**Helping Mothers Survive**



 **Vacuum-assisted birth**

**Participant Characteristics**

Participant ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Question** | **Response** | | |
| --- | --- | --- | --- |
| 1. What is your current qualification?   *Circle one*  *(Programmers, please adapt this Word document to list the cadres in your country)* | 1. Specialized doctor (obstetrician/gynecologist) 2. Medical officer (general doctor) 3. Clinical officer 4. Registered Midwife 5. Registered Nurse 6. Enrolled Midwife 7. Enrolled Nurse 8. Nurse Assistant 9. Other (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Experience with prolonged second stage of labor** | | | |
| 1. When was the **last time** you personally assessed a woman with suspected prolonged second stage of labor to identify the cause?   *Circle one* | 1. Never 2. Less than 30 days 3. 1-6 months 4. 6-12 months 5. 1-5 years 6. 5+ | | |
| 1. When was the **last time** you personally ***correctly identified*** a woman with indications for a vacuum-assisted birth?   *Circle one* | 1. Never 2. Less than 30 days 3. 1-6 months 4. 6-12 months 5. 1-5 years 6. 5+ | | |
| 1. When was the **last time** you personally ***correctly identified*** criteria for a VAB in a woman with indications for a VAB?   *Circle one* | 1. Never 2. Less than 30 days 3. 1-6 months 4. 6-12 months 5. 1-5 years 6. 5+ | | |
| 1. Approximately how many women requiring transfer and/or a cesarean birth in second stage of labor did you personally provide pre-referral/pre-operative care for in the last **3 months**? | \_\_\_\_\_\_ | Number of women requiring transfer and/or a cesarean birth cared for in the last **3 months** | |
| 1. Approximately how many vacuum-assisted births did you personally conduct in the last **3 months**? | \_\_\_\_\_\_ | Number of vacuum-assisted births conducted in the last **3 months** | |
| **Pre-service Education (before you received your diploma)** | | | |
| During your pre-service education, were you trained to: | | | |
| 1. Perform an assessment when a woman’s second stage of labor is prolonged? | | | □ Yes □ No |
| 1. Identify obstructed labor and malpositions/malpresentations in second stage that require a cesarean birth? | | | □ Yes □ No |
| 1. Provide pre-referral/pre-operative care for women requiring a cesarean birth? | | | □ Yes □ No |
| 1. Assess women with indications for a VAB to confirm they meet criteria? | | | □ Yes □ No |
| 1. Perform a VAB? | | | □ Yes □ No |
| 1. Assess newborns for injuries after a VAB? | | | □ Yes □ No |
| **In-service Training** | | | |
| In the last 5 years, have you had in-service training on: | | | |
| 1. Performing an assessment when a woman’s second stage of labor is prolonged? | | | □ Yes □ No |
| 1. Identifying obstructed labor and malpositions/malpresentations in second stage that require a cesarean birth? | | | □ Yes □ No |
| 1. Assessing women with indications for a VAB to confirm they meet criteria? | | | □ Yes □ No |
| 1. Performing a VAB? | | | □ Yes □ No |
| 1. Assessing newborns for injuries after a VAB? | | | □ Yes □ No |