

The 'Delivering More' Toolkit

Engagement Tool



The Delivering More project outlines a human-centred process to co-design ideal maternal care from the user perspective - with the aim of developing improved health facility designs that enable safe, respectful Maternal and Newborn Health (MNH) care provision and utilisation in traditionally underserved populations. With support from the Bill & Melinda Gates Foundation and the Elsa & Peter Soderberg Charitable Foundation, the project was led by the Institute for Healthcare Improvement (IHI), a not-for-profit organisation with a mission to improve health and health care worldwide. IHI partnered on the project with MASS Design Group — a nonprofit design, research, and engineering firm with extensive experience designing and implementing impact-driven health care infrastructure.

Based on learnings from the immersions in Ethiopia and Bangladesh, we have developed a globally-applicable toolkit and a set of guiding principles for improving maternal and newborn facility design.

Project Lead

Project Partner



About this Guide

The Engagement and Assessment Tools included within this tool set provide methodologies for documenting feedback from end users and assessing the condition of existing infrastructure.

The Engagement Tool — what you're reading now — is focused on supporting a human-centred process of engaging end users, identifying needs, and uncovering opportunities.

The Engagement Tool consists of 17 distinct tools (a mix of surveys, interview and focus group guides, workshop protocols, observation templates, and an experience simulation). Each is designed to capture complementary information about how the built environment shapes childbirth experiences. The tools are grouped by intended respondent (e.g., Mother, Provider, Community Member), but are designed such that they can be used in any order, depending on the team's data collection plan. And while the text of the tools has been honed by our teams with an eye to the Ethiopian and Bangladeshi contexts, they are broad enough that they can and should be adapted by others.

Depending on the scope and resources available to your project, it may not be necessary to complete all of the worksheets and activities provided. Instead, we recommend that project teams digest the findings from our pilot projects in Ethiopia and Bangladesh (these can be found in the *Design Principles* and *Design Case Studies* documents) and determine what specific contextual or project-specific insights require further clarity.

Methodology

The activities with mothers, family/companions, and providers are intended to be carried out in a health facility to gain insight on existing care needs and practices. Engaging end users in community can also shed light on local childbirth values and traditions, which are not always well-reflected in the facility context.

Consider engaging Ministry of Health representatives at the beginning of an initiative to lay a foundation for more systemic change. Depending on the project timeline and budget, the team may need to prioritize which activities are most necessary to reaffirm and contextually align the design principles. If faced with limited resources, carrying out a handful of qualitative interviews or focus groups will likely reveal more insights than doing a large number of quantitative surveys.



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SECTION 1

Mothers

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- 1.4** Facility walk-through with mothers
- 1.5** Observation/shadowing of mothers

1.1 Semi-structured Interview

For Postpartum Mothers



Recently-delivered mothers



1 hour per interview



At their bedside



Guidelines

- Goal:** Hear about the experiences of recently-delivered mothers and generate ideas for how childbirth facilities could better meet their needs.
- Format:** Interviews of 3-4 postpartum women in each facility, at the bedside.
- Time Frame:** 1 hour per interview
- Approach:** Have clinicians or social worker recommend mothers in the postpartum ward to approach, using a set of predefined criteria:
- Women should feel well and not be too tired to engage the researchers, and they should not have had an extremely traumatic birth experience that they are recovering from (e.g., the loss of a baby).
 - Ideally we want to aim for a mix of both normal vaginal delivery (NVD) and c-section mothers, as experiences will vary drastically by delivery type. However, c-section mothers may need additional rest and recovery and may not be able to engage.
 - Be respectful of their needs and allow women to take breaks if needed.
- Introduce the mother to the research team and explain your partnership with the MoH (if applicable) to improve maternal/newborn care facilities. Ask if they would be interested in sharing their experiences.
- Convey the expectations for the exercise.
 - We hope to speak with them about their childbirth experience for an hour. We have a series of questions prepared, but we hope that it will be a natural conversation. Our research team will take notes; the mother will not be required to write or fill in answers.
- Explain the potential benefits of participating: That the patient's experience and story may be used to help inform improved facility design for this region.

Explain the potential uses of the information captured and where/how it will be distributed.

- Explain that no compensation will be provided and re-iterate that this process is completely voluntary.
- Patients will be given the option to participate anonymously.
- If they wish to participate, give the patient the printed consent form to sign.

The interview will be conducted at the patient bedside by 2-3 research team members, observing full COVID-19 safety protocols.

- Wear proper PPE.
- Sanitize any items that will be handed to the mother before and after (e.g., pen and clipboard).
- Politely ask any family members or companions if they would mind stepping away during this time to give the woman more privacy and to allow for as much social distancing for COVID-19 as is possible.
- If the mother prefers for her companion(s) to remain present, politely ask them to refrain from offering answers unless directly asked. This interview is meant to elicit the mother's personal experience and perspective.

The research team will use a semi-structured interview guide to facilitate discussion and document open-ended responses. The interview will be audio recorded for note-taking purposes.

- Coach the interviewer ahead of time on the importance of relaying exactly what the woman says and not over-interpreting/paraphrasing what she is saying.
- Make sure to write down any compelling quotes word-for-word during the interview. If you don't catch it word-for-word, note the time on the voice recorder so you can go back and transcribe it later.

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>

1



Background

a. How many times have you been pregnant?

b. How many children have you given birth to?

c. Did you experience any birth complications?

d. Where did you give birth and why?

e. What factors led you to seek childbirth care at that facility?

- How did cost, logistics, values, beliefs, experiences, or other factors influence decision-making?

f. Which people were involved in this decision?

g. What negative or positive impressions did you have of the facility beforehand?

h. What is your perception of home-based versus facility-based care?

- What are the main pros and cons of each?

Communication



2

a. Upon arrival, did you understand the general organisation of the health facility? Were you given clear and accurate directions of where to go to get the care you needed?

- Was there directional signage? If yes, was it visible enough? Was it picture- or text-based?
- Was the signage helpful or did you need to ask staff for help in person? If you needed to ask, was there any information/inquiry desk/kiosk that could be easily noticed?

b. Upon admission, were you given clear explanations about the different stages in the birth process and what to expect?

c. Throughout labour and delivery, were you kept updated about how you were progressing through labour and what to expect?

3



Emotional Support

a. Who came with you to the facility?

b. Were you able to receive support from a companion during labour, delivery, or postpartum care?

- If yes, did the health care providers allow your companion willingly or did you have to strongly request this?
- How did your companion provide you with emotional or physical support?

c. How could a companion have *ideally* supported you through this experience?



- a. Movement during early labour can help labour progress and ease pain. Were you encouraged to move around during early labour? YES / NO (Circle) If yes, where? (corridor, ward, etc.)**

- b. Would you be interested in walking during early labour? What type of setting would you need to feel comfortable?**

- c. In your experience, did the design of the facility make you feel like it was unsafe or uncomfortable to move around? Please explain what design elements would help make it more accessible.**

- (For example, patients who have physical disabilities or need constant assistance may require a functional ramp or a grab bar/rails in the toilet and hallways. Or those who have high-risk pregnancies require a stretcher or wheelchair to safely move around.)



Birth Position of Choice

a. A woman can give birth in many different positions (e.g., squatting or standing, not just on her back). Did the health care provider inform you clearly about the different birth positions?



Asymmetrical (one knee) kneeling position



Sitting upright



Forward kneeling position on a bed



Side lying position



Supported upright kneeling



Sitting upright



Supported forward kneeling position



Using furniture to support squatting

b. In what position did you give birth? Were you encouraged to try alternative birth positions?

c. Would you have liked to try alternative birthing positions? Which ones?

d. Were there items/elements of the delivery room that made you feel comfortable/safe or restricted/scared? Please explain.

Respect & Dignity



6

a. What aspects of your care experience felt positive, safe, respectful, or empowering?

b. What aspects of your care experience felt negative, frightening, uncomfortable, or undignified?

c. How could the facility be designed to make you feel more at home?

d. How could the facility be designed to accommodate traditional or religious practices?

7



Essential Physical Resources

a. Please comment on the cleanliness and safety of the facility.

b. What are your expectations around bed space?

c. What are your expectations around toilet and shower facilities?

d. What are your expectations around cooking and laundry facilities?

e. What are your expectations around personal storage space?

f. What are your expectations around privacy (during changing, breastfeeding, checkups, etc.)?

Community & Connection



8

a. How did you interact with other women at the facility?

b. How did they provide you with emotional support or encouragement?

9



Mother-Baby Dyad

a. Were you separated from your baby at any point? How did it make you feel?

b. Were you encouraged to do kangaroo care? In what way was this supported or unsupported?

c. Did your baby require special care in the NICU? Tell us about that experience.



a. How would you describe good quality of care?

b. Do providers at the facility seem overstretched or stressed? What factors do you think are contributing to this?

c. How could provider motivation and empathy be improved?

d. How could the design of a facility make you feel like you will be well taken care of?

e. How long did you stay at the facility after delivering your baby? Would you suggest staying longer or was it sufficient?

11



Summary

a. Please share any other suggestions you have for how maternal-newborn care experiences could be improved at the facility where you delivered.

b. How was this interview experience? Did you think about or learn anything new or meaningful from this conversation?

Additional Notes:

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1.2

Semi-structured Interview

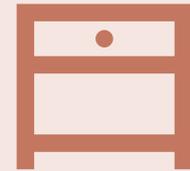
For Mothers of Small and Sick Newborns



Mothers of small and sick newborns



30 min per interview



At their bedside



Guidelines

- Goal:** Hear about the experiences of mothers with small and sick newborns, and generate ideas for how childbirth facilities could better meet their needs.
- Format:** Interviews of ideally 1-2 women in each facility. These can either be women recovering in the postpartum ward or women visiting their baby in the NICU.
- Time Frame:** 30 min per interview
- Approach:** Have clinicians or social worker recommend mothers in the NICU or postpartum ward to approach, using a set of predefined criteria:
- Women should feel well and not be too tired to engage the researchers, and they should not have had an extremely traumatic birth experience that they are recovering from (e.g., the loss of a baby).
 - Ideally we want to aim for a mix of both normal vaginal delivery (NVD) and c-section mothers, as experiences will vary drastically by delivery type. However, c-section mothers may need additional rest and recovery and may not be able to engage.
 - Be respectful of their needs and allow women to take breaks if needed.
- Introduce the mother to the research team and explain our partnership with the MoH (if applicable) to improve maternal/newborn care facilities. Ask if they would be interested in sharing their experiences. Convey the expectations for the exercise:
- We hope to speak with them about their newborn care experience for 30 min. We have a series of questions prepared, but we hope that it will be a natural conversation. Our research team will take notes; the mothers will not be required to write or fill in answers.

- Explain the potential benefits of participating: That the patient's experience and story may be used to help inform improved facility design for this region.
- Explain the potential uses of the information captured and where and how it will be distributed.
- Explain that no compensation will be provided and re-iterate that this process is completely voluntary.
- Patients will be given the option to participate anonymously.
- If they wish to participate, give the patient the printed consent form to sign.

The interview will be conducted at the patient bedside by 2-3 research team members, observing full COVID-19 safety protocols.

- Wear proper PPE.
- Sanitize any items that will be handed to the mother before and after (e.g., pen and clipboard).

Politely ask any family members or companions if they would mind stepping away during this time to give the woman more privacy and to allow for as much social distancing for COVID-19 as is possible.

If the mother prefers for her companion(s) to remain present, politely ask them to refrain from offering answers unless directly asked. This interview is meant to elicit the mother's personal experience and perspective.

The research team will use a semi-structured interview guide to facilitate discussion and document open-ended responses. The interview will be audio recorded for note-taking purposes.

- Coach the interviewer ahead of time on the importance of relaying exactly what the woman says and not over-interpreting/paraphrasing what she is saying.
- Make sure to write down any compelling quotes word-for-word during the interview. If you don't catch it word-for-word, note the time on the voice recorder so you can go back and transcribe it later.

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>

1 

Background

a. How many weeks pregnant were you when you delivered your baby?

b. How many weeks has your baby been in the NICU?

c. Did you have a high-risk pregnancy?

d. Did you deliver at this facility or was your baby transferred?

2 

Transfer

a. How could the transfer of the baby to the NICU be improved (from either delivery/OR another hospital)?

- Was that process stressful to you? Why or why not?
- How were you communicated to? Did you understand what was happening?
- When was the first time you were able to see the baby after birth?
- How often have you been able to see the baby?

Family-centred Care



3

a. How could small and sick newborn care be more family-centred? How could the design of the NICU welcome parents and encourage them to participate in care?

- Which family members are allowed to enter the NICU? How are they able to engage in care?
- Is there privacy for interaction with the baby? How could this be improved?
- What accommodations are there for overnight stays? Do mothers of NICU babies stay in the postnatal ward, a private room, or return home?
- What amenities are available for family support (bathroom, kitchen, etc.)?
- How could families have a greater sense of engagement, control, and belonging?

4



Skin-to-Skin

a. How could skin-to-skin contact be encouraged?

- Was skin-to-skin contact implemented immediately and continuously after birth?
- For small and sick newborns in the NICU, where is skin-to-skin contact implemented? (e.g., next to baby warmer/isolette)
- What furniture/setup would be ideal for skin-to-skin contact? (e.g., reclining chair with curtain)
- Is there a dedicated Kangaroo Care space? How could it be better designed?

5



Breastfeeding

a. How could breastfeeding be better supported?

- Was breastfeeding encouraged in your experience?
- For small and sick newborns in the NICU, where does breastfeeding happen? Are there any privacy issues? How could they be solved?
- Where does milk expression take place? How could this space be better designed?
- Where is human milk stored? How could milk storage and preparation be improved?

Sensory Environment



6

a. How could the environment be more optimal and developmentally appropriate for the baby?

- Premature babies are sensitive to light. Dimmer lighting levels can reduce stress and improve sleep and development. What are the current lighting levels like in the NICU? How could they be improved?
- Babies are also sensitive to noise. Loud and unfamiliar noises can be stressful to both babies and families. What are the noise levels like in the NICU? How could they be improved?
- Overall, does the environment of the NICU feel calm or stressful? How could it be improved?

7



Staff Access & Parent Education

a. How could staff access and parent education be improved?

- Did you feel like you had good visibility and access to providers?
- Were you shown how to care for your baby upon discharge?
- How could you have been better prepared to leave the hospital?

8



Quality of Care

a. How could the design of the facility improve the overall quality of care?

- How would you define what good quality of care means to you?
- What would make you feel like your baby will be well taken care of?

10. Please share any other suggestions you have for how small and sick newborn care experiences could be improved.

11. How was this interview experience? Did you think about or learn anything new or meaningful from this conversation?

Additional Notes:

1.3

Quantitative Survey

For New Mothers

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>

1



Background Information

a. Name

b. How old are you? (Age in years)

c. Where do you live? (District, City)

d. How many times have you been pregnant, including this pregnancy?

e. How many births have you had?

f. Where did you deliver your last pregnancy? (Circle)

1. Hospital

2. Health Centre

3. At Home

4. Other : _____

g. Who assisted in the delivery of your last pregnancy? (Circle)

1. Traditional birth attendant

2. Doctor/midwife/nurse

3. Family Member

4. Other : _____

Decision Making & Arrival



2

a. Whose idea was it to deliver at a health facility for this pregnancy? (Circle)

1. Me

2. Husband

3. Other family member

4. Clinician

b. Why did you (or they) think it was a good idea to deliver at a health facility? (Tick)

- Referral
- Convenience (closest health facility)
- Preference (selected this health facility)
- Other (write in) _____

c. How long did it take you to get to the facility? (Hours/Days)

d. Before you came to the facility, did you know anyone who had received care at this facility? (circle)

Yes

No

e. What did you hear about the facility before you came?

Barriers to Care



3

a. What are the biggest challenges to seeking care at a health facility? Please rate to what degree the following factors were challenging for you (Tick the box).

Getting there
(proximity and transportation)

1. Not at all 2. Somewhat 3. Very 4. Don't know

Cost
(affordability)

1. Not at all 2. Somewhat 3. Very 4. Don't know

Family logistics
(E.g., childcare)

1. Not at all 2. Somewhat 3. Very 4. Don't know

Overcoming
negative
perception

1. Not at all 2. Somewhat 3. Very 4. Don't know

b. Note other reason (if any)

c. What are the biggest challenges to receiving care at a health facility? Please rate to what degree the following factors were challenging for you (Tick the box).

Amount of staff available 1. Not at all 2. Somewhat 3. Very 4. Don't know

Quality of space available 1. Not at all 2. Somewhat 3. Very 4. Don't know

4 

Role of Companions

a. Who accompanied you to the health facility? (Circle all applicable)

1. Husband 2. Mother 3. No One 4. Other _____

b. Who participated in your care during your hospital stay? (Circle all applicable)

1. Husband 2. Mother 3. No One 4. Other _____

c. What type of care were they involved in? (Circle all applicable)

1. Labour & Delivery 2. Bedside care (e.g., antepartum, postpartum)
 3. Provision of food 4. Other _____

18. How important is the presence of a companion for the following? (Tick the box)

Emotional Support 1. Not at all 2. Somewhat 3. Very 4. Don't know

Physical Assistance 1. Not at all 2. Somewhat 3. Very 4. Don't know

Note other reason (if any):

5 

Cultural Alignment

a. Certain aspects of home/community-based childbirth are aligned to women's culture and expectations for care. What if some of these attributes could be accommodated in health facilities? How important are the following to you?

Specially-prepared meal or ceremony 1. Not at all 2. Somewhat 3. Very 4. Don't know

Ability to move around during labour (walking) 1. Not at all 2. Somewhat 3. Very 4. Don't know

Birth position of choice (e.g., squatting or sitting) 1. Not at all 2. Somewhat 3. Very 4. Don't know

Are there other aspects of home/community-based childbirth you'd like to see incorporated into health facilities?

Physical Environment



6

a. Please think about the spaces you spent time in at this facility and show how you rate them on a 5-point scale, using the spectrum listed in each row: (Tick the box)

Welcoming	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Unwelcoming
Spacious	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Crowded
Private	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Not private
Attractive	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Not Attractive
Safe	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Unsafe
Relaxed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Tense
Comfortable	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Uncomfortable
Cheerful	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Depressing

Good	①	②	③	④	⑤	Bad
Quiet	①	②	③	④	⑤	Noisy
Dignified	①	②	③	④	⑤	Undignified
Clean	①	②	③	④	⑤	Dirty

b. Please rate the following aspects of the health facility:

Rate from 1 to 5 that: ① Poor ② Fair ③ Good ④ Very good ⑤ Excellent ⑥ Don't know

Overall building and grounds (E.g., attractiveness of facility appearance, quality of building maintenance and upkeep)	<input type="text"/>	Amount of space (e.g., number of beds available, space to move around)	<input type="text"/>
Level of privacy	<input type="text"/>	Level of heating/cooling	<input type="text"/>
Quality of light	<input type="text"/>	Quality of air	<input type="text"/>
Level of sanitation/cleanliness	<input type="text"/>	Toilet/bathing facilities	<input type="text"/>
Kitchen/food preparation facilities	<input type="text"/>	Patient bed area	<input type="text"/>
Adequacy of your private storage space	<input type="text"/>	Your comfort level	<input type="text"/>
Outdoor spaces	<input type="text"/>	Provision of spaces for companions?	<input type="text"/>

7



Care Experience

- a. Overall, how would you rate your experience at this health facility? Use any number from 1-10, where 1 is the worst experience possible and 10 is the best experience possible**
- b. How would you rate the physical environment of this health facility? Use any number from 1-10, where 1 is the worst experience possible and 10 is the best experience possible**

c. How much time did you spend across each stage of the care journey? (Number of hours or days)

Arrival/registration	<input type="text"/>	Antenatal care	<input type="text"/>
Labour	<input type="text"/>	Delivery	<input type="text"/>
Postpartum care	<input type="text"/>	Newborn care	<input type="text"/>

d. How would you rate your experience across each stage of the care journey? (Tick the box)

	Poor	Fair	Good	Very Good	Excellent	Don't Know
Arrival/ Registration	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
Antenatal Care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
Labour	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
Delivery	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
Postpartum Care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
Newborn Care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>

8

Recommendations



a. Would you recommend this facility to your friends and family?

1. No 2. Maybe 3. Yes 4. Don't know

b. Would you consider coming back to this facility if you become pregnant again?

1. No 2. Maybe 3. Yes 4. Don't know

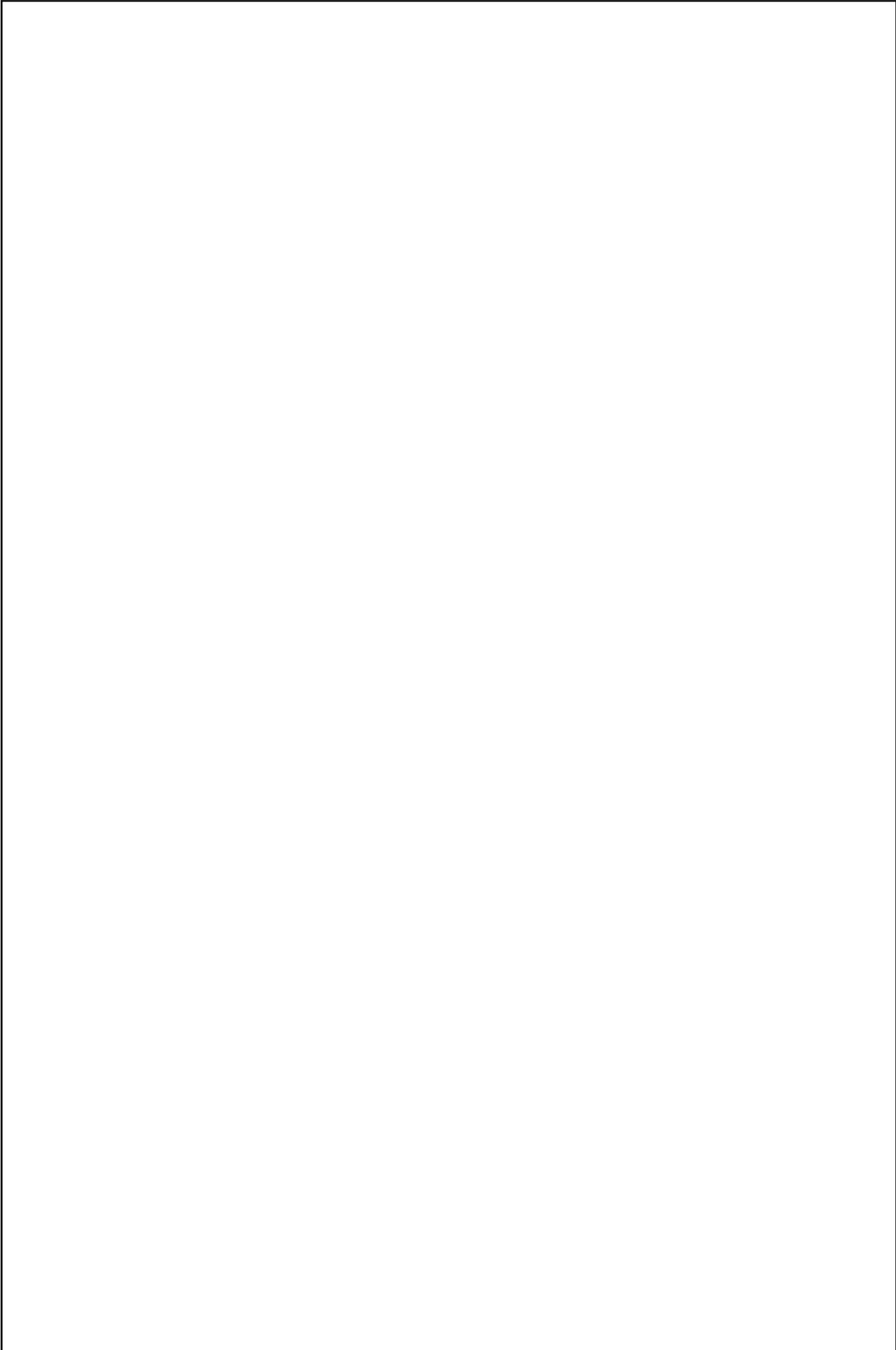
c. What are the best aspects of this facility?

d. What are the worst aspects of this facility?

e. How could the facility be improved?

- To be more respectful (Open ended)
- To be more dignified
- To be more equitable
- To be more safe

Additional Notes:

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1.4

Facility Walk-through

With Mothers



Mothers



1 hour per interview



Tour of the facility



Guidelines

- Goal:** To understand a mother's care journey through her eyes.
- Format:** Walk-through of the maternity unit, led by a mother recounting her own experiences and feelings through her care journey.
- Time Frame:** 1 hour per interview
- Recruitment Notes:** Do a facility walk-through with at least 2 mothers per facility. One mother should have had an uncomplicated delivery representing a "typical" care experience. One mother should have had a complicated delivery requiring small and sick newborn care. Ideally, the mothers selected will be comfortable talking and expressing their recollections and emotions and not be overly reserved. Work with the facility clinicians and/or a social worker to identify mothers who have had these experiences, are healthy enough to participate, and who are willing to participate.

- Guide:**
- Introductory Prompt:**
(Introduce research team and goal for engagement)
We'd like for you to walk us through your experience receiving care in this facility. Please take us through the space sequentially, from the moment you arrived to the moment you departed. Take us step-by-step through your childbirth journey and help us see through your eyes. Show us where you stood/sat/lay, describe what you were doing and how you were feeling, and describe what others around you (staff and family/companions) were doing as well. Feel free to reenact things! Please focus on relaying your care experience, but don't hesitate to mention needs you faced and ideas for design solutions along the way. For context, please tell us about whether this was your first birth or not and whether you had previously been familiar with this facility.

Additional prompts/questions during the walk-through:

(Let the mother lead the walk-through. Hopefully the mother will already cover most of the questions below, but if not, please use these prompts as needed.)

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>

Antenatal Care *(if applicable)*



1

- a. If you'd previously received antenatal care at the facility, tell us about the antenatal care experience. Where did you go? How long did you wait for services?

<p><i>Notes from <u>first</u> walk-through</i></p>
<p><i>Notes from <u>second</u> walk-through</i></p>

Journey to Facility



2

- a. What triggered your departure for the facility to receive childbirth care?
b. Who did you come with and what belongings did you bring?
c. How long did it take you to travel to the facility? What mode of transport did you use?

<p><i>Notes from <u>first</u> walk-through</i></p>
<p><i>Notes from <u>second</u> walk-through</i></p>

3



Arrival & Navigation

- a. Tell us about your arrival at the facility and how you found your way to the maternity unit? (note: ease of navigation, route traveled, way-finding/signage, staff interactions)
- b. In general, how did you find the arrival and navigation process? Did you know where to go and what to do as soon as you arrived at the facility? Do you have any suggestions for improvement?

*Notes from first
walk-through*

*Notes from second
walk-through*

4



Registration

- a. How were you registered and welcomed into the maternity unit? (note: wait time, registration process, staff interactions, privacy and respect)
- b. Was there a separate or private area for registering pregnant mothers?
- c. How long did you wait in the waiting area? For what? With whom?
- d. In general, how did you find the registration/admission process? Did you feel welcomed and reassured? Do you have any suggestions for improvement?

*Notes from first
walk-through*

*Notes from second
walk-through*



- a. How were you triaged/assessed for labour progress? (note: whether providers introduced themselves, asked for consent, or explained the process; bed availability, privacy, length of time assessed; whether companions were allowed; hygiene)
- b. Were your birth preferences documented and communicated to staff? If yes, how?
- c. In general, how did you find the assessment process and communication by staff? Did you understand what to expect? Do you have any suggestions for improvement?

Notes from first walk-through

Notes from second walk-through

- a.** How and where did you labour? Were you encouraged to move or walk in labour?
- b.** How and where did you deliver? In what position did you deliver? Were you encouraged to try other birth positions?
- c.** Tell us about how the space was set up and the level of comfort and privacy. (note: storage for personal belongings, visual and acoustic privacy)
- d.** How were you supported physically and emotionally during labour and delivery? (note: role of nurses, partners, and companions)
- e.** What access was provided to toilets and showers? (note: distance, privacy, hygiene level)
- f.** How did you interact with health care providers and with other women during labour and delivery? (note: communication about labour progress)
- g.** What visibility/access did you have to providers? (note: nurse station location, staff availability)
- h.** How was your newborn cared for after birth? (note: visibility from mother)
- i.** Where did recovery and skin-to-skin contact take place? (note: recovery period, information about skin-to-skin contact)
- j.** In general, how did you find the environment for labour and delivery? Did you feel comfortable, safe, supported, and respected? If not, tell us why and what solutions you'd suggest for improvement.

*Notes from first
walk-through*

*Notes from second
walk-through*



- a. How long did you stay in the delivery room after delivery?
- b. Where was postnatal care provided? (note: dedicated maternity ward vs. shared women’s ward, bed availability)
- c. How were you supported physically and emotionally after birth? (note: role of nurses, partners, and companions)
- d. Where was your baby kept? (note: in a nursery or with mother; in bassinets or in bed)
- e. What provisions were there for privacy and comfort, such as curtains or folding dividers? (note: visual and acoustic privacy, lighting levels, general atmosphere)
- f. Did you observe any cultural or religious practices after birth? (note: special meals, hygiene, special care, prayer, performing rituals etc.). If not, were there any you would have liked to follow?
- g. How were your meals and laundry handled? Who took care of them? Where?
- h. How did you interact with other mothers during the postnatal period? Did you feel isolated, or did you feel that there was a sense of community?
- i. In general, how did you find the postpartum space? How was your recovery as well as bonding with the baby either supported or unsupported? Do you have any suggestions for improvement?

Notes from first walk-through

Notes from second walk-through



Small & Sick Newborn Care *(if applicable)*

- a. Tell us about the small and sick newborn care that your baby received.
- b. How long was your baby in the facility? How often were you able to visit? Who else was able to visit? Where did you stay during this time?
- c. How were you engaged in the baby's care?
- d. Were you communicated with clearly in every stage of baby care and treatment decisions?
- e. What was the space for small and sick newborn care like? How well was the small and sick newborn care space located within the larger facility?
- f. In general, how did you find the small and sick newborn care experience? Did you feel that your baby was well cared for? Do you have any suggestions for improvement?

*Notes from first
walk-through*

*Notes from second
walk-through*



- a. What was the discharge process like?
- b. Did you receive any education prior to leaving? Where? What did you learn?
- c. In general, did you feel sufficiently prepared to care for the baby at home? Do you have any suggestions for improvement?

*Notes from first
walk-through*

*Notes from second
walk-through*

Closing Questions

- a. Overall, how would you rate your care experience at this facility? Please feel free to share any other suggestions you have for how care experiences could be improved.
- b. How was this interview experience? Did you think about or learn anything new or meaningful from this activity?

*Notes from first
walk-through*

*Notes from second
walk-through*

Additional Notes:

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1.5

Observation & Shadowing

of Mothers



Mothers



10 mins per space



Tour of the facility



Guidelines

- Goal:** To understand how patients, caregivers, family members, and health care workers are using and interacting in maternal and newborn care spaces.
- Format:** Discrete observation and note taking of behaviours/activities across the care journey, from the mother's perspective.
- Time Frame:** Open-ended (10-15 minutes per space)
- Approach:** There are two ways to do observation/shadowing of mothers:

Option 1: Follow a single woman through the entire care process. This will provide a deeper, more intimate, and continuous glimpse of one mother's journey, but limited exposure to other women's care experiences. Start this process the first day, as the complete labour and delivery process can take time. Spend at least 10-15 minutes observing each care stage and ask staff to let you know when delivery begins so that you can conduct other engagement activities in the meantime. This will require getting permission upfront from the mother to be part of her extended birth journey.

Option 2: Observe different women through different stages of the care process. This will provide a less continuous, but more diverse, glimpse of different mothers' journeys. Spend at least 10-15 minutes observing each care stage. Documentation of the different care stages does not have to happen in perfect order (for example, if a delivery is taking place, you should seize that opportunity); however, to best understand the care journey, it is recommended to generally follow the stages in order.

In both cases, the observer should make his/her presence in the space discrete and document behaviours/activities/dynamics without directly engaging end users.

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>

- Take notes and sketch spatial interactions/dynamics using Shadowing/Observation Worksheet.
- Conduct one observation for each care journey stage, making particular note of the following:

Arrival & Navigation



1

a. Is the arrival and navigation process well-planned and clear? Does a woman know where to go and what to do as soon as she arrives at the facility?

- How do people arrive at the facility? (Note: mode of transport, companions, belongings for both direct admissions and referrals)
- How do people find their way to the maternity unit? (Note: ease of navigation, route traveled, wayfinding/signage, staff interactions)

2



Registration

a. Is the registration/admission process streamlined and welcoming? Do women feel reassured?

- How are women registered and welcomed into the maternity unit? (Note: wait time, registration process, staff interactions, privacy and respect)
- How are waiting areas used? (Note: number of people, whether they are mothers/family members/children, who they are waiting for, how they are occupying available spaces and furniture, how long they are waiting)

3



Assessment

a. Are assessment decisions timely and well-communicated? Do women understand what to expect?

- How are women triaged/assessed for labour progress? (Note: whether providers introduce themselves, ask for consent, or explain the process)
- Is there a dedicated space for assessment? (Note: bed availability, privacy, length of time women are assessed, whether companions are allowed, hygiene)
- How are data/records collected? (Note: where patient records are stored and how new information is shared)
- How are a woman's birth preferences documented and communicated to staff?
- How is information communicated to women? (Note: this applies to general information about the birth process, as well as the specific outcomes of the assessment and following steps)



a. Is there a comfortable and safe environment for labour? Do women feel supported and respected?

- Do labour and delivery take place in the same space or different spaces? (Note: bed availability, distance between labour and delivery room)
- How are women supported physically and emotionally during labour? (Note: role of nurses, partners, and companions)
- Is mobility encouraged? Are alternative pain management strategies offered? (Note: visibility/ accessibility of products that support labour mobility, location of walking paths)
- What provisions are there for privacy and comfort, such as curtains or screen dividers? (Note: storage for personal belongings, visual and acoustic privacy)
- What access is provided to toilets and showers? (Note: distance, privacy, hygiene level)
- How do women interact with health care providers and with one another? (Note: communication about labour progress)



Delivery

a. Is there a comfortable and safe environment for delivery? Do women feel supported and empowered?

