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Assessing the feasibility of home administration of misoprostol in the prevention of postpartum hemorrhage in rural Pakistan

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Assessing the Feasibility of Home Administration of Misoprostol in the Prevention of Postpartum Hemorrhage in Rural Pakistan

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Assessing the Feasibility of Home Administration of Misoprostol in the Prevention of Postpartum Hemorrhage in Rural Pakistan

Ali Mohammad Mir

Abdul Wajid

Sadaf Gull

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TABLE OF CONTENTS

Acknowledgments.....	vi
Abbreviations /Acronyms	vii
Executive Summary.....	ix
Study Design/Methodology	ix
Results.....	x
Recommendations	xii
Chapter 1. Introduction	1
Background	1
Context.....	2
Goal and Objectives	3
Study Parameters.....	4
Limitations of the Study.....	14
Chapter 2. Characteristics of Participants.....	15
Characteristics of Women	15
Characteristics of Birth Attendants.....	19
Chapter Summary	21
Chapter 3. Knowledge: Postpartum Hemorrhage and Misoprostol.....	23
Women’s Knowledge	23
Birth Attendants’ Knowledge.....	26
Chapter Summary	26
Chapter 4. Misoprostol Use: Safety, Acceptability, Referral	27
Safety	27
Acceptability	28
Referrals.....	30
Chapter Summary	32
Chapter 5. Discussion and Recommendations	33
Discussion	33
Recommendations	36
Bibliography	37
Annex	41
Annexure 1. Mobile Network	41
Annexure 2: Referral Form	42
Annexure 3: Pregnant Woman Registration Form	43
Annexure 4: Serious Adverse Event Report.....	45
Annexure 5: Timeline.....	46
Annexure 6: Study Team Members	47
Annexure 7: Characteristics of Dadu and Khanewal districts.....	48
Annexure 8: IBR Approval Letter	49
Annexure 9: Maps of Khanewal and Dadu Districts	50
Annexure 10: Questionnaires	52

List of Tables

Table 1.1: Number of study participants who completed specified questionnaires/forms, according to areas	14
Table 2.1: Percentage distribution of husbands, by areas, according to occupation.....	17
Table 2.2: Percentage distribution of women, by areas, according to live births, stillbirths, abortions and antenatal care visits	18
Table 2.3: Percentage distribution of women, by areas, according to who provided their antenatal care.....	19
Table 2.4: Percentage distribution of women, by areas, according to checkup components	19
Table 2.5: Percentage distribution of birth attendants, by areas, according to type.....	20
Table 2.6: Percentage distribution of birth attendants, by areas, according to sociodemographic variables	20
Table 3.1: Percentage distribution of women, by areas, according to perceptions and knowledge about postpartum hemorrhage	24
Table 3.2: Percentage distribution of women, by areas, according to knowledge about causes of PPH*	25
Table 3.3: Percent distribution of women in intervention areas, according to knowledge about misoprostol	25
Table 3.4: Percentage distribution of birth attendants, by areas, according to knowledge about PPH and misoprostol	26
Table 4.1: Distribution of women according to misoprostol use and other variables	27
Table 4.2: Distribution of women who used misoprostol, according to variables of use	28
Table 4.3: Distribution of women who used misoprostol and delivered at home, according to variables indicating acceptability of misoprostol	29
Table 4.4: Distribution of women, according to the main reason for not taking misoprostol	29
Table 4.5: Distribution of women, according to the amount (in Pakistan rupees) they would be willing to pay for misoprostol, by district	29
Table 4.6: Distribution of PPH referrals and deaths (as percents of all referrals and all deaths), by areas.....	30
Table 4.7: Distribution of women who had home deliveries, by areas, according to perception of excessive postpartum vaginal bleeding, by areas.....	30
Table 4.8: Distribution of women who had home deliveries, by correct intake, incorrect intake and no intake of misoprostol tablets, according to perception of excessive postpartum vaginal bleeding.....	31
Table 4.9: Distribution of all referrals in intervention and comparison areas, by cause.....	31

List of Figures

Figure 1.1: Study profile of pregnant women in Dadu and Khanewal districts	6
Figure 1.2: Pictorial booklet/Pictorial instructional leaflet enclosed with CDKs	11
Figure 2.1: Percentage distribution of women, by areas, according to age groups.....	15
Figure 2.2: Percentage distribution of women, by areas, according to education	16
Figure 2.3: Percentage distribution of husbands, by areas, according to education	17
Figure 2.4: Percentage distribution of birth attendants, by areas, according years of work experience ..	21

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ABBREVIATIONS /ACRONYMS

AMTSL	Active Management of the Third Stage of Labor	PDHS	Pakistan Demographic and Health Survey
APH	Antepartum Hemorrhage	PKR	Pakistan Rupees
BHU	Basic Health Unit	PPH	Postpartum Hemorrhage
CBI	Community-Based Intervention	PSLM	Pakistan Social & Living Standards Measurement Survey
CDK	Clean Delivery Kit	RH	Reproductive Health
CMW	Community Midwife	SAE	Serious Adverse Event
DHQ	District Headquarter	SBA	Skilled Birth Attendant
EmONC	Emergency Obstetric and Neonatal Care	SMART	Safe Motherhood Applied Research and Training
GoP	Government of Pakistan	SPSS	Statistical Package for Social Sciences
IEC	Information, Education and Communication	TAG	Technical Advisory Group
IRB	Institutional Review Board	TBA	Traditional Birth Attendant
IV Drip	Intravenous Drip	THQ	Tehsil Headquarter
KAB	Knowledge, Attitude and Behavior	TT	Tetanus Toxoid Vaccination
LHV	Lady Health Visitor	UC	Union Council
LHW	Lady Health Worker	UNFPA	United Nation Population Fund
MNCH	Maternal, Neonatal and Child Health	UNICEF	United Nation Children's Fund
MNH	Maternal and Neonatal Health	USAID	United States Agency for International Development
MMR	Maternal Mortality Ratio	USP	United States Pharmacopoeia
MOH	Ministry of Health	VSI	Venture Strategies Innovations
NPFP&PHC	National Program for Family Planning and Primary Health Care	WHO	World Health Organization
OR	Operations Research	WMO	Woman Medical Officer
PAIMAN	Pakistan Initiative for Mothers and Newborns		

EXECUTIVE SUMMARY

According to the Pakistan Demographic and Health Survey (PDHS) 2006-07, the maternal mortality ratio for Pakistan is reported at 276 per 100,000 live births (NIPS and Macro International, 2008). In rural areas, this figure is 319 per 100,000 live births. The PDHS 2006-07 also showed that postpartum hemorrhage was the most common cause of maternal deaths (27.2 percent). Around two-thirds of all births in Pakistan take place at home, where a traditional birth attendant (TBA or *dai*) or a family member usually attends the delivery (NIPS and Macro International, 2008). In Pakistan, owing to limited access to health facilities, about 61 percent of deliveries are conducted by unskilled birth attendants within home settings.

This operations research project was carried out by the Population Council as part of the Pakistan Initiative for Mothers and Newborns (PAIMAN) project funded by the United States Agency for International Development (USAID). The overall goal of the project was to test the feasibility of administering misoprostol for the prevention of PPH in a home setting through community-based healthcare providers, including traditional birth attendants (*dais*), or family members, in two districts of Pakistan.

The study was conducted to document the feasibility of distribution of misoprostol by community health workers in a home setting and to assess the acceptability and use of the drug by pregnant women for the prevention of PPH when administered at home. Besides this, to identify the common side effects of misoprostol and determine the reduction in demand for referral due to PPH after oral ingestion of misoprostol.

Study Design/Methodology

This operations research (OR) was conducted in Dadu district, Sindh province, and Khanewal district, Punjab province. The quasi-experimental design used for this study comprised of intervention and comparison areas. Data collection was carried out from November 2009 to June 2010 using a number of data collection tools.

The study consisted of two phases: the first phase involved community awareness and community education, through counseling, and the second involved data collection. During community awareness and registration of the women, each identified pregnant woman and her family members, in the comparison and intervention areas, were given a briefing about birth preparedness and danger signs during pregnancy, delivery and the postpartum period. For women in the intervention areas, the briefing also included information about misoprostol. For all identified pregnant women, these initial briefings were designed to help them make a well-informed decision about whether to participate in the study or not.

Later, two counseling sessions were held with the eligible pregnant women from the intervention and comparison areas who participated in the study. The first session was conducted one month before each

woman's expected delivery date and the second was 15 days before delivery. Information on the same topics that had been touched on in the initial briefings was presented during each of the counseling sessions/visits. During the second visit, clean delivery kits were given to the women in both areas. The clean delivery kits for the women in the intervention areas contained three tablets of 200 micrograms of misoprostol each, along with a pictorial instructional leaflet. For this research, VSI Venture Strategies Innovations donated 6,000 misoprostol tablets. The clean delivery kits given to the women in the comparison areas did not include misoprostol tablets.

The 566 birth attendants identified by the pregnant women as the people expected to carry out their deliveries were given a one-day interactive training. Each person identified as an expected birth attendant, whether a TBA or a family member, was also given a clean delivery kit (with misoprostol in the intervention areas and without misoprostol in the comparison areas).

Results

Characteristics of the Women

Out of a sample of 872 women in the intervention areas and 826 women in the comparison areas who had initially agreed to participate in the study, the mean age in both areas was 28 years. Mean education in the intervention areas was 1.7 years; it was 1.3 years in the comparison areas. The mean number of live births was 3.0 in the intervention areas and 2.8 in the comparison areas. Nearly half of the respondents in both areas had made at least one antenatal visit. More than two-fifths of the husbands, in both intervention and comparison areas, were uneducated (41 and 47 percent respectively).

Characteristics of the Birth Attendants

About 80 percent of the birth attendants in both the intervention and comparison areas were traditional birth attendants/dais. MBBS doctors made up the second largest group of attendants: 6 percent in the intervention areas and 10 percent in the comparison areas. More than half of the birth attendants in both areas were 45-64 years of age, fairly evenly split between 45-54 and 55-64. Just over 70 percent of the birth attendants in both areas were uneducated, as most were traditional birth attendants (TBAs). A major proportion of birth attendants were currently married: 65 percent - intervention areas; 58 percent - comparison areas. Widows were the second most common group in both areas; very few birth attendants were single or separated.

Knowledge of Respondents

Women in the intervention areas were provided a briefing on misoprostol's advantages and use during the initial community awareness and registration session. When the study participants were interviewed one month before their expected delivery date to ascertain how much of the information they had retained, 95 percent of the women in the intervention areas mentioned that tablets taken orally could prevent PPH. About 52 percent of these women were able to recall that the name of the drug was misoprostol. Among those who knew about misoprostol, 92 percent knew how to use it correctly.

Knowledge of Birth Attendants

Almost all of the birth attendants in both intervention and comparison areas (around 95 percent) knew how to recognize postpartum hemorrhage. Over half of the birth attendants (60 percent) could recall the name of the tablets (misoprostol). Almost all (98 percent) of the birth attendants knew, correctly, that misoprostol should be administered immediately after delivery of the baby and before delivery of the placenta. About 78 percent of the birth attendants knew that shivering is one of the side effects of misoprostol and 67 percent knew about fever, while smaller percentages knew about other side effects.

Misoprostol Use: Safety, Acceptability and Referral

Safety

Out of the 890 women identified in the intervention areas as pregnant, 872 agreed to participate in the study, while 18 refused. Out of 872 who agreed to participate, 770 delivered at home and were eligible for misoprostol. Among the remaining, 55 were ineligible because a cesarean section delivery was indicated, and 47 were excluded due to referral to facility before delivery for obstetric complications. Among the eligible women in the intervention areas, 678 women (88 percent) took the misoprostol tablets provided to them in the clean delivery kits, while 92 women (12 percent) did not.

In the comparison areas, 826 agreed to participate and 720 with home deliveries were included. Out of the other 106 women, 77 with a history of C-sections were deemed ineligible for inclusion in the study, and 29 were referred to a facility for other obstetric complications and were also excluded from the analysis.

The recommended time and dosage of misoprostol administration is three tablets to be ingested after the birth of the baby but prior to the delivery of the placenta. Of the women who delivered at home in the intervention areas, 647 (84 percent) took the tablets correctly (at the correct time and according to the correct dose).

The 647 women who took misoprostol tablets correctly (correct dose and correct time) were asked about the side effects and 40 percent reported that they had experienced side effects (Table 4.2). The majority reported suffering shivering/chills (69 percent), followed by fever (27 percent) and nausea (17 percent). However, in all of these cases, the symptoms were transient and did not require referral for specialized care.

Acceptability

Women who used misoprostol. Among the women who delivered at home and used misoprostol, 91 percent said that they would use the tablets in future. When these women were asked if they would also be willing to purchase the tablets in the future, 93 percent expressed their willingness to do so. Almost all of these women also said they would recommend misoprostol to others (only 2 were not willing to recommend misoprostol).

Birth attendants. Of those birth attendants in the intervention areas who had administered misoprostol tablets and knew of its name (nearly 60 percent), almost all (98 percent) said that they would recommend the tablets to other clients.

Referral

In the intervention areas, 3 women (0.38 percent) suffered from postpartum hemorrhage that required referral to a higher-level facility. Out of these, 2 had ingested misoprostol; the 1 who had not ingested misoprostol later died upon reaching a facility. In the comparison areas, 5 (0.64 percent) required referral for the management of PPH; out of these cases, two women died.

Recommendations

- **Train community based providers in the use of misoprostol in resource constrained settings**

The results from our study further substantiate the already available empirical evidence that recommends the use of misoprostol in resource-constrained settings by community providers. For this purpose training needs to be imparted to LHW's and community midwives in the use of misoprostol including its dosage, side effects and their management.

- **Empower families to make pregnancies safer through information**

Raising community awareness regarding the need for birth spacing, antenatal checkups, proper nutrition during pregnancy, use of supplements, immunization, use of clean delivery kits at the time of delivery, and postpartum use of misoprostol must be carried out, especially in rural communities. In this regard LHWs through their support group meetings can especially raise awareness regarding use of misoprostol by delivering women and their birth attendants.

CHAPTER 1. INTRODUCTION

Background

Globally, about 500,000 women die annually from complications during pregnancy or childbirth (WHO, 2004). The most common cause of maternal mortality is postpartum hemorrhage, accounting for one-third of maternal deaths. Ninety-nine percent of these deaths occur in developing countries to women who rarely receive appropriate care because they give birth outside of a hospital setting (Abou Zhar and Royston, 1991).

Postpartum hemorrhage (PPH) is widely defined as excessive blood loss of 500 ml or more from the genital tract in the first 24 hours following delivery of a baby. In the majority of cases, PPH occurs in the early postpartum period. Vaginal tears, retained products of placenta, and delayed delivery of placenta and uterine atony (which delays placental detachment and eventually its delivery) are the major factors that contribute to the incidence of PPH. Three effective uterotonic drugs are available for use in the active management of the third stage of labor.

As a routine, the injectable oxytocin is recommended at the time of delivery of a baby to prevent PPH. It acts as a uterotonic and facilitates the process of placenta detachment as well as contraction of the uterus. Oxytocin has minor adverse effects, including nausea, vomiting and diarrhea. It requires storage in a cool temperature (5-25°C), although it can be kept outside these temperatures for short durations. The other drug is methergin. Adverse effects with methergin are more common; it is also less stable in warm temperatures, requires dark storage, and cannot be used in the 10 to 15 percent of women who have hypertension in pregnancy. Both of these drugs require a skilled provider trained in safe injection practices and they require the availability of sterile syringes and needles (Sanghvi et al., 2010).

Misoprostol, a prostaglandin E1, acts as an alternative uterotonic to the injectable drug oxytocin and is available in tablet form. It has been found to be effective in controlling as well as preventing PPH (Prata, Mbaruku, Campbell, Potts, Vahidnia, 2005; Derman et al., 2006). It is inexpensive, comparatively easy to use, and does not require any special conditions for its storage. Moreover, its tablet form provides a community health care provider, a traditional birth attendant, and even the just-delivered woman herself, with the opportunity to easily administer it. Misoprostol causes occasional side effects, which include shivering and fever (Derman et al., 2006; Zuberi et al., 2008; Blum, Alfirevenic, Walraven, Weck, Winikoff, 2007; Sultana and Khatun, 2007). The use of misoprostol has been recommended by the United States Pharmacopoeia (USP) Expert Committee for the Prevention of PPH, especially in settings where injectable uterotonic drugs are not available (Carpenter, 2001).

According to the Pakistan Demographic and Health Survey (PDHS) 2006-07, the maternal mortality ratio (MMR) for Pakistan is reported at 276 per 100,000 live births (NIPS and Macro International, 2008). In rural areas, this figure is 319 per 100,000 live births. The PDHS 2006-07 also showed that postpartum hemorrhage was the most common cause of maternal deaths (27.2 percent).

The purpose of the present study was to test the feasibility of lowering maternal mortality using community education about PPH prevention along with the distribution of misoprostol tablets directly to women and their birth attendants for postpartum home administration. According to the PDHS, around two-thirds of all births in Pakistan take place at home, where a traditional birth attendant (TBA or *dai*) or a family member usually attends the delivery (NIPS and Macro International, 2008). In these circumstances, providing women with 600 micrograms of misoprostol, taken orally, is a potentially safe and easy way to prevent the development of PPH in resource-constrained settings without appropriate storage facilities or highly trained providers (Derman et al., 2006).

Context

Before commencing this study, an extensive review of international and national literature was carried out to inform the study design. Some of the main findings relevant to the study are summarized below.

The leading cause of postpartum hemorrhage is uterine atony, most often preventable by conventional uterotonics, among which oxytocin is usually preferred (Gülmezoglu et al., 2001; Langenbach, 2006; Ng et al., 2001). However, the use of oxytocin is not yet feasible in much of the developing world, where deliveries still take place in rural areas with untrained birth attendants (Langenbach, 2006; Selo-Ojeme, 2002; Kodkany et al., 2004; Walraven et al., 2005).

The role of misoprostol in preventing PPH, particularly in areas where the routine management of the third stage of labor cannot be practiced, has been very well established. Research on misoprostol has been carried out either as randomized controlled trials or operations research in some developing countries with promising results for the management of PPH (Derman et al., 2006; Prata, Hamza, Gypson and Nada, 2006; Prata et al., 2005). Evidence from many developing countries is now available regarding the successful distribution of misoprostol, its acceptability in the community after proper creation of awareness, and compliance by pregnant women and support from their families.

A review carried out by Goldberg, Greenberg and Darney (2001) found consistent evidence to support the use of misoprostol for preventing PPH in circumstances where oxytocin is not available. A study of education and home-based distribution of misoprostol for prevention of PPH carried out in neighboring Afghanistan showed that the distribution of misoprostol by community health workers was safe, acceptable, feasible and effective (Sanghvi et al., 2010). Derman et al. (2006) conducted a placebo-controlled trial in India that utilized the services of nurses and midwives to give 600 micrograms of misoprostol orally. This study documented a significant decrease in PPH in the intervention group as compared to the comparison group. Prata et al. (2005) conducted a field intervention trial in Tanzania with TBAs where they gave 1000 micrograms of misoprostol rectally at the onset of PPH. The study found this resulted in lower referrals for PPH to higher-level health facilities as compared to the non-intervention areas. The same researchers carried out another study in a hospital setting in Egypt where a significantly higher proportion of women in the non-intervention group required PPH management as compared to the intervention group that received misoprostol (Prata et al., 2006). In a study carried out in Nigeria oral misoprostol was seen to be as effective and safe as intramuscular oxytocin (Afolabi, Kuti, Orji and Ogunniyi, 2010).

JHPIEGO conducted a community-based study in collaboration with the Ministry of Health of Indonesia and the Obstetrical and Gynaecological Society of Indonesia in 2004. The study was developed to demonstrate that community-based distribution of 600 micrograms of misoprostol before delivery of a baby and the self-administration of the drug by the mother immediately after a home birth could lower the incidence of PPH among women living in areas where skilled providers do not attend a high proportion of births. In the intervention areas, 93.7 percent of 1,282 women used the drug after delivery. Nearly 4 percent of the women in the comparison areas were referred for PPH compared to only 2.1 percent of women in the intervention areas. The authors used statistical models in the data analysis to conclude that women in the intervention areas were 25 percent less likely to experience excessive bleeding, 30 percent less likely to need an emergency referral to a health facility, and 45 percent less likely to need an emergency referral for PPH (Wiknjosastro and Sanghvi, 2004).

In Pakistan, two research studies on misoprostol use, conducted in hospital and community settings, have been documented. Both were carried out by Aga Khan University. The first study was a hospital-based treatment-placebo-control trial in which 600 micrograms of misoprostol were given sublingually with the routine management of PPH treatment (Zuberi et al., 2008). The results were modestly in support of misoprostol use, but there were no statistically significant differences between the intervention (oxytocin and misoprostol) and comparison (oxytocin only) groups. However, the trial had to be terminated as the PPH rate was low. Another community-based placebo-controlled trial was conducted in Chitral in the Northern Areas where TBAs were utilized to provide 600 micrograms of misoprostol orally to women shortly after they gave birth. The results showed that oral misoprostol reduced the rate of PPH by 24 percent compared with the placebo. Referrals for higher-level care during the immediate postpartum period were similar following administration of misoprostol (2.4 percent) or placebo (1.8 percent) (Gynuity Health Projects, Aga Khan University and Family Care International, 2009).

WHO recommends the use of misoprostol only in circumstances where use of injectables, including oxytocin, is not possible and health workers are properly trained in the correct use of misoprostol as well as identification and management of side effects (WHO, 2009).

The Population Council, as a consortium partner of the USAID-sponsored Pakistan Initiative for Mothers and Newborns (PAIMAN), undertook an operations research project in two districts of Pakistan to assess the feasibility of home administration of misoprostol in the prevention of PPH in rural Pakistan. The purpose of undertaking the study was based on the premise that such an intervention has the potential to significantly reduce the number of preventable maternal deaths and provide a powerful model for more effective safe motherhood interventions in rural areas. This study was conducted with the approval of the Ministry of Health (MOH) and the National Maternal, Neonatal and Child Health (MNCH) program.

Goal and Objectives

Goal

The overall goal of this operations research project was to assess the feasibility of administering

misoprostol for the prevention of PPH in a home setting through community-based healthcare providers, including traditional birth attendants (*dais*), community midwives (CMWs) and family members, in two districts of Pakistan.

Objectives

The following were the objectives for this study:

- To document the feasibility of distribution of misoprostol by community health workers, including traditional birth attendants (*dais*), in a home setting;
- To assess the acceptability and use of the drug by pregnant women for the prevention of PPH when administered at home;
- To identify the common side effects of misoprostol; and
- To determine the reduction in demand for referral due to PPH after oral ingestion of misoprostol.

Study Parameters

A quasi-experimental design was used to document the coverage and process of distribution and the acceptability of providing misoprostol to prevent postpartum hemorrhage in community settings in Pakistan. The study documented the use of misoprostol by community-based birth attendants, including traditional birth attendants (*dais*); the acceptability and compliance by delivering women; and the incidence of side effects and need for referral with the use of 600 micrograms (3 tablets) of oral misoprostol.

Location and Duration

This was a one-year project; it started on 27 October 2009 and ended on 30 September 2010. This study was conducted in two districts, Dadu district in Sindh province and Khanewal district in Punjab province. Both districts were chosen because they were focus districts of the Pakistan Initiative for Mothers and Newborns Health (PAIMAN) project and were approved by the Technical Advisory Group (TAG) constituted to advise on the study design. In addition, these two districts are fairly representative of the other districts of the provinces. The characteristics of both districts are provided in Annex.

In Khanewal district, seven union councils were selected, while in Dadu six union councils were selected. The union council selection was based on ensuring that women from both the intervention and comparison areas could reach a referral facility within two hours of travel time.

Population

Sample Selection: Inclusion Criteria

Pregnant women living in the selected union councils of Khanewal and Dadu districts who were 15-49 years of age and intended to deliver at home, were willing to participate in the study, and would be delivering during the study period were included in the study. During the initial registration, women who fit the criteria were included regardless of parity, past obstetric history or medical conditions. Also

included were the birth attendants who were expected to be present at the time of delivery and to conduct the delivery (this included TBAs, relatives, etc.).

Selection criteria of eligible pregnant women varied in different villages depending on when registration occurred: where registration started in the beginning of the study, women in their second and third trimesters were included, while in villages where registration was done later in the study, women only in their third trimester were included. See Figure 1.1 and Table 1.1 for more details on study participants.

Sample Selection: Exclusion Criteria

Pregnant women in the selected union councils were excluded from the study for any of these reasons: if they intended to deliver at a health facility, were not within the age limit of 15-49 years, or were not willing to participate in the study. In the final analysis of study findings, women were also excluded if they had certain complications or previous history of complications, such as previous antepartum or postpartum hemorrhage or retained placenta, or if they had a previous or planned Cesarean section.

Sampling Technique

Six union councils in Dadu and seven in Khanewal closest to the selected health facilities (within two hours distance from the referral health facility) were included in the study to register the required number of eligible women. The selected health facilities were the Tehsil Headquarters Hospital of Mian Channu in Khanewal district and the District Headquarters Hospital of Dadu in Dadu district (both of which offered comprehensive EmONC services). Out of these union councils, 3 in each district were initially assigned for the intervention and 3 were assigned for the comparison. The selection of union councils was purposive so as to avoid diffusion among the intervention and comparison areas. An additional union council was included in the intervention areas in Khanewal district to register the required number of eligible pregnant women, bringing the intervention areas total of union councils to 4 in Khanewal and 3 in Dadu. Registration of women was done beyond sample size to compensate for subsequent ineligibility of some respondents.

Sample Size/Sample Size Estimation. Currently, the PPH rate is estimated to be in the range of 10-15 percent for rural settings in countries like Pakistan (WHO, 2004), and we expected that this rate could be reduced by half (5-7 percent) with the introduction of misoprostol. Based on these estimates, we calculated sample sizes on the assumption that half of the women with PPH (7 percent) would be referred to a health facility in the comparison areas, while in the intervention areas the referrals due to PPH would be reduced to a quarter (3.25 percent). For this purpose, a minimum of 554 deliveries in each of the two groups was required to test the difference of a reduction of 50 percent in reported PPH (Rosner, 1995).

The formula used for sample size estimation is:

$$n = (A+B)^2 * [(p_1*(1-p_1)) + (p_2*(1-p_2))] / [p_1-p_2]^2$$

Where

p_1 =proportion of referrals due to PPH in comparison group=0.075

p_2 = proportion of referrals due to PPH in intervention group= 0.035

$A = z_{\alpha/2} = 1.96$ (for $\alpha = 0.05$ for 95% confidence interval)

$B = z_{1-\beta} = 1.64$ (for $\beta = 0.05$ for 95% power)

A minimum of 800 pregnant women in the intervention areas and an equal number in the comparison areas had to be enrolled in order to achieve the minimum required number of completed observations to detect differences with public health significance. By inflating the sample size by 25 percent in the intervention group and the comparison group, we hoped to compensate for non-compliance in the intervention group and hospital deliveries in both groups. Loss to follow-up was also estimated to be about 15 percent, thus increasing the minimum sample further. Out of 890 pregnant women initially contacted in the intervention areas, 18 (2 percent) refused to participate in the study. Of the 846 contacted in the comparison areas, 20 (2 percent) refused to participate. See Figure 1.1, which shows the profile of the pregnant women in the study, and Table 1.1, which shows the number completing specified questionnaires in the intervention and the comparison areas.

Figure 1.1: Study profile of pregnant women in Dadu and Khanewal districts

Study Teams

A total of eight teams were selected for fieldwork in Khanewal and Dadu districts: four teams worked in each of the two districts. In Khanewal, 2 teams covered the 4 intervention areas and 2 teams covered the 3 comparison areas. In Dadu, 2 teams covered the 3 intervention areas and 2 teams covered the 3 comparison areas. The study teams made three separate visits to the homes of eligible women in the areas they were responsible for and also organized trainings for the birth attendants. Each team comprised of one logistics supervisor and two social scientists. A female medical doctor was selected as a district supervisor for each of the two districts.

Roles and Responsibilities

Roles and responsibilities for each study member were identified and they were provided with a written list of responsibilities they were required to follow.

Training

A total of 16 social scientists, 8 logistics supervisors and 2 district supervisors from Khanewal and Dadu districts were trained in Islamabad in two training sessions. The first session lasted for 10 days, the second for 8 days.

During the first phase of the training, participants were trained on interviewing pregnant women and then registering those who met the criteria. The second phase of the training focused on interviews to be conducted in the postpartum period with the women, their birth attendants and relatives. During the training, the social scientists were trained to use a pictorial booklet that informed participants about how to identify high-risk conditions and manage the delivery, including when to refer and, finally, how to administer misoprostol tablets (this last was for those participants who were in the intervention areas only).

During the training, the 8 logistics supervisors were also trained on how to establish a mobile network for timely referral of emergency cases to the health facility.

Supervision and Monitoring

All of the teams for both districts carried out their field activities in continuous and close supervision by their respective district supervisors (the female doctor appointed to provide supervision in each district). The study coordinator regularly visited the study sites to ensure that sampling procedures and standard operating procedures were being followed.

Quality Assurance

A number of measures were instituted to ensure that the highest quality standards were maintained in all areas of the study, including data collection and data analysis. Quality assurance during the fieldwork is described above under supervision and monitoring of field teams. The highest standards were also maintained with regard to the protection of all study participants. These are described under ethical considerations below.

Ethical Considerations

Ethical approval was taken from the institutional review board at the Population Council's headquarters in New York (see Annex, IRB Approval Letter). In addition, a Technical Advisory Group was formed that

was comprised of representatives of the Pakistan Ministry of Health, the National MNCH Program, academics, researchers and gynecologists. The National MNCH program, Government of Pakistan, also issued a letter in support of the use of misoprostol for operations research. Ethical issues were taken into considerations in all areas of the study. Specific areas for which ethical considerations were essential included:

1. Informed consent

Informed consent was taken from all study participants in both intervention and comparison areas after giving them information about the study (see Annex, Informed Consent Form). The possible side effects of oral ingestion of misoprostol were discussed with the participants in the intervention areas. Separate consent forms were used for each of the questionnaires. Women who were able to sign signed their own names on the consent forms; if a woman could not sign her own name, a witness present at the occasion signed the consent form on the woman's behalf.

2. Risks and benefits

Respondents were informed about the potential risks and benefits of participating in the study. The individual benefits of participating in the study were explained: namely, that any woman who developed complications at the time of delivery would be facilitated by the project team working in that area for transportation to the health facility. In addition, all of the pregnant women in the study, in intervention and comparison areas, were provided with clean delivery kits for safe delivery. The potential risks of participation in the study were also explained, these were linked to improper timing of taking the drug or not following the recommended dosage.

3. Confidentiality

The data collected from all of the study participants was kept confidential and anonymous. Before data collection, participants were assured by the social scientists that their names would not be disclosed and that information provided by them would be used collectively. Each questionnaire was coded and names were not used.

Safety Measures

Safety Reporting

1. Referral cards

All households with recruited women, in both the intervention and comparison areas, were issued referral cards with contact numbers for the logistics supervisor, drivers engaged for transportation, birth attendants and LHV working in that particular area so that the women could contact anyone in the network to report any side effects or complications. They were also provided information about the importance of the first 1-2 hours after delivery, when timely referral in case of postpartum hemorrhage can save a life.

2. Serious adverse event report

Any serious adverse event experienced, regardless of causality, by any subject entered into this study, was to be reported to the Population Council's serious adverse event (SAE) desk (by the district supervisor) and to the Population Council's study coordinator using the SAE form provided. This report was to be submitted no more than 2 calendar days from the time the site staff was notified of the event.

Safety Management

1. LHVs for back-up support

LHVs in the study union councils were trained for back-up support to ensure timely referral to the health facility in case complications occurred at the time of delivery or after delivery.

2. Mobile network

A mobile phone and transportation network was established between households, logistics supervisors and drivers for timely transportation of recruited women to the referral health facility in case of complications at the time of delivery or after delivery.

3. Twenty-four hour emergency services at the referral health facility

Medical officers working in obstetrics and gynecology with trained paramedics were on call 24 hours at the referral health facility. The referral facility selected in Khanewal district was the THQ Mian Channu and in Dadu district it was the DHQ Dadu. These facilities were selected on the basis of availability of comprehensive EmONC services.

Community Awareness and Community Education

The first phase of the study involved community awareness and community education. Preliminary household listing was carried out in both the intervention and comparison areas, and 1,736 pregnant women were initially identified. The listing process was facilitated by local lady health workers who helped introduce the social scientists to household members. All pregnant women in the selected union councils who intended to deliver at home during the study period and were within the age limit of 15-49 years and were willing to participate were initially included in the study.

Once fully informed about the goal, procedures for follow-up, and risks and potential benefits of participation in the study, the women were requested to provide their consent to participate in the study and were then registered. A registration form was used for registering each of the eligible pregnant women in both the intervention and comparison areas (see Annex).

Community education was carried out for each group involved in some way with the study. A description of the education provided for each group follows.

1. Pregnant women in the study

In both the intervention and comparison areas, each identified pregnant woman was provided with information about birth preparedness and danger signs during pregnancy, delivery and the postpartum period, specifically including information about when to transport a woman in case of complications. In the intervention areas, each identified pregnant woman was also provided with information about the safe dose of misoprostol and the method of administration, plus misoprostol's benefits and side effects. In the comparison areas, information on misoprostol tablets was not provided.

The counseling sessions with the pregnant women, both in intervention and comparison areas, were carried out using pictorial booklets and were completed in 2 sessions. The first session was conducted one month before the expected delivery date and the second 15 days before delivery. The same information was repeated during both visits. During the second visit, clean delivery kits that included misoprostol tablets were provided to the women in the intervention areas and clean delivery kits that did not include misoprostol tablets were provided to the women in the comparison areas.

The clean delivery kits for the women in the intervention areas contained three tablets of 200 micrograms of misoprostol each, along with a pictorial leaflet (Figure 1.2). These pictorial leaflets had specific information on the correct timing and use of misoprostol. The reason for giving CDKs with misoprostol to the women in the intervention areas was to ensure the availability of misoprostol at the time of delivery in case the birth attendant was unable to arrive in time for the birth.

Wrappers of the used misoprostol tablets and the tablets not consumed by the women were collected by the birth attendants and returned to the social scientist overseeing that area for the study. In total, 6,000 tablets of 200 mcg of misoprostol, under the brand name Misotac, were donated by Venture Strategies Innovations (VSI) for this study, having been procured from Sigma Pharmaceutical Industries, Egypt.

2. Female relatives of the pregnant women in the study

The female relatives of the pregnant women in the study, in the intervention and comparison areas, were provided a briefing on birth preparedness and safe delivery, with an emphasis on the fact that all deliveries can develop complications. Relatives were informed about the referral system and the importance and need for making arrangements for shifting the woman to the health facility in a timely manner in case the woman developed complications. Female relatives in the intervention areas were also given information on misoprostol.

3. Birth attendants who were expected to handle the deliveries of the women in the study

All of the identified birth attendants (566) were given a one-day interactive training. These were conducted by the district supervisor in Khanewal and in Dadu, with the assistance of social scientists within the selected union councils. All of the birth attendants were trained using a pictorial booklet. Birth attendants who were unable to come on their particular training day were trained subsequently.

Figure 1.2: Pictorial booklet/Pictorial instructional leaflet enclosed with CDKs

In the intervention areas, birth attendants were given information on danger signs during pregnancy, delivery and the postpartum period, safe delivery, birth preparedness, and when to transfer a women in case of complications. They were also informed about the availability of misoprostol for the prevention of PPH, its dose, method of administration, benefits and side effects. In the comparison areas, they were provided with the same information except they were not given any information on misoprostol.

Clean delivery kits were provided to the birth attendant identified by each woman as the person she would like to conduct her delivery. Though the majority of birth attendants were TBAs, there were other categories of attendants as well (see Table 2.5).

4. Lady health visitors

A one-day training was given to LHVs in the study areas in both districts. The district supervisors conducted these trainings using a specially prepared training manual. The training emphasized the LHV's role in providing back-up support in case of complications and in making timely referrals to the health facilities.

5. Male family members of the pregnant women in the study, and community elders and influentials

Logistics supervisors were involved in counseling male family members of the recruited women in both the intervention and comparison areas. Sessions were carried out in groups, giving the men the information on timely referral in case of complications at the time of delivery and after the delivery. Included in these sessions were community elders and influentials who needed to be informed about the study. Male family members were given the same information as the women and female family members according to whether or not they were in intervention or comparison areas, including information on misoprostol (only if they were in an intervention area).

6. Orientation meeting with referral health facility doctors

Meetings were organized with obstetricians of the referral health facilities in both districts. These physicians were given a detailed briefing on the project and were provided with the referral forms they were asked to fill out if a case was referred to them from the study areas (both comparison and intervention).

Data Collection

The second phase of the study involved the data collection. The section on study parameters describes some aspects of data collection (e.g., quality control, safety measures, etc.). In this section, the questionnaires used for data collection are described, followed by a description of the data management and analysis.

Data collection was carried out from November 2009 to June 2010 using a number of data collection tools, which are described below. Table 1.1 shows the number of data collection tools completed for each group of study participants.

Questionnaires

Five sets of questionnaires were developed; these had been pretested and amended accordingly. Four types of questionnaires were used in both the intervention and comparison areas, while the fifth questionnaire was used only in the intervention areas. (See Table 1.1.)

Questionnaires used in both the intervention and comparison areas:

1. Questionnaire for interviewing pregnant women

This was used to obtain sociodemographic and pregnancy-related data. This questionnaire was administered when study teams visited the registered women who agreed to participate in the study one month before their expected delivery date.

2. Questionnaire for interviewing women during the postpartum period

This was administered within 72 hours of delivery to study participants; information was obtained on the delivery process.

3. Questionnaire for interviewing women with complications who had been referred to the health facility.

This was used for interviewing only those women who had been referred to health facilities for the management of complications.

4. Questionnaire for interviewing birth attendants

All birth attendants who had been involved in the delivery were interviewed after the delivery.

Questionnaire used in the intervention areas only:

5. Questionnaire for interviewing female relatives present at the time of delivery

This questionnaire was administered only in the intervention areas to female relatives of the women who had recently delivered.

Referral Form

A referral form was also used to obtain detailed information about the cases with complications that were referred to a health facility. The form was completed by the doctor in-charge at the facilities where the referred case was treated in both the intervention and comparison areas. (See Annex.)

Serious Adverse Event Form

A serious adverse event form, developed by the Population Council (New York), was used to obtain information in case of any serious complication, regardless of cause, occurring in either the intervention or the comparison areas. When required, this form was completed by one of the project's district supervisors, who were medical doctors. (See Annex.)

Verbal Autopsy

Detailed information was obtained, through a verbal autopsy conducted by the district supervisor (a medical doctor) and reviewed by a nosologist, for any maternal death that occurred.

Table 1.1: Number of study participants who completed specified questionnaires/forms, according to areas

Variable	Intervention areas	Comparison areas	Total
Pregnant women 15-49 <i>who met study criteria</i> : completed in-take questionnaire (including women with past C-sections)	872	826	1,698
Study women interviewed after birth: completed postpartum questionnaire (including women with present C-sections)	782	727	1,509
Study women referred for complications: completed referral questionnaire (including women with present C-sections)	87	94	181
Birth attendants involved in deliveries: completed post-delivery birth attendant questionnaire	303	263	566
Family members present at time of delivery: completed post-delivery family questionnaire (intervention areas only)	872	0	872
Doctors in-charge at referral medical facilities where complications were referred: completed referral form	87	94	181
Verbal autopsy	3	5	8

¹ Of these women, 55 in the intervention areas were removed from the final analysis because they were identified for Cesarean sections. There were 77 in the comparison areas who were identified for Caesarean sections.

Data Management/Data Analysis

The team leaders sent the completed quantitative questionnaires to the Population Council office in Islamabad. Prior to commencing data entry, the questionnaires were edited. The data were entered, and range skip and filter checks were applied to minimize errors and omissions. The data were then coded and entered using CSPPro (version 3.2) and SPSS (version 14). Results were summarized using frequency distributions and cross tabulations. All study data and forms were stored in locked cabinets at the Population Council office in Islamabad.

Limitations of the Study

The study design was quasi-experimental and the area selection was not randomized. In the absence of sufficient research on assessing the compliance of misoprostol ingestion within home settings, it is difficult to make comparisons across regions. Although not an identified objective, we did ask for women's experiences of postpartum bleeding within the intervention and comparison areas; this was based on perceptions rather than actual measurements.

CHAPTER 2. CHARACTERISTICS OF PARTICIPANTS

Characteristics of Women

In the first section of this chapter, characteristics of the study women from the intervention and comparison areas are compared. One general characteristic was that the commonly spoken languages in both intervention and comparison areas were Punjabi, Sindhi and Saraiki.

Age

Out of a sample of 872 women in the intervention areas and 826 women in the comparison areas who had agreed to participate in the study, the largest age group, about a third of the women in both areas, was 25-29 years of age (Figure 2.1). The smallest age groups were 40-44 and 45-49 years, with 3 percent or less. About 7 percent in both the intervention and comparison areas were ages 15-19 years. The mean age was 28 years in both the intervention and comparison areas. [Note: SD=5.7 intervention areas; SD=6.0 comparison areas.]

Figure 2.1: Percentage distribution of women, by areas, according to age groups

Education

As shown in Figure 2.2, a majority of the women in the intervention and comparison areas were not educated. A negligible proportion of women reported receiving education beyond the secondary level. Among the women who attended school, more were found in the primary education group. Mean education in the intervention areas was 1.7 years and 1.3 years in the comparison areas. [Note: SD=3.1 intervention areas; SD=2.8 comparison areas.]

Figure 2.2: Percentage distribution of women, by areas, according to education

Women's Husbands

Education

As shown in Figure 2.3, more than two-fifths of the husbands, in both intervention and comparison areas, were uneducated: 41 percent - intervention areas; 47 percent - comparison areas. However, slightly more than a quarter had attained an education at or beyond class 6. Those who were educated above secondary school made up only a small percentage. The mean number of years of schooling in the intervention areas was 4.8 and in the comparison areas it was 4.1. [Note: SD=4.7 intervention areas; SD=4.4 comparison areas.]

Figure 2.3: Percentage distribution of husbands, by areas, according to education

Occupation

A majority of the husbands in both areas were self-employed (Table 2.1). The second most common profession was government service. The percent engaged in private service was close to 4 percent in both areas.

Table 2.1: Percentage distribution of husbands, by areas, according to occupation

Occupation	Intervention areas	Comparison areas
Self employed	81.5	88.8
Government service	9.1	4.4
Private service	4.7	4.2
Unemployed	4.1	2.2
Other	0.6	0.2
Don't know	0.1	0.1

Live Births (Parity)

The proportions of women having 0 children and 1-2 children were similar in both areas, about 20 and 31 percent respectively. The proportion of women having 3-5 children was 29 percent in the intervention areas and 34 percent in the comparison areas (Table 2.2).

Table 2.2: Percentage distribution of women, by areas, according to live births, stillbirths, abortions and antenatal care visits

Variable	Intervention areas	Comparison areas
Number of live births		
0	20.1	20.6
1-2	30.8	31.4
3-5	29.1	33.7
5+	20.0	14.4
Mean number of live births	3.0	2.8
Number of stillbirths		
0	91.6	87.9
1	6.5	8.5
2	0.9	1.8
3	0.7	0.9
4 or more	0.2	1.0
Number of abortions (spontaneous and induced))		
0	75.1	74.0
1	16.1	17.4
2	6.7	5.6
3	1.3	2.1
4	0.9	1.0
Number of antenatal visits		
At least 1 antenatal visit	56.3	58.8
No antenatal visit	43.7	41.2
(N)	(872)	(826)

Stillbirths

About 90 percent of the women in both areas never had a stillbirth (Table 2.2). Among those who had stillbirths, the majority in both intervention and comparison areas had only one stillbirth.

Abortions

About three-quarters of the women in both areas never had an abortion (Table 2.2). The smallest proportion in both areas belonged to the group with 4 or more abortions (≤ 1 percent). Out of the total abortions in the intervention areas, 95 percent were spontaneous abortions and 5 percent were induced abortions; in the comparison areas, 96 percent of the total abortions were spontaneous and 4 percent were induced.

Antenatal Care

Antenatal care is defined as an examination of a woman by a skilled health care provider during pregnancy. According to WHO, four antenatal visits are recommended during pregnancy. Close to 60 percent of the women in both the intervention and comparison areas had made at least one antenatal visit, ($p=0.29$) showing no statistically significant difference between the two areas (Table 2.2).

Provider

As shown in Table 2.3, a majority of the women who had antenatal checkups went to an MBBS doctor: 80 percent - intervention areas; 86 percent - comparison areas. A very negligible percentage mentioned

receiving antenatal care from a dai.

Table 2.3: Percentage distribution of women, by areas, according to who provided their antenatal care

Provider	Intervention areas	Comparison areas
MBBS doctor	79.6	85.8
Nurse	10.4	7.8
LHV	4.9	1.0
Dai/TBA	3.1	3.5
Community midwife	1.0	1.2
Other	0.8	0.4
(N)	(490)	(486)

Procedures

As Table 2.4 shows, among women who had an antenatal checkup, more than 70 percent in both intervention and comparison areas had an ultrasound examination. Essential components of an antenatal checkup -- blood test and urine test -- were each done in only 5 percent of the cases in the intervention areas, while in comparison areas a blood test was done in 10 percent of cases and a urine test in 5 percent.

Table 2.4: Percentage distribution of women, by areas, according to checkup components

Component	Intervention areas	Comparison areas
Blood deficiency checked	34.5	28.6
Blood pressure checked	34.9	49.2
Ultrasound performed	70.4	73.9
Fetal position checked	32.2	33.7
Weight measured	4.1	15.2
Blood test performed	4.9	9.5
Urine test performed	5.1	5.1
Fetal heart rate checked	11.2	28.2
Other	1.4	0.4
(N)	(490)	(486)

Multiple response variable.

Characteristics of Birth Attendants

Type

Many of the women in the study used the services of the same birth attendants. There were a total of 566 attendants who helped study women deliver their babies both at home and at health facilities. About 80 percent of the birth attendants in both the intervention and comparison areas were traditional birth attendants/dais (Table 2.5). MBBS doctors were the second major group, but only 6 percent in the intervention areas and about 10 percent in the comparison areas.

Table 2.5: Percentage distribution of birth attendants, by areas, according to type

Type of birth attendant	Intervention areas	Comparison areas
Untrained birth attendant/dai	79.5	81.4
MBBS doctor	5.9	9.7
LHV	4.9	4.5
CMW	2.9	1.9
Nurse	0.7	1.5
Homeopathic doctor	0.3	0.4
FWW	1.0	0.4
Midwife	0.3	0.0
Relative	4.6	0.4
(N)	(303)	(263)

Age

More than a quarter of the birth attendants in the intervention areas were in the age group 45-54 years and almost a similar number were 55-64 years of age. In the comparison areas, close to one-third belonged to each of the age groups 45-54 years and 55-64 years. Only small percentages were in the youngest age groups or the oldest age groups in both the intervention and comparison areas (Table 2.6).

Table 2.6: Percentage distribution of birth attendants, by areas, according to sociodemographic variables

Variable	Intervention areas	Comparison areas
Age		
15-24	1.7	0.8
25-34	7.6	5.3
35-44	19.5	13.7
45-54	28.1	28.9
55-64	26.1	31.2
65-74	14.2	19.0
75-85	3.0	1.1
Education		
No education	71.0	72.2
Up to primary (class 1-5)	7.9	5.7
Up to secondary (class 6-10)	9.2	7.6
Up to intermediate (up to class 12)	2.3	3.0
Up to graduation (up to class 14)	1.3	1.5
Up to masters/medical graduates (class 16)	8.3	9.9
Marital status		
Married	64.7	57.5
Widow	30.0	39.9
Separated	1.0	0.0
Single	4.3	2.7
(N)	(303)	(263)

Note: Total number of birth attendants in both areas was 576 but 10 were in accessible and could not be interviewed . They have been excluded from the analysis.

Education

Just over 70 percent of the birth attendants in both areas were illiterate. However, about 8 percent in

the intervention areas and 10 percent in the comparison areas had post-graduate degrees or were medical graduates (Table 2.6).

Marital Status

A major proportion of birth attendants were currently married: 65 percent in the intervention areas and 58 percent in the comparison areas. Widows were the second most common group in both areas. Only a small percent of the birth attendants were single (Table 2.6).

Work Experience

Most of the birth attendants in both areas had a great deal of work experience, as shown in Figure 2.4. Only a very small percentage had less than a year of work experience.

Figure 2.4: Percentage distribution of birth attendants, by areas, according to years of work experience

Chapter Summary

The data presented in this chapter show that respondents in both groups had similar characteristics. This chapter also provides a profile of birth attendants in rural communities and shows that traditional birth attendants are still the most popular source for maternal and child health care in rural areas. The birth attendants in this study were mostly middle-aged women, who were currently married or, to a lesser degree, widowed. One implication is that for widowed village women a career as a birth attendant or dai is a respectable option for earning a livelihood.

CHAPTER 3. KNOWLEDGE: POSTPARTUM HEMORRHAGE AND MISOPROSTOL

This chapter presents information about the knowledge of postpartum hemorrhage and misoprostol retained by the pregnant women from their initial briefing session carried out during the registration process. The knowledge of the birth attendants who conducted the births of study women was also obtained in a questionnaire that was conducted within 72 hours of the births.

Women's Knowledge

At the initial contact with the pregnant women, they had been given a short *briefing* about the study to help them decide if they were interested in participating. This briefing included information on pregnancy, pregnancy care, birth preparedness, and danger signs in pregnancy. For the pregnant women in the intervention areas, information was also provided on misoprostol. When the study teams visited the pregnant women one month before their expected delivery dates, and before giving them a more in-depth counseling session on all of the topics presented during the briefing, they were interviewed and their knowledge and perceptions regarding postpartum hemorrhage (and misoprostol for those in the intervention areas) were assessed. This was done to determine how much of the initial briefing information had been retained because the ability of the pregnant women to internalize the messages about these important pregnancy-related topics was considered an important indicator for compliance. The thinking was that if the women could appreciate why it was important for them to take misoprostol, they would be better prepared to do so. Furthermore, accurate knowledge might well translate into taking the tablets at the correct time and dosage.

Postpartum Hemorrhage

Danger

Postpartum hemorrhage is defined as excessive blood loss of 500 ml or more from the genital tract in the first 24 hours following delivery. About 98 percent of women in the intervention areas and 72 percent in the comparison areas perceived that postpartum hemorrhage could be potentially dangerous (Table 3.1). Two percent of the respondents in the intervention areas and 27 percent in the comparison areas did not consider PPH to be dangerous.

Among the women who did not consider PPH to be dangerous, nearly a quarter in both areas believed it to be a normal phenomenon. Of those who thought PPH was not dangerous, 14 percent in the intervention areas and more than 20 percent in the comparison areas thought home remedies were effective or that the dai could easily manage the hemorrhage (Table 3.1).

Causes

When asked about the causes of postpartum hemorrhage, more than one-third of the women in the intervention areas said that it was caused by retained products of the placenta and another third said delayed delivery of the placenta (spontaneous response). This increased to about 56 percent each upon

prompting. In the comparison areas, about 10 percent of the respondents considered retained products of placenta (spontaneous response) as a cause of postpartum hemorrhage and fewer thought delayed delivery was a cause (Table 3.2). Upon promoting cervical tears and uterine rupture were considered as an important cause by more than three-quarters of the respondents in the intervention areas and 60 percent in the comparison areas.

Table 3.1: Percentage distribution of women, by areas, according to perceptions and knowledge about postpartum hemorrhage

Variable	Intervention areas	Comparison areas
Perceptions about PPH		
Dangerous	97.6	72.3
Not dangerous	2.4	27.1
Don't know	0.0	0.6
(N)	(872)	(826)
Reasons why women thought PPH was not dangerous		
Normal phenomena	23.8	24.6
Home remedies are effective	14.3	21.9
Dai can easily manage	14.3	25.9
Don't know	47.6	27.2
Other	0.0	0.4
(N)	(21)	(224)
Signs and symptoms indicating need to refer for PPH*		
Skin cold, wet and pale (fainting)	41.0	44.6
Unconsciousness	20.8	33.0
Heavy bleeding continues even after home management	20.2	20.8
Uterus comes out with placenta	2.8	7.4
Don't know	26.3	21.4
Others	1.2	0.7
(N)	(851)	(597)
Appropriate timing for referral		
Within 1-2 hours of heavy bleeding	93.5	88.9
Within 2-3 hours of heavy bleeding	1.1	5.0
Within 3-4 hours of heavy bleeding	0.6	0.8
Other	1.2	0.5
Don't know	3.6	4.9
(N)	(851)	(597)

*Multiple response variable.

Table 3.2: Percentage distribution of women, by areas, according to knowledge about causes of PPH*

Cause	Intervention areas			Comparison areas		
	Knowledge			Knowledge		
	Spontaneous	Prompted	None	Spontaneous	Prompted	None
Uterine atony	3.7	68.1	28.2	0.91	42.5	56.6
Retained products of placenta	36.4	57.6	6.0	10.2	66.3	23.5
Delayed delivery of placenta	33.1	56.3	10.6	6.8	56.8	36.4
Vaginal tears	4.6	75.6	19.7	7.9	62.4	29.6
Cervical tears	6.4	78.3	15.3	4.3	60.6	35.1
Uterine rupture	6.2	81.2	12.6	5.0	66.1	29.0
(N)	(872)			(826)		

*Multiple response variable.

Referral

Signs that referral is needed. Women who considered PPH to be dangerous were asked about the signs and symptoms to look for that could indicate a woman needs to be referred to a higher-level facility. As seen in Table 3.1, more than 40 percent of the respondents in both areas considered that a woman with postpartum hemorrhage should be referred when her skin becomes cold, wet and pale. The second most common reason for referral was if she becomes unconscious. A quarter of the respondents in the intervention area and one-fifth in the comparison areas did not know the signs and symptoms that warrant the transfer of a woman to a referral facility.

Timing of referral. Respondents in both areas who considered PPH to be dangerous were asked when they thought a woman suffering from PPH should be referred to a health facility (Table 3.1). Most women correctly identified the timing as within 1-2 hour of heavy bleeding; 94 percent - intervention areas; 89 percent - comparison areas.

Misoprostol

Women in the intervention areas had been provided with information on misoprostol's advantages and use at the initial briefing session, in addition to the same pregnancy related information given to the women in the comparison areas. Most of the women (95 percent) in the intervention areas mentioned that tablets taken orally could prevent PPH. As shown in Table 3.3, about 52 percent of these women were able to recall the name of the drug misoprostol naming it as "Miso", while 48 percent could not do so.

Table 3.3: Percent distribution of women in intervention areas, according to knowledge about misoprostol

Variable	Intervention areas
Knowledge that tablet taken orally can prevent PPH (N=872)	94.8
Knowledge of name of tablet (N=827)	
Could recall name	51.9
Could not recall name	48.1
Knowledge of administration (N=798)	
Correct knowledge	91.9
Incorrect knowledge	8.1

Among those who knew about misoprostol, 92 percent of the women knew, correctly, that misoprostol should be ingested immediately after delivery of the baby and before delivery of the placenta; only 8 percent did not remember the proper time for administering misoprostol (Table 3.3).

Birth Attendants' Knowledge

All of the birth attendants who had delivered women participating in the study, whether at home or at the health facility, were interviewed within 72 hours after the delivery, and their knowledge of PPH and misoprostol was assessed.

Postpartum Hemorrhage

A very high proportion of birth attendants (around 95 percent) in the intervention and comparison areas were able to correctly identify postpartum hemorrhage (Table 3.4).

Table 3.4: Percentage distribution of birth attendants, by areas, according to knowledge about PPH and misoprostol

Variable	Intervention areas	Comparison areas
Knowledge of PPH		
Know	95.7	95.0
Don't know	4.0	5.0
(N)	(303)	(263)
Knowledge of misoprostol name		
Could recall name of tablet	60.0	na
Could not recall name of tablet	40.0	na
Knowledge of timing for administration of misoprostol		
Correct timing	98.0	na
Incorrect timing	2.0	na
Knowledge of side effects of misoprostol*		
Shivering/chills	78.0	na
Fever	66.7	na
Nausea	25.1	na
Vomiting	37.6	na
Abdominal pain	22.0	na
Don't know	8.2	na
Other	1.2	na

*Multiple response variable. na=not applicable

Misoprostol

When asked about misoprostol in the intervention areas, most of the birth attendants (60 percent) could recall the name of the tablet. Close to all of the birth attendants (98 percent) knew the correct time for administering misoprostol. (See Table 3.4.)

About 78 percent of the birth attendants knew shivering is one of the side effects of misoprostol, and 67 percent knew about fever, while smaller percentages knew about other side effects (Table 3.4).

Chapter Summary

After their initial briefing session, a very high proportion of the pregnant women had a clear concept of what constitutes postpartum hemorrhage, why it is dangerous and what causes it. While 95 percent women in the intervention areas knew that an oral drug could help in preventing PPH, around half could also name it. A high proportion of the birth attendants also retained information about PPH and misoprostol that they had been given during their interactive training.

CHAPTER 4. MISOPROSTOL USE: SAFETY, ACCEPTABILITY, REFERRAL

The primary purpose of this research was to evaluate a process that motivated women giving birth at home to take misoprostol, and to take it correctly, and to obtain the cooperation of birth attendants. Apart from compliance, the satisfaction of the women who took misoprostol was also elicited based on their willingness to recommend the drug to others and to purchase it in future. These women were also asked about any side effects they experienced as a result of taking misoprostol. Women in both intervention and comparison areas were asked about their experience of postpartum bleeding.

Safety

Use

Out of the 890 women identified in the intervention areas as pregnant, 872 agreed to participate in the study, while 18 refused. Out of the 872 who agreed to participate, 770 delivered at home and were eligible for misoprostol. Among the remaining, 55 were deemed ineligible due to past history or present indication for having a C-section. Additionally, 47 women were excluded due to referral to a facility before delivery for obstetric complications identified during labor.

In the comparison areas, 826 agreed to participate in the study, and 720 women who had home deliveries were included. The other 106 women either had a history of C-sections (77 women) and were ineligible or were referred to a facility for other obstetric complications (29 women) and excluded from the analysis.

As seen in Table 4.1, 770 eligible women who delivered at home. Out of these 678 (88 percent) ingested misoprostol tablets provided to them in the clean delivery kits, while 92 women (12 percent) did not.

Bivariate analysis revealed no statistically significant difference for number of living children or husband's education on the intake of misoprostol tablets.

Table 4.1: Distribution of women according to misoprostol use and other variables

Variable	Did not use misoprostol		Used misoprostol	
	Number	Percent	Number	Percent
Place of delivery				
Home (<i>N</i> =770)	92	11.9	678	88.0
Number of living children (<i>P</i>=0.08)				
0-1 (<i>N</i> =330)	33	10.0	297	90.0
2 or more (<i>N</i> =484)	68	14.0	416	86.0
Education of husbands (<i>P</i>=0.9)				
Never attended school (<i>N</i> =332)	41	12.3	291	87.7
Ever attended school (<i>N</i> =479)	60	12.5	419	87.5

Timing and Dosage

The recommended time and dosage of misoprostol administration is three tablets to be ingested after the birth of the baby but prior to the delivery of the placenta. Women who delivered at home 647(84 percent) took the tablets correctly (correct time and correct dose) (Table 4.2). No woman took the tablets before the birth of the baby. There were three twin deliveries in the intervention areas; all of the women delivering twins took the tablets correctly, after the birth of the second twin.

Table 4.2: Distribution of women who used misoprostol, according to variables of use

Variable	Number	Percent
Dose and timing		
Misoprostol taken correctly (correct time <i>and</i> correct dose: three tablets, after birth, before delivering placenta)	647	84.0
Misoprostol taken incorrectly (incorrect time <i>or</i> incorrect dose)	31	4.0
Side effects (<i>N</i> =647)		
No side effects	387	59.8
Side effects (total)*	260	40.1
Shivering/chills	178	69.3
Fever	68	26.5
Vomiting	23	8.9
Nausea	43	16.7
Abdominal pain	42	16.3

*Multiple response variable.

Side Effects

The 647 women who took misoprostol tablets correctly (correct dose and correct time) were asked about the side effects and 40 percent reported that they had experienced side effects (Table 4.2). The majority reported suffering shivering/chills (69 percent), followed by fever (27 percent) and nausea (17 percent). However, in all these cases, the symptoms were transient and did not require referral for specialized care.

Acceptability

Women

As seen in Table 4.3, 91 percent of the women who delivered at home said that they would use misoprostol in the future (94 percent in Dadu; 89 percent in Khanewal). When the women who said they would use misoprostol in the future were asked if they would also be willing to purchase the tablets, 93 percent expressed their willingness to do so (99 percent in Khanewal; 87 percent in Dadu). Overall, almost 100 percent of the women who used misoprostol during their home deliveries and said that they would be willing to use misoprostol in the future also said that they would recommend misoprostol to others (only 2 were not willing to recommend misoprostol to others).

Table 4.3: Distribution of women who used misoprostol and delivered at home, according to variables indicating acceptability of misoprostol

Variable	Khanewal				Dadu				Total			
	Willing		Not willing		Willing		Not willing		Willing		Not willing	
	N	%	N	%	N	%	N	%	N	%	N	%
Take in future	309	88.5	40	11.5	305	93.6	21	6.4	614	91.0	61	9.0
Purchase in future	305	98.7	4	1.3	268	87.3	39	12.8	571	93.0	43	7.0
Recommend to others	309	100.0	0	0.0	305	99.3	2	0.7	614	99.7	2	0.3

A total of 92 eligible women in the intervention areas who had agreed to use misoprostol did not take the tablets after delivery (Table 4.4). The main reason the women gave for not taking misoprostol was that they forgot; in 22 cases, respondents forgot to take the tablets because of what was described as an emergency situation. Family opposition was seen to be negligible, with only 13 cases reporting hindrance from relatives. Out of these 13 cases, there was only one woman who reported that her husband opposed the use of misoprostol.

Table 4.4: Distribution of women, according to the main reason for not taking misoprostol

Reason	Number	Percent
Self reservation	11	11.9
Family members opposed	13	14.3
Forgot	49	53.2
TBA / dai opposed	11	11.9
Other	08	8.7
Total	92	100.0

Respondents who were willing to purchase misoprostol tablets in the future were asked about the amount they would be willing to pay. Just over half of the women in both districts said that they would be willing to pay up to Rs. 25 for the three tablets (Table 4.5).

Table 4.5: Distribution of women, according to the amount (in Pakistan rupees) they would be willing to pay for misoprostol, by district

Amount	Khanewal		Dadu		Total	
	Number	Percent	Number	Percent	Number	Percent
1-25	137	55.0	97	50.8	234	53.2
26-50	45	18.1	65	34.0	110	25.0
51-100	50	20.1	21	11.0	71	16.1
>100	17	6.8	8	4.2	25	5.7
Total	249	100.0	191	100.0	440	100.0

Birth Attendants

Another indicator of the acceptance of misoprostol is that 98 percent of the birth attendants in the intervention areas who had administered misoprostol tablets and knew the name of the tablets (60 percent of all birth attendants) said that they would recommend the tablets to other clients.

Referrals

Referrals for Management of PPH

As Table 4.6 shows, 3 women in the intervention areas (0.38 percent) suffered from postpartum hemorrhage that required referral to a higher-level facility. Out of these, 2 had ingested misoprostol and 1 had not. The woman who had not ingested misoprostol died on reaching the facility, while the other 2 were discharged after receiving routine management. All 3 referred women from the intervention areas were above the age of 30, and 2 were grand multipara, while one had 3 children. In the comparison areas, 5 women (0.64 percent) were referred for severe PPH. Out of these, 2 died before reaching the appropriate facility. The number of referrals due to postpartum hemorrhage was lower than anticipated while calculating the sample size.

Table 4.6: Distribution of PPH referrals and deaths (as percents of all referrals and all deaths), by areas

Variable	Intervention areas		Comparison areas	
	Number (N=770)	Percent	Number (N=720)	Percent
Referrals for PPH	3	0.38	5	0.64
Deaths due to PPH	1	0.12	2	0.27

The smaller percents in the intervention areas, although based on small numbers, are given credence by women's perceptions of heavy bleeding by area and use of misoprostol.

Perception of Bleeding in Postpartum Period

Among the 770 women in the intervention areas and 720 women in the comparison areas who delivered at home, 5.1 percent in the intervention areas and 11.3 percent in the comparison areas perceived heavy bleeding (Table 4.7). It was seen that women in the comparison areas were twice as likely to perceive suffering from heavy bleeding as compared to the intervention areas, with a statistically significant difference.

Table 4.7: Distribution of women who had home deliveries, by areas, according to perception of excessive postpartum vaginal bleeding, by areas

Area	Perception of heavy bleeding				
	Not perceived	Percent	Perceived	Percent	Odds ratio
Comparison	638	88.6	82	11.3	1
Intervention	730	94.8	40	5.1	0.42

P value=0.00

Perception of Bleeding in Postpartum Period and Misoprostol Intake

While examining perception of postpartum bleeding with the correct or incorrect intake and no intake of misoprostol we found that respondents who correctly took misoprostol were less likely to have perceived heavy bleeding in the postpartum period (Table 4.8).

Table 4.8: Distribution of women who had home deliveries, by correct intake, incorrect intake and no intake of misoprostol tablets, according to perception of excessive postpartum vaginal bleeding

Area	Perception of heavy bleeding					
	Not perceived	Percent	Perceived	Percent	Odds ratio	P value
Intervention (incorrectly taken)	29	93.5	2	6.5	0.53	0.4
Intervention (correctly taken)	615	95.6	32	4.9	0.40	0.00
Not taken	86	85.0	6	15.0	0.76	0.5

Comparison area is the reference

Referrals Due to Other Obstetric Complications and MMR

In the intervention areas, 47 women were referred to a health facility by the available birth attendant due to obstetric complications before delivery; while in the comparison areas 29 women were referred. Table 4.9 shows the distribution of all referrals by cause. Besides mortalities due to PPH, 2 other obstetric deaths occurred in the intervention areas and 3 additional obstetric deaths took place in the comparison areas. Total deaths in the intervention areas were 3. Apart from PPH, the other causes of mortality were antepartum hemorrhage and eclampsia. In comparison areas, there were 5 deaths. Apart from PPH the other causes of mortality included complications of cancer of the larynx, uterine rupture and cardiac disease. Maternal mortality ratio (MMR) in the intervention area was 344/100,000 live births and 605/100,000 live births in the comparison area.

Table 4.9: Distribution of all referrals in intervention and comparison areas, by cause

Intervention areas			Comparison areas		
Cause	Number of referrals	Percent	Cause	Number of referrals	Percent
Antepartum hemorrhage	3	6.4	Antepartum hemorrhage	3	10.3
Prolonged labor	33	70.2	Prolonged labor	18	62.1
Malpresentation (breech)	4	8.5	Malpresentation (breech)	1	3.4
Premature rupture of membrane	2	4.3	Premature rupture of membrane	1	3.5
Postpartum hemorrhage	3	6.3	Postpartum hemorrhage	5	17.2
Self-referral	2	4.3	Self-referral	1	3.5
Total	47	100.0	Total	29	100.0

Chapter Summary

Results from this chapter demonstrate that through proper counseling and information exchange it is possible to introduce a new intervention in rural communities. Of the eligible women delivering at home, 88 percent took the tablets and out of these 84 percent were able to take the correct dose at the right time, despite the women's high level of illiteracy. The side effects reported by the women were of a transient nature and did not require hospital management.

