



Approved: 15APR10

Hospital: – National ID Number: _____

Study-generated ID for Surgical Provider: _____

Study-generated ID for the CS Case: _____

**EmONC Needs Assessment in Afghanistan-Part III: Cesarean Section (CS)
Jhpiego**

**Tool 3: Interview on the Observed CS
with Anesthesia and Surgical Providers**

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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):                         | ___/___                    |

*Instructions: Please administer this Tool 2 after the Tool 3 Observation. Interview the Anesthesia Provider (in Section A) and the Surgical Provider (in Section B) who performed the observed cesarean. For each question, circle the appropriate response or write in the blank space.*

**Section A: Questions for Anesthesia or Surgical Provider who did Anesthesia**

| 100 | Anesthesia Used                                                                               | Response                                                                                                                       |
|-----|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 101 | 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><i>Specify</i> _____ |
| 102 | <i>For what reason did you choose this method of anesthesia? (write in response)</i><br>_____ |                                                                                                                                |
|     | Thank you for your time. <b>[END of interview with Anesthesia Provider]</b>                   |                                                                                                                                |

## Section B: Questions for Surgical Provider

| 200 | CS Indication                                                                                                                                                                                                              | Response                                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 201 | What is the <b>indication</b> for the surgery?<br>...history of prior cesarean section or fistula                                                                                                                          | Yes .....1<br>No.....0                                             |
| 202 | (Continued...What is the <b>indication</b> for the surgery?)<br>...placenta previa                                                                                                                                         | Yes .....1<br>No.....0                                             |
| 203 | ...vaginal hemorrhage                                                                                                                                                                                                      | Yes .....1<br>No.....0                                             |
| 204 | ...suspected uterine rupture                                                                                                                                                                                               | Yes .....1<br>No.....0                                             |
| 205 | ... malpresentation of the fetus                                                                                                                                                                                           | Yes .....1<br>No.....0<br>(If no, skip to 207)                     |
| 206 | What type of fetal malpresentation was it?                                                                                                                                                                                 | Breech.....1<br>Transverse.....2<br>Face.....3<br>Brow.....4       |
| 207 | ...multiple gestation                                                                                                                                                                                                      | Yes .....1<br>No.....0<br>(If no, skip to 209)                     |
| 208 | What was the multiple gestation?                                                                                                                                                                                           | Twins with Breech<br>Presentation.....1<br>Triplets or greater...2 |
| 209 | ... fetal distress by abnormal fetal heart beat                                                                                                                                                                            | Yes .....1<br>No.....0                                             |
| 210 | ... meconium stained amniotic fluid                                                                                                                                                                                        | Yes .....1<br>No.....0                                             |
| 211 | ... preeclampsia/eclampsia                                                                                                                                                                                                 | Yes .....1<br>No.....0                                             |
| 212 | ... failure to progress in labor/obstructed labor                                                                                                                                                                          | Yes .....1<br>No.....0                                             |
| 213 | ... other: please specify _____                                                                                                                                                                                            | Yes .....1<br>No.....0                                             |
| 214 | From the above list, which ONE indication was the <i>main</i><br><i>indication</i> for the CS?<br><br><i>Write in name of indication<br/>and circle question number above:<br/>(Example: 812. Pre-eclampsia/eclampsia)</i> | _____                                                              |

Continued...

| 300 | Practices Prior to CS                                                                                                                      | Response                                                                                    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 301 | Prior to the cesarean, 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 |
| 302 | Was labor augmented?                                                                                                                       | Yes .....1<br>No.....0<br><i>(If no, skip to 304)</i>                                       |
| 303 | How was labor augmented?                                                                                                                   | Amniotomy .....1<br>Oxytocin .....2<br>Misoprostol .....3<br>Other (specify).....4<br>_____ |
| 304 | Was assisted vaginal delivery with vacuum attempted?                                                                                       | Yes .....1<br>No.....0                                                                      |
| 305 | Was assisted vaginal delivery with forceps attempted?                                                                                      | Yes .....1<br>No.....0                                                                      |
| 306 | Was the fetus dead?                                                                                                                        | Yes .....1<br>No.....0<br><i>(If no, skip to 401)</i>                                       |
| 307 | If the fetus was dead, was craniotomy attempted?                                                                                           | Yes .....1<br>No.....0                                                                      |

| 400 | Urgency of CS                                                                        | Response                                                                                                                                                         |
|-----|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 401 | In whose interest was the CS done?                                                   | Mother.....1<br><i>(If Mother, skip to 403)</i><br>Child.....2<br><i>(If Child, skip to 403)</i><br>Both.....3                                                   |
| 402 | If both, for whom was the CS more urgent?                                            | Mother.....1<br>Child.....2                                                                                                                                      |
| 403 | Was the CS unscheduled (due to an emergency) or scheduled (not due to an emergency)? | Unscheduled/emergency.....1<br>Scheduled/not emergency.....2                                                                                                     |
| 404 | Did the CS happen due to a...                                                        | problem identified during pregnancy?.....1<br>problem identified during labor?.....2<br>preference or convenience (patient choice, doctor schedule, etc.)?.....3 |