



GIVING VOICE TO MOTHERS STUDY

Thank you for your interest in our study.

Until now, US researchers have only studied the experience of childbirth among women who gave birth in a hospital and who mostly identify themselves as "non-Hispanic white". In the Giving Voice to Mothers study, we hope to collect information from families of diverse backgrounds who have given birth in ALL settings: homes, hospitals and birth centers.

The goals of this study are: To learn about which maternity care options are most important to all types of pregnant families in the US; To understand experiences of maternity care in communities of color; To find out how families decide where to give birth and if place of birth affects their experiences; To describe the experience of making decisions during pregnancy and birth, including being heard and treated with respect; To learn about any differences among doctors, midwives, or consumers that may affect maternity care choices.

Gracias por su interés en la encuesta Giving Voice to Mothers (Dando voz a las madres). La versión en español de esta encuesta está siendo desarrollada y estará disponible próximamente. Si usted prefiere completar esta encuesta en español, por favor marque su calendario para acceder a esta versión en las siguientes semanas.

If you have questions, please contact:
Coordinator
barbara.karlen@ubc.ca

Barbara Karlen, Research
UBC Faculty of Medicine



To help us know if your background fits the study, please answer the following 2 questions:

*** 1. My most recent pregnancy happened between 2010 and 2016 (Select one option)**

- Yes
- No

*** 2. During my most recent pregnancy, I experienced maternity care in the United States (Select one option)**

- Yes
- No

3. Please tell us how you got the link to this online study: (Select one option)

- I got an email from: Choices in Childbirth, ICTC, Oregon Intertribal Breastfeeding Coalition, Phoenix Midwife, Mama Sana/Vibrant Woman, Mountain Midwifery Center, or Easy Access Women's Health Clinic (Commonsense Childbirth)
- I saw a poster or postcard in my community center, store, or an office
- Someone sent it to me through Social media (Facebook, Twitter, etc.)
- My doctor or midwife gave it to me
- My friend or family member gave it to me
- Other (Please specify) _____

Gracias por su interés en la encuesta Giving Voice to Mothers (Dando voz a las madres).
La versión en español de esta encuesta está siendo desarrollada y estará disponible próximamente. Si usted prefiere completar esta encuesta en español, por favor marque su calendario para acceder a esta versión en las siguientes semanas.

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q1 is (No) OR Q2 is (No)) THEN STOP YOU HAVE FINISHED THIS SURVEY.

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**Giving Voice to Mothers Study
Participant Information and Consent**

[Redacted participant information and consent text]

[Redacted participant information and consent text]

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INSTRUCTIONS

The survey has several sections, including:

* Your History

- * Access to Care
- * Your Choices for Care
- * Decision Making
- * Your Experience of Respect During Care
- * Pregnancy Experiences
- * Labor and Birth Experiences
- * Your Health and Safety
- * Your Satisfaction with Care
- * Your Postpartum Experiences

Please tell us the story of your most recent pregnancy experience by answering as many questions as possible in each section. As a security measure, the survey is set to 'time-out' when 60 minutes of inactivity has been reached on any one page. If you do not have time to answer all the questions at one time, or you have to leave the survey for several minutes, please click on the Save and Continue Later option - this option is available at the bottom of every page. If you choose this option, you will be asked to supply your email address so that you can be sent a link to get back to your partially completed survey.

If you wish to exit before completing the survey, please press **NEXT>>** at the bottom of each page to fast forward to the last page, where you will find a **SUBMIT** button. You must press either **SUBMIT** or **Save and Continue later** for your answers to be available to the researchers.

As you progress through the survey, you can see how much of the survey is remaining by viewing the completion bar on the bottom of every page.

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HISTORY OF PREGNANCIES

4. What state do you live in now? (Select one option)

- Alabama
- Alaska
- Arizona
- Arkansas
- Armed Forces Asia
- Armed Forces Europe
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico

- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico

5. How many times have you been pregnant in your life? (Select one option)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

6. How many times have you given birth in your life? (Select one option)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

THE FOLLOWING QUESTIONS WILL HELP US TO ASK YOU THE MOST RELEVANT QUESTIONS THROUGHOUT THE SURVEY

7. Are you pregnant right now? (Select one option)

- Yes
- No

*** 8. Did you experience a miscarriage, termination, stillbirth or newborn loss in**

your MOST RECENT pregnancy? (Select one option)

- Yes
- No

*** 9. My loss was a.... (Select one option) [Answer this question only if answer to Q#8 is Yes]**

- Miscarriage or abortion
- Stillbirth or newborn loss

*** 10. Choose one of the following options to select what parts of your experience you would like to describe: (Select one option) (Select one option) [Answer this question only if answer to Q#9 is Miscarriage or abortion]**

- I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion
- I do not want to share any of my experiences of care for my most recent pregnancy

*** 11. Choose one of the following options to select what parts of your childbearing experience you would like to describe: (Select one option) (Select one option) [Answer this question only if answer to Q#9 is Stillbirth or newborn loss]**

- I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn
- I would like to ONLY answer questions about this pregnancy, labor, and birth, but NO questions about postpartum or newborn
- I would like to answer ALL questions about this pregnancy, labor, birth, postpartum and newborn
- I do not want to share any of my experiences of care for my most recent pregnancy

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q10 is (I do not want to share any of my experiences of care for my most recent pregnancy) OR Q11 is (I do not want to share any of my experiences of care for my most recent pregnancy) OR Q5 is (0)) THEN STOP YOU HAVE FINISHED THIS SURVEY.

Rule 2

IF ANSWER TO (Q6 is (0) AND Q7 is (Yes) AND Q8 is (No)) THEN STOP YOU HAVE FINISHED THIS SURVEY.

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YOUR HISTORY

12. What is your year of birth? (Select one option)

- 1940
- 1941
- 1942
- 1943
- 1944
- 1945
- 1946
- 1947
- 1948
- 1949
- 1950
- 1951
- 1952
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- 1956
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- 1995
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006

13. To help us to describe the communities that have contributed to this important national survey, please tell us how you describe your own race, ethnicity or cultural heritage?

Please check all that apply. Once you choose a general category you may be asked for a bit more information in another box.

- Alaska Native
- Black
- East Asian
- Central Asian
- Latina or Hispanic
- Middle Eastern
- Native American
- Native Hawaiian or other Pacific Islander
- African
- South Asian
- South East Asian
- White / Caucasian
- Biracial (please specify below)
- Other Race/Ethnicity/Heritage (Please specify) _____

14. Black (Select one option) [Answer this question only if answer to Q#13 is Black]

- African American
- Black Asian
- Black Hispanic
- Black Multi-Racial
- Black Native-American
- Black Caribbean
- Black African
- Black, Other (Please specify) _____

15. White / Caucasian (Select one option) [Answer this question only if answer to Q#13 is White / Caucasian]

- European
- Jewish
- Other (Please specify) _____

16. East Asian (Select one option) [Answer this question only if answer to Q#13 is East Asian]

- Chinese
- Filipino
- Japanese
- Korean
- Taiwanese
- Vietnamese
- Asian, Other (Please specify) _____

17. Latina or Hispanic (Select one option) [Answer this question only if answer to Q#13 is Latina or Hispanic]

- Central American
- Cuban
- Mexican
- Puerto Rican
- South American
- Spanish
- Other (Please specify) _____

18. Middle Eastern (Select one option) [Answer this question only if answer to Q#13 is Middle Eastern]

- Arab
- Armenian
- Druze
- Jewish
- Kurdish
- Persian
- Turkish
- Other (Please specify) _____

19. Native American (Select one option) [Answer this question only if answer to Q#13 is Native American]

- Aboriginal
- American Indian
- First Nations
- Indigenous

20. Native Hawaiian or Other Pacific Islander (Select one option) [Answer this question only if answer to Q#13 is Native Hawaiian or other Pacific Islander]

- Chamorro or Guamanian
- Native Hawaiian
- Samoan
- Pacific Islander, Other (Please specify) _____

21. African (Select one option) [Answer this question only if answer to Q#13 is African]

- Northern African
- Western African
- Central African
- Eastern African
- Southern African
- Other (Please specify) _____

22. South Asian (Select one option) [Answer this question only if answer to Q#13 is South Asian]

- Afghani
- Bangladesh
- East Indian
- Indo American
- Nepali
- Pakistani
- Sri Lanka
- Other (Please specify) _____

23. South East Asian (Select one option) [Answer this question only if answer to Q#13 is South East Asian]

- Burmese
- Hmong
- Indonesian
- Malaysian

- Filipino
- Singaporean
- Thai
- Vietnamese
- Other (Please specify) _____

24. Biracial (please specify): [Answer this question only if answer to Q#13 is Biracial (please specify below)]

25. The language(s) I speak at home:

- Amharic
- Arabic
- Azari
- Cantonese
- Catalan
- Dari
- English
- Farsi
- French
- German
- Haitian Creole
- Hausa
- Hebrew
- Hindi
- Hungarian
- Italian
- Japanese
- Korean
- Maay Maay
- Mandarin
- Mayan
- Mende
- Native American Indigenous (please specify below)
- Pashtoo
- Polish
- Portuguese
- Russian
- Samoan
- Somali
- Spanish
- Swahili
- Tagalog
- Thai
- Tirgrinia
- Turkish
- Vietnamese
- Xhosa
- Yiddish
- Yoruba

Zulu

Native language or Other language: _____

26. Were you born in the USA? (Select one option)

Yes

No

27. I was born in: (Select one option) [Answer this question only if answer to Q#26 is No]

Eastern Africa

Northern or Central Africa

Southern Africa

Western Africa

Australia/Oceania

Caribbean

Central America

South America

Eastern Asia

West Central Asia and the Middle East

Southeast Asia

Southern Asia

Canada

China

Eastern Europe

Northern Europe

Southern Europe

Western Europe

Hong Kong

Mexico

United Kingdom

Other (Please specify) _____

[Answer this question only if answer to Q#26 is No]

28. How many years have you lived in the United States? If less than one year, please enter "0."

(a) years

29. What was the main source of payment for all of your maternity care services (doctor or midwife, lab tests, hospital bills, etc.)? (Select one option)

Medicaid or CHIP

Indian Health Services

TriCare/United Healthcare for Active Duty service members

Other government program

Private insurance

Paid for it myself/ourselves (out-of-pocket)

Not sure

Other (Please specify) _____

Were some of your maternity costs also paid by...?

30.

	Yes	No	Not Sure
(a) Medicaid (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Other government program (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Private insurance (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Paid for it myself/ourselves (out-of-pocket) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. What was the highest level of education you had completed at the beginning of YOUR MOST RECENT PREGNANCY? (Select one option)

- Primary school
- Some high school
- High school or equivalent (e.g., GED)
- Some college, but no degree
- Associate's degree
- College (e.g. B.A., B.S.)
- Some graduate school, but no degree
- Graduate degree (e.g. M.S., M.D., Ph.D.)
- Professional school (e.g. MD, JD)
- Other (Please specify) _____

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32. My partner/spouse identifies his/her ethnicity or race as....

Please check all that apply.

- Same as mine
- Not Applicable
- Alaska Native
- Black
- East Asian
- Latina or Hispanic
- Middle Eastern
- Native American
- Native Hawaiian or other Pacific Islander
- African
- South Asian
- South East Asian
- White / Caucasian
- Biracial (please specify below)
- Other Race/Ethnicity/Heritage (Please specify) _____

33. Black [Answer this question only if answer to Q#32 is Black]

- African American
- Black Asian
- Black Hispanic
- Black Multi-Racial
- Black Native-American
- Black Caribbean
- Black African
- Black, Other (Please specify) _____

34. White / Caucasian [Answer this question only if answer to Q#32 is White / Caucasian]

- European
- Jewish
- Other (Please specify) _____

35. East Asian [Answer this question only if answer to Q#32 is East Asian]

- Chinese
- Filipino
- Japanese
- Korean
- Taiwanese
- Vietnamese
- Asian, Other (Please specify) _____

36. Latina or Hispanic [Answer this question only if answer to Q#32 is Latina or Hispanic]

- Central American
- Cuban
- Mexican
- Puerto Rican
- South American
- Spanish
- Other (Please specify) _____

37. Middle Eastern [Answer this question only if answer to Q#32 is Middle Eastern]

- Arab
- Armenian
- Druze
- Jewish
- Kurdish
- Persian
- Turkish
- Other (Please specify) _____

38. Native American [Answer this question only if answer to Q#32 is Native American]

- Aboriginal
- American Indian
- First Nations
- Indigenous

39. Native Hawaiian or Other Pacific Islander (Select one option) [Answer this question only if answer to Q#32 is Native Hawaiian or other Pacific Islander]

- Chamorro or Guamanian
- Native Hawaiian
- Samoan
- Pacific Islander, Other (Please specify) _____

40. African [Answer this question only if answer to Q#32 is African]

- Northern African
- Western African
- Central African
- Eastern African
- Southern African
- Other (Please specify) _____

41. South Asian [Answer this question only if answer to Q#32 is South Asian]

- Afghani
- Bangladesh
- East Indian
- Indo American
- Nepali
- Pakistani
- Sri Lanka

42. South East Asian [Answer this question only if answer to Q#32 is South East Asian]

- Hmong
- Indonesian
- Malaysian
- Burmese
- Singaporean
- Thai
- Other (Please specify) _____

43. Biracial: [Answer this question only if answer to Q#32 is Biracial (please specify below)]

44. Did your partner/spouse meet your doctor or midwife during your pregnancy? (Select one option)

- Yes
- No
- Not applicable

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page9

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PREGNANCY

All of the following questions are about your **MOST RECENT** pregnancy or birth in the last 5 years.

If you are currently pregnant, please tell us about your most recent completed pregnancy.

45. In your most recent pregnancy, did you give birth to a single baby or more than one? (Select one option)

- Single baby
- Twins
- Triplets
- Other: _____

46. What was the date of your MOST RECENT birth?

___/___/___ [mm/dd/yyyy]

47. What was your home Zip Code during your most recent completed pregnancy?

48. What was your due date? If you are not sure, your best estimate will do.

___/___/___ [mm/dd/yyyy]

*** 49. Where did you PLAN to give birth? (Select one option)**

- Home
- Hospital
- Birth Center OUTSIDE a hospital
- Birth Center INSIDE a hospital

50. When did you decide to have your birth at home or in a birth center? If unsure, an estimate will do.

When I was ___ Months Pregnant (Select one option) [Answer this question only if answer to Q#49 is Home OR Birth Center OUTSIDE a hospital]

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Before I was pregnant
- While in labor

51. Did your planned place of birth change because of a pregnancy complication or labor BEFORE you were 37 weeks pregnant? (Select one option) [Answer this question only if answer to Q#49 is Home OR Birth Center OUTSIDE a hospital]

- Yes
- No

52. Where was your baby born?

(Please read ALL THE OPTIONS before selecting the BEST answer) (Select one option)

- Birth center INSIDE hospital
- Freestanding birth center, OUTSIDE hospital
- Home, planned in a home with midwife or physician present
- Home, unplanned, accidental, or en-route to the hospital
- Home, planned unassisted

- Hospital, planned hospital birth
- Hospital, transfer from planned home birth after labor started
- Hospital, transfer from freestanding birth center after labor started
- Other (Please specify) _____

53. In what State did you give birth? (Select one option)

- Alabama
- Alaska
- Arizona
- Arkansas
- Armed Forces Asia
- Armed Forces Europe
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas

- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico
- Other, please use the box below to tell us where
- If this is different from where you live, please tell us why. _____

54. Did you know about options for delivering in a birth center or at home with a midwife or doctor? (Select one option) [Answer this question only if answer to Q#49 is Hospital OR Birth Center INSIDE a hospital]

- Yes
- No

55. Which type of caregiver was most directly involved with giving you PRENATAL care? (Select one option)

- A Certified Nurse Midwife (CNM)
- A Certified Professional Midwife (CPM)
- A Certified Midwife (CM)
- A Licensed Midwife (LM)
- A midwife but I am not sure of what type
- An obstetrician-gynecologist (ob/gyn) doctor
- A family doctor
- A doctor but I am not sure of what type
- A nurse who is not a midwife
- A nurse Practitioner
- A physician assistant
- Not Sure
- None of the above

56. If you had no doctor or midwife for this pregnancy, please tell us your reasons: [Answer this question only if answer to Q#55 is None of the above]

57. If you changed your doctor or midwife during your pregnancy, please tell us why. (Check all that apply)

- Did not change my doctor or midwife
- Changed from midwife to doctor due to medical concerns.
- Changed to specialist doctor due to medical concerns.
- Change because I had a preference for a different type of provider.
- Changed because I wanted options for care that my first doctor or midwife did not offer.
- Change because of a preference for birth setting (home, birth center, hospital).
- Had to change provider due to limited maternity services in my community.
- Other (Please specify) _____

58. During this pregnancy I experienced:
(Please check all that apply)

- No health problems
- High blood pressure

- Problems with baby's growth
- Problems with baby's health, please specify
- Gestational diabetes
- Premature labor and birth
- Breech baby
- Other medical problem, please specify

59. Please explain [Answer this question only if answer to Q#58 is Problems with baby's health, please specify]

60. Please specify [Answer this question only if answer to Q#58 is Other medical problem, please specify]

61. Before your most recent pregnancy did you ever have a cesarean birth?
(Select one option)

- Yes
- No

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q8 is (No) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, labor, and birth, but NO questions about postpartum or newborn OR I would like to answer ALL questions about this pregnancy, labor, birth, postpartum and newborn))) THEN GO TO Page10

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PREGNANCY - All of the following questions are about your MOST RECENT pregnancy experience in the last 5 years

62. What was the date of your loss?

___/___/___ [mm/dd/yyyy]

63. What was your home Zip Code at the time of that pregnancy?

64. What was your due date? If you are not sure, your best estimate will do.

___/___/___ [mm/dd/yyyy]

*** 65. Where did you PLAN to give birth? (Select one option)**

- Home
- Hospital
- Birth Center OUTSIDE a hospital
- Birth Center INSIDE a hospital

66. What State were you living in when you were pregnant? (Select one option)

- Alabama
- Alaska
- Arizona
- Arkansas
- Armed Forces Asia

- Armed Forces Europe
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico
- Other, please use the box below to tell us where

midwife or doctor? (Select one option) [Answer this question only if answer to Q#65 is Hospital OR Birth Center INSIDE a hospital]

- Yes
- No

68. Which type of caregiver was most directly involved with giving you PRENATAL care? (Select one option)

- A Certified Nurse Midwife (CNM)
- A Certified Professional Midwife (CPM)
- A Certified Midwife (CM)
- A Licensed Midwife (LM)
- A midwife but I am not sure of what type
- An obstetrician-gynecologist (ob/gyn) doctor
- A family doctor
- A doctor but I am not sure of what type
- A nurse who is not a midwife
- A nurse Practitioner
- A physician assistant
- Not Sure
- None of the above

69. If you had no doctor or midwife for this pregnancy, please tell us your reasons: [Answer this question only if answer to Q#68 is None of the above]

70. During this pregnancy I experienced: (Please check all that apply)

- No health problems
- High blood pressure
- Problems with baby's growth
- Problems with baby's health
- Gestational diabetes
- Premature labor and birth
- Breech baby
- Other medical problem, please specify

71. Problems with baby's health, please specify [Answer this question only if answer to Q#70 is Problems with baby's health]

72. Other medical problem, please specify [Answer this question only if answer to Q#70 is Other medical problem, please specify]

73. Before your most recent pregnancy did you ever have a cesarean birth? (Select one option)

- Yes
- No

74. When I was choosing my prenatal care provider I considered what I learned from... (Please check all that apply)

- My/my partner's previous birth experiences
- My parent(s)
- My grandmother(s)
- My aunts/elders
- My sisters
- Friends
- Co-workers
- Online connections (websites, parenting forum members)
- Community Health Service
- My family doctor
- Books about pregnancy and birth
- My doula
- Other (please specify) _____

75. Finding a midwife or doctor who shared my heritage, race, ethnic or cultural background was important to me. (Select one option)

Strongly Agree 1	Agree 2	Neither 3	Disagree 4	Strongly Disagree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. I had difficulty locating a maternity care provider from my heritage, race, or culture. (Select one option) [Answer this question only if answer to Q#75 is Strongly Agree OR Agree]

- Yes
- No

77. Finding a midwife or doctor who speaks my language was important to me. (Select one option)

Strongly Agree 1	Agree 2	Neither 3	Disagree 4	Strongly Disagree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. I had difficulty locating a doctor or midwife who speaks my language. (Select one option) [Answer this question only if answer to Q#77 is Strongly Agree OR Agree]

- Yes
- No

79. The midwife or doctor who cared for me during my most recent pregnancy shared my race, culture, or heritage. (Select one option)

- yes
- no

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q49 is (Hospital OR Birth Center INSIDE a hospital) OR Q65 is (Hospital OR Birth Center INSIDE a hospital)) THEN GO TO Page14

80. I was easily able to find a DOCTOR to attend my birth at a home or birth

center: (Select one option)

- Yes
- No

81. I was easily able to find a MIDWIFE to attend my birth at a home or birth center. (Select one option)

- Yes
- No

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q80 is (Yes) AND Q81 is (Yes)) THEN GO TO [Page13](#)

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82. What made it hard to find a doctor or midwife to attend you where you wanted to give birth? (Please check all that apply) [Answer this question only if answer to Q#49 is Home OR Birth Center OUTSIDE a hospital]

- No obstetrician (pregnancy doctor) near my place of residence
- No midwife near my place of residence
- No doctor who attends births at home
- No midwife accepting new patients
- Midwives not legal
- Midwives only available in birth centers
- Midwives only available in the hospital
- No midwife who attends home birth near my residence
- Birth at home not covered by my insurance
- Birth center outside the hospital not covered by my insurance
- Did not know about the option before I gave birth
- Too costly

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Why did you choose a home or birth-center birth? When you were deciding, how important were the following factors?[Answer this question only if answer to Q#49 is Home OR Birth Center OUTSIDE a hospital]

83.	Not Important	Somewhat Important	Important	Very Important	N/A
(a) Safety (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My previous hospital birth experience (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My previous birth in a birth center (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) My previous home birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Witness to someone else's hospital birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Witness to someone else's home birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Witness to someone else's birth-center birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Information from social media (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Control over my childbirth experiences (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Experience with disrespectful care in the hospital (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(k) Ability to follow cultural traditions of my ancestors or people (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Allowed me to have a VBAC (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Avoid hospital policies and procedures (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) Confidence in my own body (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Comfortable, peaceful environment (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) Privacy (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) Dislike hospitals and doctors (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(r) Better for baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(s) Low intervention options for care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(t) Avoid having to fight for desired birthing experience (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(u) Avoid disturbance of my labor (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(v) Avoid cesarean section (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(w) Avoid car ride (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(x) Avoid time limits (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(y) My family or community has home births (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(z) Cost (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(aa) Avoid separation from my baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR CHOICES FOR PREGNANCY AND BIRTH CARE

For your maternity and newborn care, HOW IMPORTANT are the following options to you?

84.	Not Important	Somewhat Important	Important	Very Important	N/A
(a) Choice of birth place (home, birth center or hospital) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Having only one midwife or doctor care for me (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Having no more than 3 different maternity providers care for me (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I LEAD the decisions about my pregnancy, birth and baby care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Having my MIDWIFE or DOCTOR LEAD the decisions about my pregnancy, birth and baby care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Having support people of my choice present for labor and birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Having a provider who has expertise with natural methods for pain relief (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Having access to medicines for pain relief (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Knowing the midwife/doctor who will care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

me during birth (Select one option)					
(j) Not being separated from my baby after birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Having someone who will do newborn care/breastfeeding support at my home (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Having enough time to ask questions and discuss my options for care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Having a trusting relationship with my care provider (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) Having a doctor or midwife who respects my culture (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Having a doctor or midwife who is a good match for what I value and want for pregnancy and birth care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For any future births, how open would you be to giving birth...

85.						
	Definitely would not want this	Would consider this	Definitely would want this	I don't want to have any more biological children	Not sure	N/A
(a) In a birth center that is outside of a hospital (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) At home (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) In a hospital (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

86. I felt judged or criticized about where I chose to give birth by: (check all that apply)

- Nobody
- My partner or spouse
- My parents
- My sisters or brothers
- My grandparents, elders
- My in-laws
- My aunts
- My doctor
- My midwife
- Friends
- Work colleagues
- Members of my faith community
- The hospital staff
- Health care providers or hospital staff
- Community organizations
- The public
- Other (please specify) _____

Branching Instructions
 Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1
 IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page16

87. Who usually makes decisions about pregnancy, birth and infant care in your family? (For example: choice of care provider, types of prenatal tests, birth locations, etc.) (Select one option)

- I do
- My partner takes the lead
- My partner and I make the decision together
- My parents/elders lead the decisions
- My partner and I make the decisions together with our elders
- Other, please explain: _____

Please use the following questions to tell us about your discussions with your doctor or midwife about your options for care (for example: prenatal testing, starting your labor, medications, cesarean, place of birth, newborn care, etc.).

88. My answers in this section describe my conversations or experiences with a.... (Select one option)

- Family Doctor
- Obstetrician / OB-GYN doctor
- Midwife
- Not applicable, did not have a doctor or midwife (go to next page)

Please describe your experiences with decision making during your pregnancy, labor, and/or birth.

89.						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) My doctor or midwife asked me how involved in decision making I wanted to be (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My doctor or midwife told me that there are different options for my maternity care (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My doctor or midwife explained the advantages/disadvantages of the maternity care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) My doctor or midwife helped me understand all the information (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I was given enough time to thoroughly consider the different care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I was able to choose what I considered to be the best care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) My doctor or midwife respected my choices (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My doctor or midwife asked me what I wanted to do before these procedures were done. [Answer this question only if answer to Q#8 is No]

90.				
	Yes	No	Unsure	N/A
(a) Timing of cord clamping (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Giving Vitamin K to my baby either by mouth or as an injection (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Putting erythromycin ointment into my baby's eyes (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Immediate skin to skin with my baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Whether or not I had an injection before delivery of the placenta (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(f) Screening tests (genetic, bloodwork, ultrasounds) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Listening to the baby continuously (external or internal monitor) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Having doctor or midwife break my water bag before or during labor (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Cutting my vaginal opening when the baby was coming out (episiotomy) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. How well did your doctor or midwife explain different options for care during your labor and delivery? (Select one option)

I did not understand my options 1	I understood some explanations 2	I understood most explanations 3	I understood everything 4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall while making decisions about my pregnancy or birth care...

92.						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) I felt comfortable asking questions (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I felt comfortable declining care that was offered (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I felt comfortable accepting the options for care that my doctor or midwife recommended (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I felt pushed into accepting the options my doctor or midwife suggested (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I chose the care options that I received (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) My personal preferences were respected (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) My cultural preferences were respected (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) I felt that I had enough time during prenatal visits (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During my pregnancy I felt that I was treated poorly by my doctor or midwife BECAUSE of...

93.						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) My race, ethnicity, cultural background or language (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My sexual orientation and/or gender identity (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My type of health insurance or lack of insurance (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) A difference in opinion with my caregivers about the right care for myself or my baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During my pregnancy I held back from asking questions or discussing my concerns BECAUSE...

(c) My doctor or midwife explained the advantages/disadvantage of the maternity care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) My doctor or midwife helped me understand all the information (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I was given enough time to thoroughly consider the different care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I was able to choose what I considered to be the best care options (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) My doctor or midwife respected my choices (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My doctor or midwife asked me what I wanted to do before these procedures were done:

98.				
	Yes	No	Unsure	N/A
(a) Screening tests (genetic, bloodwork, ultrasounds) (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Natural, medicine, or surgical ways to end the pregnancy (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Having a support person present (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. How well did your doctor or midwife explain different options for care? (Select one option)

I did not understand my options 1	I understood some explanations 2	I understood most explanations 3	I understood everything 4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall while making decisions about my pregnancy...

100.						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) I felt comfortable asking questions (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I felt comfortable declining care that was offered (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I felt comfortable accepting the options for care that my doctor or midwife recommended (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I felt pushed into accepting the options my doctor or midwife suggested (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I chose the care options that I received (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) My personal preferences were respected (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) My cultural preferences were respected (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) I felt that I had enough time during prenatal visits (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During my pregnancy I felt that I was treated poorly by my doctor or midwife BECAUSE of...

101.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) My race, ethnicity, cultural background or language (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My sexual orientation and/or gender identity (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My type of health insurance or lack of insurance (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) A difference in opinion with my caregivers about the right care for myself or my baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During my pregnancy I held back from asking questions or discussing my concerns BECAUSE...

102.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(a) My doctor or midwife seemed rushed (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I wanted maternity care that differed from what my doctor or midwife recommended (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I thought my doctor or midwife might think I was being difficult (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I felt discriminated against (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I felt my doctor or midwife didn't value my opinion (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I felt my doctor or midwife didn't use language that I could understand (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page18

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RESPECTFUL MATERNITY CARE

Some women report that when they are pregnant or in labor they are treated poorly or with disrespect. We would like to know how common this problem is, so we would like to ask you about your own experiences with childbirth. Nothing you tell us will be linked to your name or identifying information. Some of these questions may be upsetting or stressful. You can skip any question you are not comfortable answering.

103. How would you rate the RESPECT the doctor or midwife showed you during your pregnancy, labor and/or birth? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Applicable

104. How would you rate how well your doctor or midwife preserved your DIGNITY during your labor and/or birth? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Applicable

105. How would you rate how well your doctor or midwife preserved your PRIVACY during your labor and/or birth? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Applicable

106. At any time during your recent labor or birth did you DECLINE care offered to you or your baby? ("Care" includes any test, treatment, medicine, etc. offered or recommended by a doctor, nurse or midwife.) (Select one option)

- Yes
- No
- Not Applicable

107. What did you decline? Please check all that apply. [Answer this question only if answer to Q#106 is Yes]

- Episiotomy
- Medications
- Prenatal testing
- Ultrasound
- Monitoring
- Induction
- Cesarean
- Forceps
- Other (Please specify) _____

108. Why did you decline? Please check all that apply. [Answer this question only if answer to Q#106 is Yes]

- I thought that it was not necessary
- I was tired
- They were rude when they asked
- Other (Please specify) _____

109. How did the doctor, midwife or nurse react? Please check all that apply. [Answer this question only if answer to Q#106 is Yes]

- They did the procedure against my will
- They alerted child protective services
- They accepted my decision

assumes that she is on welfare. (Select one option)						
(i) If a Latina woman is not a fluent English speaker white doctors and midwives treat her like she is not educated and not smart. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Officials listen more to white women than women of color. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) A white woman has more educational opportunities than a woman of color. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Pregnant women of color have fewer options for pregnancy and birth care. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) I felt my partner/family was not valued during my pregnancy experience. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) If a pregnant woman who is Native comes to a White doctor or midwife's office, the office staff assumes that she has a drug or alcohol problem. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) White doctors and midwives believe that most Asian women are too small to have easy births. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) In the US, Black babies are dying at higher rates because their mothers are poor and uneducated. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) Nurses in my community act the same way to pregnant White women and women of color. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. Overall during your life until now, how often have you worried that you might be treated or judged unfairly because of your race, heritage, or ethnic group? (Select one option)

- Always Often Sometimes Never

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q8 is (No) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, labor, and birth, but NO questions about postpartum or newborn OR I would like to answer ALL questions about this pregnancy, labor, birth, postpartum and newborn))) THEN GO TO Page19

page 18

RESPECTFUL MATERNITY CARE

Some women report that when they are pregnant they are treated poorly or with disrespect. We would like to know how common this problem is, so we would like to ask you about your own experiences. Nothing you tell us will be linked to your name or identifying information. Some of these questions may be upsetting or stressful. You can skip any question you are not comfortable answering.

