

Oxford University - Global Voices for Maternal Health

PROGRAMMING NOTES FOR ALL SURVEYS

“We want your answers to be your own and not influenced by the opinions of others so once you have started completing the survey, please try to avoid talking to other people about the questions or answers.

After answering some initial questions about you and your place of work, each survey should take around 10 minutes to complete.

All the questions are asking for your **opinion**, based on your experience. We do not expect you to know precise numbers of women receiving certain treatments – all we need is an estimate, to the best of your knowledge.

Many of the questions will ask you to identify the factors that prevent particular treatments from being used in your facility from a list of possible options. These will appear in a drop-down list and are arranged in categories, for example ‘Drugs and Equipment’ and ‘Human Resources’. We know that there are many factors, often beyond the control of individuals, that affect what services you are able to provide. We also realise than more than three may be true, but we want you to decide on the **three most important**, in order of importance, so please think carefully about this before selecting your answers”

Thank you for taking part in Global Voices for Maternal Health!”

Survey 1 - Participant and Facility Information

Part 1: Participant and Facility Information

In this survey, we will cover general questions about yourself, the facility in which you work, and the antenatal care provided at your facility.

If you work in more than one facility, please answer these questions based on the facility where you spend the most time.

1. Which country do you work in?

[DROP-DOWN BOX –SEE SEPARATE LIST OF COUNTRIES
ADD “Other (please specify –max 100 characters) [CHARACTER LIMIT 100]”]

2. Which state/province is your facility located in?

Please type in the box below (max 100 characters).

[OPEN TEXT BOX - CHARACTER LIMIT 100]

3. What is the name of your facility?

Please type in the box below (max 100 characters).

[OPEN TEXT BOX - CHARACTER LIMIT 100]

4. How would you describe your facility’s location?

Urban

Semi-urban

Rural

5. What type of facility is it?

Primary

Secondary

Tertiary/referral

Other

6. How is the facility administered?

Please select all that apply.

Public/state funded

Private

Charitable/missionary

Other

7. Is it a teaching facility?

Yes

No

8. What was the approximate number of deliveries in this facility last year (2009)?

Please provide your best estimate in the box below.

[OPEN NUMERIC BOX - RANGE 0 – 20,000]

9. What was the approximate number of maternal deaths in this facility last year (2009)?

Please provide your best estimate in the box below.

[OPEN NUMERIC BOX - RANGE 0 – 200]

10. What is your professional role within the facility?

Trainee nurse

Nurse

Nurse anaesthetist

Trainee midwife

Midwife

Clinical officer

Student doctor

Primary care doctor

Obstetrician/gynaecologist

Doctor (other specialty)

Anaesthetist

Other (please specify –max 100 characters) [CHARACTER LIMIT 100]

11. How many years have passed since you qualified/graduated?

Please enter the number of years since qualification rounded to the nearest whole year in the box below.

[OPEN NUMERIC BOX - RANGE 0 – 60] years

[CHECK BOX] I have not yet graduated/qualified

12. What is your age?

Please enter your age in the box below.

[OPEN NUMERIC BOX - RANGE 16-90] years

13. What is your gender?

Male

Female

14. Have you ever trained or practised in a developed country?

Yes

No

[IF Q14 = YES, SHOW Q15, ELSE SKIP TO Q18]

15. In which country did you train or practise for the longest period of time?

The USA

Canada

Australia

Japan

Europe

Other (please specify –max 100 characters) [CHARACTER LIMIT 100]

16. For approximately how long did you train or practise in [INSERT ANSWER FROM Q15]?

Please input the years/months in the boxes below.

[OPEN NUMERIC BOX - RANGE 0 – 60] years [OPEN NUMERIC BOX - RANGE 0 – 11] months

17. DELETED

18. Please rate the availability of these **basic** services in your facility, 0 being never available and 10 being always available.

Clean water supply

Sanitation facilities

Electricity

Refrigerator

Telephone or radio transmitter

Internet

Incinerator

Ambulance

19. Please rate the availability of these **general medical** services in your facility, 0 being never available and 10 being always available.

Basic supplies for clean delivery

Equipment sterilisation

Biomedical/clinical laboratory

Safe blood

General anaesthesia equipment

20. Please rate the availability of these **emergency obstetric care** services in your facility, 0 being never available and 10 being always available.

IV antibiotics
IV uterotonics e.g. oxytocin
Injectible anticonvulsants for eclampsia and pre-eclampsia
Assisted vaginal delivery (forceps/vacuum)
Removal of retained products of conception
Blood transfusion service
Caesarean section

21. Please rate the availability of staff for maternal care in your facility, 0 being never available and 10 being always available.

Paramedics
Assistant nurses
Qualified nurses
Nurse anaesthesiologists
Assistant midwives
Qualified midwives
Medical students
General primary care doctors
Clinical officers
OB/GYN specialists
Anaesthesiologists

21a. Have you ever used checklists in your health facility to help improve clinical care provided to mother and/or newborn?

No
Yes – in the past
Yes – at present

[IF Q21a = EITHER OF THE YES OPTIONS, GO TO Q21b; IF NO GO TO Q21d]

21b. Which period of care did the checklist apply to?
Please select all that apply.

Antenatal care (before labor)
On admission to labour ward
Intrapartum care
Procedures done in an operating theatre
Postpartum or postnatal care before discharge
At the time of discharge
Postpartum or postnatal care after discharge
Disease-specific (e.g. HIV or PPH)
Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]
I don't know

21c. How would you describe the checklist?

A check to be sure that an action has already been completed

A guide through the steps of an algorithm in order to perform a particular task

A list that serves as a reminder of specific criteria (e.g. criteria for referral)

Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]

21d. On a scale of 0 to 10, would incorporating checklists of clinical standards of care at childbirth improve maternal outcomes in your facility, 0 being not at all helpful and 10 being extremely helpful?

0 Not at all

1

2

3

4

5

6

7

8

9

10 Extremely helpful

[END OF SURVEY 1]

Survey 2 - Antenatal Care (ANC)

21e. Does your facility have an antenatal care service?

- Yes
- No

[If Q21e =YES, SHOW Q22, ELSE SKIP TO END OF SURVEY 2]

22. On average, how many antenatal appointments do low-risk women visiting your facility attend during their pregnancy?

Please provide your best estimate in the box below.

[OPEN NUMERIC BOX - RANGE 0 – 20] visits

23. Out of 10 women delivering at your facility, how many attend antenatal care in the first trimester?

24. Please choose 3 factors that you think stop women attending the recommended number of antenatal appointments and rank them in order of importance, 1 being the most important factor. Please select 3 factors from the list **in order of importance**.

cost-related factors

distance/transport related factors

lack of awareness of the importance of regular antenatal care

cultural/social/religious/personal factors

long waiting times/difficulties in getting appointments

dissatisfaction with the services provided

other reason (please specify in the box – max 60 characters) [CHARACTER LIMIT 60]

24a. Are ultrasound facilities for antenatal care routinely available in your facility?

- Yes
- No

[IF Q24a = YES, ASK Q24b, ELSE SKIP TO Q25]

24b. For which indication is ultrasound used?

Please select all that apply.

Gestational age estimation

Detection of fetal abnormalities

Fetal growth monitoring

25. At the first antenatal visit, are the following activities routinely performed in your facility?

Please select Yes or No for each row.

ROWS

General clinical examination

Haemoglobin test

Obstetric examination (gestational-age estimation)

Gynaecological examination

Blood pressure measurement

Maternal weight/height measurement

Syphilis test

Detection of symptomatic sexually transmitted diseases

Urine test

Check blood type and rhesus status

Provide tetanus vaccine

Provide iron/folic acid supplementation if clinically indicated

Explain procedure for emergencies, and provide contact details

Complete antenatal record card

COLUMNS

Yes

No

26. At the second and all subsequent antenatal visits, are the following activities routinely performed in your facility?

Please select Yes or No for each row.

ROWS

Clinical examination for anaemia

Obstetric examination: gestational-age estimation, uterine height, fetal heart rate

Blood pressure measurement

Maternal weight/height measurement for women with low weight at first visit

Urine test for protein

Provide iron/folic acid supplementation if clinically indicated

Explain procedure for emergencies, and provide contact details

Complete antenatal record card

COLUMNS

Yes

No

27. For antenatal appointments after 30 weeks, are the following activities routinely performed in your facility?

Please select Yes or No for each row.

ROWS

Haemoglobin test

Tetanus vaccine (second dose)

Instructions for labour and delivery

Recommendations for breastfeeding

Recommendations for contraception

COLUMNS

Yes

No

28. For antenatal appointments around 38 weeks, are the following activities performed in your facility?

Please select Yes or No for each row.

ROWS

Detection of breech presentation and referral for external version

Complete antenatal record card and recommend it be brought to hospital for delivery

COLUMNS

Yes

No

[IF "YES" FOR ALL ITEMS IN Q25, 26, 27 AND 28, SKIP TO END OF SURVEY 2, ELSE SHOW Q29 AND Q30]

29. Below are a list of antenatal care activities from the previous questions that you indicated are not routinely performed in your facility. Please select ONE activity that, in your opinion, should be the highest priority for implementation in your facility.

