



Approved: 15APR10

Hospital: – National ID Number: \_\_\_\_\_  
 Study-generated Surgical Provider ID: \_\_\_\_\_  
 Study-generated ID for the CS Case: \_\_\_\_\_

## EmONC Needs Assessment in Afghanistan-Part III Cesarean Section Jhpiego

### Tool 2: Clinical Observation of Cesarean Section

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|   | Information about Data Collection              | Response                   |
|---|------------------------------------------------|----------------------------|
| 1 | Assessor Name /ID Number:                      |                            |
| 2 | Health Facility Type: <i>(circle response)</i> | DH(1), PH(2), RH(3), SH(4) |
| 3 | Today's Date: (mm/dd):                         | ___/___                    |
| 4 | Study-generated Surgical Provider ID: _        |                            |

*Instructions. There are three sections of this Observation Tool:*

- *Section A. Preliminary Information About the Observation*
- *Section B. Observation of Cesarean Surgery*
- *Section C. Observation of Post-Operative and Newborn Care*

*Please note that this tool should be followed by Tool 3: Interview with Surgical Provider on the Observed Case.*

### SECTION A - Preliminary Information About the Observation

*Please obtain the information in Section A by asking the nurse or checking the medical chart. Please fill in the response in the space provided, or circle the appropriate number.*

| 000 | Provider Team Cadres                                                                          | Response |
|-----|-----------------------------------------------------------------------------------------------|----------|
| 001 | What is the cadre or qualification of the...<br>...surgical provider? <i>(write in space)</i> | _____    |

|     |                                                                                      |       |
|-----|--------------------------------------------------------------------------------------|-------|
| 002 | ...anesthesia provider?                                                              | _____ |
| 003 | ...nurse?                                                                            | _____ |
| 004 | (Continued...What is the cadre or qualification of the...)<br>... other team member? | _____ |

| 100 | Woman's Characteristics and Arrival                                                                                        | Response                                                                                                                                                                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 101 | What is the age of the mother/patient?<br><i>(write age or 99 for not recorded)</i>                                        | _____                                                                                                                                                                                                  |
| 102 | What is the parity of the mother?<br><i>(write age or 99 for not recorded)</i>                                             | _____                                                                                                                                                                                                  |
| 103 | Did the woman come to this hospital for routine labor and delivery or due to a complication?                               | Routine labor.....1<br>Complication.....2                                                                                                                                                              |
| 104 | Did the woman come to the hospital from home, or was she referred by the traditional birth attendant or a health facility? | Home.....1<br>Referred from<br>Traditional Birth Attendant.....2<br>Referred from Health Facility....3<br>Other.....4<br>(specify) _____<br><i>(If response is not "health facility", skip to 201)</i> |
| 105 | If the woman was referred from another health facility, what type of facility was it?<br><i>(write in)</i>                 | _____                                                                                                                                                                                                  |

| 200 | Case Time Flow                                                                                                        | Time (hh/mm) | AM or PM     | Date (dd/mm) |
|-----|-----------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|
| 201 | Regarding this case...at what time did the woman arrive to the ward?                                                  | :            | a.m.<br>p.m. | /            |
| 202 | At what time was the woman <i>first</i> seen by a provider?                                                           | :            | a.m.<br>p.m. | /            |
| 203 | At what time, and on which date, was the complication resulting in the cesarean <i>first</i> detected?                | :            | a.m.<br>p.m. | /            |
| 204 | What is the cadre of the provider who first noted the complication and need for cesarean?<br><i>(write the cadre)</i> | _____        |              |              |

| 200 | Case Time Flow                                                                                                                                      | Time (hh/mm) | AM or PM     | Date (dd/mm) |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|
| 205 | At what <u>time</u> , and on which <u>date</u> ,....<br>...was the Surgical Provider first notified/told of the complication and need for cesarean? | :            | a.m.<br>p.m. | /            |
| 206 | (Continued... At what <u>time</u> , and on which <u>date</u> ,....)<br>...did the Surgical Provider decide that cesarean was required?              | :            | a.m.<br>p.m. | /            |
| 207 | ...was the Anesthesia Provider, notified of the complication and need for cesarean?                                                                 | :            | a.m.<br>p.m. | /            |
| 208 | ...was the abdominal incision made?                                                                                                                 | :            | a.m.<br>p.m. | /            |
| 209 | ... was the baby born?                                                                                                                              | :            | a.m.<br>p.m. | /            |
| 210 | ... was the woman moved out of the operating theater to the post-surgical area?                                                                     | :            | a.m.<br>p.m. | /            |
| 211 | ... was the woman moved to the postpartum ward?                                                                                                     | :            | a.m.<br>p.m. | /            |

## SECTION B – Observation of Cesarean Surgery

*Please circle the response that corresponds with your observation. Few questions have an option of “not applicable” or N/A. This should be used rarely, when the item can not be done.*

| 300 | Initial assessment                                                                                  | Response               |
|-----|-----------------------------------------------------------------------------------------------------|------------------------|
| 301 | Does the provider perform a rapid initial assessment and institute emergency measures if necessary? | Yes .....1<br>No.....0 |
| 302 | Does the surgical provider ask about the time of last fluid/solid intake?                           | Yes .....1<br>No.....0 |
| 303 | Does the provider review the woman’s chart?                                                         | Yes .....1<br>No.....0 |
| 304 | Does anyone mobilize the surgical / operative theatre team?                                         | Yes .....1<br>No.....0 |
| 305 | Does anyone mobilize anesthesia?                                                                    | Yes .....1<br>No.....0 |
| 306 | Does anyone mobilize the pediatric team?                                                            | Yes .....1<br>No.....0 |

| 400 | Physical exam                                                                                                 | Response                             |
|-----|---------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 401 | Does the provider check blood pressure and pulse?                                                             | Yes .....1<br>No.....0               |
| 402 | Does the provider check the temperature?                                                                      | Yes .....1<br>No.....0               |
| 403 | Does the surgical provider note urine output?                                                                 | Yes .....1<br>No.....0               |
| 404 | Does the surgical provider listen to lungs and heart?                                                         | Yes .....1<br>No.....0               |
| 405 | Does the surgical provider palpate abdomen and uterus?                                                        | Yes .....1<br>No.....0               |
| 406 | Does the surgical provider confirm presentation of fetus and whether the gestation is singleton vs. multiple? | Yes .....1<br>No.....0               |
| 407 | Does the surgical provider confirm whether fetus is alive?                                                    | Yes .....1<br>No.....0               |
| 408 | Does the surgical provider perform cervical exam if indicated?                                                | Yes .....1<br>No.....0<br>N/A.....99 |

| 500 | Preparation for anesthesia and surgery                                             | Response                                              |
|-----|------------------------------------------------------------------------------------|-------------------------------------------------------|
| 501 | Has an IV line been inserted?                                                      | Yes .....1<br>No.....0<br><i>(If no, skip to 504)</i> |
| 502 | If yes, do the providers bolus...<br>...500 cc of IV fluids for general anesthesia | Yes .....1<br>No.....0<br>N/A.....99                  |
| 503 | ...1000cc of crystalloid fluids for regional anesthesia                            | Yes .....1<br>No.....0<br>N/A.....99                  |
| 504 | Does any provider...<br>...clean vulva?                                            | Yes .....1<br>No.....0                                |
| 505 | ...insert sterile catheter?                                                        | Yes .....1<br>No.....0                                |
| 506 | ...give the woman an enema?                                                        | Yes .....1<br>No.....0                                |
| 507 | ...shave the woman's abdomen?                                                      | Yes .....1<br>No.....0                                |

