# MATERNITY BEREAVEMENT EXPERIENCE SURVEY



#### What is the survey about?

The National Maternity Bereavement Experience Survey is the first national survey to ask women about their experience of bereavement care in Ireland's maternity units or hospitals. We appreciate how painful it may be to consider the answers to the questions in the survey, but your feedback will provide us with valuable information on the standard of maternity bereavement care in Ireland and help us to identify areas for improvement. If you had a partner or support person with you during your experience of pregnancy loss, there is an optional section in the questionnaire that asks about their experiences.

#### Who should respond to this survey?

This survey is aimed at women aged 16 or older who experienced a second trimester miscarriage from 14 weeks of pregnancy, the stillbirth of a baby or the early neonatal death of a baby, and who were admitted to one of Ireland's 19 maternity units or hospitals between 1 January 2019 to 31 December 2021. Your feedback will help to improve the safety and quality of Ireland's maternity bereavement services.

#### Can I ask someone to help me fill in the survey?

Yes, you can ask someone to help you fill in the survey. You may also ask someone to fill in the survey on your behalf. However, please make sure that the answers given reflect your experience of care.

#### How to complete the survey questionnaire

- Please read the information in the boxes that accompany some of the questions as these provide important information to help you complete the questionnaire.
- We have included free-text boxes towards the end of the questionnaire to provide you with an opportunity to include additional information in your own words about anything you feel is not covered or adequately included in the survey questions. Please tell us as much or as little as you like.
- Some questions may not be relevant to your experience. The survey includes instructions to skip past questions if they are not relevant to you.
- If you experienced more than one second trimester miscarriage, stillbirth or early neonatal death between 1 January 2019 and 31 December 2021, and you wish to complete a questionnaire for each of these losses please contact us at **1800 314 093**.
- Please do not type your name or address anywhere on the questionnaire.
- The survey takes approximately 30 to 40 minutes to complete.

If you have any questions about the survey, please call our Freephone number on 1800 314 093 (Monday-Friday, 9am-5pm), visit www.yourexperience.ie or email us at info@yourexperience.ie.

Your answers will remain anonymous and confidential. Your feedback will not affect your future care in any way.

**Survey Code:** 

We're committed to excellence in healthcare







### 1. Opening questions

The following section asks about your background and overall details of your pregnancy loss. This will help us to describe the participants in the survey.

Q1.	What	t is your age?
	1	Under 25 years
	2	25 to 29 years
	3	30 to 34 years
	4	35 to 39 years
	5	40 years or over
Q2.	What	t is your ethnic group?
	<u>White</u>	<u>e:</u>
	1	Irish
	2	Irish Traveller
	3	Roma
	4	Any other white background
	Black	or Black Irish:
	5	African
	6	Any other black background
	<u>Asian</u>	or Asian Irish:
	7	Chinese
	8	Indian/Pakistani/Bangladeshi
	9	Another Asian background
		r, including mixed group/ ground:
	10	Arabian
	11	Mixed, please specify
	12	Other, please write your ethnic group here:

Q3.	What type of pregnancy loss did you experience?					
	1	Second trimester miscarriage (a miscarriage that happens when a baby has died between 14 - 24 weeks of pregnancy)				
	2	A stillbirth (baby born after 24 weeks of pregnancy or greater than or equal to 500g, showing no signs of life)				
	3	Early neonatal death (baby born alive but died within first seven days of life)				
	4	Other (please explain):				
Q4.	_	ou experience the loss of more one baby?				
		No, this was a pregnancy with one				
	1	baby				
	2					
	7	baby No, this was a twin pregnancy, but				
	2	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy,				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				
	3	No, this was a twin pregnancy, but one twin died  Yes, this was a twin pregnancy, both twins died  Yes, I had triplets or more, and				

Q5.		hat month and year was your baby  (please tick the month and write	Q6.	In w	hich hospital was your baby born?
		year)		1	University Hospital Galway
	1	January		2	Letterkenny University Hospital
	2	February		3	Mayo University Hospital
	3	March		4	Portiuncula University Hospital
	_			5	Sligo University Hospital
	5	April May		6	University Maternity Hospital Limerick
	6	June		7	National Maternity Hospital
	7	July		8	Midland Regional Hospital Mullingar
	8	August		9	St Lukes General Hospital
	9	September		10	Wexford General Hospital
	10	October		11	Coombe Women and Infants University Hospital
	12	November  December		12	Midland Regional Hospital Portlaoise
	(Dles	and write in		13	Rotunda Hospital
	(Plea	se write in)		14	Our Lady of Lourdes Hospital
	e.g.	2 0 2 0		15	Cavan General Hospital
				16	Cork University Maternity Hospita
				17	University Hospital Waterford
				18	South Tipperary General Hospital
				19	University Hospital Kerry
				20	None of the above

Q7.	When did you first find out that your baby had died?			2.		nmunication and
	1	During pregna	ncy, before labour			rmation at the time of gnosis
	2	My baby died	during labour		<b></b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	After delivery i period	in the neonatal		_	g section asks about your experience munication and information at the
	4	Don't know or	can't remember			baby's or babies' diagnosis.
Q8. Who's filling in this questionnaire? (This information will help us direct you to the correct section of the survey)  1 The baby's mother alone			<b>Diagnosis</b> includes a medical condition, which meant that your baby or babies could die before or after they were born or that your baby had no heartbeat.			
	2	•	ther and her partner	Q10.		ing your pregnancy, if you expressed cerns about your baby to healthcare
	3	Partner or support person alone	→ SKIP TO <b>Q91</b> , STAGE 13. PARTNER OR SUPPORT PERSON	7	-	ressionals, did you feel your cerns were taken seriously?  Yes, completely  Yes, to some extent
Q9.	info cond	lition, which me	ncy, were you baby had a medical eant that they could hey were born, or		4	Not applicable to my situation
	that	your baby had I	no heartbeat? TO <b>Q23,</b> STAGE 4.	Q11.	whe	re you in a suitable private place on you were first told of your baby's onosis?
	2	NO	OUR AND BIRTH		1	Yes
					2	No
					3	Don't know or can't remember

Q12.	If you wanted to, were you offered the opportunity to have someone with you other than hospital staff when you were told of your baby's diagnosis?	Q16. Were you given written information about your baby's diagnosis?
	₁□ Yes	₂□ No
	₂□ No	₃☐ Don't know or can't remember
	I did not want to have someone with me	Q17. Were you involved in the decisions made about the next steps in your care?
	I was not able to have someone with me due to COVID-19 restrictions	(For example your treatment options, admission plan, birth plan, pain relief, postnatal care, etc.)
	I was not able to have someone with me for other reasons	<sup>1</sup> Yes, definitely
	₀□ Don't know or can't remember	₂□ Yes, to some extent
		₃□ No
Q13.	Thinking about the way in which you were told of your baby's diagnosis, did you feel it was explained in a way that	It was not possible for me to be involved
	you could understand?	Q18. After receiving your baby's diagnosis,
	₁☐ Yes, completely	were you told who to contact if you had further questions or needed support?
	₂□ Yes, to some extent	ı□ Yes
	₃□ No	₂□ No
Q14.	Did you have an opportunity to ask questions about your baby's diagnosis?	₃□ Don't know or can't remember
		Q19. After you were told about your baby's
	<sup>2</sup> ☐ Yes, to some extent	diagnosis, did healthcare professionals help to prepare you for what to expect
	₃□ No	next with your care? (admission to hospital, labour, birth, postnatal care)
	₄☐ I did not have any questions	<sup>1</sup> □ Yes, definitely
		₂□ Yes, to some extent
Q15.	Thinking about the way in which you were told of your baby's diagnosis, did healthcare professionals communicate with kindness and sensitivity?	₃□ No
	¹□ Yes, definitely	
	<sup>2</sup> ☐ Yes, to some extent	
	₃□ No	

#### 3. Admission care

The following section asks about your experiences of care when you were admitted for induction of labour or delivery, after your baby was diagnosed with a medical condition, which meant that they could die before or after they were born, or that your baby had no heartbeat.

Q20.	Was your admission to hospital planned and managed in a sensitive way?					
	1	Yes, definitely				
	2	Yes, to some extent				
	3	No				
	4	My admission was not planned				
Q21.	On your admission to hospital, which of the following best describes your accommodation where you spent most of your time? (tick all that apply)					
	1	Single room (not shared)				
	2	Shared room				
	3	Labour ward				
	4	Antenatal ward				
	5	Postnatal ward				
	6	General ward				
	7	Emergency ward				
	8	I wasn't admitted → SKIP TO overnight Q23.				
	9	Other				
Q22.	feel	your admission to hospital, did you your accommodation was sensitive our needs?				
	1	Yes, definitely				
	2	Yes, to some extent				
	3	No				
	4	Not applicable to my situation				

#### 4. Labour and birth

The following section asks about the care you received during the labour and the birth of your baby.

Q23.	othe duri	e you accompanied by anyone or than healthcare professionals ong the labour and birth of your of tick all that apply)
	1	Yes, by my partner
	2	Yes, by a support person (such as a family member, friend or doula)
	3	No, I was alone
	4	I did not want to have someone with me
	5	I was not able to have someone with me due to COVID-19 restrictions
	6	I was not able to have someone with me for other reasons
Q24.		king about the care you received ng your labour and birth, did you
	feel	that you were involved in decisions ut your care?
	feel	that you were involved in decisions
	feel abou	that you were involved in decisions ut your care?
	feel abou	that you were involved in decisions ut your care? Yes, always
	feel abou 1	that you were involved in decisions at your care?  Yes, always  Yes, sometimes
	feel about 1 2 3	that you were involved in decisions at your care?  Yes, always  Yes, sometimes  No  It was not possible for me to be

Q25.	Did you have the opportunity to ask questions about your labour and birth?  1 Yes, definitely	The following questions ask about the care you received if your baby died during labour or at the time of delivery. If this does not apply to you, please skip to Q33.			
	_	piease skip to Q33.			
	,	Q29. Were you in a suitable private place			
	$_{3}\square$ No $\rightarrow$ SKIP TO <b>Q27</b> .	when you were first told that your baby			
	It was not possible for me to ask questions for medical reasons → SKIP TO Q27.	had died?  ₁□ Yes			
	I did not have any questions $\rightarrow$ SKIP TO Q27.	<sup>2</sup> □ No  3□ Don't know or can't remember			
Q26.	Thinking about the care you received during your labour and birth, were your	Not applicable to my situation → SKIP TO Q33.			
	questions answered in a way that you could understand?	Q30. If you wanted to, were you offered the			
		opportunity to have someone with you other than hospital staff when you were			
	ı□ Yes, always	told that your baby had died?			
	<sup>2</sup> ☐ Yes, sometimes	ı□ Yes			
	₃ No	₂□ No			
	□ Don't know or can't remember	I did not want to have someone with me			
Q27.	Do you think your healthcare professionals did everything they could	I was not able to have someone with me due to COVID-19 restrictions			
	to help manage your pain during labour and birth?	□ I was not able to have someone with me for other reasons			
		□ Don't know or can't remember			
	<sup>2</sup> □ Yes, to some extent	Q31. Thinking about the way in which you			
	₃ No	were told that your baby had died, did			
	₄□ I did not need any help	you feel it was explained in a way that you could understand?			
		¹□ Yes, completely			
	□ Don't know or can't remember	²□ Yes, to some extent			
Q28.	Thinking about the care you received	₃□ No			
QZO.	during your labour and birth, did you				
	feel that you were treated with respect and dignity?	Q32. Did healthcare professionals communicate with kindness and sensitivity when you were told your			
	¹□ Yes, always	baby had died?			
	<sup>2</sup> □ Yes, sometimes	<sup>1</sup> □ Yes, definitely			
	₃□ No	<sup>2</sup> □ Yes, to some extent			
	□ Don't know or can't remember	₃□ No			

## 5. Care after birth and meeting your baby

The following section asks about when you met your baby for the first time after they were born.

Q33.		healthcare professionals to see and meet your ba	• •
	1	Yes, definitely	
	2	Yes, to some extent	
	3	No	
	4	I chose not to see my baby	→ SKIP TO Q37.
	5	It was not possible for medical reasons to see my baby	→ SKIP TO Q37.
Q34.		your baby presented to ectful and sensitive man	•
	1	Yes, definitely	
	2	Yes, to some extent	
	3	No	
Q35.		e you given enough priva met your baby?	acy when
Q35.			acy when
Q35.	you	met your baby?	acy when
Q35.	you 1	met your baby? Yes, definitely	acy when
Q35. Q36.	you  1  2  3  Did	met your baby? Yes, definitely Yes, to some extent No you feel that you could some as you wanted wi	pend as
	you  1  2  3  Did v	met your baby? Yes, definitely Yes, to some extent No you feel that you could some as you wanted wi	pend as
	you  1  2  3  Did v muc baby	met your baby? Yes, definitely Yes, to some extent No  you feel that you could so the time as you wanted with y?	pend as
	you  1  2  3  Did y muc baby	met your baby? Yes, definitely Yes, to some extent No  you feel that you could so time as you wanted with y?  Yes, definitely	pend as

#### 6. Neonatal care

After birth, some babies need specialist care and are admitted or transferred to a neonatal unit (NNU). When referring to neonatal care the terms neonatal intensive care unit (NICU), or special care baby unit (SCBU) may also be used. The following section asks about your experience of care while your baby was in the NNU, NICU or SCBU.

Q37.	Was your baby or one of your babies admitted to a neonatal unit? (NNU, NICU or SCBU)
Q38.	Was your baby transferred from one hospital to another for specialised care in a neonatal unit? (NNU, NICU or SCBU)
Q39.	Following your baby's transfer, were you admitted to the same hospital as your baby?  1 Yes 2 No, I was discharged home No, I was not transferred for other reasons
Q40.	While your baby was in the neonatal unit (NNU, NICU or SCBU), were you given the opportunity to ask questions about your baby's care?  1 Yes, definitely 2 Yes, to some extent 3 No 4 I did not have any questions

Q41.	Q41. While your baby was in the neonatal unit (NNU, NICU or SCBU), were you involved in decisions about your baby's		post		ter your baby was born, was your ostnatal accommodation sensitive to our needs?	
		and treatment?		youi		
	1	Yes, definitely		1	Yes, definitely	
	2	Yes, to some extent		2	Yes, to some extent	
	3	No		3	No	
	<b>-</b>					
Q42.	unit, mucl	e your baby was in the neonatal were you able to visit your baby as as you wanted to?	Q45.	give you	le you were in hospital, were you n enough care and support with r physical recovery after the birth of r baby?	
	1	Yes, always		ı	Yes, definitely	
	2	Yes, sometimes		2	Yes, to some extent	
	3	No		3	No	
	4	No, I was not physically well				
		enough	Q46.	Whi	le you were in hospital, were you	
7.	Post	natal care		_	n information and support with ast care and lactation?	
				1	Yes, definitely	
The foll	lowing	section asks about your postnatal		2	Yes, to some extent	
	•	spital or unit stay and care following our baby.		3	No, but I would have liked this information	
Q43.		your baby was born, which of the wing best describes your postnatal		4	No, but I did not need this information	
		mmodation? (tick all that apply)		5	Not applicable to my situation	
	ı	Single room (not shared)				
	2	Bereavement room (a specific family room designed to facilitate bereaved families)	Q47.	afte wer	king about the care you received r the birth of your baby while you e in hospital, did you feel you were ted with respect and dignity?	
	3	Shared room				
	4	Labour ward		1	Yes, always	
	5	Antenatal ward		2	Yes, sometimes	
	6	Postnatal ward		3	No	
	7	General ward		4	Don't know or can't remember	
	8	Emergency ward				
	9	I wasn't admitted overnight				
	10	Other				

Q48.	Thinking about the care you received after the birth of your baby while you were in hospital, did you feel you were treated with kindness and sensitivity?	If your baby was born alive and subsequent in the postnatal period, the following quest may be relevant to you.  If not, please skip to Q54 (Stage 8. Bereaver				
	¹□ Yes, always	care	•	e skip to Q54 (Stage	8. Bereavement	
	<sup>2</sup> □ Yes, sometimes	-				
	₃□ No	Q52	-	our baby was born		
	□ Don't know or can't remember			osequently died in the riod, did your baby (	•	
Q49.	Thinking about the care you received		1	At home		
	after the birth of your baby while you were in hospital, did you feel that your questions were answered in a way that		2	In the Labour ward	→ SKIP TO <b>Q54.</b>	
	you could understand?  ¹□ Yes, always		3	In the Postnatal Ward	$\rightarrow$ SKIP TO <b>Q54.</b>	
	²□ Yes, sometimes		4	In the Neonatal	→ SKIP TO <b>Q54.</b>	
	₃□ No			Unit		
	□ I did not have any questions		5	Other (please explain):	$\rightarrow$ SKIP TO <b>Q54.</b>	
	□ Don't know or can't remember					
Q50.	Thinking about the care you received after the birth of your baby while you were in hospital, did you feel that you were involved in decisions about your care?		6	Don't know or can't remember	→ SKIP TO <b>Q54.</b>	
	¹□ Yes, always	Q53		l you feel supported	-	
	<sup>2</sup> □ Yes, sometimes		professionals to take your babefore they died?		our baby nome	
	₃☐ No		1	Yes, completely		
	□ Don't know or can't remember		2	Yes, to some exte	ent	
			3	No		
Q51.	If you needed assistance while you were in hospital after the birth of your baby, were you able to get healthcare professionals to assist you when you					
	needed it?					
	needed it?  1□ Yes, always					
	¹□ Yes, always					
	¹□ Yes, always ²□ Yes, sometimes					

#### Q57. Were your family or friends offered the 8. Bereavement care opportunity to meet your baby? <sub>1</sub> Yes The following section asks about your experience 2 No, but I would have liked them to of maternity unit or hospital bereavement care and your time in hospital. 3 No, I did not want them to Family and friends were not able to Were you offered the opportunity to... Q54. 4 visit due to COVID-19 restrictions (tick all that apply) Family and friends were not able to 1 Name your baby 5 visit for other reasons 2 Spend time with your baby 3 Hold your baby Q58. Did hospital staff explain the procedures and options in relation to a 4 Dress your baby funeral, cremation or other services to 5 Bath your baby you? 6 Take a lock of your baby's hair 1 Yes, definitely 7 Have photos with your baby 2 Yes, to some extent Have a copy of your baby's hand 8 3 No print or foot print I did not want or need → SKIP TO Have a naming or blessing ritual or 4 9 this information Q61. ceremony 10 Create a memory box Q59. Were you given enough information 11 Use a Bereavement alert symbol and support for arranging a funeral (or other service or ceremony) for your → SKIP TO I was not offered 12 baby? any of these Q57. → SKIP TO I did not want any of Yes, completely 1 these Q57. 2 Yes, to some extent Q55. Were the keepsakes and activities of 3 No making mementoes helpful in creating I did not want or need this 4 positive memories of your baby? information 1 Yes, definitely 2 Yes, to some extent Q60. If you wanted to, were you facilitated or supported to take your baby home prior 3 No to a funeral or cremation service? Q56. If you gave your baby a name, did 1 Yes, completely hospital staff refer to them by name? 2 Yes, to some extent Yes, always

11

2

з 🗌

4

No

Yes, sometimes

I did not give my baby a name

3

4

No

home

I did not wish to take my baby

# 9. Post-mortem examination and investigations

The following section asks about your experience of care if your baby had a post-mortem examination.

examination.								
Q61.	Did your baby have a post-mortem examination?							
	1	Yes, a consented post-r	nortem					
	2	Yes, a coroners post-mo	ortem					
	3	No, I declined a post- mortem examination	$\rightarrow$ SKIP TO <b>Q67.</b>					
	4	No, I was not offered a post-mortem examination	→ SKIP TO Q67.					
Q62.	proce	e the post-mortem exan ess and the timelines for ly explained to you?						
	1	Yes, completely						
	2	Yes, to some extent						
	3	No						
	4	Don't know or can't rer	nember					
Q63.	and h	e you given the opportunold your baby after the em examination?	-					
	1	Yes						
	2	No $\rightarrow$ S	KIP TO <b>Q65.</b>					
	3	I didn't wish to see and hold my baby	$\rightarrow$ SKIP TO <b>Q65.</b>					
	4	It wasn't possible to see and hold my baby	→ SKIP TO <b>Q65.</b>					
Q64.	you t	ealthcare professionals to see and hold your balt mortem examination?						
	1	Yes, definitely						
	2	Yes, to some extent						

3 No

Q65.	How soon after the post-mortem examination did you have a follow-up appointment with a consultant or team in the hospital to receive the results and findings?							
•	1	I haven't received the results	$\rightarrow$ SKIP TO Q67.					
	2	1 to 3 months						
	3	4 to 6 months						
	4	7 to 11 months						
	5	12 to 18 months						
	6	Longer than 18 mon	ths					
Q66.	post	e the results and find -mortem examination r, sensitive and respec	n given in a					
	1	Yes, definitely						
	2	Yes, to some extent						
	3	No						
10.	Disc	harge care						
of care home f	aroun	s section asks about youd your preparation for maternity hospital or pregnancy loss.	r discharge					
Q67.	hosp info serv	re you were dischargoital, were you given or rmation for hospital sices, counselling, or si nisations outside of t	contact upport upport					
	1	Yes						
	2	No						
	3	Don't know or can't	remember					

Q68.	Q68. Before you were discharged from hospital, were you given information about your physical care and recovery?		Before you were discharged from hospital, were you given information and support about the steps involved in				
	¹□ Yes, definitely		registering your baby with the civil registration office?				
	<sup>2</sup> ☐ Yes, to some extent		ı□ Yes				
	₃□ No		₂□ No				
	I did not want or need this information		This was not relevant as I experienced a second trimester				
	□ Don't know or can't remember		miscarriage and could not legally register my baby				
Q69.	Before you were discharged from hospital, were you given information about what you might experience when		□ Don't know or can't remember				
	grieving?	Q73.	Before you were discharged from				
	¹□ Yes, definitely		hospital, were you given enough information about follow-up care plans				
	<sup>2</sup> ☐ Yes, to some extent		and appointments?				
	₃□ No		¹□ Yes, definitely				
	I did not want or need this information		<sup>2</sup> □ Yes, to some extent <sup>3</sup> □ No				
	□ Don't know or can't remember		Don't know or can't remember				
Q70.	Before you were discharged from hospital, were you given information about any changes you might experience with your mental health?	Q74.	Was your discharge from hospital planned and managed in a sensitive way?				
	¹□ Yes, definitely		<sup>1</sup> □ Yes, definitely				
	<sup>2</sup> ☐ Yes, to some extent		<sup>2</sup> □ Yes, to some extent				
	₃□ No		₃□ No				
	I did not want or need this information						
	□ Don't know or can't remember						
Q71.	Before you were discharged from hospital, were you told who to contact if you had any concerns or worries about your physical or mental health?						
	ı□ Yes						
	<sup>2</sup> No						
	₃☐ Don't know or can't remember						

Q75.		ere anything else you would like to tel ission through to your discharge home		the ca	re you received in hospit	al from youi
11.	Follo	ow-up care	Q77.	you	r your discharge from ho contacted a healthcare p e you given the help you	rofessional
	_	section asks about your experience		1	Yes, always	
		ne after your discharge from wing the loss of your baby and about		2	Yes, sometimes	
		p care with your healthcare provider nity hospital or unit.		3	No	
Q76.		r your discharge from hospital, who		4	I was unable to reach the healthcare professional	e
	-	you see as part of your follow-up? (tick all that apply)		5	I didn't contact any hea professionals	lthcare
	1	Family doctor (GP)				
	2	Public Health Nurse (PHN)	Q78.		r your discharge from ho	=
	3	Bereavement midwife or nurse specialist in the hospital		-	saw your GP or family do aware that your baby ha	-
	4	Mental health services		1	Yes	
	5	Obstetrician or gynaecologist after discharge		2	No	
	6	Consultant paediatrician or neonatologist		3	I did not need or want to see a GP	→ SKIP TO <b>Q80.</b>
	7	Other			I did not see a GP but I	→ SKIP TO
	8	I had to attend the hospital emergency department because of		4	would have like to	Q80.
	_	complications		5	Don't know or can't ren	nember
	9	I had a follow-up appointment at the hospital but I declined to attend				
	10	I haven't had any follow-up care since my discharge from Q83.				

Q73.	hom hosp	e after your discharge from ital, did your GP or family doctor you enough care and support?	Qoz	۷.	wha (tick	t support did you access?  all that apply)
	1	Yes, definitely			1	Partner
	2	Yes, to some extent			2	Family
	з 🗌	No			3	Friends
	4	I did not need any care and support			4	Bereavement support organisations/advocacy groups
	5	Don't know or can't remember			5	Hospital support services
					6	Professional counselling
Q80.		your discharge from hospital, if			7	Other
	•	saw your Public Health Nurse, were aware that your baby had died?			8	I did not access any supports
	1	Yes	12		Ove	rall care
	2	No	14	•	OVC	run care
	3	I did not need or want to see a Public Health Nurse	ехр	erie	nce o	g section asks about your overall f care and if there is anything else te to tell us about your care since
	4	I did not see a Public Health Nurse but I would have liked to  → SKIP TO  Q82.			by die urvey	ed or that we have not asked about
	5	Don't know or can't remember	Q83	3.		rall, did you have confidence and tin the staff caring for you?
Q81.		king about the care you received at eafter your discharge from			1	Yes, always
	_	ital, did your Public Health Nurse			2	Yes, sometimes
	give	you enough care and support?			3	No
	1	Yes, definitely				
	2	Yes, to some extent	Q84	4.		rall, did you feel that you were ted with respect and dignity?
	3	No			ı	Yes, always
	4	I did not need or want to see a Public Health Nurse			2	Yes, sometimes
	5	Don't know or can't remember			3	No

Q85.	Were your cultural, spiritual and religious needs respected and facilitated by healthcare professionals?		Q87	•	that	you	rece		(0 to	u rat 10)?		e cai	re	
	1	Yes, definitely		I had								I had		
	2	Yes, to some extent	<b>very</b> care	-	or							exce	<b>ellent</b> care	
	3	No												
	4	I did not have any specific cultural, spiritual or religious needs	0	1	2	3	4	5	6	7	8	9	10	
Q86.	hosp	e you offered any of the following bital support services? all that apply)												
	1	Chaplaincy or pastoral care												
	2	Social Work												
	3	Bereavement midwife or nurse specialist												
	4	Perinatal (pregnancy-related) Mental health service												
	5	Perinatal (pregnancy-related) Palliative Care team												
	6	Paediatrician/Neonatologist												
	7	Other												
	8	I wasn't offered any hospital support services												
	9	No hospital support services were available												
	10	Don't know or can't remember												
Q88.	Refle	ecting back on your experience, what w	vas goo	d ab	out	your	care	?						

Q89.	Reflecting back on your experience, was there anything that could be improved about your care?
Q90.	Do you have anything else you wish to tell us about your experience of care that is not covered in the survey?

We appreciate and value the time you have taken to share your thoughts and experiences with us.

If you had a partner or support person with you, the next section will ask them to recall their experience.

Thank you

### 13. Partner or support person

The following section is to be completed by the partner or support person present with the mother during her experience of pregnancy loss, and asks them to reflect and recall their experience.

The term partner or support person includes the main person that was with the mother and provided support to her during her hospital experience of pregnancy loss. This could be a husband, partner, birth partner, family member or a friend.

Q91.	Did you feel that you were able to be with the person you were supporting as often as you wanted to be while they were being cared for in hospital?						
	1	Yes, always					
	2	Yes, sometimes					
	3	No					
	4	I was not able to be with the person I was supporting due to COVID-19 restrictions					
	5	I was not able to be with the person I was supporting for other reasons					
	6	The person I was supporting did not want me to be there					
Q92.	what	ealthcare professionals explain was happening in a way that you understand?					
	1	Yes, completely					
	2	Yes, to some extent					
	3	No					
	4	Don't know or can't remember					

Q93.	Did you feel that you were involved in decisions about your baby's care?						
	1	Yes, definitely					
	2	Yes, to some extent					
	3	No					
	4	Don't know or can't remember					
Q94.	-	ou feel that you were given the rtunity to ask questions?					
	1	Yes, definitely					
	2	Yes, to some extent					
	3	No					
	4	I did not have any questions					
	5	Don't know or can't remember					
Q95.	_	ou feel that healthcare essionals acknowledged your					
	need						
	-						
	need	s?					
	need	Yes, definitely					
	need	Yes, definitely Yes, to some extent					
Q96.	need  1	Yes, definitely Yes, to some extent No					
Q96.	need  1	Yes, definitely Yes, to some extent No Don't know or can't remember  wanted to meet your baby, did chcare professionals do enough to					
Q96.	need  1	Yes, definitely Yes, to some extent No Don't know or can't remember  wanted to meet your baby, did chcare professionals do enough to ort you to do so?					
Q96.	need  1	Yes, definitely Yes, to some extent No Don't know or can't remember  wanted to meet your baby, did chcare professionals do enough to ort you to do so?  Yes, definitely					
Q96.	need  1	Yes, definitely Yes, to some extent No Don't know or can't remember  wanted to meet your baby, did hcare professionals do enough to ort you to do so?  Yes, definitely Yes, to some extent					

Q97.	Did you feel that you could spend as much time as you wanted with your baby?  1 Yes, definitely	Q98.	If you sought support after the loss of your baby, what support did you access? (Tick all that apply)					
	²□ Yes, to some extent		ı□ Partner					
	₃☐ No		₂☐ Family					
	3 INO		₃ Friends					
			₄□ Family doctor or GP					
			Bereavement support organisations/advocacy groups					
			← Hospital support services					
			¬□ Professional counselling					
			8□ Other					
			□ I did not access any supports					
Q99.	Is there anything else that you would like to	o tell us ab	out your experience?					

We appreciate and value the time you have taken to share your thoughts and experiences with us.

Thank you.

Once you submit your survey answers, we will not be able to identify or change any of the information you have provided.

For this reason, please ensure that you are satisfied with all of the details you have provided in your answers to the questions asked before returning the survey questionnaire in the free post envelope provided.