[SHOW ONLY ITEMS FOR WHICH "NO" WAS SELECTED IN Q25, 26, 27, AND 28

AS SOME ITEMS ARE REPEATED IN THE QUESTIONS, NEED TO DISPLAY AS UNIQUE

E.G., Haemoglobin test – 30 week antenatal appointment VS. Haemoglobin test – first antenatal visit

FULL LIST:

General clinical examination

Haemoglobin test – first antenatal visit

Obstetric examination (gestational-age estimation) – first antenatal visit

Gynaecological examination

Blood pressure measurement – first antenatal visit
Maternal weight/height measurement
Syphilis test
Detection of symptomatic sexually transmitted diseases
Urine test – first antenatal visit
Check blood type and rhesus status
Provide tetanus vaccine
Provide iron/folic acid supplementation if clinically indicated – first antenatal visit
Explain procedure for emergencies, and provide contact details – first antenatal visit
Complete antenatal record card – first antenatal visit
Clinical examination for anaemia
Obstetric examination: gestational-age estimation, uterine height, fetal heart rate – second and all subsequent antenatal visits
Blood pressure measurement – second and all subsequent antenatal visits
Maternal weight/height measurement for women with low weight at first visit
Urine test for protein – second and all subsequent antenatal visits
Provide iron/folic acid supplementation if clinically indicated – second and all subsequent antenatal visits
Explain procedure for emergencies, and provide contact details – second and all subsequent antenatal visits
Complete antenatal record card – second and all subsequent antenatal visits
Haemoglobin test – antenatal appointments after 30 weeks
Tetanus vaccine (second dose)
Instructions for labour and delivery
Recommendations for breastfeeding
Recommendations for contraception
Detection of breech presentation and referral for external version
Complete antenatal record card and recommend it be brought to hospital for delivery

30. What are the 3 most important factors that prevent your facility from routinely providing this antenatal activity?

Please select 3 factors from the list **in order of importance**.

[END OF SURVEY 2]

[RANDOMLY SELECT THE NEXT SURVEY FOR THE PARTICIPANT FROM SURVEY 3, 4, 5, 6 AND 7]

Survey 3 - Postpartum Haemorrhage (PPH)

[ALL QUESTIONS ARE MANDATORY]

The following survey is about the prevention and management of postpartum haemorrhage (PPH) in your facility.

If you work in more than one facility, please answer these questions based on the facility where you spend the most time.

Some questions involve a rating scale from 0 to 10. On this scale, 0 corresponds to NONE and 10 corresponds to ALL.

31. Out of 10, how many women delivering in your facility are given a uterotonic drug within a few minutes of delivery to prevent PPH?

32. In your facility, which of the following uterotonic drugs is most commonly used to prevent PPH?

Injectable Oxytocin

Injectable Ergometrine

Oral Ergometrine

Oral Misoprostol

Combination e.g. syntometrine

Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]

None

33. Out of 10, how many women delivering in your facility are given 10 IU injectable oxytocin within a few minutes of delivery?

[IF Q33 NOT EQUAL TO 10, SHOW Q34, ELSE SKIP TO Q35]

34. What are the 3 most important factors preventing all women being given 10 IU oxytocin within a few minutes of delivery in your facility?

Please select 3 factors from the list **in order of importance**.

35. Is oxytocin on the essential medicines list in your country?

Yes

No

I don't know

36. Have you ever seen clinical practice guidelines for the use of oxytocin to prevent PPH in your facility?

Yes
No

37. Out of 10 deliveries, how many times is the placenta delivered by controlled cord traction in your facility?

[IF Q37 NOT EQUAL TO 10, SHOW Q38, ELSE SKIP TO Q39]

38. What are the 3 most important factors preventing the routine use of controlled cord traction in your facility?

Please select 3 factors from the list **in order of importance**.

39. Out of 10 deliveries, how many times is uterine massage performed after delivery of the placenta in your facility?

[IF Q39 NOT EQUAL TO 10, SHOW Q40, ELSE SKIP TO Q41]

40. What are the 3 most important factors preventing the routine use of uterine massage in your facility?

Please select 3 factors from the list **in order of importance**.

41. Out of 10 women at your facility diagnosed with PPH due to uterine atony (relaxed uterus), in how many cases is oxytocin given as a first-line treatment?

[IF Q41 NOT EQUAL TO 10, SHOW Q42, ELSE SKIP TO Q42a]

42. What are the 3 most important factors preventing the routine use of oxytocin as a first-line treatment for PPH?

Please select 3 factors from the list **in order of importance**.

42a. Are injectable uterotonics always available to treat women with active PPH in your facility?

Yes
No

[IF Q42a = YES, SKIP TO Q45. IF NO SHOW Q43]

43. When injectable uterotonics are not available in your facility, how many women out of 10 with PPH receive oral misoprostol instead?

[IF Q43 NOT EQUAL TO 10, SHOW Q44, ELSE SKIP TO Q45]

44. What are the 3 most important factors preventing the use of oral misoprostol as a treatment for PPH?

Please select 3 factors from the list **in order of importance**.

45. Out of 10 cases of PPH that fail to respond to previous therapies, in how many do you use a uterine balloon tamponade to provide temporary control in your facility?

[IF Q45 NOT EQUAL TO 10, SHOW Q46, ELSE SKIP TO Q47]

46. What are the 3 most important factors preventing the routine use of uterine balloon tamponades as a treatment for PPH?

Please select 3 factors from the list **in order of importance**.

47. Out of 10 cases of PPH that fail to respond to previous measures, in how many will conservative surgical procedures be performed in your facility?

