

List of Appendices

APPENDIX I: Change Framework for Maternal Survival Tools/Approaches

APPENDIX II: Ideal Behaviors per Category of Respondent

APPENDIX III: Samples of Qualitative Instruments

APPENDIX IV: Sample of BCI Strategy Formulation Grid

APPENDIX V: Lexicon of Terms

APPENDIX VI: Stages of Change (Sample Framework)

APPENDIX VII: “Round Two” Complication Narratives Text

APPENDIX I:
CHANGE Framework for Maternal Survival Tools/Approaches

APPENDIX I: CHANGE Framework for Maternal Survival Tools/Approaches

HOUSEHOLD		COMMUNITY				FACILITY	
		LINKS					
Increased Knowledge, Improved Timely Use of Skilled Care/EmOC		Supported by Informed, Concerned Community		Connected to Improved Services		Delivered by Skilled, Caring Providers	
Gap	Tool/Approach	Gap	Tool/Approach	Gap	Tool/Approach	Gap	Tool/Approach
Even in presence of danger sign recognition, and often within reach of improved services, women and families do not seek timely, skilled care	"Danger Signs Plus" Build on experience to enhance tools that identify and systematically address factors other than recognition of danger signs that contribute to careseeking delays	"Generic" behavior change strategies, approaches and messages aimed to reduce maternal deaths have not had the intended impact at family/community level to increase use of skilled care	Apply a strategic approach to planning and implementation of national behavior change interventions that include prioritized, setting-specific behaviors and interventions ("Localization"- lexicon of terms)	Perceived poor quality of care and other access factors limit timely use of skilled attendance, EmOC and early postpartum care (EPPC)	Improve "image" of skilled providers and facility-based care	Despite skills training and infrastructural improvements, maternal care providers continue to provide less than optimal EmOC and EOC services ,in some settings	"Skilled Attendance Plus" Research – based identification and continual reinforcement of the behavioral aspects of improved clinical practice
In some environments where skilled delivery attendance is feasible, women continue to prefer traditional or family birth assistance	Identify, adapt, implement and assess tool/approach that facilitates household level change toward improved use of skilled delivery assistance and early postpartum care	Sustaining community involvement in improving maternal survival remains a challenge	"Birth Preparedness Plus"	The full range of behavior change methodologies, including social marketing, have not been consistently and aggressively applied to reducing maternal deaths	Employ proven social marketing and other techniques to "reposition" skilled childbirth attendance, increasing acceptability, desirability and demand among families		Develop, implement and assess a research-based package of interventions to identify and address the behavioral aspects of provider performance
Differences in "readiness to change" patterns of careseeking among individuals, family members and communities not considered when designing behavior change strategies and interventions	Develop a tool to assess and measure changes pre/post intervention in "readiness to change" skilled childbirth care use patterns Develop behavior change interventions specifically tailored to individual and household "readiness to change" (stage-of-change based interventions)		Adapt, expand and assess effectiveness of existing approaches to participatory community-based behavior change interventions	Cultural differences in family and community birth preferences and facility childbirth care procedures limits use of care even when improved services are available	Adapt, expand and apply world view and other methodologies to identify and reduce barriers between providers and communities		Strengthen team building and facilitative supervisory techniques for group problem solving adapted to a hierarchical care environment Introduce appreciative inquiry approach and other non-threatening performance assessment Widespread promotion of "socially responsible obstetrics"

APPENDIX II:
Ideal Behaviors for Each Category of Respondent

Appendix II: Ideal Behaviors per Category of Respondent

Ideal Behaviors for Each Category of Respondent in Qualitative Research to Investigate Factors Influencing Use of Skilled Childbirth Attendance

WOMEN IDEAL BEHAVIORS

- Actively participate in household birth preparedness activities
- Initiate/participate in dialogue with family members about all aspects of advance planning for skilled attendance (see sub-behaviors)
- Seek/receive timely, appropriate obstetric care from skilled provider
- Seek/receive timely appropriate emergency obstetric care from skilled provider
- Seek/receive timely, appropriate early postpartum care (first 1-2 weeks after birth) from skilled provider
- Seek/receive focused antenatal care from skilled provider (emphasis on anemia/pre-eclampsia/birth preparedness)
- Accept, utilize, and promote “link care provider”

EFFI IDEAL BEHAVIORS

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community
- Actively encourage and participate in household dialogue with other family influentials and peers regarding:
 - birth preparedness,
 - timely use of skilled care for normal births,
 - timely use of skilled care for obstetric complications and emergencies,
 - early postpartum care use (first 1-2 weeks after birth)
- Participate in the development of household solutions as part of the maternal care team during pregnancy, birth, and early postpartum period (first 1-2 weeks after birth) along with a skilled provider whenever possible,
- Accept and promote among family and peers in her community the proposed “link care provider”- to link women and families to the closest source of skilled obstetric care
- When participating in a birth without skilled attendant present, recognize complications during birth and early postpartum and influence other family influentials (husband) and TBA to seek timely care from the closest skilled attendant

TBA IDEAL BEHAVIORS

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community.
- Actively participate as part of the maternal care team during pregnancy, birth, and early postpartum period (first week after birth) along with a skilled provider whenever possible.
- Function as a “link care provider”- link women and families to the closest source of skilled obstetric care.
- When attending a birth without skilled attendant present, recognize complications during birth and early postpartum and influence family to seek timely care from the closest skilled attendant.
- Accompany women and families with obstetric complications to the nearest skilled provider, and actively participate in their home-based follow-up care.
- Assist in community dissemination and acceptance of “link behaviors” and “link care providers”

HUSBAND IDEAL BEHAVIORS

- Provide social support during pregnancy, birth and early postpartum to wife/pregnant woman in household
- Actively participate in household dialogue with other family influentials, and peers regarding:
 - birth preparedness,
 - timely use of skilled care for normal births,
 - timely use of skilled care for obstetric complications and emergencies,
 - early postpartum care use (first week and 2 weeks after birth)
- Participate in the development of household solutions as part of the maternal care team during pregnancy, birth, and early postpartum period (first week after birth), particularly financial, transport and timely “permission to seek skilled care” authorization (gatekeeper)
- Accept the proposed role of “link care provider”- to link women and families to the closest source of skilled obstetric care
- Provide appropriate assistance to support the woman to reach skilled care when complications are recognized during birth and early postpartum.

COMMUNITY LEADERS IDEAL BEHAVIORS

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum for the use of household birth preparedness plan.
- Function as a “link support person”- to assist in linking women and families to the closest source of skilled obstetric care.
- Assist in community dissemination and acceptance of “link behaviors” and “link care providers”.
- Have a designated person maintain an on-going list of women from the village who have died from obstetric complications.
- Participate in a pregnancy monitoring system, which tracks the woman from pregnancy to the end of the post-partum period.

SKILLED PROVIDER IDEAL BEHAVIORS

Facility-Based Skilled Providers:

- Provide timely, quality routine obstetric care according to standards and protocols
- Maintain emergency readiness
- Provide timely, quality emergency care 24/7 according to standards and protocols
- Provide accurate and complete follow-up counseling to the family on discharge from facility
- Provide care in a manner that respects the dignity and rights of the woman and family
- Provide early postpartum care (outpatient or home based)
- Support community-developed solutions to identified access barriers

Community-Based Skilled Providers

- Accept, utilize, and promote “link care provider”
- Assist in household plan for birth preparedness
- Provide timely, quality routine obstetric care according to standards and protocols
- Provide timely, quality emergency care according to standards and protocols
- Make referral to facility with CEmOC capacity when required
- Provide focused antenatal care according to standards and protocols
- Provide accurate, complete information, education and counseling to women and families as required
- Provide care in a manner that respects the dignity and rights of the woman and family
- Make home visit to provide early postpartum care

APPENDIX III:
Samples of Qualitative Instruments

IN-DEPTH INTERVIEW WITH ELDER FEMALE FAMILY INFLUENTIALS (EFFI): KENYA

Respondent ID:	
Name:	
Address/Location:	
Relationship to Woman (if any):	
Most recent exposure to a birth in her household:	
Distance to closest BEOC facility (1/5/far):	
Distance to closest CEOC referral facility (1/5/far):	
Closest known TBA:	

EFFI Ideal Behaviors:

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community
- Actively encourage and participate in household dialogue with other family influentials and peers regarding:
 - birth preparedness,
 - timely use of skilled care for normal births,
 - timely use of skilled care for obstetric complications and emergencies,
 - early postpartum care use (first 1-2 weeks after birth)
- Participate in the development of household solutions as part of the maternal care team during pregnancy, birth, and early postpartum period (first 1-2 weeks after birth) along with a skilled provider whenever possible,
- Accept and promote among family and peers in her community the proposed “link care provider”- to link women and families to the closest source of skilled obstetric care
- When participating in a birth without skilled attendant present, recognize complications during birth and early postpartum and influence other family influentials (husband) and TBA to seek timely care from the closest skilled attendant

Research Objectives:

Overall Objectives:

To determine the decision making and support roles of EFFI in household and community during normal births, obstetric emergencies, and early postpartum care.

To determine EFFI acceptance of and potential role in the promotion and use of skilled care for normal births, obstetric emergencies, and early postpartum care.

To determine EFFI perspective on their own social networks; the social networks of WRA, TBAs, husbands/community leaders and influentials; and how these social networks might be best used to rapidly spread information about improved obstetric care practices among their peers and the community- at- large.

Specific Objectives:

1. To understand EFFI perspectives on birth preparedness and their own role in preparations; how birth preparedness with emphasis on use of skilled care could be improved and what role EFFIs can play
2. To investigate EFFI perceptions on current preferences of women in their household and community for birth attendant and birth location, reasons why women do or do not use skilled care (barriers, motivators, willingness to change); EFFI role in decision making for use/non-use of skilled attendance
3. To determine the EFFI role in decision making for careseeking for: routine birth, obstetric complications and emergencies, and early postpartum care; to determine which obstetric complications and emergencies EFFIs recognize and act upon, when and how
4. To learn what EFFIs believe are household and community level delays in seeking skilled care and reaching skilled care; what their roles in these delays and the roles of other household and community influentials are
5. To explore EFFI attitudes toward use of skilled care compared to TBA care, perceived costs and consequences, whether they would accept TBAs as link care providers; and the main motivations for EFFIs to promote skilled attendance in their household and community
6. To determine the EFFI perspective on who comprise their own social networks; the social networks of WRA in their district; social networks of TBAs: social networks of husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved obstetric care practices among their peers and the community- at- large.

This is part of a study to learn more about how we can help women be healthier in pregnancy and childbirth. We want to learn about what role elder women in your village have during childbirth and in the time right after, because we know that elder women are very important in the family and the community.

QUESTIONS PER TOPIC AREA

Birth Preparedness

Notes for the Interviewer

Key ideas to explore:

- *Types of preparations made for routine births;*
- *Types of preparations for possible complications, if any;*
- *What is EFFI role in these preparations?*
- *What are EFFI-accepted ways to emphasize use of skilled care within birth preparedness?*

What are the preparations women and families usually make for childbirth? Is this what you did for the last birth in your household? Why/why not?

Who helps in planning for a birth? How much do elder women in families plan and decide plans for birth? In your household, who made the plans?

Where do you advise women in your family to give birth? With who attending?

Do they do as you advise? Why/why not?

What, if anything, would make the woman choose something other than what you advised?

Sometimes even normal births can have problems. Do people prepare anything special in case of problems at birth?

How do you think families can prepare better for problems at birth? What could you yourself do?

What do you think would help women and families remember what a woman needs to do to prepare for birth?

