

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 FIELDWORKER'S CODE [][]
- 1.3 DATE OF INTERVIEW (DD/MM/YYYY) [][][][][][][][]
- 1.4 NAME OF WOMAN WHO WAS PREGNANT.....
- 1.5 WOMAN'S ID [][][][][][][][][][][][][][][]
- 1.6 WOMAN'S LINE NUMBER IN THE HOUSEHOLD LISTING [][]
- 1.7 ID OF ROOM WHERE WOMAN SLEEPS [][][][][][][][][][]
- 1.8 WOMAN'S HOUSEHOLD ID [][][][][][][][][][][][][][][]
- 1.9 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

.....

.....

[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).....(L).....(V/E).....

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?
.....
.....

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?
.....
.....

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
(ksh.)

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
.....
.....

2.24 **CHECK 2.2A TO 2.2D. RECORD THE NUMBER OF LIVE BIRTHS [IF NONE, SKIP TO 4.0]** ☐

FILL SECTION 3 (CHILD'S CONDITION) FOR EACH LIVE BIRTH. USE SEPARATE QUESTIONNAIRE FOR EACH LIVE BIRTH. FOR EACH ADDITIONAL QUESTIONNAIRE COMPLETE ONLY SECTIONS 1, 3, AND SKIP TO 5.2 AFTER FILLING SECTION 3. COPY THE CHILD'S NAME AND ID FROM THE HRB TO 3.1 AND 3.2

3.0 CHILD'S CONDITION AT BIRTH AND IMMEDIATELY AFTER BIRTH

3.1 NAME OF CHILD.....

3.2 ID OF CHILD

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3.3 At the time of birth of (NAME), did the pregnancy end early, on time, or late?

(1=EARLY; 2= ON TIME; 3 =LATE; 8=DON'T KNOW/REMEMBER)

3.4 What part of the body was delivered first?

(1=HEAD; 2=LEGS; 3=ARMS; 6=OTHER (SPECIFY.....); 8=DK/DR; 9=NA (IF C/S)

3.5 Did the baby cry immediately after birth? (N=NO; Y=YES; D=DON'T KNOW/REMEMBER) **[IF "Y" SKIP TO 3.7]**

3.6 Did the baby breathe unaided immediately after birth? (N=NO; Y=YES; D=DON'T KNOW/REMEMBER)

3.7 When (NAME) was born, was he/she, 1=VERY SMALL; 2= SMALLER THAN USUAL; 3= ABOUT USUAL SIZE;

4=LARGER THAN USUAL; 5=VERY LARGE; 8=DK/DR?

3.8 Was (NAME) weighed at birth? (N/Y/D) **[IF "N" OR "D" SKIP TO 3.10]**

3.9 How much did (NAME) weigh? RECORD BIRTH WEIGHT IN GRAMS (FROM HEALTH CARD IF AVAILABLE)

3.9a. Weight in grams from card

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3.9b. Weight in grams from recall

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3.10 Immediately after birth, did the baby have unusual bleeding from the cord stump? (N/Y/D)

3.11 Did the baby have some bruises or marks of injury on the body at birth? (N/Y/D)

3.12 At birth, did the baby have any visible physical abnormalities (on the head, body or extremities) ? (N/Y/D)

3.13 Did the baby develop yellowness of eyes and skin within the first month after birth? (N/Y/D)

3.14 Immediately after birth, was the baby admitted/referred to intensive care unit (ICU)? (N/Y/D)

3.15 Did the baby undergo blood transfusion soon after birth? (N/Y/D)

4.0 PREGNANCY RELATED MORBIDITY DETAILS

HISTORIES APPLY TO THE PERIOD OF PREGNANCY, DURING LABOUR AND WITHIN 6 WEEKS AFTER DELIVERY/END OF PREGNANCY

GENERAL SYMPTOMS (NOTE: H/W = Health worker; N=NO; Y=YES; D=DON'T KNOW/REMEMBER)

- 4.1 Did you experience any unusual general body weakness while pregnant? (N/Y/D) ☐
- 4.2 Did you have poor appetite during pregnancy? (N/Y/D) ☐
- 4.3 Did you suffer from inadequate blood (anemia) during pregnancy or within 6 weeks after delivery/end of pregnancy? (N/Y/D) ☐
[IF "N" OR "D" SKIP TO Q4.4b]
- 4.4 How did you know that you had inadequate blood? (1=TOLD BY H/W, AFTER TEST; 2=TOLD BY H/W, NO TEST; 3= TOLD BY ANOTHER PERSON BUT NOT H/W; 4=KNEW BY MYSELF; 8=DON'T REMEMBER/KNOW) ☐
- 4.4b [CHECK 2.2: IF OUTCOME LBR, MIS, OR ABT, SKIP TO Q 4.7] IF STB, ASK 4.5
- 4.5 In your opinion, did the baby move poorly or stop moving in the last month of the pregnancy? (N/Y/D) ☐
- 4.6 Was the baby's skin peeled off at the time of delivery? (N/Y/D) ☐

FEBRILE ILLNESS (FEVER/HIGH TEMPERATURE)

- 4.7 Did you have fever at any time during pregnancy or within six weeks after delivery or end of the pregnancy? (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN 6 WEEKS AFTER DELIVERY/END OF PREGNANCY 3=DURING BOTH 1 & 2; 8=DON'T KNOW/ REMEMBER) ☐
- 4.8 Did you suffer from malaria at any time during pregnancy or within six weeks after delivery/end of pregnancy? (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN 6 WEEKS AFTER DELIVERY/PREGNANCY ENDING; 3=DURING BOTH 1 & 2; 8=DON'T KNOW/ REMEMBER) ☐
[IF "0" OR "8" SKIP TO Q4.10]
- 4.9 How did you know you had malaria? (1=TOLD BY H/W, AFTER TEST; 2= TOLD BY H/W, NO TEST; 3=TOLD BY ANOTHER PERSON BUT NOT H/W; 4=KNEW BY MYSELF; 8=DON'T REMEMBER) ☐
- 4.10 Did you suffer from typhoid fever at any time during pregnancy or within 6 weeks after delivery/end of pregnancy? (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN 6 WEEKS AFTER DELIVERY/PREGNANCY ENDING; 3=DURING BOTH 1 & 2; 8=DON'T KNOW/ REMEMBER) ☐
[IF "0" OR "8" SKIP TO 4.12]
- 4.11 How did you know that you had typhoid fever? (1=TOLD BY H/W, AFTER TEST; 2= TOLD BY H/W, NO TEST; 3=TOLD BY ANOTHER PERSON BUT NOT H/W; 4=KNEW BY MYSELF; 8=DON'T REMEMBER) ☐
- 4.12 Did you experience burning sensation when passing urine during pregnancy or within 6 weeks after delivery/end of pregnancy? (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN SIX WEEKS AFTER DELIVERY/PREGNANCY ENDING; 3=DURING BOTH 1 & 2; 8=DON'T REMEMBER) ☐
- 4.13 Did you experience yellowish discoloration of eyes and palms while pregnant or within six weeks after delivery/end of pregnancy? (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN SIX WEEKS AFTER DELIVERY/PREGNANCY ENDING; 3=DURING BOTH 1 & 2; 8=DON'T KNOW/ REMEMBER) ☐

HIGH BLOOD PRESSURE DURING PREGNANCY

- 4.14 Did you have unusual swelling of the feet, face and hands while pregnant? (N/Y/D) ☐
[IF "N" OR "D" SKIP TO Q4.16]
- 4.15 When did you begin to experience this swelling? ☐
1= BEFORE 5TH MONTH OF PREGNANCY; 2= AFTER 5TH MONTH; 3 = THROUGHOUT PREGNANCY

- 4.16 Were you diagnosed to have high blood pressure during pregnancy? (N/Y/D) [IF "N" OR "D" SKIP TO Q4.18] ☐
- 4.17 Did you have this problem before you became pregnant? (N/Y/D) ☐
- 4.18 Did you have convulsions/fits that never occurred before pregnancy? (N/Y/D) [IF "N" OR "D" SKIP TO Q4.20] ☐
- 4.19 Je, ulipata haya matetemeko lini? (N/Y/D) ☐
 FW: RECORD ANSWER FOR EACH PERIOD, DURING PREGNANCY ☐
 DURING LABOUR ☐
 MULTIPLE RESONSES ARE POSSIBLE AFTER DELIVERY/END OF PREGNANCY ☐
- 4.20 Did you have severe headaches during pregnancy or within six weeks after delivery/end of pregnancy?
 (0=NO; 1=YES; DURING PREGNANCY; 2=YES, WITHIN 6 WEEKS AFTER DELIVERY/PREGNANCY ENDING;
 3=DURING BOTH 1 & 2; 8=DON'T REMEMBER) ☐

VAGINAL BLEEDING

- 4.21 Did you have painless vaginal bleeding that was recurrent but in small tricle at any time during pregnancy?
 (N/Y/D) ☐
- 4.22 Did you have vaginal bleeding that was preceded by a sudden and severe pain in the lower abdomen? ☐
- 4.23 Did you have heavy vaginal bleeding after delivery/end of pregnancy? ☐

[CHECK 2.2: IF ANSWER IS "MIS" or "ABT", SKIP TO 4.32]

SPECIFIC PROBLEMS DURING LABOR AND AFTERWARDS

- 4.24 Was the delivery/end of pregnancy preceded by labor pains? (N/Y) [IF "N", SKIP TO 4.27] ☐
- 4.25 Was the labor induced or did it occur spontaneously?
 (1=SPONTANEOUS; 2=INDUCED; 8=DON'T KNOW/REMEMBER) ☐
- 4.26 Approximately how many hours did the labor last? (98=DON'T KNOW/REMEMBER)
- 4.27 TRANSFER ANSWER IN 2.12 ☐
 [IF ANSWER IS 3 (CAESAREAN, SKIP TO 4.30)]
- 4.28 Was delivery followed by the placenta (after birth)? (N/Y/D) ☐
- 4.29 How long after delivery did the placenta (after birth) come out?
 (1=WITHIN 1 HOUR; 2=MORE THAN 1 HOUR; 8=DON'T KNOW/REMEMBER) ☐
- 4.30 Women normally have a dark-brownish vaginal discharge (lochia) for a few days after delivery. For the
 period you had this discharge, did it ever develop a bad/unusual smell? (N/Y/D) ☐
- 4.31 Some women fail to control urine and/or stool after delivery. Did you experience such problem?
 (0=NO; 1=YES (URINE); 2= YES (STOOL); 3=YES (BOTH); 8=DON'T REMEMBER) ☐
- 4.32 Some women experience unusual change in their emotions and mood following delivery/end of
 pregnancy; did you have such symptoms? (N/Y/D) ☐
- 4.33 Did you experience any other serious health problems during pregnancy, labor, or after delivery/end
 of pregnancy? (N/Y/D) [IF "N" OR "D" SKIP TO Q4.35] ☐

- 4.34 What were the other most serious health problems you experienced? FW: LIST 3 MOST SERIOUS BELOW

A

 B

 C

ANTE-NATAL CARE

4.35 Did you attend antenatal care during pregnancy? (N=NO; Y=YES) **[IF N, SKIP TO Q4.37]** ☐

4.36 Did you have an antenatal card or booklet? (0=NO; 1=YES, SEEN; 2=YES, BUT NOT AVAILABLE) ☐

IF "1" (YES, SEEN) IN 4.36, CHECK IF SERVICES IN 4.37 TO 4.42 WERE GIVEN AND RECORD 1, OTHERWISE ASK THE QUESTION AND RECORD APPROPRIATE RESPONSES IN THE BOXES PROVIDED. CODES FOR THESE QUESTIONS ARE: (0=NO; 1=YES, SEEN FROM CARD; 2=YES, FROM RECALL; 8=DK/DR)

4.37 TETANUS TOXOID (TT) VACCINATION: Did you get tetanus toxoid (TT) vaccination during pregnancy? ☐

[IF "0" SKIP TO 4.39)

4.38 NUMBER OF TT DOSES: How many doses of TT were you given during pregnancy? ☐

4.39 IRON/FOLIC ACID SUPPLEMENTATION: Did you get iron/folic acid supplementation during pregnancy? ☐

4.40 VITAMIN CAPSULES: Did you get vitamin capsules during pregnancy? ☐

4.41 SYPHILIS TEST (VDRL/PCR): Did you undergo syphilis test (VDRL/PCR) ☐

4.42 PRESUMPTIVE TREATMENT FOR MALARIA: Did you receive presumptive treatment for malaria during pregnancy? ☐

5.0 OTHER INTERVIEW DETAILS

5.1 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) ☐

5.2 RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW, THE CHILD OR PREGNANCY

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5.3 END TIME

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6.0 OFFICE/FIELD CHECK DETAILS

6.1 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

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6.2 DATA ENTRY CLERK'S CODE

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