EN-BIRTH STUDY
INFORMATION AT ADMISSION

What is the purpose of the study?
We aim to assess the validity of selected maternal and newborn health indicators in order to provide recommendations to national and global health facility monitoring systems. 3 million babies are dying every year in their first month of life and an additional 2.9 million babies are stillborn. These deaths are often avoidable by routine health interventions, but the lack of data is a major impediment to action. Without this, investors (both governments and partners), program managers and advocates lack the reliable information needed to prioritize use of resources, monitor the quality care, and hold the health system to account.

What will happen to me if I take part?
If you agree to take part in the study, a team of clinically trained observers will observe the clinical practices and data recording related to your birth, and newborn care. Just before you are discharged from the health facility you will be asked to complete a final questionnaire which will consist of a series of questions about your birth and the newborn care received. Participation in this study will not inflict any harm on you or your baby.

What are the possible benefits of taking part?
We expect this study to generate a better understanding of the current practices of care at birth, and for small or sick babies.

Will my taking part in the study be kept confidential?
Yes. All information collected about you during the study will be kept strictly confidential and not shared with anyone outside the study team. The data will be coded so that the personal identity and individual data from observations are traceable only with the code key which will be held by the study researchers, no one else will have access to it.

How do I obtain information about the results of the study?
The results of the study will be published in scientific journals and presented at conferences. A simple language summary of the findings will be published in the hospital's news system, and nationally.

What will happen if I don't want to carry on with the study?
The study is completely voluntary and you are entitled to withdraw at any point without giving any explanation about your decision. If you decide to leave the study, any data (whether it is a partial or complete collection of data) that refers specifically to you will be destroyed and researchers will not be allowed to use it in this study or future studies. Neither the care you receive, nor your medical treatment will be affected in the case of voluntary withdrawal or declining to participate.

Who is responsible and how can I get more information about the study?
The person responsible in this hospital who can give you more information is the Study Hospital Coordinator: xxxx (Name) xxxx (Mobile number). The overall person responsible for the study is the Principle investigator: xxxx (Name)

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CONSENT FORM AT ADMISSION

Study participant consent

Study id:_____

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this study, including the final questionnaire before discharge. By putting my signature or left thumb print impression below, I certify that I have read/listened and understood the information and agree to participate in the study.

Name of Participant_____

_____ _____
Signature or left thumb print impression of the Participant Date

_____ _____
Signature or left thumb print impression of the witness Date

_____ _____
Name of surveillance officer Date

Place: _____

Contact: Dr. XXXX, Study Hospital Coordinator, XXX Hospital, Every Newborn Action Plan Metrics Observational Study of Facility-based Maternal and Newborn Quality of Care, Mobile number: XXXXXX