

DOCUMENTATION GUIDE #16: Postpartum Questionnaire



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PURPOSE

Many of TLT's female respondents had children during the study period. In order to gather information about a) their pregnancy and birth experiences and b) about the health and wellbeing of their young children, TLT administered a brief postpartum survey to female participants who reported having a new birth since their last interview. The postpartum survey instrument was administered in waves 2-8 and can be thought of as an additional "module" to the main survey. The instrument was administered to female participants in the refresher sample who reported a recent birth (i.e., in the past four months). Responses from refresher sample are included in the postpartum dataset as "wave 9".

INSTRUMENT

Researchers at the Penn State University, the University of Colorado Denver, and Kamuzu College of Nursing at the University of Malawi designed the postpartum questionnaire. The questionnaire asked mothers about several aspects of the birth, including information about her health during pregnancy and her medical experiences during labor and delivery. The questionnaire also asked about the child, including child's health status, immunization, feeding practices and nutrition, and illnesses. Beyond medical issues surrounding pregnancy, delivery, and early childhood, the questionnaire also asked about child care, including sources of practical help and advice with regard to parenting. This relatively short survey took approximately 15 minutes to complete and was administered immediately following the main questionnaire, before biomarker data for pregnancy and HIV were collected.

NOTES TO ANALYSTS

At each wave, between 4-9% of women who participated in the main questionnaire subsequently completed the postpartum questionnaire.

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	RS (Wave 9)
N Postpartum questionnaire	66	71	67	99	90	88	90	28
N Main questionnaire	1413	1371	1349	1280	1244	1222	1212	315
% of women completing postpartum questionnaires	4.7%	5.2%	5.0%	7.7%	7.2%	7.2%	7.4%	8.9%

The postpartum questionnaires collected between waves 2 and 8 captured information on 599 recent births to a total of 578 women. Twenty-one female respondents reported on 2 new births during the study period. An additional 28 women from the refresher sample reported a recent birth and completed the postpartum survey. We don't have an exact estimate for the correspondence between reported births and the administration of this module, but the clearest measure in the main questionnaire for flagging new births – variable g5 -- suggests that over 96% of births reported in the main questionnaire ultimately filled out a corresponding postpartum questionnaire (96.6%). The postpartum questionnaire was occasionally administered to female participants outside the approximately 4-month inter-survey period. In some cases, respondents should have been given a postpartum questionnaire but were not – either because of interviewer error, time constraints, or ambiguity around a child death. In other cases, respondents missed an interview after the birth so reported on that birth at a later time. Last, the study did not have a system in place for interviewers to collect data on multiple births. Analysts interested in multiple births should refer to carefully collected birthdates in the main questionnaire.

In nine known cases, the baby died before the postpartum questionnaire was given, but in some circumstances, child deaths may not have been reported on via a postpartum questionnaire because of variation in interviewers' approaches to this sensitive area. We advise analysts interested in postpartum outcomes for mothers and children to use the postpartum questionnaire data in combination with the more detailed data on live births that can be found in the main questionnaires at each wave. Data from the postpartum questionnaire cannot necessarily be treated as a true sample of recent births and is not an appropriate tool for estimating child mortality.

Cleaning to the dataset was minimal. Analysts are advised to read write-in responses carefully and make their own determinations about how these should be categorized.