2. COMMUNITY BASED MDR TOOLS

2.1 Interviewer Reference Manual

2.2 Manual for Trainers of Interviewers
2. COMMUNITY BASED MDR TOOLS

2.1 Interviewer Reference Manual

The purpose of this reference manual is to provide the block MO and others who will interview women using the verbal autopsy questionnaire (MO, LHV, BPHN, graduate nurse, ANM etc) with the information they need to conduct systematic, reliable and valid interviews for investigating maternal deaths. The manual describes the roles and responsibilities of MDR interviewers, and provides a question-by-question guide to the verbal autopsy questionnaire for women of reproductive age.

Interviewers are to use this manual as a reference guide during their training and, as needed, in the course of their work as MDR interviewers.

Informed consent

All potential respondents have the right to determine for themselves whether or not they will participate in the interview. All respondents must be at least 18 years old, to help ensure that they are capable of making this decision. Part of the job as an interviewer is to administer “informed consent” to all potential respondents. This means that you must fully inform them about the MDR and the interview process before asking any questions; and that after learning all the facts they consent to be interviewed. Respondent(s) must fully understand the purpose and expected duration of the interview, the risks and benefits of being interviewed, and their right to not answer any or all questions. All these and other facts are described in a “consent form,”
which you must read and explain to the respondent(s) before conducting the interview. Each respondent must make their mark on the consent form, which you will then sign to testify that the person consented to be interviewed. Complete a separate consent form for each respondent. The consent form is in Annex 1.

**Confidentiality**

It is critical that all information obtained from the MDR interviews remains strictly confidential. You are not permitted to discuss the findings from an interview, gossip about it, or show your records to anyone other than your supervisor. Make all entries on the questionnaires yourself. Do not leave your verbal autopsy forms lying around where unauthorized persons may have access to them.

Maintaining confidentiality is an ethical responsibility that we all share. It is necessary to protect the respondents from any repercussions that might occur as a result of the information they have provided. It is also necessary to maintain the trust of the community and assure that people will be willing to talk openly to us about the maternal deaths.

**Falsification of data**

Your job as an interviewer will not always be easy. There may be times when you have to visit a household more than once to meet with the best respondent. The interview will often take one hour or longer to complete. Many of the questions seek sensitive information that may appear to reflect badly on care provided to women by their families and sometimes by the health system. All these conditions can lead to temptations to falsify data in order to quickly complete the interview and not record painful facts. However, you must never falsify your work. The whole purpose of the MDR project is to collect and share information with the community that can be used to prevent maternal deaths. This will be possible only if the information collected is truthful. It is your responsibility to assure that you maintain this standard. You should work as an interviewer only if you are certain you can accomplish this.
Approach to the household and selecting the respondent(s)

The interview is best conducted with the one or a few persons who were with the woman during her fatal illness and death. However, when approaching a household in a rural village you are likely to be met by a crowd of interested persons. Once inside the yard or the house several neighbours and family members who know little about the woman’s illness may want to participate in the interview or just observe. You must manage this situation effectively and sensitively in order to ensure that you interview the most knowledgeable person(s) and that the others are not offended.

Consider working with a local respected person (e.g., schoolteacher, village leader) to pre-arrange the meeting and/or to accompany the interview team to the household.

In order to have respondent’s cooperation and obtain complete and accurate data, you must first gain the trust and confidence of the household. You can do this by making a good impression and conducting yourself in a professional, but also friendly manner.

Understand the project
If you are knowledgeable about the project and your responsibilities respondents will be more likely to trust you and participate. You should be able to answer any questions that household members may ask about the purpose of the project and how the information they share will be used.

Emphasize the confidentiality of the information
You must assure participants that their responses will be held in strictest confidence. No information will ever be released to anyone outside the project in a way that reveals who provided the information.

If a household member or respondent hesitates to cooperate because of confidentiality concerns, you should fully explain how confidentiality will be maintained. Explain that no names will ever be revealed and that the information from all interviews will be combined in a report for district and national use.
**Introducing yourself at the household**

This is a very sensitive time for the family so it is important that you be polite and sensitive when introducing yourself. Be sure to state the purpose and confidential nature of the interview—these are key elements to gaining the family's cooperation. An example is provided below:

> My name is [say your name]. I am a nurse/____ in the ______ center, and an interviewer with for MDR. I have been informed that a woman in your household died. I am very sorry to hear this. Please accept my sympathy. In order to improve health care in our district, we are collecting information on recent deaths of women in this area. I would like to talk to the person in your house who took care of [say the woman’s name] during her illness before death. I assure you that any information you or your family provide will be kept confidential.

**How to select the best respondent**

The respondent is the main person that will provide information about the deceased. S/he should be the one who was with the woman during her illness. Usually, the woman’s husband, mother, sister or mother-in-law is the preferred respondent for a maternal death. In some cases more than one person will have taken care of the woman or been present during different stages of the illness. For example, the woman’s mother may have attended the birth at home, while the woman’s husband may have accompanied her to the hospital after the birth. All respondents must be at least 18 years of age.

**What to do if the potential respondent(s) is away or lives elsewhere**

If the person(s) who appear(s) to be the best respondent is not available when you first visit the household, try to make an appointment to return when they will be at home. If no one is at home when you visit the house try to ask a neighbour when you might be able to find family members at home. Then leave a message indicating that you plan to return at this time. In either case, make a note of this return date in your notebook.

Sometimes the best respondent(s) may have moved to another village. In this case, you should discuss the situation with your supervisor, who will decide if you should travel to the other village or if help needs to be sought from the MDR team in another block.

**How to handle multiple respondents**

As discussed above, there may be instances when you need more than one respondent to get the full story of the woman’s illness. If you interview these
persons together it should be clear as to who is the respondent for which stage of the illness. More than one person answering the same question can lead to confusion and greatly lengthen the interview.

Some persons who were not with the woman during her illness may insist on attending the interview or even on being the respondent. For example the woman’s husband or mother might not let the sister talk to you alone, even if she took care of the woman during the illness. Or, the respondent may have children to care for who distract her attention from the interview. Lastly, having a visitor at the household can attract many other unwanted people to observe the interview. In these cases it is important to stress to the respondent the importance of confidentiality and privacy. You can try:

- Suggest moving to a different location
- Ask some of the bystanders to leave and come back once the interview is finished.
- Reschedule a time to come back and finish the interview

Communication and sensitivity issues

Effective communication with the respondent is of key importance in obtaining high quality information. As an interviewer, you will interact with bereaved relatives of women who have recently died. In addition to mastering basic communication techniques, you need to be sensitive to the emotions of these bereaved persons and know how to handle difficult situations that might arise during the interview.

How to approach the respondent

Always have a positive approach. Do not use phrases such as: “Are you too busy?” or “Can you spare an hour?” Such questions invite refusal before you start. Instead, begin by restating condolences for the death and say: “I would like to ask you a few questions.” or “I would like to talk with you for a few minutes.” Just as when approaching the household, state the purpose of the interview and its importance for helping the community; and stress the confidential nature of the interview.
However, if a respondent insists that s/he does not wish to talk to you, do not argue. Instead, ask her/him for another day or time when s/he would be available to participate in the interview. Answer any questions the respondent asks frankly and to the best of your knowledge.

**Basic communication techniques**

*Sit at the same level as the respondent(s) and maintain eye contact*
Always look at the respondent when administering the interview. Remember, this is a difficult time for the respondent and they must feel comfortable with you in order to complete the interview.

*Build rapport with the respondent(s)*
Try to build rapport with the respondent(s) before discussing the case of the deceased. For example, if culturally appropriate, you may ask the respondent what work s/he does, or ask about her/his family.

*Encourage speech, listen actively, do not rush, nod your head*
These are ways of showing the respondent that you are interested in what s/he is saying, and will encourage her/him to continue.

*Be non-judgmental*
Some of the respondent’s answers may lead you to feel that s/he contributed to the woman’s death, for example, by not taking her for health care quickly enough. However, you must not transmit this message in any way because it will discourage the respondent from providing truthful answers. The success of the project depends on all of us taking this non-blaming approach. The idea is for us and the community to learn what we can do together to prevent maternal deaths. This can only be accomplished by working together without blaming individuals for the deaths.

*Language problems*
If you encounter any language difficulties, for example, if you anticipate that a respondent speaks a different dialect than you do, talk to your supervisor beforehand.
Bereaved respondents and sensitivity issues

Persons who are mourning the death of a loved might have several emotional responses that could interfere with the interview. These might include the following, some of which are discussed below:

- Becoming sad or upset
- Getting offended or angry
- Being wary or suspicious of the entire interview or certain questions
- Not wanting to answer certain questions for unstated reasons

**Sadness, tearfulness**

First, be sure to express your sympathy and condolences for the respondent’s loss before starting the interview. It may also help respondents to know that the health program and community will use the MDR data to help improve care for other women. If a respondent begins to cry or have great difficulty in answering questions because s/he is overcome with emotion, you should pause and offer a tissue for tears. Acknowledge how difficult it must be to answer the questions, give the respondent time to regain their composure, and ask if s/he can continue at this time. If the respondent chooses not to continue, attempt to reschedule the interview.

**Anger**

A respondent may be angry at the health program if s/he feels that an individual health worker or the health program in some way contributed to the death. The respondent might direct this anger at you if s/he sees you as a representative of the health program. Another possibility is that a respondent may blame a relative or neighbor for the woman’s death if, for example, s/he feels that this person did not provide help that was needed. This anger could also come out during the interview. If this happens, let the person express their anger. Then, again express your condolences for their loss and acknowledge that you understand that they blame the particular person or the health program. (Never state that you agree with them, just that you understand that this is their feeling.) Last, again explain that the purpose of the interviews is to learn more about the problems that lead to maternal deaths and to help the community work together to overcome these problems.
Not wanting to answer certain questions

There could be several reasons that a respondent does not want to answer certain questions. A question may rekindle painful memories; it may ask about a topic that is particularly sensitive for the respondent; the respondent may feel that they personally did not do enough to help the woman and that the answer to the question would reflect badly on them, etc. Whatever the reason, you must never demand or even ask a respondent to answer a question that they have told you they do not want to answer. As stated in the informed consent statement, respondents’ participation is totally voluntary and they have the right to refuse to answer any or all questions. It should not be a problem for the interview if a respondent refuses to answer only a few questions. However, many refusals will compromise the quality of the interview. You should make a note about any reasons you think might be leading to the respondent’s reluctance and discuss such cases with your supervisor.

Conducting the interview

Materials you will need

Interviewers will be provided the materials listed below to help them perform their duties. Make sure that you secure them in a safe place in your home when you are not working to prevent loss, damage, or any unauthorized person seeing information that is recorded on the MDR forms.

- Interviewer identification card (be sure to wear it where it can be seen)
- Blank maternal death verbal autopsy formats
- Consent form
- Pencils or pens for writing, and erasers
- Bag for carrying forms and other materials.

General instructions for the verbal autopsy questionnaire

1. The first page of the questionnaire, except probable cause of death, will be filled out by the block MO that assigns you the interview.
2. The questionnaire has 3 modules that should be filled up according to the type of death, however module 1 must be filled for all.

<table>
<thead>
<tr>
<th>Antenatal deaths:</th>
<th>Module 1 and 2 (section 6 and 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion deaths:</td>
<td>Module 1 and 2 (section 7 and 11)</td>
</tr>
<tr>
<td>Death during delivery:</td>
<td>Module 1 and 3 (section 8, 10 and 11)</td>
</tr>
<tr>
<td>Postnatal deaths:</td>
<td>Module 1 and 3 (section 9, 10, and 11)</td>
</tr>
</tbody>
</table>

3. Ask the questions slowly and clearly so the respondent understands. Allow the respondent to think about the question before recording their answer. Note that respondents may tend to give answers that they think will please the interviewer. Do not show any surprise, approval or disapproval of the respondent’s answer by the tone of your voice or facial expression.

4. If the respondent doesn’t know the answer to a question or looks uncomfortable with the question, you can try “probing” to get an answer. This means asking other questions similar to the subject material to try and help the respondent remember certain events. For example, if the respondent cannot remember who assisted the woman with the birth in the home, you might try “probing” by asking: “Who was in the room at the time of delivery?” Use your judgment when probing. Remember, this is a very sensitive time for the respondent and we do not want to upset them further.

5. Allow the respondent to narrate the events leading to the death of the mother in their own words. Keep prompting until the respondent says there was nothing more to say.

6. If you make a mistake when marking your answers do not erase the information. Instead, cross it out neatly with one line so the original entry can still be read, and then mark the correct answer. Write your initials next to the correction, so anyone who later examines the completed format will know who made any changes in the answers. Corrections can be made only by the designated interviewer.

**Question-by-Question instructions**

**Front page: Available background information (to be filled out before the interview)**

Page 1 should be completed when you receive the format from your supervisor. It provides background information that was gathered by the death notifier, which you should use to help locate the correct household where a suspected maternal death occurred. However, the last question;
probable cause of death, is not always clear and can be filled out by the investigators after the interview.

**Name of the state**  
Write name

**Name of the district**  
Write name

**Name of the block**  
Write name

**Name of the PHC**  
Write the name of the PHC to which the mother belongs.

**Name of the SC**  
Write the name of the Sub-center to which the mother belongs.

**Name of pregnant woman/mother**  
Knowing the woman’s name will help you locate the correct household for the interview and to communicate about the woman with the people you meet at the household.

