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PRAMS COVID-19 Experience Supplemental Module

PRAMS COVID-19 Experience Supplemental Module: English Web



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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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South Carolina
MomID: 2022SC264098

72%

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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South Carolina
 MomID: 2022SC264098

 73%

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	☐	☐
b. Lack of an available telephone to use for appointments	☐	☐
c. Lack of enough cellular data or cellular minutes	☐	☐
d. Lack of a computer or device	☐	☐
e. Lack of internet service or had unreliable internet	☐	☐
f. Lack of a private or confidential space to use	☐	☐
g. I preferred seeing my health care provider in person	☐	☐
h. Other reason	☐	☒

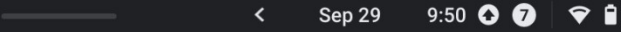
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 73%

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	☐	☐
b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments	☐	☐
c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic	☐	☐
d. I canceled or delayed because I had problems finding care for my children or other family members	☐	☐
e. I canceled or delayed because I was worried about taking public transportation and had no other way to get there	☐	☐
f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection	☐	☐

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South Carolina
MomID: 2022SC264098

74%

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	☐	☐	☐
b. Stayed at least 6 feet (2 meters) away from others when I left my home	☐	☐	☐
c. Only left my home for essential reasons	☐	☐	☐
d. Made trips as short as possible when I left my home	☐	☐	☐
e. Avoided having visitors inside my home	☐	☐	☐
f. Wore a mask or a cloth face covering when out in public	☐	☐	☐
g. Washed hands for 20 seconds with soap and water	☐	☐	☐
h. Used alcohol-based hand sanitizer	☐	☐	☐
i. Covered coughs and sneezes with a tissue or my elbow	☐	☐	☐

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South Carolina
 MomID: 2022SC264098

 75%

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	☐	☐
b. Someone in my household had a job that required close contact with other people	☐	☐
c. When I went out, I found that other people around me did not practice social distancing	☐	☐
d. I had trouble getting disinfectant to clean my home	☐	☐
e. I had trouble getting hand sanitizer or hand soap for my household	☐	☐
f. I had trouble getting or making masks or cloth face coverings	☐	☐
g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	☐	☐
h. I was told by a health care provider that I had COVID-19	☐	☐
i. Someone in my household was told by a health care provider that they had COVID-19	☐	☐

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 88%

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	☐	☐
Another family member or friend	☐	☐
A doula	☐	☐
Some other support person (not including hospital staff)	☐	☐

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 89%

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	☐	☐
b. I was separated from my baby in the hospital after delivery <u>to protect my baby from COVID-19</u>	☐	☐
c. I wore a mask when other people came into my hospital room	☐	☐
d. I wore a mask while I was alone caring for my baby in the hospital	☐	☐
e. I was given information about how to protect my baby from COVID-19 when I went home	☐	☐

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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	☐	☐
b. I wore a mask while breastfeeding in the hospital	☐	☐
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	☐	☐
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	☐	☐

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 90%

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	☐	☐
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	☐	☐
c. My baby's immunizations were postponed	☐	☐

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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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 92%

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	☐	☐
b. Other members of my household lost their jobs or had a cut in work hours or pay	☐	☐
c. I had problems paying the rent, mortgage, or other bills	☐	☐
d. A member of my household or I received unemployment benefits	☐	☐
e. I had to move or relocate	☐	☐
f. I became homeless	☐	☐
g. The loss of childcare or school closures made it difficult to manage all my responsibilities	☐	☐
h. I had to spend more time than usual taking care of children or other family members	☐	☐
i. I worried whether our food would run out before I got money to buy more	☐	☐
j. I felt more anxious than usual	☐	☐
k. I felt more depressed than usual	☐	☐
l. My husband or partner and I had more verbal arguments or conflicts than usual	☐	☐
m. My husband or partner was more physically, sexually, or emotionally aggressive towards me	☐	☐

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South Carolina
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86%

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.

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South Carolina
MomID: 2022TT333011

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

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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	☐	☐
Falta de un teléfono disponible para usar para en las citas	☐	☐
Falta de suficiente data o minutos en el móvil o celular	☐	☐
Falta de una computadora o un dispositivo	☐	☐
Falta de servicio de internet o el internet no era confiable	☐	☐
Falta de un espacio privado o confidencial para usar	☐	☐
Preferí ver a mi proveedor de atención médica en persona	☐	☐
Otra razón	☐	☐

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88%

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	☐	☐
Las cancelé o retrasé porque tenía miedo de exponerme a COVID-19 durante las citas	☐	☐
Las cancelé o retrasé porque perdí mi seguro médico durante la pandemia de COVID-19	☐	☐
Las cancelé o retrasé porque tuve problemas consiguiendo cuidado para mis hijos u otros miembros de la familia	☐	☐
Las cancelé o retrasé porque me preocupaba tomar transporte público y no tenía otra forma de llegar	☐	☐
Mis citas fueron canceladas o retrasadas porque tuve que aislarme debido a la posibilidad de estar expuesta o infectada con COVID-19	☐	☐

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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	☐	☐	☐
Mantenía al menos 2 metros (6 pies) de distancia de los demás cuando salía de mi hogar	☐	☐	☐
Salía de mi hogar solo por razones esenciales	☐	☐	☐
Hice las salidas lo más cortas posibles cuando salí de mi hogar	☐	☐	☐
Evité tener visita dentro de mi hogar	☐	☐	☐
Utilizaba una mascarilla o cubierta de tela en la cara cuando estaba en público	☐	☐	☐
Me lavaba las manos durante 20 segundos con agua y jabón	☐	☐	☐
Utilizaba desinfectante de manos a base de alcohol	☐	☐	☐
Cubría la toz o estornudos con un pañuelo de papel o mi codo	☐	☐	☐

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89%

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

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South Carolina
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90%

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	☐	☐
Otro familiar o amigo	☐	☐
Una doula	☐	☐
Otra persona de apoyo (sin incluir el personal del hospital)	☐	☒

Por favor, díganos:

Anterior

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South Carolina
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91%

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	☐	☐
Fui separada de mi bebé en el hospital después del nacimiento <u>para proteger a mi bebé de COVID-19</u>	☐	☐
Utilicé una mascarilla cuando otras personas entraban a mi habitación en el hospital	☐	☐
Utilicé una mascarilla cuando estaba sola mientras cuidaba a mi bebé en el hospital	☐	☐
Me brindaron información sobre cómo proteger a mi bebé de COVID - 19 cuando regresara al hogar	☐	☐

Anterior

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Oct 3

9:36

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South Carolina
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89%

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	☐	☐
b. I wore a mask while breastfeeding in the hospital	☐	☐
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	☐	☐
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	☐	☐

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South Carolina
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90%

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	☐	☐
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	☐	☐
c. My baby's immunizations were postponed	☐	☐

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South Carolina
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91%

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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South Carolina
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94%

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	☐	☐
Otros miembros de mi hogar perdieron sus trabajos o les redujeron las horas de trabajo o paga	☐	☐
Tuve problemas pagando el alquiler, la hipoteca u otras facturas	☐	☐
Un miembro de mi hogar o yo recibimos beneficios por desempleo	☐	☐
Tuve que mudarme o reubicarme	☐	☐
Me quedé sin hogar	☐	☐
La pérdida del cuidado de niños o el cierre de escuelas dificultó el manejo de todas mis responsabilidades	☐	☐
Tuve que dedicar más tiempo de lo usual al cuidado de niños u otros miembros de la familia	☐	☐
Me preocupaba que nuestra comida se acabara antes de tener dinero para comprar más	☐	☐
Me sentí más ansiosa de lo usual	☐	☐
Me sentí más deprimida de lo usual	☐	☐
Mi esposo o pareja y yo tuvimos más discusiones o conflictos verbales de lo usual	☐	☐
Mi esposo o pareja fue más agresivo física, sexual o emocionalmente conmigo	☐	☐

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Oct 3

9:37

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