Women's satisfaction of care through the continuum of pregnancy, birth and postnatal period

	Side 1
	Consent and general information
•	I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate *
	Yes No Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes
•	What type of care were you offered at the local Governmental clinic? *
	Control: Continuity of Midwifery Care Model: care from a midwife also employed at the local hospital. Control: Regular care from staff emplyed at the clinic Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes
•	If you had regular care, who provided care for you?
	Staff nurse Practical nurse Health worker Male doctor Female doctor Midwife I don't know Other Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton
	and I wish to participate»: Yes

Where did you receive care during pregnancy from others than governmental facilities? * UNRWA Private doctor □ NGO Only Governmental Other **Demographic and social information** Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes How old are you? * Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes What was your age when you got married? * Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes What was your age first time you gave birth? * Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes What is the highest level of education you have completed? * Primary school High School Diploma 2 years after High school Bachelor Master Phd Other If other, what kind of education?

Supplementary material

> Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «I read the information sheet about the study, I registered at a Governmental clinic during pregnancy, my last pregnancy was singleton and I wish to participate»: Yes

•	Are you a paid employee? *
	Yes, full time Yes, part time No
•	Does your husband have a paid work? *
	Yes, regularly Yes, now and then No
•	Does your husband have a job requiring living outside home for longer periods?
	C Yes No
•	Where does your parents live? *
	In the same village/town as me In another neighboring village In another town in the West Bank Outside West Bank
	Reproductive information
•	How many pregnancies did you have that went beyond 6 months? *
•	How many live born children do you have? *
•	If you experienced stillbirth, how many times? *
•	How many pregnancies did you have without pregnancy care at all? *
	Health information about you last pregnancy, birth and postnatal period

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How many weeks is it since your last birth? *

At which pregnancy week did you register at the Governmental clinic? * How many pregnancy-visits did you have at the Governmental clinic last pregnancy? * Do you smoke * No, never Yes, cigarettes now and then Yes, cigarettes daily Yes, Argile (water-pipe) now and then Yes, Argile (Water-pipe) daily Mark if you experience any of the following complications during last pregnancy? * Anemia Hb 9 or less Pre-eclampsia Eclampsia Placenta Previa Vaginal bleeding Reduced fetal growth Gestational diabetes Previous cesarean section Pelvic pain Violations in the home ☐ Violations from occupation soldiers/settlers Rhesus negative blood type. Vomiting causing hospitalization Other I had had no complications during pregnancy If other, describe short what kind of pregnancy complications? How often did a doctor do the pregnancy check-ups in the governmental clinic? * How many pregnancy-visits did you have to a private doctor during last pregnancy? * If you used private doctor in addition to Governmental clinic, describe short why you choose to use both:

Supplementary material

Supplementary material Where you referred to high risk care clinic, hospital or specialist doctor during pregnancy? * Yes, once Yes, more than once Yes, I was referred but I was not able to go No. I was not referred Mark if you experience any of the following complications during last birth? * Birth during transportation Instrumental delivery: vacuum Instrumental delivery: forceps Hemorrhage - severe bleeding Elective cesarean section Eclampsia Acute cesarean section Premature birth before 37 weeks` pregnancy Premature birth before 34 weeks` pregnancy Premature birth before 30 weeks` pregnancy other I had no medical complications during birth If other, describe short what, And/or why cesarean section: Did you experience any of the following complications related to YOURSELF after last birth? * I had anemia, 9 g/dl or less ☐ I had Infection treated with antibiotics Perineal tears that caused much pain Perineal tears causing infection and fever Perineal tears that caused incontinence of faeces Problems with breasts causing problems with breastfeeding I had painful infection or problems with my breasts Feeling so unhappy that I for days cried most of the time Feeling so sad that harming myself sometimes occurred to me No I had no complications after last birth If other explain in few words

Mark if your CHILD have any of the following complications after last birth? * You can choose more than one alternative: My child was transferred to intensive care after birth My child had problems breathing that needed treatment My child had problem sucking the breast My child had jaundice that needed treatment My child got infection treated with antibiotics My child re-hospitalized after going home My child had problems gaining weight Other My child had no complications If other, explain in few words: Duration of breastfeeding your last child * I never breastfed my last child I still breastfeed my child, without giving additional food/milk I still breastfeed daily and also give additional food/milk I stopped breastfeeding If you stopped breastfeeding, how many weeks did you breastfed your last child without giving additional How often did you meet the same healthprovider from the Governmental clinic during the whole period of pregnancy, birth and postnatal period? * Two times Three times Four times Five times Six times Seven times Eight times Nine times More than nine times

Supplementary material

	C I met different people each time
•	If you met the same Governmental health provider more than once, please explain: *
	I met the health provider from pregnancy during labour I met the health provider from pregnancy in postnatal ward at hospital I met the health provider from pregnancy postnatal home visit The person I met most times was the nurse The person I met most times was the Midwife The person I met most times was the doctor I don't know the profession of the person I met most times
•	If you used the Governmental service less than four times during pregnancy, why?
	No female doctor No midwife No regularity No ultrasound Bad quality Complicated to reach the clinic I don't know Other
•	If other, explain shortly:

Your satisfaction of care during pregnancy

Describe at what degree you were satisfied with the care you received from the Governmental clinic during pregnancy by choosing between 1 meaning that you totally disagree and 7 totally agree in the following statements:

	1 Totally disagree	2	3	4	5	6	7 Totally agree
At my pregnancy check-ups I was always asked whether I had any questions	0	0	0	0	0	0	0

	1 Totally disagree	2	3	4	5	6	7 Totally agree
The midwives/nurses always kept me informed about what was happening related to my pregnancy	0	0	0	0	0	0	С
The doctor always kept me informed about what was happening related to my pregnancy	0	0	0	0	0	О	С
I was always given an active say in decisions about my care in pregnancy	0	0	0	0	0	0	С
I always felt my worries, anxieties or concerns about the pregnancy and the baby were taken seriously by the midwives/nurses	0	0	0	0	0	О	С
I always felt my worries, anxieties or concerns about the pregnancy and the baby were taken seriously by the doctors	0	0	0	0	0	C	С
At my check-ups the midwives/nurses often seemed rushed and busy	0	0	0	0	0	0	С
At my check-ups the doctors often seemed rushed and busy	0	0	0	0	0	0	0
Care in pregnancy was provided in a competent way	0	0	0	0	0	0	0
I was happy with the emotional support I received in in	0	0	0	0	0	0	0

	1 Totally disagree	2	3	4	5	6	7 Totally agree
pregnancy from midwives/nurses							
	1 Totally disagree	2	3	4	5	6	7 Totally agree
I was happy with the emotional support I received in in pregnancy from doctors	О	0	0	0	0	С	0
I was happy with the physical care I received in pregnancy from midwives/nurses	C	0	0	0	0	0	0
I was happy with the physical care I received in pregnancy from doctors	C	0	0	0	0	0	0
My privacy was very well respected and taken care of from midwives/nurses	0	0	0	0	0	0	0
I was afraid that I would have problems to reach pregnancy care because of occupation soldiers or settlers	0	0	0	0	O	0	0
Describe your overall satisfaction with the care you received during last pregnancy at the MOH clinic (1 is very bad and 7 in very good)	0	О	0	0	0	0	O

Your satisfaction of care during birth

Where did you give birth? *

Governmental hospital

0	Private hospital
0	UNRWA hospital
0	PRCS hospital
0	Israeli hospital
0	Under transportation (car)
0	Ambulance
0	Other
If o	ther, where?

Describe at what degree you were satisfied with the care you received at hospital during labour and birth by choosing between 1 meaning that you totally disagree and 7 totally agree in the following statements:

	1 I totally disagree	2	3	4	5	6	7 I totally agree
The midwifes always kept me informed about what was happening during birth	0	0	0	0	0	0	0
The doctors always kept me informed about what was happening during birth	O	C	0	C	0	0	0
I was always given an active say in decisions about my care during labour and birth	О	О	0	0	0	0	0
The midwives were encouraging	0	0	0	0	0	0	0
The doctors were encouraging	0	0	0	0	0	0	0
The midwives provided reassurance if I needed it	О	0	0	0	0	0	О
The doctors provided reassurance if I needed it	О	0	0	0	0	0	0

	1 I totally disagree	2	3	4	5	6	7 I totally agree
I felt nobody really cared for me during labour and birth	0	0	0	0	0	0	0
I was happy with the emotional support I received from the midwives	0	0	0	0	0	0	0
I was happy with the emotional support I received from the doctors	0	0	0	0	0	0	O
	1 I totally disagree	2	3	4	5	6	7 I totally agree
Care during labour and birth was provided in a professional way	О	0	0	0	0	0	0
I wish someone from my family could accompany me during labour and birth	О	0	0	0	0	0	О
My privacy was well respected during labour and birth	0	0	0	0	0	0	0
I felt badly treated by the midwives during labour and birth	0	0	0	0	0	0	О
I felt badly treated by the doctors during labour and birth	0	0	0	0	0	0	0
When labour started I was afraid that I would not reach hospital because of the military checkpoints and occupation soldiers or settlers	0	С	С	О	0	0	O

	1 I totally disagree	2	3	4	5	6	7 I totally agree
Overall, how would you describe the care you received in labour and birth (1 very poor, 7 very good	0	0	0	0	0	0	0

