

Questionnaire for women who used the doula service

Thank you for taking the time to read this questionnaire which you have been sent because of the contact that you had with the doula service. We are asking all women who had contact with the doula service to fill out this questionnaire even if it was only for a short time.

For most of the questions you just need to circle the number for the answer you want to give. Where there are tick boxes you can give more than one answer. There are no right or wrong answers. You are always welcome to write more about any of the questions - there is a blank page at the end if you run out of space. We are interested in whatever you would like to say.

We have tried to design the questionnaire so that it is easy to use. If you find that some of the questions don't seem to fit your circumstances, we apologise and hope that you will find a way to tell us about your experiences. We would rather receive a questionnaire with some questions left unanswered than no questionnaire at all.

It may have been a few years since you were supported by the service and you may have had more children since then. You may have even been supported more than once. Please answer the questions from your first experience of the service.

A. Your contact with the service

A1. What year were you introduced to the doula service?

.....

A2. At this time, were you in touch with any other services, for example any health or support services or Social Services?

Yes 1

No 2

If yes, please say what services:

.....

A3. How did you find out about the doula service?

Please tick all that apply.

- Someone who had used the service
- A friend or family member
- Local radio or newspaper
- Leaflet in a Children's Centre or waiting room
- Midwife told me about it
- GP told me about it
- Health Visitor told me about it
- Social services told me about it
- Asylum seekers / refugee support
- Teenage pregnancy support
- Domestic abuse support (eg Women's Aid)
- Cannot remember
- Other (please say what/who)

.....

A4. How were you introduced to the doula service?

- I got in touch 1
- Someone else got in touch for me 2
- Can't remember 3

A5. At what point did you first have contact with the service?

- | | |
|---|---|
| Before 20 weeks (5 months) of pregnancy | 1 |
| 20-30 weeks (5-7 months) | 2 |
| After 30 weeks (7 months) | 3 |
| After the birth | 4 |

A6. Did you feel that your doula support started at about the right time?

- | | |
|----------------------|---|
| Yes | 1 |
| No, started too late | 2 |
| No, started too soon | 3 |

A7. Was this your first child?

- | | | | |
|-----|---|----|---|
| Yes | 1 | No | 2 |
|-----|---|----|---|

A8. Who did you live with at the time of the pregnancy?

Please tick all that apply.

- Alone
- Children
- Partner/husband
- Parents
- Other relatives
- Friend
- Foster care
- Supported housing
- Hostel / B&B
- Other (please say who)

.....

A9. Did you have any supportive friends or family around when you were pregnant? Please tick all that apply.

- Partner/husband
- Mother
- Sister
- Friend
- No, no-one
- Other (please say what)

.....

A10. When you were wanting a doula, how important were each of the following? Please circle a number for each to indicate whether it was not important (0), somewhat important (1) or very important (2).

	Not	Somewhat	Very
Support from someone who was available when I needed them	0	1	2
Support shaped around what I wanted to do	0	1	2
Seeing the same person most of the time	0	1	2
Advocacy (having my views put across)	0	1	2
Advice	0	1	2
Support from someone not a professional	0	1	2
Support from someone not family or friend	0	1	2
Other, please say what			

.....

A11. To what extent do you feel that you got each of the following:

	Not much	Partly	Fully
Support from someone who was available when I needed them	0	1	2
Support shaped around what I wanted to do	0	1	2
Seeing the same person every time/ most time	0	1	2
Advocacy (having my views put across)	0	1	2
Advice	0	1	2

B. Your doula

B1. When did you receive support? Please tick all that apply

During pregnancy (antenatal)

During labour/birth

After the birth (postnatal)

B2. How many hours of doula support did you have each week (on average)?

..... hours each week

B3. How important was it that your doula should have each of these qualities? Please circle a number for each one.

