

### 6mo Only

Now we have a few questions about working during and after pregnancy.

1. At any time during your most recent pregnancy, did you work at a job for pay?
  - Yes, go to #2
  - No
  
2. How would you describe the place where you worked most of the time during your pregnancy?
  - I worked from home most of the time
  - I worked mostly outside the home
  
- 2a During pregnancy, did the location of your work change from outside the home to inside the home?
  - Yes → go to 2b
  - No, go to 2c
  
- 2b. If so, was that change due to Covid-19 or another reason?
  - Change due to Covid-19
  - Change due to another reason
  - Combination of Covid-19 and another reason
  
- 2C. Did you use video-based teleconferences in your daily work prior to Covid-19?
  - Yes
  - No
  
- 2D. Do you use video-based teleconferences in your daily work at this time?
  - Yes
  - No

### **Pregnancy Information:**

1. From whom do you/did you receive prenatal and postpartum care (Check all that apply)?
  - Physician (MD or DO)
  - CNM (Certified Nurse Midwife)
  - NP (Nurse Practitioner)
  - Centering pregnancy
  - I did not receive prenatal or postnatal care
  - Other, please specify: \_\_\_\_\_
  
2. Would you feel comfortable participating in a virtual visit from outside your home? For example, at your work space?
  - Yes
  - No
  
3. Did you have virtual visits with any of these types of providers during your pregnancy or after birth? (Check all that apply)

- Pediatrics
- Lactation consultant
- Social worker
- Nutritionist
- Diabetes nurse
- Physical therapist
- I did not have virtual visits with any providers during my pregnancy or after birth
- Other, please specify: \_\_\_\_\_

4. Approximately how far is your home (in one direction) from your provider's office?
- < 3 miles
  - 3-10 miles
  - 10-20 miles
  - >20 miles

### **Satisfaction Questionnaire**

1. How would you rate the overall care received during your prenatal visit(s)?

- Very poor
- Poor
- Fair
- Good
- Excellent

- 1a After the COVID-19 pandemic is under control, I would:

- Prefer to have virtual visits as primary visit type (with the option of an in-person visit if needed)
- Prefer to have in-person visits as primary visit type (with the option of a virtual visit if needed)
- Prefer that my visits alternate between virtual and in-person
- Do not care which visit type I use

- 1b. During your pregnancy and postpartum care, which types of visit(s) did you have?

- Only in person visits → go to 3
- Only virtual visits (by phone or video conference) → go to 2 and 4
- Both in person and virtual visits

2. Thinking about your virtual visits (by phone or video), how would you rate each of the following aspects of your visit(s)?

- 2a. How often your visit(s) started on time?

- Very poor
- Poor
- Fair
- Good
- Excellent

- 2b. Convenience of your visit time(s) and date(s)?

- Very poor
- Poor
- Fair
- Good

- Excellent
- 2c. Your overall satisfaction with virtual visit(s)?
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
3. Thinking about your in-person visits, how would you rate each of the following aspects of your visit(s)?
- 3a. How often your visit(s) started on time?
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
- 3b. Convenience of your visit time(s) and date(s)?
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
- 3c. Your overall satisfaction with in person visit(s)?
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
4. How would you rate each of the following aspects of your virtual visit(s) by phone or video?
- 4a. Quality of the instructions on how to connect to your virtual visit(s)
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
- 4b. Ease of connecting to the virtual visit(s)
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent
- 4c. Quality of the connection during your virtual visit(s)
- Very poor
  - Poor
  - Fair
  - Good
  - Excellent

5. How would you rate the following aspects of your **virtual visit(s)** by phone or video with your provider during your pregnancy and postpartum care?

a. How well the visit provider(s) explained the reason for your visit(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
b. How well you were able to develop a relationship with your provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
c. Friendliness of the visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
d. Skill and knowledge of the visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
e. Visit provider(s) concern for your questions and worries	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
f. The amount of time you spent with your visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
g. My provider(s) ability to evaluate my complaints without an in-person exam	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent

6. How would you rate the following aspects of your **in-person visits(s)** with your provider during your pregnancy and postpartum care?

a. How well the visit provider(s) explained the reason for your visit(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
b. How well you were able to develop a relationship with your provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
c. Friendliness of the visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
d. Skill and knowledge of the visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
e. Visit provider(s) concern for your questions and worries	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
f. The amount of time you spent with your visit provider(s)	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent
g. My provider(s) ability to evaluate my complaints	<input type="radio"/> Very poor	<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Excellent

7. How important are these aspects of your pregnancy and postpartum care during the COVID-19 pandemic?

a. Being able to avoid the hospital and still keep my appointment with a virtual visit(s)	<input type="radio"/> Not important	<input type="radio"/> Slightly important	<input type="radio"/> Somewhat important	<input type="radio"/> Very important	<input type="radio"/> Extremely important
b. Being able to be seen by a provider in person	<input type="radio"/> Not important	<input type="radio"/> Slightly important	<input type="radio"/> Somewhat important	<input type="radio"/> Very important	<input type="radio"/> Extremely important
c. Having the ability to get lab/blood work done	<input type="radio"/> Not important	<input type="radio"/> Slightly important	<input type="radio"/> Somewhat important	<input type="radio"/> Very important	<input type="radio"/> Extremely important
d. Having the ability to get non-blood work testing (ultrasound, procedure) done	<input type="radio"/> Not important	<input type="radio"/> Slightly important	<input type="radio"/> Somewhat important	<input type="radio"/> Very important	<input type="radio"/> Extremely important

**These questions refer to your experience during labor** (ONLY FOR PARTICIPANTS WHO MARKED LIVE BIRTH):

1. Where did you deliver the baby?

- in a hospital → go to 2
- in a free-standing birth center → go to 2
- at home → go to 1a
- other, if other please specify: \_\_\_\_\_

1a. If delivered at home: Were you planning to deliver at home prior to COVID-19 pandemic?

- Yes
- No

1b. Did COVID-19 pandemic effect your decision to deliver at home?

- Yes
- No

1c. Why did you decide to deliver at home?

- I was worried about getting COVID-19 in the hospital
- I wanted to have more people with me in labor than the hospital would allow because of COVID-19
- I was worried about getting COVID-19 while traveling to the hospital
- Other

2. How would you describe your labor and delivery experience?

- Very poor
- Poor
- Okay
- Good
- Excellent
- Don't know
- Prefer not to answer

3. How many people were you allowed to bring with you into the room during the labor? \_\_\_\_\_ number
4. Who supported you during your delivery? (Mark all that apply)
- I was not allowed to have a support person due to COVID-19
  - My partner
  - Doula
  - Another family member
  - Friend(s)
  - Someone else (Please specify their relationship to you: \_\_\_\_\_)
  - Don't know
  - Prefer not to answer
5. Did rules related to COVID-19 limit the number of people you could have with you during labor and birth?
- Yes
  - No
6. Did you feel rules related to COVID had an effect on your labor and delivery experience?
- Yes → go to 6a
  - No
- 6a. If yes, did rules related to COVID have a negative impact on your labor and delivery experience?
- Yes
  - No

### **In-hospital care, events & practices [Only for registrants who delivered at a hospital]**

This year hospitals have taken many precautions related to COVID-19. In your hospital stay did staff (nurses, doctors) ask you or tell you to do any of the following?

1. Did staff ask you not to hold your baby?
- Yes
  - No
  - Don't Know
  - Not Applicable
2. Did staff ask you to not breastfeed your baby directly (at the breast).
- Yes
  - No
  - Don't Know
  - Not Applicable

**Lactation support & practices** [*For registrants who birthed at hospital and who indicated they had attempted to breastfeed*]

3. Did the nurses and other staff at the hospital...? Please select all that apply.
- 3a. Help you get started breastfeeding when you and your baby were ready
- Yes
  - No
  - I don't know
  - Not applicable
- 3b. Show you how to position your baby to limit nipple soreness
- Yes
  - No
  - I don't know
  - Not applicable
- 3c. Tell you about breastfeeding support resources in the community
- Yes
  - No
  - I don't know
  - Not applicable
4. After you and your baby went home, did anyone help you in person with breastfeeding or expressing milk? This might be a friend, a family member, a professional or someone else. (Mark all that apply)
- A lactation consultant
  - A doctor, nurse or midwife
  - A doula
  - My spouse/partner
  - Other family member
  - A friend
  - Not Applicable/No one helped me in person with breastfeeding or expressing milk
  - Someone else, please specify: \_\_\_\_\_
5. After you and your baby went home, did anyone help you over video or phone with breastfeeding or expressing milk? This might be a friend, a family member, a professional, or someone else. MARK ALL THAT APPLY
- A lactation consultant
  - A doctor, nurse or midwife
  - A doula
  - My spouse/partner
  - Other family member
  - A friend
  - Not Applicable/No one helped me over video or phone with breastfeeding or expressing milk
  - Someone else, please specify: \_\_\_\_\_