CHAPTER 5. DISCUSSION AND RECOMMENDATIONS

Discussion

In Pakistan, around 60 percent of the population resides in rural areas, often not near health facilities, which tend to be concentrated in urban areas. With 61 percent of deliveries still being carried out by unskilled birth attendants at home, Pakistan is one of the few countries in the region that continues to have a high maternal mortality ratio. Due to the paucity of emergency obstetric care facilities, encouraging institutional deliveries is not a viable option for improving maternal outcomes at this time. For this reason, the government of Pakistan introduced the national MNCH program in 2006. A goal of this program is to employ 12,000 trained community midwives to improve access to skilled birth attendants in rural communities. At present, the deployment of these workers has been limited, as few have been able to meet their placement requirements. Those who have returned to their respective communities require some time before they are fully established and recognized as a viable and worthwhile alternative to the existing traditional birth attendants.

To make pregnancy safer, an interim strategy has to be introduced until such time that community midwives are in a position to completely replace traditional birth attendants. One approach is to train the existing TBAs to adopt skills that can make their practice safer. Such an approach has been tried in many parts of the world but with mixed results. In Pakistan the Population Council, through the Safe Motherhood Applied Research and Training Project (Miller and Rashida, 2006), was able to demonstrate a 22 percent fall in perinatal mortality through community awareness and training of traditional birth attendants (in DG Khan district, Punjab province). A study, using a cluster randomized controlled trial in Sindh province, showed a significant reduction in perinatal mortality in intervention clusters where TBAs were trained (Jokhio, Winter and Cheng, 2005).

The Pakistan Demographic and Health Survey 2006-07 shows that the leading cause of maternal mortality in Pakistan is postpartum hemorrhage. Globally, efforts are underway to improve the prevention of postpartum hemorrhage through advocating the active management of the third stage of labor (AMTSL). Empirical evidence shows that the administration of uterotonic drugs in the third stage of labor can markedly reduce the incidence of PPH. Among the safest options available are the injectable drugs oxytocin and methergin; however, both require skilled attendants for administration and, being heat labile, special storage conditions. In resource-constrained settings, misoprostol provides a good alternative because it is inexpensive, heat stable, taken orally, has a long shelf life and can be administered within the home setting. While WHO does not recommend misoprostol use over injectable oxytocin, it recognizes the problems associated with the use of oxytocin in rural communities and, therefore, encourages more research on the use of misoprostol.

The Ministry of Health and Family Welfare in India has endorsed the use of misoprostol for deliveries in rural settings, (Ministry of Health and Family Welfare, 2005). In January 2006, the Nigerian health agency also approved the use of misoprostol tablets, initially in hospital and clinic settings, for the prevention and treatment of postpartum hemorrhage (Greensfelder, 2006).

While the efficacy of misoprostol has been well established, the feasibility of its administration in societies that are very closely governed by traditional values has not been documented extensively. As in many developing countries, rural communities in Pakistan are steeped in traditions and cultural norms, including those followed by traditional birth attendants, who have usually learned their skills from previous generations of TBAs in their families whose practices are at times detrimental to health. Emerging evidence shows that trained community health workers can be utilized to distribute misoprostol tablets through a home-based approach. For instance, in a study from Indonesia, researchers trained community volunteers to provide women with information about the prevention of postpartum hemorrhage, give them misoprostol tablets, and provide follow-up support. This community-based approach was noted as being safe and acceptable to the women, contributing to their willingness and ability to use the drug appropriately (JHPIEGO, 2004).

In another study, from Afghanistan, it was seen that through proper education 70 percent of the eligible women used misoprostol in the target communities (Sanghvi et al., 2010). Another study, from rural Tanzania, also shows that after training TBAs, they were able to recognize and manage PPH effectively (Prata et al., 2005).

This OR study was designed to test, on a large scale, the hypothesis that it is feasible to safely distribute 600 micrograms of misoprostol through birth attendants trained in its use, who would ensure that the drug was taken correctly by women delivering at home. Our results show that 88 percent of eligible women ingested the drug (90 percent compliance in Khanewal and 84 percent in Dadu), reinforcing the assumption that proper counseling and training can alter well-entrenched behaviors and practices. Our results also show that side effects, experienced by 41 percent of the women who took the drug, were transient and did not require any specific management. In fact, this did not prevent 91 percent of the women who took misoprostol at home from saying that they would take the drug for future deliveries. Nearly 100 percent of the women who took misoprostol at home and said they would be willing to use it in future also expressed their willingness to recommend the drug to others.

In this study, as in the study in Indonesia, the safety and acceptability of the drug, and the feasibility of creating awareness about misoprostol and managing distribution of the tablets, were considered key to the successful use of misoprostol to prevent PPH. Three important factors contributed to the proportion of women who accepted and used the tablets. First and foremost was community awareness, which, to a great extent, was facilitated by local lady health workers (LHWs) targeting community pregnant women and their family members; second, and also part of community awareness, were discussions with community elders and influentials; and, third were the counseling sessions that provided accurate and credible information directly to the women, their family members and husbands, and birth attendants, and included culturally appropriate IEC materials. Women who were given the misoprostol tablets were briefed using a pictorial booklet designed especially for this purpose. Another pictorial instruction sheet was enclosed in the clean delivery kits that contained misoprostol tablets. We found

that both the use of the booklet and the instruction sheet in counseling the pregnant women and their chosen birth attendants, including next of kin, greatly contributed to the high rate of women using the tablets correctly and safely (84 percent of the women used the tablets correctly at home).

After providing information regarding postpartum hemorrhage and misoprostol, we interviewed the women close to their time of delivery to see what information they had retained. Our research shows a high level of awareness in women regarding postpartum hemorrhage, with a substantially high proportion of them holding the view that postpartum hemorrhage is potentially dangerous. Another heartening finding was that the majority knew the point at which it was necessary to refer a woman in case of postpartum hemorrhage. Nearly half of the respondents in the intervention area (52 percent) remembered the name of misoprostol (most referred to it as “miso”).

An indicator related to the correct use of misoprostol is the number of referrals. In our study, we found that the number of women who were referred for PPH-related complications was nearly half those in the comparison areas. Although the numbers are small, 3 women were referred from the intervention areas, while 5 were referred from the comparison areas. Furthermore, the women in the intervention areas perceived less bleeding in the postpartum period as compared to the comparison areas. As for maternal mortality, there was one death from PPH reported in the intervention areas (in this case, the woman had not taken misoprostol tablets) and two PPH-related deaths in the comparison areas. These facts indicate that women in the intervention areas were less likely to be transferred to a higher-level facility than women in the comparison areas. In total, there were 4 maternal deaths in the intervention areas and 5 deaths in the comparison areas.

In the intervention areas of our study, we provided clean delivery kits to both the birth attendants and the pregnant women to ensure that a clean delivery kit and misoprostol tablets were available at the time of delivery, in case the birth attendant did not arrive at the delivery in time.

A majority of the 12 percent of the women who did not take misoprostol said that they forgot to take the tablets on time. This reaffirms the need to remind women to keep the tablets readily available once labor pains commence.

Another finding from our study that may have programmatic implications is that the majority of the TBAs were married and in the middle age groups, the next largest group was widows. The national MNCH program may try to target widows who are self-supporting and require a respectable way of making a living.

Results from a study in Egypt recommend the use of misoprostol even in hospital settings if there are staff shortages, refrigeration issues and/or high caseloads, since misoprostol offers the advantage of a one-drug regimen, stability and easy administration, as compared to injectable uterotonics (Prata et al., 2006).

The results from our study provide a useful addition to the literature on the feasibility of home-based administration of misoprostol in the region, furthering the case for inclusion of the drug in the protocol for active management of the third stage of labor at the community level. Our study also dispels the notion that TBAs cannot contribute to lowering maternal mortality: by introducing a simple, low-cost,

easy-to-use technology, TBAs can play a role in reducing one of the largest single causes of maternal deaths.

Recommendations

- **Train community based providers in the use of misoprostol in resource constrained settings**

The results from our study further substantiate the already available empirical evidence that recommends the use of misoprostol in resource-constrained settings by community providers. For this purpose training needs to be imparted to LHW's and community midwives in the use of misoprostol including its dosage, side effects and their management.

- **Empower families to make pregnancies safer through information**

Raising community awareness regarding the need for birth spacing, antenatal checkups, proper nutrition during pregnancy, use of supplements, immunization, use of clean delivery kits at the time of delivery, and postpartum use of misoprostol must be carried out, especially in rural communities. In this regard LHWs through their support group meetings can especially raise awareness regarding use of misoprostol by delivering women.

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ANNEX

Annexure 1. Mobile Network

In case of emergency

Note: Separate referral cards were made for intervention & comparison areas and provided in households of all the recruited women

Annexure 2: Referral Form

REFERRAL FORM	Serial No:
Referred to:	Name of Patient: Husband's Name: Age: Address:
REFERRAL INFORMATION (To be filled by LHV) History and Clinical Findings: Reasons for Referral: Date: _____ Signature: _____ Name: _____	FEEDBACK FROM REFERRAL HEALTH FACILITY(To be filled by the Doctor Incharge) Diagnosis: Treatment: Follow-up: Date : _____ Signature: _____ Name: _____

Annexure 3: Pregnant Woman Registration Form

1	S.No:		2	Registration Date	
3	Name:		4	Husband's Name:	
5	Address/Village (Postal Address)				
6	Age (Years)				
7	Last Menstrual Period (LMP)				
8	Expected Date of Delivery (EDD)				
9	Trimester of Pregnancy	1 - 3 Months of pregnancy	1		
		4 - 6 Months of pregnancy	2		
		7 - 9 Months of pregnancy	3		
10	Gravida (No. of pregnancies)		(If answer is 1 then go to column 14)		
11	Parity (No. of births after 28 weeks of Pregnancy)				
12	No. of Abortions		(If answer is none write 00)		
13	Past Complications	Hemorrhage during pregnancy	O1		
		Postpartum Hemorrhage	O2		
		Cesarean Section	O3		
		Epilepsy / Fits	O4		
		Others (Specify)	77		
		No Complications	OO		

14	Present Complications	Epilepsy / Fits	O5		
		Hemorrhage during pregnancy	O6		
		Hypertension	O7		
		Multiple pregnancies	O8		
		Diabetes	O9		
		Breech / Transverse presentation	10		
		Intended Cesarean Section	11		
		Others (Specify)	77		
		No Complications	OO		
15	Intend to Deliver at Home	YES	1		
		NO	2		
		Not Confirm	3		
16	Eligible Woman	YES	1		
		NO	2		
17	Agreeable to participate in study after informed consent	YES	1		
		NO	2		
18	Name & Address of Birth attendant				
19	CDK	Issue Date:		Return Date :	
		Birth attendant :	Next to kin of Pregnant Woman :	TBA / Birth attendant :	Next to kin of Pregnant Woman :
20	Pregnant Woman Questionnaire	Postpartum Questionnaire (24 - 72 hrs)	Postpartum Birth attendant Questionnaire(24 - 72 hrs)	Postpartum Next to Kin Questionnaire (24 - 72 hrs)	Postpartum Referral Questionnaire

Annexure 4: Serious Adverse Event Report

SERIOUS ADVERSE EVENT REPORT				CBR SERIAL NO: 455		
I. EVENT INFORMATION						
1. PATIENT INITIALS	1.a COUNTRY	2. DATE OF BIRTH Day Month Year	2.a. AGE years	2. SEX	3.a. HEIGHT -- Cm	3.b. WEIGHT -- kg
7.- 13. DESCRIBE EVENT. ☐ EXPECTED ☒ UNEXPECTED					4.-6. EVENT ONSET Day Month Year	
DIAGNOSIS: Description:					8.-12. SERIOUSNESS CRITERIA CHECK ALL APPROPRIATE TO EVENT ☐ DEATH (DATE) Day Month Year ☐ HOSPITALIZATION ☐ DISABILITY OR INCAPACITY ☐ LIFE-THREATENING ☐ OTHER SERIOUS CRITERIA (Cancer, congenital anomaly, overdose, significant) NOT APPLICABLE	
II. SUSPECT DRUG INFORMATION						
14. SUSPECTED DRUG(S) (include generic name(s))					20. DID EVENT ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO	
15. DAILY DOSE (include schedule)			16. ROUTE OF ADMINISTRATION		APPLICABLE	
17. INDICATION(S) FOR USE					21. DID EVENT RE-APPEAR AFTER REINTRODUCTION? ☐ YES ☐ NO	
18. THERAPY DATES (from/to) Day Month Year Day Month Year			19. THERAPY DURATION UNTIL REACTION ONSET		NOT APPLICABLE	
III. CONCOMITANT DRUGS AND HISTORY						
22. CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (exclude those used to treat reaction)						
23. OTHER RELEVANT HISTORY (e.g. diseases, allergies, pregnancy etc.)						
IV. IND HOLDER INFORMATION				V. INVESTIGATOR'S ASSESSMENT		
24.a. NAME AND ADDRESS OF IND HOLDER Population Council Center for Biomedical Research 1230 York Avenue New York, NY 10021 USA Fax: +1(212)327 86 73				23.d. OUTCOME Recovered Recovering Not Recovered Sequelae Fatal Unknown		23.e. CAUSALITY Not Related Unlikely Possible Probable Highly Probable Insufficient Data
BATCH NO. (when relevant)		24.b. PATIENT IDENTIFIER NO				
24.c. DATE RECEIVED Day Month Year		24.d. TRIAL NUMBER		26. NAME AND ADDRESS OF REPORTING PHYSICIAN		
24.e. DATE OF THIS REPORT Day Month Year		25.a. REPORT TYPE ☐ INITIAL ☐ FOLLOW-UP				

Annexure 5: Timeline

Activity in Months	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
UC identification																
Selection of Social Scientists																
Identification of Birth Attendants & LHV																
Development & Urdu translation of training material & questionnaires																
Development of pictorial																
Training of Social Scientists, Birth attendants & LHVs																
Registration of Eligible pregnant women																
Orientation & awareness of women																
Supply of Misoprostol to Birth Attendants & EPWs in CDKs																
Data collection																
Monitoring visits																
Data analysis																
Report preparation																
Dissemination																

Annexure 6: Study Team Members

District Khanewal		District Dadu	
Name	Roles/ Responsibilities	Name	Roles/ Responsibilities
Dr.Samreen Afzal	District Supervisor	Dr. Sonia Memon	District Supervisor
Sajida Yasmeen	Social Scientist	Sumaira Anwer	Social Scientist
Naheed Mustafa	Social Scientist	Afroz Channa	Social Scientist
Sadiq Ali	Logistic Supervisor	Najam Uddin Panhwar	Logistic Supervisor
Mumtaz Batool	Social Scientist	Saima Ahmed	Social Scientist
Zainab Amir	Social Scientist	Shams Rehman	Social Scientist
Shahid Ali Tahir	Logistic Supervisor	Rafique Ahmed	Logistic Supervisor
Munaza Iqbal	Social Scientist	Albia Bano	Social Scientist
Samina Mustafa	Social Scientist	Musarat Phanwer	Social Scientist
Muh. Mujahid Zia	Logistic Supervisor	Amjad Ali Surhio	Logistic Supervisor
Sundas Khaliq	Social Scientist	Sumaira Shah	Social Scientist
Shehzadi Nausheen	Social Scientist	Tahira Khanum	Social Scientist
M. Nadeem Hassan	Logistic Supervisor	Saeed Ahmad Memon	Logistic Supervisor

Annexure 7: Characteristics of Dadu and Khanewal districts

Characteristics	Khanewal			Dadu		
Total Population	2898231			1405453		
Contraceptive Prevalence Rate (CPR)	34%			21.0%		
Unmet need for family planning	27%			39.9%		
Literate Women (15-49 Years)	40%			22.6%		
Literate Husband	73%			64%		
Overall Literacy Rate	37.2%			33.5%		
	Public		Private	Public		Private
	Govt.	LHWs		Govt.	LHWs	
Facilities Providing Maternal Health Care Services	176	1616	2776	85	934	324
Reproductive Health Care Providers	339		631	218		272

Sources:

- <http://www.cssforum.com.pk/css-compulsory-subjects/pakistan-affairs/8805-literacy-rate-pakistan-district-wise.html>
- Pakistan Population Data Sheet, National Institute of Population Studies (NIPS)
- Baseline Household Survey FALAH, Population Council, Islamabad
- Mapping of Health and reproductive Health Services FALAH, Population Council, Islamabad

Annexure 8: IBR Approval Letter

*Institutional Review Board
Population Council
1230 York Avenue
New York, NY 10065*

APPROVAL OF PROTOCOL

DATE: July 22, 2009

TO: Ali Mohammad Mir and Abdul Wajid, Principal Investigators

FROM: Nick Gontarz, IRB Administrator, on behalf of
Dr. Sheldon Segal, Chairman
Institutional Review Board (IRB)

RE: *Approval of Protocol No. 455: Feasibility of home administration of Misoprostol in the prevention of PPH in rural Pakistan*

The Institutional Review Board (IRB) on human research of the Population Council has approved the above request to involve humans as research subjects.

APPROVAL DATE OF PROTOCOL: APRIL 1, 2009

ADVERSE REACTIONS/COMPLICATIONS: All serious and/or unexpected side effects must be reported immediately by fax to the Population Council's SAE Desk (SAE Desk Fax No.: 212-327-8673), which will notify the IRB of the Population Council.

MODIFICATIONS: All protocol changes involving subjects must have prior IRB approval.

If this project is to continue, it must be renewed as specified by the IRB. THE EXPIRATION DATE FOR THIS PROJECT IS APRIL 1, 2010. This renewal application consists of a brief status report summarizing the results obtained during the past period and a short statement of the research plan for the coming year.

If you have any questions, please contact Nick Gontarz at telephone No. [212] 327-7112 or FAX No. [212] 327 – 7678.

cc: IRB Records and Reports File for Protocol 455

Annexure 9: Maps of Khanewal and Dadu Districts

Khanewal District:

Intervention UCs

CHAK NO 093/15-L
CHAK NO 100/15-L
CHAK NO 115/15-L
CHAK NO 124/15-L

Comparison UCs

CHAK NO 044/15-L
CHAK NO 126/15-L
CHAK NO 134/16-L

Area

- Intervention Area
- Comparison Area

Boundaries

- District boundary
- Tehsil boundary
- UC boundary

Type of facility

- DHQ
- THQ
- RHC
- FWC
- BHU
- MCH center
- MSU
- Dispensary/HP

Annexure 10: Questionnaires

Processing Code

Dist	Teh	UC	House no.	Women no					

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Assessing the feasibility of home administration of
Misoprostol in the prevention of PPH in rural Pakistan
An OR Study

**Interviews With
Pregnant Women of 15-49 Years**

رضامندی فارم برائے سوالنامہ
(Intervention Area)

(Intervention Area)

السلام عليكم:

میرا نام۔۔۔۔۔۔۔۔۔۔ ہے میں پاپولیشن کونسل اسلام آباد کے ساتھ کام کرتی ہوں۔

ہم وزارتِ صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ایک تحقیق کر رہے ہیں جس میں ایک دوا "میسو پرائٹل" کے کردار کو دیکھا جائے گا، یہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے سے روکتی ہے۔ ہم چاہتے ہیں کہ آپ اس تحقیق میں شامل ہو کر ہماری مدد کریں تاکہ بہتر سی ماؤں کو جن میں بچے کی پیدائش کے فوراً بعد بہت زیادہ مقدار میں خون ضائع ہو جاتا ہے کو بروقت یہ دوا دے کر پیچیدگیوں سے بچایا جاسکے۔ یہ دوا آپ کو بچے کی پیدائش کے فوراً بعد اور آنلول کے باہر آنے سے پہلے زچگی میں معاونت کرنے والی خاتون یا آپ کے گھر کی کوئی عورت جو اس وقت وہاں موجود ہوگی کھانے کے لئے دے گی۔ یہ دوا لینے سے کچھ خواتین میں متلی، تپ، کلیکیا ہیٹ، پیٹ میں درد اور پیٹ خراب بھی ہو سکتا ہے۔ یہ اثرات عارضی ہوتے ہیں اور ان سے جان کو کوئی خطرہ نہیں ہوتا۔ یہ دوا آپ کو مفت فراہم کی جائے گی۔

ہم آپ سے کچھ معلومات لیں گے جس پر آپ کے 30-45 منٹ صرف ہوں گے۔ ہم آپ کے پاس مزید معلومات لینے کے لیے دوبارہ بھی آئیں گے۔ آپ کی شمولیت مکمل طور پر رضا کارانہ ہوگی۔ آپ سے لی گئی معلومات کو صرف کنسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا اور آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضا مندی:

میں زیرِ دستِ خطی ایک حاملہ خاتون ہوں اور اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضا مندی فارم پڑھ لیا ہے اور اپڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____

انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانِ رضا مندی لیں۔

ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کریں۔)

انٹرویو لینے والی کا بیان:

میں زیرِ دستِ تحلی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائے ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والی کے دستخط _____ تاریخ _____

رضامندی فارم برائے سوالنامہ

(Comparison Area)

السلام علیکم:

میرا نام----- ہے میں پاپولیشن کونسل اسلام آباد کے ساتھ کام کرتی ہوں۔
ہم وزارت صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ماں اور بچے کی صحت کو بہتر بنانے کے لیے ایک تحقیق کر رہے ہیں۔
ہم آپ سے کچھ معلومات لیں گے جس پر آپ کے 30-45 منٹ صرف ہوں گے۔ ہم آپ کے پاس مزید معلومات لینے کے لیے دوبارہ بھی آئیں گے۔ آپ کی شمولیت مکمل طور پر رضا کارانہ ہوگی۔ آپ سے لی گئی معلومات کو صرف کونسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا اور آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔
رضامندی:

میں زیر دستخطی ایک حاملہ خاتون ہوں اور اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____
انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانی رضامندی لیں۔
ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں۔)

انٹرویو لینے والی کا بیان:
میں زیر دستخطی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائے ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والی کے دستخط _____ تاریخ _____

Household Identification

01	Name of District	Khanewal.....01 Dadu 02
02	Name of Tehsil	Mian Channu.....1 Dadu.....2
03	Type of community	Rural 1 Urban 2
04	Name and code of community (UC)	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
05	Address of household (Mouza, Mohallah, Village etc.)	
06	Household number	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
07	Total number of visits made for interview	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
08	Date of interview	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; font-size: small;"> ddmmyyyy </div>
09	Result of interview	Completed..... 1 Incomplete 2 Refused 3 →End interview Locked 4 →Revisit Eligible woman absent 5 →Revisit Others (Specify)..... 7
10	Name and code of interviewer	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
11	Name and code of supervisor	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
12	Name and code of editor	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
13	Name and code of data entry operator	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

Please encircle eligible women

1: Household Roster

101		102	103	104	105	106	
Line	Please give me the name of the persons who usually live in your household starting with the head of the household مہربانی کر کے ان افراد کے نام بتائیں جو عام طور پر اس گھرانے میں رہتے ہیں۔ گھرانے کے سربراہ سے شروع کریں	Sex		Relationship with HHH	Current Age (If less than 1 year, write 00;)	Classes passed (If age is less than 5 years don't ask this question)	Marital Status (If age is less than 12 yrs don't ask this question)
		Male	Female	(See codes given below the table)	[If age less than 5 years go to next line]	(If no class passed, write 00) Write "16" if 16 or more classes passed	1. Married 2. Widowed 3. Divorced 4. Separated 5. Single
01		1	2				
02		1	2				
03		1	2				
04		1	2				
05		1	2				
06		1	2				
07		1	2				
08		1	2				
09		1	2				
10		1	2				
11		1	2				
12		1	2				
13		1	2				
14		1	2				
15		1	2				
16		1	2				
17		1	2				
18		1	2				
19		1	2				
20		1	2				

Please attach additional sheet if household members are more than 20.

Relationship Codes

01. Head of the household
02. Spouse
03. Son/Daughter
04. Son/Daughter in law
05. Grand Son/Daughter

06. Father/Mother in law
07. Brother/Sister in law
08. Father/Mother
09. Brother/Sister
10. Uncle/Aunt

11. Niece/Nephew
12. Grand parents
13. Adopted/Stepchild
14. Other Relative
15. Servant

77. Others(Specify)

107.	Total number of household members	Total	<input type="text"/>	108. Total currently married (15-49 yrs) women in HH	<input type="text"/>
	گھرانے کے کل افراد کی تعداد	Male	<input type="text"/>	109. Total number of eligible pregnant women (15-49) in HH	<input type="text"/>
		Female	<input type="text"/>	110. Pregnant women (15-49 yrs) interviewed in HH	<input type="text"/>

1: Household Characteristics

Questions and Filters	Responses and Codes
<p>111 Which language is mostly spoken in your household?</p> <p>آپ کے گھر میں زیادہ تر کونسی زبان بولی جاتی ہے؟</p>	<p>Urdu 1</p> <p>Punjabi 2</p> <p>Saraiki 3</p> <p>Sindhi 4</p> <p>Balochi 5</p> <p>Others (specify) 77</p>
<p>112 What is the main source of drinking water for your household?</p> <p>پینے کے لیے پانی زیادہ تر کہاں سے حاصل کیا جاتا ہے؟</p>	<p>Govt. supply (tap water inside) 01</p> <p>Govt. supply (communal) 02</p> <p>Motorized/Hand pump (inside) 03</p> <p>Motorized/Hand pump (outside) 04</p> <p>Well (inside) 05</p> <p>Well (outside) 06</p> <p>Tube-well 07</p> <p>River/Canal/Stream 08</p> <p>Pooled/Pond water 09</p> <p>Others (Specify) 77</p>
<p>113 What kind of toilet facility do members of your household use?</p> <p>آپ کے گھر کے افراد کس قسم کی لیٹرین استعمال کرتے ہیں؟</p>	<p>Flush to sewerage 01</p> <p>Flush connected to septic tank 02</p> <p>Flush connected to open drain 03</p> <p>Raised latrine 04</p> <p>Pit latrine 05</p> <p>In fields 06</p> <p>Others (specify) 77</p>

114 Does your household possess any of the following: کیا آپ کے پاس مندرجہ ذیل جانور ہیں؟	1		2	
	Yes	No	Are kept in residential area at night	
		Go to next line	Yes	No
a. Cattle (Buffalo, Cow, Donkey, Horse, Ox etc.)	1	2	1	2
b. Sheep and/or goats	1	2	1	2
115 Does your household have: کیا آپ کے گھر میں مندرجہ ذیل اشیاء ہیں؟	Yes		No	
a. Electric fan	1		2	
b. Sewing machine	1		2	
c. Washing machine	1		2	
d. Radio or Cassette player	1		2	
e. TV	1		2	
f. Telephone/mobile	1		2	
g. Refrigerator	1		2	
h. Air cooler	1		2	
i. Computer	1		2	
j. Cycle	1		2	
k. Motorcycle	1		2	
l. Car/Jeep	1		2	
q. Tractor/Truck	1		2	
116 Does your household own any agriculture land? کیا آپ کی اپنی کوئی زرعی زمین ہے؟	Yes 1 No 2 → Go to 118			
117 Is this agricultural land producing the major source of livelihood of household? کیا زرعی زمین گھر کی آمدنی کا اہم ذریعہ ہے؟	Yes 1 No 2			
118 Line number of eligible woman	(Write line number from HH roster) I __			
	موزوں عورت کا لائن نمبر			

2: Background Characteristics of Pregnant woman

Questions and Filters	Responses and Codes
201 What is your date of birth? آپ کی تاریخ پیدائش کیا ہے؟	__/__/__ dd: mm: yyyy (If date of birth not known, write 98:98: 9998)
202 What is your age? آپ کی کتنی عمر ہے؟	Number of years..... __/__/__ (If age is < 15 years or > 49 years then end interview)
203 Have you ever attended school, madressah or you studied at home? کیا آپ نے کبھی سکول / مدرسہ / گھر میں پڑھا ہے؟	Yes.....1 No.....2 → Go to 205
204 How many years of education have you completed? آپ نے کتنے سال کی تعلیم مکمل کی؟	a) Schooling..... __/__/__ b) Madressah..... __/__/__
205 Did your husband ever attend school, madressah or studied at home? کیا آپ کے خاوند نے کبھی اسکول / مدرسہ / گھر میں پڑھا ہے؟	Yes.....1 No.....2 → Go to 207 Don't know98 → Go to 207
206 How many years of education has he completed? انہوں نے کتنے سال کی تعلیم مکمل کی؟	a) Schooling..... __/__/__ b) Madressah __/__/__ c) Don't know 98
207 Do you do any paid work other than household work? کیا آپ گھر کے کام کاج کے علاوہ ایسا کوئی کام کرتی ہیں جس سے آمدنی ہو؟	Yes.....1 No.....2 → Go to 209
208 What type of work do you do for income? آپ آمدنی کیلئے کونسا کام کرتی ہیں؟	Agricultural work.....01 Domestic servant02 Embroidery/Stitching/Knitting03 Shopkeeper04 Tutoring (Religious/Formal)05 Skilled labor.....06 Unskilled labor.....07 Service(Govt, Private, NGO)08 Others (specify).....77
209 What is your husband's main occupation? آپ کے شوہر کا بنیادی پیشہ کیا ہے؟	Agriculture/Livestock/Poultry01 Skilled labor.....02 Unskilled labor.....03 Government service04 Private service05 In army06 Retired07 Abroad.....08 Unemployed.....09 Others (Specify)77 Don't know98

Questions and Filters	Responses and Codes
<p>210 How many live births you have had? آپ کے اب تک کتنے زندہ بچے پیدا ہوئے؟ (If no live birth write "00" in total)</p>	<p>(a) Total _ _ (b) Son(s) _ _ (c) Daughter(s) _ _ Checked: if answer is 00 in total Go to 212</p>
<p>211 How many of your children are living now? اب آپ کے کتنے زندہ بچے ہیں؟ (If no living child write "00" in total)</p>	<p>(a) Total _ _ (b) Son(s) _ _ (c) Daughter(s) _ _</p>
<p>212 How many stillbirths you have had in your lifetime? آپ کے اب تک کل کتنے مردہ بچے پیدا ہوئے؟ (If no stillbirth write "00" in total)</p>	<p>(a) Total _ _ (b) Son(s) _ _ (c) Daughter(s) _ _</p>
<p>213 Did any of your pregnancy result in spontaneous / induced abortion? کیا آپ کا کوئی حمل ضائع ہوا یا آپ نے خود ضائع کروایا؟</p>	<p>Yes1 No2 → Go to 215</p>
<p>214 How many of your pregnancies resulted in spontaneous / induced abortion? (If no abortion write "00" in total) آپ کے کتنے حمل ضائع ہوئے اور کتنے آپ نے خود ضائع کروائے؟</p>	<p>(a) Total abortion(s) _ _ (b) Spontaneous abortion(s) _ _ (c) Induced abortion(s) _ _</p>
<p>215 Have you ever received an injection in the arm/buttock to prevent the baby from tetanus i.e. convulsions after birth? کیا آپ نے کبھی بچے کو تشنج سے بچاؤ کیلئے اپنے بازو یا گولے میں ٹیکہ لگوا یا؟</p>	<p>Yes1 No2</p>
<p>216 Where were your previous deliveries conducted? آپ کی سابقہ زچکیاں کہاں پر ہوئیں؟</p>	<p>First Pregnancy 1 → Go to 219 At home2 Health facility3 Both4</p>
<p>217 Did you ever deliver through cesarean section? کیا آپ کی بڑے آپریشن سے کوئی زچگی ہوئی؟</p>	<p>Yes1 No2 → Go to 219</p>
<p>218 If yes, how many times? اگر ہاں تو کتنی زچکیاں ہوئیں؟</p>	<p>Number of cesarean sections _ _</p>
<p>219 Have you ever used family planning methods? کیا آپ نے کبھی خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کیا؟</p>	<p>Yes1 No2 → Go to 222</p>

Questions and Filters		Responses and Codes	
220	If yes, which method/methods did you use? اگر ہاں تو کونسا طریقہ استعمال کیا؟	Yes	No
a.	Condom کنڈم	1	2
b.	Tablets گولیاں	1	2
c.	Injection ٹیکہ	1	2
d.	IUCD چھلہ	1	2
e.	Rhythm method وقتی پرہیز	1	2
f.	Withdrawal method عزل اخراج	1	2
g.	Emergency Contraceptive method ہنگامی مانع حمل طریقہ	1	2
h.	Others (specify) اس کے علاوہ	1	2
221	What are the reasons that you stopped using any family planning method? کیا وجوہات ہیں کہ آپ نے خاندانی منصوبہ بندی کا کوئی بھی طریقہ استعمال کرنا چھوڑ دیا؟ [Multiple responses are allowed]	Wanted more children 01 Husband opposed 02 In-laws opposed 03 Against religion 04 Fear of side effects 05 Experienced side effects 06 Got pregnant while using 07 Lack of access / non-availability 08 Cost too much 09 Inconvenient to use 10 Others (specify) 77	
222	Is there any of your pregnancy with less than two years interval? کیا آپ کا کوئی ایسا حمل بھی ہے جس کے درمیان دو سال سے کم وقفہ ہو؟	1 st Pregnancy 1 Yes 2 No 3	
223	Are you currently suffering from any health problem? کیا آپ کو آج کل صحت سے متعلق کوئی مسئلہ ہے؟	Yes 1 No 2 → Go to 301	
224	If, yes what is the problem? (Probe) اگر ہاں تو وہ کونسا مسئلہ ہے؟ [Multiple responses are allowed]	Anemia 01 Hypertension 02 Cardiac Problem 03 Diabetes 04 Epilepsy 05 Tuberculosis (TB) 06 Hepatitis 07 Asthma 08 Cancer 09 Others (specify) 77	

3: Pregnancy History during Last 3 Years

Questions and Filters	Responses and Codes								
301 How many times did you get pregnant in last three years? پچھلے تین سالوں میں آپ کتنی مرتبہ حاملہ ہوئیں؟	1st Pregnancy00→ Go to 401 Number of Pregnancies								
302 How many months ago did your pregnancy end? کتنا عرصہ پہلے آپ کا حمل ختم ہوا؟	a) Last pregnancy			b) 2 nd last pregnancy			c) 3 rd last pregnancy		
	Months			Months			Months		
303 What was the outcome of pregnancy? حمل کا کیا نتیجہ نکلا؟ [Multiple responses are allowed if multiple fetuses]	Live birth1 Still birth2 Spont. Abortion3 Induc. Abortion4			Live birth1 Still birth2 Spont. Abortion3 Induc. Abortion4			Live birth1 Still birth2 Spont. Abortion3 Induc. Abortion4		
304 Did you have any complications during that pregnancy? کیا آپ کو حمل کے دوران کسی قسم کی کوئی پیچیدگیاں ہوئیں؟	Yes1 No2 (If "No" Go to 307)			Yes1 No2 (If "No" Go to 307)			Yes1 No2 (If "No" Go to 307)		
305 If yes, what were the complications experienced? اگر ہاں، تو آپ کو کوئی پیچیدگیاں ہوئیں؟	Spontaneous Yes... 1 Prompted Yes.....2 No3			Spontaneous Yes..... 1 Prompted Yes.....2 No3			Spontaneous Yes...1 Prompted Yes.....2 No3		
a Severe/prolonged vomiting شدید الہے عرصے تک قے	1	2	3	1	2	3	1	2	3
b Shortness of breath سانس لینے میں دشواری	1	2	3	1	2	3	1	2	3
c Severe headache شدید سردرد	1	2	3	1	2	3	1	2	3
d Blurring of vision نظر کا دھندلانا	1	2	3	1	2	3	1	2	3
e Swelling over face چہرے پر سوجن	1	2	3	1	2	3	1	2	3
f Severe lower abdominal pain پیٹ کے نچلے حصے میں شدید درد	1	2	3	1	2	3	1	2	3
g Spotting خون کے دھبے لگنا	1	2	3	1	2	3	1	2	3
h Heavy vaginal bleeding زیادہ مقدار میں خون کا ضائع ہونا	1	2	3	1	2	3	1	2	3
i High fever with or without rigors تیز بخار (سردی/سردی کے بغیر)	1	2	3	1	2	3	1	2	3
j Diagnosed high blood pressure بلڈ پریشر کا زیادہ ہونا	1	2	3	1	2	3	1	2	3
k Fits or convulsions دورے پڑنا	1	2	3	1	2	3	1	2	3
l Unconsciousness بے ہوشی	1	2	3	1	2	3	1	2	3
Check Q305: Woman had one or more complications	Yes.....1 No.....2 → Go to 307								
306 What treatment did you receive for those complications? آپ کی ان پیچیدگیوں کا کیا علاج ہوا؟ [Multiple responses are allowed]	Oral tablets01 Injectable02 Surgical03 Others(specify)77 Don't know98 None00			Oral tablets01 Injectable02 Surgical03 Others(specify)77 Don't know98 None00			Oral tablets01 Injectable02 Surgical03 Others(specify)77 Don't know98 None00		

Questions and Filters		Responses and Codes		
<i>Instructions: Now I am going to ask you few questions about your last delivery</i>				
307	Did you experience any serious complications during / after last delivery? کیا آپ کو آخری زچگی کے دوران / بعد میں کوئی سنجیدہ پیچیدگیاں ہوئیں؟	Yes 1 No 2 → Go to 401		
308	If yes, what were the complications experienced اگر ہاں تو وہ کوئی پیچیدگی تھیں؟	Spontaneous Yes	Prompted Yes	No
a.	Prolonged / Obstructed labor بہت زیادہ اور لمبے عرصے تک درد	1	2	3
b.	Bleeding before labor began درد شروع ہونے سے پہلے خون آنا	1	2	3
c.	Premature rupture of membranes وقت سے پہلے پانی کی تھیلی پھٹ جانا	1	2	3
d.	Delay in delivery of placenta / Retained placenta آدھا گھنٹہ گزر جانے کے بعد آئول کا باہر نہ آنا یا اس کا کوئی ٹکڑا اندر رہ جانا	1	2	3
e.	Excessive bleeding during / after delivery زچگی کے دوران / بعد میں بہت زیادہ خون آیا	1	2	3
f.	Tear in vagina, cervix or uterus بچہ دانی کے منہ یا جسم کے بیرونی حصے پر زخم یا چیرا لگنا	1	2	3
g.	Inverted uterus بچہ دانی کا اُلٹا ہونا / باہر آنا	1	2	3
h.	High fever تیز بخار	1	2	3
i.	Abnormal position fetus الٹا یا آڑھا بچہ	1	2	3
Check Q308: Woman had one or more complications		Yes 1 No 2 → Go to 401		
309	From whom did you get treatment for the complication? آپ نے پیچیدگی کے لئے علاج کس سے کروایا؟ [Multiple responses are allowed]	Did not get treatment 00 → Go to 401 Community Midwife 01 LHW 02 TBA / Dai 03 Nurse 04 LHV 05 Doctor 06 Remedies by a relative 07 Others (specify) 77		
310	From where did you get treatment for the complication? آپ نے پیچیدگی کے لئے علاج کہاں کروایا؟	At home 00 → Go to 315 At health facility 01		

Questions and Filters	Responses and Codes
<p>311 Who made the decision to seek health care from health facility? اس بات کا فیصلہ کس نے کیا تھا کہ مرکز صحت سے علاج کروانا چاہیے؟</p>	<p>Community Midwife01 Husband02 Both.....03 Mother in law04 Other family member05 Self06 TBA /Dai07 Others (specify).....77</p>
<p>312 If went to the health facility, what was the mode of transport used to reach health facility? اگر صحت کی سہولت تک گئے تو کون سی گاڑی (ٹرانسپورٹ) استعمال کی گئی؟</p>	<p>Physically carried on foot01 Own transport.....02 Private transport.....03 Community transport.....04 Ambulance05 Local transport.....06 Others (specify).....77</p>
<p>313 How long did it take you to reach the health facility? مرکز صحت تک پہنچنے میں کتنا وقت لگا؟</p>	<p>a) Time in minutes _ _ b) Time in hours _ _</p>
<p>314 How much time did it take to receive any treatment after reaching at health facility? مرکز صحت پہنچنے کے کتنی دیر بعد عملے نے علاج شروع کیا؟</p>	<p>a) Time in minutes _ _ b) Time in hours _ _ } → Go to 401</p>
<p>315 What was the main reason that you didn't get treatment from a health facility? کیا اہم وجہ تھی کہ آپ نے مرکز صحت سے علاج نہیں کروایا؟</p>	<p>Treatment was not needed 01 Due to poverty..... 02 HH members think treatment not needed..... 03 Not allowed to go out 04 Used traditional methods of treatment 05 Health facility far away..... 06 Transport not available..... 07 Others (specify) 77</p>

4: History of present pregnancy

Instructions: Now I am going to ask you few questions about your present pregnancy

Questions and Filters	Responses/codes
401 What is the duration of your current pregnancy? آپ کا یہ حمل کتنے عرصے کا ہے؟	Time in months _ _
402 Have you been examined by a health care provider during this pregnancy? کیا آپ کا اس حمل کے دوران معائنہ کیا گیا؟	Yes.....1 No.....2 → Go to 409
403 When was the last check up done? آپ کا آخری دفعہ معائنہ کب کیا گیا؟	Time in days _ _ Time in months _ _
404 From whom did you have this check up? آپ نے یہ معائنہ کس سے کروایا؟	Community Midwife1 MBBS doctor2 Nurse3 LHV4 LHW5 Dia /TBA6 Others(specify)7
405 What did the check up consist of? (Probe) آپ کا کیا معائنہ کیا گیا؟ (Multiple answers are allowed)	Checked for anemia /blood deficiency01 Checked Blood pressure02 Measured Weight.....03 Performed Blood test.....04 Performed Urine test.....05 Performed Ultrasound06 Checked fetal heart rate07 Checked fetal position.....08 Others(specify)77
406 During your check up have you been informed about any problem with your pregnancy? کیا آپ کو معائنے کے دوران یہ بتایا گیا کہ آپ کے حمل کے ساتھ کوئی مسئلہ ہے؟	Yes.....1 No.....2 → Go to 408

407	If yes, what was the problem? اگر ہاں ہے تو کیا مسئلہ تھا؟	Spontaneous Yes	Prompted Yes	No
a.	Placenta is low in position آنول اپنی جگہ سے نیچے ہے اور پچہ دانی کے منہ کے قریب ہے	1	2	3
b.	Placenta is detached آنول پچہ دانی کی دیوار سے الگ ہے	1	2	3
c.	Baby is not in a normal position بچہ الٹا، آڑھ یا ٹیڑھا ہے	1	2	3
d.	Twin/multiple babies جڑواں یا اس سے زیادہ بچے ہیں	1	2	3
e.	Anemia خون کی کمی	1	2	3
f.	Diabetes شوگر	1	2	3
g.	Hypertention بلڈ پریشر زیادہ ہے	1	2	3
h.	Edema ہاتھوں، پیروں میں سوجن	1	2	3
i.	Small sized fetus بچے کا سائز چھوٹا ہے	1	2	3
408	Who made the decision to go for this check up? اس بات کا فیصلہ کس نے کیا تھا کہ معائنہ کروانا چاہیے؟	Community Midwife..... 01 Husband 02 Both.....03 Mother in law 04 Other family member 05 Self 06 TBA/Dai..... 07 LHW..... 08 Others (specify) 77		
409	Did you use any supplement/medicine during current pregnancy? کیا آپ نے اس حمل کے دوران کسی اضافی خوراک/دوا کا استعمال کیا؟	Yes 1 No..... 2 → Go to 501		
410	What was that? وہ کیا تھی؟ (Multiples answers are allowed)	Iron/Folic acid Tablets 1 Iron Syrup 2 Calcium supplement 3 Food supplement 4 Others(specify) 7		

5: Knowledge and Attitude towards Post Partum Hemorrhage

Questions and Filters	Responses and Codes		
<p>501 In your opinion what is postpartum hemorrhage?</p> <p>آپ کے خیال میں (POST PARTUM HEMORRHAGE) زچگی کے بعد زیادہ مقدار میں خون ضائع ہونا سے کیا مراد ہے؟</p>	<p>Excessive bleeding in the first 24 hours following delivery of baby01</p> <p>Bleeding after delivery02</p> <p>Uncontrolled bleeding03</p> <p>Others(specify)77</p> <p>Don't know98</p>		
<p>502 What do you think are the causes of PPH/excessive bleeding from the genital tract in the first 24 hours following delivery of the baby?</p> <p>آپ کے خیال میں زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے کی کیا وجوہات ہوتی ہیں؟</p>	Spontaneous Yes	Prompted Yes	No
a. Vaginal tears عورت کے جسم کے بیرونی حصے پر چیرا لگنا	1	2	3
b. Cervical tears بچہ دانی کے منہ پر چیرا لگنا	1	2	3
c. Retained products of placenta آنول کا ٹکڑا اندر رہ جانا	1	2	3
d. Delayed delivery of placenta آنول کا دیر سے باہر آنا	1	2	3
e. Uterine atony بچہ دانی کا سخت نہ ہونا	1	2	3
f. Uterine rupture بچہ دانی کا پھٹ جانا	1	2	3
<p>503 Do you think PPH/excessive bleeding from genital tract is dangerous?</p> <p>کیا آپ کے خیال میں زچگی کے بعد زیادہ مقدار میں خون ضائع ہونا خطرناک ہے؟</p>	<p>Yes 1</p> <p>No2 → Go to 508</p> <p>Don't know2 → Go to 509</p>		
<p>504 In your opinion which measures can be taken at home to manage postpartum hemorrhage, before referral to hospital?</p> <p>آپ کے خیال میں زچہ کو ہسپتال لے جانے سے پہلے وہ کون سے ایسے اقدامات ہیں جو زیادہ مقدار میں خون ضائع ہونے کو روکنے کے لئے گھر میں کئے جاسکتے ہیں؟</p> <p>(Multiples answers are allowed)</p>	<p>Nothing can be done00</p> <p>Massage of uterus01</p> <p>Trained birth attendant can be called02</p> <p>TBA / Dai can be called03</p> <p>Oral tablets can be given04</p> <p>Injection can be given05</p> <p>IV fluids can be given06</p> <p>Others (specify)77</p> <p>Don't know98</p>		
<p>505 When do you think a woman with postpartum hemorrhage be shifted to the health facility?</p> <p>آپ کے خیال میں زیادہ مقدار میں خون ضائع ہونے پر زچہ کو کب مرکز صحت لے جانا چاہیے؟</p> <p>(Multiples answers are allowed)</p>	<p>Heavy /constant bleeding even after management at home01</p> <p>Uterus comes out with placenta02</p> <p>Signs of shock. (fainting, increased pulse rate, skin cold & wet, pale color)03</p> <p>Unconsciousness04</p> <p>Others (specify)77</p> <p>Don't know98</p>		

Questions and Filters		Responses and Codes		
506	If excessive bleeding is not controlled after delivery , in what time interval a woman should be shifted to the health facility? زچگی کے بعد اگر خون کا ضیاع نہ ر کے تو کتنے وقت کے اندر زچہ کو مرکز صحت لے جانا چاہیئے؟	Within 1- 2 hours01 Within 2- 3 hours02 Within 3- 4 hours03 Others (specify)77 Don't know98		
507	In your opinion which treatment can be provided at the health facility? آپ کے خیال میں اس کا مرکز صحت پر کیا علاج کیا جاسکتا ہے؟ [Multiple responses are allowed]	Tablet01 Injection02 IV infusion.....03 Blood transfusion04 Surgery05 Others (specify)77 Don't know98 → Go to 509		
508	Why do you think excessive bleeding from genital tract is not dangerous? آپ کے خیال میں زچگی کے بعد زیادہ مقدار میں خون ضائع ہونا کیوں خطرناک نہیں ہے؟	Normal Phenomena 1 Home remedies are effective..... 2 Dai can easily manage..... 3 Others (Specify).....7		
509	During postpartum period, for which danger signs, it is necessary to seek medical advice/treatment? آپ کے خیال میں زچگی کے بعد کوئی خطرناک علامات ہیں جن کے لئے طبی مشورہ/علاج کروانا ضروری ہے؟			
Type of complication		Spontaneous Yes	Prompted Yes	NO
a.	Excessive vaginal bleeding زچگی کے بعد زیادہ خون ضائع ہونا	1	2	3
b.	Signs of shock (fainting, increased pulse rate, skin cold & wet) دل ڈوبنا، رنگت پھل پڑ جانا غشی، نبض کی رفتار تیز ہونا، جلد ٹھنڈی ہو جانا	1	2	3
c.	High grade fever (with or without rigors) تیز بخار (سردی/سردی کے بغیر)	1	2	3
d.	Inverted uterus بچہ دانی کا اُلٹا ہونا/باہر آنا	1	2	3
e.	Pain and/or swelling in breasts چھاتی میں درد یا سوجن	1	2	3
f.	Severe pain in lower abdomen پہٹ کے نچلے حصے میں شدید درد	1	2	3
g.	Foul smelling vaginal discharge شرمگاہ سے بدبودار مواد کا خارج ہونا	1	2	3
h.	Others (Specify) اس کے علاوہ	1		3

6: Knowledge and acceptability regarding use of Misoprostol

Questions and Filters	Responses and Codes
<p>601 Do you know any medicine taken orally for the prevention/control of postpartum hemorrhage?</p> <p>کیا آپ کو کسی ایسی دوا کے بارے میں معلوم ہے جو زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے سے بچاؤ/اروکنے کے لئے کھائی جاتی ہے؟</p>	<p>Yes 1</p> <p>No 2 → Go to 612</p>
<p>602 What is its name of that medicine?</p> <p>اس دوا کا کیا نام ہے؟</p>	<p>Misoprostol 01</p> <p>Cant recall the name of medicine 02</p> <p>Others (specify) 77 → Go to 607</p> <p>Don't know 98 → Go to 607</p>
<p>603 If Misoprostol, at which stage of delivery it should be used?</p> <p>اگر میسوپراسٹل ہے تو زچگی کے کون سے مرحلے میں یہ دوا کھلانی چاہیے؟</p>	<p>Immediately after delivery of the baby and before delivery of the placenta 01</p> <p>Before delivery of the baby 02</p> <p>After delivery of the placenta 03</p> <p>Others (specify) 77</p> <p>Don't know 98</p>
<p>604 What are the advantages of taking oral Misoprostol?</p> <p>میسوپراسٹل کھانے کے کیا فائدے ہیں؟</p>	<p>To prevent / control PPH (excessive vaginal bleeding after delivery) 01</p> <p>To save the life of mother 02</p> <p>To prevent the complication 03</p> <p>Others(specify) 77</p> <p>Don't know 98</p>
<p>605 Do you know, what are the side effects of Misoprostol?</p> <p>کیا آپ کو معلوم ہے کہ میسوپراسٹل کھانے سے کیا ذیلی اثرات ہو سکتے ہیں؟</p> <p>Multiple responses are allowed</p>	<p>Fever 1</p> <p>Chills 2</p> <p>Nausea 3</p> <p>Vomiting 4</p> <p>Abdominal pain 5</p> <p>Others(specify) 7</p> <p>Don't know 9</p>
<p>606 Who gave you the information about the orally administered drug (Misoprostol) used for prevention of PPH?</p> <p>آپ کو میسوپراسٹل (زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے کو روکنے والی دوا) کے بارے میں کس نے معلومات فراہم کیں؟</p> <p>(Multiples answers are allowed)</p>	<p>Community Midwife 01</p> <p>LHV 02</p> <p>LHW 03</p> <p>TBA/DAI 04</p> <p>Research team 05</p> <p>Others(specify) 77</p>

Questions and Filters	Responses and Codes
<p>607 If you are recommended, will you use Misoprostol for the prevention of PPH?</p> <p>اگر آپ کو زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے کو روکنے کے لئے میسو پراسٹل کھانے کے لئے تجویز کی جائے تو کیا آپ اسے استعمال کریں گی؟</p>	<p>Yes1</p> <p>No.....2 → Go to 609</p>
<p>608 In case you are prescribed, will your husband and other family members allow you to use it?</p> <p>اگر آپ کو یہ دوا تجویز کی جائے تو کیا آپ کے خاوند یا گھر والے یہ دوا استعمال کرنے کی اجازت دیں گے؟</p>	<p>Yes.....1</p> <p>No.....2</p>
<p>609 Do you think the information provided about Misoprostol was sufficient?</p> <p>آپ کے خیال میں میسو پراسٹل کے بارے میں جو معلومات آپ کو فراہم کی گئیں وہ کافی تھیں؟</p>	<p>Yes.....1</p> <p>No.....2 → Go to 611</p>
<p>610 Are you satisfied with the information provided to you?</p> <p>کیا آپ کو جو معلومات فراہم کی گئیں تسلی بخش تھیں؟</p>	<p>Yes.....1</p> <p>No.....2</p>
<p>611 How does the information provided can be improved, give your suggestions?</p> <p>آپ کے خیال میں جو معلومات آپ کو فراہم کی گئیں ان کو کیسے بہتر کیا جاسکتا ہے؟ اپنی رائے دیں۔</p>	
<p>612 Would it be all right if we come back to talk to you again after some time?</p> <p>اگر کبھی ہم دوبارہ آپ سے بات کرنے کیلئے آئیں تو کیا آپ بات کریں گی؟</p>	<p>Yes.....1</p> <p>No.....2</p>

آپ کا بہت شکریہ

Processing Code

Dist	Teh	UC	House no.	Women no					

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Assessing the feasibility of home administration of
Misoprostol in the prevention of PPH in rural Pakistan
An OR Study

Post Partum Interview (B)
(Women of 15-49 years)

رضامندی فارم برائے سوالنامہ

(Intervention Area)

السلام علیکم:

میراث نام-----ہے میں پاپولیشن کنسل کے ساتھ کام کرتی ہوں۔ ہم وزارتِ صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ایک تحقیق کر رہے ہیں جس میں ایک دو "میسو پرائٹل" کے کردار کو دیکھا جائے گا، یہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے سے روکتی ہے۔

ہم نے آپ کو حمل کے دوران میسو پرائٹل کی 3 گولیاں فراہم کی تھیں تاکہ آپ کے گھر میں موجود رشتہ دار خاتون یا زوجگی کروانے والی خاتون بچے کی پیدائش کے فوراً بعد اور آنول کے باہر آنے سے پہلے آپ کو کھلائے جس سے بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے کو روکا جاسکے۔ ہمیں یقین ہے کہ یہ دو آپ کو بروقت کھلائی گئی ہوگی۔

ہم نے آپ کا پہلے بھی انٹرویو کیا تھا اس دو کو کھانے کا آپ کا کیسا تجربہ رہا اس سلسلے میں ہم آپ سے کچھ مزید معلومات لیں گے جس پر آپ کے 30-35 منٹ صرف ہوں گے۔ آپ سے لی گئی معلومات کو صرف کنسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا۔ آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضامندی:

میں زیر دستخطی ایک حاملہ خاتون ہوں اور اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____
انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانی رضامندی لیں۔

باب _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں)۔

انٹرویو لینے والی کا بیان:

میں زیر دستخطی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائیں ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والی کے دستخط _____ تاریخ _____

Identification

B-1	Result of interview	Completed 01 Incomplete..... 02 Refused 03 →End interview Locked..... 04 →Revisit Eligible woman absent 05 →Revisit Others (Specify) 77
B-2	Name and code of Interviewer	_ _

History of last Pregnancy and Post partum period

Questions and Filters	Responses/codes																														
<p>B-3 When you were pregnant with the child just delivered, did you have antenatal check up? اس بچے کی دفعہ جوا بھی پیدا ہوا ہے، جب آپ حمل سے تھیں تو کیا آپ کا معائنہ ہوا؟</p>	<p>Yes 1 No 2 → Go to B-7</p>																														
<p>B-4 If yes, who made the decision to go for this check up? اگر ہاں، تو معائنہ کروانے کا فیصلہ کس نے کیا تھا؟</p>	<p>Self01 Husband02 Both03 Mother in law04 Any other family member05 Community Midwife.....06 LHV07 LHW08 TBA /Dai.....09 Others (specify)77</p>																														
<p>B-5 During your check up were you informed about any problem with your pregnancy? کیا آپ کو معائنہ کے دوران بتایا گیا کہ آپ کے حمل کے ساتھ کوئی مسئلہ ہے؟</p>	<p>Yes 1 No 2 → Go to B-7</p>																														
<p>B-6 If yes, what was the problem? اگر ہاں ہے تو کیا مسئلہ تھا؟</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Spontaneous Yes</th><th style="width: 33%; text-align: center;">Prompted Yes</th><th style="width: 33%; text-align: center;">No</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </tbody> </table>	Spontaneous Yes	Prompted Yes	No	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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<p>B-7 Did you bleed at anytime DURING THIS PREGNANCY (any time before labor had started)? کیا آپ کو اس پورے حمل میں کسی بھی وقت خون آیا؟ (زچگی کی دردی شروع ہونے سے پہلے)</p>	<p>Yes 1 No 2 → Go to B-9</p>																														
<p>B-8 If yes, number of bleeding episodes? اگر ہاں تو کتنی دفعہ خون آیا؟</p>	<p>Number of times.</p>																														

<p>B-9 Did you have ABNORMAL vaginal bleeding DURING THE LABOUR-PERIOD?</p> <p>کیا آپ کو زچگی کی دروں کے دوران خون آیا؟</p>	<p>Yes 1</p> <p>No 2 → Go to B-12</p>
<p>B-10 If yes, duration of the bleeding?(Write exact time in mints/hours?)</p> <p>اگر ہاں تو اس کا دورانیہ کیا تھا؟ (بالکل صحیح وقت منٹوں میں یا گھنٹوں میں لکھیں)</p>	<p>a) Time in minutes..... </p> <p>b) Time in hours..... </p>
<p>B-11 What was the severity of bleeding?</p> <p>خون آنے کی شدت / مقدار کیا تھی؟</p>	<p>Scanty 01</p> <p>Moderate wet clothes only 02</p> <p>Severe: wet clothes & flow 03</p> <p>Don't know 98</p>
<p>B-12 Who delivered the baby?</p> <p>زچگی کس نے کروائی؟</p>	<p>MBBS doctor 01</p> <p>Nurse..... 02</p> <p>CMW 03</p> <p>Trained birth attendant/LHV 04</p> <p>Untrained birth attendant/TBA 05</p> <p>Others (Specify) 77</p>
<p>B-13 On getting the information about the commencement of your labour pains after how much time you were visited by the Birth attendant?</p> <p>زچگی کی دروں کا علم ہونے کے بعد زچگی کروانے والی کتنی دیر بعد پہنچی؟</p>	<p>a) Time in minutes..... </p> <p>b) Time in hours..... </p>
<p>B-14 What was the mode of delivery?</p> <p>زچگی کس طرح سے ہوئی؟</p>	<p>Normal Vaginal..... 1</p> <p>Vaginal episiotomy 2</p> <p>Others (Specify) 3</p>
<p>B-15 Was any injection or drip given to augment the labour-contractions or to induce labour pains?</p> <p>کیا آپ کو زچگی کی دروں میں بڑھانے یا شروع کرنے کیلئے کوئی ٹیکہ یا ڈرپ لگائی گئی؟</p>	<p>Yes 1</p> <p>No 2 → Go to B-17</p>
<p>B-16 If injection or drip given, at what time it was given? (Probe)</p> <p>اگر ٹیکہ یا ڈرپ لگائی گئی تو کس وقت لگائی گئی؟</p>	<p>Before labor pains started</p> <p>(to induce labor pains)01</p> <p>From onset of labor pains till full dilatation of cervix (during 1st stage of labor)02</p> <p>From full dilatation of cervix till the delivery of baby) (during 2nd stage of labor)03</p> <p>Others (Specify)77</p>
<p>B-17 Was any manipulation performed for delivering the baby?</p> <p>کیا زچگی کے لیے ہاتھوں کے ذریعے کوئی حربہ یا طریقہ استعمال کیا گیا؟</p>	<p>Yes 1</p> <p>No 2 → Go to B-19</p>

<p>B-18 If yes, did bleeding start or aggravated after the maneuver? اگر ہاں تو کیا اس اقدام کے بعد خون کا ضیاع شروع ہوا یا بڑھ گیا تھا؟</p>	<p>Yes 1 No 2</p>
<p>B-19 Were you given any injection after the delivery? کیا آپ کو زچگی کے بعد کوئی ٹیکہ لگایا گیا؟</p>	<p>Yes 1 No 2 → Go to B-22 Don't know 3 → Go to B-22</p>
<p>B-20 If yes, at what time this was given? اگر ہاں تو کس وقت یہ ٹیکہ لگایا گیا؟</p>	<p>Immediately after delivery of the baby and before delivery of the placenta 01 After delivery of the placenta 02 Other wise (specify)..... 77 Don't know 98</p>
<p>B-21 Do you know why this injection was given? کیا آپ جانتی ہیں کہ یہ ٹیکہ کیوں لگایا گیا؟</p>	<p>For prevention of excessive bleeding after delivery (PPH)..... 01 For Control of excessive bleeding after delivery (PPH)..... 02 Other wise (specify)..... 77 Don't know 98</p>
<p>B-22 What was the outcome of this pregnancy (status of the child)? اس حمل کا کیا نتیجہ نکلا؟ (بچے کی حالت)</p>	<p>a) Number of Live births ____ b) Number of Still births ____</p>
<p>B-23 Was there Excessive vaginal bleeding after the delivery of the child? کیا بچے کی پیدائش کے بعد بچہ دانی سے بہت زیادہ خون مناسخ ہوا؟</p>	<p>Yes 1 No 2 → Go to B-30 Check: If no End interview in comparison</p>
<p>B-24 If yes, duration of the bleeding? اگر ہاں تو کتنی دیر تک خون آتا رہا؟</p>	<p>a) Time in minutes ____ b) Time in hours ____</p>
<p>B-25 What was the quantity of blood loss? (probe) خون کتنی مقدار میں مناسخ ہوا؟</p>	<p>Spotting 1 Light bleeding..... 2 Heavy bleeding with clots..... 3 Flowing blood..... 4</p>
<p>B-26 What was done to stop the bleeding anytime during or after delivery at the household level? زچگی کے دوران اور زچگی کے بعد خون کو روکنے کے لیے گھر کی سطح پر کیا کیا گیا؟ (Multiple responses are allowed)</p>	<p>Nothing was done..... 00 → Go to B-29 LHV called for help 01 Anyone else called for help 02 Massage of the uterus done..... 03 Breast feeding started immediately after delivery of the baby..... 04 Otherwise (specify)..... 77 } → Go to B-28</p>

<p>B-27 What measures were taken by the LHV?</p> <p>لیڈی ہیلتھ وزیئر نے کیا اقدامات کیے؟</p> <p>(Multiple responses are allowed)</p>	<p>Massage of the uterus done..... 01</p> <p>Breast feeding started immediately after delivery of the baby..... 02</p> <p>Injection was given 03</p> <p>IV fluids given 04</p> <p>Tablets given 05</p> <p>Otherwise (specify) 77</p>
<p>B-28 What was the outcome of the management?</p> <p>ان اقدامات کا کیا نتیجہ نکلا؟</p>	<p>Excessive blood loss controlled 1</p> <p>Excessive blood loss not controlled 2</p>
<p>B-29 If not given any treatment at the health facility, what was the main reason?</p> <p>اگر مریض کو صحت پر علاج نہیں کروایا گیا تو اسکی اہم وجہ کیا تھی؟</p>	<p>Treatment was not needed 01</p> <p>Due to poverty..... 02</p> <p>HH members think treatment not needed..... 03</p> <p>Not allowed to go out 04</p> <p>Used traditional methods of treatment 05</p> <p>Health facility far away..... 06</p> <p>Transport not available 07</p> <p>Others (specify) 77</p>
<p>End interview in comparison area</p>	

Only for Intervention Area

<p>B-30 Were you given any oral tablets during / after delivery? کیا آپ کو زچگی کے دوران یا زچگی کے بعد کوئی دوا کھانے کیلئے دی گئی؟</p>	<p>Yes 1 No 2 → Go to B-44</p>
<p>B-31 If yes, when were they given? اگر دی گئی تو کب دی گئی؟</p>	<p>Immediately after delivery of the baby and before delivery of the placenta..... 01 After delivery of the placenta 02 Before delivery of the baby 03 Otherwise (specify)..... 77</p>
<p>B-32 What was the name of the tablets? اس دوائی کا کیا نام تھا؟</p>	<p>Misoprostol 01 Don't remember the name..... 02 Any other (write name of the tablet) 03 Don't know 98</p>
<p>B-33 What was the number of tablets given? یہ دوائی کتنی مقدار میں کھائی گئی؟</p>	<p>Number of Tablets 1 Don't know 98</p>
<p>B-34 Who supplied the tablets at your home? یہ دوا آپ کے گھر کس نے مہیا کی تھی؟</p>	<p>Birth attendant 1 Research team..... 2 Otherwise (specify) 3</p>
<p>B-35 Who gave you the tablets to ingest? یہ دوا آپ کو گھر میں کس نے کھائی؟</p>	<p>Birth attendant 1 Relative 2 Otherwise (specify)..... 3</p>
<p>B-36 Do you think the tablets supplied were helpful for you? آپ کے خیال میں یہ دوا فراہم کرنا آپ کے لیے فائدہ مند رہا؟</p>	<p>Yes 1 No 2</p>
<p>B-37 Did you experience any side effects after having these tablets? کیا آپ کو یہ دوا کھانے کے بعد کچھ ذیلی اثرات ہوئے؟</p>	<p>Yes 1 No 2 → Go to B-41</p>
<p>B-38 If yes, what were the side effects? اگر ہاں تو وہ ذیلی اثرات کون سے تھے؟ (Multiple responses are allowed)</p>	<p>Nausea 01 Vomiting..... 02 Chills 03 Fever..... 04 Abdominal pain 05 Others (Specify) 77</p>
<p>B-39 How long did the side effects last? (Write exact time in minutes/hours) یہ اثرات کتنی دیر تک رہے؟ (بالکل صحیح وقت منٹوں اور گھنٹوں میں لکھیں)</p>	<p>a) Time in minutes 1 b) Time in hours 1</p>

<p>B-40 What measures were taken to deal with them?</p> <p>ان اثرات پر قابو پانے کے لیے کیا اقدامات کیے گئے؟</p>	<p>Consulted with doctor 1</p> <p>Consulted with LHV 2</p> <p>Consulted with TBA/Dai 3</p> <p>Consulted with CMW 4</p> <p>Managed at home 5</p> <p>No measures taken 6</p> <p>Otherwise (specify) 77</p>
<p>B-41 Are you willing to use these tablets in future?</p> <p>کیا آپ یہ گولیاں مستقبل میں بھی استعمال کرنا پسند کریں گی؟</p>	<p>Yes 1</p> <p>No 2 → Go to B-43</p>
<p>B-42 Are you willing to pay to purchase these tablets in future?</p> <p>کیا آپ یہ گولیاں مستقبل میں پیسوں سے خریدنے کے لیے رضامند ہیں؟</p>	<p>Yes 1</p> <p>No 2</p>
<p>B-43 Would you like to advice others to take these tablets?</p> <p>کیا آپ دوسری خواتین کو بھی یہ گولیاں تجویز کرنا پسند کریں گی؟</p>	<p>Yes.....1 } → End interview</p> <p>No.....2 }</p>
<p>B-44 If you did not take Misoprostol, why?</p> <p>اگر آپ نے میسوپروستول نہیں کھائی تو کیوں؟</p>	<p>Self reservation 01</p> <p>Husband opposed..... 02</p> <p>Mother in law opposed 03</p> <p>Any other family member opposed..... 04</p> <p>Forgot at that time 05</p> <p>Otherwise (specify) 77</p>

