ICDDR,B LIBRARY
DHAKA 1212

chment 1.

Date April 15, 1992

E SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

cipal Investigator Prof.M.A.Matin

Trainee Investigator (if any)

ication No. PCC/005/91

Supporting Agency (if Non-ICDDR,B)

e of Study A study to determine the ct of the interventions to reduce the rnal, neonatal and perinatal deaths ~~ural areas.~~

Project status:
( ) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

le the appropriate answer to each of the following (If Not Applicable write NA).

Source of Population:
(a) Ill subjects Yes No
(b) Non-ill subjects Yes No
(c) Minors or persons under guardianship Yes No

Does the study involve:
(a) Physical risks to the subjects Yes No
(b) Social Risks Yes No
(c) Psychological risks to subjects Yes No
(d) Discomfort to subjects Yes No
(e) Invasion of privacy Yes No
(f) Disclosure of information damaging to subject or others Yes No

Does the study involve:
(a) Use of records, (hospital, medical, death, birth or other) Yes No
(b) Use of fetal tissue or abortus Yes No
(c) Use of organs or body fluids Yes No

Are subjects clearly informed about:
(a) Nature and purposes of study Yes No
(b) Procedures to be followed including alternatives used Yes No
(c) Physical risks Yes No
(d) Sensitive questions Yes No
(e) Benefits to be derived Yes No
(f) Right to refuse to participate or to withdraw from study Yes No
(g) Confidential handling of data Yes No
(h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

5. Will signed consent form be required:
(a) From subjects Yes No
(b) From parent or guardian (if subjects are minors) Yes No

6. Will precautions be taken to protect anonymity of subjects Yes No

7. Check documents being submitted herewith to Committee:
___ Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
___ Protocol (Required)
___ Abstract Summary (Required)
___ Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
___ Informed consent form for subjects
___ Informed consent form for parent or guardian
___ Procedure for maintaining confidentiality
___ Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Cttee. for review.

gree to obtain approval of the Ethical Review Committee for any changes lving the rights and welfare of subjects before making such change.

A-032874

Principal Investigator

Trainee

F
WA 310 JB2
M 425s
1991

SECTION I : RESEARCH PROTOCOL

1. Title: A study to determine the impact of the interventions to reduce the maternal, neonatal and perinatal deaths in rural areas.

2.	Principal Investigator	-	Prof. M.A. Matin President, Sirajganj Maternal and Child Health Care Centre and Chairman of PCC of ICDDR,B.
3.	Co-Investigator	-	Dr. T. Mahmood Consultant gynecologist and Director, Dhaka National Medical Institute Hospital. Dr. Amzad Hossain Civil Surgeon, Sirajganj Dr. Shamsul Alam Deputy Director, Family Planning, Sirajganj.
4.	Starting Date	-	1st July 1992
5.	Completion Date	-	30th June 1994
6.	Total Cost	-	Tk.11,12,400/-
7.	Recommendations	-	

Chief of Institute

ICDDR,B's Concerned Dept.

BACK GROUND INFORMATION

In a country where maternal, perinatal and neonatal mortality is very high, where risks of maternal death is 150 times greater than that of developed countries (BBS-1989), very few studies have been done to explore and identify the cause of these high mortalities, as well as to design interventions that may be made by the health and family planning personnel to overcome the existing problems. Although recently isolated, small scale attempts are being made to explore and identify gaps in the existing health care delivery system (Dr. Lutfar Rahman on Referral Systems), there is virtually no well designed study to determine the impact of the interventions to reduce the maternal and perinatal deaths. In the past of course there was an attempt in this regard in the Matlab MCH-FP area through a comprehensive MCH-FP programme. It was started in the year 1978. This programme did bring about a decline of maternal mortality rate to 4 per thousand live births by the year 1985 i.e., 7 years after the beginning of the programme.

In any case, those rates are still more that one hundred times higher than those found in developed countries and few health programmes so far have included definite plans specifically to address problems relating to maternal mortality in rural Bangladesh. (Vincent Fauveau & J. Chakraborty)

The two most outstanding works on this particular issue of improvement of maternity and child health care services in Bangladesh have been published by Dr. S. Rahman et al. (1) Reproductive Health of adolescents in Bangladesh published in Int. J. Gynecology & obstetrics, 1989, 29,329-335 and (2) Improvement of Child Health services in rural Bangladesh : an experimental project published in "Public Health (1988) 355-358. While in the first study there was a simple comparison in the number of age related maternal mortality and perinatal deaths with the identification of causes of such death. There was no intervention in this first paper as such the question of Impact also did not arise at all. In the second paper although there was intervention by way of training of field workers and TBA's as well as by the Community meetings many more areas of useful intervention for reduction of maternal and perinatal mortality remained unaddressed. As such the maternal mortality in that study came down to only 4

per 1000 which is still more than 100 times higher than those found in developed countries. Hence more thoughtful operational or Health services research is required to unveil the whole gamut of problems confronting us today in Bangladesh.

