



Approved: 15APR10

Hospital: – National ID Number: _____

Study-generated ID for the Post-CS Case: _____

EmONC Needs Assessment in Afghanistan-Part III Cesarean Section Jhpiego

Tool 4: Review of Unobserved Post-Cesarean Case

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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 | Date When CS was Done:                           | ___/___                    |
| 5 | Study-generated Surgical Provider ID who did CS: | _____                      |

**Instructions to the Assessor:** .

*Please identify all the unobserved cesarean cases that occurred more than 12 hours ago but less than 60 hours ago. That is, review cases of women who had a cesarean within the last 60 hours (2.5 days) who have had at least 12 hours of post-operative care.*

*Randomly select cases to review according to the sampling plan in the study protocol. Fill in one form completely for each case.*

*The sections of this tool are organized according to the source of data specified.*

- *Section A. Data from Records or Interview with Surgical Provider or Nurse*
- *Section B. Data from Records Only*
- *Section C. Data from Interview with Surgical Provider First or Records*
- *Section D. Data from the Interview with Surgical Provider Only*

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**SECTION A. Data from Records or Interview with Surgical Provider or Nurse**

*In Section A, please attempt to obtain the requested information from the case records. If the information is not available, ask the Surgical Provider or Nurse.*

*For each question:*

- *write in the response or circle the number of the appropriate response, and*
- *at the far-right column, circle the number corresponding to the source of the data. (RR=Record Review, NI= Nurse Interview, SI=Surgical Provider Interview)*

| 100 | Woman’s Arrival to Hospital                                                                                                | Response                                                                                                                                                                                           | Source of Data    |
|-----|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 101 | Regarding this case...did the woman come to this hospital for routine labor and delivery, or due to a complication?        | Routine labor.....1<br>Complication.....2                                                                                                                                                          | RR NI SI<br>1 2 3 |
| 102 | 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 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> | RR NI SI<br>1 2 3 |
| 103 | If the woman was referred from a health facility, what type of facility was it?<br><i>(write in)</i>                       | _____                                                                                                                                                                                              | RR NI SI<br>1 2 3 |

| 200 | Overall Case Time Flow                                                 | Time (hh/mm) | AM or PM     | Date (dd/mm) | Source of Data    |
|-----|------------------------------------------------------------------------|--------------|--------------|--------------|-------------------|
| 201 | Regarding this case...at what time was the woman admitted to the ward? | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 202 | At what time was the woman <i>first</i> seen by a provider?            | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |

| 200 | Overall Case Time Flow                                                                                                                                 | Time (hh/mm) | AM or PM     | Date (dd/mm) | Source of Data    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|-------------------|
| 203 | At what time, and on which date, was the complication resulting in the cesarean <i>first</i> detected?                                                 | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 204 | What is the cadre of the provider who first noted the complication and need for cesarean?<br>(write the cadre)                                         | <hr/>        |              |              | RR NI SI<br>1 2 3 |
| 205 | (Continued...At what <u>time</u> , and on which <u>date</u> ,....)<br>...was the Surgical Provider first notified of the complication and need for CS? | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 206 | 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. | /            | RR NI SI<br>1 2 3 |
| 207 | ... was the Anesthesia Provider notified of the complication and need for cesarean?                                                                    | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 208 | ... was the abdominal incision made?                                                                                                                   | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 209 | ... was the baby born?                                                                                                                                 | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 210 | ... was the woman moved out of the operating theater to the post-surgical area?                                                                        | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |
| 211 | ... was the woman moved to the postpartum ward?                                                                                                        | :            | a.m.<br>p.m. | /            | RR NI SI<br>1 2 3 |

## SECTION B. Data from Records Only

*In Section B, please obtain the requested information from the case records only. This can include the patient medical record, delivery register, or operating theater register. If the information is not found in the records, then indicate a response of "No" for "not recorded." For each question, write in the response or circle the number of the appropriate response.*

| 300 | Operative Care                                               | Response |
|-----|--------------------------------------------------------------|----------|
| 301 | What is the age of the mother? (write 99 if not recorded)    | _____    |
| 302 | What is the parity of the mother? (write 99 if not recorded) | _____    |

| 300 | Operative Care                                                                                | Response                                                                                                                      |
|-----|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 303 | Is there a consent form signed by either the woman or her family before her cesarean section? | Yes .....1<br>No.....0                                                                                                        |
| 304 | Is there written documentation of verbal consent?                                             | Yes .....1<br>No.....0                                                                                                        |
| 305 | Was the fetal heart beat recorded in the operating theater?                                   | Yes .....1<br>No.....0                                                                                                        |
| 306 | What type of anesthesia was used for this case?                                               | General .....1<br>Spinal .....2<br>Ketamine .....3<br>Local .....4<br>Ether.....5<br>Combination.....6<br>(specify):<br>_____ |
| 307 | Was an indwelling urinary catheter placed?                                                    | Yes .....1<br>No.....0                                                                                                        |
| 308 | Was the woman intubated?                                                                      | Yes .....1<br>No.....0                                                                                                        |
| 309 | What type of skin incision was made?                                                          | Vertical .....1<br>Low transverse .....2<br>T-incision .....3                                                                 |
| 310 | What type of uterine incision was made?                                                       | Vertical .....1<br>Low transverse .....2<br>T-incision .....3                                                                 |
| 311 | After delivery of the newborn, which uterotoic was the woman given, if any?                   | None.....0<br>Oxytocin .....1<br>Misoprostol .....2<br>Ergometrine .....3                                                     |
| 312 | What dose was the woman given? ( <i>write dose or 0 for "none"</i> )                          | _____<br>(specify units)                                                                                                      |
| 313 | After clamping the cord, which prophylactic antibiotics did the woman receive, if any?        | None.....0<br>Ampicillin 2 grams IV ....1<br>Other .....2<br>(specify):_____                                                  |
| 314 | What dose was the woman given? ( <i>write dose or 0 for "none"</i> )                          | _____<br>(specify units)                                                                                                      |
| 315 | Was the peritoneum closed?                                                                    | Yes .....1<br>No.....0                                                                                                        |
| 316 | How many minutes was the operative time?                                                      | _____ minutes                                                                                                                 |
| 317 | How many times were the woman's vital signs recorded during the surgery?                      | _____ times                                                                                                                   |

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*Continued...*

| 400 | Operative Care-Newborn                            | Response                                                                                                                                                                                                                 |
|-----|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 400 | Did the newborn require bag and mask ventilation? | Yes .....1<br>No.....0                                                                                                                                                                                                   |
| 401 | Did the newborn require intubation?               | Yes .....1<br>No.....0                                                                                                                                                                                                   |
| 402 | Did the newborn require cardiac compressions?     | Yes .....1<br>No.....0                                                                                                                                                                                                   |
| 403 | Was the baby born alive?                          | Yes .....1<br>No.....0<br><i>(if no, skip next 405)</i>                                                                                                                                                                  |
| 404 | Was the baby...                                   | Admitted to normal newborn nursery or to mother's care mother?.....1<br><br>Admitted to special care for sick newborns?.....2<br><br>Transferred to another facility for special care?.....3<br><br><i>(Skip to 501)</i> |
| 405 | Was the baby...                                   | Macerated stillborn?.....1<br>Fresh stillborn?.....2<br>Died after birth?.....3                                                                                                                                          |

| 500 | Determination of 12-Hour Post-Operative Period                                                                           | Time and Date |              |   |
|-----|--------------------------------------------------------------------------------------------------------------------------|---------------|--------------|---|
| 501 | <i>Please transpose the time and date of the cesarean from question 209.</i>                                             | :             | a.m.<br>p.m. | / |
| 502 | <i>Please add 12 hours to the cesarean time in the question above, to be clear of the first 12 hour-period after CS.</i> | :             | a.m.<br>p.m. | / |
| 503 | <i>What time are you collecting this information (what time is it right now)?</i>                                        | :             | a.m.<br>p.m. | / |

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Continued...

*For the questions below, write in the number of times each item is done. If the information was not recorded, circle 99. Please note that you should only count the number of occurrences in the first 12 hours after the cesarean surgery was completed.*

| 600 | Post-CS care within 12 hours (1)                                                                                 | Response                                     |
|-----|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 601 | In the first 12 hours after the CS operation, how many times were the following checked?<br>...Blood pressure    | Number of times _____<br>Not Recorded.....99 |
| 602 | ...Pulse                                                                                                         | Number of times _____<br>Not Recorded.....99 |
| 603 | ...Respiration                                                                                                   | Number of times _____<br>Not Recorded.....99 |
| 604 | ...Temperature                                                                                                   | Number of times _____<br>Not Recorded.....99 |
| 605 | ... Perineal pad for bleeding                                                                                    | Number of times _____<br>Not Recorded.....99 |
| 606 | ...Abdomen                                                                                                       | Number of times _____<br>Not Recorded.....99 |
| 607 | ...Urine measured                                                                                                | Number of times _____<br>Not Recorded.....99 |
| 608 | ...Oral intake measured                                                                                          | Number of times _____<br>Not Recorded.....99 |
| 609 | ...IV fluids checked/replaced                                                                                    | Number of times _____<br>Not Recorded.....99 |
| 610 | In the first 12 hours after the CS operation, how many times...<br>...has the mother's pain level been assessed? | Number of times _____<br>Not Recorded.....99 |
| 611 | ...has pain medicine been given to the mother?                                                                   | Number of times _____<br>Not Recorded.....99 |
| 612 | ...has the mother been out of bed (ambulated)?                                                                   | Number of times _____<br>Not Recorded.....99 |

| 600 | Post-CS care within 12 hours (1) | Response                                     |
|-----|----------------------------------|----------------------------------------------|
| 613 | ...has the baby breastfed?       | Number of times _____<br>Not Recorded.....99 |

Continued...

| 700 | Post-CS care within 12 hours (2)                                                       | Response                                                 |
|-----|----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 701 | How many hours after the birth...<br>...was the mother given oral fluids (first time)? | Number of hours after birth: ____<br>Not Recorded.....99 |
| 702 | ...was the mother given solids?                                                        | Number of hours after birth: ____<br>Not Recorded.....99 |
| 703 | ...was the IV removed?                                                                 | Number of hours after birth: ____<br>Not Recorded.....99 |
| 704 | ...was the urinary catheter removed?                                                   | Number of hours after birth: ____<br>Not Recorded.....99 |

### SECTION C. Data from Interview with Surgical Provider First or Records

*In Section C, please obtain the requested information from the Surgical Provider. If the Surgical Provider is not available, ask if the Surgical Provider may be available later. If the Surgical Provider is not available at any time, obtain this information from the records. At the far-right column, circle the number corresponding to the source of the data (RR=Record Review, SI=Surgical Provider Interview).*

| 800  | CS Indication                                                                                     | Response               | Source of Data |
|------|---------------------------------------------------------------------------------------------------|------------------------|----------------|
| 800a | Was the Surgical Provider available for interview?                                                | Yes .....1<br>No.....0 |                |
| 801  | What is the <b>indication</b> for the surgery?<br>...history of prior cesarean section or fistula | Yes .....1<br>No.....0 | RR SI<br>1 3   |
| 802  | ...placenta previa                                                                                | Yes .....1<br>No.....0 | RR SI<br>1 3   |

