Alive & Thrive

Rapid Assessment of Knowledge and Practices regarding Maternal, Infant and Young Child Nutrition (MIYCN) among the Obstetricians and Paediatricians working in Private Health Care Establishments (HCE).

Online Providers Survey Questionnaire – Obstetricians

Indian Association of Preventive and Social Medicine (IAPSM)

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Quantitative tool for Obstetricians:

MODULE A. IDENTIFICATION

SECTION I: IDENTIFICATION (ID)			
INSTRUCTIONS: *This is an online survey. Please fill information about place of your work before proceeding further.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
ID1	STATE CODE (PLEASE SELECT FROM THE LIST)	☐☐	
ID2	DISTRICT CODE (PLEASE SELECT FROM THE LIST)	☐☐☐	
ID3	SUB-DISTRICT CODE (PLEASE SELECT FROM THE LIST)	☐☐☐☐ **IF OTHER (PLEASE SPECIFY_____)**	
ID4	SECTOR (METRO CITY / TOWN / VILLAGE)	METRO CITY.....1 TOWN.....2 VILLAGE.....3	
ID5	CURRENT PLACE OF WORKING NAME OF THE CITY/TOWN/VILLAGE		
ID6	POSTAL CODE (PIN CODE) OF THE AREA	☐☐☐☐☐☐	
ID7	AGE OF THE RESPONDENT (IN COMPLETED YEARS)	18 to 29 years of age.....11 30 to 39 years of age.....12 40 to 49 years of age.....13 50 to 59 .....14 60 to 69 .....15 70 or older.....16 REFUSED.....98 DON'T KNOW 99	
ID8	GENDER OF THE RESPONDENT ***SINGLE RESPONSE***	MALE .....1 FEMALE.....2	
ID9	DATE OF SURVEY	D D M M Y Y	

SECTION II: SCREENING QUESTIONS			
INSTRUCTIONS: *Please answer below screening questions before moving to the main survey questionnaire*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
SQ1	ARE YOU A QUALIFIED OBSTETRICIAN?	YES .....1 NO 2	1 → SQ2 2 → Mod K
SQ2	ARE YOU (THE RESPONDENT) AGE 18 OR OVER?	YES .....1 NO 2	1 → SQ3 2 → Mod K
SQ3	ARE YOU CURRENTLY AN ACTIVE MEMBER OF FOGSI?	YES .....1 NO 2	
SQ4	ARE YOU PROVIDING SERVICES AT A PRIVATE HEALTH CARE FACILITY?	YES .....1 NO 2	
SQ5	ARE YOU THE OBSTETRICIAN AND UNIQUE RECIPIENT TO WHOM THE ORIGINAL EMAIL INVITING TO PARTICIPATE IN THIS SURVEY WAS SENT?	YES .....1 NO 2	

INSTRUCTIONS: *Review in detail the consent form before proceeding to the next screen.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
SQ6	I HAVE SUFFICIENTLY REVIEWED THE CONSENT FORM GIVEN IN THE BEGINNING OF ONLINE QUESTIONNAIRE, THIS ANSWER ALL MY QUESTIONS REGARDING THE STUDY, AND I AGREE TO TAKE PART IN THIS ONLINE RESEARCH STUDY?	YES .....1 NO.....2	1 → HL1 2 → Mod K

MODULE B. GENERAL PROFILE

SECTION I: GENERAL PROFILE (GP)			
INSTRUCTIONS: *In this Module, we will be collecting general information about you as a provider.* *Please continue to the next screen.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
GP1	***19 DIGIT UID FOR RESPONDENT DOCTOR (AUTOGENERATED)***	**ID1(2 DIGITS) +ID2 (3 DIGITS) + ID3 (4 DIGITS) + ID4 (1 DIGIT) + ID6 (6 DIGITS) + ID7 (2 DIGIT) + ID8 (1 DIGIT)**	
GP2	HIGHEST EDUCATIONAL QUALIFICATION	PLEASE WRITE HERE	
GP3	PROFESSIONAL EXPERIENCE (IN COMPLETED YEARS)	☐☐ YEARS REFUSED ..... 98 DON'T KNOW 99	
GP4	**PROFILE OF FACILITY WHERE YOU ARE WORKING:** TYPE OF HEALTTH FACILITY WHERE YOU WORK (BASED ON OWNERSHIP): **(IF MULTIPLE PLEASE TICK MULTIPLE)**	PRIVATE ..... 1 TRUST/MISSION/FAITH-BASED ..... 2 GOVERNMENT/PUBLIC ..... 3 OTHER (SPECIFY) _____ 9	
GP5	TYPE OF FACILITY BASED ON SERVICES PROVIDED:	CLINIC ..... 1 POLYCLINIC ..... 2 NURSING HOME ..... 3 MULTISPECIALITY HOSPITAL ..... 4 MEDICAL COLLEGE HOSPITAL ..... 5 DISTRICT HOSPITAL ..... 6 SUBDISTRICT HOSPITAL ..... 7 OTHER FACILITY (SPECIFY) 9	
GP6	IF WORKING IN MULTIPLE PLACES WHICH IS THE WORKING PLACE OF PROMINENCE (ONLY ONE)		

GP7	WHAT TYPE OF SERVICES ARE PROVIDED INS: For this question provide information for only one facility (working place of your prominence) **(IF MULTIPLE PLEASE TICK MULTIPLE)**	ANC SERVICES.....A DELIVERY (NORMAL DELIVERY AND BASIC EMERGENCY OBSTETRIC CARE) .....B DELIVERY WITH COMPREHENSIVE.....C EMERGENCY OBSTETRIC CARE.....D NEWBORN CARE SERVICES .....E SURGICAL SERVICES INCLUDING CAESAREAN SECTION.....F CHILD IMMUNIZATION SERVICES.....G PREVENTATIVE & CURATIVE CARE SERVICES FOR U5 CHILDREN .....H NUTRITION RELATED SERVICES.....I COUNSELLING SERVICES .....J	
GP8	ON AN AVERAGE HOW MANY PATIENTS COME TO YOUR FACILITY PER DAY INS: For this question provide information for only one facility (working place of your prominence) DON'T REMEMBER.....99	ANC OPD [__][__] IPD [__][__] Normal DELIVERY [__][__] C-SECTION DELIVERY[__][__]	
GP9	NUMBER OF HEALTH CARE STAFF IN YOUR HOSPITAL INS: For this question provide information for only one facility (working place of your prominence) DON'T REMEMBER.....99	OBSTETRICIAN [__][__] PAEDIATRICIAN[__][__] NURSES [__][__] DIETICIANS [__][__] COUNSELLORS [__][__]	

MODULE C. KNOWLEDGE RELATED QUESTIONS

SECTION I: KNOWLEDGE RELATED QUESTIONS (KN)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
KN1	What is the expected total weight gain during pregnancy for the pregnant women with normal BMI at the beginning of pregnancy?	Less than 6 kg …..1 6 to 8 kg ……2 8 to 10 kg …3 10 to 12 ……4 12 to 14 Kg …..5 14 to 16 Kg ...6	
KN2	What is the dosage of IFA tablet recommended under National guidelines for pregnant and lactating women?	60mg elemental iron & 400mcg of folic acid ….1 60mg elemental iron & 500mcg of folic acid ….2 100mg elemental iron & 400mcg of folic acid ….3 100mg elemental iron & 500mcg of folic acid ….4 Not aware …..5	
KN3	What would you do prevent side effects like gastric discomfort by IFA?	Advise to discontinue IFA consumption...1 Prescribe antacids….2 Advise to discontinue IFA consumption...3 Advise to take IFA along with lemonade water/drinks……4 Advise to take IFA and Calcium together…..5 Advise to not take IFA and Calcium together…..6	
KN4	What should be the frequency of food intake for pregnant women in 2nd trimester?	Two meals a day ……1 Three meals a day ……2 Three meals + one snack a day……3 Three meals + 2 snacks a day ……4	
KN5	How many minimum food groups need to be included in the daily diet of pregnant women?	Three ….1 Four…2 Five ….3 Six …4 Seven……..5 Do not Know……..9	
KN6	When should we start advising on breast feeding to pregnant women?	During 1st Trimester ….1 During 2nd Trimester ….2 During 3rd Trimester ….3 After delivery….4	
KN7	After how much time cord clamping is done for new born delivered normally without any complications after birth?	Within 1 min after birth ……..1 1 – 2 mins after birth……..2 1 – 2 mins after birth……..3 >4 mins after birth ……..4	

KN8	What is the guideline for initiating breastfeeding for a new born in case of normal vaginal delivery?	Immediately after birth….1 Within one hour after birth….2 Within 4 hours after birth ….3 4 hours after birth ……4	
KN9	What is the guideline for initiating breastfeeding in a new born with C-Section delivery?	Immediately after birth….1 Within one hour after birth….2 Within 4 hours after birth ….3 4 hours after birth ……4	
KN10	Need to give water to breastfeeding new born with non-infectious fever in summers	Strongly agree……1 Agree……2 Can't say……..3 Disagree……4 Strongly disagree……5	
KN11	Mothers can breastfeed newborn in lying down positions.	Strongly agree……1 Agree……2 Can't say……..3 Disagree……4 Strongly disagree……5	
KN12	Mother complaining of "No Milk" is a myth.	Strongly agree……1 Agree……2 Can't say……..3 Disagree……4 Strongly disagree……5	
KN13	Prescribing formula milk should always be done with written consent from mother or family member	Strongly agree……1 Agree……2 Can't say……..3 Disagree……4 Strongly disagree……5	
KN14	Till what age (in months) should a child be exclusively given only breast milk?	Three months……..1 Four Months……..2 Five Months……..3 Six months……..4 Nine months……..5	
KN15	Till what minimum age breastfeeding can be continued?	One year of age……..1 Two years of age……2 Three years of age……..3 Five years of age……..4	
KN16	From what age should the complementary feeds be initiated	Three months ..... 1 Six months ..... 2 One year ..... 3 Don't know 9	
KN17	As per the national guidelines how long should the mother consume Iron Folic Acid tablet during post-natal period?	No need to take IFA ..... 1 Till one month after delivery..... 2 Till three months after delivery ..... 3 Till six months after delivery ..... 4 Don't know. 9	
KN18	What should be the frequency of breastfeeding a new-born	Every two hours ..... 1 Every four hours..... 2 Every six hours ..... 3 Responsive feeding ..... 4 Don't know 9	

MODULE D. PERCEPTIONS

KN19	Do you think nutrition is an important / integral part of Maternal and child health services? (elaborate on the response)	Very Important……..1 Less Important……2 Not important at all……..3 Can't say……..4
KN20	Do you agree or disagree on the following statement that – The MN & IYCN policy and guideline is applicable for Private Health care settings also along with for public health system?	Strongly Agree ..... 1 Agree ..... 2 Disagree ..... 3 Strongly Disagree……4 Can't say……..5
KN21	Doctors do not have much critical role in improving the nutritional status of Pregnant women and Children.	Strongly Agree ..... 1 Agree ..... 2 Disagree ..... 3 Strongly Disagree……4 Can't say……..5
KN22	Due you think counselling/education on nutritional aspects is also part of every Doctors responsibility	Strongly Agree ..... 1 Agree ..... 2 Disagree ..... 3 Strongly Disagree……4 Can't say……..5

MODULE E. TRAINING RELATED QUESTIONS

SECTION I: TRAINING RELATED QUESTIONS (TR)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
TR1	Have you received formal training in Maternal Infant Young Child Nutrition:	YES.....1 NO .....2 DON'T KNOW 9	
TR2	If yes, source of training:	UG curriculum……1 PG curriculum ……2 CME……3 Self-study……4 Other (Specify)_____8	
TR3	Do you feel the need for training/ refresher training?	YES.....1 NO .....2 DON'T KNOW 9	
TR4	Have you received any training on counselling or has been part of any of the training sessions that you have attended on health or nutrition topics?	YES.....1 NO .....2 DON'T KNOW 9	
TR5	Do You have a dedicated staff for providing nutrition counselling to pregnant women	YES.....1 NO .....2 DON'T KNOW 9	
TR6	How many of the healthcare staff (including doctors and nurses) may have been trained in Nutritional aspects of Pregnancy and infant and young child feeding	None……1 Less than one fourth……2 More than one fourth but less than half……3 More than half but less than three-fourth……4 More than three-fourth staff……5 Don't know……9	

