

## **Your experiences receiving care during pregnancy, birth and post-natal period**

**The purpose of this questionnaire is to learn about how you as a partner 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.**

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

## PART A: THE PREGNANCY

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

		Yes	No
1.	Did you attend the check-up(s) in pregnancy or ultrasound scan?	<input type="checkbox"/>	<input type="checkbox"/>

## Pregnancy check-ups/ultrasound

2. What did you attend during the pregnancy? *You may select more than one answer.*

☐ Ultrasound scan

☐ Pregnancy check-ups with midwife (public midwife, e.g. at health clinic/helsestasjon)

☐ Pregnancy check-ups by general practitioner

## Ultrasound scan

[illegible]

## Pregnancy check-ups by a midwife

[illegible]

### Pregnancy check-ups by general practitioner

[illegible]

## PART B: THE BIRTH

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 15. Were you present at the maternity ward/delivery room connected to the birth? | <input type="checkbox"/> | <input type="checkbox"/> |

### At the delivery ward

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

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
16. Were you 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"/>
17. Did you receive sufficient information from the health personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. 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"/>	<input type="checkbox"/>
19. Were things arranged well so that you 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"/>
20. Did you feel that the health personnel involved you in the things that happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Were things arranged well so that you could participate during the birth if you both so wished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. All in all, were you satisfied with the services you received at the delivery ward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 23. Did you visit or spend the night in the maternity ward/patient hotel (barselhotell)/birth centre (fødestue) after the child was born? | <input type="checkbox"/> | <input type="checkbox"/> |

## Post-natal stay

This part concerns the 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.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 24. Did you stay with the child's mother during her post-natal stay? | <input type="checkbox"/> | <input type="checkbox"/> |

## Post-natal stay

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
25. Were you 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"/>
26. Did you receive sufficient information from the health personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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"/>	<input type="checkbox"/>
28. Were things arranged well so that you 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"/>
29. Did you feel that the health personnel involved you in the care for the baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Were things arranged well so that you could have some privacy during your post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. All in all, were you satisfied with the services you received during the post-natal stay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## PART C: CONTACT WITH THE HEALTH CLINIC (helsestasjonen) AFTER CHILDBIRTH

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 32. Have you had any contact with the public health clinic (helsestasjon) since the child was born (i.e. by telephone, at check-ups/vaccinations, had home visits)? | <input type="checkbox"/> | <input type="checkbox"/> |

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.

33. What kind of contact have you had with the health clinic? *You may select more than one answer*

- ☐ Home visit
- ☐ Contact by telephone
- ☐ Been to the health clinic along with the child's mother
- ☐ Been to the health clinic alone with the child

## Contact with the health clinic

[illegible]

## Contact with the health clinic

[illegible]

## Contact with the health clinic

[illegible]

		Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not applicable
38.	All in all, are you satisfied with the services you have received at the health clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART D: BACKGROUND QUESTIONS

39. What is your age?

--	--

Years

40. Gender

Male

☐

Female

☐

41. Are you married or cohabiting?

Yes, married

☐

Yes, cohabiting

☐

No

☐

42. 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)

☐

### Background questions

43. What is your everyday activity? *Select only one answer.*

☐

Employed

☐

On sick leave

☐

On disability or work assessment allowance

☐

Student

☐

Housekeeping (in your home)

☐

Unemployed

☐

Other

44. Were you born in Norway?

Yes

☐

No

☐

45. Were your parents born in Norway?

Yes

☐

No

☐

*Cross off both yes and no if one parent was born in Norway, the other elsewhere.*

### Background questions

46. Where were you born?

☐

Asia/Africa/Eastern Europe/Turkey/South or Central America

☐

Western Europe/North America/Oceania

### Background questions

47. Where was/were your parent/ parents born?

☐

Asia/Africa/Eastern Europe/Turkey/South or Central America

☐

Western Europe/North America/Oceania

### Background questions

48. Overall, would you say your health is...

Excellent

☐

Very good

☐

Good

☐

Fair

☐

Poor

☐

**Thank you very much for taking the time to answer!**