| 500 | Preparation for anesthesia and surgery                                                                                                                                                  | Response                                                                                                                       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 508 | ...shave the woman's pubic hair?                                                                                                                                                        | Yes .....1<br>No.....0                                                                                                         |
| 509 | Does any provider give...<br>...Magnesium trisilicate 300 mgs                                                                                                                           | Yes .....1<br>No.....0                                                                                                         |
| 510 | ...Sodium citrate 30 cc 0.3 molar                                                                                                                                                       | Yes .....1<br>No.....0                                                                                                         |
| 511 | ...Ranitidine 150 mgs PO or 50 mgs IV                                                                                                                                                   | Yes .....1<br>No.....0                                                                                                         |
| 512 | Does any provider roll the patient 15 degrees to the left and place a pillow under the right hip to decrease risk of supine hypotension OR tilt the entire operating table to the left? | Yes .....1<br>No.....0                                                                                                         |
| 513 | Was the fetal heart rate assessed before beginning skin prep and surgery?                                                                                                               | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |
| 514 | Time fetal heart rate was obtained                                                                                                                                                      | :      a.m.      /<br>p.m.                                                                                                     |
| 515 | Is pulse oximetry machine checked before the start of the case?                                                                                                                         | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |
| 516 | Type of anesthesia used                                                                                                                                                                 | General .....1<br>Spinal .....2<br>Ketamine .....3<br>Local .....4<br>Ether.....5<br>Combination.....6<br><i>Specify</i> _____ |
| 517 | Ask Q517 – Q520 ONLY if <u>general</u> anesthesia was used. If used other type of anesthesia, skip to Q601.<br><br>...Is the patient intubated?                                         | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |
| 518 | ...Does the anesthesia provider auscultate the chest to confirm that air is entering both lungs equally?                                                                                | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |
| 519 | ...Does the anesthesia provider auscultate over the stomach and ensure absence of air entry into the stomach?                                                                           | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |
| 520 | ...Does the surgical provider check that the anesthesia has taken full effect by speaking with anesthesia provider and gently pinching abdominal skin with a forceps or clamps?         | Yes .....1<br>No.....0<br>N/A.....99                                                                                           |

Continued...

| 600  | Cesarean Practice – From Beginning to Before Incision                                          | Response                             |
|------|------------------------------------------------------------------------------------------------|--------------------------------------|
| 601  | Does the surgical provider put on appropriate scrub clothes?                                   | Yes .....1<br>No.....0               |
| 602  | Does the anesthesia provider put on appropriate scrub clothes?                                 | Yes .....1<br>No.....0               |
| 603a | Does the surgical provider put on...<br>...a cap?                                              | Yes .....1<br>No.....0               |
| 603b | Does the surgical provider put on...<br>...protective eyeglasses or shield?                    | Yes .....1<br>No.....0               |
| 603c | Does the surgical provider put on...<br>...a facemask?                                         | Yes .....1<br>No.....0               |
| 603d | Does the surgical provider put on...<br>...shoe covers?                                        | Yes .....1<br>No.....0               |
| 604a | Does the anesthesia provider put on...<br>...a cap                                             | Yes .....1<br>No.....0               |
| 604b | Does the anesthesia provider put on...<br>...protective eyeglasses or shield?                  | Yes .....1<br>No.....0               |
| 604c | Does the anesthesia provider put on...<br>...a facemask?                                       | Yes .....1<br>No.....0               |
| 604d | Does the anesthesia provider put on...<br>...shoe covers?                                      | Yes .....1<br>No.....0               |
| 605  | Does the surgical provider perform a surgical hand scrub?                                      | Yes .....1<br>No.....0               |
| 606  | Does the anesthesia provider perform a surgical hand scrub?                                    | Yes .....1<br>No.....0               |
| 607  | Does the surgical provider put on HLD/sterile gloves?                                          | Yes .....1<br>No.....0               |
| 608  | Does the anesthesia provider put on clean or HLD/sterile gloves?                               | Yes .....1<br>No.....0               |
| 609  | Does any provider apply antiseptic solution to the abdomen?                                    | Yes .....1<br>No.....0               |
| 610  | Does a provider check function of surgical suctioning?                                         | Yes .....1<br>No.....0<br>N/A.....99 |
| 611  | Does the surgical provider attach electrocautery tip to sterile connectors and check function? | Yes .....1<br>No.....0<br>N/A.....99 |
| 612  | Does any provider ensure that bladder catheter is draining urine into gravity bag?             | Yes .....1<br>No.....0<br>N/A.....99 |

| Cesarean Practice – From Incision to End |                                                                                                                                                        | Response                                                                           |              |   |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------|---|
| 613                                      | Skin incision time                                                                                                                                     | :                                                                                  | a.m.<br>p.m. | / |
| 613                                      | What type of skin incision is made?                                                                                                                    | Midline vertical.....1<br>Low transverse.....0                                     |              |   |
| 615                                      | What type of uterine incision is made?                                                                                                                 | Midline vertical.....1<br>Low transverse.....0                                     |              |   |
| 616                                      | Does the provider clamp and tie or cauterize arterial and venous bleeding points as encountered?                                                       | Yes .....1<br>No.....0<br>N/A.....99                                               |              |   |
| 617                                      | Does the surgical provider push or sharply dissect the bladder downward off the lower uterine segment?                                                 | Yes .....1<br>No.....0                                                             |              |   |
| 618                                      | Does the surgical provider use a bladder retractor?                                                                                                    | Yes .....1<br>No.....0                                                             |              |   |
| 619                                      | Does the surgical provider confirm presentation and positioning of the fetus by manual palpation of the uterus?                                        | Yes .....1<br>No.....0                                                             |              |   |
| 620                                      | Does the surgical provider inform newborn care team of the color of the amniotic fluid?                                                                | Yes .....1<br>No.....0                                                             |              |   |
| 621                                      | Does the surgical provider suction the newborn's mouth and nose when delivered with bulb suction?                                                      | Yes .....1<br>No.....0<br>N/A.....99                                               |              |   |
| 622                                      | Does the surgical provider use DeLee suction apparatus if meconium stained fluid observed?                                                             | Yes .....1<br>No.....0<br>N/A.....99                                               |              |   |
| 623                                      | After delivery of the newborn, which uterotoic was the woman given, if any?                                                                            | None.....0<br>Oxytocin .....1<br>Misoprostol .....2<br>Ergometrine .....3          |              |   |
| 624                                      | What dose was the woman given? ( <i>write dose or 0 for "none"</i> )                                                                                   | _____ (specify units)                                                              |              |   |
| 625                                      | If ergometrine is given, does the provider obtain the woman's blood pressure to ensure it is not elevated?                                             | Yes .....1<br>No.....0<br>N/A.....99                                               |              |   |
| 626                                      | Does the surgical provider hand newborn to newborn care team while maintaining sterility of gloves and gown or change gloves if sterility is breeched? | Yes .....1<br>No.....0                                                             |              |   |
| 627                                      | After clamping the cord, does the woman receive prophylactic antibiotics?                                                                              | No.....0<br>Yes, ampicillin 2 grams IV.... 1<br>Yes, other.....2<br>(specify)_____ |              |   |

|     | <b>Cesarean Practice – From Incision to End</b>                                                         | <b>Response</b>                                       |
|-----|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 628 | Does the provider deliver the placenta by...<br>...Controlled traction on the cord?                     | Yes .....1<br>No.....0                                |
| 629 | ...Manual extraction?                                                                                   | Yes .....1<br>No.....0                                |
| 630 | ...Both?                                                                                                | Yes .....1<br>No.....0                                |
| 631 | Does the provider inspect placenta for completeness or abnormalities?                                   | Yes .....1<br>No.....0                                |
| 632 | Does the provider explore the pelvis to remove blood clots from pelvis?                                 | Yes .....1<br>No.....0                                |
| 633 | Does the provider look for any extension of the uterine incision into the cervix/upper vagina?          | Yes .....1<br>No.....0                                |
| 634 | Does the provider check the bladder for injury and repair injury if necessary?                          | Yes .....1<br>No.....0                                |
| 635 | Does the provider close the peritoneum?                                                                 | Yes .....1<br>No.....0                                |
| 636 | Did the provider recheck the uterus to make sure it is firm?                                            | Yes .....1<br>No.....0                                |
| 637 | Did the woman receive a tubal ligation during surgery?                                                  | Yes .....1<br>No.....0<br><i>(If no, skip to 639)</i> |
| 638 | ...if yes, did she request the tubal ligation?<br><i>(please ask the providers or observe in chart)</i> | Yes .....1<br>No.....0<br>N/A.....99                  |
| 639 | Was a final sponge and instrument count done?                                                           | Yes .....1<br>No.....0                                |
| 640 | Does any provider apply a sterile dressing?                                                             | Yes .....1<br>No.....0                                |
| 641 | Does any provider apply water-occlusive covering over the dressing?                                     | Yes .....1<br>No.....0                                |
| 642 | Does the provider ensure that urine is flowing into urine bag?                                          | Yes .....1<br>No.....0<br>N/A.....99                  |
| 643 | In your opinion, did the client have adequate anesthesia throughout cesarean section?                   | Yes .....1<br>No.....0                                |
| 644 | Were the blood pressure and pulse measured at least every 15 minutes during the procedure?              | Yes .....1<br>No.....0                                |



|     | <b>Cesarean Practice – From Incision to End</b>                                                           | <b>Response</b>                                                         |
|-----|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 645 | How often were the blood pressure and pulse measured during the procedure?                                | Never.....0<br>Once.....1<br>2 – 5 times.....2<br>6 or more times.....3 |
| 646 | Was the airway monitored and respirations/pulse oximeter assessed?                                        | Yes .....1<br>No.....0                                                  |
| 647 | If the woman was intubated, does the anesthesia provider confirm that the client is ready for extubation? | Yes .....1<br>No.....0<br>N/A.....99                                    |

**SECTION C – Observation of Post-Operative and Newborn Care**

*Please circle the response that corresponds with your observation. Few questions have an option of “not applicable” or N/A. This response should be used rarely, only when the item can not be done.*

*Observe the following items in the first one-hour period of post-operative care for the mother.*

| <b>700</b> | <b>Immediate Post-Operative Care - Observe for 1 hour</b>                                                       | <b>Response</b> |
|------------|-----------------------------------------------------------------------------------------------------------------|-----------------|
| 701        | In the first hour of the mother’s recovery, how often (how many times) is...<br>... level of alertness checked? | _____ times     |
| 702        | ... B/P checked?                                                                                                | _____ times     |
| 703        | ... heart rate checked?                                                                                         | _____ times     |
| 704        | ... breathing checked?                                                                                          | _____ times     |
| 705        | ... temperature checked?                                                                                        | _____ times     |
| 706        | ... perineum checked for bleeding?                                                                              | _____ times     |
| 707        | ... abdomen checked?                                                                                            | _____ times     |
| 708        | ... urine bag checked for urine flow?                                                                           | _____ times     |

*Continued...*

*Please observe the following items in the two-hour post-operative care period for the mother.*

| 800 | Immediate Post-Operative Care - Observe for 2 hours                                                                | Response                                              |
|-----|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 801 | Is the IV maintained during recovery?                                                                              | Yes .....1<br>No.....0                                |
| 802 | Are antibiotics continued for the postoperative period?                                                            | Yes .....1<br>No.....0                                |
| 803 | Was the woman given blood during or shortly after the cesarean?                                                    | Yes .....1<br>No.....0<br><i>(If no, skip to 804)</i> |
| 804 | If yes, was blood given as a routine measure or due to hemorrhage?                                                 | Routine .....1<br>Hemorrhage.....2                    |
| 805 | Is the woman ever left unattended in the first hour?                                                               | Yes .....1<br>No.....0                                |
| 806 | Does the surgical provider use antiseptic hand scrub or wash hands thoroughly with soap and water after the case?  | Yes .....1<br>No.....0                                |
| 807 | Does the surgical assistant use antiseptic hand scrub or wash hands thoroughly with soap and water after the case? | Yes .....1<br>No.....0                                |
| 808 | Does the provider write an operation note?                                                                         | Yes .....1<br>No.....0                                |
| 809 | Does the provider write postoperative management instructions?                                                     | Yes .....1<br>No.....0                                |

Please observe the following items in the two-hour post-operative care period for the baby.

| 900 | Immediate Newborn Care                                                                                             | Response                             |
|-----|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 901 | Immediately after birth, is the baby dried and wrapped in a dry blanket OR dried and placed under a warming light? | Yes .....1<br>No.....0<br>N/A.....99 |
| 902 | Is the baby slapped to stimulate breathing?                                                                        | Yes .....1<br>No.....0               |
| 903 | Is the baby rubbed to stimulate breathing?                                                                         | Yes .....1<br>No.....0               |

| 900 | Immediate Newborn Care                                        | Response                                                                                                                                                                                                                                                                  |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 904 | What is the condition of the newborn immediately after birth? | Normal: crying or pink and alert with good tone .....1<br><i>(If Normal, skip to 1000)</i><br><br>Limp and/or pink cyanotic.....2<br><i>(If Limp skip to 1100)</i><br><br>Stillborn, Macerated.....3<br><br>Stillborn, Fresh.....4<br><i>(If stillborn, skip to 1200)</i> |

Please observe the following items in the first one-hour period for the newborn.

| 1000 | Normal Newborn – 1 <sup>st</sup> hour                                   | Response               |
|------|-------------------------------------------------------------------------|------------------------|
| 1001 | How often in the first hour is the baby's...<br>... heart rate checked? | _____ times            |
| 1002 | ... breathing checked?                                                  | _____ times            |
| 1003 | ... temperature checked by thermometer?                                 | _____ times            |
| 1004 | ... temperature checked by touch?                                       | _____ times            |
| 1005 | Are antimicrobial drops placed in the baby's eyes?                      | Yes .....1<br>No.....0 |
| 1006 | Is the baby left unattended at any time?                                | Yes .....1<br>No.....0 |
|      |                                                                         | <u>Skip to 1200</u>    |

| 1100 | Limp or Cyanotic Newborn                                      | Response                                               |
|------|---------------------------------------------------------------|--------------------------------------------------------|
| 1101 | Is the baby placed on her/his back on warm surface?           | Yes .....1<br>No.....0                                 |
| 1102 | Is the baby kept wrapped except for face and chest?           | Yes .....1<br>No.....0                                 |
| 1103 | Is the airway cleared before beginning further resuscitation? | Yes .....1<br>No.....0                                 |
| 1104 | Is baby ventilated with bag and mask attached to oxygen?      | Yes .....1<br>No.....0<br><i>(If no, skip to 1006)</i> |

| 1100 | Limp or Cyanotic Newborn                                                                | Response                                                                                                                                                                                                                           |
|------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1105 | If yes, what is the size of the mask?                                                   | _____ (specify units)                                                                                                                                                                                                              |
| 1006 | Does the baby require intubation?                                                       | Yes .....1<br>No.....0                                                                                                                                                                                                             |
| 1007 | Does the baby receive cardiac compressions?                                             | Yes .....1<br>No.....0<br>(If no, skip to 1009)                                                                                                                                                                                    |
| 1008 | If yes, for how long did the baby receive compressions?                                 | _____ minutes                                                                                                                                                                                                                      |
| 1009 | Is the mother (if awake) kept informed of condition of her baby?                        | Yes, informed .....1<br>No, not informed.....2<br>N/A, mother not awake.....3                                                                                                                                                      |
| 1010 | If the baby is born alive and requires resuscitation, what is the outcome for the baby? | Alive and admitted to care of mother or normal newborn nursery .....1<br>Alive and admitted to special care for sick newborns.....2<br>Alive and transferred to another facility for special care.....3<br>N/A, baby is dead.....4 |

Please observe the following interpersonal items for the overall case.

| 1200 | Overall Client Provider interaction                                                                                                                 | Response                                                    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1201 | Does a member of the provider team explain the reason(s) for the cesarean to the woman and/or her companion/family?                                 | Yes .....1<br>(If yes, skip to 1203)<br>No.....0            |
| 1202 | If not, why were reasons not explained?                                                                                                             | _____                                                       |
| 1203 | Did the surgical and/or anesthesia provider counsel the woman and/or companion/family on the risks and benefits of cesarean section and anesthesia? | Yes .....1<br>No.....0                                      |
| 1204 | Did the surgical provider answer any questions of the woman and her companion/family?                                                               | Yes .....1<br>No.....0<br>N/A (No questions were asked ).99 |
| 1205 | Did a member of the provider team obtain signed written consent from client to proceed with cesarean section and anesthesia?                        | Yes .....1<br>No.....0                                      |

| 1200 | Overall Client Provider interaction                                                                 | Response                                                                                                       |
|------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1206 | Did the surgical provider keep the woman and/or her companion/family informed at all times?         | Yes .....1<br>No.....0                                                                                         |
| 1207 | Overall, did the team of providers maintain privacy for the woman including draping for procedures? | Yes .....1<br>No.....0                                                                                         |
| 1208 | Overall, did the team of providers maintain confidentiality of information?                         | Yes .....1<br>No.....0                                                                                         |
| 1209 | Overall, how respectful or disrespectful was the team of providers to the woman and/or her family?  | Very respectful.....1<br>Somewhat respectful.....2<br>Somewhat disrespectful.....3<br>Very disrespectful.....4 |

**END of Observation**