

## Maternal Health Network of San Bernardino County

---

### **2021 Consumer Survey Brief:**

*Experiences of Black and African American Families in  
the Maternal Health System*

## Acknowledgements

The Maternal Health Network of San Bernardino County understands the importance of capturing consumer voices when assessing the maternal health system. In 2019 the Maternal Health Network chose to create and distribute a survey to gain insight into the experience of consumers to help inform the development of the MHN's Strategic Plan. In 2020-21, a second iteration of the survey was conducted to assist with quality improvement efforts within the maternal health system of San Bernardino County.

Members of the Maternal Health Network were essential to the engagement of consumers in San Bernardino County through the development, distribution, and collection of this consumer survey. We would like to thank the following specific Maternal Health Network participating organizations in San Bernardino County:

- Arrowhead Regional Medical Center
- Inland Empire Community Foundation
- Inland Empire Health Plan
- Inland Empire Maternal Mental Health Collaborative
- Leadership Team Members of the Maternal Health Network
- Loma Linda University Medical Center
- Perinatal Advisory Council: Leadership, Advocacy, And Consultation
- SAC Health System Clinic, San Bernardino
- St. Bernardine Medical Center
- St. Joseph's Medical Center
- St. Mary Medical Center
- Workgroup Members of the Maternal Health Network

Additionally, we would like to offer special thanks to:

- **First 5 San Bernardino** for their financial support of consumer survey efforts
- **California Baptist University** and Dr. Kendra Flores-Carter for leading the development, distribution, and collection of the survey
- **San Bernardino County Department of Public Health**, particularly Black Infant Health Program/Perinatal Equity Initiative Public Health Program Coordinator, Elizabeth Sneed-Berrie and Public Health Epidemiologist, David Pratt, for their support in developing, refining, and distributing the survey





## Table of Contents

Acknowledgements.....	ii
Introduction and Background of the Brief.....	2
Methodology.....	2
Limitations and Considerations .....	3
Survey Respondent Profile .....	4
Risk Factors.....	5
Barriers to Services.....	5
Medical Conditions and other Risk Factors .....	6
Opportunities to Improve the System of Care .....	7
Improving Quality of Care Overall.....	7
Improving the Availability of Proactive Supports.....	9
Improving the System for Families at Different Maternal Stages.....	9
Improving the Availability and Quality of Services and Supports.....	13
Appendix A   Consumer Survey Questions.....	15
Consumer Survey- English.....	16
Consumer Survey- Spanish .....	21



## Introduction and Background of the Brief

In 2019, the Maternal Health Network of San Bernardino County (herein referred to as either “MHN” or “Network”) developed and distributed a survey throughout the county designed to help providers understand what kind of services are needed to support the health and well-being of mothers and their newborns and what components of the system could work better in the pregnancy and postpartum stages. Understanding the importance of centering the voices of individuals who are planning to get pregnant, those that are pregnant, and those that have recently delivered in quality improvement efforts, in 2020 the Network embarked upon a process to relaunch the consumer survey. The results of both iterations of the survey are available on the [MHN website](#).<sup>1</sup>



**Increasing equity** in maternal health outcomes and experiences, specifically amongst Black and African American families, is one of the five goals that drive the MHN’s 2020-2025 strategic plan. In summer 2021 the Perinatal Equity Initiative staff identified the opportunity to support this goal by utilizing the 2020-21 consumer survey responses to gain a better understanding of the experiences specifically of Black and African American participants within the maternal health system.

The following brief presents the results of key areas of inquiry using the responses only of survey participants that identified as Black or African American. The presented areas of inquiry were identified by PEI staff as relevant to future organizational decision-making and service delivery, and fall under the umbrella of three areas of inquiry:

1. What are some of the **barriers to accessing services** reported by Black and African American families in San Bernardino County?
2. What are some of the **risk factors** reported by Black and African American families in San Bernardino County?
3. What do Black and African American consumers identify as **opportunities to improve quality of care** within the maternal health system in San Bernardino County?

Other organizations that wish to utilize the 2020-21 consumer survey data to explore the experiences of other subpopulations may request the raw data following the guidance provided on the [MHN website](#).

## Methodology

Refinement of the 2019 survey was a collaborative effort between Cal Baptist, the Black Infant Health Project, and other members of the Maternal Health Network. Feedback on the 2019 survey and the identification of other areas of inquiry was solicited from MHN membership in May 2020 and the survey tool was finalized in June of the same year. The survey was made available in both English and Spanish; the final list of questions included in both versions is available in [Appendix A](#). **Note that only those questions identified as relevant by PEI staff are included in this brief.**

<sup>1</sup> The Consumer Survey Reports are available at <https://www.maternalhealthnetworksb.com/maternal-health-experience>.



A complete description of the methodology used to solicit survey participation is available in the full 2021 Consumer Survey report located on the [MHN website](#).

