



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.

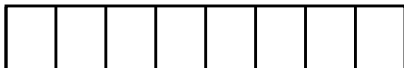
Your help is voluntary, and your
answers are completely confidential.

You must be at least 18 years of age to participate.

Questions? Please call the Ohio SOARS
manager at 614-644-0190 or 877-212-7216.



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We would like to learn 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, our goal is to learn how our health care system could better serve moms and babies.

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

The 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** or **Yes**.

	No	Yes
a. Asthma	<input type="radio"/>	<input type="radio"/>
b. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)	<input type="radio"/>	<input type="radio"/>
c. High blood pressure or hypertension	<input type="radio"/>	<input type="radio"/>
d. Thyroid problems	<input type="radio"/>	<input type="radio"/>
e. PCOS (polycystic ovary syndrome)	<input type="radio"/>	<input type="radio"/>
f. Depression	<input type="radio"/>	<input type="radio"/>
g. Anxiety	<input type="radio"/>	<input type="radio"/>

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

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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* during and after your pregnancy.

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

- Private health insurance (paid for by me, someone else, or through a job)
- Ohio Medicaid or an Ohio Medicaid Managed Care Plan (AmeriHealth, Anthem Blue Cross & Blue Shield, Buckeye, CareSource, Humana, Molina, Paramount, UnitedHealthcare)
- TRICARE or other military health care
- Other health insurance (*Please tell us*)
- I didn't have health insurance **during my pregnancy**

12. What kind of health insurance do you have *now*?

Choose *ALL* that apply.

- Private health insurance (paid for by me, someone else, or through a job)
- Ohio Medicaid or an Ohio Medicaid Managed Care Plan (AmeriHealth, Anthem Blue Cross & Blue Shield, Buckeye, CareSource, Humana, Molina, Paramount, UnitedHealthcare)

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.)

13. 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 15 on page 4

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

- No
- Yes → Go to Question 16 on page 4

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15. Did any of these things keep you from getting prenatal care when you wanted it? For each one, choose **No** or **Yes**.

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



If you did not get prenatal care → Go to Question 17.

16. 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 one, choose **No** or **Yes**.

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

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

- No
- Yes

18. Who was the main health care provider for your pregnancy? Choose **ONE** answer.

- OB/GYN Physician
- Family Physician
- Midwife
- Maternal-Fetal Medicine Physician/Perinatologist
- Other (Please tell us) ▼

- I did not have one

19. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Comfortable declining care that was offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Comfortable accepting the options for care that my doctor/midwife recommended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pushed into accepting the options my doctor/midwife suggested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I chose the care options that I received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My personal preferences were respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My cultural preferences were respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes

21. During your pregnancy, did you have any of the following health conditions? For each one, choose **No** or **Yes**.

	No	Yes
a. Gestational diabetes (diabetes that started during this pregnancy)	<input type="radio"/>	<input type="radio"/>
b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia	<input type="radio"/>	<input type="radio"/>
c. Anxiety	<input type="radio"/>	<input type="radio"/>

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22. Did you have any of the following problems during your pregnancy? For each one, choose **No** or **Yes**.

	No	Yes
a. Decreased or increased fetal movement	<input type="radio"/>	<input type="radio"/>
b. Vaginal bleeding	<input type="radio"/>	<input type="radio"/>
c. Kidney or bladder (urinary tract) infection (UTI)	<input type="radio"/>	<input type="radio"/>
d. Severe nausea, vomiting, or dehydration that sent me to the doctor or hospital	<input type="radio"/>	<input type="radio"/>
e. Cervix had to be sewn shut (needing a stitch in my cervix)	<input type="radio"/>	<input type="radio"/>
f. Complications with the placenta (such as placenta abruption or placenta previa)	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>
h. Water broke more than 3 weeks before my baby was due (preterm premature rupture of membranes [PPROM])	<input type="radio"/>	<input type="radio"/>
i. I was told by a health care provider that I had COVID-19 or I tested positive for COVID-19	<input type="radio"/>	<input type="radio"/>
j. A gut feeling that something was wrong (If yes, please tell us) ▼ <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="radio"/>	<input type="radio"/>

