

TITLE:

Critical comparative analysis of data sources toward understanding referral during pregnancy and childbirth: three perspectives from Nigeria

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APPENDIX 1 Copy of Nigeria 2018 DHS questionnaire, excerpt of obstetric referral questions

SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO.  | QUESTIONS AND FILTERS   | LAST BIRTH  |   | NEXT-TO-LAST BIRTH |  |
|------|---|---|---|--------------------|--|
|      |   | NAME _____  |   | NAME _____         |  |
| 430  | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>   | <p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 434) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>(SPECIFY) ←</p> <p>(SKIP TO 434)</p> | <p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>(SKIP TO 459) ←</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER ..... 96</p> <p>(SPECIFY) ←</p> <p>(SKIP TO 459)</p> |                    |  |
| 430A | <p>Did you move from another health facility to come to this facility or did you go directly from home to this facility, or from somewhere else that was not a health facility?</p>   | <p>CAME FROM ANOTHER HEALTH FACILITY ..... 1</p> <p>CAME FROM HOME ..... 2</p> <p>CAME FROM OTHER NON-FACILITY LOCATION .. 3</p> <p>DON'T KNOW ..... 8</p> <p>(SKIP TO 430F) ←</p>  | <p>CAME FROM ANOTHER HEALTH FACILITY ..... 1</p> <p>CAME FROM HOME ..... 2</p> <p>CAME FROM OTHER NON-FACILITY LOCATION .. 3</p> <p>DON'T KNOW ..... 8</p> <p>(SKIP TO 430F) ←</p>  |                    |  |
| 430B | <p>Which health facility referred or send you to this facility where you gave birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>NO FORMAL REFERRAL ..... 41</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>   | <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL .. 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC ..... 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>NO FORMAL REFERRAL ..... 41</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>   |                    |  |
| 430C | <p>Why did you move from this facility to the facility where you gave birth to (NAME)?</p>  | <p>PROBLEM DURING LABOR/ EMERGENCY ..... 1</p> <p>HEALTH PROFESSIONAL NOT AVAILABLE ..... 2</p> <p>FACILITY TOO CROWDED/ NO BED AVAILABLE ..... 3</p> <p>FACILITY NOT OPEN ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>  | <p>PROBLEM DURING LABOR/ EMERGENCY ..... 1</p> <p>HEALTH PROFESSIONAL NOT AVAILABLE ..... 2</p> <p>FACILITY TOO CROWDED/ NO BED AVAILABLE ..... 3</p> <p>FACILITY NOT OPEN ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>  |                    |  |
| 430D | <p>Did a health worker go with you when you moved to the facility where you gave birth to (NAME)?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>  |                    |  |

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|             |   |  |  |
|-------------|---|--|--|
| <p>430E</p> | <p>What means of transportation did you use to get from the facility that referred you to the facility where you gave birth to (NAME)?</p>  | <p><b>MOTORISED</b><br/>                 AMBULANCE ..... A<br/>                 PRIVATE CAR/TRUCK ..... B<br/>                 TAXI/PAID DRIVER ..... C<br/>                 TRICYCLE ..... D<br/>                 MOTORCYCLE/SCOOTER .. E<br/>                 BOAT WITH MOTOR ..... F<br/>                 PUBLIC TRANSPORT/BUS .. G</p> <p><b>NOT MOTORISED</b><br/>                 BICYCLE ..... H<br/>                 CANOE/BOAT WITHOUT MOTOR ..... I<br/>                 ANIMAL-DRAWN CART ..... J<br/>                 WALKING (ON FOOT) ..... K<br/>                 CARRIED ..... L</p> <p>OTHER _____ X<br/>                 (SPECIFY)</p> <p>DON'T KNOW ..... Z</p> | <p><b>MOTORISED</b><br/>                 AMBULANCE ..... A<br/>                 PRIVATE CAR/TRUCK ..... B<br/>                 TAXI/PAID DRIVER ..... C<br/>                 TRICYCLE ..... D<br/>                 MOTORCYCLE/SCOOTER .. E<br/>                 BOAT WITH MOTOR ..... F<br/>                 PUBLIC TRANSPORT/BUS .. G</p> <p><b>NOT MOTORISED</b><br/>                 BICYCLE ..... H<br/>                 CANOE/BOAT WITHOUT MOTOR ..... I<br/>                 ANIMAL-DRAWN CART ..... J<br/>                 WALKING (ON FOOT) ..... K<br/>                 CARRIED ..... L</p> <p>OTHER _____ X<br/>                 (SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |
| <p>430F</p> | <p>What means of transportation did you use to get to the health facility where you gave birth to (NAME)?</p> <p>PROBE FOR THE TYPE (S) OF TRANSPORT USED AND RECORD ALL MENTIONED.</p> | <p><b>MOTORISED</b><br/>                 AMBULANCE ..... A<br/>                 PRIVATE CAR/TRUCK ..... B<br/>                 TAXI/PAID DRIVER ..... C<br/>                 TRICYCLE ..... D<br/>                 MOTORCYCLE/SCOOTER .. E<br/>                 BOAT WITH MOTOR ..... F<br/>                 PUBLIC TRANSPORT/BUS .. G</p> <p><b>NOT MOTORISED</b><br/>                 BICYCLE ..... H<br/>                 CANOE/BOAT WITHOUT MOTOR ..... I<br/>                 ANIMAL-DRAWN CART ..... J<br/>                 WALKING (ON FOOT) ..... K<br/>                 CARRIED ..... L</p> <p>OTHER _____ X<br/>                 (SPECIFY)</p> <p>DON'T KNOW ..... Z</p> | <p><b>MOTORISED</b><br/>                 AMBULANCE ..... A<br/>                 PRIVATE CAR/TRUCK ..... B<br/>                 TAXI/PAID DRIVER ..... C<br/>                 TRICYCLE ..... D<br/>                 MOTORCYCLE/SCOOTER .. E<br/>                 BOAT WITH MOTOR ..... F<br/>                 PUBLIC TRANSPORT/BUS .. G</p> <p><b>NOT MOTORISED</b><br/>                 BICYCLE ..... H<br/>                 CANOE/BOAT WITHOUT MOTOR ..... I<br/>                 ANIMAL-DRAWN CART ..... J<br/>                 WALKING (ON FOOT) ..... K<br/>                 CARRIED ..... L</p> <p>OTHER _____ X<br/>                 (SPECIFY)</p> <p>DON'T KNOW ..... Z</p> |
| <p>430G</p> | <p>How long did it take for you to decide to go and reach the health facility?</p> <p>IF LESS THAN ONE HOUR, RECORD IN MINUTES.</p>   | <p>MINUTES ..... 1 <input type="text"/> <input type="text"/></p> <p>HOURS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>  | <p>MINUTES ..... 1 <input type="text"/> <input type="text"/></p> <p>HOURS ..... 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>  |

**Reference:**

National Population Commission, ICF International. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria and Rockville, Maryland, USA; 2019. Excerpt from Appendix E, pages 603-605. Full report available from: <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf>