

Notes and commentary on the Facility Level Questionnaire on the Management of the Third Stage of Labor

This chapter contains the Facility level questionnaire. Comments and suggestions about how to complete specific questions are included when needed.

Q#103: It is essential that numeric identification codes be established for each health facility in the sample. The *same codes* should be used to identify health facilities in both the facility-level questionnaire and the observation of deliveries questionnaire. This will facilitate creating a variable for “type of facility” in the facility database, which is useful during analysis, as well as facilitate the merging of sample weights into the observation datafile during analysis, in cases where the sample is weighted.

Q#105: In some health facilities, a delivery may be managed by only one person. In these cases, some providers may find it difficult to administer the uterotonic drug within one minute of delivery of the fetus, as is recommended by FIGO/ICM for correct use of AMTSL. This question has two purposes. It may possibly explain delayed administration of a uterotonic drug by a single provider using AMTSL. It may also be helpful to have a sense of the numbers of providers commonly assisting a delivery when developing interventions to increase the use of AMSTL.

Q#109: This question asks if AMTSL is specifically mentioned in the clinical protocols available in the facility. This question does not specify what definition of AMTSL is used. Thus, a “YES” should be recorded for any protocol that mentions AMTSL.

Q#112: The purpose of this question is to see if the definition of AMTSL included in the clinical protocols available in the facility meets the basic criteria for the FIGO/ICM definition of AMTSL. Circle the codes for YES or NO for each of the 7 components of AMTSL.

Q#113-114: Write the names and the doses of the 1st and 2nd line uterotonic drugs listed in the clinical guidelines available in this facility. If the guidelines do not list a 2nd line drug, circle the code 9 (NO 2ND LINE DRUG LISTED) for Q114.

Q#115: This question serves only as a filter for the following question (Q#116). If there are no other practices than those outlined in Q#112 included in the definition of AMTSL in the available clinical protocols, record NO for the answer and skip to Q#117. If there are other practices mentioned in the clinical protocols, record YES for the answer and continue on to Q#116.

Q#117: Review the clinical protocols to see if there are any policies which would restrict the use of AMTSL. Common examples include: nurses or midwives (or other health personnel) are not authorized to administer oxytocin; nurses or midwives are not authorized to give injections; AMTSL practice is restricted to certain cadres of health

personnel (e.g. physicians). If there are no restrictive policies, circle code 2 for NO and skip to Q#119.

Q#119: This question asks whether or not midwives from this facility have had the opportunity to attend an in-service training that included AMTSL in the past year. Please note, this would include in-service training programs offered at the facility, as well as training opportunities that were offered outside of the facility for midwives who work at this facility.

Q#120: This question asks whether or not nurses from this facility have had the opportunity to attend an in-service training that included AMTSL in the past year. Please note, this would include in-service training programs offered at the facility, as well as training opportunities that were offered outside of the facility for nurses who work at this facility.

Q#121: This question asks whether or not doctors (ob/gyn's, general practitioners, residents and interns) from this facility have had the opportunity to attend an in-service training that included AMTSL in the past year. Please note, this would include in-service training programs offered at the facility, as well as training opportunities that were offered outside of the facility for nurses who work at this facility.

FACILITY LEVEL STATISTICS AND DRUG STOCK AND STORAGE ASSESSMENT

The comments below pertain to Q200-210. In order to complete the second section of this questionnaire, you will need to speak with the head of the labor and delivery unit.

Q#202: In cases where the sample is weighted, an answer to this question is required in order to calculate sample weights for the observation database. The head of the labor and delivery unit may find this information in the annual report for the hospital, or you may have to search yourself for this information.

Q#203: In cases where the sample is weighted, an answer to this question is required in order to calculate sample weights for the observation database. You will probably have to count the number of deliveries recorded in the labor and delivery room logbook yourself.

Q#204-Q#205: The responses and corresponding codes for these questions may require adaptation in each country. For example, in some facilities, receipt of drugs and supplies is very sporadic. The policy may be that drugs/supplies are provided for free but frequently families are asked to purchase them themselves for various reasons. In such a case, you should insert whatever responses are appropriate for your setting. Make sure and also adapt the data entry program accordingly.

Q#207-Q#210: The responses and corresponding codes for these questions may require adaptation in each country. For example, in some facilities, patients and their families may have several choices among commercial pharmacies and not just one, as this questionnaire is designed to document. Make changes to the questionnaire and make sure and also adapt the data entry program accordingly.

For the third section of the questionnaire, you will answer the questions either by your own direct observation in the facility pharmacy (the preferred method) or by interviewing the Chief Pharmacist or other professional responsible for drug storage when this is required to obtain an answer for the question.

Questions are to be asked row by row. That is, you will begin by asking Q#301 for oxytocin. Then, you will ask Q#301 for ergometrine. Then, you will ask Q#301 for Syntometrine, etc. After asking Q#301 for other prostaglandins, you will begin asking Q#302 for each uterotonic drug.