[IF Q47 NOT EQUAL TO 10, SHOW Q48, ELSE SKIP TO Q49]

48. What are the 3 most important factors preventing conservative surgical interventions being performed in your facility?

Please select 3 factors from the list **in order of importance**.

49. Out of 10, how many women diagnosed with severe PPH in your facility are given intravenous fluids?

[IF Q49 NOT EQUAL TO 10, SHOW Q50, ELSE SKIP TO Q51]

50. What are the 3 most important factors preventing all women with severe PPH being given intravenous fluids?

Please select 3 factors from the list **in order of importance**.

51. Is there a blood transfusion service in your facility?

Yes

No

[IF Q51 = YES, SHOW Q52, ELSE SKIP TO Q54]

52. Out of 10, how many women requiring a blood transfusion due to PPH receive one in your facility?

[IF Q52 NOT EQUAL TO 10, SHOW Q53, ELSE SKIP TO Q54]

53. What are the 3 most important factors preventing blood transfusions being performed?

Please select 3 factors from the list **in order of importance**.

[IF Q51 = NO, SHOW Q54, 55, and 56, ELSE SKIP TO Q56a]

54. Out of 10, for how many women requiring blood transfusions due to PPH are you able to provide timely transfer and referral to a hospital that does provide the service?

55. After deciding to refer a woman for a blood transfusion, can you estimate how long it takes for her to reach the nearest facility that provides the service?

Less than 30 minutes

30 minutes to less than 1 hour

1 hour to less than 2 hours

2-4 hours

More than 4 hours

[IF Q54 NOT EQUAL TO 10, SHOW Q56, ELSE SKIP TO Q56a]

56. In your opinion, what are the 3 most important factors preventing timely referral to a higher-level facility?

Please select 3 factors from the list **in order of importance**.

56a. As a healthcare provider, you have a unique insight into the problems that prevent women with postpartum haemorrhage (PPH) from having access to the best possible interventions. You have already identified some of the barriers above.

Now you will have the opportunity to give your opinion on how these can be overcome.

Thinking about the problems you've identified, overall, at what level do you think action needs to be taken to overcome these?

Community

Individual facility

Regional

National

International

56b. Please choose one area which you think should be the top priority in order to improve the overall management of PPH in your facility?

Improve access to drugs/equipment

Increase the number of staff employed

Provide better training for existing staff

Ensure better content and enforcement of medical policy/clinical guidelines

Improve affordability of medical care for women during pregnancy
Address wider social, cultural, educational or religious barriers to women receiving treatment
Improve referral systems
Other, please specify – max 100 characters [OPEN TEXT BOX – 100 CHARACTER LIMIT]

[OPTIONAL]

56c. Do you have any ideas about how to [INSERT ANSWER FROM Q56b] in your facility? We're particularly keen to hear about rapid ways to improve the management of PPH locally. Please be as specific as possible (max 500 characters)

[OPEN TEXT BOX – 500 CHARACTER LIMIT]

[END OF SURVEY 3]

[INCLUDE PASS-BACK INFO FOR COMPLETES]

Survey 4 - Sepsis

The following survey is about the management of sepsis in your facility.

Please note: if you work in more than one facility, please answer these questions based on the facility where you spend the most time.

Some questions involve a rating scale from 0 to 10. On this scale, 0 corresponds to NONE and 10 corresponds to ALL.

56d. Out of 10 deliveries, in how many do birth attendants in your facility observe ALL of the following practices: clean surface for delivery, surgical handwashing before delivery, clean perineum, cutting of the umbilical cord with a sterilised blade, sterilised cord tying, and clean cord care?

[IF Q56d NOT EQUAL TO 10, SHOW Q56e, ELSE SKIP TO Q57]

56e. What are the 3 most important factors preventing these clean delivery practices being routinely observed?

Please select 3 factors from the list **in order of importance**.

57. Out of 10, how many women with sepsis are cared for in a separate room at your facility?

[IF Q57 NOT EQUAL TO 10, SHOW Q58, ELSE SKIP TO Q61]

58. What are the 3 most important factors preventing women with sepsis being cared for in a separate room?

Please select 3 factors from the list **in order of importance**.

59. DELETED

60. DELETED

61. In your facility, which antibiotics are used to treat women with sepsis?

Please select as many as apply.

Ampicillin

Gentamicin

Metronidazole

Cefotaxime

Amoxicillin

Benzympenicillin

Erythromycin

Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]

None

62. Out of 10, how many women with sepsis are given an antibiotic regime until they have been fever-free for 48 hours?

[IF Q62 NOT EQUAL TO 10, SHOW Q63, ELSE SKIP TO Q64]

63. What are the 3 most important factors preventing an antibiotic regime being given to all women with sepsis in your facility?

Please select 3 factors from the list **in order of importance**.

64. Have you ever seen clinical guidelines for the use of antibiotic regimes to treat sepsis in your facility?

Yes

No

65. Have you received satisfactory training in the administration of antibiotic regimes for sepsis?

Yes

No

66. Out of 10, how many women with severe sepsis are given intravenous fluids to prevent dehydration and treat shock?

[IF Q66 NOT EQUAL TO 10, SHOW Q67, ELSE SKIP TO Q68]

67. What are the 3 most important factors preventing all women with severe sepsis being given intravenous fluids?

Please select 3 factors from the list **in order of importance**.

68. Out of 10, for how many women with post-natal sepsis due to suspected retained placenta fragments is digital exploration of the uterus performed?

[IF Q68 NOT EQUAL TO 10, SHOW Q69, ELSE SKIP TO Q70]

69. What are the 3 most important factors preventing digital exploration of the uterus to check for retained placental tissue?

Please select 3 factors from the list **in order of importance**.

70. Out of 10 women who develop general peritonitis, how many receive a laparotomy to drain pus in your facility?

[IF Q70 NOT EQUAL TO 10, SHOW Q71, ELSE SKIP TO Q72]

71. What are the 3 most important factors preventing laparotomies being performed for women who develop general peritonitis in your facility?

Please select 3 factors from the list **in order of importance**.

72. Out of 10 women who develop a necrotic and septic uterus, how many receive a hysterectomy, either at your facility or a referral facility?

[IF Q72 NOT EQUAL TO 10, SHOW Q73, ELSE SKIP TO Q73a]

73. What are the 3 most important factors preventing women with necrotic and septic uteri receiving hysterectomies?

Please select 3 factors from the list **in order of importance**.

73a. As a healthcare provider, you have a unique insight into the problems that prevent women with sepsis from having access to the best possible interventions. You have already identified some of the barriers above.

Now you will have the opportunity to give your opinion on how these can be overcome.

Thinking about the problems you've identified, overall, at what level do you think action needs to be taken to overcome these?

Community
Individual facility
Regional
National
International

73b. Please choose one area which you think should be the top priority in order to improve the overall management of sepsis in your facility?

Improve access to drugs/equipment
Increase the number of staff employed
Provide better training for existing staff
Ensure better content and enforcement of medical policy/clinical guidelines
Improve affordability of medical care for women during pregnancy
Address wider social, cultural, educational or religious barriers to women receiving treatment
Improve referral systems
Other, please specify – max 100 characters [OPEN TEXT BOX – 100 CHARACTER LIMIT]

[OPTIONAL]

73c. Do you have any ideas about how to [INSERT ANSWER FROM Q73b] in your facility? We're particularly keen to hear about rapid ways to improve the management of sepsis locally. Please be as specific as possible (max 500 characters).

[OPEN TEXT BOX – 500 CHARACTER LIMIT]

[END OF SURVEY 4]

Survey 5 - Pre-eclampsia/Eclampsia

The following survey is about the prevention and management of pre-eclampsia /eclampsia in your facility.

Please note: if you work in more than one facility, please answer these questions based on the facility where you spend the most time.

Some questions involve a rating scale from 0 to 10. On this scale, 0 corresponds to NONE and 10 corresponds to ALL.

74. Out of 10, how many women attending your facility in the third trimester have their blood pressure taken?

[IF Q74 NOT EQUAL TO 10, SHOW Q75, ELSE SKIP TO Q76]

75. What are the 3 most important factors preventing blood pressure measurement being a routine activity?

Please select 3 factors from the list **in order of importance**.

76. Out of 10, how many women attending your facility in the third trimester have their urine tested for protein?

[IF Q76 NOT EQUAL TO 10, SHOW Q77, ELSE SKIP TO Q78]

77. What are the 3 most important factors preventing urine testing from being a routine activity?

Please select 3 factors from the list **in order of importance**.

78. Out of 10, how many women coming to your facility with pre-eclampsia/eclampsia get an accurate diagnosis within 2 hours of arriving?

[IF Q78 NOT EQUAL TO 10, SHOW Q79, ELSE SKIP TO Q80]

79. What are the 3 most important factors preventing women with preeclampsia/eclampsia getting an accurate and timely diagnosis?

Please select 3 factors from the list **in order of importance**.

80. In your facility, what is the first line treatment for eclampsia?

Magnesium Sulphate

Diazepam

Phenytoin

Other

None

81. In your facility, what is the first line treatment for severe pre-eclampsia?

Magnesium Sulphate

Diazepam

Phenytoin

Anti-hypertensives

Other

None

82. Out of 10, how many women admitted to your facility with eclampsia are given injectable magnesium sulphate to control fits?

83. Out of 10, how many women admitted to your facility with severe pre-eclampsia are given injectable magnesium sulphate to prevent the onset of fits?

[IF Q82 OR Q83 NOT EQUAL TO 10, SHOW Q84, ELSE SKIP TO Q85]

84. What are the 3 most important factors preventing magnesium sulphate from being given to all women with severe pre-eclampsia/eclampsia in your setting?
Please select 3 factors from the list **in order of importance**.