As for examples we will take care of emergency transportation service for all the emergent cases in the experimental area. We will strengthen the referral system in the area, screen out the high risk cases well ahead of time and take appropriate actions for their safe deliveries. In the experimental project of S. Rahman et al, the mortality did not reduce proportionately to the services developed. There, a 3 tier system of deliveries had been followed namely at home by domiciliary visits, at the satellite clinics and at the union Health and Family Welfare Centres. In our project the question of caesarian section or other surgical interventions to save the mother have been visualized and transportation of the patients on an emergent situation has been given proper importance because we know that a large number of maternal deaths take place on the way before they can reach the hospital.

Although the goals and objectives of MCH programme in the Third Five Year Plan (1985-90) were to reduce the maternal, neonatal and perinatal mortalities, the achievement of MCH service all over the country during the period 85-90 is quite inadequate due to lack of proper supervision and reluctance of FWVs (BBS). Experiences in the developed countries show that much can be done to expand provision of care at a very little extra cost by making better use of facilities and personnel already available (Erica Royston). But unfortunately, there has been no study in our country to examine the problems and interventions that would facilitate the maximal utilization of the available facilities. What we do know is that the level of utilization of existing facilities, eg. the Upazila Health Complex is only 20%. Hence the exact weaknesses of the existing organizations have to be found out.

The probable inputs to strengthen the weak links of the MCH services in Bangladesh thus have also got to be identified and solved so that maternal and perinatal deaths can be drastically reduced like any other western counties of the world.

RATIONALE:

The above facts led us to feel for the necessity of a study to design, implement and evaluate a number of simple interventions that can be made by the health and family planning personnel at low cost and replicable within the existing infrastructure.

The interventions that will be tested through this study, already exist in the present health care delivery system. In this study, proper implementation of these interventions, with minimal additional inputs, eg. supervision and monitoring will be ensured. These in turn may bring about definite, demonstrable reduction in maternal and child death and bring about the desired result of drastic reduction of maternal and perinatal mortality in Bangladesh. This is the hypothesis.

SECTION II - RESEARCH PLAN

1. **Aims of the Project**

a) General aims:

The study aims to explore and identify the loopholes in various interventions in the existing health care delivery system and to find out ways to strengthen them for reducing the maternal, neonatal and perinatal deaths in rural areas.

b) Specific aims:

1. To develop ways to implement and strengthen referral system in rural areas.

2. To improve antenatal counselling and screening for high risk pregnancies through re-orientation of field workers on these topics.

3. To implement a system of monitoring the activities of FWAs and present system of interventions for reducing the death incidence.

4. To determine the impact of the aforementioned interventions in terms of reduced maternal, perinatal and neonatal details in experimental versus control area.

2. **Significance**

Implementation of the project will help to develop a realistic and implementable strategy for improving antenatal counselling and screening for high risk pregnancies; developing and an efficient supervisory and monitoring system. All these activities will be replicable in the national program and will lead to programmes for achieving better health of the mothers and children in the rural areas, using the existing infrastructure.

3. Ethical Implications

The study involves collection of information from pregnant mothers through structured interviews by trained project staff and Govt. field workers.

The mothers selected for the study will be explained the objectives of the study, and time and type of cooperation that will be required from them. They will be ensured that participation in the study is voluntary, and they may refuse to be interviewed, and that decision will not in any way hamper the services they are/will be receiving from any center/center persons. The above mentioned information will be contained in the introduction of the question of the questionnaire, and will be read out and explained to every respondent.

The study will not involve any expenditure on the part of the selected persons and therefore there will be no monetary compensation to the respondents from the study. The investigators however will acknowledge the time and effort of respondent in answering the interview questions.

4. Methods

a) Study sites:

The study will be conducted in 4 unions of 2 upazilas under the district of Sirajganj. One union of each upazila will be treated as experimental area and the other two unions will be treated as control area. It may be mentioned that the unions of the 2 upazilas are of similar socio-economic & cultural characteristics with same developmental and communication facilities. this has been supported by the evidences available at the civil surgeon's office Sirajganj and MCH-FP project of ICDDR,B working in that district as well as from the documents received from the Bureau of statistics, Govt. of Bangladesh.

The Unions are:

For experimental area:

1) Jamtoil in Kamerkhand upazila, and
2) Sialkole of Sirajganj Sadar Upazila

For control area:

1) Bhadraghat union of Kamarkhand upazila, and
2) Khoksabari union of Sirajganj Sadar Upazila.

This was based on random sampling.

b) Methodology:

Phase I:

All households of the 4 unions will be included in the first phase of the programme. Through home visits, pregnant women up to 2nd trimester will be identified and enlisted by specially recruited field workers. The enlistment process will continue for 3 months and all pregnant women of both the experimental and control area will be included in the study.

Phase II:

Simultaneously a training programme will be conducted for the FWAs, FWVs, Sr. FWV, Medical Assistants working in the experimental unions. Along with them 2 field supervisors (recruited for the project) will also be given training. The training programme will be of 10 days duration and it will cover topics related to:

* detection of high risk pregnancies with advice and referral
* appropriate ante-natal counselling and advice during pregnancy, using existing IEC materials

* existing referral system (Annex I)
* how to implement the referral system for high risk pregnancies
* use of specially designed referral cards

They will also receive on the job training subsequently by the supervisors.

Phase III

This phase will begin almost simultaneously i.e. one month after enrollment of each case. this will continue upto the 42 days after delivery of every mother included in the study. During these visits the FWV will counsel the pregnant women as well as other adult female household members on antenatal care of the mother. FWA of the respective union (Ward) will visit all the pregnant women every month and will fill up a checklist to screen high risk pregnancies and a referral requisition form (if required) in duplicate, one copy of which will be forwarded to FWV for attention and action.

FWV along with Medical Asst. will monitor the checklist and referral requisition form and necessary steps will be taken by them for referral of high risk cases, including arrangements to refer the patient to MOMCH for necessary steps. The monitoring of supervision of FWAs will be performed using simple, structured forms, one for each person to be monitored. The FWVs will also follow-up those cases who are referred to MOMCH will record the progress of the case in her form. The FWV will visit the high risk cases every week during the last month of pregnancy. During the preceding months a monthly check-up is enough. FWV's can easily take this additional loads of the high risk cases during the last one month.

Field supervisors (2) will monitor and follow-up the interventions made by FWA, FWV, in specially developed record keeping book. They will follow-up a mother and her child upto 42 days after delivery.

The field supervisor shall also evaluate the quality of referred system. The constraints like finance, transport, companions shall be overcome with the help of the field supervisors who will receive continuous assistance from the project coordinator, P.I. and Co-Investigation. For hospital interventions such as a forceps delivery, caesarian section etc. Sirajganj Maternal and Child Health Care Center Hospital shall be utilized in addition to Upazila Health Complex District Hospital. A description of the Sirajganj Maternal and Child Health Centre is as follows:

Sirajganj Maternal and Child Health Centre (SMCHC):

Sirajganj Maternal and Child Health Care Centre is a modern maternal private hospital run by a Non-Government Organization registered under the Ministry of Social Welfare. It receives donation from a German Voluntary Organization called Andheri Hilfe e.v. The hospital started as an outpatient dispensary in the year 1980 in the vacant house of the celebrated Mathematicians Late Jadov Chandra Chakravarty. It is a beautiful hospital, the buildings old and new are located on an area of over 4 (four acres of land).

The hospital has got two wings; namely - (a) Maternity Wing (10 beds) and (b) Children Wing (20 beds). There is a well equipped operation theater where all pelvic operations can be done under G.A. including a caesarian section. there are 6 full-time doctors, 9 nurses (qualified and trained in Midwifery) and other auxiliary staff working in the hospital. There is an emergency department where a doctor, one nurse and one attendant always remain on duty round the clock.

In the control area, the field supervisor with the help of a few field workers will record the outcome of the pregnancies from routine reporting systems of that area. Elaborate arrangements shall be made even in these areas so that the negligence of the Govt. workers are not reflected in the documentation.

The field workers will assist the field supervisors in their functions in addition to their enrollment duties.

In each month there will be a monitoring and review meeting for the experimental area. The meeting will the organized and conducted by the project coordinator. In this meeting Sr. FWV, UFPO, M/O. MCH, MO. EPI and UHFPA will participate in addition to the project staff. Recommendations of the meeting will be circulated to the FWV, FWA and field supervisors. The total study period will be upto two years (24 months). In addition to these, the project coordinator shall also make regular field visits to supervise all works to evaluate the quality of works, monitor the referral and monitoring systems.

Variables:

Information will be collected on the following variables:

a) At admission

Maternal socio-demographic characteristics - Age, education, age of marriage, occupation, occupation of husband, monthly income of members in the household, type of housing, sanitation, distance from the FWC. Health complex/house of the FWA, frequency of visits by FWA.

b) Obstetric history

Gravity, parity, number of living children, age of last child, bad obstetric history, site of previous deliveries, type of persons conducting the past deliveries, history of postpartum complication and its management, history of perinatal, neonatal or infant death. Interventions made by TBA, FWA, FWV, Sr. FWV, MA, MOMCH, UHFPA, general practitioners, specialists, district level health personnel.

c) Medical history

History of recent illness, past illness, current physical condition regarding anaemia, hypertension, diabetes mellitus, hepatic disease, renal disease, respiratory disease, cardiovascular disease.

d) Personal history

Smoking habit, contraceptive practices, breast feeding practice, food habits during pregnancy.

e) Current pregnancy

Duration of pregnancy, expected date of delivery, foetal condition, BP. weight, anaemia, immunization status. The interest of the client regarding her choice of place for delivery should also be noted (e.g. at home or at FWC, Upazila Health Complex, District Hospital, MCWC or SMCHC).

