

Section 2 Neonatal Record

Study ID _____

section_2a_information_on_neonatal_death_responden

A1 Initials of verbal autopsy respondent _____

A1 Location of respondent

- Khayelitsha
- Nkanini
- Zwezwe
- Kuyasa
- Harare
- Litha Park
- Site B
- Site C
- Mkhaza
- Makhaya
- Mandela Park
- Town Two
- Green Point
- Ekuphumleni
- Graceland

A2 What is your/the respondent's relationship to the deceased?

- Parent
- Other family member
- Friend
- Health worker
- Public official
- Another relationship
- Refused to answer

A3 Gender of the respondent

- Male
- Female

A4 Did you/the respondent live with the deceased in the period leading to his/her death?

- Yes
- No

A5 Were you present with the deceased at the time of death

- Yes
- No

section_2b_characteristics_of_deceased_child_aged

B0 Give his/her initials _____

B1 When was (NAME) born?

(Enter 01-01-1900 if Unknown)

B2 When did he/she die?

(Enter 01-01-1900 if Unknown)

B3 Where did the deceased die?

- Hospital
- Other health facility
- Home
- Enroute health facility
- Other(specify)
- Doesn't know
- Refused to answer

B3a Other place of death

B3b Did the family obtain a death certificate for the deceased?

- Yes
- No
- Don't know
- Refuse to answer

B4 How many days old was the baby? (enter neonate's age)

(Indicate 99 if respondent does not know)

B5 What was her/his race

- Black African
- White
- Coloured
- Indian
- Asian
- Other (Specify)

B5a Race if other was indicated

section_2c_verification_of_possible_stillbirth

C1 Did the baby ever cry?

- Yes
- No
- Doesn't know
- Refused to answer

C2 Did the baby cry immediately after birth, even if only a little bit?

- Yes
- No
- Doesn't know
- Refused to answer

C3 How many minutes after birth did the baby first cry?

(Indicate 99 if respondent does not know)

C4 Did the baby stop being able to cry?

- Yes
- No
- Doesn't know
- Refused to answer

C5 How many hours before death did the baby stop crying?

(Indicate 99 if respondent does not know)

C7 Did the baby ever move?

Yes
 No
 Doesn't know
 Refused to answer

C8 Did the baby ever breathe?

Yes
 No
 Doesn't know
 Refused to answer

C9 Did the baby breathe immediately after birth, even a little?

Yes
 No
 Doesn't know
 Refused to answer

C10 Did the baby have a breathing problem?

Yes
 No
 Doesn't know
 Refused to answer

C11 Was the baby given assistance to breathe at birth?

Yes
 No
 Doesn't know
 Refused to answer

C12 If the baby didn't show any sign of life, was it born dead?

Yes
 No
 Doesn't know
 Refused to answer

C13 Were there any bruises or signs of injury on baby's body after the birth?

Yes
 No
 Doesn't know
 Refused to answer

C14 Was the baby's body soft, pulpy and discoloured and the skin peeling away

Yes
 No
 Doesn't know
 Refused to answer

section_2d_health_history

E1 How many days old was the baby when the fatal illness started?

E2 Before the illness that led to death, was the baby/child growing normally?

Yes
 No
 Doesn't know
 Refused to answer

E3 For how many days was he/she ill before death?

(Indicate 99 if respondent does not know)

E4 Did he/she die suddenly?

Yes
 No
 Doesn't know
 Refused to answer

E5 Did he/she have a fever?

- Yes
 No
 Doesn't know
 Refused to answer
-

E6 How many days did the fever last?

_____ (Indicate 99 if respondent does not know)

E7 Did the fever continue until death?

- Yes
 No
 Doesn't know
 Refused to answer
-

E8 Did he/she have a cough?

- Yes
 No
 Doesn't know
 Refused to answer
-

E9 Did he/she make a whooping sound when coughing?

- Yes
 No
 Doesn't know
 Refused to answer
-

E10 Did he/she have any difficulty breathing?

- Yes
 No
 Doesn't know
 Refused to answer
-

E12 How many days did the fast breathing last?

E15 Did you see the lower chest wall/ribs being pulled in as the child breathed in?

- Yes
 No
 Doesn't know
 Refused to answer
-

E17 Did he/she have more frequent loose or liquid stools than usual?

- Yes
 No
 Doesn't know
 Refused to answer
-

E18 How many stools did the baby or child have on the day that loose liquid stools were most frequent?