Skilled Childbirth Attendance

Notes for the Interviewer

Key ideas to explore:

- *What is the relative contribution of EFFIs in decision-making and initiation of action for skilled care seeking behaviors?*
- *What are EFFIs perceptions of “skilled providers” vs. traditional providers? (specific terms and concepts that define perceived skill, perceived “caring” or quality of care of TBAs/skilled providers)*
- *What is the EFFI perspective on medical and cultural barriers to increasing skilled attendance, both their own perspective and their perception of what most women and families think and do?*
- *What are EFFI motivations to promote use of skilled attendance?*
- *What are EFFI-perceived costs and consequences involved with birth at home and birth with skilled attendant?*

Where do women in your community usually prefer to give birth? Who would attend the birth there?

Do they prefer to be attended by the TBA or a “skilled provider” (*describe for them*)? Why is that?

Where do the women in your household prefer to give birth, at home or at a facility? Why?

Do they prefer to be attended by a TBA or a “skilled provider”? Why? Do you also feel this way? Where did the last woman who gave birth in your household deliver? Why?

Which do you advise to women in your household without problems? Why? Which do you advise to women in your household with obstetric problems? Why? How is it decided if women will have skilled attendance at birth?

Why do some women continue to use TBAs in their community? Do you think more women want to get skilled care at a facility? If yes, would elder women in their households support this? Why/why not?

Do you know anyone who used a skilled birth attendant? What kind of women are they?

What are the qualities of a good elder woman who cares for the women in her household? What could elder women do to help younger women in their households and communities give birth with skilled attendance?

Do you think all women could get care from a skilled provider during birth and in the 1-2 weeks after birth? How? What are ways to get more women to use skilled care during these times, especially women with problems?

What would you say to women and families to make sure they get skilled attendance during birth and after birth?

Skilled Care for Obstetric Emergencies

Notes for the Interviewer

Key ideas to explore:

- *What obstetric complications and emergencies do EFFIs recognize? How? How do they believe TBAs should handle complications and emergencies – by treating or referring? Does it differ by type of emergency?*
- *What is the EFFI perspective on household and community level delays in seeking skilled care and reaching skilled care? What are their roles in these delays and the roles of other household and community influentials?*
- *What is the EFFI perspective on provider/facility factors influencing timely receipt of quality obstetric care at the facility?*

Sometimes women during birth and in the time right after birth have problems. Have you heard about any illnesses or sicknesses?

Which of these problems are serious illnesses or sicknesses? Why?

What causes the illnesses or sicknesses?

What can happen to a pregnant woman with this problem?

What happens if a woman gives birth at home with a TBA, and these illnesses or sicknesses occur? What should the TBA do for each one? When should additional help be summoned? How?

Do people do anything to prepare ahead of time in case obstetric problems like these happen? What?

If there is a birth problem, why is it that some women do not get skilled care in time when they need it?

Do elder women in your community help women go for skilled care when there is a problem? Why/why not? Other community influentials? Why/why not?

When a woman goes for care of a birth problem at a facility, what happens? Are they prepared for birth emergencies there? How well do they take care of birth problems and emergencies? How do they treat women? Why do you say that?

Is the obstetric care good at facilities? Do they welcome women from your community?

Early Postpartum Care

Notes for the Interviewer

Key ideas to explore:

- *Is there a perceived need for routine early postpartum care 1 and 2 weeks after perceived normal birth, if no problems are detected in new mother or newborn? Skilled care or traditional care?*
- *Is there a perceived need for early postpartum care 1 and 2 weeks if complications are detected in new mother or newborn? Skilled care or traditional care?*
- *How can early postpartum skilled care coverage be increased?*

We talked about preparing for birth, and about giving birth. Now I would just like to ask you a few more questions about the time right after birth.

Even when the mother and baby are fine, do they get a check-up right after birth? Who is the best person to give the check-up?

Did anyone come in to help the last woman who gave birth in your household **right after** birth?

How soon after did they come?

Did someone call them to come?

If a woman gets problems after birth, what should she do? What would you do if a problem happens?

Who is the best person to help her? Why? How do they know there is a problem?

Who do new mothers tell if they think there is a problem after birth?

What could elder women do to help more women get skilled care 1 and 2 weeks after birth?

What other things can be done? By whom?

Acceptability of “Repositioned” TBA

Notes for the Interviewer

Key ideas to explore:

- *Would the EFFI consider/accept new role of TBA as “link care provider” in support role compared to primary childbirth care provider now? Why/ why not?*
- *Be sure to tell the woman that the skilled attendant can be in the home or can be in clinic/facility.*

We have been thinking that now, in these times, TBAs or other people in the community could be useful to help all women get to a place where skilled childbirth care is available, instead of actually helping the women give birth.

What do you think about this?

Would that work? Why/why not?

What would other EFFIs and families think? Why?

Would staff at facilities accept TBAs as link care provider? Why/why not?

Right now, do TBAs get paid to assist at births? How much?

If a TBA does not actually birth the baby, but helps the woman by getting her to a skilled attendant, do you think she should still be paid? Why/why not?

If you do not think TBAs could be good link care providers, who else could link skilled care to communities to make sure women and babies stay healthy during birth and in the time right after?

Social Support/Social Networks/Communication Channels

Notes for the Interviewer

Key ideas to explore:

- *What types of information, guidance and support do EFFIs provide to pregnant women and new mothers in their household and to other women in their community/networks?*
- *How willing are EFFIs to consider new concepts and practices to increase coverage of skilled attendance at birth and postpartum?*
- *What are social networks of EFFIs, of WRA in their district, TBAs, husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved obstetric practices among their peers and the community-at-large?*
- *How can awareness of skilled care and improved obstetric practices be promoted through existing and new channels?*

What do younger women know about pregnancy, childbirth, and the time after birth before they give birth? Where do they get information from?

Do you think they would like to know more? What kinds of things?

Who do women your age talk with and socialize with usually? Are there groups that women your age attend? What activities are women your age involved with?

Is this what you do? How often? Where?

Could information on skilled attendance be shared through these groups and activities? How else can women like yourself get information about how to help women and their families with childbirth and skilled attendance?

Who do you think younger women talk with and socialize with usually? Are there groups that younger women attend? What activities do they do?

Who do you think TBAs talk with and socialize with usually? Are there groups that they attend?

What activities do they do aside from assisting births?

Who do you think men talk with and socialize with usually? Are there group that they attend?
What activities are they involved with?

Do you listen to the radio? How often? What times? What programs are your favorites? Do you ever talk with others about what you hear on the radio?

Do you read or look at any newspapers or magazines? How often? Which ones?

Thank you, thank you, drink tea, goodbye.

FOCUS GROUP DISCUSSION OBJECTIVES

Women	<ul style="list-style-type: none"> • Attitudes/Images of TBA care • Attitudes/Images of women who use TBAs • Images of skilled attendance • Images of women who use skilled attendance • Concept of birth preparedness, postpartum care • Motivations and constraints to use skilled care (community norms) • Program interventions to improved practices related to skilled attendance at birth and early postpartum
EFFI	<ul style="list-style-type: none"> • Attitudes/Images of TBA care • Attitudes/Images of women who use TBAs • Images of skilled attendance • Images of women who use skilled attendance • Concept of birth preparedness, postpartum care • Motivations and constraints to advising the use of skilled care (community norms) • Program interventions to improved practices related to skilled attendance at birth and early postpartum
TBAs	<ul style="list-style-type: none"> • Attitudes/Images of TBA care • Concept of link care provider • Motivations and constraints to moving to link care provider
Skilled Providers	<ul style="list-style-type: none"> • Concept of link care provider • Concepts of birth preparedness card, community support scheme, pregnancy monitoring system • Motivations and constraints to linking with TBAs
Husbands	<ul style="list-style-type: none"> • Perceived role in promoting and using skilled attendance • Motivations and constraints to being involved in: birth preparedness, promoting skilled attendance, using skilled attendance (community norms) • Program interventions to improved practices related to skilled attendance
Community Leaders	<ul style="list-style-type: none"> • Perceived role in promoting and using skilled attendance • Motivations and constraints to being involved in: birth preparedness, promoting skilled attendance, using skilled attendance (community norms) • Program interventions to improved practices related to skilled attendance

FOCUS GROUP DISCUSSION WITH TBAs: KENYA

FGD:#	
Number of Participants:	
Location:	

TBA Ideal Behaviors:

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community.
- Actively participate as part of the maternal care team during pregnancy, birth, and early postpartum period (first week after birth) along with a skilled provider whenever possible.
- Function as a “link care provider”- link women and families to the closest source of skilled obstetric care.
- When attending a birth without skilled attendant present, recognize complications during birth and early postpartum and influence family to seek timely care from the closest skilled attendant.
- Accompany women and families with obstetric complications to the nearest skilled provider, and actively participate in their home-based follow-up care.
- Assist in community dissemination and acceptance of “link behaviors” and “link care providers.”

Research Objectives:

To explore TBAs perceptions of the advantages of TBA care and skilled care

To determine TBAs perspective on “service conditions” in homes where they assist births and how “enabling environment” could be improved

To investigate current practice of TBAs in treating or referring when complications occur

To determine TBA perspective on reasons behind household and community level delays in seeking skilled care for normal births and in obstetric emergencies, and on provider/facility factors influencing timely receipt of quality obstetric care; their perception of facility/provider barriers, motivators, willingness of providers to change

To determine TBAs awareness of the need for and content of early postpartum care (at 1 and 2 weeks following birth); when and what TBAs do now during first week after birth; get ideas on how early postpartum care coverage (both in-home and by a skilled provider in facility) could be increased

To explore the concept of TBAs as link care providers; motivations, constraints, consequences and to determine whether TBAs believe repositioning them as “links to skilled care” and support providers is acceptable/feasible to TBAs and women and families; explore in-depth perceived barriers, motivators, enabling factors

To understand the TBA perspective on who comprises their own social networks; the social networks of WRA in their district; social networks of elder female family influentials; social networks of husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved obstetric care practices.

This is part of a study to learn more about how we can help women be healthier in pregnancy and childbirth. We want to ask you about TBAs ideas on how communities can keep women healthy, because we know you are very important during childbirth.

Basic Line of Questioning	Probes
SKILLED ATTENDANCE AT BIRTH	
<ul style="list-style-type: none"> • What do TBAs think the reasons why women do or don't use TBAs? • What do TBAs think about the quality of care offered by "skilled providers" practicing in the community or facility? • Do TBAs think it would be good to promote the use of skilled attendance? Why/why not? 	
SKILLED CARE FOR OBSTETRIC EMERGENCIES	
<ul style="list-style-type: none"> • What do TBAs know about major obstetric complications and emergencies? What do they do, treat or refer? • What factors do TBAs think contribute to household and community level delays in seeking and reaching skilled care? What are their roles in the delay and the roles of other household and community influentials? • Do TBAs think there are delays in after a woman gets to a facility? What are the delays? Why do they happen? 	
EARLY POSTPARTUM CARE	
<ul style="list-style-type: none"> • After birth, do TBAs see the woman again? Why? When? What for? • Do TBAs see a need for routine early postpartum care after perceived normal birth by skilled providers, if no there is no problem? What kind of care? By who? • Is there a perceived need for early postpartum care if there are complications in new mother or newborn? What kind of care? By who? • Do TBAs think they could have a role in increasing use of skilled postpartum care at home? In the community? At a facility? 	