	Not very	Quite	Very
Able to speak my language	0	1	2
Similar background to me	0	1	2
Someone who has given birth herself	0	1	2
Someone I get on well with	0	1	2
Knowledgeable about labour, birth and parenting	0	1	2
Calm	0	1	2
Patient	0	1	2
Motherly	0	1	2
Someone I can trust	0	1	2
Someone who won't judge me	0	1	2
Someone who helps me feel good about myself	0	1	2
Someone who directs me to other helpful services	0	1	2

If there was anything else you wanted your doula to be, please say what

.....
.....

B4. To what extent DID your doula have each of these qualities?
Please circle a number for each one.

	Not very	Quite	Very
Able to speak my language	0	1	2
Similar background to me	0	1	2
Someone who had given birth herself	0	1	2
Someone I got on well with	0	1	2
Knowledgeable about labour, birth and parenting	0	1	2
Calm	0	1	2
Patient	0	1	2
Motherly	0	1	2
Someone I could trust	0	1	2
Someone who did not judge me	0	1	2
Someone who helped me feel good about myself	0	1	2
Someone who directed me to other helpful services	0	1	2

Other (please say what)

.....

B5. When did you first meet your doula?

Before 20 weeks (5 months) of pregnancy	1
20-30 weeks (5-7 months)	2
After 30 weeks (7 months)	3
After the birth	4

B6. Do you feel that the relationship with your doula would have been different if you had met sooner than you did?

Yes 1

No 2

If so, how and why?

.....

B7. Do you feel that the relationship with your doula would have been different if you had met later than you did?

Yes 1

No 2

If so, how and why?

.....

B8. Did you have a back up doula?

Yes 1

No 2 If no, GO TO C1

B9. How many times did you meet your back up doula?

Never met	0
Once	1
Twice	2
Three or more times	3

B10. How was the back up involved? Please tick all that apply

Had contact details only

Came on joint visit(s) with main doula

Attended the birth

Other (please say what)

.....

B11. Did you feel as comfortable with your back up doula as you did with your main doula?

Yes 1

No 2

Please say why or why not.

.....

C. During your pregnancy

C1. What support did the doula give when you were pregnant?

Please tick all that apply.

N/A: did not receive support before the birth GO TO C2

Telephone support

- | | |
|---|--------------------------|
| Visited me at my house | <input type="checkbox"/> |
| Came with me for walks, trips to cafes, etc | <input type="checkbox"/> |
| Attended health or other appointments with me | <input type="checkbox"/> |
| Helped me prepare for birth | <input type="checkbox"/> |
| Gave me practical help with baby equipment | <input type="checkbox"/> |
| Helped me find out about other services | <input type="checkbox"/> |
| Gave me information on pregnancy, labour, birth and looking after my baby | <input type="checkbox"/> |
| Other (please say what) | <input type="checkbox"/> |

.....
What was most helpful?
.....
.....

C2. During your pregnancy, did you attend any antenatal classes provided by the NHS?

Yes 1

No 2

If no, please tick all the reasons why not:

I was not offered any NHS classes

They were all booked up

I attended other antenatal classes

(please say which).....

I did not need to attend the classes

Other (please say what)

.....

C3. Thinking about the care you got from doctors and midwives during your pregnancy were you involved enough in decisions about your care?

Yes, always 1

Yes, sometimes 2

No 3

I did not want/need to be involved 4

Don't know / can't remember 5

D. About your labour and birth

D1. Who was present at your labour/birth, apart from health professionals?

Please tick all that apply.

Doula/Back-up doula

Partner/husband

Mother

Sister

Friend

No-one apart from the health professionals

Other (please say who)

.....

D2. Did you have the people that you wanted at your labour/birth?

Yes 1

No 2 If no, please say

why

.....

D3. Here is a list of words that some women have used to describe their feelings during labour and birth. Please circle all of the words that describe how you felt.

Overwhelmed	Calm	Confident
Excited	Out of control	Dopey
Frightened	Involved	Powerless
Detached	In control	Challenged
Powerful	Alert	Helpless

Please tick if you can't remember

D4. Overall, how would you rate your birth experience?

0	1	2	3	4	5
Very poor					Very good

Please only answer D5-D11 if a doula was present at your labour/birth (either your main doula or a back up doula). If you did not have a doula present at your labour or birth please GO TO D12

D5. If you had not had a doula, would you have been alone for your labour/birth, apart from health professionals?

Yes 1 No 2

D6. During your labour and birth, did the doula do any of the following practical things to support you? Please tick all that apply.

Massaged / rubbed my back

Helped me to find comfortable positions

Helped me to eat and drink

Helped me with breathing techniques

Other (please say what)

.....

D7. During your labour and birth, did the doula do any of the following things to support you emotionally? Please tick all that apply.

Made sure I was never alone

Helped me to stay calm

Reassured me

Encouraged me

Made me feel good about myself

Helped me to understand what was going on

Other (please say what)

.....

D8. During your labour and birth, did the doula do any of the following things to support your partner/husband/other support person? Please tick all that apply.

Not applicable - no-one else was present

Made sure they were included

Gave them breaks from supporting me

Showed them how to support me

Other (please say what)

D9. How well did the doula and your midwives work together when you were in labour/birth? Please circle one only.

Well most of the time 1

Well some of the time 2

Not well at all 3

Please tell us about this

.....

D10. Do you feel that having a doula helped you with the labour/birth?

Yes 1

No 2

If yes, how and why did it help?

.....

D11. Was there anything unhelpful about having a doula at the labour/birth?

Yes 1

No 2

If yes, how and why was it unhelpful?

.....

The rest of this section is about the care you got from the NHS during your labour and birth. NHS care includes care from doctors, nurses and midwives.

D12. Thinking about the birth of your baby, what kind of delivery did you have? *(If you had twins or more than two babies this time, please fill in this question about the baby who was born first)*

A normal vaginal delivery 1

An assisted vaginal delivery (eg with forceps or ventouse suction cup) 2

A planned caesarean delivery GO TO D16 3

An emergency caesarean delivery 4

D13. During your labour, were you able to move around and choose the position that made you most comfortable?

Yes, most of the time 1

Yes, some of the time 2

No, I was not given the choice to 3

No, but it was not possible to move around for medical reasons 4

D14. During your labour and birth, did you use any of the following to help relieve the pain? Please tick all that apply

- | | |
|--|--------------------------|
| Natural methods (e.g. Breathing, massage) | <input type="checkbox"/> |
| Water or a birthing pool | <input type="checkbox"/> |
| TENS machine (with pads on your back) | <input type="checkbox"/> |
| Gas and air (breathing through a mask) | <input type="checkbox"/> |
| Injection of Pethidine or a similar painkiller | <input type="checkbox"/> |
| Epidural or similar (injection in your back, given by an anaesthetist) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| I did not use any pain relief | <input type="checkbox"/> |

D15. During your labour and birth, did you feel you got the pain relief you wanted? Please circle only one.

- | | |
|---|---|
| Yes, definitely | 1 |
| Yes, to some extent | 2 |
| No | 3 |
| No, but it was not possible to have any pain relief (e.g. there was not time) | 4 |
| I did not want any pain relief | 5 |
| Don't know / can't remember | 6 |

D16. Were you (and/or a partner, doula or companion) left alone by midwives or doctors at a time when it worried you? Please circle only one.

- | | |
|--|---|
| Yes, during labour | 1 |
| Yes, shortly after the birth | 2 |
| Yes, during labour and shortly after the birth | 3 |
| No, not at all | 4 |

D17. Thinking about your care during labour and birth, were you involved enough in decisions about your care? Please circle only one.

- | | |
|-------------------------------|---|
| Yes, always | 1 |
| Yes, sometimes | 2 |
| No | 3 |
| I did not want to be involved | 4 |
| Don't know / can't remember | 5 |

D18. Did you have skin to skin contact with your baby shortly after birth? Please circle only one.

- | | |
|---|---|
| Yes | 1 |
| No | 2 |
| No, but this was not possible for medical reasons | 3 |
| I did not want skin to skin contact with my baby | 4 |

E. After the birth

E1. How did your doula support you after the birth?

Please tick all that apply.

