Module 3: Pregnancy and delivery care (FOR STILLBIRTHS & NN DEATHS < 28 DAYS OLD)

Read: Now, I would like to ask you some questions about (your / the mother's) health and (your / her) pregnancy with <NAME>.

No.	Question	Options	Response
S3.1	Before the pregnancy with <NAME>, did (you / the mother) suffer from any of the following known conditions: *[Read out all options and check "Yes," "No" or "Don't know" for each.]* *If "Yes," then ask:* Did (you / she) undergo treatment for this condition during the pregnancy?	1. High blood pressure .... 2. Heart disease .... 3. Diabetes .... 4. Epilepsy/convulsion............ 5. Other .... *(specify other)*............	Suffered from (Yes / No / DK) — Treatment (Yes / No / DK) 1. ☐ 2. ☐ 9. ☐ — 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ — 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ — 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ — 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ — 1. ☐ 2. ☐ 9. ☐ ________________
S3.2	During the pregnancy, did (you / the mother) see anyone for antenatal care?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ3.3***
S3.2.1	Whom did (you / she) see? Anyone else? *[Probe, and record all persons seen.]*	1. Health care provider............ 2. TBA/Religious healer............ 3. Relative/neighbor/friend .... 4. Other *(specify)*............ (________________) 9. Don't know............	1. ☐ 2. ☐ **3.** ☐ 4. ☐ 9. ☐ (2, 3, 4, 9) → ***SQ3.3***
S3.2.2	How many times did (you / the mother) receive antenatal care from a health care provider during this pregnancy?		___ ___ Times *(DK = 99)*
S3.2.3	During which month of the pregnancy did (you / the mother) last receive antenatal care from a health care provider?		___ ___ Months *(DK = 99)*
S3.2.4	During this pregnancy, did the provider do any of the following for (you / the mother) at least once? *[Read out all options and check "Yes," "No" or "Don't know" for each.]* *[LOCAL ADAPTATION: Additional high energy and high protein foods to mention If the respondent asks]*	1. Did the provider measure (your / her) blood pressure?............ 2. Did (you / she) give a urine sample?..... 3. Did (you / she) give a blood sample?.... 4. Did the provider tell (you / her) to eat more high energy foods like <HIGH ENERGY FOODS> and high protein foods like <HIGH PROTEIN FOODS> than when not pregnant?............ 5. Did the provider tell (you / her) about the danger signs during pregnancy? .... 6. Did the provider tell (you / her) where to go if (you / she) had any danger signs?	Yes / No / DK 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐ 1. ☐ 2. ☐ 9. ☐
S3.3	Please tell me the danger signs during pregnancy or labor and delivery that you should seek care for immediately. *Probe:* Tell me as many of the danger signs as you can. *Probe:* Can you tell me any others? *[Check each danger sign mentioned.]*	1. Vaginal bleeding............ 2. Convulsions/fits............ 3. Severe headache with blurred vision .... 4. Fever and too weak to get out of bed.... 5. Severe abdominal pain............ 6. Fast or difficult breathing............ 7. Painful contractions every 20 minutes or less for 12 hours or more .... 8. Broken water for 12 hours or more........ 9. Bloody, sticky discharge 12 hrs or more 10. No immediate danger sign mentioned ..	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ (1–9) → ___ Mentioned 10. ☐
S3.4	During this pregnancy, (were you / was the mother) given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ3.5***
S3.4.1	During this pregnancy, how many times did (you / she) get this injection?		___ Times *(DK = 9)*

S3.5	At any time before this pregnancy, did (you / the mother) receive any tetanus injection, either to protect yourself or another baby?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ3.6***
S3.5.1	Before this pregnancy, how many other times did (you / she) receive a tetanus injection? *[If 7 or more time, record "7."]*		___ Times *(DK = 9)*
S3.6	*Skip SQ3.6-3.7.1 in areas wo/malaria.* During this pregnancy, did (you / the mother) sleep under an insecticide treated bednet?	1. Yes, usually or always 2. Yes, sometimes 3. Never 9. Don't know	☐
S3.7	During this pregnancy, did (you / the mother) take any drug to prevent (you / her) from getting malaria?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ3.8***
S3.7.1	During this pregnancy, how many times did (you / she) take this drug?		___ ___ Times *(DK = 99)*
S3.8	Now I would like to ask you about the delivery of the child. Where did the delivery occur?	1. Hospital 2. Other health provider or facility 3. On route to a health provider or facility 4. Home *5.* Other *(specify___________________)* 9. Don't know	☐ 1-3 = Health provider ***9 → SQ3.11***
S3.9	Who decided that this was the right place to deliver the baby? *[Record the one main decision maker.]*	1. The woman, herself 2. Her husband 3. Her mother 4. Her mother-in-law 5. Her father-in-law 6. Other *(specify)*.................................... 9. Don't know	☐ ____________________________
S3.10	*If she did <u>not</u> go to a health provider or facility (SQ3.8 = 4-5) for the delivery, ask:* Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider or facility for the delivery? *If she <u>went</u> <u>or</u> <u>was</u> <u>on</u> <u>route</u> to a health provider or facility (SQ3.8 = 1-3) for the delivery, ask:* Did (you / the mother) have to overcome any concerns or problems to go to health provider or facility for the delivery?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ3.11***
S3.10.1	What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Did not think she was sick enough to need health care.................................... 2. No one available to go with her............. 3. Too much time from her regular duties .. 4. Someone else had to decide *(specify)*... 5. Too far to travel .... 6. No transportation available .... 7. Cost (transport, health care, other) .... 8. Not satisfied with available health care .. 9. Symptom(s) required traditional care ..... 10. Thought she was too sick to travel .... 11. Thought she/baby will die despite care 12. Was late at night (transportation or provider not available) .... 13. Fears exposure to male health provider . 14. Other *(specify)*.................................... 99. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ ________________________ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ ______________________ 99. ☐

S3.11	Who (at the facility) delivered the baby? *[Read "...at the facility..." if she delivered at a health facility.]*	1. Doctor 2. Nurse/midwife 3. Relative/neighbor/friend 4. Self (the mother) 5. Traditional birth attendant 6. Other *(specify)*...................................... 9. Don't know	☐ ____________________________
S3.12	How soon after labor started did the <BIRTH ATTENDANT> first attend the mother? *[Discuss that labor starts with painful contractions every 20 minutes or less.]* *[Mark days &/or hours as needed: e.g. 00 day, 06 hours]*		___ ___ Days *(DK = 99)* ___ ___ Hours *(DK = 99)*
S3.13	Did the birth attendant use a pictorial graph to follow the progress of (your / the mother's) labor?	1. Yes 2. No 9. Don't know	☐
S3.14	Did the birth attendant wash her hands with soap and water or wear surgical gloves before assisting with the birth?	1. Yes, washed with soap and water 2. Yes, wore surgical gloves 3. No 9. Don't know	☐
S3.15	On what surface did (you / the mother) deliver?	1. Labor bed 2. Solid floor with mackintosh/cover 3. Solid washed floor 4. Solid unwashed floor 5. Dirt/soil/mud/straw floor 6. Other *(specify)*...................................... 9. Don't know	☐ ____________________________