

## Online Questionnaire – Round 1

### Welcome message

Thank you for your interest in this survey. This research is being conducted by a group of leading maternal and newborn health researchers, and led by the Institute of Tropical Medicine (ITM) in Antwerp, Belgium.

This survey is aimed at healthcare workers providing care to women and their babies: antenatal, intrapartum and postnatal care. We would like to start by thanking you for the care you provide to women, babies and families at this difficult time. We hope that by contributing to this research your voice will be heard and your efforts will be better understood and acknowledged.

### Study Information & Online Consent Form

You are invited to participate in a research study on response to COVID-19 among maternity providers **globally**. The purpose of this study is to understand the range of actions taken to ensure care continues to be provided to women and their babies: antenatal, intrapartum and postnatal care during this pandemic. This survey will be distributed every 3-4 weeks to track the rapidly developing situation over time. You are free to take part on this survey once or multiple times.

We are aware that maternity care is provided very differently across many countries, and have provided space for your responses rather than restricting you to pre-defined options. We appreciate the time it takes to complete such questions. By doing so, you are helping us develop a more time-efficient survey for the next round. We appreciate that some questions are currently more relevant to some contexts/countries than others, and we thank you for your patience as you **answer or skip these questions depending on your context**. The situation is changing rapidly and we want to document how it develops over time.

This online survey will take approximately 15-30 minutes to complete.

Your decision to participate in this study is completely voluntary and you have the right to end your participation at any time by closing your browser window or mobile application. You may also skip any questions you do not wish to answer. Your participation in this research will be completely confidential (we will remove any identifiers) and data will be reported in aggregate.

*I agree to these terms:*

I have read and understand the above consent form,

I certify that I am a healthcare professional and, by clicking the button below to enter the survey, I indicate my willingness to take part in the study voluntarily.

I would like to receive an email when the next round of this surveys is available. I understand that I am under no obligation to respond in the future, and that my email will not be stored together with my responses to this survey, or used for any other purpose.

Email address: [text field]

We will be seeking to contact selected healthcare providers for individual interviews to understand their perspective and experience. If you give consent to being contacted, please provide an email address where we can reach you. This information will be treated confidentially.

I give consent to be contacted by the researchers for additional information

Email address: [text field]

### Researcher contact information

This study is coordinated by Associate Professor Lenka Benova from the Institute of Tropical Medicine in Antwerp, Belgium. If you have any concerns about this study, your confidentiality or data, please contact Dr Benova by email ([lbenova@itg.be](mailto:lbenova@itg.be)) or phone/Whatsapp (+31 61 26 999 64).

**Part 1. We would like to ask a few questions about your background**

Q#	Question	Response
1	In which <b>country</b> are you based (providing healthcare) at the moment?	[drop down menu of countries]
2	In which <b>region</b> of the country do you work? (please provide region, district, province, state, or governorate)	[free text]
3	What is your <b>job</b> ? (choose one)	<ul style="list-style-type: none"> <li>- Midwife</li> <li>- Nurse-midwife</li> <li>- Nurse</li> <li>- Obstetrician/gynecologist</li> <li>- Anaesthesiologist</li> <li>- Surgeon</li> <li>- Neonatologist</li> <li>- Pediatrician</li> <li>- General practitioner</li> <li>- Medical doctor (other/no specialisation)</li> <li>- Medical student/intern/resident</li> <li>- Medical officer</li> <li>- Clinical officer</li> <li>- Nurse or midwife in training</li> <li>- Ultrasound technician/ sonographer</li> <li>- Health technician</li> <li>- Paramedic</li> <li>- Community health worker/ Outreach worker</li> <li>- Lactation counsellor</li> <li>- Other: specify</li> </ul>
4	What is your <b>position</b> ? (choose one)	<ul style="list-style-type: none"> <li>- Head of facility (director, administrator)</li> <li>- Head of department or ward</li> <li>- Head of team</li> <li>- Team member</li> <li>- Locum or interim member</li> <li>- Other: specify</li> </ul>
5	What is your <b>gender</b> ? (choose one)	<ul style="list-style-type: none"> <li>- Female</li> <li>- Male</li> <li>- Other/Prefer not to say</li> </ul>
6	What <b>type of maternal and/or neonatal health care</b> do you currently provide as an individual? (mark all that apply)	<ul style="list-style-type: none"> <li>- Outpatient antenatal care</li> <li>- Outpatient (home-based) childbirth care</li> <li>- Outpatient postnatal care</li> <li>- Outpatient breastfeeding support</li> <li>- Inpatient antenatal care</li> <li>- Inpatient childbirth care</li> <li>- Inpatient postnatal care (mother and/or babies)</li> <li>- Surgical care</li> <li>- Neonatal care for small and sick newborns</li> <li>- Home visits</li> <li>- Community outreach, home visits, health education outside facility</li> <li>- Abortion care</li> <li>- Post-abortion care</li> <li>- Other: specify</li> </ul>

**Part 2. Setting: Can you tell us about the facility setting in which you work now**

Q#	Question	Response	Notes
1	In which <b>level</b> of health care institution do you primarily work? (if none of the response options fit well, please use the "Other" option and write what your facility type is called in your country)	<ul style="list-style-type: none"> <li>- Referral hospital</li> <li>- District/regional hospital</li> <li>- Health center</li> <li>- Polyclinic</li> <li>- Clinic</li> <li>- Health post/unit</li> <li>- Dispensary</li> <li>- Other: specify</li> </ul>	
2	What organisation <b>type</b> is your institution?	<ul style="list-style-type: none"> <li>- Public (national)</li> <li>- Public (university or teaching)</li> <li>- Public (district level or below)</li> <li>- Social security</li> <li>- Health insurance or HMO</li> <li>- Private university</li> <li>- Private for profit</li> <li>- Non-governmental</li> <li>- Faith-based or mission</li> <li>- Other: specify</li> </ul>	
3	In what type of <b>geographic area</b> is your facility located?	<ul style="list-style-type: none"> <li>- Large city (&gt;1 mil inhabitants)</li> <li>- Small city (100,000 to 1 mil inhabitants)</li> <li>- Town (&lt;100,000 inhabitants)</li> <li>- Village or rural area</li> <li>- Refugee or displaced persons camp</li> <li>- Other</li> </ul>	
4	How many <b>maternity beds</b> does your facility have (include antenatal, labour/childbirth and postnatal). Approximate number is ok	None Number: _____ [free text]	
5	How many <b>births</b> took place in your facility in <b>2019</b> ? Approximate number is ok	None Number: _____ [free text] Don't know	
6	Does your facility provide <b>caesarean sections</b> ?	Yes No	If no, skip to 8
7	If yes, what is the <b>csection rate</b> (% of births by csection) in your facility? Approximate number is ok	Number: _____ [free text] Don't know	
8	Does your facility have an <b>Intensive Care Unit (ICU)</b> which can admit <b>women</b> with obstetric complications? (ICU is defined as a clinical area where ventilatory support can be provided)	Yes No Don't know	
9	Does your facility have a <b>neonatal intensive care unit (NICU)</b> ? (Neonatal intensive care is defined as a unit that provides invasive ventilatory support to small and sick newborns, not just CPAP)	Yes No Don't know	
10	Does your facility <b>receive maternity referrals</b> from other facilities, meaning that patients are sent to your facility from other health facilities?	Yes No Don't know	
11	Is running <b>water and soap</b> always available for hand hygiene on your ward <b>for the use of staff</b> ?	Yes No Don't know	
12	Is running <b>water and soap</b> always available on your ward for the use of <b>patients, visitors, companions</b> ?	Yes No Don't know	
13	Is there always <b>sufficient water and disinfectant for cleaning surfaces</b> ?	Yes No Don't know	

