Queensland Centre for
Mothers & Babies

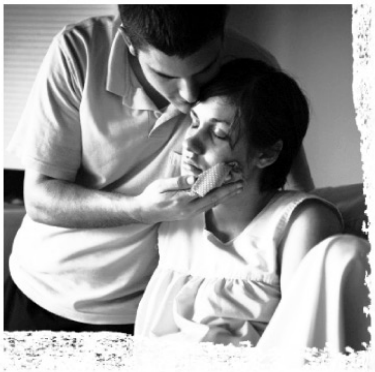
Every mother has a story to tell











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 babies**.

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 babies. 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.

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

A1 **When were your babies born?**

First baby: Date: DD / MM / YY Time: : ☐ a.m. ☐ p.m.

Second baby: Date: DD / MM / YY Time: : ☐ a.m. ☐ p.m.

Third baby: Date: DD / MM / YY Time: : ☐ a.m. ☐ p.m.

Tip: If you had twins, please leave 'third baby' questions blank throughout.

A2 **Did you have baby boys, baby girls, or both?**

First baby: ☐ Boy **OR** ☐ Girl

Second baby: ☐ Boy **OR** ☐ Girl

Third baby: ☐ Boy **OR** ☐ Girl

A3 **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

A4 **Where were your babies born?**

Please mark only one box

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.

- ☐ 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*

A5 **Were you a private patient or a public patient when you gave birth to your babies?**

Please mark only one box

- ☐ Public patient
- ☐ Private patient
- ☐ Not sure

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

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

A8 **Why did you have your babies 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*

Any other comments?

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.

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	☐	☐	☐	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)	☐	☐	☐	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	☐	☐	☐	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	☐	☐	☐	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	☐	☐	☐	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	☐	☐	☐	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	☐	☐	☐	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:	☐	☐	☐	

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.

Any other comments?

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

A30 **Who made the final decision to have or not have blood tests during your pregnancy?**
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

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	☐	☐
You were experiencing anxiety	☐	☐
You had gestational diabetes (diabetes due to pregnancy)	☐	☐
You had high blood pressure (hypertension, pre-eclampsia)	☐	☐
You had placenta praevia (placenta close to or covering your cervix)	☐	☐
Your amount of amniotic fluid ('waters') was a concern	☐	☐
You had a problem with your cervix	☐	☐
Your age was a concern	☐	☐
Your weight was a concern	☐	☐
There was a problem with the cord for one or more of your babies	☐	☐
One or more of your babies was too big	☐	☐
One or more of your babies was too small	☐	☐
You were in preterm labour (in labour before you were 37 weeks pregnant)	☐	☐
Your membranes had ruptured (waters had broken) and labour did not start	☐	☐
Other:	☐	☐

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?	☐	☐	☐	☐
Your labour/birth?	☐	☐	☐	☐
Caring for your new babies?	☐	☐	☐	☐

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	☐	☐	☐	☐
Worked well as a team	☐	☐	☐	☐
Talked to me in a way I could understand	☐	☐	☐	☐
Treated me with respect	☐	☐	☐	☐
Treated me with kindness and understanding	☐	☐	☐	☐
Treated me as an individual	☐	☐	☐	☐
Were open and honest	☐	☐	☐	☐
Respected my privacy	☐	☐	☐	☐
Respected my decisions	☐	☐	☐	☐
Genuinely cared about my wellbeing	☐	☐	☐	☐

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	☐	☐	☐	☐
Know what was happening	☐	☐	☐	☐
Feel comfortable asking questions	☐	☐	☐	☐
Feel in control	☐	☐	☐	☐
Receive conflicting information and advice from different care providers	☐	☐	☐	☐
Feel safe	☐	☐	☐	☐
Want to be more involved in decisions	☐	☐	☐	☐
Feel like your care providers were on your side	☐	☐	☐	☐
Wish your care providers had more time to talk to you	☐	☐	☐	☐

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
☐	☐	☐	☐	☐
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.

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

Any other comments?

B1 **Where did you plan to have your babies?**
Please mark only one box

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

B2 **Did you have your babies 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

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 babies were 'overdue'. How many weeks pregnant were you? ☐☐ weeks	☐	☐
Regular contractions were starting and stopping	☐	☐
Worries about my health, please specify:	☐	☐
Worries about the health of one or more of my babies, please specify:	☐	☐
I didn't want to wait any longer to have my babies	☐	☐
My care provider(s) were concerned that one or more of my babies were too big	☐	☐
It was the policy of the hospital or care provider	☐	☐
My waters had broken and my labour did not start	☐	☐
I wanted to control the timing of my babies' birth	☐	☐
Other:	☐	☐
Not sure	☐	☐

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 were your babies 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/ babies' head)
☐ My babies were not monitored because:
☐ Other:
☐ Not sure if/how my babies were monitored

Any other comments?

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 babies were born?** ☐☐ weeks and ☐☐ days

B23 **How was your first twin or triplet born?**
Please mark only one box

- ☐ A vaginal birth → *Please go to B24*
- ☐ A caesarean birth → *Please go to B39*

Your vaginal birth

Your first baby

B24 **How was your first baby born?**
Please mark only one box

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

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.

B25 **What was the final position you were in when your first 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:

B26 **Were you in water when your first baby was born?**
Please mark only one box

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

Your second baby

B27 **How was your second baby born?**
Please mark only one box

- ☐ An unassisted vaginal birth (no forceps or vacuum) → *Please go to B28*
- ☐ A vaginal birth - assisted with a vacuum → *Please go to B28*
- ☐ A vaginal birth - assisted with forceps → *Please go to B28*
- ☐ A vaginal birth - assisted by forceps and a vacuum → *Please go to B28*
- ☐ A caesarean birth → *Please go to B33*

B28 **What was the final position you were in when your second baby was born?**
Please mark only one box
See pictures in B25

- ☐ 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:

B29 **Were you in water when your second baby was born?**
Please mark only one box

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

Your third baby

If you had twins, please go to B33

B30 **How was your third baby born?**
Please mark only one box

- ☐ An unassisted vaginal birth (no forceps or vacuum) → *Please go to B31*
- ☐ A vaginal birth - assisted with a vacuum → *Please go to B31*
- ☐ A vaginal birth - assisted with forceps → *Please go to B31*
- ☐ A vaginal birth - assisted by forceps and a vacuum → *Please go to B31*
- ☐ A caesarean birth → *Please go to B33*
- ☐ Does not apply to me (I had twins) → *Please go to B33*

B31 **What was the final position you were in when your third baby was born?**
Please mark only one box
See pictures in B25

- ☐ 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:

B32 **Were you in water when your third baby was born?**
Please mark only one box

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

Any other comments?

B33 **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

B34 **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

B35 **After birth, did you have stitches near the opening of your vagina?**
Please mark only one box

- ☐ Yes
- ☐ No
- ☐ 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

B36 **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: 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.

B37 **Would you recommend a vaginal 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 vaginal birth?**

_____

_____

_____

Your caesarean birth

If all your babies were born vaginally, please go to B46

B39 **Did you have a caesarean scheduled in advance (planned before you arrived at hospital to have your babies)?**
Please mark only one box

- ☐ Yes
- ☐ No

B40 **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

B41 **Why did you have a caesarean birth?**
Please mark one box on each line

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

B42 **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)

B43 **Could you touch or hold your babies in the operating theatre?**
Please mark only one box

- ☐ Yes
- ☐ No

B44 **Would you recommend a caesarean birth to a friend?**
Please mark only one box

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

B45 **Is there anything else you would like to tell us about your caesarean birth?**

_____

_____

_____

Your labour and birth experience

B46 **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)	☐	☐
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 ('fetal 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) was/were retained (got stuck)	☐	☐
I was admitted to intensive care	☐	☐
I had a blood transfusion	☐	☐
Other: _____	☐	☐
None of the above	☐	☐

B47 **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?	☐ Yes	☐ No	☐ Not applicable
During the birth of your first baby?	☐ Yes	☐ No	☐ Not applicable
During the birth of your second baby?	☐ Yes	☐ No	☐ Not applicable
During the birth of your third baby?	☐ Yes	☐ No	☐ Not applicable
After your birth?	☐ Yes	☐ No	☐ Not applicable
Overnight?	☐ Yes	☐ No	☐ Not applicable

B48 **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 B49*
- ☐ Yes, after birth → *Please go to B49*
- ☐ No, not at all → *Please go to B50*

Any other comments?

B49 **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

B50 **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	☐	☐	☐	
Obstetricians or OB/GYNs	☐	☐	☐	
General practitioners (GPs)	☐	☐	☐	
Nurses	☐	☐	☐	
Doulas (a person trained to provide non-medical support during birth)	☐	☐	☐	
Anaesthetists (provides you with numbing pain relief, eg. an epidural)	☐	☐	☐	
Paediatricians or neonatologists (doctor for babies and young children)	☐	☐	☐	
Student midwives	☐	☐	☐	
Student doctors	☐	☐	☐	
Others:	☐	☐	☐	

B51 **Had you met these people before your labour/birth?**
Please mark only one box

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

B52 **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

B53 **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)

B54 **Were there any aspects of the labour and birth environment that <u>needed improvement</u>?**
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.

B55 **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

B56 **Who made the final decision to have or not 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

B57 **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

B58 **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

B59 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of monitoring and not monitoring your babies during labour?**
Please mark all that apply

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

B60 **Who made the final decision if/how your babies were 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)

B61 **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

B62 **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)

B63 **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

Any other comments?

B64 **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

B65 **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

B66 **Who made the 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)

B67 **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.

B68 **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

B69 **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	☐	☐	☐	☐
Worked well as a team	☐	☐	☐	☐
Talked to me in a way I could understand	☐	☐	☐	☐
Treated me with respect	☐	☐	☐	☐
Treated me with kindness and understanding	☐	☐	☐	☐
Treated me as an individual	☐	☐	☐	☐
Were open and honest	☐	☐	☐	☐
Respected my privacy	☐	☐	☐	☐
Respected my decisions	☐	☐	☐	☐
Genuinely cared about my wellbeing	☐	☐	☐	☐

B70 **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	☐	☐	☐	☐
Know what was happening	☐	☐	☐	☐
Feel comfortable asking questions	☐	☐	☐	☐
Feel in control	☐	☐	☐	☐
Receive conflicting information and advice from different care providers	☐	☐	☐	☐
Feel safe	☐	☐	☐	☐
Want to be more involved in decisions	☐	☐	☐	☐
Feel like your care providers were on your side	☐	☐	☐	☐
Wish your care providers had more time to talk to you	☐	☐	☐	☐

B71 **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

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

Are there any other words you would like to add?

B72 **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
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

B73 **Is there anything else you would like to tell us about your labour/birth?**

You and your babies after birth

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

Your first baby

C1 **Roughly how soon after the birth of your <u>first</u> baby did you first hold him/her?**

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 <u>first</u> 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 <u>first</u> baby, how long did you hold him/her for?**

Please give your best estimate

☐☐ hours ☐☐ minutes ☐☐ seconds

Any other comments?

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 <u>first</u> 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 <u>first</u> 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?

Your second baby

C10 **Roughly how soon after the birth of your <u>second</u> baby did you first hold him/her?**
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

C11 **In your opinion, was this...**
Please mark only one box

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

C12 **The first time you held your <u>second</u> 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

C13 **The first time you held your <u>second</u> baby, how long did you hold him/her for?**
Please give your best estimate

☐☐ hours ☐☐ minutes ☐☐ seconds

C14 **In your opinion, was this amount of time...**
Please mark only one box

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

C15 **How soon after birth was your <u>second</u> baby placed to your breast to feed?**
Please mark only one box

- ☐ Less than 10 minutes after birth → *Please go to C16*
- ☐ 10 to 30 minutes after birth → *Please go to C16*
- ☐ 31 to 60 minutes after birth → *Please go to C16*
- ☐ More than 1 hour but less than 2 hours after birth → *Please go to C16*
- ☐ More than 2 hours but less than 1 day after birth → *Please go to C16*
- ☐ More than 1 day after birth → *Please go to C16*
- ☐ Never, I didn't intend to breastfeed → *Please go to C17*
- ☐ Never, even though I intended to breastfeed → *Please go to C17*

C16 **In your opinion, was this...**
Please mark only one box

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

C17 **After you had your <u>second</u> 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?

C18 **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?

Your third baby

If you had twins, please go to C28

C19 **Roughly how soon after the birth of your <u>third</u> baby did you first hold him/her?**
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

C20 **In your opinion, was this...**
Please mark only one box

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

C21 **The first time you held your <u>third</u> 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

C22 **The first time you held your <u>third</u> baby, how long did you hold him/her for?**
Please give your best estimate

☐☐ hours ☐☐ minutes ☐☐ seconds

C23 **In your opinion, was this amount of time...**
Please mark only one box

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

Any other comments?

C24 **How soon after birth was your third baby placed to your breast to feed?**
Please mark only one box

- ☐ Less than 10 minutes after birth → *Please go to C25*
- ☐ 10 to 30 minutes after birth → *Please go to C25*
- ☐ 31 to 60 minutes after birth → *Please go to C25*
- ☐ More than 1 hour but less than 2 hours after birth → *Please go to C25*
- ☐ More than 2 hours but less than 1 day after birth → *Please go to C25*
- ☐ More than 1 day after birth → *Please go to C25*
- ☐ Never, I didn't intend to breastfeed → *Please go to C26*
- ☐ Never, even though I intended to breastfeed → *Please go to C26*

C25 **In your opinion, was this...**
Please mark only one box

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

C26 **After you had your third 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?

C27 **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?

C28 **Could you choose whether one or more of your babies 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

C29 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of your babies sleeping in your bed and not sleeping in your bed?**
Please mark all that apply

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

C30 **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

C31 **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	☐	☐	☐	☐	☐
The pain I experienced was manageable	☐	☐	☐	☐	☐
I could not move around as freely as I liked	☐	☐	☐	☐	☐
I could care for my babies (eg. feed, change or pick up my babies) as much as I wanted to	☐	☐	☐	☐	☐
I did not receive enough help and support from my care provider(s)	☐	☐	☐	☐	☐

C32 **When you left the hospital or birth centre where your babies were born, did you go...**
Please mark only one box

- ☐ Home with your babies → *Please go to C33*
- ☐ Home without your babies → *Please go to C33*
- ☐ To another hospital with your babies. Which hospital? _____ → *Please go to C33*
- ☐ To another hospital without your babies. Which hospital? _____ → *Please go to C33*
- ☐ I had my babies at home and never went to a hospital or birth centre → *Please go to C43*
- ☐ Other: _____ → *Please go to C33*

C33 **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

C34 **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

C35 **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?

