

GROUP DISCUSSION WITH BIRTH UNIT OF WOMEN WHO HAD COMPLICATIONS

The focus of this inquiry is limited to complications and emergencies that occurred during **the actual labor and delivery, or in the first week after birth**. This critical life threatening time around birth when the majority of maternal deaths occur is the priority focus areas of SCI.

Screen out in advance and **do not proceed with interview of those women whose “complications” occurred during pregnancy**. We will miss a few serious problems thru this exclusion (pre-eclampsia, severe ante-partum hemorrhage (APH), and sepsis after unsafe abortion). However, in analyses of complication narratives from other countries, much effort was put into exploring lesser complications during pregnancy, which are traumatic to women and families involved, but which do not really provide the specific information we need from this research - **true obstetric emergencies**. For example miscarriage is upsetting and scary, and very common, but for the most part NOT LIFE THREATENING.

We will focus on: retained placenta, postpartum hemorrhage (PPH), prolonged labor/ruptured uterus, eclampsia and sepsis. Interviewer training will provide depth information on the specific conditions above to improve respondent screening, and therefore improve interview content.

Complication narratives can also be called “near - miss inquiries”, especially when seen from the perspective of providers and facility staff. Related research methods include verbal autopsy, very similar to complication narrative, except that the woman has actually died as a result of the obstetric complication or emergency.

This is a retrospective look back into all of the type and timing of events and factors that contributed to a successful outcome of an obstetric complication or emergency.

Respondent ID:	
Type of obstetric complication/emergency:	
Name of woman who had complication:	
Name and relationship of family members/ attendants present:	
Location:	
Delivery date/ Complication date (approx):	
Parity of woman:	
Closest BEOC referral facility (near/far):	
Closest CEOC referral facility (near/far):	
Facility actually used:	
Nearest TBA:	
Distance of woman’s home from closest referral facility:	
Distance of TBA home from closest referral facility:	

New Mother, Family, and Attendant Ideal Behaviors:

The ideal behaviors associated with this interview are all listed separately in other interview categories. The key behaviors are:

- Timely use of skilled attendant in obstetric emergency.
- Support for timely use of skilled care.

Research Objectives:

Overall Objectives:

- To provide a detailed, step-by step analysis of the type of events and timing of household-level events that occur during an obstetric complication or emergency; and document the precise roles of specific individuals in the household and community in deciding to seek care.
- To document the factors that influence reaching a skilled care source during an obstetric emergency.
- To define the role of skilled providers/facilities in delays in receipt of quality care for obstetric emergencies.

Specific Objectives:

1. To identify the steps in the **recognition of the specific obstetric complication** that occurred in this family, perceived causality of the complication, and perceived appropriate action/chain of care seeking actions) for that complication.
2. To describe the dimensions of **care seeking decision making** in obstetric emergencies -who decides, how decisions are made, how long it takes to decide, what the specific “triggers to action” or “tipping points” are, when a problem is seen as severe enough to require action, etc.
3. To document the reasons behind health seeking behavior/ care choices **per specific complication**, and differences between behavior patterns for each complication, if there are any.
4. To explore the specific steps, timing, and decision makers involved in **reaching care source(s)** during obstetric emergencies.
5. Provide individual and household perspectives on the events involved in **receiving quality care** for the emergency once skilled care source was reached.
6. Determine what **follow up care** instructions, information and advice the woman and family were given at skilled care facility.

Basic Line of Questioning	Probes
<ul style="list-style-type: none"> When did the complication occur? [<i>Focus on this event – during birth or in the first 2 weeks after birth – for the rest of the discussion.</i>] 	
RECOGNITION OF COMPLICATIONS	
<ul style="list-style-type: none"> When were the signs of a problem first recognized? Who recognized the problem first? How long did it take from when someone first noticed that something might be wrong until they were absolutely certain that the problem was serious enough to need additional help? 	<ul style="list-style-type: none"> At what day and time was the problem first noted? How did you know there was a problem? Did you tell anyone or ask for advice? If so, from whom?
DECISION MAKING TO SEEK CARE	
<ul style="list-style-type: none"> Who decided to seek help? How long did it take to decide what to do? What kind of help was sought first? What did each family member do to seek help? 	<ul style="list-style-type: none"> Who participated in that discussion? Did everyone agree? Who made the final decision? At what time was help sought first? What happened first? Next? At what times?
REACHING SKILLED CARE	
<ul style="list-style-type: none"> Once it was agreed that extra help was needed for the woman, and the decision of what to do was made, how long did it take to reach the first place? 	<ul style="list-style-type: none"> What time did you leave? What time did you arrive? Who accompanied the woman? Was anything difficult to do?

RECEIVING SKILLED CARE	
<ul style="list-style-type: none"> • When you reached the provider or facility, what happened first? • Were there good things about the care? Bad things? • Did you have to pay for the care? • Were there other costs you had to pay? • Is there anything you would suggest other families who have women with obstetric complications do if this happened again? 	<p><i>For each provider/ facility visited, ask:</i></p> <ul style="list-style-type: none"> • Was the woman admitted? • What time? • How long did it take to receive care? • Who provided care? • What care? • How much did you have to pay? • What? • Why?
FOLLOW-UP CARE	
<ul style="list-style-type: none"> • After the care, how long did the woman stay in the facility / with the provider? • Did anyone tell you while she was there what was wrong or what was happening? • Did you get any other advice? • How did you get back home? 	<ul style="list-style-type: none"> • Did anyone stay with her? • Who? • What did they tell you? • What advice? • From whom? • How much did it cost?
END	
<ul style="list-style-type: none"> • So altogether, how much did it cost you? • And altogether, how long did it take? • Is there anything else we should know? 	