

FORM A3: DATA EXTRACTION FORM- LABOUR & DELIVERY REGISTER

1.	Data abstractor name and code	Name _____ code _____		
2.	Facility name and code	Name _____ code _____		
3.	Date of data extraction	<i>DD/MM/YYYY</i>		
4.	Participant ID	_____		
5.	Participant name	_____		
6.	Participant age	_____ Years		
7.	Gestational age (completed weeks)	_____ weeks		
		Not readable	8	
		Not recorded	9	
8.	Antenatal corticosteroids use documented as administered?	Yes	1	
		No	2	
		Not possible to record	5	
		Not readable	8	
		Not recorded	9	
9.	Mode of birth/delivery	Normal vaginal delivery	1	
		Vaginal breech/ Vacuum Extraction/ Forceps (any)	2	
		Elective /Emergency caesarean section	3	
		Not readable	8	
		Not recorded	9	
10.	Date of Delivery	<i>DD/MM/YY</i>		
11.	Time of Delivery	<i>MM:HH</i>		
12.	Estimated date of delivery (sonar calendar)	_____	1	
		Not readable	8	
		Not recorded	9	
13.	Uterotonic administered for active management of the 3 rd stage of labour?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
14.	Birth Outcome	Alive	1	Skip to Q16
		Stillbirth	2	
		Not readable	8	Skip to Q16
		Not recorded	9	Skip to Q16
15.	Stillbirth type	Fresh Stillbirth	1	
		Macerated stillbirth	2	
		Not readable	8	
		Not recorded	9	
16.	Sex of Child	Male	1	
		Female	2	
		Ambiguous	3	

		Not readable	8	
		Not recorded	9	
17.	Birth weight (grams)	_____ grams		
		Not readable	8	
		Not recorded	9	
18.	Was baby stimulated?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
19.	Baby resuscitated with bag and mask?	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
20.	Chlorhexidine applied to cord for cleansing? (if applicable)	Yes	1	
		No	2	
		Not readable	8	
		Not recorded	9	
21.	Breastfeeding initiated	Yes	1	
		No	2	
		Not possible to record	5	
		Not readable	8	
		Not recorded	9	
22.	Estimated blood loss in ml	_____		
		Not readable		
		Not recorded		
23.	Mother experienced a retained placenta	Retained placenta (over 1 hour)	1	
		Incomplete placenta	2	
		No	3	
		Other	7	
		Not readable	8	
		Not recorded	9	
24.	Condition of baby at discharge?	Alive	1	
		Neonatal death before leaving labour ward	2	
		Not readable	8	
		Not recorded	9	
25.	Date & time of discharge from labour ward	<i>DD/MM/YY</i> <i>HH:MM</i>		
26.	Outcome at discharge (baby)	Discharged alive	1	
		Discharged but need follow-up	2	
		Transferred alive + where _____	3	
		Neonatal death	4	
		Not readable	8	
		Not recorded	9	
27.	Outcome at discharge (mother)	Discharged alive	1	

		Discharged but need follow-up	2	
		Transferred alive + where _____	3	
		Death	4	
		Not readable	8	
		Not recorded	9	
28.	What is the final status of the data extraction for this patient?	Complete	1	END
		Partially incomplete	2	
		Totally incomplete/ Record not found	3	
29.	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
30.	Please mention	_____		

FORM B3: DATA EXTRACTION FORM - KMC REGISTER

1.	Data abstractor name and code	_____ code _____	
2.	Facility name and code	_____ code _____	
3.	Date of data extraction	DD/MM/YY	
4.	Participant ID	_____	
5.	Source of Record	KMC ward register	1
		Inpatient Record	2
		Other: _____	
6.	Mother's name	_____	
7.	Mother's age	_____	
8.	Mother's ID	_____	
9.	Child's name, if available	_____	
10.	Child's Hospital ID	_____	
11.	Sex of Child	Male	1
		Female	2
		Ambiguous	3
		Not readable	8
		Not recorded	9
12.	Date of Delivery	DD/MM/YY	
13.	Birth weight (grams)	_____ grams	
		Not readable	8
		Not recorded	9
14.	Gestational age (completed weeks + days)	_____ weeks	
		Not readable	8
		Not recorded	9
15.	Where the child was born?	Inborn (admitted)	1
		Born before arrival to the hospital	2
		Born at home	3
		Referred from _____	4
		Not readable	8
		Not recorded	9
16.	Time of Delivery	MM/HH	
17.	Date of Admission to KMC	DD/MM/YY	
18.	Time of Admission to KMC	MM/HH	
19.	Weight at admission to KMC (grams)	_____	1
		Not readable	8
		Not recorded	9
20.	Feeding method (s) recorded? (multiple options can be selected)	NG feed	1
		Cup feeding	2
		Breast feeding no aids	3
		Not readable	8
		Not recorded	9
		Other: _____	
	Outcome at discharge	Discharged alive	1

21.		Discharged on request	2	
		Discontinuation	3	
		Transferred alive + where _____	4	
		Death	5	
		Not readable	8	
		Not recorded	9	
22.	Date of discharge from KMC	DD/MM/YY		
23.	If alive, weight at discharge/transfer from KMC (grams)	_____ grams		
		Not readable	8	
		Not recorded	9	
24.	What is the final status of the data extraction for this patient?	Complete	1	END
		Partially incomplete	2	
		Totally incomplete/ Record not found	3	
25.	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
26.	Please mention	_____		