

Questionnaire for women who did not use the doula service

Thank you for taking the time to read this questionnaire which you have been sent because you were introduced to the doula service. We are asking all women who were introduced to the doula service to fill out this questionnaire even if it was some years ago.

We are especially interested in the views and experiences of women who did not use the service. This includes those who may have had a visit from a member of staff for an initial assessment, and may have been matched with a volunteer, but then did not receive volunteer support.

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.

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 (e.g. 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. If you had found out about the service sooner than you did, would it have affected your decision about using it?

- Yes 1
- No 2

If yes, please say how

.....

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 who or what)

.....

A10. What is the main language that you speak?

.....

A11. Did the service speak with you in your language?

Yes - directly 1

Yes - via an interpreter 2

No 3

A12. Did the service have a doula who could have supported you in this language?

Yes 1

No 2

Do not know 3

A13. How much contact did you have with the service?

Please tick all that apply.

A letter

A phone call

An initial home visit from service staff

Met a doula

Other (please say what)

.....

A14. Why did you not receive one-to-one support from a doula?

It was my choice 1 GO TO A15

The service was unable to support me 2

If the service was unable to support you, please tell us more about this and then GO TO A16

.....
.....

A15. If it was your choice, please say why.

Please tick all that apply.

I did not need the support

It did not offer as much support as I wanted

 It offered more support that I wanted

 I was worried that my partner/husband would be pushed out

 I did not want the particular doula who was offered

 I was worried about a language barrier

 I was concerned about having a stranger involved

 I did not want another person to deal with

 Other (please say why)

.....

A16. What support had you hoped you would be able to receive from a doula?

Please circle a number for each type of support listed to indicate whether it was not important (0), somewhat important (1) or very important (2).

	Not	Somewhat	Very
Telephone support	0	1	2
Visiting me at my house	0	1	2
Coming with me for walks, trips to cafes, etc.	0	1	2
Attending health or other appointments with me	0	1	2
Helping me prepare for birth	0	1	2
Giving me practical help with baby equipment	0	1	2
Helping me find out about other services	0	1	2
Giving me information on pregnancy, labour, birth and early parenting	0	1	2
Breastfeeding support	0	1	2
Other (please say what)	0	1	2
.....			

B. About your labour and birth

B1. 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 (e.g. with forceps or ventouse suction cup) | 2 |
| A planned caesarean delivery | 3 |
| An emergency caesarean delivery | 4 |

B2. Who was present at your labour/birth, apart from health professionals?

Please tick all that apply.

- | | |
|--|--------------------------|
| Partner/husband | <input type="checkbox"/> |
| Mother | <input type="checkbox"/> |
| Sister | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> |
| No-one apart from the health professionals | <input type="checkbox"/> |
| Other (please say who) | <input type="checkbox"/> |

.....

B3. 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

B4. Overall, how would you rate your birth experience?

0 1 2 3 4 5

Very poor

Very good

B5. 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 |
| Unable to remember | 4 |
| Other (please say what) | 5 |

.....

C. About You

C1. How old are you?

.....

C2. Which country were you born in?

.....

C3. 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

C4. What is your ethnic group?

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

.....

C5. 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 space below and the blank page overleaf for anything else that you would like to tell us.

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