---

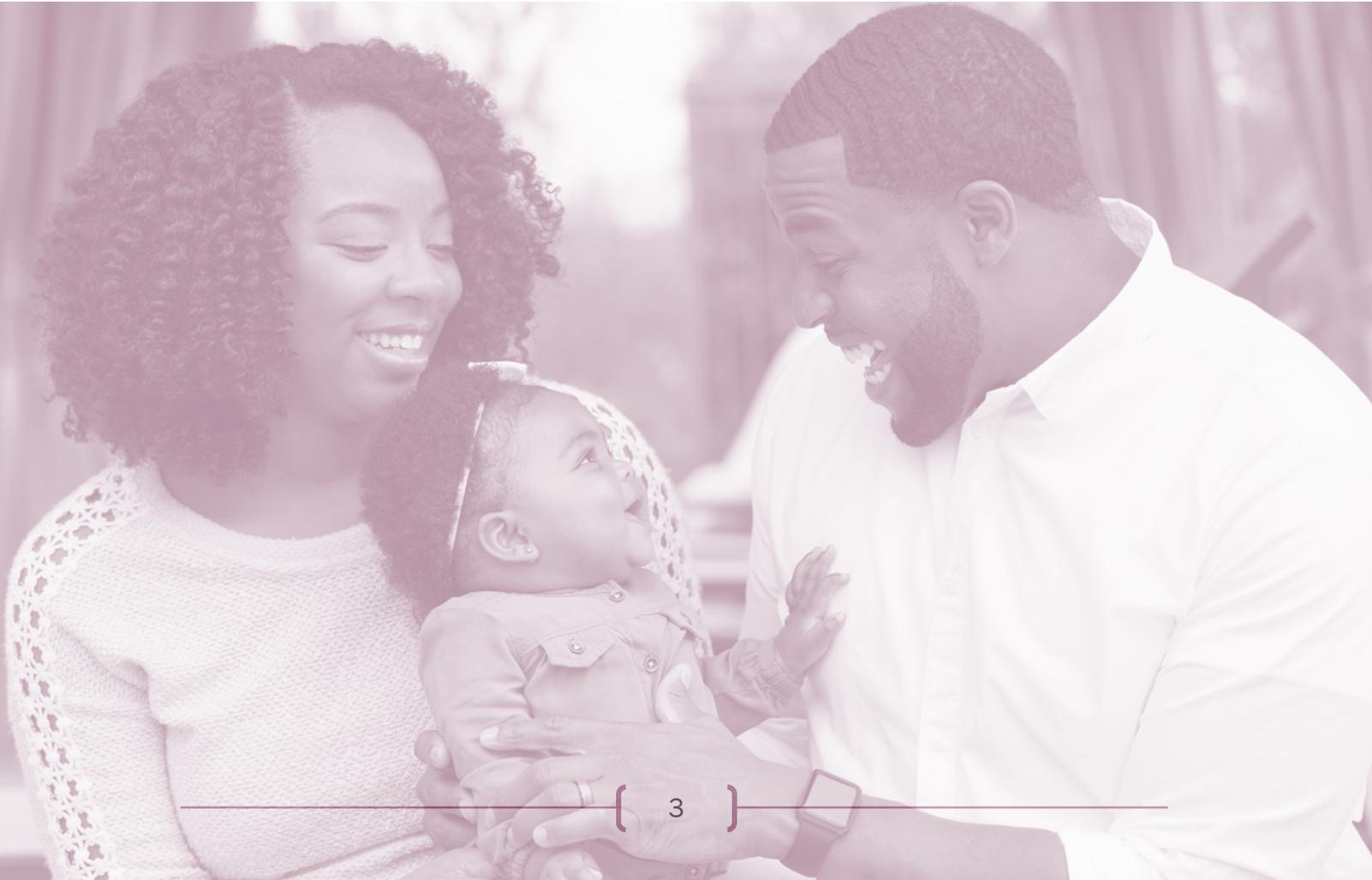
*A total of 253 surveys were collected throughout San Bernardino County, with 55 determined to be appropriate for inclusion in this brief.*

---

Survey participants responses were included in this brief if they indicated that they were Black or African American in response to the “What is your race/ethnicity?” question, or if they indicated they were “Mixed Race” but also indicated that they had participated in the Black Infant Health program. Additionally, only responses from women who are currently pregnant, planning to get pregnant within the next three months, or recently delivered within a year were included given the focus of the questions included for analysis. Not all participants responded to each question and “n”s for each question will vary.

### Limitations and Considerations

- Information is presented to provide a holistic picture of responses, and statistical analyses between subpopulations or responses were not conducted. Caution should be taken when generalizing these results due to the small sample sizes.

