

Maternal WOICE Tool: antenatal care

Maternal Morbidity Working Group (MMWG), World Health Organization Department of Reproductive Health and Research

Pilot version A.18.07.A.

ANC SECTION 1: PATIENT HISTORY	
	Today's date (yyyy/mm/dd) _____
Q1	Interviewer Name: _____
	Informed Consent. Please read the attached consent form to the patient. If the patient agrees to participate have her sign or fingerprint the form and take a picture of the signature/fingerprint with your tablet for documentation purposes. If the patient declines to participate, please attempt to ask her Q5-14.
Q2	Interview ID Number. ID number is located at the top right hand corner of the attached consent form. # _____
	Social & Demographic Information. Please read the following: "I would like to start by asking you some general questions about your life. If you don't understand a question or would like me to repeat it please feel free to stop and ask me."
Q3	In what month and year were you born? If unknown, please enter Jan 1950 month: _____ year: _____
Q4	How old were you on your last birthday? _____
Q5	What is the highest level of school you attended? ☐ none ☐ primary ☐ secondary ☐ higher
Q6	What is your current marital status? Please select one of the following choices: (If single, ask: ever married?) Never married/Single _____ Currently married _____ Separated _____ Divorced _____ Widowed _____ Cohabiting _____ Other (please specify) _____
Q7	Have you worked in the last 12 months? _____ No _____ Yes
Q8	Were you paid for this work? _____ No _____ Yes
Q9	What district/county/parish/subnational level are you staying in? Answers vary per site
Q10	How long did it take you to get from your house to your health facility today? ☐ <15 mins ☐ 15-30 mins ☐ 30 mins - 1hr ☐ >1hr
Q11	Now I would like you to read this sentence to me: "The child is reading a book." IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: _____ cannot read at all _____ able to read only parts of the sentence _____ able to read whole sentence _____ no card with required language _____ blind/visually impaired

Can you read any part of the sentence to me?

____ other (please specify): _____

Obstetric History. Please read the following: "We are working on a project to get a better idea of how women feel throughout and after their pregnancies in order to improve what we know and how we can better serve you and other pregnant women in the future. Now I would like to ask you some questions about other times you have been pregnant, if any. Again, please ask me if you don't understand the question."

Q12	How many babies have you given birth to (that lived or died) after 28 weeks or 7 months of pregnancy?	
Q13	How many babies did you lose before 28 weeks or 7 months of pregnancy?	
Q14	How many children have you given birth to that are now alive?	
Q15	How many times have you been pregnant? (including this pregnancy, and times when you did not give birth)	
A-1	Are you currently pregnant with more than one baby?	_____ No _____ Yes ☐ Don't know
A-2	What is your estimated date of delivery (EDD)? (day/month/year) (If woman does not know, please check records)	(dd/mm/yyyy) _____ ☐ Don't know
Most Recent Pregnancy/Delivery. Please read the following: "Now I would like to ask you some more intimate questions, if you do not feel comfortable answering them please let me know at any time."		
A-3	Since you became pregnant, have you continued having sex?	_____ No _____ Yes
A-4	If not, why not?	1) Does not have partner currently (Please skip to Q19) 2) Doctor says not to (Please skip to Q19) 3) Partner does not want to (Please skip to Q19) 4) She has little or no interest in sex 5) Other (please specify: _____)
Q16	Since you became pregnant, are you satisfied with your sex life?	_____ No _____ Yes (Please skip to Q19)
Q17	Since you became pregnant, the problem(s) with your sex life is: (Please select all the choices that apply)	1) Problem with little or no interest in sex _____ 2) Problem with decreased genital sensation (feeling) _____ 3) Problem with decreased vaginal lubrication (dryness) _____ 4) Problem reaching orgasm _____ 5) Problem with pain during sex _____ 6) Other (please specify): _____ 7) Refused to answer
Q18	If more than one option is chosen for Q17, then please ask the patient "Which problem is the most bothersome?" and circle the corresponding answer.	

Risk factors/Environment. Please read the following: "The next few questions I will ask may be a bit difficult, so please feel free to ask for a break or stop at any time. I want to remind you that this is confidential and no one will know how you answered. Also, if after this section you'd like to talk more about the questions, I will give you information on where to seek help. We are asking these questions to better understand your health situation and those of other women who might have similar experiences in the future." If the patient does not want to answer, you can skip the remaining questions and offer her access to the services available (see note at the end of the page).

Q19	During this pregnancy, have you used any of the following substances: tobacco products, alcoholic beverages, cannabis, inhalants for non-medical use?	☐ No ☐ Yes
Q20	During this pregnancy, have you used any substances: sedatives or sleeping pills, hallucinogens, opioids, and/or any drugs by injection, etc., for non-medical use?	☐ No (& No on Q19, Please skip to Q25) ☐ Yes
<i>If she answers yes to Q19 or Q20 please ask the remaining questions:</i>		
Q21	During this pregnancy, have you failed to do what was normally expected of you because of your consumption of any of the abovementioned substances?	☐ No ☐ Yes
Q22	During this pregnancy, has your use of any of the aforementioned substances led to health, social, legal, or financial problems?	☐ No ☐ Yes
Q23	During this pregnancy, has a friend or relative or anyone else ever expressed concern about your use of any substance?	☐ No ☐ Yes
Q24	During this pregnancy, have you ever tried to cut down on using any substance, but failed?	☐ No ☐ Yes

If woman answers yes to Q19 or to Q20, please [Insert specific local instructions for health worker on how to handle case of drug abuse and referral here.]

Violence.

Violence is a key, and often neglected, consideration in many women's experience of maternal morbidity. However, it is essential that questions on this topic do not put the woman at greater risk of harm. This section of the WOICE tool should be developed carefully using locally-appropriate instructions following the guidance described in the relevant WHO guidance: WHO, UN Women, UNFPA. (2014). "Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook."

Further guidance and information can be sought from reproductivehealth@who.int

End of Module 1: Patient History

Thank you for answering the questions, we will now move on to the 2nd module of the questionnaire.

ANC SECTION 2: PATIENT SYMPTOMS

WHODAS. Please read the following: "Now, I would like to ask you some more questions about your everyday activities. This part of the interview is about difficulties people have because of health conditions. (Hand flashcard #1 to respondent) By health condition I mean diseases or illness, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs. Remember to keep all of your health problems in mind as you answer the questions.

When I ask you about difficulties in doing an activity think about...(Point to flashcard #1):

- increased effort
- discomfort or pain
- slowness
- changes in the way you do the activity

When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it. (Hand flashcard #2 to respondent)

Use this scale when responding. (Read scale aloud): None, mild, moderate, severe, extreme or cannot do. (Ensure that the respondent can easily see flashcards #1 and #2 throughout the interview. Please continue to next question...)"

	In the past 30 days, how much difficulty did you have in:	None	Mild	Moderate	Severe	Extreme or cannot do
Q30	Standing for long periods such as 30 minutes?	1	2	3	4	5
Q31	Taking care of your household responsibilities?	1	2	3	4	5
Q32	Learning a new task, for example, learning how to get to a new place?	1	2	3	4	5
Q33	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4	5
Q34	How much have you been emotionally affected by your health problems?	1	2	3	4	5
	In the past 30 days, how much difficulty did you have in:	None	Mild	Moderate	Severe	Extreme or cannot do
Q35	Concentrating on doing something for ten minutes?	1	2	3	4	5
Q36	Walking a long distance such as a kilometre [or equivalent]?	1	2	3	4	5
Q37	Washing your whole body?	1	2	3	4	5
Q38	Getting dressed?	1	2	3	4	5
Q39	Dealing with people you do not know?	1	2	3	4	5
Q40	Maintaining a friendship?	1	2	3	4	5
Q41	Your day-to-day at work/school?	1	2	3	4	5
Q42	Overall, in the past 30 days, how many days were these difficulties present?	Record number of days__				

Q43	In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?				Record number of days__	
Q44	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?				Record number of days__	
Q45	In the past 30 days, how would you rate your overall health?	1	2	3	4	5
		Very Good	Good	Neither poor nor good	Poor	Very poor
General Symptom(s). Please read the following: "The next few questions I will ask about how you have been feeling, physically, during this pregnancy. Feel free to ask for a break or stop at any time."						
In the last 2 weeks, have you experienced any of the following: (Please check box if yes, and proceed to next column. If no, skip to next symptom)						
☐ chills		☐ nausea		☐ fever		
☐ headache		☐ light-headedness				
☐ stiff neck		☐ muscle spasms		☐ tremor		
☐ sweating profusely/night sweats, unrelated to the heat (diaphoresis)						
☐ chest pain		☐ decreased exercise tolerance		☐ heart beating very fast/too fast (palpitations)		
☐ blurry vision/flashing lights/floaters/seeing stars or spots/having visual disturbance or loss						
☐ red, inflamed or bleeding gums		☐ cough		☐ difficulty breathing		
☐ breathing faster than usual						
☐ vomiting		☐ vomiting with blood		☐ abdominal discomfort or pain		
☐ changes in appetite or eating habits						
☐ pain during urination (dysuria)		☐ abnormal urination		☐ changes in bowel habits		
☐ rectal pressure/pain						
☐ skin rash or lesion		☐ itching (pruritus)				
☐ breast tenderness or redness		☐ feel breast lump (mass) or swelling				

☐ joint pain (arthralgia/arthritis)	☐ tenderness in leg or calf	☐ sudden swelling in leg(s) or calf(-yes)
☐ back pain		
☐ vaginal bleeding (after sex)	☐ painful intercourse (dyspareunia)	☐ pelvic pain
☐ vaginal discharge (abnormal in color and/or smell)	☐ spotting or light vaginal bleeding	
In the last 2 weeks, have you EVER experienced any of the following:		
☐ urinating blood	☐ hemorrhoids/piles	
☐ night blindness (difficulty seeing in the dark)	☐ loss of teeth	
☐ unintentional weight loss	☐ swollen hands	
☐ gained too much weight (excessive weight gain: >1kg per week)	☐ seizure/fit	
☐ stroke		
Since you became pregnant, have you been told you have anything wrong/any medical condition?		_____ No (Skip to Q111) _____ Yes
<i>If yes, please specify:</i>		
Do you have any other medical conditions or problems you would like to report?		_____ No (Skip to Q111) _____ Yes
<i>If yes, please specify:</i>		

Mental Health. Please read the following: "The next few questions I will ask about how you have been feeling/your mood during this pregnancy, feel free to ask for a break or stop at any time. I want to remind you that this is confidential and no one will know how you answered. Also, if after this section you'd like to talk more about the questions, I will give you information on where to seek help."

	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Q111	Feeling nervous, anxious or on edge	0	1	2	3
Q112	Not being able to stop or control worrying	0	1	2	3
Q113	Worrying too much about different things	0	1	2	3
Q114	Trouble relaxing	0	1	2	3
Q115	Being so restless that it is hard to sit still	0	1	2	3
Q116	Becoming easily annoyed or irritable	0	1	2	3
Q117	Feeling afraid as if something awful might happen	0	1	2	3
	Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Q118	Little interest or pleasure in doing things	0	1	2	3
Q119	Feeling down, depressed or hopeless	0	1	2	3
	<i>If she scores greater than 0 to Q118 or Q119, please ask the remaining questions:</i>				
Q120	Trouble falling asleep, staying asleep or sleeping too much	0	1	2	3
Q121	Feeling tired or having little energy	0	1	2	3
Q122	Poor appetite or overeating	0	1	2	3
Q123	Feeling bad about yourself or that you're a failure or have let yourself or your family down	0	1	2	3
Q124	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Q125	Moving or speaking so slowly that other people could have noticed. Or, the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Q126	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Please add up all the points for Q111-Q117. Please add up all the points for Q118-Q126. If total score on EITHER set of questions is equal to 10 or higher, or woman responds positively to Q126, please refer the patients to [insert specific local instructions for Health Worker on how to handle mental health-related case referral.]					

End of Module 2: Symptoms

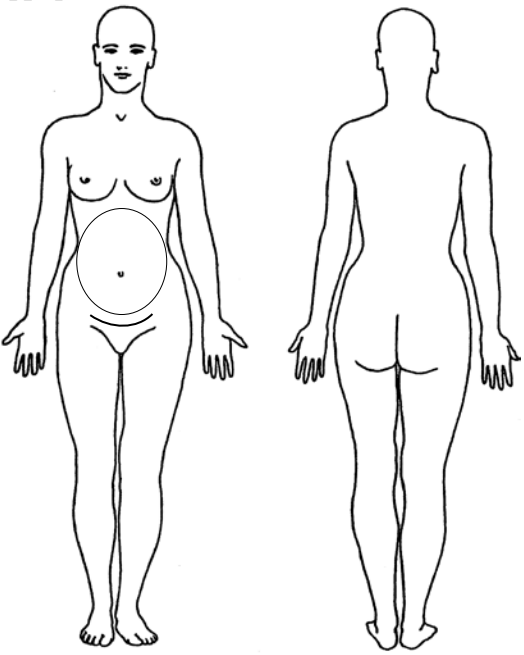
Thank you for answering the questions, we will now move on to the 3rd and final module of the questionnaire, the physical exam.

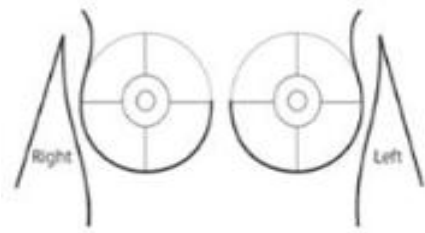
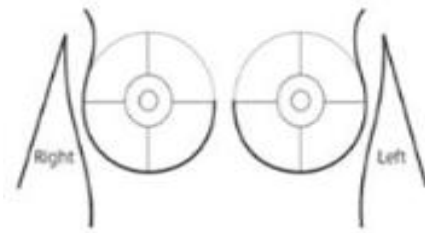
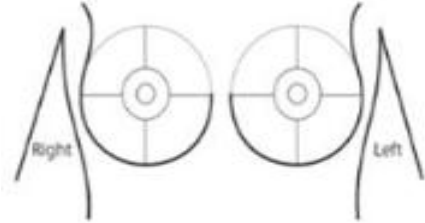
Do you have any questions?

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ANC SECTION 3: SIGNS/PHYSICAL EXAM

General physical exam. At this point in the survey, I will conduct the physical exam. First I will do a general exam, and then check your breasts, your belly, and finally your pelvis and private area (if routine).

Q127	Body weight today:	_____ kg
Q128	Height:	_____ cm
Q129	Body temperature:	_____ °C
Q129a	Where on the body was the temperature taken?	☐ oral ☐ axillary ☐ other (please specify): _____
Q130	Pulse rate:	_____ /min
Q131	Respiratory rate:	_____ /min
Q132	Resting Systolic BP	
Q133	Resting Diastolic BP	
Q134	Does the woman present with any pre-existing conditions?	_____ No _____ Yes
	If yes, please specify:	
	☐ diabetes	☐ gestational diabetes
	☐ hypertension	☐ gestational hypertension
	☐ other (please specify): _____	
Q134	Is the woman currently on any medications?	_____ No _____ Yes
	If yes, please specify:	
	☐ other (please specify): _____	
Q143	When present, please mark the following diagram with the letters corresponding to the questions above: - R for rash(es) - L for lesion(s) - B for bruises - SH for self-harm - DV for domestic violence Once finished, please take a picture of the diagram with the tablet.	
		
Q154	Does she present with any of the following? (choose all that apply)	
	☐ pitting ankle oedema	☐ pitting lower back oedema
	☐ oedema of the hands and feet	☐ leg swelling
	☐ calf tenderness	☐ none
	☐ other (please specify): _____	
Obstetric exam - MUST be completed		
A-2	Please check symphysis-fundal height	_____ cm
A-3	Please check the fetal heart rate	_____ /min
A-4	What is the presentation of the fetus?	☐ Cephalic ☐ Breech

		☐ Transverse ☐ >1 fetus
Breast exam Triggered only if woman reports the following breast related symptoms: - breast tenderness or redness - feel breast lump (mass) or swelling - other clinical reason		
Q155	Does she present with cracked nipple(s)?	_____ No _____ Yes
Q156	Does she present with engorged breast(s)?	_____ No _____ Yes
		_____ No _____ Yes (If yes, please mark where in the diagram below)
Q157	Does she present with localized breast tenderness?	
		_____ No _____ Yes (If yes, please mark where in the diagram below)
Q158	Does she present with breast abscess(es)?	
		_____ No _____ Yes (If yes, please mark where in the diagram below)
Q159	Does she present with palpable breast lump(s)?	

Abdominal exam

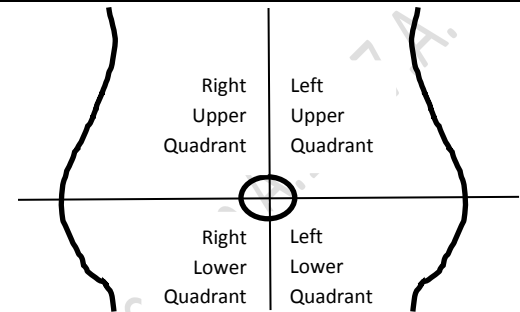
Triggered only if woman reports the following symptoms:

- vomiting (with or without blood)
- abdominal discomfort or pain
- changes in appetite or eating habits
- other clinical reason

Q160

Does she present with abdominal tenderness?

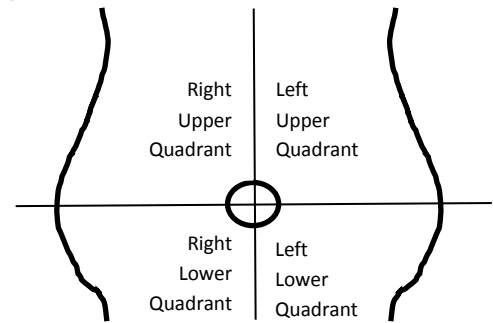
_____ No _____ Yes (If yes, please mark where in the diagram below)



Q161

Does she present with abdominal masses?

_____ No _____ Yes (If yes, please mark where in the diagram below)



Q162

Does she have a C-section scar?

_____ No _____ Yes

Pelvic exam

Triggered only if suspected infection or labor/rupture of membranes or if woman reports the following symptoms:

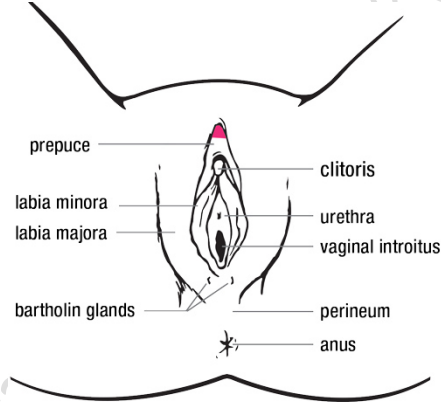
- vaginal bleeding (after sex)
- painful intercourse (dyspareunia)
- pelvic pain
- vaginal discharge (abnormal in color and/or smell)
- spotting or light vaginal bleeding
- other clinical reason

Q164

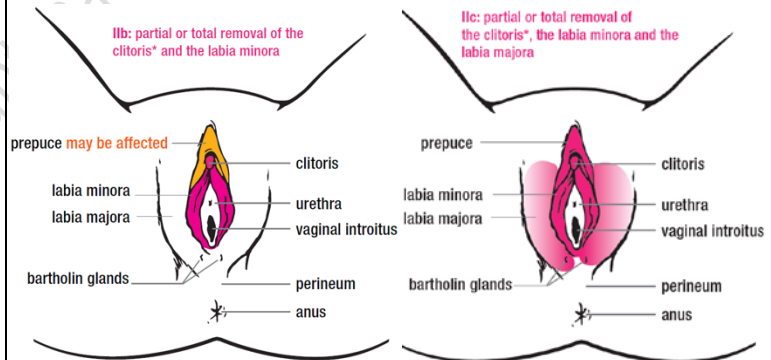
Does she present with any of the following types of FGM? (please check one)

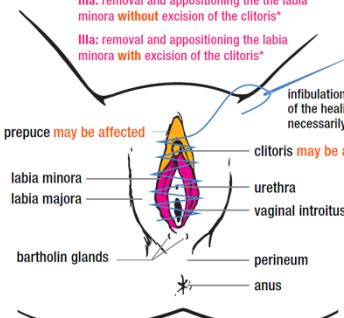
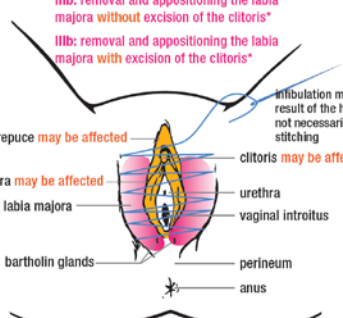
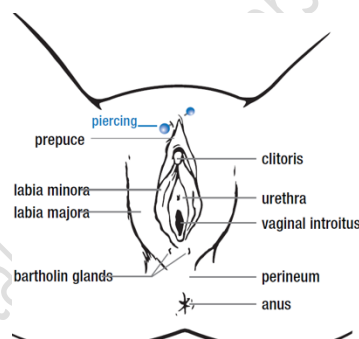
☐ None

☐ Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)



☐ Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)



	☐ Type 3: Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) IIa: removal and appositioning the labia minora without excision of the clitoris* IIa: removal and appositioning the labia minora with excision of the clitoris*  infibulation may be a result of the healing and not necessarily of the stitching IIb: removal and appositioning the labia majora without excision of the clitoris* IIb: removal and appositioning the labia majora with excision of the clitoris*  infibulation may be a result of the healing and not necessarily of the stitching	
	☐ Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization 	
Vulva, Vagina & Perineum		
Q165	Does she present with any of the following in the vulva? (Please check all that apply)	
	☐ leakage of urine	☐ excoriation
	☐ labial swelling	☐ none
	☐ other (please specify): _____	
Q166	Does she present with any of the following in the vagina? (Please check all that apply)	
	☐ lesion(s)	☐ defects
	☐ other (please specify): _____	☐ none
Q167	Does she present with any of the following in the perineum? (Please check all that apply)	
	☐ excoriation	☐ tear
	☐ swelling	☐ none
	☐ other (please specify): _____	
A-5	Are there signs of premature membrane rupture?	_____ No _____ Yes
Q168	Does she present with any abnormal vaginal discharge?	_____ No (Skip to QA-6) _____ Yes
Q169	If yes, please explain colour: _____	
Records & Tests		
INVESTIGATIONS - Routine Tests. Please look through the patient's most up to date medical record to answer the following questions regarding the lab tests she had done.		
Has the patient had any of these tests today?		

Q172	hemoglobin (hemocue)	☐ No ☐ Yes ☐ Yes, but results not available If yes, please write in the results: Hb
A-8	syphilis (VDRL)	☐ No ☐ Yes ☐ Yes, but results not available If yes, please mark one of the results: ☐ Reactive ☐ Non-reactive ☐ Don't know
Q173	urine protein (dipstick)	☐ No ☐ Yes <i>If yes, please write in the results:</i> ☐ + ☐ ++ ☐ +++ ☐ None
Q173	urine nitrite (dipstick)	☐ No ☐ Yes <i>If yes, please write in the results:</i> ☐ + ☐ ++ ☐ +++ ☐ None
Q174	urine leucocytes (dipstick)	☐ No ☐ Yes <i>If yes, please write in the results:</i> ☐ + ☐ ++ ☐ +++ ☐ None

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A-9	ultrasound (obstetric only - where available)	☐ No ☐ Yes <i>If yes, please write in the results:</i>
Q175	blood (RBC)	☐ No ☐ Yes <i>If yes, please write in the results:</i> ☐ + ☐ ++ ☐ +++ ☐ None
Q176	gestational diabetes screening	☐ No ☐ Yes <i>If yes, please write which test:</i> ☐ O'Sullivan test (50g of glucose) ☐ 75g OGTT Diabetes <i>Please write in results:</i> _____ mMol/L
Q177	urine glucose	☐ No ☐ Yes ☐ Yes, but results not available <i>If yes, please write in the results:</i> _____ + _____ ++ ☐ +++ ☐ None
Q175	HIV	☐ No ☐ Yes ☐ Yes, but results not available. <i>If yes, please mark one of the results:</i> ☐ Negative ☐ Positive ☐ Inconclusive
Q176	malaria (RDT or smear)	☐ No ☐ Yes ☐ Yes, but results not available <i>If yes, please mark one of the results:</i> ☐ Negative ☐ Positive ☐ Inconclusive
Q177	liver function test	☐ No ☐ Yes <i>If yes, please write in the results:</i> ☐ Elevated ☐ Normal ☐ Inconclusive
INVESTIGATIONS - Selective Tests. <i>Please look through the patient's most up to date medical record to answer the following questions regarding the lab tests she had done.</i>		
Q178	glucometer (random blood sugar)	☐ No ☐ Yes ☐ Yes, but results not available <i>If yes, please write in the results:</i> _____ mMol/L
Q179	sickle cell disease	☐ No ☐ Yes ☐ Yes, but results not available <i>If yes, please write in the results:</i> ☐ disease present ☐ disease absent
Q180	sickle cell trait	☐ No ☐ Yes ☐ Yes, but results not available ☐ trait present ☐ trait absent
[Include other tests relevant to setting here]		
Q191	Did you or the nurse midwife prescribe/refer the woman to buy any medication today?	☐ No ☐ Yes
Q192	<i>If yes, please specify the medications(s):</i> 	
Q191	Did you or the nurse midwife diagnose the patient with any condition(s) today?	☐ No ☐ Yes
Q192	<i>If yes, please specify the condition(s):</i> 	
Q193	Do you or the nurse midwife have any other comments/notes on the patient?	☐ No ☐ Yes

Q194

<i>If yes, please specify:</i>
End of Module 3: Patient Signs Thank you for participating in this survey, we have come to the end of the questionnaire. Do you have any questions for me?

Suggested citation

Maternal Morbidity Working Group (MMWG), World Health Organization Department of Reproductive Health and Research. (2018). Maternal WOICE Tool: antenatal care. Pilot version A.18.07.A.

Credits

The following tools and questionnaires have been used and/or adapted within the WOICE tool:

Hatzichristou, D.; Rosen, R.C.; Derogatis, L.R.; Low, W.Y.; Meuleman, E.J.; Sadovsky, R.; Symonds, T. (2010). Recommendations for the clinical evaluation of men and women with sexual dysfunction. *J Sex Med.*, 7(1 Pt 2): 337-348

Humeniuk, R.E.; Henry-Edwards, S.; Ali, R.L.; Poznyak, V.; Monteiro, M. (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): manual for use in primary care. Geneva, World Health Organization.

Kroenke, K.; Spitzer, R.L.; Williams, J.B. (2003). The Patient Health Questionnaire-2: validity of a two-item depression screener. *Medical Care*, 41:1284–92

Spitzer, R.L.; Kroenke, K.; Williams, J.B.; Löwe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Arch Intern Med.*, 166: 1092-1097

Üstün, T.B.; Kostanjsek, N.; Chatterji, S.; Rehm, J. (2010). Measuring Health and Disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0) Geneva, World Health Organization.

World Health Organization, UN Women, UNFPA. (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva, World Health Organization. WHO/RHR/14.26

World Health Organization. (2018). Care of women and girls living with female genital mutilation: a clinical handbook. Geneva, World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.