KLE University's JNMC & SNMC		wborn Health Reg AL - FOLLOW-UI	-	M		MN	103 (Sup	plemer	ntal)
Page 1 of 5	SUBJECT ID:	_ _	II			Vers	sion 6	2013/0	7/26
This form covers events that may have oc If the mother was not alive at the tim			n (and	MN02 S	uppleme	ental Peri	inatal Fo	rm).	
A. COMMUNITY TREATMENT (Materna	I)	6. When did the n	ew hea	alth prol	olem(s)	first dev	elop?		
1. MgSO4 injection received		(Check all that ap		•	, ,		·		
1 Yes 2 No 3 DK (No/DI	K, <mark>skip to 4</mark>)	1 Before disch	narge f	or delive	ery adm	ission →	Comple	te Sect	ion C.1
2. Infection at injection site 1 Ye	es 2 No 3 DK	2 After discha				sion or if	f no deliv	ery adm	nission
3. Haematoma at injection site 1 Ye	es 2 No 3 DK	occurred → Comp	nete S	ection	C.Z				
4. CPR received 1 Yes 2 No	3 DK 4 NA	Section C.1							
B. CARE SEEKING for other than routi	ne postnatal care	Last facility wh Facility name				-			
1. Care sought at PHC		2. Mother dischar				10 _	_	II	
1 Yes 2 No 3 DK (No/DK	(, <mark>skip to 3</mark>)	1 Yes	geu an	ve					
2. Number of PHC visits _		2 No → Com	olete (CLIP M	VA/SA	after co	mpletin	g this f	orm
3. Care sought at facility higher than PHC		3 NA/currently	/ admit	ted (<mark>Sk</mark>	ip to 4)			
1 Yes 2 No 3 DK (No/DI	K, skip to <mark>Section C</mark>)	3. Date of matern	al disc	harge/d	eath _	_ - -	_ _ - _	_ _ _	II
4. Number of visits to facility/facilities hig	her than PHC	TS DIV mount on as	4				m m	у у	у у
5. Admission to facility higher than PHC		If DK, number of	•	•	•		а		
1 Yes 2 No 3 DK (No/Di	K, skip to <mark>Section C</mark>)	4. Arrived at this					IZ.		
6. Total N overnight stays in facilities high	ner than PHC _ days	1 Community			_		K		
C. FACILITY PRESENTATION AND TRE	ATMENT (Maternal)	5. Mother suffered		•	_	ury			
1. Mother delivered in facility higher than		6. Reasons for sec				d proble	m(s) on	arrival a	t final
1 Yes 2 No (If no, skip to 4)	facility. (Please ar					111(3) 011	aiiivai a	it <u>iiiiai</u>
2. Mother still in facility at the time of MN				6A.	Reason	for	6B.	Present	t on
1 Yes 2 No 3 DK (If no /	DK, skip to 4)				eking ca			val at fac	
3. Date of maternal discharge/death $\left \underline{} \right _{a}$	- _ - _ _ _	a Labour pains		Yes	No	DK 3	Yes	No	DK
If DK/not yet discharged, Number of d	, , , ,	a. Labour pains b. Prolonged labo	our	1	2	3	1	2	3
4. Mother identified as having any new he	, , ,	c. Ruptured	Jui	1	2	3	1	2	3
since completion of MN02	cutti problem that developed	membranes				''	''		''
1 Yes 2 No 3 DK (If no/	DK, skip to <mark>Section E</mark>)	d. Eclampsia wai		1	2	3	1	2	3
5. Mother delivered in the community		symptoms (No/skip to e)	DK,						
1 Yes 2 No (If yes, skip to Se	ction C.2)	i. Headache		1	2	3	1	2	3
		ii. Visual		1	2	3	1	2	3

University of Brit KLE University's								1	MN03 (Supplemental)				
Page 2 of 5				SU	ВЈЕСТ	ID: _			V	Version 6 2013/07/26			
This form covers event If the mother was no								02 Perinatal Form (and MN02 Supp ions F and G .	olemental I	Perinatal Form	1).		
disturbance] [:	1 Yes 2 No 3 DK (No/DK, <mark>s</mark>	kip to 21)			
	_	Reason eking ca	_		Presentival at finding			18. Received MgSO4 by IM injectio		(skin to 21)			
	Yes	No	DK	Yes	No	DK		19. Infection at injection site	1 Yes		3 DK		
iii. Chest pain	1	2	3	1	2	3		20. Haematoma at injection site	1 Yes		3 DK		
iv. Shortness of breath	1	2	3	1	2	3		21. Received methyldopa		s 2 No	3 DK 3 DK		
v. Abdominal pain	1	2	3	1	2	3		, .					
vi. Vaginal	1	2	3	1	2	3		22. Received other antihypertensiv		-	0 3 <u> </u>		
bleeding								23. Received any of the following li (Please answer yes/no/DK to each		nterventions.			
e. Any other maternal health	1	2	3	1	2	3		(Trease answer yes/no/bit to <u>each</u>	Yes	No	DK		
problems								a. CPR	1	2	3		
f. Reduced or no	1	2	3	1	2	3		b. Mechanical ventilation	1	2	3		
fetal movements	1	2	3	1	2	3		c. Dialysis	1	2	3		
g. Other		2	ا_ا	_ 1	2	3		d. Anti-shock garment	1	2	3		
Signs on arrival at this	•							e. Bimanual uterine compression f. Brace sutures	1	2	3		
7. Systolic BP _		lg (999)			ot availa			g. Internal iliac artery ligation/	1	2	3		
8. Diastolic BP _	mml	lg (999)		1 N	ot availa	able		devascularisation procedure	-11	_''	-11		
9. HR _ 10. RR _	•	s per m ons per		1 N 1 N	ot availa			Complete Section C.2 if another health problem developed after discharge for the delivery admission. If not, skip to Section D.					
11. Oxygen saturation		%		1 N	ot availa	able	<u> </u>	Section C.2					
12. Urine protein 1 3 1+ 4 2+ 5	None 3+	2 6		7 <u> </u>	K/ Not o	done		1. Mother admitted to a facility higher than PHC for this problem? 1 Yes 2 No 3 DK (If no/DK, skip to Section D)					
During her stay at this	facility						:	2. Date left community _ - - -					
13. sBP <110 mmHg a	at any tin	ne 1 _	_ Yes	2 No	3	DK		d d m m y y y y 3. Time left community _ hours minutes					
14. sBP ≥160 mmHg a	t any tim	e 1 _	_ Yes	2 No	3	DK		4. Date of admission _ - _ - _ - _					
15. Leukocyte count h i	ighest _	_ _ _	_	x10 ⁶ /L 1	DK/I	_ DK/Not done 4. Date of admission _ - - - - - - - - - - - - - - - -							
16. Leukocyte count lo	west _	_ _	_	x10 ⁶ /L 1 _	DK/i	Not done		5. Time of admission hou	rs _	minutes			
17. Received MgSO4							6. Last facility name ID _						

University of British Columbia KLE University's JNMC & SNMC	Maternal Newborn Health Registry SUPPLEMENTAL - FOLLOW-UP FORM	MN03 (Supplemental)
Page 3 of 5	SUBJECT ID:	Version 6 2013/07/26
This form covers events that may have or	ccurred since completion of the MN02 Perinatal Form (and MN02 Supplement	tal Perinatal Form).

This form covers events that may have occurred since completion of the MN02 Perinatal Form (and MN02 Supplemental Perinatal Form). If the mother was not alive at the time of MN02, complete only Sections F and G.

