

# Los Alamos County Community Birth Care Survey

## Survey Results: All Respondents

### Introduction

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The goal of the Los Alamos County (LAC) Community Birth Care Survey was to discover the basic needs and desires of the community as it relates to perinatal (pregnancy, birth, and postpartum) care for birthing families seeking care in Los Alamos County. Respondents were not required to complete any questions in order to continue or submit the survey: any part of the survey could be fully or partially completed or skipped as a respondent desired. An “other” option was included with every question to capture perspectives of respondents that may not have aligned with the provided options. There were no questions asking respondents to rank or prioritize options, instead respondents were asked to state their preference or the likelihood of utilizing an option. The survey design was mixed, collecting both quantitative and qualitative data.

The online data collector, a Google Form embedded into [tenmoonscollective.com/survey/lacbirthsurvey.htm](https://tenmoonscollective.com/survey/lacbirthsurvey.htm), was open October 25, 2019 through November 25, 2019. To view the questionnaire as presented to respondents, please see the Appendix at the previously mentioned web address.

The response rate to the survey itself was good, **total n=338**, and provides a **90% confidence interval** based on the population of the County. There was a very good question response rate across the survey: over 90% of respondents provided answers to all of the multiple choice (quantitative) questions, over 50% of respondents provided answers to free-form (qualitative) questions regarding their experiences with maternity care and infant feeding support, and 31% provided further thoughts on the topic of maternal health care in Los Alamos County (qualitative).

The data is organized in sections the way the survey was presented. For each survey question, the question itself is provided and the number of responses and its response rate relative to the number of total survey respondents is provided. The survey results provided in this report are pooled by all respondents and include the quantitative data only. Results are presented with the question they are related to following the structure of the survey questionnaire.

Survey results pooled by respondent type and an analysis of the qualitative (free form answer) data are being released in separate reports.

### Summary of Quantitative Data

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Quantitative data consisted of multiple choice questions collecting basic demographic information and preferences around perinatal care. The majority of respondents identified as residents of Los Alamos County.

In general, respondents are more likely to seek care from a physician (obstetrician and pediatrician) in a hospital environment. Interest in midwifery care is high, but lags behind the more commonly thought of physician providers. A birth center, whether free standing (not attached to or part a hospital) or hospital-based, is also a highly rated option for receiving birth care.

The most important factors in choosing a provider are related to access (covered by insurance, cost, and geographical distance to receive care), perceived skill level of the provider, and experience (care provided in a manner that shows respect for and partnership with the birthing person and family).

When choosing a birth place in which the family intends to receive care during birth and the immediate postpartum, the most important factors are related to safety, provider skills and delivery of care, and proximity to home and family/community support systems. The reputation of the birth place is also an important factor.

When asked whether the range of options available for birthing families or access to care in Los Alamos County affected their perception of living in (for LAC residents) or seeking care in (for residents of other counties) Los Alamos, the majority responded that they feel negatively about available options.

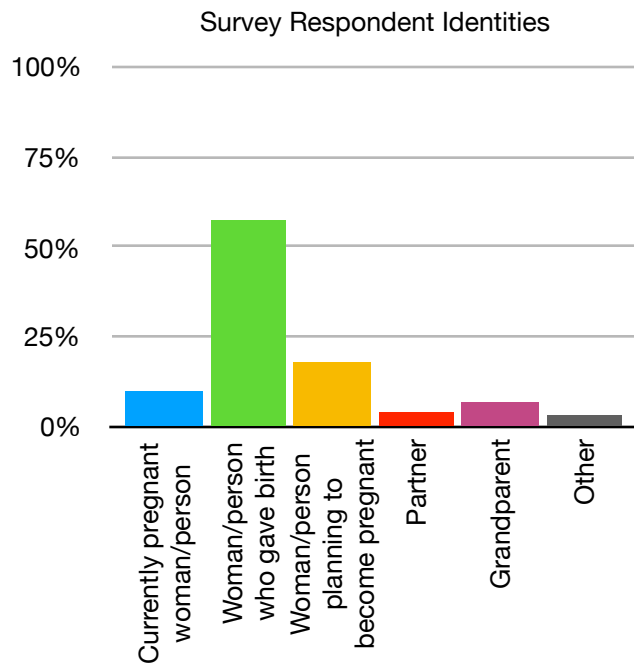
## Demographics

Please share a little about yourself to help us frame and interpret survey responses.

### 1. I am a...

We asked survey respondents to self-identify into groups by pregnancy status, partner, grandparent or other. Respondents could select more than one of the identity options and / or provide their own identity using the “Other” option. Graphical and tabular formats of the results are provided below.

**n=337, 99.7%**; 24% selected 2 or more options



Option	Frequency rate
Pregnant woman / pregnant person	10%
Woman / person who gave birth	57%
Woman / person planning to become pregnant	18%
Partner of someone who is pregnant, gave birth, and/or planning to become pregnant	4%
Grandparent / support person to family with young children	7%
Other (Concerned community members, Providers, Doulas, Home visitors, Woman / Person not planning to become pregnant)	4%

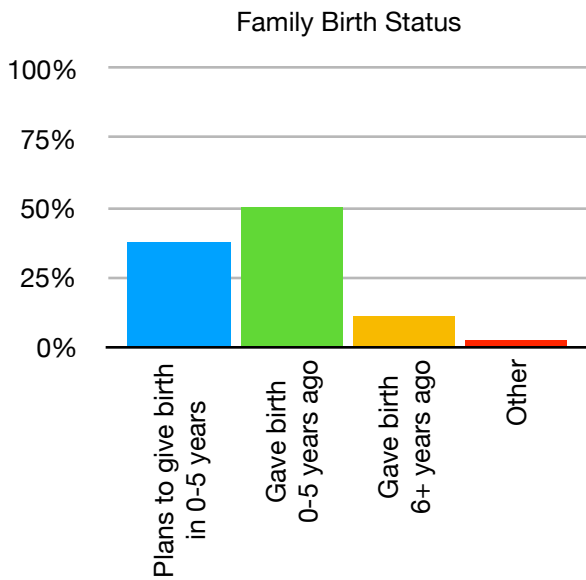
### 2. My family...

Respondents were asked to share their family’s birth status in three categories: will give birth in the next five years, gave birth within the previous five years, and “Other”. Respondents could select more than one of the identity options and / or provide their own identity using the “Other” option.

After analyzing the responses, we have added a third identified category of families who have given birth six or more years ago as this was a large portion of the “Other” responses.

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**n=332, 98%**; 59% of question respondents selected 2 options, and 13% selected 3 options

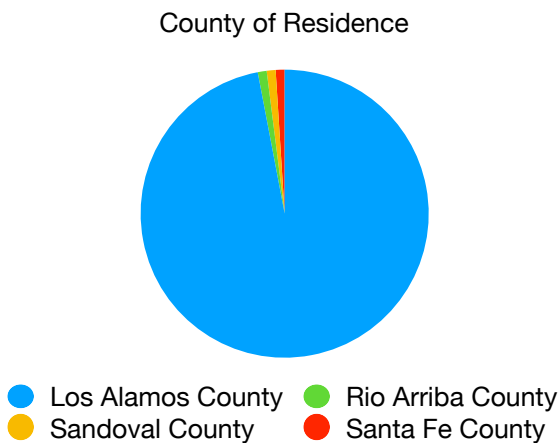


Option	Frequency rate
Plans to give birth within the next 5 years	38%
Gave birth within the past 5 years	50%
Gave birth 6+ years ago ( <i>added this category during survey analysis</i> )	11%
Other (Not planning on having children or more children, Babies were born at LAMC, Experienced a recent miscarriage)	2%

**3. I am a resident of...**

Respondents were asked to identify their county of residence. Residents of neighboring communities make up a portion of the market share for health providers located in Los Alamos County.

**n=338, 100%**



Option	Frequency rate
Los Alamos County	97%
Rio Arriba County	1%
Sandoval County	1%
Santa Fe County	1%
Other	0%

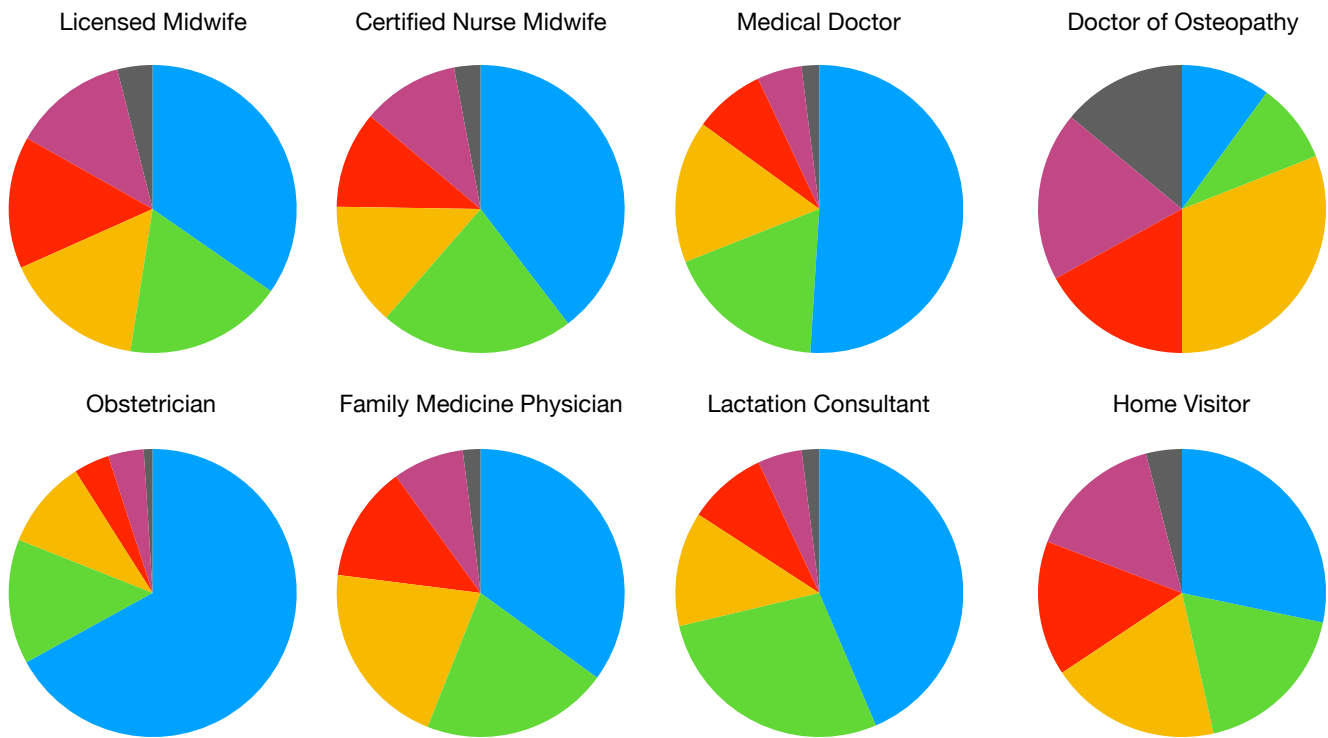
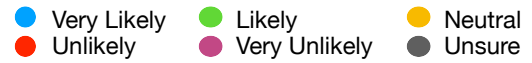
**Provider Type Preferences**

Respondents were asked the question, “What do you need and want birth care provider options to look like in Los Alamos County?”

**4. How likely are you to seek—or to support your loved one in seeking—MATERNITY CARE (pregnancy, birth, postpartum) from the provider types listed below?**

Respondents can choose to complete or skip the Likert Scale for each list option. The order of the list options were randomly shuffled for each survey. Likert Scale choices provided, in this order, are: Very Likely, Likely, Neutral, Unlikely, Very Unlikely. An Unsure option was also provided at the end of the scale. Pie chart data provide a graphical representation of the responses. The tabulated data provides the values. The number of respondents who chose to respond to the Likert Scale are listed for each option. The percentage provided represents the frequency that respondents who provided a response for the option chose that Likert Scale option.

n=328, 97%



Provider Preferences: Maternity Care Provider (Unranked)

Option	n=	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Licensed Midwife (ie. Direct Entry Midwife)	324	35%	18%	16%	15%	13%	4%
Certified Nurse Midwife	323	40%	22%	14%	11%	11%	3%
Medical Doctor	321	51%	18%	16%	8%	5%	2%
Doctor of Osteopathy	315	10%	9%	31%	17%	19%	14%
Obstetrician	322	67%	14%	10%	4%	4%	1%
Family Medicine Physician	319	35%	21%	21%	13%	8%	2%
Lactation Consultant (eg, IBCLC or CLC)	323	44%	28%	13%	9%	5%	2%
Home Visitor (eg, First Born Program)	319	28%	18%	19%	15%	15%	4%

If a maternity care provider you are very likely to seek care from is not listed above, please list them here.

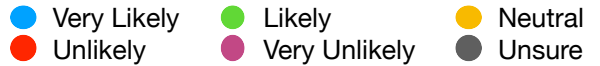
**n=24, 7% of question respondents**

Respondents identified doulas, hospital social workers, mental health providers, high risk pregnancy specialists, fertility specialists and fertility awareness educators, Native American Traditional Practice providers, chiropractors, massage therapists, Doctors of Oriental Medicine as other providers they are likely to seek maternity care from.

**5. How likely are you to seek INFANT CARE from the provider types listed below during the early postpartum period (0-6 weeks after birth)?**

Respondents can choose to complete or skip the Likert Scale for each list option. The order of the list options were randomly shuffled for each survey. Likert Scale choices provided, in this order, are: Very Likely, Likely, Neutral, Unlikely, Very Unlikely. An Unsure option was also provided at the end of the scale. Pie chart data provide a graphical representation of the responses. The tabulated data provides the values. The number of respondents who chose to respond to the Likert Scale are listed for each option. The percentage provided represents the frequency that respondents who provided a response for the option chose that Likert Scale option.

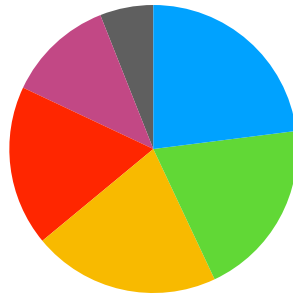
**n=336, 99%**



Licensed Midwife



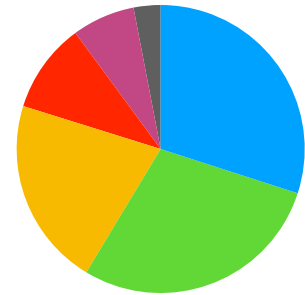
Certified Nurse Midwife



Neonatal Nurse Practitioner



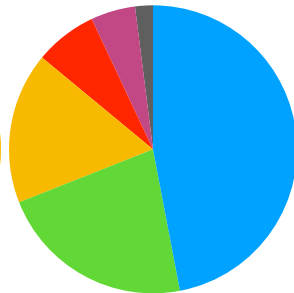
Family Nurse Practitioner



Doctor of Osteopathy



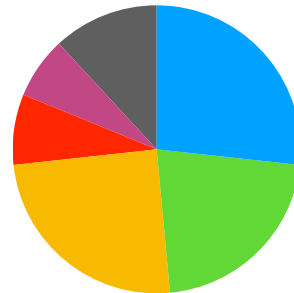
Medical Doctor



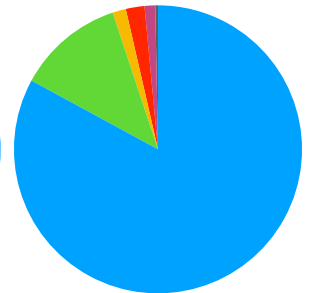
Family Medicine Doctor



Neonatologist



Pediatrician



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Provider Preferences: Infant Care Provider (Unranked)

Option	n=	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Licensed Midwife (Direct Entry Midwife)	329	22%	17%	21%	17%	15%	8%
Certified Nurse Midwife	323	23%	20%	21%	18%	12%	6%
Neonatal Nurse Practitioner	330	28%	24%	22%	9%	8%	9%
Family Nurse Practitioner	327	30%	28%	21%	10%	7%	3%
Doctor of Osteopathy	323	10%	8%	31%	17%	20%	15%
Medical Doctor	326	47%	22%	17%	7%	5%	2%
Family Medicine Physician	324	38%	26%	17%	11%	6%	2%
Pediatrician	335	83%	12%	1.4%	2.1%	1.2%	0.3%
Neonatologist	328	27%	22%	25%	8%	7%	12%
Home Visitor (eg, First Born Program)	327	26%	18%	22%	15%	14%	5%
Lactation Consultant (IBCLC or CLC)	332	42%	27%	13%	7%	8%	2%

If an infant care provider you are very likely to seek care from is not listed above, please list them here.

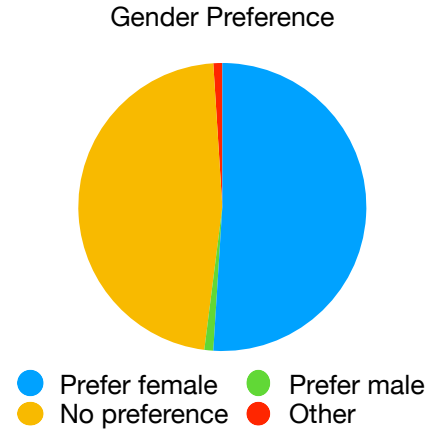
**n=13, 4% of question respondents**

Respondents identified postpartum doulas, chiropractors, pediatric gastroenterologists, NICU, craniosacral therapists, oral-facial therapists, Hope Pregnancy Center, and providers who can release a tongue or lip tie (eg, pediatric dentist) as other providers they are likely to seek infant care from.

**6. Does the gender of the birth care provider (prenatal, birth, and postpartum) matter to you?**

The order of the answer options were randomly shuffled.

n=335, 99%



Gender Preference of Birth Care Provider

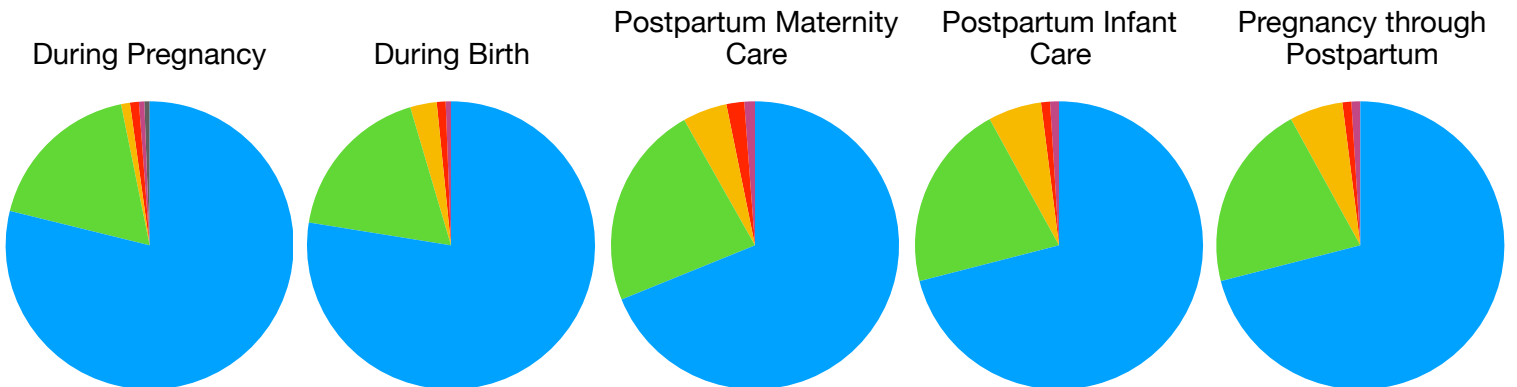
Option	Frequency rate
No, the provider's gender doesn't matter to me.	47%
Yes, I prefer to have care provided by a male provider.	0.05%
Yes, I prefer a have care provided by a female provider.	52%
Other (Survey question needs gender fluid options)	0.05%

**7. How important is continuity of care—care provided by the same care provider or by a provider in the same practice—TO YOU for yourself or for your loved one during these perinatal periods?**

Respondents can choose to complete or skip the Likert Scale for each list option. The order of the list options are randomly shuffled for each survey. Likert Scale choices provided, in this order, are: Very Important, Important, Neutral, Unimportant, Very Unimportant. An Unsure option was also provided at the end of the scale. Pie chart data provide a graphical representation of the responses. The tabulated data provides the values. The number of respondents who chose to respond to the Likert Scale are listed for each option. The percentage provided represents the frequency that respondents who provided a response for the option chose that Likert Scale option.

n=336, 99%

● Very Important    ● Important    ● Neutral  
● Unimportant    ● Very Unimportant    ● Unsure



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Importance of Continuity of Care During Perinatal Periods

Option	n=	Very Important	Important	Neutral	Unimportant	Very Unimportant	Unsure
Pregnancy	336	79%	18%	1%	1%	0.6%	0.6%
Birth	334	78%	18%	3%	1%	0.6%	0%
Postpartum MATERNITY Care	335	69%	23%	5%	2%	1%	0%
Postpartum INFANT Care	335	71%	21%	6%	1%	1%	0%
Pregnancy through Postpartum	331	71%	21%	6%	1%	1%	0%

Please share any other thoughts you have about continuity of care.

**n=46, 14% of question respondents**

We identified only half of the recognized definition of “continuity of care” in our survey, as pointed out by one respondent (thank you). The full definition involves the quality of care experienced over time, and there are two aspects of it: 1) a continuous and caring relationship with the provider, and 2) in systems of care organized in vertical levels, a continuous delivery of quality care provided through the coordination and integration of care and history. In this second part of the definition, despite any disruptions in who is providing the care, the experience and delivery of quality care is not disrupted. Our question deals primarily with the first part of the definition.

Comments from respondents identify that this traditional understanding of continuity of care, from a single provider, is important and that the second part of the definition is not being successfully met when care from a single provider is impossible. Respondents identified issues related to empowerment in their own health care, coordination of care, consistency in care and among providers, relationship and familiarity with needs and desires, and emotional well being as being supported by continuity of care. When continuity in either context of the definition is lacking, respondents confirmed that positive health outcomes and experiences are not best or well supported.

Several respondents also shared their desire and need to have access to local providers with whom they can experience continuity of care.



## Birth Place Preferences

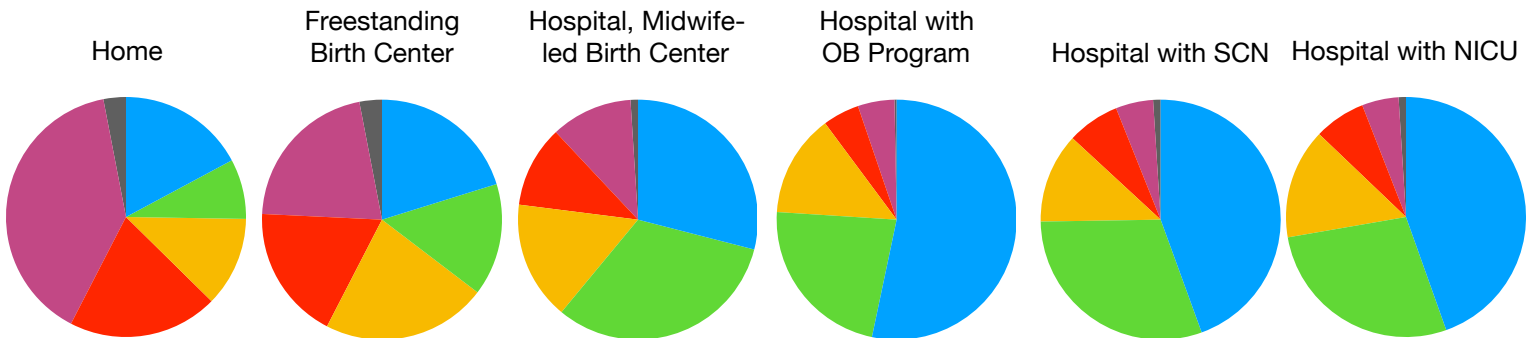
In your perfectly supported community, what options do you envision for birthing families?

### 8. How likely are you to prefer for birth to take place in a...?

Respondents could choose to complete or skip the Likert Scale for each list option. The order of the list options were randomly shuffled for each survey. Likert Scale choices provided were: Very Likely, Likely, Neutral, Unlikely, Very Unlikely. An Unsure option was also provided at the end of the scale. Pie chart data provide a graphical representation of the responses. The tabulated data provides the values and lists the number of respondents who chose to respond to the Likert Scale for each option. The percentage provided represents the frequency that respondents who provided a response for the list option selected the Likert Scale choice.

**n=313, 93%**

● Very Likely    ● Likely    ● Neutral  
● Unlikely    ● Very Unlikely    ● Unsure



Preference of Birth Place (Unranked)

Option	n=	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Homebirth care	298	17%	8%	12%	20%	39%	3%
Freestanding birth center (not attached to or part of a hospital)	305	20%	15%	22%	18%	21%	3%
Hospital-based, midwife-led birth center (part of a hospital)	305	29%	32%	16%	11%	11%	1%
Hospital/medical center with an obstetric program	306	54%	23%	13.7%	5%	5%	0.3%
Hospital/medical center with a special care nursery (SCN; less intensive care than a NICU)	306	44%	30%	12%	7%	5%	1%
Hospital with a neonatal intensive care unit (NICU)	303	45%	28%	15%	7%	5%	1%

If a birth place you are very likely to prefer is not listed above, please share it here.

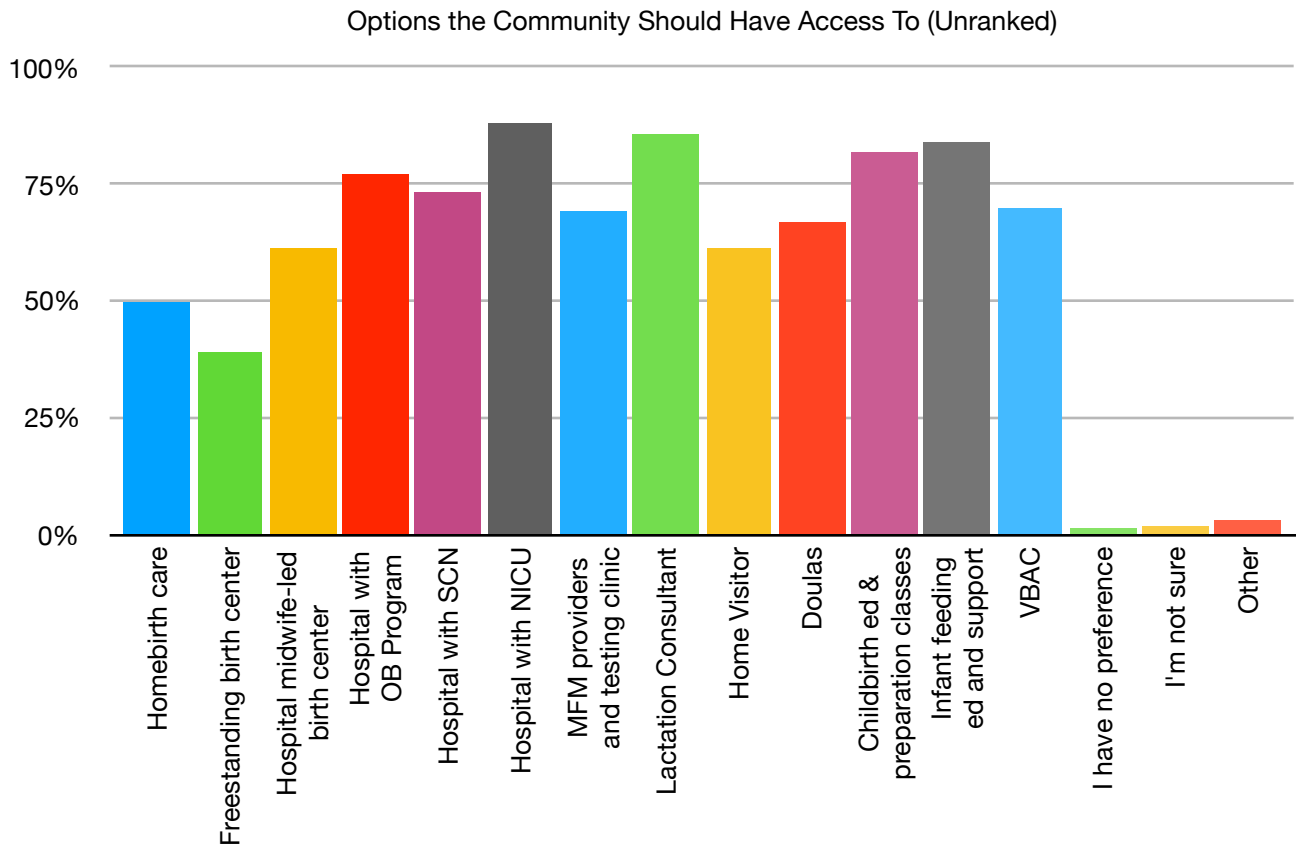
**n=14, 4% of question respondents**

Respondents identified obstetric special hospitals, baby-friendly hospitals, private hospital birthing room, hospitals supporting labor and vaginal birth after cesarean (VBAC), freestanding birth center close to a hospital. One respondent shared that the location is not as important to them as the knowledge of the provider. Another shared their preference for any place other than a specific facility in Los Alamos. The acceptance of insurance at the chosen birth place and its proximity to home were identified as important.

**9. Regardless of where I prefer for birth to take place, it is important to me that pregnant and birthing families in my community have access to (please select all that apply).**

Values are provided in the tabulated data following the graphical data. The frequency of selection provides a feel for how popular different options are among survey respondents. The order of the list options were shuffled randomly for each survey respondent.

**n=335, 99%**



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Options the Community Should Have Access To (Unranked)

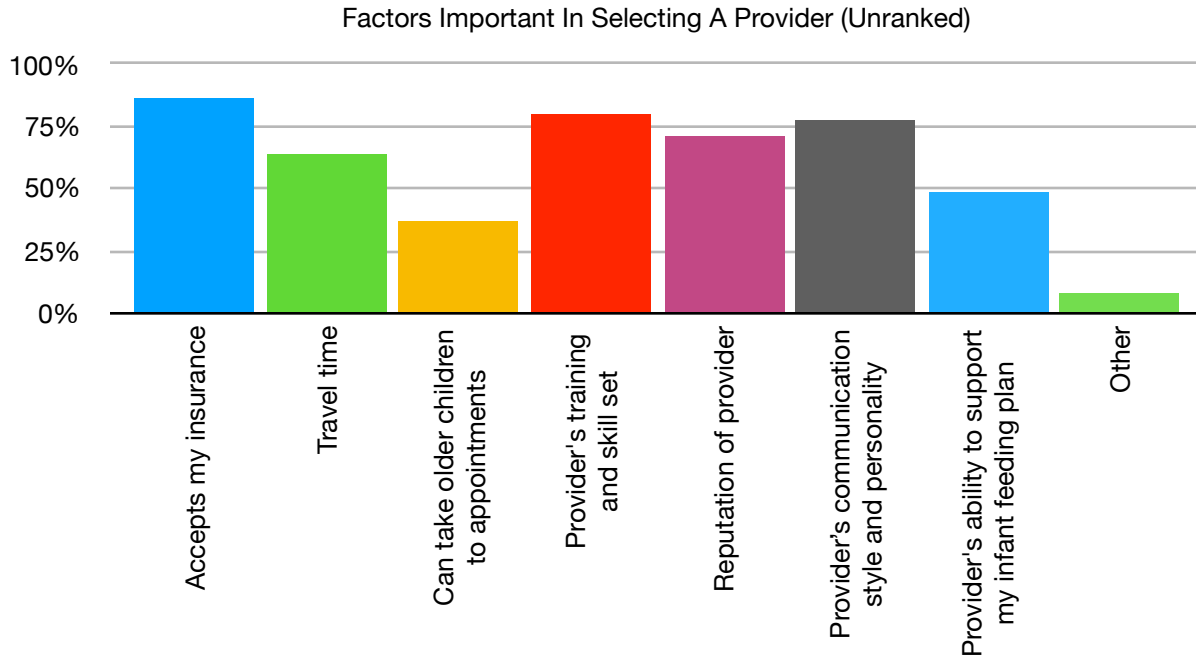
<b>Option</b>	<b>Frequency rate</b>
Homebirth care	50%
Freestanding birth center (not attached to or part of a hospital)	39%
Hospital-based, midwife-led birth center (part of a hospital)	61%
Community hospital/medical center with an obstetric program	77%
Hospital/medical center with a special care nursery (SCN; less intensive care than a NICU)	73%
Hospital with a neonatal intensive care unit (NICU)	88%
Maternal-Fetal Medicine practitioners and testing facility (eg, Perinatal Associates)	69%
Lactation Consultant (eg, IBCLC or CLC)	86%
Home Visitor (eg, First Born Program)	61%
Birth, postpartum, or full spectrum doulas	67%
Childbirth education and preparation courses	82%
Infant feeding (breast and formula) education and support	84%
Vaginal Birth After Cesarean (VBAC)	70%
I have no preference	1%
I'm not sure what I might prefer	2%
Other (Breast pumps; Clear and supportive care during miscarriage; An open, fully staffed OBGYN office with 2-3 doctors and nurse practitioners available 24x7x365; Outpatient ob triage and ultrasound options; Peer support; Genetic testing; VBAC support)	3%

## Making Choices & Experience

### 10. What factor(s) are or were most important in choosing a PROVIDER? Please select all that apply.

Values are provided in the tabulated data following the graphical data. The frequency of selection provides a feel for how important different options are among survey respondents. The order of the list options were shuffled randomly for each survey respondent.

n=318, 94%



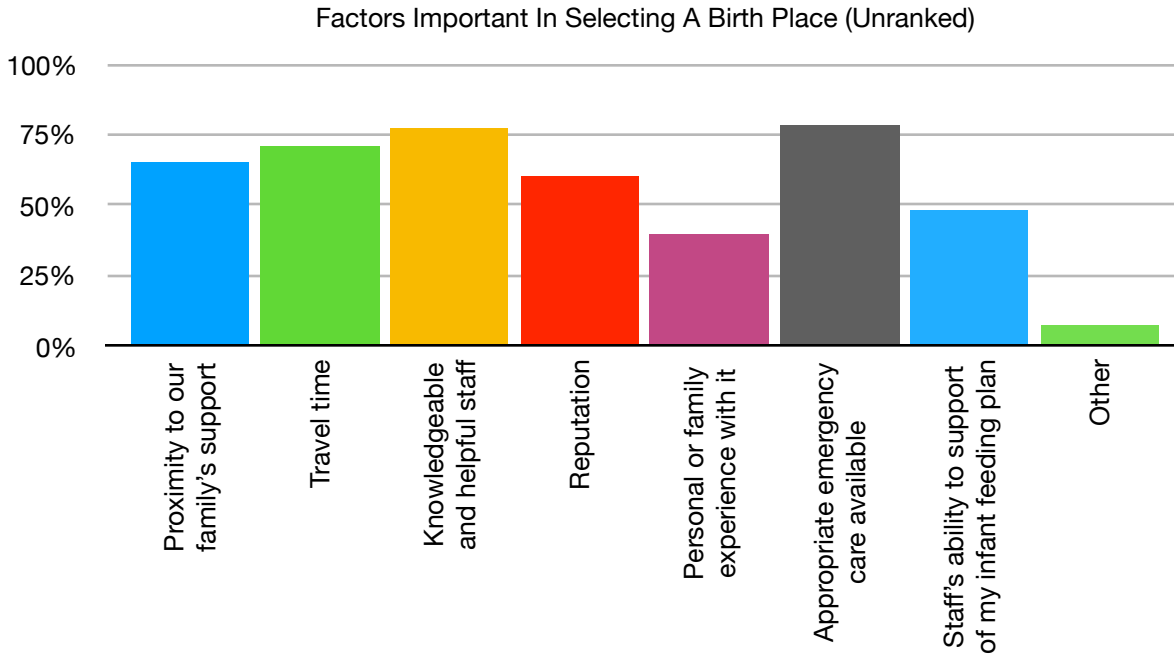
Factors Important In Selecting A Provider (Unranked)

Option	Frequency rate
Accepts my insurance	86%
Travel time	64%
Can take older children to appointments	37%
Provider's training and skill set	80%
Reputation of provider in the community	71%
Communication style and personality of the provider	77%
Provider's knowledge and support of my preferred infant feeding type (breast or formula)	49%
Other (Home perinatal care visits; "Hands-off" care; Listens to, respects, and supports my preferences; No strangers at delivery; High risk pregnancy training; Expert in supporting unmedicated, Nonsurgical spontaneous labor and birth; Awareness and respect of fertility awareness methods; Female; Good communicator; Caring; VBAC; Time to build a relationship during clinic visits; Board certified; Malpractice lawsuit record; Backup; Lives in the community; Provides true informed consent)	8%

**11. What factor(s) are or were most important in choosing a BIRTH PLACE? Please select all that apply.**

Values are provided in the tabulated data following the graphical data. The frequency of selection provides a feel for how important different options are among survey respondents. The order of the list options were shuffled randomly for each survey respondent. The order of the list options were shuffled randomly for each survey respondent.

**n=330, 98%**



Factors Important In Selecting A Birth Place (Unranked)

Option	Frequency rate
Proximity of the birth place to family / community support	65%
Travel time	71%
Knowledgeable and helpful staff	77%
Reputation in the community	60%
Personal or family experience with the birth place	40%
Availability of appropriate care in the event of unexpected emergencies	78%
Staff knowledge and support of my preferred infant feeding type (breast or formula)	48%
Other (Personal comfort, Access to care based on insurance coverage, Access to care based on cost, VBAC support, Where provider has privileges, Respect for infant feeding choice, Support of birth plan and personal preference, Clear emergency plan, Facility and provider cesarean section rate, History of maternal and neonatal excellent outcomes, Clear decision-making with providers, Type of experience and care provided, Truly informed consent, Knowledge for how to support high risk pregnancies and deliveries, Presence of maternal, fetal, and or neonatal specialists)	7%

**12. Please help us understand your MATERNITY CARE experience(s), or your experience(s) of your loved one's maternity care. How do / did you a) feel supported, and b) what would you prefer / have preferred?**

Qualitative data available in Final Results: Qualitative Analysis.

**n=199, 59%**

**13. Please help us understand your INFANT FEEDING experience in the early weeks. How do / did you a) feel supported, and b) what would you prefer / have preferred?**

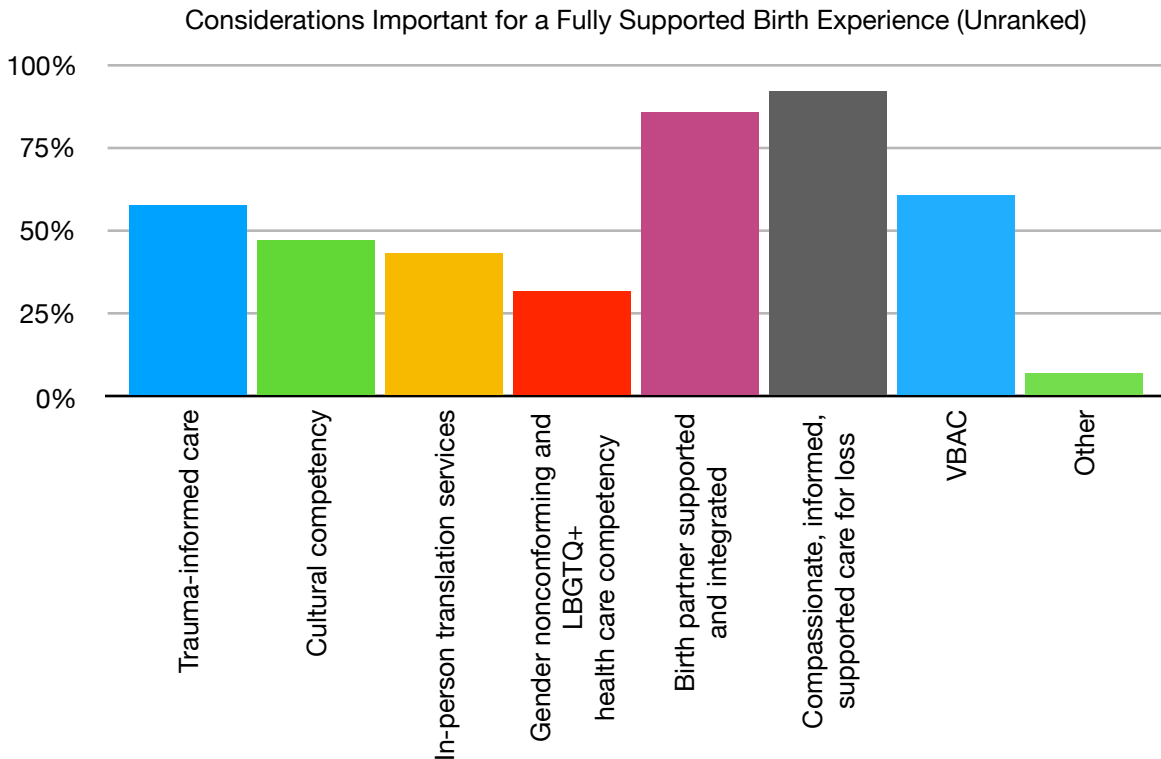
Qualitative data available in Final Results: Qualitative Analysis.

**n=193, 57%**

**14. What other considerations do you feel are important for a family's fully supported birth experience? Please select all that apply and use the "Other" box as needed to clarify what your selection(s) mean to you.**

The order of the list options are randomly shuffled for each survey.

**n=317, 94%**



Considerations Important for a Fully Supported Birth Experience (Unranked)

Option	Frequency rate
Trauma-informed care	58%
Cultural competence and space to engage in cultural practices during care and in the birth room	47%
Language translation services provided by a person in the room as care is being provided	43%
Gender nonconforming and LGBTQ+ health care competency	32%
Birthing parent's partner fully supported and integrated into the care and experience	86%
Compassionate, fully informed and supported care during a pregnancy or infant loss	92%
Vaginal Birth After Cesarean (VBAC)	61%
Other (Birthing person's personal preferences respected and supported, Family-centered care, Family-centered care for substance using families—not just baby, Competency in providing non-pharmaceutical labor techniques, Informed consent)	7%

**Other Comments**

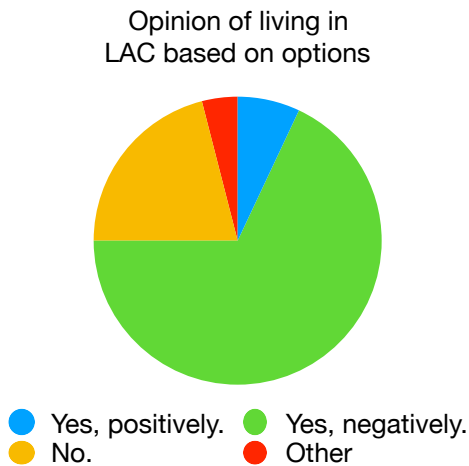
**15. a. & b.**

n=325, 96%

**a. For Los Alamos County residents: Does the range of birthing options or access to birthing and newborn care influence how you feel about living in Los Alamos County?**

The order of the list options are randomly shuffled for each survey.

**n=315, 96% of respondents** who self-identified as Los Alamos County residents



Opinion of living in LAC based on options

Option	Frequency rate
Yes, positively.	7%
Yes, negatively.	68%
No.	21%
Other (undecided, people should have access to great local options, great postpartum support)	4%

**b. For residents of Rio Arriba, Sandoval, and Santa Fe County (and any others):  
 Do the available maternity care and infant care options in Los Alamos County  
 affect your choice to get care in Los Alamos County?**

The order of the list options are randomly shuffled for each survey. Some Los Alamos County residents also answered this question; their responses are not included in the data below.

**n=10, 91% of respondents** who self-identified as residents of other counties

Opinion of seeking care  
 in LAC based on  
 options



● Yes, positively.    ● Yes, negatively.  
● No.                      ● Other

Opinion of seeking care in LAC based on options

Option	Frequency rate
Yes, positively.	27%
Yes, negatively.	64%
No.	0%
Other	0%

**16. Please share any other comments and ideas about how you envision of an ideally supported birth in Los Alamos County.**

Qualitative data available in Final Results: Qualitative Analysis.

**n=104, 31%**