**Appendix A**

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|  | **Questionnaire** |  |  |
| Q1 | A 36 yr old G6P5 at 34 weeks gestation with previous Caesarean section presents to you for routine ANC. She is currently pregnant with twins.  Q: list 3 risk factors for PPH in this patient. | Q13 | Concerning atonic uterus. Answer Yes or No to the following:  a) Misoprostol up to 600 microgramcan be administered per rectum  b) Continuous uterine massage is not necessary as long as it has been done initially  c) Laparotomy should be considered if all effort fails to control excessive Per Vagina bleeding. |
| Q2 | A Primigravida has just been brought into the post-natal ward, post Caesarean section.  Q: list 3 parameters you would monitor on this patient. | Q14 | The placenta is normally delivered by:  (Only one answer is correct)  a) Brandt-Andrews technique; b) Crede method |
| Q3 | You just got an incomplete history about a young lady who gave birth at home. She is presently bleeding excessively Per Vagina.  Q: List 3 possible causes of postpartum haemorrhage that immediately comes to your mind. | Q15 | In one sentence/phrase, define secondary postpartum haemorrhage. |
| Q4 | A 28 yr old G2P1 opts for VBAC (vaginal birth after Caesarean section). She is presently in latent phase of labour and your hospital has no theatre.  Q: How should this patient be managed? (Only one answer is correct)  a) The midwife should conduct the initial management of the patient and call the doctor if there is a problem.  b) Monitor the patient and call the ambulance for referral when cervix is 6cm dilated.  c) Refer immediately to a facility able to render Caesarean section. | Q16 | List 3 clinical features to look out for in a patient with postpartum haemorrhage (you may include symptoms, signs and vital signs). |
| Q5 | It is important to note the baseline Haemoglobin of a pregnant woman and correct it if necessary. Yes or No? | Q17 | List 3 initial steps in the resuscitation/stabilization of a patient with postpartum haemorrhage. |
| Q6 | List 3 parameters that could generally be monitored on a partogram. | Q18 | List 3 equipments needed to properly explore the lower genital tract in order to rule out trauma, post delivery. |
| Q7 | What are the 3 components of active management of 3rd stage of labour? | Q19 | Family history of bleeding disorder is not relevant.  True/False |
| Q8 | It is important to properly check the placenta for completeness post delivery. (Only one answer is correct)  a) Routinely; b) Sometimes; c) Not Necessary | Q20 | In one sentence/phrase, define retained placenta. |
| Q9 | A 28 yr old G2P1 was assessed to have lost 650ml of blood 30mins post normal vaginal delivery.  Q: What is your diagnosis? (Only one answer is correct)  a) Primary PPH; b) Secondary PPH; c) Tertiary PPH; d) Normal parturition | Q21 | What equipment will you use to remove retained tissue/products from the uterus?  (Mark the Incorrect Answer)  a) Largest curette available; b) Ovum forceps; c) Smallest curette available |
| Q10 | You palpated the abdomen of a multigravida just after delivery because of excessive PV bleeding. The uterus feels large and soft but the placenta is complete and there are no obvious lower genital tract lacerations.  Q: What is the most likely cause of the bleeding? (Only one answer is correct)  a) Inverted uterus; b) Uterine rupture; c) Atonic uterus | Q22 | List 3 surgical intervention that could be employed in the management of postpartum haemorrhage as last resort. |
| Q11 | Which one of the following is diagnostic of inverted uterus? (Only one answer is correct)  a) Strongly contracted uterus; b) Uterus no palpable; c) Unusually bulky and soft uterus | Q23 | A 36 yr old G7P6 with previous Caesarean section opts for VBAC (vagina birth after Caesarean section). She is in the 1st stage of labour but now progressing very slowly.  Plan: Augment with pitocin?  Yes/No |
| Q12 | You examined a 36 yr old G6P5 with prolonged labour and your findings are as follows  • uterus had suddenly stopped contracting  • fetal parts easily palpable  • patient sweating profusely  • fast pulse rate  • low BP  Q: What is your most likely diagnosis? (Only one answer is correct) | Q24 | It is important to empty the urinary bladder in patients with PPH.  True/False |