FGDs with women who recently gave birth

Instructions to the research team:
Two people will be present during the FGD, comprising of one moderator and one note-taker (observer). Participants in this FGD are women who have given birth to full term babies, without complications or illness. This can include women of all ages, women who gave birth in the iKMC-implementing facility, in a birthing facility or in the home. It is preferable to identify women who have given birth in the last six months and whose baby is still alive. The decision on who should be involved should be decided by the country study team.

If there is a specific terminology in the community used for preterm birth or low birth weight, please use this. You may need to explain some terms as you use them. For example, when discussing babies who need care in the NICU/SNCU you may need to give some examples. Also, it may be better to ask the women before the discussion some basic information about their babies, their names, etc. so that you can use these names in the discussion.

Introduction (to be read to participants):

Thank you for taking the time to speak to me today. My name is [moderator name], this is [note-takers name] and we are iKMC-IR team members. Before we begin, can I please confirm that you have received a copy of the study information sheet and consent form?

As a reminder, this study aims to explore the care of babies who are born preterm, low birth weight or who are sick and require care in a newborn care unit. Although you have not had any complications with your baby, we are interested in hearing your views related to pregnancy, childbirth, and care of newborns. You are free to answer in as much or as little detail as you wish, to not respond to any questions you do not wish to answer, and to pause or stop the interview at any time if needed.

There are no right or wrong answers. Everything you say will be treated confidentially and will not be shared with anyone outside of the iKMC-IR study team.

This focus group discussion will take approximately 60-90 minutes, depending on how much you have to say. Can I please check you are free at the moment to talk for this amount of time?

I would also like to record our conversation- so that I can capture your responses accurately, and so that I can listen to you rather than take many notes. Can I confirm you are comfortable for me to start recording?

Thank you.

Data collection information (to be completed by the facilitator/notetaker):

- Activity code:
- Place of discussion:
- Date of discussion:
- Discussion start time:
- Discussion end time:
- Duration of FGD:
- Facilitator name:
- Note-taker name:

Information to collect (prior to starting):

Socio-demographic information (for each women involved in the FGD):

Community	
Age (in years)	
Marital Status (married, unmarried, divorced etc.)	
Ethnicity	
Religion	
Education(completed class/level)	
Occupation	
No of living children	
Month and year of baby's birth	
Sex of the baby	
Place of birth	

Discussion guide:

Childbirth care

In this part of the discussion, we are trying to understand care seeking for childbirth, perceptions of the care received during childbirth care and knowledge of the care needed for women with a preterm/LBW/baby who needs care in a NICU/SNCU.

- Where do most women go for childbirth, particularly if they anticipate they will not have any problems or do not have any special conditions? Do women usually go to a public, private or NGO facility? What level of facility do they prefer (primary/secondary/higher level? Why do they prefer this facility?
- If someone asked you where they should go for birth care, would you recommend this place and why/why not?
- If a woman has any problems, i.e. goes into labour early, or was advised that she has certain risks, where would she go for childbirth care?
    - Probe: Public or private, which type of facility-(explain primary secondary tertiary).
    - What factors determine the choice of place at the time of making decision?
    - Why would she prefer this place?
    - Is it easy for women to get there? Why or why not?
    - If someone asked you where they should go for a complication, would you recommend this place?
- If someone asked you where they should go if they had any special conditions for birth care, would you recommend this place and why/why not?
- Who in the family usually makes the decision about where the woman will give birth?
- Is it easy for women to access these facilities for childbirth care? What are some challenges they may face?
    - Probe: family decision, costs, transport, distance, somebody available to accompany, apprehensions, respectful care at the facility, socio-cultural acceptability, fear of unknown, apprehensions of medical interventions, others).
- Usually who accompanies the women in labour to the health facility? Why this person ?
- Do many women give birth at home? Why do you think some women give birth at home? Probe: family decision, lack of support for the family while she is away, costs, transport, distance, somebody available to accompany, apprehensions, respectful care at the facility, socio-cultural acceptability, fear of unknown, apprehensions of medical interventions, others).

Care of the newborn

In this section, we would like to understand the care of newborns including newborns who may need care in the NICU/SNCU.

- Were you happy with the way your baby was cared for while you were in the facility after birth? What would you like to improve with the care received?
- Are babies always weighed after birth? Did anyone inform you of the birth weight of your baby?
- What do health workers usually do with the baby in the first hour after birth? Probe: in is usually Is the baby usually put to the mother's bare chest for skin-to-skin contact? How long after birth? Was this your experience?
    - If yes: Did you feel comfortable with this? Was your baby comfortable?
- How soon after birth is the baby first put to the mother's breast for feeding? Was this your experience?

- Do you know about LBW/preterm babies? Probe: for birth weight, gestational age. What have you heard? What is the ideal birth weight of a newborn? When is it considered that a baby is born too soon?
- Are these babies managed different after birth?
- While in the facility, do you remember if you and your baby were separated at any time after birth? When was that (after birth/everyday)? For how long and for what reasons?
- Suppose a baby has to stay in the hospital for a longer duration because the baby needs care in the NICU/SNCU, what do mothers do? Is there anything that might make it difficult for the women to stay in the hospital? Who would support the mother or family? What happens in the household, who looks after other children/women's responsibilities?

<u>Kangaroo Mother Care- KMC including skin-to-skin contact and exclusive breastfeeding</u>
In the next section, we would like to know more about your knowledge of, and feelings towards KMC including skin-to-skin contact and breastfeeding. We would like to know about how you and others in the community feel about the practice and how you could support the practice in their community.

Facilitator shares a picture of a baby receiving skin-to-skin care

- What is the first thing that comes to mind when you see the picture?
- Have any of you heard or seen this practice before? Where? What did you hear?
- The woman in the picture has had a baby born too early or a baby who is low birth weight and is in the hospital after birth, she is keeping the baby skin-to-skin all day and night to keep them warm and to help breastfeeding. How would you feel if you were asked to do this?
- Do you know of other women who have done this? What was their experience with this practice?
- Is there any reason why you think you would not be able to practice this?
  - Probe: medical intervention/procedures, lack of support, lack of knowledge
- What (if anything) do people in the community know about providing skin-to-skin contact to babies born too early or too small? Is this usually practiced?
- Do you think women in the community would approve or disapprove of this practice? What about other members of the community? What concerns would they have about this practice?
- If people would disapprove the practice, what do you think should be done to help them accept the practice?
- Do most women in this community exclusively breastfeed their babies? Up to what age?
- What are some of the difficulties women may face with exclusive breastfeeding? How can these difficulties be addressed? If a woman had a baby born too soon or too small, would they breastfeed? Why or why not?
- Are mothers given breastfeeding support or advice? What kind of support and advice is provided? Did you find the support useful? What do you think could have been improved?
- Do some women give some other liquid or food other than breast milk to their babies in the first days after birth before or after initiating breastmilk? What? (water, top-up milk, honey, etc.) Why do you think they give these things?
-
- Do you think health workers provide adequate support to women to breastfeed? Why or why not? What kind of educational materials are available for women about breastfeeding- brochures, posters, videos, others.
-

- If you had a preterm/LBW/baby that needed care in the NICU/SNCU, what support would you like to receive to take care of your baby? What support would a woman need from her family in order to care for her baby?

Influencers and delivery channels

In this section we want to understand who you consider the most trusted sources of information and who influences your decisions about pregnancy, childbirth, and newborn care.

- Who do people trust most to give advice about newborn care?
- Where do people in the community get information about newborn health? Which source of advice do you think they trust most and why? Probe: Family, friends, neighbours, newspaper, TV/Radio, social media, Religious leaders, community groups, others, etc.

If the government wanted to support more women, their husbands, and their families to give birth in health facilities, what are some suggestions for the government ? What other community actors should be involved to support women to give birth in a facility?

Wrapping up:

- Are there any other issues that you feel are important and you want to talk through?

Closing

- Thank you for your time today. Your contributions will support the health services in better understanding how to improve pregnancy. Childbirth and newborn care including particularly those babies who are preterm/LBW or require NICU/SNCU care.