

Pre Birth Questionnaire: Twin Supplement

This questionnaire is expected to be initiated by the home visitor during pregnancy with the mother and partner if applicable

(This page should be removed by the HV on return to the office and enter the family ID)

Mother's Name: _____ (Check address and mobile from registration) Address (if changed): _____ _____ _____ Mobile (if changed): _____ Date of Birth: _____ Landline: _____ Father's Name: _____
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Emergency Contact Details: Name: _____ Contact Details: _____

I agree for my responses to be used for evaluation purposes and understand that my information will be kept pseudonymised (i.e. my name, address, date of birth etc will not be shared and rather I will have a code that will be used to explore changes over time). Any information presented will be anonymised:

Signature: _____

Date: _____

Signature: _____

Date: _____

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Family ID Number:

Date:

Mentor Initials:

Section One: Background

Q1. Members of the household you live in (i.e. living in the same dwelling)

Members of the Household you live in		
Age (Only for those under 18)	Relationship to you	Gender

Q2. Including the child you are pregnant with, how many biological children do you have?

****Reminder: if parent is pregnant on first child then answer is 1. Add 1 for each additional child**

SED29 Brothers and Sisters

Q3a. Are you currently in a relationship with the biological father?

Yes ☐

 No ☐

 Not Applicable ☐

Q3b. If **no** are you in contact with the baby's biological father?

PS17 Blended Families & Conflict

Yes ☐

 No ☐

Q3c. If relevant, would you like support around co-parenting?

PS17 Blended Families & Conflict

Section Two: Prenatal Care and Health/Wellbeing

Q4. How many weeks along are you in your pregnancy? _____

Q5. At which hospital did you have your baby?

Rotunda ☐ Holles Street ☐ Coombe ☐
Other ☐ Please specify: _____

Q6a. Before becoming pregnant with this baby, how many pregnancies have you had _____

Q6b. If you already have children, how many months had it been since you last gave birth?

PS15 Family Planning after child birth

Less than 18 months ☐ 18-24 months ☐ 24-36 months ☐
36 months or more ☐

Q7. How did you react to finding out about your recent pregnancy?

SED2 Becoming a Parent

I was happy ☐
I'm not really sure how I felt ☐
I was upset at first but accepting it now ☐
I was very upset and angry ☐
Other (please describe below) ☐

Q8. Were there any complications during the pregnancy to date?

Q9a. What ante-natal care (if any) are you receiving?

SED2 Becoming a Parent

Hospital Care (Midwife Led-including local midwife clinics) ☐
Hospital Care (Consultant/Clinic) ☐
Hospital and GP Combined Care (Midwife Led) ☐
Hospital and GP Combined Care (Consultant Led) ☐
Midwife Led- Home Birth ☐
No antenatal care ☐
Other (please describe below) ☐

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Q9b. What ante-natal education (if any) are you receiving or planning to receive? PS2 Antenatal Classes

- | | |
|-------------------------------|--------------------------|
| Community Antenatal Classes | ☐ |
| Hospital Antenatal Classes | ☐ |
| Private Antenatal Classes | ☐ |
| No Antenatal Education | ☐ |
| Other (please describe below) | ☐ |

Q10. Have you thought about breastfeeding? N7 Breastfeeding; N8 Breastfeeding Patterns, N9 Positioning for Breastfeeding; N10 Continuing to Breastfeed; N11 Storing Breastmilk; N12 Formula Feeding

- | | |
|---------------------------------------|--------------------------|
| I am planning to breastfeed | ☐ |
| I am NOT planning to breastfeed | ☐ |
| I haven't decided about breastfeeding | ☐ |

Q11. Do you have:

- | | | | | |
|------------------------------|-----|--------------------------|----|--------------------------|
| a) A medical card? | Yes | ☐ | No | ☐ |
| b) A GP visit card? | Yes | ☐ | No | ☐ |
| c) Private health insurance? | Yes | ☐ | No | ☐ |

Q12. In general, how would you describe your health?

Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

Comments: _____

Q13a. In general, how would you describe your food/nutritional intake during the pregnancy so far? N1 Nutrition during pregnancy; N2 What to eat while you are pregnant; N3 Sugar Levels during pregnancy; N5 The right nutrients

Q13b. Would you like any support or information about nutrition during pregnancy?

Q14. We would like to ask you about some things you may be worried or bothered about:

(Revised Prenatal Distress Scale, NUPDQ; Lobel et al 2008)

Please indicate if you are feeling bothered, upset or worried at this point in your pregnancy about the following:			
	Not at all (1)	Somewhat (2)	Very Much (3)
Taking care of a newborn baby SS5 Holding baby safely; SS6 Caring for your Baby; PS13 Changing your baby's nappy; N13 Winding			
The effect of ongoing health problems such as high blood pressure or diabetes on your pregnancy			
Feeling tired and having low energy during your pregnancy RR1 Rest during Pregnancy			
Pain during labour and delivery PS7 Pain Relief; PS10 Birth Preference			
Changes in your weight and body shape during your pregnancy N4 Weight Gain & Food Safety			
Are you worried that the baby might come too early			
Physical symptoms of pregnancy such as vomiting, swollen feet or backaches N6 Common pregnancy complaints			
The quality of your medical care during pregnancy			
Changes in your relationships or with other people due to having a baby			
That you might have an unhealthy baby			
What will happen during labour and delivery PS5 Packing for Hospital; PS6 C-Section; PS8 Labour and Delivery; PS9 Interventions during labour; PS10 Birth preference*; PS11 After the birth			
Working or caring for your family during pregnancy			
Paying for the baby's clothes, food or medical care			
Working after baby is born			
Getting child care, babysitters, or other help to watch the baby after it comes PS19 Finding the right childcare			
If the baby might be affected by alcohol, cigarettes or drugs that you have taken			

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Q15a. Do you currently smoke?

	Yes	No
Cigarettes		
Vaping		

Q15b. If yes to cigarettes, about how many cigarettes per day do you usually smoke? _____

SS1 Smoking

Q16. Does anyone else in your household currently smoke?

SS1 Smoking - Passive smoking

	Yes	No
Cigarettes		
Vaping		

Q17a. Which of the following best describes how often you usually drink alcohol?

- | | | | |
|------------------------|--------------------------|------------------|--------------------------|
| Never | ☐ | 3-4 times a week | ☐ |
| Less than once a month | ☐ | 5-6 times a week | ☐ |
| 1-2 times a month | ☐ | Every day | ☐ |
| 1-2 times a week | ☐ | | |

Q17b. If you currently drink alcohol at least once a month then answer following question:

In an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

SS2 Alcohol & Drugs

Pints of Beer/Cider _____

Glasses of Wine _____

Measures of Spirits _____

Bottles of Alcopops _____

Other (please specify below): _____

Q18. We would like to ask you about how you have been feeling over the last two weeks:

(Warwick Edinburgh Mental Wellbeing Scale) PS12 Mood Swings & PND

Please tick the box that best describes your experience of each over the last two weeks:

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Q19. We would like to ask you about your self care:

(HFPI- Self Care) PS14 Adjusting & Support; RR11 Stress; RR12 Mindfulness

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I find ways to care for myself					
I take care of my appearance					
I get enough sleep					
I take time for myself					

Section Three: Support Network and Social Support

Your Support Network (*Option to do my circles of support sheet if helpful*)

Q20. We would like to know about your support network: (HFPI- Social Support)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I feel supported by others					
I feel that others care about me					
I discuss my feelings with someone					
If I have trouble, I feel there is always someone I can turn to for help					
I have family or friends who I can turn to for help					

Q21. How would you rate the support you are getting from the following?

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
From your spouse/partner					
From the baby's father (if different to spouse/partner)					
From your parents					
From other close relatives					
From friends					
Any other support networks (please specify here):					

Comments: _____

Q22a. Is anyone in your household working? (Refers to those over 18 only)

Note: NSP supports around employment and education

Yes ☐ No ☐ (if No, go to Q23)

Q22b. If yes is this full /part time?

Yes ☐ No ☐ Not Applicable ☐

Comments: _____

Q23. In terms of your financial situation, have you experienced any of the following over the last 12 months?

	Yes	No	N/A
Difficulty paying for weekly shop (e.g. food, household items, nappies, formula)			
Difficulty meeting rent or mortgage payments			
Difficulty keeping up to date with utility costs (e.g. electricity, heating, phone or internet)			
Struggling with back to school costs			
Struggling with other educational costs e.g. trips, extra resources, school collections for charities			
Struggling to afford childcare			
Affording essential baby items e.g. safe sleeping space, buggy, car seat, safety equipment			
Affording books and toys for children			
Affording appropriate amount/type of clothing needed for each family member			
Affording special occasions e.g. birthdays, Christmas, other cultural celebrations			
Keeping up with transport costs e.g. car payments, public transport costs			

Comments: _____

Q24. We would like to know how easy you would find it to access support if needed:

(HFPI- Mobilising Resources)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I would know where to find resources for my family					
I would know where to find important medical information					
I could get help from the community if I needed it					
I would be comfortable in finding the help I need					
I would know community agencies (i.e. agencies that provide different types of support in the community) that I could go to for help					
It would be hard for me to ask for help from others					

Questionnaire Feedback:

This questionnaire is a new to the PFL Home Visiting Program and we would welcome your thoughts on it. This section is to capture any recommendations or suggested changes to the content or structure or otherwise of the questionnaire. Feedback should ideally be captured for the Parent and HV Mentor.

Parent: _____

Home Visitor: _____

To be completed by Home Visitor at end:

Q18. Score for WEMWS: _____

Note: may suggest need for EPDS if less than 48/49

Actions/follow up:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____