

**OBSTETRICS VIGNETTE
Newborn Health Simulation**

Cover Page

Q1: Facility ID	Q2: Facility Name	Q4b: Time simulation started (HH:MM)
Q3: Observer number	Q4a: Today's date (DD/MM/YYYY) ____ / ____ / ____	____ : ____ AM/PM
Q4c: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Health worker refused interview		
<input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker is out		

THIS TEST IS TO BE ADMINISTERED TO A HEALTH WORKER FROM OB/GYN SERVICES. EACH FOLIO (SET OF PAPERS) CORRESPONDS TO ONE HEALTH WORKER ONLY. IF YOU ADMINISTER THIS TEST TO SEVERAL HEALTH WORKERS, YOU NEED A NEW FOLIO FOR EACH HEALTH WORKER. ALSO BE SURE TO RECORD THE STAFF ID NUMBER OF THE HEALTH WORKER ANSWERING THIS TEST, BY REFERRING TO THE STAFF ROSTER TO OBTAIN THE STAFF ID NUMBER. CHECK THE STAFF ROSTER AND SEE IF THE HEALTH WORKER IS RECORDED AS HAVING GIVEN CONSENT FOR THE RESEARCH. IF NOT YOU MUST READ THE FULL CONSENT FORM AND OBTAIN HIS/HER SIGNATURE. IF YES, REMIND HIM/HER 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: **I would like to ask you some questions about your knowledge of a specific medical case. Your answers will remain confidential, we will not share the result of this interview and it will not have any impact on your work or the assessment of your performance. Do I have your permission to administer this questionnaire?**

Yes → GO TO Q8a No, consent is not given → observation of 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?

Yes → GO TO Q8a No, consent is not given → observation of 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, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

READ THE FOLLOWING TO THE HEALTH WORKER:

I will start asking you questions about your knowledge now. Please answer the following questions to the best of your knowledge. Most of the questions I will be asking you will require multiple responses from you. Please provide all responses that come to mind. I will probe sometimes to help you remember some more information. I may also ask you to demonstrate certain actions during the course of this interview. Finally, if you need me to repeat the question, just let me know.

Health Worker Category Codes (please circle appropriate category: if multiple categories apply, circle multiple answers)				
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. Registered Midwife	14. Nurse aide	96. Other, please specify:

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Checklist for Newborn Health

RECORD TIME OF BEGINNING OF THE SIMULATION (HH:MM)

___ : ___ AM/PM

THE FOLLOWING QUESTIONS CORRESPOND TO A CLINICAL CASE SCENARIO THAT THE HEALTH WORKER COULD EXPECT TO OBSERVE IN THE CLINIC. READ THE CASE SCENARIOS AND QUESTIONS EXACTLY AS THEY ARE WRITTEN (EVERYTHING THAT IS IN **BOLD FONT**). DO NOT READ THE OPTIONS OF ANSWERS. FOR CERTAIN QUESTIONS, MULTIPLE ANSWERS ARE POSSIBLE; IN THIS CASE, CIRCLE ALL ANSWERS GIVEN BY THE HEALTH WORKER. AFTER THE HEALTH WORKER HAS FINISHED ANSWERING THE QUESTION, ASK "ANYTHING ELSE?" IF ADDITIONAL ANSWERS ARE GIVEN AT THAT TIME, MAKE DUE RECORD OF THEM ON THE SURVEY FORM. BE CAREFUL TO FOLLOW THE SKIPS AS THEY ARE MARKED.

DO NOT READ OPTIONS ALOUD. FOR EACH OPTION, NOTE WHETHER THE HEALTH WORKER MENTIONED THIS ACTION OR NOT.

OBSERVER READ SCENARIO :

Question	Yes	No	Verify Present/Not Present	
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Q101: OBSERVER: Please tell me, when a healthy baby is delivered, what care is important to give them immediately after birth and the first few hours thereafter. (MULTIPLE ANSWERS POSSIBLE)

A. Wipe face after birth of head	1	0	N/A	
B. Cord care (sterile-cut; applying nothing to stump)	1	0	N/A	
C. Cord care (Sterile-cut; applying chlorhexadine)	1	0	1	0
D. Ensure baby is breathing	1	0	N/A	
E. Provide thermal protection	1	0	N/A	
F. Bathe newborn shortly after birth	1	0	1	0
G. Suction newborn with bulb	1	0	1	0
H. Initiate breastfeeding within one hour	1	0	N/A	
I. Assess/Examine newborn within one hour	1	0	1	0
J. Weigh newborn	1	0	1	0
K. Provide eye prophylaxis	1	0	1	0
L. Administer Vitamin K	1	0	1	0
M. Give prelacteal feeds	1	0	1	0
N. Other, specify: _____	1	0	1	0

