Additional file 3 – Qualitative interview topic guide

This interview guide is meant to be used during regular interviews with clinician respondents and hospital co-PIs. The exact questions will be revised regularly, and there will be time to note other developments, or issues that the respondents feel are important in their work, even if not covered by the questions in this guide. This interview is expected to last no longer than 60 minutes. The guide might be slightly different per study site based on the services each hospital provides.

My name is XXX from the Institute of Tropical Medicine in Antwerp Belgium [or specify affiliation]. We are conducting this study to document the preparedness and response to COVID-19 among large maternity wards in four countries in sub-Saharan Africa.

Key themes:

General: How has the last week (recall period of interview since previous interview) been? What are the main issues the maternity ward is dealing with?

Have any changes occurred in the following aspects:
- Staff availability, presence, ability to work? Have you received additional staff, or have staff been reassigned from your ward to other locations?
- Outpatient care (antenatal, postnatal)
- Inpatient care? For example numbers of births. What does that mean to women’s ability to reach your facility or to obtain care here?
- Availability of supplies, equipment, drugs, laboratory capacity, blood?
  - For example: oxygen, blood/blood products, cold chain ruptures (oxytocin), sterilising equipment not available (assigned to COVID wards?), laboratory capacity hugely reduced for non-COVID patients (blood and urine samples taking longer to analyse).
  - Have you experienced a shortage of any drugs in the past two week in the ward? If yes, which? (if needed, prompt: “Have you always had access to injectable antibiotics, MgSO4, refrigerated oxytocin, etc?”)
- Patient transport and referral? What kind of referral cases do you see? How does that reflect on the availability of care in other facilities?
  - How are you currently dealing with “down-referral” after discharge? Where are you sending discharged patients for postnatal care (routine or other, such as removal of stitches after csection)?
- Cleaning schedules and cleaning staff?
- Physical set up of the ward, number of beds, additional handwashing stations, etc
  - Specifically query existence and functioning of separate isolation ward for COVID-19 suspected or confirmed cases
  - Other changes occurring following the COVID-19 crisis
- Care processes and guidelines, such as labour induction, csection provision, pain relief options, routine data collection or reporting following the COVID-19 crisis? Have you closed or reduced any services, or changed the modality (from one-on-one to group? From one-on-one to virtual/phone consultations)
  - Are you providing routine care as you used to previously, have any elements been changed or removed? Query separately antenatal, childbirth, postnatal care (including breastfeeding, length of stay, newborn care).
  - Are labour companions and visitors allowed? Were these policies changed following because of COVID-19?
    ▪ What do women eat and where do they wash their laundry?
    ▪ Where do people accompanying women sleep/stay?
- Fees that are charged – has there been a change to the pricing to women/families? Any changes in the reimbursement you receive for providing care?
- Have you changed your clinical care guidelines?
- Which sources of information have you found useful to keep up to date with COVID-19 for your daily work?

Have you received any information or instructions from the local government or Ministry of Health about COVID-19? If yes, what was it? How has it affected you?
Has the role of your maternity ward within the national/regional response to COVID-19 changed?

Have you had any suspected or confirmed COVID-19 cases in the past week/two weeks? If yes: can you tell me how that went? What did you do?

What is the staff morale in general in the ward? How are people coping? What are their levels of stress, major concerns at this time?

- Do you have any concerns about how staff are treating women?

What is the availability of personal protective equipment (PPE)? What do you use for antenatal care, vaginal and csection births?

Has there been a change in the type of women coming to your facility in the past week/two weeks?

Can you tell me about any changes affecting the NICU?

Are there any changes in the way you document work in patient files, patient registers, etc? For example, are there new forms which have been introduced, or do you use fewer forms, or do you report additional information to authorities such as MOH?

Of the changes made in your facility since (insert date of last interview), which changes worked well? Why? Which changes have not worked? Why?

Are there any other issues, worries or changes you would like to share?