

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
 NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
PREGNANCY OUTCOME FORM (ONLY TO BE ANSWERED BY WOMAN WHO WAS PREGNANT)

1.0 BACKGROUND

- 1.1 START TIME [][][][][]
- 1.2 NAME OF WOMAN WHO WAS PREGNANT.....
- 1.3 WOMAN'S ID OR LINE NUMBER []
- 1.4 ID OF ROOM OF THE HOUSEHOLD HEAD [][][][][][][][][][][]
- 1.5 RESULT OF INTERVIEW (CODE SHEET A⁷)

2.0 PREGNANCY OUTCOME DETAILS

- 2.1 How many foetuses were there in this pregnancy?

2.2 What was/were the outcome(s) of the pregnancy?¹
 FW: ASK FOR OUTCOME OF EACH FOETUS ACCORDING TO THE NUMBER IN Q 2.1 AND RECORD IN THE BOXES

(LBR = LIVE BIRTH; STB = STILLBIRTH; MIS = MISCARRIAGE; ABT= ABORTION;
 NPG = NOT PREGNANT; CEN= CENSORED IF WOMAN MOVED OR DIED)

2.2a	[][]	[][]	[][]
2.2b	[][]	[][]	[][]
2.2c	[][]	[][]	[][]
2.2d	[][]	[][]	[][]

2.2e IF CENSORED OR NPG EXPLAIN

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[IF NPG OR CEN SKIP TO 5.2]

- 2.3 How many children have you given birth to in your lifetime? Please include all children who were born alive, even those who may no longer be alive. [][]
- 2.4 How many times have you been pregnant in your lifetime? [][]
 Please include all pregnancies even those that did not result into live births.
- 2.5 Please tell me the date when you started your last normal menstruation (LNMP) before you became pregnant. (DD/MM/YYYY) [][][][][][][][][][]
IF ANTENATAL CARD IS AVAILABLE, CHECK THE DATE AND RECORD IT
- 2.6 ESTIMATED DATE OF CONCEPTION (LNMP DATE + 14): [][][][][][][][][][]
FW: ADD 14 TO THE LNMP DATE TO GET THIS DATE, IF LNMP IS NOT KNOWN, ASK THE THE RESPONDENT THE ESTIMATED DATE OF CONCEPTION.
- 2.7 What date did the delivery occur/pregnancy end? (DD/MM/YYYY) [][][][][][][][][][]

¹Outcomes: **Live birth** refers to a baby who was born alive after 28 completed weeks of gestation.
Still birth refers to a baby who was born dead after 28 completed weeks of gestation.
Miscarriage refers to spontaneous expulsion of foetus before 28 completed weeks of gestation.
Abortion refers to any induced expulsion of foetus before week 28 of gestation.

- 2.8 Please tell me the name of the area where the delivery occurred/pregnancy ended (RECORD THE PROVINCE/DISTRICT/LOCATION/VILLAGE OR ESTATE) P).....(D).....
- 2.9 RECORD PLACE OF DELIVERY/PREGNANCY ENDING (CODE SHEET A⁵)
[CHECK 2.2, IF OUTCOME WAS ABT OR MIS SKIP TO 2.17]
FOR ONLY LIVE BIRTHS AND STILL BIRTHS

2.10 Where did you deliver? Did you deliver in the house, at a health facility, enroute to health facility or elsewhere?
(1=HOUSE; 2=HEALTH FACILITY; 3=ENROUTE TO HEALTH FACILITY; 4=TBA HOME; 5=TBA FACILITY; 6=ELSEWHERE (SPECIFY.....))

2.11 Who assisted you during delivery? (1=DOCTOR; 2=CLINICAL OFFICER; 3=NURSE/MIDWIFE; 4=NURSE AIDE; 5=TBA; 6=FRIEND/RELATIVE/NEIGHBOR; 7=NO ONE; 96=OTHER (SPECIFY.....))

2.12 Was the delivery normal (spontaneous), or were any instruments such as forceps/vacuum used or was the delivery by caesarean? (1=NORMAL/SPONTANEOUS; 2=INSTRUMENTS USED; 3= CAESAREAN; 6=OTHER, SPECIFY.....) **[IF "1", "2" OR "6), SKIP TO 2.14]**

2.13 Was the caesarean operation planned (elective), or it was decided as an emergency when labour failed to progress normally? (1=PLANNED/ELECTIVE; 2=EMERGENCY)

2.14 Did you pay anything for the delivery? (0=NO; 1=YES, MONEY; 2=YES, NON-MONETARY, 3= BOTH 1 & 2)
[IF "0" SKIP TO 2.24]

2.15 How much did you pay for the delivery? (Kshs)
FW: ESTIMATE VALUE FOR NON-MONETARY PAYMENT (IF "2" OR "3") AND RECORD, THEN DESCRIBE IT IN 2.16

2.16 IF PAYMENT WAS NON-MONETARY, RECORD THE DETAILS OF WHAT WAS PAID
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[SKIP TO 2.24]

FOR MISCARRIAGE OR ABORTION

2.17 Did you get any medical assistance to end the pregnancy? (N=NO; Y=YES)
[IF "N" SKIP TO 2.19]

2.18 What sort of assistance did you get?
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2.19 Did you get any medical assistance after the end of the pregnancy (within 6 weeks after end of pregnancy)? (N=NO; Y=YES)
[IF "N" SKIP TO 2.21]

2.20 What sort of assistance did you/she get?
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2.21 Did you pay anything to end the pregnancy or for the assistance after? (0=NO; 1=YES, MONEY; 2=YES, NON-MONETARY, 3= BOTH 1 & 2) **[IF "0" SKIP TO 4.0]**

2.22 How much did you pay to end the pregnancy/for the assistance after the end of the pregnancy? (ksh.)
a. For Ending Pregnancy b. For assistance afterwards

FW: ESTIMATE VALUE FOR NON-MONETARY PAYMENT (IF "2" OR "3") AND RECORD, THEN DESCRIBE IT IN 2.23

2.23 IF PAYMENT WAS NON-MONETARY, RECORD THE DETAILS OF WHAT WAS PAID
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3.0 OTHER INTERVIEW DETAILS

3.1 Would you have preferred to have been asked these questions by a male interviewer, female interviewer, or you have no preference? (N=NO PREFERENCE; M=PREFERENCE FOR MALE; F=PREFERENCE FOR FEMALE)

3.2 RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW, THE CHILD OR PREGNANCY
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3.3 END TIME

4.0 OFFICE/FIELD CHECK DETAILS

4.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

4.2 DATA ENTRY CLERK'S CODE