QUESTIONNAIRE FOR THE ARTICLE, "ASSOCIATION BETWEEN UMBILICAL CORD HYGIENE AND NEONATAL SEPSIS AMONG NEONATES PRESENTING TO A PRIMARY CARE FACILITY, KENYA: A CASE-CONTROL STUDY"

Evaluation of Factors Associated with Neonatal Sepsis at Kahawa Health Centre Questionnaire

(To be administered in English)

Filling instructions: This questionnaire is for data collection on determinants of umbilical cord hygiene and other factors and how these influence neonatal sepsis occurrence. Honesty and completeness in responding to these questions will be appreciated and treated with strict confidentiality. Please tick (√) or cross (×) or write in the provided spaces. Thank you for your understanding and cooperation.

Form Serial Number	
Date of completion of the instrument	dd-mm-year
Has informed consent been obtained?	Yes
	No, if NO END
For cases, is this the first/primary visit since the baby has been ill?	Yes
	No, if NO END
Is the study participant a case or control?	Case, if case go to I5
	Control, if control go to I4
Neonatal sepsis screening among Hospital Controls **If Y to ANY, END. Send to the pediatric clinic for complete clinical examination and treatment. If N, go to I5.**	Fever/Temp ≥ 37.5°C (Y/N) Temperature: _____ °C (enter the exact temp)
	Purulent discharge (ear/eye/umbilical) (Y/N)
	Respiratory rate >60 breaths/min (Y/N) Respiratory rate: _____ breaths/min (enter the exact figure)
	Severe abdominal distension (Y/N)
	Feeding intolerance/ Vomiting (Y/N)
	Lethargy/convulsions (Y/N)
	Jaundice/Periumbilical

	Redness (Y/N)
Was the baby born at gestation ≥37 weeks? **LNMP: dd_____ /mm_____ /yr_____** **DOB: dd_____ /mm_____ /yr_____**	Yes No, if NO END
Was the baby's birth weight >2000gm? **Birth weight: _____ grams**	Yes No, if NO END
Did the baby have any congenital anomaly (ies)?	Yes, if YES END No
Neonate's Date of Birth (dd-mm-year)	
Neonate's sex	Male Female
Sex	Male Female
Mother's Date of Birth (dd-mm-year)	
What is your age at delivery? (Years)	
What is your marital status?	Single Married Divorced Widowed Separated
What is the highest level of education you have completed?	No formal schooling Primary Secondary College/ University Post Graduate Declined
What is your religious affiliation?	Protestant Catholic Muslim Orthodox
What is your place of residence?	
What is your parity status? (Gravida___ Para ___ **Abortions: Yes ___ No ___ Unknown ___)**	
What substances do you apply on the umbilical cord?	None Surgical spirit Povidone iodine Topical antibiotic Silver sulphadiazine Other (specify)
Where did you deliver? **Who assisted in your delivery?**	Home Health institution

Skilled health worker _____ Unskilled health worker (TBA/ family member _____	
How do you fold the neonate's napkin?	Below the cord
	Above the cord
Before handling the umbilical cord, do you wash your hands with water?	Yes, if YES go to U5
	No
What do you use to wash hands?	Water only
	Water and soap
Do you sleep in the same room as your baby?	Yes
	No
How do you bathe your child?	Immersion in water
	Sponge bathing

What was the APGAR score of the child on delivery (did the neonate cry immediately at birth?) **APGAR score at 1 minute _____ 5 minutes _____ 10 minutes _____ (from the mother-child booklet)**	
Was there resuscitation/use of invasive medical procedure when the child was born? (from mother-child booklet)	Yes
	No
Did the infant have a central line (peripherally inserted central catheter line, umbilical line, central venous line)?	Yes
	No
Was the amniotic fluid infected during birth (presence of foul smell or green-colored amniotic fluid)? (from mother-child booklet)	Yes
	No
What is the baby currently feeding on?	Breast-milk
	Formula
	Mixed
	Other (specify)
What type of delivery did you experience?	SVD
	C/S
	Instrumental (forceps/vacuum)
Following delivery, how soon did you initiate breastfeeding?	Within one hour
	One-six hours
	More than six hours
How many antenatal clinics did you attend? (verify from mother-child booklet)	Zero
	One
	Two

	Three
	Four or more
Did you have any history of maternal urinary tract infection during the pregnancy?	Yes
	No
Did you receive the tetanus toxoid immunization?	Yes
	No
Before and after delivery, did you receive any health education on umbilical cord care and new born danger signs?	Yes, if YES go to B8
	No
What was the source of your health information?	Health worker
	Traditional Birth Attendant
	Family member
	Other (specify) _____
Was there prolonged rupture of membranes (PROM >18 hours prior to delivery)?	Yes
	No
If yes, specify duration of ROM: _____ hours	
Did you experience any complications or any other negative symptoms following delivery? Specify the complication:_____	Yes
	No

REPORTING PHYSICIAN

First name _____ Surname _____

E-mail _____ Address _____

Date completed _____

****End of questionnaire****

Thank you completing this form and for your kind cooperation