CONCEPT TESTING: TBA AS LINK CARE PROVIDER	
<ul style="list-style-type: none"> • Would the TBA consider/accept new role of TBA as “link care provider” in support role compared to primary childbirth care provider now? Why/ why not? • Would the women and family accept new role of TBA? • What do TBAs think the costs and consequences as serving in the new role as “link-care provider” would be? • Is there anything that would make you want to change to be a link care provider? 	
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS	
<ul style="list-style-type: none"> • Do TBAs hang out with other TBAs? Where do you see each other? Are there groups or activities that TBAs belong to or attend? How often? • Is there anyone who TBAs listen well to? • Is there a head TBA? How can you tell they are a lead TBA? • Is there anyone in particular that most TBAs admire and listen to? Who? Why? • How can we tap into the identified social networks to rapidly spread information and change behaviors about skilled attendance? • How can awareness of the need and benefits of skilled care be increased through existing and new channels? 	

COMPLICATIONS NARRATIVE

IN DEPTH INTERVIEW WITH WOMEN/ FAMILIES OF WOMEN WITH OBSTETRIC COMPLICATIONS IN PAST 6 MONTHS: KENYA

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:	
Name and relationship of Family members:	
Location:	
Delivery Date/ Complication Date (approx):	
Parity of Woman:	
Closest BEOC referral facility (1/5/far):	
Closest CEOC referral facility (1/5/far):	
Facility actually used:	
Nearest TBA:	
Distance of woman’s home from closest referral facility:	
Distance of TBA home from closest referral facility:	

WRA/Pregnant Woman /New Mother/Family Members 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, and
- Family 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.

QUESTIONS PER TOPIC AREA

Notes for the Interviewer

Two models will be used as the basis for the complication narratives:

- *The “Three Delays” Model (Delay in Seeking, Reaching, Receiving Lifesaving Care), and*
- *The “Pathway to Survival” (Recognizing Complication, Deciding to Seek Care/Access to Care, Reaching Care, Receiving Quality Care)*

Recognition of Obstetric Complications

Notes for the Interviewer

Key ideas to explore:

- *What obstetric problem do women and families perceive to be dangerous enough to require additional help/skilled care?*
- *When does the discussion about obstetric complication start? Who is involved?*

Where did this birth take place (before the complication started, where was the birth begun)?

Who was with you at the time of your birth?

Who was there to help start with the delivery of the baby?

When were the signs of a problem with the birth first recognized?

Who recognized the problem first?

How long did it take from when you, your family or helper first thought something might be wrong until they were absolutely certain that the problem was serious enough to need additional help?

Careseeking Decision Making

Notes for the Interviewer

Key ideas to explore:

- *Who participates in the decision to seek additional care? Who actually makes the final decision?*
- *What is the exact sequence of steps in obstetric emergencies careseeking and the timing of those steps?*
- *At what point does the “movement toward skilled care” actually take place?*

Who decided you needed help?

Did everyone agree you needed help? What kind of help? Why?

What did the decision makers do to get you the help you needed?

What happened first? Next?

How long did it take TO DECIDE WHAT TO DO?

Reaching Skilled Care Source

Notes for the Interviewer

Key ideas to explore:

- *The first answers may or may not be a skilled care source, as many families seek multiple other types of care options before deciding to try a skilled care provider - be sure to document ALL of the types and locations of care the woman was exposed to, in the proper sequence, and how long each care-reaching step took.*
- *Probe specific transport delays, delays in locating care provider, etc.*

Once it was agreed that you needed extra help, and the decision of what to do to get you the extra care you needed, how long did it take to reach the first place they took you for help?

Did you get the help you needed there?

If not, what happened next?

Repeat for each step in reaching skilled care.

Receiving Quality Care from Skilled Provider

Notes for the Interviewer

Key ideas to explore:

- *What are their perceptions of quality of care at referral level facility*
- *What are the real and perceived costs involved with receiving skilled care for complications? Consequences?*

When you reached the facility/skilled provider, what happened first?

Did you get the care you needed? How long did it take?

Who provided that care?

What type of care did you receive?

Did you have to pay for any of that care, or for other costs once you got to the facility/ skilled care provider?

Were there good things about the care you received?

Were there any bad things about the care you received?

Is there anything you would do differently if this happened in your family again? What, why?

Is there anything that you would suggest other women with obstetric complications should do if this happened again? What, why?

Follow - Up Care

Notes for the Interviewer

Key ideas to explore:

- *What are the perceptions of quality of care after the complication or emergency (post-treatment or discharge care)?*

After you received treatment, and the emergency was over, how long did you stay with the skilled provider/in the facility?

Did anyone talk to you while you were there about what was wrong with you? Who? What did they tell you?

Did anyone talk to you before you left to go home about what you should do when you got home to be sure that your treatment was finished? Who? What?

Did anyone tell you that you need to come back to be checked, or when you should come back? Who? When?

Did you get any other advice? From whom?

How did you get back home? How much did it cost?

So altogether, it cost about how much to get the help that you needed?

And altogether, it took about how long?

Thank you, thank you, drink tea, goodbye

APPENDIX IV:
Sample of BCI Strategy Formulation Grid

APPENDIX IV: Sample of BCI Strategy Formulation Grid

BEHAVIOR CHANGE INTERVENTION (BCI) STRATEGY

Theme: _____

Target Group: _____

[illegible]

APPENDIX V:

Lexicon of Terms

APPENDIX V: Lexicon of Terms

English	Dholuo	Meaning
1st trimester	dweche adek mokungo mar ich	
2nd trimester	dweche angwen nyaka awuchiel mar ich	
3rd trimester	dweche abiriego nyaka ochiko mar ich	
abortion	ich mowuok	
after birth	bang'nyuol	
afterbirth (placenta)	thuon, biero	
amniotic sac	fuko opuyo	
anesthesia	yath ma miyo ngatonindo ka iyange	
anemia	koso remo	
antenatal care	dhi e klinik ka iyach/ thieth ma chako	
antenatal care	thieth kapok o nyuol	
antenatal clinic	klinik mar mine mapek	
antibiotics	yedhe yamo	
anticipate	geno	
appearance	kaka ochal	
arm presentation	bad nyathi ko telo	
authority	teko kuom	
baby dead in uterus	nyathi motho e ich	
bad roads	yore moko richo	
barrier	gima gengó	
bicycle taxi	ngware	
birth	nyuol	
birth complications	chandruok nyuol	
birth preparation	ikruok ni nyuol	
birth preparedness	ikruok ni nyuol ma bedie	
bladder	dag lach	
Bleeding during pregnancy	ich machuer	
blood	remo	

English	Dholuo	Meaning
blood pressure		
blood transfusion	medo remo	
born on the way	oyoo	
born when mother was accommodated	odak	
born with painful birth	oremo	
brave	jachir	
bravery	chir	
break the waters	toyo opuyo	
breast	thuno	
breastfeeding	dhath, dhuodho	
breastfeeding	dhoth	
breech pres.	odhoch	
bringing the child to the universe	goyo nyathi piny	
brother	owadu	
brother-in-law	owadgi jaodi	
bystander	ngoma achung'a chungá	
caesarean section	nyuol mar pala	
cervical dilation	yawruok mar tho mfuko	
cervix	ruoth	
chain of care	rit motudore	
cheaper to die at home		
check up	nonro	
childbirth	nyuol nyathi	
clear the path	yaw yoo	
clinical officer	laktar	
cold head		
community	gweng'	
consider	par ane	
contractions	muoch	

English	Dholuo	Meaning
cord around neck	owino	
cord presentation	rek otelo nenyathi	
cord prolapse	rek owuok otolo ne nyathi	
co-wife	nyiek	
danger	gima nyalo inyi	
death	tho	
decide	ng'ado	
decision	atua / ng'ado pachi	
deformity, disability	songa	
delay	deko	
delivery	nyuol	
Dholuo time divisions	see separate sheet	
dignity	luor mar ng'aro	
distance	mor mar piny	
doctor	laktar	
doctor's visit	primipara	
driver	jariembo	
dusk - visiting time	ang'ich welo	
early	chon / mo mondo	
early	chon / mo mondo	
early postpartum period	ndalo machon bang nyuol	
eclampsia	nyatong'tong	
eclampsia	rierok ma timore nikech remo ringo matek kuom dhako manyuol	
embarrassment	makuodo wich	
endanger		
episiotomy	ng'ado yor e nyuol	
evening visit time 6-dark	ang'ich welo	
events of delivery	aka nyuol obet	
expect	gen	

English	Dholuo	Meaning
expectations	geno	
facilitate		
false labour	muoch maok adieng'	
family	jo odi / anyuola	
fatalism		
father-in-law	wuon jaodi	
fear	luoro	
Fever	liel del/ del maliet	
first twin	opiyo	
first wife	mikayi	
Fistula	otuchi	
foetoscope	rapim nyathi e ich	
foetus	nyathi pod eni ich	
foul smelling lochia	remb dwe bang nyuol madam	
frank breech	odhoch chuthi	
friend	osiep	
gestation	ndalo ich	
glitch		
haemorrhoids	kuot mar thir	
heads that don't eat		
healer/doctor	jathieth	
healthy	magima	
heart hard as a stone		
helper	jakony	
hemorrhage	chuer	
high blood pressure	remo maringo matek	
homestead	dala	
honour	luor	
household	jo odi	
hurry	reti	

English	Dholuo	Meaning
husband	chuor, dichwa	
Hypertension	remo maringo matek	
imagine	pare	
infection	kama otop	
infertile	lurr, maok nyuol	
injection	sidan	
Intrauterine foetal death	nyathi moth e ich	
involution	dok matin mar mfuko bang nyuol	
iron tablets/vitamins	yiend medo remo	
is it clear	owinjore	
IV drip	medo pi e der	
junior co-wife	nyieki matin	
labor	muoch	
labor pains	muoch	
last menstrual period	remo mar dwe mogik	
late	molewo	
late birth	nyuol modeko	
leader	jatelo	
learner	japuonjore	
life threatening	manyalo ne gi piyo	
local obstetric illnesses	touche mag ich	
lochia	remb dwe bang nyuol	
making steps, improving	na goyo okang'	
malaria	malaria	
meconium	oyare ma nyathi peilo saa mo nyuolni	
menstrual cramps	sigeto	
menstrual period	dhi e dwe	
menstruate	chuer mar dwe	
midwife	nyamrerwa nyamrerni,jacholo	
miscarriage	ich mowuok	

English	Dholuo	Meaning
mother died in childbirth/father died during pregnancy	ojwang	
modesty	luor mari	
mother	mama	
mother-in-law	dayo	
natural	kaka ne ochweye	
neighbour	jirani / mo dak kodi inachiegni	
new mother	manyuru	
newborn	nyathi mayom	
normal delivery	nyuol maber	
norms	chike	
nurse	sista	
Obstetric equip. or procedure	gik mitiyogo ko inyuolnyathi	
obstructed labor	muoch mar chandruok	
on time	ewang saa	
one who advocates	ja chung'	
one who stands up for	jachung' ne ng'ato	
onset of labor	chak muoch	
optimism	nyimi yer	
options	yore mamoko	
Oxytocin	yath mamedo od nyathi kata muoch teko	
pain	rem	
pathway	yoo	
pave the way	yawo yoo	
perfunctory service	utho autha	
perineum	alur ma duong ngata	
pessimism	nyimi mudho	
placenta	biero, thuo	
placenta previa	biero telo ne nyathi	
placenta retained	obiero	

English	Dholuo	Meaning
plan (noun)	chenro	
plan (verb)	chano	
post partum period	dalo manyuru	
post term pregnancy	ich makalo dweche ochiko	
premature birth	nyuol ka ich pok ochapo dweche ochiko	
pre term labour	muoch ka ich pok ochapo dwechi ochiko	
preeclampsia	ringo matek ma remo ka ich	
pregnancy	ich	
pregnant woman	dhakoo mayach mapek	
premature birth	nyuol ka ndalo podi	
premature delivery	nyuol ka ndalo podi	
prepare (verb)	geng'o	
preparedness	ikruok	
prevent	gneg	
pride	sunga	
primipara	dhako mose nyuo dingeny	
primipara	nyot mahandia	
problems in pregnancy	thagruok mag ich	
process	yoo ma	
process of delivery, shake the baby	teng'o nyathi	
prolonged labour	muoch mobutho ahinya, mobarore	
provide for	chiwo ne	
puerperium	ndalo manyuru	
purification/cleansing	lero	
quickening	tugo nyathi e ich	
realize	twengo	
rectal fistula	otuchi e thir ng'ato	
rectal prolapse	thirne wuok	
rectum	thiir	
reluctance	samuoyo	

