

MEASURE Service Provision Assessment

Observation of Antenatal Care Consultation	
FACILITY IDENTIFICATION	
Name of the facility _____ Facility Location _____ Code of the facility Type of Health Facility *: (1 = Referral hospital; 2 = Hospital; 3= Health center; 4 = Health post; 6 = Other _____)..... Operating Authority*: 10= Government; 20 = Non-governmental organization 30 = Private for profit 96= Other _____)	FACILITY CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> FACILITY TYPE <input style="width: 20px; height: 20px;" type="checkbox"/> OPERATING AUTHORITY <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Provider Information	
Provider category*: (10=Doctor; 11=Medical Assistant; 20=Professional nurse; 30=Midwife; 40=Auxiliary nurse; 96=other _____) Sex of Provider: (1=female; 2=male) Provider Code (same as given in Provider interview)	PROVIDER CATEGORY..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> SEX OF PROVIDER..... <input style="width: 20px; height: 20px;" type="checkbox"/> PROVIDER CODE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
INFORMATION ABOUT INTERVIEW	
Date: _____ Name of the interviewer _____ Time observation started: ANC Client Code	DAY..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> INTERVIEWER CODE.. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HOUR..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> CLIENT CODE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

*Use country-specific categories.

Sex of provider (provider information page)

This information is used when analyzing the client-provider interactions to determine whether there are differences that are associated with gender.

Consent (100-100b)

First visit (101a)

The client history, as well as various intervention, only needs to be conducted once. The history should be taken during the first visit. Because many women only receive antenatal care once or twice, it is often policy to provide the one-time interventions during the first visit. Knowing whether this is the first visit or not provides information important for analysis.

First pregnancy (101b)

This information is relevant for analyzing whether the provider asked the appropriate questions to screen for risk factors that may have become apparent during prior pregnancies.

ANTENATAL ASSESSMENT (102-104)

Client history (102)

Risk factors for pregnancy that are assessed by taking a client history include age (below 18 or more than 35), first or fifth or greater pregnancy, and history of complications for the mother or infant during prior pregnancies. Information on the risk status of a woman is important for providing appropriate counseling and interventions during the antenatal period. The date of the last menstrual period (b) allows a calculation of the expected date of delivery. Although there are other risk factors, the SPA has selected a few key indicators on which the observers should focus. Country-specific additions may be desired.

Symptoms during this pregnancy (103)

Risk symptoms that may indicate a need for intervention include bleeding during the pregnancy, medications the woman is taking (since many medications affect fetal development, particularly during the first three months of pregnancy), and if the woman does not feel fetal movement from the fifth month of pregnancy onward. These symptoms should be assessed each antenatal visit (or from the time during pregnancy that they become relevant, such as after the fifth month). Although there are other risk symptoms, the SPA has selected a few key indicators on which the observers should focus. Country-specific additions may be desired.

Antenatal examinations (104a-104e)

Every antenatal visit should include a measurement of blood pressure (screening for hypertensive disorder of pregnancy). From the 28th week onward, every antenatal visit should include listening for fetal heart beat, and from the 36th week onward, palpating the abdomen for fetal position should be included. Once during pregnancy, a test for syphilis and for HIV is advised so that treatment and counseling for prevention of transmission to the infant can be addressed if necessary. Although there are other routine components of antenatal examinations, the SPA has selected a few key indicators on which the observers should focus. Country-specific additions may be desired.

Use of individual client cards (104f)

Antenatal care is best provided where prior history and interventions are considered during each contact. Awareness of history and events during this pregnancy allow the provider to better focus the antenatal care and interventions to the needs of the individual woman. This is particularly important where behavior changes (including delivery practices) might be required to increase the safety and health for the mother and infant. For the most objective and complete follow-up, a written client history should be maintained. If a provider does not check the record for relevant history, it may be an indication that the records are not well kept, so providers assume they do not contain relevant information, or it may be an indication that providers do not consider history relevant to the current assessment and counseling needs.

No	QUESTIONS	CODING CLASSIFICATION			GO TO
101a	INDICATE WHETHER THIS IS THE CLIENT'S FIRST VISIT FOR ANTENATAL CARE AT THIS FACILITY FOR THIS PREGNANCY. IF THE PROVIDER DOES NOT ASK ABOUT OR THE CLIENT DOES NOT PROVIDE THE INFORMATION, RECORD 8 (DON'T KNOW).	YES	NO	DON'T KNOW	
		1	2	8	
101b	INDICATE IF THIS IS THE FIRST PREGNANCY FOR THE CLIENT	1	2	8	
DOES THE PROVIDER ASK OR THE CLIENT PROVIDE THE FOLLOWING INFORMATION:					
102	CLIENT HISTORY	YES	NO	DK	
	a) Client AGE?	1	2	8	
	b) Date of LAST MENSTRUAL PERIOD?	1	2	8	
	c) Number of PRIOR PREGNANCIES?	1	2	8	
	PRIOR PREGNANCY HISTORY				
	d) Any PRIOR STILLBIRTH(S)?	1	2	8	
	e) Any INFANT(S) DIED in the first week?	1	2	8	
	f) Any HEAVY BLEEDING During or after delivery with a PRIOR PREGNANCY?	1	2	8	
	g) Any PREVIOUS ASSISTED DELIVERY? (Caesarean-section, ventouse, or forceps)	1	2	8	
103	SYMPTOMS THIS PREGNANCY				
	a) Any BLEEDING during this pregnancy	1	2	8	
	b) MEDICATIONS woman is currently taking?	1	2	8	
	c) If the woman has FELT THE BABY MOVE?	1	2	8	
	d) If there are any OTHER SYMPTOMS OR PROBLEMS the woman thinks might be related to this pregnancy?	1	2	8	
104	DOES THE PROVIDER PERFORM ANY OF THE FOLLOWING EXAMINATIONS?	YES	NO	DON'T KNOW	
	a) Take the client's blood pressure?	1	2	8	
	b) Palpate abdomen for fetal presentation?	1	2	8	
	c) Listen to the client's abdomen to hear fetal heartbeat?	1	2	8	
	d) Perform /refer for a syphilis test?	1	2	8	
	e) Screen (for HIV) and/or offer voluntary counseling and treatment (VCT)	1	2	8	
	f) Look at client's health card either before beginning the consultation or while collecting information or examining the client?	1	2	8	

ANTENATAL INTERVENTIONS (105-114)

Treatment interventions (105-107)

Internationally accepted treatment standards for pregnant women include iron and folic acid supplementation (to decrease anemia and danger from bleeding during labor and delivery, as well as to decrease effects maternal anemia and folic acid deficiency might have on fetal health and development), and receiving two tetanus toxoid injections (to prevent maternal and neonatal tetanus). Where relevant, malaria prophylaxis at least once is also promoted to decrease the health effects of maternal malaria. Understanding why the interventions are important and how to take them should increase compliance.

Antenatal counseling for course of pregnancy (108)

Pregnant women require additional calories and nutrients, so advice on these issues is considered a routine component of antenatal counseling (108a). This is a particularly important issue where maternal malnutrition is a problem and general education about nutrition is poor. The safety of pregnancy is also increased if symptoms of complications are identified early. This is why it is considered a critical component of antenatal care to educate the woman to identify symptoms herself and to immediately seek help should they occur. Vaginal bleeding (impending abortion, placental abnormalities), fever (infection, other illness), excessive tiredness and breathlessness (anemia, hypertensive disorder of pregnancy), and swollen hands and face (hypertensive disorder of pregnancy) have been identified as key symptoms for which a pregnant woman should be alert. Although there are other risk symptoms, the SPA has selected a few key indicators on which the observers should focus. Country-specific additions may be desired.

Antenatal counseling for delivery (109)

In places where deliveries do not routinely occur in facilities conducted by trained providers, advising the woman on means for increasing the probability of a safe delivery is essential. Knowing where she plans to deliver helps the provider tailor the message to her needs (a). Deliveries should be conducted by trained persons because it is impossible to determine with any certainty whether a complication will arise during labor and delivery. Management of complications during labor by untrained providers places the woman and infant at a much higher risk of illness or death (b). Even if the woman plans to deliver at a facility, events not infrequently result in a woman in labor not reaching a facility in time. This is more common where transportation is slow and unreliable. Thus, it is advisable that basic supplies required for a clean delivery be available at home (c).

Antenatal counseling for infant care (110)

WHO, UNICEF, and other international health experts are advising that all infants be exclusively breastfed for six months. This is to improve infant health and to decrease the risk of infection in the infant. Counseling the woman on this issue prior to birth may increase the probability that she will adopt this practice.

Discuss family planning (111)

The importance of considering birth spacing or family planning should be discussed prior to birth, so that the woman can plan for preventing another pregnancy before she is ready.

Encouraging questions (112)

Where the client is encouraged to discuss concerns and to ask questions, there is increased probability that essential information will be shared and that advice can be tailored to meet her individual needs. This will increase the probability of a safe and healthy pregnancy, labor, and delivery.

Visual aids (113)

Visual aids are often useful for explaining information and reinforcing counseling points. Health system resources are frequently used to develop and print visual aids, so it is important to know if they are being used or not. There may be country specific materials that are of particular interest.

No	QUESTIONS	CODING CLASSIFICATION			GO TO
	DOES THE PROVIDER PROVIDE ANY OF THE FOLLOWING TREATMENTS OR COUNSELING?				
105	TREATMENTS	YES	NO	DK	
	a) Prescribe or give iron pills and/or folic acid (IFA)?	1	2→106	8→106	
	b) Explain the purpose of iron/folic?	1	2	8	
	c) Explain how to take iron/folic pills?	1	2	8	
106	a) Prescribe or give tetanus toxoid (TT) injection?	1	2→107	8→107	
	b) Explain the purpose of TT injection?	1	2	8	
107	a) Prescribe or give anti-malarial prophylaxis?	1	2→108	8→108	
	b) Explain the purpose of the preventive treatment with malaria medications?	1	2	8	
	c) Explain how to take the anti-malarial medications?	1	2	8	
108	ADVICE OR COUNSEL ABOUT PREGNANCY				
	a) Quantity and quality of food to eat during pregnancy?	1	2	8	
	b) Mention the following signs and symptoms as risk factors for which the woman should return to the facility?				
	1) Vaginal bleeding?	1	2	8	
	2) Fever?	1	2	8	
	3) Excessive tiredness or breathlessness?	1	2	8	
	4) Swollen hands and face?	1	2	8	
	5) Severe headache or blurred vision?				
	c) Inform the client about the progress of the pregnancy?	1	2	8	
109	DOES THE PROVIDER PROVIDE ADVISE OR COUNSEL ABOUT DELIVERY OR INFANT CARE				
	a) Ask the client where she will deliver?	1	2	8	
	b) Counsel the client to use a skilled health worker during delivery?	1	2	8	
	c) Discuss with client about items to have on hand at home, for delivery?	1	2	8	
110	Advise exclusive breastfeeding for up to 6 months?	1	2	8	
111	Discuss birth control/ family planning, for after delivery?	1	2	8	
112	Ask if the client has any questions and encourage questions?	1	2	8	
113	Use any visual aids during consultation?	1	2	8	

Write on health card (114)

Observing this activity provides some indication of whether the provider is understanding and accepting the value of documenting the health and antenatal history of the pregnant woman.

No	QUESTIONS	CODING CLASSIFICATION					
114	Did the Provider write on the woman's health card?	YES1 NO2 NO HEALTH CARD USED3 DON'T KNOW8					
115	HOW MANY WEEKS PREGNANT IS THE CLIENT? <div style="display: flex; justify-content: center; gap: 20px;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div>	WEEK OF PREGNANCY DON'T KNOW98					
116	OUTCOME OF CONSULTATION	CLIENT SENT HOME1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY2 CLIENT ADMITTED TO SAME FACILITY3 CLIENT REFERRED TO OTHER FACILITY4 DON'T KNOW8					
117	RECORD TIME CONSULTATION ENDED	HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>					
118	OBSERVER COMMENTS:						