114. How would you rate the RESPECT the doctor or midwife showed you during your pregnancy and loss? (Select one option)

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't Know

Not Applicable

115. How would you rate how well your doctor or midwife preserved your DIGNITY during your loss? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Applicable

116. How would you rate how well your doctor or midwife preserved your PRIVACY? (Select one option)

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't Know
- Not Applicable

117. At any time during your recent pregnancy did you DECLINE care offered to you? "Care" includes any test, treatment, medicine, etc. offered or recommended by a doctor, nurse or midwife. (Select one option)

- Yes
- No
- Not Applicable

118. What did you decline? [Answer this question only if answer to Q#117 is Yes]

119. Why did you decline? Please check all that apply. [Answer this question only if answer to Q#117 is Yes]

- I thought that it was not necessary
- I was tired
- They were rude when they asked
- Other (Please specify) _____

120. How did the doctor, midwife or nurse react? (Please check all that apply). [Answer this question only if answer to Q#117 is Yes]

- They did the procedure against my will
- They alerted child protective services
- They accepted my decision
- They kept asking me till I agreed
- They asked my midwife or doctor to convince me
- They tried to get my family to convince me
- Other (Please specify) _____

121. Did someone try to help you keep your wishes in this situation? (Please check all that apply). [Answer this question only if answer to Q#117 is Yes]

(k) A white woman has more educational opportunities than a woman of color. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Pregnant women of color have fewer options for pregnancy and birth care. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) I felt my partner/family was not valued during my pregnancy experience. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) If a pregnant woman who is Native comes to a White doctor or midwife's office, the office staff assumes that she has a drug or alcohol problem. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) White doctors and midwives believe that most Asian women are too small to have easy births. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) In the US, Black babies are dying at higher rates because their mothers are poor and uneducated. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) Nurses in my community act the same way to pregnant White women and women of color. (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

124. Overall during your life until now, how often have you worried that you might be treated or judged unfairly because of your race, heritage, or ethnic group? (Select one option)

- Always Often Sometimes Never

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page20

page 19

PRENATAL CARE

125. What month in your pregnancy did you first receive prenatal care? I was ___ Months Pregnant (Select one option)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

126. During my pregnancy..... (PLEASE CHOOSE) (Select one option)

- I always or almost always saw the same person for my prenatal care
- Two or three different people provided my prenatal care
- Four or more different people shared my prenatal care
- Not applicable, did not go to a doctor or midwife for prenatal care

127. Did you get your prenatal care by participating in a group prenatal

program? (each pregnancy group meets for several sessions throughout pregnancy and early postpartum to discuss their progress. The doctor or midwife, within the group space, completes the standard physical health check.) (Select one option)

- Yes
- No
- Don't know

128. The doctor or midwife who attended the birth of my baby was: (Select one option)

- The same doctor or midwife who cared for me in my pregnancy
- Someone I met briefly during my prenatal care
- Someone I did not meet until the time of labor and/or birth
- Some other person
- Not applicable

129. How much time did you usually have with your doctor or midwife at prenatal appointments? (Select one option)

- Less than 10 minutes
- 10 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- N/A

130. During this pregnancy, to your best recollection, how many times did you see your doctor or midwife before birth? (Select one option)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more
- Unsure
- N/A

131. Did you take any childbirth education classes during your recent pregnancy? (Select one option)

- Yes
- No

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q8 is (No) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, labor, and birth, but NO questions about postpartum or newborn OR I would

PRENATAL CARE

**132. What month in your pregnancy did you first receive prenatal care?
I was ___ Months Pregnant (Select one option)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

133. During my pregnancy..... (PLEASE CHOOSE) (Select one option)

- I always or almost always saw the same person for my prenatal care
- Two or three different people provided my prenatal care
- Four or more different people shared my prenatal care
- Not applicable, did not see a doctor or midwife for prenatal care

134. Did you get your prenatal care by participating in a group prenatal program? (each pregnancy group meets for several sessions throughout pregnancy and early postpartum to discuss their progress. The doctor or midwife, within the group space, completes the standard physical health check.) (Select one option)

- Yes
- No
- Don't know

135. The doctor or midwife who cared for me during my miscarriage or loss was: (Select one option)

- The same doctor or midwife who cared for me in my pregnancy
- Someone I met briefly during my prenatal care
- Someone I did not meet until the time of my loss
- Some other person
- Not applicable

136. How much time did you usually have with your doctor or midwife at prenatal appointments? (Select one option)

- Less than 10 minutes
- 10 to 15 minutes
- 16 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- N/A

137. During this pregnancy, to your best recollection, how many times did you see your doctor or midwife before the end of your pregnancy? (Select one option)

- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more
- Unsure
- N/A

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page22

page 21

LABOR AND BIRTH

138. What type of doctor or midwife was the person who was leading care during your labor and birth?

Please check one option only. (Select one option)

- A Certified Nurse Midwife (CNM)
- A Certified Professional Midwife (CPM)
- A Certified Midwife (CM)
- A Licensed Midwife (LM)
- An obstetrician-gynaecologist (ob/gyn) doctor
- A family doctor
- A doctor but I am not sure of what type
- A midwife but I am not sure of what type
- A nurse who is not a midwife
- A Nurse Practitioner
- A physician assistant
- Not Sure
- Not applicable, no doctor or midwife at my labor and/or birth

139. Was the doctor or midwife who was in charge of your birth care: (Select one option)

- Female
- Male
- Transgender
- Unsure
- Other (Please specify) _____

140. My most recent birth was a: (Select one option)

- Vaginal birth
- Vaginal birth with forceps or vacuum

- Caesarean birth

141. Did you plan a cesarean before labor? (Select one option) [Answer this question only if answer to Q#140 is Caesarean birth]

- Yes
 No

142. What was the reason for the cesarean? [Answer this question only if answer to Q#140 is Caesarean birth]

- There was no medical reason
 I had a cesarean in a previous pregnancy
 Labor was taking too long
 Baby was in the breech position
 The fetal monitor showed that the baby was having problems
 My doctor or midwife was worried that the baby was too big
 There was a problem with the placenta
 I had a health condition that led to a cesarean
 Baby was coming too early
 I was past my due date (see text box)
 My doctor or midwife tried to induce my labor, but it didn't work
 I was afraid to go into labor and have my baby vaginally
 Baby was having trouble fitting through
 I don't know
 Some other reason (Please specify) _____

143. By how many days? [Answer this question only if answer to Q#142 is I was past my due date (see text box)]

144. What was the main position you used while pushing your baby out and giving birth? (Select one option) [Answer this question only if answer to Q#140 is Vaginal birth OR Vaginal birth with forceps or vacuum]

- Lying on my back
 Lying on my side
 Squatting
 Standing
 Propped up (semi-sitting)
 On my hands and knees
 Some other position

145. Do you agree or disagree with the following statement?

"Giving birth is a process that should not be interfered with unless medically necessary."