N/A: did not receive support after the birth GO TO E2

Telephone support

Visited me at my house

Came with me for walks, trips to cafes, etc

Attended health or other appointments with me

Gave me practical help with baby equipment

Helped me find out about other services

Gave me information on looking after my baby

Breastfeeding support

Other (please say what)

.....

What was most helpful?

.....

E2. In the first few days after the birth, how was your baby fed?

Please circle only one.

- | | |
|---|---|
| Breast milk (or expressed breast milk) only | 1 |
| Both breast and formula (bottle) milk | 2 |
| Formula (bottle) milk only | 3 |
| Can't remember | 4 |

E3. At 6 weeks after the birth, how was your baby fed?

Please circle only one.

- | | |
|---|---|
| Breast milk (or expressed breast milk) only | 1 |
| Both breast and formula (bottle) milk | 2 |
| Formula (bottle) milk only | 3 |
| Can't remember | 4 |

E4. Thinking about the care that you got from the NHS, did you feel that midwives and other carers gave you active support and encouragement with feeding your baby?

Please circle only one.

- | | |
|----------------------------|---|
| Yes, always | 1 |
| Yes, generally | 2 |
| No | 3 |
| Don't know | 4 |
| I didn't want or need this | 5 |

E5. Thinking back to the weeks after your baby was born, how did you feel?

Please circle only one.

- | | |
|---|---|
| Reasonably cheerful most of the time | 1 |
| Depressed or low spirited most of the time | 2 |
| Sometimes cheerful and sometimes depressed
or low spirited | 3 |
| Can't remember | 4 |
| Other (please say what) | 5 |

.....

F. When your support came to an end

F1. Did the doula prepare anything for you as part of the ending of your support? Please tick all that apply.

An account of the time spent together

A birth story

Photographs

Other (please say what)

.....

F2. Did you feel that your doula support ended at about the right time?

Yes, about the right time 1

No, too soon after the baby was born 2

No, went on too long after the baby was born 3

F3. Did you feel you had other sources of support when the doula support ended?

Yes, the doula helped me to organise this 1

Yes, I organised this myself 2

No, I didn't feel I needed it 3

No, but I would have liked it 4

Other (please say what)

.....

F4. Did you ever have contact with your doula (or back up doula) after the official ending?

Yes 1

No 2

F5. At the time, would you have liked to have been able to stay in touch with your doula (or back up doula) after the official ending?

Yes 1

No 2

If yes, please say what you would have liked:

.....
.....

F6. Is there anything else that you would like to say about the ending?

A large, empty rectangular box with a thin black border, intended for the user to provide their response to the question above. The box is currently blank.

G. Effects of using the doula service

G1. Did your doula do any of the following to help you use other services? Please tick all that apply.

- | | |
|----------------------------------|--------------------------|
| Told me about a service | <input type="checkbox"/> |
| Contacted a service on my behalf | <input type="checkbox"/> |
| Came with me to a service | <input type="checkbox"/> |
| Other (please say what) | <input type="checkbox"/> |

.....

G2. How did having a doula affect getting to know other mothers? Please circle only one.

- | | |
|--|---|
| Helped me meet other mothers | 1 |
| Less interested in meeting other mothers | 2 |
| No effect | 3 |
| Other (please say what) | 4 |

.....

G3. Did having a doula increase your **knowledge** around pregnancy, childbirth and looking after your child?

Yes 1

No 2

If yes, please say how:

.....
.....

G4. Did having a doula increase your **confidence** around pregnancy, childbirth and looking after your child?

Yes 1

No 2

If yes, please say how:

.....
.....

G5. Did having a doula increase your **skills** around pregnancy, childbirth and looking after your child?

Yes 1

No 2

If yes, please say how:

.....
.....

G6. During pregnancy did you reduce or stop smoking?

Please circle one only.

Not applicable because I was not smoking anyway 1
GO TO G8

No, I continued to smoke GO TO G8 2

Yes, I stopped smoking 3

Yes, I smoked less 4

G7. If yes, did having a doula affect this?

Yes 1

No 2

If yes, please say how:

.....
.....

