

WSHA/TeamBirth Patient Survey

Thank you for your time and participation in this survey. This survey will ask you questions about your childbirth experience. This survey should take about 10 minutes to complete.

Your answers are confidential and no information that could individually identify you will be collected. All information collected in this survey will be used for quality improvement work aimed at improving the care and experiences of people giving birth across Washington. You do not have to complete the survey if you do not feel comfortable and can stop completing the survey at any point. Let your health care team know if you would like to be contacted for further follow-up.

Preferences

When we refer to the clinical team throughout this survey, we are referring to anyone who had responsibility for caring for you throughout your time at the hospital. This includes doctors, midwives, nurses and nursing assistants, and others.

- 1) In this next section, please describe your experiences with your clinical team overall during your labor and birth. Select one answer for each row.

| | Completely Disagree | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree | Completely Agree | Prefer Not to Answer |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My clinical team asked me how involved in decision making I wanted to be. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My clinical team told me there are different options for my maternity care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My clinical team explained the advantages and disadvantages of the maternity care options. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My clinical team helped me understand all the information. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was given enough time to thoroughly consider the different maternity care options. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Completely Disagree | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree | Completely Agree | Prefer Not to Answer |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I was able to choose what I considered to be the best care options. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My clinical team respected that choice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Trust & Decision Making

- 2) Overall while making decisions about my labor, delivery and postpartum experience (select one answer for each row):


| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Prefer Not to Answer |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt comfortable asking questions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt comfortable declining care that was offered. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt comfortable accepting the options for care that my doctor or midwife recommended. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt pushed into accepting the options my doctor or midwife suggested. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I chose the care options that I received. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My personal preferences were respected. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My cultural preferences were respected. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 3) How often did your clinical team discuss options and choices with you before health care decisions were made? Select one answer.
- ☐ None of the time
 - ☐ Some or a little of the time
 - ☐ Occasionally or a moderate amount of time
 - ☐ Most of the time
 - ☐ All of the time
 - ☐ Prefer not to answer
- 4) My clinical team asked for my permission before carrying out exams and treatments. Select one answer.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ Prefer not to answer
- 5) My clinical team did everything I wanted to help me with my pain. Select one answer.
- ☐ Strongly Agree
 - ☐ Agree
 - ☐ Neither Agree nor Disagree
 - ☐ Disagree
 - ☐ Strongly Disagree
 - ☐ Prefer not to answer

TeamBirth Experience: The following questions refer to your experience with **huddles**. We define a **huddle** as a conversation with your doctor/midwife and nurse present (or on speakerphone) to discuss and write all of the following on the TeamBirth Shared Planning Board:

- Who is on your care team,
- Your preferences and concerns,
- The care plans,
- The next check in/huddle.

Here is an example of what a simplified version of the board may have looked like:

| Labor and Birth Planning Board | |
|---|--|
| TEAM | DATE: ROOM: |
| PREFERENCES | PLAN FOR Me: Baby: Labor Progress: NEXT HUDDLE |
| <div>  </div> | |
| <div> <div>PRE-LABOR</div> <div>EARLY LABOR</div> <div>ACTIVE LABOR</div> <div>PUSHING</div> </div> | |

6) Did you participate in a huddle (definition above)? Select one answer.

- ☐ Yes
- ☐ No *[Skip to Question 10]*
- ☐ Not sure *[Skip to Question 10]*
- ☐ Prefer not to answer *[Skip to Question 10]*

7) Did you request a huddle at any point during your care? Select one answer.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

8) Who was part of your care team? Select all that apply.

- ☐ Support person (partner, husband/wife, family member, friend)
- ☐ Doctor
- ☐ Midwife
- ☐ Nurse
- ☐ Doula
- ☐ Other (please specify): _____
- ☐ Prefer not to answer

9) If you selected “Doula” for Question 7: How often was your doula present and participating in a huddle? Select one answer.

- ☐ None of the time
- ☐ A little of the time
- ☐ A moderate amount of time
- ☐ Most of the time
- ☐ All of the time
- ☐ Not applicable
- ☐ Prefer not to answer

10) Select one answer for each row.

| | None of the time | A little of the time | A moderate amount of time | Most of the time | All of the time | Prefer not to answer |
|---|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| How often did a member of your team update the names of care team members on the board? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often did your doctor/midwife and nurse discuss your preferences/concerns and update the board? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often did your doctor/midwife and nurse discuss care plans and update the board? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often did your doctor/midwife and nurse set a plan for the next huddle and update the board? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11) How long was your labor? Write the number of hours here (*Round to the nearest whole number*): _____

☐ Prefer not to answer

12) Is there anything else about your experience with huddles and/or the board you'd like to share? Please write here:

Demographics

13) How old are you? Select one.

- ☐ Under 20 years old
- ☐ 20-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40 years old or over
- ☐ Prefer not to answer

14) What is your race? Select all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify): _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify): _____
- ☐ Some race not described above
- ☐ Prefer not to answer

15) Are you of Hispanic, Latina or Spanish origins? Select one.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

16) What is the highest level of education you have completed? Select one.

- ☐ Some elementary/grammar school
- ☐ Some high school
- ☐ High school graduate
- ☐ Some college
- ☐ College degree
- ☐ Some postgraduate
- ☐ Postgraduate degree (Masters, MD, PhD, JD)
- ☐ Prefer not to answer

17) What kinds of health insurance or health care coverage do you have? Select all that apply.

- ☐ Apple Health/Medicaid
- ☐ Private/Commercial health insurance
- ☐ Indian Health Service
- ☐ TriCare
- ☐ Other government program: Please describe:

- ☐ No coverage of any type
- ☐ Prefer not to answer

18) How many miles did you travel from home to get to this hospital?

- ☐ Prefer not to answer

19) Is this your first baby? Select one.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

20) How was this baby (or how were these babies) born? Select all that apply if there is more than one baby.

- ☐ Vaginal delivery
- ☐ Vaginal delivery with forceps
- ☐ Vaginal delivery with vacuum
- ☐ Cesarean delivery
- ☐ Prefer not to answer

21) Was your labor induced? Select one.

- ☐ Yes, for a medical reason
- ☐ Yes, not for a medical reason (elective induction)
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

22) Did you have either of the following experiences? Select all that apply.

- ☐ High risk pregnancy
- ☐ Medical complications during birth or postpartum hospital stay
- ☐ Neither
- ☐ Don't know
- ☐ Prefer not to answer

23) Please share any additional thoughts or comments you have about your labor, delivery and postpartum experience. Please write here:

This survey is anonymous; let your health care team know if you'd like to be contacted for further follow-up.

Thank you for your time!