

Questionnaire for women who have had a baby v3

Date _____

Have you had a baby within the last 5 months? Yes - go to question 1
 No

This questionnaire is for women who have recently had a baby. Please accept our apologies for contacting you. We will update our records. Thank you for your time. If you would like to get in touch with us please email us at bibsurveys@bthft.nhs.uk or call us on 01274 364474.

About your household

We'll start by asking you some questions about your household, employment and health before moving on to talk about your experience in pregnancy and having a new baby.

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 - go to question 3

2) Are you currently living with your partner? Yes
 No

3) How many children aged 16 or under live in your home? (including your new baby/babies)?

(Enter a number of children)

4) How many adults aged over 16 live in your home?

(Enter a number of adults)

5) How many weeks old is your new baby?

(Enter a number of weeks)

6) 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

7) If you are renting your home, 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

8) How many bedrooms are there in your home?

(Enter a number of bedrooms)

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

13) 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.

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

- Yes
- No - go to question 16

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

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

16) Who was the main earner in the household before your baby was born?

- Me
- My partner
- Other household member
- Me and my partner earned the same amount

17) Who is currently the main earner in the household?

- Me - go to question 21
- My partner - go to question 18
- Other household member - go to question 18
- Me and my partner earn the same amount - go to question 21

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

- Employed - go to question 19
- Employed but not working (on furlough) - go to question 20
- Employed on the wage subsidy scheme (e.g., working less hours with wage topped by the Government) - go to question 19
- Self employed and working - go to question 19
- Self employed and not working - go to question 20
- Unemployed - go to question 21
- Don't know - go to question 21

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

- Working from home
- Going out to work

20) 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

21) Are you currently...

- Employed
- Employed but not working (on furlough)
- Employed on the wage subsidy scheme (e.g., working less hours with wage topped by the Government)
- Self employed and working
- Self employed and not working
- Unemployed - go to question 26
- Don't know - go to question 26

22) Are you currently on leave from work?

- Yes, maternity leave - go to question 23
- Yes, annual leave - go to question 25
- Yes, unpaid leave - go to question 25
- No, not currently on leave - go to question 24

23) Are you receiving maternity allowance or pay at the moment?

- Yes, occupational maternity pay - go to question 25
- Yes, statutory maternity pay - go to question 25
- Yes, maternity allowance - go to question 25
- No, I do not receive this - go to question 25

(Tick all that apply)

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

- Working from home
- Going out to work

25) 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 few questions are about shopping, food and money. First we're going to ask you about shopping for things for the baby.

Since the birth of your baby, was the following statement often true, sometimes true or never true for you.

26) I have been able to buy what I need for the baby, like clothes, nappies, formula milk or items like a steriliser or thermometer

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

27) 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) since you had your baby.

| | 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| (I/we) couldn't afford to eat balanced meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28) Since you had your baby, did (you/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 30
 Don't know - go to question 30

29) Since you had your baby, 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

30) Since you had your baby, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
 No
 Don't know

31) Since you had your baby, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
 No
 Don't know

32) How well would you say you (and your partner) 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

33) 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
 Do not wish to answer

34) 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.

35) Have you or anyone else in your household been advised by a health professional that they are high risk or vulnerable when it comes to coronavirus?

- Yes, me
 Yes, another person
 No
 Don't know
 (Tick all that apply)

36) Do you currently smoke?

- Yes
 No - go to question 39

37) Do you think that coronavirus has affected how much you smoke?

- Yes
 No - go to question 39

38) Do you think you are smoking more than you usually would or less than you usually would because of coronavirus?

- Less than usual
 More than usual
 About the same

39) Do you currently drink alcohol?

- Yes
 No - go to question 42

40) Do you think that coronavirus has affected how much alcohol you drink?

- Yes
 No - go to question 42

41) Do you think you are drinking more than you usually would or less than you usually would because of coronavirus?

- Less than usual
 More than usual
 About the same

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

- Every day
 Most days
 1 or 2 days a week
 Never - go to question 44

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

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

44) How often do you currently leave your home with your baby (away from your house or garden)?

