



Queensland Centre for
Mothers & Babies

Every mother has a story to tell



Having a Baby in Queensland
Your Story

Having a Baby in Queensland Your Story

This survey is going to ask about the care you received during your pregnancy, labour and birth, and after your labour and birth. We're interested in hearing stories from women with different experiences so we can work towards maternity care that meets the needs of every woman in Queensland.

While you are completing the survey...

- Please only think about the care you have received before, during and after the birth of your **new babies**
 - Please place a cross inside the box like this: ☒
- If you make a mistake, please cross it out and mark the appropriate box, like this:



- Please use a **blue** or **black** pen **ONLY**
- If you need more space, please attach extra pages
- If you don't know the exact answer for some questions, your best estimate will do
- This survey is **anonymous** so you can answer honestly
- Follow the instructions provided with each question to skip those that aren't relevant
- You may feel that some of the questions are repetitive. This is because we want to find out about your experience in each **stage of care** (before, during and after birth), so please be patient and try to answer the questions as accurately as you can

If you would prefer not to answer a question, please leave it blank and continue answering other questions. Any information that you can provide about your experience will help so please return your survey to us even if it is not complete.

If you have any questions about the survey (or the Queensland Centre for Mothers & Babies) or you would prefer to complete a shorter version of this survey over the phone (in ANY language), please call our free phone line on **1800 704 539**. We will organise a time to have one of our interviewers call you back to complete the survey.

If you would prefer to **complete the survey online**, please go to **www.havingababy.org.au/yourstory** and enter your password. Your password is printed on the front cover of this survey.

If you do not wish to participate, you can **cross this box** ☐ and return this blank survey to us.

If you wish, you can write the reason you don't want to participate here:

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

- your family doctor
- 13 HEALTH telephone line (13 432 584)
- Lifeline counselling service (131 114)
- Stillbirth and Neonatal Death Support (SANDS) helpline (1800 228 655)

You and your babies

A0 Did you have twins or triplets? ☐ Twins ☐ Triplets

A1 Did you have baby boys, baby girls, or both?

First baby: ☐ Boy **OR** ☐ Girl
 Second baby: ☐ Boy **OR** ☐ Girl
 Third baby: ☐ Boy **OR** ☐ Girl

Tip: If you had four babies or more and would like to complete the survey for all of your babies, please call us on 1800 704 539 and we will send you a special version of the survey to complete.

A2 When were your babies born?

First baby: Date: / / Time: : ☐ a.m. ☐ p.m.
 Second baby: Date: / / Time: : ☐ a.m. ☐ p.m.
 Third baby: Date: / / Time: : ☐ a.m. ☐ p.m.

A3 How many weeks pregnant were you when your **first** baby was born? weeks and days

A4 How much did your babies weigh at birth?

First baby: grams **OR** pounds and ounces
 Second baby: grams **OR** pounds and ounces
 Third baby: grams **OR** pounds and ounces

A5 In what town or suburb was your **usual** place of residence when your babies were born?

A6 What is the postcode of this town or suburb?

A7 What is **your** date of birth?

Date: / / **OR** Age:

A8 How tall are you without shoes on?

cm **OR** feet and inches

A9 Just before you became pregnant, how much did you weigh?

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

Your pregnancy

A10 Which care provider did you go to (or were you visiting) when you first realised you might be pregnant?

- ☐ General practitioner (GP) → Please go to A11
☐ Obstetrician or OB/GYN → Please go to A12
☐ IVF/Fertility specialist → Please go to A12
☐ Midwife → Please go to A12
☐ Other: → Please go to A12
☐ I did not go to a care provider in pregnancy → Please go to A23

A11 Who did the GP recommend you see for your care during pregnancy?

- ☐ Private obstetrician
☐ General practitioner (GP)
☐ Private midwife
☐ Public hospital
☐ Birth centre
☐ Other:
☐ Don't know

A12 How many weeks pregnant were you when you first saw a care provider about your pregnancy? weeks

A13 In your opinion, was this... ☐ Too early? ☐ Too late? ☐ About the right time?

A14 How many weeks pregnant were you when you had your 'booking' appointment? *This is the first appointment at your planned place of birth* weeks

A15 In your opinion, was this... ☐ Too early? ☐ Too late? ☐ About the right time?

Your pregnancy check-ups

A16 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. If you didn't visit, please write '0'

Tip: A pregnancy check-up is an appointment with a health care provider to check the progress of your pregnancy

General practitioner (GP)	<input type="text"/>	<input type="text"/>	visits
Obstetrician or OB/GYN	<input type="text"/>	<input type="text"/>	visits
IVF/Fertility specialist	<input type="text"/>	<input type="text"/>	visits
Midwife	<input type="text"/>	<input type="text"/>	visits
Nurse	<input type="text"/>	<input type="text"/>	visits
Ultrasonographer (does ultrasounds)	<input type="text"/>	<input type="text"/>	visits
Other:	<input type="text"/>	<input type="text"/>	visits

A17 Did you see the same person for your check-ups each time? ☐ Yes, every time
☐ Yes, some of the time
☐ No
☐ I only had one pregnancy check-up

A18 Thinking about the number of check-ups you had altogether, in your opinion, was this... ☐ Too many?
☐ Too few?
☐ About the right number?

