CHILD HEALTH EPIDEMIOLOGY REFERENCE GROUP
SB/NN/CHILD SOCIAL AUTOPSY QUESTIONNAIRE

Module 4: Careseeking for maternal complications (FOR STILLBIRTHS & NN DEATHS < 28 DAYS OLD)

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

S4.1	**Maternal symptoms:** *First look back at the maternal VA symptoms in GQ1.9. Mark ("X") these in the "Symptoms in the last 3 months" column.* *If she had any symptom(s), then read:* Earlier, you mentioned that (you / the mother) had <SYMPTOM(S)> during the last 3 months of the pregnancy or during labor or delivery. Which of the symptoms started before labor? And which started with or during labor or delivery, including any that may have brought on the labor? *[Remind the respondent that labor starts with painful contractions every 20 minutes or less. Then review each reported symptom with her to determine which started before labor and which started with or during labor or delivery. Do not include any symptoms here that started after the baby was delivered.]*	1. Convulsions.. 2. High blood pressure .... 3. Severe anemia or (pallor <u>and</u> SOB)....... 4. Diabetes .... 5. Severe headache .... 6. Blurred vision .... 7. Too weak to get out of bed .... 8. Severe abdominal pain (not labor pain). 9. Fast or difficult breathing .... 10. Puffy face .... 11. <u>Any</u> vaginal bleeding before labor .... 12. Excessive bleeding during labor or dlvr. 13. Fever .... 14. Smelly vaginal discharge .... 15. Early/preterm labor (less than 9 mnths) 16. Water broke 6 hrs or more before labor. 17. Labor for 12 hours or more .... 18. Other *(specify)* .... (_____) 19. No symptoms during last 3 months .... 20. No symptoms before labor	Symptoms during <u>last 3 months</u> Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ → **Inst_8**	Started (related to labor/delivery) Before W/D 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.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ 1.☐ 2.☐ 9.☐ ☐ → **SQ4.11**
S4.2	Did (you / the mother) seek care from any person or health facility for (any of) the pregnancy symptom(s) that started <u>before</u> labor? *[Read "…for any of…" if she had more than one pregnancy symptom.]*	1. Yes 2. No 9. Don't know	☐ **2 → SQ4.4** **9 → Inst_2**	
S4.2.1	Where did (you / she) seek this care? *Prompt:* Was there anywhere else? *[Multiple answers allowed.]*	1. Hospital .... 2. NGO or government clinic .... 3. Private doctor/clinic .... 4. Community nurse, midwife .... 5. TBA/village doctor/quack/other non-formal or traditional provider.................. 6. Relative, neighbor or friend .... 7. Other *(specify)* .... (_____) 9. Don't know...	1. ☐ — 2. ☐ 3. ☐ ➔ = Health provider 4. ☐ 5. ☐ — 6. ☐ ➔ **SQ4.4** 7. ☐ 9. ☐ → **Inst_2**	
S4.3	*If more than one symptom started before labor <u>and</u> she sought care from a health provider (SQ4.2.1 = 1-4), ask:* For which symptom or symptoms that started <u>before</u> labor did (you / she) seek care from a health provider or facility?	1. Convulsions..☐ 2. High blood pressure ....☐ 3. Severe anemia or (pallor <u>and</u> SOB)...☐ 4. Diabetes ....☐ 5. Severe headache ....☐ 6. Blurred vision..☐ 7. Too weak to get out of bed ....☐ 8. Severe abdominal (not labor) pain.....☐ 9. Fast or difficult breathing ....☐	10. Puffy face..☐ 11. <u>Any</u> bleeding before labor ....☐ 12. – blank – 13. Fever...☐ 14. Smelly vaginal discharge ....☐ 15. – blank – 16. Water broke ≥6 hrs bfr. labor ..☐ 17. – blank – 18. Other *(specified in SQ4.1)*.......☐	

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S4.4	*If she <u>never</u> went to a health provider (SQ4.2 = 2 <u>or</u> SQ4.2.1 = 5-7) for any of the pregnancy symptoms, ask:* Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider or facility for the symptom(s) that started <u>before</u> labor? *If she <u>went</u> to health provider (SQ4.2.1 = 1-4) for any pregnancy symptom(s), ask:* Did (you / the mother) have to overcome any concerns or problems to go to a health provider or facility for the symptom(s) that started <u>before</u> labor?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → Inst_1*
S4.4.1	What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Did not think 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 *(specify)* had to decide.... 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. Fears exposure to male health provider 13. Other *(specify)* .... 99. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ _____ 99. ☐

Inst_1: If SQ4.2 = 2 <u>or</u> SQ4.2.1 ≠ 1-4 (<u>Never</u> went to a health provider for any pregnancy symptoms) → Inst_2

S4.5	Did any health provider or facility refer (you / her) to another health provider or facility for (any of) the symptom(s) that started <u>before</u> labor?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → SQ4.6*
S4.5.1	Did (you / she) go to the provider or facility to which (you were / she was) referred?	1. Yes 2. No 9. Don't know	☐
S4.6	How many different health providers or facilities did (you / the mother) see for the pregnancy symptom(s) that started <u>before</u> labor?		___ ___ Health providers/facilities *(DK = 99)*
S4.7	(Were you / was the mother) admitted to hospital for (any of) the symptom(s) that started <u>before</u> labor?	1. Yes 2. No 9. Don't know	☐
S4.8	Please tell me everything that the provider(s) suggested that (<u>you</u> / <u>the mother</u>) do for the pregnancy symptom(s) at home? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Take antibiotic by mouth........................ 2. Take antimalarial by mouth................... 3. Take BP medicine by mouth................. 4. Take other medicine by mouth .... 5. Rest / bed rest / decrease work .... 6. Return for follow-up visit(s) .... 7. Return or referred if worse.................... 8. Other *(specify)*...................................... 9. Nothing .... 99. Don't know...	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ _____ 9. ☐ → *Inst_2* 99. ☐ → *Inst_2*
S4.9	(Were you / Was the mother) able to follow <u>all</u> this advice?	1. Yes 2. No 9. Don't know	☐ *9 → Inst_2*

S4.10	*If not able to follow all the advice, ask:* Did (you / she) have any concerns or problems that kept (you / her) from following the advice? *If able to follow all the advice, ask:* Did (you / she) have to overcome any concerns or problems to follow the advice?	1. Yes 2. No 9. Don't know	☐ *2 or 9 → Inst_2*
S4.10 .1	What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Did not understand instructions .... 2. Too much time from her regular duties... 3. Someone else *(specify)* decided............. 4. Cost too much .... 5. Problem required traditional care........... 6. Advised care not needed or helpful .... 7. Advised care might harm unborn child ... 8. Thought she/baby will die despite care... 9. Other *(specify)*.................................. 99.Don't know...	1. ☐ 2. ☐ 3. ☐ _____ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ _____ 99. ☐
	Inst_2: Refer to SQ4.1: If no labor or delivery symptoms → Inst_8		
S4.11	Now let's talk about the labor and delivery symptom(s). You said earlier that the symptom(s) that started <u>with</u> or during labor or delivery (was / were) <SYMPTOM(S)>. *[Read out & check the SQ4.1 symptoms confirmed by the respondent. Correct the SQ4.1 responses if necessary.]*	1. Convulsions ....☐ 2. High blood pressure.........................☐ 3. Severe anemia or (pallor <u>and</u> SOB)...☐ 4. – blank – 5. Severe headache ....☐ 6. Blurred vision.................................☐ 7. Too weak to get out of bed ....☐ 8. Severe abdominal (not labor) pain.....☐ 9. Fast or difficult breathing ....☐	10.Puffy face .... ☐ 11.<u>Any</u> bleeding before labor ...... ☐ 12.Excess bleed during L or D .... ☐ 13.Fever .... ☐ 14.Smelly vaginal discharge........ ☐ 15.Early/preterm labor (<9 mnth) ☐ 16.Water broke ≥6 hrs bfr. labor.. ☐ 17.Labor for 12 hours or more..... ☐ 18.Other *(specified in SQ4.1)*...... ☐
S4.12	Where (were you / was the mother) when (this / the first) symptom began? *[Read "…the first…" if she had more than one labor or delivery symptom.]*	1. Home 2. On route to a health provider or facility 3. At the health provider or facility where she went for normal labor 4. Other *(specify)*...................................... 9. Don't know	☐ *3 → SQ4.17* _____
S4.13	Did (you / she) <u>receive</u>, <u>seek</u> <u>or</u> <u>try</u> to seek any care or treatment for (any of) the labor or delivery symptom(s)? *[Read "…any of the symptoms" if she had more than one symptom.]*	1. Yes 2. No 9. Don't know	☐ *2 or 9 → SQ4.17*
S4.13 .1	What was the <u>first</u> thing (you / she) did for the symptom(s)? *[Mark only the first action taken.]*	1. Home treatment (at her own home, or by a relative, neighbor, or friend) <u>Sought</u> <u>or</u> <u>tried</u> to seek care from a: 2. Hospital 3. NGO or government clinic 4. Private doctor/clinic 5. Community nurse, midwife 6. Pharmacist or drug seller 7. TBA/village doctor/quack/other non-formal or traditional provider 8. Other *(specify)* .... 9. Don't know	☐ *9 → SQ4.16* _____
S4.14	Who decided that this was the right thing to do at that time? *[Only one response allowed. Record the 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	☐ _____

