



Having a Baby in Queensland:  
**Your Story!**

Having a Baby in Queensland: Your Story!

When you complete the questionnaire...

- Please only think about the care you received before, during and after the birth of your new baby when answering questions
- For most questions, just tick clearly inside one box ☒ or write clearly on the line or in the box provided
- If you don't know the exact answer for some questions, your best estimate will do
- If you don't understand a question, or if you have a comment to make, please write in the margin. You can also write extra comments about the questions at the end of the survey
- Please answer honestly and try not to miss any questions
- Not all sections will apply to you. By following any instructions provided you will miss out questions that do not apply to you

If you have any questions about this survey or would prefer to complete it over the telephone, please call our freephone survey line on **1800 704 539**.

If you do not wish to participate, you can tick this box ☐ and return this blank survey to us. If you wish, you can write the reason here:

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**Tip:** If you have any concerns about yourself or your baby and want to talk to someone, please call:

- your family doctor
- 13 HEALTH telephone line (13 432 584)
- Lifeline counselling service (131 114)

## You and Your Baby

The first few questions are about you and your new baby.

**A1 Did you have a baby boy or girl?**

☐ <sub>1</sub> A boy

☐ <sub>2</sub> A girl

**A2 What did you call your baby? (Optional)**

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**A3 When was your baby born?**

Date:    /    /    Time:   :   am / pm (please circle)

**A4 How many weeks pregnant were you when your baby was born?**

weeks and  days

**A5 How much did your baby weigh at birth?**

grams **OR**   pounds and   ounces

The next few questions are about you.

**A6 In what town or suburb was your usual place of residence when your baby was born?**

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**A7 What is the postcode of this suburb or town?**

**A8 What is your date of birth?**

Date:    /    /    **OR** Age: \_\_\_\_\_

**A9 How tall are you without shoes on?**

cm **OR**  feet and   inches

**A10 Just before you became pregnant, how much did you weigh?**

kg **OR**   stones and   lbs **OR**  I don't want to say

## Your Pregnancy

**A11** Thinking about your youngest baby, how many weeks pregnant were you when you first realised you might be pregnant?

weeks

**A12** Were you 'trying for a baby' when you became pregnant?

<sub>1</sub> Yes

<sub>2</sub> No

<sub>3</sub> Don't know

**A13** Did you receive special medical help from a doctor or clinic to be able to become pregnant?

<sub>1</sub> Yes

<sub>2</sub> No

**A14** Which care provider did you go to (or were you visiting) when you first realised you might be pregnant?

<sub>1</sub> General Practitioner (GP) *Please go to A15*

<sub>2</sub> Midwife *Please go to A15*

<sub>3</sub> Other: \_\_\_\_\_ *Please go to A15*

<sub>4</sub> I did not go to a care provider in pregnancy *Please go to A26*

**A15** How many weeks pregnant were you when you first saw this care provider about your pregnancy?

weeks

**A16** In your opinion, was this...

<sub>1</sub> Too early?

<sub>2</sub> Too late?

<sub>3</sub> About the right time?

**A17** How many weeks pregnant were you when you had your 'booking' appointment? This is the first appointment at your planned place of birth.

weeks

**A18** In your opinion, was this...

<sub>1</sub> Too early?

<sub>2</sub> Too late?

<sub>3</sub> About the right time?

**Your Pregnancy Check-Ups**

**A19    How many check-ups did you have with each of these types of care providers during your pregnancy?**

*Please write a number on each line  
(or '0' if you didn't see this type of care provider at all)*

General practitioner (GP)	<input type="text"/>	<input type="text"/>
Midwife	<input type="text"/>	<input type="text"/>
Obstetrician	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>

**Tip:** A pregnancy check-up is an appointment with a doctor or midwife to check the progress of your pregnancy. This usually includes having your blood pressure and urine checked.

**A20    Did you see the same person for your check-ups each time?**

<input type="text"/>	1	Yes, every time
<input type="text"/>	2	Yes, some of the time
<input type="text"/>	3	No
<input type="text"/>	4	I only had one pregnancy check-up

**A21    Thinking back to how you felt during your pregnancy, please indicate how much you disagree or agree with the following:**

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I wanted to see the same person for my check-ups every time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A22    Thinking about the number of check-ups you had altogether, was this...**

<input type="text"/>	1	Too many?
<input type="text"/>	2	Too few?
<input type="text"/>	3	About the right number?

**A23    Roughly how long did you have to travel (one way), on average, for your check-ups?**

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	mins
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**A24    At a typical check-up, how long did you have to wait in a waiting room for your appointment?**

<input type="text"/>	<input type="text"/>	hrs	<b>AND/OR</b>	<input type="text"/>	<input type="text"/>	mins
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**A25    At a typical check-up, how long did you spend with your care provider?**

<input type="text"/>	<input type="text"/>	hrs	<b>AND/OR</b>	<input type="text"/>	<input type="text"/>	mins
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## Your Pregnancy Scans and Tests

These questions are about some of the scans and tests that you might have had during your pregnancy.

**A26** How many ultrasound scans did you have in total during your pregnancy?

*If you didn't have any ultrasound scans, please write '0'*

scans

**A27** Do you feel that you had a choice about whether to have ultrasound scan(s)?

<sub>1</sub> Yes, for all scans

<sub>2</sub> Yes, for some scans

<sub>3</sub> No

**Tip:** An ultrasound scan shows a picture of your baby in the womb on a screen

**A28** Were the reasons for having ultrasound scan(s) clearly explained to you?

<sub>1</sub> Yes, for all scans

<sub>2</sub> Yes, for some scans

<sub>3</sub> No

**A29** Did you have any blood tests or other tests (e.g. to 'screen' for things) during your pregnancy?

<sub>1</sub> Yes

<sub>2</sub> No

**A30** Do you feel that you had a choice about whether to have these test(s)?

<sub>1</sub> Yes, for all tests

<sub>2</sub> Yes, for some tests

<sub>3</sub> No

**A31** Were the reasons for having test(s) clearly explained to you?

<sub>1</sub> Yes, for all tests

<sub>2</sub> Yes, for some tests

<sub>3</sub> No

**Your Information and Support During Pregnancy**

**A32**     **During your pregnancy did you attend any classes to prepare you for your baby's birth?**

*Please tick all that apply*

- ☐ <sub>1</sub>
- Hospital antenatal classes
- 
- ☐ <sub>2</sub>
- Antenatal classes in a local clinic or community centre
- 
- ☐ <sub>3</sub>
- Antenatal classes that you paid for
- 
- ☐ <sub>4</sub>
- Other: \_\_\_\_\_
- 
- ☐ <sub>5</sub>
- I did not go to antenatal classes

**A33**     **Why?** \_\_\_\_\_  
\_\_\_\_\_

**A34**     **Thinking about the information you received during pregnancy, how much do you agree or disagree with the following statements?**

*Please tick one box for each line*

<b>I had enough information about...</b>	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
Being pregnant	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Being in labour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Giving birth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Caring for a new baby	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Feeding a new baby	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Caring for myself after having a baby	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**A35**     **What information were you given during pregnancy that you didn't need or want?**  
\_\_\_\_\_

**A36**     **What information did you need or want during pregnancy that you were not given?**  
\_\_\_\_\_

**A37**     **Were you ever given a copy of 'The Having A Baby in Queensland' book?**

- ☐ <sub>1</sub>
- Yes
- 
- ☐ <sub>2</sub>
- No
- 
- ☐ <sub>3</sub>
- Don't know

**Your Health and Wellbeing During Pregnancy**

A38

Before you went into labour or had your baby, how worried were you about the following things? Please tick one box for each line

	Very worried	Quite worried	Not very worried	Not at all worried	Did not apply to me
Not knowing when labour would start	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Getting to the hospital in time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having to be induced	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a long labour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pain and discomfort of labour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Not getting effective pain relief	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being embarrassed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a forceps or vacuum birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a caesarean	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My baby being too big	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My baby being too small	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a tear near my vagina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Losing bladder control after my birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having to leave my community to birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Not knowing how long labour would take	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

A39

What caused these worries?

A40

How did these worries affect your plans?

A41

During your pregnancy did you have the name and contact details of a care provider you could get in touch with at any time if you were worried?

☐ 1

 Yes

☐ 2

 No

A42

While you were pregnant, but before you went into labour (or before your labour was induced), did you stay in hospital overnight?

☐ 1

 Yes *Please go to A43*

☐ 2

 No *Please go to A45*

A43

How many nights in total?  nights

A44

Why? \_\_\_\_\_



**A45      How often in pregnancy did you experience each of the following?**

*Please tick one box for each line*

	Never	Rarely	Sometimes	Often
Repeated vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Nausea (feeling sick)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reflux or heartburn (indigestion)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Constipation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Haemorrhoids (piles)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Poor sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Incontinence (leaking urine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Back pain or backache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sciatica (pain down the back of your legs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hip or pelvic pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Headache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Dizziness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Palpitations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Shortness of breath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Tiredness or fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Changes in your short term memory	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Varicose veins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal bleeding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Urinary tract infection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Problems with your wrist or hand (carpal tunnel syndrome)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
High blood pressure (hypertension, pre-eclampsia)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Gestational diabetes (diabetes due to pregnancy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other: _____	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

**A46      Did any of the following happen to you or your baby during pregnancy?**

*Please tick the box even if you didn't find out until later.*

<input type="checkbox"/> 1	I had placenta praevia (placenta close to or covering my cervix)
<input type="checkbox"/> 2	My baby was breech (feet or bottom first)
<input type="checkbox"/> 3	My baby was posterior (my baby's spine against my spine)
<input type="checkbox"/> 4	There was a problem with my baby's cord
<input type="checkbox"/> 5	Other: _____

## Quality of Your Care During Pregnancy

### A47 Thinking about your care during your pregnancy, how much do you disagree or agree with the following statements?

Please tick one box on each line

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
My carers talked to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> talk to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers were open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>were not</u> open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers genuinely cared about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> genuinely care about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A48      Thinking again about the care you received during your pregnancy, how much do you disagree or agree with the following statements?**

<i>Please tick one box on each line</i>	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I wanted to be more involved in decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel supported	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt in control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
At times I didn't know what was happening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The care I received suited my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel comfortable asking questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt confident in the skills of my care provider(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I received conflicting information and advice from different care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**A49      Overall, how well were you looked after by your care provider(s) during pregnancy?**

*Please circle one number*

Very badly					Very well
1	2	3	4	5	

**A50      Overall, how would you describe your experience of being pregnant?**

*Please circle one number*

Very negative				Very positive
1	2	3	4	5

**A51      During pregnancy, was there anything that you needed in the way of care or support that you didn't have?**

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## Planning Your Labour and Birth

### B1 Early in your pregnancy, which of the following options could you choose for where to have your baby?

*Please tick all that apply*

- ☐ <sub>1</sub> Only one hospital
- ☐ <sub>2</sub> A choice of different hospitals
- ☐ <sub>3</sub> A birth centre attached to a hospital
- ☐ <sub>4</sub> Having my baby at home
- ☐ <sub>5</sub> Other: \_\_\_\_\_

### B2 Before labour, where did you plan to give birth to your baby?

- ☐ <sub>1</sub> In hospital
- ☐ <sub>2</sub> In a birth centre attached to a hospital
- ☐ <sub>3</sub> At home
- ☐ <sub>4</sub> Other: \_\_\_\_\_

### B3 Did you have your baby where you planned?

- ☐ <sub>1</sub> Yes *Please go to B5*
- ☐ <sub>2</sub> No *Please go to B4*

### B4 Why was this?

*Please tick all that apply*

- ☐ <sub>1</sub> Because of concern about my baby
- ☐ <sub>2</sub> Because I was ill or needed facilities available elsewhere
- ☐ <sub>3</sub> Because I was unable to make it to my planned birth place in time
- ☐ <sub>4</sub> Other: \_\_\_\_\_

### B5 Before labour, how did you want to give birth?

- ☐ <sub>1</sub> I wanted a vaginal birth
- ☐ <sub>2</sub> I wanted a caesarean birth
- ☐ <sub>3</sub> I did not have a preference
- ☐ <sub>4</sub> Don't know

