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COMMUNICATIONS SUPPORT FOR HEALTH PROGRAMME

**SAVING MOTHERS, GIVING LIFE (SMGL) OPERATIONS RESEARCH
STUDY: AN ASSESSMENT OF THE IMPLEMENTATION,
ACCEPTABILITY, USABILITY, AND USEFULNESS OF THE
BIRTH PLANS IN FOUR SMGL DISTRICTS**

FINAL REPORT

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acronyms

ANC	Antenatal care
BCC	Behaviour change communication
CSH	Communications Support for Health
DHO	District Health Office
DMO	District Medical Officer
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IEC	Information, Education, and Communication
ITN	Insecticide-treated net
MCH	Maternal and child health
MOH	Ministry of Health
NHC	Neighbourhood health committee
PNC	Postnatal care
SMAG	Safe Motherhood Action Groups
SMGL	Saving Mothers, Giving Life
TBA	Traditional birth attendant
USAID	U.S. Agency for International Development
USG	U.S. Government
VCT	Voluntary Counselling and Testing
ZCAHRD	Zambia Centre for Applied Health Research and Development
ZISSP	Zambia Integrated Systems Strengthening Programme

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I. Introduction

1.1 Background on Saving Mothers, Giving Life (SMGL) Initiative

Zambia's maternal mortality ratio ranks amongst the highest in the world, at 591 per 100,000 live births.¹ The high ratio is attributable to a number of complex and interwoven factors. About half of pregnant women delay initiation of antenatal care (ANC) until the fifth month of pregnancy,² preventing the opportunity for early detection of danger signs and adequate management of maternal complications. More than half (52 percent) of all births occur at home, with much higher rates in rural areas than in urban (67 percent as compared to 16 percent). Furthermore, utilisation of postpartum care services is extremely low, with less than half (49 percent) of women receiving any postnatal care (PNC).³

In 2012, the Government of the Republic of Zambia (GRZ), together with the United States Government, launched the SMGL initiative, which committed significant resources and technical assistance to four targeted districts in Zambia, with the goal of reducing maternal mortality in the four districts by 50 percent in one year. The initiative is a multi-partner collaboration (including the Zambia Centre for Applied Health Research and Development (ZCAHRD), Jhpiego, Centre for Infectious Disease Research in Zambia (CIDRZ), Zambia Prevention, Care and Treatment Program (ZPCT II), Zambia Integrated Services Strengthening Program (ZISSP), and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)), with each partner playing an important role in delivering services and technical support. The Communications Support for Health (CSH) project plays a key role in promoting key safe motherhood behaviours and addressing current barriers to their practices, mainly targeting health workers, pregnant women, and their male partners. CSH implements a number of communication interventions as part of the initiative, including mass media, small media, and interpersonal communication activities. One of the new products developed for the SMGL initiative is a pictorial birth plan, which serves to guide clinic or community health workers when they are counselling pregnant women and their partners during ANC visits at the health centre or during home counselling visits. Following the counselling session, the tool stays with the pregnant woman and her family to assist them in discussing and remembering all of the tasks and critical information at each stage of pregnancy, labour, and the immediate postpartum period.

The introduction of this new pictorial birth plan was influenced by the realisation that the previous text-only, and very clinical, version of the birth plan which was in circulation was difficult for the vast majority of illiterate women to understand or use in planning for and achieving a safe and healthy pregnancy and delivery in a health clinic. It was anticipated by CSH and the Ministry of Health (MOH) that the development of a new version that included pictures would help many women and community health workers (who provide health talks) to easily follow, remember, and act on the messages in the tool, despite their generally low literacy level.

¹ Central Statistical Office, Ministry of Health, Tropical Diseases Research Centre, University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey, 2007. Calverton, Maryland, USA: Central Statistics Office and Macro International Inc.

² Ibid.

³ Ibid.

1.2 CSH Implementation of the Birth Plan

CSH, in collaboration with the MOH, designed the birth plan with the aim of piloting it in the four SMGL-targeted districts in Zambia. For the pilot, 290,000 birth plans were distributed to the four District Medical Offices (DMOs). In each district, the CSH SMGL initiative coordinator held an orientation on the birth plans for the DMOs and implementing partners. After the initial distribution by CSH, each district was requested to incorporate the distribution of the birth plans into its routine monitoring and distribution of medical supplies to health facilities. At the health facility level, the guidance was to have the birth plans be distributed to pregnant women at antenatal clinics, where counselling sessions on how to prepare a birth plan were to be provided to pregnant women. At the household level, the guidance was to have Safe Motherhood Action Group (SMAG) members counsel women and their families on the birth plan and track progress being made by individual women in preparing for delivery. In some cases, SMAGs received copies of the birth plans to distribute via the health clinic through which they do their work. In other instances, they received the plans directly through implementing partners, such as ZISSP, which were responsible for conducting their training/orientation on the birth plan.

II. Study Rationale

The main aims of the study were to determine what improvements are needed (if any) to the design of the birth plan (in terms of its content, format, and layout) as well as how best to implement the birth plan nationally to maximise its effectiveness and, ultimately, its impact on maternal health. The findings from the study will inform how to best scale up the use of the birth plan throughout Zambia.

III. Study Methodology

3.1 Research Objectives and Questions

This study had two main research objectives:

1. To assess how the birth plan is being implemented (e.g., how are women/couples accessing it, if and how are they being counselled on it, if and how health workers/SMAG members are trained on using it, and if the implementation process is working well) in four pilot districts (Nyimba, Lundazi, Mansa, and Kalomo) in Zambia to inform if and how the tool can best be scaled-up for use at the national level.
2. To assess the acceptability, usability, and usefulness of the birth plan to inform how to improve the tool for health workers, pregnant women, and their male partners and families.

3.2 Study Design

A qualitative design consisting of in-depth interviews (IDIs) with six key audiences was used for this study. A total of 54 IDIs were conducted with the following audiences: (1) pregnant women aged 18–49, (2) mothers of children aged 6 months or younger, (3) male partners of pregnant women or mothers with children aged 6 months or younger, (4) health workers, (5) Maternal and Child Health (MCH) District Coordinators, and (6) SMAG members. The IDIs were conducted in the four targeted SMGL districts: Kalomo (Southern province), Lundazi (Eastern province), Mansa (Luapula province), and Nyimba

(Eastern province). Within each district, participants were purposively sampled from one urban and one rural/peri-urban health facility. Table 1 below provides the segmentation plan that was used for the interviews.

Table 1

In-Depth Interviews										
Districts	Kalomo		Lundazi		Nyimba		Mansa		Total # of IDIs Planned	Total # Received & Analysed
Place of Residence	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural		
Pregnant Women	2	2	2	2	2	2	2	2	16	15*
Mothers With Children 0–6 Months	2	2	2	2	2	2	2	2	16	16
Male Partners of Women	1	1	1	1	1	1	1	1	8	8
Health Workers	1	1	1	1	1	1	1	1	8	7**
District MCH Coordinators	1		1			1		1	4	4
SMAGs		1		1		1		1	4	4
Totals	14		14		14		14		56	54

* For pregnant women, one transcript from the Mansa district (rural facility) was not received.

** For health workers, one transcript from the Kalomo district (rural facility) was not received.

3.3 Study Audiences

The primary audience for this study was women aged 18–49 in the four targeted SMGL districts. They participated in interviews on the implementation and use of birth plans during pregnancy, during child delivery, and for after delivery care. This audience was broken into two sub-groups: women who were pregnant at the time of the study and mothers of children aged 6 months or younger.

The secondary audiences for this study were male partners of pregnant women, male partners of mothers with children aged 6 months or younger, SMAG members, facility-based health workers, and the MCH District Health officer or other health officer who was knowledgeable about the birth plans.

3.4 Participant Recruitment

Within each district, two health centres were randomly selected for inclusion in the study. One health centre was selected from an urban area and the second from a rural/peri-urban area. Pregnant women and mothers of children aged 0–6 months were purposely selected and recruited from the selected health

centres and from the community through SMAGs, and they were recruited and interviewed by trained interviewers.

The following steps were used to select participants at the health centre:

1. Health centre staff identified potential participants based on recruitment criteria.
2. Health centre staff introduced potential participants to the research team.
3. Research team conducted independent screening of potential participants to assess eligibility.
4. Eligible participants were asked if they were willing to participate based on the information sheet and consent procedures explained to them.
5. Willing participants were identified, and then a time was set up with participants to be interviewed.

Health workers and SMAGs were also purposely selected and recruited from health centres. To recruit health workers and SMAG members, the research team asked health centre in-charge personnel to identify suitable health workers and SMAG members who were actively working with pregnant women (and recent mothers) to implement the birth plans. Lastly, the MCH District Coordinator within each of the four districts was selected and recruited to participate in the study.

3.5 Data Collection

3.5.1 Study Tools

The study used different semi-structured interview guides for each of the target audiences: (1) pregnant women, (2) mothers of children aged 0–6 months, (3) health workers/SMAG members, (4) District MCH Coordinators, (5) male partners of pregnant women, and (6) male partners of mothers of children aged 0–6 months. The guides included an introduction, a few warm-up questions, a core section of questions related to the implementation of the birth plan as well as the behaviours and perceptions around the use and acceptability of the birth plan and how the birth plan can be improved, and wrap up. The interviews lasted on average of 45–60 minutes with each participant.

Interview guides were originally written in English, but were then translated into Tonga, Nyanja, and Bemba, which are the local languages in the selected study sites. In Lundazi, Nyanja translations of the transcripts were used, since most people understood the language and the interviewers were fluent in Nyanja.

The interview guides were reviewed extensively by the CSH Research, Monitoring, and Evaluation team; the CSH technical team; and the interviewers and were revised based on their feedback. The study tools were not piloted in the field before implementation due to budgetary constraints.

3.5.2 Training of Interviewers and Note Takers

The study used interviewers, note takers, and transcribers to collect the data, take notes, and translate the data. Everyone on the data collection team—including interviewers, note takers, translators, and transcribers—received training in conducting qualitative formative research by a team of CSH research staff. During the training, the data collectors were familiarised with the SMGL programme and the implementation of the birth plans and were given an overview of the research study purpose and

objectives. The training also covered data collection techniques, including interviewing skills, consent procedures, and ethical considerations and the pilot-testing of the tools.

The data collection team was recruited based on their competence in conducting formative research and their competence in the language (Tonga, Nyanja, and Bemba) of the locations where the data collection was conducted.

3.5.3 Consent and Interview Procedures

For each interview, the potential participant was informed of the topic and objectives of the interview. A written consent/assent process was then used with each participant. Each participant received a copy of the information sheet and the consent/assent form to read and was provided with a copy of the signed consent/assent form. In the cases where the participant was unable to read, the entire information sheet and consent/assent form was read to him/her by the interviewer.

The venue for the interview was chosen to ensure the privacy of the participant and ensure that there was minimal noise so that the interview was able to be recorded.

3.5.4 Team Composition

The data collection team consisted of: an interviewer, who was responsible for interviewing and guiding the proceedings of the interviews; a note taker who recorded and took notes during the interview; and a transcriber, who translated, transcribed, and typed the interview data. The notes were used to provide more immediate access to the IDI data in order to begin determining emerging themes, identify new questions to be incorporated into the interview guide, and develop the coding dictionary. The interviewers and note takers were supervised by CSH Research, Monitoring, and Evaluation staff, who conducted field observations and spot checks, and ensured that study procedures were adhered to.

Three teams of five people (two interviewers, two note takers, and one supervisor) collected the data from each of the four districts, with one team covering two districts.

3.5.5 Data Management

Digital recorders were used to record the data and, after the interview, the audio data were sent to the transcribers for transcription. All interviews were transcribed verbatim, in the language of the respondents.

Transcribed text was translated into English by experienced and trained bilingual translators. All translated text was complete, not summaries of the transcribed original language text. All translations kept the intent of the original statement, while writing in correct English. The translators ensured that the translations were consistent across all text.

3.5.6 Data Analysis

After data collection, transcription, and translation were completed, a small team of CSH researchers analysed the transcripts for emerging themes to develop the report.

3.5.7 Ethical Considerations

The study was approved by Zambia's ERES Converge Research Ethics Board and the ICF International's Institutional Review Board.

To ensure confidentiality, participants were interviewed in a private location of their choosing. Furthermore, to ensure the confidentiality of study participants' information, all data and information collected were kept confidential. No identifying information was collected during the interviews. Signed written consent forms were also stored separately from the data, so that names could not be linked to the data. To ensure the protection of study participants, all participants were fully informed about the study, were advised on what would be involved in the study, and then were asked if they wanted to voluntarily agree to participate in the study. Only the research team had access to the data.

IV. Study Findings

The findings from the study are presented in three main sections. The first section discusses how the birth plan was implemented in the four pilot districts, looking at how women and couples accessed the birth plan, if and how they were counseled on the birth plan, if and how health workers and SMAG members were trained on how to use it, and overall whether the implementation process is working well. The second section discusses the acceptability, usability, and usefulness of the birth plan amongst health workers, pregnant women and mothers, and their male partners. The last section presents the reported gaps and recommended improvements to the birth plan by the different audiences.

4.1 Implementation of the Birth Plan

4.1.1 Distribution of Birth Plans to Health Facilities and SMAGs by DMOs

The interviews with the District MCH coordinators, clinic health workers, and SMAG members revealed an informal process for distributing birth plans to implementing practitioners. Most of the MCH coordinators reported initially introducing and distributing the birth plans during visits to the health facilities. One of the coordinators indicated distributing the birth plans directly to the SMAGs. A few of the health workers also illustrated that their health facilities varied in times for initial distribution of plans, ranging from early to late 2012.

Half of the health workers reported being initially contacted by the district health management team about the birth plan and received the first set of birth plans during a visit from district staff at the health facility. A couple of health workers mentioned receiving the plans from SMGL partner organisations (e.g., ZISSP and ZCAHRD), while another two health workers reported that they were not employed at the facility at the time of initial distribution. In terms of the distribution of additional copies, health workers reported both picking up additional copies from the district health office (DHO) and receiving additional copies in shipments of medical supplies to the facility. A couple of workers also mentioned that the delivery of the plans in shipments of supplies to the facility was very effective due to limited transportation to the DHO. *“Transport is the only problem. Sometimes when they are bringing drugs, you would find that they have also packed the birth plan for us and we could receive them just here. Sometimes in the process you can find that they are finished (with the birth plans), you need to go back to the (District Health) office just for those birth plans. Our only challenge is transport,”* said a health worker. The vast majority of health

workers and SMAG members knew how to obtain additional copies. The health workers, in particular, highlighted the abundance of copies and ease of getting additional copies from the DHO as needed.

4.1.2 Orientation on Birth Plans for Health Practitioners

The discussions with District MCH Coordinators, health workers, and SMAG members also demonstrated an informal orientation process on use of the birth plan that varied across the implementation sites. Most health workers and SMAG members reported participating in an orientation. Overall, the orientations appeared to be very brief and informal discussions, with limited instruction. A couple of health workers who were not employed at their facilities at the time of initial implementation did not receive any orientation. The orientations were conducted by a range of stakeholders, including fellow health workers, MCH coordinators, SMAG members, and partner organisations such as ZISSP and ZCAHRD. The orientations were held in groups with health workers, SMAG members, Neighborhood Health Committee members, and other community leaders. In one example, a health worker participated in an orientation specifically for workers who will train SMAG members. The interviews also demonstrated a lack of formal orientation or training of new practitioners not present at the time of initial implementation. In a few cases, health workers and SMAG members mentioned not receiving the orientation until the day the birth plan was implemented at their facility, and they indicated that several of their colleagues who had received the orientation were no longer working at the facility. *“I would just say that a bit of explanation was done by the MCH sister in charge before giving us the birth plan and allowing us to counsel women. The explanation was done on the day that we had received and used the birth plan in December 2012,”* said a SMAG member.

Despite the informality and inconsistency in the orientations, most health practitioners exhibited an accurate understanding of the purpose and procedure for using the birth plan with their clients. Health workers and SMAG members most commonly learnt from the orientations that the purpose of the birth plan was to educate women, male partners, and families about the importance of identifying danger signs, early ANC appointments, and preparation of transportation and supplies for delivery in an effort to reduce maternal mortality. Most of these practitioners were of the understanding that plans should be given to women, male partners, and families during their first ANC appointments and community outreach. All of the health workers stressed their comfort in counselling their clients on the birth plan without a formal orientation due to their training and experience in nursing or midwifery. *“I just went through it (birth plan) and, being a midwife, it was not very difficult for me to understand the things stipulated on it,”* said a health worker. However, SMAG members did not report this same level of knowledge in maternal and child health and comfort level in counselling clients on the birth plan, and they appeared to need more training/orientation on the key maternal and child health concepts in the birth plan. One SMAG member actually highlighted a lack of knowledge of danger signs prior to her use of the birth plan. During her implementation of the plan, she discovered that her traditional beliefs about danger signs were untrue.

“We didn’t know all this; we were just staying (about the information on the birth plan) even after I did the workshop to be a birth attendant. I didn’t know all this; I just used to help women to deliver, but now we can say our mind is clear with all important things that we have learned. If there is too much bleeding, maybe the pregnancy has not reached full term or in labour starts with bleeding we never used to know what causes this... We never used to know that if a pregnant woman has swollen feet or hands are dangers signs; we just used to think that maybe she has

twins. But nowadays they say that these are dangers signs; you need to get to the hospital so that they can receive treatment,” said a SMAG member.

4.1.3 Distribution of Birth Plans to Pregnant Women and Their Partners

Health Practitioners

Health workers and SMAG members reported distributing the birth plans through a few channels. All of the health workers and SMAG members mentioned distributing the plans during group health talks, commonly conducted by SMAGs, at health facilities. Audiences for health talks consisted mostly of pregnant women and their partners. Health workers and SMAG members seemed to conduct health talks on a frequent basis, approximately once a week, and normally distributed copies of the birth plans to pregnant women and their partners at their first ANC appointment. Because women frequently attend their first ANC appointment at different stages in their pregnancy, the timing of the distribution of plans to women in relation to their pregnancies varied.

In addition to health talks at facilities, a few health workers also reported distributing the birth plans to new mothers during under-5 clinic visits. Other less frequently used channels included clinic community outreach, school health programmes, and family planning visits. A couple of SMAG members also reported sometimes distributing birth plans to pregnant women, their partners, new mothers, and family members during their outreach in villages.

The IDIs allowed health practitioners to provide input on when and how to distribute birth plans. All of the practitioners agreed that the best time to give women the plans is as early as possible in their pregnancies. All of the District MCH Coordinators and a couple of health workers stressed the need to distribute the plan to women before and right after being pregnant through community outreach and family planning and under-5 clinic appointments. *“Mothers who come to children’s clinic are even mothers who are pregnant and those who are planning to get pregnant. That would be also another way to integrate, maybe giving them information about the birth plan to couples and mothers and during those points (at) the family planning clinics,”* said a District MCH Coordinator. They believed the earlier you reach women, the more prepared they will be to identify danger signs, get tested for HIV, and prepare for the delivery. A couple of health workers and SMAG members also highlighted the need for early distribution through community outreach in order to identify pregnant women quickly and to help identify danger signs.

Practitioners also seemed to place high value in providing the birth plans to new mothers to educate them about postpartum and early childhood danger signs and to prepare them for their possible subsequent pregnancies. Health workers thought under-5 clinic appointments would be their best option for reaching new mothers. SMAG members seemed particularly confident in reaching new mothers when conducting weekly postnatal home visits.

Most of the practitioners believed distribution at the health facilities was sufficient and allowed health personnel to explain the plan, answer questions, and provide treatment as needed. A couple of the SMAG members thought distribution at facilities should be supplemented with distribution by SMAG members, Neighbourhood Health Committee (NHC) members, and other community leaders who are able to identify pregnant women in the villages and catchment areas as early as possible and refer them to the facility.

“I feel the SMAGs who conduct home visits are in a better position to give them (birth plans). SMAGs will see them (pregnant women) first because what the SMAGs do is to register all the women that are pregnant in their catchment area... if we are to give them before pregnancy we have the SMAGs who go round the community, the mothers, and they talk about the danger signs and what to do when they have any problems during pregnancy and if they have these problems, where to go, then they leave a copy of the birth plan with the mothers,” said a SMAG member.

Pregnant Women and Mothers

All the women interviewed reported receiving the birth plan at the health facility during an ANC visit. Only one woman reported having received the birth plan from a SMAG member at her home, which was in addition to the copy she had received at the health facility. The majority of women received the birth plan during their first ANC visit to the facility, which on average was around 4–5 months pregnant. However, most women felt that the most appropriate time to receive the birth plan would be around the second or third month of their pregnancy. Some women stated that it would be ideal to receive it immediately after they found out they were pregnant, as early as 1–2 months. Others felt receiving it at the first ANC appointment at 3 months was the most ideal time. There were a few commonly reported reasons why women felt receiving the birth plan earlier was ideal. Women felt it was important to learn about danger signs earlier because there are several danger signs in the first couple of months of pregnancy that women may perceive as normal. One mother reported that *“sometimes you will find that they won’t take it seriously if there are any complications because they will take it to be normal.”* Additional reasons cited included having sufficient time to save money and prepare for delivery and having enough time to learn and follow the birth plan well.

While none of the women reported any difficulties in accessing the birth plan, interestingly, a few women reported that they were told they could not register for ANC or receive the birth plan if they did not attend ANC with their husband. In these cases, the women had to delay initiation of ANC and use of the birth plan until they could be accompanied by their husbands.

