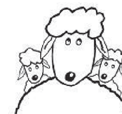
LAMBS – Late And Moderately preterm Birth Study

Maternal interview



Survey ID:

1. Personal Details

1.1 Surname ______

1.2 First name ______

1.3 Address ______

1.4 Postcode ☐☐☐☐ ☐☐☐

1.5 Telephone number ______

1.6 Hospital number ______

1.7 NHS number ☐☐☐ ☐☐☐ ☐☐☐☐

1.8 Date of birth ☐☐/☐☐/1 9 ☐☐ **OR** **Age** ☐☐ years

1.9 Height ☐☐☐ cm **OR** ☐ ft ☐☐ in

1.10 Weight pre-pregnancy ☐☐☐.☐ kg **OR** ☐☐ st ☐☐ lb

2. Contact Details of Close Relative

2.1 Surname ______

2.2 First name ______

2.3 Address ______

2.4 Postcode ☐☐☐☐ ☐☐☐

2.5 Telephone number ______

3. Ethnicity

3.1 In which country were you born? ______

3.2 How long have you lived in the UK? ☐☐ years ☐ months

3.3 What is your ethnic group?

A White
- ☐ A1 British
- ☐ A2 Irish
- ☐ A3 Other White background

B Mixed
- ☐ B1 White and Black Caribbean
- ☐ B2 White and Black African
- ☐ B3 White and Asian
- ☐ B4 Other Mixed background

C Asian or Asian British
- ☐ C1 Indian
- ☐ C2 Pakistani
- ☐ C3 Bangladeshi
- ☐ C4 Other Asian background

D Black or Black British
- ☐ D1 Caribbean
- ☐ D2 African
- ☐ D3 Other Black background

E Chinese or other ethnic group
- ☐ E1 Chinese
- ☐ E2 Other background

- ☐ Unsure
- ☐ Not disclosed by participant

3.4 What language do you usually speak at home? ______

4. Marital Status

4.1 What is your marital status?
- ☐ Single, never married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Civil Partnership

4.2 Were you living with someone as a couple during the majority of your pregnancy?
- ☐ No
- ☐ Yes

5. Education

5.1 How old were you when you completed continuous full time education?

☐☐ years

5.2 Now, thinking about all the qualifications you may have, from this list please tell me the highest qualifications which you have obtained

Highest qualification overall, not just those from any recent courses.

☐☐ *Please enter code from flash card*

Please enter further details in box below if necessary

☐

6. Occupation

6A. Occupation During this Pregnancy

6.1 Please look at this card and tell me which best describes your situation during your pregnancy:

☐ *Please enter code from flash card*

If self-employed/employed or on maternity leave:

6.2 What was the full title of your main job?

☐

6.3 Were you a manager?

☐ No
☐ Yes

If yes:

6.4 How many employees did you care for?

☐☐☐☐

6.5 Was this your only job?

☐ No
☐ Yes

If No:

6.6 Did you have two or more jobs at the same time?

☐ No
☐ Yes

6.7 Did you change jobs during your pregnancy?

☐ No
☐ One change
☐ More than one change

6.8 During which months of your pregnancy did you work?

1 2 3 4 5 6 7 8 9

6.9 In which month of pregnancy did you plan to give up work?

☐☐ weeks gestation

6.10 Did you finish earlier than expected for reasons relating to your pregnancy?

☐ No
☐ Yes

If yes:

6.11 What was the reason?

☐

6B. Hours of Work

The next questions are about your hours of work.

6.12 In the weeks before you finished work, how many hours, including overtime, did you usually work on average each week? *(Month-by-month, if possible)*

40 and over	1	2	3	4	5	6	7	8	9
30 to less than 40	1	2	3	4	5	6	7	8	9
15 to less than 30	1	2	3	4	5	6	7	8	9
Less than 15	1	2	3	4	5	6	7	8	9

6.13 Did you reduce your hours for reasons relating to your pregnancy?

☐ No
☐ Yes

If yes:

6.14 what was the reason?

6C. Working Conditions

The next questions are about your working conditions:

6.15 Did you do shift work in your main job?

☐ Most of the time
☐ Occasionally
☐ Never

If yes:

6.16 Did you ever work night shifts?

☐ Most of the time
☐ Occasionally
☐ Never

In your work:

6.17 Did you usually stand for more than 3 hours per day?

☐ No
☐ Yes

6.18 Did you work on an assembly line?

☐ No
☐ Yes

6.19 Did your work involve heavy lifting? *(carrying loads of 20lb/10kg or more)*

☐ No
☐ Yes

6.20 Did your work involve strenuous physical activity?

☐ No
☐ Yes

6.21 Did your work involve any direct contact with:
Please tick all that apply

- ☐ Solvents
- ☐ Glues/adhesives
- ☐ Cleaning agents
- ☐ Paint spraying
- ☐ Colour mixing solutions
- ☐ Other chemicals

6.22 Did you find your work boring?

- ☐ No
- ☐ Yes

6.23 Was your workplace:
Please tick one from each category

Temperature	Noise	Cleanliness
☐ Cold	☐ Quiet	☐ Clean
☐ Warm	☐ Background noise	☐ Dirty
☐ Hot	☐ Noisy	☐ Very dirty
☐ Very Hot	☐ Very noisy	
☐ Variable		

7. Income and Living Conditions

With regard to your financial and home situation:

7.1 How well would you say you are managing financially these days?

☐ *Please enter code from flash card*

7.2 Do you (or your partner) receive any of the following tax credits or benefits?
Please tick all that apply

- ☐ Income Support
- ☐ Employment and support allowance
- ☐ Housing benefit
- ☐ Council tax benefit
- ☐ Jobseekers allowance
- ☐ Working tax credit
- ☐ Severe disablement allowance
- ☐ Child tax credit
- ☐ Disability premium
- ☐ Maternity allowance
- ☐ Statutory maternity pay
- ☐ Surestart maternity grant

7.3 How many cars or vans are owned or available for use by one or more members of your household?
(include any company car or van if available for private use)

☐

7.4 Does your household own or rent the accommodation?
Please tick one box only

- ☐ Owns outright
- ☐ Owns with a mortgage or loan
- ☐ Pays part rent and part mortgage
- ☐ Rents
- ☐ Lives rent free

8. General Health

8.1 Please think back over the last 12 months about how your health has been. Compared to people of your own age, would you say that your health has on the whole been:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

8.2 Please indicate which statements best describe your own health state before you became pregnant:

Please enter code from flash card:

- ☐ Mobility
- ☐ Self-care
- ☐ Usual activities
- ☐ Pain/discomfort
- ☐ Anxiety/depression

8.3 Do you have any chronic health problems?
(eg. Asthma, thyroid problems, epilepsy, etc)

- ☐ No
- ☐ Yes *(please specify)*

8.4 How often do you generally visit the dentist?

8.5 When did you last visit the dentist?

- ☐ Within the last 6 months
- ☐ 6-12 months ago
- ☐ >12 months ago

9. Family History

Do you have any family history of the following:

9.1 Major congenital anomalies in 1st degree relative?

- ☐ No
- ☐ Yes *(please specify)*

9.2 Babies that have died within the first 6 months of life?

- ☐ No
- ☐ Yes *(please specify)*

9.3 Are your family and your baby's father's family related in any way prior to marriage?

- ☐ No
- ☐ Yes

10. Past Obstetric History

10.1 Was this your first pregnancy?

☐ No
☐ Yes

If No:

10.2 How long is it since your last pregnancy?
(Give date of birth or termination of last pregnancy)

☐☐ / ☐☐ / ☐☐☐☐

10.6 Have you had any babies prematurely in the past?

☐ No
☐ Yes *(please enter gestation(s))*

☐☐ ☐☐ ☐☐ ☐☐ ☐☐

10.3 Have you ever had any treatment to your cervix?

☐ No
☐ Yes

10.4 Have you ever received treatment for infertility?

☐ No *(if No, then go to **Section 11**)*
☐ Yes

10.5 If yes, what type of treatment was this?

☐ Ovulation Induction
  ☐ Clomiphene
  ☐ FSH
  ☐ Other *(please specify)* ________
  ☐ Unspecified

☐ Intrauterine Insemination (IUI)

☐ Donor Insemination (DI)

☐ In vitro Fertilisation (IVF)
  ☐ Own eggs
  ☐ Donor eggs
  ☐ Unspecified

☐ Intracytoplasmic Sperm Injection (ICSI)
  ☐ Own eggs ☐ Partner's sperm
  ☐ Donor eggs ☐ Donor sperm
  ☐ Unspecified ☐ Unspecified

☐ Reversal of Sterilisation

☐ Other *(please specify)* ________

10.6 Was this pregnancy a result of infertility treatment?

☐ No
☐ Yes

11. This Pregnancy

11A. Antenatal Care

11.1 Was this pregnancy planned?

☐ No
☐ Yes

11.2 How many weeks pregnant were you when you first contacted your midwife or doctor about this pregnancy?

☐☐ weeks

11.3 During this pregnancy, were most of your antenatal appointments with:

☐ GP
☐ Midwife
☐ Hospital

11B. Sexual History

11.4 Once you realised you were pregnant, did you have vaginal intercourse during your pregnancy?

☐ No
☐ Yes

11.5 During which months of your pregnancy did this continue?

1 2 3 4 5 6 7 8 9

11.6 Did you stop at any point?

☐ No
☐ Yes

If yes:
11.7 Did you stop for any of the following reasons?
Please tick all that apply

☐ Pain
☐ Bleeding
☐ On medical advice
☐ Other *(please specify)*

11C. Medications During Pregnancy

11.8 What tablets, medications, ointments or creams did you use during pregnancy *(excluding beauty products)***?**

For each drug ask:
1. When did you take this?
2. Was this prescribed for you?

	Prescibed		Month of pregnancy								
	No	Yes									
a. Iron	☐	☐	1	2	3	4	5	6	7	8	9
b. Folic acid	☐	☐	1	2	3	4	5	6	7	8	9
c.	☐	☐	1	2	3	4	5	6	7	8	9
d.	☐	☐	1	2	3	4	5	6	7	8	9
e.	☐	☐	1	2	3	4	5	6	7	8	9
f.	☐	☐	1	2	3	4	5	6	7	8	9
g.	☐	☐	1	2	3	4	5	6	7	8	9
h.	☐	☐	1	2	3	4	5	6	7	8	9
i.	☐	☐	1	2	3	4	5	6	7	8	9
j.	☐	☐	1	2	3	4	5	6	7	8	9

11.9 Did you take any recreational drugs during your pregnancy
(eg. Ecstasy, crack, cocaine, heroin, LSD, amphetamines, cannabis, other)

☐ No
☐ Yes

Show Flash card to indicate names and types of drugs

If yes, what did you take and when did you take these?

	Month of pregnancy								
a.	1	2	3	4	5	6	7	8	9
b.	1	2	3	4	5	6	7	8	9
c.	1	2	3	4	5	6	7	8	9
d.	1	2	3	4	5	6	7	8	9
e.	1	2	3	4	5	6	7	8	9
f.	1	2	3	4	5	6	7	8	9
g.	1	2	3	4	5	6	7	8	9
h.	1	2	3	4	5	6	7	8	9
i.	1	2	3	4	5	6	7	8	9
j.	1	2	3	4	5	6	7	8	9

11D. Tobacco

11.10 Have you ever smoked as much as one cigarette a day for as long as a year?

☐ No
☐ Yes

11.11 Between the date of your last menstrual period and your delivery, did you smoke as much as one cigarette per day?

☐ No
☐ Yes

If yes:

11.12 During which months of your pregnancy?

1 2 3 4 5 6 7 8 9

11.13 On average, how many cigarettes (or equivalent) per day each month during your pregnancy?

One small cigar = 2 cigarettes
One large cigar = 3 cigarettes
1oz pipe tobacco = 28 cigarettes

Month	No of cigarettes
1	☐☐
2	☐☐
3	☐☐
4	☐☐
5	☐☐
6	☐☐
7	☐☐
8	☐☐
9	☐☐

11.14 Have you ever chewed as much as one betel nut/quid/paan per day for as long as a year?

☐ No
☐ Yes

11.15 Between the date of your last menstrual period and your delivery, did you chew as much as one betel nut/quid/paan per day?

☐ No
☐ Yes

If yes,

11.16 During which months of your pregnancy?

1 2 3 4 5 6 7 8 9

11.17 Was this:

☐ With tobacco
☐ Without tobacco
☐ Both with and without tobacco
☐ Not known

11E. Alcohol

11.18 Do you ever drink alcohol?
Don't forget special occasions; include home-brewed beer or wine etc.

☐ No
☐ Yes

11.19 Did you drink at all during this pregnancy?
Don't forget special occasions; include home-brewed beer or wine etc.

☐ No
☐ Yes

If yes:

11.20 During which months of your pregnancy?

Month of pregnancy

1 2 3 4 5 6 7 8 9

11.21 Approximately how many units per week did you drink during each month?
Show flash card to illustrate units

Month	Units
1	☐☐
2	☐☐
3	☐☐
4	☐☐
5	☐☐
6	☐☐
7	☐☐
8	☐☐
9	☐☐

11.22 Did you drink more than 5 units per day?

☐ Never
☐ Less than once per month
☐ 1-2days per month
☐ 1-2 days per week
☐ 3-4 days per week
☐ 5 or more days per week

11F. Diet

11.23 Would you describe yourself as a vegetarian?

☐ No
☐ Yes

11.24 Are you a vegan?

☐ No
☐ Yes

11.25 Do you ever eat:
Please tick all that apply

☐ Meat
☐ Fish
☐ Animal products eg milk, cheese

11.26 How many days a week , on average , during your pregnancy did you eat the following types of food?
Please tick all that apply

	Never	Less than once/month	1-2 days /month	1-2 days /week	3-4 days /week	5 or more days/week
11.27 Fresh fruit	☐	☐	☐	☐	☐	☐
11.28 Fresh vegetables or salad vegetables	☐	☐	☐	☐	☐	☐
11.29 Oily fish *(salmon, mackerel, trout etc)*	☐	☐	☐	☐	☐	☐
11.30 Red meat *(beef, lamb)*	☐	☐	☐	☐	☐	☐

11.31 In the past 12 months have you personally been forced to buy cheaper food so that you could pay for other things you needed?

☐ No
☐ Yes

11.32 How many days a week on average do you have 5 portions of fruit or vegetables?

☐

11.33 In the past 12 months have you personally gone without fruit and vegetables often so that you could pay for the things you needed?

☐ No
☐ Yes

11G. Caffeine

During your pregnancy how many times each day, on average, did you consume the following?

	Never	Less than 1/day	1	2-3	3-4	4-5	>5
11.34 Freshly brewed coffee *(not decaf)*	☐	☐	☐	☐	☐	☐	☐
11.35 Instant coffee *(not decaf)*	☐	☐	☐	☐	☐	☐	☐
11.36 Tea *(not fruit, herbal or decaf)*	☐	☐	☐	☐	☐	☐	☐
11.37 Hot chocolate	☐	☐	☐	☐	☐	☐	☐
11.38 Cola *(regular or diet)*	☐	☐	☐	☐	☐	☐	☐
11.39 Energy drinks *(eg Red Bull)*	☐	☐	☐	☐	☐	☐	☐
11.40 Bar of chocolate	☐	☐	☐	☐	☐	☐	☐
11.41 'Over the counter' medications containing caffeine *(eg ProPlus)*	☐	☐	☐	☐	☐	☐	☐

11H. Stress

The following questions are about stressful events that can happen at any time. Please could you tell me if any of the following events or problems happened to you during your pregnancy?
(Please ascertain months in question)

11.42 Did you suffer a serious illness, injury or assault?	1	2	3	4	5	6	7	8	9
11.43 Did close relatives suffer a serious illness, injury or assault?	1	2	3	4	5	6	7	8	9
11.44 Did a close family member die?	1	2	3	4	5	6	7	8	9
11.45 Did you have a separation from your husband/partner due to relationship difficulties?	1	2	3	4	5	6	7	8	9
11.46 Did you have a serious problem with a relative, close friend or neighbour?	1	2	3	4	5	6	7	8	9
11.47 Were you sacked or made redundant from your place of work or unsuccessful in seeking employment?	1	2	3	4	5	6	7	8	9

11.48 Did you have a major financial crisis? 1 2 3 4 5 6 7 8 9

11.49 Was something you valued lost or stolen? 1 2 3 4 5 6 7 8 9

11.50 Did you have any other sort of crisis? *(Emergency situation, problems with police etc)* 1 2 3 4 5 6 7 8 9

Please specify:

11.51 Is there anything else that happened during your pregnancy that you felt was relevant? *(House move etc)* 1 2 3 4 5 6 7 8 9

11.52 Midwife's initials

11.53 Midwife's notes/comments: