4. Delivery Form

4.1. **Maternity service location (on examination)** ☐Korogwe Town Council hospital
☐ Korogwe District hospital
☐ Home ☐ Other Dispensary
☐ Other

4.1.1. If other dispensary/other, specify:_____

4.2. Date of filling CRF (dd/mm/yyyy) (**q. 4.10-4.75.4)** _ _ / _ _ / _ _ _ _

4.3. Time of filling CRF (**q. 4.10-4.75.4)** _ _ : _ _

4.4. Name of midwife/nurse/auxiliary worker: _____

4.5. **Place of delivery** ☐Korogwe Town Council hospital ☐ Home
☐ Other Dispensary ☐ Other

4.5.1. If other dispensary/other, specify:_____

4.6. **Mother referred to another facility** after delivery ☐ yes ☐ no

4.6.1. if yes, details: ☐ Korogwe Town Council hospital
☐ KCMC
☐ Bombo Regional Referral Hospital
☐ Other – Specify_____

4.6.2. if referred, state reasons:_____

4.7. **Date of delivery** (dd/mm/yyyy) _ _ / _ _ / _ _ _ _

4.8. **Time of delivery** __: __ ☐ Unknown

4.9. **Gestational age** at delivery (calculated using US, form 7) _ _week _ _ days

In all questions stating "since your last CAMIPATA visits", "last visit" refer to the last visit where form 3 (or 2 or 14) was filled – excluding visits where only UL is performed.

ANTHROPOMETRY

	1st measurement	2nd measurement	Diff. between 1st and 2nd	Tolerance	Diff. greater than tolerance?	3rd measurement
4.10 Weight (kg)	4.10.1 __ __ __, __kg	4.10.2 _____, __kg	4.10.3 _____, __kg	*1.0kg*	☐ Yes →	4.10.4 _____, __kg
4.11 Hip circumference (cm).	4.11.1 _____, ___cm	4.11.2 _____, ___cm	4.11.3 _____, ___cm	*0.5cm*	☐ Yes →	4.11.4 _____, ___cm
4.12 MUAC (cm)	4.12.1 _____, ___cm	4.12.2 _____, ___cm	4.12.3 _____, ___cm	*0.5cm*	☐ Yes →	4.12.4 _____, ___cm
4.13 Skinfold thick-ness of triceps (mm)	4.13.1 _____, ___mm	4.13.2 _____, ___mm	4.13.3 _____, ___mm	*2 mm*	☐ Yes →	4.13.4 __ __, ___mm

4.14 Bio- impedance

☐ Done + **print with ID number attached** to CRF on page XX
☐ Refused ☐ Failure ☐ Forgot ☐ Machine not available ☐ Done after delivery

MEDICAL EXAMINATION

1st Measurement reference arm	2nd Measurement reference arm	Mean BP(1st and 2nd BP for reference)	If Mean BP>140/90 repeat after 4 hours	After how many hours was repeat BP performed	Pulse(use last BP Measurement)
4.15.1	4.15.2	4.15.3	4.15.4	4.15.5	4.15.6
_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	__ __ ☐ not done	_ _ _

4.16.	Axillary temperature (°C)	_ _ , _	☐ Not done
4.17.	* Feverishness in the last 48hrs	☐ yes	☐ no
4.18.	* Shivering	☐ yes	☐ no
4.19.	* Headache	☐ yes	☐ no
4.20.	* Visual disturbances	☐ yes	☐ no
4.20.1.	If yes, specify: _____		
4.21.	* Convulsions	☐ yes	☐ no
4.22.	*Pallor (conjunctivae or palms of hands)	☐ yes	☐ no
4.23.	* Comatose or sub-comatose	☐ yes	☐ no
4.24.	* Pitting oedema (swelling of lower/upper limps or/and face)	☐ yes	☐ no
4.25.	* Dyspnea	☐ yes	☐ no
4.26.	* Pulmonary stethoscopic signs of abnormalities	☐ yes	☐ no
4.26.1.	If yes, specify:_____		
4.27.	* Nausea and/or vomiting	☐ yes	☐ no
4.28.	* Abdominal pain	☐ yes	☐ no
4.29.	* Severe epigastric pain	☐ yes	☐ no
4.30.	* Bleeding (vaginal bleeding , nose)	☐ yes	☐ no
4.30.1.	If yes, where:_____		
4.31.	* Other symptoms	☐ yes	☐ no
4.31.1.	If yes, specify:_____		
4.32.	**Symphysis-fundus length** (cm) (if examined before delivery)	_ _	☐ Not done

