



Thrivng Hearts Postpartum Survey

This survey was developed as part of the Thriving Hearts Study. We aim to enroll 18,500 individuals who give birth between January 1, 2025 and June 30, 2029 in the ten Thriving Hearts counties, Alamance, Caswell, Chatham, Cumberland, Durham, Forsyth, Guilford, Johnston, Orange, and Person Counties. For further information about this project, visit www.thrivingheartsn.org

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Thank you for being part of the Thriving Hearts study.

Our team wants to learn about the care you got during your pregnancy, birth, and after your baby was born. We also want to know what kind of help and support you had. Your answers will help us make care better for families in North Carolina.

Your Pregnancy Care

1. Where did you go for your prenatal care? If you went to more than one clinic or practice, please choose the practice where you had most of your health care visits during pregnancy.

[Drop down list of clinics in Thriving Hearts counties, with option for "Other"]

2. Did you have a postpartum visit after you gave birth?

I had an office visit

I had a video visit

I did not have a postpartum visit

Person-Centered Maternity Care Scale

For these questions, think about the care you got during your pregnancy. For questions about providers, think about your pregnancy care team – the doctors, nurses, midwives, and other staff who took care of you

1. How did you feel about the amount of time the provider spent with you? (i.e. was it rushed or did they take their time with you)?
 0. It was just right
 1. It was somewhat short
 2. It was very short
 3. It was extremely short
2. During your pregnancy did your providers introduce themselves to you when they first came to see you? (If you were seen by only one provider and they introduced themselves, you can select yes, all of them)
 0. No, none of them
 1. Yes, a few of them

2. Yes, most of them
 3. Yes, all of them
3. Did your providers treat you with respect?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 4. Did you feel your experience and knowledge were valued?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 5. Did you feel heard and listened to by your providers?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 6. Did providers knock on your room's door and wait for a response before entering?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 4. Not applicable
 7. During exams (like abdominal and pelvic exams) were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 4. Not applicable
 8. Did you feel your health information was kept confidential and private by providers and staff?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 9. Did your providers involve you in decisions about your care?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 10. Did your providers explain to you why they were doing examinations or procedures on you?
 0. No, never
 1. Yes, a few times
 2. Yes, most of the time

3. Yes, all the time
11. Did providers or other staff ask your permission/consent before touching or doing examinations or procedures on you?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
12. Did your providers ask about your emotional well-being?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
13. Did your providers provide you with resources to help with your emotional well-being?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
 - 4. Not applicable
14. Did you feel you could ask your providers any questions you had?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
15. Did providers encourage you to ask questions?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
16. Did providers check that you understood information that was given to you?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
17. Do you feel your questions were answered when you did ask?
- 0. No, never
 - 1. Yes, a few times
 - 2. Yes, most of the time
 - 3. Yes, all the time
 - 4. I did not have any questions
18. Did providers give you information in a way that showed they cared about you?
- 0 No, never
 - 1 Yes, a few times
 - 2 Yes, most of the time
 - 3 Yes, all the time

19. Did providers respect your family or companions who were with you?
0. No
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
 4. Not applicable
20. Did you feel your providers avoided, ignored, or otherwise neglected you?
0. No, never
 1. Yes, once
 2. Yes, a few times
 3. Yes, many times
21. Did you feel your providers shouted at you, scolded, insulted, threatened, or talk to you rudely?
0. No, never
 1. Yes, once
 2. Yes, a few times
 3. Yes, many times
22. Did you feel like your providers handled you roughly, held you down, or physically restrained you?
0. No, never
 1. Yes, once
 2. Yes, a few times
 3. Yes, many times
23. Did you feel your providers took the best care of you?
0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
24. Did you feel you could completely trust your providers with regards to your care?
0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
25. Would you say you were discriminated against because of your race, ethnicity, culture, sex, gender, sexual orientation, language, immigration status, religion, income, education, age, marital status, number of children, insurance status, or other attributes?
0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time
26. In general, did you feel physically safe in or around your clinic(s)?
0. No, never
 1. Yes, a few times
 2. Yes, most of the time
 3. Yes, all the time

Ask, Understand, Remember

I am going to ask you just a few questions about your health care visits during pregnancy and after your baby was born. Please think about your pregnancy care team -- the doctors, nurses, midwives, and other staff who took care of you. Do you AGREE or DISAGREE with the following statements?

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
It is easy for me to ask my pregnancy care team questions.	4	3	2	1
It is easy for me to ask for help if I don't understand something.	4	3	2	1
It is easy for me to understand my pregnancy care team's instructions.	4	3	2	1
It is easy for me to remember my pregnancy care team's instructions.	4	3	2	1

WHO-5 Wellbeing

Please indicate for each of the 5 statements which is closest to how you have been feeling over the past 2 weeks.

Over the past 2 weeks...	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous	5	4	3	2	1	0
I woke up feeling fresh and rested	5	4	3	2	1	0
My daily life has been filled with things that interest me	5	4	3	2	1	0

Brief sense of community

Below are a set of statements about your **community**. Please indicate the extent to which you agree or disagree with these statements by placing a check mark in the appropriate box.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
I can get what I need in this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This community helps me fulfill my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like a member of this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I belong in this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a say about what goes on in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About Care During Your Most Recent Pregnancy, Birth and Postpartum

1. During your pregnancy, birth, or postpartum care, did you see, hear or receive any information or materials with the slogan “Thriving Hearts,” other than this survey?
 - Yes
 - No
 - a. If Yes, how did you hear about Thriving Hearts?
 - A poster
 - A printed handout or brochure
 - I signed up for text messages
 - I got a care kit for monitoring my blood pressure at home
 - I got an announcement about a community event
 - I attended a community event
 - Other, please specify: _____

2. During your most recent pregnancy, did you get information about health "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these maternal health "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.
 - Yes
 - No
 - Don't remember

a. If yes: During your most recent pregnancy, did you get information about maternal health warning signs from any of the following sources?

	No	Yes
A healthcare provider on my pregnancy care team (doctors, nurses, midwives, and other staff who took care of you)	<input type="checkbox"/>	<input type="checkbox"/>
Web sites or Social media (such as TikTok, Instagram, Bluesky, Facebook, or X)	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Any source of information that used the slogan "Hear Her" (such as websites, social media, or paper handouts)	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>	<input type="checkbox"/>
A pregnancy care manager	<input type="checkbox"/>	<input type="checkbox"/>
A community health worker	<input type="checkbox"/>	<input type="checkbox"/>
A doula	<input type="checkbox"/>	<input type="checkbox"/>

Any source of information that used the slogan “Thriving Hearts” (such as text messages, websites, video reels, social media, or paper handouts)

3. During any of your prenatal care visits, did your pregnancy care team talk about any of the following things?

	No	Yes	I don't remember
a. Talked with me about my risk for problems with high blood pressure or preeclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recommended that I check my blood pressure at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recommended that I take low-dose (baby) aspirin during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to checking blood pressure at home (3b):

Did your pregnancy care team do any of the following things to help you check your blood pressure at home?

	No	Yes	I don't remember
Told me to buy a home blood pressure monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranged for a home blood pressure monitor covered by my insurance to be sent to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with a home blood pressure monitor during a clinic visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to taking aspirin (3c):

Did your pregnancy care team do any of the following things to help you get aspirin?

	No	Yes	I don't remember
My clinic provided me with a bottle of low dose aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider prescribed low dose aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A provider told me to buy low dose aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often did you take low dose aspirin?

- I took low dose aspirin most days
- I took low dose aspirin some days
- I did not take low dose aspirin
- I don't remember

4. Did your pregnancy care team ask you questions about issues in your life, such as access to food, getting to places, housing, bills, and if you feel safe at home?

- Yes
- No
- I don't remember

5. Did your pregnancy care team tell you about helpful programs or services in your area?

These could be things like events for pregnant people and families, support groups, free baby supplies, help from your insurance, WIC, diaper banks, rides to the doctor, or free legal help.

- Yes

- No
- I don't remember

If yes to 4 or 5:

What were you asked about, and what information did you get?

	My team asked about this	My team told me about programs or services
Getting healthy food (having enough good food to eat)	[]	[]
Getting to places (like needing gas money or a ride to the doctor)	[]	[]
Paying for utilities (like electricity, heat, or water)	[]	[]
Feeling safe (at home or in your relationships)	[]	[]
Housing (can't afford rent or your home isn't safe)	[]	[]
Work (lost your job, worried about keeping it, or bad working conditions)	[]	[]
Money (hard to pay bills or buy things you need)	[]	[]
Child care (can't find or afford someone to watch your kids)	[]	[]
Health insurance (lost coverage or need help signing up)	[]	[]
Legal help (like if your benefits were cut off, you need protection from someone, your landlord won't fix things, or you have problems with immigration, custody, work, or housing)	[]	[]
Mental health (feeling sad, stressed, or needing someone to talk to)	[]	[]
Smoking, alcohol, or drugs (trouble with using substances)	[]	[]

If yes to 5 (Did your pregnancy care team tell you about any helpful programs or services in your community?):

- a. Did you have to tell your health care team about a problem before they gave you information about ways to get help?
- Yes, they only gave me information after I told them about a problem.
 - Sometimes.
 - No, they gave me information even if I didn't say I had a problem.
 - I don't remember.

- b. Who gave you information about programs and services?

	No	Yes
A healthcare provider on my pregnancy care team (doctors, nurses, midwives, and other staff who took care of you)	<input type="checkbox"/>	<input type="checkbox"/>
Web sites or Social media (such as TikTok, Instagram, Bluesky, Facebook, or X)	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>	<input type="checkbox"/>
A pregnancy care manager	<input type="checkbox"/>	<input type="checkbox"/>
A community health worker	<input type="checkbox"/>	<input type="checkbox"/>
A doula	<input type="checkbox"/>	<input type="checkbox"/>
Any source of information that used the slogan "Thriving Hearts" (such as text messages, websites, video reels, social media, or paper handouts)	<input type="checkbox"/>	<input type="checkbox"/>

- c. How helpful was the information that you got?

- Extremely helpful
- Very helpful
- Helpful
- A little helpful
- Not at all helpful

About you

1. Which group or groups describe your racial background? **(Please check all that apply)**

- Black or African American
- White
- Hawaiian or Pacific Islander
- East Asian (e.g., China, Japan, N. or S. Korea)
- South Asian (e.g., India, Pakistan, Sri Lanka, Nepal)
- Native American or Alaska Native
- Middle Eastern
- Some other race that is not listed above: Please tell us _____
- Prefer not to answer

2. Do you consider yourself Hispanic?

- Yes
- No
- Prefer not to answer

3. What is your current relationship status?

- Single
- Married
- In a committed relationship (not legally married)
- Separated
- Divorced
- Widowed
- Prefer to self-describe: _____

Prefer not to answer

4. During your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

Private health insurance (paid for by me, someone else, or through a job)

Medicaid

Sliding scale coverage from a Federally Qualified Health Center or Local Health Department

TRICARE or other military healthcare

Indian Health Services (IHS) or tribal

Other health insurance

Please tell us:

I didn't have any health insurance during my pregnancy

Prefer not to answer

If Medicaid:

4a. Which Medicaid Plan did you have?

AmeriHealth Caritas

Carolina Complete Health

Healthy Blue

UnitedHealthcare Community Plan

WellCare

Alliance Health

Partners Health Management

Trillium Health Resources

Vaya Total Care

NC Medicaid Direct or EBCI Tribal Option

I don't know

4b.

Did you have Medicaid before you found out you were pregnant?

Yes, I had regular Medicaid

Yes, I had Family Planning Medicaid

No, I did not have Medicaid

If Private health insurance, Medicaid, Tricare, IHS, or Other health insurance

During your most recent pregnancy, did you get any information from your health insurance about helpful things like pregnancy apps, nurse hotlines, video doctor visits, baby showers, or free baby items like a crib, car seat, or breast pump?

Yes

No

If yes, Did you ask your health insurance for any of these helpful things?

Yes

No

If Yes, did you get the things that you asked for?

Yes, I got all of the things that I asked for

I got some of the things I asked for

I asked for things, but I never got any of them

About your baby

1. Is your baby alive now?
 No → We are very sorry for your loss. [go to end of survey questions for baby no longer alive]
 Yes

2. Is your baby living with you now?
 No → Go to end of survey
 Yes

3. How many weeks or months did you feed breast milk to your new baby?
 Check ONE answer
 a. I didn't breastfeed my baby
 b. I breastfed my baby for less than 1 week
 c. I breastfed my baby for: _____week(s) OR _____month(s)
 d. I'm still breastfeeding or feeding pumped milk to my new baby

4. [If still breastfeeding: (3d checked)] Has your baby ever been fed formula?
 Yes
 No

5. [If fed formula (If 3c, or if 4 = yes)] How old was your baby when he or she was first fed formula?
 _____week(s) OR _____month(s)

[If stopped breastfeeding (3b or 3c=checked)]
 6. Did you breastfeed as long as you wanted to?
 Yes
 No

[If ever breastfed (3b, 3c, or 3d checked)]
 7. What was breastfeeding like for you?

	Disagree strongly	Somewhat disagree	Somewhat agree	Strongly Agree
There was someone who could listen and help me with breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had the resources I needed to keep going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had the support that I needed to keep going (e.g., help from other people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt successful in my breastfeeding journey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I had questions about breastfeeding, I was able to get answers in a way that met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of survey questions – BABY ALIVE

1. Is there anything you would like to share with us about your pregnancy, birth or postpartum experience?
[Free text]

Thank you for taking the time to participate in the Thriving Hearts Postpartum Survey. Your feedback will help us improve care for families across North Carolina.

As a thank-you for sharing your experiences, we'd love to send you a \$20 digital gift card. Please let us know the best email address to send it to:

[_____] (Field validated as email address)

You should receive your digital gift card within 10 business days.

I would prefer to receive my gift card by mail

Mailing address:

Would you like to receive email updates about the study?

Yes

No

Would you be interested in talking with a research team member about your experiences as part of the Thriving Hearts study? You would receive a gift card as a thank you for your time.

Yes

No

If Yes:

What is the best way to reach you?

Email

Text

Phone

Mail

If email: Enter email address

If text / phone: enter phone number

If you have any questions about the study, please contact ThrivingHeartsNC@unc.edu.

You deserve support during this important time

For resources and information, visit NewMomHealth.com, a web site created by and for new moms: <https://newmomhealth.com>, or follow us on Instagram, <https://www.instagram.com/4thTriProject>

The [National Maternal Mental Health Hotline](#) is free, confidential, and here to help, 24/7 at 1-833-852-6262 (1-833-TLC-MAMA).

You're not alone

Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

1-833-TLC-MAMA

 **Text**

 **Call**



Postpartum Support International offers more than 50+ FREE and virtual support groups. Check out their resources here: <https://postpartum.net/get-help/psi-online-support-meetings/>

End of survey - baby no longer alive

We are very sorry for your loss. At the end of the survey, we will share some resources to support families after infant loss. The Maternal Mental Health Hotline is free, confidential, and available 24 hours a day at 1-833-852-6262 (1-833-TLC-MAMA).

1. Is there anything you would like to share with us about your pregnancy, birth or postpartum experience?
[Free text]

We deeply appreciated your taking the time to complete this survey. Your feedback will help us improve care for families in North Carolina. As a thank you for sharing your experiences, we will send you a link for a \$20 digital gift card. Please let us know the best email address to send it to:

[_____] (Field validated as email address)

You should receive your digital gift card within 10 business days.

I would prefer to receive my gift card by mail

Mailing address:

Would you like to receive email updates about the study?

Yes

No

Would you be interested in talking with a research team member about your experiences as part of the Thriving Hearts study? You would receive a gift card as a thank you for your time.

Yes

No

If Yes:

What is the best way to reach you?

Email

Text

Phone

Mail

If email: Enter email address

If text / phone: enter phone number

If you have any questions about the study, please contact ThrivingHeartsNC@unc.edu.

You deserve support

Postpartum Support International offers free virtual support groups for families who have experienced loss. You can learn more here:

https://postpartum.net/get-help/psi-online-support-meetings/?tx_group_category=loss-and-grief-support

The 4th Trimester Project web site offers information and resources for support after loss here:
https://newmomhealth.com/self_care_topics/loss/

The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7 at 1-833-852-6262 (1-833-TLC-MAMA).

You're not alone

Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

1-833-TLC-MAMA

 Text

 Call



