

***(Only female respondents)***

1. Have you been pregnant at any time since **January 31, 2020**?

1  Yes                      0  No

a. ***[If yes]*** Are you currently pregnant?

1  Yes

***[If yes]*** When is your due date?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY

0  No

***[If no]*** When did your pregnancy end?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY

***[If no]*** How did your pregnancy end?

1  Live Birth

2  Still Birth

3  Abortion

4  Miscarriage

5  Ectopic or Tubal

6  Molar

7  Other [Describe:] \_\_\_\_\_

***[if 1 or 2]***

Were there restrictions on who could be present at your birth?

1  Yes                      0  No

*if yes,*

Were you informed of this ahead of time?

1  Yes                      0  No

How detrimental was this to your birth experience?

(1 = not at all, 10 = extremely)

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How did you cope given the restrictions on who could be with you?

\_\_\_\_\_

*The following questions are about your current pregnancy.*

2. Which of the following changes have you experienced as a result of the COVID-19 outbreak? *(Mark all that apply)*

- 1  I changed from planning a vaginal birth to a C-section
- 2  My planned C-section or labor induction was changed
- 3  I changed from planning a home birth to planning a hospital birth
- 4  I changed from planning a hospital birth to planning a home birth
- 5  My healthcare provider canceled some or all of my prenatal visits
- 6  I had more prenatal visits.
- 7  My prenatal visits changed from in-person to phone or telemedicine/video
- 8  No visitors, doulas, or other support were allowed in my hospital birth
- 9  My midwives or OB took new precautions during visits to prevent COVID-19 transmission
- 10  Nothing changed in my prenatal care or birth plan.

***[if 1-9 are checked]***

Do you feel you received all the information you needed about changes to your prenatal care and labor and delivery birthing experience?

- 1  Yes      0  No

3. Have you had any of the following conditions during your pregnancy? *(Mark all that apply)*

- 1  Gestational diabetes (high blood sugar)
- 2  Anemia (low blood cell count)
- 3  Vaginal bleeding
- 4  Nausea or vomiting
- 5  Preeclampsia (toxemia)
- 6  Fever
- 7  Preterm Delivery
- 8  Other condition (please specify): \_\_\_\_\_
- 0  None of the above