NEW AVENUES TO INCREASE THE USE OF SKILLED BIRTH ATTENDANTS IN GHANA – AIM 3

CHART REVIEW GUIDE

This form will be used to collect data after the woman has delivered. Data will be retrieved from her medical record (if a facility birth has occurred), or from an interview with the woman if she delivered at home.

Date of Chart Review:________________________________________

Date of Interview:____________________________________________

Date of Delivery:_____________________________________________

Where did the woman deliver:___________________________________

Participant ID Number:______________________

Live Infant: Yes/No

Multiple: Yes/No

If no: Stillbirth: Yes/No

Early Neonatal death in the first 7 days: Yes/No

Late Neonatal death in the first 30 days: Yes/No

Apgars: 1 minute________ 5 minutes________________________

Birth Weight:______________________________________________

Mother’s Hemoglobin before delivery__________________________

Mother’s Hemoglobin after delivery____________________________

Type of Delivery:

☐ Vaginal

☐ Forceps/Vacuum

☐ Caesarean Section

Mother Alive: Yes/No
1. Did any of the following occur:
   a. Maternal morbidities:
      i. Pre-eclampsia/eclampsia Yes/No
      ii. Post partum haemorrhage Yes/No
      iii. Anemia Yes/No
      iv. Ruptured uterus Yes/No
      v. Sepsis Yes/No
   b. Neonatal morbidities:
      i. Respiratory distress Yes/No
      ii. Sepsis Yes/No