**APPENDICES** 

# APPENDIX A: ETHICS CLEARANCE CERTIFICATE AND LETTERS OF PERMISSION



Faculty of Health Sciences Medical School, 7 York Road, Parktown, 2193

Fax: (011) 717-2119 Tel: (011)717-2075/6

Reference: Ms Tania van Leeve E-mail: tania.vanleeve@.wits.ac.za

05 August 2010

Person No: 0618646H

PAG

Ms EL Madike 11 Boel Semekal Street Premier Park Tzaneen 0850 South Africa

Dear Ms Madike

#### Master of Public Health: Approval of Title

We have pleasure in advising that your proposal entitled "Comparison of pregnancy outcome between booked and unbooked mothers at Van Velden Hospital in Limpopo Province" has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Sandra Benn Faculty Registrar

Faculty of Health Sciences

### UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

## HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Miss Ellen Madike

CLEARANCE CERTIFICATE

M090729

PROJECT

To Evaluate the Maternity Unit at Van Velden Hospital in Terms of Caseloads, Profile of

Patients, and resource Utilization

INVESTIGATORS

Miss Ellen Madike.

DEPARTMENT

School of Public Health

DATE CONSIDERED

09.07.31

**DECISION OF THE COMMITTEE\*** 

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE

07.09.31

CHAIRPERSON

(Professor PE Cleaton-Jones)

\*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor:

Dr D Basu

#### DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10004, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...

APPENDIX B: DATA COLLECTION SHEET

VAN VELDEN HOSPITAL

Number of admissions															
POH ICD 10 code														-	
Past obstet History (POH)															
Parit															
If booked GA age no of ANC at visits booking															,
Booked (yes/ no)															***************************************
city Marital Employ status status (Employed/ (Single/M Unemployed) arried/Div orce/ Widow)															***************************************
Marital status (Single/M arried/Div orce/															
Ethnicity												,			
Age Ethnic									•						
Study															
)ate						_									

·····	 	 ,	 ,			,	 	 	,	 	 	 	·	,	,	 	 
Fetal outcome (Dis/ Refer/ Death)																	
Birth wt Apgar score Mat outcome (Dis/ Refer/Death)																	
Birth wt																	
PP compl ICD 10 code																	
PP compl (if yes)										-							
PP compl (yes/ no)																	
Compl del ICD 10 code																	
Del				***************************************													
Compl at Compl del (if yes) (yes/no)																	
ł																	
Induction Mode of (yes/no) del																	
GA at delivery																	
Study no																	***************************************
Date																	