



Pregnancy Outcome Form

CEN-PRGOC-R13-V2

Village:

Dwelling:

Fieldworker:

Visit Date:

Mother

1 Mother's Name and Surname Name: **1a**
Surname: **1b**

2 Mother's Census ID **2**

3 Did you attend an antenatal clinic run by the Health Service while you were pregnant? Y = Yes; N = No: **3**

4 If "Y" in Q3, How many times did you visit an antenatal clinic while you were pregnant? **4**

5 What was your last grade/standard completed? (Use Education codes from populated census form) **5**

6 Were you a student at the time you became pregnant? Y = Yes; N = No **6**

7 If "Y" in Q6, Are you going back to school? Y = Yes; N = No; I = Intend to **7**

8 Was this pregnancy planned? Y = Yes; N = No; O = Other factors involved **8**

9 Did you use any type of contraceptive at any time prior to this pregnancy? N = None; P = Pill; I = Injection; L = Loop; C = Condom; S = Sterilisation; T = Traditional; M = More than one; **9**

10 Which kind of contraception are you using or intending to use after pregnancy? N = None; P = Pill; I = Injection; L = Loop; C = Condom; S = Sterilisation; T = Traditional; M = More than one **10**

Delivery

11 Date of delivery **11**

12 Date of delivery estimated? Y = Yes; N = No **12**

13 Delivery in Agincourt area? Y = Yes; N = No **13**

14 Where did you deliver? H = Home; C = Clinic; N = Health Centre; + = Hospital; O = Other **14**

15 If "+" in Q14 which hospital? T = Tintswalo; MP = Mapulaneng; MT = Matikwane; RF = Rob Ferreira; PM = Pietersburg-Mankweng; O = Other **15**

16 Who attended the delivery? D = Doctor; N = Nurse; F = Family member; C = Community member; B = Nobody; O = Other **16**

17 Was there any complication at delivery? N = None; C = Caesarian section; O = Other **17**

18 If "O" in Q17, Which other complication? **18**

Outcome

19 Outcome: L = Live birth; S = Stillbirth (28 weeks or more); A = Abortion (less than 28 weeks); ML = Multiple Live Births; MS = Multiple Still Births; MM = Multiple, some still **19**

20 Number still births: **20a**

20 Number live births: **20b**

21 How long did the pregnancy last? (Pregnancy duration type) W = Weeks; M = Months **(21)**

Baby's name and surname		Gender M = Male; F = Female	Birth weight (kilograms)	Road to Health Card? Y = Yes; N = No; E = Elsewhere	Ever breastfed Y = Yes; N = No	If Yes, how long? B=Still breastfeeding No (W) if < 1 month No (M) if > 1 month		Birth registered Y = Yes; N = No
22a (Name)	22b (Surname)	23	24	25	26	27a	27b	28
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Comments:

