

## **Additional file 1**

### **Factors influencing access of pregnant women and their infants to their local healthcare system: a prospective, multi-centre, observational study**

Shabir A. Madhi et al.

#### **Survey Questionnaires.**

Survey questionnaire: Enrolment

Survey questionnaire: Delivery at study site

Survey questionnaire: Delivery outside of study site

Survey questionnaire: Infant 90-day follow-up visit

## Survey Questionnaire: Enrolment

1. Date of visit : \_\_/\_\_/\_\_ (dd/mmm/yyyy)
2. What type of transportation did you use to reach the study site? (Include all applicable)
  - Public transportation
  - Minibus/taxi
  - Private car
  - Walk
  - Ambulance
  - Other \_\_\_\_\_
3. How much time did it take to reach the study site?
  - Less than 15 min
  - Between 15 and 29 mins
  - Between 30 and 44 mins
  - Between 45 and 59 mins
  - Between 60 and 89 mins
  - Between 90 and 120 mins
  - More than 120 mins
4. How much did it cost to reach the study site?  
\_\_\_\_\_ (Please also indicate the currency)
5. Do you have access to a telephone to which you can be contacted by the study staff?
  - No
  - Yes, provide all numbers here.
    - Home phone \_\_\_\_\_
    - Personal mobile phone \_\_\_\_\_
    - Other \_\_\_\_\_

(Phone number(s) is(are) only for the register of the site. It will not be included in the eCRF)
6. Do you have other child(ren) under your care at this time?
  - No
  - Yes. Is anyone else looking after them while you are in hospital?
    - No
    - Yes
7. What is the name of the clinic to which you will bring your newborn for well child and immunization visits? (This information is only for the register of the site. It will not be included in the eCRF)

**For site staff:**

8. Have you informed the subject about signs and symptoms of potential sepsis in infants?

- No
- Yes

## Survey Questionnaire: Delivery at study site

1. Did the subject deliver at study site?

- No (If no, please complete the questionnaire for delivery outside of study site)
- Yes (If yes, please complete the following questions)

2. Date of visit: \_ \_ / \_ \_ / \_ \_ \_ \_ (dd/mmm/yyyy)

3. What type of transportation did you use to reach the study site? (Include all applicable)

- Public transportation
- Minibus/taxi
- Private car
- Walk
- Ambulance
- Other \_\_\_\_\_

4. How much time did it take to reach the study site?

- Less than 15 min
- Between 15 and 29 mins
- Between 30 and 44 mins
- Between 45 and 59 mins
- Between 60 and 89 mins
- Between 90 and 120 mins
- More than 120 mins

5. How much money did it cost to reach the study site?

\_\_\_\_\_ (Please also indicate the currency)

6. Do you have access to a telephone to which you can be contacted by the study staff?

- No
- Yes, provide all numbers here.

Home phone \_\_\_\_\_

Personal mobile phone \_\_\_\_\_

Other \_\_\_\_\_

(Phone number(s) is(are) only for the register of the site. They will not be included in the eCRF)

7. Do you have other child(ren) under your care at this time?

- No
- Yes. Is anyone else looking after them while you are in hospital?
  - No
  - Yes

8. Date of labor onset: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)
9. Time of labor onset: \_\_/\_\_\_\_ AM PM
10. Date of arrival at site for delivery: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)
11. Time of arrival at site for delivery: \_\_/\_\_\_\_ AM PM
12. Date of delivery: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)
13. Result of pregnancy: No. of living infants: 0 1 2 3 4
14. For infant 1: N/A  
Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)  
Time of discharge: \_\_:\_\_ AM PM  
Health status at discharge: Alive Not alive  
Was the infant sick at any time since birth: No Yes
15. For infant 2: N/A  
Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)  
Time of discharge: \_\_:\_\_ AM PM  
Health status at discharge: Alive Not alive  
Was the infant sick at any time since birth: No Yes
16. For infant 3: N/A  
Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)  
Time of discharge: \_\_:\_\_ AM PM  
Health status at discharge: Alive Not alive  
Was the infant sick at any time since birth: No Yes
17. For infant 4: N/A  
Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)  
Time of discharge: \_\_:\_\_ AM PM  
Health status at discharge: Alive Not alive  
Was the infant sick at any time since birth: No Yes

**For site staff:**

18. Have you informed the subject about signs and symptoms of potential sepsis in infants?
- No
- Yes

## Survey Questionnaire: Delivery outside of study site

1. Did the subject deliver at a site that is not from the study?
  - No (If no, please complete the questionnaire for delivery at study site)
  - Yes (If yes, please complete the following questions)
  
2. Place of delivery
  - Non-study healthcare facility. Provide the name of the facility.  
\_\_\_\_\_
  - Home
  - Other \_\_\_\_\_
  
