Questionnaires for Child Death Review Under South Salmara BPHC

The objective of this exercise is to find out: At which level do you think the delay occurred?

- 1. **Delay at home** (eg; seriousness of illness not recognized, treatment not sought, treatment sought at a late stage, family members did not allow treatment seeking)
- 2. **Delay in transportation** (eg; transport facility not available, could not afford local transport, difficult/hilly terrain, long distance to the health facility)
- 3. **Delay at facility level** (eg; doctor/staff not available, drugs & equipment not available, delay in initiation of treatment)

What are the areas to be assessed?

Background Information

- when was in Airo registration done. 1772 75 74 thinlester
- How many times she received the ANC: 1/2/3/4/5 or more
- How many months long was the pregnancy:
- Mother's age of marriage:
- Mother's age of pregnancy:
- Mother's Gravida and Parity:
- Did the mother receive 2 doses of Inj TT: Yes/No/Don't know?
- Was there any complication during pregnancy (High Risk Pregnancy): Yes/No
- If diagnosed as high-risk pregnancy then for which condition it was diagnosed (Write specifically):
- Was there any delivery micro-planning for the mother (Birth Preparedness?
- No of antenatal checkup: 1/2/3/4/5 or more:
- Did the mother attend the PMSMA: Yes/No
- If yes then who many times:
- Was USG done at least for once throughout the pregnancy: Yes/ No. If Yes how many times:
- Where she was delivered: Home with SBA trained Staff/Home without SBA trained staff (Traditional birth attendant) /HI
- Mode of Delivery: C-Section/ Normal Delivery/ Assisted (Instrumental)Delivery
- Any complications during delivery and or thereafter: Mother's had fit/ More than normal bleeding during delivery/Water broke 1 or more days before contractions started/Prolonged or difficult labour (12 hours or more)/ Mother had fever/Others (Tick)
- In case of Preterm Labour (Less than 34 weeks of gestation) did the mother 4 doses of Antenatal Corticosteroid?: Yes/No
- If answer to the question 17 is Yes then how many doses:
- Was the baby attended by labour room staff (Staff nurses/MO) at the time of birth: Yes/No
- Did the baby cry at birth: Yes/No
- Did the baby require resuscitation: Yes/No. If yes then up to what level: Initial Steps/Bag & Mask/Chest compression/ Medications.
- When the baby was first breastfed:
- Was the baby given Inj. Vitamin K/OPV/BCG/HepB at birth: Yes/No (Tick whichever are given)
- · History of previous pregnancies and its outcomes, H/O maternal

- 1. Name of the Child/ Baby of (In case of new born):
- 2. Date of Birth (if available)
- 3. Age: Years /Months /Days (if age less than 1 month) /Hours (if age less than one day)
- 4. Sex: Male Female
- 5. Address:
- 6. Name of Area PHC:
- 7. Name of Area Sub-center:
- 8. Order of Birth: 1/2/3/4/5 or more
- 9. Belongs to: SC/ ST /OBC /General
- 10. Does the family have a Below Poverty Line (BPL) card/ PMJAY/ATAL AMRIT card/ Any other: Yes/No (TICK against the name of card)
- 11. Immunization Status (As per age): Fully /Partially / No immunization
- 12. Weight (if recorded in the MCP card):Kg
- 13. Growth Curve (fill for child less than 3 years; check MCP card):
 - a. Green zone b. Yellow Zone c. Orange Zone d. No record
- 14. Any H/Olllness/Injury: Yes/No
- 15. What are the symptoms during the current illness which lead to death (Put duration)?
- 16. Was ASHA informed by family about the child illness: Yes/No
- 17. If Yes, did the ASHA came home on the 1st day of information about the child illness: Yes/No
- 18. What danger sign/signs the ASHA identified in the sick child:
- 19. What ASHA did on the 1st day of contact with family: Given Advices to the family by herself/ Referred to nearby HI
- 20. Did the family follow the ASHA's instruction: Yes/No (Didn't go to health facility)
- 21. Did the ASHA accompany the child and family to HI: Yes/No

- 22. Did the family take the child to local traditional healers/Quacks / Unqualified AYUSH practitioners/ Informal providers instead of taking the child to HI: Yes/No
- 23. If answer to the question 22 is yes, then what duration the family has given medicines prescribed by traditional healers/QuacksUnqualified AYUSH practitioners/ Informal providers:
- 24. Did the family take the child to nearby HI when there is no improvement after giving medicines of traditional healers/QuacksUnqualified AYUSH practitioners/ Informal providers: Yes/NO
- 25. If taken to HI then on which day after start of appearance of symptoms:
- 26. Where the child died: At home/In-transit/HI
- 27. What diagnosis is made by the district as a cause of death:
- 28. Did the ASHA/Family members call 108 services for free transportation of pregnant women for delivery/To take the sick child to the nearby HI: Yes/No
- 29. What was the awaiting period of arrival of 108 after the last call in this case:
- 30. If No, then how the family managed to bring the pregnant women/sick child to hospital: Rented car/Public Transportation/ Others
- 31. What is the average response time 108 takes to reach the destination in that block:
- 32. Did the 108 drivers take extra money from the family for transportation: Yes/No. If yes then how much:
- 33. Did the mother/infant get Adarani services: Yes/No
- 34. Who attended the sick child when child came to health institute for the 1st time: Staff Nurse/Medical Officer.
- 35. What duration the sick child had to wait before examination by medical officer of that HI:
- 36. Did the infant/child receive treatment immediately after arriving the hospital: Yes/No
- 37. Did the family spend money for drugs and consumables and laboratory investigations in the HI: Yes/No. If yes then how much:
- 38. For how many days the child was treated at the facility:
- 39. Was the child referred to higher facility immediately:

- 40. If yes, then the reason:
- 41. Was the child stabilised before referral to higher HI: Yes/No
- 42. Is there any delay during referral to higher HI from the facility: Yes/No.
- 43. In case of SNCU discharged new born/ Preterm LBW infant, did the ASHA complete the community follow up: If yes write the competed schedule:
- 44. In case of SNCU discharged new born did the parents take the infant for facility follow up as per schedule: If yes then write the completed schedule:
- 45. For those infant who died before 45 days of life, did the ASHA complete the HBNC schedule: Yes/No. If yes then write the completed schedule:
- 46. What % of ASHA home visits under SNCU graduate follow up/ LBW follow up or HBNC are supervised by ASHA supervisors/BCM in that area:
- 47. Accessibility to Health Care Facilities (Good/Poor):
- 48. Distance from nearest Health Facility (in Kms & in Hours):
- 49. Distance of village from Nearest FRU (in Kms & in Hours):
- 50. Has village been declared as ODF village: Yes/No
- 51. Availability of Electricity connection: Yes/No
- 52. Availability of Clean drinking water: Yes/No
- 53. Availability of Clean source of energy for cooking: Yes/ NO (What source is used:
- 54. Availability of Toilet in the household:

Final		

Level of Delay: At Home/Transportation/At Facility

Additional Remarks by MO/ANM				