

SMI BLZ MRR NO COMPL 54

[illegible]

Field	Question	995 Other: Answer	
WOM_BOOKING <i>(required)</i>	Booking facility identified on the CLAP form:	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other (specify):
		-1	Not recorded
MRR_MAR_STAT <i>(required)</i>	Marital status:	1	Married
		2	Single
		3	Common law wife
		5	Divorced
		6	Widowed
		995	Other (specify):
		-1	Not recorded
MRR_AGE_SPEC <i>(required)</i>	Age: <i>Enter -1 if not recorded.</i>		
MRR_ETHNICITY <i>(required)</i>	Ethnicity:	1	Creole
		2	East Indian
		3	Garifuna
		4	Chinese/Taiwanese
		5	Mayan (Mopan, Yucatec, Ketchi)
		6	Caucasian
		7	Mestizo
		8	Mennonite
		995	Other (Specify):
		-1	Not recorded
MRR_EDU <i>(required)</i>	Education:	1	None
		2	Primary
		3	Secondary
		5	University
		-1	Not recorded
WOM_DIST_ID <i>(required)</i>	What district is the woman from:	2001	Orange Walk

Field	Question	2002 Corozal District Answer	
		2004	Cayo District
		995	Other (specify):
		-1	Not recorded
WOM_SICKLE <i>(required)</i>	Sickle Cell status:	2	AS
		1	SS
		0	Neg
		-1	Not recorded
group_eligible_anc Group relevant when: ((\${MRR_MENS_DATE_SPEC} >= date('2019-01-01') and \${MRR_MENS_DATE_SPEC} <= date('2021-10-10')) or (selected(\${MRR_MENS_DATE} , '0')) and selected(\${FAC_TYPE} , '1'))			
MRR_PRE_EXISTS <i>(required)</i>	Is there evidence of a preconception care visit in the record within one year before the pregnancy?	1	Yes
		0	No
group_eligible_anc > Preconception care Group relevant when: selected(\${MRR_PRE_EXISTS} , '1')			
MRR_PRE_NUM <i>(required)</i>	Please review the preconception care selection of the medical record and note how many preconception care visits, or other visits that included some preconception care services, were done. (remember to check the clinical notes and search keywords such as: preconception care, family planning method, pregnant, etc)	1	Number:
		-1	Not recorded
note_validate_pre_num_spec	Please enter a whole number of visits greater than or equal to 1. Question relevant when: \${MRR_PRE_NUM_SPEC} != null and (\${MRR_PRE_NUM_SPEC} != int(\${MRR_PRE_NUM_SPEC}) or int(\${MRR_PRE_NUM_SPEC}) < 1)		
group_eligible_anc > Preconception care > group_mrr_pre_cond			
label_mrr_pre_cond	Please note whether any of the following co-morbidities or conditions are registered:	1	Yes
		0	No
MRR_PRE_COND_DIAB <i>(required)</i>	Diabetes	1	Yes
		0	No
MRR_PRE_COND_HYPERT <i>(required)</i>	Hypertension	1	Yes
		0	No
MRR_PRE_COND_ANEM <i>(required)</i>	Anemia	1	Yes
		0	No
MRR_PRE_COND_HIV <i>(required)</i>	HIV / B20	1	Yes
		0	No
MRR_PRE_COND_SYPH <i>(required)</i>	Syphilis	1	Yes
		0	No
group_eligible_anc > Preconception care > Preconception care visit (1)		(Repeated group)	
note_pre_x	For preconception care visit #1 , please answer the following questions:		
MRR_PRE_VISIT_REAS <i>(required)</i>	Note the main reason this visit was selected:	1	Official Clinical Record of Preconception Care form was used
		2	Primary reason for visit was documented as preconception care visit
		3	Language used such as 'preconception care', 'wants to become pregnant', or related terms used in the clinical notes
		4	Other
MRR_PRE_DATE_SPEC <i>(required)</i>	Date of visit #1 : DD/MM/YYYY		
MRR_PRE_CONDUCT <i>(required)</i>	How was this visit conducted?	1	At the facility
		2	By phone (telemedicine)
		995	Other (specify)
		-1	Not recorded
MRR_PRE_CONDUCT_SPEC <i>(required)</i>	Other (specify): Question relevant when: selected(\${MRR_PRE_CONDUCT} , '995')		
group_eligible_anc > Preconception care > Preconception care visit (1) > group_mrr_pre_check			
label_mrr_pre_check	Please review preconception care section of medical record and note if the following was recorded during preconception care visit #1 for the woman:	1	Yes
		0	No
MRR_PRE_CHECK_HT <i>(required)</i>	Height	1	Yes

Field	Question	Answer	
		0	No
MRR_PRE_CHECK_WT <i>(required)</i>	Weight	1	Yes
		0	No
MRR_PRE_CHECK_BP <i>(required)</i>	Blood pressure	1	Yes
		0	No
MRR_PRE_CHECK_FOLIC <i>(required)</i>	Indication of folic acid	1	Yes
		0	No
MRR_PRE_CHECK_HT_TEXT <i>(required)</i>	Please enter the height for visit #1 : <i>Question relevant when: selected(\${MRR_PRE_CHECK_HT} , '1')</i>		
MRR_PRE_CHECK_WT_TEXT <i>(required)</i>	Please enter the weight for visit #1 : <i>Question relevant when: selected(\${MRR_PRE_CHECK_WT} , '1')</i>		
MRR_PRE_CHECK_BP_TEXT <i>(required)</i>	Please enter the blood pressure for visit #1 : <i>Question relevant when: selected(\${MRR_PRE_CHECK_BP} , '1')</i>		
group_eligible_anc > Preconception care > group_mrr_pre_lab			
label_MRR_PRE_LAB	Please note if the following laboratory tests were recorded (at least once during all preconception visits):	1	Yes
		0	No
MRR_PRE_LAB_HB <i>(required)</i>	Hb (hemoglobin)	1	Yes
		0	No
MRR_PRE_LAB_HIV <i>(required)</i>	HIV	1	Yes
		0	No
MRR_PRE_LAB_SYPH <i>(required)</i>	Syphilis	1	Yes
		0	No
MRR_PRE_LAB_URINE <i>(required)</i>	Urine test	1	Yes
		0	No
MRR_PRE_LAB_GLY <i>(required)</i>	Glycemia in fasting	1	Yes
		0	No
MRR_PRE_LAB_HBA <i>(required)</i>	HbA1c test	1	Yes
		0	No
group_eligible_anc > Preconception care > group_mrr_pre_tx <i>Group relevant when: selected(\${MRR_PRE_COND_HIV} , '1') or selected(\${MRR_PRE_COND_DIAB} , '1') or selected(\${MRR_PRE_COND_HYPERT} , '1')</i>			
label_mrr_pre_tx	Note whether the following is registered in the record:	1	Yes
		0	No
		-1	Not recorded
MRR_PRE_TX_HIV <i>(required)</i>	Treatment for HIV in this facility <i>Question relevant when: selected(\${MRR_PRE_COND_HIV} , '1')</i>	1	Yes
		0	No
		-1	Not recorded
MRR_PRE_TX_DIAB <i>(required)</i>	Treatment for diabetes in this facility <i>Question relevant when: selected(\${MRR_PRE_COND_DIAB} , '1')</i>	1	Yes
		0	No
		-1	Not recorded
MRR_PRE_TX_HYPERT <i>(required)</i>	Treatment for hypertension in this facility <i>Question relevant when: selected(\${MRR_PRE_COND_HYPERT} , '1')</i>	1	Yes
		0	No
		-1	Not recorded
MRR_PRE_REF <i>(required)</i>	Woman was referred <i>Question relevant when: selected(\${MRR_PRE_COND_HIV} , '1') or selected(\${MRR_PRE_COND_DIAB} , '1') or selected(\${MRR_PRE_COND_HYPERT} , '1')</i>	1	Yes
		0	No
		-1	Not recorded
group_eligible_anc > Preconception care > group_mrr_pre_ref <i>Group relevant when: selected(\${MRR_PRE_REF} , '1')</i>			
label_mrr_pre_ref	Where was the woman referred?:	1	Yes
		0	No
MRR_PRE_REF_OB <i>(required)</i>	OBGYN	1	Yes
		0	No
MRR_PRE_REF_INT <i>(required)</i>	Internal medicine	1	Yes
		0	No
MRR_PRE_REF_ODON <i>(required)</i>	Odontology	1	Yes
		0	No
MRR_PRE_REF_WOM <i>(required)</i>	Women's Department	1	Yes
		0	No
MRR_PRE_REF_PSY <i>(required)</i>	Psychology	1	Yes
		0	No

Field	Question	Answer	
MRR_PRE_REF_HOSP <i>(required)</i>	Hospital	1	Yes
		0	No
MRR_PRE_REF_OTH <i>(required)</i>	Other (please specify):	1	Yes
		0	No
group_eligible_anc > ANC visit Group relevant when: selected(\${MRR_RECORDS} , 'ANC')			
note_mrr_anc	Please select medical charts of women 15-49 years old who have been pregnant in the last two years according to the sampling strategy.		
MRR_ANC_NUM_SPEC <i>(required)</i>	Please review antenatal care section of medical record and note how many care visits were done.		
note_mrr_anc_num	You indicated that the woman received antenatal care at this facility, but then indicated that there were 0 visits. Please confirm the number of visits and go back to correct if necessary. Question relevant when: \${MRR_ANC_NUM_SPEC} = 0		
MRR_ANC_DATE <i>(required)</i>	Is the date of the first antenatal care visit recorded?	1	Yes
		0	No
MRR_ANC_DATE_SPEC <i>(required)</i>	Date of first antenatal care visit: Question relevant when: selected(\${MRR_ANC_DATE} , '1')		
mrr_anc_date_check	You indicated that the date of last menstruation was a date after the first prenatal visit. Please revise your answers: Date of last menstruation: [MRR_MENS_DATE_SPEC] Date of first prenatal visit: [MRR_ANC_DATE_SPEC] Question relevant when: \${MRR_MENS_DATE_SPEC} > \${MRR_ANC_DATE_SPEC}		
MRR_ANC_REFFROM <i>(required)</i>	Was the woman referred FROM another health facility for prenatal care?	1	Yes
		0	No
MRR_ANC_REF_DATEFROM_SPEC <i>(required)</i>	Date of referral: DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_REFFROM} , '1')		
MRR_ANC_REF_TIMEFROM_SPEC <i>(required)</i>	Time of referral: HH:MM Question relevant when: selected(\${MRR_ANC_REFFROM} , '1')		
MRR_ANC_REF_NAMEFROM <i>(required)</i>	Where was the woman referred from? Question relevant when: selected(\${MRR_ANC_REFFROM} , '1')	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
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		46	San Antonio Health Center
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		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other (specify):

Field	Question	Answer	
		-1	Not recorded
MRR_ANC_REF_TYPEFROM <i>(required)</i>	Type of health facility the woman was referred from: <i>Question relevant when: selected(\${MRR_ANC_REFFROM} , '1')</i>	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
		-1	Not recorded
group_eligible_anc > ANC visit > ANC visit (1)		(Repeated group)	
note_visit_x	For visit #1 , please answer the following questions:		
MRR_ANC_CONDUCT <i>(required)</i>	How was this visit conducted?	1	At the facility
		2	By phone (telemedicine)
		995	Other (specify)
		-1	Not recorded
MRR_ANC_CONDUCT_SPEC <i>(required)</i>	Other (specify): <i>Question relevant when: selected(\${MRR_ANC_CONDUCT} , '995')</i>		
MRR_ANC_SPE <i>(required)</i>	Please record who delivered ANC services during visit #1 :	1	Doctor
		2	Nurse
		3	Midwife
		4	Community health coordinator
		5	Intern
		995	Other (specify)
		-1	Not recorded
MRR_ANC_SPE_SPEC <i>(required)</i>	Please specify who delivered the ANC services during visit #1 : <i>Question relevant when: selected(\${MRR_ANC_SPE} , '995')</i>		
MRR_ANC_CON_GESTAGE <i>(required)</i>	Gestational age during visit #1 : <i>Enter -1 if not recorded.</i>		
group_eligible_anc > ANC visit > ANC visit (1) > group_mrr_anc_con			
label_mrr_anc_con	Please review antenatal care section of medical record and note if the following was recorded during visit #1 for the woman .	1	Yes
		0	No
MRR_ANC_CON_WT <i>(required)</i>	Weight	1	Yes
		0	No
MRR_ANC_CON_BP <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
MRR_ANC_CON_FUND <i>(required)</i>	Fundal height	1	Yes
		0	No
MRR_ANC_CON_EDEMA <i>(required)</i>	Presence of edema	1	Yes
		0	No
MRR_ANC_CON_PULS <i>(required)</i>	Pulse	1	Yes
		0	No
MRR_ANC_CON_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
MRR_ANC_CON_RESPFREQ <i>(required)</i>	Respiratory rate	1	Yes
		0	No
MRR_ANC_CON_WT_TEXT <i>(required)</i>	Please enter the weight for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_WT} , '1')</i>		
MRR_ANC_CON_BP_TEXT <i>(required)</i>	Please enter the blood pressure for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_BP} , '1')</i>		
MRR_ANC_CON_FUND_TEXT <i>(required)</i>	Please enter the fundal height for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_FUND} , '1')</i>		
MRR_ANC_CON_EDEMA_TEXT <i>(required)</i>	Please enter the presence of edema for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_EDEMA} , '1')</i>		
MRR_ANC_CON_PULS_TEXT <i>(required)</i>	Please enter the pulse for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_PULS} , '1')</i>		
MRR_ANC_CON_HR_TEXT <i>(required)</i>	Please enter the heart rate for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_HR} , '1')</i>		
MRR_ANC_CON_RESPFREQ_TEXT <i>(required)</i>	Please enter the respiratory rate for visit #1 : <i>Question relevant when: selected(\${MRR_ANC_CON_RESPFREQ} , '1')</i>		
group_eligible_anc > ANC visit > ANC visit (1) > group_mrr_anc_con_baby			
label_mrr_anc_con_baby	Please review antenatal care section of medical record and note if the following was performed during vist #1 for the baby .	1	Yes
		0	No

Field	Question	Answer	
MRR_ANC_CON_BABY_FHR <i>(required)</i>	Fetal heart rate	1	Yes
		0	No
MRR_ANC_CON_BABY_FM <i>(required)</i>	Fetal movement	1	Yes
		0	No
group_eligible_anc > ANC visit > ANC visit (1) > group_mrr_anc_con_baby_dates Group relevant when: \${num_visit_index} = 1			
MRR_ANC_CON_BABY_FHR_DATE <i>(required)</i>	Date of fetal heart rate for visit #1 : DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_CON_BABY_FHR} , '1')		
MRR_ANC_CON_BABY_FM_DATE <i>(required)</i>	Date of fetal movement for visit #1 : DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_CON_BABY_FM} , '1')		
WOM_ANC_SPECIAL_EVER <i>(required)</i>	Was the woman ever evaluated by a specialist for prenatal care?	1	Yes, marked with an 'ME' notation in the signature
		2	Yes, marked with a stamp
		995	Yes, marked with another method (specify)
		0	No
		-1	Not recorded
WOM_ANC_SPECIAL_TYPE <i>(required)</i>	What type of specialist evaluated the woman? Question relevant when: selected(\${WOM_ANC_SPECIAL_EVER} , '1') or selected(\${WOM_ANC_SPECIAL_EVER} , '2') or selected(\${WOM_ANC_SPECIAL_EVER} , '995')	1	Obstetrician
		2	Gynecologist
		3	OBGYN
		4	Surgeon
		995	Other (specify)
-1	Not recorded		
group_eligible_anc > ANC visit > group_mrr_anc_antibiotics			
label_mrr_anc_adm	Record if the following medications were given:	1	Yes
		0	No
MRR_ANC_ADM_NITRO <i>(required)</i>	Nitrofurantoin	1	Yes
		0	No
MRR_ANC_ADM_TRIMET <i>(required)</i>	Trimethoprim-sulfamethoxazole	1	Yes
		0	No
MRR_ANC_ADM_PENI <i>(required)</i>	Penicillin	1	Yes
		0	No
MRR_ANC_ADM_ANTI <i>(required)</i>	Antiretrovirals	1	Yes
		0	No
MRR_ANC_ADM_OTH <i>(required)</i>	Other antibiotic (specify):	1	Yes
		0	No
group_eligible_anc > ANC visit > group_mrr_anc_graphs			
note_mrr_anc_graphs	Please note if the following charts were filled out during prenatal care visits.		
MRR_ANC_WEIGHT_GRAPH <i>(required)</i>	Weight gain graph	1	Filled in with curves drawn
		2	Filled in with electronically constructed curves
		0	Not filled in
		-1	Not recorded
MRR_ANC_HEIGHT_GRAPH <i>(required)</i>	Uterine fundal height chart	1	Filled in with curves drawn
		2	Filled in with electronically constructed curves
		0	Not filled in
		-1	Not recorded
group_eligible_anc > ANC visit > group_mrr_anc_lab_test			
label_mrr_anc_lab_test	Please note if the following laboratory tests were performed at least once during the whole pregnancy period.	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_BG <i>(required)</i>	Blood group	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_RH <i>(required)</i>	Rh factor	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_GLU <i>(required)</i>	Blood glucose	1	Yes

Field	Question	0 No Answer	
		-1	Not recorded
MRR_ANC_LAB_TEST_HIV <i>(required)</i>	HIV test	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_PLATE <i>(required)</i>	Platelets	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_ACIDBL <i>(required)</i>	Uric acid in blood	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_ACIDUR <i>(required)</i>	Uric acid in urine	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_VDRL <i>(required)</i>	VDRL	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_RPR <i>(required)</i>	RPR	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_HB <i>(required)</i>	Hb level	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_LAB_TEST_URINE <i>(required)</i>	Urinalysis	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_RUBELLA <i>(required)</i>	Rubella antibodies	1	Yes
		0	No
		-1	Not recorded
TET_VIGENTE <i>(required)</i>	Tetanus vaccine (fully immunized)	1	Yes
		0	No
		-1	Not recorded
group_eligible_anc > ANC visit > Tetanus vaccine			
MRR_ANC_TET1 <i>(required)</i>	Please note if the first dose of the tetanus toxoid vaccination was administered:	1	Yes
		0	No
		-1	Not recorded
MRR_ANC_TET2 <i>(required)</i>	Please note if the second dose of the tetanus toxoid vaccination was administered:	1	Yes
		0	No
		-1	Not recorded
group_eligible_anc > ANC visit > group_mrr_anc_tet_date Group relevant when: selected(\${MRR_ANC_TET1} , '1') or selected(\${MRR_ANC_TET2} , '1')			
MRR_ANC_TET1_TEXT <i>(required)</i>	Date of the first dose of the tetanus toxoid vaccination: DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_TET1} , '1')		
MRR_ANC_TET2_TEXT <i>(required)</i>	Date of the second dose of the tetanus toxoid vaccination: DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_TET2} , '1')		
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_bg_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_BG} , '1')			
note_mrr_anc_lab_test_bg_result	Record the type, as well as the date of the blood group laboratory test.		
MRR_ANC_LAB_TEST_BG_RESULT <i>(required)</i>	Blood group: Type		
MRR_ANC_LAB_TEST_BG_DATE <i>(required)</i>	Blood group: Date DD/MM/YYYY		
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_rh_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_RH} , '1')			
note_mrr_anc_lab_test_rh_result	Record the value, as well as the date of the Rh factor laboratory test.		
MRR_ANC_LAB_TEST_RH_RESULT <i>(required)</i>	Rh factor: Value		
MRR_ANC_LAB_TEST_RH_DATE <i>(required)</i>	Rh factor: Date DD/MM/YYYY		
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_glu_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_GLU} , '1')			
note_mrr_anc_lab_test_glu_result	Record the type, as well as the date of the blood glucose laboratory test.		

Field	Question	Answer								
MRR_ANC_LAB_TEST_GLU_RESULT <i>(required)</i>	Blood glucose: Value									
MRR_ANC_LAB_TEST_GLU_DATE <i>(required)</i>	Blood glucose: Date DD/MM/YYYY									
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_vdrl_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_VDRL} , '1')										
note_mrr_anc_lab_test_vdrl_result	Record the type, as well as the date of the VDRL laboratory test.									
MRR_ANC_LAB_TEST_VDRL_RESULT <i>(required)</i>	VDRL: Value									
MRR_ANC_LAB_TEST_VDRL_DATE <i>(required)</i>	VDRL: Date DD/MM/YYYY									
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_hiv_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_HIV} , '1')										
note_mrr_anc_lab_test_hiv_result	Record the type, as well as the date of the HIV laboratory test.									
MRR_ANC_LAB_TEST_HIV_RESULT <i>(required)</i>	HIV: Value									
MRR_ANC_LAB_TEST_HIV_DATE <i>(required)</i>	HIV: Date DD/MM/YYYY									
group_eligible_anc > ANC visit > group_mrr_anc_lab_test_urine_result Group relevant when: selected(\${MRR_ANC_LAB_TEST_URINE} , '1')										
note_mrr_anc_lab_test_urine_result	Record the type, as well as the date of the blood group laboratory test.									
MRR_ANC_LAB_TEST_URINE_TYPE <i>(required)</i>	What type of urine test was used?	<table> <tr><td>1</td><td>Test strip / Dipstick</td></tr> <tr><td>2</td><td>Urine culture</td></tr> <tr><td>995</td><td>Other</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Test strip / Dipstick	2	Urine culture	995	Other	-1	Not recorded
1	Test strip / Dipstick									
2	Urine culture									
995	Other									
-1	Not recorded									
MRR_ANC_LAB_TEST_URINE_RESULT <i>(required)</i>	Urine test: Value									
MRR_ANC_LAB_TEST_URINE_DATE <i>(required)</i>	Urine test: Date DD/MM/YYYY									
group_eligible_anc > ANC visit > group_mrr_anc_hist										
label_mrr_anc_hist	Please note if the woman had a history of the following:	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_HYPERTENSION <i>(required)</i>	High blood pressure	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_DIABETES <i>(required)</i>	Diabetes	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_HIST_MIS <i>(required)</i>	Two or more miscarriages	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_HIST_ABORT <i>(required)</i>	Two or more abortions	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_HIST_ECL <i>(required)</i>	Preeclampsia/Eclampsia	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded		
1	Yes									
0	No									
-1	Not recorded									
MRR_ANC_HIST_MAL <i>(required)</i>	Did the woman have a history of congenital malformations in previous births?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> <tr><td>-2</td><td>Not applicable (no prior births)</td></tr> </table>	1	Yes	0	No	-1	Not recorded	-2	Not applicable (no prior births)
1	Yes									
0	No									
-1	Not recorded									
-2	Not applicable (no prior births)									
MRR_ANC_REFTO <i>(required)</i>	Was the woman referred TO another health facility for prenatal care?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes									
0	No									
group_eligible_anc > ANC visit > group_mrr_anc_refto										
MRR_ANC_REF_DATETO_SPEC <i>(required)</i>	Date of referral: DD/MM/YYYY Question relevant when: selected(\${MRR_ANC_REFTO} , '1')									
MRR_ANC_REF_TIMETO_SPEC <i>(required)</i>	Time of referral: HH:MM Question relevant when: selected(\${MRR_ANC_REFTO} , '1')									
MRR_ANC_REF_NAMETO <i>(required)</i>	What health facility was the woman referred to? Question relevant when: selected(\${MRR_ANC_REFTO} , '1')	<table> <tr><td>05</td><td>August Pine Ridge Health Center</td></tr> <tr><td>20</td><td>Caledonia Health Center</td></tr> <tr><td>17</td><td>Corozal Community Hospital</td></tr> <tr><td>18</td><td>Corozal Health Center (Urban)</td></tr> </table>	05	August Pine Ridge Health Center	20	Caledonia Health Center	17	Corozal Community Hospital	18	Corozal Health Center (Urban)
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17	Corozal Community Hospital									
18	Corozal Health Center (Urban)									

Field	Question	42 Georgeville Health Center Answer
		<div>06 Guinea Grass Health Center</div> <div>21 Libertad Health Center</div> <div>01 Northern Regional Hospital</div> <div>02 Orange Walk Health Center (Urban)</div> <div>23 Progreso Health Center</div> <div>46 San Antonio Health Center</div> <div>04 San Felipe Health Center</div> <div>39 San Ignacio Community Hospital</div> <div>40 San Ignacio Health Center (Urban)</div> <div>19 San Narciso Health Center</div> <div>45 San Pedro Health Center</div> <div>22 Sarteneja Health Center</div> <div>33 Valley of Peace Health Center</div> <div>31 Western Regional Hospital</div> <div>03 Zenobia Meggs Health Center</div> <div>32 Belmopan Health Center (Urban)</div> <div>41 Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)</div> <div>60 National Hospital Belize City (KMHM)</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
MRR_ANC_REF_TYPTO <i>(required)</i>	Type of health facility the woman was referred to: <i>Question relevant when: selected(\${MRR_ANC_REFTO} , '1')</i>	<div>1 Health Clinic / Health Post / Mobile Unit/ Polyclinic</div> <div>2 Community Hospital</div> <div>3 Regional hospital</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
MRR_ANC_PRE_OUT <i>(required)</i>	What was the outcome of the pregnancy?	<div>1 Delivery</div> <div>2 Abortion</div> <div>3 Stillbirth</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
MRR_ANC_OUT_MODE <i>(required)</i>	Type of birth: <i>Question relevant when: selected(\${MRR_ANC_PRE_OUT} , '1')</i>	<div>1 Vaginal birth</div> <div>2 Delivery with suction cup</div> <div>3 Forceps delivery</div> <div>4 Vaginal delivery with fetus in podalica presentation</div> <div>5 Caesarean section</div> <div>995 Other (specify):</div> <div>-1 Not recorded</div>
note_ineligible_anc	This record for prenatal care is not eligible. You indicated that the last menstruation date was [MRR_MENS_DATE_SPEC]. Please review delivery records between 01/01/2019 and 26/10/2021. <i>Question relevant when: \${MRR_MENS_DATE_SPEC} < date('2019-01-01') or \${MRR_MENS_DATE_SPEC} > date('2021-10-26')</i>	
Delivery <i>Group relevant when: (selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')) and not(selected(\${MRR_ANC_PRE_OUT} , '2')) and not(selected(\${MRR_ANC_PRE_OUT} , '3')) and selected(\${MRR_RECORDS} , 'DEL')</i>		
note_mrr_delivery	Delivery Process Please select medical chart of women who have delivered in the least two years according to the sampling strategy.	
MRR_DEL_ADM_DATE <i>(required)</i>	Is the date of admission of the woman recorded?	<div>1 Yes</div> <div>0 No</div>
Delivery > group_mrr_del_adm_date		

Field	Question	Answer																								
Group relevant when: selected(\${MRR_DEL_ADM_DATE} , '1')																										
MRR_DEL_ADM_DATE_SPEC (required)	Date of admission of the woman:																									
MRR_DEL_ADM_TIME_SPEC (required)	Time of admission of the woman: HH:MM																									
Delivery > group_mrr_del_date																										
MRR_DEL_DATETIME (required)	Is the date and time of delivery recorded?	<table> <tr><td>1</td><td>Yes, both date and time recorded</td></tr> <tr><td>2</td><td>Only date recorded</td></tr> <tr><td>3</td><td>Only time recorded</td></tr> <tr><td>0</td><td>Neither date or time recorded</td></tr> </table>	1	Yes, both date and time recorded	2	Only date recorded	3	Only time recorded	0	Neither date or time recorded																
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0	Neither date or time recorded																									
MRR_DEL_DATE_SPEC (required)	Date of delivery: Question relevant when: (selected(\${MRR_DEL_DATETIME} , '1') or selected(\${MRR_DEL_DATETIME} , '2')) and \${calc_end_survey} != 1																									
MRR_DEL_TIME_SPEC (required)	Time of delivery: PLEASE USE 24 HOUR CLOCK Question relevant when: (selected(\${MRR_DEL_DATETIME} , '1') or selected(\${MRR_DEL_DATETIME} , '3'))																									
MRR_DEL_GEST_TEXT (required)	Gestational age of the baby at birth (in weeks) Enter -1 if not recorded.																									
note_ineligible_del	This record for delivery care is not eligible. You indicated that the admission date was [MRR_DEL_ADM_DATE_SPEC]. Please review delivery records between 01/01/2019 and 15/07/2022. Question relevant when: \${calc_eligible_del} = 0																									
Delivery > group_eligible_del Group relevant when: \${calc_eligible_del} = 1																										
MRR_DEL_REFFROM (required)	Was the woman referred/transferred FROM another health facility?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																									
0	No																									
Delivery > group_eligible_del > group_mrr_del_ref Group relevant when: selected(\${MRR_DEL_REFFROM} , '1')																										
MRR_DEL_REF_ACCOMFROM (required)	Was the woman accompanied by a health facility worker?	<table> <tr><td>1</td><td>Yes, by a doctor</td></tr> <tr><td>2</td><td>Yes, by a nurse</td></tr> <tr><td>995</td><td>Yes, by another worker</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes, by a doctor	2	Yes, by a nurse	995	Yes, by another worker	0	No	-1	Not recorded														
1	Yes, by a doctor																									
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MRR_DEL_REF_DATEFROM_SPEC (required)	Date of referral/transfer: DD/MM/YYYY																									
MRR_DEL_REF_TIMEFROM_SPEC (required)	Time of referral/transfer: HH:MM																									
MRR_DEL_REF_REASFROM (required)	Why was she referred/transferred FROM another health facility?	<table> <tr><td>1</td><td>Slow fetal heart rate</td></tr> <tr><td>2</td><td>Bleeding</td></tr> <tr><td>3</td><td>Large fetus</td></tr> <tr><td>4</td><td>Fetal head is above pubis</td></tr> <tr><td>5</td><td>Uterine hypodynamy</td></tr> <tr><td>6</td><td>Uterine hypertonus</td></tr> <tr><td>7</td><td>Prolonged labor</td></tr> <tr><td>995</td><td>Other (specify)</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Slow fetal heart rate	2	Bleeding	3	Large fetus	4	Fetal head is above pubis	5	Uterine hypodynamy	6	Uterine hypertonus	7	Prolonged labor	995	Other (specify)	-1	Not recorded						
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MRR_DEL_REF_NAMEFROM (required)	What health facility was she referred/transferred from?	<table> <tr><td>05</td><td>August Pine Ridge Health Center</td></tr> <tr><td>20</td><td>Caledonia Health Center</td></tr> <tr><td>17</td><td>Corozal Community Hospital</td></tr> <tr><td>18</td><td>Corozal Health Center (Urban)</td></tr> <tr><td>42</td><td>Georgeville Health Center</td></tr> <tr><td>06</td><td>Guinea Grass Health Center</td></tr> <tr><td>21</td><td>Libertad Health Center</td></tr> <tr><td>01</td><td>Northern Regional Hospital</td></tr> <tr><td>02</td><td>Orange Walk Health Center (Urban)</td></tr> <tr><td>23</td><td>Progreso Health Center</td></tr> <tr><td>46</td><td>San Antonio Health Center</td></tr> <tr><td>04</td><td>San Felipe Health Center</td></tr> </table>	05	August Pine Ridge Health Center	20	Caledonia Health Center	17	Corozal Community Hospital	18	Corozal Health Center (Urban)	42	Georgeville Health Center	06	Guinea Grass Health Center	21	Libertad Health Center	01	Northern Regional Hospital	02	Orange Walk Health Center (Urban)	23	Progreso Health Center	46	San Antonio Health Center	04	San Felipe Health Center
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Field	Question	Answer	
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		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other (specify):
MRR_DEL_REF_TYPEFROM <i>(required)</i>	Type of health facility the woman was referred/transferred from:	-1	Not recorded
		1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
MRR_WOM_ARRIVE <i>(required)</i>	Did the woman arrive in imminent birth or for elective C-section? <i>Imminent birth refers to when a woman arrives to the health facility fully dilated.</i>	-1	Not recorded
		2	Imminent birth
		3	Elective C-section
		0	No
MRR_AC_MIDWIFE <i>(required)</i>	Was the woman accompanied by a practical midwife to come deliver in the health facility?	-1	Not registered
		1	Yes
		0	No
MRR_AC_COM_WOR <i>(required)</i>	Was the woman accompanied by a community worker to come deliver in the health facility?	-1	Not recorded
		1	Yes
		0	No
MRR_AC_WHO <i>(required)</i>	Who attended the birth? <i>Select all that apply.</i>	-1	Not recorded
		MED	Doctor
		MID	Professional midwife
		ENF	Nurse
		AUX	Auxillary nurse
		ESTUD	Student
		EMP	Empir.
		OTH	Other
MRR_WOM_HYPERDY <i>(required)</i>	Did the woman have Primitive Hyperdynamia (hypertonia, tachy o hypersystolia)? <i>This is an abnormal uterine contractility pattern.</i>	NO	Not recorded
		1	Yes
		0	No
MRR_WOM_HYPO <i>(required)</i>	Did the woman have Primitive Hypodinamia (brady or polysystolia)? <i>This is an abnormal uterine contractility pattern.</i>	-1	Not recorded
		1	Yes
		0	No
MRR_WOM_PELVIC <i>(required)</i>	Did the woman have pelvic disproportion or abnormalities or soft tissue?	-1	Not recorded
		1	Yes
		0	No
MRR_WOM_AMNI <i>(required)</i>	Did the woman have an amniotomy (AROM)?	-1	Not recorded
		1	Yes
		0	No
MRR_WOM_RUPTURA <i>(required)</i>	Did the woman have a spontaneous rupture of the membranes?	-1	Not recorded
		1	Yes
		0	No
MRR_OXY_ADMIN_OXY <i>(required)</i>	Was oxytocin administered?	-1	Not recorded
		1	Yes

Field	Question	Answer	
		0	No
Delivery > group_eligible_del > group_mrr_oxy Group relevant when: selected(\${MRR_OXY_ADMIN_OXY} , '1')			
MRR_OXY (required)	How was the oxytocin administered?	1	Intramuscular
		2	Intravenous
		-1	Not recorded
MRR_OXY_DATETIME	Is the date and time of oxytocin administration recorded?	1	Yes, both date and time recorded
		2	Only date recorded
		3	Only time recorded
		0	Neither date or time recorded
MRR_OXY_DATE_OXY (required)	Oxytocin administration date: Question relevant when: selected(\${MRR_OXY_DATETIME} , '1') or selected(\${MRR_OXY_DATETIME} , '2')		
MRR_OXY_TIME_OXY (required)	Oxytocin administration time: PLEASE USE 24 HOUR CLOCK Question relevant when: selected(\${MRR_OXY_DATETIME} , '1') or selected(\${MRR_OXY_DATETIME} , '3')		
MRR_OXY_1MIN (required)	Was the oxytocin administered within one minute of delivery?	1	Yes
		0	No
		-1	Not recorded
MRR_OXY_ADMIN_OTH (required)	Were other uterotonics administered?	1	Yes
		0	No
Delivery > group_eligible_del > group_mrr_oth Group relevant when: selected(\${MRR_OXY_ADMIN_OTH} , '1')			
MRR_OXYOTH_DATETIME	Is the date and time of other uterotonic administration recorded?	1	Yes, both date and time recorded
		2	Only date recorded
		3	Only time recorded
		0	Neither date or time recorded
MRR_OXY_DATE_OTH (required)	Other uterotonic administration date: Question relevant when: selected(\${MRR_OXYOTH_DATETIME} , '1') or selected(\${MRR_OXYOTH_DATETIME} , '2')		
MRR_OXY_TIME_OTH (required)	Other uterotonic administration time: PLEASE USE 24 HOUR CLOCK Question relevant when: selected(\${MRR_OXYOTH_DATETIME} , '1') or selected(\${MRR_OXYOTH_DATETIME} , '3')		
MRR_OTH_1MIN (required)	Was the other uterotonic administered within one minute of delivery?	1	Yes
		0	No
		-1	Not recorded
Delivery > group_eligible_del > group_mrr_rec			
label_mrr_rec	Were the following recorded?	1	Yes
		0	No
MRR_UT_MAS (required)	Uterine massage:	1	Yes
		0	No
MRR_UMB_CORD (required)	Umbilical cord traction/contraction:	1	Yes
		0	No
MRR_UMB_PIN (required)	Late cord clamping:	1	Yes
		0	No
MRR_PAR (required)	Please check if the partograph is included in this medical chart.	1	Included in medical file
		2	Included but not filled
		-1	Not included
Delivery > group_eligible_del > group_mrr_par_rev Group relevant when: selected(\${MRR_PAR} , '1')			
label_mrr_par_rev	Check the partograph and note if the following information was recorded.	1	Yes
		0	No
MRR_PAR_REV_OBS_NAME (required)	Patient name	1	Yes
		0	No
MRR_PAR_REV_OBS_CURVE (required)	Curve complete until birth	1	Yes
		0	No
MRR_PAR_REV_OBS_FHRGRAPH (required)	Graphical representation of the fetal cardiac frequency	1	Yes
		0	No

