

FORM A1: L&D WARD PATIENT TRACKING FORM

This form is filled by the tracking officer at the time and place of admission to labour ward
Details may come from notes, ANC card, or by asking the woman/family

Data ID		Write or circle when applicable	Notes
Part I Mother's Details			
1.	Tracker	Name _____ Code _____	
2.	Facility	_____ code	
3.	Date of registration	DD/MM/YY	
4.	Time of registration (24 hrs clock)	HH:MM	
5.	Mother's hospital ID/Registration number	_____	
6.	Mother's name		
7.	Mother's Date of birth	DD/MM/YY	1
		Don't know	9
8.	Mother's age	__ years	
9.	Mother's ethnicity	Options to be added for context	
10.	Mother's religion	Muslim	1
		Hindu	2
		Buddhist	3
		Christian	4
		Other (Specify) _____	7
11.	Mother's total years of formal education	xx years	1
		Don't know	9
12.	Parity	Primipara	1
		Multipara	2
		Grand Multipara	3
		Don't know	9
13.	Consent	Consented	1
		Not consented	2
		Not asked- not possible	3
		Not asked- not eligible	4
		Consented but not admitted	5
			STOP DATA COLLECTION
14.	Study ID	_____	
15.	Mother's main address	Level 1: District	
		Level 2:	
		Level 3:	
		Level 4:	
		Details	
16.	Mother's Contact phone number and other household member's telephone number	_____ _____	
17.	Date of admission	DD/MM/YY	
		Don't know	9

Data ID		Write or circle when applicable	Notes
18.	Time of admission (24 hrs clock)	HH:MM	
		Don't know	9
Part II Obstetric history and current pregnancy			
23.	Antenatal card available	Yes	1
		No	2
24.	Number of previous pregnancies	Number	
		Don't know	9
25.	Number of previous live births	Number:	
		Don't know	9
26.	Number of previous stillbirths ($\geq 28/40$)	Number	
		Don't know	9
27.	Number of previous abortions or miscarriages (<28 weeks)	Number	
		Don't know	9
28.	Number of previous Caesarean sections	Number	
		Don't know	9
29.	Number of years since last birth? (completed years)	Number	
30.	Expected date of delivery (solar calendar)	DD/MM/YYYY	
		Don't know	9
31.	Gestational age at admission (weeks)	xx weeks	1
		Don't know	9
32.	Gestational age assessment method	LMP alone	1
		Fundal height alone	2
		Ultrasound	3
		combination	4
		Don't know	9
33.	Birth between less than 34 completed weeks gestation? (Suspected premature labour)	Yes	1
		No	2
34.	Current pregnancy	Single	1
		Twin	2
		Multiple(Specify)_____	3
		Don't know	9
35.	Fetal Heart Sound checked at admission?	Yes	1
		No	2
		Don't know	9
36.	Fetal Heart Sound at admission	Don't know/ Not recorded/ Not readable	9
		Absent	1
		Present and normal range (120-160)	2
		Outside normal range (less than 120 or greater than 160) (Specify)_____	3
37.	Maternal complications diagnosed or known at time of admission	Hypertensive disease of pregnancy (including pre/eclampsia)	01
		Antepartum haemorrhage	02
		Diabetes	03
		Preterm labour (previous)	04

Data ID	Write or circle when applicable		Notes
	Prolonged rupture of membrane	05	
	Maternal infection	06	
	None	07	
	Other complication (specify) _____	97	

FORM A2: LABOUR WARD OBSERVER CHECKLIST

This form is filled by the observer at labour ward (or theatre)
It should only be completed based on your direct observation

SECTION I. OBSERVATION OF LABOUR AND BIRTH			
Data ID		Write or circle when applicable	Notes to Observer
Part I.1 Observation Details			
1.	Participant ID	_____	
2.	Observer	Name _____ Code _____	
3.	Date of Observation	<i>DD/MM/YY</i>	
4.	Time observation begins (24 hour clock)	<i>HH:MM (time stamp)</i>	
5.	Place of Observation	Admission Room	1
		Labour room	2
		MNSC	3
		Operation theatre	4
		Other: _____	
6.	Persons present as well as observer and woman	Midwife (number)	
		Doctor (number)	
		Other family (number)	
		Others (specify)	
Part I.2- Labour observation			
7.	Partogram being used?	Yes	1
		No	2
		Don't know	9
8.	Fetal Heart Rate checked?	Yes	1
		No	2
		Don't know	9
9.	Fetal Heart Rate recorded in partogram?	Yes	1
		No	2
		Don't know	9
10.	Health worker augments labour with oxytocin?	Yes	1
		No	2
		Don't know	9
11.	Liquor checked?	Yes- clear	1
		Yes- Meconium stained	2
		Yes- Blood stained	3
		No	4
		Don't know	9
			Skip to Q13
12.	Liquor smell type	Smelly	1
		Non smelly	2

SECTION I. OBSERVATION OF LABOUR AND BIRTH				
Data ID		Write or circle when applicable		Notes to Observer
		Don't know	9	
13.	Time of start of second stage (defined as woman told to push by midwife)	Time stamp		
Part I.3 Birth observation				
14.	Place of birth	Admission room	1	
		Labour room	2	
		Operation theatre	3	
		Other: _____		
15.	Date of birth	<i>DD/MM/YYYY</i>		
		Don't know	9	
16.	Time of birth (24 hrs clock)	<i>TIME STAMP and SET TIMER AS SOON AS SHOULDER DELIVERED</i>		
17.	Mode of birth	Normal vaginal delivery	1	
		Vaginal breech	2	
		Vacuum Extraction	3	
		Forceps (any)	4	
		Elective caesarean section	5	
		Emergency caesarean section	6	
18.	Time of taking decision for Emergency caesarean section	<i>time stamp</i>		
19.	Time of giving consent for Emergency caesarean section	<i>time stamp</i>		
20.	Time of giving 1 st incision for Emergency caesarean section	<i>time stamp</i>		
21.	Indication for Emergency caesarean section	Fetal distress	1	
		Failure of progression of labour	2	
		APH	3	
		Hypertension	4	
		Other (Specify) _____	7	
		Don't know	9	
22.	Multiple birth	Singleton	1	NOTE TO APP TEAM – IF MORE THAN ONE BABY WILL NEED TO DUPLICATE ESSENTIAL NEWBORN CARE FORM FOR EACH BABY
		Twins	2	
		Triplets	3	
		Other: _____		
		Don't know	9	

Section II. ESSENTIAL NEWBORN CARE OBSERVATION

Data ID		Write or circle when applicable		
	Timer running from as soon as baby's shoulder is delivered			
1.	Is the baby crying immediately after birth?	Yes: <i>time stamp</i>	1	Go to Section IV
		No	2	
		Don't know	9	
2.	Is the baby breathing immediately after birth?	Yes: <i>time stamp</i>	1	Go to Section IV
		No	2	
		Don't know	9	
3.	Is the baby's heart rate checked immediately after birth?	Yes: <i>time stamp</i>	1	
		No	2	
		Don't know	9	
4.	Record the time the baby is dried with a towel/cloth	Yes: <i>time stamp</i>		
		No	2	
5.	Record time the cord was clamped or tied	<i>time stamp</i>		
6.	Record time the cord was cut after clamping or tying	<i>time stamp</i>		
7.	Is the baby placed on the mother's abdomen "skin to skin"?	Yes: <i>time stamp</i>	1	Skip to Q.9
		No	2	
		Don't know	9	
8.	If not placed skin to skin, what happens to the baby?	Wraps with mother: <i>time stamp</i>	1	
		Wraps and separate eg cot: <i>time stamp</i>	2	
		Unwrapped Where _____	3	
		Don't know	9	
9.	Breastfeeding initiated?	Yes: <i>time stamp</i>	1	
		Not while being observed	2	
		Don't know	9	
10.	Anything applied to cord?	Yes: Chlorhexidine: <i>time stamp</i>	1	
		Yes: Other: (specify) <i>time stamp</i>	2	
		Nothing	3	
		Don't know	9	
11.	Birthweight measured	Yes: Analogue scales	1	Skip to Q13
		Yes: Electronic digital scales	2	
		No	3	
		Could not observe the measurement	9	
12.	Birthweight (grams)	nnnn . nn		If BW<2000gms lease ensure tracker flagged to check KMC
13.	Sex of the baby	Male	1	
		Female	2	
		Don't know	9	

Section II. ESSENTIAL NEWBORN CARE OBSERVATION

Data ID		Write or circle when applicable		
14.	Outcome at birth	Alive at end of observation	1	
		Macerated stillbirth	2	
		Fresh stillbirth	3	
		Stillbirth: Condition Unknown	4	

Section III MATERNAL POSTPARTUM OBSERVATION

Data ID		Write or circle when applicable		
Part III.1 ROUTINE UTEROTONIC ADMINISTRATION				
1.	Health worker gives uterotonic	Yes	1	Skip to Q6
		No	2	
		Don't know	9	
2.	Record time uterotonic given	<i>Time stamp</i>		
3.	Which uterotonic given?	Oxytocin	1	
		Ergometrine	2	
		Misoprostol	3	
4.	Route uterotonic given?	IM	1	
		IV	2	
		Oral	3	
		Rectal	4	
		Other (Specify) _____	7	
5.	Record dose of uterotonic given (observer: if necessary , ask afterwards) Specify unit of dose (IU/mg/mL/mcg)	_____		
6.	Record time when the placenta was delivered	<i>Time stamp</i>		
7.	Record time when the placenta was checked	<i>Time stamp</i>		
8.	Condition of the placenta	Placenta completely delivered	1	
		Retained placenta (Over 1 hour)	2	
		Incomplete Placenta	3	
		Don't know	9	

Part III.2 POSTPARTUM HAEMORRHAGE AND RETAINED PLACENTA

Instructions: please answer all questions even if they do not apply to all conditions. Please be aware that the sequence might not be followed / need to be amended by the providers depending on the case

9.	Does the mother experience excessive bleeding?	Normal bleeding < 500ml	1	STOP and go to next section
		bleeding >500 ml to < 1000ml	2	
		Bleeding > 1000 ml	3	
10.	Provider calls for help?	Yes	1	
		No	2	
		Don't know	9	
11.	Provider explains to the mother that there is a problem with bleeding/the placenta?	Yes	1	
		No	2	

		Don't know	9	
12.	Therapeutic dose of uterotonic given for management of PPH?	Yes: Oxytocin: <i>HH:MM:SS</i>	1	
		Yes: Ergometrine: <i>HH:MM:SS</i>	2	
		Yes: Misoprostol: <i>HH:MM:SS</i>	3	
		No	4	Go to Q14
		Don't know	9	
13.	Route of Uterotonic given for management of PPH?	IM	1	
		IV	2	
		Oral	3	
		Rectal	4	
		Other (Specify) _____	7	
14.	Check for tears?	Yes	1	
		No	2	
		Don't know	9	
15.	Was the mother encouraged to empty the bladder / catheterisation?	Yes to empty bladder	1	
		Yes catheterised before PPH	2	
		Yes catheterised after PPH		
		No	3	
		Don't know	9	
16.	Was the urine output monitored?	Yes	1	
		No	2	
		Don't know	9	
17.	Was an iv. line inserted?	Yes after PPH	1	
		Yes before PPH		
		No	2	
		Don't know	9	
18.	Were vital signs taken (blood pressure/pulse)?	Yes	1	
		No	2	
		Don't know	9	
19.	Blood taken for typing, cross-matching and haemoglobin?	Yes	1	
		No	2	
		Blood grouping & cross matching already done	3	
		Don't know	9	
20.	Was blood transfusion requested?	Yes: <i>HH:MM:SS</i>	1	
		No	2	
		Don't know	9	
21.	Was blood transfusion started?	Yes: <i>HH:MM:SS</i>	1	
		No	2	
		Don't know	9	
22.	Was bimanual compression of the uterus applied to stop the bleeding?	Yes	1	
		No	2	
		Don't know	9	
23.	Is iv. antibiotic given?	Yes (specify) _____	1	
		No	2	Go to Q25
		Don't know	9	
24.	Route of antibiotic given?	IM	1	
		IV	2	

		Oral	3	
		Rectal	4	
		Other (Specify)_____	7	
25.	Is any analgesia provided (eg pethidine / sedative such as diazepam)?	Yes (specify)_____	1	Go to Q27
		No	2	
		Don't know	9	
26.	Route of analgesia given?	IM	1	
		IV	2	
		Oral	3	
		Rectal	4	
		Other (Specify)_____	7	
27.	Did the health provider wash hands before putting on the long sterile gloves for manual removal of the placenta?	Yes	1	
		No	2	
		Not required	3	
		Don't know	9	
28.	Was the uterus supported when doing the manual removal of the placenta?	Yes	1	
		No	2	
		Not required	3	
		Don't know	9	
29.	Was any other measure initiated?	Balloon tamponade	1	
		NASG (Non-Pneumatic Shock Garment)	2	
		Other (Specify)_____	7	
		Patient referred to OT for further care	4	
30.	How many people were available for handling the case?	## (number)		
31.	Additional drug used?	Yes (specify)_____	1	Go to next section
		No	2	
		Don't know	9	
32.	Route of additional drug given?	IM	1	
		IV	2	
		Oral	3	
		Rectal	4	
		Other (Specify)_____	7	
33.	Record dose of additional drug given (observer: if necessary , ask afterwards) Specify unit of dose (IU/mg/mL/mcg)	_____		

Section IV NEWBORN RESUSCITATION OBSERVATION

Data ID		Write or circle when applicable	
Part IV.1			
1.	Was the baby moved to resuscitation table (24 hour clock)	Yes (time stamp)HH:MM:SS	
		No	
		If no, where to:_____	
2.	Calls for help?	Yes	1
		No	2
		Don't know	9

Section IV NEWBORN RESUSCITATION OBSERVATION

Data ID		Write or circle when applicable		
3.	Stimulation administered to newborn (vigorously rubs back)?	Yes	1	Skip to Q5
		No	2	
		Don't know	9	
4.	Does baby respond after stimulation?	Yes: crying	1	
		Yes: breathing	2	
		No	3	
		Don't know	9	
5.	Mouth, back of throat and nose checked?	Yes- secretions	1	
		Yes- meconium	2	
		No	3	
		Don't know	9	
6.	Suction used?	Yes	1	Skip to Q 9
		No	2	
		Don't know	9	
7.	Type of suction used?	Bulb	1	
		Penguin	2	
		Electric	9	
		Tube		
		Other: _____		
		Don't know	9	
8.	Does baby respond after using suction?	Yes: crying	1	
		Yes: breathing	2	
		No	3	
		Don't know	9	
9.	Bag and mask ventilation initiated?	Yes	1	Skip Q 20
		No	2	
		Don't know	9	
10.	Please note time ventilation started	<i>Time stamp HH:MM</i>		
Part IV.2 Quality of care of resuscitation to be completed for all those resuscitated with bag and mask				
11.	Selection of correct mask for ventilation	Yes	1	
		No	2	
		Don't know	9	
12.	Is the mask placed over the newborn's mouth, nose and chin ensuring it does not cover eyes?	Yes	1	
		No	2	
		Don't know	9	
13.	Is the head slightly extended, when ventilated?	Yes	1	
		No	2	
		Don't know	9	
14.	Ventilate with bag and mask to move the chest gently 30-50 times per minute?	Yes	1	
		No	2	
		Don't know	9	
15.	Check whether there is chest movement with each ventilation?	Yes	1	
		No	2	
		Don't know	9	
16.	Assessment of newborn heartbeat conducted after 1 minute of ventilation?	Yes	1	
		No	2	
		Don't know	9	

Section IV NEWBORN RESUSCITATION OBSERVATION

Data ID	Write or circle when applicable		
17.	Repositions the head if no rise in chest observed?	Yes	1
		No	2
		Don't know	9
18.	Baby responds?	Yes	1
		No	2
		Don't know	9
19.	If newborn's chest is not rising after two attempts to readjust, the midwife/provider should have others there helping by now. If not then the observer should call for help from others, ideally the labour ward supervisor <i>If others not available, observer may choose to intervene.</i>		
20.	Additional resuscitation actions performed (multiple may apply)	Oxygen given	1
		Endotracheal intubation	2
		Chest compressions	3
		Drugs (specify)	4
		Other: _____	
21.	If newborn is not responding by 20 mins after resuscitation was initiated then the resuscitation may be stopped. By this stage other health care providers should be present and helping.		
22.	Time resuscitation stopped (or time of death) 24 hour clock	<i>HH:MM</i>	
23.	Outcome of resuscitation	No obvious response to resuscitation (fresh stillbirth)	1
		Brief response (heart rate/gasping) but died (neonatal death)	2
		Resuscitation successful and baby leave L&D ward alive	3
		Don't know	9
24.	Explains to woman and/or family support person what happened regarding resus?	Yes	1
		No	2
		Don't know	9
25.	How many people were available for handling the case	## (number)	

SECTION V DISCHARGE AND OUTCOME FROM LABOUR WARD

1.	Mother's condition at discharge from labour ward:	Alive	1	
		Dead	2	Skip to Q 5
		Don't know	9	Skip to Q 6
2.	Date of discharge from labour ward	<i>DD/MM/YYYY</i>		
3.	Time of discharge (24 hrs clock)	<i>HH:MM</i>		
		Don't know	9	
4.	Mother discharged to:	Home	1	

		Inpatient- postnatal ward	2	
		Inpatient- KMC bed	3	
		Referral to higher level inpatient care in another facility	4	
		Inpatient-Other: _____		
5.	Baby's condition at discharge from labour ward:	Alive	1	Skip to Q 6
		Fresh stillbirth	2	
		Macerated stillbirth	3	
		Stillbirth: condition unknown	4	
		Neonatal death Date of baby death: <i>DD;MM;YYYY</i> Time of baby death: <i>HH:MM</i>	5	
		Baby not delivered	6	
	Baby discharged/transferred to:	Postnatal ward with mother	1	
		Inpatient newborn	2	
		Inpatient KMC	3	
6.	What is the status of the observation?	Complete	1	Skip to Q 8
		Partially incomplete	2	
		Totally incomplete	3	
7.	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
	Please mention	_____		
		-		
8.	Do you want to report any severe adverse event?	Yes	1	END OBSERVATION
		No	2	
	If yes, then what is the adverse event?	_____		
		-		
9.	Write down the serial number of the incident form.	_____		
		-		