

English Version Questionnaire

Interview and Record Review

Identification Number

SNo	Questions	Response	Skip
Part I: Identifications			
101	Hospital Name	a. AMGH b. Chenchu Primary Hospital c. Sawla General Hospital	
102	Hospital code	___/___/___	
103	Date form filled to start	___/___/___	
104	Woreda/District	_____	
105	Kebele	_____	
106	Village	_____	
107	Phone number (anyone who are immediate response)		
108	Health Center in the surround		
109	Health Post in the surround		
110	Health extension worker name and phone number		
111	Admission date	___/___/___EC	
112	Maternity record number/Medical Reg. Number	_____	
113	Admission mode	a. Self-referred b. Referred from another facility	
114	Means of transport used	a. Ambulance b. Public transport c. Personal vehicle d. Other, specify _____	
Part II: Socio-demographic and economic characteristics			
201	How old are you?	_____ (in completed year)	
202	What is your marital status?	a. Married b. Single c. Widowed d. Divorced e. Separated due to work	
203	What is your ethnicity?	_____	
204	What is mother's educational status?	a. No formal education b. Primary(1-8) c. Secondary(9-12) d. College and above	
205	What is paternal educational status?	a. No formal education b. Primary (1-8)	

		c. Secondary (9-12) d. College and above	
206	What is your religion?	a. Orthodox b. Catholic c. Protestant d. Muslim e. Traditional	
207	What is the occupation of the mother?	a. House wife b. Merchant c. Government employer d. Daily laborer	
208	What is the occupation of the father?	a. Farmer b. Merchant c. Government employer d. Wavier e. Daily laborer	
209	Where is the place of residence?	a. Urban b. Rural	
210	How much is your family average income per month?	_____ (ETB)	
Part III: Maternal Factors related questions (Record review if it is available, if not interview the mother)			
301	Number of pregnancies (gravidity)?	_____ (in number) If primi →	401
302	Number of birth orders (parity)?	_____ (in number)	
303	Do you pervious history of still birth?	a. Yes b. No	
304	Do you pervious history of abortion?	a. Yes b. No	
305	The duration between the current birth and the preceding birth in months?	_____ (in months)	
306	Do you have pervious history of neonatal death?	a. Yes b. No	
Part IV: Maternal and child health care questions (similar with part III)			
401	Did the woman receive antenatal care?	a. Yes b. No →	403
402	If yes, number of visits	_____	
403	Do you have immediate PNC visit?	a. Yes b. No	
Part V: Obstetric related questions (Record review/interview)			
501	Date of delivery or end of pregnancy	___/___/___	
502	Mode of delivery	a. Spontaneous vaginal delivery b. Instrumental assisted delivery c. Caesarean section	

503	Hemorrhage	a. Yes b. No	→ 505
504	If, yes	a. Placenta praevia b. Placenta accreta/increta/percreta c. Retro-placental haematoma d. Other first trimester hemorrhage e. Hemorrhage during delivery (no other specification) f. Uterine rupture g. Postpartum hemorrhage (no other specification) h. Other obstetric hemorrhage	
505	Premature rupture of member	a. Yes b. No	
506	Hypertension	a. Yes b. No	→ 508
507	If, Yes	a. Pre-eclampsia b. Eclampsia c. HELLP d. Chronic hypertension e. Gestational hypertension	
508	Anaemia (Hb < 11g/dl)	a. Yes b. No	→ 510
509	If, Yes		
	a. Haemoglobin level (g/dl)	_____	
	b. Unknown		
510	Infection	a. Yes b. No	→ 512
511	If, Yes	a. Unspecified infection b. Puerperal endometritis c. Pyelonephritis d. Septicaemia e. Peritonitis f. Parietal suppuration g. Malaria h. Syphilis i. Other systemic infection	
512	Dystocia	a. Yes b. No	→ 514
513	If, Yes	a. Uterine pre-rupture b. Prolonged labour c. Foeto-pelvic disproportion	
514	Other pathologies	a. Yes b. No	→ 516

515	If, Yes	a. HIV/AIDS b. Embolic diseases (thrombosis/amniotic fluid or gaseous embolism c. Heart disease d. Sickle-cell disease e. Other (specify: _____)	
516	Newborn		
	A. Presentation	a. Cephalic b. Breech c. Transverse/face/brow d. Other, specify _____	
	B. Sex	a. Male b. Female c. Unknown	
	C. Birth trauma	a. Yes b. No	
	D. If the above response is yes	Specify, _____	
	E. Baby referred to another facility?	a. Yes b. No	
	F. Admitted to special care or intensive care unit?	a. Yes b. No	

Identification criteria for Neonatal near miss

Put “√” for the management criteria on each phase if it is ok in the box

Part VI: Neonatal Near-Miss Criteria's			
Pragmatic Markers			
601	Gestational age	_____ (in week)	
602	Birth weight	_____ (g)	
603	Apgar score at 5 th min	_____	
Management Severity Criteria's			
604	Use of intravenous antibiotics		
605	Nasal CPAP		
606	Any intubation		
607	Use of phototherapy in the first 24 hour		
608	Cardio pulmonary resuscitation		
609	Use of any vasoactive drug		
610	Use of anticonvulsants		
611	Use of surfactant		
612	Transfusion of blood derivatives		
613	Use of corticosteroid for treatment of refractory hypoglycemia		
614	Any surgical procedure		
615	Use of antenatal steroid		
616	Parenteral nutrition		
617	Congenital malformation – ICD-10		
618	Admission to NICU		
Is the newborn considered near-miss?			a. Yes b. No

Thanks!