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Cover Page

Q1a: Facility ID	Q1b: Facility Name	Q4: Result <input type="checkbox"/> Interview done <input type="checkbox"/> Partially completed <input type="checkbox"/> Health worker refused interview <input type="checkbox"/> Health worker is out
Q2: Observer number	Q3: Today's date (DD/MM/YYYY) ____ / ____ / ____	

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?
 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.

Q8a Staff Roster ID number	Q9a Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10a: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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?
 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.

Q8b Staff Roster ID number	Q9b Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10b: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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?
 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.

Q8c Staff Roster ID number	Q9c Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Q10c: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)

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:

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 END; 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 END; if available, approach another health worker for participation.

Q8d Staff Roster ID number	Q9d Gender	Q10d: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<input type="checkbox"/> Male <input type="checkbox"/> 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 END; 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 END; if available, approach another health worker for participation.

Q8e Staff Roster ID number	Q9e Gender	Q10e: Health Worker Category Code (SEE BELOW, MULTIPLE QUALIFICATIONS CAN BE RECORDED)
	<input type="checkbox"/> Male <input type="checkbox"/> 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: **OBSERVER 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?**

Yes, consent is given → GO TO Q51 No, consent is not given → observation of this client must END; if available, approach another eligible patient for participation.

Q51: 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.
Q53: Client initials (OR SOME WAY TO IDENTIFY THE CLIENT (ANONYMOUSLY IF YOU DON'T HAVE THE PATIENT ID NUMBER YET))	ID# _____
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 Other Facility 3

OBSTETRICS
Post Natal Care Observation (Nursery or Recovery Ward)

Patient ID #

ANSWER THE FOLLOWING AS:	YES-1 NO-2	DK-8 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															

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													
ANSWER THE FOLLOWING AS:	YES-1 NO-2	DK-8 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? If no Q203 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?														

OBSTETRICS
 Post Natal Care Observation (Nursery or Recovery Ward)

Patient 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									

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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			