(Select one option)

- Completely Disagree
 Strongly Disagree
 Somewhat Disagree
 Somewhat Agree
 Strongly Agree
 Completely Agree

146. Did you try to induce your own labor? That is, did you do anything to try to cause your labor to begin? (Select one option)

- Yes
 No

147. Did you use any of the following to induce your own labor? (Please check all that apply) [Answer this question only if answer to Q#146 is Yes]

- Acupuncture
 Castor Oil
 Reflexology
 Homeopathics
 Herbs
 Nipple Stimulation
 Sexual Intercourse
 Other (Please specify) _____

148. Did your doctor or midwife try to cause your labor to begin by the use of drugs or some other technique? (Select one option)

- Yes
 No
 I don't know

149. How did your midwife or doctor try to cause your labor to begin? Did they... (Please select all that apply). [Answer this question only if answer to Q#148 is Yes]

- Break your bag of waters with a small tool similar to a crochet hook to start your labor
 Insert a finger into your cervix to "sweep" or "strip" the membranes loose
 Give you Pitocin ("pit") or oxytocin through an intravenous ("IV") drip to start your labor
 Give you an oral medication
 Place medication (gel, pouch, or tablet) near your cervix
 Direct you to walk or do other exercise/movement
 Try to cause your labor to begin some other way (please specify)
 Nipple stimulation
 Not sure how

150. Why did your midwife or doctor try to cause your labor to begin? (Please select all that apply) [Answer this question only if answer to Q#148 is Yes]

- A doctor or midwife was worried about the size of the baby
 A doctor or midwife was concerned that I was "overdue"
 My water had broken and there was fear of infection
 A doctor or midwife was concerned that the amniotic fluid around the baby was low
 A doctor or midwife was concerned that baby was not doing well and needed to be born soon
 I had a health problem that required a quick delivery
 I wanted to get the pregnancy over with
 I wanted to control the timing for work or other personal issues
 I wanted to give birth with a specific doctor or midwife
 It was close to my due date
 Some other reason (Please specify) _____

151. Did the techniques or drugs used by your midwife or doctor actually start

your labor? (Select one option) [Answer this question only if answer to Q#148 is Yes]

- Yes
- No
- Not sure

152. Which of the following "drug-free" methods were used during labor to make you more comfortable and/or help you to progress? (Please select all that apply).

- Immersion in a tub or pool
- Shower
- Acupuncture
- Position changes and/or movement to relieve discomfort
- Use of large "birth balls" for support
- Herbs
- Homeopathy
- Nipple stimulation
- Chanting or song
- Prayer
- Application of hot or cold objects to my body
- Mental strategies (such as relaxation, visualization or hypnosis)
- Hands-on techniques (such as massage, stroking, reflexology or acupressure)
- Breathing techniques
- Some other method
- None

153. Which of the following medications were used at any time while you were giving birth to make you more comfortable? (Please select all that apply).

- Epidural or spinal/intrathecal (medication delivered into spinal column)
- Narcotics (such as Demerol or Stadol, medication by intravenous drip, spray in nose, or a shot)
- Nitrous oxide (gas breathed through a mask or mouthpiece while remaining conscious)
- Pudendal block or other local blocks (injections into the vagina or cervix before the birth)
- General anesthesia (no sensation, no consciousness)
- Used pain medications, but not sure what
- Other
- I did not use any pain medications during labor

154. AFTER your labor began, at any point were you given a medication to make your labor progress faster? (Select one option)

- Yes, pitocin (pit) or oxytocin by IV
- Yes, cytotec (misoprostol), usually oral or rectal
- Yes, I don't know what
- No

155. During labor and birth, some women get support from someone who is present to make them more comfortable and explain what is happening. Who, if anyone, gave you this type of support when you were in labor? (Please choose all that apply).

- My partner/husband
- Another family member
- My friend
-

- A doula or trained labor assistant
- A midwife
- A nurse
- A doctor
- I did not receive this type of support
- Other _____

156. Some women have a "doula," or a labor support specialist. This person usually stays with a woman throughout labor and birth to provide emotional support, comfort measures, and information.

Were you aware of this type of caregiver during your recent pregnancy? (Select one option) [Answer this question only if answer to Q#155 is NOT (A doula or trained labor assistant)]

- Yes, I had a clear understanding of this type of caregiver
- Yes, I had heard about this type of caregiver, but didn't have a clear understanding.
- No, I had never heard about this type of caregiver.

157. Would you like to have had the care of a doula when you recently gave birth? (Select one option) [Answer this question only if answer to Q#155 is NOT (A doula or trained labor assistant)]

- Yes
- No

158. As best you can remember, about HOW MANY HOURS was it from the time when you first had regular contractions until you delivered your baby? If you are not sure, your best estimate will do. (Select one option)

- N/A - I had a planned cesarean
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11-15
- 16-24
- 25-36
- 37-48
- 3 days
- more than 3 days
- I don't know

Did you feel pressure from any doctor or midwife to HAVE:

159. Specify Yes / No		
	Yes	No
(a) Medication to start labor (Select one option)	<input type="radio"/>	<input type="radio"/>
(b) An Epidural (Select one option)	<input type="radio"/>	<input type="radio"/>
(c) Continuous fetal monitoring (listen to baby's heart by wearing a belt or wire) (Select one option)	<input type="radio"/>	<input type="radio"/>
(d) Episiotomy (cut vaginal opening) (Select one option)	<input type="radio"/>	<input type="radio"/>

(e) Medicine for pain relief (Select one option)	<input type="radio"/>	<input type="radio"/>
(f) A Cesarean (Select one option)	<input type="radio"/>	<input type="radio"/>
(g) Medication to speed up labor (Select one option)	<input type="radio"/>	<input type="radio"/>

Note: Question 160 should be answered only if the answer to Question 159 is in Column 1

160. If yes, please tell us more about this experience:

(a) Medication to start labor

(b) An Epidural

(c) Continuous fetal monitoring (listen to baby's heart by wearing a belt or wire)

(d) Episiotomy (cut vaginal opening)

(e) Medicine for pain relief

(f) A Cesarean

(g) Medication to speed up labor

Did you feel pressure from any doctor or midwife to AVOID:

161. Specify Yes / No

	Yes	No
(a) Medication to start labor (Select one option)	<input type="radio"/>	<input type="radio"/>
(b) An Epidural (Select one option)	<input type="radio"/>	<input type="radio"/>
(c) Continuous fetal monitoring (listen to baby's heart by wearing a belt or wire) (Select one option)	<input type="radio"/>	<input type="radio"/>
(d) Episiotomy (cut vaginal opening) (Select one option)	<input type="radio"/>	<input type="radio"/>
(e) Medicine for pain relief (Select one option)	<input type="radio"/>	<input type="radio"/>
(f) A Cesarean (Select one option)	<input type="radio"/>	<input type="radio"/>
(g) Medication to speed up labor (Select one option)	<input type="radio"/>	<input type="radio"/>

Note: Question 162 should be answered only if the answer to Question 161 is in Column 1

162. If yes, please tell us more about this experience:

(a) Medication to start labor

(b) An Epidural

(c) Continuous fetal monitoring (listen to baby's heart by wearing a belt or wire)

(d) Episiotomy (cut vaginal opening)

(e) Medicine for pain relief

(f) A Cesarean

(g) Medication to speed up labor

HEALTH AND SAFETY

The next section asks some questions that might seem very personal. Remember that this survey does not collect names or any information that could identify you or your family. Only the researchers will have access to the information, and we will only report groups of answers, never one person's answers. You can share whatever you are comfortable sharing and the information might help to improve maternity care for others.

Based on what I or members of my community have experienced, I am worried about the following issues:

163.	Not Concerned	Somewhat Concerned	Very Concerned	Don't Know
(a) Our experiences of being pregnant, giving birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Safety at home (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Violence against my family or community members (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Violence inside my family (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Violence in my neighborhood (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Access to women's health services (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Peace of mind/stress/mental health (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) My children's health (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Access to safe housing (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Access to healthy food (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) Access to affordable housing (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

164. During your pregnancy, how often did you feel safe in your neighborhood? (Select one option)

- Every day of the week
- Most days of the week (>5 days or more)
- Some days of the week (3-5 days of the week)
- Not often (<3 days per week)
- Not at all

165. When you experience problems, what helps your family survive, succeed and thrive? (Please check all that apply)

- Immediate Family
- Extended Family
- Elders in my Community
- Friends
- Faith Community
- Work colleagues
- Resettlement agency

- Health clinics/healthcare providers
- Government agencies
- Neighborhood association
- Cultural group
- Sports clubs
- Others, specify: _____

166. At any point during your pregnancy or the year before your pregnancy did you experience...? (Please check all that apply)

- Inability to buy enough food
- Lack of health insurance
- Heat or electricity turned off
- Inability to meet financial obligations
- Inability to find work
- Involvement of Child and Family Services
- Housing instability
- Depression
- Smoking (tobacco)
- Problems with drug dependency
- Daily alcohol use
- Police violence, yourself or someone in your family
- Imprisonment, yourself or partner
- Intimate partner violence
- Not enough support from family or friends
- None of the above

During your recent pregnancy, did you feel you needed any of the following services?

167.		
	Yes	No
(a) Food stamps, WIC food vouchers, or money to buy food (Select one option)	<input type="radio"/>	<input type="radio"/>
(b) State health plan (Select one option)	<input type="radio"/>	<input type="radio"/>
(c) Assistance from Indian Health Services (Select one option)	<input type="radio"/>	<input type="radio"/>
(d) Temporary Assistance for Needy Families (TANF) (Select one option)	<input type="radio"/>	<input type="radio"/>
(e) Housing subsidies or assistance (Select one option)	<input type="radio"/>	<input type="radio"/>
(f) Drug/Alcohol treatment program (Select one option)	<input type="radio"/>	<input type="radio"/>
(g) Public child-care subsidies (Select one option)	<input type="radio"/>	<input type="radio"/>
(h) Treatment for depression (Select one option)	<input type="radio"/>	<input type="radio"/>
(i) Help to quit smoking (Select one option)	<input type="radio"/>	<input type="radio"/>
(j) Counseling for nutrition (Select one option)	<input type="radio"/>	<input type="radio"/>
(k) Counseling for mental health (Select one option)	<input type="radio"/>	<input type="radio"/>
(l) Safe house or shelter from abuse (Select one option)	<input type="radio"/>	<input type="radio"/>
(m) None of the above (Select one option)	<input type="radio"/>	<input type="radio"/>

During your care, did your doctor or midwife help you to get: (Please check all that apply)

168.		
	Yes	No
	<input type="radio"/>	<input type="radio"/>

(a) Food stamps, WIC food vouchers, or money to buy food (Select one option)	<input type="radio"/>	<input type="radio"/>
(b) State health plan (Select one option)	<input type="radio"/>	<input type="radio"/>
(c) Assistance from Indian Health Services (Select one option)	<input type="radio"/>	<input type="radio"/>
(d) Temporary Assistance for Needy Families (TANF) (Select one option)	<input type="radio"/>	<input type="radio"/>
(e) Housing subsidies or assistance (Select one option)	<input type="radio"/>	<input type="radio"/>
(f) Drug/Alcohol treatment program (Select one option)	<input type="radio"/>	<input type="radio"/>
(g) Public child-care subsidies (Select one option)	<input type="radio"/>	<input type="radio"/>
(h) Treatment for depression (Select one option)	<input type="radio"/>	<input type="radio"/>
(i) Help to quit smoking (Select one option)	<input type="radio"/>	<input type="radio"/>
(j) Counseling for nutrition (Select one option)	<input type="radio"/>	<input type="radio"/>
(k) Counseling for mental health (Select one option)	<input type="radio"/>	<input type="radio"/>
(l) Safe house or shelter from abuse (Select one option)	<input type="radio"/>	<input type="radio"/>
(m) None of the above (Select one option)	<input type="radio"/>	<input type="radio"/>

169. As best you can remember, what was your weight just before you became pregnant? If you are not sure, your best estimate will do. (Select one option)

- Not sure
- Decline to answer
- I was ____ pounds _____

170. How tall are you?

(a) Feet

(b) Inches

(c) Centimeters

171. Including yourself, how many people AGE 18 AND OLDER live in your household? If you live in more than one household, please answer for only one of the households. (Select one option)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 18
- 19
- 20

172. Including yourself, how many people YOUNGER THAN 18 live in your household? If you live in more than one household, please answer for only one of the households. (Select one option)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

173. Which of the following best describes your total household income before taxes last year? (Select one option)

- Under \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$69,999
- \$70,000 to \$99,999
- \$100,000 to \$119,999
- \$120,000 to \$139,999
- \$140,000 to \$159,999
- \$160,000 to \$179,999
- \$180,000 to \$199,999
- \$200,000 to \$219,999
- \$220,000 to \$239,999
- \$240,000 and over
- Decline to Answer

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Miscarriage or abortion) AND Q10 is (I would like to answer ALL questions about this pregnancy, including my experiences with care related to the miscarriage or abortion)) OR (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, but NO questions about labor, birth, postpartum or newborn)) THEN GO TO Page29

Rule 2

EXPERIENCE of TRANSFER TO HOSPITAL FROM HOME or BIRTH CENTER

174. I was transferred to the hospital: (Select one option)

- During my labor but before birth
- Within 6 hours after birth
- After 6 hours after birth

175. The way I or my baby got to the hospital when we were transferred was...? (Select one option)

- By car
- By ambulance
- By taxi
- By public transportation
- I walked
- Other (please specify) _____

176. When I transferred from home to the hospital I was accompanied by.... (Please select all that apply)

- Midwife
- My spouse/partner
- My doctor
- A student midwife
- My doula
- My friend
- Other family member
- Other (please specify) _____

177. The reason for my transfer to the hospital DURING LABOR BUT BEFORE BIRTH was... (Please select all that apply). [Answer this question only if answer to Q#174 is During my labor but before birth]

- Labor was too slow
- High blood pressure
- Baby was in wrong position
- I was too tired
- I wanted pain medicines
- I had a fever
- Meconium in the fluid
- Fetal heart problems
- Bleeding too much
- Water broken for too long
- I wanted to go to the hospital
- My house did not have heat or water
- Other (specify) _____

178. The reason for my transfer to the hospital WITHIN 6 HOURS AFTER THE BIRTH was: (Check all that apply) [Answer this question only if answer to Q#174 is Within 6 hours after birth]

- Too much bleeding in the first 6 hours after birth

- Vaginal tear needing stitching
- High blood pressure problems
- Placenta wouldn't come out
- Maternal infection signs or symptoms
- Baby wasn't breathing well
- Baby had an abnormal physical exam
- Other (Please specify) _____

At any point during the transfer or your stay at hospital, were you treated poorly BECAUSE OF....?

179.					
	Never	Sometimes	Usually	Always	N/A
(a) Your decision to have a home birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) A difference in opinion with your caregivers about the right care for yourself or your baby (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) A difference in opinion between your midwife and hospital staff (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After the midwife and I agreed on transfer to the hospital, my midwife...

180.				
	Yes	No	Not Sure	N/A
(a) ... helped me understand the reason for the transfer (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) ... notified the hospital of my incoming transfer (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) ... told the hospital the reason for my incoming transfer (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) ... explained how we would get to the hospital, and what would happen after we arrived (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) ... gave a verbal report to hospital staff after we arrived (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) ... gave the hospital staff a copy of my prenatal and labor record (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) ... stayed with me as part of the care team (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) ... was allowed to provide support only (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) ... was not allowed to stay with me (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the transfer and after my arrival at the hospital, the hospital provider and staff....

181.				
	Yes	No	Not Sure	N/A
(a) ... were sensitive to the emotional impact of my change in birth place (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) ... asked me to provide information about my labor or birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) ... communicated directly with my midwife to obtain additional clinical information (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) ... prioritized keeping my baby with me (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) ... allowed me to participate in decision-making (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) ... respected my values, my beliefs and preferences when discussing decisions (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) ... coordinated with my midwife to make a postpartum care plan (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) ... would not communicate with my midwife at any point (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

182.

