



**A STUDY ON NEWBORN CARE WITH SPECIAL FOCUS ON COMMUNITY
PARCTICES AMONG MARRIED WOMEN**

Interview Schedule

Sl. No.	Particulars	Answer
A	Socio-Demographic data	
1	Name	
2	Age	
3	Can you read or write. 1.Yes 2.No	<input style="width: 50px; height: 20px;" type="text"/>
4	Have you ever gone to school. 1.Yes 2.No	<input style="width: 50px; height: 20px;" type="text"/>
5	Educational Status: 1. Illiterate 2. Primary 3. High School 4. Higher Secondary 5. Graduation 6. Post-graduate 7. Any Other (Specify).....	<input style="width: 50px; height: 20px;" type="text"/>
6	Type of family. 1. Joint Family 2.Nuclear Family	<input style="width: 50px; height: 20px;" type="text"/>
7	Religion 1. Hinduism 2. Islam 3. Sikhism 4. Christian 5. Others (specify).....	<input style="width: 50px; height: 20px;" type="text"/>
8	Caste/ Sub-caste 1. General 2.Other Backword Class (OBC) 3. Scheduled Caste(SC)	<input style="width: 50px; height: 20px;" type="text"/>

	4. Scheduled Tribe(ST)	
9	<p>Monthly income of the Family</p> <p>1. <1000 2. 1001-2500 3. 2501-5000 4.> 5000</p>	<input type="text"/>
10	<p>Type of House</p> <p>1. Kachha 2. Thached 3. Pakka 4. Semi pakka</p>	<input type="text"/>
11	<p>Source of Drinking Water at Home</p> <p>1. Own Hand Pump 2.Public Water Supply in Home 3. Public Water Tap 4. Bore Well 5. Well 6. Others (specify).....</p>	<input type="text"/>
12	<p>Latrine facility in House</p> <p>1. Yes 2. No</p>	<input type="text"/>
13	<p>Occupation</p> <p>1. Private Service 2. Government service 3. Daily wages 4. House Maker 5. Others(Specify).....</p>	<input type="text"/>
14	<p>Source for Cooking Food</p> <p>1. Electricity 2. LPG 3. Biogas 4. Wood 5. Kerosene 6. Other</p>	<input type="text"/>
15	Age at marriage	<input type="text"/>

B	Antenatal care	
16	Was this pregnancy registered with the ANM, AWW, ASHA or other health provider? 1. Yes 2. No	<input type="text"/>
17	If Yes, with whom and in which month of pregnancy was it registered? 1. ANM 2. ASHA 3. AWW 4. PHC 5. OTHER(Specify) (WRITE DURATION IN MONTHS IN THE BOX) Month of registration <input type="text"/> Trimester 1. 0 to 3 months 2. 4 to 6 months 3. 6 to 9 months	<input type="text"/>
18	Did you get a registration card from the ANM, ASHA or AWW for this pregnancy? 1. Yes 2. No	<input type="text"/>
19	Did you receive any antenatal care/check up during this pregnancy? 1. Yes 2. No(Ask Q. no.23)	<input type="text"/>
20	If yes, from whom? 1. Govt. Doctor 2. Private Doctor 3. Health worker 4. Nurse/ANM 5. Trained birth attendant	<input type="text"/>

	6. Dai (Untrained birth attendant) 7. (Specify)..... Other		
21	Where did you receive antenatal care? Home 1. Own house 2. Parent's home 3. Other's home Health Facility 4. Govt. Hospital 5. Private hospital 6. Other (Specify).....	<input type="text"/>	
22	How many times did you receive antenatal check up ? 1. No. of times..... 2. Can't say	<input type="text"/>	
23	What preparation did you make for the delivery of child? A. Save money for arrangement of delivery	1. Yes	2. No
	B. Decided about place of delivery		
	C. Identified referral facility in case of emergency in delivery		
	D. Identified transportation facility to go to hospital in emergency		
	E. Identified and arranged for skilled birth attendant for home delivery		

	F. Arranged the Delivery material(clean blade, thread to tie the cord, soap for hand wash, clean place of delivery-in case of home delivery is planned)		
	G. Obtained a clean delivery kit		
	H. Have a clean cloth for wrapping & drying the new born baby		
	I. Discussed with husband, mother-in-law about birth preparedness		
	J. Have a person identified to take care of the newborn right after birth		
24	Did you receive TT injections? 1. Yes 2. No	<input type="checkbox"/>	
25	If Yes, In which month of pregnancy did you receive TT vaccination? 1. Within First Month of Pregnancy..... 2. Within Second Month of Pregnancy.....	<input type="checkbox"/>	
26	Did you receive Iron Folic Acid tablets or syrup? 1. Yes 2. No	<input type="checkbox"/>	
27	Did you receive any supplementary nutrition from Anganwadi center during this pregnancy? 1. Yes 2. No	<input type="checkbox"/>	
28	If Yes, Did you receive regular supply of supplementary nutrition from Anganwadi center? 1. Yes, Always	<input type="checkbox"/>	

	2. Most of the times 3. Half of the time 4. Sometimes	
29	Did you eat the nutrition you received from the Anganwadi center? 1. Yes, Always 2. Most of times 3. Half of times 4. Sometimes 5. Never	<input type="text"/>
30	Did you eat more during pregnancy? 1. Yes 2. No If Yes, 1. Always 2. Most of times 3. Half of times 4. Sometimes	<input type="text"/> <input type="text"/>
31	During the last three months of pregnancy did you take regular afternoon rest? 1. Yes, Always 2. Most of times 3. Half of times 4. Sometimes 5. Never	<input type="text"/>
C	Delivery Practices/Care	
32	Where did you give birth to baby Home 1. Own Home 2. Parent's Home 3. Other's Home Hospital 4. Govt. Hospital 5. Private hospital 6. Other (Specify).....	<input type="text"/>
33	(In Case of Delivery at Home) Who assisted with at the time of delivery? Hospital Personnel 1. Govt. Doctor 2. ANM/Nurse 3. Other health personnel 4. ASHA 5. Trained TBA	<input type="text"/>

	<p>Other Persons</p> <p>6.Dai 7. Mother –in-law 8. Friend/Relative 9. Other (specify).....</p>	
34	<p>Was the delivery normal?</p> <p>1. Yes 2. No</p>	<input type="text"/>
35 Practice	<p>What instrument was used to cut the cord?</p> <p>1. New blade 2. Used blade 3. Knife 4. Grass Cutter(Hansiya) 5. Weapon(khukuri) 6. Scissor 7. Other (Specify) 8. Can't say/remember</p>	<input type="text"/>
36 Practice	<p>What was used to tie the cord ?</p> <p>1. New thread 2. Unboiled used thread 3. Other (Specify) 4. Don't remember</p>	<input type="text"/>
37 Practice	<p>On what surface was the cord cut on?</p> <p>1. Plastic disc 2. Metal coin 3. Wood 4. Other(Specify) 5. Don't remember</p>	<input type="text"/>
38 Practice	<p>What application was used on cord?</p> <p>1. Oil/Ghee 2. Ash 3. Sindoor 4. Turmeric power 5. Antesaptic 6. Other(Specify) 7. Don't remember</p>	<input type="text"/>

<p>39</p>	<p>(In Case of Institutional Delivery) Why did you decide to go for institutional delivery at Hospital? 1. Rushed in emergency 2. Conveniently located 3. It was planned that way 4. Good quality of service 5. Availability of doctor/nurse at all times 6. Services are free 7. Referred by the Doctor 8. Had complications in pregnancy 9. Incentive money is given for Hospital delivery(JSY) 10. Hospital delivery is always safe 11. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>
<p>40</p>	<p>What mode of transport was used to take you to Hospital? 1. Ambulance 2. Taxi/ Auto 3. Car 4. Bus 5. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>
<p>41</p>	<p>Who decided to rush you to the hospital? 1. Family Members (Specify)..... 2. ANM 3. ASHA 4. Dai 5. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>
<p>42</p>	<p>Who accompanied you to hospital? 1. Family Members (Specify)..... 2. ANM 3. ASHA 4. Dai 5. None 6. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>
<p>43</p>	<p>Did you pay any fee for services provided during delivery? 1. Yes 2. No</p>	<p style="text-align: center;"><input type="text"/></p>

44	Who conducted the delivery? 1. Doctor 2. Nurse/ANM 3. Don't know 4. Other (Specify)	<input type="text"/>
45	Was the delivery normal or caesarean? 1. Normal 2. Caesarean 3. Can't say	<input type="text"/>
46	How long did you stay in the hospital after delivery? 1. Less than 6 hours 2. 6 to 12 hours 3. Within a day 4. 1 to 2 day 5. 2 to 3 day 6. Other (Specify)	<input type="text"/>
D	Knowledge, Attitude and Practices regarding Newborn care	
	Age of the baby..... Sex of the baby 1. Male 2. Female	<input type="text"/>
47 Practice	Immediately after the birth what was done to your baby to prevent cold? 1. The baby was not given a bath & was completely dried with a cloth 2. Washed with warm water and dried with a clean cloth 3. The baby was wrapped/clothed 4. Others (Specify)..... 5. Don't know	<input type="text"/>
48 Knowledge	What in your opinion should be done to prevent cold in the neonate immediately after birth? 1. The newborn should not be given a bath and should be completely dried with a clean cloth 2. Should be washed with warm water and dried with a clean cloth 3. Should be wrapped/clothed 4. Others (Specify)..... 5. Don't know	<input type="text"/>

<p>49 Practice</p>	<p>After how much time of delivery was your baby clothed? 1. Immediately 2. After one hour 3. After six hour 4. After one day 5. After two days 6. More than two days 7. Don't know</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>50</p>	<p>Do you give bath to your baby on the day of birth? 1. Yes 2. No</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>51</p>	<p>How often do you give bath to your baby? 1. Daily Once 2. Once in alternate days 3. Twice daily 4. Any other</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>52 Practice</p>	<p>How do you keep the baby warm at home? 1. By clothing the baby appropriate to the climate 2. Keep the baby in the cradle day and night 3. keep the baby in the cradle only during day 4. Keep the baby along with the mother day and night</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>53 Practice</p>	<p>Do you follow any religious practice soon after the birth of the baby? 1. Yes 2. No</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>54</p>	<p>Did the baby cry immediately after birth? 1. Yes 2. No</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>
<p>55 Practice</p>	<p>If No, then how was the airway cleaned? 1. Hanging upside down 2. Slapping the back 3. Mouth to mouth respiration 4. Left alone 5. Other (Specify)..... 6. Don't know 7. NA</p>	<div style="text-align: center;"> <input style="width: 80px; height: 25px; border: 1px solid black;" type="text"/> </div>

<p>56 Knowledge</p>	<p>How should the airway be cleaned for normal breathing of the neonate? 1. Hanging upside down 2. Slapping the back 3. Mouth to mouth respiration 4. Other (Specify)..... 5. Don't know</p>	<p style="text-align: center;"><input type="text"/></p>
<p>57 Practice</p>	<p>BREAST FEEDING When did you start breast feeding the baby? 1. Soon after the birth 2. Few hours after the birth 3. One day after the birth 4. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>
<p>58 Practice</p>	<p>What were the reasons in case of late initiation of breast feeding? 1. Discomfort to mother 2. No milk secretion 3. Family customs and belief 4. NA</p>	<p style="text-align: center;"><input type="text"/></p>
<p>59 Knowledge</p>	<p>After how much time of birth should the baby be given breast milk? 1. Within one hour 2. One to Three hour 3. Six hour 4. Twelve hour 5. One day 6. Two days 7. Other (Specify)..... 8. Don't know</p>	<p style="text-align: center;"><input type="text"/></p>
<p>60 Practice</p>	<p>Did you give colostrum to your baby? 1. Yes 2. No</p>	<p style="text-align: center;"><input type="text"/></p>
<p>61 Practice</p>	<p>If No, then why ? 1. Ignorance about advantages 2. Prevented by elderly female 3. Prevented by husband 4. Absence of milk secretion 5. Customs 6. Other (Specify).....</p>	<p style="text-align: center;"><input type="text"/></p>

<p>62 Knowledge</p>	<p>What are the advantages of giving colostrums to baby? 1. Increases Immunity 2. Good for Child health 3. Strengths mother-child relationship 4. Decreases Indigestion 5. Child will be brainy 6. Keeps Child's eyes healthy 7. Decreases respiratory problems/cold 8. Other (Specify).....</p>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 20px auto;"></div>
<p>63 Practice</p>	<p>Do you use feeding bottle to feed the baby? 1. Yes 2. No If yes, then what is the reason? 1. Convenient for the mother as compared to feed by katori 2. Baby drinks more milk as compared to feed by katori 3. Mother's milk is not sufficient for the baby</p>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 20px auto;"></div>
<p>64 Practice</p>	<p>Besides breast milk, what else have you been giving to your baby(especially in the first month)? 1. Sugar water 2. Boiled water 3. Honey 4. Ghutti/Gripe water 5. Dal water 6. Powdered milk 7. Cow milk 8. Nothing 9. Other (Specify).....</p>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 20px auto;"></div>
<p>65 Knowledge</p>	<p>For how many months baby should be breast fed only? 1. 0- 4 months 2. 4- 6 months 3. 6 months 4. Other(Specify).....</p>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 20px auto;"></div>
<p>66 Practice</p>	<p>Do you breast feed even when you are ill? 1. Yes 2. No</p>	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 20px auto;"></div>

