**FORM 1A. Interviews with recent mothers of babies born small or early: Newborn care narrative**

# Theme 1: Socio-demographic and interview information

| **#** | **Item** | **Options** | **Response** |
| --- | --- | --- | --- |
|  | **Identification** |  |  |
| **A** | Region | 1. Tigray |  |
|  |  | 2. Amhara | | \_\_\_ | |
|  |  | 3. Oromia |  |
|  |  | 4. SNNP |  |
| **B** | Zone Code |  | | \_\_\_ |\_\_\_| |
| **C** | Woreda Code |  | | \_\_\_ |\_\_\_|\_\_\_| |
| **D** | Kebele Code |  | | \_\_\_ |\_\_\_|\_\_\_|\_\_\_| |
| **E** | Household Number |  | | \_\_\_ |\_\_\_|\_\_\_| |
| **F** | Place interview was conducted | 1. Health Facility |  |
|  |  | 2. Health Post |  |
|  |  | 3. Home | | \_\_\_ | |
|  |  | 4. Community |  |
|  |  | 5. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I.** | **Background Characteristics** |  |  |
| **001** | Identification number |  | | \_\_\_ |\_\_\_|\_\_\_| |
| **002** | Record Date of Interview | DD/MM/YY | | \_\_\_ |\_\_\_|\_\_\_| |
| **003** | Record the time interview started | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_| |
| **004** | Record the time interview completed | Hours|Minutes | | \_\_ \_\_ |\_\_ \_\_| |
| **005** | Place of residence: | 1. Urban |  |
|  |  | 2. Rural | | \_\_\_ | |
|  |  | 3. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **006** | Marital status | 1. Never married |  |
|  |  | 2. Married |  |
|  |  | 3. Divorced/separated |  |
|  |  | 4. Widowed |  |
| **007** | Ethnicity | 1. Oromo |  |
|  |  | 2. Amhara |  |
|  |  | 3. Tigre | | \_\_\_ | |
|  |  | 4. Sidama |  |
|  |  | 5. Guragie |  |
|  |  | 6. Welaita |  |
|  |  | 7. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **008** | Religion | 1. Orthodox |  |
|  |  | 2. Muslim |  |
|  |  | 3. Protestant | | \_\_\_ | |
|  |  | 4. Catholic |  |
|  |  | 5. Traditional |  |
|  |  | 6. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **009** | Have you ever attended school? | 1. Yes | | \_\_\_ | |
|  |  | 0. No |  |
| **010** | What is the highest level of school or grade you attended? | \_\_\_\_\_\_ years |  |
|  | 13. Technical/vocational certificate | | \_\_\_ | |
|  |  | 14. Univ./college diploma |  |
|  |  | 15. University/college BSC |  |
| **012** | Occupation | 1. Professional/  technical/managerial |  |
|  |  | 2. Clerical |  |
|  |  | 3. Sales and services |  |
|  |  | 4. Skilled manual | | \_\_\_ | |
|  |  | 5. Unskilled manual |  |
|  |  | 6. Agriculture |  |
|  |  | 7. Other (Specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **013** | In what month and year were you born? | Day|Month|Year | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **014** | How old were you on your last birthday? | Age in complete years | | \_\_ \_\_ | |
|  | ***Compare and correct 013 and/or 014 if inconsistent.***  ***Probe using local calendar/historical events.*** | | |
| **015** | How many times have you been pregnant including this birth? | Number of pregnancies | | \_\_ \_\_ | |
| **016** | Did you have any miscarriages or abortions (termination of pregnancy)? | 1. Yes  0. No | | \_\_\_ | |
| **017** | How many times did you have miscarriages or abortions? | # of miscarriages or abortions | | \_\_ \_\_ | |
| **018** | How many times have you given birth including this birth? | # of births | | \_\_ \_\_ | |
| **019** | How many live births did you have? | # of live births | | \_\_ \_\_ | |
| **020** | How many stillbirths did you have? | # of stillbirths | | \_\_ \_\_ | |
| **021** | How many small babies or babies born early did you have? | # of small/early babies | | \_\_ \_\_ | |
| **022** | When pregnant with [recent birth], did you receive any care during pregnancy? | 1. Yes  0. No | | \_\_\_ | |
| **023** | How many times did you visit the health facility for pregnancy care (ANC) in your last pregnancy? | # of visits | | \_\_\_ | |
| **024** | Where did you get ANC service? (multiple responses) | 1. Public Hospital |  |
|  | 2. Public Health Center |  |
|  |  | 3. Public Health Post |  |
|  |  | 4. NGO Health Facility | | \_\_\_ | |
|  |  | 5. Private Hospital |  |
|  |  | 6. Private Clinic |  |
|  |  | 7. Other place of delivery (specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **025** | Where did you give birth to the newborn (NAME)? | 1. Your home |  |
|  | 2. Other home |  |
|  |  | 3. Public Hospital |  |
|  |  | 4. Public Health Center | | \_\_\_ | |
|  |  | 5. Public Health Post |  |
|  |  | 6. NGO Health Facility |  |
|  |  | 7. Private Hospital |  |
|  |  | 8. Private Clinic |  |
|  |  | 9. Other place of delivery (specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **026** | Who attended the delivery? | 1. Skilled attendant |  |
|  | 2. HEW |  |
|  |  | 3. TBA |  |
|  |  | 4. vCHW | | \_\_\_ | |
|  |  | 5. HDAs/WDA |  |
|  |  | 6. Relatives/neighbor |  |
|  |  | 7. Others (specify) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **027** | Sex of the baby | 1. Male | | \_\_\_ | |
|  |  | 2. Female |  |
| **028** | In what month and year was the baby born? | Day|Month|Year | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **029** | How old is your baby? | Age in days | | \_\_ \_\_ | |
|  | ***Compare and correct 028 and/or 029 if inconsistent.***  ***Probe using local calendar/historical events.*** | |  |
| **030** | Record birth weight of the baby | Birth weight in grams | |\_\_\_\_|\_\_\_|\_\_\_\_|\_\_\_| |
| **031** | Record gestational age at birth | Gestational age in wks | |\_\_ \_\_|\_\_ \_\_| |
| **032** | Interviewer code |  | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **033** | Tape recording number |  | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |

# Theme 2: KMC practice – experiences and challenges

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1. During your last ANC follow up, did you receive any counseling on having a small or early baby?
2. When you delivered (NAME) were there any complications (prolonged labour, abnormal lie, delayed delivery of placenta etc)?
3. What do you know about having a small baby or early baby? **Probe:** when do you call it early? When do you say small baby? What do you think are the causes?
4. CHECK **Q028**. IF THE BIRTH HAPPENED BEFORE 37WEEKS OF GESTATION

* How did you feel about the baby being born early? Did you have any concerns?
* Was your baby cared for in any special way in the period immediately after birth and till date [**Probe** for warmth, feeding, other extra care]
* Who decided on this care?

1. Was your baby weighed after delivery? Were you told the weight?

**If LBW (less than 2000gm) or small size based on mother’s perception:**

* How did you feel about the weight of the baby? Did you have any concerns?
* Was your baby cared for in any special way in the period immediately after birth and till date [**Probe** for warmth, feeding, other extra care]?
* Who decided on this care?

1. Tell me more about the newborn’s care

* When was the baby first given breast milk? Any reason for that time?
* Did you feed colostrum? Why/why not?
* Did you feed it anything other than breast milk? What and why? (Gruel, water, top milk, butter etc.)
* Did you face any problem with breastfeeding? What were the problems? What did you do?
* Were you given any breastfeeding support or advice?
* How was the baby kept warm? Probe: in the facility and at home? Did you face problems with keeping the baby warm? What were these problems? What did you do?
* Who decided on this care?

1. If delivered at the facility:

* What did you think of the health providers in the facility in terms of their attitudes towards you and your baby?
* How long did you stay in the facility? Were you discharged on your wish; what was advised at the facility?
* When you retuned home, what happened to you and the baby in the first few days of life? Where were you? What was the place like? Where was the baby kept? Was there anyone around to help you?
* Tell me more about care. **Probe:** visitors, rest, activities allowed and restricted, toilet practices
* How did you spend your time during these first days?

1. Did any health worker visit you in the first days or weeks after delivery? If yes,

* Who visited, when, how many times?
* How soon after delivery did the health workers visit you?
* What did they do during these visits?

1. At the facility or at home did anyone advise you to keep the baby skin-to-skin?

**If yes:**

* Who? When (how soon after delivery)?
* What did they tell you about the practice? **Probe:** Length of time to do it, how to do it?
* What was your initial reaction?
* Were you shown how to do it? By whom?
* What did your family members/mother/mother-in-law, husband think about the practice? Were they supportive?

1. Have you kept your baby skin-to-skin at any point since birth?

**If yes:**

* Please give details of how you did this?
* What was your overall experience? Good, Not sure, Bad.
* What did you like about the practice? What did you not like?
* Were there any challenges?
* Do you think your baby liked being in this position?
* How long after birth did you begin practicing KMC? Why at that time?
* How long did you keep the baby skin-to-skin every day and for how long? If less than 24 hours per day, what stopped you doing this for longer periods of time.
* Were you supported by the health staff or HEW to provide KMC?
* Were you given any advice about providing KMC at home?
* Did someone help you with skin to skin (did it for you, helped with positioning, did your chores)? Who? How?
* Would you recommend your family members or friends to practice KMC for small babies? Why/why not? How would you convince a friend to try the practice?

**If no:**

* What were your main reasons for not doing this?