	Yes	No	Not Sure	N/A
(a) My midwife cared for me after discharge from the hospital (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My midwife received my records from the hospital (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) My baby came home with me (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

183. I had an opportunity to provide my feedback about the experience of transfer... (Please check all that apply)

- With hospital staff prior to discharge from the hospital
- With my midwife prior to discharge from the hospital
- During a post-partum visit with my midwife
- Through a meeting with hospital staff and/or midwife after discharge
- An invitation to provide written feedback
- Other (Please specify) _____

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q45 is (Single baby OR Twins OR Triplets)) THEN GO TO Page24

Rule 2

IF ANSWER TO (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to ONLY answer questions about this pregnancy, labor, and birth, but NO questions about postpartum or newborn)) THEN GO TO Page29

page 24

NEWBORN 1 (If you had twins or triplets in your most recent pregnancy the system will ask these same questions for additional babies on the next pages)

184. How much did your baby weigh at birth? If you are not sure, your best estimate will do.

(a) pounds

(b) ounces

185. During the first hour after birth, my baby was mostly... (Select one option)

- In my arms or on my chest
- In my partner's or husband's arms
- With the midwife or staff for routine newborn care
- With the midwife or staff for special care
- Other
- Not sure

186. The first time you held your baby, were you "skin-to-skin" – that is, was your baby's naked body against your skin with no clothing, blanket or diaper between the two of you? (Select one option)

- Yes
- No

187. Was your baby healthy and doing well? (Select one option)

- Yes
- No

188. What kind of problems did your baby have? Please select all that apply [Answer this question only if answer to Q#187 is No]

- Breathing problems
- Digestive tract problems
- Jaundice
- Birth defect
- Low weight gain/ "failure to thrive"
- Dehydration
- Stillbirth
- Neonatal loss
- Born too early
- Congenital or genetic problem
- Decline to answer
- Other _____

189. How many weeks early? [Answer this question only if answer to Q#188 is Born too early]

190. At any time after your baby was born, was he or she put in intensive care unit (sometimes called "NICU")? (Select one option)

- Yes
- No
- Not sure
- N/A

191. For how many days was your baby in the NICU? (if you are not sure, your best guess will do) (Select one option) [Answer this question only if answer to Q#190 is Yes]

- 1 day or less
- 2-3 days
- 4 or more days
- I don't recall

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q45 is NOT (Twins AND Triplets)) THEN GO TO [Page27](#)

page 25

NEWBORN 2

192. How much did your baby weigh at birth? If you are not sure, your best estimate will do.

(a) pounds

(b) ounces

193. During the first hour after birth, my baby was mostly... (Select one option)

- In my arms or on my chest

- In my partner's or husband's arms
- With the midwife or staff for routine newborn care
- With the midwife or staff for special care
- Other
- Not sure

194. The first time you held your baby, were you "skin-to-skin" – that is, was your baby's naked body against your skin with no clothing, blanket or diaper between the two of you? (Select one option)

- Yes
- No

195. Was your baby healthy and doing well? (Select one option)

- Yes
- No

196. What kind of problems did your baby have? Please select all that apply

- Breathing problems
- Digestive tract problems
- Jaundice
- Birth defect
- Low weight gain/ "failure to thrive"
- Dehydration
- Stillbirth
- Neonatal loss
- Born too early
- Congenital or genetic problem
- Decline to answer
- Other _____

197. How many weeks early?

198. At any time after your baby was born, was he or she put in intensive care unit (sometimes called "NICU")? (Select one option)

- Yes
- No
- Not sure
- N/A

199. For how many days was your baby in the NICU? (if you are not sure, your best guess will do) (Select one option) [Answer this question only if answer to Q#198 is Yes]

- 1 day or less
- 2-3 days
- 4 or more days
- I don't recall

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

NEWBORN 3

200. How much did your baby weigh at birth? If you are not sure, your best estimate will do.

(a) pounds

(b) ounces

201. During the first hour after birth, my baby was mostly... (Select one option)

- In my arms or on my chest
- In my partner's or husband's arms
- With the midwife or staff for routine newborn care
- With the midwife or staff for special care
- Other
- Not sure

202. The first time you held your baby, were you "skin-to-skin" – that is, was your baby's naked body against your skin with no clothing, blanket or diaper between the two of you? (Select one option)

- Yes
- No

203. Was your baby healthy and doing well? (Select one option)

- Yes
- No

204. What kind of problems did your baby have? Please select all that apply

- Breathing problems
- Digestive tract problems
- Jaundice
- Birth defect
- Low weight gain/ "failure to thrive"
- Dehydration
- Stillbirth
- Neonatal loss
- Born too early
- Congenital or genetic problem
- Decline to answer
- Other _____

205. How many weeks early?

206. At any time after your baby was born, was he or she put in intensive care unit (sometimes called "NICU")? (Select one option)

- Yes
- No
- Not sure
- N/A

207. For how many days was your baby in the NICU? (if you are not sure, your best guess will do) (Select one option) [Answer this question only if answer to Q#206 is Yes]

- 1 day or less
- 2-3 days
- 4 or more days
- I don't recall

Branching Instructions

Follow the branching rules in the sequence given below. Jump to the page as specified in the branching rule if all the conditions specified in the rule are satisfied.

Rule 1

IF ANSWER TO (Q9 is (Stillbirth or newborn loss) AND Q11 is (I would like to answer ALL questions about this pregnancy, labor, birth, postpartum and newborn)) THEN GO TO Page28

page 27

FEEDING

208. As you came to the end of your pregnancy, how had you hoped to feed your baby? (Select one option)

- Breastfeeding only
- Formula only
- A combination of breastfeeding and formula
- N/A

209. Did your midwife or doctor...? Please select all that apply

- Help you get started breastfeeding
- Refer you to a lactation specialist
- Encourage to feed whenever your baby was interested (on demand)
- Provide formula or water to supplement your breast milk
- Give you any free formula samples, coupons or other offers
- Tell you about breastfeeding support resources in the community
- Give your baby a pacifier
- None of these
- N/A

210. One week after you gave birth, how were you feeding your baby? (Select one option)

- Breast milk only
- Formula only
- Both breast milk and formula
- N/A

[Answer this question only if answer to Q#210 is Breast milk only]

211. How long did you continue to feed your baby with breast milk ONLY? (If still breastfeeding exclusively put in your baby's age in months)

(a) Months

[Answer this question only if answer to Q#210 is Both breast milk and formula]

212. How long did you continue to feed your baby with SOME breast milk? (If still breastfeeding enter how many months until now)

(a) Months

page 28

POSTPARTUM

213. After birth, were you healthy and feeling well? (Select one option)

- Yes
- No (please tell us why not)
- N/A

214. Why Not? [Answer this question only if answer to Q#213 is No (please tell us why not)]

215. In the first two months after birth, how much did pain interfere with your routine activities? (Select one option)

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely
- N/A

216. Between the time you had your most recent baby and 8 weeks after your baby's birth, how many times did your midwife or doctor visit you at home? If you are not sure, your best estimate will do. If none, please enter "0."

(a) visits

217. Between the time you had your most recent baby and 8 weeks after your baby's birth, how many office visits did you have with your midwife or doctor? If you are not sure, your best estimate will do. If none, please enter "0."

(a) visits

During your postpartum visits in the first 8 weeks after birth, did any of your caregivers ask if you...

218.

	Yes	No	Decline to Answer
(a) Experienced physical or verbal abuse during pregnancy or since the birth (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Were experiencing feelings of depression (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Were experiencing symptoms of severe stress and/or anxiety (Select one option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

219. Since giving birth, have you seen a health care or mental health professional (for example your doctor, midwife, social worker, psychologist, or psychiatrist) with concerns about your emotional or mental well-being? (Select one option)

- Yes
- No
- Decline to answer

page 29

Please press SUBMIT at the bottom of this page to send your answers to the research team.

SATISFACTION WITH CARE

220. What was the best thing about the care you or your baby received during your recent pregnancy, labor and/or birth?

221. What was the worst thing about the care you received during your recent pregnancy and/or birth? Your name will never be linked to your response. Please enter your response below.

222. If you could change one thing about your birth experience what would that be?

223. If you found out that a close friend or family member was pregnant, what would be the most important advice you could give them?

224. May we quote your comments when we report our findings? (Please be assured, you would never be identified or identifiable in any quote used; for instance, we might change your State or leave out any details you mention that might identify you.) (Select one option)

- Yes
- No

225. Would you like to join a focus group or be willing for us to contact you so we could learn more about your experiences? If so, leave your contact information here:

(a) Email:

(b) Phone:

**PLEASE PRESS SUBMIT TO SAVE YOUR ANSWERS FOR
THE GIVING VOICE TO MOTHERS STUDY**