**FORM 3A: INTERVIEW GUIDE FOR EXIT INTERVIEW WITH MOTHERS (ADOPTERS & NON-ADOPTERS)ADMINISTERED AT THE TIME OF DISCHARGE**

| **#** | **Item**  |  | **Response** |
| --- | --- | --- | --- |
| **A** | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zone\_\_\_\_\_\_\_\_\_ | Woreda\_\_\_\_\_\_\_\_\_\_\_\_ | Kebele\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **B** | Respondent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Interview Place\_\_\_\_\_\_\_\_\_\_\_\_ | Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 | \_\_\_ | |
| **006** | Marital status |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **007** | Religion  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **008** | Have you ever attended school? | 1. Yes, 0. No |  |
| **009** | If yes what is the highest level of school or  | Grade you attended? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **010** | Occupation  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **011** | How old were you at your last birthday?  | Age in complete years |  |
| **012** | How many times have you been pregnant including this birth?  | Number of pregnancy |  |
| **013** | Did you have any miscarriages or abortion | 1. Yes, 0. No
 |  |
| **014** | If yes, how many times did you have? | # of miscarriages or abortions |  |
| **015** | Including this birth how many births did you have?  | # of births |  |
| **016** | How many live births did you have?  | # of stillbirths |  |
| **017** | How many small baby or baby born early?  | # of small/early babies |  |
| **018** | Have you attended ANC follow up | 1. Yes, 2. No |  |
| **019** | If yes how many times did you visited  | # of visits |  |
| **020** | Where did you get ANC service?  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **021** | Where did you give birth to the newborn  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **022** | Who attended the delivery? |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **023** | Sex of the baby |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **024** | In what month and year was the baby born? | Day |Month |Year | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **025** | How old is your baby?  | Age in days | | \_\_ \_\_ | |
| **026** | Record birth weight of the baby | Birth weight in grams | |\_\_\_\_|\_\_\_|\_\_\_\_|\_\_\_| |
| **027** | Record gestational age at birth | Gestational age in wks | |\_\_ \_\_|\_\_ \_\_| |
| **028** | Interviewer code  |  | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |
| **029** | Tape recording number  |  | | \_\_ \_\_ |\_\_ \_\_|\_\_ \_\_| |

**Experience with SSC and breastfeeding**

1. Before you came to this facility did you know about:

 a) skin-to-skin care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.) Feeding the baby on breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, how did you hear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you give skin-to-skin care to your baby? If yes, what was your overall experience? Probe**:** Was it good, bad? Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Tell us about what you liked most about skin-to-skin care and feeding small babies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Tell us about what you dislike about skin-to-skin care and feeding small babies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long after birth did you begin in a) skin-to-skin care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Feeding the baby on breast milk: \_\_\_\_\_\_\_\_\_

1. Were you advised to initiate KMC service and on the benefits for your small newborn baby in the facility? \_\_\_\_\_\_\_\_\_\_\_if yes who advised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who advised/encouraged the mother to initiate skin-to-skin care in the facility?
3. What benefits would you remember about : a) skin-to-skin care: b) Feeding the baby on breast milk: a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What did your family members/mother/mother-in-law, husbands think about

a) skin-to-skin care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Feeding the baby on breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Who from within them encouraged you to provide both skin-to-skin care and feeding the baby on breast milk and who did not? Could you tell us why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did anyone else provide skin-to-skin care? \_\_\_\_\_\_\_\_ Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. . How many days was the mother in the hospital, from admission to discharge?

# days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. About how many of these days was the mother able to give skin-to-skin care to her baby during this time?

Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. About how many hours per day, on average, was the mother able to give skin-to-skin care during this time?

# Hours per day\_\_\_\_\_\_\_\_\_ \_\_

1. About how many of these days was the mother able to feed breast milk to her baby during this time?

# Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. About how many times per day, on average, was the mother able to feed her baby breast milk during this time?

# times per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you supported by the health staff in providing a) skin-to-skin care and feeding the baby on breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_if yes what has been done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What challenges did you encountered?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Was your baby provided anything else other than breast milk? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What could we do to improve KMC service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What advice have you been given on continuing skin-to-skin care and feeding the baby on breast milk at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How confident are you that you will be able to provide:

 a) skin-to-skin care and

 b) feeding the baby on breast milk at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your assessment what do you think other mothers feel about skin-to-skin care and feeding the baby on breast milk? a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any questions on a) skin-to-skin care and b) feeding the baby on breast milk that you may have? a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_