

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE  
NAIROBI URBAN DEMOGRAPHIC SURVEILLANCE SYSTEM (NUDSS)  
PREGNANCY OUTCOME & MORBIDITY REGISTRATION FORM**

**1. BACKGROUND**

|                                       |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| 1.1 START TIME                        |  |  |  |  |  |  |  |  |  |
| 1.2. FIELD WORKER'S CODE              |  |  |  |  |  |  |  |  |  |
| 1.3. DATE OF INTERVIEW                |  |  |  |  |  |  |  |  |  |
| 1.4. WOMAN'S NAME .....               |  |  |  |  |  |  |  |  |  |
| 1.5. WOMAN'S ID                       |  |  |  |  |  |  |  |  |  |
| 1.6. HOUSEHOLD ID                     |  |  |  |  |  |  |  |  |  |
| 1.7. RENTABLE ROOM ID FOR WOMAN       |  |  |  |  |  |  |  |  |  |
| 1.8. WOMAN'S LINE NUMBER IN HOUSEHOLD |  |  |  |  |  |  |  |  |  |

**2. PREGNANCY OUTCOME DETAILS**

|   |        |  |
|---|--------|--|
| 2.1. NUMBER OF LIVE BIRTHS IN LIFETIME: <i>How many children have you (the woman) given birth to in your (her) lifetime? Please, include all children who were born alive, even if some of them died.</i>   |        |  |
| 2.2. NUMBER OF PREGNANCIES IN LIFETIME: <i>How many times have you (the woman) been pregnant in your (her) lifetime? Please, include all pregnancies, even those that did not result into live births.</i>  |        |  |
| 2.3. NUMBER OF OUTCOMES FOR PREGNANCY   |        |  |
| 2.4. TYPE OF PREGNANCY OUTCOME (LBR=Livebirth; STB=Stillbirth, MIS=Miscarriage; ABT=Abortion, NPG=Not Pregnant, CEN= Censored) (IF NPG and CEN, skip to 5.1)  | 2.4a   |  |
|   | 2.4b   |  |
|   | 2.4c   |  |
| 2.5. DATE OF PREGNANCY TERMINATION  |        |  |
| 2.6. ESTIMATED DATE OF CONCEPTION<br><i>(Interviewer: If respondent is not sure, ask: Please tell me the date when you (the woman) started your (her) last menstruation before you (she) became pregnant. Interviewer: Then add 14 to the date when she started menstruation to get the estimated date of ovulation, which we will use as the estimated date of conception.</i> |        |  |
| 2.7 PLACE WHERE PREGNANCY TERMINATION TOOK PLACE? (SPECIFY Province/District/Location/Village or Estate .....   |        |  |
| 2.8 CODE FOR PLACE OF PREGNANCY TERMINATION/CHILDBIRTH: 1=Within same DSA slum, 2=Other DSA Nairobi Slum, 3=Non-DSA Nairobi slum, 4=Nairobi Non-Slum 5=Other Urban area of Kenya, 6=Rural Kenya, 7=Outside Kenya, 8=Unknown   |        |  |
| 2.9. WHAT WAS THE NATURE OF PLACE OF DELIVERY/PREGNANCY TERMINATION?<br>[1=Health Facility; 2=Enroute to Health Facility; 3=Home; 4= TBA home; 5=Traditional Health Facility; 96= Other (specify.....) ]  |        |  |
| 2.10. WHO ASSISTED YOU DURING DELIVERY/PREGNANCY TERMINATION?<br>[1=Doctor/Nurse; 2=TBA; 3=Friend/Relative 4=No One; 5=Other (specify.....) ]   |        |  |
| 2.11. WAS THE DELIVERY/PREGNANCY TERMINATION NORMAL (SPONTANEOUS), WERE ANY INSTRUMENTS SUCH AS FORCEPS/VACUUM USED OR WAS THE DELIVERY BY CAESARIAN?<br>[1=Normal/Spontaneous; 2=Instruments Used; 3=Caesarian; 4=Other (specify.....) ]   |        |  |
| 2.12. HOW MUCH DID THE DELIVERY/TERMINATION COST?<br>(If payment was in non-monetary terms, record the monetary value of the items)   |        |  |
|   | (Kshs) |  |



#### 4. PREGNANCY RELATED MORBIDITY DETAILS

**NOTE: THIS SECTION MUST BE FILLED OUT FOR ALL PREGNANCY OUTCOMES AND THE RESPONDENT MUST BE THE FEMALE WHO EXPERIENCED THE MORBIDITY. HISTORIES APPLY ONLY FOR THE PERIOD OF PREGNANCY, DURING LABOUR AND WITHIN 6 WEEKS AFTER DELIVERY/PREGNANCY TERMINATION.**

##### 4.1 VAGINAL BLEEDING

4.1.1 DID YOU HAVE *PAINLESS VAGINAL BLEEDING* THAT WAS RECURRENT BUT IN SMALL TRICLE, ANYTIME DURING PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER

4.1.2 DID YOU HAVE VAGINAL BLEEDING THAT WAS *PRECEDED BY A SUDDEN AND SEVERE PAIN* IN THE LOWER ABDOMEN? Y= YES; N=NO; 8= DON'T REMEMBER

4.1.3 DID YOU HAVE HEAVY VAGINAL BLEEDING *AFTER DELIVERY/TERMINATION*?  
Y= YES; N=NO; 8= DON'T REMEMBER

##### 4.2 HIGH BLOOD PRESSURE DURING PREGNANCY

4.2.1a) DID YOU HAVE UNUSUAL SWELLING OF THE FEET, FACE AND HANDS WHILE PREGNANT?  
Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.2a)

4.2.1b) WHEN DID YOU BEGIN TO EXPERIENCE THIS SWELLING?  
1= BEFORE 5<sup>TH</sup> MONTH OF PREGNANCY; 2= AFTER 5<sup>TH</sup> MONTH; 3= THROUGHOUT PREGNANCY

4.2.2a) DID YOU HAVE HIGH BLOOD PRESSURE?  
Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.3a)

4.2.2b). DID YOU HAVE THIS PROBLEM BEFORE YOU BECAME PREGNANT?  
Y= YES; N=NO; 8= DON'T REMEMBER

4.2.3a) DID YOU HAVE CONVULSION/FITS THAT NEVER OCCURRED BEFORE PREGNANCY?  
Y= YES; N=NO; 8= DON'T REMEMBER (IF ANSWER IS 'N' OR 8) SKIP TO → Q= 4.2.4

4.2.3b) WHEN DID YOU EXPERIENCE THESE CONVULSIONS?  
1= THROUGHOUT PREGNANCY; 2= DURING LABOUR; 3= AFTER DELIVERY/TERMINATION; 4 = DURING 1, 2 & 3

4.2.4 DID YOU HAVE SEVERE HEADCAHES DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?  
Y= YES; N=NO; 8= DON'T REMEMBER

##### 4.3 FEBRILE ILLNESSES (¹ Note 'H/W' = Health Worker)

4.3.1 DID YOU HAVE FEVER ANY TIME DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?  
Y= YES; N=NO; 8= DON'T REMEMBER

4.3.2 DID YOU SUFFER FROM MALARIA DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?  
1= YES (TOLD BY H/W¹, NO TEST); 2= YES (TOLD BY H/W, AFTER TEST); 3= YES (BUT NOT BY H/W) 4= NO; 8= DON'T REMEMBER

4.3.3 DID YOU SUFFER FROM TYPHOID FEVER DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?  
1= YES (TOLD BY H/W¹, NO TEST); 2= YES (TOLD BY H/W, AFTER TEST); 3= YES (BUT NOT BY H/W) 4= NO; 8= DON'T REMEMBER

4.3.4 DID YOU EXPERIENCE BURNING SENSATION WHEN PASSING URINE FOR WHICH YOU SOUGHT HEALTH CARE WHILE PREGNANT? Y= YES; N=NO; 8= DON'T REMEMBER

4.3.5 DID YOU EXPERIENCE YELLOWISH DISCOLORATION OF THE EYES AND PALMS WHILE PREGNANT OR AFTER DELIVERY/TERMINATION? Y= YES; N=NO; 8= DON'T REMEMBER

4.3.6 DID YOU EXPERIENCE ANY OTHER ILLNESS ASSOCIATED WITH FEVER *FOR WHICH YOU SOUGHT HEALTH CARE*? Y= YES; N=NO; 8= DON'T REMEMBER (IF Y, LIST 3 MOST SERIOUS BELOW)

- 1.
- 2.
- 3.

