



HEALTH FACILITY ASSESSMENT VIGNETTES—MATERNAL HEALTH

This document presents vignettes related to prevention, diagnosis and treatment of hypertensive disorders in pregnancy and management of prolonged labor. The vignettes were developed by MOMENTUM Knowledge Accelerator to be used to assess provider knowledge and competency to manage these conditions as part of one-time or routine quality of care assessments. Before administering the tools, users should plan to review in depth and adapt as needed to fit the country and assessment context. Basic instructions for adaptation have been included below. While these vignettes have been reviewed by clinicians and measurement experts, they have not yet been tested. As such, MOMENTUM Knowledge Accelerator welcomes your feedback to incorporate into future versions. To provide such feedback, please reach out to Emily Stammer, M&E Technical Advisor, at Emily_stammer@jsi.com or Jocie Fifield, Senior Technical Specialist, at jfifield@ariadnelabs.org.

Instructions for adapting

Before beginning, we suggest you review the vignettes alongside the national guidelines for each facility level as well as provider cadre to ensure that the responses align with national standards. For example, you may need to add the types of medications and the doses so they meet national guidelines, or you may need to remove a response if it is only applicable at referral facilities in the country and you will be conducting the survey only at primary health care facilities.

Instructions for enumerator

For the following questions, read the question aloud to the health worker. Do not read the answer choices aloud. Mark all answers the health worker mentions. If you are not sure whether an answer given by the health worker matches that listed, probe for more detail. If they give an answer that is not listed, move on to their next answer. Use the probe to encourage health workers to give as many answers as they can think of. If they cannot give an answer, or give only answers that do not appear in the list, mark “don’t know”.

HYPERTENSIVE DISORDERS OF PREGNANCY

Note: This indicator is a composite knowledge score, but can also be reported as individual components focusing on diagnosis, including correct classification of HDP, management based on diagnosis, and gestational age, maternal and fetal status and pre-discharge interventions including MgSO4 loading dose where applicable.

READ ALOUD: Please answer the following questions on maternal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be done at your facility. Please provide all responses that come to mind.

PART 1: PREVENTION OF PREECLAMPSIA IN A PATIENT WITH CHRONIC HYPERTENSION

Note: This section is an assessment of diagnosis and correct classification of hypertensive disorders of pregnancy based on gestational age.

A 28-year old patient, gravidity 3, parity 2, reports for a first antenatal visit at 12 weeks pregnant. For her first two births, she attended a different clinic that has since closed. She recalls that during her most recent pregnancy 1.5 years ago, the midwife said that she had high blood pressure close to when she delivered. She cannot remember how or if the midwife treated it. She has been experiencing headaches during her pregnancy. You measure her blood pressure and find that it is 145/95. You repeat the blood pressure measure a few hours later and find it is 143/96. What is your diagnosis? *[Do not prompt. Mark the items the respondent mentions.]*

Correct answers:

- Chronic hypertension
- Hypertension
- High blood pressure

Score: __/1

- Don't know

Note: This section is an assessment of immediate management based on diagnosis.

What would you do at this visit? Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional. *[Do not prompt. Mark the items the respondent mentions.]*

- Collect baseline labs (*reference national guidelines and list labs*)
- 24 hour urine collection *or* urine protein dipstick
- Refer to primary care doctor or specialist to control hypertension

Score: __/3

- Don't know

Note: This section is an assessment of future management based on diagnosis.

What would you recommend for the remainder of the pregnancy? [Do not prompt. Mark the items the respondent mentions.]

- Low-dose acetylsalicylic acid starting immediately for the remainder of the pregnancy (*aspirin, 75mg, or adapt to national or facility guidelines*)
- Ongoing regular antenatal screenings/testing throughout pregnancy (*reference national or facility guidelines for frequency*)
- Discuss possible need for early induction or delivery in higher-level facility

Score: __/3

- Don't know

Whole scenario:

Score: __/7

PART 2: DIAGNOSIS AND MANAGEMENT OF SEVERE PREECLAMPSIA

Note: This section is an assessment of maternal and fetal status and pre-discharge interventions.

A 24 year old patient, gravidity 2, parity 1 with a previous uncomplicated birth 2 years ago, reports for an antenatal care visit at 30 weeks pregnant. This is her second visit to the clinic during this pregnancy. She reports that she has been having persistent headaches for the last two weeks. Her blood pressure is 175/100. When looking at her chart, you see that when she came in at 16 weeks, her blood pressure was 130/80 with a normal urine analysis. Fetal wellbeing is reassuring. What would you do at this visit? Answer assuming that equipment and medications that you would use normally use to manage patients at this level are stocked and functional.

- Repeat the blood pressure measurement after at least four hours
- 24 hour urine collection or urine protein dipstick
- Provide medications to manage headache (*reference national or facility guidelines for choice, route, and dose*)
- Prescribe magnesium sulfate (*reference national or facility guidelines for route and dose*)
- Prescribe antihypertensive drugs (*reference national or facility guidelines for choice, route, and dose*)
- Prescribe beta course for fetal lung maturity (*reference national or facility guidelines for choice, route, and dose*)

Score: __/6

- Don't know

Note: This section is an assessment of diagnosis and correct classification of hypertensive disorders of pregnancy.

The patient's blood pressure four hours later is 170/80, and urine dipstick revealed 2+ proteinuria. What is your diagnosis?

Correct answers:

- Preeclampsia with severe features
- Severe preeclampsia

Score: __/1

- Don't know

Note: This section is an assessment of management of hypertensive disorders of pregnancy.

What would you do for the remainder of her pregnancy? [Do not prompt. Mark the items the respondent mentions.]

- Make a plan for delivery/induction
- Ongoing fetal surveillance throughout the pregnancy (reference national or facility guidelines for frequency and type of fetal surveillance)

Score: __/2

- Don't know

Whole scenario:

Score: __/9

PART 3: TREATMENT OF ECLAMPSIA IN LABOR

Note: This section is an assessment of management of eclampsia in labor.

A 41 year old patient, gravidity 1, parity 0, at 38 weeks comes to the clinic in active labor complaining of headache. The patient's blood pressure is 140/90. The fetal status is reassuring, and she is 4 cm dilated. The patient seizes during initial evaluation. How would you manage the patient? Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional. [Do not prompt. Mark the items the respondent mentions.]

- Ensure that the patient is in the left lateral position
- Regularly monitor vital signs and reflexes
- Administer magnesium sulfate (reference national or facility guidelines for route and dose)
- Regularly monitor fetal heart rate
- Make a plan for and deliver the baby (reference local guidelines for type of delivery)

Score: __/5

- Don't know

MANAGEMENT OF PROLONGED LABOR

Note: This indicator is a proxy to assess provider knowledge of appropriate prevention and management of prolonged labor. The indicator is a composite knowledge score, but can also be reported as individual components which focus on prevention, avoidance of non-indicated uterotonics, diagnosis, management –augmentation and referral.

READ ALOUD: Please answer the following questions on maternal health to the best of your knowledge. Most of the questions I ask you will require multiple responses from you. Assume all needed supplies, medications, and equipment are available. When thinking about your answers, you should include actions or interventions that could be done at your facility. Please provide all responses that come to mind.

Note: This section is an assessment of diagnosis of prolonged labor.

A 30 year old woman (gravidity 1) at 40 weeks' gestation is admitted to the facility at 10am with membranes intact. The fetal head is at -3 station; her cervix is 4 cm dilated and 80% effaced. There are 2 contractions in 10 minutes, each lasting less than 20 seconds. The fetal heart rate is 136. Her blood pressure is 120/70, and her pulse is 80. By noon, the fetal heart rate is 136, contractions remain 2 every 10 minutes and last 20 seconds each, her pulse is 88 and temperature is 36.2 celsius. The fetal head remains in the same position with her cervix unchanged and membranes still intact. What are your concerns, if any? *[Do not prompt. Mark the items the respondent mentions.]*

Correct answer:

- Prolonged latent phase

Score: __/1

- Don't know

Note: This section is an assessment of prevention, avoidance of non-indicated uterotonics and referral.

What would you do?

[Do not prompt. Mark the items the respondent mentions]

- Encourage her to rest and hydrate
- Encourage emptying of bladder every 2-4 hours

Score: __/2

Or

- Refer to higher level facility

Score __/1

- Don't know

Note: This section is an assessment of management of prolonged labor.

[If respondent answered refer to hospital, skip this question]

By 3pm, the fetal heart rate is consistently 180 beats per minute, her contractions are still 2 every 10 minutes and last 20 seconds. Her heart rate is 90, and her cervix remains unchanged with membranes still intact. What would you do? Answer assuming that equipment and medications that you would normally use to manage patients at this level are stocked and functional. *[do not prompt, mark the items the respondent mentions]*

- Artificial rupture of membranes
- Labor augmentation with oxytocin

Score ___/2

- Don't know