

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

Round 3 questionnaire

Study Information & Online Consent Form

Thank you for your interest in this survey. This is the third 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 previous rounds. The first findings from this survey have been published [here](#).

This online survey will take approximately 15-20 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.

Are you a healthcare worker currently providing care to women and newborns? (This includes provision of antenatal, intrapartum, postnatal care, family planning, abortion care, etc.)

Yes

No

I have read and understand the above consent form

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 a previous survey 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.

[if either of the boxes above are 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) or phone/Whatsapp (+31 61 26 999 64).

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

<i>Q#</i>	<i>Question</i>	<i>Response</i>
1	In which country are you based (providing healthcare) at the moment? This question is required	[drop down menu of countries]
2	In which region of the country do you work? (please provide region, district, province, state, or governorate)	[free text]
3	What is your main job ? (choose one)	Midwife Nurse-midwife Nurse Obstetrician/gynaecologist Neonatologist Paediatrician Medical Doctor Other (Please specify other job)
4	What is your position ? (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 gender ? (choose one)	Female Male Other/Prefer not to say
6	What type of maternal and/or neonatal health care 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 level of health care institution do you primarily work ? 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 Other (Please specify)	If P1Q4 != Self-practicing
3	What organisation type is your primary 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 Other (Please specify)	If P1Q4 != Self-practicing
4	In what type of geographic area 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 births took place in your facility 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 P1Q4 != 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 P1Q4 = Self-practicing
7	Does your facility usually provide caesarean sections ?	Yes No Don't know	If P1Q4!= Self-practicing
8	Does your facility receive maternity referrals from other facilities, meaning that patients are sent to your facility from other health facilities?	Yes No Don't know	If P1Q4!= Self-practicing
9	Is running water and soap always available to you for hand hygiene when providing care ?	Yes No Don't know	
10	Is alcohol based hand-rub always available to you when providing care ?	Yes, provided by facility/ward/professional organization Yes, personal purchase No Don't know	
11	Is running water and soap always available for the use of patients, visitors, companions ?	Yes No Don't know	
12	Is there always sufficient water and disinfectant for cleaning surfaces ?	Yes No	

		Don't know	
13	Has the frequency of routine cleaning of the maternity ward 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 P1Q4!= 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 any information on how to provide care in light of the COVID-19 pandemic?	Yes No	If P1Q4!= Self-practicing No – skip to 8
2	During the past month, did the professional organisation to which you belong give you any information on how to provide care in light of the COVID-19 pandemic?	Yes No	If P1Q4 = 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/courses - Recorded videos - Printed materials - Communicated via email/WhatsApp - 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	
4	Clarity		
5	Helpfulness for your daily work		
6	Value in helping you feel safe		
7	Are there any topics that you feel were missing from the information that you received or that you would like to learn more about? Please describe	[free text]	
8	During the past month, did your facility or ward provide you with any training on COVID-19, for example simulations or drills?	Yes No	If P1Q4!= Self-practicing
9	During the past month, did the professional organisation to which you belong provide you with any training on COVID-19, for example simulation or drills?	Yes No	If P1Q4 = Self-practicing
	During the past month, did you receive updated clinical care guidelines 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 personally search for guidance and	Yes No	

	information about providing care during the COVID-19 pandemic?		
15	During the past month, did you receive information related to COVID-19 and your work informally through other colleagues (in your own facility or outside)?	Yes No	
16	During the past month, were you a part of any informal self-organisation 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	During the past month, did your facility publish or distribute any materials (brochure, flier, posters, etc) about COVID-19 targeted toward pregnant, labouring, or postnatal women ?	Yes No Don't know	If P1Q4!= Self-practicing If no or don't know - skip to 21
18	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)	
19	On a scale from 1 (very poor) to 5 (excellent), to what extent do you think these materials are accessible and understandable 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	
20	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]	
21	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 P1Q4!= Self-practicing
22	At this time, do you feel that patients' questions about COVID-19 are being addressed adequately by members of your professional organization?	Yes No Don't know	If P1Q4 = Self-practicing
23	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	

24.a	At this time, to what extent do you feel that you are able to provide respectful care to women suspected or confirmed with COVID-19 and their newborns as compared to before the COVID-19 outbreak?	<ul style="list-style-type: none"> - Substantially lower - Somewhat lower - About the same - Somewhat better - Substantially better 	If same or better, skip to 25.a
24.b	Please describe which areas of care and activities you feel are not provided to the same standard at this point in time and the reasons behind it.	- [free text]	
25.a	At this time, to what extent do you feel that you are able to provide respectful care to all women and newborns as compared to before the COVID-19 outbreak?	<ul style="list-style-type: none"> - Substantially lower - Somewhat lower - About the same - Somewhat better - Substantially better 	If same or better, skip to 26
25.b	Please describe which areas of care and activities you feel are not provided to the same standard at this point in time and the reasons behind it.	[free text]	
26	At this time, what are your top 3 concerns in regard to being able to provide care to women and newborns?	[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 well sign-posted general entrance and screening area 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 P1Q4!= Self-practicing
2	At this time, does your facility have isolation rooms for COVID-19 suspected cases?	Yes No Don't know	If P1Q4!= Self-practicing
3	At this time, is a part of or all the maternity ward converted 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 P1Q4!= Self-practicing
4	Is there a designated COVID-19 lead person / liaison in your maternity ward or facility?	Yes, in maternity Yes, in facility as a whole No, neither maternity nor facility Don't know	If P1Q4!= Self-practicing
5	Is your facility currently screening maternity patients for COVID-19 based on symptoms (e.g. fever, cough)?	Yes, upon arrival at the health facility Yes, before arrival (via phone call) No Don't know	If P1Q4!= Self-practicing
6	Since the beginning of the COVID-19 pandemic, has your facility or practice provided care to any maternity patients (women or newborns) with COVID-19 ?	Yes, suspected Yes, confirmed Yes, confirmed and suspected No Don't know	
7	Regarding confirmed or suspected maternity patients with COVID-19, does your facility	Yes No Don't know	If P1Q4!= Self-practicing And if P4Q6!= No/DK
7.1	Have an area/circuit/pathway specific for COVID-19 suspected/confirmed women?		
7.2	Routinely conduct caesarean section births among women with confirmed or suspected COVID-19?		
7.3	Routinely separate newborns from mothers with confirmed or suspected COVID-19?		
7.4	Routinely discourage breastfeeding among women with confirmed or suspected COVID-19?		
8	During the past month, were any of the following measures in place in your facility?		If P1Q4!= Self-practicing
8.1	Provision or maternity (antenatal, childbirth, postnatal) care was suspended for a period of time	Yes No Don't know	
8.2	Only patients with highest need were prioritised for face-to-face visits	Yes No Don't know	
8.3	Birth partners or companions were not allowed	Yes, only during COVID-19 outbreak Were not allowed before COVID-19 Continued allowing birth partners/companions	

		Don't know	
8.4	Visitors for women or newborns were not allowed at all	Yes No Don't know	
8.5	Women were not allowed to visit their newborns in NICU	Yes No Don't know	
8.6	Women in labour were required to wear face masks	Yes No Don't know	
8.7	Other changes (please describe other changes)		
9	Were there any changes made by you or your facility that you think succeeded in improving the provision or quality of maternal and newborn care during the COVID-19 pandemic? Please tell us about them	[free text]	
10	At this time, is it possible to order a COVID-19 RT-PCR test for maternity patients?	Yes No Don't know	If no/DK: skip to 13
11	If yes, how long does it take to get a result? (note whether your response is in hours or days)	[free text] Less than 24 hours Between 24 and 48 hours Between 48 and 72 hours More than 72 hours Other (please specify)	
12	Do patients have to pay for the COVID-19 test?	Yes No, it is free of charge Don't know Other (please specify)	
13	At this time, is your facility routinely testing all inpatient maternity patients for COVID-19?	Yes No Don't know	If P1Q4!= Self-practicing
14	At this time, is your facility routinely testing all newborns of COVID-19 positive or suspected mothers for COVID-19?	Yes No No COVID-19 cases yet Don't know	If P1Q4!= Self-practicing
15	At this time, is it possible for you as a health worker to be tested for COVID-19?	- 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 18
16	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)	
17	Have you been tested for COVID-19 in the past month?	Yes No Don't know	
18	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 sufficient quantity of the following types of personal protective equipment (PPE) available to protect you ?		
19	Gloves	Yes – No – Not-required	
20	N-95 or FFP2 face masks	Yes – No – Not-required	
21	Surgical face masks	Yes – No – Not-required	
22	Face shields, goggles or eye protection	Yes – No – Not-required	
23	Aprons	Yes – No – Not-required	
24	Is personal protective equipment available to you in sufficient quantity to change between patients ?	Yes No	

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 reach your workplace on a daily basis? Either facility or patients' homes	<ul style="list-style-type: none"> - I can reach my workplace easily - I can reach my workplace with some difficulty - It is very difficult for me to reach the workplace - It is impossible for me to reach the workplace 	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"> - Lockdown measures - Curfew or quarantine - Public transportation availability - Other (please specify) 	
3	During the past month, were there any changes in staffing levels in your ward or practice?	<ul style="list-style-type: none"> -Yes, staffing levels decreased -Yes, staffing levels increased -No, staffing not affected -Don't know 	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"> - Change in staff rotation or shift schedule - Staff unable to reach workplace - Staff re-assigned to COVID-19 wards - Staff isolating following exposure to COVID-19 - Staff ill with COVID-19 - Staff off due to childcare - Staff off due to stress or burnout - Don't know - Other (please specify) 	
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"> - Yes – in the same way as before COVID-19 pandemic - Yes – more than before the COVID-19 pandemic - Yes - started since COVID-19 pandemic - No - Don't know 	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"> - Routine antenatal care - Childbirth preparation - Routine postnatal care - Breastfeeding counselling - Family planning counselling - Abortion care - Other (please specify) 	
7	During the past month, 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	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? 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.	Yes No	Skip to 15 if no
12	What was the type of behaviour that you were exposed to? (select all that apply, if multiple incidents, include all in the past month)	<ul style="list-style-type: none"> - Animosity or discrimination - Harassment - Verbal aggression, shouting - Intimidation / threats - Threatening gestures, including with a weapon or a dangerous object (syringe etc) - Physical violence (including shoving, punching, kicking, biting, scratching, strangling, throwing objects, etc) - Spitting or coughing - Sexual violence - Self-harm - Other (please specify) 	
13	Who was the target of this behaviour? (select all that apply, if multiple incidents, include all in the past month)	<ul style="list-style-type: none"> - Myself - My colleagues - My family members - My friends or relatives - Patients - Aggression toward objects (desk, wall, etc) - Other (please specify) 	
14	Who was the perpetrator of this behaviour? (select all that apply, if multiple incidents, include all in the past month)	<ul style="list-style-type: none"> - Myself - My colleague(s) - My family member(s) - My friend(s) or relative(s) - Someone from my community (for example, neighbour or teacher) - Patient - Patient's family - Stranger - Public or government official - Other (please specify) 	
15	Compared to the beginning of the COVID-19 outbreak, how would you rate your own levels of stress in the past month?	<ul style="list-style-type: none"> - Substantially lower - Somewhat lower - Same as the beginning of the outbreak - Somewhat higher - Substantially higher 	
16	Do you as a healthcare provider have access to formal mental and psychological support?	<ul style="list-style-type: none"> - Yes, free access covered by my facility/organisation - Yes, but it is not for free - No access - Don't know 	
17	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?	<ul style="list-style-type: none"> 1 – not at all 2 – minimally 3 – somewhat 4 – well 5 – completely Don't know 	If P1Q4!= Self-practicing

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 P1Q4 = 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 valued by the community 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	

FINAL page

You have now completed the questionnaire. We value your time and experiences greatly. Thank you for your participation.

You must click __SUBMIT__ otherwise we will not receive your responses.

[SUBMIT]

Next page:

A group of researchers has launched a "[Call for Action](#)" to document solutions, adaptations and lessons learned by those involved in the provision of sexual, reproductive, maternal and newborn health during the COVID-19 pandemic across the globe. We welcome your contribution to the [form](#) (available in multiple languages) where you can share your own ideas and adaptations. Responses are screened by ITM researchers before being made publicly accessible on this [repository](#).