Processing Code

Dist	Teh	UC	House no.	Women no					

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Assessing the feasibility of home administration of
Misoprostol in the prevention of PPH in rural Pakistan
An OR Study

Post Partum Interview (C)
(Referred for Emergency Care)
(Women of 15-49 years)

رضامندی فارم برائے سوالنامہ

(Intervention Area)

السلام علیکم:

میرا نام ----- ہے میں پاپولیشن کونسل کے ساتھ کام کرتی ہوں۔ ہم وزارت صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ایک تحقیق کر رہے ہیں جس میں ایک دو "میسو پرائٹل" کے کردار کو دیکھا جائے گا، یہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے سے روکتی ہے۔

ہم نے آپ کو حمل کے دوران میسو پرائٹل کی 3 گولیاں مہیا کی تھیں۔ یہ گولیاں آپ نے اس خاتون کو بچے کی پیدائش کے فوراً بعد اور آنول کے باہر آنے سے پہلے کھانی تھیں تاکہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے کو روکا جاسکے۔

ہم نے آپ کا پہلے بھی انٹرویو کیا تھا لیکن جیسا کہ ہمیں پتہ چلا ہے آپ کو کچھ پیچیدگیاں ہوئیں تھیں جن کی وجہ سے آپ کو ہسپتال رلیف کیا گیا تھا۔ ہم جانتا چاہتے ہیں کہ وہ کوئی پیچیدگیاں ہوئیں تھیں جن کی وجہ سے آپ کو ہسپتال رلیف کیا گیا تھا۔ ہسپتال پہنچنے میں کیا مشکلات درپیش آئیں اور ہسپتال کے عملے نے آپ کا کیا اور کیسے علاج کیا اس سلسلے میں ہم آپ سے کچھ معلومات لیں گے جس پر آپ کے 35-30 منٹ صرف ہوں گے۔ آپ سے لی گئی معلومات کو صرف کونسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا۔ آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضامندی:

میں زبردستی اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____
انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانی رضامندی لیں۔

ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں)۔

انٹرویو لینے والی کا بیان:

میں زبردستی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائیں ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والے کے دستخط _____ تاریخ _____

رضامندی فارم برائے سوالنامہ

(Comparison Area)

السلام علیکم:

میرا نام----- ہے میں پاپولیشن کونسل اسلام آباد کے ساتھ کام کرتی ہوں۔
ہم وزارت صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ماں اور بچے کی صحت کو بہتر بنانے کے لیے ایک تحقیق کر رہے ہیں۔
ہم نے آپ کا پہلے بھی انٹرویو کیا تھا لیکن جیسا کہ ہمیں پتہ چلا ہے کہ آپ کو کچھ پیچیدگیاں ہوئیں تھیں جن کی وجہ سے آپ کو ہسپتال ریفر کیا گیا تھا۔ ہم جانا چاہتے ہیں کہ ہسپتال پہنچنے میں آپ کو کیا مشکلات درپیش آئیں اور وہاں آپ کا کیسے اور کیا علاج ہوا۔ اب اس سلسلے میں ہم آپ سے کچھ مزید معلومات لیں گے جس پر آپ کے 30-35 منٹ صرف ہوں گے۔ آپ سے لی گئی معلومات کو صرف کونسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا۔ آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضامندی:

میں زبردستی اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____
انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانی رضامندی لیں۔

ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں۔)

انٹرویو لینے والی کا بیان:

میں زبردستی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائیں ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والے کے دستخط _____ تاریخ _____

Identification

C-1	Result of interview	Completed 01 Incomplete..... 02 Refused 03 →End interview Locked..... 04 →Revisit Eligible woman absent 05 →Revisit Others (Specify) 77
C-2	Name and code of Interviewer	_ _

History of last Labor & Post partum period

Questions and Filters	Responses/codes
<p>C-3 What was the reason for referral? آپ کو ریفر کرنے کی کیا وجہ تھی؟</p> <p>(Multiple responses are allowed)</p>	<p>Prolonged Labor.....01</p> <p>Excessive bleeding during labor pains02</p> <p>Excessive bleeding after delivery (PPH)03</p> <p>Fits04</p> <p>Delay in delivery of placenta.....05</p> <p>Retained pieces of placenta.....06</p> <p>Shock / Unconsciousness07</p> <p>Without any complication(for safe delivery).....08 → Go to C-7</p> <p>Others (Specify)77</p>
<p>C-4 Was the information of complication given to the LHV? کیا پیچیدگی کی صورت میں LHV کو اس کے بارے میں بتایا گیا؟</p>	<p>Yes.....1</p> <p>No2</p>
<p>C-5 Who made the decision to seek health care when complications occurred? پیچیدگیاں واقع ہونے کی صورت میں معائنہ کروانے کا فیصلہ کس نے کیا تھا؟</p>	<p>Self01</p> <p>Husband02</p> <p>Both.....03</p> <p>Mother in law.....04</p> <p>Other family member05</p> <p>Community Midwife.....06</p> <p>LHV07</p> <p>TBA /Dai08</p> <p>Others (specify).....77</p>
<p>C-6 In case of complications which health facility you visited? پیچیدگیوں کی صورت میں آپ کس مرکز صحت پر گئیں؟</p>	<p>Project referral facility.....1</p> <p>Others (specify).....2</p>
<p>C-7 How long did the labour last? آپ کو اس زچگی میں دردیں کتنی دیر تک رہیں؟</p>	<p>Less than 08 hours.....1</p> <p>More than 08 hours.....2</p>
<p>C-8 Was any medicine given to augment the labour-contractions or to induce labour pains? کیا زچگی کی دردیں بڑھانے یا شروع کروانے کے لیے کوئی دوا دی گئی تھی؟</p>	<p>Yes.....1</p> <p>No.....2 → Go to C-10</p>
<p>C-9 If yes, which medicine was given? اگر ہاں تو کونسی دوا دی گئی؟</p> <p>(Multiple responses are allowed)</p>	<p>Injection01</p> <p>Drip.....02</p> <p>Tablets03</p> <p>Others (specify).....77</p>

C-10	Did you have ABNORMAL vaginal bleeding DURING THE LABOUR-PERIOD ? کیا آپ کا زچگی کے دروں کے دوران خون ضائع ہوا؟	Yes.....1 No.....2 → Go to C-13
C-11	If yes, duration of the bleeding? اگر ہاں تو خون آنے کا دوران یہ کتنا تھا؟	a) Time in minutes..... b) Time in hours
C-12	Severity of the bleeding خون کتنی مقدار میں ضائع ہوا؟	Scanty.....1 Moderate, wet clothes only.....2 Severe: wet clothes & flow.....3 Don't know.....4
C-13	On getting the information about the commencement of your labor pains after how much time you were visited by the birth attendant? زچگی کی دروں کا علم ہونے کے بعد زچگی کروانے والی کتنی دیر بعد پہنچی؟	a) Time in minutes..... b) Time in hours
C-14	What was the mode of delivery? زچگی کس طرح سے ہوئی؟	Normal Vaginal..... 01 Vaginal episiotomy.....02 C-section.....03 Others (specify).....77
C-15	Who delivered the baby? زچگی کس نے کروائی؟	MBBS doctor.....01 Nurse / Midwife.....02 CMW.....03 Trained birth attendant/LHV.....04 Untrained birth attendant/TBA.....05 LHW.....06 Others (specify)77 Don't know.....98
C-16	Was any manipulation performed for delivering the baby? کیا بچے کی پیدائش کے وقت ہاتھوں کے ذریعے کوئی طریقہ یا حربہ استعمال ہوا؟	Yes.....1 No... ..2 → Go to C-18
C-17	If yes, did the bleeding start or aggravated after the maneuver? اگر ہاں تو کیا اس حربے کے بعد خون زیادہ ضائع ہونا شروع ہو گیا تھا؟	Yes.....1 No.....2
C-18	What was the outcome of this pregnancy (status of the child)? اس حمل کا کیا نتیجہ نکلا؟ (بچے کی حالت)	a) Number of Live birth..... b) Number of Still birth.....
C-19	Was there Excessive vaginal bleeding AFTER THE DELIVERY OF THE CHILD? کیا بچے کی پیدائش کے بعد بہت زیادہ خون ضائع ہوا؟	Yes.....1 No.....2 → Go to C-24
C-20	If yes, duration of the bleeding? اگر ہاں تو کتنی دیر تک خون آتا رہا؟	a) Time in minutes..... b) Time in hours

C-21	What was the quantity of blood loss? خون ضائع ہونے کی مقدار کیا تھی؟	Light bleeding.....1 Heavy bleeding with clots.....2 Flowing blood.....3
C-22	What was done to stop the bleeding at the household level? پیدگی کی صورت میں گھر کی سطح پر کیا کیا گیا؟ (Multiple responses are allowed)	LHV called for help..... 01 Anyone else called for help.....02 Used traditional methods03 Nothing was done.....00 Others (specify).....77 } Go to C-24
C-23	What measures were taken by LHV? LHV نے کیا اقدامات کیے؟ (Multiple responses are allowed)	Massage of the uterus done.....01 Breast feeding started immediately after delivery of the baby.....02 Injection was given.....03 IV fluids given.....04 Tablets given05 Others (specify).....77
C-24	What was the mode of transport used to reach the health facility? مرکز صحت تک پہنچنے کے لیے کون سی سواری استعمال کی گئی؟	Carried on foot.....01 → Go to C-27 Own transport02 Private transport.....03 Community transport.....04 Transport arranged by the project.....05 Ambulance06 Others (specify).....77
C-25	How much did it cost you? آپ کا سواری پر کتنا خرچہ ہوا؟	In Rupees..... _ _ _ Nothing 00 → Go to C-27 Don't know 98 → Go to C-27
C-26	Were you able to afford this cost easily? کیا آپ نے آسانی سے یہ خرچ برداشت کیا؟	Yes1 No.....2
C-27	How long did it take you to reach the health facility? آپ کو مرکز صحت تک پہنچنے میں کتنی دیر لگی؟	a) Time in minutes..... _ _ b) Time in hours _ _
C-28	How much time did it take to receive any treatment after reaching at the health facility? مرکز صحت پہنچنے کے کتنی دیر بعد آپ کا علاج شروع کیا گیا؟	a) Time in minutes..... _ _ b) Time in hours _ _
C-29	What was the duration of stay at the health facility? مرکز صحت میں آپ کتنی دیر تک رکی رہیں؟	a) Time in hours _ _ b) Time in days..... _ _

C-30	Were you given any tablet for treatment at the health facility? کیا آپ کو مرکز صحت پر علاج کیلئے کوئی گولی دی گئی؟	Yes1 No.....2 → Go to C-35
C-31	What was the name of tablet? اُس گولی کا کیا نام تھا؟	Name of Tablet Don't know98
C-32	What was the number of tablets? کتنی گولیاں دی گئیں؟	Number of Tablets Don't know98
C-33	What was the route of administration? کس طرح سے دی گئیں؟	Oral1 Sublingual.....2 Rectal.....3 Others (specify).....77
C-34	When were the tablet given? گولیاں کب دی گئی؟	Immediately after delivery of the baby and before delivery of the placenta01 After delivery of the placenta02 Before delivery of the baby03 Others (specify)77
C-35	Where you given any injection for treatment at the health facility? کیا آپ کو مرکز صحت پر علاج کیلئے کوئی ٹیکہ لگایا گیا؟	Yes1 No.....2 → Go to C-38
C-36	What was the number of injections? اگر ہاں تو کتنے ٹیکے لگائے گئے؟	Number of Injections Don't know 98
C-37	When they were given? کس وقت ٹیکے لگائے گئے؟ Multiple responses are allowed	Immediately after delivery of the baby and before delivery of the placenta01 After delivery of the placenta02 Before delivery of the baby03 Other wise (specify)77
C-38	Does I v infusion s/drip used for the treatment at the health facility? کیا آپ کو مرکز صحت پر علاج کیلئے کوئی ڈرپ لگائی گئی؟	Yes1 No.....2 → Go to C-41
C-39	If yes, which infusion/drip was given? اگر ہاں تو کونسی ڈرپ لگائی گئی؟	Plain infusion.....1 I/V fluid plus Syntocinon.....2 Don't know.....98
C-40	What was the number of infusions/drip given? کتنی ڈرپس لگائی گئی تھیں؟	Number of Infusions/drips Don't know98

C-41	Were you infused blood for the treatment at health facility? کیا آپ کو مرکز صحت پر علاج کیلئے خون کی بوتلیں لگائی گئیں؟	Yes1 No.....2 → Go to C-43
C-42	If yes, how many pints (bottle) were infused? اگر ہاں تو کتنی بوتلیں لگائی گئیں؟	Number of pints (bottles) _ _
C-43	Was any surgery done for the treatment at health facility? کیا آپ کا مرکز صحت پر علاج کیلئے کوئی آپریشن کیا گیا؟	Yes1 No.....2 → Go to C-46
C-44	What was the reason for surgery? اگر ہاں تو آپریشن کرنے کی کیا وجہ تھی؟	Bleeding was not being controlled01 Shock.....02 Rupture of Uterus.....03 Baby not in normal position.....04 Others (specify).....77 Don't know98
C-45	Do you know which surgery was done? کیا آپ کو معلوم ہے کہ کونسا آپریشن کیا گیا؟	Hysterectomy (Removal of Uterus)01 C – Section.....02 D & C03 Otherwise (specify).....77 Don't know98
(End Interview in comparison area)		
C-46	Were you given oral tablets after delivery? کیا آپ کو زچگی کے بعد کھانے کے لیے گولیاں دی گئیں تھیں؟	Yes1 No.....2 → Go to C-48
C-47	If not given, what was the reason? اگر نہیں دی گئیں تو کیا وجہ تھی؟	Self reservation.....01 Husband opposed.....02 Mother in law opposed.....03 Any other family member opposed.....04 Forgot at that time05 Otherwise (specify).....77
C-48	If tablets were given, what was the number of tablets? اگر کھلائی گئیں تو کتنی گولیاں کھلائی گئیں؟	Number of Tablets _ Don't know.....98
C-49	What was the name of tablets? اُن گولیوں کا کیا نام تھا؟	Misoprostol.....01 Don't remember the name.....02 Any other (write name of the tablet).....03 Don't know.....98

C-50	At what time of labor they were given? وہ کب دی گئی تھیں؟	Immediately after delivery of the baby and before delivery of the placenta01 After delivery of the placenta02 Before delivery of the baby.....03 Others (specify).....77
C-51	Do you know why these tablets were given? کیا آپ جانتی ہیں یہ گولیاں آپ کو کیوں کھلائی گئی تھیں؟	For prevention of excessive bleeding after delivery (PPH) 01 For Control of excessive bleeding after delivery (PPH)..... 02 Others (specify) 77 Don't know 98
C-52	Who supplied these tablets? یہ گولیاں کس نے مہیا کی تھیں؟	Birth attendant01 Research team.....02 Otherwise (specify).....77
C-53	Do you think the tablet supplied was helpful for you? کیا آپ کے خیال میں یہ دوائی فراہم کرنا آپ کے لیے فائدہ مند تھا؟	Yes1 No.....2
C-54	Did you experience any side effects after having these tablets? کیا یہ گولیاں کھانے کے بعد آپ کو کوئی ذیلی اثرات ہوئے؟	Yes1 No.....2
C-55	If yes, what were the side effects? اگر ہاں تو وہ ذیلی اثرات کون سے تھے؟ (Multiple responses are allowed)	Nausea..... 01 Vomiting.....02 Chills.....03 Fever.....04 Abdominal pain.....05 Others (Specify)77
C-56	How long did the side effects last? یہ اثرات کتنی دیر تک رہے؟	a) Time in minutes..... _ _ b) Time in hours..... _ _
C-57	What measures were taken to deal with them? ان اثرات پر قابو پانے کے لیے کیا اقدامات کیے گئے؟	Consulted with doctor..... 01 Consulted with LHV 02 Consulted with TBA/Dai 03 Consulted with CMW..... 04 Managed at home..... 05 No measures taken 06 Otherwise (specify) 77

<p>C-58 Would you like to advice others to take theses tablets ?</p> <p>کیا آپ کسی اور کو بھی ضرورت کے تحت ان گولیوں کے استعمال کا مشورہ دیں گے؟</p>	<p>Yes1</p> <p>No.....2</p>
<p>C-59 Are you willing to pay to purchase these tablets in future?</p> <p>کیا آپ یہ گولیاں مستقبل میں پیسوں سے خریدنے کے لیے رضامند ہیں؟</p>	<p>Yes1</p> <p>No.....2</p>
<p>C-60 Do you have any suggestions to improve its administration?</p> <p>آپ کے خیال میں ان گولیوں کی فراہمی کو کیسے بہتر بنایا جاسکتا ہے؟</p>	

Processing Code

Dist	Teh	UC	House no.	Women no					

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Assessing the feasibility of home administration of
Misoprostol in the prevention of PPH in rural Pakistan
An OR Study

Post Partum Interview (D)
(Birth Attendant)

رضامندی فارم برائے سوالنامہ

(Intervention Area)

(Birth Attendant)

السلام علیکم:

میرا نام----- ہے میں پاپولیشن کنسل کے ساتھ کام کرتی ہوں۔ ہم وزارت صحت حکومت پاکستان (MNCH) پروگرام کی شراکت سے ایک تحقیق کر رہے ہیں جس میں ایک دو "میسو پرائٹل" کے کردار کو دیکھا جائے گا، یہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے سے روکتی ہے۔ ہم نے آپ کو ایک کٹ مہیا کی تھی جس میں میسو پرائٹل کی 3 گولیاں تھیں ان کے علاوہ زچگی کے دوران استعمال ہونے والی کچھ اور ضروری اشیاء بھی تھیں۔ یہ گولیاں آپ نے اس خاتون کو بچے کی پیدائش کے فوراً بعد اور آنول کے باہر آنے سے پہلے کھلائی تھیں تاکہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے کو روکا جاسکے۔

ہم آپ سے جاننا چاہتے ہیں کہ یہ دوا آپ نے اس خاتون ----- کو کب اور کیسے دی اور اس دوا کو کھانے کا خاتون ----- کا کیسا تجربہ رہا اس سلسلے میں ہم آپ سے کچھ معلومات لیں گے جس پر آپ کے 35-30 منٹ صرف ہوں گے۔ آپ سے لی گئی معلومات کو صرف کنسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا۔ آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضامندی:

میں زبردستی اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____

انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانی رضامندی لیں۔

ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں)۔

انٹرویو لینے والی کا بیان:

میں زبردستی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائیں ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والے کے دستخط _____ تاریخ _____

Identification

D-1	Result of interview	Completed 01 Incomplete..... 02 Refused 03 →End interview Locked..... 04 →Revisit Eligible woman absent 05 →Revisit Others (Specify) 77
D-2	Name and code of Interviewer	_ _

Background Characteristics

	Questions and Filters	Responses and Codes
D-3	What is your date of birth? آپ کی تاریخ پیدائش کیا ہے؟	_ _ / _ _ / _ _ (If date of birth not known, write 98:98: 9998)
D-4	What is your age? آپ کی کتنی عمر ہے؟	Number of years _ _
D-5	How many years of education have you completed? آپ نے کتنے سال کی تعلیم مکمل کی؟	a) Schooling _ _ b) Madressah _ _
D-6	What is your current marital status? آپ کی موجودہ ازدواجی حیثیت کیا ہے؟	Married 1 Widow 2 Divorced 3 Separated 4 Single 5 <div style="text-align: right; margin-top: -20px;"> } → Go to D-10 </div>
D-7	Did your husband ever attend school, madressah or studied at home? کیا آپ کے شوہر نے کبھی سکول، مدرسہ یا گھر پر تعلیم حاصل کی؟	Yes 01 No 02 → Go to D-9 Don't know 98 → Go to D-9
D-8	How many years of education he has completed? انہوں نے کتنے سال تک کی تعلیم مکمل کی؟	a) Schooling _ _ b) Madressah _ _
D-9	What is your husband's main occupation? آپ کے شوہر کا بنیادی پیشہ کیا ہے؟	Agriculture/Livestock/Poultry 01 Skilled labor 02 Unskilled labor 03 Government Service 04 Private Service 05 In army 06 Retired 07 Abroad (Probe occupation) 08 Unemployed 09 Others (Specify) 77 Don't know 98
D-10	What is the language spoken in your household? آپ کے گھر میں کوئی زبان بولی جاتی ہے؟	Urdu 01 Punjabi 02 Saraiki 03 Sindhi 04 Balochi 05 Others (specify) 77

Professional Skills

	Questions and Filters	Responses and Codes		
D-11	Did you receive any training on obstetric care? کیا آپ نے کبھی زچگی کی تربیت حاصل کی؟	Yes 1 No 2 → Go to D-14		
D-12	From where did you receive this training? اگر ہاں تو آپ نے کہاں سے ٹریننگ حاصل کی؟	Government 01 Private 02 Both 03 Others(specify) 77		
D-13	What was the duration of training? آپ کی ٹریننگ کی مدت کتنی تھی؟	a) Time in days b) Time in months		
D-14	How long is your working experience? آپ کا کتنے عرصے کا تجربہ ہے؟	a) Time in months b) Time in years		
D-15	Did you receive training for PPH recognition by the project team? کیا آپ نے زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے (PPH) کو پہچاننے کی ٹریننگ حاصل کی؟	Yes 1 No 2		
D-16	Did you receive training on Misoprostol use by the project team? کیا آپ نے پراجیکٹ کی ٹیم سے میسو پروسٹول کے استعمال کی ٹریننگ لی؟ Skip this question in comparison area	Yes 1 No 2		
D-17	Do you think you can manage all obstetrical clients? آپ کیا سمجھتی ہیں کہ آپ زچگی کے تمام کیس نمٹا سکتی ہیں؟	Yes 1 No 2		
D-18	Which complications occurring during delivery you can manage? آپ زچگی کے دوران ہونے والی کن پیچیدگیوں کو نمٹا سکتی ہیں؟	Spontaneous Yes	Prompted Yes	No
a)	Prolonged labor pains بہت زیادہ اور لمبے عرصے تک درد	1	2	3
b)	Excessive blood loss during labor زچگی کے دوران زیادہ مقدار میں خون کا ضائع ہونا	1	2	3
c)	Sudden decrease in intensity of labor pains ایک دم دردوں کی شدت میں کمی آنا	1	2	3
d)	Sever headache شدید سردرد	1	2	3
e)	Fits دورے پڑنا	1	2	3
f)	During delivery baby's arm, leg or cord comes first زچگی کے دوران بچے کا بازو، ٹانگ یا ناڑو پہلے آ جانا	1	2	3
g)	Shock غشی طاری ہونا، نبض کی رفتار تیز ہو جانا اور جلد ٹھنڈی ہونا	1	2	3
h)	Others (specify) اس کے علاوہ	1		3

