



# Pregnancy Outcome Form

Village:

Dwelling:

Fieldworker:

Visit Date:

## Mother

1	Mother's Name and Surname	Name: <b>1a</b>	<input type="text"/>
		Surname: <b>1b</b>	<input type="text"/>
2	Mother's Census ID	<b>2</b>	<input type="text"/>
3	Did you attend an antenatal clinic run by the Health Service while you were pregnant?	Y = Yes → Q4 N = No → Q5	<b>3</b> <input type="text"/>
4	How many times did visit an antenatal clinic while you were pregnant?		<b>4</b> <input type="text"/>
5	What was your last grade/standard completed? (Use Education codes from populated census form)		<b>5</b> <input type="text"/>
6	Were you a student at the time you became pregnant?	Y = Yes → Q7 N = No → Q8	<b>6</b> <input type="text"/>
7	Are you going back to school?	Y = Yes; N = No; I = Intend to	<b>7</b> <input type="text"/>
8	Was this pregnancy planned?	Y = Yes; N = No; O = Other factors involved	<b>8</b> <input type="text"/>
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 = Sterilization; T = Traditional; M = More than one	<b>9</b> <input type="text"/>
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 = Sterilization; T = Traditional; M = More than one	<b>10</b> <input type="text"/>

## Delivery

11	Date of delivery	<b>11</b>	<input type="text"/>
12	Date of delivery estimated?	Y = Yes; N = No	<b>12</b> <input type="text"/>
13	Delivery in Agincourt area?	Y = Yes; N = No	<b>13</b> <input type="text"/>
14	Where did you deliver?	H = Home → Q16; C = Clinic → Q16; N = Health Centre → Q16; + = Hospital → Q15; O = Other → Q16	<b>14</b> <input type="text"/>
15	Which hospital?	T = Tintswalo; MP = Mapulaneng; MT = Matikwane; RF = Rob Ferreira; PM = Pietersburg-Mankweng; O = Other	<b>15</b> <input type="text"/>
16	Who attended the delivery?	D = Doctor; N = Nurse; F = Family member; C = Community member; B = Nobody; O = Other	<b>16</b> <input type="text"/>
17	Was there any complication at delivery?	N = None → Q19; C = Caesarian section → Q19; O = Other → Q18	<b>17</b> <input type="text"/>
18	Which other complication?	<b>18</b>	<input type="text"/>

## 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	<b>19</b> <input type="text"/>
20	Number still births:		<b>20a</b> <input type="text"/>
	Number live births:		<b>20b</b> <input type="text"/>
21	How long did the pregnancy last? (Pregnancy duration type)	W = Weeks; M = Months	<b>21</b> <input type="text"/>

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 → Q27; N = No → Q28	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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

