



OBI Patient Voices: Draft Patient Survey

A summary of the questions patients will see in the online survey.

INTRODUCTION PAGE

Thank you for your interest in completing this survey about your maternity care! As part of the Obstetrics Initiative, your hospital and providers are working hard to improve maternity care across the state of Michigan.

Please consider sharing your maternity care experience to help us improve patient care for all people undergoing childbirth. If you choose to participate, you will receive \$10 for completing this survey.

This survey will take approximately 5-10 minutes to complete. Participation is completely voluntary. Once you start the survey, you will not be able to stop and come back later to complete it. Please fill it out all at once and submit it so that you will not have to start over. Click "Next" at the top right corner of the screen to choose to take the survey or to opt out of this and any future communications about OBI Patient Voices.

SECTION ONE

For the following questions, please think about the care you received while **in the hospital to give birth to your baby a few weeks ago.**

How likely is it that you would recommend this hospital to a friend or colleague expecting a baby?

0 (Not at all likely) to 10 (Extremely likely)

SECTION TWO

Please tell us about your **discussions with your clinical team during your recent labor and birth experience.** We define the clinical team as the nurse, doctor, and/or midwife if present. Discussions include conversations about, for example, starting your labor, medications, or whether to have a cesarean.

My answers describe my conversations or experiences with (please check all that apply):

- Family doctor
- Obstetrician/OB-GYN doctor
- Midwife
- Nurse

Please describe your **experiences with decision-making** during your pregnancy, labor, and/or birth using the following scale:



- My clinical team asked me how involved in decision-making I wanted to be.
- My clinical team told me that there are different options for my maternity care.
- My clinical team explained the advantages and disadvantages of maternity care options.
- My clinical team helped me understand all the information.
- I was given enough time to thoroughly consider the different maternity care options.
- I was able to choose what I considered to be the best care options.
- My clinical team respected my choices.

SECTION THREE

Many patients feel pain after childbirth. We'd like to understand how your pain was managed **after giving birth**.

What number best describes your pain on average **in the first week after childbirth?**

0 (No pain) to 10 (Worst pain imaginable)

What number best describes how pain interfered with your enjoyment of life **in the first week after childbirth?**

0 (Did not interfere) to 10 (Completely interfered)

What number best describes how pain interfered with your general activity in the first week after childbirth?

0 (Did not interfere) to 10 (Completely interfered)

How much did pain from your delivery interfere with caring for your newborn in the first week after childbirth?

0 (Did not interfere) to 10 (Completely interfered)

SECTION FOUR

To help manage pain after childbirth, some patients use over-the-counter medications like Tylenol or Motrin. Other patients are also given a prescription for opioid medication (a strong pain medication to treat severe pain). Some common opioids include Oxycodone, Norco, Vicodin, and Tylenol #3.

The following questions will ask you about your experience with pain medications if you used them.

Did you take Tylenol (also called acetaminophen) in the first week after being discharged home after childbirth?

- Yes, as needed
- Yes, on a schedule
- No. *If no: **Why did you not use Tylenol?***
 - *Allergy*
 - *I could not take it for a medical reason*
 - *I did not think it would work*
 - *I did not need it*
 - *My doctor didn't recommend it*
 - *Other*

Did you take Motrin (also called ibuprofen) in the first week after being discharged home after childbirth?

- Yes, as needed
- Yes, on a schedule
- No. *If no: **Why did you not use Motrin?***
 - *Allergy*
 - *I could not take it for a medical reason*
 - *I did not think it would work*
 - *I did not need it*
 - *My doctor didn't recommend it*
 - *Other*

Did you take any opioid medication (e.g. Oxycodone, Norco, Vicodin, and Tylenol #3) in the **year before you gave birth?**

- Yes
- No

Did you receive a prescription for an opioid pain medication (e.g. Oxycodone, Norco, Vicodin, and Tylenol #3) when you were **discharged from the hospital after childbirth?**

- Yes, and I filled the prescription:
 - ***What was the name of the opioid you were prescribed?***
 - Oxycodone
 - Hydromorphone (e.g. Dilaudid)
 - Other (please specify): _____
 - I don't recall
 - ***What is the total number of opioid pills that you have taken since discharge from your delivery? (Your best guess is ok)***
 - Number (0-90): _____
 - ***Are you still taking opioid pain medication?***
 - Yes
 - No
- Yes, but I did not fill the prescription.
- No

How would you rate your satisfaction with pain management **after childbirth, while at home after discharge from the childbirth hospitalization?**

0 (Extremely dissatisfied) to 10 (Extremely satisfied)

SECTION FIVE

It is common to experience financial challenges after going through pregnancy and childbirth. We would like to hear about your experience regarding these topics. Your responses will help Michigan hospitals do our part to make sure that every family has what they need when they leave the hospital after childbirth.

And if you need help now, please consider contacting your local hospital or United Way (you can call 211 or [visit 211.org](https://www.visit211.org)).

Have you had **problems paying** or been **unable to pay** any medical bills related to your pregnancy, childbirth, or newborn care? *This includes bills, debt, and payments for doctors, dentists, hospitals, therapists, medication, equipment, or home care.*

- Yes
- No

Have you **delayed seeking healthcare** because of worry about the cost?

- Yes
- No

Was there a time during pregnancy that you needed medical care, but did not get it because you felt you **couldn't afford it**? *This includes treatment, therapy, medications, and equipment.*

- Yes
- No

During my pregnancy, my household income was _____ to meet my household's needs: heat, electricity, transportation, housing, food, clothing, and other necessary expenses.

- More than enough
- Enough
- Not enough
- Prefer not to answer

DEMOGRAPHICS

Almost done! In this last section, please tell us a little about yourself. We know it is hard to put yourself in a box. We ask these questions to help us support quality improvement initiatives and respectful, equitable care.

I describe my race, ethnic, or cultural heritage as...(please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Arabic/Middle Eastern | <input type="checkbox"/> Latinx or Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> There isn't an option that applies to me |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Prefer not to answer |

My current gender identity is best described as... (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Man | <input type="checkbox"/> Two-spirit |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Another gender identity |
| <input type="checkbox"/> Non-binary or gender non-conforming | <input type="checkbox"/> Prefer not to answer |

What is your highest degree of education completed?

- Some high school
- High school diploma or equivalent (GED)
- Some college but no degree
- Trade or technical school
- Associate's degree
- Bachelor's degree
- Graduate or professional degree
- Prefer not to answer

Is English your primary language?

- Yes
- No

Did you have a primary support person present with you during your labor and delivery?

- Yes
- No
- Prefer not to answer

Do we have permission to contact you in the future, for quality improvement projects related to the questions above?

- Yes
- No

Would you like to receive a copy of OBI's annual survey findings?

- Yes
- No

THANK YOU

Thank you for completing the OBI Patient Voices survey and helping us improve maternity care in Michigan! To show our appreciation, we will email you a \$10 gift card.

If you have questions, please contact OBICustomerSupport@med.umich.edu.