A19 For check-ups with your main pregnancy care provider, roughly how long did you travel (one way) for your check-ups? hrs mins
If you did not travel for check-ups (e.g. had them at home), please answer '0'

A20 Did you have your own medical records to carry with you during your pregnancy? ☐ Yes
☐ No

Tip: Medical records are sometimes called the Patient Held Record or the Pregnancy Health Record and are usually a booklet

A21 During pregnancy, were you ever given a copy of the 'Having a Baby in Queensland' book? ☐ Yes → Please go to A22
☐ No → Please go to A23
☐ Don't know → Please go to A23

A22 Who gave it to you? ☐ General practitioner (GP)
☐ Midwife
☐ Other:
☐ Don't know

Your pregnancy scans and tests

A23 **How many ultrasound scans did you have in total during your pregnancy?** scans

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

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

A24 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having ultrasound scans?** ☐ Yes ☐ No

A25 **Who made the decision to have or not have ultrasound scans?**

☐ I decided from all my available options

☐ My maternity care provider(s) decided and checked if it was OK with me

☐ My maternity care provider(s) decided without checking with me

A26 **How many times did you have blood taken (a blood test) during your pregnancy?** *If you didn't have any blood tests, please write '0'* tests

A27 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having blood taken during your pregnancy?** ☐ Yes ☐ No

A28 **Who made the decision to have or not have blood taken during your pregnancy?**

☐ I decided from all my available options

☐ My maternity care provider(s) decided and checked if it was OK with me

☐ My maternity care provider(s) decided without checking with me

Your health and wellbeing during pregnancy

A29 **During your pregnancy did you have the name and contact details of a care provider you could get in touch with at any hour if you were worried?** ☐ Yes ☐ No

A30 **Did any of the following happen to you or your babies during pregnancy?**

Please cross the box even if you didn't find out until later

☐ I had gestational diabetes (diabetes due to pregnancy)

☐ I had high blood pressure (hypertension, pre-eclampsia)

☐ I was told by a health professional that I was experiencing depression

☐ I had placenta praevia (placenta close to or covering my cervix)

☐ There was a problem with the cord for one or more of my babies (e.g. prolapsed cord)

☐ Other:

☐ None of the above

A31 During pregnancy, how worried were you about the following things?

Please cross one box for each line

	Not at all worried	Not very worried	Quite worried	Very worried
Not knowing when labour would start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to the hospital in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to communicate with my care provider in my language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having limited choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having my labour induced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain and discomfort of labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with the length of my labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a forceps or vacuum assisted birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having an emergency caesarean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something being wrong with one or more of my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or more of my babies being underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or more of my babies being too big	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complications during surgery (for a caesarean scheduled in advance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a tear near my vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to breastfeed one or more of my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing bladder control after my birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in how my body looks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for my other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to leave my community to birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not knowing how long labour would take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your care during pregnancy

These questions are about the care you received while you were pregnant. Later we'll ask you the same questions about care you received just during your labour and birth and just after your birth

A32 When I saw care providers during pregnancy, they:

Please cross one box on each line

	Not at all	Some of the time	All of the time
Talked to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with kindness and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were open and honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genuinely cared about my wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A33 **Thinking about your pregnancy, how often did these statements apply to you:** *Please cross one box on each line*

	Not at all	Some of the time	All of the time
I knew what to expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew I could be involved in decisions about me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I knew what all the different options were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could think about which option was best for me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to tell my care provider(s) about the things that mattered to me most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to ask my care provider(s) questions to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could get the facts I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with how decisions about me and my babies were made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A34 **Overall, how well were you looked after by your care provider(s) during pregnancy?** *Please cross one box*

☐ ☐ ☐ ☐ ☐
Very badly Very well

Planning your labour and birth

'Birth' includes babies born vaginally or by caesarean

B0 **How many weeks pregnant were you when you first found out you were having twins or triplets?**

weeks

B1 **Where did you plan to give birth to your babies?**

- ☐ In hospital
☐ In a birth centre attached to a hospital
☐ At home
☐ Other:

B2 **Did you have your babies where you planned?**

- ☐ Yes → *Please go to B4*
☐ No → *Please go to B3*

B3 **Why?**

B4 **How did you want to give birth?**

- ☐ I wanted a vaginal birth
☐ I wanted a caesarean birth
☐ I did not have a preference
☐ Don't know

B5 **Which of the following types of birth do you feel you could have chosen?**

- ☐ A vaginal birth only
☐ A caesarean birth only
☐ I could have chosen either a vaginal birth or a caesarean birth
☐ Don't know

- B6 During your pregnancy, labour or birth, were you told by your care provider(s) that you were at 'higher risk' because of anything? ☐ Yes → Please go to B7 ☐ No → Please go to B8

B7 Why?

- B8 Could you choose whether your care provider(s) for labour/birth were male or female? ☐ Yes ☐ No, but I didn't want to ☐ No, but I wanted to ☐ Don't know/not mentioned

Travelling to have your babies

- B9 Did you travel to another city, town or community for your birth? ☐ Yes → Please go to B10 ☐ No → Please go to B12

- B10 Why? ☐ To get to the closest hospital ☐ No maternity facilities at local hospital ☐ I wanted a private hospital ☐ I preferred a hospital that wasn't the closest one to me. Why?

- B11 How many weeks pregnant were you when you travelled to, and stayed, in the city or town where you gave birth? weeks

We realise that travelling for care is a very important issue for women who leave their community to birth. We are planning more studies into this issue. If you'd like the opportunity to share your story about travelling away from your community to have your baby, please complete the contact page inside the back cover of this survey.

The start of your labour

- B12 Did you or someone else try to induce your labour? ☐ No, my labour started by itself → Please go to B16 ☐ Yes, and it worked → Please go to B13 ☐ Yes, but it didn't work → Please go to B13 ☐ No, I didn't have a labour → Please go to B31

Tip: Being induced is when labour is started artificially. This is different from speeding up labour **after** it has started.

- B13 Which of the following were used to induce your labour? Please cross all that apply ☐ I had a membrane sweep (a 'stretch and sweep') ☐ I had a tablet, pessary or gel inserted into my vagina ☐ My waters were broken (membranes ruptured) by a care provider ☐ I had a hormone drip put into my hand or arm ☐ Other:

- B14 How many weeks pregnant were you when your labour was induced? weeks days

- B15 Why was your labour induced?**
Please cross all that apply
- ☐ My babies were 'overdue'
 - ☐ Regular contractions were starting and stopping
 - ☐ My care provider(s) were worried about the health of my baby or babies
 - ☐ My care provider(s) were worried about my health
 - ☐ I didn't want to wait any longer to have my babies
 - ☐ My care provider(s) were concerned about the size of one or more of my babies
 - ☐ It was hospital policy
 - ☐ My waters had broken and there was a fear of infection
 - ☐ I wanted to control the timing of my babies' birth
 - ☐ Other:
 - ☐ Don't know

- B16 Did your maternity care providers ever discuss being induced?**
- ☐ Yes → *Please go to B17*
☐ No → *Please go to B19*

- B17 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of being induced and not being induced?**
- ☐ Yes
☐ No

- B18 Who made the decision to induce or not induce you?**
- ☐ I decided from all my available options
 - ☐ My maternity care provider(s) decided and checked if it was OK with me
 - ☐ My maternity care provider(s) decided without checking with me

Your labour

If you had a scheduled caesarean, please go to B31

- B19 Approximately how long did your labour last?**
- days hours minutes

- B20 Was anything done to speed up (or augment) your labour after it had started?**
Please cross all that apply
- ☐ No
 - ☐ Yes, my waters were broken
 - ☐ Yes, I was given a hormone drip
 - ☐ Other:

- B21 Did you feel rushed or hurried by your care provider(s) at any time during your labour?**
- ☐ Yes
☐ No

- B22 How many times did a care provider perform a vaginal (internal) examination after your labour had started?**
- times

- B23 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having vaginal examinations?**
- ☐ Yes
☐ No

- B24 Who made the decision to have or not have vaginal examinations?**
- ☐ I decided from all my available options
 - ☐ My maternity care provider(s) decided and checked if it was OK with me
 - ☐ My maternity care provider(s) decided without checking with me

B25 During your labour, how were your babies monitored (checked)?

Please cross all that apply

- ☐ A hand held heart monitor was used occasionally
- ☐ Staff listened with a stethoscope (or ear trumpet) occasionally
- ☐ A monitor was used *occasionally*, with a belt around my stomach
- ☐ A monitor was used *constantly*, with a belt around my stomach
- ☐ A monitor was used *constantly*, with a clip on my baby's/babies' head
- ☐ My babies were not monitored
- ☐ Other:
- ☐ Don't know

B26 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of monitoring and not monitoring your babies?

- ☐ Yes
- ☐ No

B27 Who made the decision if/how your babies were monitored?

- ☐ I decided from all my available options
- ☐ My maternity care provider(s) decided and checked if it was OK with me
- ☐ My maternity care provider(s) decided without checking with me

B28 During your labour, were you able to move around and choose the position that made you most comfortable?

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No
- ☐ I didn't want to move around

B29 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having an epidural (an injection in your back for pain relief) during your labour?

- ☐ Yes
- ☐ No

B30 Who decided if you would or would not have an epidural during your labour?

- ☐ I decided from all my available options
- ☐ My maternity care provider(s) decided and checked if it was OK with me
- ☐ My maternity care provider(s) decided without checking with me

B31 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having a caesarean?

- ☐ Yes
- ☐ No

B32 Who decided if you would or would not have a caesarean?

- ☐ I decided from all my available options
- ☐ My maternity care provider(s) decided and checked if it was OK with me
- ☐ My maternity care provider(s) decided without checking with me

B33 How was your first twin or triplet born?

- ☐ A vaginal birth —————→ *Please go to B34*
- ☐ A caesarean birth —————→ *Please go to B51*

Your vaginal birth

Your first baby

B34 How was your first baby born?

- ☐ An unassisted vaginal birth (no forceps or vacuum)
- ☐ A vaginal birth - assisted with forceps
- ☐ A vaginal birth - assisted with a vacuum
- ☐ A vaginal birth - assisted by forceps and a vacuum

Tip about 'assisted' birth:

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

B35 **What position were you in when your first baby was born?**

- ☐ Standing, squatting or kneeling
- ☐ Propped up or sitting
- ☐ Lying on my side
- ☐ Lying flat on my back
- ☐ Other:

B36 **Where were you when your first baby was born?**

- ☐ On a bed
- ☐ On the floor
- ☐ On a birthing stool
- ☐ In the shower
- ☐ In water (a pool or bath)
- ☐ Other:

Your second baby

B37 **How was your second baby born?**

- ☐ An unassisted vaginal birth (no forceps or vacuum) —————→ *Please go to B38*
- ☐ A vaginal birth - assisted with forceps —————→ *Please go to B38*
- ☐ A vaginal birth - assisted with a vacuum —————→ *Please go to B38*
- ☐ A vaginal birth - assisted by forceps and a vacuum —————→ *Please go to B38*
- ☐ A caesarean birth —————→ *Please go to B40*

B38 **What position were you in when your second baby was born?**

- ☐ Standing, squatting or kneeling
- ☐ Propped up or sitting
- ☐ Lying on my side
- ☐ Lying flat on my back
- ☐ Other:

B39 **Where were you when your second baby was born?**

- ☐ On a bed
- ☐ On the floor
- ☐ On a birthing stool
- ☐ In the shower
- ☐ In water (a pool or bath)
- ☐ Other:

Your third baby If you had twins, please go to B43

B40 **How was your third baby born?**

- ☐ An unassisted vaginal birth (no forceps or vacuum) —————→ *Please go to B41*
- ☐ A vaginal birth - assisted with forceps —————→ *Please go to B41*
- ☐ A vaginal birth - assisted with a vacuum —————→ *Please go to B41*
- ☐ A vaginal birth - assisted by forceps and a vacuum —————→ *Please go to B41*
- ☐ A caesarean birth —————→ *Please go to B43*
- ☐ Does not apply to me (I had twins) —————→ *Please go to B43*

B41 **What position were you in when your third baby was born?**

- ☐ Standing, squatting or kneeling
- ☐ Propped up or sitting
- ☐ Lying on my side
- ☐ Lying flat on my back
- ☐ Other:

B42 **Where were you when your third baby was born?**

- ☐ On a bed
- ☐ On the floor
- ☐ On a birthing stool
- ☐ In the shower
- ☐ In water (a pool or bath)
- ☐ Other:

- B43 During your birth, did you have an episiotomy (cut) to enlarge your vaginal opening?** ☐ Yes ☐ No
-
- B44 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having an episiotomy?** ☐ Yes ☐ No
-
- B45 Who made the decision to have or not have an episiotomy?** ☐ I decided from all my available options
☐ My maternity care provider(s) decided and checked if it was OK with me
☐ My maternity care provider(s) decided without checking with me
-
- B46 During your birth, did you have a tear near the opening of your vagina (a perineal tear)?** ☐ Yes, a first degree tear or a graze
☐ Yes, a second degree tear
☐ Yes, a third or fourth degree tear
☐ Yes, but I don't know what type of tear
☐ 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
-
- B47 After birth, did you have stitches near the opening of your vagina?** ☐ Yes ☐ No
-
- B48 Did you have a hormone injection to make you birth the placenta/s (afterbirth)?** ☐ Yes
☐ No
☐ Don't know/not sure
-
- B49 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having a hormone injection to birth the placenta/s?** ☐ Yes ☐ No
-
- B50 Who made the decision to have or not have the injection?** ☐ I decided from all my available options
☐ My maternity care provider(s) decided and checked if it was OK with me
☐ My maternity care provider(s) decided without checking with me

Your caesarean birth If all your babies were born vaginally, please go to B53

B51 Did you have a caesarean scheduled in advance (planned before you arrived at hospital to have your babies)?

☐ Yes
☐ No

B52 Why did you have a caesarean birth?

Please cross all that apply

- ☐ I have had a caesarean birth before
- ☐ I wanted my baby or babies to be born in this way
- ☐ One or more of my babies was 'distressed'
- ☐ My labour had 'failed to progress'
- ☐ It was recommended by my care provider
- ☐ One or more of my babies wouldn't fit through my pelvis
- ☐ One or more of my babies was breech (feet or bottom first)
- ☐ Because of worries about my health (eg. placenta praevia or pre-eclampsia)
- ☐ I was in premature labour
- ☐ It was hospital policy
- ☐ Other:
- ☐ Don't know

Your labour and birth experience

B53 Did any of the following happen during/after your labour/birth?

Please cross all that apply

- ☐ I had a haemorrhage (significant blood loss)
- ☐ I had meconium (baby poo) in my waters
- ☐ My labour 'failed to progress'
- ☐ One or more of my babies were breech (feet or bottom first)
- ☐ One or more of my babies became distressed ('foetal distress')
- ☐ One or more of my babies became stuck
- ☐ There was a problem with the cord for one or more of my babies
- ☐ One or more of my babies had to be resuscitated (helped to breathe)
- ☐ My placenta/s were retained (got stuck)
- ☐ I had an emergency transfer
- ☐ I was admitted to intensive care
- ☐ I had a blood transfusion
- ☐ Other:
- ☐ None of the above

B54 Which of the following, if any, did you find useful to relieve discomfort or pain during labour/birth?

Please cross one box for each line

	Not at all helpful	Somewhat helpful	Very helpful	Did not use
Breathing techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENS machine (with pads on your back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water injection under the skin of your back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a bath or birth pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a birthing ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas (breathing through a mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection of pethidine or a similar painkiller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidural or spinal (injection in your back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local anaesthetic to perineum (near your vagina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General anaesthetic (puts you to sleep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B55 Who caught your first baby (was the first person to touch your baby) as he/she was being born?

- ☐ Me
☐ My partner, husband or companion
☐ A midwife
☐ An obstetrician or OB/GYN
☐ Someone else:

B56 Who caught your second baby as he/she was being born?

- ☐ Me
☐ My partner, husband or companion
☐ A midwife
☐ An obstetrician or OB/GYN
☐ Someone else:

B57 Who caught your third baby as he/she was being born?

- ☐ Me
☐ My partner, husband or companion
☐ A midwife
☐ An obstetrician or OB/GYN
☐ Someone else:
☐ Does not apply to me (I had twins)

B58 Were all of your support people (e.g. partner, husband, companion) made to feel welcome...

Please cross one box on each line

	Yes	No	Does not apply to me
During your labour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the birth of your first baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the birth of your second baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the birth of your third baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After your birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B59 Were you and your support people left alone by your care provider(s) at any time during labour or shortly after birth? *Please cross all that apply*

- ☐ Yes, during labour → *Please go to B60*
☐ Yes, after the birth → *Please go to B60*
☐ No, not at all → *Please go to B61*

B60 Was it worrying to be left alone at this time?

Please cross all that apply

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

Your care during labour and birth Remember, 'birth' includes babies born vaginally or by caesarean

B61 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 cross 'don't know'*

Midwives	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Obstetricians or OB/GYNs	<input type="text"/>	OR	<input type="checkbox"/> Don't know
General practitioners (GPs)	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Nurses	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Doulas (a person trained to provide non-medical support during birth)	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Anaesthetists (provides you with numbing pain relief, e.g. an epidural)	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Paediatricians (doctor for babies and young children)	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Student midwives	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Student doctors	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Others: <input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/> Don't know

B62 Had you met these people before your labour/birth?

☐ All of them
☐ Some of them
☐ None of them

B63 Was there at least one maternity care provider who cared for you right through your labour/birth?

☐ Yes
☐ No

If you didn't have a labour, please answer for your birth

B64 Do you feel the medical procedures during your birth were necessary?

☐ All of them
☐ Some of them
☐ None of them
☐ Does not apply to me (no medical procedures)

B65 Were there any aspects of the labour and birth environment that needed improvement?

Mark as many as you wish, or cross this box if there was nothing that needed improvement ☐

<input type="checkbox"/> Temperature	<input type="checkbox"/> Security	<input type="checkbox"/> 'Homeliness'
<input type="checkbox"/> Decoration	<input type="checkbox"/> Noise	<input type="checkbox"/> Privacy
<input type="checkbox"/> Colour scheme	<input type="checkbox"/> Space	<input type="checkbox"/> Lighting
<input type="checkbox"/> Furnishings	<input type="checkbox"/> Cleanliness	<input type="checkbox"/> Food

These questions are about your care just during labour (if you had one) and birth

B66 When I saw care providers during my labour and birth, they:

Please cross one box for each line

	Not at all	Some of the time	All of the time
Talked to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with kindness and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were open and honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genuinely cared about my wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicated well with my other care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B67 Thinking again about your labour and birth, how often did these statements apply to you:

Please cross one box for each line

	Not at all	Some of the time	All of the time
I knew what to expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew I could be involved in decisions about me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I knew what all the different options were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could think about which option was best for me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to tell my care provider(s) about the things that mattered to me most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to ask my care provider(s) questions to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could get the facts I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with how decisions about me and my babies were made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B68 Overall, how well were you looked after by your care provider(s) during labour and birth? *Please cross one box*

☐ ☐ ☐ ☐ ☐
Very badly Very well

Your place of birth

B69 In which city or town did you have your babies?

B70 Where were your babies born?

- ☐ In hospital → *Please go to B71*
☐ In a birth centre attached to a hospital → *Please go to B71*
☐ At home → *Please go to B75*
☐ Other: → *Please go to B75*

B71 Please write the name of the hospital or birth centre where you had your babies:

B72 Did you have your babies in a private or public facility?

- ☐ Public hospital or public birth centre
☐ Private hospital or private birth centre
☐ Don't know

B73 Would you recommend this hospital or birth centre to a friend?

- ☐ Yes
☐ No

B74 What would you like to tell other women about having a baby in this hospital or birth centre?

B75 Did you have a private obstetrician or private midwife who you chose?

- ☐ Yes → *Please go to B76*
☐ No → *Please go to B78*

B76 Please write the name of your obstetrician or midwife:

B77 Would you recommend this obstetrician or midwife to a friend?

- ☐ Yes
☐ No

B78 Were you a private patient or a public patient when you gave birth to your babies?

- ☐ Public patient
☐ Private patient
☐ Don't know

You and your babies after birth *Remember, 'birth' includes babies born vaginally or by caesarean*

Your first baby

C1 How soon after the birth of your first baby did you first hold he or she?

seconds OR mins OR hours OR days

C2 In your opinion, was this...

- ☐ Too soon?
☐ Too late?
☐ About the right time?

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

- ☐ Yes
☐ No

C4 How soon after birth was your first baby placed to your breast to feed?

- ☐ Within 10 minutes
☐ 10 to 30 minutes
☐ 30 minutes to an hour
☐ More than one hour
☐ Never, I didn't intend to breastfeed
☐ Never, even though I intended to breastfeed

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

- ☐ All of the time?
☐ Some of the time?
☐ None of the time?

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

- ☐ Too much?
☐ Too little?
☐ About right?

Your second baby

C7 How soon after the birth of your second baby did you first hold he or she?

seconds OR mins OR hours OR days

C8 In your opinion, was this...

- ☐ Too soon?
☐ Too late?
☐ About the right time?

C9 The first time you held your second baby, was your baby's skin against your skin (that is, not wrapped, dressed or in a nappy and straight on your skin)?

- ☐ Yes
☐ No

C10 How soon after birth was your second baby placed to your breast to feed?

- ☐ Within 10 minutes
☐ 10 to 30 minutes
☐ 30 minutes to an hour
☐ More than one hour
☐ Never, I didn't intend to breastfeed
☐ Never, even though I intended to breastfeed

C11 After you had your **second** baby, was your baby in the same room as you... ☐ All of the time?
☐ Some of the time?
☐ None of the time?

C12 In your opinion, was this amount of time... ☐ Too much?
☐ Too little?
☐ About right?

