

# ABA ANTENATAL VISIT RECORDINGS – FIDELITY CHECKLIST

## A. DETAILS OF RECORDING, TIMING AND CONTEXT FOR VISIT

<b>Participant ID:</b>	
<b>Site:</b>	
<b>Duration of recording (in minutes):</b>	
<b>Name of person completing this checklist:</b>	
<b>Name of Infant Feeding Helper:</b>	
<b>Anyone else present at the visit:</b>	
<b>Date of recording:</b>	
<b>Is the whole visit recorded?</b>	Yes / No

## B. FEEDING INTENTION OF MOTHER AT FIRST VISIT

Categories from: Hoddinott, P. and Pill, R., 1999. Qualitative study of decisions about infant feeding among women in east end of London. *BMJ*, 318(7175), pp.30-34.

*Tick box for closest category.*

	<b>Group 1</b>	<b>Group 2</b>	<b>Group 3</b>	<b>Group 4</b>	<b>Group 5</b>	<b>Not classified</b>
<b>CLASSIFICATION</b>	<b>Committed breast feeders:</b> mention perseverance and overcoming and coping with problems. Do not spontaneously bring up anticipated problems in the initial discussion about feeding intention or mention changing their mind.	<b>Probable breast feeders:</b> spontaneously express some doubt about their own or other women's ability to breast feed — for example, “If I am able to ...”, “Some women can't...” Spontaneously mention a scenario which might make them change their decision but not in the initial discussion of feeding intention.	<b>Possible breast feeders:</b> less committed and spontaneously mention a scenario where they would change their decision in their initial discussion of feeding intention.	<b>Probable formula feeders:</b> initially say that they will formula feed or probably formula feed, but at some point in the interview mention that they might consider breast feeding or mention positive factors.	<b>Committed formula feeders:</b> do not mention possibility of changing their mind. Would not consider breast feeding.	e.g. Mother gave no indication of feeding intention.
<b>TICK ONE BOX</b>						

Notes/ if ‘cannot be classified’, state why.

## C. DOES THE ABA HELPER DESCRIBE AND EXPLAIN THE INTERVENTION AS INTENDED?

Fidelity questions taken from protocol and training template for antenatal visit.

1. The **purpose** of the antenatal visit?

Yes / No / in part

Notes:

- Calls herself ABA helper
- Get to know each other
- Talk about the help available
- Will talk about family and friends
- Will talk about groups/ local resources

2. The **support** available from the Infant Feeding team?

Yes / No / in part

Notes:

- In addition to health professionals
- Regardless of feeding intention
- Before and after birth
- Especially in the early days and weeks
- Questions, challenges
- A listening ear

3. The **timeline** of the ABA intervention?

Yes / No / in part

Notes:

- Timeline is shown to mother
- ABA Helper talks through the timeline

4. The **need to contact the ABA helper** once the baby is born?

Yes / No / in part

Notes:

- Need to make contact postnatally is emphasised
- Mother puts ABA helper's number in phone during the conversation

## D. DOES THE ABA HELPER INTRODUCE LOCAL ASSETS AS INTENDED?

Fidelity questions taken from protocol and training template for antenatal visit.

1. Does she use the leaflet as intended?

Yes / No / in part

Notes:

- Does the ABA helper give the mother the leaflet?
- Does the ABA Helper talk through the assets leaflet with the mother

1. Does she introduce specific local assets as intended?

Yes / No / in part

Notes:

- Does the ABA Helper make the mother aware of local support groups
- Does the ABA helper offer to accompany?

## E. DOES THE ABA HELPER USE THE GENOGRAM AS INTENDED?

1. Is a Genogram completed?

Yes / No

2. Is the Genogram used to stimulate a feeding conversation?

Yes / No / in part

Notes:

- Family discussed
- Friends discussed
- ABA helper explicitly mentioned
- Does the ABA helper expand from listing people to getting the mother to think about who can help her with specific issues?

3. Does the Infant Feeding Helper take a photograph of the Genogram?

Yes / No

## F. EVIDENCE OF INTENDED / POSSIBLE BEHAVIOUR CHANGE TECHNIQUES (BCTs)

BCTs – Core and non-core BCTs intended for antenatal conversations taken from protocol and research group discussion

BCT No.	Core / Non-core	Description	Example	Present
3.1	Core	<p><b>Social support:</b></p> <p>Advise on, arrange, or provide practical help (e.g. from friends, relatives, colleagues, 'buddies' or staff) for performance of the behaviour.</p>	<p>Suggest that the mother calls the ABA helper if they are struggling with feeding or need some support.</p> <p>Suggest contact with a friend or family member to talk about feeding.</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>
12.2	Core	<p><b>Restructuring the social environment:</b></p> <p>Change, or advise to change the <b>social</b> environment in order to facilitate performance of the wanted behaviour.</p>	<p>Encourage the mother to attend social gatherings where other mothers are breastfeeding. #find out about good places to breastfeed when out and about.</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>
3.3	Non-core	<p><b>Social support (emotional):</b></p> <p>Advise on, arrange, or provide emotional social support (e.g. from friends, relatives, colleagues, 'buddies' or staff) for performance of the behaviour.</p>	<p>Ask the woman to take a friend to the breastfeeding group or ask the ABA helper to meet her there.</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>
4.1	Non-core	<p><b>Instruction on how to perform the behaviour:</b></p> <p>(includes skills training)</p>	<p>Provide information (visual images, DVD) and model demonstrations to show how to position a baby to facilitate latching, show how to prepare a bottle of formula correctly.</p> <p>Look out for specific information giving</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>

BCT No.	Core / Non-core	Description	Example	Present
5.1	Non-core	<p><b>Information about health consequences:</b></p> <p>Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour.</p>	<p>ABA helper explains the health benefits of breastfeeding to both/ either mother and baby.</p> <p>ABA helper explains health dis-benefits of formula feeding</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>
15.1	Non-core	<p><b>Verbal persuasion about capability:</b></p> <p>Tell person that they can successfully perform the behaviour, arguing against self-doubts and asserting that they can and will succeed.</p>	<p>Tell mother than can successfully breastfeed despite initial difficulties.</p> <p>Encourage women to talk to friends and family and breastfeeding groups to hear positive stories.</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>
15.2	Non-core	<p><b>Mental rehearsal of successful performance:</b></p> <p>Advice to practice imagining performing the behaviour successfully in relevant contexts</p>	<p>Ask / encourage mothers to imagine breastfeeding in public locations and plan how this can be undertaken discretely.</p>	<p>Yes / No / Unclear</p> <p><u>Notes</u></p>

## G. FIDELITY OF OVERALL TONE OF THE ENCOUNTER

Fidelity questions taken from protocol and training template for antenatal visit.

1. **Overall rapport** between ABA helper and mother, overall did you get the impression that the mother felt warm towards the ABA helper and would be likely to get in touch with her? (1 = poor, 5 = strong)

1                      2                      3                      4                      5

2. **Inclusivity** in terms of feeding choices the mother wanted to discuss, in relation to ABA helper's language and approach, is she praising some intentions or dismissive of others? (1 = poor, 5 = strong)

1                      2                      3                      4                      5

3. **Use of active listening skills** including allowing time for mother to speak, remembering things the mother has said, clarifying things the mother has said, look out for picking up (or not picking up ) on mothers' particular concerns or worries about feeding and discussing them (1 = poor, 5 = strong)

1                      2                      3                      4                      5

4. **Breastfeeding-centred or mother-centred** focus on persuading mother to breastfeed or responding to issues relating to the mother's indicated feeding intention (1 = breastfeeding centred, 5 = mother centred)

1                      2                      3                      4                      5