

**FOCUS GROUP DISCUSSION WITH SKILLED PROVIDERS**

<b>FGD: #</b>				
Type of Skilled Provider:	ENM	MD	Midwife	Other ( <i>circle</i> )
Number of Participants:				
Address/Location:				

**Skilled Provider Ideal Behaviors:**

**Facility-Based Skilled Providers**

- Provide timely, quality routine obstetric care according to standards and protocols.
- Maintain emergency readiness.
- Provide timely, quality emergency care 24/7 according to standards and protocols.
- Provide accurate and complete follow-up counseling to the family on discharge from facility.
- Provide care in a manner that respects the dignity and rights of the woman and family.
- Provide early postpartum care (outpatient or home based).
- Support community-developed solutions to identified access barriers.

**Community-Based Skilled Providers**

- Accept, utilize, and promote “link care provider.”
- Assist in household plan for birth preparedness.
- Provide timely, quality routine obstetric care according to standards and protocols.
- Provide timely, quality emergency care according to standards and protocols.
- Make referral to facility with CEmOC capacity when required.
- Provide focused antenatal care according to standards and protocols .
- Provide accurate, complete information, education and counseling to women and families as required.
- Provide care in a manner that respects the dignity and rights of the woman and family.
- Make home visit to provide early postpartum care.

## Research Objectives:

To explore the concept of link care provider with skilled attendants.

To explore motivations to strengthen links with TBAs or other community “unskilled providers.”

To explore barriers and possible motivations to skilled attendants’ willingness and ability to link with TBAs or other community “unskilled providers” to increase use of skilled care at birth and early postpartum.

To understand the skilled provider perspective on birth preparedness with emphasis on use of skilled care can be improved; household recognition of birth complications.

To understand skilled providers perspectives of women and families perceptions of the quality of care delivered at facilities and their own perception of current service conditions at the facility where they work and other facilities in their district, particularly the role of perceived quality of care.

To investigate skilled provider perspectives of individual, household and community recognition of danger signs/awareness of obstetric complications and need for rapid access to skilled care.

To determine skilled provider perspective on reasons for household and community level delays in seeking skilled care for normal births and in obstetric emergencies (delay 1: recognizing/deciding to seek skilled care and delay 2: reaching skilled care), and reasons for provider/facility delays in receiving skilled care for normal births and in obstetric emergencies (delay 3: receiving quality skilled care).

To determine awareness among skilled providers of the proportion of maternal and newborn deaths that occur during the first week and first two weeks after birth in Kenya and worldwide (60-80% of all maternal deaths) and awareness of the need for and content of early postpartum maternal care (one and two weeks after birth).

To test the concepts of birth preparedness card, community support scheme, pregnancy monitoring system and other interventions to increase use of skilled attendance.

To understand the provider perspective on their own social networks and those of other skilled providers, and how these could be used to rapidly disseminate new concepts and improved obstetric care practice.

Basic Line of Questioning	Probes
<b>BIRTH PREPAREDNESS</b>	
<ul style="list-style-type: none"> <li>• What do women and families do now to prepare for birth?</li> <li>• How can birth preparedness with emphasis on use of skilled care be improved?</li> </ul>	<ul style="list-style-type: none"> <li>• When does this usually start?</li> <li>• Who makes the preparations?</li> <li>• What do you usually tell women to do to prepare for birth?</li> </ul>
<b>SKILLED ATTENDANCE AT BIRTH</b>	
<ul style="list-style-type: none"> <li>• Where do women in this district prefer to give birth <b>now</b>?</li> <li>• Who do women prefer to attend them at birth now?</li> </ul>	<ul style="list-style-type: none"> <li>• Do they give birth in the place they prefer? Why/why not?</li> <li>• Do they have the attendant they prefer? Why/why not?</li> </ul>
<ul style="list-style-type: none"> <li>• Why do women use skilled care or not use skilled care?</li> <li>• In your opinion, why do women continue to rely on unskilled providers (TBAS and others)?</li> </ul>	<ul style="list-style-type: none"> <li>• What do women see as the good things? Bad things?</li> <li>• What makes this difficult? Easy?</li> <li>• How willing would most women be to use skilled providers at all births? Why?</li> </ul>
<b>SKILLED CARE FOR OBSTETRIC EMERGENCIES</b>	
<ul style="list-style-type: none"> <li>• Which obstetric emergencies do skilled providers think women, families and communities recognize and seek rapid access to skilled care for?</li> </ul>	<p>If not mentioned, ask: Premature rupture of membranes, prolonged labor/ruptured uterus, hemorrhage, sepsis, eclampsia</p>
<ul style="list-style-type: none"> <li>• What factors contribute to household and community level delays in deciding to seek skilled care?</li> <li>• What factors contribute to delays in reaching skilled care?</li> </ul>	
<ul style="list-style-type: none"> <li>• Are delays after a woman with obstetric problems gets to a facility?</li> <li>• Do skilled providers have any role in these delays?</li> <li>• Do they think other household and community influentials have any role?</li> </ul>	<ul style="list-style-type: none"> <li>• What are the delays? Why do they happen?</li> <li>• What? Why/why not?</li> <li>• What? Why/why not?</li> </ul>