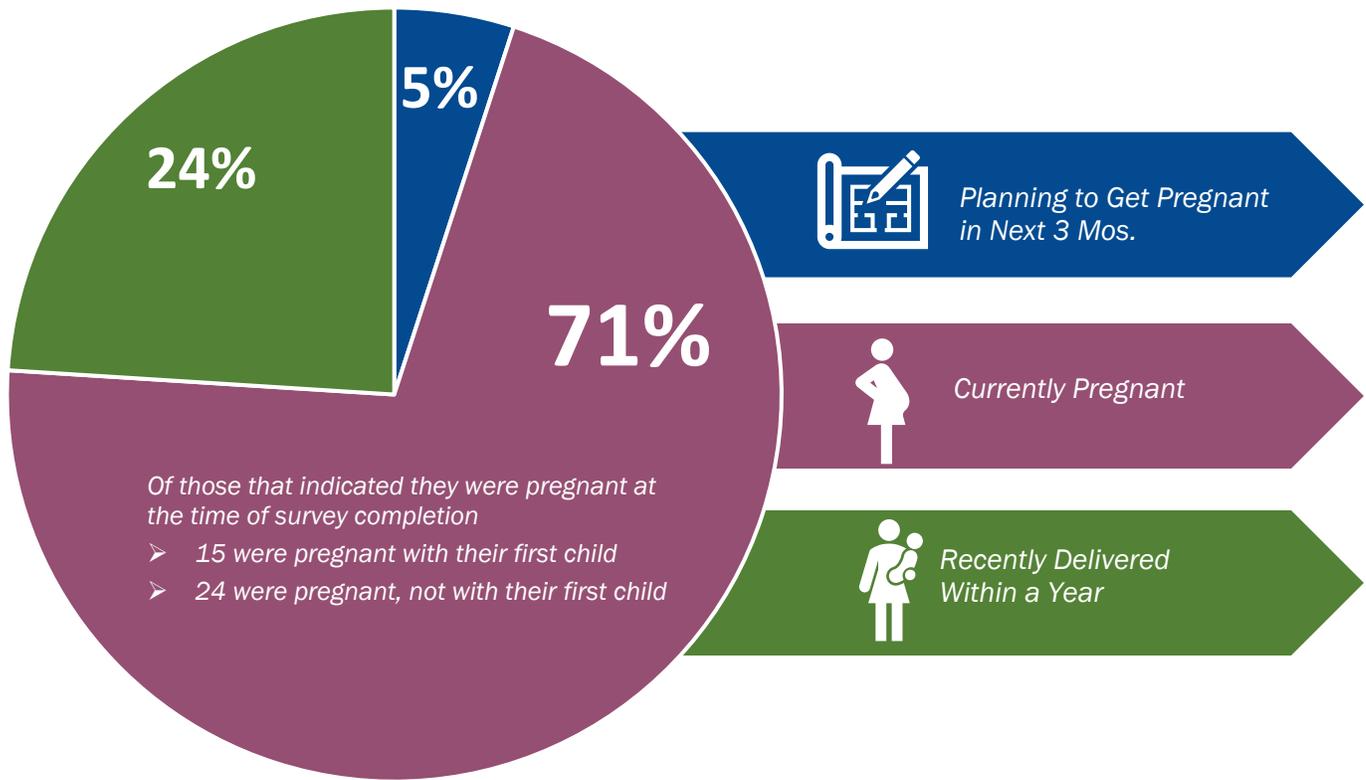




## Survey Respondent Profile

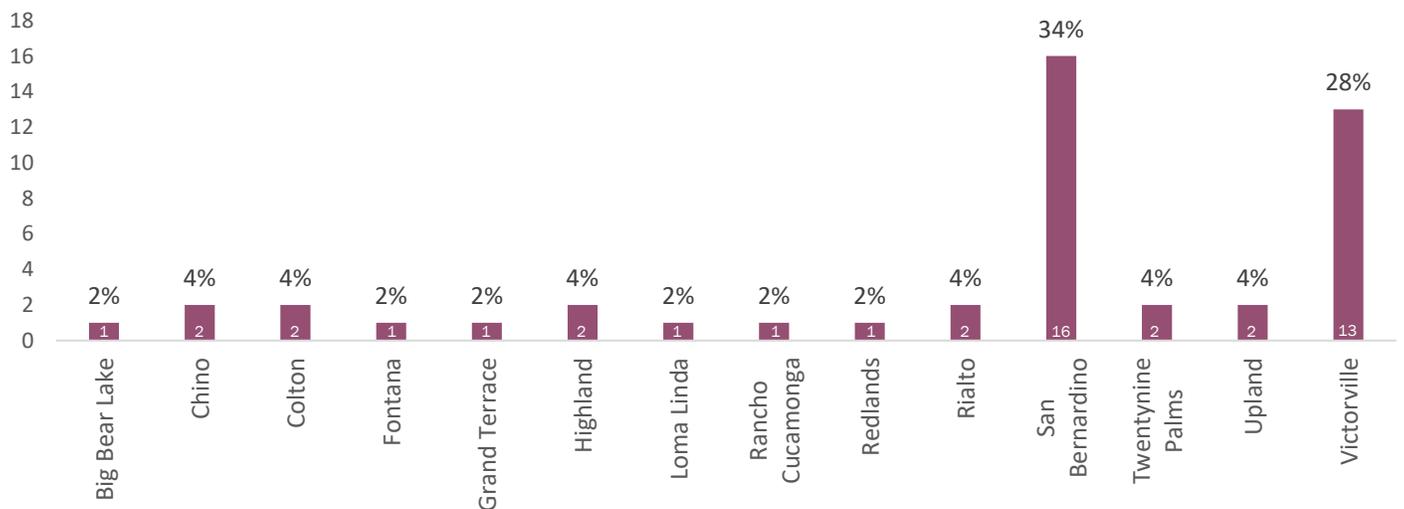
### Pregnancy Status (n=55)

Respondents were asked to identify a category that best described their pregnancy status. Of the 55 individuals included in this brief, the majority are currently pregnant.



### City/Location of Residence (n=47)

Respondents were asked to identify their city of residence. San Bernardino and Victorville were the most common responses.





## Risk Factors

Survey respondents indicated factors that could impact a healthy pregnancy and other positive outcomes.

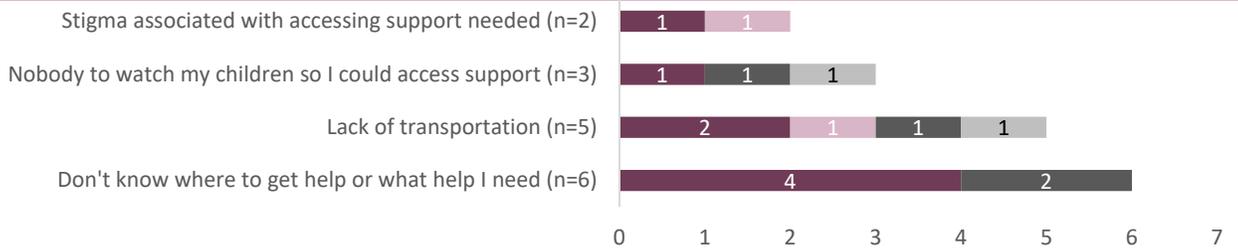
### Barriers to Services

Respondents were asked to identify, among a list of issues, those they believed were barriers to accessing services and the **extent to which those issues prevented them from accessing care**. As not all individuals completed both parts of this question, only results of the second part of the question (i.e. the extent to which issues presented barriers to assessing care) are illustrated in the figures below.

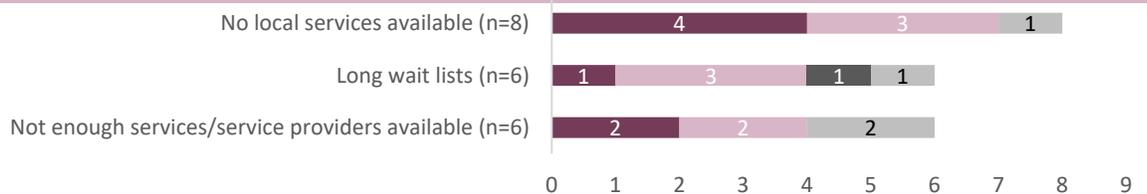
#### Financial



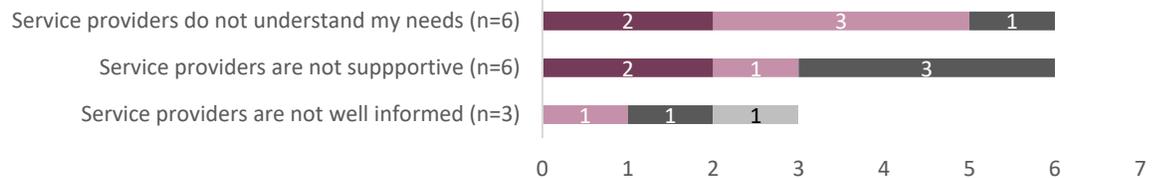
#### Support



#### Availability



#### Providers



#### Legend

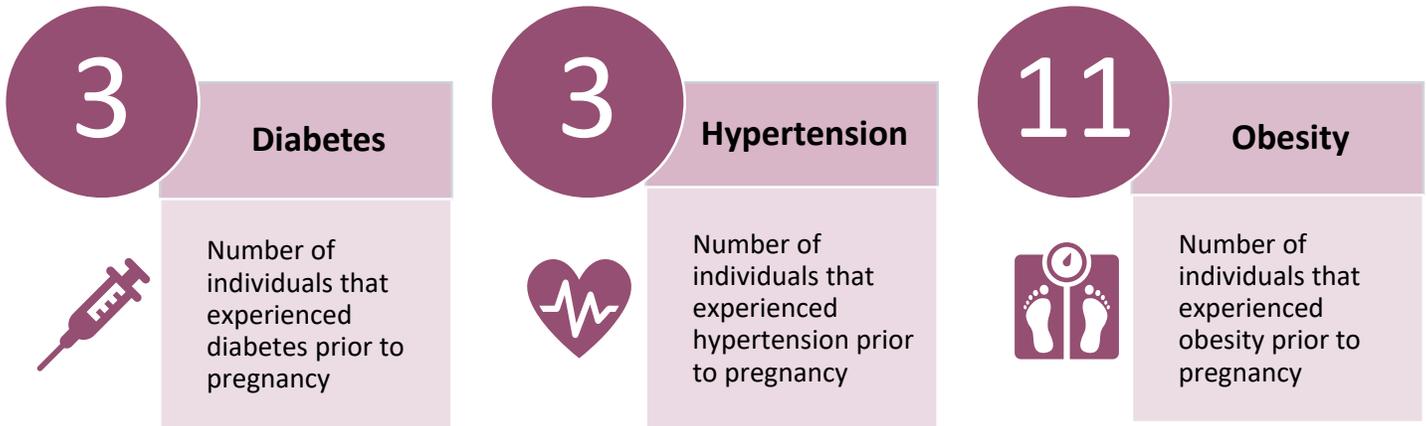
- Barriers always prevented access to care
- Created challenges that resulted in sometimes being able to access care
- Challenge that resulted in rarely being able to access care
- Created challenges but always able to access care

Insurance not covering needed services, no local services available, service providers not understanding respondent's needs or not being supportive were the biggest barriers to care. Not knowing where to get help or what help was needed was also noted as a substantial barrier to care.

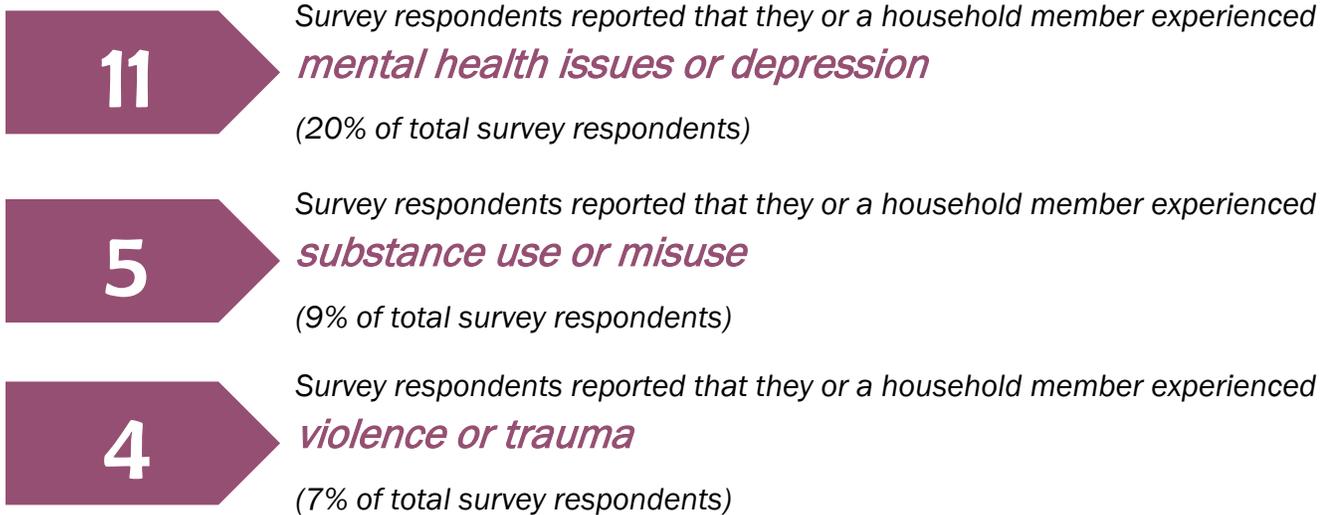


## Medical Conditions and other Risk Factors<sup>2</sup>

Survey respondents were asked to indicate if they experienced any of the following conditions within one year prior to pregnancy.



Survey respondents were also asked to indicate if they or anyone in their household experienced the following circumstances within a year prior to completing the survey.



Of the 25 respondents that indicated they have, or someone in their household has, experienced these medical conditions or other factors, 15 reported experiencing one, while 10 respondents indicated experiencing two or more risk factors. Of these, 9 experienced two, one experienced four, and no individuals indicated experiencing three or five.

