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

**[To be done on 2nd or 3rd day of discharge and when infant is about 15 days old]**

During the interviews, observations will also be documented. These will include the room’s ambience, where the mother and baby are staying, comfort of the mother (back rest, pillows, bed, floor etc), who is assisting the mother and baby and which family members and visitors are allowed/not allowed into the room. Furthermore, general interactions of family members with the mother are documented, who is allowed/not allowed to touch the baby, the mother’s reactions (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) and regarding the baby - the clothing, feeding of the baby, cord, bathed or cleaned during the visit and how, position during breast feeding, etc.

**Basic information**

Interviewer name and code

Date of interview

Name and code of the KMC Facility

Woman ID

Child ID

Mother’s name

Admission number

Address

Mother’s age

Mother’s literacy level

Religion

Date of birth of the baby

Sex of the baby

Weight of the baby at birth

Place of delivery

Type of delivery

Date of discharge

1. Do you remember the recommendations that you were advised in the facility for KMC? Can you tell me what they were? [*Note the responses that the mother mentions spontaneously. After the spontaneous responses probe mother for the other recommendations and prompt: against each response, mark by writing “Probed response” or “Prompted response”*]
2. Were you able to put these into practice?
3. If she could not practice even a single recommendation, ask her for the reasons.
4. If she could practice any – ask her [Write about each of the recommendation in KMC]:
* Which recommendations could you practice – why? (ask for each, one by one)
* What did you like about the recommendation?
* How did you feel about the recommendation?
* Did you feel there was any benefit of this recommendation? Why?
* Did you have any difficulty in putting this recommendation into practice? Which difficulties? What did you do?
* Did you do anything to overcome these difficulties? What did you do?
* Is there anything in the recommendation that you did not like?
1. If she did not practice any recommendation, ask: - [Write about each of the recommendation in KMC]
* Which ones did you not practice – why (ask for each, one by one)?
* Do you think anything could be improved to make this feasible for practice? What and how?
* Is there anything you liked about this recommendation? What and why?
1. How did your family feel about the recommendations and are you trying to practice these?

Probe:

* Do you think they were supportive? Why do you say so?
* Do you think they were against these? Why do you say so?
1. Describe in detail what you did.

Probe :

* + - Initiation of SSC and BF
		- EBF
		- Number of times SSC given in a day
		- Duration of SSC given each time (average, maximum, minimum)
		- Total number of days SSC was given
		- Why it was stopped (based on weight, baby wriggling out or any other reason)
		- Position of baby in SSC
		- Position of mother giving SSC (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 SSC during day and night
		- How did she feed during SSC
		- Did she use diaper? Why/why not? How frequently did she change?
		- Did she use binder/carrier? Why/why not?
1. Do you think you will continue doing this? Do you think you will do this in your next pregnancy? Why do you say so?
2. Would you encourage any other woman to do the same? Why? What would you tell her?
3. Did anyone visit you at home in the post partum period or after discharge from the hospital

Probe:

Who visited, when, how many times?

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

If you did not go, what was the reason for not going?

Was anything done at the facility to link you with the CHWs in your area?

1. What were the specific barriers and enablers:
* If KMC was practiced, what made it possible to do?
* Did you have help at home so you could practice KMC? Were you supported to practice KMC by the father, other caregivers?
* Did anyone else provide STSC to the baby besides you? If yes? If no, why not?
* Did practicing KMC affect your ability to work at home (chores) or at your job? How?

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

1. **Observation of mother and baby and other family members**

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 the mother during the time of the interview

1. **Hygiene**

Cleanliness and hygiene of the bedding/sheets/clothes of mother and baby

1. **Feeding observation**

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

If expressed, where is the milk stored?

How much milk is given each time and how often?

What is used to feed the baby (bottle/katori and spoon/cotton/dropper)?

1. **Observation of KMC – if mother is doing KMC**

Mother relaxed with back rest

Clothing of mother – front open garment

Babies clothing – caps and socks

Diapers

Baby’s position – upright, frog position

Skin to skin contact (mothers bare chest, no clothes on baby)

Blanket/cloth wrapped around both mother and baby

Baby’s head turned to one side in slightly extended position allowing eye to eye contact

Binder

Comfortably breastfeeding during KMC

Duration given at a stretch

Toilet care of baby during KMC