**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 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)

**Basic information**

Interviewer name and code

Date of interview

Name and Code of the KMC Facility

Mother’s name

Admission Number

Address

Mother’s age

Mother’s literacy level

Religion

Data 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 mention 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 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
* What do you feel about the recommendation
* Did you feel there was any benefit of this recommendation? Why do you day so?
* Did you have any difficulty in putting this recommendation into practice? What difficulties? What did you do?
* Did you do anything to overcome the 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 done to make this feasible for practice? What and how?
* Is there anything you liked in this recommendation? What and why?
1. What did your family feel about the recommendations and 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
		- How did she manage baby’s passing uring and stool?
		- Did she use diaper? Why/why not? How frequently did she change?
		- What are her perceptions about diaper use?
		- Did she use binder/carrier? Why/why not?
		- What are her perceptions about the use of binder/carrier? Could she be ambulatory and perform her other activities with baby in SSC in binder? What work could she do?
1. How did you manage your personal care with SSC – bathing, toilet, eating, rest, recreation.
2. What was the perceptions of the neighbours, relatives, health workers about your practicing the recommendations? Why do you think they felt so?

Did anybody tell you anything about this? What? What were your reactions.

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 could 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 facility for follow up visits? Did you go, 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?

Consider asking about 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, who and how did that facilitate KMC? 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. **Season/weather/outside temperature as perceived by the observer**
2. **Infrastructure: Basic description of the 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

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