPM form ............................................................277
**PROFILE FORM**

**KINTAMPO HEALTH RESEARCH CENTER**

**KIVAP OBAAPAVITA PROJECT**

**PROFILE FORM 270505 ENG**

### 1. BACKGROUND and ID:

- **Cluster code:**
- **Woman’s ID:**
- **Woman’s name:**
- **Date of visit:**
- **Staff code:**

#### Status at time of visit:
- Present
- Currently in hospital
- Temporarily absent
- Died
- Moved out
- Withdrawn

#### Are you filling in this form as:
- fieldworker visiting a pregnant woman you have found to be pregnant (FW)
- as a member of the IEC team making your random adherence checks (IEC)?

### 2. SOCIO-DEMOGRAPHIC CHARACTERISTICS:

#### 2.1. In what year were you born? [1908 = NK] .........................
- **Year Born:**

#### 2.2. In what month were you born? [01 = NK] .........................
- **Month Born:**

#### 2.3. Do you know your age? (in years) [08 = NK] .........................
- **Age:**

#### 2.4. PLACE THE MOTHER IN ONE OF THE FOLLOWING AGE GROUPS:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>15 - 19 years</th>
<th>20 - 29 years</th>
<th>30 - 45 years</th>
<th>45 years or more</th>
</tr>
</thead>
</table>

#### 2.5. Highest educational level reached?

<table>
<thead>
<tr>
<th>Level</th>
<th>None</th>
<th>Primary School</th>
<th>Secondary School</th>
<th>Middle/Continuation School, JSSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Post-middle school – teacher training, secretarial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Post secondary – nursing, teacher, polytechnic, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. University</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Not known</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2.6. Number of years completed at the highest level reached? [08 = NK, 99 = NA, 00 = no education] ...........
- **Number of Years:**

#### 2.7. Are you currently single, married, or living with a man, or are you widowed, divorced or separated?

<table>
<thead>
<tr>
<th>Status</th>
<th>Married</th>
<th>Living together</th>
<th>Widowed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2.8. What is your religion?

<table>
<thead>
<tr>
<th>Religion</th>
<th>Catholic</th>
<th>Protestant</th>
<th>Pentecostal</th>
<th>Muslim</th>
<th>Traditional African</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*255*
## PROFILE FORM

### ETHNIC

| 14. Fulani |
| 15. Ga, Adangbey, Ewe |
| 16. Gonja, Dagomba, Mamprusi |
| 17. Konkonoma, Basare |
| 18. Mo |
| 19. Sisala, Wala |
| 20. Zambabha |
| 21. Banda, Pantra |
| 22. Other. |

### OWN LAND

| 1. Yes, my own | 2. Yes, part of family land | 3. Yes, part of husband’s land |
| 4. Yes, rented land |
| 5. No |

### CROPS

| 1. Food items, mainly for home consumption |
| 2. Food items, mainly for sale on the market |
| 3. Cash crops: tobacco, cashew, cocoa, etc. |
| 9. NA, no farm |

### SALARY

| 1. Yes, professional – teacher, nurse, accounts, administrative |
| 2. Yes, clerical/secretarial |
| 3. Yes, seamstress, hairdresser etc. |
| 4. Yes, trader, food seller |
| 5. Yes, labourer/domestic worker/farmer |
| 6. Other |
| 7. No |

### HOUSEHEAD

1. You |
2. Your husband |
3. Your father |
4. Your mother |
5. Other |
8. NK |

### HOUSEBORN

In what year was the household head born? [1900 = NK] 

### HOUSEAGE

How old is the household head now (in years)? [88 = NK] 

### HOUSEEDLEVEL

What was the household head’s highest educational level reached?

| 1. None |
| 2. Primary school |
| 3. Middle, continuation school, JSS |
| 4. Technical, commercial, SSS, Secondary school |
| 5. Post-middle college, teacher training, secretarial |
| 6. Post secondary, nursing, teacher, polytechnic |
| 7. University |
| 8. Not known |

### HSENUMFRS

What was the number of years that the household head completed at the highest level reached? [88 = NK, 00 = no education] 

### HSEARN

Does the household head have a regular cash income or salaried job?

| 1. Professional – teacher, nurse, accounts, administrator etc. |
| 2. Clerical / secretarial |
| 3. Trader / businessman / driver with own car etc. |
| 4. Employed tradesman, driver without own car, builder, etc. |
| 5. Farmer, labourer, domestic worker |
| 6. Other |
| 7. No |
| 8. NK |

### HHFARMING

Do members of the household do any farming? 

| 1. Yes |
| 2. No |

### HHOWNLAND

Does anyone in the household own any land? 

| 1. Yes |
| 2. No |

### HHOWNFARM

Does anyone in the household own their own farm? 

| 1. Yes |
| 2. No |

### HHICROP

What do they grow?

| 1. Food items, mainly for home consumption |
| 2. Food items, mainly for sale on the market |
| 3. Cash crops: tobacco, cashew, cocoa, etc. |
| 9. NA, no farm |
### PROFILE FORM

2.24. Does anyone in the household own:  

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickens or ducks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheep or goats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other animals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping mattress?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cupboard, wardrobe, room divider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mosquito net?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewing machine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas or electric cooker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fridge or freezer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motorcycle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.25. Does your household have electricity?  

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.26. What is the main source of drinking water for members of your household?  

<table>
<thead>
<tr>
<th>Source</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped into dwelling/yard/plot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public tap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handpump/closed bore hole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stream/river</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake/dam/pond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water trucks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rain water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.27. How long does it take for you to go there, get water and come back?  

<table>
<thead>
<tr>
<th>Time</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 min - less than 30 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 min - less than 60 min</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 min or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.28. What kind of toilet facility does your household have?  

<table>
<thead>
<tr>
<th>Facility</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flush latrine/WC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilated improved pit/KVIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other pit latrine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open fields</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defaecute in house, faeces transferred elsewhere/bucket latrine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.29. What are the total number of rooms in the household used for sleeping? 88 = NK  

- [ ]

2.30. What are the total number of people that sleep in the household last night? 88 = NK  

- [ ]

2.31. Do you own or rent the house you live in, or do you have another type of arrangement, such as “perching”?  

<table>
<thead>
<tr>
<th>Ownership/Arrangement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sole Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Relation's house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House provided rent free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.32. Floor of sleeping room  

<table>
<thead>
<tr>
<th>Material</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mud/Clay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.33. Roofing  

<table>
<thead>
<tr>
<th>Material</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metal/asbestos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thatch/mud</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.34. Wall  

<table>
<thead>
<tr>
<th>Material</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mud</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.35. Does the household have a separate room with a roof just for cooking? | 1. Yes | 2. No | 8. NK

2.36. Does the household have a separate sleeping room for children? | 1. Yes | 2. No | 8. NK

2.37. Does the household have a domestic worker not related to the household head? | 1. Yes | 2. No | 8. NK

3. FERTILITY AND OBSTETRIC HISTORY

Now, I would like to ask you some questions about any pregnancies and children that you have had.

3.1 How many male children of your own are living with you right now? [00 = NONE].............

3.2 How many male children of your own are living elsewhere? [00 = NONE]..........................

3.3 How many female children of your own are living with you right now? [00 = NONE].............

3.4 How many female children of your own are living elsewhere? [00 = NONE]..........................

3.5 Do you have any children who were born alive but died later? How many? [0 = NONE]...........

3.6. Have you ever lost a pregnancy? How many? [0 = NONE]..............................................

3.7. Have you ever had a stillbirth? How many? [0 = NONE]..................................................

3.8. Have you ever had an ectopic pregnancy? How many? [0 = NONE].....................................

3.9. CALCULATE THE TOTAL NUMBER OF PREGNANCIES SHE HAS HAD, THAT IS THE SUM FOR 3.1 – 3.8 [DO NOT INCLUDE THE CURRENT PREGNANCY]..............

CHECK THIS NUMBER WITH HER AS FOLLOWS:
3.9.1. I would like to check with you the total number of pregnancies you have had. From what you have told me, you have had a total of [SUM] pregnancies. Is this correct? | 1. Yes | 2. No

IF THE ANSWER IS NO, REPEAT QUESTIONS 3.1 TO 3.8 UNTIL YOU HAVE AGREEMENT. NOTE THAT THIS NUMBER SHOULD NOT INCLUDE THE CURRENT PREGNANCY IF SHE IS PREGNANT. NOTE ALSO THAT IN OUR DEFINITION TWINS COUNT AS TWO PREGNANCIES AND TRIPLET AS THREE.

3.10. Have you ever had a Caesarean Section?.................................................................

3.11. Have you ever had a delivery where the baby had to be pulled out with an instrument? | 1. Yes | 2. No

3.12. DATE OF BIRTH OF LAST CHILD [THE ONE BEFORE THIS PREGNANCY OR THE ONE BEFORE THE CHILD JUST BORN; 080608 = Not known; 000000 = No child]..........................

3.13. Where did you deliver your last child? [USE FACILITY KEY CODE; 99 = NA, No child or delivered at home]
4. HEALTH HISTORY: Now I would like to ask some questions about your health

<table>
<thead>
<tr>
<th>HEALTHY</th>
<th>ADMIIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Excellent</td>
<td>2. Good</td>
</tr>
</tbody>
</table>

4.2. Have you been admitted to hospital for more than 2 days in the past 12 months?
1. Yes, for illness during pregnancy 2. Yes, for other illness 3. Yes, for accident/injury 4. No

4.3. Has a doctor ever told you if you have any of the following illnesses?
<table>
<thead>
<tr>
<th>Heart disease or hypertension?</th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicose veins?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Kidney disease?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Asthma?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>TB?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Epilepsy?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Jaundice or hepatitis</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>Any other serious illness:</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
</tbody>
</table>

4.4. Do you currently REGULARLY take any medicines for an illness or health condition?
1. Yes | 2. No | 8. NK |

4.5. Have you ever had any surgical operation on your womb?

4.6. Have you ever had any other surgical operation?
1. Yes (SPECIFY): 2. No

END OF PROFILE FORM. CHECK YOUR FORM AND THANK THE RESPONDENT
BIRTH FORM
KINTAMPO HEALTH RESEARCH CENTER
KIVAP OBAAPAVITA PROJECT
BIRTH FORM 020705 ENG

COMPLETE THIS FORM FOR ANY PREGNANCY ENDING AT SIX OR MORE MONTHS
WHETHER SHE HAD A LIVE BIRTH OR STILLBIRTH.

1. BACKGROUND and ID:

| 1.1 Cluster code: |  |  |  | CLUSTER |
| 1.2 Woman’s ID: |  |  |  | WOMANID |
| 1.3. Woman’s name: |  |  |  |  |
| 1.4 Date of delivery: |  |  |  | DATEDELIV |
| 1.5 Date of visit: |  |  |  | DATEVISIT |
| 1.6 Staff code: |  |  |  | FW |

2. PREGNANCY

2.1. How many times did you receive antenatal care from a doctor or nurse during that pregnancy? [00 = NONE] [ASK TO SEE ANTENATAL CARE RECORD, EXCLUDE ILLNESS]

| 2.2. How many tetanus toxoid immunisations did you receive during that pregnancy? [00 = NONE, 88 = NK, ASK TO SEE ANY MEDICAL RECORDS, YELLOW CARD] |
| 2.3. How many tetanus toxoid immunisations have you ever received before that pregnancy? [00 = NONE, 88 = NK, ASK TO SEE ANY MEDICAL RECORDS, YELLOW CARD] |

2.4. WAS HAEOMOGLOBIN < 10 EVER RECORDED DURING HER ANC ATTENDANCE? [CHECK FROM HER CARD; 8 = NO CARD]

| 2.5. During pregnancy did you sleep under a bed net? |
| 2.6. Did a doctor or a nurse ever say you had malaria during pregnancy? |
| 1. Yes | 2. No | 8. NK |
| 2.7. Did this child’s pregnancy end early, on time, or late? |
| 1. Early | 2. On time | 3. Late | 8. Not known |
| 2.8. How many months pregnant were you with this child? (88 = NK) |

3. LABOUR AND DELIVERY

Now I would like to ask you some questions about the delivery.

3.1 Did the waters break before labour or during labour? 1. Before labour started 2. During labour or delivery 8. Don’t know

3.2 How much time before you started labour did the waters break?

| 1. Less than 4 hours | 2. 4 to 23 hours | 3. 24 hours or more | 8. Don’t know | 9. NA, broke during labour |

260
BIRTH FORM

Now, I would like to ask about SERIOUS problems you may have experienced during labour or soon after delivery. Did you experience:

3.3 Heavy bleeding during labour or after delivery  1. Yes  2. No  8. NK

3.4 Convulsions during labour or delivery  1. Yes  2. No  8. NK

3.5. Did somebody have to remove the placenta from inside the uterus?  1. Yes  2. No  8. NK

3.6. Surgery to repair or remove the womb  1. Yes  2. No  8. NK

3.7. Tear in the vagina  1. Yes  2. No  8. NK


3.10. How many babies did you have? ..................................................

4. PROBLEMS SINCE THE BIRTH

Now I'd like to ask about problems you may have experienced since the birth. Have you experienced any of the following?

4.1. Large clots and heavy bleeding from the vagina  1. Yes  2. No  8. NK

4.2. Offensive or foul smelling vaginal discharge  1. Yes  2. No  8. NK

4.3. Hot body  1. Yes  2. No  8. NK

4.4. Leaking urine or faeces  1. Yes  2. No  8. NK


4.6. Any other serious problem I have not mentioned [SPECIFY]  1. Yes  2. No  8. NK

SAY THAT YOU WILL NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT THE BABY (BABIES). 5. FIRST BABY

5.1 Where was this baby born?
1. Clinic/hospital  2. Private maternity home  3. At home/TBA  4. On the way to the clinic hospital/TBA

5.2 IF THE ANSWER TO 5.1 IS 1 OR 2, STATE WHERE [USE CODE FROM FACILITY KEY]

5.3 Was this baby born via a normal delivery through the vagina?
1. Normally, through the vagina  2. Baby was pulled with an instrument  3. By caesarean section  4. Other, Specify

5.4 For this baby did you know you were going to have a CS before you went into labour? ..........................................................

5.5 Who delivered this baby?

CHILD/ID
5.6. Was the baby born alive i.e. did it cry or move or breathe after birth?  
1. Yes  2. No  

5.7. Is the baby still alive?  
1. Yes  2. No died within an hour of birth  3. No, died first day  4. No, died after 1 day  9. NA, stillbirth  

5.8. If the baby died, how many days old was it when it died?  
(99= Still alive OR Stillbirth)  

5.9. Is/was the baby a male or female?  
1. Male  2. Female  8. NK  

5.10. Which part of the baby was coming out first?  

5.11. Does the baby have any congenital abnormality?  
1. Yes  2. No  8. NK  9. NA, baby dead  

5.12. How big was your baby when he/she was born?  

5.13. RECORD BIRTHWEIGHT FROM HEALTH CARD/DISCHARGE SLIP:  
(IN KILOGRAMS; 888 = NO RECORD)  

5.14. WEIGHT TODAY (IN KILOGRAMS; 999 = BABY DEAD)  

IF STILL BIRTH PLEASE DRAW A DOUBLE LINE THROUGH THE REST OF THIS SECTION.  

5.15. In the last 24 hours, was this baby put to the mother's breast?  
1. Yes  2. No  

5.16. breast milk from another woman?  
1. Yes  2. No  8. NK  9. NA, baby dead  

5.17. other milk: [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?  
1. Yes  2. No  8. NK  9. NA, baby dead  

5.18. other fluids: [PROMPT for]: water, tea traditional medicine  
1. Yes  2. No  8. NK  9. NA, baby dead  

5.19. any foods: [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cereals, milk?  
1. Yes  2. No  8. NK  9. NA, baby dead  

5.20. In the last 24 hours, why was the baby not put to the mother's breast?  
If Q5.15 WAS "YES" CIRCLE "99/NA"  

5.21. In the last 24 hours, has the baby been well?  
1. Yes  2. No  8. NK  9. NA baby dead  

5.22. In the last 24 hrs, has the baby been able to suck or feed in a normal way?  
1. Yes  2. No  8. NK  9. NA baby dead  

5.23. How long after birth was the baby first put to the mother’s breast?  

<table>
<thead>
<tr>
<th>263</th>
<th>BIRTH FORM</th>
</tr>
</thead>
</table>
| | 5.24. In the first 24 hours after birth, why was the baby not put to the mother’s breast?  
| 18. Other | 99. NA, mother did not breastfeed baby in last 24 hrs |

In the first 24 hours after birth, was the baby offered anything else: [PROMPT]:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.27. other fluids [PROMPT for]: water, tea, traditional medicine?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
<tr>
<td>5.28. any foods [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cereals, millets?</td>
<td>1. Yes</td>
<td>2. No</td>
<td>8. NK</td>
</tr>
</tbody>
</table>

5.29. Did you give colostrum to this baby?  
5.30. In the first 24 hours after birth, was the baby well?  
5.31. In the first 24 hours after birth, was the baby able to suck or feed in a normal way?  

5.32. How long after birth did anyone dry the birth fluid from the baby’s skin?  
| 1. Within 30 minutes of birth | 2. 30 minutes or later | 3. The baby was never dried | 8. NK |

5.33. How long after birth did anyone wrap the baby?  
| 1. Within 30 minutes of birth | 2. 30 minutes or later | 3. The baby was never wrapped | 8. NK |

5.34. How many times have you bathed your baby in the last 24 hours? 88 = NK  

5.35. What was used to cut the umbilical cord?  
| 1. Clinic/hospital instrument (scissors, razorblade, knife, etc) | 2. New razorblade/knife (not from clinic/hospital) |
| 3. Old razorblade/knife (not from clinic/hospital) | 4. Other: |

5.36. Since birth, what was applied to the baby’s umbilical cord stump?  
| 6. Ground nut oil | 7. Other: |

5.37. Since birth, has the baby had a serious illness that you thought was serious or severe  
| 1. Yes | 2. No |

If Q5.37. WAS “2/NO” THEN CIRCLE “98/NA” FOR Q5.38, Q5.39, Q5.40, Q5.41

5.38. Was care sought outside the home while the baby had this illness?  
| 1. Yes | 2. No | 8. NK | 9. NA |

5.39. Was a traditional healer consulted for this illness?  
5.40. Was care sought from a doctor, nurse, clinic/hospital for this illness?  

5.41. Was he/she admitted?  
| 1. Yes | 2. No | 9. NA |

5.42. Where was he/she admitted? [ENTER CODE FROM FACILITY KEY]  
[“99”=Not known, “98”=Not applicable]  

If MORE THAN ONE BABY GO TO SECTION 6, IF ONLY ONE BABY END FORM HERE, DRAW A DOUBLE LINE THROUGH THE REST OF THE FORM, THANK THE RESPONDENT, AND CHECK YOUR FORM.
6. SECOND BABY

6.1 Where was this baby born?
1. Clinic/hospital  2. Private maternity home  3. At home/TBA  4. On the way to the clinic/hospital TBA

6.2 IF THE ANSWER TO 5.1 IS 1 OR 2, STATE WHERE. [USE CODE FROM FACILITY KEY]

6.3 Was this baby born via a normal delivery through the vagina?

6.4 For this baby did you know you were going to have a CS before you went into labour? 1. Yes  2. No  9. NA, no CS

6.5 Who delivered this baby?

6.6. Was the baby born alive i.e. did it cry or move or breathe after birth? 1. Yes  2. No


6.8. If the baby died, how many days old was it when it died? (99= Still alive OR Stillbirth)

6.9. Is/was the baby a male or female? 1. Male  2. Female  8. NK

6.10. Which part of the baby was coming out first?

6.11. Does the baby have any congenital abnormality? [EXAMINE AND SPECIFY]: 1. Yes  2. No  8. NK  9. NA, baby dead

6.12. How big was your baby when he/she was born? 1. Very tiny  2. Smaller than average  3. Average size
4. Larger than most babies  5. Very big baby  6. Don’t know

6.13 RECORD BIRTHWEIGHT FROM HEALTH CARD/DISCHARGE SLIP: (IN KILOGRAMS; 888 = NO RECORD)

6.14 WEIGHT TODAY 1 (IN KILOGRAMS; 999 = BABY DEAD)

IF STILL BIRTH PLEASE DRAW A DOUBLE LINE THROUGH THE REST OF THIS SECTION.

SAY THAT YOU WILL NOW ASK SOME QUESTIONS ABOUT THE LAST 24 HOURS
6.15. In the last 24 hours, was this baby put to the mother’s breast? 1. Yes  2. No
In the last 24 hours, was the baby offered anything else: PROMPT:
6.16. breast milk from another woman?.................................
6.17. other milk: PROMPT for: cow’s milk, tinned milk, infant formula, Lactogen, SMA?.................................
6.18. other fluids: PROMPT for: water, tea, traditional medicines?
6.19. any foods: PROMPT for: any solid foods, gruels, porridge, bread, rice, cereals, nutrients?.................................
6.20. In the last 24 hours, why was the baby not put to the mother’s breast?
6.21. In the last 24 hours, has the baby been well?.................................
6.22. In the last 24 hrs, has the baby been able to suck or feed in a normal way?.................................
6.23. How long after birth was the baby first put to the mother’s breast?
6.24. In the first 24 hours after birth, why was the baby not put to the mother’s breast?
6.25. breast milk from another woman?.................................
6.26. other milk: PROMPT for: cow’s milk, tinned milk, infant formula, Lactogen, SMA?.................................
6.27. other fluids: PROMPT for: water, tea, traditional medicines?
6.28. any foods: PROMPT for: any solid foods, gruels, porridge, bread, rice, cereals, nutrients?.................................
6.29. Did you give colostrum to this baby?.................................
6.30. In the first 24 hours after birth, was the baby well?.................................
6.31. In the first 24 hours after birth, was the baby able to suck or feed in a normal way?.................................
6.32. How long after birth did anyone dry the birth fluid from the baby’s skin?
6.33. How long after birth did anyone wrap the baby?
6.34. How many times have you bathed your baby in the last 24 hours? 88 = NK

6.35. What was used to cut the umbilical cord?
1. Clinic/hospital instrument (scissors, razorblade, knife, etc.)
2. New razorblade/knife (not from clinic/hospital)
3. Old razorblade/knife (not from clinic/hospital)
4. Other: 8. NK

6.36. Since birth, what was applied to the baby's umbilical cord stump?
1. Nothing, left it alone
2. Hospital clinic medicine
3. Shea butter
4. Leaves or herbs
5. Palm oil
6. Ground nut oil
7. Other: 8. NK

6.37. Since birth, has the baby had a serious illness that you thought was serious or severe
1. Yes
2. No

6.38. Was care sought outside the home while the baby had this illness?
1. Yes
2. No
3. NK
4. NA

6.39. Was a traditional healer consulted for this illness?
1. Yes
2. No
3. NK
4. NA

6.40. Was care sought from a doctor, nurse, clinic, hospital for this illness?
1. Yes
2. No
3. NK
4. NA

6.41. Was he/she admitted?
1. Yes
2. No
3. NA

6.42. Where was he/she admitted? [ENTER CODE FROM FACILITY KEY]
["88" = Not known, "99" = Not applicable]

IF THIRD BABY GO TO SECTION 7. OTHERWISE END FORM HERE, DRAW A DOUBLE LINE THROUGH THE REST OF THE FORM, THANK THE RESPONDENT, AND CHECK YOUR FORM.

