**FORM 3B: INTERVIEW GUIDE AND OBSERVATON CHECKLIST FOR CONTINUATION OF KMC AT HOME AFTER DISCHARGE FROM HOSPITAL**

**To be used by programme learning team at 7 days after discharge**

During the interviews, observations will also be conducted. These will include the ambience of the room where mother and baby are staying, comfort of the mother (back rest, pillows, bed, floor etc), who all are assisting the mother and baby and how family members and visitors who are allowed/not allowed into the room, general interaction of family members with the mother, who are allowed/not allowed to touch the baby, reactions of the mother (dominated, inhibited, scared, apprehensive, strong, authoritative, has control over her situation, confident; if mother is away during the visit for the interview, reason for being away, for how long she is away, who holds the baby during her absence; regarding baby- the clothing, feeding of the baby, cord, bathed or cleaned during the visit and how, position during breast feeding etc)

# Socio-demographic and interview information

| **#** | **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? | # Of pregnancy including this birth? | |  |
| **013** | How many times have you given birth including this birth? | # of births | |  |
| **014** | Did you have any miscarriages or abortion | 1. Yes 2. No | |  |
| **015** | If yes, how many times did you have? | # of miscarriages or abortions | |  |
| **016** | How many live births did you have? | # of live births | |  |
| **017** | How many still births did you have? | # of still births | |  |
| **018** | How many small baby or baby born early? | # of small/preterm babies | |  |
| **019** | How many times did you visit the health facility for ANC in your last pregnancy? | Number 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. Do you remember the recommendations that you were advised in the facility for
2. Skin-to-skin care፡ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_*
3. Feeding the baby on breast milk? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_*
4. Were you able to put these into practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. If she could not practice even a single recommendation, ask her the reasons behind: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If she could practice any of KMC components– ask her:

* Which recommendations could you practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What did you like about the recommendation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you feel there was any benefit of this recommendation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did you have any difficulty in putting this recommendation into practice? What difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If she did not practice any recommendation, ask the reasons : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What did your family feel about the recommendations and you trying to practice these? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe in detail what you did? Probe:
   * + Initiation of skin-to-skin care (frequency\_\_\_\_\_\_\_\_ duration hrs\_\_\_\_\_\_\_\_\_\_\_)
     + Feeding the baby on breast milk (frequency\_\_\_\_\_\_ duration hrs\_\_\_\_\_\_\_\_\_\_\_)
     + Total number of days skin-to-skin care was given\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Position of baby in skin-to-skin care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Position of mother giving skin-to-skin care(sitting, reclining, supine; only in static position or in ambulatory as well)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Clothing of baby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Clothing of mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Given during day and night, any difference in giving skin-to-skin care \_\_\_\_\_
     + How did she feed, keep hygiene during skin to skin care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Did she use diaper? Why/why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + What are her perceptions about diaper use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Did she use binder/carrier? Why/why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Could she be ambulatory and perform her other activities with baby in skin-to-skin care in binder? What work could she do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you manage your personal care with skin-to-skin care – bathing, toilet, eating, and rest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What was the perception of the neighbours, relatives, health workers about your practicing the recommendations? \_\_\_\_\_\_\_\_\_\_Why do you think they felt so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you think you will continue doing this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Would you encourage any other woman to do the same? Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Did anyone visit you at home after discharge from the hospital/HC/HPs\_\_\_\_\_\_\_\_\_\_\_

Who visited, when, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If delivered in the facility, were you told to go back to facility for follow up visits? Did you go, what happened there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you did not go what was the reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask about specific barriers and enablers:**

1. a) Barriers to give skin-to-skin care: -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Barriers feeding the baby on breast milk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did anyone else provide skin-to-skin care to the baby besides you? If yes, who \_\_\_\_\_

If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBSERVATION CHECKLIST (DURING IDI WITH MOTHERS)**

1. Outside temperature as perceived by the observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Infrastructure: household socio-economic condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Observation of mother and baby and other family members

Clothing of mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing of baby\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where was the baby placed, whether held by mother or on cot/bed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was anything applied on the cord, redness or pus draining; was stump covered\_\_\_\_\_\_\_\_\_

Activities being done by mother during the time of the interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hygiene**

Cleanliness and hygiene of the bedding/sheets/clothes of mother and baby: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Feeding observation**

Type of milk (breast milk/animal milk/formula milk/combination/expressed or directly from breast): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If expressed where the milk is stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Observation of** feeding the baby on breast milk **if mother is doing skin-to-skin care a**

Mother relaxed with back rest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing of mother – front open garment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Babies clothing – caps and socks, diapers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s position – upright, frog position no clothes on baby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blanket/clothe wrapped around both mother and baby, binder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet care of baby during skin-to-skin care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_