Questionnaire on HDP and PPH practice in your hospital

Dear health care provider,

We kindly ask you to complete the following questionnaire for the purpose of a national assessment of the current management of hypertensive disorders in pregnancy and post partum hemorrhage. The completion of this questionnaire contributes to making the best possible national obstetric guidelines on these disorders. We would like your evaluation and feedback in all honesty.

Thank you for your contribution,

The maternal mortality committee

Age: ...
Sex: male / female
Professional: gynecologist / resident / intern / midwife / nurse / student
Years experience: ...
Hospital: I / II / III / IV / primary health care / private sector
Department: Delivery rooms / maternity ward / outpatient clinic / emergency department

General
1. Would you like national obstetric guidelines?
   ☐ yes ☐ maybe ☐ no

2. Would you like to help create the national obstetric guidelines?
   ☐ yes ☐ maybe ☐ no

3. Where would you like to find the national obstetric guidelines?
   ☐ delivery room ☐ guideline book ☐ website

4. Does your hospital have a local protocol on PPH or HDP?
   ☐ yes, both ☐ only HDP ☐ only PPH ☐ neither

Please answer the following questions according to the local reality in your institution.
Please use the space on this page to give additional comments and suggestions.
**Post partum hemorrhage (PPH)**

### Definitions
1. Is there a clear definition for PPH?
   - yes, > 1 liter
   - yes, but the definition is as follows: no

2. Is there a clear definition for severe PPH?
   - yes, > 1 liter
   - yes, but the definition is as follows: no

3. Is it clear when you should alarm the doctor or your supervisor?
   - yes, it is clear
   - no clear rules

### Prevention
4. Is oxytocin generally used in all caesarean sections?
   - yes
   - no

5. Is oxytocin generally used in all vaginal deliveries?
   - yes
   - only in the case of risk factors
   - no

6. Is controlled cord traction performed?
   - yes
   - I do not know what that is
   - no

### Blood loss measurement
7. How is blood loss measured?
   - in a measuring cup
   - on a scale

8. What do you measure?
   - everything, all the blood
   - I throw away the first bit as it also contains amniotic fluid
   - only the cloths

### Medical treatment, in ongoing blood loss >500mL
9. Do you ever provide a second shot of oxytocin (i.v. or i.m.)?
   - yes
   - only in infusion with crystalloid
   - no

10. Do you treat her with oxytocin in crystalloids?
    - yes
    - no

11. Do you ever give additional misoprostol?
    - yes
    - no

12. Do you ever give additional Methergine?
    - yes
    - no

13. Do you ever give Tranexamic acid?
    - yes
    - no

### Supportive treatment, in ongoing blood loss >500mL
14. Do you place a second i.v. line?
    - yes
    - only when necessary (for instance instable patient)
    - no

15. Do you give crystalloids (sodium chloride / ringers lactate) for resuscitation?
    - yes
    - no

16. Do you give colloid (Gelofusin) for resuscitation?
    - yes
    - no

17. Do you give oxygen?
    - yes
    - no

### Blood transfusion in PPH
18. Are clear guidelines available for blood transfusion?
    - yes
    - no

19. When is blood transfusion generally given?
   - Hb < 4 mmol/L
   - Hb < 3.5 mmol/L and Ht <0.20
   - Hb < 5 mmol/L
   - Persistent blood loss

20. In what ratio are packed cells and fresh frozen plasma transfused?
   - 1 : 1
   - 2 : 1
   - 1 : 2
   - Other, ...

### Other
21. Is a PPH box available with all necessary equipment?
    - yes
    - no

22. Have you ever used an intra-uterine balloon, B-lynch or uterine pack?
    - yes
    - no

23. Have you ever used a vaginal tampon?
    - yes
    - no

24. Does your facility perform a hysterectomy for severe PPH?
    - yes
    - no

25. Do you ever use the early warning score system (EWS / MEOWS)?
    - yes
    - no
Hypertensive disorders of pregnancy (HDP)

Definitions
1. Do you have a clear definition for pre-eclampsia? yes no
2. And for severe pre-eclampsia? yes no
3. And for eclampsia? yes no

Prevention
4. Do you and your colleagues know the most important risk factors for HDP? yes no
5. Does your facility give aspirin prevention? yes no
6. Does your facility give calcium prevention? yes no

Medical treatment
7. What is the 1st – 4th choice oral medication choice?
   - methyldopa (Aldomet)
   - hydralazine (Apresoline)
   - nifidipine (Adalat)
   - labetalol
   Please note #1, #2, #3, #4 of most prescribed
8. What is the 1st – 4th choice i.v. medication choice?
   - hydralazine in direct shots
   - hydralazine in perfusor
   - labetalol (Trandate)
   - ketanserin
   Please note #1, #2, #3, #4 of most prescribed

Magnesiumsulfate
9. Does your facility always give a loading dose? yes no
10. What is the loading dose?
    - 1-2 grams in 30 minutes
    - 4-6 grams in 30 minutes
    - other:
11. What is the maintenance dose?
    - 1 gram per hour
    - ½ gram per hour
    - other:
12. What is the duration of treatment? At least ...
    - 6 - 12 hours
    - 24 - 48 hours
    - other:

13. At what blood pressure threshold is MgSO4 initiated? RR systolic:
    - RR diastolic:
14. When a seizure occurs a few hours after initiation of MgSO4, do you ...
    - double MgSO4 dose to 2 grams per hour
    - repeat bolus with 2 grams in 5 minutes
    - other:
15. In eclampsia what medication is given first?
    - magnesium sulfate
    - diazepam
    - antihypertensives
    - other:

Stabilization of severe pre-eclampsia / eclampsia
16. When is pregnancy terminated in eclampsia?
    - as soon as the patient is stable enough
    - at least 48 hours after initiation of MgSO4
17. From what gestational age is the pregnancy terminated by caesarean section if necessary?
    - 27 weeks
    - 30 weeks
    - 32 weeks
    - 34 weeks

Other
18. Is a HDP box available with all necessary equipment? yes no
19. Is oxygen given via non-rebreathing mask to a woman experiencing a seizure (eclampsia)?
    - yes
    - no
20. How many intravenous lines do you give a woman with severe pre-eclampsia or eclampsia?
    - always one at least
    - always two at least
21. Do you give patient fluids before initiation of magnesium sulfate?
    - yes, at least 500mL
    - yes, at least 1000mL
    - no
22. Does a woman with pre-eclampsia or eclampsia have a fluid restriction?
    - yes, .... mL per day
    - no
23. Do you ever use the early warning score system (EWS / MEOWS)?
    - yes
    - no