**Department of Obstetrics and Gynaecology**

**Federal Teaching Hospital Gombe. Gombe State, Nigeria**

**HEALTHCARE ACCESSIBILITY AND STILLBIRTH REVIEW**

**Instructions:** Fill in this form for every stillbirth and the selected controls within one week of delivery.

**Participant ID:** |\_\_|\_\_|\_\_|\_\_|

Stillbirth **(Case)** *Yes* |\_\_|

Live birth (**Contro**l) *Yes* |\_\_|

Date of delivery: |\_\_|\_\_|/|\_\_|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|

Date of completing questionnaire: |\_\_|\_\_|/|\_\_|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|

# Section 1: Maternal Social and Demographic information

1. Mother’s Age (years): |\_\_|\_\_|
2. Date of birth: |\_\_|\_\_|/|\_\_|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|
3. Mother’s Level of Education: None |\_\_| Primary |\_\_| Secondary |\_\_| Tertiary |\_\_|
4. Mother’s Ethnicity: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|
5. Mother’s Occupation: Unemployed |\_\_| Informal Employment |\_\_| Formal Employment |\_\_|
6. Partner’s Occupation: Unemployed |\_\_| Informal Employment |\_\_| Formal Employment |\_\_|
7. Partner’s Level of Education: None |\_\_| Primary |\_\_| Secondary |\_\_| Tertiary |\_\_|

# Section 2: Pregnancy and Obstetric information

1. Parity (number of times she has given birth): |\_\_|\_\_|
2. Booking status: Unbooked |\_\_| Booked elsewhere |\_\_| Booked in this facility |\_\_|
3. If booked (elsewhere or in this facility), number of Antenatal visits: |\_\_|\_\_|

# Section 3: Referral Information and mode of transport to this facility

1. Was this mother referred from another facility? Yes |\_\_| No |\_\_|
2. If yes, from which type of facility: Primary facility |\_\_| Secondary facility |\_\_| Tertiary facility |\_\_| Private facility |\_\_|
3. Mode of transportation on day of delivery: Ambulance |\_\_| Commercial transport |\_\_| Motorcycle |\_\_| Personal or family vehicle |\_\_|

# Section 4: Baby’s Condition

1. Weight of the baby (in grams): |\_\_|\_\_|\_\_|\_\_|
2. Sex: Female |\_\_| Male |\_\_|
3. **For stillborn babies**, condition at Birth: Fresh Stillbirth (Intrapartum) |\_\_| Macerated Stillbirth (Antepartum) |\_\_|

# Section 5: Mother’s address and travel time

1. Mother’s address (please limit to suburbs if within Gombe City and to town-level if mother reside outside Gombe City: |\_\_|\_\_ |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|
2. Latitude of address from OpenStreetMap: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|
3. Longitude of address from OpenStreetMap: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

 **Form Completed by**:

Name: …………………….……………. Sign: ………………………… Date: |\_\_|\_\_|/|\_\_|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|