

COVID-19 Supplement ENGLISH – Phone

**These last questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.**

**CV1. I am going to read a list of types of *prenatal care* appointments that you may have attended during the COVID-19 pandemic.** Please tell me which of the following best applies to you.

(**PROBE:** Did you attend \_\_\_\_\_?)

- (1) In-person appointments only
- (2) Virtual appointments only, such as by video or telephone → **Go to Question CV3**
- (3) Both, in-person and virtual appointments → **Go to Question CV3**
- (4) You did not have prenatal care → **Go to Question CV4**

**(Don't Read)**

- (8) Refused → **Go to Question CV4**
- (9) Don't Know / Don't Remember → **Go to Question CV4**

**CV2. What are the reasons that you did not attend virtual appointments for *prenatal care*?** I am going to read a list of options. For each one, please tell me if it was a reason for you.

(**PROBE:** Would you say that you did not attend virtual appointments for prenatal care because of \_\_\_\_\_?)

	<b>No</b>	<b>Yes</b>	<b>Ref</b>	<b>DKDR</b>
	(1)	(2)	(8)	(9)
a) Lack of availability of virtual appointments from your provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Lack of an available telephone to use for appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Lack of enough cellular data or cellular minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Lack of a computer or device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Lack of internet service or had unreliable internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Lack of a private or confidential space to use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) You preferred to see your health care provider in person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Did you have some other reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) → <b>IF YES, ASK:</b> What was it?				

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**CV3. Were any of your pregnancy care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons?** I am going to read a list of options. For each one, please tell me if it was a reason for you.

	No (1)	Yes (2)	Ref (8)	DKDR (9)
a) Your appointments were canceled or delayed because your provider’s office was closed or had reduced hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) You canceled or delayed because you were afraid of being exposed to COVID-19 during the appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You canceled or delayed because you lost your health insurance during the COVID-19 pandemic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You canceled or delayed because you had problems finding care for your children or other family members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You canceled or delayed because you worried about taking public transportation and had no other way to get there?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Your appointments were canceled or delayed because you had to self-isolate due to possible COVID-19 exposure or infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CV4. I’m going to read a list of things you may have done to avoid getting COVID-19 while you were pregnant.** For each one, please tell me how often you did it. Would you say it was *always*, *sometimes*, or *never*?

(**PROBE:** To avoid getting COVID-19 while you were pregnant, how often did you \_\_\_\_.)

	Alwa ys (1)	Some times (2)	Never (3)	Ref (8)	DKDR (9)
a) Avoid gatherings of more than 10 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Stay at least 6 feet or 2 meters away from others when you left your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Only leave your home for essential reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Make trips as short as possible when you left your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Avoid having visitors inside your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Wear a mask or a cloth face covering when out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Wash your hands for 20 seconds with soap and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Use alcohol-based hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Cover coughs and sneezes with a tissue or your elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CV5. I am going to read a list of things that you may have experienced while you were pregnant during the COVID-19 pandemic.** For each one, please tell me if you experienced it or not.

(**PROBE:** *While you were pregnant* during the COVID-19 pandemic, would you say that \_\_?)

	<b>No</b>	<b>Yes</b>	<b>Ref</b>	<b>DKDR</b>
	(1)	(2)	(8)	(9)
a) You had responsibilities or a job that prevented you from staying home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Someone in your household had a job that required close contact with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) When you went out, you found that other people around you did not practice social distancing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You had trouble getting disinfectant to clean your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You had trouble getting hand sanitizer or hand soap for your household?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) You had trouble getting or making masks or cloth face coverings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) It was hard for you to wear a mask or cloth face covering, for example you had trouble breathing or have claustrophobia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) You were told by a health care provider that you had COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Someone in your household was told by a health care provider that they had COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERVIEWER: If the baby was not born in the hospital, go to Question CV9.**

**CV6. I'm going to read a list of people who may have been with you in the hospital delivery room as a support person during your labor and delivery.** For each person, please tell me if they were with you or not.

