



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

Preparing to Become a Parent... Before Baby's Arrival An Innovative Strategy



CMNRP's Postnatal Plan Workgroup Report: Pre-intervention and Post-intervention Surveys

June 7, 2018 v1

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Pre-Intervention Survey Questions



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Postnatal Checklist Survey PRE-INTERVENTION SURVEY

ID# _____

Please tell us about yourself:

- 1) When is your due date? ____ (Day) ____ (Month) ____ (Year)

- 2) How old are you?
 - Less than 20
 - 21-25
 - 26-35
 - 36 years or older

- 3) What is your marital status?
 - Married
 - Living with a partner (common-law)
 - Have a partner (not living together)
 - Single
 - Separated
 - Divorced
 - Widowed

- 4) How many children do you have?
 - 1
 - 2
 - 3 or more
 - I am currently pregnant

- 5) How many people live in your house (including yourself)? *(open text)*

- 6) What is your total yearly household income?
 - Less than \$25 000
 - \$25 000 - \$39 999
 - \$40 000 - \$54 999
 - \$55 000 - \$69 999
 - \$70 000 - \$100 000
 - More than \$100 000
 - I prefer not to answer

- 7) What language do you speak most often at home?
 - English
 - French
 - Other, please describe:

- 8) What type of health care provider has cared for you the most during this pregnancy:
- Family Doctor
 - Obstetrician
 - Midwife
 - Nurse Practitioner
 - Other, please describe: *(open text)*
- 9) As you prepare for the arrival of your baby, what are your priorities? *(select all that apply).*
- Setting up the nursery
 - Buying baby clothing and baby paraphernalia including stroller, car seat, baby sling, etc
 - Buying baby-care products
 - Prenatal classes with a class on baby care
 - Breastfeeding classes
 - Baby care classes (separate from prenatal classes)
 - Organizing household help following the birth
 - Other, please describe: *(open text)*
- 10) How much time have you spent during this pregnancy learning to care for your baby?
- No time
 - Very little time
 - Some time but not a lot of time
 - A lot of time
- 11) In what ways are you learning to care for your baby? *(select all that apply) (checkbox)*
- I have read books and articles
 - I have looked at websites/blogs/social media
 - I have asked my health care provider(s) questions
 - I have talked to my family and friends who have kids
 - I have attended prenatal classes/parenting classes
 - I have learned about services near where I live
 - I have called an information line
 - I have attended a drop-in
 - I have had a home visit (e.g. public health nurse, home visitor, community worker)
 - I have taken care of babies before
 - Other, can you please tell us more: *(open text)*
 - I did not look for information
- 12) How familiar are you with community services and programs that are available to new parents in your area?
- I am aware of many
 - I am aware of some
 - I am not aware of any
- 13) To what extent are you aware of the follow-up care that your baby will need after birth?
- Very aware

- Somewhat aware
- Not at all aware

14) How much do you know about newborn care?

- Nothing
- Very little
- Some things
- A lot

15) How much time have you spent during your pregnancy learning to care for yourself after your baby is born?

- I have not spent any time
- Very little time
- Some time but not a lot of time
- A lot of time learning

16) In what ways are you learning to care for yourself after the birth of your baby? (*select all that apply*) (*checkbox*)

- I have read books and articles
- I have looked at websites/blogs/social media
- I have asked my health care provider(s) questions
- I have talked to my family and friends who have kids
- I have learned about services near where I live
- I have called an information line
- I have attended a drop-in
- I have had a home visit (e.g. public health nurse, home visitor, community worker)
- I have had a baby before
- Other, can you please tell us more: (*open text*)
- I have not looked for this information yet

17) To what extent are you aware of the follow-up care that you will need after your baby is born?

- Very aware
- Somewhat aware
- Not at all aware

18) How much do you know about caring for yourself after your baby is born?

- Nothing
- Very little
- Some
- A lot
- Everything

19) How much do you know about what to expect after birth?

- Nothing
- Very little
- Some

- A lot
- Everything

20) Have you and your partner discussed what your needs will be in the early days and after the birth?

- Yes
- No

21) Identify the challenges you are worried might happen after the birth. (*Select all that apply*):

- Difficulties coping
- Feelings of isolation
- Anxiety
- Infant crying
- Tension or relationship issues with your partner over parenting styles
- Lack of support from your partner
- Depression
- Too much differing advice from family and friends
- None of the above
- Other, please describe: (*open text*)

Post-Intervention Survey Questions



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Postnatal Checklist Survey

POST-INTERVENTION SURVEY

ID# _____

- 1) What is your baby's birth date?
- 2) How was your baby born?
 - Vaginal birth
 - Cesarean birth
- 3) How long did you stay in hospital after your baby was born?
 - Less than 6 hours
 - 7-12 hours
 - 13-24 hours
 - 25-36 hours
 - 37-48 hours
 - 49-60 hours
 - 61-72 hours
 - I delivered at home (*branching logic- skip next question*)
 - Other, please tell us how long you stayed in hospital after the birth:
- 4) Was your baby discharged home at the same time as you?
 - Yes
 - No, can you tell us more? (*open text*)

GETTING READY TO BE A PARENT

- 5) During your pregnancy, how much time did you spend learning to care for your baby?
 - No time
 - Very little time
 - Some time but not a lot of time
 - A lot of time
- 6) During your pregnancy, what all did you do to help you to get ready to go home with your baby?
 - I read books and articles
 - I looked at websites/blogs/social media: Can you tell us the websites you looked at most?
 - I asked my health care provider(s) questions
 - I talked with my friends and family who have kids
 - I attended prenatal/parenting classes
 - I learned about services near where I live
 - I called an information line
 - I attended a drop-in

- I had a home visit
- Other: Please tell us more:
- I did not do anything

7) When you were discharged home, did you feel you were ready to go home with your baby?

- Not ready
- Sort of ready
- I thought I was ready, but I got home and realized that I wasn't
- Definitely ready

8) Immediately after birth, how much did you know about newborn care?

- Nothing
- Very little
- Some things
- A lot

9) How much time did you spend during your pregnancy learning to care for yourself after birth?

- I have not spent any time
- Very little time
- Some time but not a lot of time
- A lot of time

10) Immediately after birth, how familiar were you with community services and programs for new parents in your area?

- I am aware of many
- I am aware of some
- I am not aware of any

11) To what extent were you aware of the follow-up care that your baby needed after birth?

- Very aware
- Somewhat aware
- Not at all aware

12) To what extent were you aware of the follow-up care that you needed after birth?

- Very aware
- Somewhat aware
- Not at all aware

13) How much did you know about problems to watch for after you got home with your baby?

- Nothing
- Very little
- Some things
- A lot

14) How much did you know about who and when to call if you had problems after you got home with your baby?

- Nothing
- Very little
- Some things
- A lot

15) Since the birth of your baby, how much emotional support have you had?

- No support
- Very little support
- Some support
- A lot of support

16) Since the birth of your baby, how much help have you had with your personal care (at home)?

- No help
- Very little help
- Some help
- A lot of help

17) Since the birth of your baby, how much help have you had with household activities (for example, cooking, cleaning, shopping, babysitting) at home?

- No help
- Very little help
- Some help
- A lot of help

18) Since the birth of your baby, how much help have you had with baby care?

- No help
- Very little help
- Some help
- A lot of help

19) Did you complete the postnatal checklist you received in pregnancy?

- Yes
- No (please skip to page #)

IF YES (to question #19)

20) How easy was the checklist to use?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult
- Comments: (*open text*)

21) Did you write any information on the checklist?

- Yes
- No

22) How much did the postnatal checklist help you to prepare to take care of your baby after going home with your baby?

- A little bit
- Somewhat
- A lot
- Comments: (*open text*)

23) How much did the postnatal checklist help you to prepare to take care of yourself after going home with your baby?

- A little bit
- Somewhat
- A lot
- Comments: (*open text*)

24) Did the postnatal checklist make you think about topics or situations that you may not have thought about after the birth of your baby?

- Yes
- No, can you tell us why? (*open text*)

25) Do you think that the postnatal checklist touched on most topics that have been of concern to you?

- Yes
- No, can you tell us why? (*open text*)

26) Do you think that you were more prepared for going home with your baby because you used the postnatal checklist?

- Yes
- No, can you tell us why? (*open text*)

27) How happy are you with the postnatal checklist?

- Very happy
- Happy
- Neither happy or unhappy
- Unhappy
- Very unhappy

28) Would you use the checklist again if you were to have another baby?

- Yes
- No, can you tell us why? (*open text*)

29) Did you like the look of the checklist?

- Yes
- No

30) If you could change the postnatal checklist, what would you do? (*open text*)

31) Would you be willing to allow us to contact you to talk more about the checklist and this project?

- No
- Yes

IF NO (to question #19)

32) Can you tell us why you did not complete the checklist (check all that apply)

- Forgot about it
- Found it difficult to use
- Found it was too long
- I didn't think I needed a checklist to help me prepare
- I looked through it and thought about the topics but I didn't fill it out

33) Did you like the look of the checklist?

- Yes
- No

34) If the checklist had been provided in a different format would you have considered using it?

- Yes. Please tell us more about how you would have liked to receive the checklist (*open text*)
- No (please explain)