**Part 3. COVID-19 preparedness**

Q#	Question	Response	Notes
1	Has your institution or ward provided you with <b>any information</b> on how to prepare for COVID-19?	Yes No	No – skip to 6
2	What did you learn from this information? Please list main areas or themes	[free text]	
	On a scale from 1 (poor) to 5 (excellent), how would you rate the following dimensions of this information:	1 – poor 2 – somewhat useful 3 – average 4 – good 5 – excellent Not applicable	
3	Clarity		
4	Helpfulness for your daily work		
5	Value in helping you feel safe		
6	Has your institution or ward provided you with any training on COVID-19, for example simulations or drills?	Yes No	
7	Have you received new or updated guidelines specifically for the provision of care to pregnant, labouring or postpartum women and their newborns because of COVID-19?	Yes No	If no, skip to 9
8	If yes, which guidelines? Please list all used (WHO, FIGO, ICM, RCOG, RCPCH, RCN, RCM, COINN, your country's Ministry of Health, Country professional organisations etc)	Free text	
9	Have you personally searched for source of guidance and sources of information to prepare for COVID-19 in your work?	Yes No	
10	Have you received information related to COVID-19 and your work informally through other colleagues (in your own facility or outside)?	Yes No	
11	Have you been a part of any self-organisation on the part of healthcare workers in response to the COVID-19 outbreak? (exchange of information, virtual discussion groups (Whatsapp, Facebook, etc)	Yes No	
12	Has your facility published or distributed any materials (brochure, flier, posters, etc) covering COVID-19 targeted toward pregnant, labouring, or postnatal women?	Yes No Don't know	If no or don't know - skip to 15
13	What kind of information is on these materials? (social distancing, symptoms, when/how to self-isolate, when/where to seek care etc.)	Free text	
14	In what form is it provided? (mark all that apply)	-Health talks -Leaflets/fliers -Posters -Counselling during consultations -Facility website -Phone line with advice -Other: specify	
15	In your facility, do you feel that patients' questions about COVID-19 are being addressed adequately by staff?	Yes No Don't know	

16	What are you worried about most at this time in regard to <b>being able to provide care to women and newborns</b> ?	Free text	
17	Has your facility set up a well sign-posted general entrance and screening area for COVID-19 suspected cases? (regardless whether for maternity patients or not)	-Yes -Some measures taken but not done well -No measures taken -Don't know	
18	Has your facility reserved <b>isolation rooms</b> for COVID-19 suspected cases?	Yes No Don't know	
19	Has <b>routine cleaning of the maternity ward</b> changed in response to COVID-19?	Yes, increased Yes, decreased Unchanged Don't know	

**Part 4. Response to COVID-19 in your facility**

Q#	Question	Response	Notes
1	Is your facility currently screening for COVID-19 symptoms among maternity patients?	Yes No Don't know Other: specify	
2	Is it possible to order a test for COVID-19 at the moment for maternity patients at your facility?	Yes No Don't know Other: specify	If no/DK: skip to 4
3	If yes, how long does it take to get a result? (note whether your response is in hours or days)	[free text]	
4	Are the testing criteria for COVID-19 clear to you? (the conditions/symptoms for which a test can be ordered)	Yes No	If no – go to 6
5	Can you describe these criteria	[free text]	
6	Have you had any maternity patients with COVID-19 in your facility so far?	Yes, suspected Yes, confirmed Yes, both confirmed and suspected cases No Don't know Other: specify	If no or DK – go to 8
7	If yes, approximate number	[free text]	
8	Is there a designated COVID-19 lead person / liaison or team in the maternity ward or the facility?	-Yes, in maternity -Yes, in facility as a whole -Yes, both in the maternity ward and in the facility as a whole -No, neither maternity nor facility -Don't know	
9	Were you aware that the WHO developed a pregnancy/postpartum module to be included in the current Case Report Forms (CRFs) recommended to report COVID-19? cases ( <a href="https://isaric.tghn.org/novel-coronavirus/">https://isaric.tghn.org/novel-coronavirus/</a> )	Yes No	If no, skip to 11
10	If yes, are you using this module or preparing to use this module in your facility?	Yes, already using Yes, preparing to start No Don't know Other: specify	
11	On a scale from 1 (not at all) to 5 (I am very clear), do you personally feel you know what you should do if a woman with COVID-19 symptoms arrives in your facility today?	1 – Not at all clear 2 – Some points are clear to me, but I am not confident in what to do 3 – Somewhat clear but major issues remain 4 – I am mostly clear but some questions / areas of concern remain 5 – I am very clear	
12	On a scale from 1 (not at all) to 5 (completely), do you feel that you are sufficiently protected from infection with COVID-19 in your workplace?	1 – not at all 2 – minimal protection 3 – some protection 4 – well protected 5 – completely protected	
<b>Is a sufficient quantity of personal protective equipment (PPE) available to you?</b>			
13	Gloves	Yes - No	
14	Masks	Yes - No	
15	Aprons	Yes - No	

**Part 5. Your work and experience in light of the COVID-19 outbreak**

Q#	Question	Response	Notes
1	Has your work been affected by the COVID-19 outbreak?	- Yes - No	If no skip to 3
2	If yes, how has your work changed? Please feel free to describe changes you perceive as important for patients as well as yourself, your team and the institution. (example: work hours, overtime, types of work being done, collaboration between team members, collaboration between facilities, etc)	Free text	
3	On a scale of 1 (not at all) to 5 (completely), do you feel that your concerns about the response to COVID-19 have been addressed by your facility or ward?	1 – not at all 2 – minimally 3 – somewhat 4 – well 5 – completely	
4	How would you rate your own levels of stress at this time?	-Same as usual -Somewhat higher than usual -Substantially higher than usual	
6	Do you consider your personal role as a health worker in this COVID-19 outbreak is valued by the community you are serving?	Not at all Very little Somewhat Highly Unsure/don't know	
7	What is the one thing that could be done to support you more at this time of outbreak?	Free text	
8	Is there anything else you would like to share?	Free text	

You have now completed the main part of the questionnaire. If you are interested in accessing information and guidance on COVID-19, please click [\[here\]](#).

We value your time and experiences greatly. Thank you for your participation. If you have more time, we would like to ask some questions about how the provision of care in your facility has been affected by COVID-19. Please click [\[here\]](#) if you would like to continue to this additional last section of this survey.

**Additional module. Effect of COVID-19 on the provision of maternal and newborn care**

Can you describe how the COVID-19 outbreak has affected the provision of care to women and newborns in your facility and community? This includes changes made directly in response to the threat of COVID-19 and other indirect influences (for example, pressure on the health system).

Q#	Question	Response
1	Changes to provision of <b>outpatient antenatal</b> care (examples include staffing levels, location – in person or phone/internet, waiting times, patient flow, ability to conduct all routine tests and investigations, etc)	Yes - No If yes, please describe the changes
2	Changes to provision of <b>inpatient antenatal</b> care	Yes - No If yes, please describe the changes
3	Changes to capacity to provide <b>intrapartum care</b> (number of rooms or beds, availability of equipment, supplies and medications)	Yes - No If yes, please describe the changes
4	Changes to rules on number or type of <b>labour companions</b> (includes family members and professional doulas, whether able to stay overnight, etc)	Yes - No If yes, please describe the changes
5	Changes to <b>pain relief</b> options available to women in labour	Yes - No If yes, please describe the changes
6	Changes to <b>rules on induction</b> of labour	Yes - No If yes, please describe the changes
7	Changes to <b>caesarean section provision</b> (e.g. location of theatre, type of anaesthesia, guidelines for elective csections)	Yes - No If yes, please describe the changes
8	Changes to <b>visiting hours</b> or number/type of visitors, for mothers and newborns	Yes - No If yes, please describe the changes
9	Changes to <b>inpatient postnatal</b> care provision following vaginal births (for example, shorter length of stay, frequency of routine checks)	Yes - No If yes, please describe the changes
10	Changes to <b>inpatient postnatal</b> care provision following caesarean section births (for example, change in cleaning schedules, hand hygiene indications, hand hygiene supplies, delivery equipment decontamination and sterilisation)	Yes - No If yes, please describe the changes
11	Changes to <b>outpatient postnatal</b> care provision (ability to follow-up in women's homes, breastfeeding counselling, postpartum family planning etc)	Yes - No If yes, please describe the changes
12	Changes to provision of <b>routine newborn</b> care before discharge (screenings, vaccinations, etc)	Yes - No If yes, please describe the changes
13	Changes to provision of <b>newborn intensive</b> care (example: bed capacity, oxygen, equipment)	Yes - No If yes, please describe the changes

14	Changes to provision of <b>non-essential care</b> (such as cancellations of elective surgery, gynecological procedures, IVF provision, etc)	Yes – No If yes, please describe the changes
15	Changes to <b>staffing levels or team/shift composition</b> (for example, more people hired, such as cleaners, change in shift hours, staff being absent due to symptoms )	Yes - No If yes, please describe the changes
16	Changes to process of <b>referring patients to other facilities</b> (timing, destination, mode of transport, capacity, guidelines)	Yes - No If yes, please describe the changes
17	Changes to <b>process of receiving incoming maternity referrals</b> , including antenatal and emergency. (timing, destination, mode of transport, capacity, guidelines)	Yes - No If yes, please describe the changes
18	Do you feel that <b>women's use of care</b> in your facility has been affected by COVID-19? For example, do you see fewer or more patients than usual? If so, why?	Yes - No If yes, please describe the changes