OBSTETRICS
Post Natal Care Observation (Nursery or Recovery Ward)

ID #

Cover Page		
Q1a: Facility ID	Q1b: Facility Name	Q4: Result ☐ Interview done ☐ Partially completed
Q2: Observer number	Q3: Today's date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __	☐ Person in charge refused interview ☐ Person in charge is out

THIS SURVEY IS TO BE FILLED BY OBSERVING WOMEN OR BABIES IN EITHER THE NURSERY OR THE RECOVERY WARD. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE PATIENT AND HER BABY ONLY. IF YOU OBSERVE ACTIVITIES FOR MANY PATIENTS AT THE SAME TIME, YOU NEED A NEW FOLIO FOR EACH PATIENT. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF EVERY STAFF MEMBER WHO WORKS WITH THE PATIENT FOR THE WHOLE TIME YOU ARE OBSERVING THEM, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. IF THERE ARE MORE THAN FIVE HEALTH WORKERS, USE ADDITIONAL COVER SHEETS. YOU CAN OBSERVE PATIENTS AT ANY STAGE OF DELIVERY AND RECORD THE INFORMATION FOR THAT STAGE, BUT YOU MUST OBTAIN CONSENT FROM EVERY PATIENT. IF YOU OBSERVE ACTIVITIES BEFORE YOU HAVE A CHANCE TO OBTAIN CONSENT FROM THE PATIENT, YOU MUST DESTROY THE FOLIO IF THEY REFUSE CONSENT.

CHECK THE STAFF ROSTER FOR EACH HEALTH WORKER YOU OBSERVE AND SEE IF THEY ARE RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN THEIR SIGNATURE. IF YES, REMIND THEM USING THE TEXT BELOW.

Q5a: Has the health worker previously signed a consent form? ☐ Yes → go to Q6a ☐ No -> go to Q7a

Q6a: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐Yes → go to Q8a ☐No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7a: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
Y☐ → go to Q8a N☐ consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8a Staff Roster ID number	Q9a Gender	Q10a: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5b: Has the health worker previously signed a consent form? ☐Yes → go to Q6b ☐ No -> go to Q7b

Q6b: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐Yes → go to Q8b ☐No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7b: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
Y☐ → go to Q8b N☐ consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8b Staff Roster ID number	Q9b Gender	Q10b: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5c: Has the health worker previously signed a consent form? ☐ Yes → go to Q6c ☐ No -> go to Q7c

Q6c: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐Yes → go to Q8c ☐No, consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q7c: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?
Y☐ → go to Q8c N☐ consent is not given → observation of this health worker and any patients attended by this health worker must END; if available, approach another health worker for participation.

Q8c Staff Roster ID number	Q9c Gender	Q10c: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Health Worker Category Codes				
1. MD-Obstetrician/Gynecologist	2. MD-Neonatologist	3. MD-Surgeon	4. MD- Family Physician	5. MD - Pediatrician
6. Physician's Assistant	7. Nurse midwife	8. Bachelor and Science of Nursing Nurse	9. Diploma Nurse	10. Nurse with Associate Degree
11. Licensed Practical Nurse	12. Certified midwife	13. Midwife	14. Nurse aide	96.Other, please specify:

ID #

Q5d: Has the health worker previously signed a consent form? ☐ Yes → go to Q6d ☐ No -> go to Q7d

Q6d: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes→ go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must <u>END</u>; if available, approach another health worker for participation.

Q7d: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8d ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must <u>END</u>;if available, approach another health worker for participation.

Q8d Staff Roster ID number	Q9d Gender	Q10d: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

Q5e: Has the health worker previously signed a consent form? ☐ Yes → go to Q6e ☐ No -> go to Q7e

Q6e: ASK HEALTH WORKER: Do I have your permission to be present at this consultation? ☐ Yes→ go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must <u>END</u>; if available, approach another health worker for participation.

Q7e: READ FULL CONSENT SCRIPT TO HEALTH WORKER AND OBTAIN SIGNATURE. Did the health worker sign the form?

☐ Yes → go to Q8e ☐ No, consent is not given → observation of this health worker and any patients attended by this health worker must <u>END</u>; if available, approach another health worker for participation.

Q8e Staff Roster ID number	Q9e Gender	Q10e: Health Worker Category Code (see below for codes)
	☐ Male ☐ Female	

READ ORAL CONSENT SCRIPT TO CLIENT. IF CLIENT IS INCAPACITATED, NEXT OF KIN OR FAMILY FRIEND ACCOMPANYING CLIENT MAY GIVE CONSENT. CONSENT FOR CLIENT CANNOT BE GIVEN BY HEALTH WORKER OR FACILITY IN-CHARGE. CLIENT OR PROXY CONSENT MUST BE OBTAINED PRIOR TO START OF OBSERVATION.

