



Banco Interamericano de Desarrollo

Salud Mesoamerica 2015 (SM2015)

Login page for the Health Facility Survey

▶ ID:

Medical Record Review

1. Today's Date:

 (DD/MM/YYYY)

2. Interviewer ID 1:

3. Interviewer ID 2:

4. What type of medical unit is this?
(CHOOSE ONE):

- Health Clinic / Health Post / Mobile Unit
- Community Hospital
- Regional Hospital

5. District ID:

- Orange Walk
- Corozal District
- Cayo District
- Other

6. Facility ID:

- Orange Walk Town / Northern Regional Hospital
- Orange Walk Town / Orange Walk Health Center (Urban)
- San Jose Village / Zenobia Meggs Health Center
- San Felipe Village / San Felipe Health Center
- August Pine Ridge Village / August Pine Ridge Health Center
- Guinea Grass Village / Guinea Grass Health Center
- Santa Martha Village / Santa Martha Health Post
- Carmelita Village / Carmelita Health Post
- Lousiana Area, Orange Walk town / Lousiana Health Post (non functioning due to infrastructure)
- Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- San Lazaro Village / Ignacia Moguel Health Post
- San Carlos Village / San Carlos Health Post
- Indian Church Village / Indian Church Health Post
- San Antonio Village / San Antonio Health Post
- San Roman Village / San Roman Health Post
- Orange Walk Town / Mobile Clinic
- Corozal Town / Corozal Community Hospital
- Corozal Town / Corozal Health Center (Urban)
- San Narciso Village / San Narciso Health Center

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- Caledonia Village / Caledonia Health Center
 - Libertad Village / Libertad Health Center
 - Sarteneja Village / Sarteneja Health Center
 - Progreso Village / Progreso Health Center
 - Chunox Village / Chunox Health Post
 - Concepcion Village / Concepcion Health Post
 - San Joaquin Village / San Joaquin Health Post
 - Xaibe Village / Xiabe Health Post
 - Chan Chen Village / Chan Chen Health Post
 - Copper Bank Village / Copper Bank Health Post
 - San Victor Village / San Victor Health Post
 - Corozal Town / Mobile Clinic
 - Belmopan City / Western Regional Hospital
 - Belmopan City / Belmopan Health Center (Urban)
 - Valley of Peace Village / Valley of Peace
 - Cotton Tree Village / Cotton Tree Health Post
 - St Matthews Village / St Matthews Health Post
 - Franks Eddy Village / Franks Eddy Health Post
 - Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
 - Belmopan City / Mobile Clinic
 - San Ignacio / San Ignacio Community Hospital
 - San Ignacio / San Ignacio Health Center (Urban)
 - Benque Viejo Del Carmen / Mopan Clinic Health Center
 - Georgeville / Georgeville Health Center
 - San Antonio Village / San Antonio Health Post
 - San Ignacio / Mobile Clinic
 - Other (specify):

Please review the medical record for the selected case, and extract the required information.

General questions

7. What type of attention did the woman receive in this facility?

(SELECT ALL THAT APPLY)

- Prenatal care
- Delivery care
- Postnatal care

8. Please note date of last menstrual period (LMP)

- Date: (DD/MM/YYYY)
- Not recorded

This record is not eligible. You indicated that the last menstruation date was . Please review records with the last menstruation date between **01/08/2011 - 31/10/2013**. These dates ensure the review of records of women who gave birth in the previous two years.

9. Please note if the following was recorded:

Date of consultation

- Yes: (DD/MM/YYYY)
- Not recorded

10. Please note if the following was recorded:

Hour of admission

- Time: (HH:MM)
- Not recorded

11. Age:

- Age:
- Not observed

12. Education

- None

- Primary
- Secondary
- University
- Not recorded

13. Marital status

- Married
- Single
- Common law wife
- Divorced
- Widowed
- Other (specify):
- Not recorded

14. Gestational age

- Age: weeks
- Not recorded

Please select medical chart of women 15-49 years old who have been pregnant in the last two years according to the sampling strategy.

ANC Visit

15. Please review antenatal care section of medical record and note how many antenatal care visits were done

- Number:
- Not recorded

16. Date of first antenatal care visit

- Date: (DD/MM/YYYY)
- Not recorded

You indicated that the date of last menstruation was a date after the first prenatal visit. Please revise your answers:

Date of last menstruation:

Date of first prenatal visit:

17. Was the woman referred **FROM** another unit?

- Yes
- No
- Not recorded

For visit #1, please answer the following questions:

18. Please record who delivered ANC services during the first visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

19. Gestational age

- Age: weeks
- Not recorded

20. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the first visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

21. Please review antenatal care section of medical record and note if the following was performed during 1st ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. 1st visit Date (DD/MM/YYYY)

Fetal heart rate

Fetal movement

For visit #2, please answer the following questions:

23. Please record who delivered ANC services during the second visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

24. Gestational age

- Age: weeks
- Not recorded

25. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the second visit.

