

Rapid Knowledge, Practices and Coverage (KPC) Survey **MODULE 5B: DELIVERY AND IMMEDIATE NEWBORN CARE**

INTERVIEWER INSTRUCTIONS

ORGANIZATION OF THIS MODULE

Module 5B consists of two questions, one of which (Question 2) also appears in the KPC2000 *Rapid CATCH*. There is also one sub-module on delivery practices.

ASKING QUESTIONS AND RECORDING ANSWERS

All questions in this module are based upon maternal recall. It is very important that you ask each question exactly as it is written on the questionnaire. In addition to the questions, there are statements that appear in all capital letters, indicating that they are interviewer instructions and should not be read aloud to the mother.

Most questions have precoded responses. It is important that you do not read these choices aloud to the mother. When you ask a question, you should listen to the mother's answer, then circle the code next to the category that best matches her answer. For some questions, an OTHER code is included in the list of precoded responses. If the mother provides an answer that does not fit into any of the precoded categories, circle the OTHER code and write the answer in the blank space provided.

FILLING IN IDENTIFICATION INFORMATION

Before you begin asking the mother questions, record the cluster, household, and record numbers at the top of the questionnaire. This is the same information that you recorded on the cover page of the survey. In addition, record the child's age and sex in the second set of boxes.

Q.1: PLACE OF DELIVERY

Question 1 identifies births delivered in a health facility. When asking the question, be sure to insert the name of the child to whom you are referring, so that there is no confusion with the respondent's other children. If the mother gave birth in a health facility, ask her for the name of the place and record this information in the blank space provided.

Q.2: ASSISTANCE AT DELIVERY

If the mother is not sure of the status of the person who attended (NAME'S) delivery, for example, if she doesn't know whether the person was a midwife or a traditional birth attendant, probe. It is important to find out who assisted with the delivery itself, not who helped in other ways such as boiling water or wrapping the baby in a blanket. Notice that the codes for this question are letters of the alphabet to remind you to circle codes for all the people who the mother mentions. This question also appears in the *Rapid CATCH*.

SUB-MODULE, Qs. 1, 2, 3 and 4: AVAILABILITY OF CLEAN BIRTH KITS/CORD CARE

Question 1 is a filter question about the availability of clean birth kits. Your supervisor will know whether or not clean birth kits are available in the project area. If clean birth kits are available, ask the mother Question 2 to determine whether or not a kit was used when she delivered (NAME). The instrument used to cut the umbilical cord may affect the risk of infection in the baby. In Question 3, you will ask what instrument was used to cut (NAME'S) umbilical cord. Record who cut the cord in Question 4.

SUB-MODULE, Qs.5 and 6: IMMEDIATE NEWBORN CARE

The way in which a baby is cared for during the period immediately after birth is critical to his/her survival. Ideally, the baby should be placed with the mother to maintain body warmth and initiate breastfeeding. In Questions 5 and 6, ask the mother where (NAME) was placed immediately after birth and what was done with the baby.

SKIP PATTERNS FOR DELIVERY AND IMMEDIATE NEWBORN CARE MODULE

It is very important that you ask the mother only those questions that are relevant to her situation. For example, if clean birth kits are not available in the project area, you should not ask the mother if one was used when she delivered (NAME). For certain questions,

you are instructed to skip to the next appropriate question if the mother gives a particular response. Skip instructions are located in the far right-hand column of the questionnaire. The following list summarizes all skip patterns within the Delivery and Newborn Care Module.

	Question	Response	Instructions
SUB-MODULE	Q.1 "CLEAN BIRTH KITS AVAILABLE/ NOT AVAILABLE IN THE PROJECT AREA	available not available	Go to Q.2 SKIP to Q.3
	Q.2. "Was a clean birth kit used?"	yes (1) no (2); don't know (8)	SKIP to Q.4 Go to Q.3

SUGGESTED QUALITATIVE RESEARCH QUESTIONS

Certain topics are better explored using qualitative research techniques rather than closed-ended questions. It is suggested that answers to the following questions be obtained from key informants or focus group discussions:

- C What factors affect where a woman gives birth?
- C Who decides where a woman gives birth?
- C When is a decision made about where a woman will give birth?
- C If a woman experiences complications during the delivery, what is usually done?
- C In this community, who usually cuts and ties the umbilical cord?
- C In this community, what kind of emergency transport plan exists for delivery complications?

The qualitative research component will yield important information on community knowledge, beliefs, and normative practices related to delivery and newborn care. As a formative research technique, findings from focus group discussions could be used to modify the questionnaire to reflect local terms, concepts, and customs. In addition, upon completion of the KPC study, there may be additional areas that need to be explored. Thus, qualitative methods can be employed once again to provide explanations for phenomena that were identified but not sufficiently explained by the KPC.

IDENTIFICATION	
CLUSTER NUMBER	1111
HOUSEHOLD NUMBER	111
RECORD NUMBER	111

AGE OF CHILD (IN MONTHS)	111
SEX OF CHILD (1=MALE, 2=FEMALE)	11

PLACE OF DELIVERY AND DELIVERY ATTENDANTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	<p>Where did you give birth? ¹</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 11</p> <p>OTHER HOME 12</p> <p>HEALTH FACILITY</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>HEALTH CENTER 23</p> <p>PVO CENTER 24</p> <p>HEALTH POST 25</p> <p>OTHER HEALTH FACILITY _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
2	<p>Who assisted you with (NAME'S) delivery? ¹</p> <p>RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>FAMILY MEMBER _____ F</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO ONE Y</p>	

¹ PVOs are encouraged to modify response categories as necessary; however, the broad categories should be maintained.