7. THIRD BABY

7.1 Where was this baby born?
1. Clinic/hospital
2. Private maternity home
3. At home/TBA
4. On the way to the clinic/hospital TBA

7.2 IF THE ANSWER TO 5.1 IS 1 OR 2, STATE WHERE. [USE CODE FROM FACILITY KEY]

7.3 Was this baby born via a normal delivery through the vagina?
1. Normally, through the vagina
2. Baby was pulled with an instrument
3. By cesarean section
4. Other, Specify.

7.4 For this baby did you know you were going to have a CS before you went into labour?
1. Yes
2. No
3. NA, no CS

7.5 Who delivered this baby?
1. Doctor
2. Midwife
3. TBA
4. Other person/relative
5. Delivered myself
6. Don't know

7.6. Was the baby born alive and did it cry or move or breathe after birth?
1. Yes
2. No
3. Died in first hour of birth
4. Died after 1 day
5. Died before labour

7.7. Is the baby still alive?
1. Yes
2. No

7.8. If the baby died, how many days old was it when it died? (99 = Stillbirth)

7.9. Is this the baby a male or female?
1. Male
2. Female
3. NK
**BIRTH FORM**

7.10. Which part of the baby was coming out first?


**B1POSN**

7.11. Does the baby have any congenital abnormality? [EXAMINE AND SPECIFY]:

| 1. Yes | 2. No | 8. NK | 9. NA, baby dead |

**B3ANOMALY**

7.12. How big was your baby when he/she was born? [PROMPT]


**B3SIZE**

7.13. RECORD BIRTHWEIGHT FROM HEALTH CARD/DISCHARGE SLIP: (IN KILOGRAMS, 888 = NO RECORD)

|  |  |

**B1BIRTHWT**

7.14. WEIGHT TODAY (IN KILOGRAMS, 999 = BABY DEAD)

|  |  |

**B1TODAYWT**

**IF STILL BIRTH PLEASE DRAW A DOUBLE LINE THROUGH THE REST OF THIS SECTION.**

7.15. In the last 24 hours, was this baby put to the mother’s breast? ..............................................

| 1. Yes | 2. No |

**B1CURRBF**

In the last 24 hours, was the baby offered anything else? PROMPT:

7.16. Breastmilk from another woman?.................................

| 1. Yes | 2. No | 8. NK | 9. NA, baby dead |

**B1CURROWET**

7.17. Other milk: [PROMPT for]: cow’s milk, timmed milk, infant formula, Lactogen, SMA?.............................

| 1. Yes | 2. No | 8. NK | 9. NA, baby dead |

**B1CURRTHMT**

7.18. Other fluids: [PROMPT for]: water, tea traditional medicine

| 1. Yes | 2. No | 8. NK | 9. NA, baby dead |

**B1CURRFLUID**

7.19. Any foods: [PROMPT for]: any solid foods, gogels, porridge, bread, rice, cereals, nutriment?..............................

| 1. Yes | 2. No | 8. NK | 9. NA, baby dead |

**B1CURRFLUID**

7.20. In the last 24 hours, why was the baby not put to the mother’s breast?

| 18. Other | 99. NA, mother did breastfeed baby in last 24hrs |

**B1CURRREAS**

7.21. In the last 24 hours, has the baby been well?..............................

| 1. Yes | 2. No | 8. NK | 9. NA baby dead |

**B1CURREWELL**

7.22. In the last 24 hrs, has the baby been able to suck or feed in a normal way?...........................................

| 1. Yes | 2. No | 8. NK | 9. NA baby dead |

**B1CURRUUCK**

**SAY THAT YOU WILL NOW ASK ABOUT THE FIRST DAYS AFTER BIRTH**

**B3INITIATE**

7.23. How long after birth was the baby first put to the mother’s breast?

| 1. Immediately | 2. Within an hour of birth | 3. After 1 hour but first day | 4. Day 2 |

7.24. In the first 24 hours after birth, why was the baby not put to the mother’s breast?

| 18. Other | 99. NA, mother did breastfeed baby in last 24hrs |

**B3DAYREAS**
In the first 24 hours after birth, was the baby offered anything else? [PROMPT]

7.27. Other fluids [PROMPT for]: water, tea, traditional medicines? ......................... 1. Yes 2. No 8. NK
7.28. Any foods [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cereals, nutrients? ......................................................................................................................... 1. Yes 2. No 8. NK

7.29. Did you give colostrum to this baby? ................................................................. 1. Yes 2. No 8. NK
7.30. In the first 24 hours after birth, was the baby well? ........................................... 1. Yes 2. No 8. NK
7.31. In the first 24 hours after birth, was the baby able to suck or feed in a normal way? ......................................................................................................................... 1. Yes 2. No 8. NK

7.32. How long after birth did anyone dry the birth fluid from the baby’s skin?

<table>
<thead>
<tr>
<th>1. Within 30 minutes of birth</th>
<th>2. 30 minutes or later</th>
<th>3. The baby was never dried</th>
<th>8. NK</th>
</tr>
</thead>
</table>

7.33. How long after birth did anyone wrap the baby?

<table>
<thead>
<tr>
<th>1. Within 30 minutes of birth</th>
<th>2. 30 minutes or later</th>
<th>3. The baby was never wrapped</th>
<th>8. NK</th>
</tr>
</thead>
</table>

7.34. How many times have you bathed your baby in the last 24 hours? 88= NK ..........

7.35. What was used to cut the umbilical cord?

<table>
<thead>
<tr>
<th>1. Clinicians/hospital instrument (scissors, razor blade, etc.)</th>
<th>2. New razor blade/ knife (not from clinic/hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Old razor blade/ knife (not from clinic/hospital)</td>
<td>4. Other:</td>
</tr>
</tbody>
</table>

7.36. Since birth, what was applied to the baby’s umbilical cord stump?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Ground nut oil</td>
<td>7. Other:</td>
<td></td>
<td></td>
<td>8. NK</td>
</tr>
</tbody>
</table>

7.37. Since birth, has the baby had a serious illness that you thought was serious or severe

| 1. Yes | 2. No |

7.38. Was care sought outside the home while the baby had this illness? 1. Yes 2. No 8. NK 9. NA


7.41. Was he/she admitted? 1. Yes 2. No 9. NA

7.42. Where was he/she admitted? [ENTER CODE FROM FACILITY KEY]

[*“88”=Not known, “99”=Not applicable]

END OF BIRTH FORM. THANK THE RESPONDENT AND CHECK YOUR FORM.
FILL OUT THIS FORM FOR ALL WOMEN ADMITTED TO THE MATERNITY OR LABOUR WARD

1. BACKGROUND:
   1.1. Woman's name: ................................................. NAME
   1.2. Date of visit: .................................................. DATE VISIT
   1.3. Staff code: ........................................................ FW
   1.4. Hospital code: ..................................................... HOSP CODE
   1.5. Data verified by supervisor: .................................... 1. Yes 2. No DATASUP

2. INTERVIEW WITH RESPONDENT:
   ASK THE HOSPITAL STAFF IF YOU CAN VISIT THE WOMAN AT HER BEDSIDE. INTRODUCE YOURSELF AND ASK TO SPEAK WITH THE WOMAN OR A FAMILY MEMBER. ASK THE WOMAN OR RESPONDENT IF THE WOMAN IS ENROLLED IN THE OBAAPAVITA STUDY. EXPLAIN THE OBAAPAVITA STUDY IF NECESSARY.
   2.1. Is the woman currently enrolled in the ObaapVita study? ................. 1. Yes 2. No 8. NK ENROL
   2.2. Pregnancy status at admission
       1. Pregnant 2. Admitted during labour or delivery 3. Postpartum (within 6 weeks of delivery) 4. Early pregnancy loss 8. NK PREGSTATUS
   2.3. What is the name of the woman’s district and village? ............. VILLAGE

3. ID DETAILS:
   ASK FOR THE OBAAPAVITA ID CARD. IF THERE IS NO ID CARD THEN ASK IF SOMEONE CAN FETCH IT AND MAKE AN APPOINTMENT TO COME BACK AND REVIEW IT
   IF THE ID DETAILS ARE NOT LOCATED LEAVE 3.2 AND 3.3 BLANK
   3.2. Cluster code .................................................................................. CLUSTER
   3.3. Woman’s ID .................................................................................. WOMANID

NOW FILL OUT THE WOMAN’S INPATIENT HOSPITAL ID NUMBER
   3.4. Woman’s hospital ID number ......................................................... HOSPID

   3.5. Record the woman’s mid upper arm circumference (in cm)
       99.9 = Woman refused or not seen before discharge/death ................. MUAC

WRITE ANY ADDITIONAL INFORMATION THAT MAY HELP DETERMINE THE ID OF THE WOMAN

__________________________________________________________

END OF THE INTERVIEW. THANK THE RESPONDENT. GO TO SECTION 4 ON THE BACK OF THIS PAGE.
4. BACKGROUND INFORMATION ON THE HOSPITAL ADMISSION:

4.1 Date of hospital admission: ....................................................
4.2 Date of hospital discharge or death: ........................................
4.3 What was the duration of the pregnancy in months on admission? [88 = NK] ........................................
4.4 What was the duration of the pregnancy in weeks on admission? [88 = NK] ........................................
4.5 What was the woman’s parity on admission? [88 = NK] ..................
4.6 What was the woman’s gravidity on admission? [88 = NK] .............
4.7.1 Was she referred from another facility? .................................... 1. Yes  2. No
4.7.2 If yes, please enter the facility code [00 = TBA; 88 = NK; 99 = NA] ........................................
4.8.1 Was she referred to another facility? ........................................ 1. Yes  2. No
4.8.2 If yes, please enter the facility code [88 = NK; 99 = NA] ................
4.9 Date of delivery [080808 = NK; 090909 = No delivery] ................
4.11.1 How many babies were born (including still births)? [9 = NA] ........................................
4.11.2 How did the pregnancy end for the first baby? ....................
1. Live birth, alive at discharge  2. Live birth, but died  3. Stillbirth
4.11.3 How did the pregnancy end for the second baby? ...............
1. Live birth, alive at discharge  2. Live birth, but died  3. Stillbirth
4.11.4 How did the pregnancy end for the third baby? .................
1. Live birth, alive at discharge  2. Live birth, but died  3. Stillbirth

4.12.1 RECORD BIRTHWEIGHT FOR B1 IN KILOGRAMS. 888= NO RECORD... ........................................
4.12.2 RECORD BIRTHWEIGHT FOR B2 IN KILOGRAMS. 888= NO RECORD... ........................................
4.12.3 RECORD BIRTHWEIGHT FOR B3 IN KILOGRAMS. 888= NO RECORD... ........................................

4.13.1 How was the first baby delivered? .................................
1. Normally through the vagina  2. Forceps  3. Vacuum
4. Emergency caesarean section  5. Elective caesarean section  9. NA
4.13.2 How was the second baby delivered? ............................
1. Normally through the vagina  2. Forceps  3. Vacuum
4. Emergency caesarean section  5. Elective caesarean section  9. NA
4.13.3 How was the third baby delivered? .............................
1. Normally through the vagina  2. Forceps  3. Vacuum
4. Emergency caesarean section  5. Elective caesarean section  9. NA

4.14.1 What was the presentation of the first baby? ................
1. Cephalic/Head  2. Breech  3. Transverse
4. Unspecified  5. Other: specify  9. NA
4.14.2 What was the presentation of the second baby? ...........
1. Cephalic/Head  2. Breech  3. Transverse
4. Unspecified  5. Other: specify  9. NA
4.14.3 What was the presentation of the third baby? ............
1. Cephalic/Head  2. Breech  3. Transverse
4. Unspecified  5. Other: specify  9. NA
4.15.1 Were any of the following procedures performed? 

<table>
<thead>
<tr>
<th>1. Hysterectomy</th>
<th>2. Laparotomy</th>
<th>3. Internal version</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Craniotomy or Embryotomy</td>
<td>5. Symphysiotomy</td>
<td>6. Uterine and utero-ovarian artery ligation</td>
</tr>
<tr>
<td>7. Repair of cervical tear</td>
<td>9. NA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IND1</th>
<th>IND2</th>
<th>IND3</th>
</tr>
</thead>
</table>

4.15.2 IF CAESAREAN SECTION OR ANY OF THE PROCEDURES NOTED ABOVE, PLEASE CODE INDICATION

[SEE CODE LIST IN THE HOSPITAL MANUAL; 88 = NK; 99 = NA]

4.15.3 Were there other indications? If yes, please specify....

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
<th>9. NA</th>
</tr>
</thead>
</table>

4.16 Was the woman given the postpartum megadosage of Vitamin A?....

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. Not recorded</th>
<th>9. NA</th>
</tr>
</thead>
</table>

5. HOSPITAL DIAGNOSIS

Did the woman have any of the following problems during her hospital admission?

5.1 Early pregnancy losses (loss of a baby before 22 weeks gestation)......

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
</table>

5.1.1 Spontaneous abortion

5.1.2 Induced/criminal abortion

5.1.3 Threatened abortion

5.1.4 Inevitable abortion

5.1.5 Incomplete abortion

5.1.6 Complete abortion

5.1.7 Septic abortion

5.1.8 Molar pregnancy

5.1.9 Ecstatic pregnancy

5.2 Dystocia

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
</table>

5.2.1 Uterine rupture

5.2.2 Pre-uterine rupture, Bandl’s ring

5.2.3 Cephalopelvic disproportion, CPD

5.2.4 Prolonged labour

5.2.5 Transverse lie

5.2.6 Oblique lie

5.2.7 Breach presentation, frank breech

5.2.8 Foot or foetal breech

5.2.9 Face presentation

5.2.10 Brow presentation

5.2.11 Compound presentation

5.2.12 Shoulder dystocia

5.2.13 Obstructed labour

5.2.14 Cervical stenosis, cervical dystocia

5.2.15 Vaginal stenosis, vaginal rings

5.2.16 Macrosomia

5.2.17 Other: please specify in the hospital diagnosis box

5.3 Hypertensive disorders (only if occurred after 20 weeks gestation)......

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
</table>

5.3.1 Pregnancy-induced hypertension

5.3.2 Pre-eclampsia

5.3.3 Eclampsia

PRECLAMP  ECLAMPSIA  PRECHYP
### HOSPITAL FORM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.4 Antepartum haemorrhage (after 22 weeks gestation and before delivery)</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4.1 Low lying placenta, placenta praevia types I or II</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.4.2 Partial placenta praevia, placenta praevia type III</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.4.3 Complete placenta praevia, placenta praevia type IV</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.4.4 Unspecified placenta praevia</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.4.5 Placental abruption</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.4.6 Unspecified antepartum haemorrhage</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.5 Postpartum haemorrhage (between delivery and 6 weeks postpartum)</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5.1 Uterine atony</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.2 Retained placenta</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.3 Retained products</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.4 Placenta accreta</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.5 Inverted uterus</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.6 Perineal tear</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.7 Vaginal tear</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.8 Cervical tear</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.5.9 Unspecified postpartum haemorrhage</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.6 Postpartum infections (after either an abortion or a delivery)</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6.1 Endometritis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.2 Salpingitis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.3 Peritonitis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.4 Septicaemia, sepsis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.5 Septic shock</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.6 Wound infection (post-CS)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.7 Wound infection (post-tear, post episiotomy)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.6.9 Other: please specify in the hospital diagnosis box</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.7 Pulmonary embolism</strong></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.8 Amniotic fluid embolism</strong></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.9 Disseminated intravascular coagulation (DIC)</strong></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.10 Anaemia</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.10.1 Associated with malaria</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.10.2 Associated with haemorrhage</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.10.3 Associated with sickle cell disease</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.10.4 Unspecified anaemia</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.11 Other non-obstetric complications</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.11.1 Diabetes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.2 HIV positive</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.3 Clinical AIDS</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.4 Tuberculosis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.5 Malaria</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.6 Meningitis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.7 Pneumonia</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.11.8 Sickle cell disease, &quot;sickling positive&quot;</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OTHERCOMP</strong></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
5.11 Other non-obstetric complications (continued)

5.11.9 Urinary tract infection ................................................. 1, Yes 2, No
5.11.10 Gastroenteritis ......................................................... 1, Yes 2, No
5.11.11 Asthma ................................................................. 1, Yes 2, No
5.11.12 Cardiovascular accident/stroke ................................... 1, Yes 2, No
5.11.13 Epilepsy ............................................................... 1, Yes 2, No
5.11.14 Hepatitis ............................................................... 1, Yes 2, No
5.11.15 Other; please specify in the hospital diagnosis box .......... 1, Yes 2, No

5.12 Injuries

If yes, please code:

5.12.1 Assault ................................................................. 1, Yes 2, No
5.12.2 Self induced ......................................................... 1, Yes 2, No
5.12.3 Snake bite ............................................................ 1, Yes 2, No
5.12.4 Road traffic accident .............................................. 1, Yes 2, No
5.12.5 Other; please specify in the hospital diagnosis box .......... 1, Yes 2, No

5.13 Other obstetric conditions

If yes, please code:

5.13.1 Episiotomy or minor perineal tear ............................... 1, Yes 2, No
5.13.2 False labour .......................................................... 1, Yes 2, No
5.13.3 Premature labour .................................................... 1, Yes 2, No
5.13.4 Premature rupture of membranes ............................... 1, Yes 2, No
5.13.5 Fetal distress ......................................................... 1, Yes 2, No
5.13.6 Meconium staining .................................................. 1, Yes 2, No
5.13.7 Hydranmion, Polyhydramnion ................................... 1, Yes 2, No
5.13.8 Oligohydramnion .................................................... 1, Yes 2, No
5.13.9 Cord around the neck .............................................. 1, Yes 2, No
5.13.10 Cord prolapse ....................................................... 1, Yes 2, No
5.13.11 Fetal stillbirth ...................................................... 1, Yes 2, No
5.13.12 Macerated stillbirth .............................................. 1, Yes 2, No
5.13.13 Hyperemesis gravidarum ........................................ 1, Yes 2, No
5.13.14 Female genital mutilation, FGM ................................ 1, Yes 2, No

5.14 What were the woman's hospital diagnoses?

What was the source of your information (e.g. doctor's diagnosis, midwife's notes)?

5.15 Was this a vaginal delivery? ........................................ 3, Yes 4, No, CS 5, Still pregnant 6, Early pregnancy loss

5.16 If yes, did she have any complications?

3, Yes, major 4, Yes, minor (Q5.13 only) 5, No 9, NA (CS or no delivery)

PLEASE COMPLETE THE REST OF THE FORM IF:
- THE WOMAN HAD A CAESAREAN SECTION (EMERGENCY OR ELECTIVE);
- THE WOMAN HAD ANY OTHER MAJOR COMPLICATION ASSOCIATED WITH A DELIVERY;
- THE WOMAN WAS ADMITTED OR REFERRED DURING PREGNANCY WITH AN ILLNESS OR INJURY;
- THE WOMAN WAS ADMITTED BECAUSE OF AN EARLY PREGNANCY LOSS (ABORTION OR ECTOPIC) OR A THREATENED ABORTION.

YOU DO NOT NEED TO COMPLETE THE REST OF THE FORM IF THE WOMAN ONLY HAD ONE OF THE COMPLICATIONS LISTED IN QUESTION 5.13.
## 6. CLINICAL SIGNS

<table>
<thead>
<tr>
<th>6.1.1 Highest recorded pulse [in beats per minute; code as 777 = if no number is recorded but it has been recorded it as “fast”, 888 = not recorded]</th>
<th>HIGHPULSE</th>
<th>VOLTUR</th>
<th>VOLPULSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2.1 Highest recorded systolic blood pressure [in mmHg; 888 = not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.2.2 Highest recorded diastolic blood pressure [in mmHg; 888 = not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.2.3 Lowest recorded systolic blood pressure [in mmHg; 888 = not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.2.4 Lowest recorded diastolic blood pressure [in mmHg; 888 = not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.2.5 “Shocked” or “Shocked” recorded in the notes</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.3.1 Highest recorded temperature [in °C; in 888 = not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.3.2 If fever &gt;= 38 °C, how long did it last? [in days; 88 not recorded]</td>
<td>HIGHTEMP</td>
<td>DAYSFEVER</td>
<td>SOR</td>
</tr>
<tr>
<td>6.4.1 Breathlessness</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.4.2 “Pulmonary oedema” recorded</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.4.3 Highest recorded respiratory rate [in breaths per minute; 88 = not recorded]</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.5 Convulsions</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>If yes, please code:</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.5.1 Before delivery</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.5.2 After delivery</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.5.3 At home, before coming to the hospital</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.5.4 Observed at hospital</td>
<td>CONVULS</td>
<td>CONVBEF</td>
<td>CONVAFT</td>
</tr>
<tr>
<td>6.6 Oedema 1. Yes, generalised 2. Yes, of extremities 3. No 4. Not recorded</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.7 Blurred vision</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.8 Severe headache</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.9 Jaundice</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.10.1 “Pallor” or “Pale” written in notes</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.10.2 Amount of blood loss [in ml; 8888 = not recorded]</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.11 Signs of coagulopathy</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>If yes, please specify</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.12 Vaginal discharge</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.13 Uterine tenderness</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
<tr>
<td>6.14 Oliguria (&lt;= 100ml / 4hr): ask doctor and check notes</td>
<td>OEDEMA</td>
<td>BLURVIR</td>
<td>SEVHEAD</td>
</tr>
</tbody>
</table>
### 6.15 Conscious level
- 2. Not recorded
- 4. Unconscious
- 5. Semi-conscious
- 6. Confused
- 7. Coma

**CONSCIOUS**

**SICKCRISIS**

**HAEMOLYSIS**

### 7. LABORATORY TESTS PERFORMED

#### 7.1 Examined for protein in urine
- 1. Yes, no protein
- 2. Yes, +
- 3. Yes, ++
- 4. Yes, +++ or more
- 8. Not recorded

