

Name: _____

BAM Participant ID #: _____

Date of Activity: ____/____/____
(mm/dd/yyyy)

Instructor/s: _____

Attended Becoming a Mom/Comenzando bien® group sessions: (check all that apply)

- In-person
- Virtually (Skype, Zoom, FaceTime, etc)

If attended virtually, what best describes your reason for attending virtually?

- Prefer to attend virtually
- Transportation issues
- Child care issues
- COVID-19
- Other

If “other”, please describe:

Have you developed any health condition(s) so far in your pregnancy?

- Yes
- No

If yes, please indicate the health condition(s) you have developed:

- Anemia
- Anxiety
- Cholestasis (liver condition occurring late in pregnancy)
- Depression
- Eclampsia (high blood pressure that causes seizures)
- Gestational Diabetes
- High blood pressure
- Placenta Previa
- Pre-eclampsia
- Pre-term labor (going into labor before 37 weeks gestation)
- Seizures (that are not caused by high blood pressure)
- Substance Use Disorder or Relapse (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- Other

If other, what other health condition have developed so far in your pregnancy?

Has your healthcare provider told you that you have a “high risk” pregnancy?

- Yes
- No

If yes, please indicate the reason(s):

Are you enrolled in the WIC Program?

- Yes
- No

I attended scheduled prenatal care visits with my healthcare provider (Doctor or Midwife):

- 1x per month
- More than 1x per month
- Less than 1x per month
- I have never had a prenatal care visit

The following sometimes prevents me from attending my prenatal appointments: (check all that apply)

- Nothing
- Child Care
- Transportation
- No documentation
- No healthcare provider
- Worried about payment
- Work/School
- Other

Please specify “other” barrier(s) to attending prenatal appointments:

I currently take prenatal or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

Which of the following are signs of preterm labor / labor? (check all that apply)

- Vaginal bleeding
- Increased vaginal pressure or the feeling that your baby is pushing down
- Low, dull backache
- Belly cramps with or without diarrhea
- Cramps that feel like your period
- None of the above

I should do the following if I'm experiencing preterm labor: (check all that apply)

- Call my healthcare provider
- Stop what I'm doing and rest on my left side for one hour
- Drink 2-3 glasses of water or juice
- None of the above

I should call my healthcare provider if I am experiencing the following post-birth symptoms: (check all that apply)

- Vaginal bleeding that is soaking through one pad per hour or more
- Blood clots the size of a quarter or smaller
- Blood clots the size of an egg or bigger
- Incision that is tender to touch or with movement
- Incision with spreading redness to the skin around the incision
- Incision with foul smelling cloudy drainage
- Incision with small amount of pink watery drainage
- Red or swollen leg, that is painful or warm to touch
- Temperature of 100.4°F or higher
- Night sweats without a fever
- Headaches that are relieved with pain medicine
- Headache that does not get better with medicine
- Bad headache with vision changes
- Intense anger, worry, or unhappiness
- Extreme mood swings
- Difficulty caring for yourself or your baby
- Feeling overwhelmed but able to care for yourself and your baby
- Less or little interest in things you used to enjoy
- Needing to take a nap
- Having scary, upsetting thoughts that don't go away
- Having trouble managing your emotions or feeling tearful
- None of the above

I should call 911 if I am experiencing the following post-birth symptoms: (check all that apply)

- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or someone else
- Feeling detached from reality, unreal, or like you're in a dream
- Feeling suspicious or afraid of people or events
- Seeing, hearing, or feeling things that aren't there
- Severe confusion
- None of the above

If I experience depression and/or anxiety during or after my pregnancy, I am _____ about available resources in my community.

- Very knowledgeable
- Knowledgeable
- A little knowledgeable
- Not knowledgeable

If I experience depression and/or anxiety during or after my pregnancy, I am _____ to talk with my healthcare provider and/or access available resources:

- Very likely
- Likely
- Somewhat likely
- Not likely

I have talked to my healthcare provider about medications that I'm taking (prescription and/or over the counter, herbal, etc.):

- Yes
- No
- N/A - not taking any medications

If I am considering taking medications (prescription and/or over the counter, herbal, etc.), I am _____ to talk to my healthcare provider before taking them.

- Very likely
- Likely
- Somewhat likely
- Not likely

I walk or do at least 30 minutes of moderate, low-impact physical activity _____ days per week.

- 0
- 1-3
- 4-6
- 7

I currently smoke _____ cigarettes per day.

- 0
- Less than ½ a pack
- ½ to a full pack
- More than a pack

I am _____ to develop a birth plan and talk to my healthcare provider about it.

- Very likely
- Likely
- Somewhat likely
- Not likely

A pregnancy is full-term when it reaches _____ weeks.

- 34-36
- 37-38
- 39-40

The following are benefits of a full-term pregnancy: (check all that apply)

- Baby's brain growth and development
- Baby's lung development and maturity
- Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)
- Improved ability to breastfeed

The following is true about breastfeeding: (check all that apply)

- My baby will be less likely to have diabetes later in life
- I will lower my risk of some types of cancer
- My breastfeeding experience should not be painful
- The frequency of my breastfeeding within the first 48 hours after birth can have an effect on my ability to produce enough milk for my baby

I am _____ to breastfeed my baby.

- Very likely
- Likely
- Somewhat likely
- Not likely
- Uncertain

If I am having difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about _____ available resources in my community.

- One
- More than one
- I don't know about any

I feel _____ about my ability to breastfeed.

- Very confident
- Confident
- Somewhat confident
- Not confident

After delivery, I plan to take prenatal vitamins or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I will put my baby to sleep on his/her: (check all that apply)

- Back
- Side
- Stomach

At home, my baby will sleep: (check all that apply)

- In a crib, bassinet or portable crib
- In an adult bed, couch or recliner with me
- In a car seat, carrier, bouncer or swing

I am ___ to talk about Safe Sleep with my child's other care providers (family members, childcare providers, etc).

- Very likely
- Likely
- Somewhat likely
- Not likely

I am _____ to talk to my healthcare provider during my prenatal care about methods for preventing pregnancy after the birth of my baby:

- Very likely
- Likely
- Somewhat likely
- Not likely

What method are you planning to use/talk to your healthcare provider about? (check all that apply)

- Diaphragm
- IUD
- Pill
- Natural Family Planning
- Condom
- Shot
- Arm Implant
- Tubal Ligation/Vasectomy
- I don't plan to talk to the doctor about this

I believe there is _____ to my health and the health of my next baby if I wait a minimum of 18 months before my next pregnancy.

- Great benefit
- Some benefit
- No benefit

PLEASE INDICATE WHETHER YOU HAVE CONTACTED OR PLAN TO CONTACT THE FOLLOWING COMMUNITY RESOURCES:

MCH Home Visiting (i.e. prenatal or postpartum visit in the home or other location by Health Department or BaM program staff) or other **Home Visitation Program Services:**

- Have contacted
- Plan to contact
- Do not plan to contact

Childcare Services (i.e. Childcare Aware, Health Dept., Childcare Licensing, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Substance Abuse Treatment Services:

- Have contacted
- Plan to contact
- Do not plan to contact

Medicaid/KanCare (eligibility, enrollment, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Tobacco Cessation (i.e. KS Quitline, local resources, cessation program, other on-line resources):

- Have contacted
- Plan to contact
- Do not plan to contact

Domestic Violence Prevention Services:

- Have contacted
- Plan to contact
- Do not plan to contact

Mental Health Services (i.e. Postpartum Support International, The Pregnancy & Postpartum Resource Center of KS, your provider or other counseling agencies/services in your community):

- Have contacted
- Plan to contact
- Do not plan to contact

Kansas Infant Death and SIDS Network (Safe Sleep information; Bereavement/Infant Loss Services, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Women, Infants, and Children (WIC) Services:

- Have contacted
- Plan to contact
- Do not plan to contact

Breastfeeding Support Services (help from local breastfeeding support staff, volunteers or support groups, La Leche League, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Car Seat Installation:

- Have contacted
- Plan to contact
- Do not plan to contact

Parenting/Early Childhood Services (i.e. Parents as Teachers, Early Head Start, other parenting programs and support services in your community, developmental screening or program services, babybuffer.org, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Transportation (i.e. community bus services, transportation services through Medicaid, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Housing (i.e. Section 8, housing shelter, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

Other Pregnancy Resources (i.e. Text-4-Baby, Count the Kicks, other pregnancy services or childbirth classes in your community, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

If “other pregnancy resource”, please specify:

Other (i.e. local food program, cloth diapering resources, etc.):

- Have contacted
- Plan to contact
- Do not plan to contact

If “other” community resource, please specify:

EVALUATION QUESTIONS

How was your overall experience with the Becoming a Mom/Comenzando bien® program?

- Excellent
- Good
- Fair
- Poor

I felt a connection to and supported by other pregnant women in the classes.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I felt a connection to and supported by my class teacher/instructor or group leader.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

How hard was the information in the Becoming a Mom/Comenzando bien® sessions to understand?

- Very Hard
- Hard
- Just right
- Easy
- Very easy

How much new information did you learn from the Becoming a Mom/Comenzando bien® program?

- None
- Some
- A lot

The Becoming a Mom/Comenzando bien® teacher/instructor: (check all that apply)

- Was lively
- Was boring
- Did not know the topics well
- Helped me with my problems
- Treated me with respect
- Encouraged me to ask questions
- Was hard to follow
- Knew the topics well

How helpful/valuable was Session 1, the Prenatal Care session (Common discomforts, prenatal care, conditions/complications, preterm labor, etc.)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

How helpful/valuable was Session 2, the Pregnancy Health session (medications, avoiding alcohol, smoking, weight gain, healthy diet and exercise, effects of: stress, certain foods, infections, environmental exposures, etc.)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

How helpful/valuable was Session 3, the Labor and Delivery session (preterm labor, labor and birth, coping mechanisms, birth plan, etc.)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

How helpful/valuable was Session 4, the Infant Feeding session (breastfeeding, bottle feeding, hunger cues, etc.)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

How helpful/valuable was Session 5, the Infant Care session (Period of Purple Crying, infant calming techniques, safe swaddling, SIDS Risk Reduction/Safe Sleep, infant car seat installation and other infant safety topics)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

How helpful/valuable was Session 6, the Postpartum Care session (physical changes, emotional changes, keeping healthy after baby, birth spacing, family planning options, etc.)?

- Not helpful/valuable
- A little helpful/valuable
- Somewhat helpful/valuable
- Very helpful/valuable
- Extremely helpful/valuable
- Did not attend

Please provide below any additional feedback you may have regarding the Becoming a Mom/Comenzando bien® program:

What difficulties did you experience with virtual participation? (check all that apply)

- Wi-Fi connectivity issues (interruptions in internet connection)
- No home Wi-Fi, had to use a friend or family members' or public Wi-Fi
- Disruptions in my home environment interfering with my ability to concentrate
- I did not feel as connected to the instructor due to my virtual participation
- I did not feel as connected to other participants due to my virtual participation
- I did not experience any difficulties related to virtual participation
- Other difficulties

If “other difficulties”, please describe:

How satisfied are you with your experience attending the Becoming a Mom/Comenzando bien® sessions virtually?

- Not Satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

I would like the opportunity to participate in Becoming a Mom/Comenzando bien® and/or other helpful services virtually in the future

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Please provide any additional feedback you may have regarding your virtual participation in Becoming a Mom/Comenzando bien®, including what, if anything, could have made the experience better:

If you attended any sessions virtually, please complete the following evaluation questions:

What type of electronic device did you use for participating in Becoming a Mom/Comenzando bien® sessions?

- Cellular phone
- Tablet
- Laptop
- Home computer
- Computer at a public location (i.e. library)

What type of internet service did you use for connecting virtually to Becoming a Mom/Comenzando bien® sessions?

- Cellular internet/data
- Hot spot
- Home Wi-Fi
- Public Wi-Fi