NUTRITION *(24hours Recall questionnaire is not filled at delivery)*

FOOD SECURITY

4.33. How is the current food situation in the household (during the last 4 weeks including today):
☐ Enough food (skip to q. 4.40) ☐ Food shortage ☐ Unknown

4.33.1. If food shortage, how often does that happen:
___Daily **OR** ___per week **OR** _____per Month **OR** ☐ Less than monthly

4.34. What does the household do when there is not enough food:
☐ Borrow food/money ☐ Limit portion size ☐ Only children/elderly/sick eat
☐ Skip a meal ☐ Skip eating for the whole day

Reply the following question according to what happened **during the past 4 weeks**

4.35. Did you eat a smaller meal than you needed due to not having enough food
☐ never ☐ 1-2 times ☐ 3-10 times ☐ >10 times

4.36. Did you eat fewer meals during the day due to not having enough food
☐ never ☐ 1-2 times ☐ 3-10 times ☐ >10 times

4.37. Was there ever no food to eat in your household because of lack of resources to get food
☐ never ☐ 1-2 times ☐ 3-10 times ☐ >10 times

4.38. Did you go to sleep at night hungry because there was no enough food
☐ never ☐ 1-2 times ☐ 3-10 times ☐ >10 times

4.39. Did you stay the whole day&night without eating anything because there was not enough food
☐ never ☐ 1-2 times ☐ 3-10 times ☐ >10 times

FOOD FREQUENCY– reply according to the last month

Use this as a guide for the following questions:

Freq of Intake CODE	Never 0 times **in a month 1**	1-3 times **per month 2**		1 time **per week 3**	2-4 times **per week 4**	5-6 times **per week 5**		1 time **per day 6**	2-3 times **per day 7**	4-5 times **per day 8**	6+ times **per day 9**

If there are some foods you did not eat in the last one month, then select code 1

4.40. Did the last one-month encompass Ramadhan ☐ yes ☐ no
4.41. The mother´s number of meals/servings (proper meal, not snacks) during a typical day: _____
4.42. State the mother's number of servings of the following:
4.42.1. 1 portion of Meat (chicken, beef, pork etc.): _____
4.42.2. 1 Egg: _____
4.42.3. 1 glass/portion of Milk products (milk, yoghurt, cheese etc.): _____
4.42.4. 1 portion of Fish (fish, shellfish, shrimps, etc.): _____
4.42.5. 1 portion of Sardines/Dagaa _____
4.42.6. 1 piece of sweets (Candy, cake, desserts) _____
4.42.7. 1 Item of sugar beverages (can/bottle/glass of soda/juice w.added sugar etc.) _____

MEDICAL EMERGENCIES AND TREATMENT since last CAMIPATA visit

4.43. **Since your last CAMIPATA visit, have you visited another health center/pharmacy** for other reasons than malaria: ☐ yes ☐ no
4.43.1. Date (dd/mm/yyyy): _ _ / _ _ / _ _ _ _
4.43.2. Why? _____
4.43.3. Diagnosed with: _____
4.44. Medication prescribed: _____

4.45. **Since your last CAMIPATA visit** did you seek medical help (not CAMIPATA staff) because you **suspected malaria**? ☐ yes ☐ no
4.45.1. If yes, when? _ _ / _ _ / _ _ _ _
4.45.2. Did you have fever? ☐ yes ☐ no ☐ unspecified
4.45.3. Was malaria confirmed with a blood test ☐ yes ☐ no ☐ unspecified
4.45.4. Medication (put >1 "x" if needed) ☐ SP/Metakelfin ☐ Coartem/ALU ☐ quinine ☐ unspecified ☐ other ☐ none
4.45.4.1. If other, specify: _____

4.46. **Since your last visit have you acquired a bednet?** ☐ yes ☐ no
4.47. **Did you use a bednet last night?** ☐ yes ☐ no
4.47.1. Supplied by the national programme ☐ yes ☐ no ☐ unknown
4.47.2. Is it an insecticide-impregnated net? ☐ yes ☐ no ☐ unknown

4.48. **Since your last visit have you attended a CTC** ☐ yes ☐ no ☐ not relevant, HIV negative
4.49. If yes, which one: _____

MEDICINE USAGE since last CAMIPATA visit (ANY VISIT WHERE FORM 2, 3 OR PROGRESS NOTES WAS FILLED)

4.50. **Since** your last CAMIPATA visit, have you taken IPTp-SP ☐ yes ☐ no
(excluding IPTp-SP given by CAMIPATA staff at your last visit)
4.50.1. If yes, how many doses since last visit _ _

4.51. **Since** your last CAMIPATA visit have you taken any medication ☐ yes ☐ no
4.51.1. If yes, give details (≥1 "x"): ☐ antibiotics ☐ antimalarial ☐ iron
☐ antiretrovirals ☐ folic acid ☐ B12
☐ antihelminths ☐ traditional ☐ Hemovit
☐ antihypertensive ☐ painkillers ☐ other
☐ other vitamins (not iron, folic, b12)
4.51.1.1. If other or painkillers, specify: _____
4.51.1.2. If, traditional specify: _____
4.52. Dosage/duration of the medicines taken: _____
4.52.1. 1st _____
4.52.2. 2nd _____
4.52.3. 3rd _____
4.52.4. 4th _____

4.53. Any medication taken within 48hours prior to this visit ☐ yes ☐ no
4.53.1. If yes, which (traditional remedy, drugs): _____
_____

MEDICINE USE & VISITS DURING PREGNANCY (*ask the woman & control previous visit forms*)
4.54. **Nb of IPTp doses** received during pregnancy in total? _ _
4.54.1. If not completed (at least 2 for all women, 3 for HIV positive not on cotrimoxazole), why:
☐ Cotrimoxazole usage ☐ allergy
☐ missed ANV with IPTp ☐ refused
☐ Other
4.54.1.1. If other, specify: _____
4.55. **Tetanus toxoid immunization** (TT) dose received today ☐ yes ☐ no
4.55.1. If no, state reason: _____
4.55.2. Nb of TT doses received until todays visit (excl. today's dose) _ _ ☐ UN
4.55.3. Last TT dose received when _ _ / _ _ / _ _ _ _ ☐ Don't know
4.56. **Total number of TT doses** received during this pregnancy _ _ ☐ UN
4.57. **Completed all ANV** (incl, GA 20, GA 26-28, GA 34-36) ☐ yes ☐ no

SAMPLE COLLECTION (collected until 2 weeks after delivery)

4.58. **Date of sample collection** (dd/mm/yyyy) _ _ / _ _ / _____ ☐ Not done
4.59. **Time of sample collection** (24h format) (e.g. 13:30) _ _ : _ _
4.60. **Samples collected during** ☐ latent phase ☐ active phase (>4 cm dilated) ☐ after delivery
4.61. **Hemoglobin on HemoCue:** ☐ Done:_____. ___g/dL ☐ Not done
4.61.1. If done, type of blood: ☐ Venous ☐ Finger prick
4.62. **Malaria RDT** ☐ negative ☐ PF ☐ PAN ☐ PF+PAN ☐ not done
4.63. **HIV RDT,** Determine ☐ negative ☐ positive ☐ not done
4.64. **Venous blood** draw ☐ done ☐ not done
4.64.1. if not done, why : ☐ refusal ☐ failure ☐ forgot
4.65. EDTA Tube (8 mL + 2 mL); ☐ done ☐ not done
4.66. Plain Tube (6mL): ☐ done ☐ not done

