

CPSM / INDIA  
SANJIVANI PROJECT

MORBIDITY AND PERFORMANCE (MAP) PART III  
Case Review Questionnaire and Worksheets

(English Version)

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**FORM-6: CASE REVIEW**  
**INSTRUCTIONS AND INFORMATION ABOUT THE DATA COLLECTION PROCESS**

The MAP III Questionnaire (FORM 6) is for the expert panel to complete, using the MAP II Questionnaire as the source of information. Worksheets 6A and 6C are provided to assist the panel to make an essential diagnosis (Level I) of the probable cause of a life-threatening problem or death. To standardize the review, diagnoses are based upon self-reported symptoms compared against diagnostic checklists and criteria. Worksheets 6B and 6D are provided to assist the panel to make an assessment of the correctness, completeness and safety of first aid response to a life-threatening problem. To standardize the review, assessments are based on self-reported responses compared against management checklists and criteria.

The MAP III Questionnaire contains 5 sections corresponding to the times when symptoms of a maternal and/or newborn life-threatening problem may have been reported: pregnancy (woman), labor and birth (woman and baby), the postpartum (woman) and newborn (baby) periods. In addition, it contains 2 sections corresponding to maternal and newborn health outcomes. You will review each as you conduct the case review.

Instructions are minimal in order to make the instrument easy to use and to shorten the case review time. All questions and special instructions appear in the column headed 'Questions and Instructions' (**SPECIAL INSTRUCTIONS ARE WRITTEN IN THIS TYPE (BOLD CAPITAL LETTERS)**). Pre-coded responses appear in the column headed 'Response Options'. [Note: Coding of 'other' responses is 96 if two digits and 996 if three digits, etc. Fill in 'other' with details in the space provided. Coding of 'don't know' responses is 97 if two digits and 997 if three digits, etc. Coding of 'not applicable' is 99 if two digits and 999 if three digits, etc. Code(s) should be placed in the column headed 'Response'.

FIRST, review the information contained in the MAP II Questionnaire for the case. THEN answer the questions contained in the MAP III Questionnaire in the order that they appear unless a skip pattern is indicated. An arrow (→) to the right of a response option signals a skip pattern, and the number in the column to the far right headed 'Skip To' indicates the next question that should be answered. [Note: When 'Skip To' occurs ALL QUESTIONS that have been skipped must be coded at the end of the review with a 99 or 999, depending on the number of digits. That is, all blanks in the 'Response' column must be correctly and completely filled up. In many cases, a section will be skipped, depending on whether a life-threatening problem was reported during the time period in question.].

Please complete the case review independently of other panel members and return the format to the PRIME Regional Office located at 53 Lodi Estate, New Delhi. The CPSM Sanjivani project staff will review the responses and calculate the percentage of agreement among panel members. The staff will then meet with the panel members together to discuss and resolve any differences of opinion so that a consensus of opinion is achieved.

Please complete the case identification and data collection information sheets on the following page at the times specified.

**FORM-6: CASE REVIEW**

**FILL IN THESE COLUMNS BEFORE CONDUCTING THE CASE REVIEW.**

VAR.	QUESTIONS AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
001	Questionnaire No.	####	_____	
002	Case ID No.	#####	_____	

**FILL IN THESE COLUMNS AFTER CONDUCTING THE CASE REVIEW.**

VAR.	ITEM AND INSTRUCTIONS	RESPONSE OPTIONS	RESPONSE	SKIP TO...
003	Total time to conduct the case review. MIN: _____	###	_____	
004	Check missing data <i>and</i> extreme values. Date of CHECK: (DD/MM/YY) __ __/__ __/__ __	01 = Yes 02 = No	___	
005	Name and field of qualification: <b>REVIEWER SIGN NAME HERE:</b> _____ _____ __	01 = Yes 02 = No  a) Obstetrician b) Pediatrician c) Nurse-Midwife d) General physician e) Other (specify) _____	___ ___ ___ ___ ___	
006	Date reviewed. Date of Review: (DD/MM/YY) __ __/__ __/__ __		__ __/__ __/__ __	
007	Sections where sign group was followed:  PUT 99 FOR SECTIONS WHERE FORM NOT USED (E.G. ABORTION, HOSPITAL DELIVERY OR DEATH..	01. = Yes 02. = No 99. = Not applicable ..... a. Pregnancy (woman) b. Labor & birth (woman) c. Labor & birth (baby) d. Postpartum (woman) e. Newborn	___ ___ ___ ___ ___	

NOTE:

- IN THE NEXT SECTIONS, FOLLOW THE SIGN GROUP THAT WAS ACTUALLY FOLLOWED BY THE INTERVIEWER, REGARDLESS OF PRIORITY STATUS. INDICATE THAT THIS GROUP WAS NOT PRIORITY STATUS BY PUTTING '8' IN THE PLACE OF '0' WHILE RETAINING THE GROUP NUMBER.
- IF A SIGN GROUP WAS MISTAKENLY FOLLOWED DUE TO TRANSLATION ERROR IN LANDSCAPE, DO NOT FOLLOW THIS GROUP. PUT THE CODE FOR 'NONE' IN THE SECTION AND FOLLOW THE INSTRUCTIONS.
- IF A SIGN GROUP WAS NOT FOLLOWED BUT SHOULD HAVE BEEN, AND THERE IS INFORMATION IN THE TAPE TO FOLLOW THE GROUP, THEN FOLLOW THE GROUP IN MAP III.



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		o. Abruptio placenta p. Pre-eclampsia q. Iatrogenic factors r. Other _____	___	
606	Was the reported problem(s) life threatening according to you?	01. = 'Definitely' LTP 02. = 'Possibly' LTP 03. = Not LTP 97. = Don't know (unable to assess) 99. = Not applicable	___	
607	Were the signs recognized as either <i>possibly</i> or <i>definitely</i> serious by the respondent? REVIEW 2A30.	01. = 'Definitely' serious 02. = Possibly serious 03. = Not at all serious 97. = Don't know (unable to assess) 99. = Not applicable	___	
608.	ATTENTION! WHAT IS THE SITUATION?	01. = 606 AND 607 = 01/02 02. = 606 AND 607 = 03 → 03. = 606 = 01/02 BUT 607 = 03 → 04. = 606 = 03 BUT 607 = 01/02 97. = Don't know (unable to assess) → 99. = Not applicable	___	620 612  620
609.	Once the signs were noticed, how soon were they recognized as either <i>possibly</i> or <i>definitely</i> serious— a problem (Time 1)? REVIEW 2A31.	## 97. = Don't know 99. = Not applicable ..... . . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___	
610.	Once the problem was recognized, how soon was the first response (Time 2)? REVIEW 2A35.	## 97. = Don't know 99. = Not applicable ..... . . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___	
611.	Was the amount of time <i>from</i> when signs were first noticed <i>to</i> first response (Time 1 + Time 2) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?	01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable	___	

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<p><b>612.</b></p>	<p>Was the first response <i>correct, complete, safe and adequate</i> according to the management criteria?</p> <p>IF 2A34 = 02 (ALL) AND 2A35 = 00 (I.E. NOTHING WAS DONE), PUT 02 FOR RESPONSE ITEMS 'a - d'.</p> <p>OTHERWISE, GO TO WORKSHEET 6B. AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes                  02. = No                  97. = Don't know (unable to assess)                  99. = Not applicable/ unnecessary</p> <p>.....</p> <p>.</p> <p>a. Correct                  b. Complete                  c. Safe                  d. Adequate (a - c = 01)</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p>	
<p><b>613.</b></p>	<p>Was an appropriate decision made regarding treatment outside the home?</p> <p>IF 2A34 = 02 (ALL) AND 2A35 = 00 (I.E. NOTHING WAS DONE), PUT 02 OR 03 AS INDICATED.</p> <p>OTHERWISE, GO TO WORKSHEET 6B AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes, treatment indicated and sought                  02. = Yes, treatment not indicated and not sought →                  03. = No, treatment indicated but not sought →                  04. = No, treatment not indicated but sought                  97. = Don't know (unable to assess) →                  99. = Not applicable</p>	<p>___</p>	<p><b>620</b></p> <p><b>619</b></p> <p><b>620</b></p>
<p><b>614</b></p>	<p>Once the decision was made to seek treatment outside the home, how soon did transport reach the woman (Time 3)? REVIEW 317.</p>	<p>##                  97. = Don't know                  99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within ___ minutes                  b. Within ___ hours</p>	<p>___</p> <p>___</p>	
<p><b>615.</b></p>	<p>Once transport reached the woman, how soon did she reach the facility where treatment was <i>finally</i> received (Time 4)? REVIEW 318.</p>	<p>##                  97. = Don't know                  99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within ___ minutes                  b. Within ___ hours</p>	<p>___</p> <p>___</p>	
<p><b>616.</b></p>	<p>Was the amount of time from decision to seek treatment to arrival at the facility where treatment was <i>finally</i> received (Time 3 + Time 4) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?</p>	<p>01. = Yes                  02. = No                  97. = Don't know (unable to assess)                  99. = Not applicable</p>	<p>___</p>	
<p><b>617.</b></p>	<p>Did the woman go <i>directly</i> to a facility <i>capable of providing EmOC</i>? REVIEW 305, 306, 307, 313. CHECK THE NAME OF THE FACILITY AGAINST THE RFA LIST OF FACILITIES BEFORE CODING.</p>	<p>01. = Yes                  02. = No                  97. = Don't know                  99. = Not applicable</p>	<p>___</p>	



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		k. Retained placenta l. Trauma/laceration m. Mal presentation n. CPD o. PROM p. Prolonged labor q. Obstructed labor r. Pre-eclampsia s. Iatrogenic factors t. Other _____	___ ___ ___ ___ ___ ___ ___ ___ ___	
622.	Was this problem life threatening according to you?	01. = 'Definitely' LTP 02. = 'Possibly' LTP 03. = Not LTP 97. = Don't know (unable to assess) 99. = Not applicable	___ ___	
623.	Were the signs recognized as either <i>possibly</i> or <i>definitely</i> serious by the respondent? REVIEW 2B45.	01. = 'Definitely' serious 02. = 'Possibly' serious 03. = Not at all serious 97. = Don't know (unable to assess) 99. = Not applicable	___ ___	
624.	⚠ATTENTION! WHAT IS THE SITUATION?	01. = 622 AND 623 = 01/02 02. = 622 AND 623 = 03 → 03. = 622 = 01/02 BUT 623 = 03 → 04. = 622 = 03 BUT 623 = 01/02 97. = Don't know (unable to assess) → 99. = Not applicable	___ ___	636 628 636
625.	Once the signs were noticed, how soon were they recognized as either <i>possibly</i> or <i>definitely</i> serious— a problem (Time 1)? REVIEW 2B46. IF 99, PUT 99.	## 97. = Don't know 99. = Not applicable ..... . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___ ___ ___ ___	
626.	Once the problem was recognized, how soon was the first response (Time 2)? REVIEW 2B50. IF 00, PUT 99.	## 97. = Don't know 99. = Not applicable ..... . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___ ___ ___ ___	
627.	Was the amount of time <i>from</i> when signs were first noticed <i>to</i> first response (Time 1 + Time 2) sufficiently short for a meaningful	01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable	___ ___	

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	response (i.e., might improve the chance of survival)?			
628.	<p>Was the first response <i>correct, complete, safe and adequate</i> according to the management criteria?</p> <p>IF 2B49= 02 (ALL) AND 2B50 = 00 (I.E. NOTHING WAS DONE), PUT 02 FOR RESPONSE ITEMS 'a - d'.</p> <p>OTHERWISE, GO TO WORKSHEET 6B AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes                      02. = No                      97. = Don't know (unable to assess)                      99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Correct                      b. Complete                      c. Safe                      d. Adequate (a - d = 01)</p>		
629.	<p>Was an appropriate decision made regarding treatment outside the home?</p> <p>IF 2B49 = 02 (ALL) AND 2B50= 00 (I.E. NOTHING WAS DONE), PUT 02 OR 03 AS INDICATED.</p> <p>OTHERWISE, GO TO WORKSHEET 6B AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes, treatment indicated and sought                      02. = Yes, treatment not indicated and not sought →                      03. = No, treatment indicated but not sought →                      04. = No, treatment not indicated but sought                      97. = Don't know (unable to assess) →                      99. = Not applicable</p>	<p>— —</p>	<p>636                      635                      636</p>
630.	<p>Once the decision was made to seek treatment outside the home, how soon did transport reach the woman (Time 3)?</p> <p>REVIEW 317.</p>	<p>##                      97. = Don't know                      99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within __ minutes                      b. Within __ hours</p>		
631.	<p>Once transport reached the woman, how soon did she reach the facility where treatment was <i>finally</i> received (Time 4)?</p> <p>REVIEW 318.</p>	<p>##                      97. = Don't know                      99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within __ minutes                      b. Within __ hours</p>		
632.	<p>Was the amount of time from decision to seek treatment to arrival at the facility where treatment was <i>finally</i> received (Time 3 + Time 4) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?</p>	<p>01. = Yes                      02. = No                      97. = Don't know (unable to assess)                      99. = Not applicable</p>		





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<p><b>642.</b></p>	<p>Once the problem was recognized, how soon was the first aid response (Time 2)?</p> <p>REVIEW 2C18.</p>	<p>## 97 = Don't know 99 = Not applicable ..... . . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p>	
<p><b>643.</b></p>	<p>Was the amount of time <i>from</i> when signs were first noticed <i>to</i> first response (Time 1 + Time 2) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?</p>	<p>01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable</p>	<p>___</p>	
<p><b>644.</b></p>	<p>Was the first response <i>correct, complete, safe</i> and <i>adequate</i> according to the management criteria?</p> <p>IF 2C17= 02 (ALL) AND 2C18 = 00 (I.E. NOTHING WAS DONE), PUT 02 FOR RESPONSE ITEMS 'a - d'.</p> <p>OTHERWISE, GO TO WORKSHEET 6B AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable ..... . . a. Correct b. Complete c. Safe d. Adequate (a - d = 01)</p>	<p>___</p> <p>___</p> <p>___</p> <p>___</p>	
<p><b>645.</b></p>	<p>Was an appropriate decision made regarding treatment outside the home?</p> <p>IF 2C17 = 02 (ALL) AND 2C18= 00 (I.E. NOTHING WAS DONE), PUT 02 OR 03 AS INDICATED.</p> <p>OTHERWISE, GO TO WORKSHEET 6B AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes, treatment indicated and sought 02. = Yes, treatment not indicated and not sought → 03. = No, treatment indicated but not sought → 04. = No, treatment not indicated but sought 97. = Don't know (unable to assess) → 99. = Not applicable</p>	<p>___</p>	<p><b>652</b></p> <p><b>651</b></p> <p><b>652</b></p>
<p><b>646.</b></p>	<p>Once the decision was made to seek treatment outside the home, how soon did transport reach the woman (Time 3)?</p> <p>REVIEW 317.</p>	<p>## 97. = Don't know 99. = Not applicable ..... . . a. Within __ minutes b. Within __ hours</p>	<p>___</p> <p>___</p>	
<p><b>647.</b></p>	<p>Once transport reached the woman, how soon did she reach the facility where treatment was <i>finally</i> received (Time 4)?</p>	<p>## 97. = Don't know 99. = Not applicable .....</p>		

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	REVIEW 318.	. a. Within __ minutes b. Within __ hours	__ __ __ __	
648.	Was the amount of time from decision to seek treatment to arrival at the facility where treatment was <i>finally</i> received (Time 3 + Time 4) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?	01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable	__ __	
649.	Did the woman go <i>directly</i> to a facility <i>capable of providing EmOC</i> ?  REVIEW 305, 306, 307, 313. CHECK RFA LIST.	01.. = Yes 02. = No 97. = Don't know 99. = Not applicable	__ __	
650.	Did the family and/or HBA accompany the woman to the place where treatment was <i>finally</i> received?  REVIEW 319.	01. = Yes 02. = No 97. = Don't know 99. = Not applicable	__ __	
651.	If treatment was not sought, what were reasons given (i.e., barriers to access)?  REVIEW 2C20.  IF 2C20 a, c, or d = 01, PUT 'a' = 01.  IF 2C17= 02 (ALL) AND 2C18 = 00 (I.E. NOTHING WAS DONE), PUT 'a' (ASSUME UNNECESSARY).	01. = Mentioned 02. = Not mentioned 99. = Not applicable ..... . . a. Considered unnecessary b. Provider came to home c. Too far away d. It was night time e. Not enough money to pay f. No childcare available g. Husband/family forbid h. No transportation i. Afraid to go j. Didn't know where to go k. No trust in health facility or staff l. Not sure about length of stay m. Other (specify) _____	__ __	

**QUESTIONS 652 – 656 ARE ABOUT MATERNAL HEALTH OUTCOME .**





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		k. Obstructed labor l. Mal-presentation m. Cord accident n. Pre-eclampsia/eclampsia o. Sepsis p. PROM q. Pre term labor <b>(specific, neonatal)</b> r. Asphyxia s. Trauma t. RDS (pre-maturity) u. LBW / LBW complication (not RDS) v. Sepsis w. Deformity x. Sudden death y. Harmful health behaviors (e.g., exposure to cold) z. Other _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	
659.	Was this problem life threatening according to you?	01. = 'Definitely' LTP 02. = 'Possibly' LTP 03. = Not LTP 97. = Don't know (unable to assess) 99. = Not applicable	___	
660.	Were the signs recognized as either <i>possibly</i> or <i>definitely</i> serious by the respondent? REVIEW 2B58.	01. = 'Definitely' serious 02. = 'Possibly' serious 03. = Not at all serious 97. = Don't know (unable to assess) 99. = Not applicable	___	
661.	ATTENTION! WHAT IS THE SITUATION?	01. = 659 AND 660 = 01/02 02. = 659 AND 660 = 03 → 03. = 659 = 01/02 BUT 660 = 03 → 04. = 659 = 03 BUT 660 = 01/02 97. = Don't know (unable to assess) → 99. = Not applicable	___	673 665 665
662.	Once the signs were noticed, how soon were they recognized as either <i>possibly</i> or <i>definitely</i> serious— a problem (Time 1)? REVIEW 2B59.	## 97. = Don't know 99. = Not applicable ..... . a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks	___ ___ ___ ___	
663.	Once the problem was recognized, how soon was the first response (Time 2)?	## 97. = Don't know 99. = Not applicable ..... a. Within __ minutes	___	

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	REVIEW 2B63.	b. Within __ hours c. Within __ days d. Within __ weeks	___ ___ ___	
664.	Was the amount of time <i>from</i> when signs were first noticed <i>to</i> first response (Time 1 + Time 2) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?	01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable	___	
665.	Was the first response <i>correct, complete, safe and adequate</i> according to the management criteria?  IF 2B62= 02 (ALL) AND 2B63 = 00 (I.E. NOTHING WAS DONE), PUT 02 FOR RESPONSE ITEMS 'a - d'.  OTHERWISE, GO TO WORKSHEET 6D AND FOLLOW THE INSTRUCTIONS.	01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable ..... . . a. Correct b. Complete c. Safe d. Adequate (a - d = 01)	___ ___ ___ ___	
666.	Was an appropriate decision made regarding treatment outside the home?  IF 2B62 = 02 (ALL) AND 2B63 = 00 (I.E. NOTHING WAS DONE), PUT 02 OR 03 AS INDICATED.  OTHERWISE, GO TO WORKSHEET 6D AND FOLLOW THE INSTRUCTIONS.	01. = Yes, treatment indicated and sought 02. = Yes, treatment not indicated and not sought → 03. = No, treatment indicated but not sought → 04. = No, treatment not indicated but sought 97. = Don't know (unable to assess) → 99. = Not applicable	___	673  672  673
667.	Once the decision was made to seek treatment outside the home, how soon did transport reach the baby (Time 3)?  REVIEW 317.	## 97. = Don't know 99. = Not applicable ..... . . a. Within __ minutes b. Within __ hours	___ ___	
668.	Once transport reached the baby, how soon did s/he reach the facility where treatment was <i>finally</i> received (Time 4)?  REVIEW 318.	## 97. = Don't know 99. = Not applicable ..... . . a. Within __ minutes b. Within __ hours	___ ___	





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<p><b>678.</b></p>	<p>Once the signs were noticed, how soon were they recognized as either <i>possibly</i> or <i>definitely</i> serious— a problem (Time 1)?</p> <p>REVIEW 2D21.</p>	<p>## 97. = Don't know 99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks</p>	<p>__ __</p> <p>__ __</p> <p>__ __</p> <p>__ __</p>	
<p><b>679.</b></p>	<p>Once the problem was recognized, how soon was the first aid response (Time 2)?</p> <p>REVIEW 2D25.</p>	<p>## 97. = Don't know 99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Within __ minutes b. Within __ hours c. Within __ days d. Within __ weeks</p>	<p>__ __</p> <p>__ __</p> <p>__ __</p> <p>__ __</p>	
<p><b>680.</b></p>	<p>Was the amount of time <i>from</i> when signs were first noticed <i>to</i> first response (Time 1 + Time 2) sufficiently short for a meaningful response (i.e., might improve the chance of survival)?</p>	<p>01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable</p>	<p>__ __</p>	
<p><b>681.</b></p>	<p>Was the first response <i>correct, complete, safe and adequate</i> according to the management criteria?</p> <p>IF 2D24= 02 (ALL) AND 2D25 = 00 (I.E. NOTHING WAS DONE), PUT 02 FOR RESPONSE ITEMS 'a - d'.</p> <p>OTHERWISE, GO TO WORKSHEET 6D AND FOLLOW THE INSTRUCTIONS.</p>	<p>01. = Yes 02. = No 97. = Don't know (unable to assess) 99. = Not applicable</p> <p>.....</p> <p>.</p> <p>a. Correct b. Complete c. Safe d. Adequate (a - d = 01)</p>	<p>__ __</p> <p>__ __</p> <p>__ __</p> <p>__ __</p>	
<p><b>682.</b></p>	<p>Was an appropriate decision made regarding treatment outside the home?</p> <p>IF 2D24 = 02 (ALL) AND 2D25 = 00 (I.E. NOTHING WAS DONE), PUT 02 OR 03 AS INDICATED.</p> <p>OTHERWISE, GO TO WORKSHEET 6D AND FOLLOW THE INSTRUCTIONS</p>	<p>01. = Yes, treatment indicated and sought 02. = Yes, treatment not indicated and not sought → 03. = No, treatment indicated but not sought → 04. = No, treatment not indicated but sought 97. = Don't know (unable to assess) → 99. = Not applicable</p>	<p>__ __</p>	<p><b>689</b></p> <p><b>688</b></p> <p><b>689</b></p>
<p><b>683.</b></p>	<p>Once the decision was made to seek treatment outside the home, how soon did transport reach the baby (Time 3)?</p> <p>REVIEW 317.</p>	<p>## 97. = Don't know 99. = Not applicable</p> <p>.....</p> <p>.</p>	<p>__ __</p>	





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		t. Pre term labor <b>(specific, neonatal)</b> u. Asphyxia v. Trauma w. IUGR/LBW x. Pre-maturity/LBW y. RDS (pre-maturity) z. LBW complication (not RDS) aa. Sepsis (Pneumonia/ARI) bb. Sepsis (other) cc. Diarrhea dd. Deformity ee. Harmful health behaviors ff. Other _____	___ ___ ___ ___ ___ ___ ___ ___ ___ ___	
692.	How old was the fetus/baby when s/he died?  REVIEW FORM 4.  PUT 00 IF STILLBORN. PUT 96 IF DIED IN WOMB > 6 MONTHS.	## 96. = Died in womb > 6 months 99. = Not applicable	___	
693.	Where did death occur?  REVIEW FORM 4.	01. = At home 02. = On the way to health facility 03. = In a health facility 96. = Other (specify) _____ 99. = Not applicable	___	
694.	Was this a girl or a boy?  REVIEW 2B13.	01. = Girl 02. = Boy 97. = Don't know 99. = Not applicable	___	
<b>QUESTIONS 695 – 702 ARE ABOUT POTENTIALLY RELEVANT EXPLANATORY VARIABLES.</b>				
695.	Socio-economic status <sup>1</sup>	01. = Low 02. = Middle 03. = High	___	
696.	Highest level of education?  REVIEW 108.	01. = Never attended 02. = Up to class 4 03. = Up to class 5 04. = Up to class 8 05. = Up to class 10 06. = > class 10	___	
697.	Literacy?  QUESTION NOT ASKED FOR RESPONDENT HAVING 10 <sup>TH</sup> CLASS AND ABOVE. ASSUMPTION IS LITERATE. PUT 99.  REVIEW 109.	01. = Able to read easily 02. = Able to read with difficulty 03. = Unable to read 99. = Not applicable (assume can read)	___	

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698.	ANC by formally trained provider <sup>2</sup>  REVIEW 2A10. FORMALLY TRAINED IS d, e or f = 01. IF ABORTION PUT 99.	01. = Yes 02. = No 99. = Not applicable	___	
699.	Did the woman/family have an emergency care plan?  REVIEW 2A21 - 2A24. IF 2A20 = 01 IN MAP II PUT 99.	01. = Yes 02. = No 99. = Not applicable	___	
700.	Warning signs mentioned during...  REVIEW 2A25 (PREGNANCY) REVIEW 2B41 (LABOR & BIRTH) REVIEW 2C09 (POSTPARTUM) REVIEW 2D16 (NEWBORN)  PUT 99 IF SECTION NOT FOLLOWED.	##  ..... . a. Pregnancy b. Labor & birth c. Postpartum d. Newborn	___ ___ ___ ___	
701.	History of prior cesarean section? REVIEW 2A08.	01. = Yes 02. = No 99. = Not applicable	___	
702.	Place of delivery?  IF THIS WAS ABORTION, PUT 99.	01. = At home 02. = On the way to health facility 03. = In a health facility 96. = Other (specify) _____ 99. = Not applicable	___	
703.	Birth attendant (delivered baby)?  IF THIS WAS ABORTION, PUT 99.  REVIEW 2B02.	01. = No one 02. = Family/relative 03. = Neighbor/friend 04. = Dai/Dhankun 05. = Nurse 06. = English doctor 07. = Other 97. = Don't know 99. = Not applicable	___	
704.	If this was an induced abortion, who assisted?	01. = No one (woman herself) 02. = Family/relative 03. = Neighbor/friend 04. = Dai/Dhankun 05. = Nurse 06. = English doctor 07. = Other 99. = Not applicable	___	
705.	History of AP serious illness?  REVIEW 2A16.	01. = Yes 02. = No 97. = Don't know 99. = Not applicable  .....		

**FORM-6: CASE REVIEW**

		a. Anemia	— —	
		b. Malaria	— —	
		c. Tuberculosis	— —	
		d. Jaundice	— —	
		e. Diabetes	— —	
		f. Heart problem	— —	
		g. Blow to head	— —	
		h. Others _____	— —	

**FORM-6 CASE REVIEW  
WORKSHEET 6A**

**ESSENTIAL DIAGNOSES OF MATERNAL LIFE-THREATENING PROBLEMS**

Worksheet 6A contains a 'Checklist of History and Symptoms' and 'Criteria for Making An Essential Diagnosis (Level I)' for the following life threatening problems: early pregnancy loss associated with non-septic and septic abortion; antepartum hemorrhage associated with placenta previa, abruptio placenta and ruptured uterus; postpartum hemorrhage associated with uterine atony, trauma and retained placenta; prolonged and obstructed labor; postpartum infection (puerperal sepsis); and pre-eclampsia / eclampsia. The 'Checklist' and 'Criteria' were developed using as guides the *Verbal Autopsies for Maternal Deaths, Report of a WHO Workshop, 10 –13 January 1994* (WHO/FHE/MSM/95.15) and the *Mother-Baby Package: Implementing Safe Motherhood in Countries* (WHO/FHE/MSM/94.11). The definitions of certain conditions (e.g., prolonged labor), and essential symptoms (e.g., postpartum infection or puerperal sepsis), vary between the two documents. In such cases, liberal definitions were used.

**INSTRUCTIONS**

- (1) Review each symptom reported in the sign group that was followed. These will be found in questions 2A29/2A27, 2B44/2B42 and/or 2C12/2C10 in the MAP II Questionnaire. Then review the symptoms contained in the left-hand column of the relevant 'Checklist of History and Symptoms'. Tick (√) each symptom reported using the 'Yes' response option. Tick (√) each symptom NOT reported using the 'No' response option.
- (2) Review any additional items or symptoms contained in the left-hand column of the relevant 'Checklist of History and Symptoms'. Then review the MAP II Questionnaire. Question numbers from the MAP II Questionnaire have been listed in the column headed 'Information Source' to assist your review. Complete the 'Checklist of History and Symptoms' by ticking (√) the appropriate response option for each item—'Yes' or 'No' or 'Don't know'.
- (3) Compare the pattern of responses that are ticked against the 'Criteria for Making an Essential Diagnosis (Level I)'. Then make your diagnosis. Make a Specific Diagnosis (Level II) only if there is sufficient information (See Table 1 next page for examples.).
- (4) Transfer your diagnosis to the MAP III Case Review questions 605, 613 and/or 621 by coding the appropriate response option, as instructed.

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**Table 1. Classification of dual causes of [illness and/or] death (from WHO 1994).**

LEVEL 1 (ESSENTIAL)	LEVEL II (SPECIFIC)
HEMORRHAGE (ANTEPARTUM/POSTPARTUM)	Placenta previa Abruptio placenta Atonic uterus Retained placenta Prolonged labor Obstructed labor Prior fetal death Unknown
EARLY PREGNANCY DEATH	Sepsis and induced abortion Sepsis and spontaneous abortion Hemorrhage and induced abortion Hemorrhage and spontaneous abortion Hemorrhage and ectopic pregnancy Unknown
SEPSIS	Prolonged rupture of membranes Obstructed labor Retained placenta Iatrogenic factors Prior fetal death
ECLAMPSIA/CONVULSIONS	Pre-eclampsia
OBSTRUCTED LABOR/RUPTURED UTERUS	Mal-presentation Cephalo pelvic disproportion Iatrogenic factors
SUDDEN DEATH	--
UNKNOWN	--

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED EARLY PREGNANCY LOSS AND/OR ANTEPARTUM HEMORRHAGE AT < 6 MONTHS OF PREGNANCY**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Age 12 – 50 years	105			
Vaginal bleeding ( <b>QUALIFY AMOUNT</b> )	2A27 (1a)			
Bleeding soaked 1 clean pad in 5 minutes	2A27 (1a1)			
Bleeding soaked > 1 clean pad per hour	2A27 (1a2)			
Bleeding > ½ 'kilo' (local measure)	2A27 (1a3)			
Bleeding a continuous small trickle that did not stop	2A27 (1a4)			
Bleeding with fist-sized clots	2A27 (1a5)			
Bleeding bright red / fresh, in any amount	2A27 (1a6)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Pregnancy (suspected or confirmed) ended < 6 months	2A17			
Somebody did something to end the pregnancy	2A18			
High fever (temperature > 101.3 F if measured)	2A27 1a10			
Hard, painful abdomen	2A27 (1a11)			
Bleeding / bloody discharge with abnormal smell or color (pus)	2A27 (1a9)			
Bleeding with passing of tissue	2A27 (1a8)			
Sudden, severe pain, one side of lower abdomen	2A27 (1a12)			
Rapid heart beat, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse	2A27 (2a - 2e)			
If referred, health care provider mentioned non-septic or septic abortion as cause of bleeding	328 (a, b)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
EARLY PREGNANCY LOSS**

**EARLY PREGNANCY LOSS WAS PROBABLY PRESENT IF:**

- Age 12 – 50 years = ‘Yes’, AND
- Vaginal bleeding = ‘Yes’ (**QUALIFY AMOUNT**):
  - Bleeding bright red / fresh *in any amount* = ‘Yes’, OR
  - Bleeding soaked 1 clean pad in 5 min = ‘Yes’, OR
  - Bleeding soaked > 1 clean pad per hour = ‘Yes’, OR
  - Bleeding > ½ kilo = ‘Yes’, OR
  - Bleeding a continuous small trickle = ‘Yes’, OR
  - Bleeding with fist sized clots = ‘Yes’

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST A *SPECIFIC* DIAGNOSIS (LEVEL II):**

***NON-SEPTIC ABORTION***

- Pregnancy (suspected or confirmed) ended < 6 months = ‘Yes’, AND
- Bleeding with passing of tissue = ‘Yes’ (complete) OR ‘No’ (incomplete), AND/OR
- Someone did something to end the pregnancy = ‘Yes’ (induced) OR ‘No’ (spontaneous), AND/OR
- Health care provider mentioned non-septic abortion as cause of problem = ‘Yes’

***SEPTIC ABORTION***

- Pregnancy (suspected or confirmed) ended < 6 months = ‘Yes’, AND
- High fever (temperature > 101.3 if measured) = ‘Yes’, AND
- Bleeding with passing of tissue = ‘Yes’ (complete) OR ‘No’ (incomplete), AND/OR
- Hard, painful abdomen = ‘Yes’, AND/OR
- Bleeding or bloody discharge with abnormal smell or color (pus) = ‘Yes’, AND/OR
- Someone did something to end the pregnancy = ‘Yes’, AND/OR
- Health care provider mentioned septic abortion as cause of problem = ‘Yes’

***ETOPIC PREGNANCY***

- Pregnancy (suspected or confirmed) ended < 6 months = ‘Yes’, AND
- Sudden, severe pain in lower abdomen, one side only = ‘Yes’, AND/OR
- Rapid heart rate, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse = ‘Yes’ OR ‘No’, AND/OR
- Health care provider mentioned ectopic pregnancy as cause of problem = ‘Yes’

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO ANTEPARTUM HEMORRHAGE AT  
> 6 MONTHS OF PREGNANCY**

HISTORY AND SYMPTOMS	MAP II Source of Information	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Vaginal bleeding (QUALIFY AMOUNT)	2A27 (1a)			
Bleeding soaked 1 clean pad in 5 minutes	2A27 (1a1)			
Bleeding soaked > 1 clean pad per hour	2A27 (1a2)			
Bleeding > ½ 'kilo' (local measure)	2A27 (1a3)			
Bleeding a continuous small trickle that did not stop	2A27 (1a4)			
Bleeding with fist sized clots	2A27 (1a5)			
Bleeding bright red / fresh in any amount	2A27 (1a6)			
Occurred ≥ 6 months of pregnancy and before birth	2A27 (1a1-1a6, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Painless bleeding	2A27 (1a13)			
Bleeding increased on vaginal exam	2A27 (1a7)			
Bleeding with hard, painful abdomen	2A27 (1a11)			
High blood pressure (only if measured)	2A27 (2c)			
Oxytocic medicine or herb used during labor	2B05 (b)			
Prolonged or obstructed labor ( <i>See</i> checklist for this diagnosis)	--			
Previous caesarian section	2A08			
Rapid heart beat, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse	2A27 (2a - 2e)			
Died in labor, before birth	FORM 5			
If referred, health care provider mentioned placenta previa, abruptio placenta or ruptured uterus as cause of antepartum hemorrhage	328 (c, d, e, f)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
ANTEPARTUM HEMORRHAGE**

**ANTEPARTUM HEMORRHAGE WAS PROBABLY PRESENT IF:**

- Vaginal bleeding = 'Yes' (QUALIFY AMOUNT):
  - Bleeding soaked 1 clean pad in 5 min = 'Yes', OR
  - Bleeding soaked > 1 clean pad per hour = 'Yes', OR
  - Bleeding > ½ kilo = 'Yes', OR
  - Bleeding a continuous small trickle = 'Yes', OR
  - Bleeding with fist sized clots = 'Yes', OR
  - Bleeding bright red / fresh in any amount = 'Yes', AND
- Occurred ≥ 6 months of pregnancy and before birth = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST A *SPECIFIC* DIAGNOSIS  
(LEVEL II):**

***PLACENTA PREVIA***

- Painless bleeding, AND/OR
- Bleeding increased with vaginal exam, AND/OR
- Rapid heart rate, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse = 'Yes' OR 'No', AND/OR
- Health care provider mentioned placenta previa as cause of antepartum hemorrhage = 'Yes'

***ABRUPTIO PLACENTAE***

- Hard, painful abdomen = 'Yes', AND
- High blood pressure (only if measured) = 'Yes', AND/OR
- Rapid heart beat, rapid breathing, cold skin, low blood pressure (only if measured) with fainting or collapse = 'Yes', AND/OR
- Died in labor, before birth = 'Yes', AND/OR
- Health care provider mentioned abruptio placentae as cause of antepartum hemorrhage = 'Yes'

***RUPTURED UTERUS***

- Hard, painful abdomen = 'Yes', AND
- Previous cesarean section = 'Yes', AND/OR
- Oxytocic medicine or herbs used during labor = 'Yes', AND/OR
- Prolonged or obstructed labor = 'Yes', AND/OR
- Rapid heart beat, rapid breathing, cold skin, low blood pressure (only if measured) with fainting or collapse = 'Yes', AND/OR
- Died in labor, before birth = 'Yes', AND/OR
- Health care provider mentioned ruptured uterus as cause of antepartum hemorrhage = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO POSTPARTUM HEMORRHAGE.**

HISTORY AND SYMPTOMS	MAP II Source of Information	Response Option		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Vaginal bleeding (QUALIFY AMOUNT)	2B42 (1a) 2C10 (1a)			
Bleeding soaked 1 clean pad in 5 minutes	2B42 (1a1) 2C10 (1a1)			
Bleeding soaked > 1 clean pad per hour	2B42 (1a2) 2C10 (1a2)			
Bleeding > ½ 'kilo' (local measure)	2B42 (1a3) 2C10 (1a3)			
Bleeding a continuous small trickle that did not stop	2B42 (1a4) 2C10 (1a4)			
Bleeding with fist sized clots	2B42 (1a5) 2C10 (1a5)			
Bleeding bright red / fresh in any amount	2B42 (1a6) 2C10 (1a6)			
Occurred after birth and ≤ 6 weeks postpartum	2B42 (1a1 - 1a6, col4) 2C10 (1a1 - 1a6, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Strong labor pains > 24 hours	2B10			
Suffered a bad tear where baby came out	2B42 ('other' h) 2C10 ('other' i)			
Delivery with forceps or vacuum extractor	2B11			
Womb stayed soft after placenta came out	2B42			
Placenta did not come out after 1 hour	2B31			
Placenta / membranes did not all come out	2B32			
Bleeding with passing of tissue	2B42 (1a8) 2C10 (1a6)			
Rapid breathing and pale, cold skin, low blood pressure (only if measured) with extreme weakness or collapse	2B42 (2a, b, c, d, e) 2C10 (2a, b, c, d, e)			
If referred, health care provider mentioned uterine atony, retained placenta OR trauma as cause of postpartum hemorrhage	328 (c, g, h, i, j)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
POSTPARTUM HEMORRHAGE**

**POSTPARTUM HEMORRHAGE WAS PROBABLY PRESENT IF:**

- Vaginal bleeding = ‘Yes’ (**QUALIFY AMOUNT**):
  - Bleeding soaked 1 clean pad in 5 min = ‘Yes’, OR
  - Bleeding soaked > 1 clean pad per hour = ‘Yes’, OR
  - Bleeding > ½ kilo = ‘Yes’, OR
  - Bleeding a continuous small trickle = ‘Yes’, OR
  - Bleeding with fist sized clots = ‘Yes’, OR
  - Bleeding bright red / fresh in any amount = ‘Yes’, AND
- Occurred after birth and ≤ 6 weeks postpartum

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST A *SPECIFIC* DIAGNOSIS (LEVEL II):**

***UTERINE ATONY***

- Prolonged labor (i.e., strong labor pains > 24 hours) = ‘Yes’, AND/OR
- Womb stayed soft after placenta came out = ‘Yes’, AND
- Rapid heart rate, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse = ‘Yes’ OR ‘No’, AND/OR
- Health care provider mentioned uterine atony as cause of problem = ‘Yes’

***TRUAMA (LACERATIONS OR TEARS)***

- Delivery with forceps or vacuum extractor = ‘Yes’, AND/OR
- Suffered a bad tear in area where baby came out = ‘Yes’, AND/OR
- Rapid heart rate, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse = ‘Yes’ OR ‘No’, AND/OR
- Health care provider mentioned trauma as cause of problem = ‘Yes’

***RETAINED PLACENTA***

- Placenta came out after 1 hour = ‘Yes’, AND/OR
- Placenta / membranes did not all come out = ‘Yes’, AND/OR
- Bleeding with passing of tissue = ‘Yes’, AND/OR
- Rapid heart rate, rapid breathing, cold skin, low blood pressure (only if measured) with extreme weakness or collapse = ‘Yes’ OR ‘No’, AND/OR
- Health care provider mentioned retained placenta as cause of problem = ‘Yes’

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO PROLONGED RUPTURE OF  
MEMBRANES AND PROLONGED OR OBSTRUCTED LABOR.**

HISTORY AND SYMPTOMS	MAP II Source of Information	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Leaking of water > 12 hours before labor pains began	2A27 (4a)			
Leaking of water > 24 hours before birth	2B09			
Labor > 24 hours with strong labor pains AND ended in spontaneous or assisted vaginal delivery	2B10, 2B11, 2B42 (4a)			
Labor lasted > 24 hr. with strong labor pains AND ended in cesarean section	2B10, 2B11, 2B42 (4a)			
Labor lasted > 24 hr. with strong labor pains AND ended with an undelivered baby	2B10, 2B11, 2B42 (4a)			
Labor lasted > 24 hr. with strong labor pains, ended in ruptured uterus (e.g., painful bleeding and sudden collapse)	2B10, 2B11, 2B42 (4a)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
More than one baby	2B12			
Baby did not come head first	2B14			
Pushed when pains first began or when pains first became strong and did not stop	2B06			
Pushed > 2 hrs with a strong urge BUT baby not seen	2B42 ('other' e)			
Pushed > 15 minutes after baby seen BUT baby not born	2B42 ('other' f)			
If referred, health care provider mentioned mal presentation or cephalopelvic disproportion or other factors as cause of prolonged or obstructed labor	328 (n, o, u)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
PROLONGED RUPTURE OF MEMBRANES AND PROLONGED OR OBSTRUCTED LABOR.**

**PROLONGED RUPTURE OF MEMBRANES WAS PROBABLY PRESENT IF:**

- Leaking of water from the vagina > 12 hours before labor began = 'Yes', OR
- Leaking of water from the vagina > 24 hours before baby was born = 'Yes'

**PROLONGED LABOR WAS PROBABLY PRESENT IF:**

- Labor lasted > 24 hr. with strong labor pains = 'Yes', AND
- Labor ended in spontaneous or assisted vaginal delivery = 'Yes'

**OBSTRUCTED LABOR WAS PROBABLY PRESENT IF:**

- Labor lasted > 24 hr. with strong labor pains = 'Yes', AND
- Labor ended in cesarean section = 'Yes', OR
- Undelivered baby = 'Yes', AND/OR
- Ruptured uterus (e.g., hard, painful abdomen; rapid heart beat, rapid breathing, cold skin, low blood pressure (only if measured), extreme weakness and collapse) = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST A *SPECIFIC* DIAGNOSIS (LEVEL II):**

***MULTIPLE GESTATION***

- More than one baby = 'Yes', AND/OR
- Health care provider mentioned multiple gestation as cause of problem = 'Yes'

***MAL PRESENTATION***

- Baby did not come head first = 'Yes', AND/OR
- Health care provider mentioned mal presentation as cause of problem = 'Yes'

***CEPHALOPELVIC DISPROPORTION***

- Pushed > 2 hours with strong urge BUT baby not seen = 'Yes', AND/OR
- Pushed > 15 minutes after baby seen BUT baby not born = 'Yes', AND/OR
- Health care provider mentioned cephalo-pelvic disproportion as cause of problem = 'Yes'

***PROVIDER FACTORS***

- Pushed with first labor pain or when pains first became strong = 'Yes', AND/OR
- Health care provider mentioned prolonged pushing as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO POSTPARTUM INFECTION  
(PUERPERAL SEPSIS)**

HISTORY AND SYMPTOMS	MAP II Source of Information	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
High fever (temperature > 101.3 if measured) lasting > 1 day	2C10 (3a)			
Hard, painful abdomen	2C10 (3b)			
Bleeding or bloody vaginal discharge with abnormal smell or color (pus)	2C10 (3c)			
Occurred after birth and within 6 weeks postpartum	2C10 (3a-3c, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Water leaking from vagina but no labor pains for > 12 hours	2A27 (4a)			
Water leaking from vagina but baby was not born for > 24 hours	2B09 (05)			
Labor > 24 hours with strong labor pains	2B10 (05)			
Assisted or operative delivery i.e., forceps, vacuum extraction or cesarean section	2B11 (02 - 04)			
Placenta did not come out > 1 hour or parts of placenta / membranes did not all come out	2B31 (02) 2B32 (02)			
Bleeding with passing of tissue	2C10 (1a6)			
Vaginal bleeding lasted > 10 days	2C05			
Vaginal exam > 3 times during labor	2B07 (02)			
Vaginal exam with unwashed/improperly washed hands	2B08			
If referred, health care provider mentioned puerperal sepsis or infection of womb as cause of problem	328 (t)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
Breast infection (fever with hard, painful, red breast)	2C10 ('other' h, c)			
Wound infection (fever with painful wound where baby came out)	2C10 ('other' i, c)			
Urinary tract infection (fever with pain when urinating or lower back or waist pain)	2C10 ('other' j, k, c)			
Malaria (fever with chills, severe body aches)	2C10('other' c, d, e) 2A16 (b)			
Pneumonia (fever with rapid breathing and cough with green or bloody mucous)	2C10 (2b, 'other' b, c, f, g) 2A16 (h)			
Other infection during pregnancy _____	2A16			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL) OF  
POSTPARTUM INFECTION (PUERPERAL SEPSIS).**

**POSTPARTUM INFECTION WAS PROBABLY PRESENT IF:**

- High fever (temperature > 101.3 F if measured) lasting > 1 day = 'Yes', AND
- Occurred after 24 hours of birth and within 6 weeks postpartum = 'Yes', AND
- Hard, painful abdomen = 'Yes', AND/OR
- Bleeding or bloody vaginal discharge with abnormal smell or color (pus) = 'Yes', AND/OR
- Vaginal bleeding lasted > 10 days = 'Yes', AND
- Differentiating symptoms = 'No'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST A SPECIFIC CAUSE:**

***PROLONGED RUPTURE OF MEMBRANES***

- Leaking water from vagina > 12 hours before labor pains began = 'Yes', AND/OR
- Leaking water from vagina > 24 hours before baby was born = 'Yes', AND/OR
- Care provider mentioned prolonged rupture membranes as cause of problem = 'Yes'

***PROLONGED OR OBSTRUCTED LABOR***

- Labor lasted > 24 hours with strong labor pains = 'Yes', AND/OR
- Assisted or operative delivery i.e., forceps, vacuum extraction or cesarean section = 'Yes', AND/OR
- Care provider mentioned prolonged or obstructed labor as cause of problem = 'Yes'

***RETAINED PLACENTA***

- Placenta did not come out after > 1 hour = 'Yes', AND/OR
- Placenta / membranes did not all come out = 'Yes', AND/OR
- Passing of tissue with bleeding = 'Yes', AND/OR
- Care provider mentioned retained placenta as cause of problem = 'Yes'

***PROVIDER FACTORS***

- Vaginal examination > 3 times during labor = 'Yes', AND/OR
- Unwashed/improperly washed hands during vaginal examination = 'Yes', AND/OR
- Forceps or vacuum extraction or cesarean section delivery = 'Yes', AND/OR
- Care provider mentioned provider factors as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO PRE-ECLAMPSIA OR ECLAMPSIA.**

HISTORY AND SYMPTOMS	MAP II Source of Information	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
High blood pressure (only if measured)	2A27, 2B42, 2C10 (3c)			
Fits or convulsions	2A27, 2B42, 2C10 (4b)			
Occurred $\geq$ 6 mo. or $\leq$ 3 days of termination of pregnancy	2A27, 2B42, 2C10 (Col3/4)			
<b>SUPPORTIVE SYMPTOMS (MAY BE PRESENT)</b>				
Swelling of face or hands	2A27, 2B42, 2C10 (3a)			
Spots before eyes or blurred vision	2A27, 2B42, 2C10 ('other' b)			
Severe headache	2A27, 2B42, 2C10 ('other' a)			
Health care provided mentioned pre-eclampsia or eclampsia as cause of problem	328 (p)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
High fever due to infection, with fits or convulsions (e.g., malaria — See checklist for infection)	2A16, 2C10 (‘other’ c, d)			
History of fits or convulsions < 6 mo. of this pregnancy and > 3 days postpartum (or abortion)	2C10 (4b col3)			
History of fits or convulsions outside of pregnancy (i.e., epilepsy)	2C10 (4b1)			
History of blow or trauma to the head with fits or convulsions	2A16 (g)			

**FORM-6: CASE REVIEW  
WORKSHEET 6A**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
PRE-ECLAMPSIA AND ECLAMPSIA**

**PRE-ECLAMPSIA PROBABLY PRESENT IF:**

- High blood pressure (only if measured) = 'Yes', AND
- Fits or convulsions = 'No', AND
- Occurred  $\geq$  6 mo. of pregnancy and  $\leq$  3 days postpartum = 'Yes', AND
- Differentiating symptoms = 'No'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY STRENGTHEN DIAGNOSIS:**

- Swelling of face or hands = 'Yes', AND/OR
- Spots before eyes or blurred vision = 'Yes', AND/OR
- Severe headache = 'Yes', AND/OR
- Health care provided mentioned pre-eclampsia as cause of problem = 'Yes'

**ECLAMPSIA PROBABLY PRESENT IF:**

- High blood pressure (only if measured) = 'Yes', AND
- Fits or convulsions = 'yes', AND
- Occurred  $\geq$  6 mo. of pregnancy and  $\leq$  3 days postpartum = 'Yes', AND
- Differentiating symptoms = 'No'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY STRENGTHEN DIAGNOSIS:**

- Swelling of face or hands = 'Yes', AND/OR
- Spots before eyes or blurred vision = 'Yes', AND/OR
- Severe headache = 'Yes', AND/OR
- Health care provided mentioned eclampsia as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**ASSESSMENT OF FIRST RESPONSE TO LIFE-THREATENING PROBLEMS**

Worksheet 6B contains a ‘Checklist for First Response’ and ‘Criteria for Assessing First Response’ for the following life-threatening problems: early pregnancy loss and antepartum hemorrhage (< 6 months), antepartum hemorrhage (≥ 6 months), prolonged or obstructed labor, postpartum hemorrhage, postpartum infection (puerperal sepsis), and pre-eclampsia / eclampsia. The ‘Checklist’ and ‘Criteria’ were developed using the *Home-Based Life Savings Skills (HBLSS)* protocols and curriculum (American College of Nurse-Midwives, 1999) as a guide.

**INSTRUCTIONS**

- (1) Review the actions listed in the left-hand column of the ‘Checklist for First Response’ for the particular problem that you diagnosed.
- (2) Review the actions taken to resolve the problem in the MAP II Questionnaire. To assist the review, the question numbers from the MAP II Questionnaire have been listed in the column headed ‘Information Source’.
- (3) Complete the ‘Checklist for First Response’ by ticking (√) the appropriate response option for each item—‘Yes’ or ‘No’ or ‘Don’t Know’.
- (4) Compare the pattern of responses that are ticked against the ‘Criteria for Assessing the First Response’, below. Then make your assessment regarding the *correctness*, *completeness* and *safety* of the actions taken.
- (5) Transfer your assessment to the MAP III Case Review questions 610, 626, and/or 642 by coding the components of response, as instructed.

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO EARLY PREGNANCY LOSS AND/OR ANTEPARTUM  
HEMORRHAGE AT < 6 MONTHS OF PREGNANCY.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Massaged womb, rolled nipples and/or received oxytocic injection <i>where allowed</i>	2A34 (a, c, k)			
Emptied bladder or urinated	2A34 (o)			
Took ORS-- a sugar-salt solution	2A34 (m)			
Other local treatment?	2A34			
Other local treatment?	2A34			
Other local treatment?	2A34			
Other local treatment?	2A34			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT if bleeding excessive (see qualifying amounts) or continued more than 2 hours	2A36			
SOUGHT OUTSIDE TREATMENT <i>if high fever (temperature ≥ 101.3 F if measured)</i> ➤ Management of Postpartum Infection	2A36			
<b>IF REFERRAL DELAYED MORE THAN 1 HOUR (See 317)</b>				
Removed blood clots by hand <i>if clots or tissue present</i>	2A34 (q)			
Continued to massage womb and/or roll nipples	2A34 (a, c)			
Continued to take ORS-- sugar-salt solution	2A34 (m)			
Lay down with feet elevated	2A34 (v)			
Covered with blanket-- kept warm	2A34 (z)			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B  
CHECKLIST FOR FIRST RESPONSE TO ANTEPARTUM HEMORRHAGE  
AT ≥ 6 MONTHS OF PREGNANCY.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
DID NOT put anything into vagina	2A34			
Emptied bladder or urinated	2A34 (o)			
Took ORS-- a sugar-salt solution	2A34 (m)			
Other local treatment?	2A34			
Other local treatment?	2A34			
Other local treatment?	2A34			
Other local treatment?	2A34			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT!	2A36			
<b>IF REFERRAL DELAYED MORE THAN 1 HOUR (See 317)</b>				
Continued to take ORS-- sugar-salt solution	2A34 (m)			
Lay down with feet elevated	2A34 (v)			
Covered with blanket-- kept warm	2A34 (z)			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED *CORRECT* AND *COMPLETE* IF:**
  - Each HBLSS action listed = ‘Yes’ OR ‘NA’ (i.e., the action was not possible or not necessary).
- FIRST RESPONSE IS ASSESSED ‘*CORRECT*’ BUT ‘*INCOMPLETE*’ IF:**
  - Some HBLSS actions listed = ‘No’.
- FIRST RESPONSE IS ASSESSED ‘*SAFE*’ IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = ‘Yes’
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = ‘Don’t know’

