

UFI: _____
 Unit: _____

MODULE 8: CESAREAN DELIVERY RECORD REVIEW

Interviewer Name _____ **Date** (d/m/y): ___ / ___ / ___

Instructions: To be filled separately for each unit. Select ten cesarean deliveries for review from the immediately discharged tickets. There is a column for each of the 10 women. Ask to see the clinical record and partograph to verify each aspect assessed. If the response to the question is not documented in the register, clinical record, or in the partograph, consider that the activity was not performed and use the code for no information (9 or 99). If cesareans are not performed at this facility, write NA for each Case in row 1.

No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case10
1	Was the woman transferred from another health facility? 1. Yes 0. No										
2	Who took the decision to do the caesarian section? 1. Consultant VOG 2. Senior registrar 3. Registrar 4. SHO/MO/RMO 5. HO/Internee 6. AMO/RMO 9. Not mentioned										
3	(For emergency caesarian sections only) How many hours and minutes elapsed between the decision of a cesarean and the time of delivery? (99 = no information)	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes	____ hours ____ minutes

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No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case10
4	Indication for caesarian section										
	1.Suspected fetal growth impairment										
	2.Fetal distress										
	3.Pre-eclampsia/ Eclampsia										
	4.Gestational age 41 completed weeks or more										
	5.3 rd trimester vaginal bleeding										
	6.Cephalopelvic disproportion/dystocia/ failure to progress/ failed vacuum extraction or forceps										
	7.Multiple pregnancy										
	8.Suspected/imminent uterine rupture										
	9.Postmortem caesarian section										
	10.Breech or other malpresentation										
	11.Previous caesarian section										
	12.Failed induction										
	13.Tubal ligation/sterilization										
	14.Maternal request										
	15.HIV										
	16.Genital Herpes/extensive condyloma										

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No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case10
	17. Any other obstetric complication										
	18. Any other fetal indication										
	19. Any other maternal medical complication										
	20. Previously repaired vesico-vaginal or recto-vaginal fistula										
	21. Previous uterine surgery										
	22. Large baby										
	23. Elderly primi										
	24. Subfertility										
	25. Elderly mother										
	26. Breech										
	27. Other malpresentations										
	28. Previous section (Give number)										
5	Cesarean section could be classified as: 1. Emergency 2. Elective 9. No information										
6	Type of anesthesia used: 1. General 2. Spinal 3. Epidural 9. No information										

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No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case10
7	What category of clinician performed the surgery?	C - 1	C - 2	C - 3	C - 4	C - 5	C - 6	C - 7	C - 8	C - 9	C - 10
	1.Consultant Obstetrician / gynecologist										
	2.SR where available										
	3.Registrar where available										
	4. SHO / MO										
	5. no information										
8	Where surgery was performed by a clinician other than the VOG, was the VOG informed before performing the CS 1. Yes 0. No										
9	Was the patient in labor before undergoing the LSCS? 1. Yes 0. No										
10	If she was in labor, was a partogram used? 1. Yes 0. No										
11	Were there any anesthetic complications recorded? 1. Yes 0. No										
12	If so what were the complications?										
13	Were there any surgical complications recorded?										

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14	If "yes" what were the complications?										
	Surgical complications	C - 1	C - 2	C - 3	C - 4	C - 5	C - 6	C - 7	C - 8	C - 9	C - 10
	1. Bowel injuries										
	2. Bladder injuries										
	3. Uterine tears										
	4. Burst abdomen										
	5. Other (please specify)										
15	Any instances where the patient had to be reopened within 24 hours 1. Yes 0. No										
16	Any instances where the patient had to be reopened before discharge 1. Yes 0. No										
17	Any instances where the patient had to be reopened for removal of foreign bodies 1. Yes 0. No										
18	Is there an anti acid prophylaxis policy for emergencies and if it is implemented 1. Yes 0. No										
10	Were prophylactic antibiotics administered? 1. Yes 0. No 9. No information										

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No.	Question	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case10
20	Was there an infected wound (from current cesarean) before discharge? 1. Yes 0. No 9. No information										
21	Was the woman given a permanent method of contraception (LRT) at LSCS? 1. Yes 0. No 9. No information										
22	How many days after was the person discharged? (<i>Write no in days</i>)										

Comments