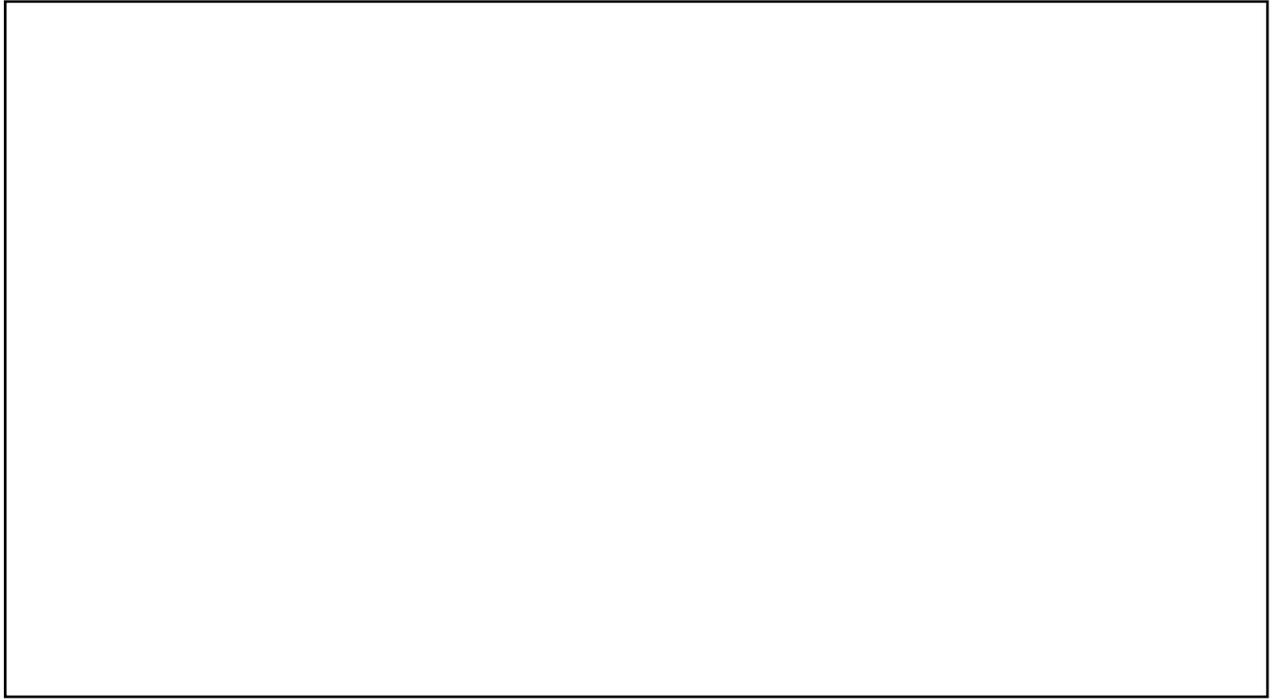
- What spaces are used for delivery? (Note: number of shared delivery rooms, private delivery rooms, operating rooms)
- How are women supported physically and emotionally during labour? (Note: role of nurses, partners, and companions in both delivery rooms and ORs)
- What positions do women deliver in? (Note: birth support equipment)
- What provisions are there for privacy and comfort? (Note: visual and acoustic privacy, lighting levels, general atmosphere)
- What visibility/access do women have to providers? (Note: nurse station location, staff availability)
- How is the newborn cared for after birth? What space is designated for the newborn's care or resuscitation in the delivery room? (Note: visibility from mother)
- Where does recovery and skin-to-skin contact take place? (Note: recovery period, information about skin-to-skin contact)



Postpartum

a. Does the postnatal environment support recovery and mother-baby bonding?

- Where is postnatal care provided? (Note: dedicated maternity ward vs. shared women's ward, bed availability)
- How are women supported physically and emotionally after birth? (Note: role of nurses, partners, and companions)
- Where are babies kept? (Note: in a nursery or with mother; in bassinets or in bed)
- What provisions are there for privacy and comfort? (Note: visual and acoustic privacy, lighting levels, curtains/screen dividers, general atmosphere)
- How is mother-baby bonding supported or unsupported?
- Are any cultural or religious practices observed? (Note: special meals, hygiene, special care, prayer, specific rituals, etc.)
- What provision is there for cooking, laundry, etc.?
- How do women interact with one another? (Note: whether women are isolated, or if there is a sense of community)



Discharge



7

a. Are families sufficiently prepared to care for the baby at home?

- Where does family learning/counseling take place? Does it happen in an individual or group setting?
- What do families learn? (e.g., nutrition)
- What physical resources or space is required for family education? (e.g., chalkboard, flip charts, posters or printed materials)



8



Antenatal Outpatient Care

a. How is antenatal care setting the tone for the labour and delivery experience?

- Where are antenatal visits happening?
- How are women waiting?

9



Small & Sick Newborn Care

a. How is small and sick newborn (SSN) care being provided?

- What space is designated for SSN care?
- How are newborns grouped? (e.g., inborn, outborn, etc.)
- What parents/family members are allowed into the space? How engaged are they in the baby's care?
- How does milk expression, storage, and preparation work? What spaces and equipment are required? Did the mother receive guidance for milk expression with privacy and dignity?
- Is Kangaroo Care happening? How? Where? If yes, is the privacy of the mother/caregiver ensured?

Additional Notes:

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SECTION 2

Family & Companions

2.1 Semi-structured interview for family/companions

2.1

Semi-structured Interview Questionnaire

For Family/Companions



Family/companions



30mins per interview



By the mother's bedside



Guidelines

- Goal:** Hear about the experiences of recently delivered mothers and generate ideas for how childbirth facilities could better meet their needs.
- Format:** Interviews of at least 2 family/companions in each facility. These can be family/companions waiting in the waiting area, or helping women in the postpartum ward. It would be ideal to engage a male companion (husband) as well as a female companion (eg mother or sister)
- Time Frame:** 30 min per interview
- Approach:** Have clinicians or social workers recommend family members or companions to approach.

Name

Age

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Background



1

- a. Who are you here to support? What is your relationship to the mother?

- b. How recently did she deliver, and did she deliver vaginally or via c-section?

Family Decision-Making



2

- a. What factors led her to seek childbirth care at a facility?

- b. How did cost, logistics, values, beliefs, experiences, or other factors influence decision-making?

c. Which people were part of that decision? How did you play a role?

d. What negative or positive impressions did you have of the facility beforehand?

e. What is your perception of home-based versus facility-based care? What are the main pros and cons of each?

3



Arrival

a. How could the facility encourage a more clear and welcoming arrival and reception experience?

b. Upon arrival, did you understand the general organisation of the health facility? Were you given clear and accurate directions of where to go to get the care the patient needed?

- Was there directional signage? If yes, was it visible enough? Was it picture- or text-based?
- Was the signage helpful or did you need to ask staff for help in person? If you needed to ask, was there any information/enquiry desk/kiosk that could be easily noticed?

c. What was your impression of the admission process and space provision for admission?

- Upon admission, were you given clear explanations about the different stages in the birth process and what to expect?

Engagement in Care



4

a. How could family/companions be better engaged and integrated into the care process?

- Were you able to provide support to the mother during labour, delivery, or postpartum care?
 - If yes, did the health care providers allow you to take part willingly or did the mother have to strongly request your involvement?
 - How did you provide the mother with emotional or physical support?
- How would you have been ideally able to support the mother through this experience?
- How could the physical environment be designed to better accommodate family/companions? (e.g., more space for chair next to bedside)

5



Respect & Dignity

a. How could the facility accommodate greater privacy, dignity, and respect?

- What aspects of the mother's care experience seemed positive, safe, respectful, or empowering?
- What aspects of the mother's care experience seemed negative, frightening, uncomfortable, or undignified?
- How could maternal health spaces in the facility be designed to make the mother feel more at-home?
- How could the facility be designed to accommodate traditional or religious practices?

Essential Physical Resources



6

a. From your perspective, what are the biggest priorities for improving comfort, hygiene, and safety?

- Please comment on the cleanliness and safety of the facility.
- What are your impressions of the amount of bed space?
- What are your impressions of toilet and shower facilities?
- What are your impressions of the cooking and laundry facilities?
- What are your impressions of personal storage space?
- What are your impressions of the level of privacy (during changing, breastfeeding, checkups, etc.)?

Quality of Care

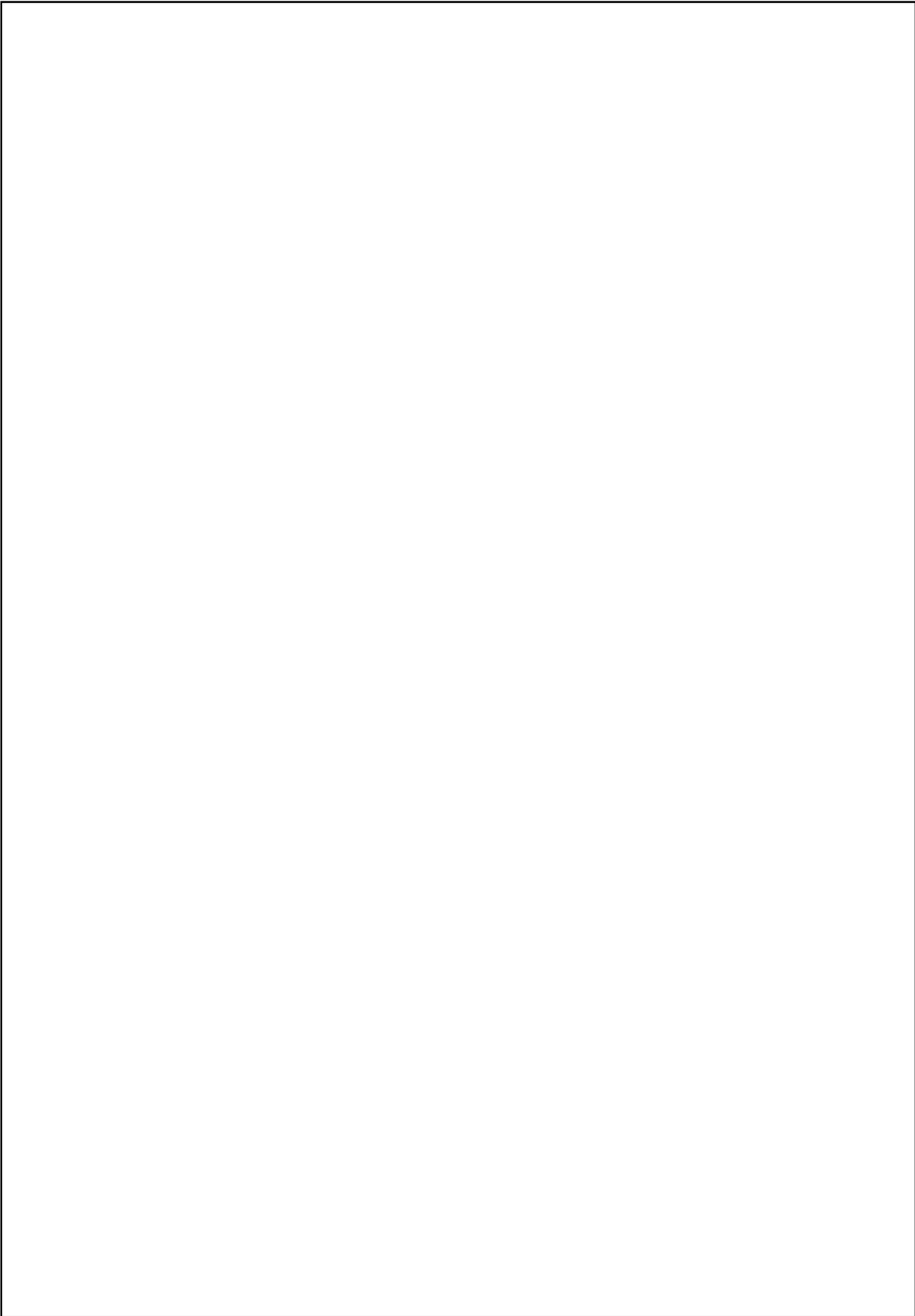


7

a. How could the design of the facility improve the overall quality of care?

- How would you define what good quality of care means to you?
- How long did (or will) the mother stay at the facility after delivering her baby? Would you suggest staying longer or was it sufficient?
- Do providers at the facility seem overstretched or stressed? What factors do you think are contributing to this?
- What would make you feel like the mother is well taken care of?

b. What would a high-quality, dignified, safe, culturally-aligned childbirth/newborn care experience look like?

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- a. Please share any other suggestions you have for how maternal-newborn care experiences could be improved.



SECTION 3

Health care Providers

- 3.1** Introductory interview and facility tour with administrator and provider
- 3.2** Semi-structured interview for providers
- 3.3** Experience simulation with providers
- 3.4** Co-design workshop for providers
- 3.5** Space use documentation with administrator or provider

3.1

Introductory Interview and Facility Tour

with Facility Administrator and Provider



Health care Providers



1 hour



The facility



Guidelines

- Goal:** Get an introductory overview of the facility, care provided, and spaces.
- Format:** Facility walk-through and interview with a facility administrator (someone who can provide information about patient statistics and building history) and a provider (someone who can provide a comprehensive explanation of how maternal and newborn care is provided in the facility). Begin with a sit-down discussion before the tour, followed by a walk-through of the facility, and end with a wrap-up discussion after the tour.
- Time Frame:** 1 hour
- Approach:** Have a member of the research team role-play a pregnant mother in two specific scenarios and have clinicians simulate how the patient would be cared for and how they would traverse different spaces in that care journey.

Name

Age

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Pre-tour



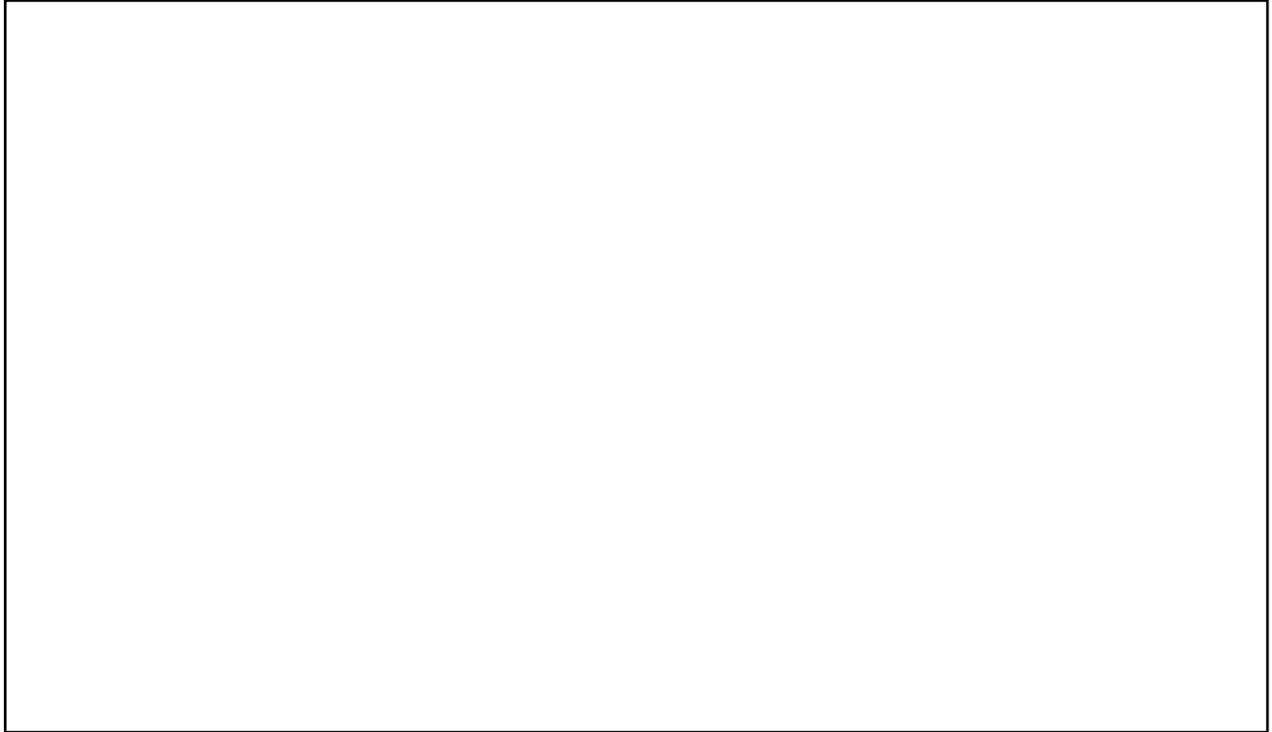
1

a. Delivery & demographic data

- What are the general demographics of patients served by this facility (ethnicity, religion, culture, income or education level)?
- Are there common obstetric risk factors or comorbidities?
- What geographic area does this facility serve? What is the range and where are most patients from?
- What is the annual delivery volume (number of births at the facility)?
- How many inpatient beds are there within the maternity unit?
- How do available bed numbers compare to patient numbers?
- How many women are referred to or from your facility? How far away are these other facilities?

b. Existing Infrastructure

- When was the original facility built?
 - When was this unit built?
 - For what original purpose was this unit built (if other than labour and delivery)?
- When was the maternity unit most recently renovated? To what extent and by whom?
 - What were the priorities of the renovation?
 - Were there any unique features that resulted from the last renovation?
 - What was the overall staff/patient satisfaction with the most recent renovation of the unit?