Please note: in Q#302, Q#303, Q#307-Q312, there are two questions embedded in each cell of the table; the question on the uterotonic drug and a question about how you obtained your information. As mentioned above, the preferred method is for you to make your own observation in the pharmacy (that is, you see whether oxytocin is available in the facility when you are there, you yourself count the number of ampoules available at time of visit, etc. If at all possible, you should make a direct observation yourself and only rely on the pharmacist when drugs are not available during your visit, but are usually available. For each of these questions, you will circle two answer codes: one to respond to the question and one to indicate how you obtained the information.

Q#301: Please note, in some cases facilities may be authorized to purchase all the drugs that are on the Drug Procurement List, but may choose not to purchase one or more of the drugs on this list. Consequently, it is possible that you will have recorded a YES in Q#107 for one of the uterotonic drugs (for example: Q#107 says that ergometrine is on the Drug Procurement List), and now be told that by the pharmacist that they do not routinely procure ergometrine. You should 1) be alert for these possible inconsistencies; 2) probe the pharmacist and remind him/her that you saw this drug on the Drug Procurement List and 3) record whatever final answer the pharmacist gives you.

Q#304-306: Most likely, the pharmacist will have to provide these answers for you since he/she will be the one to have access to documentation regarding the distribution of uterotonics from the pharmacy, stockouts and the reason for those stockouts. In Q#306, you may record a maximum of three reasons for the stockouts experienced in the last three months. Coded responses for Q#306 are included in the row below Q#306.

For **Q#307 – to the end:** The first row on this page of the questionnaire is an instruction for you about how to fill out the rest of the questionnaire. If the answer to the first

column for Q#302 is NO (that is, there is no oxytocin available in the facility pharmacy at the time of your visit), then the rest of this column should be left blank. Draw a line through the rest of that column to remind yourself that you should not ask these questions. If the answer in the first column of Q#302 is YES, then record the unit and strength of oxytocin in Q#307 AND circle an answer to the question about how you obtained your information on the unit and strength of oxytocin. Then, check the response in the second column for Q#302 regarding ergometrine, and continue in the same manner.

Q#309: In this question we are asking you to search for the *written information* from the manufacturer about the recommended storage temperature for each drug available at the time of your visit. This information may be written on each ampoule, or as an insert in a box of ampoules or on the box itself. If *you read* the manufacturer's recommendation on storage temperature (the preferred method), record the appropriate temperature in the first part of Q#309, then circle code 1 for YOUR OBSERVATION in the second part of Q#309. If the manufacturer's written recommendations cannot be located AND the pharmacist cannot tell you what the manufacturer recommendations on temperature are, circle code 5 (NOT LOCATED) for the first part of Q#309 and code 1 (YOUR OBSERVATION) for the second part of Q#309. This should very rarely occur, however.

In facilities which receive uterotonic drugs from more than one source, these recommendations may vary by manufacturer. The questionnaire will need to be adapted to capture this information from multiple sources if varying recommendations are considered important findings from this study.

Q#310: In this question we are asking you to search for the *written information* from the manufacturer about recommended lighting conditions during storage for each drug available at the time of your visit. This information may be written on each ampoule, or as an insert in a box of ampoules or on the box itself. If *you read* the manufacturer's recommendation on lighting conditions during storage (the preferred method), then circle code 1 for YOUR OBSERVATION in the second part of Q#310. If the manufacturer's written recommendations cannot be located, circle code 5 (NOT LOCATED) AND the pharmacist cannot tell you what the manufacturer recommendations on lighting are, circle code 3 (NOT LOCATED) for the first part of Q#310 and code 1 (YOUR OBSERVATION) for the second part of Q#310. For some uterotonic drugs, manufacturers may not cite recommended lighting conditions during storage. In this case, you would circle code 1 (NOT STATED) in the first part of Q#310 and code 1 (YOUR OBSERVATION) in the second part of Q#310. Please note: ergometrine will always have written recommendations regarding light.

Q#311 and Q#312: For these two questions, it is very important that you observe yourself the storage conditions for all uterotonic drugs available at the time of your visit. Only if it is absolutely impossible for you to visit the pharmacy should you rely on the

pharmacist's report. Given that the director of each of the facilities in the sample gave his/her consent for the facility to participate in the study, and that participation included an agreement that data collectors could visit the pharmacy, direct observation of the pharmacy should not be a problem.

Q#313: This question documents the method by which the quantity of uterotonic drug to procure is determined. Code 1 (BASED ON CONSUMPTION) means that consumption is reviewed routinely and the quantity is decided accordingly (thus, the size of each procurement is likely to vary). Code 2 (STANDARD QUANTITY DETERMINED BY CENTRAL LEVEL) is self-explanatory and means that the local pharmacist therefore does not influence the size of the order. Code 3 (STANDARD QUANTITY – PERPETUAL NEED) means that the same size procurement is always ordered for this facility, but the size of the procurement was determined by pharmacy staff *in* this facility.

Q#314: Enter the purchase price per ampoule of each uterotonic drug available at the time of your visit. Enter the price that the facility pays for each drug. Record your answer using local currency.

Q#315: Enter the purchase price per ampoule of each uterotonic drug available at the time of your visit. Enter the price that the patient or family has to pay for each drug. Record your answer using local currency.