

Pregnancy Survey 1

Pregnancy week 25

Introduction

You are invited to participate in the Pregnancy Survey about what you think of the care you have received and your own health during your pregnancy. The results will be used to improve healthcare as well as for research.

All experiences are equally important. If you are no longer pregnant, we would still be grateful if you would answer the questions you can.

Your participation in the Pregnancy Survey is voluntary. No one you encounter in the healthcare system will know whether or not you participated. The results will be presented in such a way that no one will know which answers are yours. Remember that you cannot request assistance or advice through this survey. If you have any problems or questions about your pregnancy and care, you should contact your midwife or health clinic. If you have any complaints or comments that you want feedback on, you must take them up directly with the health clinic or the [Patients' Advisory Committee](#) in your region.

If you have any questions about the survey, you can contact us by email: info@skr.se.

If you want to know more about how your data are retrieved and handled, read more on 1177.se.

Introductory questions

1. How do you feel your general health was before you got pregnant?
 - 1 Very poor
 - 2
 - 3
 - 4
 - 5 Very good
 - Cannot/choose not to answer

2. How do you feel your general health is now?
 - 1 Very poor
 - 2
 - 3
 - 4
 - 5 Very good
 - Cannot/choose not to answer

3. Are you still pregnant?
 - Yes
 - No
 - Cannot/choose not to answer

Questions about maternity services

If you have visited more than one clinic in maternity services, think of the one you visited first.

4. Do you think it is easy to get in touch with maternity services?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

5. Are you able to ask the questions you want of the midwife/midwives at maternity services?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

6. Do you get the information you need about your pregnancy from maternity services?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

7. Do you feel that you are involved enough in planning and decisions about your antenatal care?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

8. Do you feel secure with the midwife/midwives involved in your antenatal care?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

9. Are you able to get support from maternity services when you need it? (e.g. if you feel worried, frightened, anxious, sad or similar)

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Haven't needed support
- Cannot/choose not to answer

10. Do you feel your partner/loved one gets to be involved enough in planning and decisions about your antenatal care?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

11. Do you get to see the same midwife as often as you want at your visits?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

12. Here, you can write about anything you don't think has worked well, or make suggestions you think can improve maternity services.

Your answer will be sent to your maternity services clinic. Do not include any names or personal data.

Questions on foetal screening

Foetal screening is done to detect foetal damage and chromosome abnormalities early in the pregnancy. Examples of foetal screening include ultrasounds, combined test, NIPT, amniocentesis and CVS.

13. Have you undergone a combined test?

- Yes
- No → *Go to question 16*
- Cannot/choose not to answer → *Go to question 16*

14. Before your combined test, did you feel well-informed about its purpose and what kind of results it might provide?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

15. Did you get the information you needed about the results of your combined test?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

16. Which of the following tests have you had?

- Early ultrasound (around week 12–13)
- Routine ultrasound (around week 18–20)
- Amniocentesis
- CVS (test that can show chromosome abnormalities in the baby)
- NIPT (blood test that can show chromosome abnormalities in the baby)
- None of the above → *Go to question 18*
- Cannot/choose not to answer → *Go to question 18*

17. Did you get the information you needed to decide whether to take these tests? (early ultrasound, routine ultrasound, amniocentesis, CVS or NIPT)

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

18. Did you learn, in connection with some kind of foetal screening, that there might be or is an anomaly with your pregnancy?

- Yes
- No → *Go to question 22*
- Not applicable → *Go to question 22*
- Cannot/choose not to answer → *Go to question 22*

19. When you were informed that something was anomalous, was it presented in a way you understood?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

20. When you were informed that something was anomalous, were you treated in the way you wanted?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

21. Did you have enough time with the doctor to ask questions?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

22. Here, you can write about anything you don't think has worked well, or make suggestions you think can improve foetal screening.

Your answer will be sent to your caregiver. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Closing questions

23. Do you feel that your antenatal care thus far has met your needs?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

24. Have you felt discriminated against or subjected to humiliating treatment in your encounters with healthcare professionals during your pregnancy?

- No
- Yes → Did you feel that it was due to any of the following?
 - age
 - overweight
 - transgender identity or expression
 - sexual orientation
 - ethnicity
 - religion or other faith
 - disability
 - other
 - no / don't know

25. Not every situation can be covered in a survey. Do you have any other comments, or do you wish to elaborate on your replies?

Your answer will be sent to your caregiver. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Pregnancy Survey 2

About 8 weeks before birth

Introduction

You are invited to participate in the Pregnancy Survey about what you think of the care you have received and your own health a few weeks before giving birth. The results will be used to improve healthcare as well as for research.

Your participation in the Pregnancy Survey is voluntary. No one you encounter in the healthcare system will know whether or not you participated. The results will be presented in such a way that no one will know which answers are yours.

Remember that you cannot request assistance or advice through this survey. If you have any problems or questions about your pregnancy and care, you should contact your midwife or health clinic. If you have any complaints or comments that you want feedback on, you must take them up directly with the health clinic or the [Patients' Advisory Committee](#) in your region.

If you have any questions about the survey, you can contact us by email: info@skr.se.

If you want to know more about how your data are retrieved and handled, read more on [1177.se](#).

Introductory questions

1. How do you feel your general health was in the last three months of your pregnancy?
 - 1 Very poor
 - 2
 - 3
 - 4
 - 5 Very good
 - Cannot/choose not to answer

Questions about maternity services

If you have visited more than one clinic in maternity services, think of the one you visited most recently.

2. Do you think it has been easy to get in touch with maternity services?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
3. Have you been able to ask the questions you wanted of the midwife/midwives in maternity services?
 - 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

4. Have you felt secure with the midwife/midwives involved in your antenatal care?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
5. Have you been able to see the same midwife as often as you want in your visits to maternity services?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
6. Have you felt secure with the doctor/s you've seen in maternity care or specialist maternity care?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't seen any doctors
 - Cannot/choose not to answer
7. Did you get enough support during your pregnancy for your fear of childbirth, if you have such a fear?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't needed support for fear of childbirth
 - Cannot/choose not to answer
8. Did maternity services give you enough information about childbirth?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

9. Did maternity services give you enough information about *the period after the birth?* (e.g. on recovery, breastfeeding and parenthood)
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
10. Did you feel that you were involved enough in planning and decisions about your antenatal care?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
11. Do you feel your partner/loved one got to be involved enough in planning and decisions about your antenatal care?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Not applicable
 - Cannot/choose not to answer
12. Would you recommend the maternity services clinic you've visited to other pregnant people?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer
13. Do you feel that maternity services have met your needs so far?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Cannot/choose not to answer

14. Here, you can write about anything you don't think has worked well, or make suggestions you think can improve maternity services.

Your answer will be sent to your maternity services clinic. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Questions about the labour and birth and your hospital stay afterwards

15. How did you give birth?

- Vaginally
- Planned C-section
- Emergency C-section
- Cannot/choose not to answer

16. Have you given birth before?

- No
- Yes
- Cannot/choose not to answer

17. How was your birthing experience?

- 1 The worst possible
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 The best possible
- Cannot/choose not to answer

18. Were you able to give birth where you wanted to?

- No
- Yes → *Go to question 20*
- Cannot/choose not to answer

19. Why were you not able to give birth where you wanted?

- Sent elsewhere due to lack of beds
- Sent elsewhere for medical reasons
- Sent elsewhere but don't know why
- Wanted to give birth at home
- Specify below:

Cannot/choose not to answer

20. Did you get the help you needed for pain management while giving birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

21. Did you get enough support from the staff while giving birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

22. Was the midwife in the delivery room as much as you wished?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

23. Did you get the information you needed to make decisions on the measures conducted during the birth? (e.g. advantages, disadvantages and alternatives)

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

24. Did the staff respect your wishes as to what measures to carry out during the birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

25. Did you feel secure with the care you received during the birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

26. Was your partner/loved one able to participate as much as you wanted in your childbirth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

27. Did you have skin-to-skin contact after birth?

- No, I/my baby/babies needed medical attention
- No, for another reason
- Yes, after more than two hours
- Yes, not immediately but within two hours
- Yes, immediately
- Cannot/choose not to answer

28. Did you get enough support from the staff getting started breastfeeding?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Didn't need support/not applicable
- Cannot/choose not to answer

29. Did you or your baby/babies need special medical attention after the birth, such as neonatal care or emergency inpatient care?

- No → *Go to question 31*
- Yes
- Can't/decline to answer

30. Were you cared for together in the same room while in hospital?

- No
- Yes, in part
- Yes, the whole time
- Cannot/choose not to answer

31. Did you get to stay in hospital as long as you wanted after giving birth?

- No, I would have preferred to stay longer
- No, I would have preferred to go home earlier
- Yes
- Cannot/choose not to answer

32. Did your partner/loved one get to stay at the hospital after the birth?

- No, but I would have liked that
- No, it wasn't necessary
- Yes
- Not applicable
- Cannot/choose not to answer

Now we have some questions on your care in the maternity ward, before being discharged from hospital. If you got maternity care at home, have that care in mind when you reply.

33. During your time in hospital, did you get enough support from staff getting started breastfeeding?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Didn't need support/not applicable
- Cannot/choose not to answer

34. Did you get the information you needed about recovery/the time after giving birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

35. Did you feel that you were involved enough in planning and decisions about your postnatal care?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

36. Do you feel that your postnatal care in hospital met your needs?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

37. Would you recommend the same maternity ward to others?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Cannot/choose not to answer

38. Did you feel discriminated against or subjected to humiliating treatment during the birth or the time you spent in hospital afterwards?

- No
- Yes → Did you feel that it was due to any of the following?
 - age
 - overweight
 - transgender identity or expression
 - sexual orientation
 - ethnicity
 - religion or other faith
 - disability
 - other
 - no / don't know

39. Here, you can write about anything you don't think has worked well, or make suggestions you think can improve maternity or postnatal care at the hospital.

Your answer will be sent to the hospital. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Questions about your health after the birth

40. How do you feel your general health is now?

- 1 Very poor
- 2
- 3
- 4
- 5 Very good
- Cannot/choose not to answer

41. Do you have any pelvic pain that has not gone away since giving birth?

- Yes, severe/serious
- Yes, mild
- No
- Cannot/choose not to answer

42. Do you have any problems related to urinating, defecating or wind since the birth?

- Yes, severe/serious
- Yes, mild
- No → *Go to the closing questions*
- Cannot/choose not to answer → *Go to closing questions*

Pregnancy and giving birth can affect your pelvic region. More research is needed on how it is affected, so we are asking all women who are having problems, how things are going. Do you have any of the problems covered by these questions? If so, talk to your midwife for advice.

43. Did you need treatment for difficulties in emptying your bladder after the birth?

- Yes
- No
- Cannot/choose not to answer

44. Do you have urine leakage or unintentional passing of urine?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

45. Do you have difficulty controlling your bowel movements or wind?

- Yes
- No → *Go to the closing questions*
- Cannot/choose not to answer → *Go to the closing questions*

46. Do you have problems keeping from breaking wind?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

47. Do you leak poo if the poo is runny?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

48. Do you leak poo if the poo is firm?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

49. Do you use incontinence pads due to bowel leakage?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

50. Do your leakage problems impede your lifestyle? (*this question refers to either bowel incontinence or wind*)

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

Closing questions

51. Were you given the opportunity to talk as much as you wanted about the birth and your experiences with a midwife or doctor from the maternity ward?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Not applicable
 - Cannot/choose not to answer
52. Has the maternity clinic followed up on your postpartum health as much as you want?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Not applicable
 - Cannot/choose not to answer
53. If you've had physical problems since giving birth, have you received sufficient care or support?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't had problems/not applicable
 - Cannot/choose not to answer
54. If you've had mental health problems since giving birth, have you received sufficient care or support?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't had problems/not applicable
 - Cannot/choose not to answer
55. If you've had difficulties breastfeeding since you were discharged from hospital, have you received all the support you needed from healthcare professionals?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't had problems/haven't breastfed
 - Cannot/choose not to answer

56. Not every situation can be covered in a survey. Do you have any other comments, or do you wish to elaborate on your replies?

Your answer will be sent to your maternity clinic and your hospital. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Pregnancy Survey 3

1 year post-birth

Introduction

You are invited to participate in the Pregnancy Survey about what you think of the care you have received and your own health one year after the birth. The results will be used to improve healthcare as well as for research.

Your participation in the Pregnancy Survey is voluntary. No one you encounter in the healthcare system will know whether or not you participated. The results will be presented in such a way that no one will know which answers are yours.

Remember that you cannot request assistance or advice through this survey. If you have any problems or questions about your pregnancy and care, you should contact your midwife or health clinic. If you have any complaints or comments that you want feedback on, you must take them up directly with the health clinic or the [Patients' Advisory Committee](#) in your region.

If you have any questions about the survey, you can contact us by email: info@skr.se.

If you want to know more about how your data are retrieved and handled, read more on [1177.se](#).

Questions about your health

1. How do you feel your general health is now?

- 1 Very poor
- 2
- 3
- 4
- 5 Very good
- Cannot/choose not to answer

2. How was your birthing experience?

- 1 The worst possible
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 The best possible
- Cannot/choose not to answer

3. If you had physical problems after giving birth, did you know where to turn?

- No
- Yes
- Haven't had problems/not applicable
- Cannot/choose not to answer

4. If you've had physical problems since giving birth, have you received sufficient care or support?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't had problems/not applicable
 - Cannot/choose not to answer
5. If you had mental health problems after giving birth, did you know where to turn?
- No
 - Yes
 - Haven't had problems/not applicable
 - Cannot/choose not to answer
6. If you've had mental health problems since giving birth, have you received sufficient care or support?
- 1 No, not at all
 - 2
 - 3
 - 4
 - 5 Yes, very much so
 - Haven't had problems/not applicable
 - Cannot/choose not to answer
7. Do you have any pelvic pain that has not gone away since giving birth?
- Yes, severe/serious
 - Yes, mild
 - No
 - Cannot/choose not to answer
8. Do you have any problems related to urinating, defecating or wind since giving birth?
- Yes, severe/serious
 - Yes, mild
 - No → Go to questions on breastfeeding
 - Cannot/choose not to answer → *Go to questions on breastfeeding*

Pregnancy and giving birth can affect your pelvic region. More research is needed on how it is affected, so we are asking all women who are having problems after giving birth about a year ago, how things are going. Do you have any of the problems covered by these questions? If so, talk to your midwife for advice.

9. Do you have urine leakage or unintentional passing of urine?
- Never
 - Almost never
 - 1–3 times a month
 - 1–3 times a week
 - Every day
 - Cannot/choose not to answer
10. Do you ever have to press the rear wall of your vagina to empty your bowels?
- Never
 - Almost never
 - 1–3 times a month
 - 1–3 times a week
 - Every day
 - Cannot/choose not to answer
11. Do you have difficulty controlling your bowel movements or wind?
- Yes
 - No → *Go to questions on breastfeeding*
 - Cannot/choose not to answer → *Go to questions on breastfeeding*
12. Do you have problems keeping from breaking wind?
- Never
 - Almost never
 - 1–3 times a month
 - 1–3 times a week
 - Every day
 - Cannot/choose not to answer
13. Do you leak poo if the poo is runny?
- Never
 - Almost never
 - 1–3 times a month
 - 1–3 times a week
 - Every day
 - Cannot/choose not to answer

14. Do you leak poo if the poo is firm?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

15. Do you use incontinence pads due to bowel leakage?

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

16. Do your leakage problems impede your lifestyle? (*this question refers both to bowel incontinence or wind*)

- Never
- Almost never
- 1–3 times a month
- 1–3 times a week
- Every day
- Cannot/choose not to answer

Questions about breastfeeding

17. Have you breastfed your baby/babies since you gave birth about a year ago (this includes expressing and pumping)?

- No → *Go to the closing questions*
- Yes
- Cannot/choose not to answer → *Go to the closing questions*

18. Did you get enough support from the staff to continue breastfeeding after being discharged from hospital?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Didn't need support/not applicable
- Cannot/choose not to answer

19. If you are no longer breastfeeding, how long did you breastfeed?

- 0–2 months
- 3–4 months
- 5–6 months
- 7+ months
- Still breastfeeding
- Cannot/choose not to answer

20. Were you/have you been able to breastfeed as long as you wanted?

- No, because of difficulties/pain
- No, for other reasons
- Yes
- Cannot/choose not to answer

21. Here, you can write about anything you don't think has worked well, or make suggestions you think can improve breastfeeding support.

Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.

Closing questions

22. Were you given the opportunity to talk as much as you wanted about the birth and your experiences with healthcare staff?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

23. Do you feel that your care needs were met during your pregnancy, labour and birth, and the time after the birth?

- 1 No, not at all
- 2
- 3
- 4
- 5 Yes, very much so
- Not applicable
- Cannot/choose not to answer

24. Have you felt discriminated against or subjected to humiliating treatment in your encounters with healthcare professionals during your pregnancy, labour and birth and postnatal care?

- No
- Yes → Did you feel that it was due to any of the following?
 - age
 - overweight
 - transgender identity or expression
 - sexual orientation
 - ethnicity
 - religion or other faith
 - disability
 - other
 - no / don't know

25. Not every situation can be covered in a survey. Do you have any other comments, or do you wish to elaborate on your replies?

Your answer will be sent to your maternity clinic and your hospital. Do not include any names or personal data.

Note that you cannot get answers to questions or feedback on comments you write here.