



# To you who have given birth recently!

2011/2012

Questionnaire about experiences with care during pregnancy, birth and the post-natal period

The purpose of this questionnaire is to learn about how women who have recently given birth experience the public health care services offered in Norway during the pregnancy, childbirth and post-natal period. The ultimate goal is to improve the quality of the services.

You can also participate by accessing the survey at [www.pasopp.com](http://www.pasopp.com) and enter the username and password printed in the information letter.



*Your experiences are important and we hope  
you take the time to answer our questions!*



If you have given birth earlier, we ask that you consider the care you received in connection with your *most recent* pregnancy, birth and post-natal period.

## PART A: THE PREGNANCY

The public health services offer pregnancy check-ups by a midwife and/or general practitioner plus one routine ultrasound scan. Some pay for additional private services, but these will not be considered here.

1. Did you use public health services during pregnancy, for instance pregnancy check-ups by a midwife/general practitioner or routine ultrasound scan (which is usually done at a hospital)?  Yes → go to question 2 below  
 No → go to question 44 on page 6

2. From whom did you receive your check-ups during pregnancy? *You may select more than one answer*
- |  | Midwife at health clinic (helse stasjon) | General practitioner     | Doctor at health clinic (helse stasjon) | Midwife at hospital      | Doctor at hospital       | Other                    | Not applicable           |
|--|--|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. How many weeks into pregnancy were you when you had the first pregnancy check-up by a midwife or doctor?
- |  | Less than 8 weeks        | 8-12 weeks               | 13-20 weeks              | 21-30 weeks              | More than 30 weeks       | Not sure                 | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. How many pregnancy check-ups did you have in total from a midwife/doctor?
- |  | 1 - 4                    | 5 - 9                    | 10 - 16                  | 17 or more               | Not sure                 | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
5. Do you think this was an appropriate number of check-ups?
- |  | Yes                      | No, too few              | No, too many             |                          | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Were you able to have your pregnancy check-ups by a midwife if you wanted to?
- |  | Yes                      | No                       |                          | Not sure                 | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
7. Were you able to have your pregnancy check-ups by a general practitioner if you wanted to?
- |  | Yes                      | No                       |                          | Not sure                 | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Did you have pregnancy check-ups by a midwife?  Yes → go to question 9 below  
 No → go to question 17 on page 3

### Pregnancy check-ups by a midwife

9. From how many different midwives did you receive pregnancy check-ups?
- |  | 1                        | 2                        | 3                        | 4 or more                |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
10. Was it easy to get an appointment with a midwife if you wanted to?
- |  | Not at all               | To a small extent        | To some extent           | To a large extent        | To a very large extent   | Not applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
11. Was it important to you to get appointments from the same midwife each time?
- |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

The questions below concern pregnancy check-ups with a midwife. If you saw more than one midwife, we ask that you give your overall impression.

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
12. Did the midwife treat you politely and with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⊥
13. Did the midwife spend enough time at the visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Did you find that the midwife was open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Did you find that the midwife cared about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Did you have confidence in the midwife's professional competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Did you have pregnancy check-ups by a general practitioner?  Yes → go to question 18 below  
 No → go to question 26 on page 4

⊥

### Pregnancy check-ups by a general practitioner

	1	2	3	4 or more		
18. From how many different doctors did you receive pregnancy check-ups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⊥	
19. Was it easy to get an appointment with your general practitioner if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⊥	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
20. Was it important to you to get appointments from the same doctor each time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The questions below concern pregnancy check-ups from your general practitioner. If you saw more than one doctor we ask that you give your overall impression.

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
21. Did the general practitioner treat you politely and with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Did the doctor spend enough time at the visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you find that the general practitioner was open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you find that the general practitioner cared about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you have confidence in the general practitioner's professional competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Information at pregnancy check-ups

On the questions below we ask that you give your overall impression of the information you received at pregnancy check-ups by the midwife/general practitioner.

