## Listening to Mothers III: <br> Third National U.S. Survey of Women's Childbearing Experiences Initial and Follow-Up Survey Methodology in Brief

Harris Interactive ${ }^{\circledR}$ conducted Listening to Mothers III, Childbirth Connection's third national U.S. survey of women's childbearing experiences, from October through December 2012. The initial survey involved 2400 online interviews with women who had given birth from July 2011 through June 2012, with data weighting to reflect the target population (see "Weighting," below). A follow-up survey of 1072 of the initial participants was conducted from January through April 2013, with data again weighted to reflect the target population. Listening to Mothers ${ }^{\text {SM }}$ III: Pregnancy and Birth (May 2013) describes results of the initial survey, and Listening to Mothers ${ }^{\text {SM }}$ III: New Mothers Speak Out (June 2013) describes combined results from both surveys. The W.K. Kellogg Foundation funded the surveys and reports. The reports and related materials are available at: www.NationalPartnership.org/maternitycare/listeningtomothers/.

## The Survey Questionnaires

The questionnaires included continuing items that were used during one or two previous Listening to Mothers ${ }^{\text {sM }}$ surveys, and new items that enabled exploration of both previous topics in greater depth and new topics. All interviews were conducted in English. An appendix in each survey report describes the new questions and their sources.

## Online Sample

Potential respondents to the initial survey were drawn from the Harris Poll Online (HPOL), GMI, Research Now/E-Rewards, and Offerwise Hispanic panels. Panelists had been recruited from a variety of sources. Initial survey participants were potential respondents to the follow-up survey.

## Eligibility Requirements

For the initial survey, an email was sent to invite a sample of women age 18-45 drawn from the various panels to participate in the survey. Potential respondents were asked a series of preliminary questions to determine their eligibility for the survey. Eligible women had to be 18 through 45 years of age, to have given birth from July 1, 2011 through June 30, 2012 in a U.S. hospital to a single baby, to have that child still living at the time of the survey, and to be able to participate in English. Quality assurance procedures prevented the same respondent from participating multiple times. Initial survey respondents were invited to complete the follow-up survey. Those who did not initially respond received repeated invitations to again participate.

## Online Interviewing

A direct link to the survey website embedded in the invitations enabled eligible recipients to proceed to the survey immediately or at a later, more convenient time. Once in the survey, respondents could complete the respective questionnaires in one session or in multiple sessions, an important consideration for mothers of young children. The coded survey directed participants to appropriate questions based on previous responses. Quality assurance protections limited anomalous responses and prevented respondents from advancing if any questions remained unanswered. Both surveys took about 30 minutes to complete.

## Data Processing

All data were tabulated, checked for internal consistency, and processed by computer. A series of computer-generated tables was then produced showing the results of each survey question, both by the total number of respondents and by key subgroups.

## Weighting

To more accurately reflect the target population, the data were weighted by key demographic variables, as well as by a composite variable known as a propensity score, intended to reflect a respondent's propensity to be online. Demographic variables used for weighting included educational attainment, age, race/ethnicity, geographic region, and household income using data from the March 2011 Supplement of the U.S. Census Bureau's Current Population Survey; and mode of birth and number of times women have given birth using data from the U.S. Centers for Disease Control and Prevention's 2010 reporting of birth certificate data. (The latter was the most recent available birth certificate file at the time of data weighting and analysis.) The propensity score took into account selection biases that occur when conducting research using an online panel, and included measures of demographic, attitudinal, and behavioral factors that are components of the selection bias. The two data sets were weighted independently as they differed slightly in their demographic composition.

## Comparing Subgroups

When testing for differences between subgroups, it is common to accept a $p<.05$ level of chance of error. To be even more confident in interpreting results, when comparisons are made in the reports, the cutoff for identifying differences in groups being compared was set at $\mathrm{p}<.01$. This reduced the possibility that the differences cited are based on random variation. Given the large overall sample size, even some small differences achieved statistical significance when comparing large subgroups, whereas some large differences did not reach significance when comparing smaller subgroups.

## More Details about Listening to Mothers III Survey Methodology

Appendix A in each of the full survey reports provides additional details about survey methodology.

## Listening to Mothers ${ }^{\text {sM } I}$ and Listening to Mothers ${ }^{\text {sM }}$ II Surveys

Childbirth Connection's first national Listening to Mothers ${ }^{\text {SM }}$ survey was carried out and reported in 2002. The survey described childbearing experiences of women who gave birth
from mid- 2000 through mid-2002. Childbirth Connection repeated the survey with many new items in 2006, describing experiences of women who gave birth in U.S. hospitals in 2005. A follow-up survey directed to Listening to Mothers ${ }^{\text {SM }}$ II participants examined postpartum experiences in greater depth and over a longer period of time. Harris Interactive carried out all three surveys, using similar recruitment, eligibility, participation, and data weighting and analysis procedures, as described above, to closely describe the target populations. Previous survey questionnaires and reports are available at www.NationalPartnership.org/maternitycare/listeningtomothers/.

Data sets from these surveys are deposited in the Odum Institute Data Archive at the University of North Carolina (www.odum.unc.edu/odum/) and are publicly available to researchers and students.