<p>67 Knowledge</p>	<p>Breast feeding should be continued even when the mother is ill because: 1. Giving toned milk by bottle is dangerous 2. Mother’s milk provides protection against disease(s) to the baby 3. To fulfill the child demand(s)/ crying</p>	<p><input type="text"/></p>
<p>68 Practice</p>	<p>IMMUNIZATION Was polio vaccine given to the neonate at birth? 1. Yes 2. No</p>	<p><input type="text"/></p>
<p>69 Practice</p>	<p>When was BCG vaccine given to the neonate? 1. At the time of birth 2. Within One week 3. Within One month 4. Other(Specify)..... 5. Not given</p>	<p><input type="text"/></p>
<p>70 Knowledge</p>	<p>DANGER SIGNS What are the signs when the baby is seriously ill?(1=Yes, 2=No) a. A neonate who appears very small(LBW) b. Baby very cold to touch/Running temp c. Too many loose stools or bloody stools d. A neonate having jaundice e. Fast of difficult breathing in the neonate f. Irritable Child g. Vomitting</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>71 Practice</p>	<p>Suppose the baby develops any of the above signs, then what will you do? 1. Treat at home 2. Quack(Untrained doctor) 3. Take the baby to the Pvt. Hospital 4. Take the baby to the nearest Govt. Hospital 5. Other(Specify).....</p>	<p><input type="text"/></p>
<p>72 Practice</p>	<p>HOME REMEDIES What home remedies do you give the neonate in case of stomachache? 1. Putting hing in the umbilicus 2. Giving ‘Harad’ preparation 3. Massaging the stomach of the baby with “Harad Solution” 4. Other (Specify).....</p>	<p><input type="text"/></p>

<p>73 Practice</p>	<p>What home remedies do you give the neonate in case of diarrhea? 1. Giving ghutti to the baby 2. Giving lemon and raw milk to the baby 3. Tea 4. Salt and sugar solution/ORS 5. Dal water 6. Other (Specify).....</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>74 Practice</p>	<p>What home remedies do you give the neonate in case of cold & cough? 1. Massage with vicks/balm 2. Cough syrup 3. Ginger and honey 4. Other (Specify).....</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>75 Practice</p>	<p>MASSAGE OF THE BABY Do you give massage to the baby? 1. Yes 2. No</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>76 Practice</p>	<p>If yes, then what lubricant do you use? 1. Musterd oil 2. Ghee 3. Dabour red oil 4. Other (Specify).....</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>77 Practice</p>	<p>What is the frequency of giving massage? 1. Once a day 2. Twice a day 3. Three to four times a day 4. Other (Specify).....</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>78 Knowledge</p>	<p>What are the advantage of giving massage? 1. Strengthens the bone of the baby 2. Baby grows faster 3. Baby becomes stronger 3. Other (Specify).....</p>	<input style="width: 100px; height: 30px;" type="text"/>				
<p>79</p>	<p>ATTITUDE</p>	S	A	N	D	S
<p>1. Positive</p>	<p>Mothers know by themselves how to breast feed their child, so counseling is not required</p>					
<p>2. Negative</p>	<p>Child should always be taken to a big hospital if he/she falls sick</p>					
<p>3. Positive</p>	<p>For the first 6 months of life baby should not be given water, “JanamGhhuti,” honey or any other milk except breast milk</p>					

4. Negative	Children get loose motions due to effect of evil eye					
5. Negative	A baby less than 2.5 kg will definitely gain weight and so needs no special care					
6. Positive	Immunizing the child is important as this will save the child from many diseases					
7. Positive	Breast milk provides nourishment to the newborn					
8. Negative	Colostrum is harmful to the newborn					
9. Positive	Breast feeding helps in forming an emotional bond between mother and newborn					
10. Negative	Breast milk is not best food for newborn					
11. Positive	Wash hands thoroughly with soap and water before handling the newborn					
12. Positive	Massaging with oil before bath helps to keep the newborn skin healthy and improves blood circulation					
13. Negative	The newborn should be bathed immediately after birth					
14. Positive	The newborn should be immunized during the first week of life with BCG,OPV, and hepatitis B					
15. Negative	The practice of applying kaja to the newborn eyes is good					
16. Negative	Newborn should not be dressed with soft and cleaned cloths					

Positive :

(SA- Strongly Agree, A- Agree, N- Neutral, D- Disagree, SD-Strongly Disagree)

Negative:

(SD-Strongly Disagree D- Disagree, N- Neutral, A- Agree, SA- Strongly Agree,)

Name of the Researcher.....

Date of Interview.....