**B6** Which of the following types of birth do you feel you could have chosen if you wanted to?

- ☐ <sub>1</sub> A vaginal birth only
- ☐ <sub>2</sub> A caesarean birth only
- ☐ <sub>3</sub> I could have chosen either a vaginal birth or a caesarean birth
- ☐ <sub>4</sub> Don't know

**B7** During your pregnancy, was any type of birth recommended by your care provider(s)?

- ☐ <sub>1</sub> A vaginal birth was recommended *Please go to B8*
- ☐ <sub>2</sub> A caesarean birth was recommended *Please go to B8*
- ☐ <sub>3</sub> Both a vaginal and caesarean birth were recommended *Please go to B8*
- ☐ <sub>4</sub> Nothing was recommended *Please go to B9*
- ☐ <sub>5</sub> Don't know *Please go to B9*

**B8** Why? \_\_\_\_\_

**B9** During your pregnancy, did a care provider recommend that you have an epidural for pain relief during labour and birth?

- ☐ <sub>1</sub> No *Please go to B11*
- ☐ <sub>2</sub> Yes *Please go to B10*

**B10** Why? \_\_\_\_\_

**B11** During your pregnancy, labour or birth, were you told by your care provider(s) that you were at 'higher risk' because of anything?

- ☐ <sub>1</sub> No *Please go to B13*
- ☐ <sub>2</sub> Yes *Please go to B12*

**B12** Why? \_\_\_\_\_

**B13** Could you choose whether your care provider(s) for labour and/or birth was/were male or female?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No, but I didn't want to
- ☐ <sub>3</sub> No, but I wanted to
- ☐ <sub>4</sub> Don't know

## Travelling to Have Your Baby

**B14 Did you travel from your home community to another city or town for your birth?**

☐<sub>1</sub> Yes, but I wanted to *Please go to B15*

☐<sub>2</sub> Yes, but I didn't want to *Please go to B15*

☐<sub>3</sub> No *Please go to B24*

**B15 Why?** \_\_\_\_\_

**B16 Roughly how long did you have to travel (one way) for your birth?**

hrs  mins

**B17 How did you travel?** *Please tick all that apply*

☐<sub>1</sub> By car

☐<sub>2</sub> By ambulance

☐<sub>3</sub> By plane

☐<sub>4</sub> Other: \_\_\_\_\_

**B18 How many weeks pregnant were you when you travelled to, and stayed, in the city or town where you gave birth?**

weeks

**B19 Where did you stay?**

☐<sub>1</sub> With family or friends

☐<sub>2</sub> In a hotel or motel

☐<sub>3</sub> In a hostel

☐<sub>4</sub> Other: \_\_\_\_\_

**B20 How long after your birth did you go back to your home community?**

months **OR**  weeks **OR**  days

**B21 Were your expenses covered by the Government (e.g. through the Patient Travel Subsidy Scheme)?**

☐<sub>1</sub> Yes, all of my expenses were covered

☐<sub>2</sub> Yes, some of my expenses were covered

☐<sub>3</sub> No, none of my expenses were covered

**B22 Overall, how was your experience of travelling to another city or town to give birth to your baby?**

☐<sub>1</sub> Positive

☐<sub>2</sub> Negative

☐<sub>3</sub> Mixed

**B23 Why?** \_\_\_\_\_

## The Start of Your Labour

### B24 How did your labour begin?

- ☐ 1 It started by itself naturally *Please go to B30*
- ☐ 2 It was 'started off' or induced *Please go to B25*
- ☐ 3 I didn't go into labour *Please go to B42*

### B25 Which of the following were used to induce your labour?

*Please tick all that apply*

- ☐ 1 I had a tablet, pessary or gel inserted into my vagina
- ☐ 2 My waters were broken (membranes ruptured) by a care provider
- ☐ 3 I had a hormone drip put into my hand or arm
- ☐ 4 I had a membrane sweep (a "stretch and sweep")
- ☐ 5 Other: \_\_\_\_\_

### B26 How many weeks pregnant were you when your labour was induced?

weeks  days

### B27 Why was your labour induced?

*Please tick all that apply*

- ☐ 1 My baby was 'overdue'
- ☐ 2 Regular contractions were starting and stopping
- ☐ 3 My care provider(s) were worried about my baby's health
- ☐ 4 My care provider(s) were worried about my health
- ☐ 5 I didn't want to wait any longer to have my baby
- ☐ 6 My care provider(s) were concerned about the size of my baby
- ☐ 7 It was hospital policy
- ☐ 8 My waters had broken and there was a fear of infection
- ☐ 9 I wanted to control the timing of my baby's birth
- ☐ 10 Other: \_\_\_\_\_
- ☐ 11 Don't know

### B28 Do you feel you had a choice about your labour being induced?

- ☐ 1 Yes
- ☐ 2 No

### B29 Do you feel you were adequately prepared for your labour being induced?

- ☐ 1 Yes
- ☐ 2 No

## Your Labour

**B30** Roughly how long did your labour last?

days   hours   minutes

**B31** Was anything done to speed up (or augment) your labour?

<sub>1</sub> No

<sub>2</sub> Yes, my waters were broken

<sub>3</sub> Yes, I was given a hormone drip

<sub>4</sub> Other: \_\_\_\_\_

**B32** Did you feel you could 'take your time' during your labour?

<sub>1</sub> Yes

<sub>2</sub> No

**B33** Why? \_\_\_\_\_

**B34** How many times did a care provider perform a vaginal examination during your labour?

times

**B35** Do you feel you had a choice in having vaginal examinations?

<sub>1</sub> Yes, for all examinations

<sub>2</sub> Yes, for some examinations

<sub>3</sub> No

**B36** During your labour, how was your baby monitored (checked)?

*Please tick all that apply*

<sub>1</sub> A hand held heart monitor was used now and then

<sub>2</sub> Staff listened with a stethoscope (or ear trumpet) now and then

<sub>3</sub> A monitor was used now and then, with a belt around my stomach

<sub>4</sub> A monitor was used constantly with a belt around my stomach

<sub>5</sub> A monitor was used constantly with a clip on my baby's head

<sub>6</sub> My baby was not monitored

<sub>7</sub> Don't know

<sub>8</sub> Other: \_\_\_\_\_

**B37** Do you feel you had a choice in whether/how your baby was monitored?

<sub>1</sub> Yes

<sub>2</sub> No



**B38 During your labour, were you able to move around and choose the position that made you most comfortable?**

- ☐ <sub>1</sub> Yes, most of the time
- ☐ <sub>2</sub> Yes, some of the time
- ☐ <sub>3</sub> No
- ☐ <sub>4</sub> I didn't want to move around

**B39 Could you choose whether you could be in a pool or bath during your labour?**

- ☐ <sub>1</sub> No, but I didn't want to be in a pool or bath
- ☐ <sub>2</sub> No, but I wanted to be in a pool or bath
- ☐ <sub>3</sub> Yes, but I didn't get in a pool or bath
- ☐ <sub>4</sub> Yes, and I got in a pool or bath

**B40 Did you have an emergency transfer after labour had started?**

- ☐ <sub>1</sub> Yes *Please go to B41*
- ☐ <sub>2</sub> No *Please go to B42*

**B41 Please give details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B42 How was your baby born?**

- ☐ <sub>1</sub> An unassisted vaginal birth (no forceps or vacuum) *Please go to B43*
- ☐ <sub>2</sub> A vaginal birth – assisted with forceps *Please go to B43*
- ☐ <sub>3</sub> A vaginal birth – assisted with a vacuum *Please go to B43*
- ☐ <sub>4</sub> A vaginal birth – assisted by forceps and a vacuum *Please go to B43*
- ☐ <sub>5</sub> A caesarean birth *Please go to B50*

**Tip:** Sometimes a midwife or doctor uses forceps (a metal instrument) or a vacuum (with a suction cap on the baby's head) during a vaginal birth to help the baby to be born.

## Your Vaginal Birth

**B43 During your birth, did you have an episiotomy (cut) to enlarge your vagina?**

☐ <sub>1</sub> Yes

☐ <sub>2</sub> No

**B44 During your birth, did you have a tear near the opening of your vagina (a perineal tear)?**

☐ <sub>1</sub> Yes, a first degree tear or a graze

☐ <sub>2</sub> Yes, a second degree tear

☐ <sub>3</sub> Yes, a third or fourth degree tear

☐ <sub>4</sub> Yes, but I don't know what type of tear

☐ <sub>5</sub> No, I didn't have a tear

**Tip:** There are different types of tears:

**1st degree:** where just flesh tears

**2nd degree:** when flesh and muscle tears

**3rd/4th degree:** when flesh and muscle tears, including your back passage

**B45 Where were you when your baby was born?**

☐ <sub>1</sub> On a bed

☐ <sub>2</sub> On the floor

☐ <sub>3</sub> In the shower

☐ <sub>4</sub> In water (a pool or bath)

☐ <sub>5</sub> Other: \_\_\_\_\_

**B46 Did you have the choice to have your baby in a pool or bath?**

☐ <sub>1</sub> Yes

☐ <sub>2</sub> No, but I didn't want to

☐ <sub>3</sub> No, but I wanted to

**B47 Is there anything else you would like to tell us about this?**

---

**B48 What position were you in when your baby was born?**

☐ <sub>1</sub> Standing, squatting or kneeling

☐ <sub>2</sub> Propped up or sitting

☐ <sub>3</sub> Lying on my side

☐ <sub>4</sub> Lying flat on my back

☐ <sub>5</sub> Other: \_\_\_\_\_

**B49 After your birth, did you have stitches near the opening of your vagina?**

☐ <sub>1</sub> Yes *Please go to B56*

☐ <sub>2</sub> No *Please go to B56*

## Your Caesarean Birth

### B50 Was your caesarean birth...

- ☐ <sub>1</sub> Scheduled in advance and carried out before you went into labour?
- ☐ <sub>2</sub> Scheduled in advance, but carried out after you had gone into labour?
- ☐ <sub>3</sub> Unplanned ('an emergency')?

### B51 Why did you have a caesarean birth?

*Please tick all that apply*

- ☐ <sub>1</sub> I had a caesarean before this pregnancy
- ☐ <sub>2</sub> I wanted my baby to be born in this way
- ☐ <sub>3</sub> My baby was 'distressed'
- ☐ <sub>4</sub> My labour had 'failed to progress'
- ☐ <sub>5</sub> It was recommended by my care provider
- ☐ <sub>6</sub> My baby wouldn't fit through my pelvis
- ☐ <sub>7</sub> My baby was breech (feet or bottom first)
- ☐ <sub>8</sub> Because of worries about my health
- ☐ <sub>9</sub> I was in premature labour
- ☐ <sub>10</sub> It was hospital policy
- ☐ <sub>11</sub> Other: \_\_\_\_\_
- ☐ <sub>12</sub> Don't know

### B52 How much notice did you have before your caesarean birth?

---

### B53 Were you happy with the amount of contact you had with your baby in the operating theatre?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

### B54 Do you feel you had a choice about having a caesarean birth?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

### B55 Do you feel you were adequately prepared for having a caesarean birth?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

Your Labour and Birth Experience

B56

Did any of the following happen to you or your baby during or after your labour or birth?

Please tick all that apply

1

I had a haemorrhage (significant blood loss)

2

I had meconium (baby poo) in my waters

3

My baby became distressed ('foetal distress')

4

My baby became stuck

5

There was a problem with my baby's cord

6

My baby had to be resuscitated (helped to breathe)

7

My placenta was retained (got stuck)

8

I had a 'physiological third stage'

9

I had an emergency transfer

10

I was admitted to intensive care

11

Other: \_\_\_\_\_

Tip: A physiological third stage is when you birth the placenta without an injection of hormones

B57

Which of the following, if any, did you find useful to relieve discomfort or pain during labour and/or birth?

Please tick one box for each line.