**Name of husband/other (father, mother)**  
If there is no information about the husband, the name of the head of household can be noted here.

**Date of woman’s death**  
The day, month and year should be recorded. This can also help you locate the correct household and ensure that you conduct the interview about the correct woman.

**Name and designation of the investigators**  
Full name and designation of the interviewer team (interviewer and recorder). Please write the task (interviewer or recorder) in brackets next to the name.

**Date of investigation**  
Date of the interview. If it is necessary to return a second time, write the second date here as well.
**Probable cause of death**

The MO may not have the information to answer this before the interview, so it should be filled by the investigators after the interview. Please add also underlying causes, in addition to medical causes – if known.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding in antenatal period</td>
<td>APH</td>
</tr>
<tr>
<td>Bleeding after delivery or postnatal period</td>
<td>PPH</td>
</tr>
<tr>
<td>Convulsions in antenatal period</td>
<td>Eclampsia</td>
</tr>
<tr>
<td>Infection, fever and foul smelling discharge after delivery</td>
<td>Puerperal sepsis</td>
</tr>
<tr>
<td>Woman not delivered after 18 hours after onset of labour</td>
<td>Prolonged labour</td>
</tr>
<tr>
<td>Sudden cessation of labour pains, woman in shock</td>
<td>Ruptured uterus</td>
</tr>
<tr>
<td>Woman develops fever and becomes unconsciousness after induced abortion</td>
<td>Septic abortion</td>
</tr>
<tr>
<td>Any other cause</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>
MODULE 1

1. Background information  
2. Family history  
3. Infant survival  
4. Availability of health facilities, services and transport  
5. Current pregnancy

INSTRUCTION: Introduce yourself and the purpose of your visit. Say that we are trying to improve the care of women and children. Ask to speak to the person(s) who knows the most about the circumstances of the woman’s death. This might be her sister, mother, mother-in-law or other person. In some cases you may need to speak with more than one person to learn about different stages of the illness. If someone you need to speak with is not available, arrange a time to return when s/he will be home. Read the consent form to the respondent(s) and ask for her/his participation. Each respondent must consent to be interviewed.

Use the name of the woman who has died, when you are asking questions about her in the interview. E.g. How old was /-----/ when she died?

1. Background information

1.1 Resident / visitor death
Write ‘Resident’ if the woman who died is a resident of the village/area where she died. If she is usually residing outside, she is classified as a ‘visitor’. For example, if she was staying in her mother house during the delivery, she can be classified as a visitor.

1.2 Type of death
Ask the respondent whether the woman died after having an abortion, before the labour started, during labour or after. If this is not yet clear, you can wait to tick an answer until it becomes clearer later in the interview.

1.3 Place of death
Tick the right answer. If this answer is not written, please specify in ‘others’

1.4 Specify the name and place of the institution or village where death occurred. Write down name of the facility and/or village where she died.

1.5 Onset of fatal illness
Try to find out when the women sickness that led to her death actually started. Write down day/month/year and the time of day. If time of day is not accurately known, write down an estimated time.

1.6 Admission in final institution (if applicable)
Final institution means the health facility in which she finally died. If she did not die in a health facility, this question can be skipped. Write day/month/year and time of day of the admission.

1.7 Death
Write day/month/year of death and the time of day.

1.8 Gravida
How many times has she been pregnant? Include this pregnancy, non-live births and abortions as well. Tick the appropriate answer.

1.9 Para
Para means the number of live births that the woman has had previously. Multiple births, i.e. twins, are considered as one para. Tick the appropriate answer.

1.10 Abortions
Has the woman previously lost any pregnancies due to either spontaneous or induced abortion? Spontaneous abortion is defined as < 20 weeks gestation.

1.11 Previous stillbirths
Did the woman previously experience any stillbirth? Stillbirth is defined as > 20 weeks gestation. Tick the appropriate answer.

1.12 Living children
How many living children did the women have (previous to the last pregnancy)? Tick the appropriate answer.

1.13 Week of pregnancy (if applicable)
If the woman died after abortion, an antenatal death, or during delivery, try to estimate the week of pregnancy she was in when she died. If respondents know the expected date of delivery (EDD), this can help estimate number of weeks.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>1-4</th>
<th>5-8</th>
<th>9-13</th>
<th>14-17</th>
<th>17-21</th>
<th>22-26</th>
<th>27-30</th>
<th>31-35</th>
<th>36-40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>
1.14 Age at death
Even if the respondent does not know the woman’s exact age it can help to know her approximate age. Please estimate if not known exactly. Record the exact or estimated age in completed years.

2.0 Family history

2.1 Age at marriage
Tick the right answer.

2.2 Religion
Tick the correct answer. If, others, please specify.

2.3 Community
Tick the correct answer (SC= Scheduled caste, ST = Scheduled tribe, OBC = Other backward class, OC = Other class)

2.4 Occupation
This means the occupation of the deceased mother. What was the main/daily work of the woman? Tick the most appropriate answer. If there is none of the ones mentioned, note than her occupation in ‘others’

2.5 Education
Please tick the correct answer according to how many years in school the deceased women have completed.

3.0 Infant survival

3.1 Infant
At the time of the interview, is the newborn baby alive or dead? If dead, please indicate whether it was a stillbirth or a newborn death. If the mother died an antenatal death or abortion related death, please write N/A (not applicable).

4.0 Availability of health facilities services and transport

4.1 Name and location of the nearest government / private facility providing Emergency Obstetric Care Services
This information you can fill in before the interview, without asking the respondents. Considering the village where the women lived, write the name of nearest facility that provides Emergency Obstetric Care Services (EmOC).

**EmOC Facility:** A facility that can provide the 9 signal functions of comprehensive emergency obstetric care:
1) Administer parenteral antibiotics  
2) Administer uterotonic drugs  
3) Administer parenteral anticonvulsants for preeclampsia and eclampsia  
4) Manually remove the placenta  
5) Remove retained products  
6) Perform assisted vaginal delivery  
7) Perform basic neonatal resuscitation  
8) Perform surgery  
9) Perform blood transfusion

**4.2 Distance of this facility from the residence**
These questions you can also fill in without asking the respondents. Estimate how many kilometres it is from the village to the above mentioned facility.

**4.3 Number of institutions visited before death (in the order of visits)**
Ask the respondents if they visited any formal health facilities (sub-center and upwards) before she died. If there is more than one, list the name of the institutions from the first to last. If she did not go to any, write 0 (zero)

**4.4 Reasons given by providers for the referral**
If the woman were referred to another facility, ask the respondents if the health staff explained why she had to be referred. Tick the appropriate answer, if ‘others’ please specify.

If the woman was not referred, tick ‘Not applicable’

**5.0 Current pregnancy**

**5.1 AN Care**
Ask if the woman had any ANC check up during her pregnancy. Tick the correct answer.

**5.2 If yes, Place of Antenatal checkup**
Please tick the appropriate answer. If she went to different places, you can tick more than one. If she did not have any ANC check-up, write N/A for non applicable. If ‘other’, please specify/

**5.3 Number of antenatal check ups**
Please tick the correct answer.
This module is only to be filled out if there was an abortion related death or antenatal death – as stated in question 1.2. **6.1 to 6.5 is for antenatal death only and 6.6 to 6.18 is for abortion deaths only**

6.0 Deaths during the antenatal period

6.1 Did the mother have any problem during antenatal period?
Ask the respondents if the woman had any problems relating to pregnancy or been feeling ill during the antenatal period. If she had problems or was feeling ill, tick yes. If she did not have any problems and was feeling well, tick no. If the respondent is not sure, tick not known.

6.2 If yes, was she referred anytime during her antenatal period?
If the above answer was yes, meaning she had problems or was feeling ill during the antenatal period, ask if a health worker referred her to a health facility during the same period. Tick the correct answer. If the answer above is no or not known, write N/A for not applicable.

6.3 What was the symptom for which she sought care?
Here is a list of symptoms, please tick the appropriate one(s) Ask the question as an open question – but if they do not respond, you can prompt carefully by asking about the listed symptoms. After they have answered, kindly ask: ‘anything else?’

6.4 If YES, did she attend any hospital?
This question is linked to 6.2. If yes, the woman was referred, please answer if she attended the any formal facility after being referred. If she was not referred, write N/A for not applicable.

6.5 In case of not seeking care from the hospital is it due to:
If the answer is yes or don’t know to 6.4, please write N/A for not applicable. If the answer to the previous question 6.4 is no, please continue with this question and tick the appropriate answer. If ‘others’ please specify in writing.
7.0 Abortion deaths

7.1 Did she die while having an abortion or within 6 weeks after having an abortion?
An abortion is either spontaneous < 20 weeks gestation or induced. Please tick the appropriate answer

7.2 If during an abortion, was the abortion spontaneous or induced, including MTP?
If the onset of abortion is spontaneous, tick spontaneous. Induced abortion also include induced by self or other unskilled person. Please tick the appropriate answer.

MTP means both surgically through Vacuum Aspiration and medically using medicines.

7.3 If the abortion was induced, how was it induced?
Please tick the appropriate answer. If possible, please specify whether it was MTP. If the abortion was not induced, tick 'not applicable'.

7.4 If the abortion was induced, where did she have the abortion?
Please tick the appropriate answer. If appropriate answer does not fit any category, please specify outside the column, i.e. if the abortion took place at a quack. If the abortion was not induced, tick ‘not applicable’.

7.5 If the abortion was induced, who performed the abortion?
Please tick the appropriate answer. If the abortion was not induced, tick ‘not applicable’. If ‘other’, please specify in writing.

7.6 If induced, what made family seek care?
This question means the reason for why she went to ‘induce’ the abortion. Did she initially start bleeding, or did she have the abortion because she wanted to terminate? Tick the appropriate answer. If the abortion was not induced, tick ‘not applicable’

7.7 If the abortion was spontaneous, where was the abortion completed?
Please tick the appropriate answer. If other, please specify (e.g. informal providers, quacks)

If the abortion was not spontaneous, tick ‘not applicable’

7.8 How many weeks of pregnancy completed at the time of abortion
Write down weeks in completed weeks (same as in 1.13)

7.9 **Whether she had any of these symptoms after abortion?**
Ask the respondent whether she has any of the listed symptoms after the abortion. Tick the appropriate one(s) If she did not have any symptoms, tick ‘none’

7.10 **After developing complications following abortion, did she seek care?**
Please tick the appropriate answer. If other, please specify, e.g. if she developed complications while she was still in the facility that performed the abortion

7.11 **If yes, whom/where did she seek care?**
This question is only applicable if answer to 7.10 is yes. Tick the appropriate answer. If others, please specify. If she did not seek care, tick ‘not applicable’

7.12 **In case of not seeking appropriate care, is it due to..**
If the answer is yes or don’t know to 7.10, please write N/A for not applicable. If the answer to the previous question 6.10 is no, please continue with this question and tick the appropriate answer. If ‘others’ please specify in writing.

7.13 **Date of spontaneous abortion/ date of termination of pregnancy**
Write the day/month/year of abortion.

7.14 **Date of death**
Repeat answer from 1.7
This module is only to be filled for deaths that occurred during delivery, and postnatal deaths. Section 8 is for deaths during labor and delivery only, and section 9 is for postnatal deaths only. **Section 10 and 11 will be filled up by both delivery and postnatal deaths.**

### 8.0 Intranatal services

#### 8.1 Place of delivery
Please tick the appropriate answer. If it is ‘other’ please specify in writing.

#### 8.2 Admission (not applicable for home delivery and transit)
Write the day/month/year she was admitted in the facility where she delivered. If she did not deliver in a facility, please tick ‘not applicable’.

#### 8.3 Delivery
Write day/month/year and the time of day when the baby was born. Tick ‘Not applicable’ if mother dies in labour, but before the baby is born.

#### 8.4 Time interval between onset of pain and delivery (in hours)
Write down the time difference between start of labor pain and birth of baby.

Tick ‘Not applicable’ if mother dies in labour, but before the baby is born.

#### 8.5 Who conducted the delivery- if at home or in institution (Not applicable for transit delivery)
This question includes both private and public health facilities. Tick the one that attended her at the time. Please tick the appropriate answer. If ‘other’, please specify.

#### 8.6 Type of delivery
Please tick the appropriate answer. Tick ‘Not applicable’ if mother dies in labour, but before the baby is born.

#### 8.7 Outcome of the delivery
Please tick the appropriate answer. If multiple births, write down how many alive/dead. Tick ‘Not applicable’ if mother dies in labour, but before the baby is born.
8.8 During the process of labor/delivery did the mother have any problems?
Please see the possible answers and tick the appropriate one. If there are not any of the mentioned alternatives, please specify elaborately in ‘others’. If she did not have any problems, write No.

8.9 Did she seek treatment, if yes by whom and what was the treatment given by the ANM/Nurse/LHV/ / MO/others? (Give details)
If the woman was having problems during the delivery (8.8), please write here a small narrative on what happened – did she seek treatment? Who treated her? Was any treatment given?

If she did not seek care, or respondent does not know, please note it as well.

8.10 Was she referred?
If answer to 8.9 is no, question 8.10 – 8.17 is not applicable. Skip to section 9.

If answer to 8.9 is yes, please tick the appropriate answer.

8.11 Did she attend the referral centre?
If answer to 8.10 is no or not known, question 8.11 – 8.17 is not applicable. Skip to section 9. If answer to 8.10 is yes, please tick the appropriate answer.

8.12 In case of non compliance of referrals state the reasons
If answer to 8.11 is no, she did not attend the referral centre- please ask why and tick the appropriate answer. If ‘other’, please specify.

If answer to 8.11 is yes, tick ‘not applicable’.

8.13 Was there delay in:
If answer to 8.11 is yes - she did go to the place she was referred, ask if there was delay (it took quite some time) in any of the alternatives listed in questionnaire. ‘Decision making’ means if it took time to decide to seek help. Please tick the appropriate answer(s). If any ‘other’ delays, please specify.

8.14 Any information given to the relatives about the nature of complication from the hospital
If the woman went to a health facility, ask if the persons who accompanied her received any information about her condition from the health staff. Please tick the appropriate answer
8.15 If yes, describe
If they did receive information, please write a small narrative on what information they got. If the answer to 8.14 is no, please tick ‘not applicable’

8.16 Was there any delay in initiating treatment?
Ask if the woman had to wait for some time in the facility before they started the treatment. Tick the appropriate answer.

8.17 If yes, describe
If the answer to question 8.16 is yes, please write a small narrative on what happened. What caused the delay? No staff, they had to pay the first etc. If the answer to question 8.16 is no, please tick ‘not applicable’

9. 0 Postnatal period

9.1 No. of Postnatal checkups
Ask how many times she was seen by a health staff after the delivery – either at home or if she returned to the facility. Please tick the appropriate answer.

9.2. Did the mother had any problem following delivery
Ask if the mother had any problems during the delivery and/or the immediate period after. Please tick the appropriate answer.

9.3 Onset of the problem.
Write day/month/year and time of day when she got the illness that lead to her death. Please tick the appropriate answer.

9.4 Specific problems during the postnatal period
Ask the question as an open question – but if they do not respond, you can prompt carefully by asking about the listed symptoms. After they have answered, kindly ask: ‘anything else?’

Please tick the appropriate answer. If ‘other’, please specify. If she did not have any specific problems, write No and skip question 9.5 – 9-9.

9.5 Did she seek treatment?
Please tick the appropriate answer.

9.6 If yes, by whom
Please tick the appropriate answer. If ‘other’, please specify. If she did not seek treatment, please tick ‘not applicable’.

9.7 What was the treatment given (give details)
Please write a short narrative about what the healthcare provider (formal/informal) did to help the woman. If she did not seek treatment, please write N/A for not applicable.

9.8 Was she referred?
Please tick the appropriate answer. Tick ‘Not applicable’ if she had not sought care in the first place (question 9.4 or 9.5 is no)

9.9 Did she attend the referral center?
If answer to 9.7 is yes, please tick appropriate answer. Tick ‘Not applicable’ if she had not sought care in the first place (question 9.4 or 9.5 is no)

9.10 In case of non compliance of referrals state the reasons
If the answer to question 9.9 is no, please ask the respondent why she did not go. Please tick the appropriate answer. If ‘other’, please specify in writing.

If the answer to question 9.8 is no, please tick ‘not applicable’

10. Reported cause of death

10.1 Did a doctor/nurse at the health facility tell you the cause of death?
Please tick the appropriate answer.

10.2 If yes, what was the cause of death.
If the answer to question 10.1 is no, nobody was told the cause of death, please write N/A for not applicable.

11. Open history
Read: Thank you for answering the many questions that I’ve asked. Would you like to tell me about the illness in your own words? Also, is there anything else about her illness that I did not ask and you would like to tell me about?

After the respondent(s) finishes, ask: Is there anything else? Write the respondent’s exact words. After s/he has finished, read it back and ask her to correct any errors in what you wrote.

THANK RESPONDENT(S) FOR THEIR COOPERATION
Informed Consent Form

Interview about a maternal death

Instructions to Interviewer: Please ask the respondent to acknowledge her/his consent to be interviewed by checking the response below. The interviewer should sign and put date below. If the respondent does not consent to the interview, thank her/him for their time and terminate the conversation.

Purpose of the interview: We are talking to people in the community to learn why some women die while they are pregnant or during or soon after giving birth. At the same time, we are learning about the reasons that some babies die during the pregnancy or soon after the birth.

What will happen during the interview: I will ask you questions about your relative/neighbor/friend who recently died. I will ask about her background, her pregnancy history and events during her most recent pregnancy. I may also some questions about her baby from this pregnancy. Some questions have a choice of possible answers and others are open-ended.

Time required: Your interview will take approximately one hour.

Risks: It is possible that some questions could make you feel uncomfortable by talking about bad experiences.

Benefits: There are no direct benefits, however, your participation will help up improve maternal and newborn care for women and babies.

Confidentiality: All information you provide will be kept confidential. Your responses will be assigned a code number and your name will not be used in any way.

Voluntary Participation: Your participation is strictly voluntary. Refusal to participate will not affect whether or not you receive subsequent services. You may discontinue participation at any time.

Contact: If you have any questions or concerns, please contact......

Do you agree to participate in this interview? □ YES □ NO

____________________________________  ___________
Interviewer

____________________________________
Date

____________________________________
Respondent's relationship to woman
SESSION PLAN

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Title</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Ethical Aspects and Informed Consent</td>
<td>45 min</td>
</tr>
<tr>
<td>Session 2</td>
<td>Approach to the household and respondents</td>
<td>45 min</td>
</tr>
<tr>
<td>Session 3</td>
<td>Role play – communication and sensitive issues</td>
<td>60 min</td>
</tr>
<tr>
<td>Session 4</td>
<td>Conducting the Interview</td>
<td>30 min</td>
</tr>
<tr>
<td>Session 5</td>
<td>Group practice module 1</td>
<td>60 min</td>
</tr>
<tr>
<td>Session 6</td>
<td>Group practice module 2</td>
<td>60 min</td>
</tr>
<tr>
<td>Session 7</td>
<td>Group practice module 3</td>
<td>60 min</td>
</tr>
<tr>
<td>Session 8</td>
<td>Group practice complete questionnaire</td>
<td>90 min</td>
</tr>
</tbody>
</table>

SESSION 1: ETHICAL ASPECTS AND INFORMED CONSENT

**Purpose:** This session ensures that the participants understand the importance of conducting MDR in an ethical manner and how to accomplish this.

**Objectives:** After completing this session, participants will be able to:
1. Define three key principles of human subjects research ethics;
2. Know how to administer informed consent;
3. Understand why they must keep the MDR data confidential

**Duration:** 45 minutes

**Needed provide materials:** PowerPoint presentation on Ethical Aspects of MDR; informed consent form (Appendix A of the Interviewer’s Reference Manual)

GETTING STARTED

**Inform the participants:** This session will consist of a slide presentation, discussion and looking over the informed consent form. You should review the consent form on your own this evening.

**Slide Presentation: Ethical Aspects of Maternal Death Review**

**Slide 1 (title slide): Explain:** There are two reasons why it is so important that we all conduct MDR in an ethical manner. First, we are trying to help the community, so of course it’s the right thing to do to treat people decently. Second, acting in this manner will help us gain the community’s trust so that
people will be more likely to share information with us. This is the only way we can learn the true stories of what happened to the women during their fatal illnesses, and so be able to help prevent further deaths.

**Slide 2: Explain:** All persons who are conducting interviews must be trained in how to maintain the required ethical standards and how to ensure informed consent from the interviewee. That means everyone in this room who will be an interviewer or supervisor. Later in this session, we will discuss what informed consent means and how you will administer this.

**Slide 3: Explain:** There are three key ethical principles that govern all research activities. The words ‘ethical principles’ are underlined to remind you that the three points on this slide are the principles. After we discuss the principles, we will discuss how we maintain the principles. But remember that the three points on this slide are the principles that must be maintained. The first principle is:

1. **Justice,** which means that the burdens and benefits must be distributed fairly. For example, if there are two maternal deaths and you can only interview one, then you have to find a fair way to decide which one to interview.

2. **Respect for individuals’ autonomy,** meaning that everyone has the right to decide for him or herself if they will participate; and that children and other persons with diminished autonomy must be protected. Therefore, we will only interview people who are over 18 years old.

3. **Beneficence,** which means that we must do our best to maximize the benefits of our work and minimize the risks.

**Slide 4: Explain:** We do certain things to maintain these principles. The first principle, justice, is maintained by equitable and factual recruitment of the respondents. This means that we can’t make any false promises, such as that you will pay them money to answer the questions. The second principle, autonomy, is maintained by informed consent. This means that before you can interview anyone, you must tell them all about the interview and then they must consent to be interviewed. We will discuss this more fully in a moment. The third principle, beneficence, is maintained by everyone on the MDR team taking responsibility for their actions. Now let’s discuss each of these in more detail.
**Slide 5: Explain:** Remember, equitable and fair conduct to the respondents maintains the principle of justice. You don’t need to memorize the points on this slide because they are included in the informed consent statement that you will read to potential respondents. But you do need to understand them. To be fair to someone when asking them for an interview, you must clearly describe the purpose of the study. You must invite them to participate, which means it is their choice. You can’t make any false promises or threaten them in any way if they decide not to participate. And you have to tell them about the interview itself, for example, about how long it will last.

**Slides 6 and 7: Explain:** Informed consent maintains the principle of autonomy. Only by being fully informed about the study can someone decide if they want to participate. You will administer informed consent just before doing the interview. Everything on these two slides is part of the statement that you will read to potential respondents. (Read the items on the slides.)

**Ask participants and discuss:** Notice that the only risk to a respondent is the discomfort he or she may feel when talking about the death of their family member. However, can you think of any other risks that might happen if we don’t maintain the confidentiality of the information that respondents share with us?

**Write:** all responses on flip-chart paper. Discuss that breaching confidentiality could lead to a risk for the respondent. For example, the woman’s in-laws might share some information about the care they provided during her illness that they would not want her parents to know.

**ACTIVITY: Read through the informed consent form**
The trainees (interviewers and supervisors) take turns reading aloud sections of the informed consent form. The trainers answer any questions. Remind the participants to review the form this evening on their own.
SESSION 2: APPROACH TO THE HOUSEHOLD AND RESPONDENTS

**Purpose:** This session marks the transition to actually conducting the interview. It provides ways to approach a household where an interview is to be conducted and to identify and approach the best respondent(s). It also discusses communication and sensitivity issues.

**Objectives:** After completing this session the participants should be able to:

1. List the MDR interview sequence in the correct order;
2. State three helpful methods for approaching a household; and
3. Identify the best respondent(s) for a maternal death inquiry.
4. Identify some sensitive ways to deal with possible reactions;

**Duration:** 45 minutes

**Needed provided materials:** PowerPoint presentation on Approach to the Household and Respondents

**Inform the participants:** This session will consist of a slide presentation and discussion.

**ACTIVITY: Slide Presentation: Approach the Household and Identify the Respondent(s)**

**Slide 1 (title slide): Explain:** In this presentation we will make the transition to conducting the interview. While we won’t actually look at the questionnaire until tomorrow, the steps and methods that we will discuss now are critical to the success of the interview. The first presentation is on how to approach the household and identify the best respondents. The next presentation is on communication methods and being sensitive to bereaved respondents.

**Slide 2: Explain:** The interview sequence consists of the four steps you see on this slide: 1) Approach the household, 2) Identify the best respondent or respondents, 3) Obtain informed consent, and 4) Conduct the interview.

**Slide 3: Explain:** When your supervisor assigns a maternal death to you for interview, he or she will give you a blank MDR questionnaire except for page 1, which will be filled with locating information provided by the death
notifier. Use this information to locate the household where the deceased woman stayed during her illness. Consider seeking the help of the ASHA or a local respected person, such as a village leader or schoolteacher, to pre-arrange the meeting and perhaps accompany you and introduce you to the family. This is more likely to result in a cordial reception and successful interview than showing up without any warning.

**Slide 3: Continue:** Your arrival at the household may create a lot of interest and so there may be many observers. You should seek a quiet place with as much privacy as possible to be alone with the family. If a local person from the village accompanies you to the household, you should ask for their help with this.

**Slide 4: Explain:** You must quickly gain the family’s trust and cooperation if you hope to conduct a successful interview. You should dress professionally and carry an ID badge that shows you are part of the MDR project. Be polite and sensitive to the family’s recent loss. State the purpose of your visit and the confidential nature of any information the family provides. Also be prepared to answer any questions the family may ask about the project. Chapter 5 of the interviewer’s reference manual includes an example of how to introduce yourself:

> My name is [say your name]. I am a nurse/_____ in the ____ center, and an interviewer with the MDR project. I have been informed that a woman in your household died. I am very sorry to hear this. Please accept my sympathy. In order to improve health care in our district, we are collecting information on recent deaths of women in this area. I would like to talk to the person in your house who took care of [say the woman’s name] during her illness before death. I assure you that any information you or your family provide will be kept confidential.

**Slide 5: Explain:** Once the introductions are over, say that you want to speak to the person who knows the most about the woman’s fatal illness. We want only first-hand information, so this should be the person who was with her during the illness. For a woman who has died a maternal death, the best respondent will often be her husband, mother, mother-in-law or another close female relative. If necessary, set an appointment and return to conduct the interview. Sometimes the respondent may live in another location. If this happens you should discuss this with your supervisor and decide what to do.
Slide 6: Explain: In some cases you may need to interview more than one respondent to get first-hand information about the entire illness. For example, the woman’s mother-in-law may have been with her during her labor and delivery at home; and her husband may have accompanied her to the hospital after the delivery. Try to ensure that only one person serves as the respondent for each illness stage. It can get confusing if two or more people try to tell you about the same stage of the illness. If two people were actually with the woman during the same illness stage and both insist on answering the same question, then they must agree between themselves on the answer. It is not possible to record two answers for the same question.

Slide 6: Continue: You may also face the situation where a person who was not with the woman during her illness insists on being the respondent. For example, the woman’s husband may not let her sister answer any questions even though she was the one who stayed with her during the illness. Try to explain to the person the importance of gaining first-hand information in order to prevent further maternal deaths. Other times, a neighbor or other person who doesn’t know about the illness may want to participate. In such cases, ask the person to leave or reschedule the interview for another time.

Slide 7: Explain: After identifying the best respondent, read the informed consent form exactly as it appears and ask the person if they agree to be interviewed. If they do, have them make their mark on the form and then you sign and date the form to show that you witnessed the signing. If there is more than one respondent, then complete a separate form for each person, listing who they are, for example, ‘husband,’ at the top of the form. Last, you conduct the interview, which we will begin tomorrow.

Slide 8: ACTIVITY: Re-arrange the tasks

Ask the trainees to re-arrange the tasks in the correct order:

1. Obtain locating information from supervisor
2. Conduct the interview
3. Identify the best respondent(s)
4. Obtain informed consent
5. Introduce yourself to the household

Thank respondents for their participation. Correct order: 1, 5, 3, 4, 2, 6
Slide 9: Explain: We all need to keep in mind that the MDR interview is about a very painful experience, and this can affect the respondent’s ability to answer the questions. We can help the respondent complete the interview by being sensitive to their needs. Good communication with the respondent and being sensitive to his or her recent loss are both essential to the success of the interview. Even if we use a technically perfect questionnaire, we are unlikely to obtain useful information if we don’t first establish good communication with the respondent and put them at ease. Being sensitive to their situation will help them discuss painful memories, continue with the interview and do their best to answer our questions thoughtfully.

Slide 10: Explain: Good communication starts with your approach to the household, before you even identify the respondent. You can set the tone for a good interview by dressing and acting professionally, building trust, ensuring confidentiality and stressing the importance of the information. Once speaking with a potential respondent, don’t demand when the interview must take place. Instead, arrange a time and place that is good for the respondent. Remember, their participation is voluntary.

Approach the respondent in a similar manner as you approach the household. Be positive, express condolences for their loss, state the purpose of the interview and assure them that the information they provide will be kept confidential. Answer any questions the person has and try to allay their concerns about the interview. Even though the informed consent form will cover many of the same issues, it can help build trust if you express these things informally during your introductions. Also be prepared to deal with possible unpleasant emotional reactions of the respondent. We’ll discuss this more in a few moments.

Slide 11: Explain: There are a few basic communication methods you can use to help ensure a good interview. Build rapport with the respondent before you start the interview by chatting a bit about a subject other than the woman’s death. For example, you might ask the respondent about what type of work he does. Always sit at the same level as the respondent and maintain eye contact. Encourage the respondent to speak freely. Pay close attention to what he says, don’t rush, and be sensitive to his or her needs. Above all, never be judgmental about what the respondent tells you. He may already feel guilty or ashamed that he did not properly care for the woman during her
illness. If he senses that you are judging him, he is unlikely to tell you anything further that may reflect badly on himself.

**Slide 12: Explain:** Many of the questions you will be asking may be difficult for the respondent to answer. They may feel uncomfortable or get upset when you ask certain questions. If a respondent becomes tearful then wait until she regains her composure. Express your sympathy and offer a tissue to wipe her tears. Then ask if she feels alright to continue the interview at that time. If not, then ask to schedule a time when you can return to complete the interview.

Respondents may feel angry about the woman’s death. For example, they might feel that a health center did not provide proper care, or they may think that a relative or neighbor did not do enough to help them take the woman to the hospital. You should express your understanding of their anger, but never say you agree with them. It might also help to again explain that the purpose of MDR is not to determine who is to blame for a death, but to help the community work together to prevent similar deaths from happening again.

**Slide 13: Explain:** Some people may be suspicious of why you want to interview them. This could be expressed as anger or they may just refuse to participate. It might calm these persons to approach them with the help of a local leader or other respected person, or by explaining the purpose of MDR. However, you will also have to learn to accept that not everyone will consent to be interviewed.

Most people will consent to be interviewed, but occasionally someone may not want to answer a particular question. It might be that this question raises painful memories or perhaps feelings of guilt or shame. You must never demand or push a respondent to answer a question she does not want to answer. Remember, consent is an ongoing process. We are trying to work with people to find out how their loved one died and prevent unnecessary deaths in the future. However, do let your supervisor know if a respondent refused to answer several questions. This could affect the quality of the interview.

Ask participants and discuss: Why is it important that you be sensitive when conducting the interview? **Would anyone like to share a personal experience of loss, and how you think you might have responded to an interview about the loss?**
Allow participants to answer and share personal experiences if they wish. Ask participants and discuss: What are some possible impacts of mourning on the interview?

Record all answers on a flip chart: Possible answers may include:

- Respondents may not feel comfortable answering certain questions;
- Respondents may get angry or offended when asked questions;
- Respondents may get sad and upset; and
- Respondents may be suspicious of the entire interview.

Ask participants and discuss: What are some ways you can help respondents feel more comfortable about answering the questions in the interview?

Record all answers on a flip chart: Possible answers may include:

- Be patient;
- Be non-judgmental;
- Sit at the same level as the respondent;
- Maintain eye contact;
- Nod your head, encourage speech, listen actively, do not rush; and
- Allow the respondent to speak freely even if he strays slightly from the interview.
SESSION 3: SMALL GROUP ROLE PLAYS OF COMMUNICATION AND SENSITIVITY ISSUES

Purpose: This session provides an occasion for the trainees to practice methods of approaching the household and sensitively communicating with respondents.

Objectives: After completing this session the participants should be able to:

1. Have a more practical understanding of how to approach the household and identify and communicate with the best respondent(s); and
2. Be prepared to sensitively deal with several emotional responses of the respondents.

Duration: 1 hour

Needed provided materials: Interviewer’s Role Play Guide (Appendix D in the Interviewer’s Reference Manual) and Trainer’s Role Play Guide (Appendix C in this manual)

ACTIVITY: Small-group role-plays of interview situations

Instructions: The Interviewer’s and Trainer’s Role Play Guides provide several examples of problem situations that MDR interviewers may encounter in the field. In addition to presenting the same scenarios as the interviewer’s guide, the trainer’s guide discusses each situation and provides hints for overcoming the problems. It also offers suggestions for utilizing the scenarios as a training tool, including how to organize the session and assist the interviewers to solve problems on their own. This will serve them well in their work. The following instructions supplement the information provided in the trainer’s guide. Use them together to gain the full benefit of this session.

Divide the participants into four groups of four to six persons each. Assign two of the eight scenarios in the role play guides to each group. Divide the scenarios among the groups according to topic, so that each group enacts two different situations. (Scenarios 1-5 focus on approaching the household and selecting the best respondent; scenario 6 is on being sensitive to respondents; and scenarios 7-8 deal with problems that might occur during the interview.) Allow the small groups 10 to 15 minutes to discuss and enact
each situation amongst themselves. Reconvene the entire group after half an hour. Each small group should act out one of their two role plays to the whole group, followed by feedback and dialogue. The actors and observers of each role play should comment on problems and solutions they noted, as well as their own emotional responses to the situations and those that they observed in the others.

**SESSION 4: CONDUCTING THE INTERVIEW**

**Purpose:** This session provides an overview of the Suspected Maternal Death Format and general instructions for how to complete the format.

**Objectives:** After completing this session the participants should be able to:

1. Understand general instructions for completing the format;
2. Know how to correct mistakes made in filling the format; and
3. Know which questions to skip.

Duration: 30 minutes

**Needed provided materials:** MDR Interviewer’s Reference Manual

**Instructions:** The trainees must read through the ‘General Instructions for completing the Verbal Autopsy questionnaire’ in the Interviewer’s Reference Manual. Discuss and resolve any issues that require clarification. It provides the foundation for conducting the entire interview, so it is essential that every participant understands every point raised by the instructions. The trainers must ensure that this is so.

**Hint to the trainers:** The general instructions provides ideas and examples of how to deal with general questionnaire issues, such as how to record the response “Don’t know,” how to correct mistaken entries and how to skip certain questions. The trainees may have many inquiries about the interview format. However, the specific issues raised by each question will be dealt with in the following sessions.

Also, some trainees may not have prior experience with a standardized format that needs to be filled in so precisely. Explain to them that the responses may be computerized, and that the answers must be clear to the data entry personnel.
SESSIONS 6-9: GROUP PRACTICE OF MODULE 1-3 AND THE COMPLETE QUESTIONNAIRE

Purpose: These sessions provide an opportunity to practice using the Maternal Verbal Autopsy questionnaire and solidify what was learned yesterday.

Objectives: After completing these sessions the participants should be able to:

1. Be able to fully conduct an interview using the Maternal Death review questionnaire

Duration: 1 hour for each module, and 1, 5 hours for the complete questionnaire.

Needed provided materials: Verbal Autopsy questionnaire for investigation of maternal deaths

Instructions: Over the next 4 sessions the trainees take turns practicing the three different modules and then the entire maternal death interview. Plenary discussions help solidify what is learned through the practice.

It is essential that every participant be competent in conducting the interview. Today, the trainers’ main role is to serve as facilitators during the practice sessions. Each trainer/facilitator should work with two groups of three trainees per group. Observe the trainees in action as they practice the interview. Do not interrupt them if you see an error being made; instead, wait until they have completed the interview section(s) they are working on, and then offer helpful observations, clarifications and corrections if necessary. Even if the trainees appear to be doing very well, give them an opportunity to ask questions.

Practice of the modules: The trainees should work in groups of three. Just as during an actual interview, one person should serve as the interviewer and another as the recorder. The third person serves as the respondent. Take about 20 minutes to complete one module; then switch roles so that a second trainee gets a turn as the interviewer and another as the recorder, again taking about 20 minutes to complete one module.

For each interview, the interviewer should begin by introducing him or herself to the household. Since we are working in small groups at this time,
pretend that the person who answered the door turns out to be the best respondent and interview this person.

**Plenary discussion of practice interviews:** After each module, there should be a plenary discussion. Begin with the two groups of three trainees each who worked with one trainer/facilitator. Allow each trainee to give his/her comments and observations about the process in their group, any problems encountered and solutions to the problems. Each person should also comment on how it felt to be the interviewer, the recorder and the respondent. Then the trainer/facilitator for the two groups should make his/her observations. Repeat this process for each pair of trainee groups.

**Group practice of an entire maternal death interview:** There is insufficient time for each person to complete an entire interview, so the time is best spent with one person in each group conducting the interview, one being the recorder and a third the respondent. If there are more than three persons in a group, the others can observe and critique. Trainees who will be supervisors in the project might better serve as observers for this session, to practice in this role.

### Annex A: Practice interview situations

**Scenario 1 – Postpartum haemorrhage**
A 28-year-old woman, gravida 6, para 5, delivered at home with the help of an untrained dai. Her labour lasted 14 hours with difficult pushing for more than 2 hours. The baby was large and had difficulty breathing at birth. The woman had some bleeding during the birth, which continued after delivery of the placenta. After 1 hour the husband became concerned and decided to seek help. Many difficulties were experienced in finding a vehicle and the woman died on the way to the hospital.

**Scenario 2 – Post-abortion sepsis**
A 21-year-old woman, gravida 4, para 3, had an abortion performed by a quack who inserted a traditional root in her vagina. One day after the abortion the woman had fever and chills. The next day she noticed a foul-smelling vaginal discharge and had pain in her abdomen. She became more ill over the next days, with increased fever and sweats. She sought care from a neighbour who was knowledgeable about traditional medicines. He treated
her with an application of leaves to her abdomen and hot tea. She became sicker over the next day and went to see the ANM at her local health subcenter. The ANM referred her to hospital but the woman did not go because of a lack of money for transportation and treatment, but went to receive another traditional medicine. However, her illness worsened. She became incoherent and then unconscious for 1 day, after which she died at home.

Scenario 3 – Ante partum haemorrhage
A 25-year-old woman, gravida 3, para 2, had light vaginal bleeding early in her pregnancy that stopped by the third month. The bleeding recurred in the sixth month, occurring periodically and becoming heavier with each episode. She sought care from her ANM for several of these episodes. During the last episode, in the eighth month of pregnancy, the woman had heavy bleeding and felt faint and cold. She sought care from the ANM, who referred her to the hospital. Her husband was away so she had trouble getting money to go to the hospital. Once she got the money, she went to the nearest CHC, which took more than 1 hour to reach. The doctor at the CHC said she needed a transfusion and referred her to the district hospital. It took her another hour to reach the district hospital. When she arrived she was already unconscious and she died soon after.