English	Dholuo	Meaning
retained placenta	biero motanre wuok bang nyuol	
routinely	pile	
ruptured uterus	od nyathi mayiech/ mobarore	
ruptured membranes	pimose tore	
rush	retgo	
second twin	odongo	
senior co-wife	nyieki maduong	
sepsis	kama otop	
shame	wich kuot	
show	remo gi pii pii kamuoch chakore	
shy	with kuot	
sister-in-law	nyamin jaodi	
skilled attendance	rit gi jo maa otiegore	
skilled care	anta gi jogo motiegore	
skilled care giver	sista kata laktar	
skilled childbirth care	thieth mar nyuol	
skilled provider	sista kata laktar	
stages of labor	okange mag muoch	
stillborn	nyathi motho e ich	
stitches	usi mothang'l	
strength	teko	
strong	motegno	
study (n)	puojowa	
survive	tony	
swelling	kuot	
swollen	mokuot	
swollen ankles	kuot gut tiendi	
TBA	nyamrerwa, Nyamrerni	
those who don't click (thick)	joma wigi ok chiem	
time sensitive	rito saa	

English	Dholuo	Meaning
time to cook and bathe kids	tek remon	
time to cook midday meal	oyiw	
time to cook midday meal	oyiw	
timely	wang saa tir	
to stand up for	chung' ne ng'ato	
too late	olewo ahinya	
too soon	piyo ahinya	
trainee	jatiegore	
transverse lie	nyathi onindo ariwa e ich	
treatment	athieth	
twins	rude	
umbilical cord	wino	
umbilicus	pel	
unbilical cord	rek	
understand		
urethra	wan lach	
uterine prolapse	mifuko ma olwar oko ma duong/ nyornyuol	
uterus	od nyathi	
vag. Bleeding during pregnancy	ich machuer	
vagina	yornyuol, ngony, ther	
vaginal bleeding		
vehicle	gari / nyamburko	
vesicovaginal fistula	otuchi kid duong gi thir ng'ato	
vulva	duong miyo	
water	pi	
worker	jatich	
you can't plan for what you haven't seen		
shooting abdominal pains	rariw	
	ongawo dhako ma nyuol	

English	Dholuo	Meaning
	onding'e pod yom nyalo muoch	
	wich ngich mar miyo	
	go nyathi piny	
	nenno malo	
	mako remo	
	pien bkin	
	jachien	
	ne an ombi kata ne podi atarora	
	jomoko tho athoya tho neno	
	igoyo duka neno piny	
	engima kipiny	
	idhano adhano	
	to tho to otho	
	anto utera ku (hospital) to idhinega	
	kamar tho to mar tho	
	kas to, kaaye to	
	fwenyo touche mopogore opogore	

APPENDIX VI:
Stages of Change (Sample Framework)

AUDIENCE: PREGNANT WOMEN

Ideal Behavior: Seek timely obstetric care from skilled provider for normal births; and for obstetric complications and emergencies

Stages of Change			Indicators	BCIs
I. Pre-contemplation	Unaware Hasn't thought about need to change behavior		<i>% ever thought about bp % ever thought about use of skilled care normal % ever thought about use of skilled care for obstetric (ob) complications % aware of need for bp, skilled care normal birth, skilled care ob comp</i>	Increase awareness/exposure, increase participation in events likely to stimulate dialogue on BP and skilled care Provide convincing "evidence", information on risks, benefits, consequences of use/non-use
II. Contemplation	Resistor Aware, unwilling to change behavior Neutral Aware, no opinion on behavior change Uncommitted Aware, willing to consider behavior change, but has not decided	Initiates/participates in dialogue about birth preparedness (BP) and skilled care use with husband, family unit Initiates/participates in dialogue about birth preparedness and skilled care use with skilled attendant	<i>% aware of need for bp, skilled care normal birth, skilled care ob comp % would consider bp, use of skilled care normal, use of skilled care for obstetric (ob) complications % initiated/participated in dialogue about BP/household % initiated/participated in dialogue about BP/skilled attendant</i>	Provide convincing "evidence", information on risks, benefits, consequences of use/non-use
III. Decision	Intender/Procrastinator Has decided to adopt new behavior but has not taken any specific actions toward change		<i>% intend to dialogue with family/skilled provider about BP % intend to obtain BP card %intend to use skilled care normal/skilled care ob comp</i>	Motivate to make definitive plan toward behavior change

IV. Action	<p>Planner Has decided to adopt behavior and begun specific planning toward behavior change</p> <p>Doer/ Attempted Has decided to adopt behavior and has tried the behavior but encountered barriers, did not succeed</p> <p>Doer/ Late</p> <p>Doer/ Successful Has decided to adopt behavior and has implemented/performed the behavior successfully</p>	<p>Obtained birth preparedness (BP) card</p> <p>Makes entries to fill all blank spaces on BP card – preferred attendant, preferred location, transport, costs, chaperone, compatible blood donor (if applicable)</p> <p>Initial link with skilled attendant at clinic or other location Clear plans for location of and specific attendant for birth</p> <p>Takes initial action to seek skilled care at onset of labor, encounters barriers, not successful</p> <p>Takes initial action to seek skilled care later in labor or after complication well established, does not succeed in timely use of care</p> <p>Succeeds in timely use of skilled care</p>	<p>% in possession of BP card</p> <p>% cards with at least one entry completed (# completed) % cards with all entries completed</p> <p>% actively linked with skilled attendant % with verifiable plan for use of skilled attendant % initiated skilled careseeking at onset of labor (within ...hours), regardless of outcome % initiated skilled careseeking, at onset, did not reach care % initiated skilled careseeking at onset, reached but did not receive care</p> <p>% initiated skilled careseeking late, did not reach care % initiated skilled careseeking late, reached but did not receive care % initiated skilled careseeking late, reached, received care but late</p> <p>% sought, reached, received skilled care</p> <p>% received skilled care from preferred attendant % received skilled care at preferred location</p>	<p>Assist in negotiation skills, developing clear BP action plan, identifying social support,</p> <p>Assist to develop feasible alternatives when barriers to BP/skilled care use are identified</p>
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V. Maintenance	Repeater Performs the behavior again at next opportunity Advisor Recommends behavior to friends, peers, others	Uses skilled care again for next birth Has recommended BP, skilled care use to others	% state will use skilled care again normal/ob comp % will recommend BP, skilled care use to friends, others % have recommended BP, skilled care use to friends, others (to whom)	<i>Reinforce behavior to encourage repeat</i> <i>Provide reminders</i>
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APPENDIX VII:
“Round Two” Complication Narratives Text

ROUND 2:1 GD BIRTH UNIT COMPLICATION NARRATIVE TRANSLATION

The husband of the woman in question is called.

After a good introduction, we will just go straight to the discussion.

We are interested in finding out how women's and babies' chances for survival can be made better when complications arise during and soon after birth. In order to do this, we first need to know more about how women and their families prepare for birth and what happens when women develop complications. As people who have been involved in assisting a woman in labor, your knowledge and opinions are important in learning what we need to know and what should be happening to improve the situation if possible.

So as we continue, we shall use this questionnaire as we proceed, because it will be our guideline in discussing these matters. So please be very free, so that we can help these women accordingly.

We want to start our discussion by first looking at the recognition of obstetric complications. This is because we have several headings and we want to tackle them step-by-step, so that we get every single information the way it was.

So we shall start by recognition, decision-making, care seeking, receiving the care, anywhere you received the care etc.

Tell us what happened during labor and birth.

Did you have any preparation?

Husband - Um. What happened during labor, no before labor started, she had several problems of different illness or infections. Her left thigh could not move and she said she felt something moving in the thigh. Then when it reached the day of labor, she had a lot of pain from the left side of her body to the breast. She could not even sleep well. So all along over the night, I kept on cooling the pain with warm water until 2:00 a.m. in the night when it became so serious.

At around that time 2:00 a.m. in the night she told me pain was moving to the stomach and she had a severe stomach pain.

But was there any preparation; after detecting possibility of complications, or generally any preparation?

Yes, I had preparation. Because even some things for delivery I had prepared i.e. the ones used in the hospital I had bought, and new layette.

Can you tell me once about lead up to labor?

In fact it was her thigh that had a severe pain. So when I tried the first aid with warm water it cooled though it was on and off, on and off.

So that problem started at around 7:00 p.m. in the evening, so it went that way until around 1:00 p.m. in the night, so when approaching 2:00 p.m. in the night she started complaining of stomach pain.

So because even me I was not experienced because I had not encountered any such problem as in I was newly married, and it was the first pregnancy for my wife as I didn't know a lot about those matters. So it forced me to run and awake my mother to help me or examine her to find out the problem.

Because me I thought that it could be normal labor pain or just normal stomachache.

When my mother woke up she came and examined her, but she only said that she was going to call her co-wife, who was like a TBA, that one sitted at the far end.

You see, we are talking about onset of labor, what about recognition of the complication?

The rest like the death of the child took place in the hospital.

But actually how did you recognize she had a problem?

You see that my stepmother sitted at the far end is like a TBA in this one area. So when she was called to check her, she was the first to bring to my attention that my wife might have a complication during delivery, that was already to her observation. Also depending on the kind of pains the woman was undergoing, following her observation, how the women was reacting and as it was getting too much, it forced me to go for my brother, because it was late in the night so that he could assist me to take the women to the other TBA who was more expert and experienced, that TBA's home was not very far.

So in other words, you are saying that you recognized the problem because you were with her in the house?

Yes, it was me, because as the owner of the patient I was present with her in the house. And also because it happened during the night.

What about some decisions made. How were decisions made?

The first decision we reached was to take her to a more expert TBA than the first one. So me together with my brother and my mother, we took her up to that TBA's home. We found her sleeping therefore we decided to wake her up. She examined her, opened her eyelids then she told her she was lacking blood and therefore she could not help deliver her and she also sympathized with her pain.

Next?

Yes, she told us that she was not able so we should take her to the district hospital.

So that was the action you took?

Yes, the action we took was to take her to TBA then later to the District Hospital.

Ok. While you took her to a TBA, was there any impediment you encountered?

Yes, she could not walk, she had a severe stomach pain and therefore she could not walk. She could walk and sit, walk and sit. She had so much pain.

But can you please tell us the choices you had?

We chose that we could take her to the District hospital to get help.

But can you remember all the process you went through before reaching district hospital?

The processes were not very many, it's only that she gave us a lot of difficulties on the way

because she could not walk properly, she was sitting down all the times, and sometimes we were just holding her to walk. So that made us take a lot of hours on the way before reaching district hospital.

How long did it take?

Almost three hours.

What was the outcome?

From TBA's home to the District Hospital took about 3 hours.

But from home to TBA's home, how long did it take?

It took about 2 hours.

Ok, let me say, when you went to your mother, brother and other members of the family, how long did it take?

Because we were in the same homestead, to alert them only took about 20 minutes.

Then did you leave immediately or was there any delay?

We just reached a solution, that we go taking her to TBA, so it was the sick woman who gave us difficulties because she could not walk properly. We had no means; we could not even get a car or a taxi as it was during the night and a bit far from town where we can get vehicles. The bicycle we had was also not there, because somebody had gone on a journey with it.

So the difficulty we got was that the patient was not able to walk properly.

What about you, my mother, can you tell us something small?

Mother-in-Law - Then I came and setting my eyes on her, I just said take her to the hospital. Me that was the remark I made.

The other mother, what about you, can you add something small?

Co-wife - Me, what I can say is that when I touched her, I found her unable and nearing but the time to deliver was not yet, I said she should be taken to the hospital.

I think we shall come to the hospital later; we are still exhausting the recognition of the problem. So I will come to the hospital later. So if I may ask again, what was the problem?

As in?

What was the problem?

She had twins.

Ok. You see somebody can have twins but she gives birth normally. So please that one cannot be a problem.

So please can you think about what the problem was?

The problem was lack of blood and infections, and also lack of strength and energy. And also its seems labor was taking too long.

So you see this is just her husband. What about you other family members, how did you know what was a problem?

This was because that day her husband had taken her to the hospital until she was admitted. Therefore when she was discharged, the doctors told the husband that the women lacked blood, but they could not do the transfusion because her days of delivery were drawing closer.

Ok. When there was a problem and people already knew that there was a problem, what was the scaring or triggering factor that made you fear and reacted very fast? What made you fear so much for the women's life?

The way were seeing her in agony and pain like not any other day before, we decided it is only better to give birth in the facility where somebody can be assisted in case of any outcome. So when it was realized that the blood was inadequate we had no alternative because it is only the hospital which transfusion can be done when the need arises.

In fact how did the family know there was a problem?

She did complain that she had a lot of stomach pains.

So during this time, the pain was different than any other day?

The pain was more different from any other day. This time it was so serious. So is also what brought a lot of worries and we thought anything different could happen, from normal pregnancy.

But when did this discussion about obstetric complications start?

The problem started seriously at 2:00 a.m. in the night seriously but we started talking about what to do at around 3:00 a.m. in the night.

You said it started a bit earlier but she was not ready to say. When was that?

Sunday.

Then she stayed with it?

Yes because she delivered on Monday evening.

So please, I want to know those who participated in this discussion?

Me as the husband, my brother. My real Mother, this my other stepmother and that other my stepmother. We were five in total.

So we are moving to section two, which is about care seeking decision-making.

Was skilled care perceived to be an option?

Yes.

Who participated in the decision to seek additional care?

The five I told you.

But who actually made the final decision?

It was my stepmother who sat at that far end. Because we thought that she would help her. But when she came she said that she was not able to help her, so she was actually who advised us to take her to the hospital.

Did you say she was a TBA?

Yes, she is a TBA.

But who again said that you should take her to another experienced TBA (Ka Pedha)

She was the patient herself. Because she thought she had a complication called by Luos as ("rariw" obstruction).

You said she had an obstruction?

Yes, so she thought it could be a problem during birth.

So please tell me something small about what happened at TBA's place? Before reaching the hospital?

After we left with my brother and the patient, it took us time to reach the TBA's house because the patient could not walk properly; we reached at around 4:00 a.m. in the night.

Roughly it could be how many hours?

Roughly it could be 1 hour.

Is it close or far?

It is not far but because the patient could not walk normally, we took that time. So when we reached it was night and people were sleeping so we had to wake her up. So when she woke up she asked about the Clinic book and I produced, then she examined her and said that she was lacking blood and she could not help deliver her because she did not know anything to do with blood transfusion and therefore she admitted that the women should be taken to the District Hospital immediately. Just immediately we were sent to the District Hospital.

So from Kapedha (TBA) to the District Hospital, how long did it take?

I think it could be 1½ hrs or 2 hrs.

But why do you think the patient just preferred the TBA first to the hospital?

I think this was according to the information she heard from those she helped delivered. She thought that the TBA could give somebody a traditional herb so that the delivery could be normal and the pain would not be very severe. I think that is why she admired with all her heart visiting TBA first.

Had TBA helped her before?

Yes that TBA was to give her herbs; and she was as her TBA. So I think that is why she proposed to visit the TBA first.

So you have said that she really liked the TBA, but why did she like her very much if you can add?

First she observed that the women who she was delivering didn't have problems. She also had a lot of advice for mothers, then she thought the TBA had a traditional herb to relieve the pain, and also to make the delivery very easy.

What about you my mother? Tell me something small. We agreed that all of us will discuss together to help these mothers. (laughter).

I think it was because she thought the women TBA was experienced with births and also that she had good traditional herbs to relieve the pain. I am saying this because, when I told her about the hospital, she only asked me that "where are you taking me to, which hospital?" Then I told her the District Hospital. Then she said that "I am not going there, first take me to Ka Apedha (TBA)". Then I repeated after her that "is it the TBA that you want first?" then she said "yes."

But did you ask her why she preferred TBA first, what did she say?

We didn't bother about that because with us what we wanted was to make her leave the home and after that even if those taking her could decide to take her direct to the hospital there was no question.

But with the saying in Luo that you do as the sick (patient) want that is what you do for her. So if she wanted to see the TBA first we had not alternative but to take her to the TBA first.

Thank you very much.

Now we want to talk about how you reached the hospital and the care you received, in the hospital. Let us talk about all the skilled care options, including choices, at the hospital.

You told me you started moving toward skilled care when and at what time?

It was Sunday dawn at around 4:00 a.m. And reached at around 6:00 a.m. in the morning of Monday.

Did you have any problem on the way for example any delay?

Yes, for example if you have such like problem you have to think about money first before anything because in the hospital they need money. So I had to look for some money and think of how to get the rest because automatically I knew hospital was expensive.

Now the problem mostly was means of transportation and therefore we just decided to trek (on foot) because we had no otherwise. And because the patient had a lot of pain she could not walk fast enough.

Any other delay like deciding?

No, after deciding we just left immediately. It is only that there was too much darkness.

Now we want to talk about receiving quality care from skilled providers.

What was the family's perceptions of quality of care at the referral level facility? You can

tell me step by step how you were received and how it ended?

When we arrived we found some nurses. But in the maternity ward there were many trainees. So we reached and immediately I approached one trainer, I told her that we have a patient and I believe she was also seeing a patient. During that time our patient was walking up and down because of the pain she was undergoing. So the first thing I was asked was whether I had things for delivery, then I told them I had them, because I had brought some of them.

So she was taken to another room for check-up to determine whether her delivery was nearer. The two trainees (students) took her to that room and in fact it's only them who can know what they did in that room.

So they decided that her time was not yet and at least she could wait outside for sometimes, though she was very tired.

Ok. If I may ask did you receive any care or any assistance from a trained nurse?

During that time I don't see any assistance they offered. But the ones who received them in the morning gave us assistance.

So during night or at dawn you were just told to wait?

We were just told to wait. So there was no assistance. Due to too much pain, the patient could just walk up and down, then after that she was taken to another room where women with first pregnancy are taken, so apart from that there was not any other assistance.

How long did it take when you reached the hospital to get the help you needed?

The ones who were on the night duty didn't assist us, they just told us to wait. So when it reached morning, the ones who relieved them came at around 8:00 a.m. in the morning.

So how did it proceed?

By the time the morning nurses came, my mom and brother had gone back home and I was alone because I thought any problem might arise which needed my assistance.

So these nurses examined her, and when I approached one of them, she told me that the patient could take a little bit longer; maybe she can deliver at around 11:00 a.m.

Because it was still morning, I decided to go back home to look for some money, so that in case of any problem, am not going without anything. The money could help me in case of any problem. As you know nowadays hospital is just a matter of money. No money no treatment even it is urgent. Because there are some things you will be required to purchase yourself. So it forced me to leave the patient alone, to go back home and look for some money that could assist me, in case of any problem.

From home I arrived at around 10:00 a.m. and I learned that she had not given birth. So I was with her until 2:00 when I decided to go for lunch in town. When I came from lunch I found that she had come from where she was, she had been transferred to the labor ward, where they usually give birth. By that time it was around 4:00 p.m. in the evening, so I decided to hang around though outside the room. After sometimes one of the nurses approached me and told me to at least have 3500 shillings because my patient could possibly go through operation (C/S). So I told her that me I only have 1,040 shillings.

Then she asked me if my home was far. Then I told her that home was far and she told me to wait, they would see what to do.

When you were told about operation, and the patient was lacking blood, did you have anybody to help with blood donation?

Yes, those who could donate blood were present. My brother and my sister were around.

Why do you think only your brothers could assist in donating blood?

That is because donating blood is not easy. Nobody accepts to donate blood unless you are very close. And that is why only relatives can volunteer, and they must be very close relatives. And that is why they came immediately after me as my brothers.

Which means you were really prepared after realizing that there was a problem, and you knew that blood could be needed?

Because of lack of blood, which of course we had known, and that is why we were prepared, that in case it's required, it would be available.

So you said that labor started at around 2:00 a.m. in the night and she got helped at around what time?

At around five o'clock in the evening.

Was she taken for C/S?

Oh no, it was not done.

So who helped her deliver?

It was just the nurses; because after she had been taken to the room I went and made a friendship with one of the nurses, so she is the one who came and informed me when she was now just about to deliver. She explained problems to me, that the first kid was coming with the legs first, which became a little bit difficult. The trainees were also present in the room; two male nurses and two female nurses but the remainders were trainees. So the one I had talked to who was my friend, explained again that the kid was coming with the legs first. Then I told her that you as skilled attendant you can handle that please assist me.

So please can you tell me the conditions of the newborn (kids)?

The first kid was alive thought very weak; her condition was not good, she look like she had very many deformations. Because she took a long time in the womb after labor (prolonged labor) and I think the way the legs came out first. After a short while, one trainee came to me and told me that, the other one, because they were twins was already dead. Then she told me the room, the dead one was taken. Just immediately another nurse came and told me they needed blood immediately, because my patient was in very bad condition. I rushed to look for my brothers where I had left them; because this was the time I really needed their help. However I found them gone because they thought delivery was going to be normal. I went to lab, and fortunately I found my former schoolmate who was working late in the lab. So I consulted him on how I could get blood because my patient's condition was worsening. And also there is a nurse who is working in Ward 1 so I also asked her how I could get blood very quickly because my patient's condition was worsening. So because I was the only one around I decided to be the donor. My wife's blood was being grouped, as I went on with the process of donating.

So after I donated it was grouped and unfortunately my blood was not compatible with my wife's blood. She had a blood group A+ and I had a B-, so I was told that my blood could not be used

in that case. They asked me if I could get anybody else, then I told them presently no, because those my brothers had gone back home. Being that the patient was also in a bad condition, I asked them how they could assist me with the blood. I even offered if possible to buy blood to assist my patient. So I went back to my friend in the lab, then he told me to go and tell the nurse in charge to come and sign for the blood.

On my way I met the same nurse, and she told me to wait a bit, because the patient was under I.V. (she was being added water).

So I went back to the lab to inform my friend about what I had been told. So he also told me that his time was just about done and that anytime the need for blood arrives we can just go to the lab and get the blood.

Which means that by the time you were told that blood was urgently needed, it took time again?

It took about 20 minutes.

It means she also bleeds during delivery or you were not told?

That one I was not told, but I think it did happen, because after that even here at home she is still bleeding.

So the problem of bleeding is still continuing?

That problem of bleeding is still continuing even now. Though she was given some drugs in the hospital but if she doesn't take bleeding becomes very serious.

So it seems bleeding brings another serious problem?

It brings another problem because if somebody lacks blood, and she continues to bleed then all blood will be gone.

How long did you take in the hospital?

We took four days, that was up to Thursday. Though we were told to go back in case of another problem.

So you as a family, what was your perceptions of the quality of care at the referral facility?

