

Appendix A: Ethical approval letters

London School of Hygiene & Tropical Medicine
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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:

Document	Version	Date
LSHTM ethics application	n/a	03/06/2013
Protocol		03/06/2013
Information Sheet & Online Consent form		03/06/2013

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/>

London School of Hygiene & Tropical Medicine
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Observational / Interventions Research Ethics Committee

Lisa Hurt
Lecturer
DPH / EPH
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:

Document	Version	Date
LSHTM ethics application	n/a	14/05/2013
Protocol		04/04/2013

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/>

Kintampo Health Research Centre (KHRC) Institutional Ethics Committee (IEC)

P.O Box 200
Kintampo, B/A
Ghana, West Africa



Tel: +233(3520)97604 (Ext 117)
E-mail: iec.sec@kintampo-hrc.org

FULL ETHICAL APPROVAL CERTIFICATE

Dr. Lisa Hurt (on behalf of the trial teams)
Department of Nutrition and Public Health
Interventions Research,
Faculty of Epidemiology and Population Health,
London School of Hygiene and Tropical
Medicine (LSHTM),
Keppel Street, London, WC1E 7HT.

Date: 11th July 2012

Study File Number: 2012-05

Title of study: Proposal for data analyses using information collected during the Obaapa VitA and Newhints trials

Principal Investigator(s): Dr. Lisa Hurt, Seth Owusu-Agyei

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 00011103; the IRB registration number is 0004854.
2. The study was reviewed on 10th July 2012 by a full convened committee meeting.
3. The following documents were reviewed and approved
 - o Proposal for data analyses using information collected during the Obaapa VitA and Newhints trials
 - o 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 Obaapa VitA and Newhints 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

Page 1 of 2

THE CHAIRMAN, KINTAMPO
HEALTH RESEARCH CENTRE
INSTITUTIONAL ETHICS
COMMITTEE

Kintampo Health Research Centre (KHRC) Institutional Ethics Committee (IEC)

P.O Box 200
Kintampo, D/A
Ghana, West Africa



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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 trials 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,


Rev. Dr. Joe Fyison
Chair
Institutional Ethics Committee
Kintampo Health Research Centre

THE CHAIRMAN, KINTAMPO
HEALTH RESEARCH CENTRE
INSTITUTIONAL ETHICS
COMMITTEE

Appendix B: Caesarean rates according to maternal education

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

Region, country and educational level	Caesarean delivery rate ^a (%) in:				Cumulative rate ^b (%)
	1990–1996	1997–2001	2002–2006	2007–2011	
South Asia					
Bangladesh					
<i>No education</i>	-	0.6	0.68	1.15	1.15
<i>Incomplete primary</i>	-	0.6	1.33	2.18	1.61
<i>Complete primary</i>	-	1.6	1.65	3.53	1.91
<i>Incomplete secondary</i>	-	4.06	5.18	11.07	4.92
<i>Complete secondary</i>	-	17.21	21.22	25.79	7.54
India					
<i>No education</i>	0.63	2.2	2.43	-	2.43
<i>Incomplete primary</i>	2.65	5.51	5.73	-	2.85
<i>Complete primary</i>	3.27	6.71	7.26	-	3.32
<i>Incomplete secondary</i>	6.46	10.73	13.67	-	6.4
<i>Complete secondary</i>	16.28	20.99	29.09	-	8.37
Nepal					
<i>No education</i>	0.57	0.43	1.07	1.77	1.77
<i>Incomplete primary</i>	0.66	0.9	1.93	3.11	2.08
<i>Complete primary</i>	1.17	1.01	4.64	6.23	2.45
<i>Incomplete secondary</i>	2.14	1.93	4.12	6.27	3.29
<i>Complete secondary</i>	5.73	6.14	13.94	12.95	4.59
Pakistan					
<i>No education</i>	0.66	-	3.43	-	3.43
<i>Incomplete primary</i>	1.93	-	6.25	-	3.64
<i>Complete primary</i>	2.59	-	10.3	-	4.41
<i>Incomplete secondary</i>	11.81	-	15.91	-	5.28
<i>Complete secondary</i>	16.68	-	19.76	-	7.15
West and Central Africa					
Benin					
<i>No education</i>	0.85	2.33	2.11	-	2.11
<i>Incomplete primary</i>	5.07	3.58	6.01	-	2.8
<i>Complete primary</i>	4.2	5.69	6.4	-	2.86
<i>Incomplete secondary</i>	8.42	10.83	9.11	-	3.27
<i>Complete secondary</i>	20.5	7.76	22.98	-	3.43
Burkina Faso					
<i>No education</i>	0.7	0.84	0.48	1.31	1.31
<i>Incomplete primary</i>	2.98	2.09	1.21	3.46	1.5
<i>Complete primary</i>	2.33	4.41	1.09	3.37	1.55
<i>Incomplete secondary</i>	5.26	4.75	2.25	5.09	1.7
<i>Complete secondary</i>	20.22	4.13	8.43	19.23	1.81
Cameroon					
<i>No education</i>	1.13	0.27	0.36	-	0.36
<i>Incomplete primary</i>	1.72	1	1.21	-	0.75
<i>Complete primary</i>	1.94	4.54	2.2	-	1.1

Region, country and educational level	Caesarean delivery rate ^a (%) in:				Cumulative rate ^b (%)
	1990–1996	1997–2001	2002–2006	2007–2011	
<i>Incomplete secondary</i>	3.63	3.81	3.75	-	1.79
<i>Complete secondary</i>	2.8	12.02	8.94	-	1.94
Chad					
<i>No education</i>	-	0.27	0.26	-	0.26
<i>Incomplete primary</i>	-	0.28	0.54	-	0.31
<i>Complete primary</i>	-	3.6	0.66	-	0.32
<i>Incomplete secondary</i>	-	3.37	2.88	-	0.41
<i>Complete secondary</i>	-	0	6.83	-	0.44
Côte d'Ivoire					
<i>No education</i>	0.03	1.26	3.2	-	3.2
<i>Incomplete primary</i>	0.69	2.82	8.61	-	4.7
<i>Complete primary</i>	0.77	1.84	3.9	-	4.67
<i>Incomplete secondary</i>	2.34	5.08	4.07	-	4.61
<i>Complete secondary</i>	8.06	10.87	7.75	-	4.66
Ghana					
<i>No education</i>	1.76	1.51	1.72	3.02	3.02
<i>Incomplete primary</i>	1.97	2.73	3.14	4.25	3.47
<i>Complete primary</i>	4.65	2.78	1.45	5.01	3.63
<i>Incomplete secondary</i>	11.76	5.29	5.13	8.62	5.52
<i>Complete secondary</i>	30.3	18.19	18.66	17.97	6.46
Guinea					
<i>No education</i>	-	1.13	0.99	-	0.99
<i>Incomplete primary</i>	-	2.03	2.76	-	1.13
<i>Complete primary</i>	-	0.91	7.46	-	1.19
<i>Incomplete secondary</i>	-	6.75	9.44	-	1.53
<i>Complete secondary</i>	-	7.59	18.84	-	1.66
Mali					
<i>No education</i>	0.18	0.68	0.54	-	0.54
<i>Incomplete primary</i>	0.59	1.12	2.81	-	0.75
<i>Complete primary</i>	0	3.19	3.82	-	0.79
<i>Incomplete secondary</i>	2.28	3.69	2.91	-	0.87
<i>Complete secondary</i>	0	5.07	8.18	-	0.91
Niger					
<i>No education</i>	-	0.45	0.59	-	0.59
<i>Incomplete primary</i>	-	0.34	1.26	-	0.65
<i>Complete primary</i>	-	1.12	1.55	-	0.66
<i>Incomplete secondary</i>	-	0.90	9.76	-	0.91
<i>Complete secondary</i>	-	2.90	18.11	-	0.97
Nigeria					
<i>No education</i>	1.05	-	0.36	0.35	0.35
<i>Incomplete primary</i>	2.54	-	0.87	1.15	0.46
<i>Complete primary</i>	2.63	-	1.31	1.36	0.67
<i>Incomplete secondary</i>	2.03	-	3.76	2.00	0.85
<i>Complete secondary</i>	6.55	-	6.15	5.47	1.73
Senegal					
<i>No education</i>	-	-	1.43	3.21	3.21
<i>Incomplete primary</i>	-	-	5.4	6.94	3.93
<i>Complete primary</i>	-	-	5.81	5.46	3.99
<i>Incomplete secondary</i>	-	-	9.08	10.11	4.42
<i>Complete secondary</i>	-	-	14.48	28.84	4.75
Eastern and Southern Africa					
Ethiopia					
<i>No education</i>	-	0.11	0.38	0.38	0.38
<i>Incomplete primary</i>	-	1.06	0.58	2.27	0.89

Region, country and educational level	Caesarean delivery rate ^a (%) in:				Cumulative rate ^b (%)
	1990–1996	1997–2001	2002–2006	2007–2011	
<i>Complete primary</i>	-	1.04	2.96	5.61	0.97
<i>Incomplete secondary</i>	-	7.05	8.42	11.48	1.16
<i>Complete secondary</i>	-	12.41	23.3	16.62	1.44
Kenya					
<i>No education</i>	1.7	2.25	1.8	1.23	1.23
<i>Incomplete primary</i>	3.29	3.02	2.09	2.99	2.5
<i>Complete primary</i>	4.65	5.49	3.67	6.34	4.01
<i>Incomplete secondary</i>	7.58	7.79	6.23	7.09	4.32
<i>Complete secondary</i>	12.86	11.89	11.06	14.46	5.81
Lesotho					
<i>No education</i>	-	-	3.03	0.46	0.46
<i>Incomplete primary</i>	-	-	3.14	3.99	3.79
<i>Complete primary</i>	-	-	4.21	5.18	4.45
<i>Incomplete secondary</i>	-	-	6.72	7.81	5.63
<i>Complete secondary</i>	-	-	13.68	14.66	6.54
Madagascar					
<i>No education</i>	-	0	0.29	0.38	0.38
<i>Incomplete primary</i>	-	0.55	0.65	0.63	0.55
<i>Complete primary</i>	-	0	0.96	1.52	0.61
<i>Incomplete secondary</i>	-	0.56	2.36	3.97	1.21
<i>Complete secondary</i>	-	6.18	3.9	12.26	1.42
Malawi					
<i>No education</i>	2.04	1.78	1.64	2.53	2.53
<i>Incomplete primary</i>	3.26	2.7	2.75	3.53	3.3
<i>Complete primary</i>	6.97	3.42	4.21	5.4	3.52
<i>Incomplete secondary</i>	10.49	4.07	6.25	7.36	3.93
<i>Complete secondary</i>	15.12	10.27	6.01	16.75	4.53
Mozambique					
<i>No education</i>	-	1.14	0.79	-	0.79
<i>Incomplete primary</i>	-	2.5	1.86	-	1.33
<i>Complete primary</i>	-	1.61	6.07	-	1.46
<i>Incomplete secondary</i>	-	3.87	8.49	-	1.69
<i>Complete secondary</i>	-	0.22	30.82	-	1.83
Rwanda					
<i>No education</i>	0.95	1.13	2.05	4.51	4.51
<i>Incomplete primary</i>	1.46	1.93	2.45	5.83	5.5
<i>Complete primary</i>	2.08	2.54	3.19	7.71	5.85
<i>Incomplete secondary</i>	3.73	4.54	6.19	14.34	6.39
<i>Complete secondary</i>	7.98	7.52	18	27.03	6.94
Uganda					
<i>No education</i>	0.92	1.27	1.86	2.64	2.64
<i>Incomplete primary</i>	1.91	2.18	2.51	3.27	3.14
<i>Complete primary</i>	5.48	3.15	3.15	6.9	3.72
<i>Incomplete secondary</i>	3.58	5.29	5.33	7.98	4.49
<i>Complete secondary</i>	4.49	11.74	13.24	21.44	5.22
United Republic of Tanzania					
<i>No education</i>	1.17	0.94	1.01	1.86	1.86
<i>Incomplete primary</i>	1.17	1.38	3.54	3.22	2.36
<i>Complete primary</i>	2.73	4.19	3.22	4.52	3.58
<i>Incomplete secondary</i>	6.8	2.95	8.25	11.74	4.01
<i>Complete secondary</i>	0	29.87	24.39	24.82	4.25
Zambia					
<i>No education</i>	0.93	-	0.53	0.82	0.82
<i>Incomplete primary</i>	0.95	-	1.64	2.16	1.83

Region, country and educational level	Caesarean delivery rate ^a (%) in:				Cumulative rate ^b (%)
	1990–1996	1997–2001	2002–2006	2007–2011	
<i>Complete primary</i>	2.35	-	1.77	1.51	1.75
<i>Incomplete secondary</i>	2.6	-	2.37	5.25	2.4
<i>Complete secondary</i>	7.68	-	11.03	10.45	2.82
Zimbabwe					
<i>No education</i>	1.29	2.14	1.03	0.28	0.28
<i>Incomplete primary</i>	3.89	3.69	2.6	2.06	1.85
<i>Complete primary</i>	6.13	5.26	1.56	3.59	2.85
<i>Incomplete secondary</i>	7.52	7.38	5.96	4.68	4.03
<i>Complete secondary</i>	14.38	11.56	14.35	14.45	4.44

^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

doctor), academic researcher, international/non-governmental organisation, student, other)

- 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.

	Of 1000 women with the following characteristic, what proportion should receive a caesarean for optimal maternal and fetal outcomes? (0-100%)
1. Obstetric characteristics	
Complete placenta praevia	

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])

Country	Caesarean rate (%)	Year	Source
Afghanistan	3.6	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Albania	18.7	2008-2009	Institute of Statistics, Institute of Public Health [Albania] and ICF Macro. 2010. Albania Demographic and Health Survey 2008-09. Tirana, Albania: Institute of Statistics, Institute of Public Health and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR230-DHS-Final-Reports.cfm
Algeria	6	2000	World Health Organization. The world health report 2005. Basic indicators. Available at: http://www.who.int/whr/2005/annex/indicators_country_a-f.pdf .
Andorra	23.7	1999	World Health Organization. European Regional Office Health for All database. Available at: http://data.euro.who.int/hfad .
Argentina	35.2	2005	Villar J, Valladares E, Wojdyla D, et al. Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin America. <i>Lancet</i> 2006;367:1819-29
Armenia	12.5	2010	National Statistical Service [Armenia], Ministry of Health [Armenia], and ICF International. 2012. Armenia Demographic and Health Survey 2010. Calverton, Maryland: National Statistical Service, Ministry of Health, and ICF International. Available at: http://dhsprogram.com/publications/publication-FR252-DHS-Final-Reports.cfm
Australia	31.5	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Austria	29	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Azerbaijan	7.6	2007	World Health Organization. European Regional Office Health for All database. Available at: http://data.euro.who.int/hfad .
Bahrain	26.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Bangladesh	17.1	2011	National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. Available at: http://dhsprogram.com/publications/publication-FR265-DHS-Final-Reports.cfm
Belarus	23	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Belgium	20.3	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Benin	3.6	2006	Institut National de la Statistique et de l'Analyse Économique (INSAE) [Bénin] et Macro International Inc. 2007: Enquête Démographique et de Santé (EDSB-III) - Bénin 2006. Calverton, MD: Institut National de la Statistique et de l'Analyse Économique et Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR197/08Chapitre08.pdf .
Bhutan	12.4	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Bolivia	18.6	2008	Ministerio de Salud y Deportes (MSD), Programa Reforma de Salud (PRS), Instituto Nacional de Estadística (INE) y Macro International. 2009. Encuesta Nacional de Demografía y Salud ENDSA 2008. La Paz, Bolivia:

Country	Caesarean rate (%)	Year	Source
			MSD, PRS, INE y Macro International. Available at: http://www.measuredhs.com/pubs/pdf/FR228/FR228%5B08Feb2010%5D.pdf .
Bosnia	18.6	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Brazil	52.3	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Bulgaria	31	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Burkina Faso	1.81	2010	Institut National de la Statistique et de la Démographie (INSD) et ICF International, 2012. Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010. Calverton, Maryland, USA : INSD et ICF International. Available at: http://dhsprogram.com/publications/publication-FR256-DHS-Final-Reports.cfm
Burundi	4	2010	Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. Enquête Démographique et de Santé Burundi 2010. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International. Available from: http://dhsprogram.com/publications/publication-FR253-DHS-Final-Reports.cfm
Cambodia	3	2010	National Institute of Statistics, Directorate General for Health, and ICF Macro, 2011. Cambodia Demographic and Health Survey 2010. Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF Macro. Available from: http://dhsprogram.com/publications/publication-FR249-DHS-Final-Reports.cfm
Cameroon	3.8	2011	Institut National de la Statistique (INS) et ICF. International. 2012. Enquête Démographique et de Santé et à Indicateurs Multiples du Cameroun 2011. Calverton, Maryland, USA : INS et ICF International. Available at: http://dhsprogram.com/publications/publication-FR260-DHS-Final-Reports.cfm
Canada	27.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Cape Verde	10.7	2005	Instituto Nacional de Estatística (INE) [Cabo Verde], Ministério da Saúde, e Macro International 2008. Segundo Inquérito Demográfico e de Saúde Reprodutiva, Cabo Verde, IDSR-II, 2005. Calverton, MD: INE Available at: http://www.measuredhs.com/pubs/pdf/FR203/FR203.pdf .
Central African Republic	1.9	1994-1995	Mboup G. 1995. Enquête Démographique et de Santé, République Centrafricaine 1994-95. Calverton, MD: Direction des Statistiques Démographiques et Sociales et Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR67/10Chapitre10.pdf .
Chad	1.5	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Chile	37	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
China	27	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Colombia	42.8	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Comoros	5.3	1996	Mondoha, Kassim A, Schoemaker J, Ban'ère M. 1997. Enquête Démographique et de Santé, Comores 1996. Calverton, MD: Centre National de Documentation et de Recherche Scientifique et Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR79/07Chapitre7.pdf .
Congo Democratic Republic	7.2	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
Congo (Republic)	3.2	2005	Centre National de la Statistique et des Études Économiques (CNSEE) et ORC Macro. 2006. Enquête Démographique et de Santé du Congo 2005. Calverton, Maryland, USA : CNSEE et ORC Macro. Available at: http://dhsprogram.com/publications/publication-FR182-DHS-Final-Reports.cfm
Costa Rica	20.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Cote d'Ivoire	4.6	2005	Institut National de la Statistique (INS) et Ministère de la Lutte contre le Sida [Côte d'Ivoire] et ORC Macro. 2006. Enquête sur les Indicateurs du Sida, Côte d'Ivoire 2005. Calverton, MD: INS et ORC Macro. Available at: http://www.measuredhs.com/pubs/pdf/AIS5/AIS5.pdf .
Croatia	18.7	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Cuba	35.6	2005	Villar J, Valladares E, Wojdyla D, et al. Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin America. <i>Lancet</i> 2006;367:1819-29
Cyprus	50.9	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Czech Republic	24.1	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Denmark	21	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Dominican Republic	38.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Ecuadorb	29.8	2005	Villar J, Valladares E, Wojdyla D, et al. Caesarean delivery rates and pregnancy outcomes: the 2005 WHO global survey on maternal and perinatal health in Latin America. <i>Lancet</i> 2006;367:1819-29.
Egypt	27.6	2008	El-Zanaty F, Way A. 2009. Egypt Demographic and Health Survey 2008. Cairo, Egypt: Ministry of Health, El-Zanaty and Associates, and Macro International (. Available at: http://www.measuredhs.com/pubs/pdf/FR220/FR220.pdf)
El Salvador	25	2008	Asociación Demográfica Salvadoreña, CDC, USAID. República de El Salvador, CA. Encuesta Nacional de Salud Familiar. Informe final. FESAL-2008
Eritrea	2.7	2002	National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. Eritrea Demographic and Health Survey 2002. Calverton, MD: National Statistics and Evaluation Office and ORC Macro. Available at: http://www.measuredhs.com/pubs/pdf/FR137/09Chapter09.pdf .
Estonia	20.2	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Ethiopia	1.4	2011	Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International. Available at: http://dhsprogram.com/publications/publication-FR255-DHS-Final-Reports.cfm
Finland	16.3	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
France	21	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Gabon	10	2012	Direction Générale de la Statistique (DGS) et ICF International. 2013. Enquête éomographique et de Santé du Gabon 2012. Calverton, Maryland, et Libreville, Gabon : DGS et ICF International. Available at: http://dhsprogram.com/publications/publication-FR276-DHS-Final-Reports.cfm
Gambia	2.5	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Georgia	23.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
Germany	32.1	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Ghana	6.9	2008	Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro. 2009. Ghana Demographic and Health Survey 2008. Accra, Ghana: GSS, GHS, and ICF Macro. Available at: http://www.measuredhs.com/pubs/pdf/FR221/FR221.pdf .
Guatemala	16.3	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Guinea	2.4	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Guyana	13.3	2009	Ministry of Health (MOH), Bureau of Statistics (BOS), and ICF Macro. 2010. Guyana Demographic and Health Survey 2009. Georgetown, Guyana: MOH, BOS, and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR232-DHS-Final-Reports.cfm
Haiti	5.5	2012	Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. 2013. Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012. Calverton, Maryland, USA : MSPP, IHE et ICF International. Available at: http://dhsprogram.com/publications/publication-FR273-DHS-Final-Reports.cfm
Honduras	18.6	2011-12	Secretaría de Salud [Honduras], Instituto Nacional de Estadística (INE) e ICF International. 2013. Encuesta Nacional de Salud y Demografía 2011-2012. Tegucigalpa, Honduras: SS, INE e ICF International. Available at: http://dhsprogram.com/publications/publication-FR274-DHS-Final-Reports.cfm
Hungary	28	2007	World Health Organization. European Regional Office Health for All database. Available at: http://data.euro.who.int/hfadb .
Iceland	16.6	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
India	8.1	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Indonesia	6.8	2007	Statistics Indonesia (Badan Pusat Statistik-BPS) and Macro International. 2008. Indonesia Demographic and Health Survey 2007. Calverton, MD: BPS and Macro International. Available at: http://www.measuredhs.com/pubs/pdf/FR218/FR218%5BApril-09-2009%5D.pdf .
Iran	40	2005	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Ireland	26.3	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Israel	19.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Italy	38	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Jamaica	14.8	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Japan	23.3	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Jordan	18.5	2007	Department of Statistics [Jordan] and Macro International Inc. 2008. Jordan Population and Family Health Survey 2007. Calverton, MD: Department of Statistics and Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR209/FR209.pdf .
Kazakhstan	13.5	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Kenya	5.81	2009	Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. Kenya Demographic and Health Survey 2008-09. Calverton, Maryland: KNBS and

Country	Caesarean rate (%)	Year	Source
			ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR229-DHS-Final-Reports.cfm
Kuwait	11.2	1996	Alnesef Y, Al-Rashoud RH, Farid SM. Kuwait Family Health Survey 1996. Kuwait: Ministry D71 of Health; 2000.
Kyrgyzstan	6.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Laos	3.7	2011-12	Department of Statistics and UNICEF. 2012. Lao PDR Multiple Indicator Cluster Survey 2011-12, Final Report. Vientiane, Lao PDR: Department of Statistics and UNICEF. Available at: http://dhsprogram.com/publications/publication-FR268-Other-Final-Reports.cfm
Latvia	23.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Lebanon	23.3	2000	Betrán AP, Merialdi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. <i>Paediatr Perinat Epidemiol</i> 2007;21:98-113
Lesotho	6.5	2009	Ministry of Health and Social Welfare (MOHSW) [Lesotho] and ICF Macro. 2010. Lesotho Demographic and Health Survey 2009. Maseru, Lesotho: MOHSW and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR241-DHS-Final-Reports.cfm
Liberia	3.5	2007	Liberia Institute of Statistics and Geo-Information Services (LISGIS) [Liberia], Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and Macro International Inc. 2008. Liberia Demographic and Health Survey 2007. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR201/FR201.pdf .
Libyan Arab Jamahiriya	7.5	1995	Betrán AP, Merialdi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. <i>Paediatr Perinat Epidemiol</i> 2007;21:98-113
Lithuania	25.2	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Luxemburg	31.3	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Madagascar	1.5	2008-09	Institut National de la Statistique (INSTAT) et ICF Macro. 2010. Enquête Démographique et de Santé de Madagascar 2008-2009. Antananarivo, Madagascar : INSTAT et ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR236-DHS-Final-Reports.cfm
Malawi	4.5	2010	National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR247-DHS-Final-Reports.cfm
Malaysia	15.7	2006	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Maldives	32.4	2009	Ministry of Health and Family (MOHF) [Maldives] and ICF Macro. 2010. Maldives Demographic and Health Survey 2009. Calverton, Maryland: MOHF and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR237-DHS-Final-Reports.cfm
Mali	0.9	2006	Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. Enquête Démographique et de Santé du Mali 2006. Calverton, MD: CPS/DNSI et Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR199/FR199.pdf .
Malta	31.7	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
Marshall Islands	9.3	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Mauritius	44.1	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Mauritania	3.2	2000-2001	Office National de la Statistique (ONS) [Mauritanie] et ORC Macro. 2001. Enquête Démographique et de Santé Mauritanie 2000-2001. Calverton, MD: ONS et ORC Macro. Available at: http://www.measuredhs.com/pubs/pdf/FR127/07Chapter7.pdf .
Mexico	38.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Moldova	14.8	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Mongolia	21	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Montenegro	19.3	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Morocco	16	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Mozambique	3.9	2011	Ministerio da Saude (MISAU), Instituto Nacional de Estatistica (INE) e ICF International (ICFI). Moçambique Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA: MISAU, INE e ICFI. Available at: http://dhsprogram.com/publications/publication-FR266-DHS-Final-Reports.cfm
Namibia	12.7	2006-2007	Ministry of Health and Social Services (MoHSS) [Namibia] and Macro International Inc. 2008. Namibia Demographic and Health Survey 2006-07. Windhoek, Namibia and Calverton, MD: MoHSS and Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR204/FR204.pdf .
Nepal	4.59	2011	Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland. Available at: http://dhsprogram.com/publications/publication-FR257-DHS-Final-Reports.cfm
Netherlands	15.4	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
New Zealand	23.6	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Nicaragua	19.6	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Niger	1	2006	Institut National de la Statistique (INS) et Macro International Inc. 2007. Enquête Démographique et de Santé et à Indicateurs Multiples du Niger 2006. Calverton, MD: INS et Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR193/08Chapitre08.pdf .
Nigeria	1.8	2008	National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. Nigeria Demographic and Health Survey 2008. Abuja, Nigeria: National Population Commission and ICF Macro. Available at: http://www.measuredhs.com/pubs/pdf/FR222/FR222.pdf .
Norway	17.1	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Oman	16.4	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Pakistan	7.3	2006-2007	National Institute of Population Studies (NIPS) [Pakistan], and Macro International Inc. 2008. Pakistan Demographic and Health Survey 2006-07. Islamabad, Pakistan: National Institute of Population Studies and Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR200/FR200.pdf .
Panama	20.2	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
Paraguay	33.1	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Peruc	25.3	2012	Instituto Nacional de Estadística e Informática [Peru], and ICF Macro 2012. Encuesta Demográfica y de Salud Familiar 2012. Lima, Peru: Instituto Nacional de Estadística e Informática [Peru], and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR284-DHS-Final-Reports.cfm
Philippines	9.5	2008	National Statistics Office (NSO) [Philippines], and ICF Macro. 2009. National Demographic and Health Survey 2008. Calverton, MD: National Statistics Office and ICF Macro. Available at: http://www.measuredhs.com/pubs/pdf/FR224/FR224.pdf .
Poland	33.7	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Portugal	35.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Qatar	15.9	1998	Betrán AP, Meriardi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. Paediatr Perinat Epidemiol 2007;21:98-113
Republic of Korea	36.9	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Republic of Moldova	14.8	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Romania	30.4	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Russian Federation	18	2006	World Health Organization. European Regional Office Health for All database. Available at: http://data.euro.who.int/hfadb .
Rwanda	6.94	2010	National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. Rwanda Demographic and Health Survey 2010. Calverton, Maryland, USA: NISR, MOH, and ICF International. Available at: http://dhsprogram.com/publications/publication-FR259-DHS-Final-Reports.cfm
Samoa	12.8	2009	Ministry of Health [Samoa], Bureau of Statistics [Samoa], and ICF Macro. 2010. Samoa Demographic and Health Survey 2009. Apia, Samoa: Ministry of Health, Samoa. Available at: http://dhsprogram.com/publications/publication-FR240-DHS-Final-Reports.cfm
Sao Tome	5.3	2008-09	Instituto Nacional de Estatística (INE) [São Tomé e Príncipe], Ministério da Saúde, e ICF Macro. 2010. Inquérito Demográfico e Sanitário, São Tomé e Príncipe, IDS STP, 2008-2009. Calverton, Maryland, USA: INE. Available at: http://dhsprogram.com/publications/publication-FR233-DHS-Final-Reports.cfm
Saudi Arabia	22.3	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Senegal	4.75	2011	Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF International. 2012. Enquête Démographique et de Santé à Indicateurs Multiples au Sénégal (EDS-MICS) 2010-2011. Calverton, Maryland, USA: ANSD et ICF International. Available at: http://dhsprogram.com/publications/publication-FR258-DHS-Final-Reports.cfm
Serbia	24.6	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Sierra Leone	4.5	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Singapore	30.5	2001-2003	Ministry of Health [Singapore] http://www.nuhgynae.com.sg/cos/o.x?c=/wbn/pagetree&func=view&rid=1073529
Slovakia	28.7	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
Slovenia	18.2	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Solomon Islands	6.2	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
South Africa	20.6	2003	Department of Health, Medical Research Council, OrcMacro. 2007. South Africa Demographic and Health Survey 2003. Pretoria: Department of Health. Available at: http://www.measuredhs.com/pubs/pdf/FR206/FR206.pdf .
Spain	25.3	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Sri Lanka	23.8	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Sudan	3.7	1993	Betrán AP, Meriardi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. Paediatr Perinat Epidemiol 2007;21:98-113
Swaziland	12.3	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Sweden	16.9	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Switzerland	32.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Syrian Arab Republic	15	2002	Khawaja M, Choueiry N, Jurdi R. "Hospital-based caesarean section in the Arab region: an overview." East Mediterr Health J 2009;15:458-69. Available at: http://www.emro.who.int/emhj/1502/15_2_2009_0458_0469.pdf .
Taiwan	33	2001	Liu, T.-C., Chen, C.-S., Tsai, Y.-W. and Lin, H.-C. (2007), Taiwan's High Rate of Cesarean Births: Impacts of National Health Insurance and Fetal Gender Preference. Birth, 34: 115–122.
Tajikistan	3.4	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Thailand	17.4	2001	Betrán AP, Meriardi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. Paediatr Perinat Epidemiol 2007;21:98-113
The FYR of Macedonia	22.2	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Timor-Leste	1.7	2009-10	National Statistics Directorate (NSD) [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro 2010. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR235-DHS-Final-Reports.cfm
Togo	8.8	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Tonga	11.1	2005	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Tunisia	20.5	2006	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Turkey	36.7	2008	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Turkmenistan	3.8	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Uganda	5.22	2011	Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. Uganda Demographic and Health Survey 2011. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc. Available at: http://dhsprogram.com/publications/publication-FR264-DHS-Final-Reports.cfm
Ukraine	10.4	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .

Country	Caesarean rate (%)	Year	Source
United Arab Emirates	20.9	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
United Kingdom	22	2004	World Health Organization. European Regional Office Health for All database. Available at: http://data.euro.who.int/hfadb .
United Republic of Tanzania	4.25	2010	National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro. Available at: http://dhsprogram.com/publications/publication-FR243-DHS-Final-Reports.cfm
United States	32.8	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Uruguay	33	2007	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Uzbekistan	8.6	2010	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Venezuela	25.1	2002	Betrán AP, Merialdi M, Lauer JA, et al. Rates of caesarean section: analysis of global, regional and national estimates. <i>Paediatr Perinat Epidemiol</i> 2007;21:98-113
Viet Nam	20	2011	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Yemen	6.5	2009	World Health Organization. Global Health Observatory data repository. Available at: http://www.who.int/gho/countries/en/ .
Zambia	3	2007	Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, MD: CSO and Macro International Inc. Available at: http://www.measuredhs.com/pubs/pdf/FR211/FR211%5BRevised-05-12-2009%5D.pdf .
Zimbabwe	4.44	2010-11	Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. Zimbabwe Demographic and Health Survey 2010-11. Calverton, Maryland: ZIMSTAT and ICF International Inc. Available at: http://dhsprogram.com/publications/publication-FR254-DHS-Final-Reports.cfm

Appendix E: ObaapaVitA data collection forms

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PROFILE FORM

KINTAMPO HEALTH RESEARCH CENTER KIVAP OBAAPAVITA PROJECT PROFILE FORM 270505 ENG	PROFILE Form No.
--	---------------------------------

FORMNO

1. BACKGROUND and ID:

1.1 Cluster code:

--	--	--	--

 CLUSTER

1.2 Woman's ID:

--	--	--	--	--	--	--	--	--	--

 WOMANID

1.3 Woman's name:

--

 NAME

1.4 Date of visit:

--	--	--	--	--	--

 DATEVISIT

1.5 Staff code:

--	--

 FW

1.6. Status at time of visit:

1. Present	2. Currently in hospital	3. Temporarily absent
4. Died	5. Moved out	6. Withdrawn

STATUS

1.7. Are you filling in this form as :

- a fieldworker visiting a woman you have found to be pregnant (FW)
- or as a member of the IEC team making your random adherence checks (IEC)?.

1. FW	2. IEC
-------	--------

INTTYPE

2. SOCIO-DEMOGRAPHIC CHARACTERISTICS:

2.1. In what year were you born? [1908 = NK].....

1	9		
---	---	--	--

 YEARBORN

2.2. In what month were you born? [88 = NK].....

--	--

 MONTHBORN

2.3. Do you know your age? (in years) [88 = NK].....

--	--

 AGE

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

1. 15 - 19 years	2. 20 – 29 years	3. 30 – 45 years	4. More than 45 years
------------------	------------------	------------------	-----------------------

AGEGRP

2.5. 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, etc.
7. University	8. Not known	////////////////////

MEDLEV

2.6. Number of years completed at the highest level reached? [88 = NK, 99 = NA, 00 = no education].....

--	--

 NUMYRS

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

1. Married	2. Living together	3. Widowed
4. Divorced	5. Separated	6. Single, unmarried

MARRIED

2.8. What is your religion?

1. Catholic	2. Protestant	3. Pentecostal	4. Muslim	5. Traditional African	6. Other:
-------------	---------------	----------------	-----------	------------------------	-----------

RELIGION

PROFILE FORM

2.9. What ethnic group do you belong to?

11. Akan: e.g.Bono, Ashanti, Fanti.etc.	12. Bimoda, Chokosi	13. Dagarti, Frafra, Kusasi	14. Fulani	ETHNIC
15. Ga, Adangbe, Ewe	16. Gonja, Dagomba, Mamprusi	17. Konkomba, Basare	18. Mo	
19. Sisala, Wala	20. Zambraba	21. Banda/Pantra	22. Other:	

2.10. Do you own any land?.....

1. Yes	2. No	WOWNLAND
--------	-------	----------

2.11. Do you have land on which you farm?

1. Yes, my own	2. Yes, part of family land	3. Yes part of husband's	4. Yes, rented land	5. No	OWNLAND
----------------	-----------------------------	--------------------------	---------------------	-------	---------

2.12. What do you grow (on your land)?

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	CROPS
--	--	---	----------------	-------

2.13. Do you have a regular cash income/are you a salaried worker?

1. Yes, professional – teacher, nurse, accounts, administrative	2. Yes, clerical/secretarial	3. Yes, seamstress, hairdresser etc.	SALARY
4. Yes, trader/food seller	5. Yes, labourer/domestic worker/farmer	6. Other:	

SAY NOW YOU ARE GOING TO ASK ABOUT THE 'HOUSEHOLD' AND EXPLAIN WHAT A HOUSEHOLD IS

2.14. Who is the household head?

1. You	2. Your husband	3. Your father	4. Your mother	5. Other:	8. NK	HOUSEHEAD
--------	-----------------	----------------	----------------	-----------	-------	-----------

2.15. In what year was the household head born? [1908 = NK].....

1	9			HHYOB
---	---	--	--	-------

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

		HHAGE
--	--	-------

2.17. 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	HHMEDLEV
5. Post-middle college, teacher training, secretarial	6. Post secondary, nursing, teacher, polytechnic	7. University	8. Not known	

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

		HHNUMYRS
--	--	----------

2.19. 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.	HHSALARY
5. Farmer/labourer/domestic worker	6. Other:	7. No	8. NK	

2.20. Do members of the household do any farming?.....

1. Yes	2. No	HHFARMING
--------	-------	-----------

2.21. Does anyone in the household own any land?.....

1. Yes	2. No	HHOWNLAND
--------	-------	-----------

2.22. Does anyone in the household own their own farm?.....

1. Yes	2. No	HHOWNFARM
--------	-------	-----------

2.23. 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	HHCROP
--	--	--	----------------	--------

PROFILE FORM

2.24. Does anyone in the household own:	Chickens or ducks?.....	1. Yes	2. No	CHICKEN
	Sheep or goats?.....	1. Yes	2. No	SHEEP
	Other animals?.....	1. Yes	2. No	OTHANIM
	Table?.....	1. Yes	2. No	TABLE
	Sleeping mattress?.....	1. Yes	2. No	MATTRESS
	Cupboard, wardrobe, room divider?.....	1. Yes	2. No	DIVIDER
	Mosquito net?.....	1. Yes	2. No	MOSNET
	Sewing machine?.....	1. Yes	2. No	MACHINE
	Bicycle?.....	1. Yes	2. No	BICYCLE
	Radio?.....	1. Yes	2. No	RADIO
	TV?.....	1. Yes	2. No	TV
	Gas or electric cooker?.....	1. Yes	2. No	COOKER
	Fridge or freezer?.....	1. Yes	2. No	FRIDGE
	Motorcycle?.....	1. Yes	2. No	MOTORCYCLE
	Car?.....	1. Yes	2. No	CAR

2.25. Does your household have electricity?.....	1. Yes	2. No	ELECTRIC
--	--------	-------	----------

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

11. Piped into dwelling/yard/plot	12. Public tap	13. Handpump / closed bore hole	14. Closed well	15. Open well	WATER
16. Stream / river	17. Lake / dam /pond	18. Water trucks	19. Rain water	20. Other	

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

1. Less than 15 minutes	2. 15 minutes- less than 30 minutes	3. 30 minutes – less than 60 minutes	REACH
4. 60 minutes or more	9. NA / drinking water source is in compound		

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

1. Flush latrine / WC	2. Ventilated improved pit /VIP /KVIP	3. Other pit latrine	4. Open fields	DEFAEC
5. Defaecate in house, faeces transferred elsewhere / bucket latrine		6. Other:		

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

		ROOMS
--	--	-------

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

		RESIDENT
--	--	----------

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

1. Sole Ownership	2. Joint Ownership	3. Renting	4. Family/relation's house	OWNHOUSE
5. House provided rent free	6. Perching	7. Other:	8. NK	

MATERIALS USED IN THE CONSTRUCTION OF THE HOUSE [OBSERVE]

2.32. Floor of sleeping room	1. Cement	2. Mud/clay	3. Other:	8. NK	FLOOR
2.33. Roofing	1. Metal/asbestos	2. Thatch/mud	3. Other:		ROOF
2.34. Wall	1. Cement	2. Mud	3. Other:		WALL

PROFILE FORM

- 2.35. Does the household have a separate room with a roof just for cooking?

1. Yes	2. No	8. NK
--------	-------	-------

 KITCHEN
- 2.36. Does the household have a separate sleeping room for children?

1. Yes	2. No	8. NK
--------	-------	-------

 SHARERM
- 2.37. Does the household have a domestic worker not related to the household head?

1. Yes	2. No	8. NK
--------	-------	-------

 DOMESTIC

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].....

--	--

 BOYALIV1
- 3.2 How many male children of your own are living elsewhere? [00 = NONE].....

--	--

 BOYALIV2
- 3.3 How many female children of your own are living with you right now? [00 = NONE].....

--	--

 GIRLALIV1
- 3.4 How many female children of your own are living elsewhere? [00 = NONE].....

--	--

 GIRLALIV2
- 3.5 Do you have any children who were born alive but died later? How many? [0 = NONE].....

--

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

--

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

--

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

--

 ECTOPIC
- 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
--------	-------

 CORRECT

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 TRIPLETS AS THREE.

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

1. Yes	2. No
--------	-------

 CS
- 3.11. Have you ever had a delivery where the baby had to be pulled out with an instrument?

1. Yes	2. No
--------	-------

 VACUUM
- 3.12. DATE OF BIRTH OF LAST CHILD [THE ONE BEFORE THIS PREGNANCY OR THE ONE BEFORE THE CHILD JUST BORN; 080808 = Not known; 090909 = No child].....

--	--	--	--	--	--	--	--

 DOBCHILD
- 3.13. Where did you deliver your last child?

--	--

 WHEREDEL
[USE FACILITY KEY CODE; 99 = NA, No child or delivered at home]

PROFILE FORM

4. HEALTH HISTORY: Now I would like to ask some questions about your health

4.1. How would you describe your state of health in general?....

1. Excellent	2. Good,	3. Poor
--------------	----------	---------

HEALTHY

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
--------------------------------------	---------------------------	-----------------------------	-------

ADMIT

4.3. Has a doctor ever told you if you have any of the following illnesses?

Heart disease or hypertension?.....	1. Yes	2 No	8. NK	HEARTDIS
Varicose veins?.....	1. Yes	2 No	8. NK	VEINS
Kidney disease?.....	1. Yes	2 No	8. NK	KIDNEY
Asthma?.....	1. Yes	2 No	8. NK	ASTHMA
TB?.....	1. Yes	2 No	8. NK	TB
Epilepsy?.....	1. Yes	2 No	8. NK	EPILEPSY
Diabetes?.....	1. Yes	2 No	8. NK	DIABETES
Jaundice or hepatitis.....	1. Yes	2 No	8. NK	JAUNDICE
Any other serious illness:	1. Yes	2 No	8. NK	OTHILL

4.4. Do you currently REGULARLY take any medicines for an illness or health condition?

1. Yes	2. No	8. NK
--------	-------	-------

MEDICINE

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

1. Yes, C-section	2. Yes, fibroid	3. Yes, D&C	4. Yes, other:	5. No
-------------------	-----------------	-------------	----------------	-------

WOMBOPS

4.6. Have you ever had any other surgical operation?

1. Yes (SPECIFY):	2. No
-------------------	-------

OTHOPS

END OF PROFILE FORM. CHECK YOUR FORM AND THANK THE RESPONDENT

BIRTH FORM

KINTAMPO HEALTH RESEARCH CENTER KIVAP OBAAPAVITA PROJECT BIRTH FORM 020705 ENG	BIRTH Form No.
--	-------------------------------

FORMNO

**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:	<input style="width: 100%; height: 15px;" type="text"/>	CLUSTER
1.2 Woman's ID :	<input style="width: 100%; height: 15px;" type="text"/>	WOMANID
1.3 Woman's name:	<input style="width: 100%; height: 15px;" type="text"/>	
1.4 Date of delivery:.....	<input style="width: 100%; height: 15px;" type="text"/>	DATDELIV
1.5 Date of visit:	<input style="width: 100%; height: 15px;" type="text"/>	DATEVISIT
1.6 Staff code:	<input style="width: 100%; height: 15px;" type="text"/>	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]	<input style="width: 100%; height: 15px;" type="text"/>	ANC					
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]...	<input style="width: 100%; height: 15px;" type="text"/>	TETTOXD					
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]	<input style="width: 100%; height: 15px;" type="text"/>	TETTOXB					
2.4. WAS HAEMOGLOBIN< 10 EVER RECORDED DURING HER ANC ATTENDANCE? [CHECK FROM HER CARD; 8 = NO CARD]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">1. Yes</td> <td style="width: 33%; border: 1px solid black;">2. No</td> <td style="width: 33%; border: 1px solid black;">8. NK</td> </tr> </table>	1. Yes	2. No	8. NK	HAEMOG		
1. Yes	2. No	8. NK					
2.5. During pregnancy did you sleep under a bed net?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">1. Never</td> <td style="width: 25%; border: 1px solid black;">2. Sometimes</td> <td style="width: 25%; border: 1px solid black;">3. Always</td> <td style="width: 25%; border: 1px solid black;">8. Not known</td> </tr> </table>		1. Never	2. Sometimes	3. Always	8. Not known	BEDNET
1. Never	2. Sometimes	3. Always	8. Not known				
2.6. Did a doctor or a nurse ever say you had malaria during pregnancy?..	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">1. Yes</td> <td style="width: 33%; border: 1px solid black;">2. No</td> <td style="width: 33%; border: 1px solid black;">8. NK</td> </tr> </table>	1. Yes	2. No	8. NK	MALARIA		
1. Yes	2. No	8. NK					
2.7. Did this child's pregnancy end early, on time, or late?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">1. Early</td> <td style="width: 25%; border: 1px solid black;">2. On time</td> <td style="width: 25%; border: 1px solid black;">3. Late</td> <td style="width: 25%; border: 1px solid black;">8. Not known</td> </tr> </table>		1. Early	2. On time	3. Late	8. Not known	PREMBAB
1. Early	2. On time	3. Late	8. Not known				
2.8. How many months pregnant were you with this child? (88 = NK).....	<input style="width: 100%; height: 15px;" type="text"/>	GESTATE					

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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black;">1. Before labour started</td> <td style="width: 33%; border: 1px solid black;">2. During labour or delivery</td> <td style="width: 33%; border: 1px solid black;">8. Don't know</td> </tr> </table>	1. Before labour started	2. During labour or delivery	8. Don't know	WATERBRK			
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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">1. Less than 4 hours</td> <td style="width: 25%; border: 1px solid black;">2. 4 to 23 hours</td> <td style="width: 25%; border: 1px solid black;">3. 24 hours or more</td> <td style="width: 25%; border: 1px solid black;">8. Don't know</td> <td style="width: 20%; border: 1px solid black;">9. NA, broke during labour</td> </tr> </table>		1. Less than 4 hours	2. 4 to 23 hours	3. 24 hours or more	8. Don't know	9. NA, broke during labour	TIMEBRK
1. Less than 4 hours	2. 4 to 23 hours	3. 24 hours or more	8. Don't know	9. NA, broke during labour				

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	DBLEED
3.4 Convulsions during labour or delivery	1. Yes	2. No	8. NK	DCONVUL
3.5. Did somebody have to remove the placenta from inside the uterus?	1. Yes	2. No	8. NK	RETPLAC
3.6. Surgery to repair or remove the womb	1. Yes	2. No	8. NK	SURGERY
3.7. Tear in the vagina	1. Yes	2. No	8. NK	VAGTEAR
3.8. Were you given an IV drip?	1. Yes	3. No	8. NK	IVDRIP
3.9. Were you given a blood transfusion?	1. Yes	3. No	8. NK	BLOODTR

3.10. How many babies did you have? NUMBABY

4. PROBLEMS SINCE THE BIRTH

Now I'd like to ask about problems you may have experienced since the birth.

4.1. Large clots and heavy bleeding from the vagina	1. Yes	2. No	8. NK	PPCLOT
4.2. Offensive or foul smelling vaginal discharge	1. Yes	2. No	8. NK	PPDISCHARG
4.3. Hot body	1. Yes	2. No	8. NK	PPFEVER
4.4. Leaking urine or faeces	1. Yes	2. No	8. NK	PPLEAK
4.5. Breast infection: swollen, painful, "pompo", discharge, etc.	1. Yes	2. No	8. NK	PPMASTITIS
4.6. Any other serious problem I have not mentioned [SPECIFY]	1. Yes	2. No	8. NK	PPOTHPROB

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

5. FIRST BABY

CHILD1ID

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	B1PLACEBIR
--------------------	---------------------------	----------------	--	------------

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

B1HOSPITAL

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.	BITYPDELIV
---------------------------------	---------------------------------------	-------------------------	--------------------	------------

5.4 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	BIKNOWCS
--------	-------	--------------	----------

5.5 Who delivered this baby?

1. Doctor	2. Midwife	3. TBA	4. Other person/relative	5. Delivered myself	8. Don't know	B1WHODELIV
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BIRTH FORM

5.6. Was the baby born alive ie. did it cry or move or breathe after birth?

1. Yes	2. No
--------	-------

 BIALIVE

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
--------	-------------------------------------	-----------------------	-------------------------	-------------------

 B1STATUS

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

--	--

 B1AGEDIED

5.9. Is/was the baby a male or female?.....

1. Male	2. Female	8. NK
---------	-----------	-------

 B1SEX

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

1. Head	2. Feet/bottom	4. Hand/arm	5. Other . SPECIFY	8. NK
---------	----------------	-------------	--------------------	-------

 B1POSN

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

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

 B1ANOMALY

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

1. Very tiny	2. Smaller than average	3. Average size
4. Larger than most babies	5. Very big baby	8. Don't know

 B1SIZE

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

 B1BIRTHWT

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

 BITODAYWT

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

5.15. 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:

5.16. breastmilk from another woman?.....

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

 B1CURRWET

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
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 B1CURROTH

5.18. other fluids: PROMPT for: water, tea traditional medicine

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

 B1CURFLUID

5.19. any foods: [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....

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

 B1CURSOLID

5.20. In the last 24 hours, why was the baby not put to the mother's breast?
 IF Q5.15. WAS "1/YES" CIRCLE "99/NA"

11. Mother ill / weak	12. Child ill / weak	13. Child died	B1CURRREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

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

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

 B1CURRWELL

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
--------	------	-------	-----------------

 B1CURRSUCK

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

5.23. 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	B1INITIATE
5. Day 3	6. Day 4-7	7. Day 8 or after	8. NK	

BIRTH FORM

5.24. In the first 24 hours after birth, why was the baby not put to the mother's breast?
 IF Q.5.23. WAS "1", "2" OR "3" CIRCLE "99/NA".

11. Mother ill / weak	12. Child ill / weak	13. Child died	B1DAYREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

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

5.25. breastmilk from another woman?.....	1. Yes	2. No	8. NK	B1DAYWET
5.26. other milk [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?.....	1. Yes	2. No	8. NK	B1DAYOTH
5.27. other fluids [PROMPT for]: water, tea, traditional medicines?.....	1. Yes	2. No	8. NK	B1DAYFLUID
5.28. any foods [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....	1. Yes	2. No	8. NK	B1DAYSSOLID
5.29. Did you give colostrum to this baby?.....	1. Yes	2. No	8. NK	B1COLOSTRU
5.30. In the first 24 hours after birth, was the baby well?.....	1. Yes	2. No	8. NK	B1DAYWELL
5.31. 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	B1DAYSUCK

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	B1DRY
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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	B1WRAP
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5.34. How many times have you bathed your baby in the last 24 hours? 88=NK.....

		B1BATHE
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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)	B1CORDCUT
3. Old razorblade/knife (not from clinic/hospital)	4. Other:	

5.36. 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	B1CORDMED
6. Ground nut oil	7. Other:			8. NK	

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

1. Yes	2. No	B1ILLNESS
--------	-------	-----------

IF Q5.37. WAS "2/NO" THEN CIRCLE "9/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	B1CARESEE
5.39. Was a traditional healer consulted for this illness?.....	1. Yes	2. No	8. NK	9. NA	B1OTHCARE
5.40. Was care sought from a doctor, nurse, clinic, hospital for this illness?.....	1. Yes	2. No	8. NK	9. NA	B1APPCARE
5.41. Was he/she admitted?.....	1. Yes	2. No	9. NA		B1ADMITTED

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

["88"=Not known, "99"=Not applicable]

		B1PLADM
--	--	---------

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.

BIRTH FORM

6. SECOND BABY

C	2
----------	----------

CHIL2ID

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
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B2PLACEBIR

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

--	--

B2HOSPITAL

6.3 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.
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B2TYPDELIV

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
--------	-------	--------------

B2KNOWCS

6.5 Who delivered this baby?

1. Doctor	2. Midwife	3. TBA	4. Other person/relative	5. Delivered myself	8. Don't know
-----------	------------	--------	--------------------------	---------------------	---------------

B2WHODELIV

6.6. Was the baby born alive ie. did it cry or move or breathe after birth?

1. Yes	2. No
--------	-------

B2ALIVE

6.7. 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
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B2STATUS

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

--	--

B2AGEDIED

6.9. Is/was the baby a male or female?.....

1. Male	2. Female	8. NK
---------	-----------	-------

B2SEX

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

1. Head	2. Feet/bottom	4. Hand/arm	5. Other . SPECIFY	8. NK
---------	----------------	-------------	--------------------	-------

B2POSN

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

1. Yes	2. No	8. NK	9. NA, baby dead
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B2ANOMALY

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	8. Don't know

B2SIZE

[PROMPT]

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

•					
•					

B2BIRTHWT

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

B2TODAYWT

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
--------	-------

B2CURRBF

BIRTH FORM

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

6.16. breastmilk from another woman?.....	1. Yes	2 No	8. NK	9. NA, baby dead	B2CURRWET
6.17. other milk: [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?.....	1. Yes	2 No	8. NK	9. NA, baby dead	B2CURROTH
6.18. other fluids: PROMPT for: water, tea traditional medicine	1. Yes	2 No	8. NK	9. NA, baby dead	B2CURFLUID
6.19. any foods: [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....	1. Yes	2 No	8. NK	9. NA, baby dead	B2CURSOLID

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

IF Q6.15. WAS "1/YES" CIRCLE "99/NA"

11. Mother ill / weak	12. Child ill / weak	13. Child died	B2CURRREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

6.21. In the last 24 hours, has the baby been well?.....	1. Yes	2 No	8. NK	9. NA baby dead	B2CURRWELL
6.22. 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	B2CURRSUCK

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

6.23. 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	B2INITIATE
5. Day 3	6. Day 4-7	7. Day 8 or after	8. NK	9. NA, mother did not breastfeed baby

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

IF Q.6.23. WAS "1", "2" OR "3" CIRCLE "99/NA".

11. Mother ill / weak	12. Child ill / weak	13. Child died	B2DAYREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

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

6.25. breastmilk from another woman?.....	1. Yes	2. No	8. NK	B2DAYWET
6.26. other milk [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?.....	1. Yes	2. No	8. NK	B2DAYOTH
6.27. other fluids [PROMPT for]: water, tea, traditional medicines?.....	1. Yes	2. No	8. NK	B2DAYFLUID
6.28. any foods [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....	1. Yes	2. No	8. NK	B2DAYSOLID
6.29. Did you give colostrum to this baby?.....	1. Yes	2. No	8. NK	B2COLOSTRU
6.30. In the first 24 hours after birth, was the baby well?.....	1. Yes	2. No	8. NK	B2DAYWELL
6.31. 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	B2DAYSUCK

6.32. 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	B2DRY
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6.33. 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	B2WRAP
------------------------------	------------------------	-------------------------------	-------	--------

BIRTH FORM

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

--	--

 B2BATHE

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: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 15px;"></td><td style="width: 50px; height: 15px;"></td></tr></table>		
8. NK			

 B2CORDCUT

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: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 15px;"></td><td style="width: 50px; height: 15px;"></td></tr></table>					8. NK

 B2CORDMED

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

1. Yes	2 No
--------	------

 B2ILLNESS

IF Q6.37. WAS "2/NO" THEN CIRCLE "9/NA" FOR Q6.38, Q6.39, Q6.40, Q6.41.

6.38. Was care sought outside the home while the baby had this illness?

1. Yes	2 No	8. NK	9. NA
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 B2CARESEE

6.39. Was a traditional healer consulted for this illness?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 B2OTHCARE

6.40. Was care sought from a doctor, nurse, clinic, hospital for this illness?.....

1. Yes	2 No	8. NK	9. NA
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 B2APPCARE

6.41. Was he/she admitted?.....

1. Yes	2. No	9. NA
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 B2ADMITTED

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

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 B2PLADM

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

C	3
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 CHILD3ID

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
--------------------	---------------------------	----------------	--

 B3PLACEBIR

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

--	--

 B3HOSPITAL

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 caesarean section	4. Other. Specify.
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 B3TYPDELIV

7.4 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
--------	-------	--------------

 B3KNOWCS

7.5 Who delivered this baby?

1. Doctor	2. Midwife	3. TBA	4. Other person/relative	5. Delivered myself	8. Don't know
-----------	------------	--------	--------------------------	---------------------	---------------

 B3WHODELIV

7.6. Was the baby born alive ie. did it cry or move or breathe after birth?

1. Yes	2. No
--------	-------

 B3ALIVE

7.7. 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
--------	-------------------------------------	-----------------------	-------------------------	-------------------

 B3STATUS

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

--	--

 B3AGEDIED

7.9. Is/was the baby a male or female?.....

1. Male	2. Female	8. NK
---------	-----------	-------

 B3SEX

BIRTH FORM

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

1. Head	2. Feet/bottom	4. Hand/arm	5. Other . SPECIFY	8. NK	B3POSN
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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]

1. Very tiny	2. Smaller than average	3. Average size	B3SIZE
4. Larger than most babies	5. Very big baby	8. Don't know	

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

7.14 WEIGHT TODAY (IN KILOGRAMS; 999 = BABY DEAD)

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	B3BIRTHWT
<input type="text"/>	.	<input type="text"/>	<input type="text"/>	B3TODAYWT

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 B3CURRBF

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	B3CURRWET
7.17. other milk: [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?.....	1. Yes	2 No	8. NK	9. NA, baby dead	B3CURROTH
7.18. other fluids: PROMPT for: water, tea traditional medicine	1. Yes	2 No	8. NK	9. NA, baby dead	B3CURFLUID
7.19. any foods: [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....	1. Yes	2 No	8. NK	9. NA, baby dead	B3CURSOLID

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

11. Mother ill / weak	12. Child ill / weak	13. Child died	B3CURRREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

7.21. In the last 24 hours, has the baby been well?..... 1. Yes 2 No 8. NK 9. NA baby dead B3CURRWELL

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 B3CURRSUCK

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

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	B3INITIATE
5. Day 3	6. Day 4-7	7. Day 8 or after	8. NK	9. NA, mother did not breastfeed baby

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

11. Mother ill / weak	12. Child ill / weak	13. Child died	B3DAYREAS
14. Nipple / breast problem	15. Not enough milk	16. Mother working	
17. Child refused	19. Did not want to give colostrum	20. Mother died	
18. Other	99. NA, mother did breastfeed baby in last 24hrs		

BIRTH FORM

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

7.25. breastmilk from another woman?.....	1. Yes	2. No	8. NK	B3DAYWET
7.26. other milk [PROMPT for]: cow's milk, tinned milk, infant formula, Lactogen, SMA?.....	1. Yes	2. No	8. NK	B3DAYOTH
7.27. other fluids [PROMPT for]: water, tea, traditional medicines?.....	1. Yes	2. No	8. NK	B3DAYFLUID
7.28. any foods [PROMPT for]: any solid foods, gruels, porridge, bread, rice, cerelac, nutrimix?.....	1. Yes	2. No	8. NK	B3DAYSOLID
7.29. Did you give colostrum to this baby?.....	1. Yes	2. No	8. NK	B3COLOSTRU
7.30. In the first 24 hours after birth, was the baby well?.....	1. Yes	2. No	8. NK	B3DAYWELL
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	B3DAYSUCK

7.32. 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	B3DRY
------------------------------	------------------------	-----------------------------	-------	-------

7.33. 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	B3WRAP
------------------------------	------------------------	-------------------------------	-------	--------

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

		B3BATHE
--	--	---------

7.35. What was used to cut the umbilical cord?

1. Clinic/hospital instrument (scissors, razorblade, knife, etc)	2. New razorblade/knife (not from clinic/hospital)	B3CORDCUT
3. Old razorblade/knife (not from clinic/hospital)	4. Other:	

7.36. 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	B3CORDMED
6. Ground nut oil	7. Other:			8. NK	

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

1. Yes	2 No	B3ILLNESS
--------	------	-----------

IF Q7.37. WAS "2/NO" THEN CIRCLE "9/NA" FOR Q7.38, Q7.39, Q7.40, Q7.41.

7.38. Was care sought outside the home while the baby had this illness?	1. Yes	2 No	8. NK	9. NA	B3CARESEE
7.39. Was a traditional healer consulted for this illness?.....	1. Yes	2. No	8. NK	9. NA	B3OTHCARE
7.40. Was care sought from a doctor, nurse, clinic, hospital for this illness?.....	1. Yes	2 No	8. NK	9. NA	B3APPCARE
7.41. Was he/she admitted?.....	1. Yes	2. No	9. NA		B3ADMITTED
7.42. Where was he/she admitted? [ENTER CODE FROM FACILITY KEY] ["88"=Not known, "99"=Not applicable]					B3PLADM

END OF BIRTH FORM. THANK THE RESPONDENT AND CHECK YOUR FORM.

KINTAMPO HEALTH RESEARCH CENTRE KIVAP OBAAPAVITA PROJECT HOSPITAL FORM (11/11/2005)	HOSPITAL Form No.
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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:					DATEVISIT
1.3. Staff code:					FW
1.4. Hospital code:					HOSPCODE
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 ObaapaVitA 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

3.1. ObaapaVitA ID details located?.....

1. Yes	2. No	LOCID
--------	-------	-------

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.

HOSPITAL FORM

4. BACKGROUND INFORMATION ON THE HOSPITAL ADMISSION:

4.1 Date of hospital admission.....

--	--	--	--	--	--

 DATEADM

4.2 Date of hospital discharge or death.....

--	--	--	--	--	--

 DATEDISC

4.3 What was the duration of the pregnancy in months on admission? [88 = NK].....

--	--

 GESTM

4.4 What was the duration of the pregnancy in weeks on admission? [88 = NK].....

--	--

 GESTW

4.5 What was the woman's parity on admission? [88 = NK].....

--	--

 PARITY

4.6 What was the woman's gravidity on admission? [88 = NK].....

--	--

 GRAVIDITY

4.7.1 Was she referred from another facility?.....

1. Yes	2. No
--------	-------

 REFFFROM

4.7.2 If yes, please enter the facility code [00 = TBA; 88 = NK; 99 = NA].....

--	--

 FACREFFFROM

4.8.1 Was she referred to another facility?.....

1. Yes	2. No
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 REFTO

4.8.2 If yes, please enter the facility code [88 = NK; 99 = NA].....

--	--

 FACREFTO

4.9 Date of delivery [080808 = NK; 090909 = No delivery].....

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 DATEDEL

4.10 Where did the delivery happen?

1. Here	2. Other facility	3. Home	4. On the way	8. NK	9. NA
---------	-------------------	---------	---------------	-------	-------

 PLACELDEL

4.11.1 How many babies were born (including still births)? [9 = NA]

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 NUMBABY

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	
5. Ectopic	6. Lost before 22 w	7. False alarm	9. NA

 ENDPREGB1

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	
5. Ectopic	6. Lost before 22 w	7. False alarm	9. NA

 ENDPREGB2

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	
5. Ectopic	6. Lost before 22 w	7. False alarm	9. NA

 ENDPREGB3

4.12.1 RECORD BIRTHWEIGHT FOR B1 IN KILOGRAMS. 888= NO RECORD...

	.		
--	---	--	--

 B1BIRTHWT

4.12.2 RECORD BIRTHWEIGHT FOR B2 IN KILOGRAMS. 888= NO RECORD...

	.		
--	---	--	--

 B2BIRTHWT

4.12.3 RECORD BIRTHWEIGHT FOR B3 IN KILOGRAMS. 888= NO RECORD...

	.		
--	---	--	--

 B3BIRTHWT

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

 MODE1

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

 MODE2

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

 MODE3

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

 PRESENT1

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

 PRESENT2

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

 PRESENT3

HOSPITAL FORM

4.15.1 Were any of the following procedures performed?.....	1. Hysterectomy	2. Laparotomy	3. Internal version	MAJOROP
	4. Craniotomy or Embryotomy	5. Symphiotomy	6. Uterine and utero-ovarian artery ligation	
	7. Repair of cervical tear	9. NA		

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]

<input type="text"/>	<input type="text"/>	IND1	<input type="text"/>	<input type="text"/>	IND2	<input type="text"/>	<input type="text"/>	IND3
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4.15.3 Were there other indications? If yes, please specify....

<input type="text"/>	1. Yes	2. No	9. NA	OTHERIND
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4.16 Was the woman given the postpartum megadose of Vitamin A?.....

<input type="text"/>	1. Yes	2. Not recorded	9. NA	MEGADOSE
----------------------	--------	-----------------	-------	----------

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).....

<input type="text"/>	1. Yes	2. No	PREGLOSS
----------------------	--------	-------	----------

If yes, please code:

5.1.1 Spontaneous abortion.....	1. Yes	2. No	SPONTAB
5.1.2 Induced/criminal abortion.....	1. Yes	2. No	INDABN
5.1.3 Threatened abortion.....	1. Yes	2. No	THRABN
5.1.4 Inevitable abortion.....	1. Yes	2. No	INEVABN
5.1.5 Incomplete abortion.....	1. Yes	2. No	INCOABN
5.1.6 Complete abortion.....	1. Yes	2. No	COMABN
5.1.7 Septic abortion.....	1. Yes	2. No	SEPAABN
5.1.8 Molar pregnancy.....	1. Yes	2. No	MOLAR
5.1.9 Ectopic pregnancy.....	1. Yes	2. No	ECTOPIC

5.2 Dystocia.....

<input type="text"/>	1. Yes	2. No	DYSTOCIA
----------------------	--------	-------	----------

If yes, please code:

5.2.1 Uterine rupture.....	1. Yes	2. No	RUPTURE
5.2.2 Pre-uterine rupture, Bandl's ring.....	1. Yes	2. No	BANDL
5.2.3 Cephalopelvic disproportion, CPD.....	1. Yes	2. No	CPD
5.2.4 Prolonged labour.....	1. Yes	2. No	PROLONG
5.2.5 Transverse lie.....	1. Yes	2. No	TRANS
5.2.6 Oblique lie.....	1. Yes	2. No	OBLIQUE
5.2.7 Breech presentation, frank breech.....	1. Yes	2. No	BREECH
5.2.8 Foot or footling breech.....	1. Yes	2. No	FOOTLING
5.2.9 Face presentation.....	1. Yes	2. No	FACE
5.2.10 Brow presentation.....	1. Yes	2. No	BROW
5.2.11 Compound presentation.....	1. Yes	2. No	COMPOUND
5.2.12 Shoulder dystocia.....	1. Yes	2. No	SHOULDER
5.2.13 Obstructed labour.....	1. Yes	2. No	OBSTRUCTED
5.2.14 Cervical stenosis, cervical dystocia.....	1. Yes	2. No	CSTEN
5.2.15 Vaginal stenosis, vaginal rings.....	1. Yes	2. No	VAGSTEN
5.2.16 Macrosomia.....	1. Yes	2. No	MACROS
5.2.17 Other: please specify in the hospital diagnosis box.....	1. Yes	2. No	OTHERDYS

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

<input type="text"/>	1. Yes	2. No	HYPERTENS
----------------------	--------	-------	-----------

If yes, please code:

5.3.1 Pregnancy-induced hypertension.....	1. Yes	2. No	PREGHYP
5.3.2 Pre-eclampsia.....	1. Yes	2. No	PREECLAMP
5.3.3 Eclampsia.....	1. Yes	2. No	ECLAMPZIA

HOSPITAL FORM

5.4 Antepartum haemorrhage (after 22 weeks gestation and before delivery)	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	APHAEM
1. Yes	2. No			
If yes, please code:				
5.4.1 Low lying placenta, placenta praevia types I or II.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	LOWPLAC
1. Yes	2. No			
5.4.2 Partial placenta praevia, placenta praevia type III.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PARTPP
1. Yes	2. No			
5.4.3 Complete placenta praevia, placenta praevia type IV.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	COMPPP
1. Yes	2. No			
5.4.4 Unspecified placenta praevia.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	UNSPECPP
1. Yes	2. No			
5.4.5 Placental abruption.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PLACABR
1. Yes	2. No			
5.4.6 Unspecified antepartum haemorrhage.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	UNSPECAPH
1. Yes	2. No			
5.5 Postpartum haemorrhage (between delivery and 6 weeks postpartum)...	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PPHAEM
1. Yes	2. No			
If yes, please code:				
5.5.1 Uterine atony.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ATONY
1. Yes	2. No			
5.5.2 Retained placenta.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	RETPLAC
1. Yes	2. No			
5.5.3 Retained products.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	RETPROD
1. Yes	2. No			
5.5.4 Placenta accreta.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PLACACC
1. Yes	2. No			
5.5.5 Inverted uterus.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	INVUTER
1. Yes	2. No			
5.5.6 Perineal tear.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PERITEAR
1. Yes	2. No			
5.5.7 Vaginal tear.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	VAGTEAR
1. Yes	2. No			
5.5.8 Cervical tear.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	CERTEAR
1. Yes	2. No			
5.5.9 Unspecified postpartum haemorrhage.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	UNSPECPPH
1. Yes	2. No			
5.6 Postpartum infections (after either an abortion or a delivery).....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	POSTINF
1. Yes	2. No			
If yes, please code:				
5.6.1 Endometritis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ENDOMET
1. Yes	2. No			
5.6.2 Salpingitis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	SALPING
1. Yes	2. No			
5.6.3 Peritonitis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PERITON
1. Yes	2. No			
5.6.4 Septicaemia, sepsis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	SEPSIS
1. Yes	2. No			
5.6.5 Septic shock.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	SEPSHOCK
1. Yes	2. No			
5.6.7 Wound infection (post-CS).....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	WOUNDCD
1. Yes	2. No			
5.6.8 Wound infection (post-tear, post episiotomy).....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	WOUNDOTH
1. Yes	2. No			
5.6.9 Other: please specify in the hospital diagnosis box.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	OTHERINF
1. Yes	2. No			
5.7 Pulmonary embolism.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PULMEMB
1. Yes	2. No			
5.8 Amniotic fluid embolism.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	AMNEMB
1. Yes	2. No			
5.9 Disseminated intravascular coagulation (DIC).....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	DIC
1. Yes	2. No			
5.10 Anaemia.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ANAEM
1. Yes	2. No			
If yes, please code:				
5.10.1 Associated with malaria.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ANMAL
1. Yes	2. No			
5.10.2 Associated with haemorrhage.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ANHAEM
1. Yes	2. No			
5.10.3 Associated with sickle cell disease.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	ANSICKLE
1. Yes	2. No			
5.10.4 Unspecified anaemia.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	UNSPECAN
1. Yes	2. No			
5.11 Other non-obstetric complications.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	OTHERCOMP
1. Yes	2. No			
If yes, please code:				
5.11.1 Diabetes.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	DIABETES
1. Yes	2. No			
5.11.2 HIV positive.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	HIVPOS
1. Yes	2. No			
5.11.3 Clinical AIDS.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	AIDS
1. Yes	2. No			
5.11.4 Tuberculosis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	TB
1. Yes	2. No			
5.11.5 Malaria.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	MALAR
1. Yes	2. No			
5.11.6 Meningitis.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	MENING
1. Yes	2. No			
5.11.7 Pneumonia.....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	PNEUM
1. Yes	2. No			
5.11.8 Sickle cell disease, "sickling positive".....	<table border="1"><tr><td>1. Yes</td><td>2. No</td></tr></table>	1. Yes	2. No	SICKLE
1. Yes	2. No			

HOSPITAL FORM

5.11 Other non-obstetric complications (continued)

5.11.9 Urinary tract infection.....	1. Yes	2. No	UTINF
5.11.10 Gastroenteritis.....	1. Yes	2. No	GASTRO
5.11.11 Asthma.....	1. Yes	2. No	ASTHMA
5.11.12 Cerebrovascular accident/stroke.....	1. Yes	2. No	CVA
5.11.13 Epilepsy.....	1. Yes	2. No	EPILEPSY
5.11.14 Hepatitis.....	1. Yes	2. No	HEPATITIS
5.11.15 Other: please specify in the hospital diagnosis box.....	1. Yes	2. No	OTHERNON

5.12 Injuries.....

1. Yes	2. No	INJURIES
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If yes, please code:

5.12.1 Assault.....	1. Yes	2. No	ASSAULT
5.12.2 Self induced.....	1. Yes	2. No	SELFIND
5.12.3 Snake bite.....	1. Yes	2. No	SNAKEBITE
5.12.4 Road traffic accident.....	1. Yes	2. No	ROADACC
5.12.5 Other: please specify in the hospital diagnosis box.....	1. Yes	2. No	OTHERINJ

5.13 Other obstetric conditions.....

1. Yes	2. No	OTHEROBS
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If yes, please code:

5.13.1 Episiotomy or minor perineal tear.....	1. Yes	2. No	EPISIO
5.13.2 False labour.....	1. Yes	2. No	FALSELAB
5.13.3 Premature labour.....	1. Yes	2. No	PREMLAB
5.13.4 Premature rupture of membranes.....	1. Yes	2. No	PREMRUP
5.13.5 Fetal distress.....	1. Yes	2. No	FETALDIS
5.13.6 Meconium staining.....	1. Yes	2. No	MECON
5.13.7 Hydramnios, Polyhydramnios.....	1. Yes	2. No	HYDRAMN
5.13.8 Oligoamnios.....	1. Yes	2. No	OLIGOAM
5.13.9 Cord around the neck.....	1. Yes	2. No	CORDNECK
5.13.10 Cord prolapse.....	1. Yes	2. No	CORDPROL
5.13.11 Fresh stillbirth.....	1. Yes	2. No	FRESHSB
5.13.12 Macerated stillbirth.....	1. Yes	2. No	MACCSB
5.13.13 Hyperemesis gravidarum.....	1. Yes	2. No	HYPEREM
5.13.14 Female genital mutilation, FGM.....	1. Yes	2. No	FGMUT

5.14 What were the woman's hospital diagnoses?

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

	HOSPDIA
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5.15 Was this a vaginal delivery?..

3. Yes	4. No, CS	5. Still pregnant	6. Early pregnancy loss
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SVD

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)
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MINORCOM

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

HOSPITAL FORM

**IF HER INFANT WAS A STILLBIRTH OR DIED IN HOSPITAL, THEN FILL OUT A NEOHOSPITAL FORM.
IF A MULTIPLE BIRTH, THEN FILL A SEPARATE NEOHOSPITAL FORM FOR EACH BABY WHO DIES.**

6. CLINICAL SIGNS

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].....					HIGHPULSE
6.1.2 Volume of pulse	1. Good	2. Weak or faint	3. Undetectable	8. Not recorded	VOLPULSE
6.2.1 Highest recorded systolic blood pressure [in mmHg; 888 = not recorded]..					HIGHSYBP
6.2.2 Highest recorded diastolic blood pressure [in mmHg; 888 = not recorded].					HIGHDIABP
6.2.3 Lowest recorded systolic blood pressure [in mmHg; 888 = not recorded]...					LOWSYBP
6.2.4 Lowest recorded diastolic blood pressure [in mmHg; 888 = not recorded].					LOWDIABP
6.2.5 "Shock" or "Shocked" recorded in the notes.....	1. Yes		2. Not recorded		SHOCK
6.3.1 Highest recorded temperature [in °C; in 888 = not recorded].....					HIGHTEMP
6.3.2 If fever >= 38 °C, how long did it last? [in days; 88 not recorded].....					DAYSFEVER
6.4.1 Breathlessness.....	1. Yes		2. Not recorded		SOB
6.4.2 "Pulmonary oedema" recorded.....	1. Yes		2. Not recorded		PULMOED
6.4.3 Highest recorded respiratory rate [in breaths per minute; 88 = not recorded].....					RESPRATE
6.5 Convulsions.....	1. Yes		2. Not recorded		CONVULS
If yes, please code:					
6.5.1 Before delivery.....	1. Yes		2. Not recorded		CONVBEP
6.5.2 After delivery.....	1. Yes		2. Not recorded		CONVAFT
6.5.3 At home, before coming to the hospital.....	1. Yes		2. Not recorded		CONVHOME
6.5.4 Observed at hospital.....	1. Yes		2. Not recorded		CONVHOSP
6.6 Oedema.....	1. Yes, generalised	2. Yes, of extremities	3. No	4. Not recorded	OEDEMA
6.7 Blurred vision.....	1. Yes		2. Not recorded		BLURVIS
6.8 Severe headache.....	1. Yes		2. Not recorded		SEVHEAD
6.9 Jaundice.....	1. Yes		2. Not recorded		JAUNDICE
6.10.1 "Pallor" or "Pale" written in notes.....	1. Yes		2. Not recorded		PALLOR
6.10.2 Amount of blood loss [in ml, 8888 = not recorded].....					BLOODLOSS
6.11 Signs of coagulopathy.....	1. Yes		2. Not recorded		COAGULO
If yes, please specify.....					
6.12 Vaginal discharge.....	1. Yes		2. Not recorded		VAGDISCH
6.13 Uterine tenderness.....	1. Yes		2. Not recorded		UTERTEND
6.14 Oliguria (< 100ml / 4hr): ask doctor and check notes.....	1. Yes	2. No			OLIGURIA

HOSPITAL FORM

6.15 Conscious level.	2. Not recorded	4. Unconscious	5. Semi-conscious	6. Confused	7. Coma	CONSCIOUS
6.16 "Sickle cell crisis" written in the notes.....	1. Yes		2. Not recorded			SICKCRISIS
6.17 "Haemolysis" written in the notes.....	1. Yes		2. Not recorded			HAEMOLYSIS

7. LABORATORY TESTS PERFORMED

7.1 Examined for protein in urine.....	1. Yes, no protein	2. Yes, +	3. Yes, ++	PROTEIN	
	4. Yes, +++ or more		8. Not recorded		
7.2 Lowest recorded haemoglobin [888 = not recorded].....			.	HAEMO	
7.3 Examined for malaria parasites.....	1. Yes, no parasites seen	2. Yes, +	3. Yes, ++	MEASUREP	
	4. Yes, +++ or more		8. Not recorded		
7.4 "Parasites" or "parasitaemia" written in notes.....	1. Yes		2. Not recorded		PARASITES

8. MANAGEMENT

8.1.1 Blood transfusion.....	1. Yes	2. No	BLOOD TRANS
8.1.2 If yes, how many pints or units? [88 = not recorded; 99 = not given blood].....			UNITSBLOOD
8.1.3 If yes, over how many hours were they given [88 = no record; 99 = not given]..			LONGBLOOD
8.2 Evacuation of uterus (EOU), dilatation and curettage (D&C).....	1. Yes	2. No	EOU
8.3 Manual removal of the placenta.....	1. Yes	2. No	MANREM
8.4 Magnesium sulphate given.....	1. Yes	2. No	MAGSULF
8.5 Treatment with antimalarial drugs.....	1. Yes	2. No	ANTIMAL
8.6 Cardio-pulmonary resuscitation required.....	1. Yes	2. No	CPR
8.7 Artificial ventilation required.....	1. Yes	2. No	VENTIL

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	WODIED
9.1.2 If yes, when did the woman die?.....	1. Early pregnancy	2. Late pregnancy	WHENDIED
	3. Labour or undelivered	4. Postpartum	
9.1.3 Primary cause of maternal death.....			HOSPCOD
9.1.4 Associated conditions.....			DASSOC1
9.1.5 Associated conditions.....			DASSOC2
9.2.1 Was this a near-miss?.....	1. Yes	2. No	NEARMISS
9.2.2 When did the near-miss arise?.....	1. On arrival	2. During the admission	WHENMISS
9.2.3 Primary cause of near miss.....			MISSCAUSE
9.2.4 Associated conditions [99 = NA].....			NMASSOC1
9.2.5 Associated conditions [99 = NA].....			NMASSOC2
9.2.6 Organ failure [88 = not known].....			ORGANI

HOSPITAL FORM

9.2.7 Organ failure [88 = not known].....

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ORGAN2

9.2.8 Organ failure [88 = not known].....

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ORGAN3

END OF HOSPITAL FORM. PLEASE CHECK THIS FORM.

KINTAMPO HEALTH RESEARCH CENTER	ADULT VPM Form No.
KIVAP OBAAPAVITA PROJECT	
ADULT VPM FORM 060206 ENG	

FORMNO

1. BACKGROUND and ID:

1.1 Cluster code:.....

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 CLUSTER

1.2 Deceased woman's ID:.....

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 WOMANID

1.3 Deceased woman's name:.....

--	--	--	--	--	--	--	--	--	--	--	--

 NAME

1.4 Woman's KDSS ID [09090909090 = NA]

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 PERMID

1.5 Deceased woman's age:.....

--	--

 AGE

1.6 Age group:.....

1. 15-19 yrs	2. 20-45 yrs	3. 45+ yrs
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 AGEGRP

1.7 Date of death:.....

--	--	--	--	--	--

 DATEDIED

1.8 Date of visit:.....

--	--	--	--	--	--

 DATEVISIT

1.9 Staff code:.....

--	--

 FW

1.10 Is a respondent available?.....

1. Yes	2. No
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 RESPOND

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

--	--	--	--	--	--	--	--	--	--

 RESNAME

1.12 Respondent's age.....

--	--

 RESPAGE

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

11. Husband	12. Mother	13. Sister	14. Mother-in-law	RELATION
15. Sister-in-law	16. Friend	17. Daughter	18. Son	
19. Brother	20. Brother-in-law	21. Father	22. Father-in-law	
23. Uncle	24. Aunt	25. Other:		

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):	

 PLACEDIE

2.2 IF THE ANSWER TO 2.1 IS 1, STATE WHERE. [USE CODE FROM FACILITY KEY].....

--	--

 HOSPITAL

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
--------	-------	-------	-------

 COMADIE

2.4 Were you present at the time she died?.....

1. Yes	2. No
--------	-------

 ATDEATH

2.5 Were you present when her condition started to deteriorate?.....

1. Yes	2. No
--------	-------

 ATWORSE

2.6 Did you care for her in the final illness/period leading to her death?.....

1. Yes	2. No
--------	-------

 CARED

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

Symptoms	Day since start of illness	Duration (days)	Severity Mild/Moderate=1 Severe=2
3.2.1			
3.2.2			
3.2.3			
3.2.4			
3.2.5			
3.2.6			
3.2.7			
3.2.8			
3.2.9			
3.2.10			

3.3 LIST OF HOSPITAL ADMISSIONS IN THE PAST 2 YEARS (BEGIN WITH MOST RECENT)

Name of health facility	Date (day/month/year)	Reasons for hospitalisation
3.3.1	/ /	
3.3.2	/ /	
3.3.3	/ /	
3.3.4	/ /	
3.3.5	/ /	

3.4 INJURIES

3.4 Did she sustain any injury which led to her death?.....

1. Yes	2. No	8. NK
--------	-------	-------

 INJURY

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

1. Transport accident (pedestrian)	2. Transport accident (passenger/driver)	3. Fall	4. Drowning	INJTYPE
5. Poisoning	6. Dog bite	7. Snake bite	8. Other animal bite or sting	
9. Burn	10. Firearm	11. Sharp object (e.g. knife)	12. Circumcision	
13. Other assault or abuse	14. Other injury	99. NA, no injury		

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

3.4.2 Was the injury accidental or intentional?.

1. Accidental	2. Intentional	8. NK
---------------	----------------	-------

 INJTY

3.4.3 Did she die at the site where the accident or injury occurred?.....

1. Yes	2. No	8. NK
--------	-------	-------

 DSPOT

3.4.4 How long after the accident did she survive?.....

1.<24 hours	2.>24 hours	8. NK
-------------	-------------	-------

 INJDU

3.4.5 After the accident, did she receive medical care before she died?.....

1. Yes	2. No	8. NK
--------	-------	-------

 MDCARE

3.4.6 Do you think she may have done something to end her own life?.....

1. Yes	2. No	8. NK
--------	-------	-------

 SUICIDE

3.4.6.1 If yes, how did she commit suicide?

1. Hanging	2. Poisoning	3. Burns	4. Gunshot	5. Other (specify below)	9. NA	HOWSUI
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3.4.6.2 If yes, why?.... REASON

3.5 DURATION OF ILLNESS

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

--	--

 ILLDAYS

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
--------	-------	-------

 ILL

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	9. NA
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 NEWILL

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
------------------	---------------------------	-------

 SUDDENDTH

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 2.7.1 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
--------------	---------	---------	-------

 HEALTHY

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

4.1.2 Convulsions:.....

1. Yes	2. No	8. NK
--------	-------	-------

 FIT

4.1.2.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

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 FITPMTH

4.1.2.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 FITPWKDTH

4.1.3 Swelling of the face.....

1. Yes	2. No	8. NK
--------	-------	-------

 FACE

4.1.3.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

--	--	--

 FACEPMTH

4.1.3.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 FACEWKDTH

4.1.4 Swelling of the hands.....

1. Yes	2. No	8. NK
--------	-------	-------

 HAND

4.1.4.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

--	--	--

 HANDPMTH

4.1.4.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 HANDWKDTH

4.1.5 Blurring of vision.....

1. Yes	2. No	8. NK
--------	-------	-------

 BLUR

4.1.5.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

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 BLURPMTH

4.1.5.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 BLURWKDTH

4.1.6 Severe headache, to the degree that she was not able to work.....

1. Yes	2. No	8. NK
--------	-------	-------

 HEAD

4.1.6.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

--	--	--

 HEADPMTH

4.1.6.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 HEADWKDTH

4.1.7 Doctor or nurse said she had "eclampsia" or severe hypertension:.....

1. Yes	2. No	8. NK
--------	-------	-------

 ECLAMP

4.1.7.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

--	--	--

 ECLAMPPMTH

4.1.7.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 ECLAMPWKDT

4.1.8 Bleeding in pregnancy?.....

1. Yes	2. No	8. NK
--------	-------	-------

 APH

4.1.8.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA].....

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 APHPMTH

4.1.8.2 Did this also occur in the 7 days leading to her death?.....

1. Yes	2. No	8. NK	9. NA
--------	-------	-------	-------

 APHWKDTH

VPM FORM

4.1.9 Abdominal pain with bleeding?.....	1. Yes	2. No	8. NK	ABDPAIN	
4.1.9.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				ABDPAINMTH	
4.1.9.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	ABDPAINWK
4.1.10 Did she complain that she could not feel the baby move?.....	1. Yes	2. No	8. NK	NOMOVE	
4.1.10.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				NOMOVEMTH	
4.1.10.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	NOMOVEWK
4.1.11 Severe and continuous abdominal pain that was not labour pain?.....	1. Yes	2. No	8. NK	LONGPAIN	
4.1.11.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				LONGPAINMTH	
4.1.11.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	LONGPAINWK
4.1.12 Foul smelling vaginal discharge in pregnancy?.....	1. Yes	2. No	8. NK	DISCHARGE	
4.1.12.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				DISCHPMTH	
4.1.12.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	DISCHWKDTH
4.1.13 Very hot fever at any time during pregnancy?.....	1. Yes	2. No	8. NK	HFEVER	
4.1.13.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				HFEVERMTH	
4.1.13.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	HFEVERKDT
4.1.14 Eyes became yellow?.....	1. Yes	2. No	8. NK	JAUNDICE	
4.1.14.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				JAUNPMTH	
4.1.14.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	JAUNWKDTH
4.1.15 Urine became dark like coca cola.....	1. Yes	2. No	8. NK	COKEPISS	
4.1.15.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				COKEPISMTH	
4.1.15.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	COKEPISWKDT
4.1.16 Did a doctor examine her blood and told her she was short of blood?.....	1. Yes	2. No	8. NK	ANEMIA	
4.1.16.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				ANEMIAPMTH	
4.1.16.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	ANEMIWKDTH
4.1.17 Did she have palpitations and shortness of breath?.....	1. Yes	2. No	8. NK	PALP	
4.1.17.1 At what month of pregnancy did this first occur? [88 = NK; 99 = NA]				PALPPMTH	
4.1.17.2 Did this also occur in the 7 days leading to her death?.....	1. Yes	2. No	8. NK	9. NA	PALPWKDT
4.1.18 Did she have any other serious problem during the pregnancy?.....	1. Yes	2. No	8. NK	OPREGPROB	
4.1.19 What?				SERIOUS PRB	

4.2 DEATH DURING LABOUR, DELIVERY, OR UP TO 6 WEEKS AFTER DELIVERY

IF SHE DIED DURING PREGNANCY, THAT IS, BEFORE THE ONSET OF LABOUR, DRAW A DOUBLE LINE THROUGH SECTIONS 4.2 AND 4.3 AND CONTINUE WITH SECTION 5.1

4.2.1 Did the waters break before labour or during labour?.....

1. Before labour started	2. During labour	8. Don't know
--------------------------	------------------	---------------

WATERBRK

4.2.2 How much time before she started labour did the waters break?

1. Less than 4 hours	2. 4 to 24 hours	3. More than 24 hours	8. Don't know	9. NA, broke during labour
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TIMEBRK

4.2.3 How long was it from when she started labour pains till she delivered (or died)? [DAYS:HOURS].....

	:	
--	---	--

TIMELAB

4.2.4 How long was it from when she started strong and regular labour pains till she delivered or died? [DAYS:HOURS].....

	:	
--	---	--

LONGLAB

4.2.5 Did anyone give her any herbs or drugs to encourage labour?.....

1. Yes	2. No	8. NK
--------	-------	-------

AUGMENT

4.2.6 Did they put any IV drip before the delivery or before she died?.....

1. Yes	2. No	8. NK
--------	-------	-------

IVDRIP

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?.....

1. Short	2. Normal	3. Too long	8. NK	9. NA, died
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TOOLONG

4.2.7.2 Was the labour difficult?.....

1. Yes	2. No	8. NK	9. NA, died
--------	-------	-------	-------------

DIFFICULT

4.2.8 How many babies did she delivered?.....

--	--

NUMBABIES

4.2.9 What happened to the first baby?

1. "wawo" (term live birth)	2. "wawo atwene" (term stillbirth)	3. "wasane awoe" (live birth, but died)
4. "wapon ba" (premature, lost the baby)	5. ectopic	6. "apon"/"asei" (lost before 6mo)

BABY1

4.2.10 What happened to the second baby?

1. "wawo" (term live birth)	2. "wawo atwene" (term stillbirth)	3. "wasane awoe" (live birth, but died)
4. "wapon ba" (premature, lost the baby)	5. ectopic	6. "apon"/"asei" (lost before 6mo)
		9. NA, one child

BABY2

4.2.11 What happened to the third baby?

1. "wawo" (term live birth)	2. "wawo atwene" (term stillbirth)	3. "wasane awoe" (live birth, but died)
4. "wapon ba" (premature, lost the baby)	5. ectopic	6. "apon"/"asei" (lost before 6mo)
		9. NA, one child

BABY3

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

PLACEBIRTH

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

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HOSPITAL2

4.2.14 Who delivered the baby?.....

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

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
---------------------------------	---------------------------------------	----------	-------

TYPEDELIV

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

1. Head	2. Feet/bottom	3. CS	8. NK
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POSITION

VPM FORM

4.2.17 Did she know she was going to have a CS before she went into labour?.....

1. Yes	2. No	8. NK	9. NA; no CS
--------	-------	-------	--------------

 KNOWCS

4.2.18 What made the doctor decide to do a CS?

1. Bleeding during pregnancy (APH)	2. Obstructed labour	3. Previous CS	4. Toxaemia
5. Malpresentation	6. Other:	8. NK	9. NA; no CS

 WHYCS

4.2.19 Did the placenta come out on its own?.....

1. Yes	2. No	8. NK
--------	-------	-------

 PLACENTA

4.2.20 How long after the baby came out did the placenta come out? (in hours).....

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 TIMESTAGE3

4.2.121 Did someone have to put his/her hand inside her womb to remove the placenta?.....

1. Yes	2. No	8. NK
--------	-------	-------

 MRP

4.2.22 Who did this?..

1. Doctor	2. Midwife	3. TBA	4. Other person/relative:	8. NK	9. NA
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 WHOREMOVE

Now I'd like to ask about problems she may have experienced during labour. Can you let me know if she experienced any of the following?

4.2.23 Excessive bleeding during labour.....

1. Yes	2. No	8. NK
--------	-------	-------

 LABBLEED

4.2.24 Convulsions during labour

1. Yes	2. No	8. NK
--------	-------	-------

 LABFIT

4.2.25 Fever during labour.....

1. Yes	2. No	8. NK
--------	-------	-------

 LABFEVER

4.2.26 Loss of consciousness during labour.....

1. Yes	2. No	8. NK
--------	-------	-------

 LABCOMA

4.2.27 Burst or torn womb during delivery.....

1. Yes	2. No	8. NK
--------	-------	-------

 RUPTURE

4.3 DEATH DURING DELIVERY OR UP TO 6 WEEKS AFTER DELIVERY

IF SHE DIED DURING PREGNANCY OR LABOUR, DRAW DOUBLE HORIZONTAL LINE THROUGH THIS SECTION

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?

4.3.1 Tear in the vagina after delivery.....

1. Yes	2. No	8. NK
--------	-------	-------

 TEARVAG

4.3.2 Heavy bleeding after delivery.....

1. Yes	2. No	8. NK
--------	-------	-------

 PPHEM

4.3.2.1 How many days after delivery did this occur?.....

--	--

 WHENPPHEM

4.3.2.2 How many days did it last for?.....

--	--

 DAYSPHEM

4.3.3 Convulsions after delivery.....

1. Yes	2. No	8. NK
--------	-------	-------

 PPFIT

4.3.3.1 How many days after delivery did this occur?.....

--	--

 WHENPPFIT

4.3.4 Fever after delivery.....

1. Yes	2. No	8. NK
--------	-------	-------

 PPFEVER

4.3.4.1 How many days after delivery did this occur?.....

--	--

 WHNPPFEVER

4.3.4.2 How many days did it last for?.....

--	--

 DAYSPPEVE

VPM FORM

4.3.5	Loss of consciousness after delivery.....	1. Yes	2. No	8. NK	PPCOMA		
4.3.5.1	How many days after delivery did this occur?.....				WHENPPCOMA		
4.3.5.2	How many days did it last for?.....				DAYSPPCOMA		
4.3.6	Foul discharge from the vagina.....	1. Yes	2. No	8. NK	PPDISCH		
4.3.6.1	How many days after delivery did this occur?.....				WHENPPDISC		
4.3.6.2	How many days did it last for?.....				DAYSPPDISC		
4.3.7	Yellow eyes after delivery.....	1. Yes	2. No	8. NK	PPJAUNDICE		
4.3.7.1	How many days after delivery did this occur?.....				WHPPJAUNDI		
4.3.7.2	How many days did it last for?.....				DPPJAUNDI		
4.3.8	Urine dark like coca cola after delivery.....	1. Yes	2. No	8. NK	PPCOKEPISS		
4.3.8.1	How many days after delivery did this occur?.....				WHPCOKEPIS		
4.3.8.2	How many days did it last for?.....				DPPCOKEPIS		
4.3.9	Chest pain.....	1. Yes	2. No	8. NK	PPCHESPAIN		
4.3.9.1	How many days after delivery did this occur?.....				WHPPCHESPA		
4.3.9.2	How many days did it last for?.....				DPPCHESPAI		
4.3.10	Did she have any other problem during labour or delivery?.....	1. Yes (specify):		2. No	8. NK	OLABELPRO	
4.3.10.1	When did this occur?.....	1. During labour	2. After delivery	8. NK	9. NA	WLABELPRO	
4.3.11	Was any operation done for her after she delivered?.....	1. Yes	2. No	8. NK	PPOPS		
4.3.11.1	What operation?.....	1. Sewing her "under"		2. Sewing her womb	3. Removing her womb	WHATOPS	
		4. D and C or EOU		5. Other:	8. NK		9. NA
4.3.11.2	Who did this?..	1. Doctor	2. Midwife	4. Other:	8. NK	9. NA	WHOOOPS
4.3.11.3	Where was this done? [USE FACILITY KEY CODE; 88 = NK; 99 = NA]						WHEREOPS
4.3.11.4	Was she put to sleep for this operation?.....	1. Yes	2. No	8. NK	9. NA	MAJOROPS	

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

5.1.1 Did she have fever?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AFEVER ADAYSFEVER
5.1.2 Was the fever.....	1. Mild or moderate	2. Extremely high	8. NK	9. NA, no fever			SFE
5.1.3 Was the fever continuous or on and off?.....	1. Yes, continuous	2. No, on and off	8. NK	9. NA, no fever			ALONGFEV
5.1.4 Did she have chills and/or rigors?.....	1. Yes	2.No	8. NK				RIG
5.1.5 Did she have night sweats?.....	1. Yes	2. No	8. NK				NCOU

5.2 HEART AND LUNG SYMPTOMS

5.2.1 Did she have chest pain?...	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ACHEST ADCHEST
5.2.1.1 If yes, where was the pain?.....	1. Over the sternum	2. Over the heart/ in the arm	3. In the ribs	9. NA, no chest pain			WHEPAIN
5.2.2 Did the pain start suddenly or gradually?.....	1. Yes, started suddenly	2. No, was gradual	8. NK	9. NA, no chest pain			ASUDDENP
5.2.3 When resting, was the pain.....?	1. Continuous	2. On and off	8. NK	9. NA, no chest pain			RESTPAIN
5.2.4 During activity, was the pain.....?	1. Continuous	2. On and off	8. NK	9. NA, no chest pain			ACTPAIN
5.2.5 When she had an attack of the pain, how long did it last?.....	1. <30 min	2. >30 min, but <24 hrs	3. >=24 hrs	8. NK	9. NA, no chest pain		LASTCPAIN
5.2.6 Was she breathless on light work?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			DYSP ADAYSDYSP
5.2.7 Was she breathless on lying flat?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AORTHOPENA ADAYSORTHO
5.2.8 Did she have ankle swelling?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AFEET ADAYSFEET
5.2.9 Did she have palpitations?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APALP ADAYSPALP
5.2.10 Did she look pale?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APALE ADAYSPALE
5.2.11 Did she have puffiness of face?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APUFFY ADAYSPUFFY
5.2.12 Did she have wheezing?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AWHEEZE ADAYSWHEEZ
5.2.13 Did she have noisy breathing?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ANOISYBR ADNOISYBR
5.2.14 Did she have dry cough?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ADRYCOUGH ADRYCOUGH
5.2.15 Did she have productive cough?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AWETCOUGH ADWETCOUGH
5.2.16 Was she coughing blood?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ACOUGHBLD ADCOUGHBLD
5.2.17 If she had a cough, when was it worse?.....	1. Day	2. Night	3. Same	8. NK	9. NA		COUW

5.3 APPETITE, WEIGHT LOSS AND SWALLOWING

5.3.1 Did she have poor appetite?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ANOREXIA ADNOREXIA
5.3.2 Did she have weight loss?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AWTLOSS ADWTLOSS
5.3.2.1 If she had weight loss, how long did she have this before her death ?	1. Days	2. Months	3. Years	8. NK	9. NA		DLOW
5.3.2.2 If she had weight loss, was it.....	1. Mild/Moderate (a little)	2. Severe (a lot)	8. NK	9. NA			SLW
5.3.3 How did she look at the end of her life?.....	1. Normal	2. Extremely thin and wasted	8. NK	9. NA			WASTED
5.3.4 Did she have mouth sores?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AMOUTH ADMOUTH
5.3.5 Did she complain pain on swallowing?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASWALLOW1 ADSWALLOW1
5.3.6 Did she have difficulty in swallowing?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASWALLOW2 ADSWALLOW2

5.4 ABDOMINAL SYMPTOMS

5.4.1 Did she have abdominal pain?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ABDPAIN ABBDPAIN
5.4.1.1 What type of pain was it?.....	1. Cramp	2. Dull ache	3. Burning pain	4. Other	8. NK	9. NA	APAINTYPE
5.4.1.2 Was the pain in upper, lower, or all over her abdomen?.....	1. Upper abdomen	2. Lower abdomen	3. All over abdomen	4. Middle abdomen	8. NK	9. NA	TYPABDPAIN
5.4.1.3 What was the severity of the pain?.....	1. Mild or moderate	2. Severe	8. NK	9. NA			ABDPAINSEV
5.4.2 Was she unable to pass stool before her death?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			NOSTOOLS ADNOSTOOL
5.4.3 Did she have a mass in the abdomen?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ABDMASS ABDBMASS
5.4.4 Where exactly was the mass?.....	1. Right upper abdomen	2. Left upper abdomen	3. Lower abdomen	4. Other	8. NK	9. NA	SITEMASS
5.4.5 Did she have abdominal distension?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ADISTEND ADDISTEND
5.4.5.1 Did the distension start suddenly (days) or gradually (over weeks)?	1. Suddenly, in days	2. Gradually, over weeks	8. NK	9. NA, no distension			AFASTDIST
5.4.6 Did her eye colour change to yellow (jaundice)?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AJAUNDICE ADJAUNDICE

5.5 DIARRHOEA AND VOMITING

5.5.1 Did she vomit?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AVOMIT ADVOMIT	
5.5.1.1 When the vomiting was most severe, how many times did she vomit in a day? [88=NK; 99=NA].....							NUMVOM	
5.5.1.2 What did the vomit look like?.....	1. Watery fluid	2. Yellowish fluid	3. Coffee coloured fluid	4. Blood	5. Faecal matter	6. Other (specify).....	8. NK 9. NA	VOMCONS

VPM FORM

5.5.2 Did she have diarrhoea?...	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ADIARRHOEA ADDIARRHOE
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5.5.2.1 Was the diarrhoea continuous?.....	1. Yes	2. No	8. NK	9. NA, no diarrhoea	DIARRCONT
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5.5.2.2 What was the consistency of stools?	1. Soft	2. Watery	8. NK	9. NA, no diarrhoea	DIARRCONS
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5.5.2.3 When the diarrhoea was most severe, how many times did she pass stool in a day? [88=NK; 99=NA].....					NUMDIARR
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5.5.3 Did she have bloody diarrhoea?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ADIARRBLD ADDIARRBLD
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5.5.4 Did she have sunken eyes?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASUNKEYE ADSUNKEYE
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5.6 URINARY SYMPTOMS

5.6.1 Was there a change in the colour of the urine?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AURINECOL ADURINECOL
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5.6.2 What was the colour of her urine?.....	1. Dark yellow	2. Coffee-like	3. Blood stained	8. NK	9. NA	COLORINE
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5.6.3 Did the amount of urine she passed daily change?...	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			CQU ADCQU
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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	9. NA	AMOURINE
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5.6.5 Did she have difficulty or pain in passing urine?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			DPU ADDDPU
--	--------	-------	-------	------------------------------------	--	--	---------------

5.6.5.1 What type of difficulty did she have?.....	1. Unable to pass urine	2. Continuous dribbling	3. Burning sensation	4. Intense pain	DIFFURINE
	5. Other		8. NK	9. NA	

5.7 NEUROLOGICAL SYMPTOMS

5.7.1 Did she have headache?...	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AHEADACHE ADHEADACHE
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5.7.2 Did she become mentally confused?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ACONFUSE ADCONFUSE
--	--------	-------	-------	------------------------------------	--	--	-----------------------

5.7.3 Did she have loss of consciousness?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ACOMA ADCOMA
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5.7.4 Did she become confused or unconscious suddenly or gradually?...	1. Suddenly (within hours)	3. Within a day	8. NK	AFASTCOMA
	4. Slowly over a few days	5. Other	9. NA	

5.7.5 Was she paralysed on one side of the body?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APARALYSE ADPARALYSE
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5.7.6 Did she have paralysis of both legs?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ALEGDEAD ADLEGDEAD
---	--------	-------	-------	------------------------------------	--	--	-----------------------

5.7.7 How long did the paralysis take to develop?..	1. Instantly	2. Hours	3. Days	4. Months	AFASTPAR
	5. Years	8. NK	9. NA		

VPM FORM

5.7.8 Did she have neck pain?....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ANEXKPAIN ADNEXKPAIN	
5.7.9 Did she have a stiff neck?.	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASTIFFNECK ADSTIFFNEC	
5.7.10 Did she develop stiffness of the whole body?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASTIFF ADSTIFF	
5.7.11 Did she have fits?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AFIT ADFIT	
5.7.11.1 Did she have stiffness of the whole body during fits?	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ASTIFT ADSTIFT	
5.7.11.2 When the fits were most frequent, how many did she have in a day? [88=NK; 99=NA].....							NUMFITS	
5.7.11.3 Between fits, was she.....	1. Awake	2. Unconscious	8. NK	9. NA, no fits				BETFITS
5.7.11.4 Did she have difficulty in opening her mouth during fits?.....	1. Able to open	2. Unable to open	8. NK	9. NA, no fits				MOUTHFITS
5.7.12 Did she have pins and needles in feet?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APINS ADPINS	
5.8 RASHES, ULCERS AND SWELLINGS								
5.8.1 Did she have any rash?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ARASH ADRASH	
5.8.1.1 If yes, where was the rash?...	Face	1. Yes	2. No	8. NK	9. NA		RFACE	
	Trunk	1. Yes	2. No	8. NK	9. NA		RSTRG	
	Extremities	1. Yes	2. No	8. NK	9. NA		REXTR	
	All over the body	1. Yes	2. No	8. NK	9. NA		RALLB	
	Other: (specify)	1. Yes	2. No	8. NK	9. NA		ROTHE	
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		TRA	
5.8.1.3 Did the skin crack/split or peel after the rash started?....	1. Yes	2. No	8. NK	9. NA				SKIRAS
5.8.2 Did she have red eyes?.....	1. Yes	2. No	8. NK					SEY
5.8.3 Did she have itching of skin?.....	1. Yes	2. No	8. NK					ITCH
5.8.4 Did she have ulcer or swelling in breast?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ABREAST ADBREAST	
5.8.5 Did she have ulcer on any other part of the body?.....	1. Yes	2. No	8. NK					ULC
5.8.5.1 If yes, please specify where the ulcer was...						9. NA	ULCLOC	
5.8.6 Did she have swelling in the neck?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			ANECKSW ADNECKSW	
5.8.7 Did she have swelling in the armpit?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			APITSW ADPITSW	
5.8.9 Did she have swelling in the groin?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AGROINSW ADGROINSW	
5.8.10 Did she have swelling of joints?.....	1. Yes	2. No	8. NK	For how long? (in days) [99=NA]			AJOINTS ADJOINTS	

5.9 ABNORMAL BLEEDING AND DISCHARGE

5.9.1 Did she have bleeding from the body openings (other than her normal menstruations)?.....	1. Yes	2. No	8. NK	BLEEO
5.9.2 Did she have abnormal vaginal bleeding?.....	1. Yes	2. No	8. NK	AVAGBLEED ADVAGBLEED
5.9.3 Did she have abnormal vaginal discharge?.....	1. Yes	2. No	8. NK	AVAGDISCH ADVAGDISCH

5.10 MEDICAL CARE

5.10.1 Had she been admitted to hospital for more than 2 days in the past 12 months?	1. Yes, for illness/complication related to pregnancy or childbirth	2. Yes, for other illness	3. Yes, for accident/injury	4. No	8. NK	ADMISSION
5.10.2 Where was she admitted? [USE FACILITY KEY CODE: 88 = NK; 99 = NA]						WHERADM
5.10.3 Did she have any operation before death?.....	1. Yes	2. No	8. NK			OPERATION
5.10.4 How many days before death did s/he have the operation? [88=NK; 99=NA].....						OPDAYS
5.10.5 If yes, what was the site of the operation?.....	1. Abdomen	2. Heart	3. Head			WHEREOP
	4. Other	8. NK	9. NA			

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

5.10.6	Heart disease?	1. Yes	2 No	8. NK	HEART
5.10.7	Hypertension?	1. Yes	2 No	8. NK	HYPERTEN
5.10.8	Varicose veins?	1. Yes	2 No	8. NK	VEINS
5.10.9	Kidney disease?	1. Yes	2 No	8. NK	KIDNEY
5.10.10	Asthma?	1. Yes	2 No	8. NK	ASTHMA
5.10.11	TB?	1. Yes	2 No	8. NK	TB
5.10.12	Epilepsy?	1. Yes	2 No	8. NK	EPILEPSY
5.10.13	Diabetes?	1. Yes	2 No	8. NK	DIABETES
5.10.14	Jaundice or hepatitis?	1. Yes	2 No	8. NK	JAUNDICE
5.10.15	Leprosy?	1. Yes	2 No	8. NK	LEPROSY
5.10.16	Cancer?	1. Yes	2 No	8. NK	CANCER
	5.10.16.1 If yes, please specify type:				CANCTYP
5.10.17	HIV/AIDS?	1. Yes	2 No	8. NK	HIVAIDS
5.10.18	Any other serious illness:	1. Yes	2 No	8. NK	OTHILL
	5.10.18.1 If yes, please specify:				OTHHTYP
5.10.19	Did she REGULARLY take any medicines for an illness or health condition?.....	1. Yes	2. No	8. NK	MEDICINE
5.10.20	Did she receive any drugs during her final illness?.....	1. Yes	2. No	8. NK	DRUGILL
5.10.21	Did she receive any antibiotics during her final illness?.....	1. Yes	2. No	8. NK	ANTIBX
5.10.22	Did she receive any anti-malarial drug during the illness?.....	1. Yes	2. No	8. NK	ANTIMAL

VPM FORM

5.10.22.1 What kind of antimalarial did she receive?.....	1. Chloroquine	2. Fansidar	3. Quinine		TYPMAL
	4. Amodiaquine	5. Other	8. NK	9. NA	

5.11 CAUSE OF DEATH

5.11.1 Do you know the cause(s) of her death?.....	1. Yes	2. No	8. NK	RKC
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5.11.2 What do you personally think was the cause of her death?

 YOUTHINK

5.11.3 Did anybody tell you the cause of her death? Who?	1. Yes, doctor	2. Yes, nurse	3. Yes, other health worker	4. Yes, other health provider	5. Other person	6. No	KNOWCAUSE
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5.11.4 What did they say it was?

 THEYSAY

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

 TELLME

6. SOCIO ECONOMIC CHARACTERISTICS

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

6.1 Did she attend school? What is the highest educational level that she reached?			MEDLEV
1. None [CODE 99 FOR 6.2]	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, etc.	
7. University	8. Not known		

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

6.3 Was she single, married, or living with a man, or widowed, divorced, or separated?.....	1. Married	2. Living together	3. Widowed		MARRIED
	4. Divorced	5. Separated	6. Single, unmarried	8. NK	

6.4 What was her religion?							RELIGION
1. Catholic	2. Protestant	3. Pentecostal	4. Muslim	5. Traditional African Religion	6. Other:	8. NK	

6.5 Which ethnic group did she	11. Akan: Bono, Ashanti, Fanti.	12. Bimoda, Chokosi, Kokosi	13. Dagarti, Frafra, Kusasi	14. Fulani	ETHNIC
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VPM FORM

belong to?.....	15. Ga, Adangbe, Ewe	16. Gonja, Dagomba, Mamprusi	17. Konkomba, Basare	18. Mo
	19. Sisala, Wala	20. Zambraba	21. Banda/Pantra	22. Other:

6.6 Did she own any land?.....

1. Yes	2. No
--------	-------

 WOWNLAND

6.7 Did she have land to farm on?.....

1. Yes, her own	2. Yes, part of family land	3. Yes part of husband's	4. Yes, rented land	5. No	8. NK
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 OWNLAND

6.8 What did she grow on her land?

1. Food items, mainly for home consumption	2. Food items, mainly for sale on the market	3. Cash crops: yam, tobacco, maize, tomatoes, etc.	8. NK	9. NA, no farm
--	--	--	-------	----------------

 CROPS

6.9 Did she have a regular cash income/was she a salaried worker?

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	6. Other: <table border="1"><tr><td>7. No</td><td>8. NK</td></tr></table>	7. No	8. NK
7. No	8. NK			

 SALARY

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: <table border="1"><tr><td>8. NK</td></tr></table>	8. NK
8. NK					

 HOUSEHEAD

6.11. In what year was the household head born? [88 = NK].....

1	9		
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 HHYOB

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

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 HHAGE

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

 HHMEDLEV

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

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 HHNUMYRS

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.
5. Farmer/labourer/domestic worker	6. Other:	7. No	8. NK

 HHSALARY

6.16. Did members of the household do any farming?.....

1. Yes	2. No
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 HHFARMING

6.17. Did anyone in the household own any land?.....

1. Yes	2. No
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 HHOWNLAND

6.18. Did anyone in the household own their own farm?.....

1. Yes	2. No
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 HHOWNFARM

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
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 HHCROP

6.20. Did anyone in the household own:.... Chickens or ducks?

1. Yes	2. No
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 CHICKEN
Sheep or goats?

1. Yes	2. No
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 SHEEP

VPM FORM

Other animals?	1. Yes	2. No	OTHANIM
Table?	1. Yes	2. No	TABLE
Sleeping mattress?	1. Yes	2. No	MATTRESS
Cupboard, wardrobe, room divider?	1. Yes	2. No	DIVIDER
Mosquito net?	1. Yes	2. No	MOSNET
Sewing machine?	1. Yes	2. No	SEWMACH
Bicycle?	1. Yes	2. No	BICYCLE
Radio?	1. Yes	2. No	RADIO
TV?	1. Yes	2. No	TV
Gas or electric cooker?	1. Yes	2. No	COOKER
Fridge or freezer?	1. Yes	2. No	FRIDGE
Motorcycle?.....	1. Yes	2. No	MOTORCYCLE
Car?.....	1. Yes	2. No	CAR

6.21. Did her household have electricity?.....

1. Yes	2. No
--------	-------

 ELECTRIC

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

11. Piped into dwelling/yard/plot	12. Public tap	13. Handpump / closed bore hole	14. Closed well	15. Open well	WATER
16. Stream / river	17. Lake / dam /pond	18. Water trucks	19. Rain water	20. Other	

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

1. Less than 15 minutes	2. 15 minutes- less than 30 minutes	3. 30 minutes – less than 60 minutes	REACH
4. 60 minutes or more	9. NA / drinking water source is in compound		

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

1. Flush latrine / WC	2. Ventilated improved pit /VIP /KVIP	3. Other pit latrine	4. Open fields	DEFAEC
5. Defaecate in house, faeces transferred elsewhere / bucket latrine		6. Other:		

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

		ROOMS

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

		RESIDENT

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

1. Sole Ownership	2. Joint Ownership	3. Renting	4. Family/relation’s house	OWNHOUSE
5. House provided rent free	6. Perching	7. Other:	8. NK	

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

6.28. Floor of sleeping room	1. Cement	2. Mud/clay	3. Other:	8. NK	FLOORSLEEP
6.29. Roofing	1. Metal/asbestos	2. Thatch/mud	3. Other:		ROOF
6.30. Wall	1. Cement	2. Mud	3. Other:		WALL

6.31. Did her household have a separate room with a roof just for cooking?.....

1. Yes	2. No	8. NK
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 KITCHEN

6.32. Did her household have a separate sleeping room for children?.....

1. Yes	2. No	8. NK
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 SHARERM

6.33. Did her household have a domestic worker not related to the household head?.....

1. Yes	2. No	8. NK
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 DOMESTIC

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?
 [00 = NONE] EXCLUDE ANY BIRTH FROM THE PREGNANCY WHICH LED TO HER DEATH.....

--	--

 BOYALIVE1

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

--	--

 BOYALIVE2

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

--	--

 GIRLALIVE1

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

--	--

 GIRLALIVE2

7.5 Did she have any children who were born alive but died later? How many?
 [0 = NONE] EXCLUDE ANY BIRTH FROM THE PREGNANCY WHICH LED TO HER DEATH.....

--

 DEADCHN

7.6 Did she ever lose a pregnancy? How many?
 [0 = NONE] EXCLUDE THE PREGNANCY WHICH LED TO HER DEATH

--

 ABORTION

7.7 Did she ever have a stillbirth? How many?
 EXCLUDE ANY BIRTH FROM THE PREGNANCY WHICH LED TO HER DEATH.....

--

 STILBIRTH

7.8 Did she ever have an ectopic? How many?
 [0 = NONE]. EXCLUDE THE PREGNANCY WHICH LED TO HER DEATH.....

--

 ECTOPIC

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?.....

1. Yes	2. No
--------	-------

 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?).....

1. Yes	2. No
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 CS

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?.....

1. Yes	2. No
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 VACUM

7.12 DATE OF BIRTH OF LAST CHILD BEFORE THE PREGNANCY WHICH LED TO HER DEATH [090909 = No child].....

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 DOBCHILD

7.13 Where did she deliver her last child, before the pregnancy which led to her death?
 [USE FACILITY KEY CODE; 98 = Home; 99 = NA, no child].....

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 WHEREDEL

8.0 LIFE STYLE

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

8.1 ALCOHOL

8.1.1 Did the deceased ever drink alcohol?.....	1. Yes	2. No	8. NK	ALC
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IF NO OR NOT KNOWN, DRAW A DOUBLE LINE THROUGH THE REMAINDER OF SECTION 8.1

8.1.2 How long had she been drinking alcohol?.....	1. Less than 1 year	2. 1-5 years	3. 6-10 years	ALCD
	4. 11-15 years	5. >15 years	8. NK	

8.1.3 How often did she drink alcohol?.....	1. Daily	2. Weekly	3. Fortnightly	ALCOF
	4. Once in a while	8. NK		

8.1.4 How often did she get drunk?..	1. Daily	2. Weekly	3. Fortnightly	ALCDK
	4. Once in a while	8. NK		

8.1.5 Which kind of alcohol did she consume? (You may circle more than 1 option)	Beer	1. Yes	2 No	8. NK	BEER
	Spirits	1. Yes	2 No	8. NK	SPIRIT
	Wines	1. Yes	2 No	8. NK	WINE
	Traditional brews	1. Yes	2 No	8. NK	TRADBR
	Traditional illicit brews	1. Yes	2 No	8. NK	TRADILL
	Other (SPECIFY)	1. Yes	2 No	8. NK	OTHALC

8.1.6 What was the source of the alcohol?..... (You may circle more than 1 option)	Bar	1. Yes	2 No	8. NK	BAR
	Brewed herself at home	1. Yes	2 No	8. NK	HOMEBR
	Friends/relatives brew	1. Yes	2 No	8. NK	FRBREW
	Local traditional brewer	1. Yes	2 No	8. NK	TRADBR
	Other (SPECIFY)	1. Yes	2 No	8. NK	OTHERBR

8.1.7 Was she ever in trouble as a result of drinking alcohol?.....	1. Yes	2.No	8. NK	ALCTR
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8.1.8 If yes, what sort of trouble?..... (You may circle more than 1 option)	Trouble with the law	1. Yes	2 No	8. NK	ALCLAW
	Violence (domestic, rape...)	1. Yes	2 No	8. NK	ALCVIO
	Got ill	1. Yes	2 No	8. NK	ALCILL
	Neglect of responsibilities (family break-up, job loss...)	1. Yes	2 No	8. NK	ALCNEG
	Other (SPECIFY)	1. Yes	2 No	8. NK	AOTHTR

8.2 TOBACCO SMOKING

8.2.1 Did the deceased ever smoke tobacco?.....	1. Yes	2. No	8. NK	TOBACCO
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IF NO OR NOT KNOWN, DRAW A DOUBLE LINE THROUGH THE REMAINDER OF SECTION 8.2

8.2.2 How long had she been smoking tobacco?.....	1. Less than 1 year	2. 1-5 years	3. 6-10 years	TOBLONG
	4. 11-15 years	5. >15 years	8. NK	

8.2.3 How often did she smoke?.....	1.Chain smoked	2. Hourly	3. Daily	TOBOFT
	4. Weekly	5. Once in a while	8. NK	

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8.2.4 How much tobacco did she smoke per day?.....	1. Less than 5 sticks	2. < 1 packet	3. 2-5 packets	TOBAM	
	4. > 5 packets	5. Other	8. NK		
8.2.5 Which kind of tobacco did she consume? (You may circle more than 1 option)	Filtered cigarette	1. Yes	2 No	8. NK	FILTICIG
	Unfiltered cigarette	1. Yes	2 No	8. NK	UNFILTICIG
	Pipe	1. Yes	2 No	8. NK	PIPE
	Cigar	1. Yes	2 No	8. NK	CIGAR
	Other (SPECIFY)	1. Yes	2 No	8. NK	OTHICIG
8.2.6 What was the source of the tobacco?..... (You may circle more than 1 option)	Bar	1. Yes	2 No	8. NK	TOBBAR
	Local retailer	1. Yes	2 No	8. NK	TOBLOC
	Home made pipe	1. Yes	2 No	8. NK	TOBHM
	Friends or relatives	1. Yes	2 No	8. NK	TOMFRI
	Other (SPECIFY)	1. Yes	2 No	8. NK	TOTHSO

8.3 DRUG USE

8.3.1 Did the deceased ever take drugs to get high?.....	1. Yes	2. No	8. NK	DRUGS
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IF NO OR NOT KNOWN, DRAW A DOUBLE LINE THROUGH THE REMAINDER OF SECTION 8.3

8.3.2 How long had she been using drugs to get high?.....	1. Less than 1 year	2. 1-5 years	3. 6-10 years	DRUGLONG	
	4. 11-15 years	5. >15 years	8. NK		
8.3.3 How often did she use drugs to get high?.....	1. Daily	2. Weekly	3. Fortnightly	DRUGOFT	
	4. Monthly	5. Once in a while	8. NK		
8.3.5 Which type of drugs did she consume?.... (You may circle more than 1 option)	Heroin	1. Yes	2 No	8. NK	HEROIN
	Cocaine	1. Yes	2 No	8. NK	COCAINE
	Ecstasy	1. Yes	2 No	8. NK	ECSTACY
	Marijuana	1. Yes	2 No	8. NK	MARIJ
	LSD	1. Yes	2 No	8. NK	LSD
	Prescription drugs (specify)	1. Yes	2 No	8. NK	PRESC
	Anabolic steroids	1. Yes	2 No	8. NK	STEROID
	Inhalants	1. Yes	2 No	8. NK	INHALA
Others (specify)	1. Yes	2 No	8. NK	DRUGSOT	
8.3.6 Was she ever in trouble as a result of taking drugs?.....	1. Yes	2.No	8. NK	DRUGTRO	
8.3.7 If yes, what sort of trouble?..... (You may circle more than 1 option)	Trouble with the law	1. Yes	2 No	8. NK	DRUGLAW
	Violence (domestic, rape...)	1. Yes	2 No	8. NK	DRUGVIO
	Got ill	1. Yes	2 No	8. NK	DRUGILL
	Neglect of responsibilities (family break-up, job loss...)	1. Yes	2 No	8. NK	DRUGNEG
	Other (SPECIFY)	1. Yes	2 No	8. NK	DOHTRO

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