
Subject: suggested revisions/ additions:

Posted by [shodgins](#) on Mon, 24 Mar 2014 20:48:12 GMT

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In the questions distinguishing very early NB deaths from still births, I propose changing the wording from "Any baby who cried or showed signs of life but did not survive?" to "Any baby who cried or showed any signs of life but did not survive?"

Similarly, for the question, "Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth??", I suggest, for those reporting that this happened at 7 months gestation or later following up by asking, "when that baby was born, was there ever any movement, sound or effort to breathe?"

In the section where there are questions on the last birth, I suggest adding the following questions: "when you were in labor (i.e. before the baby was born), were you given medicine by injection or in an intravenous line?

If so, was it by injection, or was it by intravenous line?

If medicine was given by either way, what were you told the purpose was?

- 1) to speed up or strengthen contractions
- 2) to prevent infection
- 3) other
- 4) don't know

And a second question: "immediately after the birth, were you given medicine in an injection in either the thigh or buttock or through an intravenous line?"

For the questions on timing of postnatal health checks to be more useful they need to be worded in a way that allows one to distinguish between care provided immediately after delivery (while still in the delivery room) and subsequent care provided before discharge.

The question on post-partum vitamin A should be deleted; we have sound evidence for lack of effectiveness of this intervention (and the current WHO recommendation is that post-partum vitamin A supplements NOT be given). It has no effect on mortality or morbidity.

The question on sprinkles (q 512) is relevant only in very particular settings; it shouldn't be included in the core questionnaire.

After the question on 2-week period prevalence for diarrhea (514), consider adding a question: for how long has it been since it started? - to try to get a handle on prevalence of chronic diarrhea, as a certain proportion of these 2-week period prevalence cases have actually persisted for some time (and represent cases at considerably higher mortality risk)

After the question on continued feeding through a bout of diarrhea, there should a question added as follows: "in the days after the diarrhea ended, was he/she given more than usual or better than usual food to eat?" this extra feeding during the recovery period is a neglected but important practice to be promoted.

For the question on period prevalence of ARI (527), should consider changing the recall period to

4 weeks, to increase statistical power.

Question 531, on amount given to drink during ARI, this is of less relevance than for diarrhea consider dropping; likewise for question 532, on amount given to eat during the illness episode.

In question 707 and others that touch on abstinence (e.g. due to spousal separation), in my view this should be included in the CPR estimate (at least for the estimate including "traditional methods"); likewise such cases should not be included in "unmet need".

Question 1008 reads, "Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?"... It would be useful to have questions of the same kind for sick newborns and for sick children.

Subject: Re: suggested revisions/ additions:
Posted by [cstanton](#) on Mon, 31 Mar 2014 16:09:25 GMT
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RE: the suggestion to add a question on prophylactic uterotonics immediately following delivery - please see my comment under Postpartum Hemorrhage

RE: the suggestion to add a question on labor augmentation, I agree that we are in serious need of this information and I wish that I could recommend such questions for inclusion into the DHS and MICS. However, again, based on our validation study in Mozambique (PLoS One), such questions were not recommended based on their performance. I do think it would be worthwhile for someone to develop a module to detect home-based use of oxytocin during labor for use in South Asian surveys. There are published papers going back to the 1980s showing how common such use is and women's complete willingness to discuss it. Technically validating this information would be difficult, but something should be done as it is a potentially very dangerous practice and is extremely common.

Subject: Re: suggested revisions/ additions:
Posted by [amoran](#) on Thu, 10 Apr 2014 14:25:21 GMT
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I would also suggest questions to assess home-based use of oxytocin in to augment labor, especially in South Asia. We have done a small study in Bangladesh that verified women's reports of use of medicine to augment labor during home births. (Article attached)

File Attachments

1) [Moran BJOG 2011.pdf](#), downloaded 1425 times
