

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

1.9 RESULT OF INTERVIEW¹

2. PREGNANCY OUTCOME DETAILS

2.1. NUMBER OF LIVE BIRTHS IN LIFETIME: *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.*

2.2. NUMBER OF PREGNANCIES IN LIFETIME: *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.*

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. ESTIMATED DATE OF CONCEPTION

(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
NOTE - FOR MULTIPLE BIRTHS: FILL SEPARATE FORMS FROM Q. 2.6 – 3.22

2.6. DATE OF PREGNANCY TERMINATION

2.7 PLACE WHERE PREGNANCY TERMINATION TOOK PLACE? (SPECIFY Province/District/Location/Village or Estate (P).....(D).....(L).....(V/E).....)

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?
[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?
[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?
[1=Normal/Spontaneous; 2=Instruments Used; 3=Caesarian; 4=Other (specify.....)]

2.12. HOW MUCH DID THE DELIVERY/TERMINATION COST?
(If payment was in non-monetary terms, record the monetary value of the items) (Kshs)

¹ **Result of interview:** 1=completed; 2=no competent respondent at home; 3=Entire household absent for extended period; 4=refused; 8=other (specify)

NOTE: QUESTIONS 3.1 - 3.22 ONLY APPLY TO PREGNANCIES THAT TERMINATED IN A LIVE BIRTH
(If no live birth in Q2.4, skip to Q4.1)

3.1. CHILD'S NAME

3.2. CHILD'S ID

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3.3. ETHNICITY OF CHILD (get codes from ²) (If OTH Specify.....)

3.4 CHILD'S RELATIONSHIP TO HH HEAD (get codes from ³) (If OTH Specify.....)

3.5. CHILD'S LINE NUMBER IN HOUSEHOLD

3.6. DID THE CHILD SLEEP IN THE HOUSE LAST NIGHT (YES = Y; NO = N)

3.7. SEX OF CHILD (M=Male; F=Female)

3.8. ID FOR ROOM WHERE CHILD USUALLY SLEEPS

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3.9. FATHER'S NAME

3.10. FATHER'S ID.....

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AT THE TIME OF BIRTH (Read out each of the items)

3.11 DID THE PREGNANCY END EARLY, ON TIME, OR LATE? (Early=1; On time=2; Late=3)

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3.12 WAS THE BABY'S HEAD DELIVERED FIRST? (Y=Yes, N=No, D=Don't Know; , A=Not Applicable (if delivered by C/S) (If Y, D, or A, skip to 3.14)

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3.13 WHAT (PART) WAS DELIVERED FIRST? (record answer on dotted line).....

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3.14 WAS THE BABY ABLE TO CRY IMMEDIATELY? (Y=Yes, N=No, D=Don't Know) (If YES, skip to 3.16)

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3.15 WAS THE BABY ABLE TO BREATHE UNAIDED? (Y=Yes, N=No, D=Don't Know)

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IMMEDIATELY AFTER BIRTH (For questions 3.17-3.22, (Y=Yes, N=No, D=Don't Know)

3.16 THE ESTIMATED BABY SIZE: WAS THE BABY:
(Very Small=1; Smaller Than Usual=2; About Average Size=3; Or Larger Than Usual=4)

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3.17 DID THE BABY BLEED FROM THE CORD STUMP? (Y=Yes, N=No, D=Don't Know)

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3.18 DID THE BABY HAVE SOME BRUISES OR MARKS OF INJURY ON THE BODY?
(Y=Yes, N=No, D=Don't know)

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3.19 DID THE BABY HAVE SOME MALFORMATIONS
(ON THE HEAD, BODY OR EXTREMITIES?) (Y=Yes, N=No, D=Don't know)

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3.20 DID THE BABY DEVELOP YELLOWNESS OF EYES AND SKIN?
(Y=Yes, N=No, D=Don't Know)

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3.21 WAS THE BABY ADMITTED/REFERRED TO A NURSERY? (Y=Yes, N=No, D=Don't Know)

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3.22 WAS THE BABY TRANSFUSED BLOOD? (Y=Yes, N=No, D=Don't Know)

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² **Ethnicity:** KIK=Kikuyu; LUH=Luhya; LUO=Luo; KAM=Kamba; MER=Meru; EMB=Embu; KIS=Kisii; MIJ=M ijikenda; SWA=Swahili; SOM=Somali TAI=Taita; Tav=Taveta; MAS=Masai; KAL=Kalenjin; OTH=Other (specify)

³ **Relationships:** AUN= Aunt; BIL=Brother-in-law; BRO= Brother; CHD = Child; CWF = Co-wife; DIL = Daughter-in-law; GCH = Grand child; GDP = Grand parent; HUS = Husband; NEP= Nephew; NIE=Niece; NRL = Not related; PAR = Parent; PIL = Parent-in-Law; SIL=Sister-in-law; SIS=Sister; SLF =Self; SOL= Son-in-law; STP=Step Child; STA=Step parent; UNC=Uncle; UNK = Unknown relation; WIF = Wife; OTH = Other (specify _____).

4. PREGNANCY RELATED MORBIDITY DETAILS

NOTE: THIS SECTION MUST BE FILLED OUT FOR ALL PREGNANCY OUTCOMES AND THE RESPONDENT MUST BE THE FEMALE WHO GAVE BIRTH. 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

Wakati ulipokuwa mja mzito je, ulitokwa na damu kidogo kidogo kwenye njia ya uzazi mara kwa mara bila kuhisi uchungu wowote ?

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

Je, ulipokuwa mja mzito ulitokwa na damu kwenye njia ya uzazi ambayo ilitanguliwa na uchungu mwingi wa ghafla katika se henu ya chini ya tumbo?

4.1.3 DID YOU HAVE HEAVY VAGINAL BLEEDING *AFTER DELIVERY/TERMINATION*?

Y= YES; N=NO; 8= DON'T REMEMBER

Je, baada ya kujifungua ulitokwa na damu nyingi kwenye njia ya uzazi?

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 5TH MONTH OF PREGNANCY; 2= AFTER 5TH 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

Je, uliwahi kupatwa na shida ya kutetemeka au kuanguka kama mtu aliye na kifafa ambayo hukuwa nayo kabla ya kuwa mja mzito?

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 HEADACHES 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 <i>Wakati ulipokuwa mja mzito, je, ulipata shida ya kuwashwa unapoenda haja Ndogo ambayo ilikubidi utafute matibabu?</i>	
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 APPETITE 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/W ¹ , NO TEST); 2=YES (TOLD BY H/W, AFTER TEST); 3=YES (BUT NOT BY H/W) 4=NO; 8=DON'T REMEMBER	
4.4.4 DID YOU EVER FEEL ANY MOVEMENTS OF THE BABY DURING THE PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.4.6)	
4.4.5 IN YOUR OPINION, DID THE BABY MOVE POORLY OR STOP MOVING DURING THE PREGNANCY? Y= YES; N=NO; 8= DON'T REMEMBER	
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? Y= YES; N=NO; 8= DON'T REMEMBER (IF Y, LIST 3 MOST SERIOUS BELOW)	
1.	
2.	
3.	
SPECIFIC PROBLEMS DURING LABOR & AFTERWARDS	
4.5.1. WAS THE DELIVERY/TERMINATION PRECEDED WITH LABOUR PAINS? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.3)	
4.5.1 WAS THE LABOUR INDUCED OR DID IT OCCUR SPONTANEOUSLY? 1= INDUCED 2= SPONTANEOUS	
4.5.2 HOW LONG DID THE LABOUR LAST? 1= LESS THAN 8 - 10 HOURS; 2= MORE THAN 10 HOURS; 8= DON'T REMEMBER	
4.5.3. WAS THE DELIVERY/TERMINATION FOLLOWED BY THE PLACENTA (AFTER-BIRTH)? Y= YES; N=NO; 8= DON'T REMEMBER (IF 'N' OR '8' GO TO Q 4.5.5)	
4.5.4. HOW LONG AFTER DELIVERY/TERMINATION DID THE PLACENTA (AFTER-BIRTH) COME OUT? 1= WITHIN 1 HOUR 2= MORE THAN ONE HOUR 8 = DON'T REMEMBER	

