

## **AGENCY DISCLOSURE NOTICE**

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## **SURVEY INTRODUCTION**

Section 746 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year (FY) 2021 (Public Law 116-283, enacted on January 1, 2021) authorized the Department of Defense to conduct this survey. Information collected in this survey will be used to research a variety of topics related to maternal care in the Department of Defense, including evaluation of a Childbirth and Breastfeeding Support Demonstration project. This information will assist in the formulation of policies that may be needed to improve programs and services for military members, retirees, and their families. Reports will be provided to the Department of Defense and to Congress. Participation in the survey is voluntary, and will not impact your eligibility for maternity services, including services provided under the Childbirth and Breastfeeding Support Demonstration. However, maximum participation is encouraged so the data will be complete and representative.

Your name and contact information have been used only for the distribution of this survey. Your responses to demographic questions will allow the Department of Defense (DoD) to better analyze all responses among varying demographic groups. Responding to the survey is voluntary and you may decline or skip over any questions you do not wish to answer. The survey is confidential.

The data collection procedures are not expected to involve any risk or discomfort to you. Some findings may be published by the Defense Health Agency in professional journals or presented at scientific conferences. Your responses could be used in future research. Survey data may be shared with DoD researchers or organizations outside the DoD who are conducting research on outcomes related to maternal care in the DoD. In many cases, these researchers will be provided with a dataset containing limited demographic information (for example, component or pay grade groupings). Identifying information will be used only by government and contractor staff engaged in, and for the purposes of, survey research and evaluation of the Childbirth and Breastfeeding Support Demonstration. This may include an outside contractor hired for the specific purpose of assisting the DoD in evaluating the Childbirth and Breastfeeding Support Demonstration. In no case will individual identifiable survey responses be reported.

***The following questions refer to your most recent childbirth under TRICARE***

- 1) How long ago did you give birth?
  - Less than 1 month ago
  - Between 1 and 3 months ago
  - More than 3 months ago but less than 7 months ago
  - 7 months ago or more
  - Prefer not to answer
  
- 2) Have you given birth before?
  - Yes
  - No
  - Prefer not to answer
  
- 3) Who was present in the room during your childbirth (not including medical staff)? Mark all that apply.
  - No one else present besides medical staff
  - My spouse/partner
  - Family and/or friends
  - Doula
  - Prefer not to answer
  - Other\_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)
  
- 4) Did you give birth while your spouse/partner was unable to be present due to deployment, training, or other mission requirements?
  - Yes **IF YES, GO TO QUESTION #5**
  - No **IF NO, GO TO QUESTION #6**
  - Not applicable **IF NOT APPLICABLE, GO TO QUESTION #6**
  
- 5) What was the length of advanced notice you received from your spouse/partner indicating that he/she would not be in attendance with you giving birth?
  - Less than 24 hours
  - Less than 30 days
  - Between 31 and 90 days
  - More than 90 days
  - Prefer not to answer
  
- 6) Did you receive services from a doula or a lactation consultant/lactation counselor before, during, and/or after pregnancy?
  - Doula **IF SELECTED, THE RESPONDENT WILL RECEIVE THE DOULA QUESTIONS (#14-21)**
  - Lactation consultant/lactation counselor **IF SELECTED, THE RESPONDENT WILL RECEIVE THE LACTATION QUESTIONS (#22-27)**
  - Both **IF SELECTED, THE RESPONDENT WILL RECEIVE THE DOULA QUESTIONS AND THE LACTATION QUESTIONS (#14-27)**
  - Neither

- 7) Which resources were most useful to you during your pregnancy and birth/labor experience? Select all that apply.
- Primary care provider/pediatrician
  - Doula
  - Lactation consultant/counselor
  - Peer support group
  - Family (including spouse/partner) and/or friends
  - Base or MTF provided support
  - Support from my Command or my partner's Command
  - Nursing staff
  - Prefer not to answer
- 8) Overall, how was your most recent birth experience?
- Poor
  - Fair
  - Good
  - Very good
  - Excellent
  - Prefer not to answer
- 9) How do you describe your **physical** health in the post-delivery period (six weeks after childbirth)?
- Poor
  - Fair
  - Good
  - Very good
  - Excellent
  - Prefer not to answer
- 10) How do you describe your **mental** health in the post-delivery period (six weeks after childbirth)?
- Poor
  - Fair
  - Good
  - Very good
  - Excellent
  - Prefer not to answer
- 11) How confident do you feel taking care of your infant?
- Very unconfident
  - Unconfident
  - Neither confident nor unconfident
  - Confident
  - Very confident
  - Prefer not to answer
  - Not applicable

12) Are you breastfeeding or attempting to breastfeed?

- Yes, I am exclusively breastfeeding (including pumping and feeding expressed breastmilk). IF SELECTED, GO TO QUESTION #13
- Yes, I am using a combination of breastfeeding and formula. IF SELECTED, GO TO QUESTION #13
- No, I am only using formula. IF SELECTED, SKIP QUESTION #13
- Prefer not to answer IF SELECTED, SKIP QUESTION #13
- Not applicable IF SELECTED, SKIP QUESTION #13

13) How confident are you in breastfeeding your infant?