							•	
7. Mother discharged a	ıliv	e						
1 Yes								
2 No → Complete	CL	.IP M V	/A/SA	after co	on	npleting	this fo	orm .
3 NA/currently adm	nitt	:ed (<mark>Sk</mark>	ip to 9)				
8. Date of maternal discharge/death _ - _ _								
If DK, Number of days	st	ayed ir	າ facility	/	_	d		
9. Arrived at this facilit		-						
10. Mother suffered tra	ากร	port-re	lated in	ijury				
1 Yes 2 No	3	3 D!	K					
11. Reasons for seeking care and reported problem(s) on arrival at final facility. (Please answer yes/no/DK for each . Check all that apply.)								
			11A. Reason for seeking care arrival at facilit					· · · · · ·
	i	Yes	No	DK		Yes	No	DK

		Reason			. Presen ival at find find the second contract for th	
	Yes	No	DK	Yes	No	DK
a. Eclampsia warning symptoms (No/DK, skip to b)	1	2	3	1	2	3
i. Headache	1	2	3	1	2	3
ii. Visual disturbance	1	2	3	1	2	3
iii. Chest pain	1	2	3	1	2	3
iv. Shortness of breath	1	2	3	1	2	3
v. Abdominal pain	1	2	3	1	2	3
vi. Vaginal bleeding	1	2	3	1	2	3
b. Any other maternal health problems	1	2	3	1	2	3

e	c <mark>tions F and G</mark> .							
	c. Other 1 2 3 1 2 3							
	Signs on arrival at this facility							
	12. Systolic BP _ mmHg							
	13. Diastolic BP _ mmHg							
	14. HR _ beats per minute 1 Not available							
	15. RR _ respirations per minute 1 Not available							
	16. Oxygen saturation _ % 1 Not available							
	17. Urine protein 1 None 2 Trace							
	3 _ 1+ 4 2+ 5 3+ 6 4+ 7 DK/Not done							
	During her stay at this facility							
18. sBP <110 mmHg at any time 1 Yes 2 No 3 DK								
	19. sBP ≥160 mmHg at any time 1 Yes 2 No 3 DK							
	20. Leukocyte count highest _ _ _ x10 ⁶ /L 1 DK/Not done							
4	21. Leukocyte count lowest x10 ⁶ /L 1 DK/Not done							
4	22. Received MgSO4							
	1 Yes 2 No 3 DK (No/DK, skip to 26)							
	23. Received MgSO4 by IM injection							
4	1 Yes 2 No 3 DK (No/DK, skip to 26)							
	24. Infection at injection site 1 Yes 2 No 3 DK							
	25. Haematoma at injection site 1 Yes 2 No 3 DK							
	26. Received methyldopa 1 Yes 2 No 3 DK							
4	27. Received other antihypertensive(s) 1 Yes 2 No 3 DK							
	28. Received any of the following life-saving interventions. Please answer 'yes', 'no', or 'DK' to each .							
$\left\ \cdot \right\ $	Yes No DK							
	a. CPR 1 _ 2 _ 3 _							

1|__|

3|_

b. Mechanical ventilation

University of British Columbia KLE University's JNMC & SNMC	Maternal Newborn Health Registry SUPPLEMENTAL - FOLLOW-UP FORM	MN03 (Supplemental)
Page 4 of 5	SUBJECT ID: _ _ _	Version 6 2013/07/26

This form covers events that may have occurred since completion of the MN02 Perinatal Form (and MN02 Supplemental Perinatal Form). If the mother was not alive at the time of MN02, complete only Sections F and G.

c. Dialysis	1	2	3
d. Anti-shock garment	1	2	3
	Yes	No	DK
e. Bimanual uterine compression	1	2	3
f. Brace sutures	1	2	3
g. Internal iliac artery ligation/	1	2	3
devascularisation procedure			

D. MATERNAL OUTCOMES

1. Health problems suffered postpartum since completion of MN02. Please answer no/DK/yes to <u>each</u> condition. *If yes to any condition, specify where the health problem occurred*.

