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PRAMS COVID-19 Experience Supplemental Module

PRAMS COVID-19 Experience Supplemental Module: English Web

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

South Carolina
MomID: 2022TT333012

84%

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

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1600 Clifton Rd. Atlanta, GA 30333, U.S.A.

Department of Health and Human Services
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Oct 4 2:18

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Centers for Disease Control and Prevention

South Carolina
MomID: 2022SC264098

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"/>

Please tell us:

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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"/>

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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"/>

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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 type="radio"/>

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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 <u>to protect my baby from COVID-19</u>	<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. Durante la pandemia de COVID-19, ¿a qué tipo de citas de *cuidado posparto* asistió para *usted*?

Marque UNA respuesta

- Citas en persona solamente
- Citas virtuales (video o teléfono) solamente
- Ambas, citas en persona y virtuales
- No tuve citas de cuidado posparto para mi

Anterior

Siguiente



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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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PRAMS COVID-19 Experience Supplemental Module: Spanish Web

The screenshot shows a mobile application interface for the PRAMS COVID-19 Experience Supplemental Module in Spanish. At the top, there is a dark blue header with the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". To the right of the header are three icons: an envelope, a telephone, and a location pin. Below the header, the user's location is identified as "South Carolina" with a "MomID: 2022TT333011". A progress bar on the right indicates that 86% of the module has been completed. A central text box contains the instruction: "Las siguientes preguntas son sobre sus experiencias con su cuidado prenatal, el parto, su cuidado posparto, y el cuidado de su bebé durante la pandemia de COVID-19." Below this text are two blue buttons labeled "Anterior" and "Siguiete". At the bottom of the screen, there is a footer with the CDC address: "Centers for Disease Control and Prevention 1600 Clifton Rd, Atlanta, GA 30333, U.S.A." and the Department of Health and Human Services logo and text: "Department of Health and Human Services Vulnerability Disclosure Policy | Español". The bottom status bar shows the date "Oct 3", time "9:33", and various system icons.



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South Carolina
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86%

CV1. Durante la pandemia de COVID-19, ¿a qué tipos de citas de *cuidado prenatal* asistió?

Marque UNA respuesta

- Citas en persona solamente
- Citas virtuales (video o teléfono) solamente
- Ambas, citas en persona y virtuales
- No tuve cuidado prenatal

[Anterior](#) [Siguiete](#)



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87%

CV2. ¿Cuáles son las razones por las que no asistió a citas virtuales de *cuidado prenatal*? Para cada una, marque **No si no fue una razón o **Sí** si lo fue.**

	No	Sí
Falta de disponibilidad de citas virtuales de mi proveedor	<input type="radio"/>	<input type="radio"/>
Falta de un teléfono disponible para usar para en las citas	<input type="radio"/>	<input type="radio"/>
Falta de suficiente data o minutos en el móvil o celular	<input type="radio"/>	<input type="radio"/>
Falta de una computadora o un dispositivo	<input type="radio"/>	<input type="radio"/>
Falta de servicio de internet o el internet no era confiable	<input type="radio"/>	<input type="radio"/>
Falta de un espacio privado o confidencial para usar	<input type="radio"/>	<input type="radio"/>
Preferí ver a mi proveedor de atención médica en persona	<input type="radio"/>	<input type="radio"/>
Otra razón	<input type="radio"/>	<input type="radio"/>

Anterior

Siguiente



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CV3. ¿Algunas de sus citas de *cuidado prenatal* fueron canceladas o retrasadas durante la pandemia de COVID-19 debido a las siguientes razones? Para cada una, marque **No** si no fue una razón por la que sus citas fueron canceladas o retrasadas o **Sí** si lo fue.

	No	Sí
Mis citas fueron canceladas o retrasadas porque la oficina de mi proveedor estaba cerrada o tenía horario reducido	<input type="radio"/>	<input type="radio"/>
Las cancelé o retrasé porque tenía miedo de exponerme a COVID-19 durante las citas	<input type="radio"/>	<input type="radio"/>
Las cancelé o retrasé porque perdí mi seguro médico durante la pandemia de COVID-19	<input type="radio"/>	<input type="radio"/>
Las cancelé o retrasé porque tuve problemas consiguiendo cuidado para mis hijos u otros miembros de la familia	<input type="radio"/>	<input type="radio"/>
Las cancelé o retrasé porque me preocupaba tomar transporte público y no tenía otra forma de llegar	<input type="radio"/>	<input type="radio"/>
Mis citas fueron canceladas o retrasadas porque tuve que aislarme debido a la posibilidad de estar expuesta o infectada con COVID-19	<input type="radio"/>	<input type="radio"/>

Anterior

Siguiente



South Carolina
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88%


CV4. Mientras estaba *embarazada*, ¿con qué frecuencia hizo las siguientes cosas para evitar contraer COVID-19? Para cada una, marque si lo hizo Siempre, A Veces o Nunca.




	Siempre	A Veces	Nunca
Evité reunirme en grupos de más de 10 personas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mantenia al menos 2 metros (6 pies) de distancia de los demás cuando salía de mi hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salía de mi hogar solo por razones esenciales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hice las salidas lo más cortas posibles cuando salí de mi hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evité tener visita dentro de mi hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizaba una mascarilla o cubierta de tela en la cara cuando estaba en público	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Me lavaba las manos durante 20 segundos con agua y jabón	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizaba desinfectante de manos a base de alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cubría la toz o estornudos con un pañuelo de papel o mi codo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anterior

Siguiente




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CV5. Mientras estaba *embarazada* durante la pandemia de COVID-19, ¿usted tuvo alguna de las siguientes experiencias? Para cada una, marque **No** si no la tuvo o **Sí** si la tuvo.

	No	Sí
Tenía responsabilidades o un trabajo que me impedía quedarme en el hogar	<input type="radio"/>	<input type="radio"/>
Alguien en mi hogar tenía un trabajo que requería contacto cercano con otras personas	<input type="radio"/>	<input type="radio"/>
Cuando salí, encontraba que otras personas a mi alrededor no practicaban el distanciamiento social	<input type="radio"/>	<input type="radio"/>
Tuve problemas consiguiendo desinfectante para limpiar mi hogar	<input type="radio"/>	<input type="radio"/>
Tuve problemas consiguiendo desinfectante de manos o jabón de manos para mi hogar	<input type="radio"/>	<input type="radio"/>
Tuve problemas consiguiendo o haciendo mascarillas o cubiertas de tela para la cara	<input type="radio"/>	<input type="radio"/>
Me resultaba difícil usar una mascarilla o cubierta de tela para la cara (dificultaba la respiración, claustrofobia)	<input type="radio"/>	<input type="radio"/>
Un proveedor de atención médica me dijo que yo tenía COVID-19	<input type="radio"/>	<input type="radio"/>
Un proveedor de atención médica le dijo a alguien en mi hogar que tenían COVID-19	<input type="radio"/>	<input type="radio"/>

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CV6. ¿Quién estuvo con usted en la sala de parto en el hospital como persona de apoyo durante el nacimiento?

	No	Sí
Mi esposo o pareja	<input type="radio"/>	<input type="radio"/>
Otro familiar o amigo	<input type="radio"/>	<input type="radio"/>
Una doula	<input type="radio"/>	<input type="radio"/>
Otra persona de apoyo (sin incluir el personal del hospital)	<input type="radio"/>	<input checked="" type="radio"/>

Por favor, díganos:

Anterior

Siguiente



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CV7. Mientras estuvo en el hospital después del nacimiento, ¿le sucedió alguna de las siguientes cosas a usted y su bebé debido a COVID-19? Para cada una, marque **No** si no sucedió o **Sí** si sucedió.

	No	Sí
Le hicieron la prueba de COVID-19 a mi bebé en el hospital	<input type="radio"/>	<input type="radio"/>
Fui separada de mi bebé en el hospital después del nacimiento <i>para proteger a mi bebé de COVID-19</i>	<input type="radio"/>	<input type="radio"/>
Utilicé una mascarilla cuando otras personas entraban a mi habitación en el hospital	<input type="radio"/>	<input type="radio"/>
Utilicé una mascarilla cuando estaba sola mientras cuidaba a mi bebé en el hospital	<input type="radio"/>	<input type="radio"/>
Me brindaron información sobre cómo proteger a mi bebé de COVID - 19 cuando regresara al hogar	<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. Durante la pandemia de COVID-19, ¿a qué tipo de citas de cuidado posparto asistió para usted?




Marque UNA respuesta

- Citas en persona solamente
- Citas virtuales (video o teléfono) solamente
- Ambas, citas en persona y virtuales
- No tuve citas de cuidado posparto para mi

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CV11. ¿A usted le sucedió alguna de las siguientes cosas debido a la pandemia de COVID-19? Para cada una, marque **No si no le sucedió o **Sí** si le sucedió.**

	No	Sí
Perdí mi trabajo o tuve un recorte en las horas de trabajo o paga	<input type="radio"/>	<input type="radio"/>
Otros miembros de mi hogar perdieron sus trabajos o les redujeron las horas de trabajo o paga	<input type="radio"/>	<input type="radio"/>
Tuve problemas pagando el alquiler, la hipoteca u otras facturas	<input type="radio"/>	<input type="radio"/>
Un miembro de mi hogar o yo recibimos beneficios por desempleo	<input type="radio"/>	<input type="radio"/>
Tuve que mudarme o reubicarme	<input type="radio"/>	<input type="radio"/>
Me quedé sin hogar	<input type="radio"/>	<input type="radio"/>
La pérdida del cuidado de niños o el cierre de escuelas dificultó el manejo de todas mis responsabilidades	<input type="radio"/>	<input type="radio"/>
Tuve que dedicar más tiempo de lo usual al cuidado de niños u otros miembros de la familia	<input type="radio"/>	<input type="radio"/>
Me preocupaba que nuestra comida se acabara antes de tener dinero para comprar más	<input type="radio"/>	<input type="radio"/>
Me sentí más ansiosa de lo usual	<input type="radio"/>	<input type="radio"/>
Me sentí más deprimida de lo usual	<input type="radio"/>	<input type="radio"/>
Mi esposo o pareja y yo tuvimos más discusiones o conflictos verbales de lo usual	<input type="radio"/>	<input type="radio"/>
Mi esposo o pareja fue más agresivo física, sexual o emocionalmente conmigo	<input type="radio"/>	<input type="radio"/>

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