TITLE:

Critical comparative analysis of data sources toward understanding referral during pregnancy and childbirth: three perspectives from Nigeria

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### APPENDIX 1 Copy of Nigeria 2018 DHS questionnaire, excerpt of obstetric referral questions

#### SECTION 4. PREGNANCY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|------------------------|------------|--------------------|
| 430 | Where did you give birth to (NAME)? | HOME | HOME |
| | PROBE TO IDENTIFY THE TYPE OF SOURCE. | HER HOME | HER HOME |
| | IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. | (SPECIFY) | (SPECIFY) |
| | (NAME OF PLACE) | | |
| | PUBLIC SECTOR | GOVERNMENT HOSPITAL | GOVERNMENT HOSPITAL |
| | | 21 | 21 |
| | | GOVERNMENT HEALTH CENTER | GOVERNMENT HEALTH CENTER |
| | | 22 | 22 |
| | | GOVERNMENT HEALTH POST | GOVERNMENT HEALTH POST |
| | | 23 | 23 |
| | | OTHER PUBLIC SECTOR | OTHER PUBLIC SECTOR |
| | | (SPECIFY) | (SPECIFY) |
| | PRIVATE MEDICAL SECTOR | PRIVATE HOSPITAL/CLINIC | PRIVATE HOSPITAL/CLINIC |
| | | 31 | 31 |
| | | OTHER PRIVATE MEDICAL SECTOR | OTHER PRIVATE MEDICAL SECTOR |
| | | (SPECIFY) | (SPECIFY) |
| | | OTHER | OTHER |
| | | (SPECIFY) | (SPECIFY) |
| | 430A | Did you move from another health facility to come to this facility or did you go directly from home to this facility, or from somewhere else that was not a health facility? | CAME FROM ANOTHER | CAME FROM ANOTHER |
| | | HEALTH FACILITY | HEALTH FACILITY |
| | | 1 | 1 |
| | | CAME FROM HOME | CAME FROM HOME |
| | | 2 | 2 |
| | | CAME FROM OTHER | CAME FROM OTHER |
| | | 3 | 3 |
| | | NON-FACILITY LOCATION | NON-FACILITY LOCATION |
| | | DON'T KNOW | DON'T KNOW |
| | | 8 | 8 |
| | | (SKIP TO 436F) | (SKIP TO 436F) |
| | 430B | Which health facility referred or send you to this facility where you gave birth to (NAME)? | PUBLIC SECTOR | PUBLIC SECTOR |
| | | GOVERNMENT HOSPITAL | GOVERNMENT HOSPITAL |
| | | 21 | 21 |
| | | GOVERNMENT HEALTH CENTER | GOVERNMENT HEALTH CENTER |
| | | 22 | 22 |
| | | GOVERNMENT HEALTH POST | GOVERNMENT HEALTH POST |
| | | 23 | 23 |
| | | OTHER PUBLIC SECTOR | OTHER PUBLIC SECTOR |
| | | (SPECIFY) | (SPECIFY) |
| | | PRIVATE MEDICAL SECTOR | PRIVATE MEDICAL SECTOR |
| | | PRIVATE HOSPITAL/CLINIC | PRIVATE HOSPITAL/CLINIC |
| | | 31 | 31 |
| | | OTHER PRIVATE MEDICAL SECTOR | OTHER PRIVATE MEDICAL SECTOR |
| | | (SPECIFY) | (SPECIFY) |
| | | NO FORMAL REFERRAL | NO FORMAL REFERRAL |
| | | 41 | 41 |
| | | OTHER | OTHER |
| | | (SPECIFY) | (SPECIFY) |
| | 430C | Why did you move from this facility to the facility where you gave birth to (NAME)? | PROBLEM DURING LABOR/EMERGENCY | PROBLEM DURING LABOR/EMERGENCY |
| | | 1 | 1 |
| | | HEALTH PROFESSIONAL NOT AVAILABLE | HEALTH PROFESSIONAL NOT AVAILABLE |
| | | 2 | 2 |
| | | FACILITY TOO CROWDED/NO BED AVAILABLE | FACILITY TOO CROWDED/NO BED AVAILABLE |
| | | 3 | 3 |
| | | FACILITY NOT OPEN | FACILITY NOT OPEN |
| | | 4 | 4 |
| | | OTHER | OTHER |
| | | 6 | 6 |
| | 430D | Did a health worker go with you when you moved to the facility where you gave birth to (NAME)? | YES | YES |
| | | NO | NO |
| | | DON'T KNOW | DON'T KNOW |
| | | 1 | 1 |
| | | 2 | 2 |
| | | 8 | 8 |
### APPENDIX 1 Copy of Nigeria 2018 DHS questionnaire, excerpt of obstetric referral questions

| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 430E What means of transportation did you use to get from the facility that referred you to (NAME)? | MOTORISED: AMBULANCE .......... A  PRIVATE CAR/TRUCK ........ B  TAXI/PAID DRIVER ........ C  TRICYCLE .............. D  MOTORCYCLE/SOOTHER .... E  BOAT WITH MOTOR ....... F  PUBLIC TRANSPORT/BUS .... G  NOT MOTORISED: BICYCLE .......... H  CANOE/BOAT WITHOUT MOTOR ........ I  ANIMAL-DRAWN CART ....... J  WALKING (ON FOOT) .......... K  CARRIED ............... L  OTHER (SPECIFY) ... X  DON'T KNOW ............ Z  |
| 430F What means of transportation did you use to get to the health facility where you gave birth to (NAME)? | MOTORISED: AMBULANCE .......... A  PRIVATE CAR/TRUCK ........ B  TAXI/PAID DRIVER ........ C  TRICYCLE .............. D  MOTORCYCLE/SOOTHER .... E  BOAT WITH MOTOR ....... F  PUBLIC TRANSPORT/BUS .... G  NOT MOTORISED: BICYCLE .......... H  CANOE/BOAT WITHOUT MOTOR ........ I  ANIMAL-DRAWN CART ....... J  WALKING (ON FOOT) .......... K  CARRIED ............... L  OTHER (SPECIFY) ... X  DON'T KNOW ............ Z  |
| 430G How long did it take for you to decide to go and reach the health facility? | MINUTES .......... 1  HOURS .......... 2  DON'T KNOW .......... 998  |
| IF LESS THAN ONE HOUR, RECORD IN MINUTES.                                  | MINUTES .......... 1  HOURS .......... 2  DON'T KNOW .......... 998  |

**Reference:**
National Population Commission, ICF International. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria and Rockville, Maryland, USA; 2019. Excerpt from Appendix E, pages 603-605. Full report available from: https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf