

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

Section 1: Pregnancy Outcome

- 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

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

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 roaster, 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

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

- 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
- 3.5. [If Q3.1= No] Why has [NAME] not been to the clinic yet?
- Did not know that she was pregnant before now.
 - She could not get time off from work to go to there.
 - The clinic is too far away for her to visit.
 - Did not know that it is necessary for her to go earlier.
 - Does not feel ill, so she did not go.
 - She is afraid of the nurse/doctor as they are usually rude to her.
 - She went to the clinic, but they were busy and told her to come back later.
 - She did not think that she could afford it.
 - Other (please specify)
 - Don't know/choose not to answer.