

HARRIS INTERACTIVE
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J42390

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SUBJECTS FOR QUESTIONNAIRE

SECTION 2400: PREGNANCY
SECTION 2500: GIVING BIRTH AND BRINGING CLOSURE TO MATERNITY CARE
SECTION 2600: HOUSEHOLD/RELATIONSHIPS/SOCIAL SUPPORT
SECTION 2700: EMPLOYMENT AND CHILD CARE
SECTION 2800: BABY'S HEALTH AND HEALTH CARE
SECTION 2900: BABY CARE AND DEVELOPMENT
SECTION 3000: POSTPARTUM MATERNAL PHYSICAL HEALTH AND POSTPATUM CARE
SECTION 3100: POSTPARTUM MATERNAL MENTAL HEALTH, ATTACHMENT
SECTION 3200: WOMEN'S ATTITUDES, BELIEFS, PREFERENCES
SECTION 3300: INFORMATION SOURCES
SECTION 3400: DEMOGRAPHICS

SECTION 2400: PREGNANCY**BASE: ALL QUALIFIED RESPONDENTS**

Q2405_Info Thank you again for your interest in this survey. [IF HPOL (Q75/1): DISPLAY: In addition to 200 HIpoints, you will receive a \$15/25 Amazon giftcard.] Your responses are very important to us.

1 RE

Please click the forward arrow to continue.

BASE: ALL QUALIFIED RESPONDENTS

Q2408 Before you begin, we would like to remind you that unless otherwise specified, the questions in this survey are about the pregnancy, birth, and postpartum period, with your baby born [INSERT Q2020-Q2022].

We would like to begin with a few more questions about your recent experience of pregnancy. How did you first confirm you were pregnant with the baby born [INSERT Q2020-Q2022]?

[ROTATE]

- 1 During a visit with a health professional
- 2 Home pregnancy test

BASE: ALL QUALIFIED RESPONDENTS

Q2410 Did your maternity care provider recommend a certain amount or range of total weight gain during your recent pregnancy?

- 1 Yes
- 2 No
- 8 Not sure

BASE: PROVIDER MADE WEIGHT GAIN RECOMMENDATION (Q2410/1)

Q2415 What was the amount or range of total weight gain that your maternity care provider recommended? Please answer only 1 of the choices below. If you do not recall exactly, your best estimate will do.

[PN: ALLOW RESPONSE AT ONLY 1 ITEM.]

[PN FOR Q2415/2: DO NOT ALLOW NUMBER IN FIRST BOX TO BE GREATER THAN OR EQUAL TO THE NUMBER IN THE SECOND BOX.]

My maternity care provider recommended that I gain...

- 1 About |__|__| pounds [RANGE 0-50]
- 2 From |__|__| to |__|__| pounds [RANGE 0-50]

BASE: ALL QUALIFIED RESPONDENTS

Q2420/Q2535 Please give your best estimate of how far you...If you are not sure, your best estimate will do. If less than a mile, please enter "0."

Q2421

[RANGE: 0-200]

- 1 Had to travel (one way) to your prenatal visits |__|__| miles
- 2 Lived from the hospital where your baby was born |__|__| miles

BASE: ALL QUALIFIED RESPONDENTS

Q2425 During your recent pregnancy, after you chose your maternity care provider or provider group and the hospital where you would give birth, did you switch to a different ...?

Q2426

- 1 Yes
- 2 No
- 8 Not sure

- 1 Maternity care provider or provider group
- 2 Hospital for giving birth

BASE: SWITCHED TO DIFFERENT MATERNITY CARE PROVIDER OR GROUP (Q2425/1 AND Q2426/1)

Q2430 Please tell us the main reason you changed your maternity care provider or provider group. Was it...?

[RANDOMIZE]

- 1 For financial or insurance reasons
- 2 For a more convenient location
- 3 To increase the chance of having the care and choices that I wanted
- 6 Other [Q2431 TEXT BOX]

BASE: CHANGED CARE PROVIDER TO INCREASE CHANCE OF HAVING DESIRED CARE AND CHOICES (Q2430/3)

Q2435 Specifically, what kind of care or choices were you seeking when you changed your maternity care provider or provider group?

[TEXT BOX]

BASE: SWITCHED TO DIFFERENT HOSPITAL FOR GIVING BIRTH (Q2425/2 AND Q2426/1)

Q2440 Please tell us the main reason you changed to a different hospital for giving birth. Was it...?

[RANDOMIZE]

- 1 For financial or insurance reasons
- 2 For a more convenient location
- 3 To increase the chance of having the care and choices that I wanted
- 6 Other [Q2441 TEXT BOX]

BASE: CHANGED HOSPITAL TO INCREASE CHANCE OF HAVING DESIRED CARE AND CHOICES(Q2440/3)

Q2445 Specifically, what kind of care or choices were you seeking when you changed to a different hospital for giving birth?

[TEXT BOX]

BASE: SEARCHED ONLINE FOR HEALTH INFORMATION DURING PREGNANCY ((Q2035/4,5 AND Q2036/1-3) OR (Q2040/1)) – SPLIT SAMPLE[P]

Q2450 When searching online for health information during your pregnancy, how often did you feel ...?

Q2451

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

[PN: RANDOMLY ASSIGN HALF THE SAMPLE TO GET ITEMS 1-3 AND THE OTHER HALF TO GET ITEMS 4-6.]

[RANDOMIZE 1-3 & 4-6]

- 1 Reassured that you could make appropriate health care decisions
- 2 Overwhelmed by the amount of information you found online
- 3 Confused by the information you found online
- 4 Frustrated by a lack of information or an inability to find what you were looking for online
- 5 Confident to raise new questions or concerns about a health issue with your maternity care provider
- 6 Frightened by the serious or graphic nature of the information you found online

BASE: ALL QUALIFIED RESPONDENTS

Q2455/Q2550 During your recent pregnancy, did you ever watch television programs created specifically to show women's labor and birth experiences?

- 1 Yes
- 2 No

BASE: WATCHED PROGRAMS OF WOMEN GIVING BIRTH WHILE PREGNANT (Q2455/1)

Q2460/Q2555 How often did you watch programs showing women's labor and birth experiences?

- 1 Once
- 2 Sometimes
- 3 Regularly

BASE: REGULARLY OR SOMETIMES WATCHED PROGRAMS OF WOMEN GIVING BIRTH (Q2460/2, 3)

Q2465/Q2560 What impact did the programs have on you as a pregnant woman? Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 01 Helped me understand what it would be like to give birth
- 02 Helped me feel excited about my upcoming birth
- 03 Caused me to worry about my upcoming birth
- 04 Helped me clarify preferences for my birth
- 05 Helped me to learn about the medical words and technology
- 06 The programs had no impact. ANCHOR, E

SECTION 2500: GIVING BIRTH AND BRINGING CLOSURE TO MATERNITY CARE
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BASE: TRIED TO SELF-INDUCE LABOR (Q2096/1)

Q2503 Earlier you told us you tried to start your own labor. Did your efforts cause your labor to begin?

- 1 Yes
- 2 No
- 8 Not sure

BASE: GAVE BIRTH VAGINALLY (Q2070/1) OR HAD CESAREAN AND EXPERIENCED LABOR (Q2073/1)

Q2505/855 In addition to what you told us in the last survey, we have several more questions about your childbirth experiences. During labor, how did your caregivers keep track of your baby's heartbeat? Did ...?

- 1 They use an electronic fetal monitor (or "EFM"), a machine that records signals from sensors attached to you
- 2 A person use a handheld device such as a "Doppler" or stethoscope
- 3 They use both an electronic fetal monitor and a "Doppler" or stethoscope
- 8 Not sure

BASE: EFM OR BOTH WERE USED TO MONITOR BABY'S HEARTBEAT(Q2505/1,3)

Q2510 Was the electronic fetal monitoring done...?

- 1 Continuously throughout labor
- 2 Continuously for most of the time during labor
- 3 Intermittently (i.e., off and on for short periods of time)
- 4 As a baseline measure (i.e., for a short period of time early in labor)
- 8 Not sure

BASE: GAVE BIRTH VAGINALLY (Q2070/1)

Q2520/Q2605 Near the end of labor, some women experience their body's own "urge to push" the baby out. Did you have such a feeling?

- 1 Yes, I had a mild "urge to push" the baby out
- 2 Yes, I had a strong "urge to push" the baby out
- 3 No
- 8 Not sure

BASE: GAVE BIRTH VAGINALLY (Q2070/1)

Q2525/Q2610 When it came time to push the baby out, what determined when and how hard you pushed?

[ROTATE 1 & 2]

- 1 Nurses or my provider called out
- 2 I relied on my body's own sensations
- 3 Both staff calling out and my body's own sensations
- 8 Not sure

BASE: GAVE BIRTH VAGINALLY (Q2070/1)

Q2530/Q2615 When it was about time for your baby to be born, did a health professional press down on your belly to help push the baby down and out?

- 1 Yes
- 2 No
- 8 Not sure

BASE: HAD GIVEN BIRTH BEFORE INDEX BABY (Q2025 > 1)

Q2535/Q2530 Did the same maternity care provider who attended the birth of your baby born [INSERT Q2020-Q2022] also attend a previous birth of yours?

- 1 Yes
- 2 No, I had a different provider but he or she was from the same group practice as the time before.
- 3 No, I had a different provider who was not in the same group as the time before.

BASE: ALL QUALIFIED RESPONDENTS

Q2540 After your baby was born, how long did he or she stay in the hospital?

- 1 Less than 24 hours (less than a day)
- 2 24 to 48 hours (1 to 2 days)
- 3 3 to 5 days
- 4 6 to 14 days
- 5 Longer than 14 days (2 weeks)
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS

Q2545/Q2650 Is your baby male or female?

- 1 Male
- 2 Female

BASE: INDEX BABY MALE (Q2545/1)

Q2550/Q2655 Did you have your new baby boy circumcised?

- 1 Yes
- 2 No
- 9 Decline to answer

BASE: DID NOT HAVE ANY POSTPARTUM OFFICE VISITS (Q2030/0)

Q2555/Q2645 In the previous survey you told us that you didn't have visits or check-ups with your maternity provider between the time you left the hospital and 8 weeks after the birth. What was the main reason for that?

[RANDOMIZE]

[PN: DISPLAY ITEM 4 IF HAS GIVEN BIRTH BEFORE INDEX BABY (Q2025 > 1).]

- 1 I felt fine and didn't need to go.
- 2 I didn't have insurance for the visit.
- 3 It was too hard to get to the office.
- 4 I had given birth before and did not need help.
- 5 I felt that I had already completed all of my maternity care.
- 6 Other ANCHOR

SECTION 2600: HOUSEHOLD/RELATIONSHIPS/SOCIAL SUPPORT

BASE: ALL QUALIFIED RESPONDENTS

Q2605/2805 Are you currently...?

- 1 Married
- 2 Unmarried with a partner
- 3 Unmarried with no partner
- 8 Not sure

BASE: HAS SPOUSE/PARTNER (Q2605/1,2)

Q2610/2820 Do you and your [IF SPOUSE (Q2605/1), DISPLAY: spouse IF PARTNER (Q2605/2), DISPLAY: partner] share the daily care for your child who was born [INSERT Q2020-Q2022] equally, or does one of you provide more of your child's daily care?

[ROTATE 2 & 3 AS BLOCK AND ROTATE 1 & 2/3.]

- 1 Daily care shared equally
- 2 I provide more care
- 3 [IF SPOUSE (Q2605/1), DISPLAY: Spouse IF PARTNER (Q2605/2), DISPLAY:Partner]provides more care
- 8 Not sure

BASE: HAS SPOUSE/PARTNER (Q2605/1,2)

Q2615/Q2825 Since the birth of your baby, how often are the following types of support available from your [IF SPOUSE (Q2605/1), DISPLAY: spouse IF PARTNER (Q2605/2), DISPLAY: partner]?

Q2616

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- 9 Decline to answer

[RANDOMIZE]

- 1 Emotional, such as listening to my concerns and giving good advice
- 2 Practical, such as helping me get things done or get needed information
- 3 Affectionate, such as showing me affection and helping me feel wanted
- 4 Enjoyment, such as having fun or relaxing together

BASE: ALL QUALIFIED RESPONDENTS

Q2620/Q2830 Since the birth of your baby, how often are the following types of support available from [PN: IF HAS SPOUSE/PARTNER (Q2605/1,2), DISPLAY: other people you know (not your [IF SPOUSE (Q2605/1), DISPLAY: spouse IF PARTNER (Q2605/2), DISPLAY: partner)? IF DOESN'T HAVE SPOUSE/PARTNER (Q2605/ NE 1,2) DISPLAY: people you know?

Q2621

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time
- 9 Decline to answer

[RANDOMIZE IN SAME ORDER AS Q2615.]

- 1 Emotional, such as listening to my concerns and giving good advice
- 2 Practical, such as helping me get things done or get needed information
- 3 Affectionate, such as showing me affection and helping me feel wanted
- 4 Enjoyment, such as having fun or relaxing together

BASE: ALL QUALIFIED RESPONDENTS

Q2625 [IF HAD ONE BABY (Q2025/1), DISPLAY: Please described whether and how giving birth changed the way you think about yourself. We welcome a detailed response.)

[IF HAD MORE THAN ONE BABY (Q2025/2 OR MORE), DISPLAY: Please describe whether and how any of your births changed the way you think about yourself. We welcome a detailed response.

[TEXT BOX]

SECTION 2700: EMPLOYMENT AND CHILD CARE
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Pregnancy employment and maternity leave series**BASE: ALL QUALIFIED RESPONDENTS**

Q2702/Q2702 Were you employed during your pregnancy with your child born [INSERT Q2020-Q2022]?

- 1 Yes – part time for someone else (on average, less than 30 hours a week)
- 2 Yes – full time for someone else (on average, 30 or more hours a week)
- 3 Yes – self-employed part time
- 4 Yes – self-employed full time
- 5 No

BASE: EMPLOYED BY SOMEONE ELSE DURING PREGNANCY (Q2702/1,2)

Q2703 During that pregnancy, did you face any of the following pregnancy-related situations with your paid job? Did you need...?

Q2704

- 1 Yes
- 2 No

[RANDOMIZE]

- 1 A change in duties, such as less lifting or more sitting
- 2 To take more frequent breaks, such as extra bathroom breaks
- 3 A change in your schedule or more time off, for example, to see your prenatal care providers
- 4 Some other type of workplace adjustment due to a pregnancy-related condition ANCHOR

BASE: FACED AT LEAST ONE OR MORE PREGNANCY-RELATED SITUATIONS AT JOB (Q2703/1-4 AND Q2704/1)

Q2705 Did you ask your employer to address your need for...?

Q2706

- 1 Yes
- 2 No

[PN: ONLY DISPLAY YES ITEMS AT (Q2703/1-4 AND Q2704/1)]

[RANDOMIZE IN SAME ORDER AS Q2703]

- 1 A change in duties
- 2 More frequent breaks
- 3 A change in schedule
- 4 Some other workplace adjustment ANCHOR

BASE: ASKED EMPLOYER TO ADDRESS AT LEAST 1 NEED (Q2705/1-4 AND Q2706/1)

Q2707 Did your employer attempt to address your following concern(s), or did your employer refuse?

Q2708

- 1 Attempted to address concern(s)
- 2 Refused to address concern(s)

[PN: ONLY DISPLAY YES ITEMS AT (Q2705/1-4 AND Q2706/1)]

[RANDOMIZE IN SAME ORDER AS Q2703]

- 1 A change in duties
- 2 More frequent breaks
- 3 A change in schedule
- 4 Some other workplace adjustment ANCHOR

BASE: EMPLOYER REFUSED TO ADDRESS AT LEAST 1 CONCERN (Q2707/1-4 AND Q2708/2)

Q2709 What was your employer's reason for refusing to address ...? Please select all that apply in each row.

[PN: ALLOW MULTIPLE RESPONSES ACROSS ROWS.]

Q2710

- 1 My request was unreasonable or too difficult for employer to satisfy
- 2 Employer has a policy of refusing all similar requests
- 3 Employer not obligated to honor a pregnancy-related request
- 6 Other
- 4 Employer did not provide a reason EXCLUSIVE

[PN: ONLY DISPLAY "REFUSED" ITEMS AT (Q2707/1-4 AND Q2708/2)]

[RANDOMIZE IN SAME ORDER AS Q2703]

- 1 A change in duties
- 2 More frequent breaks
- 3 A change in schedule
- 6 Some other workplace adjustment

BASE: "OTHER" CHANGE IN DUTIES (Q2709/1 AND Q2710/6)

Q2711_1 You mentioned there was some other reason that your employer refused your concerns about a change in duties. Please tell us the reason.

[TEXT BOX]

BASE: "OTHER" MORE FREQUENT BREAKS (Q2709/2 AND Q2710/6)

Q2711_2 You mentioned there was some other reason that your employer refused your concerns about more frequent breaks. Please tell us the reason.

[TEXT BOX]

BASE: "OTHER" CHANGE IN SCHEDULE (Q2709/3 AND Q2710/6)

Q2711_3 You mentioned there was some other reason that your employer refused your concerns about a change in your schedule. Please tell us the reason.

[TEXT BOX]

BASE: EMPLOYER REFUSED TO ADDRESS AT LEAST 1 CONCERN AND IT MIGHT BE SPECIFIC TO PREGNANCY (Q2709/1-6 AND Q2710/3)

Q2712 Do you believe your employer has honored similar workplace requests (for example, a change in duties, more frequent breaks or a change in work schedule) from other workers with physical limitations or disabilities?

- 1 Yes
- 2 No
- 8 Not sure

BASE: EMPLOYED DURING PREGNANCY (Q2702/1-4)

Q2713/Q1310 How many weeks prior to your due date did you stop working at your paid job? If you are not sure, your best estimate will do. If you worked less than 1 week or until after your due date, enter "0."

[RANGE: 0 – 36]

/__/__/ weeks before due date

BASE: EMPLOYED BY SOMEONE ELSE DURING PREGNANCY (Q2702/1, 2)

Q2714/Q1315 Did the employer you worked for during your pregnancy have a [paid](#) maternity leave benefit?

- 1 Yes, but I didn't take any paid leave
- 2 Yes, and I took paid leave
- 3 No, my employer did not have such a policy
- 8 Not sure

BASE: EMPLOYER HAD PAID MATERNITY LEAVE BENEFIT (Q2714/1,2)

Q2715/Q1320 At your workplace during pregnancy, how long do women have to be employed to qualify for [paid](#) maternity leave? If you are not sure, please enter "98."

[RANGE: 0-75, 98]

/__/__/ months

[PN: DISPLAY Q2717 & Q2720 ON SAME SCREEN.]

BASE: EMPLOYER HAD PAID MATERNITY LEAVE BENEFIT AND TOOK LEAVE (Q2714/2)

Q2717/Q1325 What percent of your regular salary did you receive during your maternity leave? If you are not sure, your best estimate will do.

[RANGE: 1-100]

/__/__/ % of regular salary

BASE:EMPLOYERHAD PAID MATERNITY LEAVE BENEFIT AND TOOK LEAVE (Q2714/2)

Q2720/Q1330 For how many weeks did you receive **paid** leave? If you are not sure, your best estimate will do.

[RANGE: 0-52]

/__/__/ weeks

BASE: EMPLOYED BY SOMEONE ELSE DURING PREGNANCY (Q2702/1, 2)

Q2721 Did the employer you worked for during your pregnancy have a policy of providing **unpaid** maternity leave with a guarantee that you could return to your job or a similar one?

- 1 Yes, but I didn't take any unpaid leave
- 2 Yes, and I took unpaid leave
- 3 No, my employer did not have such a policy
- 8 Not sure

BASE:TOOK UNPAID MATERNITY LEAVE (Q2721/2)

Q2722 For how many weeks did you receive **unpaid** leave? If you are not sure, your best estimate will do.

[RANGE: 0-52]

/__/__/ weeks

[PN: DISPLAY Q2723 & Q2724 ON SAME SCREEN.]

BASE:EMPLOYER HAD POLICY OF PROVIDING UNPAID MATERNITY LEAVE BENEFIT (Q2721/1,2)

Q2723 At the place where you worked during pregnancy, how long do women have to be employed to qualify for job protection during **unpaid** maternity leave? If you are not sure, please enter "98."

[RANGE: 0-75, 98]

/__/__/ months

BASE:EMPLOYER HAD POLICY OF PROVIDING UNPAID MATERNITY LEAVE BENEFIT (Q2721/1,2)

Q2724 At the place where you worked during your pregnancy, for how long could you be on **unpaid** maternity leave and still have your job protected? If you are not sure, please enter "98."

[PN: DO NOT ALLOW RESPONSE TO BE LESS THAN Q2722 RESPONSE.]

[RANGE: 0-104, 98]

/__/__/ weeks

BASE: EMPLOYER HAD PAID OR UNPAID MATERNITY LEAVE BENEFIT (Q2714/1,2 AND/OR Q2721/2) AND TOOK PAID AND OR UNPAID LEAVE (Q2714/2 AND/OR Q2721/2)[< HALF]

Q2725/Q2950 While you were on maternity leave, how often were you still doing duties for your paying job?

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

Postpartum employment series

BASE: EMPLOYED DURING PREGNANCY (Q2702/1-4)

Q2727/Q1335 Have you returned to working for pay?

- 1 Yes
- 2 No

BASE: RETURNED TO PAID JOB (Q2727/1)

Q2730/Q1340 How long after you gave birth did you return to working for pay? If you are not sure, your best estimate will do.

[PN: DO NOT ALLOW BLANKS. BE SURE RESPONDENT INCLUDES 0 BEFORE MOVING TO NEXT SCREEN.]

	Q2731	Q2732A
[RANGE: 0-1]	[RANGE: 0-11]	[RANGE: 0-3]
__ year	__ __ months	__ __ weeks

BASE: RETURNED TO PAID JOB (Q2727/1)[>50%]

Q2732/Q1345 When you did return to working for pay, was it ...?

[PN: IF EMPLOYED FOR SOMEONE ELSE DURING PREGNANCY (Q2702/1,2), DISPLAY ITEMS 1-6. IF SELF-EMPLOYED DURING PREGNANCY (Q2702/3,4), DISPLAY ITEMS 5-8.]

- 1 Part time for same pre-birth employer (on average, less than 30 hours a week)
- 2 Full time for same pre-birth employer (on average, 30 or more hours a week)
- 3 Part time for different employer (on average, less than 30 hours a week)
- 4 Full time for different employer (on average, 30 or more hours a week)
- 5 Part time (self-employed) (on average, less than 30 hours a week)
- 6 Full time (self-employed) (on average, less than 30 hours a week)
- 7 Part time for an employer (on average, less than 30 hours a week)
- 8 Full time for an employer (on average, 30 or more hours a week)

BASE: RETURNED TO PAID JOB WITH SAME PRE-BIRTH EMPLOYER (Q2732/1,2)

Q2733 Compared with the number of hours you worked during pregnancy, on average, are you now working ...?

- 1 More hours
- 2 Fewer hours
- 3 About the same number of hours

BASE: NOW WORKING MORE OR FEWER HOURS THAN DURING PREGNANCY (Q2733/1,2)

Q2734 Was the change in hours ...?

[ROTATE 1 & 2]

- 1 Your choice
- 2 Your employer's choice
- 3 Mutual decision between you and your employer

BASE: RETURNED TO PAID JOB WITH SAME PRE-BIRTH EMPLOYER (Q2732/1,2)

Q2735 Since returning to your paid job, have you experienced any of the following challenges?

Q2736

- 1 Yes
- 2 No

[RANDOMIZE]

- 1 Reduction in hours that you did not want
- 2 Reduction in responsibility that you did not want
- 3 Lost opportunities for pay increases or promotions
- 4 Inaccurate assumptions about your desire, ability, or commitment to do your job

BASE: EXPERIENCED AT LEAST 1 CHALLENGE SINCE RETURNING TO WORK (YES TO ANY AT Q2735/1-4 AND Q2736/1)

Q2737 Do you believe that the following [IF ONLY ONE CHALLENGE AT Q2735, DISPLAY: challenge you have experienced is IF MORE THAN ONE CHALLENGE AT Q2735, DISPLAY: challenges you have experienced are] due to your pregnancy, your leave, or your status as a mother?

Q2738

- 1 Yes
- 2 No
- 8 Not sure

[PN: ONLY DISPLAY YES ITEMS AT (Q2735/1-4 AND Q2736/1)]

[RANDOMIZE IN SAME ORDER AS Q2735]

- 1 Reduction in hours that you did not want
- 2 Reduction in responsibility that you did not want
- 3 Lost opportunities for pay increases or promotions
- 4 Inaccurate assumptions about your desire, ability, or commitment to do your job

BASE: NOT EMPLOYED DURING PREGNANCY (Q2702/5)

Q2739/Q1360 Are you now employed?

- 1 Yes – part time for an employer (on average less than 30 hours a week)
- 2 Yes – full time for an employer (on average 30 or more hours a week)
- 3 Yes – self-employed part time
- 4 Yes – self-employed full time
- 5 No

BASE: NOT EMPLOYED DURING PREGNANCY AND NOW CURRENTLY EMPLOYED (Q2702/5 AND Q2739/1-4) OR CURRENTLY EMPLOYED FULL OR PART TIME (Q2732/1-8)

Q2740/Q1350 [IF CURRENTLY EMPLOYED FULL OR PART TIME (Q2732/1-8), DISPLAY: Were you able to stay home as long as you liked with your baby before you went back to a paid job?

[IF NOT EMPLOYED DURING PREGNANCY AND NOW CURRENTLY EMPLOYED FULL OR PART TIME (Q2702/5 AND Q2739/1-4), DISPLAY: Were you able to stay home as long as you liked with your baby before you took on a paid job?]

- 1 Yes
- 2 No

BASE: NOT ABLE TO STAY HOME AS LONG AS WOULD HAVE LIKED (Q2740/2) AND RETURNED TO PAID JOB WITH SAME PRE-BIRTH EMPLOYER (Q2732/1,2)

Q2750/Q2985 What was the main reason you could not stay home as long as you liked?

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 1 Could not afford a longer leave
- 2 Leave benefits ran out
- 3 Was worried about consequences at work, such as lower pay, worse assignments, or fewer opportunities for promotion
- 4 Worried what my coworkers would think
- 5 Had too much work to do
- 6 Other [Q2751 TEXT BOX] ANCHOR

BASE: CURRENTLY EMPLOYED BY SOMEONE ELSE FULL OR PART-TIME (Q2732/1-4,7,8 OR Q2739/1-2) – SPLIT SAMPLE

Q2752/Q1370 In working at a paid job since your baby's birth, how challenging were the following issues?

Q2753

- 1 Not a challenge
- 2 A minor challenge
- 3 A major challenge
- 4 Not applicable

[PN: RANDOMLY ASSIGN HALF THE SAMPLE TO GET ITEMS 1-4 AND THE OTHER HALF TO GET ITEMS 5-8.]

[RANDOMIZE 1-4 & 5-8]

- 1 Child care arrangements
- 2 Lack of support in the workplace for me as new mother
- 3 Amount of support from my partner/spouse
- 4 Breastfeeding
- 5 Being apart from my baby
- 6 Making ends meet
- 7 Rigid or unpredictable work schedule
- 8 Having my employer agree to the number of hours that I wanted to work

BASE: CURRENTLY EMPLOYED BY SOMEONE ELSE FULL OR PART-TIME (Q2732/1-4,7,8 OR Q2739/1-2)

Q2755/2960 We'd like to ask you about some options you might have to help balance employment and family life. How many sick days of paid time off do you have per year? If you are not sure, your best estimate will do. If none, please enter "0." If you have unlimited sick days, please enter "66."

[RANGE: 0-25, 66]

||_|sick days

BASE: HAS 1 OR MORE PAID SICK DAYS (Q2755/1 OR MORE)

Q2760/Q2965 When your child is sick, does your workplace policy allow you to use your sick days to care for your child?

- 1 Yes
- 2 No
- 8 Not sure

BASE: NOT CURRENTLY EMPLOYED (Q2727/2 OR Q2739/5)

Q2763/Q1365 Which of the following best describes why you are not currently employed?

[RANDOMIZE]

- 1 I'm still on maternity leave.
- 2 I wanted to stay home full-time with my baby.
- 3 I could not arrange a schedule flexible enough to meet our needs.
- 4 I could not find childcare.
- 5 I could not afford childcare.
- 6 I had a health problem that kept me from returning to work.
- 7 My baby had health problems that kept me from returning to work.
- 8 I am a student/Getting ready to go back to school.
- 9 I cannot find work.
- 10 I'm currently seeking employment.
- 11 I was fired for a reason relating to the pregnancy, birth or maternity leave.
- 96 I was fired for some other reason [Q2764 TEXT BOX]

BASE: CURRENTLY EMPLOYED FULL OR PART-TIME (Q2727/1 OR Q2739/1-4)OR STILL ON LEAVE (Q2763/1)

Q2765/Q2990 In some countries, new mothers have a long period of fully paid maternity leave with health insurance and the right to return to their jobs. If you had this type of support, what would be your ideal amount of time off to be with your baby?

[RANGE: 0-36]

||_| months

Child care series**BASE: CURRENTLY EMPLOYED FULL OR PART-TIME (Q2727/1 OR Q2739/1-4)**

Q2770/Q2925 While you are working for pay, who takes care of your child who was born [INSERT Q2020-Q2022]? Please select all that apply.

[MULTIPLE RESPONSE]

[PN: DISPLAY ITEM 3 IF HAS SPOUSE OR PARTNER (Q2605/1,2).]

- 1 Staff at a child care center
- 2 A family day care provider working in her or his home
- 3 My [IF SPOUSE (Q2605/1), DISPLAY: spouse [IF PARTNER (Q2605/2), DISPLAY: partner]
- 4 [IF HAS SPOUSE/PARTNER (Q2605/1,2), DISPLAY: "Some other family member"; IF HAS NO SPOUSE/PARTNER (Q2605 NE 1,2), DISPLAY: "A family member"]
- 5 A friend or neighbor
- 6 Me
- 7 A nanny
- 96 Other

BASE: ALL QUALIFIED RESPONDENTS

Q2773/Q2910 Are you currently a student?

- 1 Yes, part-time
- 2 Yes, full-time
- 3 No

BASE: CURRENTLY A STUDENT (Q2773/1,2)

Q2775/Q2930 While you are at school, who takes care of your child who was born [INSERT Q2020-Q2022]? Please select all that apply.

[MULTIPLE RESPONSE]

[PN: DISPLAY ITEM 3 IF HAS SPOUSE OR PARTNER (Q2605/1,2).]

- 1 Staff at a child care center
- 2 A family day care provider working in her/his home
- 3 My [IF SPOUSE (Q2605/1), DISPLAY: spouse [IF PARTNER (Q2605/2), DISPLAY: partner]
- 4 [IF HAS SPOUSE/PARTNER (Q2605/1,2), DISPLAY: "Some other family member"; IF HAS NO SPOUSE/PARTNER (Q2605 NE 1,2), DISPLAY: "A family member"]
- 5 A friend or neighbor
- 6 A nanny
- 96 Other

BASE: HAS CHILDCARE PROVIDER OTHER THAN SELF OR SPOUSE/PARTNER (Q2770/1,2,4,5,7,96 OR Q2775/1,2,4,5,6,96)

Q2780/Q2940 While you are working for pay or at school, on average, how many hours a week is your child in the care of someone other than you [PN: IF HAS SPOUSE/PARTNER (Q2605/1,2), DISPLAY: "or your [IF SPOUSE (Q2605/1), DISPLAY: spouse IF PARTNER (Q2605/2), DISPLAY: partner]]?

- 1 Fewer than 8 hours
- 2 8 to up to 17 hours
- 3 17 to up to 33 hours
- 4 33 to up to 40 hours
- 5 40 hours or more

SECTION 2800: BABY'S HEALTH AND HEALTH CARE
--

BASE: ALL QUALIFIED RESPONDENTS

Q2805/Q3005 Overall, how would you describe the health of your baby born [INSERT Q2020-Q2022]? Would you say it is...?

- 1 Poor
- 2 Fair
- 3 Very good
- 4 Excellent
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS

Q2810/Q3010 Since birth, how many “well” and “sick” visits has your child had at a health care provider’s office or clinic, as best you can recall? If none, please enter “0.”

Q2811
[RANGE: 0-50]

- 1 “Well-child” visits for a check-up or shot || visits
- 2 “Sick-child” visits for a health concern || visits

BASE: ALL QUALIFIED RESPONDENTS

Q2815/Q3015 What type of health care provider most often cares for your child?

- 1 Pediatrician
- 2 Family doctor
- 3 Nurse-practitioner
- 4 Physician assistant (PA)
- 6 Other ANCHOR
- 8 Not sure what type ANCHOR

BASE: ALL QUALIFIED RESPONDENTS

Q2825 Which statement best describes your approach to immunizations (“baby shots”) with your baby born [INSERT Q2020-Q2022]?

- 1 I prefer to get all immunizations according to the recommended schedule.
- 2 I prefer to modify the recommended approach, for example, by delaying some immunizations or avoiding combined immunizations.
- 3 I prefer not to have my baby immunized.
- 6 Other [Q2826 TEXT BOX]
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS

Q2830/Q3025 Since the birth of your child born [INSERT Q2020-Q2022], has [IF MALE (Q2545/1), DISPLAY: “he” IF FEMALE (Q2545/12), DISPLAY: “she”] had any medical problem that caused [IF MALE (Q2545/1), DISPLAY: “him” IF FEMALE (Q2545/12), DISPLAY: “her”] to go back to the hospital and stay overnight?

- 1 Yes
- 2 No
- 8 Not sure

BASE: CHILD HAS HAD MEDICAL PROBLEM REQUIRING OVERNIGHT HOSPITAL STAY (Q2830/1)

Q2835/Q3030 As best you can recall, when was the first time your baby had to go back into the hospital and stay overnight? If you are not sure, your best recollection will do.

[PN: DISPLAY DROP DOWN LIST FOR Q2835, Q2836 & Q2837. DISPLAY “DECLINE TO ANSWER” IN DROP DOWN LISTS, AND CODE AS “99.”]

[PN: DO NOT ALLOW ANSWER TO BE LATER THAN CURRENT DATE. DO NOT ALLOW DATE TO BE EARLIER THAN BABY DOB.]

	Q2836	Q2837
	[RANGE: 1-31, 99]	[RANGE: 2011, 2012, 2013, 9999]
	Day	Year
01	January	
02	February	
03	March	
04	April	
05	May	
06	June	
07	July	
08	August	
09	September	
10	October	
11	November	
12	December	
99	Decline to answer	

BASE: CHILD HAS HAD MEDICAL PROBLEM REQUIRING OVERNIGHT HOSPITAL STAY (Q2830/2)

Q2840/3035 What kind of medical problem caused your baby to go back into the hospital? Please select all that apply.

[MULTIPLE RESPONSE]
[RANDOMIZE]

1	Breathing problems	
2	Digestive tract problems	
3	Fever or infection	
4	Jaundice	
5	Birth defect	
6	Low weight gain/“failure to thrive”	
7	Dehydration	
96	Other [Q2841 TEXT BOX]	ANCHOR
99	Decline to answer	ANCHOR, E

SECTION 2900: BABY CARE AND DEVELOPMENT
--

Breastfeeding in index pregnancy series**BASE: ALL QUALIFIED RESPONDENTS**

Q2910/Q3120 Are you currently feeding your child who was born [INSERT Q2020-Q2022] any...?

- Q2911
- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

[PN: IF SELECTS "NO" FOR ALL, DISPLAY ERROR MESSAGE: PLEASE SELECT YOUR CHILD'S CURRENT FOOD.]

[RANDOMIZE]

- | | |
|---|-------------------------|
| 1 | Breast milk |
| 2 | Formula |
| 3 | Baby food or table food |

BASE: FEEDING BREAST MILK ONLY ONE WEEK AFTER BIRTH (Q2050/1) AND NOT CURRENTLY FEEDING BREASTMILK (Q2910/1 AND Q2911/2)

Q2915/Q3125 How long did you continue to feed your baby with breast milk only? Up to...?

[RANGE: 1 – 8]

__|__| months

BASE: ANY BREASTFEEDING AT ONE WEEK POSTPARTUM (Q2050/1,3) AND NOT CURRENTLY FEEDING BREAST MILK (Q2910/1 AND Q2911/2)

Q2917/Q3130 How old was your baby when you stopped feeding any breast milk - that is, when your baby was completely weaned. If less than a month old, please enter "0."

[RANGE: 0-36]

__|__| months

BASE: WANTED TO BREASTFEED SOME OR EXCLUSIVELY AT END OF PREGNANCY (Q2045/1,3) AND NOT BREASTFEEDING AT 1 WEEK (Q2050/2)

Q2920/Q3135 Earlier, you told us that you had hoped to breastfeed your baby as you neared the end of pregnancy and that one week after the birth you were not breastfeeding. Please select all the reasons you feel you were not breastfeeding at that time.

[MULTIPLE RESPONSE]

[RANDOMIZE]

[PN: DISPLAY ITEM 5 IF HAS SPOUSE/PARTNER (Q2605/1,2).]

- 1 It was too hard to get breastfeeding going.
- 2 I didn't get enough support to get breastfeeding going.
- 3 The hospital staff did not provide enough support.
- 4 My doctor or midwife discouraged it.
- 5 My spouse/partner discouraged it.
- 6 The baby's grandmother or another relative discouraged it.
- 7 My friend(s) discouraged it.
- 8 I tried breastfeeding and didn't like it.
- 9 My baby had difficulty nursing.
- 10 My baby was sick and could not breastfeed.
- 11 It was too hard with my own health challenges.
- 12 I had to take medicine and didn't want my baby to get it through breast milk.
- 13 It wasn't very important to make it work.
- 14 I didn't plan to breastfeed much anyway, as I planned to go back to my paying job soon.
- 15 After the birth I changed my mind about wanting to breastfeed.
- 16 My baby's health care provider discouraged it.
- 17 Formula was more convenient.
- 96 Other ANCHOR

BASE: BREASTFEEDING AT ONE WEEK (Q2050/1,3) AND NOT CURRENTLY BREASTFEEDING (Q2910/1 AND Q2911/2)

Q2925/Q3140 Which of the following are reasons you stopped feeding your baby with any breast milk. Please select all that apply.

[MULTIPLE RESPONSE]

[RANDOMIZE]

- 01 I fed my baby breast milk as long as I had planned.
- 02 My baby stopped nursing; it was the baby's decision.
- 03 I was working at a paying job or school, and other people were feeding the baby.
- 04 I had trouble getting breastfeeding going well.
- 05 Someone close to me discouraged continuing.
- 06 Formula or solid food was more convenient.
- 07 I did not have enough help to work through the challenges.
- 08 I had to take medicine and didn't want my baby to get it through breast milk.
- 96 Other ANCHOR

BASE: BREASTFEEDING AT ONE WEEK (Q2050/1,3) AND NOT CURRENTLY BREASTFEEDING (Q2910/1 AND Q2911/2)

Q2930/Q3160 Did you breastfeed as long as you wanted to?

- 1 Yes
- 2 No

BASE: CURRENTLY EMPLOYED FULL OR PART-TIME FOR SOMEONE ELSE (Q2732/1-4 OR Q2739/1-2)

Q2935/Q2920 Do you work for pay...? Please select all that apply.

[MULTIPLE RESPONSE]

- 1 At your employer's workplace
- 2 In your own home
- 3 Somewhere else

BASE: WORKS AT EMPLOYER'S WORKPLACE (Q2935/1)

Q2945 Does your employer provide...?

Q2946

- 1 Yes
- 2 No
- 8 Not sure

[ROTATE]

- 1 Reasonable breaks to allow nursing mothers to express breast milk
- 2 A private place that is not a bathroom where nursing mothers can express breast milk

BASE: CURRENTLY EMPLOYED FULL OR PART-TIME (Q2727/1 OR Q2739/1-4)

Q2955 Did your plans for employment after giving birth affect the decisions you made about how to feed your baby — for example, whether or when to breastfeed, use formula, or pump?

- 1 Yes
- 2 No

BASE: PLANS FOR EMPLOYMENT IMPACTED INFANT FEEDING DECISIONS (Q2955/1)

Q2960 Please describe how your plans for employment impacted your infant feeding decisions.

[TEXT BOX]

BASE: ALL QUALIFIED PARTICIPANTS

Q2965 To the best of your understanding, what are the breastfeeding recommendations of the American Academy of Pediatrics?

Q2966

[RANGE 0-12]

- 1 Feed breast milk as the only food until your baby is at least months old
- 8 Not sure

[RANGE 0-36]

- 2 Along with solid food, continue to breastfeed until your baby is at least months old
- 9 Not sure

Breastfeeding History**BASE: HAS GIVEN BIRTH ONE OR MORE TIMES BEFORE INDEX BABY(Q2025/2 OR MORE**

Q2970 [IF HAD 2 BIRTHS (Q2025/2), DISPLAY: Earlier, you told us that you have given birth one other time before the birth of your baby born [INSERT Q2020-Q2022]. As you neared the end that first pregnancy, how did you intend to feed that baby?

IF 3 OR MORE BIRTHS (Q2025/3 OR MORE), DISPLAY: Earlier, you told us that you have given birth more than one other time before the birth of your baby born [INSERT Q2020-Q2022]. As you neared the end of those pregnancies, how did you intend to feed those babies?]

Q2971

- 1 Breastfeeding only
- 2 Formula only
- 3 A combination of breastfeeding and formula
- 8 Not sure

[PN: ONLY DISPLAY ITEMS FROM LIST BELOW TO CORRESPOND WITH NUMBER OF TIMES HAS GIVEN BIRTH BASED AT Q2025 RESPONSE MINUS INDEX BABY, I.E., IF HAS GIVEN BIRTH TWICE, ONLY DISPLAY "FIRST BIRTH". IF HAS GIVEN BIRTH THREE TIMES, ONLY DISPLAY FIRST AND SECOND BIRTH.]

- 1 First birth
- 2 Second birth
- 3 Third birth
- 4 Fourth birth
- 5 Fifth birth
- 6 Sixth birth
- 7 Seventh birth
- 8 Eighth birth
- 9 Ninth birth
- 10 Tenth birth
- 11 Eleventh birth
- 12 Twelfth birth
- 13 Thirteenth birth
- 14 Fourteenth birth
- 15 Fifteenth birth

BASE: HAS GIVEN BIRTH ONE OR MORE TIMES BEFORE INDEX BABY(Q2025/2 OR MORE

Q2975 [IF HAD 2 BIRTHS (Q2025/2), DISPLAY: As best as you can remember, one week after you gave birth to your previous baby, how were you feeding that baby?

IF 3 OR MORE BIRTHS (Q2025/3 OR MORE), DISPLAY: As best as you can remember, one week after you gave birth to your previous babies, how were you feeding those babies?]

Q2976

- 1 Breastfeeding only
- 2 Formula only
- 3 A combination of breastfeeding and formula
- 8 Not sure

[PN: ONLY DISPLAY ITEMS FROM LIST BELOW TO CORRESPOND WITH NUMBER OF TIMES HAS GIVEN BIRTH BASED AT Q2025 RESPONSE MINUS INDEX BABY, I.E., IF HAS GIVEN BIRTH TWICE, ONLY DISPLAY "FIRST BIRTH". IF HAS GIVEN BIRTH THREE TIMES, ONLY DISPLAY FIRST AND SECOND BIRTH.]

- 1 First birth
- 2 Second birth
- 3 Third birth
- 4 Fourth birth
- 5 Fifth birth
- 6 Sixth birth
- 7 Seventh birth
- 8 Eighth birth
- 9 Ninth birth
- 10 Tenth birth
- 11 Eleventh birth
- 12 Twelfth birth
- 13 Thirteenth birth
- 14 Fourteenth birth
- 15 Fifteenth birth

BASE: INTENDED BREASTFEEDING ONLY FOR ANY PREVIOUS BIRTH (Q2970/1-15 AND Q2971/1) AND DID NOT INTEND BREASTFEEDING ONLY IN INDEX BIRTH (Q2045/2,3)

Q2980 You mentioned that in the past you wanted to feed your baby with breast milk only, but that for your child born [INSERT Q2020-Q2022], you did not intend to breastfeed only. Please tell us what led you to change how you intended to feed your baby?

[TEXT BOX]

Pacifier use series

BASE: ALL QUALIFIED RESPONDENTS

Q2983/Q3165 Has your baby born [INSERT Q2020-Q2022], ever used a pacifier on a daily basis?

- 1 Yes
- 2 No

[PN: DISPLAY Q2985 & Q2987 ON SAME SCREEN.]

BASE: BABY HAS EVER USED PACIFIER ON DAILY BASIS (Q2983/1)

Q2985/Q3170 How long has your baby used a pacifier? If less than a month, please enter "0."

[RANGE: 0-20]

__|__| months

BASE: BABY HAS EVER USED PACIFIER ON DAILY BASIS (Q2983/1)

Q2987/Q3175 Is your baby using a pacifier now?

- 1 Yes
- 2 No

Infant sleeping patterns**BASE: ALL QUALIFIED RESPONDENTS**

Q2990/Q3180 In the first 6 months, how often did your baby sleep in the same bed with you or anyone else?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

BASE: ALL QUALIFIED RESPONDENTS

Q2995 Since the birth of your baby who was born [INSERT Q2020-Q2022], have you used WIC services for yourself or that baby?

- 1 Yes, both my new baby and I use WIC services
- 2 Yes, only my new baby uses WIC services
- 3 Yes, only I am using WIC services
- 4 No

SECTION 3000: POSTPARTUM MATERNAL PHYSICAL HEALTH AND POSTPARTUM CARE**BASE: ALL QUALIFIED RESPONDENTS**

Q3005/Q3205 Many women have health concerns after giving birth. How much of a new problem — that is, different from something you may have experienced during or before pregnancy — were the following in the first two months after birth?

Q3006

- 1 Not a new problem
- 2 A minor new problem
- 3 A major new problem

[RANDOMIZE KEEPING 7-9 TOGETHER AS BLOCK AND IN ORDER SHOWN BELOW AND 21 & 22 TOGETHER]

[PN: INCLUDE NUMBNESS AT INCISION SITE (Q3005/21) AND ITCHING AT INCISION SITE (Q3005/22) IF INDEX BIRTH WAS BY CESAREAN (Q2070/2).]

- 07 Sore nipples/Breast tenderness
- 08 Breast infection
- 09 Other breastfeeding problems (such as latching or milk supply)
- 10 Physical exhaustion
- 11 Painful intercourse
- 12 Backache
- 13 Frequent headaches
- 14 Lack of sexual desire
- 15 Weight control
- 16 Sleep loss
- 17 Feelings of depression
- 18 Hemorrhoids
- 19 Feeling stressed
- 20 Heavy bleeding
- 21 Numbness at cesarean incision site
- 22 Itching at cesarean incision

BASE: EXPERIENCED CONDITION ((Q3005/7-26 AND Q3006/2, 3) OR (Q2095/1-6 AND Q2096/1)

Q3010/Q3210 Are any of the following a problem at this time?

Q3011

- 1 Yes
- 2 No

[PN: INCLUDE ONLY ITEMS SELECTED AT (Q3005/7-26 AND Q3006/2,3) AND (Q2095/1-16 AND Q2096/1).

[PN'S IN GRAY ARE FOR RESEARCHER REFERENCE ONLY.

INCLUDE PAIN AT SITE OF CESAREAN INCISION (Q3010/3), INFECTION AT SITE OF CESAREAN INCISION (Q3010/4), NUMBNESS AT CESAREAN INCISION SITE (Q3010/21) AND ITCHING AT CESAREAN INCISION SITE (Q3010/22) IN LIST IF MOST RECENT BIRTH WAS BY CESAREAN (Q2070/2).

INCLUDE INFECTION FROM CUT OR TORN PERINEUM (Q3010/2) IN LIST IF MOST RECENT BIRTH WAS VAGINAL (Q2070/1.)

[RANDOMIZE 7 –22 IN SAME ORDER AS Q3005.]

[PN: DO NOT DISPLAY BELOW IN GREEN FONT. COLOR CODING FOR RESEARCHER REFERENCE ONLY.]

- 1 Painful perineum (tissue between the vagina and anus)
- 2 Infection from cut or torn perineum
- 3 Pain at site of cesarean incision
- 4 Infection at site of cesarean incision
- 5 Urinary problems (such as loss of bladder control or difficulty urinating)
- 6 Bowel problems (such as constipation or loss of control of gas or stool)
- 7 Sore nipples/Breast tenderness
- 8 Breast infection
- 9 Other breastfeeding problems (such as latching or milk supply)
- 10 Physical exhaustion
- 11 Painful intercourse
- 12 Backache
- 13 Frequent headaches
- 14 Lack of sexual desire
- 15 Weight control
- 16 Sleep loss
- 17 Feelings of depression
- 18 Hemorrhoids
- 19 Feeling stressed
- 20 Heavy bleeding
- 21 Numbness at cesarean incision site
- 22 Itching at cesarean incision

BASE: ALL QUALIFIED RESPONDENTSQ3015/Q1415/Q1215 In the last two weeks, how much did pain interfere with your routine activities?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

BASE: ALL QUALIFIED RESPONDENTS

Q3020/Q3215 Since the birth of your baby born [INSERT Q2020-Q2022], have you had any medical problems that caused you to go back to the hospital for an overnight stay or for day surgery?

- 1 Yes
- 2 No

BASE: HAS HAD PROBLEM THAT CAUSED OVERNIGHT HOSPITAL STAY OR DAY SURGERY (Q3020/1)

Q3025/Q3220 As best you can recall, when was the first time you had to go into the hospital after you had your baby that was born [INSERT Q2020-Q2022]?

[PN: DISPLAY DROP DOWN LIST FOR Q3025, Q3026 & Q3027. DISPLAY "DECLINE TO ANSWER" IN DROP DOWN LISTS, AND CODE AS "99."]

[PN: DO NOT ALLOW ANSWER TO BE LATER THAN CURRENT DATE. DO NOT ALLOW DATE EARLIER THAN BABY'S DOB.]

- | | Q3026 | Q3027 |
|----|-------------------|---------------------------------|
| | [RANGE: 1-31, 99] | [RANGE: 2011, 2012, 2013, 9999] |
| | Day | Year |
| 1 | January | |
| 2 | February | |
| 3 | March | |
| 4 | April | |
| 5 | May | |
| 6 | June | |
| 7 | July | |
| 8 | August | |
| 9 | September | |
| 10 | October | |
| 11 | November | |
| 12 | December | |
| 99 | Decline to answer | |

BASE: HAS HAD PROBLEM THAT CAUSED OVERNIGHT HOSPITAL STAY OR DAY SURGERY (Q3020/1)

Q3030/Q3225 What kind of medical problem caused you to go into the hospital? Please select all that apply.

[MULTIPLE RESPONSE]
[RANDOMIZE]

- 1 Complications of surgery
- 2 Fever or infection
- 3 Pain related to the birth
- 4 Urinary problems
- 5 Vaginal bleeding
- 6 Gall bladder problems
- 7 Other [Q3031TEXT BOX] ANCHOR
- 9 Decline to answer ANCHOR [EXCLUSIVE]

BASE: ALL QUALIFIED RESPONDENTS

Q3040 What is your current weight? If you are not sure, your best estimate will do.

[RANGE: 75-350]

/_/_/_/_/ pounds

BASE: ALL QUALIFIED RESPONDENTS

Q3045/Q3310 Thinking about the first two months after giving birth, how much did your ...?

Q3046

- 1 Not at all
- 2 Some
- 3 A fair amount
- 4 Quite a bit
- 5 A great deal

[ROTATE]

- 1 Physical health interfere with your ability to care for your baby
- 2 Emotional well-being interfere with your ability to care for your baby

BASE: ALL QUALIFIED RESPONDENTS

Q3050/Q3330 Thinking about the past two weeks, how well do you think you are doing with each of the following?

Q3051

- 1 Not at all well
- 2 Somewhat well
- 3 Fairly well
- 4 Very well
- 5 Extremely well

[RANDOMIZE]

- 1 Getting enough exercise
- 2 Eating a healthy diet
- 3 Managing stress
- 4 Getting enough sleep

BASE: HAD ONE OR MORE POSTPARTUM OFFICE VISIT (Q2030/1 OR MORE)

Q3055 During visits with your maternity care provider after the birth, were you given enough information about ...?

Q3056

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, and I needed this information
- 4 No, but I did not need this information
- 8 Not sure

[RANDOMIZE]

- 1 Healthy eating
- 2 The importance of exercise
- 3 Postpartum depression
- 4 Changes in your sexual response and feelings
- 5 Birth control methods that you can use after giving birth
- 6 How long to wait before getting pregnant again

BASE: HAS HAD ONE OR MORE CESEREANS (Q2075/1)[<50%]

Q3060 Did your maternity care provider tell you that you should limit your total number of cesareans to a specific number?

- 1 Yes
- 2 No

BASE: MATERNITY CARE PROVIDER RECOMMENDED LIMITING TOTAL NUMBER OF CESAREANS (Q3060/1)

Q3065 Please complete the following sentence: My maternity care provider told me that I should not have more than...

[RANGE: 1-9]

cesarean deliveries altogether

BASE: HAD PREEEXISTING DIABETES OR GESTATIONAL DIABETES (Q2080/1 OR Q2083/1)

Q3070 Since your new baby was born, have you been tested for diabetes or high blood sugar?

- 1 Yes
- 2 No
- 8 Not sure

[PN: DISPLAY Q3075 & Q3078 ON SAME SCREEN.]

BASE: ALL QUALIFIED RESPONDENTS

Q3075 During the first two months after the birth of your baby, did you have a telephone number of a nurse, doctor, or midwife or health visitor you could contact with any concerns about yourself or your new baby?

- 1 Yes
- 2 No

BASE: ALL QUALIFIED RESPONDENTS

Q3078 During the first two months after the birth of your baby, did any health professionals make one or more visits to your home? Please select all that apply.

[MULTIPLE RESPONSE]

- 1 Yes, someone came from my maternity care team
- 2 Yes, someone came from my baby's care team
- 3 Yes, someone came from a "home visiting" program to support us
- 4 No EXCLUSIVE

BASE: ALL QUALIFIED RESPONDENTS

Q3080 Overall, how would you rate the following parts of your maternal and newborn care leading up to and following the birth of your baby born [INSERT Q2020-Q2022]?

Q3081

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good

[PN: DISPLAY ITEM 4 IF HAD ONE OR MORE POSTPARTUM MATERNITY OFFICE VISIT (Q2030/1 OR MORE)]

[DISPLAY ITEM 5 IF HEALTH PROFESSIONAL MADE HOME VISIT (Q3078/1,2,3)]

[DISPLAY ITEM 6 IF HAD ONE OR MORE PEDIATRIC VISIT (Q2810/1,2 AND Q2811/1 OR MORE)]

- 1 Prenatal visits
- 2 Care in hospital from admission through giving birth
- 3 Care in hospital from after giving birth until discharge
- 4 Office visits with maternity care provider(s) in the first two months after birth
- 5 Home visits with health professional(s) in the first two months after birth
- 6 Office visits with baby's care provider(s) in the first two months after birth

BASE: ALL QUALIFIED RESPONDENTS

Q3085 If you have a baby in the future, would you want to give birth again at the same hospital as you did on [INSERT Q2020-Q2022]. Why or why not? We welcome a detailed response.

[TEXT BOX]

SECTION 3100: POSTPARTUM MATERNAL MENTAL HEALTH, ATTACHMENT
--

BASE: ALL QUALIFIED RESPONDENTS – SPLIT SAMPLE

Q3105/Q3305 Some women use the following words to describe their feelings in the weeks and months after birth. Thinking back to the first two months after you gave birth, did you feel...?

- Q3106
- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

[PN: RANDOMLY ASSIGN HALF THE SAMPLE TO GET ITEMS 1-4 AND THE OTHER HALF TO GET ITEMS 5-8.]

[RANDOMIZE 1-4 & 5-8]

- | | |
|---|-----------|
| 1 | Confident |
| 2 | Unsure |
| 3 | Isolated |
| 4 | Supported |
| 5 | Messy |
| 6 | Organized |
| 7 | Rested |
| 8 | Tired |

BASE: ALL QUALIFIED RESPONDENTS

Q3110/Q3320 Since giving birth, have you consulted a health care or mental health professional (for example, either your maternity or primary caregivers, a social worker, psychologist, or psychiatrist) with concerns about your emotional or mental well-being?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

BASE: ALL QUALIFIED RESPONDENTS

Q3115/Q3325 During the past two weeks, how often have you been bothered by the following?

- Q3116
- | | |
|---|-------------------------|
| 1 | Not at all |
| 2 | Several days |
| 3 | More than half the days |
| 4 | Nearly every day |
| 9 | Decline to answer |

[ROTATE]

- | | |
|---|---|
| 1 | Little interest or pleasure in doing things |
| 2 | Feeling down, depressed or hopeless |

BASE: ALL QUALIFIED RESPONDENTS - SPLIT SAMPLE

Q3120 How well do the following statements describe your feelings about your baby?

Q3121

- 1 Not at all
- 2 Not really
- 3 Most of the time
- 4 Always

[PN: RANDOMLY ASSIGN HALF THE SAMPLE TO GET ITEMS 1-6 AND THE OTHER HALF TO GET ITEMS 7-11.]

[RANDOMIZE 1-6 & 7-11]

- 1 I enjoy interacting with my child.
- 2 I feel at peace when my child is close by.
- 3 I am not that interested in my child.
- 4 I speak to my baby when caring for [IF MALE (Q2545/1), DISPLAY: "him" IF FEMALE (Q2545/2), DISPLAY: "her"].
- 5 I don't find my baby cute.
- 6 I worry about my child in many ways when my child is not with me.
- 7 I am willing to do anything for my child.
- 8 I want to touch or hold my baby when I see [IF MALE (Q2545/1), DISPLAY: "him" IF FEMALE (Q2545/12), DISPLAY: "her"].
- 9 I feel my child is terribly precious.
- 10 I miss touching or holding my baby when [IF MALE (Q2545/1), DISPLAY: "he" IF FEMALE (Q2545/12), DISPLAY: "she"] is not with me.
- 11 Taking care of my baby is fun.

SECTION 3200: WOMEN'S ATTITUDES, BELIEFS, PREFERENCES
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BASE: ALL QUALIFIED RESPONDENTS

Q3202 Altogether, how many more children would you like to have? If you are not sure, please give your best answer. If you do not want to have any more children, please enter "0."

[RANGE: 0-20]

||| child(ren)

BASE: WOULD LIKE TO HAVE MORE CHILDREN (Q3202/1 OR MORE)

Q3205 For any future births, how open would you be to giving birth ...?

Q3206

- 1 Definitely would not want this
- 2 Would consider this
- 3 Definitely would want this
- 4 I don't want to have any more biological children.
- 8 Not sure

[ROTATE]

- 1 In a birth center that is separate from a hospital
- 2 At home

BASE: ALL QUALIFIED RESPONDENTS

Q3210 How concerned are you, if at all, about a serious error or mistake leading to injury or harm happening when...?

Q3211

- 1 Not at all concerned
 - 2 Not too concerned
 - 3 Somewhat concerned
 - 4 Very concerned
 - 8 Not sure
-
- 1 You go to a maternity care provider's office or clinic for prenatal care
 - 2 You are in a hospital for giving birth and the early period after birth
 - 3 You go to a maternity care provider's office or clinic for postpartum care
 - 4 Your baby goes to [IF MALE (Q2545/1), DISPLAY: "his" IF FEMALE (Q2545/12), DISPLAY: "her"] care provider's office or clinic for care

BASE: ALL QUALIFIED RESPONDENTS – SPLIT SAMPLE

Q3215 How important are each of the following factors in determining the quality of maternity care at a particular hospital?

Q3216

- 1 Not important at all
- 2 Not too important
- 3 Fairly important
- 4 Very important
- 8 Not sure

[PN: RANDOMLY ASSIGN HALF THE SAMPLE TO GET ITEMS 1-4 AND THE OTHER HALF TO GET ITEMS 5-8.]

[RANDOMIZE 1-4 & 5-8]

- 1 Protects mothers and newborns from getting infections in the hospital
- 2 Has a low rate of medical mistakes in the care of mothers and babies
- 3 Has attentive, caring maternity nurses
- 4 Its maternity services are reasonably priced
- 5 Offers the latest maternity care technology and equipment
- 6 Is highly rated on quality by women who have given birth there
- 7 Has been highly rated by a rating website or magazine
- 8 Is a teaching hospital and trains doctors, nurses and other health professionals

BASE: ALL QUALIFIED RESPONDENTS

Q3217 If you could go back in time and give yourself any advice or information as you were going into your birth on [INSERT Q2020-Q2022], what would it be? Anything else? We welcome a detailed response.

[TEXT BOX]

Base: ALL QUALIFIED RESPONDENTS

Q3218 Since completing your maternity care, which of the following best describes the type of health care professional you go to for your regular medical care? For example, who would help you if you might be getting the flu? If you have not needed care, what type of health care professional will you go to when you need care?

- 01 Internal medicine doctor
- 02 Family medicine doctor
- 03 Gynecologist/Obstetrician
- 04 Physician assistant (PA)
- 05 Nurse or nurse practitioner who is not a midwife
- 06 Midwife
- 07 Available provider at a clinic
- 96 Some other type
- 08 I don't have a regular primary care provider.

BASE: ALL QUALIFIED RESPONDENTS

Q3220 Based on what you've heard, read, or experienced yourself, do you think there are big, small, or no differences in the quality of maternity care provided by ...?

Q3221

- 1 Big differences
- 2 Small differences
- 3 No differences
- 8 Not sure

- 1 Obstetricians in your area
- 2 Family physicians in your area
- 3 Midwives in your area

BASE: ALL QUALIFIED RESPONDENTS

Q3225 Based on what you've heard, read, or experienced yourself, do you think there are big, small, or no differences in the quality of maternity care among different hospitals in your area?

- 1 Big differences
- 2 Small differences
- 3 No differences
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS

Q3230 Thinking back to the first six months of your baby's life, what gave you a special sense of pride and accomplishment? We would be interested in as much detail as you care to share.

[TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS

Q3235 Overall, how would you rate the quality of health care in the U.S.?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent

BASE: ALL QUALIFIED RESPONDENTS

Q3240 How much do you agree or disagree with the following statements?

Q3241

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Not sure

[RANDOMIZE]

- 1 Too many women get maternity tests and treatments that they don't really need.
- 2 In general, getting more maternity tests and treatments is better quality care than getting fewer tests and treatments.
- 3 Too many women do not get the maternity tests and treatments they need.
- 4 Newer maternity tests and treatments are generally improvements over older ones.
- 5 Maternity tests and treatments that work the best usually cost more than those that don't work as well.
- 6 Women can be confident that care recommendations from maternity care providers are based on up-to-date medical evidence about what works best

BASE: ALL QUALIFIED RESPONDENTS

Q3245 How much do you agree or disagree with each statement as it applies to you personally?

Q3246

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 Not applicable

[RANDOMIZE]

- 1 When all is said and done, I am the person who is in charge of my pregnancy.
- 2 I was confident that I could take an active role in my own maternity care.
- 3 I was confident that I would know when I needed to check with my maternity care provider and when I could handle things myself.
- 4 I was confident I could tell my maternity care provider concerns I had even when he or she did not ask.
- 5 I was able to stay with healthy lifestyle behaviors throughout pregnancy.

BASE: ALL QUALIFIED RESPONDENTS

Q3255/Q14 How much do you agree or disagree with each of the following statements about your options for maternity care tests treatments, or procedures?

Q3256

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

[RANDOMIZE]

- 1 I would like my maternity care provider to tell me about the risks associated with each option so I know how each could affect me.
- 2 In deciding about care, I would like my maternity care provider to always discuss the option of choosing no test or treatment.
- 3 I prefer to rely on my maternity care provider to make the best decisions for me.
- 4 I would like my maternity care provider to help me understand how much each option will cost me and my family.

BASE: ALL QUALIFIED RESPONDENTS

Q3265/HIT-1 Regardless of whether you had access during your recent pregnancy, how important is it to you to have access to your maternity and health records online?

- 1 Not at all important
- 2 Somewhat important
- 3 Very important
- 8 Not sure

BASE: ALL QUALIFIED RESPONDENTS

Q3270 There has been some publicity lately about women having the right to choose a cesarean even if there is no medical reason for it. If you were pregnant in the future, had no medical reasons for a cesarean, and could decide for yourself, how likely would you be to want to have your next baby by cesarean section?

- 1 Not likely at all
- 2 Not very likely
- 3 Somewhat likely
- 4 Very likely

BASE: ALL QUALIFIED RESPONDENTS

Q3275 How much do you agree or disagree with the following statements? If a woman who ...?

Q3276

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Neither agree nor disagree
- 4 Agree somewhat
- 5 Agree strongly

- 1 Has never had a cesarean wants to have a cesarean, she should be able to do so
- 2 Has never had a cesarean wants to have a vaginal birth, she should have the opportunity to do so
- 3 Had a previous cesarean wants to have a vaginal birth, she should have the opportunity to do so

BASE: ALL QUALIFIED RESPONDENTS

Q3280 How much do you agree or disagree with the following statement? If a woman wants to have her baby at home, she should be able to do so.

- 1 Disagree strongly
- 2 Disagree somewhat
- 3 Neither agree nor disagree
- 4 Agree somewhat
- 5 Agree strongly

SECTION 3300: INFORMATION SOURCES
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2.5 RE

BASE: ALL QUALIFIED RESPONDENTS

Q3310 How much do you agree or disagree with this statement? When a maternity care provider recommends a particular procedure, women should look for information on their own to be sure the procedure is really necessary.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

BASE: HAS A SMARTPHONE (Q2090/2)

Q3315 In the earlier survey, you told us that you have a smartphone. Is your smartphone a/an... ?

- 1 iPhone with an Apple operating system
- 2 Device with Android operating system
- 3 Device with Blackberry operating system
- 6 Other [Q3316 TEXT BOX]
- 8 Not sure
- 7 I no longer have a smartphone.

BASE: HAS A TABLET COMPUTER (Q2090/4,5)

Q3320 In the earlier survey, you told us that have a tablet computer. Is your tablet a/an... ?

- 1 iPad with Apple operating system
- 2 Device with Android operating system
- 3 Device with Blackberry operating system
- 4 Kindle
- 5 Nook
- 6 Other [Q3316 TEXT BOX]
- 7 I no longer have a tablet computer.

BASE: ALL QUALIFIED RESPONDENTS

Q3330/Q1540 Thinking back on your recent pregnancy and birth, as best as you can remember, what are the total costs you have been asked to pay yourself (including bills already paid and still owed) for any of your maternity care providers and hospital bills for you and your baby? Please do not include health insurance premiums. If you are not sure, your best estimate will do.

[RANGE: 0– 250,000]
\$/___/___/, ___/___/

BASE: ALL QUALIFIED RESPONDENTS

Q3335 Do you currently have health insurance?

- 1 Yes
- 2 No
- 8 Not sure

BASE: CURRENTLY HAS HEALTH INSURANCE (Q3335/1)

Q3340 Please select the statement that best describes your current health insurance. My health insurance coverage is through...

- 1 Private insurance from my employer
- 2 Private insurance from my spouse or partner's employer
- 3 Private insurance from my parent's employer
- 4 An individual private insurance policy that I/we purchased
- 5 Medicaid or CHIP
- 6 Another government program (such as TriCare, Federal Employees Health Benefits, VA)
- 8 Not sure

SECTION 3400: DEMOGRAPHICS**BASE: ALL QUALIFIED RESPONDENTS**

Q3405/BD-1 What language is mostly spoken in your home?

- 1 English
- 2 Spanish
- 3 Other [Q3306 TEXT BOX]

BASE: ALL QUALIFIED RESPONDENTS

Q3410 How would you describe your own political philosophy?

[ROTATE]

- 1 Conservative
- 2 Moderate
- 3 Liberal

BASE: CONSERVATIVE (Q3410/1)

Q3415 Would you call yourself...?

- 1 Very conservative
- 2 Somewhat conservative

BASE: LIBERAL (Q3410/3)

Q3420 Would you call yourself..?

- 1 Very liberal
- 2 Somewhat liberal

BASE: MODERATE (Q3410/2)

Q3425 Would you say you lean more toward...?

[ROTATE]

- 1 Conservative
- 2 Liberal
- 3 Do not lean either way ANCHOR

BASE: ALL QUALIFIED RESPONDENTS

Q3430 What is your zip code?

[ALLOW 10 DIGITS OR ALPHA NUMERIC CODE]

[MANDATORY]

BASE: ALL QUALIFIED RESPONDENTS

Q3435 To help us understand the kind of hospital where you gave birth on [INSERT Q2020-Q2022], please tell us about that hospital. Rest assured, we will never identify specific hospitals in our reporting or contact specific hospitals about our study.

Hospital Name [TEXT BOX]	Q3436 City/Town [TEXT BOX]	Q3437 State [PN: DISPLAY DROP DOWN LIST]
1 Alabama	13 Idaho	26 Missouri
2 Alaska	14 Illinois	27 Montana
3 Arizona	15 Indiana	28 Nebraska
4 Arkansas	16 Iowa	29 Nevada
5 California	17 Kansas	30 New Hampshire
6 Colorado	18 Kentucky	31 New Jersey
7 Connecticut	19 Louisiana	32 New Mexico
8 Delaware	20 Maine	33 New York
9 District of Columbia	21 Maryland	34 North Carolina
10 Florida	22 Massachusetts	35 North Dakota
11 Georgia	23 Michigan	36 Ohio
12 Hawaii	24 Minnesota	37 Oklahoma
	25 Mississippi	38 Oregon
		39 Pennsylvania
		40 Rhode Island
		41 South Carolina
		42 South Dakota
		43 Tennessee
		44 Texas
		45 Utah
		46 Vermont
		47 Virginia
		48 Washington
		49 West Virginia
		50 Wisconsin
		51 Wyoming

BASE: ALL QUALIFIED HPOL RESPONDENTS (Q2010/1)

Q2270 Thank you for taking the time to complete this survey. So that we can send you your \$15.00/\$25.00 giftcard, please provide your email address below.

[PN: BE SURE THAT ENTERED EMAIL IS IN STANDARD EMAIL FORMAT.]

[TEXT BOX]