

INFANT BIRTHING QUESTIONNAIRE

1. a) Was your baby born at: Term ☐ Early ☐ Late ☐

b) If early, at how many weeks gestation was your baby born? _____

2. a) Did you have any illness/health problems during your pregnancy? Yes ☐ No ☐

b) If yes, please list the illness/health problem(s):

3. How was the pregnancy overall, in terms of comfort, stress, and illness?

- ☐ Much better than expected – no discomfort, stress, or illness
- ☐ Better than expected – A little discomfort, stress, and illness
- ☐ As expected – A moderate level of discomfort stress, and illness
- ☐ Worse then expected – High levels of discomfort, stress, and illness
- ☐ Much worse than expected – Almost continuous discomfort, stress, and illness

4. Where did you give birth? Home ☐ Clinic ☐ Hospital ☐

5. a) Was the delivery: Vaginal ☐ Caesarean ☐

b) If the delivery was caesarean, why?

6. a) Were there any complications during the birth? Yes ☐ No ☐

b) If yes, please list the complications:

7. How did you find the birthing process?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ As expected
- ☐ Worse then expected
- ☐ Much worse than expected

8. How many hours were you in labour? _____

9. a) Did the baby have any problems during the 2-week period after birth? Yes ☐ No ☐

b) If yes, please list the problem(s)

10. a) Are you / did you: Breast feed ☐ Bottle feed ☐

b) If breastfed, how old was the infant when you stopped? _____