Ohio

SOARS

Study of Associated Risks of Stillbirth

With your help,
we hope to learn why stillbirths happen
and how to improve care.

Please complete the survey and mail it in the enclosed envelope.

Your help is voluntary, and your answers are completely confidential.

Questions? Please call 614-664-0190 or the Ohio SOARS manager at 877-212-7216.

We would like to learn why stillbirths happen and about your experiences to help improve care for women who experience stillbirths. The questions on this survey are about your pregnancy when your baby died, except when otherwise noted. We understand that some questions may be sensitive, and we appreciate any information you are able to share. All responses will be kept confidential. Please know that regardless of how you answer these questions, the purpose of these questions is for us to learn how our healthcare system could better serve moms and babies. If you are under 18 years of age, please consult with your parent or guardian before completing the survey.

Please mark the circle or box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

This first question is about *you.*

1. What is *your* date of birth?

☐☐ / ☐☐ / ☐☐☐☐
M M D D Y Y Y Y

The next questions are about the time *before* you got pregnant.

2. During the *3 months before* you got pregnant, did you have any of the following health conditions?
*For each one, choose **No** if you did not have the condition, or **Yes** if you did.*

	No	Yes
a. Asthma	◯	◯
b. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	◯	◯
c. High blood pressure or hypertension	◯	◯
d. Thyroid problems	◯	◯
e. PCOS (polycystic ovary syndrome)	◯	◯
f. Depression	◯	◯
g. Anxiety	◯	◯

3. During the *month before* you got pregnant, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ◯ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- ◯ 1 to 3 times a week
- ◯ 4 to 6 times a week
- ◯ Every day of the week

We would like to find out about your pregnancy history.

4. How many times have you been pregnant? Please include this pregnancy and ALL pregnancies you have had (both losses and live births).

- ◯ 1 time → **Go to Question 10 on page 3**
- ◯ 2 to 4 times
- ◯ 5 to 7 times
- ◯ 8 or more times

5. *Before this pregnancy*, did you have any babies who were born alive?

- ◯ No → **Go to Question 8**
- ◯ Yes

6. Did your last baby who was born alive weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

- ◯ No
- ◯ Yes

7. Was your last baby who was born alive born *earlier* than 3 weeks before his or her due date?

- ◯ No
- ◯ Yes

8. *Before this pregnancy,* did you have any pregnancies that ended in a loss (such as a miscarriage or stillbirth)?

- ◯ No → **Go to Question 10 on page 3**
- ◯ Yes

9. Please indicate the number of previous losses you had that ended in each of the following time periods (not including this baby):

a. Number of pregnancies that ended before 12 weeks..... ☐☐

b. Number of pregnancies that ended between 12 and 27 weeks ..... ☐☐

c. Number of pregnancies that ended at 28 weeks or later..... ☐☐

10. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?
Choose ONE answer.

- ◯ I wanted to be pregnant later
- ◯ I wanted to be pregnant sooner
- ◯ I wanted to be pregnant then
- ◯ I didn't want to be pregnant then or at any time in the future
- ◯ I wasn't sure what I wanted

The next questions are about your *health insurance coverage* before, during, and after your pregnancy.

11. During the *month before* you got pregnant, what kind of health insurance did you have?
Choose ALL that apply.

- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Ohio Medicaid or an Ohio Medicaid Managed Care Plan
- ☐ TRICARE or other military health care
- ☐ Other health insurance (*Please tell us*)

- ☐ I did not have any health insurance during the *month before* I got pregnant

12. During your *pregnancy*, what kind of health insurance did you have to pay for your *prenatal care*? *Choose ALL that apply.*

- ☐ I did not go for prenatal care
  → **Go to Question 13**
- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Ohio Medicaid or an Ohio Medicaid Managed Care Plan
- ☐ TRICARE or other military health care
- ☐ Other health insurance (*Please tell us*)

- ☐ I did not have any health insurance to pay for my *prenatal care*

13. What kind of health insurance do you have *now*?
Choose ALL that apply.

- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Ohio Medicaid or an Ohio Medicaid Managed Care Plan
  → **Please tell us for how many months or years you have been covered by Ohio Medicaid:**
  ☐☐ Months **OR** ☐☐ Years
- ☐ TRICARE or other military health care
- ☐ Other health insurance (*Please tell us*)

- ☐ I do not have health insurance *now*

DURING PREGNANCY

The next questions ask about the prenatal care you received during your pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker during your pregnancy to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

14. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

☐☐ Weeks **OR** ☐☐ Months

○ I didn't go for prenatal care → **Go to Question 16**

15. Did you get prenatal care as early in your pregnancy as you wanted?

○ No

○ Yes → **Go to Question 17 on page 5**

16. Did any of these things keep you from getting prenatal care when you wanted it? *For each item, choose **No** if it did not keep you from getting prenatal care or **Yes** if it did.*

	No	Yes
a. I couldn't get an appointment when I wanted one	○	○
b. I didn't have enough money or insurance to pay for my visits	○	○
c. I didn't have any transportation to get to the clinic or doctor's office	○	○
d. The doctor or my health plan would not start care as early as I wanted	○	○
e. I had too many other things going on	○	○
f. I couldn't take time off from work or school	○	○
g. I didn't have my Medicaid card	○	○
h. I didn't have anyone to take care of my children	○	○
i. I didn't know that I was pregnant	○	○
j. I didn't want anyone else to know I was pregnant	○	○
k. I didn't want prenatal care	○	○

If you <u>did not</u> get prenatal care → **Go to Question 18.**

17. ***During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below?** *For each item, choose **No** if they did not ask you about it, or **Yes** if they did.*

	No	Yes
a. If I knew how much weight I should gain during pregnancy	◯	◯
b. If I was taking any over the counter medications or home remedies	◯	◯
c. If I was taking any prescription medication	◯	◯
d. If I was smoking cigarettes	◯	◯
e. If I was drinking alcohol	◯	◯
f. If someone was hurting me emotionally or physically	◯	◯
g. If I was feeling down or depressed	◯	◯
h. If I was using drugs such as marijuana, cocaine, crack, or meth	◯	◯
i. If I wanted to be tested for HIV (the virus that causes AIDS)	◯	◯
j. If I planned to breastfeed my new baby	◯	◯
k. If I planned to use birth control after my baby was born	◯	◯
l. If I knew about recommended sleeping positions during pregnancy	◯	◯
m. If I was aware of the risk of stillbirth during pregnancy	◯	◯
n. If I knew how to track my baby's movements	◯	◯

18. During your pregnancy, did you keep track of your baby's movements?

- ◯ No
- ◯ Yes

19. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ◯ No
- ◯ Yes

20. Who was the main health care provider for your pregnancy?

- ◯ OB/GYN Physician
- ◯ Family Physician
- ◯ Midwife
- ◯ Maternal-Fetal Medicine Physician/Perinatologist
- ◯ Other (*Please tell us*) →
- ◯ I did not have one

21. Please rate the degree to which you agree or disagree with the following statements. Overall, while making decisions during my pregnancy, I felt:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Comfortable asking questions	○	○	○	○	○
b. Comfortable declining care that was offered	○	○	○	○	○
c. Comfortable accepting the options for care that my doctor/midwife recommended	○	○	○	○	○
d. Pushed into accepting the options my doctor/midwife suggested	○	○	○	○	○
e. I chose the care options that I received	○	○	○	○	○
f. My personal preferences were respected	○	○	○	○	○
g My cultural preferences were respected	○	○	○	○	○

22. During your pregnancy, did you have any of the following health conditions? *For each one, choose **No** if you did not have the condition, or **Yes** if you did.*

	No	Yes
a. Gestational diabetes (diabetes that started during *this* pregnancy)	○	○
b. High blood pressure (that started during *this* pregnancy), pre-eclampsia or eclampsia	○	○
c. Anxiety	○	○

23. Did you have any of the following problems during your pregnancy? *For each item, choose **No** if you did not have the problem, or **Yes** if you did.*

	No	Yes
a. Decreased or increased fetal movement	○	○
b. Vaginal bleeding	○	○
c. Kidney or bladder (urinary tract) infection (UTI)	○	○
d. ***Severe*** nausea, vomiting, or dehydration that sent me to the doctor or hospital	○	○
e. Cervix had to be sewn shut (needing a stitch in my cervix)	○	○
f. Complications with the placenta (such as placenta abruption or placenta previa)	○	○
g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) and my doctor said that my cervix was dilated	○	○
h. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	○	○
i. Baby was small for gestational age	○	○
j. I had to have a blood transfusion	○	○
k. I was hurt in a car accident	○	○
l. Fever of 101° or higher	○	○
m. A gut feeling that something was wrong (*If yes*, please tell us) ↴	○	○

24. During your pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections or conditions? *For each item, choose **No** if you were not told that you had the infection or condition, or **Yes** if you were.*

	No	Yes
a. Blood clotting disorder	○	○
b. Yeast infection	○	○
c. Urinary tract infection (UTI)	○	○
d. Cytomegalovirus (CMV)	○	○
e. Genital warts (HPV)	○	○
f. Herpes	○	○
g. Chlamydia	○	○
h. Gonorrhea	○	○
i. Pelvic inflammatory disease (PID)	○	○
j. Syphilis	○	○
k. Group B Strep (Beta Strep)	○	○
l. Bacterial vaginosis	○	○
m. Trichomoniasis (Trich)	○	○
n. Listeria	○	○
o. Toxoplasmosis	○	○
p. Other (*If yes*, please tell us) ▼	○	○

25. Were you considered 'high risk' for *this* pregnancy? *Choose ALL that apply.*

- ☐ No
- ☐ Yes, due to a medical condition diagnosed *before* pregnancy
- ☐ Yes, due to a medical condition diagnosed *during* pregnancy
- ☐ Yes, due to a pregnancy complication
- ☐ Yes, due to a previous pregnancy loss
- ☐ Yes, due to another reason (*Please tell us*) ▼
- ☐ I don't know

26. Did you have a detailed ultrasound at about 20 weeks (sometimes called an anatomic scan)?

- ○ No
- ○ Yes

27. During an ultrasound, were any abnormalities or concerns identified?

- ○ No
- ○ Yes (*Please tell us*) ▼

28. Did any of the tests you had during your pregnancy include Cardiotocography (CTG) also called a Non-Stress Test (NST)?

- ○ No
- ○ Yes

29. How much weight did you gain during your pregnancy?

☐☐☐ Pounds **OR** ☐☐☐ Kilos

- ○ I didn't gain any weight during my pregnancy
- ○ I don't know

The next questions are about smoking and alcohol use around the time of pregnancy (before and during). We understand these questions may be sensitive. Please know, we ask similar questions of other women on a different survey.

30. Have you smoked any cigarettes in the *past 2 years*?

- ◯ No → **Go to Question 32**
- ◯ Yes

31. During any of the following time periods, did you smoke cigarettes?

	No	Yes
a. During the 3 months before I got pregnant	◯	◯
b. During my pregnancy	◯	◯

The next questions are about using other tobacco products around the time of pregnancy.

32. <u>E-cigarettes (electronic cigarettes) and other electronic nicotine products</u> (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves and produce vapor instead of smoke.

Have you used e-cigarettes or other electronic nicotine products in the *past 2 years*?

- ◯ No → **Go to Question 34**
- ◯ Yes

33. During any of the following time periods, did you use e-cigarettes or other electronic nicotine products?

	No	Yes
a. During the 3 months before I got pregnant	◯	◯
b. During my pregnancy	◯	◯

34. During your pregnancy, how many alcoholic drinks did you have in an average week? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ◯ 14 drinks or more a week
- ◯ 8 to 13 drinks a week
- ◯ 4 to 7 drinks a week
- ◯ 1 to 3 drinks a week
- ◯ Less than 1 drink a week
- ◯ I didn't drink during my pregnancy

Pregnancy can be a difficult time. The next questions are about things that may have happened <u>*before*</u> and <u>*during*</u> your pregnancy.

