### **Personal Details**

Unique ID	
[hospital ID][data clerk ID][0001]	
Hospital ID	<ul><li>○ A</li><li>○ B</li><li>○ C</li><li>○ D</li></ul>
Interviewer	<ul><li>○ A</li><li>○ B</li><li>○ C</li><li>○ D</li></ul>
Today's date	
*Explain*: There are four sections to this interview. I will begin witraining. There will then be questions about guidelines for how cwill have a mixture of specific questions and scenarios. This seco asking for your experience of which interventions are used at availability of equipment. Please feel free to ask for a break or ask	are should be given in different situation. This section nd section will be followed by two shorter sections: one this facility and the final section will ask about the
Nurse on duty on the maternity ward?	○ Yes ○ No
Nurse on duty to care for sick inpatient newborns?	
Personal details	
Sex	
Age	<pre> &lt; 20</pre>
Type of nurse currently practising as (have they specialised?):	☐ Student (please specify for which type) ☐ Enrolled/certificate nurse ☐ Diploma (basic) nurse ☐ Higher diploma nurse ☐ Intern for degree/BSn nurse ☐ Degree/BSn nurse ☐ Specialist nurse ☐ Other
Other, please specify	<u></u>
Type of specialist nurse	<ul> <li>Neonatal nurse</li> <li>Paediatrics nurse</li> <li>Midwifery nurse</li> <li>Obstetrics nurse</li> <li>ICU/critical care nurse</li> <li>Renal nurse</li> </ul>

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Permanent staff  Number of years of service as a nurse  Number of years at current facility		○ Yes ○ N			
		(In years)			
		(If less than or			
Have you received additional	training in:				
	Yes, in the last 12 months	Yes, since qualifying but more than 12 months ago	No	Don't know/can't remember	
Newborn resuscitation	$\circ$	$\circ$	$\bigcirc$	$\circ$	
Essential newborn care	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Emergency Triage Assessment and Treatment plus (ETAT+)	0	0	0	0	
Emergency Obstetrics and Neonatal care (EMONC)	0	0	0	0	
Advanced Life Support in Obstetrics (ALSO)	0	0	0	0	

### **Knowledge Routine Newborn Care**

\*Explain\*: Since you are on duty in the delivery ward, I will ask you questions about the care that should be given to a newborn directly after delivery and to the mother. Please answer these questions in accordance to what you think \*should\* be done according to guidelines. Let's begin with questions about the routine care of newborns.

Immediate postnatal care	
If a delivery is normal and the liquor is not stained with meconium, please tell me what steps you should take for immediate care of the baby within the first few minutes after delivery. Please focus on the baby, not the mother.	<ul> <li>□ Dry the baby</li> <li>□ Weight the baby</li> <li>□ Check the baby's condition/APGAR (if answered, as for elaboration [below])</li> <li>□ Keep the baby warm (if answered, ask for elaboration [below])</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
Elaboration: How (else) do you check the baby's condition (or APGAR *if mentioned*)?	<ul> <li>□ Appearance/complexion/colour</li> <li>□ Pulse rate</li> <li>□ Reflex irritability/reaction to stimulus</li> <li>□ Activity/muscle tone</li> <li>□ Respiratory effort/cry</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
Elaboration: What (other) steps should be taken to maintain warmth of a healthy newborn?	<ul> <li>Skin-to-skin contact with mother</li> <li>□ Dry the baby</li> <li>□ Wrapping in warm towels/cloth</li> <li>□ Placing newborn close to a heat source/keeping the room warm</li> <li>□ Delayed bathing</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
The baby appears to be entirely well, what routine care should be planned immediately and on the first day, including prophylactic treatment?	<ul> <li>☐ Initiate breastfeeding (if answered, ask when [below])</li> <li>☐ Administer vitamin K (if answered, ask what dose and route for a full-term baby[below])</li> <li>☐ Administer eye drops/ointment (if answered, ask which type [below])</li> <li>☐ Give vaccinations (if answered, ask which ones [below])</li> <li>☐ Clean the umbilical cord (if answered, ask with what [below])</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
Elaboration: When should breastfeeding be initiated?	<ul><li>○ Within one hour/immediately</li><li>○ None of the above</li><li>○ Don't know</li></ul>
Elaboration: What is the recommended dose of intramuscular vitamin K for full-term appropriate weight baby?	<ul> <li>1mg</li> <li>Don't know because we use oral vitamin K</li> <li>None of the above</li> <li>Don't know</li> </ul>



