

TOOLKIT

# Clinical and Community Action to Address Postpartum Hemorrhage



a global leader in reproductive health

# Clinical and Community Action to Address Postpartum Hemorrhage

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## Clinical and Community Action to Address Postpartum Hemorrhage

### Tool Kit Contents Overview

Pathfinder International has developed a comprehensive approach to addressing the global challenge of maternal mortality as a result of postpartum hemorrhage. The Pathfinder *Clinical and Community Action to Address Postpartum Hemorrhage Model* addresses the many factors contributing to PPH, and Pathfinder has developed the *Prevention, Recognition, and Management of Postpartum Hemorrhage* training curriculum that covers the related clinical interventions. The application of the non-pneumatic anti-shock garment (NASG) is part of this training.

This tool kit contains samples of materials that can be adapted and used in conjunction with the clinical lessons outlined in the training curriculum. Pathfinder would like to emphasize that the NASG **should not** be applied by clinical staff who have not been trained in its use, as its misuse could be fatal to the client.

The elements of this Tool Kit should be downloaded from the accompanying CD and adapted for local use. Several charts are designed to be enlarged and posted on a clinic wall for quick reference. A selection of forms is offered to support the assessment and supervision of facilities, the supervision and monitoring of staff performance, and the maintenance of essential patient records.

### Tool Kit Contents

Birth Planning Card: A Birth Planning Card can help pregnant women and their families to plan ahead for their deliveries and alert them to possible emergencies. These cards should be printed and distributed to pregnant women as part of community mobilization for safe deliveries. Women should be encouraged to take these forms home and complete them with their husbands and significant family members, and share them with their local provider at an ANC visit.

Model diagram: A schematic diagram of the interventions that contribute to the comprehensive Clinical and Community Action to Address Postpartum Hemorrhage model.

#### **Wall Charts/Job Aids**

Estimating Blood Loss: A chart that displays the different quantities of blood held in various containers or absorbent materials. It offers a visual reference for estimating how much blood a patient has lost.

Active Management of the Third Stage of Labor (AMTSL): A quick reference chart that provides step-by-step instructions for actively managing the third stage of labor immediately after the baby is born, focusing on the prevention and care of hemorrhage.

Management of Hypovolemic Shock: A quick reference chart that outlines the clinical signs of shock and details appropriate responses. It includes information on when to apply the NASG.



Using the blood collection drape: Step-by-step illustrated instructions on the use of the blood collection drape to capture and effectively measure blood from a woman with vaginal bleeding.

Applying the NASG: Step-by-step illustrated instructions on the application of the non-pneumatic anti-shock garment (NASG).

Removing the NASG: Step-by-step illustrated instructions on the removal of the non-pneumatic anti-shock garment (NASG).

Cleaning the NASG: Step-by-step illustrated instructions on the cleaning of the NASG.

Recommended Dilutions of Sodium Hypochlorite (Bleach) for Decontaminating the NASG: Specific instructions on the proper dilution of different brands of bleach in different countries for the cleaning of the NASG.

## **Checklists, data collection, assessment, and other forms:**

### ***Booklets:***

Competency-based checklists: A set of competency-based checklists covering clinical procedures related to the PPH model. Skills and activities are broken down into essential steps and analyzed to determine the most efficient and safe way to perform and learn them. These tools are useful for evaluation, training follow-up, and supervision.

Health Facility Assessment Tools: Tools offering a protocol for health facility assessment and a chart with site selection criteria. A comprehensive form enables staff to conduct a thorough assessment of existing facilities to inform their choice of clinics that will be included in the implementation of the clinical and community model to address postpartum hemorrhage. It enables staff to identify gaps in equipment, supplies, and services.

Community Survey Tools: The community survey tools enable program planners to identify the current community level of knowledge, attitudes, and practices related to the prevention of maternal mortality. They focus particularly on problems of emergency obstetric hemorrhage and barriers communities and facilities face. Survey results should be analyzed and used to inform community and facility level interventions.

Data Collection Tools: A set of forms to record the history, status, and outcomes for individual patients and to summarize this data on a monthly basis. Also includes logbook forms to record similar data on a facility basis.

**Birth Planning Card**

**Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Village:** \_\_\_\_\_

**Head of Household:** \_\_\_\_\_

**I plan to deliver at:**

\_\_\_ Facility (name): \_\_\_\_\_

\_\_\_ Home

For delivery at home I will be assisted by

(name): \_\_\_\_\_

*She has agreed to stay with me for 2 hours after my delivery*

**In Case of Emergency I will go to:**

Facility: \_\_\_\_\_

Transport vehicle: \_\_\_\_\_ Cost: \_\_\_\_\_

I have saved \_\_\_\_\_ (money) for my transport



*continues on other side*

If I need blood, the following people will donate for me:

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

The person who will escort me is: \_\_\_\_\_

Address: \_\_\_\_\_

If this person is not at home, I will be escorted by: \_\_\_\_\_

Address \_\_\_\_\_

Husband/Father signature: \_\_\_\_\_

**If you have any of these problems, get help as fast as possible:**

**During Pregnancy**

- Vaginal bleeding
- Fever
- Strong abdominal pains
- Fainting, fits or convulsions
- Severe headache
- Swelling of the legs, hands and face
- Fetus stops moving for 24 hours
- Bad-smelling vaginal discharge
- Bag of waters breaks and labor does not begin within 24 hours

**During Birth**

- Labor longer than 12 hours (24 hours if first pregnancy)
- Cord comes out before the baby
- Baby comes feet, hand or bottom first (before head)
- Placenta does not come out
- Fits/convulsions
- Heavy bleeding

**After Birth**

- Heavy bleeding
- Fever
- Bad-smelling discharge



# Clinical and Community Action to Address Postpartum Hemorrhage

## GOVERNMENT SUPPORT

**Advocate** with government officials to promote enabling policies

## CLINICAL INTERVENTIONS

**Prevent** PPH through the routine application of AMTSL

**Identify** hemorrhage through accurate estimation of blood loss

**Manage** PPH by:

- Identifying the cause of hemorrhage
- Replacing fluids to prevent shock
- Using uterotonics as appropriate
- Applying the NASG when shock occurs
- Replacing blood and performing surgery

## COMMUNITY ENGAGEMENT

**Organize** communities to develop emergency transportation systems

**Mobilize** communities to recognize the danger of PPH and excessive blood loss, and actively engage in healthy behaviors

**Empower** families for safe delivery

# Estimating Blood Loss



soiled sanitary towel  
**30ml**



saturated small swab (10x10cm)  
**60 ml**



saturated sanitary towel  
**100 ml**



incontinence pad  
**250 ml**



saturated swab (45x45cm)  
**350 ml**



full kidney dish  
**500 ml**



floor spill (100cm diameter)  
**500 ml**



blood spilling on bed  
**1000 ml**



blood spilling to floor  
**2000 ml**



# Using the Blood Collection Drape



1 Slip gloved hands into the corners of the flap at the top of the drape.



2 Place the rectangular portion of the drape under the woman's buttocks, with funnel portion lying on the table



3 Tie the drape around the woman at her waist and hips



4 Place a thick, rolled towel under her shoulder blades



5 Push blood into the funnel using a gloved hand



6 Look at the amount of blood in the funnel



7 To remove the drape, roll the rectangular portion downwards, towards the top of the funnel



9 Remove drape, rolled securely to prevent blood spillage

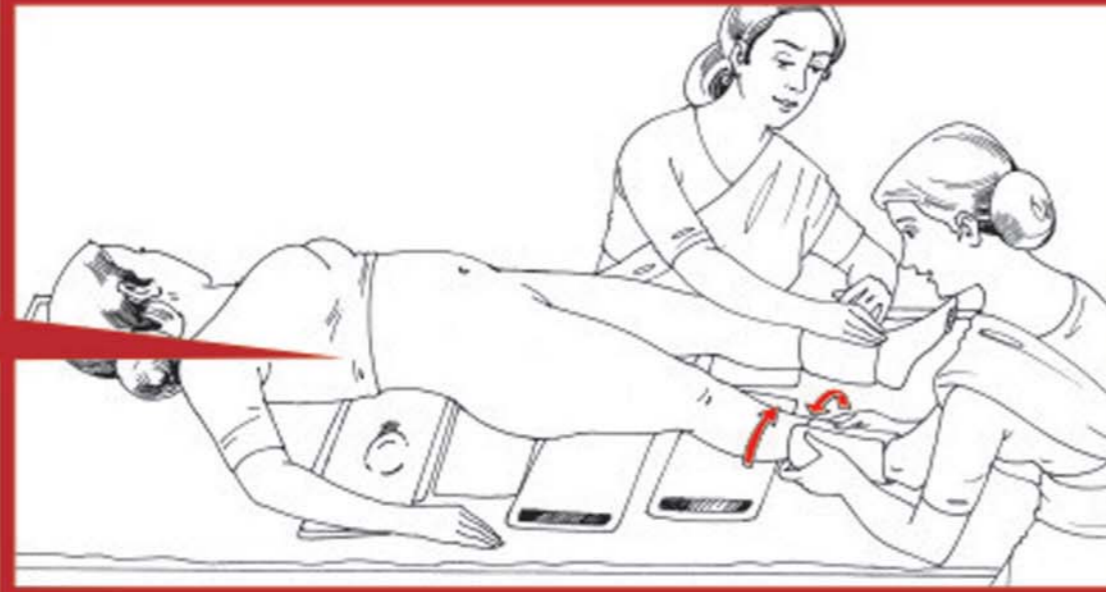
Adapted from:

A. Patel, S. Goudar, S. Geller, B. Kodkany, S. Edlavitch, K. Wagh, S. Patted, V. Naik, N. Moss, & R. Derman, "Drape estimation vs. visual assessment for estimating postpartum hemorrhage," International Journal of Gynecology & Obstetrics, Volume 93, Issue 3, Pages 220-224.

# Applying the NASG

Place the NASG under the woman with the top edge at the level of her lowest rib (at her side)

1. Close segments 1 tightly around each ankle. Check for snap sound.



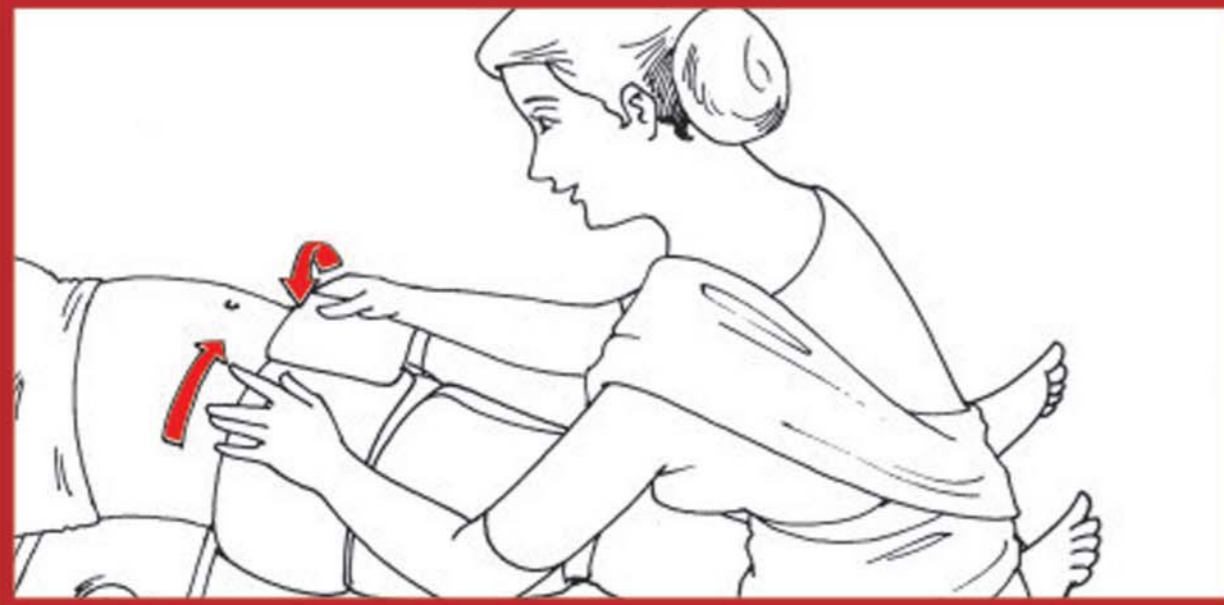
2. Close segments 2 tightly around each calf. Check for snap sound. Leave the knee free so that the leg can bend.



3. Close segments 3 tightly around each thigh. Check for snap sound. Leave the knee free.



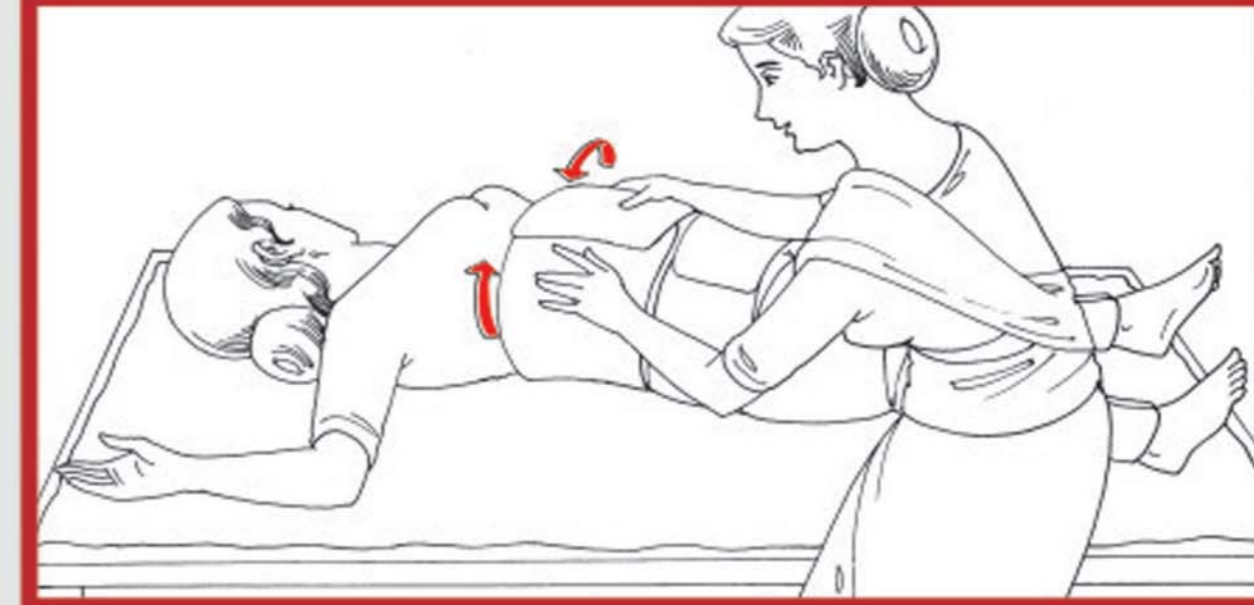
4. Close segment 4 around pelvis with lower edge at level of pubic bone.



5. Close segment 5 with pressure ball directly over the umbilicus



6. Finish closing the NASG using segment 6



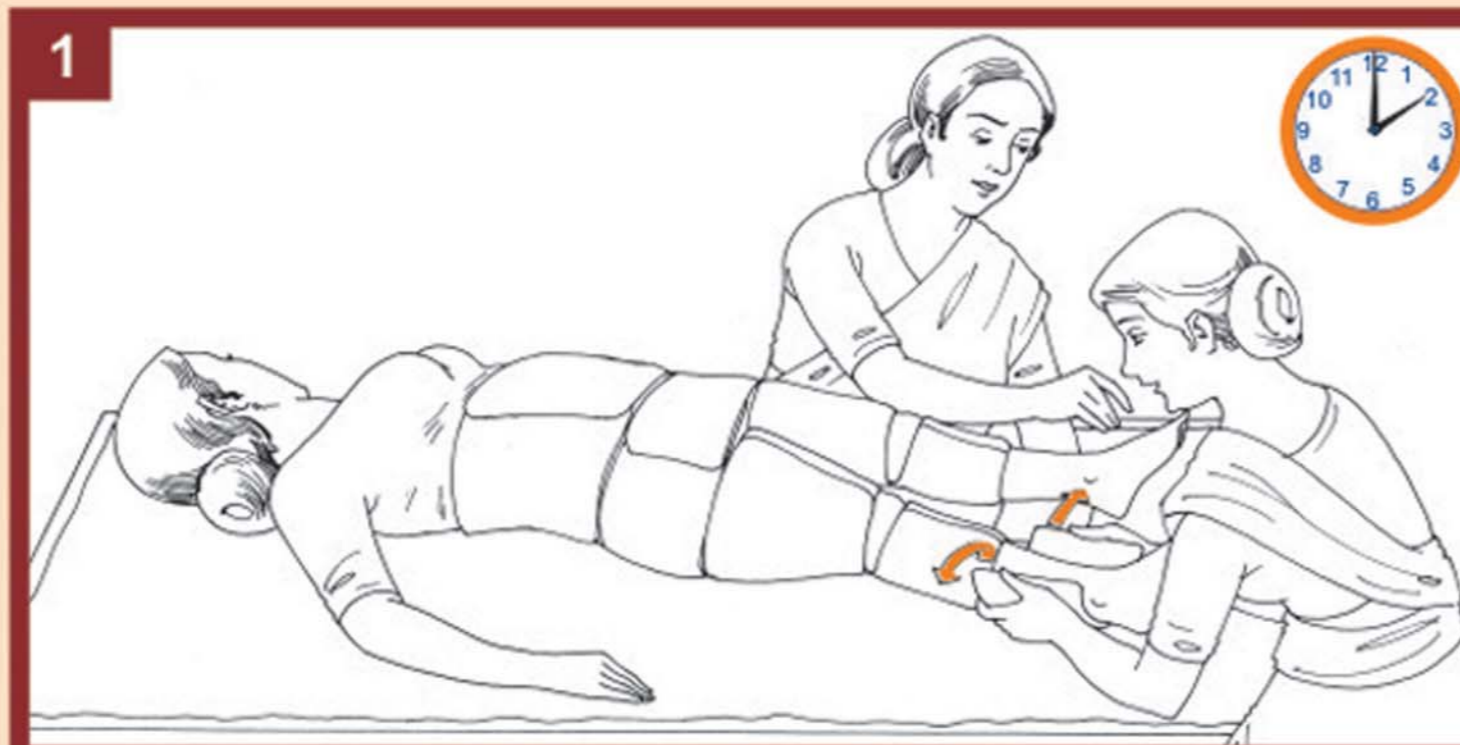
## Caution

- Segments 1, 2, and 3 can be applied by 2 persons simultaneously.
- Segments 4, 5, and 6 should ONLY be applied by one person.
- Make sure the woman can breathe normally with segment 6 in place.

# Removing the NASG

Remove NASG only when woman has been stable for 2 hours:

- Bleeding < 50 ml/hour
- Pulse < 100 bpm
- BP > 90/60



1 Take pulse and BP. Confirm both are stable. Simultaneously remove segments 1 from around both ankles. Wait 15 mins. Take pulse and BP. If no change...



2 Simultaneously remove segments 2 from around both calves. Wait 15 mins. Take pulse and BP. If no change...



3 Simultaneously remove segments 3 from around both thighs. Wait 15 mins. Take pulse and BP. If no change...



4 Remove segment 4 from around pelvis. Take pulse and BP. If no change...



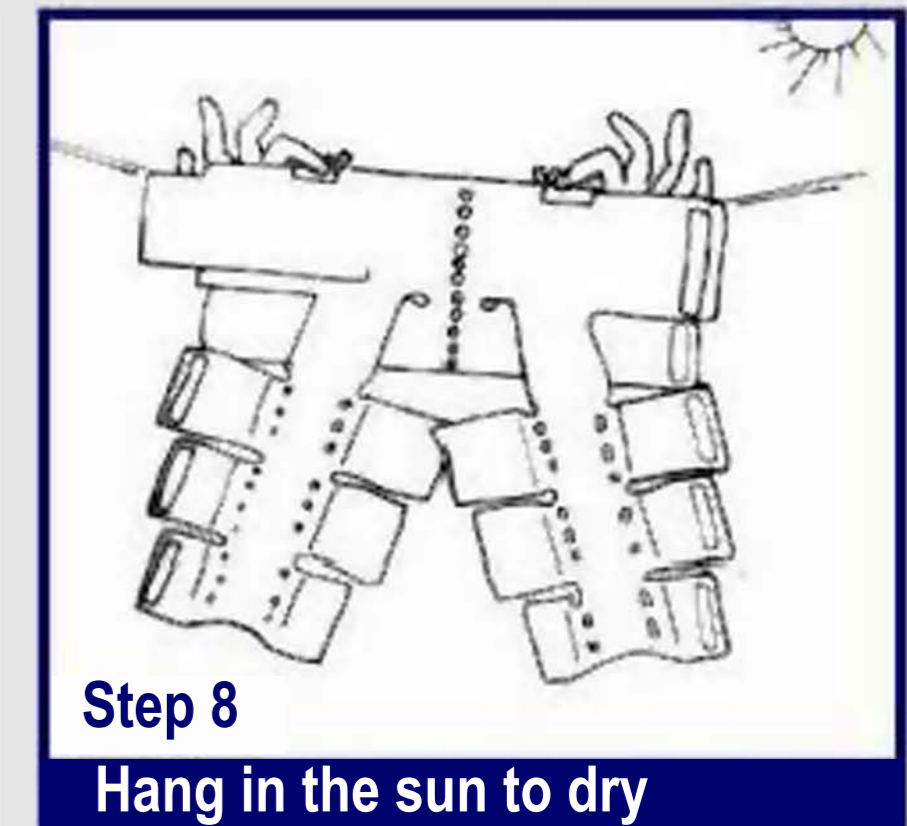
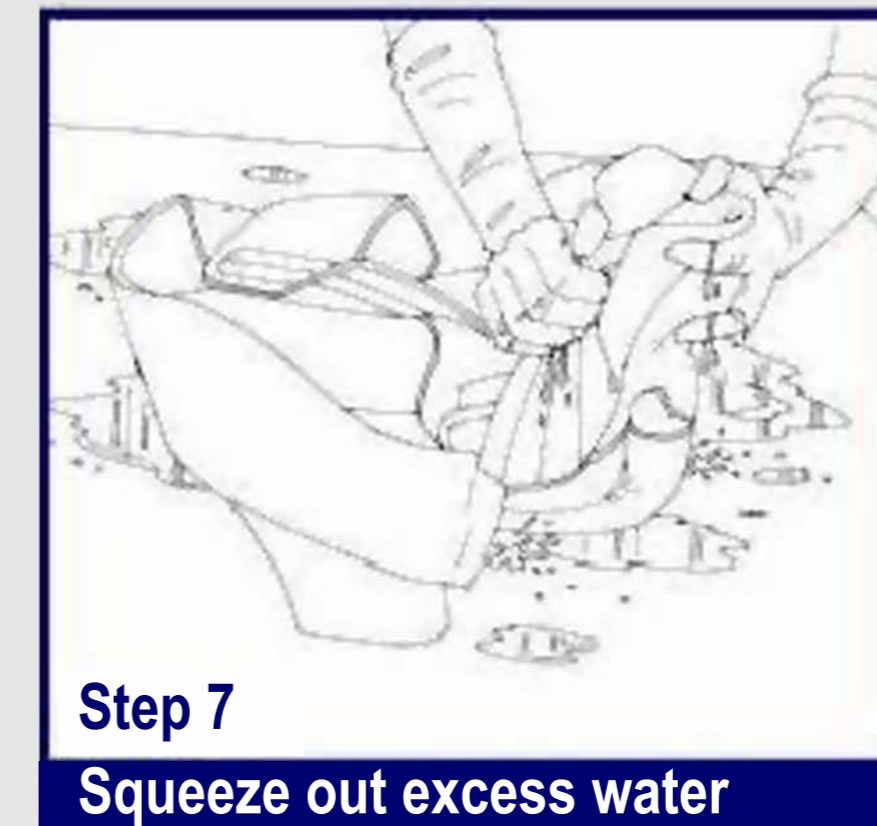
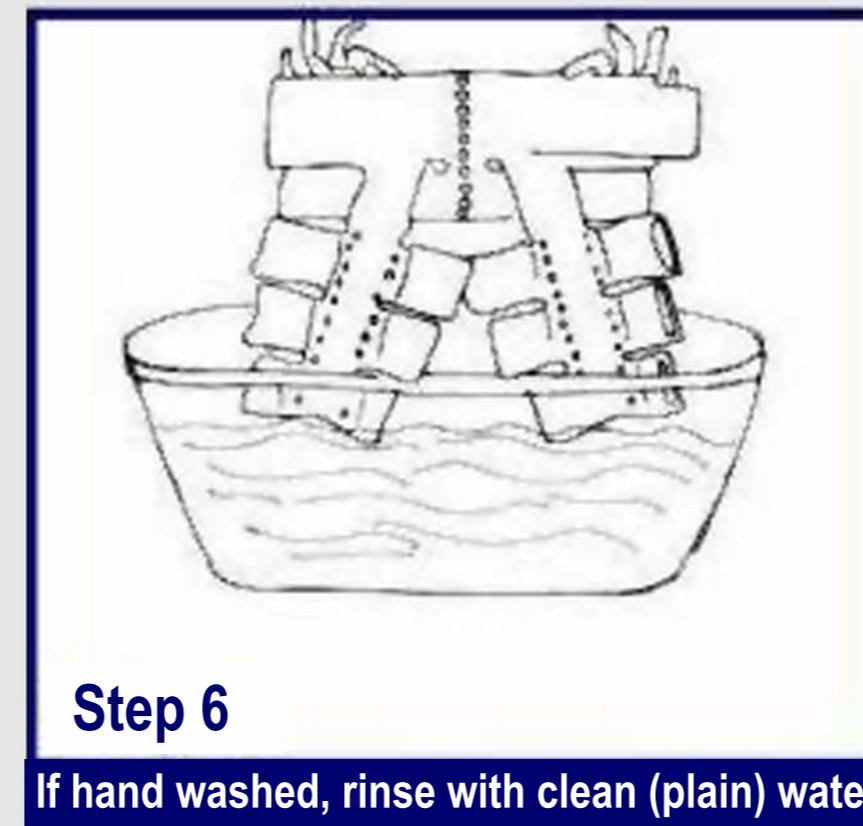
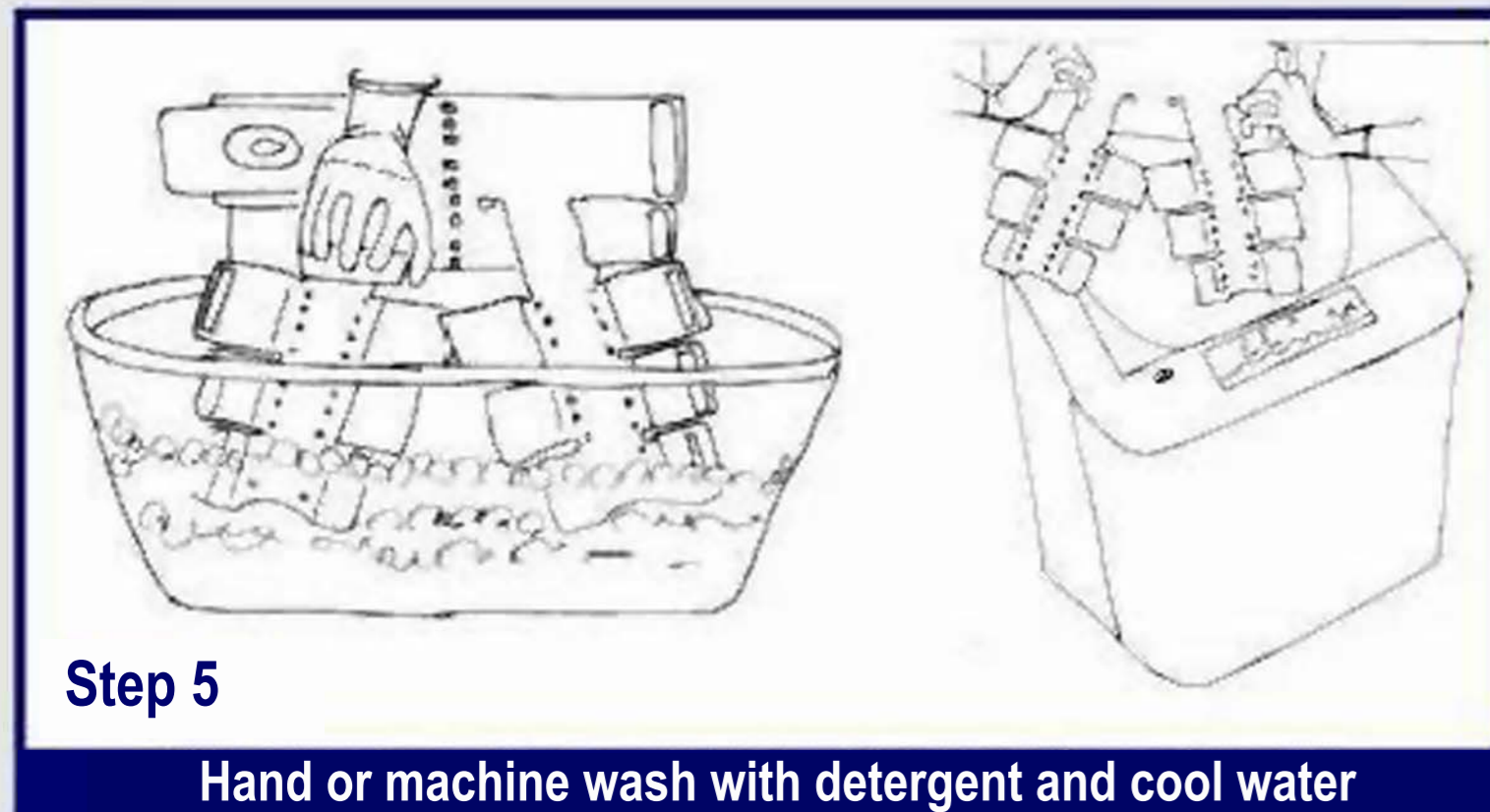
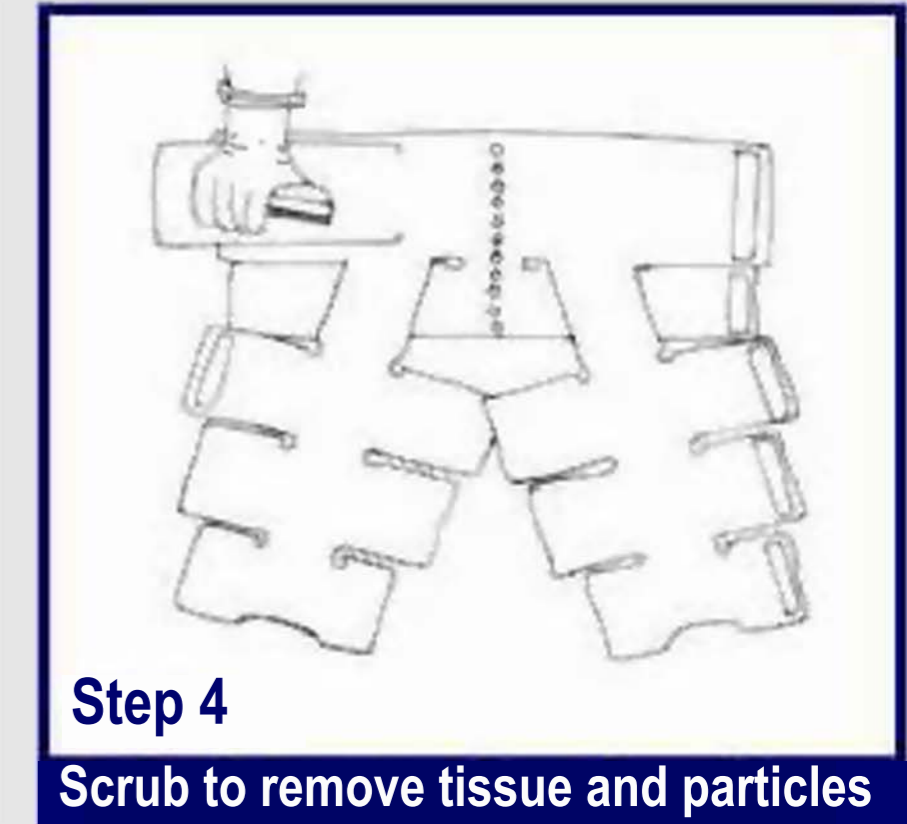
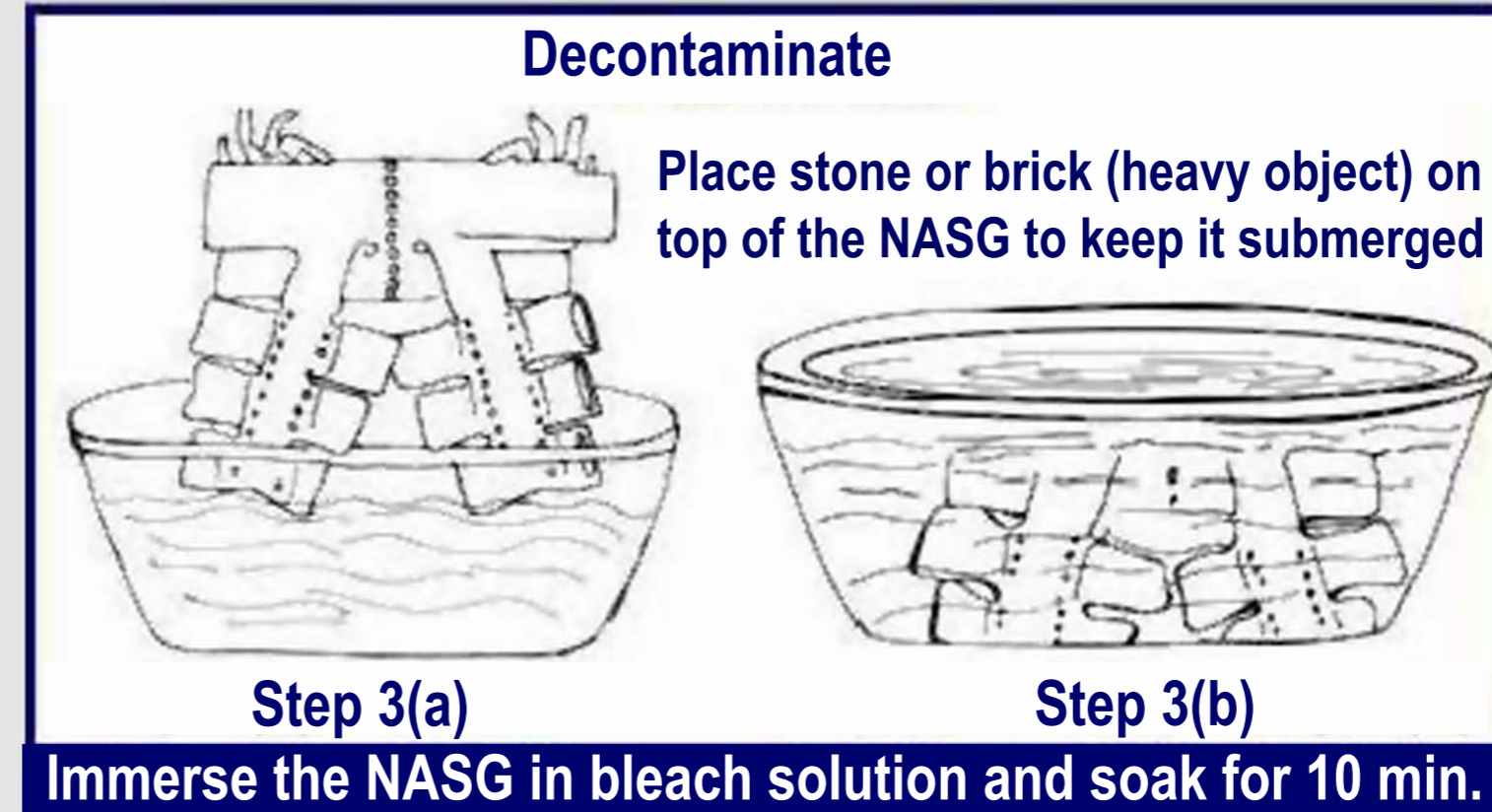
5 Remove segments 5 and 6 from around abdomen. Wait another 15 mins. before allowing woman to sit up.



