**Helping Mothers Survive**



 **Prolonged and Obstructed Labor**

**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 and obstructed labor** | | | | |
| 1. When was the **last time** you personally assessed a woman with suspected prolonged or obstructed 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 obstructed labor?   *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 a malposition or malpresentation that required a cesarean 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. Approximately how many women requiring transfer and/or a cesarean birth 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 women with prolonged labor did you personally care for in the last **3 months**? | \_\_\_\_\_\_ | | Number of women with prolonged labor supported in the last **3 months** | |
| 1. In the last **3 months,** for approximately how many women did you diagnose ineffective uterine contractions as the cause for prolonged labor and prescribe an oxytocin infusion to augment labor?   Do NOT include those cases in which oxytocin was prescribed by another provider. | \_\_\_\_\_\_ | | Number of women for whom oxytocin infusion to augment labor was prescribed in the last **3 months** | |
| 1. Approximately how many women with each cause of prolonged labor did you personally care for in the last **3 months**?   Do NOT include those you oversaw as a supervisor or observed as an assistant. | \_\_\_\_\_\_ | | Number of women with uterine infection in labor managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of women with dehydration in labor managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of women with oxytocin infusion to augment labor managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of labors with OP position managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of births with OP position managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of labors with frank/complete breech managed in the last **3 months** | |
| \_\_\_\_\_\_ | | Number of births with frank/complete breech managed in the last **3 months** | |
| 1. Approximately how many times did you personally manage fetal distress in labor in the last **3 months**?   Do NOT include those you oversaw as a supervisor or observed as an assistant. | \_\_\_\_\_\_ | Number of women with fetal distress in labor managed in the last **3 months** | | |
| 1. Approximately how many times did you personally assist with the birth of a fresh/macerated stillbirth in the last **3 months**?   Do NOT include those you oversaw as a supervisor or observed as an assistant. | \_\_\_\_\_\_ | Number of births of a fresh/macerated stillbirth in the last **3 months** | | |
| 1. Approximately how many frank/complete births did you assist in a position other than with a woman on her back?   Do NOT include those you oversaw as a supervisor or observed as an assistant. | \_\_\_\_\_\_ | Number of frank/complete births in alternative positions in the last **3 months** | | |
| 1. When was the **last time** you managed shoulder dystocia? *Circle one*   Do NOT include those you oversaw as a supervisor or observed as an assistant. | 1. Never 2. Less than 30 days 3. 1-6 months 4. 6-12 months 5. 1-5 years 6. 5+ | | | |
| **Pre-service Education (before you received your diploma)** | | | | |
| During your pre-service education, were you trained to: | | | | |
| 1. Perform an assessment of the 4 Ps when a woman’s labor is prolonged? | | | | □ Yes □ No |
| 1. Identify obstructed labor and malpositions/malpresentations that require a cesarean birth? | | | | □ Yes □ No |
| 1. Provide pre-referral/pre-operative care for women requiring a cesarean birth? | | | | □ Yes □ No |
| 1. Provide care for women with prolonged labor? | | | | □ Yes □ No |

| **Question** | **Response** |
| --- | --- |
| **Pre-service Education (before you received your diploma)** | |
| During your pre-service education, were you trained to: | |
| 1. Prescribe an oxytocin infusion to augment labor? | □ Yes □ No |
| 1. Monitor and care for women receiving an oxytocin infusion to augment labor? | □ Yes □ No |
| 1. Manage hyperstimulation of the uterus? | □ Yes □ No |
| 1. Identify and treat a uterine infection in labor? | □ Yes □ No |
| 1. Manage shoulder dystocia? | □ Yes □ No |
| 1. Conduct frank/complete breech births? | □ Yes □ No |
| 1. Announce the absence of fetal heart rate during labor to the mother/parents? | □ Yes □ No |
| 1. Provide emotional care and support for the mother/parents of a stillborn baby? | □ Yes □ No |
| **In-service Training** | |
| In the last 5 years, have you had in-service training on: | |
| 1. Performing an assessment of the 4 Ps when a woman’s labor is prolonged? | □ Yes □ No |
| 1. Prescribing an oxytocin infusion to augment labor? | □ Yes □ No |
| 1. Managing shoulder dystocia? | □ Yes □ No |
| 1. Conducting frank/complete breech births? | □ Yes □ No |
| 1. Announcing the absence of fetal heart rate during labor to the mother/parents? | □ Yes □ No |
| 1. Providing emotional care and support for the mother/parents of a stillborn baby? | □ Yes □ No |