35. Did you have depression during your pregnancy?

- ◯ No → **Go to Question 39 on page 9**
- ◯ Yes

36. During your pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?

- ◯ No
- ◯ Yes

37. During your pregnancy, did you *get* counseling for depression?

- ◯ No
- ◯ Yes

38. At any time during your pregnancy, did you take prescription medicine for your depression?

- ◯ No
- ◯ Yes

39. During your pregnancy, which of the following statements about basic needs applied to you? *For each item, choose* ***No*** *if it was not true, or* ***Yes*** *if it was.*

	No	Yes
a. I had affordable, reliable transportation	○	○
b. I skipped meals or ate less because there wasn't enough money to buy food	○	○
c. I had safe housing	○	○
d. I had consistent and stable housing	○	○
e. My house or apartment was too crowded	○	○
f. I could keep basic utility services on (heat, water, lights)	○	○
g. I had access to a telephone when needed	○	○
h. I had other basic needs that were not met (*If yes,* please tell us)	○	○

40. This question is about things that may have happened during the *12 months before your baby was delivered*. *For each item, choose* ***No*** *if it did not happen to you, or* ***Yes*** *if it did. (It may help to look at a calendar when you answer these questions.)*

	No	Yes
a. A close family member was very sick and had to go into the hospital	○	○
b. I got separated or divorced from my husband or partner	○	○
c. I moved to a new address	○	○
d. I was homeless or had to sleep outside, in a car, or in a shelter	○	○
e. My husband or partner lost their job	○	○
f. I lost my job even though I wanted to go on working	○	○
g. My husband, partner, or I had a cut in work hours or pay	○	○
h. I was apart from my husband or partner due to military deployment or extended work-related travel	○	○
i. I argued with my husband or partner more than usual	○	○
j. My husband or partner said they didn't want me to be pregnant	○	○
k. I had problems paying the rent, mortgage, or other bills	○	○
l. My husband, partner, or I went to jail	○	○
m. Someone very close to me had a problem with drinking or drugs	○	○
n. Someone very close to me died	○	○

41. In the *12 months before* you got pregnant, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? *For each person, choose **No** if they did not hurt you during this time, or **Yes** if they did.*

	No	Yes
a. My husband or partner	○	○
b. My ex-husband or ex-partner	○	○
c. Someone else	○	○

42. *During your pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? *For each person, choose **No** if they did not hurt you during this time, or **Yes** if they did.*

	No	Yes
a. My husband or partner	○	○
b. My ex-husband or ex-partner	○	○
c. Someone else	○	○

If you need assistance relating to Questions 41 or 42, please call 1-800-799-SAFE (7233). If you need immediate help, please call 911.

43. In the *12 months before* you were pregnant, how often did you experience discrimination, or harassment, or were made to feel inferior because of your race, ethnicity, or culture?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never

44. Did you experience discrimination by health care providers *during your prenatal care, labor, or delivery* because of the things listed below? *For each item, choose **No** if you did not experience discrimination, or **Yes** if you experienced discrimination.*

	No	Yes
a. My race, ethnicity, or culture	○	○
b. My insurance or Medicaid status	○	○
c. My weight	○	○
d. My marital status	○	○
e. My sexual orientation	○	○
f. Other (*If yes*, please tell us)	○	○

45. Please tell us about any experiences of discrimination, harassment, or being made to feel inferior because of your race, ethnicity, or culture.

46. Are there any other details that you would like to share that may have impacted your pregnancy?

AFTER PREGNANCY

The next questions are about your baby and your experiences around the time of delivery. We understand that some of these options may not apply to you.

47. When was your baby due?

☐☐ / ☐☐ / 20☐☐
M M D D Y Y Y Y

48. When was your baby delivered?

☐☐ / ☐☐ / 20☐☐
M M D D Y Y Y Y

49. What date do you *think* your baby died?

☐☐ / ☐☐ / 20☐☐
M M D D Y Y Y Y

◯ **I don't know**

50. What date did you find out that your baby died?

☐☐ / ☐☐ / 20☐☐
M M D D Y Y Y Y

◯ **I don't know**

51. When did your baby die?

◯ Before delivery
◯ During delivery
◯ I don't know

52. How was your baby delivered?

◯ Vaginally → **Go to Question 54**
◯ Cesarean delivery (c-section)

53. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

◯ My health care provider scheduled my cesarean delivery ***before*** my baby died
◯ My health care provider recommended a cesarean delivery ***before*** I went into labor
◯ My health care provider recommended a cesarean delivery while I was in labor
◯ I asked for the cesarean delivery

54. When were you discharged from the hospital after your baby was delivered?

☐☐ / ☐☐ / 20☐☐
M M D D Y Y Y Y

◯ I didn't have my baby in a hospital
→ **Go to Question 58 on page 13**

55a. Which of the following things were you offered during your hospital stay?
*For each item, choose **No** if it was notoffered, or **Yes** if it was.*

	No	Yes
a. Photographs of my baby	◯	◯
b. Photographs of my baby with family	◯	◯
c. Hand and/or footprints/impressions	◯	◯
d. Holding my baby	◯	◯
e. Bathing my baby	◯	◯
f. Dressing my baby	◯	◯
g. Baptism or blessing of my baby	◯	◯
h. Mementos (hat, clothes etc.)	◯	◯
i. Funeral/memorial service resources	◯	◯
j. Support groups/peer volunteer resources	◯	◯
k. Visit with a religious leader (bishop, chaplain, pastor, priest, rabbi, imam, etc.)	◯	◯
l. Visit with a hospital social worker	◯	◯
m. To have my baby stay in my room	◯	◯
n. A cooling bed	◯	◯

55b. Whether or not it was offered, would any of the following things have been helpful?
*For each item, choose **No** if it would not have been helpful, or **Yes** if it would.*

	No	Yes
a. Photographs of my baby	○	○
b. Photographs of my baby with family	○	○
c. Hand and/or footprints/impressions	○	○
d. Holding my baby	○	○
e. Bathing my baby	○	○
f. Dressing my baby	○	○
g. Baptism or blessing of my baby	○	○
h. Mementos (ex. hat, clothes)	○	○
i. Funeral/memorial service resources	○	○
j. Support groups/peer volunteer resources	○	○
k. Visit with a religious leader (bishop, chaplain, pastor, priest, rabbi, imam, etc.)	○	○
l. Visit with a hospital social worker	○	○
m. To have my baby stay in my room	○	○
n. A cooling bed	○	○

56. Did any of the following things happen to you before you left the hospital? *For each item, choose **No** if it did not happen, or **Yes** if it did.*

	No	Yes
a. I felt adequately supported by my doctor or midwife in my grieving process	○	○
b. I felt adequately supported by the hospital nursing staff in my grieving process	○	○
c. I felt adequately supported by the grief counseling staff in my grieving process	○	○
d. I was given information about my breast milk coming in	○	○
e. I was given information about what to do when my breast milk came in	○	○
f. I was given a bereavement packet with information on where to seek support	○	○
g. The hospital staff gave me the opportunity to ask questions	○	○
h. My healthcare provider discussed with me what might have happened to my baby	○	○

57. Please tell us if there is anything else that you would like to share about your experience in the hospital:

The next questions are about autopsy and other exams that may have been done to learn about what caused your baby's death. We are trying to learn more about tests offered in hospitals. We understand that some of the options may not apply to you.