| 800 | CS Indication                                                                                                                                                                                                | Response                                                        | Source of Data |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|
| 803 | ...vaginal hemorrhage                                                                                                                                                                                        | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 804 | ...suspected uterine rupture                                                                                                                                                                                 |                                                                 | RR SI<br>1 3   |
| 805 | ... malpresentation of the fetus                                                                                                                                                                             | Yes .....1<br>No.....0<br>(If no, skip to 807)                  | RR SI<br>1 3   |
| 806 | What type of fetal malpresentation was it?                                                                                                                                                                   | Breech.....1<br>Transverse.....2<br>Face.....3<br>Brow.....4    | RR SI<br>1 3   |
| 807 | (Continued...What is the <b>indication</b> for the surgery?)<br>...multiple gestation                                                                                                                        | Yes .....1<br>No.....0<br>(If no, skip to 809)                  | RR SI<br>1 3   |
| 808 | What was the multiple gestation?                                                                                                                                                                             | Twins with Breech Presentation.....1<br>Triplets or greater...2 | RR SI<br>1 3   |
| 809 | ... fetal distress by abnormal fetal heart beat                                                                                                                                                              | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 810 | ... meconium stained amniotic fluid                                                                                                                                                                          | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 811 | ... preeclampsia/eclampsia                                                                                                                                                                                   | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 812 | ... failure to progress in labor/obstructed labor                                                                                                                                                            | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 813 | ... other: please specify _____                                                                                                                                                                              | Yes .....1<br>No.....0                                          | RR SI<br>1 3   |
| 814 | From the above list, which ONE indication was the <u>main</u> indication for the CS?<br><br><i>Write in name of indication and circle question number above:<br/>(Example: 812. Pre-eclampsia/eclampsia)</i> | _____                                                           | RR SI<br>1 3   |

| 900 | Practices Prior to CS | Response | Source of Data |
|-----|-----------------------|----------|----------------|
|-----|-----------------------|----------|----------------|



| 900 | Practices Prior to CS                                                                                               | Response                                                                                     | Source of Data |
|-----|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------|
| 901 | Was a partogram used?<br><i>(If the Surgical Provider is unsure whether it was used, please review the record.)</i> | Elective CS, therefore no partogram.....0<br>Partogram used.....1<br>Partogram not used..2   | RR 1<br>SI 3   |
| 902 | Was labor augmented?                                                                                                | Yes .....1<br>No.....0<br><i>(If no, skip to 904)</i>                                        | RR 1<br>SI 3   |
| 903 | How was labor augmented?                                                                                            | Amniotomy .....1<br>Oxytocin .....2<br>Misoprostol .....3<br>Other (specify).....4:<br>_____ | RR 1<br>SI 3   |
| 904 | Was assisted vaginal delivery with vacuum attempted?                                                                | Yes .....1<br>No.....0                                                                       | RR 1<br>SI 3   |
| 905 | Was assisted vaginal delivery with forceps attempted?                                                               | Yes .....1<br>No.....0                                                                       | RR 1<br>SI 3   |
| 906 | Was the fetus dead?                                                                                                 | Yes .....1<br>No.....0<br><i>(If no, skip to 1001)</i>                                       | RR 1<br>SI 3   |
| 907 | If the fetus was dead, was craniotomy attempted?                                                                    | Yes .....1<br>No.....0                                                                       | RR 1<br>SI 3   |

**SECTION D. Data from the Surgical Provider Only**

*In Section D, ask the questions to the Surgical Provider only. If the Surgical Provider is not available, leave this section blank.*

| 1000 | Urgency of CS                             | Response                                                                                                         |
|------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 1001 | In whose interest was the CS done?        | Mother.....1<br><i>(If Mother, skip to 1003)</i><br>Child.....2<br><i>(If Child, skip to 1003)</i><br>Both.....3 |
| 1002 | If both, for whom was the CS more urgent? | Mother.....1<br>Child.....2                                                                                      |

|      |                                                                                      |                                                                                                                                                                    |
|------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1003 | Was the CS unscheduled (due to an emergency) or scheduled (not due to an emergency)? | Unscheduled/emergency.....1<br>Scheduled/not emergency.....2                                                                                                       |
| 1004 | Did the CS happen due to...                                                          | a problem identified during pregnancy?...1<br>a problem identified during labor?.....2<br>preference or convenience (patient choice, doctor schedule, etc.)?.....3 |
| END  |                                                                                      |                                                                                                                                                                    |