

## Proyecto de Estudio descriptivo basado en una encuesta de salud a una población de gestantes de la ciudad de Barcelona

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TRABAJO DE FIN DE GRADO

# Proyecto de Estudio descriptivo basado en una encuesta de salud a una población de gestantes de la ciudad de Barcelona

Grado en Enfermería

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## **RESUMEN**

El asesoramiento y control de salud de una gestación permite proporcionar un programa de cribado para clasificar el embarazo en función del riesgo. Esta clasificación se realiza mediante la identificación de “factores de riesgo” que se pueden obtener durante todo el embarazo, ya que una complicación puede aparecer incluso al final del embarazo, y convertirlo en embarazo de alto riesgo. La identificación del riesgo permite incorporar diferentes estrategias de prevención y/o tratamiento a lo largo del embarazo, incluso en el postparto inmediato y periodo neonatal precoz (primeros 28 días de vida), para evitar complicaciones maternas/fetales o minimizarlas. Es por ello, que el mejor momento para evaluar la salud de la embarazada es cuando el embarazo haya concluido, ya que si dicha evaluación ocurre antes de finalizar el embarazo, la información estará incompleta y sesgada (el bebé no ha nacido aún y no se conocen los resultados del parto, momento en el que también pueden aparecer complicaciones y cambiar el curso normal del embarazo).

El objetivo principal del estudio será identificar las complicaciones más frecuentes del embarazo, parto y postparto de una población de embarazadas de Barcelona; los objetivos secundarios incluirán la identificación de los factores de riesgo asociados a dichas complicaciones (factores demográficos pregestacionales o factores gestacionales/puerperales) y plantear medidas de prevención de estas complicaciones mediante la modificación de estos factores de riesgo, siempre que esto sea posible.

El método de trabajo será el análisis del contenido del cuestionario “Maternity Experiences Survey, 2006 Questionnaire” en una muestra de gestantes de la ciudad de Barcelona.

Las conclusiones esperadas contemplan conocer la incidencia de complicaciones en esta población, así como la influencia del control prenatal en dichas complicaciones; aportando un análisis exhaustivo sobre los posibles factores de riesgo y las posibles estrategias de mejora de estos resultados.

**Palabras clave:** Estudio de campo, encuesta de salud, gestantes, complicaciones obstétricas, complicaciones neonatales.

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## **ABREVIATURAS**

CPSS Canadian Perinatal Surveillance System

IMC Índice Masa Corporal

NHP Nottingham Health Profile

PEG Pequeño para edad gestacional

RCIU Retraso de crecimiento intrauterino

SIP Sickness Impact Profile

TEP Tromboembolismo pulmonar

## **INTRODUCCIÓN**

### **Situación actual del tema de estudio**

Cuando se inicia una gestación, la mujer debe buscar atención para la salud, ya que las complicaciones del embarazo van a depender de la salud de la mujer antes del embarazo, del estado actual de la embarazada y de la evolución de la gestación, factores que se evalúan en la consulta prenatal.

Los objetivos del control prenatal para una gestante con un embarazo normal o de “bajo riesgo” son [1]:

- Tranquilizar, proporcionar recomendaciones, medidas de apoyo y educativas para la gestante y su familia.
- Tratar los síntomas menores asociados al embarazo.
- Proporcionar un programa de cribado (basado en datos clínicos, ecográficos y de laboratorio) que confirme que la gestación continúa siendo de bajo riesgo.

Para las gestantes en las que se identifica un embarazo de alto riesgo, es decir, cuando la probabilidad de un resultado adverso para la gestante o para el feto es mayor que la incidencia de este resultado en la población general [2] antes, durante o después de la gestación, estos objetivos descritos previamente son igualmente aplicables. Sin embargo, además, debe añadirse, un cuarto objetivo [1]:

- Prevenir, detectar y manejar los problemas y factores que puedan afectar, de manera adversa, la salud de la madre o del feto.

En los últimos 50 años, numerosos estudios acerca del control prenatal, han mostrado peores resultados en los embarazos que no han recibido control



alguno [3-6]. La asociación entre el control prenatal y la mejora del resultado de la gestación ha sido sugerida por diversos estudios epidemiológicos europeos [7,8]. A la vez estudios en países en vías de desarrollo han indicado igualmente una relación causal entre la mejora del control prenatal y un descenso en las tasas de mortalidad materna y perinatal [6,9,10].

En relación con estas asociaciones, algunos autores argumentan que el control prenatal es beneficioso de cualquier modo. Sin embargo, este argumento no está considerado correcto totalmente [11,12]. Es más, lo que se denomina “control prenatal” varía considerablemente en la práctica, como se discutirá más adelante.

La controversia sobre el efecto real del control prenatal en el resultado de la gestación se ha visto reforzada por algunos estudios recientes. Una revisión crítica de estudios realizados entre 1966 y 1994 no mostró pruebas concluyentes sobre la mejora del resultado de la gestación como resultado del programa de control prenatal [13]. Estudios aún más recientes no han resuelto esta controversia [14]. Asimismo, una auditoría de muertes perinatales regional en Holanda muestra que algunas muertes no estaban relacionadas con el tipo de control prenatal [15].

Para analizar el control prenatal a fondo, se debe examinar cada uno de los componentes individuales de este control, y contrastar los beneficios que proporciona en relación con los cuatro objetivos descritos del control prenatal [1,16-19]. Cada estrategia sugerida para el control prenatal, puede ser

examinada de manera crítica y categorizada según las siguientes opciones [20]:

- Medidas con beneficio demostrado
- Medidas que necesitan un nivel de evidencia mayor
- Medidas en las que la evidencia no muestra beneficios o pueda perjudicar; es razonable por tanto argumentar que este grupo de medidas debe retirarse del control prenatal

Existen niveles de evidencia del valor de cada una de las estrategias de manejo del control prenatal (**Tablas 1-4, Anexo 2**), en relación con cada objetivo del control prenatal que ya se han descrito.

Uno de los objetivos del control prenatal es proporcionar un programa de cribado para clasificar el embarazo en función del riesgo. Esta clasificación se realiza mediante la identificación de “factores de riesgo” en la historia clínica obstétrica así como en la exploración clínica o mediante las pruebas complementarias realizadas antes de la gestación, en la primera visita obstétrica o en las siguientes visitas. Una vez identificadas las gestantes de riesgo, el objetivo es el manejo adecuado para prevenir, disminuir y/o tratar los resultados perinatales adversos en este grupo específico.

Los factores de riesgo a identificar se dividen en factores demográficos generales, antecedentes obstétricos, antecedentes médicos, antecedentes ginecológicos, antecedentes familiares, hallazgos de la exploración física, factores del embarazo actual y hallazgos de las pruebas complementarias, como se muestra en la **Tabla 5 (Anexo 2)**.

La principal ventaja de realizar la identificación del riesgo gestacional es permitir la clasificación de las gestantes en diferentes categorías, para así poder aplicar diferentes estrategias de manejo en función de este riesgo. Los resultados adversos para los que más frecuentemente se han elaborado escalas de riesgo gestacional son los siguientes: Muerte Perinatal, RCIU o PEG, Parto Prematuro, Asfixia Perinatal o una combinación de alguno de ellos.

Cada vez que se realiza la identificación de un factor de riesgo durante el embarazo, se deben implementar estrategias específicas de manejo de estos factores para mejorar los resultados perinatales. Así se demuestran en las **Tablas 6-11 (Anexo 2)**.

Sin embargo, el mejor momento para evaluar la salud del embarazo no es durante su transcurso, ya que se trata de un proceso dinámico; la evaluación de las complicaciones maternas y fetales se debe realizar cuando éste haya concluido, ya que si dicha evaluación ocurre antes de finalizar el embarazo, la información estará incompleta y sesgada: si se evalúan las complicaciones en el primer trimestre, se perderán todos los datos interesantes a partir del segundo trimestre; si se evalúan en el segundo trimestre, se perderán los datos relacionados con el tercer trimestre y posteriores, y si se realiza en el tercer trimestre, se perderán los datos del parto, ya que el bebé no ha nacido aún y no se conocen los resultados del parto, momento en el que también pueden aparecer complicaciones y cambiar el curso normal del embarazo. Finalmente, si se realiza en el postparto inmediato, antes de dar el alta a la paciente, se pierden datos importantes en relación a las complicaciones maternas del puerperio inmediato (como por ejemplo un TEP, la primera causa de muerte

materna de causa no directa -no obstétrica- según las encuestas del (Royal College of Obstetrics and Gynecologists de Inglaterra) [21] que pueden ocurrir hasta el primer mes del postparto, así como las complicaciones del recién nacido (las sepsis precoces que ocurren en los primeros 28 días de vida). Por todo ello, la visita de control postparto está establecida entorno a los 40 días postparto, para evaluar la evolución completa del embarazo, del parto y los problemas que éste haya podido desencadenar en la madre o en el neonato [21]. De la misma manera, los análisis que se realizan en la población gestante, habitualmente se establecen en esta etapa del puerperio, para englobar por completo los factores de riesgo y las complicaciones que hayan podido ocurrir en relación con el embarazo. Así, las estadísticas de Mortalidad Materna y Morbilidad Materna que publica periódicamente Inglaterra [22] (en España no hay cifras oficiales desde el año 2002 [23], se realizan de manera puntual y promovido por el colectivo de obstetras y matronas del país) se realizan en el postparto, para incluir todas las complicaciones y muertes que hayan podido ocurrir y que estén relacionadas con el embarazo.

### **Situación actual en nuestro entorno**

En Cataluña, a lo largo de los últimos 10 años, se ha producido una mejora de los indicadores de salud materno-fetales en términos de mortalidad. La mortalidad fetal ha pasado de una tasa de 7,9 muertes por 1.000 nacidos vivos y muertos en 2003, a 4,7 ‰ el año 2012. La mortalidad materna se mantiene por debajo de los 10 casos por 100.000 nacidos vivos. Sin embargo, se ha producido un incremento de ciertos indicadores de riesgo como son la

prematuridad y el bajo peso al nacer, que han pasado del 5,8% de prematuridad y bajo peso en 2003 a un 7,5% de prematuridad y un 7,7% de bajo peso en 2012.

La evidencia científica disponible muestra que existe una relación clara entre la calidad de la atención prenatal y determinados resultados de salud como son la mortalidad perinatal, el bajo peso al nacer y la prematuridad. Por ello, el seguimiento del embarazo, desde de las primeras semanas de gestación, es primordial para detectar los embarazos de riesgo y prevenir las consecuencias para el bebé y para la madre.

Las mujeres embarazadas que acceden tardíamente a los servicios asistenciales para el seguimiento del embarazo constituyen un colectivo de riesgo ya que es esencial su control en el primer trimestre gestación para detectar los problemas de salud y las situaciones de riesgo, tanto de tipo clínico como social.

Dentro de dicho colectivo de riesgo se encuentra la población económicamente más desfavorecida y la población inmigrante, que es la que más se puede beneficiar del control prenatal. Aunque se deben respetar las diferencias culturales, es muy importante ofrecer a las mujeres inmigrantes la adaptación a la organización sanitaria y social de nuestro país y ayudarlas a hacerlo.

Para evaluar tanto el control prenatal como las estrategias de manejo tras la identificación de factores de riesgo durante la gestación se puede utilizar una encuesta de salud. Esta herramienta permite la obtención de información de la población en relación a la salud y morbilidad percibida, las conductas

relacionadas con la salud y la utilización de servicios sanitarios. En la población gestante sería útil recoger los determinantes de la salud relacionados con el medio ambiente físico y social y prestar especial interés en la medición de las desigualdades en salud en relación con la clase social. Una encuesta de salud proporciona información sobre la salud de la población relevante para la planificación y evaluación de las actuaciones en materia sanitaria.

Una encuesta de salud incluye un cuestionario (de salud) para obtener la información. Un cuestionario de salud es un conjunto de preguntas especialmente diseñadas y pensadas para conocer el estado de salud de población determinada; posteriormente se analizan las respuestas para establecer los riesgos de salud en esta población y proponer estrategias de mejora [24].

Los cuestionarios de salud se pueden emplear en los estudio de campo, que representan aquellas investigaciones que se realizan en el medio natural que rodea al individuo y que tienen como objetivo estudiar a un grupo de personas y así identificar sus relaciones y sus problemas [25]. A su vez, un estudio de campo en función de la profundidad se plantea como exploratorio, confirmatorio o experimental; y en función del número de aplicaciones, se considera transversal o longitudinal. El uso de un cuestionario de salud validado permite la reproducibilidad del estudio en otras poblaciones, cosa que no permiten el resto de métodos mencionados previamente [24].

Los cuestionarios de salud se pueden clasificar en genéricos o en específicos/relativos a una patología concreta [24,25]. Los cuestionarios genéricos en relación con la salud tratan de obtener medidas representativas

de conceptos tales como el estado psicológico y mental del paciente, las posibles limitaciones que pueden existir en la actividad física debidas a la presencia de la enfermedad, el grado de afectación en las relaciones sociales del paciente, dolor, bienestar corporal, etc. [26]. Los cuestionarios genéricos más conocidos son:

- NHP (Nottingham Health Profile)
- SIP (Sickness Impact Profile)
- SF-36 Health Survey

El NHP es un cuestionario de salud que evalúa la función física, el dolor, el sueño, el aislamiento social, las reacciones emocionales y el nivel de vitalidad; primero se utilizó en inglés, y más tarde se tradujo a varias lenguas en varios países [27].

El SIP es uno de los primeros cuestionarios de salud genéricos disponibles en investigación. Este cuestionario contiene 136 parámetros que describen limitaciones funcionales en 12 categorías como son la marcha, la movilidad, la comunicación, el comportamiento emocional, la interacción social, el sueño, las comidas y el trabajo,, entre otros. [28].

Por último El “SF-36 Health Survey” es un cuestionario de salud diseñado por el Health Institute, New England Medical Center, de Boston Massachusetts, que a partir de 36 preguntas pretende medir ocho conceptos genéricos sobre la salud, [29]. Los ocho conceptos de salud (dimensiones) determinados en este cuestionario se resumen en la **Tabla 12 (Anexo 2)**.

El uso de cuestionarios específicos para una patología o grupo de patologías

es cada vez más amplio, aunque los cuestionarios utilizados tienen, por su propia naturaleza, una menor difusión al restringirse su campo de aplicación a un área específica [24].

Existen cuestionarios específicos para determinadas poblaciones como son los niños, los adolescentes o las mujeres gestantes. La salud en la población gestante es un tema complejo, dada la diversidad (raza, cultura, paridad, ...) de las embarazadas, así como la evolución dinámica del proceso del embarazo (aparición de patologías durante la gestación que al inicio no existían); éste genera cambios, problemas y complicaciones, que se podrían evitar y/o minimizar con una estrategia de prevención mediante la identificación de factores de riesgo de dichos problemas [30,31].

### **Aplicabilidad y utilidad de los resultados**

La realización de una encuesta de salud mediante un cuestionario de salud validado permitirá conocer la situación actual de la salud de una muestra de gestantes de Barcelona, así como identificar posibles estrategias de prevención en función de los hallazgos obtenidos.

El Departament de Salut ha establecido dentro de su plan de salud 2011-2015 como prioritario el subgrupo de gestantes de la comunidad (destaca como grupo de trabajo para realizar mejoras, grupos de apoyo y refuerzo al equipo de trabajo sanitario de estas pacientes), dado el cambio migratorio que ha sufrido la población, así como la importancia de actuar en este momento de la vida de una mujer, para intentar modificar el estilo de vida inadecuado, mejorando la salud de la madre y del feto.



En Catalunya no se ha planteado una encuesta de salud dirigida específicamente a las gestantes, sólo se han obtenido datos extrapolados de cuestionarios dirigidos a la población general; o bien se han realizado cuestionarios de salud a gestantes enfocados a un tema concreto de salud. De la misma manera, no se ha realizado en España una encuesta de salud materno-infantil dirigida específicamente a embarazadas.

Tras la revisión de la literatura realizada ha podido objetivarse que **no existe un número elevado de cuestionarios validados aplicados a la población gestante**, como ocurre en el resto de la población. Así, el número de publicaciones referentes a cuestionarios de salud en general supera las 600.000, pero en el caso de las embarazadas, el número de publicaciones se reduce aproximadamente hasta 88.000.

El primer estudio realizado a un grupo de gestantes se realizó en 1925 y fue liderado por un grupo de enfermeras, que, tras observar un elevado número de muertes de los recién nacidos en la población de Nueva York, se plantearon enseñar y universalizar la lactancia materna en esta población.; Tras la educación y enseñanza a la población, observaron un descenso claro de la muerte de los lactantes tras la implementación de la lactancia materna generalizada [32].

Los cuestionarios de salud, en gestantes tanto a nivel internacional como nacional, han incluido principalmente cuestionarios específicos para un problema concreto, como la alimentación o el estado psicológico de las gestantes [33-35]; y en menor medida, cuestionarios genéricos aplicados a esta población [36]. Uno de los cuestionarios genéricos con mayor repercusión en la

detección de problemas en las gestantes ha sido el desarrollado por el grupo canadiense de trabajo CPSS (Canadian Perinatal Surveillance System), llamado "Maternity Experiences Survey, 2006 Questionnaire" que tras su implementación, ha permitido realizar múltiples análisis y publicaciones posteriores sobre la salud de las gestantes en Canadá [37-65].

La misión de este grupo es mejorar la salud de las gestantes durante el embarazo, el parto y el postparto así como la salud de los recién nacidos en Canadá. Está dirigido por un Comité de Dirección multidisciplinar y multisectorial que proporciona las líneas de trabajo a la Sección de Salud Maternal e Infantil en lo que concierne al desarrollo y actividad de CPSS.

Este cuestionario de salud ha permitido conocer la salud de la población gestante desde el inicio hasta el final de la gestación, incluyendo también los problemas del puerperio, ya que se realizó en la visita postparto de control de las pacientes. Este momento seleccionado permitió analizar así todo el progreso de la gestación. De esta manera, se pudieron identificar los problemas reales de salud de la población, para así plantear estrategias de prevención. Así, en relación al embarazo, los hallazgos más importantes fueron los siguientes [37-65]:

- La proporción de mujeres que tomaron suplementos de ácido fólico fue del 57,7% en los tres meses antes del embarazo y el 89,7% en los tres primeros meses de embarazo. Casi una cuarta parte (22,4%) de las mujeres no sabía, antes del embarazo, que tomar ácido fólico antes del embarazo podría ayudar a prevenir algunos defectos de nacimiento. Se

ha establecido un programa para fomentar el inicio del ácido fólico de manera precoz antes de la gestación en el país.

- Casi todas las mujeres (99,8%) informaron que se les había realizado al menos una ecografía prenatal, con un promedio de tres ultrasonidos por mujer. La proporción de mujeres que tuvieron más de una ecografía prenatal fue del 84,2%. En promedio, la primera ecografía se realizó aproximadamente a las 14 semanas, y el 66,8% de las mujeres antes de 18 semanas. Se identificó que el momento de la primera ecografía era tardío y se realizó un programa específico para adelantar la primera ecografía a la semana 12 de gestación.
- Más de un tercio de las mujeres tenía un alto de índice masa corporal (IMC) pre-embarazo: 21,0% sobrepeso y 13,6% obesas. El seis por ciento (6.1%) de las mujeres se clasificaron como bajo peso antes del embarazo. Se ha desarrollado un programa para optimizar el peso de las embarazadas.

En cuanto al parto y postparto, se observaron dos hallazgos fundamentales: un incremento injustificado del número de cesáreas a las que eran sometidas las pacientes, así como un incremento de infecciones en las mamas (mastitis) en aquellas pacientes que habían iniciado lactancia materna, pero la habían suspendido antes de la semana de vida del bebé. Asimismo, se han implantado programas de vigilancia del tipo de parto así como de fomento de la lactancia materna.

## **Justificación del estudio**

Por todo ello, teniendo en cuenta en primer lugar, la singularidad de la población gestante; en segundo lugar, la capacidad de incidir tanto en la madre como en el feto en la prevención de enfermedades; y en último lugar, el escaso número de estudios de campo con cuestionarios de salud en nuestro país dedicados a esta población, se ha considerado adecuado basar el presente proyecto de investigación en las gestantes para aportar mayor información y especialmente proporcionar posibles estrategias de prevención en este subgrupo de población.

## **OBJETIVOS**

El objetivo principal de este estudio será identificar las complicaciones más frecuentes del embarazo, parto y postparto de una población de embarazadas de Barcelona.

Los objetivos secundarios serán:

- identificar factores de riesgo asociados a las principales complicaciones del embarazo
- plantear medidas de prevención de las complicaciones identificadas

## **METODOLOGÍA**

### **Diseño**

Para llevar a cabo el presente estudio se realizará un estudio descriptivo transversal utilizando un cuestionario de salud para la población gestante. Para la consecución de los objetivos propuestos se llevara a cabo el cuestionario de salud CPSS “Canadian Maternity Experiences Survey” [13] [**Anexo 1**], por la robustez de dicho cuestionario y las implicaciones posteriores de mejora, que ha permitido este cuestionario en la población gestante canadiense [14-33]. Sin embargo, en la actualidad no está validado, por lo tanto, previo al trabajo de campo deberá validarse a nuestro idioma y entorno cultural.

### **Población diana**

La población diana estará integrada por aquellas gestantes que hayan dado a luz en la ciudad de Barcelona.

### **Población de estudio**

La población de estudio será la población de gestantes que hayan dado a luz y entre el 1 de septiembre y el 31 de diciembre de 2013 en alguno de los 10 distritos de Barcelona.

Para la selección de la muestra de estudio se tendrán en cuenta los siguientes criterios de inclusión/exclusión

### **Criterios de inclusión**

- Gestantes con parto entre 1 septiembre y 31 diciembre 2013
- Parto de un solo bebé
- Control gestacional y postparto en Barcelona
- Residencia en Barcelona
- 16 años o más

### **Criterios de exclusión**

- Interrupción de la gestación

- No tener custodia del recién nacido
- Denegación del consentimiento informado
- No tener capacidad física o psíquica para responder al cuestionario

### **Tamaño muestral**

Para realizar el trabajo de campo se llevará a cabo una encuesta post-censal (es decir que su estructura se construye a partir del Censo de la población\*). La fecha de nacimiento del Censo se utilizará para identificar a los bebés nacidos entre las fechas previstas, y la variable de relación se utilizará para identificar a la persona que probablemente sea la madre del bebé.

Esta encuesta será estratificada por distrito (10 distritos). Se incluirán todas las madres censadas que deseen participar en el estudio y que cumplan los criterios de inclusión.

### **Fuente de datos**

La recopilación de datos se realizará entre septiembre y diciembre de 2013.

La respuesta al cuestionario será voluntaria.

Los datos se recogerán directamente de las encuestadas.

El método de recolección de datos será un cuestionario de salud con una

versión en papel que se enviará al domicilio de las participantes. Junto al cuestionario, se enviará el documento de información a las mujeres así como el consentimiento informado. Tras aceptar y firmar consentimiento informado, se iniciará el cuestionario.

El tiempo medio de respuesta se estima alrededor de unos 45 minutos.

Se enviará por correo certificado al correo que indique cada participante, con un sobre prepago para que devuelvan el cuestionario así como el consentimiento informado firmado.

## **Variables**

Las variables a medir serán las siguientes, basado en los 27 indicadores de salud perinatal evaluados por el CPSS (**Tabla 13, Anexo 2**):

- Datos demográficos:
  - Edad
  - Paridad
  - Nivel de estudios
  - IMC
  - Nivel de ingresos
- Determinantes de Salud Materna, Fetal e Infantil
  - Hábitos y estilo de vida:
    - consumo de tabaco por parte de la madre durante el



- embarazo
  - consumo de alcohol
  - lactancia en educación maternal escasa
  - tasa de recién nacidos vivos en madres adolescentes
  - tasa de recién nacidos vivos en madres añosas
- Servicios de salud:
  - tasa de inducción del parto
  - tasa de cesáreas
  - tasa de partos instrumentados
  - tasa de desgarros perineales
  - tasa de alta precoz materna tras el parto
  - tasa de alta precoz de recién nacido tras el parto
- Resultados de Salud Materna, Fetal e Infantil
  - Resultados salud materna:
    - tasa de mortalidad materna
    - tasa de morbilidad materna severa
    - tasa de aborto inducido
    - tasa de embarazo ectópico
    - tasa de reingreso tras alta materna postparto
  - Resultados salud fetal e infantil:
    - tasa de parto pretérmino
    - tasa de parto postérmino

- tasa de recién nacidos de bajo y elevado peso para edad gestacional
- tasas de mortalidad fetal y mortalidad neonatal
- causas de muerte
- tasa de morbilidad neonatal
- tasa de embarazo múltiple
- tasa de anomalías congénitas
- tasa de reingreso tras alta en recién nacido

### **Consentimiento informado**

Se solicitará el consentimiento informado (**Anexo 3**) a cada una de las gestantes candidatas a participar en el estudio, previa información sobre el estudio de campo y el cuestionario.

Antes de iniciar el estudio el proyecto recibirá la aprobación de Comité de Ética del Hospital Vall d'Hebron.

## **CONCLUSIONES**

La primera conclusión de este trabajo será poder conocer la incidencia de complicaciones en la gestación, desde el inicio al final, incluyendo todos los eventos que puedan ocurrirle a la madre y al feto en los 9 meses de embarazo, y en el primer mes de vida. Se trata del primer estudio poblacional en gestantes realizado en la comunidad, así como a nivel nacional. Los datos de los que se disponen en la actualidad se obtienen de manera indirecta, parcial, y en ningún caso desde una encuesta validada, especialmente diseñada para el embarazo, y que abarca todo el proceso, como se propone en este trabajo.

La segunda conclusión será poder detectar todos aquellos factores de riesgo que pueden haber condicionado las complicaciones detectadas; esto a su vez, permitirá analizar el tipo de control prenatal y asociarlo si es posible, a las complicaciones detectadas.

La tercera conclusión será proponer estrategias de prevención y/o tratamiento para las gestantes en función de los problemas detectados, especialmente en población de riesgo como inmigrantes, o nivel socioeconómico bajo.

Finalmente, la última conclusión será conocer la visión percibida de la gestante de su embarazo, del control prenatal y del trato percibido; tampoco existen datos obtenidos de manera directa en encuestas de las gestantes en nuestro país.

Como punto débil del trabajo, cabe destacar el hecho de que la realización de la encuesta al final del embarazo, puede producir la pérdida de datos menos importantes para la paciente, que no hayan tenido una repercusión en el

embarazo, y por tanto no recuerde al realizar la encuesta al mes del parto, pero que hayan ocurrido. Sin embargo, el punto fuerte es evaluar de manera global el proceso, y recoger todos aquellos factores que pueden haber provocado complicaciones en la madre y en el feto, y por tanto, habrán sido identificados, y serán recordados por la paciente.

Por todo ello, se ha considerado este trabajo para aportar información útil para mejorar el cuidado prenatal de las gestantes, y reducir la morbimortalidad en este colectivo.

## REFLEXIÓN PERSONAL

Desde que era niña soñaba con ser matrona, el jugar con las muñecas se reducía a hacerles el parto. Hubo una etapa de mi vida en la que pensé que había cambiado el rumbo y que mi futuro estaba en la criminología, pero con el tiempo y mientras cursaba la carrera, me di cuenta de que las asignaturas que más me gustaban y en las que más pasión tenía eran las relacionadas con la medicina. Decidí dejarlo e ir a por todas, empezar la carrera de enfermería y luchar por conseguir aquello que siempre quise, ser matrona. Hoy me encuentro aquí, redactando mis últimas palabras en el trabajo final de grado, un trabajo en el que he sentido varias emociones, sentimientos e ilusión, emoción por tener la oportunidad de estudiar un tema que me gusta, sentimiento de poder mejorar la salud de las pacientes e ilusión por conocer los resultados si se lleva a cabo mi estudio.

La justificación de mi tema de trabajo es por el deseo de dedicarme al cuidado de las embarazadas, y el evaluar la situación actual y luego iniciar un trabajo para mejorar me pareció una gran oportunidad y un gran reto.

Llevo alrededor de seis años trabajando en el ámbito de la ginecología y la obstetricia y este trabajo es importante para mí porque he podido plasmar lo aprendido en la práctica pero gracias a lo aprendido en la teoría durante el grado en enfermería, sin los conocimientos para el desarrollo de un trabajo científico ahora las letras que están escritas en este trabajo no sería posible que estuvieran.

Ahora tengo un nuevo objetivo, mostrar mi estudio y llevarlo a cabo, una de las cosas más emocionantes de realizar este trabajo ha sido el ver que los datos actuales no se recogen mediante una encuesta validada y que proporcione tanta información sobre la gestante, el parto y el postparto, lo cuál muestra que sería un punto fuerte para detectar factores de riesgo, complicaciones y así proponer posibles estrategias de prevención y/o tratamiento.

### **Agradecimientos**

No quiero terminar este punto sin agradecer a mis padres haberme ayudado a realizar mi sueño, apoyándome siempre de forma incondicional a que estudiara aquello que yo quisiera aunque eso conllevara hacer un gran esfuerzo. A mi hermano, por estar siempre a mi lado y quererme tanto. Y por último, a mi pareja, que ha sido quien ha aguantado mis días duros, mis nervios, mis llantos y mis alegrías, siempre apoyándome y creyendo en mi.

A todos ellos, Gracias!

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## ANEXOS

### ANEXO 1

Maternity Experiences Survey, 2006 Questionnaire *September 19, 2007 Page i*

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**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 1*

**Section: Survey introduction (IS)**

INT\_BEG Beginning of Section

**INT\_R01 This survey will collect information on the maternity experiences of women in Canada. Results from the survey will be used to help improve the health care information available to women during this time of their lives.**

**INT\_R02 Your answers will be kept strictly confidential and used only for statistical purposes.**

**While participation in this survey is voluntary, your cooperation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible.**

INT\_END End of Section

**Section: Conception of baby (CB)**

CB\_BEG Beginning of Section

**CB\_R01A This survey is about your pregnancy, labour and early motherhood experiences with your baby.**

**CB\_R01B I will start with the events around the time of your baby's conception.**

**CB\_Q01 How many weeks pregnant with ^baby's name were you when you realized you were pregnant?**

INTERVIEWER: If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and • weeks become 3 weeks.

\_\_\_\_(2 spaces) [Min: 1 Max: 42]

DK, RF

*Coverage: All respondents*

**CB\_Q02 Thinking back to just before you became pregnant, would you say that you wanted to be pregnant...?**

INTERVIEWER: We are referring to the respondent's pregnancy with her baby. Read categories to respondent.

1 Sooner

2 Later

3 Then

4 Not at all

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 2*

**CB\_Q03 When you first realized you were pregnant, what was your reaction? Were you...?**

INTERVIEWER: Read categories to respondent.

- 1 Very happy
  - 2 Somewhat happy
  - 3 Neither happy nor unhappy
  - 4 Somewhat unhappy
  - 5 Very unhappy
- DK, RF

*Coverage: All respondents*

**CB\_Q04 In the 3 months before you got pregnant with ^baby's name, did you take a multivitamin containing folic acid or a folic acid supplement?**

- 1 Yes
  - 2 No.....(Go to CB\_Q06)
- DK, RF.....(Go to CB\_Q06)

*Coverage: All respondents*

**CB\_Q05 Did you take it every day?**

- 1 Yes
  - 2 No
- DK, RF

*Coverage: Respondents who took a multivitamin containing folic acid or a folic acid supplement in the 3 months before they got pregnant*

**CB\_Q06 During the first 3 months of your pregnancy with ^baby's name, did you take a multivitamin containing folic acid or a folic acid supplement?**

- 1 Yes
  - 2 No.....(Go to CB\_Q08)
- DK, RF.....(Go to CB\_Q08)

*Coverage: All respondents*

**CB\_Q07 Did you take it every day?**

- 1 Yes
  - 2 No
- DK, RF

*Coverage: Respondents who took a multivitamin containing folic acid or a folic acid supplement during the first 3 months of their pregnancy*

**CB\_Q08 Before your pregnancy with ^baby's name, did you know that taking folic acid before pregnancy can help prevent some birth defects?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**CB\_C09** If CB\_Q02 = 1 or 2 or 3.....(Go to CB\_Q09)  
Else.....(Go to CB\_END)

**CB\_Q09 Did you use any fertility medications or medical procedures to help you get pregnant with your baby?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who when thinking back to just before they became pregnant said that they wanted to be pregnant, sooner, later or then*

**CB\_END** End of Section

**Section: Prenatal care (PC)**

**PC\_BEG** Beginning of Section

**PC\_R01 I would like to ask you about your visits to a doctor, nurse or other healthcare provider for check-ups and advice on your pregnancy before ^baby's name was born. I will refer to these visits as prenatal care.**

**PC\_Q01 How many weeks pregnant with ^baby's name were you when you had your first visit for prenatal care? This includes the first time your pregnancy was confirmed by a healthcare provider.**

INTERVIEWER: If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and • weeks become 3 weeks.

Enter 94 if respondent did not have prenatal care visits.

\_\_\_\_(2 spaces) [Min: 1 Max: 94]

DK, RF

*Coverage: All respondents*

**PC\_C02** If PC\_Q01 = 94.....(Go to PC\_Q07A)

Else.....(Go to PC\_Q02) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 4*

**PC\_Q02 Did you receive prenatal care as early as you wanted?**

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby.

1 Yes.....(Go to PC\_Q04)

2 No

DK, RF.....(Go to PC\_Q04)

*Coverage: Respondents who had prenatal care visits*

**PC\_Q03 What prevented you from getting prenatal care as early as you wanted?**

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby. Mark all that apply.

01 Doctor/ healthcare provider unavailable

02 Doctor/ healthcare provider would not start care earlier

03 Respondent didn't know she was pregnant

04 Respondent didn't have child care

05 Respondent was too busy

06 Respondent didn't have transportation

07 Respondent couldn't take time off work

08 Other - Specify.....(Go to PC\_S03)

DK, RF

Default: (Go to PC\_Q04)

*Coverage: Respondents who had prenatal care visits, but did not receive prenatal care as early as they wanted*

**PC\_S03 What prevented you from getting prenatal care as early as you wanted?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another reason that prevented them from getting prenatal care as early as they wanted*

**PC\_Q04 How many prenatal care visits did you have?**

INTERVIEWER: If respondent is having difficulty remembering, ask for best estimate. We are referring to the prenatal care the respondent received while pregnant with her baby.

\_\_\_\_(2 spaces) [Min: 1 Max: 42]

DK, RF

*Coverage: Respondents who had prenatal care visits* **Maternity Experiences Survey, 2006**

**Questionnaire** *September 19, 2007 Page 5*



**PC\_Q05A From which type of healthcare provider, such as an obstetrician, family doctor or midwife, did you receive most of this care?**

- 01 Obstetrician
- 02 Gynaecologist
- 03 OBGYN
- 04 Family doctor
- 05 General practitioner / GP
- 06 Doctor.....(Go to PC\_Q05B)
- 07 Midwife
- 08 Nurse or nurse practitioner
- 09 Other
- DK, RF

Default: (Go to PC\_Q06)

*Coverage: Respondents who had prenatal care visits*

**PC\_Q05B What type of doctor was this?**

INTERVIEWER: Read categories to respondent.

- 1 Obstetrician
- 2 Gynaecologist
- 3 Family doctor
- 4 General practitioner
- 5 Other doctor
- DK, RF

*Coverage: Respondents who had prenatal care visits, and received most of their care from a doctor (unspecified)*

**PC\_Q06 In which province or territory did you receive most of your prenatal care?**

INTERVIEWER: We are referring to the prenatal care the respondent received while pregnant with her baby.

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 76 United States
- 77 Other country (Outside Canada and the United States)
- DK, RF

*Coverage: Respondents who had prenatal care visits* **Maternity Experiences Survey, 2006**

**Questionnaire** *September 19, 2007 Page 6*

**PC\_Q07A During your pregnancy with ^baby's name, did you attend prenatal or childbirth education classes?**

INTERVIEWER: Only classes attended during the pregnancy with her baby will be included for this question.

1 Yes

2 No.....(Go to PC\_Q08)

DK, RF.....(Go to PC\_Q08)

*Coverage: All respondents*

**PC\_Q07B Did you attend these classes in...?**

INTERVIEWER: Read categories to respondent.

1 A hospital

2 A health clinic

3 A community centre

4 Privately, such as with a midwife or doula

5 Other

DK, RF

*Coverage: Respondents who attended prenatal or childbirth education classes*

**PC\_Q08 What was the expected or due date for the birth of ^baby's name?**

INTERVIEWER: If respondent is having difficulty remembering, please probe for an approximate date. Probe by asking if the baby was born before, on or after the due date.

DK, RF

Note: Call date block.

*Coverage: All respondents*

**PC\_C08** If PC\_Q08.DATY = RF, DK.....(Go to PC\_C09)

**PC\_C09** If PC\_Q01 = 94.....(Go to PC\_END)

Else.....(Go to PC\_Q09)

**PC\_Q09 At any time during your pregnancy, before your labour or the birth, did you request a caesarean from your healthcare provider?**

INTERVIEWER: We are referring to the pregnancy with her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had prenatal care visits* **Maternity Experiences Survey, 2006**

**Questionnaire** *September 19, 2007 Page 7*

**PC\_Q10 At any time during your pregnancy, before your labour or the birth, did your healthcare provider recommend a caesarean?**

INTERVIEWER: We are referring to a recommendation made before the respondent went into labour or gave birth to her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had prenatal care visits*

**PC\_END** End of Section

**Section: Procedures and tests (PT)**

**PT\_BEG** Beginning of Section

**PT\_C01** If PC\_Q01 = 94.....(Go to PT\_END)

Else.....(Go to PT\_Q01)

**PT\_Q01 How many ultrasounds did you have during your pregnancy with ^baby's name?**

INTERVIEWER: If respondent is having difficulty remembering, ask for best estimate.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who had prenatal care visits*

**PT\_C02** If PT\_Q01 = 0.....(Go to PT\_Q02)

Else.....(Go to PT\_Q03)

**PT\_Q02 Were you offered an ultrasound during your pregnancy with ^baby's name?**

1 Yes

2 No

DK, RF

Default: (Go to PT\_Q04)

*Coverage: Respondents who had prenatal care visits but did not have an ultrasound* **Maternity Experiences**

**Survey, 2006 Questionnaire** *September 19, 2007 Page 8*

**PT\_Q03 How many weeks pregnant were you when you had your first ultrasound?**

**INTERVIEWER:** If response given in months, probe for an answer in weeks. If response is given in weeks and a decimal or fraction is given, round down to the nearest week. For example 3 and • weeks become 3 weeks.

\_\_\_\_(2 spaces) [Min: 1 Max: 42]

DK, RF

*Coverage: Respondents who had prenatal care visits and at least one ultrasound*

**PT\_Q04 During your pregnancy with ^baby's name, did you have a blood test for HIV, the virus that causes AIDS?**

1 Yes

2 No

DK.....(Go to PT\_END)

RF

*Coverage: Respondents who had prenatal care visits*

**PT\_Q05 How involved were you in deciding whether or not to have a test for HIV?**

**INTERVIEWER:** Read categories to respondent.

1 Very involved

2 Somewhat involved

3 Not involved

DK, RF

*Coverage: Respondents who had prenatal care visits*

**PT\_END** End of Section

**Section: Height and weight (HW)**

**HW\_BEG** Beginning of section

**HW\_R01 The next few questions ask about your height and the changes in your weight related to the pregnancy.**

**HW\_Q01A How tall are you without shoes on?**

**INTERVIEWER:** Was that in feet and inches or in centimetres?

1 Centimetres.....(Go to HW\_Q01B)

2 Feet and inches.....(Go to HW\_Q01C)

DK, RF.....(Go to HW\_Q02A)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 9*

**HW\_Q01B** INTERVIEWER: Enter the number of centimetres. 1 metre = 100 centimetres.  
\_\_\_\_(3 spaces) [Min: 90 Max: 300]

DK, RF

Default: (Go to HW\_Q02A)

*Coverage: Respondents whose height was measured in centimetres*

**HW\_Q01C** INTERVIEWER: Enter the number of feet in this screen and inches in the next.  
\_\_\_\_(2 spaces) [Min: 0 Max: 7]

DK, RF

*Coverage: Respondents whose height was measured in feet and inches*

**HW\_Q01D** INTERVIEWER: Enter the number of inches.  
\_\_\_\_(2 spaces) [Min: 0 Max: 95]

DK, RF

*Coverage: Respondents whose height was measured in feet and inches*

**HW\_Q02A Just before your pregnancy with ^baby's name, how much did you weigh?**

**INTERVIEWER:** Enter amount only: Weight

\_\_\_\_(3 spaces) [Min: 0 Max: 575]

DK, RF.....(Go to HW\_Q03A)

*Coverage: All respondents*

**HW\_Q02B** INTERVIEWER: Was that in pounds or kilograms?

1 Pounds

2 Kilograms

DK, RF

*Coverage: All respondents*

**HW\_Q03A How much weight did you gain during your pregnancy with ^baby's name?**

**INTERVIEWER:** Enter amount only: Weight

If respondent reports losing weight during pregnancy, then enter '0'.

\_\_\_\_(3 spaces) [Min: 0 Max: 100]

DK, RF.....(Go to HW\_Q04A)

*Coverage: All respondents*

**HW\_C03** If HW\_Q03A > 0.....(Go to HW\_Q03B)

Otherwise.....(Go to HW\_Q04A) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 10*

**HW\_Q03B** INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms
- DK, RF

*Coverage: Respondents who gained weight during their pregnancy*

**HW\_Q04A How much do you weigh now?**

INTERVIEWER: Enter amount only: Weight

\_\_\_\_(3 spaces) [Min: 0 Max: 575]

DK, RF.....(Go to HW\_END)

*Coverage: All respondents*

**HW\_Q04B** INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
- 2 Kilograms
- DK, RF

*Coverage: All respondents*

**HW\_END** End of section

**Section: Health problems during pregnancy (HP)**

**HP\_BEG** Beginning of section

**HP\_R01** The next section deals with health problems that you may have had during your pregnancy with ^baby's name.

**HP\_Q01** Before your pregnancy, did you have any medical conditions or health problems that required you to take medication for more than 2 weeks, have special care, or extra tests during your pregnancy?

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 11*

**HP\_Q02 During your pregnancy, did you develop any new medical conditions or health problems that required you to take medication for more than 2 weeks, have special care, or extra tests?**

**INTERVIEWER:** Including morning sickness if it required respondent to take medication for more than 2 weeks, have special care, or extra tests.

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**HP\_Q03 During your pregnancy, before your labour and the birth, did you stay in a hospital overnight?**

**INTERVIEWER:** We are referring to the respondent's pregnancy with her baby.

1 Yes

2 No.....(Go to HP\_END)

DK, RF.....(Go to HP\_END)

*Coverage: All respondents*

**HP\_Q04 (Before your labour and the birth,) how many nights in total did you stay in a hospital during your pregnancy with ^baby's name?**

**INTERVIEWER:** If respondent is having difficulty remembering, ask for best estimate.

\_\_\_\_(3 spaces) [Min: 1 Max: 270]

DK, RF

*Coverage: Respondents who during their pregnancy, before their labour and the birth, stayed in a hospital overnight*

**HP\_END** End of section

**Section: Stressful events (SE)**

**SE\_BEG** Beginning of Section

**SE\_R01** The next section deals with experiencing stress in the 12 months before ^baby's name was born. That is, from about 3 months before your pregnancy until the birth.

**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 12*

**SE\_Q01 Thinking about the amount of stress in your life during the 12 months before ^baby's name was born, would you say that most days were...?**

**INTERVIEWER:** Read categories to respondent.

1 Not stressful

2 Somewhat stressful

3 Very stressful

DK, RF

*Coverage: All respondents*

**SE\_R02 Now I'm going to read you a list of things that might happen to people in their lives. Please tell me if any of the following events happened to you in the 12 months before ^baby's name was born. If you feel a question does not apply to you answer 'no'.**

**SE\_Q02 In the 12 months before ^baby's name was born...**

**...a close family member was very sick and had to go into the hospital?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q03 In the 12 months before ^baby's name was born...**

**...you got separated or divorced from your husband or partner?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q04 In the 12 months before ^baby's name was born...**

**...you moved to a new address?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q05 In the 12 months before ^baby's name was born...**

**...you were homeless?**

1 Yes

2 No

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 13



**SE\_Q06** In the 12 months before ^baby's name was born...  
**...your husband or partner lost his job?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**SE\_Q07** In the 12 months before ^baby's name was born...  
**...you lost your job even though you wanted to go on working?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**SE\_Q08** In the 12 months before ^baby's name was born...  
**...you and your husband or partner argued more than usual?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**SE\_Q09** In the 12 months before ^baby's name was born...  
**...your husband or partner said he did not want you to be pregnant?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**SE\_Q10** In the 12 months before ^baby's name was born...  
**...you had a lot of bills you couldn't pay?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 14*

**SE\_Q11** In the 12 months before ^baby's name was born...  
**...you were involved in a physical fight?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q12** In the 12 months before ^baby's name was born...

**...you or your husband or partner went to jail or a detention centre?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q13** In the 12 months before ^baby's name was born...

**...someone very close to you had a bad problem with drinking or drugs?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_Q14** In the 12 months before ^baby's name was born...

**...someone very close to you died?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SE\_END** End of Section

**Section: Information on pregnancy, labour and birth (SI)**

**SI\_BEG** Beginning of Section

**SI\_R01** The next few questions are about information you had during your pregnancy.

**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 15*

**SI\_Q01** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information about the following topics...  
... about physical changes to your body during pregnancy such as water retention, backache or indigestion?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q02** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about emotional changes some women experience during pregnancy such as feeling insecure or afraid?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q03** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about warning signs of complications during pregnancy, such as headaches and high fevers?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q04** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

... about how taking medication could affect your baby?

INTERVIEWER: Includes prescription and over the counter medication.

1 Yes

2 No

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 16*

**SI\_Q05** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

**... about what to expect during labour and the birth?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q06** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

**...about what your husband or partner could do to support you during labour and the birth?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q07** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

**... about the use of medication-free pain management techniques during labour and the birth such as breathing exercises or massage?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SI\_Q08** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...

**... about potential side effects of the use of pain medication and anaesthesia during labour and the birth?**

1 Yes

2 No

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 17*

**SI\_Q09** During your pregnancy with ^baby's name, before your labour and the birth, did you have enough information...  
**... about medical tests or procedures that may be required during pregnancy such as ultrasound or amniocentesis?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**SI\_Q10** During your pregnancy with ^baby's name, who or what was your most useful source of information about pregnancy, labour and birth?

INTERVIEWER: If respondent says 'doctor', probe to find out what type of doctor.

- 01 Previous pregnancy
- 02 Family or friends
- 03 Obstetrician/gynaecologist
- 04 Family doctor/general practitioner
- 05 Midwife
- 06 Nurse/nurse practitioner
- 07 Doula
- 08 Prenatal/childbirth classes
- 09 Books
- 10 Internet
- 11 Other.....(Go to SI\_S10)
- DK, RF

Default: (Go to SI\_R11)

*Coverage: All respondents*

**SI\_S10** During your pregnancy with ^baby's name, who or what was your most useful source of information about pregnancy, labour and birth?

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another useful source of information about pregnancy*

**SI\_R11** People sometimes look to others for companionship, assistance or other types of support. **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 18*

**SI\_Q11 During your pregnancy, how often was support available to you when you needed it?**

**INTERVIEWER:** Read categories to respondent.

- 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
- DK, RF

*Coverage: All respondents*

**SI\_END** End of Section

**Section: Labour (LB)**

**LB\_BEG** Beginning of Section

**LB\_R01 Now, some questions about your labour and the birth of ^baby's name.**

**LB\_Q01 Was ^baby's name born in a hospital, clinic, birthing centre or in a private home (i.e. home birth)?**

**INTERVIEWER:** If respondent says birthing centre, code 2 regardless of whether it was in or outside a hospital.

- 1 Hospital or clinic
  - 2 Birthing centre
  - 3 Private home.....(Go to LB\_Q04)
  - 4 Other.....(Go to LB\_Q04)
- DK, RF.....(Go to LB\_Q04)

*Coverage: All respondents*

**LB\_Q02 In what city or town was this hospital or clinic located?**

**INTERVIEWER:** Enter name of city or town.

\_\_\_\_(25 spaces)

DK, RF

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre*

**LB\_Q03 What was the name of the hospital or clinic where you gave birth to ^baby's name?**

**INTERVIEWER:** Enter name.

\_\_\_\_(255 spaces)

DK, RF

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre* **Maternity Experiences**

**Survey, 2006 Questionnaire** *September 19, 2007 Page 19*

**LB\_Q04 Did you travel to another city, town or community, to give birth to ^baby's name?**

1 Yes.....(Go to LB\_Q05A)

2 No

DK, RF

Default: (Go to LB\_C08)

Coverage: All respondents

**LB\_Q05A In kilometres or miles, how far did you travel to give birth?**

INTERVIEWER: Enter distance only.

\_\_\_\_(4 spaces) [Min: 1 Max: 995]

DK, RF.....(Go to LB\_Q06)

Coverage: Respondents who travelled to another city, town or community, to give birth to their baby

**LB\_Q05B Was that in kilometres or miles?**

1 Kilometres

2 Miles

DK, RF

Coverage: Respondents who travelled to another city, town or community, to give birth to their baby

**LB\_Q06 How many nights did you stay in this city, town or community before you gave birth?**

INTERVIEWER: If less than 1 night, enter 0.

\_\_\_\_(2 spaces) [Min: 0 Max: 90]

DK, RF

Coverage: Respondents who travelled to another city, town or community, to give birth to their baby

**LB\_Q07 Overall, was the experience of travelling to another city, town or community to give birth to ^baby's name...?**

INTERVIEWER: Read categories to respondent.

1 Very positive

2 Somewhat positive

3 Neither positive nor negative

4 Somewhat negative

5 Very negative

DK, RF

Coverage: Respondents who travelled to another city, town or community, to give birth to their baby

**LB\_C08** If PC\_Q01 = 94.....(Go to LB\_Q11A)

Else.....(Go to LB\_Q08) **Maternity**

**Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 20

**LB\_Q08 Did the healthcare provider who cared for you during your pregnancy also care for you during the labour and birth?**

1 Yes

2 No.....(Go to LB\_Q10)

DK, RF.....(Go to LB\_Q10)

*Coverage: Respondents who had prenatal care visits*

**LB\_Q09 Was it important to you to have had this healthcare provider with you?**

1 Yes

2 No

DK, RF

Default: (Go to LB\_Q11A)

*Coverage: Respondents who had prenatal care visits and who had the same healthcare provider during their pregnancy as during the labour and birth*

**LB\_Q10 Would it have been important to you to have had this healthcare provider with you?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had prenatal care visits who did not have the same healthcare provider during their pregnancy as during the labour and birth*

**LB\_Q11A Which type of healthcare provider such as an obstetrician, family doctor, or midwife was the person who primarily delivered ^baby's name?**

INTERVIEWER: If more than one person was involved, indicate who handled the baby, helped the baby as the baby was being born.

01 Obstetrician

02 Gynaecologist

03 OBGYN

04 Family doctor

05 General practitioner/GP

06 Doctor.....(Go to LB\_Q11B)

07 Midwife

08 Nurse or nurse practitioner

09 Other

DK, RF

Default: (Go to LB\_Q12)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 21*



**LB\_Q11B What type of doctor was this?**

INTERVIEWER: Read categories to respondent.

- 1 Obstetrician
  - 2 Gynaecologist
  - 3 Family doctor
  - 4 General practitioner
  - 5 Other doctor
- DK, RF

*Coverage: Respondents who had a doctor (unspecified) as the person who primarily delivered their baby*

**LB\_Q12 Did you have your husband or partner with you during labour before the birth of ^baby's name?**

INTERVIEWER: The husband or partner must be in the same room as the respondent during labour for the answer to be 'yes'.

- 1 Yes
  - 2 No.....(Go to LB\_Q14)
  - 3 Did not go into labour/had caesarean.....(Go to LB\_Q14)
  - 4 Did not have a husband or partner at that time.....(Go to LB\_Q16)
- DK, RF

*Coverage: All respondents*

**LB\_Q13 How satisfied or dissatisfied were you with the support you received from your husband or partner during labour before the birth?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: Respondents who had their husband or partner with them during labour before the birth of their baby*

**LB\_Q14 Did you have your husband or partner with you during the birth of ^baby's name?**

INTERVIEWER: The husband or partner must be in the same room as the respondent at the time of birth for the answer to be 'yes'.

- 1 Yes
  - 2 No.....(Go to LB\_Q16)
- DK, RF.....(Go to LB\_Q16)

*Coverage: Respondents who indicated they had a husband or partner (LB\_Q12) at the time of the birth of their baby*

**LB\_Q15 How satisfied or dissatisfied were you with the support you received from your husband or partner during the birth?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: Respondents who indicated they had a husband or partner (LB\_Q12) at the time of the birth of their baby*

**LB\_Q16 Did you have a companion with you during labour or the birth of ^baby's name?**

INTERVIEWER: The companion(s) must be in the same room as the respondent during labour or at the time of birth for the answer to be yes.

- 1 Yes
  - 2 No.....(Go to LB\_Q18)
- DK, RF.....(Go to LB\_Q18)

*Coverage: All respondents*

**LB\_Q17 How satisfied or dissatisfied were you with the support you received from your companion(s)?**

INTERVIEWER: Read categories to respondent.

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: Respondents who had a companion with them during labour or the birth of their baby*

**LB\_Q18 Did you have a vaginal or caesarean birth for ^baby's name?**

- 1 Vaginal
  - 2 Caesarean
- DK, RF

*Coverage: All respondents*

**LB\_END** End of Section

**Section: Caesarean (CS)**

**CS\_BEG** Beginning of Section **Maternity Experiences Survey, 2006 Questionnaire**

*September 19, 2007 Page 23*

**CS\_C01** If LB\_Q18 = 2.....(Go to CS\_Q01)  
Else.....(Go to CS\_END)

**CS\_Q01 Was the caesarean planned, that is, the decision was made before you went into labour with ^baby's name, or was it unplanned?**

1 Planned

2 Unplanned.....(Go to CS\_Q03)

DK, RF.....(Go to CS\_Q03)

*Coverage: Respondents who had a caesarean birth for their baby*

**CS\_Q02 Was it planned for medical or non-medical reasons? Health concerns for the mother or baby, or the position of the baby in the womb are examples of medical reasons. Most other reasons are non-medical.**

1 Medical

2 Non-medical

DK, RF

Default: (Go to CS\_END)

*Coverage: Respondents who had a planned caesarean birth for their baby*

**CS\_Q03 Did you attempt to give birth vaginally to ^baby's name?**

INTERVIEWER: Did the respondent experience labour?

1 Yes

2 No

DK, RF

*Coverage: Respondents who had an unplanned caesarean birth for their baby*

**CS\_END** End of Section

**Section: Vaginal birth (VB)**

**VB\_BEG** Beginning of Section

**VB\_C01** If LB\_Q18 = 1 or (LB\_Q18 = 2 and CS\_Q03 = 1).....(Go to VB\_Q01A)

Else.....(Go to VB\_END)

**VB\_Q01A Were forceps used?**

INTERVIEWER: We are referring to forceps being used on her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth* **Maternity Experiences Survey,**

**2006 Questionnaire** September 19, 2007 Page 24

**VB\_Q01B Was vacuum extraction used?**

INTERVIEWER: We are referring to vacuum being used on her baby.

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_C02** If LB\_Q18 = 2.....(Go to VB\_Q05)

Else.....(Go to VB\_Q02)

**VB\_Q02 Was ^baby's name born head first?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had a vaginal birth*

**VB\_Q03 Which of the following best describes your position when ^baby's name was born?**

INTERVIEWER: This is the position the respondent was in when her baby was born, not during the labour. Read categories to respondent.

- 1 Lying on your side.....(Go to VB\_Q05)
- 2 Propped up or sitting
- 3 Lying flat on your back
- 4 Some other position

DK, RF

*Coverage: Respondents who had a vaginal birth*

**VB\_Q04 Were your legs in stirrups?**

INTERVIEWER: We are referring to legs being in stirrups for the birth of the selected baby.

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had a vaginal birth, and were not lying on their side when their baby was born*

**VB\_Q05 Did your healthcare provider try to start or induce your labour by the use of medication or some other technique?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_Q06A After your labour started, did your healthcare provider try to speed it up by the use of medication or some other technique?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_Q06B Did your healthcare provider give you enough information about the progress of your labour?**

INTERVIEWER: We are referring to the respondent's labour with her baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_Q07 How many hours did your labour last from when you started having regular, strong contractions until the birth of ^baby's name?**

INTERVIEWER: Responses given with a decimal, fraction or minutes, should be rounded according to standard practice. For example 6 and • hours (or 6.5 hours) become 7 hours, or 8 hours and 20 minutes become 8 hours.

\_\_\_\_(2 spaces) [Min: 0 Max: 72]

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_Q08 Before or during labour, in preparation for birth, did you have your pubic hair or the hair around your vagina shaved?**

INTERVIEWER: We are referring to the respondent's labour with and birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth* **Maternity Experiences Survey,**

**2006 Questionnaire** *September 19, 2007 Page 26*

**VB\_Q09 Before or during labour, in preparation for birth, did you have an enema to help you move your bowels?**

INTERVIEWER: We are referring to the respondent's labour with the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_Q10 During labour, were you attached to a machine, called an electronic fetal monitor (EFM), that recorded ^baby's name's heartbeat?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_C11** If VB\_Q10 = 1.....(Go to VB\_Q11)

Else.....(Go to VB\_Q12)

**VB\_Q11 Was the electronic fetal monitor used...?**

INTERVIEWER: Read categories to respondent.

1 On arrival or admission but not again

2 On and off (intermittently) during labour

3 Continuously during labour

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth, and were attached to an electronic fetal monitor (EFM)*

**VB\_Q12 During labour, was your baby's heartbeat monitored by another instrument such as a stethoscope, Doppler, or fetoscope (an instrument other than an electronic fetal monitor)?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**VB\_C13** If VB\_Q10=2 or non-response and VB\_Q12=2 or non-response..(Go to VB\_Q13)

Else.....(Go to VB\_END) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 27*

**VB\_Q13 Was ^baby's name's heartbeat monitored during labour using some other method?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth, and whose baby's heart was not monitored by an electronic fetal monitor (EFM) or any another instrument such as a stethoscope, Doppler, or fetoscope*

**VB\_END** End of Section

**Section: Birth of baby (BB)**

**BB\_BEG** Beginning of section

**BB\_C01** If LB\_Q18 = 2.....(Go to BB\_Q01)

Else.....(Go to BB\_Q02)

**BB\_Q01 What kind of anaesthesia were you given for the caesarean? Were you given...?**

INTERVIEWER: Read categories to respondent.

- 1 An epidural or spinal anaesthesia (that is an injection into your back to numb the lower part of your body)
- 2 A general anaesthetic (they put you to sleep)
- 3 Both

DK, RF

*Coverage: Respondents who had a caesarean birth for their baby*

**BB\_C02** If LB\_Q18 = 2 and CS\_Q03 = 1.....(Go to BB\_Q02)

Else.....(Go to BB\_Q05)

**BB\_Q02 During the birth of ^baby's name, did anyone push on the top of your abdomen to help push your baby down?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**BB\_Q03 Just before the birth of ^baby's name, did you have an episiotomy, that is, a cut to enlarge your vagina?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 28*

**BB\_Q04 After the birth, did you have stitches near the opening of your vagina to repair a tear or cut?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**BB\_Q05 Did you experience any complications or health problems during labour or the birth that required you to have special care, extra tests, or stay in a hospital?**

INTERVIEWER: We are referring to the labour and the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**BB\_END** End of section

**Section: Pain management (PM)**

**PM\_BEG** Beginning of section

**PM\_C01** If LB\_Q18 = 1 or (LB\_Q18 = 2 and CS\_Q03 = 1).....(Go to PM\_Q01A)

If LB\_Q18 = RF or DK.....(Go to PM\_END)

Else.....(Go to PM\_Q14)

**PM\_Q01A What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? Did you...**

**... do breathing exercises?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q01B What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? Did you...**

**... use massage?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 29*



**PM\_Q01C** What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...  
... change positions?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q01D** What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you ...  
... walk around?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q01E** What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...  
... use a bath or shower?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q01F** What medication-free methods did you use to cope with pain during labour or birth of ^baby's name? **Did you...  
... use a birthing ball?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_C02** If PM\_Q01A = 1.....(Go to PM\_Q02)

Else.....(Go to PM\_C03) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 30*

**PM\_Q02 How helpful were the breathing exercises in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who did breathing exercises to cope with the pain during labour or birth of their baby*

**PM\_C03** If PM\_Q01B = 1.....(Go to PM\_Q03)  
Else.....(Go to PM\_C04)

**PM\_Q03 How helpful was massage in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used a massage to cope with pain during labour or birth of their baby*

**PM\_C04** If PM\_Q01C = 1.....(Go to PM\_Q04)  
Else.....(Go to PM\_C05)

**PM\_Q04 How helpful was changing positions in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who changed positions to cope with pain during labour or birth of their baby*

**PM\_C05** If PM\_Q01D= 1.....(Go to PM\_Q05)  
Else.....(Go to PM\_C06) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 31*

**PM\_Q05 How helpful was walking around in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who walked around to cope with pain during labour or birth of their baby*

**PM\_C06** If PM\_Q01E = 1.....(Go to PM\_Q06)

Else.....(Go to PM\_C07)

**PM\_Q06 How helpful was having a bath or showering in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used a bath or shower to cope with pain during labour or birth of their baby*

**PM\_C07** If PM\_Q01F = 1.....(Go to PM\_Q07)

Else.....(Go to PM\_Q08)

**PM\_Q07 How helpful was the birthing ball in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used a birthing ball to cope with pain during labour*

**PM\_Q08 Now we are interested in medications you used to cope with pain during labour or birth of ^baby's name? Did you use...  
... an epidural or spinal anaesthesia?**

**INTERVIEWER:** For respondents who had a caesarean section, we are interested in what they used for pain during labour.

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q09** Did you use...

**...pain killing medications such as Demerol, fentanyl or morphine?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_Q10** Did you use...

**...gas breathed through a mask or mouthpiece such as nitrous oxide, also known as laughing gas or entonox?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth*

**PM\_C11** If PM\_Q08 =1.....(Go to PM\_Q11)

Else.....(Go to PM\_C12)

**PM\_Q11 How helpful was the epidural or spinal anaesthesia in relieving your pain?**

**INTERVIEWER:** Read categories to respondent if required.

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used an epidural or spinal anaesthesia to cope with pain during labour or birth of their baby*

**PM\_C12** If PM\_Q09=1.....(Go to PM\_Q12)

Else.....(Go to PM\_C13) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 33*

**PM\_Q12 How helpful was the pain killing medication in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used pain killing medications to cope with pain during labour or birth of their baby*

**PM\_C13** If PM\_Q10=1.....(Go to PM\_Q13)

Else.....(Go to PM\_Q14)

**PM\_Q13 How helpful was the gas in relieving your pain?**

INTERVIEWER: Read categories to respondent if required.

- 1 Very helpful
  - 2 Somewhat helpful
  - 3 Not helpful at all
- DK, RF

*Coverage: Respondents who had or attempted to have a vaginal birth and who used gas to cope with pain during labour or birth of their baby*

**PM\_Q14 Overall, would you describe the experience of labour and birth as...?**

INTERVIEWER: Read categories to respondent.

- 1 Very negative
  - 2 Somewhat negative
  - 3 Neither negative nor positive
  - 4 Somewhat positive
  - 5 Very positive
- DK, RF

*Coverage: All respondents*

**PM\_END** End of section

**Section: Postpartum care (PP)**

**PP\_BEG** Beginning of Section

**PP\_R01** The next set of questions is about your experiences after the birth of ^baby's name. **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 34*

**PP\_Q01A How much did ^he/she weigh at birth, in grams, or pounds and ounces?**

INTERVIEWER: Choose grams or pounds/ounces below and enter number in the next question.

1 Grams.....(Go to PP\_Q01B)

2 Pounds and ounces.....(Go to PP\_Q01C)

DK, RF.....(Go to PP\_Q02)

*Coverage: All respondents*

**PP\_Q01B Enter birth weight in grams. 1 kilogram =1000 grams.**

\_\_\_\_(4 spaces) [Min: 1000 Max: 8000]

DK, RF

Default: (Go to PP\_Q02)

*Coverage: Respondents who entered the birth weight of their baby in grams*

**PP\_Q01C Enter birth weight in pounds in this screen, and ounces in the next.**

\_\_\_\_(2 spaces) [Min: 1 Max: 15]

DK, RF.....(Go to PP\_Q02)

Default: (Go to PP\_Q01D)

*Coverage: Respondents who entered the birth weight of their baby in pounds and ounces*

**PP\_Q01D Enter ounces.**

\_\_\_\_(2 spaces) [Min: 0 Max: 15]

DK, RF

*Coverage: Respondents who entered the birth weight of their baby in pounds and ounces*

**PP\_Q02 Immediately after birth, was ^baby's name admitted to an intensive care or special care unit?**

1 Yes

2 No.....(Go to PP\_Q04)

DK, RF.....(Go to PP\_Q04)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 35*

**PP\_Q03 How long was ^baby's name in the intensive care or special care unit?**

- 1 Less than 12 hours
- 2 12 hours to less than 24 hours
- 3 1 day to less than 4 days
- 4 4 days to less than 7 days
- 5 7 days or more

DK, RF

Default: (Go to PP\_C12A)

*Coverage: Respondents whose baby was admitted to an intensive care or special care unit immediately after birth*

**PP\_Q04 How soon after the birth did you first hold ^baby's name?**

INTERVIEWER: Includes baby being placed on the mother in any way.

- 01 Immediately or within 5 minutes.....(Go to PP\_Q06)
- 02 6 minutes to less than 31 minutes.....(Go to PP\_Q06)
- 03 31 minutes to less than 60 minutes.....(Go to PP\_Q06)
- 04 1 hour to less than 6 hours
- 05 6 hours to less than 12 hours
- 06 12 hours to less than 24 hours
- 07 24 hours or more

DK, RF.....(Go to PP\_Q06)

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_Q05 Why did you not hold ^baby's name sooner?**

INTERVIEWER: Read categories to respondent.

- 1 There were concerns about the baby's health
- 2 You had a caesarean
- 3 You were not well for another reason
- 4 There was no concern about the baby's or your condition, but the baby was not given to you sooner

DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth and who did not hold their baby during the first hour after birth*

**PP\_Q06 Did you feel you held ^baby's name...?**

INTERVIEWER: Read categories to respondent.

- 1 At the right time
- 2 Too soon
- 3 Too late

DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_Q07 The first time you held ^baby's name, was ^he/she naked? That is, not wrapped, dressed or in a diaper.**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_Q08 The first time you held ^baby's name, was ^he/she against your naked skin?**

INTERVIEWER: Meaning no sheet or clothing between mother and baby.

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_Q09 Which of the following best describes where ^baby's name was during most of the first hour after birth?**

INTERVIEWER: Read categories to respondent.

- 1 In bed with you
- 2 In the same room as you, but not in your bed
- 3 Not in the same room as you

DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_Q10 During the first 24 hours following the birth, how many hours in total was ^baby's name in another room? Please include the time ^he/she may have spent in another room while you were resting, at night or during the day. Was it...?**

INTERVIEWER: Read categories to respondent.

- 1 Less than 1 hour
- 2 1 hour to less than 6 hours
- 3 6 hours or more

DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 37*



**PP\_Q11 In the first 24 hours following the birth, was the amount of time you spent with ^baby's name...?**

INTERVIEWER: Read categories to respondent.

- 1 About right
- 2 Too little
- 3 Too much
- DK, RF

*Coverage: Respondents whose baby was not admitted to an intensive care or special care unit immediately after birth*

**PP\_C12A** If LB\_Q01 = 1 (hospital or clinic) or 2 (birthing centre).....(Go to PP\_Q12A)

Else.....(Go to PP\_C16)

**PP\_Q12A How many days, weeks or months did you stay in the hospital or clinic after ^baby's name was born?**

INTERVIEWER: Enter length of time. If less than 1 day, enter 0 days.

\_\_\_\_(3 spaces) [Min: 0 Max: 394]

DK, RF.....(Go to PP\_Q13)

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre*

**PP\_Q12B Was that in days, weeks or months?**

- 1 Days
- 2 Weeks
- 3 Months

DK, RF.....(Go to PP\_Q13)

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre*

**PP\_Q13 Do you feel your stay in the hospital or clinic was...?**

INTERVIEWER: Read categories to respondent.

- 1 About right
- 2 Too short
- 3 Too long
- DK, RF

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre*

**PP\_C14** If PP\_Q03 = 4 and (PP\_Q12B = 1 and PP\_Q12A < 4).....(Go to PP\_Q15A)

If PP\_Q03 = 5 and (PP\_Q12B = 1 and PP\_Q12A < 7).....(Go to PP\_Q15A)

Else.....(Go to PP\_Q14) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 38*

**PP\_Q14 Did ^baby's name go home with you when you left the hospital or clinic?**

1 Yes.....(Go to PP\_C16)

2 No

DK, RF.....(Go to PP\_C16)

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre, and who did not have their baby in an intensive care or special care unit when they were discharged*

**PP\_Q15A Including the day of birth, for how many days, weeks or months did ^baby's name stay in the hospital or clinic?**

INTERVIEWER: Enter length of time. If the baby stayed less than one day, enter 0.

\_\_\_\_(3 spaces) [Min: 0 Max: 394]

DK, RF.....(Go to C16)

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre and whose baby did not go home with them when they were discharged*

**PP\_Q15B Was that in days, weeks or months?**

1 Days

2 Weeks

3 Months

DK, RF

*Coverage: Respondents whose baby was born in a hospital, clinic or birthing centre and whose baby did not go home with them when they were discharged*

**PP\_C16** If VSB\_Q07 = 1 (Male).....(Go to PP\_Q16)

Else.....(Go to PP\_R19)

**PP\_Q16 Was ^baby's name circumcised?**

1 Yes

2 No.....(Go to PP\_Q18)

DK, RF.....(Go to PP\_Q18)

*Coverage: Respondents whose baby was male*

**PP\_Q17 What was the main reason ^baby's name was circumcised? Was it for...?**

INTERVIEWER: Read categories to respondent.

1 Religious reasons

2 Health or hygiene reasons

3 To be like his dad or brother

4 To be like other boys

5 Other reasons

DK, RF

*Coverage: Respondents whose baby was circumcised* **Maternity Experiences Survey, 2006**

**Questionnaire** September 19, 2007 Page 39

**PP\_Q18 Did you have enough information about circumcision?**

1 Yes

2 No

DK, RF

*Coverage: Respondents whose baby was male*

**PP\_R19 Now, I would like to ask you about your satisfaction with various aspects of your maternity care.**

**PP\_Q19A Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...  
...the information given to you by your healthcare providers?**

INTERVIEWER: Read categories to respondent.

1 Very satisfied

2 Somewhat satisfied

3 Neither satisfied nor dissatisfied

4 Somewhat dissatisfied

5 Very dissatisfied

DK, RF

*Coverage: All respondents*

**PP\_Q19B Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

**...the compassion and understanding shown by your healthcare providers?**

1 Very satisfied

2 Somewhat satisfied

3 Neither satisfied nor dissatisfied

4 Somewhat dissatisfied

5 Very dissatisfied

DK, RF

*Coverage: All respondents*

**PP\_Q19C Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...**

**...the competency of your healthcare providers?**

1 Very satisfied

2 Somewhat satisfied

3 Neither satisfied nor dissatisfied

4 Somewhat dissatisfied

5 Very dissatisfied

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 40*

**PP\_Q19D** Once again, the questions refer to your pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...  
**...the concern of your healthcare providers for your privacy and dignity?**

**INTERVIEWER:** Read categories to respondent.

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: All respondents*

**PP\_Q19E** Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...  
**...the respect shown to you by your healthcare providers?**

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: All respondents*

**PP\_Q19F** Please think back to your entire pregnancy, labour and birth, and immediate postpartum experience. Overall, how satisfied or dissatisfied were you with...  
**...your involvement in decision making with your healthcare providers?**

- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Somewhat dissatisfied
  - 5 Very dissatisfied
- DK, RF

*Coverage: All respondents*

**PP\_END** End of Section

**Section: Breastfeeding (BF)**

**BF\_BEG** Beginning of section

**BF\_R01** The next few questions are about your experiences feeding ^baby's name.

**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 41*

**BF\_Q01 Prior to giving birth, did you intend to feed ^baby's name by formula alone, breastfeeding alone or a combination of both?**

- 1 Formula feeding alone
- 2 Breastfeeding alone (including pumping breast milk)
- 3 A combination of formula and breastfeeding

DK, RF

*Coverage: All respondents*

**BF\_Q02 Did you breastfeed or try to breastfeed ^baby's name even if only for a short time?**

- 1 Yes
- 2 No.....(Go to BF\_Q04)
- DK, RF.....(Go to BF\_Q04)

*Coverage: All respondents*

**BF\_Q03 How long after the birth, was ^baby's name first put to the breast?**

- 01 Never (baby was fed with pumped breast milk)
- 02 Immediately or within 5 minutes
- 03 6 minutes to less than 30 minutes
- 04 30 minutes to less than 2 hours
- 05 2 hours to less than 12 hours
- 06 12 hours to less than 24 hours
- 07 24 hours or more

DK, RF

*Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

**BF\_Q04 Did your healthcare providers help you or offer to help you start breastfeeding?**

INTERVIEWER: This could be during the hospital stay or later.

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**BF\_Q05 Did they give you or offer to give you any free formula samples?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**BF\_C06** If BF\_Q02 not equal to 1.....(Go to BF\_Q09A)

Else.....(Go to BF\_Q06A) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 42*

**BF\_Q06A Did your healthcare providers give you information about community breastfeeding support resources for ongoing help?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

**BF\_Q06B In the first week after the birth, did ^baby's name get a pacifier or soother to suck on?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

**BF\_Q07 In the first week after the birth, did you breastfeed ^baby's name according to a fixed schedule such as every 3 hours, or whenever your baby seemed hungry, or a combination of both?**

- 1 Fixed schedule
- 2 Whenever baby seemed hungry
- 3 A combination of both
- DK, RF

*Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

**BF\_Q08A In weeks or months, how old was ^baby's name when liquids such as water, juice or formula were first added to his feeds?**

**INTERVIEWER:** Select one of the response options below.

- 1 No other liquids have been added to feeds.....(Go to BF\_Q09A)
- 2 Less than one week old.....(Go to BF\_Q09A)
- 3 Response in weeks only
- 4 Response in full months only.....(Go to BF\_Q08C)
- 5 Response in months and weeks/decimals/fractions.....(Go to BF\_Q08D)
- DK, RF.....(Go to BF\_Q09A)

*Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time*

**BF\_Q08B INTERVIEWER:** Enter number of weeks.

Responses given with a decimal should be rounded according to standard rounding methods, for example 2.5 weeks becomes 3 weeks.

\_\_\_\_(2 spaces) [Min: 1 Max: 66]

DK, RF

Default: (Go to BF\_Q09A)

*Coverage: Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in weeks*

**Maternity Experiences Survey, 2006**

**Questionnaire** *September 19, 2007 Page 43*

**BF\_Q08C** INTERVIEWER: Enter number of months.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF

Default: (Go to BF\_Q09A)

*Coverage: Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months*

**BF\_Q08D** INTERVIEWER: Enter number of months in this screen and weeks/decimals/fractions in the next.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF.....(Go to BF\_Q09A)

*Coverage: Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months and fractions of a month*

**BF\_Q08E** INTERVIEWER: Select number of weeks (decimal/fraction of a month).

1 1 week ( 0.25 or  $\frac{1}{4}$  of a month)

2 2 weeks ( 0.5 or  $\frac{1}{2}$  of a month)

3 3 weeks ( 0.75 or  $\frac{3}{4}$  of a month)

4 4 weeks

DK, RF

*Coverage: Respondents who breastfed or tried to breastfeed their baby, and added liquids to baby's feeds, and age of baby when liquids were first added, reported in months and fractions of a month*

**BF\_Q09A** In weeks or months, how old was ^baby's name when solid foods such as cereals, mashed up or pureed vegetables, or fruits were first added to his feeds?

**INTERVIEWER:** Select one of the response options below.

1 No solids have been added to feeds.....(Go to BF\_C10)

2 Less than one week old.....(Go to BF\_C10)

3 Response in weeks only

4 Response in full months only.....(Go to BF\_Q09C)

5 Response in months and weeks/decimals/fractions.....(Go to BF\_Q09D)

DK, RF.....(Go to BF\_C10)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 44*

**BF\_Q09B** INTERVIEWER: Enter number of weeks.  
Responses given with a decimal should be rounded according to standard rounding methods,  
for example 2.5 weeks becomes 3 weeks.

\_\_\_\_(2 spaces) [Min: 1 Max: 66]

DK, RF

Default: (Go to BF\_C10)

Coverage: Respondents who reported in weeks baby's age when solid foods were introduced

**BF\_Q09C** INTERVIEWER: Enter number of months.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF

Default: (Go to BF\_C10)

Coverage: Respondents who reported in months baby's age when solid foods were introduced

**BF\_Q09D** INTERVIEWER: Enter number of months in this screen and  
weeks/decimals/fractions in the next.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF.....(Go to BF\_C10)

Coverage: Respondents who reported in months and fractions of a month baby's age when solid foods were introduced

**BF\_Q09E** INTERVIEWER: Select number of weeks (decimal/fraction of a month).

1 1 week (0.25 or  $\frac{1}{4}$  of a month)

2 2 weeks (0.5 or  $\frac{1}{2}$  of a month)

3 3 weeks (0.75 or  $\frac{3}{4}$  of a month)

4 4 weeks

DK, RF

Coverage: Respondents who reported in months and fractions of a month baby's age when solid foods were introduced

**BF\_C10** If BF\_Q02 not equal to 1.....(Go to BF\_END)

Else.....(Go to BF\_Q10)

**BF\_Q10** Are you still breastfeeding, even if only occasionally?

1 Yes.....(Go to BF\_END)

2 No

DK, RF.....(Go to BF\_END)

Coverage: Respondents who breastfed or tried to breastfeed their baby even if only for a short time **Maternity**

**Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 45



**BF\_Q11A In weeks or months, how old was ^baby's name when you stopped breastfeeding?**

**INTERVIEWER:** Select one of the response options below.

- 1 Less than one week old.....(Go to BF\_END)
- 2 Response in weeks only
- 3 Response in full months only.....(Go to BF\_Q11C)
- 4 Response in months and weeks/decimals/fractions.....(Go to BF\_Q11D)
- DK, RF.....(Go to BF\_END)

*Coverage: Respondents who stopped breastfeeding*

**BF\_Q11B INTERVIEWER:** Enter number of weeks.

Responses given with a decimal should be rounded according to standard rounding methods, for example 2.5 weeks becomes 3 weeks.

\_\_\_\_(2 spaces) [Min: 1 Max: 66]

DK, RF

Default: (Go to BF\_END)

*Coverage: Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in weeks*

**BF\_Q11C INTERVIEWER:** Enter number of months.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF

Default: (Go to BF\_END)

*Coverage: Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months*

**BF\_Q11D INTERVIEWER:** Enter number of months in this screen and weeks/decimals/fractions in the next.

\_\_\_\_(2 spaces) [Min: 1 Max: 17]

DK, RF.....(Go to BF\_END)

*Coverage: Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months and fraction of months*

**BF\_Q11E INTERVIEWER:** Select number of weeks (decimal/fraction of a month).

- 1 1 week ( 0.25 or  $\frac{1}{4}$  of a month)
- 2 2 weeks ( 0.5 or  $\frac{1}{2}$  of a month)
- 3 3 weeks ( 0.75 or  $\frac{3}{4}$  of a month)
- 4 4 weeks

DK, RF

*Coverage: Respondents who stopped breastfeeding, and age of baby when breastfeeding stopped reported in months and fraction of months*

**BF\_END** End of section

**Section: Baby at home (BH)**

**BH\_BEG** Beginning of section

**BH\_R01** The next set of questions is about your experiences at home with ^baby's name.

**BH\_Q01** Since he was born, has ^baby's name needed to see a doctor or other healthcare provider for a problem or illness other than a routine check-up?

INTERVIEWER: This includes taking the baby to the hospital

1 Yes

2 No.....(Go to BH\_Q04)

DK, RF.....(Go to BH\_Q04)

*Coverage: All respondents*

**BH\_Q02** Overall, how easy or difficult was it to see a healthcare provider for ^baby's name?

INTERVIEWER: Read categories to respondent.

1 Very easy.....(Go to BH\_Q04)

2 Somewhat easy.....(Go to BH\_Q04)

3 Neither easy nor difficult.....(Go to BH\_Q04)

4 Somewhat difficult

5 Very difficult

DK, RF.....(Go to BH\_Q04)

*Coverage: Respondents whose baby has needed to see a doctor or other healthcare provider for a problem or illness other than a routine check-up since their birth*

**BH\_Q03** Why was it difficult?

INTERVIEWER: Mark all that apply.

01 Doctor/healthcare provider unavailable

02 Respondent didn't have child care

03 Respondent was too busy

04 Respondent didn't have transportation

05 Respondent couldn't take time off work

06 Other - Specify.....(Go to BH\_S03)

DK, RF

*Coverage: Respondents whose baby needed to see a doctor and who found it somewhat difficult or very difficult to see a healthcare provider for their baby*

**Maternity Experiences Survey, 2006 Questionnaire**

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**BH\_S03** Reason it was difficult for respondent to see healthcare provider.

**INTERVIEWER:** Specify.

\_\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another reason why they found it somewhat difficult or very difficult to see a healthcare provider for their baby*

**BH\_Q04** Not counting the birth, has ^baby's name stayed in a hospital overnight since he was born?

1 Yes

2 No.....(Go to BH\_Q06)

DK, RF.....(Go to BH\_Q06)

*Coverage: All respondents*

**BH\_Q05A** How old was ^baby's name the first time ^he/she required overnight hospitalization?

**INTERVIEWER:** Enter value only.

\_\_\_\_\_(3 spaces) [Min: 0 Max: 394]

DK, RF.....(Go to BH\_Q06)

*Coverage: Respondents whose baby has stayed in a hospital overnight since birth*

**BH\_Q05B** Was that in days, weeks or months?

1 Days

2 Weeks

3 Months

DK, RF.....(Go to BH\_Q06)

*Coverage: Respondents whose baby has stayed in a hospital overnight since birth*

**BH\_Q06** Overall, how satisfied or dissatisfied are you with the healthcare ^baby's name has received since he was born?

**INTERVIEWER:** Read categories to respondent.

1 Very satisfied

2 Somewhat satisfied

3 Neither satisfied nor dissatisfied

4 Somewhat dissatisfied

5 Very dissatisfied

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 48*

**BH\_Q07 In the first 4 months after birth, did you usually put ^baby's name down to sleep on...?**

INTERVIEWER: Read categories to respondent.

- 1 ^His/her side
- 2 ^His/her back
- 3 ^His/her stomach
- 4 Other position

DK, RF

*Coverage: All respondents*

**BH\_Q08 How would you rate ^baby's name's health. Is it...?**

INTERVIEWER: Read categories to respondent.

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

DK, RF

*Coverage: All respondents*

**BH\_END** End of section

**Section: Mother at home (MH)**

**MH\_BEG** Beginning of Section

**MH\_R01 The next few questions are about your contact with healthcare providers during the period following the birth of your child.**

**MH\_Q01 Following the birth, were you contacted at home by a healthcare provider, such as a public health nurse or midwife, to see how you and ^baby's name were doing?**

INTERVIEWER: A phone call or home visit by a healthcare provider are considered to be contact.

1 Yes

2 No.....(Go to MH\_Q03)

DK, RF.....(Go to MH\_Q03)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 49*

**MH\_Q02 How old, in days, was ^baby's name when a healthcare provider first contacted you at home?**

INTERVIEWER: If less than 1 day enter '0 '.

\_\_\_\_(3 spaces) [Min: 0 Max: 394]

DK, RF

*Coverage: Respondents who were contacted at home by a healthcare provider to see how they and their baby were doing*

**MH\_Q03 Since ^baby's name was born, have you needed to see a healthcare provider for yourself, other than a routine postpartum visit or check-up?**

INTERVIEWER: Lactation consultant (i.e., a professional who helps with breastfeeding) is included as a healthcare provider for the purpose of this question.

1 Yes

2 No.....(Go to MH\_R06)

DK, RF.....(Go to MH\_R06)

*Coverage: All respondents*

**MH\_Q04 Overall, how easy or difficult was it to see a healthcare provider for yourself?**

INTERVIEWER: Read categories to respondent.

1 Very easy.....(Go to MH\_R06)

2 Somewhat easy.....(Go to MH\_R06)

3 Neither easy nor difficult.....(Go to MH\_R06)

4 Somewhat difficult

5 Very difficult

DK, RF.....(Go to MH\_R06)

*Coverage: Respondents who needed to see a healthcare provider for themselves, other than a routine postpartum visit or check-up since the birth of their baby*

**MH\_Q05 Why was it difficult?**

INTERVIEWER: Mark all that apply.

01 Doctor/healthcare provider unavailable

02 Respondent didn't have child care

03 Respondent was too busy

04 Respondent didn't have transportation

05 Respondent couldn't take time off work

06 Other - Specify.....(Go to MH\_S05)

DK, RF

*Coverage: Respondents who found it somewhat difficult or very difficult to see a healthcare provider for themselves*

**Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 50*

**MH\_S05** Reason it was difficult for respondent to see healthcare provider.

**INTERVIEWER:** Specify.

\_\_\_\_\_ (80 spaces)

*Coverage: Respondents who reported another reason why they found it somewhat difficult or very difficult to see a healthcare provider for themselves*

**MH\_R06** The next few questions are about physical concerns many women have after giving birth.

**MH\_Q06** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...pain in the area of your vagina due to the birth or pain in the area of your caesarean incision?**

**INTERVIEWER:** Read categories to respondent.

1 Not a problem

2 Somewhat of a problem

3 A great deal of a problem

DK, RF

*Coverage: All respondents*

**MH\_Q07** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...breast pain?**

**INTERVIEWER:** Read categories to respondent.

1 Not a problem

2 Somewhat of a problem

3 A great deal of a problem

DK, RF

*Coverage: All respondents*

**MH\_Q08** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...back pain due to the birth?**

1 Not a problem

2 Somewhat of a problem

3 A great deal of a problem

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 51

**MH\_Q09** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...haemorrhoids due to the birth?**

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A great deal of a problem

DK, RF

*Coverage: All respondents*

**MH\_Q10** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...urinary incontinence due to the birth?**

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A great deal of a problem

DK, RF

*Coverage: All respondents*

**MH\_Q11** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...loss of bowel control due to the birth?**

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A great deal of a problem

DK, RF

*Coverage: All respondents*

**MH\_Q12** During the first 3 months after the birth of ^baby's name, how much of a problem were...

**...severe headaches due to the birth?**

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A great deal of a problem

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 52*

**MH\_Q13** During the first 3 months after the birth of ^baby's name, how much of a problem was...

**...pain during sex due to the birth?**

INTERVIEWER: Read categories to respondent.

- 1 Not a problem
  - 2 Somewhat of a problem
  - 3 A great deal of a problem
  - 4 Did not have sex in the first 3 months after the birth
- DK, RF

*Coverage: All respondents*

**MH\_C14** If MH\_Q06 = 2 or 3.....(Go to MH\_Q14)

Else.....(Go to MH\_C15)

**MH\_Q14** Do you still have...

**...pain in the area of your vagina due to the birth or pain in the area of your caesarean incision?**

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
  - 2 No
- DK, RF

*Coverage: Respondents who had a problem with the pain in the area of their vagina or pain in the area of their caesarean incision during the first 3 months after the birth*

**MH\_C15** If MH\_Q07 = 2 or 3.....(Go to MH\_Q15)

Else.....(Go to MH\_C16)

**MH\_Q15** Do you still have...

**...breast pain?**

INTERVIEWER: We are referring to the birth of the selected baby.

- 1 Yes
  - 2 No
- DK, RF

*Coverage: Respondents who had a problem with breast pain due to the birth during the first 3 months after the birth*

**MH\_C16** If MH\_Q08 = 2 or 3.....(Go to MH\_Q16)

Else.....(Go to MH\_C17) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 53*



**MH\_Q16** Do you still have...

**...back pain due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with back pain due to the birth during the first 3 months after the birth*

**MH\_C17** If MH\_Q09 = 2 or 3.....(Go to MH\_Q17)

Else.....(Go to MH\_C18)

**MH\_Q17** Do you still have...

**...haemorrhoids due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with haemorrhoids due to the birth during the first 3 months after the birth*

**MH\_C18** If MH\_Q10 = 2 or 3.....(Go to MH\_Q18)

Else.....(Go to MH\_C19)

**MH\_Q18** Do you still have...

**...urinary incontinence due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with urinary incontinence due to the birth during the first 3 months after the birth*

**MH\_C19** If MH\_Q11 = 2 or 3.....(Go to MH\_Q19)

Else.....(Go to MH\_C20) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 54*

**MH\_Q19** Do you still have...

**...loss of bowel control due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with loss of bowel control due to the birth during the first 3 months after the birth*

**MH\_C20** If MH\_Q12 = 2 or 3.....(Go to MH\_Q20)

Else.....(Go to MH\_C21)

**MH\_Q20** Do you still have...

**...severe headaches due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with severe headaches due to the birth during the first 3 months after the birth*

**MH\_C21** If MH\_Q13 = 2 or 3.....(Go to MH\_Q21)

Else.....(Go to MH\_Q22)

**MH\_Q21** Do you still have...

**...pain during sex due to the birth?**

INTERVIEWER: We are referring to the birth of the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who had a problem with pain during sex due to the birth during the first 3 months after the birth*

**MH\_Q22** Not counting the labour and the birth, have you stayed in a hospital overnight since ^baby's name was born?

1 Yes

2 No.....(Go to MH\_Q24)

DK, RF.....(Go to MH\_Q24)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 55*

**MH\_Q23A How old was ^baby's name the first time you required overnight hospitalization?**

INTERVIEWER: Enter value only.

\_\_\_\_(3 spaces) [Min: 0 Max: 394]

DK, RF.....(Go to MH\_Q24)

*Coverage: Respondents who stayed in a hospital overnight since their baby was born*

**MH\_Q23B Was that in days, weeks or months?**

1 Days

2 Weeks

3 Months

DK, RF

*Coverage: Respondents who stayed in a hospital overnight since their baby was born*

**MH\_Q24 Overall, how satisfied or dissatisfied are you with the healthcare you have received for yourself since ^baby's name was born?**

INTERVIEWER: Read categories to respondent.

1 Very satisfied

2 Somewhat satisfied

3 Neither satisfied nor dissatisfied

4 Somewhat dissatisfied

5 Very dissatisfied

DK, RF

*Coverage: All respondents*

**MH\_Q25 Overall, how would you rate your health? Is it...?**

INTERVIEWER: Read categories to respondent.

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 56*

**MH\_Q26** Since the birth of ^baby's name, how often has support been available to you when you have needed it? Include companionship, assistance and other types of support you may have needed.

INTERVIEWER: Read categories to respondent.

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

DK, RF

*Coverage: All respondents*

**MH\_END** End of Section

**Section: Information on the postpartum period (PI)**

**PI\_BEG** Beginning of Section

**PI\_R01** The next few questions are about information you had about the postpartum period.

**PI\_Q01** Did you have enough information about each of the following topics...  
...the possible effects of having a new baby on your relationship with your husband or partner?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**PI\_Q02** Did you have enough information...

...about physical demands on your body during the first few months after having a baby?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**PI\_Q03** Did you have enough information...

...about SIDS, also known as sudden infant death syndrome?

1 Yes

2 No

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 57

**PI\_Q04** Did you have enough information...  
**...about using an infant car seat?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q05** Did you have enough information...  
**...about possible negative feelings after having a baby such as feeling insecure or unhappy?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q06** Did you have enough information...  
**...about postpartum depression?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q07** Did you have enough information...  
**...about birth control after pregnancy, such as when and how you should use it?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q08** Did you have enough information...  
**...about changes in your sexual responses and feelings?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 58*

**PI\_Q09** Did you have enough information...  
**...about how to breastfeed your baby?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q10** Did you have enough information...

**...about formula-feeding your baby, such as when to use formula and how to prepare it?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**PI\_Q11** Who or what was your most useful source of information about the period after the birth of ^baby's name?

INTERVIEWER: If respondent says 'doctor', probe to find out what type of doctor.

- 01 Previous pregnancy
- 02 Family or friends
- 03 Obstetrician/gynaecologist
- 04 Family doctor/general practitioner
- 05 Midwife
- 06 Nurse/nurse practitioner
- 07 Doula
- 08 Prenatal/childbirth classes
- 09 Books
- 10 Internet
- 11 Other.....(Go to PI\_S11)

DK, RF

Default: (Go to PI\_END)

*Coverage: All respondents*

**PI\_S11** What was your most useful source of information about the period after the birth of ^baby's name.

INTERVIEWER: Specify.

\_\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another source of information that was most useful about the period after the birth of the baby*

**PI\_END** End of Section **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 59*

**Section: Edinburgh Postnatal Depression Scale (ES)**

**ES\_BEG** Beginning of Section

**ES\_R01** The next few questions refer to your feelings. For each of the following statements we would like you to choose the response that comes closest to how you have been feeling in the past 7 days, not just how you feel today. Please listen to all responses to each question before selecting your answer

**ES\_Q01** During the past 7 days...

**...you have been able to laugh and see the funny side of things.**

INTERVIEWER: Read categories to respondent.

1 As much as you always could

2 Not quite so much now

3 Definitely not so much now

4 Not at all

DK, RF

*Coverage: All respondents*

**ES\_Q02** During the past 7 days...

**...you have looked forward with enjoyment to things.**

INTERVIEWER: Read categories to respondent.

1 As much as you ever did

2 Rather less than you used to

3 Definitely less than you used to

4 Hardly at all

DK, RF

*Coverage: All respondents*

**ES\_Q03** During the past 7 days...

**...you have blamed yourself unnecessarily when things went wrong.**

INTERVIEWER: Read categories to respondent.

1 Yes, most of the time

2 Yes, some of the time

3 Not very often

4 No, never

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 60*

**ES\_Q04** During the past 7 days...

**...you have felt anxious or worried for no good reason.**

INTERVIEWER: Read categories to respondent.

- 1 No, not at all
  - 2 Hardly ever
  - 3 Yes, sometimes
  - 4 Yes, very often
- DK, RF

*Coverage: All respondents*

**ES\_Q05** During the past 7 days...

**...you have felt scared or panicky for no good reason.**

INTERVIEWER: Read categories to respondent.

- 1 Yes, quite a lot
  - 2 Yes, sometimes
  - 3 No, not much
  - 4 No, not at all
- DK, RF

*Coverage: All respondents*

**ES\_Q06** During the past 7 days...

**...things have been getting on top of you.**

INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time you haven't been able to cope at all
  - 2 Yes, sometimes you haven't been coping as well as usual
  - 3 No, most of the time you have coped quite well
  - 4 No, you have been coping as well as ever
- DK, RF

*Coverage: All respondents*

**ES\_Q07** During the past 7 days...

**...you have been so unhappy that you have had difficulty sleeping.**

INTERVIEWER: Read categories to respondent.

