Additional Files

Additional file 1-Questionnaire:

SECTION 1: Socio – demographic information

S.no	Demographic Questions	Responses	Skip	Code
1.	Maternal waiting home utilization (Exposure status)	1. Exposed 2. Not Exposed		
2.	How old are you? (in completed years)	----------		
3.	What is your marital status?	1. Married 2. Single 3. Divorced 4. Widowed		
4.	What is your ethnicity?	1. Hadiya 2. Kembata 3. Silte 4. Gurage 5. Amhara 6. Oromo 7. Others (specify)……..		
5.	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Others (specify)…….....		
6.	What is your level of educational status?	1. No formal education 2. Read and write 3. Primary education 4. Secondary education 5. Diploma and more		
7.	What is your husband's level of educational status?	1. No formal education 2. Read and write 3. Primary education 4. Secondary education 5. Diploma and more		
8.	What is your Occupation?	1. Government employee 2. Merchant 3. Farmer 4. House wife 5. Daily laborer 6. Others (specify)…….....		
9.	What is your husband's occupation?	1. Government employee 2. Merchant 3. Farmer 4. Daily labourer 5. Others (specify)…….....		
10.	How much is your monthly income?	---------- Birr		

11.	Where is your place of residence?	□ 1. Urban □ 2. Rural		

SECTION 2: Reproductive & Medical Characteristics

S.no	Questions	Responses	Skip	Code
12.	How many times have you been pregnant so far including this pregnancy? (Gravidity)	----------		
13.	Have you ever given birth?	□ 1. Yes □ 2. No	If No, go to Q 22	
14.	How many times have you given birth whether it's alive or dead? (Parity)	----------		
15.	How many were alive at birth?	----------		
16.	How many were dead at birth?	----------		
17.	Have you ever given births who were born alive but later died?	□ 1. Yes □ 2. No	If No, go to Q 18	
18.	How many children died later after born alive?	----------		
19.	How many living children do you have?	----------		
20.	How old are you when you gave birth to your first child? (In completed years)	----------		
21.	When did you give birth to your last child?	----/-------/----------		
22.	When did you give birth to your child before the last child?	----/-------/----------		
23.	How many months are you pregnant now?	----------		
24.	How many times did you receive antenatal care during this pregnancy?	----------		
25.	Where did she receive ANC for this pregnancy?	1. Health post 2. Health center 3. Primary hospital 4. Private clinic 5. Others specify---------		
26.	When did you start ANC for this pregnancy?	----------		
27.	Have you ever experienced complications during pregnancy	□ 1. Yes □ 2. No	If Primigravidas, go to Q.32	
28.	Which type of complication during pregnancy have you experienced? (multiple responses are possible)	□ 1. Antepartum hemorrhage □ 2. Preeclampsia □ 3. Eclampsia □ 3. Gestational DM □ 4. Postpartum hemorrhage □ 5.RH incompatibility □ 6. Complications during labour & delivery □ 7. Intrauterine growth restriction □ 8. C/S delivery □ 9. Others (specify)……..		
29.	Have you ever experienced adverse pregnancy outcomes?	□ 1. Yes □ 2. No	If No, go to Q.32	

30.	Which type of adverse pregnancy outcome have you experienced? (multiple responses are possible)	□ 1. Congenital anomalies □ 2. Low birth weight □ 3. Preterm □ 4. Abortion □ 5. Still birth □ 6. Neonatal death □ 7. Others (specify)…….....		
31.	Did you have a history of C/S in her previous pregnancies?	1. Yes 2. No		
32.	Number of C/S in the previous pregnancy?	----------		
33.	Do have medically confirmed diseases during current pregnancy?	□ 1. Yes □ 2. No	If No, go to Q.35	
34.	If yes, which type of medical disease do you have? (multiple responses are possible)	□ 1. Diabetes mellitus □ 2. Chronic hypertension □ 3. Chronic renal disease □ 4. Asthma □ 5. Cardiac disease □ 6. HIV/AIDS □ 7. Gestational diabetes mellitus □ 8. Systemic lupus erythematosus □ 9. Thyroid disease □ 10. Liver disease □ 5. Others (specify)…….....		
35.	Do you have family history of medically confirmed diseases?	□ 1. Yes □ 2. No	If No, go to next section	
36.	If yes, which type of medical disease do your families have? (multiple responses are possible)	□ 1. Diabetes mellitus □ 2. Chronic hypertension □ 3. Chronic renal disease □ 4. Asthma □ 5. Cardiac disease □ 6. Others (specify)…….....		
37.	Have you ever planned for any of your previous pregnancies?	□ 1. Yes □ 2. No		
38.	Is your current pregnancy planned?	□ 1. Yes □ 2. No		

