



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 Massachusetts. You do not have to complete the survey if you do not feel comfortable and can stop completing the survey at any point.

Answer choices for 1-12: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree, Prefer Not to Answer

Please describe your experiences during your labor and delivery at this birth facility.

1. I could take part in decisions about my care.
2. I could ask questions about my care.
3. My health care team did a good job listening to me, I felt heard.
4. My health care choices were respected by my health care team.
5. My health care team understood my background, home life and health history.
6. My health care team introduced themselves to me, and my support persons, and explained their role in my care when they entered my room.
7. My health care team asked for my permission before carrying out exams and treatments.
8. I felt pressured by my health care team into accepting care I did not want or did not understand.
9. When my health care team could not meet my wishes, they explained why.
10. I trusted my health care team to take the best care of me.
11. My health care team did everything I wanted to help me with my pain.
12. My health care team responded to my requests in a timely manner.

**Demographics:**

13. How old are you? Select one.
  - a. Under 20 years old
  - b. 20-24 years old
  - c. 25-29 years old
  - d. 30-34 years old
  - e. 35-39 years old
  - f. 40-45 years old or over

g. Prefer not to answer

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

- a. American Indian or Alaskan Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or other Pacific Islander
- e. White
- f. Other
- g. Prefer not to answer

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

- a. Yes
- b. No
- c. Prefer not to answer

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

- a. Some elementary/grammar school
- b. Some high school
- c. High school graduate
- d. Some college
- e. College degree
- f. Some postgraduate
- g. Postgraduate degree (e.g. Masters, MD, PhD, JD)
- h. Prefer not to answer

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

- a. Medicaid (MassHealth)
- b. Private health insurance
- c. Other government program: Please describe:
- d. No coverage of any type
- e. Prefer not to answer

18. Is this your first baby? Select one.

- a. Yes
- b. No
- c. Prefer not to answer

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

- a. Vaginal delivery
- b. Vaginal delivery with forceps
- c. Vaginal delivery with vacuum
- d. Cesarean delivery
- e. Prefer not to answer

20. Was your labor induced? Select one.

- a. Yes, for a medical reason
- b. Yes, not for a medical reason (elective induction)
- c. No
- d. Don't know
- e. Prefer not to answer

21. Please share any additional thoughts or comments you have about your labor, delivery and/or postpartum experience.

Please write here:

**End of Survey**