- 1 Yes, most of the time
  - 2 Yes, sometimes
  - 3 Not very often
  - 4 No, not at all
- DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 61



**ES\_Q08** During the past 7 days...

**...you have felt sad or miserable.**

INTERVIEWER: Read categories to respondent.

1 Yes, most of the time

2 Yes, quite often

3 Not very often

4 No, not at all

DK, RF

*Coverage: All respondents*

**ES\_Q09** During the past 7 days...

**...you have been so unhappy that you have been crying.**

INTERVIEWER: Read categories to respondent.

1 Yes, most of the time

2 Yes, quite often

3 Only occasionally

4 No, never

DK, RF

*Coverage: All respondents*

**ES\_Q10** During the past 7 days...

**...the thought of harming yourself has occurred to you.**

INTERVIEWER: Read categories to respondent.

1 Yes, quite often

2 Sometimes

3 Hardly ever

4 Never

DK, RF

*Coverage: All respondents*

**ES\_Q11** Before your pregnancy with ^baby's name, had you ever been prescribed anti-depressants or been diagnosed with depression?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**ES\_END** End of Section

**Section: Smoking (SM)**

**SM\_BEG** Beginning of section **Maternity Experiences Survey, 2006 Questionnaire**

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**SM\_R01 Please remember that when we ask about your pregnancy, we are referring to your pregnancy with ^baby's name. The next questions are about smoking.**

**SM\_Q01 At the present time, do you smoke cigarettes daily, occasionally or not at all?**

1 Daily

2 Occasionally.....(Go to SM\_Q03)

3 Not at all.....(Go to SM\_Q04)

DK, RF.....(Go to SM\_Q10)

*Coverage: All respondents*

**SM\_Q02 How many cigarettes do you smoke each day?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who at the time of the interview smoked cigarettes daily*

**SM\_Q03 On the days that you do smoke, how many cigarettes do you usually smoke?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who at the time of the interview smoked cigarettes occasionally*

**SM\_Q04 In the three months before your pregnancy, or before you realized you were pregnant, did you smoke daily, occasionally or not at all?**

**INTERVIEWER:** We are referring to the 3 months before the respondent's pregnancy with the selected baby.

1 Daily

2 Occasionally.....(Go to SM\_Q06)

3 Not at all.....(Go to SM\_Q07)

DK, RF.....(Go to SM\_Q10)

*Coverage: All respondents*

**SM\_Q05 How many cigarettes did you usually smoke each day?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who in the three months before their pregnancy smoked cigarettes daily*

**SM\_Q06 On the days that you smoked, how many cigarettes did you usually smoke?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who in the three months before their pregnancy smoked cigarettes occasionally* **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 63*

**SM\_Q07 During the last 3 months of your pregnancy, did you smoke daily, occasionally, or not at all?**

INTERVIEWER: We are referring to the last 3 months of the respondent's pregnancy with the selected baby.

1 Daily

2 Occasionally.....(Go to SM\_Q09)

3 Not at all.....(Go to SM\_Q10)

DK, RF.....(Go to SM\_Q10)

*Coverage: All respondents*

**SM\_Q08 How many cigarettes did you usually smoke each day?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who in the last three months of their pregnancy smoked cigarettes daily*

**SM\_Q09 On the days that you smoked, how many cigarettes did you usually smoke?**

\_\_\_\_(2 spaces) [Min: 1 Max: 95]

DK, RF

*Coverage: Respondents who in the last three months of their pregnancy smoked cigarettes occasionally*

**SM\_Q10 During your pregnancy, was there any period of time when you lived with someone who smoked?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**SM\_END** End of section

**Section: Alcohol (AL)**

**AL\_BEG** Beginning of section

**AL\_R01 Now, some questions about alcohol consumption. When we use the word 'drink' it means:one bottle or can of beer or a glass of draft one glass of wine or a wine cooler one drink or cocktail with 1 and • ounces of liquor. Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 64*

**AL\_Q01 In the three months before your pregnancy, or before you realized you were pregnant, how often did you drink alcoholic beverages?**

01 Was not drinking at the time.....(Go to AL\_Q03)

02 Less than once a month

03 Once a month

04 2 to 3 times a month

05 Once a week

06 2 to 3 times a week

07 4 to 6 times a week

08 Everyday

DK, RF.....(Go to AL\_END)

*Coverage: All respondents*

**AL\_Q02 On the days that you did drink, how many drinks did you usually have?**

01 Less than 1 drink

02 1 drink

03 2 drinks

04 3 drinks

05 4 drinks

06 5 or more drinks

DK, RF.....(Go to AL\_END)

*Coverage: Respondents who in the three months before their pregnancy were drinking alcoholic beverages*

**AL\_Q03 After you realized you were pregnant, how often did you drink alcoholic beverages?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

01 Was not drinking at the time/stopped drinking.....(Go to AL\_END)

02 Less than once a month

03 Once a month

04 2 to 3 times a month

05 Once a week

06 2 to 3 times a week

07 4 to 6 times a week

08 Everyday

DK, RF.....(Go to AL\_END)

*Coverage: All respondents*

**AL\_Q04 On the days that you did drink, how many drinks did you usually have?**

01 Less than 1 drink

02 1 drink

03 2 drinks

04 3 drinks

05 4 drinks

06 5 or more drinks

DK, RF

*Coverage: Respondents who after they realized they were pregnant drank alcoholic beverages* **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 65*

AL\_END End of section

Section: **Drugs (DR)**

DR\_BEG Beginning of section

**DR\_R01** Now I'm going to ask questions about drug use, specifically street drugs. Again, I would like to remind you that everything you say will remain strictly confidential.

When I use the term street drugs, I am referring to drugs like :

marijuana, cocaine, heroin, ecstasy (MDA), sniffing glue, gasoline or other solvents.

**DR\_Q01** In the three months before your pregnancy, or before you realized you were pregnant, did you use any street drugs?

INTERVIEWER: We are referring to the 3 months before the respondent's pregnancy with the selected baby.

1 Yes

2 No.....(Go to DR\_Q03)

DK, RF.....(Go to DR\_Q05)

*Coverage: All respondents*

**DR\_Q02** How often did you use street drugs?

INTERVIEWER: Read categories to respondent.

1 Less than once a month

2 1 to 3 times a month

3 Once a week

4 More than once a week

5 Everyday

DK, RF.....(Go to DR\_Q05)

*Coverage: Respondents who in the three months before their pregnancy used street drugs*

**DR\_Q03** After you realized you were pregnant, did you use street drugs?

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

1 Yes

2 No.....(Go to DR\_Q05)

DK, RF.....(Go to DR\_Q05)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 66*

**DR\_Q04 How often did you use street drugs?**

INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Everyday

DK, RF

*Coverage: Respondents who after they realized they were pregnant, used street drugs*

**DR\_Q05 During your pregnancy, before your labour and the birth, did you have enough information about how smoking, drinking or using street drugs could affect your baby?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

- 1 Yes
- 2 No

DK, RF

*Coverage: All respondents*

**DR\_END** End of section

**Section: Reproductive history (RH)**

**RH\_BEG** Beginning of Section

**RH\_R01 Now I would like to ask a few questions about your pregnancy history.**

**RH\_Q01 Are you currently pregnant?**

- 1 Yes
- 2 No

DK, RF

*Coverage: All respondents*

**RH\_Q02 Including your pregnancy with ^baby's name, how many times have you been pregnant? This includes pregnancies ending in a miscarriage, abortion, ectopic pregnancy, stillbirth and live birth.**

INTERVIEWER: Enter the number of pregnancies.

\_\_\_\_(2 spaces) [Min: 1 Max: 30]

DK, RF.....(Go to RH\_END)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 67*

**RH\_C03** If PREG = 1 or 0.....(Go to RH\_END)  
Else.....(Go to RH\_Q03)

Note: Calculate variable PREG

If RH\_Q01 = 1 and RH\_Q02 in (1 to 30) then set PREG = value in RH\_Q02 - 1

Else if RH\_Q01 not equal to 1 and RH\_Q02 in (1 to 30) then PREG = value in RH\_Q02

Else PREG = 0

**RH\_Q03 How old were you when you became pregnant for the first time?**

INTERVIEWER: Enter age.

\_\_\_\_(2 spaces) [Min: 10 Max: 55]

DK, RF.....(Go to RH\_Q04)

*Coverage: Respondents who have had more than one past pregnancy*

**RH\_Q04 Including the birth of ^baby's name, how many times have you given birth to a live baby?**

INTERVIEWER: Enter number of live births.

\_\_\_\_(2 spaces) [Min: 1 Max: 30]

DK, RF.....(Go to RH\_END)

*Coverage: Respondents who have had more than one past pregnancy*

**RH\_C05** If BIRTH = 1.....(Go to RH\_C08)

If BIRTH > 1.....(Go to RH\_Q05)

Else.....(Go to RH\_END)

Note: Calculate variable BIRTH

If RH\_Q04 in (1 to 30) then Set BIRTH = value in RH\_Q04

Else BIRTH = 0

**RH\_Q05 How old were you when you gave birth to a live baby for the first time?**

INTERVIEWER: Enter age.

\_\_\_\_(2 spaces) [Min: 10 Max: 55]

DK, RF.....(Go to RH\_Q06)

*Coverage: Respondents who have given birth to more than one live baby* **Maternity Experiences**

**Survey, 2006 Questionnaire** *September 19, 2007 Page 68*

**RH\_Q06 Including the pregnancy with ^baby's name, how many pregnancies ended in...  
...a caesarean birth?**

**INTERVIEWER:** Enter number of caesarean births.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who have given birth to more than one live baby*

**RH\_Q07 Including the pregnancy with ^baby's name, how many pregnancies ended in...  
...a premature birth, that is, a baby born at less than 37 weeks of pregnancy?**

**INTERVIEWER:** Enter number of premature births.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

Note: See User Guide regarding inconsistent answers.

*Coverage: Respondents who have given birth to more than one live baby*

**RH\_C08** If BIRTH < PREG.....(Go to RH\_Q08)

Else.....(Go to RH\_C13)

**RH\_Q08 How many pregnancies ended in the birth of a stillborn baby?**

**INTERVIEWER:** Enter number of stillborn births.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who have had fewer live births than pregnancies*

**RH\_C09** If STILLBIRTH = 0.....(Go to RH\_C10)

Else.....(Go to RH\_Q09)

Note: Calculate STILLBIRTH

If RH\_Q08 in (0..30) then STILLBIRTH = RH\_Q08

Else STILLBIRTH = 0

**RH\_Q09 How old were you when you gave birth to a stillborn baby for the first time?**

**INTERVIEWER:** Enter age.

\_\_\_\_(2 spaces) [Min: 10 Max: 55]

DK, RF.....(Go to RH\_C10)

*Coverage: Respondents who have given birth to one or more stillborn babies* **Maternity Experiences**

**Survey, 2006 Questionnaire** *September 19, 2007 Page 69*



**RH\_C10** If NoBirthPREG2 = 0.....(Go to RH\_C13)  
Else.....(Go to RH\_Q10)

Note: Calculate NoBirthPREG1  
NoBirthPreg1 = PREG - BIRTH  
Calculate NoBirthPreg2  
NoBirthPreg2 = NoBirthPreg1 - STILLBIRTH

**RH\_Q10** How many pregnancies ended in...

...a miscarriage?

INTERVIEWER: Blighted ovums are to be counted as a miscarriage.

Enter the number of miscarriages.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn birth*

**RH\_C11** If NoBirthPREG3 = 0.....(Go to RH\_C13)

Else.....(Go to RH\_Q11)

Note: Calculate MISCARRIAGE  
If RH\_Q10 in (0..30) then MISCARRIAGE = RH\_Q10  
Else MISCARRIAGE = 0  
Calculate NoBirthPreg3 (number of pregnancies not ending in birth, a stillbirth or a miscarriage)  
NoBirthPreg3 = NoBirthPreg2 - MISCARRIAGE

**RH\_Q11** How many pregnancies ended in...

...a tubal or ectopic pregnancy?

INTERVIEWER: Enter the number of tubal or ectopic pregnancies.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn birth and miscarriages*

**RH\_C12** If NoBirthPreg4 = 0.....(Go to RH\_C13)

Else.....(Go to RH\_Q12)

Note: Calculate ECTOPIC  
If RH\_Q11 in (0..30) then ECTOPIC = RH\_Q11  
Else ECTOPIC = 0  
Calculate NoBirthPreg4 (number of pregnancies not ending in birth, stillbirth, miscarriage or a tubal pregnancy)  
NoBirthPreg4 = NoBirthPreg3 - ECTOPIC

**Maternity Experiences Survey, 2006**

**Questionnaire** *September 19, 2007 Page 70*

**RH\_Q12** How many pregnancies ended in...  
**...a therapeutic or induced abortion?**

**INTERVIEWER:** Enter the number of therapeutic or induced abortions.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: Respondents who have had fewer live births than pregnancies, other than stillborn births, miscarriages and tubal or ectopic pregnancies*

**RH\_C13** If BIRTH = 1.....(Go to RH\_C14)

If BIRTH > 1 and RH\_Q08 not equal to nonresponse.....(Go to RH\_Q13)

Else.....(Go to RH\_C14)

**RH\_Q13** Have you ever had a live born baby who subsequently died?

1 Yes

2 No

DK, RF

*Coverage: Respondents who have given birth to more than one live baby*

**RH\_C14** If RH\_Q13 = 1 or STILLBIRTH > 0 or MISCARRIAGE > 0 or ECTOPIC > 0 or

ABORTION > 0.....(Go to RH\_Q14)

Else.....(Go to RH\_END)

Note: Calculate ABORTION

If RH\_Q12 in (0..30) then ABORTION = RH\_Q12

Else ABORTION = 0

**RH\_Q14** Did you receive the support you needed to cope with your loss?

1 Yes

2 No

DK, RF

*Coverage: Respondents who have given birth to a live baby who subsequently died or had a stillborn baby, miscarriage, or a tubal or ectopic pregnancy or abortion*

**RH\_END** End of Section

**Section: Abuse and violence (AV)**

**AV\_BEG** Beginning of Section

**AV\_R01A** This next set of questions is about acts of physical or sexual violence. It is important to hear from women themselves if we are to understand the very serious problem of physical or sexual violence against women. Your responses are completely confidential and are important whether or not you have had any of these experiences

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**AV\_R01B** I am going to read you a list of 10 items. Please tell me whether a spouse or partner or anyone else has done any of the following things to you in the last two years. Again, remember that all responses will be kept strictly confidential.

**AV\_Q01** In the last two years has anyone ever...

...threatened to hit you with his or her fist or anything else that could have hurt you?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**AV\_Q02** In the last two years has anyone ever...

...thrown anything at you that could have hurt you?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**AV\_Q03** In the last two years has anyone ever...

...pushed, grabbed or shoved you in a way that could have hurt you?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**AV\_Q04** In the last two years has anyone ever...

...slapped you?

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**AV\_Q05** In the last two years has anyone ever...

...kicked you, bit you or hit you with his or her fist?

1 Yes

2 No

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 72

**AV\_Q06** In the last two years has anyone ever...  
**...hit you with something that could have hurt you? Exclude hitting with a fist.**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**AV\_Q07** In the last two years has anyone ever...  
**...beaten you?**

INTERVIEWER: Beaten means being hit repeatedly; that is, many times during the same incident.

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**AV\_Q08** In the last two years has anyone ever...  
**...choked you?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**AV\_Q09** In the last two years has anyone ever...  
**...used or threatened to use a gun or knife on you?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents*

**AV\_Q10** In the last two years has anyone ever...  
**...forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 73

**AV\_C11** If AV\_DAV = 0.....(Go to AV\_END)  
Else.....(Go to AV\_Q11)

**AV\_Q11 What was your relationship to the person who was violent towards you? Was this person...?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- 1 Your partner, husband or boyfriend
  - 2 A family member
  - 3 A friend or acquaintance
  - 4 A stranger
  - 5 Other
- DK, RF

*Coverage: Respondents who have experienced abuse or violence in the last 2 years*

**AV\_Q12 How many different times did these things happen?**

INTERVIEWER: We are referring to the past 2 years.

- 01 1 time
  - 02 2 times
  - 03 3 times
  - 04 4 times
  - 05 5 times
  - 06 6 times
  - 07 7 times
  - 08 8 times
  - 09 9 times
  - 10 10 times
  - 11 11 or more times
- DK, RF

*Coverage: Respondents who have experienced abuse or violence in the last 2 years*

**AV\_Q13 Did any of these incidents happen during your pregnancy with ^baby's name?**

- 1 Yes
  - 2 No.....(Go to AV\_Q15)
- DK, RF.....(Go to AV\_Q15)

*Coverage: Respondents who have experienced abuse or violence in the last 2 years* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 74*

**AV\_Q14 Did the person who was violent towards you know you were pregnant at the time of these incidents?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

1 Yes

2 No

DK, RF

*Coverage: Respondents who have experienced abuse or violence during their pregnancy*

**AV\_C15** If (AV\_Q12 = 1 and AV\_Q13 = 1).....(Go to AV\_Q19)

Else.....(Go to AV\_Q15)

**AV\_Q15 Did any of these incidents happen before your pregnancy with ^baby's name?**

1 Yes

2 No.....(Go to AV\_Q17)

DK, RF.....(Go to AV\_Q17)

*Coverage: Respondents who experienced abuse or violence once but not during their pregnancy, or more than once in the last 2 years*

**AV\_C16A** If AV\_Q12 = 1.....(Go to AV\_Q19)

Else.....(Go to AV\_C16B)

**AV\_C16B** If AV\_Q13 = 2 or DK or RF.....(Go to AV\_Q17)

Else.....(Go to AV\_Q16)

**AV\_Q16 During your pregnancy, did the violence increase, decrease or stay the same?**

INTERVIEWER: We are referring to the respondent's pregnancy with the selected baby.

1 Increased

2 Decreased

3 Stayed the same

DK, RF

*Coverage: Respondents who experienced abuse or violence before and during their pregnancy in the last 2 years*

**AV\_Q17 Did any of these incidents happen since the birth of ^baby's name?**

1 Yes

2 No

DK, RF

*Coverage: Respondents who experienced abuse or violence once, but not before and during pregnancy, or more than once in the last 2 years*

**AV\_C18** If AV\_Q17 = 2 or RF or DK.....(Go to AV\_Q19)  
If (AV\_Q13 = 2 or RF or DK) and (AV\_Q15 = 2 or RF or DK).....(Go to AV\_Q19)  
If AV\_Q12 = 1.....(Go to AV\_Q19)  
Else.....(Go to AV\_Q18)

**AV\_Q18** Since the birth of ^baby's name, has the violence increased, decreased or stayed the same?

- 1 Increased
- 2 Decreased
- 3 Stayed the same
- DK, RF

*Coverage: Respondents who experienced abuse or violence before and/or during their pregnancy and after the birth of the baby*

**AV\_Q19** During the last 2 years, did you discuss or receive information about what to do if you were experiencing abuse?

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents who have experienced abuse or violence in the last 2 years*

**AV\_END** End of Section

**Section: Socio-demographic information (SD)**

**SD\_BEG** Beginning of Section

**SD\_R01** The next questions are about your background. Your answers will help us provide a portrait of mothers in Canada.

**SD\_Q01** In what country were you born?

**INTERVIEWER:** Please ask respondent to specify her country of birth according to current boundaries.

DK, RF

*Coverage: All respondents*

**SD\_C01** If SD\_Q01 = Other-specify.....(Go to SD\_S01)

Else.....(Go to SD\_C02)

**SD\_S01** In what country were you born?

**INTERVIEWER:** Specify.

\_\_\_\_(80 spaces)

*Coverage: Respondents who were born in a country not on the list* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 76*

**SD\_C02** If SD\_Q01 = 'Canada'.....(Go to SD\_C06)  
Else.....(Go to SD\_Q02)

**SD\_Q02 Are you now, or have you ever been, a landed immigrant in Canada?**

1 Yes.....(Go to SD\_Q04)

2 No

DK, RF

*Coverage: Respondents who were not born in Canada*

**SD\_Q03 Were you born a Canadian citizen?**

1 Yes

2 No

DK, RF

Default: (Go to SD\_Q05)

*Coverage: Respondents who were not born in Canada, and are not now, nor have ever been a landed immigrant in Canada*

**SD\_Q04 In what year did you first become a landed immigrant in Canada?**

**INTERVIEWER:** Enter the year. If exact year is not known, ask for best estimate.

\_\_\_\_(4 spaces) [Min: 1950 Max: 2006]

DK, RF

*Coverage: Respondents who were not born in Canada, and who were or are now a landed immigrant in Canada*

**SD\_Q05 In what year did you first come to Canada to live?**

**INTERVIEWER:** Enter the year. If respondent moved to Canada more than once, enter the first time she came to live here.

\_\_\_\_(4 spaces) [Min: 1950 Max: 2006]

DK, RF

*Coverage: Respondents who were not born in Canada*

**SD\_C06** If SD\_Q01=Canada, United States or Greenland.....(Go to SD\_Q06)

Else.....(Go to SD\_R08)

**SD\_Q06 Are you an Aboriginal person, that is, First Nations, Métis or Inuit?**

1 Yes

2 No.....(Go to SD\_R08)

DK, RF.....(Go to SD\_R08)

*Coverage: Respondents who were born in Canada, United States or Greenland* **Maternity Experiences**

**Survey, 2006 Questionnaire** *September 19, 2007 Page 77*



**SD\_Q07 Are you First Nations, Métis or Inuit?**

INTERVIEWER: Mark all that apply. If respondent has already specified the Aboriginal group(s), select the group(s) from list below; if not, ask.

1 First Nations/North American Indian

2 Métis

3 Inuit

DK, RF

*Coverage: Respondents who are an Aboriginal person*

**SD\_R08 I would now like you to think about your identity, that is, the ethnic or cultural group or groups to which you feel you belong.**

**SD\_Q08 What is your ethnic or cultural identity?**

INTERVIEWER: Mark all that apply. Mark up to a maximum of 4 ethnic or cultural groups.

DK, RF

Note: Maximum of 4 groups can be selected from a list.

*Coverage: All respondents*

**SD\_C08** If SD\_Q08 = Other-specify.....(Go to SD\_S08)

Else.....(Go to SD\_Q09)

**SD\_S08** What is your ethnic or cultural identity?

INTERVIEWER: Specify.

\_\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another ethnic or cultural identity other than on the list*

**SD\_Q09 Thinking back to your entire pregnancy, labour and birth and immediate postpartum experience, were you able to get information and care in a language you speak well enough to conduct a conversation?**

1 Yes.....(Go to SD\_Q11)

2 No

DK, RF.....(Go to SD\_Q11)

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 78*

**SD\_Q10 What languages can you speak well enough to conduct a conversation?**

INTERVIEWER: Mark all that apply. Mark up to a maximum of 6 languages.

- 01 English
- 02 French
- 03 Cantonese
- 04 Mandarin
- 05 Gujarati
- 06 Hindi
- 07 Punjabi
- 08 Urdu
- 09 Arabic
- 10 Persian (Farsi)
- 11 Korean
- 12 Tagalog (Philipino)
- 13 Vietnamese
- 14 Serbo-Croatian
- 15 Cree
- 16 Ojibway
- 17 Athapaskan (Dene)
- 18 Inuktitut
- 19 Other - Specify.....(Go to SD\_S10)

DK, RF

Default: (Go to SD\_Q11)

Note: Maximum of 6 can be selected.

Coverage: Respondents who were unable to get information and care in a language that they speak well enough to conduct a conversation

**SD\_S10 What languages can you speak well enough to conduct a conversation?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

Coverage: Respondents who reported another language that they speak well enough to conduct a conversation

**SD\_Q11 What is the highest grade of elementary or high school you ever completed?**

- 1 Grade 8 or lower (Quebec: Secondary II or lower).....(Go to SD\_Q13)
- 2 Grade 9 - 10 (Quebec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary).....(Go to SD\_Q13)
- 3 Grade 11 - 13 (Quebec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)
- DK, RF.....(Go to SD\_Q13)

Coverage: All respondents **Maternity Experiences Survey, 2006 Questionnaire** September 19, 2007 Page 79

**SD\_Q12 Did you graduate from high school (secondary school)?**

- 1 Yes
- 2 No
- DK, RF

*Coverage: Respondents whose highest grade of elementary or high school that they ever completed was the equivalent of grade 11 to grade 13*

**SD\_Q13 Have you received any other education that could be counted towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No.....(Go to SD\_Q15)
- DK, RF.....(Go to SD\_Q15)

*Coverage: All respondents*

**SD\_Q14 What is the highest degree, certificate or diploma you have obtained?**

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor's level
- 05 Bachelor's degree
- 06 University degree or certificate above bachelor's degree
- DK, RF

*Coverage: Respondents who have received other education that could be counted towards a degree, certificate or diploma from an educational institution*

**SD\_Q15 How many years of formal education have you completed starting with grade one and not counting repeated years at the same level?**

**INTERVIEWER:** Enter total years of schooling.

\_\_\_\_(2 spaces) [Min: 0 Max: 30]

DK, RF

*Coverage: All respondents* **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 80*

**SD\_Q16 What is your marital status? Are you...?**

**INTERVIEWER:** Please read categories to respondent. The categories widowed, separated, divorced, and single, apply only to respondents who are not in a common law relationship.

01 Married

02 Living common law

03 Widowed.....(Go to SD\_END)

04 Separated.....(Go to SD\_END)

05 Divorced.....(Go to SD\_END)

06 Single, never married.....(Go to SD\_END)

DK, RF.....(Go to SD\_END)

*Coverage: All respondents*

**SD\_Q17 In what year did you start living together with your current husband or partner?**

**INTERVIEWER:** Enter year.

\_\_\_\_(4 spaces) [Min: 1966 Max: 2006]

DK, RF

*Coverage: Respondents who are either married or living in a common law relationship*

**SD\_END** End of Section

**Section: Work activities (WA)**

**WA\_BEG** Beginning of Section

**WA\_R01 The following questions ask about your activities during pregnancy and after ^baby's name was born. Maternity Experiences Survey, 2006 Questionnaire**

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**WA\_Q01 During your pregnancy with ^baby's name, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, or something else?**

INTERVIEWER: If sickness or short-term illness is reported, ask for usual major activity.

01 Working at a paid job or business.....(Go to WA\_Q03A)

02 Looking for paid work

03 Going to school

04 Caring for children

05 Household work

06 Retired

07 Maternity or parental leave

08 Long term illness

09 Other.....(Go to WA\_S01)

DK, RF

Default: (Go to WA\_Q02)

*Coverage: All respondents*

**WA\_S01 During your pregnancy with ^baby's name, was your main activity working at a paid job or business, looking for paid work, going to school, caring for children, household work, or something else?**

INTERVIEWER: Specify.

\_\_\_\_(80 spaces)

*Coverage: Respondents who reported another main activity during their pregnancy*

**WA\_Q02 Did you work at a paid job or business at any time during your pregnancy?**

1 Yes

2 No.....(Go to WA\_R09)

DK, RF.....(Go to WA\_R09)

*Coverage: Respondents whose main activity during their pregnancy was not working at a paid job or business*

**WA\_Q03A How many weeks or months pregnant were you with ^baby's name when you stopped working?**

INTERVIEWER: Enter amount only.

\_\_\_\_(2 spaces) [Min: 1 Max: 42]

DK, RF.....(Go to WA\_Q04)

*Coverage: Respondents who at any time during their pregnancy worked at a paid job or business* **Maternity**

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**WA\_Q03B Was it in weeks or months?**

- 1 Weeks
- 2 Months
- DK, RF

*Coverage: Respondents who at any time during their pregnancy worked at a paid job or business*

**WA\_Q04 Have you worked at a job or a business since ^baby's name was born? Please include any paid work.**

- 1 Yes
- 2 No.....(Go to WA\_Q06)
- DK, RF.....(Go to WA\_R09)

*Coverage: Respondents who at any time during their pregnancy worked at a paid job or business*

**WA\_Q05A In weeks or months, how old was ^baby's name when you returned to work?**

**INTERVIEWER:** Enter value only. If less than 1 week, enter 0 weeks.

\_\_\_\_(2 spaces) [Min: 0 Max: 65]

- DK, RF.....(Go to WA\_Q06)

*Coverage: Respondents who at any time during their pregnancy worked at a paid job or business and who have worked at a job or a business since their baby was born*

**WA\_Q05B Was that in weeks or months?**

- 1 Weeks
- 2 Months
- DK, RF

*Coverage: Respondents who at any time during their pregnancy worked at a paid job or business and who have worked at a job or a business since their baby was born*

**WA\_C06** If WA\_Q05B = 1 and WA\_Q05A < 2.....(Go to WA\_Q07)

Else.....(Go to WA\_Q06) **Maternity**

**Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 83*

**WA\_Q06 Since the birth of ^baby's name, have you received maternity or parental benefits paid by employment insurance?**

**INTERVIEWER:** This question refers only to the employment insurance maternity or parental benefits the respondent herself received, not the benefits her husband or partner received.

1 Yes.....(Go to WA\_C08)

2 No

DK, RF.....(Go to WA\_C08)

Note: In the province of Quebec, the benefits are paid by the province; in the other provinces, the benefits are paid by employment insurance.

Coverage: Respondents who either have not returned to work or whose baby was at least 2 weeks old when they returned to work

**WA\_Q07 Were you eligible to receive maternity or parental benefits?**

1 Yes

2 No

DK, RF

Coverage: Respondents who have not received benefits although they worked during pregnancy

**WA\_C08** If WA\_Q04 = 1.....(Go to WA\_Q08)

Else.....(Go to WA\_R09)

**WA\_Q08 What was your main reason for returning to work? Was it ...?**

**INTERVIEWER:** Read categories to respondent.

1 Because of finances

2 Because your career is important to you or you wanted to go back to work

3 Because you felt isolated being at home

4 Because you did not want to lose your job

5 Other.....(Go to WA\_S08)

DK, RF

Coverage: Respondents who have worked at a job or a business since their baby was born

**WA\_S08** What was your main reason for returning to work?

**INTERVIEWER:** Specify.

\_\_\_\_\_(80 spaces)

Coverage: Respondents who reported another main reason for returning to work

**WA\_R09 I would now like to ask you about your household income. Again, be assured that your answers will be used for statistical research only and will be kept confidential.**

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**WA\_Q09 What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

- 01 Less than \$10,000
- 02 \$10,000 to less than \$15,000
- 03 \$15,000 to less than \$20,000
- 04 \$20,000 to less than \$30,000
- 05 \$30,000 to less than \$40,000
- 06 \$40,000 to less than \$50,000
- 07 \$50,000 to less than \$60,000
- 08 \$60,000 to less than \$80,000
- 09 \$80,000 to less than \$100,000
- 10 \$100,000 to less than \$150,000
- 11 \$150,000 to less than \$200,000
- 12 \$200,000 or more

DK, RF

*Coverage: All respondents*

**WA\_Q10 Including yourself and ^baby's name, how many people live in this household?**

INTERVIEWER: Enter number of people.

\_\_\_\_(2 spaces) [Min: 2 Max: 20]

DK, RF

*Coverage: All respondents*

**WA\_Q11 To determine the geographic region you live in, can you tell me your postal code?**

INTERVIEWER: Enter the postal code.

\_\_\_\_(6 spaces)

DK, RF.....(Go to WA\_Q12)

Default: (Go to WA\_END)

Note: At the time of interview.

*Coverage: All respondents*

**WA\_Q12 What are the first 3 digits of your postal code?**

\_\_\_\_(3 spaces)

DK, RF.....(Go to WA\_Q13)

Default: (Go to WA\_END)

Note: At the time of interview.

*Coverage: Respondents who didn't give their postal code* **Maternity Experiences Survey, 2006**

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**WA\_Q13 Do you live in this province?**

1 Yes.....(Go to WA\_END)

2 No

DK, RF.....(Go to WA\_END)

*Coverage: Respondents who didn't give their postal code or the first 3 digits of their postal code*

**WA\_Q14 In which province or territory do you live?**

10 Newfoundland and Labrador

11 Prince Edward Island

12 Nova Scotia

13 New Brunswick

24 Quebec

35 Ontario

46 Manitoba

47 Saskatchewan

48 Alberta

59 British Columbia

60 Yukon

61 Northwest Territories

62 Nunavut

DK, RF

*Coverage: Respondents who didn't give their postal code or the first 3 digits of their postal code, and indicated they live in a different province*

**WA\_END** End of Section

**Section: Permission to Share (PS)**

**PS\_BEG** Beginning of Section

**PS\_R01 Statistics Canada is conducting this survey on behalf of the Public Health Agency of Canada - formerly part of Health Canada. In order to increase the statistical value of the information, we are asking your permission to share your responses with them.**

**PS\_Q01 The Public Health Agency of Canada has undertaken to keep this information confidential and use it only for statistical purposes. Your and your baby's name, address and telephone number will not be shared.**

**Do you agree to share the information provided?**

1 Yes

2 No

DK, RF

*Coverage: All respondents*

**PS\_END** End of Section **Maternity Experiences Survey, 2006 Questionnaire** *September 19, 2007 Page 86*

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## ANEXO 2

**Tabla 1.- Evidencia de que las recomendaciones, educación y apoyo en la preparación del embarazo son efectivos (Objetivo n. 1 de control prenatal).**

<b>Evidencia en relación con el primer objetivo de Control Prenatal</b>			
<b>Estrategia Probada</b>	<b>Nivel de Evidencia</b>	<b>Grado de Recomendación</b>	<b>Beneficios</b>
Apoyo psicosocial	Ia	A	Mayor comunicación, satisfacción, menor ansiedad.
Medidas antitabaco	Ib	A	Reduce hábito y mayor peso en recién nacido
Clases Prenatales	III	B	Menor analgesia intraparto requerida
Ecografía de rutina con refuerzo materno positivo	IIb	B	Sentimiento positivo hacia el feto; menor tasa de inducciones post-término
<b>Estrategia que requiere más estudios</b>		<b>Beneficios</b>	
Modificación de los hábitos de trabajo		Posible mejora en morbilidad materna y perinatal	
Suplementos de carbohidratos en mujeres malnutridas		Posible mayor peso en recién nacido	
Clases Prenatales		Posible incremento de la autoestima y satisfacción con el embarazo; menor daño en suelo pélvico después del parto	
Hierro, ácido fólico, multivitaminas y suplemento nutricional para todas las mujeres		Posible mejora en morbilidad materna y perinatal; mayor peso al nacer, menor defectos del tubo neural, menor preeclampsia	
<b>Estrategia que no aporta beneficios o puede causar daños</b>			
No incluir a la paciente en la toma de decisiones			
No proporcionar un cuidado continuo			
Médicos implicados en el cuidado de todas las gestantes			
Prescribir suplementos de proteínas de alta densidad			
Advertir de la restricción de ganancia de peso			
Advertir de la restricción de la ingesta de sal			

Prescribir altas dosis de Vitamina A (>4000 IE/ day) o Vitamina E

**(Cochrane Pregnancy and Childbirth Group: Abstracts of Cochrane Reviews. The Cochrane Library, issue 2. Oxford, UK, Update Software, 2003)**

**Tabla 2.- Evidencia de que los síntomas menores del embarazo puedan aliviarse (Objetivo n.2 del Control Prenatal).**

<b>Evidencia en relación con el segundo objetivo de Control Prenatal</b>			
<b>Estrategia Probada</b>	<b>Nivel de Evidencia</b>	<b>Grado de Recomendación</b>	<b>Beneficios</b>
Antiemético	Ia	A	Reducción náuseas y vómitos
Antiácidos	Ib	A	Reducción acidez
Incremento en ingesta de fibra	IIb	B	Reducción de estreñimiento
<b>Estrategia que requiere más estudios</b>		<b>Beneficios</b>	
Suplementos de Magnesio		Posible reducción de calambres en piernas	
Sodio		Posible reducción de calambres en piernas	
Calcio		Posible reducción de calambres en piernas	
Vitamina D		Posible reducción de calambres en piernas	
<b>Estrategia que no aporta beneficios o puede causar daños</b>			
Soluciones salinas para el estreñimiento			

**(Cochrane Pregnancy and Childbirth Group: Abstracts of Cochrane Reviews. The Cochrane Library, issue 2. Oxford, UK, Update Software, 2003)**

**Tabla 3.- Evidencia de que el cribado antenatal permita identificar las mujeres en riesgo (objetivo n.3 del Control Prenatal).**

**Evidencia en relación con el tercer objetivo de Control Prenatal**

<b>Estrategia Probada</b>	<b>Nivel de Evidencia</b>	<b>Grado de Recomendación</b>	<b>Riesgo Identificado</b>
Ecografía fetal selectiva o procedimiento invasivo	Ia	A	Anomalía fetal
α-fetoproteína en sangre materna o cribado bioquímico (1 <sup>er</sup> -2 <sup>do</sup> T)	III	B	Defectos Tubo Neural, Síndrome Down
Altura Uterina	Ib	B	Crecimiento Fetal Patológico
Biometría ecográfica periódica	Ia	A	Crecimiento Fetal Patológico
Control de movimientos fetales	Ib	A	Muerte Fetal
Perfil Biofísico	III	B	Muerte Fetal
Eco-Doppler de la circulación fetal en gestaciones de alto riesgo	Ia	A	Compromiso fetal
Cribado de Ac Rh	III	B	Enfermedad Hemolítica
Uso selectivo de ecografía	IIa-IIb	B	Viabilidad fetal, edad gestacional, localización placentaria, presentación fetal
Toma de TA periódica y análisis de orina	III	B	Preeclampsia
Cribado de diabetes gestacional	III	B	Diabetes Gestacional
Cribado para bacteriuria	Ia	A	Bacteriuria asintomática y sus consecuencias
Cribado para enfermedades infecciosas (sífilis, VIH, gonorrea)	III	B	Infección materna, fetal o neonatal
Cribado para portadoras de Streptococo B hemolítico	IV	C	Sepsis Neonatal

<b>Estrategia que requiere más estudios</b>	<b>Riesgo Identificado</b>
Eco-Doppler de la circulación fetal	Compromiso Fetal, Preeclampsia
Cribado de rutina de toxoplasmosis, CMV y clamidia	Infección fetal o neonatal
Escala de riesgo, monitorización de la actividad uterina, cribado para infección vaginal, estado del cérvix (tacto o mediante ecografía)	Parto Pretérmino

(Cochrane Pregnancy and Childbirth Group: Abstracts of Cochrane Reviews. The Cochrane Library, issue 2. Oxford, UK, Update Software, 2003.