G8. Did having a doula help you to breastfeed?

- Not applicable - I didn't breastfeed 1
 - No 2
 - Yes 3
- If yes, please say what the doula did
-
-

G9. Did having a doula help you to do any of the following?

Please tick all that apply.

- Attend antenatal classes
- Hold my baby skin to skin as soon as s/he was born
- Improve my diet
- Take more exercise
- Other (please say what)

.....

If you ticked one of the above, please say what the doula did

.....

.....

G10. Do you think that having a doula made a difference to your relationship with your partner/husband?

Not applicable (no partner/husband) 1

Yes 2

No 3

Not sure 4

If yes, please say how

.....

.....

G11. Please tell us about any other effects of having a doula

G12. If you could **only** have had support at **one** stage, which would it be?

- | | |
|-----------------------------|---|
| Support before the birth | 1 |
| Support during labour/birth | 2 |
| Support after the birth | 3 |

G13. Were you offered any support that you did not take up? Please tick all that apply.

- | | |
|----------------------------|--------------------------|
| Yes - during pregnancy | <input type="checkbox"/> |
| Yes - labour/birth support | <input type="checkbox"/> |
| Yes - after the birth | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If yes, please say what support you turned down and why you turned it down

.....

.....

H. Overview

H1. Did the service help you in the way you hoped it would?

Yes 1

No 2

If no, please say in what way

.....

.....

H2. If you could change one thing about the service what would it be?

H3. What was the best thing about the service?

H4. How do you think of your doula? Please tick all that apply.

- As a friend
- Like a sister
- Like a mother
- Like a professional (eg midwife, health visitor)
- Like an advocate (someone who helps put my views across)
- Someone like me
- Like a role model
- Other (please say what)

.....
.....

H5. Were you aware that the doulas are unpaid volunteers?

Yes 1 No 2

H6. Do you think that 'volunteer doulas' should be paid (with women still receiving a free service)?

Yes 1 No 2

Please say why or why not:

.....

H7. Do you think that 'volunteer doulas' should be paid (and that women should pay for the service?

Yes 1

No 2

Please say why or why not:

.....

H8. If the doulas were to be paid, what do you think their hourly rate of pay should be?

In line with minimum wage (21 years and older): £6 per hour 1

Similar to a Maternity Support Worker: £7-£10 2

Similar to a newly-qualified midwife: £11-£14 3

Other (please say what): £..... per hour 4

H9. Would you recommend the service to a friend or family member?

Yes 1

No 2

H10. Overall, how would you rate your experience of being supported by a doula?

0 1 2 3 4 5

Very poor

Very good

J. About You

J1. How old are you?

.....

J2. Which country were you born in?

.....

J3. When you were introduced to the service, how long had you been in the UK?

Since birth	1
More than 5 years	2
1-5 years	3
Less than 1 year	4

J4. What is your ethnic group?

White	1
Mixed	2
Asian or Asian British	3
Black or Black British	4
Other (please say what)	5

.....

J5. What is the main language that you speak?

.....

J6. Did your doula speak to you in your own language?

Yes - directly 1

Yes - via an interpreter 2

No 3

J7. Did the doula service staff speak to you in your own language?

Yes - directly 1

Yes - via an interpreter 2

No 3

J8. How old were you when you left school or college?

.....

Finally....

Thank you very much for filling in this questionnaire and for being part of this research study.

We would like to send you a **High Street Voucher** to say **THANK YOU**. If you would like us to do this, please fill in the **contact details** on the inside of the back cover. Please note: That page will be stored separately from the questionnaire and will only be used to send you your voucher and the study findings, if requested.

Please remember that everything you have told us in this questionnaire is confidential and will not be fed back to anyone at the doula service or anyone who was involved in your maternity care.

If you have any questions about the research or this questionnaire, please email [REDACTED]. Alternatively, ring [REDACTED], the Evaluation Project secretary, on [REDACTED] and leave your number and one of the research team will phone you back.

Please use the blank page opposite for anything else that you would like to tell us.

Please use this page for anything else that you would like to tell us.