**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 |