

Wirral Child Health and Development Study

The University
of Manchester

MANCHESTER
1824



UNIVERSITY OF
LIVERPOOL

We are very grateful to you for helping us with our research. Your baby will be about 8 weeks old now. We want to ask you about how you've been feeling recently and what happened at your baby's birth. We are asking all the mothers in our study to do this to help us understand more about life after a first baby. The questions we ask are not a test, so there are no right or wrong answers. Please just say how things really are for you now. When you have finished please put the form in the stamped addressed envelope provided and return it in the post to us.

What is the date today? / /
(date / month / year)

First, some questions about you and your baby....

- 1) What is your baby's age now: _____ weeks old
- 2) Baby's date of birth: _____
(date / month / year)
- 3) (a) Was your baby early?Yes / No
(b) If so, by how many weeks? _____
- 4) Baby's weight at birth, if you know: _____
- 5) Did you have: _____ Triplets / Twins / Single (please circle)
- 6) Did you have: _____ Boy / Girl (please circle)
- 7) At delivery, did you have:
 - a) Normal vaginal deliveryYes / No
 - b) Forceps deliveryYes / No
 - c) Suction (Ventouse)Yes / No
 - d) Caesarian sectionYes / No
 - e) If you had a Caesarian section, was it: 1) planned or 2) emergency? (please circle)
 - f) Other delivery or postnatal complications (please describe briefly):

- 8) How long did **you** stay in hospital? (please state hours or days)

9) a) Did your baby have to go to Special Baby Care Unit?Yes / No

b) If yes: how long for?

c) What was the reason?

10) Do you have concerns about your baby's health now? (please circle a response below)

No concerns / Minor concerns / Major concerns

Please give details of any concerns you have _____

11) Have **YOU** had any complications or health problems during this pregnancy since the 20 week scan which required medical attention?

- | | |
|--|--------------------------|
| a) No | <input type="checkbox"/> |
| b) Yes, treated by GP | <input type="checkbox"/> |
| c) Yes, treated as hospital outpatient | <input type="checkbox"/> |
| c) Yes, required hospital admission | <input type="checkbox"/> |

Please give details

12) Did you take any medicines **DURING** pregnancy after 20 weeks gestation? (please circle) Yes / No

Please give the name(s) of these medicine(s) _____

13) **Since your baby's birth** have you taken medicines prescribed the doctor? (please circle) Yes / No

Please give name(s) of these medicines: _____

Your marital status now....

- | | | |
|-------------------------------|---|------------------------------------|
| 12) Are you currently: | <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| (Please tick a box) | <input type="checkbox"/> Cohabiting (Living with a partner) | <input type="checkbox"/> Separated |
| | <input type="checkbox"/> Partner living elsewhere | <input type="checkbox"/> Widowed |
| | <input type="checkbox"/> Other (please describe below) | <input type="checkbox"/> Divorced |

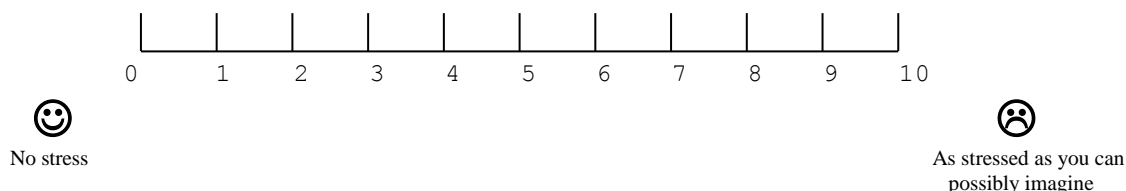
13) **Is this the same as when we spoke to you at your 20 week scan appointment?** (please tick)

- ☐ Yes the same – I am single like before
- ☐ Yes the same – I am living with the same partner
- ☐ Yes the same – my partner still lives elsewhere
- ☐ No things are different – I am now living with my partner
- ☐ No things are different – I am now in a new relationship but we are not living together
- ☐ No things are different – I am now living with a new partner
- ☐ No- My previous relationship ended and I am now single
- ☐ Other – can you give brief details below

