IDIs with health workers for childbirth care

Instructions to the research team:
Participants in these IDIs are health workers (nurse / midwife / doctor / obstetrician / pediatrician/ facility administrator) who are responsible for birth or care of the newborn from birth until discharge) in health facilities that offer childbirth services but do not have a SNCU / newborn unit. All preterm, low birth weight or sick newborns are managed in their postnatal ward or referred out. It is preferable to interview at least one of each type of health worker as per availability (nurse / midwife / doctor / obstetrician / pediatrician/ facility administrator).

Please select those facilities that provide services to most number of birthing women or / and newborns in the district, based on the mapping of health facilities in the district.

It would be preferable if you could select:

- 3-4 health facilities (two public and one private or three public and one private as per country profile) that have childbirth services but no separate SNCU / NICU
- 3-4 childbirth facilities at each level below the district level hospital (all public and at least one private at each level) that do not have attached SNCU / NICU

Introduction
Thank you very much for taking the time to speak to me today. My name is [interviewer name], and I am one of the 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 how KMC is currently practiced and preterm births managed in health facilities like yours. We are interested in hearing your views and experiences about what currently happens in practice, and what factors influence how born too soon / premature / born early / small babies are cared for. You are free to

- answer in as much or as little detail as you wish,
- skip over any questions you do not wish to answer,
- pause or stop the interview at any time if needed.

Please remember there are no right or wrong answers. Everything you say will be treated confidentially and will not be shared with any of your colleagues, or anyone outside of the iKMC-IR study team.
This interview will take approximately 45 minutes to 1 hour- depending on how much you have to say. Can I please check if you are free, now, to spend this amount of time so that I can ask you these questions?

I would also like to please 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 interviewer):

- Activity code:
- Date of interview
- Place of interview:
- Interview start time:
- Interview end time:
- Duration of interview:
- Interviewer name:

Information about the health facility:

- Name of health facility:
- Code number of the facility (as per facility mapping information if available):
- Area:
- Type of facility (public, private, NGO etc.):
- Level of facility:

Information about participants (to be taken prior to starting):

Socio-demographic information

Community/Region	
Age (in years)	
Gender	
Education (completed level)	
Profession	
Current role	
How long worked in current role at this site	
Overall duration of work experience	
Role in care of the newborn	

Discussion Guide

***[Note to research team*:** You will need to adapt the questions according to the role of the health worker you are interviewing.*]*

Facility data

- Can you tell me the estimated number of births in the facility per month?
- What percent do you think are preterm/LBW/sick (or based on the records for respondents who have access to data)?

Care at birth

- Do many women arrive knowing they are a high risk pregnancy or with information that they may be at risk of a preterm birth or low birth weight baby? What do you do if a woman arrives and this is the case?
- Do all babies get weighed at birth? What type of scale do you use? Do you inform the mother of the birth weight?
- If a baby is born preterm/ low birth weight / or with problems, who takes care of the baby? **Probe** further (For normal vaginal childbirth? For an assisted vaginal childbirth? For caesarean section?)
- Do you have a dedicated person to look after the baby? How many dedicated persons are there, or how many babies does each one of these persons need to look after?
- What is the role of the person who takes care of the small baby at birth? ***Probe***
    - what all activities does s/he need to complete in the first few minutes of life?
    - First few hours of life?
    - How do you decide if this baby needs to be referred to the SNCU or in the Postnatal Ward? (**Probe**: gestational age /birth weight – vital parametres based on monitoring and documentation?)
    - What is done if the baby is sick? What kind of prereferral care do you provide?
    - What are some common conditions in the newborn that you encounter in your work?
- Are all babies put to the breast in the first hour after birth? Even preterm or LBW babies? Are there any babies that you would not put to the breast in this time? Why is that?
- Are all babies put in skin-to-skin position after birth ? How much time after birth are they put in skin-to-skin position? Even preterm or LBW babies? Are there any babies that you would not put in this position? Why is that?
- Did you receive any training on care at birth of newborn in the last year? ***Probe***
    - If so on what areas/ topics?
    - Did you receive any specific training on care of babies who are preterm/(LBW/sick newborn in need of NICU/SNCU care?
    - Are there any other specific areas you feel you require additional training? What are these?
- What might be some of the challenges / problems you have in providing birth care or taking care of this baby at birth?
    - **Probe**: do you have enough time, resources, supplies, equipment? Are there enough other staff to allow you to provide sufficient/effective care for the baby and mother ?

Referrals

- What are the nearest referral facility/facilities for a preterm or LBW or a baby in need of care in the NICU/SNCU? How many? Private/public?
- Who pays for transportation to these facilities if a baby needs to be referred? Do most women and families comply with the advice for referral? Why or why not? What are some difficulties that are faced?
- How do you determine the eligibility of babies for referral? Please share the criteria you use. When would you refer a baby born preterm/ LBW/ in need of in the NICU/SNCU from your facility to a higher level facility such as an SNCU/NICU or to that unit in your facility? Do you base on clinical signs? Which? Do you usually wait a determined time after birth before referring?
- Who are involved in the process of referral – at the health facility? Who are do you involve in the process of referral from the family?
- What steps do you take to inform the higher centre? How do you ensure important communication about the baby /mother/ family is shared?
- How would you transport this baby to the SNCU/NICU? Does the mother or family travel with the baby? Who ensures the transport is available and who pays for the transport?
- What challenges are faced in transferring these babies? **Probe**: on whether they face issues related to - Lack of staff? Access to transport? Financial constraints for the family? Family refusal to go to a higher level facility?
- If the family refuses referral, what do you do?
    - **Probe** – keep the baby in the postnatal ward, discharge?) How often does this happen approximately? (**Probe** in the last month or two)
- If the mother is not well, how do you refer the mother and baby?
- I would also like to ask about mothers and babies referred into your facility – what happens if a baby is transferred to your facility who is preterm/LBW/ in need of care in the NICU/SNCU? How do you manage these babies? Does this occur frequently? Are these babies transferred to you with any information from the community health worker or from another facility?

Care in the postnatal ward (*If they answer above that they look after babies that are <34 weeks gestation age or less than 2000 grams in the postnatal ward or KMC ward)*

- What is the basic care you would provide for preterm / LBW babies in the postnatal ward?
- How long after birth does a baby get transferred from the labour room/operating theatre to the postnatal ward? How is this transfer managed? How far is the distance?
- Monitoring: what is monitored? How often? Where is it documented?
- What do you do if the baby is cold to touch?
- How would you know if a preterm/LBW baby in the postnatal ward was having respiratory difficulty? What is routinely done in such a situation? Who manages this?
- Are mothers with their babies in the postnatal ward? Are other family members allowed in? Is there a chair, bed, space for the mother? Do you think it is comfortable for her?
- Feeding: When is breastfeeding started? Who supports a mother with breastfeeding? Is there additional support for certain mothers? Which mothers? (**Probe**: young mothers, mothers with smaller babies, twins, mothers after a C section, etc.) How do you ensure a baby is breastfeeding adequately? How do you ensure that mothers provide exclusive breast milk feeding?
- Kangaroo Mother Care: Are you familiar with Kangaroo Mother Care (skin-to-skin contact for 8 hours or more per day and exclusive breastfeeding)? How is KMC implemented in this facility? Which babies receive KMC? How many hours in a day do you think skin-to-skin contact should be given to a baby? How long do you encourage mothers to give skin-

to-skin contact? What kind of support do you give mothers? Do you think providing skin-to-skin for 8 hours is possible for mother and surrogate? Why/ Why not?

- Who is involved in providing support so that mothers and families can provide KMC including skin-to-skin care and exclusive breastfeeding? How do you monitor skin-to-skin contact and duration of skin-to-skin contact? How do you monitor breastfeeding?
- Do health workers use educational materials to inform and support mothers and families with KMC? What kind of educational materials (brochures, videos, posters, others)? When are they shared ?
- Are other family members allowed to provide skin-to-contact ? Why/why not? To your knowledge, do mothers face any challenges to identify surrogates or other persons to provide skin-to-skin care if she cannot? Who is usually proposed as the surrogate?

- What are the main challenges mothers or surrogates face in providing skin-to-skin contact and exclusive breast milk feeding here? Please give me some examples

  Probe: Structural challenges of the health facility(lack of space, maintaining privacy, waiting area, adequate lighting and ventilation), availability and access of necessary resources/logistics, barriers from family members, social, economic barriers, religious/customary barriers etc.

- Have you been trained on KMC and care of small and sick newborns? Was this pre-service training or in-service training? When was this training ?
- Would you be interested in such a training ? What are some topics you are interested in and what are some skills you would like to strengthen?
- What practices are followed to prevent infection in these preterm/LBW small babies in the health facility? Describe the hand hygiene practices.
- What are the challenges you face in the care of such babies in your health facility?
- What are some suggestions you have for us to strengthen care of these babies in your facility?

<u>Discharge</u>

- When is a preterm / LBW usually discharged from your health facility?
- What are the criteria used for discharge of such a baby? Who makes the decision?
- What would you check before such a baby is discharged? ***<u>Probe</u>*:** physical, social, family, etc**.**
- What would you check with the mother / family member to make sure the baby can be cared for at home?
- Do you or someone else provide information to the mother and family prior to discharge? What information do they receive? Does the mother and parents receive any health education material you give any or other documents with key messages at discharge?
- Do many babies come back to the facility after discharge? For routine care or for complications?
- How do you ensure that this baby is followed up after discharge, either in the community or by the facility?
- What are some ideas you have to strengthen discharge procedures so that mothers and families are better prepared to care for the baby in the home?
- Do you have any suggestions for improving the care provided to these babies?

Wrapping up

- Are there any other issues that you feel are important and you want to mention today before closing the session?

Closing

Thank you for your time today. Your contributions will support the health services in better understanding how to improve care of newborns particularly those babies who are preterm/LBW or in need of care in the NICU/SNCU.