APPENDIX A
PRENATAL EDUCATION CLASSES TELEPHONE SURVEY
REGION OF PEEL

I1. Hello, may I please speak with _____?

   IF YES, GO TO Question I2
   IF NO, GO TO Question I1a

I2. Hello, my name is ____ and I'm calling on behalf of the Peel Health Department. We are conducting a survey about prenatal class attendance. Soon after the birth of your baby, a Public Health Nurse from the Healthy Babies/Healthy Children Program contacted you and asked for your consent to participate in the survey. Do you remember agreeing to participate?

   IF YES, GO TO Question I3
   IF NO, GO TO Question I1b

I1a. Can you tell me when would be a better time to call back?

   Yes, record callback information.

I1b. Is it all right if I give you the information about the survey now to see if you would like to participate?

   IF YES, READ “SCRIPT FOR LETTER” BELOW
   IF NO, GO TO QUESTION 1c

I1c. Is there a better time to call you back?

   IF YES, RECORD CALL BACK INFORMATION
   IF NO, STOP ⇒ THANK YOU VERY MUCH FOR YOUR TIME

SCRIPT FOR LETTER

It is important for the Peel Health Department to learn more about how you obtained prenatal information during your last pregnancy. Peel Health is asking a sample of new mothers to help us by answering a 15-minute telephone interview, which is being conducted over the next few months.
Participation in this survey is voluntary and you are free not to answer any question.

If you have any concerns about the survey or wish to find out about the results, please contact Andrea Smith at the Peel Health Department at 905-791-7800 ext 2857. We value your knowledge and ideas and feel that your answers will help us provide more effective services to families living in the Region of Peel.

I3. Are you willing to participate in this survey now? It will take about 15 minutes of your time.

I4.  
   IF YES,  
   Please remember that you can refuse to answer any questions or stop the interview at any time if you wish. Your answers to the questions will be completely confidential and no one will be able to link your name to the answers you give.  
   CONTINUE TO SURVEY.  

   IF NO,  
   When would be a better time to call you back?  
   RECORD CALL BACK INFORMATION  
   IF NO, not interested, STOP ⇒ THANK YOU VERY MUCH FOR YOUR TIME
PRENATAL SURVEY

GENERAL INFORMATION

1. First of all, can you tell me what municipality you live in?
   Mississauga
   Brampton
   Caledon
   Moved out of survey area (please specify) (go to q2)
   Don’t know
   Refused

2. At what week or month of pregnancy did you go for your first prenatal visit? (to the doctor or mid-wife, whichever was first)
   ___ weeks
   ___ months
   88 Don’t know
   99 Refused

3. Was this your first pregnancy?
   1 Yes
   2 No
   88 Don’t know
   99 Refused

4. What information would you have liked to receive during the first trimester of this pregnancy? [DO NOT READ] (select all that apply) (if respondent needs clarification, say: What subjects about pregnancy would you have liked to know about during the first three months of this pregnancy?)
   O Information about physical changes during pregnancy
   O Information about emotional changes during pregnancy
   O Information about social changes during pregnancy
   O Information about nutrition
   O Information about physical activity
   O Information about things to avoid (e.g. alcohol, caffeine, medications)
   O Information about smoking/second hand smoke
   O Preterm labour
   O Labour & Delivery
   O Breastfeeding
   O Information about the growth and development of the baby/fetus
O Information on testing/screening
O Information about birth defects
O Other, please specify_______________
O None of the above
O Don’t know
O Refused

5. Did you attend prenatal classes during this pregnancy?
   1 Yes – go to Q6
   2 No – go to Q19
   88 Don’t know
   99 Refused

MOTHER ATTENDED PRENATAL CLASSES

6. What type of class(es) did you attend? Were they...
   1 A full day class
   2 Several classes offered over a series of weeks
   3 Weekend classes
   88 Don’t know
   99 Refused

7. How many months pregnant were you when you started to take classes? [Do not read]
   1 0-3 months
   2 4-6 months
   3 7-9 months
   88 Don’t know
   99 Refused

8. Did someone attend the class(es) with you?
   1 Yes _ go to Q9
   2 No _ go to Q10
   99 Refused_ go to Q10

9. Who attended the class(es) with you? [Do not read.]
   1 Partner
   2 Spouse
   3 Father of the baby
   4 A Parent of the mother
   5 A friend
   6 Other
   99 Refused
10. What organization offered the prenatal class(es) that you attended?
   1. Best for Baby
   2. Birth Experience
   3. Birth Partners
   4. Choices Childbirth Education and Doula Services
   5. The Credit Valley Hospital
   6. Doula Care
   7. Friendly Beginnings
   8. Halton Health
   9. Teen Supper Club
   10. Healthy Start Program
   11. Peel Health (Department) _ go to Q12
   12. Sheridan College
   13. Trillium Health Centre – Mississauga or Queensway Site
   14. Other hospital
   15. Other health department
   16. Other agency (please specify) ___________________
   88. Don’t know
   99. Refused

11. At the time you were choosing a prenatal class, did you know that the Peel Health Department offered classes?
   1. Yes
   2. No
   88. Don’t know
   99. Refused (go to q13)

12. Which of the Peel Health prenatal classes did you attend? Was it...
   1. Early Beginnings – A prenatal series beginning in the 1st trimester
      [Interviewer prompt – this course consisted of 9 classes]
   2. Pregnancy to parenting education series – Beginning in the 2nd and 3rd trimesters
      [Interviewer prompt – this course consisted of 6 classes]
   3. Pregnancy-to-Parenting with fathering component
      [Interviewer prompt – this course consisted of 8 classes]
   4. Teen prenatal classes
   88. Don’t know
   99. Refused

13. How did you find out about the prenatal class(es) that you attended?
    [Do not read] [Check all that apply]
    O Doctor
    O Midwife
    O Nurse practitioner
O  Nurse
O  Health care provider’s receptionist
O  Spouse/partner
O  Family member/friend
O  Physician’s nurse
O  Public Health Nurse
O  Hospital Prenatal Services
O  Media/Pamphlets/Flyers
O  Other (please specify) ______________________________
O  Don’t know
O  Refused

14. What barriers or difficulties did you experience in attending prenatal classes? [DO NOT READ LIST]

Prompt: Any others?

O  It was difficult to find out about the classes in general
O  I didn’t think I needed class(es)
O  My support person wasn’t interested
O  I had no one to go with
O  Class locations were not convenient
O  Arranging transportation was difficult
O  Class times were not convenient
O  I didn’t have much time for the class(es)
O  The class was later in my pregnancy than I would have liked
O  It was difficult to get child care
O  I am not very comfortable in groups
O  I am not comfortable learning in English
O  The parking fee was too expensive
O  The cost of the class(es) was too expensive
O  It was difficult to register for prenatal classes
O  Language barrier
O  Cultural barrier
O  One or more classes was cancelled because of the outbreak of
  Severe Acute Respiratory Syndrome (SARS)
O  It was difficult to attend prenatal classes for other reasons related to
  SARS
O  Other ________________________________
O  None of the Above
O  Don’t know
O  Refused
15. What made you decide to attend prenatal classes? [DO NOT READ LIST]
Prompt: Any others?

- To meet other pregnant women
- To learn how to breastfeed
- To learn about having a healthy pregnancy
- To learn about questions to ask my doctor or midwife
- To learn about preparing for labour, birth and after the baby is born
- To learn about ways my support person can help
- To learn about medical procedures
- To learn about communication and family relationships
- To learn about services available in my community
- Wanted to learn everything/as much as possible
- First baby
- Recommended by family/friends/doctor
- Other ___________________________________
- Don’t know
- Refused

16. How satisfied were you with the class(es) you attended? Would you say you were...

1  Very satisfied
2  Mostly satisfied
3  Indifferent or mildly dissatisfied
4  Quite dissatisfied _go to Q17
88  Don’t know
99  Refused

17. Were you dissatisfied because of… [READ LIST] (select all that apply)

- The structure of the class(es)
- The time(s) at which the class(es) were held
- The length of the classes
- The number of classes
- The cost of the classes
- The quality of the materials or resources used
- The facility where the classes were held (e.g. temperature of the room or comfort)
- The instructor
- The classes did not suit my support person’s needs???
- Other (please specify) _______________________________
- Don’t know
- Refused
18. If you had it to do over again, how would you like to receive prenatal education? Please reply “yes” or “no” to each. (READ LIST)
   O Prenatal classes
   O Cable TV
   O Video
   O Books to read
   O Internet
   O Any other way not mentioned (Please specify)
   O Don’t know
   O Refused

   _go to Q27

FOR MOTHERS WHO DID NOT ATTEND PRENATAL CLASSES

19. Were you aware of any prenatal classes that you could attend?
   1 Yes
   2 No
   88 Don’t know
   99 Refused

20. Did your doctor or midwife recommend you attend prenatal classes?
   1 Yes
   2 No
   88 Don’t know/don’t remember
   99 Refused

**[Skip Q21 (the following question) if Q19=’No’]**

21. Why did you decide not to attend prenatal classes? [DO NOT READ LIST]
    Prompt: Any other reasons?
    O This was not my first pregnancy
    O Too many classes, too much time
    O Inconvenient
    O Scheduling conflict
    O For mother
    O For father/partner
    O For both parents
    O For support person
    O Don’t like groups
    O No new information offered / don’t think it is worthwhile
**[Skip Q22 (the following question) if Q19=‘Yes’]**

22. **If you had been aware of any prenatal classes that you could attend, would you have considered attending?**

   1. Yes
   2. No
   88. Don’t know
   99. Refused

23. **Where did you obtain pregnancy information during this most recent pregnancy? [DO NOT READ LIST]**

   Prompt: Any others?

   O Books or magazines
   O Television
   O Newspaper
   O Internet
   O Family
   O Doctor
   O Public health nurse
   O Pharmacist
   O Nutritionist/dietician
   O Another health info line
   O Prenatal clinic
   O Place of worship
   O Other ________________________________

   O Videos
   O Radio
   O Pamphlets
   O My partner
   O Friends or coworkers
   O Nurse in Dr office
   O Midwife
   O Lactation consultant
   O Health line Peel
   O Prenatal clinic
   O School
24. **How important do you think it is to take prenatal classes during pregnancy? Would you say...**

1. Very important
2. Somewhat important
3. Not at all important
88. Don’t know
99. Refused

25. **Overall, how satisfied were you with the prenatal information you got? Would you say you were...**

1. Very satisfied
2. Mostly satisfied
3. Indifferent or mildly dissatisfied
4. Quite dissatisfied
88. Don’t know
99. Refused

26. **If you had it to do over again, how would you like to receive prenatal education? Please reply “yes” or “no” to each. (READ LIST)**

- Prenatal classes
- Cable TV
- Video
- Books to read
- Internet
- Any other way not mentioned (please specify)
88. Don’t know
99. Refused

27. **What is your date of birth?**

Date of birth (yyyy/mm/dd) (___/___/___)
28. **What is your current marital status?**
   - Married \(\rightarrow\) go to Question 30
   - Living common law \(\rightarrow\) go to Question 30
   - Widowed
   - Separated
   - Divorced
   - Single, never married
   - Refused

29. **Do you currently have a partner?**
   - Yes
   - No
   - Refused

30. **What language do you speak most often at home?**
   - 1 English
   - 2 French
   - 88 Other (please specify) ______________________
   - 99 Refused

31. **Were you born in Canada?**
   - 1 Yes \(\rightarrow\) go to Question 33
   - 2 No \(\rightarrow\) go to Question 32
   - 88 Don’t know \(\rightarrow\) go to Question 33
   - 99 Refused \(\rightarrow\) go to Question 33

32. **How many years have you lived in Canada _____ years.**

33. **To which ethnic or cultural groups did your ancestors belong? (For example: French, Scottish, Chinese). [Do not read list] [Check all that apply]**
   - O Canadian
   - O Black
   - O Chinese
   - O Dutch (Netherlands)
   - O East Indian
   - O English
   - O French
   - O German
   - O Inuit/Eskimo
   - O Irish
   - O Italian
   - O Jewish
   - O Metis
O North American Indian
O Pakistani
O Polish
O Portuguese
O Punjabi
O Scottish
O South Asian
O Sri Lankan
O Ukrainian
O Other (please specify) _______________________________
O Don’t know
O Refused

34. What is the highest grade or level of education that you completed?
   [Do not read list]
   1 no formal schooling
   2 public school - grade _____
   3 high school – grade _____
   4 some technical or trade school
   5 some college
   6 some university
   7 completed technical or trade school
   8 completed college
   9 completed university (one degree)
   10 postgraduate degree
   11 Other (please specify)
   88 Don’t know
   99 Refused

If have partner or spouse:

35. What is the highest level of education that your partner or spouse completed? [Do not read list]
   1 no formal schooling
   2 public school - grade _____
   3 high school – grade _____
   4 some technical or trade school
   5 some college
   6 some university
   7 completed technical or trade school
   8 completed college
   9 completed university (one degree)
   10 postgraduate degree
36. I will now read you a list. Can you estimate in which of the following groups your household income falls? Is it... [Read list. Start at 1 and read until respondent answers]

1  <10,000
2  10,000-19,999
3  20,000-29,999
4  30,000-39,999
5  40,000-49,999
6  50,000-59,999
7  60,000-69,999
8  70,000-79,999
9  80,000+
88  Don’t know
99  Refused

37. Including yourself, how many people in total (both children and adults) are supported by your family’s income? ________ people

38. What are the first three digits of your postal code? ____

CONSENT TO RECEIVE CONTACT INFORMATION FOR POSSIBLE INVITATION TO PARTICIPATE IN FOCUS GROUPS

39. The Peel Health Department would like to contact some new mothers again and invite them to participate in focus group discussions. Would you be willing to be contacted again in the fall?

1  Yes _ go to Q41
2  No _ go to end
88  Don’t know _ go to end
99  Refused – go to end

If asked for timelines: you would be contacted in September or October at which point you would be invited to participate in focus groups soon after.

If asked what is it (focus group(s)) about: To get as much information as possible to help improve prenatal services.
40. Peel Health will need to keep your phone number, to arrange to send you an invitation in the fall. Are you willing to have Peel Health keep your telephone number and contact you for this purpose?
   1 yes, gives consent
   2 no, refuses (go to close)

If you are selected for the focus group study you can expect to receive a telephone call from Peel Health Unit in the early fall.
   Interviewer: If R wants more information:

<end> Those are all the questions I have, I would like to thank you very much for your time.

If ‘No’ in I2 Goodbye

Otherwise

If you have any concerns about the survey or wish to find out about the results, please contact Andrea Smith at the Peel Health Department at 905-791-7800 ext 2857. Goodbye.

Instructions for Interviewer
If yes, sign your name and date in the space below to signify that the above was read and the person agrees.

_________________________________ __________________________

If the client agrees, enter their name, telephone number, address and municipality below:

Last name: ________________________ First name: ______________

Phone number: ( ) -

Municipality of residence:  
O Mississauga  
O Brampton  
O Caledon