	Very helpful	Some what helpful	Not at all helpful	Did not use it
Breathing techniques	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Massage	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Changing positions	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
TENS machine (with pads on your back)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Water injection in your back	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Using a bath or birth pool	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Using a shower	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Using a birthing ball	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Gas (breathing through a mask)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Injection of pethidine or a similar painkiller	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Epidural or spinal (injection in your back)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Local anaesthetic to perineum (near your vagina)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
General anaesthetic (puts you to sleep)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
Other: _____	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

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**B58 Who was the first person to touch your baby while being born?**

- ☐ 1 Me
- ☐ 2 My partner, husband or companion
- ☐ 3 A midwife
- ☐ 4 An obstetrician
- ☐ 5 Someone else: \_\_\_\_\_

**B59 Did you have your partner, husband or a companion with you during your labour?**

- ☐ 1 Yes
- ☐ 2 Yes, but not as much as I wanted
- ☐ 3 No
- ☐ 4 I did not have any labour

**B60 Did you have your partner, husband or a companion with you during the birth of your baby?**

- ☐ 1 Yes
- ☐ 2 Yes, but not as much as I wanted
- ☐ 3 No

**B61 Were you happy with how much your partner, husband or companion could be involved during your birth?**

- ☐ 1 Yes
- ☐ 2 No

**B62 Were your support people (e.g. partner, husband, companion) made to feel welcome...**

*Please tick one box on each line*

During your labour? ☐ 1 Yes ☐ 2 No ☐ 3 I did not have any labour

During your birth? ☐ 1 Yes ☐ 2 No

After your birth? ☐ 1 Yes ☐ 2 No

Overnight? ☐ 1 Yes ☐ 2 No

**B63 Were you (and your support people) left alone by your care provider(s) at any time during labour or shortly after the birth?**

*Please tick all that apply*

- ☐ 1 Yes, during labour *Please go to B64*
- ☐ 2 Yes, after the birth *Please go to B64*
- ☐ 3 No, not at all *Please go to B65*

**B64 Was it worrying to be left alone at this time?**

*Please tick all that apply*

- ☐ 1 Yes, during labour
- ☐ 2 Yes, after the birth
- ☐ 3 No, not at all

**Your Care in Labour and Birth**

**B65      Altogether, how many people from each of these types of care providers cared for you during your labour and birth?**

*Please write a number on each line or tick 'don't know'*

Midwives	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Obstetricians	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
General practitioners (GPs)	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Nurses	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Anaesthetists	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Paediatricians	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Student midwives	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Student doctors	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know
Others: _____	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Don't know

**B66      Had you met these people before you went into labour?**

<input type="text"/>	Yes, all of them
<input type="text"/>	Yes, some of them
<input type="text"/>	No

**B67      Was there anyone in the room during your labour and birth who you didn't want there? If so, who?**

---

**B68      How much do you disagree or agree with the following statement?**

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I wanted to meet the people who cared for me during labour and birth before I went into labour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B69      Was there at least one maternity carer who cared for you right through your birthing experience (including labour)?**

<input type="text"/>	Yes
<input type="text"/>	No, but I would have liked that
<input type="text"/>	No, but it didn't matter

**B70 Did you meet the person who ‘delivered’ your baby early in your labour (even for a quick ‘hello’)?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No, but I would have liked to
- ☐ <sub>3</sub> No, but it didn't matter
- ☐ <sub>4</sub> I did not have any labour

**B71 We would like to know how you feel you were looked after during your labour and birth. Please circle any of the words below which describe the staff you saw during labour.** *Circle as many as you wish*

Rushed	Humorous	Insensitive	Kind
Considerate	Unhelpful	Supportive	Offhand
Rude	Warm	Inconsiderate	Polite
Sensitive	Bossy	Informative	Condescending

**B72 Do you feel the medical procedures during your birth were necessary?**

- ☐ <sub>1</sub> All of them
- ☐ <sub>2</sub> Most of them
- ☐ <sub>3</sub> Some of them
- ☐ <sub>4</sub> Not many of them
- ☐ <sub>5</sub> None of them
- ☐ <sub>6</sub> Does not apply to me (no medical procedures)

**B73 Please indicate how much you disagree or agree with the following:**

*Please tick one box on each line.*

Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree	Does not apply to me
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My care providers communicated well with each other about my care during labour and birth

<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

My care providers worked well as a team when providing my care during labour and birth

<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

**B74 Were there any aspects of the room for labour and birth that needed improvement?**

*Circle as many as you wish, or tick this box if there was nothing:* ☐

Temperature	Furnishings	Space	Privacy
Decoration	Security	Cleanliness	Lighting
Colour Scheme	Noise	‘Homeliness’	

## Quality of Your Care During Labour and Birth

These questions are about your feelings about the care you received during your labour and birth.

### B75 Thinking about your care during your labour and birth, how much do you disagree or agree with the following statements?

Please tick one box on each line

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
My carers talked to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> talk to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers were open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>were not</u> open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers genuinely cared about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> genuinely care about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**B76** Thinking again about your care during your labour and birth, how much do you disagree or agree with the following statements?

Please tick one box on each line

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I wanted to be more involved in decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel supported	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt in control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
At times I didn't know what was happening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The care I received suited my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel comfortable asking questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt confident in the skills of my care provider(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I received conflicting information and advice from different care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B77** Overall how well were you looked after by your care provider(s) during labour and birth?

Please circle one number.

Very badly					Very well
1	2	3	4	5	

**B78** Overall, how would you describe your experience of labour and birth?

Please circle one number.

Very negative				Very positive
1	2	3	4	5

**B79** During your labour and birth, was there anything that you needed in the way of care or support that you didn't have?

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## Your Place of Birth

**B80** In which city or town did you have your baby?

---

**B81** Where was your baby born?

- ☐ <sub>1</sub> In hospital *Please go to B82*
- ☐ <sub>2</sub> In a birth centre attached to a hospital *Please go to B82*
- ☐ <sub>3</sub> At home *Please go to B85*
- ☐ <sub>4</sub> Other: \_\_\_\_\_ *Please go to B82*

**B82** Please write the name of the hospital or birth centre where you had your baby:

---

**B83** Did you have your baby in a private or public facility?

- ☐ <sub>1</sub> Public hospital or public birth centre
- ☐ <sub>2</sub> Private hospital or private birth centre
- ☐ <sub>3</sub> Don't know

**B84** Would you recommend this hospital or birth centre to a friend?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

**B85** Did you have a private practice obstetrician or private practice midwife who you chose?

- ☐ <sub>1</sub> Yes *Please go to B86*
- ☐ <sub>2</sub> No *Please go to B88*

**B86** Please write the name of your obstetrician or midwife:

---

**B87** Would you recommend this obstetrician or midwife to a friend?

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

**B88** Were you a private patient or a public patient when you gave birth to your baby?

- ☐ <sub>1</sub> Public patient
- ☐ <sub>2</sub> Private patient
- ☐ <sub>3</sub> Don't know

# Feeling tired?

This is a good  
place to take  
a quick break!

## You and Your Baby After Birth

**C1** How soon after birth did you first hold your baby?

mins **OR**  hours **OR**  days

**C2** In your opinion, was this ...

<sub>1</sub> Too soon?

<sub>2</sub> Too late?

<sub>3</sub> About the right time?

**C3** The first time you held your baby, was your baby's skin against your skin (that is, not wrapped, dressed or in a nappy and straight on your skin)?

<sub>1</sub> Yes

<sub>2</sub> No

**C4** How long did you hold your baby for at this time?

hours **AND/OR**  mins

**C5** After you had your baby, was your baby in the same room as you...

<sub>1</sub> All of the time?

<sub>2</sub> Most of the time?

<sub>3</sub> Some of the time?

<sub>3</sub> Never?

**C6** In your opinion, was this amount of time ...

<sub>1</sub> Too little?

<sub>2</sub> Too much?

<sub>3</sub> About right?

**C7      How much do you disagree or agree with the following statements about your recovery after birth?**

<i>Please tick one box on each line</i>	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I experienced unpleasant side effects after my birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The pain I experienced after my birth was manageable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I could move around as freely as I would have liked to after my birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I could care for my baby (e.g. feed my baby, pick up my baby) as much as I wanted to after my birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I was happy with the support I received from my care provider(s) while recovering from my birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**C8      Did you have the opportunity to talk about your birth experience and your feelings with a care provider after your birth?**

<input type="checkbox"/> 1	Yes
<input type="checkbox"/> 2	No, but I would have liked to
<input type="checkbox"/> 3	No, but it didn't matter

**C9      Altogether, how long did you stay in the hospital or birth centre where your baby was born?**

<input type="checkbox"/>	<input type="checkbox"/>	nights	<i>Please go to C10</i>
<input type="checkbox"/>	<input type="checkbox"/>	hours	<i>Please go to C10</i>
<input type="checkbox"/>		I had my baby at home	<i>Please go to C16</i>

**C10      In your opinion, was this length of time...**

<input type="checkbox"/> 1	Too long?
<input type="checkbox"/> 2	Too short?
<input type="checkbox"/> 3	About the right length of time?

**Your Stay in the Hospital or Birth Centre**

**C11**     **Altogether, how many people from each of these types of care providers cared for you during your stay in the hospital or birth centre after birth?**

*Please write a number on each line or tick 'don't know'*

Midwives	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Obstetricians	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
General practitioners (GPs)	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Nurses	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Anaesthetists	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Paediatricians	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Student midwives	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Student doctors	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know
Others: _____	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/>	Don't know

**C12**     **Had you met these people before or during your birth?**

☐ <sub>1</sub>    Yes, all of them

☐ <sub>2</sub>    Yes, some of them

☐ <sub>3</sub>    No

**C13**     **Did you see the person who ‘delivered’ your baby again during your stay in the hospital or birth centre (even for a quick ‘hello’)?**

☐ <sub>1</sub>    Yes

☐ <sub>2</sub>    No, but I would have liked to

☐ <sub>3</sub>    No, but it didn't matter

**C14**     **Thinking about how often a care provider came and ‘checked’ on you during your stay in the hospital or birth centre, was this...**

☐ <sub>1</sub>    Not often enough?

☐ <sub>2</sub>    Too often?

☐ <sub>3</sub>    About right?

**C15**     **Were there any aspects of the post-birth environment in the hospital or birth centre that needed improvement?**

Circle as many as you wish, or tick this box if there was nothing: ☐

Temperature	Furnishings	Space	Privacy
Decoration	Security	Cleanliness	Lighting
Colour Scheme	Noise	‘Homeliness’	Food

**Your Care at Home**

**C16     In the first 10 days of being at home with your baby, did any of the following happen?**

*Please tick all that apply*

- ☐ <sub>1</sub> I was telephoned by a midwife or nurse
- ☐ <sub>2</sub> I was visited at home by a midwife or nurse
- ☐ <sub>3</sub> I visited a midwife or nurse (e.g., at a community health centre)
- ☐ <sub>4</sub> I visited a general practitioner (GP)
- ☐ <sub>5</sub> None of the above
- ☐ <sub>6</sub> My baby hasn't come home yet

**C17     If you did not have contact with a midwife or nurse in the first 10 days, would you have liked to?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No
- ☐ <sub>3</sub> Does not apply to me (I had contact with a midwife or nurse)

**C18     Altogether, how many times since going home (or having your baby at home) have you...**

*Please write a number on each line (or '0' if this hasn't happened)*

- Been telephoned by a health care provider?
- Been visited at home by a health care provider?
- Visited a health care provider?

**C19     Thinking about the amount of contact you had with care providers since having your baby, was this...**

- ☐ <sub>1</sub> Too little?
- ☐ <sub>2</sub> Too much?
- ☐ <sub>3</sub> About right?

**C20     When you were at home after the birth of your baby, did you have the name and contact details of a care provider you could get in touch with at any time if you were worried?**

- ☐ <sub>1</sub> Yes
- ☐ <sub>2</sub> No

## Quality of Your Care After Having Your Baby

These questions are about your feelings about the care you received after having your baby, both while in the hospital or birth centre (if that applies to you) and at home.

**C21** Thinking about your care after having your baby (both while in the hospital or birth centre and at home), how much do you disagree or agree with the following statements?

Please tick one box on each line

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
My carers talked to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> talk to me in a way I could understand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me with kindness and understanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers treated me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> treat me as an individual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers were open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>were not</u> open and honest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers respected my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> respect my decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My carers genuinely cared about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
One or more of my carers <u>did not</u> genuinely care about my wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**C22      Thinking again about your care after having your baby, how much do you disagree or agree with the following statements?**

<i>Please tick one box on each line</i>	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I wanted to be more involved in decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel supported	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt in control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
At times I didn't know what was happening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The care I received suited my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I did not feel comfortable asking questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I felt confident in the skills of my care provider(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I received conflicting information and advice from different care providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**C23      Overall, how well were you looked after by your care provider(s) after having your baby?**

*Please circle one number*

Very badly					Very well
1	2	3	4	5	

**C24      Overall, how would you describe your experience since having your baby?**

*Please circle one number.*

Very negative				Very positive
1	2	3	4	5

**C25      Was there anything that you needed in the way of care or support since having your baby that you didn't have?**

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Feeding Your Baby

C26 What things were most important for you in deciding how to feed your baby?

C27 Has your baby ever been fed any breastmilk?

1

Yes

Please go to C28

2

No

Please go to C30

**Tip:** This includes being fed colostrum before your breastmilk came in, or having even one mouthful of breastmilk

C28 Since this time yesterday, has your baby been fed any breastmilk?

1

Yes

Please go to C30

2

No

Please go to C29

C29 How old was your baby when he or she was last fed breastmilk?

days

OR

weeks

C30 How old was your baby when he or she was fed each of the following things for the first time?

If your baby was fed something in the first 24 hours, please write '1' day

	Never	Baby's Age
Breastmilk	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Infant formula	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Vitamins, mineral supplements or medicine	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Plain water (by itself)	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Sweetened or flavoured water	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Fruit juice	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Tea or infusion	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Tinned, powdered or fresh milk	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Solid or semi-solid food	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Oral hydration products (e.g. gastrolyte)	<div></div>	<div></div> days <b>OR</b> <div></div> <div></div> weeks
Other: _____		<div></div> days <b>OR</b> <div></div> <div></div> weeks

Information And Support Since Having Your Baby

C31 Thinking about the information you received from any source after having your baby, how much do you disagree or agree with the following statements?

Please tick one box on each line

I had enough information about...	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
Caring for a new baby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Feeding a new baby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Caring for myself after having a baby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C32 What information were you given after having your baby that you didn't need or want?

\_\_\_\_\_

\_\_\_\_\_

C33 What information did you need or want after having your baby that you were not given?

\_\_\_\_\_

\_\_\_\_\_

C34 When you first had your new baby at home, how confident did you feel about looking after him or her?

<input type="checkbox"/> 1	Extremely confident
<input type="checkbox"/> 2	Fairly confident
<input type="checkbox"/> 3	Confident
<input type="checkbox"/> 4	Not very confident
<input type="checkbox"/> 5	Not at all confident
<input type="checkbox"/> 6	My baby hasn't come home yet

**Tip:** If you have any concerns about yourself or your baby and want to talk to someone, please call:

- your family doctor
- 13 HEALTH telephone line (13 432 584)
- Lifeline counselling service (131 114)

**Your Health After Birth And Your Baby's Health**

C35

How often have you experienced each of the following since having your baby?

Please tick one box for each line

	Never	Rarely	Sometimes	Often
The 'baby blues'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Painful stitches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Breastfeeding problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Wound infection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Incontinence (leaking urine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Tiredness or fatigue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Back pain or backache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulties or pain during intercourse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Poor sleep (not related to your baby)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
'Flash-backs' to your labour or birth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Haemorrhoids (piles)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Varicose veins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

C36

Overall, how did you feel physically during the first few days after your baby was born?

Please circle one number

Not at all well

12345

Very well

C37

Overall, how have you felt physically during the last few days?

Please circle one number

Very negative

12345

Very positive

C38

Have you stayed in hospital overnight since you first came home (or since you had your baby at home)?

☐ 1 Yes *Please go to C39*

☐ 2 No *Please go to C41*

C39

How many nights in total?

nights

C40

Why? \_\_\_\_\_

**C41** Have you had a check-up of your own health since having your baby?

- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No, but I wanted one
- ☐<sub>3</sub> No, but I didn't want one

**C42** Overall, how well was your baby in the first few days after being born?

*Please circle one number*

Not at all well Very well

1 2 3 4 5

**C43** Was your baby ever cared for in a neonatal unit (e.g. special care nursery or neonatal intensive care unit)?

- ☐<sub>1</sub> Yes *Please go to C44*
- ☐<sub>2</sub> No *Please go to C46*

**C44** For how long was your baby in neonatal care in total?

- ☐<sub>1</sub> ☐<sub>2</sub> hours
- ☐<sub>1</sub> ☐<sub>2</sub> days
- ☐<sub>1</sub> ☐<sub>2</sub> weeks
- ☐<sub>1</sub> My baby is still in the neonatal unit

**C45** Why?

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**C46** Has your baby stayed in hospital overnight since being born?

*Please don't count the nights in hospital before your baby was first at home.*

- ☐<sub>1</sub> Yes *Please go to C47*
- ☐<sub>2</sub> No *Please go to C49*

**C47** How many nights in total?

☐<sub>1</sub> ☐<sub>2</sub> nights

**C48** Why?

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**C49** Overall, how well has your baby been during the last few days?

