

APPENDIX 1: QUESTIONNAIRE IN ENGLISH**CARE OF THE SMALL BABIES AND KANGAROO MOTHER CARE IN THE COVID-19 PANDEMIC****Page 1: CONSENT**

Thank you for taking this rapid survey to understand care of small babies and KMC during the COVID-19 pandemic. It will take less than 20 minutes to complete. Please go through the questions and mark all applicable choices.

1. Have you read the participant information sheet?
 - a. Yes. I provide consent and voluntarily participate in the survey
 - b. No

Page 2: INFORMATION SHEET

Please, read the information sheet before taking the survey. You can find it by clicking here

2. Have you read the participant information sheet?
 - a. Yes. I provide consent and voluntarily participate in the survey
 - b. No

Page 3: PERSONAL DETAILS/SETTING

3. What is your occupation?
 - a. Nurse
 - b. Neonatal nurse
 - c. Paediatrician
 - d. Neonatologist
 - e. Medical doctor (no specialisation)
 - f. Community health or outreach worker
 - g. Administrator
 - h. Policymaker
 - i. Other (please specify)
4. Name your city/town

5. Name your country

6. What type of area do you work in?:
 - a. Large city (>1 million people)
 - b. Small city (100,000 to 1 million people)
 - c. Town (<100,000 people)
 - d. Village or rural area
 - e. Refugee or emergency setting

- f. Other- please specify

7. What level of hospital/organisation do you work in?:
- Tertiary
 - Regional / general / secondary
 - District
 - Primary / sub district
 - Not applicable
8. What type of hospital/organisation do you work in?
- Public or national health system
 - Public academic (university or teaching)
 - Private for profit
 - Private not for profit eg Faith-based or mission
 - Non-governmental
 - Not applicable
 - Other- please specify
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Page 4: NEWBORN CARE CONTEXT

9. What is the highest level of newborn care provided at your facility?
- Neonatal intensive care (WHO level 3) - (Eg: ventilation)
 - Newborn special care (WHO level 2) – (Eg: CPAP, IV fluids, assisted feeding)
 - Essential newborn care – (Eg: thermal care, breastfeeding)
 - Not applicable
10. What was the average number of **deliveries per month** that occurred in your facility prior to COVID-19 pandemic? (You could provide a range)
- _____
11. What was the average number of admissions to newborn unit per month in your facility prior to COVID-19 pandemic?
- _____
12. Do you provide Kangaroo Mother Care (KMC) in your facility?
- Yes
 - No
 - Not applicable
13. How many KMC beds do you have in your facility?
- _____

Page 5: COVID-19 PANDEMIC & EFFECTS

14. How has the COVID-19 pandemic affected the number of **hospital births** in your setting?
- Increased
 - Same-No change
 - Reduced slightly (< 25%)
 - Reduced significantly (25 – 50%)
 - Reduced by more than half (> 50% reduction)
15. How has the COVID-19 pandemic affected the number of **newborn admissions** in your setting?
- Increased
 - Same – no change
 - Reduced slightly (< 25%)
 - Reduced significantly (25 – 50%)
 - Reduced by more than half (>50%)
16. Is your facility able to perform or order a COVID 19 test for pregnant women when they are admitted for delivery?
- Yes, routinely for all pregnant women admitted for delivery
 - Yes, for pregnant women with specific risk factors
 - Yes, for pregnant women with symptoms only / contact history
 - Yes, for only elective CS
 - No, we never test pregnant women admitted for delivery
17. Does your facility have a sign-posted area for screening of COVID-19 suspected cases?
- Yes
 - No
18. Does your facility have isolation areas for confirmed / suspected cases of COVID-19?
- Yes
 - No
19. How has COVID-19 affected staffing or team/shift composition in the newborn unit? (mark all that apply)
- No change
 - Reduced staffing to supplement COVID units
 - Additional support staff e.g cleaners
 - Staff being absent due to symptoms (or quarantine)
 - Change in shift hours
20. With regards to availability of PPE, during the last 10 times that the following PPE were needed, how often were they available?
- Gloves
 - N95 Masks
 - Eye protection (goggles, eye shield)

- d. *Aprons /gowns*
 - e. *Sanitizers*
21. *Did your institution / academic body provide updated guidelines for maternity care and/or small and sick newborn care during the COVID-19 pandemic?*
- a. *No*
 - b. *Yes, updated guidelines for maternity care and routine well newborn care/breastfeeding only*
 - c. *Yes updated guidelines for hospital care of small and sick newborns but not mentioning KMC*
 - d. *Yes, updated guidelines for hospital care of small and sick newborns including KMC*
22. *Have you received information about COVID-19 from any other sources?(mark all that apply)*
- a. *No*
 - b. *Personally searched for guidance and information*
 - c. *Received information informally through colleagues/professional bodies*
 - d. *Received information from hospital / public authorities*
 - e. *Other- please specify*
-
23. *How would you describe your level of knowledge about providing care to neonates born to mothers with confirmed or suspected COVID-19?*
- a. *Not at all clear*
 - b. *Some points clear but not confident in what I need to do*
 - c. *Somewhat clear but major issues remain*
 - d. *Mostly clear but some areas of concern remain*
 - e. *Very clear*
24. *What do you think are the most urgent areas for health worker training/education for newborn care/KMC during the COVID-19 pandemic? (mark all that apply)*
- a. *Clarity and knowledge regarding safety of KMC and breastfeeding during COVID-19*
 - b. *Counseling mother and family*
 - c. *Proper use of PPE and measures of personal safety*
 - d. *Management of COVID-19 positive mothers and their babies*
 - e. *Other –Please specify*
-
25. *Has your work been affected by the COVID-19 pandemic?*
- a. *Yes*
 - b. *No*
26. *How has the pandemic affected your personal level of stress?*
- a. *Same as usual*

- b. *Somewhat higher than usual*
 - c. *Substantially higher than usual*
27. *Do you fear for your own health during the pandemic ?*
- a. *Yes*
 - b. *No*
28. *How has the pandemic changed your practices?(mark all that apply)*
- a. *No change in practice*
 - b. *Always use personal protective equipment*
 - c. *Avoid practices that can increase the risk of transmission*
 - d. *Reduced my work hours*
 - e. *Other, please specify*
- _____
29. *What measures have you taken to protect yourself form COVID 19? (Mark all that apply)*
- a. *Use of PPE (eg: mask, gloves, gowns, eye shield)*
 - b. *Measures of hand hygiene, cough etiquette*
 - c. *Reduced work days / work from home*
 - d. *Other- specify*
- _____

Page 6: KANGAROO MOTHER CARE

30. *Was Kangaroo Mother Care (KMC) routinely practiced in your health care setting before the pandemic?*
- a. *Yes*
 - b. *No*
31. *Which newborns are started on KMC (i.e., what criteria are used to determine eligibility)?*
- a. *Babies \leq 2000 g and stable*
 - b. *Babies < 2500 g and stable*
 - c. *Babies < 2000 g stable and unstable*
 - d. *Babies < 2500 g stable and unstable*
 - e. *Other, please specify*
- _____
32. *Where was KMC typically practiced before the pandemic? (mark all that apply)*
- a. *KMC ward*
 - b. *Postnatal ward*
 - c. *Newborn unit*
 - d. *Other – specify*
- _____

33. *Is KMC still practiced now during the pandemic? (mark all that apply)*
- KMC is not practised*
 - KMC is practised as normal*
 - KMC is practised, but the duration of KMC per day is reduced*
 - Babies are initiated in KMC but discharged home early*
 - KMC is practiced in another area (please specify)*
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34. *How do you care for the small baby born to a **COVID 19 positive mother?***
- KMC as routine, (\pm mask)*
 - Mother and baby stay together, breastfeeding per routine, but no prolonged skin-to-skin contact*
 - Mother and baby separated, except during breastfeeding*
 - Mother and baby separated, only expressed breast milk given*
 - Mother and baby separated, no breast milk given*
 - Not applicable*
35. *How do you care for the small baby born to a **COVID 19 suspect mother or has + contact history?***
- KMC as routine, (\pm mask)*
 - Mother and baby stay together, breastfeeding per routine, but no prolonged skin-to-skin contact*
 - Mother and baby separated, except during breastfeeding*
 - Mother and baby separated, only expressed breast milk given*
 - Mother and baby separated, no breast milk given*
 - Not applicable*
36. *How do you care for the small baby born to a mother whose **COVID 19 status is unknown (not tested / all mothers) during the pandemic?***
- KMC as routine, (\pm mask)*
 - Mother and baby stay together, breastfeeding per routine, but no prolonged skin-to-skin contact*
 - Mother and baby separated, except during breastfeeding*
 - Mother and baby separated, only expressed breast milk given*
 - Mother and baby separated, no breast milk given*
37. *How do you care for the small baby born to a **COVID 19 negative mother?***
- KMC as routine, (\pm mask)*
 - Mother and baby stay together, breastfeeding per routine, but no prolonged skin-to-skin contact*
 - Mother and baby separated, except during breastfeeding*
 - Mother and baby separated, only expressed breast milk given*
 - Mother and baby separated, no breast milk given*

