

Born in Bradford Questionnaire for pregnant women (v2)

Date

Are you currently pregnant?

- Yes - go to question 1
 No

If you answered no, please accept our apologies for contacting you. This questionnaire is for women who are currently pregnant. Thank you for your time. If you would like to get in touch with us please email us at bib.surveys@bthft.nhs.uk or call us on 01274 364474.

About your household

The first few questions are about your household and where you live. If you have moved home temporarily because of coronavirus then please answer these questions about where you usually live most of the time.

1) Which of these best describes your current relationship status?

- Married
 In a relationship
 Single - go to question 3
 Do not wish to answer

2) Are you currently living with your partner?

- Yes
 No

3) Do any children aged 16 or under live in your home?

- Yes
 No - go to question 7

4) How many children aged between 0 and 4 years live in your home?

(Enter a number of children)

5) How many children aged between 5 and 10 years live in your home?

(Enter a number of children)

6) How many children aged between 11 and 16 years live in your home?

(Enter a number of children)

7) How many adults (people aged over 16 years) live in your home?

(Enter a number of adults)

8) How many weeks pregnant are you?

(Enter the number of whole weeks)

Your home

9) Do you (or your household) own or rent the home you live in?

- Own it outright
- Buying it with the help of a mortgage/loan
- Part own and part rent (shared ownership)
- Rent it (includes all those who are on Housing Benefit or Local Housing Allowance)
- Live here rent-free (including rent-free in relative's/friend's property but excluding squatters)
- Squatting

10) If you rent, who is your landlord?

- Private landlord or letting agency
- Housing association, housing co-operative, charitable trust
- Local authority, local council
- Relative or friend (before you lived here) of a household member
- Employer (individual) of a household member
- Employer (company) of a household member
- Another organisation
- Don't know

11) How many bedrooms are there in your home?

_____ (Enter a number of bedrooms)

12) Can you access the internet from your home (e.g. broadband / data on phone)?

- Yes
- No

13) Does your home need any major repairs doing to it right now?

- Yes
- No

14) Are all of your large electrical appliances (e.g. washing machine, fridge) in good working order?

- Yes
- No

15) Do you have any damp or mould in your home?

- Yes
- No

16) Do you have trouble with any vermin (mice or other rodents, cockroaches, etc.) in your home?

- Yes
- No

Job security of the main earner

A lot of people's work has been affected by the coronavirus. We would like to know how your family has been affected. To make it easier to answer these questions, we are asking about the person who usually contributes the most money to your household.

17) Is anyone in your home classed as a 'Key Worker'?

- Yes
 No - go to question 19

18) Who is classed as a 'Key Worker'?

- Myself
 My partner
 Other household member
(Tick all that apply)

19) Who is the main earner in the household?

- Me - go to question 23
 My partner - go to question 20
 Other household member - go to question 20
 Me and my partner earn the same amount - go to question 23

20) Is the main earner in your household currently...

- Employed - go to question 21
 Employed but not working (on furlough) - go to question 22
 Employed on the wage subsidy scheme (e.g. working less hours with wage topped up by Government) - go to question 22
 Self employed and working - go to question 22
 Self employed and not working - go to question 22
 Unemployed - go to question 23
 Don't know - go to question 23

21) Are they mainly working from home, or going out to work?

- Working from home
 Going out to work

22) How much do you agree/disagree with the following statements today:

I worry about the job security of the main earner

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree

In the next 12 months, do you expect the income of the main earner is likely to be unstable and uncertain?

- Yes
 No
 Don't know

In 12 months time, do you expect the main earner to still have their job?

- Yes
 No
 Don't know

23) Are you currently...

- Employed
 Employed but not working (on furlough)
 Employed on the wage subsidy scheme (e.g. working less hours with wage topped up by Government)
 Self employed and working
 Self employed and not working
 Unemployed - go to question 27
 Don't know - go to question 27

24) Are you currently on leave from work?

- Yes, maternity leave
 - Yes, annual leave
 - Yes, unpaid leave
 - No, not currently on leave
-

25) If you are still working, are you mainly working from home, or going out to work?

- Working from home
 - Going out to work
-

26) How much do you agree/disagree with the following statements today:

I worry about my job security

- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
-

In the next 12 months, do you expect your income is likely to be unstable and uncertain?

- Yes
 - No
 - Don't know
-

In 12 months time, do you expect to still have your job?

- Yes
- No
- Don't know

Your household essentials

The next questions are about food and money.

Below are several statements that people have made about their food situation and about shopping for things they need. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) during your pregnancy?

27) I have been able to buy what I need for when the baby comes

- Often true
- Sometimes true
- Never true
- Haven't tried to buy anything
- Don't know
- Do not wish to answer

28) For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) during your pregnancy.

	Often true	Sometimes true	Never true	Don't know	Do not wish to answer
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	<input type="radio"/>				
(I/we) couldn't afford to eat balanced meals.	<input type="radio"/>				

29) Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No - go to question 31
- Don't know - go to question 31
- Do not wish to answer - go to question 31

30) How often did you or other adults cut the size of meals or skip meals?

