

FOCUS GROUP DISCUSSION WITH WOMEN WHO HAVE DELIVERED IN PAST 6 MONTHS
--

FGD: #	
---------------	--

Number of Participants:	
-------------------------	--

Address/Location:	
-------------------	--

New Mother Ideal Behaviors:

- | |
|--|
| <ul style="list-style-type: none">• Actively participate in household birth preparedness activities.• Initiate/participate in dialogue with family members about all aspects of advance planning for skilled attendance.• Seek/receive timely, appropriate obstetric care from skilled provider.• Seek/receive timely appropriate emergency obstetric care from skilled provider.• Seek/receive timely, appropriate early postpartum care (first 1-2 weeks after birth) from skilled provider.• Seek/receive focused antenatal care from skilled provider (emphasis on anemia/pre-eclampsia/birth preparedness).• Accept, utilize, and promote “link care provider.” |
|--|

Research Objectives:

Objectives:

To compare attitudes and images women that have of TBA and other “unskilled provider” care and the women who use TBAs to assist in their birth (projective technique) to attitudes and images that women have of skilled attendance and the women who use skilled attendance; consequences of use of each.

To explore community norms regarding women’s use of skilled attendance at birth and in the early postpartum period.

“Concept test” of repositioning of TBAs and other “unskilled providers” (and skilled providers): Explore the acceptability of new role of TBAs and other “unskilled providers” as “link care provider” in support role compared to current role of TBA as primary care provider.

Determine the level of autonomy of women and freedom of movement to access skilled care if they prefer it; relative contribution of woman in decision making and initiation of action for skilled careseeking behaviors.

Identify factors that influence high utilization rates for formal antenatal care/ low skilled attendance at birth/extremely low skilled attendance during early postpartum; compliance with treatment and referral.

Explore knowledge of and attitudes toward obstetric complications and emergencies; perceived causes of and treatment for obstetric emergencies; perceived personal risk/susceptibility; current advance preparation for possibility of obstetric complications.

Identify current and potential sources of social support for preparing for birth, during birth and early postpartum; currently used and preferred information sources of women for information on birth and early postpartum; current and potential social networks of WRA, and pregnant/recently delivered women.

Basic Line of Questioning	Probes
SKILLED ATTENDANCE AT BIRTH	
<ul style="list-style-type: none"> If there is any discussion before birth about where and with what type of attendant a woman will deliver- who participates in this discussion? Who is the real decision maker? 	<ul style="list-style-type: none"> Mother-in-law? Husband? Other?
<ul style="list-style-type: none"> What is the level of autonomy of women, freedom of movement to access skilled care if they prefer it? What is the preferred birth location/birth attendant? Why? What specific terms and concepts do women use to define perceived skill, perceived quality of care of TBAs/skilled providers? 	
<ul style="list-style-type: none"> What are the real costs and the perceived costs involved with birth at home and birth with skilled attendant? Consequences? 	<ul style="list-style-type: none"> Cash? Time?
SKILLED CARE FOR OBSTETRIC EMERGENCIES	
<ul style="list-style-type: none"> What do women know about obstetric complications and what do they do? 	Premature rupture of membranes, prolonged labor/ruptured uterus, hemorrhage, sepsis, eclampsia
<ul style="list-style-type: none"> What is their perception of emergency care providers? Do women currently make any advance preparation specifically for the possibility of complications? 	<ul style="list-style-type: none"> Should women? What kind?
EARLY POSTPARTUM CARE	
<ul style="list-style-type: none"> Are women able to leave home after birth? Is there a perceived need for routine early postpartum care after perceived normal birth, if no problems are detected in new mother or newborn? Do women perceive a need for early postpartum care if complications are detected in new mother or newborn? What type of provider would women prefer to receive EPP care from? 	<ul style="list-style-type: none"> Skilled care or traditional care? Skilled care or traditional care? Where?

CONCEPT TESTING: TBA AS LINK CARE PROVIDER	
<ul style="list-style-type: none"> • Would women consider/accept new role of TBA as “link care provider” in support role compared to primary childbirth care provider now? <i>(Explain link care provider. Be sure to tell women that the skilled attendant can be in her home or can be in clinic/facility.)</i> 	<ul style="list-style-type: none"> • Why/ why not?
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS	
<ul style="list-style-type: none"> • Where do women usually get information on birth and early postpartum? What are women told about childbirth? • What is their level of comfort discussing birth-related topics? • Who do women rely on for help when they need it during and after childbirth? • What is the best way to quickly spread new information about childbirth? 	<ul style="list-style-type: none"> • From whom? • When? • With husband, mother, mother-in-law, skilled or traditional obstetric care providers? • How could dialogue be improved with each?