D-19	<p>Do you know what complications can occur during postpartum period?</p> <p>کیا آپ کو معلوم ہے کہ چھلے کے دوران کون سی پیچیدگیاں ہو سکتی ہیں؟</p> <p>(Multiple responses are allowed)</p>	<p>Excessive vaginal bleeding/PPH01</p> <p>Retained pieces of placenta02</p> <p>Signs of shock (fainting, increased pulse rate, pale color, skin cold & wet) 03</p> <p>Increased temperature 04</p> <p>Pain in lower abdomen 05</p> <p>Vaginal discharge (foul smelling)06</p> <p>Pain or swelling in breasts (with fever & chills) ...07</p> <p>Prolapsed uterus 08</p> <p>Others (specify)..... 77</p>		
D-20	<p>Do you know what postpartum hemorrhage is?</p> <p>کیا آپ کو معلوم ہے کہ زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے سے کیا مراد ہے؟</p>	<p>Excessive amount of bleeding after delivery01</p> <p>Loss of 500 ml or > 500ml of blood within first 24 hrs following delivery02</p> <p>Two cups of blood loss within first 24 hrs following delivery03</p> <p>More than two pads are soaked with blood within first hour of delivery04</p> <p>Others (specify)77</p> <p>Don't know98</p>		
D-21	<p>Which complications occurring during postpartum period you can manage?</p> <p>آپ چھلے کے دوران ہونے والی کن پیچیدگیوں کو نمٹا سکتی ہیں؟</p>	Spontaneous Yes	Prompted Yes	No
	Excessive vaginal bleeding/PPH	1	2	3
	Retained pieces of placenta	1	2	3
	Signs of shock (fainting, increased pulse rate	1	2	3
	pale color, skin cold & wet)	1	2	3
	Increased temperature	1	2	3
	Pain in lower abdomen	1	2	3
	Vaginal discharge (foul smelling)	1	2	3
	Pain or swelling in breasts (with fever & chills)	1	2	3
	Prolapsed uterus	1	2	3
	Others (specify77)	1	2	3

D-22	<p>Do you think there are any obstetrical complications which need referral to health facility?</p> <p>کیا آپ سمجھتی ہیں کہ کچھ ایسی پیچیدگیاں بھی ہیں جن کیلئے مرکز صحت ریفر کرنے کی ضرورت ہے؟</p>	<p>Yes 1</p> <p>No 2 → Go to D-26</p>
D-23	<p>Have you ever referred a case with complication?</p> <p>کیا آپ نے پیچیدگیوں والے کسی کیس کو بھی ریفر کیا؟</p>	<p>Yes 1</p> <p>No 2 → Go to D-26</p>
D-24	<p>What was the reason for referral?</p> <p>ریفر کرنے کی کیا وجہ تھی؟</p> <p>(Multiple responses are allowed)</p>	<p>Post partum hemorrhage 01</p> <p>Retained pieces of placenta 02</p> <p>Shock (fainting, increased pulse rate, pale color, skin cold & wet)..... 03</p> <p>Temperature above 101°F(high-grade) 04</p> <p>Pain or swelling in breasts 05</p> <p>Prolapsed uterus..... 06</p> <p>Others (specify) 77</p>
D-25	<p>Are you linked with any referral health facility?</p> <p>کیا آپ کسی ایسے مرکز صحت کے ساتھ منسلک ہیں جہاں آپ مریض ریفر کرتی ہیں؟</p>	<p>Yes 1</p> <p>No 2</p>
D-26	<p>In case of complications, how women are taken to the health facility in your area?</p> <p>آپ کے علاقے میں پیچیدگی کی صورت میں خواتین کو مرکز صحت تک کس طرح لے کر جاتے ہیں؟</p>	<p>Carried on foot..... 01</p> <p>Own transport 02</p> <p>Transport provided by project 03</p> <p>Private transport..... 04</p> <p>Community transport..... 05</p> <p>Ambulance 06</p> <p>Others (specify) 77</p>

Knowledge and Feasibility regarding use of Misoprostol by Birth Attendant

D-27	<p>Do you know any medicine taken orally for the prevention/control of postpartum hemorrhage?</p> <p>کیا آپ کو کسی ایسی دوا کے بارے میں معلوم ہے جو زچگی کے بعد زیادہ مقدار میں خون کو ضائع ہونے سے روکنے یا کنٹرول کرنے کے لئے کھائی جاتی ہے؟</p>	<p>Yes 1</p> <p>No 2 → Go to D-47</p>
D-28	<p>What is its name?</p> <p>اس دوا کا کیا نام ہے؟</p>	<p>Misoprostol 01</p> <p>Don't remember 02</p> <p>Others (specify) 77 → Go to D-47</p>
D-29	<p>If Misoprostol, at what time of labor it should be used?</p> <p>آپ کے خیال میں میسوپراسٹل زچگی کے کس مرحلے میں کھانی چاہیئے؟</p>	<p>Immediately after delivery of the baby and before delivery of the placenta 01</p> <p>After delivery of placenta 02</p> <p>Before delivery of the baby 03</p> <p>Others (specify) 77</p>
D-30	<p>What precautions should be taken before administering Misoprostol?</p> <p>میسوپراسٹل کھلانے سے پہلے کونسے احتیاطی اقدامات کرنے چاہئیں؟</p> <p>(Multiple responses are allowed)</p>	<p>Check for twin / multiple pregnancy 01</p> <p>Not to be given before delivery of the baby 02</p> <p>Others (specify) 77</p> <p>Don't know 98</p>
D-31	<p>What are its uses?</p> <p>میسوپراسٹل کے کیا فائدے ہیں؟</p> <p>(Multiple responses are allowed)</p>	<p>Prevention of excessive bleeding after delivery (PPH) 01</p> <p>Control of excessive bleeding after delivery (PPH) 02</p> <p>Others (specify) 77</p>
D-32	<p>What are its side effects?</p> <p>میسوپراسٹل کے ذیلی اثرات کیا ہیں؟</p> <p>(Multiple responses are allowed)</p>	<p>Chills 01</p> <p>Fever 02</p> <p>Nausea 03</p> <p>Vomiting 04</p> <p>Abdominal pain 05</p> <p>Others(specify) 77</p>
D-33	<p>Have you ever given oral Misoprostol to patients?</p> <p>کیا آپ نے کبھی کسی خاتون کو میسوپراسٹل کھانے کے لئے دی ہے؟</p>	<p>Yes 1</p> <p>No 2 → Go to D-47</p>
D-34	<p>On what indication(s) have you used Misoprostol for your patients?</p> <p>وہ کونسی علامات تھیں جن کی وجہ سے آپ نے خاتون کو میسوپراسٹل دی؟</p> <p>(Multiple responses are allowed)</p>	<p>Prevention of excessive bleeding after delivery (PPH) 01</p> <p>Control of excessive bleeding after delivery (PPH) 02</p> <p>Others (specify) 77</p>
D-35	<p>What dosage of Misoprostol have you used for prevention of excessive bleeding after delivery(PPH)?</p> <p>آپ نے زچگی کے بعد زیادہ مقدار میں خون ضائع ہونے سے روکنے کے لیے میسوپراسٹل کی کتنی گولیاں استعمال کیں؟</p>	<p>Number of tablets 1</p>

D-36	Do you think that the present availability of Misoprostol is sufficient? کیا آپ کے خیال میں میسوپرواسٹل کی موجودہ فراہمی کافی ہے؟	Yes1 No2
D-37	What route of administration do you use for prevention of PPH? آپ خون کے ضیاع کو روکنے کیلئے میسوپرواسٹل کس طرح سے دیتی ہیں؟	Oral.....1 Sublingual2 Rectal.....3
D-38	Do all patients who need treatment with Misoprostol get it? کیا تمام خواتین جن کو میسوپرواسٹل کی ضرورت ہو مل جاتی ہے؟	Yes1 No2
D-39	Where did you get the information you have on Misoprostol? میسوپرواسٹل کے بارے میں آپ کو معلومات کہاں سے ملیں؟	Research Team.....01 Colleague.....02 Others (specify)77
D-40	Do you feel confident in using Misoprostol? کیا آپ کو میسوپرواسٹل کے استعمال پر اعتماد ہے؟	Yes1 No2
D-41	What are the barriers in its administration? اس دوا کے استعمال میں کیا رکاوٹیں ہیں؟ (Multiple responses are allowed)	Self reservation01 Relatives of clients don't allow02 Not easily available.....03 Others (specify)77
D-42	Have you experienced any side effects due to treatment with Misoprostol? کیا آپ کو کبھی میسوپرواسٹل کے استعمال ذیلی اثرات کا تجربہ ہوا؟	Yes1 No2 → Go to D-46
D-43	If yes, what were the side effects? اگر ہاں تو وہ ذیلی اثرات کیا تھے؟ (Multiple responses are allowed)	Chills01 Fever.....02 Nausea03 Vomiting04 Abdominal pain05 Others(specify)77
D-44	What is your over-all experience from using Misoprostol? آپ کو میسوپرواسٹل کا استعمال کیسا لگا؟	Very good1 Good.....2 Average.....3 Bad.....4 Very bad5 No opinion6
D-45	Would you like to advice others to take these tablets? کیا آپ دوسری خواتین کو بھی یہ گولیاں تجویز کرنا پسند کریں گی؟	Yes1 No2
D-46	Do you have any suggestions to improve its administration? کیا آپ میسوپرواسٹل کے استعمال کو بہتر بنانے کے لیے کوئی مشورہ دے سکتی ہیں؟	

Experience of conducting last delivery of registered woman

D-47	Does the last delivery which you conducted, a normal delivery? آپ نے جو آخری زچگی کروائی کیا وہ نارمل زچگی تھی؟	Yes 1 → Go to D-51 No 2
D-48	If no, what were the complications? اگر نہیں تھی تو کیا پیچیدگیاں ہوئی تھیں؟ (Multiple responses are allowed)	Excessive vaginal bleeding/PPH 01 Prolonged labor pains02 Sudden decrease in intensity of labor pains03 Sever headache04 Fits05 During delivery baby's arm, leg or cord comes first 06 Prolapsed uterus..... 07 Others (specify)..... 77
D-49	Did you referred the woman for complications? کیا آپ نے زچہ کو ان پیچیدگیوں کی وجہ سے ریفر کیا؟	Yes 1 No 2 → Go to D-55
D-50	Was she given any injection or drip during/after delivery? کیا اس کو زچگی کے دوران یا زچگی کے بعد کوئی ٹیکہ یا ڈرپ لگائی گئی؟	Yes 1 No 2 → Go to D-56
D-51	If yes, at what time this was given? اگر ٹیکہ یا ڈرپ لگائی گئی تو کس وقت لگائی گئی؟	Immediately after delivery of the baby and before delivery of the placenta01 After delivery of the placenta02 Before delivery of the baby.....03 Others (specify)77
D-52	What was the name of this injection? اس ٹیکے کا نام کیا تھا؟	Synto/ oxytocin.....01 Any other name02 Others (specify)77 Don't know.....98
D-53	Who gave the injection? ٹیکہ کس نے لگایا؟	Herself..... 01 LHV02 Others (specify)77
D-54	Why this injection or drip was given? یہ ٹیکہ یا ڈرپ کیوں لگائی گئی؟	For prevention of PPH01 For Control of PPH02 To augments labor pains.....03 Others (specify)77 Don't know.....98

D-55	<p>If not referred, why?</p> <p>اگر ریفرن نہیں کیا گیا تو کیوں؟</p>	<p>Manage my self01</p> <p>Due to poverty.....02</p> <p>HH members think treatment not needed02</p> <p>Not allowed to go out.....03</p> <p>Used traditional methods of treatment04</p> <p>Health facility far away.....05</p> <p>Transport not available06</p> <p>Others (specify)07</p>
(End Interview in comparison area)		

Only for Intervention Area

D-56	Was she given oral Misoprostol? کیا اسکو میسوپراسٹل کھانے کے لیے دی گئی تھی؟	Yes 1 No 2 → Go to D-60
D-57	At what time of labor it was given? زچگی کے کس مرحلے میں میسوپراسٹل کھلائی گئی؟	Immediately after delivery of the baby and before delivery of the placenta 01 After delivery of placenta 02 Before delivery of the baby 03 Others (specify) 77
D-58	Were there any side effects after giving Misoprostol? کیا اُسے میسوپراسٹل کھانے کے بعد کچھ ذیلی اثرات ہوئے؟	Yes 1 No 2 → End Interview
D-59	If yes, what were those? اگر ہاں تو وہ کونسے تھے؟ (Multiple responses are allowed)	Chills 01 Fever 02 Nausea 03 Vomiting 04 Abdominal pain 05 Others (specify) 77 <div style="position: relative; height: 100px; margin-top: 10px;"> } End Interview </div>
D-60	If not given oral Misoprostol, why? اگر اُسے میسوپراسٹل کھانے کیلئے نہیں دی گئی تو کیوں؟ کیا وجہ تھی؟ (Multiple responses are allowed)	Woman refused 01 Husband of woman opposed 02 Mother in law opposed 03 Any other family member opposed 04 Others (specify) 77

Processing Code

Dist	Teh	UC	House no.	Women no					

Pakistan Initiative for Mothers and Newborns (PAIMAN)

Assessing the feasibility of home administration of
Misoprostol in the prevention of PPH in rural Pakistan
An OR Study

Post Partum Interview (E)
(Relative / kin present at the time of delivery)

رضا مندی فارم برائے سوالنامہ

السلام عليكم:

میرانام۔.....ہے میں پاپولیشن کنسل کے ساتھ کام کرتی ہوں۔ ہم وزارتِ صحت حکومت پاکستان(MNCH) پروگرام کی شراکت سے ایک تحقیق کر رہے ہیں جس میں ایک دوا "میو پرائل" کے کردار کو دیکھا جائے گا، یہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے سے روکتی ہے۔

ہم نے آپ کی رشتہ دار خاتون کو حمل کے دوران میسوپرائس کی 3 گولیاں کھلانے کے لیے مہیا کی تھیں۔ یہ گولیاں آپ نے یا زچگی کروانے والی خاتون نے اس خاتون کو بچے کی پیدائش کے فوراً بعد اور انول کے باہر آنے سے پہلے کھلائی تھیں تاکہ بچے کی پیدائش کے بعد خون کے زیادہ مقدار میں ضائع ہونے کو روکا جاسکے۔

یہ دوا آپ نے اس خاتون ----- کو کب اور کیسے دی اور اس دوا کو کھانے کا خاتون ----- کا کیسا تجربہ رہا اس سلسلے میں ہم آپ سے کچھ معلومات لیں گے جس پر آپ کے 35-30 منٹ صرف ہوں گے۔ آپ سے لی گئی معلومات کو صرف کونسل کی تحقیق اور حکومت پاکستان کی مدد کے لئے استعمال کیا جائے گا۔ آپ کی شناخت اور لی گئی معلومات کو مکمل طور پر رازداری میں رکھا جائے گا۔ آپ کا نام کسی بھی تحریر یا رپورٹ میں شامل نہیں کیا جائے گا۔

رضامندی:

میں زیر دست تھی اس تحقیق میں حصہ لینے پر رضامند ہوں۔ میں نے رضامندی فارم پڑھ لیا ہے / پڑھ کر سنایا گیا ہے۔ اور مجھے موقع دیا گیا ہے کہ اگر تحقیق سے متعلق میرا کوئی سوال ہے تو اس کا واضح طور پر مجھے جواب دیا جائے۔

انٹرویو دینے والی کے دستخط _____ تاریخ _____

انٹرویو لینے والی کے دستخط _____ تاریخ _____

اگر انٹرویو دینے والی پڑھی لکھی نہیں تو زبانِ رضا مندی لیں۔

ہاں _____ نہیں _____ (انٹرویو دینے والی کا شکریہ ادا کریں اور انٹرویو ختم کر دیں)۔

انسٹرویو لینے والی کا بیان:

میں زبردست تخطی نے تحقیق میں شامل خاتون کو تحقیق کا طریقہ کار اور اس کے فوائد اور نقصانات اس کی زبان میں سمجھائیں ہیں۔ وہ تحقیق میں شامل ہونے کے لئے رضامند ہے۔

انٹرویو لینے والی کے دستخط _____ تاریخ _____

Identification

E-1	Result of interview	<div style="display: flex; justify-content: space-between;"> <div>Completed</div> <div>01</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Incomplete.....</div> <div>02</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>03 →End interview</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Locked.....</div> <div>04 →Revisit</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Eligible woman absent</div> <div>05 →Revisit</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Others (Specify).....</div> <div>77</div> </div>
E-2	Name and code of Interviewer	_ _

History of last Pregnancy and Post partum period (from relative/kin)

Questions and Filters	Responses/codes
<p>E-3 Was she given any oral tablets during /after delivery? کیا اس کو زچگی کے دوران یا زچگی کے بعد کوئی دوا کھانے کے لئے دی گئی؟</p>	<p>Yes.....1 No.....2 → Go to E-6</p>
<p>E-4 If oral tablets given, what was the name of tablet? اگر کھانے کے لیے کوئی دوا دی گئی تو اس کا نام کیا تھا؟</p>	<p>Misoprostol01 Don't remember the name02 Any other (write name of the tablet03 Don't know98 } → Go to E-18</p>
<p>E-5 How much tablets were given? کتی گولیاں کھلائی گئیں؟</p>	<p>Number of tablets..... _ _</p>
<p>E-6 If not given, why? اگر نہیں کھلائی گئیں تو کیوں؟</p>	<p>Woman was afraid to take it01 Husband opposed02 Mother in law opposed03 Any other family member opposed04 Forgot05 Otherwise (specify)77 } → Go to E-18</p>
<p>E-7 At what time of labor they were given? گولیاں کب کھلائی گئیں؟</p>	<p>Immediately after delivery of the baby and before delivery of the placenta.....01 After delivery of the placenta.....02 Before delivery of the baby03 Otherwise (specify)77</p>
<p>E-8 Do you know why these tablets were given? کیا آپ جانتی ہیں کہ یہ گولیاں کیوں کھلائی گئیں؟</p>	<p>For prevention of excessive bleeding after delivery (PPH)0 1 For Control of excessive bleeding after delivery (PPH)02 Otherwise (specify)77 Don't know98</p>
<p>E-9 Who supplied these tablets at her home? یہ گولیاں زچہ کے گھر کس نے فراہم کیں؟</p>	<p>Birth attendant01 Research team02 Others(specify).....77</p>
<p>E-10 Who gave her the tablets to ingest? یہ گولیاں زچہ کو کس نے کھلائیں؟</p>	<p>Birth attendant01 Relative 02 Otherwise (specify)77</p>

E-11	Do you think the tablets supplied were helpful for the woman? آپ کے خیال میں یہ گولیاں فراہم کرنا عورت کیلئے فائدہ مند ثابت ہوا؟	Yes.....1 No2
E-12	Did she experience any side effects after having these tablets? کیا گولیوں کھانے کے بعد اس کو کچھ ذیلی اثرات ہوئے؟	Yes.....1 No.....2 → Go to E-16
E-13	If yes, what were the side effects? اگر ہاں تو وہ ذیلی اثرات کیا تھے؟ (Multiple responses are allowed)	Nausea01 Vomiting02 Chills.....03 Fever04 Abdominal pain.....05 Others (Specify)77
E-14	How long did the side effect last? (Write exact time in minutes/hours) یہ اثرات کتنی دیر تک رہے؟ (بالکل صحیح وقت منٹوں اور گھنٹوں میں لکھیں)	a) Time in minutes 1 ____ b) Time in hours 1 ____
E-15	What measures were taken to deal with them? ان اثرات پر قابو پانے کے لیے کیا اقدامات کیے گئے؟	Consulted with doctors0 1 Consulted with LHV.....02 Consulted with TBA/Dai03 Consulted with CMWs04 No measures taken05 Others (Specify)77
E-16	Would you like to advice others womens to take Misoprostol tablet ? کیا آپ کسی اور خاتون کو میسوپروستول کا استعمال تجویز کریں گی؟	Yes.....1 No2
E-17	Are you willing to pay to purchase these tablets in future? کیا آپ مستقبل میں یہ دوا خریدنے کے لیے رضامند ہیں؟	Yes.....1 No2
(This section to be filled for referred cases only if not referred than End interview)		
E-18	Was the women taken to the health facility? کیا زچہ کو مرکز صحت لے جایا گیا؟	Yes.....1 No.....2 → End Interview

<p>E-19 If woman was referred, what was the reason for referral to the health facility?</p> <p>اگر زچہ کو مرکز صحت لے جایا گیا تو کیا وجہ تھی؟</p> <p>(Multiple responses are allowed)</p>	<p>Heavy /constant bleeding before placenta came out.....01</p> <p>Heavy /constant bleeding after placenta came out.....02</p> <p>Uterus came out with placenta03</p> <p>No sign that placenta has separated after half an hour04</p> <p>Signs of shock(fainting, increased pulse rate, skin cold & wet, Pale color)05</p> <p>Others (specify).....77</p>
<p>E-20 Who made the decision to seek health care?</p> <p>مرکز صحت لے جانے کا فیصلہ کس نے کیا تھا؟</p>	<p>Woman herself.....01</p> <p>Husband02</p> <p>Both.....03</p> <p>Mother in law04</p> <p>Other family member05</p> <p>Community Midwife06</p> <p>LHV07</p> <p>TBA /Dai08</p> <p>Others (specify).....77</p>
<p>E-21 What was the mode of transport used to reach the health facility?</p> <p>مرکز صحت تک پہنچنے کیلئے کوئی سواری استعمال کی گئی؟</p>	<p>Carried On foot01</p> <p>Own transport.....02</p> <p>Private transport.....03</p> <p>Community transport.....04</p> <p>Ambulance05</p> <p>Project transport06</p> <p>Others (specify).....77</p>
<p>E-22 How long did it take her to reach health facility?</p> <p>مرکز صحت تک پہنچنے میں اسے کتنی دیر لگی؟</p>	<p>a) Time in minutes __</p> <p>b) Time in hours __</p>
<p>E-23 How much time did it take to receive any treatment after reaching at health facility?</p> <p>مرکز صحت پہنچنے کے کتنی دیر بعد اس کا علاج شروع کیا گیا؟</p>	<p>a) Time in minutes __</p> <p>b) Time in hours __</p>
<p>E-24 What was the duration of her stay at the health facility?</p> <p>وہ مرکز صحت کتنی دیر تک رہی؟</p>	<p>a) Time in hours __</p> <p>b) Time in days __</p>
<p>E-25 What was the result of this treatment?</p> <p>مرکز صحت پر علاج کروانے کا کیا نتیجہ نکلا؟</p>	<p>Recovered fully 1</p> <p>Did not recover fully 2</p>