The majority of women felt that having the birth plans distributed during ANC visits at the health centre was the best and most appropriate mechanism due to the availability of health workers to provide counselling on the birth plan. Similar to the health practitioners, the majority of women expressed that they were happy with the distribution of the birth plan at health facilities, but many also suggested that further distribution in the community would be helpful to target women who do not come into the clinic for ANC. Women made specific suggestions that included having traditional birth attendants (TBAs), SMAG members, or neighborhood health committee members distribute the plans directly in homes, at community events (e.g., community drama performances), and at other health clinics (e.g., under-5 check-ups). Women also indicated the need to provide ongoing counselling throughout their pregnancy, not just receiving counselling once as a way to improve the way the birth plan was implemented.

Male Partners

All of the males reported that their partners received the birth plan for the first time at the health facility. Although not all of the males were present at the time of initial distribution, most mentioned that their partners received the plan during the first ANC visit. A couple received it at their second ANC visit or immediately after delivery.

4.1.4 Counselling on Birth Plans to Pregnant Women, Mothers, and Male Partners

Health workers and SMAG members reported counselling women and their partners using different methods. As mentioned above, SMAG members most commonly conducted group health talks, walking through the information on the birth plan. One health worker mentioned that their SMAG includes drama sketches in the group health talk to demonstrate how women and their partners can use the plan. Most health workers and a couple of SMAG members explained that following the group talks, health workers would question their clients on their understanding of the content and purpose of the plan during the medical examination of the women. The majority of health workers claimed to counsel pregnant women and their partners at each ANC appointment, approximately four times prior to delivery. Most of the health workers thought this type of structure of counselling was effective, except one worker who expressed a lack of staff to counsel women during examinations in an effective manner. In addition to the group health talks, SMAG members demonstrated a less structured counselling process compared to health workers. SMAG members reported conducting home visits, commonly following an initial introduction to the plan at the health facility, with women ranging from three times to once a week throughout their pregnancy.

Health workers and SMAG members appeared to differ slightly on how they counselled pregnant women. Although both groups acknowledged the importance of all the content in the birth plans, they choose to focus on different aspects of the plan. Health workers did not focus on a particular topic, but instead addressed all issues specific to the women's stage of pregnancy. SMAG members seemed to select specific topics they felt most comfortable addressing to focus on in their discussions with the women and their partners. These topics most commonly included danger signs and the social aspects of preparing for birth, such as saving funds for transportation and supplies for delivery.

Health practitioners also offered input on effective methods for encouraging women to use the birth plans. Most of the health workers and District MCH Coordinators recommended encouraging women by asking them to bring the birth plan to each ANC appointment, making it a key part of the ANC process, similar to the ANC card. *"I think mothers should be made to think that the birth plan is part of the antenatal card because they respect the antenatal card very much,"* said a health worker. They have found that women respect the need for the ANC card, and some women are already carrying their birth plan with their ANC card. Some of the practitioners also stressed the importance of involving male partners in the counselling process to provide them the opportunity to understand the need to support and encourage the women to follow the plan. *"If the husband has accepted it (birth plan) and he is the head of the house, it becomes very easy for the family to accept,"* said a District MCH Coordinator. Lastly, a health worker and District MCH Coordinator also recommended involving community leaders and TBAs with influence to promote the use of the plan.

As illustrated above in the suggestions to encourage use of the plan, practitioners underscored the importance of involving male partners and other family members in the implementation of the birth plan and counselling process. Practitioners view male partners, frequently the primary decision-makers, as an integral component in helping to reduce maternal mortality by escorting women to the health facility as needed, saving money for transportation and supplies for delivery, identifying danger signs, and providing emotional support.

Health practitioners also illustrated the need to involve other family members, such as parents, in-laws, and siblings, in the birth plan counselling. Family members commonly provide support for the women at home, help prepare supplies for the delivery, offer input into maternal nutrition, and accompany women to the facility to deliver. A few of the health workers and SMAG members noted that older family members encourage women to follow traditional practices during pregnancy, labour, delivery, and postpartum, with limited knowledge of the negative consequences of these practices. *“This is a traditional country rooted in traditional beliefs, so even in an instance that the couple is living with an elderly person, they can still discuss the birth plan with them so that they understand what she is going through. Also if these people understand it will be easier for them to support the woman ,perhaps with transportation to the clinic and other needs, such as the woman's need to rest when she is pregnant,”* said a District MCH Coordinator. Practitioners believe that promoting the birth plan and counselling family members when possible will result in greater compliance with the birth plan. Several practitioners found the best channel for reaching family members is through community outreach, because they normally do not escort women to the facilities until delivery.

Due to this underlining belief in the importance of involving male partners and family members in the birth plan implementation, all of the health workers and SMAG members reported that they provided the same counselling on the birth plan to male partners and family members as they did to women. In other words, health practitioners did not change how they counsel women on the birth plan in the presence of her partner or family in order to be open and candid and to ensure that the women and her support system receive the same messaging.

Pregnant Women and Mothers

While all women reported receiving some counselling on the birth plan when they first received it, the way in which the counselling was delivered, by whom, and the number of times counselling was provided varied significantly across the women. The majority of the women indicated that they received counselling on the birth plan in a group setting with other pregnant women and their partners. Only one woman indicated that she and her husband first received counselling in a group setting, and then were provided with individual counselling by the health provider, with an opportunity to ask questions about the birth plan. This finding contrasted with the reports by health workers of providing both group and individualised counselling on a regular basis.

From whom women and their partners received counselling varied by health facility, with women reporting that they received counselling from nurses, TBAs/midwives, SMAG members, and other community health workers. The majority only received counselling on the birth plan at the health facility. However, a few women did report also receiving counselling on the birth plan at their home by a SMAG member. About half of the women reported that they received counselling on the birth plan at least two times by health workers, while some women reported only receiving counselling on the plan once. This variation, however, may be in part due to women accessing ANC late in their pregnancy and, therefore, not attending many ANC visits, or only one. Amongst the women who received counselling more than once, some reported that the health provider requested the woman bring the birth plan with her to their other ANC visits, which helped to reinforce the importance of the birth plan. None of the mothers of children aged 0–6 reported receiving counselling on the birth plan after the delivery of their child,

suggesting that it was seen as more important during pregnancy than during the immediate postpartum period.

When asked what information women were counselled on, the most commonly reported topic area was danger signs to look out for during pregnancy, delivery, and the postpartum period. Women also commonly reported discussing topics covered under the logistics section (mainly saving money, planning for transportation to the health facility during delivery, and buying the necessary materials for delivery) and the nutrition and care section on the birth plan. Only a few women noted topics covered under the education, social support, and medical sections, suggesting that these topics likely received less attention by health practitioners during counselling sessions. These topics may also have been more difficult to grasp or were seen as less important by the women. A few women also reported receiving information on other topics that were not covered in the birth plan, such as that it is important for women to not engage in heavy chores or work during their pregnancy.

Male Partners

Just over half of the male partners reported being present during the initial distribution and consultation on the birth plan. A few partners mentioned receiving the introduction counselling during a group health talk conducted by a health worker or SMAG member. One mentioned participating in the group health talk, but not in any subsequent counselling on an individual basis. The women varied in their stage of pregnancy and need for consultation, but overall most males reported being counselled on the plan during each visit to the clinic. None of the male partners mentioned receiving counselling from SMAG members in their villages.

Similar to what pregnant women and mothers reported, the male partners most commonly reported that the counselling sessions informed them of danger signs, such as bleeding, swelling, and headaches, and the need to bring their partners to the facility if they are exhibiting these symptoms. Male partners also reported discussing the need for a facility-based delivery, saving money for supplies and transportation for delivery, nutrition, and ANC appointments. In a few cases, male partners also reported working with their health worker or SMAGs to complete the fill-in sections of their plan.

4.2 Birth Plan Usability, Acceptability, and Usefulness

4.2.1 Usability of the Birth Plan

Health Practitioners

The majority of health practitioners found that the birth plan was very easy to use. Although many practitioners highlighted their existing knowledge of maternal health prior to the implementation of the birth plan, half of the health workers and SMAG members saw the plan as a helpful guide for those who counsel women, ensuring that they cover all of the important information. *“Because when I am having a health talk it is more or less like a guide. Before the birth plan, sometimes we used to skip the important information to our clients. You can find out that I want to talk about HIV and AIDS or importance of testing, just because I do not have a guideline I could skip that. After the clients have left, that is when I can recall what I left out. If there is a birth plan I can follow out everything because it will be a guide,”* said a health worker. Several health workers and SMAG members also discussed using the fill-in section on the birth plan to record the place of delivery and the midwife. In most of these instances, practitioners

reported completing these sections on behalf of the women and their partners who were unable to write. Although practitioners appeared to find the section helpful, a couple expressed concern that women do not complete the section, despite efforts to help them complete it, and that asking women to select a midwife is unrealistic. Women normally are seen by whichever midwife is on duty.

Practitioners also thought the birth plan was easy to explain, largely due to the images. *“It is helpful because of the pictures, because some of these women are not educated and need a visual aid,”* said a health worker. Several mentioned previously using a different birth plan without images⁴, which they found less useful than the SMGL version because of the high rate of illiteracy in their clientele. Practitioners also thought the plan was easy to explain to women and their partners because of the chronological table format, simple language for those who can read, and short length.

Most of the practitioners reported not having to spend extra time explaining specific content from the birth plan during consultations with women and their partners. Only a few SMAG members and health workers spent extra time addressing the cause and outcome of the various danger signs. They discussed the need to address common misconceptions of specific dangers, such as that extreme swelling is a sign of twins rather than a symptom of preeclampsia. A health worker and District MCH Coordinator also mentioned the need to expand on maternal nutrition and provide examples of healthy, locally available, affordable foods. *“When we talk about good diet, perhaps they can mention the food stuffs because you find that when you are giving a health talk you ask the women what good foods are, and they will only mention foods that they cannot even afford, like chicken. So, if we can just insert the local foods like kapenta, beans, and vinkubala, because when explaining to them and you ask them what they see in the picture under good diet, they say chicken,”* said a District MCH Coordinator.

Pregnant Women and Mothers

All women who were interviewed reported using the birth plan during their pregnancy. The majority of women did feel, however, that they needed to receive counselling on the birth plan from a health worker before being able to understand it and use it on their own. *“[I] need someone to explain, especially the first time of seeing it, because there are some things you just can’t understand by just seeing unless someone explains to you first,”* said a mother from the urban district. Some women indicated that follow-up counselling was necessary to be able to remember the information on the birth plan and to be able to continue to use it. Furthermore, some women explained that certain sections were easier to use than others, and that it was only through counselling with the health worker that they were able to fully understand the meaning of some sections.

Most women reported that not only did they use the birth plan with a health practitioner, but they also went through the birth plan on their own at home. Many women indicated that they reviewed the plan with their husband and, in some cases, with other close family members, such as a mother or sister. This suggests that the women felt the information was valuable and that they felt it was important to share the information so that they could receive the support they needed from their family. A few women also indicated that they relied on either their husband or another family member to review it with them at

⁴ The health practitioners are referring to a different version of a birth plan that was distributed and used previously. The earlier version was completely text based and did not include pictures.

home, since they could not read English. One pregnant woman, when asked who helps her go through the birth plan, responded, “[M]y nephew, because it is presented in English and I do now know how to read...he is the one I call to read out everything for me. That’s how I learn.”

A few women reported that they felt it was important to receive counselling together with their partner so that they learnt the information together. One woman noted that it was beneficial for her husband to learn directly from the health worker, since he trusted the information imparted. “[It] helped because for some of the stuff whenever we would go home to tell our husbands, they would think we are lying, so it was good they heard for themselves...received it in their hands and read it for themselves. For some of the things they refused to do in the past, they did (the) required things hurriedly this time around,” said an urban mother of a child aged 0–6 months. Another woman reported that she was able to use the birth plan as a means to demonstrate to her husband the importance of having him accompany her to ANC visits.

The inclusion of pictures in the birth plan helped facilitate its use for the majority of the women, particularly given that many women reported being unable to read English. A few women reported that the ease of use of the birth plan really was dependent upon a woman’s education and literacy level. Thus, many women did rely on the pictures to help them understand and remember the information in the birth plan. Many women explained that the pictures were very helpful and self-explanatory, thus enabling them to be able to follow the birth plan, “because whatever they are teaching you,[it] is on the paper, they are able to show through symbols and when the doctor is teaching, we just look at the pictures,” said a pregnant woman from a rural district.

However, when asked to explain the meaning of some of the pictures, it was evident that some women still struggled with understanding the information that was being imparted in some of the pictures. The women reported misinterpreting or not understanding the pictures of the savings box, the woman with the calendar, the mosquito net, and some of the danger signs (e.g., body hotness, feeling cold, and the clock). A few women also reported that, while they understood that the picture of the foods is intended to remind them to eat a nutritious diet, they didn’t feel that it helped them to understand what specifically to eat.

When women were asked if they felt they could explain the birth plan to other members in their family, the majority felt that they could explain it, since the pictures are there as a reference and can be used to help explain the different aspects of the plan. Thus, overall, the pictures are seen as helpful and really served as the main reference point for women when they reviewed the birth plan.

Male Partners

The majority of male partners appeared to be very involved in implementing the birth plans. Most men reported reviewing the plans with their partners at home on a regular basis—sometimes once a week—to ensure that the woman and child remain healthy and safe throughout the pregnancy, delivery, and postpartum process. They would most commonly discuss the need to prepare supplies and transportation for delivery, and the methods and status of saving funds. The couples would also consult the birth plan for danger signs, nutrition and medical needs (e.g., folic acid), and upcoming ANC visits. A couple of the male partners reported sharing the birth plan with their families, and one partner explained promoting the plan to members of his church. “I discussed it (birth plan) with them and that they should help me with the preparation with the money. My parents have animals they can give me, a chicken and a goat. I will sell it so that I add on my shortfall,” said a partner of a pregnant woman.

Overall, male partners seemed to be very satisfied with the birth plan. They found it was very easy to understand and explain to family members. A couple of partners specifically mentioned the helpfulness of the images and the simple language. Although the male partners found the plan to be easy to understand and explain, most stressed the need for an initial orientation to the purpose and content in the plan. *“If one explains to you, and after explanation you will be able to understand it (birth plan),”* said partner of a pregnant woman. They liked the format and layout, and thought it included all the logical and relevant information.

In relation to the feedback section, only one male partner reported completing it on his first visit. Although several of the partners seemed to understand the purpose of the section, they highlighted that the health practitioners did not explain the purpose or the need to complete the section. Instead, the health practitioners and male partners focused solely on reviewing and completing the other sections of the birth plan, rather than the feedback line.

4.2.2 Acceptability and Usefulness of the Birth Plan

Health Practitioners

As mentioned above, overall, health practitioners have found the birth plan to be very useful. They thought the format and layout of including images to explain the content and the chronological table has made the birth plan easier to use and explain to women and their partners. Most also agreed that the content includes all the relevant and important information on issues related to preventing maternal mortality.

Despite the overall satisfaction with the birth plan, the feedback section appeared to cause confusion and not generate the information it was intended to collect. Health workers and SMAG members seemed to have mixed perceptions of the purpose of this section. Some believed the section was meant to be used by the practitioners to record how well women and their partners did in understanding the concepts in the plan, while others saw it solely as a place to document the date of visits and record of treatment. Most had never seen completed feedback sections, and District MCH Coordinators did not have a system for collecting and reviewing the feedback. For those who understood the purpose of the section, they believed women and their partners feared completing the sections due to the reaction of the health workers. *“I have never even had any feedback from the clients. I feel it is difficult for clients to give a feedback for fear of victimisation by the health workers. I think of creating a suggestion box where clients should drop their feedback without being identified. And because we don’t really emphasise on it, most mothers feel it is not important,”* said a health worker. Although these practitioners expressed the importance of gathering feedback to improve services and objected to its removal, most did not emphasise the completion of the feedback section in their discussions with women, male partners, and their families.

Practitioners perceived notable acceptability of the plan amongst women, their partners, families, and community members. *“Some clients are being referred from the community. And some community volunteers would ask you questions like, in my community there is a woman with swollen feet,”* said a health worker. Practitioners most commonly cited an increase in facility-based deliveries and treatment of danger signs as proof of this acceptability. A health worker said, *“When they feel a headache, they come and tell me that they have a headache...Before the birth plan they would stay at home complaining about a headache or even those myths I said, where they will be concerned that people will say I went out with another man.”* Other examples included an increase in the proper supplies and transportation for delivery,

number of women staying at the women's shelter waiting for labour, male attendance at facility appointments, and postnatal visits. "*Women are able to convince their husbands to provide transport for them when labour is due, and men are able to provide clothes for the baby,*" said a health worker. A couple of practitioners also noted a reduction of maternal deaths and mother-to-child transmission of HIV.

Pregnant Women and Mothers

All women reported that they felt the birth plan was very useful, particularly during their pregnancy and during delivery preparations. Only a few women reported referring to the birth plan after they delivered, suggesting that many felt the information was most relevant or useful during pregnancy and delivery, and not as much for the immediate postpartum period.

When women were asked how the birth plan has been useful during pregnancy and child delivery, the most commonly reported reasons included learning about the information presented in the logistics, nutrition and care, and danger signs sections on the birth plan. Specifically, the women reported learning about how to save money for transportation to the health facility as well as for buying the necessary supplies for delivery, learning about the importance of a woman's diet during pregnancy, learning the importance of sleeping under an insecticide-treated net (ITN) to avoid malaria, and knowing to seek medical attention when danger signs arose. The other sections of the birth plan, including education, social support, and medical were only referenced by a few women. Similar responses were reflected when women were asked how their knowledge had changed since obtaining the birth plan. The most commonly reported response was that they had learnt about the danger signs during pregnancy, during labour, and after childbirth and the importance of seeking medical attention when these signs arose. These responses further suggest, as indicated earlier, that these sections were emphasised more during counselling, were found to be more relevant to the women, and/or were easier to understand and remember for women.

Most women felt the format and layout of the birth plan were fine and had no suggested changes for improvement. The inclusion of pictures was noted as helpful, as the pictures provided a good reference, were easy to understand, and were laid out to "*show a story*" during pregnancy, said an urban mother of a child aged 0–6 months. One woman noted that the birth plan was much better than the previous version that did not contain pictures. The birth plan was perceived to be logical, with a good flow from the beginning (identifying your expected due date) to the end (postpartum care). Most women also felt that the plan covered the relevant aspects and concerns about pregnancy, child delivery, and postpartum care. The only suggested improvement, which a few women noted, was to either turn the birth plan into a small book so it was easier to carry or laminate the current version so it would be more durable.

When women were asked to explain the birth plan, a few women did misinterpret the timing of when certain things were supposed to happen. For instance, one woman misunderstood that, since danger signs are pointed out in the 5- 7-month period, this is when she is supposed to learn about danger signs and not before then. Similarly, one woman thought it was important for her to sleep under an ITN only during the first 4 months of her pregnancy, based on where the picture of the mosquito net was placed. This further indicates the importance of counselling women on the birth plan, so they fully understand when the specific actions presented in the plan are supposed to take place.

The feedback section of the birth plan was neither understood nor used by women. Of all the women interviewed, not one woman reported using the feedback line on the birth plan. All women reported that

the feedback section was never explained to them and, therefore, in almost all cases, they did not understand how it was supposed to be used. Only one pregnant woman reported understanding its use, but even so, she indicated that she did not use it and did not know where or to whom she should actually turn in the feedback. Furthermore, a few women indicated that they did not understand what the images (facial expressions) in the feedback section were intended to mean. This confirms the accounts from the health practitioners that the feedback line was not discussed in the counselling sessions, nor was there a process put into place in the health facilities to collect feedback from the women.

Many women reported changes in their practices during their pregnancy and delivery as a result of having received counselling on the birth plan. The reported changes very much reflect the same topic areas that were mentioned above in terms of what knowledge women had gained from the birth plan, with the exception of a few. The most commonly reported change was seeking medical attention at a health facility when a danger sign arose during or after their pregnancy. Other changes reported by women included

- Changing their diet by eating more during pregnancy and eating a more nutritious, balanced diet;
- Delivering in a health facility (or planning to deliver in a health facility for currently pregnant women) instead of at home;
- Preparing materials and clothes for delivery;
- Saving money to be used either for transport or for buying materials for delivery;
- Attending ANC visits with partner;
- Sleeping under an ITN;
- Taking folic acid and iron supplements (women noted that before they used to throw out the supplements); and
- Seeking medicines from the health facility instead of using traditional/herbal medicines.

It was evident that the birth plan influenced women practices, as one pregnant woman noted, “[T]hinking properly that if a woman is pregnant [she] needs to go to the hospital and register when you are sick [or in] labour you do not need to drink traditional medicine herbs, other people can give you these herbs to drink. Those things are not needed. You should go to the hospital. They will give you the medicine to take.”

Additionally, a number of women reported that the counselling they received on the birth plan helped them to change their beliefs and practices on well-established community myths. For example, a few women reported on the belief that swollen legs and/or feet were an indication that the pregnant woman was going to have twins. The birth plan helped them to identify that swollen legs/feet were instead a danger sign and that they should seek medical attention immediately. A few other women reported that their knowledge of the danger signs has helped them to not self-medicate, but rather to seek medical attention instead.

“[I]n the village I live with my grandmother, she would sometimes say to drink herb concoctions, to drink if problems [danger signs] arose, but I would refuse because I now know to go to the hospital in case of any problems. Sometimes if a woman bleeds during pregnancy, they would want to perform a ritual over it, but the woman should just go to the hospital and get assistance,” said a rural mother of a child aged 0–6 months.

Lastly, a few women also noted that the birth plan has resulted in them receiving support from their husbands that they had not received previously. Examples given of how women received support from their husbands included accompanying them to ANC visits, providing money for transport to the health facility, and helping to provide a balanced diet during pregnancy. One woman reported that it helped to convince her husband to get tested for HIV together at the clinic.

“[B]ecause even our husbands these days, from the time they were taught, are not difficult to even keep money and he even gives me the balanced diet which we were taught to eat. So when I want anything...he buys for me because of the birth plan,” said a rural pregnant woman.

Male Partners

Male partners appeared to place high value on the usefulness of the birth plan. Discussions with partners revealed an increase in knowledge related to pregnancy, delivery, and the postpartum period. All of the partners reported knowing none to little about pregnancy and childbirth prior to receiving the birth plan, and they exhibited newly found knowledge of danger signs, the need for preparation, and proper nutrition and medical treatment for women and children. *“Through learning the birth plan, you would have the knowledge how to care for a mother, how to live and care for a pregnant mother. It has really helped me to know that a pregnant woman is supposed to be in constant touch with the clinic up until she delivers,”* said a partner of a new mother.

Male partners also demonstrated accurately applying the guidance in the plan. Partners most commonly cited ensuring the women have enough healthy foods for proper nutrition. Many also reported saving funds and purchasing items for the mother and child for delivery, arranging for transportation to the facility for delivery, monitoring the women for any danger signs and bringing them to facility as needed, providing ITNs, escorting women to facility for ANC or postpartum appointments, and ensuring that the women take their medications. *“Before, I never used to save, but now I have seen the importance of saving because money helps in case of maternal emergence,”* said a partner of a pregnant woman.

A few of the male partners also mentioned that the use of the birth plan illustrated the importance of male involvement. They learnt the need for men to provide support to ensure the health and safety of women and children. *“The first one is this picture showing the woman and man [couple] going to the health centre to book for ANC. I learnt that [it] is important or good to go to the health centre to initiate ANC as a couple. The woman is not supposed to go alone. If she goes alone, who may help her in case there is any problems? So I learn that when a woman gets pregnant, she needs that care,”* said a partner of a new mother. These partners no longer allowed pregnant women to work hard or complain about physical symptoms without consulting the birth plan or health workers. A couple of male partners also no longer allowed their partners to be treated by traditional birth attendants, and they promoted the use of the birth plan to other community members. *“At the traditional witch doctor, they only give medicine, which does not give any help at all. At the hospital, they examine and give medicine that will give help,”* said the partner of a pregnant woman. Another partner, who is a pastor at a local church, said, *“I saw it to be very important and even shared it at church on a Sunday with the women, and I told them that if they don't go for antenatal I will be coming to push you. Also, that their husbands should go with them to the clinic.”*

4.2.3 Improvements to Birth plan

Health Practitioners

Although practitioners seemed to be satisfied with the birth plan overall, they provided some recommendations on how to improve the current version. The most frequent recommendation was to translate the plan into local languages. *“If it was in local language it would have been so easy for anyone to understand the birth plan. It should be interpreted in local languages for our mothers,”* said a District MCH Coordinator. Despite the usefulness of the images, more than a quarter of the practitioners saw a need for translation. Another common recommendation was to add more information on breastfeeding and the need for exclusivity and proper attachment. Other recommendations included

- Add an image of a baby lying crossways under the respective danger sign during pregnancy;
- Add height of the women as a risk factor of c-section for shorter women;
- Add more information on the cause and outcome of danger signs;
- Laminate the plan, similar to the ANC card, to make it more durable;
- Add information on the importance of taking medications despite side effects, as this is not a danger to mother or child;
- Add more information on what entails false labour;
- Reduce the size of the printout;
- Remove medical terms and abbreviations that may not easily be understood by lay people, such as H.B.;
- Remove the option of selecting a midwife, which is likely not possible;
- Add images of locally available and affordable foods;
- Remove the mention of misoprostol, which is not provided at most health facilities;
- Add an image of a sunset and sunrise in the section on length of labour;
- Add information on safe transportation, because bicycles are not safe when travelling from the catchment areas;
- Add images of the supplies needed for delivery;
- Add information on jaundice for children in the danger signs;
- Add information on the women’s shelter; and
- Add information on family planning options.

Health practitioners also suggested improving the support systems for implementing the birth plan. One of the most common recommendations was to partner with community leaders, such as village headmen, churches, and Neighborhood Health Committees to utilise their influences and promote the use of the plan. *“The ways of distribution are so many, like here even the Headmen can distribute the birth plans. Some Village Headmen are very good. In fact, they are the ones who influence men to be involved and escort their wives to the clinic. The chiefs are very influential to their subjects,”* said a District MCH Coordinator. Despite claims of sufficient training to implement the birth plan, another very common recommendation included more training options for health workers and SMAGs to standardise the distribution and counselling process—and to consistently provide the birth plans during under-5 and family planning appointments. Another common recommendation was to increase support for SMAGs to increase their community outreach and visits to catchment areas. This support entailed transportation,

lodging, and food. Other less common recommendations included an orientation DVD for women and their partners, more staff at health facilities, equipment to assess women and children exhibiting danger signs, and a suggestion box rather than the feedback section on the plan.

Pregnant Women and Mothers

Similar to health practitioners, overall women were very satisfied with the birth plan. Women did have a number of suggestions on how they thought the birth plan's usefulness, format, and content could be improved, though. As with the health practitioners, women's most common recommendation to improve the usefulness of the birth plan was to translate it into the different local languages, given the low literacy levels in English. Most women relied on the pictures to remind themselves of the information in the birth plan and felt that it would be easier to understand if they could read through the descriptions along with the pictures. A number of women also recommended that the birth plan be made either into a book or at least be laminated, so that it is easier to carry around and is more durable.

In terms of the content on the birth plan, women had a few suggestions on information they felt would be important to add to the birth plan. These included

- Information on what a good nutritious diet entails, since women thought this was not very clear from the images;
- Information on how women should not engage in hard work during her pregnancy, and that they need to rest;
- Explanations of the signs of labour;
- Information on specific items for the woman to prepare for delivery (e.g., pants, sanitary napkins, gloves, nappies, bottle of jik (bleach));
- More detailed information and pictures on the postpartum period, including what women need to take to postnatal visits, how to look after the baby, how and when to start feeding the baby, and information on under-5 check-up visits;
- Information on the importance of child spacing; and
- Information on actions to take for women who test HIV positive.

As with the health practitioners, the women also felt that it was important for the birth plan to be distributed in the communities in order to encourage its use amongst women who do not attend ANC or who attend ANC late in their pregnancy. Additionally, they felt that community sensitisation/outreach and follow-up counselling in the community by community health workers and SMAGs would be beneficial. A few women suggested that health workers should also consider other opportunities to reach women with this information, including at postnatal and under-5 check-up visits.

Another recommendation made by some women was to have the health workers ask women to carry the birth plan with them to all of their ANC visits, so that they are able to review the plan with the health worker and ask any questions. Women felt that when they were asked to do this, it helped to further demonstrate the importance of the birth plan and reinforce the information that it contains. A few women also suggested that health workers should ask women questions about the information on the birth plan to ensure that women are actually using it.

“In my view I think women should be told to carry their birth plans as they go to the clinic so that they review it together and ask them questions to see if they use it and show us the pictures which are on it so that they see the importance of it,” said an urban mother of a child aged 0–6 years.

Male Partners

As illustrated above, male partners seemed to be very satisfied with the birth plan. Although the vast majority recommended no changes to the birth plan, discussions with partners resulted in a few suggestions. One partner recommended changing the image of the clock demonstrating labour time and the image of the box. He initially confused the savings image with a voting box. A couple of partners also requested adding more information on family planning, adding information on the women's shelter, and translating the plan into the local language.

More partners provided recommendations on the implementation and support structure of the birth plan. Half of the partners stressed the importance of more community outreach and partnership with community leaders. *“If the counselling can be found in the village, we can be very happy. The counselling is required very much so that people can learn to call the NHC that are in the villages. You teach them and give them the books they should tell the headmen or to teach each clan on the birth plan,”* said a partner of a pregnant woman. A couple also suggested providing the plan to women during under-5 clinic appointments.

V. Summary of Findings

5.1 Birth Plan Implementation

Informal Distribution and Orientation Process

With regards to the implementation of the birth plan, it was evident that the structure to distribute the birth plan to health facilities and health practitioners was informal and varied across the sites. This resulted in some health facilities receiving the birth plan at later time periods and some health practitioners receiving the birth plan from places other than from the health facility, such as from SMGL partner organisations or at the DMOs. Despite the lack of formality and consistency, health workers did not report difficulties accessing the birth plan and having it available for counselling women and their partners. As with the distribution of the birth plan, orientation for health practitioners on the plan was not consistent. Practitioners, for the most part, seemed confident in their ability to implement the birth plan despite the lack of a formal orientation. However, findings related to the use of the birth plan highlighted some gaps in the implementation and suggested a need for a mechanism to address these gaps strategically. SMAGs illustrated limited understanding of some of the key maternal and child health concepts in the birth plan, and seemingly as a result, focused their discussions with women more on the logistics and danger signs sections. All of the health practitioners indicated not understanding or emphasising the use of the feedback section. Lastly, a few of the health practitioners reported never receiving even a brief orientation on the purpose and procedure for implementing the birth plan. In general, women and their partners did not have difficulty accessing the birth plan, with all of them reporting that they received the birth plan during an ANC visit to the health facility. On average, women received the birth plan during the fourth or fifth month of their pregnancy, which they indicated was a few months later than they would ideally like to receive it. Overall, women and their partners were satisfied with having the birth plan distributed at the health facility, since they were able to receive counselling on the plan from health workers during their ANC visits.

Varying Levels and Channels for Counselling

The amount of counselling, and from whom women received counselling, varied across the different health facilities, with some women indicating that they only received counselling once and others reporting that they received counselling at each ANC visit they attended. The discrepancy in the number of times women received counselling is likely in part due to some women waiting to attend ANC later in their pregnancy, thus not allowing them to receive counselling at all four of the standard ANC visits, as the majority of health workers indicated providing counselling at each ANC visit. While counselling was also reportedly done at homes by the different community health workers (SMAGs and NHCs), only a few women indicated that they were visited at home by a SMAG or NHC member. This suggests that not all women are receiving followed up support in the communities and that they are not followed up with on a regular basis. Most women reported that they received counselling on the birth plan with their partner, which was noted as being very positive in terms of the partner taking the information seriously as well as helping to motivate the partner, providing the necessary support to the woman during her pregnancy.

A Need To Increase Outreach and Expand Implementation

The majority of the women and their partners, and some of the health practitioners, thought further outreach and counselling on the birth plan in the community would be beneficial, not only to be able to catch women who do not come for ANC, but to also provide follow-up counselling for women to help remind them of the information in the birth plan and to ensure that they are following the different actions outlined in the plan. Additional suggestions for improving the distribution of the birth plan included using other opportunities, such as at under-5 clinic appointments and other community events, to further reach women and their partners with the plan.

5.2 Birth Plan Usability, Acceptability, and Usefulness

Very Useful Information

Overall, health practitioners, women, and their partners were very satisfied with the birth plan, seeing it as a very useful tool/guide. Many health practitioners reported that the birth plan was very helpful in guiding them through counselling women and enabling them to remember all of the important information they needed to cover during counselling sessions. For women and their partners, the birth plan was very useful in that it imparted important and relevant information to them about their pregnancy, delivery, and after childbirth. The importance that women and their partners placed on the birth plan is reflected by the fact that the majority reported reviewing the birth plan on their own and with other family members multiple times, in addition to when they received counselling on it at the health facilities.

Easy To Understand and Apply

Overall, health practitioners reported that the birth plan was very easy to use. The majority felt that the pictures really helped to facilitate the use of the birth plan when they were counselling women, since many of the women are not literate and can only follow along with the pictures. Health workers with previous knowledge of maternal health reported that the birth plan was easy to use, since they were already familiar with the information presented in the plan. For some of the SMAG workers, however,

they did not have as extensive of a background in maternal health and, therefore, did not feel as comfortable providing counselling to women on all of the topic areas presented in the birth plan.

The majority of women and their partners felt the birth plan was easy to use. The inclusion of the pictures really helped facilitate the use of the birth plan for women and their partners since many were not literate in English. It was evident that the logistics, nutrition and care, and danger signs sections of the birth plan contained the topics that were most recalled by women and their partners, and were the most influential on actions taken by women and their partners. This result could be due to the health practitioners emphasising these sections more during counselling sessions, or women could have seen the information as easier to grasp or more relevant to them for their pregnancy. However, despite the helpfulness of the pictures, most women and male partners stressed the importance of counselling to introduce the plan. Some women also indicated that follow-up counselling was necessary to really grasp and remember the information.

Logical Format in Need of Some Revision

In general, health practitioners, women, and their partners were satisfied with the layout and format of the birth plan and thought that it was logical and contained the relevant information for pregnancy, delivery, and childbirth. It was evident, however, that the feedback section of the birth plan was not fully understood by health practitioners or women and their partners. While some health practitioners did understand its use, no processes were put in place to actually implement the feedback line. Furthermore, the feedback section was not explained to women and their partners in the counselling sessions, resulting in the majority of women and partners not understanding its use and, therefore, ignoring the section altogether.

Influential on Knowledge and Behaviours

Health practitioners, women, and their partners reported a number of positive changes in knowledge and practices due to the birth plan. Knowledge of danger signs and the importance of saving money for transport and to buy the necessary supplies improved significantly amongst women and their partners. Many reported that they were not aware of the danger signs previously, interpreting them to be normal symptoms experienced during pregnancy or after childbirth. Some even reported that learning about the danger signs helped to demystify some traditional beliefs in the community, including that swollen legs and feet indicated that the woman was having twins. In addition to improvements in knowledge, there were a number of positive reported changes in practices due to the birth plan. These changes included

- Delivering at the health facility (or planning to have a facility-based delivery);
- Improving diet during pregnancy;
- Preparing the necessary materials and clothes for delivery;
- Saving money for transport or materials;
- Attending ANC visits with their partner;
- Sleeping under an ITN;
- Taking the recommended folic acid and iron supplements; and
- Seeking medicines from health facility, rather than using traditional or herbal medicines.

In addition to these changes, all respondents reported that male involvement in general improved. This was demonstrated through men accompanying women to ANC visits or to deliver, providing money for the necessary supplies and clothes for delivery, encouraging women not to engage in heavy chores or work, and helping women to eat a more nutritious and balanced diet. Furthermore, many of the women and their partners reported sharing the plan with other family members, which helped to garner further familial support for the woman during pregnancy.

5.3 Improvements to the Birth Plan

While, overall, health practitioners, women, and their partners thought the birth plan was a very useful tool, they had many suggestions on how to improve the plan. The most common recommendation was to have the birth plan translated into local languages. Another suggestion was to have the birth plan laminated to improve its durability, while some also suggested that, if it was made into a small book or if the size of the print-out was reduced, it would be easier for women to carry. They also had the following suggestions for changes to the content of the birth plan:

- Add in the following images: (1) baby lying crossways in the pregnancy danger signs section; (2) locally available and affordable foods for a balanced, nutritious diet; and (3) the supplies needed for delivery.
- Add in images for all of the danger signs that are in the bottom row of the birth plan for consistency.
- Replace the image of the clock with an image of a sunset and sunrise to indicate length of labour lasting more than 12 hours.
- Provide information on all of the following: (1) causes and outcomes of danger signs; (2) importance of taking medicines despite side effects; (3) signs of labour; (4) safe transportation options because bicycles and ox carts are not safe when travelling from the catchment areas; (5) women's shelter; (6) family planning options and importance of child spacing; (7) details about what a nutritious diet entails; (8) explanation that women should not engage in hard work during pregnancy; (9) details about how to look after the baby, including how and when to start feeding the baby; (10) under-5 check-ups; and (11) actions to take during and after pregnancy when a woman tests HIV positive.
- Add in that height and weight will be recorded during the ANC visits.
- Add in jaundice for children as a danger sign.
- Remove all of the following: (1) medical terms and abbreviations (e.g., H.B.); (2) misoprostol, since it is not provided at most health facilities; and (3) text asking them to select a midwife, since this is not a realistic option.

Some of the women also misinterpreted or did not understand some of the pictures, including the savings box, the mosquito net, women next to the calendar, body hotness and feeling cold danger sign, and the image of the clock.

VI. Recommendations

6.1 Recommendations for Birth Plan Implementation

Based on the findings from the study, the following recommendations have been put forth for how the implementation of the birth plan can be improved moving forward:

- A standard orientation curriculum should be developed and provided for all health practitioners, including community health workers and other community leaders. If an in-person or “live” orientation is not possible, the curriculum should be provided to all health practitioners, so that they can review it on their own and use it as a reference throughout the implementation process. The training curriculum should emphasise the importance of reviewing all sections of the birth plan during counselling sessions. Furthermore, health workers should instruct women and their partners to bring the birth plan with them when they attend ANC visits, so that the health worker can review it and check the woman/couple’s progress on implementing the birth plan. To help ensure that women bring the birth plan along with them, the plan should be promoted as a companion piece to the ANC card. District MCH Coordinators and other senior health facility staff should also be instructed to assess the knowledge of SMAG members of the maternal and child health concepts, and determine the need for further training to address the knowledge gap.
- Each pregnant woman should be assigned to a SMAG member, who can provide follow-up visits and ongoing counselling to her and her family in using and implementing the action items outlined in the birth plan.
- Regular follow-up at the different levels, including with the DMOs and at health facilities, is important to ensure that implementation occurs as planned.
- In collaboration with the Ministry of Community Development and Mother and Child Health, CSH should develop a plan for scaling up the implementation of the birth plan to other health clinics throughout Zambia. As feasible, community outreach and counselling on the birth plan by SMAGs or other community health workers should also be scaled up to other communities.

6.2 Recommendations for Birth Plan Content

Based on the findings from the study, the following recommendations have been put forth for improving the content and format of the birth plan prior to rolling it out at the national level:

- Use the same material for the birth plan as for the ANC card to improve its durability. The birth plan could also be developed as an extension of the ANC card; as a booklet, the birth plan could allow for more detailed explanations of the pictures. These changes will help to make the plan more durable, easier to carry, and easier to understand.
- Replace or remove the following pictures depicted in the birth plan to make it easier for the targeted audience to understand the plan:

- The picture of the clock representing the duration of labour should be replaced with a picture that represents a sunrise and sunset.
- The picture on the importance of saving money should be adjusted in such a way that money is clearly depicted, to ensure that it is not misinterpreted as meaning “voting.”
- The picture of the bicycle depicted as a mode of transport should be removed, as it was not seen as an appropriate method of transport for a woman in labour.
- The picture of a mosquito net should be replaced with a picture that depicts people sleeping under a mosquito net.
- The feedback section should either be removed or revised to be a place where the health practitioner records the woman’s visits to the health clinic and discussions of the birth plan.
- The picture on body hotness and feeling cold should be replaced with an image that is clearer.
- The pictures for a good diet should be replaced with images of foods that are affordable and locally appropriate.
- Add in pictures for all of the danger signs depicted in the bottom row of the birth plan. The SMAG manual can be a guide for suggested pictures, such as for an image that depicts a woman having fits.
- Change or add the following to the content of the birth plan to make it more useful:
 - The birth plan should include images of the supplies women need to prepare to take with them to health facility when they deliver.
 - Additional information on all of the following should be added to the plan: (1) causes and outcomes of danger signs; (2) importance of taking medicines despite side effects; (3) signs of labour; (4) women’s shelter; (5) family planning options and importance of child spacing; (6) details on how to look after the baby, including how and when to start feeding the baby; and lastly (7) under-5 check-ups.
 - The birth plan should include information on the actions the pregnant woman needs to take during pregnancy and after delivery when she is HIV positive.
 - Height should be part of the measurements the woman should expect and require during ANC visits.
 - More information on post-delivery care, postpartum care visits, and actions women should take after delivery should be included in the birth plan. Additionally, information on family planning should be included as part of the actions to take after delivery.
 - Information on the importance of resting during pregnancy should be added to the birth plan.
- Remove the abbreviation H.B. and misoprostol from the medical section of the plan.

- Adjust the Action section of the birth plan to reflect the reality of pregnant women, as they often do not have the option to choose a midwife.
- Assess whether to keep the feedback line in the birth plan, since health workers and women were confused on how to use it. If it is kept, it needs to not only be included in the orientation of health workers so that they explain it to women and their partners during counselling sessions, but a system and process for collecting and responding to the feedback needs to be developed.

VII. Conclusion

Overall, the birth plan was found to be a useful communication tool amongst health practitioners, women, and their male partners. The findings suggest that when implemented effectively, alongside other interventions, the birth plan can help women plan for and adopt healthy and safe behaviours during pregnancy, during labour, and after childbirth.

The following main conclusions can be drawn from the study findings:

- A standard orientation training curriculum on the birth plan for health practitioners will be beneficial to help ensure that health practitioners are comfortable with providing counselling on the birth plan and that they provide consistent counselling to their clients.
- The birth plan is appreciated and perceived as an improvement from the version that was previously available, both amongst health practitioners and the beneficiaries (pregnant women and their partners) of the tool.
- Overall, the birth plan was perceived as acceptable and very useful amongst health practitioners, women, and their male partners. It was evident that the inclusion of the pictures in the birth plan was helpful for improving understanding and use amongst women and their partners as well as for serving as a useful guide for health practitioners when they gave counselling sessions. While there was broad acceptance of the tool, the target audiences suggested many ways in which the birth plan could be improved upon or enhanced, including adding additional information on other topic areas, replacing and/or adding in pictures, and translating it in the local languages. It is important to note that, while the majority of women reported the tool to be useful, for women who were illiterate, the usefulness of the plan was largely dependent upon how well the birth plan was implemented—thus, how well the health workers/SMAGs could explain and counsel the women on using it and provide the necessary follow-up at the community level.
- The birth plan can help promote discussions around pregnancy amongst couples and family members, which can lead to increased support of pregnant women by other family members and their partners and greater community and male involvement in safe motherhood activities.
- The birth plan, complemented with counselling by health practitioners, has the ability to significantly improve knowledge amongst women and their partners on safe motherhood and influence the uptake of healthy safe motherhood practices, including increased ANC use; facility-based delivery; postnatal care visits; and medical attention sought for complications during pregnancy, delivery, and the postpartum period.

- Due to the perceived usefulness of the tool amongst health practitioners, women, and their partners, it would be beneficial for the birth plan to be scaled up to other health clinics in Zambia beyond those in the four pilot districts.

VIII. Appendix I: In-Depth Interview Guides

IN-DEPTH INTERVIEW GUIDE: MCH DISTRICT HEALTH COORDINATOR

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.

- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

Before we start this interview, kindly share with me about what your role is in this health center and how long you have been doing that job.

Section I: Implementation of Birth Plan

We would like to start talking about issues related to the implementation of the birth plan in your district which is one of the four targeted SMGL districts (Nyimba, Lundazi, Mansa, and Kalomo).

1. As part of your work, have you seen the birth plan for discussion with pregnant women, new mothers or their male partners?

If response is No, probe:

- Has it been given to SMAG members and health workers to discuss with pregnant women, new mothers or their male partners?

If response is No, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. Did you receive any training on how to use the birth plan for counseling pregnant women new mothers, or their male partners?

Probe:

- Who conducted this training? When and where was it conducted?
- Who all attended this training? Was it individual or as a group?
- What was explained to you as the purpose of the birth plan, when it should be distributed, and how it should be used?

3. Do you think the method for distribution and implementation of the birth plan is adequate?

Probe:

- In your opinion, what is the best stage in pregnancy/time to counsel pregnant women on birth plans?
- Is counseling on the birth plan at the health centre or by health workers the best mechanism to distribute the plan? In your view, what are some other mechanisms?
- From your point of view, what are some ways that the distribution and counseling on the use of the birth plan can be improved, to make it even more effective?
- Can you point out some ways to encourage pregnant women to use the birth plan throughout their pregnancy?

- How can new mothers be reached to be given a birth plan if for some reason they did not receive it during their pregnancy?

Section II: Usability, Acceptability, and Usefulness of the Birth Plan

Now we would like to ask you some specific questions on your opinion on the usability and usefulness of the birth plan for pregnancy, delivery and postpartum care.

4. In your opinion, is the birth plan easy to understand and use?

Probe:

- Do you think it is easy to explain to pregnant women or new mothers, or their male partners?
- What about to other family members?
- In your view, are there specific sections of the birth plan that need more explanation? If so, please elaborate.

5. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
- Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?

6. What do you think about the feedback line on the birth plan?

Probe:

- Do you think it is useful? Please explain. Do you think it can be removed?

7. Overall, do you think the birth plan is useful for women for their pregnancy, delivery, or postpartum care?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness at each stage – during pregnancy, delivery, and postpartum care?
- In what ways do you think it is useful? From your experience so far, what are some specific ways in which the birth plan has been useful to women during their pregnancy or in planning the delivery of their child?
- Please give me some examples of how knowledge of pregnancy, delivery and after delivery care of women has changed after using the birth plan?
- In particular, were women generally aware of the various danger signs listed in the birth plan?
- Give me some examples of how pregnant women have used the birth plan to help them plan for the delivery.

8. What are some ways to improve the usefulness of the birth plan?

Probe:

- Do you think any other information, support or assistance is needed to ensure that women are able to use the birth plan effectively?
- Do you think any changes are needed to currently available health services to support the birth plan?
- What are some other ways to ensure that women use the birth plan?
- In your view, should the birth plan be discussed with other members of the family?

9. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.
- Are there specific sections of the birth plan that may need to be changed or elaborated further?

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

IN-DEPTH INTERVIEW GUIDE: SMAG MEMBER/HEALTH WORKER

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.
- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

Before we start this interview, kindly share with me about what your role is in this health center and how long you have been doing that job.

Section I: Implementation of Birth Plan

We would like to start talking about issues related to the implementation of the birth plan in your district which is one of the four targeted SMGL districts (Nyimba, Lundazi, Mansa, and Kalomo).

1. As part of your work, have you seen the birth plan for discussion with pregnant women, new mothers or their male partners?

If response is No, probe:

- Has it been given to you to discuss with pregnant women, new mothers or their male partners?
- Has it been given to other SMAG members or health workers in your district?

If response is No, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. How did you get this birth plan?

Probe:

- Through whom did you receive the birth plan?
- Please provide some information on the circumstances around which you received the birth plan.

3. Did you face any difficulties in getting this birth plan?

Probe:

- Did you have to ask for the birth plan or was it given to you?
- Are there sufficient copies of the birth plan available for your use?
- Do you know where to get more copies of the birth plan if you need it?

4. Did you receive any training on how to use the birth plan for counseling pregnant women new mothers, or their male partners?

Probe:

- Who conducted this training? When and where was it conducted?
- Who all attended this training? Was it individual or as a group?
- What was explained to you as the purpose of the birth plan, when it should be distributed, and how it should be used?

5. Do you think the method for distribution and implementation of the birth plan is adequate?

Probe:

- In your opinion, what is the best stage in pregnancy/time to counsel pregnant women on birth plans?
- Is counseling on the birth plan at the health centre or by health workers the best mechanism to distribute the plan? In your view, what are some other mechanisms?
- From your point of view, what are some ways that the distribution and counseling on the use of the birth plan can be improved, to make it even more effective?
- Can you point out some ways to encourage pregnant women to use the birth plan throughout their pregnancy?
- How can new mothers be reached to be given a birth plan if for some reason they did not receive it during their pregnancy?

Section II: Usability, Acceptability, and Usefulness of the Birth Plan

Now we would like to ask you some specific questions on your opinion on the usability and usefulness of the birth plan for pregnancy, delivery and postpartum care.

6. In what ways have you used the birth plan?

Probe:

- Have you discussed it mainly with pregnant women, new mothers or male partners?
- How many times during a woman's pregnancy do you expect to use/review the plan?
- Do you discuss all parts of the plan relevant to the stage of the pregnancy?
- Are there specific sections that you focus on?
- Do you discuss the birth plan differently if the male partner is also present?
- Has there been a need to review it with other family members?
- Who fills in the necessary information into the birth plan?

7. In your opinion, is the birth plan easy to understand and use?

Probe:

- Is it easy to explain to pregnant women or new mothers, or their male partners?
- What about to other family members?
- In your view, are there specific sections of the birth plan that need more explanation? If so, please elaborate.

8. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
- Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?

9. What do you think about the feedback line on the birth plan?

Probe:

- Do you find it useful? Please explain. Do you think it can be removed?
- What kind of information has been included in the feedback line?
- What follow up has been done, if any, based on information in the feedback line?

10. Overall, do you think the birth plan is useful for women for their pregnancy, delivery, or postpartum care?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness at each stage – during pregnancy, delivery, and postpartum care?
- In what ways do you think it is useful? From your experience so far, what are some specific ways in which the birth plan has been useful to women during their pregnancy or in planning the delivery of their child?
- Please give me some examples of how knowledge of pregnancy, delivery and after delivery care of women has changed after using the birth plan?
- In particular, were women generally aware of the various danger signs listed in the birth plan?
- Give me some examples of how pregnant women have used the birth plan to help them plan for the delivery.

11. What are some ways to improve the usefulness of the birth plan?

Probe:

- Do you think any other information, support or assistance is needed to ensure that women are able to use the birth plan effectively?
- Do you think any changes are needed to currently available health services to support the birth plan?
- What are some other ways to ensure that women use the birth plan?
- In your view, should the birth plan be discussed with other members of the family?

12. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.
- Are there specific sections of the birth plan that may need to be changed or elaborated further?

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

IN-DEPTH INTERVIEW GUIDE: PREGNANT WOMEN

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.
- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

First, I'd like you to introduce yourself by your first name only and tell me how old you are, your marital status, how many children you have and their ages.

Section I: Implementation of Birth Plan

We would like to start talking about issues related to your exposure to a birth plan so far during this pregnancy and its use postpartum.

1. Are you currently using (or have you used) a birth plan during this pregnancy?

If response is No, probe:

- Has anyone discussed a birth plan with you?
- Did you receive a birth plan during this pregnancy?

If response is no to both questions, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. How did you get this birth plan?

Probe:

- In which month of your pregnancy did you receive it?
- Where did you get it from? Please provide some information on the circumstances around which you received the birth plan.

3. Did you face any difficulties in getting this birth plan?

Probe:

- Did you have to ask for the birth plan or was it given to you?

4. Did you attend a counseling session at the health centre regarding the birth plan? Was this during one of your antenatal visits or at another time?

Probe:

- After you received the plan, has anybody else discussed the birth plan with you? If yes, when and how many times? Please elaborate.

5. Do you think the method for distribution and implementation of the birth plan is adequate?

Probe:

- Was the timing of your receipt of the birth plan in the stage of your pregnancy appropriate?
- In your opinion, ideally, what would have been the best time to start using this plan?

- Is counseling on the birth plan at the health centre or by health workers the best mechanism to distribute the plan?
- From your point of view, what are some ways that the distribution and counseling on the use of the birth plan can be improved, to make it even more effective?
- Can you point out some ways to encourage pregnant women to use the birth plan throughout their pregnancy?

Section II: Usability, Acceptability, and Usefulness of the Birth Plan

Now we would like to ask you some specific questions on the usability and usefulness of the birth plan for your pregnancy.

6. In what ways have you used the plan so far during your pregnancy? Give me an example.

Probe:

- Have you used it on your own or with the help of a health worker or community health worker?
- How many times during your pregnancy did you use/review the plan?
- At home, do you review it on your own or with your partner?
- Who fills in the necessary information into the birth plan?

7. In your opinion, is the birth plan easy to understand? And to use? Do you need someone to explain it to you?

Probe:

- And is it easy to explain to someone else in your family?

8. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
- Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?

9. Have you had a chance to use the feedback line of the birth plan?

Probe:

- What do you think about the feedback line on the birth plan?
- What kind of information have you included in the feedback line?
- Do you find it useful? Please explain.

10. Overall, have you found the birth plan useful for your pregnancy?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness during your pregnancy?

- In what ways has it been useful? What are some specific ways in which this birth plan has been useful to you during your pregnancy or in planning the delivery of your child?
- How has your knowledge of pregnancy, delivery and after delivery care changed after using the birth plan?
- In particular, were you aware of the various danger signs listed in the birth plan?
- Give me some examples of how the birth plan is helping you plan for the delivery.

11. Have you done anything differently so far during your pregnancy as a result of using this plan?

Probe:

- What have you done differently?

12. What are some ways to improve the usefulness of the birth plan?

Probe:

- Do you think any other information, support or assistance is needed to ensure that women are able to use the birth plan effectively?
- Do you think any changes are needed to currently available health services to support the birth plan?
- What are some other ways to ensure that women use the birth plan?
- In your view, should the birth plan be discussed with other members of the family?

13. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

IN-DEPTH INTERVIEW GUIDE: MOTHERS OF CHILDREN 0-6 MONTHS

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.
- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

First, I'd like you to introduce yourself by your first name only and tell me how old you are, your marital status, how many children you have and their ages.

Section I: Implementation of Birth Plan

We would like to start talking about issues related to your exposure to a birth plan for the birth of your child and any postpartum care.

1. Are you currently using (or have you used) a birth plan for your most recent pregnancy, during child delivery or since the birth of your child?

If response is No, probe:

- Has anyone discussed a birth plan with you?
- Did you receive a birth plan during your pregnancy or since the birth of your child?

If response is no to both questions, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. How did you get this birth plan?

Probe:

- In which month of your pregnancy did you receive it? Or was it after the birth of your child?
- Where did you get it from? Please provide some information on the circumstances around which you received the birth plan.

3. Did you face any difficulties in getting this birth plan?

Probe:

- Did you have to ask for a birth plan or was it given to you?

4. Did you attend a counseling session at the health centre regarding the birth plan? Was it during one of your antenatal visits, during delivery, your postpartum visit, or at a different time?

Probe:

- After you received the plan, has anybody else discussed the birth plan with you? If yes, when and how many times? Please elaborate.
- After you received it, did anybody else discuss the birth plan with you? When and how often? Please elaborate.

5. Do you think the method for distribution and implementation of the birth plan is adequate?

Probe:

- Was the timing of your receipt of the birth plan appropriate?
- In your opinion, ideally, what would have been the best time to start using this plan?
- Is counseling on the birth plan at the health centre or by health workers the best mechanism to distribute the plan?
- From your point of view, what are some ways that the distribution and counseling on the use of the birth plan can be improved, to make it even more effective?
- Can you point out some ways to encourage pregnant women and new mothers to use the birth plan throughout their pregnancy and after child delivery?

Section II: Usability, Acceptability, and Usefulness of the Birth Plan

Now we would like to ask you some specific questions on the usability and usefulness of the birth plan for your pregnancy, child delivery and since the birth of your child.

6. In what ways did you use the plan during your pregnancy and for child delivery? Give me an example. What about since the birth of your child?

Probe:

- Have you used it on your own or with the help of a health worker or community health worker?
 - How many times during your pregnancy did you use/review the plan? After the birth of your child?
 - At home, do you review it on your own or with your partner?
 - Who fills in the necessary information into the birth plan?
7. In your opinion, is the birth plan easy to understand? And to use? Do you need someone to explain it to you?

Probe:

- And is it easy to explain to someone else in your family?
8. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
 - Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?
9. Have you had a chance to use the feedback line of the birth plan?

Probe:

- What do you think about the feedback line on the birth plan?

- What kind of information have you included in the feedback line?
- Do you find it useful? Please explain.

10. Overall, have you found the birth plan useful for your pregnancy and since the birth of your child?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness?
- In what ways has it been useful? What are some specific ways in which this birth plan has been useful to you during your pregnancy or in planning the delivery of your child?
- How has your knowledge of pregnancy, delivery and after delivery care changed after using the birth plan?
- In particular, were you aware of the various danger signs listed in the birth plan?
- Give me some examples of how the birth plan helped you plan for the delivery.

11. Did you do anything differently during your pregnancy, during delivery or since the birth of your child as a result of using this plan?

Probe:

- What have you done differently?

12. What are some ways to improve the usefulness of the birth plan?

Probe:

- Do you think any other information, support or assistance is needed to ensure that women are able to use the birth plan effectively?
- Do you think any changes are needed to currently available health services to support the birth plan?
- What are some other ways to ensure that women use the birth plan?
- In your view, should the birth plan be discussed with other members of the family?

13. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

IN-DEPTH INTERVIEW GUIDE: MALE PARTNERS OF PREGNANT WOMEN

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.
- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

First, I'd like you to introduce yourself by your first name only and tell me how old you are, your marital status, how many children you have and their ages.

Section I: Usability, Acceptability, and Usefulness of the Birth Plan

We would like to ask you some specific questions on the usability and usefulness of the birth plan for your partner's pregnancy, child delivery and since the birth of your child.

1. Is your partner currently using (or has she used) a birth plan for her most recent pregnancy?

If response is No, probe:

- Did she receive a birth plan during her pregnancy?
- Have you seen this birth plan?

If response is no to both questions, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. In what ways have you or your partner used the plan during her pregnancy? Give me an example.

Probe:

- Have you or your partner used it on your own or with the help of a health worker or community health worker?
- How many times during the pregnancy did you/both use/review the plan?
- At home, do you review it on your own or with your partner?
- Who fills in the necessary information into the birth plan?

3. What is the level of your involvement in the birth plan process?

Probe:

- Have you attended any antenatal visits with your partner?
- Were you present at a counseling session when the birth plan was first introduced to your partner?
- Do you discuss the contents of the birth plan with your partner? How about the delivery of your child? Have you discussed it with your partner or made any specific plans?
- Have you had discussions with other family members about the birth plan?

4. In your opinion, is the birth plan easy to understand? And to use? Do you need someone to explain it to you?

Probe:

- And is it easy to explain to someone else in your family?

5. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
- Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?

6. Have you had a chance to use the feedback line of the birth plan?

Probe:

- What do you think about the feedback line on the birth plan?
- What kind of information have you included in the feedback line?
- Do you find it useful? Please explain.

7. Overall, have you found the birth plan useful for your pregnancy and since the birth of your child?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness?
- In what ways has it been useful? What are some specific ways in which this birth plan has been useful to you during your pregnancy or in planning the delivery of your child?
- How has your knowledge of pregnancy, delivery and after delivery care changed after using the birth plan?
- In particular, were you aware of the various danger signs listed in the birth plan?
- Give me some examples of how the birth plan is helping you and your partner plan for the delivery.

8. What are some ways to improve the usefulness of the birth plan?

Probe:

- Do you think any other information, support or assistance is needed to ensure that women are able to use the birth plan effectively?
- Do you think any changes are needed to currently available health services to support the birth plan?
- What are some other ways to ensure that women use the birth plan?
- In your view, should the birth plan be discussed with other members of the family?

9. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

In-Depth Interview Guide: Male Partners Of Mothers of Children 0-6 Months

INTRODUCTION

Good morning/afternoon. My name is _____ and I will be the interviewer for this session. I work for the Communications Support for Health (CSH) programme based in Lusaka.

If asked: CSH is a USAID-funded programme that fosters sustained individual and collective action for health through effective activities in information, education, and communication/behaviour change communication. It is comprised of staff from ICF International, Chemonics International, and the Manoff Group.

Today, we're going to discuss your opinions on the use of birth plans for pregnancy, child delivery, and after delivery care. We hope that this information will help us better understand how to best communicate messages that would improve the health of women and their children.

I want to let you know that I'm not a medical professional, and I am not an expert on the subject matter we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we will discuss today. There is no right or wrong answer to the questions I'm going to ask. Please just relax and enjoy the discussion.

Please keep in mind that your participation in this discussion is completely voluntary. If for any reason you wish to leave the discussion, you may do so.

We're doing this as part of a project to implement effective communication interventions to promote key safe motherhood behaviors and address current barriers to their practice. Other project staff from CSH may also be in the room to observe the discussion. Kindly state whether it is okay to continue with the discussion.

Interview Guidelines

Before we begin, I'd like to review some important points about today's discussion. We have a lot we're going to discuss, and I want to make sure you are informed about how it will work and your rights.

- You have been invited here to share your views, experiences and opinions.
- Your answers will be confidential, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- There are no right or wrong answers.
- This session will be audio taped. This allows us to capture everything that is being said today, and we will include the information in a report to our client.
- We have a notetaker here in the room with us. His/her name is _____. He/she is here to make sure that we capture all of your comments in the case that something goes wrong with the recording. He/she has signed a confidentiality agreement, and won't be telling your comments to anyone. He/she will not be taking part in the conversation, so we can just pretend he's/she's not there.
- You may excuse yourself from the conversation at any time for any reason.

Lastly, please turn off the ringer on your cell phone.

Any questions before we start?

ICE BREAKER:

First, I'd like you to introduce yourself by your first name only and tell me how old you are, your marital status, how many children you have and their ages.

Section I: Usability, Acceptability, and Usefulness of the Birth Plan

We would like to ask you some specific questions on the usability and usefulness of the birth plan for your partner's pregnancy, child delivery and since the birth of your child.

1. Is your partner currently using (or has she used) a birth plan for her most recent pregnancy or since the birth of your child?

If response is No, probe:

- Did she receive a birth plan during her pregnancy or since the birth of your child?
- Have you seen this birth plan?

If response is no to both questions, close the interview:

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.

2. How have you or your partner used the plan during her pregnancy and for child delivery? Give me an example. What about since the birth of your child?

Probe:

- Have you used it on your own or with the help of a health worker or community health worker?
- How many times during your pregnancy did you use/review the plan? What about after the birth of your child?
- At home, do you review it on your own or with your partner?
- Who filled in the necessary information into the birth plan?

3. What is the level of your involvement in the birth plan process?

Probe:

- Have you attended any antenatal visits with your partner?
- Were you present at a counseling session when the birth plan was first introduced to your partner?
- Do you discuss the contents of the birth plan with your partner? How about the delivery of your child? Did you discuss it with your partner or make any specific plans?
- Have you had discussions with other family members about the birth plan?

4. How have you been involved in your partner's delivery and/or after delivery?

Probe:

- Who made arrangements for her transport to the clinic/hospital for delivery?
- Did you take her to the clinic/hospital for the delivery?
- What about after delivery?

5. In your opinion, is the birth plan easy to understand? And to use? Do you need someone to explain it to you?

Probe:

- And is it easy to explain to someone else in your family?

6. What is your opinion on the format or layout of the birth plan?

Probe:

- On a scale of 1-10, how would you rate the format or layout of the birth plan? Explain why you gave this rating.
- Is the format of the birth plan logical? Does it cover relevant aspects and concerns regarding the pregnancy? What about child delivery and post partum care?

7. Have you had a chance to use the feedback line of the birth plan?

Probe:

- What do you think about the feedback line on the birth plan?
- What kind of information have you included in the feedback line?
- Do you find it useful? Please explain.

8. Overall, have you found the birth plan useful for your pregnancy and since the birth of your child?

Probe:

- On a scale of 1 to 10, how would you rate the birth plan for its usefulness?
- In what ways has it been useful? What are some specific ways in which this birth plan has been useful to you during your pregnancy or in planning the delivery of your child?
- How has your knowledge of pregnancy, delivery and after delivery care changed after using the birth plan?
- In particular, were you aware of the various danger signs listed in the birth plan?
- Give me some examples of how the birth plan helped you or your partner plan for the delivery?

9. In your view, what are some ways in which the birth plan could be improved?

Probe:

- Would these improvements be to the level of content/information or would it be to improve the way it is presented? Please explain.

Closing

Thank you very much for coming and for sharing your ideas with us—we really appreciate your time.