APPENDICES

APPENDIX A: ETHICS CLEARANCE CERTIFICATES AND LETTERS OF APPROVAL

HOMA 06

Faculty of Health Sciences
Medical School, 7 York Road, Parktown, 2193
Fax: (011) 717-2119
Tel: (011) 717-2745

Reference: Ms Tania Van Leeve
E-mail: tania.vanleeve@wits.ac.za
30 August 2010
Person No: 0618632V
PAG

Mrs AT Mosedi
P.O. Box 2718
Mafikeng
2745
South Africa

Dear Mrs Mosedi

Master of Public Health (Hospital Management): Approval of Title

We have pleasure in advising that your proposal entitled "*Comparison of maternal and neonatal profiles and outcomes between referred and self-referred patients delivered at the Ganyesa District Hospital.*" 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 Ms Abigail T Mosedi

CLEARANCE CERTIFICATE	**M090940**
PROJECT	Evaluation of the Obstetric Unit in Ganyesa District Hospital in Dr Ruth Segomotsi Mompati District, Northwest Province
INVESTIGATORS	Ms Abigail T Mosedi.
DEPARTMENT	School of Public Health
DATE CONSIDERED	2009/10/02
DECISION OF THE COMMITTEE*	Approved unconditionally

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

DATE 2009/10/02 **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...

Health & Soc Dev

Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

32 Market Street
VRYBURG, 8601
Private Bag X24
VRYBURG, 8600

GANYESA DISTRICT HOSPITAL

Tel: (053) 998 3356
Fax: (053) 998 3359

Email: amosedi@nwpg.gov.za

Date : 27. 07.2009

Attention : District Director
Hospital Services
Dr Ruth Segomotsi Mompati District

Re: Approval for Research project

Background

As part of capacity building for managers, the Hospital CEO, s were given an opportunity to undergo a skills development program with WITS medical school , studying for Masters in Public Health. The first group, of which I am part of started in 2006. One of our requirements is to conduct a research project based on area of work.

STUDY PROGRESS
The theoretical part of the study was successfuly completed but the research is still outstanding .
The project chosen will require the use of existing data through use of hospital records and patients records.
The data contained in maternity records will be reviewed and analyzed . The study abstract is attached for the process of the study.

3. CONFIDENTIALITY
All information obtained during the course of this study will be kept strictly confidential.
Anonymity will be maintained through use of codes. There will be no name of patients used.
Information regarding the findings of the study will be given back to the Department and recommendations will be contained in the research report that will be given as a feed back to the Sub-district and District management.
This information will be reviewed by authorized representatives of the Assessment team for WITS Medical School of Public Health.
There are no risks anticipated as a result of this study, as it will mainly utilize the retrospective data contained in the records.

RECOMMENDATIONS
Permission to be granted to review patient's records for maternity section for deliveries conducted in 2008 in Ganyesa District Hospital, and also access maternity registers and other relevant records that can give supporting information.

A.T.Moseki

HOSPITAL C.E.O

Approved/~~Not Approved~~

13/9/09

Dr. Esterhuizen : Director Hospital Services
Dr. Ruth Segomotsi Mompati District

Date

APPENDIX B: DATA COLLECTION TOOLS

GANYESA HOSPITAL

TOOL 1: PATIENT PROFILE AND DIAGNOSIS

Date	Study no	Age	Ethnicity	Marital status	Employ status (Employed/ Unemployed)	Occupation	Place of residence	DOA	DOD	Length of stay

GANYESA HOSPITAL

TOOL 2: PATIENT PROFILE AND DIAGNOSIS

Date	Study no	Parity	Past Medical History	Ante-partum diseases (If any)	GA at delivery	Mode of del	Reasons for cs (if any)	Nature of cs (el/ em)	Compl at del	Compl del ICD 10 code	PP compl (yes/ no)	PP compl ICD 10 code	Mat outcome (Dis/ Refer/ Death)	Birth wt	Apgar score	Neonatal Compl	Neonatal Compl ICD 10 code	Fetal outcome (Dis/ Refer/ Death)

TOOL 3: REFERRAL

Date	Study no	Referred/ Self-referred)	Referred (PHC clinic/ CHC/ Private practitioners)	Distance between place of residence and nearest PHC	Distance between place of residence and Hospital	Reasons for referral	Reasons (ICD-10 code)	Ante-partum/ Intra-partum/ Post-partum	Time of arrival (working hours/ after hours)	Transport Ambulance/ self/ public