(PROBE: Who was with you in the delivery room as a support person during labor and delivery?)

	<b>No</b> (1)	<b>Yes</b> (2)	<b>Ref</b> (8)	<b>DKDR</b> (9)
a) Your husband or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Another family member or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) A doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Was there any other support person with you, not including hospital staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) <span style="border: 1px solid black; padding: 2px;">→ IF YES, ASK:</span> Who was that?				
f) <span style="border: 1px solid black; padding: 2px;">INTERVIEWER: If mom answers NO to all above options, ASK:</span> Would you say that the hospital did not allow you to have any support people with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERVIEWER: If the baby is not alive, go to Question CV10.**

**CV7. I am going to read a list of things that may have happened to you and your baby while in the hospital after your delivery because of COVID-19.** For each one, please tell me if it happened or not.

	<b>No</b> (1)	<b>Yes</b> (2)	<b>Ref</b> (8)	<b>DKDR</b> (9)
a) Was your baby tested for COVID-19 in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Were you separated from your baby in the hospital after delivery <i>to protect your baby from COVID-19?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did you wear a mask when other people came into your hospital room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Did you wear a mask while you were alone caring for your baby in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Were you given information about how to protect your baby from COVID-19 when you went home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERVIEWER: If the mother did not breastfeed her new baby, go to Question CV9.**

**CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways?** I'm going to read several options. For each one, please tell me if it applied to you or not.

	<b>No</b> (1)	<b>Yes</b> (2)	<b>Ref</b> (8)	<b>DKDR</b> (9)
a) Were you given information in the hospital about how to protect your baby from infection while breastfeeding?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Did you wear a mask while breastfeeding in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did you pump breast milk in the hospital so someone else could feed your baby to avoid him or her getting infected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Due to COVID-19, did you have trouble getting a visit from a lactation specialist while you were in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**INTERVIEWER: If the baby is not living with the mother, go to Question CV10.**

**CV9. I'm going to read a list of ways the COVID-19 pandemic may have affected your baby's routine health care.** For each one, please tell me if it happened or not.

(**PROBE:** Because of the COVID-19 pandemic, \_\_\_\_\_?)

	<b>No</b> (1)	<b>Yes</b> (2)	<b>Ref</b> (8)	<b>DKDR</b> (9)
a) Were your baby's well visits or checkups canceled or delayed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Were your baby's well visits or checkups changed from in-person visits to virtual appointments such as by video or telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Were your baby's immunizations postponed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CV10. I am going to read a list of types of postpartum appointments that you may have attended for yourself during the COVID-19 pandemic.** Please tell me which one best applies to you.

(**PROBE:** Did you attend \_\_\_\_\_?)

- (1) In-person appointments only
- (2) Virtual appointments only such as by video or telephone
- (3) Both, in-person and virtual appointments
- (4) You did not have any postpartum appointments for yourself

**(Don't Read)**

- (8) Refused
- (9) Don't Know / Don't Remember

**CV11. I'm going to read a list of things that may have happened to you due to the COVID-19 pandemic.** For each one, please tell me if it happened to you.

(**PROBE:** During the COVID-19 pandemic \_\_\_\_\_?)

	<b>No</b>	<b>Yes</b>	<b>Ref</b>	<b>DKDR</b>
	(1)	(2)	(8)	(9)
a) Did you lose your job or have a cut in work hours or pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Did other members of your household lose their jobs or have a cut in work hours or pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Did you have problems paying the rent, mortgage, or other bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Did you or a member of your household receive unemployment benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Did you move or relocate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Did you become homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Did the loss of childcare or school closures make it difficult for you to manage all your responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Did you spend more time than usual taking care of children or other family members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Did you worry whether your food would run out before you got money to buy more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Did you feel more anxious than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Did you feel more depressed than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Did you and your husband or partner have more verbal arguments or conflicts than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Was your husband or partner more physically, sexually or emotionally aggressive towards you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