SUB-MODULE ON DELIVERY PRACTICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	CLEAN BIRTH KITS AVAILABLE IN THE PROJECT AREA ? CLEAN BIRTH KITS NOT AVAILABLE IN THE PROJECT AREA		<3
2	Was a clean birth kit used?	YES 1 NO 2 DON'T KNOW 8	<4
3	What instrument was used to cut the cord?	NEW RAZOR BLADE 1 OTHER INSTRUMENT 2	
4	Who cut the cord?	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 4 COMMUNITY HEALTH WORKER 5 FAMILY MEMBER _____ 6 (SPECIFY) OTHER _____ 7 (SPECIFY) NO ONE 8	
5	Where was (NAME) put immediately after birth?	WITH MOTHER 1 IN COT 2 ON FLOOR 3 BATHED 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
6	What did you do with (NAME) immediately after birth? ^{1,2}	BREASTFED 1 BATHED 2 LET SLEEP 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

¹ PVOs are encouraged to modify response categories as necessary; however, the broad categories should be maintained.

² Question 3 in Module 2 (Breastfeeding and Infant/Child Nutrition) also inquires about immediate breastfeeding.

NOTE: The information gleaned from this module is not sufficient for the purposes of designing a maternal health intervention. More participatory methods of information gathering are needed.

TABULATION PLAN

This module yields information on delivery practices and immediate newborn care. Table 5B-1 presents a list of key indicators that can be derived from this module. PVOs should select those indicators which are of relevance to their specific project activities. Additional indicators (e.g., percent of children who were delivered by PVO-trained birth attendants) may also need to be devised. Also, PVOs may have to modify some indicators to reflect national policies.

TABLE 5B-1: DELIVERY CARE INDICATORS

INDICATOR	DESCRIPTION/DEFINITION
<i>Delivery by Skilled Health Personnel</i>	<p>Percent of children aged 0-23 months whose delivery was attended by a skilled health personnel</p> <p>No. of children with response= A, B, or C for Q.2</p> <hr style="width: 50%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; align-items: center;"> x 100 </div> <p style="text-align: center;">Total no. of children aged 0-23 months</p>
<i>Clean Cord Care</i>	<p>Percent of children aged 0-23 months whose delivery involved use of a clean birth kit or whose cord was cut with a new razor</p> <p>No. of children with response= 1 for Q.2 or Q.3 of sub-module</p> <hr style="width: 50%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; align-items: center;"> x 100 </div> <p style="text-align: center;">Total no. of children aged 0-23 months</p>
<i>Immediate Breastfeeding</i>	<p>Percent of children aged 0-23 months who were immediately breastfed at birth</p> <p>No. of children with response= 1 for Q.6, sub-module</p> <hr style="width: 50%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; align-items: center;"> x 100 </div> <p style="text-align: center;">Total no. of children aged 0-23 months</p>
<i>Placement at Birth</i>	<p>Percent of children aged 0-23 months who were placed with the mother immediately after birth</p> <p>No. of children with response= 1 for Q.5, sub-module</p> <hr style="width: 50%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; align-items: center;"> x 100 </div> <p style="text-align: center;">Total no. of children aged 0-23 months</p>

Given its relatively small sample size, data from the KPC may be tabulated either manually or by computer. Table 5B-2 is an example of a manual (hand) tabulation table for Q.2, which identifies children whose delivery was attended by skilled health personnel.

For each child, a check mark (T) would be placed in the row of the category that matches his/her mother's response. The frequency column indicates the number of children whose delivery was attended by a particular provider (i.e., total number of check marks in a specific row), whereas the percent column is the number of children with that response divided by the total number of children.

TABLE 5B-2: EXAMPLE OF HAND TABULATION TABLE FOR Q.2
(*Who assisted you with the delivery?*)

CATEGORY		CHECK MARKS (T)	FREQUENCY	PERCENT
A	DOCTOR			
B	NURSE/MIDWIFE			
C	AUXILIARY MIDWIFE			
D	TRADITIONAL BIRTH ATTENDANT			
E	COMMUNITY HEALTH WORKER			
F	FAMILY MEMBER			
G	OTHER			
Y	NO ONE			
TOTAL NUMBER OF CHILDREN WITH RESPONSES TO Q.2				100.0
OVERALL FINDING BASED ON THIS TABULATION:				

For easier tabulation of the indicator on trained delivery assistance, the data for Q.2 may be re-organized into two categories: a) skilled delivery assistance and b) unskilled delivery assistance. In doing so, the indicator on skilled delivery attendant (see Table 5B-1) is simply the percent that appears in the last column of the first row ("yes") in Table 5B-3.

TABLE 5B-3: SKILLED DELIVERY ATTENDANCE

WAS (NAME) DELIVERED BY SKILLED HEALTH PERSONNEL?	CHECK MARKS (T)	FREQUENCY	PERCENT
yes			
no			
TOTAL NUMBER OF RESPONSES TO Q.2			100.0
OVERALL FINDING BASED ON THIS TABULATION:			

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REFERENCES FOR SURVEYS WITH DELIVERY CARE INFORMATION

Listed below are other surveys with questions, sections or modules on delivery care that may be of assistance when modifying the KPC to meet the needs of your particular project.

- (1) CARE (1999). *Rapid Impact Evaluation Survey* (Qs. 16-17).
- (2) ORC Macro (2000) *MEASURE DHS+ Model A Questionnaire for High Contraceptive Prevalence Countries* (Qs.423-428).
- (3) Project Hope (1999). Kasungu Child Survival and Mother Care Programme Baseline Survey, Questionnaire for women of reproductive age (Qs. 20-21).
- (4) UNICEF (1995). *Multiple Indicator Cluster Survey* (Maternal and Newborn Health modules, Qs. 5-8).