- Doctor did not provide prenatal care during the second visit
- Doctor provide prenatal care during the second visit

26. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for fetus.

Fetal heart rate

Fetal movement

For visit #3, please answer the following questions:

28. Please record who delivered ANC services during the third visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator

- Intern
- Other (specify)
- Not recorded

29. Gestational age

- Age: weeks
- Not recorded

30. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the third visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

31. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for fetus.

Fetal heart rate	-- Select one -- <input type="button" value="v"/>
Fetal movement	-- Select one -- <input type="button" value="v"/>

For visit #4, please answer the following questions:

33. Please record who delivered ANC services during the fourth visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

34. Gestational age

- Age: weeks
- Not recorded

35. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the fourth visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provide prenatal care during the first visit

36. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #5, please answer the following questions:

38. Please record who delivered ANC services during the fifth visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

39. Gestational age

- Age: weeks
- Not recorded

40. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the fifth visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

41. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #6, please answer the following questions:

43. Please record who delivered ANC services during the sixth visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)

Not recorded

44. Gestational age

- Age: weeks
- Not recorded

45. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the sixth visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

46. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for fetus.

Fetal heart rate	-- Select one -- <input type="button" value="v"/>
Fetal movement	-- Select one -- <input type="button" value="v"/>

For visit #7, please answer the following questions:

48. Please record who delivered ANC services during the seventh visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

49. Gestational age

- Age: weeks
- Not recorded

50. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the seventh visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provide prenatal care during the first visit

51. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #8, please answer the following questions:

53. Please record who delivered ANC services during the eighth visit.

- Doctor
 Nurse
 Midwife
 Community health coordinator
 Intern
 Other (specify)
 Not recorded

54. Gestational age

- Age: weeks
 Not recorded

55. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the eighth visit.

- Doctor did not provide prenatal care during the first visit
 Doctor provided prenatal care during the first visit

56. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #9, please answer the following questions:

58. Please record who delivered ANC services during the ninth visit.

- Doctor
 Nurse
 Midwife
 Community health coordinator
 Intern
 Other (specify)
 Not recorded

59. Gestational age

- Age: weeks
- Not recorded

60. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the ninth visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

61. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for fetus.

Fetal heart rate	-- Select one -- <input type="button" value="v"/>
Fetal movement	-- Select one -- <input type="button" value="v"/>

For visit #10, please answer the following questions:

63. Please record who delivered ANC services during the tenth visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

64. Gestational age

- Age: weeks
- Not recorded

65. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor provided prenatal care during the 10th visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

66. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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67. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #11, please answer the following questions:

68. Please record who delivered ANC services during the eleventh visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

69. Gestational age

- Age: weeks
- Not recorded

70. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor gave prenatal care during the 11th visit.

- Doctor did not provide prenatal care during the first visit
- Doctor provided prenatal care during the first visit

71. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #12, please answer the following questions:

73. Please record who delivered ANC services during the twelfth visit.

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

74. Gestational age

- Age: weeks
- Not recorded

75. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor gave prenatal care during the 12th visit.

- Doctor did not give prenatal care during the first visit
- Doctor gave prenatal care during the first visit

76. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

77. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #13, please answer the following questions:

78. Please record who delivered ANC services during the thirteenth visit?

- Doctor
- Nurse
- Midwife
- Community health coordinator
- Intern
- Other (specify)
- Not recorded

79. Gestational age

- Age: weeks
- Not recorded

80. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor gave prenatal care during the 13th visit.

- Doctor did not give prenatal care during the first visit
- Doctor gave prenatal care during the first visit

81. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #14, please answer the following questions:

83. Please record who delivered ANC services during the fourteenth visit?

- Doctor
 Nurse
 Midwife
 Community health coordinator
 Intern
 Other (specify)
 Not recorded

84. Gestational age

- Age: weeks
 Not recorded

85. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor gave prenatal care during the 14th visit.

- Doctor did not give prenatal care during the first visit
 Doctor gave prenatal care during the first visit

86. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

87. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for fetus.

Fetal heart rate	-- Select one --
Fetal movement	-- Select one --

For visit #15, please answer the following questions:

88. Please record who delivered ANC services during the fifteenth visit?

- Doctor
 Nurse
 Midwife
 Community health coordinator
 Intern
 Other (specify)
 Not recorded

89. Gestational age

- Age: weeks
 Not recorded

90. You indicated that a doctor did not attend this visit. Please review all documents to confirm if a doctor gave prenatal care during the 15th visit.

- Doctor did not give prenatal care during the first visit

- Doctor gave prenatal care during the first visit

91. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for woman

	Yes	No	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for fetus.

Fetal heart rate	-- Select one -- ▾
Fetal movement	-- Select one -- ▾

93. Please note if the following laboratory tests was performed (at least once during the whole pregnancy period).

	Yes	No	Not recorded
Blood group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rh factor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Platelets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uric acid in blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uric acid in urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VDRL / RDR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hb level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinalysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. Please note if tetanus toxoid vaccination was administered:

(SELECT ONE PER ROW):	Yes	No	Not recorded
1st dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. Please note if test for rubella antibodies was done?

- Yes
 No
 Not recorded

96. What was the outcome of pregnancy?

- Delivery
 Abortion
 Stillbirth
 Other (specify):
 Not recorded

Delivery Process

Please select medical chart of women who have delivered in the last two years according to the sampling strategy.

97. Date of admission

- Date: (DD/MM/YYYY)
- Not recorded

98. Time of admission

- Time: (HH:MM)
- Not recorded

99. Did the woman arrive in imminent birth or for elective C-section?

- Imminent birth
- Elective C-section
- No
- Not registered

100. Date of delivery

- Date: (DD/MM/YYYY)
- Not recorded

101. Time of delivery

- Time: (HH:MM)
- Not recorded

102. Was woman accompanied by community worker to come deliver in the health facility?

- Yes
- No
- Not recorded

103. Was woman accompanied by midwife to come deliver in the health facility?

- Yes
- No
- Not recorded

Please check if the woman was administered the following:

104. Administered (yes/no) Date / time recorded

Oxytocin	<input type="text"/>	<input type="text"/>
Other Uterotonics	<input type="text"/>	<input type="text"/>

105. Date (DD/MM/AAAA) Time (HH:MM)

Oxitocin	<input type="text"/>	<input type="text"/>
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106. Date(DD/MM/AAAA) Time (HH:MM)

Other uterotonic	<input type="text"/>	<input type="text"/>
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107. How was oxytocin administered?

- Intramuscular
- Intravenous
- Not recorded

108. Please check if partograph is included in this medical chart

- Included in medical file
- Included but not filled
- Not included

Check the partograph and note if the following information was recorded

109. Patient name	Registered
	<input type="text"/>

Curve complete until birth	<input type="checkbox"/>	▼
Graphical representation of the fetal cardiac frequency	<input type="checkbox"/>	▼
Frequency plot of uterine contractions	<input type="checkbox"/>	▼
Interpretation of changes in uterine contractions	<input type="checkbox"/>	▼
Systolic blood pressure	<input type="checkbox"/>	▼
Diastolic blood pressure	<input type="checkbox"/>	▼
pulse	<input type="checkbox"/>	▼
Baby's Position	<input type="checkbox"/>	▼
Intensity of contractions	<input type="checkbox"/>	▼
Location of pain	<input type="checkbox"/>	▼
Intensity of pain	<input type="checkbox"/>	▼

110. Administered (yes/no)

Were fetal heart rate and alert curve registered?	<input type="checkbox"/>	▼
Dilation > 4.5 cm?	<input type="checkbox"/>	▼
Fetal heart rate < 120 lm?	<input type="checkbox"/>	▼
Did the plots go beyond the alert curve?	<input type="checkbox"/>	▼

111. Is there a note in the partograph or medical record within 30 mins if the fetal heart rate dropped below 120?

- Yes
 No

112. Is there a note in the partograph or medical record within 30 minutes if the plots go beyond the alert curve?

- Yes
 No

113. Was slowdown in fetal heart rate observed?

- Yes
 No
 Not recorded

114. Please record what was done when fetal heart rate slowed down

- Referred to another health facility
 C-section
 Delivered in this health facility
 Other (specify)
 Not recorded

115. Was the woman referred **TO** another unit?

- Yes
 No
 Not recorded

116. Why she was referred **TO** another unit?

- slow fetal hear rate
 bleeding
 large fetus
 fetal head is above pubis
 uterine hypodynamy
 uterine hypertonus
 prolonged labor
 other (specify)
 Not recorded

117. Was the woman referred **FROM** another unit?

- Yes
 No
 Not recorded

118. Mode of delivery

- Normal vaginal
- Vacuum delivery
- Forceps
- Vaginal breech
- Caesarean (emergency)
- Caesarean (elective)
- Other (specify):
- Not recorded

Postpartum care

119. Who delivered postpartum care for mother?

- Doctor
- Nurse
- Midwife
- Social worker
- Intern
- Other (specify):
- Not recorded

120. What was the outcome of pregnancy?

- Delivery
- Stillbirth
- Other (specify):
- Not recorded

Please check the postpartum care part of the medical chart and check if the following is recorded for woman after delivery.