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO PROLONGED OR OBSTRUCTED LABOR.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Walked and/or rolled nipples	2B49 (c, s), 2B05			
Emptied bladder or urinated	2B49 (0), 2B04			
Took ORS-- a sugar-salt solution	2B49 (m), 2B03			
Squatted and pushed down only when strong urge felt	2B49 (t), 2B06			
Other local treatment?	2B49, 2B05			
Other local treatment?	2B49, 2B05			
Other local treatment?	2B49, 2B05			
Other local treatment?	2B49, 2B05			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if baby not head first</i> (See 2B14)	2B51			
SOUGHT OUTSIDE TREATMENT (baby head first) <i>if pushed more than 2 hours with strong urge and baby not seen</i> (See 2B14, 2B42 'other' e)	2B51			
SOUGHT OUTSIDE TREATMENT (baby head first) <i>if pushed more than 15 minutes and baby seen but not born</i> (See 2B14, 2B42 'other' f)	2B51			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED *CORRECT* AND *COMPLETE* IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED '*CORRECT*' BUT '*INCOMPLETE*' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED '*SAFE*' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO POSTPARTUM HEMORRHAGE (ATONY)  
(PLACENTA AND MEMBRANES ALL CAME OUT, WOMB DID NOT STAY HARD  
AND NO OBVIOUS TEAR IN AREA WHERE BABY CAME OUT)**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Massaged womb, rolled nipples, put baby to breast, and/or received oxytocic injection <i>where allowed</i>	2B49 (a, c, d, k), 2B38 (a, c, d, k), 2C17 (a, c, d, k)			
Emptied bladder or urinated	2B49 (o), 2B40 (o), 2C17 (o)			
Squeezed womb between 2 hands <i>if womb still stayed soft and bleeding same or more</i> (See 2B42 1a, 'other' g)	2B49 (b), 2C17 (b)			
Took ORS— a sugar-salt solution	2B49 (m), 2B39 (m), 2C17 (m)			
Other local treatment?	2B49, 2C17			
Other local treatment?	2B49, 2C17			
Other local treatment?	2B49 2C17			
Other local treatment?	2B49, 2C17			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if womb still stayed soft and bleeding same or more</i> (See 2B42 1a, 'other' g)	2B51, 2C19			
<b>REFERRAL DELAYED MORE THAN 1 HOUR (See 317)</b>				
Continue to squeeze womb between 2 hands	2B49 (b), 2C17 (b)			
Received rectal ORS-- a sugar salt solution	2B49 (n), 2C17 (n)			
Lay down with feet elevated	2B49 (v), 2C17 (v)			
Covered with blanket-- kept warm	2B49 (z), 2C17 (z)			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO POSTPARTUM HEMORRHAGE (TRAUMA)  
(PLACENTA AND MEMBRANES ALL CAME OUT, WOMB STAYED HARD  
AND POSSIBLE TEAR IN AREA WHERE BABY CAME OUT)**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Pressed on tear with clean cloth <i>if tear identified</i> (See 2B42 other, h)	2B49 (e)			
Took ORS-- a sugar-salt solution	2B49 (m), 2B39			
Other local treatment?	2B49			
Other local treatment?	2B49			
Other local treatment?	2B49			
Other local treatment?	2B49			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if womb hard and bleeding same or more</i> (See 2B42 1a, 1a9)	2B51			
<b>REFERRAL DELAYED MORE THAN 1 HOUR (See 317)</b>				
Continued to press on wound with clean cloth <i>if identified</i>	2B49 (e)			
Received rectal ORS-- a sugar salt solution	2B49 (n)			
Lay down with feet elevated	2B49 (v)			
Covered with blanket-- kept warm	2B49 (z)			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO POSTPARTUM HEMORRHAGE (RETAINED PLACENTA)  
(PLACENTA AND MEMBRANES DID NOT ALL COME OUT, WOMB DID NOT STAY HARD  
AND NO OBVIOUS TEAR IN AREA WHERE BABY CAME OUT)**

ACTIONS TAKEN (See 2B31 = 02; 2B32 = 02, 2B35, 2B42 1a 9, 2B42 'other' g, h)	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Massaged womb, rolled nipples, put baby to breast, and/or received oxytocic injection <i>where allowed</i>	2B49 (a, c, d, k), 2C17 (a, c, d, k)			
Emptied bladder or urinated	2B49 (o), 2B40 (o), 2C17 (o)			
Squatted and pushed down	2B49 (t), 2C17 (t)			
Removed placenta and membranes by hand <i>if still did not come out</i>	2B49 (p), 2C17 (p)			
Squeezed womb between 2 hands <i>if womb still did not stay hard and bleeding same or more</i>	2B49 (b), 2C17 (b)			
Took ORS— a sugar-salt solution	2B49 (m), 2B39 (m), 2C17 (m)			
Other local treatment?	2B49, 2B35, 2C17			
Other local treatment?	2B49, 2B35, 2C17			
Other local treatment?	2B49, 2B35, 2C17			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if unable to remove placenta, and bleeding same or more</i>	2B51, 2C19			
<b>REFERRAL DELAYED MORE THAN 1 HOUR (See 317)</b>				
Continue to squeeze womb between 2 hands	2B49 (b), 2C17 (b)			
Received rectal ORS-- a sugar salt solution	2B49 (n), 2C17 (n)			
Lay down with feet elevated	2B49 (v), 2C17 (v)			
Covered with blanket-- kept warm	2B49 (z), 2C17 (z)			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B  
CHECKLIST FOR FIRST RESPONSE TO POSTPARTUM INFECTION.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Took ORS-- a sugar salt solution	2C17 (m)			
Took 'fever' tablets (antipyretic)	2C17 (f)			
Took antibiotic tablet (broad spectrum) per protocol <i>where allowed</i>	2C17 (g)			
Took 'malaria' tablets per local protocol <i>if malaria known to be present</i>	2C17 (i)			
Sponge bathed-- kept cool	2C17 (y)			
Lay down, rested any position	2C17 (x)			
Lay down, rested in semi-sitting position <i>if infection in womb known to be present</i>	2C17 (w)			
Emptied breast or removed milk by hand <i>if infection in breast known to be present</i>	2C17 ®			
Emptied bladder or urinated <i>if infection in urinary tract known to be present</i>	2C17 (o)			
Other local treatment?	2C17			
Other local treatment?	2C17			
Other local treatment?	2C17			
Other local treatment?	2C17			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if symptoms same or worse in 2 days</i>	2C19			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED *CORRECT* AND *COMPLETE* IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED '*CORRECT*' BUT '*INCOMPLETE*' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED '*SAFE*' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6B**

**CHECKLIST FOR FIRST RESPONSE TO PRE-ECLAMPSIA OR ECLAMPSIA.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Lay down, rested on left side	2A34 (u), 2B49 (u), 2C17 (u)			
Took 'sedative' tablet (e.g., diazepam) per protocol <i>where allowed if swelling of face and hands AND spots before the eyes or blurred vision OR sudden severe upper abdominal pain</i>	2A34 (h), 2B49 (h), 2C17 (h)			
Took 'sedative' tablet (e.g., diazepam) per protocol <i>where allowed after fits or coma</i>	2A34 (h), 2B49 (h), 2C17 (h)			
Protect from injury <i>during fits or coma</i>	2A34 (aa), 2B49 (aa), 2C17 (aa)			
Other local treatment?	2A34, 2B49, 2C17			
Other local treatment?	2A34, 2B49, 2C17			
Other local treatment?	2A34, 2B49, 2C17			
Other local treatment?	2A34, 2B49, 2C17			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT !	2A36, 2B51, 2C19			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED *CORRECT* AND *COMPLETE* IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED '*CORRECT*' BUT '*INCOMPLETE*' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED '*SAFE*' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6C****ESSENTIAL DIAGNOSIS OF NEWBORN LIFE-THREATENING PROBLEMS**

Worksheet 5C contains 'Checklist History and Symptoms' and 'Criteria for Making An Essential Diagnosis (Level I)' for the following life-threatening problems: birth asphyxia and trauma, deformity, low birth weight, respiratory distress due to pre-maturity, pneumonia ( $\leq$  72 hours of life), pneumonia ( $>$  72 hours of life), tetanus neonatorum, general infection (septicemia) and diarrhea. The 'Checklist' and 'Criteria' were developed by Dr. V.K. Paul, All India Institute of Medical Sciences (1999).

**INSTRUCTIONS**

- (1) Review each symptom reported in the sign group that was followed. These will be found in questions 2B57/2B55 and/or 2D19/2D17 in the MAP II Questionnaire. Then review the symptoms contained in the left-hand column of the relevant 'Checklist of History and Symptoms'. Tick ( $\surd$ ) each symptom reported using the 'Yes' response option. Tick ( $\surd$ ) each symptom NOT reported using the 'No' response option.
- (2) Review any additional items or symptoms contained in the left-hand column of the relevant 'Checklist of History and Symptoms'. Then review the MAP II Questionnaire. Question numbers from the MAP II Questionnaire have been listed in the column headed 'Information Source' to assist your review. Complete the 'Checklist of History and Symptoms' by ticking ( $\surd$ ) the appropriate response option for each item—'Yes' or 'No' or 'Don't know'. (Note: For some conditions, you will first need to refer to (or make) a diagnosis of maternal life-threatening problems.)
- (3) Compare the pattern of responses that are ticked against the 'Criteria for Making an Essential Diagnosis (Level I)'. Then make your diagnosis
- (4) Transfer your diagnosis to the MAP III Case Review questions 657 and/or 673 by coding the appropriate response option, as instructed.

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO BIRTH ASPHYXIA AND TRAUMA.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Breathing absent OR gasping OR drawing-in of chest	2B16, 2B55 (1c)			
Cry absent	2B16, 2B17, 2B55 (1a)			
Swelling OR bruising of the head or body	2B55 (1e)			
Broken bones	2B55 (1f)			
Present at birth OR $\leq 5$ minutes of birth	2B16, 2B17, 2B55 (1a, 1c, 1e, 1f, Col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Decreased fetal movement during late pregnancy or labor	2A27 (4c), 2B42 ('other' j-s)			
Leaked greenish - brown water from vagina during labor	2B42 ('other' c)			
Oxytocic drugs or herbs used during labor	2B05 (a, b)			
Antepartum hemorrhage ( <i>See</i> 6A checklist for this diagnosis)	--			
Prolonged or obstructed labor ( <i>See</i> 6A checklist for this diagnosis)	--			
Prolonged rupture of membranes ( <i>See</i> 6A checklist for this diagnosis)	--			
Umbilical cord came first	2B14 (04)			
Baby's head did not come first	2B14 (02 - 05)			
Delivery by forceps, vacuum extraction or cesarean section	2B11 (03 - 04)			
Difficult to arouse 'sleepy' or unconscious $\leq 72$ hours of birth	2B55 ('other' d, col3)			
Fits or convulsions $\leq 72$ hours of birth	2B55 (1g, col3)			
If referred, health care provider mentioned birth asphyxia OR injury as cause of problem	326 (a, b)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
BIRTH ASPHYXIA OR TRAUMA**

**BIRTH ASPHYXIA WAS PROBABLY PRESENT IF:**

- Breathing absent OR gasping OR drawing in of chest = 'Yes', AND
- Cry absent = 'Yes', AND
- Present at birth and  $\leq$  5 minutes of birth = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS MAY SUGGEST SPECIFIC CAUSE:**