_____ (Indicate 99 if respondent does not know)

E19 How many days before death did the frequent loose or liquid stool start?

_____ (Indicate 99 if respondent does not know)

E20 At any time during the final illness was there blood in the stools?

- Yes
 No
 Doesn't know
 Refused to answer

E21 Did he/she vomit in the week preceding the death?

- Yes
 No
 Doesn't know
 Refused to answer

E22 Was he/she unconscious during the illness that led to death?

- Yes
 No
 Doesn't know
 Refused to answer

E23 Was he/she unconscious for more than 24 hours before death?

- Yes
 No
 Doesn't know
 Refused to answer

E24 Did he/she have convulsions?

- Yes
 No
 Doesn't know
 Refused to answer

E25 During the illness that led to death, did he/she have any skin rash?

- Yes
 No
 Doesn't know
 Refused to answer

E26 During the illness that led to death, did he/she have areas of the skin that turned black?

- Yes
 No
 Doesn't know
 Refused to answer

E27 During the illness that led to death, did he/she have areas of the skin with redness and swelling?

- Yes
 No
 Doesn't know
 Refused to answer

E28 During the illness that led to death, did he/she bleed from anywhere?

- Yes
 No
 Doesn't know
 Refused to answer

E29 Did he/she have yellow discolouration of the eyes or skin, palms (hand) or soles (foot) ?

- Yes
 No
 Doesn't know
 Refused to answer

E30 Was the baby able to suckle or bottle-feed within the 24 hours after birth?

- Yes
 No
 Doesn't know
 Refused to answer

E31 Did the baby stop suckling?

- Yes
 No
 Doesn't know
 Refused to answer

E32 How many days after birth did the baby stop suckling?

(Indicate 99 if respondent does not know)

E33 Did the baby have convulsions starting within 24 hours of life?

- Yes
 No
 Doesn't know
 Refused to answer

E34 Did the baby's body become stiff, when the back arched backwards?

- Yes
 No
 Doesn't know
 Refused to answer

E35 During the illness that led to death, did the baby have a bulging or raised fontanelle?

- Yes
 No
 Doesn't know
 Refused to answer
 (Fontanelle is the soft part of a neonates head usually at the front and back of the head but the one in front is more prominent)

E36 During the illness that lead to death, did the baby have a sunken fontanelle?

- Yes
 No
 Doesn't know
 Refused to answer

E37 During the illness that led to death, did the baby become cold to touch?

- Yes
 No
 Doesn't know
 Refused to answer

E38 Did the baby have redness or pus drainage from the umbilical cord stump?

- Yes
 No
 Doesn't know
 Refused to answer

E40 Did the baby or infant appear to be healthy and then just die suddenly?

- Yes
 No
 Doesn't know
 Refused to answer

Neonatal and child history, signs and symptoms

E41 Was the child part of a multiple birth?

- Yes
 No
 Doesn't know
 Refused to answer

E42 Is the mother still alive?

- Yes
 No

E43 Did you/the mother receive professional assistance during the delivery?

- Yes
 No
 Doesn't know
 Refused to answer

E44 What was the weight (in kilograms) of the deceased at birth?

(To one decimal place. Indicate 9 if respondent does not know)

E45 At birth, was the baby smaller than usual (weighing under 2.5kg)?

- Yes
 No
 Doesn't know
 Refused to answer

E46 Were there any complications in the late part of pregnancy (defined as the last 3 months, before labour)?

- Yes
 No
 Doesn't know
 Refused to answer

E46a Type of complications during late pregnancy

E47 Were there any complications during labour or delivery?

- Yes
 No
 Doesn't know
 Refused to answer

E47a Type of complication during labour or delivery

E48 Was any part of the baby physically abnormal at time of delivery? (e.g. body part too large or too small, additional growth on body)?

- Yes
 No
 Doesn't know
 Refused to answer

E48a Which part of the body was physically abnormal?

E49 Did the baby have a swelling or defect on the back at the time of birth?

- Yes
 No
 Doesn't know
 Refused to answer

E50 How many births, including stillbirths, did the baby's mother have before this baby?

(Indicate 99 if respondent does not know, 98 if respondent doesn't want to answer)

E51 Was the baby moving in the last few days before the birth?

- Yes
 No
 Doesn't know
 Refused to answer

E52 Did the baby stop moving after labour started?

- Yes
 No
 Doesn't know
 Refused to answer

E53 How many hours did labour, and delivery take?

(Indicate 99 if respondent does not know, 98 if Refuses to answer)

E54 Was the baby born 24 hours or more after the water broke?

