

Satisfaction Questionnaire for CTG Study

This questionnaire will ask about your most recent experience with the CTG test (the heart rate measurement of your baby). We would greatly appreciate your input for this questionnaire. It will take about 10 minutes to complete. The questionnaire is completely anonymous and will be maintained and used in a secure manner. This means no one will know how you choose to respond. To keep your answers anonymous, we request that you place the completed questionnaire in the enclosed envelope and then seal this envelope. Participation in this questionnaire study is completely voluntary.

1 When was the CTG completed?

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2 Where was the CTG done?

- At my own midwifery practice
- At a different midwifery practice
- In a diagnostic ultrasound centre
- In a hospital
- Other, please specify

3 Why was the CTG done?

- It felt like my baby was moving less or not at all
- I was well past 40 weeks of pregnancy
- They turned my baby from breech to normal position
- Other, please specify

4 Was or will there be an extra ultrasound completed in combination with the CTG?

- No
- No, an ultrasound was done just recently
- Yes, immediately before the CTG
- Yes, immediately after the CTG
- Yes, within a week after the CTG was completed

ACCESSIBILITY

5 Was it a problem for you to get to the location of the CTG test?

- A major problem
- A minor problem
- No problem at all → *continue to question 7*

6 What was the main problem?

(please select only one answer)

- It was difficult to find the location
- I had problems with transport (eg. No car, limited public transport)
- The distance to the location was too far
- Other, please specify

7 In comparison with your nearest hospital, was the travel distance to the location of the CTG test:

- Comparable to the distance to your nearest hospital
- Shorter than the distance to your nearest hospital
- Longer than the distance to your nearest hospital
- Not applicable; the CTG test was done at the hospital

8 In comparison with your nearest hospital, was the travel time to the location of the CTG test:

- Comparable to the travel time to your nearest hospital
- Shorter than the travel time to your nearest hospital
- Longer than the travel time to your nearest hospital
- Not applicable; the CTG test was done at the hospital

MIDWIFERY HEALTH CARE

9 Was the CTG completed by your own midwife (from your usual midwifery practice)?

- Yes
- No

**10 A. In your opinion, which health care provider should determine the results of the CTG test?
(This doesn't have to be the same care provider as the one who carried out the CTG test)**

- My own midwife from my practice
- A midwife from a different practice
- A midwife in the hospital
- An obstetrician-gynecologist
- An assistant or student doctor (such as a gynecology resident).
- Other, please specify
- It doesn't matter

B. Please elaborate as to why you think this health care provider is the most appropriate.

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11 A. Where do you think is the best place to complete a CTG?

- The hospital
- My own midwifery practice
- A diagnostic ultrasound centre or a birthing centre
- Other, please specify
- It doesn't matter

B. Please elaborate as to why you feel this is the best location.

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CARE FROM YOUR MIDWIFERY HEALTH CARE PROVIDER

The following questions refer to the midwifery health care provider who was responsible for your CTG test.

		No, not at all	Somewhat	Mostly	Yes, completely
12	Did your care provider tell you ahead of time why the test was necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Did your care provider tell you ahead of time what the test would involve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Did your care provider tell you the <u>results</u> of the test in an understandable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Did your care provider tell you what the potential <u>next steps</u> were in an understandable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		No, not at all	Somewhat	Mostly	Yes, completely
16	Did your care provider show interest in your personal situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Did your care provider explain things in an understandable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Did you trust the expertise of your care provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Was your care provider open to discussion when, in your opinion, something wasn't going well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		No, not at all	Somewhat	Mostly	Yes, completely
20	Did your care provider listen to you attentively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Did your care provider take you seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Did your care provider give you enough time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		No, not at all	Somewhat	Mostly	Yes, completely
23	Was your care provider open to discussing what you felt was best for you and your unborn child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Was your care provider open to your requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Could you ask your care provider the questions that you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATION OF THE CTG TEST

26 Did the appointment begin on time? (if there was no scheduled time of the appointment, how long did you have to wait)

- Yes, I did not have to wait → *continue to the explanation above question 28*
- No, the waiting time was less than 15 minutes
- No, the waiting time was 15-30 minutes
- No, the waiting time was 30-60 minutes
- No, the waiting time was longer than 60 minutes

27 In the waiting room, were you kept informed about the waiting time (eg. approximately how long the wait was expected to be and/or the reason for the wait)

- No
- Yes

The following two questions (questions 28 and 29) are only applicable if you had a CTG because it felt like your baby was moving less or not at all. If you only had a CTG because you were well past 40 weeks of pregnancy then you can skip to question 30.

28 Before you had the CTG, did you receive instructions such as laying down on the couch, making contact with the baby with your hands and/or tracking the number of kicks?

- No, immediately after I spoke with the midwife (either in person or on the phone), I received a CTG
- Yes, I received instruction after speaking with my midwife (either in person or on the phone). After that I contacted my midwife again and then I received a CTG

29 How much time was there between when you first contacted your midwife (either in person or on the phone) about your baby moving less or not at all and when you received the CTG?

..... hours minutes

30 Were you able to sit or lie in a comfortable position during the CTG test?

- No, not at all
- Somewhat
- Mostly
- Yes, completely

31 A. Is there anything regarding your experience with the CTG test that you would like to see changed? (eg. what could be done differently or better, in your opinion?)

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B. What aspects of the whole CTG testing process did you think went well?

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32 On a scale of 0 to 10, how satisfied are you with the care you received during the CTG test?

Not at all
satisfied

Completely
satisfied

0 1 2 3 4 5 6 7 8 9 10

ABOUT YOU

33 What is your birthdate?

..... - -

34 What is your postal code (*numbers and letters*)

.....

35 How many weeks and days were you pregnant when the CTG test was done?

..... weeks days

36 What is the name of the midwifery practice that is responsible for your care?

(if you are being cared for solely in a hospital, please write the name of the hospital responsible for your care)

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37 Are you insured by one of the following health insurance companies?

Achmea, Zilveren Kruis, FBTO, De Friesland zorgverzekeraar, Avéro, ZieZo, Prolife, Kiemer, OZF, Interpolis, IK, YouCare.nu, CZ, CZdirect.nl, OHRA of Delta Lloyd

- Yes, I am insured by Achmea, Zilveren Kruis, FBTO, De Friesland zorgverzekeraar, Avéro, ZieZo, Prolife, Kiemer, OZF, Interpolis, IK or YouCare.nu
- Yes, I am insured by CZ, CZdirect.nl, OHRA or Delta Lloyd
- No, I am insured by another health insurance company.

The questionnaire is now complete

Thank you for completing the questionnaire!

Please place the questionnaire and your consent form in the enclosed envelope and seal it. You can now give it to the midwife.

If you had a CTG done in the hospital and you will no longer be under the care of your own midwife, you can send the questionnaire and the consent form to the following address free of charge:

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