- Every week
- Not every week but at least once a month
- Less than once a month but a few times
- Don't know

31) Did you or other adults ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

32) Were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know
- Do not wish to answer

33) How well would you say you are managing financially right now?

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Don't know
- Do not wish to answer

34) Compared to 3 months ago, how would you say you (and your partner) are doing financially now?

- Better off
 Worse off
 About the same
 Don't know
-

35) How much do you agree/disagree with the following statements today? Please choose just one option for each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I worry about paying the rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about getting evicted / having my home repossessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your health at the moment

Next we'd like to ask a bit about your health at the moment. We'll start by asking you about self-isolation, that is, not leaving the house at all, even for shopping.

36) Are you currently self isolating (that is, not leaving the house at all, even for shopping)?

- Yes
 No - go to question 38

37) Why are you self isolating?

- Contact with someone with symptoms of coronavirus
 Had coronavirus symptoms yourself
 Someone in the household had symptoms of coronavirus
 To protect a vulnerable person in the household
 To protect myself as I am/feel vulnerable
 Other
(Tick all that apply)

38) Have you been told by a health professional that you are a high risk or vulnerable person when it comes to coronavirus?

- Yes
 No - go to question 40
 Don't know - go to question 40

39) Was that because you are pregnant or for another health reason?

- Pregnant
 Another health reason
 Don't know

40) During this pregnancy, do you usually smoke?

- Yes
 No

41) During this pregnancy, do you usually vape or use e-cigarettes?

- Yes
 No

42) During this pregnancy, do you usually drink alcohol?

- Yes
 No

43) How often do you currently do any kind of physical activity?

- Every day
 Most days
 1 or 2 days a week
 Never

44) How often do you do any kind of physical activity outside?

- Every day
 Most days
 1 or 2 days a week
 Never

45) Which of the following best describes how you've been feeling over the past week?

- I do not worry about my health
 I occasionally worry about my health
 I spend much of my time worrying about my health
 I spend most of my time worrying about health

46) How would you describe your health generally?

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't know
 Do not wish to answer

47) How would you describe your pregnancy so far?

- Very straightforward, with no problems so far
 Mainly straightforward, with only a few problems
 Quite difficult, with quite a lot of problems
 Very difficult, with lots of problems
-

Next we would like to ask some questions about your mental health and wellbeing.

48) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49) If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Your health at the moment

50) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on an edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to know how stressed you have felt during your pregnancy so far.

On the following scale 1 = feeling no stress and 10 = feeling extremely stressed (as stressed as you could possibly imagine).

51) How stressed were you feeling during...

	1	2	3	4	5	6	7	8	9	10
Early pregnancy (0-12 weeks)	<input type="radio"/>									
Mid-pregnancy (13-27 weeks)	<input type="radio"/>									
Late-pregnancy (from 28 weeks)	<input type="radio"/>									

Accessing services

We'd now like to ask you about whether you have needed to access healthcare or other related support services during pregnancy. If you have needed to access the same service more than once, please think about your most recent experience.

Have you needed to access any of the following healthcare or other related support services, during your pregnancy:

52) A planned appointment with your midwife or consultant, as part of your usual maternity care	<input type="radio"/> Yes <input type="radio"/> No - go to question 53
Did you see the midwife/consultant in person, talk on the phone or by video call?	<input type="radio"/> In person <input type="radio"/> On the phone <input type="radio"/> By video call
Did you receive the support you needed from the midwife/consultant?	<input type="radio"/> Definitely <input type="radio"/> Mostly <input type="radio"/> No
53) Other maternity services e.g. Maternity Assessment Centre, maternity clinics, scans?	<input type="radio"/> Yes <input type="radio"/> No - go to question 54
Were you able to get an appointment with the maternity service?	<input type="radio"/> Yes <input type="radio"/> No - go to question 54 <input type="radio"/> Haven't tried - go to question 54
Did you see the midwife/sonographer in person, talk on the phone or by video call?	<input type="radio"/> In person <input type="radio"/> On the phone <input type="radio"/> By video call
Did you receive the support you needed from the midwife/sonographer?	<input type="radio"/> Definitely <input type="radio"/> Mostly <input type="radio"/> No
54) Your doctor (GP) or nurse	<input type="radio"/> Yes <input type="radio"/> No - go to question 55
Were you able to get an appointment with your GP or nurse?	<input type="radio"/> Yes <input type="radio"/> No - go to question 55 <input type="radio"/> Haven't tried - go to question 55
Was the appointment with your GP or nurse in person or over the phone?	<input type="radio"/> In person <input type="radio"/> Phone
Did you receive the support you needed from your GP or nurse?	<input type="radio"/> Definitely <input type="radio"/> Mostly <input type="radio"/> No
55) Mental health services	<input type="radio"/> Yes <input type="radio"/> No - go to question 56
Were you able to access support from a mental health service?	<input type="radio"/> Yes <input type="radio"/> No - go to question 56 <input type="radio"/> Haven't tried - go to question 56
Was mental health support given in person or over the phone?	<input type="radio"/> In person <input type="radio"/> Phone

Did you receive the mental health support you needed?