Field	Question	Answer	
MRR_PAR_REV_OBS_UTGRAPH <i>(required)</i>	Frequency plot of uterine contractions	1	Yes
		0	No
MRR_PAR_REV_OBS_UTCHANGE <i>(required)</i>	Interpretation of changes in uterine contractions	1	Yes
		0	No
MRR_PAR_REV_OBS_BP <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
MRR_PAR_REV_OBS_PULS <i>(required)</i>	Pulse	1	Yes
		0	No
MRR_PAR_REV_OBS_HR <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
MRR_PAR_REV_OBS_POSITION <i>(required)</i>	Baby's position	1	Yes
		0	No
MRR_PAR_REV_OBS_CONTRAC <i>(required)</i>	Intensity of contractions	1	Yes
		0	No
MRR_PAR_REV_OBS_PAINLOC <i>(required)</i>	Location of pain	1	Yes
		0	No
MRR_PAR_REV_OBS_PAININT <i>(required)</i>	Intensity of pain	1	Yes
		0	No
MRR_PAR_REV_OBS_REGFHR <i>(required)</i>	Was the fetal heart rate registered?	1	Yes
		0	No
MRR_PAR_REV_OBS_REGCURV <i>(required)</i>	Were the alert curve registered?	1	Yes
		0	No
MRR_PAR_REV_OBS_CURVA <i>(required)</i>	Dilation > 4.5 cm?	1	Yes
		0	No
MRR_PAR_REV_OBS_FHR <i>(required)</i>	Fetal heart rate < 120 bpm?	1	Yes
		0	No
MRR_PAR_REV_OBS_SUPERO <i>(required)</i>	Did the plots go beyond the alert curve?	1	Yes
		0	No
FHR_30_MIN <i>(required)</i>	Was the fetal heart rate recorded every 30 minutes?	1	Yes
		0	No
FHR_60_MIN <i>(required)</i>	Was the fetal heart rate recorded every 60 minutes? <i>Question relevant when: selected(\${FHR_30_MIN} , '0')</i>	1	Yes
		0	No
NOTE_FHR <i>(required)</i>	Is there a note in the partograph or medical record within 30 minutes if the fetal heart rate dropped below 120? <i>Question relevant when: selected(\${MRR_PAR_REV_OBS_FHR} , '1')</i>	1	Yes
		0	No
NOTE_FHR_DES <i>(required)</i>	Which of the following is included in the note? <i>Select all that apply.</i> <i>Question relevant when: selected(\${NOTE_FHR} , '1')</i>		CSECT C-section
			REF Transferred/Referred
			MON Fetal electronic monitoring
			MONTIEMP Clinical monitoring every 15 minutes
			OXY Oxygen
			DECU Left lateral decubitus
			EXPAN Volumetric expansion: administration of crystalloid solutions (application of serum)
			BETA Use of beta blockers
			RUPT Artificial rupture of membranes
			OTH Other (specify):
NOTE_CURVA <i>(required)</i>	Is there a note in the partograph or file within 30 minutes if the plots go beyond the alert curve? <i>Question relevant when: selected(\${MRR_PAR_REV_OBS_SUPERO} , '1')</i>	1	Yes
		0	No
NOTE_SUPERO <i>(required)</i>	Is there a note in the partograph or file within 30 minutes if dialation > 4.5cm? <i>Question relevant when: selected(\${MRR_PAR_REV_OBS_CURVA} , '1')</i>	1	Yes
		0	No
NOTE_CURVA_DES <i>(required)</i>	Which of the following is included in the note? <i>Question relevant when: selected(\${NOTE_CURVA} , '1')</i>		NADA Note specifying to do nothing (spontaneous

Field	Question	Answer		
				evolution).
			REF	Transferred / Referred
			REPORT	Report to another Doctor
			OXY	Oxytocin
			RUPT	Ruptura artificial de membranas
			CSECT	C-section
			MON	Frequent monitoring of labor
			NUEVA	Note specifying a new course of action
			OTH	Other (specify):
MRR_FET_HEART <i>(required)</i>	Was a slowdown in fetal heart rate observed? <i>Question relevant when: selected(\${MRR_PAR} , '1')</i>		1	Yes
			0	No
			-1	Not recorded
MRR_FET_HEART_DES <i>(required)</i>	Please record what was done when the fetal heart rate slowed down. <i>Question relevant when: selected(\${MRR_FET_HEART} , '1')</i>		1	Referred to another health facility
			2	C-section
			3	Delivered in this health facility
			995	Other (specify):
			-1	Not recorded
MRR_DEL_MODE <i>(required)</i>	Mode of delivery:		1	Normal vaginal
			2	Vacuum delivery
			3	Forceps
			4	Vaginal breech
			5	Caesarean (emergency)
			6	Caesarean (elective)
			995	Other (specify)
			-1	Not recorded
MRR_WOM_IV <i>(required)</i>	Did the woman receive any IV treatment DURING the birth ?		1	Yes
			0	No
MRR_DEL_REFTO <i>(required)</i>	Was the woman referred/transferred TO another health facility?		1	Yes
			0	No
Delivery > group_eligible_del > group_mrr_del_refto <i>Group relevant when: selected(\${MRR_DEL_REFTO} , '1')</i>				
MRR_DEL_REF_DATETO_SPEC <i>(required)</i>	Date of referral: DD/MM/YYYY			
MRR_DEL_REF_TIMETO_SPEC <i>(required)</i>	Time of referral: HH:MM			
MRR_DEL_REF_REASTO <i>(required)</i>	Why was she referred/transferred TO another health facility?		1	Slow fetal heart rate
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MRR_DEL_REF_NAMETO <i>(required)</i>	What health facility was the woman referred to?		05	August Pine Ridge Health Center
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Field	Question	23 Progreso Health Center Answer	
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		995	Other (specify):
		-1	Not recorded
MRR_DEL_REF_TYPETO <i>(required)</i>	Type of health facility the woman was referred to:	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
		-1	Not recorded
Postpartum Care <i>Group relevant when: (selected(\${FAC_TYPE} , '2') or selected(\${FAC_TYPE} , '3')) and not(selected(\${MRR_ANC_PRE_OUT} , '2')) and not(selected(\${MRR_ANC_PRE_OUT} , '3')) and selected(\${MRR_RECORDS} , 'PPM')</i>			
MRR_POS_BIRTH_WHERE <i>(required)</i>	Where did the delivery occur?	1	In this health facility
		2	In another health facility
		3	In the home
		4	En route to this facility
		5	The birth did not occur
		995	Other (specify):
		-1	Not recorded
MRR_POS_REFFROM <i>(required)</i>	Was the woman referred/transferred from another health facility for immediate postpartum care?	1	Yes
		0	No
Postpartum Care > group_mrr_pos_ref <i>Group relevant when: selected(\${MRR_POS_REFFROM} , '1')</i>			
MRR_POS_REF_ACCOMFROM <i>(required)</i>	Was the woman accompanied by a health facility worker?	1	Yes, by a doctor
		2	Yes, by a nurse
		995	Yes, by another worker
		0	No
		-1	Not recorded
MRR_POS_REF_DATEFROM_SPEC <i>(required)</i>	Date of referral/transfer: DD/MM/YYYY		
MRR_POS_REF_TIMEFROM_SPEC <i>(required)</i>	Time of referral/transfer: HH:MM		
MRR_POS_REF_NAMEFROM <i>(required)</i>	What health facility was she referred/transferred from?	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital

Field	Question	Answer	
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurrea Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMH)
995	Other (specify):		
-1	Not recorded		
MRR_POS_REF_TYPEFROM (required)	Type of health facility the woman was referred/transferred from:	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
		-1	Not recorded
MRR_POS_DOB (required)	Is the date of delivery recorded? Question relevant when: not(selected(\${MRR_RECORDS} , 'DEL'))	1	Yes
		0	No
Postpartum Care > group_mrr_pos_dob Group relevant when: selected(\${MRR_POS_DOB} , '1')			
MRR_POS_DOB_SPEC (required)	Date of delivery: Question relevant when: \${calc_end_survey2} != 1		
MRR_POS_DOB_TIME_SPEC (required)	Time of delivery: HH:MM		
MRR_POS_GEST_TEXT (required)	Gestational age of the baby at birth (in weeks) Enter -1 if not recorded. Question relevant when: not(selected(\${MRR_RECORDS} , 'DEL'))		
note_ineligible_pos_admdate	This record for postpartum care is not eligible. You indicated that the admission date was [MRR_DEL_ADM_DATE_SPEC]. Please review postpartum records between 01/01/2019 and 15/07/2022. Question relevant when: selected(\${MRR_RECORDS} , 'DEL') and \${calc_eligible_del} = 0		
note_ineligible_pos_deldate	This record for postpartum care is not eligible. You indicated that the date of birth was [MRR_POS_DOB_SPEC]. Please review postpartum records between 01/01/2019 and 15/07/2022. Question relevant when: not(selected(\${MRR_RECORDS} , 'DEL')) and \${calc_eligible_pos_dob} = 0		
Postpartum Care > group_eligible_pos Group relevant when: \${calc_eligible_del} = 1 or \${calc_eligible_pos_dob} = 1			
MRR_WOM_HIV (required)	Did the woman have a positive HIV text result?	1	Yes
		0	No
		-1	Not recorded
MRR_WOM_VDRL (required)	Did the woman have a positive RPR or VDRL test (syphilis)?	1	Yes
		0	No
		-1	Not recorded
MRR_WOM_TB (required)	Did the woman have a postive test for tuberculosis (TB)?	1	Yes
		0	No
		-1	Not recorded

