

## Preparedness and response to COVID-19: a global survey of maternal and newborn care providers

### Round 2 questionnaire

#### Study Information & Online Consent Form

Thank you for your interest in this survey. This is the second survey round for a research study on response to COVID-19 among maternal and newborn health providers **globally**. This research is conducted by a group of leading maternal and newborn health researchers, and led by the Institute of Tropical Medicine (ITM) in Antwerp, Belgium.

The purpose of this study is to understand the range of actions taken to ensure care continues to be provided to women and their babies: antenatal, intrapartum and postnatal care during this pandemic. Repeated survey rounds aim to track the rapidly developing situation over time. You are welcome to answer this questionnaire, whether or not you participated in the previous round. The first findings from this survey have been published [here](#).

This online survey will take approximately 15-30 minutes to complete.

Your decision to participate in this study is completely voluntary and you have the right to end your participation at any time by closing your browser window or mobile application. You may also skip any questions you do not wish to answer. Your participation in this research will be completely confidential (we will remove any identifiers) and data will be reported in aggregate.

*I agree to these terms:*

I have read and understand the above consent form

Yes

No

I certify that I am a healthcare professional and, by selecting "Yes", I indicate my willingness to take part in the study voluntarily

Yes

No

Have you previously responded to this survey?

Yes

No

Don't know

[Display if "Yes" or "Don't know" selected above] We would like to use your e-mail to link responses between survey rounds. If you agree with this, please provide the same e-mail address as entered in the first round.

Email address: [text field]

Please select whether we may contact you for the following purposes:

To receive an email when the next round of this survey is available. I understand that I am under no obligation to respond in the future, and that my email will not be stored together with my responses to this survey or used for any other purpose.

To receive findings from this study.

We will be seeking to contact selected healthcare providers for individual interviews to understand their perspective and experience. Please select this box if you give consent to being contacted. This information will be treated confidentially.

*[if any of the three boxes above selected, the email address field comes up]* Email address: [text field]

#### Researcher contact information

This study is coordinated by Associate Professor Lenka Benova from the Institute of Tropical Medicine in Antwerp, Belgium. If you have any concerns about this study, your confidentiality or data, please contact Dr Benova by email ([lbenova@itg.be](mailto:lbenova@itg.be)) or phone/Whatsapp (+31 61 26 999 64).

**Part 1. We would like to ask a few questions about your background**

Q#	Question	Response
1	In which <b>country</b> are you based (providing healthcare) at the moment? This question is required	[drop down menu of countries]
2	In which <b>region</b> of the country do you work? (please provide region, district, province, state, or governorate)	[free text]
3	What is your main <b>job</b> ? (choose one)	Midwife Nurse-midwife Nurse Obstetrician/gynaecologist Neonatologist Paediatrician Medical Doctor Other (Please specify other job)
4	What is your <b>position</b> ? (choose one)	Head of facility (director, administrator) Head of department or ward Head of team Team member Locum or interim member Independent or self-practicing Other (Please specify other position)
5	What is your <b>gender</b> ? (choose one)	Female Male Other/Prefer not to say
6	What <b>type of maternal and/or neonatal health care</b> do you currently provide as an individual? (select all that apply)	Outpatient antenatal care Outpatient (home-based) childbirth care Outpatient postnatal care Outpatient breastfeeding support Inpatient antenatal care Inpatient childbirth care Inpatient postnatal care (mother and/or babies) Surgical care Neonatal care for small and sick newborns Home visits Community outreach, home visits, health education outside facility Family planning provision or counselling Abortion care Post-abortion care Other (Please specify other care type)

**Part 2. Setting: Can you tell us about the setting in which you work now?**

Q#	Question	Response	Notes
1	Do you work in more than one health facility or for more than one employer?	Yes No	
2	In which <b>level</b> of health care institution do <b>you primarily work</b> ? Select the one where you spend most of your time.  (if none of the response options fit well, please use the "Other" option and write what your facility type is called in your country)	Referral hospital District/regional hospital Health centre Polyclinic or Clinic Birth centre Health post/unit Dispensary Home-based care Independent/self-practicing Other (Please specify)	
3	What organisation <b>type</b> is your <b>primary</b> institution or employer?  (if none of the response options fit well, please use the "Other" option and write what your organisation type is called in your country)	Public (national) Public (university or teaching) Public (district level or lower) Social security Health insurance Private university Private not-for-profit Private for profit Non-governmental Faith-based or mission Self-practicing Other (Please specify)	
4	In what type of <b>geographic area</b> do you provide care at the moment?	Large city (>1 mil inhabitants) Small city (100,000 to 1 mil inhabitants) Town (<100,000 inhabitants) Village or rural area Refugee or displaced persons camp Other (Please specify)	
5	How many <b>births</b> took place in your facility in <b>2019</b> ?  Approximate number is ok Answer cannot be a negative value	Number: _____ [free text]  Please enter '0' if none and '9999' if "Don't know"	If P2Q3 != Self-practicing
6	How many births did you attend to in 2019?  Approximate number is ok Answer cannot be a negative value	Number: _____ [free text]  Please enter '0' if none and '9999' if "Don't know"	If P2Q3 = Self-practicing
7	Does your facility usually provide <b>caesarean sections</b> ?	Yes No Don't know	If P2Q3!= Self-practicing
8	Does your facility <b>receive maternity referrals</b> from other facilities, meaning that patients are sent to your facility from other health facilities?	Yes No Don't know	If P2Q3!= Self-practicing
9	Is running <b>water and soap</b> always available to you for hand hygiene <b>when providing care</b> ?	Yes No Don't know	
10	Is alcohol based hand-rub always available to you <b>when providing care</b> ?	Yes, provided by facility/ward/professional organization Yes, personal purchase No Don't know	
11	Is running <b>water and soap</b> always available for the use of <b>patients, visitors, companions</b> ?	Yes No Don't know	

12	Is there always <b>sufficient water and disinfectant for cleaning surfaces</b> ?	Yes No Don't know	
13	Has the frequency of <b>routine cleaning of the maternity ward</b> changed during the past month as compared to the beginning of the COVID-19 outbreak?	Yes, increased Yes, decreased Unchanged since the outbreak began Not applicable Don't know	If P2Q3!= Self-practicing

**Part 3. COVID-19 preparedness – Please think of the **past month** when answering these questions**

Q#	Question	Response	Notes
1	During the past month, did your facility or ward give you <b>any information</b> on how to provide care in light of the COVID-19 pandemic?	Yes No	If P2Q3!= Self-practicing  No – skip to 8
2	During the past month, did the professional organisation to which you belong give you <b>any information</b> on how to provide care in light of the COVID-19 pandemic?	Yes No	If P2Q3 = Self-practicing  No – skip to 8
3	How was this information delivered?  (select all that apply)	- Face-to-face sessions - Live video or conference calls - Recorded videos - Printed materials - Other (please specify)	
4	What topics did you receive information about?  (select all that apply)	- Screening patients for COVID-19 - Screening visitors/companions for COVID-19 - Testing of patients for COVID-19 - Testing of visitors/companions for COVID-19 - Reporting of confirmed/suspected cases - Providing care to COVID-19 confirmed/suspected women and newborns - Providing care to non-COVID-19 patients - Providing care remotely through phone/video calls - Social/physical distancing for patients/visitors - Self-isolation/testing for health workers - Hand hygiene - Disinfecting surface/equipment - Correct use of personal protective equipment (PPE) - Other (Please specify)	
	On a scale from 1 (poor) to 5 (excellent), how would you rate the following dimensions of this information, on average across the various topics:	1 – poor 2 – somewhat useful 3 – average 4 – good 5 – excellent Not applicable	
5	Clarity		
6	Helpfulness for your daily work		
7	Value in helping you feel safe		
8	During the past month, did your facility or ward provide you with <b>any training</b> on COVID-19, for example simulations or drills?	Yes No	If P2Q3!= Self-practicing
9	During the past month, did the professional organisation to which	Yes No	If P2Q3 = Self-practicing

	you belong provide you with any training on COVID-19, for example simulation or drills?		
	During the past month, did you receive <b>updated clinical care guidelines</b> about the provision of:		
10	Care for pregnant, labouring or postpartum women, or newborns with confirmed or suspected COVID-19?	Yes No Don't know / Not applicable	
11	Care for pregnant, labouring or postpartum women, or newborns in general, not specifically those with COVID-19?		
12	Home-based care for pregnant, labouring or postpartum women or newborns in general, not specifically those confirmed with COVID-19?		
13	Breastfeeding counselling to women with or without COVID-19?		
14	During the past month, did you <b>personally search</b> for guidance and information about providing care during the COVID-19 pandemic?	Yes No	
15	During the past month, did you receive information related to COVID-19 and your work <b>informally through other colleagues</b> (in your own facility or outside)?	Yes No	
16	During the past month, were you a part of any informal <b>self-organisation</b> on the part of healthcare workers in response to the COVID-19 outbreak (exchange of information, virtual discussion groups on WhatsApp, Facebook, etc)?	Yes No	
17	Has your facility published or distributed any materials (brochure, flier, posters, etc) about COVID-19 <b>targeted toward pregnant, labouring, or postnatal women</b> ?	Yes No Don't know	If P2Q3!= Self-practicing  If no or don't know - skip to 22
18	Were any of these materials updated during the past month?	Yes No Don't know	
19	In what form is this information provided? (select all that apply)	-Health talks -Leaflets/fliers -Posters -Counselling during consultations -Facility website -Phone line with advice -Social media (WhatsApp, Facebook, E-mail, etc.) -Other (Please specify)	
20	On a scale from 1 (very poor) to 5 (excellent), to what extent do you think these materials are <b>accessible and understandable</b> to the various women who need them? For example, women with limited literacy, limited access to the internet, language skills, vulnerable women, etc.	Very poor Limited Average Good Excellent Don't know	

21	Are there any themes or information which you think are missing from these materials or could be communicated better to the various women who use your care? Please tell us	[free text]	
22	At this time, do you feel that patients' questions about COVID-19 are being addressed adequately by staff in your facility or ward?	Yes No Don't know	If P2Q3!= Self-practicing
23	At this time, do you feel that patients' questions about COVID-19 are being addressed adequately by members of your professional organization?		If P2Q3 = Self-practicing
24	At this time, to what extent do you feel that you are able to provide <b>respectful</b> care to women and newborns <b>as compared to before the COVID-19 outbreak?</b>	- Substantially lower - Somewhat lower - About the same - Somewhat better - Substantially better	If same or better, skip to 26
25	Please describe which areas of care and activities you feel are not provided to the same standard at this point in time	[free text]	
26	At this time, what are your top 3 concerns in regard to <b>being able to provide care to women and newborns?</b>	[free text]	

**Part 4. Response to COVID-19 at this point in time**

Q#	Question	Response	Notes
1	At this time, does your facility have a <b>well sign-posted general entrance and screening area</b> for COVID-19 suspected cases? (regardless whether for maternity patients or not)	-Yes -Some measures taken but not done well -No measures taken -Don't know	If P2Q3!= Self-practicing
2	At this time, does your facility have <b>isolation rooms</b> for COVID-19 suspected cases?	Yes No Don't know	If P2Q3!= Self-practicing
3	At this time, is a part of or all the <b>maternity ward converted</b> to treat COVID-19 patients?	-Yes, for COVID-19 patients in general -Yes, for women and newborns with COVID-19 -No -Don't know	If P2Q3!= Self-practicing
4	Is there a designated <b>COVID-19 lead person / liaison</b> in your maternity ward or facility?	Yes, in maternity Yes, in facility as a whole No, neither maternity nor facility Don't know	If P2Q3!= Self-practicing
5	Is your facility currently <b>screening maternity patients</b> for COVID-19 based on symptoms (e.g. fever, cough)?	Yes No Don't know	If P2Q3!= Self-practicing
6	Since the beginning of the COVID-19 pandemic, has your facility or practice provided care to any <b>maternity patients (women or newborns) with COVID-19?</b>	Yes, suspected Yes, confirmed Yes, confirmed and suspected No Don't know	
7	At this time, is it possible to order a COVID-19 RT-PCR test for <b>maternity patients?</b>  (RT-PCR test detects the presence of the SARS-CoV-2 virus)	Yes No Don't know	If no/DK: skip to 10
8	If yes, how long does it take to get a result? (note whether your response is in hours or days)	[free text]	
9	Do patients have to pay for the COVID-19 test?	Yes No, it is free of charge Don't know Other (please specify)	
10	At this time, is your facility <b>routinely testing all inpatient maternity patients for COVID-19?</b> (RT-PCR test, which detects the presence of the SARS-CoV-2 virus)	Yes No Don't know	If P2Q3!= Self-practicing
11	At this time, is your facility <b>routinely testing all newborns of COVID-19 positive or suspected mothers</b> for COVID-19? (RT-PCR test, which detects the presence of the SARS-CoV-2 virus)	Yes No No COVID-19 cases yet Don't know	If P2Q3!= Self-practicing
12	At this time, is it possible for you as a health worker to be tested for COVID-19?  (RT-PCR test, which detects the presence of the SARS-CoV-2 virus)	- Yes – regardless of symptoms or exposure - Yes – only if exposed to COVID-19 suspected/confirmed cases - Yes – only if symptomatic - No - Don't know	If No, Skip to 14

