Investigation of Home Deliveries

Identification

- Region: ……..…….....…… …….
- MOH Area: ……..…….....… …….
- PHM Area: ……..……...……
- Date of investigation: ……..…….……

Section 1: Socio-demographic Data

(Fill in the blanks or circle the number with the most appropriate response)

No.	Questions				
1.1	Name of the mother				
1.2	Address				
1.3	Geographical location (with six decimal points)	Longitude : Latitude :			
1.4	Date of birth				
1.5	Ethnicity				
1.6	Religion				
1.7	Current marital status				
1.8	Level of education of the mother	No formal education 1-5 year (Primary) 6-10 year (Secondary) Passed G.C.E. (O/L) Passed G.C.E. (A/L) Degree and above			
1.9	Occupation of the mother (ILO classification)				
1.10	Level of education of the husband/partner	No formal education 1-5 year (Primary) 6-10 year (Secondary) Passed G.C.E. (O/L) Passed G.C.E. (A/L) Degree and above			
1.11	Occupation of the husband/partner (ILO classification)				
1.12	Total monthly family income				
1.13	Type of family	Nuclear		Extended	

Section 2. Environmental factors

No.	Questions	
2.1	Closest hospital with delivery facilities to the mother's home Name: ……..	Teaching hospital ……...1 General hospital …….2 Base hospital ……..….3 Divisional hospital ……4 Preliminary Medical Care Unit…...5 Other (specify) ……. …….…6
2.2	Approximate distance to the above facility	
2.3	Distance from the mother's home to the motorable road?	
2.4	Any environmental obstacles experienced	

Section 3. Field health care services

(Fill in the blanks or circle the number with the most appropriate response)

No.	Questions	
3.1	Was the pregnant mother registered by PHM?	Yes / No
3.2	What was the POA at the time of registration of the mother?	……..weeks
3.3	If registered after 08 weeks of POA, reason for the delay	
3.4	Is there a PHM servicing the area of residence of the mother?	Yes / No
3.5	If yes, does she reside within that area?	Yes / No
3.6	If not residing within the area, what is the distance from her place of residence to the area?	.....km
3.7	If it is a vacant PHM area, is there a covering up arrangement	Yes / No
3.8	In places where the PHM is available are they contactable by the mothers?	Not contactable.....1 Contactable only during day time .....2 Contactable during day and night.....3
3.9	If the PHM is not at all contactable give reasons;	
3.10	Is the contact number of PHM written in H512A	Yes / No
3.11	How many antenatal visits were done by the PHM to the above mother? (check H512A)	
3.12	Any problem/s identified by the PHM at such visits?	
3.13	What were the actions taken by the PHM?	
3.14	How many years of labor room experience has the PHM got? (after formal training)	……years

3.15	How many years since she last worked in a labor room? (after formal training)		……years ……months
3.16	Has the PHM got a delivery kit? (check)		Yes / No
3.17	Is the delivery kit complete?		Yes / No
3.18	Is the delivery kit usable?		Yes / No
3.19	Is the antenatal card of the index pregnancy available?		Yes / No
3.20	Has the mother attended the area antenatal clinic?		Yes / No
3.21	If yes how many times has the mother visited the antenatal clinic for the index child? (check the antenatal card)		
3.22	Has the mother attended the area antenatal classes? (Check H512A)		T1 - Yes / No T2 - Yes / No T3 - Yes / No
3.23	Has the husband/partner attended the area antenatal classes? (Check H512A)		T1 - Yes / No T2 - Yes / No T3 - Yes / No
3.24	Where is the antenatal clinic of the mother held?		
3.25	How many times has a doctor examined the mother at the clinic?		
3.26	How many times has a Consultant Obstetrician seen the mother?		Govt. hospital - …… Pvt. sector - ……..……
3.27	Birth preparedness plan (from H512A)	Intended hospital	
3.28		Mode of transport	
3.29	Emergency preparedness plan (from H512A)	Intended hospital	
3.30		Mode of transport	
3.31	Any other antenatal services received by the mother		
3.32	If the mother has never received antenatal services, give reasons		

Section 4. Information on delivery

(Fill in the blanks or circle the number with the most appropriate response. More than one response can be selected.)

No	Questions	
4.1	When was the child born?	
4.2	Where was the child born?	
4.3	Where was she planning to have the delivery of the index child?	
4.4	If she was unable to get to the hospital for delivery, what was the reason?	
4.5	Was the mother hospitalized at any time during the last month of pregnancy?	Yes / No
4.6	What was the reason for such a hospital admission?	
4.7	How many days after discharge did she deliver?	

4.8	If the mother had planned to deliver at a place other than hospital, what was the reason?	
4.9	Who assisted at the delivery?	
4.10	How long did the labour last? (Onset of first contraction and the birth of the child)	
4.11	How long did it take to get the assistance at delivery?	.....hours.....minutes
4.12	When did the assistant arrive? Before developing pain .....1 When the mother was in pain …… ……...2 When the mother was delivering the baby .....3 After delivering baby, but before placent.....4 After delivery of both baby and placenta 5	
4.13	Who cut the cord?	
4.14	What was used to cut the cord?	
4.15	Any special materials used to dress the cord	
4.16	Was there any problem during delivery?	Yes / No
4.17	If yes, state the problem?	
4.18	What was the condition of the mother?	Live / Dead
4.19	Was the mother admitted to a hospital after delivery?	Yes / No
4.20	If 'yes', details .	

Section 5. Information on the person who conducted the delivery

(Fill in the blanks or circle the number with the most appropriate response. More than one response can be selected.)

No	Questions	
5.1	Name of the person who conducted the delivery?	
5.2	Address of the person who conducted the delivery? (including distance to the place of delivery)	
5.3	Relationship of the mother to the person who conducted the delivery?	
5.4	Obstetric qualifications of/ training received by the person who conducted the delivery?	
5.5	Delivery experience of the person who conducted the delivery?	
5.6	Number of contacts the mother has had with the person who did the delivery during the antenatal period, unless it is the husband.	
5.7	Amount paid to the person who did the delivery, unless it is the husband.	

Section 6. Details of the index child

(Fill in the blanks or circle the number with the most appropriate response)

No.	Questions	Coding categories
6.1	Date of birth of the index child	
6.2	At what time was the child born?	Day time / Night
6.3	Age in days	…….Days
6.4	What was the condition of the baby?	Live / Still born /Neonatal death
6.5	What was the birth weight of the baby? (check the card)	
6.6	What was the POA of the mother at the time of the delivery?	
6.7	Did the baby develop any illness needing treatment?	Yes / No
6.8	If 'yes' what was the illness?	
6.9	Details about birth registration	

Section 7. Details of previous pregnancy outcomes before the birth of the index child (fill in the blanks)

No.	Questions	Coding categories
7.1	How many pregnancies did the mother experience during life time?	
7.2	How many live births were born to her?	

7.3 Note the particulars of all pregnancies in the table below:

Pregnancy order	Result: Live birth 1 Neonatal death 2 Still birth 3 Abortion 4	Sex of child Male 1 Female 2	Month and year of delivery MM/YY	Place of delivery Hospital ..1 Home …..2	If a home delivery, person who delivered

Section 8

Observations and suggestions of the Investigator:

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Name and designation of investigator Signature of investigator

Observations and suggestions of the MOMCH
