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**ASSESSMENT OF MATERNAL MORTALITY AND  
PERINATAL OUTCOMES STUDY**

**THE DEVELOPMENT AND TESTING OF INTERVIEW  
SCHEDULES FOR DETERMINING THE SOCIOMEDICAL  
CIRCUMSTANCES SURROUNDING MATERNAL DEATHS**

**PORT-AU-PRINCE, HAITI**

**November 26 - December 10, 1989**

**Jeannine Coreil, Ph.D., Consultant**

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## TABLE OF CONTENTS

### Acknowledgements

- I. Executive Summary
- II. Purpose of Visit
- III. Background
- IV. Trip Activities
- V. Results/Conclusions/Recommendations
- VI. Follow-Up Actions Required

### Figure

1. Flow Chart of Maternal Mortality Study

### Appendices

- I. Schedule of Activities
- II. Sociomeical Questions (English and Creole)

## **ACKNOWLEDGEMENTS**

We wish to thank the staff of the Hopital de la Communaute Haitienne and the Mirebalais Community Health Program for assistance in recruiting mothers, family members, neighbors and birth attendents for pretesting study instruments.

We also thank Michael Demming of the Centers for Disease Control and Michael White and David Eckerson of USAID/Haiti for their consultation regarding project methodology, personnel, logistics and budget.

## I. EXECUTIVE SUMMARY

This trip was taken in response to a request on the part of the Child Health Institute for technical assistance from the MotherCare Project of John Snow, Inc., under the USAID/Haiti Buy-in. It was the first in an anticipated total of three trips for assistance with the "Assessment of Maternal Mortality and Perinatal Outcomes" Study, a one-year project beginning November, 1989.

Our approach included group meetings with project staff to work out the desired content of the instruments and make plans for the pretest, hiring of local survey coordinators, training of supervisors and enumerators, and other aspects of the project. We divided up the tasks of instrument development among the project staff members, worked independently, then met to review each other's draft instruments. I developed the two versions of the Sociomedical Questionnaire. Debra Barnes and I conducted the pretest.

The report contains a description of activities accomplished during my visit, summarizes the methods for the retrospective sociomedical history component (social "autopsy") of the project, and has attached copies of the Sociomedical Questionnaires in English and Creole. Other instruments and methods to be used in the study are briefly described.

The main results and recommendations from this trip include the following:

1. Conduct additional field testing of the Sociomedical Questionnaire in order to identify the range of responses to open-ended questions related to complications encountered, advice given, help-seeking and reasons for not seeking appropriate help, in order to include more structured response choices in the instrument. This is something the newly hired coordinator can do until the project gets further underway. This additional testing can be accomplished in an institutional setting using the patient population. Final versions of instruments will be retested prior to use in the survey.
2. Our experience with pretesting indicates that the general approach of asking women and their relatives or birth attendants about complications and help-seeking will work but will require a high level of interviewer training, supervision and quality control. The study will need to exercise the highest possible level of monitoring in data collection.
3. We decided to exclude questions on knowledge and attitudes of available maternity services at the time of follow-up because of the probable bias in responses, particularly in the case of women who had died. The possibility of asking these questions before delivery at the intake interview was explored, but rejected because we felt it might alter subsequent health care utilization behavior. Given these constraints, we felt it was better to exclude these variables from the study.

4. There remains some uncertainty whether neighbors will be sufficiently knowledgeable about the woman's pregnancy and delivery to be systematically included in the sociomedical history component. Additional field testing of the instrument with neighbors is desirable. This may be done in conjunction with the final pretesting of instruments.
5. It was agreed by the project staff that controls were necessary for the sociomedical history component of the project. I recommended that for each case (i.e. maternal death) there be two controls, one healthy (no problems encountered), the other with complications (medical problems encountered during pregnancy or delivery). Since we are mainly interested in finding out if the women who died did not respond appropriately to problems encountered, it is important to compare them with women who also experienced complications but did not die. In addition, we need to compare both cases and complication controls to healthy controls to see if prenatal behavior and care differed significantly among the latter group.
6. We decided to select controls from the same sample cluster as cases (geographic matching) because the main variable which might influence behavior is access to maternity services, which is generally the same within each cluster.

## II. PURPOSE OF VISIT

The purpose of this visit was to assist project staff in the development and testing of interview schedules for determining the sociomedical circumstances surrounding maternal deaths. The original request for assistance referred to such instruments as a "social autopsy" because it sought to identify complications and events leading up to maternal death. Our review of the literature and discussions with other researchers doing this kind of investigation led us to replace the term "autopsy", which is not acceptable in some settings. Also, our decision to collect comparison data from control subjects (i.e. women who had not died) made the term "autopsy" inappropriate, therefore we renamed the instrument "Sociomedical Questionnaire". The remainder of the report uses the new name for this instrument.

The Sociomedical Questionnaire is designed to identify aspects of the mother's pregnancy history, including the current and previous pregnancies, which will help us understand the factors that place a woman at risk for pregnancy-related death. It focuses on the occurrence of complications during pregnancy, delivery and post-partum, and the management of these complications in terms of help seeking, referral and results of actions taken.

Two versions of the Sociomedical Questionnaire were developed, pretested and revised; one for the mother, family members and neighbors, the other for

the birth attendant who assisted at the delivery. Both versions include similar questions related to the following areas:

1. The prenatal period: use of prenatal care, complications during pregnancy, advice and referral given, help-seeking for problems, reasons help not sought, results of actions taken, cost of care.
2. The delivery: timing, length and site of labor (e.g. prematurity), birth attendant, complications encountered, advice and referral given, help-seeking, results of actions taken, reasons help not sought. cost of care.
3. Post-partum: occurrence of complications, advice and referral given, help-seeking, results of actions taken, reasons help not sought, cost of care.
4. Other life events and situational factors which may have influenced behavior during this pregnancy.

It is anticipated that the study will identify 60 maternal deaths (cases) out of a cohort of 6,550 pregnant women followed through delivery and post-partum. For each case, four controls will be interviewed, two "normal controls" in which no complications were present, and two "complication controls" in which the mother experienced medical problems during pregnancy, delivery or post-partum. For each subject (cases and controls), three people knowledgeable about the delivery will be administered the Sociomedical Questionnaire: one family member, one neighbor and the birth attendant. In addition, the control mothers themselves will be administered the questionnaire. The purpose of the multiple interviews for each subject is to cross-check the accuracy of information obtained.

A flow chart of the entire study design (Figure 1) shows the subsamples of people to be administered the Sociomedical Questionnaire. These include the following groups:

<u>Subjects</u>	<u>Mothers</u>	<u>Relatives</u>	<u>Neighbors</u>	<u>Birth attendants</u>
60 cases	-	60	60	60
120 healthy controls	120	120	120	120
120 complication controls	120	120	120	120
300 total	240	300	300	300

Total number of interviews with Sociomedical Questionnaire = 1140. In addition to the Sociomedical Questionnaire, the study will use several other data collection instruments, briefly summarized below.

Demographic enrollment form: to be administered to 13,100 pregnant women identified from screening 727,778 households. Basic demographic information, fertility history, site of previous deliveries, anticipated site of next delivery, subjective health assessment, and use of prenatal care are recorded.

Follow-up form: to be administered to 11,040 women (after loss to follow-up and deaths) six weeks after expected date of delivery. Data on maternal deaths, tetanus vaccination status, complications encountered, place of delivery, and neonatal deaths are recorded. This form provides information for selection of cases and controls for additional interviewing.

Verbal autopsy: to be administered to family members of deceased mothers. These include the 60 deaths identified at follow-up and about 70 deaths of women 15-49 years in 3 months preceding intake survey, of which about 35 will be first trimester pregnancy deaths. Includes perceived cause of death and structured checklist of signs and symptoms.

Neonatal verbal autopsy: to be administered to family members of 480 expected neonatal deaths, includes perceived cause of death and structured checklist of signs.

Sisterhood questionnaire: to be administered to a subsample (N=?) of pregnant women or their neighbors, to validate the sisterhood method. The methodology of this component is not fully worked out yet.

Hospital surveillance form: to be completed by hospital personnel on maternal deaths occurring in the two major maternity hospitals in Port-au-Prince - includes data on gynecological and obstetrical history, health status of mother and child, complications, and medical procedures. The same data may be collected on normal delivery controls. Projected sample size not available.

At the time of my visit, the project was also considering adding on a serological study component which would test 1200 postpartum women for tetanus, Hepatitis B and HIV antibodies. Michael Demming of CDC spent a week with the project staff during my visit exploring the feasibility of this substudy. At that point the group felt that such a serological study, which uses the finger-prick onto filter paper technique for drawing blood samples, would probably be feasible and worthwhile. At this time, it has not been determined whether the analysis will be done at CDC or in-country. If done in-country, previous training at CDC would be required.

### **III. BACKGROUND**

A description of the country situation and available information on maternal mortality, obstetric services and patterns of use is presented in the project proposal "Assessment of Maternal Mortality and Perinatal Outcomes in Haiti".

### **VI. TRIP ACTIVITIES**

See attached schedule of activities in Appendix I.

### **V. RESULTS/CONCLUSIONS/RECOMMENDATIONS**

See Executive Summary.

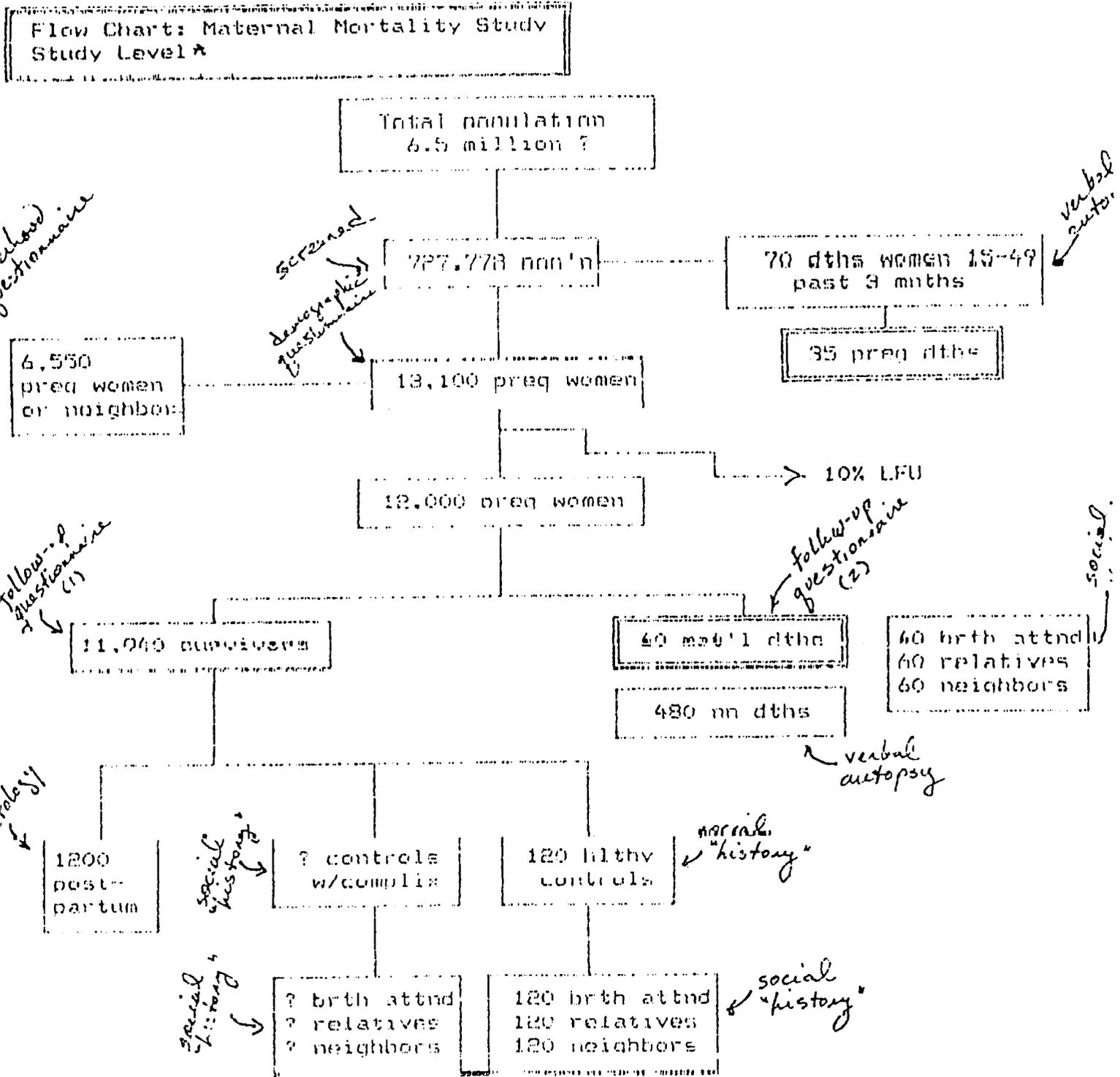
### **VI. FOLLOW-UP ACTIONS REQUIRED**

A debriefing is scheduled with the MotherCare Project staff on February 23, 1999.

The plan is for me to return to Haiti during the month of February when supervisor and enumerator training will take place.

I will probably make a third trip during the summer to assist with data analysis. The inclusion of three instead of two trips as originally planned will not require additional travel funds.

FIGURE 1



\*Rounded figures.

**APPENDIX I**  
**SCHEDULE OF ACTIVITIES**

## SCHEDULE OF ACTIVITIES

### Sunday, November 26

Arrive in Port-au-Prince.

### Monday, November 27

Planning meeting with Maternal Mortality Project Staff: Antoine Augustin, Principal Investigator and Director, Child Health Institute(CHI); Gerald Lerebours, CHI Professional Staff; Deborah Barnes, Co-PI and Child Survival Fellow (Johns Hopkins Univ.); and Jeannine Coreil. Overview project, discussion of changes in methodology, allocation of tasks and set schedule of activities for first week.

Meetings with Deborah Barnes and Gerald Lerebours to discuss survey management plan, hospital surveillance component, training of personnel, and structure of data collection instruments.

### Tuesday, November 28

Individual and group meetings with Michael Demming, CDC consultant for possible serological subcomponent of project (tetanus, hepatitis, HIV).

Prepared draft of Social Autopsy Questionnaire/ Family and Neighbor version.

Meeting with Micheal White, USAID Public Health Officer, David Eckerson, USAID Nutrition Advisor, and Micheal Demming to overview current plans for project. Discussion of methods, logistics, budget.

### Wednesday, November 29

Trip to Mirebalais postponed because a political demonstration was planned and travel outside Port-au-Prince was discouraged. Worked at CHI on Social Autopsy Questionnaire/ Birth Attendant version. Group work on sampling design, project budget, training of enumerators and supervisors.

### Thursday, November 30

Trip to Mirebalais, rural town in Central Plateau. Conducted group interview with 9 Mothers' Club leaders at community health center. Interviewed 2 health center staff members. In-depth interviews with a former research assistant and her grandmother, a traditional midwife. All interviews focused on indigenous recognition and monitoring length of pregnancy, reasons for use or nonuse of modern and traditional prenatal and delivery services, commonly recognized complications of the reproductive process, perceived needs and

problems regarding pregnancy management. Particular attention was paid to the Creole terminology used in discourse on these topics.

Friday, December 1

Breakfast meeting of project staff and Michael Demming with Michael White and David Eckerson at White home. Presented latest revisions in goals, planned methodology, sampling, serological substudy, ethical issues of informed consent for HIV tests, budget and personnel requirements. Also present were two consultants from CDC on exploratory mission regarding sites to study neonatal sepsis and ARI. Feasibility of such studies discussed.

Translated two Social Autopsy Questionnaires Creole.

Saturday and Sunday, December 2-3

Week-end.

Monday, December 4

Meetings with Deborah Barnes and Antoine Augustin to plan schedule and logistics for pretesting questionnaires. Made arrangements for field sites, guides and identification of households for pretest.

Tuesday, December 5

Hired first coordinator; gave her an orientation to the project. Worked with her on revision of Creole in social autopsy and verbal autopsy questionnaires. Met with Deborah Barnes and Antoine Augustin to revise project budget for supervisors based on changes in work load. Prepared final version of questionnaires for pretest.

Wednesday, December 6

Pretested two forms of "Sociomedical Questionnaire" (former "Social Autopsy), one for family members and neighbors, the other for birth attendants. In addition, we pretested the Demographic Sheet (for subject enrollment into the study), the Follow-up Sheet (for second visit after delivery, and the Verbal Autopsy Form (for identification of cause of death). An urban site, Freres, was selected for the pretest. Respondents were recruited with assistance of a staff member from Hopital de la Communaute Haitienne. Respondents were interviewed at home. Two mothers, two family members and two midwives were interviewed and administered the appropriate instruments.

Both forms were revised based on results of the first days pretest, and the revised versions were used in the second day pretest.

Thursday, December 7

Pretested all instruments in a rural site, Mirebalais. Administered appropriate forms to four mothers, two family members, one neighbor, and two midwives. In one case we interviewed both husband and wife separately and were able to compare responses to same questions.

All instruments were revised based on second day pretest. Potential problem areas in data collection methods were identified and ways to control quality were discussed.

Friday, December 8

Debriefing with David Eckerson of USAID, Debra Barnes participating in review of pretest findings and plans for implementation of entire project.

Meeting with Debra Barnes and Coordinator to plan additional field testing of instruments.

Wrap-up meeting with Tony Augustin and Debra Barnes; planning for recruitment and training of interviewers, including my next trip to Haiti during training period.

Saturday, December 9

Week-end.

