

PRAMS COVID-19 Experiences Supplemental Module: Web Mode

Prams Web Survey Module Portals

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80%


These next questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.

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CV1. During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend?

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have prenatal care

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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check **No** if it was not a reason or **Yes** if it was.

- | | No | Yes |
|--|-----------------------|----------------------------------|
| a. Lack of availability of virtual appointments from my provider | <input type="radio"/> | <input type="radio"/> |
| b. Lack of an available telephone to use for appointments | <input type="radio"/> | <input type="radio"/> |
| c. Lack of enough cellular data or cellular minutes | <input type="radio"/> | <input type="radio"/> |
| d. Lack of a computer or device | <input type="radio"/> | <input type="radio"/> |
| e. Lack of internet service or had unreliable internet | <input type="radio"/> | <input type="radio"/> |
| f. Lack of a private or confidential space to use | <input type="radio"/> | <input type="radio"/> |
| g. I preferred seeing my health care provider in person | <input type="radio"/> | <input type="radio"/> |
| h. Other reason | <input type="radio"/> | <input checked="" type="radio"/> |

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CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

- | | No | Yes |
|--|-----------------------|-----------------------|
| a. My appointments were canceled or delayed because my provider's office was closed or had reduced hours | <input type="radio"/> | <input type="radio"/> |
| b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments | <input type="radio"/> | <input type="radio"/> |
| c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic | <input type="radio"/> | <input type="radio"/> |
| d. I canceled or delayed because I had problems finding care for my children or other family members | <input type="radio"/> | <input type="radio"/> |
| e. I canceled or delayed because I was worried about taking public transportation and had no other way to get there | <input type="radio"/> | <input type="radio"/> |
| f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection | <input type="radio"/> | <input type="radio"/> |

Previous

Stop

Next



CV4. While you were pregnant, how often did you do the following things to avoid getting COVID-19?

For each one, check: **A** if you *always* did it, **S** if you *sometimes* did it, or **N** if you *never* did it.

	A	S	N
a. Avoided gatherings of more than 10 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stayed at least 6 feet (2 meters) away from others when I left my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Only left my home for essential reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Made trips as short as possible when I left my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Avoided having visitors inside my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Wore a mask or a cloth face covering when out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Washed hands for 20 seconds with soap and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used alcohol-based hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Covered coughs and sneezes with a tissue or my elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Previous

Stop

Next



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CV5. While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences? For each one, check **No if you did not or **Yes** if you did.**

	No	Yes
a. I had responsibilities or a job that prevented me from staying home	<input type="radio"/>	<input type="radio"/>
b. Someone in my household had a job that required close contact with other people	<input type="radio"/>	<input type="radio"/>
c. When I went out, I found that other people around me did not practice social distancing	<input type="radio"/>	<input type="radio"/>
d. I had trouble getting disinfectant to clean my home	<input type="radio"/>	<input type="radio"/>
e. I had trouble getting hand sanitizer or hand soap for my household	<input type="radio"/>	<input type="radio"/>
f. I had trouble getting or making masks or cloth face coverings	<input type="radio"/>	<input type="radio"/>
g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	<input type="radio"/>	<input type="radio"/>
h. I was told by a health care provider that I had COVID-19	<input type="radio"/>	<input type="radio"/>
i. Someone in my household was told by a health care provider that they had COVID-19	<input type="radio"/>	<input type="radio"/>

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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?


- | | No | Yes |
|--|-----------------------|----------------------------------|
| My husband or partner | <input type="radio"/> | <input type="radio"/> |
| Another family member or friend | <input type="radio"/> | <input type="radio"/> |
| A doula | <input type="radio"/> | <input type="radio"/> |
| Some other support person (not including hospital staff) | <input type="radio"/> | <input checked="" type="radio"/> |

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Previous

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The hospital did not allow me to have any support people **No** **Yes**

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CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. My baby was tested for COVID-19 in the hospital	<input type="radio"/>	<input type="radio"/>
b. I was separated from my baby in the hospital after delivery <i>to protect my baby from COVID-19</i>	<input type="radio"/>	<input type="radio"/>
c. I wore a mask when other people came into my hospital room	<input type="radio"/>	<input type="radio"/>
d. I wore a mask while I was alone caring for my baby in the hospital	<input type="radio"/>	<input type="radio"/>
e. I was given information about how to protect my baby from COVID-19 when I went home	<input type="radio"/>	<input type="radio"/>


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CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check **No** if it did not apply to you or **Yes** if it did.


	No	Yes
a. I was given information in the hospital about how to protect my baby from infection while breastfeeding	<input type="radio"/>	<input type="radio"/>
b. I wore a mask while breastfeeding in the hospital	<input type="radio"/>	<input type="radio"/>
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	<input type="radio"/>	<input type="radio"/>
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	<input type="radio"/>	<input type="radio"/>

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CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check **No** if the pandemic did not affect your baby's health care in this way or **Yes** if it did.


	No	Yes
a. My baby's well visits or checkups were canceled or delayed	<input type="radio"/>	<input type="radio"/>
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	<input type="radio"/>	<input type="radio"/>
c. My baby's immunizations were postponed	<input type="radio"/>	<input type="radio"/>

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CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have any postpartum appointments for myself


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CV11. Did any of the following things happen to you due to the COVID-19 pandemic? For each one, check **No if it did not happen or **Yes** if it did.**

	No	Yes
a. I lost my job or had a cut in work hours or pay	<input type="radio"/>	<input type="radio"/>
b. Other members of my household lost their jobs or had a cut in work hours or pay	<input type="radio"/>	<input type="radio"/>
c. I had problems paying the rent, mortgage, or other bills	<input type="radio"/>	<input type="radio"/>
d. A member of my household or I received unemployment benefits	<input type="radio"/>	<input type="radio"/>
e. I had to move or relocate	<input type="radio"/>	<input type="radio"/>
f. I became homeless	<input type="radio"/>	<input type="radio"/>
g. The loss of childcare or school closures made it difficult to manage all my responsibilities	<input type="radio"/>	<input type="radio"/>
h. I had to spend more time than usual taking care of children or other family members	<input type="radio"/>	<input type="radio"/>
i. I worried whether our food would run out before I got money to buy more	<input type="radio"/>	<input type="radio"/>
j. I felt more anxious than usual	<input type="radio"/>	<input type="radio"/>
k. I felt more depressed than usual	<input type="radio"/>	<input type="radio"/>
l. My husband or partner and I had more verbal arguments or conflicts than usual	<input type="radio"/>	<input type="radio"/>
m. My husband or partner was more physically, sexually, or emotionally aggressive towards me	<input type="radio"/>	<input type="radio"/>

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