

**INSTRUCTIONS: Important to note the use of following symbols in dropdown response options**

- ☐ Means chose one only
- ☐ Means select all that are applicable

**NB: This module records live births, stillbirths, miscarriages and abortions that occurred since last visit**

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**Section 1: Pregnancy Outcome**

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- 1.1. What was the date of birth or pregnancy end? YYYY-MM-DD
- 1.2. How long did the pregnancy last?
  - ☐ Months \_\_
  - ☐ Weeks \_\_
- 1.3. Did the pregnancy end in a live birth?
  - ☐ Yes [skip to Q1.7]
  - ☐ No
  - ☐ Don't know
- 1.4. At times women give birth to children who cried, showed movement signs, sounded or showed effort to breathe or showed any other signs of life even for a very short time and later die. Did the pregnancy result in a child who was born alive but later died?
  - ☐ Yes [skip to Q1.7]
  - ☐ No
  - ☐ Don't know
- 1.5. Did the pregnancy last 28 weeks (7 months) or more?
  - ☐ Yes [skip to Q1.7]
  - ☐ No
  - ☐ Don't know
- 1.6. Did the pregnancy end in a miscarriage or induced abortion?
  - ☐ Miscarriage [Skip to section 3]
  - ☐ Induced abortion [Skip to section 3]
  - ☐ Don't know
- 1.7. What type of delivery was it?
  - ☐ Normal vaginal
  - ☐ Caesarean
  - ☐ Assisted (i.e. used forceps/vacuum to pull out baby)
  - ☐ Don't know
  - ☐
- 1.8. Was this a single or multiple delivery?
  - ☐ single

- ☐ multiple [Record how many children were delivered and allocate an equal number of delivery forms]

1.9. Was a birth certificate observed?

- ☐ Yes [ Record date on which birth was registered] YYYY-MM-DD
- ☐ No
- ☐ Don't know

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**Section 2: Delivery [ only for pregnancies that ended up in a delivery]**

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**Instructions:**

- a) Only for pregnancies that ended up with a delivery; i.e. YES to Q1.3 or Q1.4 or Q1.5**
- b) If the pregnancy ended in a multiple delivery, allocate as many deliveries as indicated in the number of pregnancy delivery, Q1.8**

2.1. Was child born alive or dead?

- ☐ Born alive [add child to household member roster, and give them a Temp ID, complete HMR]
- ☐ Born dead

2.2. What is the child's name? Firstname, second name, Surname [If child was not named call him/her "Not named"]

2.3. [IF BORN ALIVE] Is child still alive?

- ☐ Alive
- ☐ Dead [complete DTN questions in HMR]

2.4. Where was [NAME] delivered?

- ☐ In a health care facility
- ☐ Outside a health care facility, but not at home
- ☐ At home

2.5. Was this place in an urban or rural area?

- ☐ Rural
- ☐ Urban

2.6. Who was the birth attendant?

- ☐ Doctor
- ☐ Midwife
- ☐ Traditional birth attendant
- ☐ Lay person

2.7. What type of delivery was it?

- ☐ Caesarean
- ☐ Assisted (i.e. used forceps/vacuum to pull out baby)
- ☐ Normal vaginal

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**Section 3: Antenatal Care Visits [for all pregnancies regardless of outcome]**

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3.1. Has [NAME] attended an antenatal clinic for this pregnancy?

- ☐ Yes
- ☐ No [End of form]
- ☐ Don't know [End of form]

3.2. What was the date of first antenatal care visit for this pregnancy? YYYY-MM-DD

3.3. How many antenatal care visits did [NAME] make during this pregnancy? \_ \_

3.4. Was this place in an urban or rural area?

- ☐ Rural
- ☐ Urban