

EMERGE COVID-19 and Gender Questions Pregnancy, Delivery and Postnatal Care

Pregnancy, Pregnancy Intention and Antenatal Care

1. Are you currently pregnant?
 - a. Yes
 - b. No (If no, skip to question 15)
 - c. Don't know (If no, skip to question 15)
2. How many months pregnant are you? _____ months
3. When learning that you were pregnant, did you want to be pregnant at this time?
 - a. I/we wanted this pregnancy at that time (if a, go to question 5)
 - b. I/we wanted another pregnancy, but not at this time
 - c. I/we did not want to become pregnant at all
4. Did the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts) affect your ability to avoid or delay pregnancy?
 - a. Yes, because I could not get access to contraception
 - b. Yes, for other reasons
 - c. No
5. Did you see anyone for antenatal care for this pregnancy?
 - a. Yes
 - b. No
6. Whom did you see? Anyone else? (check all that apply)
 - a. Doctor
 - b. Nurse/Midwife
 - c. Auxiliary Midwife
 - d. Traditional Birth Attendant
 - e. Community/Village Health Worker
 - f. Other (please specify _____)
7. Where did you receive antenatal care for this pregnancy? Anywhere else? (check all that apply)
 - a. Your home
 - b. Other home
 - c. Public or government health facility
 - d. Private health facility
 - e. Other (please specify)
8. How many times did you receive antenatal care during this pregnancy? _____ times
9. How many times have you received antenatal care during this pregnancy, since the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts) have been in effect? _____ times (If 0 times, go to question 12)
10. Whom did you see for these post-COVID pandemic antenatal care visits? Anyone else? (check all that apply)
 - a. Doctor
 - b. Nurse/Midwife
 - c. Auxiliary Midwife
 - d. Traditional Birth Attendant
 - e. Community/Village Health Worker
 - f. Other (please specify _____)

11. Where did you receive these post-COVID pandemic antenatal care visits? Anywhere else? (check all that apply)
 - a. Your home
 - b. Other home
 - c. Public or government health facility
 - d. Private health facility
 - e. Other (please specify)

12. How worried are you that you might contract COVID-19 if you go to a health facility for antenatal care?
 - a. Very Worried
 - b. Somewhat Worried
 - c. Not Very Worried
 - d. Not Worried at All

13. How worried are you that you might contract COVID-19 if you go to a health facility for delivery?
 - a. Very Worried
 - b. Somewhat Worried
 - c. Not Very Worried
 - d. Not Worried at All

14. Given the current situation with the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts), where would you like to deliver your baby?
 - a. Your home
 - b. Other home
 - c. Public or government local health facility
 - d. Public or government hospital
 - e. Private local health facility
 - f. Private hospital
 - g. Other (please specify)

15. Would you prefer not to be pregnant at this time, given the current situation with the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts)?
 - a. Yes
 - b. No

16. If someone wanted to get an abortion at this time, given the situation with the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts), could they get an abortion from a medical provider?
 - a. Yes
 - b. No

Source: Taken or adapted from -

- Demographic and Health Surveys. (2017). *Demographic and Health Surveys Model Questionnaire Phase 7: Woman's Questionnaire*. Retrieved from <https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>.

Delivery and Postnatal Care

1. Have you given birth in the past 90 days, or since COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts) have affected your community?
 - a. Yes
 - b. No (If no, go to the next section)

2. Where did you deliver your baby?
 - a. Your home
 - b. Other home
 - c. Public or government local health facility
 - d. Public or government hospital
 - e. Private local health facility
 - f. Private hospital
 - g. Other (please specify)

3. Who was your health provider during your delivery?
 - a. Doctor
 - b. Nurse/Midwife
 - c. Auxiliary Midwife
 - d. Traditional Birth Attendant
 - e. Community/Village Health Worker
 - f. Family Member
 - g. Other (please specify _____)

4. Did the situation with the COVID-19 pandemic affect where you delivered your baby, such that you could not deliver in your preferred facility?
 - a. Yes
 - b. No

5. Did the situation with the COVID-19 pandemic affect who your health provider was when you delivered your baby, such that you did not have the provider you wanted?
 - a. Yes
 - b. No

6. Were you treated well by your provider during childbirth, with respect and good quality care?
 - a. Yes
 - b. No
 - c. Don't know

7. Do you think you received lower quality health care at your delivery because of the COVID-19 pandemic?
 - a. Yes
 - b. No
 - c. Don't know

8. Please confirm if someone checked your newborn at each of the following time points (check all that apply):
 - a. Two to three days after birth
 - b. 7-14 days after birth
 - c. Six weeks following delivery
 - d. No health provider checked my newborn at any of these time points (if d, go to question 11)

9. Who was the health provider who examined your baby for postnatal care at the time points noted in question 8? (check all that apply)
- Doctor
 - Nurse/Midwife
 - Auxiliary Midwife
 - Traditional Birth Attendant
 - Community/Village Health Worker
 - Family Member
 - Other (please specify _____)
10. Were you and your infant treated well in these visits, with respect and good quality care?
- Yes
 - No
 - Don't know
11. Please confirm if someone checked you after delivery, at each of the following time points (check all that apply):
- Two to three days after birth
 - 7-14 days after birth
 - Six weeks following delivery
 - No health provider checked my newborn at any of these time points (if d, go to question 14)
12. Who was the health provider who examined you for postnatal care at the time points noted in question 11? (check all that apply)
- Doctor
 - Nurse/Midwife
 - Auxiliary Midwife
 - Traditional Birth Attendant
 - Community/Village Health Worker
 - Family Member
 - Other (please specify _____)
13. Were you treated well by your provider during these postnatal care visits for you, with respect and good quality care?
- Yes
 - No
 - Don't know
14. Do you think the COVID-19 pandemic resulted in you or your infant receiving lower quality health postnatal care, or missing a postnatal care visit?
- Yes
 - No
 - Don't know
15. Did the situation with the COVID-19 pandemic affect who your health provider was for your postnatal visits, such that you did not have the provider you wanted?
- Yes
 - No

Source: Questions on Delivery and Postnatal Care taken or adapted from:

- Demographic and Health Surveys. (2017). *Demographic and Health Surveys Model Questionnaire Phase 7: Woman's Questionnaire*. Retrieved from <https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>.

To further develop your survey, please refer to the following modules:

- [Family Planning and Reproductive Coercion](#)
- [Health Care Access and Trust in Health Care](#)
- [Physical and Mental Health](#)