	No	DK	Yes →	Where did this outcome occur?		
				Community	On route after PHC	After arrival at last facility
a. Stroke	2	3	1 →	4	5	6
b. Seizure (fits) (No/DK, skip to d)	2	3	1 →	4	5	6
c. Injury related to seizure	2	3	1 →	4	5	6
d. Coma	2	3	1 →	4	5	6
e. Fever (No/DK, <mark>skip to</mark> f)	2	3	1 →	4	5	6
i. Headache <u>and</u> stiff neck	2	3	1 →	4	5	6
ii Cough and shortness of breath	2	3	1 →	4	5	6
iii. Abdominal pain/uterine tenderness	2	3	1 →	4	5	6

iv. Painful urination or flank pain	2	3	1 →	4	5	6
	No	DK	Yes →	Where did	this out	tcome
				Community	On route after PHC	After arrival at last facility
v. Foul smell- ing vaginal discharge	2	3	1 →	4	5	6
f. Failure to form clots	2	3	1 →	4	5	6

E. MATERNAL FUNCTIONAL DISABILITY

If the mother has died, skip to Section F.

1. <u>Earliest time</u> at which mother was able to complete the listed tasks after delivery. (Please check **most applicable** box.)

	NA*	With	Within the following period of time after birth								
		3d	7d	14d	2wk	4wk	6wk	able			
a. Baby care	1	2	3	4	5	6	7	8			
b. Walk about home	1	2	3	4	5	6	7	8			
Ask following questions only if support not available or must work											
c. Wash baby's clothes	1	2	3	4	5	6	7	8			
d. Prepare meals	1	2	3	4	5	6	7	8			
e. Clean house	1	2	3	4	5	6	7	8			
f. Get water	1	2	3	4	5	6	7	8			
g. Work in fields	1	2	3	4	5	6	7	8			
h. Go to market	1	2	3	4	5	6	7	8			
i. Return to	1	2	3	4	5	6	7	8			

University of British Co KLE University's JNMC		S		ewborn Health Registry FAL - FOLLOW-UP FORM	MN03 (Supplemental)				
Page 5 of 5		SUB	JECT ID:	_ _	Version 6 2013/07/26				
This form covers events that r If the mother was not alive				MN02 Perinatal Form (and MN02 Supplement	tal Perinatal Form).				
work or paid employment * NA may include because ba	by has died.			8. Facility name ID _ _ 9. Date of admission _ - - - _					
F. NEWBORN OUTCOMES fo			tion of MN02	10. Newborn discharged alive 1 \					
• • • • • • • • • • • • • • • • • • • •	s 2 No :			2 No → Complete CLIP P VA/SA aft					
(If yes, complete Sections	F and G only	for twin usin	g ID ending	3 NA/currently admitted (skip to Sec	tion G)				
in 2, for triplets 3.)2. Newborn alive when MN02	completed			11. Date of newborn discharge/death _ - _ - _ _					
1 Yes 2 No (If no, s	•	n <mark>G</mark>)		d d m m y y y y If DK, Number of days stayed in facility _ d					
3. Newborn still in hospital wh	en MN02 com	pleted		, , ,					
1 Yes 2 No 3	Not applicable	(If no, skip	to 5)	G. FORM COMPLETION					
4. Date of newborn discharge/		- - _	 	1. Date visit completed: _ - - - d d mm y y y y					
If DK/not yet discharged, N	Number of day	•		2. Name of person completing form:					
5. Newborn had any health pr	oblems since o	completion of N	1N02	a. ID:					
1 Yes 2 No → <mark>Skip t</mark>	to Section G.			b. <i>If applicable</i> , Code of BA reporting birth	n:				
6. Newborn health problems a each .)	fter MN02. (Pl	ease indicate y	es/no/DK for	3. Location of data collection 1 Home 2 Health Center 3 Ho	ospital				
	Yes	No	DK						
a. Breathing problems	1	2	3						
b. Feeding problems	1	2	3						
c. Lethargy	1	2	3						
d. Coma	1	2	3						
e. Seizure (fits)	1	2	3						
f. Fever (>38°C)	1	2	3						
g. Umbilical stump infection	1	2	3						
h. Skin infection	1	2	3						
i. Jaundice	1	2	3						

j. Diarrhea/vomiting

k. Bleeding

1|__|

1|__|

7. Newborn admitted to facility for new health problems after MN02 1 | Yes 2 | No 3 | DK (If no/DK, skip to Section G)

2|__|

2|__|

3|_

3|__|