## Caution:

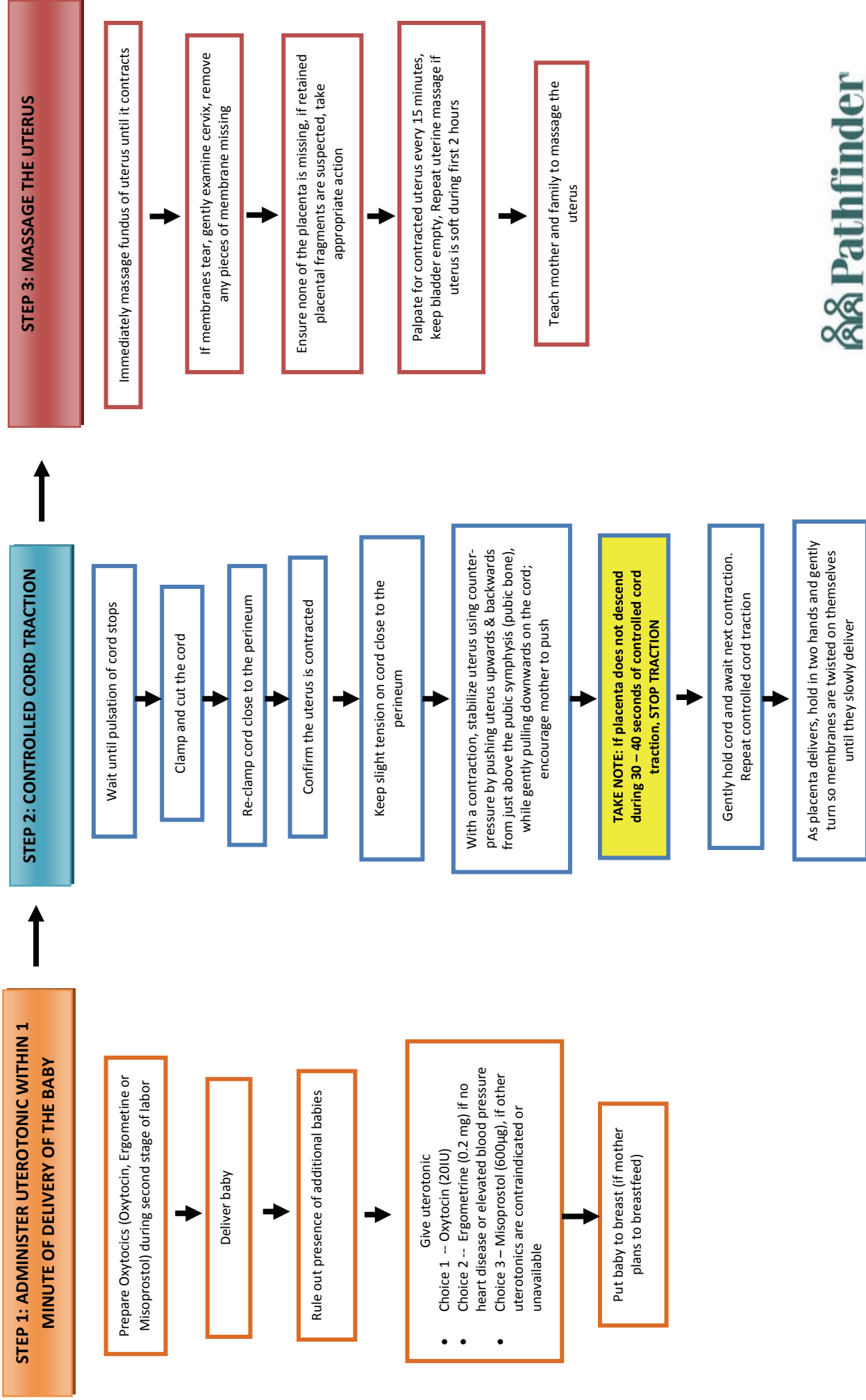
If BP falls by 20mm/Hg or pulse increases by 20 bpm after any segment is removed, rapidly replace all segments in any order and consider the need for more saline or blood transfusion.

# Cleaning the NASG



## ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR (AMTSL)

**Remember to review all ANC records for number of babies and overall maternal health**



# Management of Hypovolemic Shock

## Clinical Signs of Shock

- ▶ Fast and/or weak pulse greater than 110 beats/minute
- ▶ Low BP less than 90 mmHg systolic
- ▶ Pallor, sweating, cold skin
- ▶ Fast breathing
- ▶ Anxious or confused
- ▶ Unconsciousness with later high blood loss
- ▶ Urine output less than 30 ml/hour

## What to Do



- ▶ Call/ask for help
- ▶ Start fluid replacement at home
- ▶ Assess bleeding
- ▶ Check uterine tone
- ▶ Check vital signs now and every 15 minutes

## Application of NASG



- ▶ Place NASG
- ▶ Start Oxygen

## Investigation



- ▶ FBC, Hb & PCV by finger prick; group & cross match
- ▶ Blood bedside clotting test, clotting profile

## Fluid Replacement



Start 2 IV lines with large gauge needles (16-18)

Only use crystalloid fluids: Ringers Lactate, Hartmann's, Normal Saline

1. Run in fist litre in 15-20 minutes; follow with second litre so that 1500 ml is infused in the first hour
2. If uterine atony: start second IV line with crystalloid fluids with 20-30 IU oxytocin at 150ml/hour  
Follow this IV with oxytocin 20 IU per litre
3. Subsequent rate of IVs depend on the patient's response

## Referral



- ▶ If PHC level, prepare for transport
- ▶ If referral level, prepare for transfusion, procedure(s) and/or theatre

## Recommended Dilutions of Sodium Hypochlorite (Bleach) for Decontaminating the NASG

Exposure to too strong a bleach solution will cause the NASG to deteriorate. Because the NASG does not go inside the body, it can be decontaminated in a bleach solution that is one-tenth as strong as that used in conventional instrument processing (the NASG should be soaked in a 0.05% bleach solution; standard instrument processing uses a 0.5% bleach solution).

Dilution is necessary when using a pre-made bleach solution because bleach sold commercially is more concentrated than 0.05%. Because the concentration of commercially-sold bleach varies by brand and country, the amount of bleach needed to achieve a 0.05% solution will also vary. The following chart shows how to mix 0.05% solution from pre-made solutions.

Brand of Bleach (Country)	Percent Available Chlorine	Bleach Needed to Achieve 500 Ppm = 0.05% = 0.5 g/l Concentration for NASG, for Every:	
		1 Liter of Water	50 Liters of Water
Valu Check'd	3%	0.17 ml	8.33 ml
JIK (Africa)	3.50%	0.14 ml	7.14 ml
Household Bleach, Clorox (USA, Canada, Peru), Eau de Javel (France, Viet Nam, 15o chlorum*), ACE (Turkey), Jif (Haiti), Red & White (Haiti), Odex (Jordan)	5%	0.10 ml	5.00 ml
Blanqueador, cloro (Mexico)	6%	0.08 ml	4.17 ml
Lavandina (Bolivia)	8%	0.06 ml	3.13 ml
Chloros (UK), Leja (Peru)	10%	0.05 ml	2.50 ml
Extrait de Javel (France) (48o chlorum*), Chloros (UK)	15%	0.03 ml	1.67 ml

In general, a bleach solution for soaking the NASG can be made by using one-tenth as much bleach **or** ten times as much water as is normally used for instrument processing.

In some countries, the concentration of sodium hypochlorite is expressed in chlorometric degrees (° chlorum); 1° chlorum is approximately equivalent to 0.3% available chlorine.

### References

- Miller S, et al. A Comparative Study of the Non-Pneumatic Anti-Shock Garment for the Treatment of Obstetric Hemorrhage in Egypt. *International Journal of Gynecology and Obstetrics* 109: 1, 20-24.
- Tietjen, L., Cronin, W., McIntosh, N., *Infection Prevention for Family Planning Service Programs*, JHPIEGO, Baltimore, MD, 1992.
- U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Use of Bleach in Prevention of Transmission of HIV in Health Care Settings. March 9, 1995.



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# Health Facility Assessment Tools

Clinical and Community Action to  
Address Postpartum Hemorrhage  
TOOL KIT

Protocol for the Health Facility Assessment

Site Selection Criteria

Health Facility Assessment Form



## **Protocol for the Health Facility Assessment**

This protocol provides guidelines for the three phases that encompass a health facility assessment which are: 1) preparation phase, 2) data gathering phase (including general rules for gathering information) and, 3) data management phase.

### **1. Preparation phase**

- Prepare a list of health facilities by level (primary, secondary and tertiary) to be assessed.
- Inform each of the selected health facilities on Pathfinder International PPH initiative and assessment objectives.
- Seek authorization (from all level of authorities) for health facility assessment.
- Visit facility beforehand to review the assessment procedure and provide an opportunity for questions/answers. Take this opportunity to explain to facility officials (in Nigeria only), that there facility was chosen for the assessment to determine if it is a potential facility for the PPH initiative based on location, utilization and services available. The results of the assessment will be shared with the facility but it will also inform Pathfinder which facilities will be most appropriate for the PPH initiative. Not all facilities assessed will necessarily be part of the PPH initiative.
- Identify assessor's team and provide extensive overview on assessment tool Identify potential challenges and barriers for data collection and discuss strategy to overcome it.
- Be sure assessor's have health facility assessment tool (more than one printed copy is recommended) as well as contact information for each of the facilities to be assessed.

### **2. Data-gathering phase**

- It is highly recommended that management and staff relevant to the project be part of the assessor's team; by doing so we can foster buy in to and ownership of the assessment and the project objectives, have the potential of creating a team approach and good working relationship for the future; and makes change and filling identified service gaps more likely. It is also important to include project staff who have an understanding of and commitment to project goals.
- Please be aware that some of the sections of the health facility assessment require observation of providers' practices (e.g. infection prevention)
- During the health facility assessment it is important to collect samples of record forms and photocopies of samples of pages from all registers, so please be sure you label them appropriately before leaving the health facility.
- For sections that collect information on equipment and drug supply, the "comments" section should be the space to note status of equipment (e.g. functional or not; good condition or not, etc)

## Clinical and Community Action to Address Postpartum Hemorrhage *Protocol for the Health Facility Assessment*

- Before leaving the facility the team leader has to be sure that the information is 1) legible and, 2) complete (make sure the that the facility is identified, and the date of the assessment is filled in.

### General Rules for Gathering Information

- Complete the facility assessment form by answering each and every item of information or question. Do not leave any questions unanswered; if no data is available, do not leave it blank. Write the following codes as appropriate: not reported (NR), not applicable (NA), no information available (NI), or not observed (NO).
  - *A blank in a question will mean that the question was not asked or no observation was made for an item in the tool. A complete questionnaire should not have any blanks.*
- Make a tick mark against “Yes” or “No” in the appropriate box for an answer to a question. If no tick is applicable write beside the box one of the codes (NR, NA, NI, or NO) indicated above. It is advisable to use a pencil in filling a questionnaire in order to make legible changes in the answer, if need be.
- The answer for many questions will be in number. For some, number unit may be required (e.g., size of syringe, or size of dose, or temperature), therefore, write the number along with its unit where applicable. Again, please do not leave a blank response for any of the questions and use above codes when required.
- Please note: The “comments” section is very important. It provides information about action that should be taken and/or reasons for the yes or no answer. Comments should include 1) explanation of the numbers or answers as required and, 2) any additional information that would be useful to implementing in that facility. Comments should be written succinctly and clearly in places as indicated in the questionnaire.
- Edit the questionnaire after the completion of data collection in each section. Go back to the questions in the section and check if all questions are answered and information is consistent. If necessary, verify the information with the respondent about inconsistent answers or get the information that was missed. Then move to the next section.
- Give a final look at the filled-in tool or questionnaire to ensure completeness and consistency of information before you conclude the interview/observation and exit from the facility.

### **3. Data management phase**

- Health facility assessment tools should be collected and sent to Pathfinder’s central office in Abuja or Delhi.
- Upon receiving the completed tools, staff assigned to M&E activities should enter the name and location of the health facility as well as number of tools received into a log-book. In addition, the date of the health facility assessment and the name of the person who conducted the assessment should be recorded in the same logbook.

**CCA-PPH Health Facility Assessment**  
**Site Selection Criteria**

	<b>General Criteria</b>	<b>NASG -specific Criteria</b>
<b>PHC Level</b>		
	<b>Facility Services</b>	Attend at least 360 births/yr
	ANC available	MUST be able to refer to a secondary level facility that will be trained in NASG
	30 deliveries per month (Well patronized)	
	Accept pts 24 hrs/day and delivery 24 hours/ day seven days per week	
	Providing RH/ child survival	
	Ability to perform HLD	
	<b>Facility Staffing/capacity</b>	
	Have Midwives and/or CHEWS and/or Community Health Officer on staff	
	Capacity to manage retained placenta/retained products of conception	
	<b>Facility Infrastructure/environment</b>	
	Accessible/appropriately located	
	Permanent structure	
	Running water /water source	
	Strategic location/dense population	
	Requires minimal interventions for upgrade	
	Acceptable to LGA	
	Enjoys community/LGA support	
	*Build off of other existing projects supporting facility services	*not a requirement but preferred where possible
<b>Secondary Level</b>	<b>All of the above plus:</b>	Attend at least 1000 births/yr
	<b>Facility Services</b>	Can refer to a tertiary facility that will be trained in NASG
	Blood transfusion services, at least capacity for direct transfusion of screened blood	
	Ability to provide oxygen	
	<i>Provide BEmOC services including:</i>	
	-assisted vaginal delivery	
	-manual removal of placenta and retained products	
	Operating theatre	
	Basic lab capacity (including Hb testing and type and cross match for direct transfusion)	
	<b>Pharmacy</b>	
	-administer antibiotics	
	-ability to administer intravenous fluids including normal saline	
	-capacity to treat pre-eclampsia	
	- appropriately store and administer uterotonics	
	<b>Facility Staffing/capacity</b>	
	Skilled providers: MO, nurse midwives or doctors who are able to perform c-section, repair lacerations and laparotomy	
	Capacity to learn and provide IV infusions	
	<b>Facility Infrastructure/environment</b>	
	Electricity/generator plus national grid	
	*Build off of other existing projects supporting facility services	*not a requirement but preferred where possible
<b>Tertiary Level</b>	<b>All of the above plus:</b>	All of the above plus:
	<b>Facility Services</b>	Attend at least 3000 births per year
	facilities for surgical intervention	
	24/7 hour blood bank or ability/capacity for direct transfusion	
	24/7 hour lab	
	<i>Lab facilities for testing:</i>	
	-Hemoglobin	
	-Creatinine	
	-Coagulopathy testing/DIC screening	
	<b>Facility Staffing/capacity</b>	
	Doctors in house 24 hours 7 days per week	
	24/7surgeons on call	
	24/7 hour anaesthesiologists on call	
	<b>Facility Infrastructure/environment</b>	
	*Build off of other existing projects supporting facility services	*not a requirement but preferred where possible

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**Health Facility Assessment Form**

Dear Sir/Madam,

I am .....from the Pathfinder International. Pathfinder International is an international not-for-profit organization. We work in the field of reproductive health. We are here to conduct a facility assessment for one of our projects. The project seeks to reduce injury and death to mothers caused by severe bleeding after giving birth. The project will be implemented in some selected rural and urban areas of \_\_\_\_\_ state. In this connection, we have also received approval from the Ministry of Health (*show the letter of approval*).

For successful implementation of the project, we need baseline information from the health facilities in the selected areas where we will be working. In this regard, I would like to collect information from you about this health centre/hospital to learn how you currently treat postpartum hemorrhage (PPH). I will collect information in a structured format and will be grateful if you can offer me 30 minutes of your time. In addition to answering my questions to the best of your ability, I kindly request to be allowed to visit the maternity ward and operating theater, so I can conduct an observation assessment of critical equipment and supplies needed for the CCA-PPH project.

I thank you in advance for the information provided and assistance.

Please provide me information about following facilities:

**Instruction:**

*This tool will be used to assess the facility's capacity to address PPH and related issues, including Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC) facilities.*

*For multiple questions, please select only one response by checking the most appropriate response.*

1.0 Background Information				
No.	Questions & filters	Coding categories	Code	
1.1	Facility	Tertiary Institutions.....1 Specialist General Hospitals .....2 General Hospital.....3 Comprehensive Health Centers (CHC).....4 Primary Health Center (PHC).....5 Health Clinic (HC).....6	<input type="checkbox"/>	
1.2	Respondent Title:	First Name:	Surname:	
	.....	.....	.....	
1.3	Location (Town, Village)	.....		
1.4	The health facility is recognized as:	BEmOC ..... 1 CEmOC.....2 PHC.....3	<input type="checkbox"/>	
1.5	Date of interview	D    D    M    M    Y    Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Clinical and Community Action to Address Postpartum Hemorrhage  
 Health Facility Assessment Form

1.6	Name of the interviewer with code Name .....							<input type="text"/>	<input type="text"/>
<b>For question 1.7: Yes – 1, No – 2</b>									
1.7	Does the health unit have an emergency obstetric unit that operates 24 hours a day, 7 days a week?				Yes.....1 No.....2		<input type="checkbox"/>		
Time sheet of hospital (working days / hours)  <i>Mark the shift timings on all days in the week with 1 for “Yes” and 2 for “No” in the appropriate box.</i>									
1.8	Shift	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.	Sun.	
	Morning (start and close time) Time...../.....AM/PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Afternoon (start and close time) Time...../.....AM/PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Evening (start and close time) Time...../.....AM/PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Weekend (start and close time) Time...../.....AM/PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Departments of hospitals				No. of beds in the unit				
a.	Emergency department				.....				
b.	Obstetric and gynecology department				.....				
c.	Others (specify)				.....				

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**INTERVIEWER: For section 2.1 questions, in addition to interviewing you must verify the schedule posted at the health facility showing staff coverage of corresponding shifts.**

2.0 Interviews and Data Review						
No.	Questions & filters					
2.1	Staffing position	Actual (In numbers)				Number of Government Assigned Staff Positions
		Day	Evening	Night	Weekend	In No.
a.	Professor, Assistant Professor/ Specialist in Ob/Gyn					
b.	Senior Registrar OBGYN					
c.	Registrar					
d.	Residents					
e.	Medical officer					
f.	Anesthesiologists/anesthetists					
g.	Staff nurse					
h.	Student nurse					
i.	Nurse-midwife					
j.	CHEW					
k.	Other					

2.2	Training: In the last three years, how many staff have received any of the following training?	Obstericians	Medical officer/ SR/ Registrar/ Resident Doctor	Staff Nurse/ Midwives	ANM/ CHEW
a.	Basic emergency obstetric care (BEmOC)				
b.	Comprehensive emergency obstetric care (CEmOC)				
c.	Life saving skills				
d.	Infection prevention				

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e.	Pre/post natal care				
f.	Counseling				
g.	Other (specify) .....				

**3.0 Patient Volume**

Take data from log book over the past 3 years		2008	2007	2006	Comments
3.1	Total number of deliveries				
3.2	Number of cesarean deliveries				
3.3	Number of vaginal deliveries				
3.4	Total number of admissions for obstetric hemorrhage				
3.4.1	Total number of admissions for PPH				
3.5	Total number of maternal deaths in the facility				
3.6	Delivery at less than 24 weeks gestation				
3.7	Delivery at greater than or equal to 24 weeks gestation				

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Take data from log book over the past 3 years		2008	2007	2006	Comments
<b>3.8</b>	<b>Maternal deaths attributable to:</b>				
3.8.1	Obstetric hemorrhage (OH) other than PPH (e.g. antenatal)				
3.8.2	Post partum hemorrhage (PPH)				
3.8.3	Pre-eclampsia/ Eclampsia				
3.8.4	Sepsis				
3.8.5	Unsafe abortion				
3.8.6	Obstructed/prolonged labor/rupture uterus				
3.8.7	Other				

<b>4.0 Records and Forms</b>						
4.1	Who maintains registers? <i>(Please write name of the person with designation)</i>					
No.	Name/type of register maintained	Name/type of register maintained	Register last updated on <i>(enter date)</i>	Name	Designation	Photocopy Obtained
a.	ANC register					<input type="checkbox"/>
b.	Postpartum follow up register					<input type="checkbox"/>



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c.	Delivery register /delivery log					<input type="checkbox"/>
Write down the headings for each column in the delivery log. <i>(If possible get a page of the register)</i>						
d.	Is the delivery log available?	Yes.....1	No.....2			<input type="checkbox"/>
e.	Are individual case records available?	Yes.....1	No.....2			<input type="checkbox"/>
f.	Are referrals in & out of the obstetric unit recorded? (Verify)	Yes.....1	No.....2			<input type="checkbox"/>
g.	Are deaths recorded? (Verify)	Yes.....1	No.....2			<input type="checkbox"/>
h.	Is the register complete?	Yes.....1	No.....2			<input type="checkbox"/>

4.2	Are service trends or statistics reported back to key staff?	Yes.....1	No.....2			<input type="checkbox"/>
4.3	Are they reported to LGA and/or state government?	Yes.....1	No.....2			<input type="checkbox"/>
4.4	Are maternity mortality reviews conducted in this unit?	Yes.....1	No.....2			<input type="checkbox"/>
4.5	Describe what is included in the review as well as the date of the last review: .....					
4.6	What is the date of the last mortality review conducted in this unit? .....					

<b>5.0 Wards, Theaters &amp; Beds</b> Check the appropriate box						
5.1	Where is the woman first admitted if she is a case of:	Emergency room	Casualty	Delivery	Operating Theatre	Other
a.	Postpartum hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Septicemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c.	Complication of abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Woman pregnant less than 24 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Ectopic pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Fetal demise (still birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Ante partum hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Severe pre-eclampsia/ eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Total number of beds in the facility					<input style="width: 100px;" type="text"/>

<b>For questions 5.3 through 5.4 Codes: Yes-1 and No-2</b>				
5.3	Which of the following are available in the facility?	Coding categories	Code	Number of Beds
a.	i. Emergency room	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
	ii. No. of emergency rooms ( <i>write in numbers</i> )		<input type="checkbox"/>	<input type="checkbox"/>
b.	Antenatal ward	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
c.	Labor room 1 <sup>st</sup> Stage	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
d.	Delivery room 2 <sup>nd</sup> Stage	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
e.	Postpartum recovery room	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
f.	Postpartum ward (Lying-in ward)	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
g.	Functioning operating room/theater	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
h.	Surgical recovery room	Yes.....1 No.....2	<input type="checkbox"/>	<input type="checkbox"/>
i.	Others (specify)	.....		

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5.4 Obstetric intensive care unit (ICU)			
a.	Is there an obstetric ICU?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 5.5</b>	<input type="checkbox"/>
b.	Is oxygen there in the obstetric ICU at all times?	Yes.....1 No.....2	<input type="checkbox"/>
c.	Is admission possible for 24 hours at the obstetric ICU?	Yes.....1 No.....2	<input type="checkbox"/>
d.	If not, state the reason?	.....	
e.	How many beds are there in the obstetric ICU?	<input type="checkbox"/>	
f.	How many pulse oxymeters are there in obstetric ICU?	<input type="checkbox"/>	
g.	Do you have ventilators available?	Yes.....1 No.....2	<input type="checkbox"/>
5.5 Adult intensive care unit (ICU)			
a.	Is there an adult ICU?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 6.0</b>	<input type="checkbox"/>
b.	Is oxygen there in the adult ICU at all times?	Yes.....1 No.....2	<input type="checkbox"/>
c.	Is admission possible for 24 hours at the adult ICU?	Yes.....1 No.....2	<input type="checkbox"/>
d.	If not, state the reason?	.....	
e.	How many beds are there in the ICU?	<input type="checkbox"/>	
f.	How many pulse oxymeters are there in ICU?	<input type="checkbox"/>	
g.	Do you have ventilators available?	Yes.....1 No.....2	<input type="checkbox"/>

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<b>6.0 Utilities</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
6.1	Is clean water available?	Yes.....1 No.....2	<input type="checkbox"/>
6.2	Is electricity available at all the times?	Yes.....1 No.....2 This facility is not electrified (check box)	<input type="checkbox"/> <input type="checkbox"/>
6.3	Does the facility have a power back-up (generator)?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 6.4</b>	<input type="checkbox"/>
a.	For the theatre only	Yes.....1 No.....2	<input type="checkbox"/>
b.	For the whole facility	Yes.....1 No.....2	<input type="checkbox"/>
c.	For refrigerator also	Yes.....1 No.....2	<input type="checkbox"/>
6.4	Anesthetic machine	Yes.....1 No.....2	<input type="checkbox"/>
6.5	Types of anesthetic services available		
a.	General	Yes.....1 No.....2	<input type="checkbox"/>
b.	Local	Yes.....1 No.....2	<input type="checkbox"/>
c.	Spinal/epidural	Yes.....1 No.....2	<input type="checkbox"/>

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7.0 Blood Supply (Collect this information at blood bank/ blood storage facility)				
No.	Questions & filters	Coding categories		Code
7.1	Does this facility have a blood bank or a blood storage unit?	Blood bank.....1 Blood storage unit.....2 None.....3 <b>IF 3, SKIP TO Q. 8.0</b>	<input type="checkbox"/>	
7.2	If yes, hours of operation?	Shift I .....	Shift II .....	Shift III .....
7.3	Is there a functional solar or kerosene refrigerator available for the blood bank?	Yes.....1 No.....2	<input type="checkbox"/>	
7.4	What are the terms for receiving blood? <b>Codes: Yes-1 and No-2</b>	Payment required	<input type="checkbox"/>	
		Blood replacement required	<input type="checkbox"/>	
		Free of charge	<input type="checkbox"/>	
7.5	If payment is required, what is the price per unit of blood?	.....		
7.6	In the last one month, in how many cases did you need blood that was not available?	.....		
7.7	What blood / blood products are available?	.....		
a.	Whole blood	Yes.....1 No.....2	<input type="checkbox"/>	
b.	Packed cells	Yes.....1 No.....2	<input type="checkbox"/>	
c.	Fresh frozen plasma	Yes.....1 No.....2	<input type="checkbox"/>	
d.	Platelet concentrate	Yes.....1 No.....2	<input type="checkbox"/>	
e.	Others (specify)	Yes.....1 No.....2	<input type="checkbox"/>	
7.8	Is there capacity for direct blood transfusion? (In terms of infrastructure)	Yes.....1 No.....2	<input type="checkbox"/>	

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We know that there are four major blood groups and two statuses based on RH factor. We would like to know the availability of blood of various groups in your facility.				
7.9	Blood Group	RH Factor	Blood available <i>Codes: Yes-1 and No-2</i>	How much blood (in units) is available? <i>Ask for permission to visualize availability of blood of various groups</i>
a.	<b>A</b>	+Ve	<input type="checkbox"/>	.....
		-Ve	<input type="checkbox"/>	.....
b.	<b>B</b>	+Ve	<input type="checkbox"/>	.....
		-Ve	<input type="checkbox"/>	.....
c.	<b>AB</b>	+Ve	<input type="checkbox"/>	.....
	<b>AB</b>	-Ve	<input type="checkbox"/>	.....
d.	<b>O</b>	+Ve	<input type="checkbox"/>	.....
	<b>O</b>	-Ve	<input type="checkbox"/>	.....
e.	On average how many units are available at one time?			.....

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8.0 Lab Facilities Codes: Yes-1 and No-2							
8.1 Does this facility have a laboratory?				Yes.....1 No.....2			<input type="checkbox"/>
<b>IF 2, SKIP TO Q 9.0</b>							
8.2 What are the lab hours?							
Shift	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Shift: Morning Time...../.....AM/PM							
Shift: Afternoon Time...../.....AM/PM							
Shift: Evening Time...../.....AM/PM							
Shift: Weekend Time...../.....AM/PM							
8.3	Are lab tests free for the patient?			Yes.....1 No.....2			<input type="checkbox"/>
8.4	Is the lab technician available on call/duty after the working hours?			Yes.....1 No.....2			<input type="checkbox"/>
8.5	In an emergency after lab hours, what do you do? <i>This question should have only one answer.</i>			No alternative.....1 Refer to private. hospital.....2 Refer to public hospital.....3 Others.....4 (specify) .....			<input type="checkbox"/>

8.6 Does the lab conduct following tests? Codes: Yes-1 and No-2				
No.	Questions & filters	Coding categories	Code	Cost of test in local currency (INR) Naira
a.	Hb	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b.	Packed cell volume	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c.	Serum creatinine	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d.	Blood typing	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e.	Blood cross matching	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
f.	Platelets	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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g.	Prothombin time	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	Partial thromboplasatin time	Yes.....1 No.....2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.7	What are the standard tests for an obstetric hemorrhage admission/hospitalization? ( <i>including post-abortion hemorrhage</i> )				
No.	Particulars	Range actual values in standard units			
a.	Hb (what is the normal range for women in labor?)	.....			
b.	PcV (normal range for women in labor)	.....			
c.	Bedside clotting time	.....			
e.	Is Hb done on discharge?	Yes.....1 No.....2	<input type="checkbox"/>		
f.	If yes, what is the normal range?	.....			



