Annexes

**Checklist used to assess determinants of preterm birth (checklist developed for this study)**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questionnaire code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1: MATERNAL DEMOGRAPHIC INFORMATION (circle the correct answer/fill in space provided)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** |

|  |
| --- |
| **Demographic Questions**  |

 | **Responses** | **Skip** | **Code** |
|  | Age in years | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Residency | 1. Urban
2. Rural
 |  |  |
|  | Parity  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Gravidity | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Gestational age of current pregnancy(in weeks) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

 **Section 2: REPRODUCTIVE FACTORS (circle the correct answer/fill in space provided)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** |

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| **Obstetrics Questions**  |

 | **Responses** | **Skip** | **Code** |
|  | History of abortion | 1. Yes
2. No
 |  |  |
|  | Birth Interval | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | History of preterm birth | 1. Yes
2. No
 | If no go to Q10 |  |
|  | ANC follow up | 1. Yes
2. No
 |  |  |
|  | If yes how many times | 1. 1
2. 2-3
3. ≥4
 |  |  |
|  | Hemoglobin level  | 1. <11gm/dl
2. ≥11gm/dl
 |  |  |
|  | History of stillbirth | 1. Yes
2. No
 |  |  |
|  | Labour  | 1. Spontaneous
2. Induced
 |  |  |
|  | Mode of delivery | 1. SVD
2. C/S
3. Instrumental
 |  |  |

**Section 3: Maternal Medical Disorders**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** |

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| **Obstetrics Questions**  |

 | **Responses** | **Skip** | **Code** |
|  | Cardiac disease | 1. Yes
2. No
 |  |  |
|  | Hypertension  | 1. Yes
2. No
 |  |  |
|  | HIV infection  | 1. Yes
2. No
 |  |  |
|  | Diabetes mellitus  | 1. Yes
2. No
 |  |  |
|  | Urinary Tract Infection | 1. Yes
2. No
 |  |  |
|  | Anemia | 1. Yes
2. No
 |  |  |
|  | Sexually transmitted infection | 1. Yes
2. No
 |  |  |
|  | Pyelonephritis  | 1. Yes
2. No
 |  |  |
|  | Malaria  | 1. Yes
2. No
 |  |  |

**Section 3: Obstetrics Complications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** |

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| **Obstetrics Questions**  |

 | **Responses** | **Skip** | **Code** |
|  | APH | 1. Yes
2. No
 |  |  |
|  | PIH | 1. Yes
2. No
 |  |  |
|  | PROM | 1. Yes
2. No
 |  |  |
|  | Polyhydramnios | 1. Yes
2. No
 |  |  |
|  | Multiple Pregnancy | 1. Yes
2. No
 |  |  |
|  | Others | 1. Yes
2. No
 |  |  |

**Section 3: Neonatal Characteristics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** |

|  |
| --- |
| **Obstetrics Questions**  |

 | **Responses** | **Skip** | **Code** |
|  | Birth weight  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Sex of the newborn | 1. Female
2. Male
 |  |  |
|  | Weight for gestational age | 1. AGA
2. SGA
3. LGA
 |  |  |
|  | NRFHRP | 1. Yes
2. No
 |  |  |
|  | Congenital abnormality | 1. Yes
2. No
 |  |  |
|  | Type of congenital anomaly | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Outcome  | 1. Died
2. Survived
 |  |  |
|  | Cause of death | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |