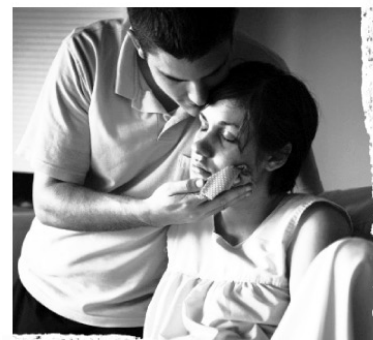
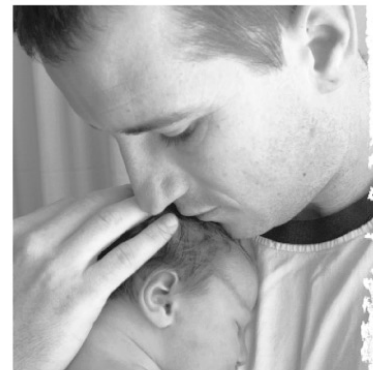




Queensland Centre for Mothers & Babies

Every mother has a story to tell



Having a Baby in Queensland
Your Story

About this survey

What is this survey about?

This survey asks questions about the care you received during your pregnancy, birth and after birth for your **youngest baby**.

How can I do this survey?



Complete this booklet and send it back in the envelope provided



Take part online at www.havingababy.org.au/yourstory



Call us on 1800 704 539 (free call)

How do I answer the questions?

Please use a **blue** or **black** pen only.

Please place a cross in the box like this: ☒

What if I make a mistake?

Place a larger cross through the mistake and mark the right box, like this: ☐ ☒ ☒ ☐

What if I'm not sure of an answer?

If you can't remember, or don't know the exact answer for some questions, your best estimate will do.

What if some questions do not apply to me?

There are instructions in the survey that will help you to skip questions that do not apply to you.

What if the text is too small for me to read?

If you find the text in this booklet is too small for you to read, we recommend completing the survey online so you can make the text bigger.

Do you know who I am?

No, this survey is anonymous. The Queensland Registry of Births, Deaths and Marriages sent this on our behalf.

What if I want to give more details about my answer?

We have given you extra space throughout this survey in case you want to give us more details. Please feel free to attach extra pages if you don't have enough room.

What if I don't speak English?

Call the Telephone Interpreter Service (TIS) on 131 450.

A translator will call us and the survey will be translated over the phone.



Most of this survey asks questions about your new baby. This is to get a snapshot of what maternity care is like in Queensland right now. There's a chance at the end for you to tell us more about previous births or anything else, if you wish.

A1 **When was your new baby born?** Date: Time: : ☐ a.m. ☐ p.m.

A2 **Did you have a baby boy or girl?** ☐ A boy ☐ A girl

A3 **How much did your baby weigh at birth?** grams **OR** pounds and ounces

A4 **Where was your baby born?**
Please mark only one box

☐ In a public hospital → Please go to A5
☐ In a private hospital → Please go to A5
☐ In a birth centre attached to a public hospital → Please go to A5
☐ At home → Please go to A8
☐ Not sure → Please go to A5
☐ Other: → Please go to A5

Tip: There are five birth centres in Queensland. They are located in Toowoomba, Mackay, Townsville, the Gold Coast and at the Royal Brisbane and Women's Hospital.

A5 **Were you a private patient or a public patient when you gave birth to your baby?**
Please mark only one box

☐ Public patient
☐ Private patient
☐ Not sure

A6 **In which suburb, city or town did you have your baby?**

A7 **Please write the name of the hospital or birth centre where you had your baby:**

A8 **Why did you have your baby here?**

Your pregnancy

A9 **Which care provider did you go to (or were you visiting) when you first realised you might be pregnant?**
Please mark only one box

☐ General practitioner (GP) → Please go to A10
☐ Other: → Please go to A10
☐ I did not go to a care provider in pregnancy → Please go to A32

A10 **How many weeks pregnant were you at this time?** weeks

A11 **In your opinion, was this visit...**
Please mark only one box

☐ Too early?
☐ Too late?
☐ About the right time?

A12 **In this visit, did you have a pregnancy check-up?**
Please mark only one box

☐ Yes → Please go to A14
☐ No → Please go to A13

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 checked. Please ignore visits to only have a blood test or ultrasound scan.

Any other comments?

- A13** Roughly how many weeks pregnant were you when you first started having check-ups in your pregnancy? weeks ☐ I did not have any pregnancy check-ups
- A14** Roughly how many weeks pregnant were you at your first maternity care appointment (your 'booking' visit) in your planned place of birth? weeks [→ Please go to A15](#)
☐ I did not have an appointment in my planned place of birth [→ Please go to A16](#)
- A15** In your opinion, was this appointment...
Please mark only one box
- ☐ Too early?
☐ Too late?
☐ About the right time?

- A16** Women can have different types of maternity care. Did the first care provider you saw in pregnancy discuss with you the pros and cons (benefits and risks) of each of these types of pregnancy and labour/birth care?

Please mark one box for each line

	Yes, discussed this option	No, didn't discuss this option	Not sure	What is this?
GP shared care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular pregnancy check-ups with your GP and some check-ups with midwives and/or obstetricians in the public hospital or in a community clinic. Labour and birth in a public hospital.
Midwifery-led care (team midwifery care, caseload midwifery care or midwifery group practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups with one midwife or a small team of midwives who work in a public hospital. Labour and birth in a public hospital (with the midwife or midwives that cared for you in pregnancy).
Standard care in a public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups with midwives and/or obstetricians in the public hospital or in a community clinic. Labour and birth in a public hospital.
Birth centre care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups with one midwife or a small team of midwives who work in a birth centre. Labour and birth in the birth centre.
Private obstetric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups with a private obstetrician (who you chose). Labour and birth in a private hospital with care provided by your obstetrician and/or hospital midwives.
Private midwifery care with birth at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups at home with a private midwife (who you chose). Labour and birth at home with care provided by your midwife.
Private midwifery care with birth in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy check-ups at home with a private midwife (who you chose). Labour and birth in a public hospital (with care provided by your midwife or hospital midwives).
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

- A17** What type of pregnancy and labour/birth care did you have? Please choose from the list above or describe your experience.

- A18** Who made the decision about the type of pregnancy and labour/birth care you would have?
Please mark only one box
- ☐ I made the final decision myself, from all my available options
☐ My care provider(s) made the final decision and checked if it was OK with me
☐ My care provider(s) made the final decision without checking with me

Your pregnancy check-ups

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 checked. Please ignore visits to only have a blood test or ultrasound scan.

- A19 Roughly how many times in total did you see a midwife and/or doctor for a check-up during your pregnancy? times
☐ I did not have any pregnancy check-ups → Please go to A25

- A20 In your opinion, was this number of check-ups...
Please mark only one box
- ☐ Too many?
☐ Too few?
☐ About the right number?

- A21 Was there one person who coordinated your pregnancy care and provided the majority of your pregnancy check-ups?
Please mark only one box
- ☐ Yes, my GP
☐ Yes, my midwife
☐ Yes, my obstetrician
☐ Yes, other:
☐ No
☐ I only had one pregnancy check-up

- A22 Was there a single midwife or a small group of midwives (no more than four) who provided your care right through pregnancy, labour/birth and after birth?
Please mark only one box
- ☐ Yes
☐ No

- A23 Roughly how long did you usually have to travel (one way) for check-ups during your pregnancy?
If you did not travel for check-ups (eg. had them at home), please answer '0'
- hours minutes

- A24 Did you have your own medical records to carry with you during your pregnancy?
Please mark only one box
- ☐ Yes
☐ No
- Tip:** Medical records are sometimes called the Patient Held Record or the Pregnancy Health Record.

Your pregnancy scans and tests

- A25 Roughly how many ultrasound scans did you have in total during your pregnancy?
If you didn't have any ultrasound scans, please write '0'
- scans

- A26 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having ultrasound scans?
Please mark only one box
- ☐ Yes
☐ No

Tip: An ultrasound scan shows a picture of your baby in the womb.

- A27 Who made the final decision to have or not have ultrasound scans?
Please mark only one box
- ☐ I made the final decision myself, from all my available options
☐ My maternity care provider(s) made the final decision and checked if it was OK with me
☐ My maternity care provider(s) made the final decision without checking with me

- A28 Roughly how many times did you have a blood test during your pregnancy?
If you didn't have any blood tests, please write '0'
- blood tests

- A29 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having blood tests during your pregnancy?
Please mark only one box
- ☐ Yes
☐ No

Any other comments?

- A30 Who made the final decision to have or not have blood tests during your pregnancy?**
- ☐ I made the final decision myself, from all my available options
- ☐ My maternity care provider(s) made the final decision and checked if it was OK with me
- ☐ My maternity care provider(s) made the final decision without checking with me

Please mark only one box

Your health and wellbeing during pregnancy

- A31 During your pregnancy, did a care provider tell you that:**

Please mark one box on each line

	Yes	No
You were experiencing depression	<input type="checkbox"/>	<input type="checkbox"/>
You were experiencing anxiety	<input type="checkbox"/>	<input type="checkbox"/>
You had gestational diabetes (diabetes due to pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>
You had high blood pressure (hypertension, pre-eclampsia)	<input type="checkbox"/>	<input type="checkbox"/>
You had placenta praevia (placenta close to or covering your cervix)	<input type="checkbox"/>	<input type="checkbox"/>
Your amount of amniotic fluid ('waters') was a concern	<input type="checkbox"/>	<input type="checkbox"/>
You had a problem with your cervix	<input type="checkbox"/>	<input type="checkbox"/>
Your age was a concern	<input type="checkbox"/>	<input type="checkbox"/>
Your weight was a concern	<input type="checkbox"/>	<input type="checkbox"/>
There was a problem with your baby's cord	<input type="checkbox"/>	<input type="checkbox"/>
Your baby was too big	<input type="checkbox"/>	<input type="checkbox"/>
Your baby was too small	<input type="checkbox"/>	<input type="checkbox"/>
You were in preterm labour (in labour before you were 37 weeks pregnant)	<input type="checkbox"/>	<input type="checkbox"/>
Your membranes had ruptured (waters had broken) and labour did not start	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A32 During your pregnancy, how worried were you overall about...**

Please mark one box on each line

	Not at all worried	A little worried	Quite worried	Very worried
Your pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your labour/birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for your new baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A33 During your pregnancy, did you have contact details for someone you could get in touch with at any hour if you were worried?**

Please mark all that apply

- ☐ I had the name and contact details of my care provider
- ☐ I had the details of my hospital, clinic or health service
- ☐ I had the details of a telephone support service or helpline (eg. 13 HEALTH)
- ☐ I had the details of someone else:
- ☐ No

If you did not see a care provider during pregnancy, please go to A37

Your care during pregnancy

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

- A34 When I saw care providers during pregnancy, they:**

Please mark one box on each line

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

A35 Thinking about your pregnancy how often did you:

Please mark one box on each line

	Not at all	Some of the time	Most of the time	All of the time
Feel confident in the skills of your care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel comfortable asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be more involved in decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like your care providers were on your side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish your care providers had more time to talk to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A36 Overall, how well were you looked after by your care provider(s) during pregnancy?

Please mark only one box

Very badly	Badly	Neither well nor badly	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

A37 Is there anything else you would like to tell us about your pregnancy?

Planning your labour and birth

Tip: 'Birth' includes babies born vaginally or by caesarean.

B1 Where did you plan to have your baby?

Please mark only one box

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

B2 Did you have your baby where you planned?

Please mark only one box

- ☐ Yes
- ☐ No, because:

B3 Which of the following options were available to you?

Please mark only one box

- ☐ A vaginal birth only
- ☐ A caesarean birth only
- ☐ Either a vaginal birth or a caesarean birth
- ☐ Not sure

B4 Could you choose whether your care provider(s) for labour and birth was/were male or female?

Please mark only one box

- ☐ Yes
- ☐ No, but I didn't want to
- ☐ No, but I wanted to
- ☐ Not sure

B5 Could you choose to have a translator or interpreter during labour/birth?

Please mark only one box

- ☐ Yes
- ☐ No, but I didn't need/want one
- ☐ No, but I wanted one
- ☐ Not sure

Any other comments?

Before your birth

B6 Did you have a membrane sweep (a 'stretch and sweep')?

Please mark all that apply

- ☐ Yes, to try to induce (start) labour
☐ Yes, to augment (speed up) labour after it had started
☐ Yes, but not sure why
☐ No, never
☐ Not sure

Tip: A membrane sweep is when a care provider makes circular movements around your cervix with his or her finger to try to separate the amniotic sac from the cervix.

B7 Did you have a tablet, pessary, gel or tape inserted into your vagina?

Please mark only one box

- ☐ Yes, to try to induce (start) labour
☐ Yes, but not sure why
☐ No, never
☐ Not sure

B8 Did a care provider rupture your membranes (break your waters)?

Please mark all that apply

- ☐ Yes, to try to induce (start) labour
☐ Yes, to augment (speed up) labour after it had started
☐ Yes, but not sure why
☐ No, never
☐ Not sure

B9 Did you have Syntocinon infusion (a drug that helps the uterus contract) put into a drip in your hand or arm?

Please mark all that apply

- ☐ Yes, to try to induce (start) labour
☐ Yes, to augment (speed up) labour after it had started
☐ Yes, but not sure why
☐ No, never
☐ Not sure

B10 Did you have or try anything else to induce (start) labour?

B11 Did you have or try anything else to augment (speed up) labour after it had started?

B12 Why was your labour induced?

Please mark one box on each line

*Please mark here if your labour was **not induced*** ☐

	Yes	No
My baby was 'overdue'. How many weeks pregnant were you? <input type="text"/> weeks	<input type="checkbox"/>	<input type="checkbox"/>
Regular contractions were starting and stopping	<input type="checkbox"/>	<input type="checkbox"/>
Worries about my health, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries about my baby's health, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't want to wait any longer to have my baby	<input type="checkbox"/>	<input type="checkbox"/>
My care provider(s) were concerned that my baby was too big	<input type="checkbox"/>	<input type="checkbox"/>
It was the policy of the hospital or care provider	<input type="checkbox"/>	<input type="checkbox"/>
My waters had broken and my labour did not start	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to control the timing of my baby's birth	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

Your labour

B13 Did you have any labour (even if you had a caesarean scheduled in advance)?

Please mark only one box

If your labour was induced but it did not work, please mark 'No'

☐ Yes → Please go to B14

☐ No → Please go to B22

B14 Approximately how long did your labour last?

days

hours

minutes

Tip: Please count the amount of time from the first stage of labour, when your uterus started contracting.

B15 Did you feel rushed or hurried by your care provider(s) at any time during your labour?

Please mark only one box

☐ Yes

☐ No

B16 Roughly how many times did a care provider perform a vaginal (internal) examination after your labour had started?

If you didn't have any vaginal examinations, please write '0'

times

B17 During your labour, how was your baby monitored (checked)?

Please mark all that apply

- ☐ A Doppler (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 fetal scalp electrode (a clip on my baby's head)

☐ My baby was not monitored because:

☐ Other:

☐ Not sure if/how my baby was monitored

B18 During your labour, were you able to move around and choose the position that made you most comfortable?

Please mark only one box

☐ Yes, all of the time

☐ Yes, most of the time

☐ Yes, some of the time

☐ No

B19 Did you have an epidural or spinal (anaesthetic injection in your back) for pain relief during labour?

Please mark only one box

If you only had an epidural or spinal for a caesarean section, please mark 'No'

☐ Yes, and it was very helpful → Please go to B20

☐ Yes, and it was somewhat helpful → Please go to B20

☐ Yes, but it was not at all helpful → Please go to B20

☐ No → Please go to B21

B20 Could you still stand or walk around after the epidural?

Please mark only one box

☐ Yes

☐ No

B21 Did you use a pool or bath in your place of birth for pain relief during labour?

Please mark only one box

☐ Yes

☐ No, but I didn't want to

☐ No, there wasn't a pool or bath

☐ No, I was unable to use the pool or bath provided

Your birth

B22 How many weeks pregnant were you when your baby was born?

weeks and

days

B23 How was your baby born?

Please mark only one box

☐ An unassisted vaginal birth (no forceps or vacuum) → Please go to B24

☐ A vaginal birth - assisted with a vacuum → Please go to B24

☐ A vaginal birth - assisted with forceps → Please go to B24

☐ A vaginal birth - assisted by forceps and a vacuum → Please go to B24

☐ A caesarean birth → Please go to B32

Tip about 'assisted' birth: Sometimes a care provider uses forceps (metal tongs) or a vacuum (with a suction cap on the baby's head) during a vaginal birth to help the baby to be born.

Any other comments?

Your vaginal birth

B24 What was the final position you were in when your baby was born?

Please mark only one box



☐ Lying on my back
(stirrups or no stirrups)



☐ Semi sitting (stirrups or no stirrups)



☐ Lying on my side



☐ Sitting on a birth stool



☐ Hands and knees



☐ Kneeling



☐ Sitting



☐ Standing



☐ Squatting

☐ Other:

B25 Were you in water when your baby was born?

Please mark only one box

- ☐ Yes, in the shower
☐ Yes, in a pool or bath
☐ No

B26 During your birth, did you have an episiotomy (cut with scissors or a scalpel) to enlarge your vaginal opening?

Please mark only one box

- ☐ Yes
☐ No
☐ Not sure

B27 During your birth, did you have a tear (for example, near the opening of your vagina)?

Please mark only one box

- ☐ Yes
☐ No
☐ Not sure

B28 After birth, did you have stitches near the opening of your vagina?

Please mark only one box

- ☐ Yes
☐ No
☐ Not sure

B29 Did you have a Syntocinon drip/injection for the third stage of labour (to birth your placenta)?

Please mark only one box

- ☐ No, I chose physiological third stage of labour instead
☐ Yes
☐ Not sure

Tip: There are different types of tears.
 1st degree: just skin tears
 2nd degree: skin and muscle tears
 3rd/4th degree: skin and muscle tear, including your back passage

Tip: Physiological third stage of labour is when you rely on your body's hormones to birth your placenta rather than having Syntocinon through a drip or injection to help.

B30 Would you recommend a vaginal birth to a friend?

Please mark only one box

☐ Yes, because:

☐ No, because:

☐ Not sure

B31 Is there anything else you would like to tell us about your vaginal birth?

Please go to B39

Your caesarean birth

B32 Did you have a caesarean birth scheduled in advance (planned before you arrived at hospital to have your baby)?

☐ Yes
☐ No

Please mark only one box

B33 When was it decided that you would have a caesarean birth?

☐ It was decided after labour started OR

hours before the caesarean was done
 days before the caesarean was done
 weeks pregnant

B34 Why did you have a caesarean birth?

Please mark one box on each line

Yes No

	Yes	No
I have had a caesarean birth before	<input type="checkbox"/>	<input type="checkbox"/>
I wanted my baby to be born in this way (no medical reason)	<input type="checkbox"/>	<input type="checkbox"/>
My baby was 'distressed' (fetal distress)	<input type="checkbox"/>	<input type="checkbox"/>
I had meconium (baby poo) in my waters	<input type="checkbox"/>	<input type="checkbox"/>
My labour had 'failed to progress'	<input type="checkbox"/>	<input type="checkbox"/>
It was recommended by my care provider, because:	<input type="checkbox"/>	<input type="checkbox"/>
My baby wouldn't fit through my pelvis	<input type="checkbox"/>	<input type="checkbox"/>
My baby was breech (feet or bottom first)	<input type="checkbox"/>	<input type="checkbox"/>
Worries about my health, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
Worries about my baby's health, please specify:	<input type="checkbox"/>	<input type="checkbox"/>
I was in premature labour	<input type="checkbox"/>	<input type="checkbox"/>
It was the policy of the hospital or care provider	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

B35 For your caesarean, did you have...

Please mark only one box

☐ An epidural or spinal anaesthesia during labour that continued for your caesarean
☐ An epidural or spinal anaesthesia just for your caesarean
☐ A general anaesthetic (puts you to sleep)

B36 Could you touch or hold your baby in the operating theatre?

Please mark only one box

☐ Yes
☐ No

B37 Would you recommend a caesarean birth to a friend?

Please mark only one box

☐ Yes, because:
☐ No, because:
☐ Not sure

B38 Is there anything else you would like to tell us about your caesarean birth?

Any other comments?

Your labour and birth experience

B39 Did any of the following happen during/after your labour/birth?

Please mark one box on each line

	Yes	No
I had a haemorrhage (significant blood loss)	<input type="checkbox"/>	<input type="checkbox"/>
I had meconium (baby poo) in my waters	<input type="checkbox"/>	<input type="checkbox"/>
My labour 'failed to progress'	<input type="checkbox"/>	<input type="checkbox"/>
My baby was breech (feet or bottom first)	<input type="checkbox"/>	<input type="checkbox"/>
My baby was distressed ('fetal distress')	<input type="checkbox"/>	<input type="checkbox"/>
My baby became stuck	<input type="checkbox"/>	<input type="checkbox"/>
There was a problem with my baby's cord	<input type="checkbox"/>	<input type="checkbox"/>
My baby had to be resuscitated (helped to breathe)	<input type="checkbox"/>	<input type="checkbox"/>
My placenta was retained (got stuck)	<input type="checkbox"/>	<input type="checkbox"/>
I was admitted to intensive care	<input type="checkbox"/>	<input type="checkbox"/>
I had a blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

B40 Were all of your support people (eg. partner, husband, companion) made to feel welcome...

Please mark one box on each line

If your support people were not allowed to be with you, please mark 'No'

During your labour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
During your birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
After your birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Overnight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

B41 Were you and your support people left alone by your care provider(s) at any time during labour or shortly after birth?

Please mark all that apply

- ☐ Yes, during labour → Please go to B42
☐ Yes, after birth → Please go to B42
☐ No, not at all → Please go to B43

B42 Was it worrying to be left alone at this time?

Please mark all that apply

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

Tip: We are aware that the experience of support people is also very important. We are planning more studies into this issue. If you have any additional comments about your support people and their experience, please feel free to use the comment box at the bottom of the next page.

Your care during labour and birth

Remember, 'birth' includes babies born vaginally or by caesarean

B43 Did any of these types of care providers care for you during your labour and birth?

Please mark at least one box on every line

	Yes	No	Not sure	If yes, roughly how many of this type of care provider?
Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Obstetricians or OB/GYNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
General practitioners (GPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Doulas (a person trained to provide non-medical support during birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Anaesthetists (provides you with numbing pain relief, eg. an epidural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Paediatricians or neonatologists (doctor for babies and young children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Student midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Student doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Others: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B44 **Had you met these people before your labour/birth?**

Please mark only one box

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

B45 **Was there at least one maternity care provider who cared for you right through your labour and birth?**

Please mark only one box

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

- ☐ Yes
☐ No

B46 **Do you feel that the medical procedures during your birth were necessary?**

Please mark only one box

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

B47 **Were there any aspects of the labour and birth environment that needed improvement?**

Please mark all that apply

☐ Nothing needed improvement

☐ Temperature

☐ Decoration

☐ Colour scheme

☐ Furnishings

☐ Security

☐ Noise

☐ Space

☐ Cleanliness

☐ 'Homeliness'

☐ Privacy

☐ Lighting

☐ Food

☐ Other:

Decisions about labour and birth

These questions are about procedures that some women have during labour or birth. Please answer these questions even if you did not have the procedure. Please also answer these questions even if you did not have any labour or a vaginal birth.

Tip: Various people might be involved in the decision making process, however, these questions are about who made the final decision, that is, who had the last say.

B48 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having a caesarean?**

Please mark all that apply

- ☐ Yes, discussed during pregnancy
☐ Yes, discussed during labour and birth
☐ No

B49 **Who made the final decision to have or not to have a caesarean?**

Please mark only one box

- ☐ I made the final decision myself, from all my available options
☐ My maternity care provider(s) made the final decision and checked if it was OK with me
☐ My maternity care provider(s) made the final decision without checking with me

B50 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of being induced and not being induced?**

Please mark only one box

- ☐ Yes
☐ No

B51 **Who made the final decision to induce or not induce you?**

Please mark only one box

- ☐ I made the final decision myself, from all my available options
☐ My maternity care provider(s) made the final decision and checked if it was OK with me
☐ My maternity care provider(s) made the final decision without checking with me

B52 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of monitoring and not monitoring your baby during labour?**

Please mark all that apply

- ☐ Yes, discussed during pregnancy
☐ Yes, discussed during labour and birth
☐ No

B53 **Who made the final decision if/how your baby was monitored during labour?**

Please mark only one box

- ☐ I made the final decision myself, from all my available options
☐ My maternity care provider(s) made the final decision and checked if it was OK with me
☐ My maternity care provider(s) made the final decision without checking with me
☐ Does not apply (I did not have any labour)

Any other comments?

B54 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having vaginal examinations to check the progress of your labour/birth?

Please mark all that apply

- ☐ Yes, discussed during pregnancy
- ☐ Yes, discussed during labour and birth
- ☐ No

B55 Who made the final decision to have or not have vaginal examinations?

Please mark only one box

- ☐ I made the final decision myself, from all my available options
- ☐ My maternity care provider(s) made the final decision and checked if it was OK with me
- ☐ My maternity care provider(s) made the final decision without checking with me
- ☐ Does not apply (I did not have any labour)

B56 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having an epidural/spinal (injection in your back)?

Please mark all that apply

- ☐ Yes, discussed during pregnancy
- ☐ Yes, discussed during labour and birth
- ☐ No

B57 Who made the final decision to have or not have an epidural/spinal?

Please mark only one box

- ☐ I made the final decision myself, from all my available options
- ☐ My maternity care provider(s) made the final decision and checked if it was OK with me
- ☐ My maternity care provider(s) made the final decision without checking with me

B58 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having an episiotomy?

Please mark all that apply

- ☐ Yes, discussed during pregnancy
- ☐ Yes, discussed during labour and birth
- ☐ No

B59 Who made the final decision to have or not have an episiotomy?

Please mark only one box

- ☐ I made the final decision myself, from all my available options
- ☐ My maternity care provider(s) made the final decision and checked if it was OK with me
- ☐ My maternity care provider(s) made the final decision without checking with me
- ☐ Does not apply (I had a caesarean birth)

B60 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of having and not having a drip/injection of Syntocinon to birth your placenta?

Please mark all that apply

- ☐ Yes, discussed during pregnancy
- ☐ Yes, discussed during labour and birth
- ☐ No

Tip: Syntocinon is a drug that helps the uterus contract.

B61 Who made the final decision to have or not have a Syntocinon drip/injection to birth your placenta?

Please mark only one box

- ☐ I made the final decision myself, from all my available options
- ☐ My maternity care provider(s) made the final decision and checked if it was OK with me
- ☐ My maternity care provider(s) made the final decision without checking with me
- ☐ Does not apply (I had a caesarean birth)

Your care during labour and birth

These questions are about your care only during labour/birth

B62 When I saw care providers during my labour/birth, they:

Please mark one box on each line

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

B63 Thinking about your labour/birth, how often did you:

Please mark one box on each line

	Not at all	Some of the time	Most of the time	All of the time
Feel confident in the skills of your care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel comfortable asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be more involved in decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like your care providers were on your side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish your care providers had more time to talk to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B64 We would like to know how you feel you were looked after during your labour/birth. Please mark any of the words that describe the staff you saw during labour/birth.

Please mark as many as you wish

<input type="checkbox"/> Rushed	<input type="checkbox"/> Humorous	<input type="checkbox"/> Insensitive	<input type="checkbox"/> Kind
<input type="checkbox"/> Considerate	<input type="checkbox"/> Unhelpful	<input type="checkbox"/> Supportive	<input type="checkbox"/> Offhand
<input type="checkbox"/> Rude	<input type="checkbox"/> Warm	<input type="checkbox"/> Inconsiderate	<input type="checkbox"/> Polite
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Bossy	<input type="checkbox"/> Informative	<input type="checkbox"/> Condescending

Are there any other words you would like to add?

B65 Overall, how well were you looked after by your care provider(s) during labour/birth?

Please mark only one box

Very badly	Badly	Neither well nor badly	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

B66 Is there anything else you would like to tell us about your labour/birth?

Any other comments?

You and your baby after birth

Remember, 'birth' includes babies born vaginally or by caesarean

C1 Roughly how soon after birth did you first hold your baby?

Please mark only one box

- ☐ Less than 1 minute after birth
- ☐ 1 minute after birth
- ☐ 2 to 5 minutes after birth
- ☐ 6 to 30 minutes after birth
- ☐ 31 to 60 minutes after birth
- ☐ More than 1 hour but less than 2 hours after birth
- ☐ More than 2 hours but less than 1 day after birth
- ☐ More than one day after birth

C2 In your opinion, was this...

Please mark only one box

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

C3 The first time you held your baby, did you have skin-to-skin contact (that is, was your baby straight on your skin and not wrapped, dressed or in a nappy)?

Please mark only one box

- ☐ Yes
- ☐ No

C4 The first time you held your baby, how long did you hold him/her for?

Please give your best estimate

hours minutes seconds

C5 In your opinion, was this amount of time...

Please mark only one box

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

C6 How soon after birth was your baby placed to your breast to feed?

Please mark only one box

- ☐ Less than 10 minutes after birth → Please go to C7
- ☐ 10 to 30 minutes after birth → Please go to C7
- ☐ 31 to 60 minutes after birth → Please go to C7
- ☐ More than 1 hour but less than 2 hours after birth → Please go to C7
- ☐ More than 2 hours but less than 1 day after birth → Please go to C7
- ☐ More than 1 day after birth → Please go to C7
- ☐ Never, I didn't intend to breastfeed → Please go to C8
- ☐ Never, even though I intended to breastfeed → Please go to C8

C7 In your opinion, was this...

Please mark only one box

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

C8 After you had your baby was your baby in the same room as you...

Please mark only one box

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

C9 In your opinion, was your baby in the same room as you...

Please mark only one box

- ☐ Too much? Why?
- ☐ Too little? Why?
- ☐ About the right amount?

C10 Could you choose whether your baby slept in your bed?

Please mark only one box

- ☐ Yes, I could choose
- ☐ No, but I didn't want to choose
- ☐ No, but I would have liked to choose
- ☐ Not sure

C11 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of your baby sleeping in your bed and not sleeping in your bed?

Please mark all that apply

- ☐ Yes, during pregnancy
- ☐ Yes, during or after birth
- ☐ No

C12 Did you have the opportunity to talk about your birth experience and your feelings with a care provider after your birth?

Please mark only one box

- ☐ Yes
- ☐ No, but I would have liked to
- ☐ No, but it didn't matter

C13 How much do you agree or disagree with the following statements about your recovery after birth?

Please mark one box on each line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I experienced unpleasant side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The pain I experienced was manageable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not move around as freely as I liked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could care for my baby (eg. feed, change or pick up my baby) as much as I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not receive enough help and support from my care provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C14 When you left the hospital or birth centre where your baby was born, did you go...

Please mark only one box

- ☐ Home with your baby → Please go to C15
- ☐ Home without your baby → Please go to C15
- ☐ To another hospital with your baby. Which hospital? → Please go to C15
- ☐ To another hospital without your baby. Which hospital? → Please go to C15
- ☐ I had my baby at home and never went to a hospital or birth centre → Please go to C25
- ☐ Other: → Please go to C15

C15 In total, how many nights did you stay in a hospital or birth centre after birth?

 nights

☐ I did not stay in a hospital or birth centre overnight

C16 In your opinion, was this length of time...

Please mark only one box

- ☐ Too long? Why?
- ☐ Too short? Why?
- ☐ About the right length of time?

Your stay in the hospital or birth centre

C17 Thinking about how often a care provider came and checked on you during your stay in the hospital or birth centre, was this...

Please mark only one box

- ☐ Too often?
- ☐ Not often enough?
- ☐ About right?

C18 Was there at least one maternity care provider who cared for you during your labour/birth, who visited you again before you went home (even for a quick 'hello')?

Please mark only one box

- ☐ Yes
- ☐ No, but I would have liked a visit of this kind
- ☐ No, but it didn't matter

C19 Were there any aspects of the post-birth environment that needed improvement?

Please mark as many as you wish

- | | | | |
|---|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Nothing needed improvement | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Space | <input type="checkbox"/> Privacy |
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Security | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Decoration | <input type="checkbox"/> Noise | <input type="checkbox"/> 'Homeliness' | <input type="checkbox"/> Food |
| <input type="checkbox"/> Colour scheme | | | |
- ☐ Other:

Any other comments?

Your care after birth in the hospital or birth centre

These questions are about your care only in the hospital or birth centre after your birth

C20 When I saw care providers in the hospital or birth centre after my birth, they:

Please mark one box on each line

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

C21 Thinking about your time in the hospital or birth centre after birth, how often did you:

Please mark one box on each line

	Not at all	Some of the time	Most of the time	All of the time
Feel confident in the skills of your care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel comfortable asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be more involved in decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like your care providers were on your side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish your care providers had more time to talk to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C22 Overall, how well were you looked after by your care provider(s) in the hospital or birth centre after your birth?

Please mark only one box

Very badly	Badly	Neither well nor badly	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Your care overall

C23 Would you recommend this hospital or birth centre to a friend?

Please mark only one box

☐ Yes, because:

☐ No, because:

☐ Not sure

C24 What would you like to tell other women about having a baby in this hospital or birth centre?

C25 Did you have a private obstetrician or private midwife?

Please mark only one box

☐ Yes → Please go to C26

☐ No → Please go to C28

Tip: A private obstetrician or midwife is a specific person that you (or your GP) chose to care for you.

C26 Please write the name of your obstetrician or midwife:

(Optional)

C27 **Would you recommend your obstetrician or midwife to a friend?**

Please mark only one box

- ☐ Yes, because:
- ☐ No, because:
- ☐ Not sure

C28 **If the people who run maternity services could spend money to improve one thing in maternity care, what do you think this should be?**

Your care at home

D1 **In the first 7 days of you being at home after having your baby, did any of the following happen?**

Please mark one box on each line

Please answer even if your baby wasn't at home with you

	Yes	No
I was telephoned by a midwife or nurse	<input type="checkbox"/>	<input type="checkbox"/>
I was visited at home by a midwife or nurse	<input type="checkbox"/>	<input type="checkbox"/>
I visited a midwife or nurse (eg. at a community health centre)	<input type="checkbox"/>	<input type="checkbox"/>
I visited a general practitioner (GP)	<input type="checkbox"/>	<input type="checkbox"/>

D2 **In total, how many times since being at home after having your baby have you...**

Please write a number on each line

Please answer even if your baby wasn't at home with you

Been telephoned by a health care provider?	<input type="text"/>	times	OR	<input type="checkbox"/>	Never
Been visited at home by a health care provider?	<input type="text"/>	times	OR	<input type="checkbox"/>	Never
Visited a child health nurse?	<input type="text"/>	times	OR	<input type="checkbox"/>	Never
Visited a GP?	<input type="text"/>	times	OR	<input type="checkbox"/>	Never

D3 **In your opinion, was the amount of contact you had with care providers after being at home...**

Please mark only one box

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

D4 **How would you have liked to have contact with care providers after being at home?**

Please mark all that apply

- ☐ Telephoned by a midwife or nurse
- ☐ Visited at home by a midwife or nurse
- ☐ Emailed by a midwife or nurse
- ☐ Visited a midwife or nurse myself (eg. at a community health centre)
- ☐ Visited a general practitioner (GP) myself
- ☐ Visited the hospital myself
- ☐ Other:
- ☐ I did not want to have contact with care providers after being at home

D5 **When you were at home after the birth of your baby, did you have the contact details of someone you could get in touch with at any hour if you were worried?**

Please mark all that apply

- ☐ I had the name and contact details of my care provider
- ☐ I had the details of my hospital, clinic or health service
- ☐ I had the details of a telephone support service (eg. 13 HEALTH)
- ☐ I had the details of someone else:
- ☐ No

Any other comments?

D6 After you had your baby, were you offered details of a mothers' or parents' group in your community?

Please mark only one box

☐ Yes. By who?

☐ No

These questions are about your care only after going home or since having your baby at home

D7 When I saw care providers after going home (or since having my baby at home), they:

Please mark one box on each line

If you did not see any care providers after going home, please mark this box ☐

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

D8 Thinking about your care after going home (or since having your baby at home), how often did you:

Please mark one box on each line

If you did not see any care providers after going home, please mark this box ☐

	Not at all	Some of the time	Most of the time	All of the time
Feel confident in the skills of your care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel comfortable asking questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive conflicting information and advice from different care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Want to be more involved in decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel like your care providers were on your side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish your care providers had more time to talk to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D9 Overall, how well were you looked after by your care provider(s) after going home (or since having your baby at home)

Please mark only one box

If you did not see any care providers

after going home, please mark this box ☐

Very badly Badly Neither well nor badly Well Very well

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Feeding your baby

D10 Did your baby ever have breastmilk (or colostrum)?

Please mark only one box
Please include expressed breastmilk

- ☐ Yes → Please go to D11
☐ No → Please go to D13

D11 Was your baby having breastmilk (or colostrum) when you left the hospital?

Please mark only one box
Please include expressed breastmilk

- ☐ Yes
☐ No
☐ I didn't go to hospital

D12 Is your baby still having breastmilk?

Please mark only one box

- ☐ Yes
☐ No. How old was your baby when he/she last had breastmilk?
 days **OR** weeks

D13 Was your baby given anything to drink in hospital without your consent?

Please mark only one box

- ☐ Yes, what:
☐ No
☐ Not sure
☐ I didn't go to hospital

D14 Has your baby ever had (or tried) any of the following?

Please mark one box on each line
If your baby first tried something in the first 24 hours, please write '0' days

If yes, how old was your baby when he or she had/tried this for the first time?

	Yes	No	
Infant formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Plain water (by itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Sweetened or flavoured water, fruit juice or soft drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Tea or infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Tinned, powdered or fresh milk (eg. cow's milk, goat's milk, soy milk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Solid or semi-solid food (eg. baby food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> days OR <input type="text"/> weeks

D15 Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of different options for feeding your baby?

Please mark all that apply

- ☐ Yes, during pregnancy
☐ Yes, during or after birth
☐ No

D16 Is there anything else you'd like to tell us about feeding your baby?

Any other comments?

Your health after birth

D17 When you first had your new baby at home, how confident did you feel about looking after him or her?

Please mark only one box

- ☐ Extremely confident
☐ Fairly confident
☐ Confident
☐ Not very confident
☐ Not at all confident
☐ My baby hasn't come home yet

If you have 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)

D18 Have you ever experienced any of the following after your most recent birth?

Please mark one box on each line

	Yes	No	Does not apply to me
Painful stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An infection to a cut or wound from your labour/birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling anxious (worried)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence (leaking urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your bowel/anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain or backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties or pain during intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep (not related to your baby)	<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"/>
Haemorrhoids (piles or spots of blood from your anus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastitis (blocked or inflamed milk ducts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D19 Since your birth, have you been told by a health professional that you were experiencing depression?

Please mark only one box

- ☐ Yes. What information and support did you receive (if any)?
- ☐ No

D20 Since your birth, have you been told by a health professional that you were experiencing anxiety?

Please mark only one box

- ☐ Yes. What information and support did you receive (if any)?
- ☐ No

D21 Overall, how did you feel...

Please mark one box on each line

	Not at all well				Very well
Physically during the <u>first few days</u> after having your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically during the <u>last few days</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally during the <u>last few days</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D22 Have you been re-admitted to hospital for your own health since you first came home (or since giving birth to your baby at home)?

Please mark only one box

- ☐ Yes, because: → Please go to D23
- ☐ No → Please go to D24

D23 When you were re-admitted to hospital, how many nights did you stay?

nights

Your baby's health after birth

D24 Overall, how well was your baby during the first few days after being born?

Please mark only one box

Not at all well ☐ ☐ ☐ ☐ ☐ Very well

D25 Was your baby ever cared for in a neonatal unit (eg. special care nursery (SCN) or neonatal intensive care unit (NICU))?

Please mark only one box

☐ Yes → Please go to D26
☐ No → Please go to D29

D26 For how long was your baby in neonatal care in total?

hours days weeks
☐ My baby is still in hospital

D27 Why?

D28 How much were you involved in caring for your baby while he or she was in the neonatal unit?

Please mark only one box

☐ More than I wanted
☐ Less than I wanted
☐ About the right amount

D29 Since your baby first came home from hospital (or since giving birth to your baby at home) has your baby been re-admitted to hospital?

Please mark only one box

☐ Yes, because: → Please go to D30
☐ No → Please go to D31
☐ My baby is still in hospital → Please go to D31

D30 When your baby was re-admitted to hospital, how many nights did he or she stay?

nights

D31 Is there anything else you would like to tell us about your care after birth?

Your pregnancy and birth history

E1 How many times in total have you been pregnant?

This includes pregnancies that ended in stillbirth, miscarriage, termination or abortion

☐ Once **OR** times

E2 Including the birth of your new baby, how many births have you had?

Please include babies who were stillborn or children that have died since birth

☐ One birth
 births

Tip: 'Birth' includes babies born vaginally or by caesarean section. If you had a multiple birth (twins or more), please count this as one birth.

E3 How many times in total 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

times

Any other comments?

E4 Did you have problems or complications in previous pregnancies, labours or births?

Please mark only one box

☐ Yes → Please go to E5

☐ No → Please go to E6

E5 Please describe:

E6 Is there anything else you would like to add about your previous pregnancies, labours or births?

E7 How much do you agree or disagree with the following?

Please mark one box on each line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Childbirth is a natural process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childbirth does not usually require medical expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things can go wrong during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things can go wrong during birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain during birth can be minimised by my actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is best for first time mothers to be cared for by an obstetrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth is safest in a hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's bodies are able to manage the pain of labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

E8 Who, apart from you, lives in your household?

Please mark all that apply

- ☐ No-one else
☐ My new baby
☐ My partner (or my baby's father)
☐ Other children I care for. How many? children
☐ One or more other people. Who?

--

E9 In what town or suburb was your usual place of residence when your baby was born?

--

E10 What is the postcode of this town or suburb?

--	--	--	--	--

E11 What is your date of birth?

Date: / / OR Age: years

E12 How tall are you without shoes?

cm OR feet and inches

E13 Just before you became pregnant with your new baby, how much did you weigh?

kg OR stones and pounds

OR ☐ Not sure/don't want to say

E14 Where were you born?

Please mark only one box

- ☐ Australia
☐ Other country:

E15 Which of the following best describes you?

Please mark all that apply

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

E16 Do you identify with any cultural group(s) or ethnicity?

Please mark only one box

- ☐ No
☐ Yes:

☐ English
☐ Other: _____

☐ Yes → Please go to E19

☐ No → Please go to E21

☐ No \longrightarrow Please go to E21

☐ All of the time

☐ Most of the time

☐ Some of the time

☐ Never

☐ Never

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

☐ Yes, from my employer

☐ Yes, from the government (as part of the new Paid Parental Leave scheme)

☐ No

No

Please mark all that apply

☐ Yes, full-time paid work. How old was your baby when you did? weeks

☐ Yes, part-time paid work. How old was your baby when you did? weeks

☐ Yes, casual paid work. How old was your baby when you did? weeks

☐ Yes, study. How old was your baby when you did? weeks

☐ No

Date:

D	D	/	M	M	/	Y	Y
---	---	---	---	---	---	---	---

☐ Yes → Please go to E26

☐ No → Please go to E29

☐ No → Please go to E29

☐ Yes → Please go to E27

☐ No → Please go to E29

☐ No → Please go to E29

-25-

E27 How often do you visit the website?

Please mark only one box

- ☐ Only once or twice
☐ About once a month
☐ About once a fortnight
☐ About once a week
☐ More than once a week

E28 About how long do you spend at the website each visit?

Please mark only one box

- ☐ Just a minute or so
☐ About five minutes
☐ More than five minutes

E29 Have you ever heard of/used Birthplace?

Please mark only one box

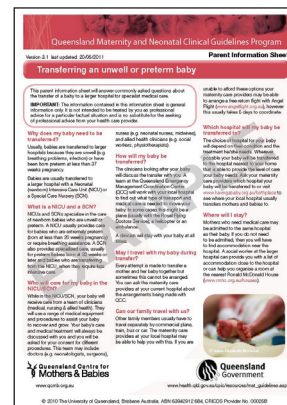
- ☐ Yes, I have heard of Birthplace and have used it
☐ Yes, I have heard of Birthplace but have not used it
☐ No, I haven't heard of or used Birthplace

Tip: Birthplace is an online tool that provides information about all birthing facilities in Queensland.

E30 Did you receive a Parent Information Sheet (as pictured) from your care provider about:

Please mark one box on each line

	Yes, and it was helpful	Yes, and it was <u>not</u> helpful	No, I did not receive it	Not sure	Does not apply to me
Induction of labour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal birth after caesarean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preterm labour and birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A newborn examination of your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring your unwell or preterm baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



About this survey

E31 Did you know about this survey before you received it?

Please mark only one box

- ☐ Yes → Please go to E32
☐ No → Please go to E33

E32 How did you find out about the survey before you received it?

Please mark all that apply

- ☐ A postcard in the mail
☐ Information at the hospital
☐ Information at my GP or obstetrician's clinic
☐ Information from my child health nurse
☐ Other:

E33 How could this survey be improved?

E34 If there is anything else you'd like to tell us, please write here:

Tip: Please feel free to attach extra pages.

Keeping in touch

As the Registry of Births, Deaths and Marriages sent you this survey on our behalf, we do not currently have your contact details. You might like to complete your contact details so that we can keep in touch.

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

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

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

Please **mark here** → ☐ if you would like to receive regular **updates** from us.

Please **mark here** → ☐ if you would like to receive invitations to take part in our future **research**.
You can decide not to take part at the time if we do contact you.

Do you consent to us linking your survey answers to your contact details?

This will allow us to send you invitations that are more relevant to you and your experiences. If you consent, your details will only ever be linked for the purpose of sending research invitations.

- ☐ Yes, I consent to my survey answers being linked to my contact details
☐ No, I do not consent to my survey answers being linked to my contact details

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.

Having a Baby in Queensland Survey 2012
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, 2012.

We wish you and your baby all the very best.



Queensland Centre for
Mothers & Babies