4.67. **Urine dipstick**

4.67.1.	Albumin in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
4.67.2.	Sugar in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+	☐ 4+	☐5+	☐ not done
4.67.3.	Leucocytes in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
4.67.4.	Blood in urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
4.67.5.	Ketones	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
4.67.6.	Nitrite	☐ 0+	☐ 1+	☐ 2+				☐ not done

CONCLUSION ON TODAYS EXAMINATION

4.68. **Ailment/disease** diagnosed today ☐ yes ☐ no
4.68.1. If yes, specify (≥1 "x")
☐ Anaemia ☐ Malaria ☐ Hypertension
☐ Urinary tract infection ☐ Preeclampsia
☐ Upper respiratory tract infect. ☐ Syphilis
☐ Reproductive tract infection ☐ Diabetes
☐ HIV ☐ Other
4.68.1.1. If other, specify:_____
4.69. **Treatment** prescribed today ☐ yes ☐ no
4.69.1. If yes, specify (≥1 "x")
☐ Coartem/ALU ☐ Quinine ☐ anti-helminth
☐ Iron ☐ Folic acid ☐ B12
☐ Hemovit ☐ Antibiotics ☐ Anti-HT
☐ Clotrimazole ☐Painkillers ☐ Other
4.69.1.1. If other or painkillers, specify: _____
4.70. Specify name, dosage and duration of treatment:
4.70.1. 1st _____
4.70.2. 2nd _____
4.70.3. 3rd _____
4.70.4. 4th _____

OUTCOME OF DELIVERY (filled after delivery)

4.71. Mother alive ☐ yes ☐ no
4.72. Baby alive ☐ yes ☐ no
4.72.1. If no, fresh or macerated stillbirth ☐ macerated ☐ fresh
4.72.2. If no, baby moving at the start of labour ☐ yes ☐ no
4.72.2.1. If no, when did movement stop (days/hours before labour): _____
4.73. Fetal distress (based on FHR during delivery) ☐ yes ☐ no ☐ unknown
4.74. Caesarian delivery ☐ yes ☐ no
4.74.1. If yes, ☐ Acute ☐ planned
4.74.2. If yes, specify indication for cesarean section: _____

4.75. Presentation of baby upon delivery ☐ Cephalic ☐ breech ☐ unkown ☐ other
4.75.1. Pre-partum bleeding ☐ yes ☐ no ☐ unkownIf
4.75.1.1 yes, estimated volume of blood _ _ _ ml
4.76. Post-partum bleeding (> 500 mL) ☐ yes ☐ no ☐ unkown
4.76.1. If yes, estimated volume of blood _ _ _ ml
4.76.2. If yes, post-partum bleeding diagnosed by ☐ Midwife/doctor ☐ other
4.76.2.1. If other, specify: _____
4.77. Blood transfusion during delivery/within 2days postpartum ☐ yes ☐ no ☐ unkown
4.78. Interventions **during** labour ☐ oxytocin ☐ unkown
☐ instrumental delivery
☐ other ☐ None
4.78.1. If other, specify: _____
4.78.2. Interventions **after** delivery ☐ oxytocin ☐ other ☐ none ☐Unknown
4.78.2.1 If other, specify: _____
4.79. Other obstetrical problems: _____

4.80. Other notes on delivery:

4.81. **Date (dd/mm/yyyy)/ time mother left** maternity ward: _ _ /_ _ /_ _ _ _ _ _:_ _ ☐unkown
4.82. **Mother's weight after delivery (kg):** _ _ _, _ ☐ Not done

DATA ENTRY:
1st entry done by: _____ Signature: _____ date: _ _/_ _/_ _ _ _
2nd entry done by: _____ Signature: _____ date: _ _/_ _/_ _ _ _