

COMPLICATION NARRATIVE: IN DEPTH INTERVIEW WITH WOMAN WITH OBSTETRIC COMPLICATIONS IN PAST 6 MONTHS
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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 (near/far):	
Closest CEOC referral facility (near/far):	
Facility actually used:	
Nearest TBA:	
Distance of woman’s home from closest referral facility:	
Distance of TBA home from closest referral facility:	

New Mother 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.

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.

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?*
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- 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?

Care-Seeking 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 care-seeking 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

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 the extra care was made, 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?
- What time did each step happen?

Repeat for each step in reaching skilled care.

Receiving Skilled Care

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 time did you receive 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, about how much did it cost to get the help that you needed?
 - And altogether, about how long did it take?

Thank you.