23. 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

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

- No
- Yes

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

- No
- Yes (Please tell us) ▼

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

- No
- Yes

27. 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

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

28. Did you have depression during your pregnancy?

- No → Go to Question 32 on page 7
- Yes

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

32. 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	<input type="radio"/>	<input type="radio"/>
b. I skipped meals or ate less because there wasn't enough money to buy food	<input type="radio"/>	<input type="radio"/>
c. I had safe housing	<input type="radio"/>	<input type="radio"/>
d. I had consistent and stable housing	<input type="radio"/>	<input type="radio"/>
e. My house or apartment was too crowded	<input type="radio"/>	<input type="radio"/>
f. I could keep basic utility services on (heat, water, lights)	<input type="radio"/>	<input type="radio"/>
g. I had access to a telephone when needed	<input type="radio"/>	<input type="radio"/>
h. I had other basic needs that were not met (If yes, please tell us) ▼	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

33. This question is about things that may have happened during the **12 months before your baby was delivered**. For each one, choose **No** or **Yes**. (It may help to look at a calendar when you answer these questions.)


	No	Yes
a. I got separated or divorced	<input type="radio"/>	<input type="radio"/>
b. I was evicted or forced to move	<input type="radio"/>	<input type="radio"/>
c. I didn't have a regular place to sleep	<input type="radio"/>	<input type="radio"/>
d. I was homeless or had to sleep outside, in a car, or in a shelter	<input type="radio"/>	<input type="radio"/>
e. My spouse, partner, or I lost a job	<input type="radio"/>	<input type="radio"/>
f. My spouse, partner, or I had a cut in work hours or pay	<input type="radio"/>	<input type="radio"/>
g. I had problems paying the rent, mortgage, or other bills	<input type="radio"/>	<input type="radio"/>
h. My spouse or partner went to jail	<input type="radio"/>	<input type="radio"/>
i. I went to jail	<input type="radio"/>	<input type="radio"/>
j. Someone close to me had a problem with drinking or drugs	<input type="radio"/>	<input type="radio"/>
k. Someone close to me was very sick or died	<input type="radio"/>	<input type="radio"/>

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34. *During 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

35. *Did you experience discrimination by health care providers during your prenatal care, labor, or delivery because of the things listed below? For each one, choose No or Yes.*

	No	Yes
a. My race, ethnicity, or culture	<input type="radio"/>	<input type="radio"/>
b. My insurance or Medicaid status	<input type="radio"/>	<input type="radio"/>
c. My weight	<input type="radio"/>	<input type="radio"/>
d. My marital status	<input type="radio"/>	<input type="radio"/>
e. My sexual orientation	<input type="radio"/>	<input type="radio"/>
f. Other (<i>If yes, please tell us</i>) 	<input type="radio"/>	<input type="radio"/>
<input style="width: 250px; height: 20px;" type="text"/>		

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

37. *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 one, choose No or Yes.*

	No	Yes
a. My spouse or partner	<input type="radio"/>	<input type="radio"/>
b. My ex-spouse or ex-partner	<input type="radio"/>	<input type="radio"/>
c. Someone else	<input type="radio"/>	<input type="radio"/>

38. *During your pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, choose No or Yes.*

	No	Yes
a. My spouse or partner	<input type="radio"/>	<input type="radio"/>
b. My ex-spouse or ex-partner	<input type="radio"/>	<input type="radio"/>
c. Someone else	<input type="radio"/>	<input type="radio"/>

*If you need assistance relating to Questions 37 or 38, please call 1-800-799-SAFE (7233).
If you need immediate help, please call 911.*

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39. 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.

40. When was your baby due?

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

41. When was your baby delivered?

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

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

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

I don't know

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

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

I don't know

44. When did your baby die?

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

45. How was your baby delivered?

- Vaginally → Go to Question 47
- Cesarean delivery (c-section)

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

Choose **ONE** answer.

- 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

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

		/			/	2	0		
M	M		D	D		Y	Y	Y	Y

I didn't have my baby in a hospital

→ Go to Question 53 on page 11

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48. Which of the following things were you offered during your hospital stay? For each one, choose **No** or **Yes**.

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

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

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



50. Did any of the following things happen to you before you left the hospital? For each one, choose **No** or **Yes**.

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

51. 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.

52. Were any of the following tests *offered* to you during your hospital stay? For each one, choose **No**, **Yes** or **Don't Know**.

	No	Yes	Don't Know
a. Blood tests (mother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Detailed exam of placenta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Autopsy (full or partial)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Genetic testing of the baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Were any of the following tests *performed* on you and/or your baby? For each one, choose **No**, **Yes** or **Don't Know**.

	No	Yes	Don't Know
a. Blood tests (mother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Detailed exam of placenta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Placenta went to pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Genetic testing of the baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- No
- Yes → Go to Question 56

55. 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) ↓

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

- No → Go to Question 58
- Yes

57. 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.

58. 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 60
- Yes

59. During your postpartum checkup, did a doctor, nurse, or other healthcare worker do any of the following things? For each one, choose No or Yes.

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

60. Did any of these things keep you from having a postpartum checkup? For each one, choose No or Yes.

	No	Yes
a. I didn't know I needed one	<input type="radio"/>	<input type="radio"/>
b. I didn't have enough money or insurance to pay for the visit	<input type="radio"/>	<input type="radio"/>
c. I felt fine and didn't think I needed to have a visit	<input type="radio"/>	<input type="radio"/>
d. I couldn't get an appointment when I wanted one	<input type="radio"/>	<input type="radio"/>
e. I didn't have any transportation to get to the clinic or doctor's office	<input type="radio"/>	<input type="radio"/>
f. I had too many other things going on	<input type="radio"/>	<input type="radio"/>
g. I couldn't take time off from work or school	<input type="radio"/>	<input type="radio"/>
h. I didn't have anyone to help me take care of my children	<input type="radio"/>	<input type="radio"/>
i. The doctor's office was too far away	<input type="radio"/>	<input type="radio"/>
j. Other (If yes, please tell us) ↓	<input type="radio"/>	<input type="radio"/>



61. Since my baby was delivered, overall, I have felt...

For each one, choose **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the postpartum care that I received process	<input type="radio"/>	<input type="radio"/>
b. I could make decisions on the type of care I received like declining care I did not want	<input type="radio"/>	<input type="radio"/>
c. Comfortable accepting the type of care that my healthcare providers recommended	<input type="radio"/>	<input type="radio"/>
d. I was able to choose the care options that I received	<input type="radio"/>	<input type="radio"/>
e. My providers treated me with respect	<input type="radio"/>	<input type="radio"/>
f. Satisfied with the postpartum care I received support	<input type="radio"/>	<input type="radio"/>
g. My providers were listening to my concerns	<input type="radio"/>	<input type="radio"/>

62. The following questions ask about your emotional well-being since your baby was delivered. For each one, choose **No or **Yes**.**

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



If you **did not** receive support or counseling for feelings of grief → Go to Question 63.

If you received support or counseling for feelings of grief → Go to Question 64.

63. Did any of the following things keep you from receiving support or counseling? For each one, choose **No or **Yes**.**

	No	Yes
a. I felt fine and did not think I needed support or counseling	<input type="radio"/>	<input type="radio"/>
b. I didn't know where to go for counseling	<input type="radio"/>	<input type="radio"/>
c. I didn't have insurance to cover the cost of counseling	<input type="radio"/>	<input type="radio"/>
d. I was not aware of support groups in my area	<input type="radio"/>	<input type="radio"/>
e. Other (If yes, please tell us) ▼	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%; height: 40px;" type="text"/>		

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The next questions are about your employment status.

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

- No → Go to Question 66
- Yes

65. 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.

66. During your pregnancy, did a doctor, nurse, or other health care worker do any of the following things? For each one, choose **No** or **Yes**.

	No	Yes
a. Talked with me about the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
b. Recommended that I get the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
c. Offered to give me the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>
d. Referred me to another place to get the COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>

67. During any of the following time periods, did you get at least one shot or dose of a COVID-19 vaccine? For each one, choose **No** or **Yes**.

	No	Yes
a. During the 12 months before I got pregnant	<input type="radio"/>	<input type="radio"/>
b. During my pregnancy	<input type="radio"/>	<input type="radio"/>
c. After my pregnancy	<input type="radio"/>	<input type="radio"/>

68. Are you pregnant now?

- No → Go to Question 70
- Yes

69. 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

The last questions are about the time during the 12 months before your baby was delivered.

70. During the 12 months before your baby was delivered, what was your yearly total household income before taxes? Include your income, your spouse 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 \$18,000
- \$18,001 to \$23,000
- \$23,001 to \$27,000
- \$27,001 to \$32,000
- \$32,001 to \$37,000
- \$37,001 to \$42,000
- \$42,001 to \$48,000
- \$48,001 to \$60,000
- \$60,001 to \$85,000
- \$85,001 or more

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

People

72. What is today's date?

/ / 20
 M M D D Y Y Y Y

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

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.

A summary of the overall study results will be available on the Ohio Department of Health website: <https://odh.ohio.gov/know-our-programs/soars/soars>.

It may take 18-24 months to be posted.

Again, please accept our deepest sympathies to you and your family on the loss of your baby.