<sup>2</sup> Note that these totals should be considered minimum counts, as respondents may have skipped this question due to a fear of stigma or repercussions associated with disclosure. A total of 25 respondents provided at least one answer to this question, while 30 did not provide an answer, either because they have not experienced these conditions or factors or because they did not wish to disclose that information.



## Opportunities to Improve the System of Care

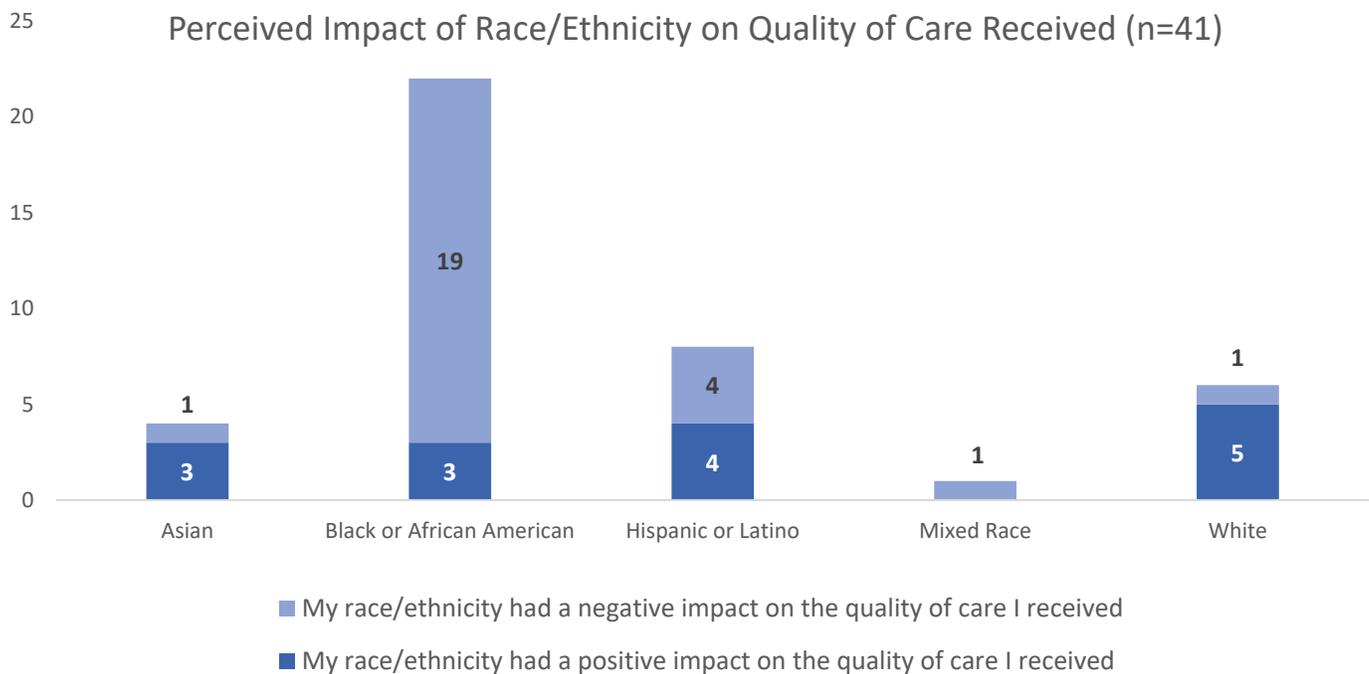
This page retains content from the original 2021 Consumer Survey Report as this information speaks to the experience of Black and African American families as compared to other groups within San Bernardino County.

Survey respondents were asked to indicate how elements of the maternal health system in San Bernardino County could be improved.

### Improving Quality of Care Overall

#### Impact of Race/Ethnicity on Quality of Care (n=252)

Respondents were asked to indicate if they felt that their race or ethnicity impacted the quality of care they received. While the majority indicated no (207 or 82%), 45 or 18% answered, yes, they felt that their race or ethnicity impacted the quality of care they received, either negatively or positively.



**45 people indicated that their race/ethnicity impacted their quality of care**

Of those 45 respondents, 15 felt that the impact was positive and 26 felt that the impact was negative (four did not provide an answer to this follow-up question). As demonstrated in the chart above, Black or African American and Hispanic or Latino respondents were more likely to indicate that their race or ethnicity had a negative impact on the quality of care they received than other groups, while White respondents were more likely to indicate that their race or ethnicity had a positive impact on their care.



### Provider Improvements (n=196)

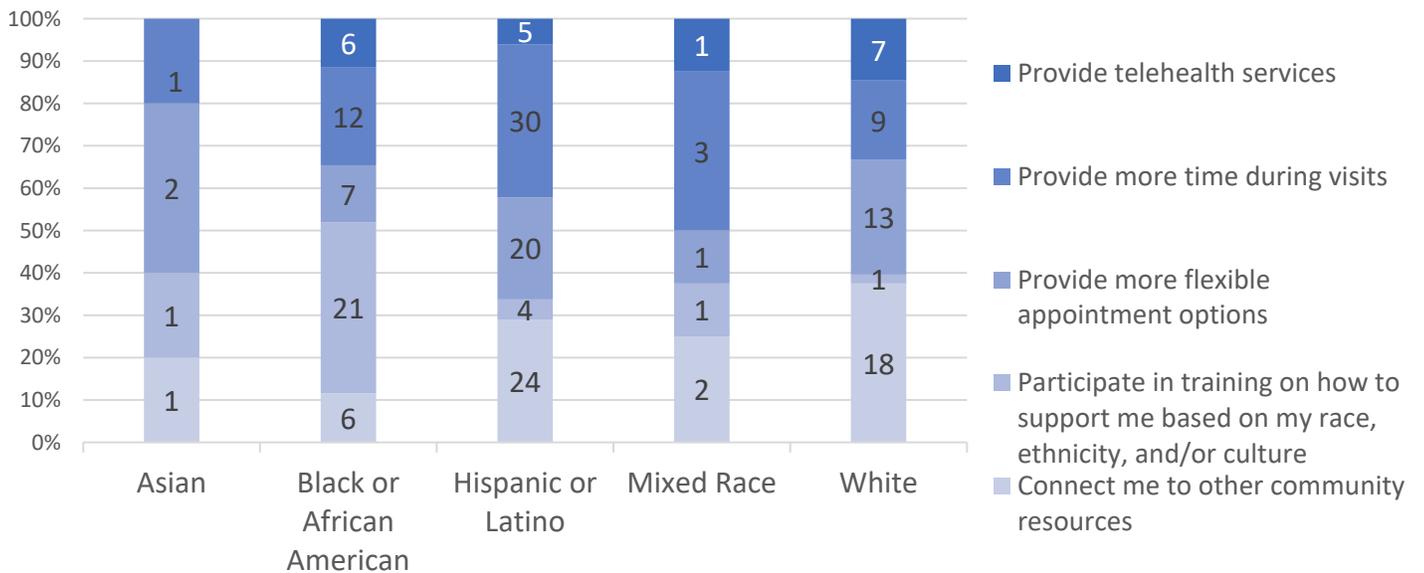
This page retains content from the original 2021 Consumer Survey Report as this information speaks to the experience of Black and African American families as compared to other groups within San Bernardino County.

Survey participants were asked to indicate what **one thing their provider could do or could have done to improve the quality of care they received**. Providing more time during visits, connecting individuals to other resources, and providing more flexible appointment options were the most common responses.



### Impact of Race/Ethnicity on Provider Improvement Prioritization

Respondents of different races and ethnicities prioritized different areas of provider improvement.



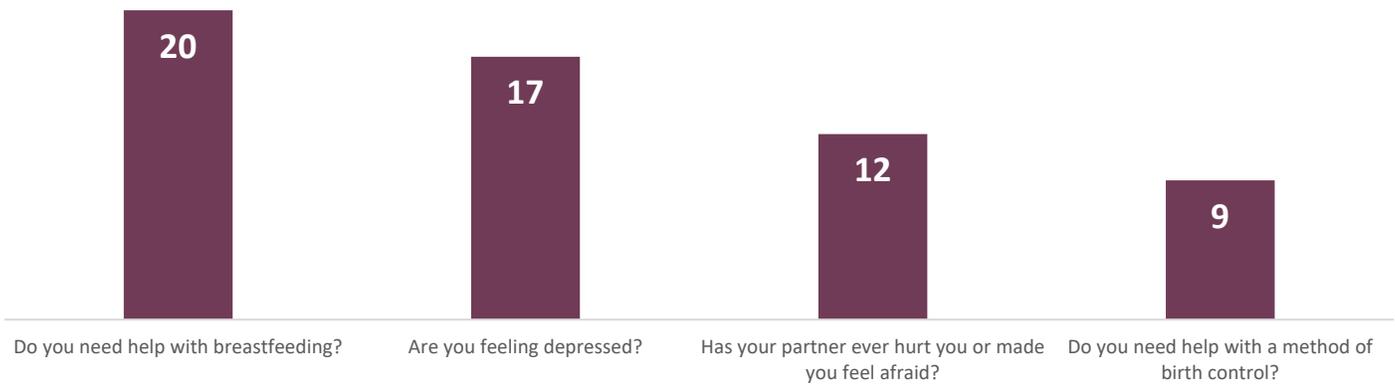
**Black/African American respondents were more likely than other groups to prioritize provider training on race, ethnicity, and/or culture**



### Improving the Availability of Proactive Supports

Survey respondents were asked to identify whether **their primary care providers (doctor, nurse, midwife, or doula) asked them questions that would lead to the provision of proactive supports** (e.g., help with breastfeeding, contraception, relationships, and/or mental health). Respondents reported that providers most commonly asked them if they needed breastfeeding help, and most infrequently asked them if they needed help with a method of birth control. Answers to these questions were not mutually exclusive, and 30 participants indicated that their primary care provider had asked them at least one of these questions while 5 of these respondents indicated that their provider had asked them all four questions.

Proactive Supports During Pregnancy



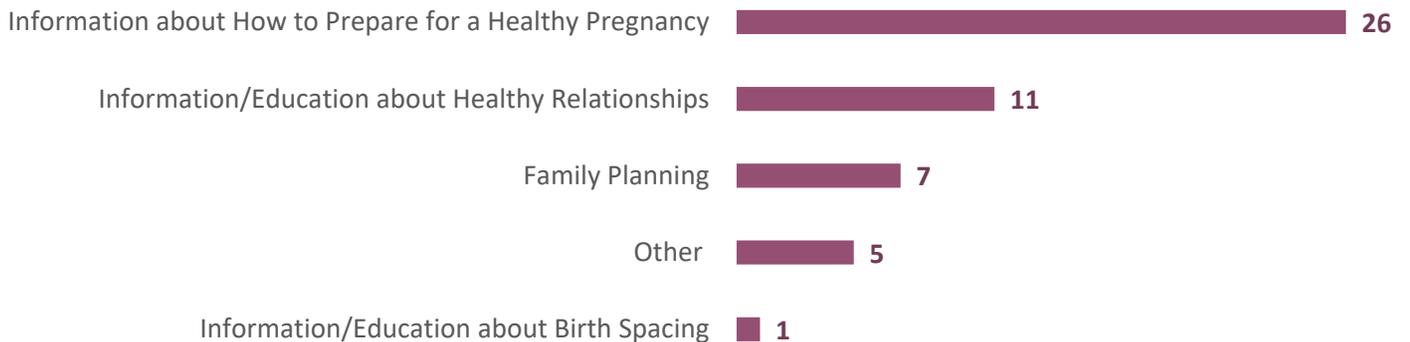
### Improving the System for Families at Different Maternal Stages

Survey respondents were asked to indicate what they believed were the most important areas for improvement within the maternal health system for families before, during, and directly after pregnancy.

#### Families Planning to Get Pregnant (n=50)

Survey respondents were asked to indicate what was the **single most important area of improvement for families planning to get pregnant**. Information on how to prepare for a healthy pregnancy was the most common response, followed by information about healthy relationships and family planning.

Areas for Improvement: Pre-Pregnancy





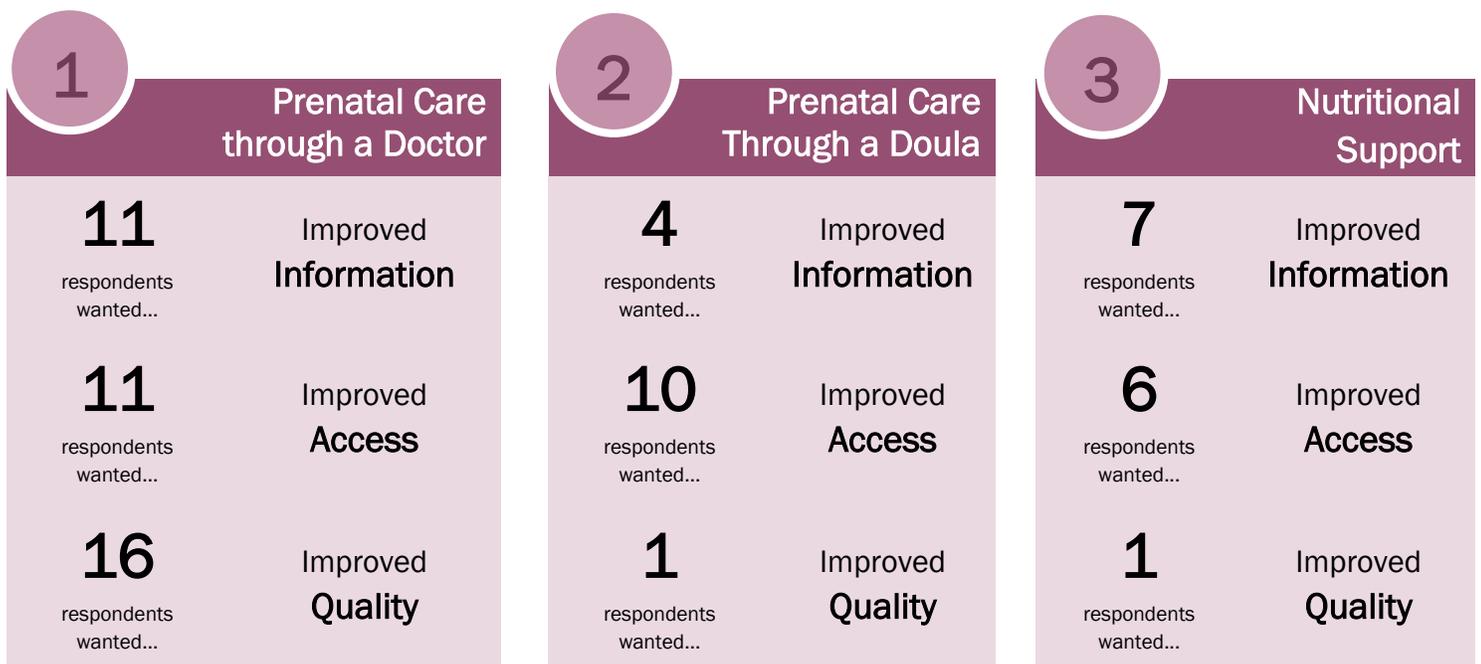
### Families Who Are Pregnant

Respondents were asked to identify the **areas of the maternal health system that need improvement to effectively support families during pregnancy**. In addition to indicating the area of improvement needed, survey respondents were asked to indicate what type of improvement was needed and were offered the following options:

- Improved information: additional information about your options or resources available
- Improved access: your ability to get the help you need
- Improved quality: improvements in the quality of care you are provided

Although participants were asked to limit their responses to identifying no more than three areas of improvement, many respondents selected more than three. All answers were counted regardless of the number of areas of improvement indicated by each respondent.

The areas identified for improvement most often included:





The table below provides a comprehensive listing of the areas of improvement needed for families who are pregnant. A total of 45 individuals responded to this question; non-specific answers to the “Other” answer option (e.g. NA, No, Blank) are not included in this analysis.

