Neonatal near misses and associated factors among mother's who give a live neonate at Hawassa City Governmental Hospitals, 2019. A facility based Cross-sectional study design

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## **ENGLISH VERSION QUESTIONNAIRE**

Questionnaire number		Date of interview			
Nam	e of interviewer	Name of Supervisor			
Secti	Section I: socio-economic and demographic data				
s.no	Question	Option	Skip	Code	
101	How old are you?	years			
102	Marital status	1. Single			
		2. Married			
		3. Divorced			
		4. Widowed			
		5. Separated			
103	Place of residence?	1. Urban			
		2. Rural			
104	Maternal Educational status	1. Illiterate			
		2. Primary school (grade 1-8)			
		3. Secondary (grade 9-12)			
		4. Twelve and above (12+)			
105	Paternal Educational status	1. Illiterate			
		2. Primary school (grade 1-8)			
		3. Secondary (grade 9-12)			
		4. Twelve and above (12+)			

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2. house wife	
2. 110 600 1110	
3. student	
4. Government employee	
5. private organization employee	
6. NGO employee	
7. merchant	
8. Daily laborer	
9. others, specify	
107 Average monthly income	
108 Family sizein number	
Section II: obstetrics history of the mother	
201 How many times do you get	
pregnant including the current?times	
(gravidity)	
202 How many of your pregnancy	
were >28 weeks?(parity)times	
203 Have you ever had an abortion? 1. Yes	
(<28 weeks)if yes how many? 2. No	
204 How many of your children are	
alive currently?	
205 Did you lose a baby within 28 1. Yes	
days afterbirth? 2. No	
206 Do you have ANC visit ever for 1. Yes	
the current pregnancy? 2. No	
207 How many months pregnant were	
you at first visit of ANC for themonths	
current pregnancy?	
208 Was your weight measured 1. YesKg	
during ANC visit? 2. No	
209 Was your blood pressure 1. Yes	
measured during ANC visits 2. No	
210 Have you done all the lab 1. Blood	
examinations during ANC of the 2. Urine	
current pregnancy? (observation 3. Stool	
of medical record) 4. Others	
211 How many times did you have	
ANC visits throughout yourtimes	
current pregnancy?	
212 How many months pregnant were	
you when you gave birth of themonths	
current pregnancy?	

danger sign of complication? 2. No 215							
214 Which danger sign of pregnancy yes N0							
were you told? Vaginal bleeding 1 2							
Severe headache 1 2							
Blurred vision 1 2							
Vaginal gush of Fluid 1 2							
Fever 1 2							
Abdominal pain 1 2							
Other (specify):							
215 Did you take iron and folate 1. Yes If no-2	17						
during this pregnancy?  2. No							
216 If yes, how long?							
217 Have you been told that you have 1. Yes							
anemia for the current 2. No							
pregnancy?							
218 If yes have you been treated? 1. Yes							
2. No							
219 How long did you stay home 1.2 days							
after your water broke for the 2.1.5 day							
current pregnancy? (rupture of 3.1day							
membrane) 4. Immediately							
5. Specify							
220 When did you decide to come to 1. Immediately							
hospital after as current labour 2. Half day							
starts? (decision time)  3. One day							
4. Specify							
221 Did you get transport access to 1. Immediately							
reach to hospital as you decided 2. One-hour after							
to get health care service? (how 3. Half day							
long did it take to reach hospital) 4. Other specify							
222 Have you got health care service 1. Yes If yes							
immediately as you reach the 2. No skip 22	23						
hospital?							
223 If no how long did you stay							
before getting service? Specify							
Section III: Maternal medical history							
301 Did you take any drug for 1. Yes							
intestinal parasites during the 2. No							

	current pregnancy?	3.	Do not remember		
302	Have you ever diagnosed severe	1.	Yes		
	infection leading to admission or	2.	No		
	Iv drugs during this pregnancy?	3.	Don't remember		
303	Did you have Hypertension	1.	Yes		
	diagnosed by health professionals	2.	No		
	before this pregnancy?				
304	Did you have Hypertension	1.	Yes		
	developed after getting this	2.	No		
	pregnancy?				
305	Did you have Diabetic Mellitus	1.	Yes		
	diagnosed before this	2.	No		
	pregnancy?				
306	Did you have Diabetic Mellitus	1.	Yes		
	developed after getting this	2.	No		
	pregnancy?				
307	Have you been diagnosed for	1.	Yes		
	syphillis during the current	2.	No		
	pregnancy?				
308	Is there any other chronic disease				
	diagnosed before? If there is,				
	specify.				
Secti	on IV: Maternal behavioral or life	styl	e history		
401	Have you been cooking with	1.	Yes 2. No	If r	10-
	smoke during this pregnancy?			404	4
402	If yes, how frequent?	1.	Always 2. Sometimes		
404	Did you consume alcohol drinks	1.	Yes 2. No		
	during this pregnancy?				
405	If yes, how frequent did you take	1.	Daily		
	alcohol drinks?	2.	3 times per week		
		3.	1 times per week		
		4.	Once a month		
406	Did you smoke cigarrate during	1.	Yes		
	this pregnancy?	2.	No		
407	If yes, how frequent did you	1.	Daily		
	smoke?	2.	3 times per week		
		3.	1 times per week		
		4.	Once a month		
408	Did you chew chat during this	1.	Yes		
	pregnancy?	2.	No		
409	If yes, how frequent did you	1.	Daily 2). 3 times per week		
	chew chat?	3).	1 times per week 4). 1 per month		

Socti	on V:Condition of the Neonate			
501	Mode of delivery of the		1	obser
301	current pregnancy	1. Vaginal delivery 2. Assisted delivery		vatio
	current pregnancy	3.Cesarean section		
502	Gestational age of neonate at	5.Cesarean section		n
302	birth	weeks		
503	Neonates gender	1. Male 2. Female		
504	Neonates weight( in grams)	grams		
505	Identified problem either	Pragmatic criteria( checklist)	Yes	No
303	pragmatic or management	1. Birth weight less than 1750 g	168	110
	criteria (circle it)	_		1
	chiena (circie ii)	2. Apgar score less than 7 at 5 <sup>th</sup> minute		+
	These criteria's will be	3. Gestational age less than 33weeks		
	selected by the interviewer	Management criteria's	Yes	No
	using health records and	4. Respiratory distress/apnea		
	observation of the neonate	5. Blood transfusion		
	More than one choice is	6. Presence of infection		
	possible.	7. Persisting signs of respiratory distress		
	possible.	for more than one hour.		
		8. Requirement for intermittent positive		
		pressure ventilation.		
		9. Bile stained vomiting (signs		
		suggesting bowel obstruction)		
		10. Feeding problems severe enough to		
		cause clinical concern		
		11. Cardiovascular Problems requiring		
		monitoring or intervention		
		12. Congenital Malformations that may		
		require intervention		
		13. Convulsion		
		14. Surgery		
		15. Phototherapy in 24 hours of life.		
		16. parenteral intravenous drugs or		
		nutrition		
		17. Any intubation		
506	One of the above criteria's			
	present, classify as neonatal			
	near miss case			
507	If there is no problem			
	identified among list of			
	question number 505,then			

classify as normal neonate		