

Supplement to: Cite as: Memon Z, Ahmed W, Muhammad S, Soofi S, Chouhan S, Rizvi A, Barach P, Bhutta Z. Identifying delays impacting maternal and perinatal deaths using a facility-based death audit review system integrated with community engagement: a mixed methods study. J Glob Health. 2026;16:04117.

Good Reporting of a Mixed Methods Study (GRAMMS) checklist

Guideline	Section: page
Describe the justification for using a mixed methods approach to the research question	Methods - pg. 4 &16
Describe the design in terms of the purpose, priority and sequence of methods	Methods- pg. 4 - 6 , Figure 1
Describe each method in terms of sampling, data collection and analysis	Methods-Informed consent and data collection procedures: pg 7-9 Quantitative and Qualitative Analysis: pg. 10-11
Describe where integration has occurred, how it has occurred and who has participated in it	Methods- pg. 12-14, Table 3
Describe any limitation of one method associated with the present of the other method	Discussion pg. 16
Describe any insights gained from mixing or integrating methods	Discussion: pg. 15-17

O'Cathain A, Murphy E, Nicholl J. The quality of mixed methods studies in health services research. J Health Serv Res Policy. 2008;13: 92-98.

Study Variables and Definitions S1 Online Supplementary Document

Identifying delays impacting maternal and perinatal deaths using a facility-based death audit review system integrated with community engagement: A mixed methods study

Study Variables and Definitions

Variable	Definition
Sources of Notification	The death cases were notified by death community representatives from community, Lady Health Worker Management Information System (LHW-MIS), Health care providers from three secondary level care health facilities and records in District health Information System (DHIS).
Project Research team	Project research team comprise of two district field managers, one quality assurance officer, one research associate, five trained data collectors, one research manager, one senior manager and one operational director and the project supervised by Principal Investigator.
LHW	Lady Health Worker is the community health worker, expected to record all births and deaths in her allotted catchment population. Usually covers 100-150 households. Also register eligible couples, counsel couples of reproductive age about family planning methods, keep checks on pregnant women and their nutrition, provide treatment for basic ailments and refer patients to the formal health system, encourage breastfeeding. She reports to lady health supervisor.
LHS	Lady Health Supervisor another cadre of community health workers working in the LHW program who are responsible for directly managing 25-30 LHWs. LHSs make monthly visits to each LHW to supervise their community case management (CCM) skills during visits to community households. LHS provide supportive supervision, on job training, verbal and written feedback to her Lady Health Workers.
LHV	The LHV will be responsible for providing care under the direct supervision of Medical Officer at healthcare facility by ensuring patients receives adequate services during pregnancy and childbirth, family planning, provision of ANC/PNC services and neonatal resuscitation and postpartum follow up of women
Implementation Sites (THQ Matiari, THQ Saeedabad, THQ Hala)	Three tehsil headquarters THQs, secondary level care hospitals in District Matiari were the Death Audit Review System implementation sites. The three facility-based audit committees were established with community representatives from the catchment population. During the project THQ Matiari upgraded to District Headquarter Hospital (DHQ).
Other Government health facilities	The other government health facilities include Basic Health Unit (BHU) and Rural Health Center (RHC), Tertiary level care hospitals and THQs in the nearby cities (Hyderabad and Tandoallah Yaar). The information and data collected from communities mentioned these facilities from where they visited for Antenatal Care (ANC), delivery and Postnatal Care (PNC) and seek other maternal and newborn health care services.
Private Health Facility	These referred to private hospitals where admission facilities were available. Private clinics referred to as the one room allocated for the health care services provision in the area by one doctor (general physician or gynecologist) with maternity services (ultrasound).
Death Time	Death time divided into two categories; 9am to 2pm – this is official timings of the government health facilities. After 2 pm to 9 am – usually LHV and specialists were on-call during this time at the government health facilities. In private hospitals the same pattern followed.

Referrals	This refers to the number of times a patient is referred from the first health facility they contacted to the final health facility where they received care. The analysis looks at the proportion of referrals that were less than 2 times versus more than 2 times
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Questionnaire S1 Online Supplementarty Document

Identifying delays impacting maternal and perinatal deaths using a facility-based death audit review system integrated with community engagement: A mixed methods study

Stillbirth and Neonatal, Maternal Death Case Review Form

Study ID: ____ - ____

Case to be reviewed: Stillbirth..... 1 Neonatal Death 2 Maternal Death 3

STUDY ID KEY	
Taluka	1. Matiari 2. Hala 3. Saeedabad
Form filled from	1. Community 2. Health facility
Case type	1. Still Birth 2. Neonatal death 3. Maternal Death 4. Maternal Near-miss
Case number	Example: 0001, 0002, 0009, 0011 etc.

Section 1: Household Information

Read the consent form (hard copy) to the respondent if 18 -49 years; take consent. Ensure that their name recorded in the consent form if they agree to participate.

If the woman is 15-17 years old and married, read the consent script to the head of the household/ husband and the assent script to the woman. You MUST obtain the consent of the guardian and assent of the woman before proceeding

If the woman is married, or is unmarried and older than 17 years, read her the woman's consent script. You MUST obtain the woman's consent before proceeding

May I start now?

- Yes, permission is given Begin the interview.
- No, permission is not given End the interview.

S. No	Question	Response	Skip
CE101	Survey Number	Pre-Intervention 1 Post-Intervention 2	
CE103	Case Notified by	1. LHW 2. Relative/friend 3. AKU team 4. Community Audit members 5. Health facility Audit member 6. Health facility 7. THQ Matiari, THQ Hala ,THQ Seedabad 8. Other	
CE104	Village Name رہا ئی گوت جو نالو؟		User input
CE105	Household Number	- Don't know....98	
	Relation with deceased? (specially for Maternal death)		

	گذاري ويل سان رڳو رشتو اي توهان جو؟		
CE106	Interviewer's ID KK..1 YT...2 SC...3 WA...4	[]	
CE107	Date of Interview انکوبو جا تاريخ؟	Day [] []-Month [] []-Year [] [] [] []	
CE108	Interviewer's Name انکوبو وٺندڙ جو نالو؟		
CE109	Interviewer's Phone Number	[] [] [] []-[] [] [] [] [] [] [] []	
CE110	Time at beginning of Interview انکوبو سڄي رڳو وقت؟	HH [] []: MM [] []	
CE111	Time at end of Interview انکوبو ختم رڳو وقت؟	HH [] []: MM [] []	
CE112	During this interview was privacy ensured? کيه اس ان ٿرڙيڪ ڊو ان عو ت ايل يه ؟ چا انکوبو وٺڻ دوران عورت ا بي هه؟ Observe: was anyone else present and listening during the interview other than the woman being interviewed? مشهد ڪرے: کيه اس ان ٿرڙيڪ ڊو ان کوي او شخص موجود يهه او سن بهه يهه اس عو ت ک علوه جسک ان ٿرڙيڪ ليهه جه بهه يهه ؟	Yes 1 No 2	IF 1 go to WI101
CE113	Who else was present during the interview? ان ٿرڙيڪ ڊو ان او کون موجود يهه؟ انکوبو وٺڻ دوران رڳو ويٺل هو يا هئا؟ Select all that apply بهمم جوابهنڪه انتخاب ڪرين جو لگو بهو 2 هين جي لگو رڳو اي سب ٿڪ يو Observe: was anyone else present and listening during the interview at any time? مشهد ڊڪرے: کيه اس ان ٿرڙيڪ ڊو ان کي يه وقتکوي او موجود يهه / يه او سن بهه يهه / يه؟	Husband.....1 Children.....2 Other Male Relative.....3 Other Female Relative.....4 Other (Specify).....96	
CE114	Result of Woman's Interview انکوبو جو چا نتيجو نڪتو؟	Completed 1 پو وٺيو Not at home 2 گهر ڪهن ره Not competent 3 انرويو ڏين ڪهن ن ره Deferred 4 نه ي چڏيو Refused 5 انڪه ڪري چڏيو Partially completed 6 اٿيو و ريو Other (specify) 96	

Section 2: Woman's Information Module			
S. No	Question	Response	Skip
CE201	In what month and year were you born? توهان پيدائش تاريخ چا آي؟ آپ ک پيدائشڪس مهه او سهل م مين بهوي يه؟ If day is not known type 98, if month is not known type 98, if year is not known type 9998 اگر خر نه ي ت 98 لکو	Day [] []-Month [] []-Year [] [] [] []	
CE202	How old are you? توهان عمگگ يه آي؟ آپ ک عمرڪنه ے ؟ Probe: how old were you at your last birthday? پوچھ يں: آپ ک آخري سهلگره پر عمرڪنه يه ؟	Age (in Completed Years)	
CE203	Have you ever attended formal education? توهان ي ٽڪا پڙهيل آهيو؟ کيه آپ ے کيه سم تعليم جهصل ک ے ؟	Yes 01 No 02	(if 2 skip to CE205)

CE204	What is the highest level of school you attended? پہڑی لیس تارٹ؟ آپ ے اسکول ککس لیول یک پڑھ؟	01 Preschool پری اسکول 02 Primary پرائمری 03 Secondary سیکنڈری 04 Higher اس س زہدہ 88 Refuse to answer جواب دے س انکھ کیہ	
CE205	What is your current marital status? هن وقت توهان الودا حیصیت چا آی؟ اس وقت آپ ک ازوای حیثیت کیہ ے؟	01 Currently married اس وقت شہدی شدہ 02 Widowed بیوہ 03 Divorced الق یہفتہ 04 Separated شوہر س الگ ہ تہ ے 88 Refuse to answer جواب دے س انکھ کیہ 96 Other (specify) دیگر وضہت کریں	Only for 01 CE 206 will be asked
CE206a	What was your age at the time of first marriage? شادی ز یٹ وقت توهان ععم ی تکی ہہ؟ (یا شادیگنٹا سال (یا آہن؟ شہدی ک وقت آپ ک عمر کیہ یہ؟	Day [] []-Month [] []-Year [] [] [] [] Or Age (in Completed Years)	
CE 206	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? (before the last pregnancy) چاتوهان ال مڑس ا جعل م وقی (فیعی الننگ) جو طریقو استعمال می رہیا آہیو؟ اگم ہا نی یہڑو طریقو؟ کیہ آپ یہ آپ ک شوہری الحہل حمل م یں وے ک ل ے کوی اریقہ استعمال کر ہ ے یں؟	01 Yes بھیں 02 No نہ یں	
CE207	Does any member of your household own: ? چا توهان گگم م نهن فمد وٹ ای شیون آہن؟ کیہ آپ گگھر ک کی فرد ک بھس یہ چ بریں ایہ ہ یں؟	(Yes/No) گھڑی Watch (Yes/No) بھٹیسکل Bicycle Motorcycle / Scooter موٹر سہٹیکل یہ اسکوٹر (Yes/No) گھڑی، ٹرک یہ جیپ Car / Truck/ Jeep (Yes/No) جھنو وں س چلی جھے وال Animal-drawn cart (Yes/No) گھڑی	
CE208	Who usually makes decisions about making major household purchases? گگم م نهن وڈی خریداری بابت زک فیصلو ندو آی؟ گھر م یں یڑی خریدا ی ک متعلق فیمل عہم او برکون کریہ ے؟ Select one ایک جوابکھ انتخب کریں ۷۱ ہک جواب چونڈ ریو	01 Respondent جواب دہندہ 02 Husband شوہر 03 Respondent and Husband جواب دہندہ او شوہر 04 Father or Father-in-law والد یہ سس 05 Mother or Mother in-law والدہ یہ سہس 06 Other male family member فیمل ک دوسے مرد 96 Other (specify) دیگر وضہت کریں	
CE209	Who usually makes decisions about health care for yourself? توهان صحت باری ے سار سنپال حوای سان زک فیصلو ندو آی؟ آپ ک صحت او دیکھ یھل ک متعلق فیمل عہم او برکون کریہ ے؟ Select one رک جواب ی چونڈ کریو	01 Respondent جواب دہندہ 02 Husband شوہر 03 Respondent and Husband جواب دہندہ او شوہر 04 Father or Father-in-law والد یہ سس 05 Mother or Mother in-law والدہ یہ سہس 06 Other male family member فیمل ک دوسے مرد 96 Other (specify) دیگر وضہت کریں	
CE210	Wi6. Who usually makes decisions about health care for your children? توهان بارن صحت حوای سان زک فیصلو ندو آی؟ آپ ک بچوں ک صحت او دیکھ یھل ک متعلق فیمل عہم او برکون کریہ ے؟	01 Respondent جواب دہندہ 02 Husband شوہر 03 Respondent and Husband جواب دہندہ او شوہر 04 Father or Father-in-law والد یہ سس 05 Mother or Mother in-law والدہ یہ سہس 06 Other male family member فیمل ک دوسے مرد 65 Not applicable قہل الق نہ یں	

		جواب دینہ پسند نہی refer not to answer 66..... کرونی دیگر وضاحت کریں (specify) Other 96	
CE211	How far do you live from the closest health facility? توهان گگم سان صحت جو مم ز ي تڪو پمي آي؟ آپ گگھر س سب س قريہ مرکز صحت کے فہصل پر ے؟	01 ایکلو می ٹرس کم <1.0km 02 ایک س ڈرہیکلو می ٹرس 1.0-2.5km 03 کلو می ٹرس 5 کلو می ٹرس 2.5-5.0km 04 کلو می ٹرس 7.5 کلو می ٹرس 5 5.0-7.5km کلو می ٹرس زیہده فہصل پر 7.5km > 98 معلوم نہی Don't know	
CE212	Which health facility you prefer and visit for ANC? یورہن کیہڑی صحت ی مرکز لی ڈیکھ بندا آریو؟	گھری پر وا ي Nearby Government facility 01----- سکھ ي اسپتھل گھری ء وا ي خہنی Nearby private facility 02----- اسپتھل Other facility GF or PF far away from own city/town/ اسپتھل 03-----	
CE213	Reason for preferring selected (in CE212) facility? توهان شہم (بمی) اسپتالی چو تمجیع ڈیو ا؟	1- Medicine available دوا مل ی 2- Doctor/nurse/LHV available at any صحت کھ کن موجود روندا آرن time 3- Doctor/nurse/LHV positive response صحت کھ کن جو ویو سنو روندو آي 4- Person preferences موئی ارہ مرکز و لی 5- My husband/family prefers مڑس/ گھر وا ن ک ارہ مرکز و لی 6- previous bad experience in nearby facility نڈدیک ی مرکز م پراٹو یجریوخراب ریو 7- Other(specify)-----	

Pre-Birth (Antenatal) and Childbirth Module ماڈل چکاس ماٹن حهل دوران صحت			
S. No	Question	Response	Skip
CE301	Survey Number	Pre-Intervention 1 Post-Intervention 2	
CE302	Facility Name		
CE303	Facility ID	□□□□□□	
CE304	Village Name		
CE305	Household Number	□□□□-□□□	
CE306	Woman's ID: عوت ک آی ڈی		
CE 307	How many times have you been pregnant since your marriage? (INCLUDING CURRENT) توهانی پیهنن شادی کان بو ء ي تکی دفعا حهل یو آي؟ آپ ایه شهدی ک بعد س کنه بهر حمله بهوی ه یں؟ How many children are alive now? (Parity) ي تکا بار هینک اندا اهن؟	□□□ G □□□ P	
CE308	What was your Age at first pregnancy? بیهرن حهل ر یٹ وقت توهان ععمگک یل هه؟	Years-----months-----	
CE 308 a1	How much gap was in between previous pregnancy and current conception? پواژٹ حهل ء هن حهل وچ م ي تکو وقفو هنو؟	Years-----months-----	
CE308	What was the month and year of your most recent	Date of last delivery ییہیخ	حہلیه ڈیلیو ی ک یه

a	delivery? بہ کیڑی یہ بیسیخ ئی (آخی ویم جو مہینو، تاریسیخ ۽ وقت ہڈانو؟ (جھنو) آپ ک جہلہ ڈیلو ی ک یہ بیسیخ او مہینکونسہ یھہ ؟ I mean the last time you gave birth, even if the child is no longer living, or whose father is not your current husband م پرا مطلب آپ ک آخری ڈیلو ی س ے اگرچہ اب وہ بچہ زندہ نہ یں یھہ اسے کہ والد آپکھ شوہر نہ یں If respondent does not know exact date, probe to estimate month and year اگر جواب دہندہ کو صحیح یہ بیسیخ معلوم نہ یں یو مہینہ او سہلکھ اندازہ لگے ک ل ر مزید یے یل پوجھن	Month مہینہ _____ Year سہل _____	
	Time of delivery:	 am/pm	
CE309	Is your last-born child (Name) still alive? چا توہان جو آخی پیدا یل بارہا ی انداہ آئی؟ کیہ آپکھ آخری پیدا ہو ے وا ل بچہ /ی (نہم) ایہ یھہ زندہ ے ؟	Yes, یھہ 01 No نہ یں 02	If 1 go to CE310a
CE 309a	Gender of baby	Male...1 Female...2	
CE309b	What was the weight of baby at time of birth?	Less than 2.5grams More than 2.5 grams Don't know....98	
CE310	How old was (Name) when she/he died? ممن وقت بار ععم چا ہہ؟ مر ے وقت اس بچہ /ی ک (نہم) عمرکیہ یھہ؟	Age (days, hours, minutes) _____ پیداش ک فو ا بعد 01 Within 7 days of birth پیداش ک 7 دن اند 02 Within 28 days of birth پیداش ک 28 دن اند 03 Born dead (Still birth).....04 (مردہ پیدا ہوا یھہ (مردہ پیداش) After 28 days of birth 96 (پیداش ک 28 دن بعد Other specify_____	
CE310a 1	Where (name) died? نالو ۽ یھہ یڑی ٹایم گذاری ویو؟	گھم Home 01 اے گھر پر Your home 02 کئی او گھر پر Other home عوام شعبہ Public sector 03 سکہ ی ہسپتھل Government hospital (THQ Matiari, Hala and Saeedabad) 04 آ ایچ س /ایم س ایچ 05 RHC/ MCH ی ایچ یو/ایف ڈبلو س BHU/FWC 06 (دیگر سکہ ی (وضہت کریں Other public (specify) 07 اے ک ایچ ایس یکھ مرکز صحت AKHSP facility 08 نی ہسپتھل /کلینک Private hospital/clinic 09 کیمن ٹھ مٹوائفکلینک CMW clinic (دیگر نی (وضہت کریں Other private (specify) 10 حکیم Hakeem 96 (دیگر (وضہت کریں Other (specify)	
CE310b	At what time ?	Time and date of death-----	
CE310a	What was the gestational age of (NAME) at birth? حعل مدت چا ہہ (نالو) پیداش وقت؟ (نہم) ک پیداش ک وقت آپ ک حمل ک مدتکیہ یھہ؟	Day [] [] or Month [] [] or Weeks [] []	

CE311	While you were pregnant with (name) did you see anyone for pre-delivery (antenatal care)? حمل دوران چا توہان یہ بی پنہنجو طہ معانو مایو؟ جب آپ (نہم) ک سہیہ حملہ یہ یوکیہ آپ ے کی س اپنےہ اہ معہنہ کرایہ یہہ ؟	01 Yes بہن 02 No نہ یں 98 Don't know معلوم نہ ی	IF YES GO TO CE313
CE312	Why did you not see anyone for antenatal care during your pregnancy with (name)? ہن حمل دوران توہان نہن صحت ار ن سان طہ معانو چو نی مایو؟ (نہم) ک سہیہ حمل ک دو ان آپ ے اپنےہ اہ معہنہ کی س کیوں (نہ یں کرایہ ؟	01 Cost too much بہت زیہدہ قیمت 02 Facility not open مرکز صحت کھلنہ ی 03 Too far بہت دو 04 Don't trust facility مرکز صحت پر اعتمد نہ یں 05 No female provider at facility مرکز صحت پر صحت ک دیکھ بھل ک ل ے عو ت موجود نہ یں 06 Husband/family did not allow شوہر/ فیمل ے اجہزت نہ یں دی 07 Not necessary رو ی نہ ی 08 Not customary واج نہ ی 09 No transportation ٹراسپو ٹ نہ ی 10 Poor quality service صحت ک سہولیتکھ خراب معیہ 11 Lack of privacy نی معلومت ک حفاظت ک کم/ برے کھ انتظم نہ یں 12 Poor attitude of staff استہفکھ خراب ویہ 96 Other (specify) (دیگر (وضہت کریں	
CE313	Where did you receive antenatal care for this pregnancy? ہن حمل دوران توہان یہ بی پنہنجو طہ معانو مایو؟ اس حمل ک دو ان آپ ے اپنےہ اہ معہنہ کہیں کرایہ ؟ Probe for all sources of care, and record all answers given ڈیان سان سب گالہیوں پتو ے سب جوا پر ارد ریو دیکھ بھل ک ہمہ ذائع ک متعلق پوجہ یں او ہمہ جوابت یکھ ڈ کریں	Home گھر 01 Your home اے گھر پر 02 Other home کئی او گھر پر Public sector عوام شعیہ 03 Government hospital (THQ Matiari, Hala and Saeedabad) سکھ ی ہسپتھل 04 آ ایچ س / ایم س ایچ 05 RHC/ MCH ی ایچ یو/ ایف ڈبلو س BHU/FWC 06 Other public (specify) (دیگر سکھ ی (وضہت کریں Private sector نن شعبہ 07 AKHSP facility مرکز صحت 08 Private hospital/clinic نی ہسپتھل / کلینک 09 CMW clinic کیون ٹھ مڈوائف کلینک -- Other private (specify) (دیگر نی (وضہت کریں 10 11 Hakeem حکیم 96 Other (specify) (دیگر (وضہت کریں	
CE314	WHOM DID YOU SEE for ANC? نہن توہانجو معانو یو؟ آپ ے کس س معہنہ کرایہ یہہ ؟	Health Personnel صحت ک اہل کھ 01 Doctor ڈای 02 Nurse/community midwife/LHV نرس/ کمیون ٹھ مڈوائف/ ایل ایچ وی Other person دوسا شخص 03 Traditional birth attendant/ Dai دای 04 Lady health worker لیڈی ہیلتھ ورکر 05 Hakeem حکیم 06 Dispenser/compounder ڈسپنس/ کمپونڈ 07 Relative/friend شتہ دا / دوست 96 Other (specify) دیگر وضہت کریں	
CE 314a	What was the Reason for first ANC visit? بہرین دفعا طہ معانو مان چا وجیہ ہہ؟	To confirm pregnancy حمل ی پک کرن 01 ل On experiencing of Danger Signs (pain in stomach, severe headache, blurred vision, vaginal bleeding or discharge) صحت ک خطرو مجھو ص ٹی ٹی ٹی (پیت م سو، مہم م شدید سو، انک یں	Multiple response s please 1 only

		ی آگین ڏنڌ اچڻ، بچيدای مهن خون يھ ٻھ ٿي جو اخراج 02..... (ٺي ٿي Due to any known medical reason high blood pressure 03a diabetes 03b kidney problem 03c ڪنهن ي جھڻيل صحت سھن لڳھيل 03d any other مسئل ي ل ء(رھ ء بلب پري ٿي، شگر، گڙدي ي مسئل يھ ٻيوارڙو (ڪجھ) To registration for Place of birth ۽ ويم ل ڪجھ ۽ مقر 04..... (ڪرڻ ل ء For medicines or supplements اھقت جون دوائون 05..... (۽ گو يون وٺڻ ل ء Free labs مفت ٽيسٽون ڪرائڻ 06..... ل ء، Screening for anomaly in baby ٻھ ۾ ڪنهن نقص 07..... ي جھج ل ء Friend or relative asked me to 08..... (دوست / شتيڊا ن ي چوڻ/مشعو ي ٿي visit To avoid complications during pregnancy and labor حمل ۽ ويم ۾ پيش اچڻ وا ي خطرڻ سھن بچڻ 09..... ل ء I can afford so I visited مهن خرچ برداشت ڪري 10..... (سگھن ي I Know that ANC visits are important for health of mother and baby موني خر آي ي حمل دو ان اھ معھنومھ ۽ ٻھ ي صحت ل ء لزم 11..... آي 96 ي ڪھ وڃي Other	
CE315	How many weeks or months pregnant when you first received antenatal care for this pregnancy? پھرين دفعا طھ معاھ وقت ي ٽڪا مھينا يھ هفتا حمل هنيو؟ جب آپ ۽ اس حمل ک دو ان پھل دفعه معھننه ڪروايھ يو آپڪھ حمل ڪي بھتون يھ مھي ڪھ يھ؟ Record the answer as stated by respondent. مزيد پوچھ يڻ : جواب يڪھ ڏکريڻ ۽ اس جواب دهنده ۽ ٻڌھي ۽.	Weeks ٻھف Months مھي 98 معلوم نه يڻ DK	
CE316	How many times did you receive antenatal care when you were pregnant with (name)? ه ء ن حمل دوران ي ٽڪي دفعا طھ معانو ماريو؟ جب آپ (نھم) ک سھيھ حملھ يھ يو حمل ک دو ان آپ ۽ ڪتھ مريده اينھ معھننه ڪروايھ؟	Number of times: معھننوں ک يعداد 98 معلوم نه يڻ Don't know	
CE316a	What health problems you faced in you first three months of pregnancy? توھاني شروعات مھيٽ ۾ صحت حواي سان ڇا مئل يا؟	None.....00 High blood pressure 01..... رھ ء بلب پري Gestational diabetes حمل وا ي شگر 02..... ييمھ ي Preeclampsia حمل دو ان وڌيل بلب 03..... پري ٿي kidney problems 04..... گڙدن جھ مسئل Severe headaches 05..... شديد مھ جو سو Changes in vision, including temporary loss of vision, blurred vision or light sensitivity نظر جھ مسئل (انک يڻ آگين ڏنڌ، نظر گھٽ ٿي ٿي، وشھ سھن 06..... (حسھسيت Upper abdominal pain, usually under your ribs on the right side ٻيٽ ي مم ي جي ۾ سو ٿي 07..... گھڻو ڪري سھي ٻھس ٻھسات يڻ ۾	Multiple response جي س مسئل ٿيھ س سب ۽ ٽڪ ڪيو

		Nausea or vomiting 08... متل يه الهـ 09 Decreased urine output ... پيشهب گهٽ اچڻ levels of platelets in your خون ۾ خون سڪهڻ وا ن جزن ي گهٽ blood 10..... سطح/مقدار رجڻ Impaired liver function ڪم ءجگر جوگهٽ 11. ڪرڻ Shortness of breath, caused by fluid in your سپهه ي گهٽتئي/سپهه ٿي ٿڻ ڦڙڻ ۾ ٻه ٿي پرڄڻ ي lungs 12.... ڪري Sudden weight gain and swelling (edema) — اچهنڪ وزن particularly in your face and hand 13..... وڌجڻ ۽ سوڄ ٿي ٿڻ خهص ڪري رڻ پ ڀر سڄڻ 14.... وقتنهن اڳ ۾ ويڻ جه سو ٿي ٿڻ Preterm labor 15..... حمل ذابعه ٿي Miscarriage 16..... ت يڪوٽ /ڪمزو ي 17 Anemia متغدي مرض/انفيشن... Infection 18 High Breech position ٻه ايتو رجڻ 19.... ي پيڇه اچڻ grade fever 96..... ٻيو ڪجهه Other	
CE316 b	How did the issue get resolved? ينٽ حل يا اي مٿل؟	سڪه ي اسپتال مهڻ Seek care at private hospital 01.... علاج گهڻي اسپتال مهڻ Seek care at public hospital 02..... علاج خو اسپتال مهڻ Seek care from NGO hospital 03... علاج پهڻه حل ي Resolved by its own 04..... ويو استو يهن Took medication from pharmacy 05.... دوائون و بيون 06 Usually Took home remedies گهريلو نسخو و يو عهم او ٺاهين we don't visit hospital 07... اسپتال ٿي ويندا آريون ڪنهن عطهي ڏاڪر سهن Seek care from other health provider (homeopathic, herbal) 08..... علاج و تس 09..... مذر مدد و Get religious help 96..... ٻيو ڪجهه Other	Multiple response جيي s حل و يه س سب ءنڪ ڪيو
CE316 c	What health problems you faced in your middle three (second trimester) months of pregnancy? توهاني وچ ڙٽ مهيت ۾ صحت حواي سان ڇا مٿل يا؟	None..... 00 01..... رهء بلڊ پري High blood pressure حمل وا ي شگر ي Gestational diabetes 02.... بيمه ي حمل دو ان وڌيل بلڊ Preeclampsia 03..... پري ٿيس 04..... گڙدن جه مسئل kidney problems 05..... شديد مه جو سو Severe headaches Changes in vision, including temporary loss of vision, blurred vision or light sensitivity نظر جه مسئل (انڪ يڻ اڳهن ڏنڌ، نظر گهٽ ٿي ٿڻ، وشه سهن 06..... (حسهست Upper abdominal pain, usually under your ribs on the right side پٺ ي مم ي جي ۾ سو ٿي 07... گهڻو ڪري سهي ٻهس ٻهساڻ يڻ ۾ 08 Decreased Nausea or vomiting ... متل يه الهـ 09 Decreased urine output ... پيشهب گهٽ اچڻ levels of platelets in your خون ۾ خون سڪهڻ وا ن جزن ي گهٽ blood	Multiple response جيي s مسئل ٿيه س سب ءنڪ ڪيو

		10 سطح/مقدار رجڻ Impaired liver function ءجگر جو گهٽ ڪم ڪرڻ 11 Shortness of breath, caused by fluid in your lungs ي گهنڙهي/سھڪ ٿي ٿن ففڙن ۾ پھ ٿي پرڄن ي lungs ڪري 12 Sudden weight gain and swelling (edema) — اچھنڪ وزن particularly in your face and hand وڌجن ۽ سوڄ ٿي ٿن خھص ڪري رت پ یر سڃڻ 14 وقتڪنھن آڳ ۾ ويھ جھ سو ٿي ٿن Preterm labor Miscarriage حمل ذابھھ ٿي 15 16 Anemia ت يڪوٽ /ڪمزو ي Infection متغدي مرض/انفيقيشن 18 High Breech position به ايٽو رجڻ 19 grade fever ي پوخھ اجڻ 96 Other ٻيو ڪجهھ	
CE316d	How did the issue get resolved? ينٺ حل يا اي مسئل؟	01 Seek care at private hospital سڪھ ي اسپتھل مھن عليج 02 Seek care at public hospital خھني اسپتھل مھن عليج 03 Seek care from NGO hospital خ لاسپتھل مھن عليج 04 Resolved by its own پھتھ حل ي ويو 05 Took medication from pharmacy اسٽو يھن دوائون و بيون 06 Usually Took home remedies گھريلو نيسخو و يو عھم او ٽاسھن we don't visit hospital ويندا آريون 07 Seek care from other health provider ڪنھن عطھي ٽاڪر سھن (homeopathic, herbal) عليج و تس 08 Get religious help مذره مدد و 96 Other ٻيو ڪجهھ	Multiple response جيئي س حل و يھ س سب ٽڪ ڪيو
CE316e	What health problems you faced in your last three (third trimester) months of pregnancy? توھاني آخي مھيت ۾ صحت حواي سان چا مسئل يا؟	00 None 01 High blood pressure رھ بلب پري Gestational diabetes حمل وا ي شگر ي 02 Preeclampsia حمل دو ان وڌيل بلب پري يس 03 kidney problems گڙدن جھ مسئل 04 Severe headaches شديد مھ جو سو Changes in vision, including temporary loss of vision, blurred vision or light sensitivity نظر جھ مسئل (انک يں آگيهن ڏند، نظر گهٽ ٿي ٿن، وشھ سھن) 06 Upper abdominal pain, usually under your ribs on the right side بيت ي مم جي ۾ سو ٿي ٿن گھڻو ڪري سھي پھس پھسات يں ۾ 07 Nausea or vomiting متل يھ الھ 08 Decreased urine output پيشھب گھٽ اجڻ levels of platelets in your خون ۾ خون سڪھڻ وا ن جزن ي گھٽ blood 10 Impaired liver function ءجگر جو گهٽ ڪم ڪرڻ Shortness of breath, caused by fluid in your	Multiple response جيئي س مسئل ٿيھ س سب ٽڪ ڪيو

		خطر نہک علم تہ مشو (Yes/No/DK) None of the above ان م میں سے کوئی نہی (Yes/No)----- Other (Please Specify) دیگر وضاحت کریں-----	
CE321	When you were pregnant with (name), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is convulsions after birth? چہ رن حمل م یورہن تشنج (تیزس) سہن بچہو، جہ نکھ رتھہ؟ جب آپ حمل س یہ یوکیہ آپ م بھزو پر تشنج س بچہو ک ٹیک لگوائے یے؟	01 ہہں Yes 02 نہ یں No 98 معلوم نہ یں DK	IF 2 go to CE323
CE322	How many times did you receive this tetanus injection during your pregnancy with (name)? ہن حمل م توہان تشنج سان بجاو جا ی تکا ہٹا؟ آپ م دو ان حمل کتہ مرتبہ تشنج ک بیمہ ی س بچہو وال ٹیک لگوائے یے؟	Number of times ٹیکوں ک یعداد 98 معلوم نہ یں DK	
CE323	During this pregnancy, were you given or did you buy any iron tablets, iron syrup, or iron and folic acid supplements? ہن حمل م فولد جون گوریون یا شربت، فولک ایٹڈ جون شیون (توہان الٹ ورتیون یا مم ز تان ملیون چا توہان ای کاڈیون؟ اس حمل ک دو ان کیہ آپ کو فولدک گولیہں / نسبت یہ فولد / فولک ایسڈک اشیہء مل یہ یہ آپ م خود خریدی یہ؟ گولیہں / نسبت دیکھی یں show tablets/syrup	01 ہہں Yes 02 نہ یں No 98 معلوم نہ یں DK	
CE324	During this pregnancy, did you take any drug for intestinal worms چا ہن حمل دوران توہان ا پیٹ جا ریکا مارن واری دوا کاڈی ہہ؟ کیہ اس حمل ک دو ان آپ م پیٹ ک کی ٹروں ک کوئی دوا استعمالک یں؟	01 ہہں Yes 02 نہ یں No 98 معلوم نہ یں DK	
Now I would like to ask you about the time when you gave birth to (NAME) -ایہ م میں آپ س (نہم) ک پیدائش س متعلق سوالت پوچھوں ک را ی مان توہان سان بار پیدائش وقت متعلق جہ سوال اچندس			
CE 325a	Did you know the expected date of delivery for (NAME)? چا توہانی (نام) اندائی / متوقع تارییسیخ خک ہہ؟ کیہ آپکو (نہم) ک متوقع یہ ییسیخ پیدائش معلوم یہ؟	01 ہہں Yes 02 نہ یں No	
CE325b	Did you deliver in the same date of EDD or after/before? چا توہان دلیوری متوقع تارییسیخ ت ی با یو / پیرن ی ؟ لکو ی تکا (ڈینہن م یہ یاگت ہٹا توہان چا یو ان بابت؟	Same date..... 01 After EDD..... 02 Before EDD 03 98 معلوم نہ یں DK	
CE325	Where did you deliver? بار یہ جاو؟ (نہم) ک پیدائشکہیں ہوی یہ ؟ Only one answer allowed. Probe to identify the type of source. Circle code for source at right. ا ی ہک جواب چوندیو رف ایک جوابکہ انتخاب کریں۔ اندازہ لگیے ک ل م زید ییبل پوچھ۔ ذ یعہ ک ل م دائ یں ارف دئی م کوڈ پر دائرہ لگی یں	01 گھر پر At home 02 مرکز صحت جہ "جھومے اس" On the way to facility Public health sector Government hospital (THQ Matari, Hala, Saeedabad) سکھ ی ہسپتال 11 12 آ ایچ س / ایم ایچ 13 RHC/MCH 16 ی ایچ یو / ایف ڈبلو س BHU/FWC 21 دیگر وضاحت (specify) Other public 26 Private health sector 31 نی ہسپتال / کلینک Private hospital/clinic 96 دیگر وضاحت (specify) Other private AKHSP facility مرکز صحت دیگر وضاحت کریں (specify) Other	01 CE326 02 CE326 11 CE327 12 CE327 13 CE327 16 CE327 21 CE327 26 CE327 31 CE327 96 CE327
CE326	Why didn't you deliver (name) in a health facility? توہان اسپتال / صحت مم ز م ویم چونی مایو؟ آپ م (نہم) ک پیدائشک مرکز صحت پر کیوں نہ ی کروا ی ؟	01 خرچہ بہت زیادہ Cost too much 02 مرکز صحت کھل نہ ی Facility not open 03 بہت دور Too far 04 مرکز صحت پر اعتماد نہ یں Don't trust facility	

		No female provider at facility مرکز صحت پر دیکھ بیٹھ لے کوی عو ت موجود نہ ہیں 05 Husband/family did not allow شوہر/فیمل ے 06 Not necessary اجہزت نہ ہیں دی 07 Not customary واج نہ 08 No transportation ٹرانسپو ت نہ 09 Poor quality service صحت ک سہولیتکھ خراب 10 معیہ 11 Rapid deliver ڈیلیو ی ی پری س ہوی 12 Other (specify) دیگر وضہت کریں 96	
CE327	Who assisted with the delivery of (name)? ویم نہن مایو؟ (نہم) ک پیداش ک دو انکس ے مدد کرای یہ؟ Ask: "anyone else?" مزید پوچھ یں۔ کوی او شخص Record all responses. Probe to determine the type of person. If the respondent says that no one assisted, probe to determine whether any adult was present بیوگڈ ژک ہنو؟ (معلوم من وشش یو) سجا جواب نوٹ ریو۔ اگم جواب ڈڈیندر جوی تی نہن مدد تی ما تی اچو گگم ژک وڈو ہنیو؟ بیہم جوابہت یکھ ڈکریں، جی م یں مدد کرایے والونکھ معلوم کرے ک ل ے اگر جواب دہندہ کہ تھ ے کہ کئی ے یہ مدد نہ یں کروای یو پوچھ یں آپہکوی بھلغ شخص موجود بیہ Yes, بہن 01 No نہ یں 02 If any option other than 21 is selected then go to cb10	Health professional ڈای 11 نرس 12 مڈ وائف 13 ایل ایچ وی 14 Other persons Traditional birth attendant/ Dai دای 21 کمیون ٹھ مڈ وائف (skilled) CMW 22 لیڈی ہیلتھ ورکر Lady health worker 23 دوست / Relative/friend 24 خود/کوی موجود نہ یں Self/nobody 25 دیگر وضہت کریں Other (specify) 96 معلوم نہ یں Don't know 98	If 21,24 is selected go to CE328
CE328	What are the reasons you preferred a (traditional birth attendant/relative) in the birth of (name)? اھا یہڑی وجی ہھ جو توھان دا / دوستی تمجیع ڈ ؟ وہ کیہ وجوہت یہ یں جس ک بھٹ آپ ے (نہم) ک پیداش ک وقت مدد ک ل ے دای/دوست کو ترجیح دی؟	Distance فہصلہ 01 Better care than facility مرکز صحت ک مقہیل م یں 02 یہ تہر دیکھ بیٹھ 03 Religious reasons مذہب وجوہت 04 Husband/family preference شوہر/فیمل ک 05 برجیح 06 Privacy پردہ 07 Lower costs کم خرچہ 08 Other (specify) دیگر وضہت کریں 96	
CE 328 -101	Did health care provider use partograph?	Yes...1 No...2 Don't know...98	
CE 328a	How was (NAME) delivered? بار یہڑی رس تھ جالو؟ (نہم) ک پیداشکس ارج ہوی یہ؟	Normal Vaginal Delivery (NVD)....1 گ نہ مل زجی (NVD) 2 Caesarian Section (C-Section)....2 آپریشن س (C-Section) Other (Please Specify) دیگر وضہت کریں	If 1 selected CE 328a1 If 2 go to CE 328a2
CE 328a1	Did normal delivery occur in spite of C-section?	Yes ...1 No...2	If 2 go to reason CE328 a2
CE328a 2	Reasons	Personal preference....1 Mother in law preference...2 Husband suggested 3 Cultural belief to have normal delivery...4	Multiple options

		There was no complication ...5 Health care provider advised 6 Others..... 98	
CE 328 a3	Did C-section occur in spite normal delivery?	Yes 1 No..... 2	If 2 go to reason CE 328a4
CE 328 a4	Reasons:	Personal preference....1 Mother in law preference...2 Husband suggested 3 C- section preference due to lesser labor pain.... 4 There was complication..... 5 Health care provider advised..... 6 Others..... 98	Multiple options
CE 328 -102	Type of current pregnancy	Single....1 Multiple.....2	
CE328b	Was baby moving in womb at the time of labour pains? چا ٻار ٻيٽ ۾ چريو جڏهن وليم جاسور يا ؟ معلوم من وشنش يو ٻار لکوني ما ٻار چريم آخري دفع (ڏهن محنوس ه؟	yes ----- ۱ No ----- ۲ Don't know 98-----	
CE 328 b1	Was baby moving in womb when you were in hospital?	yes----- ۱ No ----- ۲ Don't know 98	
CE328c	How long were your labour pains? وليم جاسور ي تڪي ديم يا/هليا؟	Less than or equal to 30 minute 30 منٽ يهگهٽ Less than or equal to 1 hour1 ڪلڪ يهگهٽ---Within of Equal to 12 hours 12 ڪلڪ يه ۱۲ گهٽ More than 12 hours (specify)12 ڪلڪن ڪهن --- (مه ڪي ترا ڪلڪ)	
CE 328 -d1	How much time did it take to decide for seeking care after labour pain/ or any complication started/actual delivery? (within home)	HH [] [] or MM [] [] Not applicable..... Don't know 98	
CE328d	How much time did it take in heading out for Health facility after labour pain/ or any complication started/actual delivery? (from home to first hospital) توهان ي تڪي ديم ل يل سور/ويم نهن مئي شروع ڙ يٺ کان پوءِ صحت مم زوجن فيصي من م؟	HH [] [] or MM [] [] Not applicable..... Don't know 98	
CE328 d2	How much time did it take in Health facility to receive the care? (Time duration within first hospital)	HH [] [] or MM [] [] Referred out....1 Not applicable.....2 Don't know 98	
CE328d i	Try to write reason for delay. وجه ٻڌو ۽ لکو.	Reasons for Delay -----	User input

			(words limit 150)
CE 328e	What health problems you faced at time of delivery? توھانی ویم دوران یہڑا صحت حوای سان منئل یا؟	Labor that does not progress....01 Vaginal discharge 02 Problems with the umbilical cord 03 Abnormal heart rate of the baby 04 Water breaking early 05 Birth asphyxia 06 Any birth injury..... 07 Excessive bleeding 08 Green/brown water leaking...09 Other 96	
CE 328f	How did the issue get resolved? حل یا ای منئل؟ (ینٹ حل یا ای منئل؟)	Seek care at private hospital مھن اسکھ ی اسپتھل مھن 01 گی Seek care at public hospital مھن خھنی اسپتھل مھن 02 علج Seek care from NGO hospital مھن خ-اسپتھل مھن 03 علج Resolved by its own حل ی بھتھ 04 ویو Took medication from pharmacy مھن استو یھن 05 دوائون و بیون Took home remedies گھریلو نسخو و یو 06 Usually we don't visit hospital مھن عھم او فلیسھن 07 اسپتھل نی ویندا آریون Seek care from other health provider (homeopathic, herbal) کھنھن عطھی ٲاکر سھن 08 علج و تس Get religious help مڈر مدد و فلیسھن 09 دیو کجھ 96	
CE 328 f1	Did you had health check up after delivery?	Within 24 hrs...1 Within 48 hrs...2 After 48 hrs...3 Didn't have health check up	
CE 328g	What health problems you faced within one week after delivery? توھانی بار جھن کان پوء پھیرین هف تھ م یہڑا صحت حوای سان منئل یا؟	Infection or sepsis.....01 Excessive bleeding after giving birth (hemorrhage) 02 Heavy vaginal discharge 03 Depression or mental stress 04 A painful, hard, warm, red area (usually only on one breast).....05 Fever, chills, muscle aches 06 Fatigue, or a headache 07 Other 96	
CE 328h	How did the issue get resolved? (حل یا ای منئل؟)	Seek care at private hospital مھن اسکھ ی اسپتھل مھن 01 گی Seek care at public hospital مھن خھنی اسپتھل مھن 02 علج Seek care from NGO hospital مھن خ-اسپتھل مھن 03 علج Resolved by its own حل ی بھتھ 04 ویو Took medication from pharmacy مھن استو یھن 05 دوائون و بیون Took home remedies گھریلو نسخو و یو 06	

		عہم او "ٹلسھن Usually we don't visit hospital 07...اسپتھل نی ویندا آریون Seek care from other health provider (homeopathic, herbal) کنهن عطھی ڏاکر سھن 08.....علج و تس Get religious help "ٹلسھن 09..... مذرھ مدد و Other کجھ 96..... بیو کجھ	
CE329	Did you or your family make any advance preparations for the birth of (name) while you/she were pregnant? جڏهن توهان حمل سان هئا تڏهن توهان يا توهان فيعي وي حواي سان ي تياريون يون؟ جب آپ حمل س يھ يں يوکيھ آپ يھ آپ ک فيمل ے (نھم) ک پيدائش ک ل ے پھل س کوی بيھ ي ک يھ؟	Yes ٻھن 01 No نه يں 02 Don't know 98	If 2 go to CE331
CE330	Which of the following preparations did you/she make? پھريون تياريون يون توهان؟	Place of delivery جڳي (Yes/No) Who delivers زجيڪون ڪرائے گھ (Yes/No) Set aside funds فنڊز/پيسون ڪھ انتظھم (Yes/No) Alternate funds قم متبھل Transport ٽرانسپو ٽ (Yes/No) Blood donor خون عطيه ڪرے وال (Yes/No) Danger signs during pregnancy ڪ خطرنيھ علمھت (Yes/No) Danger signs during delivery خطرنيھ علمھت (Yes/No) Accompaniment عو ٽ ک ٻمراھ کوی شخص (Yes/No)	
CE331	During your pregnancy with (name) did you receive any of the following types of support from your husband? هن حمل دوران توهان مڙس پھڙي مدد ه توهان ؟ اس حمل ک دو ان آپ ک شوٻرڪ ارف سڪيھ مند جھ ذيلڪھمون م يں سکی کھم م يں کوی مدد مل ؟	Ensure accompaniment ANC اھ معھڙي ڪرائے ک (Yes/No/DK) ل ے آپ کو لکر چل يں Ensure accompaniment delivery زجي ک وقت جیے ٻوے آپ ک سھيھ چل يں (Yes/No/DK) Purchased items چ ي خريديں (Yes/No/DK) Domestic tasks گھريلوڪھم ڪھچ (Yes/No/DK) Child care بچون ک ديکھ يھھل (Yes/No/DK) Encouraged pre-delivery visits (ANC) حمل ک (Yes/No/DK) دو ان اھ معھڙي ڪرائے ک حوصله افزای	If even any one No go to CE332
CE332	If not, what was the primary reason why you did not receive support during pregnancy? اگم ني تي پھڙي بنيادي وجي هھ حمل دوران مدد ني ملن ؟ اگر نه يں يوکيھ پريھدی وجھ يھ ڪھ آپکو دو ان حمل مدد نه يں مل ؟ Select all applicable جوابھت لکھ يں Probe: any other reasons? ٻيھم ممکنه اڻ لکيل وجھ ٻڌو ۽ لکو مزید پوچھ يں :کوی او وجوبھت؟	Husband/male family member was away /خھندان ڪھ مرد کن دو يھھ شوٻر Childbirth/pregnancy is not for men 2 پيدائش/حمل مردون ک ل ے نه يں Husband/male family member do not perceive this as important 3 شوٻر/فيمل ک مرد اس کو اھم نه يں سمجھ ے يں I have other female family members that provide support م ٻرے پھس فيمل ک دوسي عو ي يں موجود ه يں جو مدد فراھم ڪر تي ه يں 4 I have my own finances م پھس اپنھ پيسه 5 I do not require support/help مجھے مددڪ 6 رو ت نه يں ے Other (specify) ديگر وضھت 96 ڪريں	
CE333	What is the source of financial support for your maternal, newborn and child health related needs? توهان جو ماي امداد جو يھڙو ذريعو آي ما ۽ ٻار صحت خرچ حواي سان؟ س متعلق رو ت کو (MNCH) آپ ک پھس مھن او ے ک صحت پو اڪرے ک ل ے مھل امداد لکيھ ذ ائع موجود ه يں؟	Family (husband or own resource) شوٻر يھ لے وسھل (خھندان) 01 Bank/Loan from organization ينڪ/ڪي ادا ے س قرض 02 Community health revolving fund	

		03..... Borrowing from relative/friend دوست / شته دا س ادره پيسه 04..... Selling assets اتھڻو ک فروخت 05..... None needed ڪي به چ پرک روت نه ٿي 06..... ديگر وضاحت (specify) 96..... ڪري	
CE334	For what purpose was the majority of this financial support utilized? صحت لاءِ ورتل/جمعيل ماي امداد جو گڻو حصو نهڻ مقصد لاءِ خرچ ٿيو؟ مهل امداد ڪه زبده برحسب مود ک ل ۽ استعمال ڪي ٿي؟	01 نقل وحرکت Transport 02 دو ان حمل اه Pre-delivery (Antenatal) care 03 ڏي/پڙا آپريشن Delivery/C-section 04 ايمرجني Emergency 05 - زچي ک بعد ڪه After-delivery (Post natal) care 06 نيولود 5 Neonatal or under 5 child health 96 ديگر وضاحت (specify) ڪري	
CE334-101	Time duration between first health facility access and death (duration)	HH [] [] or MM [] [] Not applicable..... Don't know 98	
CE334a	Did you or deceased get referred out from facilities? چا توهاني اسپتال ڏانهن مو ليو ويو؟	Yes 1 No 2 Don't know 98	If 2 and 98 go to CE334e
CE334b	How many times you or deceased got referred out? ي تڪي دفع اسپتالون ٻڌيون توهان؟	Numbers.....	
CE334c	What did facility HCPs tell you or deceased on each referral out? هم دفعا اسپتال ٻڌلاڻ وقت صحت ار ت توهاني چا جه مو ليو يا توهان چو ويا؟	01 Facility not open اسپتال بند ره 02 Absence of facility staff اسپتال ۾ صحت ڪه ڪن موجود ٿي رڻه 03 Absence of required medications روت جون دوائون ٿي رڻيون 04 Patient did not satisfy and preferred to go elsewhere مريض مطمئن ٿي رڻو ۽ ٻيو ڪه علاج لاءِ ٿي ويو 05 Unbearable expenses خرج ڀرڻاشت نه ڪري سگهه 06 Because staff had insufficient time for evaluating patient thoroughly وقت ن رڻو مريض ڪنهن ميبڪل وڃي سهن (ٽيسٽون، آپريشن، بيمه ي etc. 07 For investigation test, diagnosis, procedure ڪنهن ميبڪل وڃي سهن (ٽيسٽون، آپريشن، بيمه ي etc. 08 Type of care availability on facility mismatch اسپتال ۾ نوبعيت مسئل ۾ حل with complication 96 Other (specify) (ٻڌايو)	
CE334d	In how much time they referred out (you or deceased out)? توهاني ريفرم من ۾ يڪي ڏين لاهم دفعا؟	HH [] [] or MM [] [] Not applicable.....01	

		Don't know 98	
CE334e	What was the situation when (NAME) was dying? (NAME) ممڻ وقت ڇا حالت هه؟ (وضاحت سان لکو (no read outs)	1. unresolved bleeding 2. unconscious 3. unresolved fits 4. unresolved fever and infection 5. unresolved sever pain 6. breathing difficulty/gasping 7. untreated retained conception products 8. Cephalopelvic Disproportion 9. obstructed labour 10. prolonged labour 11. unresolved chest infection 12. fluid aspiration 13. congenital anomaly 14. prematurity 15. low birth weight 16. hypoglycemia 17. hypothermia 18. hypoxia 19. birth asphyxia 20. birth trauma 21. hydrocephalus 22. no fetal movement /no fetal heart soundsf 23. cord strangulation 24. unresolved jaundice 25. unresolved diarrhea 26. others.....96	multiple
CE 334 f	Was resuscitation given to the mother/neonates	Yes....1 NO....2	

Danger Signs Awareness Module (DW) اٽا

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CE401	Are you aware of any danger signs during pregnancy? ڇا توهاني جعل دوران خطمناڪ علم ٿئي ٿو؟ باري ۾ اڃان آي؟	Yes, پاڻ نه ڙٽ. No.	01 02	02 CE403
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CE402	Could you please name any danger signs during pregnancy that you are aware of? یراے مہرہیکہ اپ حمل میں دو ان خطرناک علمت میں ہیں س کتکھ نہم ہتھ سک ہیں؟ Select all that are mentioned, DO NOT READ LIST OR PROMPT with any suggestions جواب دہندہ ک ہتھے ہوئے ہمہ جوابتکھ انتخب کریں۔ فہرست نہ پڑیں نہی جواب ک متعلق کوی یجویز دیں Probe: Any other danger signs? ہوچہ ہیں: کوی او خطرناک علمت Keep asking for more danger signs until the participant cannot recall any additional signs. Circle all that are mentioned, but do not prompt with any suggestions. جب ہککھ سکتکھ کیکو مزید علمت نہ ہیں ہتھ سکتکھ سوال ہوچہ ۷ ہ ہیں ہمہم جوابتکھ انتخب کریں لیکن کوی جواب ک ل ۷ کوی یجویز نہ دیں۔	Difficulty breathing سہنس لیے مہدشوا ی 01 Fatigue/tiredness ہکھو 02 Vaginal bleeding فرج س خون انہ 03 Baby not moving ۷کھ حرکت نہ کرنہ 04 Loss of consciousness مے ہوش ہونہ 05 Convulsions جھٹک 06 Headache and blurred vision شدید س د داو ۷ نہی ک مسہٹل 07 Early labour pain before term د د پہل زچیکھ د 08 Vaginal discharge فرج س اویتکھ اخراج 09 High blood pressure بلند فشہ خون 10 High grade fever (>101) ی پچھ 11 Swelling of face and arms چہرے او ہوزو م ی سوجن 12 Does not know any of the above مند جہ بھل علمت م ی س ک ک بھ ۷ م میں کوی علم نہ ہیں 98	
CE403	Are you aware of any danger signs during labor and childbirth? سورن چا توہانی ویم ۷ بار پیدائش دوران بندر خطمتاک علم تہ باری م ا جان آی؟	Yes ہہیں 01 No نہ ہیں 02	02 CE405
CE404	Could you please name any danger signs during labour and childbirth? گ کھ اپ دو ان زچی ک د داو ۷ ک پیدائش ک خطرناک علمت م میں س ک علمتکھ نہم ہتھ سک ہیں گ ہیں؟ Select all that are mentioned, DO NOT READ LIST OR PROMPT with any suggestions جواب دہندہ ک ہتھے ۷ ہمہم جوابت لکھ ہیں۔ لسٹ نہ پڑیں نہی جواب ک متعلق کوی یجویز نہ دیں Probe: Any other danger signs? Keep asking for more danger signs until the participant cannot recall any additional signs. Circle all that are mentioned, but do not prompt with any suggestions. ہوچہ ہیں: کوی او خطرناک علمت ہوچہ ہ ہیں کہ جب ہک سکتکھ انہکو مزید علمت نہ ہیں ہتھ سکتکھ ہمہم جوابتکھ انتخب کریں لیکن کوی جواب ک ل ۷ کوی یجویز نہ دیں۔	Severe vaginal bleeding (>12 hours) گہن ۷ س زہدہ (فر ج س خونکھ ہت زہدہ یہ جہنہ 12) 01 Prolonged labour عمل اوہل ہونہ 02 Convulsions جھٹک 03 Retained placenta پیدائش ک وقت ہو ۷ انول کھ خہ ج نہ ہیں 04 Baby lying sideways or upside down پیدائش ک یوزیشن ایک ارف یہ ال تھ ہونہ 05 Fever بخہ 06 Green or brown waters سر یہ ہو ۷ نگ کھ یہی 07 Headache and blurred vision شدید س د داو ۷ نہی ک مسہٹل 08 Sudden, steady severe pain at the top of the belly پٹ ک اوپر وال حص م میں اچھنک شدید د د ہونہ 10 High blood pressure بلند فشہ خون 12 Does not know any of the above مند جہ بھل علمت م ی س ک ک بھ ۷ م میں کوی علم نہ ہیں 98	
CE405	Are you aware of any danger signs after delivery (for yourself) چا توہانی خک آی ویم کان ہو ۷ خطمتاک علم تہ ؟	Yes ہاں 01 No نہ ۷ت 02	02 CE407
CE406	What are some of the danger signs that you should watch out for after your delivery? گ زچی ک بعد وہ چندکو ن س خطرناک علمت ہ ہیں جن	High Fever, lower abdominal pain or foul smelling discharge (infection) ی پر بخہ، پٹ ک نیچل حص م میں د دیہ 01	S

	س آپ کو خردا ہنہ چھ ئے؟ Select all that are mentioned, DO NOT READ LIST OR PROMPT with any suggestions جواب دہندہ ک یتھے ہوئے یمہم جوابتکھ انتخب کریں - فہرست نہ پڑیں نہکی جواب ک متعلقہ کوی یجویز دیں	Severe headache, blurred vision, high blood pressure 02.....شدید س د د ، آنکھوں کھ درندل پن ، بلند فشہ خون 03.....جھٹک/ دو ے Eclampsia.....04.....حمل ک دو ان بلڈ پری یسکھ یڑھ چھنہ زچی ک 24 گھن ٹکی اند و یھ (PPH) Heavy vaginal bleeding 05.....خون کھ اخراج Urinary or fecal incontinence (obstetric fistula) فیل یھ پیشہب کوکن ٹرول کرے ک صلحینکھمزو ہونہ/ 06.....ہونہ Extremely tiredness, Anemia بہت زہدہ بھکھوٹ یھ خون کم 07..... Anxiety or depression (puerperal psychosis) پریشی یھ 08.....ذہبہ دہیڑ Breast problems (engorgement, sore, cracked bleeding or inverted nipples) جھہ ٹکی مسہئل (چھہ ٹیکھ سخت ہونہ او سوچ چھنہ ، زخم یھ خون کھ ، کپتھن کھ اند ک ارف 09.....جھنہ Does not know any of the above منہ جہ بھل علمت م ی س کی ک بھ ے م یں کوی علم 98.....نہ یں	
CE407	Are you aware of any danger signs for newborns? چا توہانی نہ جاول بار رکصحتیا خطمناک علم ٹا اہم ر پٹ خک آی؟	01 ہاں Yes 02 نہ ژٹ No	2 End of survey سوے کھ اختہم
CE408	Could you please name any danger signs for newborns? یراے مہریہیکھ اپ نومولود بچوں ک خطرینک علمت م یں سکی علمتکھ نہم بٹھ سک یں گ یں - DO NOT PROMPT پوچھ یں کوی او خطرینک علمت Probe: Any other danger signs? Keep asking for more danger signs until the participant cannot recall any additional signs. Circle all that are mentioned, but do not prompt with any suggestions. پوچھے تہا یں کہ جب یک سکتکھ اپ کومزید علمت نہ یں بٹھ سکتکھ یمہم جوابتکھ انتخب کریں لیکنکی جواب ک ل ے کوی یجویز نہ دیں-	01 /جھٹک / مروڑ/Convulsions/spasms/rigidity بغیر لچک 02 Movement only when stimulated or no movement, even when stimulated ی یروی محرک 03 پرکوی حرکت یھ اسٹیمولٹ پر بھکوی حرکت نہ یں صحیح ارج دودھ نہ ے نہہ Not feeding well 04 Fever بخہ 05 سہنس لے م یں دشاوا ی /ی وفتہ Difficult/fast breathing سہنس 06 Lethargy/unconsciousness سس قہرے ہو الکھوں کھ پیل ہونہ ، Yellow or pale color on skin eyes جلد / 07 ز د ہونہ 08 Low birth weight پیدالاش ک وقت کم وزن 09 Not crying بجہ و نہ ی بھہ منہ جہ بھل علمت م ی س کی ک بھ ے م یں کوی علم نہ یں 98	
CE 409	In your opinion what are the factors contributing to this incident?	Lack of recognizing danger signs during pregnancy and newborn	
		Unnecessary myths and health beliefs	
		Lack of power for decision making of the women present at child birth at household level	
		Fear of being ill-treated at health facility	
		Lack of money to pay for medical expenses and cost of transportation	

		Lack of encouragement from relatives and community members to seek care	
		Reluctance from the mother or the family due to cultural constraints	
		Lack of companion in going to the health facility	
		No available person to take care of the children, the home and livestock	
		Lack of family planning knowledge	
		Preference for female doctors	
		Involvement of other family members in decision making	
		Facility/Dr preference (even if it's far away)	
		Distance of one facility from another (referred by facility)	
		Delay in traveling after identification of problem (self-preference)	
		Lack of community support system	
		Lack of awareness of existing services	
		Lack of roads or poor condition of roads	
		Lack of emergency transportation whether by land	
		Lack of proper referral by LHW and other community health providers	
		No proper documentation of referrals at health facility	
		Weak referral system includes transportation and communication	
		Lack of equipment for emergency	
		Lack of competence of health care providers to deliver EmOC /complicated cases	
		Gender preference of healthcare providers	
		Shortages of emergency medicines	
		Lack of counseling by health care provider	
		Lack of ultrasound machine/ labs at facility	
		Lack of blood transfusion facility	

		Lack of health personnel especially at night	
		Lack of data reporting and recording	
	Remarks (qualitative narratives)		Limit 500 words

Case Notification Form S1 Online Supplementary Document

Identifying delays impacting maternal and perinatal deaths using a facility-based death audit review system integrated with community engagement: A mixed methods study

Case Notification form

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