

*Appendix 1***Department of Obstetrics & Gynaecology, AIIMS, Bathinda****Project title: Effect of restrictions imposed due to COVID-19 pandemic on the antenatal care and pregnancy outcomes- a prospective observational study from rural North India.****A. Socio-Demographic Characteristics**

1.	District	
2.	Name of Interviewer:	
3.	Date of interview:	
4.	UID:	
5.	Name of the respondent (आपका नाम):	
6.	Husband Name(पति का नाम):	
7.	Age of the client..... आपकी उम्र कितनी है?	1. 15-20 years 3. 31-40 years 2. 21-30 years 4. >40 years
8.	Age of the spouse..... आपके पति की उम्र कितनी है ?	1. 15-20 years 3. 31-40 years 2. 21-30 years 4. >40 years
9.	Address (आपका पता क्या है?):	
10.	Locality of the Area:	1. Urban 2. Slum 3. Rural
11.	Phone Number (Relation with client) (फोन नंबर, महिला से संबंध) 1..... 2..... 3..... (Self /खुद का) (Spouse/पति) (Other specify/ अन्य)	
12.	Up to what level have you studied? आपने कहाँ तक पढाई की है?	1. MA Pass or higher education (MA पास या उच्च शिक्षा) 2. Graduate (स्नातक/ बी. ए.) 3. Intermediate or post-high school diploma (12वीं या कोई और कोर्स) 4. High school certificate(दस पास) 5. Middle school certificate (आठवीं पास) 6. Primary school certificate(पाँचवी पास) 7. Less than Primary school certificate(पाँचवी पास से कम) 8. Illiterate (अनपढ़)
13.	Up to what level has your husband studied? आपके पति ने कहाँ तक पढाई की है?	1. MA Pass or higher education (MA पास या उच्च शिक्षा) 2. Graduate (स्नातक/ बी. ए.) 3. Intermediate or post-high school diploma (12 वीं या कोई और कोर्स) 4. High school certificate(दस पास) 5. Middle school certificate (आठवीं पास) 6. Primary school certificate(पाँचवी पास) 7. Less than Primary school certificate(पाँचवी पास से कम) 8. Illiterate (अनपढ़)
14.	What do you do? आप क्या काम करते हो?	
15.	If you were working, were you earning during the lockdown	
16.	What is your husband doing?	

	आपके पति क्या काम करते हैं?	
17.	Was he earning during the lockdown	
18.	What type of family do you have? आपका परिवार किस तरह का है?	1. Nuclear (एकल परिवार) 2. Joint (संयुक्त)
19.	How many family members are there in your family? आपके परिवार में कितने सदस्य हैं?	
20.	What is total monthly income of your family? आपके परिवार की महीने की आमदनी कितनी है?	Approx
21.	What is the per capita monthly family income? (Not to be Asked) आपके परिवार की प्रति व्यक्ति मासिक आमदनी कितनी है?	
22.	Do you have below poverty line card (BPL card)? क्या आपके पास गरीबी रेखा के नीचे कार्ड (पीला कार्ड) है?	1. Yes (हाँ) 2. No (नहीं)

B. Obstetrics and Clinical History

23.	How many children are ever born by you? अब तक आपके कितने बच्चे पैदा हुए हैं?	
24.	How many living children do you have? आपके कितने बच्चे हैं?	
25.	How many living male children do you have? आपके कितने लड़के हैं?	
26.	How many living female children do you have? आपके कितनी लड़कियाँ हैं?	
27.	What is the age of the youngest child (in months)? आपके सबसे छोटे बच्चे की उम्र कितनी है?	
28.	Obstetric history	G P L A
29.	Are you currently pregnant	1. Yes 2. No
30.	If yes, Was this pregnancy	Planned 2. Unplanned
31.	If unplanned, did you continue this pregnancy?	1. Yes 2. No
32.	If yes, reason for continuation of unplanned pregnancy?	
33.		LMP EDD POG

C. Effect of Lockdown on Ante-natal care and delivery		
	ANTENATAL CARE	
34.	Did you face any difficulties in accessing healthcare services during this lockdown?	1. Yes 2. No
35.	At what period of gestation, did you first visit the hospital?	

36.	How many times did you visit hospital during the lockdown?	0/1/2/3/4/5/>5 times
37.	What type of difficulty did you face?	1.transport. 2.healthcare provider 3.Nutrition 4.supplements. 5.investigations. 6.USG
38.	Did you face any difficulty in immunization against tetanus?	1.Yes 2.No
39.	Did you have any problem in getting antenatal investigations due to lockdown?	1.Yes 2.No
	How many times were you tested for	
40.	Weight gain	0/1/2/3/4/5/>5 times
41.	BP	0/1/2/3/4/5/>5 times
42.	Hemoglobin	0/1/2/3/4/5/>5 times
43.	Blood sugar	0/1/2/3/4/5/>5 times
44.	Urine for sugar and proteins	0/1/2/3/4/5/>5 times
45.	Blood group	Yes No
46.	VDRL	Yes No
47.	Hep-B	Yes No
48.	HIV	Yes No
49.	HCV	
50.	USG for fetal well being	0/1 /2 /3 / >3 times
51.	USG at which period of gestation?	1.Dating(T1) 2.Level II USG(T2) 3.Growth scan(T3)
52.	Did you face any difficulty in getting USG done?	
53.	Did Asha worker visit you at home during the lockdown?	Yes No
54.	Were there any pregnancy related complications	Yes No
55.	Anemia	
56.	Hyperemesis gravidarum	
57.	HTN	Yes No
58.	DM	
59.	Antepartum hemorrhage	
60.	Preterm labor	
61.	Premature rupture of membranes	

	At the time of Delivery	
62.	Where did u plan your delivery	1. Govt hospital 2. Private hospital 3. Did not plan
63.	where did you finally deliver	4. At your planned place 5. Some other hospital 6. At home
64.	If you deliver at some other place, what was the reason	7. Were you referred, y/n 8. If yes, reason _____

65.	Was there any need of blood transfusion during delivery??	1.Yes 2.No
66.	What was the total duration of hospital stay during delivery? डिलीवरी के बाद अस्पताल मे कितने दिन रुके थे?	1. within one hour 2. after one day 3. after two days 4. after three days 5. after 4 days 6. after 6 days 7. Currently in hospital after delivery. (डिलीवरी के बाद अभी भी आप अस्पताल में हैं)
	Outcome of the pregnancy	
67.	What was the outcome of the pregnancy	1. Live birth 2. Still birth 3. Abortion
68.	If ans. to the question 63 is a live birth	
	Mode of birth	1. NVD 2. LSCS 3. Instrumental(Forceps/ventouse)
69.	Period of gestation at birth	1. full term 2. pre-term 3. post-term
70.	Was the baby attended by a pediatrician at the time of birth	
71.	Was breastfeeding initiated within half hour of NVD and 6 hrs of LSCS	
72.	Was colostrum given to baby	
73.	Was pre-lacteal feeds given to baby	
74.	Were you taught about breastfeeding, latching, and kangaroo mother care practices.	
75.	Was the birth registered within 14 days for birth certificate	1.Yes 2.No
76.	If the baby was preterm, did the baby need NICU admission?	Yes No
77.	Did you face any difficulty with NICU admission?	
78.	If it was an abortion	1. Induced 2. Spontaneous
79.	Did you visit the hospital for the same?	
80.	Did u face any difficulty to access healthcare facility?	
	POST PARTUM PERIOD	
81.	How was your post-partum period	Eventful uneventful
82.	Did you face any complication	1.Yes 2.No
83.	If yes, what were they	1. genital 3. Breast, 3. Systemic 4.Wound
84.	Were they attended	1.Yes 2.No
85.	Who attended to those complications	1. specialist. 2. Medical officer. 3.Nurse, 4. ANM, 5. ASHA 5. Others
86.	How was it attended	1. OPD basis 2. Hospitalization 3. Teleconsultation
87.	Did any health worker visit you at home in the post-natal period?	1.Yes 2.No

88.	Were you told about the danger signs of the new-born and the post-partum period.	1.Yes 2.No 3. NA
89.	Did you plan any family planning services.	1.Yes 2.No
90.	If yes, what was the method?	1. temporary 2. permanent
91.	If temporary	1. POP 2. Barriers, 3. IUCD 4.ANY OTHER
92.	Did you adopt those methods	1. yes 2. NO
93.	Were you told about their benefits and side-effects	
94.	If permanent	1. tubectomy 2. vasectomy
95.	Did you face any difficulty?	1.Yes 2.No
96.	If yes, what type of difficulty did you face?	
97.	Was the new-born vaccinated as per UIP (Universal Immunization Program)	
98.	If yes, where was the vaccination done	9. Government set-up 10. Private
99.	What was your experience of delivery during lockdown?	

S. no	Questions related to satisfaction	
100.	Do you know what is teleconsultation?	
101.	Did you have accessibility to smart phone?	
102.	Did you take teleconsultation?	
103.	From where did you take it?	
104.	Did you face any difficulty in taking teleconsultation	
105.	What was the mode of teleconsultation	Audio/visual/both
106.	Do you know how to email?	Yes
107.	Ease of seeking appointment	
108.	The voice/video quality of the service	
109.	How much did the doctor show concern towards your problems?	
110.	The explanation of your problem by the doctor	
111.	The explanation of the treatment	
112.	The advice for follow up	

113.	Were you relieved of your problems?	
114.	Did the doctor ever say that you need to come to hospital for definite diagnosis and treatment?	
115.	Benefits of tele-consultation	
116.	Shortcomings of tele-consultation services	
117.	the clarity of the prescription provided to you	
118.	Did you face any difficulty in getting medicines with the help of that prescription slip?	
119.	Would you like to use telemedicine again?	
120.	Overall, how satisfied were you with last telemedicine session?	
121.	Do you think your telemedicine session was as good as an ordinary in-person visit?	
122.	Would you recommend this service to your knowns	

A. Knowledge and perceptions about pregnancy and COVID 19

123.	Do u know what is coronavirus?	1.Yes 2. No
124.	Are you aware about the symptoms of coronavirus infection? If no, skip question no. 38.	1.Yes 2.No If yes, specify
125.	What are the symptoms of this infection?	1.cough 2.fever. 3.sore throat. 4.sneezing. 5.malaise. 6. diarrhoea
126.	Do u know about the modes of transmission?	1.Yes 2.No
127.	Do u know about the preventive measures? If no, skip question no. 41.	1.Yes 2.No
128.	Which preventive measures do u practice?	1.face mask 2.frequent hand washing. 3.sanitisation. 4.social distancing
129.	Were you apprehensive about the situation of lockdown?	1.Yes 2.No
130.	Are you afraid of catching this infection?	1.Yes 2.No
131.	Are you afraid of your fetus getting this infection?	1.Yes 2.No

B. COVID testing of pregnant women before and during delivery

132.	Did u have coronavirus infection?	1.Yes 2.No
133.	If yes, at what period of gestation?	
134.	What were the symptoms?	
135.	Were you tested for COVID-19 at the time of delivery.	1.Yes 2.No
136.	What was the result of the test	11. Positive 2. Negative. 3. Don't know
137.	If positive, were you quarantined	1.Yes 2.No
138.	Was you baby also tested	1.Yes 2.No
139.	What was the result of the test	Positive 2. Negative. 3. Don't know
140.	Did the behavior of the staff changed because of the positive test results	1.Yes 2.No
141.	If yes, do you believe that your pregnancy was not handled properly?	1.Yes 2.No
142.	If you were tested positive, were you referred to other centre?	
143.	If yes, where	
144.	Did you face any problem in transport	
145.	Did you face any problem in getting admission	

146.	Do you think your diet was affected during the lockdown	1.Yes 2.No
147.	If yes, do you think you were undernourished during lock down	1.Yes 2.No
148.	If yes, the diet was deficient in	
149.	Fruits	
150.	vegetables	
151.	Dairy products	
152.	Oil and ghee	
153.	Pulses (dals)	
154.	cereals	
155.	Nuts	
156.	Did you have to spend extra to procure these items	

157.	Did you face any difficulty in receiving iron/calcium?	1.Yes	2.No
158.	Did you maintain the dose that was initially prescribed to you?	1.Yes	2.No. 3. NA
159.	Did you ever skip your iron/Ca because you had fear that you may not get them again	1.Yes	2.No
160.	Did you ever purchased your supplements.	1.Yes	2.No
161.	Were you registered in anganwadi during pregnancy for mid-day meal/dietary supplements?	1.Yes	2.No
162.	If yes, did you get your meals during lockdown	1.Yes	2.No
163.	If no, did you get any help	Govt	NGO any other