**Tabla 4.- Evidencia de que la identificación de un riesgo específico, la intervención y el manejo de éste, mejoren el resultado del embarazo (Objetivo n.4 del Control Prenatal).**

Evidencia en relación con el cuarto objetivo de Control Prenatal			
Estrategia Probada	Nivel de Evidencia	Grado de Recomendación	Beneficio
Multivitaminas y ácido fólico en pacientes con un hijo previo con defectos del tubo neural	Ia	A	Reducción de la incidencia de defectos del tubo neural en el siguiente embarazo
Anti-D para mujeres Rh negativo tras parto de un hijo Rh-positivo	Ia	A	Reducción de isoimmunización posterior
Transfusión sanguínea fetal para Hidrops por Rh	Ila	B	Mejoría de resultados perinatales
Ecografía de rutina	IIb	B	Reducción de inducciones postérmino
Eco-Doppler de la circulación fetal	Ia	A	Reducción de morbimortalidad perinatal
Terapia antihipertensiva en mujeres con hipertensión	Ia	A	Reducción de HTA severa en el embarazo
Control estricto de Diabetes	Ia	A	Reducción de infección urinaria, parto pretérmino, tasa de cesárea, macrosomía, distress respiratorio, anomalía congénita y muerte perinatal
Antifúngicos	Ia	A	Reducción de candidiasis persistente
Metronidazol después del primer trimestre	Ib	A	Reducción de infección por tricomonas
Antibióticos intraparto para pacientes con infección vaginal de Streptococo B	Ia	A	Reducción de colonización neonatal y sepsis
Vacuna postparto de rubéola	IV	C	Reducción de embriopatía por rubéola



Cerclaje cervical tras aborto del segundo trimestre previo	III	B	Reducción del parto antes de 33 s, de aborto o mortalidad perinatal
Tocolítico Intravenoso en pacientes con amenaza de parto pretérmino	Ia	A	Reducción del parto en 24-48 horas
Corticoides antes del parto pretérmino	Ia	A	Reducción del distres respiratorio, hemorragia intraventricular, enterocolitis necrotizante o muerte neonatal precoz
Uso de antibióticos y corticoides después de la ruptura prematura de membranas pretérmino	Ia	A	Reducción morbilidad infecciosa materno-fetal y retraso del parto > 7 días
Terapia antiviral cuando la madre es VIH positiva	Ia	A	Reducción de infección fetal y neonatal

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Estrategia que requiere más estudios	Riesgo Identificado
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**(Cochrane Pregnancy and Childbirth Group: Abstracts of Cochrane Reviews. The Cochrane Library, issue 2. Oxford, UK, Update Software, 2003)**

## Tabla 5.- Factores de Riesgo

- **Factores Generales Demográficos**
  - a) Edad Materna
  - b) Raza
  - c) Estado socioeconómico
  - d) Estado civil
  - e) Influencias Paternas (edad, hábitos, drogas, alcohol, raza)
  - f) Nutrición (vegetariana, dieta, anorexia)
  - g) Agentes nocivos ocupacionales
- **Antecedentes Obstétricos**
  - a) Paridad
  - b) Embarazo ectópico o aborto
  - c) Tipo de Parto
  - d) Resultado perinatal
  - e) Complicaciones del embarazo
  - f) Depresión Postparto
- **Antecedentes Médicos**
  - a) Fumadora
  - b) Alcohol
  - c) Otros tóxicos
  - d) Patología Médica Materna
  - e) Medicación Materna
  - f) Cirugía Previa
  - g) Problemas Anestesia Previos
  - h) Transfusiones sanguíneas previas
- **Antecedentes Ginecológicos**
  - a) Infertilidad
  - b) Contracepción
  - c) Regularidad Menstrual
  - d) Problemas Específicos
  - e) Infecciones (HIV, Sífilis, HPV, gonococo, hepatitis B y C, clamidia)
- **Antecedentes Familiares**
  - a) Anomalías Congénitas
  - b) Diabetes
  - c) Hipertensión

- d) Enfermedad Renal
- e) Enfermedad Tromboembólica

**Tabla 6.- Factores Generales**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Vegetariana</b>	Ingesta nutricional pobre	Multivitaminas, folato, hierro y otros suplementos nutricionales
• <b>Edad &lt; 18 años</b>	Control prenatal escaso, cribado de enfermedad hipertensiva y RCIU	Vigilar TA y crecimiento fetal
• <b>Edad &gt; 35 años</b>	Anomalías cromosómicas, enfermedad hipertensiva, RCIU	Diagnóstico prenatal precoz, vigilar TA y crecimiento fetal
• <b>Paridad &gt; 4</b>	RCIU, anemia, futuro gestacional, malpresentación, hemorragia postparto	Crecimiento fetal, suplemento de folato-hierro, contracepción, comprobar presentación en s.36, vigilar atonia uterina y hemorragia
• <b>Raza no caucásica</b>	Hemoglobinopatías	Electroforesis Hb

**Tabla 7.- Antecedentes Obstétricos**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Gestación Ectópica Previa</b>	Recurrencia, ansiedad materna	Ecografía precoz para confirmar gestación intrauterina
• <b>Muerte anteparto, intraparto o neonatal anterior</b>	Este riesgo depende de la causa de la muerte	Tratar de establecer la causa de la muerte; revisión precoz de la historia clínica y manejo específico, si es posible
• <b>Peso Fetal &lt; 2D</b>	RCIU	Crecimiento fetal grado II
• <b>Peso Fetal &gt; 2D</b>	Diabetes Gestacional	Test de cribado de Diabetes Gestacional en semana 28 y 32
• <b>Anomalía Congénita</b>	Posible recurrencia	Conocer detalles y diagnóstico; posible diagnóstico prenatal
• <b>Anticuerpos</b>	Enfermedad Hemolítica	Protocolo específico de manejo
• <b>Preeclampsia</b>	Recurrencia	Vigilar TA, función renal y crecimiento fetal
• <b>Parto Pretérmino</b>	Recurrencia	Plan específico en función de la causa
• <b>Cicatriz uterina</b>	Rotura uterina, cesárea	Revisar tipo de parto en s. 36
• <b>Hemorragia Postparto</b>	Recurrencia	Plan en s. 36
• <b>Problemas en el parto</b>	Recurrencia	Plan en s. 36
• <b>Problemas con neonato</b>	Recurrencia, ansiedad materna	Conocer detalles y plan específico

**Tabla 8.- Antecedentes Médicos, Quirúrgicos, Ginecológicos y Familiares**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Fumadora</b>	RCIU, alteraciones en placenta	Reducir/eliminar hábito tabáquico, crecimiento fetal y placenta
• <b>Alcohol</b>	RCIU, síndrome alcohol-fetal	Crecimiento fetal, apoyo
• <b>Toxicómana</b>	Serología de Hepatitis B, C y VIH, RCIU	Crecimiento fetal, serología
• <b>Hemoglobinopatía</b>	Talasemia o anemia de células falciformes	Análisis a la pareja, ofrecer diagnóstico prenatal, función renal, crecimiento fetal
• <b>Problemas Anestésicos</b>	Recurrencia	Interconsulta a Anestesia
• <b>Historia Familiar de Diabetes</b>	Diabetes Gestacional	Test de cribado de Diabetes Gestacional en semana 12, 28 y 32
• <b>Historia Familiar de Anomalía Congénita</b>	Recurrencia, ansiedad materna	Detalles y diagnóstico, ofrecer diagnóstico prenatal precoz
• <b>Infertilidad</b>	Ansiedad, gestación múltiple, hipertensión o diabetes gestacional con ovarios poliquísticos	Vigilar TA y test de cribado de diabetes gestacional en la semana 12, 28 y 32
• <b>FIV/ICSI</b>	Anomalías congénitas y/o cromosómicas, RCIU	Diagnóstico Prenatal precoz
• <b>DIU in situ</b>	Aborto, parto pretérmino	Valorar en el momento del parto

**Tabla 9.- Factores derivados de la Exploración**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Peso &gt; 85 kg.</b>	Hipertensión, Diabetes Gestacional	Dieta, control de TA, test de cribado de diabetes gestacional
• <b>Peso &lt; 45 kg</b>	RCIU	Crecimiento Fetal

**Tabla 10.- Factores derivados de la evolución del embarazo**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Sangrado Vaginal</b>	< 20 s (aborto); >19 s (placenta previa, desprendimiento de placenta)	Remitir al Hospital
• <b>TA &gt; 140/90</b>	Preeclampsia, RCIU	Remitir al Hospital
• <b>Gestación Múltiple</b>	Anemia, Hipertensión, RCIU, Parto Pretérmino, Anomalías Congénitas	Suplemento de Hierro y Folato, Vigilancia del incremento de TA, de dinámica uterina, crecimiento fetal
• <b>Feto pequeño para EG</b>	RCIU	Crecimiento Fetal
• <b>Feto largo para EG</b>	Hidramnios, diabetes gestacional, complicaciones de feto grande	Crecimiento fetal, test de cribado de diabetes gestacional
• <b>Polihidramnios</b>	Macrosoma, Diabetes Gestacional	Crecimiento fetal, test de cribado de diabetes gestacional
• <b>Presentación Anómala después de 35 s</b>	Problemas en el parto	Plan de actuación
• <b>Disminución de Movimientos Fetales</b>	Pobre percepción materna, problema fetal	RCTG, perfil biofísico, evaluación fetal
• <b>Rotura Prematura de Membranas</b>	Parto Pretérmino, Amnionitis	Remitir al Hospital

- **Infección del Tracto Urinario** Pielonefritis, Parto Pretérmino Tratamiento, y urocultivo a las 5 semanas
- **Portadora de S. B** Sepsis Neonatal Antibióticos intravenosos intraparto

**Tabla 11.- Factores derivados de Pruebas Complementarias**

	<b>TIPO DE RIESGO</b>	<b>MANEJO</b>
• <b>Proteinuria</b>	Infección, enfermedad renal, preeclampsia	Estudio de orina, vigilar TA
• <b>Glucosuria</b>	Diabetes Gestacional	Test de cribado de diabetes gestacional
• <b>Hematuria</b>	Infección, enfermedad renal	Estudio de orina, estudios de hematuria renal si persiste
• <b>No inmune a rubéola</b>	Susceptible a rubéola	Vigilancia en embarazo, vacuna postparto
• <b>Rh negativo</b>	Potencial sensibilización	Valorar anticuerpos en primera visita, en semana 28, en semana 34, dar gammaglobulina antiD
• <b>Anticuerpos</b>	Enfermedad Hemolítica Fetal	Protocolo específico
• <b>Incremento de <math>\alpha</math>-fetoproteína</b>	Anomalía fetal, RCIU, placenta, preeclampsia	Diagnóstico prenatal, crecimiento fetal, control de TA
• <b>Hb &lt; 10 g/dl</b>	Anemia patológica	Investigar, tratar con hierro oral, remitir al hematólogo si severa
• <b>Incremento del nivel de glucosa basal</b>	Diabetes Gestacional	Test de tolerancia a la glucosa (75 g)



**Tabla 12.- Encuesta SF-36 Health Survey**

<b>Dimensión</b>	<b>Significado</b>
<b>Función física</b>	Grado en el que la falta de salud limita las actividades físicas de la vida diaria, como el cuidado personal, caminar, subir escaleras, coger o transportar cargas, y realizar esfuerzos moderados e intensos.
<b>Rol físico</b>	Grado en el que la falta de salud interfiere en el trabajo y otras actividades diarias, produciendo como consecuencia un rendimiento menor del deseado, o limitando el tipo de actividades que se puede realizar o la dificultad de las mismas.
<b>Dolor corporal</b>	Medida de la intensidad del dolor padecido y su efecto en el trabajo habitual y en las actividades del hogar.
<b>Salud general</b>	Valoración personal del estado de salud, que incluye la situación actual y las perspectivas futuras y la resistencia a enfermar.
<b>Vitalidad</b>	Sentimiento de energía y vitalidad, frente al de cansancio y desánimo.
<b>Función social</b>	Grado en el que los problemas físicos o emocionales derivados de la falta de salud interfieren en la vida social habitual.
<b>Rol emocional</b>	Grado en el que los problemas emocionales afectan al trabajo y otras actividades diarias, considerando la reducción del tiempo dedicado, disminución del rendimiento y del esmero en el trabajo.
<b>Salud mental</b>	Valoración de la salud mental general, considerando la depresión, ansiedad, autocontrol.

**Tabla 13.- Variables de estudio**

Datos demográficos	Edad
	Paridad
	Nivel de estudios
	IMC
	Nivel de ingresos
Hábitos y estilo de vida	Tabaco
	Alcohol
	Drogas
	Lactancia
Resultados obstétricos	Mortalidad Materna
	Morbilidad Materna
Resultados del parto	Inicio del Parto
	Tasa de parto prematuro
	Tipo de Parto
	Complicaciones en el parto
	Días de ingreso materno
Resultados Neonatales	Mortalidad neonatal
	Morbilidad neonatal
	Días de ingreso del bebé

## ANEXO 3

Nombre del estudio: Evaluación de la salud en gestantes de Barcelona

Investigador Principal: Verónica Fernández Gesa

Versión del CI:1.0

Fecha: 31.01.2013

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### **Consentimiento Informado para Registros y Encuestas**

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#### **A) Hoja de información:**

Se le está pidiendo que conteste unas preguntas sobre Ud. y su salud porque pertenece a la población de gestantes de Barcelona. Este tipo de estudios se realiza para poder saber más sobre su embarazo y así poder encontrar mejores parámetros de seguimiento para las mujeres embarazadas(4).

**Su participación es completamente voluntaria; si no desea hacerlo su médico continuará con su atención habitual y su negativa no le traerá ningún inconveniente.**

Lea toda la información que se le ofrece en este documento y haga todas las preguntas que necesite al investigador que se lo está explicando, antes de tomar una decisión.

La enfermera (*Verónica Fernández*) será quien dirija el estudio; ni ella, ni el equipo de investigador ni el centro recibirán pago alguno por realizarlo.

#### **1) *¿Por qué se realiza este estudio?***

El propósito de esta encuesta es conocer el estilo de vida de nuestra población de embarazadas, así como determinar el tipo de embarazo y de parto que acontece en ellas.

#### **2) *¿Qué se conoce sobre el tema en investigación? ¿Se hicieron otros estudios similares con anterioridad?***

Se han realizado otras encuestas de este tipo en otros países y poblaciones, pero en nuestro área sería el primero en realizarse, y esto permitiría conocer mejor la tendencia de nuestras embarazadas en la actualidad.

#### **3) *¿Tendré beneficios por participar?***

Es probable (aunque no seguro) que Ud. no se beneficie con los resultados de este estudio; esperamos que sí sea útil para personas que estén embarazadas en el futuro.

#### **4) *¿Tendré riesgos por participar?***

Ud. no tiene riesgo de lesiones físicas si participa en este estudio; el riesgo potencial es que se pierda la confidencialidad de sus datos personales. Sin embargo, se hará el mayor esfuerzo para mantener su información en forma confidencial.

#### **5) *¿Cómo mantendrán la confidencialidad de mis datos personales? ¿Cómo harán para que mi identidad no sea conocida?***

El tratamiento, la comunicación y la cesión de los datos de carácter personal de todos los sujetos participantes se ajustará a lo dispuesto en la Ley Orgánica 15/1999, de 13 de diciembre de protección de datos de carácter personal. De acuerdo a lo que establece la legislación mencionada, usted puede ejercer los derechos de acceso, modificación, oposición y cancelación de datos, para lo cual deberá dirigirse a su médico del estudio.

Los datos recogidos para el estudio estarán identificados mediante un código y solo su médico del estudio/colaboradores podrán relacionar dichos datos con usted y con su historia clínica. Por lo tanto, su identidad no será revelada a persona alguna salvo excepciones, en caso de urgencia médica o requerimiento legal.

Sólo se transmitirán a terceros y a otros países los datos recogidos para el estudio que en ningún caso contendrán información que le pueda identificar directamente, como nombre y apellidos, iniciales, dirección, nº de la seguridad social, etc. En el caso de que se produzca esta cesión, será para los mismos fines del estudio descrito y garantizando la confidencialidad como mínimo con el nivel de protección de la legislación vigente en nuestro país.

El acceso a su información personal quedará restringido al médico del estudio/colaboradores, autoridades sanitarias (Agencia Española del Medicamento y Productos Sanitarios), al Comité Ético de Investigación Clínica y personal autorizado por el promotor, cuando lo precisen para comprobar los datos y procedimientos del estudio, pero siempre manteniendo la confidencialidad de los mismos de acuerdo a la legislación vigente.

**6) *¿Quiénes tendrán acceso a mis datos personales?***

El equipo de investigación podrá acceder a los datos de su historia clínica y a toda aquella información recabada a los fines de este estudio de investigación.

**7) *¿Qué gastos tendré si participo del estudio?***

Ud. no tendrá gasto alguno por participar

**8) *¿Me darán información sobre los resultados del estudio, luego de su finalización?***

Ud. recibirá toda la información que precise al finalizar el estudio.

**9) *¿Puedo dejar de participar en cualquier momento, aún luego de haber aceptado?***

Usted es libre de retirar su consentimiento para participar en la investigación en cualquier momento sin que esto lo perjudique en su atención médica posterior; simplemente deberá notificar al investigador de su decisión (*oralmente o por escrito*).

Si algunas preguntas lo ponen incómodo, dígaselo a la persona que se las está haciendo y puede no contestar alguna de ellas si así lo prefiere. De todas maneras, lo ideal es tratar de dar toda la información requerida para que el estudio se haga en forma correcta. Puede suspender su participación en cualquier momento.

Cuando retire su consentimiento no se podrán obtener datos sobre Ud. y su salud, pero toda la información obtenida con anterioridad sí será utilizada.

**10) *¿Me pagarán por participar?***

No se le pagará por su participación en este estudio.

**11) ¿Puedo hablar con alguien si tengo dudas sobre el estudio o sobre mis derechos como participante de un estudio de investigación?**

**11.a) Sobre el estudio:** contactar al Investigador Principal: Enfermera (*Verónica Fernández*) en (*dirección*) o al teléfono (*móvil*).

**11.b) Sobre sus derechos como participante en un estudio de investigación:**

El presente trabajo de investigación ha sido evaluado y autorizado por el Comité De Ética (CE) de \_\_\_\_\_, que es un grupo de personas independiente del investigador y del promotor, que evalúa y monitoriza el estudio desde su inicio hasta su finalización, y cuya función es asegurar que su bienestar como participante sea preservado y sus derechos respetados.

**B) Consentimiento informado (Hoja de firmas):**

Yo (nombre y apellidos)

.....

- He leído la hoja de información que se me ha entregado.
- He podido hacer preguntas sobre el estudio.
- He recibido suficiente información sobre el estudio.
- He hablado con:

.....

(nombre del investigador)

Comprendo que mi participación es voluntaria.

Comprendo que puedo retirarme del estudio:

1. Cuando quiera
2. Sin tener que dar explicaciones.
3. Sin que esto repercuta en mis cuidados médicos.

- Presto libremente mi conformidad para participar en el estudio y doy mi consentimiento para el acceso y utilización de mis datos en las condiciones detalladas en la hoja de información.

**Firma del paciente:**

**Firma del investigador:**

**Nombre:**

**Nombre:**

**Fecha:**

**Fecha:**