### Did you receive sufficient information about:

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
26. Your physical health during the pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Possible mood changes during the pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. How the baby was developing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. What you could expect regarding birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Options for pain relief during birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Post-natal period (for instance breast feeding, nutrition, care for the child)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
32. Did you experience that health personnel gave you conflicting information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Ultrasound scan

We remind you that this questionnaire only concerns public services.

	1	2	3	4	5 or more	Not applicable
33. How many ultrasound scans did you have (including the routine ultrasound)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you think this was an appropriate number of ultrasounds?	Yes <input type="checkbox"/>	No, too few <input type="checkbox"/>	No, too many <input type="checkbox"/>		⊥	Not applicable <input type="checkbox"/>
35. Did you receive sufficient information concerning the ultrasound?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	Not applicable <input type="checkbox"/>
36. Were you happy with the midwife/doctor who performed the ultrasound?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

## Organization and availability

⊥	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure/ not applicable
37. Did you find that the public services you used during pregnancy were well organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Did you find that the midwife and general practitioner cooperated well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Did you find that the midwife and the hospital cooperated well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Did you find that the general practitioner and the hospital cooperated well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Other considerations

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
41. All in all, were the public services you used during pregnancy satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⊥
42. All in all, were the public services you used during pregnancy what you expected?	Much worse than expected <input type="checkbox"/>	Somewhat worse than expected <input type="checkbox"/>	As expected <input type="checkbox"/>	Somewhat better than expected <input type="checkbox"/>	Much better than expected <input type="checkbox"/>	
43. Are you of the opinion that you were in any way given incorrect treatment (according to your own judgement)?	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>	⊥

⊥

## PART B: THE BIRTH

- ⊥
44. Where did you give birth?
- |  |                             |  |                          |   |   |
|--|-----------------------------|--|--------------------------|---|---|
|  | Delivery ward at a hospital | Birth centre, midwifery led (fødestue) | Planned home birth       | Birth outside of hospital (not planned) |   |
|  | <input type="checkbox"/>    | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/>                | ⊥ |
45. Did you give birth to one or more children?
- |  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
|  | One child                | Twins                    | Triplets or more         |  |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
46. How many weeks into the pregnancy were you when the child/children were born?
- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Less than 28 weeks       | 28 – 32 weeks            | 33 – 36 weeks            | 37 – 41 weeks            | 42 weeks or more         | Not sure                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
47. What was the child's birth weight?  
*If you gave birth to twins or more, please answer according to the child that was born first.*
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Under 1000 grams         | 1000 – 1500 grams        | 1501 – 2500 grams        | 2501 – 4500 grams        | Over 4500 grams          |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
48. How did you give birth?
- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Normal birth             | Forceps/ventouse         | Breech birth             | Caesarean section        |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- ⊥

49. Did you have a hospital stay at the maternity ward/ delivery room connected to the birth?
- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Yes → go to question 50 below    |
| <input type="checkbox"/> | No → go to question 71 on page 8 |

### The stay at the delivery ward

This part concerns your stay at the delivery ward for the birth. Please also answer if you gave birth at a birth centre (fødestue).

50. Were you taken seriously by the health personnel at the delivery ward when you called to say the labour/birth had started?
- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Not at all               | To a small extent        | To some extent           | To a large extent        | To a very large extent   | Not applicable           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
51. Were you received well when you arrived at the delivery ward?
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- ⊥

## Health personnel at the delivery ward

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
52. Were you treated politely and with respect by the health personnel at the delivery ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⊥
53. Did the health personnel have time for you when you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Did you find that the health personnel were open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. Did you find that the health personnel cared about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. Did you have confidence in the health personnel's professional competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Information at the delivery ward

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	
⊥						
57. Did you receive sufficient information during your stay at the delivery ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Did you experience that health personnel gave you conflicting information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Organization and involvement at the delivery ward

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure/ not applicable
59. Did you find that the services you received during your stay at the delivery ward were well-organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Did you find that the health personnel cooperated well during the birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Did you receive information about who had the main responsibility for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
62. Did you wish to be involved in the decisions concerning your birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Were you involved in decisions concerning your birth? ⊥	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Did you receive sufficient pain relief during labour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

## Partner

- |   | Not at all               | To a small extent        | To some extent           | To a large extent        | To a very large extent   | Not applicable           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 65. Was your partner received well by the health personnel at the delivery ward?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Were things arranged so that your partner could be present if you both so wished? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Other considerations

- |  | Not at all               | To a small extent            | To some extent           | To a large extent             | To a very large extent    |  |
|--|--------------------------|------------------------------|--------------------------|-------------------------------|---------------------------|--|
| 67. All in all, were you satisfied with the services you received during your stay at the delivery ward?               | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>  |  |
| ⊥  |                          |                              |                          |                               |                           |  |
|  | Much worse than expected | Somewhat worse than expected | As expected              | Somewhat better than expected | Much better than expected |  |
| 68. All in all, were the services you received during your stay at the delivery ward what you expected?                | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>  |  |
| ⊥  |                          |                              |                          |                               |                           |  |
|  | Not at all               | To a small extent            | To some extent           | To a large extent             | To a very large extent    |  |
| 69. Are you of the opinion that your child was in any way given incorrect treatment (according to your own judgement)? | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>  |  |
| 70. Are you of the opinion that you were in any way given incorrect treatment (according to your own judgement)?       | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/>  |  |

71. Did you stay in the maternity ward/ patient hotel (barselhotell)/ birth centre (fødestue) after giving birth?
- Yes → go to question 72 on page 9
- No → go to question 102 on page 12

⊥

⊥



## Post-natal stay

This part concerns your stay at the maternity ward, patient hotel (barselhotell) or birth centre (fødestue) after the birth. If you have experiences from more than one place, we ask you to give an overall impression.

		Less than 24 hours	1 - 2 days	3 - 4 days	5 - 6 days	7 days or more		
72.	How long did you stay after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
73.	Do you think the length of stay was appropriate?	Yes <input type="checkbox"/>	No, too short <input type="checkbox"/>	No, too long <input type="checkbox"/>			⊥	
74.	Where did you spend most of the post-natal period?	⊥	Single patient room in maternity ward <input type="checkbox"/>	Multiple-bed room in maternity ward <input type="checkbox"/>	Family room in maternity ward <input type="checkbox"/>	Patient hotel (barselhotell) <input type="checkbox"/>	Birth centre (fødestue) <input type="checkbox"/>	Other <input type="checkbox"/>

## Health personnel during the post-natal stay

		Not at all	To a small extent	To some extent	To a large extent	To a very large extent
75.	Were you treated politely and with respect by the health personnel during the post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76.	Did the health care personnel have time for you when you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77.	Did you find that the health personnel were open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78.	Did you find that the health personnel cared about you and your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79.	Did you have confidence in the health personnel's professional competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Information during the post-natal stay

Did you receive sufficient information about:

		Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
80.	Your physical health after giving birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81.	Any possible mood changes after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82.	Breast feeding or other ways of feeding the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83.	Child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84.	Did you experience that health personnel gave you conflicting information?	⊥	Not at all <input type="checkbox"/>	To a small extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a large extent <input type="checkbox"/>	To a very large extent <input type="checkbox"/>

## Guidance and support during the post-natal stay

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
85. Did you receive sufficient guidance on breast feeding or other ways of feeding the child during the post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Did you receive sufficient guidance on child care during the post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Organization during the post-natal stay

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure/ not applicable
87. Did you find that the services you received during your post-natal stay were well organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Did you find that the health personnel cooperated well during your post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Did you receive information about who had the main responsibility for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⊥
90. Were things arranged so that you could get enough peace and rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Partner

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
91. Was your partner received well by the health personnel during the post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Were things arranged so that your partner could be present if you both so wished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

⊥

## Going home

- |     |  |   |   |  |   |  |  |
|-----|--|---|---|--|---|--|--|
| 93. | Did you have a consultation with a midwife before going home (check-out consultation/ utreisesamtale)? | Yes, an individual consultation<br><input type="checkbox"/> | Yes, a group consultation<br><input type="checkbox"/> | No<br><input type="checkbox"/>           |   |  | ⊥  |
| 94. | What benefit did you have from this consultation?  | No benefit<br><input type="checkbox"/>                      | Small benefit<br><input type="checkbox"/>             | Some benefit<br><input type="checkbox"/> | Large benefit<br><input type="checkbox"/> | Very large benefit<br><input type="checkbox"/> | Did not have such a consultation<br><input type="checkbox"/> |
- 
- |     |  |  |   |  |   |  |  |
|-----|--|--|---|--|---|--|--|
| 95. | Were you informed about where you could inquire in case of any questions after you got home? | Yes<br><input type="checkbox"/>        | No<br><input type="checkbox"/>                | ⊥  |   |  | Not sure<br><input type="checkbox"/>                 |
| 96. | Were the contact people easy to get in touch with?   | Not at all<br><input type="checkbox"/> | To a small extent<br><input type="checkbox"/> | To some extent<br><input type="checkbox"/> | To a large extent<br><input type="checkbox"/> | To a very large extent<br><input type="checkbox"/> | Did not initiate contact<br><input type="checkbox"/> |
| 97. | Were your questions sufficiently answered if you contacted someone?                          | <input type="checkbox"/>               | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                           | <input type="checkbox"/>                             |

## Other considerations

- |     |  |  |  |  |   |   |
|-----|--|--|--|--|---|---|
| 98. | All in all, were you satisfied with the services you received during your post-natal stay? | Not at all<br><input type="checkbox"/>               | To a small extent<br><input type="checkbox"/>            | To some extent<br><input type="checkbox"/> | To a large extent<br><input type="checkbox"/>             | To a very large extent<br><input type="checkbox"/>    |
| 99. | All in all, were the services you received during your post-natal stay what you expected?  | Much worse than expected<br><input type="checkbox"/> | Somewhat worse than expected<br><input type="checkbox"/> | As expected<br><input type="checkbox"/>    | Somewhat better than expected<br><input type="checkbox"/> | Much better than expected<br><input type="checkbox"/> |
- 
- |      |   |  |   |  |   |  |
|------|---|--|---|--|---|--|
| 100. | Are you of the opinion that your child was in any way given incorrect treatment during the post-natal stay (according to your own judgement)? | Not at all<br><input type="checkbox"/> | To a small extent<br><input type="checkbox"/> | To some extent<br><input type="checkbox"/> | To a large extent<br><input type="checkbox"/> | To a very large extent<br><input type="checkbox"/> |
| 101. | Are you of the opinion that you were in any way given incorrect treatment during the post-natal stay (according to your own judgement)?       | <input type="checkbox"/>               | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                      | <input type="checkbox"/>                           |

⊥

102. Have you had any contact with the public health clinic (helsestasjon) since the birth (i.e. by telephone, at check ups/ vaccinations, had home visits)?

- Yes → go to question 103 below  
 No → go to question 135 on page 14

## PART C: CONTACT WITH HEALTH CLINIC (HELSESTASJON) AFTER GIVING BIRTH

This part concerns contact with the public health clinic in the period after the birth and up to now. If you have experiences from more than one health clinic please answer based on an overall impression.

### Contact with the public health clinic (helsestasjon)

103. Have you been offered home visits from the health clinic?  
 Yes     No
104. What benefit did you have from the home visit from the health clinic?  
 No benefit     Small benefit     Some benefit     Large benefit     Very large benefit     Did not receive any home visit
105. How long after the birth were you at the first check-up at the health clinic?  
 Less than 2 weeks after the birth     3-6 weeks after the birth     7-9 weeks after the birth     10 weeks or more after the birth     Not applicable
106. Did you have to initiate contact yourself to get an appointment for the first check-up at the health clinic?  
 Yes     No
107. Would you have liked the first check-up to have been earlier than it was?  
 Yes     No
108. How many check-ups have you had at the health clinic up to now?  
 None     1     2     3 - 5     6 or more     Not applicable
109. Do you think this has been an appropriate number of check-ups?  
 Yes     No, too few     No, too many     Not applicable
110. What benefit did you have from the child's six-week check-up?  
 No benefit     Small benefit     Some benefit     Large benefit     Very large benefit     Did not have this check-up
111. What benefit did you have from your own six-week check-up (post-check-up)?  
 No benefit     Small benefit     Some benefit     Large benefit     Very large benefit     Did not have this check-up

⊥

## Health clinic staff

⊥

112. Is it important to you to get appointments with the same person at each check-up?

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
113. Did you find that the staff members at the health clinic were informed about your birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Are you treated politely and with respect by the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Does the staff spend enough time on the check-ups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Do you find that the staff is open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Do you find that the staff cares about you and your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Do you have confidence in the staff's professional competence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Information from the health clinic

On the questions below we ask that you give your overall impression of the information you received from the health clinic.

**Have you received sufficient information about:**

⊥

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
119. Services at the health clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Your physical health after giving birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Possible mood changes after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. The child's development and health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Vaccines for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Breast feeding or other ways of feeding the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	⊥
126. Have you experienced that the staff have been giving you conflicting information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Organization and availability of health clinic

127. Do you find that the care you receive at the health clinic is well organized?

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure/ not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

128. Has it been easy to make a check-up appointment if you so wished?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

129. Have you been informed of where you can inquire if you have any questions between the check-ups?

	Yes	No				Not sure
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

⊥

130. Have the contact people been easy to get in touch with?

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Did not initiate contact
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

131. Have your questions been sufficiently answered if you have contacted someone?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Other considerations

132. All in all, are you satisfied with the services you have received at the health clinic?

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊥

133. All in all, are the services you have received at the health clinic what you expected?

	Much worse than expected	Somewhat worse than expected	As expected	Somewhat better than expected	Much better than expected
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

134. Are you of the opinion that your child was in any way given incorrect treatment at the health clinic (according to your own judgement)?

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135. Have you had any contact with a post-natal/ breast feeding outpatient clinic since the birth?

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

⊥

## PART D: BACKGROUND QUESTIONS

136. What is your age? Years
137. Are you married or cohabiting?  
Yes, married 
Yes, cohabiting 
No
138. What is your highest completed level of education?  
Primary/ lower secondary school 
Upper secondary school 
College/ university (1-4 years) 
College/ university (more than 4 years)
139. What is your everyday activity when you are not on maternity leave?  
*Select only one answer.*  
Employed 
On sick leave, on disability or work assessment allowance 
Student 
Housekeeping (in your home) 
Unemployed 
Other
140. Overall, would you say your health is...  
Excellent 
Very good 
Good 
Fair 
Poor
141. How many times have you given birth in the past?  
Never 
1 
2 
3 
4 or more
142. Did your caesarian wound get infected (e.g. inflammation/pus in the operation wound)?  
Yes, at the hospital 
Yes, after I got home 
No 
Did not have a caesarian section
143. Where was the infection treated?  
At my general practitioner's office 
At the health clinic (helsestasjon) 
At the hospital where I gave birth 
At another hospital 
At the casualty clinic (legevakten) 
Other 
The infection was not treated 
Did not get an infection 
I did not have a caesarian section
144. Do you feel that the infection was taken care of in a satisfactory way?  
Yes 
No 
Did not initiate contact 
Did not get an infection 
I did not have a caesarian section