- Very unconfident
- Unconfident
- Neither confident nor unconfident
- Confident
- Very confident
- Prefer not to answer
- Not applicable

### **Your Experience with Your Doula**

*[These questions given only to those who answered they used doula services in screening question #6]*

14) How was your doula paid for?

- TRICARE paid for all or part
- I paid or a member of my family paid
- My doula was a volunteer
- Another organization or program paid
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

15) How many times did you meet with your doula **before** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

16) How many times did you meet with your doula **after** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

17) How useful was your doula's birthing support?

- Not at all useful
- Slightly useful
- Somewhat useful
- Neither useful nor useless
- Very useful
- Extremely useful
- Prefer not to answer

18) How useful was your doula's support during the postpartum period?

- Not at all useful
- Slightly useful
- Somewhat useful
- Neither useful nor useless
- Very useful
- Extremely useful
- Prefer not to answer

19) Overall, how would you rate the quality of childbirth support you received from your doula, where 1 is the lowest possible quality and 10 is the highest possible quality?

- 1 – lowest possible quality
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – highest possible quality

20) How much do you agree with the following statement:

My doula helped me navigate discrimination during pregnancy and/or at labor and delivery.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- I did not experience discrimination.
- Prefer not to answer

21) Which of the following problems did you encounter while accessing a doula under this TRICARE demonstration?

- I did not have any problems.
- I was unable to use my preferred doula because he/she was not eligible under the demonstration requirements.
- I was unable to use my preferred doula because he/she did not accept TRICARE payment.
- I was unable to participate in the demonstration because there were no doulas available in my area.
- Not applicable; I worked with a doula who was not under this TRICARE demonstration.
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

### **Your Experience With Your Lactation Consultant/Counselor**

*[These questions given only to those who answered they used lactation consultant/counselor services in screening question #6]*

22) How many times did you meet with your lactation consultant/counselor **before** birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

23) How many times did you meet with your lactation consultant/counselor **after** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

24) How much do you agree with the following statement:

My lactation consultant/counselor provided useful breastfeeding support.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Prefer not to answer

25) How frequently was your lactation consultant/counselor able to resolve issues you had while breastfeeding?

- Very infrequently/never
- Infrequently
- Neither frequently nor infrequently
- Frequently
- Very Frequently
- Not applicable
- Prefer not to answer

26) Overall, how would you rate the quality of lactation support you received from your lactation consultant/counselor, where 1 is the lowest possible quality and 10 is the highest possible quality?

- 1 – lowest possible quality
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – highest possible quality

27) Which of the following problems did you encounter while accessing a lactation consultant/counselor under this TRICARE demonstration?

- I did not have any problems.
- I was unable to use my preferred lactation consultant/counselor because he/she was not eligible under the demonstration requirements.
- I was unable to use my preferred lactation consultant/counselor because he/she did not accept TRICARE payment.
- I was unable to participate in the demonstration because there were no lactation consultants/counselors available in my area.
- Not applicable; I worked with a lactation consultant/counselor who was not under this TRICARE demonstration.
- Other \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

**Your Overall Experience** *[Show to all]*

28) What part of the demonstration were you **least** satisfied with?

- Provider availability
- Lack of, or confusing, information from TRICARE
- Too few visits allowed
- The quality of services provided by my doula
- The quality of services provided by my lactation consultant/counselor
- Nothing. I was happy with all services received during this process.
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

29) Please share any additional comments regarding your experience with this TRICARE demonstration. (Do not include personally identifiable information such as your name or sponsor's identification number.)

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**About You** *[Show to all]*

30) Are you an Active Duty Service Member or part of the Reserves/National Guard?

- Yes, I am an Active Duty Service Member or in the Reserves/National Guard.
- No, I am neither Active Duty nor in the Reserves/National Guard. **IF NO, GO TO QUESTION #34**

31) Which branch of the military do you belong to?

*[Show if Question #30 = Yes]*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Space Force
- National Guard
- Reserves

32) What is your current military rank?

*[Show if Question #30 = Yes]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10



33) Select which most closely matches your current occupation. If none apply, select "other."

*[Show if Question #30 = Yes]*

- Administrative
- Combat specialty
- Construction
- Engineering, science, or technical
- Executive, administrative, or managerial officer
- Healthcare
- Human resource development
- Machine operator or repair
- Media or public affairs
- Protective service/law enforcement
- Support service
- Transportation or material-handling
- Vehicle and mechanical machinery
- Other, please specify \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

34) Are you retired from the military?

- Yes
- No **IF NO, GO TO QUESTION #37**

35) Which branch of the military did you retire from?

*[Show if Question #34 = Yes]*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Space Force
- National Guard
- Reserves

36) What rank did you retire at?

*[Show if Question #34 = Yes]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10

*[SHOW TO ALL]*

37) Are you a spouse/partner of an Active Duty Armed Force Member?

- Yes
- No

38) What is your relationship status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated
- Prefer not to answer

39) What is your age?

- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- Over 65 years old
- Prefer not to answer

40) Do you consider yourself to be Hispanic or Latino?

- Yes
- No

41) What is your race? Please select one or more.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White