<ul style="list-style-type: none"> <li>• What would women and families say about the quality of care at facilities?</li> </ul>	<ul style="list-style-type: none"> <li>• Why?</li> </ul>
<b>PROVIDER VIEW OF CONDITIONS OF SERVICE/QUALITY OF OBSTETRIC CARE</b>	
<p>We know that as skilled providers you are supposed to provide services for normal births, services for complications and emergencies, and early postpartum care.</p> <ul style="list-style-type: none"> <li>• <i>Ask for each:</i> normal births, obstetric complications and emergencies, early postpartum care.</li> <li>• If you or your daughter had a baby, where would you go? Why?</li> <li>• What do you think women and families say about the care they get at your facility?</li> </ul>	<ul style="list-style-type: none"> <li>• Do you think the services are good quality? Why/why not?</li> <li>• Do you think you are able to do those things? Why/why not?</li> <li>• What are some good things that help you to get things done?</li> <li>• Are there any bad things about trying to do skilled attendance in early postpartum? Difficult things?</li> <li>• What things would you like to help make it easier?</li> <li>• Are things the same in other facilities as here? Is this what other people would say? Why/why not?</li> </ul>
<b>EARLY POSTPARTUM CARE</b>	
<ul style="list-style-type: none"> <li>• When do most maternal and newborn deaths occur?</li> <li>• Is there a need for early postpartum care for the mother who has no problems?</li> <li>• How could early postpartum care coverage be increased?</li> </ul>	<ul style="list-style-type: none"> <li>• Who has problems? When?</li> <li>• What kind of care?</li> </ul>
<b>PROVIDER VIEWS OF REALISTIC SKILLED CARE OPTIONS</b>	
<ul style="list-style-type: none"> <li>• How can use of skilled care by all women be increased?</li> <li>• How can use of skilled care by women who have obstetric complications and emergencies be increased?</li> <li>• Can women, families, and communities do anything to help increase awareness and use of skilled care?</li> <li>• Can providers/facilities staff themselves do anything to help increase awareness of the need for and increase actual use of skilled care?</li> </ul>	<ul style="list-style-type: none"> <li>• Why/why not?</li> <li>• What?</li> <li>• Why/why not?</li> <li>• What?</li> </ul>
<b>TEST CONCEPT: LINK CARE PROVIDERS</b>	

<p>We have been thinking that now TBAs or other people in the community could be useful to help all women get to a place where skilled childbirth care is available, instead of actually helping the women give birth.</p> <ul style="list-style-type: none"> <li>• What would you think about “links to skilled care”?</li> <li>• Would most skilled providers be willing to work with links that way?</li> <li>• What would other skilled providers think about this?</li> </ul>	<ul style="list-style-type: none"> <li>• Would this idea be difficult to implement? Why/why not?</li> <li>• Would you see any benefits in this idea? If yes, what benefits?</li> </ul>
<b>TEST CONCEPT: POSSIBLE INTERVENTIONS TO INCREASE SKILLED ATTENDANCE</b>	
<ul style="list-style-type: none"> <li>• What do you think about a birth preparedness card (<i>describe to participants</i>) to help women and families prepare for skilled birth attendance?</li> <li>• What do you think about a community support scheme (<i>describe to participants</i>)?</li> <li>• What do you think about a pregnancy monitoring system (<i>describe to participants</i>)?</li> <li>• What are other ideas to increase the use of skilled care at birth and in the early postpartum period?</li> </ul>	<p>For each idea, ask:</p> <ul style="list-style-type: none"> <li>• Would it work well?</li> <li>• How?</li> </ul>
<b>SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS</b>	
<ul style="list-style-type: none"> <li>• Do you talk with or share information with other providers?</li> <li>• Do you socialize with other providers?</li> </ul>	<ul style="list-style-type: none"> <li>• When do you see other providers?</li> <li>• Where?</li> <li>• How often?</li> </ul>
<ul style="list-style-type: none"> <li>• Is there anyone in particular that you respect or look up to?</li> <li>• What kinds of colleagues are the best people to take professional judgement and advice from?</li> </ul>	<ul style="list-style-type: none"> <li>• Who? Why?</li> <li>• Other clinicians, “role models”, non-clinicians</li> <li>• Why?</li> </ul>
<ul style="list-style-type: none"> <li>• What else is part of the social networks of skilled providers in the district?</li> <li>• How could these networks be used to rapidly disseminate new concepts and improved obstetric care practices?</li> </ul>	