58. Were any of the following tests *offered* to you during your hospital stay? *For each test, choose **No** if it was not offered, or **Yes** if it was.*

	No	Yes	Don't Know
a. Blood tests (mother)	○	○	○
b. Detailed exam of placenta	○	○	○
c. Autopsy (full or partial)	○	○	○
d. Genetic testing of the baby	○	○	○

59. Were any of the following tests *performed* on you and/or your baby? *For each test, choose **No** if it was not performed, or **Yes** if it was.*

	No	Yes	Don't Know
a. Blood tests (mother)	○	○	○
b. Detailed exam of placenta	○	○	○
c. Placenta went to pathology	○	○	○
d. Genetic testing of the baby	○	○	○

60. Did your baby have a full or partial autopsy?

- ○ No
- ○ Yes → **Go to Question 62**

61. What were the reasons that the autopsy was not done? *Choose ALL that apply*

- ☐ An autopsy was too expensive
- ☐ I was told it would not be covered by insurance
- ☐ I declined for personal or religious reasons
- ☐ I did not have enough information about the procedure
- ☐ The doctors were able to determine the cause(s) of death without an autopsy
- ☐ I was told that an autopsy would not provide any answers
- ☐ An autopsy was not offered to me
- ☐ Other (*Please tell us*)

62. Did you learn about what may have caused your baby's death?

- ○ No → **Go to Question 64**
- ○ Yes

63. Which of the following things *may* have caused your baby's death? *Choose ALL that apply*

- ☐ Complications with the cervix
- ☐ Complications with the umbilical cord/cord accident
- ☐ Placental abruption (separation of the placenta from the uterus)
- ☐ Infection
- ☐ Other complications with the placenta
- ☐ Hypertension
- ☐ Preterm (premature) labor
- ☐ Diabetes
- ☐ Membranes ruptured
- ☐ Congenital defect(s)/birth defect(s)/ chromosomal abnormalities
- ☐ Other (*Please tell us*)

The next questions are about your health since your baby was delivered.

64. *Since your baby was delivered*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ○ No → **Go to Question 66 on Page 14**
- ○ Yes

65. *During your postpartum checkup,* did a doctor, nurse, or other healthcare worker do any of the following things? *For each item, choose **No** if they did not do it, or **Yes** if they did.*

	No	Yes
a. Ask me if I want to be pregnant in the future	○	○
b. Talk to me about how long to wait before getting pregnant again	○	○
c. Talk to me about birth control methods I can use after giving birth	○	○
d. Ask me whether I was feeling down or depressed	○	○

66. The following questions ask about your emotional well-being since your baby was delivered. *For each item, choose **No** if it did not happen to you, or **Yes** if it did.*

	No	Yes
a. I answered written questions asking me to rate my mood	◯	◯
b. A doctor, nurse, or other healthcare worker told me I had depression	◯	◯
c. A doctor, nurse, or other healthcare worker told me I had anxiety	◯	◯
d. A doctor, nurse, or other healthcare worker recommended that I take a prescription medication for depression	◯	◯
e. I took medication for depression	◯	◯
f. I took medication for anxiety	◯	◯
g. A doctor, nurse, or other healthcare worker recommended that I get counseling for depression	◯	◯
h. I received counseling for depression or anxiety	◯	◯
i. I received support or counseling for feelings of grief	◯	◯

If you <u>did not</u> receive support or counseling for feelings of grief → Go to Question 67.

If you received support or counseling for feelings of grief → Go to Question 68.

67. Did any of the following things keep you from receiving support or counseling? *For each one, choose **No** if it did not do it, or **Yes** if it did.*

	No	Yes
a. I felt fine and did not think I needed support or counseling	◯	◯
b. I didn't know where to go for counseling	◯	◯
c. I didn't have insurance to cover the cost of counseling	◯	◯
d. I was not aware of support groups in my area	◯	◯
e. Other (*If yes*, please tell us)	◯	◯

The next questions are about your employment status.

68. At *any time during your pregnancy*, did you work at a job for pay?

◯ No → **Go to Question 70**

◯ Yes

69. Have you returned to the job you had *during your pregnancy*? *Choose ONE answer.*

◯ No, and I do not plan to return

◯ No, but I will be returning

◯ Yes

The next questions are about Coronavirus disease 2019 or COVID-19. COVID-19 caused a worldwide disease outbreak or pandemic that reached Ohio in March 2020.

70. *During your pregnancy*, did a doctor, nurse, or other healthcare worker do any of the following things? *For each one, choose **No** if they did not do it, or **Yes** if they did.*

	No	Yes
a. Talked with me about the COVID-19 vaccine	◯	◯
b. Recommended that I get the COVID-19 vaccine	◯	◯
c. Offered to give me the COVID-19 vaccine	◯	◯
d. Referred me to another place to get the COVID-19 vaccine	◯	◯

71. During any of the following time periods, did you get at least one shot or dose of a COVID-19 vaccine? *For each time period, choose **No** if you did not, or **Yes** if you did.*

	No	Yes
a. During the 12 months before I got pregnant	◯	◯
b. During my pregnancy	◯	◯
c. After my pregnancy	◯	◯

72. Whether or not you got sick with COVID-19, the pandemic may have affected your life. *During your pregnancy*, to what extent were the following statements true for you? *For each item, choose ONE answer.*

	Very true	Somewhat true	Not at all true
a. Due to the COVID-19 pandemic, my household had more difficulty than usual paying for bills and expenses	○	○	○
b. Due to the COVID-19 pandemic, I had more difficulty than usual obtaining health care for myself	○	○	○
c. Due to the COVID-19 pandemic, I delayed getting medical care for myself	○	○	○
d. I experienced more anxiety or depression than usual due to the COVID-19 pandemic	○	○	○

73. During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend? *Choose ONE answer.*

- ○ In-person appointments only
- ○ Virtual appointments (video or telephone) only
- ○ Both, in person and virtual appointments
- ○ I did not have prenatal care

74. While you were *pregnant* during the COVID-19 pandemic, did you have any of the following experiences? *For each item, check **No** if you did not, or **Yes** if you did.*

	No	Yes
a. I had responsibilities or a job that prevented me from staying home	○	○
b. Someone in my household had a job that required close contact with other people	○	○
c. When I went out, I found that other people around me did not practice social distancing	○	○
d. I had trouble getting or making masks or cloth face coverings	○	○
e. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	○	○
f. I was told by a health care provider that I had COVID-19	○	○
g. Someone in my household was told by a health care provider that they had COVID-19	○	○

75. During the *12 months before* your baby was delivered, what was your yearly total household income before taxes?

Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are now getting.

- ○ $0 to $16,000
- ○ $16,001 to $20,000
- ○ $20,001 to $24,000
- ○ $24,001 to $28,000
- ○ $28,001 to $32,000
- ○ $32,001 to $40,000
- ○ $40,001 to $48,000
- ○ $48,001 to $57,000
- ○ $57,001 to $60,000
- ○ $60,001 to $73,000
- ○ $73,001 to $85,000
- ○ $85,001 or more

76. During the *12 months before* your baby was delivered, how many people, including *yourself*, depended on this income?

☐☐ People

77. Are you pregnant now?

- ○ No → **Go to Question 79 on page 16**
- ○ Yes

78. What was the first day of your last period?

☐☐/☐☐/20☐☐

M M D D Y Y Y Y

- ○ I did not have a period before I became pregnant again

79. **What is today's date?**

☐☐/☐☐/20☐☐
MM DD YYYY

80. **Please use this space for any additional comments you would like to share about your pregnancy and baby.**

81. **If you would like to receive a copy of the summary of the study results when completed (this may take 12–18 months), please provide your email or mailing address**.

Please provide your email address:

OR

Provide your mailing address:

Full Name:

Street 1:

Street 2:

City:

State: ☐☐

Zip: ☐☐☐☐☐

◯ I do not want a copy of the study results

Please return your questionnaire in the enclosed return envelope or mail it to:

Ohio SOARS
RTI International
ATTN: Data Capture
5265 Capital Boulevard
Raleigh, NC 27690

Thank you for answering these questions.
Your answers will help us to learn more about stillbirth and how we can improve the care received by families. Again, please accept our deepest sympathies to you and your family on the loss of your baby.