Sunday, December 10

Travel from Port-au-Prince to Tampa.

APPENDIX II

SOCIOMEDICAL QUESTIONS  
(ENGLISH AND CREOLE)

SOCIOMEDICAL QUESTIONNAIRE - FAMILY MEMBERS AND NEIGHBORS

1. Name of respondent \_\_\_\_\_
2. Relationship to mother husband \_\_\_\_\_ mother \_\_\_\_\_  
aunt \_\_\_\_\_ neighbor \_\_\_\_\_ friend \_\_\_\_\_  
father \_\_\_\_\_ other \_\_\_\_\_
2. Name of woman who gave birth \_\_\_\_\_ Study code \_\_\_\_\_
3. Alive \_\_\_\_\_ (Go to question 9) Dead \_\_\_\_\_
4. Date of death \_\_\_\_\_
5. She died: before \_\_\_\_\_ during \_\_\_\_\_ after birth \_\_\_\_\_
6. Where did she die? \_\_\_\_\_
7. Who was with her when she died? \_\_\_\_\_  
\_\_\_\_\_
8. What do you think caused her death? \_\_\_\_\_  
\_\_\_\_\_
9. Prenatal care:
  - a. Did she seek medical care during her pregnancy: yes/no  
[If yes] Where did she go? doctor \_\_\_\_\_  
health center \_\_\_\_\_ hospital \_\_\_\_\_ herbalist \_\_\_\_\_  
other \_\_\_\_\_
  - b. Why did she seek care? \_\_\_\_\_  
\_\_\_\_\_
  - c. Where does the person she consulted live? \_\_\_\_\_  
\_\_\_\_\_

12

- d. How many times did she visit this person? Once \_\_\_\_\_  
 2-4 times\_\_\_ 5-7 times\_\_\_ > 7 times\_\_\_ don't know\_\_\_
- e. The first time she went, how far along in her pregnancy  
 was she? early part\_\_\_\_\_ around the middle\_\_\_\_\_  
 near the end\_\_\_\_\_ don't know\_\_\_\_\_
- f. How much did she pay for the last visit for:  
 care\_\_\_\_\_ medicines\_\_\_\_\_ labcratory\_\_\_\_\_  
 transportation\_\_\_\_\_ other expenses\_\_\_\_\_
- Thus, her total expenses amounted to\_\_\_\_\_?  
 Don't know how much she spent for care\_\_\_\_\_

10. Problems during pregnancy

- a. Did she have any medical problems during pregnancy?  
 No \_\_\_\_\_ (go to question 11) Yes \_\_\_\_\_
- b. [If yes] What problem(s) did she have? \_\_\_\_\_  
 \_\_\_\_\_
- c. Was the problem: very serious\_\_\_\_\_ serious\_\_\_\_\_  
 not very serious\_\_\_\_\_ don't know\_\_\_\_\_
- d. With this type of problem, if nothing is done, what can  
 happen? \_\_\_\_\_
- e. Who recognized the problem first? \_\_\_\_\_
- f. Did the mother receive any advice about the problem? Y/N
- g. Who gave her advice? \_\_\_\_\_
- h. What advice was given? \_\_\_\_\_  
 \_\_\_\_\_
- i. Did the mother do anything to resolve the problem?  
 No \_\_\_\_\_ (Go to question 10.m) Yes \_\_\_\_\_

j. What did she do for the problem? \_\_\_\_\_  
\_\_\_\_\_

k. What resulted from her actions? \_\_\_\_\_  
\_\_\_\_\_

l. How much money did she spend taking care of the problem?

care \_\_\_\_\_ medicines \_\_\_\_\_ laboratory \_\_\_\_\_  
transportation \_\_\_\_\_ other \_\_\_\_\_

Thus, she paid \_\_\_\_\_ total?

m. If she did nothing for the problem, why not? \_\_\_\_\_  
\_\_\_\_\_

11. Problems during labor and delivery:

a. What date did labor begin? \_\_\_\_\_

b. The labor began: premature \_\_\_\_\_ on time \_\_\_\_\_  
late \_\_\_\_\_ don't know \_\_\_\_\_

c. Where did she have labor? \_\_\_\_\_

d. Who took care of her during labor? her mother \_\_\_\_\_  
midwife \_\_\_\_\_ aunt \_\_\_\_\_ husband \_\_\_\_\_  
friend \_\_\_\_\_ other \_\_\_\_\_

e. Where was the baby born? \_\_\_\_\_

f. Who helped with the delivery? midwife \_\_\_\_\_  
mother \_\_\_\_\_ aunt \_\_\_\_\_ doctor \_\_\_\_\_  
nurse \_\_\_\_\_ other \_\_\_\_\_

g. How long was she in labor before the baby was born?  
\_\_\_\_\_ hours

h. Did she have any problems during the delivery?

15

No \_\_\_\_\_ [Go to question 12) Yes \_\_\_\_\_

- i. What problem(s) did she have? \_\_\_\_\_  
\_\_\_\_\_
- j. Was the problem: very serious \_\_\_\_\_ serious \_\_\_\_\_  
not serious \_\_\_\_\_ don't know \_\_\_\_\_
- k. With this problem, if nothing is done, what can happen?  
\_\_\_\_\_  
\_\_\_\_\_
- l. Who recognized the problem first? \_\_\_\_\_
- m. Was the mother given advice about the problem? yes/no
- n. [If yes] Who gave her the advice? \_\_\_\_\_
- o. What advice was given? \_\_\_\_\_  
\_\_\_\_\_
- p. Did the mother do something about the problem?  
No (Go to question 11) Yes \_\_\_\_\_
- q. What did she do for the problem? \_\_\_\_\_  
\_\_\_\_\_
- r. What resulted from these actions? \_\_\_\_\_  
\_\_\_\_\_
- s. How much did she spend in handling this problem for:  
care \_\_\_\_\_ medicines \_\_\_\_\_ laboratory \_\_\_\_\_  
transportation \_\_\_\_\_ other \_\_\_\_\_  
Thus, she paid \_\_\_\_\_ total?
- t. If she did nothing for the problem, why not? \_\_\_\_\_  
\_\_\_\_\_
- u. Who cut the infant's umbilical cord? \_\_\_\_\_

12. Post-partum problems

- a. Did the woman have any medical problems after delivery?  
No [Go to question 13] Yes \_\_\_\_\_
- b. What problem(s) did she have? \_\_\_\_\_  
\_\_\_\_\_
- c. How many days after the birth did the problem begin?  
\_\_\_\_\_ days after
- d. Was the problem: very serious \_\_\_\_\_ serious \_\_\_\_\_  
not serious \_\_\_\_\_ don't know \_\_\_\_\_
- e. With such a problem, if nothing is done, what can  
happen? \_\_\_\_\_
- f. Who first recognized the problem? \_\_\_\_\_
- g. Did anyone give the mother advice about the problem?  
No \_\_\_\_\_ [Go to question 13] Yes \_\_\_\_\_
- h. Who gave her the advice? \_\_\_\_\_
- i. What advice was given? \_\_\_\_\_  
\_\_\_\_\_
- j. Did the mother do anything to resolve the problem?  
No \_\_\_\_\_ [Go to question 12.o] Yes \_\_\_\_\_
- k. What did she do for the problem? \_\_\_\_\_  
\_\_\_\_\_
- l. What resulted from these actions? \_\_\_\_\_  
\_\_\_\_\_
- m. How much did she spend to help solve the problem?  
cares \_\_\_\_\_ medicines \_\_\_\_\_ laboratory \_\_\_\_\_

transportation \_\_\_\_\_ other \_\_\_\_\_

Thus, she paid \_\_\_\_\_ total?

Don't know how much she paid \_\_\_\_\_

o. If she did nothing for the problem why not? \_\_\_\_\_

13. If only the midwife took care of the mother during pregnancy and delivery, how much money did the family pay her for all?

\_\_\_\_\_

14. If the mother delivered in a hospital or health center and there were no complications, what was the cost of care?

\_\_\_\_\_

15. Is there a difference between this pregnancy and others this woman has had in the past, that we have not yet discussed?

No \_\_\_\_\_ [Go to question 17] Yes \_\_\_\_\_

16. How was it different? \_\_\_\_\_

\_\_\_\_\_

17. Did this woman have any unusual personal or family problems during her pregnancy? No \_\_\_\_\_ [Go to question 19] Yes \_\_\_\_\_

18. What problems did she have? \_\_\_\_\_

\_\_\_\_\_

19. Did this woman have medical problems during previous pregnancies? No \_\_\_\_\_ [Go to question 21] Yes \_\_\_\_\_

20. What problem(s) did she have? \_\_\_\_\_

\_\_\_\_\_

21. Where did she deliver her last baby? at home \_\_\_\_\_

health center \_\_\_\_\_ hospital \_\_\_\_\_ other \_\_\_\_\_

SOCIOMEDICAL QUESTIONNAIRE- MIDWIFE/DOCTOR/NURSE

1. Name of mother (woman who gave birth) \_\_\_\_\_
2. Study code \_\_\_\_\_
3. Name of respondent \_\_\_\_\_
4. Is s/he a:            midwife \_\_\_\_\_    doctor \_\_\_\_\_  
   nurse \_\_\_\_\_    other (who) \_\_\_\_\_
5. Respondent's age \_\_\_\_\_ (Which president born under? \_\_\_\_\_)
6. Midwife only: How long have you delivered babies? \_\_\_\_\_
7. Have you received any formal training: Yes/no    If yes:
  - a. What kind of training? \_\_\_\_\_
  - b. In what year? \_\_\_\_\_
  - c. For how many days/weeks? \_\_\_\_\_
  - d. Where was training given? \_\_\_\_\_
  - e. Do you have delivery tools?    yes \_\_\_\_\_    no \_\_\_\_\_  
   Once did, now gone or not usable \_\_\_\_\_
8. PRENATAL CARE

Did you care for this woman during her pregnancy (for example, talk to her or examine her) yes/no    If yes:

  - a. What did you do for her? \_\_\_\_\_  
\_\_\_\_\_
  - b. How many months pregnant was she when you first saw her?  
\_\_\_\_\_
  - c. Did you notice any problems at that time?  
Yes \_\_\_\_\_    No \_\_\_\_\_    If yes:
  - d. What was the problem? \_\_\_\_\_  
\_\_\_\_\_



- g. What can be done about this problem? Nothing \_\_\_\_\_  
 What can be done: \_\_\_\_\_  
 \_\_\_\_\_
- h. What did you do for the problem? \_\_\_\_\_  
 \_\_\_\_\_
- i. What resulted from your actions? \_\_\_\_\_  
 \_\_\_\_\_
- j. Could you have done something else? \_\_\_\_\_  
 \_\_\_\_\_
- k. Did you give the women any advice about the problem? Y/N  
 [If yes] What advice? \_\_\_\_\_  
 \_\_\_\_\_
- l. As far as you know, did she follow your advice?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- m. [If no] Do you know why she did not? \_\_\_\_\_  
 \_\_\_\_\_

9. Post-partum

Did you take care of this woman after delivery? No (Go to question 10) \_\_\_\_\_ yes \_\_\_\_\_

a. Midwife: For how many days did you visit the woman?  
 \_\_\_\_\_ times during \_\_\_\_\_ days

doctor/nurse: How many days after delivery did you see her? \_\_\_\_\_ days after

b. Was it a normal visit or was there a problem?

Normal visit \_\_\_\_\_ (Go to question 10)

21

There was a problem \_\_\_\_\_

c. If there was a problem, what was it? \_\_\_\_\_  
\_\_\_\_\_

d. Was the problem serious? very serious \_\_\_\_\_  
moderately serious \_\_\_\_\_ not serious \_\_\_\_\_

e. What can be done for this problem? Nothing \_\_\_\_\_  
What can be done: \_\_\_\_\_  
\_\_\_\_\_

f. What did you do for the problem? \_\_\_\_\_  
\_\_\_\_\_

g. What resulted from your actions? \_\_\_\_\_  
\_\_\_\_\_

h. Was there something else you could have done? \_\_\_\_\_  
\_\_\_\_\_

i. Did you give the family any advice about the problem?  
No \_\_\_\_\_ (Go to question 10) Yes \_\_\_\_\_

j. [If yes] What advice did you give? \_\_\_\_\_  
\_\_\_\_\_

j. As far as you know, did they follow your advice?  
Yes \_\_\_\_\_ No \_\_\_\_\_

k. [If no] Why not? \_\_\_\_\_  
\_\_\_\_\_

10. How much money did you ask to be paid for the delivery?  
\_\_\_\_\_ How much did you receive? \_\_\_\_\_

11. When you think about other deliveries you have done, would you say this case was:

22

very life-threatening \_\_\_\_\_ life-threatening \_\_\_\_\_

serious but not life-threatening \_\_\_\_\_

no problems whatever \_\_\_\_\_

11. In other deliveries you have done, have any mothers died?

Yes \_\_\_\_\_ No \_\_\_\_\_ (end

12. The last time a mother died, what was the cause of death?

---

Interviewer:

Rate the reliability of responses:

good \_\_\_\_\_

fair \_\_\_\_\_ poor \_\_\_\_\_

don't know \_\_\_\_\_

KESTYONE SOSYO-MEDIKAL - MEMB FANMI AK VWASEN

1. Non repondan \_\_\_\_\_
2. Rapo avek manman: mari \_\_\_\_\_ manman \_\_\_\_\_ se \_\_\_\_\_  
matant \_\_\_\_\_ vwasen \_\_\_\_\_ ami \_\_\_\_\_  
papa \_\_\_\_\_ lot \_\_\_\_\_
2. Non fam ansent \_\_\_\_\_ Nimewo \_\_\_\_\_
3. Vivan \_\_\_\_\_ (Ale nan kestyon 9) Mouri \_\_\_\_\_ )
4. Dat manman mouri \_\_\_\_\_
5. Li mouri: avan \_\_\_\_\_ pandan \_\_\_\_\_ apre akouchman \_\_\_\_\_
6. Ki kote li mouri \_\_\_\_\_
7. Ki moun ki te la le li mouri:  
\_\_\_\_\_  
\_\_\_\_\_
8. Sa ou panse ki fe-l mouri (tiye-l) \_\_\_\_\_  
\_\_\_\_\_
9. Swen pandan gwoses:
  - a. Eske li ale konsilte pandan gwoses-la: Wi \_\_\_\_\_ Non \_\_\_\_\_  
[Si wi:] Kote li te ale? kay dokte \_\_\_\_\_ sant \_\_\_\_\_  
lopital \_\_\_\_\_ matronn \_\_\_\_\_ dokte fey \_\_\_\_\_  
lot kote \_\_\_\_\_
  - b. Pouki sa li ale konsilte? \_\_\_\_\_  
\_\_\_\_\_
  - c. Ki bo moun ki te konsilte-l la travay (rete)?  
\_\_\_\_\_

24

- d. Kombyen fwa li ale la pandan gwoses li? Yon sel \_\_\_\_\_  
 2-4 fwa \_\_\_\_\_ 5-7 fwa \_\_\_\_\_ > 7 fwa \_\_\_\_\_ pa konnen \_\_\_\_\_
- e. Premye fwa li te ale konsilte, li te gen kombyen mwa gwoses? nan komansman \_\_\_\_\_ nan mitan \_\_\_\_\_  
 nan fin \_\_\_\_\_ pa konnen \_\_\_\_\_
- f. Denye fwa li te ale konsilte, kombyen lajan li te depanse? swen \_\_\_\_\_ medikaman \_\_\_\_\_ laboratwa \_\_\_\_\_  
 transpo \_\_\_\_\_ lot depans \_\_\_\_\_  
 Alo, li te paye \_\_\_\_\_ an total?  
 Pa konnen konbyen li peye \_\_\_\_\_

10. Pwoblem gwoses

- a. Eske li te konn malad pandan gwoses-la? Non \_\_\_\_\_  
 [Si non, ale nan kestyon 11] Wi \_\_\_\_\_
- b. [Si wi] ki sa-l te soufri(ki maladi)? \_\_\_\_\_  
 \_\_\_\_\_
- c. Eske pwoblem te: grav anpil \_\_\_\_\_ ase grav \_\_\_\_\_  
 pa telman grav \_\_\_\_\_ pa konnen \_\_\_\_\_
- d. Avek yon pwoblem konsa, si yo pa fe ayen, kisa ka rive? \_\_\_\_\_  
 \_\_\_\_\_
- e. Kiles ki te oue pwoblem-la avan? \_\_\_\_\_
- f. Eske manman te resevwa konsey sou pwoblem sa-yo? Wi/Non
- g. Kiles ki bay konsey-la? \_\_\_\_\_
- h. Ki konsey li bay-l? \_\_\_\_\_  
 \_\_\_\_\_
- i. Eske manman-nan te fe yon bagay pou resoud pwoblem-nan?  
 Non \_\_\_\_\_ (Ale nan kestyon 10.m) Wi \_\_\_\_\_

j. Kisa li te fe pou resoud pwoblem-nan? \_\_\_\_\_  
\_\_\_\_\_

k. Ki resilta swivi-a? \_\_\_\_\_  
\_\_\_\_\_

l. Kombyen li te depanse pou regle pwoblem sa-a pou:  
swen \_\_\_\_\_ medikaman \_\_\_\_\_ laboratwa \_\_\_\_\_  
transpor \_\_\_\_\_ lot bagay \_\_\_\_\_  
Alo, li te peye \_\_\_\_\_ pou tout?

m. Si li pat fe anyen, poukisa? \_\_\_\_\_  
\_\_\_\_\_

11. Pwoblem pandan akouchman:

a. Ki dat tranche-a te komanse? \_\_\_\_\_

b. Tranche-a te komanse:  
avan le \_\_\_\_\_ a le \_\_\_\_\_ apre le \_\_\_\_\_ pa konnen \_\_\_\_\_

c. Ki kote li te fe tranche-a? \_\_\_\_\_

d. Ki moun ki te okipe li pandan tranche-a? manman \_\_\_\_\_  
matronn \_\_\_\_\_ matant \_\_\_\_\_ mari \_\_\_\_\_ se \_\_\_\_\_  
zami \_\_\_\_\_ lot moun \_\_\_\_\_

e. Ki kote timoun-nan fet? \_\_\_\_\_

f. Ki moun ki te okipe li le timoun-nan fet-la?  
matronn \_\_\_\_\_ manman \_\_\_\_\_ matant \_\_\_\_\_  
kokte \_\_\_\_\_ mis \_\_\_\_\_ lot moun \_\_\_\_\_

g. Kombyen tan tranche-a dire anvan timoun-nan fet? \_\_\_\_\_

h. Eske li te gen pwoblem pandan akouchman?  
Non \_\_\_\_\_ [Ale sou kestyon 12] Wi \_\_\_\_\_

108

- i. Ki pwoblem li te gen? \_\_\_\_\_  
 \_\_\_\_\_
- j. Eske pwoblem te: grav anpil \_\_\_\_\_ ase grav \_\_\_\_\_  
 pa telman grav \_\_\_\_\_ pa konnen \_\_\_\_\_
- k. Avek yon pwoblem konasa, si yo pa fe ayen, kisa ka rive?  
 \_\_\_\_\_
- l. Kiles ki te oue pwoblem-nan avan? \_\_\_\_\_
- m. Eske manman te resevwa konsey sou peoblem sa-a? Wi/Non
- n. Si wi: Kiles ki te bay konsey-la? \_\_\_\_\_
- o. Ki konsey li bay-l? \_\_\_\_\_  
 \_\_\_\_\_
- p. Eske manman-nan te fe yon bagay pou resoud pwoblem-nan?  
 Non (Ale nan kestyon # 11.t ) \_\_\_\_\_ Wi \_\_\_\_\_
- q. Ki sa li te fe pou resoud pwoblem-nan? \_\_\_\_\_  
 \_\_\_\_\_
- r. Ki resilta swivi-a? \_\_\_\_\_  
 \_\_\_\_\_
- s. Konbyen li te depanse pou regle pwoblem sa-a pou:  
 swen \_\_\_\_\_ medikaman \_\_\_\_\_ laboratwa \_\_\_\_\_  
 transpor \_\_\_\_\_ lot bagay \_\_\_\_\_  
 Alo, li te peye \_\_\_\_\_ pou tout?
- t. Si li pat fe ayen, poukisa? \_\_\_\_\_  
 \_\_\_\_\_
- u. Kiles ki te koupe lonbrit-la? \_\_\_\_\_

12. Pwoblem apre akouchman

- a. Eske fam-nan te gen pwoblem apre akouchman?  
Non [Ale sou kestyon 13] Wi \_\_\_\_\_
- b. Ki pwoblem li te gen? \_\_\_\_\_  
\_\_\_\_\_
- c. Kombyen jou apre akouchman pwoblem-nan te komanse? \_\_\_\_\_
- d. Eski pwoblem yo te: grav anpil \_\_\_\_\_ asegrav \_\_\_\_\_  
pa temlan grav \_\_\_\_\_ pa konnen \_\_\_\_\_
- e. Avek yon pwoblem konsa, si li pa fe ayen, kisa-k ka rive? \_\_\_\_\_
- f. Kiles ki te rekonet pwoblem-an? \_\_\_\_\_
- g. Eske yo te bay manman-an konsey sou pwoblem-nan(yo)?  
Non \_\_\_\_\_ [Ale sou kestyon 13] Wi \_\_\_\_\_
- h. Ki moun te bay li konsey-la? \_\_\_\_\_
- i. Ki konsey li te bay li? \_\_\_\_\_  
\_\_\_\_\_
- j. Eske manman-nan te fe yon bagay pou resoud pwoblem sa-a?  
Non \_\_\_\_\_ [Ale sou kestyon 12.o] Wi \_\_\_\_\_
- k. Kisa li te fe pou resoud pwoblem-nan? \_\_\_\_\_  
\_\_\_\_\_
- l. Ki resilta swivi-a? \_\_\_\_\_  
\_\_\_\_\_
- m. Kombyen li te depanse pou resoud pwoblem sa-a?  
swens \_\_\_\_\_ medikaman \_\_\_\_\_ laboratwa \_\_\_\_\_  
transpo \_\_\_\_\_ lot bagay \_\_\_\_\_

Alo, li te peye \_\_\_\_\_ pou tout?

Pa konnen kombyen li te peye \_\_\_\_\_

o. Si li pat fe anyen, poukisa? \_\_\_\_\_  
\_\_\_\_\_

13. Si se selman matronn ki te okipe manman pandan gwoses ak akouchman, kombyen lajan li te mande pou tou sa li fe?  
\_\_\_\_\_

14. Si se nan sant-la oswa lopital li te akouche, e le pat gen pwoblem avek akouchman, konbyen li te peye pou akouchman?  
\_\_\_\_\_

15. Eske gen diferans ant gwoses sa-a ak lot fwa ke fam sa-a te konn ansent deja ke nou poko pale jodia?

Non \_\_\_\_\_ [Ale sou kestyon 17]      Wi \_\_\_\_\_

16. Kisa ou ka di? \_\_\_\_\_  
\_\_\_\_\_

17. Eski fam-nan te gen pwoblem lakay li ki ba-l tet chaje, le li te ansent fwa sa-a? Non \_\_\_\_\_ [Ale sou kestyon 19]      Wi \_\_\_\_\_

