



University of British Columbia KLE University's JNMC & SNMC	Maternal Newborn Health Registry SUPPLEMENTAL - FOLLOW-UP FORM	MN03 (Supplemental)
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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.**

disturbance						
	6A. Reason for seeking care			6B. Present on arrival at final facility		
	Yes	No	DK	Yes	No	DK
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 __
e. Any other maternal health problems	1 __	2 __	3 __	1 __	2 __	3 __
f. Reduced or no fetal movements	1 __	2 __	3 __	1 __	2 __	3 __
g. Other	1 __	2 __	3 __	1 __	2 __	3 __

#### Signs on arrival at **this** facility

7. Systolic BP  __ __ __  mmHg (999)	1 __  Not available
8. Diastolic BP  __ __ __  mmHg (999)	1 __  Not available
9. HR  __ __ __  beats per minute	1 __  Not available
10. RR  __ __  respirations per minute	1 __  Not available
11. Oxygen saturation  __ __ __ %	1 __  Not available
12. Urine protein 1 __  None 2 __  Trace 3 __  1+ 4 __  2+ 5 __  3+ 6 __  4+ 7 __  DK/ Not done	

#### During her stay at **this** facility

13. sBP <110 mmHg at any time	1 __  Yes	2 __  No	3 __  DK
14. sBP ≥160 mmHg at any time	1 __  Yes	2 __  No	3 __  DK
15. Leukocyte count <b>highest</b>  __ __ __ __  x10 <sup>6</sup> /L	1 __  DK/Not done		
16. Leukocyte count <b>lowest</b>  __ __ __ __  x10 <sup>6</sup> /L	1 __  DK/Not done		
17. Received MgSO <sub>4</sub>			

1|\_\_| Yes 2|\_\_| No 3|\_\_| DK (No/DK, skip to 21)

18. Received MgSO<sub>4</sub> by IM injection

1|\_\_| Yes 2|\_\_| No 3|\_\_| DK (No/DK, skip to 21)

19. Infection at injection site 1|\_\_| Yes 2|\_\_| No 3|\_\_| DK

20. Haematoma at injection site 1|\_\_| Yes 2|\_\_| No 3|\_\_| DK

21. Received methyldopa 1|\_\_| Yes 2|\_\_| No 3|\_\_| DK

22. Received other antihypertensive(s) 1|\_\_| Yes 2|\_\_| No 3|\_\_| DK

23. Received any of the following life-saving interventions.

(Please answer yes/no/DK to **each.**)

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

**Complete Section C.2 if another health problem developed after discharge for the delivery admission. If not, skip to Section D.**

#### Section C.2

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)

2. Date left community |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

3. Time left community |\_\_|\_\_| hours |\_\_|\_\_| minutes

4. Date of admission |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

5. Time of admission |\_\_|\_\_| hours |\_\_|\_\_| minutes

6. Last facility name \_\_\_\_\_ ID |\_\_|\_\_|\_\_|\_\_|

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7. Mother discharged alive

1|\_\_| Yes

2|\_\_| No → **Complete CLIP M VA/SA after completing this form**

3|\_\_| NA/currently admitted (**Skip to 9**)

8. Date of maternal discharge/death

|\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

d d

m m

y y y y

If DK, Number of days stayed in facility |\_\_|\_\_| d

9. Arrived at this facility directly from which location

1|\_\_| Community

2|\_\_| Other facility

3|\_\_| DK

10. Mother suffered transport-related injury

1|\_\_| Yes

2|\_\_| No

3|\_\_| DK

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			11B. Present on arrival at final facility		
	Yes	No	DK	Yes	No	DK
a. Eclampsia warning symptoms ( <b>No/DK, skip to b</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 __

c. Other

1|\_\_|

2|\_\_|

3|\_\_|

1|\_\_|

2|\_\_|

3|\_\_|

Signs on arrival at **this** facility

12. Systolic BP

|\_\_|\_\_|\_\_| mmHg

1|\_\_| Not available

13. Diastolic BP

|\_\_|\_\_|\_\_| mmHg

1|\_\_| Not available

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<sup>6</sup>/L

1|\_\_| DK/Not done

21. Leukocyte count **lowest**

|\_\_|\_\_|\_\_|\_\_|\_\_| x10<sup>6</sup>/L

1|\_\_| DK/Not done

22. Received MgSO4

1|\_\_| Yes

2|\_\_| No

3|\_\_| DK (**No/DK, skip to 26**)

23. Received MgSO4 by IM injection

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

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**.

	Yes	No	DK
a. CPR	1 __	2 __	3 __
b. Mechanical ventilation	1 __	2 __	3 __

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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/ devascularisation procedure	1 __	2 __	3 __

#### D. MATERNAL OUTCOMES

1. Health problems suffered postpartum since completion of MN02.  
Please answer no/DK/yes to **each** 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, skip to f)	2 __	3 __	1 __ →	4 __	5 __	6 __
i. Headache <b>and</b> stiff neck	2 __	3 __	1 __ →	4 __	5 __	6 __
ii Cough <b>and</b> 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 outcome occur?		
				Community	On route after PHC	After arrival at last facility
v. Foul smelling 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. **Earliest time** at which mother was able to complete the listed tasks after delivery. (Please check **most applicable** box.)

	NA*	Within the following period of time after birth						Not yet able
		3d	7d	14d	2wk	4wk	6wk	
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 <b>only</b> 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 __

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**If the mother was not alive at the time of MN02, complete only Sections F and G.**

work or paid employment								
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\* NA may include because baby has died.

#### F. NEWBORN OUTCOMES for live births since completion of MN02

1. Multiple birth 1|\_\_| Yes 2|\_\_| No 3|\_\_| DK  
(If yes, complete Sections F and G only for twin using ID ending in 2, for triplets 3.)

2. Newborn alive when MN02 completed  
1|\_\_| Yes 2|\_\_| No (If no, skip to Section G)

3. Newborn still in hospital when MN02 completed  
1|\_\_| Yes 2|\_\_| No 3|\_\_| Not applicable (If no, skip to 5)

4. Date of newborn discharge/death |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

If DK/not yet discharged, Number of days stayed in facility |\_\_|\_\_| d

5. Newborn had any health problems since completion of MN02  
1|\_\_| Yes 2|\_\_| No → Skip to Section G.

6. Newborn health problems after MN02. (Please indicate yes/no/DK for each.)

	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	1 __	2 __	3 __
k. Bleeding	1 __	2 __	3 __

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

8. Facility name \_\_\_\_\_ ID |\_\_|\_\_|\_\_|\_\_|

9. Date of admission |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

10. Newborn discharged alive 1|\_\_| Yes  
2|\_\_| No → Complete CLIP P VA/SA after completing this form  
3|\_\_| NA/currently admitted (skip to Section G)

11. Date of newborn discharge/death |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

If DK, Number of days stayed in facility |\_\_|\_\_| d

#### G. FORM COMPLETION

1. Date visit completed: |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
d d m m y y y y

2. Name of person completing form: \_\_\_\_\_

a. ID: |\_\_|\_\_|\_\_|\_\_|

b. If applicable, Code of BA reporting birth: |\_\_|\_\_|\_\_|\_\_|

3. Location of data collection

1|\_\_| Home 2|\_\_| Health Center 3|\_\_| Hospital