85. Is magnesium sulphate on the essential medicines list in your country?

Yes

No

I don't know

86. Is magnesium sulphate registered for the treatment of severe pre-eclampsia and/or eclampsia in your country?

Both

Eclampsia only

Pre-eclampsia only

Neither

I don't know

87. Have you ever seen clinical practice guidelines for the use of magnesium sulphate for severe pre-eclampsia and/or eclampsia in your facility?

Both

Eclampsia only

Pre-eclampsia only
Neither

88. Have you ever been trained to administer magnesium sulphate safely and monitor women during the treatment?

Yes
No

89. In your facility, which antihypertensive drug is most commonly used to reduce blood pressure in women with pre-eclampsia/eclampsia?

Hydralazine

Labetolol

Nifedipine

Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]

None

90. Out of 10, how many pre-eclamptic/eclamptic women in your facility with a persistent diastolic blood pressure of 110mmHg or more are given antihypertensive drugs?

[IF Q90 NOT EQUAL TO 10, SHOW Q91, ELSE SKIP TO Q92]

91. What are the 3 most important factors preventing antihypertensives from being to all women with a diastolic blood pressure of 110mmHg or more?

Please select 3 factors from the list **in order of importance**.

92. Out of 10, how many women admitted to your facility with mild to moderate pre-eclampsia over 37 weeks gestation have a Caesarean section or labour induction, either at your facility or a referral facility?

93. Out of 10, how many women admitted to your facility with severe pre-eclampsia who have clinical indications for Caesarean section or labour induction receive this within 24 hours regardless of gestational age, either at your facility or a referral facility?

94. Out of 10, how many women admitted to your facility with eclampsia have a Caesarean section or labour induction within 12 hours regardless of gestational age, either at your facility or a referral facility?

[IF Q92, Q93 OR Q94 NOT EQUAL TO 10, SHOW Q94a, ELSE SKIP TO Q95]

94a. What are the 3 most important factors preventing all women requiring an induction or Caesarean section due to pre-eclampsia/eclampsia receiving a timely delivery?

Please select 3 factors from the list **in order of importance**.

95. Are Caesarean sections performed in your facility?

Yes

No

[IF Q95 = NO, SHOW Q96, 97, and 98, ELSE SKIP TO Q98a]

96. Out of 10, how many women presenting at your facility with pre-eclampsia/eclampsia and requiring a Caesarean section receive a timely referral and transfer to a hospital that does provide them?

97. After the decision is taken to refer a woman for a Caesarean section, can you estimate how long it takes for her to reach the nearest facility that does perform them?

Less than 30 minutes

30 minutes to less than 1 hour

1 hour to less than 2 hours

2-4 hours

More than 4 hours

[IF Q96 NOT EQUAL TO 10, SHOW Q98, ELSE SKIP TO Q98a]

98. In your opinion, what are the-3 most important factors preventing timely referral to a higher-level facility?

Please select 3 factors from the list **in order of importance**.

98a. As a healthcare provider, you have a unique insight into the problems that prevent women with pre-eclampsia / eclampsia from having access to the best possible interventions. You have already identified some of the barriers above.

Now you will have the opportunity to give your opinion on how these can be overcome.

Thinking about the problems you've identified, overall, at what level do you think action needs to be taken to overcome these?

Community

Individual facility

Regional

National

International

98b. Please choose one area which you think should be the top priority in order to improve the overall management of pre-eclampsia / eclampsia in your facility?

Improve access to drugs/equipment

Increase the number of staff employed

Provide better training for existing staff

Ensure better content and enforcement of medical policy/clinical guidelines

Improve affordability of medical care for women during pregnancy

Address wider social, cultural, educational or religious barriers to women receiving treatment

Improve referral systems

Other, please specify – max 100 characters [OPEN TEXT BOX – 100 CHARACTER LIMIT]

[OPTIONAL]

98c. Do you have any ideas about how to [INSERT ANSWER FROM Q88b] in your facility? We're particularly keen to hear about rapid ways to improve the management of pre-eclampsia / eclampsia locally. Please be as specific as possible (max 500 characters).

[OPEN TEXT BOX – 500 CHARACTER LIMIT]

[END OF SURVEY 5]

Survey 6 - Complications of Incomplete/Unsafe Abortion

[ALL QUESTIONS ARE MANDATORY]

The following survey is about care in your facility for complications related to unsafe or incomplete abortions.

If you work in more than one facility, please answer these questions based on the facility where you spend the most time.

Some questions involve a rating scale from 0 to 10. On this scale, 0 corresponds to NONE and 10 corresponds to ALL.

99. Out of 10, how many women with post-abortion sepsis in your facility are cared for in a separate room?

[IF Q99 NOT EQUAL TO 10, SHOW Q100, ELSE SKIP TO Q101]

100. What are the 3 most important factors preventing women with post-abortion sepsis being cared for in a separate room?
Please select 3 factors from the list **in order of importance**.

101. Out of 10, how many women with post-abortion sepsis in your facility are given an antibiotic regime until they have been fever-free for 48 hours?

[IF Q101 NOT EQUAL TO 10, SHOW Q102, ELSE SKIP TO Q103]

102. What are the 3 most important factors preventing antibiotics being given to all women with post-abortion sepsis in your setting?
Please select 3 factors from the list **in order of importance**.

103. Out of 10, how many women with severe post-abortion complications in your facility are given intravenous fluids when necessary?

[IF Q103 NOT EQUAL TO 10, SHOW Q104, ELSE SKIP TO Q105]

104. What are the 3 most important factors preventing all women with emergency post-abortion complications being given intravenous fluids when necessary?
Please select 3 factors from the list **in order of importance**.

105. In your facility, which method is typically used to remove retained products of conception in the uterus after an incomplete abortion?

Manual vacuum aspiration

Electric/machine vacuum aspiration

Dilation and curettage (D&C)

Misoprostol

Other (please specify –max 100 characters) [OPEN TEXT BOX - CHARACTER LIMIT 100]

None

106. Out of 10, how many women with suspected retained products of conception in your facility receive vacuum aspiration?

[IF Q106 NOT EQUAL TO 10, SHOW Q107, ELSE SKIP TO Q108]

107. What are the 3 most important factors preventing vacuum aspiration from being used for removing retained products of conception?

Please select 3 factors from the list **in order of importance**.

108. Have you received satisfactory training in performing vacuum aspiration?

Yes

No

109. Out of 10, how many women with intra-abdominal injuries due to unsafe abortion have surgical repair in your facility?

[IF Q109 NOT EQUAL TO 10, SHOW Q110, ELSE SKIP TO Q112]

110. Out of 10, how many women who require surgery that cannot be performed at your facility are referred to a higher facility?

[IF Q110 NOT EQUAL TO 10, SHOW Q111, ELSE SKIP TO Q112]

111. What are the 3 most important factors preventing referral to a higher-level facility?

Please select 3 factors from the list **in order of importance**.

112. Out of 10, how many women admitted to your facility with post-abortion complications receive family planning advice?

[IF Q112 NOT EQUAL TO 10, SHOW Q113, ELSE SKIP TO Q114]

113. What are the 3 most important factors preventing family planning advice being given to all women with post-abortion complications?

Please select 3 factors from the list **in order of importance**.

114. Out of 10, how many women admitted to your facility with post-abortion complications are provided with contraception?

[IF Q114 NOT EQUAL TO 10, SHOW Q115, ELSE SKIP TO Q116]

115. What are the 3 most important factors preventing contraceptives being provided for all women with post-abortion complications?

Please select 3 factors from the list **in order of importance**.

116. Out of 10, how many women admitted to your facility with post-abortion complications are screened for sexually transmitted infections including HIV/AIDS?

[IF Q116 NOT EQUAL TO 10, SHOW Q117, ELSE SKIP TO Q117a]

117. What are the 3 most important factors preventing all women with post-abortion complications being screened for sexually transmitted infections?

Please select 3 factors from the list **in order of importance**.

117a. As a healthcare provider, you have a unique insight into the problems that prevent women with post-abortion complications from having access to the best possible interventions. You have already identified some of the barriers above.

Now you will have the opportunity to give your opinion on how these can be overcome.

Thinking about the problems you've identified, overall, at what level do you think action needs to be taken to overcome these?

Community
Individual facility
Regional
National
International

117b. Please choose one area which you think should be the top priority in order to improve the overall management of post-abortion complications in your facility?

Improve access to drugs/equipment
Increase the number of staff employed
Provide better training for existing staff
Ensure better content and enforcement of medical policy/clinical guidelines

Improve affordability of medical care for women during pregnancy

Address wider social, cultural, educational or religious barriers to women receiving treatment

Improve referral systems

Other, please specify – max 100 characters [OPEN TEXT BOX – 100 CHARACTER LIMIT]

[OPTIONAL]

117c. Do you have any ideas about how to [INSERT ANSWER FROM Q117b] in your facility? We're particularly keen to hear about rapid ways to improve the management of post-abortion complications locally. Please be as specific as possible (max 500 characters).

[OPEN TEXT BOX – 500 CHARACTER LIMIT]

[END OF SURVEY 6]

Survey 7 - Obstructed/Prolonged Labour

The following survey is about the management of obstructed/prolonged labour in your facility.

Please note: if you work in more than one facility, please answer these questions based on the facility where you spend the most time.

Some questions involve a rating scale from 0 to 10. On this scale, 0 corresponds to NONE and 10 corresponds to ALL.

118. Out of 10, how many labours at your facility are monitored using a partograph/partogram?

[IF Q118 NOT EQUAL TO 10, SHOW Q119, ELSE SKIP TO Q120]

119. What are the 3 most important factors preventing partograph/partograms being used for all women in labour?

Please select 3 factors from the list **in order of importance**.

120. Have you received satisfactory training in the correct use of the partograph/partogram?

Yes

No

121. Out of 10, in how many labours that fail to progress in your facility is amniotomy (rupturing of the membranes) used, when appropriate, to speed up labour?

[IF Q121 NOT EQUAL TO 10, SHOW Q122, ELSE SKIP TO Q123]

122. What are the 3 most important factors preventing amniotomy being used to speed up labour when necessary?

Please select 3 factors from the list **in order of importance**.

123. Out of 10, in how many labours that fail to progress in your facility is oxytocin administered, when appropriate, to speed up labour?

[IF Q123 NOT EQUAL TO 10, SHOW Q124, ELSE SKIP TO Q125]

124. What are the 3 most important factors preventing oxytocin being given to speed up labour when necessary?

Please select 3 factors from the list **in order of importance**.

125. Out of 10, how many women requiring vacuum extraction for prolonged labour receive it in your facility?

[IF Q125 NOT EQUAL TO 10, SHOW Q126, ELSE SKIP TO Q127]

126. What are the 3 most important factors preventing vacuum extraction being used when necessary?
Please select 3 factors from the list **in order of importance**.

127. Out of 10, how many women requiring a forceps delivery for prolonged labour receive one in your facility?

[IF Q127 NOT EQUAL TO 10, SHOW Q128, ELSE SKIP TO Q129]

128. What are the 3 most important factors preventing forceps delivery being used when necessary?
Please select 3 factors from the list **in order of importance**.

129. Are Caesarean sections ever performed in your facility?

Yes

No

[IF Q129 = YES, SHOW Q130, ELSE SKIP TO Q132]

130. Out of 10, how many women requiring a Caesarean section because of prolonged/obstructed labour receive one at your facility?

[IF Q130 NOT EQUAL TO 10, SHOW Q131, ELSE SKIP TO Q132]

131. What are the 3 most important factors preventing Caesarean sections being performed?
Please select 3 factors from the list **in order of importance**.

[IF Q129 = NO, SHOW Q132, ELSE SKIP TO Q135]

132. Out of 10, how many women requiring a Caesarean section in your facility receive a timely referral and transfer to a hospital that does provide them?

133. How long does it take to transfer a woman to the nearest facility that provides Caesarean sections, from the decision to refer?

Less than 30 minutes

- 30 minutes to less than 1 hour
- 1 hour to less than 2 hours
- 2-4 hours
- More than 4 hours

[IF Q132 NOT EQUAL TO 10, SHOW Q134, ELSE SKIP TO Q135]

134. In your opinion, what are the 3 most important factors preventing timely referral to a higher-level facility?

Please select 3 factors from the list **in order of importance**.

135. If a caesarean section is not available, out of 10 women women needing a symphysiotomy, how many would receive one at your facility?

[IF Q135 NOT EQUAL TO 10, SHOW Q136, ELSE SKIP TO Q137]

136. What are the most important factors preventing symphysiotomy being performed when necessary?

Please select 3 factors from the list **in order of importance**.

137. Out of 10, how many women with simple fistula have surgical repair at your facility?

[IF Q137 NOT EQUAL TO 10, SHOW Q138, ELSE SKIP TO Q139]

138. What are the 3 most important factors preventing surgical repair of simple fistulas at your facility?

Please select 3 factors from the list **in order of importance**.

139. Out of 10, how many women with fistulas that cannot be repaired at your facility receive a timely referral and transfer to a hospital that will be able to treat them?

[IF Q139 NOT EQUAL TO 10, SHOW Q140, ELSE SKIP TO Q140a]

140. What are the 3 most important factors preventing all women with fistula being referred to another facility for treatment if necessary?

Please select 3 factors from the list **in order of importance**.

140a. As a healthcare provider, you have a unique insight into the problems that prevent women with obstructed/prolonged labour complications from having access to the best possible interventions. You have already identified some of the barriers above.

Now you will have the opportunity to give your opinion on how these can be overcome.

Thinking about the problems you've identified, overall, at what level do you think action needs to be taken to overcome these?

Community
Individual facility
Regional
National
International

140b. Please choose one area which you think should be the top priority in order to improve the overall management of obstructed/prolonged labour complications in your facility?

Improve access to drugs/equipment
Increase the number of staff employed
Provide better training for existing staff
Ensure better content and enforcement of medical policy/clinical guidelines
Improve affordability of medical care for women during pregnancy
Address wider social, cultural, educational or religious barriers to women receiving treatment
Improve referral systems
Other, please specify – max 100 characters [OPEN TEXT BOX – 100 CHARACTER LIMIT]

[OPTIONAL]

140c. Do you have any ideas about how to [INSERT ANSWER FROM Q140b] in your facility? We're particularly keen to hear about rapid ways to improve the management of obstructed/prolonged labour complications locally. Please be as specific as possible (max 500 characters).
[OPEN TEXT BOX – 500 CHARACTER LIMIT]

[END OF SURVEY 7]