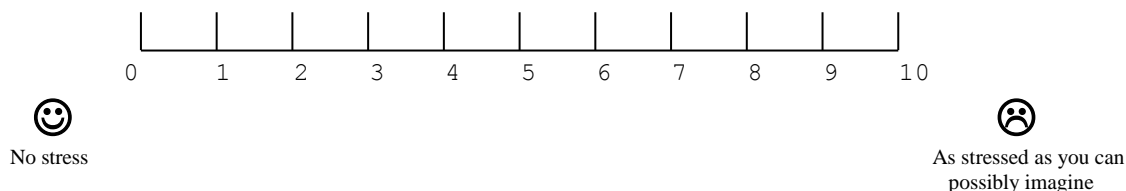
Pregnancy stress

We would like to know how stressed or worried you have felt **during the last 3 months of pregnancy** . On the following scale 0 indicates feeling extremely relaxed and 10 indicates feeling extremely stressed or worried.

14) Please circle how worried and stressed you were feeling during later pregnancy (weeks 25-birth)

**Postnatal stress**

15) Please circle how worried and stressed you have been feeling since your baby's birth?

**Feeding your baby...**

(16) Please place a tick on the scale below to tell us how have you been feeding your baby?

(a) WHEN YOUR BABY WAS NEWBORN, did you...

FEED YOUR BABY ON DEMAND [][]...[][]...[][]...[][]...[][]...[][]...[][]

FEED YOUR BABY AT SET TIMES

MOSTLY BREAST FEED [][]...[][]...[][]...[][]...[][]...[][]...[][]

MOSTLY BOTTLE FEED

(b) WHEN YOUR BABY WAS NEWBORN, did you bottle feed using formula milk or breast milk or both? (please circle a response below)

formula milk / breast milk / breast and formula milk / did not bottle feed

(c) WHEN YOUR BABY WAS NEWBORN did he/she have to be tube fed at all ? Yes / No (please circle a response)

(d) If your baby was tube fed, please tell us for how many days approximately : [][][] days

(e) WHEN YOUR BABY HAD REACHED 6 WEEKS OLD did you ...

FEED YOUR BABY ON DEMAND [][]...[][]...[][]...[][]...[][]...[][]...[][]

FEED YOUR BABY AT SET TIMES

MOSTLY BREAST FEED [][]...[][]...[][]...[][]...[][]...[][]...[][]

MOSTLY BOTTLE FEED

(f) WHEN YOUR BABY HAD REACHED 6 WEEKS OLD, did you bottle feed using formula milk or breast milk or both? (please circle a response below)

formula milk / breast milk / breast and formula milk / do not bottle feed

Relationships recently...

Relationships can be a source of support and a source of stress at different times for all of us. We need to learn more about how relationships influence how women feel in the early postnatal weeks so we can develop ways of better supporting women in future. We'd like to ask you three brief questions about how satisfied you are with your relationship now. If you don't have a current partner or boyfriend at the moment but baby's father is in contact with your child then complete question 18 only. Like all the information you give us, your responses will be kept private and confidential.

Please circle the response that best fits how you feel now?								
16	How satisfied are you with your marriage / relationship?	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied
17	How satisfied are you with your husband / partner?	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied
18	How satisfied are you with your husband / partner's contribution to parenting so far?	Extremely Dissatisfied	Very Dissatisfied	Somewhat Dissatisfied	Mixed	Somewhat Satisfied	Very Satisfied	Extremely Satisfied

Your general health

The following questions ask about your health in general. For each statement, please circle the response that comes closest to how you have been feeling **over the past few weeks**. Have you recently

19	Been able to concentrate on whatever you are doing?	Better than usual	Same as usual	Less than usual	Much less than usual
20	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
21	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
22	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
23	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
24	Felt you couldn't over come your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
25	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
26	Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
27	Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
28	Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
29	Been thinking of your self as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
30	Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

How have you been feeling in the past week ...

As you have recently had a baby, we would like to know how you are feeling now.

Please underline the answer which comes closest to how you have felt IN THE PAST WEEK, not just how you feel today.

Here is an example, already completed:

I have felt happy:

Yes, all the time

Yes, most of the time

No, not very often

No, not at all

This would mean "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past seven days

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things:
 As much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all</p> | <p>6. Things have been getting on top of me:
 Yes, most of the time I haven't been able to cope at all
 Yes, sometimes I haven't been coping as well as usual
 No, most of the time I have coped quite well
 No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things:
 As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all</p> | <p>7. I have been so unhappy that I have had difficulty sleeping:
 Yes, most of the time
 Yes, sometimes
 Not very often
 No, not at all</p> |
| <p>3. I have blamed myself unnecessarily when things went wrong:
 Yes, most of the time
 Yes, some of the time
 Not very often
 No, never</p> | <p>8. I have felt sad or miserable:
 Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason:
 No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often</p> | <p>9. I have been so unhappy that I have been crying
 Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never</p> |
| <p>5. I have felt scared or panicky for no very good reason:
 Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all</p> | <p>10. The thought of harming myself has occurred to me:
 Yes, quite often
 Sometimes
 Hardly ever
 Never</p> |

Your mood and feelings now?

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the most appropriate number to the right of the statement to INDICATE HOW YOU FEEL RIGHT NOW, AT THIS MOMENT. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	HOW DO YOU FEEL RIGHT NOW..?	Not at all	Somewhat	Moderately so	Very much so
1	I feel calm.....	1	2	3	4
2	I feel secure.....	1	2	3	4
3	I feel tense.....	1	2	3	4
4	I am strained.....	1	2	3	4
5	I feel at ease.....	1	2	3	4
6	I am upset.....	1	2	3	4
7	I am presently worrying over possible misfortunes.....	1	2	3	4
8	I feel satisfied.....	1	2	3	4
9	I feel frightened.....	1	2	3	4
10	I feel comfortable.....	1	2	3	4
11	I feel self-confident.....	1	2	3	4
12	I feel nervous.....	1	2	3	4
13	I feel jittery.....	1	2	3	4
14	I feel indecisive.....	1	2	3	4
15	I am relaxed.....	1	2	3	4
16	I feel content.....	1	2	3	4
17	I am worried.....	1	2	3	4
18	I feel confused.....	1	2	3	4
19	I feel steady.....	1	2	3	4
20	I feel pleasant.....	1	2	3	4

Now we'd like to learn about your BABY and what s/he likes and dislikes.

😊 **All babies are different so we would like to learn from you** 😊
a little more about your experience of your own baby so far

As you read about each baby behaviour on the next page, please tell us how often YOUR BABY did this during the LAST WEEK (the past seven days) by circling one of the numbers in the right hand column.

The “Does Not Apply” (X) column is used when you did not see the baby in the situation described during the last week. For example, if the situation mentions the baby having to wait for food or liquids and there was no time during the last week when the baby had to wait, circle the (X) column. “Does Not Apply” is different from “Never” (1).

“Never” (1) is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week. For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, circle the (1) column.

- | | | | | | | | |
|-----------|-----------------|-----------------------------|-------------------------|-----------------------------|-------------------|------------|--------------------|
| (1) Never | (2) Very Rarely | (3) Less Than Half the Time | (4) About Half the Time | (5) More Than Half the Time | (6) Almost Always | (7) Always | (X) Does Not Apply |
|-----------|-----------------|-----------------------------|-------------------------|-----------------------------|-------------------|------------|--------------------|

<p>Please be sure to circle a number for <u>every</u> item.</p> <p>DURING THE PAST WEEK</p>	<p>(1) Never</p> <p>(2) Very Rarely</p> <p>(3) Less Than Half the Time</p> <p>(4) About Half the Time</p> <p>(5) More Than Half the Time</p> <p>(6) Almost Always</p> <p>(7) Always</p> <p>(X) Does Not Apply</p>
SLEEPING	
<p><u>Before falling asleep at night, how often did the baby:</u></p> <p>.. show no fussing or crying?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>After sleeping, how often did the baby:</u></p> <p>...fuss or cry immediately?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>.. play quietly in the cot</p>	<p>1 2 3 4 5 6 7 X</p>
<p>.. cry if someone doesn't come within a few minutes?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>How often did the baby:</u></p> <p>.. seem angry (crying and fussing) when you left her/him in the cot?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>.. seem contented when left in the cot?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>.. cry or fuss before going to sleep for naps?</p>	<p>1 2 3 4 5 6 7 X</p>

BATHING AND DRESSING	
<p><u>When his/her face was washed, how often did the baby:</u></p> <p>... fuss or cry?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>When his/her hair was washed, how often did the baby:</u></p> <p>... fuss or cry?</p>	<p>1 2 3 4 5 6 7 X</p>
PLAY	
<p><u>When something the baby was playing with had to be removed, how often did s/he:</u></p> <p>... cry or show distress for a time?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>... seem not bothered?</p>	<p>1 2 3 4 5 6 7 X</p>

<p>Please be sure to circle a number for <u>every</u> item.</p> <p><u>DURING THE PAST WEEK</u></p>	<p>(1) Never (2) Very Rarely (3) Less Than Half the Time (4) About Half the Time (5) More Than Half the Time (6) Almost Always (7) Always (X) Does Not Apply</p>
<p>DAILY ACTIVITIES</p>	
<p><u>How often during the last week did the baby:</u> ... cry or show distress at a change in parents' appearance (glasses off, shower cap on, etc.)?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>How often during the last week did the baby:</u> ... protest being placed in a confining place (infant seat, play pen, car seat, etc.)?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>... startle at a sudden change in body position (e.g. when moved suddenly)?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>... startle to a loud or sudden noise?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>When placed on his/her back, how often did the baby:</u> ... fuss or protest?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>When the baby wanted something, how often did s/he:</u> ... become upset when s/he could not get what s/he wanted?</p>	<p>1 2 3 4 5 6 7 X</p>
<p>... have tantrums (crying, screaming, face red, etc.) when s/he did not get what s/he wanted?</p>	<p>1 2 3 4 5 6 7 X</p>
<p><u>When placed in an infant seat or car seat, how often did the baby:</u> ... show distress at first; then quiet down?</p>	<p>1 2 3 4 5 6 7 X</p>

DURING THE PAST TWO WEEKS

9

And finally....

Please circle one response to tell us about what your baby's likes...

	Never	Rarely	Some times	Often	A lot	I am not sure yet
My baby likes to be touched.	1	2	3	4	5	6
My baby likes me to talk to her/him.	1	2	3	4	5	6
My baby likes me to sing to her/him.	1	2	3	4	5	6
My baby likes me to leave her/him alone.	1	2	3	4	5	6
My baby likes me to hold her/him.	1	2	3	4	5	6

	Never	Rarely	Some times	Often	A lot	I am not sure yet
My baby likes me to put her/him down (e.g. in pram / cot / basket / on mat)	1	2	3	4	5	6
My baby likes to suck a dummy	1	2	3	4	5	6
My baby tries to suck her/his own hands	1	2	3	4	5	6

How often do you find yourself doing each of the following things with your baby?

(Please circle one response)

	Never	Rarely	Sometimes	Often	A lot
I hold my baby	1	2	3	4	5
I pick my baby up.	1	2	3	4	5
I talk to my baby.	1	2	3	4	5
I cuddle my baby.	1	2	3	4	5
I rock my baby.	1	2	3	4	5
I kiss my baby.	1	2	3	4	5
I stroke my baby's tummy.	1	2	3	4	5
I stroke my baby's back.	1	2	3	4	5
I stroke my baby's face.	1	2	3	4	5
I stroke my baby's arms or legs.	1	2	3	4	5
I watch my baby	1	2	3	4	5
I leave her/him to lie down (e.g. in pram / cot / basket / on mat)	1	2	3	4	5

Please complete the following two sentences in your own words:

(a) Most of all I have noticed my baby does not seem to like ...

.....

.....

.....

(b) Best of all I have noticed my baby likes me to

.....

.....

.....

Thank you for your help in completing this questionnaire and for your time.

Please return your answers to us in the stamped addressed envelope provided to:

**Wirral Child Health and Development Study, The Lauries Centre, 142 Claughton Road,
Birkenhead, CH41 6EY, Freephone 08000517597**

Professor Jonathan Hill and Dr Helen Sharp and all the research team

