

(Data extraction form)

Knowledge of Obstetric Danger Signs - JDWNRH

Information to be extracted from the MCH HANDBOOK or the MCH REGISTER + Interview

| Serial no | | |
|-------------------------------|---|--|
| 1 | Date of interview | _____ (dd/mm/yyyy) |
| 2 | Date of birth of mother | _____ (dd/mm/yyyy) |
| 3 | Level of education of mother | <input type="checkbox"/> None <input type="checkbox"/> Non-formal education <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary education <input type="checkbox"/> Graduate education <input type="checkbox"/> Others |
| 4 | Level of education of father | <input type="checkbox"/> None <input type="checkbox"/> Non-formal education <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary education <input type="checkbox"/> Graduate education <input type="checkbox"/> Others |
| 5 | Residence | <input type="checkbox"/> Urban <input type="checkbox"/> Rural |
| Past obstetric history | | |
| 6 | Mother is Rh negative and father is Rh positive | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | History of three or more consecutive spontaneous abortions | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Baby weighing less than 2500 grams | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Baby weighing more than 4500 grams | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last pregnancy: admission for hypertension, preeclampsia, eclampsia | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| | Previous surgery on reproductive tract (caesarean section, cervical cerclage, cone biopsy, myomectomy, ectopic pregnancy) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Description of current pregnancy | |
| 7 | Gravida | |
| | Parity | |
| | Living children | |
| | Abortion in previous pregnancy | |
| | Stillbirth in previous pregnancy | |
| | Death of any previous child | |
| 8 | Number of ANC visits | |
| 9 | Period of gestation | _____ + ____ (xx+x) |
| ADDITIONAL DETAILS (TO BE INTERVIEWED HERE ONWARDS) | | |
| 10 | Type of family | <input type="checkbox"/> Extended <input type="checkbox"/> Nuclear <input type="checkbox"/> Single-family |
| 11 | Have you heard of danger signs during pregnancy? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 12 | If yes to above question, then where did you hear about them? (You may select multiple responses) | <input type="checkbox"/> Nurse/mid-wife <input type="checkbox"/> Doctor <input type="checkbox"/> Family and relatives <input type="checkbox"/> Media (television, newspaper) |

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| | | <input type="checkbox"/> MCH Handbook <input type="checkbox"/> Others |
| 13 | Have you read (or has someone read to you) the MCH Handbook on obstetric danger signs? | <input type="checkbox"/> No <input type="checkbox"/> Yes, some of them <input type="checkbox"/> Yes, all of them |
| KNOWLEDGE ON OBSTETRIC DANGER SIGNS | | |
| 14 | Can you list any of the seven danger signs listed in the Maternal and Child Health Handbook? (<i>Wait for the mother to answer</i>) | <input type="checkbox"/> <i>Per vaginal bleeding</i> <input type="checkbox"/> <i>High fever</i> <input type="checkbox"/> <i>Labour pains before 37 weeks</i> <input type="checkbox"/> <i>Severe vomiting or severe abdominal pain</i> <input type="checkbox"/> <i>Severe headache, blurred vision or convulsion</i> <input type="checkbox"/> <i>Fast or difficult breathing</i> <input type="checkbox"/> <i>Baby not moving or moving less than normal</i> |
| 15 | Spots of blood in your panties during your pregnancy is normal. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 16 | Vaginal bleeding that is similar to menstrual flow is normal during pregnancy. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| 17 | Vaginal bleeding with passage of fleshy parts, what is the next step you should do? | <input type="checkbox"/> You can stay home for next few hours <input type="checkbox"/> Come to hospital as soon as possible <input type="checkbox"/> Don't know |
| 18 | During your pregnancy, if you have fever with or without reddish dots or patches on your skin, what should you do? | <input type="checkbox"/> Take paracetamol <input type="checkbox"/> Take rest and lie down <input type="checkbox"/> Come to hospital <input type="checkbox"/> Don't know |
| 19 | Labour is the process of giving birth and is associated with pain and delivery of the baby. During labour, if your water breaks at home, what is the next step you should do? | <input type="checkbox"/> You can stay home for next few hours <input type="checkbox"/> Come to hospital as soon as possible <input type="checkbox"/> Don't know |
| 20 | Labour is the process of giving birth and is associated with labour pain. If labour occurs before 37 weeks of gestation, what will you do? | <input type="checkbox"/> Will come to hospital <input type="checkbox"/> I can manage the pain with pain killers <input type="checkbox"/> Don't know |

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| 21 | During the time when you are pregnant, if you have severe headache, blurring of vision or some abnormal sensation in your tummy, what should you do? | <input type="checkbox"/> Take rest and lie down <input type="checkbox"/> Immediately come to hospital <input type="checkbox"/> Don't know |
| 22 | During the time when you are pregnant, if you seizures (involuntary movement of limbs/mouth, with or without loss of consciousness, followed by drowsiness/headache), what should you do? | <input type="checkbox"/> Lie down on your right side <input type="checkbox"/> Immediately come to hospital <input type="checkbox"/> Don't know |
| 23 | If you have repeated bouts of vomiting during your pregnancy so much so that it does not allow you to eat or have a proper meal, what should you do? | <input type="checkbox"/> Take anti-vomiting medicines from shops <input type="checkbox"/> Seek care from a hospital <input type="checkbox"/> Drink a lot of water and stay home <input type="checkbox"/> Don't know |
| 24 | During pregnancy, it is normal to have some breathing difficulties. If you have a feeling of fast and unusually difficult breathing, what would you do? | <input type="checkbox"/> Take anti-vomiting medicines from shops <input type="checkbox"/> Seek care from a hospital <input type="checkbox"/> Drink a lot of water and stay home <input type="checkbox"/> Don't know |
| 25 | For some period of times, the baby may sleep and may not move. Sometimes, if the baby does not move for long periods or if you feel that it moves less than normal, what would you do? | <input type="checkbox"/> Lie down on one side <input type="checkbox"/> Come to hospital <input type="checkbox"/> Don't know |
| 26 | After delivery and discharge from hospital, if you have vaginal bleeding that is foul smelling or that is persistent, what should you do? | <input type="checkbox"/> Maintain hygiene and stay home <input type="checkbox"/> Wait until your regular postnatal visit <input type="checkbox"/> Come to hospital <input type="checkbox"/> Don't know |
| 27 | After delivery and discharge from hospital, if you have persistent abdominal pain and/or fever, what should you do? | <input type="checkbox"/> Take paracetamol <input type="checkbox"/> Take rest and lie down <input type="checkbox"/> Come to hospital <input type="checkbox"/> Don't know |

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