Form Approved
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We would like to learn about your experiences to help improve care for women who experience stillbirths. The questions on this survey are about your pregnancy when your baby died, except when noted. We understand that some questions may be sensitive, but we appreciate any information you are able to share.

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

2. *Just before* you got pregnant, how much did you weigh?

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

The next questions are about the time *before* you got pregnant.

4. During the *3 months before* you got pregnant, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

		No	Yes
a.	Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b.	High blood pressure or hypertension	❑	❑
c.	Depression	❑	❑
d.	Asthma	❑	❑
e.	Thyroid problems	❑	❑
f.	PCOS (polycystic ovarian syndrome)	❑	❑
g.	Anxiety	❑	❑

5. During the *month before* you got pregnant, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

We would like to find out about your pregnancy history.

6. How many times have you been pregnant? Please include this pregnancy and ALL pregnancies you have had (both losses and live births).

- ❑ 1 time → **Go to Page 2, Question 12**
- ❑ 2 to 4 times
- ❑ 5 to 7 times
- ❑ 8 or more times

Go to Page 2, Question 7

7. *Before this pregnancy*, did you have any babies who were born alive?

- ❑ No → **Go to Question 10**
- ❑ Yes

8. Did your last baby who was born alive weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

- ❑ No
- ❑ Yes

9. Was your last baby who was born alive born *earlier* than 3 weeks before his or her due date?

- ❑ No
- ❑ Yes

10. *Before this pregnancy*, did you have any pregnancies that ended in a loss?

- ❑ No → **Go to Question 12**
- ❑ Yes

11. Please indicate the number of previous losses you had that ended in each of the following time periods (not including this baby):

_____ Number of pregnancies that ended before 12 weeks

_____ Number of pregnancies that ended between 12 and 27 weeks

_____ Number of pregnancies that ended at 28 weeks or later

12. When you got pregnant with this baby, were you trying to get pregnant?

- ❑ No
- ❑ Yes

The next questions are about your *health insurance coverage* before, during, and after your pregnancy.

13. During the *month before* you got pregnant, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

14. During your *pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 15**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance for my *prenatal care*

15. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ TRICARE or other military health care
- ❑ Indian Health Service (IHS) or tribal
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

DURING PREGNANCY

The next questions are about the prenatal care you received during your pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker during your pregnancy to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care → **Go to Question 18**

Go to Question 17

17. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

		No	Yes
a.	If I knew how much weight I should gain during pregnancy	❑	❑
b.	If I was taking any prescription medication	❑	❑
c.	If I was smoking cigarettes	❑	❑
d.	If I was drinking alcohol	❑	❑
e.	If someone was hurting me emotionally or physically	❑	❑
f.	If I was feeling down or depressed	❑	❑
g.	If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h.	If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i.	If I planned to breastfeed my new baby	❑	❑
j.	If I planned to use birth control after my baby was born	❑	❑
k.	If I knew how to track my baby's movements	❑	❑
l.	If I knew about recommended sleeping positions during pregnancy	❑	❑

18. During this pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ❑ No
- ❑ Yes

19. During the 12 months before your baby was delivered, did you *get* a flu shot?

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

20. During your pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

21. Did you have any of the following problems during your pregnancy? For each item, check **No** if you did not have the problem or **Yes** if you did.

	No	Yes
a. Vaginal bleeding	❑	❑
b. Kidney or bladder (urinary tract) infection (UTI)	❑	❑
c. ***Severe*** nausea, vomiting, or dehydration that sent me to the doctor or hospital	❑	❑
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	❑	❑
e. Complications with the placenta (such as abruptio placentae or placenta previa)	❑	❑
f. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	❑	❑
g. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	❑	❑
h. I had to have a blood transfusion	❑	❑
i. I was hurt in a car accident	❑	❑
j. Decreased fetal movement or a change in fetal movement	❑	❑
k. Fever of 101° or higher	❑	❑
l. A gut feeling that something was wrong	❑	❑

22. During your pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections? For each item, check **No** if you were not told that you had the infection or **Yes** if you were.

	No	Yes
a. Yeast infections	❑	❑
b. Urinary tract infection (UTI)	❑	❑
c. Cytomegalovirus (CMV)	❑	❑
d. Genital warts (HPV)	❑	❑
e. Herpes	❑	❑
f. Chlamydia	❑	❑
g. Gonorrhea	❑	❑
h. Pelvic inflammatory disease (PID)	❑	❑
i. Syphilis	❑	❑
j. Group B Strep (Beta Strep)	❑	❑
k. Bacterial vaginosis	❑	❑
l. Trichomoniasis (Trich)	❑	❑
m. Listeria	❑	❑
n. Toxoplasmosis	❑	❑
o. Other	❑	❑

Please tell us:

_____

The next questions are about smoking and alcohol use around the time of pregnancy (before, during, and after). We are not asking these questions because we think you did anything to affect your baby. We ask similar questions of other women on a different survey.

23. Have you smoked any cigarettes in the *past 2 years*?

❑ No → **Go to Question 27**

❑ Yes

Go to Question 24

24. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

25. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I didn't smoke then

26. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ❑ 41 cigarettes or more
- ❑ 21 to 40 cigarettes
- ❑ 11 to 20 cigarettes
- ❑ 6 to 10 cigarettes
- ❑ 1 to 5 cigarettes
- ❑ Less than 1 cigarette
- ❑ I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

27. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 28. Otherwise, go to Page 6, Question 30.

28. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

29. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

30. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ❑ No → **Go to Question 33**
- ❑ Yes

31. During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

32. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened *before* and *during* your pregnancy.

33. Did you have depression during your pregnancy?

- ❑ No → **Go to Question 37**
- ❑ Yes

34. During your pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

35. During your pregnancy, did you *get* counseling for depression?

- ❑ No
- ❑ Yes

36. At any time during your pregnancy, did you take prescription medicine for your depression?

- ❑ No
- ❑ Yes

37. This question is about things that may have happened during the *12 months before your baby was delivered*. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	❑	❑
b. I got separated or divorced from my husband or partner	❑	❑
c. I moved to a new address	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My husband or partner lost their job	❑	❑
f. I lost my job even though I wanted to go on working	❑	❑
g. My husband, partner, or I had a cut in work hours or pay	❑	❑
h. I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i. I argued with my husband or partner more than usual	❑	❑
j. My husband or partner said they didn't want me to be pregnant	❑	❑
k. I had problems paying the rent, mortgage, or other bills	❑	❑
l. My husband, partner, or I went to jail	❑	❑
m. Someone very close to me had a problem with drinking or drugs	❑	❑
n. Someone very close to me died	❑	❑

38. In the *12 months <u>before</u> you got pregnant*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Someone else	❑	❑

39. During your pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Someone else	❑	❑

AFTER PREGNANCY

The next questions are about your baby and your experiences around the time of delivery. We understand that some of these options may not apply to you.

40. When was your baby due?

____ / ____ / 20____

Month Day Year

41. When was your baby delivered?

____ / ____ / 20____

Month Day Year

42. What date do you *think* your baby died?

____ / ____ / 20____

Month Day Year

❑ I don't know

43. What date did you find out that your baby died?

____ / ____ / 20____

Month Day Year

❑ I don't know

44. When did your baby die?

❑ Before delivery
❑ During delivery
❑ I don't know

45. How was your baby delivered?

❑ Vaginally → **Go to Question 47**
❑ Cesarean delivery (c-section)

46. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

❑ My health care provider scheduled my cesarean delivery ***before*** my baby died
❑ My health care provider recommended a cesarean delivery ***before*** I went into labor
❑ My health care provider recommended a cesarean delivery while I was in labor
❑ I asked for the cesarean delivery

47. When were you discharged from the hospital after your baby was delivered?

____ / ____ / 20____

Month Day Year

❑ I didn't have my baby in a hospital → **Go to Page 10, Question 52**

Go to Question 48

48. Were you offered any of the following things during your hospital stay? For each item, check **No** if it was not offered or **Yes** if it was.

		No	Yes
a.	Photographs of my baby	❑	❑
b.	Photographs of my baby with family	❑	❑
c.	Hand and/or foot prints/impressions	❑	❑
d.	Holding my baby	❑	❑
e.	Bathing my baby	❑	❑
f.	Dressing my baby	❑	❑
g.	Baptism or blessing of my baby	❑	❑
h.	Mementos (ex. hat, clothes)	❑	❑
i.	Funeral/memorial service resources	❑	❑
j.	Support groups/peer volunteer resources	❑	❑
k.	Visit with a religious leader (bishop, chaplain, pastor, priest, rabbi, imam, etc.)	❑	❑
l.	Visit with a hospital social worker	❑	❑
m.	To have my baby stay in my room	❑	❑
n.	A cooling bed	❑	❑

49. Which of the following things did you receive during your hospital stay? For those items that were received, please indicate if you felt it was helpful or not.

	Received		Helpful	
	No	Yes	No	Yes
a. Photographs of my baby	❑	❑	❑	❑
b. Photographs of my baby with family	❑	❑	❑	❑
c. Hand and/or foot prints/impressions	❑	❑	❑	❑
d. Holding my baby	❑	❑	❑	❑
e. Bathing my baby	❑	❑	❑	❑
f. Dressing my baby	❑	❑	❑	❑
g. Baptism or blessing of my baby	❑	❑	❑	❑
h. Mementos (ex. hat, clothes)	❑	❑	❑	❑
i. Funeral/memorial service resources	❑	❑	❑	❑
j. Support groups/peer volunteer resources	❑	❑	❑	❑
k. Visit with a religious leader (bishop, chaplain, pastor, priest, rabbi, imam, etc.)	❑	❑	❑	❑
l. Visit with a hospital social worker	❑	❑	❑	❑
m. To have my baby stay in my room	❑	❑	❑	❑
n. A cooling bed	❑	❑	❑	❑

50. Did any of the following things happen to you before you left the hospital? For each item, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. I felt adequately supported by my doctor or midwife in my grieving process	❑	❑
b. I felt adequately supported by the hospital nursing staff in my grieving process	❑	❑
c. I felt adequately supported by the grief counseling staff in my grieving process	❑	❑
d. I was given information about my breast milk coming in	❑	❑
e. I was given information about what to do when my breast milk came in	❑	❑
f. I was given a bereavement packet with information on where to seek support	❑	❑
g. The hospital staff gave me the opportunity to ask questions	❑	❑
h. My healthcare provider discussed with me what might have happened to my baby	❑	❑

The next questions are about autopsy and other exams that may have been done to learn about what caused your baby's death. We are trying to learn more about tests offered in hospitals. We understand that some of the options may not apply to you.

51. Were any of the following tests *offered* to you during your hospital stay? For each test, check **No** if it was not offered or **Yes** if it was.

	No	Yes
a. Blood tests (mother)	❑	❑
b. Detailed exam of placenta	❑	❑
c. Autopsy (full or partial)	❑	❑
d. Genetic testing of the baby	❑	❑

52. Were any of the following tests *performed* on you and/or your baby? For each test, check **No** if it was not performed or **Yes** if it was.

		No	Yes
a.	Blood tests (mother)	❑	❑
b.	Detailed exam of placenta	❑	❑
c.	Placenta went to pathology	❑	❑
d.	Genetic testing of the baby	❑	❑

53. Did your baby have a full or partial autopsy?

❑ No
❑ Yes → **Go to Question 55**

54. What were the reasons that the autopsy was not done?

Check ALL that apply

❑ An autopsy was too expensive
❑ I was told it would not be covered by insurance
❑ I declined for personal or religious reasons
❑ I did not have enough information about the procedure
❑ The doctors were able to determine the cause(s) of death without an autopsy
❑ I was told that an autopsy would not provide any answers
❑ An autopsy was not offered to me
❑ Other → Please tell us:

_____

55. Did you learn what may have caused your baby's death?

❑ No → **Go to Question 57**
❑ Yes

Go to Question 56

56. Which of the following things *may* have caused your baby's death?

Check ALL that apply

❑ Complications with the cervix
❑ Complications with the umbilical cord/cord accident
❑ Placental abruption (separation of the placenta from the uterus)
❑ Infection
❑ Other complications with the placenta
❑ Hypertension
❑ Preterm (premature) labor
❑ Diabetes
❑ Membranes ruptured
❑ Congenital defect(s) / birth defect(s)/ chromosomal abnormalities
❑ Other → Please tell us:

_____

The next questions are about your health since your baby was delivered.

57. *Since your baby was delivered,* have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

❑ No → **Go to Question 59**
❑ Yes

58. *During your postpartum checkup,* did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

		No	Yes
a.	Talk to me about how long to wait before getting pregnant again	❑	❑
b.	Talk to me about birth control methods I can use after giving birth	❑	❑

59. *Since your baby was delivered*, have you received support or counseling for feelings of grief?

- ❑ No
- ❑ Yes → **Go to Question 61**

60. Did any of the following things keep you from receiving support or counseling?

Check ALL that apply

- ❑ I felt fine and do not think I needed support or counseling
- ❑ I didn't know where to go for counseling
- ❑ I didn't have insurance to cover the cost of counseling
- ❑ I was not aware of support groups in my area
- ❑ Other → Please tell us:

_____

61. Are you pregnant now?

- ❑ No → **Go to Question 63**
- ❑ Yes

62. What was the first day of your last period?

____ / ____ / 20____

Month Day Year

- ❑ I did not have a period before I became pregnant again

The last questions are about the time during the *12 months before* your baby was delivered.

63. During the *12 months before* your baby was delivered, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are now getting.

- ❑ $0 to $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 or more

64. During the *12 months before* your baby was delivered, how many people, *including yourself*, depended on this income?

____ People

65. What is today's date?

____ / ____ / 20____

Month Day Year

Please use this space for any additional comments you would like to share about your pregnancy and baby.

Thank you for answering these questions. By answering these questions, you are helping us find out why stillbirths happen and how we can improve the care received by families. Again, please accept our deepest sympathies to you and your family on the loss of your baby.