Field	Question	Answer	
note_mrr_pos	Please check the postpartum care part of the medical chart and check if the following is recorded for the woman after delivery.		
MRR_POS_SPEC <i>(required)</i>	Who delivered postpartum care for the mother?	1	Doctor
		2	Nurse
		3	Midwife
		4	Social worker
		5	Intern
		995	Other (specify)
		-1	Not recorded
mrr_pos3_check <i>(required)</i>	Please note how often each measure was recorded		
note_validate_table <i>(required)</i>	<p>Please make sure that the values recorded for the first and second hour sum to the value recorded for the first two hours together.</p> <p><i>Question relevant when:</i> $\\$(MRR_POS3_CHECK_BP_NUM) \neq (\\$(MRR_POS3_CHECK_BP_4X1) + \\$(MRR_POS3_CHECK_BP_2X2))$ or $\\$(MRR_POS3_CHECK_TEMP_NUM) \neq (\\$(MRR_POS3_CHECK_TEMP_4X1) + \\$(MRR_POS3_CHECK_TEMP_2X2))$ or $\\$(MRR_POS3_CHECK_PULS_NUM) \neq (\\$(MRR_POS3_CHECK_PULS_4X1) + \\$(MRR_POS3_CHECK_PULS_2X2))$ or $\\$(MRR_POS3_CHECK_HR_NUM) \neq (\\$(MRR_POS3_CHECK_HR_4X1) + \\$(MRR_POS3_CHECK_HR_2X2))$ or $\\$(MRR_POS3_CHECK_RESP_NUM) \neq (\\$(MRR_POS3_CHECK_RESP_4X1) + \\$(MRR_POS3_CHECK_RESP_2X2))$ or $\\$(MRR_POS3_CHECK_LOCHIA_NUM) \neq (\\$(MRR_POS3_CHECK_LOCHIA_4X1) + \\$(MRR_POS3_CHECK_LOCHIA_2X2))$ or $\\$(MRR_POS3_CHECK_UTERINE_NUM) \neq (\\$(MRR_POS3_CHECK_UTERINE_4X1) + \\$(MRR_POS3_CHECK_UTERINE_2X2))$ or $\\$(MRR_POS3_CHECK_ABNORM_NUM) \neq (\\$(MRR_POS3_CHECK_ABNORM_4X1) + \\$(MRR_POS3_CHECK_ABNORM_2X2))$ or $\\$(MRR_POS3_CHECK_OTH1_NUM) \neq (\\$(MRR_POS3_CHECK_OTH1_4X1) + \\$(MRR_POS3_CHECK_OTH1_2X2))$</p>		
note_validate_whole_nums <i>(required)</i>	<p>Please only enter whole numbers.</p> <p><i>Question relevant when:</i> $\text{int}(\\$(MRR_POS3_CHECK_BP_NUM)) \neq \\$(MRR_POS3_CHECK_BP_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_BP_4X1)) \neq \\$(MRR_POS3_CHECK_BP_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_BP_2X2)) \neq \\$(MRR_POS3_CHECK_BP_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_TEMP_NUM)) \neq \\$(MRR_POS3_CHECK_TEMP_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_TEMP_4X1)) \neq \\$(MRR_POS3_CHECK_TEMP_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_TEMP_2X2)) \neq \\$(MRR_POS3_CHECK_TEMP_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_PULS_NUM)) \neq \\$(MRR_POS3_CHECK_PULS_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_PULS_4X1)) \neq \\$(MRR_POS3_CHECK_PULS_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_PULS_2X2)) \neq \\$(MRR_POS3_CHECK_PULS_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_HR_NUM)) \neq \\$(MRR_POS3_CHECK_HR_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_HR_4X1)) \neq \\$(MRR_POS3_CHECK_HR_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_HR_2X2)) \neq \\$(MRR_POS3_CHECK_HR_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_RESP_NUM)) \neq \\$(MRR_POS3_CHECK_RESP_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_RESP_4X1)) \neq \\$(MRR_POS3_CHECK_RESP_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_RESP_2X2)) \neq \\$(MRR_POS3_CHECK_RESP_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_LOCHIA_NUM)) \neq \\$(MRR_POS3_CHECK_LOCHIA_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_LOCHIA_4X1)) \neq \\$(MRR_POS3_CHECK_LOCHIA_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_LOCHIA_2X2)) \neq \\$(MRR_POS3_CHECK_LOCHIA_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_UTERINE_NUM)) \neq \\$(MRR_POS3_CHECK_UTERINE_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_UTERINE_4X1)) \neq \\$(MRR_POS3_CHECK_UTERINE_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_UTERINE_2X2)) \neq \\$(MRR_POS3_CHECK_UTERINE_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_ABNORM_NUM)) \neq \\$(MRR_POS3_CHECK_ABNORM_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_ABNORM_4X1)) \neq \\$(MRR_POS3_CHECK_ABNORM_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_ABNORM_2X2)) \neq \\$(MRR_POS3_CHECK_ABNORM_2X2)$ or $\text{int}(\\$(MRR_POS3_CHECK_OTH1_NUM)) \neq \\$(MRR_POS3_CHECK_OTH1_NUM)$ or $\text{int}(\\$(MRR_POS3_CHECK_OTH1_4X1)) \neq \\$(MRR_POS3_CHECK_OTH1_4X1)$ or $\text{int}(\\$(MRR_POS3_CHECK_OTH1_2X2)) \neq \\$(MRR_POS3_CHECK_OTH1_2X2)$</p>		
MRR_POS_CHECK_OTH1_NAME <i>(required)</i>	<p>What was the name of the other measure?</p> <p><i>Question relevant when:</i> $\\$(MRR_POS3_CHECK_OTH1_NUM) \neq 0$</p>		
MRR_WOM_LOCHIAS_NUM_FIRST <i>(required)</i>	<p>Amount of lochia during the first check:</p> <p><i>Question relevant when:</i> $\\$(MRR_POS3_CHECK_LOCHIA_NUM) \neq 0$ and $\\$(MRR_POS3_CHECK_LOCHIA_4X1) \neq 0$ or $\\$(MRR_POS3_CHECK_LOCHIA_2X2) \neq 0$</p>	1	Normal lochia
		2	Abundant lochia
		-1	Not recorded
MRR_WOM_LOCHIAS_LOOKS_FIRST <i>(required)</i>	<p>Appearance of lochia during the first check:</p> <p><i>Question relevant when:</i> $\\$(MRR_POS3_CHECK_LOCHIA_NUM) \neq 0$ and $\\$(MRR_POS3_CHECK_LOCHIA_4X1) \neq 0$ or $\\$(MRR_POS3_CHECK_LOCHIA_2X2) \neq 0$</p>	1	Normal lochia
		2	Presence of solids
		-1	Not recorded

Field	Question	Answer	
MRR_WOM_LOCHIAS_ODOR_FIRST <i>(required)</i>	Odor of lochia during the first check: <i>Question relevant when: \${MRR_POS3_CHECK_LOCHIA_NUM} != 0 and (\${MRR_POS3_CHECK_LOCHIA_4X1} != 0 or \${MRR_POS3_CHECK_LOCHIA_2X2} != 0)</i>	1	Normal lochia
		2	Fetid smells
		-1	Not recorded
MRR_POS_ATTACH <i>(required)</i>	Did the baby form Early Attachment within 30 minutes of delivery?	1	Yes
		0	No
		-1	Not recorded
MRR_WOM_TEMP_37 <i>(required)</i>	Did the woman's temperature go above 37° C at any time?	1	Yes
		0	No
		-1	Not recorded
Postpartum Care > group_eligible_pos > Discharge			
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check1			
label_mrr_dis	Please check DISCHARGE part of the medical chart and record if the following check-ups were done.	1	Yes
		0	No
MRR_DIS_CHECK_BP_REG <i>(required)</i>	Blood pressure (bp)	1	Yes
		0	No
MRR_DIS_CHECK_TEMP_REG <i>(required)</i>	Temperature (T°)	1	Yes
		0	No
MRR_DIS_CHECK_PULS_REG <i>(required)</i>	Pulse	1	Yes
		0	No
MRR_DIS_CHECK_HR_REG <i>(required)</i>	Heart rate (hr)	1	Yes
		0	No
MRR_DIS_CHECK_RESP_REG <i>(required)</i>	Respiratory rate	1	Yes
		0	No
MRR_DIS_CHECK_PROM_LAC_REG <i>(required)</i>	Promotion of breastfeeding	1	Yes
		0	No
MRR_DIS_CHECK_PROM_ATTACH_REG <i>(required)</i>	Promotion of Early Attachment	1	Yes
		0	No
MRR_DIS_CHECK_INVOLUC_UT_REG <i>(required)</i>	Uterine Involution	1	Yes
		0	No
MRR_DIS_CHECK_BLEED_REG <i>(required)</i>	Presence of blood or hemorrhaging	1	Yes
		0	No
MRR_DIS_CHECK_ABNORM_REG <i>(required)</i>	Presence of abnormal bleeding	1	Yes
		0	No
MRR_DIS_CHECK_LOCHIA_REG <i>(required)</i>	Lochia characteristics	1	Yes
		0	No
MRR_DIS_CHECK_VAG_REG <i>(required)</i>	Vaginal revision	1	Yes
		0	No
MRR_DIS_CHECK_OTH1_REG	Other (specify):	1	Yes
		0	No
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_bp			
<i>Group relevant when: selected(\${MRR_DIS_CHECK_BP_REG} , '1')</i>			
note_mrr_dis_check_bp	Record the value, as well as the date and time of the checkup for blood pressure.		
MRR_DIS_CHECK_BP_NUM_SYST <i>(required)</i>	Blood pressure - systolic:		
MRR_DIS_CHECK_BP_NUM_DIAS <i>(required)</i>	Blood pressure - diastolic:		
MRR_DIS_CHECK_BP_DATE <i>(required)</i>	Blood pressure: Date: DD/MM/YYYY		
MRR_DIS_CHECK_BP_TIME <i>(required)</i>	Blood pressure: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_temp			
<i>Group relevant when: selected(\${MRR_DIS_CHECK_TEMP_REG} , '1')</i>			
note_mrr_dis_check_temp	Record the value, as well as the date and time of the checkup for temperature.		
MRR_DIS_CHECK_TEMP_NUM <i>(required)</i>	Temperature: Value (°C)		
MRR_DIS_CHECK_TEMP_DATE <i>(required)</i>	Temperature: Date: DD/MM/YYYY		
MRR_DIS_CHECK_TEMP_TIME <i>(required)</i>	Temperature: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_puls			
<i>Group relevant when: selected(\${MRR_DIS_CHECK_PULS_REG} , '1')</i>			
note_mrr_dis_check_puls	Record the value, as well as the date and time of the checkup for pulse.		
MRR_DIS_CHECK_PULS_NUM <i>(required)</i>	Pulse: Value (per minute)		
MRR_DIS_CHECK_PULS_DATE <i>(required)</i>	Pulse: Date:		

Field	Question	Answer
	DD/MM/YYYY	
MRR_DIS_CHECK_PULS_TIME <i>(required)</i>	Pulse: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_hr <i>Group relevant when: selected(\${MRR_DIS_CHECK_HR_REG} , '1')</i>		
note_mrr_dis_check_hr	Record the value, as well as the date and time of the checkup for heart rate.	
MRR_DIS_CHECK_HR_NUM <i>(required)</i>	Heart rate: Value (per minute)	
MRR_DIS_CHECK_HR_DATE <i>(required)</i>	Heart rate: Date: DD/MM/YYYY	
MRR_DIS_CHECK_HR_TIME <i>(required)</i>	Heart rate: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_resp <i>Group relevant when: selected(\${MRR_DIS_CHECK_RESP_REG} , '1')</i>		
note_mrr_dis_check_resp	Record the value, as well as the date and time of the checkup for respiratory rate.	
MRR_DIS_CHECK_RESP_NUM <i>(required)</i>	Respiratory rate: Value (per minute)	
MRR_DIS_CHECK_RESP_DATE <i>(required)</i>	Respiratory rate: Date: DD/MM/YYYY	
MRR_DIS_CHECK_RESP_TIME <i>(required)</i>	Respiratory rate: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_prom_lac <i>Group relevant when: selected(\${MRR_DIS_CHECK_PROM_LAC_REG} , '1')</i>		
note_mrr_dis_check_prom_lac	Record any notes, as well as the date and time for promotion of breastfeeding.	
MRR_DIS_CHECK_PROM_LAC_NUM <i>(required)</i>	Promotion of breastfeeding: Notes	
MRR_DIS_CHECK_PROM_LAC_DATE <i>(required)</i>	Promotion of breastfeeding: Date: DD/MM/YYYY	
MRR_DIS_CHECK_PROM_LAC_TIME <i>(required)</i>	Promotion of breastfeeding: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_prom_attach <i>Group relevant when: selected(\${MRR_DIS_CHECK_PROM_ATTACH_REG} , '1')</i>		
note_mrr_dis_check_prom_attach	Record any notes, as well as the date and time for promotion of early attachment.	
MRR_DIS_CHECK_PROM_ATTACH_NUM <i>(required)</i>	Promotion of early attachment: Notes	
MRR_DIS_CHECK_PROM_ATTACH_DATE <i>(required)</i>	Promotion of early attachment: Date: DD/MM/YYYY	
MRR_DIS_CHECK_PROM_ATTACH_TIME <i>(required)</i>	Promotion of early attachment: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_involuc_ut <i>Group relevant when: selected(\${MRR_DIS_CHECK_INVOLUC_UT_REG} , '1')</i>		
note_mrr_dis_check_involuc_ut	Record any notes, as well as the date and time for uterine involution.	
MRR_DIS_CHECK_INVOLUC_UT_NUM <i>(required)</i>	Uterine involution: Notes	
MRR_DIS_CHECK_INVOLUC_UT_DATE <i>(required)</i>	Uterine involution: Date: DD/MM/YYYY	
MRR_DIS_CHECK_INVOLUC_UT_TIME <i>(required)</i>	Uterine involution: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_bleed <i>Group relevant when: selected(\${MRR_DIS_CHECK_BLEED_REG} , '1')</i>		
note_mrr_dis_check_bleed	Record any notes, as well as the date and time for the presence of blood or hemorrhaging.	
MRR_DIS_CHECK_BLEED_NUM <i>(required)</i>	Presence of blood or hemorrhaging: Notes	
MRR_DIS_CHECK_BLEED_DATE <i>(required)</i>	Presence of blood or hemorrhaging: Date: DD/MM/YYYY	
MRR_DIS_CHECK_BLEED_TIME <i>(required)</i>	Presence of blood or hemorrhaging: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_abnorm <i>Group relevant when: selected(\${MRR_DIS_CHECK_ABNORM_REG} , '1')</i>		
note_mrr_dis_check_abnorm	Record any notes, as well as the date and time for the presence of abnormal bleeding.	
MRR_DIS_CHECK_ABNORM_NUM <i>(required)</i>	Presence of abnormal bleeding: Notes	
MRR_DIS_CHECK_ABNORM_DATE <i>(required)</i>	Presence of abnormal bleeding: Date: DD/MM/YYYY	
MRR_DIS_CHECK_ABNORM_TIME <i>(required)</i>	Presence of abnormal bleeding: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_lochia <i>Group relevant when: selected(\${MRR_DIS_CHECK_LOCHIA_REG} , '1')</i>		
note_mrr_dis_check_lochia	Record any notes, as well as the date and time for lochia characteristics.	
MRR_DIS_CHECK_LOCHIA_NUM <i>(required)</i>	Lochia characteristics: Notes	
MRR_DIS_CHECK_LOCHIA_DATE <i>(required)</i>	Lochia characteristics: Date: DD/MM/YYYY	
MRR_DIS_CHECK_LOCHIA_TIME <i>(required)</i>	Lochia characteristics: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_vag		

Field	Question	Answer
Group relevant when: selected(\${MRR_DIS_CHECK_VAG_REG} , '1')		
note_mrr_dis_check_vag	Record any notes, as well as the date and time for vaginal revision.	
MRR_DIS_CHECK_VAG_NUM (required)	Vaginal revision: Notes	
MRR_DIS_CHECK_VAG_DATE (required)	Vaginal revision: Date: DD/MM/YYYY	
MRR_DIS_CHECK_VAG_TIME (required)	Vaginal revision: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_dis_check_oth1		
Group relevant when: selected(\${MRR_DIS_CHECK_OTH1_REG} , '1')		
note_mrr_dis_check_oth1	Record the value, as well as the date and time of the checkup for [MRR_DIS_CHECK_OTH1_NAME].	
MRR_DIS_CHECK_OTH1_NUM (required)	[MRR_DIS_CHECK_OTH1_NAME]: Value	
MRR_DIS_CHECK_OTH1_DATE (required)	[MRR_DIS_CHECK_OTH1_NAME]: Date: DD/MM/YYYY	
MRR_DIS_CHECK_OTH1_TIME (required)	[MRR_DIS_CHECK_OTH1_NAME]: Time: HH:MM	
Postpartum Care > group_eligible_pos > Discharge > group_mrr_wom_lochias_dis		
MRR_WOM_LOCHIAS_NUM_DIS (required)	Amount of lochia at discharge: Question relevant when: selected(\${MRR_DIS_CHECK_LOCHIA_REG} , '1')	1 Normal lochia
		2 Abundant lochia
		-1 Not recorded
MRR_WOM_LOCHIAS_LOOKS_DIS (required)	Appearance of lochia at discharge: Question relevant when: selected(\${MRR_DIS_CHECK_LOCHIA_REG} , '1')	1 Normal lochia
		2 Abundant lochia
		-1 Not recorded
MRR_WOM_LOCHIAS_OROD_DIS (required)	Odor of lochia at discharge: Question relevant when: selected(\${MRR_DIS_CHECK_LOCHIA_REG} , '1')	1 Normal lochia
		2 Abundant lochia
		-1 Not recorded
MRR_POS_OUT (required)	What was the outcome of the pregnancy?	1 Birth
		3 Stillbirth
		995 Other (specify)
		-1 Not recorded
MRR_POS_OUT_BIRTH (required)	Birth result: Question relevant when: selected(\${MRR_POS_OUT} , '1')	1 Normal vaginal delivery
		2 C-section
		3 Still birth
		995 Other (specify)
		-1 Not recorded
MRR_POS_CSECT_TYPE (required)	Type of C-section: Question relevant when: selected(\${MRR_POS_OUT} , '2')	1 Emergency
		2 Elective
		-1 Not recorded
MRR_POS_TYPE (required)	Mode of delivery: Question relevant when: selected(\${MRR_POS_OUT} , '1')	1 Singleton
		2 Multiple
		-1 Not recorded
MRR_POS_NUM (required)	How many babies were born? Question relevant when: selected(\${MRR_POS_TYPE} , '2')	1 2
		2 3
		995 Other (specify)
		-1 Not recorded
note_validate_pos_num_spec	Please enter a whole number of babies greater than or equal to 4. Question relevant when: \${MRR_POS_NUM_TEXT} != null and (\${MRR_POS_NUM_TEXT} != int(\${MRR_POS_NUM_TEXT}) or int(\${MRR_POS_NUM_TEXT}) < 4)	
MRR_POS_BABY_GEN (required)	Gender of the baby : Question relevant when: selected(\${MRR_POS_TYPE} , '1')	1 Boy
		2 Girl
		-1 Not recorded
MRR_POS_BABY_GEN_TWINS (required)	Gender of the babies : Question relevant when: selected(\${MRR_POS_TYPE} , '2') and selected(\${MRR_POS_NUM} , '1')	1 Male
		2 Female
		3 Male and female
		-1 Not recorded
Postpartum Care > group_eligible_pos > Discharge > group_mrr_pos_baby_gen_gender		
Group relevant when: selected(\${MRR_POS_TYPE} , '2') and not(selected(\${MRR_POS_NUM} , '1')) and not(selected(\${MRR_POS_NUM} , '-1'))		
MRR_POS_BABY_GEN_GENDER_1_TEXT (required)	How many babies were male? Enter -1 if not recorded.	
MRR_POS_BABY_GEN_GENDER_2_TEXT (required)	How many babies were female? Enter -1 if not recorded.	
note_validate_num_babies (required)	You indicated that there were [MRR_POS_NUM_TEXT] babies born, but that there were [MRR_POS_BABY_GEN_GENDER_1_TEXT] males and	

Field	Question	Answer		
	[MRR_POS_BABY_GEN_GENDER_2_TEXT] females. Please make sure that the number of males and females equals the total number of babies born. <i>Question relevant when: selected(\${MRR_POS_NUM} , '995') and (\${MRR_POS_NUM_TEXT} != (\${MRR_POS_BABY_GEN_GENDER_1_TEXT} + \${MRR_POS_BABY_GEN_GENDER_2_TEXT}))</i>			
note_validate_num_triplets <i>(required)</i>	You indicated that there were 3 babies born, but that there were [MRR_POS_BABY_GEN_GENDER_1_TEXT] males and [MRR_POS_BABY_GEN_GENDER_2_TEXT] females. Please make sure that the number of males and females equals the total number of babies born. <i>Question relevant when: selected(\${MRR_POS_NUM} , 2) and (\${MRR_POS_BABY_GEN_GENDER_1_TEXT} + \${MRR_POS_BABY_GEN_GENDER_2_TEXT} != 3)</i>			
MRR_NEW_ATT <i>(required)</i>	Who attended the newborn baby/babies immediately after delivery? <i>Question relevant when: not(selected(\${MRR_POS_OUT} , '3'))</i>	1	Doctor	
		2	Nurse	
		3	Midwife	
		4	Social worker	
		5	Intern	
		0	None	
		995	Other (specify)	
		-1	Not recorded	
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1)		(Repeated group)		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_mrr_new_check1 <i>Group relevant when: not(selected(\${MRR_POS_TYPE} , '3'))</i>				
label_mrr_new_check1	Please check if the following procedures were done for baby #1 .	1	Yes	
		0	No	
MRR_NEW_CHECK_VITK_REG <i>(required)</i>	Administration of Vitamin K	1	Yes	
		0	No	
MRR_NEW_CHECK_CHL_REG <i>(required)</i>	Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol	1	Yes	
		0	No	
MRR_NEW_CHECK_UMB_REG <i>(required)</i>	Curing the umbilical cord with water and chlorhexidine	1	Yes	
		0	No	
MRR_NEW_CHECK_ALCOHOL_REG <i>(required)</i>	Curing the umbilical cord with alcohol	1	Yes	
		0	No	
MRR_NEW_CHECK_MALF_REG <i>(required)</i>	Evaluation of malformations presence	1	Yes	
		0	No	
MRR_NEW_CHECK_SKIN_REG <i>(required)</i>	Skin color assessment	1	Yes	
		0	No	
MRR_NEW_CHECK_BCG_REG <i>(required)</i>	Application of BCG vaccination	1	Yes	
		0	No	
MRR_NEW_CHECK_GES_REG <i>(required)</i>	Gestational age assessment (Capurro or Ballard)	1	Yes	
		0	No	
MRR_NEW_CHECK_DANG_SIGN_REG <i>(required)</i>	Evaluation of danger signs	1	Yes	
		0	No	
MRR_NEW_CHECK_LACT_REG <i>(required)</i>	Promotion of breastfeeding and early attachment	1	Yes	
		0	No	
MRR_NEW_CHECK_SILVHART_REG <i>(required)</i>	Silverman test performed	1	Yes	
		0	No	
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_mrr_new_check_datetime				
MRR_NEW_CHECK_VITK_DATE <i>(required)</i>	Administration of Vitamin K: Date: DD/MM/YYYY <i>Question relevant when: \${MRR_NEW_CHECK_VITK_REG} = 1</i>			
MRR_NEW_CHECK_VITK_TIME <i>(required)</i>	Administration of Vitamin K: Time: HH:MM <i>Question relevant when: \${MRR_NEW_CHECK_VITK_REG} = 1</i>			
MRR_NEW_CHECK_CHL_DATE <i>(required)</i>	Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol: Date: DD/MM/YYYY <i>Question relevant when: \${MRR_NEW_CHECK_CHL_REG} = 1</i>			
MRR_NEW_CHECK_CHL_TIME <i>(required)</i>	Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol: Time: HH:MM <i>Question relevant when: \${MRR_NEW_CHECK_CHL_REG} = 1</i>			
MRR_NEW_CHECK_UMB_DATE <i>(required)</i>	Curing the umbilical cord with water and chlorhexidine: Date: DD/MM/YYYY			