- Decreased fetal movements during late pregnancy or labor = 'Yes', AND/OR
- Greenish brownish water leaked from vagina during labor = 'Yes', AND/OR
- Antepartum hemorrhage = 'Yes', AND/OR
- Prolonged or obstructed labor = 'Yes', AND/OR
- Prolonged rupture of membranes = 'Yes', AND/OR
- Oxytocic drugs or herbs used during labor = 'Yes', AND/OR
- Umbilical cord came first = 'Yes', AND/OR
- Baby's head did not come first = 'Yes', AND/OR
- Delivery by forceps, vacuum extraction or Cesarean section = 'Yes', AND/OR
- Difficult to arouse 'sleepy' or unconscious  $\leq$  72 hours of birth , AND/OR
- Fits or convulsions  $\leq$  72 hours of birth = 'Yes', AND/OR
- Health care provider mentioned birth asphyxia as cause of problem

**BIRTH TRAUMA WAS PROBABLY PRESENT IF:**

- Broken bones = 'Yes', AND/OR
- Swelling OR bruising of head or trunk = 'Yes', AND
- Present at birth and  $\leq$  5 minutes of birth = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS STRENGTHEN DIAGNOSIS AND MAY SUGGEST  
CAUSE:**

- Prolonged or obstructed labor = 'Yes', AND/OR
- Baby's head did not come first = 'Yes', AND/OR
- Delivery by forceps, vacuum extraction or Cesarean section = 'Yes', AND/OR
- Health care provider mentioned birth injury as cause of problem

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO DEFORMITY.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Head much larger OR smaller than normal	2B55 (3a)			
Abnormally shaped face of head (i.e., 'monster')	2B55 (3a1, 3a2)			
Swelling over skull or spine	2B55 (3a3)			
Opening along spine	2B55 (3a4)			
Abnormally shaped limbs	2B55 (3a5)			
Unable to pass urine or stool	2B55 (3a6)			
Other obvious deformity	2B55 (3a)			
Present at birth	2B55 (3a1-3a6, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
If referred, care provider mentioned deformity as cause of problem	326 (c)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
DEFORMITY**

**DEFORMITY WAS PROBABLY PRESENT IF:**

- Head much larger or smaller than normal = 'Yes', OR
- Abnormally shaped face of head (i.e., 'monster') = 'Yes', OR
- Swelling over skull or spine = 'Yes', OR
- Opening along spine = 'Yes', OR
- Abnormally shaped limbs = 'Yes', OR
- Unable to pass urine or stool = 'Yes', OR
- Other obvious deformity = 'Yes', OR
- Present at birth = 'Yes'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS:**

- Health care provider mentioned deformity as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

2B18 = 01

2B20 = 01

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO LOW BIRTH WEIGHT.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Birth weight < 2.5 kg. (only if measured)	2B20, 2B55 (2d)			
Baby thought to be born much smaller than normal at birth	2B18, 2B55 (2c)			
Pregnancy lasted $\geq$ 6 months but < 8 months (i.e., 34 weeks)	2A17, 2B55 (2b)			
Baby thought to have been born too soon, before time	2B21, 2B55 (2a)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Maternal high blood pressure	2A27 (3c), 2B42 (3c)			
Maternal pre-eclampsia or eclampsia ( <i>See</i> 6A checklist for this diagnosis)	--			
Maternal infection ( <i>See also</i> 6A checklist for this diagnosis)	2A16			
Maternal severe anemia (or pale nail beds, inner eyelids, extreme weakness)	2A16, 2A27 (5j), 2B42 (5i)			
Maternal antepartum hemorrhage ( <i>See</i> 6A checklist for this diagnosis)	--			
If referred, health care provider mentioned low birth weight as cause of problem	326 (d)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
LOW BIRTH WEIGHT**

**LOW BIRTH WEIGHT WAS PROBABLY PRESENT IF:**

- Birth weight < 2.5 kg. (only if measured) = 'Yes', AND/OR
- Baby thought to be much smaller than normal at birth = 'Yes', OR
- Pregnancy lasted  $\geq$  6 months but < 8 months = 'Yes', AND/OR
- Baby thought to have been born too soon, before time = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS STRENGTHEN DIAGNOSIS AND MAY SUGGEST  
CAUSE:**

- Maternal high blood pressure = 'Yes', AND/OR
- Maternal pre-eclampsia or eclampsia = 'Yes', AND/OR
- Maternal infection (e.g., malaria) = 'Yes', AND/OR
- Maternal severe anemia OR pale nail beds, inner eyelids, an extreme weakness = 'Yes', AND/OR
- Maternal antepartum hemorrhage = 'Yes', AND/OR
- Health care provider mentioned low birth weight as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C  
2A17≤ 8-9**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO RESPIRATORY DISTRESS  
DUE TO PRE-MATURITY**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Rapid breathing (> 60 per minute)	2B55 (1d), 2D17			
Drawing-in of chest with breathing	2B55 (1c, 1d), 2D17			
First present ≤ 72 hours of life	2B55 (1c-1d, col4), 2D17			
Pregnancy lasted ≥ 6 months but < 8 months (34 weeks) OR baby was thought to be born too soon, before time	2B55 (2b), 2A17, 2B21			
Weighed < 1.8 kg (only if measured) OR baby was thought to be much smaller than normal	2B55 (2c), 2B18, 2B20			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Grunting with breathing	2B55 ('other' e), 2D17 ('other' e)			
Moments without breathing	2B55 ('other' b, f), 2D17 ('other' b, f)			
Pale blue color of body (trunk)	2B55 ('other' c, h), 2D17 ('other' c, h)			
If referred, care provider mentioned respiratory distress due to pre-maturity as cause of problem	326 (d, j)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
Maternal fever ( <i>See</i> also 6A checklist for puerperal sepsis)	--			
Greenish or brownish color OR bad smelling amniotic fluid	2B42 ('other' d, c)			
Prolonged or obstructed labor ( <i>See</i> 6A checklist for this diagnosis)	--			
Prolonged rupture of membranes ( <i>See</i> 6A checklist for this diagnosis)	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
RESPIRATORY DISTRESS DUE TO PRE-MATURITY**

**RESPIRATORY DISTRESS DUE TO PRE-MATURITY WAS PROBABLY PRESENT IF:**

- Rapid breathing (> 60 breaths per minute) = 'Yes', AND
- Drawing-in of chest with breathing = 'Yes', AND
- First present  $\leq$  72 hours of life = 'Yes', AND
- Pregnancy lasted  $\geq$  6 months and < 8 months OR thought to be born too soon, before time = 'Yes', AND/OR
- Weighed < 1.8 (only if measured) OR thought to be much smaller than normal = 'yes', AND
- Differentiating symptoms = 'No'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS:**

- Grunting with breathing = 'Yes', AND/OR
- Moments without breathing = 'Yes', AND/OR
- Pale blue color of body (trunk) = 'Yes' , AND/OR
- Health care provider mentioned pre-maturity as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS FOR PNEUMONIA AT  $\leq$  72 HOURS.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Rapid breathing (> 60 per minute)	2B55 (1d) 2D17 (1a)			
Drawing-in of chest with breathing	2B55 (1c) 2D17 (1b)			
First present $\leq$ 72 hours of life	2B55 (1c-1d, col3) 2D17 (1b-1c, col4)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Maternal fever ( <i>See</i> also 6A checklist for puerperal sepsis)	--			
Greenish or brownish color OR bad smelling amniotic fluid	2B42 ('other' c, d)			
Prolonged or obstructed labor ( <i>See</i> 6A checklist for this diagnosis)	--			
Prolonged rupture of membranes ( <i>See</i> 6A checklist for this diagnosis)	--			
If referred, care provider mentioned pneumonia as cause of problem	326 (h)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
Pregnancy lasted $\geq$ 6 months but < 8 months (34 weeks) OR baby was thought to be born too soon, before time	2A17, 2B55 (2b)			
Weighed < 1.8 kg (only if measured) OR baby was thought to be much smaller than normal	2B18, 2B20, 2B55 (2c)			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS OF  
PNEUMONIA AT  $\leq$  72 HOURS**

**PNEUMONIA < 72 HOURS WAS PROBABLY PRESENT IF:**

- Rapid breathing ( $>$  60 breaths per minute) = 'Yes', AND
- Drawing in of chest with breathing = 'Yes', AND
- First present  $\leq$  72 hours of life = 'Yes'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS AND MAY SUGGEST  
CAUSE:**

- Maternal fever = 'Yes', AND/OR
- Greenish or brownish color OR bad smelling amniotic fluid = 'Yes', AND/OR
- Prolonged or obstructed labor = 'Yes', AND/OR
- Prolonged rupture of membranes = 'Yes', AND/OR
- Health care provider mentioned pneumonia as cause = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C  
2D17 2a, 2b, 2c,**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO TETANUS NEONATORUM.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Unable to open mouth	2D17 (2a)			
Stiff, body arching backwards	2D17 (2b)			
Jerky movements, especially with stimulation	2D17 (2c)			
First present > 3 days after birth	2D17 (Col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Mother not immunized with tetanus toxoid during pregnancy	2A14, 2A15			
Birth attendant did not wash hands before vaginal examination	2B07, 2B08			
Baby delivered onto unclean surface at birth	2B15			
Umbilical cord cut with unclean instrument	2B24, 2B25, 2B26			
Umbilical cord tied with unclean materials	2B27, 2B28			
Umbilical cord stump dressed with unclean substance	2B29, 2D12			
Red cord stump with pus or bad smell	2D17 ('other' i)			
If referred, health care provider mentioned tetanus as cause of problem	326 (e)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
TETANUS NEONATORUM**

**TETANUS NEONATORUM WAS PROBABLY PRESENT IF:**

- Unable to open mouth = 'Yes', AND/OR
- Stiff, body arching backward = 'Yes', AND/OR
- Jerky movements, especially with stimulation = 'Yes', AND
- First present > 3 days of birth = 'Yes'

**SUPPORTIVE HISTORY AND SYMPTOMS STRENGTHEN DIAGNOSIS AND MAY SUGGEST  
CAUSE:**

- Mother not immunized with tetanus toxoid during pregnancy = 'Yes', AND/OR
- Birth attendant did not wash hands before vaginal examination or before caring for cord = 'Yes', AND/OR
- Baby delivered onto unclean surface at birth = 'Yes', AND/OR
- Umbilical cord cut with unclean instrument = 'Yes' AND/OR
- Umbilical cord tied or dressed with unclean materials = 'Yes', AND/OR
- Umbilical cord stump dressed with unclean substance = 'Yes', AND/OR
- Red cord stump with pus and bad smell = 'Yes', AND/OR
- Health care provider mentioned tetanus as cause of problem

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS FOR GENERAL INFECTION (SEPTICEMIA).**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Poor sucking or feeding	2D05, 2D06, 2D07, 2D17 (3a)			
Refused feed after accepting feeds earlier	2D05, 2D06, 2D07, 2D17 (3b)			
Unable to suck or swallow	2D17 (3a)			
Difficult to rouse, very 'sleepy'	2D17 (3d)			
Very weak or high pitched cry	2D17 (3c)			
First present > 72 hours of life	2D17 (3a-d, col3-4)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Body (trunk) cold to touch	2D17 ('other' b)			
Fever, body (trunk) hot to touch	2D17 ('other' a)			
Swollen distended abdomen	2D17 ('other' d)			
Frequent watery stools (i.e., > 6 per 24 hours)	2D17 (4b)			
Blood or mucous in stools	2D17 (4c)			
Red cord stump with pus or bad smell	2D17 ('other' i)			
Boils on skin	2D17 ('other' l)			
Swollen eyes with discharge	2D17 ('other' k)			
If referred, care provider mentioned general infection or sepsis or septicemia as cause of problem	326 (f)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
GENERAL INFECTION OR SEPTICEMIA**