Your satisfaction with the care you received after birth

•	How many hours	did you spend in hospital	after your last birth? *

What was the birth-weight of your last child? *

Describe at what degree you were satisfied with the care you received after birth in the hospital choosing between 1 meaning you totally disagree and 7 totally agree in the following statements:

	1 I Totally disagree	2	3	4	5	6	7 I Totally agree
I was given the advice I needed with breastfeeding at hospital	0	0	0	0	0	0	O
I was given the advice I needed about how to handle, settle or look after my baby in the hospital	О	О	О	О	О	0	C
I was given the advice I needed about any problems with the baby's health and progress in the hospital	0	0	О	О	О	0	O
I was given the advice I needed in hospital about my	0	0	0	0	0	0	0

	1 I Totally disagree	2	3	4	5	6	7 I Totally agree
own health and recovery in after birth							
Care after birth in hospital was provided in a competent way	0	0	0	0	0	0	0
Midwives in hospital were supportive after birth	0	0	0	0	0	0	0
Doctors in hospital were supportive after birth	0	0	0	0	0	0	0
I was happy by the emotional support from midwives after birth in hospital	C	0	0	0	0	0	О
My privacy was taken good care of at the hospital after birth	O	0	0	0	0	0	0
Overall, how would you describe the care you received in hospital after birth (1 is very poor and 7 is very good)	C	C	C	С	0	О	О
From where did you receive hospital? *	e care for y	ours	elf an	d you	ur bal	by afte	er leaving
You can choose more than one alternated and a control of the contr	ot vaccination						

•	If other, from whom did you receive care?
•	Who did the home-visit after birth? *
•	My midwife from pregnancy care The nurse from the clinic The doctor My midwife from pregnancy and the nurse from the clinic Other I had no home visit If other, who did the home visit? How many home visits did you receive? How many days after birth did you receive home visit?
	If you received home visit after birth:
	Describe at what degree you were satisfied with the care you received after birth in your home choose between 1 meaning you totally disagree and 7 totally agree in the following statements: Dette elementet vises dersom et av følgende alternativer er valgt på spørsmål «From where did you receive
	care for yourself and your baby after leaving hospital?»: Governmental homevisit
	1 Totally disagree 2 3 4 5 6 Totally agree
	During the home visit the

midwife/nurse gave me the advice I needed with

During home visit I was given the advice I needed to handle

and look after my baby

breastfeeding

	1 Totally disagree	2	3	4	5	6	Totally agree
During the home visit I was given the advice I needed to look after my own health and recovery after birth	0	0	0	0	0	0	0
I got enough time to ask all the questions I had during home visit	C	0	0	0	0	0	0
I receive helpful information about family planning during the home visit	0	0	0	0	0	0	0
I was happy for the emotional support I received from the midwife/nurse during home visit	C	0	0	0	0	0	0
Overall, how would you describe the care you received for yourself at home visit (1 means very bad and 7 means very good)	0	0	0	0	0	0	0
Overall, how would you describe the care your baby received at home visit (1 means very bad and 7 means very good)	C	0	C	С	0	0	C
				у	es r	10	l don`t know
If you did not receive home visit after birth, would you like to have had the possibility)	0

Describe at what degree you were satisfied with the care you received after birth in the Governmental clinic, choose between 1 meaning you totally disagree and 7 totally agree in the following statements:

	disagree	2	3	4	5	6	Totally agree
I was given the advice I needed at the clinic about how to handle, settle or look after my baby	O	0	0	0	О	0	0
At the clinic I was given the advice I needed about any problems with the baby's health and progress	0	0	О	О	О	0	C
At the clinic I was given the advice I needed about my own health and recovery after the birth	0	0	0	О	О	0	0
At the clinic, the nurse only had time to vaccinate the baby, no time for individual information	О	0	0	0	0	0	О
My privacy was taken good care of at the clinic	0	0	0	0	0	0	0
I was happy for emotional support I received at the clinic after birth	0	0	0	0	0	0	0
I received good advice regarding family planning and contraceptives at the clinic	О	0	0	0	0	0	0
Overall, how would you describe the care your baby received at the clinic after birth	0	0	0	0	0	0	O

7

	1 Totally disagree	2	3	4	5	6	7 Totally agree
(1 is very bad and 7 is very good)							
Overall, how would you describe the care you received for yourself at the clinic after birth (1 is very bad and 7 is very good)	0	0	0	0	0	0	0
	1 Very bad	2	3	4	5	6	7 Very good
Overall how satisfied were you with all care after birth that you received from Government services on a scale from 1 (Very bad) to 7 (very good)?	0	0	0	0	0	0	O
	1 Very bad	2	3	4	5	6	7 Very good
Overall how satisfied were you with the total Governmental services on a scale from 1 (very bad) to 7 (very good)	a						
Do you have any recommendations to improve the Governmental service?							

Thank you very much for your participation, your answers will guide us to develop the future

services.

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