18. Ki pwoblem te genyey? \_\_\_\_\_  
\_\_\_\_\_

19. Eske manman sa-a te malad pandan gwoses avan sa?

Non \_\_\_\_\_ [Ale sou kestyon 21]      Wi \_\_\_\_\_

20. Kisa li te gen? \_\_\_\_\_  
\_\_\_\_\_

21. Ki kote li te akouche avan fwa sa-a? lakay \_\_\_\_\_

sant \_\_\_\_\_ lopital \_\_\_\_\_ lot kote \_\_\_\_\_

191

KESTYONE SOSYO-MEDIKAL - MATRONN/DOKTE/MIS

1. Non manman (fam ki te akouche) \_\_\_\_\_
2. Nimero \_\_\_\_\_
3. Non repondan \_\_\_\_\_
4. Eske li se yon: matronn \_\_\_\_\_ dokte \_\_\_\_\_  
mis \_\_\_\_\_ lot moun (ki) \_\_\_\_\_
5. Laj repondan \_\_\_\_\_ (Sou ki presidan ou te fet? \_\_\_\_\_)
6. Matronn selman: Depi konbyen ane ou konn akouche bebe \_\_\_\_\_
7. Eske ou gen yon kote yo te fome ou? wi/non Si wi:
  - a. Ki fomasyon yo te ba-ou? \_\_\_\_\_
  - b. Nan ki ane \_\_\_\_\_
  - c. Konbyen jou/semann fomasyon te dire? \_\_\_\_\_
  - d. Kote fomasyon te fet? \_\_\_\_\_
  - e. Eske ou gen zouti akouchman? wi \_\_\_\_\_ non \_\_\_\_\_  
Te gen avan, yo gate \_\_\_\_\_
8. SWEN POU FAM ANSENT

Eske ou te okipe fam sa-a pandan gwoses li-a (pa examp pale ave-l oubyen manyen-l)? wi/non Si wi:

  - a. Sa ou te fe pou li? \_\_\_\_\_  
\_\_\_\_\_
  - b. Premye fwa ou te oue-l, konbyen mwa li te genyen depi li ansent?  
\_\_\_\_\_
  - c. Eske ou te remake yon pwoblem ou lot bagay pa normal pandan li gro vant? Wi/Non Si wi:
  - d. Ki sa ou te wek pa normal? \_\_\_\_\_  
\_\_\_\_\_



- h. Sa ou te fe pou pwoblem sa-a? \_\_\_\_\_  
 \_\_\_\_\_
- i. Ki resilta swivi-a? \_\_\_\_\_  
 \_\_\_\_\_
- j. Eske gen lot bagay ou te ta ka fe? \_\_\_\_\_  
 \_\_\_\_\_
- k. Eske ou te bay fam-nan konsey ou fami-li? Wi/Non  
 [Si wi] Ki konsey? \_\_\_\_\_  
 \_\_\_\_\_
- l. Dapre sa ou konnen, eske yo te swiv konsey ou te bay yo?  
 Wi \_\_\_\_\_ Non \_\_\_\_\_
- m. [Si non] Eske ou konnen ki rezon yo genyen pou sa?Wi/non  
 [Si wi] Ki rezon? \_\_\_\_\_  
 \_\_\_\_\_

9. Aprè Akouchman

Eske ou te okipe fam-nan apre li akouche? Non (Ale sou  
 kestyon 10) \_\_\_\_\_ Wi \_\_\_\_\_

a. Matronn: Pou konbyen jou ou te visite li apre  
 akouchman? \_\_\_\_\_ fwa pandan \_\_\_\_\_ jou

dokte/mis: Kombyen jou apre akouchman li te vini  
 we ou? \_\_\_\_\_ jou apre

b. Eske visit-la te normal oubyen te gen yon pwoblem?

Visit normal \_\_\_\_\_ (Ale sou kestyon 10)

Pwoblem \_\_\_\_\_

- c. Si te gen pwoblem, ki jan de pwoblem li te ye? \_\_\_\_\_  
\_\_\_\_\_
- d. Eske pwoblem-nan(yo) te grav? grav anpil \_\_\_\_\_  
ase grav \_\_\_\_\_ pa telman grav \_\_\_\_\_
- e. Ki sa ou ta ka fe pou sa? Anyen \_\_\_\_\_  
Sa ou ka fe: \_\_\_\_\_  
\_\_\_\_\_
- f. Kisa ou te fe pou pwoblem-nan? \_\_\_\_\_  
\_\_\_\_\_
- g. Ki resilta swivi-a? \_\_\_\_\_  
\_\_\_\_\_
- h. Eske gen lot bagay ki ta ka fet anko? \_\_\_\_\_  
\_\_\_\_\_
- i. Eske ou te bay fam-nan konsey ou fanmi li?  
Non \_\_\_\_\_ (Ale sou kestyon 10) Wi \_\_\_\_\_
- j. [Si wi] Ki konsey ou te bay yo? \_\_\_\_\_  
\_\_\_\_\_
- j. Dapre sa ou konnen, eske yo te swiv konsey ou te bay  
yo-a? Wi \_\_\_\_\_ Non \_\_\_\_\_
- k. [Si non] Poukisa yo pa fe-l? \_\_\_\_\_  
\_\_\_\_\_
10. Kombyen lajan ou mande pou tout swen akouchman sa-a?  
\_\_\_\_\_ Konbyen yo te bay ou? \_\_\_\_\_
11. Le ou ap sonje lot akouchman ou te fe deja, eske ka sa-a te:  
menase vi li anpil \_\_\_\_\_ li te gen pwoblem \_\_\_\_\_  
pa telman menase vi li \_\_\_\_\_ pa gen aken pwoblem \_\_\_\_\_

3/1

11. Eske nan lot akouchman ou konn fe, te gen fam ki mouri?

Wi \_\_\_\_\_ Non \_\_\_\_\_ (fini)

12. Nan denye ka, sak fe-l te mouri? \_\_\_\_\_  
\_\_\_\_\_

Ankete:

Eske repondan te ba ou bon repons:                      wi \_\_\_\_\_  
pa telman \_\_\_\_\_ non \_\_\_\_\_ pa konnen \_\_\_\_\_

34