Appendices

Appendix1 : Exit Interview questionnaires

Name of District	
Name of Block	
Date and time of Interview	
Age in years	
Gravida	
Qualification	
Employment status	
No. of live children	
Husband's qualification	
Husband's employment status	

Antenatal Client Exit Interview-1

OUESTIONIARIES

Please tick only one box in each item.

ANC1	Were you happy with the arrangement of your antenatal visit?	Yes (1)		No (0) 🗆
ANC2	How well did you get on with your carer?	Very well (1)		onably (2) []	Not very well (3)
ANC3	Waiting time at clinic	Far too lor (3)	U	t too ng (2)	Happy with waiting time (1)
ANC4	Preferred level of continuity of care	-	(1) oup of but did	3 – 4 po I not mi	eople (2)
ANC5	Would you mind male carer checking you?	Yes (1)	No	o (0) 🗌	

ANC6	How satisfied are you with information about preparation for labour?	- Very satisfied (1)
		- Satisfied (2)
		- Dissatisfied (3)
		- Very dissatisfied (4)
ANC7	Did the clinic provide ANC class?	Yes (1) No (0)
ANC8	Did you visit the labour room in the hospital?	Yes (1)
		No opportunity (2)
	***	Not necessary (3)
ANC9	Did you enjoy your carer	Yes(1) No (0)
ANC10	Did you want to see a doctor but did not?	Yes (1)
ANC11	Where would you prefer to deliver?	Home (9) Hospital (5)
ANC12	Do you know when is your next visit	Yes (1) . No (0)

0.0

Appendix 2 : ANC observation Forms

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ANC13	Is the patient received warmly.	Yes (1)	No (0) 🗌
ANC14	History taking and recording done properly.	Yes (1)	No (0) 🗌
ANC15	Examined height.	Yes (1)	No (0)
ANC16	Examined weight	Yes (1)	No (0)
ANC17	Examined Anaemia	Yes (1)	No (0)
ANC18	Examined oedema	Yes (1)	No (0)
ANC19	Blood pressure recorded?	Yes (1)	No (0) 🗌
ANC20	Urine for albumin and sugar examined?	Yes (1)	No (0)
ANC21	Abdominal examination done well?	Yes (1)	No (0) 🗌
ANC22	ANC record complete and accurate?	Yes (1)	No (0) 🗌
ANC23	Provided TT with accurate schedule and technique?	Yes (1)	No (0) 🗌
ANC24	Provided Iron folic acid as per requirement?	Yes (1)	No (0) 🗌

ANC OBSERVATION-2

Appendix 3 : Delivery Observation Form

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MC1	Equipment adequately received.	Yes (1)	No (0) 🗌
MC2	All instruments for labour are sterile.	Yes (1)	No (0) 🗌
MC3	Maintained properly.	Yes (1)	No (0)
MC4	Adequate supply of gloves.	Yes (1)	No (0)
MC5	Drugs in required quantities.	Yes (1)	No (0) 🗌
MC6	Emergency equipments easily accessible.	Yes (1)	No (0)
MC7	Never run short of emergency drugs like methylergometrine of oxytoxic	Yes (1)	No (0) 🗌

OBSERVATION FOR MATERNITY CARE EQUIPMENT AND DRUGS -1

OBSERVATION OF MATERNITY CARE PROVISION -2

MC8	Seen by a doctor upon admission.	Yes (1)	No (0) 🗌
MC9	Labour been monitor using partogram.	Yes (1)	No (0) 🗌
MC10	Client prepared for any eventuality.	Yes (1)	No (0) 🗌
MC11	Checked for anaemia.	Yes (1)	No (0) 🗌
MC12	Blood grouping done & blood bank informed.	Yes (1)	No (0) 🗌
MC13	Delivery conducted with good care.	Yes (1)	No (0) 🗌
MC14	Cord cut and cared with complete sterility.	Yes (1)	No (0) 🗌
MC15	Perennial care done adequately after delivery.	Yes (1) 🗌	No (0) 🗌
MC16	Client well comforted during and after delivery.	Yes (1)	No (0) 🗌
MC17	Staffs never get annoyed when the patient cries with pain.	Yes (1)	No (0) 🗌
MC18	Patient counselled well for postnatal follow-up.	Yes (1)	No (0) 🗌

Appendix 4 : High Risk Screening Form

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High Risk

- Age < 15 yrs. Or > 35 yrs
- Prime gravida (elderly prime) > 30 yrs
- Height <140 cm
- Grand multi para P 5 & above
- Past History
 - PPH
 - Retained placenta
 - Still birth
 - LSCS

Present PET PV bleeding

Medical History

- Heart disease
- Diabetes
- Other medical problem HIV Jaundice Liver failure Renal failure

BP 140/90 and above

HB < 8 gm</th>Oedema +Sugar +Albumin +Positionoblique & breech

Appendix 5 : Guidelines for Focus Group Discussions

FOCUS GROUP DISCUSSION GUIDE

No of participants	-	10 persons (5 from ANC and 5 from Maternity)
Moderator	÷	Mr. Kado Zangpo, Chief Research Officer, Dept of Health.
Note taker	-	2 persons
Date of interview	-	

Points for discussion

1. Technical.

- 1.1 Regarding the contents of ANC.
- 1.2 No. of visits required against actual implementation.
- 1.3 Cards do address the required information for both clients and carers.
- 1.4 Cards do not sufficiently address the referral needs of clients.
- 1.5 Risk detection by ANC not adequate.
- 1.6 Prediction of delivery complications by ANC not useful.
- 1.7 Some of the ANC procedures not required and redundant.

2. <u>Skills</u>

- 2.1 In which areas skills need to be updated.
- 2.2 How can training of the staffs increase trained deliveries?
- 2.3 What is the participants' view on the ANC in predicting the delivery complications?
- 2.4 What extra inputs are necessary to make ANC more proactive so that women would like to come to hospitals and ask for more assistance from trained personals?
- 2.5 How can we improve the referral mechanism between ANC and maternity care?
- 2.6 In the participants opinion is the Health School curriculum satisfactory to meet the increasing demand?
- 2.7 How can delivery of ANC services be better with the limited resources as of now?

3. General focus

- 3.1 Opinion of the participants regarding the attitude of the clients towards ANC.
- 3.2 General behaviour and attitude of the staffs towards the ANC services and maternity services.
- 3.3 Remarks on the administration like supplies, staff incentives etc.

Appendix 6 : Guidelines for In-depth Interviews

In-depth interview guide

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This will be conducted with a postnatal mother who has just delivered in JDWNRH Maternity Ward with complete series of ANC at antenatal clinic.

- 1. Name of the interviewer -
- 2. Date of interview

<u>General Guide</u>

- It will be aimed at general satisfaction level of the mother.
- To find the perception, regarding the quality of care and safe delivery of the mother.
- To know, the attitude and behaviour of the staffs, while dealing with the patient in the maternity ward.
- To find out the mother's knowledge regarding care of newborn and also to find out the choice of her carer (male or female) during the delivery.
- To find out some of the reasons why according to her most of the women deliver at home assisted by some one who is not trained to deliver.
- To find out some of the most important means to motivate women to utilize hospitals and health facilities for the purpose of delivery.
- To find out from her some of the ways to improve the ANC and maternity services in future.

Appendix 7: Approval and clearance letters

२भयास्वात्वज्ञागल्टः **ROYAL GOVERNMENT OF BHUTAN** MINISTRY OF HEALTH & EDUCATION HEALTH DEPARTMENT קאיקבייטאיקב או THIMPHU PO BOX 108 231.491 Ref. No. 1(6)DHS/2001/ 6052 January 8. 2002 То The Offtg. Superintendent JDW/NEH Thimphu. Sir. As we have received a letter from Samlee Plianbangchang, M.D., Dr. P.H. Dean saying that Dr. Dorji Wangchuk who is presently doing his Master Degree on Public Health at Chulalongkom University, Bangkok would like to do a study on the field of Antenatal Care in DWNR Hospital. Please provide him all the necessary support to enable him to complete his proposal. This is for your kind information and necessary action. Yours faithfully, (Dr. Tshering Director Copy to:

4.

 Samlee Plianbangchang, M.D., Dr. P.H. Dean, the College of Public Health, Chulalongkom University, Bangkok for kind information.

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Curricula Vitae

Name	Dr(med) Dorji Wangchuk
Date of Birth	: 15. 06.1956
Nationality	Bhutanese
Education	: ISC -12, Sherubtse College Kanglung, Bhutan.
	MBBS, Medical College Rohtak, Haryana, India

Work Experience :

March 1985-September.1986	- Trashigang Hospital
	(General Duty Medical Officer)
October 1986- June 1987	- Thimphu Hospital
	(General Duty Medical Officer)
July 1987-December 1987	- Royal Institute of Health Sciences
	(Medical officer cum Tutor)
January 1988-December1999	- Samdrup Jonglkar Hospital
	(District Medical officer)
January.2000. till date	- National Referral Hospital
	(Superintendent).