Your third baby

If you had twins, please go to C19

C13 How soon after the birth of your **third** baby did you first hold he or she? seconds OR mins OR hours OR days

C14 In your opinion, was this... ☐ Too soon?
☐ Too late?
☐ About the right time?

C15 The first time you held your **third** baby, was your baby's skin against your skin (that is, not wrapped, dressed or in a nappy and straight on your skin)? ☐ Yes
☐ No

C16 How soon after birth was your **third** baby placed to your breast to feed? ☐ Within 10 minutes
☐ 10 to 30 minutes
☐ 30 minutes to an hour
☐ More than one hour
☐ Never, I didn't intend to breastfeed
☐ Never, even though I intended to breastfeed

C17 After you had your **third** baby, was your baby in the same room as you... ☐ All of the time?
☐ Some of the time?
☐ None of the time?

C18 In your opinion, was this amount of time... ☐ Too much?
☐ Too little?
☐ About right?

C19 Did you have the opportunity to talk about your birth experience and your feelings with a care provider after your birth? ☐ Yes
☐ No, but I would have liked to
☐ No, but it didn't matter

C20 How much do you agree or disagree with the following statements about your recovery after birth?

Please cross one box on each line

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
I experienced unpleasant side effects after my birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pain I experienced after my birth was manageable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could move around as freely as I would have liked to after my birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could care for my babies (e.g. feed them, pick them up) as much as I wanted to after my birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with the support I received from my care provider(s) while recovering from my birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C21 **Altogether, how long did you stay in the hospital or birth centre where your babies were born?**
- nights [→ Please go to C22](#)
 hours [→ Please go to C22](#)
☐ I had my babies at home [→ Please go to C33](#)
-
- C22 **In your opinion, was the length of your stay...**
- ☐ Too long?
☐ Too short?
☐ About right?

Your stay in the hospital or birth centre

- C23 **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 cross 'don't know'*

Midwives	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Obstetricians or OB/GYNs	<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
Doulas (a person trained to provide non-medical support during birth)	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Anaesthetists (provides you with numbing pain relief, e.g. an epidural)	<input type="text"/>	<input type="text"/>	OR	<input type="checkbox"/> Don't know
Paediatricians (doctor for babies and young children)	<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"/>	<input type="text"/>	OR	<input type="checkbox"/> Don't know

- C24 **Was there at least one maternity care provider who cared for you during your labour/birth who visited you in the days after your birth (even for a quick 'hello')?**
- ☐ Yes
☐ No, but I would have liked there to be
☐ No, but it didn't matter
-
- C25 **Thinking about how often a care provider came and 'checked' on you during your stay in the hospital or birth centre, was this...**
- ☐ Too often?
☐ Not often enough?
☐ About right?
-
- C26 **Did your first baby have any of the following in hospital?**
- ☐ Breastmilk only [→ Please go to C28](#)
☐ Formula [→ Please go to C27](#)
☐ Water [→ Please go to C27](#)
☐ Other: [→ Please go to C27](#)
-
- C27 **Did you sign a consent form to give your permission for your first baby to have this?**
- ☐ Yes
☐ No
-
- C28 **Did your second baby have any of the following in hospital?**
- ☐ Breastmilk only [→ Please go to C30](#)
☐ Formula [→ Please go to C29](#)
☐ Water [→ Please go to C29](#)
☐ Other: [→ Please go to C29](#)
-
- C29 **Did you sign a consent form to give your permission for your second baby to have this?**
- ☐ Yes
☐ No

C30 Did your third baby have any of the following in hospital?

- ☐ Breastmilk only → Please go to C32
☐ Formula → Please go to C31
☐ Water → Please go to C31
☐ Other: → Please go to C31
☐ Does not apply to me (I had twins) → Please go to C32

C31 Did you sign a consent form to give your permission for your third baby to have this?

☐ Yes ☐ No

C32 Were there any aspects of the post-birth environment in the hospital or birth centre that needed improvement?

Mark as many as you wish, or cross this box if there was nothing that needed improvement ☐

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Security | <input type="checkbox"/> 'Homeliness' |
| <input type="checkbox"/> Decoration | <input type="checkbox"/> Noise | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Colour scheme | <input type="checkbox"/> Space | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Furnishings | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Food |

Your care at home

C33 In the first 10 days of being at home with your babies, did any of the following happen?

Please cross all that apply

- ☐ I was telephoned by a midwife or nurse
☐ I was visited at home by a midwife or nurse
☐ I visited a midwife or nurse (e.g. at a community health centre)
☐ I visited a general practitioner (GP)
☐ None of the above
☐ One or more of my babies haven't come home yet

C34 Altogether, how many times since going home (or having your babies 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?	<input type="text"/> <input type="text"/>	times
Been visited at home by a health care provider?	<input type="text"/> <input type="text"/>	times
Visited a health care provider (e.g. child health nurse, GP)?	<input type="text"/> <input type="text"/>	times

C35 Thinking about the amount of contact you had with care providers since having your babies, in your opinion, was this...

- ☐ Too much?
☐ Too little?
☐ About right?

C36 When you were at home after the birth of your babies, did you have the name and contact details of a care provider you could get in touch with at any hour if you were worried?

☐ Yes
☐ No

Feeding your babies

Your first baby

C37 How old was your first baby when he or she tried each of these for the first time?

		Baby's age		
Breastmilk (or colostrum before your milk came in)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Infant formula	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Vitamins, mineral supplements or medicine	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Plain water (by itself)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Sweetened or flavoured water	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Fruit juice	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Tea or infusion	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Tinned, powdered or fresh milk	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Solid or semi-solid food	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Oral hydration products (e.g. gastrolyte)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Other: <input type="text"/>	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months

C38 How old was your first baby when he/she last had breastmilk?

days OR weeks OR months

☐ In the last 24 hours

☐ My baby has never had breastmilk

Your second baby

C39 How old was your second baby when he or she tried each of these for the first time?

		Baby's age		
Breastmilk (or colostrum before your milk came in)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Infant formula	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Vitamins, mineral supplements or medicine	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Plain water (by itself)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Sweetened or flavoured water	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Fruit juice	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Tea or infusion	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Tinned, powdered or fresh milk	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Solid or semi-solid food	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Oral hydration products (e.g. gastrolyte)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months
Other: <input type="text"/>	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks OR <input type="text"/> months

C40 How old was your second baby when he/she last had breastmilk?

days OR weeks OR months

☐ In the last 24 hours

☐ My baby has never had breastmilk

Your third baby

If you had twins, please go to C43

C41 How old was your third baby when he or she tried each of these for the first time?

		Baby's age				
Breastmilk (or colostrum before your milk came in)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Infant formula	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Vitamins, mineral supplements or medicine	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Plain water (by itself)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Sweetened or flavoured water	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Fruit juice	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Tea or infusion	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Tinned, powdered or fresh milk	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Solid or semi-solid food	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Oral hydration products (e.g. gastrolyte)	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months
Other: <input type="text"/>	<input type="checkbox"/> Never	<input type="text"/> days	OR	<input type="text"/> weeks	OR	<input type="text"/> months

C42 How old was your third baby when he/she last had breastmilk?

days OR weeks OR months

☐ In the last 24 hours ☐ My baby has never had breastmilk

Your health after birth

C43 When you first had your new babies at home, how confident did you feel about looking after them?

If you have any concerns about yourself or your babies and want to talk to someone, please call your family doctor, the 13 HEALTH telephone line (13 432 584), or Lifeline counselling service (131 114)

- ☐ Extremely confident
- ☐ Fairly confident
- ☐ Confident
- ☐ Not very confident
- ☐ Not at all confident
- ☐ One or more of my babies haven't come home yet

C44 How often have you experienced each of the following since having your babies?

Please cross one box on each line

	Never	Rarely	Sometimes	Often	Does not apply to me
Painful stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence (leaking urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with my bowel/anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain or backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties or pain during intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep (not related to your babies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressing 'flash-backs' to your labour or birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhoids (piles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastitis (blocked milk ducts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C45 Since your birth, have you been told by a health professional that you were experiencing depression? ☐ Yes ☐ No
- C46 Have you had an infection to a cut or wound from your birth? ☐ Yes ☐ No
- C47 Overall, how did you feel physically during the first few days after having your babies? *Please cross one box* ☐ ☐ ☐ ☐ ☐
Not at all well Very well
- C48 Overall, how have you felt physically during the last few days? *Please cross one box* ☐ ☐ ☐ ☐ ☐
Not at all well Very well
- C49 Have you been admitted to hospital for your own health since you first came home (or since giving birth to your babies at home)? ☐ Yes → *Please go to C50*
☐ No → *Please go to C52*
- C50 How many nights in hospital in total? nights

C51 Why?

Your babies' health after birth

Your first baby

- C52 Overall, how well was your first baby in the first few days after being born? *Please cross one box* ☐ ☐ ☐ ☐ ☐
Not at all well Very well
- C53 Was your first baby ever cared for in a neonatal unit (e.g. special care nursery or neonatal intensive care unit)? ☐ Yes → *Please go to C54*
☐ No → *Please go to C56*
- C54 For how long was your first baby in neonatal care in total? hours **OR** days **OR** weeks
☐ My baby is still in hospital

C55 Why?

- C56 Since your first baby first came home from hospital (or since giving birth to your baby at home) has your baby been admitted to hospital? ☐ Yes → *Please go to C57*
☐ No → *Please go to C59*
☐ My baby is still in hospital → *Please go to C59*

C57 How many nights in hospital in total? nights

C58 Why?

Your second baby

C59 Overall, how well was your second baby in the first few days after being born? *Please cross one box*

☐ ☐ ☐ ☐ ☐
Not at all well Very well

C60 Was your second baby ever cared for in a neonatal unit (e.g. special care nursery or neonatal intensive care unit)?

☐ Yes → *Please go to C61*
☐ No → *Please go to C63*

C61 For how long was your second baby in neonatal care in total?

hours **OR** days **OR** weeks
☐ My baby is still in hospital

C62 Why?

C63 Since your second baby first came home from hospital (or since giving birth to your baby at home) has your baby been admitted to hospital?

☐ Yes → *Please go to C64*
☐ No → *Please go to C66*
☐ My baby is still in hospital → *Please go to C66*

C64 How many nights in hospital in total?

nights

C65 Why?

Your third baby

If you had twins, please go to C73

C66 Overall, how well was your third baby in the first few days after being born? *Please cross one box*

☐ ☐ ☐ ☐ ☐
Not at all well Very well

C67 Was your third baby ever cared for in a neonatal unit (e.g. special care nursery or neonatal intensive care unit)?

☐ Yes → *Please go to C68*
☐ No → *Please go to C70*

C68 For how long was your third baby in neonatal care in total?

hours **OR** days **OR** weeks
☐ My baby is still in hospital

C69 Why?

C70 Since your third baby first came home from hospital (or since giving birth to your baby at home) has your baby been admitted to hospital?

☐ Yes → *Please go to C71*
☐ No → *Please go to C73*
☐ My baby is still in hospital → *Please go to C73*

C71 How many nights in hospital in total?

nights

C72 Why?

Your care after having your babies

These questions are just about your care after having your babies, both in the hospital or birth centre and at home

C73 When I saw care providers after my birth (both in hospital and at home), they:

Please cross one box on each line

	Not at all	Some of the time	All of the time
Talked to me in a way I could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with kindness and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me as an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were open and honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genuinely cared about my wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C74 Thinking again about the time after your birth, how often did these statements apply to you:

Please cross one box on each line

	Not at all	Some of the time	All of the time
I knew what to expect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew I could be involved in decisions about me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I knew what all the different options were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could think about which option was best for me and my babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to tell my care provider(s) about the things that mattered to me most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I felt confident to ask my care provider(s) questions to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When there was a decision to make, I could get the facts I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was happy with how decisions about me and my babies were made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C75 Overall, how well were you looked after by your care provider(s) after having your babies? Please cross one box

☐ ☐ ☐ ☐ ☐
Very badly Very well

Your pregnancy and birth history

D1 Altogether in your life, how many times in total have you been pregnant?

This includes pregnancies that ended in stillbirth, miscarriage or abortion

☐ Once
 times

D2 Including the birth of your new babies, how many births have you had?

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

☐ One birth
 births

D3 Including your new babies, how many children do you currently care for? children

D4 Please list the ages of the children you currently care for:

D5 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.
If you had twins or more, please count this as one birth*

caesarean births

D6 Before your twins or triplets, did you have problems or complications in previous pregnancies, labours or births?

☐ Yes → Please go to D7
☐ No → Please go to D8

D7 Please describe:

D8 Is there anything else you would like to add about your previous pregnancies, labours or births?

About you

D9 Where were you born?

☐ Australia
☐ Other country:

D10 What language(s) do you speak at home?

Please cross all that apply

☐ English
☐ Other language(s):

D11 Which of the following best describes you?

Please cross all that apply

☐ Aboriginal
☐ Torres Strait Islander
☐ South Sea Islander
☐ None of the above

D12 What is the highest level of qualification you have completed?

☐ No formal qualifications
☐ Year 10 or equivalent (e.g. School Certificate)
☐ Year 12 or equivalent (e.g. Higher School Certificate)
☐ Trade/apprenticeship (e.g. hairdresser, chef)
☐ Certificate/diploma (e.g. child care, technician)
☐ University degree
☐ Postgraduate degree (e.g. Grad Dip, Masters, PhD)

D13 What is today's date?

 / /

About the 'Having a Baby in Queensland' website

- D14 Have you heard about the 'Having a Baby in Queensland' website?**
- ☐ Yes → *Please go to D15*
- ☐ No → *Please go to D18*

Tip: The Having a Baby in Queensland website (www.havingababy.org.au) is the website of the Queensland Centre for Mothers & Babies. It contains information and guides, including Birthplace: Your Guide to Birthing Facilities in Queensland

- D15 **Have you ever visited the 'Having a Baby in Queensland' website?**
- ☐ Yes → *Please go to D16*
- ☐ No → *Please go to D18*

- D16 How often did you visit the website?**
- ☐ Only once or twice
 - ☐ About once a month
 - ☐ About once a fortnight
 - ☐ About once a week
 - ☐ More than once a week

- D17 About how long did you spend at the website each visit?**
- ☐ Just a minute or so
- ☐ About five minutes
- ☐ More than five minutes

About this survey

- D18 Did you know about this survey before you received it?**
- ☐ Yes → Please go to D19
- ☐ No → Please go to D20

- D19 How did you find out about it?**
Please cross all that apply
- | | |
|--------------------------|---|
| <input type="checkbox"/> | Information at the hospital |
| <input type="checkbox"/> | Information at my GP clinic |
| <input type="checkbox"/> | Information from my child health nurse |
| <input type="checkbox"/> | The 'Having a Baby in Queensland' website |
| <input type="checkbox"/> | Other: <input type="text"/> |

- D20 Did this survey ask questions that were important to you?**
- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, not really
- ☐ No, not at all

- D21 Did someone help you to complete this survey?**
- ☐ Yes, who?
- ☐ No

- D22** How could this survey be improved?

[illegible]

Have we forgotten anything?

D23 If there is anything else you'd like to tell us about having your babies, please write here:

Tip: Please feel free to attach extra pages if you don't have enough room

[illegible]

Keeping in touch

Tip: This section is optional. If you complete it, we will detach this page from your booklet so your answers remain anonymous

Please **cross here** ☐ if you would like to be entered into the **prize draw** to win \$200 for completing the survey.

Please **cross here** ☐ if you would like to receive regular updates about our **findings** and ongoing activities.

Please **cross here** ☐ if you would like to be contacted by us in the future to take part in **other research** about pregnancy, birth or having a new baby. You can decide not to take part at the time if we do contact you.

Name:	<input type="text"/>			
Address:	<input type="text"/>			
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>	
Home phone:	<input type="text"/>			
Mobile:	<input type="text"/>			
Email:	<input type="text"/>			

We are committed to your privacy and will not forward your information to any other person or organisation.

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 & Babies (692)
The University of Queensland
Reply Paid 6469
ST LUCIA QLD 4067**

Thanks again for your time and effort in completing this survey. Our findings will be available on our website www.havingababy.org.au in December, 2010.

We wish you and your babies all the very best.



Queensland Centre for
Mothers & Babies