

GRAND STUDY Post Delivery Survey (T2)

Participant ID _____

Study Arm:

- Individual ANC
- Group ANC

Section 1: Delivery Information (Baby)

1. When did you give birth?

2. Where did you give birth?

(probe to clarify)

- Hospital
 - Polyclinic
 - Health Centre
 - CHPS
 - Home
 - Delivered on the way to health facility
 - Other
 - Refused to respond
-

3. How many babies were born of this pregnancy?

- One
- Two
- Three
- Refused to respond

4. How many babies were born alive?

- Zero
- One
- Two
- Three
- Refused to respond

5. Did any of them die in the first month of life?

- Yes
- No
- Refused to respond

5a. If yes, how many died in the first month of life?

- One
- Two
- Three
- Refused to respond

6. Did your baby get a postnatal visit within 2 days of delivery (48 hours)?

- Yes
- No
- Not applicable, baby died too soon
- Refused to respond

6a. If yes, was your baby weighed?

- Yes
- No
- Don't Know
- Refused to respond

7. Did your baby get a postnatal visit about 6-7 days?

- Yes
- No
- Not applicable
- Refused to respond

7a. If yes, was your baby weighed?

- Yes
- No
- Don't Know
- Refused to respond

8. Did your baby get a postnatal visit at 6 weeks?

- Yes
- No
- Not applicable
- Refused to respond

8a. If yes, was your baby weighed?

- Yes
- No
- Don't Know
- Refused to respond

9. Since delivery, has your baby had a fever?

- Yes
- No
- Refused to respond

9a. If yes, did you seek/obtain care from a health facility?

- Yes
- No
- Refused to respond

10. Since delivery, has your baby had too much vomiting?

- Yes
- No
- Refused to respond

10a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

11. Since delivery, has your baby had diarrhea?

- Yes
 - No
 - Refused to respond
-

11a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

12. Since delivery, has your baby had seizures?

- Yes
 - No
 - Refused to respond
-

12a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

13. Since delivery, has your baby had pus in eyes?

- Yes
 - No
 - Refused to respond
-

13a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

14. Since delivery, has your baby had yellow color of the eyes, palms, feet or soles?

- Yes
 - No
 - Refused to respond
-

14a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

15. Since delivery, has your baby had pus or odor around cord?

- Yes
 - No
 - Refused to respond
-

15a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

16. Since delivery, has your baby had poor or not suckling breastmilk?

- Yes
 - No
 - Refused to respond
-

16a. If yes, did you seek/obtain care from a health facility?

- Yes
 - No
 - Refused to respond
-

17. Since delivery, has your baby had trouble breathing?

- Yes
- No
- Refused to respond

17a. If yes, did you seek/obtain care from a health facility?

- Yes
- No
- Refused to respond

18. Are you giving your baby breastmilk?

- Yes
- No
- Not applicable
- Refused to respond

19. Are you giving your baby other liquids?

- Yes
- No
- Not applicable
- Refused to respond

19a. If yes, what liquid?

- Water
- Gripe water
- Formula
- Other
- Refused to respond

20. Are you giving your baby any supplementary foods?

- Yes
- No
- Not applicable
- Refused to respond

20a. If yes, what food?

- Porridge (Tom brown, Koko, rice)
- Cerelac
- Custard
- Oats
- Well mashed food
- Soups (light soup, palmtree etc)
- Banku/fufu/TZ/kokonte/rice balls/kafa
- Other
- Refused to respond

21. Did your baby sleep under an insecticide treated bed net last night?

- Yes
- No
- Not applicable
- Refused to respond

Section 2: Delivery Information (Woman)

Now I want to ask you a few questions about how you are doing? These questions are about the time during your pregnancy.

