Form Approved
OMB No. 0920-1273
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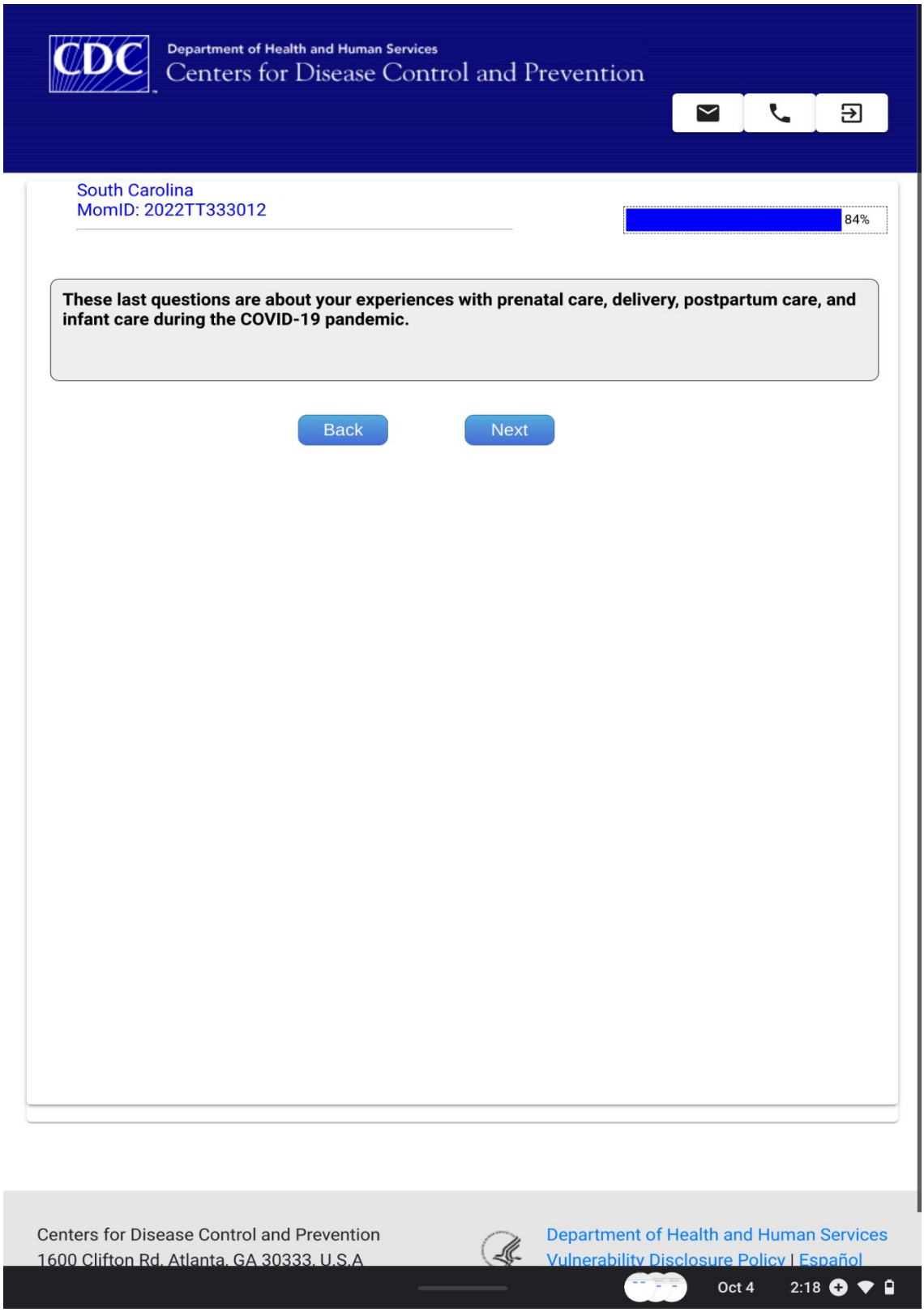
PRAMS COVID-19 Experience Supplemental Module

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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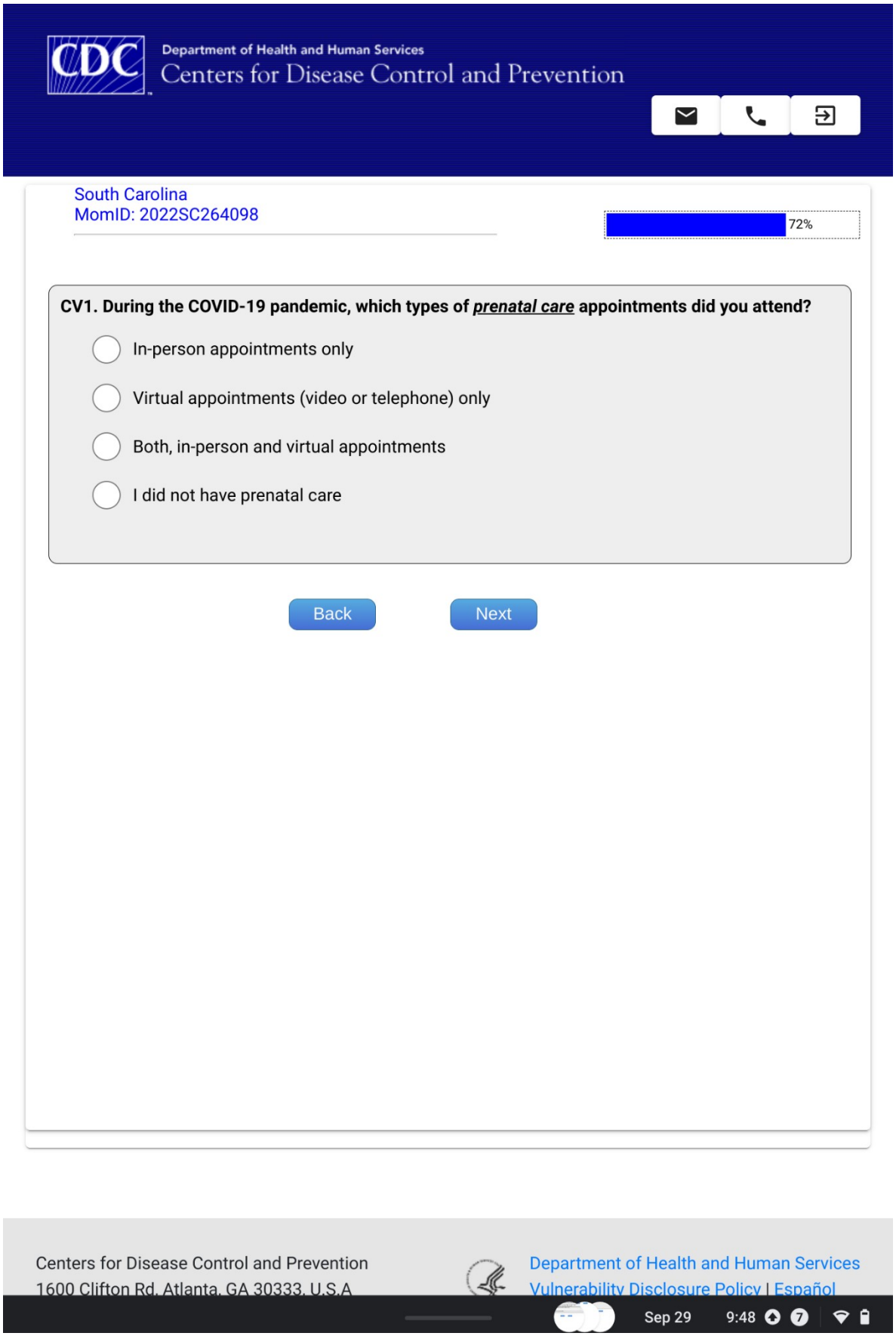
Oct 4
2:18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South Carolina
MomID: 2022SC264098
72%
CV1. During the COVID-19 pandemic, which types of prenatal care appointments did you attend?
In-person appointments only
Virtual appointments (video or telephone) only
Both, in-person and virtual appointments
I did not have prenatal care
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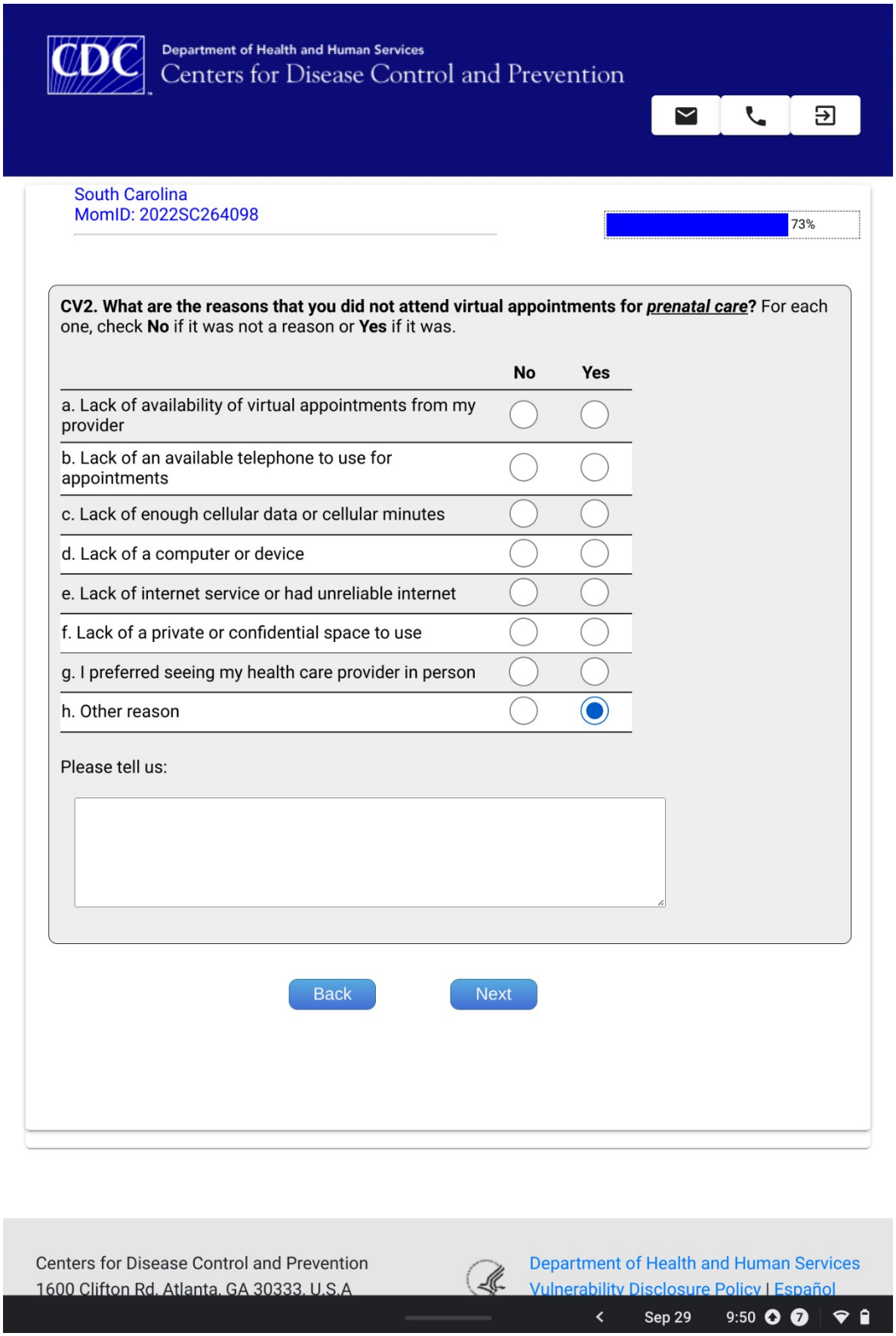

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73%

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	○	●

Please tell us:

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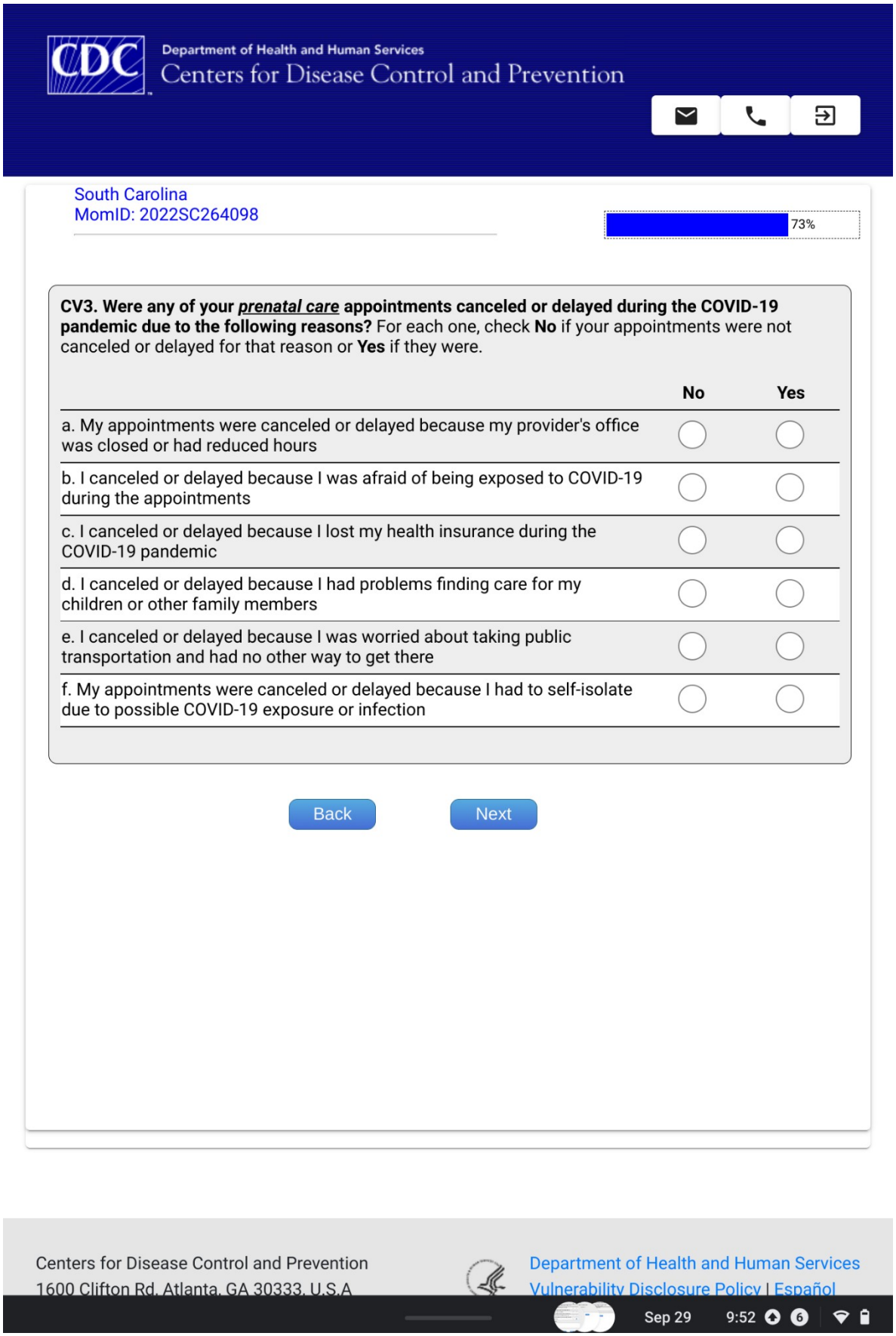
Sep 29 9:50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73%
CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check No if your appointments were not canceled or delayed for that reason or Yes if they were.
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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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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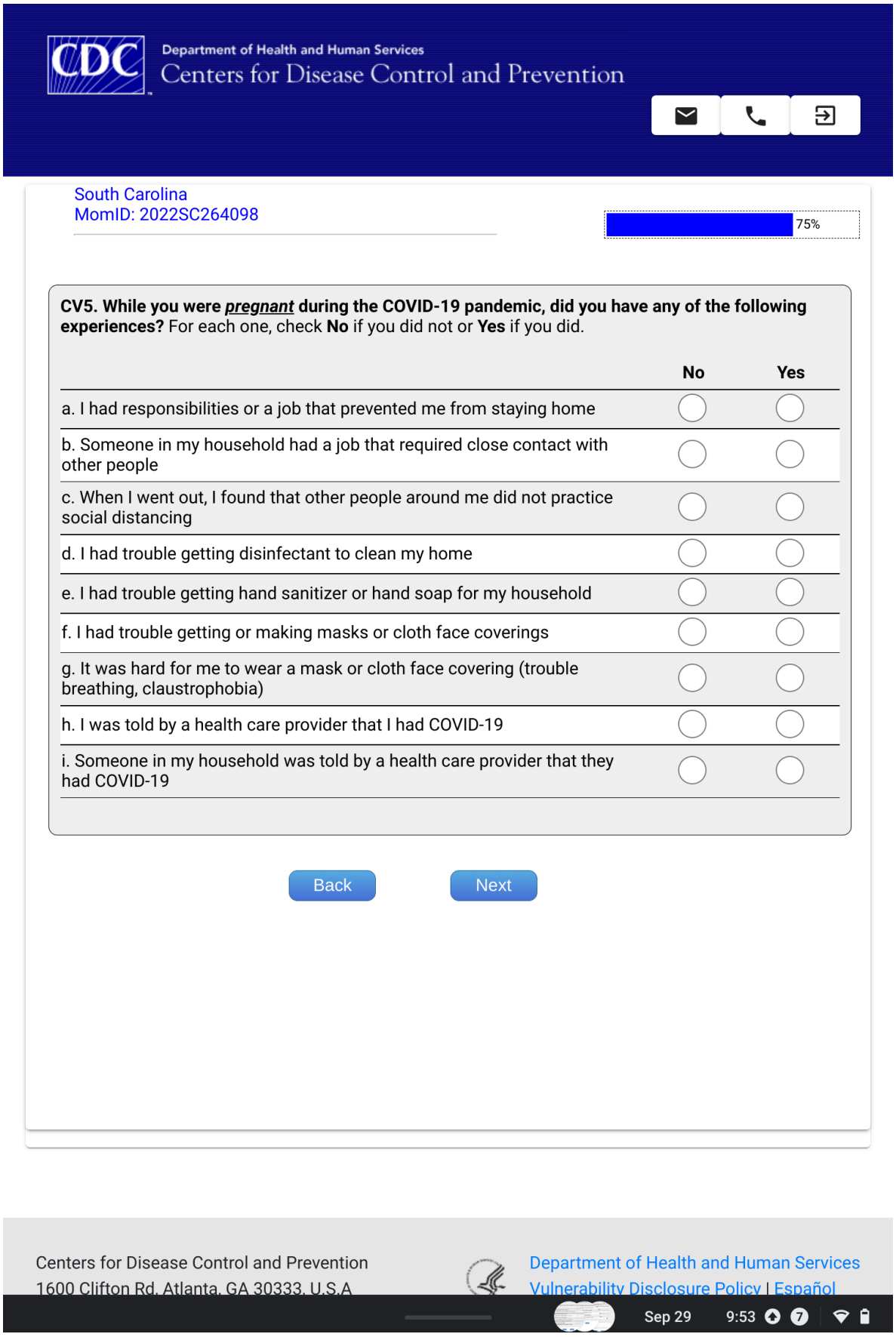
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75%
CV5. While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences? For each one, check No if you did not or Yes if you did.
No
Yes
a. I had responsibilities or a job that prevented me from staying home
b. 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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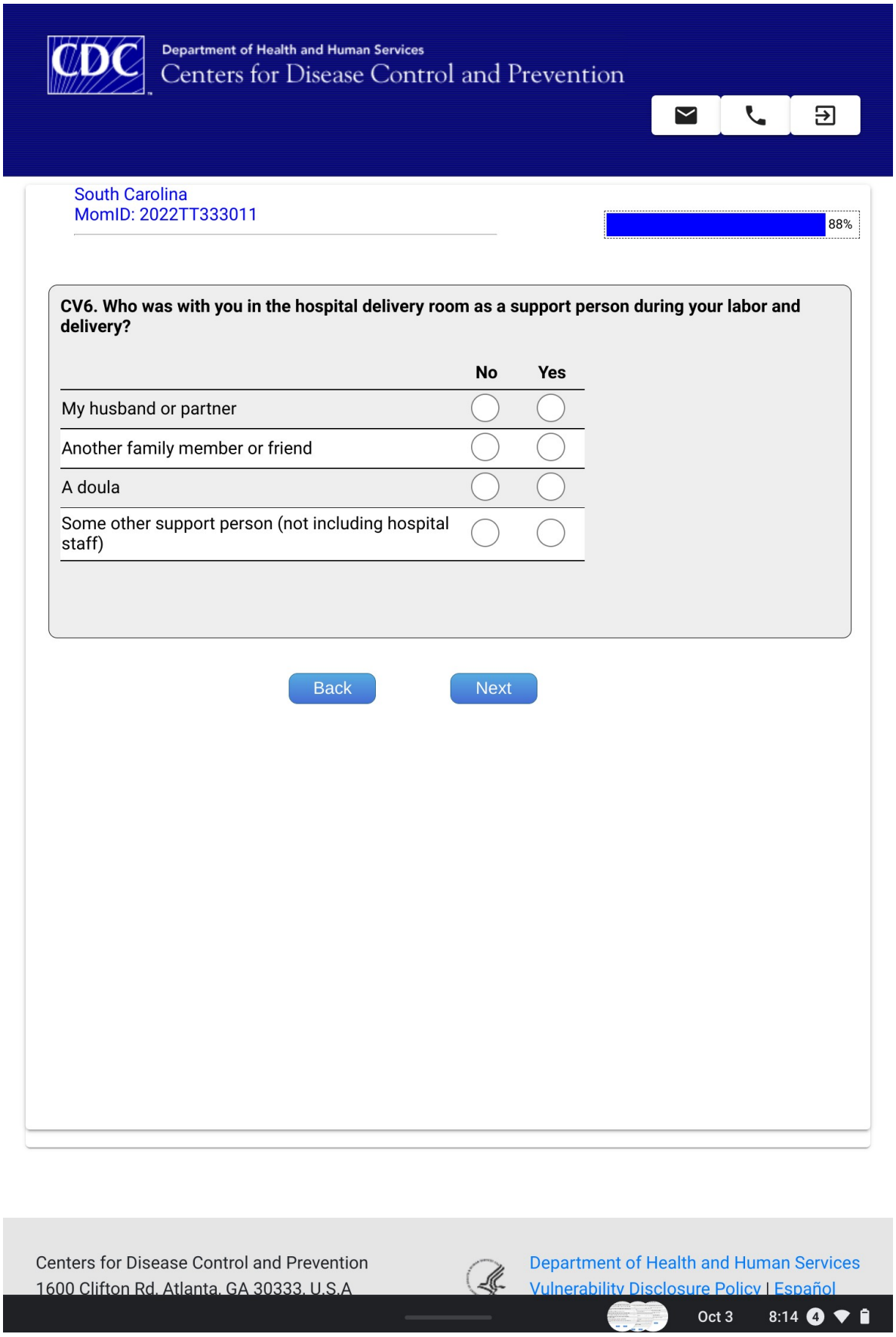
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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?
No
Yes
My husband or partner
Another family member or friend
A doula
Some other support person (not including hospital staff)
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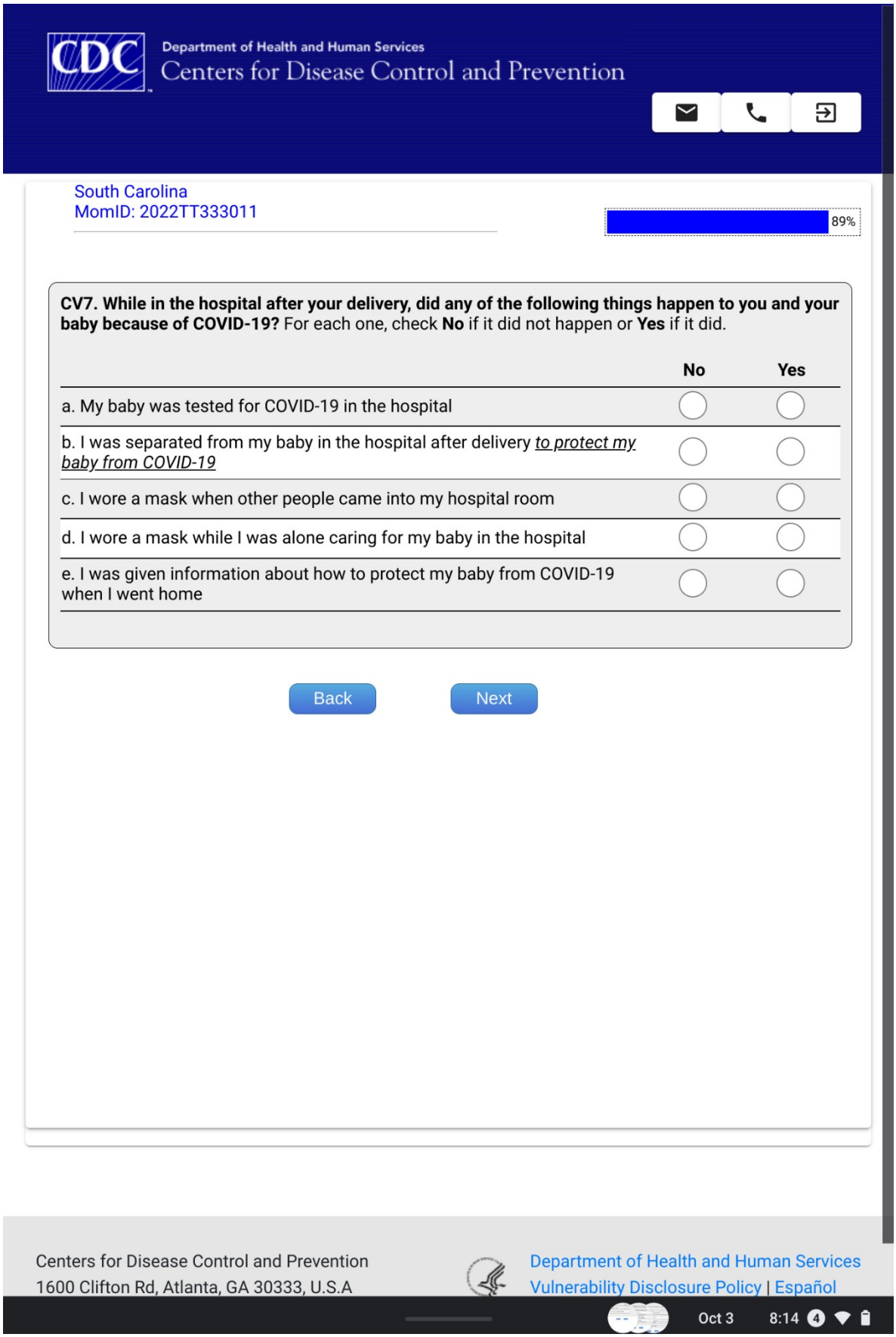
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CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check No if it did not happen or Yes if it did.
No
Yes
a. My baby was tested for COVID-19 in the hospital
b. I was separated from my baby in the hospital after delivery to protect my baby from COVID-19
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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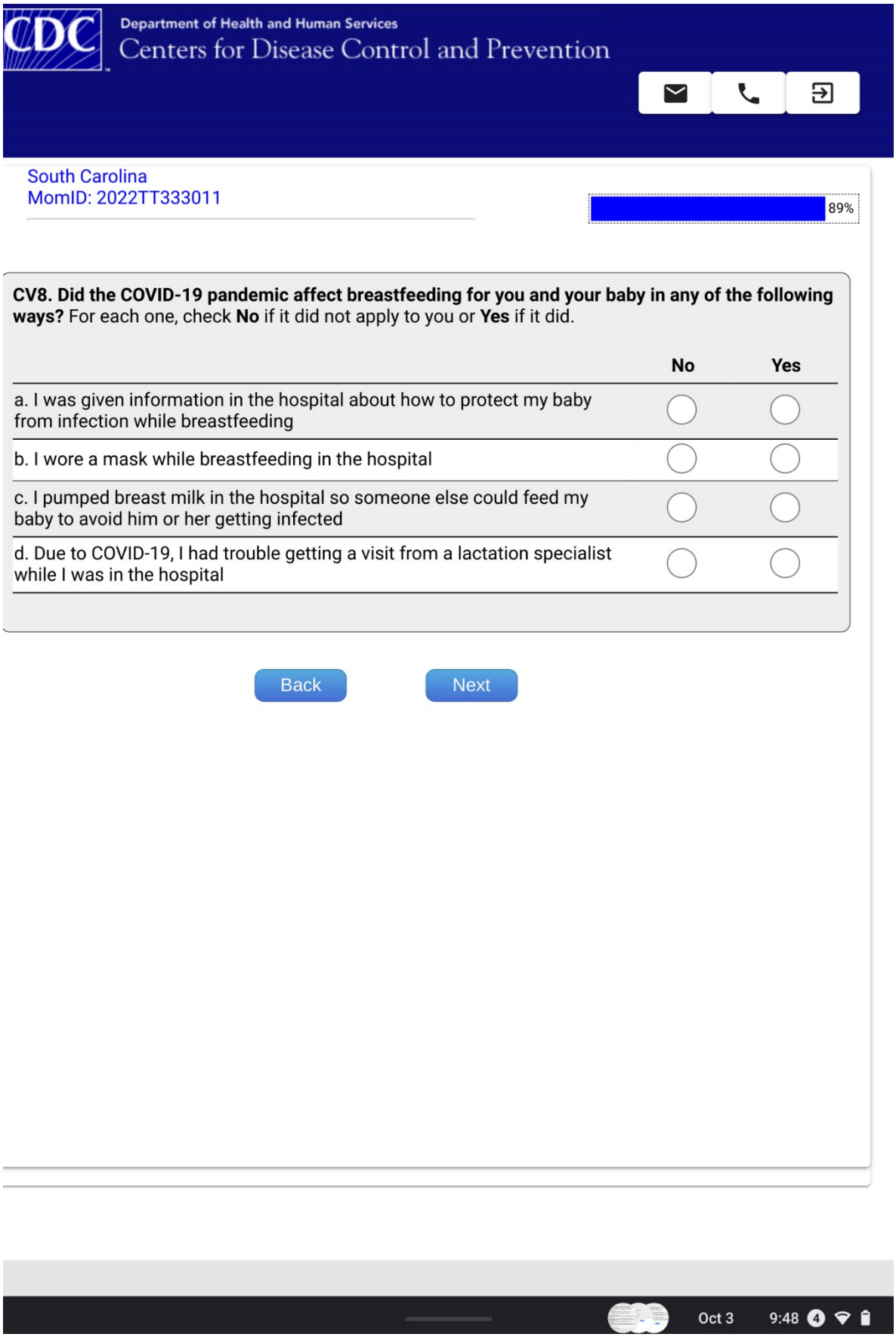
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CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check No if it did not apply to you or Yes if it did.
No
Yes
a. I was given information in the hospital about how to protect my baby 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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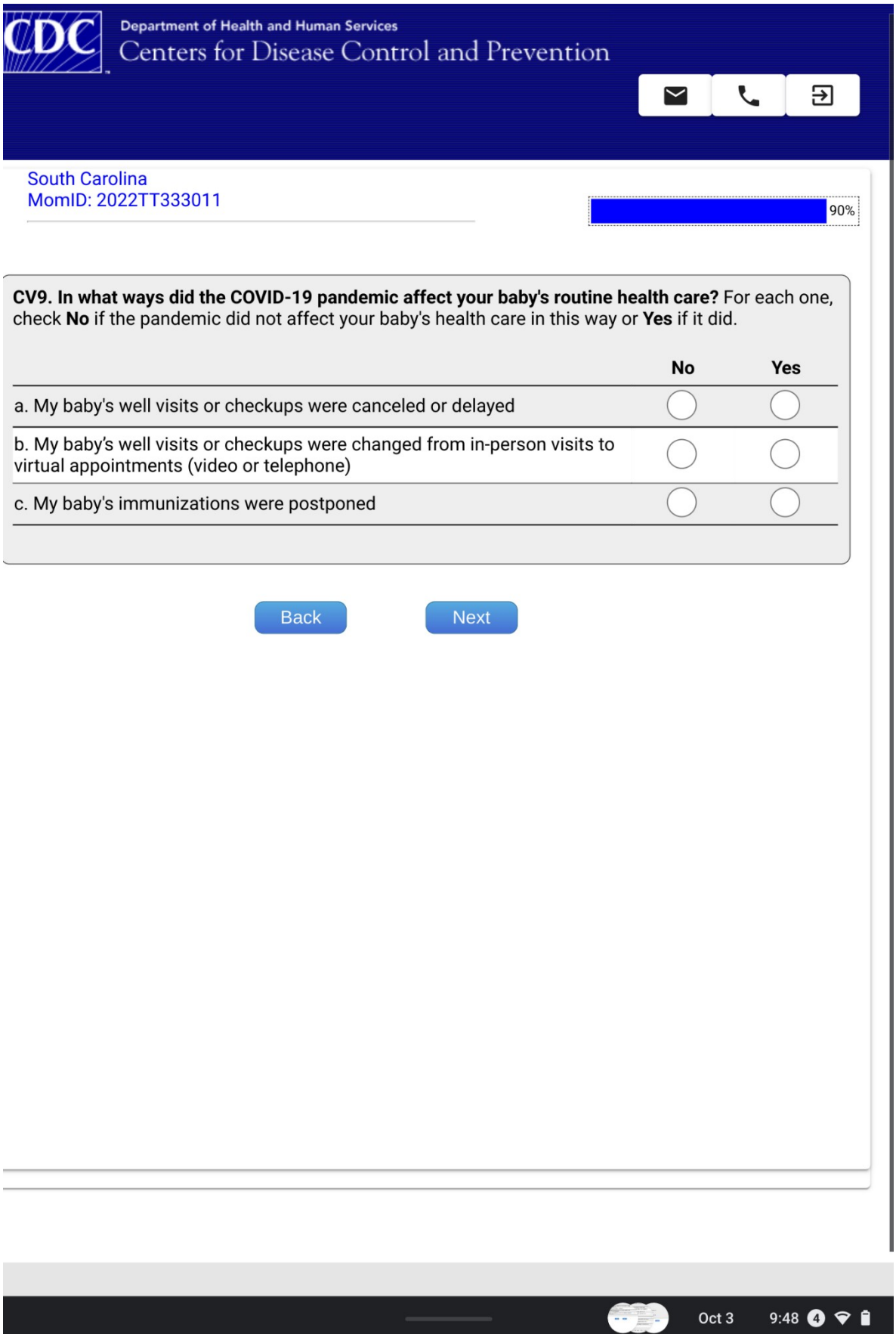
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CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check No if the pandemic did not affect your baby's health care in this way or Yes if it did.
No
Yes
a. My baby's well visits or checkups were canceled or delayed
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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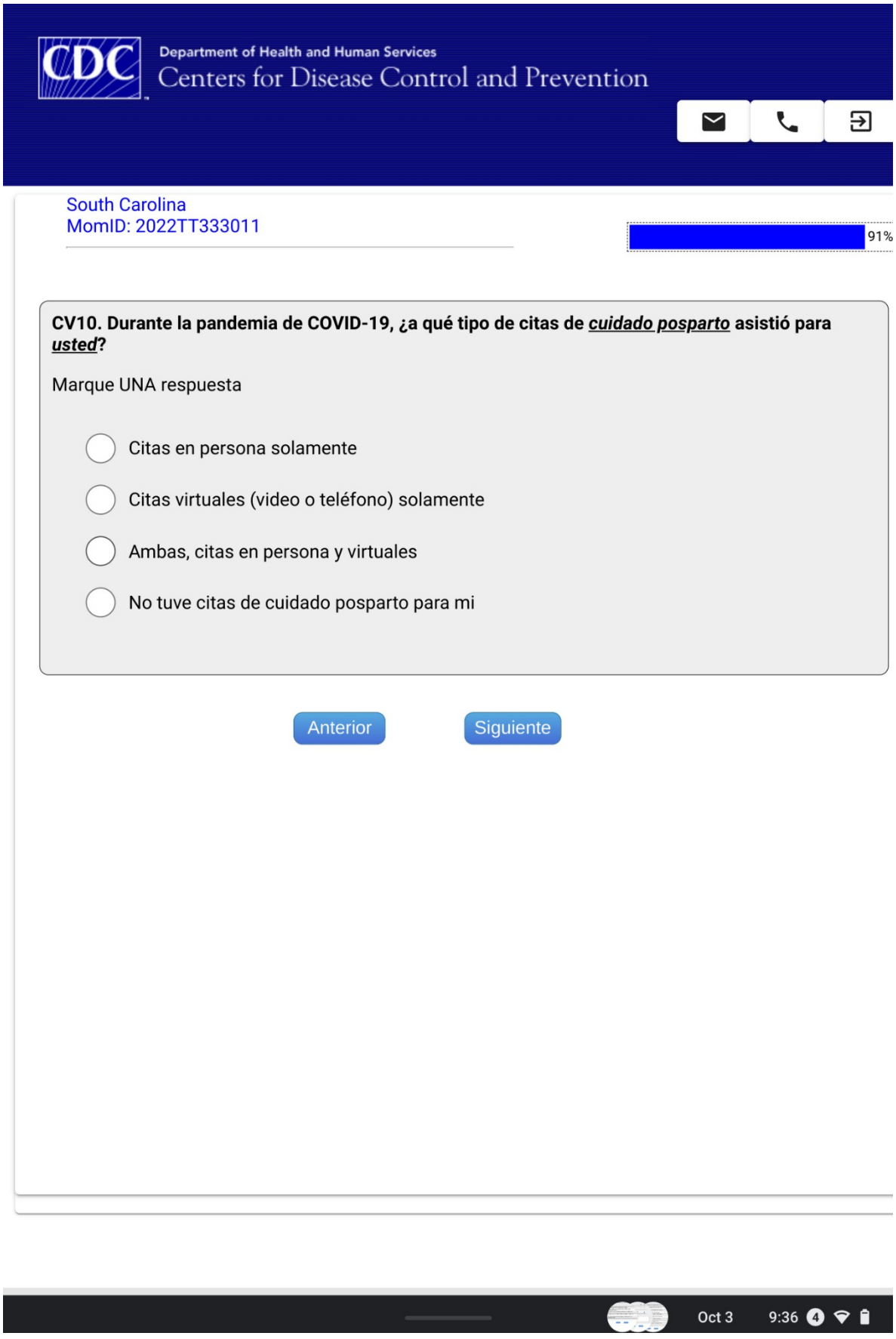
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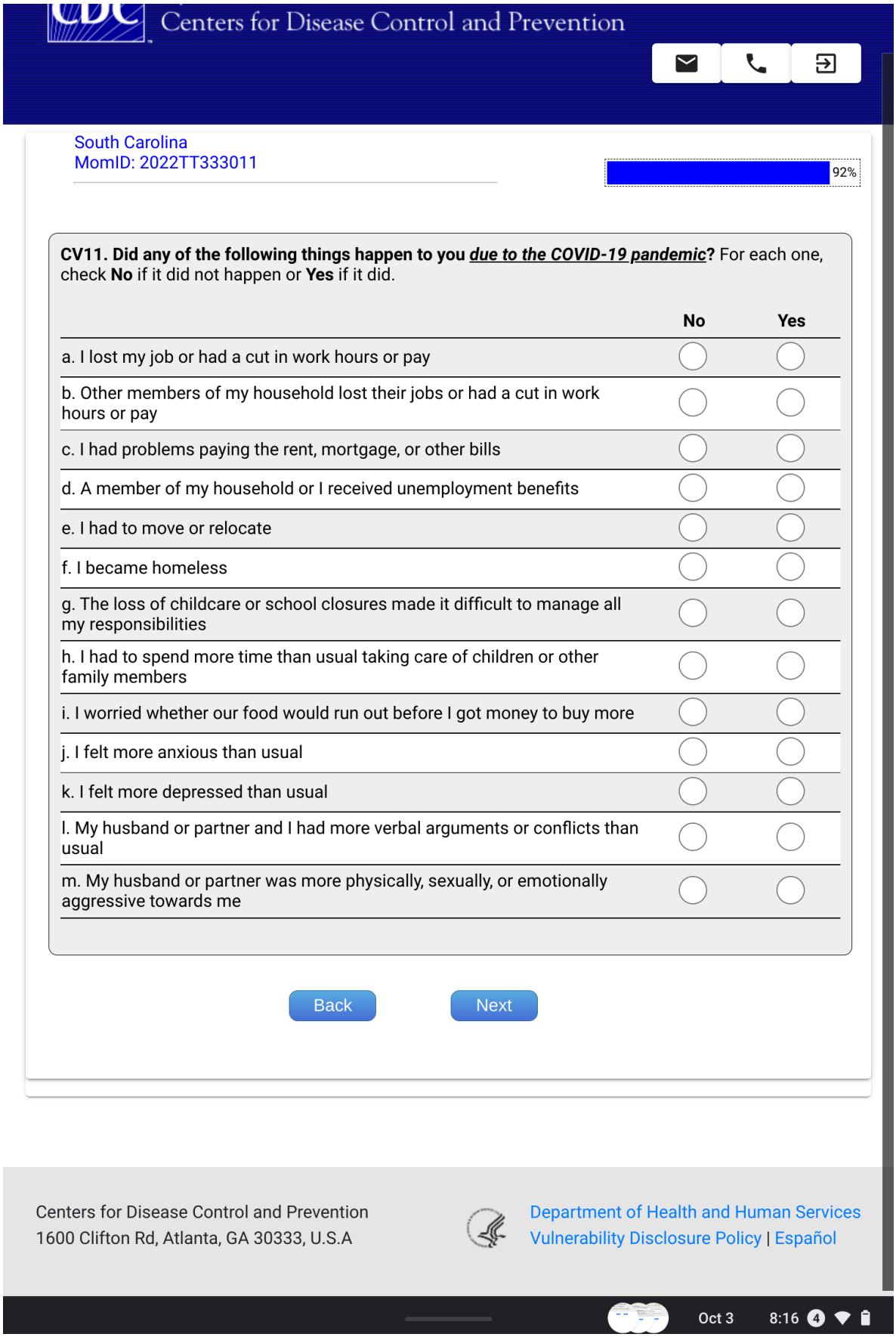
CV10. Durante la pandemia de COVID-19, ¿a qué tipo de citas de cuidado posparto asistió para usted?
Marque UNA respuesta
Citas en persona solamente
Citas virtuales (video o teléfono) solamente
Ambas, citas en persona y virtuales
No tuve citas de cuidado posparto para mi
Anterior
Siguiente
Oct 3
9:36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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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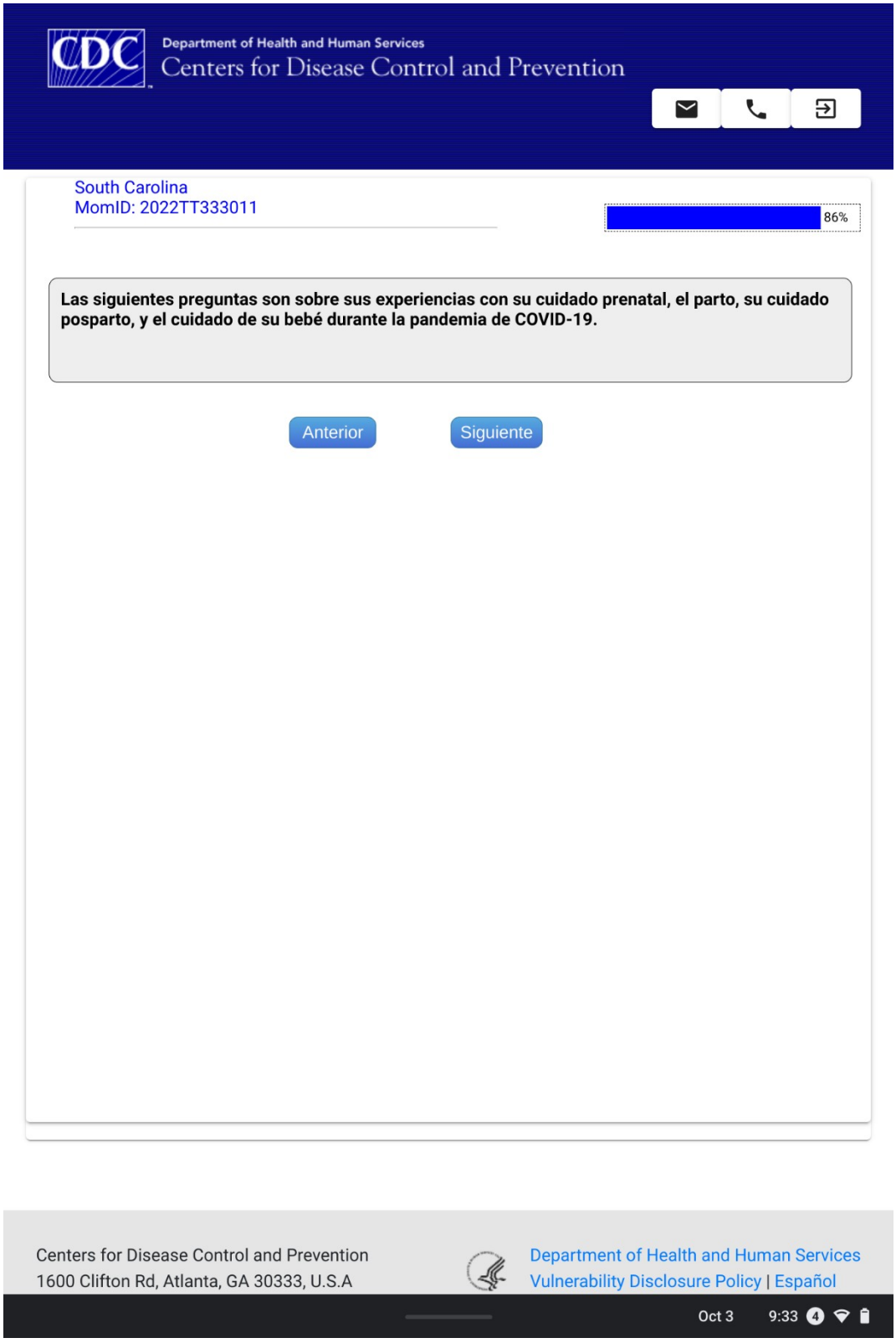

South Carolina
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86%

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 Siguiente

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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	○	○

Anterior Siguiente

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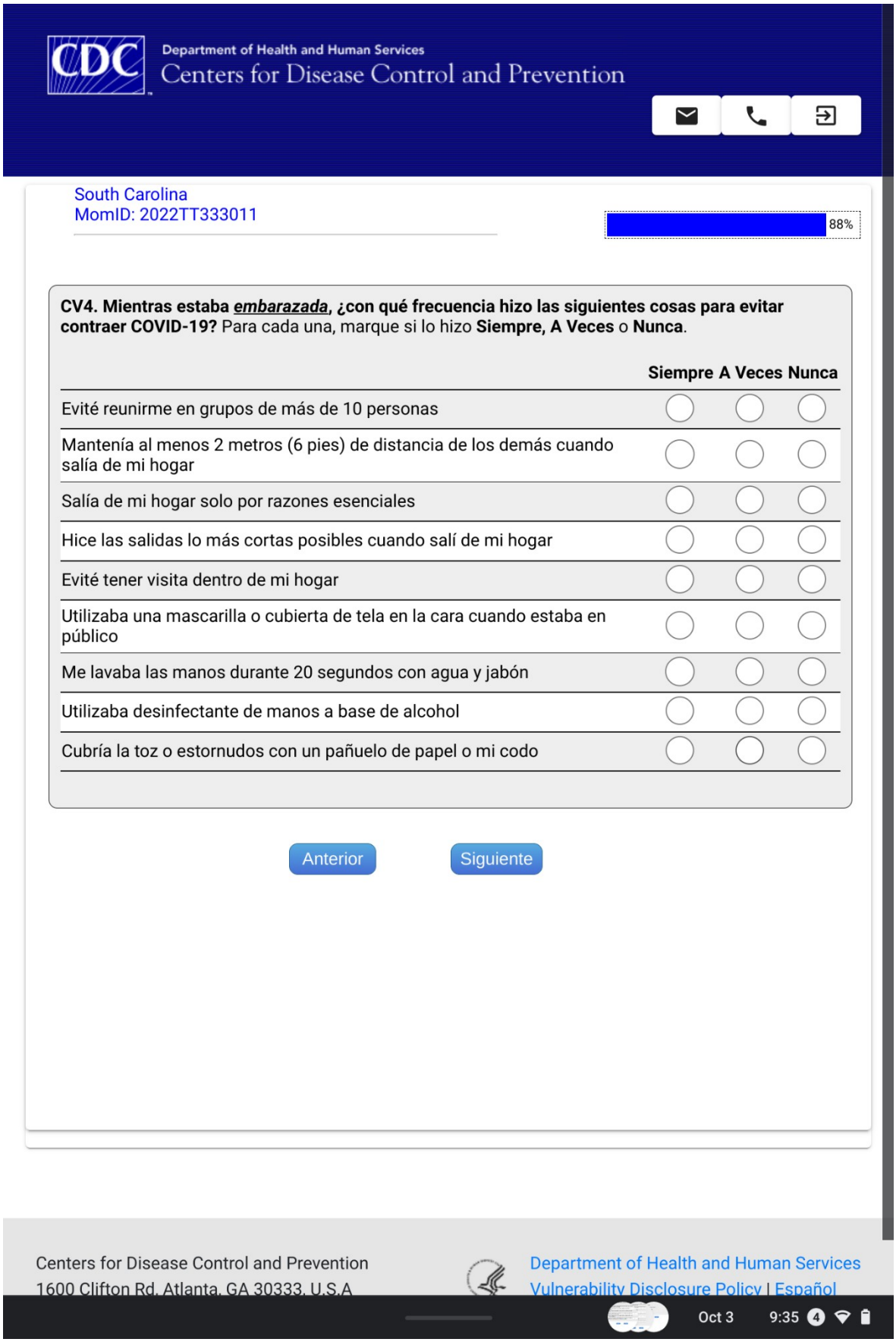
88%

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 cuido 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	○	○

Anterior Siguiente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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
Anterior
Siguiente
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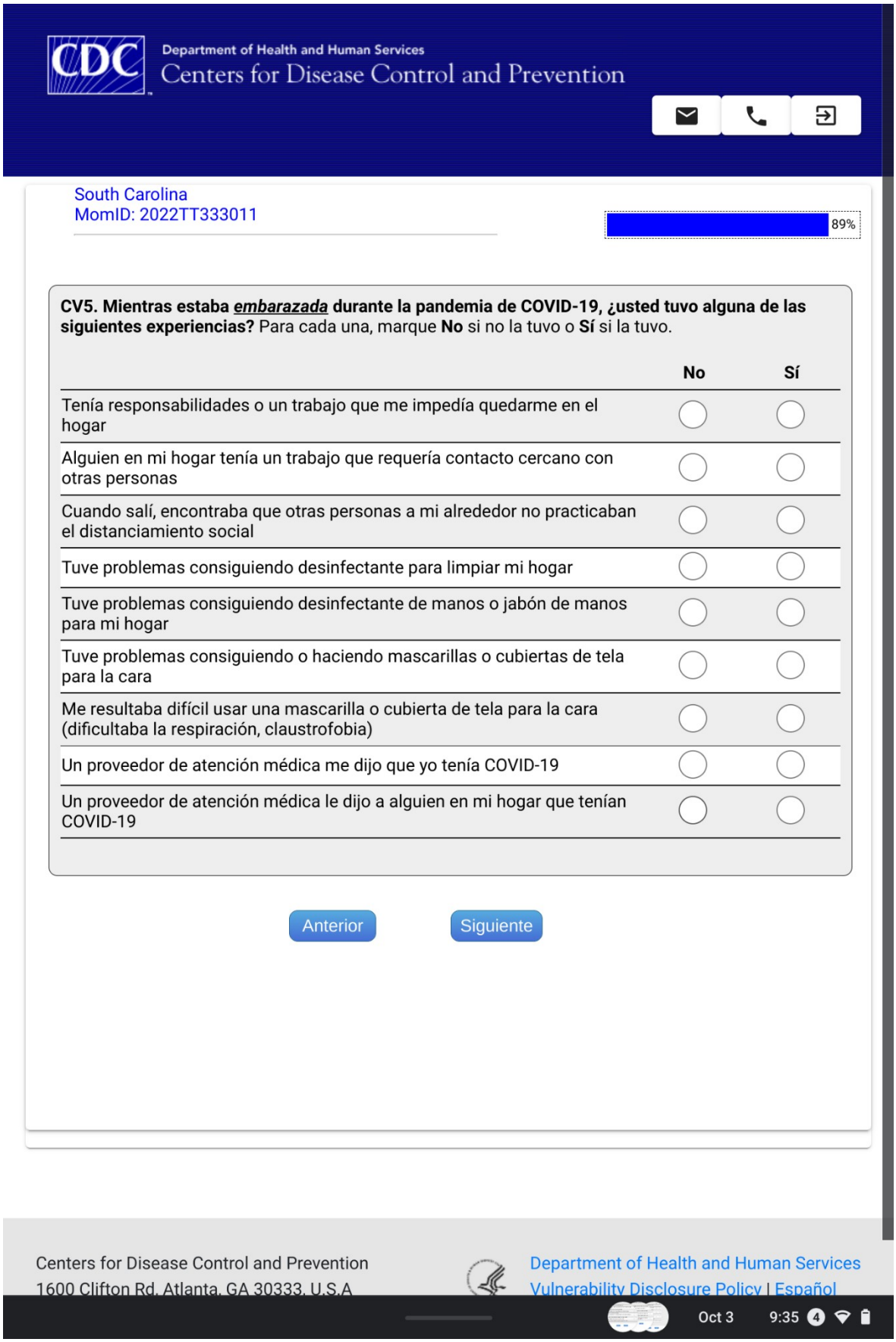

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CV5. Mientras estaba *embarazada* durante la pandemia de COVID-19, ¿usted tuvo alguna de las siguientes experiencias? Para cada una, marque **No** si no la tuvo o **Sí** si la tuvo.

	No	Sí
Tenía responsabilidades o un trabajo que me impedía quedarme en el hogar	○	○
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	○	○

Anterior Siguiente

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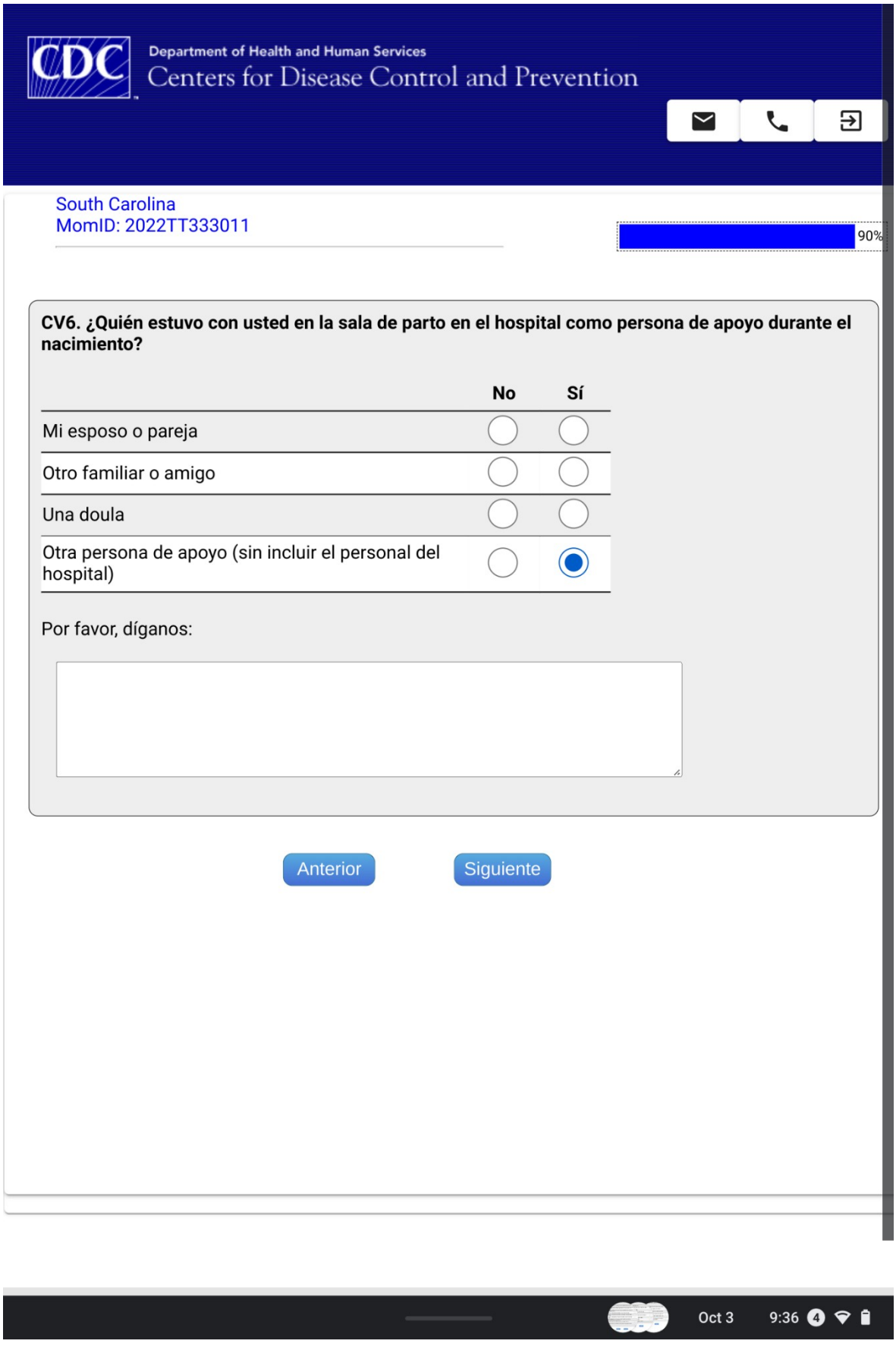
Oct 3 9:35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90%
CV6. ¿Quién estuvo con usted en la sala de parto en el hospital como persona de apoyo durante el nacimiento?
No
Sí
Mi esposo o pareja
Otro familiar o amigo
Una doula
Otra persona de apoyo (sin incluir el personal del hospital)
Por favor, díganos:
Anterior
Siguiente
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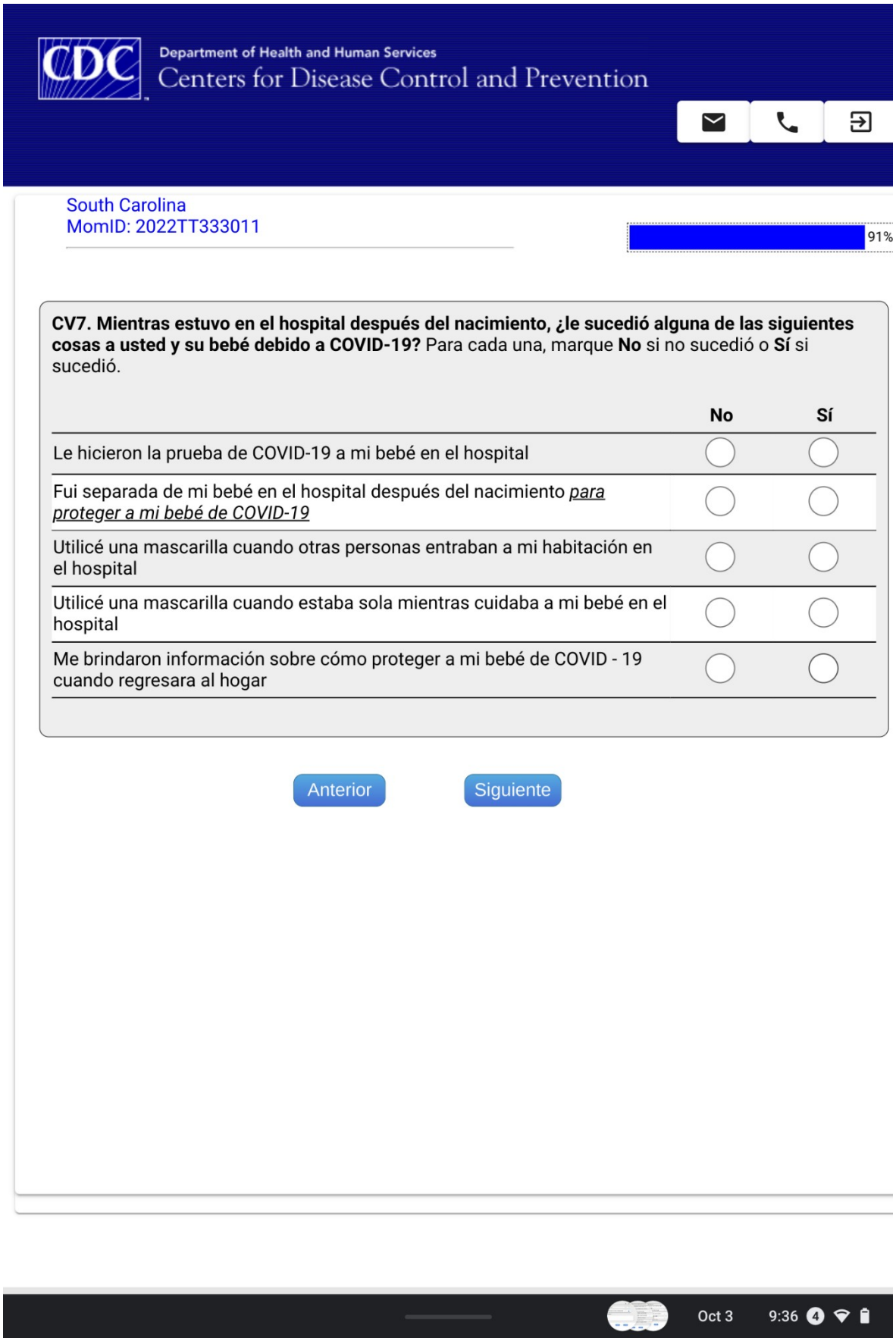
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CV7. Mientras estuvo en el hospital después del nacimiento, ¿le sucedió alguna de las siguientes cosas a usted y su bebé debido a COVID-19? Para cada una, marque No si no sucedió o Sí si sucedió.
No
Sí
Le hicieron la prueba de COVID-19 a mi bebé en el hospital
Fui separada de mi bebé en el hospital después del nacimiento para proteger a mi bebé de COVID-19
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
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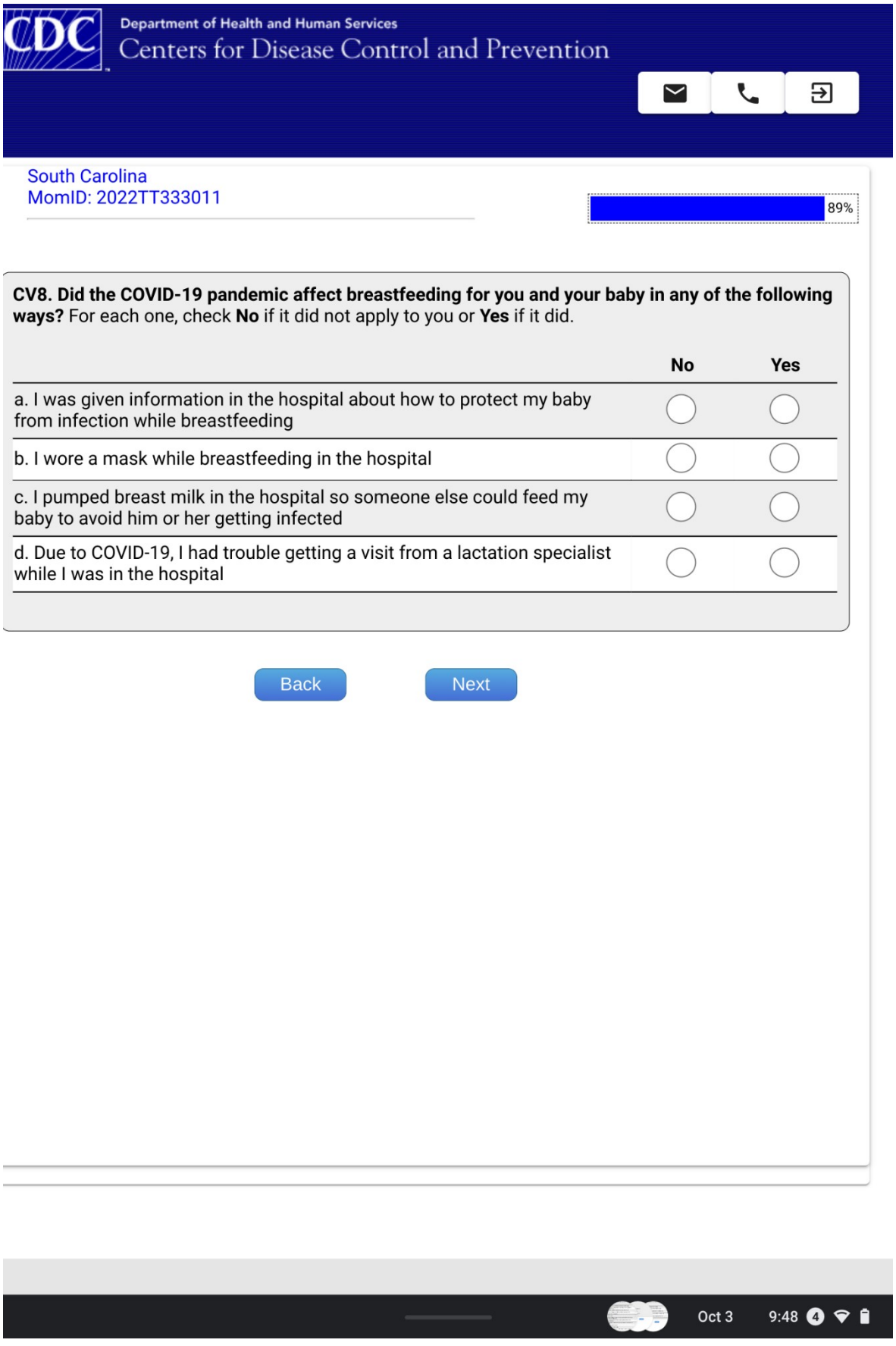
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89%
CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check No if it did not apply to you or Yes if it did.
No
Yes
a. I was given information in the hospital about how to protect my 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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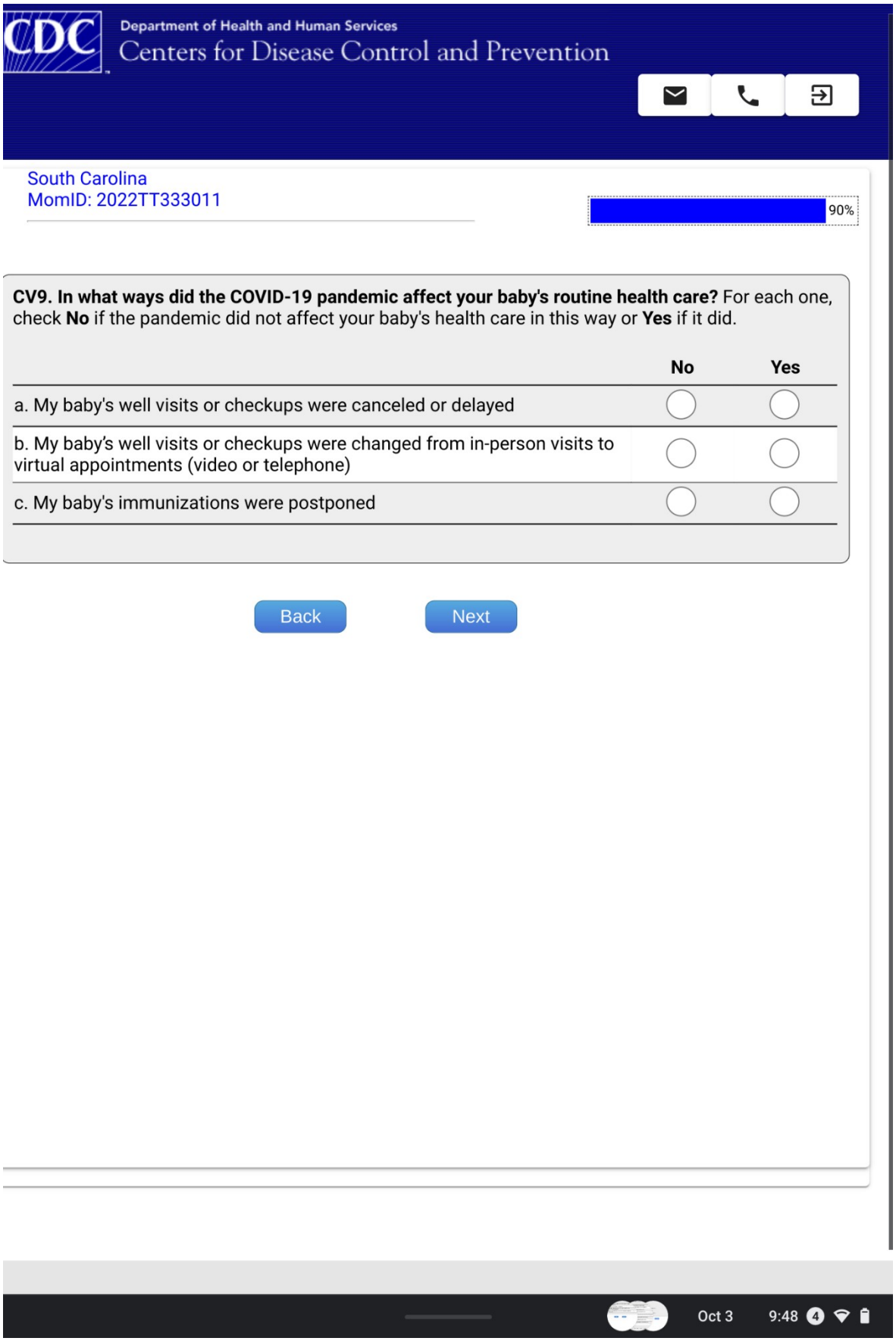
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90%
CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check No if the pandemic did not affect your baby's health care in this way or Yes if it did.
No
Yes
a. My baby's well visits or checkups were canceled 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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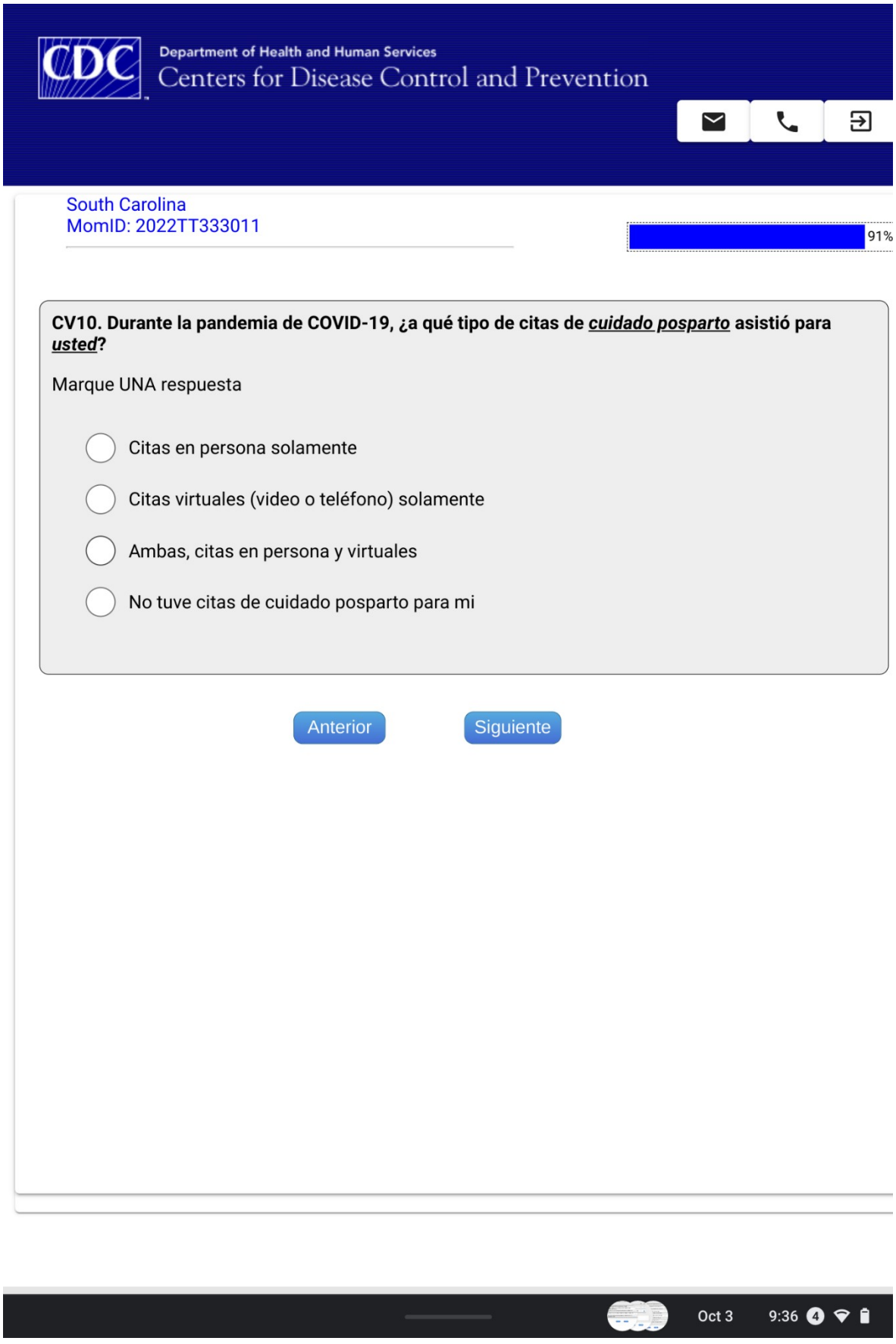
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91%
CV10. Durante la pandemia de COVID-19, ¿a qué tipo de citas de cuidado posparto asistió para usted?
Marque UNA respuesta
Citas en persona solamente
Citas virtuales (video o teléfono) solamente
Ambas, citas en persona y virtuales
No tuve citas de cuidado posparto para mi
Anterior
Siguiente
Oct 3
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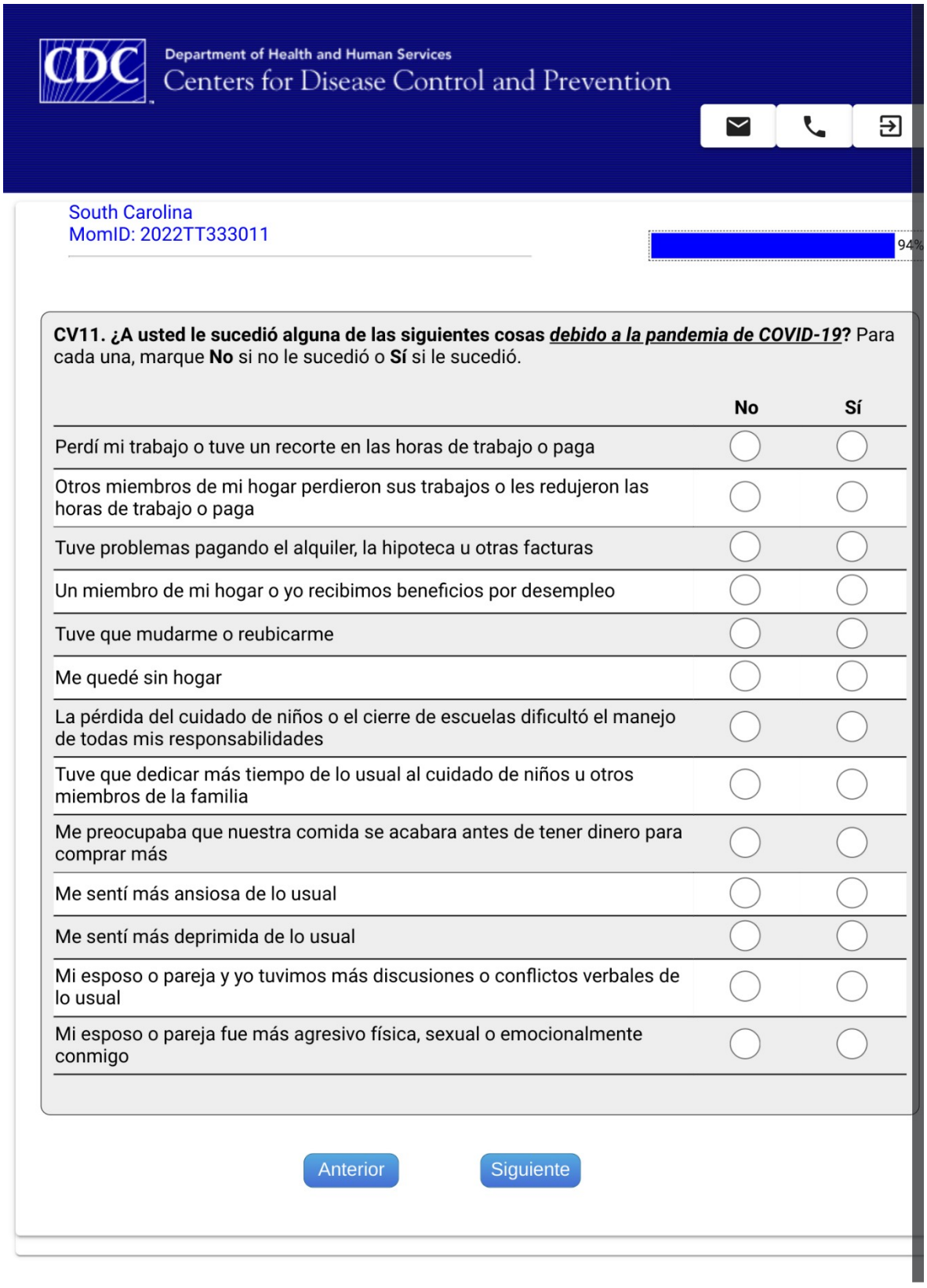

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South Carolina
MomID: 2022TT333011

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	○	○

Anterior Siguiente

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