Bahir Dar University

School of Medicine and Health Science

Department of Medical Laboratory Science

Information sheet, consent and assent form for parents of newborn

You are invited to let your child participate in this study. The aim of this study is to determine the rate of vertical transmission of Candida species at public health facilities of Dessie city and to give recommendation to concerned bodies so as to take appropriate measures to prevent this disease. Currently recto-vaginal colonizing candida species cause's diseases for neonates as different studies indicate in different parts of the world.

Purpose: the purpose of this study is to determine rate of vertical transmission of Candida species to newborns.

Procedure to be carried out: the procedure is easy and simple; ear, nasal and umbilical swab sample will be collected by attending midwifes. All samples will be transported to Laboratory for analysis.

Risk and discomfort: There will be no discomfort during collection of samples since samples are taken from external surface of the newborn.

Expected benefits: The information gained from yours and others child will help to consider prevention strategy for vertical transmission and neonatal disease caused by Candida species in Ethiopia, if your baby is positive for Candida appropriate medical care will be provided to him.

Confidentiality: We respect your child privacy and confidentiality. Any information that identifies your child will not be shared with anyone else outside the study team. If a research article or publication comes from this study, your child will not be identified by name. The information we collect from your child as part of the study will be kept in a locked file cabinet, or be protected by a password on the computer only accessible to personnel involved in the study.

Voluntary Participation and Withdrawal from the Study: The participation is completely voluntary and you have the right not to late your child to participate in this study. You can stop your child participating in the study at any time after giving your consent. This decision will not

affect in any way yours or your child current or future medical care in the health facility. Contact information: If you have any questions about this study, you can contact the investigator with the following address. Getnet Shimeles: Tel; 0912909124

Name of study participant: _____ I have been requested to let my child and myself to participate in this study which involves collection of specimens from my child. The purpose of the study and sample collection procedure has been explained to me. I have also read the information sheet (or it has been read to me); I have understood that this study is about Candida species vaginal Colonization and vertical transmission rate, which is the cause of morbidity and mortality among newborn in the world. I have asked some questions and clarification has been given to me. I have given my consent on behalf of my child to let him participate in the study and I hereby confirm my agreement with my signature. Date ---------- Signature----------

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Questionnaire

1. **CODE ----------**
2. Data collection site (Name of health facility): ----------
3. Data collection date----------
4. Interviewer Name: ----------Signature ----------Date: ----------
5. Participant code ---------- 5. Participant card no ----------

Part-I Socio-demographic data collection Questionnaire

S. no	Questions	Answer	Code
101	Age (in years)	----------	
102	Where is your residence	Urban Rural	1 2
103	What is your marital status	Single Married Divorced Widowed	1 2 3 4
104	What is your educational status	Unable to read and write Elementary (1-8) Secondary (9-12) High grade (college and above)	1 2 3 4
105	What is your occupation	Civil servant Student Farmer House wife Merchant Daily labor	1 2 3 4 5 6
106	Source of drinking water	Public tap water Spring tape water Private	1 2 3
107	Is there domestic animal in the house	Yes No	1 2

Part 2 - Obstetrics-Relate data collection questioners

S. no	Questions	Answer	Code
201	Gestational age	----------	
202	Number of ANC visits during the current pregnancy	----------	
203	History of antibiotic use during the current pregnancy	Yes No	1 2
204	Current Gestational DM	Yes No	1 2
205	Current Gestational hypertension	Yes No	1 2
206	Type of gravida	Primigravida Multigravida	1 2
207	History of abortion	Yes No	1 2
208	History of still birth	Yes No	1 2
209	Rupture of membrane 1 h. before the start of labor (PROM)	Yes No	1 2
210	Duration of labor	-------	
211	Fever during labor	Yes No	1 2
212	Meconium stained amniotic fluid	Yes No	1 2
213	Sex of newborn	Male Female	1 2
214	Birth weight in gram	----------	
215	Status of newborn	Alive Dead (still birth)	1 2
216	APGAR score at 5^{th} minutes	<7	1

		7-10	2

Part 3 - Clinical Characteristics data collection questioners

S. no	Questions	Answer	Code
301	History of hospitalization in the past 3 months	Yes No	1 2
302	HIV status	Positive Negative Unknown	1 2 3
303	Syphilis status	Reactive Non-reactive	1 2
304	History of UTI at Current pregnancy	Present Not present	1 2
305	Vaginal discharge	Present Not present	1 2
306	History of STI at current pregnancy	Yes No	1 2