

Los Alamos County Community Birth Care Survey

The information collected from this survey will be reported in aggregate—without personally identifying features—to community stakeholders, such as you, the Los Alamos County Council, Los Alamos Community Health Council (LACHC), BabyNet Subcommittee of the LACHC, Los Alamos Medical Center, and any other interested parties. Results will be provided at tenmoonscollective.com for anyone to view. Neither Ten Moons Collective nor its members are benefiting financially from the administration or outcome of this survey.

There are 16 questions, 11 multiple choice and 5 open-ended questions, that should take 10 minutes or so to complete. Please answer as many questions as you feel comfortable. All survey responses will be kept completely anonymous.

Please share this survey with your friends and encourage them to participate. The survey will be open through November 25, 2019.

Thank you for participating!

Demographics

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

1. I am a...

Check all that apply.

- Pregnant woman / pregnant person
- Woman / person who gave birth
- Woman / person planning to become pregnant
- Partner of someone who is pregnant, gave birth, and/or planning to become pregnant
- Grandparent / support person to family with young children
- Other

2. My family...

Check all that apply.

- Plans to give birth within the next 5 years
- Gave birth within the past 5 years
- Other

3. I am a resident of:*Mark only one oval.*

- Los Alamos County
- Rio Arriba County
- Sandoval County
- Santa Fe County
- Other

Provider Type Preferences

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?*Mark only one oval per row.*

Options are randomly ordered for each survey initiated by a respondent.

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Licensed Midwife (ie. Direct Entry Midwife)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Nurse Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor of Osteopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation Consultant (eg, IBCLC or CLC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visitor (eg, First Born Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Long paragraph text box provided.

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)?

Mark only one oval per row.

Options are randomly ordered for each survey initiated by a respondent.

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Licensed Midwife (ie. Direct Entry Midwife)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Nurse Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neonatal Nurse Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Nurse Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor of Osteopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation Consultant (eg, IBCLC or CLC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visitor (eg, First Born Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Long paragraph text box provided.

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

Mark only one oval.

Options are randomly ordered for each survey initiated by a respondent.

- No, the provider's gender doesn't matter to me.
- Yes, I prefer to have care provided by a male provider.
- Yes, I prefer to have care provided by a female provider.
- Other

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?

Mark only one oval per row.

	Very Important	Important	Neutral	Unimportant	Very Unimportant	Unsure
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postpartum MATERNITY Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postpartum INFANT Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy through Postpartum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Long paragraph text box provided.

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...?

Mark only one oval per row.

Options are randomly ordered for each survey initiated by a respondent.

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Unsure
Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freestanding birth center (not attached to or part of a hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-based, midwife-led birth center (part of a hospital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/medical center with an obstetric program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/medical center with a special care nursery (SCN; less intensive care than a NICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital with a neonatal intensive care unit (NICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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):

Check all that apply.

Options are randomly ordered for each survey initiated by a respondent.

- Homebirth care
- Freestanding birth center (not attached to or part of a hospital)
- Hospital-based, midwife-led birth center (part of a hospital)
- Community hospital/medical center with an obstetric program
- Hospital/medical center with a special care nursery (SCN; less intensive care than a NICU)
- Maternal-Fetal Medicine practitioners and testing facility (eg, Perinatal Associates)
- Lactation Consultant (eg, IBCLC or CLC)
- Home Visitor (eg, First Born Program)
- Birth, postpartum, or full spectrum doula
- Childbirth education and preparation courses
- Infant feeding (breast and formula) education and support
- Vaginal Birth After Cesarean (VBAC)
- I have no preference
- I'm not sure what I might prefer
- Other

Making Choices & Experience

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

Check all that apply.

Options are randomly ordered for each survey initiated by a respondent.

- Accepts my insurance
- Travel time
- Can take older children to appointments
- Provider's training and skill set
- Reputation of provider in the community
- Communication style and personality of the provider
- Provider's knowledge and support of my preferred infant feeding type (breast or formula)
- Other

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

Check all that apply.

Options are randomly ordered for each survey initiated by a respondent.

- Proximity of the birth place to family / community support
- Travel time
- Knowledgeable and helpful staff
- Reputation in the community
- Personal or family experience with the birth place
- Availability of appropriate care in the event of unexpected emergencies
- Staff knowledge and support of my preferred infant feeding type (breast or formula)
- Other

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?

Long paragraph text box provided.

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?

Long paragraph text box provided.

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.

Check all that apply.

Options are randomly ordered for each survey initiated by a respondent.

- Trauma-informed care
- Cultural competence and space to engage in cultural practices during care and in the birth room
- Language translation services provided by a person in the room as care is being provided
- Gender nonconforming and LGBTQ+ health care competency
- Birthing parent's partner fully supported and integrated into the care and experience
- Compassionate, fully informed and supported care during a pregnancy or infant loss
- Vaginal Birth After Cesarean (VBAC)
- Other

Other Comments

15. 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?

Mark only one oval.

Options are randomly ordered for each survey initiated by a respondent.

- Yes, positively.
- Yes, negatively.
- No.
- Other

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?

Mark only one oval.

Options are randomly ordered for each survey initiated by a respondent.

- Yes, positively.
- Yes, negatively.
- No.
- Other

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

Long paragraph text box provided.

Confirmation Message:

Thanks for taking the time to share your thoughts on birth care in Los Alamos County! To have a chance to receive one of the awesome giveaways, please email this code to LACbirthsurvey@gmail.com:

[code]

You will be contacted by email if you are selected in the drawing on December 1, 2019. Only one entry per email address.

Special thanks to our local businesses who donated for the giveaway!

Jessica Bengé Photography

Tribe Yoga and Wellness

Vintage Hair Co.

Windgate Healing Arts

Message for respondents when the survey is closed:

We are no longer accepting responses for the Los Alamos County Community Birth Care Survey. If you have questions or thoughts to share about it, please email LACbirthsurvey@gmail.com. A report of the survey results will be made available at tenmoonscollective.com.

Thank you for your interest!