22. During your pregnancy did you ever have bleeding from your vagina?

- Yes
- No
- Refused to respond

22a. If Yes, did you seek care from a health facility? Yes
 No
 Refused to respond

23. During your pregnancy did you ever have a fever? Yes
 No
 Refused to respond

23a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

24. During your pregnancy did you ever have headaches with or without fits? Yes
 No
 Refused to respond

24a. If Yes, did you seek care from a health facility? Yes
 No
 Refused to respond

25. During your pregnancy did you ever have pain or burning with urination? Yes
 No
 Refused to respond

25a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

26. During your pregnancy did you ever have leaking of fluid from the vagina before labor? Yes
 No
 Refused to respond

26a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

27. During your pregnancy did you ever have premature labor? (3 weeks before the baby was due). Yes
 No
 Refused to respond

27a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

Now I will ask some questions about your experience during delivery and immediately after you delivered.

28. During delivery or immediately following, did you experience excessive bleeding? Yes
 No
 Refused to respond

29. During delivery or immediately following, did you experience high blood pressure? Yes
 No
 Refused to respond

30. During delivery or immediately following, did you experience seizures?

Yes
 No
 Refused to respond

31. During delivery or immediately following, did you experience fever/sepsis?

Yes
 No
 Refused to respond

Now I will ask you about problem you might have experienced since you have been home from the hospital.

32. Since you have been home from the hospital, have you experienced pain in abdomen?

Yes
 No
 Refused to respond

32a. If yes, did you seek care from a health facility?

Yes
 No
 Refused to respond

33. Since you have been home from the hospital, have you experienced pain in breast?

Yes
 No
 Refused to respond

33a. If yes, did you seek care from a health facility?

Yes
 No
 Refused to respond

34. Since you have been home from the hospital, have you experienced excessive bleeding?

Yes
 No
 Refused to respond

34a. If yes, did you seek care from a health facility?

Yes
 No
 Refused to respond

35. Since you have been home from the hospital, have you experienced fever?

Yes
 No
 Refused to respond

35a. If yes, did you seek care from a health facility?

Yes
 No
 Refused to respond

36. Since you have been home from the hospital, have you experienced headache?

Yes
 No
 Refused to respond

36a. If yes, did you seek care from a health facility?

Yes
 No
 Refused to respond

37. Since you have been home from the hospital, have you experienced convulsions/seizures?

Yes
 No
 Refused to respond

37a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

38. Since you have been home from the hospital, have you experienced depression? Yes
 No
 Refused to respond

38a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

39. Since you have been home from the hospital, have you experienced swollen face? Yes
 No
 Refused to respond

39a. If yes, did you seek care from a health facility? Yes
 No
 Refused to respond

40. Did you go for your postnatal visit at 2 days after delivery (48 hours)? Yes
 No
 Refused to respond

41. Did you go for your postnatal visit at 6-7 days? Yes
 No
 Refused to respond

42. Did you go for your postnatal visit at 6 weeks? Yes
 No
 Refused to respond

42a. If no, have you arranged for your 6 week postnatal visit? Yes
 No
 Refused to respond

43. Did you sleep under an insecticide treated bed net last night? Yes
 No
 Refused to respond

Section 3: Family Planning

Thank you for answering those questions.

Now, I would like to ask you some questions about family planning.

44. Are you currently using any family planning methods? Yes
 No
 Refused to respond

44a. If yes, which methods did you use?

- Lactation Amenorrhea Method (LAM)
 - Cycle beads
 - Withdrawal
 - Condoms
 - Pills/oral contraception
 - Injectable
 - Implants
 - IUD
 - Emergency contraception
 - Sterilization (female)
 - Vasectomy (male)
 - None
 - Other
 - Refused to respond
-

45. If not currently using, do you intend to use any family planning methods?

- Yes
 - No
 - Don't Know
 - Refused to respond
-

45a. If yes, which methods do you intend to use?

- Lactation Amenorrhea Method (LAM)
- Cycle beads
- Withdrawal
- Condoms
- Pills/oral contraception
- Injectable
- Implants
- IUD
- Emergency contraception
- Sterilization (female)
- Vasectomy (male)
- None
- Other
- Refused to respond

Section 5: Experience of Care

Now I am going to ask you about specific services that you received across all your antenatal visits. I know some of these are difficult to remember, so it is ok if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of antenatal care provided in the facilities around here.

46. How did you feel about the amount of time you waited before being attended to?

- It was okay
 - It was too long
 - Refused to respond
-

47. During your ANC visit did the midwife introduce herself to you?

- Yes
- No
- Refused to respond

48. At ANC visit did the midwife call you by your name?

- Yes
- No
- Refused to respond

As part of your antenatal care during this pregnancy, were any of the following done?

49. Were you weighed?

- Yes
- No
- Don't Know or Can't Remember
- Refused to respond

49a. If yes, were you told the results after you were weighed?

- Yes
- No
- Don't Know or Can't remember
- Refused to respond

50. Was your blood pressure taken?

- Yes
- No
- Don't know or refused to respond
- Refused to respond

50a. If yes, were you told the results after your blood pressure was taken?

- Yes
- No
- Don't know or can't remember
- Refused to respond

51. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?

- Yes
- No
- Don't know or can't remember
- Refused to respond

51a. During this pregnancy, were you given any drugs to keep you from getting malaria?

- Yes
- No
- Don't know or can't remember
- Refused to respond

During any of your antenatal care visit(s):

52. Were you told where to go if you had any complications?

- Yes
- No
- Don't know or can't remember
- Refused to respond

53. Were you ever told what to expect during your pregnancy and delivery?

- Yes
- No
- Don't know or can't remember
- Refused to respond

54. Did the midwife ever talk to you about planning about how to get to the hospital or health facility when you go into labor?

- Yes
- No
- Don't know or can't remember
- Refused to respond

55. Did a midwife ever talk to you about what to eat or how to eat well?

- Yes
- No
- Don't know or can't remember
- Refused to respond

56. Were you given any information or counseled about breast feeding?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

57. Did you feel the midwife treated you with respect?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

58. Thinking about all your antenatal care visits, did you feel the midwife treated you in a friendly manner?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

59. Thinking about all your antenatal care visits, did you feel you understood the purpose of tests you were asked to do?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

60. Thinking about all your antenatal care visits, do you feel you understood the purpose of medicines you were given?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

61. Thinking about all your antenatal care visits, do you feel you could have asked the midwife at the facility any questions you had?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

62. Thinking about all your antenatal care visits, did the midwife ask if you had questions?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

63. Thinking about all your antenatal care visits, did the midwife ask you for money?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

64. Would you say you were treated differently because of any personal attribute, like your age, marital status, number of children, your education, or wealth?

- Yes
 - No
 - Don't know or can't remember
 - Refused to respond
-

65. In general how satisfied were you with the services received during your antenatal care?

- Satisfied
- Not satisfied
- Refused to respond

MATERNAL HEALTH LITERACY (MaHeLi) COMPOSITE SCALE.

Please answer Yes, No, Don't know to the following questions.

66. In addition to scheduled hospital visits, do you take initiative to seek health information from the health facility?

Yes
 No
 Refused to respond

67. Can you explain to others with ease the health information you have received?

Yes
 No
 Refused to respond

68. Based on the health information you received, can you identify and interpret symptoms of health risk?

Yes
 No
 Refused to respond

69. Are you able to read written health instructions?

Yes
 No
 Refused to respond

70. Are you able to follow written health instructions?

Yes
 No
 Refused to respond

71. Do you have an idea about what to expect during pregnancy and postnatal period?

Yes
 No
 Refused to respond

72. Can you tell the difference between myths and truths about pregnancy related health information?

Yes
 No
 Refused to respond

73. Can you find it easy to recall health information previously received?

Yes
 No
 Refused to respond

74. Do you feel confident that you can independently follow health recommendations correctly?

Yes
 No
 Refused to respond

75. Do you feel that your input into the planning for the care of your child is important?

Yes
 No
 Refused to respond

76. Can you comfortably relay your health concerns to the people around you?

Yes
 No
 Refused to respond

77. Can you use health information to track and manage your health?

Yes
 No
 Refused to respond

78. Have you remained as active in social gatherings as you did before your pregnancy?

Yes
 No
 Refused to respond

Section 7: ANC Card

Now look at the ANC card with the mother. (Note: it may be difficult to collect these data by phone)

79. How many ANC visits did the mother attend?

- One
 - Two
 - Three
 - Four
 - Five
 - Six
 - Seven
 - Eight
 - More Than Eight
 - Missing
-