f) At follow ups

Data will be collected on variables related to the management of any complications during home visits of FWA.

g) At delivery

All delivery information will be collected regarding referral source, place of delivery, mode of delivery, persons conducting the delivery, complications delivery, outcome of complications persons involved in management of the problems of the baby the breast feeding, post-partial counselling.

h) At 7 days postpartum

Information will be collected on maternal condition, neonatal condition, breast feeding, visits, by FWA and FWV.

i) At 28 days postpartum

Information will be collected on maternal, neonatal condition, visits by FWA and FWV.

j) At 42 days post-partum:

Condition of the infant and the mother should be noted. For data processing and analysis as well as for quality control of monitoring and referral system, assistance of Bangladesh Institute of Research for promotion of Essential and reproductive health and technologies (BIRPERHT) shall be sought.

SECTION - III

BUDGET

A. Personnel

1.	Principal Investigator Tk.20,000/month x 5% time x 24 months	Tk.	24,000,-
2.	Co-Principal Investigators 3) Tk.10,000/month x7% time x3x24 months	Tk.	50,400,-
3.	Project Coordinator Tk.5,000/month x 24 months	Tk.	1,20,000,-
4.	Field Supervisor 2) Tk.2000/month x 2 persons x 16 months	Tk.	64,000,-
5.	Field Workers 10) Tk.1,800/month x 10 persons x 15 months	Tk.	2,70,000,-
	Sub total	Tk.	5,28,400,-

B. Printing, supplies and stationeries

1.	Questionnaire printing	Tk.	30,000,-
2.	Check list printing	Tk.	6,000,-
3.	Referral requisition form printing	Tk.	6,000,-
4.	Record keeping, book printing	Tk.	6,000,-
5.	Postage, stationeries for project monitoring center	Tk.	6,000,-
6.	Communications	Tk.	14,000,-
	Sub total	Tk.	68,000,-

C. Field Monitoring, Follow-up

1.	T.A., D.A. for Project coordinator	Tk.	30,000,-
2.	T.A., D.A. for Field Supervisors	Tk.	6,000,-
3.	TA, DA for attending functions in the institute	Tk.	15,000,-
	Sub-total	Tk.	51,000,-

D. **Programme Monitoring**

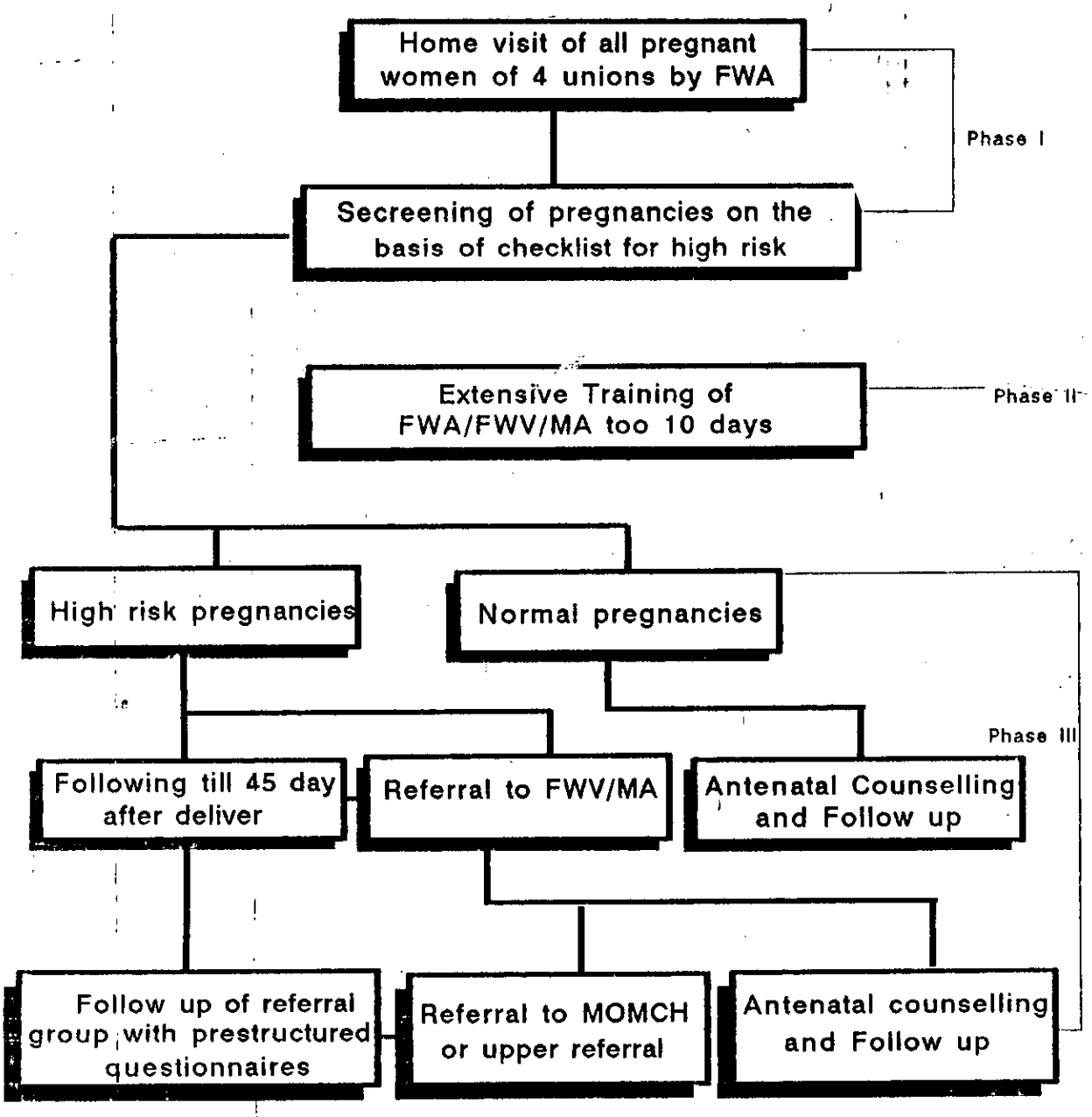
1.	Honorarium for UHFPA, UFPO, MOMCH,MO, EPI,Sr. FWV for attending monthly monitoring meetings	Tk.	15,000,-
2.	Honorarium for FWA, FWV, Sr, FWV and M.A's for attending IEC meetings	Tk.	8,000,-
	Sub-total	Tk.	23,000,-

E. **Training**

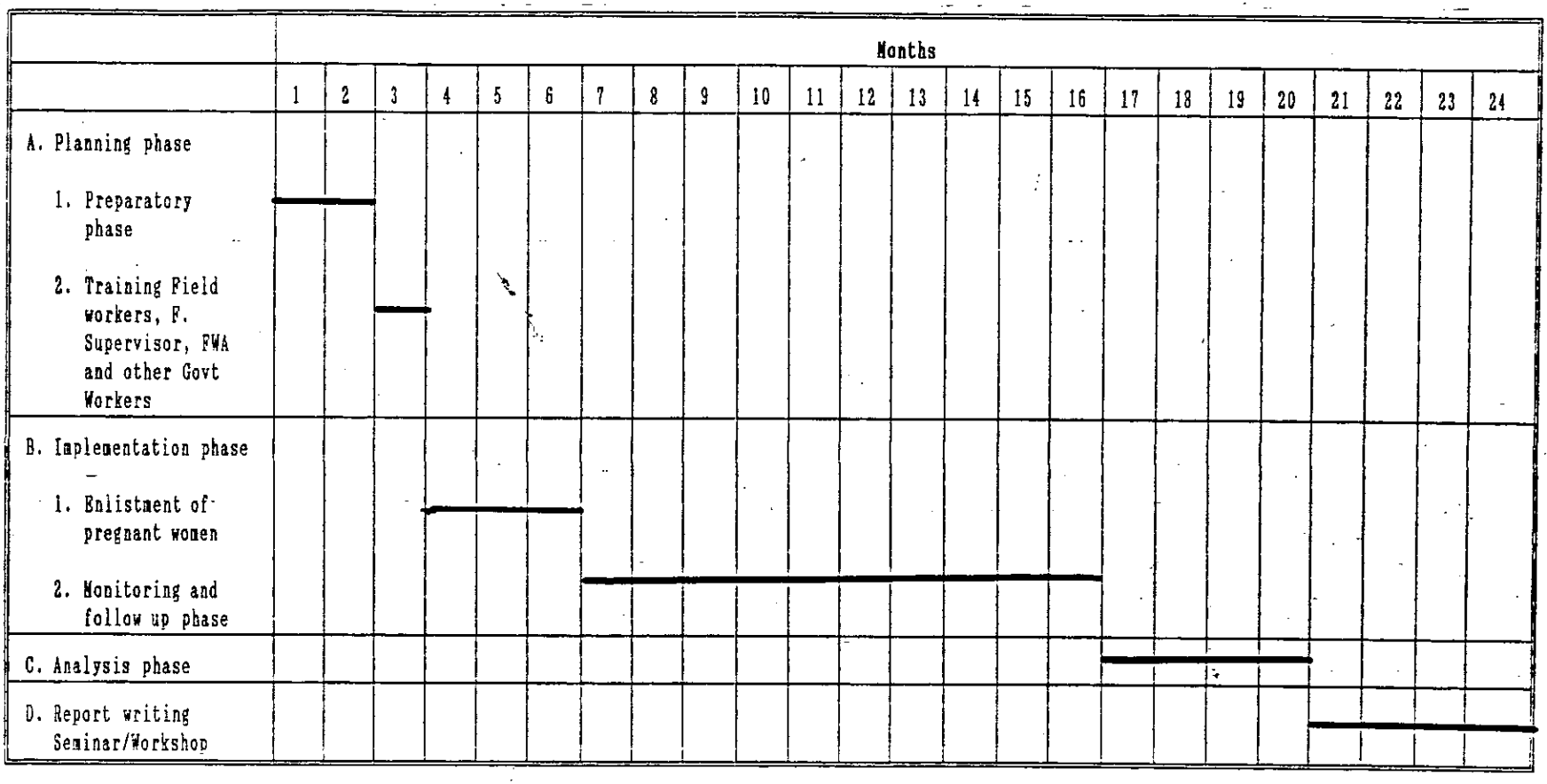
1.	Per diem for F. workers and Field supervisors	Tk.	1,44,000,-
2.	Per diem for FWA, FWV, Sr.FWV	Tk.	20,000,-
3.	Honorarium for resource persons	Tk.	8,000,-
4.	Training materials	Tk.	5,000,-
5.	Stationeries	Tk.	5,000,-
6.	Communications	Tk.	3,000,-
7.	Session expenses	Tk.	10,000,-
	Sub-total	Tk.	1,95,000,-

F.	Data Processing and Computer cost	Tk.	50,000,-
G.	Dissemination, workshop/seminar	Tk.	25,000,-
H.	Administrative and Secretarial support	Tk.	1,72,000,-
	Sub-total	Tk.	2,47,000,-
	Grand total (A+B+C+D+E+F+G+H) =	Tk.	11,12,400/-

FLOW DIAGRAM OF STUDY METHODOLOGY



Work Schedule



January 02, 1992 A-FORM (WK-4)

A study to determine the impact of the interventions to reduce the maternal, neonatal and perinatal deaths in rural area.

Admission Form

I. Introduction: Assalamoalaikum: We have come on behalf of an organization working to promote the health of the mother and children. We are conducting a study to identify the problems related to maternal & child health during pregnancy and soon after birth. as well problems in various interventions in existing health care delivery system. We shall, through this study, find out ways to strengthen them for reducing the deaths as well as the problems of the mothers & children during pregnancy and soon after birth. In this connection, we would like to ask you some questions to your current pregnancy. We intend to follow you up, during the whole pregnancy period and find out the health conditions of yours and that of your child at delivery, after seven days, as well as 45 days after delivery. Participation in this study is completely voluntary and you may withdraw from it any time you want. Your decision will in no way affect the services you are presently receiving from the center. All informations divulged by you will be kept strictly confidential and will not be used for purposes other than this study.

II. **Patient Identification:**

1. Center's Name ---------- and number ☐☐

2. Clients Name ---------- and number ☐☐☐☐

3. Husband's Name ----------

4. Address ----------

III. **Background characteristics:**

6. Age (in complete years) ☐☐

7. Education (completed years) ☐☐

8. Husband's education (complete years) ☐☐

9. Occupations ☐

1 - gainfully employed, specify ----------

2 - not gainfully employed, specify ----------

10. Husband's Occupation ☐

1 -	Cultivation	2 -	Day labour
3 -	Business	4 -	Fishing
5 -	Service	6 -	unemployed
7 -	Teaching	8 -	Others, specify-----

11. Monthly income of the family ☐

1 -	1000.00	2 -	1001-2000.00
3 -	20011-3000.00	4 -	3001-4000.00
5 -	4001.00-5000.00	6 -	> 50001

12. Type of housing ☐

1 -	mad with mud	2 -	made with bamboo
3 -	Semi-pucca	4 -	pucca
8 -	others, specify ----------		

13. Age at marriage (completed years) ☐☐

14. Contraceptive history (past 6 months) ☐

0 -	No	2 -	00	3 -	IUD
3 -	Condom	4 -	Injectable	5 -	Norplant
6 -	Foam/Jelly	7 -	Withdrawal/rhythm		
8 -	others, specify				
9 -	NA				

15. Whether breast fed the last child ☐

1 - No 2 - Yes 9 - Not applicable

16. Smoking habit ☐

17. 1 - No 2 - Yes
Distance of house from nearest RWC/UHC (in meters) ☐☐☐☐

18. Date of last pregnancy ended ☐☐ ☐☐ ☐☐

IV. **Menstrual History:**

19. Date of last menses onset (LMP) ☐☐ ☐☐ ☐☐

20. Duration of cycle (from last 3 cycle) ☐☐

21. Duration of flow (in days) ☐

8 = 8 days or more

22. Any other menstrual problem ☐

1 - Dysmenorrhoea
2 - Intermenstrual bleeding
3 - Intermenstrual pelvic pain
4 - Other, specify

23. Expected date of delivery ☐☐ ☐☐ ☐☐

V. **Obstetric history:**

24. Total number of pregnancies ☐☐

25. Total number of live birth ☐☐

26. Total number of still birth ☐☐

27. Total number of abortion/miscarriage/MR ☐

28. Total number of infant died within 7 days of birth and reasons ☐

1 ----------
2 ----------
3 ----------

29. Total No. of living children ☐☐

30. Age of the last child ☐☐

31. History of congenital abnormality among any of the children. ☐

1 - No 2 - Yes

32. History of prolonged/obstructed labour

1 - No 2 - Yes

33. No. of forceps delivery

34. History PET/Eclampsia
1 - No 2 - Yes

VI. **Medical History:**

35. Diabetes mellitus

1 - Yes
2 - Family history of diabetes
3 - Gestational diabetes
4 - None of the above
5 - combination, specify ----------

36. Heart disease

1 - No 2 - Yes, specify

37. Liver disease

1 - No 2 - Yes, specify

38. Hypertension

1 - No 2 - Yes

39. Respiratory disease

1 - No 2 - Yes

40. Weight (in kg.)

41. Height (In cm.)

42. Blood pressure (in mm.hg)

43. Swelling of legs

1 - No 2 - Yes

Interviewer's Signature

Antenatal Checkup

I. **Study Identification** ☐☐ ☐☐ ☐☐

1. Date of first visit

2. Center's Name ---------- & Number ☐☐

3. Patients Name ----------Number ☐☐

4. Age of the patient ☐☐

5. Husband's name----------

6. Address ----------

II. **Menstrual & Obstetric history:**

7. Date of last menses onset (LMP) ☐☐ ☐☐ ☐☐

8. Expected date of delivery ☐☐ ☐☐ ☐☐

9. Previous obstetric history

Sl. No.	Date of birth how many years	Mode of delivery 1-cephalic normal 2-breech normal 3-Forcep 4-other, specify	Sex of child 1-male 2-female 3-not identified	Outcome of pregnancy 1-live birth 2-still birth 3-Abortion 4-destruction 8-other,specify	Problem during delivery 1-No 2-Yes, specify

III. **Medical History**

1 - No 2 - Yes

II. Respiratory system:

10. Difficult in breathing
11. Cough (for more than 4 weeks)

B. Cardiovascular System

12. Restlessness on exertion
13. Palpitation
14. Dependent oedema

C. Breasts

15. Lenderness in breasts
16. Any lump

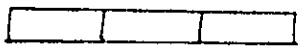
D. Urinary System

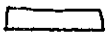
17. Frequency of micturition
18. Burning sensation during micturition
19. Hematuria
20. Pain in renal angle

E. Others

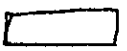
21. Fever (for more than 4 weeks)
22. Headache
23. Dizziness
24. History of jaundice during pregnancy

IV. General Examination

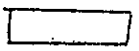
25. Height (in cm.) 

26. Anaemia 

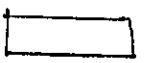
1 - No 2 - yes

27. Jaundice 

1 - No 2 - yes

28. Heart 

1 - normal. 2 - abnormal, specify

29. Lung 

1 - Normal. 2 - abnormal, specify

V. Obstetrical Examination

Date	Duration of preg. (in wks)	Weight (in kg.)	BP in mm.hg	Hb %	Urine exam.		Oedema (+/-)	Presen-tation	Foetal movement 1-present 2-absent	Foetal Heat sound 1-present 2-absent	Any complaints	Management /treatment	Signature
					Sugar (+/-)	Albumin (+/-)							

VI. Vaccination History

30. Tetanus injection taken ☐

31. Number of doses taken ☐

VII. Delivery intentions:

32. Why you have decided to come for antenatal checkups? ☐

Verbatim ----------
---

33. Where do you intend to deliver this baby. ☐

1 - home 2 - Hospital/clinic
8 - other, specify ----------

34. Who will attend the delivery ☐

1 - Doctor 2 - Nurse/FWV
3 - Trained TBA
4 - Untrained TBA/Dai
5 - Female relatives
6 - Others, specify ----------

Interviewer's Signature

ICDDR,B LIBRARY
DHAKA 1212

CONFINEMENT/DELIVERY FORM

I. STUDY IDENTIFICATION

1. Center name _____

2. Center number ☐

3. Clients order number ☐☐☐

4. Daste of follow-up ☐☐☐☐☐☐

5. Any change in address within next two months ☐

   1 - No, 2 - Yes

   If Yes, please record in detailed _____

II. DESCRIPTION OF RECENT LABOUR/DELIVERY

6. Actual date of delivery ☐☐☐☐☐☐

7. Mode of delivery ☐

   1 - Normal vaginal delivery

   2 - Vaginal delivery after trial

   3 - Vacuum extraction

   4 - Breech extraction

   5 - Forceps

   6 - Caesarean section

   7 - Destructive procedure

   8 - Other, specify _____

8. Place of delivery ☐

   1 - Home

   2 - Hospital/clinic

   3 - Others, specify _____ ☐

9. Who attended the delivery

1 - Doctor

2 - Nurse/FWV

3- Trained TBA

4 - Untrained TBA/Dai

6 - Female relatives/neighbours/friends

7 - Others (specify)_____

Complete name and detailed address of person who attended this delivery: _____

_____

_____

III. FOETAL OUTCOME

10. Number of Newborns [ ]

11. Death of Newborn [ ]

0 - No death

1 - Stillbirth

2 - Within 24 hours of delivery

3 - Within 2-7 days of delivery

12. Whether child cried soon after birth [ ]

1 - No, 2 - Yes

IV. MEDICAL INFORMATION ON DELIVERY

(Interviewer:
Please collect the following information from records/ person who attend this delivery)