MODULE F. PRACTICE RELATED QUESTIONS

SECTION I: PRACTICE RELATED QUESTIONS (PR)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
PR1	Does your facility have or follow any protocol for provision of maternal and child services	YES .....1 NO.....2 DON'T KNOW 9	
PR2	What protocols does your facility have regarding maternal and child services?	ANC service provision……..1 ANC care protocol on Maternal nutrition services……2 Labour room protocols……3 Labour room or OT room protocols for early initiation of breastfeeding …… ….. ……4 Protocols for Immunization services…….5 Protocols for counselling on breastfeeding and child nutrition during immunization……6 None of the above……7	
PR3	Is nutritional counselling a part of your or hospitals delivery of Maternal & infant and child health services?	YES .....1 NO.....2 DON'T KNOW 9	
PR4	How important it is to provide counselling to husband regarding Pregnant woman's nutrition and or Breastfeeding	Least important .....1 Not so important .....2 Very important .....3 Can't say……9	
PR5	Do you involve husband in discussion during the education or counselling session with mothers on her nutrition and breastfeeding?	Yes, every time……1 Yes, most of the time…….2 Yes, not every time……3 Not at all……4	
PR6	Is education or counselling of mother on nutrition and breastfeeding part of your facilities ANC service provision	YES .....1 NO.....2 DON'T KNOW 9	
PR7	If No, Why do you think Maternal Nutrition education or counselling NOT part of your facilities ANC service provision	List the reason	

PR8	If yes, How often do you talk about Maternal Nutrition with Pregnant women attending ANC OPD	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Don't know……9	
PR9	What different aspects of Maternal nutrition do you talk about?	Optimum nutrition- quantity of food and daily diet frequency……1 Dietary diversity……2 Adequate weight gain……3 Micro nutrient (IFA, Ca etc) Supplemention and their consumptions……4 Deworming during pregnancy Advise on Rest and Reduced Workload…5 All of the above……6 None of the above……7 Can't say……9	
PR10	How often do you assess the dietary or the feeding practices of the Pregnant women attending your OPD	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……9	
PR11	How often do you talk about preparation for breastfeeding to PW attending OPD	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Don't know……9	
PR12	What advice do you provide to women in PNC ward?	Importance of colostrum……1 Advise on exclusive on demand breastfeeding……2 Demonstration for proper attachment and positioning of breastfeeding……3 Advice on difficulties during breastfeeding……4 Breastfeeding during illness……5	
PR13	Which among the mentioned staff is engaged for education or counselling on Maternal nutrition	Nurses……1 Dieticians……2 Doctors……3 Counsellor……4 Others (specify)……5	
PR14	In your facility within how many hour/s is breastfeeding initiated after Normal delivery •	Immediately after birth……1 After _____hour/……2	

PR15	In your facility within how many hour/s is breastfeeding initiated for Caeserean section delivered newborn	Immediately after birth……1 After _____hour/……2	
PR16	How often do you prescribe formula feed to new born after delivery	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……9	
PR17	Are you aware of Infant Milk Substitute Act	YES .....1 NO.....2 DON'T KNOW 9	
PR18	Do you assess and support the Mother for breastfeeding in PNC ward during your rounds?	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……9	
PR19	Do you think nursing staff assess and support the mother for breastfeeding during their rounds in the ward?	Always……1 Very often……2 Often……3 Rarely……4 Never……5 Can't say……9	
PR20	Do you use any audio visuals or job aides to provide maternal nutrition and breastfeeding counselling	YES .....1 NO.....2 DON'T KNOW 9	
PR21	Does your facility provide dedicated Maternal Nutrition and nfant & Young Child Nutriton Counselling services	YES .....1 NO.....2 DON'T KNOW 9	
PR22	Do you think a dedicated Nutrition or Lactation counsellor can be of value and beneficial for your facility	YES .....1 NO.....2 DON'T KNOW 9	

MODULE G. WILLINGNESS AND CHALLENGES

SECTION I: WILLINGNESS AND CHALLENGES (WC)			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
WC1	Are you willing to adopt MIYCN guidelines in your facility?	YES.....1 NO .....2 DON'T KNOW 9	
WC2	Is it feasible for you to adopt MIYCN guidelines in your facility	YES.....1 NO .....2 DON'T KNOW 9	
WC3	Will you face any challenges in adopting MIYCN guidelines in your facility	YES.....1 NO .....2 DON'T KNOW 9	
WC4	If Yes, can you enlist the challenges that you will face in adopting the MIYCN guidelines in your facility:		

MODULE H: ENDING THE INTERVIEW

SECTION I: SURVEY RESULT			
Instructions: This is the end of the survey. Thank you for your valuable time and participation in this online survey. *Complete the next screens on your own.*			
NO.	**QUESTION**	**RESPONSE**	**SKIP**
RESULT	*RECORD THE RESULT OF THE SURVEY.*	SURVEY COMPLETED .....11 SURVEY PARTIALLY COMPLETED .....12 REFUSED / DID NOT CONSENT .....97 OTHER (*SPECIFY*) 98	

Please submit the survey

Thanks