We are doing a research here that is evaluating a project, which will take place in this hospital. As part of our research we would like to observe what is happening in the hospital. We would like your permission for us to be here while the health workers are treating you and observe their activities. We will not take your name, and anything we observe will be kept private, we will not tell anybody about your personal information. The health workers will do their normal work, and our being here should not change one thing so our research should not harm you. We are not health workers so we are not here to provide any care, but to observe. If you decide at any time that you do not want us to be here, we will leave.

Q50: *Ask client : Could you confirm that you are at least 18 years of age, have had all your questions answered and have voluntarily given permission for us to stay here and observe while you are receiving services today?* ~~Do I have your permission to be present while you are receiving services today?~~

☐ Yes, consent is given → go to Q51 ☐ o, consent is not given → observation of this client must <u>END</u>; if available, approach another eligible patient for participation.

Q5~~2~~1: Who gave consent?		Client 1 Next of kin/family friend 2
Q52: Patient ID Record Number	*Write patient unique identifier here and in box at top right of cover first page (marked "ID #") to help identify this client's case. Please mark the patient's unique identifier on each page where you observe the patient.*	ID# _____
Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT (ANONYMUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET)		
Q54: Record time the observation started (HH:MM)		__ __ : __ __ AM/PM
Q55: Record the date and time the mother gave birth (MM/DD/YY HH:MM)		__ __/ __ __ / __ __ __ __ : __ __ AM/PM
Q56: Where did you get this information? (OBSERVED OR CHART IS PREFERRED WHERE AVAILABLE)	Observed 1 Chart 2 Asked nurse 3 Asked patient 4	
Q57: Sex of the baby:		Male 1 Female 2
Q58: Location of Delivery		Home 1 This Facility 2

ID #

MOTHER CARE SHEET										
FILL THIS SHEET FOR OBSERVATIONS OF CARE FOR THE MOTHER, QUESTIONS ABOUT THE CARE OF THE BABY ARE ON THE NEXT SHEET. RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY.)										
RECORD THE STAFF ROSTER ID OF ALL HEALTH WORKERS INVOLVED IN POSTNATAL CARE. FILL A NEW SHEET FOR EACH SHIFT AND A NEW SHEET FOR EACH OBSERVER.										
RECORD TIME OBSERVATION BEGINS (HH:MM)	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM	|__|__ AM/PM
ANSWER THE FOLLOWING AS:	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9
Q100. Did the health worker greet the woman and her baby (and others present) in a friendly and respectful manner?										
Q101. Did the health worker introduce her/himself and title (midwife,nurse,etc)?										
Q102. Did the health worker wash hands before examining mother or baby?										
Q103. Did the health worker explain what was going to be done before beginning examination?										
Q104. Did the health worker take the mother's blood pressure?										
Q105. Did the health worker take the mother's pulse?										
Q106. Did the health worker assess the mother's respiratory rate?										

OBSTETRICS
Post Natal Care Observation (Nursery or Recovery Ward)

ID # _____

ANSWER THE FOLLOWING AS:		YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9
Q106.	Did the health worker assess the mother's respiratory rate?										
Q107.	Did the health worker check uterine firmness?										
Q108.	Did the health worker assess vaginal bleeding?										
Q109.	Did the health worker ask about urination/encourage woman to urinate every two hours?										
Q110.	Did the health worker ask how the baby is breastfeeding? (USE NA=9 IF THE NURSE HAS PREVIOUSLY ESTABLISHED THAT THE BABY IS NOT TO BE BREAST FED)										
Q111.	Did the health worker observe breastfeeding? (USE NA=9 IF THE NURSE HAS PREVIOUSLY ESTABLISHED THAT THE BABY IS NOT TO BE BREAST FED)										
Q112.	Did the health worker ask if the mother had any concern?										
Q113.	Is the baby present with the mother?										
Q114.	Are the mother and baby able to sleep under a bednet?										
Q115.	Are mother and child to be discharged? (IF YES, GO TO LAST SECTION, "DISCUSSION BETWEEN PROVIDER AND CLIENT ABOUT THE MOTHER")										
RECORD TIME OBSERVATION ENDS (HH:MM)		|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM	|__|.|__| AM/PM

BABY CARE SHEET

FILL THIS SHEET FOR OBSERVATIONS OF CARE FOR THE BABY, QUESTIONS ABOUT THE CARE OF THE MOTHER ARE ON THE PREVIOUS SHEET.

RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND OR EXAMINATIONS:

(SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY.)

RECORD THE STAFF ROSTER ID OF ALL HEALTH WORKERS INVOLVED IN POSTNATAL CARE. FILL A NEW SHEET FOR EACH SHIFT AND A NEW SHEET FOR EACH OBSERVER.										
RECORD TIME OBSERVATION BEGINS (HH:MM)	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
ANSWER THE FOLLOWING AS:	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9	YES-1 DK-8 NO-2 NA-9
Q200. Did the health worker check for umbilical cord bleeding or redness?										
Q201. Did the health worker apply anything to umbilical cord?										
Q202. If yes, what? Chlorhexadine 1 Alcohol 2 Gentian violet 3 Other, (specify) 4										
Q203. Did the health worker take baby's pulse?										
Q204. Did the health worker take baby's blood pressure? (RECORD "NO" IF B.P. NOT TAKEN, EVEN IF THERE IS NO EQUIPMENT PRESENT TO MEASURE NEWBORN B.P.)										
Q205. Did the health worker assess baby's respiratory rate?										

ID #

Q206.	Did the health worker take baby's temperature?										
Q207.	Did the health worker discover anything requiring further action?										
Q208.	Did the health worker respond appropriately to any conditions requiring further action?										
Q209.	Are mother and child to be discharged? (IF YES, GO TO LAST SECTION, "DISCUSSION BETWEEN PROVIDER AND CLIENT ABOUT THE MOTHER")										
RECORD TIME OBSERVATION ENDS (HH:MM)		|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM	|__|__ . . __| AM/PM

OBSTETRICS
Post Natal Care Observation (Nursery or Recovery Ward)

ID #

OBSERVE AT TIME OF DISCHARGE.			
DISCUSSION BETWEEN PROVIDER AND CLIENT ABOUT THE MOTHER			

Record time observation begins: ___ ___ : ___ ___AM/PM

DID THE HEALTH WORKER OR THE CLIENT DISCUSS ANY OF THE FOLLOWING <u>ABOUT THE MOTHER</u>?

		YES	**NO**	**Don't Know**
Q300.	Return to sexual activity	1	0	8
Q301.	Fertility return/risk of pregnancy	1	0	8
Q302.	Spacing of pregnancy	1	0	8
Q303.	Lactational Amenorrhea Method (LAM) and/or other method(s) of family planning compatible with breastfeeding	1	0	8
Q304.	Transition from Lactational Amenorrhea Method (LAM) to other family planning methods	1	0	8
Q305.	Personal hygiene	1	0	8
Q306.	Difficulty breastfeeding	1	0	8
Q307.	Handwashing	1	0	8

DID THE HEALTH WORKER OR THE CLIENT DISCUSS ANY OF THE FOLLOWING <u>ABOUT THE BABY</u>?

		YES	**NO**	**Don't Know**
Q308.	How to care for the baby	1	0	8
Q309.	How to care for the umbilical cord of the baby	1	0	8
Q310.	Exclusive breastfeeding	1	0	8

PROVISION OF COMMODITIES			

DID THE HEALTH WORKER PROVIDE ANY OF THE FOLLOWING <u>TO THE MOTHER OR BABY</u>?

		YES	**NO**	**Don't Know**
Q311.	A family planning method	1	0	8
Q312.	Tetanus Toxoid (TT) booster	1	0	8
Q313.	Other immunizations due	1	0	8

BEHAVIOR OF PROVIDER				
DID THE HEALTH WORKER DO ANY OF THE FOLLOWING?		**YES**	**NO**	**Don't Know**
Q314.	Asked whether the mother had any questions and/or encouraged questions	1	0	8
Q315.	Showed concern and respect to client culture, beliefs, and ideas	1	0	8
Q316.	Spoke using easy-to-understand language for the client	1	0	8
Q317.	Used any visual aids for health education or counseling during the consultation	1	0	8
Q318.	Recorded/revised observations on a patient card or register	1	0	8
Q319.	Explained to mother when to return to a health clinic for her baby and/or herself	1	0	8

OUTCOMES

RECORD THE DATE AND TIME THE MOTHER WAS DISCHARGED(MM/DD/YY   HH:MM):

__ __/ __ __ / __ __   __ __ : __ __ AM/PM

COMMENTS:

Record time observation ends: __ __ : __ __AM/PM