

PROGRAM	BetterBirth Program: A Quality Improvement Initiative and Study of the WHO Safe Childbirth Checklist
TYPE OF DOCUMENT	Outcome Questions
PROCESS	Computer Aided Telephone Interviewer (CATI) and Field-based Data Associate (FIDA)
NAME OF DOCUMENT	BetterBirth Outcomes Questions for CATI & FIDA



BetterBirth

STAKEHOLDERS

Government of India (GoI)
Government of Uttar Pradesh (GoUP)
World Health Organization (WHO)
Ariadne Labs: A joint center for health systems innovation of Brigham and Women's Hospital (BWH) and Harvard T.H. Chan School of Public Health
Population Services International (PSI)
Community Empowerment Lab (CEL), Lucknow
Jawaharlal Nehru Medical College (JNMC), Belgaum

Financial Support: Bill & Melinda Gates Foundation (BMGF)

OUTCOMES QUESTIONS FOR FOLLOW-UP OF MOTHER AND BABY

Protocol Title: BetterBirth: Trial of WHO Safe Childbirth Checklist Program	
Investigators:	Dr. Atul A. Gawande, Harvard School of Public Health, Boston Dr. Katherine Semrau, Harvard School of Public Health, Boston Dr. Vishwajeet Kumar, Community Empowerment Lab, Shivgarh Dr. Bhala Kodkany, Jawaharlal Nehru Medical College, Belgaum
Version Date:	31 March 2015

Data collector will use a script that confirms consent and re-introduces the program.

If speaking with the mother:

Questions on including referral information:	<ol style="list-style-type: none"> 1. <i>If mother or baby was known to have been referred to another hospital:</i> <ol style="list-style-type: none"> a. Did you have a normal delivery or was there a major surgery to take out the baby out of the abdomen. <ol style="list-style-type: none"> i. Response options: Normal delivery / cesarean delivery/ Unable to complete call b. What was the date of delivery? c. How many babies were born during this delivery (including those who were not born alive) ? <ol style="list-style-type: none"> i. Response options: 1, 2, ≥ 3 d. How was the babies/baby's health when you left the referral facility? <ol style="list-style-type: none"> i. Response options: Alive, died, unable to complete call <ol style="list-style-type: none"> 1. If died, was the baby/(babies) not born alive or die <i>before</i> leaving the referral facility? <ol style="list-style-type: none"> a. Response Options: Yes / No <ol style="list-style-type: none"> i. If yes, how many died before leaving the referral facility? <ol style="list-style-type: none"> 1. Response options: 1, 2, ≥ 3
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<p>Questions on overall status of mother and baby:</p>	<p>(2. <i>How is the mother's health? This question is not asked if a mother is responding.</i>)</p> <p>3. How is the baby's health?</p> <ul style="list-style-type: none"> i. Response Options: Alive, died, Unable to Complete Call <ul style="list-style-type: none"> a. If baby was found to have died after discharge (i.e. not known to have an in-facility death) ask: <ul style="list-style-type: none"> 1. When did the baby die? 2. Did the death occur within 7 days after delivery? A. Response options: Yes / No <p>4. (<i>For twins</i>), How is baby's health (Baby 2)?</p> <ul style="list-style-type: none"> a. Response Options: Alive, died <ul style="list-style-type: none"> i. If baby was found to have died after discharge (Baby 2) ask: <ul style="list-style-type: none"> 1. When did the baby die? 2. Did the death occur within 7 days after delivery? a. Response options: Yes / No <p><i>If baby died before discharge, end questions about baby.</i></p>
<p>Questions related to complications of mother:</p>	<p>5. Did you have a fit/seizure during or after delivery at any time up until now?</p> <ul style="list-style-type: none"> a. Response options: Yes / No / Refused to answer/ Unable to complete <ul style="list-style-type: none"> i. If yes, did the fit/seizure occur within 7 days after delivery? <ul style="list-style-type: none"> 1. Response options: Yes / No <p>6. Did you remain unconscious for more than 1 hour during or after delivery at any time up until now?</p> <ul style="list-style-type: none"> a. Response options: Yes / No/ Unknown/ Refused to answer/ Unable to complete <ul style="list-style-type: none"> i. If yes, did this unconsciousness occur within 7 days after delivery? <ul style="list-style-type: none"> 1. Response options: Yes / No <ul style="list-style-type: none"> a. If yes, reconfirm that unconsciousness was for at least an hour i. Response options: Yes / No / Unknown

7. Did you have a fever during or after delivery at any time up until now?
- Response options: Yes / No / Refused to answer/ Unable to complete
 - If yes, did this fever come with smelly vaginal discharge?
 - Response options: Yes / No
 - If yes, did the fever occur within 7 days after delivery?
 - Response options: Yes / No

8. Did you receive a blood transfusion during or after delivery at any time up until now?

 - Response options: Yes / No / Refused to answer/ Unable to complete
 - If yes, did the blood transfusion occur within 7 days after delivery?
 - Response options: Yes / No

9. Did you have an operation to remove your uterus or womb at any time after delivery up until now?

 - Response options: Yes / No / Refused to answer/ Unable to complete
 - If yes, did the operation occur within 7 days after delivery?
 - Response options: Yes / No

10. Did you have a stroke (paralysis) during or after delivery at any time up until now?

 - Response options: Yes / No / Refused to answer/ Unable to complete
 - If yes, did the stroke occur within 7 days after delivery?
 - Response options: Yes / No

11. Did you have a lot of bleeding during or after delivery at any time up until now?

 - Response options: Yes / No / Refused to answer/ Unable to complete
 - If yes, did the blood wet your clothes, the bed, or the floor?
 - Response options: Yes / No
 - If yes, did this bleeding occur within 7 days after delivery?

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| | <p>i. Response options: Yes / No</p> <p>12. After you left the facility to go home, did you have to go back to a health care facility because of a problem?</p> <p>a. Response options: Yes / No / Refused to answer/ Unable to complete</p> <p>i. If yes, did you have to visit the health care facility within 7 days of delivery?</p> <p>1. Response options: Yes / No</p> <p>13. (Ask only if baby alive at discharge from study facility or referral facility), After the baby left the facility to go home, did anyone have to bring your baby back to a health care facility because of a problem?</p> <p>a. Response options: Yes / No / Refused to answer/ Unable to complete</p> <p>i. If yes, did you have to visit a health care facility within 7 days of delivery?</p> <p>1. Response options: Yes / No</p> |
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If speaking with a key informant other than the mother:

Questions on including referral information:	<ol style="list-style-type: none"> 1. <i>If mother or baby was known to have been referred to another hospital:</i> <ol style="list-style-type: none"> a. Did the mother have a normal delivery or was there a major surgery to take out the baby out of the abdomen. <ol style="list-style-type: none"> i. Response options: Normal delivery / cesarean delivery/ Unable to complete call b. What was the date of delivery? c. How many babies were born during this delivery (including those who were not born alive) ? <ol style="list-style-type: none"> i. Response options: 1, 2, ≥ 3 d. How was the babies'/baby's health when the mother left the referral facility? <ol style="list-style-type: none"> i. Response options: Alive, died <ol style="list-style-type: none"> 1. If died, was the baby/(babies) not born alive or die <i>before</i> leaving the referral facility? <ol style="list-style-type: none"> a. Response Options: Yes / No <ol style="list-style-type: none"> i. If yes, how many died before leaving the referral facility? <ol style="list-style-type: none"> 1. Response options: 1, 2, ≥ 3
Questions on overall status of mother and baby:	<ol style="list-style-type: none"> 2. How is mother's health? <ol style="list-style-type: none"> i. Response Options: Alive, died, Unable to Complete Call <ol style="list-style-type: none"> a. If mother was found to have died after discharge (i.e. not known to have an in-facility death), ask: <ol style="list-style-type: none"> 1. When did she die? 2. Did the death occur within 7 days after delivery? A. Response options: Yes / No / Unknown

	<p><i>If mother died, end discussion about mother.</i></p> <p>3. How is the baby's health?</p> <ul style="list-style-type: none"> i. Response options: Alive, died, Unable to Complete call <ul style="list-style-type: none"> a. If baby was found to have died after discharge (i.e. not known to have an in-facility death) ask: <ul style="list-style-type: none"> 1. When did he/she die? 2. Did the death occur within 7 days after delivery? A. Response options: Yes / No / Unknown <p>4. (<i>For twins</i>), How is baby's health (Baby 2)?</p> <ul style="list-style-type: none"> ii. Response Options: Alive, died <ul style="list-style-type: none"> a. If baby was found to have died after discharge (Baby 2) ask: <ul style="list-style-type: none"> 1. When did the baby die? 2. Did the death occur within 7 days after delivery? a. Response options: Yes / No/ Unknown <p><i>If baby died before discharge, end questions about baby.</i></p>
If mother alive, questions related to complications of mother:	<p><i>Outcomes Questions about Birth Mother:</i></p> <p>5. Did the mother have a fit/seizure during or after delivery at any time up until now?</p> <ul style="list-style-type: none"> a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete <ul style="list-style-type: none"> i. If yes, did the seizure occur within 7 days after delivery? <ul style="list-style-type: none"> 1. Response options: Yes / No / Unknown <p>6. Did the mother remain unconscious for more than 1 hour during or after delivery at any time up until now?</p> <ul style="list-style-type: none"> a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete <ul style="list-style-type: none"> i. If yes, did this unconsciousness occur within 7 days after delivery? <ul style="list-style-type: none"> 1. Response options: Yes / No / Unknown

	<p>a. If yes, reconfirm that unconsciousness was for at least an hour</p> <p>i. Response options: Yes / No / Unknown</p> <p>7. Did the mother have a fever during or after delivery at any time up until now?</p> <p>a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete</p> <p>i. If yes, did this fever come with a smelly vaginal discharge?</p> <p>1. Response options: Yes / No / Unknown</p> <p>a. If yes, did the fever occur within 7 days after delivery?</p> <p>i. Response options: Yes / No / Unknown</p> <p>8. Did the mother receive a blood transfusion during or after delivery at any time up until now?</p> <p>a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete</p> <p>i. If yes, did the blood transfusion occur within 7 days after delivery?</p> <p>1. Response options: Yes / No / Unknown</p> <p>9. Did the mother have an operation to remove her uterus or womb at any time after delivery up until now?</p> <p>a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete</p> <p>i. If yes, did the operation occur within 7 days after delivery?</p> <p>1. Response options: Yes / No / Unknown</p> <p>10. Did the mother have a stroke (paralysis) during or after delivery at any time up until now?</p> <p>a. Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete</p> <p>i. If yes, did the stroke occur within 7 days after delivery?</p> <p>1. Response options: Yes / No / Unknown</p>
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11. Did the mother have a lot of bleeding during or after delivery at any time up until now?
- Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete
 - If yes, did the blood wet her clothes, the bed, or the floor?
 - Response options: Yes / No / Unknown
 - If yes, did this bleeding occur within 7 days after delivery?
 - Response options: Yes / No / Unknown

12. After the mother left the facility to go home, did she have to go back to a health care facility because of a problem?
- Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete
 - If yes, did she have to visit the health care facility within 7 days of delivery?
 - Response options: Yes / No / Unknown

13. (Ask only if baby alive at discharge from study facility or referral facility), After the baby left the facility to go home, did anyone have to bring the baby back to a health care facility because of a problem?
- Response options: Yes / No / Unknown/ Refused to answer/ Unable to complete
 - If yes, did this visit to a health care facility occur within 7 days of delivery?
 - Response options: Yes / No / Unknown