Becoming a Mom® – Completion Survey

Name: _____

BAM Participant ID #: _____

Date of Activity: _____
(mm/dd/yyyy)

Instructor/s:_____

Attended Becoming a Mom/Comenzando bien® group sessions: (check all that apply)
- o In-person
- o Virtually (Skype, Zoom, FaceTime, etc)

If attended virtually, what best describes your reason for attending virtually?
- o Prefer to attend virtually
- o Transportation issues
- o Childcare issues
- o COVID-19
- o Other

If "other", please describe:

_____

Have you developed any health condition(s) so far in your pregnancy?
- o **Yes**
- o **No**

If yes, please indicate the health condition(s) you have developed <u>DURING YOUR PREGNANCY</u>:
- o Anemia
- o Anxiety
- o Cholestasis (liver condition occurring late in pregnancy)
- o COVID-19
- o Depression
- o Eclampsia (high blood pressure that causes seizures)
- o Gestational Diabetes
- o High blood pressure
- o Placenta Previa
- o Pre-eclampsia
- o Pre-term labor (going into labor before 37 weeks gestation)
- o Seizures (that are not caused by high blood pressure)
- o Substance Use Disorder or Relapse (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- o Other

If other, what other health condition have you developed so far in your pregnancy?

_____

Has your healthcare provider told you that you have a "high risk" pregnancy?
- o Yes
- o No

If yes, please indicate the reason(s):

_____

Are you enrolled in the WIC Program?
- o Yes
- o No

The following sometimes prevents me from attending my prenatal appointments: (check all that apply)
- o Nothing
- o Child Care
- o Transportation
- o No documentation
- o No healthcare provider
- o Worried about payment
- o Work/School
- o Other

Please specify "other" barrier(s) to attending prenatal appointments:

_____

Which of the following are signs of preterm labor / labor? (check all that apply)
- o A change in vaginal discharge (watery, mucus or bloody), or more vaginal discharge than usual
- o Increased vaginal pressure or the feeling that my baby is pushing down
- o Constant, low, dull backache
- o Belly cramps with or without diarrhea
- o Cramps that feel like my period
- o None of the above

I should do the following if I'm experiencing signs of <u>preterm</u> labor (before 37 weeks): (check all that apply)
- o Call my healthcare provider
- o Go to the hospital if I cannot reach my provider
- o Take no action and wait to see if my symptoms will go away
- o None of the above

Which of the following are POST-BIRTH Warning Signs? (check all that apply)

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting myself or someone else
- Night sweats without a fever
- None of the above

I should do the following if I am experiencing POST-BIRTH Warning Signs: (check all that apply)

- Call 911 if I am experiencing URGENT or life-threatening POST-BIRTH Warning signs
- Call my health care provider (or go to the ER if I cannot reach my provider) if I am experiencing other POST-BIRTH Warning signs
- Always trust my instincts and get medical care if I am not feeling well or have concerns
- Tell 911 or my healthcare provider that I was recently pregnant
- None of the above

If I experience depression and/or anxiety during or after my pregnancy, I am _____ about available resources in my community.

- Very knowledgeable
- Knowledgeable
- A little knowledgeable
- Not knowledgeable

If I experience depression and/or anxiety during or after my pregnancy, I am _____ to talk with my healthcare provider and/or access available resources:

- Very likely
- Likely
- Somewhat likely
- Not likely

I have talked to my healthcare provider about medications that I'm taking (prescription and/or over the counter, herbal, etc.):

- Yes
- No
- N/A - not taking any medications

If I am considering taking medications (prescription and/or over the counter, herbal, etc.), I am _____ to talk to my healthcare provider before taking them.

- Very likely
- Likely
- Somewhat likely
- Not likely

I currently take prenatal or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I walk or do at least 30 minutes of moderate, low-impact physical activity _____ days per week.

- 0
- 1-3
- 4-6
- 7

I currently smoke _____.

- 0
- Less than ½ a pack of cigarettes per day
- ½ to a full pack of cigarettes per day
- More than a pack of cigarettes per day

I currently vape or use tobacco products other than cigarettes.

- Yes
- No

-If Yes, please describe the vaping/tobacco product other than cigarettes that is used.

_____

-If any products were listed above, what is the amount being used?

_____

If you did not smoke/vape during this pregnancy, please skip the following question.

If you smoked/vaped during your pregnancy, listed below are some things about quitting smoking/vaping that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits (Please check all that were done for you):

- Spending time with me discussing how to quit smoking/vaping
- Suggest that I set a specific date to stop smoking/vaping
- Suggest I attend a class or program to stop smoking/vaping
- Provide me with booklets, videos, or other materials to help me quit smoking/vaping on my own
- Refer me to counseling for help with quitting
- Ask if a family member or friend would support my decision to quit
- Refer me to a national or state quit line (like KanQuit)
- Recommend using Nicotine gum
- Recommend using a nicotine patch
- Prescribe a nicotine nasal spray or nicotine inhaler
- Prescribe a pill like Zyban (also known as Wellbutrin or bupropion) to help me quit
- Prescribe a pill like Chantix (also known as varenicline) to help me quit

I am ____ to develop a birth plan and talk to my healthcare provider about it.

- Very likely
- Likely
- Somewhat likely
- Not likely

A pregnancy is full-term when it reaches _____ weeks.

- 34-36
- 37-38
- 39-40

The following are benefits of a full-term pregnancy: (check all that apply)

- Baby's brain growth and development
- Baby's lung development and maturity
- Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)
- Improved ability to breastfeed

The following is true about breastfeeding: (check all that apply)

- My baby will be less likely to have diabetes later in life
- I will lower my risk of some types of cancer
- My breastfeeding experience should not be painful
- The frequency of my breastfeeding within the first 48 hours after birth can have an effect on my ability to produce enough milk for my baby

I am ____ to breastfeed my baby.

- Very likely
- Likely
- Somewhat likely
- Not likely
- Uncertain

If I am having difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about ____ available resources in my community.

- One
- More than one
- I don't know about any

I feel ____ about my ability to breastfeed.

- Very confident
- Confident
- Somewhat confident
- Not confident

After delivery, I plan to take prenatal vitamins or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I will put my baby to <u>sleep</u> on his/her: (check all that apply)

- Back
- Side
- Stomach

At home, my baby will <u>sleep</u>: (check all that apply)

- In a crib, bassinet or portable crib
- In an adult bed, couch or recliner with me
- In a car seat, carrier, bouncer or swing

I am ___ to talk about Safe Sleep with my child's other care providers (family members, childcare providers, etc).
- Very likely
- Likely
- Somewhat likely
- Not likely

I am _____ to talk to my healthcare provider during my prenatal care about methods for preventing pregnancy after the birth of my baby:
- Very likely
- Likely
- Somewhat likely
- Not likely

I believe there is _____ to my health and the health of my next baby if I wait a minimum of 18 months before my next pregnancy.
- Great benefit
- Some benefit
- No benefit

While attending the Becoming a Mom/Comenzando bien® program, I have learned about _____ community resources that can provide me with information and support (a few examples of community resources are programs/services such as WIC, breastfeeding support, mental health, car seat installation, home visiting, substance use, tobacco cessation, parenting and early childhood services such as PAT, etc)**:**
- **1-2 resources**
- **3-4 resources**
- **5 or more resources**
- **I did not learn about any resources**

I have or plan to contact or use:
- **1-2 resources**
- **3-4 resources**
- **5 or more resources**
- **I do not plan to contact or use any community resources shared with me during the Becoming a Mom/Comenzando bien® program**

EVALUATION QUESTIONS

How was your overall experience with the Becoming a Mom/Comenzando bien® program?
- Excellent
- Good
- Fair
- Poor

I felt a connection to and supported by other pregnant women in the classes.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I felt a connection to and supported by my class teacher/instructor or group leader.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

How hard was the information in the Becoming a Mom/Comenzando bien® sessions to understand?
- Very Hard
- Hard
- Just right
- Easy
- Very easy

How much new information did you learn from the Becoming a Mom/Comenzando bien® program?
- None
- Some
- A lot

How helpful/valuable was the information provided throughout the Becoming a Mom/Comenzando bien® program?
- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable

The Becoming a Mom/Comenzando bien® teacher/instructor: (check all that apply)
- Was lively
- Was boring
- Did not know the topics well
- Helped me with my problems
- Treated me with respect
- Encouraged me to ask questions
- Was hard to follow
- Knew the topics well

Please provide any additional feedback you may have regarding the Becoming a Mom/ Comenzando bien® program in general:

If you attended any sessions <u>virtually</u>, please complete the following evaluation questions:

What type of electronic device did you use for participating in Becoming a Mom/Comenzando bien® sessions?

- Cellular phone
- Tablet
- Laptop
- Home computer
- Computer at a public location (i.e. library)

What type of internet service did you use for connecting virtually to Becoming a Mom/Comenzando bien® sessions?

- Cellular internet/data
- Hot spot
- Home Wi-Fi
- Public Wi-Fi

What difficulties did you experience with virtual participation? (check all that apply)

- Wi-Fi connectivity issues (interruptions in internet connection)
- No home Wi-Fi, had to use a friend or family members' or public Wi-Fi
- Disruptions in my home environment interfering with my ability to concentrate
- I did not feel as connected to the instructor due to my virtual participation
- I did not feel as connected to other participants due to my virtual participation
- I did not experience any difficulties related to virtual participation
- Other difficulties
  If "other difficulties", please describe:

_____

How satisfied are you with your experience attending the Becoming a Mom/Comenzando bien® sessions <u>virtually</u>?

- Not Satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

I would like the opportunity to participate in Becoming a Mom/Comenzando bien® and/or other helpful services virtually in the future.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Please provide any additional feedback you may have regarding your <u>virtual</u> participation in Becoming a Mom/Comenzando bien®, including what, if anything, could have made the experience better: