

Sampling and target sample size

| ID | Instrument | Target number | Sampling |
|----|--|----------------------|--|
| A1 | Health Facility Assessment | 1 per rayon hospital | Not applicable |
| A2 | Health Worker Instrument for rayon hospitals (including Maternal and Neonatal Knowledge Test module) | 7 per rayon hospital | <ul style="list-style-type: none"> • 1 OB-GYN who performs deliveries, if more than 1 then randomly select 1 • 3 midwives who perform deliveries, if more than 3 then randomly select 3. If there are fewer than 3 then cover all available in the facility • 1 Neonatologist, if more than 1 then randomly select 1. If no neonatologist- interview pediatrician who provides neonatal care. If no pediatrician as well, substitute a nurse or midwife or OB-GYN who provides neonatal care and who has not otherwise been selected for interview • Randomly sample 1 nurse who provides neonatal care • Randomly sample 1 doctor who provides acute care (Emergency/ Resuscitation Department), i.e., first response to emergency cases of stroke or Acute Myocardial Infarction (AMI) • If possible overlap between health worker interview (for delivery), delivery observation and delivery simulation. Same for neonatal |
| A3 | Patient Exit Survey: Woman's Maternal Recall Questionnaire | 14 patients | <p>For each delivery</p> <p>On the first day of visit, list patients in post-delivery room who have delivered before the arrival of the team at the facility. Randomly select and interview up to 4 patients.</p> <ul style="list-style-type: none"> • On each day of the visit following the first day, list patients in post-delivery room whose delivery was observed. Interview all up to a target of 7 • On each day of the visit following the first day, list patients in post-delivery room whose delivery was NOT observed. Interview all up to the target of 3 |

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| B1.1 | Criterion Based Clinical Audit: Normal Deliveries (ICD-10: O80, O84.0 ¹) | 10 audits | <ul style="list-style-type: none"> • Obtain list of normal deliveries for past 3 completed months • Randomly select 10 patient records • If less than 10 normal deliveries in last three completed months, increment with records from subsequent months (one at a time) until 10 cases are reached |
| B1.2 | Criterion Based Audits: Complicated Deliveries- PPH (ICD-10: O72.0, O72.1, O72.3); Severe Pre-eclampsia (O14); Eclampsia (O15); Obstructed Labor (O62.1, O62.2, O62.4, O63.0, O63.1, O81); Sepsis (O71.1, O75.2, O75.3) | Up to 30 | <ul style="list-style-type: none"> • Obtain all records of all pathological deliveries that are stored in the maternity unit (i.e., records that have not been archived as yet.) These records should date back to December 26, 2011, although they could also start on January 1, 2012. In either case, obtain all pathological delivery records that are currently in the maternity unit. • Review the records from the previous three months. The target is to obtain 6 patient records for <u>each complication</u>: i.e., 6 for PPH, 6 for Severe Pre-eclampsia, 6 for Eclampsia, 6 for Obstructed Labor; 6 for Sepsis. • <u>For each complication: if there are more than 6 records for that complication, select 6 at records random</u> • <u>For each complication: If there are fewer than 6 records from the previous 3 months, then select records from the fourth most recent month and so on until you meet the quota of 6 for each complication or reach the end of the records stored in the maternity, whichever comes first.</u> • Repeat the same selection process for each complication to be covered. If 6 records are available for each complication, we will have 30 audits of complicated deliveries. |

¹ ICD-10 codes are provided for guidance purposes only. Clinicians should review the patient history forms and decide, based on their best judgment, how to classify a certain record.

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| | | | <ul style="list-style-type: none"> For example, if only 2 records are available for obstructed labor in the patient records stored in the maternity unit, audit those two and then move on to the next complication. <u>Do not try to reach 30 (or any other number) by sampling other complications.</u> We do not have a minimum target for this CBCA, only a maximum of 30 (6 audits each of 5 complications= 30 audits, maximum). |
| B1.3 | Criterion Based Clinical Audit: Neonatal Asphyxia (P21) | 10 audits | <ul style="list-style-type: none"> Obtain list of neonatal asphyxia cases for past 3 completed months Randomly select 10 patient records If less than 10 cases of neonatal asphyxia in last three completed months, increment with records from the next most-recent month (one at a time) until 10 cases are reached |
| B1.4 | Criterion Based Clinical Audit: Stroke (I60, I61, I62, I63, I64) | 10 audits | <ul style="list-style-type: none"> Obtain list of stroke cases for past 3 completed months Randomly select 10 patient records If less than 10 cases of stroke in last three completed months, increment with records from the next most-recent month (one at a time) until 10 cases are reached |
| B1.5 | Criterion Based Clinical Audit: Acute Myocardial Infarction (I21) | 10 audits | <ul style="list-style-type: none"> Obtain list of AMI cases for past 3 completed months Randomly select 10 patient records If less than 10 cases of AMI in last three completed months, increment with records from the next most-recent month (one at a time) until 10 cases are reached |
| B2.1 | Simulated Patient: Checklist for Management of Post Partum Hemorrhage (PPH) | 3 simulations | <ul style="list-style-type: none"> Select OB-GYN interviewed for A2 (delivery sample) for simulation Of 3 midwives interviewed for A2 (delivery sample), randomly select 2 for simulation If 2 or fewer than 2 midwives included in interview sample conduct simulation with all |

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| B2.2 | Simulated Patient: Newborn Resuscitation Simulation | 2simulations | <ul style="list-style-type: none"> Conduct simulation with both (all 2— neonatologist/pediatrician and nurse) health workers included in A2 (neonatal sample) |
| B3.1 | Direct Observation: Labor & Delivery Observation Checklist | Target a minimum of 5 observations If fewer than 5, must include justification on the cover sheet Signoff by QA and supervisor | <ul style="list-style-type: none"> All on-going deliveries included in observation sample Additional deliveries that begin when the team is at the facility should be observed, <u>up to a maximum of 10 deliveries per facility.</u> Team departs facility end of day 7 |
| B3.2 | Direct Observation: Post-partum Care Observation Checklist | Target a minimum of 5 observations If fewer than 5, must include justification on the cover sheet Signoff by QA and supervisor | <ul style="list-style-type: none"> All current postpartum cases included in observation sample Additional postpartum cases that begin when the team is at the facility should be observed, <u>up to a maximum of 10 per facility.</u> Team departs facility end of day 7 |
| B3.3 | Direct Observation: Postnatal Care Observation Checklist (Neonate) | Target 5 observations If fewer than 5, must include justification on the cover sheet Signoff by QA and supervisor | <ul style="list-style-type: none"> All current postnatal neonate cases included in observation sample Additional cases that begin when the team is at the facility should be observed, <u>up to a maximum of 10 per facility.</u> Team departs facility end of day 7 |
| C1 | Direct Observation: Antenatal Care Observation Checklist | Target 3 cases | <ul style="list-style-type: none"> For each rayon territorial hospital, sample ANC cases at Family Medicine Center located in the same compound, For each CGP, sample ANC cases at the family medicine center located in the CGP Randomly select 3 cases at each eligible facility |
| C2 | ANC Inventory Checklist | 1 per Family Medicine center | <ul style="list-style-type: none"> For each rayon territorial hospital, implement 1 ANC inventory checklist at Family Medicine Center located in the same compound For each CGP, implement 1 ANC inventory checklist at the family medicine center located in the CGP |