

**NEW AVENUES TO INCREASE THE USE OF SKILLED BIRTH ATTENDANTS IN
GHANA – AIM 3**

CHART REVIEW GUIDE

This form will be used to collect data after the woman has delivered. Data will be retrieved from her medical record (if a facility birth has occurred), or from an interview with the woman if she delivered at home.

Date of Chart Review: _____

Date of Interview: _____

Date of Delivery: _____

Where did the woman deliver: _____

Participant ID Number: _____

Live Infant: Yes/No

Multiple: Yes/No

If no: Stillbirth: Yes/No

Early Neonatal death in the first 7 days: Yes/No

Late Neonatal death in the first 30 days: Yes/No

Apgars: 1 minute _____ 5 minutes _____

Birth Weight: _____

Mother's Hemoglobin before delivery _____

Mother's Hemoglobin after delivery _____

Type of Delivery:

- Vaginal
- Forceps/Vacuum
- Caesarean Section

Mother Alive: Yes/No

1. Did any of the following occur:

a. Maternal morbidities:

- | | |
|-----------------------------|--------|
| i. Pre-eclampsia/eclampsia | Yes/No |
| ii. Post partum haemorrhage | Yes/No |
| iii. Anemia | Yes/No |
| iv. Ruptured uterus | Yes/No |
| v. Sepsis | Yes/No |

b. Neonatal morbidities:

- | | |
|-------------------------|--------|
| i. Respiratory distress | Yes/No |
| ii. Sepsis | Yes/No |