

Facility Name: _____

UFI: |__|_|_|_|_|

MODULE 8: CESAREAN REVIEW

Interviewer Name _____ Date (d/m/y): ___ / ___ / ___

Instructions: Consult the birth register and/or the operating room log book to identify 3 cesarean deliveries for review. There is a column for each of the 3 women. Select the last 3 women who had a cesarean but who are no longer hospitalized (cesareans performed in the last 12 months). Put the response code for each question in the appropriate column. Ask to see the patient's medical record, notes and partograph. If the response to the question is not documented in the labor and delivery register, operating theater log book, medical record, or partograph, consider that the activity was not performed and use the code for "No information" (9 or 99). If cesareans are not performed at this facility, write NA (not applicable) for each case in row 1 and no cesarean review will be done.

No.	Question	Case 1	Case 2	Case 3
1	Age of the woman (99 = No information)			
2	Parity of the woman (99 = No information)			
3	Residence of the woman 1. Urban 2. Rural 9. Unknown			
4	Was the woman referred from another health facility? 1. Yes 0. No			
5	How many hours and minutes elapsed between the decision to do a cesarean and the beginning of surgery? (99:99 = No information) If ≤30 minutes → skip to 7	____:____ hrs min	____:____ hrs min	____:____ hrs min
6	If the delay exceeded 30 minutes, what was the <u>principal</u> reason for the delay? 1. Human resources were not available 2. Lack of equipment or infrastructure 3. Other (specify by writing in cell) 9. No information			

No.	Question	Case 1	Case 2	Case 3
7	What was the indication for the cesarean? 1. Placenta previa 2. Placenta abruptio 3. Failed vacuum extraction 4. Failed induction 5. Previous cesarean/previous abdominal surgery 6. Eclampsia/severe pre-eclampsia 7. Cord prolapse 8. Fetal distress 9. Breech with footling/malpresentation 10. CPD/prolonged labor 11. Multiple gestation 12. Vesico-vaginal fistula 13. Other (<i>specify by writing in cell</i>) 99. No information			
8	Cesarean was classified in the register/partograph/chart as: 1. Emergency 2. Elective 9. No information			
9	Type of anesthesia used: 1. General with intubation 2. Spinal/epidural 3. Ketamine 4. Pethidine and Diazepam 5. Other (<i>specify by writing in cell</i>) 9. No information			
10	What type of clinician performed the surgery? 1. General surgeon 2. Obstetrician/gynecologist 3. General practitioner 4. Other (<i>specify by writing in cell</i>) 9. No information			
11	Was a partograph used to monitor labor (i.e., was a partograph filled out)? 0. Cesarean was elective, therefore no partograph 1. Partograph used (type of partograph not important) 2. Partograph not used 9. No information			
12	Was meconium present in the amniotic fluid? 1. Yes 0. No 9. No information			

No.	Question	Case 1	Case 2	Case 3
13	<p>What was the last recorded fetal heart rate just before surgery (BPM–beats per minute)?</p> <p>1. Normal 2. Fetal bradycardia (<110 per min) 3. Fetal tachycardia (>160 per min) 4. Irregular 5. No fetal heart rate detected 6. Other (<i>specify by writing in cell</i>) 9. No information</p>			
14	<p>What was the outcome for the baby/babies?</p> <p>1. Normal live birth → skip to 17 2. Live birth with distress (APGAR<7) → skip to 17 3. Dead 4. One alive, one dead (twins or more) 9. No information → skip to 17</p>			
15	<p>Was the death a stillbirth or early neonatal death?</p> <p>1. Stillbirth(s) 2. Early neonatal death(s) 3. One stillbirth, one early neonatal death (twins or more)</p>			
16	<p>If stillbirth/early neonatal death, what was the primary cause of death?</p> <p>1. Preterm-related 2. Asphyxia 3. Infection/pneumonia 4. Congenital anomalies 5. Trauma 6. Other (<i>specify by writing in cell</i>) 7. Unknown 9. No information</p>			
17	<p>What was the maternal outcome?</p> <p>1. Alive → skip to 20 2. Dead 9. No information → skip to 20</p>			
18	<p>If maternal death, what was the primary cause of death? (<i>please copy the primary cause of death as recorded in the medical record or other source of information</i>)</p> <p>88. Cause of death unknown 99. No information</p>			
19	<p>If maternal death, what was the secondary cause of death? (<i>please copy the secondary cause of death as recorded in the medical record or other source of information</i>)</p> <p>99. No secondary cause of death listed</p>			
20	<p>Were prophylactic antibiotics administered?</p> <p>1. Yes 0. No 9. No information</p>			

No.	Question	Case 1	Case 2	Case 3
21	Was there an infected wound (from current cesarean)? 1. Yes 0. No 9. No information			
22	How long was the woman hospitalized before she was discharged (or died)? <i>(write the number of days and hours; 99 = No information)</i>	__ __ days __ __ hours	__ __ days __ __ hours	__ __ days __ __ hours
23	Was the woman given a permanent method of contraception? 1. Yes 0. No 9. No information			

Comments