2



Facility Walk-through

a. Arrival, Registration & Waiting

- How do mothers arrive and register?
- Who do mothers come with? Are companions included in care? How?
- How many people typically are waiting in the waiting area? Who are they? How long do they wait?



b. Assessment

- Where do mothers go to be assessed and triaged?
- How long does the assessment process take on average?
- If a woman is too early in labour to be admitted, where does she go?

c. Labour & Delivery

- Which providers deliver babies?
- Do women labour and deliver in the same space or in different spaces?
- How many beds are allocated for labour and delivery?
- Do women walk around during labour? If yes, where?
- Do women ever deliver in positions other than on their back in the bed? If yes, in what positions and using what equipment?
- Where does newborn care or resuscitation take place?
- Where do women recover? When are they moved from the delivery bed?
- Is skin-to-skin contact encouraged immediately after delivery?

d. Staff Work Areas

- Where are nurse stations located? Who uses them? (Only nurses or also doctors/midwives?)
- Where does patient documentation take place? Are records kept electronically, on paper, or both?
- Where are provider offices located?
- What staff support areas are provided? (eg staff changing room, lounge or break room, restroom, on-call room)

e. Store

- Where are storage areas located?
- What supplies/equipment are stored in them?

f. Operating Room (OR)

- Which providers perform c-sections?
- What is the c-section rate in this facility?
- Where is anesthesia delivered?
- Who is allowed to come into the OR with the mother?
- What percentage of procedures performed in this OR are c-sections, and what percentage are other procedures?
- Where do women recover from surgery? For what period of time?

g. Postpartum

- Where is postnatal care provided? In a dedicated maternity ward or a shared women’s ward?
- How many beds are allocated to postnatal care? Are they designated specifically for postpartum use, or are they also used to accommodate antenatal patients?
- Are NVD (Normal Vaginal Delivery) patients separated from C/S (C-Section) patients?
- How long do women typically stay in postnatal care before discharge for a vaginal delivery, and how long do they typically stay after a c-section? How long would they ideally stay in each scenario?
- Does bed availability affect how long they stay? How?
- Where do babies stay? In a nursery or with the mother? In bassinets or in a bed?
- Do women observe any cultural or religious practices after birth? (eg special meals, hygiene, care, prayer or specific rituals, etc.)
- How are meals and laundry handled?

h. Small & Sick Newborn Care (if applicable)

- Where is small & sick newborn care provided?
- What level of care is offered, and at what volume?
- What percentage of babies are inborn vs. outborn?
- How many beds are there? How are beds grouped? (inborn vs. outborn, or acuity level)
- Are parents allowed to enter the space? How are they engaged in the baby's care?
- Where do mothers of small and sick newborns stay? (in the postpartum ward, in the community, etc.)
- How is Kangaroo Care provided?

h. Discharge

- What is the discharge process like?
- Do parents receive any counseling /education prior to leaving? Where? What do they learn?

i. Antenatal Care

- Where is outpatient antenatal care provided?
- What percentage of delivering mothers received antenatal care at the same facility?
- Where is inpatient antenatal care provided? (If a woman has a complicated pregnancy and must be hospitalized prior to birth)

Post-tour



3

a. Site

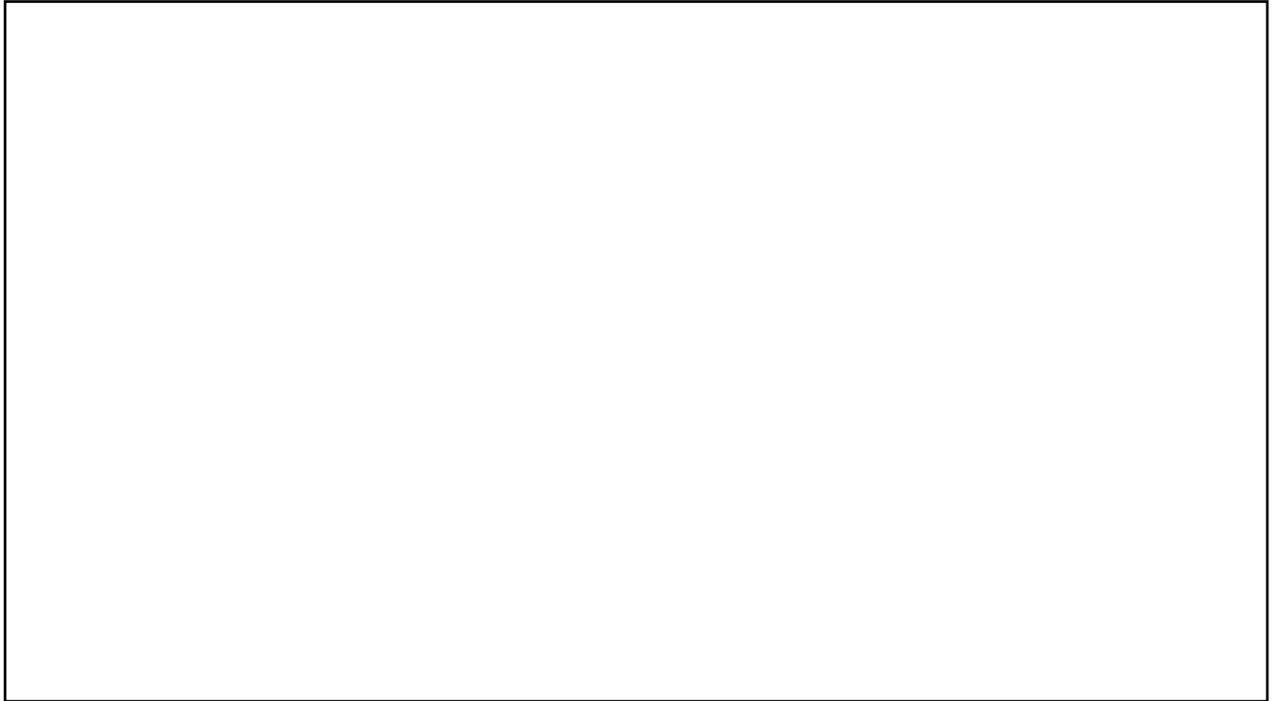
- What other spaces on the facility site relate to maternal-newborn care provision? (eg maternity waiting home, kitchen, laundry, morgue)

b. Capacity & Overflow

- What happens when you're at or over capacity? What spaces/beds are used for overflow?
- Where do bottlenecks occur?
- What is your perception of how often the unit is at/over capacity vs. under capacity?
- What census is considered optimal?

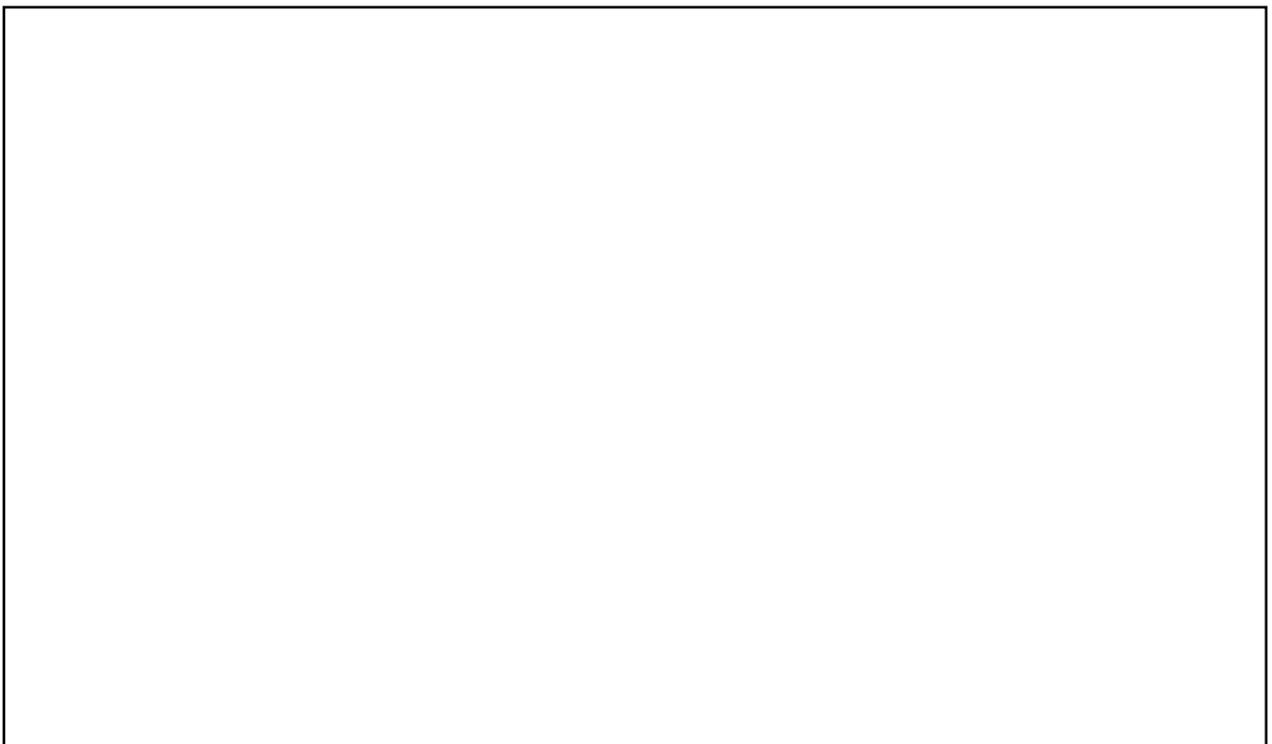
c. Staffing

- What is the staffing model or structure?
- Which providers are dedicated to the maternal-newborn unit vs. shared across the facility?
- How are nurses staffed across labour/delivery and postpartum spaces? Are there dedicated nurses for different care types or are they the same?



d. Staff Comfort and Support

- How do staff feel about the physical environment?
- What are common or frequent complaints?
- What areas work well, and which ones don't?
- What are the biggest priorities for better aligning the spaces with needs?



Is there anything else we should know as we begin our engagements with mothers and providers?

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3.2

Semi-structured Interview

with Providers



Health care Providers



1 hour



The facility



Guidelines

- Goal:** Understand maternal care from the perspective of health care providers and generate ideas for how childbirth facilities could better meet their needs.
- Format:** Interviews of at least 2-4 providers in each facility. Make sure to engage providers with different roles (eg doctor, midwife, health officer, nurse).
- Time Frame:** 1 hour per interview

Name

Age

File Organisation	File Name(s)	Check
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Background



1

a. What is your role?

b. How many years of experience do you have?

c. How long have you been working at this health facility?

Facility Performance



2

a. What do you think is successful or unique about how this facility provides maternal care? Small and sick newborn care?

b. What challenges or needs are limiting the quality of care that can be provided?

First, we're going to dive into some specific thematic topics from the point of view of delivering mothers:

3



Communication

a. Did you know: Positive communication between health providers and women can improve women's health outcomes as well as experience of care.

Yes

No

b. How could the facility encourage better reception and communication between health providers and women?

- For example, upon admission, are mothers given clear explanations about the different stages in the birth process and what to expect?
- Throughout labour and delivery, are mothers kept updated about how they are progressing through labour and what to expect?
- What currently makes communication with mothers challenging?

4



Emotional Support

a. Did you know: Labour companions can provide emotional and physical support to women and ease the burden on providers.

Yes

No

b. How could labour companions be better accommodated?

- What is the current role of labour companions?
- In what way do you view them as a help or hindrance?
- How is the current space design limiting the presence of effectiveness of labour companions?
- How could companions ideally support women through childbirth?

Mobility in Labour



5

a. Did you know: Movement can help labour progress naturally and ease pain.

Yes

No

b. How could mobility in labour be better supported?

- Are women encouraged to move around during early labour? If yes, where (corridor, ward, etc.)? If not, why?

Birth Position of Choice



6

a. Did you know: A woman can give birth in many different positions (e.g., squatting or standing, not just on her back).

Yes

No

b. How could women have greater choice and control over how they give birth?

- In what position do most women give birth?
- Are they encouraged to try alternative birth positions? Why or why not?
- Would you be willing to support the care of women desiring alternative birth positions? Why or why not?
- How could the design of the delivery room perform more effectively?

7



Respect & Dignity

a. Did you know: Respect and dignity play a significant role in influencing a mother's experience and perception of care and her willingness to return to a health facility.

Yes

No

b. How could the facility accommodate greater privacy, dignity, and respect?

- Please think about and respond to the following questions as if you were a mother receiving care here.
 - What aspects of a mother's care experience at this facility do you think feel positive, safe, respectful, or empowering?
 - What aspects of a mother's care experience at this facility do you think feel negative, frightening, uncomfortable, or undignified?
- How could the facility be designed to make mothers feel more at-home?
- How could the facility be designed to accommodate traditional or religious practices?
- How could the facility ensure enough privacy to accommodate individual preferences?
 - (e.g., while there are male attendants with other mothers in the same room or changing pads/catheters or during breastfeeding or expressing milk, etc.)

Essential Physical Resources



8

a. What are the biggest priorities for improving comfort, hygiene, and safety?

- Please comment on the cleanliness and safety of the facility.
- What needs are there for bed space?
- What needs are there for toilet and shower facilities?
- What needs are there for cooking and laundry facilities?
- What needs are there for personal storage space?

b. How could facilities be more mobility-inclusive?

- Does the design of the facility make it unsafe or uncomfortable for women to move around? Please explain what design elements would help make it more accessible. *(For example, patients who have physical disabilities or need constant assistance may require a functional ramp or a grab bar/rails in the toilet and hallways. Or those who have high-risk pregnancies require a stretcher or wheelchair to safely move around.)*



Community and Connection

a. How could the facility encourage a greater sense of community and connection between mothers?

- How do you observe women interacting with other women at the facility?
- Do they provide one another with emotional support or encouragement? How?



Mother-Baby Centred

a. In maternity care, the “patient” is usually thought of as the mother. But really, we need to be designing for the care of the mother-baby dyad.

b. How could maternal-newborn spaces be designed to be more mother-baby centred?

- Are mothers separated from their babies at any point? Why? How do you think this makes them feel?
- Are mothers encouraged to do immediate and uninterrupted skin-to-skin care? Is there a dedicated space for this? In what way could skin-to-skin care be better supported?
- How could the design of postpartum and newborn spaces better support breastfeeding?
- How could the design of postpartum spaces better support recovery and mother-baby bonding?
- How could the design of small and sick newborn spaces support babies’ development and encourage family engagement?

Now, let's talk about how the facility could be improved from the provider perspective:

Provider Workload



11

a. How could the design or layout of the facility help to reduce provider workload?

- To what degree would you say that providers at the facility are currently overstretched or stressed? (including yourself)
- What do you think are the main factors contributing to this?

***Examples of spatial design factors** that affect provider workload include distances traveled (providers have to spend effort and time to walk back and forth to care for patients) and access to supplies/equipment (the location of storage areas affects how efficiently and conveniently they can be accessed). Please tell us about what spatial design factors influence provider workload in this facility.*



Provider Motivation

a. How could the design or layout of the facility help to improve provider motivation?

- Do you look forward to coming to work each day? Why or why not?
- What is the most gratifying aspect of your job?
- What is the most frustrating aspect of your job?

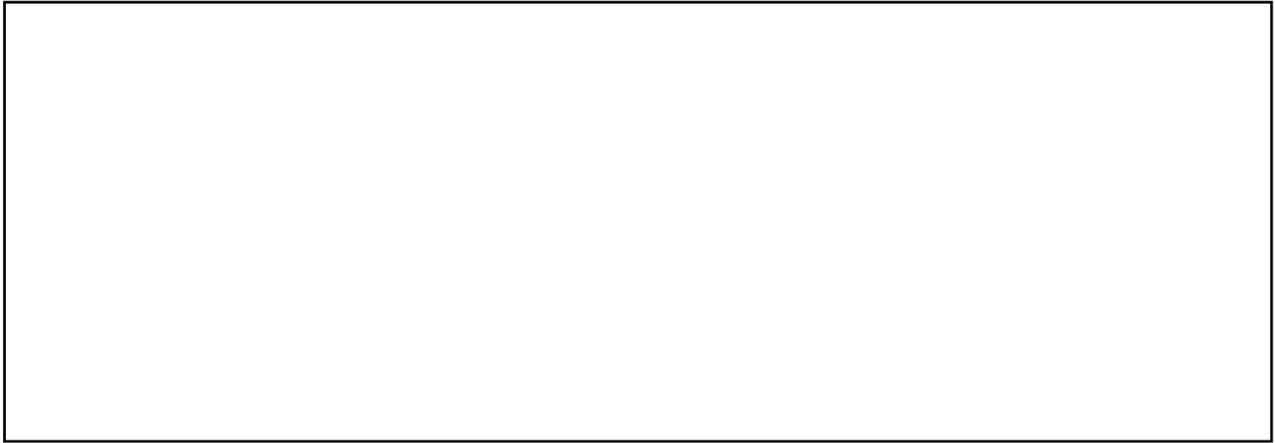
Examples of spatial design factors that affect provider motivation include collaborative spaces (providers that communicate well with and respect one another have a greater sense of accountability) and the quality of the work environment (a space that is comfortable with appropriate temperatures, access to daylight, etc., is better to work in). Please tell us about what spatial design factors influence provider motivation in this facility.