- Yes
 No
 Doesn't know
 Refused to answer
-

E55 Was the delivery normal vaginal, without forceps or vacuum?

- Yes
 No
 Doesn't know
 Refused to answer
-

E56 Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?

- Yes
 No
 Doesn't know
 Refused to answer
-

E57 Did you/the mother receive tetanus toxoid vaccine?

- Yes
 No
 Doesn't know
 Refused to answer
-

E58 During labour, did the baby's mother suffer from fever?

- Yes
 No
 Doesn't know
 Refused to answer
-

E59 During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure?

- Yes
 No
 Doesn't know
 Refused to answer
-

E60 Did you/the baby's mother have diabetes mellitus?

- Yes
 No
 Doesn't know
 Refused to answer
-

E61 During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?

- Yes
 No
 Doesn't know
 Refused to answer
-

E61a How many episodes of convulsions did the mother have?

_____ (Indicate 99 if respondent does not know)

E62 During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?

- Yes
 No
 Doesn't know
 Refused to answer
-

E63 Did you/the baby's mother have severe anemia?

- Yes
 No
 Doesn't know
 Refused to answer

Health service utilisation

E64 Did the baby receive any treatment for the illness that led to death?

- Yes
 No
 Doesn't know
 Refused to answer

E65 Was the treatment received at a hospital or clinic?

- Yes
 No
 Doesn't know
 Refused to answer

E66 Did he/she receive oral rehydration salts (ORS)?

- Yes
 No
 Doesn't know
 Refused to answer
 (This is usually given to children who have diarrhea)

E67 Did he/she receive intravenous fluids (drip) treatment?

- Yes
 No
 Doesn't know
 Refused to answer

E68 Did he/she receive (or need) a blood transfusion?

- Yes
 No
 Doesn't know
 Refused to answer

E69 Did he/she receive (or need) treatment/food through a tube passed through the nose?

- Yes
 No
 Doesn't know
 Refused to answer

E70 Did he/she receive/need antiretroviral therapy (ART)?

- Yes
 No
 Doesn't know
 Refused to answer

E71 Did he/she have (or need) an operation for the illness?

- Yes
 No
 Doesn't know
 Refused to answer

E71a What type of operation was needed or did s/he have?

_____ (Indicate 99 if respondent does not know)

E72 Did he/she receive any immunisations?

- Yes
 No
 Doesn't know
 Refused to answer

E72a Which immunisations were received?

_____ (Indicate 99 if respondent does not know)

E74 Did a health care worker tell you the cause of death?

- Yes
 No
 Doesn't know
 Refused to answer

E75 What did the health care worker say?

E76 Has the deceased's biological mother ever been told she had HIV/AIDS by a health worker?

- Yes
 No
 Doesn't know
 Refused to answer

E76a How long ago (in years)?

(Indicate 99 if respondent does not know)

Background and context

E77 In the final days before death, was the baby taken to a hospital or health facility?

- Yes
 No
 Doesn't know
 Refused to answer

E78 Did he/she use motorised transport to get to the hospital or health facility?

- Yes
 No
 Doesn't know
 Refused to answer

E78a What type of motorized transport was used?

- Ambulance
 Personal car
 Taxi
 Cab
 Other (specify)

E78b Name of transport if other was indicated

E79 Were there any problems during admission to the hospital or health facility?

- Yes
 No
 Doesn't know
 Refused to answer

E79a Explain/name of problems encountered during admission

E80 Were there any problems with the way he/she was treated in the hospital or health facility?

- Yes
 No
 Doesn't know
 Refused to answer

E80a Describe how the baby was treated at the health facility

E81 Were there any problems getting medications or diagnostic tests in the hospital or health facility?

- Yes
 No
 Doesn't know
 Refused to answer

E82 Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?

- Yes
 No
 Don't know
 Refuse to answer

E83 In the final days before death, were there any doubts about whether medical care was needed?

- Yes
 No
 Doesn't know
 Refused to answer

E84 In the final days before death, was traditional medicine used?

- Yes
 No
 Doesn't know
 Refused to answer

section_2e_contributing_factors_and_strategies

F1 Please tell me the factors that you think contributed to (NAME's) death

(PROMPTS: Factors which contributed to his/her poor health, individual factors, family factors, community factors, health facility factors)

F2 Please tell me how you think children could be prevented from dying in future

(PROMPTS: Strategies for babies, families, communities, health facilities)

F3 Is there anything else you would like to add?