- 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

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

47) 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 - or that you are a failure or have let yourself or your family down | <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"/> |

48) 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 continued

49) 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"/> |

Experience of using services

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

50) After your baby was born, did you have any appointments with a midwife, either face to face or over the phone? Yes
 No - go to question 54

51) How many of these appointments were face to face? All
 Most
 Some
 None

52) Were you able to get in touch with a midwife as often as you needed to? Yes, definitely
 Yes, mostly
 No
 I didn't need to

53) Overall, did you get the support you needed from your midwife? Yes, definitely
 Yes, mostly
 No

54) Since your baby was born, have you had any appointments with a health visitor, either face to face or over the phone? Yes
 No - go to question 58

55) How many of these appointments were face to face? All
 Most
 Some
 None

56) Have you been able to get in touch with a health visitor as often as you needed to? Yes, definitely
 Yes, mostly
 No
 I didn't need to

57) Overall, have you received the support you needed from your health visitor? Yes, definitely
 Yes, mostly
 No

58) Since having your baby, have you had an appointment with your GP to discuss your health and wellbeing? This is sometimes called your postnatal check appointment. Yes
 No - go to question 61
 I have an appointment arranged - go to question 61
 I missed my appointment - go to question 61

59) Was your GP appointment face to face, over the phone or by video call? Face to face
 On phone
 By video call
(Tick all that apply)

60) Did the GP give you the support you needed? Yes, definitely
 Yes, mostly
 No

61) Since having your baby, have you had a conversation with a GP or other health professional about contraception?

Yes
 No - go to question 63
 I didn't need or want this - go to question 63

62) Did the GP or other health professional give you the support you needed?

Yes, definitely
 Yes, mostly
 No

Have you needed to access any of the following healthcare or other related support services, since the birth of your baby:

63) Mental health services (including perinatal mental health)

Yes
 No - go to question 67

64) Were you able to access support from a mental health service?

Yes
 No - go to question 67
 Haven't tried - go to question 67

65) Was mental health support in person or over the phone?

In person
 On the phone

66) Did you receive the mental health support you needed?

Yes, definitely
 Yes, mostly
 No

67) Have you needed to access a service that supports breast feeding, like a breastfeeding specialist or infant feeding coordinator.

Yes
 No - go to question 71

68) Have you been able to access breastfeeding support?

Yes
 No - go to question 71
 Haven't tried - go to question 71

69) Did you receive breastfeeding support in person or over the phone?

In person
 On the phone

70) Did you receive the breastfeeding support you needed?

Yes, definitely
 Yes, mostly
 No

71) Have you needed to access Early Help or social services?

Yes
 No - go to question 75

72) Have you been able to access support from Early Help or social services?

Yes
 No - go to question 75
 Haven't tried - go to question 75

73) Did Early Help or social services provide support in person or over the phone?

In person
 Phone

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

Yes, definitely
 Yes, mostly
 No

Your baby

75) Did you receive a letter inviting you and your baby for your baby's 8 weeks immunisation injections? These are sometimes called vaccinations or jabs.

- Yes
 No

76) Has your baby had their 8 week immunisation injections?

- Yes - go to question 78
 No
 Don't know - go to question 78

77) Why has your baby not had their 8 week immunisation injections? _____

We'd now like to ask you a bit more about your experience of having your baby.

78) To what extent do you agree or disagree with the following statements. Please choose one answer for each statement.

| | Agree | Agree to some degree | Disagree |
|---|-----------------------|-----------------------|-----------------------|
| I was not distressed at all during labour | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt very anxious during my labour and birth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt well supported by staff during my labour and birth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I found giving birth a distressing experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt out of control during my birth experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The staff communicated well with me during labour | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

79) When you were pregnant, who did you plan to have with you as your birthing partner?

- Spouse/partner
 Family member
 Friend
 Other
 I didn't plan to have a birthing partner
(Tick all that apply)

80) When you had your baby, who was your actual birthing partner?

- Spouse/partner
 Family member
 Friend
 Other
 I didn't have a birthing partner - go to 83
(Tick all that apply.)

81) Was your birthing partner with you throughout labour and birth?

- Yes
 No

82) How long did your birthing partner stay with you and your baby after the birth?

- Less than an hour
 Between 1 and 2 hours
 Between 2 and 3 hours
 More than 3 hours

83) Were you able to have visitors in the hospital after your baby was born?

- Yes
 No

84) How long did you stay in hospital after the birth?

- Less than a whole day (24 hours)
 1-2 days
 3-4 days
 More than 4 days

85) If you have other children, who looked after them when you were having your baby?

- Spouse/partner
 My parents/parents in law
 Other family member
 A friend
 Other
(Tick all that apply)

Me and my baby

Having a new baby can bring up lots of different feelings and emotions. This next set of questions is designed to explore how you are feeling about being a parent to your baby.

Answering these questions will help us to understand how things are going for you.

86) Thinking about your feelings about your baby, choose the response for each statement that feels right to you:

| | Never | Sometimes | Often | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| I enjoy looking after my baby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel irritated with my baby when we are together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel affectionate towards my baby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel that my baby is being difficult or trying to upset me on purpose | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can work out what my baby needs from me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I can't do things I enjoy because of my baby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel the changes in my life are worth it to look after my baby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I miss my baby when we are not together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel like I'm looking after my baby for someone else | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When we've been apart I look forward to seeing my baby again | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I enjoy playing with my baby | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Feeding your baby

We'd now like to ask you about feeding your baby.

87) Which of these best describes how you have fed your baby so far?

- My baby has only ever had breastmilk and has never had formula milk - go to question 91
- My baby has had both breastmilk and formula milk
- My baby has only ever had formula milk and has never had breastmilk

88) Have you had any problems getting formula milk for your baby?

- Yes
- No - got to question 91

89) Have problems getting formula milk affected how you feed your baby?

- Yes
- No - go to question 91

90) In what way have problems getting formula milk affected how you feed your baby?

91) Does your baby still have breastmilk?

- Yes - go to question 93
- No - go to question 92
- My baby has never had breastmilk - go to question 93

92) To the nearest month, how old were they when they were last given breastmilk?

- Under 1 month
- 1 months
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months

93) Compared to what you planned to do when you were pregnant, which of these statements best describes how you are feeding your baby

- I am feeding my baby in the way that I planned to - go to question 94
- I am breastfeeding my baby more than I planned to
- I am formula feeding my baby more than I planned to
- I didn't have any fixed plans about how I would feed my baby - go to question 94

Why is the way you are feeding your baby different from the way you planned?

Your family and relationships

94) We'd now like to ask you about how you feel about being a mum to a new baby. How much do you agree or disagree with the following:

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I feel part of a community of new mums | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I wish I knew more new mums I could talk to right now | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have all the support I need right now | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I honestly believe I have all the skills necessary to be a good parent to my child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

95) When caring for my baby, I feel...

- Very incompetent and lacking in confidence
- Fairly incompetent and lacking in confidence
- Fairly competent and confident
- Very competent and confident
- Can't say

Next are some questions about the people around you.

96) How many people can you count on in times of need?

- 0 - go to question 98
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

97) 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

98) How easy is it to get practical help from friends/family/neighbours if you should need it?

- Very difficult
- Difficult
- Possible
- Easy
- Very easy

99) 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 101.

100) How would you describe the quality of your relationship with your current partner?

- Excellent
 Good
 Average
 Poor
 Very poor
 Do not wish to answer
-

101) How are you in touch with other new mums?

- Online groups or forums, such as netmums or MumsNet
 A new parents group, such as an NCT group
 Friends or family who have recently had a baby
 I am not in touch with any new mums
(Tick all that apply)
-

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 your suggestions to improve things.

102) What are your three biggest worries right now?

Worry 1:

Worry 2:

Worry 3:

103) Since your baby was born, what could health professionals or other services have done to help you and your family?

104) Can you tell us how coronavirus has made any parts of having a new baby easier or more enjoyable?

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 in a few months time.

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:
