

## Participant Information Sheet

### Defining signal functions for inpatient care of small and sick newborns: A global survey

The first 28 days of life is a vulnerable time for newborns, with an estimated 2.7 million babies dying during the first month of life worldwide in 2015. Preterm birth is now the leading cause of child death worldwide. Many newborn lives could be saved, and illness prevented, with timely provision of quality inpatient care for newborns that are small and sick.

Signal functions are a core list of life-saving services that define a health facility's capacity to treat emergencies. Standardised measurement of emergency obstetric care competencies has improved tracking and accountability using indicators based on "signal functions", to monitor the availability and use of emergency obstetric care (EmOC). However, signal functions for inpatient care of small and sick newborns are not consistently defined or routinely tracked.

The term "small and sick newborns", as used in recent policy such as the Every Newborn Action Plan (ENAP), and for the purpose of this consultation, encompasses all those newborns who require inpatient care to survive, including those with systemic infections, intrapartum insults, pathological jaundice and preterm infants, whose immaturity increase the risk of respiratory and other complications, and most of whom need to support to feed and maintain their temperature. For more information, see: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-15-S2-S7>

One of the five ENAP strategic objectives – to count every newborn (and birth) – underlines the need for improved data and accountability. The ENAP milestones, linked to a World Health Assembly resolution, have a focus on inputs required prior to 2020 and more than half refer to improving metrics for targeting and driving change. The ENAP has a technical team dedicated to developing and improving newborn measurement – ENAP metrics - and has developed a measurement improvement roadmap. A specific area of work within this roadmap is dedicated to improving measurement of service readiness for inpatient care of small and sick newborns. For more information, see: <http://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-15-S2-S8>

As an input for the ENAP metrics measurement improvement roadmap, in collaboration with the World Health Organisation, this is an online consultation to define signal functions for inpatient care for small and sick newborns. This consultation is a follow up to an expert focus group held by the ENAP metrics group in April 2016 that identified 13 core newborn interventions for inpatient care of small and sick newborns that services should be ready to provide at a basic and comprehensive level.

**Thank you for your time!**

### **What is the survey about?**

The overall aim of this global survey is to define signal functions and levels of care for inpatient care of small and sick newborns through a global survey.

### **Who is carrying out the study?**

This study is being carried out in collaboration with Every Newborn Action Plan (ENAP) metrics. The ENAP is a multi-partner initiative to end preventable maternal and newborn deaths and stillbirths. ENAP metrics is co-chaired by the World Health Organization and the London School of Hygiene and Tropical Medicine. I am the principle investigator and am based at LSHTM.

### **Why do you want me to participate and what does it involve?**

To better understand some of the complex issues surrounding inpatient care of small and sick newborns and to ensure that we capture perspectives from a range of contexts, we are circulating the survey to wide range of experts and professional groups to elicit expert opinion. These groups include: perinatal research groups, individual researchers in maternal and newborn health, maternal and newborn health programme managers and professional networks and groups, worldwide (with a focus on programmes in lower and middle income countries). We will collect information on your demographics and your opinion on which inpatient care signal functions should be provided for all babies, for small and sick newborns (at the basic and comprehensive level). You will be allowed to choose up to 10 signal functions for inpatient care of small and sick newborns.

### **Is the research confidential?**

Yes. Your personal identity will be protected at all times. Any information entered into the survey will only be seen by members of the research team. All the information from the interviews will be stored securely. There is space on the survey for comments, any of this information that we use will be completely anonymised.

### **What are the benefits and risks of taking part?**

You will take part in a survey that has the overall aim of defining signal functions and levels of care for inpatient care of small and sick newborns and provide recommendations for global monitoring and accountability processes. There are no direct risks to participating in this study, although we recognise that it may take some of your time (approx. 30 minutes) to complete the survey. There is also a chance that you will be contacted to participate in a consultation meeting at a later date.

### **Do I have to take part?**

No. It is entirely up to you if you take part. You can decide to withdraw from the survey at any time and without giving any reason, and it will not affect you in anyway.

### **How will the research be used?**

The results will be synthesised as part of the ENAP metrics measurement improvement plan and used to recommend a reduced list of signal functions for inpatient care of small and sick newborns to be used for programme planning and accountability purposes. The learning from this work will

also contribute to ENAP metrics work to develop new tools and approaches to monitor inpatient care of small and sick newborns in lower and middle income countries. Some of the findings from the work may be written up as a paper to be published in a journal. You will be given the opportunity to review any of the data that we use and you are allowed to ask us to remove or amend your comments. There is also a chance that you will be contacted to participate in a consultation meeting at a later date (2017) to discuss any discrepancies, comments and finalise definitions.

**The survey will only start once you have given consent to participate.**

If you have any further questions or thoughts relating to the study, please contact:

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