

### **Preamble/Introduction**

We are currently conducting a survey of the maternity services and care provided in *insert the name of your community(s)*. We want to ask you about your experience of being cared for while pregnant in *insert name of community(s)*. From this information, we will work with our community of patients and health care providers to determine ways in which we can enhance the care of maternity patients.

*Optional for Divisions:* In order to complete this survey you must have had a baby while living in insert name of community(s) in the last 3 years OR are pregnant and planning on having a baby in *insert name of community(s)*.

**Online version of this survey can be accessed at:** *Optional – provide an online link to the survey*

*Optional for Divisions: After you have completed the survey, please enter to win a (Divisions determine number and type of gift). Incentives are encouraged.*

### **How do we protect your information?**

We are asking for your consent to participate in this survey. Your participation will provide us with valuable information that will be used to improve the primary health care system in our community. Your responses are totally anonymous – you won't be identified in any way.

It is important that you know that:

- **Participating in the survey is not necessary for you to receive health services.**
- You may withdraw from the survey at any time.

The survey is anonymous, and no one will be able to link your answers back to you.

- We will not record your name.
- Like all other information you share with your care provider, this form will be treated privately.
- We will not match your survey answers to your medical record at this clinic/hospital.
- Results will be grouped and reported in group form only.
- You have the option of not answering any or all questions.
- This will not impact the care you receive here.
- By completing this survey, you are giving us consent to collect demographic information.
- We are collecting identifiable information in accordance with section 26(e) of the Freedom of Information and Protection of Privacy Act.

If you have any questions, concerns or comments about this survey, please contact [\[insert local division information here\]](#).

### Your Overall Experience

Your birth story can help us better understand the care that you received during labour and birth. By sharing your expectations, feelings and reflections, your experiences will help us to improve the care for other women and families during this significant life event.

**Please use this space to share your birth story (If you have had multiple births, please select one story to share).**

**Access to Care**

**1. What type of maternity care provider did you see for your current/ most recent pregnancy?**

**Check all that apply.**

- Obstetrician
- Family doctor (existing)
- Family doctor (referred to) who provides maternity care
- Registered Midwife
- Other. Please specify \_\_\_\_\_

**2. What type of maternity care provider provided most of your care for your current/ most recent pregnancy?**

- Obstetrician
- Family doctor (existing)
- Family doctor (referred to) who provides maternity care
- Registered Midwife
- Other. Please specify \_\_\_\_\_

**3. Was this the type of maternity care provider you had wanted?**

- Yes
- No
- Did not have an expectation

**Please explain.**

**4. How did you decide what type of maternity care provider you wanted?**

**5. How easy or difficult was it for you to find a maternity care provider (family doctor, obstetrician or registered midwife)?**

- Very easy
- Acceptable
- Easy
- Difficult
- Very difficult
- Prefer not to say

**6. Please select any barriers for you to attend your scheduled pregnancy appointments? Check all that apply.**

- Transportation or money for transportation
- Childcare availability
- Location of clinic
- My work/school schedule
- Time of appointment
- Mental or physical health
- Lack of medical coverage/MSP
- Issues with provider/clinic
- No barriers
- Other. Please specify: \_\_\_\_\_

**Satisfaction & Preparation**

**7. How satisfied were you with the care you received during your pregnancy *before labour and birth*?**

- Very satisfied     Satisfied     Acceptable     Dissatisfied     Very dissatisfied
- Prefer not to say  
 Doesn't apply to me

**Did this meet your expectations?**

- Yes     Did not have an expectation  
 No

**Why or why not?**

**8. How satisfied were you with the care you received *during labour and birth*?**

- Very satisfied     Satisfied     Acceptable     Dissatisfied     Very dissatisfied
- Prefer not to say  
 Doesn't apply to me

**Did this meet your expectations?**

- Yes     Did not have an expectation  
 No

**Why or why not?**

**9. How satisfied were you with the care you received *after labour and birth*?**

- Very satisfied     Satisfied     Acceptable     Dissatisfied     Very dissatisfied
- Prefer not to say  
 Doesn't apply to me

**Did this meet your expectations?**

- Yes     Did not have an expectation  
 No

**Why or why not?**

**10. What and/or who helped you to feel prepared for your pregnancy, labour and birth? Check all that apply.**

- |  |  |
|--|--|
| <input type="radio"/> Your maternity care provider | <input type="radio"/> Websites or online information |
| <input type="radio"/> A public health nurse        | <input type="radio"/> Apps                           |
| <input type="radio"/> Prenatal classes             | <input type="radio"/> Other. Please specify:         |
| <input type="radio"/> Family/friends               | _____  |
| <input type="radio"/> Books and pamphlets          |  |

