



COPE: Coronavirus Perinatal Experiences - Impact Survey (COPE-IS)

POSTPARTUM WOMEN

PART 1: PERINATAL EXPERIENCES RELATED TO THE COVID-19 OUTBREAK

[OPTIONAL] (screening question, only relevant if excluding mothers of infants > 6 months old...)

Are you the mother of an infant under 6 months of age?

(1) Yes > *move forward*

(0) No > *“Thank you for your willingness to respond to our survey asking about experiences and feeling associated with the COVID-19 outbreak. This survey is intended only for pregnant women and women with children younger than 6 months, and therefore, you need not continue with this survey.*

1. What date was your most recent child born?

2. Was this your first pregnancy?

(1) Yes

(0) No

3. During pregnancy, did you experience any of the following? (check all that apply)

(1) Gestational diabetes

(2) Hypertension

(3) Short cervix

(4) Small fetal size

(5) Low birth weigh

(6) Delivery < 37 weeks gestation

(7) Delivery < 32 weeks gestation

(8) Other (open field)

(9) None of these apply

If other, please describe here: (open field)_____

4. Where did you give birth? (choose one)

- (1) Hospital
- (2) Birth center
- (3) Home birth
- (4) Other not listed

If 1,2 or 4, What is the name of the hospital or birth center when your baby was born?
(open field) _____

5. Where was your baby born? (City, State, Country) (open field) _____

6. Has your baby received treatment in the NICU or PICU?

- (1) Yes
- (0) No

7. Which of the following best describes your pregnancy?

- (1) Singleton
- (2) Twins
- (3) Multiples

8. How well have you been supported by your pre- and postnatal care provider(s)?

- (1) Very well supported
- (2) Somewhat well supported
- (3) Not very well supported

9. Did the support you received from your pre- and postnatal care provider(s) change due to the COVID-19 outbreak?

- (1) Significantly worsened
- (2) Somewhat worsened
- (3) No change
- (4) Not relevant (e.g., COVID related events happened after my delivery)
- (5) Somewhat improved
- (6) Significantly improved

10. How important are the following to help you and your family during the COVID-19 outbreak (matrix: (1) not important at all, (2) somewhat important, (3) very important)

- (1) More one-on-one conversations with my medical provider
- (2) More one-on-one conversations with my child's medical provider
- (3) Information about COVID-19 and infant/child health
- (4) Information about how to reduce stress
- (5) Access to a mental health provider
- (6) Online support groups

(7) Interaction with other parents

(8) Rapid response to questions and concerns

(9) Examples of how other women are planning for potential changes in their postpartum and baby caregiving plans

11. Are there other resources that would be helpful to you and your family during the COVID19 outbreak? (open field) _____

12. Are you currently breastfeeding?

(1) Yes

(0) No

a. If yes, Are you exclusively breastfeeding?

(1) Yes

(0) No

13. Did any of your birth plans change as a result of the COVID-19 outbreak? (check all that apply)

(1) Reduced access to preferred medications before or after delivery (i.e. nitrous oxide, epidural)

(2) Change to planned delivery location

(3) My elective induction or C-section was not permitted as planned

(4) My elective vaginal birth changed to induction or C-section

(5) My health care provider (e.g., doctor, doula, midwife) was not available for my baby's birth as planned

(6) Support people (e.g. partner, family) were not permitted to attend baby's delivery

(7) I was separated from baby immediately after delivery

(8) I was separated from baby for a long period after delivery (e.g., my baby was quarantined in the hospital nursery)

(9) No change

(10) Other If other, please describe here: *(open field)*_____

14. Did any of your postnatal experiences change as a result of the COVID-19 outbreak? (check all that apply)

(1) Family and friends were not able to visit me and my baby after birth (e.g., due to social distancing or travel restrictions)

(2) I did not have access to lactation or other antenatal support following discharge from the hospital

- (3) My post-partum visit was cancelled
- (4) My post-partum visit was a virtual visit
- (5) I was unable to get the type of contraception that I wanted
- (6) I was unable to discuss “baby blues” or issues related to my mood
- (7) My baby’s well visits were made virtual
- (8) My baby’s well visits were canceled
- (9) My baby’s immunizations were postponed
- (10) No change
- (11) Other

If other, please describe here: *(open field)* _____

15. In general, what is the level of distress you have experienced about changes to your birth and postnatal experiences due to COVID-19?

(Likert scale 1-7, 1 = No distress, 7 = Highly distressed)

16. Are you concerned about any possible future changes to how you will care for your baby as a result of the COVID-19 outbreak?

- (1) Yes
- (0) No

a. If yes, please provide concerns: _____

b. How concerned are you?

(Likert scale 1-7, 1 = No concern, 7 = Highly concerning)

17. Do you have any concerns about your child’s health as a result of the COVID-19 outbreak?

- (1) Yes
- (0) No

c. If yes, please provide concerns: _____

d. How concerned are you?

(Likert scale 1-7, 1 = No concerns, 7 = Highly concerning)

18. Are you currently involved in virtual support groups (e.g., virtual mom group, virtual lactation support, etc.)?

- (1) Yes
- (0) No

If yes, what kind of group(s) are you involved with? (open field) _____

19. Would you be interested in in learning more about an opportunity to participate in a new virtual babies-moms social group?

(1) Yes

(0) No

If yes, Do you have a preference that your moms group be local versus national (moms across the US or in your region preferred)?

(5) Local

(6) National

(7) Both (

8) No preference

Suggested citation: Thomason, M.E., Graham, A., VanTieghem, M.R. (2020). The COPE-IS: Coronavirus Perinatal Experiences – Impact Survey.