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<b>9.0 Vaginal Delivery, PPH, Pre-Eclampsia and Eclampsia Management</b>			
No.	Questions & filters	Coding Categories: enter as many as applicable for 9.1 – 9.4	
		Ob/Gyn..... 1 Medical Officer..... 2 Staff Nurse..... 3 NM/MW..... 4 NM/MW..... 5 Other..... 6 (specify) .....	
9.1	Who is <b>conducting normal</b> delivery?	Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Evening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Night	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Weekend	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.2	Who is <b>conducting complicated</b> delivery?	Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Evening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Night	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Weekend	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.3	Who is <b>assisting normal</b> delivery?	Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Evening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Night	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Weekend	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.4	Who is <b>assisting complicated</b> delivery?	Day	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Evening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Night	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Weekend	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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9.5	Are there written protocols for Active Management of Third Stage of Labor (AMSTL)?	Yes.....1 No.....2 <b>IF 2, SKIP TO 9.8</b>		<input type="checkbox"/>
9.6	Are the AMTSL protocols being utilized?	Yes.....1 No.....2		<input type="checkbox"/>
9.7	Where are the protocols kept? <i>(Ins: Ask him/her to show the protocol).</i>  <i>*This question may have more than one possible answer. Please enter all that apply.</i>	Displayed on wall..... 1 Under the glass of table.....2 Kept in a drawer.....3 Others (specify).....4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.8	Do you give uterotonics to prevent PPH?	Yes.....1 No.....2 <b>IF 2, SKIP TO 12.3</b>		<input type="checkbox"/>
9.9	If they do not perform AMTSL do they: <b>(check Yes or No box)</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
9.9.1	Give prophylactic uterotonics after delivery of baby but before delivery of placenta?	<input type="checkbox"/>	<input type="checkbox"/>	
9.9.2	Do controlled cord traction to deliver placenta?	<input type="checkbox"/>	<input type="checkbox"/>	
9.9.3	Do uterine massage?	<input type="checkbox"/>	<input type="checkbox"/>	

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9.10	What uterotonics are used to prevent PPH? <i>(Please circle answer).</i> Provide name, route, dose and when the uterotonic is given (at 1 minute and/or at 5 minutes after birth).										
No.	Uterotonics	IM / Dose		IV/ Dose		Oral/ Dose		Vaginal/ Dose		Rectal/ Dose	
a.	Oxytocin	1 min	5 min	1 min	5 min						
b.	Ergometrine/ Methergine	1 min	5 min	1 min	5 min	1 min	5 min				
c.	Prostoglandins: Misoprostol					1 min	5 min	1 min	5 min	1 min	5 min
d.	Others (specify) .....	1 min	5 min	1 min	5 min	1 min	5 min	1 min	5 min	1 min	5 min

9.11	Please give details on the following:		
No.	Particulars	IM/Dosage	IV/Dosage
a.	At presentation of shoulder	.....	.....
b.	After baby is delivered	.....	.....
c.	After placenta is delivered	.....	.....

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9.12	Who is authorized to administer uterotonics?  <i>*This question may have more than one possible answer. Please enter all that apply.</i>	Doctor.....1	<input type="checkbox"/>
		Nurse.....2	<input type="checkbox"/>
		NM/ MW.....3	<input type="checkbox"/>
		Others (specify) .....	<input type="checkbox"/>

9.13	Is the person who authorizes always available?	Yes.....1 No.....2	<input type="checkbox"/>
------	--	-----------------------	--------------------------

9.14	Are Uterotonic drugs available at the Maternity Ward	Number of multi dose vial	Number of individual doses	Nearest Expiry	Name of manufacturer	Are they kept in refrigerator
a.	Oxytocin					
b.	Ergometrine/ Methergine					
c.	Prostaglandins: Misoprostol					
d.	Other (specify)					

9.15	List other available drugs to prevent and manage PPH (i.e. Antibiotics)
a.	
b.	
c.	
d.	
e.	
f.	

9.16	Use of drugs to treat pre-eclampsia (e.g. Magnesium Sulphate (MgSO4), Diazepam, Other)			
No.	Drugs/ Dose	IM/ Dose	IV/ Dose	Oral/ Dose
a.				
b.				
c.				
d.				

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No.	Questions & filters	Coding categories	Code	How long are these signs monitored?
9.17	Which of these signs are monitored in the mother after delivery?	BP ..... 1 Pulse..... 2 Status uterus..... 3 Amount of bleeding ..... 4 Others (specify)..... 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	..... ..... ..... ..... .....

No.	Questions & filters	Coding categories	Code
9.18	How often are signs monitored?	Once in 15 minutes..... 1 Once in 30 minutes ..... 2 Once in 60 minutes..... 3 Once in 120 minutes..... 4 Others (specify)..... 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.19	What is the protocol for monitoring mother after treatment for obstetric hemorrhage? <i>Please pick as many responses as applicable.</i>	BP..... 1 Pulse..... 2 Status uterus..... 3 Amount of blood lost..... 4 Others (specify)..... 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.20	How often is it done? <i>Please pick one response</i>	How often?	For how long?
		Once in 15 minutes..... 1	.....
		Once in 30 minutes ..... 2	.....
		Once in 60 minutes..... 3	.....
		Once in 120 minutes..... 4	.....
Others (specify)..... 5	.....	<input type="checkbox"/>	.....

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<p>9.21</p>	<p>Which of these signs is the protocol for diagnosis hypovolemic shock?  <b>Please pick as many responses as applicable.</b></p>	<p>BP.....1 <input type="checkbox"/></p> <p>Pulse..... 2 <input type="checkbox"/></p> <p>Cold/Clammy.....3 <input type="checkbox"/></p> <p>Pallor..... 4 <input type="checkbox"/></p> <p>Respiratory rate.....5 <input type="checkbox"/></p> <p>Amount of bleeding..... 6 <input type="checkbox"/></p> <p>Status uterus..... 7 <input type="checkbox"/></p> <p>Others (specify)..... 8 <input type="checkbox"/></p> <p>..... <input type="checkbox"/></p>
<p>9.22</p>	<p>Which of these signs is the protocol for monitoring a mother after the treatment of shock?  <b>Please pick as many responses as applicable.</b></p>	<p>BP.....1 <input type="checkbox"/></p> <p>Pulse..... 2 <input type="checkbox"/></p> <p>Cold/Clammy.....3 <input type="checkbox"/></p> <p>Pallor..... 4 <input type="checkbox"/></p> <p>Respiratory rate.....5 <input type="checkbox"/></p> <p>Amount of bleeding..... 6 <input type="checkbox"/></p> <p>Status uterus..... 7 <input type="checkbox"/></p> <p>Others (specify)..... 8 <input type="checkbox"/></p> <p>..... <input type="checkbox"/></p>
<p>9.23</p>	<p>Is this recorded on the patient's record or in the log book?</p>	<p>Patient's record.....1 <input type="checkbox"/></p> <p>Log book.....2 <input type="checkbox"/></p>
<p>9.24</p>	<p>How often is it done?  <b>Please pick one response</b></p>	<p>Once in 15 minutes..... 1 <input type="checkbox"/></p> <p>Once in 30 minutes ..... 2 <input type="checkbox"/></p> <p>Once in 60 minutes..... 3 <input type="checkbox"/></p> <p>Once in 120 minutes..... 4 <input type="checkbox"/></p> <p>Others (specify)..... 5 <input type="checkbox"/></p> <p>..... <input type="checkbox"/></p>

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<b>10.0 Surgeries / Operations</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
10.1	Are the following surgeries performed here?	Yes.....1 No.....2	<input type="checkbox"/>
a.	Caesarean section	Yes.....1 No.....2	<input type="checkbox"/>
b.	Hysterectomy	Yes.....1 No.....2	<input type="checkbox"/>
c.	Repair of ruptured uterus	Yes.....1 No.....2	<input type="checkbox"/>
d.	B-lynch or compression suture	Yes.....1 No.....2	<input type="checkbox"/>
e.	Salpingectomy/salpingostomy	Yes.....1 No.....2	<input type="checkbox"/>
f.	Ligate uterine arteries/veins	Yes.....1 No.....2	<input type="checkbox"/>
g.	Ligate uterine/ovarian arteries/veins	Yes.....1 No.....2	<input type="checkbox"/>
h.	Ligate hypo gastric arteries/veins	Yes.....1 No.....2	<input type="checkbox"/>
i.	Bilateral Tubal Ligation (BTL)	Yes.....1 No.....2	<input type="checkbox"/>
j.	Repair of episiotomy	Yes.....1 No.....2	<input type="checkbox"/>
k.	Repair of vaginal lacerations	Yes.....1 No.....2	<input type="checkbox"/>
l.	Repair of cervical lacerations	Yes.....1 No.....2	<input type="checkbox"/>
m.	Manual removal of placenta and POCs	Yes.....1 No.....2	<input type="checkbox"/>
n.	Manual Vacuum Aspiration	Yes.....1 No.....2	<input type="checkbox"/>
o.	Electric Vacuum Aspiration	Yes.....1 No.....2	<input type="checkbox"/>
p.	Bimanual external compression	Yes.....1 No.....2	<input type="checkbox"/>
q.	Bimanual combined compression	Yes.....1 No.....2	<input type="checkbox"/>
r.	Evacuation of molar pregnancy	Yes.....1 No.....2	<input type="checkbox"/>
s.	Essential new born care/resuscitation	Yes.....1 No.....2	<input type="checkbox"/>
t.	Others (specify) .....	Yes.....1 No.....2	<input type="checkbox"/>

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11.0 Non-Pneumatic Anti-Shock Garment (NASG)			
No.	Question & Filters	Yes	No
11.1	Are NASGs used in the facility?	Yes	No
11.2	How many are available?	<input type="checkbox"/>	
11.3	How many staff have been trained to apply it?	<input type="checkbox"/>	
11.4	Which cadre?		
a.	Prof., Asst. Prof./ Specialist in Ob/Gyn		
b.	Senior registrar OBGYN		
c.	Registrar		
d.	Residents		
e.	Medical Officer		
f.	Anesthesiologists / Anesthetists		
g.	Staff nurse		
h.	Student nurse		
i.	Nurse-Midwife/NM		
j.	CHEW		
k.	Other		
11.5	How many times has the NASG been used in the past 3 months? <i>Please obtain numbers and names of staff trained</i>	<input type="text"/>	
11.6	In the 3 months preceding that?	<input type="text"/>	
11.7	In the past 6 months did anyone die in spite of using the NASG?	Yes.....1 No.....2	<input type="checkbox"/>
11.8	If so, how many?	<input type="text"/>	



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11.9	Comments:
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**12.0 Referrals**

Codes:  
\*Facility level: Tertiary Institutions-1, Specialist General Hospitals-2, Secondary Specialist Hospitals-3, Comprehensive Health Centers (CHC)-4, Primary Health Center (PHC)-5, Health Clinic (HC)-6

\*\* Means of transport: Hospital ambulance-1, Private ambulance 2, Private taxies-3, Bus-4, Auto-5, Animal cart-6, Human structure-7, Cycle cart-8, Others -9

No.	Question & filters	Coding categories	Code
12.1	Do you get referred cases of obstetric hemorrhage?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 15.4</b>	<input type="checkbox"/>
12.2	How many referrals have been received for obstetric hemorrhage in your facility in the last 3 months? <i>(write in numbers)</i>		<input style="width: 50px; height: 20px;" type="text"/>
12.3	From which facilities are women with obstetric hemorrhage referred to this hospital?		
	Facility's name	Facility level*	Means of transport**
		Distance (In Km.)	Time taken to reach (hr : m)
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12.4	If obstetric hemorrhage occurs, do you refer the patient?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 13.1</b>	<input type="checkbox"/>
12.5	How many referrals have been made for obstetric hemorrhage from your facility to other facility in the last 6 months? <i>(Write in numbers)</i>		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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12.6	To which facility / hospital(s) do you refer women with obstetric hemorrhage?							
<p>Codes:  <i>*Facility level:</i> PHC-1, District Hospital -2, Community Health Clinic (CHC)-2, General Hospital-3, Secondary Specialist-4, Tertiary Hospital-5  <i>** Means of transport:</i> Hospital ambulance-1, Private ambulance 2, Private taxies-3, Bus-4, Auto-5, Animal cart-6, Human structure-7, Cycle cart-8, Others -9</p>								
No.	Facility name	Facility Level*	Means of transport**	Distance (In Km.)	Time taken to reach (hr : m)			
a.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13.0 Transport Codes: Yes-1 and No-2				
No.	Question & filters	Coding categories		Code
13.1	Does this facility have a functional ambulance/s for transporting woman during emergency?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 13.7</b>		<input type="checkbox"/>
13.2	Please tell me, how many ambulances does your facility have? (write in numbers)			<input type="text"/>
13.3	How often, does this facility have access to hospital ambulances/private vehicles for transporting woman/patients in an emergency?	Frequency	Hospital	Private
		Always.....1	<input type="checkbox"/>	<input type="checkbox"/>
		Sometimes.....2		
13.4	Do you have a post for an ambulance driver?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 13.7</b>		<input type="checkbox"/>
13.5	Is he available after working hours?	Yes.....1 No.....2		<input type="checkbox"/>
13.6	Is he resident on the premises?	Yes.....1 No.....2		<input type="checkbox"/>
13.7	If transport is not always available, how long does it take to arrange it (In hours)?	hr.      min. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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13.8	In case of referrals, who arranges the transport from this to a higher facility?	Hospital.....1 Patient's family....2	<input type="checkbox"/>
13.9	Who pays for the transport?	Hospital.....1 Patient's family....2	<input type="checkbox"/>
13.10	If family pays, to what extent is it reimbursed?	Up to a maximum limit of Naira= ₦ Entire actual expenditure... 9999	<input type="text"/> <input type="text"/> <input type="text"/>
13.11	When is the reimbursement made?	Immediately.....1 After some days.....2 Others(specify).....3	<input type="checkbox"/>

<b>14.0 Community Outreach</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
14.1	Do you have any liaison with local TBAs?	Yes.....1 No.....2	<input type="checkbox"/>
14.2	In what way does you facility work with TBAs?	.....	

<b>15.0 Equipment and Supplies</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
15.1	Are there reusable sterile surgical gloves?	Yes.....1 No.....2	<input type="checkbox"/>
15.2	Are there disposable sterile surgical gloves?	Yes.....1 No.....2	<input type="checkbox"/>
15.3	Are there utility gloves?	Yes.....1 No.....2	<input type="checkbox"/>
15.4	Are there urinary catheters?	Yes.....1 No.....2	<input type="checkbox"/>
<b>IF2, SKIP TO Q 15.5</b>			
a.	Are they disposable?	Yes.....1 No.....2	<input type="checkbox"/>
b.	Are they reusable?	Yes.....1 No.....2	<input type="checkbox"/>
15.5	Is there a Foley with drainage bag?	Yes.....1 No.....2	<input type="checkbox"/>
15.6	Are there a functioning pulse oxymeters available?	Yes.....1 No.....2	<input type="checkbox"/>
15.7	How many do they have? (write in numbers)		<input type="text"/> <input type="text"/>

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15.8	Where are they located?	.....	
15.9	Adult stethoscope (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.10	Adult ambu bag and mask (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.11	Blood pressure cuff (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.12	Mask or nasal cannula	Yes.....1 No.....2	<input type="checkbox"/>
15.13	Tubing from mask to cylinder	Yes.....1 No.....2	<input type="checkbox"/>
15.14	Flow meter (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.15	Suture needles	Yes.....1 No.....2	<input type="checkbox"/>
15.16	Vaginal speculae	Yes.....1 No.....2	<input type="checkbox"/>
15.17	Manual Vacuum Aspiration (MVA) equipment	Yes.....1 No.....2	<input type="checkbox"/>
15.18	Electric Vacuum Aspiration (EVA) equipment (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.19	Drugs and supplies to treat pre eclampsia and eclampsia	Yes.....1 No.....2	<input type="checkbox"/>
15.20	Is there the following?		
a.	Autoclave & autoclave drums (functional)	Yes.....1 No.....2	<input type="checkbox"/>
b.	Electric sterilizer (functional)	Yes.....1 No.....2	<input type="checkbox"/>
c.	Pressure cooker (functional)	Yes.....1 No.....2	<input type="checkbox"/>
d.	Stove (functional)	Yes.....1 No.....2	<input type="checkbox"/>
15.21	What is the source of oxygen?		
a.	Portable cylinder	Yes.....1 No.....2	<input type="checkbox"/>
b.	Central wall supply	Yes.....1 No.....2	<input type="checkbox"/>
15.22	Liquid bleach	Yes.....1 No.....2	<input type="checkbox"/>
15.23	Sodium hypochloride	Yes.....1 No.....2	<input type="checkbox"/>
15.24	Visible watch/clock with second hand	Yes.....1 No.....2	<input type="checkbox"/>

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15.25	Others (specify) .....	Yes.....1 No.....2	<input type="checkbox"/>
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16.0 Blood and IV Infusion Codes: Yes-1 and No-2					
No.	Questions & filters		Coding categories	Code	
16.1	Does your facility have plasma expanders?		Yes.....1 No.....2	<input type="checkbox"/>	
16.2	Does your facility give IV infusions?		Yes.....1 No.....2 <b>IF 2, SKIP TO Q 17.0</b>	<input type="checkbox"/>	
16.3	IV supplies: are the following supplies of disposable syringes and needles available?				
a.	Particulars	Disposable needles		Reusable needles	
	Bore	Short	Long	Short	Long
	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Syringe		Disposable syringe		Disposable syringe
	10 ml		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 ml		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2ml		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	Questions & filters	Coding categories			Code
16.4	What IV fluids are available for obstetric hemorrhage cases?				
	Particulars	Vol. Bottle/bag			
		1000 cc	500 cc	250 cc	
a.	Normal saline (.9% NaCl) # of container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Ringer's lactate or lactated Ringer's # of containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Hartman's solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Others (specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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*This section is observational.*

<b>17.0 IEC Material</b> Codes: Yes-1 and No-2				
17.1	Which of the following IEC materials do you have?			
No.	Particulars	Type of IEC observed		
		Poster seen		Where is it located
a.	ANC	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
b.	PNC	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
c.	PPH	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
d.	Pre-eclampsia/ Eclampsia	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
e.	NASG	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
f.	Family Planning	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
g.	Infection Prevention	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	
h.	Others (specify)	Yes.....1	<input type="checkbox"/>	.....
		No.....2	<input type="checkbox"/>	

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<b>18.0 Job Aids</b> Codes : Yes-1 and No-2		
18.1	Which of the following jobs aids do you have? (Check box)	
	Questions & filters	Poster
a.	AMTSL	<input type="checkbox"/>
b.	Management of shock	<input type="checkbox"/>
c.	NASG	<input type="checkbox"/>
d.	Infection prevention	<input type="checkbox"/>

<b>19.0 Infection Prevention</b> Codes : Yes-1 and No-2			
<i>This section is observational; request authorization to visit area where IP practices could be observed.</i>			
No.	Questions & filters	Coding categories	Code
19.1	Are there national protocols for infection prevention followed?	Yes.....1 No.....2 <b>IF 2, SKIP TO Q 19.3</b>	<input type="checkbox"/>
19.2	If it is available, where are they kept?	Displayed on wall.....1 Under the glass of table....2 Kept in a drawer .....3 Others (specify).....4	<input type="checkbox"/>

19.3	Are the following infection prevention supplies available here?		
a.	Bleach solution collected earlier	Yes.....1 No.....2	<input type="checkbox"/>
b.	Sodium hypochlorite (JIK)	Yes.....1 No.....2	<input type="checkbox"/>
c.	Soap / detergent	Yes.....1 No.....2	<input type="checkbox"/>
d.	Clean towel	Yes.....1 No.....2	<input type="checkbox"/>
e.	Utility gloves	Yes.....1 No.....2	<input type="checkbox"/>
f.	Cleaning detergent	Yes.....1 No.....2	<input type="checkbox"/>
g.	Glutaraldehyde	Yes.....1 No.....2	<input type="checkbox"/>
19.4	With what frequency is the labor room cleaned?	Immediately after use....1 Daily.....2 Once during each shift...3 Weekly.....4	<input type="checkbox"/>

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		Monthly.....5	
19.5	Is protocol for mixing chlorine available?	Yes.....1 No.....2	<input type="checkbox"/>

*This section is observational.*

<b>20.0 Laundry</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
20.1	Laundry done on site	Yes.....1 No.....2	<input type="checkbox"/>
20.2	Is there a washing machine?	Yes.....1 No.....2	<input type="checkbox"/>
20.3	If not where is laundry done? .....		
20.4	Are there deep bowls to submerge garments?	Yes.....1 No.....2	<input type="checkbox"/>
20.5	Is there a place to hang NASG in the sun?	Yes.....1 No.....2	<input type="checkbox"/>
20.6	Is there appropriate storage for the NASG?	Yes.....1 No.....2	<input type="checkbox"/>

*This section is observational.*

<b>21.0 Observations of the environment and/or premises</b> Codes: Yes-1 and No-2			
No.	Questions & filters	Coding categories	Code
21.1	Cleanliness in the premises		
a.	Whitewash	Yes.....1 No.....2	<input type="checkbox"/>
b.	Any stray animals	Yes.....1 No.....2	<input type="checkbox"/>
c.	Mosquitoes and flies	Yes.....1 No.....2	<input type="checkbox"/>
d.	Disposal of hospital waste – incinerator/ dumping/ segregating	Yes.....1 No.....2	<input type="checkbox"/>
21.2	How well are the registers being maintained? (rate the quality of the record by observation)	Good.....1 Fair.....2 Poor.....3	<input type="checkbox"/>

**Thank you for your kind cooperation.**





a global leader in reproductive health

# Community Survey Tools

## Clinical and Community Action to Address Postpartum Hemorrhage TOOL KIT

Community Survey Tools Introduction

Illustrative M&E Framework for CCA-PPH Projects: Key Indicators

Facility Indicators for Clinical and Community Action for PPH Projects

Survey Indicators

Survey Respondents

Household Survey

Woman's Questionnaire

Questionnaire for Program Evaluation – Instructions for Interviewers

## Community Survey Tools -- Introduction

A project planning to implement the *Clinical and Community Action to Address Postpartum Hemorrhage* model will want to track progress (monitor performance) and assess effectiveness by estimating indicators at both facility and household levels.

- We include a brief set of recommended minimum indicators to track, and an explanation of the key data sources and what kinds of changes a project might expect to see. (See *Illustrative M&E Framework for CCA-PPH Projects: Key indicators*).
- We include a matrix with each facility indicator and a description of how to calculate it, along with a suggested data source for each one. (See *Facility Indicators for Continuum of Care Postpartum Hemorrhage Projects*).
- A separate document (*Survey Indicators for Clinical and Community Action to Address Postpartum Hemorrhage Projects*) lists the remaining key indicators, those that will be collected in a household survey, the operational definition, and exactly which questions will be used to calculate each survey-based indicator.
- Accompanying these materials is an explanation of the target respondents for the survey questionnaire (see *Survey Respondents*).
- Also included are a sample household interview instrument and a questionnaire to be addressed to all women of reproductive age in the sample households. (See *Clinical and Community Action to Address Postpartum Hemorrhage Household Survey Questionnaire* and *Woman's Questionnaire*.)
- Finally, a document containing item-by-item instructions for how to fill in the questionnaires is included. (See *Instructions for Interviewers: Clinical and Community Action to Address Postpartum Hemorrhage Questionnaire for Program Evaluation*).

Clinical and Community Action to Address Postpartum Hemorrhage

**Illustrative M&E Framework for CCA-PPH Projects: Key indicators**

Objective	Objective 1	Objective 2	Objective 3	Objective 4	Goal
Interventions	<p>People reached with information on danger signs of PPH, means of prevention, management, and treatment</p>	<p>Communities organize transportation system for transporting women with obstetric emergencies including hemorrhage</p>	<p>People reached with information about where to seek for services in case of obstetric emergencies including hemorrhage</p>	<p>Providers trained on the prevention, management, and treatment of obstetric hemorrhage Blood loss assessment devices are made available NASG are made available Monitoring/supervision is routinely made</p>	<p>Mortality from obstetric hemorrhage, including PPH, and thus maternal mortality is reduced</p>
Indicators	<ul style="list-style-type: none"> <li>• # of people attending meetings or events, by type</li> <li>• % of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• % of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred</li> <li>• % of recently delivered women who identified a mode of transport in case of problems</li> </ul>	<ul style="list-style-type: none"> <li>• # of people attending meetings where to seek for services in case of obstetric emergencies including hemorrhage</li> <li>• % of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery</li> <li>• % of recently delivered women who were told to go to a health facility if they experienced danger signs</li> </ul>	<ul style="list-style-type: none"> <li>• % of providers trained on the prevention, identification, management, and treatment of hemorrhage in intervention facilities</li> <li>• % facilities with blood loss assessment tool available</li> <li>• % of facilities with NASG use protocols available</li> <li>• # of hemorrhage cases reviewed in unit review meetings</li> <li>• % of intervention facilities that received three (or more) monitoring/supervisory visits in the reporting quarter</li> <li>• % of women delivering in facilities who developed hemorrhage</li> <li>• % of women delivering in facilities who developed hypovolemic shock secondary to PPH</li> <li>• % of women who had the anti-shock garment applied</li> <li>• # of women with hemorrhage referred in to intervention facilities</li> </ul>	<ul style="list-style-type: none"> <li>• % of women who were diagnosed with hemorrhage and died in facilities</li> <li>• % of deaths from hemorrhage out of all maternal deaths in facilities</li> <li>• % of women who sought services for delivery or related care and died at facilities</li> </ul>
Data sources	Project records, community survey	Project records, community survey	Project records, community survey	Project records, facility records	Facility records

### **Project performance monitoring:**

The project can build a chain of evidence of intervention implementation through performance monitoring over the project period. For example, for Objective 1, one monitors whether or not the project is reaching people with awareness-raising information on obstetric hemorrhage by comparing the indicator with target or by looking at the trend of people reached. Similarly, for Objective 3, one monitors whether or not the number of people reached with information on where to seek for services for obstetric hemorrhage is increasing over time. For Objective 2, one observes over time what proportion of communities have organized a transport system including emergency fund for women experiencing obstetric emergencies. One also observes the trend of provider training, availability of technologies (blood loss assessment devices, NASG), and the intensity of supervision and monitoring by project supervisors and managers. These should be monitored quarterly.

### **Monitoring of outcomes:**

- There should be a gradual change in the following indicators:
  - % of women delivering in facilities who developed hemorrhage (The value of this indicator may increase initially because of better diagnosis of hemorrhage by the newly trained providers. And then it will decline gradually because of prevention of hemorrhage by the practice of AMTSL)
  - # of women with hemorrhage referred in to intervention facilities (It will increase gradually and then may plateau)
  - % of women delivering in facilities who developed hypovolemic shock secondary to PPH (This should decline with the implementation of the interventions)
  - % of women who had the anti-shock garment applied (It should reach 100%)

### **End-of-project evaluation of impact:**

- There should be an improvement in the following maternal health awareness and practice indicators when compared between the baseline and endline data
  - % of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding
  - % of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred
  - % of recently delivered women who identified a mode of transport in case of problems
  - % of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery
  - % of recently delivered women who were told to go to a health facility if they had danger signs
- Incidence of obstetric hemorrhage and maternal mortality should gradually decline over project period
  - % of women who were diagnosed with hemorrhage and died in facilities
  - % of death from hemorrhage out of all maternal deaths in facilities
  - % of women who sought services for delivery or related care and died at facilities

### **Experimental design for evaluation of a PPH project:**

- A more convincing and rigorous evaluation design is to collect data from selected otherwise-comparable communities/facilities from non-intervention areas (*control*) and compare the above-mentioned indicators with those from the *intervention* communities/facilities
  - There will be differences in the above impact indicators between *intervention* and *control* facilities/communities, at the endline

### **Data sources**

- Project records:
  - Forms that collect information on the number of people reached with information through various channels of meetings and events
  - Records that keep information of community organizations on emergency transportation, emergency funds, and emergency transport logbooks
  - Monitoring/supervision checklist, meeting minutes, and records review reports
- Facility records:
  - Patient logbook, register, or case sheet
  - Patient referral slip
  - Death certificate
- Community survey
  - Community survey
  - Survey of women of reproductive age and of who have given birth in the past 2 years, conducted at baseline and end of the project
  - Project-supported forms/records. In many cases facilities do not have systematic and complete patient records like logbook, register, or case sheet and thus related statistics. The project then may design simple and user-friendly logbooks and forms with minimum key items of information that will help monitor and evaluate the project interventions

## Facility Indicators for Clinical and Community Action to Address Postpartum Hemorrhage Projects

Indicators	Operational Definition	Data Source	Frequency of reporting
<b>A</b>	<b>Project Goal: Decrease maternal mortality<sup>1</sup> and morbidity related to PPH<sup>2</sup></b>		
A.1.	% of women who were diagnosed with PPH and died in facilities (PPH case fatality rate)	Patient logbook, case sheet, or register; death register <sup>3</sup>	Annual
A.2.	% of death from PPH out of all maternal deaths in facilities (Proportional mortality from PPH)	Patient logbook, case sheet, or register; death register	Annual
A.0	Proportion of women who sought services for delivery or related care and died at facilities (Hospital mortality rate)	Patient logbook, case sheet, or register; death register	End of project
<b>4</b>	<b>Objective 4: Improve the capacity of health care providers to provide high-quality, appropriate care, including use of available uterotonics and NASG</b>		
4.1	% of providers trained on the prevention, identification, management, and treatment of PPH in intervention facilities	Training reports	Annually
4.2	% facilities with blood loss assessment tool available	Monitoring/Supervision checklists	Quarterly
4.3	% of facilities with NASG use protocols available	Monitoring/ Supervision checklist	Quarterly
4.4	# of PPH cases reviewed in unit review meetings	Meeting reports	Quarterly
4.5	% of intervention facilities that received three (or more) monitoring/supervisory visits in the reporting quarter	Monitoring/ Supervision checklist	Quarterly
4.6	% of women delivering in facilities who developed PPH	Patient logbook, case sheet, or register	Quarterly
4.7	% of women delivering in facilities who developed hypovolemic shock secondary to PPH	Patient logbook, case sheet, or register	Quarterly
4.8	% of women who had the anti-shock garment applied	Patient logbook, case sheet, or register	Quarterly
4.9	# of women with PPH referred in to intervention facilities from lower level facilities	Patient logbook, case sheet, or register; referral slips/register	Quarterly

<sup>1</sup> Maternal mortality: although maternal death is defined as the death of a woman during pregnancy or 42 days of pregnancy outcome, for the purpose of this project it is defined as the death of a woman who came to a project facility for delivery or related services during post partum period and died there.

<sup>2</sup> PPH: bleeding > 500ml. or signs of hemodynamic instability. The diagnosis of the provider may be accepted where blood loss is not measured systematically. It is expected that, over time, with training, the ability of providers to make this diagnosis will improve.

<sup>3</sup> In many cases, facilities do not have systematic and complete patient records like logbook, register, or case sheet and thus related statistics. The project then may design simple and user-friendly logbooks and forms with minimum key items of information that will help monitor and evaluate the project interventions

<sup>4</sup> “Death from all causes” will show the breakup of death from eclampsia, sepsis, obstetric hemorrhage other than PPH, and “other” causes

## Clinical and Community Action to Address Postpartum Hemorrhage

### Survey Indicators

The following table outlines the indicators that can be measured using the CCC-PPH woman's questionnaire. It includes an operational definition for each indicator and directs users to the questions and responses that would be used to calculate the indicator.

Indicator	Definition	Questions
<b>Knowledge</b>		
% of women of reproductive age who know key danger signs during pregnancy	Numerator: # of women who spontaneously mention the three key danger signs during pregnancy (severe vaginal bleeding, swollen hands/face, and blurred vision) Denominator: # of women interviewed*	402 = A,B, and E
% of women of reproductive age who recognize at least 3 danger signs during delivery, including severe bleeding	Numerator: # of women who spontaneously mention at least three of the four key danger signs during labor/childbirth (severe vaginal bleeding, prolonged labor (>12 hours), convulsions, and retained placenta) and include severe bleeding Denominator: # of women interviewed*	404 = A and at least 2 of C,F, and G
% of women of reproductive age who know key danger signs during postpartum	Numerator: # of women who spontaneously mention the three key danger signs during the postpartum period (severe vaginal bleeding, foul smelling vaginal discharge, and high fever) Denominator: # of women interviewed*	406 = A,F, and G
% of women of reproductive age who can name a health facility where a woman can seek care for problems during delivery	Numerator: # of women who spontaneously mention a health facility as a place where a woman can deliver Denominator: # of women interviewed*	409=1
<b>Service use and planning actions: Behaviors</b>		
% of recently delivered women who attended at least 4 antenatal care visits	Numerator: # of women who attended 4 ANC visits Denominator: # of women who had a live birth or stillbirth in the last 2 years**	509=1 and 512≥4
% of recently delivered women who attended first antenatal care visit, by trimester	Numerator: # of women who attended first ANC visit during first, second and third trimester Denominator: # of women who had a live birth or stillbirth in the last 2 years** Note: Report for each trimester separately.	509=1 and 511 (If 511=1-3, trimester=1; if 511=4-6, trimester=2; if 511=7-9, trimester=3)
% of recently delivered women with a plan for birth	Numerator: # of women who report that they had a plan for their last birth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	(601=1) OR (602=8 AND at least 3 of 603-606=1)
% of recently delivered women who identified a place to go if danger signs occurred	Numerator: # of women who report that they had identified a place to go if danger signs occurred Denominator: # of women who had a live birth or stillbirth in the last 2 years**	603=1
% of recently delivered women who identified a mode of transport in case of problems	Numerator: # of women who identified a mode of transport to a health facility Denominator: # of women who had a live birth or stillbirth in the last 2 years**	604=1

## Clinical and Community Action to Address Postpartum Hemorrhage

<b>Indicator</b>	<b>Definition</b>	<b>Questions</b>
% of recently delivered women who saved money for childbirth	Numerator: # of women who saved money for childbirth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	605=1
% of recently delivered women who arranged for blood donors	Numerator: # of women who arranged for blood donors in case one was needed Denominator: # of women who had a live birth or stillbirth in the last 2 years**	606=1
% of recently delivered women who gave birth with a skilled provider	Numerator: # of women who delivered with a skilled provider (professional health care provider) Denominator: # of women who had a live birth or stillbirth in the last 2 years**	610=A,B or C or as defined by national guidelines
<b><i>Exposure to messages</i></b>		
% of women of reproductive age who have seen or heard a message about pregnancy or childbirth in the past 6 months	Numerator: # of women who report that they have heard a message about pregnancy or childbirth in the past 6 months, from any source Denominator: # of women interviewed*	201=1
<b>% of recently delivered women who were told about birth planning:</b>		
% of recently delivered women who were told to go to a health facility if they experienced danger signs	Numerator: # of women who were told to go to a health facility if they had danger signs Denominator: # of women who had a live birth or stillbirth in the last 2 years**	504=1
% of recently delivered women who were counseled to arrange transport to a health facility if any danger signs occurred	Numerator: # of women who report that someone spoke with them about arranging transport to a health facility if any danger signs occurred Denominator: # of women who had a live birth or stillbirth in the last 2 years**	505=1
% of women who were counseled to save money for child birth	Numerator: # of women who report that someone spoke with them about saving money for child birth Denominator: # of women who had a live birth or stillbirth in the last 2 years**	506=1
% of women who were counseled to arrange for a blood donor in case one was needed	Numerator: # of women who report that someone spoke with them about arranging for a blood donor in case one was needed Denominator: # of women who had a live birth or stillbirth in the last 2 years**	507=1

\*All women aged 15-49 (Q103) for whom result code=1

\*\*# of women who had a live birth or stillbirth in the last 2 years = D: 302=1; 304=1 or 2; 303<24 months prior to interview

## Clinical and Community Action to Address Postpartum Hemorrhage

### Survey Respondents

The *Clinical and Community Action to Address Postpartum Hemorrhage* Woman's Questionnaire included in this manual is designed to measure key indicators relevant to a project that implements a continuum of care model.

All adults, including men, can be asked questions about knowledge of danger signs, availability and location of obstetric care, and interpersonal communication regarding birth preparedness. However, to simplify the conduct of the survey and interpretation of the results, we have limited the sample to women of reproductive age (15-49). This broad group serves as a proxy for the extent to which information reached the entire community, beyond women who are currently pregnant.

To assess program activities aimed at pregnant women, most of the questions in this survey are addressed only to women who have delivered recently (had a live or stillbirth within the 2 years preceding the survey).

Currently-pregnant women are purposefully excluded from questions regarding practices during pregnancy because they will have different periods of time over which they could have implemented steps in birth preparedness. For example, a woman who is in the first weeks of her second trimester may not yet have a birth plan in place but may go on to have one later in the pregnancy. An additional reason for not attempting to measure indicators among only currently-pregnant women is that the overall sample size would need to be markedly larger to achieve a sufficient sample of currently pregnant women.



## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE HOUSEHOLD SURVEY

QUESTIONNAIRE  
NUMBER (FOR USE BY  
DATA ENTRY PERSONNEL)

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<b>IDENTIFICATION</b>										
HH1. LOCALITY _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
NAME OF HOUSEHOLD HEAD _____										
HH2. DISTRICT .....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
HH3. EA NUMBER.....										
HH4. HOUSEHOLD NUMBER.....										
HH5. URBAN/RURAL (URBAN=1, RURAL=2) .....	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

<b>INTERVIEWER VISITS</b>								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY _____				
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____				
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>				
NEXT VISIT: DATE	_____	_____		NAME CODE _____				
TIME	_____	_____		RESULT _____				
<b>*RESULT CODES:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>  TOTAL NUMBER COMPLETE INTERVIEWS <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>				

LANGUAGE OF QUESTIONNAIRE **	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>				LANGUAGE OF INTERVIEW **	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>		
NATIVE LANGUAGE OF RESPONDENT TO HH QUEST.**	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>				TRANSLATOR USED	YES..... 1 NO ..... 2		
<b>** LANGUAGE CODES:</b> 01 ENGLISH    02 _____    03 _____    04 _____    96 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>								

<b>SUPERVISOR</b>	<b>FIELD EDITOR</b>	<b>OFFICE EDITOR</b>	<b>KEYED BY</b>
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

## Household Listing

Now we would like some information about the people women and girls who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RESIDENCE	AGE	WOMAN SELECTED FOR INDIVIDUAL INTERVIEW
	Please give me the names of the all women and girls who usually live in your household and female guests of the household who stayed here last night.	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE N <sup>o</sup> . OF ALL WOMEN AGE 15-49
(1)	(2)	(5)	(6)	(16)
01		YES 1	NO 2  IN YEARS <input type="text"/>	01
02		1	2  <input type="text"/>	02
03		1	2  <input type="text"/>	03
04		1	2  <input type="text"/>	04
05		1	2  <input type="text"/>	05
06		1	2  <input type="text"/>	06
07		1	2  <input type="text"/>	07
08		1	2  <input type="text"/>	08
09		1	2  <input type="text"/>	09
10		1	2  <input type="text"/>	10
11		1	2  <input type="text"/>	11
12		1	2  <input type="text"/>	12

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) In addition, are there any other women or girls who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
2) Are there any female guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>

NOTE: ADDITIONAL QUESTIONS ON HOUSEHOLD CHARACTERISTICS THAT CAN BE USED TO DISTINGUISH BETWEEN SOCIOECONOMIC GROUPS ARE INCLUDED ON THE OVERLEAF.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
13	What is the main source of drinking water for members of your household? <sup>1</sup>	PIPED WATER PIPED INTO DWELLING .....11 → 15 PIPED INTO YARD/PLOT.....12 → 15 PUBLIC TAP/NEIGHBOR'S HSE.....13  WATER FROM OPEN WELL OPEN WELL IN DWELLING .....21 → 15 OPEN WELL IN YARD/PLOT .....22 → 15 OPEN PUBLIC WELL .....23  WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING.....31 → 15 PROTECTED WELL IN YARD/PLOT .32 → 15 PROTECTED PUBLIC WELL .....33  SURFACE WATER SPRING.....41 RIVER/STREAM .....42 POND/LAKE .....43 DAM .....44  RAINWATER .....51 → 15 TANKER TRUCK.....61 BOTTLED WATER .....71 → 15  OTHER _____ 96 (SPECIFY)																												
14	How long does it take you to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																												
15	What kind of toilet facilities does your household have? <sup>1</sup>	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM .....11 FLUSH TO SEPTIC TANK .....12 FLUSH TO PIT LATRINE .....13 FLUSH TO SOMEWHERE ELSE .....14 FLUSH, DON'T KNOW WHERE .....15 PIT LATRINE VENTILATED IMPROVED .....21 PIT LATRINE .....22 PIT LATRINE WITH SLAB .....23 PIT LATRINE WITHOUT SLAB/ OPEN PIT .....24 COMPOSTING TOILET .....31 BUCKET TOILET .....41 HANGING TOILET/HANGING LATRINE .....51 NO FACILITY/BUSH/FIELD .....61 → 17  OTHER _____ 96 (SPECIFY)																												
16	Do you share these facilities with other households?	YES ..... 1 NO .....2																												
17	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VIDEO DECK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CLOCK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	VIDEO DECK .....	1	2	TELEPHONE.....	1	2	CLOCK.....	1	2	SEWING MACHINE .....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																												
ELECTRICITY .....	1	2																												
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CLOCK.....	1	2																												
SEWING MACHINE .....	1	2																												
REFRIGERATOR.....	1	2																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	What type of fuel does your household mainly use for cooking?	ELECTRICITY .....01 LPG/NATURAL GAS .....02 BIOGAS .....03 KEROSENE .....04 CHARCOAL .....05 FIREWOOD, STRAW .....06 DUNG .....07  OTHER _____ 96 (SPECIFY)	
19	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD .....11 DUNG .....12 RUDIMENTARY FLOOR WOOD PLANKS .....21 PALM/BAMBOO .....22 FINISHED FLOOR PARQUET OR POLISHED WOOD .....31 LINOLEUM .....32 CERAMIC TILES .....33 CEMENT .....34 CARPET .....35 TERRAZO .....36  OTHER _____ 96 (SPECIFY)	
20	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF .....11 THATCH/PALM LEAF .....12 SOD .....13 RUDIMENTARY ROOFING RUSTIC MAT .....21 PALM/BAMBOO .....22 WOOD PLANKS .....23 CARDBOARD .....24 FINISHED ROOFING METAL .....31 WOOD .....32 CALAMINE/CEMENT FIBER .....33 CERAMIC TILES .....34 CEMENT .....35 ROOFING SHINGLES .....36  OTHER _____ 96 (SPECIFY)	
21	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS .....11 CANE/PALM/TRUNKS .....12 DIRT .....13 RUDIMENTARY WALLS ..... BAMBOO WITH MUD .....21 STONE WITH MUD .....22 UNCOVERED ADOBE .....23 PLYWOOD .....24 CARDBOARD .....25 REUSED WOOD .....26 FINISHED WALLS CEMENT .....31 STONE WITH LIME/CEMENT .....32 BRICKS .....33 CEMENT BLOCKS .....34 COVERED ADOBE .....35 WOOD PLANKS/SHINGLES .....36  OTHER _____ 96 (SPECIFY)	

Cluster			HH		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
22	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																			
23	Does any member of your household own:  A bicycle? A motorcycle or motor scooter? A car or truck? A tractor? A horse/donkey cart?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HORSE/DONKEY CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER .....	1	2	CAR/TRUCK.....	1	2	TRACTOR .....	1	2	HORSE/DONKEY CART .....	1	2	
	YES	NO																			
BICYCLE .....	1	2																			
MOTORCYCLE/SCOOTER .....	1	2																			
CAR/TRUCK.....	1	2																			
TRACTOR .....	1	2																			
HORSE/DONKEY CART .....	1	2																			
24	RETURN TO COVER PAGE																				

**CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE  
HOUSEHOLD SURVEY<sup>1</sup>**

**WOMAN'S QUESTIONNAIRE**

QUESTIONNAIRE  
NUMBER (FOR USE BY  
DATA ENTRY PERSONNEL)

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IDENTIFICATION																			
LOCALITY _____	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>																		
NAME OF HOUSEHOLD HEAD _____																			
DISTRICT .....																			
EA NUMBER.....																			
HOUSEHOLD NUMBER.....																			
URBAN/RURAL (URBAN=1, RURAL=2) .....																			
NAME AND LINE NUMBER OF WOMAN _____																			

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY _____									
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____									
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR _____									
				NAME CODE _____									
NEXT VISIT: DATE	_____	_____		RESULT _____									
TIME	_____	_____		TOTAL NO. OF VISITS <input type="checkbox"/>									
<p>*RESULT CODES:</p> <table> <tr> <td>1 COMPLETED</td> <td>4 REFUSED</td> <td>7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONED	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONED	6 INCAPACITATED												

LANGUAGE OF QUESTIONNAIRE **	<input type="checkbox"/>	LANGUAGE OF INTERVIEW **	<input type="checkbox"/>
NATIVE LANGUAGE OF RESPONDENT **	<input type="checkbox"/>	TRANSLATOR USED	YES..... 1 NO ..... 2
<p>** LANGUAGE CODES: 01 ENGLISH    02 _____    03 _____    04 _____ 96 OTHER _____ (SPECIFY)</p>			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

<sup>1</sup> Note: This questionnaire is an adaptation of the MEASURE DHS+ questionnaire, and also draws upon the following: Monitoring Birth Preparedness and Complication Readiness (JHPIEGO, 2004), Monitoring the Situation of Women and Children: Multiple Indicator Cluster Survey (UNICEF, 2005), Asking Questions about Women's Reproductive Health in Community-Based Surveys (Graham, WJ, et al, 1995), and information contained in Maternal and Newborn Standards and Indicators Compendium (USAID and Core, 2004), among others.

**SECTION 1. RESPONDENT'S BACKGROUND**

**INTRODUCTION AND CONSENT**

<p><b>INFORMED CONSENT</b></p> <p>Hello. My name is _____ and I am working with the CCC-PPH Project. We are conducting a survey to understand what needs to be done at the community level to make pregnancy and delivery safer for women.</p> <p>I would like to ask you some questions about your knowledge and experience of pregnancy and related information. The information we receive from you will be used to inform a program for men and women in the community that will improve access to safe maternity services. This interview usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate fully in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p>
<p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ..... 2 →END</p> <p align="center">CONTINUE      ↓</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	<i>RECORD THE TIME.</i>	HOUR..... MINUTES.....	
102	In what month and year were you born?	MONTH..... DON'T KNOW MONTH ..... 98 YEAR..... DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday? <i>COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.</i>	AGE IN COMPLETED YEARS.....	
104	Have you ever attended school?	YES..... 1 NO..... 2	→107
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY..... 1 SECONDARY..... 3 HIGHER..... 4	
106	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR.....	
107	What is your marital status now? Are you single, married, widowed, divorced, or separated?	SINGLE..... 1 MARRIED/IN UNION..... 2 WIDOWED..... 3 DIVORCED..... 4 SEPARATED..... 5	→111
108	Has your husband ever attended school?	YES..... 1 NO..... 2	→111
109	What is the highest level of school he attended: primary, secondary, or higher?	PRIMARY..... 1 SECONDARY..... 3 HIGHER..... 4	
110	What is the highest (grade/form/year) he completed at that level?	GRADE/FORM/YEAR.....	
111	Some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other paid work?	YES..... 1 NO..... 2	

Cluster		HH		Line #		

SECTION 2. MEDIA AND MESSAGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
201	In the last six months have you seen or heard a message about pregnancy or childbirth?	YES..... 1 NO ..... 2	→301																																													
202	Where did you see or hear a message(s) about pregnancy or childbirth?  On the radio? On the television? In a newspaper or magazine? On a poster? In leaflets or brochures? In a film show? In a drama/song performance? At a community meeting? From a church group? From a trained health provider? From a community health worker? From neighbors/friends/relatives? Other?  <i>RECORD ALL SOURCES MENTIONED.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS/BROCHURES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FILM SHOW .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRAMA/SONG PERFORMANCE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY MEETING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHURCH GROUP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRAINED HEALTH PROVIDER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMM. HEALTH WORKER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEIGHBORS/FRIENDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE .....	1	2	POSTER .....	1	2	LEAFLETS/BROCHURES.....	1	2	FILM SHOW .....	1	2	DRAMA/SONG PERFORMANCE ..	1	2	COMMUNITY MEETING .....	1	2	CHURCH GROUP.....	1	2	TRAINED HEALTH PROVIDER.....	1	2	COMM. HEALTH WORKER .....	1	2	NEIGHBORS/FRIENDS .....	1	2	OTHER _____	1	2	(SPECIFY)			
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203	In the last six months, have you discussed any of the messages about pregnancy and childbirth with your friends, neighbors, or relatives?	YES..... 1 NO ..... 2	→301																																													
204	With whom?  Anyone else?  <i>RECORD ALL PERSONS MENTIONED.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND/PARTNER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FATHER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SISTER(S).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BROTHER(S) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DAUGHTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SON .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER-IN-LAW .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEIGHBORS/FRIENDS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	HUSBAND/PARTNER.....	1	2	MOTHER .....	1	2	FATHER .....	1	2	SISTER(S).....	1	2	BROTHER(S) .....	1	2	DAUGHTER.....	1	2	SON .....	1	2	MOTHER-IN-LAW .....	1	2	NEIGHBORS/FRIENDS .....	1	2	OTHER _____	1	2	(SPECIFY)												
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Cluster		HH		Line #		

SECTION 3: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask you some questions about pregnancy and childbirth. Are you pregnant now?	YES, CURRENTLY PREGNANT ..... 1 NO ..... 2 UNSURE OR DON'T KNOW ..... 8	
302	Have you ever been pregnant?	YES..... 1 NO ..... 2	→401
303	Did the pregnancy end in a live birth, a stillbirth, an induced abortion, or a miscarriage?	LIVE BIRTH ..... 1 STILLBIRTH ..... 2 ABORTION ..... 3 MISCARRIAGE..... 4	└→401
304	When did your last pregnancy end? In what month and year?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR .....9998	
305	<p><i>Check above. Did the woman's last pregnancy (live birth or stillbirth) end within the last 2 years? Since (day and month of interview in 2005)?</i></p> <p><input type="checkbox"/> <i>No live birth or stillbirth in last 2 years</i></p> <p><input type="checkbox"/> <i>Yes live birth or stillbirth in last 2 years</i></p>		

SECTION 4. KNOWLEDGE

Nº.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that could endanger the life of a woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→408
402	In your opinion, what are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman?  PROBE: Any others?	BLEEDING ..... A SEVERE HEADACHE ..... B BLURRED VISION ..... C FIT/CONVULSIONS ..... D SWOLLEN HANDS/FACE ..... E HIGH FEVER ..... F FAINTING ..... G DIFFICULTY BREATHING ..... I SEVERE WEAKNESS ..... J SEVERE ABDOMINAL PAIN ..... K ACCELERATED/ REDUCED FETAL MOVEMENT ..... I WATER BREAKS WITHOUT LABOR ..... L OTHER ..... X (SPECIFY) NONE ..... Y DON'T KNOW ..... Z	→404
403	In your opinion, could a woman die from [this problem] any of these problems?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
404	In your opinion, what are some serious health problems that can occur during labor and childbirth that could endanger the life of a pregnant woman?  PROBE: Any others?	SEVERE BLEEDING ..... A SEVERE HEADACHE ..... B FIT/CONVULSIONS ..... C HIGH FEVER ..... D FAINTING ..... E LABOR LASTING >12 HOURS ..... F PLACENTA NOT DELIVERED 30 MINUTES AFTER BABY ..... G BABY COMES FEET, HAND OR BOTTOM FIRST (BEFORE HEAD) ..... H OTHER ..... X (SPECIFY) NONE ..... Y DON'T KNOW ..... Z	→406
405	In your opinion, could a woman die from [this problem] any of these problems?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
406	In your opinion, what are some serious health problems that can occur during the first 2 days after birth that could endanger the life of the woman?  PROBE: Any others?	SEVERE BLEEDING ..... A SEVERE HEADACHE ..... B BLURRED VISION ..... C FIT/CONVULSIONS ..... D SWOLLEN HANDS/FACE ..... E HIGH FEVER ..... F BAD SMELLING VAGINAL DISCHARGE ..... G FAINTING ..... H DIFFICULTY BREATHING ..... I SEVERE WEAKNESS ..... J OTHER ..... X (SPECIFY) NONE ..... Y DON'T KNOW ..... Z	→408
407	In your opinion, could a woman die from [this problem] any of these problems?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
408	In your opinion, is there anything a woman and her family should do to plan for a birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

Cluster		HH		Line #		

N°.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Do you know of a health facility where a woman can go if she has problems during delivery?  IF YES: Where is that?  RECORD THE FIRST PLACE MENTIONED.  _____ (NAME OF HEALTH FACILITY)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 5. EXPERIENCES DURING LAST PREGNANCY

N <sup>o</sup> .	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<i>CHECK 304</i> <i>HAS HAD A LIVE BIRTH OR STILLBIRTH IN THE LAST 24 MONTHS?</i> YES ↓	NO -----	→ END
502	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about where you should give birth to your baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
503	During your pregnancy, did anyone [replace with the person doing such counseling in the program] tell you about the danger signs of serious health problems during pregnancy, childbirth, or soon after?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	└─→ 505
504	During your pregnancy, did anyone [replace with the person doing such counseling in the program] tell you where to go if you had danger signs of serious health problems?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
505	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about arranging for transportation to a health facility if any problems occurred?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
506	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about saving money for the birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
507	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about arranging for a blood donor in case one was needed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
508	During your pregnancy, did anyone [replace with the person doing such counseling in the program] speak with you about who should assist with your birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
509	Did you see anyone for antenatal care during this pregnancy?	YES ..... 1 NO ..... 2	→601
510	If so, whom did you see?  PROBE: Anyone else?  <i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i>	HEALTH PROFESSIONAL DOCTOR ..... A NURSE ..... B MIDWIFE ..... C  OTHER PERSON TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKERS ..... E RELATIVE/FRIEND ..... F  OTHER _____ X (SPECIFY)	
511	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... <input type="text"/> <input type="text"/>  DON'T KNOW/ CAN'T REMEMBER ..... 98	
512	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES ..... <input type="text"/> <input type="text"/>  DON'T KNOW/ CAN'T REMEMBER ..... 98	

SECTION 6. EXPERIENCES DURING LAST DELIVERY

N <sup>o</sup> .	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Prior to your last delivery, did you or your family make a plan for the birth of this child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	—▶ 608
602	Did you decide where you would give birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
603	Did you identify a health facility where you would go if you had danger signs of a serious health problem?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	—▶ 605 —▶ 605
604	Did you make plans for how to get to a health facility if any problems occurred?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
605	Did you save any money for the birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
606	Did you arrange for a blood donor in case one was needed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
607	Where did you deliver your last child?  <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE BELOW. PROBE TO IDENTIFY THE TYPE OF FACILITY AND CIRCLE THE APPROPRIATE CODE.</i>  _____ (NAME OF PLACE)	HOME RESP. HOME ..... 11 TBA'S. HOME ..... 12 OTHER HOME ..... 13  HOSPITAL/CLINIC ..... 21 HEALTH CENTER ..... 22 HEALTH POST ..... 23 MATERNITY HOME ..... 24  OTHER _____ 96 (SPECIFY)	—▶ END —▶ END —▶ END
608	How did you go to the health facility?  <i>PROBE: WHAT TYPE OF TRANSPORTATION DID YOU MAINLY USE TO GET TO THE HEALTH FACILITY?</i>	AMBULANCE ..... 01 PRIVATE CAR ..... 02 TAXI/BUS ..... 03 CART ..... 04 MOTORBIKE ..... 05 BOAT ..... 06 ON FOOT ..... 07 BICYCLE ..... 08 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
609	Who accompanied you to the facility where you delivered?  <i>PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS.</i>	NO ONE ..... 01 RESPONDENT ..... 02 RESPONDENT & HUSBAND ..... 03 HUSBAND ..... 04 RESP.'S MOTHER ..... 05 RESP.'S FATHER ..... 06 MOTHER-IN-LAW ..... 07 FATHER-IN-LAW ..... 08 SISTER/SISTER-IN-LAW ..... 09 OTHER MEMBER OF RESP.'S FAM ..... 10 OTHER MEMBER OF HUSB.'S FAM ..... 11 FRIEND/NEIGHBOR ..... 12 HEALTH PROFESSIONAL ..... 13 TBA ..... 14 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

Cluster		HH		Line #		

N°.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>Who assisted with your last delivery?</p> <p>Anyone else?</p> <p><i>PROBE FOR THE TYPE OF PERSON ASSISTING AND CIRCLE ALL ANSWERS GIVEN.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR..... A</p> <p>NURSE..... B</p> <p>MIDWIFE..... C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. D</p> <p>COMMUNITY HEALTH WORKER..... E</p> <p>RELATIVE/FRIEND..... F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE ..... Y</p> <p>DON'T KNOW ..... Z</p>	

# CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

## QUESTIONNAIRE FOR PROGRAM EVALUATION

### INSTRUCTIONS FOR INTERVIEWERS

#### SURVEY MANAGER:

Give a copy of this appendix to every interviewer. Translate this appendix into the interviewers' local language if necessary. Ensure that the information in this appendix is appropriate to your survey. Some countries may need to give slightly different instructions.

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*Note:* interviewer questions appear in **BOLD, SMALL CAPITALS**; interviewer instructions are in *italics*. Adaptation notes (survey coordinator) are in **SMALL CAPITALS**.

*In each household you should interview all the women between the ages of 15 and 49 who reside in the household (individual Women's Questionnaires). If you visit a household with no members eligible for these individual questionnaires, you must still ask questions about the household. You may ask these questions of any adult who is present.*

*Your supervisor will give you a list or tell you how to find the households to visit. You must visit all these households. If no one is at home when you go to interview the household, ask the neighbors whether the house is inhabited. If it is occupied, ask the neighbors when the household members will return. Arrange with your supervisor to go back to the dwelling when it will be occupied or at the end of the day. Note those plans as decided with your supervisor and note the time you are to return on the first page of the questionnaire (Household Information Panel). Do not substitute another household.*

*If no adult is at home, arrange to come back at another time. Do not interview a temporary caretaker of the children, such as a babysitter.*

*If nobody is at home again when you make the return visit, then mark this household on your form as 'missing'. Your supervisor may instruct you to revisit these households, or to visit another household that has been chosen at random.*

*If an eligible woman is not at home or not available for the interview, ask a family member or neighbor when she will return. Note this on the Household Information Panel and return to interview her at that time, if possible. If this is not possible, follow your supervisor's instructions to return to the household at another time. Do not take responses to the Woman's Questionnaire from anyone other than eligible women.*

*In areas where separate households are difficult to identify, such as multi-household dwellings, treat the entire dwelling as one household, and interview all the women within that dwelling.*

*Ask your supervisor if you are in doubt about what to do when you cannot locate a household, or you cannot complete an interview. Always keep a record on a Cluster Control Sheet of the households you visited where nobody was at home. If it is not possible to interview an eligible woman, record this on the Household Information Panel of the questionnaire.*

*Throughout the questionnaire, the codes 9, 99, 999 and 9999 are used for missing information. In many questions, there are instructions to skip additional questions depending on the answer given. When skipping questions, draw a line through them so that your supervisor sees that these were skipped intentionally and not just overlooked.*



## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

### HOW TO FILL IN THE HOUSEHOLD QUESTIONNAIRE

#### *Household Identification Panel*

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

HH1. Enter the Locality number as instructed by your supervisor.

HH2. Enter the District number as instructed by your supervisor.

HH3. Enter the Enumeration Area (EA) number as instructed by your supervisor.

HH4. Enter the Household number as instructed by your supervisor.

HH5. Circle the code for area of residence – that is, 1 for urban or 2 for rural – as instructed by your supervisor.

#### *Interviewer Visits Panel*

Enter the date of the interview: day/month/year. If the interview is not completed on the first day attempted, revise and enter date of final interview.

Enter your own name or identifying number.

If the household modules have been completed, circle 1 for completed. If unable to complete the household part of the questionnaire, circle the reason.

If the house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

If the house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

If the household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

If the selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

If no one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

### ***Summary of Household Information***

Fill this section in once you have completed the Household Listing Form on the next page. Count the number of women noted in Column 5 and put this number in Box 11. After all eligible women have been interviewed note the number of completed forms in the appropriate box. For those interviews not completed, note details in the space provided at the bottom of the panel.

### ***Interview Language Information***

\*\*SURVEY COORDINATORS SHOULD ADAPT THIS SECTION USING LOCALLY RELEVANT INFORMATION.

### ***Household Listing Form***

Each successive page of the questionnaire has a space for Cluster number and Household number. These must be filled in to avoid misplacing parts of the questionnaire.

Any adult member of the household can serve as respondent for this section.

Interviewer: **First, please tell me the names of all the women and girls who usually live here.**

**Col. 1 Line number:** This is the number used to identify each person listed. You must obtain a complete list of all women and girls who usually live in the household. A household is a person or group of persons who usually live and eat together. ADAPT THIS DEFINITION TO FIT THE DEFINITION OF A HOUSEHOLD IN USE IN YOUR COUNTRY.

**Col. 2 Name:** Fill in the name of each household member.

If the number of women and girls in the household total more than twelve people, mark the box at the bottom of this page and use another Household Listing page. On the second Listing page, change the line numbers 01-12 to 13-24. Then check that you have included everyone by asking: **Are there any others women or girls who live here, even if they are not at home now? (These may include children in school or at work.)** If the answer is "yes", add those names to the list.

Once you have a complete list of names, move across the page asking each question for one person. When you have completed the information for the person on line 01, continue to the person listed on line 02, etc.

**Col. 3 Residence:** Determine whether each woman or girl stayed in the house last night.

## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

**Col. 4 Age:** Obtain each person's age in completed years, that is, his/her age at his/her last birthday. If you have difficulty obtaining the ages of very elderly members of the household, you may enter the code 99, meaning "doesn't know" or "over age 50". If a child has not yet reached his/her first birthday, write 00: for example, a child who is 9 months old is coded as 00. If necessary, a more accurate estimate of the child's age will be obtained later in the questionnaire. You must record an age for each child. Do not leave this item blank for any child.

### *Eligibility for woman's questionnaire*

**Col. 5** Circle the line number in this column if the household member is a woman between 15 and 49 years of age (this includes those aged 15 and 49).

### *Household Characteristics*

**\*\*SURVEY COORDINATORS SHOULD ADAPT THIS SECTION USING LOCALLY RELEVANT SOCIOECONOMIC VARIABLES (HOUSEHOLD BELONGINGS, MATERIAL OF DWELLING ROOF OR FLOOR, ETC.).**

### **Q. 13 What is the main source of drinking water for members of your household?**

The purpose of this question is to assess the safety of the household water used for drinking. If several sources are mentioned, probe to determine the most usual source. Circle the code for the most usual source. If the source varies by season, circle the code for the source at the season of interview.

THE PRE-TEST WILL DETERMINE IF ANY ADDITIONAL WATER SOURCES TYPICALLY USED IN YOUR LOCALITY NEED TO BE ADDED TO THIS LIST. BE SURE TO RETAIN THE CATEGORIES SHOWN IN THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

### **Q. 14 How long does it take to go there, get water, and come back?**

This question is used to find out how convenient the source of drinking water is to the dwelling. Fill in the estimated time (in minutes, converting from hours, if necessary) it takes by the usual mode of transport to get to the water source, wait to get water, and get back to the dwelling. Use zero preceding the number if less than 100 minutes, e.g. 060 or 090. If the water source is on the dwelling premises, or if water is delivered to the dwelling by a vendor, record "on premises" by circling 888. Circle 999 for the response "doesn't know".

### **Q. 15 What kind of toilet facilities does your household use?**

The purpose of this question is to obtain a measure of the cleanliness of the sanitary facility used by the household members. If the respondent answers that the household members use the bush or field, circle 6 for "no facilities" and skip to Q. 17, drawing a line through the skipped question.

A flush toilet to sewage is one in which water carries the waste down pipes to a septic tank connected to the local sewers, whether the water is piped into the toilet or poured in by buckets. A pour flush latrine is one with a water seal such as an aqua privy, or any similar device that creates a seal to prevent fumes and bacteria escaping. A Ventilated Improved Pit latrine (VIP) is a pit latrine that has a route for fumes to escape (usually a pipe), other than the hole itself. A traditional pit latrine is not ventilated.

ANY OTHER USUAL TYPES OF FACILITIES THAT DO NOT FIT INTO THESE CATEGORIES SHOULD ALSO BE LISTED HERE. ADAPT THESE INSTRUCTIONS, ADDING EXPLANATIONS OF ANY ADDITIONAL CATEGORIES. BE SURE TO RETAIN THE CATEGORIES SHOWN ON THE QUESTIONNAIRE. THESE WILL DETERMINE THE NUMBER OF HOUSEHOLDS TO COUNT IN THE NUMERATOR OF THE WATER AND SANITATION INDICATORS.

**Q. 16. Do you share these facilities with other households?**

Question 16 asks about whether the toilet facilities are shared with one or more other households.

**Q. 17. Household Items**

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank. If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

**Q. 18. What type of fuel does your household mainly use for cooking?**

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit. If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

**Q. 19. Floor Material**

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure. If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

**Q. 20. Roof Material**

## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

### **Q. 21. Wall Material**

This is not a question but an observation. You will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

### **Q. 22. How many rooms in this household are used for sleeping?**

### **Q. 23. Ownership of Means of Transportation**

As another rough measure of socioeconomic status, we also ask whether any member of the household owns various means of transport, e.g., a bicycle, motorcycle, or car or other means of transportation. A small child's bicycle is primarily a toy and should **not** be recorded here.

## HOW TO FILL IN THE WOMAN'S QUESTIONNAIRE

*The sections for women of reproductive age are the Respondent's Background, Media and Messaging, Reproduction, Knowledge, Experiences During Last Pregnancy, and Experiences During Last Delivery. Only a skilled female interviewer should administer these modules. The interviewer should make every attempt to carry out the woman's interview in privacy. Ask all other household members or anyone else who is present (including male members of the survey team) to leave in a courteous manner.*

*After you complete the household interview, you should have a form for each individual Woman's Questionnaire to be filled in. Make sure you fill in the identifying information (Cluster, Household and Individual line number) at the top of every page so that no pages will be lost.*

### SURVEY COORDINATORS:

CUSTOMIZE THESE INSTRUCTIONS BASED ON YOUR QUESTIONNAIRE, ENSURING THAT THE INFORMATION IN THIS APPENDIX IS APPROPRIATE TO YOUR SURVEY. SOME COUNTRIES MAY NEED TO PROVIDE SLIGHTLY DIFFERENT INSTRUCTIONS, DEPENDING ON THEIR QUESTIONNAIRES. DELETE INSTRUCTIONS ON MODULES/QUESTIONS NOT USED BY YOUR PROGRAM. ORDER THE INSTRUCTIONS IN ACCORDANCE WITH YOUR QUESTIONNAIRE.

THEN TRANSLATE THIS APPENDIX INTO THE INTERVIEWERS' LOCAL LANGUAGE(S), IF NECESSARY. USE THESE INSTRUCTIONS DURING THE TRAINING OF THE INTERVIEWERS AND PROVIDE A COPY TO EACH INTERVIEWER.

### **COVER PAGE**

After completing the household questionnaire, you should prepare a questionnaire for each eligible woman by filling in the identification section on the cover page.

#### ***IDENTIFICATION***

This information should be filled in before you start the interview.

#### **Locality**

Enter the locality code number from the Household Questionnaire, question HH1.

#### **District**

Enter the district code number from the Household Questionnaire, question HH2.

## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

### **EA number**

Enter the number of the enumeration area from the Household Questionnaire, question HH3.

### **Household number**

Enter the household number from the Household Questionnaire, question HH4.

### **Woman's name**

Enter the woman's name from the Household Questionnaire, column (2) of the Household Listing.

### **Woman's line number**

Enter the woman's line number from the Household Questionnaire, column (5) of the Household Listing.

### **Interviewer name and number**

Enter your own name and identifying number. You will be provided with these identification numbers at the time of training.

### **Day/month/year of interview**

Enter the date of the interview as day, month and year. If the interview is not completed on your first visit and you visit the household to interview the woman again, revise and enter the final date of interview. In other words, the date here should be the date when you have either completed the woman's questionnaire, or when the interview has not been conducted but it has been decided that there will be no more attempts to interview the eligible woman.

### **Result of women's interview**

Complete this question (under Final Visit) once you have concluded the interview with the woman. Circle the code corresponding to the result of the interview. If the questionnaire is completed, circle '1' for 'Completed'. If you have not been able to contact the woman after repeated visits, circle '2' for 'Not at home'. If the woman refuses to be interviewed, circle '4' for 'Refused'. If you were able to only partly complete the questionnaire, circle '5' for 'Partly completed'. If the woman is incapacitated, circle '6'. If you have not been able to complete this questionnaire for another reason, you should circle '7' for 'Other' and specify the reason in the space provided.

**SECTION 1: RESPONDENT’S BACKGROUND**

In the first section of the questionnaire, you will begin by obtaining the respondent’s consent to the interview and then collect some general background information on the respondent.

**Informed Consent**

The respondent’s consent for participation in the survey must be obtained before you can begin the interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent. If the woman does not agree to be interviewed, circle ‘2’, thank the respondent, and end the interview. Then write ‘4’ (REFUSED) as the result on the cover sheet.

**101. Time**

Record the time of the day you start the women’s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is: HOUR . . . . . 

0	9
3	0

  
MINUTES . . . . .

Half past four in the afternoon is: HOUR . . . . . 

1	6
3	0

  
MINUTES . . . . .

**102. In what month and year were you born?**

If the respondent knows her date of birth, write it in the appropriate spaces for ‘Month’ and ‘Year’. You will need to convert the month into numbers. For this, January is ‘01’, February is ‘02’, March is ‘03’, etc. If the month or day contains only one digit, use a leading zero to fill in the first space. For example, the month of March is coded as ‘03’. If she does not know her month of birth, circle ‘98’ for ‘DK month’ and ask her for the year of her birth. If she knows the year, write it in the spaces for ‘Year’.

Try under all circumstances to obtain at least the year of birth. If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card, horoscope, or a birth or baptismal certificate that might give her date of birth. If such documentation is available, ask the woman if the information on the document(s) is correct. Only when it is absolutely impossible to even estimate the year of birth should you circle ‘9998’ for ‘DK year’.



## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

### **103. How old were you at your last birthday?**

Enter her age in completed years, that is, her age at her last birthday. If she knows her age, write it in the space provided.

If she does not know the answer to either of these two questions, probe for clues that might indicate her age. Ask how old she was when she was first married or first gave birth. Try to find out how long ago she got married or had her first child. (You may be able to find out the age of her oldest child if the child is still living. You may be able to relate her age to someone else in the household whose age is known. You may be able to determine her age based on how old she was when an important event occurred, and the number of years that have elapsed since.) You **MUST** fill in this information. Do not leave this blank.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 or older than 49, you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation; write 'INELIGIBLE' on the cover page of the questionnaire, and correct the age and eligibility information for this woman on the cover page.

### **104. Have you ever attended school?**

Circle the code corresponding to the response given. If 'No', skip to 107. Otherwise, continue on to the next question.

The term 'school' includes primary, secondary and post-secondary schooling, as well as any other intermediate levels of schooling in the *formal school system*. It also includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work.

Schools that carry out non-standard curriculum are also included here. Ensure that the woman understands what is meant by 'non-standard curriculum'. A non-standard curriculum includes religious schools, such as Koranic schools, that do not teach a full, standard school curriculum. If a school teaches religious courses but also includes the standard curriculum – such as many Catholic schools – it would be coded as a standard school.

### **105. What is the highest level of school you attended: primary, secondary or higher?**

Circle the code corresponding to the highest level ever attended, regardless of whether or not the year was completed. For example, if she attended Form/Year 1 of secondary school for only 2 weeks, record 'Secondary'.

### 106. What is the highest grade/form/year you completed at that level?

**SURVEY COORDINATORS:** CHANGE THE TERM ‘GRADE’ TO THE TERM USED LOCALLY, SUCH AS ‘FORM’ OR ‘YEAR’.

For this question, record the number of years that the respondent successfully completed. For example, if a woman was attending grade 3 of secondary school and left school before completing that year, record ‘02’. Although grade 3 was the highest year she attended, she completed 2 years of secondary school. If less than 1 year, record ‘00’ for completed years. For example, if she attended only 2 weeks of grade 1 of secondary school, record ‘00’ for completed years.

### 107. What is your marital status now: are you single, married, widowed, divorced or separated?

**SURVEY COORDINATORS:** CUSTOMIZE THIS QUESTION TO THE SITUATION IN YOUR COUNTRY AND/OR DESCRIBE TO THE INTERVIEWERS WHAT EACH OF THE CATEGORIES REFERS TO. AN INFORMAL UNION IS ONE IN WHICH THE MAN AND WOMAN LIVE TOGETHER FOR SOME TIME, INTENDING TO HAVE A LASTING RELATIONSHIP, BUT DO NOT HAVE A FORMAL CIVIL OR RELIGIOUS CEREMONY. CASUAL SEXUAL ENCOUNTERS ARE NOT INCLUDED HERE. IN SOME CULTURES, THE WORD ‘MARITAL’ IS NOT USED FOR INFORMAL UNIONS; DELETE THE WORD ‘MARITAL’ FROM THE QUESTION IF NECESSARY AND ASK “**WHAT IS YOUR STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?**”

Circle the code corresponding to the response given. For a woman who is not currently married and not currently living with someone but who was formerly in a union, record her current marital status at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced or separated.

You should use ‘widowed’ (a) for women who were married and their husband died, and (b) for women who were in an informal union and their partner died. ‘Divorced’ should be used for women who were married and whose marriage formally ended. ‘Separated’ should be used (a) for women who were married, but are no longer continuing the marriage with their husband, and (b) for women who were in an informal union and are no longer continuing the union with their partner.

### 108-110. Husband’s Education

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 109, you record the highest level attended, and in Q. 110, you record the highest grade [form/year] completed at that level.

## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

**111. Some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other paid work?**

This question is concerned with any work other than housework that the respondent herself does. The time reference for this question is the seven days before the survey interview. It often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentence so the respondent understands what we mean by “work.”

### **SECTION 2: MEDIA AND MESSAGING**

**201. In the last six months have you seen or heard a message about pregnancy or childbirth?**

We are interested in any information about pregnancy or childbirth, whether it is a program concerned with giving information about pregnancy or childbirth, an advertisement about pregnancy or childbirth, or a speech in which pregnancy or childbirth is mentioned.

**202. Where did you see or hear a message(s) about pregnancy or childbirth?**

Read the introductory question and allow her to answer. Since we are interested in all of the sources from which the woman saw or heard such messages, you must use the prompt (e.g., “Any other source?”) to make sure the woman informs you about all the sources from whom she saw or heard about pregnancy and childbirth. There must be an answer coded for each line; do not leave any blank.

**203. In the last six months, have you discussed any of the messages about pregnancy and childbirth with your friends, neighbors, or relatives?**

Question 203 asks whether the woman has discussed any of the messages with any friends, relatives or neighbors. It does not matter who initiated the discussion, and it does not matter whether the discussants approved or disapproved of the topics.

**204. With whom? Anyone else?**

Question 204 asks about all people with whom the woman has discussed any messages she has seen or heard. Since we are interested in all of the sources from which the woman saw or heard such messages, you must use the prompt (e.g., “Anyone else?”) to make sure the woman informs you about all the sources from whom she saw or heard about pregnancy and childbirth. There must be an answer coded for each line; do not leave any blank.

### **SECTION 3: REPRODUCTION**

#### **301. Are you pregnant now?**

Circle the code corresponding to the response given. If she is pregnant, circle '1'. If the woman is unsure or does not know for certain if she is pregnant, circle '8' for 'Unsure or DK'.

#### **302. Have you ever been pregnant?**

This question serves to learn whether the woman has ever been pregnant. Ask her whether she has ever experienced a pregnancy, no matter the outcome of that pregnancy. Probe to ensure that she has considered any possible pregnancy, except the current pregnancy. If the answer is YES, circle '1'. If the answer is NO, circle '2'.

#### **303. Did the pregnancy end in a live birth, a stillbirth, an induced abortion, or a miscarriage?**

We want to know how the respondents last pregnancy ended, even if it did not result in a live birth, so we ask about each type of lost pregnancy. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth. If the baby cried, even for a few minutes, it was a live birth.

#### **304. When did your last pregnancy end? In what month and year?**

Write the month and year of the last pregnancy ended, regardless of outcome. If the respondent gives you a year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 1999 but she doesn't know which month, ask her whether she was pregnant in the dry or wet season, at Christmas or Easter time, during the month of Ramadan, or during some other significant event/season of the year. Convert months to numbers, as explained for Question 102 above.

If the respondent cannot recall the year when the pregnancy ended, you need to probe carefully.

If it was a live birth, ask her if she has any documents, such as a birth certificate or immunization record, to see whether a date of birth was recorded. Before entering a date from these documents, check with the respondent to determine whether she believes the date is accurate.

If there is no birth certificate or other document for the child (often the case with stillbirths), see whether the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 1985 and the first child was just a year old at that time, enter "1984." You must enter a month and year for the delivery, even if it is just your best estimate.

**SECTION 4: KNOWLEDGE**

**401. In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that could endanger the life of a woman?**

Question 401 is asked to determine whether the respondent thinks that serious health problems can arise from pregnancy and childbirth. If the respondent does not know, circle '8' for DON'T KNOW.

**402. In your opinion, what are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman?**

Question 402 asks women to list the specific danger signs during pregnancy. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

**403. In your opinion, could a woman die from [this problem] any of these problems?**

Question 403 is asked to determine whether the respondent thinks that serious health problems during pregnancy can result in death. For women who know of danger signs in Question 402, ask whether she thinks that any of these problems can kill a woman experiencing them.

**404. In your opinion, what are some serious health problems that can occur during labor and childbirth that could endanger the life of a pregnant woman?**

Question 404 asks women to list the specific danger signs during labor and childbirth. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

**405. In your opinion, could a woman die from [this problem] any of these problems?**

Question 405 is asked to determine whether the respondent thinks that serious health problems during labor and childbirth can result in death. For women who know of danger signs in Question 404, ask whether they think that any of these problems can kill a woman experiencing them.

**406. In your opinion, what are some serious health problems that can occur during the first 2 days after birth that could endanger the life of a woman?**

Question 406 asks women to list the specific danger signs postpartum, that is, the first 48 hours after birth. Note that more than one answer can be given and all responses mentioned should be recorded. If an answer does not seem to fit into one of the categories, ask her what she means and record her answer appropriately. If a danger sign other than the precoded ones is reported, circle 'X' for OTHER and specify the danger sign in the space provided. If she cannot name any danger signs during pregnancy, circle "Z" for DON'T KNOW.

**407. In your opinion, could a woman die from [this problem] any of these problems?**

Question 407 is asked to determine whether the respondent thinks that serious health problems postpartum can result in death. For women who know of danger signs in Question 406, ask whether they think that any of these problems can kill a woman experiencing them.

**408. In your opinion, is there anything a woman and her family should do to plan for a birth?**

This question and the next ask about women's awareness of birth preparedness. Question 408 is asked to assess whether in the woman's opinion, any plans should be made before a birth.

**409. Do you know of a health facility where a woman can go if she has problems during delivery?**

Question 409 determines whether the woman is aware of a facility where a woman could seek help if problems arose. Ask whether the woman knows of a facility where a woman can go if she has problems during delivery. If she answers yes, ask her to name the facility. This helps to ensure that she does know of a facility. If she is not able to name a health facility, circle '2' for NO. If you are not sure if it is a health facility, let your supervisor know and s/he will learn about it from other people in the community and then circle the appropriate code.

**SECTION 5: PERSONAL EXPERIENCE RELATED TO LAST PREGNANCY**

**502-508. Discussed Pregnancy with Others**

In Questions 502 to 508, you are asking whether anyone involved with the program has discussed pregnancy planning with the woman.

**SURVEY COORDINATORS: CHANGE THE TERM 'ANYONE' TO THE PERSON IN THE PROGRAM THAT IS RESPONSIBLE FOR COUNSELING WOMEN ABOUT BIRTH PREPAREDNESS. THIS COULD BE A MEMBER OF A COMMUNITY GROUP, A COMMUNITY HEALTH WORKER OR A HEALTH CARE PROVIDER.**

## CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

### **509. Did you see anyone for antenatal care during this pregnancy?**

This question refers to any antenatal care given during her most recent pregnancy. This is to specifically check her pregnancy and not for other reasons. Antenatal care is usually given at a health facility but is sometimes provided in the pregnant woman's home.

### **510. If so, whom did you see?**

For Question 510, ask the woman whom she saw for antenatal checkup(s) of her last pregnancy and whether she saw more than one person. For example, the woman may have seen a nurse first and then a doctor. In this case, circle NURSE and DOCTOR since she saw two different providers. Since we are interested in all of the people the woman saw, you must use the prompt (e.g., "Anyone else?") to make sure the woman informs you about all the people from whom she received care for the pregnancy.

### **511. How many months pregnant were you when you first received antenatal care for this pregnancy?**

In Question 511, ask the respondent how many months into her pregnancy she was when she first sought antenatal care. If she does not remember, ask her how many menstrual periods she had missed at the time.

### **512. How many times did you receive antenatal care during this pregnancy?**

For Question 512, ask the respondent how many times in total she saw someone for antenatal care during her pregnancy.

## **SECTION 6: PERSONAL EXPERIENCE RELATED TO LAST BIRTH**

### **601. Prior to your last delivery, did you or your family make a plan for the birth of this child?**

Question 601 asks if plans were made. If she is not sure if she made a plan, circle "8" for DON'T KNOW and continue to ask her the specific questions about a birth plan.

### **602-606. Birth Preparedness and Complications Readiness**

The theory underlying birth preparedness and complication readiness states that making preparations during the antenatal period will reduce delays that can lead to death. These preparations include planning and making arrangements ahead of time for a place of birth (602), where to seek care if danger signs occur (603), transportation (604), funds (605), and a blood donor (606).

**607. Where did you deliver your last child?**

The purpose of this question is to identify births that occurred in a health facility. If the woman gave birth in a health facility, ask her to name the facility. Then write the name in the space provided and circle the appropriate code. If you cannot decide what type of facility this is, tell your supervisor who will learn what type of facility it is from other people in the community.

**608. How did you go to the health facility?**

In Question 608, ask the woman what kind of transportation she mainly used to get to the health facility. Circle only one response. If the woman mentions more than one mode of transportation, probe and ask her which one was predominantly used.

**609. Who accompanied you to the place where you delivered?**

Ask the woman who accompanied her to the health facility. Probe by asking her, “Anyone else?” Circle all persons she mentions.

**610. Who assisted with your last delivery? Anyone else?**

Question 610 asks the woman who attended the last birth. If she is not sure of the status of the person who attended the birth (for example, if she doesn’t know whether the person was a midwife or a traditional birth attendant), probe by asking her, “Anyone else?” We want to know who assisted with the birth itself, not who helped in other ways such as boiling water or wrapping the baby in a blanket. Ask the woman whether she saw more than one person and record all persons seen. Do not forget to ask whether any adults were present during the birth if she says that no one assisted her.





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# Data Collection Tools

## Clinical and Community Action to Address Postpartum Hemorrhage TOOL KIT

Facility Supervisory Checklist

Patient Referral Sheet

Non-Pneumatic Anti-Shock Garment (NASG) Case Study Form

Primary-Level Facility Patient Logbook

Secondary-Level Facility Patient Logbook

Tertiary-Level Facility Patient Logbook

# Clinical and Community Action to Address Postpartum Hemorrhage

## Facility Supervisory Checklist

*Instructions: The Facility Supervisory Checklist is used to assess facility-based services for the prevention and management of postpartum hemorrhage. The State Coordinator should complete this checklist once a month for each project facility. Together, facility staff and the State Coordinator should review the completed checklist and identify strengths and areas where corrective actions need to be made. One copy of the completed checklist should be left in a binder at the facility and one copy should be submitted to the M&E Officer at the central office by the first Friday of each month. During the next visit to the facility, the State Coordinator should review the checklist and progress toward agreed-upon corrective actions with staff. The Facility Supervisory Checklist is in two parts "Facility Review" and "Observation of Delivery Practices". Observation of deliveries, when possible, is part of the routine supervisory visit.*

<b>Name of Person Completing Form:</b> _____
<b>Name of Facility:</b> _____
<b>Facility level:</b> _____
<b>State:</b> _____ <b>Date:</b> _____

### PART I. FACILITY REVIEW (To be completed once for each facility visit)

#### A. BLOOD LOSS ESTIMATION

1. Does the facility have a method for measuring blood loss? Y\_\_ N\_\_
2. What method is being used to measure blood loss (check all that apply)
  - a. Calibrated measuring jug Y\_\_ N\_\_
  - b. Blood drape Y\_\_ N\_\_
  - c. Observation Y\_\_ N\_\_
  - d. Other (explain) \_\_\_\_\_
3. *Observe:* Is the device for measuring blood loss available at the time of visit? Y\_\_ N\_\_
4. How is the blood drape disposed of (if applicable)? \_\_\_\_\_

#### A. DISINFECTION

1. *Observe:* Is Chlorine available for disinfection? Y\_\_ N\_\_
2. Is attendant able to correctly describe the chlorine/water mixture for disinfection? Y\_\_ N\_\_
3. Is attendant able to describe the correct steps for disinfecting the NASG and blood collection device (if applicable), including processing time? Y\_\_ N\_\_
4. *Observe (if possible):* NASG cleaned & disinfected properly<sup>1</sup> for each cleaning observed? Y\_\_ N\_\_

#### B. AVAILABILITY OF NASG

1. *Observe:* Number of NASG in good condition that are available at the facility \_\_\_\_\_
2. *Observe:* Is the NASG accessible (e.g. not locked-up)? Y\_\_ N\_\_
3. Does the facility have a plan in place for disposing of NASG that are in poor condition? Y\_\_ N\_\_
4. Does the facility have a plan in place to return NASG with referral facilities? Y\_\_ N\_\_

#### IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION

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<sup>1</sup> Proper cleaning steps: gloved hands, .05% bleach solution prepared, NASG completely submerged for 10 minutes max, scrub NASG, rinse in clean water, ring out access water, hang in sun to dry

## Clinical and Community Action to Address Postpartum Hemorrhage

### C. MANAGEMENT TOOLS AND JOB AIDES

- |  |       |     |
|--|-------|-----|
| 1. Did the facility receive job aides from Pathfinder?   | Y__   | N__ |
| 2. <i>Observe:</i> Check which of the following are displayed in labor room:                     |       |     |
| a. AMTSL flow chart  | Y__   | N__ |
| b. Management of Shock flow chart  | Y__   | N__ |
| c. Applying the NASG flowchart   | Y__   | N__ |
| d. Removing the NASG flowchart   | Y__   | N__ |
| e. Care and cleaning of the NASG flow chart  | Y__   | N__ |
| f. Visual estimation of blood loss job aide  | Y__   | N__ |
| g. Using the blood collection drape flow chart   | Y__   | N__ |
| h. Mixing bleach solution  | Y__   | N__ |
| 3. <i>Observe:</i> Is there a sufficient supply (minimum one month) of referral forms available? | Y__   | N__ |
| 4. Total number of referral forms completed during the past calendar month <sup>2</sup>          | _____ |     |
| 5. Total number of forms with every item completed <sup>3</sup>                                  | _____ |     |
| 6. <i>Observe:</i> Has the log book been completely filled and is up-to-date?                    | Y__   | N__ |
| 7. <i>Observe:</i> Is there a sufficient supply of logbooks (at least 2 months) available?       | Y__   | N__ |

### D. AVAILABILITY AND STORAGE OF UTEROTONICS (*Observe: Check both labor ward and pharmacy*)

- |  | <b>Labor Ward</b> | <b>Pharmacy</b> |
|--|-------------------|-----------------|
| 1. Is Ergometrine available?                   | Y__ N__           | Y__ N__         |
| 2. Is Ergometrine stored in closed containers? | Y__ N__           | Y__ N__         |
| 3. Is Oxytocin available?                      | Y__ N__           | Y__ N__         |
| 4. Is Oxytocin stored in a refrigerator?       | Y__ N__           | Y__ N__         |
| 5. Is Misoprostol available?                   | Y__ N__           | Y__ N__         |
| 6. Did you observe any expired uterotonics?    | Y__ N__           | Y__ N__         |

### E. TRAINING

- |   |       |
|---|-------|
| 1. Number of PPH-trained staff needed at this facility <sup>4</sup>             | _____ |
| 2. Number of current providers who have completed the CC-PPH training           | _____ |
| 3. Number of PPH-trained providers who have left this facility since last visit | _____ |

#### IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION

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<sup>2</sup> Calendar month should be the first date to the last date of the last completed month

<sup>3</sup> A referral form is only considered **complete** if every line item has been filled in with the requested information

<sup>4</sup> Insert staffing level based on facility assessment and other factors.

**Clinical and Community Action to Address Postpartum Hemorrhage**  
**PART II. OBSERVATION OF DELIVERY PRACTICES** *(To be filled in for each delivery observed)*

DELIVERY STEP	DELIVERY 1		NOTES		DELIVERY 2		NOTES		DELIVERY 3		NOTES
	Observed				Observed				Observed		
	Y	N	Y	N	Y	N	Y	N			
1. Given correct dose of an appropriate uterotonic within 1 minute of delivery of baby (note type )											
2. Placenta delivered through controlled cord traction											
3. Received uterine massage after delivery of placenta											
4. Patient record filled in correctly and completely following delivery.											
5. Blood loss estimated and recorded in patient record.											

**IDENTIFY WEAKNESSES AND NOTE CORRECTIVE ACTION**

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CLINICAL AND COMMUNITY ACTION TO ADDRESS POSTPARTUM HEMORRHAGE

**Patient Referral Sheet**

The Patient Referral Sheet should be completed by the referring provider for each patient who is experiencing hemorrhage and is referred to another facility where providers have been trained on the continuum of care, including the NASG. The referral form should be sent with the patient to provide a brief report of the patient's condition prior to referral, which will assist the facility accepting the referral to act quickly and appropriately. Keep this form with the patient's clinical records for a complete record of treatment.

**Date:** ..... **Referred to:** .....

<b>Referring Health Facility Information:</b> Name of Doctor/Midwife/CHEW ..... Name/Location of Health Facility .....	
<b>Patient's Information:</b> Name: ..... Age: ..... Number of previous pregnancies ..... Number of previous miscarriage: ..... Number of children alive: ..... Mobile Phone Number: ..... Index pregnancy: Delivered/undelivered (please tick): If delivered, what was the outcome? (Please tick): Alive ... Fresh still birth .... Macerated birth .....	
<b>Brief History/Complaint: (Please continue on reverse side of this sheet for complete history.)</b>	<b>Findings on Examination:</b> <b>Vital signs at time of referral:</b> Blood pressure: ..... Pulse Rate: ..... Respiratory Rate: ..... Temperature: ..... Estimate of blood loss (mls) Visual: ..... Use of blood drape: .....
<b>Test Results:</b> Hb: ..... PCV: ..... Blood Group: ..... Urinalysis: .....	
<b>Diagnosis:</b>  <b>Reason for Referral:</b>	
<b>Treatment Given:</b> IVF given: Number: ..... Type: ..... Blood Transfusion: Number: ..... Uterotonic Given: Oxytocin (units) ..... Ergometrine (dose) ..... Misoprostol (dose) ..... Other treatment given: Antibiotics: Surgical procedures:	

If NASG is applied on the patient before referral, please provide the NASG number in the box below

Clinical and Community Action to Address Postpartum Hemorrhage

**NASG CASE STUDY FORM**

**State:** ..... **Name of facility:** ..... **Date:** .....

**Patient's Information:**  
 Initials: ..... Age: ..... Mobile Phone Number: ..... File number: .....  
 Date of admission: ..... Date/Time of delivery: .....  
 Where delivery took place (please tick): Home ..... Health Facility .....

Place of onset of PPH (please tick): Home ..... Health facility ..... Time of onset of PPH.....  
 Number of previous pregnancies..... Number of previous miscarriage: ..... Number of children alive: .....  
 Index pregnancy: Delivered/undelivered (please circle one)  
 If delivered, what was the outcome? (please tick): Alive ..... Fresh still birth ..... Macerated birth .....

**Brief History/Complaint: (Please continue on reverse side of this sheet for complete history.)**

**Findings on Examination**

**Vital signs:** Blood pressure: ..... Pulse Rate: .....  
 Respiratory Rate: ..... Temperature: .....  
 Estimated blood loss (mls): .....  
 How was the estimate done? (please tick)  
 Visual ..... Use of blood drape ..... Another measuring device (specify).....  
 Level of consciousness (LOC): Normal (N) .....  
 Agitated/confused ..... Unconscious (UC) .....

**Test Results:**  
 Hb: ..... Urinalysis: .....  
 Blood Group: .....  
 Urine output after 24 hours: .....  
 PCV on admission: .....

Date/time of onset of shock: .....  
 Date/time of NASG application: .....  
 Date/time of NASG removal: .....  
 Response to NASG: Date/time systolic BP = or >90 .....  
 Date/time pulse < 100 .....  
 Date/time LOC changed from UC to N .....

**Cause of Hemorrhage** (please tick): uterine atony ..... genital tract tear ..... retained placenta ..... retained product of conception ..... others (please specify).....

**Treatment Given:** IVF: Volume (mls): ..... Type: ..... Start time of first IVF administration (military time): .....  
 Blood Transfusion: Start time of first blood transfusion (military time).....# units.....  
 Uterotonic Given: Oxytocin (mg)..... Ergometrine/methergine (mg) ..... Misoprostol (µg)..... Other .....  
 Other treatment given: Antibiotics (name): ..... Other (please specify) .....  
Abdominal surgical procedures (Please tick, more than one may apply): Salpingostomy/Salpingectomy .....  
 C/Section ..... Uterine compression sutures ..... Uterine artery ligation/devascularization .....  
 Emergency hysterectomy ..... Other (please specify) .....  
 Vaginal surgical procedures (may be more than one): Repair cervix ..... Repair vagina ..... Repair perineum .....  
 Evacuation ..... Manual removal of placenta ..... Other .....

*(continue on reverse side)*



**Treatment outcome (please tick):** Alive ..... Died .....

Alive with complications (Please state the complications) .....

If died, obstetrical cause of death and name of organ failure (please tick):

Single organ failure (heart, lung, kidney, brain) (please specify).....

Multi-organ Dysfunction Syndrome (MODS) (please specify).....

Please provide as much detail as possible describing the woman's condition and response to treatment, delays in treatment, lack of blood, fluid supply etc.

# Clinical and Community Action to Address Postpartum Hemorrhage

## Guidance and Definitions for Filling out Primary Health Center Logbook

Every patient coming to this facility for the following should be recorded in the logbook:

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

The following information corresponds to the column number in the logbook.

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

Codes are assigned to columns 2 through 15. Use the corresponding codes to enter information in the logbook

### 2. Admission Type

**D-** if direct admission (i.e. woman came on her own)

**R-I-F-** if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PAH, ECL and OOH

**R-I-C-** if referred in by community (chief, ASHA, TBA, other) due to PPH, PAH, ECL and OOH

### 3. Delivery took place outside of a skilled facility

**OF-** if patient delivered **outside of** a primary, secondary or tertiary facility

**N-** if delivery took place in a primary, secondary or tertiary facility

### 4. Arrived in Shock

**SHK-** if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

**N-** if patient was not admitted with shock

### 5. Blood Drape

**BD-** if the blood drape is placed under this woman immediately after the delivery of the placenta

**N-** if no blood drape was used

### 6. PPH (postpartum hemorrhage)

**N-** if no PPH or if blood loss is <350 mL

**PPH-A-** alert to PPH if blood loss after delivery is 350-499 mL and/or is diagnosed by provider with PPH-A

**PPH-** if blood loss after delivery is 500-999 mL and/or is diagnosed by provider with PPH

**PPHS-** severe PPH if blood loss after delivery is  $\geq 1000$  mL and/or diagnosed by provider with PPHS

**PAH-** post-abortion with hemorrhage (determined by clinical sign)

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

### 7. Uterotonic received for management of PPH

**OXY-** if Oxytocin received to manage bleeding due to PPH

**EGT-** if Ergometrine received to manage bleeding due to PPH

**MISO-** if Misoprostol received to manage bleeding due to PPH

**N-** if no uterotonic was given to manage a woman who is experiencing PPH

### 8. Crystalloid (IV fluids) in first hour for management of PPH

**IVC-PPH-** if Ringers Lactate, Hartmann's Solution or Normal Saline is used for the management of PPH

**N-** if no IV crystalloid is used



## Clinical and Community Action to Address Postpartum Hemorrhage

### 9. Hypovolemic Shock (developed after admission)

**HYP-SHK-** if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is  $> 120$  BPM, systolic blood pressure  $< 90$  mmHG, the patient may become diaphoretic, confused, agitated or unconscious.

N- if no signs of hypovolemic shock

### 10. NASG (Non-Pneumatic Anti-shock Garment) received

**NASG-** if received NASG before transfer

N- if did not receive NASG before transfer

### 11. Crystalloid (IV fluids) for the management of shock

**IVC-SHK-** if Ringers Lactate, Hartmann's Solution or Normal Saline is used for the management of shock

N- if no IV crystalloid is used

### 12. ECL (pre-eclampsia/eclampsia)

**ECL-R-** if pre-eclampsia (or eclampsia) and referred out to another facility

**ECL-T-** if pre-eclampsia (or eclampsia) and treated at the facility

**ECL-T-R-** if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

N- if no pre-eclampsia (or eclampsia)

### 13. Refer-Out

**REF-O-** if referred out to other hospital for PPH, PPHS, PAH or OOH

N- if no referral

### 14. Death (deaths that only occur at facility)

**Died-** if the woman died

N- if the woman survived

### 15. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

**PPH/PPHS-** if blood loss after delivery is  $\geq 500$  mL or provider diagnosis PPH/PPHS as cause of death

**PAH-** if post-abortion hemorrhage

**ECL-** if eclampsia

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

**OTHER-** if other causes





# Clinical and Community Action to Address Postpartum Hemorrhage

## Primary-Level Facility Monthly Delivery Statistics

Month: \_\_\_\_\_ Year: 20 \_\_\_\_\_ Name of Facility: \_\_\_\_\_ Sub-district: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Instructions: This form is for reporting monthly (1) total number of women who came to the hospital for delivery services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred from another facility (recorded as RIF) or from the community (recorded as RIC). Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to the facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Record separately totals for referred from another facility (RIF) and referred from community (RIC). Number of deaths can be tallied as described above.

Total number of women coming DIRECTLY to the facility for delivery or related services (not referred):		Total number of PPH, PAH, ECL, OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY:	
<i>Services/conditions</i>	<i>Total</i>	<i>Services/conditions</i>	<i>RIC (Total)</i>
Delivered outside of a skilled facility (OF) (3) <sup>1</sup>		Delivered outside of a skilled facility (OF) (3)	
Arrived in shock (SHK) (4)		Arrived in shock (SHK) (4)	
Use of blood drape (BD) (5)		Use of blood drape (BD) (5)	
Postpartum hemorrhage alert (PPH-A) (350-499) (6)		Postpartum hemorrhage alert (PPH-A) (350-499) (6)	
Postpartum hemorrhage (PPH) (500-999) (6)		Postpartum hemorrhage (PPH) (500-999) (6)	
Postpartum hemorrhage severe (PPHS) (≥1000) (6)		Postpartum hemorrhage severe (PPHS) (≥1000) (6)	
Post-abortion hemorrhage (PAH) (6)		Post-abortion hemorrhage (PAH) (6)	
Other obstetric hemorrhage (OOH) (6)		Other obstetric hemorrhage (OOH) (6)	
Received uterotonic for management of PPH (OXY) (7)		Received uterotonic for management of PPH (OXY) (7)	
Received uterotonic for management of PPH (EGT) (7)		Received uterotonic for management of PPH (EGT) (7)	
Received uterotonic for management of PPH (MISO) (7)		Received uterotonic for management of PPH (MISO) (7)	
Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)		Received IV crystalloid in first hour for management of PPH (IVC-PPH) (8)	
Hypovolemic shock developed after admission (HYP-SHK) (9)		Hypovolemic shock developed after admission (HYP-SHK) (9)	
Received NASG (NASG) (10)		Received NASG (NASG) (10)	
Received IV crystalloid for management of shock (IVC-SHK) (11)		Received IV crystalloid for management of shock (IVC-SHK) (11)	
Pre-eclampsia/eclampsia referred out (ECL-R) (12)		Pre-eclampsia/eclampsia referred out (ECL-R) (12)	
Pre-eclampsia/eclampsia and treated (ECL-T) (12)		Pre-eclampsia/eclampsia and treated (ECL-T) (12)	
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)		Pre-eclampsia/eclampsia treated and referred (ECL-T-R) (12)	
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) (13)		Referral out to other facilities of cases with PPH, PPHS, PAH or OOH or OOH (REF-O) (13)	
Death at this facility (DIED) (14)		Death at this facility (DIED) (14)	

### Number of deaths in this reporting month (15)

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:
	Deaths from ECL:	Deaths from OOH:
		Deaths from OTHER:

<sup>1</sup> Number in **Bold** represents the column in the logbook the indicator is associated with

**CCA-PPH Project, Pathfinder International  
Tally Sheets**

**Tally for women coming directly to the facility for related services**

<i>Services/conditions</i>	<i>Tally</i>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)<sup>2</sup></b>		
Arrived in shock (SHK) <b>(4)</b>		
Use of blood drape (BD) <b>(5)</b>		
Postpartum hemorrhage alert (PPH-A) (350-499) <b>(6)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(6)</b>		
Postpartum hemorrhage severe (PPHS) (≥1000) <b>(6)</b>		
Post-abortion hemorrhage (PAH) <b>(6)</b>		
Other obstetric hemorrhage (OOH) <b>(6)</b>		
Received uterotonic for management of PPH (OXY) <b>(7)</b>		
Received uterotonic for management of PPH (EGT) <b>(7)</b>		
Received uterotonic for management of PPH (MISO) <b>(7)</b>		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) <b>(8)</b>		
Hypovolemic shock developed after admission (HYP-SHK) <b>(9)</b>		
Received NASG (NASG) <b>(10)</b>		
Received IV crystalloid for management of shock (IVC-SHK) <b>(11)</b>		
Pre-eclampsia/eclampsia referred out (ECL-R) <b>(12)</b>		
Pre-eclampsia/eclampsia and treated (ECL-T) <b>(12)</b>		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) <b>(12)</b>		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) <b>(13)</b>		
Death at this facility (DIED) <b>(14)</b>		

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility**

<sup>2</sup> Number in **Bold** represents the column in the logbook the indicator is associated with

<i>Services/conditions</i>	<b>RIF TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)</b>		
Arrived in shock (SHK) <b>(4)</b>		
Use of blood drape (BD) <b>(5)</b>		
Postpartum hemorrhage alert (PPH-A) (350-499) <b>(6)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(6)</b>		
Postpartum hemorrhage severe (PPHS) ( $\geq 1000$ ) <b>(6)</b>		
Post-abortion hemorrhage (PAH) <b>(6)</b>		
Other obstetric hemorrhage (OOH) <b>(6)</b>		
Received uterotonic for management of PPH (OXY) <b>(7)</b>		
Received uterotonic for management of PPH (EGT) <b>(7)</b>		
Received uterotonic for management of PPH (MISO) <b>(7)</b>		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) <b>(8)</b>		
Hypovolemic shock developed after admission (HYP-SHK) <b>(9)</b>		
Received NASG (NASG) <b>(10)</b>		
Received IV crystalloid for management of shock (IVC-SHK) <b>(11)</b>		
Pre-eclampsia/eclampsia referred out (ECL-R) <b>(12)</b>		
Pre-eclampsia/eclampsia and treated (ECL-T) <b>(12)</b>		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) <b>(12)</b>		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) <b>(13)</b>		
Death at this facility (DIED) <b>(14)</b>		

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from community**

<i>Services/conditions</i>	<b>RIC TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)</b>		
Arrived in shock (SHK) <b>(4)</b>		
Use of blood drape (BD) <b>(5)</b>		
Postpartum hemorrhage alert (PPH-A) (350-499) <b>(6)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(6)</b>		
Postpartum hemorrhage severe (PPHS) ( $\geq 1000$ ) <b>(6)</b>		
Post-abortion hemorrhage (PAH) <b>(6)</b>		
Other obstetric hemorrhage (OOH) <b>(6)</b>		
Received uterotonic for management of PPH (OXY) <b>(7)</b>		
Received uterotonic for management of PPH (EGT) <b>(7)</b>		
Received uterotonic for management of PPH (MISO) <b>(7)</b>		
Received IV crystalloid in first hour for management of PPH (IVC-PPH) <b>(8)</b>		
Hypovolemic shock developed after admission (HYP-SHK) <b>(9)</b>		
Received NASG (NASG) <b>(10)</b>		
Received IV crystalloid for management of shock (IVC-SHK) <b>(11)</b>		
Pre-eclampsia/eclampsia referred out (ECL-R) <b>(12)</b>		
Pre-eclampsia/eclampsia and treated (ECL-T) <b>(12)</b>		
Pre-eclampsia/eclampsia treated and referred (ECL-T-R) <b>(12)</b>		
Referral out to other facilities of cases with PPH, PPHS, PAH or OOH (REF-O) <b>(13)</b>		
Death at this facility (DIED) <b>(14)</b>		

# Clinical and Community Action to Address Postpartum Hemorrhage

## Guidance and Definitions for Filling out Secondary Facility Logbook

Every patient coming to this facility for the following should be recorded in the logbook:

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

The following information corresponds to the column number in the log book.

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

Codes are assigned to columns 2 through 16. Use the corresponding codes to enter information in the logbook

### 2. Admission Type

**D-** if direct admission (i.e. woman came on her own)

**R-I-F-** if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PPHS, PAH, ECL or OOH

**R-I-C-** if referred in by community (chief, ASHA, TBA, other) due to PPH, PPHS, PAH, ECL or OOH

### 3. Delivery took place outside of a skilled facility

**OF-** if patient delivered **outside of** a primary, secondary or tertiary facility

**N-** if delivery took place in a primary, secondary or tertiary facility

### 4. Arrived in Shock

**SHK-** if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

**N-** if patient was not admitted with shock

### 5. PPH (postpartum hemorrhage)

**N-** if no clinical signs of PPH or if blood loss is <500 mL

**PPH-** if blood loss after delivery is 500-999 mL and/or diagnosed by provider with PPH

**PPHS** - severe PPH if blood loss after delivery is  $\geq 1000$  mL and/or diagnosed by provider with PPHS

**PAH-** post-abortion with hemorrhage (determined by clinical sign)

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

### 6. Uterotonic received for management of PPH

**OXY-** if Oxytocin received to manage bleeding due to PPH

**EGT-** if Ergometrine received to manage bleeding due to PPH

**MISO-** if Misoprostol received to manage bleeding due to PPH

**N-** if no uterotonic was given to manage a woman who is experiencing PPH

### 7. Crystalloid (IV fluid) in first hour for management of PPH

**IVC-PPH-** if Ringers Lactate, Hartmann's Solution or Normal Saline is used for management of PPH

**N-** if no IV Crystalloid is used

### 8. Hypovolemic Shock (developed after admission)

**HYP-SHK-** if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is > 120 BPM, systolic blood pressure < 90 mmHG; the patient may become diaphoretic, confused, agitated or unconscious.

**N-** if no signs of hypovolemic shock

## Clinical and Community Action to Address Postpartum Hemorrhage

### 9. NASG (Non-Pneumatic Anti-shock Garment) Applied

**NASG-** if NASG applied before transfer

**N-** if NASG not applied before transfer

### 10. Crystalloid (IV fluid) for the management of shock

**IVC- SHK** if received Ringers Lactate, Hartmann's Solution or Normal Saline for management of SHK

**N-** if no IV Crystalloid is used

### 11. Blood Transfusion

**BL-TRNFS-** if received a blood transfusion

**N-** if no blood transfusion was received

### 12. Operations/Procedures

**HYST-** if surgical removal of the uterus to stop intractable obstetrical hemorrhage

**C-Sec-** if had C-section

**MRP-** if placenta was manually removed to manage hemorrhage in the third stage of labor

**LAP-** if intractable PPH was managed by open abdominal surgery to ligate uterine/internal iliac arteries or to repair a possible uterine rupture

**N-** if no procedure was performed

### 13. ECL (pre-eclampsia/eclampsia)

**ECL-R-** if pre-eclampsia (or eclampsia) and **referred out to** another facility

**ECL-T-** if pre-eclampsia (or eclampsia) and treated at the facility

**ECL-T-R-** if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

**N-** if no pre-eclampsia (or eclampsia)

### 14. Refer-Out for PPH, PPHS, PAH and OOH

**Ref-O-** if referred out to other hospital for PPH, PPHS, PAH or OOH

**N-** if no referral

### 15. Death (deaths that only occur at facility)

**Died-** if the woman died

**N-** if the woman survived

### 16. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

**PPH/PPHS-** if bleeding after delivery is  $\geq 500$  mL

**PAH-** if post-abortion hemorrhage

**ECL-** if eclampsia

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

**Other-** if other causes







## Clinical and Community Action to Address Postpartum Hemorrhage

### Secondary-level Facility Monthly Delivery Statistics

Month: \_\_\_\_\_ Year: 20\_\_\_\_ Name of Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Instructions: This form is for reporting monthly (1) total number of women who came to the hospital for delivery or other related services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Facility Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred by PHCs, another SCs, or from communities. Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to THIS facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Facility Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Note totals for referred from another facility (RIF) and referred from community (RIC) are recorded separately. Number and causes of deaths can be tallied as described above.

	Total #:		Total #:
Total number of women coming DIRECTLY to the Facility for delivery or related services:		Total number of PPH, PPHS, PAH, ECL or OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY :	
<b>Services/conditions</b>	<b>Total</b>	<b>Services/conditions</b>	<b>RIF (total) RIC (total)</b>
Delivered outside of a skilled facility (OF) <b>(3)</b> <sup>1</sup>		Delivered outside of a skilled facility (OF) <b>(3)</b>	
Arrived in shock (SHK) <b>(4)</b>		Arrived in shock (SHK) <b>(4)</b>	
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>	
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>	
Post-abortion hemorrhage (PAH) <b>(5)</b>		Post-abortion hemorrhage (PAH) <b>(5)</b>	
Other obstetric hemorrhage (OOH) <b>(5)</b>		Other obstetric hemorrhage (OOH) <b>(5)</b>	
Uterotonic for management of PPH (OXY) <b>(6)</b>		Uterotonic for management of PPH (OXY) <b>(6)</b>	
Uterotonic for management of PPH (EGT) <b>(6)</b>		Uterotonic for management of PPH (EGT) <b>(6)</b>	
Uterotonic for management of PPH (MISO) <b>(6)</b>		Uterotonic for management of PPH (MISO) <b>(6)</b>	
Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>		Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>	
Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>		Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>	
NASG Applied (NASG) <b>(9)</b>		NASG Applied (NASG) <b>(9)</b>	
Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>		Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>	
Received blood transfusion (BL-TRNSF) <b>(11)</b>		Received blood transfusion (BL-TRNSF) <b>(11)</b>	
Had operation/procedure done (HYST) <b>(12)</b>		Had operation/procedure done (HYST) <b>(12)</b>	
Had operation/procedure done (C-Sec) <b>(12)</b>		Had operation/procedure done (C-Sec) <b>(12)</b>	
Had operation/procedure done (MRP) <b>(12)</b>		Had operation/procedure done (MRP) <b>(12)</b>	
Had operation/procedure done (LAP) <b>(12)</b>		Had operation/procedure done (LAP) <b>(12)</b>	
Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>		Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>	
Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>		Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>		Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>		Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>	
Death at this facility (Died) <b>(15)</b>		Death at this facility (Died) <b>(15)</b>	

### Number of deaths in this reporting month (16)

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:
	Deaths from ECL :	Deaths from OOH:
		Deaths from Other:

<sup>1</sup> The number in **Bold** is the column the indicator is associated with in the logbook

**Clinical and Community Action to Address Postpartum Hemorrhage**  
Tally Sheets

**Tally for women coming directly to the facility for related services**

<i>Services/conditions</i>	<i>Tally Column</i>	<i>Total</i>
Delivered outside of a skilled facility (OF) <b>(3)<sup>2</sup></b>		
Arrived in shock (SHK) <b>(4)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		
Post-abortion hemorrhage (PAH) <b>(5)</b>		
Other obstetric hemorrhage (OOH) <b>(5)</b>		
Uterotonic for management of PPH (OXY) <b>(6)</b>		
Uterotonic for management of PPH (EGT) <b>(6)</b>		
Uterotonic for management of PPH (MISO) <b>(6)</b>		
Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>		
Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>		
NASG Applied (NASG) <b>(9)</b>		
Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>		
Received blood transfusion (BL-TRNSF) <b>(11)</b>		
Had operation/procedure done (HYST) <b>(12)</b>		
Had operation/procedure done (C-Sec) <b>(12)</b>		
Had operation/procedure done (MRP) <b>(12)</b>		
Had operation/procedure done (LAP) <b>(12)</b>		
Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>		
Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>		
Death at this facility (Died) <b>(15)</b>		

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility**

<i>Services/conditions</i>	<b>RIF TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)</b>		
Arrived in shock (SHK) <b>(4)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		
Post-abortion hemorrhage (PAH) <b>(5)</b>		
Other obstetric hemorrhage (OOH) <b>(5)</b>		
Uterotonic for management of PPH (OXY) <b>(6)</b>		
Uterotonic for management of PPH (EGT) <b>(6)</b>		
Uterotonic for management of PPH (MISO) <b>(6)</b>		
Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>		
Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>		
NASG Applied (NASG) <b>(9)</b>		
Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>		

<sup>2</sup> The number in **Bold** is the column the indicator is associated with in the logbook

Received blood transfusion (BL-TRNSF) (11)	
Had operation/procedure done (HYST) (12)	
Had operation/procedure done (C-Sec) (12)	
Had operation/procedure done (MRP) (12)	
Had operation/procedure done (LAP) (12)	
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)	
Pre-eclampsia/eclampsia treated (ECL-T) (13)	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)	
Death at this facility (Died) (15)	

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from community**

<i>Services/conditions</i>	<b>RIC TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) ( $\geq$ 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		
Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		

# Clinical and Community Action to Address Postpartum Hemorrhage

## Guidance and Definitions for Filling out Tertiary Facility Logbook

Every patient coming to this facility for the following should be recorded in the logbook

1. Childbirth delivery
2. With complications after childbirth (up to 42 days post-partum)
3. With complications after having a non-live birth outcome {miscarriage, stillbirth or unsafe abortion (performed elsewhere)} up to 42 days post-partum

*The following information corresponds to the column number in the log book.*

- 1. Reference #:** Number assigned to the patient by the facility. Use whatever number has been assigned to the patient according to the facility's recording system.

*Codes are assigned to columns 2 through 16. Use the corresponding codes to enter information in the logbook*

### **2. Admission Type**

**D-** if direct admission (i.e. woman came on her own)

**R-I-F-** if referred in by a private or public facility/private skilled provider/CHEW due to PPH, PPHS, PAH, ECL or OOH

**R-I-C-** if referred in by community (chief, ASHA, TBA, other) due to PPH, PPHS, PAH, ECL or OOH

### **3. Delivery took place outside of a skilled facility**

**OF-** if patient delivered **outside of** a primary, secondary or tertiary facility

**N-** if delivery took place in a primary, secondary or tertiary facility

### **4. Arrived in Shock**

**SHK-** if patient was already in hypovolemic shock secondary to hemorrhage when she was admitted to this institution either from home or from another facility

**N-** if patient was not admitted with shock

### **5. PPH (postpartum hemorrhage)**

**N-** if no clinical signs of PPH or if blood loss is <500 mL

**PPH-** if blood loss after delivery is 500-999 mL and/or diagnosed by provider with PPH

**PPHS -** severe PPH if blood loss after delivery is  $\geq 1000$  mL and/or diagnosed by provider with PPHS

**PAH-** post-abortion with hemorrhage (determined by clinical sign)

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

### **6. Uterotonic received for management of PPH**

**OXY-** if Oxytocin received to manage bleeding due to PPH

**EGT-** if Ergometrine received to manage bleeding due to PPH

**MISO-** if Misoprostol received to manage bleeding due to PPH

**N-** if no uterotonic was given to manage a woman who is experiencing PPH

### **7. Crystalloid (IV fluid) in first hour for management of PPH**

**IVC-PPH-** if Ringers Lactate, Hartmann's Solution or Normal Saline is used for management of PPH

**N-** if no IV Crystalloid is used

### **8. Hypovolemic Shock (developed after admission)**

**HYP-SHK-** if clinical signs of decompensation of circulatory system due to excessive blood loss. Blood loss may be revealed (as in PPH from uterine atony) or partially concealed (as in abruption or ruptured uterus). Vital signs change so that the pulse is  $> 120$  BPM, systolic blood pressure  $< 90$  mmHG; the patient may become diaphoretic, confused, agitated or unconscious.

**N-** if no signs of hypovolemic shock

## Clinical and Community Action to Address Postpartum Hemorrhage

### 9. NASG (Non-Pneumatic Anti-shock Garment) Applied

**NASG-** if NASG applied before transfer

**N-** if NASG not applied before transfer

### 10. Crystalloid (IV fluid) for the management of shock

**IVC- SHK** if received Ringers Lactate, Hartmann's Solution or Normal Saline for management of SHK

**N-** if no IV Crystalloid is used

### 11. Blood Transfusion

**BL-TRNFS-** if received a blood transfusion

**N-** if no blood transfusion was received

### 12. Operations/Procedures

**HYST-** if surgical removal of the uterus to stop intractable obstetrical hemorrhage

**C-Sec-** if had C-section

**MRP-** if placenta was manually removed to manage hemorrhage in the third stage of labor

**LAP-** if intractable PPH was managed by open abdominal surgery to ligate uterine/internal iliac arteries or to repair a possible uterine rupture

**N-** if no procedure was performed

### 13. ECL (pre-eclampsia/eclampsia)

**ECL-R-** if pre-eclampsia (or eclampsia) and **referred out to** another facility

**ECL-T-** if pre-eclampsia (or eclampsia) and treated at the facility

**ECL-T-R-** if pre-eclampsia (or eclampsia) and treated at the facility and referred to higher level

**N-** if no pre-eclampsia (or eclampsia)

### 14. Refer-Out for PPH, PPHS, PAH and OOH

**Ref-O-** if referred out to other hospital for PPH, PPHS, PAH or OOH

**N-** if no referral

### 15. Death (deaths that only occur at facility)

**Died-** if the woman died

**N-** if the woman survived

### 16. Obstetrical cause of death (if died, write obstetrical cause of death as one of the following categories)

**PPH/PPHS-** if bleeding after delivery is  $\geq 500$  mL

**PAH-** if post-abortion hemorrhage

**ECL-** if eclampsia

**OOH-** if other obstetric hemorrhage (e.g. placenta previa or any other anomaly of placenta implantation)

**Other-** if other causes

# Clinical and Community Action to Address Postpartum Hemorrhage

## Tertiary-level Facility Patient Logbook

Reference #	Admission type	Delivery outside a skilled facility	Arrived in shock	Hemorrhage *see definition for guidance	Uterotonic received for management of PPH	Crystalloid (IV fluids) in first hour for management of PPH	Hypovolemic shock (developed after admission)
1	2	3	4	5	6	7	8
	D R-I-F R-I-C	OF N	SHK N	N (<500) PPH (500-999) PPHS (≥1000) PAH OOH	OXY EGT MISO N	IVC-PPH N	HYP-SHK N

Month: \_\_\_\_\_ Year: 20\_\_\_\_ Name of Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_





## Clinical and Community Action to Address Postpartum Hemorrhage

Tertiary-level Facility Monthly Delivery Statistics

Month: \_\_\_\_\_ Year: 20\_\_\_\_ Name of Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Instructions: This form is for reporting (1) total number of women who came to the hospital for delivery services, (2) type of services received by women, and (3) conditions observed. This form is for reporting monthly (1) total number of women who came to the hospital for delivery or other related services, (2) type of services received by women, and (3) conditions observed among the women. The form will be filled in with information from the Facility Patient Logbook in which a brief description of each item is given. A list of definitions of the items is given in a separate page. The shaded section of the table is for women who were referred by PHCs, another SC, or from communities. Write the total number of women who were referred to THIS facility from another facility or community in the box at the top of the section. The other section (to the left of the shaded section) of the table is for those women who came directly to THIS facility (not referred) or came on their own. Write the total number of women who came directly to THIS facility in the box at the top of the section. The Facility Patient Logbook is to record data for EACH PATIENT ADMITTED to the facility on which SERVICES SHE RECEIVED and/or any conditions SHE HAD. Transfer the data from the Facility Patient Logbook onto the tally sheets by making a tally mark (/) in the COLUMN next to the corresponding NAME of service or condition. Make a tally for EVERY SERVICE AND CONDITION received by EVERY PATIENT as recorded in the monthly logbook. Count the MARKS and write the TOTAL numbers in the boxes in the "Total" column on this sheet. Note totals for referred from another facility (RIF) and referred from community (RIC) are recorded separately. Number and causes of deaths can be tallied as described above.

	Total number of women coming DIRECTLY to the facility for delivery or related services: <input style="width: 100px;" type="text"/>	Total number of PPH, PPHS, PAH, ECL or OOH cases referred to this facility from ANOTHER FACILITY or from the COMMUNITY: <input style="width: 100px;" type="text"/>
<i>Services/conditions</i>	<i>Total</i>	<i>Services/conditions</i>
Delivered outside of a skilled facility (OF) <b>(3)</b> <sup>1</sup>		Delivered outside of a skilled facility (OF) <b>(3)</b>
Arrived in shock (SHK) <b>(4)</b>		Arrived in shock (SHK) <b>(4)</b>
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>
Post-abortion hemorrhage (PAH) <b>(5)</b>		Post-abortion hemorrhage (PAH) <b>(5)</b>
Other obstetric hemorrhage (OOH) <b>(5)</b>		Other obstetric hemorrhage (OOH) <b>(5)</b>
Uterotonic for management of PPH (OXY) <b>(6)</b>		Uterotonic for management of PPH (OXY) <b>(6)</b>
Uterotonic for management of PPH (EGT) <b>(6)</b>		Uterotonic for management of PPH (EGT) <b>(6)</b>
Uterotonic for management of PPH (MISO) <b>(6)</b>		Uterotonic for management of PPH (MISO) <b>(6)</b>
Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>		Received IV crystalloid for the management of PPH (IVC-PPH) <b>(7)</b>
Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>		Hypovolemic shock developed after admission (HYP-SHK) <b>(8)</b>
NASG Applied (NASG) <b>(9)</b>		NASG Applied (NASG) <b>(9)</b>
Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>		Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>
Received blood transfusion (BL-TRNSF) <b>(11)</b>		Received blood transfusion (BL-TRNSF) <b>(11)</b>
Had operation/procedure done (HYST) <b>(12)</b>		Had operation/procedure done (HYST) <b>(12)</b>
Had operation/procedure done (C-Sec) <b>(12)</b>		Had operation/procedure done (C-Sec) <b>(12)</b>
Had operation/procedure done (MRP) <b>(12)</b>		Had operation/procedure done (MRP) <b>(12)</b>
Had operation/procedure done (LAP) <b>(12)</b>		Had operation/procedure done (LAP) <b>(12)</b>
Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>		Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>
Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>		Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>		Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>		Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>
Death at this facility (Died) <b>(15)</b>		Death at this facility (Died) <b>(15)</b>

### Number of deaths in this reporting month **(16)**

Total # of deaths:	Deaths from PPH/PPHS:	Deaths from PAH:
	Deaths from ECL:	Deaths from OOH:
	Deaths from Other:	

<sup>1</sup> The number in **Bold** is the column the indicator is associated with in the logbook

**CC-PPH Project, Pathfinder International/India/Nigeria**  
**Tally Sheets**

**Tally for women coming directly to the facility for related services**

<i>Services/conditions</i>	<i>Tally Column</i>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)<sup>2</sup></b>		
Arrived in shock (SHK) <b>(4)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		
Post-abortion hemorrhage (PAH) <b>(5)</b>		
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Uterotonic for management of PPH (OXY) <b>(6)</b>		
Uterotonic for management of PPH (EGT) <b>(6)</b>		
Uterotonic for management of PPH (MISO) <b>(6)</b>		
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Received blood transfusion (BL-TRNSF) <b>(11)</b>		
Had operation/procedure done (HYST) <b>(12)</b>		
Had operation/procedure done (C-Sec) <b>(12)</b>		
Had operation/procedure done (MRP) <b>(12)</b>		
Had operation/procedure done (LAP) <b>(12)</b>		
Pre-eclampsia/eclampsia and referred out (ECL-R) <b>(13)</b>		
Pre-eclampsia/eclampsia treated (ECL-T) <b>(13)</b>		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) <b>(13)</b>		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) <b>(14)</b>		
Death at this facility (Died) <b>(15)</b>		

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from another facility**

<i>Services/conditions</i>	<b>RIF TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) <b>(3)</b>		
Arrived in shock (SHK) <b>(4)</b>		
Postpartum hemorrhage (PPH) (500-999) <b>(5)</b>		
Severe postpartum hemorrhage (PPHS) ( $\geq 1000$ ) <b>(5)</b>		
Post-abortion hemorrhage (PAH) <b>(5)</b>		
Other obstetric hemorrhage (OOH) <b>(5)</b>		
Uterotonic for management of PPH (OXY) <b>(6)</b>		
Uterotonic for management of PPH (EGT) <b>(6)</b>		
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NASG Applied (NASG) <b>(9)</b>		
Received IV crystalloid for the management of shock (IVC-SHK) <b>(10)</b>		

<sup>2</sup> The number in **Bold** is the column the indicator is associated with in the logbook

Received blood transfusion (BL-TRNSF) (11)	
Had operation/procedure done (HYST) (12)	
Had operation/procedure done (C-Sec) (12)	
Had operation/procedure done (MRP) (12)	
Had operation/procedure done (LAP) (12)	
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)	
Pre-eclampsia/eclampsia treated (ECL-T) (13)	
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)	
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)	
Death at this facility (Died) (15)	

**Tally for PPH, PAH, ECL, OOH cases referred to this facility from community**

<i>Services/conditions</i>	<b>RIC TALLY</b>	<b>TOTAL</b>
Delivered outside of a skilled facility (OF) (3)		
Arrived in shock (SHK) (4)		
Postpartum hemorrhage (PPH) (500-999) (5)		
Severe postpartum hemorrhage (PPHS) ( $\geq$ 1000) (5)		
Post-abortion hemorrhage (PAH) (5)		
Other obstetric hemorrhage (OOH) (5)		
Uterotonic for management of PPH (OXY) (6)		
Uterotonic for management of PPH (EGT) (6)		
Uterotonic for management of PPH (MISO) (6)		
Received IV crystalloid for the management of PPH (IVC-PPH) (7)		
Hypovolemic shock developed after admission (HYP-SHK) (8)		
NASG Applied (NASG) (9)		
Received IV crystalloid for the management of shock (IVC-SHK) (10)		
Received blood transfusion (BL-TRNSF) (11)		
Had operation/procedure done (HYST) (12)		
Had operation/procedure done (C-Sec) (12)		
Had operation/procedure done (MRP) (12)		
Had operation/procedure done (LAP) (12)		
Pre-eclampsia/eclampsia and referred out (ECL-R) (13)		
Pre-eclampsia/eclampsia treated (ECL-T) (13)		
Pre-eclampsia/eclampsia treated and referred out (ECL-T-R) (13)		
Referral to other facility of cases with PPH, PPHS, PAH or OOH (Ref-O) (14)		
Death at this facility (Died) (15)		



a global leader in reproductive health

# Competency-Based Checklists

Clinical and Community Action to Address  
Postpartum Hemorrhage  
TOOL KIT

Active Management of the Third  
Stage of Labor (AMTSL)

Estimating Blood Loss and Using the  
Blood Collection Drape

Application and Removal of the  
Non-Pneumatic Anti-Shock Garment  
(NASG)

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Training Skills Assessment Checklist for Active Management of the Third Stage of Labor (AMTSL)

Date of Assessment \_\_\_\_\_ Dates of Training \_\_\_\_\_

Place of Assessment: Clinic \_\_\_\_\_ Classroom \_\_\_\_\_

Name of Clinic Site \_\_\_\_\_

Name of the Service Provider \_\_\_\_\_

Name of the Assessor \_\_\_\_\_

This assessment tool contains the detailed steps that a service provider should accomplish when performing AMTSL. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

#### Instructions for the Assessor:

Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.

Begin the assessment when the trainee greets the client.

Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.

Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
2. **Competently Performed:** Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
3. **Proficiently Performed:** Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.
4. **Not Observed:** Step not performed by participant during observation by trainer/observer. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.

Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.

Use the same form for one trainee for at least 3 observations.

When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Training Skills Assessment Checklist for Active Management of the Third Stage of Labor (AMTSL)

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<b>Preparation for Birth</b>				
Checks that all needed equipment and instruments are ready, and in working order				
Makes sure that all surfaces the woman and baby will come in contact with are clean and dry				
Prepares uterotonic as soon as the cervix is completely dilated				
Asks the woman to empty her bladder when second stage begins				
<b>Birth</b>				
Does not encourage the woman to push until she has the urge to do so				
Assists the woman to assume the position of her choice (squatting, semi-sitting) and allows her to change position according to what is comfortable for her				
Provides emotional support				
Wears protective clothing (gown, mask, gloves)				
Washes hands with soap and dries them on a clean towel, or air dries them				
Wears sterile or high-level disinfected (HLD) gloves				
Delivers baby according to Standards of Practice and places on mother's abdomen				
<b>Immediate Newborn Care</b>				
Thoroughly dries the baby while assessing baby's breathing				
If baby is not crying or breathing well within 30 seconds of delivery, calls for help and begins resuscitation				
If the baby breaths well, places the baby in skin-to-skin contact on the mother's abdomen and covers the baby, including the head, with a clean dry cloth				
Puts baby to breast if mother plans to breastfeed				
<b>Administration of a Uterotonic Drug</b>				
Within one minute of the delivery of the baby, palpates the abdomen to rule out the presence of an additional baby(s) and gives uterotonic:				
Oxytocin 10 IU IM first choice				
Ergometrine 2 mg or Syntometrine 1 ML IM if no heart disease or elevated BP				
Misoprostol 600 mcg if other uterotonics are contradicted or unavailable				
Counsels on the possible side effects of these drugs				

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Checklist for Active Management of the Third Stage of Labor (AMTSL), continued

<b>Controlled Cord Traction</b>				
Clamps the cord close to the perineum (once pulsation stops in a healthy newborn) and holds the cord in one hand.				
Places a second clamp on the cord and cuts the cord between the two				
Stabilizes the uterus using counter-pressure by pushing uterus up and backwards from just above the symphysis (pubic bone) while gently pulling downward on the cord.				
Keeps slight tension on the cord and awaits a strong uterine contraction (2-3 minutes).				
With the strong uterine contraction, encourages the mother to push while gently pulling downward on the cord to deliver the placenta.				
If the placenta does not descend during 30-40 seconds of controlled cord traction, stops traction				
Gently holds the cord and waits until the uterus is well contracted again;				
With the next contraction, repeats controlled cord traction with counter-pressure.				
As the placenta delivers, holds the placenta in two hands and gently turns it until the membranes are twisted. Slowly pulls to complete the delivery.				
If the membranes tear, gently examines the upper vagina and cervix wearing sterile/disinfected gloves and uses a sponge forceps to remove any membrane pieces present.				
Inspects the placenta to be sure none of it is missing.				
If a portion of the maternal surface is missing or there are torn membranes with vessels, takes appropriate action to locate any pieces of membrane that might be present				
<b>Uterine Massage</b>				
Immediately massages the fundus of the uterus until the uterus is contracted.				
Palpates for a contracted uterus every 15 minutes and repeats uterine massage as needed during the first 2 hours.				
Ensures that the uterus does not become relaxed (soft) after stopping uterine massage.				
Keeps bladder empty				
Instructs the woman on how to massage her uterus				
<b>Immediate Postpartum Care</b>				
Inspects and repairs lacerations or tears (if necessary)				
Repairs episiotomy if one was performed				
Estimates blood loss				



## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Checklist for Active Management of the Third Stage of Labor (AMTSL), continued

Removes soiled bedding and makes the woman comfortable				
In all of the above actions, explains the procedures and actions to the woman and her family.				
Continues to provide support and reassurance throughout.				
<b>Infection Prevention</b>				
Before removing gloves, disposes of gauze swabs and other waste material in a leak-proof container or plastic bag				
Disposes of needles and sharps in a sharps disposal container				
Cleans apron with decontamination solution				
Places instruments in 0.5% chlorine solution				
Decontaminates and disposes of gloves				
Washes hands thoroughly with soap and water and dries them				
<b>Counseling the Woman on Self Care</b>				
Encourages the woman to eat, drink and rest				
Asks the woman's companion to watch her and call for help if bleeding or pain increases, if the mother feels dizzy, or has a severe headache, visual disturbance, or epigastric discomfort or pain				
Reminds the woman how the uterus should feel and how she can massage it herself				
Encourages the mother to empty her bladder and ensures that she has passed urine				
Counsels the woman on hygiene				

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Skills Assessment Checklist for Estimating Blood Loss and Using the Blood Collection Drape

Date of Assessment \_\_\_\_\_ Dates of Training \_\_\_\_\_

Place of Assessment: Clinic \_\_\_\_\_ Classroom \_\_\_\_\_

Name of Clinic Site \_\_\_\_\_

Name of the Service Provider \_\_\_\_\_

Name of the Assessor \_\_\_\_\_

This assessment tool contains the detailed steps in infection prevention that a service provider should accomplish when using the blood collection drape. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

#### Instructions for the Assessor:

Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.

Begin the assessment when the trainee greets the client.

Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.

Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
2. **Competently Performed:** Step performed correctly in proper sequence (if required) but lacks precision, and/or the trainer/coach/supervisor needed to assist or remind the participant in a minor way.
3. **Proficiently Performed:** Step performed correctly in proper sequence (if required) and precisely without hesitation or need for any assistance.
4. **Not Observed:** Step not performed by participant during observation by trainer/observer. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.

Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.

Use the same form for one trainee for at least 3 observations.

When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<b>Sterile Procedure</b>				
Uses gloved hand to open the blood drape				
Puts gloved hands into corners of drape				
<b>Placement</b>				
Slides drape under woman's buttocks immediately following the delivery of the baby				
Ties strings around woman's abdomen and hips				
Opens drape by grasping wire and pulling outward				
Makes sure all blood is flowing into drape				
Checks amount of blood loss by holding the funnel part of the drape at eye level				
<b>Removal</b>				
Uses gloved hand to sweep any pooled blood into drape				
Closes wire at top of drape and rolls down top to prevent leakage				
Checks amount of blood loss by holding drape at eye level				
<b>Absorbent Pads</b>				
<b>Clinic Level:</b>				
Once woman is being prepared for transport, places absorbent pad to collect further blood lost.				
Gives woman a spare pad in a plastic bag in case pad becomes saturated during transport				
<b>Hospital:</b>				
Takes all used pads and places them in plastic bag and weighs them. Calculates blood loss accurately				
Sets aside any unused pads for return to clinic sites.				
After weighing of used pads, records weight in record book and disposes of pads in accordance with hospital policy				
Takes appropriate action based on estimated blood loss				
<b>Using a Standardized Mat or Cloth for Estimating Blood Loss</b>				
Places mat or cloth under woman's buttocks immediately following delivery				
Monitors cloth for saturation and calculates blood loss accurately				
Takes appropriate action based on estimated blood loss				

## Clinical and Community Action to Address Postpartum Hemorrhage

### Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

Date of Assessment \_\_\_\_\_ Dates of Training \_\_\_\_\_

Place of Assessment: Clinic \_\_\_\_\_ Classroom \_\_\_\_\_

Name of Clinic Site \_\_\_\_\_

Name of the Service Provider \_\_\_\_\_

Name of the Assessor \_\_\_\_\_

This assessment tool contains the detailed steps that a service provider should accomplish when performing NASG application or removal. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. The checklist may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

#### Instructions for the Assessor:

Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.

Begin the assessment when the trainee greets the client.

Only observe. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.

Rate the performance of each task/activity observed using the following rating scale:

1. **Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
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4. **Not Observed:** Step not performed by participant during observation by trainer/observer. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.

Fill in the form using the rating numbers. Write specific comments when the task is not performed according to standards.

Use the same form for one trainee for at least 3 observations.

When you have completed the observation, review the results with the trainee. Do this in private, away from the client or other trainees.

# Clinical and Community Action to Address Postpartum Hemorrhage

## Competency-Based Skills Assessment Checklist for Application and Removal of the NASG

TASK/ACTIVITY	CASES			COMMENTS
	1	2	3	
<b>Applying the NASG</b>				
Places the NASG under the woman; the top of the NASG is at the level of her lowest rib (on her side).				
Starts at the ankles with segment #1				
Folds back segment #1 onto segment #2 for shorter patients				
Wraps tightly enough so that garment makes a snapping sound				
Checks snapping sound with each segment				
Wraps segment #2 & #3 , with room for bending joints				
Only one person applies segment #4 and #5 as tightly as possible				
Wraps segment #4, the pelvic segment, all the way around the woman with the lower edge at the level of the pubic bone.				
Gets up close to the patient and really stretches for larger abdomens				
Places segment #5 with the pressure ball directly over her umbilicus				
Then, closes the NASG using segment #6.				
Asks patient when she is conscious if she is comfortable and breathing easily				
Asks patient when she is conscious for informed consent				
Monitors pulse and BP every 15 minutes until stable				
If the source of bleeding appears to be uterine atony, administers uterotonic drugs and massages the uterus.				
<b>Transporting with the NASG</b>				
Starts oxygen and transports the patient with 2 IVs in place. One with Ringers and or Normal Saline and the other with oxytocin				
Calls ahead to alert referral center that transport is coming				
Works with one other person to lift patient onto a stretcher				
Places patient slightly on side in vehicle				
Monitors Pulse and BP every 15 minutes until arrives at referral center				

## Clinical and Community Action to Address Postpartum Hemorrhage

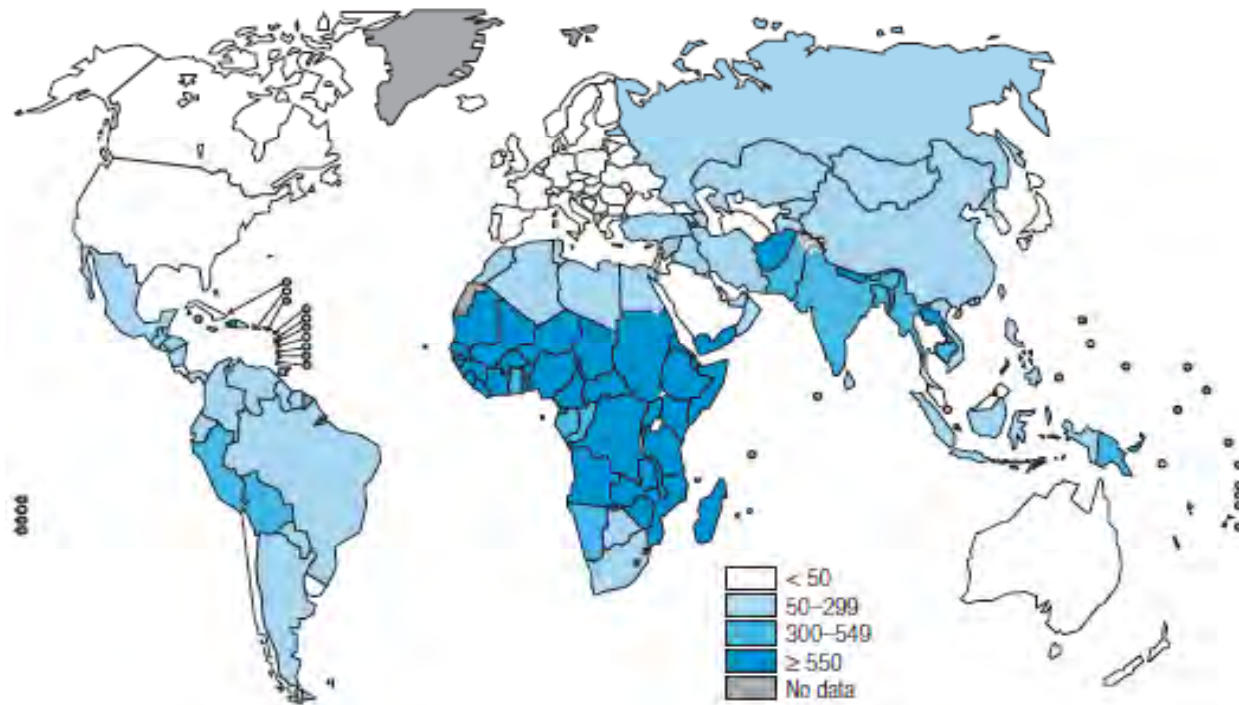
### Competency-Based Skills Assessment Checklist for Application and Removal of the NASG, (continued)

<b>Removal of the NASG</b>				
Px is aware that the NASG should only be removed at a facility where definitive therapy is possible (i.e., surgical and/or other necessary capacity)				
Px can explain criteria for removal: bleeding is < 50 ml per hour, , systolic blood pressure >90 mm/Hg, hemoglobin is >27 or HCT is 20%				
Begins at ankle with number one, waits 15 minutes, rechecks BP and pulse				
If pulse and BP remain stable, repeats with each segment				
If the BP falls by 20 mmHg OR the pulse increases by 20 beats/min after a segment is removed, recloses all segments, rapidly increases IV fluid rate and looks for source of bleeding				
Completes removal once BP and pulse are stable, starting again at segment #1				
<b>Cleaning the NASG</b>				
Disinfects with 0.05% bleach solution for no longer than 10 minutes				
Wearing heavy utility gloves, washes in detergent by hand, removing tissue or other material by scrubbing with a brush				
While still wearing utility gloves, squeezes out excess water and hangs the NASG in the sun to dry				
<b>Folding the NASG</b>				
Starts with segment #1, fold Velcro inside of the segment so it doesn't stick				
Folds segment #2 and #3 the same way				
Folds the leg segments together				
Folds segment #4 across the leg seams (tuck the Velcro in so it doesn't stick)				
Folds segment #5 across the leg segments				
Wrap segment # 6 tightly around #5				
Store in clear plastic where it is visible and easily accessible				

# The Definition of Maternal Mortality

- The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

# Global Map of Maternal Mortality Ratios





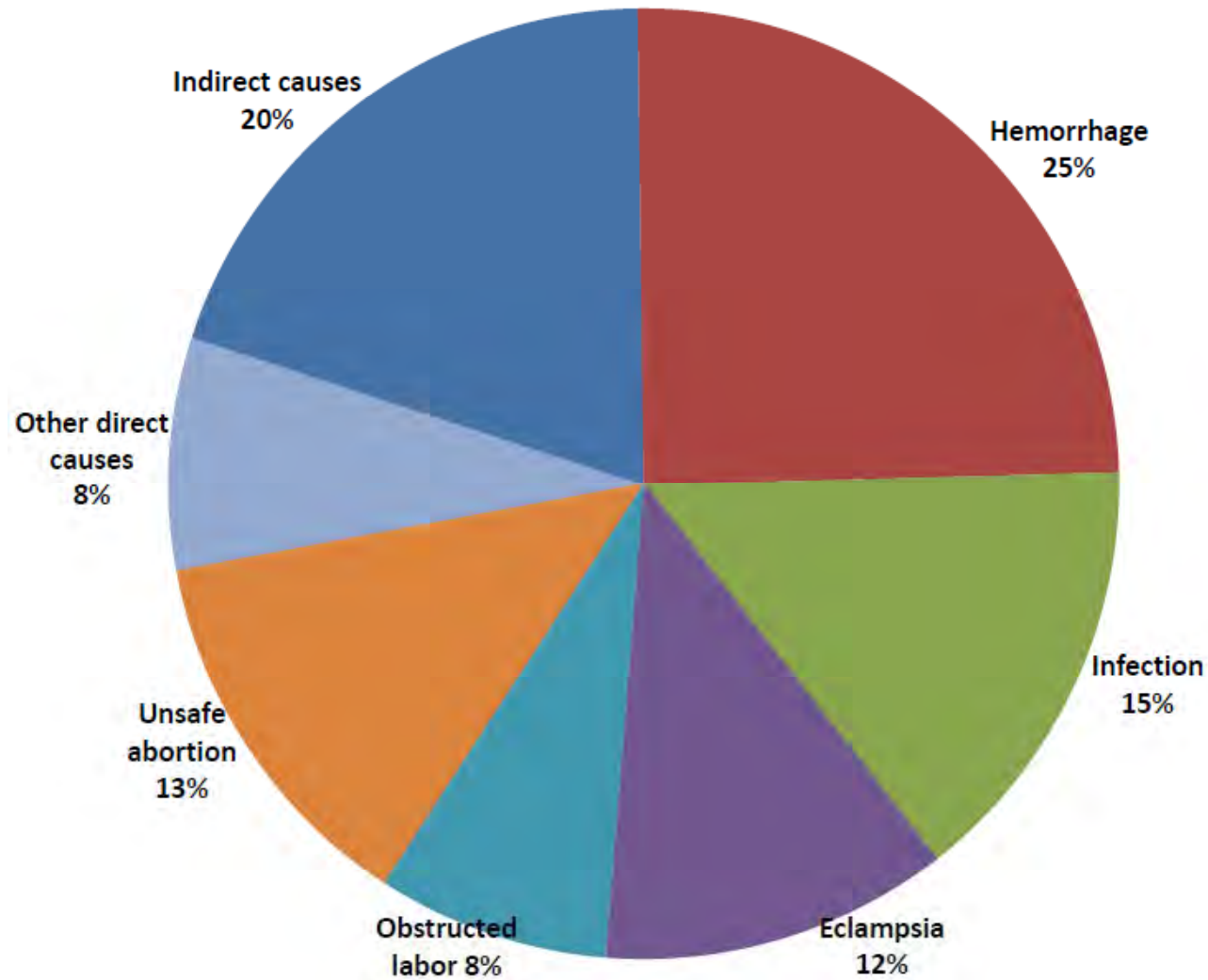
# Maternal Mortality Indicators in Select Countries

Country or Region	Maternal Deaths per 100,000 live births <sup>[1]</sup>	Lifetime Risk of Maternal Death (1 in __) <sup>[2]</sup>	Country or Region	Maternal Deaths per 100,000 live births <sup>[1]</sup>	Lifetime Risk of Maternal Death (1 in __) <sup>[2]</sup>
<b>World</b>	<b>400</b>	<b>92</b>	<b>Mid. East &amp; N. Africa</b>	<b>210</b>	<b>140</b>
<b>Sub-Saharan Africa</b>	<b>920</b>	<b>22</b>	Egypt	130	230
Angola	1400	12	Jordan	62	450
Botswana	380	130	Yemen	430	39
Burundi	1100	16	<b>South Asia</b>	<b>500</b>	<b>59</b>
Ethiopia	720	27	Bangladesh	570	51
Ghana	560	45	India	450	70
Guinea	910	19	<b>East Asia &amp; Pacific</b>	<b>150</b>	<b>350</b>
Kenya	560	39	Papua New Guinea	470	55
Mozambique	520	45	Vietnam	150	280
Nigeria	1100	18	<b>Lat. Amr. &amp; Carib.</b>	<b>130</b>	<b>280</b>
South Africa	400	110	Bolivia	290	89
Tanzania	950	24	Brazil	110	370
Uganda	550	25	Ecuador	210	170
<b>Indust. Countries</b>	<b>8</b>	<b>8000</b>	Guatemala	290	71
United Kingdom	8	8200	Peru	240	140
USA	11	4800			

<sup>[1]</sup> WHO Maternal Mortality report, 2005

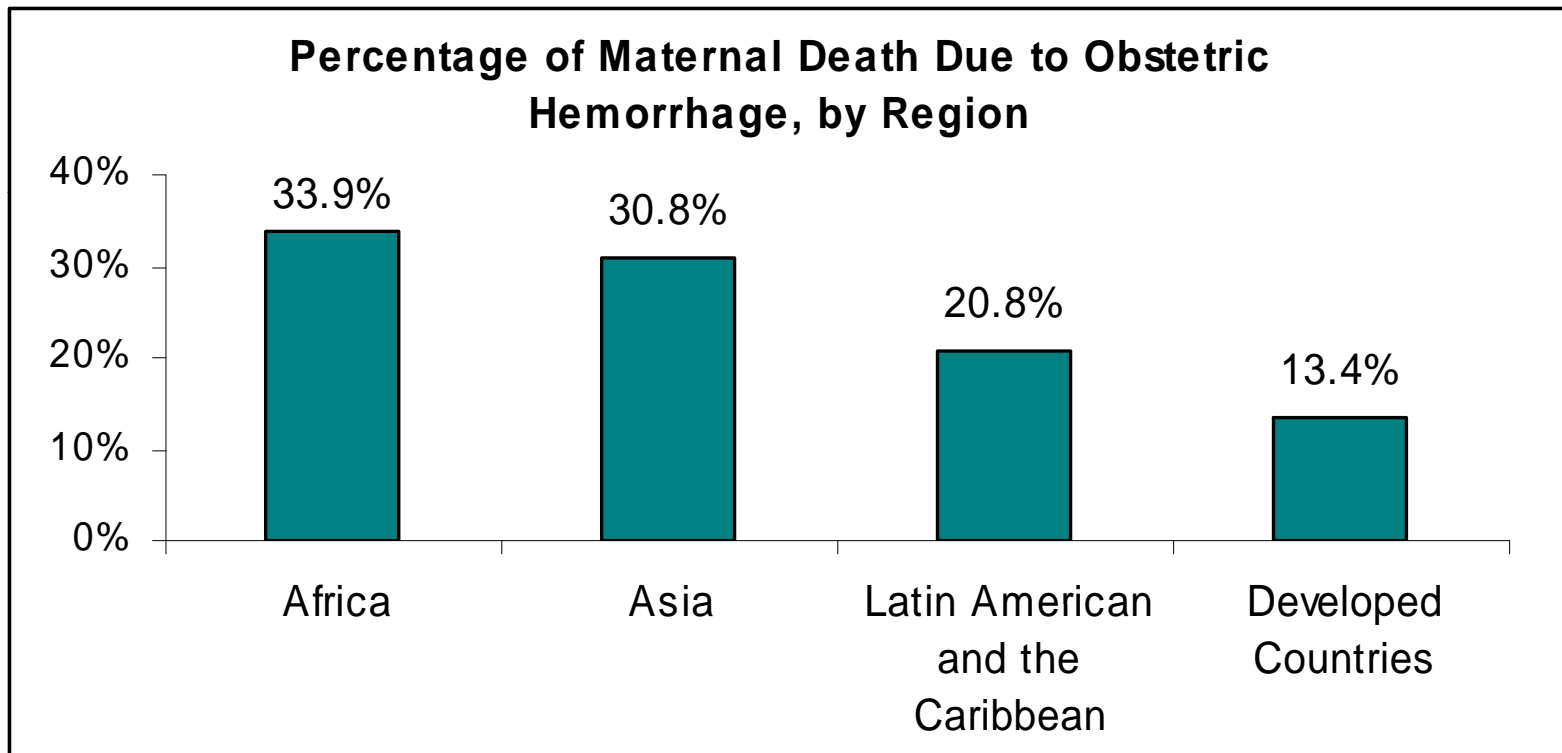
<sup>[2]</sup> PRB Datafinder

# Causes of Maternal Death Worldwide



Source: WHO. The World Health Report 2005. Make Every Mother and Child Count. Geneva: World Health Organization, 2005.

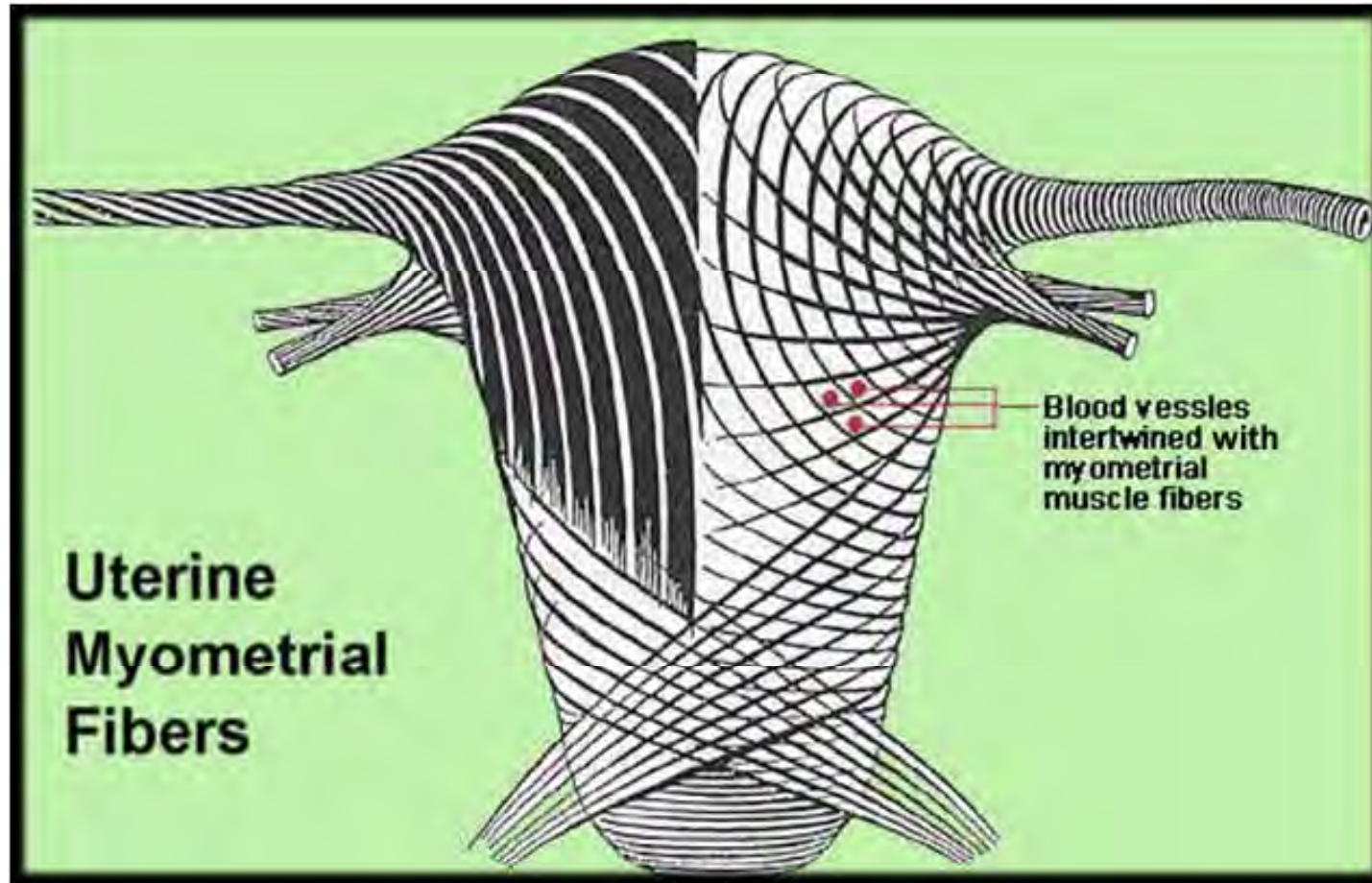
# Percentage of Maternal Death Due to Obstetric Hemorrhage, by Region



# The Pathfinder International Model for Clinical and Community Action to Address Postpartum Hemorrhage

1. **Advocacy:** to gain understanding and support for The Pathfinder International *Model for Clinical and Community Action to Address PPH* with: government officials, community leaders, and professional bodies or societies
2. **AMTSL:** for preventing PPH, including prophylactic use of standard oxytocics
3. **Early detection of hemorrhage:** by better estimation of blood loss
4. **Early fluid & uterotonic treatment of PPH:** to prevent hypovolemic shock
5. **Anti-shock garment:** to resuscitate and stabilize women in shock until comprehensive care for PPH and shock is available
6. **Treatment of shock:** with rapid replacement of blood volume
7. **Community organization of transport:** for rapid referral and safe transfer of obstetric emergencies to facilities that can treat PPH and shock

# Anatomy and Physiology of the Uterus



# The 4 T's of PPH

## The 4 Ts of PPH

- **TONE** 70%
- **TRAUMA** 20%
- **TISSUE** 10%
- **THROMBIN** 1%

*Source: Lynch, C.B., et al., eds. 2006. A textbook of postpartum hemorrhage: A comprehensive guide to evaluation, management, and surgical intervention. Dumfriesshire, UK: Sapiens Publishing.*

## Uterotonic Selection for Prevention of PPH

Uterotonic	Advantages/ Disadvantages	Doses for Prevention	Storage Requirements
<p><b>Oxytocin</b>  (IM injection)</p>	<ul style="list-style-type: none"> <li>• Effective 2-3 minutes after injection.</li> <li>• Can only be given intramuscularly.</li> <li>• Can be used in all women.</li> <li>• Reduces length of third stage of labor.</li> <li>• Used ONLY after the delivery of the baby.</li> <li>• Minimal side effects.</li> <li>• Inexpensive.</li> </ul>	10 IU	<ul style="list-style-type: none"> <li>• Store between 15C &amp; 25C (59-77 F).</li> <li>• Delivery room stock may be kept at room temperature—30C— for up to one year with an expected loss of about 14 percent.</li> <li>• Light does not destabilize oxytocin.</li> </ul>

## Uterotonic Selection for Prevention of PPH

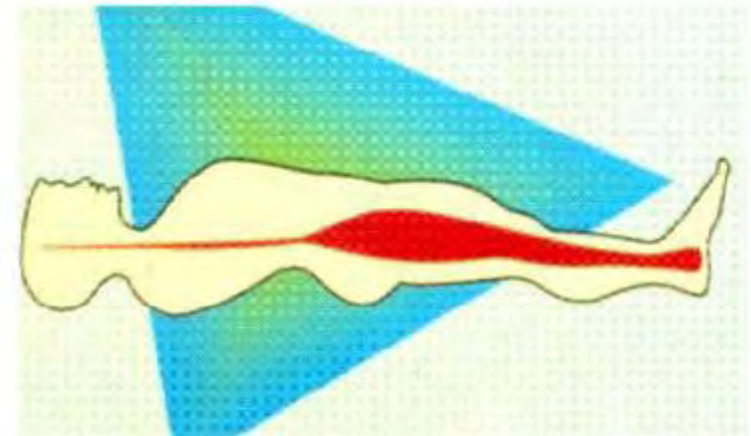
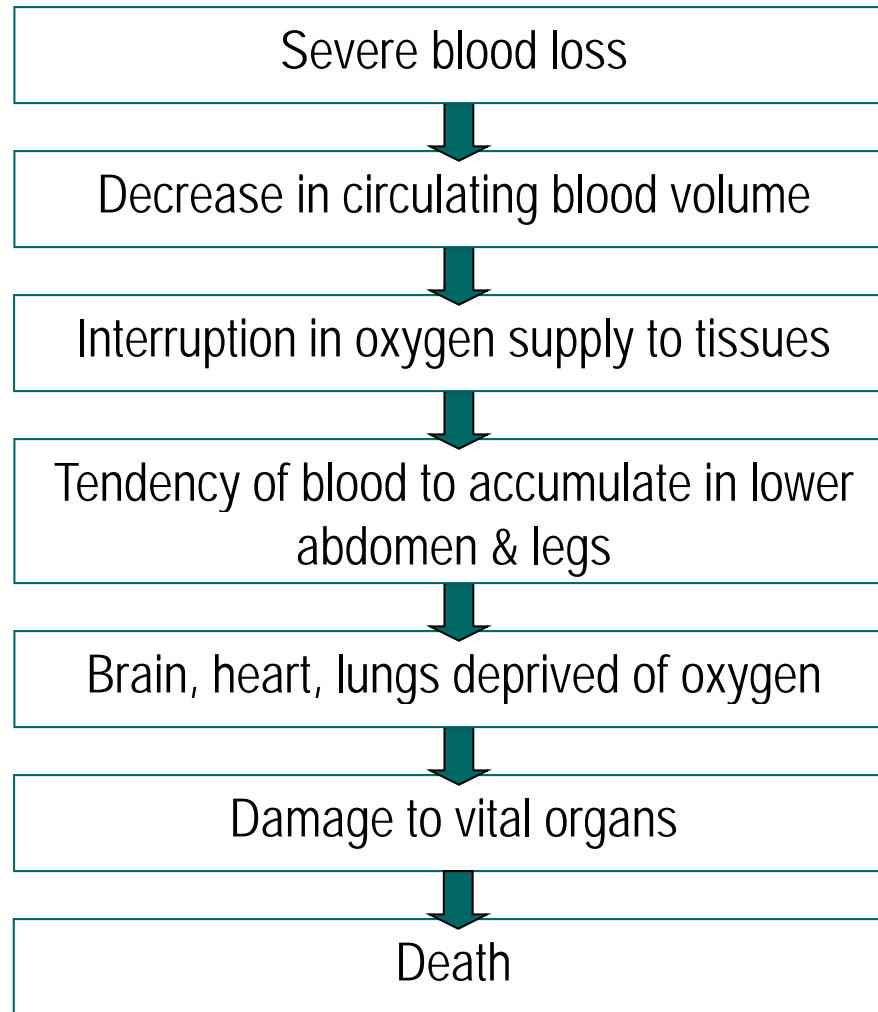
Uterotonic	Advantages/ Disadvantages	Doses for Prevention	Storage Requirements
<b>Ergometrine</b>  (IM Injection)	<ul style="list-style-type: none"> <li>• Effective 6-7 minutes after injection.</li> <li>• Effects may last 2-4 hours.</li> <li>• Inexpensive.</li> <li>• Contraindicated in women with pre-eclampsia, eclampsia, and high blood pressure.</li> <li>• Can cause nausea and vomiting.</li> <li>• Requires stringent handling and storage conditions.</li> </ul>	0.2mg-4mg (use local standards as dosage may range from 0.2 mg – 4 mg)	<ul style="list-style-type: none"> <li>• Store between 2°C – 8°C.</li> <li>• Protect from light and freezing.</li> <li>• Requires stringent handling and storage conditions.</li> </ul>



## Uterotonic Selection for Prevention of PPH

Uterotonic	Advantages/ Disadvantages	Doses for Prevention	Storage Requirements
<b>Misoprostol</b>  (tablet)	<ul style="list-style-type: none"><li>• Effective 9-12 minutes after ingestion.</li><li>• Shivering, nausea and elevated temperature.</li></ul>	Oral or sublingual: 600 $\mu$ g Rectal: 800-1000 $\mu$ g	<ul style="list-style-type: none"><li>• Store at room temperature in a closed container.</li></ul>

# How Hemorrhage Causes Shock, Morbidity, and Death



# Slide A



Soiled Sanitary Towel

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

# Slide B



Saturated Sanitary Towel

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

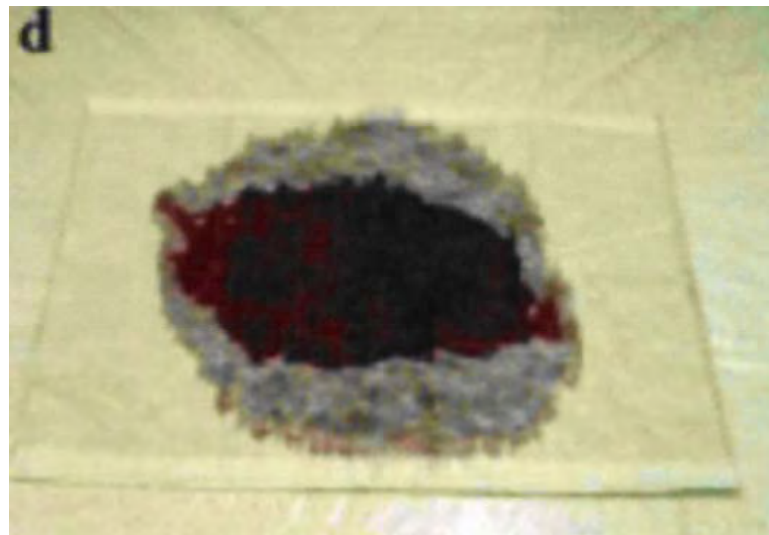
# Slide C



Saturated Swab, 10cm x 10cm

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

# Slide D



Incontinence Pad

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

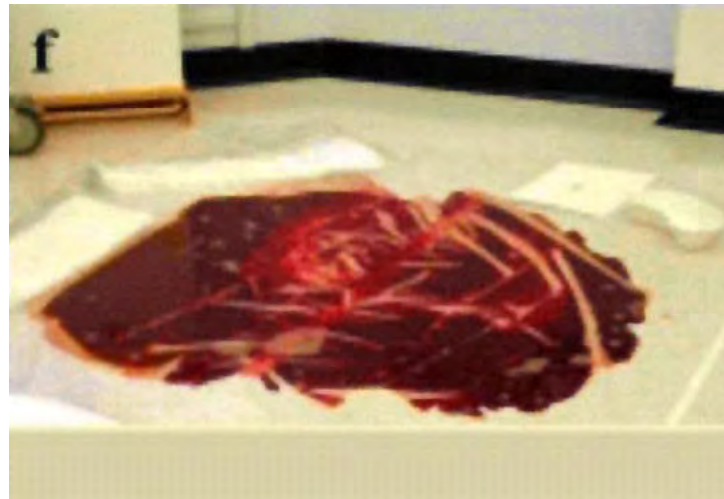
# Slide E



Saturated Swab, 45cm x 45cm

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

# Slide F



Floor Spill, 100cm Diameter

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).