**11. Would anything else have helped you to feel better prepared?**

**12. Did you have any mental health concerns during your pregnancy or after labour and birth?**

**Please check all that apply.**

- Yes, I had mental health concerns that had a *limited impact* on my daily life *during pregnancy* (e.g. anxiety, depression)
- Yes, I had mental health concerns that had a *large impact* on my daily life *during pregnancy* (e.g. anxiety, depression)
- Yes, I had mental health concerns that had a *limited impact* on my daily life *after labour and birth* (e.g. postpartum anxiety, postpartum depression)
- Yes, I had mental health concerns that had a *large impact* on my daily life *after labour and birth* (e.g. postpartum anxiety, postpartum depression)
- No
- Prefer not to answer

**13. Did you use any alcohol or substances during your pregnancy? Please check all that apply.**

- Yes, I had 1-2 drinks containing alcohol during my pregnancy
- Yes, I had 1-2 drinks containing alcohol per month during pregnancy
- Yes, I had 3 or more drinks containing alcohol per month during pregnancy
- Yes, I used substances other than alcohol (e.g. marijuana, cocaine, heroin, ecstasy, glue/gasoline or other inhalants) during pregnancy
- No
- Prefer not to say

**14. Is there anything else that you would like to share about the care you received during pregnancy or after birth?**

**Your relationship with your Primary Maternity Care Provider (the provider you saw most during our pregnancy: Family Doctor, Registered Midwife, Obstetrician, Nurse Practitioner)**

**15. How satisfied were you with the maternity care you received from your maternity care provider?**

- Very satisfied    Satisfied    Acceptable    Dissatisfied    Very dissatisfied  
 Prefer not to say

**16. How satisfied were you with how your maternity care provider involved you in decisions about your care?**

- Very satisfied    Satisfied    Acceptable    Dissatisfied    Very dissatisfied  
 Prefer not to say

**17. How comfortable did you feel talking with your maternity care provider?**

- Very satisfied    Satisfied    Acceptable    Dissatisfied    Very dissatisfied  
 Prefer not to say

**16. Did your maternity care provider take your health concerns seriously?**

- Always    Frequently    Half the time    Occasionally    Never  
 Prefer not to say

**18. Did your maternity care provider treat you with care and respect?**

- Always    Frequently    Half the time    Occasionally    Never  
 Prefer not to say

**19. How important was it to you that your culture was considered in your care?**

- Very important    Important    Moderately Important    Slightly important    Not important  
 Prefer not to say

**20. Was your culture considered in your care?**

- Always    Frequently    Half the time    Occasionally    Never  
 Prefer not to say

**Please use this space if you would like to share more about this:**

**Collaboration between Care Providers (Family Doctor, Registered Midwife, Obstetrician, Nurse Practitioner, Public Health Nurse)**

**21. How well did the team of maternity care providers work together to support your needs during your pregnancy *before labour and birth*?**

- Very well       Well       Average       Poor       Very Poor
- Prefer not to say
- Doesn't apply to me

**22. How well did the team of maternity care providers work together to support your needs *during labour and birth*?**

- Very well       Well       Average       Poor       Very Poor
- Prefer not to say
- Doesn't apply to me

**23. How well did the team of maternity care providers work together to support your needs *in the community in the weeks following your birth*?**

- Very well       Well       Average       Poor       Very Poor
- Prefer not to say
- Doesn't apply to me

**Please use this space if you would like to share more about how your maternity providers worked together:**

**Future State**

**24. What were some positive things you experienced in your maternity care?**

**25. Thinking about your experience, what would you like to see changed about your maternity care?**

**26. In your opinion, what is needed to improve maternity care in your community?**



**10. What is the highest level of education you completed? Please check one only.**

- |   |  |
|---|--|
| <input type="radio"/> No formal school                                | <input type="radio"/> Some university              |
| <input type="radio"/> Elementary school                               | <input type="radio"/> University degree(s)         |
| <input type="radio"/> Some high-school                                | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> High school diploma                             | <input type="radio"/> Prefer not to say            |
| <input type="radio"/> Technical school/college diploma or certificate | <input type="radio"/> Do not know                  |

**11. Do you have enough money for food after paying your monthly bills?**

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Prefer not to say |
| <input type="radio"/> No  |   |

**12. Are you currently pregnant?**

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Prefer not to say |
| <input type="radio"/> No  |   |

**If yes, what trimester:**

- Trimester 1 (Weeks 1-12)
- Trimester 2 (Weeks 13-27)
- Trimester 3 (Weeks 28+)

**If no, when did your last pregnancy end:** \_\_\_\_ weeks \_\_\_\_ months \_\_\_\_ years. *Please circle one*

- Prefer not to say

**13. How many prior pregnancies have you had? \_\_\_\_\_**

**14. How many prior births have you had? \_\_\_\_\_**

**15. How did you give birth?**

**Please check all that apply**

- |                               |   |
|-------------------------------|---|
| <input type="radio"/> Vaginal | <input type="radio"/> Planned c-section   |
| <input type="radio"/> Forceps | <input type="radio"/> Unplanned c-section |
| <input type="radio"/> Vacuum  |   |

**16. Is English your first language?**

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Prefer not to say |
| <input type="radio"/> No  |   |

If no, please list what language(s) you feel most comfortable using?

Thank you for taking the time to share your voice with us.