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Collection: LOGIN
Contains: DATSTAT_ALTPID



Salud Mesoamerica Initiative (SMI)
Login page for the Health Facility Survey

Question: DATSTAT_ALTPID
Required



ID:

Collection: MEDICAL_RECORD_REVIEW
Contains: MRR_LOG_IN, MRR_GENERAL_QUESTIONS, MRR_ANC, MRR_DELIVERY, MRR_POSTPARTUM, MRR_PPM_AFTER7

Medical Record Review

Collection: MRR_LOG_IN
Contains: MRR_DATE, MRR_INTERVW_ID1, MRR_INTERVW_ID2, MRR_TYPE_UNIT, DISTRICT_ID, FACILITY_ID

Question: MRR_DATE
Required



1. Today's Date:

 (DD/MM/YYYY)

Question: MRR_INTERVW_ID1
Required



2. Interviewer ID 1:

Question: MRR_INTERVW_ID2



3. Interviewer ID 2:

Question: MRR_TYPE_UNIT
Required



Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit/ Polyclinic	
2	Community Hospital	
3	Regional hospital	

4. What type of health facility is this?

- ☐ Health Clinic / Health Post / Mobile Unit/ Polyclinic
☐ Community Hospital
☐ Regional hospital

Question: DISTRICT_ID
Required



Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	

5. District ID:



- ☐ Other

Question: FACILITY ID		Scale Summary
Code	Label	Show-If
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95	Other (specify):	

[illegible]

Contains: MRR_RECORDS, MRR_RECORDS_AMB, MRR_MENS_DATE, MRR_SELECTION, MRR_SELECTION_BACKUP, WOM_BOOKING, MRR_MAR_STAT, MRR_AGE, MRR_ETHNICITY, MRR_EDU, WOM_DIST_ID, WOM_SICKLE

Please review the medical record for the selected case, and extract the required information.

- ☐ Prenatal care
- ☐ Delivery care
- ☐ Postnatal care

Scale Summary		
Code	Label	Show-If

1	Prenatal care	
2	Postnatal care	

8. What type of attention did the woman receive in this facility?

- ☐ Prenatal care
- ☐ Postnatal care

Question: MRR_MENS_DATE

Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

9. Please note date of last menstrual period (LMP)

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded

Question: MRR_SELECTION

Required

Scale Summary		
Code	Label	Show-If
1	Sample determined by IHME (including backups)	
2	Electronic sample at the health facility	
3	Manual sample at the health facility	
995	Other:	

10. Method used to select the medical record:

- ☐ Sample determined by IHME (including backups)
- ☐ Electronic sample at the health facility
- ☐ Manual sample at the health facility
- ☐ Other:

Question: MRR_SELECTION_BACKUP

Required

Show if: (MRR_SELECTION = 1:[Sample determined by IHME (including backups)])

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No, this was a backup medical record determined by IHME	
995	Other:	

11. Was this record from the original sample determined by IHME?

- ☐ Yes
- ☐ No, this was a backup medical record determined by IHME
- ☐ Other:

This record is not eligible. You indicated that the last menstruation date was . Please review records with the last menstruation date between **21/09/2015 - 12/12/2016**. These dates ensure the review of records of women who gave birth in the previous two years.

This record for prenatal care is not eligible. You indicated that the last menstruation date was . Please review delivery records between 21/09/2015 - 17/09/2017.

Jump-To: JMP2

Description:

Jump-To-Item: END

Jump-If: ((DATE_ELEGIBILITY_2016 = 1) and (DATE_ELEGIBILITY_2015 = 0) and (MRR_RECORDS is-any-of)) or ((DATE_ELEGIBILITY_2015 = 1) and (DATE_ELEGIBILITY_2016 = 0) and (MRR_RECORDS is-any-of)) or ((DATE_ELEGIBILITY_2016 = 1) and (DATE_ELEGIBILITY_2014 = 0) and (MRR_RECORDS is-any-of)) or ((DATE_ELEGIBILITY_2014 = 1) and (DATE_ELEGIBILITY_2016 = 0) and (MRR_RECORDS is-any-of))

Question: WOM_BOOKING

Scale Summary		
Code	Label	Show-If
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☐ Other (specify):

☐ Not recorded



☐ Married
☐ Single
☐ Common law wife
☐ Divorced
☐ Widowed
☐ Other (specify):
☐ Not recorded



☐ Age:

☐ Not observed

http://localhost:13124/Previewer/Survey.aspx?_x=localhost-internal-BLZ_MRR_NO_CO... 5/22/2018

4	Chinese/Taiwanese	
5	Mayan (Mopan, Yucatec, Ketchi)	
6	Caucasian	
7	Mestizo	
8	Mennonite	
995	Other (Specify):	
-1	Not recorded	



15. Ethnicity:

- ☐ Creole
☐ East Indian
☐ Garifuna
☐ Chinese/Taiwanese
☐ Mayan (Mopan, Yucatec, Ketchi)
☐ Caucasian
☐ Mestizo
☐ Mennonite
☐ Other (Specify):
☐ Not recorded

Question: MRR_EDU

Required

Scale Summary		
Code	Label	Show-If
1	None	
2	Primary	
3	Secondary	
5	University	
-1	Not recorded	



16. Education:

- ☐ None
☐ Primary
☐ Secondary
☐ University
☐ Not recorded

Question: WOM_DIST_ID

Required

Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	



17. What district is the woman from:

- ☐ Orange Walk
☐ Corozal District
☐ Cayo District
☐ Other

Question: WOM_SICKLE

Required

Scale Summary		
Code	Label	Show-If
2	AS	
1	SS	
0	Neg	
-1	Not recorded	



18. Sickle Cell status:

- ☐ AS
☐ SS
☐ Neg
☐ Not recorded

Collection: MRR_ANC

Contains: MRR_ANC_NUM, MRR_ANC_DATE, MRR_ANC_REFFROM, MRR_ANC_REF_DATEFROM, MRR_ANC_REF_TIMEFROM, MRR_ANC_REF_NAMEFROM, MRR_ANC_REF_TYPEFROM, MRR_VISIT_1, MRR_VISIT_2, MRR_VISIT_3, MRR_VISIT_4, MRR_VISIT_5, MRR_VISIT_6, MRR_VISIT_7, MRR_VISIT_8, MRR_VISIT_9, MRR_VISIT_10, MRR_VISIT_11, MRR_VISIT_12, MRR_VISIT_13, MRR_VISIT_14, MRR_VISIT_15, WOM_ANC_SPECIAL_EVER, WOM_ANC_SPECIAL_TYPE, MRR_ANC_GRAPHS, MRR_ANC_LAB_TEST, MRR_ANC_RUBELLA, TET_VIGENTE, MRR_ANC_TET, MRR_ANC_HYPERTENSION, MRR_ANC_DIABETES, MRR_ANC_HIST_MIS, MRR_ANC_HIST_ABORT, MRR_ANC_HIST_ECL, MRR_ANC_HIST_MAL, MRR_ANC_REFTO, MRR_ANC_REF_DATETO, MRR_ANC_REF_TIMETO, MRR_ANC_REF_NAMETO, MRR_ANC_REF_TYPTO, MRR_ANC_PRE_OUT, MRR_ANC_OUT_MODE
Show if: (MRR_RECORDS is-any-of) or (MRR_RECORDS_AMB = 1:[Prenatal care])

Please select medical chart of women 15-49 years old who have been pregnant in the last two years according to the sampling strategy.

ANC Visit

Question: MRR_ANC_NUM**Required**


Scale Summary		
Code	Label	Show-If
1	Number:	
-1	Not recorded	

 19. Please review antenatal care section of medical record and note how many antenatal care visits were done

- ☐ Number:
- ☐ Not recorded

Question: MRR_ANC_DATE**Required**

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 20. Date of first antenatal care visit

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded


You indicated that the date of last menstruation was a date after the first prenatal visit. Please revise your answers:

Date of last menstruation:

Date of first prenatal visit:

Jump-To: GESTAGE_JUMP**Description:****Jump-To-Item:** MRR_GEN_QUESTIONS**Jump-If:** (TM_MRR_GEST_AGE < 0)**Question:** MRR_ANC_REFFROM**Required****Show if:** (MRR_ANC_NUM.SPEC < 5)


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 21. Was the woman referred FROM another health facility for prenatal care?

- ☐ Yes
- ☐ No

Question: MRR_ANC_REF_DATEFROM**Required****Show if:** (MRR_ANC_REFFROM = 1:[Yes])


Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 22. Date of referral:

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded

Question: MRR_ANC_REF_TIMEFROM**Required****Show if:** (MRR_ANC_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

 23. Time of referral:

- ☐ Time (HH:MM)
- ☐ Not recorded

Question: MRR_ANC_REF_NAMEFROM**Show if:** (MRR_ANC_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1		
1		
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1		

 24. Where was the woman referred from?

- ☐ Other (specify):
- ☐ Not recorded


Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit/ Polyclinic	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

- ☐ Health Clinic / Health Post / Mobile Unit/ Polyclinic
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Show if: (MRR ANC NUM.SPEC >= 1)

Scale Summary		
Code	Label	Show-If
1	Doctor	

2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	


 26. Please record who delivered ANC services during the first visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON1_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 27. Gestational age during the first visit.


- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON1

Contains: MRR_ANC_CON1_WT, MRR_ANC_CON1_BP, MRR_ANC_CON1_FUND, MRR_ANC_CON1_EDEMA, MRR_ANC_CON1_PULS, MRR_ANC_CON1_HR, MRR_ANC_CON1_RESPFREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 28. Please review antenatal care section of medical record and note if the following was performed during 1st ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Custom Layout Question: MRR_ANC_CON_BABY1

 29. 1st visit Date (DD/MM/YYYY)

Fetal heart rate
 Fetal movement

Collection: MRR_VISIT_2

Contains: MRR_ANC_SPE2, MRR_ANC_CON2_GESTAGE, MRR_ANC_CON2, MRR_ANC_CON2_BABY

Show if: (MRR_ANC_NUM.SPEC >= 2)

For visit #2, please answer the following questions:

Question: MRR_ANC_SPE2

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	

995	Other (specify)	
-1	Not recorded	


 30. Please record who delivered ANC services during the second visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON2_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 31. Gestational age during the second visit.


- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON2

Contains: MRR_ANC_CON2_WT, MRR_ANC_CON2_BP, MRR_ANC_CON2_FUND, MRR_ANC_CON2_EDEMA, MRR_ANC_CON2_PULS, MRR_ANC_CON2_HR, MRR_ANC_CON2_RESPFREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 32. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for the woman


	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON2_BABY

Contains: MRR_ANC_CON_BABY_FHR_2, MRR_ANC_CON_BABY_FM_2

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 33. Please review antenatal care section of medical record and note if the following was performed during 2nd ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_3

Contains: MRR_ANC_SPE3, MRR_ANC_CON3_GESTAGE, MRR_ANC_CON3, MRR_ANC_CON3_BABY

Show if: (MRR_ANC_NUM.SPEC >= 3)

For visit #3, please answer the following questions:

Question: MRR_ANC_SPE3

Required

Scale Summary		
Code	Label	Show-If

1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	


 34. Please record who delivered ANC services during the third visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON3_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 35. Gestational age during the third visit.


- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON3

Contains: MRR_ANC_CON3_WT, MRR_ANC_CON3_BP, MRR_ANC_CON3_FUND, MRR_ANC_CON3_EDEMA, MRR_ANC_CON3_PULS, MRR_ANC_CON3_HR, MRR_ANC_CON3_RESPPREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 36. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for the woman


	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON3_BABY

Contains: MRR_ANC_CON_BABY_FHR_3, MRR_ANC_CON_BABY_FM_3

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 37. Please review antenatal care section of medical record and note if the following was performed during 3rd ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_4

Contains: MRR_ANC_SPE4, MRR_ANC_CON4_GESTAGE, MRR_ANC_CON4, MRR_ANC_CON4_BABY

Show if: (MRR_ANC_NUM.SPEC >= 4)

For visit #4, please answer the following questions:

Question: MRR_ANC_SPE4**Required**

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	



38. Please record who delivered ANC services during the fourth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON4_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	



39. Gestational age during the fourth visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON4**Contains:** MRR_ANC_CON4_WT, MRR_ANC_CON4_BP, MRR_ANC_CON4_FUND, MRR_ANC_CON4_EDEMA, MRR_ANC_CON4_PULS, MRR_ANC_CON4_HR, MRR_ANC_CON4_RESPFREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	



40. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON4_BABY**Contains:** MRR_ANC_CON_BABY_FHR_4, MRR_ANC_CON_BABY_FM_4**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	



41. Please review antenatal care section of medical record and note if the following was performed during 4th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_5**Contains:** MRR_ANC_SPE5, MRR_ANC_CON5_GESTAGE, MRR_ANC_CON5, MRR_ANC_CON5_BABY

Show if: (MRR_ANC_NUM.SPEC >= 5)

For visit #5, please answer the following questions:

Question: MRR_ANC_SPE5

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

42. Please record who delivered ANC services during the fifth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON5_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

43. Gestational age during the fifth visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON5

Contains: MRR_ANC_CON5_WT, MRR_ANC_CON5_BP, MRR_ANC_CON5_FUND, MRR_ANC_CON5_EDEMA, MRR_ANC_CON5_PULS, MRR_ANC_CON5_HR, MRR_ANC_CON5_RESPFREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

44. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON5_BABY

Contains: MRR_ANC_CON_BABY_FHR_5, MRR_ANC_CON_BABY_FM_5

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

45. Please review antenatal care section of medical record and note if the following was performed during 5th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>

Fetal movement

☐☐**Collection:** MRR_VISIT_6**Contains:** MRR_ANC_SPE6, MRR_ANC_CON6_GESTAGE, MRR_ANC_CON6, MRR_ANC_CON6_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 6)**For visit #6, please answer the following questions:****Question:** MRR_ANC_SPE6**Required**

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	



46. Please record who delivered ANC services during the sixth visit.

☐ Doctor☐ Nurse☐ Midwife☐ Community health coordinator☐ Intern☐ Other (specify) ☐ Not recorded**Question:** MRR_ANC_CON6_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	



47. Gestational age during the sixth visit.

☐ Age weeks☐ Not recorded**Question Block:** MRR_ANC_CON6**Contains:** MRR_ANC_CON6_WT, MRR_ANC_CON6_BP, MRR_ANC_CON6_FUND, MRR_ANC_CON6_EDEMA, MRR_ANC_CON6_PULS, MRR_ANC_CON6_HR, MRR_ANC_CON6_RESPPREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	



48. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON6_BABY**Contains:** MRR_ANC_CON_BABY_FHR_6, MRR_ANC_CON_BABY_FM_6**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

49. Please review antenatal care section of medical record and note if the following was performed during 6th ANC visit for the fetus.



	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_7**Contains:** MRR_ANC_SPE7, MRR_ANC_CON7_GESTAGE, MRR_ANC_CON7, MRR_ANC_CON7_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 7)**For visit #7**, please answer the following questions:**Question:** MRR_ANC_SPE7**Required**

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	



50. Please record who delivered ANC services during the seventh visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON7_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	



51. Gestational age during the seventh visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON7**Contains:** MRR_ANC_CON7_WT, MRR_ANC_CON7_BP, MRR_ANC_CON7_FUND, MRR_ANC_CON7_EDEMA, MRR_ANC_CON7_PULS, MRR_ANC_CON7_HR, MRR_ANC_CON7_RES PFREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	




52. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory Frequency	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON7_BABY**Contains:** MRR_ANC_CON_BABY_FHR_7, MRR_ANC_CON_BABY_FM_7**Required**

Scale Summary		
Code	Label	Show-If

Code	Label	Show-If
1	Recorded	
0	Not recorded	

 53. Please review antenatal care section of medical record and note if the following was performed during 7th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_8

Contains: MRR_ANC_SPE8, MRR_ANC_CON8_GESTAGE, MRR_ANC_CON8, MRR_ANC_CON8_BABY


Show if: (MRR_ANC_NUM.SPEC >= 8)

For visit #8, please answer the following questions:

Question: MRR_ANC_SPE8

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	


 54. Please record who delivered ANC services during the eighth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON8_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 55. Gestational age during the eighth visit.


- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON8

Contains: MRR_ANC_CON8_WT, MRR_ANC_CON8_BP, MRR_ANC_CON8_FUND, MRR_ANC_CON8_EDEMA, MRR_ANC_CON8_PULS, MRR_ANC_CON8_HR, MRR_ANC_CON8_RESPREQ

Required


Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 56. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON8_BABY**Contains:** MRR_ANC_CON_BABY_FHR_8, MRR_ANC_CON_BABY_FM_8**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 57. Please review antenatal care section of medical record and note if the following was performed during 8th ANC visit for the fetus.


	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_9**Contains:** MRR_ANC_SPE9, MRR_ANC_CON9_GESTAGE, MRR_ANC_CON9, MRR_ANC_CON9_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 9)

For visit #9, please answer the following questions:

Question: MRR_ANC_SPE9**Required**


Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

 58. Please record who delivered ANC services during the ninth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON9_GESTAGE**Required**


Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 59. Gestational age during the ninth visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON9**Contains:** MRR_ANC_CON9_WT, MRR_ANC_CON9_BP, MRR_ANC_CON9_FUND, MRR_ANC_CON9_EDEMA, MRR_ANC_CON9_PULS, MRR_ANC_CON9_HR, MRR_ANC_CON9_RESPFREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 60. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)		

	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON9_BABY**Contains:** MRR_ANC_CON_BABY_FHR_9, MRR_ANC_CON_BABY_FM_9**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

61. Please review antenatal care section of medical record and note if the following was performed during 9th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_10**Contains:** MRR_ANC_SPE10, MRR_ANC_CON10_GESTAGE, MRR_ANC_CON10, MRR_ANC_CON10_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 10)

For visit #10, please answer the following questions:

Question: MRR_ANC_SPE10**Required**

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

62. Please record who delivered ANC services during the tenth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON10_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

63. Gestational age during the tenth visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON10**Contains:** MRR_ANC_CON10_WT, MRR_ANC_CON10_BP, MRR_ANC_CON10_FUND, MRR_ANC_CON10_EDEMA, MRR_ANC_CON10_PULS, MRR_ANC_CON10_HR, MRR_ANC_CON10_RESPFREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

64. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Presence of edema	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON10_BABY**Contains:** MRR_ANC_CON_BABY_FHR_10, MRR_ANC_CON_BABY_FM_10**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	



65. Please review antenatal care section of medical record and note if the following was performed during 10th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_11**Contains:** MRR_ANC_SPE11, MRR_ANC_CON11_GESTAGE, MRR_ANC_CON11, MRR_ANC_CON11_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 11)**For visit #11, please answer the following questions:****Question:** MRR_ANC_SPE11**Required**

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	



66. Please record who delivered ANC services during the eleventh visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON11_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	



67. Gestational age during the 11th visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON11**Contains:** MRR_ANC_CON11_WT, MRR_ANC_CON11_BP, MRR_ANC_CON11_FUND, MRR_ANC_CON11_EDEMA, MRR_ANC_CON11_PULS, MRR_ANC_CON11_HR, MRR_ANC_CON11_RESPREQ**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	



68. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/>	<input type="radio"/>


	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON11_BABY

Contains: MRR_ANC_CON_BABY_FHR_11, MRR_ANC_CON_BABY_FM_11

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 69. Please review antenatal care section of medical record and note if the following was performed during 11th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_12

Contains: MRR_ANC_SPE12, MRR_ANC_CON12_GESTAGE, MRR_ANC_CON12, MRR_ANC_CON12_BABY

Show if: (MRR_ANC_NUM.SPEC >= 12)

For visit #12, please answer the following questions:

Question: MRR_ANC_SPE12

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

 70. Please record who delivered ANC services during the twelfth visit.

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON12_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 71. Gestational age during the 12th visit.

- ☐ Age weeks
☐ Not recorded


Question Block: MRR_ANC_CON12

Contains: MRR_ANC_CON12_WT, MRR_ANC_CON12_BP, MRR_ANC_CON12_FUND, MRR_ANC_CON12_EDEMA, MRR_ANC_CON12_PULS, MRR_ANC_CON12_HR, MRR_ANC_CON12_RESPREQ

Required

Scale Summary		
Code	Label	Show-If

1	Recorded	
0	Not recorded	

 72. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for the woman


	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON12_BABY

Contains: MRR_ANC_CON_BABY_FHR_12, MRR_ANC_CON_BABY_FM_12

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 73. Please review antenatal care section of medical record and note if the following was performed during 12th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_13

Contains: MRR_ANC_SPE13, MRR_ANC_CON13_GESTAGE, MRR_ANC_CON13, MRR_ANC_CON13_BABY

Show if: (MRR_ANC_NUM.SPEC >= 13)

For visit #13, please answer the following questions:

Question: MRR_ANC_SPE13

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	


 74. Please record who delivered ANC services during the thirteenth visit?

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON13_GESTAGE

Required


Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 75. Gestational age during the 13th visit.

- ☐ Age weeks
☐ Not recorded

Question Block: MRR_ANC_CON13**Contains:** MRR_ANC_CON13_WT, MRR_ANC_CON13_BP, MRR_ANC_CON13_FUND, MRR_ANC_CON13_EDEMA, MRR_ANC_CON13_PULS, MRR_ANC_CON13_HR, MRR_ANC_CON13_RESPFREQ**Required**


Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 76. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for the woman

	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON13_BABY**Contains:** MRR_ANC_CON_BABY_FHR_13, MRR_ANC_CON_BABY_FM_13**Required**

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 77. Please review antenatal care section of medical record and note if the following was performed during 13th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_14**Contains:** MRR_ANC_SPE14, MRR_ANC_CON14_GESTAGE, MRR_ANC_CON14, MRR_ANC_CON14_BABY**Show if:** (MRR_ANC_NUM.SPEC >= 14)

For visit #14, please answer the following questions:

Question: MRR_ANC_SPE14**Required**


Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	

 78. Please record who delivered ANC services during the fourteenth visit?

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Community health coordinator
☐ Intern
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_CON14_GESTAGE**Required**

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 79. Gestational age during the 14th visit.


- ☐ Age weeks
- ☐ Not recorded

Question Block: MRR_ANC_CON14

Contains: MRR_ANC_CON14_WT, MRR_ANC_CON14_BP, MRR_ANC_CON14_FUND, MRR_ANC_CON14_EDEMA, MRR_ANC_CON14_PULS, MRR_ANC_CON14_HR, MRR_ANC_CON14_RESPPREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 80. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for the woman


	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON14_BABY

Contains: MRR_ANC_CON_BABY_FHR_14, MRR_ANC_CON_BABY_FM_14

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 81. Please review antenatal care section of medical record and note if the following was performed during 14th ANC visit for the fetus.

	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Collection: MRR_VISIT_15

Contains: MRR_ANC_SPE15, MRR_ANC_CON15_GESTAGE, MRR_ANC_CON15, MRR_ANC_CON15_BABY

Show if: (MRR_ANC_NUM.SPEC >= 15)

For visit #15, please answer the following questions:

Question: MRR_ANC_SPE15

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Community health coordinator	
5	Intern	
995	Other (specify)	
-1	Not recorded	


 82. Please record who delivered ANC services during the fifteenth visit?

- ☐ Doctor
- ☐ Nurse
- ☐ Midwife
- ☐ Community health coordinator
- ☐ Intern
- ☐ Other (specify)
- ☐ Not recorded

Question: MRR_ANC_CON15_GESTAGE

Required

Scale Summary		
Code	Label	Show-If
1	Age	
-1	Not recorded	

 83. Gestational age during the 15th visit.


- ☐ Age weeks
- ☐ Not recorded

Question Block: MRR_ANC_CON15

Contains: MRR_ANC_CON15_WT, MRR_ANC_CON15_BP, MRR_ANC_CON15_FUND, MRR_ANC_CON15_EDEMA, MRR_ANC_CON15_PULS, MRR_ANC_CON15_HR, MRR_ANC_CON15_RESPFREQ

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 84. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for the woman


	Recorded	Not recorded
Weight	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Blood pressure (bp)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Fundal height	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Presence of edema	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Pulse	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Heart rate (hr)	<input type="radio"/> <input type="text"/>	<input type="radio"/>
Respiratory rate	<input type="radio"/> <input type="text"/>	<input type="radio"/>

Question Block: MRR_ANC_CON15_BABY

Contains: MRR_ANC_CON_BABY_FHR_15, MRR_ANC_CON_BABY_FM_15

Required

Scale Summary		
Code	Label	Show-If
1	Recorded	
0	Not recorded	

 85. Please review antenatal care section of medical record and note if the following was performed during 15th ANC visit for the fetus.


	Recorded	Not recorded
Fetal heart rate	<input type="radio"/>	<input type="radio"/>
Fetal movement	<input type="radio"/>	<input type="radio"/>

Question: WOM_ANC_SPECIAL_EVER

Required

Show if: (MRR_ANC_NUM.SPEC was-answered)

Scale Summary		
Code	Label	Show-If
1	Yes, marked with an 'ME' notation in the signature	Never Shown
2	Yes, marked with a stamp	
995	Yes, marked with another method (specify)	
0	No	
-1	Not recorded	

 86. Was the woman ever evaluated by a specialist for prenatal care?

- ☐ Yes, marked with an 'ME' notation in the signature
- ☐ Yes, marked with a stamp
- ☐ Yes, marked with another method (specify)
- ☐ No
- ☐ Not recorded

Question: WOM_ANC_SPECIAL_TYPE

Required

Show if: (WOM_ANC_SPECIAL_EVER is-any-of 1:[Yes, marked with an 'ME' notation in the signature] or 2:[Yes, marked with a stamp] or 995:[Yes, marked with another method (specify)]) and (MRR_ANC_NUM.SPEC was-answered)

Scale Summary		
Code	Label	Show-If

Code	Label	Show-If
1	Obstetrician	
2	Gynecologist	
3	OBGYN	
4	Surgeon	
995	Other (specify)	
-1	Not recorded	

87. What type of specialist evaluated the woman?

☐ Obstetrician

☐ Gynecologist

☐ OBGYN

☐ Surgeon

☐ Other (specify)

☐ Not recorded

Record if the following medications were given

Custom Layout Question: MRR_ANC_ANTIBIOTICS

88. Administered

Nitrofurantoin	<input type="checkbox"/>	<input type="checkbox"/>
Trimethoprim-sulfamethoxazole	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Antiretrovirals	<input type="checkbox"/>	<input type="checkbox"/>
Other antibiotic (specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question Block: MRR_ANC_GRAPHS

Contains: MRR_ANC_WEIGHT_GRAPH, MRR_ANC_HEIGHT_GRAPH

Required

Show if: (MRR_ANC_NUM.SPEC was-answered)

Scale Summary		
Code	Label	Show-If
1	Filled in with curves drawn	
2	Filled in with electronically constructed curves	
0	Not filled in	
-1	Not recorded	

89. Please note if the following charts were filled out during prenatal care visits

Weight gain graph	-- Select one -- <input type="checkbox"/>
Uterine fundal height chart	-- Select one -- <input type="checkbox"/>

Question Block: MRR_ANC_LAB_TEST

Contains: MRR_ANC_LAB_TEST_BG, MRR_ANC_LAB_TEST_RH, MRR_ANC_LAB_TEST_GLU, MRR_ANC_LAB_TEST_HIV, MRR_ANC_LAB_TEST_PLATE, MRR_ANC_LAB_TEST_ACIDBL, MRR_ANC_LAB_TEST_ACIDUR, MRR_ANC_LAB_TEST_VDRL, MRR_ANC_LAB_TEST_RPR, MRR_ANC_LAB_TEST_HB, MRR_ANC_LAB_TEST URINE

Required

Show if: (MRR_ANC_NUM.SPEC was-answered)

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

90. Please note if the following laboratory tests was performed (at least once during the whole pregnancy period).

	Yes	No	Not recorded
Blood group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rh factor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Platelets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uric acid in blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uric acid in urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VDRL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hb level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinalysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question: MRR_ANC_RUBELLA**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



91. Please note if a test for rubella antibodies was done?

- ☐ Yes
☐ No
☐ Not recorded

Question: TET_VIGENTE

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	



92. Tetanus vaccine (fully immunized)

- ☐ Yes
☐ No
☐ Not recorded

Question Block: MRR_ANC_TET**Contains:** MRR_ANC_TET1, MRR_ANC_TET2**Required**

Scale Summary		
Code	Label	Show-If
1	Yes (Date: DD/MM/YYYY)	
0	No	
-1	Not recorded	



93. Please note if tetanus toxoid vaccination was administered:

(SELECT ONE PER ROW):	Yes (Date: DD/MM/YYYY)	No	Not recorded
1st dose	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
2nd dose	<input type="radio"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Custom Layout Question: MRR_ANC_LAB_RESULTS_BG

94. Recorded Type Date (DD/MM/YYYY)

Blood group **Custom Layout Question:** MRR_ANC_LAB_RESULTS_RH

95. Recorded Value Date (DD/MM/YYYY)

Rh factor **Custom Layout Question:** MRR_ANC_LAB_RESULTS_GLU

96. Recorded Value Date (DD/MM/YYYY)

Blood glucose **Custom Layout Question:** MRR_ANC_LAB_RESULTS_VDRL

97. Recorded Value Date (DD/MM/YYYY)

VDRL/ RPR **Custom Layout Question:** MRR_ANC_LAB_RESULTS_HIV

98. Recorded Value Date (DD/MM/YYYY)

HIV test **Custom Layout Question:** MRR_ANC_LAB_RESULTS_URINE

99. Type Recorded Value Date (DD/MM/YYYY)

Urine test

Question: MRR_ANC_HYPERTENSION

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

100. Did the woman have a history of high blood pressure?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_ANC_DIABETES

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

101. Did the woman have a history of diabetes?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_ANC_HIST_MIS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

102. Did the woman have a history of two or more miscarriages?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_ANC_HIST_ABORT

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

103. Did the woman have a history of two or more abortions?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_ANC_HIST_ECL

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

104. Did the woman have a history of preeclampsia - eclampsia?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_ANC_HIST_MAL

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	
-2	Not applicable (no prior births)	

105. Did the woman have a history of congenital malformations in previous births?

- ☐ Yes
☐ No
☐ Not recorded
☐ Not applicable (no prior births)

Question: MRR_ANC_REFTO

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

106. Was the woman referred TO another health facility for prenatal care?

- ☐ Yes
☐ No

Question: MRR_ANC_REF_DATETO

Required

Show if: (MRR_ANC_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

107. Date of referral:

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_ANC_REF_TIMETO

Required

Show if: (MRR_ANC_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

108. Time of referral:

- ☐ Time (HH:MM)
☐ Not recorded

Question: MRR_ANC_REF_NAMETO

Show if: (MRR_ANC_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Not recorded	

109. What health facility was the woman referred to?

- ☐
☐
☐
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☐

- Question:** MRR_ANC_REF_TYPETO
Required
Show if: (MRR_ANC_REFTO = 1:[Yes])
- | Scale Summary | | |
|---------------|---|---------|
| Code | Label | Show-If |
| 1 | Health Clinic / Health Post / Mobile Unit/ Polyclinic | |
| 2 | Community Hospital | |
| 3 | Regional hospital | |
| 995 | Other (specify) | |
| -1 | Not recorded | |



☐ Health Clinic / Health Post / Mobile Unit/ Polyclinic
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Question: MRR_ANC_PRE_OUT
Required
Show if: (MRR_ANC_NUM.SPEC was answered)

Scale Summary		
Code	Label	Show-If
1	Delivery	
2	Abortion	
3	Stillbirth	
995	Other (specify)	
-1	Not recorded	

☐ Delivery

☐ Abortion

☐ Stillbirth

☐ Other (specify)

☐ Not recorded

Question: MRR_ANC_OUT_MODE
Required
Show if: (MRR_ANC_PRE_OUT = 1:[Delivery])

Scale Summary		
Code	Label	Show-If
1	Vaginal birth	
2	Delivery with suction cup	
3	Forceps delivery	
4	Vaginal delivery with fetus in podalica presentation	
5	Caesarean section	
995	Other (specify)	
-1	Not recorded	

- ☐ Vaginal birth
- ☐ Delivery with suction cup
- ☐ Forceps delivery
- ☐ Vaginal delivery with fetus in podalica presentation
- ☐ Caesarean section

- ☐ Other (specify)
- ☐ Not recorded

Jump-To: JMP_ABORTO

Description:

Jump-To-Item: MRR_APP_FP

Jump-If: (MRR_ANC_PRE_OUT = 2:[Abortion]) and (MRR_RECORDS is-any-of)

Jump-To: JMP_STILBIRTH

Description:

Jump-To-Item: MRR_APP_FP

Jump-If: (MRR_ANC_PRE_OUT = 3:[Stillbirth]) and (MRR_RECORDS is-any-of)

Collection: MRR_DELIVERY

Contains: MRR_DEL_ADM_DATE, MRR_DEL_ADM_TIME, MRR_DEL_DATE, MRR_DEL_TIME, MRR_DEL_GEST, MRR_DEL_REFFROM, MRR_DEL_REF_ACCOMFROM, MRR_DEL_REF_DATEFROM, MRR_DEL_REF_TIMEFROM, MRR_DEL_REF_REASFROM, MRR_DEL_REF_NAMEFROM, MRR_DEL_REF_TYPEFROM, MRR_WOM_ARRIVE, MRR_AC_MIDWIFE, MRR_AC_COM_WOR, MRR_AC_WHO, MRR_WOM_HYPERDY, MRR_WOM_HYPO, MRR_WOM_PELVIC, MRR_WOM_AMNI, MRR_WOM_RUPTURA, MRR_OXY_1MIN, MRR_OTH_1MIN, MRR_OXY, MRR_UT_MAS, MRR_UMB_CORD, MRR_UMB_PIN, MRR_PAR, FHR_30_MIN, FHR_60_MIN, NOTE_FHR, NOTE_FHR_DES, NOTE_CURVA, NOTE_SUPERO, NOTE_CURVA_DES, MRR_FET_HEART, MRR_FET_HEART_DES, MRR_DEL_MODE, MRR_WOM_IV, MRR_DEL_REFTO, MRR_DEL_REF_DATETO, MRR_DEL_REF_TIMETO, MRR_DEL_REF_REASTO, MRR_DEL_REF_NAMEETO, MRR_DEL_REF_TYPTETO

Show if: (FACILITY_TYPE >= 2) and (MRR_RECORDS is-any-of)

Delivery Process

Please select medical chart of women who have delivered in the last two years according to the sampling strategy.

Question: MRR_DEL_ADM_DATE

Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	



113. Date of admission of the woman

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded

Question: MRR_DEL_ADM_TIME

Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	



114. Time of admission of the woman

- ☐ Time: (HH:MM)
- ☐ Not recorded

Question: MRR_DEL_DATE

Required

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	



115. Date of delivery

- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded

Question: MRR_DEL_TIME

Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	



116. Time of delivery

- ☐ Time: (HH:MM)
- ☐ Not recorded

Question: MRR_DEL_GEST

Required

Scale Summary		
Code	Label	Show-If
1	Age (in weeks):	
-1	Not recorded	




117. Gestational age of the baby at birth

- ☐ Age (in weeks):
- ☐ Not recorded

Question: MRR_DEL_REFFROM

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 118. Was the woman referred/transferred FROM another health facility?


- ☐ Yes
- ☐ No

Question: MRR_DEL_REF_ACCOMFROM

Required

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, by a doctor	
2	Yes, by a nurse	
995	Yes, by another worker	
0	No	
-1	Not recorded	

 119. Was the woman accompanied by a health facility worker?


- ☐ Yes, by a doctor
- ☐ Yes, by a nurse
- ☐ Yes, by another worker
- ☐ No
- ☐ Not recorded

Question: MRR_DEL_REF_DATEFROM

Required

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 120. Date of referral/transfer:


- ☐ Date: (DD/MM/YYYY)
- ☐ Not recorded

Question: MRR_DEL_REF_TIMEFROM

Required

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

 121. Time of referral/transfer:


- ☐ Time (HH:MM)
- ☐ Not recorded

Question: MRR_DEL_REF_REASFROM

Required

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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	

 122. Why was she referred/transferred FROM another health facility?

- ☐ Slow fetal heart rate
- ☐ Bleeding
- ☐ Large fetus
- ☐ Fetal head is above pubis

- _____

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Not recorded	



- | |
|--|
| |
|--|

Show if: (MRR_DEL_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit/ Polyclinic	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	




- _____

☐ Not recorded

Question: MRR_WOM_ARRIVE

Required

Scale Summary		
Code	Label	Show-If
2	Imminent birth	
3	Elective C-section	
0	No	
-1	Not registered	

 125. Did the woman arrive in imminent birth or for elective C-section?

Imminent birth refers to when a woman arrives to the health facility fully dilated.

- ☐ Imminent birth
- ☐ Elective C-section
- ☐ No
- ☐ Not registered

Question: MRR_AC_MIDWIFE

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	


 126. Was woman accompanied by a practical midwife to come deliver in the health facility?

- ☐ Yes
- ☐ No
- ☐ Not recorded

Question: MRR_AC_COM_WOR

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

 127. Was woman accompanied by community worker to come deliver in the health facility?

- ☐ Yes
- ☐ No
- ☐ Not recorded

Question: MRR_AC_WHO

Minimum checks: 1


 128. Who attended the birth:

- ☐ Doctor
- ☐ Professional midwife
- ☐ Nurse
- ☐ Auxillary nurse
- ☐ Student
- ☐ Empir.
- ☐ Other
- ☐ Not recorded

Question: MRR_WOM_HYPERDY

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

 129. Did the woman have Primitive Hyperdynamia (hypertonia, tachy o hypersystolia)?


Note: This is an abnormal uterine contractility pattern.

- ☐ Yes
- ☐ No
- ☐ Not recorded

Question: MRR_WOM_HYPO

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

 130. Did the woman have Primitive Hypodinamia (brady or polysystolia)?


Note: This is an abnormal uterine contractility pattern.

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_PELVIC

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	Never Shown


 131. Did the woman have pelvic disproportion or abnormalities or soft tissue?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_AMNI

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	


 132. Did the woman have an amniotomy (AROM)?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM RUPTURA

Required


Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

 133. Did the woman have a spontaneous rupture of the membranes?

- ☐ Yes
☐ No
☐ Not recorded

Please check if the woman was administered the following:

Custom Layout Question: MRR_OXY_1

 134. Administered Date/time recorded

Oxytocin
 Other uterotonics

Question: MRR_OXY_1MIN

Required

Show if: (MRR_OXY_ADMIN_OXY_REGISTER = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

 135. Was the oxytocin administered within one minute of delivery?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_OTH_1MIN

Required

Show if: (MRR_OXY_ADMIN_OTH_REGISTER = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

136. Was the uterotonic administered within one minute of delivery?

- ☐ Yes
☐ No
☐ Not recorded

Custom Layout Question: MRR_OXY_2

137. Date (DD/MM/YYYY) Time (HH:MM)

Oxytocin

Custom Layout Question: MRR_OXY_3

138. Date (DD/MM/YYYY) Time (HH:MM)

Other uterotonic

Question: MRR_OXY

Required

Show if: (MRR_OXY_ADMIN_OXY = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Intramuscular	
2	Intravenous	
-1	Not recorded	

139. How was the oxytocin administered?

- ☐ Intramuscular
☐ Intravenous
☐ Not recorded

Question: MRR_UT_MAS

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

140. Recorded uterine massage:

- ☐ Yes
☐ No

Question: MRR_UMB_CORD

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

141. Umbilical cord traction / contraction recorded

- ☐ Yes
☐ No

Question: MRR_UMB_PIN

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

142. Record of late cord clamping

- ☐ Yes
☐ No

Question: MRR_PAR

Required


Scale Summary		
Code	Label	Show-If
1	Included in medical file	
2	Included but not filled	
-1	Not included	

143. Please check if the partograph is included in this medical chart


- ☐ Included in medical file
☐ Included but not filled
☐ Not included

Check the partograph and note if the following information was recorded

Custom Layout Question: MRR_PAR_REV

 144.	Recorded
Patient name	<input type="checkbox"/>
Curve complete until birth	<input type="checkbox"/>
Graphical representation of the fetal cardiac frequency	<input type="checkbox"/>
Frequency plot of uterine contractions	<input type="checkbox"/>
Interpretation of changes in uterine contractions	<input type="checkbox"/>
Blood pressure (bp)	<input type="checkbox"/>
Pulse	<input type="checkbox"/>
Heart rate	<input type="checkbox"/>
Baby's position	<input type="checkbox"/>
Intensity of contractions	<input type="checkbox"/>
Location of pain	<input type="checkbox"/>
Intensity of pain	<input type="checkbox"/>


Custom Layout Question: MRR_PAR_CALC

 145.	Recorded
Was the fetal heart rate registered?	<input type="checkbox"/>
Were the alert curve registered?	<input type="checkbox"/>
Dilation > 4.5 cm?	<input type="checkbox"/>
Fetal heart rate < 120 bpm?	<input type="checkbox"/>
Did the plots go beyond the alert curve?	<input type="checkbox"/>

Question: FHR_30_MIN

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 146. Was the fetal heart rate recorded every 30 minutes?


☐ Yes
☐ No

Question: FHR_60_MIN

Required

Show if: (FHR_30_MIN = 0:[No])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 147. Was the fetal heart rate recorded every 60 minutes?


☐ Yes
☐ No

Question: NOTE_FHR

Required

Show if: (MRR_PAR_REV_OBS_FHR = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 148. Is there a note in the partograph or medical record within 30 min if the fetal heart rate dropped below 120?

☐ Yes
☐ No

Question: NOTE_FHR_DES

Minimum checks: 1

Show if: (NOTE_FHR = 1:[Yes])

149. Which of the following is included in the note?



- ☐ C-section
- ☐ Transferred/Referred
- ☐ Fetal electronic monitoring
- ☐ Clinical monitoring every 15 minutes
- ☐ Oxygen
- ☐ Left lateral decubitus
- ☐ Volumetric expansion: administration of crystalloid solutions (application of serum)
- ☐ Use of beta blockers
- ☐ Artificial rupture of membranes
- ☐ Other (specify)

Question: NOTE_CURVA**Required****Show if:** (MRR_PAR_REV_OBS_SUPERO = 1:[Registrado])**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



150. Is there a note in the partograph or file within 30 minutes if the plots go beyond the alert curve?

- ☐ Yes
- ☐ No

Question: NOTE_SUPERO**Required****Show if:** (MRR_PAR_REV_OBS_CURVA = 1:[Registrado])**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	



151. Is there a note in the partograph or file within 30 min if dilation > 4.5 cm?

- ☐ Yes
- ☐ No

Question: NOTE_CURVA_DES**Minimum checks: 1****Show if:** (NOTE_CURVA = 1:[Yes])

152. Which of the following is included in the note?

- ☐ Note specifying to do nothing (spontaneous evolution).
- ☐ Transferred / Referred
- ☐ Report to another Doctor
- ☐ Oxytocin
- ☐ Ruptura artificial de membranas
- ☐ C-section
- ☐ Frequent monitoring of labor
- ☐ Note specifying a new course of action
- ☐ Other (specify)

Question: MRR_FET_HEART**Required****Show if:** (MRR_PAR = 1:[Included in medical file])**Scale Summary**

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	




153. Was a slowdown in fetal heart rate observed?

- ☐ Yes
- ☐ No
- ☐ Not recorded

Question: MRR_FET_HEART_DES**Required****Show if:** (MRR_FET_HEART = 1:[Yes])**Scale Summary**

Code	Label	Show-If
1	Referred to another health facility	
2	C-section	
3	Delivered in this health facility	
995	Other (specify)	
-1	Not recorded	


 154. Please record what was done when the fetal heart rate slowed down

- ☐ Referred to another health facility
☐ C-section
☐ Delivered in this health facility
☐ Other (specify)
☐ Not recorded

Question: MRR_DEL_MODE

Required

Scale Summary		
Code	Label	Show-If
1	Normal vaginal	
2	Vacuum delivery	
3	Forceps	
4	Vaginal breech	
5	Caesarean (emergency)	
6	Caesarean (elective)	
995	Other (specify)	
-1	Not recorded	


 155. Mode of delivery

- ☐ Normal vaginal
☐ Vacuum delivery
☐ Forceps
☐ Vaginal breech
☐ Caesarean (emergency)
☐ Caesarean (elective)
☐ Other (specify)
☐ Not recorded

Question: MRR_WOM_IV

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 156. Did the woman receive any IV treatment **DURING the birth?**

- ☐ Yes
☐ No

Question: MRR_DEL_REFTO

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 157. Was the woman referred/transferred TO another health facility?


- ☐ Yes
☐ No

Question: MRR_DEL_REF_DATETO

Required

Show if: (MRR_DEL_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 158. Date referred/transferred


- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_DEL_REF_TIMETO

Required

Show if: (MRR_DEL_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

 159. Time referred/transferred

- ☐ Time (HH:MM)

Question: MRR_DEL_REF_REASTO
Required
Show if: (MRR_DEL_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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	

- ☐ Slow fetal heart rate
- ☐ Bleeding
- ☐ Large fetus
- ☐ Fetal head is above pubis
- ☐ Uterine hypodynamy
- ☐ Uterine hypertonus
- ☐ Prolonged labor
- ☐ Other (specify)
- ☐ Not recorded

Question: MRR_DEL_REF_NAMETO
Required
Show if: (MRR_DEL_REFTO = 1:[Yes])

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Not recorded	

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- ☐ 
☐ 
☐ 
☐ 
☐ Other (specify):
☐ Not recorded

Question: MRR_DEL_REF_TYPTETO

Required

Show if: (MRR_DEL_TRANSTO = 0:[No])

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit / Polyclinic	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

 162. Type of health facility the woman was referred/transferred to

- ☐ Health Clinic / Health Post / Mobile Unit / Polyclinic
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Collection: MRR_POSTPARTUM

Contains: MRR_POS_BIRTH_WHERE, MRR_POS_REFFFROM, MRR_POS_REF_ACCOMFROM, MRR_POS_REF_DATEFROM, MRR_POS_REF_TIMEFROM, MRR_POS_REF_NAMEFROM, MRR_POS_REF_TYPEFROM, MRR_POS_DOB, MRR_POS_DOB_TIME, MRR_POS_GEST, MRR_WOM_HIV, MRR_WOM_VDRL, MRR_WOM_TB, MRR_POS_SPEC, MRR_WOM_LOCHIAS_NUM_FIRST, MRR_WOM_LOCHIAS_LOOKS_FIRST, MRR_WOM_LOCHIAS_ODOR_FIRST, MRR_POS_ATTACH, MRR_WOM_TEMP_37, MRR_WOM_LOCHIAS_NUM_DIS, MRR_WOM_LOCHIAS_LOOKS_DIS, MRR_WOM_LOCHIAS_ODOR_DIS, MRR_POS_OUT, MRR_POS_OUT_BIRTH, MRR_POS_CSECT_TYPE, MRR_POS_TYPE, MRR_POS_NUM, MRR_POS_BABY_GEN, MRR_POS_BABY_GEN_TWIN, MRR_POS_BABY_GEN_GENDER, MRR_NEW_ATT, BABY2, BABY3, MRR_APP_FP, MRR_APP_FP_INFORM, MRR_NAME_FP, MRR_DISPOSITION, MRR_POS_REF_ACCOMTO, MRR_POS_REF_REASTO, MRR_POS_REF_NAMETO, MRR_POS_REF_TYPTETO, MRR_DIS_DATE, MRR_DIS_TIME, MRR_DEATH_DATE, MRR_DEATH_TIME


Show if: (FACILITY_TYPE >= 2) and (MRR_RECORDS is-any-of)

Postpartum care

Question: MRR_POS_BIRTH_WHERE

Required

Scale Summary		
Code	Label	Show-If
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	


 163. Where did the delivery occur?

- ☐ In this health facility
☐ In another health facility
☐ In the home
☐ En route to this facility
☐ The birth did not occur
☐ Other (specify):
☐ Not recorded

Question: MRR_POS_REFFFROM

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 164. Was the woman referred/transferred from another health facility for immediate postpartum care?

- ☐ Yes
☐ No

Question: MRR_POS_REF_ACCOMFROM

Required

Show if: (MRR_POS_REFFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Yes, by a doctor	
2	Yes, by a nurse	
995	Yes, by another worker	

165. Was the woman accompanied by a health facility worker?

- ☐ Yes, by a doctor
- ☐ Yes, by a nurse
- ☐ Yes, by another worker
- ☐ No
- ☐ Not recorded

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

Scale Summary		
Code	Label	Show-If
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95	Other (specify):	
-1	Not recorded	

Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-64	78%
65+	75%

- ☐ [Redacted]
☐ [Redacted]
☐ [Redacted]
☐ [Redacted]
☐ [Redacted]
☐ [Redacted]
☐ Other (specify):
☐ Not recorded

Question: MRR_POS_REF_TYPEFROM

Required

Show if: (MRR_POS_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

169. Type of health facility the woman was transferred from

- ☐ Health Clinic / Health Post / Mobile Unit
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Question: MRR_POS_DOB

Required

Show if: (MRR_RECORDS is-none-of)

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

170. Date of delivery

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_POS_DOB_TIME

Required

Show if: (MRR_RECORDS is-none-of)

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

171. Time of delivery

- ☐ Time (HH:MM)
☐ Not recorded

Question: MRR_POS_GEST

Required

Show if: (MRR_RECORDS is-none-of)

Scale Summary		
Code	Label	Show-If
1	Age (in weeks):	
-1	Not recorded	

172. Gestational age of the baby at birth

- ☐ Age (in weeks):
☐ Not recorded

Question: MRR_WOM_HIV

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

173. Did the woman have a positive HIV test result?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_VDRL

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

174. Did the woman have a positive RPR or VDRL test (syphilis)?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_TB

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

175. Did the woman have a positive test for tuberculosis (TB)?

- ☐ Yes
☐ No
☐ Not recorded

Please check the postpartum care part of the medical chart and check if the following is recorded for woman after delivery.

Question: MRR_POS_SPEC

Required

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Social worker	
5	Intern	
995	Other (specify)	
-1	Not recorded	

176. Who delivered postpartum care for mother?

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Social worker
☐ Intern
☐ Other (specify)
☐ Not recorded

Custom Layout Question: MRR_POS3_CHECK

177.	Number of times during the first 2 hours	Number of times during the 1st hour	Number of times during the 2nd hour
Blood pressure (bp)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature (T°)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart rate (hr)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory rate (rr)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lochia characteristics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Uterine involution	<input type="text"/>	<input type="text"/>	<input type="text"/>
Presence of abnormal bleeding	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question: MRR_WOM_LOCHIAS_NUM_FIRST

Required

Show if: (MRR_POS3_CHECK_LOCHIA_NUM ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_4X1 ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_2X2 ≠ 0:[No registrado])

Scale Summary		
Code	Label	Show-If

1	Normal lochia	
2	Abundant lochia	
-1	Not recorded	

 178. Amount of lochia during the first check:


- ☐ Normal lochia
☐ Abundant lochia
☐ Not recorded

Question: MRR_WOM_LOCHIAS_LOOKS_FIRST

Required

Show if: (MRR_POS3_CHECK_LOCHIA_NUM ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_4X1 ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_2X2 ≠ 0:[No registrado])

Scale Summary		
Code	Label	Show-If
1	Normal lochia	
2	Presence of solids	
-1	Not recorded	

 179. Appearance of lochia during the first check:


- ☐ Normal lochia
☐ Presence of solids
☐ Not recorded

Question: MRR_WOM_LOCHIAS_ODOR_FIRST

Required

Show if: (MRR_POS3_CHECK_LOCHIA_NUM ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_4X1 ≠ 0:[No registrado]) and (MRR_POS3_CHECK_LOCHIA_2X2 ≠ 0:[No registrado])

Scale Summary		
Code	Label	Show-If
1	Normal lochia	
2	Fetid smells	
-1	Not recorded	

 180. Odor of lochia during the first check:

- ☐ Normal lochia
☐ Fetid smells
☐ Not recorded

Question: MRR_POS_ATTACH

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	


 181. Did the baby form Early Attachment within 30 minutes of delivery?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_TEMP_37

Required


Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

 182. Did the woman's temperature go above 37 ° C at any time?

- ☐ Yes
☐ No
☐ Not recorded

Please check **DISCHARGE** part of the medical chart and record if the following check ups were done

Custom Layout Question: MRR_DIS_CHECK1

 183.	Recorded Value/Notes	Date (DD/MM/YYYY)	Time (HH:MM)
Blood pressure (bp)	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature (T°)	<input type="text"/> C	<input type="text"/>	<input type="text"/>
Pulse	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
	<input type="text"/>		


Heart rate (hr)	<input type="text"/>	per minute	<input type="text"/>	<input type="text"/>
Respiratory rate (rr)	<input type="text"/>	per minute	<input type="text"/>	<input type="text"/>
Promotion of breastfeeding	<input type="text"/>		<input type="text"/>	<input type="text"/>
Promotion of Early Attachment	<input type="text"/>		<input type="text"/>	<input type="text"/>
Uterine Involution	<input type="text"/>		<input type="text"/>	<input type="text"/>
Presence of blood or hemorrhaging	<input type="text"/>		<input type="text"/>	<input type="text"/>
Presence of abnormal bleeding	<input type="text"/>		<input type="text"/>	<input type="text"/>
Llochia characteristics	<input type="text"/>		<input type="text"/>	<input type="text"/>
Vaginal revision	<input type="text"/>		<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>		<input type="text"/>	<input type="text"/>

Question: MRR_WOM_LOCHIAS_NUM_DIS

Required

Show if: (MRR_DIS_CHECK_LOCHIA_REG = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Normal lochia	
2	Abundant lochia	
-1	Not recorded	

 184. Amount of lochia at discharge:


- ☐ Normal lochia
☐ Abundant lochia
☐ Not recorded

Question: MRR_WOM_LOCHIAS_LOOKS_DIS

Required

Show if: (MRR_DIS_CHECK_LOCHIA_REG = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Normal lochia	
2	Presence of solids	
-1	Not recorded	

 185. Appearance of lochia at discharge:


- ☐ Normal lochia
☐ Presence of solids
☐ Not recorded

Question: MRR_WOM_LOCHIAS_ODOR_DIS

Required

Show if: (MRR_DIS_CHECK_LOCHIA_REG = 1:[Registrado])

Scale Summary		
Code	Label	Show-If
1	Normal lochia	
2	Fetid smells	
-1	Not recorded	


 186. Odor of lochia at discharge:

- ☐ Normal lochia
☐ Fetid smells
☐ Not recorded

Question: MRR_POS_OUT

Required

Scale Summary		
Code	Label	Show-If
1	Birth	
3	Stillbirth	
995	Other (specify)	
-1	Not recorded	

 187. What was the outcome of the pregnancy


- ☐ Birth
☐ Stillbirth
☐ Other (specify)
☐ Not recorded

Question: MRR_POS_OUT_BIRTH

Required

Show if: (MRR_POS_OUT = 1:[Birth]) and (MRR_DEL_MODE was-not-answered)

Scale Summary		
Code	Label	Show-If
1	Normal vaginal delivery	
2	C-section	
3	Still birth	
995	Other (specify)	
-1	Not recorded	

 188. Birth result


- ☐ Normal vaginal delivery
☐ C-section
☐ Still birth
☐ Other (specify)
☐ Not recorded

Question: MRR_POS_CSECT_TYPE

Required

Show if: (MRR_POS_OUT_BIRTH = 2:[C-section])

Scale Summary		
Code	Label	Show-If
1	Emergency	
2	Elective	
-1	Not recorded	

 189. Type of C-section


- ☐ Emergency
☐ Elective
☐ Not recorded

Question: MRR_POS_TYPE

Required

Show if: (MRR_POS_OUT = 1:[Birth])

Scale Summary		
Code	Label	Show-If
1	Singleton	
2	Multiple	
-1	Not recorded	

 190. Mode of delivery:


- ☐ Singleton
☐ Multiple
☐ Not recorded

Question: MRR_POS_NUM

Required

Show if: (MRR_POS_TYPE = 2:[Multiple])

Scale Summary		
Code	Label	Show-If
1	2	
2	3	
995	Other (specify)	
-1	Not recorded	

 191. How many babies were born?

- ☐ 2
☐ 3
☐ Other (specify)
☐ Not recorded

Question: MRR_POS_BABY_GEN

Required

Show if: (MRR_POS_TYPE = 1:[Singleton])

Scale Summary		
Code	Label	Show-If
1	Boy	
2	Girl	
-1	Not recorded	

 192. Gender of the BABY


- ☐ Boy
☐ Girl
☐ Not recorded

Question: MRR_POS_BABY_GEN_TWINS

Required

Show if: (MRR_POS_TYPE = 2:[Multiple]) and (MRR_POS_NUM = 1:[2])

Scale Summary		
Code	Label	Show-If
1	Male	
2	Female	
3	Male and Female	
-1	Not recorded	


 193. Gender of the BABIES

- ☐ Male
☐ Female
☐ Male and Female
☐ Not recorded

Question: MRR_POS_BABY_GEN_GENDER

Minimum checks: 1

Show if: (MRR_POS_TYPE = 2:[Multiple]) and (MRR_POS_NUM ≠ 1:[2])

 194. Record the number of babies that are male and female


- ☐ Male
☐ Female
☐ Not recorded

Question: MRR_NEW_ATT

Required

Show if: (MRR_POS_OUT ≠ 3:[Stillbirth])

Scale Summary		
Code	Label	Show-If
1	Doctor	
2	Nurse	
3	Midwife	
4	Social worker	
5	Intern	
0	None	
995	Other (specify)	
-1	Not recorded	

 195. Who attended the newborn baby/babies immediately after delivery?

- ☐ Doctor
☐ Nurse
☐ Midwife
☐ Social worker
☐ Intern
☐ None
☐ Other (specify)
☐ Not recorded

Please check if the following procedure was done for the **NEWBORN BABY** and record date and time of the first procedure
If the woman had multiple babies, report all of the procedures for one baby here. On the next page(s) report procedures for the other baby/babies.

Custom Layout Question: MRR_NEW_CHECK1

196.	Recorded	Date (DD/MM/YYYY)	Time (HH:MM)
Administration of Vitamin K	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with water and chlorhexidine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with alcohol	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Evaluation of malformations presence	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skin color assessment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of BCG vaccination	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gestational age assessment (Capurro)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

or Ballard)		
Evaluation of danger signs	<input type="checkbox"/>	
Promotion of breastfeeding and early attachment	<input type="checkbox"/>	
Silverman test performed	<input type="checkbox"/>	

Please note if the following measurements were made, their values and the date and time of first measurement

Custom Layout Question: MRR_NEW_CHECK2

197.	Recorded Value	Date (DD/MM/YYYY)	Time (HH:MM)
APGAR score at 1 minute	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
APGAR score at 5 minutes	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="checkbox"/> <input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Heart rate (hr)	<input type="checkbox"/> <input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Respiratory rate (rr)	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Weight	<input type="checkbox"/> <input type="text"/> gr	<input type="text"/>	<input type="text"/>
Length/height	<input type="checkbox"/> <input type="text"/> cm	<input type="text"/>	<input type="text"/>
Head circumference	<input type="checkbox"/> <input type="text"/> cm	<input type="text"/>	<input type="text"/>
Temperature (T°)	<input type="checkbox"/> <input type="text"/> C	<input type="text"/>	<input type="text"/>

Collection: BABY2

Contains: Show if: (MRR_POS_NUM is-any-of 1:[2] or 2:[3])

Please check if the following procedure was done for the second **NEWBORN BABY** and record date and time of the first procedure

Custom Layout Question: MRR_NEW_CHECK1_2

198.	Recorded	Date (DD/MM/YYYY)	Time (HH:MM)
Administration of Vitamin K	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with water and chlorhexidine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with alcohol	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Evaluation of malformations presence	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Skin color assessment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Application of BCG vaccination	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gestational age assessment (Capurro or Ballard)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Evaluation of danger signs	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Promotion of breastfeeding and early attachment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Silverman test performed	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please note if the following measurements were made, their values and the date and time of first measurement

Custom Layout Question: MRR_NEW_CHECK2_2

199.	Recorded Value	Date (DD/MM/YYYY)	Time (HH:MM)
APGAR at 1 minute	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
APGAR at 5 minutes	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="checkbox"/> <input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Heart rate (hr)	<input type="checkbox"/> <input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Respiratory rate (rr)	<input type="checkbox"/> <input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Weight	<input type="checkbox"/> <input type="text"/> gr	<input type="text"/>	<input type="text"/>

Height/length	<input type="text"/>	cm	<input type="text"/>	<input type="text"/>
Head circumference	<input type="text"/>	cm	<input type="text"/>	<input type="text"/>
Temperature (T°)	<input type="text"/>	C	<input type="text"/>	<input type="text"/>

Collection: BABY3

Contains: Show if: (MRR_POS_NUM = 2:[3])

Please check if the following procedure was done for the third **NEWBORN BABY** and record date and time of the first procedure

Custom Layout Question: MRR_NEW_CHECK1_3

200.	Recorded	Date (DD/MM/YYYY)	Time (HH:MM)
Administration of Vitamin K	<input type="text"/>	<input type="text"/>	<input type="text"/>
Application of oxitetracycline ophthalmic prophylaxis and/or chloramphenicol	<input type="text"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with water and chlorhexidine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Curing the umbilical cord with alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluation of malformations presence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Skin color assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Application of BCG vaccination	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gestational age assessment (Capurro or Ballard)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluation of danger signs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Promotion of breastfeeding and early attachment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Silverman/Hartman test performed	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note if the following measurements were made, their values and the date and time of first measurement

Custom Layout Question: MRR_NEW_CHECK2_3

201.	Recorded Value	Date (DD/MM/YYYY)	Time (HH:MM)
APGAR at 1 minute	<input type="text"/>	<input type="text"/>	<input type="text"/>
APGAR at 5 minutes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Heart rate (hr)	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Respiratory rate (rr)	<input type="text"/> per minute	<input type="text"/>	<input type="text"/>
Weight	<input type="text"/> gr	<input type="text"/>	<input type="text"/>
Length/height	<input type="text"/> cm	<input type="text"/>	<input type="text"/>
Head circumference	<input type="text"/> cm	<input type="text"/>	<input type="text"/>
Temperature (T°)	<input type="text"/> C	<input type="text"/>	<input type="text"/>

Postpartum Contraception

Question: MRR_APP_FP

Required

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
3	Referred	
-1	Not recorded	

202. Did the woman receive contraception?


- ☐ Yes
☐ No
☐ Referred
☐ Not recorded

Question: MRR_APP_FP_INFORM

Required

Show if: (MRR_APP_FP = 2:[No])

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

 203. Was the woman informed about contraception?

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_NAME_FP

Minimum checks: 1

Show if: (MRR_APP_FP = 1:[Yes])

 204. CONTRACEPTION

Method of contraception received


- ☐ Natural/rhythm
☐ Condom (unspecified)
☐ Male/external condom
☐ Female/internal condom
☐ Other barrier methods
☐ IUD
☐ Injection (unspecified)
☐ Combined injection
☐ Progestin-only injectable
☐ Pills (unspecified)
☐ Combined pills
☐ Progestin-only pills
☐ MELA (exclusive method of lactation and amenorrhea)
☐ Tubal ligation
☐ Implant
☐ Other (specify)
☐ Not recorded

Result of the stay in the medical unit

Question: MRR_DISPOSITION

Required

Scale Summary		
Code	Label	Show-If
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	

 205. Disposition


- ☐ Death in hospital
☐ Discharged home
☐ Referred to another facility
☐ Transferred to another facility
☐ Left against medical advice
☐ Unknown
☐ Other (specify)
☐ Not recorded

Question: MRR_POS_REF_ACCOMTO

Required

Show if: (MRR_DISPOSITION = 6:[Referred to another facility]) or (MRR_DISPOSITION = 3:[Transferred to another facility])

Scale Summary		
Code	Label	Show-If
1	Yes, by a doctor	
2	Yes, by a nurse	
995	Yes, by another worker	
0	No	
-1	Not recorded	


 206. Was the woman accompanied by a health facility worker?

- ☐ Yes, by a doctor

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Question: MRR_POS_REF_TYPTO**Required****Show if:** (MRR_DISPOSITION = 3:[Transferred to another facility]) or (MRR_DISPOSITION = 6:[Referred to another facility])


Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional hospital	
995	Other (specify)	
-1	Not recorded	

 209. Type of health facility the woman was referred/transferred to

- ☐ Health Clinic / Health Post / Mobile Unit
☐ Community Hospital
☐ Regional hospital
☐ Other (specify)
☐ Not recorded

Question: MRR_DIS_DATE**Required****Show if:** (MRR_DISPOSITION is-any-of 2:[Discharged home] or 6:[Referred to another facility] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify)])


Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 210. Date of discharge/referral/transfer

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_DIS_TIME**Required****Show if:** (MRR_DISPOSITION is-any-of 2:[Discharged home] or 6:[Referred to another facility] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify)])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

 211. Time of discharge/referral/transfer

- ☐ Time (HH:MM)
☐ Not recorded

Question: MRR_DEATH_DATE**Required****Show if:** (MRR_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 212. Date of death

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_DEATH_TIME**Required****Show if:** (MRR_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time	
-1	Not recorded	

 213. Time of death

- ☐ Time (HH:MM)
☐ Not recorded

Collection: MRR_PPM_AFTER7**Contains:** MRR_WOM_ANC_PPM, MRR_WOM_ANC_PPM_DOB, MRR_WOM_ANC_PPM_DOB_TIME, MRR_WOM_ANC_PPM_VISITDATE, MRR_WOM_ANC_PPM_WEEK, MRR_WOM_ANC_PPM_VISITDATE2**Show if:** (MRR_RECORDS is-any-of) or (MRR_RECORDS_AMB = 2:[Postnatal care])**Postpartum care****Question:** MRR_WOM_ANC_PPM**Required**

Scale Summary		
Code	Label	Show-If

Code	Label	Show-If
1	Yes	
2	No	
-1	Not recorded	

214. Is there a record of postpartum care in the record? (this does not include the immediate postpartum checkup)

- ☐ Yes
☐ No
☐ Not recorded

Question: MRR_WOM_ANC_PPM_DOB

Required

Show if: (MRR_WOM_ANC_PPM = 1:[Yes]) and (MRR_DEL_DATE.SPEC was-not-answered) and (MRR_POS_DOB.SPEC was-not-answered)

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

215. Please record the date of birth

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_WOM_ANC_PPM_DOB_TIME

Required

Show if: (MRR_WOM_ANC_PPM = 1:[Yes]) and (MRR_DEL_DATE.SPEC was-not-answered) and (MRR_POS_DOB.SPEC was-not-answered)

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

216. Please record the time of birth

- ☐ Time: (HH:MM)
☐ Not recorded

Question: MRR_WOM_ANC_PPM_VISITDATE

Required

Show if: (MRR_WOM_ANC_PPM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

217. Please record date of the first visit after delivery (this does not include the immediate postpartum checkup)

- ☐ Date: (DD/MM/YYYY)
☐ Not recorded

Question: MRR_WOM_ANC_PPM_WEEK

Required

Show if: (MRR_WOM_ANC_PPM_VISITDATE = 1:[Date:])

Scale Summary		
Code	Label	Show-If
1	Less than 1 week (<= 7 days)	
2	1-2 weeks	
3	2 weeks to a month	
4	After one month	

218. When was the first postpartum visit:

- ☐ Less than 1 week (<= 7 days)
☐ 1-2 weeks
☐ 2 weeks to a month
☐ After one month

Please check if the following checkups were done for woman during the 1st visit to this health facility


Custom Layout Question: MRR_ANC_PPM_CHECK1

219.	Recorded (yes/no)	Values	Date (DD/MM/YYYY)	Time (HH:MM)
Blood pressure (bp)	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Temperature	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulse	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart rate	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory rate	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (specify)	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>		

Please check if the following checkups were done for woman during the 1st visit to this health facility

Custom Layout Question: MRR_ANC_PPM_CHECK2

 220.	Recorded (yes/no)
Uterine involution	<input type="checkbox"/>
Presence of abnormal bleeding	<input type="checkbox"/>
Lochia characteristic	<input type="checkbox"/>

Question: MRR_WOM_ANC_PPM_VISITDATE2

Required

Show if: (MRR_WOM_ANC_PPM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

 221.	Date of the second postpartum visit after delivery:
<input type="radio"/>	Date: <input type="text"/> (DD/MM/YYYY)
<input type="radio"/>	Not recorded

Question: COMMENT_NO_COMPL

 222.	Enter relevant comments about this section
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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.

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