The care received in the hospital was good, because according to her complication, she could have died.

You told us that after the hospital she was taken to other places and even now she is not present?

Yes she is not here now. After coming home, she took all the drugs she was given. The day she finished taking the medicine, she took another day without taking the medicine though I was not present that day, and when I came back home she told me that she was feeling a lot of pain in the stomach. That was three days later, so I decided to go and buy those medicine because I didn't have money to take her back to the hospital.

You just decided on your own without consulting a doctor?

Yes, I just decided on my own. There was no doctor consulted.

What happened next?

She took the medicines I brought for her, and actually that night she was relieved. After that she really bleed, though I was thinking that after birth those are blood that must come out. After two days other infections came, like she was complaining that something was moving in the left side and she felt a lot of pain in the breast. By now she was also coughing. These are some of the problems she has even as we are now speaking. Even right now.

So it means there has been several complication after birth, and she has been sickly all along?

She has never been relieved after birth; she has sick from the time up to now.

This is why you thought of taking her?

On Saturday I went to church, then I was called from the church that her illness was serious. They told me to see the condition even if it means taking her to the hospital. When I came I found her in real pain. Then I told her that it was better to go to the hospital.

She accepted, so together with my brother we set out for the hospital; on reaching the road, the patient told us that it is better to be taken to the prayer people. Some prayer people were conducting these prayers in the hill (he pointed to the hill). So we decided to take her there. From there we came back home.

You told me that who proposed going to the prayer people?

The patient herself. She said she can go to the hospital later after prayer.

Why was she seeing difficulty going to the hospital?

She said she could reach the hospital when she was in great pain. So she thought at least prayer could reduce pain. So when going to the hospital she would be a bit better.

So what means did you use to reach the hill (the prayer people)?

We just walked up to that place.

Was it far?

It was not very far; it is up there in the hill (pointing at the hill).

Approximately what time did you take?

We took about one hour. When time for services was over, we came back home but they claimed that they are coming with us at home to pray for us. So they were to come in the evening to pray for us. By evening they came through she was still in pain. So she was prayed for and after they left my brother consulted me that he can see the condition is growing worse and it needed the hospital attention.

When we reached the road, it was late in the evening, so we decided that being a weekend we would not get any proper attention in the hospital and therefore we decided to go back home so that we try the following day very early in the morning.

So you went back home with the patient?

Yes, we went back home with the patient.

You spent another night at home?

Yes, we spent another night at home.

Then the following day in the morning?

At night my brother decided that we should take her the following day in the morning to a private clinic (unqualified personnel). He has a private clinic nearby. So that could check on her. So that day in the morning (Sunday) I took her to clinic.

He prescribed some drugs and around 18 injections, he told me that the patient was supposed to be injected for about one week. So she was given some injections together with tablets and syrup. We went back though no change, despite the injections given.

Because if you are with the patient, people do come with different ideas. Some people come as prayer persons. Some came and told me that maybe she is bewitched (involving hands of a human-being) so we should try other means together with the hospital. They thought it was the devil.

So thereafter we decided to take her to a certain Mother in Makongeni who is a prayer person. So that Sunday she stayed there, and when I asked her condition she said there was no better improvement.

When I met back that was on Tuesday (yesterday). Yesterday roughly at around noon she told me she was still in pain. In the neighborhood I had a friend who suggested we should take her to another private clinic. Because that time we thought we could not get (the owner of the first clinic). So we thought he would give her some drugs to reduce the pain.

It means that in the prayer place, you didn't get much assistance?

We didn't get help.

You told us you took her to the district hospital, have you done any follow-up?

Not yet.

So you have done no follow-up because I think you were told to go back in case of any problem is it?

Yes, we were told to go back in case of any problem but we have not gone back.

We are about coming to an end and I thank you very much for your cooperation. But you told me that the children died, what do you think could have made a difference?

All this could have not happened, if she could have got good care in the clinic, because she was attending clinic. (ANC) Me, myself I don't see any proper teachings, though she was going to the (ANC) I don't see any proper teaching to help such like matters.

Ok, at what point during the process would a different action or decision on events have enabled the mother and the babies to survive. And more so for the mother not to have these multiple problems after birth?

I think because she was with the nurses, they could have decided very quickly because I had handed her for them. They could even have taken her for C/S me as the owner of the patient, I could have not resisted. And I think that could have saved the lives of the children. They took a long time in the womb but that didn't happen.

You think if that was done, the children could have survived?

I think if that was done, this child could have not taken much time in the womb, and if it was for survival they could have survived.

I can see we are through. But if somebody among us has something about this to add, you are at liberty to add something small. Oh brother you have taken long before taking, please give us something small.

Me, I don't have much to add, but the husband might have a lot to say.

Your presence is very important please, give us something small?

Husband's Brother - If we could have known before, we could have taken her to the hospital, even before the day of delivery so that she could be observed there earlier enough. But another problem, we didn't know her date of delivery. And also we were not given any advice before by the time she was attending clinics. So I think she could have been given proper advice and thorough check up, it could be of great help.

Maybe this could be very last question? You told us that, all the places you have tried, the patient has not been helped? If so, do you think of taking her anywhere else for example to a referral facility (hospital) to see a gynecologist for proper check-up? Do you have anything like that in mind?

I think by now that is the last resort, and that is where we think we will take her. And if I find the condition still worse, I will take her to the district hospital, and I think I would see a gynecologist, to do for her proper check up.

(Another person) Even me when I went there in the morning (Mother-in-law) I found her still not very ok. His mother (mother to the husband) has also gone to check her condition. And I think she can get helped in a big hospital, because even me I was seriously sick and I got help in the hospital. So I think that is the right place.

Lastly, how much money do you think you used in the hospital?

I think including every cost it is around shillings 15,000 (fifteen thousand) (approximately \$200.00 US)

We thank you very much for your cooperation and God bless you so much. We do hope we will meet again.

Goodbye.

ROUND 2:4 GD BIRTH UNIT COMPLICATION NARRATIVE TRANSLATION

This is Tom Celestine conducting a GD Birth Unit complication on 25th January 2002.

We are in HomaBay District, East Gem location talking to the about complication.

Just as we have said, we found that you are the people who were there during the labor and actual delivery of your daughter, how she was taken to hospital, we have concluded that you are the right people who can talk about this issue.

More so, having delivered a number of children here at home I hope you know much about what it entails and the possible problems/complications during this period.

We are grateful to have you here with us so that we may talk about these complications and even how to go about them.

To start with, we are going to subdivide all these, into sections of which we are going to start with the signs of labor and complication. I know there is signs that if you experienced people can see you will automatically know that is labor. After that we are going to look into steps taken and the delays at every stage. How you recognized the complication, which helped in decision making on maybe how to take her to hospital etc. all these we are going to know and how they took place. All the levels where she was referred to, and the follow-ups as you know the doctor must advise you on which date/day to go back for treatment or checkup and finally what could have been done, so the complication could not have occurred.

To set us off, we are going to ask about the preparations you made for your daughter.

Tell us what happened during labor and preparation for birth?

Mother: Now let me just narrate to you what took place – all responded yes!!!
Her labor started on a Sabbath that is on Saturday night, it started at around eight o'clock in the evening (8:00 pm) and the father was not in. He later arrived.

He entered when she was telling me that she is not feeling well "I'm feeling stomach pains" but it was at night.

Now since we are far from the hospital and it's also dark we thought that we are not going to be with this child here at home.

That is why we decided to take her to the nearest TBA who was not all that far from our home. So we took off, I, her younger sister and a relative to the woman's home.

We left a message with the younger sister that if she deliver at night or not she should come and inform us very early in the morning.

When the day broke, I woke very early in the morning at about six o'clock and started cleaning the surroundings. I saw her coming, and she told me that she has not yet delivered.

Here I left all that I was doing and start arranging on how we can go to the hospital. We only took her to the TBAs because it was dark and even the vehicles are not there.

When I came back, I told her father that she has not yet delivered so we go and take her to the hospital.

How far is the TBAs home from here?

A bit far!!
Reasonably far!!

Did you walk up to her home?

Yes, we walked.

How long did you take walking?

We took about one and half hours.

Was there any preparation you made as per this issue?

Yes, there was. We had kept some money because labour can start anytime and also it was her first pregnancy which could not be handled at home. Other small things were also there.

When was the complication recognized?

By the time we went there (Homa Bay) when we were called, we saw that she cannot deliver. We told the TBA that we are taking her to the hospital Homa Bay. She told us to wait for sometimes. This is when I told her that we just brought her here because it was late and now we have to take her to the hospital and also there were no vehicles.

Did she spend the night? At the TBAs home?

Yes, and now the following day is when she was taken to Homa Bay which was on a Sunday.

How did you come to realize that she had a complication, as most girls are always shy?

Mother – A girl child is always free with the mother and so there is nothing she can hide from her.

Now what made us to take her to the hospital is that she was being told to push and there was nothing which could have made her deliver.

Where was this taking place?

This was taking place very early in the morning and now looking for the car is what delayed us most.

How did you decide to go to the TBA?

We decided to take her to the TBA because it was dark and cannot get a vehicle. So we decided to walk slowly until we reached the home because the home was nearer than Rangwe Health Centre.

Was there any problem as you were going to the TBA?

The only problem we encountered was that the road was slippery so we kept on sliding but all these we left in the hands of God.

What was the complication?

We realized that the baby was too big to pass through; this is what we were told in the hospital. She could not deliver. She was pushing and nothing happened. The baby was too big.

Father – Even at the hospital the sister/nurses tried but nothing happened. She was even taken for a small minor operation and still could not work. This is when they decided that she must be taken for an operation in order to spare her life.

We still want to know about what happened at the TBA, can you tell us what happened?

Mother – The TBA when assisting somebody, they only tell you to push, push, and push!! Here when the baby is to come out it will just come out. In this case, it was not coming out so it must just be taken to the hospital.

This is the problem I realized. She (the women) also asked those people “how do you push”? She had never had it before. The TBA insisted that she is the one who is not pushing.

Did the TBAs give her any herb/drugs?

I think she was given but I didn't see. Money is what she did not ask.

Before reaching the hospital, we have realized that these are different places where people seek help. Did you go for prayers?

When she conceived she was only going for clinics mostly Ndine Health Centre and occasionally at Rangwe Health Centre. We were also praying because we believe in God.

Did the TBA give up?

Yes.

Who decided that you go to the hospital?

Father said I. The TBA was still insisting that the girl is the one refusing to push due to shyness. Another problem that may result into death was lack of means of transport. All the vehicles can only be got at Rangwe.

How far is Rangwe?

It is far but I don't know the exact distance. It is a two-hour walk. For my case I got a vehicle from one of us in the village who had come from Nairobi. I approached him and narrated to him the whole thing. He agreed to help me so we drove to the TBA's home to take the lady to Homa Bay. We left at around eleven o'clock (11:00am). Another problem was getting to the main road from the TBA's home.

At what time did you leave the TBA's home?

At around 11:00 am.

How long did you take to reach Homa Bay District Hospital?

We took about one and half hours. This was due to the break down on the car we were traveling in. It developed some mechanical problems. The driver took us into another van which drove us to the hospital; here I may say we also wasted some minutes.

At what time did you reach the hospital?

It was at around 2:00 pm.

Were you attended to immediately?

When we reached the hospital, the TBA, and the other women just took her to the labor ward and they just started attending to her. Even the nurses at first thought she will just deliver.

Father: I went back to the driver because I had not paid him. Before long somebody was sent that I'm needed as the father. When I came they told me that they have tried but in vain. I also saw them trying but the baby was not coming.

How long did they take?

They tried until 5:00 pm in the evening at this point the nurse in charge told me that for them to save her life, she have to be taken to theatre for operation.

Who was to take her to theatre?

The doctor was there. He is the one who helped us, there were equipments to be bought for the operation to be conducted; etc. thread, knife (incising knife) and many more.

Where did you get them?

At this point, I had only a small amount of money. At the hospital also there were no thread left and this forced me to go and buy it outside where it cost more than nine hundred shilling. I used all the money I had and later told them to just whatever they had and to include it in the bill.

Was this the only treatment given to you?

When she was taken to theatre, she was added a problem that she never had before. This I only realized when we were about to leave is when the nurse who was responsible for the ward called me.

While she was undergoing the operation, the doctor touched the urinal duct and so the urine was just flowing freely with out break. This I was told that can only be handled in Kisumu (Russia) so this is the problem she encountered at the District Hospital.

What about the baby?

Since she was taken for an operation after a number of delays, the baby came out when she was almost dead, immediately she was out, it died.

Who buried the baby?

Father – I'm the person who went to the country council and bought a small portion where she was buried and they gave me a permit – the mother was just in the hospital because she could not even stand.

After operation, how long did you take in the hospital?

When we had been given discharge, we were told to go back for check-up. We went back on the day we were to report back but the doctor who was to handle our case was not in (it was a Thursday) people were also many. After waiting for long, we decided to go back home. Her case was getting more serious in that water was just flowing even when asleep. This we saw to be dangerous as it could result into death.

Father – Something to add, since we never knew what was happening in the theatre room,

sister-in-charge of the ward called me as the father and revealed to me what had happened which she told me she could not have told us earlier but now we have to know about it.

The store for urine was “disturbed” and so the urine was just flowing without break. This we can’t rectify here in Homa Bay, it can only be handled either in Kisumu or Kenyatta Hospital, only those two places.

In Russia we had a family friend who came to pay us a visit because he knew of our case. He said he knew of a doctor in Russia who can help us; from there we just made the arrangements on how we can meet.

Would you tell us how you were handled in Kisumu?

We reached Kisumu in the evening when doctors have already closed, so we went to sleep at Mr. Seniors’ place. The following day we went to the hospital to see the doctor, I also had the “letters” from Homa Bay (health records). From here we were told that the three months have to elapse before we could be given more treatment. Because of this we could not leave her in the ward, I decided to take her to a relative nearby as we wait for the remaining days. For me, I decided to go back home first.

When we went back so that they could start handling her, we were told that one of the two doctors who were to handle her case lost a husband so she is away for a week arranging for the burial. Here again we took her back because of bill that may increase.

Now the days we were told had gone so we sent back. On this day all of them were there. She went for check-up and the result was that she was improving.

After this, she was not recommended for the next operation in order to correct the defect that was made during the first operation. From here, we just decided to be in the hospital however high the bill may be. She took one week and went for check-up again.

Mother – She was treated and here she was to take sixteen days in bed. During the sixteen days she was told to only take milk and juice and sometimes porridge.

How did you see the care in the Homa Bay facility?

Mother – I can’t say it was bad, simply because in this facility is where her life was saved. The only problem was this part which was interfered with. It gave us more problems on the side of money.

What about the care in Kisumu prov. Hospital?

The care we received in Kisumu was very good because even the place, which was interfered with in Homa Bay, was corrected.

What were the total costs involved with receiving skilled care for complications?

The total expense was approximately shs 35,000.

Did you go back to the hospital?

Mother – We went to Homa Bay but never got anybody. After this we decided not to go back because even our case we were told that cannot be handled there.

In Kisumu we went back for examination, which was done nicely. We were told to go back after

six months incase nothing serious happened. We went and all was good. The doctor said that she was okay and could handle some duties that do not require much.

What do you think that if it could have been done the baby could not have died?

If there could have been no delays right from home to the hospital. I hope the baby could not have died. The TBA also wasted most of her time doing nothing.

What do you think could have been done to save the complication?

If we could have gone to the hospital straight away. Another big problem is the distance to the hospital. The problems normally start at night.

ROUND 2:8 GD-BIRTH UNIT COMPLICATION NARRATIVE TRANSLATION

This is GD-Birth Unit Complication Narrative. Tom and Edward, today is 24th January 2002, Homabay District. Gem West location. We are talking with the family concerning death due to birth complication.

As we know you are the people who were around when the problem took place. You as elder women you know about giving birth. So we would like to know what happened and how you tried to assist until you didn't succeed and death occurred. So we have come to discuss and share with you. So that in case this happens again you can know what to do to prevent death. So we are going to ask you questions about the woman's death. So it's concerning problems when women are in labor, delivery and after delivery. We will also talk about how and when you know there was a problem. Who decided? What action did you take and how it ended?

Can you tell me what happened? Let's just have a conversation. How labor start and what followed?

What I can say about her is she was a visitor. She had not been here for long. She came here on 17th July 2001. So since she came until her death, she had stayed with us for only three months. She was pregnant when she came. She could complain of stomach pain.

Was that labor pains?

No, it was just pain. So she had a TBA nearby. The TBA said it was RARIW when she consulted her. She had not attended ANC. When she consulted her. She had not attended ANC. When I told her to go for ANC she wasn't willing.

Why was she not willing to go for ANC?

She was not willing. I don't know why. When she came I asked her how old is the pregnancy and she told me she was 3 months pregnant. So I advised her to tell the husband to give her money to go for ANC, but she just kept quite and nothing happened.

So you saw she was not willing?

Yes.

As the father-in-law, did you see this?

Yes.

What do you think why she's not willing to go to hospital?

I was just surprised and nothing to say.

Why she was not willing to go for ANC? Most women in this are not willing to attend ANC. Some when they are about to delivery they attend ANC twice only and they deliver. Maybe that's why she's not willing to go. Also it depends with where she comes from. Maybe women were not attending ANC.

Is it because she didn't know the goodness of ANC?

So it was difficult for me to force her to go.

So can you tell me if you had any preparation when labor started?

When labor started?

Yes.

When labor started she complained of pains, but it was labor.

Any preparation for labor?

No, she only complained of pain in the tummy and her lower back.

You as a family, what did you prepare for deliver? You have found out there's a problem and she's in pain.

When we found out there's a problem we called her TBA who lives nearby. When the TBA came she was defeated so we went to Got (Clinic).

Can you please explain what happened when problem started?

When she started to labor?

What did you do? What did you decide?

We decided that.

Start from when labor started?

Labor started at seven.

Seven o'clock?

Labor started at 7 am.

What day was it?

What day was it? Monday, It was Monday.

You said what time?

It was morning. Then the pain stopped and she didn't tell us.

When did the problem start? When you thought it was serious and you called the TBA.

It was in the evening.

What time is the evening?

It was around She labored slightly and kept quite. She slept in her bedroom, when you talk to her she just kept quite.

So she labored until evening?

Yes, she said when the pain was too much.

How did you find out?

We had to find out because she stayed in her house for long. I asked why she's in her house for long. When I asked her why she was in-doors she said she had back pains.

So what did you decide?

So we decided in the morning that this was labor pain. Let's got up hill because we can't go to Homabay because she doesn't have a clinic card. So we decide to go up hill first to get a clinic card.

Is that Rangwe Health Center?

Yes, so that we are free to go to any hospital we want.

So you took another action after making a decision?

We took action after Rangwe. In Rangwe, we were told she was due and we can take her to Homabay or Asumbi.

So you went on Tuesday?

Yes, we went on Tuesday.

What time did you go on Tuesday?

Tuesday morning. (To Rangwe)

You went in the morning?

Yes.

Later you returned home?

Yes, we returned home because we didn't have enough money. We could not go to Homabay or Asumbi without money. Because recently I was in Homabay District hospital my child had a road accident. So I know what Homabay is. I only had 100 shillings, which is only enough for transport and when you reach the hospital immediately money is needed. So I decided to return home and look for money. Because of the child who was in hospital I'd sold all my cattle.

When he returned my son went to look for money while I wash clothes. We returned late because on our way we stopped at another home to rest and they gave us porridge. So in case he gets money we can go to HomaBay. But also we thought there's no vehicle at night. My son looked for money for a long time. When he returned, he found the wife had delivered.

He returned late on Tuesday?

Yes, he returned late. He returned when it was dark. Was it 9 o'clock? It was 8 o'clock. She delivered when he was not around.

Okay.

The husband returned when she had delivered.

Okay. What was the problem?

The problem was after is had delivered. The people who were there saw that the placenta was retained.

So the placenta refuse to come out?

Yes, it refused to come out.

The baby just came out?

Very well, after the baby came out she said she didn't have enough breath (less air). So we ran and brought porridge but still she was not well we ran and brought fresh milk but she was still getting weak and the placenta also is still inside. Even the TBA is a trained one was unable and could not accept to call another TBA. When she was defeated she told us to look for an alternative. I just left.

When did she start to remove the placenta?

She delivered her some minutes to 8 o'clock. She was with her all this time.

Was it 8 in the morning or evening?

At night.

She tried until what time?

She was with her 2 hours then at the third hour she told me that she's defeated, we look for an alternative.

She tried for about 3 hours, still she was defeated?

Yes, I was forced to enter the room now.

Why were you forced to enter?

We were not allowed to enter the room.

Why?

Because as a mother-in-law, if you enter where your daughter-in-law is giving birth you will slow the process.

The placenta can't come out?

Yes, (laughs) also the baby can't come out fast.

Is this what all Luos believe?

Am surprised, I don't know, so I was refused to enter.

So any other person was not to enter?

Any who is a mother-in-law can't enter.

I thought this is her co-wife?

This is her mother-in-law (2nd wife to the father-in-law)

So this is also a mother-in-law?

Yes, we were not allowed to enter.

Okay, you told me how the family knew about the problem. Are you the ones who inquired?

Yes.

When the placenta refused to come out, did you discuss and decide what you should do?

Yes, they talked when the placenta couldn't come out and still looking for a TBA.

Who discussed?

It was her TBA.

You as a family, did you discuss about it?

We discussed it like this, when it couldn't come out and it was dark and as people know different types of herbs, so I was told to run and go look for someone who has a different herb so that we can give this girl for the placenta to come out. We have tried using all the ways of removing it but has refused. Immediately, I left with the others.

I was sleeping, I was sick.

When I left with another sister of mine, we left the TBA with her. So I went to the next home and woke-up the lady. Then she told me that it was very dark outside, but I told her the moon was shining bright. So we walked to Ranbach where we searched for the herb and couldn't get it and time was moving. To me she was searching slowly.

Were you searching for the herb in the house?

We were searching so that if we get it, it can save the girl and the placenta can come out and we can look for a way to take her to the hospital.

So you said the TBA is the one who talked?

The TBA was there. When she was defeated and I was told to run and get herbs, the place I went I couldn't get so I ran to the next place because I returned home but didn't enter the house. When I just reached the next place, I heard noise from the people I left a behind and they screaming (crying loudly), I got so confused.

How long did you search for the herb?

It was a very short time, about half an hour.

When this girl developed complication, was the TBA present?

Yes, she was present.

Can you tell me what the TBA did and how long she took?

What she was doing, she was alone in the house.

Can you say what kind of medicine did she use?

She can't tell you, because it is soaked in water and what she does she did it in the house alone. She is the one who picks it (herb); grinds it and you bring a cup of water and she soaks it, so you can't know how it looks like.

Are these TBAs near you or you go looking for them?

They are near but you have to go for them.

Who went to get the TBA?

She was the girl's aunt. (Sister to her father).

She was her aunt?

Yes.

How was she (TBA) got?

She was called because she knew but this girl had pressed through her place and also returned later.

Who went to pick her (TBA)?

The girl went to call her.

No, you see, when this girl saw that

That one, I went myself.

What really shocked you very much?

What shocked me very much? What shocked me very much and made me go there? When the baby was out, so I was forced to run to her because she was just a TBA and I wanted to see what can be done.

So can you explain to me how she tried to assist and was defeated and talked you what to do?

It took a short time because this girl delivered about 8 p.m. and took about 2 hours only.

Was there only other TBA who came to see?

No, she was the only one.

Her alone?

Yes.

She was the one who tried and was defeated?

Yes, she tried but was impossible.

Did she advise you to go to the hospital?

She when we returned, that's when we were looking for money so we were looking for money to go to hospital when the money was found she delivered then. So when she delivered and death followed.

You said it was at night?

Yes, it was night. Here since someone was killed, there's no vehicles at night.

What about if you have a problem?

We are not near the road and also Ranque is far. There are no vehicles at night, it's not easy.

After this girl delivered what happened? Cutting the cord?

The cord had been cut using a blade.

Immediately?

Yes, they cut the cord immediately because they saw the girl was not doing fine. They cut it when I was not there, when I returned from the next home, I found people crying and the baby has been separated from the mother.

Placenta was retained?

The placenta couldn't come out and it seems she was fighting with death. When I left she wrestled with them and they wondered what was wrong with her but it was a sign of death.

You said the baby was fine but the placenta couldn't come out?

Yes, it couldn't come out.

What about her breathe?

It was on and off and sometimes..... The TBA told us immediately the baby came out she starting having breathing problems that's when they brought her porridge and milk, but still her breath was reducing more.

How long did it take from when the TBA started to assist her to deliver? To remove the placenta and it refused to come out? Because you told me she labored for one day before delivery?

When she started to labor she didn't tell anyone.

She just kept quite?

She was in labor but was moving with the pain. Most women when are in labor, they usually move with the pain thinking it's just a pain or any sickness.

Was she shy?

Yes, she feared to say.

Because you were with her how long did it take?

If I can count the days, when we observed her and knew she was in labor, it was two days only.

When she wanted to deliver was there any sign?

Could she tell you the signs?

No you have delivered, or she didn't want you to see her?

She couldn't say. When the pain was too much for her that is when we realized it was labor, because she was trying to hide it from us.

(Laughs) How long did it take from when you notice because you know a woman should not labor for long okay? How long did the TBA struggled with her? Because you were not allowed to enter her house.

She took a short time and we entered.

So did you see any sign?

No sign, I just saw a lot of water come out as usual.

It was 7 p.m.?

Yes, it was some minutes to 8 p.m.

When the baby was born?

Yes.

What about the placenta?

It took almost an hour.

When the TBA was struggling with her, did she advise you to take her to the hospital?

When she was struggling with her, she was telling us that all will be well and the placenta is almost coming out.

So she (TBA) was just encouraging you?

She said its almost, its almost and it was at night and we are far from the road. You see where you come from? Ranqwe.

When you went to Ranqwe and you were told this lady is due take her to hospital. Did the TBA come and examine her and saw that they'll be a complication?

The people in Ranqwe Health Center are the ones who told us to take her to the hospital, she's due.

The TBA didn't tell you anything?

She didn't tell us anything.

There's no decision she made?

No decision.

In the Health Center you were told to take her to hospital but you come back here?

We returned home because I didn't have money. So that's why we came back home.

You also told us she was unwilling to attend ANC?

Yes, that is why we went to the Center to get a letter from the clinic. Then when we returned home she had dirty clothes so I decided to wash while they were looking for money.

So it was money, which made you not go to the hospital?

Yes, when the money was got, that is when she also delivered.

When the placenta couldn't come out, why didn't you take her to hospital?

When something like that happens you can't think well because the TBA was present and was encouraging us by saying the baby is out it's only the placenta which is about to come and also I was not allowed to be there.

So she (TBA) was just using her herbs to remove the placenta?

Yes.

The treatment, which the TBA gave, although the lady died, do you think the treatment was good or how was it?

Nothing because she came and assisted but in the end we remain empty handed.

Can you tell us what the girl said before she died?

I wasn't there. I can't because I was not there. I was asleep. I had a headache. Even when they were going to the hospital, they left me here sleeping. My head was really aching.

How did she die?

When she was dying I was seated out here. I was just shocked. It was at night. I was seated under this tree. Then she (wife) went to look for herbs. I heard her saying she went in the first place she searched using a lamp but didn't get any. She then went to the second place. Then I heard screams. Is she dead? I stood up and went there but they told me you can't go there she's naked so I was escorted back.

At that time, was the husband there?

The husband was there; he ate there and then came to my house. He then followed the mother. They went to look for the herbs.

The husband was not there when she died?

Yes, the TBA was also waiting.

How long did she suffer before she died?

Suffer? Just a day when it reached morning she was taken to Ranqwe. Then they came back because of money. When we're looking for money, so by morning we would have taken her to Asego so because it was night we needed a vehicle to take her to the bus stop Obsala. Do you know Obsala Stage? You passed it.

From here to the bus-stage Obsala how far is it?

It's a bit far.

How many kilometers?

When you have a vehicle or you are strong to carry her on a bicycle. Here it's really a problem. Getting a vehicle also is a big problem.

How long can you take? These are what brings delays if you are walking slowly with your patient how long to you take? You walk with the patient uphill to Ranqwe?

When they went uphill to Ranqwe, they walked slowly and having breaks on the way. She couldn't walk on.

When they went uphill (Ranqwe), she was given any treatment?

No, she was treated. She was treated. She was given one injection.

So they then referred you?

Yes, because they were just nurses. They can't do anything.

The baby survived, who cared for her?

She was cared for by the father and another young girl I stay with. So I instructed what is to be done.

And then?

We cared until the baby was three months.

Then she died?

Yes, later she died. The baby was fine. We approached an orphanage. The orphanage people told us that we were suppose to take the baby immediately, the mother died. It's an orphanage for full-gospel church. They took her for examination in Tabaka.

You returned with the baby?

We just went to enquire. She was examined with other 12 children. They always have 15 children only. He went with his father (the baby's granny) so it was not possible. So the baby was there with us and her death was a surprise because she wasn't sick. I left her going to a funeral in Karachuenyo when I came back the baby was dead. She must have died at 7 a.m. When I was leaving, I'd prepared her things because they can't. I always prepare myself.

You are allowed to prepare her things as a granny?

Preparing is okay but I can't touch or carry her.

You said she died without being sick?

Yes, she wasn't suppose to die.

She just died?

When I returned, I found her dead. She was fed then she slept.

She was found dead in her bed?

She was laid and covered well, when they went to check on her she was dead.

Without being sick?

She ate as usual; you know when someone is sick they lose appetite. She died at one month.
1m/3m?

You know as Luos we teach each other, why were you not allowed to touch/carry the baby?

The reason why a granny can't touch the baby is because she's still in the homestead (meaning she still sexually active). For someone to care for the baby like me, immediately she was born I had to breast feed her and immediately I stop sexual relationship, which was very difficult.

So it's hard to leave home (to stop sexual relationship)? (Laughs)

As I am the eldest wife, I can just stop but the problem is with the younger wife and our husband.

You are the eldest wife?

Yes.

How many wives?

We are two.

So it's very difficult to stop as an eldest wife and the second wife is still young?

Yes, this is the problem; it's a war.

You really looked for herbs to save the lady with the TBA. Was the woman buried with the placenta? What happened?

It was removed.

Then she was buried?

Yes.

How was it removed?

When it was being removed, I was not there.

You were not allowed to be there?

Yes, I was not allowed, she was with her granny. We were chased away.

Which granny?

This one is our granny.

So you were not allowed?

Yes.

How did the placenta come out and it had refused to come out?

I don't know. I was very surprised. I heard them saying it was so easy to remove. So I didn't understand how easy it was.

So you didn't call the skilled attendants to remove it?

The skilled attendants were called to remove it.

So it is the skilled attendants who removed it? Did you know how they removed it?

No, I don't know.

So the TBA was unable to remove it?

The TBA, I don't know because when she was defeated and she was asked about their training and was told to remove it, she started to move away slowly until she disappears which resulted to death. It was a big issue and it was discussed how she run away. It was really an issue.

Did you pay the skilled attendants? When they removed the placenta?

Yes.

What did you pay them? We also want to know about the expenses of calling TBA. How much was it?

About payment, it's this brother (her husband) who can tell you. He's the one who could pay. I didn't have money.

What you paid the TBA from when labor started until the complication? How much can it be? How much money?

For removing the placenta?

Yes, for removing the placenta?

For the TBA and the hospital, when she goes with the husband.

As your son, he has to tell you?

The children of nowadays can't tell you. They don't say what they pay.

If you think how much can it be?

The skilled attendant was paid 100 shillings.

How much can it be for a case of death?

It's little because when we went to hospital, it was very little.

Maybe you don't have money. Did you think of selling anything or can your family assist someone if they have a patient?

The family here don't help, it's your own problem. They don't help.

What about if there's a death?

A help like contribution?

Yes, for funeral arrangement.

You contribute yourself.

What do you think about all process you followed which could have prevented the mother or child to die? What would you have done?

For what?

For the process, you see the girl died. What would have been done differently to prevent the death of mother and child?

I can't answer because I don't know.

And you, what would you have done for this not to be done?

When this happened, I started to think that if this girl was in hospital and maybe she was dehydrated they could have put her on IV and she could have gained strength. So this is what I thought of.

What else could have saved the situation?

What could have also brought a change is that at the doctors could have examined her and knows what to do with her.

So you wished you went to the hospital?

Yes, I wished because if she could have survived until morning she could be there (hospital) but death doesn't know.

Death is very bad. You can say if I knew I would have done like this.

I was unable. I was not feeling well. I was sick at that time. I tried to think but was unable. We had sold everything for the kid who was knocked by a vehicle. Then this happened so soon. The kid had just came back home. So we didn't have any fast way to help. You could go to someone to lend you but it was not easy, some thought you will not pay or some just refused you. So all these caused the problem in this community for people like us who don't have any earning. So you can't go to hospital immediately, even if your child just died because of money.

You look for help all sides when you return you find she's dead. So this is the main problem.

So this is what happened?

Yes, if we had it (money) you move very fast. Even she could have come back here. They could have just sent someone to come for the money and leave her by the roadside and when a vehicle comes she's taken to the hospital. The money needed in hospital is also a lot (laughs) if you have a big cow. Recently when my boy was knocked down by a vehicle it's very expensive. You know you people work there. Without money, it's impossible you can die. Who will treat you? When you are there, they always ask you for money. Go and buy this, buy this medicine, go for x-ray. You can die. You can be helped but because of money you can die.

When did this girl die?

She died last year (tone is low due to sadness). This year, which has ended, it was.....

You said it was December?

She was married in July and died in October (tone is low due to sadness)

She died in October. How many months?

Three months ago, she died in the third month.

Since she died, how many months? Three? Four?

It's three, two? Three? Yes, three.

We are about to finish. We are very thankful, anyone with anything to add to what we have been discussing or anything we have left behind and you want to share concerning this girl's death?

We just want what can console us. So you people are the ones who can help us. You as people who help you can tell us the correct procedures because things like this are there daily. No one knows like how I have a headache within no time, it can be very serious.

Do you have anything you want to know or say concerning the girl's death?

You can advise us in what to do if this happens again. When this death happened, I was so affected and frightened in my life because this is the first daughter-in-law in my homestead. So I was with her shortly and she really liked me. So most of the times can be frightening. Someone dies, even you don't know her mother, you have not seen her father not even her siblings. It's a very big shame. I always think will this also happen to the next one who will come. Am so disturbed. Am not settled. (No peace in mind).

We are very sorry Mana, to remind you about the past. We are very thankful for talking to us. Thank you.