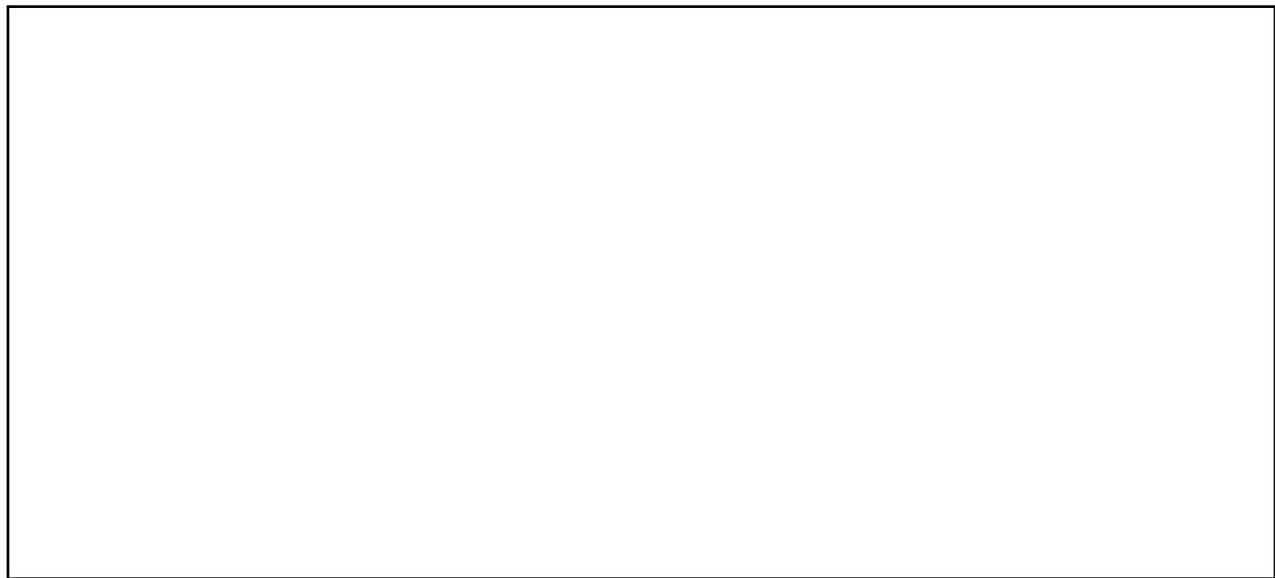
Quality of Care

a. How could the design of the facility improve the overall quality of care?

- How would you describe good quality of care?
- Did you know that properly arranged/organised equipment and materials and the right use of space can increase your efficiency, speed, and comfort while working?
- How should spaces be better designed to support your work and the quality of care you're able to provide?



b. What would a high-quality, dignified, safe, culturally-aligned childbirth/newborn care experience look like?



Additional Notes:



3.3

Experience Simulation

with Providers



Health care Providers



1 hour



The facility



Guidelines

- Goal:** Role-playing to deeply understand care processes.
- Format:** Experience simulation with providers.
- Time Frame:** 1 hour
- Approach:** Have a member of the research team role-play a pregnant mother in two specific scenarios and have clinicians simulate how the patient would be cared for and how they would traverse different spaces in that care journey.

Experience Simulation (30mins per scenario)

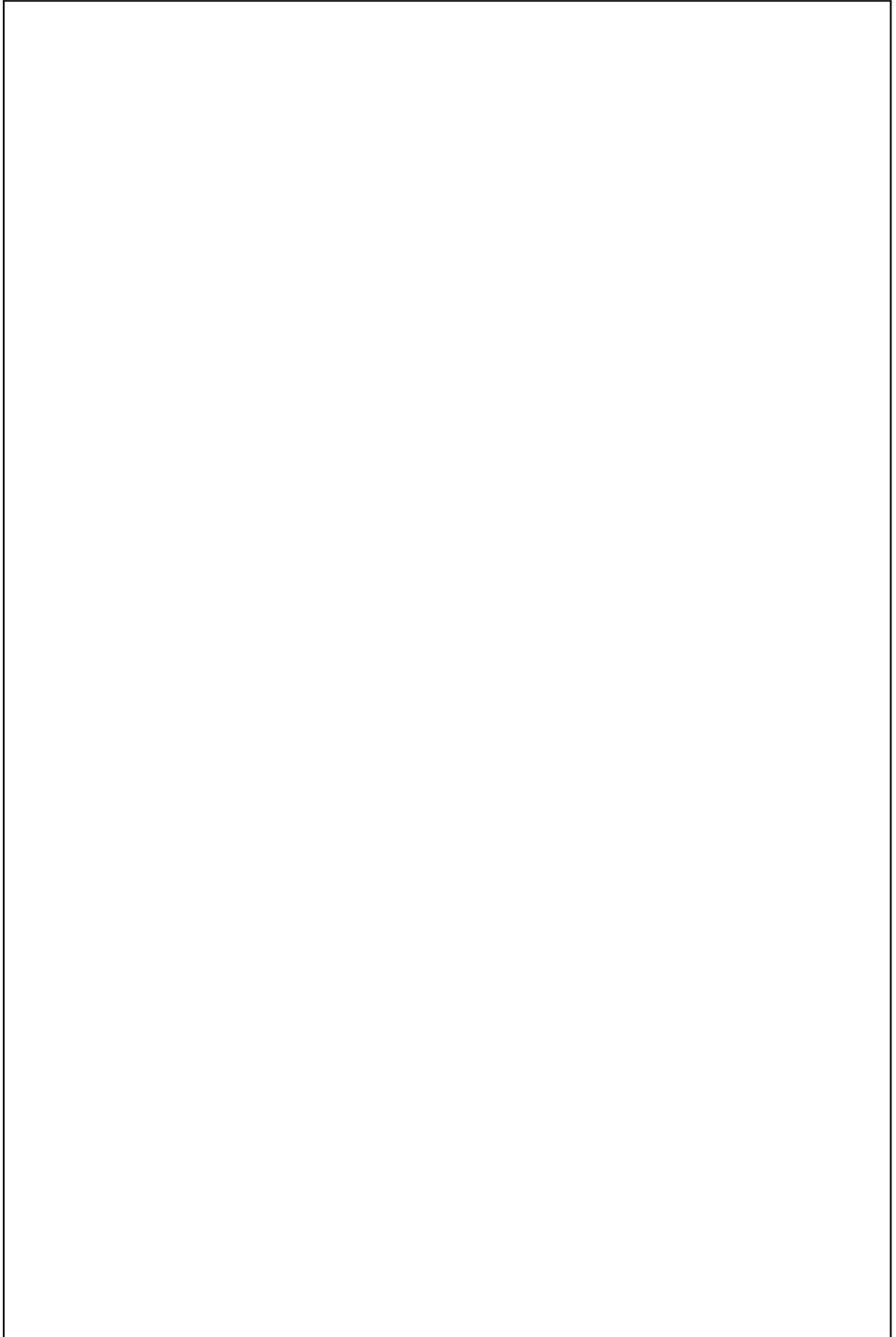
- Begin by assigning roles. One member of the research team should play the pregnant mother. If companions are actively involved in labour and delivery, then another member of the research team should play the companion. A third team member should be there for documentation (taking notes and photos). Have providers be themselves e.g., doctor, nurse, etc.
- Choose two scenarios to simulate. One should be a “typical” scenario (a mother with an uncomplicated pregnancy arrives in early labour and has a vaginal delivery) and another should be an emergency scenario (a mother with a complicated pregnancy arrives with a prolapsed cord and needs an emergency c-section).
- Explain that the goal of the simulation is to see and experience all the physical movement, interaction, decision-making, and care processes that would go into caring for a mother in those two situations. The research team members playing the mother and companion should try and get into their roles as much as possible, imagining how women would feel in those situations. The providers should treat the research team members as if they were a real mother and companion and go through all the motions and dialogue they would normally.

- Certain activities can be sped up or “fast-forwarded” to respect everyone’s time -- for example, the “mother” doesn’t need to pretend to labour for several hours. But we do want to see the crucial moments of that process, such as how a mother would be supported to walk around, or go to a toilet, or how communication/decision-making happens as she advances through the different stages of labour.
- During delivery, providers don’t need to actually use medical supplies on the “mother,” but we do want to see how carts are pulled out, how they access the supplies they need, etc. They can demonstrate how this takes place and provide verbal explanations to supplement.
- For the second scenario, it would be ideal to have the “mother” gown up and go into the OR at a time when this wouldn’t be disruptive to ongoing care.

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3.4

Co-design Workshop

For Providers



2-6 female providers



1.5 hours



The facility



Guidelines

- Goal:** Design an ideal maternal-newborn facility layout with providers.
- Format:** Design charette with 6-8 women
- Time Frame:** 1.5 hours
- Approach:** Facilitate co-design of an improved newborn facility layout, referencing ideas and design principles developed in the Future State Journey Map.

Exercise 1: Idea Generation

- Present initial insights gained from engaging mothers and providers at the facility, identifying both needs as well as opportunities.
- Have providers respond to the insights by having them confirm, challenge, or expand on the ideas presented.
- Present initial insights about space flows and adjacencies gleaned from observations and facility walk-throughs.
- Review images of other global birth facilities and note elements that providers respond positively or negatively to.

Exercise 2: Facility Design Charette

- Provide large sheets of paper, markers, and small pieces of paper in different colours and shapes.
- Ask providers to design an improved maternal-newborn environment.
- Have participants break into small groups of 2-3.
- They can assign whatever meaning to the paper shapes they want. For example, the shapes could represent rooms, pieces of furniture within a room, or people in the space.

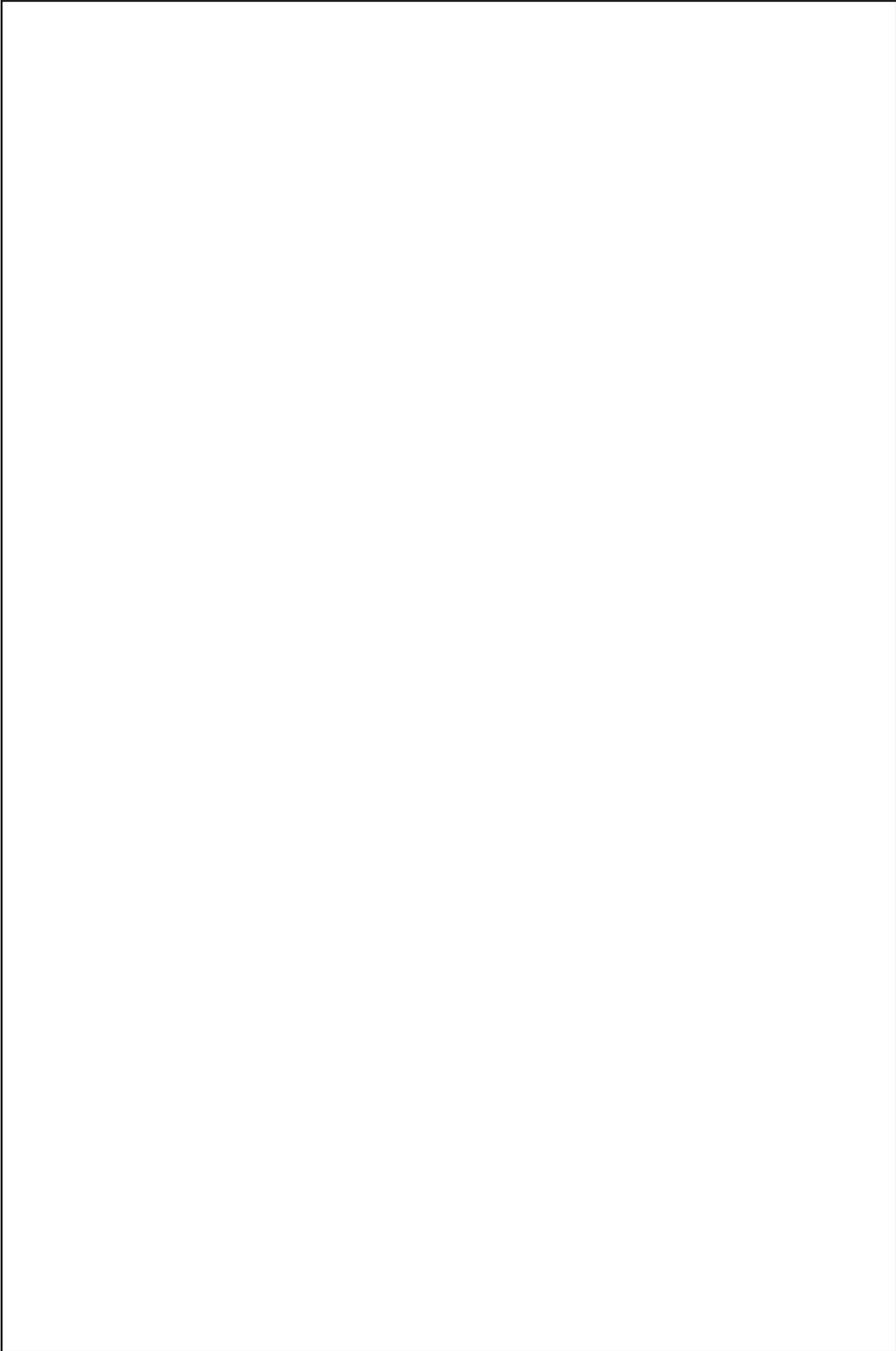
- Ask them to design for every stage of the childbirth/newborn care process, keeping in mind what space adjacencies would make the patient experience better and to redesign the layouts to reflect the design principles presented.
- One facilitator should work with each group. They should let the providers lead the design, but ask questions about what they are designing and prompt them for specificity and explanations.
- When participants are done, have them present their designs back to the group, explaining their ideas and solutions in detail.
- Make sure to record their presentations (audio or video) as well as take high-resolution photos of their designs.

Exercise 3: Journey Mapping (Future State)

- Facility group discussion about what a dignified, safe, culturally-aligned childbirth/newborn care experience would look like using Card Sorting, and note elements women respond positively or negatively to.
- Using a Journey Map Poster, identify ideal behaviours/activities, space features, and design principles. *(Refer to the Appendix section for more resources)*
 - For each, reflect on their personal birth experiences and identify behaviours/activities, emotional needs, and space needs.
 - Moment: What is happening? Identify activities/interactions.
 - Experience: What are they feeling? Identify emotional needs.
 - Space: What are the qualities of the space? Identify features.
 - Milestones will include: We are pregnant, Care decision, Antenatal care, Labour starts, Arrival, Admission, Labour, Delivery, Postpartum & Newborn care, Discharge, Follow-up care.
 - Define positive aspects of home-based care that could be incorporated into facility-based care.
 - Review images of other global birth facilities and note elements that women respond positively or negatively to.

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3.5

Space Use Documentation

with Administrator or Provider



Administrator or provider



Open-ended



The facility



Guidelines

- Goal:** Gather detailed spatial design parameters needed to inform the sizing and layout of the maternal/newborn unit.
- Format:** Meeting with a clinical administrator or provider.
- Time Frame:** Open-ended
- Approach:** Fill in as much information on a rolling basis as possible and ask administrators/providers for help fill in remaining information. For some sections, you may want to take a first pass at documentation and then show it to staff to get confirmation/feedback.

Space Use Checklist

- Document current space use within the maternal-newborn health unit (observe and annotate).
- Mark up floorplans with space use, both formal and informal.
- Floorplan annotations could be done at the larger facility or unit scale (see example).
- Document equipment and sizes/location.
- This can be done by taking photos or annotating room plans to document key pieces of furniture or equipment in rooms.
- Document key flows (observe and map).
- Establish key spatial flows and document how people traverse spaces (in an effort to think about improved adjacencies and space organisation).
- Draw key paths through the facility for different stakeholders and scenarios; for example, a provider working across outpatient antenatal care and inpatient L&D; a mother needing a c-section, etc. (See example)

- Understand the relationship between the MN unit and the rest of the health facility
- Document site dynamics.
- Take notes and photos of how the larger site works.
- Entry to site and activities/enterprises at site perimeter. (What formal or informal traders have been set up to support clinic activities?)
- Access routes. (Where does an ambulance pull in, how do people arrive, via what modes of transport?)
- Site security
- Lighting for night time access

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Notes/Drawings:

a. Data Gathering (*collect info by talking with staff and finding any relevant documentation*)

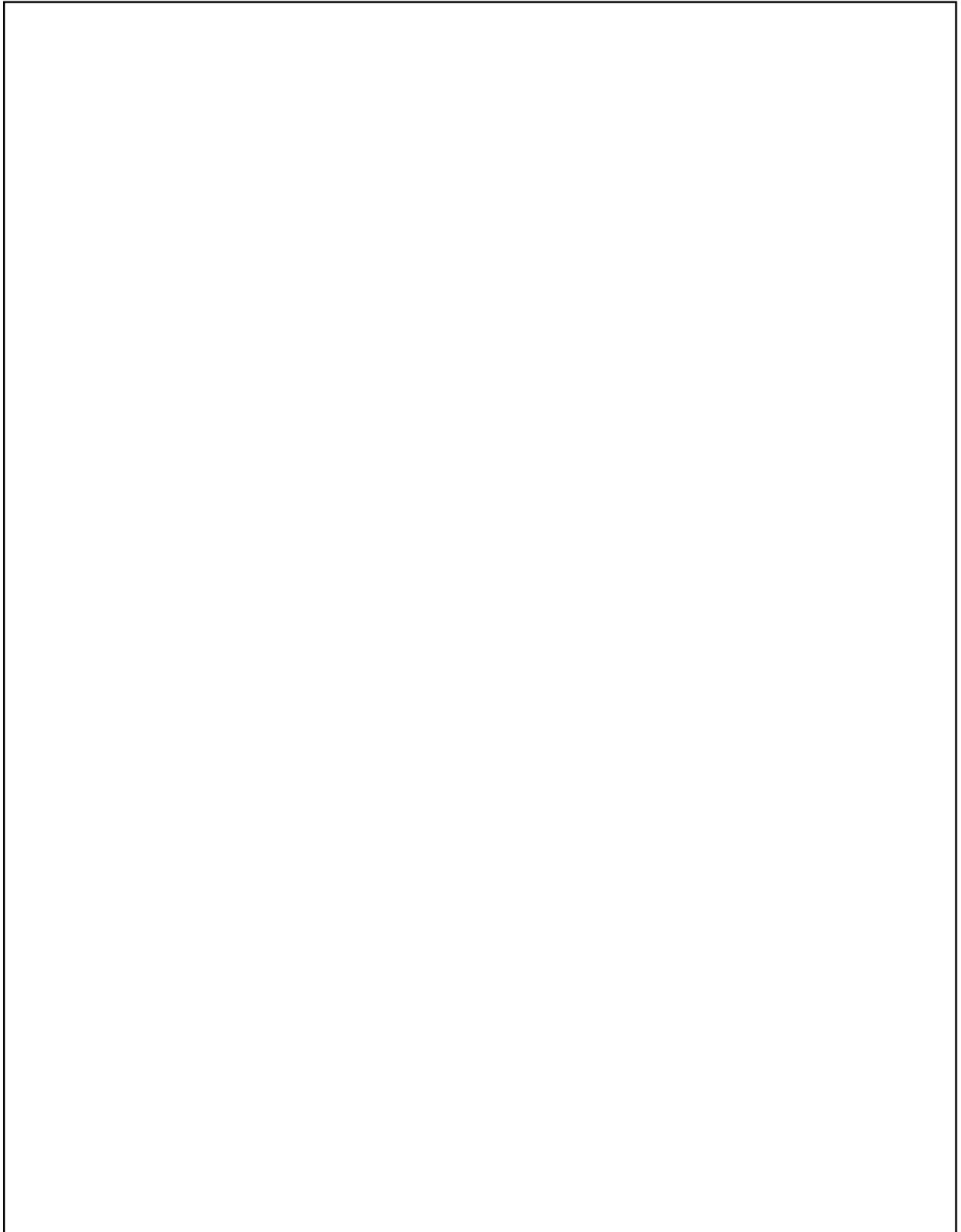
- Bed numbers (capacity, average census, census range, periodicity and peak times of week/month/year, overflow)
- Throughput (average length of time in labour, delivery, postpartum, etc.)
- Birth stats (# first time vs. experienced mothers, uncomplicated vs. complicated births, mortality, c-section rates)
- Utilisation (# referred to the health facility vs. self-selected)
- Patient satisfaction (any existing reporting or documentation on return rates)
- Catchment area (geographical area, population)
- Access (distance traveled, mode of transport)
- Access and frequency of emergency vehicles

b. Staff & Supplies (*talk with staff, document flows*)

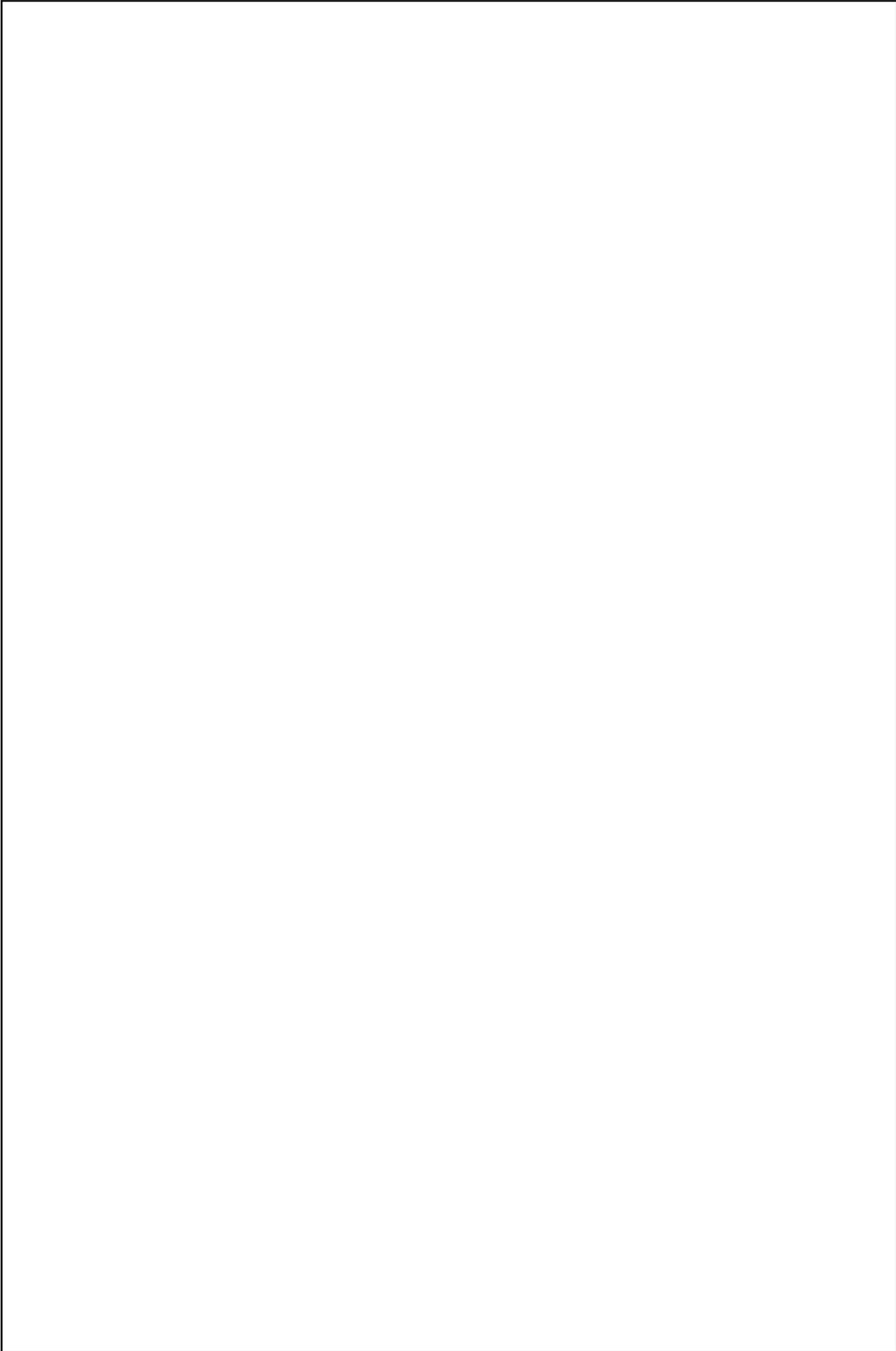
- Staffing (roles, hours, dedicated to MN unit?)
- Collaboration (staff work spaces)
- Storage and supplies -- how much storage is needed, by whom, from where? What format (room, shelf, etc.) and how secure?
- Sanitation -- how many sinks/toilets/showers needed per patient and where
- Food - how do kitchen facilities work for staff and mothers; how is food served?
- Waste - how is human/medical waste collected and moved to placenta pit and incinerator?

c. Facility Sizing & Layout

- Do some basic programming calculations or sketches by the end of the visit to confirm the following with providers/administrators:
 - Space sizing -- How many beds and other furniture/equipment should be in each programme area? How can we size the facility to serve future needs?
 - Floor area -- How much area would be ideal for the different spaces?
 - Flows and adjacencies -- Agree on ideal patient/staff flows and programme adjacencies within the possible space.



Notes/Drawings:



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SECTION 4

Community



- 4.1** Semi-structured interview guide for mothers
- 4.2** Birth experience simulation in community
- 4.3** Focus group workshop guide for recently-delivered mothers

4.1

Semi-structured Interview

for Recently-Delivered Mothers



3-4 recently-delivered mothers



1 hour



The community



Guidelines

- Goal:** Hear about the experiences of recently-delivered mothers and generate ideas for how childbirth facilities could better meet their needs.
- Format:** Interviews of at least 3-4 recently-delivered women in each community (women who have delivered within the past 3 months).
- Time Frame:** 1 hour per interview
- Approach:** Have a community leader recommend mothers who recently delivered at a health facility, using a set of predefined criteria:
- Women should have delivered at a facility within the last 3 months.
 - They should not have any ongoing health issues that would make it difficult or unsafe for them to engage the researchers.
 - Ideally we want to aim for a mix of both normal vaginal delivery (NVD) and c-section mothers, as experiences will vary drastically by delivery type.

Introduce the mother to the research team and explain our partnership with the MoH to improve maternal/neonatal care facilities. Ask if they would be interested in sharing their experiences. Convey the expectations of the exercise:

- We hope to speak with them about their childbirth experience for an hour. We have a series of questions prepared, but we hope that it will be a natural conversation. Our research team will take notes; they will not be required to write or fill in answers.

Explain the potential benefits of participating:

- That the patient's experience and story may be used to help inform improved facility design for this region.

- Explain the potential uses of the information captured and where/how it will be distributed.
- Explain that no compensation will be provided and re-iterate that this process is completely voluntary.
- Patients will be given the option to participate anonymously.
- If they wish to participate, give the patient the printed consent form to sign.

The interview will be conducted at the patient's home by 2-3 research team members, observing full COVID-19 safety protocols.

- Wear proper PPE.
- Conduct the conversation in an outdoor setting if possible or, alternatively, a well-ventilated, uncrowded indoor setting.
- Sanitize any items that will be handed to the mother before and after (eg pen and clipboard).

Politely ask any family members or companions if they would mind stepping away during this time to give the woman more privacy and to allow for as much social distancing for COVID-19 as is possible.

If the mother prefers for her companion(s) to remain present, politely ask them to refrain from offering answers unless directly asked. This interview is meant to elicit the mother's personal experience and perspective.

The research team will use a semi-structured interview guide to facilitate discussion and document open-ended responses. The interview will be audio recorded for note-taking purposes.

- Coach the interviewer ahead of time on the importance of relaying exactly what the woman says and not over-interpreting/paraphrasing what she is saying.
- Make sure to write down any compelling quotes word-for-word during the interview. If you don't catch it word-for-word, note the time on the voice recorder so you can go back and transcribe it later.

Notes:

Name

Age

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1



Background

a. How many times have you been pregnant? (Gravida)

b. How many children have you given birth to? (Para)

c. Did you experience any birth complications?

d. Where did you give birth and why?

e. What factors led you to seek childbirth care at that facility?

- How did cost, logistics, values, beliefs, experiences, or other factors influence decision-making?

f. Which people were involved in this decision?

g. What negative or positive impressions did you have of the facility beforehand?

h. What is your perception of home-based versus facility-based care?

- What are the main pros and cons of each?

Communication



2

a. How could the facility encourage appropriate reception and positive communication between health providers and women?

- Upon arrival, did you understand the general organisation of the health facility? Were you given clear and accurate directions of where to go to get the care you needed?
- Upon admission, were you given clear explanations about the different stages in the birth process and what to expect?
- Throughout labour and delivery, were you kept updated about how you were progressing through labour and what to expect?

Emotional Support



3

a. How could labour companions be better accommodated?

- Who came with you to the facility?
- Were you able to receive support from a companion during labour, delivery, or postpartum care?
- How did they provide you with emotional or physical support?
- How could a companion have ideally supported you through this experience?

4



Mobility During Labour

a. How could mobility in labour be better supported?

- Movement can help labour progress and ease pain. Were you encouraged to move around during early labour? If yes, where? (corridor, ward, etc.)
- If you were not encouraged to move around, would you have been interested in walking during early labour? What type of setting would you need to feel comfortable?

5



Birth Position of Choice

a. How could women have greater choice and control over how they give birth?

- A woman can give birth in many different positions (e.g., squatting or sitting, not just on her back). In what position did you give birth?
- Were you encouraged to try alternative birth positions?
- Would you have been interested in trying alternative birthing positions? Which ones? How could the design of the delivery room make you feel more comfortable?



a. How could the facility accommodate greater privacy, dignity, and respect?

- What aspects of your care experience felt positive, safe, respectful, or empowering?
- What aspects of your care experience felt negative, frightening, uncomfortable, or undignified?
- How could the facility be designed to make you feel more at-home?
- How could the facility be designed to accommodate traditional or religious practices?

Essential Physical Resources



a. What are your biggest priorities for improving comfort, hygiene, and safety?

- Please comment on the cleanliness and safety of the facility.
- What are your expectations around bed space?
- What are your expectations around toilet and shower facilities?
- What are your expectations around cooking and laundry facilities?
- What are your expectations around personal storage space?

8



Community & Connection

a. How could the facility encourage a greater sense of community and connection between mothers?

- How did you interact with other women at the facility?
- How did they provide you with emotional support or encouragement?

9



Mother-baby Centred

a. How could maternal-newborn spaces be designed to be more mother-baby centred?

- Were you separated from your baby at any point? How did it make you feel?
- Were you encouraged to do immediate and uninterrupted skin-to-skin care? Was there a dedicated space for this? In what way was this supported or unsupported?
- How could the design of postpartum and newborn spaces better support breastfeeding?
- How could the design of postpartum spaces better support your recovery and mother-baby bonding?
- Did your baby require special small and sick newborn care? Tell us about that experience.



a. How could the design of the facility improve the overall quality of care?

- How would you describe good quality of care?
- Do providers at the facility seem overstretched or stressed? What factors do you think are contributing to this?
- How could provider motivation and empathy be improved?
- What would make you feel like you will be well taken care of?

b. What would a high-quality, dignified, safe, culturally-aligned childbirth/newborn care experience look like?

Recommendations



a. Please share any other suggestions you have for how maternal-newborn care experiences could be improved.

4.2

Focus Group Workshop

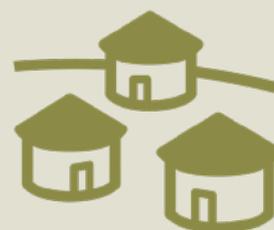
for Recently-Delivered Mothers



Focus group of 6-8 women



2 hours



The community

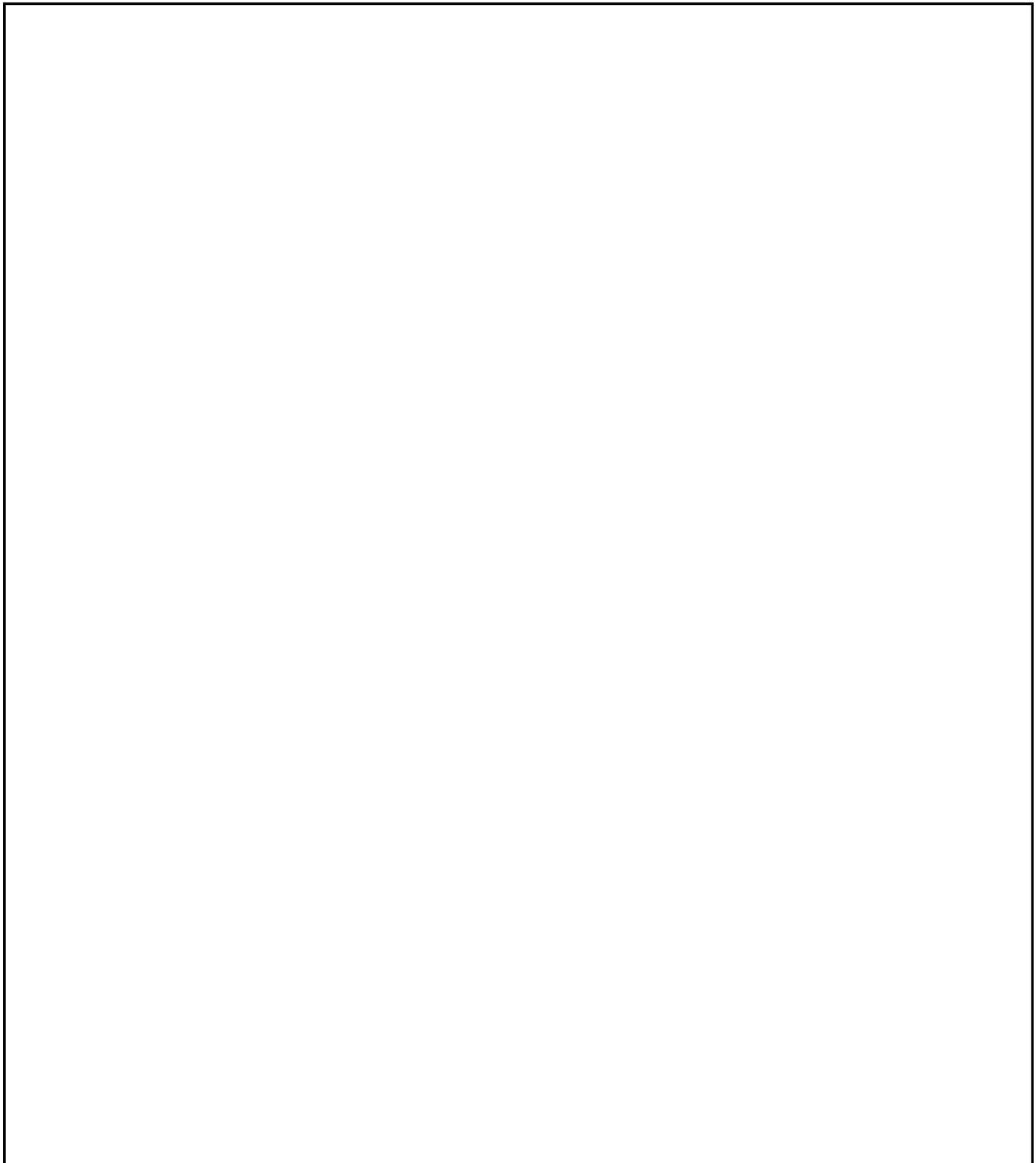


Guidelines

- Goal:** Identify shared experiences, needs, and aspirations in childbirth/newborn care.
- Format:** Focus group workshop with 6-8 women.
- Time Frame:** 2 hours
- Approach:** Recruiting protocol:
- Communicate expectations for the exercise and get consent form signed. The session will be photographed and recorded.
 - The workshop will be conducted in a private setting within the health facility (eg a staff meeting room) by 2-3 research team members, observing full COVID-19 safety protocols.
 - Facilitate group discussion using visual aids such as illustrated cards, photographs, graphic templates, or sticker voting. Key topic areas may include:
 - Defining collective values and cultural expectations around childbirth
 - Identifying current health facility design factors most negatively affecting utilisation and experience
 - Redefining an ideal childbirth journey
 - Envisioning what a dignified, safe, culturally-aligned childbirth/newborn care experience would look like (potentially using the WHO positive childbirth framework)
 - Reviewing images of other global birth facilities and noting elements that women respond positively or negatively to
 - Generating ideas for spaces that would better meet their needs

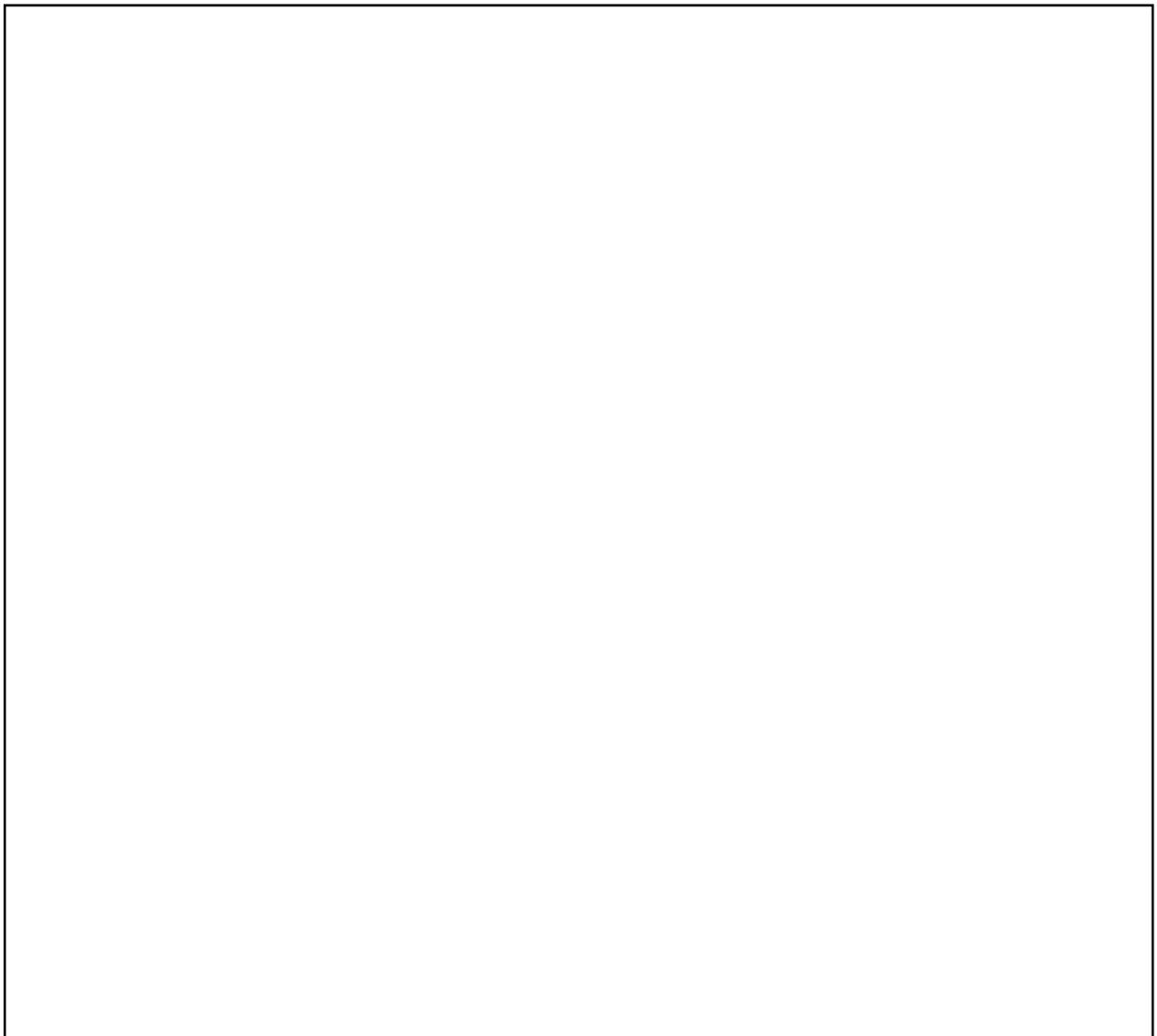
Exercise 1: Journey Mapping (Current State)

- **Walk through key milestones in the birth process, using the Journey Map Poster and Polaroid photos of the birth facility.**
 - Present learnings thus far related to behaviours/activities, emotional needs, and space needs.
 - Milestones will include: We are pregnant, Care decision, Antenatal care, Labour starts, Arrival, Admission, Labour, Delivery, Postpartum & Newborn care, Discharge, Follow-up care.
 - Reference Polaroid photos for each milestone to discuss how their birth environment compared or contrasted and as a way to bring specificity to their needs and values.
- **Discuss the current health facility design factors most negatively affecting utilisation and experience.** *(Refer to the Appendix section for more resources)*



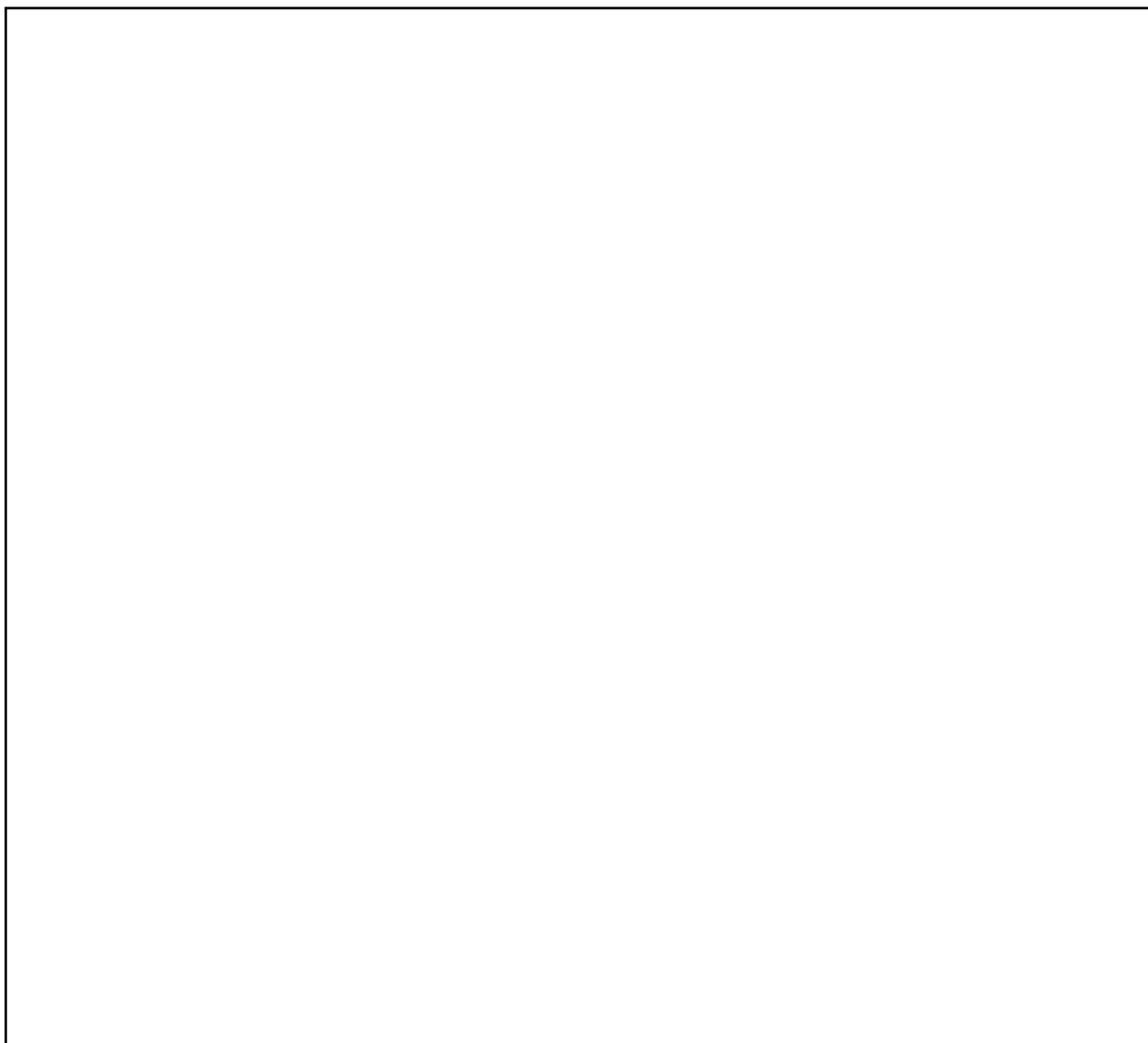
Exercise 2: Journey Mapping (Future State)

- **Facilitate group discussion about what a dignified, safe, culturally-aligned childbirth/newborn care experience would look like using Card Sorting and note elements women respond positively or negatively to.**
- **Using a Journey Map Poster, identify ideal behaviours/activities, space features, and design principles.**
 - For each, reflect on their personal birth experiences and identify behaviours/activities, emotional needs, and space needs.
 - Moment: What is happening? Identify activities/interactions.
 - Experience: What are they feeling? Identify emotional needs.
 - Space: What are the qualities of the space? Identify features.
 - Milestones will include: We are pregnant, Care decision, Antenatal care, Labour starts, Arrival, Admission, Labour, Delivery, Postpartum & Newborn care, Discharge, Follow-up care.
 - Define positive aspects of home-based care that could be incorporated into facility-based care.
 - Review images of other global birth facilities and note elements that women respond positively or negatively to.



Exercise 3: Design Charette

- **Provide large sheets of paper, markers, and small pieces of paper in different shapes and colours.**
- **Ask participants to design an improved maternal-newborn environment, referencing the ideas and design principles developed in the Future State Journey Map.**
 - Have participants break into small groups of 2-3.
 - They can assign whatever meaning to the paper shapes they want. For example, the shapes could represent rooms, pieces of furniture within a room, or people in the space.
 - Ask them to design for every stage of the childbirth/newborn care process, keeping in mind what space adjacencies would make the patient experience better and to redesign the layouts to reflect the design principles identified from the focus group.
- **When participants are done, have them present their designs back to the group, explaining their ideas and solutions in detail.**
 - Make sure to record their presentations (audio or video) and take high-resolution photos of their designs.



4.3

Birth Experience Simulation

in Community



Health care Providers



1 hour



The community



Guidelines

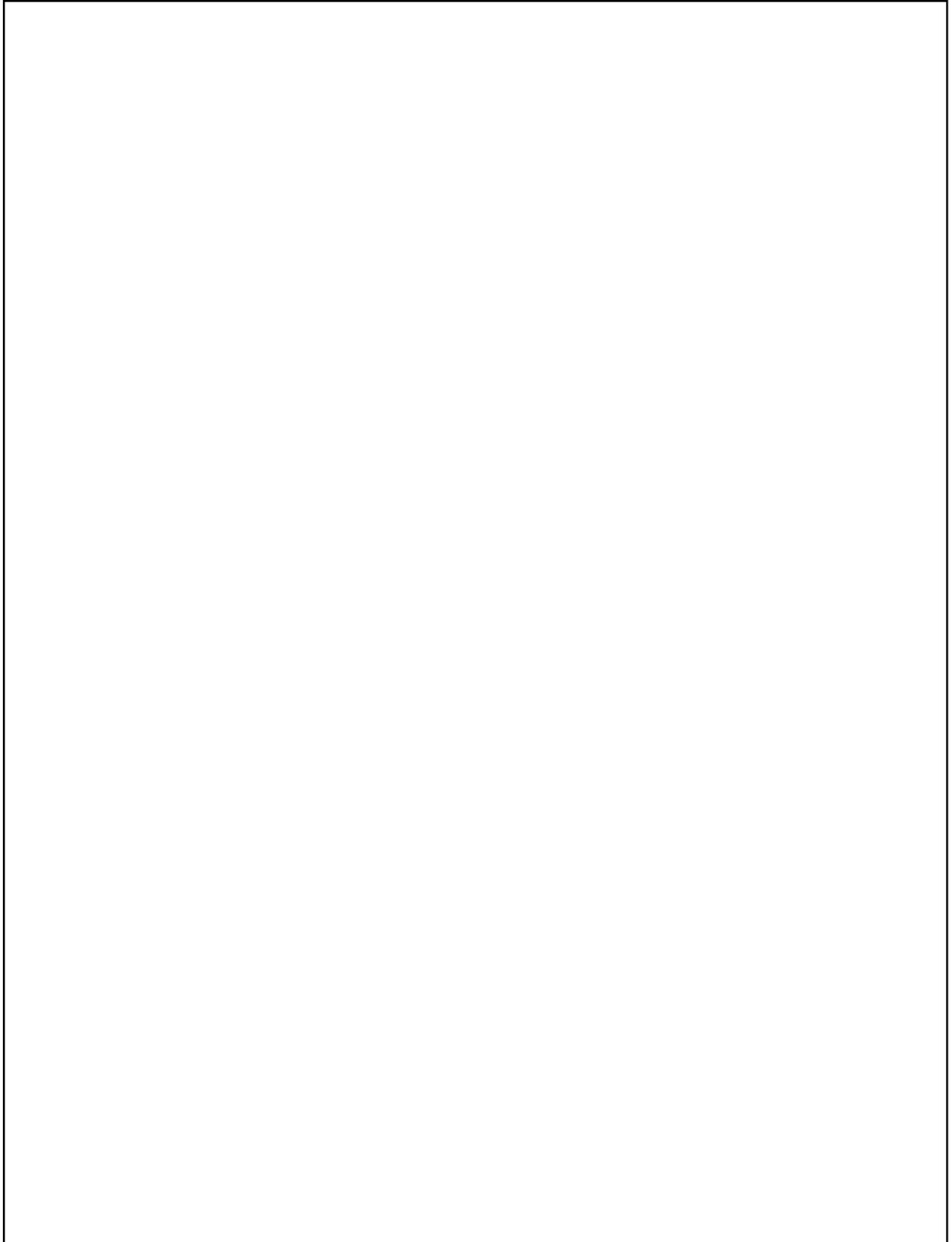
- Goal:** Document the setup and process of a traditional home birth in community and understand key experiences and elements that are important to women.
- Format:** Private session with a mother and community birth attendant.
- Time Frame:** 1 hour
- Approach:** Recruit a community birth attendant and a mother who has delivered both at home and in a facility. Facilitate a simulated walk-through of a home birth experience using a series of prompts. Photograph and record the simulation exercise.

Birth Experience Simulation:

- Ask a community birth attendant and a mother to set up a space as they would do for a home birth and simulate all the steps/processes that would be involved from onset of labour to postpartum care, explaining their activities/behaviours in detail.
- Make sure they demonstrate the following:
 - Where labour takes place, what support is provided, what tools/materials are used.
 - Where delivery takes place, options for birth positions, what support is provided, what tools/materials are used, and how they are prepared/situated.
 - How the baby is cared for after birth.
 - Where postpartum recovery takes place and the proximity of the baby to the mother.
 - Any cultural or religious practices across the childbirth journey, such as preparation of meals.

- Ask about:
 - How family members/spouses/children would be involved.
 - What elements of a home birth experience should be ideally translated to a facility birth setting.

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SECTION 5

Ministry of Health

5.1 Maternal-newborn Health interview guide

5.2 Health Infrastructure interview guide

5.1

Maternal-newborn Health Interview

with the Ministry of Health (MoH)



Ministry of Health Director
(or other senior official) of
Maternal-newborn Care



1 hour



Guidelines

Goal: Understand initiatives to improve maternal-newborn health and the role of infrastructure in those initiatives; get feedback on the research team's project.

Name

Age

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a. Could you describe the journey to improving and scaling up maternal-newborn health (MNH) care in your country?

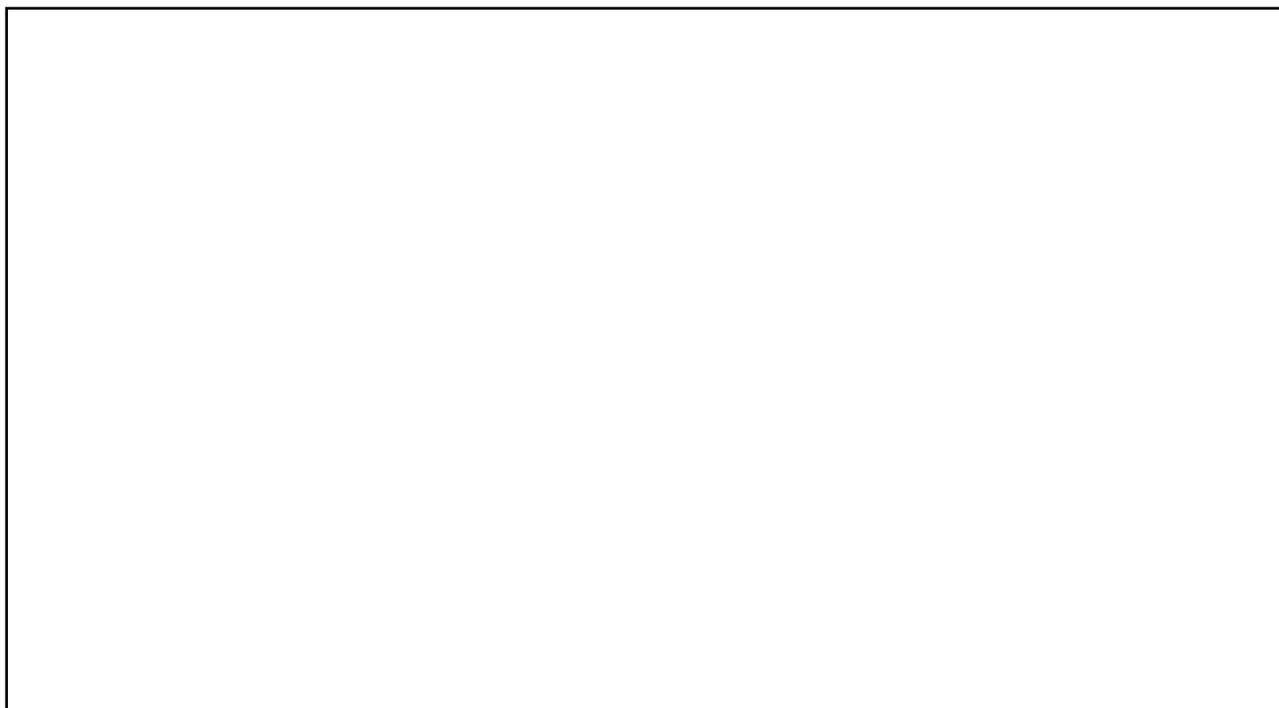
- Help us understand the starting point for this journey, as well as how far you have come. What was MNH care like 10-20 years ago? What is it like today?
- What are the major challenges/barriers that still need to be addressed?
- What opportunities or future plans is the Ministry considering related to improving MNH care?

b. How has physical infrastructure supported or restricted the establishment and scale-up of quality MNH care?

- How standardized are MNH care spaces today? Do design and layout differ significantly across facilities, or are they fairly uniform? What factors are responsible for these differences?
- What positive or negative impressions do you have of maternal/newborn care spaces that you've seen?
- How does the design of MNH spaces affect the utilisation, quality, and experience of care?
- How does the design of MNH spaces affect staff capacity, workload, and motivation?
- What are the main barriers faced in establishing, building, and maintaining high-quality MNH facilities?

c. How would you like to see MNH care spaces improved?

- Describe for us how the care experience would be different than it is today and key features or aspects of the physical environment that would support these improvements.
 - For maternal care
 - For small and sick newborn care
- How could facilities be more mother-baby centred? More respectful and dignified? Better accommodate traditional or religious values/practices?
- How do you think improved spaces would impact facility utilisation and women’s experience of care?



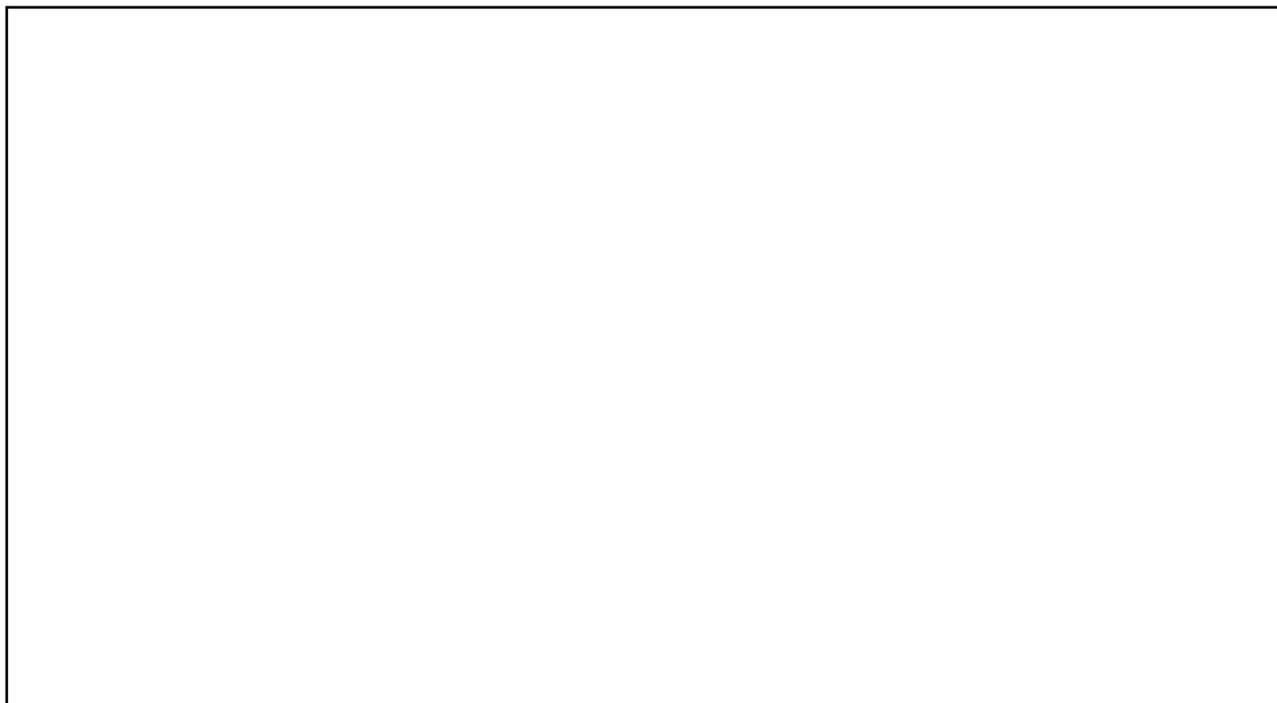
d. How could the planning/implementation of future MNH facility construction or renovation projects be improved?

- What stakeholders are involved? (MoH, infrastructure directorate, NGOs, funders, etc.)
- How are decisions made about sizing, funding, etc.?
- How should facility administrators or clinicians be involved in the design or planning process? What input should they contribute?



e. Leveraging our process/tools

- (Describe our human-centred design process for identifying needs and opportunities to improve maternal-newborn care and experiences and our Global Goods deliverables that will allow this approach to be replicated more broadly.)
- How could you see these approaches/tools being used by the MoH or implementing partners that you work with?
- In what ways do these approaches/tools seem exciting or impactful?
- In what way do they seem daunting or challenging to use?
- Do you have any ideas or suggestions for how we can make this project a success?



Notes:



5.2

Health Infrastructure Interview

with the Ministry of Health (MoH)



MoH Infrastructure Director
(or similiar)



1 hour



Guidelines

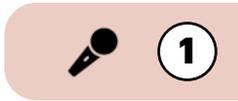
Goal: Understand initiatives to improve MNH and the role of infrastructure in those initiatives; get feedback on the research team's project.

Time Frame: 1 hour

Name

Age

File Organisation	File Name(s)	Check
Audio Recording #		<input type="radio"/>
Consent Form		<input type="radio"/>
Photography		<input type="radio"/>
Additional Drawings		<input type="radio"/>



a. Infrastructure Directorate Role

- What is the role of the MoH infrastructure directorate in planning, designing, and implementing new health facilities or renovations?
- Describe your team: How many people are included, from what professional backgrounds?
- What other major stakeholders are involved in planning, designing, constructing, and maintaining health facilities, and how do you work with them? (e.g., other divisions within the MoH, the Ministry of Urban Development/ Construction, local architects/engineers, international NGOs or funders, etc.)

b. Standards and Guidelines

- What standards and guidelines apply to the design and construction of health care facilities in your country? Can you share them with us?
- Are there any international standards or building codes (particularly engineering) that buildings must comply with?

c. Infrastructure Standardisation

- To what degree are smaller facilities (like health centres and smaller hospitals) all standardised versus very different from one another?
- Are they standardised across the country, or more regionally?
- Are they based on prototypical plans? Who developed these designs? Could you share them with us?

d. Infrastructure Age & Condition

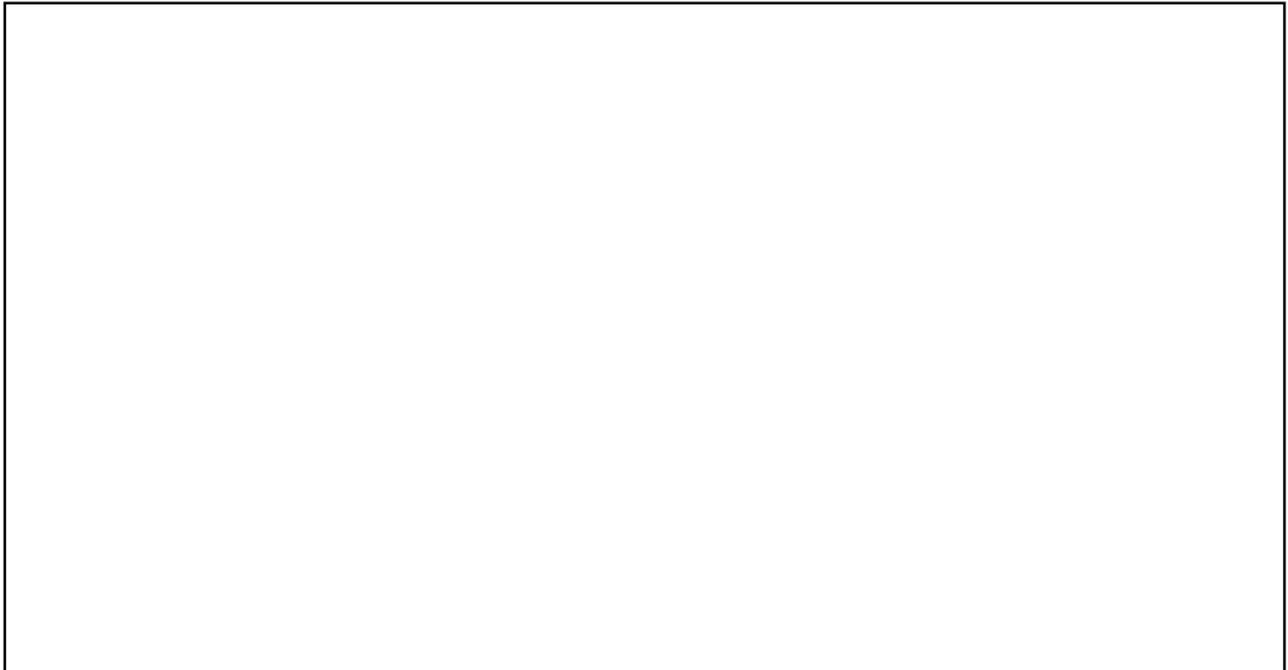
- When were the majority of health centres and hospitals in the country built? Were they built all at the same time or across a range of timespans?
- How would you describe the condition of these facilities? (e.g., are they in physically good condition? Are they overcrowded? Do they face infrastructural problems that restrict the quality of care provision, and if so how severe are those problems?)

e. Maternal-newborn Health Units

- What positive or negative impressions do you have of maternal and small/sick newborn care spaces that you've seen?
- How would you like to see maternal/newborn care spaces improved? (*Spend time on this question to get detailed information about how the quality of care could be impacted*)
- How do you think improved spaces would impact facility utilisation and patients' experience of care?

f. Project Delivery

- When planning a new facility or renovation, how are decisions made about location, capacity (bed counts), and sizing?
- How do you determine which projects have the highest priority?
- Are architects/engineers involved in the design/implementation of all facilities, or only larger ones? Please explain.
- How are architects/engineers selected? Are projects all publicly tendered? Or do you work with a pre-approved shortlist of firms with health care experience?
- How are contractors selected? Are projects all publicly tendered? Or do you work with a pre-approved shortlist of firms that have proven experience of high quality work?
- Who provides construction oversight and how is this managed?
- How does project review and permitting work?



g. Cost

- How does project financing work?
- How is a project's budget determined?
- What are typical construction costs per square metre for: a single story health centre; single story primary hospital; multi-story general hospital; multi-story tertiary hospital? (note: VAT inclusive or exclusive)



h. Maintenance

- How are health facilities maintained?
- Whose responsibility is it to maintain them and how are budgets for maintenance allocated?

Notes:

Notes:

A large, empty rectangular box with a thin black border, intended for taking notes. It occupies most of the page's vertical space.

SECTION 6

Appendix



Resources



Journey Mapping

Below, we have included a template for the Journey Mapping activity, which we recommend completing as part of the 'Co-design Workshop for Health Care Providers' and the 'Focus Group Workshop for Recently-delivered Mothers.' You may want to adapt this template to better fit your project and then print it at a scale that enables a team of stakeholders to interact with the poster and contribute to the workshop.

Delivering More Toolkit
Journey Mapping

	 ANTENATAL CARE	 LABOR STARTS	 JOURNEY TO THE FACILITY	 ARRIVAL/ NAVIGATION	 REGISTRATION/ ADMISSION
MOMENT:					
EXPERIENCE:					
SPACE:					

For each care stage, stakeholders should be prompted to consider the **moment** (What is happening? Identify activities & interactions), **experience** (What are they feeling? Identify emotional needs) and **space** (What are the qualities of the space? Identify key features).

Birth stage illustrations help to visually communicate with stakeholders. For our pilot project in Ethiopia and Bangladesh, we designed regionally-specific illustrations, taking note of cultural differences like clothing and ethnicity. You may want to produce more culturally-relevant illustrations for your context. We have included the illustrations that we developed for the South Asia and East Africa regions on the following pages.



**ASSESSMENT/
TRIAGE**



LABOR



DELIVERY



**POSTPARTUM/
POSTNATAL**



**NEWBORN
CARE**



**DISCHARGE/
EDUCATION**

ASSESSMENT/ TRIAGE	LABOR	DELIVERY	POSTPARTUM/ POSTNATAL	NEWBORN CARE	DISCHARGE/ EDUCATION

Use sticky notes to record stakeholder experiences and feedback.



Birth Stage Illustrations

These Birth Stage Illustrations are resources which could be used in a variety of ways during engagement with stakeholders. During our pilot project, we found it helpful to print these illustrations as postcard-sized sheets, and we used them as references during semi-structured interviews and workshops to better illustrate the birth stages that we were discussing.

South Asia



Antenatal Care



Labour Starts



Journey to the Facility



Arrival/Navigation



Registration/Admission



Triage/Assessment



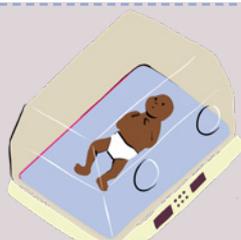
Labour



Delivery



Postpartum/Postnatal



Newborn Care



Discharge/Education



Postpartum Follow-up

East Africa



Antenatal Care



Labour Starts



Journey to the Facility



Arrival/Navigation



Registration/Admission



Triage/Assessment



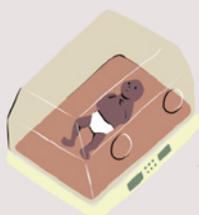
Labour



Delivery



Postpartum/Postnatal



Newborn Care



Discharge/Education



Postpartum Follow-up



Cool Down Worksheet

This Cool Down Worksheet is a method of distilling learnings from user-engagement activities. We recommend that at the end of every day you visit a facility with the engagement team. Complete steps 1 and 2 on your own, then share with the group. While everyone shares their learnings, jot down notes in Step 3.

1. Today I Met / Did...

--	--	--	--

2. I was amazed to realize...

--	--	--	--

3. I wonder if this means...

