Thriving Hearts
Empowering. Healing. Thriving.

Thriving 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.thrivingheartsnc.org

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Thank you for being part of the Thriving Hearts study. Your participation in this survey is voluntary. You may choose not to respond to any questions for any reason.

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.

Hello, thank you for taking the time to participate in the postpartum survey.

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 Prenatal 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, never
    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 talked 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 regard 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

Provider Care, Community Support, and Emotional Well-being

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

Please indicate for each of the 5 statements which is closest to how you have been feeling 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

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.	[ ]	[ ]	[ ]	[ ]	[ ]

This community helps me fulfill my needs.					
I feel like a member of this community.					
I belong in this community.					
I have a say about what goes on in my community.					
People in this community are good at influencing each other.					
I feel connected to this community.					
I have a good bond with others in this community.					

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?

	Yes	**No**

A healthcare provider on my pregnancy care team (doctors, nurses, midwives, and other staff who took care of you)	[ ]	[ ]
Web sites or Social media (such as TikTok, Instagram, Bluesky, Facebook, or X)	[ ]	[ ]
Any source of information that used the slogan "Hear Her" (such as websites, social media, or paper handouts)	[ ]	[ ]
Family or friends	[ ]	[ ]
A pregnancy care manager	[ ]	[ ]
A community health worker	[ ]	[ ]
A doula	[ ]	[ ]
Any source of information that used the slogan “Thriving Hearts” (such as text messages, websites, video reels, social media, or paper handouts)	[ ]	[ ]

Prenatal Care & Pregnancy Team questions

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

	Yes	No	I don’t remember
a. Talked with me about my risk for problems with high blood pressure or preeclampsia	[ ]	[ ]	[ ]
b. Recommended that I check my blood pressure at home	[ ]	[ ]	[ ]
c. Recommended that I take low-dose (baby) aspirin during pregnancy	[ ]	[ ]	[ ]

[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?

	Yes	No	I don’t remember
Told me to buy a home blood pressure monitor	[ ]	[ ]	[ ]
Measured my arm to check what size blood pressure monitor I needed	[ ]	[ ]	[ ]
Arranged for a home blood pressure monitor covered by my insurance to be sent to my home	[ ]	[ ]	[ ]
Provided me with a home blood pressure monitor during a clinic visit	[ ]	[ ]	[ ]

[If yes to taking aspirin (3c):]
Did your pregnancy care team do any of the following things to help you get aspirin?

	Yes	No	I don’t remember
My clinic provided me with a bottle of low dose aspirin	[ ]	[ ]	[ ]
A provider prescribed low dose aspirin	[ ]	[ ]	[ ]
A provider told me to buy low dose aspirin	[ ]	[ ]	[ ]

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

Care Team Questions & Answers

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]:

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?

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

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

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

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 more than 1 week but I am no longer breastfeeding my baby
   d. I'm still breastfeeding or feeding pumped milk to my baby
4. [If breastfed for more than 1 week (3c checked)] How old was your baby when you stopped breastfeeding?
   Select a unit of time and enter the number:
   _____week(s) OR _____month(s)

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

6. [If fed formula (If 5 = yes)] How old was your baby when he or she was first fed formula? Select a unit of time and enter the number:
   _____week(s) OR _____month(s)

[If stopped breastfeeding (3b or 3c=checked)]

7. Did you breastfeed as long as you wanted to?
   [ ] Yes
   [ ] No

[If ever breastfed (3b, 3c, or 3d checked)]

8. Thinking about your experience with breastfeeding please rate your level of agreement with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
There was someone who could listen and help me with breastfeeding	[ ]	[ ]	[ ]	[ ]

I had the resources I needed to keep going	[ ]	[ ]	[ ]	[ ]
I had the support that I needed to keep going (e.g., help from other people)	[ ]	[ ]	[ ]	[ ]
I felt successful in my breastfeeding journey	[ ]	[ ]	[ ]	[ ]
When I had questions about breastfeeding, I was able to get answers in a way that met my needs	[ ]	[ ]	[ ]	[ ]

End of survey questions – [baby alive]
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.

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

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:

Please confirm your email address:

You should receive your digital gift card within 7-10 business days.

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 an additional gift card as a thank you for your time.

[ ] Yes
[ ] No

[If Yes, and if gift card was no]:
Thank you for your interest. We may reach out to you with more information about the study interviews. Please provide a good email to reach you:
[ ] Email
Please confirm your email address:

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).

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/

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

National Maternal Mental Health Hotline

HRSA

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?

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:

Please confirm your email address:

You should receive your digital gift card within 7-10 business days.

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, and if gift card was no]:
Thank you for your interest. We may reach out to you with more information about the study interviews. Please provide a good email to reach you:
[ ] Email
Please confirm your email address:

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

You deserve support during this important time

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

National Maternal Mental Health Hotline

HRSA

References

1. Peterson NA, Speer PW, McMillan DW. Validation of a Brief Sense of Community Scale: Confirmation of the Principal Theory of Sense of Community. Journal of Community Psychology. 2008;36:61-73.