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? <div style="text-align: right;">Y= YES; N=NO; 8= DON'T REMEMBER</div> <i>Kwa kawaida wanawake baada ya kujifungua hutokwa na maji ya 'brown' kwenye njia ya uzazi kwa siku chache. Je, uilpokuwa ukitokwa na maji hayo, yali wahi kuwa na harufu isiyo ya kawaida?</i>													
4.5.6 SOME WOMEN FAIL TO CONTROL URINE AND/OR STOOL AFTER A PROLONGED & DIFFICULT DELIVERY. DID YOU EXPERIENCE SUCH PROBLEM? 1= YES (URINE); 2=YES (STOOL) 3= YES (BOTH) 4=NO; <i>Wanawake wengine hushindwa kuzuia haja ndogo au kubwa baada ya kujifungua kwa shida. Je, ulikuwa na shida kama hii?</i>													
4.5.7. SOME WOMEN ALSO EXPERIENCE UNUSUAL CHANGE IN THEIR EMOTIONS AND MOOD FOLLOWING DELIVERY. DID YOU HAVE SUCH SYMPTOMS? Y= YES; N=NO; <i>Wanawake wengine, moods au tabia zao hubadilika baada ya kujifungua. Je, wewe ulikuwa na hali hiyo?</i>													
4.6. DID YOU ATTEND ANTENATAL CLINIC DURING THE PREGNANCY? <div style="text-align: right;">Y= YES; N=NO; → (IF 'N' GO TO Q5.1)</div>													
4.6.1 DID YOU HAVE AN ANTENATAL CARD OR BOOKLET? <div style="text-align: right;">1= YES, SEEN 2= YES, BUT NOT AVAILABLE 3= NO → (IF '2' OR '3' GO TO Q5.1)</div>													
4.6.2 CHECK FROM THE CARD WHETHER THE FOLLOWING SERVICES WERE RECEIVED;													
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)													
5. RESPONDENT'S PARTICULARS													
5.1. RESPONDENT'S NAME													
5.2 RESPONDENT'S ID													
5.3 RESPONDENT'S RELATIONSHIP TO THE WOMAN (get code from ² on page 2) (If OTH Specify.....)													
5.4 END TIME													
6. OFFICE/FIELD CHECK DETAILS													
6.1 FS CODE & CHECK DATE													
6.2 OFFICE CODE & CHECK DATE													
6.3. RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW, THE CHILD OR THE MOTHER													

Kwa kawaida wanawake baada ya kujifungua hutokwa na maji ya 'brown' kwenye njia ya uzazi kwa siku chache. Je, uilpokuwa ukitokwa na maji hayo, yali wahi kuwa na harufu isiyo ya kawaida?

Wanawake wengine hushindwa kuzuia haja ndogo au kubwa baada ya kujifungua kwa shida. Je, ulikuwa na shida kama hii?

4.6. DID YOU ATTEND ANTENATAL CLINIC DURING THE PREGNANCY?
Y= YES; N=NO; → (IF 'N' GO TO Q5.1)

4.6.2 CHECK FROM THE CARD WHETHER THE FOLLOWING SERVICES WERE RECEIVED;

4.6.2b) IRON/FOLIC ACID SUPPLEMENTATION (Y= YES N= NO)

4.6.2c) VITAMIN A CAPSULES (Y=YES N=NO)

4.6.2d) SYPHILIS TEST/VDRL (Y=YES N=NO)

5. RESPONDENT'S PARTICULARS

[illegible]

5.3 RESPONDENT'S RELATIONSHIP TO THE WOMAN (get code from ² on page 2)
(If **OTH** Specify.....)

5.4 END TIME			
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6. OFFICE/FIELD CHECK DETAILS

6.2 OFFICE CODE & CHECK DATE								
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6.3. RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW, THE CHILD OR THE MOTHER

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