Field	Question	Answer
	Question relevant when: \${MRR_NEW_CHECK_UMB_REG} = 1	
MRR_NEW_CHECK_UMB_TIME <i>(required)</i>	Curing the umbilical cord with water and chlorhexidine: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_UMB_REG} = 1	
MRR_NEW_CHECK_ALCOHOL_DATE <i>(required)</i>	Curing the umbilical cord with alcohol: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_ALCOHOL_REG} = 1	
MRR_NEW_CHECK_ALCOHOL_TIME <i>(required)</i>	Curing the umbilical cord with alcohol: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_ALCOHOL_REG} = 1	
MRR_NEW_CHECK_MALF_DATE <i>(required)</i>	Evaluation of malformations presence: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_MALF_REG} = 1	
MRR_NEW_CHECK_MALF_TIME <i>(required)</i>	Evaluation of malformations presence: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_MALF_REG} = 1	
MRR_NEW_CHECK_SKIN_DATE <i>(required)</i>	Skin color assessment: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_SKIN_REG} = 1	
MRR_NEW_CHECK_SKIN_TIME <i>(required)</i>	Skin color assessment: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_SKIN_REG} = 1	
MRR_NEW_CHECK_BCG_DATE <i>(required)</i>	Application of BCG vaccination: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_BCG_REG} = 1	
MRR_NEW_CHECK_BCG_TIME <i>(required)</i>	Application of BCG vaccination: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_BCG_REG} = 1	
MRR_NEW_CHECK_GES_DATE <i>(required)</i>	Gestational age assessment (Capurro or Ballard): Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_GES_REG} = 1	
MRR_NEW_CHECK_GES_TIME <i>(required)</i>	Gestational age assessment (Capurro or Ballard): Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_GES_REG} = 1	
MRR_NEW_CHECK_DANG_SIGN_DATE <i>(required)</i>	Evaluation of danger signs: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_DANG_SIGN_REG} = 1	
MRR_NEW_CHECK_DANG_SIGN_TIME <i>(required)</i>	Evaluation of danger signs: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_DANG_SIGN_REG} = 1	
MRR_NEW_CHECK_LACT_DATE <i>(required)</i>	Promotion of breastfeeding and early attachment: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_LACT_REG} = 1	
MRR_NEW_CHECK_LACT_TIME <i>(required)</i>	Promotion of breastfeeding and early attachment: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_LACT_REG} = 1	
MRR_NEW_CHECK_SILVHART_DATE <i>(required)</i>	Silverman test performed: Date: DD/MM/YYYY Question relevant when: \${MRR_NEW_CHECK_SILVHART_REG} = 1	
MRR_NEW_CHECK_SILVHART_TIME <i>(required)</i>	Silverman test performed: Time: HH:MM Question relevant when: \${MRR_NEW_CHECK_SILVHART_REG} = 1	
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_mrr_new_check2		
label_mrr_new_check2	Please note if the following measurements were made for baby #1 .	1 Yes
		0 No
MRR_NEW_CHECK_AP1_REG <i>(required)</i>	APGAR score at 1 minute	1 Yes
		0 No
MRR_NEW_CHECK_AP5_REG <i>(required)</i>	APGAR score at 5 minutes	1 Yes
		0 No
MRR_NEW_CHECK_PULS_REG <i>(required)</i>	Pulse	1 Yes
		0 No
MRR_NEW_CHECK_HR_REG <i>(required)</i>	Heart rate (hr)	1 Yes
		0 No
MRR_NEW_CHECK_RESP_REG <i>(required)</i>	Respiratory rate (rr)	1 Yes
		0 No
MRR_NEW_CHECK_WT_REG <i>(required)</i>	Weight	1 Yes
		0 No

Field	Question	Answer	
MRR_NEW_CHECK_HT_REG <i>(required)</i>	Length/height	1	Yes
		0	No
MRR_NEW_CHECK_CIRC_REG <i>(required)</i>	Head circumference	1	Yes
		0	No
MRR_NEW_CHECK_TEMP_REG <i>(required)</i>	Temperature (T°)	1	Yes
		0	No
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_apg1 Group relevant when: \${MRR_NEW_CHECK_APG1_REG} = 1			
note_new_check2_apg1	Please note the value, date, and time for APGAR score at 1 minute for baby #1 .		
MRR_NEW_CHECK_APG1_NUM <i>(required)</i>	APGAR score at 1 minute: Value Enter -1 if not recorded.		
MRR_NEW_CHECK_APG1_DATE <i>(required)</i>	APGAR score at 1 minute: Date: DD/MM/YYYY		
MRR_NEW_CHECK_APG1_TIME <i>(required)</i>	APGAR score at 1 minute: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_apg5 Group relevant when: \${MRR_NEW_CHECK_APG5_REG} = 1			
note_new_check2_apg5	Please note the value, date, and time for APGAR score at 5 minutes for baby #1 .		
MRR_NEW_CHECK_APG5_NUM <i>(required)</i>	APGAR score at 5 minutes: Value Enter -1 if not recorded.		
MRR_NEW_CHECK_APG5_DATE <i>(required)</i>	APGAR score at 5 minutes: Date: DD/MM/YYYY		
MRR_NEW_CHECK_APG5_TIME <i>(required)</i>	APGAR score at 5 minutes: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_puls Group relevant when: \${MRR_NEW_CHECK_PULS_REG} = 1			
note_new_check2_puls	Please note the value, date, and time for Pulse for baby #1 .		
MRR_NEW_CHECK_PULS_NUM <i>(required)</i>	Pulse: Value (per minute) Enter -1 if not recorded.		
MRR_NEW_CHECK_PULS_DATE <i>(required)</i>	Pulse: Date: DD/MM/YYYY		
MRR_NEW_CHECK_PULS_TIME <i>(required)</i>	Pulse: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_hr Group relevant when: \${MRR_NEW_CHECK_HR_REG} = 1			
note_new_check2_hr	Please note the value, date, and time for Heart rate (hr) for baby #1 .		
MRR_NEW_CHECK_HR_NUM <i>(required)</i>	Heart rate (hr): Value (per minute) Enter -1 if not recorded.		
MRR_NEW_CHECK_HR_DATE <i>(required)</i>	Heart rate (hr): Date: DD/MM/YYYY		
MRR_NEW_CHECK_HR_TIME <i>(required)</i>	Heart rate (hr): Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_resp Group relevant when: \${MRR_NEW_CHECK_RESP_REG} = 1			
note_new_check2_resp	Please note the value, date, and time for Respiratory rate (rr) for baby #1 .		
MRR_NEW_CHECK_RESP_NUM <i>(required)</i>	Respiratory rate (rr): Value Enter -1 if not recorded.		
MRR_NEW_CHECK_RESP_DATE <i>(required)</i>	Respiratory rate (rr): Date: DD/MM/YYYY		
MRR_NEW_CHECK_RESP_TIME <i>(required)</i>	Respiratory rate (rr): Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_wt Group relevant when: \${MRR_NEW_CHECK_WT_REG} = 1			
note_new_check2_wt	Please note the value, date, and time for Weight for baby #1 .		
MRR_NEW_CHECK_WT_NUM <i>(required)</i>	Weight: Value (gr) Enter -1 if not recorded.		
MRR_NEW_CHECK_WT_DATE <i>(required)</i>	Weight: Date: DD/MM/YYYY		
MRR_NEW_CHECK_WT_TIME <i>(required)</i>	Weight: Time: HH:MM		
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_ht Group relevant when: \${MRR_NEW_CHECK_HT_REG} = 1			
note_new_check2_ht	Please note the value, date, and time for Height for baby #1 .		
MRR_NEW_CHECK_HT_NUM <i>(required)</i>	Length/height: Value (cm) Enter -1 if not recorded.		
MRR_NEW_CHECK_HT_DATE <i>(required)</i>	Length/height: Date: DD/MM/YYYY		
MRR_NEW_CHECK_HT_TIME <i>(required)</i>	Length/height: Time:		

Field	Question	Answer																																		
	HH:MM																																			
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_circ Group relevant when: \${MRR_NEW_CHECK_CIRC_REG} = 1																																				
note_new_check2_circ	Please note the value, date, and time for Head circumference for baby #1 .																																			
MRR_NEW_CHECK_CIRC_NUM <i>(required)</i>	Head circumference: Value (cm) Enter -1 if not recorded.																																			
MRR_NEW_CHECK_CIRC_DATE <i>(required)</i>	Head circumference: Date: DD/MM/YYYY																																			
MRR_NEW_CHECK_CIRC_TIME <i>(required)</i>	Head circumference: Time: HH:MM																																			
Postpartum Care > group_eligible_pos > Discharge > Newborn check (1) > group_new_check2_temp Group relevant when: \${MRR_NEW_CHECK_TEMP_REG} = 1																																				
note_new_check2_temp	Please note the value, date, and time for Temperature (T°) for baby #1 .																																			
MRR_NEW_CHECK_TEMP_NUM <i>(required)</i>	Temperature: Value (°C) Enter -1 if not recorded.																																			
MRR_NEW_CHECK_TEMP_DATE <i>(required)</i>	Temperature: Date: DD/MM/YYYY																																			
MRR_NEW_CHECK_TEMP_TIME <i>(required)</i>	Temperature: Time: HH:MM																																			
group_mrr_app Group relevant when: selected(\${MRR_RECORDS} , 'PPM') and \${MRR_POS_DOB_SPEC} >= date('2019-01-01') and \${MRR_POS_DOB_SPEC} <= date('2022-07-15') and \${MRR_POS_DOB_SPEC} != -1																																				
MRR_APP_FP <i>(required)</i>	Did the woman receive contraception?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Referred</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	2	No	3	Referred	-1	Not recorded																										
1	Yes																																			
2	No																																			
3	Referred																																			
-1	Not recorded																																			
MRR_APP_FP_INFORM <i>(required)</i>	Was the woman informed about contraception? Question relevant when: selected(\${MRR_APP_FP} , '2')	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Yes	0	No	-1	Not recorded																												
1	Yes																																			
0	No																																			
-1	Not recorded																																			
MRR_NAME_FP <i>(required)</i>	Method of contraception received: Question relevant when: selected(\${MRR_APP_FP} , '1')	<table> <tr><td>RHY</td><td>Natural/rhythm</td></tr> <tr><td>CON</td><td>Condom (unspecified)</td></tr> <tr><td>MCON</td><td>Male/external condom</td></tr> <tr><td>FCON</td><td>Female/internal condom</td></tr> <tr><td>BARR</td><td>Other barrier methods</td></tr> <tr><td>IUD</td><td>IUD</td></tr> <tr><td>INJ</td><td>Injection (unspecified)</td></tr> <tr><td>INJCOM</td><td>Combined injection</td></tr> <tr><td>INJPROG</td><td>Progestin-only injectable</td></tr> <tr><td>OCP</td><td>Pills (unspecified)</td></tr> <tr><td>OCPCOM</td><td>Combined pills</td></tr> <tr><td>OCPPROG</td><td>Progestin-only pills</td></tr> <tr><td>MELA</td><td>MELA (exclusive method of lactation and amenorrhea)</td></tr> <tr><td>TUB</td><td>Tubal ligation</td></tr> <tr><td>IMP</td><td>Implant</td></tr> <tr><td>OTH</td><td>Other (specify):</td></tr> <tr><td>NR</td><td>Not recorded</td></tr> </table>	RHY	Natural/rhythm	CON	Condom (unspecified)	MCON	Male/external condom	FCON	Female/internal condom	BARR	Other barrier methods	IUD	IUD	INJ	Injection (unspecified)	INJCOM	Combined injection	INJPROG	Progestin-only injectable	OCP	Pills (unspecified)	OCPCOM	Combined pills	OCPPROG	Progestin-only pills	MELA	MELA (exclusive method of lactation and amenorrhea)	TUB	Tubal ligation	IMP	Implant	OTH	Other (specify):	NR	Not recorded
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group_mrr_app > Result of the stay in the medical unit																																				
MRR_DISPOSITION <i>(required)</i>	Disposition	<table> <tr><td>1</td><td>Death in hospital</td></tr> <tr><td>2</td><td>Discharged home</td></tr> <tr><td>6</td><td>Referred to another facility</td></tr> <tr><td>3</td><td>Transferred to another facility</td></tr> <tr><td>4</td><td>Left against medical advice</td></tr> <tr><td>5</td><td>Unknown</td></tr> <tr><td>995</td><td>Other (specify)</td></tr> <tr><td>-1</td><td>Not recorded</td></tr> </table>	1	Death in hospital	2	Discharged home	6	Referred to another facility	3	Transferred to another facility	4	Left against medical advice	5	Unknown	995	Other (specify)	-1	Not recorded																		
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-1	Not recorded																																			
MRR_POS_REF_ACCOMTO <i>(required)</i>	Was the woman accompanied by a health facility worker?	<table> <tr><td>1</td><td>Yes, by a doctor</td></tr> </table>	1	Yes, by a doctor																																
1	Yes, by a doctor																																			

Field	Question	2 Yes, by a nurse	
		Answer	
	<i>Question relevant when: selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3')</i>		
		995	Yes, by another worker
		0	No
		-1	Not recorded
MRR_POS_REF_REASTO <i>(required)</i>	Reason for referral/transfer: <i>Question relevant when: selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3')</i>	1	Complications during delivery
		2	Maternal complications after delivery
		3	Neonatal complications
		995	Other (specify)
		-1	Not recorded
MRR_POS_REF_NAMETO <i>(required)</i>	The place to which she was referred/transferred <i>Question relevant when: selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3')</i>	05	August Pine Ridge Health Center
		20	Caledonia Health Center
		17	Corozal Community Hospital
		18	Corozal Health Center (Urban)
		42	Georgeville Health Center
		06	Guinea Grass Health Center
		21	Libertad Health Center
		01	Northern Regional Hospital
		02	Orange Walk Health Center (Urban)
		23	Progreso Health Center
		46	San Antonio Health Center
		04	San Felipe Health Center
		39	San Ignacio Community Hospital
		40	San Ignacio Health Center (Urban)
		19	San Narciso Health Center
		45	San Pedro Health Center
		22	Sarteneja Health Center
		33	Valley of Peace Health Center
		31	Western Regional Hospital
		03	Zenobia Meggs Health Center
		32	Belmopan Health Center (Urban)
		41	Dr. Kevin & Kenneth Gurree Polyclinic II (Mopan Clinic)
		60	National Hospital Belize City (KMHM)
		995	Other (specify):
		-1	Not recorded
MRR_POS_REF_TYPETO <i>(required)</i>	Type of health facility the woman was referred/transferred to: <i>Question relevant when: selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3')</i>	1	Health Clinic / Health Post / Mobile Unit/ Polyclinic
		2	Community Hospital
		3	Regional hospital
		995	Other (specify):
		-1	Not recorded
MRR_DIS_DATE_SPEC <i>(required)</i>	Date of discharge/transfer/referral: DD/MM/YYYY <i>Question relevant when: selected(\${MRR_DISPOSITION} , '2') or selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3') or selected(\${MRR_DISPOSITION} , '4') or selected(\${MRR_DISPOSITION} , '995')</i>		
MRR_DIS_TIME_SPEC <i>(required)</i>	Time of discharge/transfer/referral: HH:MM <i>Question relevant when: selected(\${MRR_DISPOSITION} , '2') or selected(\${MRR_DISPOSITION} , '6') or selected(\${MRR_DISPOSITION} , '3') or selected(\${MRR_DISPOSITION} , '4') or selected(\${MRR_DISPOSITION} , '995')</i>		
MRR_DEATH_DATE_SPEC <i>(required)</i>	Date of death:		

Field	Question	Answer
	DD/MM/YYYY Question relevant when: selected(\${MRR_DISPOSITION} , '1')	
MRR_DEATH_TIME_SPEC (required)	Time of death: HH:MM Question relevant when: selected(\${MRR_DISPOSITION} , '1')	
Postpartum care (After 7) Group relevant when: selected(\${MRR_RECORDS} , 'PPM') or selected(\${MRR_RECORDS} , 'ANC')		
MRR_WOM_ANC_PPM (required)	Is there a record of postpartum care in the record? This does not include the immediate postpartum checkup.	1 Yes
		0 No
		-1 Not recorded
MRR_WOM_ANC_PPM_DOB	Is the date of birth recorded? Question relevant when: selected(\${MRR_WOM_ANC_PPM} , '1') and \${MRR_DEL_DATE_SPEC} = null and \${MRR_POS_DOB_SPEC} = null	1 Yes
		0 No
MRR_WOM_ANC_PPM_DOB_SPEC (required)	Please record the date of birth: Question relevant when: selected(\${MRR_WOM_ANC_PPM_DOB} , '1') and \${calc_end_survey3} != 1	
MRR_WOM_ANC_PPM_DOB_TIME_SPEC (required)	Please record the time of birth: HH:MM Question relevant when: selected(\${MRR_WOM_ANC_PPM_DOB} , '1')	
MRR_WOM_ANC_PPM_VISITDATE (required)	Please record the date of the first visit after delivery (this does not include the immediate postpartum checkup):	1 Date:
		-1 Not recorded
MRR_WOM_ANC_PPM_VISITDATE_SPEC (required)	Please record the date of the first visit after delivery (this does not include the immediate postpartum checkup): Question relevant when: selected(\${MRR_WOM_ANC_PPM} , '1') and selected(\${MRR_WOM_ANC_PPM_VISITDATE} , 1)	
note_validate_ppm_after_birth	You entered a postpartum date before the date of birth. Please return to correct this error. Question relevant when: \${MRR_WOM_ANC_PPM_VISITDATE_SPEC} < \${calc_all_encompass_bday}	
MRR_WOM_ANC_PPM_WEEK (required)	When was the first postpartum visit? Question relevant when: selected(\${MRR_WOM_ANC_PPM_VISITDATE} , '1')	1 Less than 1 week (<= 7 days)
		2 1-2 weeks
		3 2 weeks to a month
		4 After one month
Postpartum care (After 7) > group_mrr_anc_ppm_check1 Group relevant when: selected(\${MRR_WOM_ANC_PPM} , '1')		
label_mrr_anc_ppm_check1	Please check if the following checkups were done for the woman during the 1st visit to this health facility.	1 Yes
		0 No
MRR_ANC_PPM_CHECK_BP_REG (required)	Blood pressure (bp)	1 Yes
		0 No
MRR_ANC_PPM_CHECK_TEMP_REG (required)	Temperature	1 Yes
		0 No
MRR_ANC_PPM_CHECK_PULS_REG (required)	Pulse	1 Yes
		0 No
MRR_ANC_PPM_CHECK_HR_REG (required)	Heart rate	1 Yes
		0 No
MRR_ANC_PPM_CHECK_RESP_REG (required)	Respiratory rate	1 Yes
		0 No
MRR_ANC_PPM_CHECK_OTH1_REG	Other (specify)	1 Yes
		0 No
MRR_ANC_PPM_CHECK_OTH2_REG	Other (specify)	1 Yes
		0 No
MRR_ANC_PPM_CHECK_OTH3_REG	Other (specify)	1 Yes
		0 No
Postpartum care (After 7) > group_mrr_anc_ppm_check_bp Group relevant when: selected(\${MRR_ANC_PPM_CHECK_BP_REG} , '1')		
note_mrr_anc_ppm_check_bp	Record the value, as well as the date and time of the checkup for blood pressure.	
MRR_ANC_PPM_CHECK_BP_NUM_SYST (required)	Blood pressure - systolic: Enter -1 if not recorded.	
MRR_ANC_PPM_CHECK_BP_NUM_DIAS (required)	Blood pressure - diastolic: Enter -1 if not recorded.	
MRR_ANC_PPM_CHECK_BP_DATE (required)	Blood pressure: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_BP_TIME (required)	Blood pressure: Time: HH:MM	

Field	Question	Answer
Postpartum care (After 7) > group_mrr_anc_ppm_check_temp <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_TEMP_REG} , '1')</i>		
note_mrr_anc_ppm_check_temp	Record the value, as well as the date and time of the checkup for temperature.	
MRR_ANC_PPM_CHECK_TEMP_NUM <i>(required)</i>	Temperature: Value (°C) <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_TEMP_DATE <i>(required)</i>	Temperature: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_TEMP_TIME <i>(required)</i>	Temperature: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_puls <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_PULS_REG} , '1')</i>		
note_mrr_anc_ppm_check_puls	Record the value, as well as the date and time of the checkup for pulse.	
MRR_ANC_PPM_CHECK_PULS_NUM <i>(required)</i>	Pulse: Value (per minute) <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_PULS_DATE <i>(required)</i>	Pulse: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_PULS_TIME <i>(required)</i>	Pulse: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_hr <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_HR_REG} , '1')</i>		
note_mrr_anc_ppm_check_hr	Record the value, as well as the date and time of the checkup for heart rate.	
MRR_ANC_PPM_CHECK_HR_NUM <i>(required)</i>	Heart rate: Value (per minute) <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_HR_DATE <i>(required)</i>	Heart rate: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_HR_TIME <i>(required)</i>	Heart rate: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_resp <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_RESP_REG} , '1')</i>		
note_mrr_anc_ppm_check_resp	Record the value, as well as the date and time of the checkup for respiratory rate.	
MRR_ANC_PPM_CHECK_RESP_NUM <i>(required)</i>	Respiratory rate: Value (per minute) <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_RESP_DATE <i>(required)</i>	Respiratory rate: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_RESP_TIME <i>(required)</i>	Respiratory rate: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_oth1 <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_OTH1_REG} , '1')</i>		
note_mrr_anc_ppm_check_oth1	Record the value, as well as the date and time of the checkup for [MRR_ANC_PPM_CHECK_OTH1_NAME].	
MRR_ANC_PPM_CHECK_OTH1_NUM <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH1_NAME]: Value <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_OTH1_DATE <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH1_NAME]: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_OTH1_TIME <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH1_NAME]: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_oth2 <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_OTH2_REG} , '1')</i>		
note_mrr_anc_ppm_check_oth2	Record the value, as well as the date and time of the checkup for [MRR_ANC_PPM_CHECK_OTH2_NAME].	
MRR_ANC_PPM_CHECK_OTH2_NUM <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH2_NAME]: Value <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_OTH2_DATE <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH2_NAME]: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_OTH2_TIME <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH2_NAME]: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check_oth3 <i>Group relevant when: selected(\${MRR_ANC_PPM_CHECK_OTH3_REG} , '1')</i>		
note_mrr_anc_ppm_check_oth3	Record the value, as well as the date and time of the checkup for [MRR_ANC_PPM_CHECK_OTH3_NAME].	
MRR_ANC_PPM_CHECK_OTH3_NUM <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH3_NAME]: Value <i>Enter -1 if not recorded.</i>	
MRR_ANC_PPM_CHECK_OTH3_DATE <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH3_NAME]: Date: DD/MM/YYYY	
MRR_ANC_PPM_CHECK_OTH3_TIME <i>(required)</i>	[MRR_ANC_PPM_CHECK_OTH3_NAME]: Time: HH:MM	
Postpartum care (After 7) > group_mrr_anc_ppm_check2 <i>Group relevant when: selected(\${MRR_WOM_ANC_PPM} , '1')</i>		

Field	Question	Answer	
label_mrr_anc_ppm_check2	Please check if the following checkups were done for the woman during the 1st visit to this health facility.	1	Yes
		0	No
MRR_ANC_PPM_CHECK_UTE_REG <i>(required)</i>	Uterine involution	1	Yes
		0	No
MRR_ANC_PPM_CHECK_ABNORM_REG <i>(required)</i>	Presence of abnormal bleeding	1	Yes
		0	No
MRR_ANC_PPM_CHECK_LOCH_REG <i>(required)</i>	Lochia characteristic	1	Yes
		0	No
MRR_WOM_ANC_PPM_VISITDATE2_SPEC <i>(required)</i>	Date of the second postpartum visit after delivery: DD/MM/YYYY <i>Question relevant when: selected(\${MRR_WOM_ANC_PPM} , '1')</i>		
COMMENT_NO_COMPL	Enter relevant comments about this section.		
End of survey			
note_no_compl_end	You have reached the end of the survey. Please click the button 'submit' to submit your responses and close the survey. You cannot modify any responses after the survey has been submitted. If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary. Thank you for your time today.		
SOURCE_BHIS_PAPER <i>(required)</i>	What did you use to complete this medical record review?	1	Both BHIS and paper record(s)
		2	BHIS only; no paper record(s) found or exists
		3	Paper record(s) only; no access to BHIS or BHIS record not found
CONFIRM_END_SURVEY <i>(required)</i>	Are you sure you want to complete the survey? You will not be able to return to make any changes after you proceed.	1	Yes
		0	No