Form Approved

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Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA; Title 5 of Public-Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-0729).

# Online Follow-Up Survey

This is a web survey that you will complete online. As you answer the survey, please note the following:

* **Do not use your browser’s “back” button** during the survey. Instead, use the “Back” button at the bottom of each screen.
* Please answer all questions to the best of your ability.
* Unless you see the words “select all that apply” after a question, please select only one answer for each question.
* You may complete parts of the survey and save it by clicking “Save & Continue” at the end of each page.
* After saving, you can exit by closing the browser.
* You can also log in again using the same link and password to continue the survey at a later time.

Thank you for your continued contributions to the study “Assessing the Effectiveness of an eLearning Course to Improve Birth Data Quality.”

Now that you have completed the online eLearning course, “Applying Best Practices for Reporting Medical and Health Information on Birth Certificates,” we invite you to take the Online Follow-Up Survey. Your feedback on the Online Follow-Up Survey will help improve the eLearning course you recently completed, which will help improve the quality of medical and health data collected on birth certificates. Please answer as openly and honestly as possible, your feedback will only be used to improve the eLearning course.

Your continued contribution is helpful to the success of the study. Cooperation in this final survey is greatly appreciated; however, your participation is voluntary. You may choose not to answer any question for any reason, and you may stop the survey at any time. Choosing not to participate will not affect any benefits you may receive.

By Federal law, the answers you give are confidential and we will take all possible steps to protect your privacy (details provided above). Only summarized results from the surveys will be provided to Massachusetts DPH/VR. That is, results from the nine participating hospitals will be combined so that individual respondents and hospitals cannot be identified and no record-level data will be shared. Individual hospitals will not be identified in any published reports on the study findings and information on your hospital will not be provided to you.

You may have questions about your rights as a participant in this research study. If so, please call the office of the Research Ethics Review Board at NCHS, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number XXX. Your call will be returned as soon as possible.

If you have any questions about the study, please contact NCHS by emailing [births@cdc.gov](mailto:births@cdc.gov). For issues with your login or with the functionality of the survey, please contact the 2M research team by calling the toll-free survey helpline at 1-844-250-1911, or by emailing, [elearning@2mresearch.com](mailto:elearning@2mresearch.com).

We encourage you to complete the survey as soon as possible. The survey is designed to be completed within 30 minutes. Remember you may save at any point and return at a later time on any computer.

1. Have you completed the eLearning course called “Applying Best Practices for Reporting Medical and Health Information on Birth Certificates?”
   * Yes [Continue to question 2]
   * No [receive message to complete the course before completing the follow-up survey]
   * Unsure [receive message to complete the course before completing the follow-up survey]
2. Please describe at least one thing you did not previously know that you learned from the eLearning course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. On a scale from 1 to 6, please rate how much you agree with the following statement: Birth certificate data are important.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. Please think about the people at your hospital **with your specific job (for example, if you are a Birth Registrar, answer this question thinking about the other Birth Registrars at your hospital)**: In your opinion, how important is the accurate reporting of birth data to most people at your hospital who have your job? Please choose “0” if this is not applicable to you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** | **Not important at all** | **Slightly important** | **Somewhat important** | **Moderately important** | **Very important** | **Extremely important** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

For questions 5 through 8 below, please rate the degree to which you agree with the following statements:

1. Improving the accuracy of birth certificate data reporting is, at least in part, my responsibility.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I am confident that I can help improve the accuracy of birth certificate data reporting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. Improving the completeness of birth certificate data reporting is, at least in part, my responsibility.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I am confident that I can help improve the completeness of birth certificate data reporting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completely disagree** | **Somewhat disagree** | **Slightly disagree** | **Slightly agree** | **Somewhat agree** | **Completely agree** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. What do you see as the advantages of improving birth data quality? (select all that apply)
   * + Tracking key measures of health care such as prenatal care and cesarean delivery
     + Tracking key measures of infant health such as preterm birth and low birthweight
     + Improving our understanding of the risk of rare outcomes such as ruptured uterus
     + Improving our understanding of the causes of poor pregnancy outcomes
     + Other: Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How effective do you think the eLearning course was in increasing your knowledge about collecting and/or reporting birth certificate data?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not effective at all** | **Slightly effective** | **Somewhat effective** | **Moderately effective** | **Very effective** | **Extremely effective** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. Please briefly describe why you chose this number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What do you think about the amount of time it took to complete the course?
   * + Too long
     + Too short
     + The right amount of time
     + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What did you think about the overall format of the course?
   * + I liked the online format of the course.
     + I would have preferred in-person training.
     + I would have preferred a manual/book or hard copy materials.
     + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Now think about the navigation: How easy was it for you to progress through the eLearning course training?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely difficult** | **Somewhat difficult** | **Slightly difficult** | **Slightly easy** | **Somewhat easy** | **Extremely easy** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. On a scale from 1 to 6, how aesthetically pleasing did you find the eLearning course to be?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not pleasing at all** | **Slightly pleasing** | **Somewhat pleasing** | **Moderately pleasing** | **Very pleasing** | **Extremely pleasing** |
| 1 | 2 | 3 | 4 | 5 | 6 |

1. Which of the following are examples of items collected on the birth certificate? (select all that apply)
   * Prepregnancy and Gestational Diabetes
   * Whether forceps or vacuum were used to assist vaginal delivery
   * Syphilis, Chlamydia, and Gonorrhea (present and/or treated during pregnancy)
   * Whether the mom exercised regularly during pregnancy
   * Cleft Lip with or without Cleft Palate
2. A woman has labor induced with Pitocin, receives additional doses of Pitocin after labor starts, and has an emergency cesarean delivery after 24 hours of labor. Which of the following birth certificate items should NOT be checked? (select all that apply)
   * Induction of Labor
   * Cesarean delivery
   * In cesarean, was a trial of labor attempted: Yes
   * Augmentation of Labor
3. What are potential uses of the medical and health portion of the birth certificate? (select all that apply)
   * To monitor trends in key maternal and infant health indicators, such as cesarean delivery rates
   * To inform development of clinical recommendations and healthcare services for specific populations
   * To establish proof of the child’s relationship to the parents for benefits, such as health insurance
   * To better understand health care access and pregnancy outcomes for different groups
4. Which of the following responses apply to the confidentiality and privacy of the medical and health information collected on the birth certificate? (select all that apply)
   * The information reported is used for public health purposes only.
   * All information except for names are releasable for almost all purposes.
   * Federal and State laws govern the use of this information, how it is securely maintained, and with whom it is shared.
   * Confidential information is sent to HIPAA and kept in a bank that no one has access to.
5. A woman comes to the hospital and delivers at 21 weeks’ gestation. The fetus has some transient cardiac contractions, but no consistent heartbeat, and does not show any other signs of life such as breathing, an umbilical cord pulse, or voluntary muscle movement. Which of the following should be completed? (select all that apply)
   * Certificate of Live Birth
   * Report of Fetal Death
   * Certificate of Death
6. What should be done if it is not clear whether Pitocin was used to induce or augment labor? (select all that apply)
   * Check with the birth attendant or labor and delivery nurse present at delivery.
   * Review the records to determine when labor began and when Pitocin was adminstered.
   * Check with the mom.
7. A woman has recently given birth. She saw her physician 11 times, had 2 lab tests done where her physician did not see her, and attended a childbirth class on 6 occasions. How many prenatal visits should be recorded?
   * 19 prenatal visits
   * 13 prenatal visits
   * 11 prenatal visits
8. The obstetric estimate (OE) of gestational age recorded in the labor and delivery records is 37 weeks and 5 days. The OE that should be recorded for the birth certificate is:
   * 38 weeks
   * 37 weeks and 5 days
   * 37 weeks
   * None of the above
9. How interested would you be in receiving regular examples of how the birth certificate data are used?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not interested at all** | **Slightly interested** | **Somewhat interested** | **Moderately interested** | **Very interested** | **Extremely interested** |
| 1 | 2 | 3 | 4 | 5 | 6 |

If on question 1, participant indicates “no” or “unsure” whether they have completed the eLearning course, participant will be rerouted to the following message:

Please complete the eLearning course before completing this survey. You should have received an email with a link to the course. If you have any questions, please email [elearning@2mresearch.com](mailto:elearning@2mresearch.com) or call 1-844-250-1911 (toll-free).