SECTION 3: Health service related factors

S.no	Questions	Responses	Skip	Code
39.	How long does it take her to travel to health facility? (in hours)	----------		
40.	Do you have a challenge in accessing this health facility?	□ 1. Yes □ 2. No		
41.	Did the mother taken any iron tablets or iron syrup during this pregnancy	1. Yes 2. No		
42.	During the whole pregnancy, for how many days did she take the tablets or syrup?	----------		

Data Extraction tool

S.N	Question	Response Category	Skip	Code
3. Maternal Health related Questions				
301.	Date of admission to HF			

302.	Time of admission HF			
303.	Health facility level	1. Health Center 2. Primary Hospital 3. General Hospital 4. Referral hopsital		
304.	What health services did she receive when she visited the clinic during her current pregnancy? (Multiple responses)	1. Physical examination (including weight, blood pressure, heart rate) 2. Gynaecological examination 3. Ultrasound 4. HIV/STD testing 5. Blood tests 6. Nutritional supplements 7. Tetanus vaccine		
305.	Did the mother taken any iron tablets or iron syrup during this pregnancy	3. Yes 4. No	**If no go to 307**	
306.	During the whole pregnancy, for how many days did she take the tablets or syrup?	----------		
307.	Primary attendant of the delivery	1. Doctor 2. Health officer 3. Nurse 4. Midwife 5. Emergency surgeon 6. Unknown 7. Others----------		
308.	Mode of delivery	1. SVD 2. Instrumental 3. C/S 4. Unknown		
309.	Type of birth	1. Singleton 2. Twin 3. Triplet 4. Unknown		
310.	Were any complications detected during her pregnancy, delivery or after delivery?	1. Yes 2. No	**If no go to Q315**	
311.	If yes, the type of complication/s the mother experienced. (Multiple responses)	1. Sepsis 2. Uterine rupture 3. PPH 4. APH 5. Obstructed labour 6. Preeclampsia 7. Eclampsia 8. Others (specify)-----		
312.	Date of complication developed	----------		
313.	Time of complication developed (in 24 hours)	----------		
314.	Has she received any treatment for that complication/s?	1. Yes 2. No		
315.	Time between development of complication and treatment received (in completed hours)	----------		

316.	What was the final outcome of the mother?	1. Discharge alive 2. Dead 3. Referred 4. Unknown		
317.	If dead what was the possible cause of the death?	1. Sepsis 2. Uterine rupture 3. PPH 4. APH 5. Obstructed labour 6. Preeclampsia 7. Eclampsia 8. Others (specify)-------		
318	Date of discharge			
319.	Time of discharge (in 24 hours)			
4. Perinatal health related question				
401.	Did the fetus have any complication during intrapartum period?	1. Yes 2. No		
402.	What was the main detected complication of the fetus?	----------		
403.	Sex of the newborn	1. Female 2. Male		
404.	Was the newborn weighted at birth?	1. Yes 2. No		
405.	Weight of the baby in gms?	----------		
406.	Did the neonate experience any complication/s?	1. Yes 2. No	**If no go to Q409**	
	Which one of the following complications did the neonate experienced? (Multiple responses are possible)	1. Asphyxia 2. Neonatal sepsis 3. Others (specify)------		
407.	Date of complication developed.	----------		
408.	Time of complication developed (in 24 hours)	----------		
409.	Was the neonate received any management for his/her complication?	1. Yes 2. No		
410.	What was the final outcome of the neonate?	1. Alive at discharge 2. Still birth 3. Early neonatal death 4. Referred 5. Unknown		
411.	If dead/stillbirth what was the possible cause?	1. Asphyxia 2. Neonatal sepsis 3. Others (specify)		
501. Maternal waiting home service questions				
501.	Was the mother admitted to MWH?	1. Yes 2. No	**If no go to 505**	
502.	How long had she been in the MWH? (Fill in completed days.	----------		
503.	Were health services given?	1. Yes 2. No		

504.	What were health services given? (Multiple responses are possible)	1. Health educations 2. Food 3. Physical examinations (vital signs) 4. Laboratory tests (PICHT, VDRL, Hgb, blood group, RH factor) 5. Tetanus vaccine 6. Iron tablet 7. Antibiotics		