

## Questionnaire Childbirth Experience

Thank you for your trust and congratulations on the birth of your child! An exciting time lies ahead of you. We hope that we were able to contribute to a pleasant childbirth experience.

We constantly strive to improve our care. Therefore, we are currently conducting a study on the childbirth experience in our hospital. We would be thankful if you took the time to fill out this short questionnaire. Afterwards you can hand it back to the doctor or the nurses during rounds. If you agree, we will contact you again in about 6 months for another short follow-up survey.

1. How was your child born?

- a. Spontaneous / natural birth
- b. By forceps or birth suction cup
- c. Caesarean section (without lowering the screen and seeing your child being born)
- d. Caesarean birth (with lowering the screen and seeing your child being born)

2. How content are you with your childbirth experience?

Very content				Not content at all	
1	2	3	4	5	6

3. Was your partner or a relative present during childbirth?

☐ Yes ☐ No

4. If yes, how content was your partner / relative with the childbirth experience?

Very content				Not content at all	
1	2	3	4	5	6

### Questions 5-9 only in case of a Caesarean section or Caesarean birth:

5. Which statements are correct concerning your birth experience (multiple answers possible):

- a. I was able to see my child being born (the surgical screen was lowered)
- b. My partner / relative cut the umbilical cord
- c. My child was brought to me directly after birth
- d. My child was able to rest on my breast while the surgery was continued

- e. My child had first contact with my breast in the operating room
  - f. My partner / relative was able to attend the child's first examination
  - g. In the wake up room / in the newborns' room early skin contact was promoted
  - h. I was able to see my child before I was brought to the wake up room (only in cases where the child had to be admitted to a newborn ward)
  - i. I did not want for the surgical screen to be lowered
  - j. I was not able to see my child being born because everything had to go fast
  - k. I was not able to see my child being born because I needed general anesthesia / I was put to sleep during the surgery
6. Were you informed about the option of a Caesarean birth before the surgery?
- a. Yes, immediately before the surgery
  - b. Yes, during the consultation before the surgery
  - c. Yes, even before the consultation before the surgery
  - d. No
7. If yes, who advised you of the option of a Caesarean birth?
- a. hospital's employees
  - b. media
  - c. friends
  - d. my midwife
  - e. others: \_\_\_\_\_
8. If you were informed about the Caesarean birth, why did you decide...
- a. for it?  
\_\_\_\_\_
  - b. against it?  
\_\_\_\_\_
9. If you have another child, which method of birth would you prefer the next time (provided that there are not medical reasons against it)?
- a. Spontaneous / natural birth
  - b. Caesarean section
  - c. Caesarean birth (with lowering of the surgical screen)
10. If a surgical method was again necessary or desired, would you opt for a Caesarean birth the next time?

☐ Yes

☐ No

11. Do you breast feed?

☐ Yes

☐ No

If no, why did you decide against it? \_\_\_\_\_

If yes, do you want to continue breast feeding?

☐ Yes

☐ No

If yes, how long do you intent to breast feed? \_\_\_\_\_

12. Please answer the following questions spontaneously without thinking about the answer for long. You shouldn't need more that 5 minutes to answer the following questions.

Please mark the number on the scale from 1 to 7 that best describes how you as a mother or partner felt during childbirth and in the first hours after childbirth. If you would answer certain questions differently at different times during childbirth please form an average and mark the question accordingly.

During childbirth I felt...		
disappointed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not disappointed
fulfilled	1 – 2 – 3 – 4 – 5 – 6 – 7	Not fulfilled
enthusiastic	1 – 2 – 3 – 4 – 5 – 6 – 7	Not enthusiastic
satisfied	1 – 2 – 3 – 4 – 5 – 6 – 7	Not satisfied
delighted	1 – 2 – 3 – 4 – 5 – 6 – 7	Not delighted
depressed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not depressed
happy	1 – 2 – 3 – 4 – 5 – 6 – 7	unhappy
excited	1 – 2 – 3 – 4 – 5 – 6 – 7	Not excited
Good experience	1 – 2 – 3 – 4 – 5 – 6 – 7	Bad experience
Coped well	1 – 2 – 3 – 4 – 5 – 6 – 7	Did not cope well
cheated	1 – 2 – 3 – 4 – 5 – 6 – 7	Not cheated
In control	1 – 2 – 3 – 4 – 5 – 6 – 7	Not in control

enjoyable	1 – 2 – 3 – 4 – 5 – 6 – 7	Not enjoyable
relaxed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not relaxed
anxious	1 – 2 – 3 – 4 – 5 – 6 – 7	Not anxious
painful	1 – 2 – 3 – 4 – 5 – 6 – 7	Not painful
easy	1 – 2 – 3 – 4 – 5 – 6 – 7	Not easy
Time going fast	1 – 2 – 3 – 4 – 5 – 6 – 7	Time going slow
exhausted	1 – 2 – 3 – 4 – 5 – 6 – 7	Not exhausted
Full of trust	1 – 2 – 3 – 4 – 5 – 6 – 7	Without trust
Self-determined	1 – 2 – 3 – 4 – 5 – 6 – 7	Other-directed

\*adapted from Salmon's Item List (SIL-GER)

Comments:

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<b>Right now I feel...</b>		
disappointed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not disappointed
fulfilled	1 – 2 – 3 – 4 – 5 – 6 – 7	Not fulfilled
enthusiastic	1 – 2 – 3 – 4 – 5 – 6 – 7	Not enthusiastic
satisfied	1 – 2 – 3 – 4 – 5 – 6 – 7	Not satisfied
delighted	1 – 2 – 3 – 4 – 5 – 6 – 7	Not delighted
depressed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not depressed
happy	1 – 2 – 3 – 4 – 5 – 6 – 7	unhappy
excited	1 – 2 – 3 – 4 – 5 – 6 – 7	Not excited
In control	1 – 2 – 3 – 4 – 5 – 6 – 7	Not in control
enjoyable	1 – 2 – 3 – 4 – 5 – 6 – 7	Not enjoyable
relaxed	1 – 2 – 3 – 4 – 5 – 6 – 7	Not relaxed
anxious	1 – 2 – 3 – 4 – 5 – 6 – 7	Not anxious
painful	1 – 2 – 3 – 4 – 5 – 6 – 7	Not painful
exhausted	1 – 2 – 3 – 4 – 5 – 6 – 7	Not exhausted
Full of trust	1 – 2 – 3 – 4 – 5 – 6 – 7	Without trust
Self-determined	1 – 2 – 3 – 4 – 5 – 6 – 7	Other-directed
Safe	1 – 2 – 3 – 4 – 5 – 6 – 7	Not safe
After childbirth I feel ... with my body / my health.		
pleased	1 – 2 – 3 – 4 – 5 – 6 – 7	Not pleased

Comments:

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**Socio-demographic data**

1. What is your marital status?

☐ single    ☐ in a relationship    ☐ married    ☐ divorced    ☐ widowed

2. Which confession do you belong to?

☐ Christian    ☐ Muslim    ☐ Jewish    ☐ Non    ☐ Others: \_\_\_\_\_

3. In which country were you born? \_\_\_\_\_

a. If not Germany, since when do you live in Germany? \_\_\_\_\_

4. What language do you speak at home? \_\_\_\_\_

5. What is your school-leaving qualification?

☐ non    ☐ Lower secondary education    ☐ intermediate secondary education  
☐ advanced secondary education

6. What professional qualification do you have?

☐ vocational in-company training    ☐ vocational school-based training  
☐ university degree    ☐ technical college degree  
☐ currently in training (student, apprentice, trainee)  
☐ no professional qualification and not currently in training

7. Are you currently employed / working?

☐ Yes    ☐ No

If yes, what job do you work in? \_\_\_\_\_

Do you have further comments on your childbirth experience? Please let us know here:

Thank you for your participation!

I agree to be contacted again in about 6 months by the Department of Obstetrics of the Charité for a brief follow-up.

☐ Yes

☐ No

Berlin, the \_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of the respondent)