

Caregiver Hospital Discharge Interview and Conversation Tool – NAPPSS-IIN

NOTE: To be conducted in postpartum unit only with mothers delivering healthy babies (newborns \geq 35 weeks gestation, not currently admitted to NICU and will be discharged with mother from the hospital). **To minimize risk of bias, this interview should not be conducted by** the primary nurse/care provider for this patient). Please review the *Caregiver Hospital Discharge Interview and Conversation Tool Instructions--NAPPSS-IIN*, before conducting any interviews.

Date of Interview: _____ Interviewer Initials: _____

Step 1: Demographics (Collect this information from the chart before conducting the interview)

Date of Delivery:	Time of Delivery:
Type of Delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean	Feeding Method during hospital stay: <input type="checkbox"/> Exclusive breastfeeding <input type="checkbox"/> Combination breastfeeding & formula feeding <input type="checkbox"/> Formula only
Mother's ethnicity as indicated in the chart: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Not in chart	Mother's race as indicated in the chart: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race: _____ <input type="checkbox"/> Not in chart
Provide brief description of the caregiver(s) who took part in this interview (i.e., who was in the room):	

Step 2: Complete the Interview

Interview Questions

- During your pregnancy, did anyone talk with you about breastfeeding and about having a safe sleep plan for your baby?**
 Yes No Don't recall
- During your hospital stay, has anyone had a conversation with you about breastfeeding?**
 Yes No Don't recall
- During your hospital stay, did anyone talk with you about infant safe sleep and reducing the risk of sleep-related infant deaths?**
 Yes No Don't recall
- Did hospital staff talk with you about safe infant sleep while you are breastfeeding?**
 Yes No Don't recall N/A (not breastfeeding)
- Did staff ask you about your safe sleep *plan* for the places you will lay your baby down to sleep at home, daycare, or with relatives and friends?**
 Yes No Don't recall

6. Did staff ask you if you have a safe *place* for your baby to sleep at home? (e.g., bassinet, crib, portable play yard, etc.)
 Yes No Don't recall
7. If you didn't have a safe place for your baby to sleep, did the staff refer you to a program for help with obtaining a safe sleep unit?
 Yes No N/A I have a safe place for my baby to sleep
8. Did hospital staff offer safe sleep support resources for after discharge?
 Yes No Don't recall
9. Did hospital staff offer breastfeeding support resources for after you are discharged?
 Yes No Don't recall N/A not breastfeeding
10. Have you made or been instructed to make a follow-up appointment for your baby?
 Yes No
(If "yes", go to question #19 then #20)
(If "no," go to question #20)
11. When is your appointment scheduled?
 Within 2 days post-discharge
 More than 2 days post-discharge
12. Do you have any questions about safe sleep or breastfeeding that haven't been answered yet that we can support you with before you leave?

As appropriate, confirm the demographics on record before ending the interview so that we will be able to use the data to see if there are gaps and inequities in care and if the NAPPSS collaborative is resulting in closing those gaps.

Mother's confirmed birthdate: _____

The racial and/or ethnic group(s) mother *most* identifies with (confirmed by mother):

<p>Ethnicity:</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to respond	<p>Race:</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other race: _____ <input type="checkbox"/> I prefer not to respond
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OPTIONAL QUESTIONS

Step 3: Consider customizing the interview tool using the questions below or your own questions. Below are some additional questions that were tested by hospitals in Cohort A. The interview tool was shortened to 12 questions to reduce the burden of data collection and reporting for hospital staff. Following are the questions that were eliminated from the original tool. If you find any of them useful, we would encourage you to customize the interview tool by adding them back in.

1. Who talked with you about breastfeeding during your hospital stay? (Elicit response from the interviewee BEFORE sharing options below. Check all that apply.)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Provider (Pedi/OB/Midwife,
Family MD, NP, PA) | <input type="checkbox"/> Lactation consultant | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Medical student | <input type="checkbox"/> Other |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Nursing student | _____ |
| | <input type="checkbox"/> Social worker | |

2. Can you recall what you have been taught during your hospital stay to help you begin and continue to breastfeed? (Elicit response from the interviewee BEFORE sharing options below. Check off all that apply but only unsolicited responses.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hand expression | <input type="checkbox"/> Rooming-in | <input type="checkbox"/> Feeding safely during nighttime |
| <input type="checkbox"/> Safe skin-to-skin | <input type="checkbox"/> Signs of good latch | <input type="checkbox"/> Other |
| <input type="checkbox"/> Feeding on cue (8 or more in
24, hunger cues) | <input type="checkbox"/> Nutritive suck signs (milk
transfer) | _____ |

3. For how long did staff recommend you should provide breastmilk for your baby? (Elicit response from the interviewee BEFORE sharing options below.)

- | | |
|---|---|
| <input type="checkbox"/> 6 months | <input type="checkbox"/> Didn't make a recommendation |
| <input type="checkbox"/> for 1 year or more | <input type="checkbox"/> Don't remember |

4. In terms of conversations around and education on breastfeeding, skin-to-skin, and rooming-in, do you feel you received: (Ask about each item individually and record response below.)

Breastfeeding	Skin-to-Skin	Rooming-in
<input type="checkbox"/> Too much information	<input type="checkbox"/> Too much information	<input type="checkbox"/> Too much information
<input type="checkbox"/> Not enough information	<input type="checkbox"/> Not enough information	<input type="checkbox"/> Not enough information
<input type="checkbox"/> Just the right amount of information in a way that I understood	<input type="checkbox"/> Just the right amount of information in a way that I understood	<input type="checkbox"/> Just the right amount of information in a way that I understood

5. Do you agree or disagree that the hospital staff showed respect for you, your culture and your preferences when talking with you about breastfeeding and teaching you how to breastfeed or do you not feel comfortable answering this question?

1. Disagree
2. Agree
3. I do not feel comfortable answering this question

If caregiver replies with '1' ask if they could share why they felt that way. (e.g. "Can you tell me a little more about that?")

Comments:

6. Who talked with you about safe sleep? (Elicit response from the interviewee BEFORE sharing options below.)

- Provider (Pedi/OB/Midwife, Family MD, NP, PA)
- Nurse
- Resident

- Lactation consultant
- Medical student
- Nursing student
- Social worker

- Volunteer
 - Other
-

7. Do you agree or disagree that the hospital staff showed respect for you, your culture and your preferences when talking with you about safe sleep positioning and a safe sleep environment or do you not feel comfortable answering this question?

1. Disagree
2. Agree
3. I do not feel comfortable answering this question

8. Can you recall what you have been taught about safe sleep during your hospital stay? (Elicit response from the interviewee BEFORE prompting for a response. Check off all that apply and circle an “R” if they recalled the element or a “P” if they needed to be prompted. (Note: In italics after each of the six key messages, there is a sample script that can be used to prompt.)

- R/P **Always sleep on back** (*In what position were you told to place your baby to sleep?*)
- R/P **Sleep in crib, bassinet or play yard** (*In what type of device were you told was a safe sleep space for your baby?*)
- R/P **Rooming in** (*In what room is it safest for your baby to sleep?*)
- R/P **Don't share bed or sleep on couch/chair** (*What were you told about the baby sleeping in the same bed or surface as you?*)

- R/P **No loose blankets, pillows, stuffed animals, bumper pads or clothing in bed** (*What else should be in the crib or bassinet besides the baby to make it a safe environment?*)
- R/P **Risks of smoking or smoke around baby** (*What were you told about smoking or smoke around the baby?*)

- R/P Pacifier use after breastfeeding initiated (*What were you told about pacifier use?*)
- R/P Don't overheat or overdress/bundle (*What were you told about how to dress the baby for sleep?*)
- R/P Nighttime feeds in bed safer than couch (*Where will the baby feed at night?*)
- Other _____