

These last questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.

CV1. During the COVID-19 pandemic, which types of prenatal care appointments did you attend?
Check ONE answer

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have prenatal care

Go to Question CV3

Go to Question CV4

Go to Question CV2

CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check **No** if it was not a reason or **Yes** if it was.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Lack of availability of virtual appointments from my provider | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Lack of an available telephone to use for appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lack of enough cellular data or cellular minutes | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lack of a computer or device | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Lack of internet service or had unreliable internet..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lack of a private or confidential space to use | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I preferred seeing my health care provider in person | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other reason..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My appointments were canceled or delayed because my provider's office was closed or had reduced hours..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I canceled or delayed because I had problems finding care for my children or other family members | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I canceled or delayed because I worried about taking public transportation and had no other way to get there | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection | <input type="checkbox"/> | <input type="checkbox"/> |

CV4. While you were *pregnant*, how often did you do the following things to avoid getting COVID-19?

For each one, check:
A if you *always* did it,
S if you *sometimes* did it, or
N if you *never* did it.

- | | A | S | N |
|--|--------------------------|--------------------------|--------------------------|
| a. Avoided gatherings of more than 10 people..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stayed at least 6 feet (2 meters) away from others when I left my home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Only left my home for essential reasons..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made trips as short as possible when I left my home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Avoided having visitors inside my home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wore a mask or a cloth face covering when out in public..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Washed hands for 20 seconds with soap and water..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Used alcohol-based hand sanitizer.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Covered coughs and sneezes with a tissue or my elbow..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CV5. While you were *pregnant* during the COVID-19 pandemic, did you have any of the following experiences? For each one, check **No if you did not or **Yes** if you did.**

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I had responsibilities or a job that prevented me from staying home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone in my household had a job that required close contact with other people..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. When I went out, I found that other people around me did not practice social distancing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had trouble getting disinfectant to clean my home..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had trouble getting hand sanitizer or hand soap for my household..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had trouble getting or making masks or cloth face coverings..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was told by a health care provider that I had COVID-19..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Someone in my household was told by a health care provider that they had COVID-19..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby was not born in the hospital, go to Question CV9.

CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?

Check ALL that apply

- My husband or partner
 - Another family member or friend
 - A doula
 - Some other support person (not including hospital staff)
- Please tell us:

- The hospital did not allow me to have any support people

If your baby is not alive, go to Question CV10.

CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check **No if it did not happen or **Yes** if it did.**

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My baby was tested for COVID-19 in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was separated from my baby in the hospital after delivery <i>to protect my baby from COVID-19</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I wore a mask when other people came into my hospital room..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I wore a mask while I was alone caring for my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I was given information about how to protect my baby from COVID-19 when I went home..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not breastfeed your new baby, go to Question CV9.

CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check **No if it did not apply to you or **Yes** if it did.**

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I was given information in the hospital about how to protect my baby from infection while breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I wore a mask while breastfeeding in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not living with you, go to Question CV10.

CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check **No if the pandemic did not affect your baby's health care in this way or **Yes** if it did.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My baby's well visits or checkups were canceled or delayed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My baby's immunizations were postponed..... | <input type="checkbox"/> | <input type="checkbox"/> |

CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?

Check ONE answer

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have any postpartum appointments for myself

CV11. Did any of the following things happen to you due to the COVID-19 pandemic? For each one, check **No** if it did not happen or **Yes** if it did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I lost my job or had a cut in work hours or pay | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other members of my household lost their jobs or had a cut in work hours or pay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A member of my household or I received unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had to move or relocate..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I became homeless | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The loss of childcare or school closures made it difficult to manage all my responsibilities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had to spend more time than usual taking care of children or other family members..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I worried whether our food would run out before I got money to buy more..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I felt more anxious than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I felt more depressed than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband or partner and I had more verbal arguments or conflicts than usual | <input type="checkbox"/> | <input type="checkbox"/> |
| m. My husband or partner was more physically, sexually, or emotionally aggressive towards me..... | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for answering these questions!