**SEPTICEMIA WAS PROBABLY PRESENT IF:**

- Refused feed after accepting feeds earlier = 'Yes', AND
- Poor sucking or feeding = 'Yes', AND/OR
- Unable to suck or swallow = 'Yes', AND
- Difficult to rouse, very 'sleepy' = 'Yes', AND
- Weak or high pitched cry = 'Yes', AND
- First present > 72 hours of life = 'Yes'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS AND MAY SUGGEST A  
CAUSE:**

- Body (trunk) cold to touch = 'Yes', AND/OR
- Fever, body (trunk) hot to touch = 'Yes', AND/OR
- Swollen distended abdomen = 'Yes' AND/OR
- Frequent watery stools = 'Yes' AND/OR
- Blood or mucous in stools = 'Yes' AND/OR
- Red cord stump with pus or bad smell = 'Yes', AND/OR
- Boils on skin = 'Yes', AND/OR
- Swollen eyes with discharge = 'Yes', AND/OR
- Health care provider mentioned sepsis OR septicemia = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS FOR PNEUMONIA AT > 72 HOURS**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Rapid breathing (> 60 per minute)	2D17 (1a)			
Drawing-in of chest with breathing	2D17 (1b)			
First present > 72 hours of life	2D17 (1a-1b, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Body (trunk) cold to touch	2D17 ('other' b)			
Pale blue color of body (trunk)	2D17 ('other' h)			
Fever, body (trunk) hot to touch	2D17 ('other' a)			
Red umbilical cord with pus or bad smell	2D17 ('other' i)			
Swollen eyes with discharge	2D17 ('other' k)			
Swollen distended abdomen	2D17 ('other' d)			
If referred, care provider mentioned pneumonia as cause of problem	326 (h)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
PNEUMONIA AT > 72 HOURS**

**PNEUMONIA > 72 HOURS PROBABLY PRESENT IF:**

- Rapid breathing (> 60 per minute) = 'Yes', AND
- Drawing-in of chest with breathing = 'Yes', AND
- First present > 72 hours of life = 'Yes'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS:**

- Body (trunk) cold to touch = 'Yes', AND/OR
- Pale blue color of body (trunk) = 'Yes', AND/OR
- Fever, body (trunk) hot to touch = 'Yes', AND/OR
- Red umbilical cord with pus or bad smell = 'Yes', AND/OR
- Boils on skin = 'Yes', AND/OR
- Swollen eyes with discharge = 'Yes', AND/OR
- Swollen distended abdomen = 'Yes', AND/OR
- Health care provider mentioned pneumonia as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CHECKLIST OF HISTORY AND SYMPTOMS RELATED TO DIARRHEA.**

HISTORY AND SYMPTOMS	MAP II Information Source	Response Options		
		Yes	No	Don't Know
<b>ESSENTIAL SYMPTOMS (MUST BE PRESENT)</b>				
Change in bowel habit	2D17 (4a)			
Frequent watery stools (i.e., > 6 per 24 hr)	2D17 (4b)			
Blood or mucous in stools	2D17 (4c)			
First present > 72 hours of life	2D17 (4a-4c, col3)			
<b>SUPPORTIVE HISTORY AND SYMPTOMS (MAY BE PRESENT)</b>				
Forceful or regular vomiting	2D17 ('other' c)			
Received top milk	2D02, 2D08, 2D09			
If referred, care provider mentioned diarrhea as cause of problem	326 (g)			
<b>DIFFERENTIATING SYMPTOMS (USUALLY NOT PRESENT)</b>				
None	--			

**FORM-6: CASE REVIEW  
WORKSHEET 6C**

**CRITERIA FOR MAKING AN *ESSENTIAL* DIAGNOSIS (LEVEL I) OF  
DIARRHEA**

**DIARRHEA WAS PROBABLY PRESENT IF:**

- Change in bowel habit = 'Yes', AND
- First present > 72 hours of life = 'Yes', AND
- Watery and frequent stools (i.e., > 6 per 24 hr) = 'Yes', AND/OR
- Stools with mucous or blood = 'Yes'

**SUPPORTIVE HISTORY OR SYMPTOMS STRENGTHEN DIAGNOSIS:**

- Forceful or regular vomiting = 'Yes', AND/OR
- Received top milk = 'Yes', AND/OR
- Health care provider mentioned diarrhea as cause of problem = 'Yes'

**FORM-6: CASE REVIEW  
WORKSHEET 6D****ASSESSMENT REGARDING FIRST RESPONSE TO LIFE-THREATENING PROBLEMS**

Worksheet 6D contains 'Checklists for First Response' and 'Criteria for Assessing First Response' for the following life-threatening problems: birth asphyxia, low birth weight, infection due to pneumonia, diarrhea or general septicemia and tetanus neonatorum. The for 'Checklist' and 'Criteria' were developed using materials provided by Dr. V. K. Paul of the All India Institute of Medical Sciences as a guide.

**INSTRUCTIONS**

- (1) Review the actions listed in the left-hand column of the 'Checklist for First Response' for the particular problem that you diagnosed.
- (2) Review the actions taken to resolve the problem in the MAP II Questionnaire. To assist the review, the question numbers from the MAP II Questionnaire have been listed in the column headed 'Information Source'.
- (3) Complete the 'Checklist for First Response' by ticking (✓) the appropriate response option for each item—'Yes' or 'No' or 'Don't Know'.
- (4) Compare the pattern of responses that are ticked against the 'Criteria for Assessing the First Response', below. Then make your assessment regarding the *correctness*, *completeness* and *safety* of the actions taken.
- (5) Transfer your assessment to the MAP III Case Review questions 663 and/or 679 by coding the components of response, as instructed.

**FORM-6: CASE REVIEW  
WORKSHEET 6D**

**CHECKLIST FOR FIRST RESPONSE TO BIRTH ASPHYXIA.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Dried with cloth and wrapped in dry cloth	2B23 (d, e) 2B62 (a, b)			
Rubbed or stimulated baby's body	2B23 © 2B62 (h)			
Lay baby on back with head extended or 'sniffing' position	2B62 (l)			
Cleared baby's nose and throat of secretions	2B23 (b) 2B62 (g)			
Breathed mouth-to-mouth (or mouth to mask or bag and mask-- if skilled and equipped) <i>if baby not breathing, until revived or too tired</i>	2B62 (j)			
Pressed on baby's chest or heart <i>massage if baby's heart not beating, until revived or too tired</i>	2B62 (k)			
Other local treatment?	2B62			
Other local treatment?	2B62			
Other local treatment?	2B62			
Other local treatment?	2B62			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if difficulty breathing continued</i>	2B65			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

**FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**

- Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).

**FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**

- Some HBLSS actions listed = 'No'.

**FIRST RESPONSE IS ASSESSED 'SAFE' IF:**

- Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'

**IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**

- Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6D**

**CHECKLIST FOR FIRST RESPONSE TO LOW BIRTH WEIGHT.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Kept baby wrapped in clean dry cloth OR skin-to-skin with cover OR in a 'warm box' AND room draft free	2B23 (e, f) 2B62 (c, d, e) 2D24 (b, c, d, e)			
Put baby to breast every 2 –3 hours or 8 -12 times per day <i>if able to suckle</i>	2B62 (n), 2D02 (b), 2D08 (01), 2D09 (01)			
Fed baby expressed breast milk every 2 – 3 hours or 8 – 12 times per day <i>if unable to suckle until able to suckle breast</i>	2B62 (o), 2D02 (b), 2D08 (01), 2D09 (01)			
Bathed for first time after 3 days or when cord fell	2D11			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if unable to suckle or swallow OR if other signs of illness present (See 6C and relevant 6D Checklists)</i>	2B65, 2D27			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6D**

**CHECKLIST FOR FIRST RESPONSE TO INFECTION  
(INCLUDES PNEUMONIA, DIARRHEA OR GENERAL SEPTICEMIA)**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Kept baby wrapped in clean dry cloth OR skin-to-skin with cover OR in a 'warm box' AND room draft free	2B62 (a, b, c, d, e) 2D24 (a - f)			
Cleared baby's nose and throat of secretions <i>if present</i>	2B62 (g) 2D24 (g)			
Rubbed or stimulated baby's body <i>if stopped breathing</i>	2B62 (h), 2D24 (h)			
Put baby to breast every 2 –3 hours or 8 -12 times per day	2B62 (n) 2D24 (n)			
Fed baby expressed breast milk every 2 – 3 hours or 8 – 12 times per day <i>until able to suckle breast if needed</i>	2B62 (o) 2D24 (o)			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
Other local treatment?	2B62, 2D24			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT <i>if unable to suckle or swallow OR if other signs of illness present (See 6C and relevant 6D Checklists)</i>	2B65, 2D27			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED 'CORRECT' AND 'COMPLETE' IF:**
  - Each HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED 'CORRECT' BUT 'INCOMPLETE' IF:**
  - Some HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED 'SAFE' IF:**
  - Each local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - Any HBLSS action listed = 'Don't know'

**FORM-6: CASE REVIEW  
WORKSHEET 6D**

**CHECKLIST FOR FIRST RESPONSE TO TETANUS NEONATORUM.**

ACTIONS TAKEN	MAP II Information Source	Response Options		
		Yes / NA	No	Don't Know
<b>FIRST RESPONSE</b>				
Kept baby wrapped in clean dry cloth OR skin-to-skin with cover OR in a 'warm box' AND room draft free	2D24 (a ,b ,c, d , e)			
Kept baby's room dim and quiet to prevent stimulation	2D24 (m)			
Kept baby in head down position to prevent choking	2D24 (l)			
Fed baby expressed breast milk <i>if able to swallow (See 2D17)</i>	2D24 (o)			
Other local treatment?	2D24			
Other local treatment?	2D24			
Other local treatment?	2D24			
Other local treatment?	2D24			
<b>REFERRAL</b>				
SOUGHT OUTSIDE TREATMENT!	2D27			

**CRITERIA FOR ASSESSING FIRST RESPONSE**

- FIRST RESPONSE IS ASSESSED *CORRECT* AND *COMPLETE* IF:**
  - *Each* HBLSS action listed = 'Yes' OR 'NA' (i.e., the action was not possible or not necessary).
  
- FIRST RESPONSE IS ASSESSED '*CORRECT*' BUT '*INCOMPLETE*' IF:**
  - *Some* HBLSS actions listed = 'No'.
  
- FIRST RESPONSE IS ASSESSED '*SAFE*' IF:**
  - *Each* local treatment (not an HBLSS action) identified was safe (i.e., the action did not aggravate problem or contribute to delay) = 'Yes'
  
- IT IS NOT POSSIBLE TO ASSESS FIRST RESPONSE IF:**
  - *Any* HBLSS action listed = 'Don't know'