

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

### 1. Are you currently pregnant?

(1) Yes > move to section: pregnant women

(0) No > move to section: postpartum women

#### **PREGNANT WOMEN**

### PART 1: PRENATAL EXPERIENCES RELATED TO THE COVID-19 OUTBREAK

- 1. When is your due date? (date field):\_\_\_\_\_
- 2. Is this your first pregnancy?
  - (1) Yes
  - (0) No

#### 3. Have you experienced any of the following during your pregnancy? (check all that apply)

- (1) Gestational diabetes
- (2) Hypertension
- (3) Short cervix
- (4) Small fetal size
- (5) Other
- (6) None
- (7) Prefer not to answer

If other, please describe here: (open field)\_\_\_\_\_

### 4. Which of the following best describes your pregnancy?

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

#### 5. How well are you currently being supported by your primary prenatal care provider(s)?

- (1) Very well supported
- (2) Somewhat well supported
- (3) Not very well supported
- 6. Has the support you receive from your prenatal care practice changed due to the COVID19 outbreak?
  - (1) Significantly worsened
  - (1) Somewhat worsened
  - (2) No change
  - (3) Somewhat improved
  - (4) Significantly improved

# 7. What resources are currently available to you from your prenatal care practice? (check all that apply)

- (1) Regular in-person appointments
- (2) Virtual care appointments
- (3) Phone call appointments
- (4) Online messaging portal for questions/concerns
- (5) Emergency care
- (6) Home blood pressure monitoring
- (7) Home fetal heart rate monitoring
- (8) Don't know
- (9) Other

If other, please describe here: (open field) \_\_\_\_\_

# 8. Which of the following changes are you experiencing as a result of the COVID-19 outbreak? (Check all that apply)

- (1) Change in schedule for planned C-section or labor induction
- (2) Changed from planned vaginal birth to induction or C-section
- (3) Changed from planned home birth to a hospital birth
- (4) Changed from plan for hospital delivery to a home birth
- (5) Change in selected hospital or birthing center
- (6) Change in prenatal health care provider(s)
- (7) Cancellation of or reduction in frequency of prenatal visit(s)
- (8) Changed format of prenatal care (i.e. no group classes)
- (9) Cancellation of hospital tours
- (10) Transition from in-person prenatal visits to virtual visits
- (11) None apply

# 9. Are you concerned about possible future changes to your <u>medical care during your baby's birth</u> 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 concerned)

10. Are you concerned about possible future changes in <u>support and involvement of your family and</u> <u>friends in your baby's birth</u> as a result of the COVID-19 outbreak?

(1) Yes

(0) No

11. Do you have any concerns about your child's health 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 concerned)

12. 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 prenatal care provider

(2) Information about how to reduce stress

(3) Access to a mental health provider

(4) Online support groups

(5) Interaction with other pregnant people

(6) Rapid response to questions and concerns

(7) Examples of how other women are planning for potential changes in their pregnancy, birth and postpartum care

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

14. Would you be interested in in learning more about an opportunity to participate in a new virtual babies-pregnant 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)?

(1) Local

- (2) National
- (3) Both
- (4) No preference

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