38. *Are the mother and family allowed to visit the small newborn in the special baby care unit/ NICU during the pandemic? (mark all that apply)*
- Yes, as usual*
 - Visiting hours are restricted*
 - Mothers are permitted except for COVID-19 positive mothers*
 - Family members (other than mother) are not permitted*
 - Mother and family are not permitted*
 - Mother or family were not permitted even before the pandemic*
39. *How has the pandemic affected small newborn care, including KMC? (choose all that apply)*
- Newborn unit admission capacity reduced*
 - KMC ward admission capacity reduced*
 - Newborn unit/KMC areas are reallocated (for COVID-19 care or other care)*
 - Newborn unit/KMC staff are reallocated (for COVID-19 care or other areas)*
 - Babies are discharged earlier than usual*
 - Health workers more hesitant to promote KMC*
 - Women/families more hesitant to practice KMC*
 - Women and families refuse to stay in facilities that are marked as COVID treatment centres*
 - Counselling and support focus shifted from KMC to hand hygiene, masks, social distancing*
 - Family members not able to be present for KMC support*
 - KMC practiced with improved hand hygiene and respiratory hygiene (i.e., masks, tissues)*
 - Other –please specify*

Page 7: SMALL BABY CARE AND FOLLOW UP

40. *Has the pandemic affected the following aspects of small and sick newborn care? (mark all that apply)*
- Not affected*
 - Affected provision of oxygen*
 - Affected provision of CPAP*
 - Affected newborn feeding*
 - Affected monitoring including of blood sugar monitoring*
Please specify the reasons why the care is affected (Eg: less oxygen/ concentrators available, CPAP device shortage, fewer nurses)
41. *Has the COVID-19 pandemic affected follow-up care for small and sick newborns?*
- Yes*
 - No*
42. *How has the pandemic affected the follow up care?(mark all that apply)*
- Reduced space for follow-up clinic*
 - Less staff to conduct follow-up clinic*
 - Fewer appointments for each newborn*

- d. Follow-up schedule has been changed
- e. Women/families reluctant to come to hospital for follow-up due to fear of infection
- f. Reduced attendance due to logistical reasons (e.g., public transport disruptions)
- g. Home visits disrupted
- h. Telephonic follow up visits have been started
- i. Other - please specify

Page 8: DISRUPTORS AND POTENTIAL SOLUTIONS

43. As a health care provider, how do **you perceive** the KMC intervention during the pandemic?
Would you encourage KMC during this pandemic?

- a. Overall, the risk is more than the benefit – should not promote KMC
- b. Overall, the risk is lower than the benefit – should promote KMC
- c. Risk is more than benefit only for COVID + mothers – withhold KMC only if mother is +
- d. Risk is lower than benefit even for COVID + mothers - continue KMC even if mother is +

44. List the key disruptors of small newborn care and KMC services in your facility/population that have been caused by the COVID-19 pandemic.

Disruptor of small and sick newborn care/KMC

45. List the potential solutions that could be adopted to address these key disruptors.

Potential solution

46. Is your facility/district implementing any solutions to overcome disruptions to small and sick newborn care and KMC services that have been caused by the pandemic?

- a. Yes
- b. No

47. Please elaborate on the solution your facility /district is implementing

Page 9: CONTACT QUESTION

48. *Please select whether we may contact you via e-mail for any of the following purposes:*

- a. If you would like to receive findings from this survey*
- b. If you would like to be named in acknowledgement*
- c. I would not like to be contacted*

49. *Please provide your e-mail address:*

Thank you for participating in the survey!