|  |  |
| --- | --- |
| The obstetric form should be completed following delivery at enrollment for all women with an infant participatingin the SIP project by the study nurse. All dates should be recorded in the Ethiopian Calendar. | |
| **Section A. Sociodemographic Data** | |
| |  | | --- | |  | | 1. Maternal age: |\_\_|\_\_| years | | 1. Marital status : | | * 1. Married 3Widowed. 5Don’t Know   2. Single. 4Divorced | | 1. Formal education of mother: | | 1None/not able to read and write 3Primary 5Higher Education  2None/able to read and write 4Secondary 6Don’t Know   1. Occupation of mother:   1Housewife 3Self-employed 5Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2Government/Company 4Farmer 6Don’t Know  5. Is this mother’s first pregnancy? 1Yes – Skip to Section C 2No 3Don’tKnow | | |
| **Section B. Past Pregnancy History –** *skip TO SECTION C if first pregnancy* | |
| 1. Prior pregnancies ending at <20 weeks: |\_\_|\_\_|(if no prior pregnancies <20 wksindicate 00) | |
| * 1. Spontaneous abortions: |\_\_|\_\_| | |
| * 1. Medical/induced abortion: |\_\_|\_\_| | |
| 1. Number of prior pregnancies that appeared preterm (20-37 weeks): |\_\_|\_\_|(if none, code 00) | |
| 1. Number of pregnancies that appeared to be term (>37 weeks):|\_\_|\_\_| (if none, code 00) | |
| 1. Number of living children: |\_\_|\_\_| (if no living children, code 00) | |
| **Section C. Current Pregnancy** | |
|  | |
| 1. Antenatal care (ANC) received? 1  Yes 2  No/Don’t Know  10.1. If yes number of visits whether in this or other hospital/clinics: |\_\_|\_\_| | |
| 1. Last Hemoglobin level (Hgb)|\_\_|\_\_|**.**|\_\_| or 2  Not done/Don’t Know | |
| 1. Last HCT level |\_\_|\_\_|**.**|\_\_| % or 2 Not done/Don’t Know | |
| 1. Blood group 1 A 2  B 3 AB 4 O 5 Don’t Know | |
| 1. Rh factor 1 Positive 2 Negative 3 Not done/Don’t Know | |
| 1. VDRL 1Reactive 2Nonreactive 3Not done/Don’t know | |
| 1. HIV/AIDS serostatus 1Positive 2Negative 3Not done/Don’t know | |
| 1. History of tuberculosis 1yes 2No 3Not done/Don’t know 2. Urine test suggesting infection: 1 Yes 2No 3 Not done/Don’t know | |
| 1. Malaria during the current pregnancy? 1Yes 2 No 3 Not evaluated/Don’t know | |
| 1. TT vaccination 1Yes (2 doses), this pregnancy2Yes(2 doses), pre-pregnancy  3One dose 4No 5Don’t know | |
|  | |
| **Section D. Maternal Medical Disorders** | |
| 1. Cardiac disease? 1Yes 2 No 3 Don’t know | |
| 1. Diabetes mellitus? 1Yes 2 No 3 Don’t know | |
| * 1. If Yes, 1Pre-gestational 2Gestational3Don’t know | |
| 1. Thyroid disease1Yes 2 No 3Don’t know | |
| * 1. If Yes, 1Hyperthyroidism 2Hypothyroidism3Don’t know | |
| 1. Other disorders? 1Yes 2 No/Don’t Know | |
| * 1. If Yes, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Section E. Obstetric Disorders** | |
| 1. Hypertensive disorders of pregnancy 1Yes 2 No 3 Don’t know | |
| 25.1 If yes, check type (TICK ALL THAT APPLY): | |
| 1Pre-eclampsiab 3Superimposed pre-eclampsia 5Don’t know | |
| 2Eclampsia 4Chronic hypertension | |
|  | |
| 26. Antepartum hemorrhage (APH): 1Yes 2 No 3Don’t know | |
| 26.1. If Yes, check type:1Placenta previa 2Abruptio placenta | |
| 3Other Hemorrhage, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4Don’t know | |
| 1. Chorioamnionitis: 1Yes 2 No 3 Don’t know | |
| **Section F. Intrapartum and immediate postpartum** | |
| ***Events leading to delivery*** |  |
| 1. Spontaneous labor 1Yes 2No 3Don’t know | |
| 1. Spontaneous ROM 1Yes 2No 3Don’t know | |
| 1. Induction of labor 1Yes 2No 3Don’t know | |
| 30.1 If induced, specify indication: 1Fetal distress 3Preeclampsia/eclampsia 2IUGR/SGA 4Macrosomia 5 Other specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. C-Section1Yes2No5Don’t know | |
| * 1. If Cesarean section, specify indication: | |
| 1Fetal distress 7Breech | |
| 2IUGR/SGA 8Multiple pregnancy | |
| 3Preeclampsia/eclampsia 9Prolonged or obstructed labor | |
| 4Cord prolapsed 10Elective Cesarean section | |
| 5Prior Cesarean section 11 Other specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 6Macrosomia 12 Don’t know | |
| 1. Is pregnancy: 1Singleton 2Twins 3Triplet 4 Other | |