##### 4.4 GENERAL SYMPTOMS (¹ Note 'H/W' = Health Worker)

4.4.1 DID YOU EXPERIENCE A DISABLING GENERAL BODY WEAKNESS WHILE PREGNANT?  
Y= YES; N=NO; 8= DON'T REMEMBER

4.4.2 DID YOU HAVE POOR APETTITE DURING PREGNANCY?  
Y= YES; N=NO; 8= DON'T REMEMBER

4.4.3 DID YOU SUFFER FROM ANEMIA (LACK OF BLOOD) DURING PREGNANCY OR AFTER DELIVERY/TERMINATION?  
1= YES (TOLD BY H/W¹, NO TEST); 2= YES (TOLD BY H/W, AFTER TEST); 3= YES (BUT NOT BY H/W) 4= NO; 8= DON'T REMEMBER

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|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>4.4.4 DID YOU EVER FEEL ANY MOVEMENTS OF THE BABY DURING THE PREGNANCY?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.4.6)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.4.5 IN YOUR OPINION, DID THE BABY MOVE POORLY OR STOP MOVING DURING THE PREGNANCY?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.4.6 DID YOU EXPERIENCE ANY OTHER SERIOUS HEALTH PROBLEMS DURING PREGNANCY, LABOR OR AFTER DELIVERY FOR WHICH YOU DID NOT SEEK HEALTH CARE?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER (IF Y, LIST 3 MOST SERIOUS BELOW)    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5 SPECIFIC PROBLEMS DURING LABOUR &amp; AFTERWARDS</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.1 WAS THE DELIVERY/TERMINATION PRECEDED WITH LABOUR PAINS?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.3)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.1 WAS THE LABOUR INDUCED OR DID IT OCCUR SPONTANEOUSLY?</b><br>1= INDUCED 2= SPONTANEOUS   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.2 HOW LONG DID THE LABOUR LAST?</b><br>1= LESS THAN 8- 10 HOURS; 2= MORE THAN 10 HOURS; 8= DON'T REMEMBER  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.3 WAS THE DELIVERY/TERMINATION FOLLOWED BY THE PLACENTA (AFTER-BIRTH)?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.5)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.4 HOW LONG AFTER DELIVERY/TERMINATION DID THE PLACENTA (AFTER-BIRTH) COME OUT?</b><br>1= WITHIN 1 HOUR 2= MORE THAN ONE HOUR 8= DON'T REMEMBER   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.5 WOMEN NORMALLY HAVE A DARK-BROWNISH VAGINAL DISCHARGE (LOCHIA) FOR FEW DAYS AFTER DELIVERY. FOR THE PERIOD YOU HAD THIS DISCHARGE, DID IT EVER DEVELOP A BAD/UNUSUAL SMELL?</b><br>Y= YES; N=NO; 8= DON'T REMEMBER |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.6 SOME WOMEN FAIL TO CONTROL URINE AND/OR STOOL AFTER A PROLONGED &amp; DIFFICULT DELIVERY. DID YOU EXPERIENCE SUCH PROBLEM?</b> 1= YES (URINE); 2= YES (STOOL) 3= YES (BOTH) 4= NO;                                 |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.5.7 SOME WOMEN ALSO EXPERIENCE UNUSUAL CHANGE IN THEIR EMOTIONS AND MOOD FOLLOWING DELIVERY. DID YOU HAVE SUCH SYMPTOMS?</b> Y= YES; N=NO;   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.6 DID YOU ATTEND ANTENATAL CLINIC DURING THE PREGNANCY?</b><br>Y= YES; N=NO; → (IF 'N' GO TO Q5.1)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.6.1 DID YOU HAVE AN ANTENATAL CARD OR BOOKLET?</b><br>1= YES, SEEN 2= YES, BUT NOT AVAILABLE 3= NO → (IF '2' OR '3' GOTO Q5.1)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4.6.2 CHECK FROM THE CARD WHETHER THE FOLLOWING SERVICES WERE RECEIVED;</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.6.2a) TWO DOSES OF TT VACCINATION (Y= YES N= NO)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.6.2b) IRON/FOLIC ACID SUPPLEMENTATION (Y= YES N= NO)  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.6.2c) VITAMIN A CAPUSLES (Y=YES N=NO)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.6.2d) SYPHILIS TEST/VDRL (Y=YES N=NO)   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. RESPONDENT'S PARTICULARS</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.1. RESPONDENT'S NAME .....  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.2 RESPONDENT'S ID   | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5.3 RESPONDENT'S RELATIONSHIP TO THE WOMAN (get code from <sup>2</sup> on page 2)<br>(If OTH Specify.....)  | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5.4 END TIME  | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>6. OFFICE/FIELD CHECK DETAILS</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.1 FS CODE & CHECK DATE  | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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