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S4.15	*If she did not go to a health provider (SQ4.13.1 = 1 or 6-8), ask:* Did (you / the mother) have any concerns or problems that kept (you / her) from going to a health provider at that time? *If she went to a health provider (SQ4.13.1 = 2-5), ask:* Did (you / the mother) have to overcome any concerns or problems to go to the <HEALTH PROVIDER> at that time?	1. Yes 2. No 9. Don't know	☐ **2 or 9 → Inst_3**
S4.15.1	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. ☐

Inst_3: If SQ4.13.1 = 2-5 (First went to a health provider or facility) → SQ4.16.1

S4.16	Did (you / she) ever seek or try to seek care from a health provider or facility for (any of) the labor or delivery symptom(s)?	1. Yes 2. No 9. Don't know	☐ **2 or 9 → SQ4.17**
S4.16.1	Please tell me all the types of health providers and facilities where (you / she) sought or tried to seek care for (any of) the labor or delivery symptom(s). *Prompt:* Anywhere else? [Multiple answers allowed.]	1. Hospital.................................... 2. NGO or government clinic .... 3. Private doctor/clinic............................... 4. Community nurse, midwife .... 9. Don't know..	1. ☐ 2. ☐ 3. ☐ 4. ☐ 9. ☐
S4.17	*Refer to SQ3.8 to determine the delivery place. Discuss with respondent to confirm or correct the delivery place.* *Discuss & resolve inconsistencies, for example, if SQ4.13 or 4.16 = "No," but the mother delivered in a health facility.*	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 _____
S4.18	So, including where (you / the mother) went or tried to go for the labor or delivery symptom(s) and for the delivery, how many health providers or facilities did (you / she) go to? [If SQ4.16 = 2 and SQ4.17 = 4 or 5 → record '00' health providers/facilities] [If SQ4.16 = 2 and SQ4.17 = 1-3 → record '01' health provider/facility] [If SQ4.16 = 2 and SQ4.17 = 9 → record '99' health providers/facilities] [If SQ4.16 = 9 → record '99' health providers/facilities]		___ ___ Health providers/facilities *(DK = 99)*

Inst_4: If SQ4.12 = 3 (Symptoms began at the health provider where she went for normal labor)→ SQ4.22
Inst_5: If SQ4.16 = 2 or 9 & SQ4.17 = 4-9 (No health provider seen/sought for the symptoms/delivery)→ Inst_8
Inst_5.5: If SQ4.1 = only 1 labor or delivery symptom OR If SQ4.16 = 2 or 9 → SQ4.21

S4.19	Was there any particular symptom or symptoms for which (you / the mother) went to the (first) health provider? *[Read "…the first health provider?" if she went to more than one provider.]*	1. Yes 2. No 9. Don't know	⬚ *2 or 9 → SQ4.21*

S4.20	For which symptom(s) did (you / she) go?	1. Convulsions .... ⬚ 2. High blood pressure........................ ⬚ 3. Severe anemia or (pallor <u>and</u> SOB)... ⬚ 4. – blank – 5. Severe headache .... ⬚ 6. Blurred vision.................................... ⬚ 7. Too weak to get out of bed .... ⬚ 8. Severe abdominal (not labor) pain..... ⬚ 9. Fast or difficult breathing .... ⬚	10. Puffy face .... ⬚ 11. <u>Any</u> bleeding before labor ...... ⬚ 12. Excess bleed during L or D.... ⬚ 13. Fever .... ⬚ 14. Smelly vaginal discharge........ ⬚ 15. Early/preterm labor (<9 mnth) ⬚ 16. Water broke ≥6 hrs bfr. labor.. ⬚ 17. Labor for 12 hours or more..... ⬚ 18. Other *(specified in SQ4.1)*...... ⬚

S4.21	How long after the labor or delivery symptom(s) began was it decided to go to the (first) health provider? *[Read "…to the first…" if she went or tried to go to more than one health provider.]* *[Mark days, hours &/or minutes as needed: e.g. 00 day, 02 hours, 10 minutes]*	___ ___ Days *(DK = 99)* ___ ___ Hours *(DK = 99)* ___ ___ Minutes *(DK = 99)*

Labor and delivery matrix instructions: Ask the following questions for the <u>first</u> and <u>last</u> health providers where she sought/tried to seek care for the labor and delivery symptoms. If she delivered at a health provider/facility or at home or on route while trying to go to a health provider/facility, then that should be the first health provider (if she went to only one) or the last health provider. Ask all the questions for the first provider before going on to the last.

Before asking about the first health provider, read:
Now I would like to ask about (your / the mother's) visit to the (first) health provider. *[Read "first" if went or tried to go to more than one provider.]*

Before asking about the last health provider, read:
Now I would like to ask about (your / the mother's) visit to the last health provider.

– LABOR AND DELIVERY MATRIX QUESTIONS –		FIRST HEALTH PROVIDER	LAST HEALTH PROVIDER
What was the name of the (first / last) health provider or facility where (you / the mother) (sought care for the labor or delivery symptom(s) / delivered the baby / tried to deliver the baby)? *Probe to identify the type of provider.*	1. Hospital (Government) 2. Hospital (NGO) 3. Hospital (Private) 4. Health center (Government) 5. Health center (NGO) 6. Health post (Government) 7. Health post (NGO) 8. Private doctor/clinic (Formal) 9. Private doctor/clinic (?Formal?) 10. Trained community nurse/midwife 99. Don't know	S4.22 ⬚⬚ _____ (Name of Provider/Facilty)	S4.32 ⬚⬚ _____ (Name of Provider/Facility)
After (deciding to seek care / being referred), how much time passed before going to the <FIRST/LAST HEALTH PROVIDER>? *[Discuss that this might include the time needed to arrange for transportation and money to go to the provider/facility, or to provide home care or go to a traditional provider before going to the health provider.]* *[If she delivered at home, record the time from decision/referral to delivery.]* *[Mark days, hours &/or minutes as needed: e.g. 00 days, 02 hours, 10 minutes]*		S4.23 ___ ___ Days *(DK = 99)* ___ ___ Hours *(DK = 99)* ___ ___ Minutes *(DK = 99)*	S4.33 ___ ___ Days *(DK = 99)* ___ ___ Hours *(DK = 99)* ___ ___ Minutes *(DK = 99)*
Was there any cost to travel to the <FIRST/LAST HEALTH PROVIDER> or pay for (your / the mother's) care there?	1. Yes 2. No 9. Don't know	S4.24 ⬚ *2 or 9 → SQ4.25*	S4.34 ⬚ *2 or 9 → SQ4.35*

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Question	Responses	(First)	(Last)
How did (you / the mother) arrange for the money for these expenses? *[Multiple answers allowed.]*	1. Had available 2. Borrowed 3. Sold assets 4. Help from kin/relatives 5. Community fund 6. Govt. scheme 7. Other 9. Don't know	**S4.24.1** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐	**S4.34.1** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐
What transportation method was used to go there? *[Multiple answers allowed.]*	1. Walk 2. Rickshaw/cart/boat 3. Bus 4. Taxi/auto/trecker 5. Ambulance 6. Other 7. Could not arrange transport 9. Don't know	**S4.25** 1. ☐ *If only walk* 2. ☐ → *SQ4.26.1* 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ → *SQ4.26.1* 9. ☐	**S4.35** 1. ☐ *If only walk* 2. ☐ → *SQ4.36.1* 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ → *SQ4.36.1* 9. ☐
How much did the transportation cost?		**S4.26** ___ ___ ___ ___ unit *(DK = 9999)*	**S4.36** ___ ___ ___ ___ unit *(DK = 9999)*
Did (you / the mother) reach the <FIRST/LAST HEALTH PROVIDER> before delivering the baby? *If "No," discuss with respondent to determine correct response: 2, 3 or 4.]*	1. Yes, reached before delivering 2. No, delivered before setting out 3. No, delivered on route to provider 4. No, could not reach this provider – did not set out/returned home/took other action 9. Don't know	**S4.26.1** ☐ *2, 3 → Inst_8* *4, 9 → Inst_7*	**S4.36.1** ☐ *2-9 → Inst_8*
How long did it take to travel to the <FIRST/LAST HEALTH PROVIDER>? *[Mark hours &/or minutes as needed: e.g. 05 hours, 30 minutes]*		**S4.27** ___ ___ Hours *(DK = 99)* ___ ___ Minutes *(DK = 99)*	**S4.37** ___ ___ Hours *(DK = 99)* ___ ___ Minutes *(DK = 99)*
What did the <FIRST/LAST HEALTH PROVIDER> do for (your / the mother's) (labor or delivery symptom(s) / delivery)? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Gave oxygen for the baby 2. Gave antibiotics by mouth 3. Gave antimalarial by mouth 4. Gave BP medicine by mouth 5. Other medicine by mouth *(specify)* 6. Gave medicine to stop bleeding 7. Gave medicine to stop convulsions 8. Gave medicine to strengthen labor 9. Gave medicine to stop labor 10. Gave medicine for baby's lungs 11. Gave IM medicine 12. Gave IV fluids or medicine 13. Blood transfusion 14. Advised to buy outside medicine 15. Uterine massage 16. Did a C-section 17. Did another operation *(specify)* 18. Admitted to hospital 19. Other *(specify)* 20. Nothing 99. Don't know	**S4.28** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ _____ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ _____ 18. ☐ stayed __ __ days 19. ☐ _____ 20. ☐ → *SQ4.30* 99. ☐ → *SQ4.30*	**S4.38** 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐_____ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ 15. ☐ 16. ☐ 17. ☐ _____ 18. ☐ stayed __ __ days 19. ☐ _____ 20. ☐ → *SQ4.40* 99. ☐ → *SQ4.40*
How much did (you / the mother) pay for these treatments and other costs related to the health care, including any admission fee, consultation, lab tests, equipment, and room and food for companions?		**S4.29** __ __ __ __ __ unit *(DK = 99999)*	**S4.39** __ __ __ __ __ unit *(DK = 99999)*

Did the <FIRST/LAST HEALTH PROVIDER> refer (you / the mother) to another health provider or facility?	1. Yes 2. No 9. Don't know	S4.30 ☐ *2–9 → SQ4.30.2*	S4.40 ☐ *2–9 → SQ4.40.2*
Why (were you / was the mother) referred? *[Multiple answers allowed.]*	1. The provider was not capable of managing the problem .... 2. Required supplies (e.g., drugs, IV, oxygen, blood) not available .... 3. Required equipment (e.g., ultrasound) not available............... 4. Required facility (e.g., operation room) not available .... 9. Don't know..............................	S4.30.1 1. ☐ 2. ☐ 3. ☐ 4. ☐ 9. ☐	S4.40.1 1. ☐ 2. ☐ 3. ☐ 4. ☐ 9. ☐
Was the baby delivered at the <FIRST/LAST HEALTH PROVIDER>?	1. Yes 2. No 9. Don't know	S4.30.2 ☐ *1 → Inst_8*	S4.40.2 ☐ *1 → Inst_8*
Inst_6: Check SQ4.18 to determine if she went to another health provider			
If did not go to another health provider, ask: Did (you / the mother) have any concerns or problems that kept (you / her) from going to another provider? *If went to another health provider, ask:* Did (you / the mother) have to overcome any concerns or problems to go to another provider?	1. Yes 2. No 9. Don't know	S4.31 ☐ *2 or 9 → Inst_7*	S4.41 ☐ *2 or 9 → Inst_8*
What concerns or problems did (you / she) have? *Prompt:* Was there anything else? *[Multiple answers allowed.]*	1. Thought no more care needed ...... 2. No one available to go with her ...... 3. Too much time from regular duties. 4. Someone else *(specify)* decided .... 5. Too far to travel .... 6. No transportation available............. 7. Cost (transport, health care, other). 8. Not satisfied with available care ..... 9. Problem required traditional care ... 10. Thought too sick to travel............. 11. Thought she/baby will die anyway 12. Was late at night .... 13. She delivered before going .... 14. Other *(specify)* .... 99. Don't know....................................	S4.31.1 1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ → *Inst_8* 14. ☐ _____ 99. ☐	S4.41.1 1. ☐ 2. ☐ 3. ☐ 4. ☐ _____ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11. ☐ 12. ☐ 13. ☐ 14. ☐ _____ 99. ☐
Inst_7: Check SQ4.18 → If she went to another health provider		***…go to SQ4.32 (LAST HEALTH PROVIDER)***	
Inst_8: If GQ1.6.1 = 1 (Stillbirth) → Open History			