- Definitely
 Mostly
 No
-

56) A health visitor or nursery nurse

- Yes
 No - go to question 57
-

Were you able to access support from a health visitor or nursery nurse?

- Yes
 No - go to question 57
 Haven't tried - go to question 57
-

Did the health visitor or nursery nurse provide support in person or over the phone?

- In person
 Phone
-

Did you receive the support you needed from a health visitor or nursery nurse?

- Definitely
 Mostly
 No
-

57) Have you need to access Early Help or social services?

- Yes
 No - go to question 58
-

Were you able to access support from Early Help or social services?

- Yes
 No - go to question 58
 Haven't tried - go to question 58
-

Was support from Early Help or social services provided in person or over the phone?

- In person
 Phone
-

Did you receive the support you needed from Early Help or social services?

- Definitely
 Mostly
 No

Your worries and concerns

We'd now like to ask you about worries relating to changes that have happened because of coronavirus. This might be things like worries about getting coronavirus, changes to maternity services and changes in preparing for when your baby is here through things like groups or getting things you need for the baby. For each of the following things, please indicate how worried you are about each one on a scale of 1 to 5, where 1 is not at all worried and 5 is very worried.

58) How worried are you about each of the following?

	1 Not at all worried	2	3	4	5 Very worried
Getting the virus	<input type="radio"/>				
Passing on the virus to my baby (even if I don't know I have it)	<input type="radio"/>				
The risk of getting the virus during appointments or assessments in pregnancy	<input type="radio"/>				
Not having someone with me during appointments or assessments in pregnancy	<input type="radio"/>				
Getting to the hospital when I am in labour	<input type="radio"/>				
Having who I want with me when I give birth	<input type="radio"/>				
Being separated from my birthing partner during labour	<input type="radio"/>				
The risk of me or my baby getting the virus if we have to stay in hospital after the birth	<input type="radio"/>				
Being on my own in hospital after having my baby	<input type="radio"/>				
Not having friends or family around me at home after having my baby	<input type="radio"/>				
Not being able to access antenatal classes like NCT, parent education or pregnancy exercise classes	<input type="radio"/>				
Buying or getting things I need for the baby	<input type="radio"/>				
Who will look after my child(ren) when I am having my baby	<input type="radio"/>				

59) And on a scale of 1 to 5 where 1 is strongly agree and 5 is strongly disagree, how much do you agree/disagree with the following:

	1 Strongly agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree
I am aware of all of the advice given by the government about coronavirus and pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been given clear information about how coronavirus affects me and my pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have experienced many changes to my care in pregnancy since the coronavirus lockdown began	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a pregnant woman, I am a high risk or vulnerable group when it comes to coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like more information about how coronavirus affects me and my pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The care I have received during my pregnancy has been good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in touch with other pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use online groups or forums for pregnant women and/or new mums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a community of pregnant women and/or new mums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have all the support I need right now in my pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like more information about how to prepare for the birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like more information on parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your plans

60) At the start of your pregnancy where did you plan to have your baby?

- In hospital or a midwife led unit
 At home
 I hadn't decided - go to question 61

Have your birth plans changed?

- Yes
 No - go to question 61
 Don't know - go to question 61

Why have your birth plans changed?

- I changed my mind
 For medical reasons (not related to coronavirus)
 As a result of changes to services because of coronavirus
 Other
 Don't know

61) Now we would like to ask about your plans for feeding the baby. To what extent do you agree with the following statements?

	Very much agree	Somewhat agree	Unsure	Somewhat disagree	Very much disagree	Don't know
I am planning to only formula feed my baby (I will not breastfeed at all)	<input type="radio"/>					
I am planning to at least give breastfeeding a try	<input type="radio"/>					

People around you

We'd now like to move on to talk about the people you have around you.

-
- 62) How many people can you count on in times of need?
- 0 - go to question 64
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more

-
- 63) How many of these people live in your local area?
That is, within about a mile or a 20 minute walk from your home.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more

-
- 64) How easy is it to get practical help from friends/family/neighbours if you should need it?
- Very difficult
 - Difficult
 - Possible
 - Easy
 - Very easy

-
- 65) How often have you felt lonely during the past week?
- None, or almost none of the time
 - Some of the time
 - Most of the time
 - All, or almost all of the time
 - Don't know
 - Do not wish to answer

If you are currently single, please go to question 67

-
- 66) How would you describe the quality of your relationship with your current partner?
- Excellent
 - Good
 - Average
 - Poor
 - Very poor
 - Do not wish to answer

We are almost at the end of the questionnaire. We wanted to finish by giving you the opportunity to tell us about your three biggest worries right now and what you are most looking forward to in the next year.

67) What are your three biggest worries right now?

Worry 1:

Worry 2:

Worry 3:

68) What are you most looking forward to in the next 12 months?

That's the end of the questionnaire. Thank you so much for taking part. Your answers are really important to help us understand the impact of coronavirus on pregnant women and to help shape services right now. We would like to do another questionnaire like this a couple of months after you have had your baby.

If you are happy to, please provide the best contact telephone number:

If you are happy to, please provide the best email address to contact you at:
