Understanding Continuity of Care:
A Mixed Methods Study Exploring Midwifery Client Experiences of Continuity of Care

Online Survey

Eligibility Screening

1. Have you given birth on or after January 1, 2018?
    - Yes
    - No

2. Did your birth take place in Ontario under the care of a midwife?
    - Yes
    - No

3. Are you 16 years of age or older?
    - Yes
    - No

4. Are you able to communicate in English?
    - Yes
    - No

- If they answer "yes" to all of the questions above they will be directed to continue to the survey questions.
- If they answer "no" to any of the questions above they will be directed to a message that reads "Thank you for your time and interest in midwifery research."

Part 1: Demographic Information

Tell us about you.

1. How old are you?

2. What are the first 3 digits of your postal code?

3. How many times have you been pregnant, including this most recent pregnancy?
    - This was my first pregnancy
    - I have been pregnant 2 times
    - I have been pregnant 3 times
    - I have been pregnant 4 or more times
    - Prefer not to answer

4. Which of the following best describes your racial or ethnic group? Check one only.

[Asian-East (e.g. Chinese, Japanese, Korean), Asian-South (e.g. Indian, Pakistani, Sri Lankan), Asian-South East (e.g. Malaysian, Filipino, Vietnamese), Black-African (e.g. Ghanaian, Kenyan, Somali), Black-Caribbean (e.g. Barbadian, Jamaican), Black- North American (e.g. Canadian, American), First Nations, Indo-Caribbean (e.g. Indo-Guyanese, Indo-Trinidadian and Tobagonian), Indigenous/Aboriginal – not included elsewhere (e.g. Māori, Kānaka Maoli, Saami), Inuit, Jewish (e.g., Ashkenazi, Sephardic, Mizrahi), Latin American (e.g. Argentinian, Chilean, Salvadoran), Métis, Middle Eastern (e.g. Egyptian, Iranian, Lebanese), Pacific Islanders, Melanesian, Micronesian and Polynesian Islanders (e.g. Hawaii, Tonga, Samoan), White-European (English, Italian, Portuguese, Russian), White-North American (e.g. Canadian, American), Mixed Heritage (e.g. Black-African & White-North American) Please Specify:, Other(s): Please Specify:, Do not know, Prefer not to answer]

5. Which of the following best describes your gender identity:
   - o Woman
   - o Man
   - o Gender-queer
   - o Transgender
   - o Non-binary
   - o Agender
   - o Indigenous or other cultural gender minority identity (e.g., two-spirit)
   - o Category not listed – please specify:
   - o Prefer not to answer

6. Which of the following best describes your sexual orientation?
   - o Heterosexual/Straight
   - o Lesbian
   - o Gay
   - o Bisexual
   - o Queer
   - o Asexual
   - o Category not listed – please specify:
   - o Prefer not to answer

7. What is your residency status?
   - o Canadian citizen
   - o Work permit
   - o Student visa
   - o Refugee claimant
   - o Permanent resident
   - o Prefer not to answer

8. What is your annual household income?
   - o < $19,000

- $20,000–$29,99
- $30,000–$39,999
- $40,000–$49,999
- ≥ $50,000
- Prefer not to answer

9. What is your highest level of education
   - Less than high school
   - High school
   - College, CEGEP, or other non-university (including trade school)
   - Undergraduate degree (Bachelor's degree, e.g., BA, BSc)
   - Graduate or professional degree (e.g., MSW, MPH, PhD, MD)
   - Prefer not to answer

10. Do you have a history of healthcare or medical trauma?
    - No
    - Yes

11. How did you hear about this survey? (choose all that apply)
    - One of my midwives
    - Midwifery practice administrator
    - Another healthcare provider
    - Poster at my midwifery practice
    - Poster in another location
    - Facebook
    - Instagram
    - Friend or family member
    - Other, please specify: [open text]

Tell us about your most recent pregnancy & birth.

1. In what month and year did you most recently give birth? [open text]

2. In your most recent pregnancy, what type of birth did you have (select all that apply)?
   - Vaginal birth
   - Planned/repeat caesarean section
   - Emergency caesarean section
   - Forceps birth
   - Breech vaginal birth
   - Vacuum birth
   - Not sure
   - Prefer not to answer

3. In your most recent pregnancy/ postpartum period, did you experience any of the following:

	Yes	No

Labour before 37 weeks (pre-term)?		
An induction to start your labour?		
Epidural for pain relief		
Loss of the baby before they were born (stillbirth)		
Complications that required an obstetrician (OB) consult or transfer of care?	If yes, please list the complications	
A cut to help make the vaginal passage for the baby bigger (episiotomy)?		
Anxiety or Depression		
Use of cigarettes, alcohol or drugs		

4. Which of the following best describes your baby's feeding method during the first 6 weeks? (select 1 answer)
   - o Only breastfeeding
   - o Breastfeeding + formula
   - o Only formula feeding
   - o Other feeding methods - please specify: _____
   - o Prefer not to answer

Part 2: Midwifery Care Characteristics

1. How many times have you had care from a midwife?
   - One pregnancy
   - Two pregnancies
   - Three or more pregnancies
   - Prefer not to answer

2. For your most recent pregnancy, where did you plan to give birth?
   - Hospital
   - Midwifery Unit in hospital
   - Birthing Center
   - At home
   - Other - please specify:

3. For your most recent pregnancy, where did you give birth?
   - Hospital
     - Name of hospital:
   - Midwifery Unit in hospital
     - Name of hospital:
   - Birthing Center
     - Name of birth centre:
   - At home
   - Other - please specify:

4. For your most recent pregnancy, how many different midwives (not including students) did you meet?:
   _____ (number)
   - Unsure

5. For your most recent pregnancy, did you meet any student midwives?
   - Unsure
   - No
   - Yes

   If yes, how many different student midwives did you meet?:
   _____ (number)
   - Unsure

   If yes, how did student midwives impact your care? (Open text box)

6. During your most recent birth, was a midwife who you had met before present for any period of time (not including students)?
   - Yes, at least one of the midwives who attended my birth was known to me
   - No, none of the midwives who attended my birth were known to me

    - If no, were any of the new midwives you met at your birth part of your postnatal visits?
  - I don't remember
  - Prefer not to answer

7. Tell us about your experience with midwifery care for your most recent pregnancy. [Questions to have a visual Likert Scale of satisfaction]

General

- Overall, I was satisfied with my care.

Communication

- I was encouraged to ask questions and the answers met my needs
- The advice given by my midwife/midwives was useful
- My midwife/midwives gave me consistent advice
- I felt my midwives communicated important information about my care to each other when necessary
- My midwives took the time to listen to my perspectives or requests
- My midwives communicated my needs to the doctor when needed (not applicable option available)

Choice

- My midwife/midwives respected the knowledge I had of my body
- I felt that I had control over my care
- My midwife/the midwives discussed the risks and benefits of options available
- My decisions were respected
- I was asked about my hopes and preferences and the midwife/midwives took these into consideration
- My midwife/midwives made me feel involved in decision-making

Co-ordination of Care

- Pregnancy care from my midwife/midwives was provided in a safe and competent way
- During pregnancy, my midwife/midwives helped me feel more confident about the birth of my baby
- Overall, my midwife/midwives took time to check on how I was coping
- My needs for privacy were respected
- My midwife/midwives made me feel the birth of my baby was special
- I was well supported during labour and birth

Collaboration

- I had a partnership with my midwife/midwives, and they knew my strengths and concerns
- My midwife/midwives included my family and support people in the birth experience
- My midwife/midwives and doctors worked well as a team and the midwife was respected as part of the maternity care team (not applicable option available)

- My midwife ensured my preferences and values were respected and were relayed to other healthcare providers if needed

Continuity of Carer

- I gained trust from knowing my midwife/the midwives and feeling comfortable with them
- My midwife/midwives took time to get to know me and my family or other support people
- My midwife/midwives were caring and compassionate
- I would choose the same model of care for my next pregnancy
- I think having the same midwife/midwives involved in my care is important

Part 3: Defining Continuity of Care in Midwifery

1. In your opinion, what is the ideal number of midwives to look after you during pregnancy, childbirth and the postpartum period?
   - Only one midwife
   - Team of two midwives
   - Team of three midwives
   - Team of four or more midwives
   - The number of midwives does not matter to me

2. In your opinion, how important is it to have a relationship with your midwife or a team of midwives?
   - Very important
   - Somewhat important
   - Neutral
   - Somewhat unimportant
   - Not important

3. In your opinion, how important is it to have consistent, coordinated approach to care from your midwife or a team of midwives?
   - Very important
   - Somewhat important
   - Neutral
   - Somewhat unimportant
   - Not important

4. In your opinion, how important is it that your story and values are known by your midwife or a team of midwives?
   - Very important
   - Somewhat important
   - Neutral
   - Somewhat unimportant
   - Not important

5. How important is it to you to have met your midwife before your birth?
   - Very important
   - Somewhat important
   - Neutral
   - Somewhat unimportant
   - Not important

6. Thinking about your care during pregnancy, birth and the postpartum period what is most important to you (forced ranking question – 1-3)
   - A relationship with my care provider?
   - A consistent approach to care?
   - My story & values are known?

Please explain your answer (open text)

Part 4: Experiencing Midwifery-led Continuity of Care

1. How would you rate your overall satisfaction with the number of midwives involved in your most recent midwifery experience? (visual Likert scale)
   - Extremely satisfied
   - Very satisfied
   - Moderately satisfied
   - Slightly satisfied
   - Not satisfied at all

2. How important are the following aspects of care to you: [Likert scale of very important to not at all important]
   - Availability and accessibility of midwives at various times by pager
   - Diverse perspectives and expertise from a team of midwives
   - A plan made with your midwife unique to you and your wishes
   - Building a strong relationship with your midwives
   - Having someone I know look after me when I give birth
   - Having a care provider to support my choices
   - Being given choices about my care
   - Having a midwife that I know, who I can trust and be open and honest with
   - Having a midwife with a similar identity and/or personal beliefs

3. Thinking about the following situations, how important is it for you to have a midwife you have met before? [Likert scale of very important to not at all important]
   - If my care is transferred to an obstetrician
   - When having an internal exam (e.g. a vaginal exam to check how dilated the cervix is)
   - If there is an emergency during my birth
   - During a cesarean birth
   - During a home birth
   - When receiving bad news about your pregnancy
   - If you want to discuss or address a conflict or frustration with the care you are receiving by your midwifery team
   - During the first few days postpartum
   - At my final six-week visit
   - Answering the pager to respond to my questions and concerns

Part 5: Achieving Midwifery-led Continuity of Care

1. What three factors are most important to you? (pick top 3):
    - Communication between the midwives about me
    - Documentation in my chart
    - Pager service
    - The way the midwives organized their schedule – clinic & on call
    - The number of midwives that I saw
    - Being given choices & allowed to make decisions
    - Feeling that someone on my care team knows my preferences
    - Feeling that someone on my care team is committed to my wellness
    - Feeling safe enough to speak up to any midwife
    - Having a midwife on my care team from a similar population group as me (e.g. racialized, LGBTQ2SIA+)
    - Timely results from tests and ultrasounds
    - Other:

Thank you for your participation in our survey! Your responses are valuable and will contribute to important research about midwifery care in Ontario.

Would you like to tell us more?! You may be eligible to take part in a virtual one-on-one interview with our research team to collect additional information about your experiences with midwifery care in Ontario and what aspects of care are important to you. Participants in the interview portion of the study receive a $15 gift card for their time.

If you are interested in receiving more information about the interview portion of the study, please complete our Contact Form here. [re-direct to Consent to Contact form].