recommended?	<ul> <li>○ None of the above</li> <li>○ Don't know</li> </ul>
Elaboration: Which vaccines should be given?	<ul> <li>□ Oral polio vaccine/OPV</li> <li>□ BCG/tuberculosis</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
Elaboration: With what should the umbilical cord be cleaned?	<ul> <li>☐ Chlorhexidine</li> <li>☐ Spirit</li> <li>☐ Other, please specify below</li> <li>☐ Don't know</li> </ul>
Other umbilical cord cleaning solutions	
Immediately after birth, how should the baby's condition be checked?	<ul> <li>□ Appearance/complexion/colour</li> <li>□ Pulse rate</li> <li>□ Reflex irritability/reaction to stimulus</li> <li>□ Activity/muscle tone</li> <li>□ Respiratory effort/cry</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
What steps should be taken to maintain warmth of a healthy newborn?	<ul> <li>Skin-to-skin contact with mother</li> <li>□ Dry the baby</li> <li>□ Wrapping in warm towels/cloth</li> <li>□ Placing newborn close to a heat source/keeping the room warm</li> <li>□ Delayed bathing</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
When should the cord be clamped?	<ul> <li>Once the cord has stopped pulsating/&gt;1 minute after birth/delayed</li> <li>None of the above</li> <li>Don't know</li> </ul>
With what should the umbilical cord be cleaned?	<ul><li>☐ Chlorhexidine</li><li>☐ Spirit</li><li>☐ Other (please specify)</li><li>☐ Don't know</li></ul>
Other umbilical cord cleaning solutions	
What is the definition of low birth weight for a term newborn?	<ul><li>○ Less than 2.5 kg</li><li>○ None of the above</li><li>○ Don't know</li></ul>
Infection management	
In what circumstance should you order a rapid (antibody) HIV test for a newborn or the mother?	<ul><li>○ When the exposure status is unknown</li><li>○ None of the above</li><li>○ Don't know</li></ul>
In what circumstance should you order a PCR HIV test for a newborn?	<ul> <li>The mother is HIV positive/they have a positive exposure status/the rapid test is positive</li> <li>None of the above</li> <li>Don't know</li> </ul>

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Breastfeeding	
When is it most appropriate to initiate breastfeeding after birth?	<ul><li>Within the first hour/immediately</li><li>None of the above</li><li>Don't know</li></ul>
If a newborn is unable to breastfeed but the mother is producing milk, what type of feed should the newborn be given?	<ul> <li>Expressed breast milk</li> <li>Glucose/glucose mix/glucose and water</li> <li>None of the above</li> <li>Don't know</li> </ul>
If a mother experiences that she is not producing enough breast milk during the first few days after delivery, what should you do for her and the newborn? Please list	Assess her technique Examine the breasts and ensure there is no engorgement or infection Help her with manual expression of breast milk Encourage her to keep trying/psychological support/emotional support Give the newborn formula while waiting for milk production to start - as a last resort Give formula (no indication that this should be as a last resort) Give metoclopramide/maxolon to her Give domperidone/motilium to her None of the above Don't know
For how long should a mother ideally continue to exclusively breastfeed her child?	<ul><li>○ 6 months</li><li>○ None of the above</li><li>○ Don't know</li></ul>



### **Knowledge Newborn Resuscitation Maternity**

\*Explain\*: I will now ask a set of questions about newborns with complications. Again, please answer these questions in accordance to what you think \*should\* be done according to guidelines. I will tell you a situation and ask some step-wise questions. A near or full term baby has just been delivered. There are no signs of meconium stained liquor, but the baby does not cry and makes no movements. The cord has just been clamped and cut but nothing else has yet been done. [ask for the scenario to be repeated back to you] What are the very first things you should do for this Take the baby to a warm place Dry the baby baby? Stimulate the baby Observe the baby/APGAR (if answered, prompted for ☐ Wrap in new/warm cloth/towel with chest exposed ☐ Skipped straight to ABC □ Skipped straight to resuscitation ☐ None of the above ☐ Don't know Elaboration: What (else) should you observe the baby ☐ Observe for muscle tone ☐ Observe for colour for? ☐ Observe for cry ☐ Observe for breathing effort ☐ None of the above ☐ Don't know You have dried, wrapped, stimulated, observed the Check the airways (if answered, ask for details of baby and kept them warm, but the baby still seems to how) be unresponsive, what should you first check? O None of the above O Don't know Elaboration: How should the airways be checked? ☐ Check the mouth/check for secretions ☐ Open the airways by positioning the head in neutral position Suction the airways if visibly blocked ☐ None of the above ☐ Don't know O Check the breathing (if answered, ask for details What should you check after you have checked the airways? of how) None of the above O Don't know ☐ Look for chest movements Elaboration: How should the breathing be checked? ☐ Listen and/or feel for air movement ☐ None of the above ☐ Don't know What should you do if the baby is not breathing at Resuscitate/support breathing/give bag and mask



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all but the airways are clear?

breaths (if answered, ask for details of the steps

to take in doing this)

None of the above

O Don't know

What steps should you take to resuscitate a baby that is not breathing at all but the airways are clear? Please list these steps in the correct order.	<ul> <li>☐ Call for help</li> <li>☐ Get a correct size mask/seal the mask to face/cover the mouth and nose with mask ensuring proper fit</li> <li>☐ Ventilate</li> <li>☐ Watch the chest rise</li> <li>☐ Re-assess after 1 minute</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
During resuscitation, at what rate should you ventilate?	<ul> <li>30-50 breaths per minute</li> <li>None of the above</li> <li>Don't know</li> </ul>

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# **Knowledge Routine Maternity Care**

\*Explain\*: We will now move on to some questions about routine care of the mother during and after labour. As before, please answer these questions in accordance to what you think \*should\* be done according to guidelines.

Intrapartum care	
How should a mother be actively managed immediately after the birth of a baby? i.e. What are the components of active management of third stage of labour, please list.	<ul> <li>☐ Administration of a uterotonic drug/oxytocin/syntocinon (if answered, ask how long after delivery it should be given [below])</li> <li>☐ Delivery of the placenta (if answered, ask how [below])</li> <li>☐ Uterine massage (if answered, ask how often and for how long [below])</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
Elaboration: How long after delivery should the uterotonic/oxytocin be given?	<ul><li>○ Within one minute</li><li>○ None of the above</li><li>○ Don't know</li></ul>
Elaboration: How should the placenta be delivered?	<ul><li>By controlled cord traction</li><li>None of the above</li><li>Don't know</li></ul>
Elaboration: How often and for how long should uterine massage be done?	<ul> <li>□ Every 15 minutes</li> <li>□ For 2 hours post-delivery of the placenta</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
How long after delivery should the uterotonic/oxytocin be given?	<ul><li>○ Within one minute</li><li>○ None of the above</li><li>○ Don't know</li></ul>
What is the recommended dose and route for oxytocin administration immediately after delivery of the baby?	<ul><li>☐ 10 units</li><li>☐ Intramuscular</li><li>☐ None of the above</li><li>☐ Don't know</li></ul>
Management of post-partum haemorrhage	
Please tell me all of the things you should do to manage severe post-partum haemorrhage. Please list.	☐ Call for help ☐ Fix two large bore cannulae ☐ Draw samples for labs ☐ Start IV fluids ☐ Perform uterine massage ☐ Apply aortic compression ☐ Remove any retained products of conception ☐ Administer uterotonic drug ☐ Empty bladder ☐ Cross-match blood ☐ Repair lacerations and tears ☐ None of the above ☐ Don't know



Management of hypertension in pregnancy	
Which drugs are recommended for lowering severely elevated blood pressure > 160/110mmHg in a pregnant women before labour?	<ul> <li>☐ Hydrallazine</li> <li>☐ Nifedipine</li> <li>☐ Labetolol</li> <li>☐ Methyldopa/Aldomet</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
What is the recommended drug for management of eclamptic convulsions?	<ul><li></li></ul>
What is the recommended *loading* dose, route, and timeframe over which magnesium sulphate should be administered for management of eclampsia?	<ul> <li>4g given as an intravenous/IV infusion over 5-20 minutes</li> <li>4g given intravenously/IV over 5-20 minutes followed immediately by 10g (5g intramuscularly in each buttock)</li> <li>Both regimes</li> <li>I would refer to the dosage chart available in the ward</li> <li>None of the above</li> <li>Don't know</li> </ul>
What is the recommended *maintenance* dose, route, and timeframe over which magnesium sulphate should be administered for management of eclampsia?	<ul> <li>1-2g per hour as an intravenous infusion/ by pump</li> <li>5g Intramuscularly every 4 hours</li> <li>Both regimes</li> <li>I would refer to the dosage chart available in the ward</li> <li>None of the above</li> <li>Don't know</li> </ul>
For how long should the maintenance dose of magnesium sulphate be given during management of eclampsia?	<ul> <li>□ 24 hours (no further details)</li> <li>□ 24 hours after the last convulsion or delivery, whichever occurs last</li> <li>□ I would refer to the dosage chart available in the ward</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
What should be monitored while administering magnesium sulphate for eclampsia to check for magnesium sulphate toxicity?	<ul> <li>☐ Respiratory rate</li> <li>☐ Urine output</li> <li>☐ Deep tendon reflexes/patellar reflex/knee jerk</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
Maternal resuscitation	
What 4 priority things should you do if you noted a pregnant mother who was severely ill has collapsed? Please list stepwise in the correct order.	<ul> <li>☐ Call for help</li> <li>☐ Check airway, ensure its clear, and keep it patent</li> <li>☐ Check for breathing, if not breathing give rescue breaths using a bag and mask</li> <li>☐ Check pulse/circulation</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
How should the airway be kept patent for a collapsed pregnant women?	<ul><li>By head tilt and chin lift</li><li>None of the above</li><li>Don't know</li></ul>

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What additional positioning is necessary during resuscitation for gravid mothers beyond 20 weeks gestation?	<ul><li>○ Left lateral tilt</li><li>○ None of the above</li><li>○ Don't know</li></ul>
When should cardiopulmonary resuscitation (CPR) be started?	<ul><li>○ When there is no pulse/other sign of life</li><li>○ None of the above</li><li>○ Don't know</li></ul>
During cardiopulmonary resuscitation (CPR), what is the recommended target breaths and cardiac compresses per minute?	<ul> <li>☐ 100 to 120 compresses per minute</li> <li>☐ 8 breaths per minute</li> <li>☐ 30 compressions per 2 breaths [if answered, ask for elaboration of how many times per minute, below]</li> <li>☐ 15 compressions per 1 breath</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
Elaboration: How many times per minute should you do 30 compressions per 2 breaths during CPR?	<ul><li>○ 4 times</li><li>○ None of the above</li><li>○ Don't know</li></ul>



#### **Knowledge Management Of Severely III Newborns**

\*Explain\*: Since you are on duty to look after sick newborns, I will ask you questions about the care that should be given

to inpatient newborns. Please answer these questions in accordance to what you think \*should\* be done according to guidelines. I will begin with some specific questions and then move on to scenario questions. A baby 8 days old has been brought to your facility ☐ Change in level of activity by its mother who is concerned about the babies ☐ History of convulsions/fits health. What are the things you should ask the ☐ Feeding difficulty mother about regarding the illness history of the □ None of the above newborn to help you identify serious illness? Don't know What are the key signs that you should be interested ☐ Change in level of activity in during examination of this newborn patient to Bulging fontanelle help you identify serious illness? Please list all ☐ Temperature ≥37C/ high temperature/ fever ☐ Temperature < 35.5C/ low temperature/ hypothermia that apply. ☐ Fast breathing/breathing >60 per minute □ Severe chest wall indrawing ☐ Grunting Cyanosis/pulse oximetry ☐ Jaundice/yellowness ☐ None of the above ☐ Don't know ☐ Start phototherapy/refer to facility for What should you do if jaundice is visible in a baby < phototherapy 12 hours old? ☐ Test bilirubin Check for underlying cause ☐ None of the above ☐ Don't know A newborn is receiving phototherapy. The mother would like to breastfeed. Should you allow phototherapy to None of the above be temporarily stopped so that she can breastfeed O Don't know her baby? A baby receiving phototherapy should be monitored, Temperature what should be checked and how frequently? Temperature - every 4 hours (or less) Weight Weight - every 24 hours (or less) Bilirubin Bilirubin - every 12-24 hours (or less) None of the above ☐ Don't know For babies < 7 days old: Twice How many times a day is it recommended that penicillin should be given? O None of the above O Don't know Once How many times a day is it recommended that gentamicin should be given? O None of the above O Don't know On day 1 of life for a sick baby which IV fluid is ○ 10% dextrose recommended? O None of the above O Don't know



How often should nasogastric feeds be given?	☐ 2 hourly ☐ 3 hourly ☐ None of the above ☐ Don't know
What should the nasogastric feed ideally be (type of feed)?	<ul><li>Expressed breast milk</li><li>None of the above</li><li>Don't know</li></ul>
What is the recommended way to give oxygen to a sick baby when oxygen treatment is started?	<ul> <li>Nasal catheter / nasal prong</li> <li>Face mask</li> <li>Head box</li> <li>None of the above</li> <li>Don't know</li> </ul>
If you are using a nasal catheter / prong to give oxygen what flow rate should be used (in litres/min)?	<ul><li>○ 0.5-1.0 L/min</li><li>○ None of the above</li><li>○ Don't know</li></ul>
If a baby is having convulsions and is not on treatment, which anticonvulsant drug should be used first?	<ul> <li>□ Diazepam</li> <li>□ Phenobarbitone</li> <li>□ Phenytoin</li> <li>□ Hydrocortisone</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>

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### **Knowledge Infant Resuscitation Nbu**

I will tell you a situation and ask some step-wise questions, please respond by telling me what you think should be done according to the national guidelines.

A two week old baby is an inpatient being managed for neonatal sepsis. You find the baby not moving but does not appear to be sleeping. You realise that the baby has cardiorespiratory collapsed. Remembering that this is a two week old baby, not a fresh newborn, let's discuss how you would stepwise manage this cardiorespiratory collapse starting right from the beginning. [ask for the scenario to be repeated back to you]

What are the very first things you should do when you find this baby? Please list.	<ul> <li>□ Call for help</li> <li>□ Move the infant to emergency area</li> <li>□ Assess and clear airways</li> <li>□ Position head/neck to open airways</li> <li>□ Assess breathing (if answered, ask for how long)</li> <li>□ Skipped to 'ventilate'</li> <li>□ None of the above</li> <li>□ Don't know</li> </ul>
Elaboration: For how long should you assess breathing?	<ul><li>5 seconds</li><li>None of the above</li><li>Don't know</li></ul>
The airways are clear but the baby is still unresponsive and not breathing. What is the next step you should take? Please provide details.	<ul> <li>☐ Give rescue breaths</li> <li>☐ 5 rescue breaths/at least 2 good breaths</li> <li>☐ with bag and mask</li> <li>☐ None of the above</li> <li>☐ Don't know</li> </ul>
You have done initial ventilation with at least two good breaths, what should you do next?	<ul><li>☐ Check the pulse</li><li>☐ For 10 seconds</li><li>☐ None of the above</li><li>☐ Don't know</li></ul>
You have done initial ventilation but there is still no pulse, what should you do next?	☐ Give chest compressions ☐ 15 (chest compressions) ☐ For each 2 breaths ☐ For 1 minute ☐ Then reassess ABC ☐ None of the above ☐ Don't know
You have done initial chest compressions for 1 minute, reassessed ABC but there is no change, what should you do next?	☐ Give chest compressions ☐ 15 (chest compressions) ☐ For each 2 breaths ☐ For 2 minutes ☐ Then reassess ABC ☐ None of the above ☐ Don't know
When resuscitating this infant, you should stop compressions when the heart rate is above how many beats per minute?	<ul><li>○ 60</li><li>○ None of the above</li><li>○ Don't know</li></ul>



#### **Interventions Routine Care**

\*Explain\*: Thank you, we have finished the section on knowledge. I know have some questions to try to better understand what the standard practice at this facility is. The following questions are about routine care provided at this facility for babies with normal births and no concerns.

Are the following procedures performed at your facility for patients for whom you think the procedure is necessary? Please answer either always, sometimes, or never.

	Always	Sometimes	Never	Don't know
Immediate drying of the newborn after delivery?	0	0	0	0
Skin-to-skin contact between newborn and mother immediately after delivery?	0	0	0	0
Delayed cord clamping (clamping once the cord has stopped pulsating/>1 minute after birth) for babies who do not require resuscitation?	0	0	0	0
Bathing of the newborn within the first 24 hours after birth	0	0	0	0
Cleaning of the cord with chlorhexidine digluconate?	0	0	0	0
Mother and baby kept as inpatients for 48 hour	0	0	0	0
observation? Vitamin K administered to newborns?	0	0	0	0
HIV exposure status testing for newborns when the status of the mother is known to be positive or unknown?	0	0	0	0



And for newborns with complicated births										
Administering antibiotics for preterm or prolonged ROM to prevent infection?	Always 〇	Sometimes	Never	Don't know						
Dexamethasone given for threatened preterm labour?	0	0	0	0						
Kangaroo mother care for preterm and small babies? [interviewer explain]	0	0	0	0						
Resuscitation for non-breathing babies in the delivery ward?	0	0	0	0						
Prophylactic surfactant for babies with respiratory distress syndrome? [interviewer explain]	0	0	0	0						

#### **Interventions Sick Newborns**

\*Explain\*: Thank you, we have finished the section on knowledge. I know have some questions to try to better understand what the standard practice at this facility is. The following questions are about routine care provided at this facility for babies what are sick and require inpatient care.

Are the following procedures performed at your facility for patients for whom you think the procedure is necessary?

Please answer either always, sometimes, or never or let me know if the question is irrelevant because you don't have patients who need the intervention.

	Always	Sometimes	Never	No relevant patients	Don't know
Nasogastric or cup feeding?	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
Therapeutic use of surfactant to prevent respiratory distress in preterm babies?	0	0	0	0	0
Continuous positive airway pressure (CPAP) to manage pre-term babies with respiratory distress syndrome?	0	0	0	0	0
Phototherapy for newborns with jaundice?	0	0	0	0	0
Initiation of ART in babies born to HIV infected mother?	0	0	0	0	0
Xray imaging?	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\circ$



# **Equipment Delivery Ward**

\*Explain\*: We are now at the final part of the interview and almost finished. In this section, I'm interested to get some insight into the availability of equipment to when you are working.

Think of the last 10 times	you nee	eded	these	items,	on h	now n	nany	occa	sions	were	they	avail	able t
you:													
	0	1	2	3	4	5		6	7	8	9	10	I never use this item
Sterile cord clamp and sterile scissors	0	0	0	$\circ$	0	С	) (		0	0	$\bigcirc$	$\bigcirc$	0
Newborn resuscitation device (Ambu bag, bag-mask, and suction device)	0	0	0	0	0	С	) (		0	0	0	0	0
Clean warm towels for wrapping the newborn	0	0	0	0	0	С	) (	C	0	0	$\bigcirc$	0	0
Form of radiant warming (e.g. overhead warmer)	0	0	$\circ$	0	0	С	) (		0	0	$\circ$	0	0
Tetracycline eye ointment	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	C	) (	$\sim$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Vitamin K	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	C	) (	$\sim$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$



# **Equipment Newborn Unit**

\*Explain\*: We are now at the final part of the interview and almost finished. In this section, I'm interested to get some insight into the availability of equipment to when you are working.

Think of the last 10 times yo	u nee	eded t	hese i	items,	on ho	w ma	ny oc	casior	s wer	e they	avai	lable to
you:												
	0	1	2	3	4	5	6	7	8	9	10	I never use this item
Penicillin	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	$\bigcirc$	$\circ$	$\circ$	$\circ$
Gentamycin	$\bigcirc$											
Sterile/new nasogastric feeding tube	0	0	0	0	0	0	0	0	0	0	0	0
Blood sugar sticks	$\bigcirc$											
HIV testing kit	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Clean feeding cups	$\bigcirc$	$\circ$	$\bigcirc$									
Breast pump [interviewer: provide picture]	0	0	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$	0	0	0	0	0
Surfactant	$\bigcirc$											
	0	1	2	3	4	5	6	7	8	9	10	I never use this item
Oxygen supply/concentrator	0	$\bigcirc$	$\circ$									
Oxygen flow meter	$\bigcirc$											
Nasal prong/catheter for oxygen	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$
Pulse oximeter	$\bigcirc$											
Bilirubinometer or bilirubin lab	0	0	0	0	0	0	0	0	0	0	0	0
Blood supply for transfusion	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
Incubator (non-sharing with the exception of twins)	$\circ$	0	0									

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