3. What type of transportation did you use to reach the healthcare facility? (Include all applicable)
  - N/A (For home delivery)
  - Public transportation
  - Minibus/taxi
  - Private car
  - Walk
  - Ambulance
  - Other \_\_\_\_\_
  
4. How much time did it take to reach the healthcare facility?
  - N/A (For home delivery)
  - Less than 15 min
  - Between 15 and 29 mins
  - Between 30 and 44 mins
  - Between 45 and 59 mins
  - Between 60 and 89 mins
  - Between 90 and 120 mins
  - More than 120 mins
  
5. How much money did it cost to reach the healthcare facility?
  - N/A (For home delivery)\_\_\_\_\_ (Please also indicate the currency)
  
6. Do you have access to a phone to which you can be contacted by the study staff?
  - No
  - Yes, provide all numbers here.
    - Home phone \_\_\_\_\_
    - Personal mobile phone \_\_\_\_\_

Other \_\_\_\_\_

(Phone number(s) is(are) only for the register of the site. It will not be included in the eCRF)

7. Do you have other child(ren) under your care at this time?

- No
- Yes. Is anyone else looking after them while you are in hospital?
  - No
  - Yes
  - N/A (For home delivery)

8. Date of onset of labor: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)

9. Time of onset of labor: \_\_/\_\_\_\_ AM PM

10. Date of arrival at healthcare facility for delivery: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)

- N/A (For home delivery)

11. Time of arrival at healthcare facility for delivery: \_\_/\_\_\_\_ AM PM

- N/A (For home delivery)

12. Date of delivery: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy)

13. Result of pregnancy: No. of living infants: 0 1 2 3 4

For infant 1: N/A

14. Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy) N/A (For home delivery)

15. Time of discharge: \_\_/\_\_\_\_ AM PM N/A (For home delivery)

16. Health status at discharge: Alive Not alive N/A (For home delivery)

17. Health status at the time of the contact: Alive Not alive

18. If not alive, was infant sick at any time since birth?

- No Yes

19. If yes, was the sick infant brought to healthcare facility for medical care? No Yes

20. If no, what is(are) the reason(s) for not bringing the sick infant to a healthcare facility?

- No alternative child care
- Lack of transportation
- Lack of money
- The infant did not appear to be seriously ill
- Other \_\_\_\_\_

For infant 2: N/A

21. Date of discharge: \_\_/\_\_/\_\_\_\_ (dd/mmm/yyyy) N/A (For home delivery)

22. Time of discharge: \_\_/\_\_\_\_ AM PM N/A (For home delivery)

23. Health status at discharge: Alive Not alive N/A (For home delivery)

24. Health status at the time of the contact: Alive Not alive

25. If not alive, was infant sick at any time since birth?

No Yes

26. If yes, was the sick infant brought to healthcare facility for medical care? No Yes

27. If no, what is(are) the reason(s) for not bringing the sick infant to a healthcare facility?

- No alternative child care
- Lack of transportation
- Lack of money
- The infant did not appear to be seriously ill
- Other\_\_\_\_\_

For infant 3: N/A

28. Date of discharge: \_\_/\_\_/\_\_ (dd/mmm/yyyy) N/A (For home delivery)

29. Time of discharge: \_\_/\_\_/\_\_ AM PM N/A (For home delivery)

30. Health status at discharge: Alive Not alive N/A (For home delivery)

31. Health status at the time of the contact: Alive Not alive

32. If not alive, was infant sick at any time since birth?

No Yes

33. If yes, was the sick infant brought to healthcare facility for medical care? No Yes

34. If no, what is(are) the reason(s) for not bringing the sick infant to a healthcare facility?

- No alternative child care
- Lack of transportation
- Lack of money
- The infant did not appear to be seriously ill
- Other\_\_\_\_\_

For infant 4: N/A

35. Date of discharge: \_\_/\_\_/\_\_ (dd/mmm/yyyy) N/A (For home delivery)

36. Time of discharge: \_\_/\_\_/\_\_ AM PM N/A (For home delivery)

37. Health status at discharge: Alive Not alive N/A (For home delivery)

38. Health status at the time of the contact: Alive Not alive

39. If not alive, was infant sick at any time since birth?

No Yes

40. If yes, was the sick infant brought to healthcare facility for medical care? No Yes

41. If no, what is(are) the reason(s) for not bringing the sick infant to a healthcare facility?

- No alternative child care
- Lack of transportation
- Lack of money
- The infant did not appear to be seriously ill
- Other\_\_\_\_\_



42. Reason(s) for not delivering at the study site

- Labor too fast
- Family did not allow
- No direct transportation to study site
- No money for transportation
- Did not want to deliver at study site
- No childcare available for other child(ren)
- Other\_\_\_\_\_

