Patient Survey: Maternity

**Preamble/Introduction**

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

**Why are we asking:**

Primary maternity care in Canada has become a topic of considerable discussion and concern in recent years. One topic of discussion is how primary maternity care providers such as family physicians, obstetricians and registered midwives work together to provider patient care. Enhancing how primary maternity care providers work together is promoted as an effective and efficient way to improve the quality and sustainability of primary maternity care. Your answers to this survey will help us to develop actions locally to improve how primary maternity care providers work together in your community.

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

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

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

**What are the risks or harms of completing this survey?**

Answering the survey may cause some discomfort because some of the questions are personal. If you feel discomfort and wish to discuss it, please connect with your care provider.

**How do we protect your information?**

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

It is important that you know that:

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

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

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

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

ABOUT YOU:

1. Are you currently pregnant?
* Yes
* No
* Prefer not to say

If yes, what trimester:

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

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

* Prefer not to say

ACCESS TO CARE: Thinking about your current/ most recent pregnancy:

1. What type of maternity care provider provided most of your care?
* Obstetrician
* Family doctor (existing)
* Family doctor (referred to) who provides maternity care
* Registered Midwife
* Other. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Was this the type of maternity care provider you had wanted?
* Yes
* No
* Did not have an expectation

**Please explain.**

1. How many times have you visited your main care provider in the past year? \_\_\_\_\_\_\_times
2. Approximately, how many times have you visited your family doctor in the past year \_\_\_\_\_\_\_times

 **\_\_\_\_\_\_\_ I do not have a family doctor \_\_\_\_\_Same as above**

1. How did you decide what type of maternity care provider you wanted?
2. How easy or difficult was it for you to find a maternity care provider (family doctor, obstetrician or registered midwife)?

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

1. What other types of maternity care provider(s) did you see for your current/ most recent pregnancy? Check all that apply.
* Obstetrician
* Family doctor (existing)
* Family doctor (referred to) who provides maternity care
* Registered Midwife
* Other. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please select any barriers for you to attend your scheduled pregnancy appointments? Check all that apply.
* Transportation or money for transportation
* Childcare availability
* Location of clinic
* My work/school schedule
* Time of appointment
* Mental or physical health
* Lack of medical coverage/MSP
* Issues with provider/clinic
* Services not available in the area
* A specialist was unavailable
* Did not know where to go
* Do not have personal/family doctor
* Waited too long to get an appointment
* Waited too long in the waiting room
* Language/cultural barriers
* No barriers
* Other. Please specify:

PREPARATION

1. What and/or who helped you to feel prepared for your pregnancy, labour and birth? Check all that apply.
* Your maternity care provider
* A public health nurse
* Prenatal classes
* Family/friends
* Books and pamphlets
* Websites or online information
* Apps
* Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MENTAL HEALTH AND SUBSTANCE USE**

1. Did you have any mental health concerns during your pregnancy or after labour and birth? Please check all that apply.
* Yes, I had mental health concerns that had a *limited impact* on my daily life *during* *pregnancy* (e.g. anxiety, depression)
* Yes, I had mental health concerns that had a *large impact* on my daily life *during pregnancy* (e.g. anxiety, depression)
* Yes, I had mental health concerns that had a *limited impact* on my daily life *after labour and birth* (e.g. postpartum anxiety, postpartum depression)
* Yes, I had mental health concerns that had a *large impact* on my daily life *after labour and birth* (e.g. postpartum anxiety, postpartum depression)
* No
* Prefer not to say
1. Did you use any alcohol or substances during your pregnancy? Please check all that apply.
* Yes, I had 1-2 drinks containing alcohol during my pregnancy
* Yes, I had 1-2 drinks containing alcohol per month during pregnancy
* Yes, I had 3 or more drinks containing alcohol per month during pregnancy
* Yes, I used substances other than alcohol (e.g. marijuana, cocaine, heroin, ecstasy, glue/gasoline or other inhalants) during pregnancy
* No
* Prefer not to say
1. Since becoming pregnant, has a care provider ever asked you about your:

**Mental health?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, more than once
 | * Yes, once
 | * No, I have not been asked
 | * Don't know
 | * Prefer not to say
 |

**Substance use?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, more than once
 | * Yes, once
 | * No, I have not been asked
 | * Don't know
 | * Prefer not to say
 |

**If yes, did you receive support from your care provider**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, it was helpful
 | * Yes, but it was not helpful
 | * No, I have not had support
 | * Don't know
 | * Prefer not to say
 |

**If no, would additional support have helped you during your pregnancy or after labour and birth?**

|  |  |  |  |
| --- | --- | --- | --- |
| * Yes
 | * No, it was not needed
 | * Don't know
 | * Prefer not to say
 |

**EXPERIENCE & SATISFACTION**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

Did this meet your expectations?

* Yes
* No
* Did not have an expectation

**Why or why not?**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

Did this meet your expectations?

* Yes
* No
* Did not have an expectation

**Why or why not?**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |
| * Prefer not to say
 |
| * Doesn’t apply to me
 |

Did this meet your expectations?

* Yes
* No
* Did not have an expectation

**Why or why not?**

**EXPERIENCE & SATISFACTION: Thinking about the provider you saw most during your pregnancy (Family Doctor, Registered Midwife, Obstetrician, Nurse Practitioner)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. How satisfied were your family and/or friends with the care you received?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. How comfortable did you feel with the care provided?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very comfortable
 | * Comfortable
 | * Acceptable
 | * Uncomfortable
 | * Very uncomfortable
 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very comfortable
 | * Comfortable
 | * Acceptable
 | * Uncomfortable
 | * Very uncomfortable
 |

1. Did your maternity care provider take your health concerns seriously?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. Did your maternity care provider spend enough time with you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very important
 | * Important
 | * Moderately Important
 | * Slightly important
 | * Not important
 |

1. Was your culture considered in your care?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

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

**COLLABORATION: Thinking about the TEAM of care providers (Family Doctor, Registered Midwife, Obstetrician, Nurse Practitioner, Public Health Nurse)** *If this section does not apply to you, please skip to the section, improving care*

*During your pregnancy before labour and birth:*

1. Did you have enough support from your team of care providers?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. How satisfied are you with how your care was coordinated by your team of providers?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. How satisfied are you with the time you waited for care (appointments, treatments or tests)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. Did you know what the next steps of your care are?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. Did you know who to talk to if you had questions about your care?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

*During your labour and birth:*

1. **Did you have enough support from your team of care providers?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. How satisfied are you with how your care was coordinated by your team of providers?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. How satisfied are you with the time you waited for care (appointments, treatments or tests)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. Did you know what the next steps of your care are?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. Did you know who to talk to if you had questions about your care?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

*In the community in the weeks following your birth:*

1. **Did you have enough support from your team of care providers?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. How satisfied are you with how your care was coordinated by your team of providers?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. How satisfied are you with the time you waited for care (appointments, treatments or tests)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

1. Did you know what the next steps of your care are?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

1. Did you know who to talk to if you had questions about your care?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Always
 | * Frequently
 | * Half the time
 | * Occasionally
 | * Never
 |

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

**IMPROVING CARE**

1. What were some positive things you experienced in your maternity care?
2. In your opinion, what is needed to improve maternity care in your community?
3. Is there anything else that you would like to share about the care you received during pregnancy or after birth?

**ABOUT YOU**

1. What year were you born \_\_\_\_\_ (year)
2. Were you born in Canada?
* Yes
* No
* Prefer not to say

If no, what year did you arrive in Canada? \_\_\_\_\_ (year)

1. Do you have a family doctor?
* Yes, I had a family doctor before I became pregnant
* Yes, I have a family doctor since becoming pregnant
	+ No
* Prefer not to say
1. What community did you receive:

Care during your pregnancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care during labour and birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care after labour and birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you live in the same community where you received your maternity care?
*
* Yes
* No
* Prefer not to say
1. How long did it take to get to your appointments?\_\_\_\_\_ (minutes)
2. Did you live in the same community where you delivered your baby?
* Yes
* No
* Prefer not to say

Why did you deliver in your community hospital or why did go elsewhere?

1. Do you have enough money for food after paying your monthly bills?
* Yes
* No
* Prefer not to say
1. How many prior pregnancies have you had? \_\_\_\_\_\_
2. How many prior births have you had?\_\_\_\_\_\_
3. How did you give birth?

**Please check all that apply**

* Vaginal
* Forceps
* Vacuum
* Planned c-section
* Unplanned c-section

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