

EN-BIRTH

Protocol for managing distress during interviews with women respondents

Principal Investigator: _____

Protocol number: _____

Date: June 2017

Version: 1.2

Approver: _____

Purpose/Objective

This protocol describes how to manage distress while administering the Every Newborn Metrics Facility-based Maternal Recall Pre-discharge survey. It provides guidelines on how the data collector should respond if a respondent gets upset during an interview.

Responsibilities

All data collectors administering the Every Newborn Metrics Facility-based Maternal Recall Pre-discharge survey are responsible for reading and understanding this protocol before the survey, and prior to starting the interview with a woman.

Materials and Equipment

- Maternal recall pre-discharge survey section of the training manual
- Tablet with ENAP Metrics Facility-Based study app, including the Maternal recall pre-discharge survey
- Kit bag
- Protocol for managing distress during the interview

Overview

The time surrounding pregnancy and birth is an extremely sensitive and emotional time for a woman. The topics for discussion in this survey may provoke strong feelings in respondents, leading to emotional or angry reactions. The interview may cause a woman to remember painful and negative events such as a stillbirth, death of a newborn baby, or poor care received while at the health facility. Additionally, interviewers may carry their own attitudes, beliefs and biases around stillbirths and neonatal deaths that when expressed, even unconsciously, may upset the respondent.

Due to the sensitive nature of the questions in the survey, interviewers need to be trained and made aware of the effects that the questions may have on respondents and how best to respond, according to a woman's level of distress. Therefore, it is important that interviewers are sympathetic and can recognize and deal with a respondent's distress during the interview. Distress might involve sad emotions, such as crying or failure to talk, or angry emotions, like yelling and/or abruptly walking away. See the box below for potential signs of distress during an interview.

Potential signs of distress during an interview

- Crying (not just uncontrolled crying)
- Shaking / trembling
- Silence / withdrawal
- Irritability
- Anger
- Walking away
- Appearing vague or confused speech
- Sweating excessively
- Aggressive body language
- Rushing round / pacing
- Sighing frequently
- Breathing difficulties
- Frequent negative statements about oneself and the future
- Being defensive or suspicious

If a woman does become distressed, the interviewer will need to acknowledge and respond appropriately to her distress. See the box below highlighting tips for responding to a woman's distress.

TIPS FOR RESPONDING TO A WOMAN'S DISTRESS

- Be supportive towards the woman in a sensitive and caring manner
- Respond positively to her emotional concerns
- Listen compassionately
- Be patient
- Do not blame or make the woman feel guilty for her feelings or the situation (i.e. if stillbirth or neonatal death)
- Maintain your composure
- Try to remain a professional interviewer; do not turn into a counselor by giving advice
- Do not engage in in-depth conversations about the issue beyond the boundaries of the interview

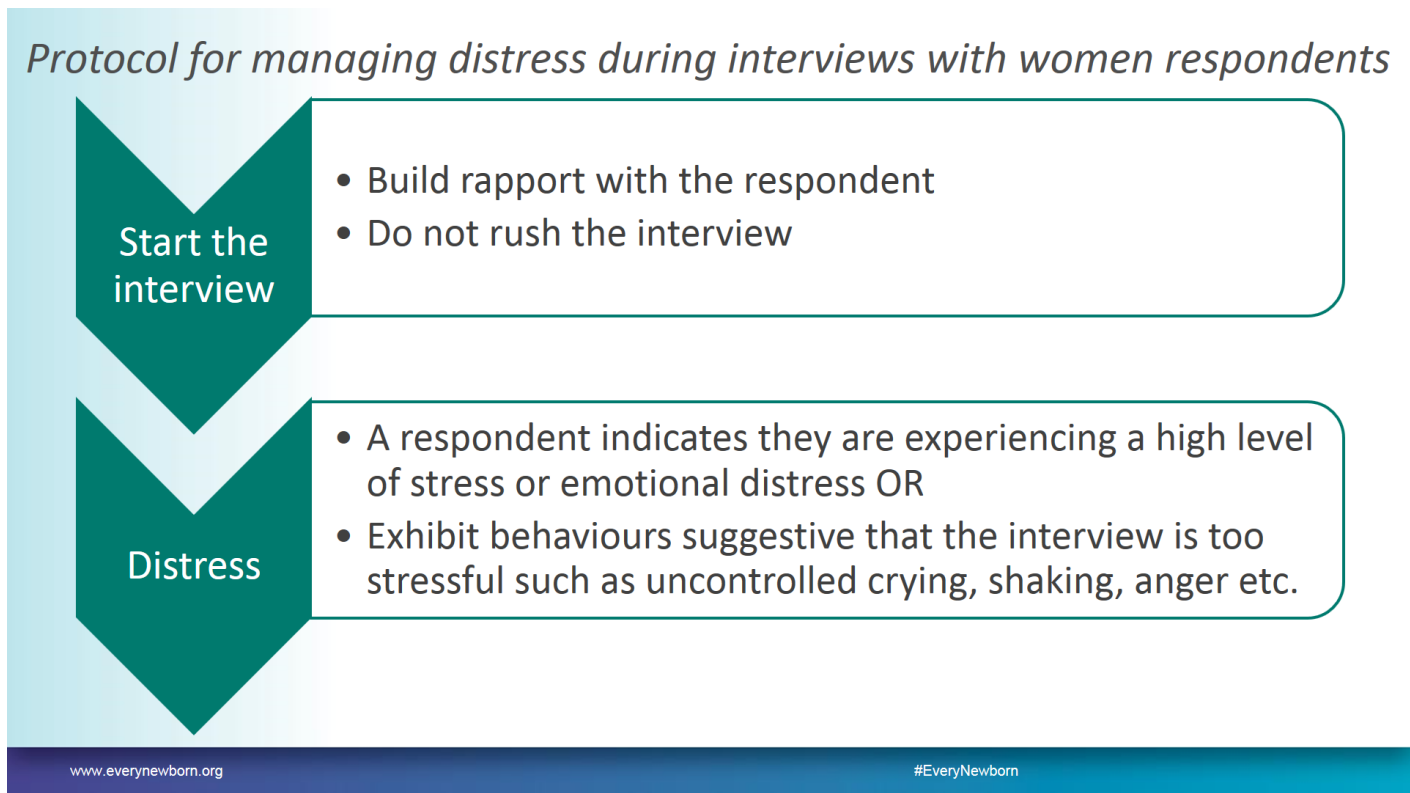
The interviewer will also need to understand that the interview might need to be paused temporarily or stopped. Most women who become emotional during an interview often choose to proceed, after being given a moment to pull themselves together. However, sometimes a woman may not wish to continue any further with the interview. If the interview is stopped, she should be thanked for her time and accompanied back to her area in the facility. The interviewer should notify his/her supervisor of the outcome of the interview. The respondent should also be asked whether she is

interested in having a member of her healthcare team follow up with further advice/support for information and services as available. If she consents to this, her health provider should be informed.

Training of the interviewers will include practice sessions on how to identify and respond appropriately to symptoms of distress, as well as how to terminate an interview if the impact of the questions becomes too negative. Additionally, the training will also include exercises to help the interviewer examine their own attitudes and beliefs, because they might share many of the same stereotypes and biases about stillbirths and neonatal deaths that are dominant in the society. If these are not identified and challenged beforehand, these beliefs can lead to blaming of the victim and other destructive attitudes that can undermine both the respondent's self-esteem and the interviewer's ability to obtain quality data.

The next section shows a simple diagram of procedures to follow during the interview.

Protocol procedure flow diagram



Protocol for managing distress during interviews with women respondents

Stage 1 Response

- Pause the interview
- Respond appropriately to symptoms of distress
 - Ask if the respondent is okay; if the interview is becoming difficult; if they need a short break (5-10 minutes); if they would like to continue the interview later
 - Be supportive towards the woman in a sensitive and caring manner
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Protocol for managing distress during interviews with women respondents

Review

- If participant feels able to carry on, resume interview/discussion. You can shift between topics in a different order but do not avoid the important ones
- If participant is unable to carry on, Go to stage 2

Stage 2 Response

- Stop interview with respondent, thank her for her time and accompany to her area in the facility
- Offer, with participant consent, for a member of the healthcare team treating her to follow up for further advice/support with information and services as available
- Notify your supervisor and her healthcare professional

Follow up

- Healthcare professional who is treating her to provide follow up for advice/support with information and services as available

Protocol procedure text

Distress

- A respondent indicates they are experiencing a high level of stress or emotional distress OR
- Exhibit behaviours suggestive that the interview is too stressful such as uncontrolled crying, shaking, anger etc.

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Potential hazards

- An upset newborn!
- Busy hospital ward
- Limited private space in the facility for the interview