**PROTEIN**

**HAEMO**

**MEASUREP**

### 7.4 "Parasites" or "parasitaemia" written in notes
- 1. Yes
- 2. Not recorded

**PARASITES**

### 8. MANAGEMENT

#### 8.1 Blood transfusion
- 1. Yes
- 2. No

**BLOOD TRANS**

**UNITSBLOOD**

**LONGBLOOD**

**EDU**

**MANREM**

**MAGSULF**

**ANTIMAL**

**CPR**

**VENTIL**

#### 8.2 Evacuation of uterus (EODU), dilatation and curettage (D&C)
- 1. Yes
- 2. No

#### 8.3 Manual removal of the placenta
- 1. Yes
- 2. No

#### 8.4 Magnesium sulphate given
- 1. Yes
- 2. No

#### 8.5 Treatment with antimalarial drugs
- 1. Yes
- 2. No

#### 8.6 Cardio-pulmonary resuscitation required
- 1. Yes
- 2. No

#### 8.7 Artificial ventilation required
- 1. Yes
- 2. No

### IF THE WOMAN WAS VERY ILL OR DIED, PASS THIS FORM ON TO YOUR SUPERVISOR

### 9. MATERNAL DEATHS AND NEAR-MISS

#### 9.1.1 Did the woman die during the hospital admission?
- 1. Yes
- 2. No

**WHEN DIED**

**WHENEDIED**

#### 9.1.2 If yes, when did the woman die?
- 1. Early pregnancy
- 2. Late pregnancy
- 3. Labour or undelivered
- 4. Postpartum

**HOSP CODE**

**DASSOC1**

**DASSOC2**

#### 9.2.1 Was this a near-miss?
- 1. Yes
- 2. No

**NEARMISS**

**WHENMISS**

#### 9.2.2 When did the near-miss arise?
- 1. On arrival
- 2. During the admission

**MISS CAUSE**

**NMISSASSOC1**

**NMISSASSOC2**

**ORGAN1**

---

275
<table>
<thead>
<tr>
<th>9.2.7</th>
<th>Organ failure [88 = not known]</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.8</td>
<td>Organ failure [88 = not known]</td>
</tr>
</tbody>
</table>

END OF HOSPITAL FORM. PLEASE CHECK THIS FORM.
**KINTAMPO HEALTH RESEARCH CENTER**

**KIVAP OBAAPAVITA PROJECT**

**ADULT VPM FORM 060206 ENG**

---

1. **BACKGROUND and ID:**

1.1 Cluster code: .................................................................

1.2 Deceased woman’s ID: ............................................

1.3 Deceased woman’s name: .....................

1.4 Woman’s KISS ID: ...........................................

[0909090909 = NA]

1.5 Deceased woman’s age: ..............................................

1.6 Age group: ............................................................... 1. 15–19 yrs  2. 20–45 yrs  3. 45+ yrs

1.7 Date of death: ............................................................

1.8 Date of visit: ............................................................

1.9 Staff code: .................................................................

1.10 Is a respondent available? ........................................... 1. Yes  2. No

1.11 What is the respondent’s name? ....................

1.12 Respondent’s age: ....................................................

1.13 What is your relation to the deceased? Are you her husband, mother etc...?


---

2. **CIRCUMSTANCES SURROUNDING HER DEATH:**

2.1 Where did she die? ........................................................ 1. Clinic/hospital or maternity home  2. On way to hospital/clinic  3. At TBA/Healer’s home, or spiritualist  4. At home  5. Other (Specify):

2.2 If the answer to 2.1 is 1, State where. [USE CODE FROM FACILITY KEY] .............................................................

2.3 If she died outside the home: Was she conscious when she arrived at where she died? ............ 1. Yes  2. No  8. NK  9. NA

2.4 Were you present at the time she died? ..................................................................................... 1. Yes  2. No

2.5 Were you present when her condition started to deteriorate? .................................................. 1. Yes  2. No

2.6 Did you care for her in the final illness/period leading to her death? ...................................... 1. Yes  2. No

---

277
2.7 TYPE OF DEATH

These questions are extremely important. We may not know from the monthly visits that the woman was pregnant, especially if she was early on in her pregnancy. Please ask these questions carefully and sensitively to make sure that we are certain of the pregnancy status of the woman when she died.

2.7.1 Was she pregnant when she died?.................................
   1. Yes  2. No  8. NK

2.7.1.1 If so, what month in pregnancy did she die?
   99 = Not applicable; did not die in pregnancy...........................

2.7.2 Did she die during labour or delivery?...........................
   1. Yes  2. No  8. NK

2.7.2.1 At what month did the pregnancy end?
   99 = Not applicable; was still pregnant at the time she died.................

2.7.3 Did she die soon after delivery, that is, within 24 hours?
   1. Yes  2. No  8. NK

2.7.4 Did she die within the 42 days after delivery?
   1. Yes  2. No  8. NK

2.7.4.1 How many days after delivery did she die?
   [99 = NA] ........................................................................

2.7.5 Was she nursing an infant at the time of her death, that is, did she have a baby who was less than 12 months of age?
   1. Yes  2. No  8. NK

2.7.6 Did she have an abortion before her death?
   1. Yes  2. No  8. NK

2.7.6.1 How many days before her death did she have an abortion?
   [99 = NA] ........................................................................

2.8 Did she want this pregnancy?.................................
   1. Yes  2. No  8. NK

2.9 Do you think she did anything to make the pregnancy end?......
   1. Yes  2. No  8. NK

3. DETAILS OF EVENTS SURROUNDING HER DEATH (ADDITIONAL SPACE ON NEXT PAGE)

3.1 Write the details surrounding the death event from the beginning. Probe for what problems developed, who did she see, where did she go, how was she treated. Also ask how much time it took from one intervention to the other.

If she was pregnant ask about events related to care in pregnancy and delivery and ask what happened to the baby.

If the informant says that they think she tried to do something to end the pregnancy, please ask them to elaborate here.

You can carefully probe for this by asking, “Did she do anything to bring back her menses? For example, did she use enema, herbs, or drug store medicine?”
NOTE FOR SUPERVISOR: Please write in the space below if you suspect that this woman may have had an abortion and, if yes, the reason why you suspect this. You should also confer with the fieldworker from this area if necessary.

### 3.2 SUMMARY OF SIGNS AND SYMPTOMS REPORTED BY RESPONDENT

<table>
<thead>
<tr>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1</td>
</tr>
<tr>
<td>3.2.2</td>
</tr>
<tr>
<td>3.2.3</td>
</tr>
<tr>
<td>3.2.4</td>
</tr>
<tr>
<td>3.2.5</td>
</tr>
<tr>
<td>3.2.6</td>
</tr>
<tr>
<td>3.2.7</td>
</tr>
<tr>
<td>3.2.8</td>
</tr>
<tr>
<td>3.2.9</td>
</tr>
<tr>
<td>3.2.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day since start of illness</th>
<th>Duration (days)</th>
<th>Severity Mild/Moderate=1 Severe=2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.3 List of Hospital Admissions in the Past 2 Years (Begin with Most Recent)

<table>
<thead>
<tr>
<th>Name of Health Facility</th>
<th>Date (day/month/year)</th>
<th>Reasons for Hospitalisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3.1</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>3.3.2</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>3.3.3</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>3.3.4</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>3.3.5</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

3.4 Injuries

3.4.1 If yes, what kind of injury or accident? (Allow respondent to answer spontaneously)

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport accident (pedestrian)</td>
<td></td>
</tr>
<tr>
<td>Transport accident (passenger/driver)</td>
<td></td>
</tr>
<tr>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>Drowning</td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td></td>
</tr>
<tr>
<td>Dog bite</td>
<td></td>
</tr>
<tr>
<td>Snake bite</td>
<td></td>
</tr>
<tr>
<td>Other animal bite or sting</td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td></td>
</tr>
<tr>
<td>Firearm</td>
<td></td>
</tr>
<tr>
<td>Sharp object (e.g., knife)</td>
<td></td>
</tr>
<tr>
<td>Circumcision</td>
<td></td>
</tr>
<tr>
<td>Other assault or abuse</td>
<td></td>
</tr>
<tr>
<td>Other injury</td>
<td></td>
</tr>
<tr>
<td>NA, no injury</td>
<td></td>
</tr>
</tbody>
</table>

Please specify if other bite, other assault or other injury.

3.4.2 Was the injury accidental or intentional? 1. Accidental 2. Intentional 8. NK

3.4.3 Did she die at the site where the accident or injury occurred? 1. Yes 2. No 8. NK

3.4.4 How long after the accident did she survive? 1 < 24 hours 2. 24 hours or more 8. NK

3.4.5 After the accident, did she receive medical care before she died? 1. Yes 2. No 8. NK

3.4.6 Do you think she may have done something to end her own life? 1. Yes 2. No 8. NK

3.4.6.1 If yes, how did she commit suicide?

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td></td>
</tr>
<tr>
<td>Poisoning</td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td></td>
</tr>
<tr>
<td>Gunshot</td>
<td></td>
</tr>
<tr>
<td>Other (specify below)</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

3.4.6.2 If yes, why?...

3.5 Duration of Illness

3.5.1 For how long (in days) was she ill before she died? 88 = not known

3.5.2 Was she ill in the last month before her death (including before an accident or injury)? 1. Yes 2. No 8. NK

3.5.3 Was this a new illness, or something she had frequently suffered from in the past? 1. Yes, new illness 2. No, old illness 8. NK

3.5.4 Did she die suddenly, or was it expected that she was going to die? 1. Yes, suddenly 2. No, knew she would die 8. NK
VPM FORM

4. DEATH DURING PREGNANCY, LABOUR AND DELIVERY, OR AFTER A RECENT DELIVERY

COMPLETE THIS SECTION IF THE WOMAN DIED DURING PREGNANCY, LABOUR OR DELIVERY, OR IF SHE HAD A DELIVERY OR ABORTION IN THE 6 WEEKS BEFORE SHE DIED.

DEATH DURING PREGNANCY OR AFTER AN ABORTION: QUESTION 2.7.3 or 2.7.6 = Yes, COMPLETE ONLY SECTION 4.1
DEATH DURING LABOUR: QUESTION 2.7.2 = Yes, COMPLETE ONLY SECTIONS 4.1 AND 4.2
DEATH AFTER DELIVERY: QUESTION 2.7.3 = Yes, OR QUESTION 2.8.4 = Yes, COMPLETE THE WHOLE OF SECTION 4 (i.e. 4.1, 4.2 AND 4.3)
OTHERWISE DRAW A DOUBLE HORIZONTAL LINE THROUGH THIS SECTION AND PROCEED WITH SECTION 5.

4.1 NOW I'D LIKE TO ASK ABOUT PROBLEMS SHE MAY HAVE EXPERIENCED DURING THE PREGNANCY:

4.1.1 How would you describe her health in general before the pregnancy where she died? ................. 1. Excellent 2. Good 3. Poor 8. NK

Can you let me know if she experienced any of the following?

<table>
<thead>
<tr>
<th>4.1.2 Convulsions:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIT</td>
</tr>
<tr>
<td></td>
<td>FITPMTH</td>
</tr>
<tr>
<td></td>
<td>FITPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.2.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FACE</td>
</tr>
<tr>
<td></td>
<td>FACEPMTH</td>
</tr>
<tr>
<td></td>
<td>FACEPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.2.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HAND</td>
</tr>
<tr>
<td></td>
<td>HANDPMTH</td>
</tr>
<tr>
<td></td>
<td>HANDPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.3 Swelling of the face:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIT</td>
</tr>
<tr>
<td></td>
<td>FITPMTH</td>
</tr>
<tr>
<td></td>
<td>FITPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.3.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FACE</td>
</tr>
<tr>
<td></td>
<td>FACEPMTH</td>
</tr>
<tr>
<td></td>
<td>FACEPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.3.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HAND</td>
</tr>
<tr>
<td></td>
<td>HANDPMTH</td>
</tr>
<tr>
<td></td>
<td>HANDPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.4 Swelling of the hands:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIT</td>
</tr>
<tr>
<td></td>
<td>FITPMTH</td>
</tr>
<tr>
<td></td>
<td>FITPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.4.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FACE</td>
</tr>
<tr>
<td></td>
<td>FACEPMTH</td>
</tr>
<tr>
<td></td>
<td>FACEPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.4.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HAND</td>
</tr>
<tr>
<td></td>
<td>HANDPMTH</td>
</tr>
<tr>
<td></td>
<td>HANDPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.5 Blurring of vision:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FIT</td>
</tr>
<tr>
<td></td>
<td>FITPMTH</td>
</tr>
<tr>
<td></td>
<td>FITPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.5.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FACE</td>
</tr>
<tr>
<td></td>
<td>FACEPMTH</td>
</tr>
<tr>
<td></td>
<td>FACEPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.5.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEAD</td>
</tr>
<tr>
<td></td>
<td>HEADPMTH</td>
</tr>
<tr>
<td></td>
<td>HEADPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.6 Severe headache, to the degree that she was not able to work:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECLAMP</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTTH</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.6.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEAD</td>
</tr>
<tr>
<td></td>
<td>HEADPMTH</td>
</tr>
<tr>
<td></td>
<td>HEADPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.6.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECLAMP</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTTH</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.7 Doctor or nurse said she had &quot;eclampsia&quot; or severe hypertension:</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECLAMP</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTTH</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.7.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HEAD</td>
</tr>
<tr>
<td></td>
<td>HEADPMTH</td>
</tr>
<tr>
<td></td>
<td>HEADPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.7.2 Did this also occur in the 7 days leading to her death?</th>
<th>1. Yes 2. No 8. NK 9. NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ECLAMP</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTTH</td>
</tr>
<tr>
<td></td>
<td>ECLAMPMTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.8 Bleeding in pregnancy?</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APH</td>
</tr>
<tr>
<td></td>
<td>APHPMTH</td>
</tr>
<tr>
<td></td>
<td>APHPWKTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1.8.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</th>
<th>1. Yes 2. No 8. NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APH</td>
</tr>
<tr>
<td></td>
<td>APHPMTH</td>
</tr>
<tr>
<td></td>
<td>APHPWKTH</td>
</tr>
<tr>
<td>Question</td>
<td>1. Yes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>4.1.9 Abdominal pain with bleeding?</td>
<td></td>
</tr>
<tr>
<td>4.1.9.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.9.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.10 Did she complain that she could not feel the baby move?</td>
<td></td>
</tr>
<tr>
<td>4.1.10.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.10.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.11 Severe and continuous abdominal pain that was not labour pain?</td>
<td></td>
</tr>
<tr>
<td>4.1.11.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.11.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.12 Foul smelling vaginal discharge in pregnancy?</td>
<td></td>
</tr>
<tr>
<td>4.1.12.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.12.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.13 Very hot fever at any time during pregnancy?</td>
<td></td>
</tr>
<tr>
<td>4.1.13.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.13.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.14 Eyes became yellow?</td>
<td></td>
</tr>
<tr>
<td>4.1.14.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.14.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.15 Urine became dark like coca cola</td>
<td></td>
</tr>
<tr>
<td>4.1.15.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.15.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.16 Did a doctor examine her blood and told her she was short of blood?</td>
<td></td>
</tr>
<tr>
<td>4.1.16.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.16.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.17 Did she have palpitations and shortness of breath?</td>
<td></td>
</tr>
<tr>
<td>4.1.17.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]</td>
<td></td>
</tr>
<tr>
<td>4.1.17.2 Did this also occur in the 7 days leading to her death?</td>
<td></td>
</tr>
<tr>
<td>4.1.18 Did she have any other serious problem during the pregnancy?</td>
<td></td>
</tr>
<tr>
<td>4.1.19 What?</td>
<td></td>
</tr>
</tbody>
</table>
### 4.2 DEATH DURING LABOUR, DELIVERY, OR UP TO 6 WEEKS AFTER DELIVERY

**VPM FORM**

**Section 4.2**

#### 4.2.1 Did the waters break before labour or during labour?
- Before labour started
- During labour
- Don't know

#### 4.2.2 How much time before she started labour did the waters break?
- Less than 4 hours
- 4 to 24 hours
- More than 24 hours
- Don't know
- NA: broke during labour

#### 4.2.3 How long was it from when she started labour pains till she delivered (or died)?
- [Days/Hours]

#### 4.2.4 How long was it from when she started strong and regular labour pains till she delivered or died?
- [Days/Hours]

#### 4.2.5 Did anyone give her any herbs or drugs to encourage labour?
- Yes
- No
- NK

#### 4.2.6 Did they put any IV drip before the delivery or before she died?
- Yes
- No
- NK

#### 4.2.7 In the opinion of the most experienced person who was around:

##### 4.2.7.1 Was the length of labour short, normal or long?
- Short
- Normal
- Too long
- NK
- NA: died

##### 4.2.7.2 Was the labour difficult?
- Yes
- No
- NK
- NA: died

#### 4.2.8 How many babies did she deliver?

#### 4.2.9 What happened to the first baby?

1. "Waowo" (live birth)  
2. "Waowo atwente" (stillbirth)  
3. "Waowo awwe" (live birth, but died)

4. "Wapon ba" (premature, lost the baby)  
5. ectopic  
6. "apat?aw" (lost before 6 mo)

#### 4.2.10 What happened to the second baby?

1. "Waowo" (live birth)  
2. "Waowo atwente" (stillbirth)  
3. "Waowo awwe" (live birth, but died)

4. "Wapon ba" (premature, lost the baby)  
5. ectopic  
6. "apat?aw" (lost before 6 mo)  
9. NA: one child

#### 4.2.11 What happened to the third baby?

1. "Waowo" (live birth)  
2. "Waowo atwente" (stillbirth)  
3. "Waowo awwe" (live birth, but died)

4. "Wapon ba" (premature, lost the baby)  
5. ectopic  
6. "apat?aw" (lost before 6 mo)  
9. NA: one child

#### 4.2.12 Where did she give birth?

1. Clinic or hospital  
2. Private maternity home  
3. At home/TBA  
4. Other  
5. On the way to hospital  
8. NK

#### 4.2.13 If the answer is 1 or 2, state where [use code from facility key]

#### 4.2.14 Who delivered the baby?

1. Doctor  
2. Midwife  
3. TBA  
4. Other person/relative  
5. Delivered herself alone  
8. NK

#### 4.2.15 Did she have a delivery through the vagina?

1. Normally, through the vagina  
2. Baby was pulled with an instrument  
3. By CS  
8. NK

#### 4.2.16 Which part of the baby came out first?

1. Head  
2. Feet/bottom  
3. CS  
8. NK
<table>
<thead>
<tr>
<th>Q.</th>
<th>1. Yes</th>
<th>2. No</th>
<th>8. NK</th>
<th>9. NA; no CS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.17 Did she know she was going to have a CS before she went into labour?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.18 What made the doctor decide to do a CS?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Bleeding during pregnancy (APH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Obstructed labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Previous CS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Toxaemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Malpresentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.19 Did the placenta come out on its own?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.20 How long after the baby came out did the placenta come out? (in hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.21 Did someone have to put their hand inside her womb to remove the placenta?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.22 Who did this?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Midwife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. TBA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other person/relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 DEATH DURING DELIVERY OR UP TO 6 WEEKS AFTER DELIVERY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF SHE DIED DURING PREGNANCY OR LABOUR, DRAW DOUBLE HORIZONTAL LINE THROUGH THIS SECTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Now I’d like to ask about problems she may have experienced after delivery. Can you let me know if she experienced any of the following?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.23 Excessive bleeding during labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.24 Convulsions during labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.25 Fever during labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.26 Loss of consciousness during labour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.27 Burst or torn womb during delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.1 Tear in the vagina after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.2 Heavy bleeding after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.2.1 How many days after delivery did this occur?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.2.2 How many days did it last for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.3 Convulsions after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.3.1 How many days after delivery did this occur?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.4 Fever after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.4.1 How many days after delivery did this occur?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3.4.2 How many days did it last for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3.5 Loss of consciousness after delivery
4.3.5.1 How many days after delivery did this occur?
4.3.5.2 How many days did it last for?

4.3.6 Foul discharge from the vagina
4.3.6.1 How many days after delivery did this occur?
4.3.6.2 How many days did it last for?

4.3.7 Yellow eyes after delivery
4.3.7.1 How many days after delivery did this occur?
4.3.7.2 How many days did it last for?

4.3.8 Urine dark like coca-cola after delivery
4.3.8.1 How many days after delivery did this occur?
4.3.8.2 How many days did it last for?

4.3.9 Chest pain
4.3.9.1 How many days after delivery did this occur?
4.3.9.2 How many days did it last for?

4.3.10 Did she have any other problem during labour or delivery?
4.3.10.1 When did this occur?

4.3.11 Was any operation done for her after she delivered?
4.3.11.1 What operation?
4.3.11.2 Who did this?
4.3.11.3 Where was this done?
4.3.11.4 Was she put to sleep for this operation?
5. ADULT VERBAL AUTOPSY

THE QUESTIONS IN SECTIONS 5.1 AND 5.2 ASK ABOUT THE OCCURRENCE AND DURATION OF SPECIFIC SYMPTOMS DURING THE TERMINAL ILLNESS. ENTER 90 IF DURATION IS 3 MONTHS AND ABOVE.

Now I would like to check whether she had any of the following:

### 5.1 FEVER

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
<th>For how long? (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Did she have fever?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1.2 Was the fever?</td>
<td>Mil or moderate</td>
<td>Ex stim high</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5.1.3 Was the fever continuous or on and off?</td>
<td>Yes, continuous</td>
<td>No, on and off</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>5.1.4 Did she have chills and/or rigors?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.1.5 Did she have night sweats?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
</tbody>
</table>

### 5.2 HEART AND LUNG SYMPTOMS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
<th>For how long? (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.1 Did she have chest pain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2.2 Did the pain start suddenly or gradually?</td>
<td>Yes, started suddenly</td>
<td>No, was gradual</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>5.2.3 When resting, was the pain?</td>
<td>Continuous</td>
<td>On and off</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>5.2.4 During activity, was the pain?</td>
<td>Continuous</td>
<td>On and off</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

### 5.3 POSTMORTEM OBSERVATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
<th>For how long? (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3.1 Did she have breathlessness on light work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3.2 Was she breathless on lying flat?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.3 Did she have ankle swelling?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.4 Did she have palpitations?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.5 Did she look pale?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.6 Did she have puffiness of face?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.7 Did she have wheezing?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.8 Did she have noisy breathing?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.9 Did she have dry cough?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.10 Did she have productive cough?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.11 Was she coughing blood?</td>
<td>Yes</td>
<td>No</td>
<td>NK</td>
<td></td>
</tr>
<tr>
<td>5.3.12 If she had a cough, when was it worse?</td>
<td>1 Day</td>
<td>2 Night</td>
<td>3 Same</td>
<td>NA</td>
</tr>
</tbody>
</table>
### 5.3 Appetite, Weight Loss and Swallowing

<table>
<thead>
<tr>
<th>Question</th>
<th>1.</th>
<th>2. No</th>
<th>8. NK</th>
<th>For how long? (in days) [99=N/A]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did she have poor appetite?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have weight loss?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If she had weight loss, how long did she have this before her death?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If she had weight loss, was it...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How did she look at the end of her life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have mouth sores?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she complain pain on swallowing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have difficulty in swallowing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5.4 Abdominal Symptoms

<table>
<thead>
<tr>
<th>Question</th>
<th>1.</th>
<th>2. No</th>
<th>8. NK</th>
<th>For how long? (in days) [99=N/A]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did she have abdominal pain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of pain was it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the pain in upper, lower, or all over her abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the severity of the pain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was she unable to pass stool before her death?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have a mass in the abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where exactly was the mass?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have abdominal distension?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the distension start suddenly (days) or gradually (over weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did her eye colour change to yellow (jaundice)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5.5 Diarrhoea and Vomiting

<table>
<thead>
<tr>
<th>Question</th>
<th>1.</th>
<th>2. No</th>
<th>8. NK</th>
<th>For how long? (in days) [99=N/A]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did she vomit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When the vomiting was most severe, how many times did she vomit in a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What did the vomit look like?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### VPM Form

<table>
<thead>
<tr>
<th>Question</th>
<th>1.</th>
<th>2. No</th>
<th>8. NK</th>
<th>For how long? (in days) [99=N/A]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did she have mouth sores?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she complain pain on swallowing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have difficulty in swallowing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have abdominal pain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of pain was it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the pain in upper, lower, or all over her abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the severity of the pain?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was she unable to pass stool before her death?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have a mass in the abdomen?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where exactly was the mass?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have abdominal distension?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the distension start suddenly (days) or gradually (over weeks)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did her eye colour change to yellow (jaundice)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she vomit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When the vomiting was most severe, how many times did she vomit in a day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What did the vomit look like?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes

- [NS=NA]: Not Specified
- [99=N/A]: Not Applicable
### 5.5.2 Did she have diarrhoea?....

<table>
<thead>
<tr>
<th>1. Yes</th>
<th>2. No</th>
<th>8. NK</th>
</tr>
</thead>
</table>

#### 5.5.2.1 Was the diarrhoea continuous?....

| 1. Yes | 2. No | 8. NK |

#### 5.5.2.2 What was the consistency of stools?....

| 1. Soft | 2. Watery | 8. NK |

#### 5.5.2.3 When the diarrhoea was most severe, how many times did she pass stool in a day?....

| [88=NK; 99=NA] |

#### 5.5.3 Did she have bloody diarrhoea?.............

| 1. Yes | 2. No | 8. NK |

#### 5.5.4 Did she have sunken eyes?....

| 1. Yes | 2. No | 8. NK |

### 5.6 URINARY SYMPTOMS

#### 5.6.1 Was there a change in the colour of the urine?....

| 1. Yes | 2. No | 8. NK |

#### 5.6.2 What was the colour of her urine?....

| 1. Dark yellow | 2. Coffee-like | 8. NK |

#### 5.6.3 Did the amount of urine she passed daily change?....

| 1. Yes | 2. No | 8. NK |

#### 5.6.4 How much urine did she pass in a day?....

| 1. Too much | 2. Too little | 3. No urine at all | 8. NK |

#### 5.6.5 Did she have difficulty or pain in passing urine?....

| 1. Yes | 2. No | 8. NK |

#### 5.6.5.1 What type of difficulty did she have?....


### 5.7 NEUROLOGICAL SYMPTOMS

#### 5.7.1 Did she have headache?....

| 1. Yes | 2. No | 8. NK |

#### 5.7.2 Did she become mentally confused?....

| 1. Yes | 2. No | 8. NK |

#### 5.7.3 Did she have loss of consciousness?....

| 1. Yes | 2. No | 8. NK |

#### 5.7.4 Did she become confused or unconscious suddenly or gradually?....

| 1. Suddenly (within hours) | 2. Within a day | 3. Slowly over a few days | 4. Other | 8. NK | 9. NA |

#### 5.7.5 Was she paralysed on one side of the body?....

| 1. Yes | 2. No | 8. NK |

#### 5.7.6 Did she have paralysis of both legs?....

| 1. Yes | 2. No | 8. NK |

#### 5.7.7 How long did the paralysis take to develop?....


---

**VPM FORM**

| 1. Yes | 2. No | 8. NK | For how long? (in days) | 9. NA | 99=NA |

---

**ADHARRHEA**

**DIARRHEA**

**DIARRHECONS**

**NUMPER**

**ADHARRID**

**ADHARRILD**

**ASUNKYEYE**

**ASUNKYEYE**

**AURINCEDEA**

**MURINECOL**

**COLEURIN**

**COQ**

**ACOS**

**AMOURINE**

**DIPO**

**ADOPIO**

**DIURINE**

**AHEADACHE**

**ADHEADACHE**

**ACONFUSE**

**ACONFUSE**

**ACOMA**

**ACOMA**

**APASTICOMA**

**APARALYSE**

**ADPARALYSE**

**APLEGIC**

**APLEGIC**

**APASTPAR**

---

288
5.7.8 Did she have neck pain?........... 1. Yes 2. No 8. NK
5.7.9 Did she have a stiff neck?........... 1. Yes 2. No 8. NK
5.7.10 Did she develop stiffness of the whole body?........... 1. Yes 2. No 8. NK
5.7.11 Did she have fits?........... 1. Yes 2. No 8. NK
5.7.11.1 Did she have stiffness of the whole body during fits?........... 1. Yes 2. No 8. NK
5.7.11.2 When the fits were most frequent, how many did she have in a day?........... 88=NK; 99=NA
5.7.11.3 Between fits, was she........... 1. Awake 2. Unconscious 8. NK 9. NA, no fits
5.7.11.4 Did she have difficulty in opening her mouth during fits?........... 2. Unable to open 8. NK 9. NA, no fits
5.7.12 Did she have pins and needles in feet?........... 1. Yes 2. No 8. NK
5.8 RASHES, ULCERS AND SWELLINGS
5.8.1 Did she have any rash?........... 1. Yes 2. No 8. NK
5.8.1.1 If yes, where was the rash?........... F: Face 1. Yes 2. No 8. NK 9. NA
5.8.1.1 T: Trunk 1. Yes 2. No 8. NK 9. NA
5.8.1.1 A: All over the body 1. Yes 2. No 8. NK 9. NA
5.8.1.1 O: Other (specify) 1. Yes 2. No 8. NK 9. NA
5.8.1.2 If yes, what did the rash look like?........... 1. Measles 2. Rash with clear fluid 3. Rash with pus 4. Other (specify) 8. NK 9. NA
5.8.1.3 Did the skin crack or split or peel after the rash started?........... 1. Yes 2. No 8. NK 9. NA
5.8.2 Did she have red eyes?........... 1. Yes 2. No 8. NK
5.8.3 Did she have itching of skin?........... 1. Yes 2. No 8. NK
5.8.4 Did she have ulcer or swelling in breast?........... 1. Yes 2. No 8. NK
5.8.5 Did she have ulcer on any other part of the body?........... 1. Yes 2. No 8. NK
5.8.5.1 If yes, please specify where the ulcer was........... 9. NA
5.8.6 Did she have swelling in the neck?........... 1. Yes 2. No 8. NK
5.8.7 Did she have swelling in the armpit?........... 1. Yes 2. No 8. NK
5.8.8 Did she have swelling in the groin?........... 1. Yes 2. No 8. NK
5.8.9 Did she have swelling of joints?........... 1. Yes 2. No 8. NK
5.8.10 Did she have swelling of ankles?........... 1. Yes 2. No 8. NK

For how long? (in days)

99=NA

[99=NA]

VPM FORM

ANKEXXPAINT
ADNEXXPAINT
ADSTIFFNECKADSTIFFNECK
STIFF STIFF
ADPITADPIT
ADSTIFF ADSTIFF
NUTMNTS
MOUTHMNTS
APINS
APINS
ARASH
ARASH
RFACE
RSTRG
RSTRG
REXTR
REXTR
RALLB
RALLB
ROTHE
ROTHE
TRA
TRA
SKIRAS
SKIRAS
SEY
SEY
ITCH
ITCH
ULC
ULC
ULCLOC
ULCLOC
ANTECKS
ANTECKS
ADNECKS
ADNECKS
APITSW
APITSW
AGROINSW
AGROINSW
ADJOINTS
ADJOINTS
ADJOINTS
ADJOINTS
ADJOINTS
ADJOINTS
ADJOINTS
ADJOINTS
### 5.9 ABNORMAL BLEEDING AND DISCHARGE

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did she have bleeding from the body openings (other than her normal</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>menstruations)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have abnormal vaginal bleeding?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did she have abnormal vaginal discharge?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For how long? (in days) [99=NA]

### 5.10 MEDICAL CARE

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has she been admitted to hospital for more than 2 days in the past</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 months?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Where was she admitted?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[USE FACILITY KEY CODE: 88 = NK; 99 = NA]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Did she have any operation before death?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. How many days before death did she have the operation? [88=NK, 99=NA]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If yes, what was the site of the operation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has a 'doctor' ever told her she had any of the following illnesses?

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicose veins?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundice or hepatitis?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leprosy?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.10.16.1 If yes, please specify type:

5.10.17 HIV/AIDS?                                                           | Yes| No |    |    |    |
5.10.18 Any other serious illness:                                         | Yes| No |    |    |    |

5.10.18.1 If yes, please specify:

### 5.10.19 Did she REGULARLY take any medicines for an illness or health   |
condition?                                                                | Yes| No |    |    |    |

5.10.20 Did she receive any drugs during her final illness?                | Yes| No |    |    |    |
5.10.21 Did she receive any antibiotics during her final illness?         | Yes| No |    |    |    |
5.10.22 Did she receive any anti-malarial drug during the illness?         | Yes| No |    |    |    |
<table>
<thead>
<tr>
<th>VPM FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.10.22.1 What kind of antimalarial did she receive?..</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 5.11 CAUSE OF DEATH

1. **Do you know the cause(s) of her death?**

   | 1. Yes | 2. No | 8. NK |

2. **What do you personally think was the cause of her death?**

### 5.11.3 Did anybody tell you the cause of her death? Who?


### 5.11.4 What did they say it was?

### 5.11.5 Is there anything more concerning her death, which I have not asked about, that you want to tell me?

### 6. SOCIO ECONOMIC CHARACTERISTICS

**Now, I would like to ask some questions about her personal details and her household**

1. **Did she attend school?** What is the highest educational level that she reached?

<table>
<thead>
<tr>
<th>1. None [CODE 99 FOR 6.2]</th>
<th>2. Primary school</th>
<th>3. Middle/continuation school, JSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. University</td>
<td>8. Not known</td>
<td></td>
</tr>
</tbody>
</table>

2. **Number of years successfully completed at the highest level reached [88 = NK]**

<table>
<thead>
<tr>
<th>NUMYRS</th>
</tr>
</thead>
</table>

3. **Was she single, married, or living with a man, or widowed, divorced, or separated?**

| 1. Married | 2. Living together | 3. Widowed |

4. **What was her religion?**


5. **Which ethnic group did she**

<table>
<thead>
<tr>
<th>6.6 Did she own any land?</th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7 Did she have land to</td>
<td>1. Yes, own</td>
<td>2. Yes, part of family land</td>
</tr>
<tr>
<td>farm on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.8 What did she grow on her land?</td>
<td>1. Food items, mainly for home consumption</td>
<td>2. Food items, mainly for sale on the market</td>
</tr>
<tr>
<td>6.9 Did she have a regular cash income/was she a salaried worker?</td>
<td>1. Yes, professional – teacher, nurse, accounts, administrative</td>
<td>2. Yes, clerical/secretarial</td>
</tr>
</tbody>
</table>

SAY NOW YOU ARE GOING TO ASK ABOUT HER ‘HOUSEHOLD’ AT THE TIME OF HER DEATH AND EXPLAIN WHAT A HOUSEHOLD IS

6.10 Who was the household head? | 1. Her | 2. Her husband | 3. Her father | 4. Her mother | 5. Other: | 8. NK |

6.11 In what year was the household head born? [88 = NK] | 1 | 9 |

6.12 How old is the household head now (in years)? [88 = NK] |

6.13 What was the household head’s highest educational level reached? | 1. None | 2. Primary school | 3. Middle, continuation school, JSS | 4. Technical, commercial, SSS, Secondary school |
| 5. Post-middle college, teacher training, secretarial |
| 6. Post secondary, nursing, teacher, polytechnic |
| 7. University |
| 8. Not known |

6.14 What was the number of years that the household head completed at the highest level reached? [88 = NK, 00 = no education] |

6.15 Did the household head have a regular cash income or salaried job? | 1. Professional – teacher, nurse, accounts, administrator etc. | 2. Clerical / secretarial |
| 3. Trader / businessman / driver with own car etc. | 4. Employed tradesman, driver without own car, builder, etc. |

6.16 Did members of the household do any farming? | 1. Yes | 2. No |

6.17 Did anyone in the household own any land? | 1. Yes | 2. No |

6.18 Did anyone in the household own their own farm? | 1. Yes | 2. No |

6.19 What did they grow? | 1. Food items, mainly for home consumption | 2. Food items, mainly for sale on the market | 3. Cash crops: yam, tobacco, maize, tomatoes, etc. |
| 9. NA, no farm |

6.20 Did anyone in the household own... Chickens or ducks? | 1. Yes | 2. No |
| Sheep or goats? | 1. Yes | 2. No |
Other animals? 1. Yes 2. No
Table? 1. Yes 2. No
Sleeping mattress? 1. Yes 2. No
Cupboard, wardrobe, room divider? 1. Yes 2. No
Mosquito net? 1. Yes 2. No
Sewing machine? 1. Yes 2. No
Bicycle? 1. Yes 2. No
Radio? 1. Yes 2. No
TV? 1. Yes 2. No
Gas or electric cooker? 1. Yes 2. No
Fridge or freezer? 1. Yes 2. No
Motorcycle? 1. Yes 2. No
Car? 1. Yes 2. No

6.21. Did her household have electricity? 1. Yes 2. No

6.22. What was the main source of drinking water for members of the household?

|----------------------------------|---------------|--------------------------------|----------------|--------------|-----------------|---------------------|-----------------|----------------|----------|

6.23. How long did it take for her to go there, get water and come back?

<table>
<thead>
<tr>
<th>1. Less than 15 minutes</th>
<th>2. 15 minutes - less than 30 minutes</th>
<th>3. 30 minutes – less than 60 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. 60 minutes or more</td>
<td>9. NA / drinking water source is in compound</td>
<td></td>
</tr>
</tbody>
</table>

6.24. What kind of toilet facility did the household have?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Defaecate in house, faeces transferred elsewhere / bucket latrine</td>
<td>6. Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.25. What were the total number of rooms in the household used for sleeping? 88 = NK

6.26. What were the total number of people that slept in the household last night? 88 = NK

6.27. Do she own or rent the house she lived in, or did she have another type of arrangement, such as “perching”?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. House provided rent free</td>
<td>6. Perching</td>
<td>7. Other:</td>
<td>8. NK</td>
</tr>
</tbody>
</table>

WHAT MATERIALS WERE USED IN THE CONSTRUCTION OF HER HOUSE [OBSERVE IF POSSIBLE]?

6.28. Floor of sleeping room

<table>
<thead>
<tr>
<th>1. Cement</th>
<th>2. Mud/clay</th>
<th>3. Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. NK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.29. Roofing

<table>
<thead>
<tr>
<th>1. Metal/asbestos</th>
<th>2. Thatch/mud</th>
<th>3. Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. NK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.30. Wall

<table>
<thead>
<tr>
<th>1. Cement</th>
<th>2. Mud</th>
<th>3. Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. NK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.31. Did her household have a separate room with a roof just for cooking? 1. Yes 2. No 8. NK

6.32. Did her household have a separate sleeping room for children? 1. Yes 2. No 8. NK
7. FERTILITY AND OBSTETRIC HISTORY

Now, I would like to ask you some questions about any pregnancies and children that she had.
[IF SHE DIED DURING PREGNANCY, LABOUR, DELIVERY OR 42 DAYS AFTER DELIVERY, EXCLUDE THAT PREGNANCY OR BIRTH]

7.1 How many male children of her own did she have that lived with her when she died? [0 = NONE] EXCLUDE ANY BIRTH FROM THE PREGNANCY WHICH LED TO HER DEATH

7.2 How many male children of her own are living elsewhere? [0 = NONE]

7.3 How many female children of her own did she have that lived with her when she died? [0 = NONE] EXCLUDE ANY BIRTH FROM THE PREGNANCY WHICH LED TO HER DEATH

7.4 How many female children of her own are living elsewhere? [0 = NONE]

7.5 Did she have any children who were born alive but died later? How many?

7.6 Did she ever lose a pregnancy? How many?

7.7 Did she ever have a stillbirth? How many?

7.8 Did she ever have an ectopic? How many?

CALCULATE THE TOTAL NUMBER OF PREGNANCIES SHE HAS HAD. THAT IS THE SUM FOR 7.1 TO 7.8 CHECK THIS NUMBER WITH HER IN 7.9 AS FOLLOWS:

7.9 I would like to check with you the total number of pregnancies she had. From what you have told me, she had a total of [SUM] pregnancies, excluding the pregnancy which led to her death. Is this correct?

IF THE ANSWER IS NO, REPEAT QUESTIONS 7.1 TO 7.8 UNTIL YOU HAVE AGREEMENT

7.10 In the past, did she ever have a caesarean section (NB: before the pregnancy which led to her death)?

7.11 Before the pregnancy which led to her death, did she ever have a delivery where the baby had to be pulled out with an instrument?

7.12 DATE OF BIRTH OF LAST CHILD BEFORE THE PREGNANCY WHICH LED TO HER DEATH [000000 = No child]

7.13 Where did she deliver her last child, before the pregnancy which led to her death? [USE FACILITY KEY CODE: 90 = Home; 99 = NA, no child]
## 8.0 LIFE STYLE

Now, I would like to end by asking a few questions about your personal habits.

### 8.1 ALCOHOL

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.1 Did the deceased ever drink alcohol?</td>
<td>1. Yes 2. No 3. NK</td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
</tr>
</tbody>
</table>

**IF NO OR NOT KNOWN, DRAW A DOUBLE LINE THROUGH THE REMAINDER OF SECTION 8.1**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.2 How long had she been drinking alcohol?</td>
<td>1. Less than 1 year 2. 1-5 years 3. 6-10 years 4. 11-15 years 5. &gt;15 years 8. NK</td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ALCOHOL</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.5 Which kind of alcohol did she consume? (You may circle more than 1 option)</td>
<td>1. Beer 2. Spirits 3. Wines 4. Traditional brews 5. Traditional illicit brews 6. Other (SPECIFY)</td>
</tr>
<tr>
<td><strong>BEER</strong> <strong>SPIRIT</strong> <strong>WINE</strong> <strong>TRADBR</strong> <strong>TRADILL</strong> <strong>OTHALC</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.6 What was the source of the alcohol? (You may circle more than 1 option)</td>
<td>1. Bar 2. Brewed herself at home 3. Friends/relatives brew 4. Local traditional brewer 5. Other (SPECIFY)</td>
</tr>
<tr>
<td><strong>BAR</strong> <strong>HOMERS</strong> <strong>FREBREW</strong> <strong>TRADBR</strong> <strong>OTHERBR</strong></td>
<td></td>
</tr>
<tr>
<td>8.1.7 Was she ever in trouble as a result of drinking alcohol?</td>
<td>1. Yes 2. No 3. NK</td>
</tr>
<tr>
<td><strong>ALCTR</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1.8 If yes, what sort of trouble? (You may circle more than 1 option)</td>
<td>1. Trouble with the law 2. Violence (domestic, rape...) 3. Got ill 4. Neglect of responsibilities (family break-up, job loss...) 5. Other (SPECIFY)</td>
</tr>
<tr>
<td><strong>ALCLAW</strong> <strong>ALCVIO</strong> <strong>ALCILL</strong> <strong>ALCNEG</strong> <strong>AMOTHTR</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 8.2 TOBACCO SMOKING

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2.1 Did the deceased ever smoke tobacco?</td>
<td>1. Yes 2. No 3. NK</td>
</tr>
<tr>
<td><strong>TOBACCO</strong></td>
<td></td>
</tr>
</tbody>
</table>

**IF NO OR NOT KNOWN, DRAW A DOUBLE LINE THROUGH THE REMAINDER OF SECTION 8.2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.2.2 How long had she been smoking tobacco?</td>
<td>1. Less than 1 year 2. 1-5 years 3. 6-10 years 4. 11-15 years 5. &gt;15 years 8. NK</td>
</tr>
<tr>
<td><strong>TOBLONG</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOBROFT</strong></td>
<td></td>
</tr>
</tbody>
</table>
### 8.2.4 How much tobacco did she smoke per day?  
<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Less than 5 sticks</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>2. &lt; 1 packet</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3. 2-5 packets</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>4. &gt; 5 packets</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>5. Other</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

### 8.2.5 Which kind of tobacco did she consume?  
(You may circle more than one option)  
<table>
<thead>
<tr>
<th>Tobacco Type</th>
<th>Question Yes</th>
<th>Question No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filtered cigarette</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Unfiltered cigarette</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Pipe</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Cigar</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

### 8.2.6 What was the source of the tobacco?  
(You may circle more than one option)  
<table>
<thead>
<tr>
<th>Source</th>
<th>Question Yes</th>
<th>Question No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Local retailer</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Home made pipe</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Friends or relatives</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

### 8.3 DRUG USE

#### 8.3.1 Did the deceased ever take drugs to get high?  
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2</td>
<td>No</td>
<td>8</td>
</tr>
</tbody>
</table>

#### 8.3.2 How long had she been using drugs to get high?  
<table>
<thead>
<tr>
<th>Duration</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Less than 1 year</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2. 1-5 years</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>3. 6-10 years</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>4. 11-15 years</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>5. &gt;15 years</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.3.3 How often did she use drugs to get high?  
<table>
<thead>
<tr>
<th>Frequency</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2. Weekly</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>3. Fortnightly</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>4. Monthly</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>5. Once in a while</td>
<td>2</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.3.5 Which type of drugs did she consume?  
(You may circle more than one option)  
<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs (specify)</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Anabolic steroids</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

#### 8.3.6 Was she ever in trouble as a result of taking drugs?  
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2</td>
<td>No</td>
<td>8</td>
</tr>
</tbody>
</table>

#### 8.3.7 If yes, what sort of trouble?  
(You may circle more than one option)  
<table>
<thead>
<tr>
<th>Trouble</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble with the law</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Violence (domestic, rape...)</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Got ill</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Neglect of responsibilities (family break-up, job loss...)</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td>1</td>
<td>Yes</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**END OF ADULT VPM FORM. CHECK YOUR FORM AND THANK THE RESPONDENT**