Q102: OBSERVER: Can you please tell me the signs and symptoms of infection (sepsis) in a newborn? (MULTIPLE ANSWERS POSSIBLE)

A. Breathing difficulties	1	0	N/A	
B. Cold to touch or fever	1	0	N/A	
C. Restlessness/ Irritability or difficulty to arouse	1	0	N/A	
D. Poor / No breastfeeding	1	0	N/A	
E. Abdominal distention / Vomiting	1	0	N/A	
F. Infection foci on skin, umbilical stump, throat or eyes	1	0	N/A	
G. No apparent source of infection	1	0	N/A	
H. Other, specify: _____	1	0	N/A	

Q103: OBSERVER: Can you please tell me what the risk factors are for newborn infection (sepsis)? (MULTIPLE ANSWERS POSSIBLE)

A. Maternal fever $\geq 38^{\circ}\text{C}$ before or during labor	1	0	N/A	
B. Membranes ruptured ≥ 18 hours prior to delivery (prolonged labor)	1	0	N/A	
C. Maternal history of uterine infection or fever anytime from the onset of labor to three days after birth	1	0	N/A	
D. Foul smelling amniotic fluid	1	0	N/A	
E. Other, specify: _____	1	0	N/A	

Q104: OBSERVER: Can you please tell me how you would treat a baby with risk factors for newborn infection (sepsis) who does not have sign/symptoms of infection? (MULTIPLE ANSWERS POSSIBLE)

A. Obtain blood cultures	1	0	1	0
B. Establish IV line and give fluids only	1	0	1	0
C. Start prophylaxis immediately after birth with ampicillin and gentamicin IM/IV for two days	1	0	1	0
D. After two days reassess infant and continue treatment only if signs of sepsis are present or if blood culture is positive	1	0	1	0
E. Other, specify: _____	1	0	1	0

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Q105: OBSERVER: Can you please tell me what immediate actions you would take to treat a newborn diagnosed with sepsis? (MULTIPLE ANSWERS POSSIBLE)			
A. Obtain blood cultures, before starting antibiotics	1	0	1 0
B. Obtain the weight of the newborn to determine the amount of antibiotics	1	0	1 0
C. Give ampicillin (or penicillin) and gentamicin for at least 10 days, with: - Ampicillin: 50mg/kg IM/IV every 12 hours - Gentamicin: 5mg/kg IM/IV daily	1	0	1 0
D. Give Cloxacillin if extensive skin pustules or abscesses, as these might be signs of staphylococcus infection	1	0	1 0
E. Encourage frequent breastfeeding	1	0	N/A
F. Other, specify: _____	1	0	1 0
Q106: OBSERVER: (Only if respondent says to encourage breastfeeding) What if the baby is not able to breastfeed? (MULTIPLE ANSWERS POSSIBLE)			
A. Give expressed breastmilk via nasogastric tube	1	0	1 0
B. Maintain warmth with skin-to-skin contact	1	0	N/A
Q107: OBSERVER: What would you do if there was no improvement after 2 to 3 days? (MULTIPLE ANSWERS POSSIBLE)			
A. Change antibiotic treatment or refer baby	1	0	N/A
B. Inform Medical Doctor	1	0	N/A
C. Refer baby	1	0	N/A
D. Other, specify: _____	1	0	N/A
Q108: OBSERVER: What actions or interventions would you take for a newborn weighing less than 2.5kg? (MULTIPLE ANSWERS POSSIBLE)			
A. Provide thermal protection	1	0	N/A
B. Provide extra support to mother to establish and maintain breastfeeding	1	0	N/A
C. Monitor newborn closely for first 24 hours	1	0	N/A
D. Ensure infection prevention	1	0	N/A
E. Monitor sucking capacity	1	0	N/A
F. Refer to hospital	1	0	N/A
G. Other, specify: _____	1	0	N/A
RECORD TIME OF END OF THE SIMULATION (HH:MM)	___ : ___ AM/PM		
GO BACK TO EACH ITEM IN THE SIMULATION THAT REQUIRES A PIECE OF EQUIPMENT OR A MEDICATION AND VERIFY THAT THE EQUIPMENT OR MEDICATION IS PRESENT.			
PLEASE PROVIDE ANY FURTHER COMMENTS ON THE QUALITY OF CARE:			