C36 **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

C37 **Were there any aspects of the post-birth environment that <u>needed improvement</u>?**

Please mark as many as you wish

☐ Nothing needed improvement
☐ Temperature
☐ Decoration
☐ Colour scheme
☐ Furnishings
☐ Security
☐ Noise
☐ Space
☐ Cleanliness
☐ 'Homeliness'
☐ Privacy
☐ Lighting
☐ Food
☐ Other: _____

Your care after birth in the hospital or birth centre

These questions are about your care <u>only</u> in the hospital or birth centre after your birth

C38 **When I saw care providers in the hospital or birth centre <u>after</u> 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	☐	☐	☐	☐
Worked well as a team	☐	☐	☐	☐
Talked to me in a way I could understand	☐	☐	☐	☐
Treated me with respect	☐	☐	☐	☐
Treated me with kindness and understanding	☐	☐	☐	☐
Treated me as an individual	☐	☐	☐	☐
Were open and honest	☐	☐	☐	☐
Respected my privacy	☐	☐	☐	☐
Respected my decisions	☐	☐	☐	☐
Genuinely cared about my wellbeing	☐	☐	☐	☐

Any other comments?

C39 **Thinking about your time in the hospital or birth centre <u>after</u> 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	☐	☐	☐	☐
Know what was happening	☐	☐	☐	☐
Feel comfortable asking questions	☐	☐	☐	☐
Feel in control	☐	☐	☐	☐
Receive conflicting information and advice from different care providers	☐	☐	☐	☐
Feel safe	☐	☐	☐	☐
Want to be more involved in decisions	☐	☐	☐	☐
Feel like your care providers were on your side	☐	☐	☐	☐
Wish your care providers had more time to talk to you	☐	☐	☐	☐

C40 **Overall, how well were you looked after by your care provider(s) in the hospital or birth centre <u>after</u> your birth?**

Please mark only one box

Very badly	Badly	Neither well nor badly	Well	Very well
☐	☐	☐	☐	☐
1	**2**	**3**	**4**	**5**

Your care overall

C41 **Would you recommend this hospital or birth centre to a friend?**

Please mark only one box

☐ Yes, because: _____

☐ No, because: _____

☐ Not sure

C42 **What would you like to tell other women about having a baby in this hospital or birth centre?**

C43 **Did you have a private obstetrician or private midwife?**

Please mark only one box

☐ Yes → *Please go to C44*

☐ No → *Please go to C46*

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

C44 **Please write the name of your obstetrician or midwife:** *(Optional)*

C45 **Would you recommend your obstetrician or midwife to a friend?**

Please mark only one box

☐ Yes, because: _____

☐ No, because: _____

☐ Not sure

C46 **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 babies, did any of the following happen?**

Please mark one box on each line
Please answer even if your babies weren't at home with you

	Yes	No
I was telephoned by a midwife or nurse	☐	☐
I was visited at home by a midwife or nurse	☐	☐
I visited a midwife or nurse (eg. at a community health centre)	☐	☐
I visited a general practitioner (GP)	☐	☐

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

Please write a number on each line
Please answer even if your babies weren't at home with you

Been telephoned by a health care provider?	☐☐ times	OR	☐ Never
Been visited at home by a health care provider?	☐☐ times	OR	☐ Never
Visited a child health nurse?	☐☐ times	OR	☐ Never
Visited a GP?	☐☐ times	OR	☐ 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 babies, 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

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

Please mark only one box

- ☐ Yes. By who? _____
- ☐ No

Any other comments?

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

D7 **When I saw care providers after going home (or since having my babies 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	☐	☐	☐	☐
Worked well as a team	☐	☐	☐	☐
Talked to me in a way I could understand	☐	☐	☐	☐
Treated me with respect	☐	☐	☐	☐
Treated me with kindness and understanding	☐	☐	☐	☐
Treated me as an individual	☐	☐	☐	☐
Were open and honest	☐	☐	☐	☐
Respected my privacy	☐	☐	☐	☐
Respected my decisions	☐	☐	☐	☐
Genuinely cared about my wellbeing	☐	☐	☐	☐

D8 **Thinking about your care after going home (or since having your babies 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	☐	☐	☐	☐
Know what was happening	☐	☐	☐	☐
Feel comfortable asking questions	☐	☐	☐	☐
Feel in control	☐	☐	☐	☐
Receive conflicting information and advice from different care providers	☐	☐	☐	☐
Feel safe	☐	☐	☐	☐
Want to be more involved in decisions	☐	☐	☐	☐
Feel like your care providers were on your side	☐	☐	☐	☐
Wish your care providers had more time to talk to you	☐	☐	☐	☐

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

Your first baby

D10 **Did your first 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 first 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 first 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 first 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 first 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

	Yes	No	**If yes**, how old was your baby when he or she had/tried this for the first time?
Infant formula	☐	☐	☐☐ days **OR** ☐☐ weeks
Plain water (by itself)	☐	☐	☐☐ days **OR** ☐☐ weeks
Sweetened or flavoured water, fruit juice or soft drink	☐	☐	☐☐ days **OR** ☐☐ weeks
Tea or infusion	☐	☐	☐☐ days **OR** ☐☐ weeks
Tinned, powdered or fresh milk (eg. cow's milk, goat's milk, soy milk)	☐	☐	☐☐ days **OR** ☐☐ weeks
Solid or semi-solid food (eg. baby food)	☐	☐	☐☐ days **OR** ☐☐ weeks
Other:	☐	☐	☐☐ days **OR** ☐☐ weeks

Your second baby

D15 **Did your second baby ever have breastmilk (or colostrum)?**
Please mark only one box
Please include expressed breastmilk

☐ Yes → *Please go to D16*
☐ No → *Please go to D18*

D16 **Was your second 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

D17 **Is your second 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

D18 **Was your second 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

D19 **Has your second 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

	Yes	No	**If yes**, how old was your baby when he or she had/tried this for the first time?
Infant formula	☐	☐	☐☐ days **OR** ☐☐ weeks
Plain water (by itself)	☐	☐	☐☐ days **OR** ☐☐ weeks
Sweetened or flavoured water, fruit juice or soft drink	☐	☐	☐☐ days **OR** ☐☐ weeks
Tea or infusion	☐	☐	☐☐ days **OR** ☐☐ weeks
Tinned, powdered or fresh milk (eg. cow's milk, goat's milk, soy milk)	☐	☐	☐☐ days **OR** ☐☐ weeks
Solid or semi-solid food (eg. baby food)	☐	☐	☐☐ days **OR** ☐☐ weeks
Other:	☐	☐	☐☐ days **OR** ☐☐ weeks

Any other comments?

Your third baby

If you had twins, please go to D25

D20 **Did your third baby ever have breastmilk (or colostrum)?**
Please mark only one box
Please include expressed breastmilk

- ☐ Yes → *Please go to D21*
- ☐ No → *Please go to D23*

D21 **Was your third 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

D22 **Is your third 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

D23 **Was your third 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

D24 **Has your third 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

	Yes	No	**If yes**, how old was your baby when he or she had/tried this for the first time?
Infant formula	☐	☐	☐☐ days **OR** ☐☐ weeks
Plain water (by itself)	☐	☐	☐☐ days **OR** ☐☐ weeks
Sweetened or flavoured water, fruit juice or soft drink	☐	☐	☐☐ days **OR** ☐☐ weeks
Tea or infusion	☐	☐	☐☐ days **OR** ☐☐ weeks
Tinned, powdered or fresh milk (eg. cow's milk, goat's milk, soy milk)	☐	☐	☐☐ days **OR** ☐☐ weeks
Solid or semi-solid food (eg. baby food)	☐	☐	☐☐ days **OR** ☐☐ weeks
Other: ☐	☐	☐	☐☐ days **OR** ☐☐ weeks

D25 **Did your maternity care provider(s) discuss with you the pros and cons (benefits and risks) of different options for feeding your babies?**
Please mark all that apply

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

D26 **Is there anything else you'd like to tell us about feeding your babies?**

☐

Your health after birth

D27 **When you first had your new babies at home, how confident did you feel about looking after them?**
Please mark only one box

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

If you have 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)

D28 **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	☐	☐	☐
An infection to a cut or wound from your labour/birth	☐	☐	☐
Breastfeeding problems	☐	☐	☐
Feeling depressed	☐	☐	☐
Feeling anxious (worried)	☐	☐	☐
Urinary incontinence (leaking urine)	☐	☐	☐
Problems with your bowel/anus	☐	☐	☐
Tiredness or fatigue	☐	☐	☐
Back pain or backache	☐	☐	☐
Difficulties or pain during intercourse	☐	☐	☐
Poor sleep (not related to your babies)	☐	☐	☐
Distressing 'flash-backs' to your labour or birth	☐	☐	☐
Haemorrhoids (piles or spots of blood from your anus)	☐	☐	☐
Mastitis (blocked or inflamed milk ducts)	☐	☐	☐
Difficulty concentrating	☐	☐	☐
Other:	☐	☐	☐

D29 **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

D30 **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

D31 **Overall, how did you feel...**
Please mark one box on each line

	Not at all well				Very well
Physically during the first few days after having your babies?	☐	☐	☐	☐	☐
Physically during the last few days?	☐	☐	☐	☐	☐
Emotionally during the last few days?	☐	☐	☐	☐	☐

D32 **Have you been re-admitted to hospital for your own health since you first came home (or since giving birth to your babies at home)?**
Please mark only one box

☐ Yes, because: → *Please go to D33*
☐ No → *Please go to D34*

D33 **When you were re-admitted to hospital, how many nights did you stay?** ☐☐ nights

Any other comments?

Your babies' health after birth

Your first baby

D34 **Overall, how well was your first baby during the first few days after being born?**
Please mark only one box

Not at all well ☐ ☐ ☐ ☐ ☐ Very well

D35 **Was your first 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 D36*
☐ No → *Please go to D39*

D36 **For how long was your first baby in neonatal care in total?**

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

D37 **Why?**

D38 **How much were you involved in caring for your first 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

D39 **Since your first baby first came home from the 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 D40*
☐ No → *Please go to D41*
☐ My baby is still in hospital → *Please go to D41*

D40 **When your first baby was re-admitted to hospital, how many nights did he or she stay?** ☐☐ nights

Your second baby

D41 **Overall, how well was your second baby during the first few days after being born?**
Please mark only one box

Not at all well ☐ ☐ ☐ ☐ ☐ Very well

D42 **Was your second 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 D43*
☐ No → *Please go to D46*

D43 **For how long was your second baby in neonatal care in total?**

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

D44 **Why?**

D45 **How much were you involved in caring for your second 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

D46 **Since your second baby first came home from the 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 D47*
- ☐ No → *Please go to D48*
- ☐ My baby is still in hospital → *Please go to D48*

D47 **When your second baby was re-admitted to hospital, how many nights did he or she stay?** ☐☐ nights

Your third baby

If you had twins, please go to D55

D48 **Overall, how well was your third baby during the first few days after being born?**

Please mark only one box

Not at all well ☐ ☐ ☐ ☐ ☐ Very well

D49 **Was your third 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 D50*
- ☐ No → *Please go to D53*

D50 **For how long was your third baby in neonatal care in total?**

☐☐ hours ☐☐ days ☐☐ weeks

☐ My baby is still in hospital

D51 **Why?**

D52 **How much were you involved in caring for your third 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

D53 **Since your third baby first came home from the 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 D54*
- ☐ No → *Please go to D55*
- ☐ My baby is still in hospital → *Please go to D55*

D54 **When your third baby was re-admitted to hospital, how many nights did he or she stay?** ☐☐ nights

D55 **Is there anything else you would like to tell us about your care after birth?**

Any other comments?

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 babies, how many births have you had?**
Please include babies who were stillborn or children that have died since birth

Tip: 'Birth' includes babies born vaginally or by caesarean section. Please count multiple births (twins or more) as one birth.

☐ One birth
☐☐ births

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

E4 **Before your twins or triplets, 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 <u>previous</u> 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	☐	☐	☐	☐	☐
Childbirth does not usually require medical expertise	☐	☐	☐	☐	☐
Many things can go wrong during pregnancy	☐	☐	☐	☐	☐
Many things can go wrong during birth	☐	☐	☐	☐	☐
Pain during birth can be minimised by my actions	☐	☐	☐	☐	☐
It is best for first time mothers to be cared for by an obstetrician	☐	☐	☐	☐	☐
Birth is safest in a hospital	☐	☐	☐	☐	☐
Women's bodies are able to manage the pain of labour	☐	☐	☐	☐	☐

About you

E8 **Who, apart from you, lives in your household?**
Please mark all that apply

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

E9 **In what town or suburb was your <u>usual</u> place of residence when your babies were born?**

E10 **What is the postcode of this town or suburb?**

E11 **What is your date of birth?** Date: DD / MM / YY **OR** Age: ☐☐ years

E12 **How tall are you without shoes?** ☐☐☐ cm **OR** ☐ feet and ☐☐ inches

E13 **Just before you became pregnant with your new babies, 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:

E17 **What language(s) do you speak at home?**
Please mark all that apply

- ☐ English
- ☐ Other:

E18 **Did you have any preferences or needs in pregnancy, labour, birth or after birth based on your ethnicity, cultural beliefs or traditions?**
Please mark only one box

- ☐ Yes → *Please go to E19*
- ☐ No → *Please go to E21*

E19 **Please describe these preferences or needs:**

E20 **How often were these preferences or needs met by your care provider(s)?**
Please mark only one box

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

E21 **What is the highest level of qualification you have completed?**

- ☐ 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)

Any other comments?

E22 **Did you have access to paid maternity/parental leave?**
Please mark all that apply

- ☐ Yes, from my employer
- ☐ Yes, from the government (as part of the new Paid Parental Leave scheme)
- ☐ No

E23 **Since having your new babies, have you started or gone back to paid work or study?**
Please mark all that apply

- ☐ Yes, full-time paid work. How old were your babies when you did? ☐☐ weeks
- ☐ Yes, part-time paid work. How old were your babies when you did? ☐☐ weeks
- ☐ Yes, casual paid work. How old were your babies when you did? ☐☐ weeks
- ☐ Yes, study. How old were your babies when you did? ☐☐ weeks
- ☐ No

E24 **What is today's date?** Date: DD / MM / YY

About the 'Having a Baby in Queensland' website

E25 **Have you heard about the 'Having a Baby in Queensland' website?**
Please mark only one box

- ☐ Yes → *Please go to E26*
- ☐ No → *Please go to E29*

E26 **Have you ever visited the 'Having a Baby in Queensland' website?**
Please mark only one box

- ☐ Yes → *Please go to E27*
- ☐ No → *Please go to E29*

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.

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 not helpful	No, I did not receive it	Not sure	Does not apply to me
Induction of labour?	☐	☐	☐	☐	☐
Vaginal birth after caesarean?	☐	☐	☐	☐	☐
Preterm labour and birth?	☐	☐	☐	☐	☐
A newborn examination of your baby?	☐	☐	☐	☐	☐
Neonatal jaundice?	☐	☐	☐	☐	☐
Transferring your unwell or preterm baby?	☐	☐	☐	☐	☐


Queensland Maternity and Neonatal Clinical Guidelines Program
Parent Information Sheet
Transferring an unwell or preterm baby

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 about having your babies, please write here:**

Tip: Please feel free to attach extra pages.

Keeping in touch

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

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.

First name:

Last name:

Address:

Suburb: **Postcode:**

Home phone:

Mobile:

Email:

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.

2012 Having a Baby in Queensland Multiples Survey
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 babies all the very best.

Queensland Centre for
Mothers & Babies