121.	How many times during the 1st 3 hours?	4 times in 1st hour (yes/no)	2 times in 2nd hour (yes/no)	2 times in 3rd hour (yes/no)
Diastolic BP	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systolic BP	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory rate	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine involution	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of abnormal bleeding	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lochia characteristics	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check **DISCHARGE** part of the medical chart and record if the following check ups were done

122.	Recorded (yes/no)	Values	Date (DD/MM/YYYY)	Time (HH:MM)
BP	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="checkbox"/>	<input type="text"/> C per minute	<input type="text"/>	<input type="text"/>
Respiratory rate	<input type="checkbox"/>	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Other (specify) <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)				

<input type="text"/>				
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check discharge part of the medical chart and record if the following check ups were done

123. Recorded (yes/no)

Uterine involution	<input type="text"/>
Presence of abnormal bleeding	<input type="text"/>
Lochia characteristic	<input type="text"/>

124. Please record date of the first postpartum check up for the mother

- Date: (DD/MM/YYYY)
 Not recorded

125. Please record time of the first postpartum check up for the mother

- Time: (HH:MM)
 Not recorded

126. Birth Result:

- Normal vaginal delivery
 C-section
 Still birth
 Other
 Not recorded

127. Mode of delivery:

- Singleton
 Multiple
 Not recorded

128. Gender of the **BABY**

- Boy
 Girl
 Not recorded

129. Sex of **BABIES**

- Male
 Female
 Male and Female
 No Records

130. Did the woman get contraception?

- Yes
 No
 Referred
 Not recorded

131. Please note the name of contraception

- Condom
 IUD
 Pills
 Tubal ligation
 Rhythm
 Other (specify):
 Not recorded

132. Disposition:

- Death in hospital
 Discharged home

- Transferred to another facility
 - Left against medical advice
 - Unknown
 - Other (specify):
 - Not recorded
-

133. Referred Postpartum:

- Yes
 - No
-

134. Reason for referral:

- Complications during delivery
 - Maternal complications after delivery
 - Neonatal complications
 - Other
 - Not recorded
-

135. The place to which she was referred:

136. Date of discharge/referral

- Date: (DD/MM/YYYY)
 - Not recorded
-

137. Time of discharge/referral

- Time: (HH:MM)
 - Not recorded
-

138. Date of death

- Date: (DD/MM/YYYY)
 - Not recorded
-

139. Time of death

- Time: (HH:MM)
 - Not recorded
-

140. Please record date of birth

- Date: (DD/MM/YYYY)
 - Not recorded
-

141. Date of first visit after delivery

- Date: (DD/MM/YYYY)
 - Not recorded
-

142. Please record date of the first postpartum check up for the baby

- Date: (DD/MM/YYYY)
 - Not recorded
-

143. Please record time of the first postpartum check up for the baby

- Time: (HH:MM)
 - Not recorded
-

144. Who attended the newborn baby immediately after delivery?

- Doctor
- Nurse
- Midwife
- Social worker
- Intenr
- None
- Other (specify):

Not recorded

Please check if the following procedure was done for the **NEWBORN BABY** and record date and time of the first procedure

145.	Recorded	Date (DD/MM/YYYY)	Time (HH:MM)
Administration of Vitamin K	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of oxitetracilina ophthalmic prophylaxis and/or chloramphenicol	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Making umbilical cure with water and chlorhexidine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Evaluation of malformations presence	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skin color assessment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of BCG vaccination	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gestational age assessment (Caurro or Ballard)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Evaluation of danger signs	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Silverman/Hartman test done	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please note if the following measurements were made, their values and the date and time of first measurement

146.	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
APGAR score in 1 min	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
APGAR score in 5 min	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="checkbox"/>	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Respiratory rate	<input type="checkbox"/>	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Weight	<input type="checkbox"/>	<input type="text"/> gr	<input type="text"/>	<input type="text"/>
Length/Height	<input type="checkbox"/>	<input type="text"/> cm	<input type="text"/>	<input type="text"/>
Temperature	<input type="checkbox"/>	<input type="text"/> C	<input type="text"/>	<input type="text"/>
Head circumference	<input type="checkbox"/>	<input type="text"/> cm	<input type="text"/>	<input type="text"/>

147. Enter relevant comments about this section

You've reached the end of this part of the survey.

Please click the button 'Submit' to send your responses and close the survey. You may not revise any of the responses after submitting the survey.

If you think you have reached this page by error, please click on 'Previous' and revise your responses as necessary.

Thank you for your time today..

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