13	Do you, as a health worker, have to pay for this test?	Yes No, it is free of charge Don't know Other (please specify)	
14	Have you been tested for COVID-19 in the past month? (RT-PCR test, which detects the presence of the SARS-CoV-2 virus)	Yes, and received results Yes, but no result yet No Don't know	
15	On a scale from 1 (not at all) to 5 (I am very clear), do you personally feel you know what you should do if you have to provide care to a woman or newborn with COVID-19 symptoms?	1 – Not at all clear 2 – Some points are clear to me, but I am not confident in what to do 3 – Somewhat clear but major issues remain 4 – I am mostly clear but some questions / areas of concern remain 5 – I am very clear	
16	On a scale from 1 (not at all) to 5 (completely), do you feel that you are sufficiently protected from infection with COVID-19 in your workplace?	1 – not at all 2 – minimal protection 3 – some protection 4 – well protected 5 – completely protected	
	At this time, is <b>sufficient quantity</b> of the following types of personal protective equipment (PPE) available <b>to protect you</b> ?		
17	Gloves	Yes – No – Not-required	
18	N-95 or FFP2 face masks	Yes – No – Not-required	
19	Surgical face masks	Yes – No – Not-required	
20	Face shields, goggles or eye protection	Yes – No – Not-required	
21	Aprons	Yes – No – Not-required	
22	Is personal protective equipment available to you in sufficient quantity <b>to change between patients</b> ?	Yes No	
23	Did you receive <b>guidelines</b> on proper PPE use (donning/doffing)?	Yes No Don't know	
24	Did you receive <b>hands-on training</b> on proper PPE use since the beginning of the COVID-19 outbreak?	Yes No Don't know	
25	Does your facility provide <b>surgical face masks</b> to pregnant, labouring, postpartum and/or breastfeeding <b>women</b> ?	-Yes, started provision to all women since the beginning of the COVID-19 outbreak -Yes, started provision to all women after receiving a COVID-19 positive patient -Yes, but only providing to COVID-19 suspected or confirmed patients -No -Don't know -Other (please specify)	If P2Q3!= Self-practicing
26	At this time, are you experiencing any challenges related to PPE availability/use and the provision of care to women and newborns?  Please describe these challenges	[free text]	

**Part 5. Your work and experience in light of the COVID-19 outbreak**

Q#	Question	Response	Notes
1	At this time, how easy is it for you to <b>reach</b> your workplace on a daily basis?  Either facility or patients' homes	<ul style="list-style-type: none"> <li>- I can reach my workplace easily</li> <li>- I can reach my workplace with some difficulty</li> <li>- It is very difficult for me to reach the workplace</li> <li>- It is impossible for me to reach the workplace</li> </ul>	If easily, skip to 3
2	Why is it difficult for you to reach the workplace?  Select all that apply	<ul style="list-style-type: none"> <li>- Lockdown measures</li> <li>- Curfew or quarantine</li> <li>- Public transportation availability</li> <li>- Other (please specify)</li> </ul>	
3	During the past month, were there any changes in staffing levels in your ward or practice?	<ul style="list-style-type: none"> <li>-Yes, staffing levels decreased</li> <li>-Yes, staffing levels increased</li> <li>-No, staffing not affected</li> <li>-Don't know</li> </ul>	Skip to 5 if increased, no or don't know
4	Please specify why staffing level decreased (select all that apply)	<ul style="list-style-type: none"> <li>- Change in staff rotation or shift schedule</li> <li>- Staff unable to reach workplace</li> <li>- Staff re-assigned to COVID-19 wards</li> <li>- Staff isolating following exposure to COVID-19</li> <li>- Staff ill with COVID-19</li> <li>- Staff off due to childcare</li> <li>- Staff off due to stress or burnout</li> <li>- Don't know</li> <li>- Other (please specify)</li> </ul>	
5	Are you as a health provider currently using technology to counsel or provide care to women or their babies remotely?  This includes phone calls, video calls, texting, etc.	<ul style="list-style-type: none"> <li>- Yes – in the same way as before COVID-19 pandemic</li> <li>- Yes – more than before the COVID-19 pandemic</li> <li>- Yes - started since COVID-19 pandemic</li> <li>- No</li> <li>- Don't know</li> </ul>	If no or don't know, skip to 10
6	If yes, which type of services? Please select all that apply	<ul style="list-style-type: none"> <li>- Routine antenatal care</li> <li>- Childbirth preparation</li> <li>- Routine postnatal care</li> <li>- Breastfeeding counselling</li> <li>- Family planning counselling</li> <li>- Abortion care</li> <li>- Other (please specify)</li> </ul>	
7	Did you receive any guidelines or training on how to provide quality care remotely through technology since the beginning of the COVID-19 pandemic?	<p>Yes</p> <p>No</p>	
8	What have been the top 3 key successes related to your use of telemedicine?	[free text]	
9	What have been the top 3 challenges related to your use of telemedicine?	[free text]	
10	Compared to your income before the COVID-19 pandemic, is your current income?	<p>Substantially higher</p> <p>Somewhat higher</p> <p>About the same</p> <p>Somewhat lower</p> <p>Substantially lower</p> <p>Don't know</p>	

11	<p>In the past month, were you exposed to aggressive behavior while at work or related to your job as a healthcare professional as a result of the COVID-19 pandemic?</p> <p>This includes any verbal, nonverbal or physical behavior that was threatening, or physical behavior that caused harm - to you, others (colleagues/family members/friends) or to property.</p>	<p>Yes No</p>	<p>Skip to 15 if no</p>
12	<p>What was the type of behaviour that you were exposed to?</p> <p>(select all that apply, if multiple incidents, include all in the past month)</p>	<ul style="list-style-type: none"> <li>- Animosity or discrimination</li> <li>- Harassment</li> <li>- Verbal aggression, shouting</li> <li>- Intimidation / threats</li> <li>- Threatening gestures, including with a weapon or a dangerous object (syringe etc)</li> <li>- Physical violence (including shoving, punching, kicking, biting, scratching, strangling, throwing objects, etc)</li> <li>- Spitting or coughing</li> <li>- Sexual violence</li> <li>- Self-harm</li> <li>- Other (please specify)</li> </ul>	
13	<p>Who was the target of this behaviour? (select all that apply, if multiple incidents, include all in the past month)</p>	<ul style="list-style-type: none"> <li>- Myself</li> <li>- My colleagues</li> <li>- My family members</li> <li>- My friends or relatives</li> <li>- Patients</li> <li>- Aggression toward objects (desk, wall, etc)</li> <li>- Other (please specify)</li> </ul>	
14	<p>Who was the perpetrator of this behaviour? (select all that apply, if multiple incidents, include all in the past month)</p>	<ul style="list-style-type: none"> <li>- Myself</li> <li>- My colleague(s)</li> <li>- My family member(s)</li> <li>- My friend(s) or relative(s)</li> <li>- Someone from my community (for example, neighbour or teacher)</li> <li>- Patient</li> <li>- Patient's family</li> <li>- Stranger</li> <li>- Public or government official</li> <li>- Other (please specify)</li> </ul>	
15	<p>Compared to the beginning of the COVID-19 outbreak, how would you rate your own levels of stress in the past month?</p>	<ul style="list-style-type: none"> <li>- Substantially lower</li> <li>- Somewhat lower</li> <li>- Same as the beginning of the outbreak</li> <li>- Somewhat higher</li> <li>- Substantially higher</li> </ul>	
16	<p>Do you have access to formal mental and psychological support?</p>	<ul style="list-style-type: none"> <li>- Yes, free access covered by my facility/organisation</li> <li>- Yes, but it is not for free</li> <li>- No access</li> <li>- Don't know</li> </ul>	
17	<p>On a scale of 1 (not at all) to 5 (completely), do you feel that your own concerns about the response to COVID-19 have been addressed by your facility or ward?</p>	<p>1 – not at all 2 – minimally 3 – somewhat 4 – well 5 – completely Don't know</p>	<p>If P2Q3!= Self-practicing</p>

18	On a scale of 1 (not at all) to 5 (completely), do you feel that your own concerns about the response to COVID-19 have been addressed by any professional organization to which you belong?	1 – not at all 2 – minimally 3 – somewhat 4 – well 5 – completely Don't know	If P2Q3 = Self-practicing
19	On a scale from 1 (not at all) to 4 (highly), do you consider your personal role as a health worker in this COVID-19 outbreak is <b>valued by the community</b> you are serving?	Not at all Very little Somewhat Highly Unsure/don't know	
20	What is the one thing that could be done to support you more at this time of outbreak?	Free text	
21	Is there anything else you would like to share?	Free text	

You have now completed the main part of the questionnaire. If you have more time, we would like to ask 11 additional questions about how the provision of care in your facility and community has been affected by COVID-19. Please select "I agree" if you would like to continue to this additional last section of this survey.

- I agree to continue to the additional module
- I would like to end the survey

**Additional module. Effect of COVID-19 on the provision of maternal and newborn care**

Can you describe how the COVID-19 outbreak has affected the provision of care to women and newborns in **your facility or community** during the past month?

Q#	Question	Response
First, we would like to ask how the <b>provision</b> of the various types of maternal and newborn care has been affected in the past month.		
1	In the past month, how was <b>outpatient family planning</b> care affected? Please select all that apply	<ul style="list-style-type: none"> <li>- Suspended provision completely for some or all of the time</li> <li>- Shorter operating hours or reduced number of days care is available</li> <li>- Appointments scheduled further apart for consecutive patients</li> <li>- Unable to provide care to all clients who want family planning</li> <li>- Reduced or stopped removal of implants/IUDs</li> <li>- Shortage of contraceptive methods or supplies</li> <li>- Number of clients accessing care decreased</li> <li>- Fees charged for family planning provision decreased</li> <li>- Fees charged for family planning provision increased</li> <li>- Other changes (please describe other changes)</li> </ul>
2	In the past month, how was <b>outpatient antenatal</b> care affected? Please select all that apply	<ul style="list-style-type: none"> <li>- Suspended provision completely for some or all of the time</li> <li>- Shorter operating hours or reduced number of days care is available</li> <li>- Appointments scheduled further apart for consecutive patients</li> <li>- Group classes or group counselling sessions suspended</li> <li>- Prioritising women with high-risk pregnancies with face-to-face care</li> <li>- Unable to see all patients who need care in person</li> <li>- Use of telemedicine to provide care</li> <li>- Number of women accessing antenatal care decreased</li> <li>- Fees charged for antenatal care decreased</li> <li>- Fees charged for antenatal care increased</li> <li>- Other changes (please describe other changes)</li> </ul>
3	In the past month, how was <b>inpatient intrapartum / childbirth</b> care affected? Please select all that apply	<ul style="list-style-type: none"> <li>- Suspended provision completely for some or all of the time</li> <li>- Shorter operating hours or reduced number of days care is available</li> <li>- Reduced space on the labour ward due to creation of COVID-19 isolation rooms / spaces</li> <li>- Reduced number of beds due to social distancing measures</li> <li>- Reduced number of women accessing facility childbirth care</li> <li>- Increased demand for home-based childbirth care</li> <li>- Screening or testing birth companions for COVID-19</li> <li>- Designating a circuit/pathway specific for COVID-19 suspected/confirmed women</li> <li>- Fees charged for childbirth care decreased</li> <li>- Fees charged for childbirth care increased</li> <li>- Other changes (please describe other changes)</li> </ul>
4	In the past month, how was <b>inpatient postnatal care for women and newborns</b> affected?	<ul style="list-style-type: none"> <li>- Suspended provision completely for some or all of the time</li> <li>- Shorter operating hours or reduced number of days care is available</li> </ul>

	Please select all that apply	<ul style="list-style-type: none"> <li>- Reduced space on the postnatal ward due to creation of COVID-19 isolation rooms/ spaces</li> <li>- Dedicated neonatal cots/equipment for newborns born to COVID-19 mothers</li> <li>- Reduced number of beds due to social distancing measures</li> <li>- Reduced number of allowed visitors</li> <li>- Visitors banned</li> <li>- Shortened visiting hours</li> <li>- Parents not allowed to visit newborn in newborn intensive care units (NICU)</li> <li>- Other changes (please describe other changes)</li> </ul>
5	In the past month, how was <b>outpatient postnatal</b> care affected? Please select all that apply	<ul style="list-style-type: none"> <li>- Suspended provision completely for some or all of the time</li> <li>- Shorter operating hours or reduced number of days care is available</li> <li>- Prioritising highest need patients only</li> <li>- Patients appointments scheduled further apart</li> <li>- Unable to see all patients in person</li> <li>- Use of telemedicine to provide care</li> <li>- Reduced number of women/newborns accessing care</li> <li>- Home-based visits reduced or stopped</li> <li>- Other changes (please describe other changes)</li> </ul>
6	In the past month, were there changes to the provision of <b>abortion care or post-abortion care</b>	<p>Yes, cancelled</p> <p>Yes, delayed</p> <p>Yes, other (please describe)</p> <p>No</p> <p>Don't know</p>
Next, we would like to ask about changes you noticed in the <b>content of care</b> .		
7	In the past month, was the content of <b>antenatal</b> care provided by you or in your facility affected in terms of: (select all that apply)	<ul style="list-style-type: none"> <li>- Fewer routine visits or checks conducted during pregnancy</li> <li>- Reduced availability of routine tests</li> <li>- Denial of care to women or babies with suspected/confirmed cases with COVID-19</li> <li>- Less time spent during consultation to reduce contact time with women</li> <li>- Counsel women to prepare them for self-care</li> <li>- Other changes (please describe other changes)</li> </ul>
8	In the past month, was the content of <b>intrapartum / childbirth</b> care provided by you or in your facility affected in terms of: (select all that apply)	<ul style="list-style-type: none"> <li>- Unable to regularly assess progress of labour</li> <li>- Limiting duration of close contact with patients</li> <li>- Decreased elective caesarean sections</li> <li>- Increase in inductions of labour</li> <li>- Increase in labour augmentation practices</li> <li>- Reduced availability of pain relief options</li> <li>- Unable to provide or support home births</li> <li>- Reduced availability of equipment, supplies or medications</li> <li>- Reduced availability of laboratory testing</li> <li>- Reduced number of allowed birth companions</li> <li>- Birth companions banned for all women</li> <li>- COVID-19 positive or suspected women delivered only by caesarean section</li> <li>- Other changes (please describe other changes)</li> </ul>
9	In the past month, was the content of <b>inpatient postnatal</b> care to women and newborns provided by you or in your facility affected in terms of: (select all that apply)	<ul style="list-style-type: none"> <li>- Shorter length of stay in facility / earlier discharge</li> <li>- Less frequent routine postnatal monitoring in the facility</li> <li>- Reduced / suspended newborn vaccination or screening</li> <li>- Limited skin-to skin contact between newborn and mother</li> <li>- Delayed initiation of breastfeeding</li> </ul>

		<ul style="list-style-type: none"> <li>- COVID-19 suspected or positive mothers: separating mother and baby</li> <li>- COVID-19 suspected or positive mothers: breastfeeding not allowed or discouraged</li> <li>- Other changes (please describe other changes)</li> </ul>
10	In the past month, was the content of <b>outpatient postnatal</b> care to women and newborns provided by you or in your facility affected in terms of: (select all that apply)	<ul style="list-style-type: none"> <li>- Reduced/ suspended breastfeeding support</li> <li>- Reduced/suspended postpartum family planning counselling / provision</li> <li>- Reduced/ suspended newborn vaccination</li> <li>- Reduced/ suspended newborn weight monitoring</li> <li>- Reduced/ suspended mental health monitoring and support to women</li> <li>- Reduced/ suspended social care support or referral</li> <li>- Other changes (please describe other changes)</li> </ul>
11	Were there any changes made by you or your facility that you think succeeded in <b>improving the provision or quality of maternal and newborn</b> care during the COVID-19 pandemic? Please tell us about them	[free text]

[SUBMIT]

**FINAL page**

We value your time and experiences greatly. Thank you for your participation. If you are interested in accessing information and guidance on COVID-19, please click [\[here\]](#)

Our colleagues from the London School of Hygiene and Tropical Medicine are conducting research on hand hygiene behaviors. It takes 3 minutes to complete the questionnaire which is available in 20 languages. Clicking this [LINK](#) will take you to an external website with this questionnaire.