*Please circle one number*

Not at all well Very well

1 2 3 4 5

## Your Pregnancy And Birth History

**D1 Are you currently pregnant?**

☐ <sub>1</sub> Yes

☐ <sub>2</sub> No

**D2 Altogether in your life, how many times in total have you been pregnant?**

*This includes when you didn't give birth to a baby*

☐ Once *Please go to D10*

☐ ☐ times *Please go to D3*

**D3 Including the birth of your new baby, how many births have you had?**

*If you had twins or more, please count this as one birth*

☐ One birth *Please go to D10*

☐ ☐ births *Please go to D4*

**D4 Including your new baby, how many children do you have?**

☐ ☐ children

**D5 Please list the ages of your children:**

**D6 Altogether, how many times have you had a caesarean birth? Please include your most recent birth if this was a caesarean. Write '0' if none**

☐ ☐ caesarean births

**D7 Before this baby, did you have problems or complications in previous pregnancies, labours or births?**

☐ <sub>1</sub> Yes *Please go to D8*

☐ <sub>2</sub> No *Please go to D9*

**D8 Please describe:**

**D9 Is there anything else you would like to add about your previous pregnancies, labours or births?**

**D10**      **Thinking about all your pregnancies, which sources of information about pregnancy, labour, birth and after birth have you found useful?**

*Please tick one box for each line.*

	Very helpful	Some what helpful	Not at all helpful	Did not use it
My previous experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
'Having A Baby in Queensland' book	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
'Having A Baby in Queensland' website	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other websites	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Family or friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Antenatal classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
General practitioner (GP)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Midwife	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Obstetrician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Child health nurse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 HEALTH phone line	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

**D11**      **What improvements can you suggest to what, or how, information is given to women about pregnancy, labour, birth and after birth?**

**Tip:** If you have any concerns about yourself or your baby and want to talk to someone, please call:

- your family doctor
- 13 HEALTH telephone line (13 432 584)
- Lifeline counselling service (131 114)

## About You

**D12 In what country were you born?**

☐ 1

Australia

☐ 2

Other country: \_\_\_\_\_

**D13 Do you identify with any cultural group or ethnicity?**

☐ 1

No

☐ 2

Yes, please provide details: \_\_\_\_\_

**D14 What language(s) do you speak at home?** *Please tick all that apply*

☐ 1

English

☐ 2

Other: \_\_\_\_\_

**D15 Which of the following best describes you?**

☐ 1

Aboriginal but not Torres Strait Islander

☐ 2

Torres Strait Islander but not Aboriginal

☐ 3

Both Aboriginal and Torres Strait Islander

☐ 4

Neither Aboriginal or Torres Strait Islander

**D16 What is your current relationship status?**

☐ 1

Never married

☐ 2

Married

☐ 3

De facto

☐ 4

Separated

☐ 5

Divorced

☐ 6

Widowed

**D17 What is the highest level of schooling you have completed?**

☐ 1

Still at school

☐ 2

Year 8 or below

☐ 3

Year 9 or equivalent

☐ 4

Year 10 or equivalent

☐ 5

Year 11 or equivalent

☐ 6

Year 12 or equivalent

☐ 7

Did not go to school



**D18 Have you completed any trade certificates or other educational qualifications?**

- ☐ <sub>1</sub> Trade certificate
- ☐ <sub>2</sub> Bachelor degree
- ☐ <sub>3</sub> Associate diploma
- ☐ <sub>4</sub> Certificate 2
- ☐ <sub>5</sub> Advanced diploma
- ☐ <sub>6</sub> Other: \_\_\_\_\_
- ☐ <sub>7</sub> No extra qualifications

**D19 Which of the following best describes your main work status right now?**

- ☐ <sub>1</sub> On paid maternity leave from full-time work
- ☐ <sub>2</sub> On paid maternity leave from part-time work
- ☐ <sub>3</sub> On unpaid maternity leave from full-time work
- ☐ <sub>4</sub> On unpaid maternity leave from part time or casual work
- ☐ <sub>5</sub> Full time paid work
- ☐ <sub>6</sub> Part time or casual paid work
- ☐ <sub>7</sub> Full time unpaid work (e.g., home duties) or study
- ☐ <sub>8</sub> Part time unpaid work or study
- ☐ <sub>9</sub> Unemployed and looking for work
- ☐ <sub>10</sub> Unemployed and not looking for work
- ☐ <sub>11</sub> Other: \_\_\_\_\_

**D20 Do you have internet access when you want it?** *Please tick all that apply*

- ☐ <sub>1</sub> Yes, at home
- ☐ <sub>2</sub> Yes, at work
- ☐ <sub>3</sub> Yes, other: \_\_\_\_\_
- ☐ <sub>4</sub> No

**D21 Do you have...**

- ☐ <sub>1</sub> A mobile phone?
- ☐ <sub>2</sub> A home phone?
- ☐ <sub>3</sub> Both a mobile phone and a home phone?
- ☐ <sub>4</sub> Neither a mobile or a home phone?

**D22**      What is your best estimate of the total costs you have had to pay out of your own pocket (including the bills you have paid and those you still owe) for your pregnancy, birth and after birth care?

\$

**Have We Forgotten Anything?**

**D23**      Is there anything else you would like to tell us about having your baby?

About This Survey

D24 What did you think about the length of this survey?

- ☐1 About right *Please go to D26*
- ☐2 Too short *Please go to D26*
- ☐3 Too long *Please go to D25*

D25 What do you think we should remove?

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D26 What did you think about the timing of this survey?

- ☐1 About right *Please go to D28*
- ☐2 Too soon after my baby was born *Please go to D27*
- ☐3 Too long after my baby was born *Please go to D27*

D27 When would be a better time to send this survey?

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D28 Did this survey ask questions that were important to you?

- ☐1 Yes, a lot
- ☐2 Yes, a little
- ☐3 No, not really
- ☐4 No, not at all

D29 How could this survey be improved?

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### May we contact you again?

Would you be willing for the Queensland Centre for Mothers and Babies to invite you to participate in further studies on pregnancy, birth or having a new baby? You can still decide not to take part at the time if we contact you.

If you are willing to be contacted, please tick this box ☐ and provide your contact details below.

We will not give this information to any other person or organisation and this page will be removed from this booklet.

Please print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

If you have provided an email address, would you like to be added to the mailing list for our e-newsletter?

☐ No, thank you

☐ Yes, please

**Tip:** We will detach this page from your booklet so your answers remain anonymous.

OFFICE USE ONLY







# Thank you!

Please use the reply paid envelope provided to send this back to us. You do not need a stamp.

If you have mislaid the envelope, please put this survey in an envelope and send to the address below (you don't need a stamp).

Queensland Centre for Mothers and Babies (692)  
The University of Queensland  
Reply Paid 6469  
St Lucia QLD 4067

Thanks again for your time and effort in completing this survey.

We wish you and your baby all the very best!

From the Queensland Centre for Mothers and Babies

