**Form 2B KMC Initiation (baby A)**

**Form 2B. KMC Practice Questionnaire; Information on the Newborn Who Has Been Initiated to KMC**

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| --- | --- | --- |
|  | Study ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No | **Questions** | **Responses** |
| 1. | Date of filling (dd/mm/yyyy) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Time of filling (hh:mm) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Research Assistant Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Woman Id | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Child ID (Child A = 1st baby ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Date of birth of infant (dd/mm/yyyy |  |
| 7. | Time of birth of infant (hh:mm) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hours) |
| 8. | Age in hours |  |
| 9. | Sex of the infant? | Male Female |
| 10. | Was the infant admitted in NICU? | Yes No |
| 10.a. | Date of admission to NICU? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) |
| 10.b. | Date of discharge from NICU? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) |
| 11. | Date of KMC initiation? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy) |
| 12. | Time of KMC initiation? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hh:mm) |
| 13 | Was this a readmission to this facility? | Yes No |
| 14 | If yes Q. #13, how long after discharge was baby readmitted? (If < 1 day, enter 98) | \_\_\_\_\_\_\_\_\_\_\_\_\_(in days) |
|  | **Assess the Infant** |  |
| 15 | Is the infant able to breastfeed or drink other fluids? | Yes No |
| 16 | Is the infant able to breathe normally (RR >= 20/minute, no grunting, central cyanosis, severe chest in-drawing) | Yes No |
| 17 | Is the infant active with normal movements? | Yes No |
| 18 | Does the infant have any other danger signs (convulsions, unconsciousness, severe hypothermia < 32C) | Yes No |
| 19 | Does the infant have any major congenital malformation? | Yes No |
| 19a | If yes Q # 19, specify congenital malformation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20 | How long after birth was first bath given (if immediately or within an hour fill "000")? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hours) |
|  | **FEEDING PRACTICE** |  |
| 21 | Has the infant been put to breast or did you ever breastfeed infant prior to contact with study team? | Yes No |
| 22 | How many hours after birth did you first put the infant to the breast (if < 1 hour, fill 00; if not put to breast, fill 99) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hours) |
| 23 | Did you give colostrum or first milk to your infant i.e., the yellowish thick milk secreted during the first few days after the infant is born? | Yes No |
| 24 | Infant age in day (7am -7pm) and night (7pm - 7am), | * = 24 hours * 12 hrs during the day and < 12 hrs during the night * 12 hrs during the night and < 12 hrs during the day * < 12 hrs during the day and < 12 hrs during the night |
| 25a | How many times did you breastfeed during the day (day defined as: 7am to 7pm yesterday) in the last 24 hours? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 25b | How many times did you breastfeed during the night (night defined as: 7pm yesterday to 7am today) in the last 24 hours? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 26 | What was the infant fed in the last 24 hours (7 am yesterday to 7 am today)? (Check all that apply) | * Breast milk * Breast milk from another mother * Milk other than breast milk * Plain water * Other fluids (juice, tea, sugar or glucose water,honey) * Medicines or vitamins or ORS * Any foods (semi solids/solids) * Nothing offered |
| 26a | 26.a, If any other flood, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 26b | What did you offer (any fluids or foods) to the Breast milk infant anytime since birth? | * Breast milk * Breast milk from another mother * Milk other than breast milk * Plain water * Other fluids (juice, tea, sugar or glucose water,honey) * Medicines or vitamins or ORS * Any foods (semi solids/solids) * Nothing offered * Other |
| 26c | 26.c, If any other flood, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **SKIN TO SKIN CONTACT** |  |
| 27 | Do you give skin-to-skin care for the newborn? | Yes No |
| 28 | How many hours after birth was skin-to-skin care initiated? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 29 | Have you given skin-to-skin care in the last 24 hours? | Yes No |
| 30 | Did someone else give skin-to-skin care in the last 24 hours? | Yes No |
| 31 | If yes Q. # 30, who gave the skin to skin contact to the infant? | * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify). |
| 32 | Infant age in day (7am -7pm) and night (7pm - 7am), | * = 24 hours * 12 hrs during the day and < 12 hrs during the night * 12 hrs during the night and < 12 hrs during the day * < 12 hrs during the day and < 12 hrs during the night |
| 32a | During the last 24 hours, how many hours did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 32b | How many hours (during the last 24 hours) were between 7am - 7pm? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 32c | How many hours (during the last 24 hours) were between 7pm and 7am? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in hours) |
| 32d | During the day (in the last 24 hours), how many times did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 33aa | 33.aa. What time did you provide **the first** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33ab | At [time\_ssc] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_ (in minutes) |
| 33ac | At [time\_ssc], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 33ab | 33.ad. If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 33ba | What time did you provide the **second** skin to skin session 7am? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33.bb. | At [time\_ssc\_2] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 33.bc | At [time\_ssc\_2], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 33.bd. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32.ca. | What time did you provide the **third** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33.cb. | At [time\_ssc\_3] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 33.cc. | At [time\_ssc\_3], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 33.cd. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 33.da. | What time did you provide the **fourth** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33.db. | At [time\_ssc\_4] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_(in minutes) |
| 33.dc. | At [time\_ssc\_4], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 32. dd. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32.ea. | What time did you provide the **fifth** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33.eb. | At [time\_ssc\_5] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 33.ec. | At [time\_ssc\_5], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 33. ed. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 33.fa. | What time did you provide **the sixth** skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 33.fb. | At [time\_ssc\_6] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 33.fc. | At [time\_ssc\_6], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 33. fd | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 34. | During the night (in the last 24 hours), how many times did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(# of times) |
| 35.a1 | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 35.a2 | At [ntime\_ssc] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 35.a3 | At [ntime\_ssc], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 35.a4. | If other, specify (ሌላ ካለ ጥቀስ) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 35.b1 | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 35.b2 | At [ntime\_ssc2] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_ (in minutes) |
| 35.b3 | At [ntime\_ssc2], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 35.b4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 35.c1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 35.c2. | At [ntime\_ssc3] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 35.c3. | At [ntime\_ssc3], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 35.c4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 35.d1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 35.d2. | At [ntime\_ssc4] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 35.d3. | At [ntime\_ssc4], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 35.d4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 35.e1. | What time did you provide the first skin to skin session? | |  |  | | --- | --- | | 7am  8am  9am  10am  11am  12am | 1pm  2pm  3pm  4pm  5pm  6pm | |
| 35.e2. | At [ntime\_ssc5] how long did you provide skin to skin contact? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in minutes) |
| 35.e3 | . At [ntime\_ssc5], who provided skin to skin contact? | * Mother * Father * Grandmother * Mother-in-law * Sister * Neighbor * Others (Specify) |
| 35.e4. | If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 36. | Were you/or others unable to give skin-to-skin care? | Yes No |
| 37. | If yes Q. #36, reasons | * Convulsions of mother * Severe anemia, mother weak * Mother having fever/unwell * Engorged breast * Family member did not allow * Baby very unwell * Baby having skin rash/pustule * Blood/pus from baby's umbilicus * Baby placed in incubator * No privacy in hospital * Other (specify) |
| 37.a, | If other reason for not giving skin-to-skin care, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 38. | If home birth, how long after birth was the baby admitted to this facility for KMC? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in days) |
| 39. | If birth occurs in HC or non-KMC facility. how long after birth was the baby admitted to this facility for KMC? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in days) |