# Slide G



Blood Spilling to Floor

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

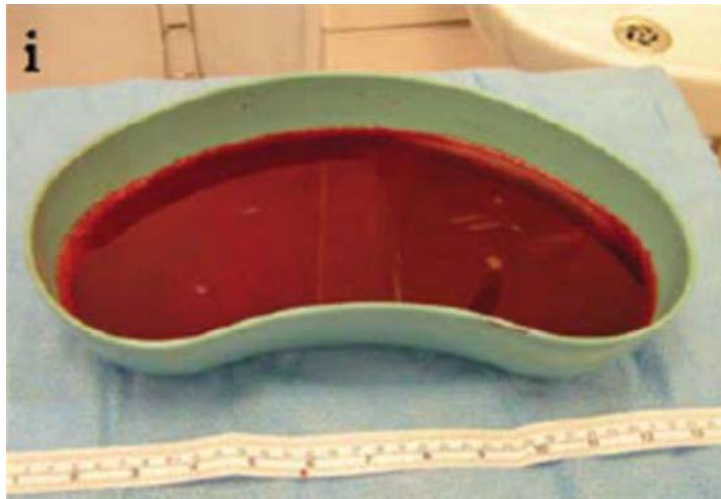
# Slide H



## Blood Spilling to Floor

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

# Slide I



Full Kidney Dish

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

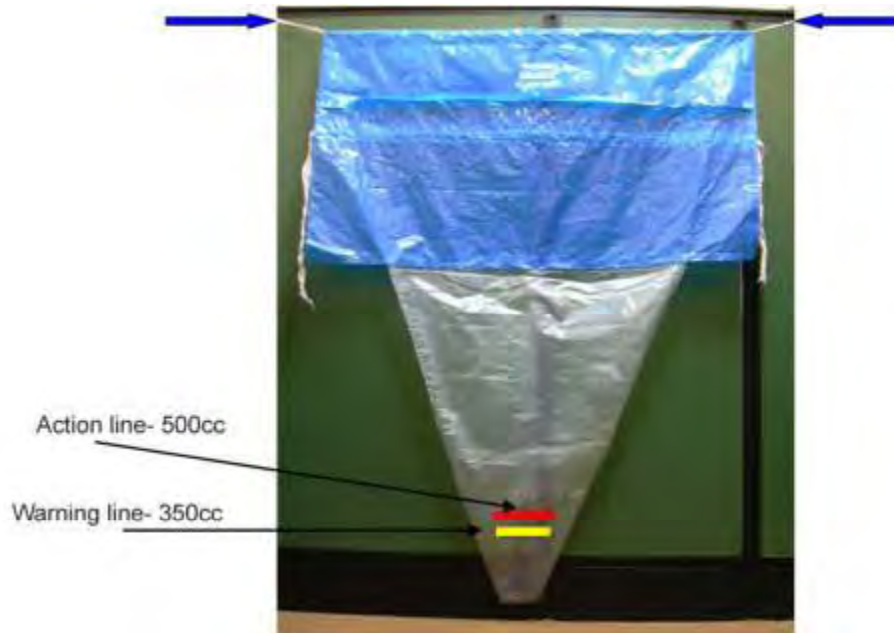
# Answer Key



A	Soiled Sanitary Towel	30ml
B	Saturated Sanitary Towel	100ml
C	Swab, 10cm X 10cm	60ml
D	Incontinence Pad	250ml
E	Swab, 45cm x 45cm	350ml
F	Spill, 100cm Diameter	500ml
G	Spill to Floor (1)	1000ml
H	Spill to Floor (2)	2000ml
I	Full Kidney Dish	500ml

Adapted from: P. Bose, F. Regan, S. Paterson-Brown, Improving the accuracy of estimated blood loss at obstetric hemorrhage using clinical reconstructions. (London: British Maternal & Fetal Medicine Society, n.d.).

# Blood Collection Drape



# Using the Blood Collection Drape

Deliver the baby, clamp and cut the cord

Place rectangular portion of drape under buttocks with funnel portion hanging over the edge of table or lying flat on bed or floor

Tie blood drape around women at 2 places (waist & hips)

Place thick, rolled towel or cloth underneath the woman's shoulder blades to lift torso and help downward flow of blood

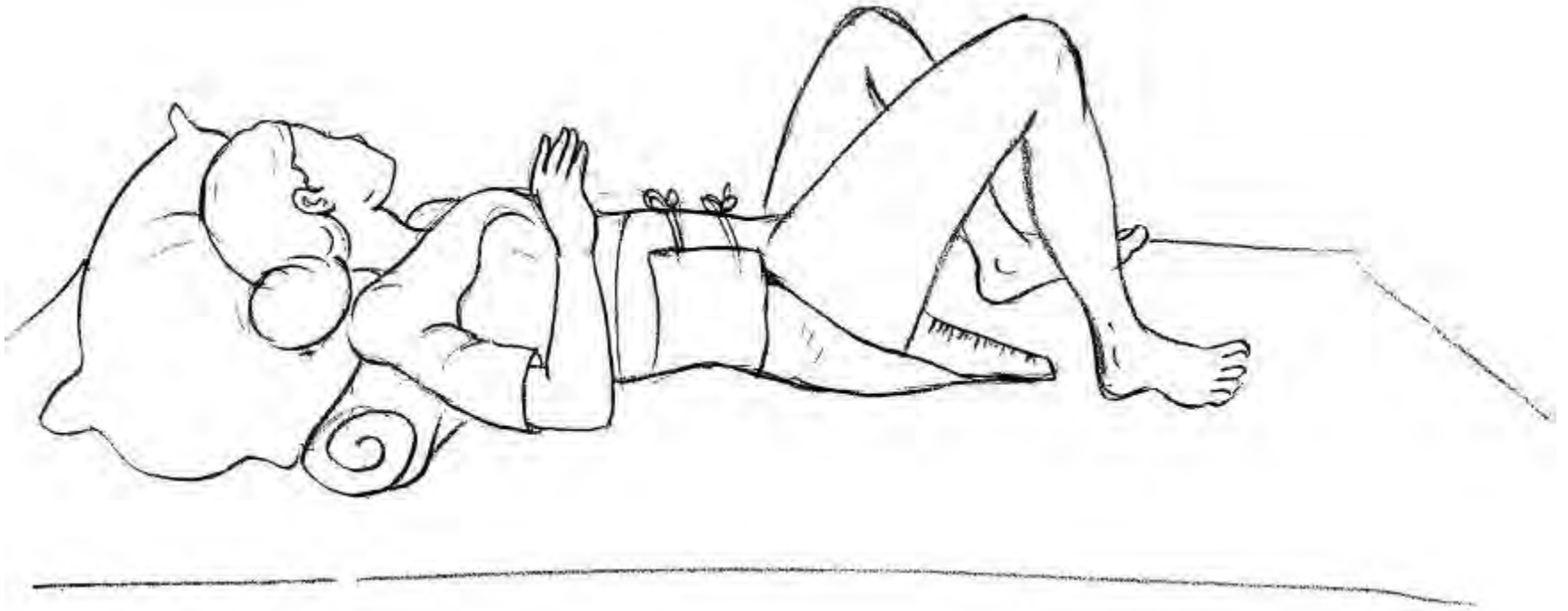
Push all blood into the bag using gloved hand

Assess blood loss by looking at amount of blood collected in funnel

Hold up the bag with both hands to see amount of blood lost

Do not remove drape to assess blood loss

# Correct Placement of the Blood Collection Drape



# The Blood Collection Drape in Use





# Measuring Blood Collected in the Funnel



4.17

# Decontaminate in 0.05% Bleach Solution for 10 Minutes



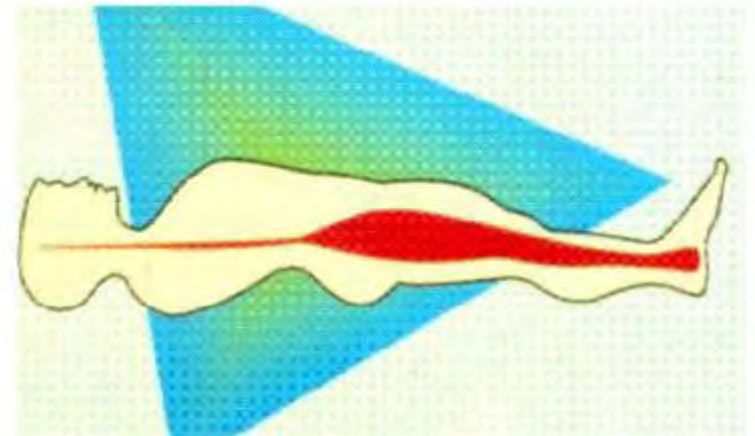
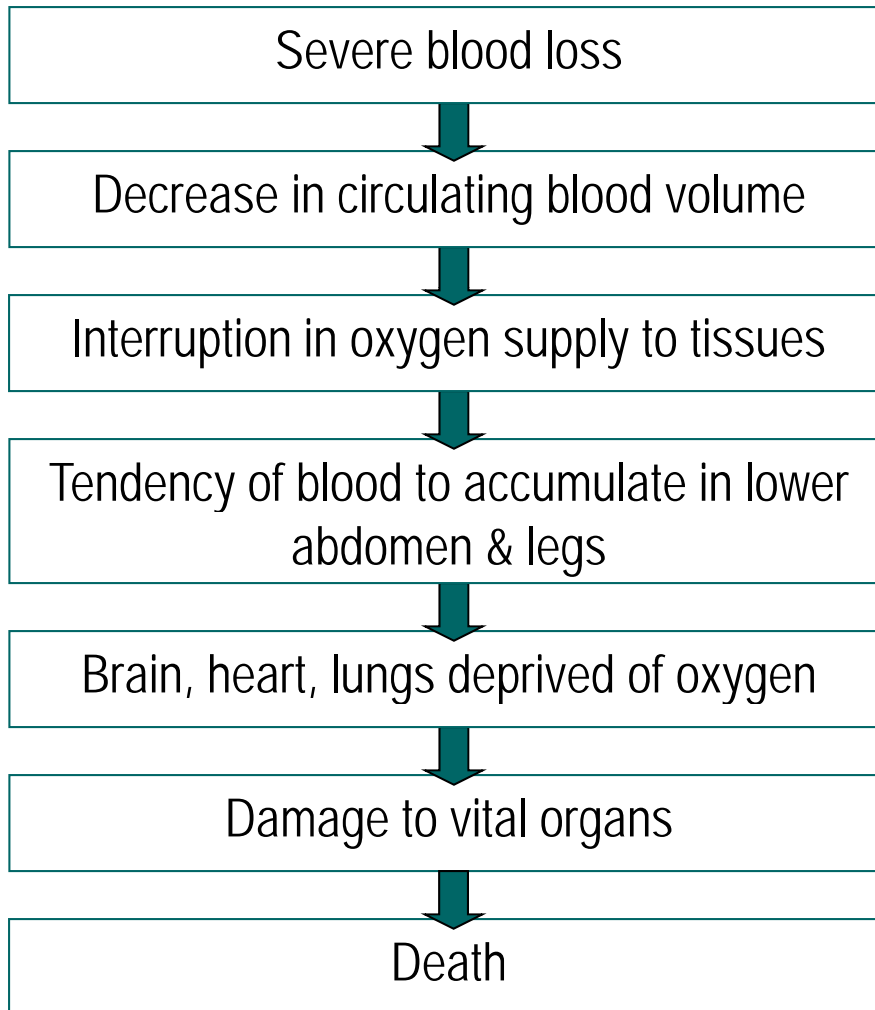
# Clean with Soap and Water



# Hang the Blood Drape to Dry in the Sun



# How Hemorrhage Causes Shock, Morbidity, and Death



## Uterotonics Used for Treatment of PPH

Uterotonic	Advantages/ Disadvantages	Doses for Treatment	Storage Requirements
<p><b>Oxytocin</b> (IM injection or IV)</p>	<ul style="list-style-type: none"> <li>• Effective 2-3 minutes after injection.</li> <li>• Can only be given IV or IM.</li> <li>• Can be used in all women.</li> <li>• Minimal side effects, but is an anti-diuretic so can cause fluid intoxication/ water toxicity if high does given with large volumes of fluid.</li> <li>• Inexpensive.</li> <li>• Causes physiological contractions.</li> </ul>	<ul style="list-style-type: none"> <li>• 10-20 IU IM initially</li> <li>• If possible, start IV with 20-40 IU in 1000 ml crystalloid fluids (10-20 IU in 500 ml)</li> <li>• Can give subsequent IVs of crystalloid with 10-20U in 1000 ml (5-10 IU in 500 ml)</li> <li>• Run at 150/ml/hour</li> </ul>	<ul style="list-style-type: none"> <li>• Store between 15C &amp; 25C.(59-77 F).</li> <li>• Delivery room stock may be kept at room temperature—30C—for up to one year with an expected loss of about 14 percent.</li> <li>• Light does not destabilize oxytocin</li> </ul>

## Uterotonics Used for Treatment of PPH

Uterotonic	Advantages/ Disadvantages	Doses for Treatment	Storage Requirements
<b>Ergometrine</b>  (IM Injection)	<ul style="list-style-type: none"> <li>• Effective 2-5 minutes after injection.</li> <li>• Causes sustained contraction</li> <li>• Effects may last 2-4 hours.</li> <li>• Inexpensive.</li> <li>• Contraindicated in women with pre-eclampsia, eclampsia, and high blood pressure.</li> <li>• Can cause nausea and vomiting.</li> <li>• Requires stringent handling and storage conditions.</li> </ul>	0.2mg-4mg (use local standards)	<ul style="list-style-type: none"> <li>• Store between 2°C – 8°C.</li> <li>• Protect from light and freezing.</li> <li>• Requires stringent handling and storage conditions.</li> </ul>

## Uterotonics Used for Treatment of PPH

Uterotonic	Advantages/ Disadvantages	Doses for Treatment	Storage Requirements
<b>Misoprostol</b> (Tablet)	<ul style="list-style-type: none"> <li>• Effective 9-12 minutes after ingestion.</li> <li>• Shivering, nausea and elevated temperature.</li> </ul>	600 µg orally or sublingually 800-1000 µg rectally	<ul style="list-style-type: none"> <li>• Store at room temperature in a closed container.</li> </ul>



# Decision Making and Action Depending on Place of Delivery

Extent of blood loss	Place of delivery		
	Where resuscitation/PPH management not available	Where only resuscitation/PPH management available	Where surgical interventions available
>350 ml in first hour after delivery	<ul style="list-style-type: none"> <li>Continuously provide all measures at hand to stop bleeding: put baby to breast, uterine massage, bimanual compression.</li> <li>Continue to assess symptoms and vital signs.</li> <li>Preparations to transfer the woman to a higher facility if retained placenta or trauma or heavy bleeding continues.</li> </ul>	<ul style="list-style-type: none"> <li>In addition, start an I/V drip with 20 units Oxytocin in 1000 ml at 40 drops/minute.</li> <li>Give appropriate uterotonic based on past history.</li> <li>Prepare to transfer the woman to a higher facility if retained placenta or trauma or heavy bleeding continues.</li> </ul>	<ul style="list-style-type: none"> <li>In addition, explore cause of bleeding- atony, retained placenta/POC's, trauma, coagulopathy, etc. and take appropriate action in labor room or theatre.</li> </ul>
>500 ml in first 2 hours after delivery	<ul style="list-style-type: none"> <li>Refer and immediately transport the woman to a facility that can treat her for PPH.</li> <li>Provide details of treatment given.</li> </ul>	<ul style="list-style-type: none"> <li>Start above treatment</li> <li>Refer and immediately transport the woman if she requires higher level intervention at a facility that can treat her for PPH.</li> <li>Provide details of treatment given.</li> </ul>	

# Principles of Safe Transfer

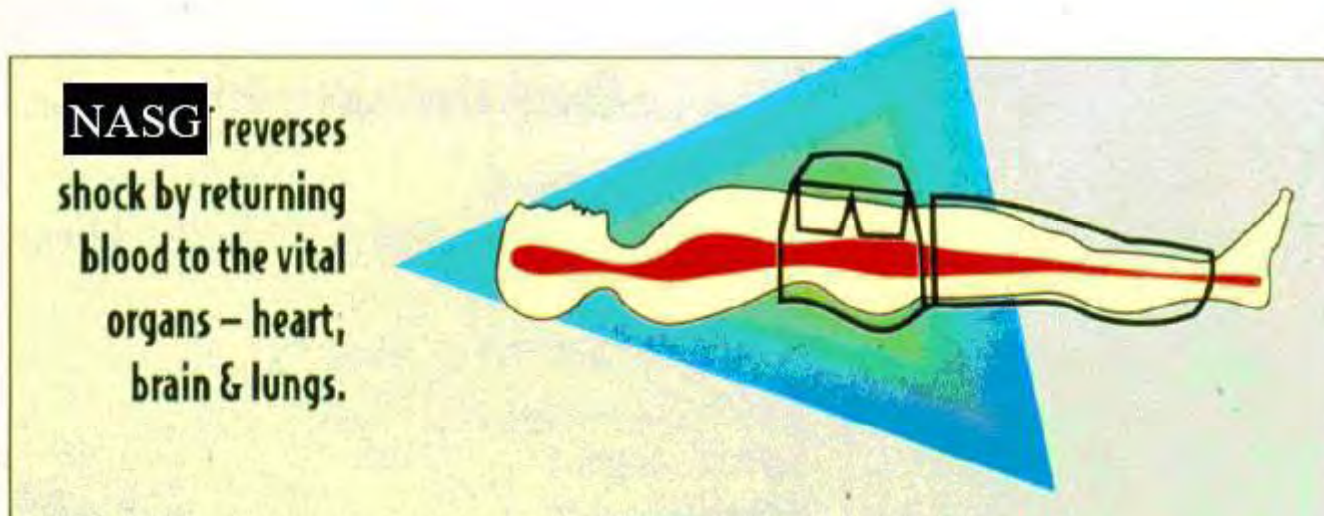
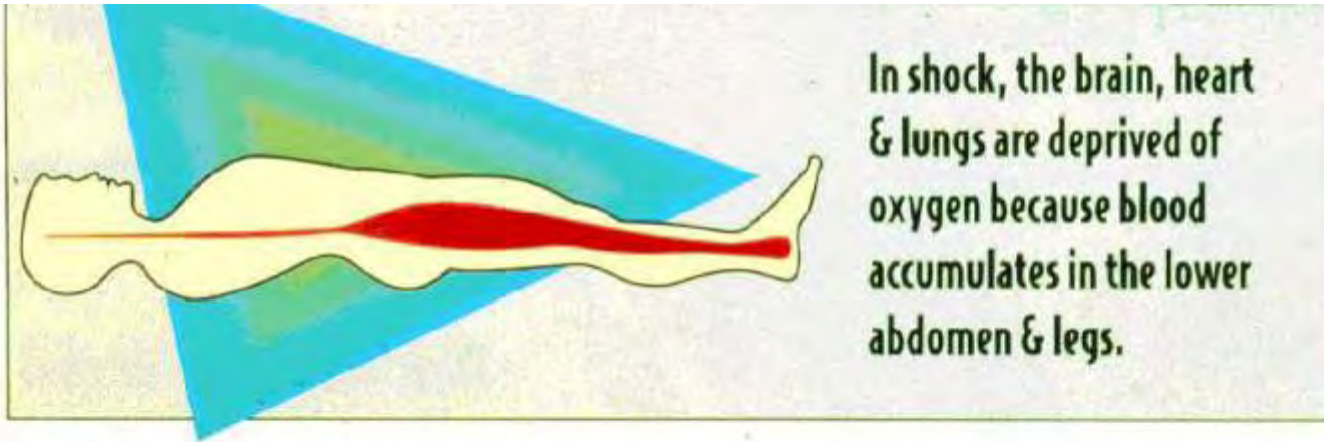
To achieve safe transfer, the patient has to be transferred:

- At the right time,
- By the right people,
- To the right place,
- With the right care throughout.

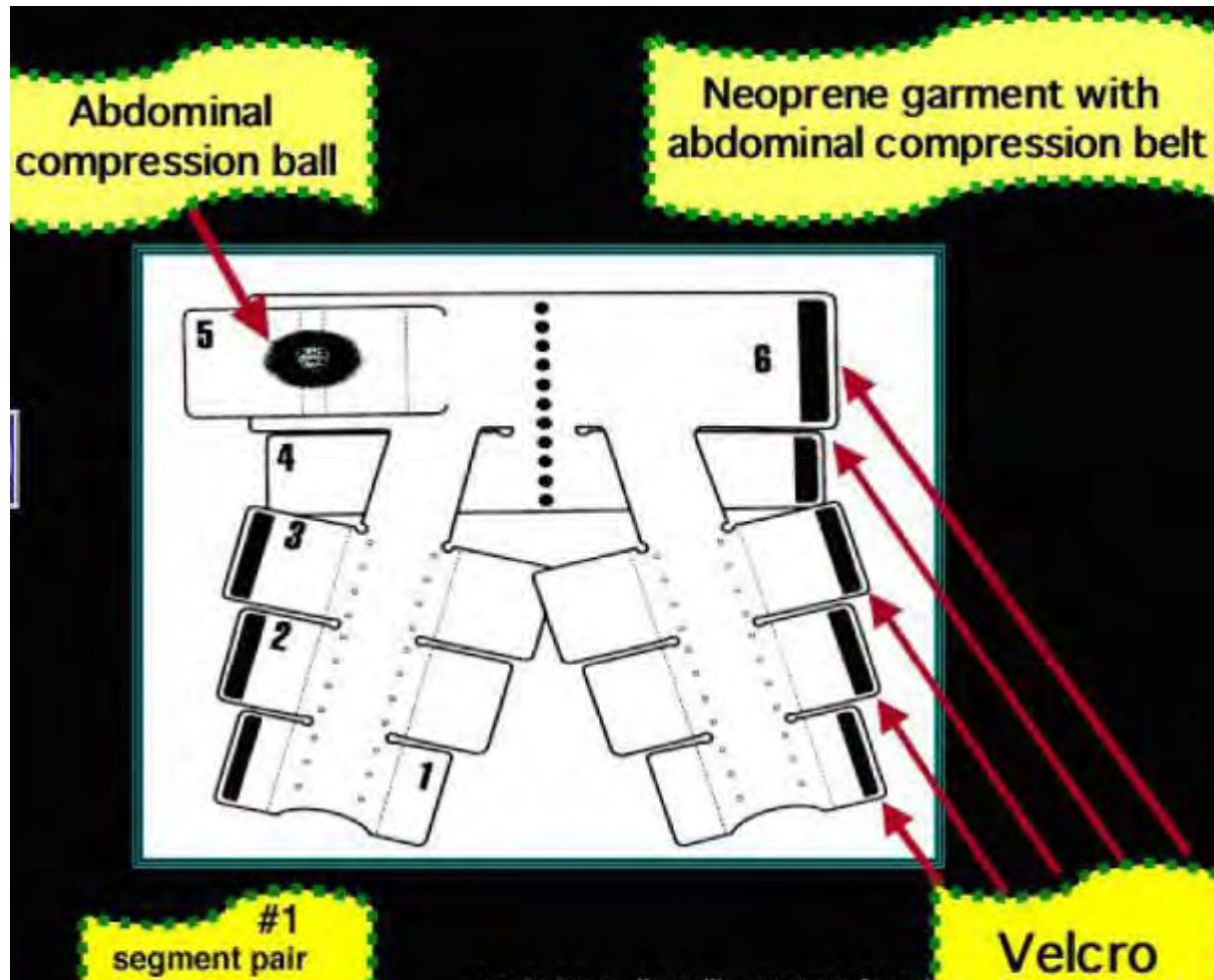
# A Woman in the NASG



# How the NASG Protects a Woman in Hypovolemic Shock



# Components of the NASG



# Applying the NASG

Place the NASG under the woman with the top edge at the level of her lowest rib (on her side)

Close segment 1 tightly around each ankle and make sure that when snapped, a sharp sound is heard

Close segment 2 tightly around calf. Check for snap sound. Leave the knee free so that the leg can be bent

Close segment 3 tightly around thigh. Check for snap sound.

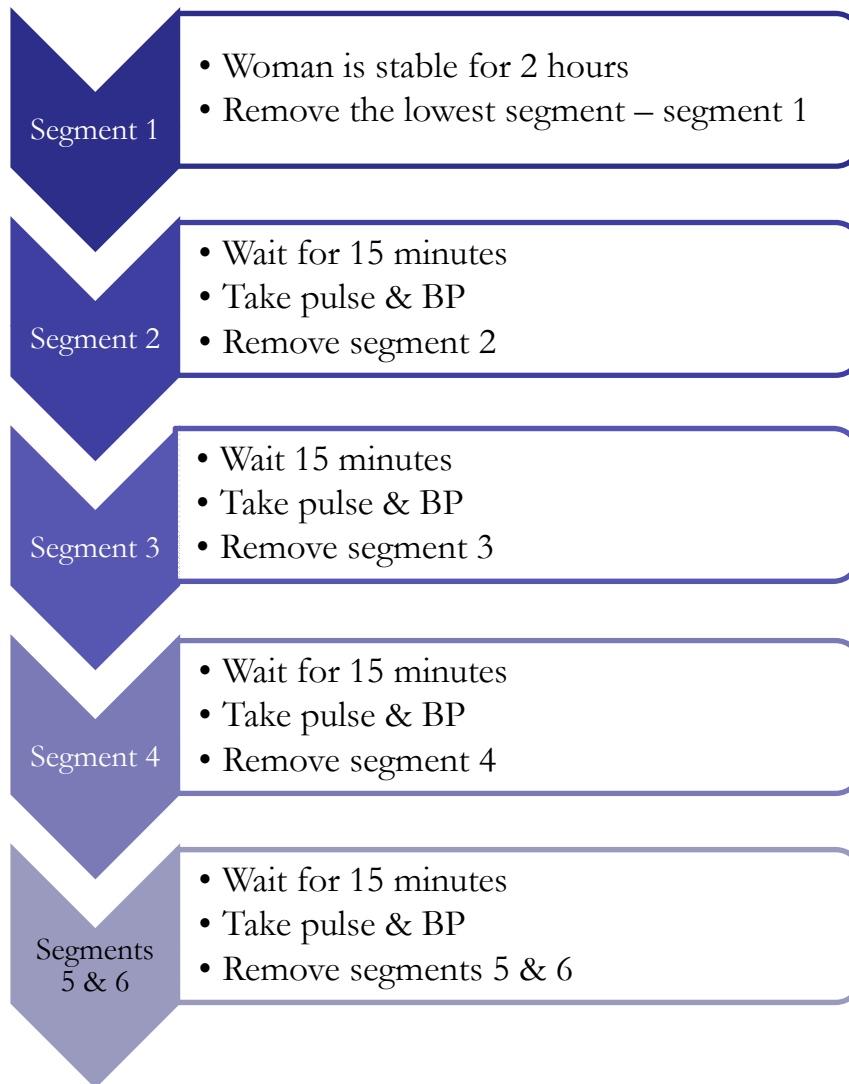
Place segment 4 so it goes around the woman with its lower edge at the level of her pubic bone

Place segment 5 with pressure ball directly over the umbilicus

Close the NASG using segment 6

Make sure the woman can breathe normally with segment 6 in place

# Removing the NASG



# Avoiding Adverse Events When Using the NASG

- One person should apply the pelvic and abdominal sections of the NASG.
- Urine output should be monitored.
- Ensure airway protection and aspiration prevention as required.
- Ensure one-on-one nursing care.
- Ensure presence of a relative/support person with the unconscious patient, ready to explain the garment when patient returns to consciousness.
- Never open the abdominal panel first.



# Cleaning the NASG

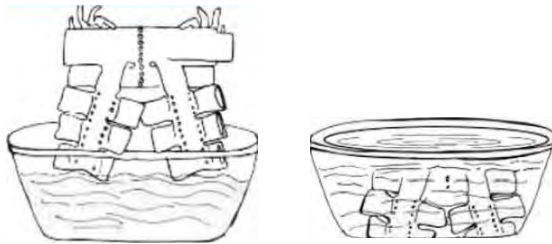
1. Put on gloves



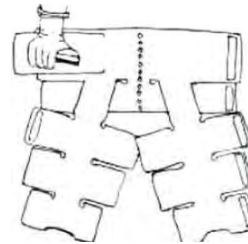
2. Mix bleach solution



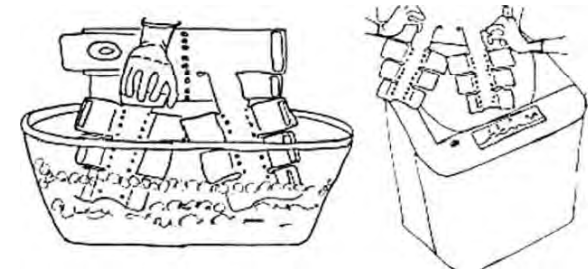
3. (a) Immerse NASG  
(b) Soak in bleach 10 mins.



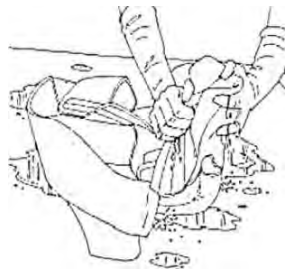
4. Scrub



5. Wash



6. Squeeze



7. Dry