**For site staff:**

43. Have you informed the subject about signs and symptoms of potential sepsis in infants?

- No
- Yes

44. How was the above information obtained?

- When the subjects called to provide the information
- When the site staff called to obtain information by phone
- From the subject during a well child visit
- At a home visit
- At the baby 90 day follow-up visit
- Other\_\_\_\_\_

## Survey Questionnaire: Infant 90-day follow-up visit

1. What type of transportation did you use to reach the study site? (Include all applicable)

- N/A
- Public transportation
- Minibus/taxi
- Private car
- Walk
- Ambulance
- Other\_\_\_\_\_

2. How much time did it take to reach the study site?

- N/A
- Less than 15 min
- Between 15 and 29 mins
- Between 30 and 44 mins
- Between 45 and 59 mins
- Between 60 and 89 mins
- Between 90 and 120 mins
- More than 120 mins

3. How much did it cost to reach the study site?

- N/A

\_\_\_\_\_ (Please also indicate the currency)

4. Do you have access to a telephone to which you can be contacted by the study staff?

- No
- Yes, provide all numbers here.

Home phone\_\_\_\_\_

Personal mobile phone\_\_\_\_\_

Other\_\_\_\_\_

(Phone number(s) is(are) only for the register of the site. They will not be included in the eCRF)

5. Do you have other child(ren) under your care at this time?

- No
- Yes. Is anyone else looking after them while you are in hospital?
  - No
  - Yes
  - N/A

For infant 1:

6. Health status of the infant at this time: Alive Not alive
7. Did you bring your infant to well child / immunization visits: No Yes  
 If yes, number of visits:\_\_\_\_\_
8. Was this infant sick at any time since birth? No Yes
9. If yes, was the sick infant brought to a healthcare facility for medical care? No  
Yes
10. If yes, to which healthcare facility did you bring your sick infant for medical care?  
 To the study site  
 To the infant's hospital/clinic for immunization  
 Other  
Please write the name of the other hospital/clinic\_\_\_\_\_
11. If no, what is (are) the reason(s) for not bringing the infant to a healthcare facility?  
 No alternative child care  
 Lack of transportation  
 Lack of money  
 The infant did not appear to be seriously ill  
 Other\_\_\_\_\_

For infant 2                      N/A

12. Health status of the infant at this time: Alive Not alive
13. Did you bring your infant to well child / immunization visits: No Yes  
 If yes, number of visits:\_\_\_\_\_
14. Was this infant sick at any time since birth? No Yes
15. If yes, was the sick infant brought to a healthcare facility for medical care? No  
Yes
16. If yes, to which healthcare facility did you bring your sick infant for medical care?  
 To the study site  
 To the infant's hospital/clinic for immunization  
 Other  
Please write the name of the other hospital/clinic\_\_\_\_\_
17. If no, what is (are) the reason(s) for not bringing the infant to a healthcare facility?  
 No alternative child care  
 Lack of transportation  
 Lack of money  
 The infant did not appear to be seriously ill  
 Other\_\_\_\_\_

For infant 3                      N/A

18. Health status of the infant at this time: Alive Not alive
19. Did you bring your infant to well child / immunization visits: No Yes  
 If yes, number of visits:\_\_\_\_\_

20. Was this infant sick at any time since birth? No Yes
21. If yes, was the sick infant brought to a healthcare facility for medical care? No  
Yes
22. If yes, to which healthcare facility did you bring your sick infant for medical care?
- To the study site
  - To the infant's hospital/clinic for immunization
  - Other  
Please write the name of the other hospital/clinic\_\_\_\_\_
23. If no, what is (are) the reason(s) for not bringing the infant to a healthcare facility?
- No alternative child care
  - Lack of transportation
  - Lack of money
  - The infant did not appear to be seriously ill
  - Other\_\_\_\_\_

For infant 4                      N/A

24. Health status of the infant at this time: Alive Not alive
25. Did you bring your infant to well child / immunization visits: No Yes  
 If yes, number of visits:\_\_\_\_\_
26. Was this infant sick at any time since birth? No Yes
27. If yes, was the sick infant brought to a healthcare facility for medical care? No  
Yes
28. If yes, to which healthcare facility did you bring your sick infant for medical care?
- To the study site
  - To the infant's hospital/clinic for immunization
  - Other  
Please write the name of the other hospital/clinic\_\_\_\_\_
29. If no, what is (are) the reason(s) for not bringing the infant to a healthcare facility?
- No alternative child care
  - Lack of transportation
  - Lack of money
  - The infant did not appear to be seriously ill
  - Other\_\_\_\_\_

**For site staff:**

30. Did you obtain the information about delivery at visit 2? No Yes
31. The above information was obtained:
- At the visit at study site, date of visit of the subject: \_\_/\_\_/\_\_\_\_\_  
(dd/mmm/yyyy)
  - When the site staff called to obtain information by phone
  - From the subject during a well child visit

At a home visit

Other\_\_\_\_\_