| |  |  |  | | --- | --- | --- | |  | **Presentation** 1=Vertex 3=Transverse  2=Breech 4=Other cephalic (face, brow)  5=Don’t know | **Delivery Mode (Mark ALL)**  1= SVD 4=Assisted Breech  2 = Forceps 5=C-Section  3=Vacuum 6 = Don’t know | | 32.1 Singleton ***or*** if twin/triplets, Baby A |  |  | | 32.2 If twin/triplets, Baby B |  |  | | 32.3 If triplets, Baby C |  |  | | 32.4 Other (4+) |  |  |   33. Date and time of delivery (record or if multiple birth, record time of first) (Ethiopian Calendar):   33.1 Date: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| Time: -|\_\_|\_\_|- |\_\_|\_\_| 1AM 2PM 3Don’t know  (dd-mm-yyyy) (Hr) (Min)  33.2 Date and time of delivery (if multiple birth, record time of second):   Date: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| Time: -|\_\_|\_\_|- |\_\_|\_\_| 1AM 2PM 3Don’t know  (dd-mm-yyyy) (Hr) (Min)  33.3 Date and time of delivery (if multiple birth, record time of third):   Date: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| Time: -|\_\_|\_\_|- |\_\_|\_\_| 1AM 2PM 3Don’t know  (dd-mm-yyyy) (Hr) (Min)  33.4 Date and time of delivery (if multiple birth, record time of fourth ):   Date: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| Time: -|\_\_|\_\_|- |\_\_|\_\_| 1AM 2PM 3Don’t know  (dd-mm-yyyy) (Hr) (Min)  33.4.1 greater than 4 specific\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Apgar Score of singleton/Baby A: 1st min |\_\_| 5min |\_\_| Don’t know  34.1 If multiple, record Apgar of Baby B : 1st min |\_\_| 5min |\_\_| Don’t know   34.2 Baby C: : 1st min |\_\_| 5min |\_\_| Don’t know  34.3 Baby D: : 1st min |\_\_| 5min |\_\_| Don’t know  35. If labor, overall duration in hours and minutes: |\_\_|\_\_| days |\_\_|\_\_| (Hr) |\_\_|\_\_|Min (ENTER ‘0’ if no labor) | |
| 36.Duration of rupture of membrane in hours and minutes |\_\_|\_\_|-|\_\_|\_\_|(Hr) - (Min) (Record ‘0’ if at delivery) | |
| 37.Did delivery occur during: 1Working Hours (8AM-5PM weekdays)   2Doctor duty hours (after 5PM weekdays, holidays/weekend) 3Don’t know | |
| 38 .Delivery attendant (Indicate most senior care giver present at the delivery):  1Nurse/midwife 2Physician 3Students(Medical or midwifery)  4Resident 5Intern 6TBA 7 Other/Don’t know | |
| **Section G. Complications During Labor and Delivery** | |
| 39 .Maternal fever prior to delivery: 1Yes 2 No 3 Don’t know | |
| 40. Cord prolapse: 1Yes 2 No 3 Don’t know | |
| 41.Ruptured Uterus: 1Yes 2 No 3 Don’t know | |
| 42 .Other: 1Yes 2 No 3 Don’t know   42.1 If YES, SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 43. Intra-partum FHR monitoring: 1Yes 2 No 3 Don’t know | |
| 43.1 If Yes, 1Intermittent auscultation 2Continuous CTG monitoring  44. Was baby resuscitated with bag and mask? 1Yes 2No 3Don’t know | |
| **Section H. Maternal Medications Prior to Delivery** | |
| 45. Antibiotics: 1Yes 2 No 3 Don’t know If yes, check whether antibiotics are given for following indications:   45.1 PROM 1Yes 2 No 3 Don’t know  45.2 Chorioamnionitis 1Yes 2 No 3 Don’t know | |
| 45.3 Maternal urinary tract infection 1Yes 2 No 3 Don’t know  45.4 Prophylaxis for C-Section: 1Yes 2 No 3 Don’t know | |
| 45.5 Other maternal infection 1Yes 2 No 3 Don’t know  45.5.1 If Yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Dexamethasone given for fetal lung maturation 1Yes 2 No 3 Don’t know | |
| * 1. If Yes, Number of doses: |\_\_| or 3 Don’t know | |
| 46.2 If Yes, time from the last dose of steroid to delivery: |\_\_|\_\_|days |\_\_|\_\_| hours or 3 Don’t know | |
| 47.Magnesium sulfate 1Yes 2 No 3 Don’t know | |
| 1. Diazepam 1Yes 2 No 3 Don’t know | |
| 1. Pethidine 1Yes 2 No 3 Don’t know | |
| 1. Other medication 1Yes 2 No 3 Don’t know | |
| 50.1 If Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| SECTION I. Completion of Form | |
| 1. Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_|\_\_\_|\_\_\_| 2. Name of person reviewing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_\_|\_\_\_|\_\_\_| 3. Date Completed Form Reviewed: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (dd-mm-yyyy) (Ethiopian Calendar) | |