13. Any complication of pregnancy [ ]

1 - No complication

2 - PET

3 - Eclamptic fit

7 - Other complication (specify) _____

14. Third stage of labour [ ]

15. Weight of newborn in gms. [ ][ ][ ][ ]

(9999 = not recorded)

16. Abnormalities [ ]

1 - Present, specify _____

2 - Absent

POST-PARTUM FOLLOW-UP FORM

I. STUDY IDENTIFICATION

1. Center name _____

2. Center number ☐

3. Clients order number ☐☐☐☐

4. Date of follow-up ☐☐☐☐☐☐

Day month year

5. Any change in address within nest two months

1 - Yes

2 - No

If Yes please record in detailed _____

II. MEDICAL COMPLAINTS

6. Any bleeding per vagina ☐

1 - Yes

2 - No

3 - Vacuum extraction

4 - Breech extraction

5 - forceps

6 - Caesarean section

7 - Destructive procedure

8 - Other, specify _____

7. Any lochial discharge without for-smell per vagina ☐

1 - Yes

2 - No

8. Any lochial discharge with foul smell per vagina ☐

1 - Yes

2 - No

9. Any pain in lower abdomen ☐

10. Date of onset of menses ☐☐☐☐☐☐

88 88 88 = No menses

Day month year

5 - forceps

6 - Caesarean section

7 - Destructive procedure

8 - Other, specify_____

7. Any lochial discharge without for-smell per vagina ☐

1 - Yes

2 - No

III. CLINICAL EXAMINATION (Please skip to section V if not done)

11. Anaemia
    0 - Absent 2 - Moderate
    1 - Mild 3 - Severe

12. Jaundice
    1 - present, 2 - Absent

13. Blood pressure (in mm Hg.) Sys. dias

14. Temperature of patient (in celsius)

15. Sugar in urine

    1 - Absent
    2 - Present

16. Albumen in urine

    1 - Absent
    2 - Present

17. Involution of uterus

    1 - Incomplete
    2 - Complete

IV. PER VAGINAL EXAMINATION (Please skip to section V if not done)

18. Position of uterus

    1 - Anteverted
    2 - Retroverted

19. Shape of uterus

    1 - Normal
    2 - Abnormal

20. Pain on pressure

    1 - No, 2 - Yes

V. STATUS OF NEWBORN

21. Condition of newborn [ ]

1 - Alive and healthy
2 - Alive and not healthy
specify _____
_____
3 - Death within 7 days

Specify cause of death _____

22. How soon after childbirth was bady put to breast (in hours) 88 = NA [ ][ ]

23. Any bottle feeding [ ]

1 - No, 2 - Yes
8 - NA

_____
Interviewer's Signature

Follow-up of Infant at 42nd day

1. Date of follow-up

2. Name of the infant _____

3. Name of mother _____ and number

4. Weight (in kg.)

5. Height (in cm.)

6. Sleep for how many hours

7. Breastfeed

   1 - No, reason
   2 - Yes

8. Responds to sound

   1 - No
   2 - Yes

9. Can support head along

   1 - No, 2 - Yes

10. First does of immunization give

    1 - No
    2 - Yes

11. Any physical abnormality

12. Any other complaints

    1 - No
    2 - Yes, specify _____

_____

Interviewer's Signature

ICDDR,B LIBRARY
DHAKA 1212

Checklist for Referral of risk pregnancy

		Refer	Follow-up
1.	Height less than 145 cm.	Yes	No
2.	Age less than 16 years	Yes	No
3.	Age more than 35 years	Yes	No
4.	Oedema of legs, face	Yes	No
5.	BP $\geq$ 140/90 mm. hg.	Yes	No
6.	Presence of sugar/albumin in urine	Yes	No
7.	Abnormal presentation	Yes	No
8.	Severe anaemia (Hb <50%)	Yes	No
9.	History or evidence of	Yes	No
10.	History or evidence of	Yes	No
	i. Prolonged/obstructed labour	Yes	No
	ii. Caesarian section	Yes	No
	iii. Repeated history of abortion/miscarriage	Yes	No
	iv. Pregnancy jaundice	Yes	No
	v. Diabetes mellitus		
	vi. Pre-Eclampsia/Eclampsia (Dedema, Hypertension, fits)	Yes	No
	vii. Valvular heart disease	Yes	No
	viii. Antepartum Haemorrhage	Yes	No

If any client indicates "Yes" to any of the above question Refer the client to FWV for further follow-up and management.

Signature of the field worker