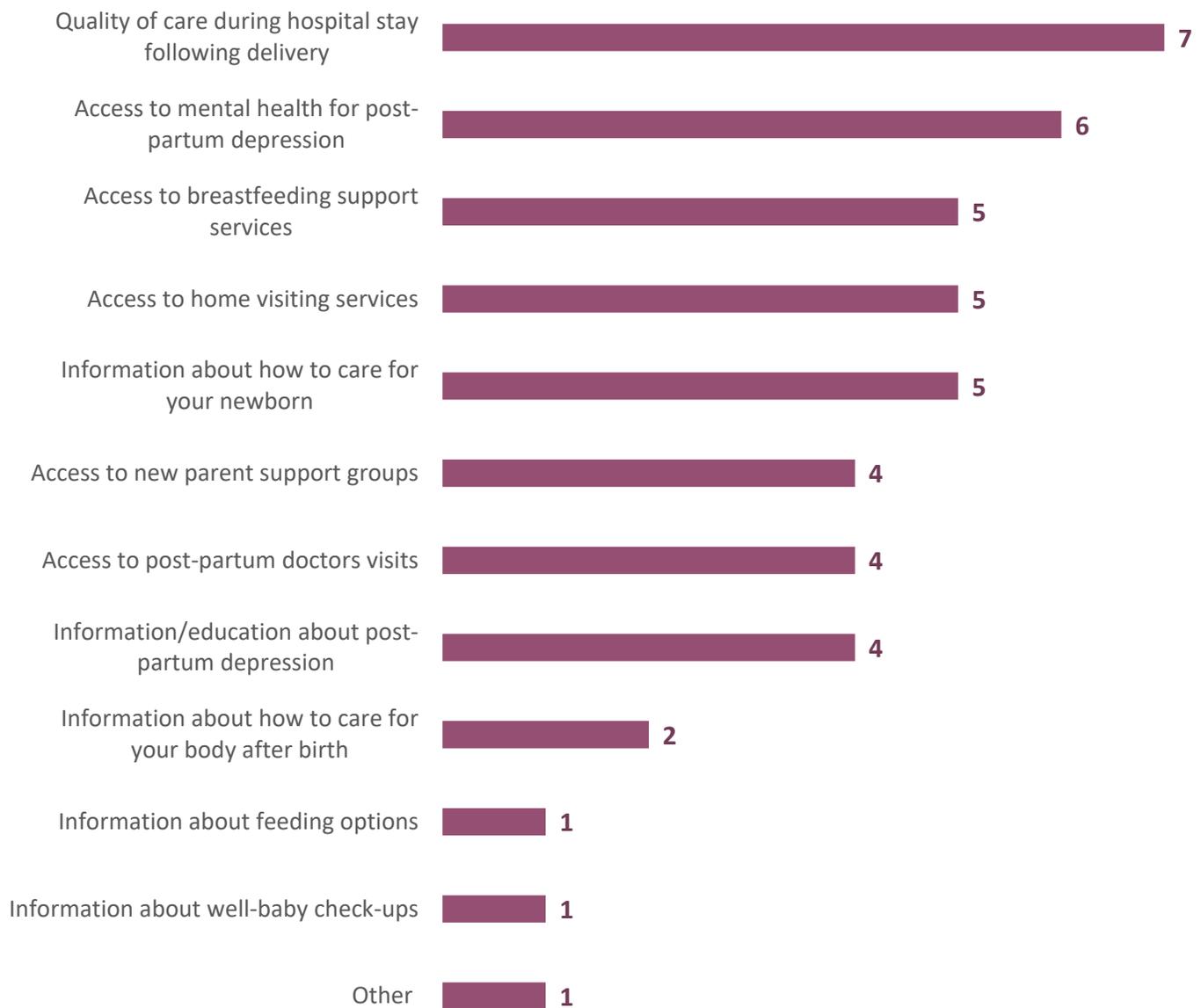
Improvement Needed to Support Families who are Pregnant	Improved Information	Improved Access	Improved Quality
Alcohol or Substance Use Services During Pregnancy	1	1	1
Birth/Delivery at Home	6	3	0
Birth/Delivery through a Hospital or Birthing Center	4	6	4
Birthing Support Provided by a Doctor	2	2	2
Birthing Support Provided by a Doula	2	2	1
Birthing Support Provided by a Midwife	1	2	1
Home Visiting Services	0	2	0
Lamaze/Childbirth Education Classes	1	3	0
Mental Health Care During Pregnancy	4	4	3
Nutrition Support	7	6	1
Oral Health/Dental Care	0	2	1
Other: Informed on the New Coming of Policies	1		
Pregnancy Support Groups	1	8	2
Prenatal Care through a Doctor	11	11	16
Prenatal Care through a Doula	4	10	1
Prenatal Care through a Midwife	5	7	1



**For Families Directly Following the Birth of a Baby (n=45)**

Survey respondents were asked to indicate what was the **single most important area of improvement for families following the birth of a baby**. Quality of care during hospital stay following delivery was the most commonly indicated area of improvement. However, combining answer choices related to post-partum depression illustrates that this is also a key area of improvement, with 10 participants noting that access to assistance for post-partum depression or information about post-partum depression were the single most important area of improvement for this population.

Areas for Improvement: Following Birth of a Baby





## Improving the Availability and Quality of Services and Supports

### Services and Supports Accessed

Respondents were asked to identify, from a list of maternal health services and supports, those that they had accessed. The table on the following two pages identifies the percentage of respondents that accessed services before, during, and after their pregnancy that were most of interest to the Perinatal Equity Initiative. Respondents were also asked to identify their satisfaction with the services that they had accessed. Some survey respondents indicated they had received services but did not indicate their satisfaction of the services received, and some respondents indicated satisfaction without indicating if they had received those services, which accounts for the gaps between the number of individuals accessing a particular service and the number expressing satisfaction with that service.

Pre-Pregnancy Services		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
<p><b>2</b> accessed <b>prenatal care through a doula</b></p> <p>8 indicated these services were not available.</p>	Satisfaction with these services (n=2)	50% (n=1)	50% (n=1)	0% (n=0)	0% (n=0)	0% (n=0)
Pregnancy Services		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
<p><b>9</b> accessed <b>oral health/dental care</b> services</p> <p>2 indicated these services were not available.</p>	Satisfaction with these services (n=9)	11% (n=1)	44% (n=4)	33% (n=3)	11% (n=1)	0% (n=0)
<p><b>4</b> accessed <b>Lamaze/childbirth education classes</b></p> <p>4 indicated these services were not available.</p>	Satisfaction with these services (n=3)	67% (n=2)	0% (n=0)	33% (n=1)	0% (n=0)	0% (n=0)
<p><b>2</b> accessed <b>home visiting services</b></p> <p>4 indicated these services were not available.</p>	Satisfaction with these services (n=2)	0% (n=0)	100% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)
<p><b>7</b> accessed <b>mental health care</b></p> <p>2 indicated these services were not available.</p>	Satisfaction with these services (n=6)	33% (n=2)	33% (n=2)	17% (n=1)	0% (n=0)	17% (n=1)



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

Birth/Delivery Services		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
<p><b>3</b> received birthing supports through a doula</p> <p>5 indicated these services were not available.</p>	Satisfaction with these services (n=2)	0% (n=0)	100% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)
Post-partum Services		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
<p><b>1</b> received a post-partum visit by a doula</p> <p>7 indicated these services were not available.</p>	Satisfaction with these services (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)
<p><b>5</b> received post-partum depression support</p> <p>5 indicated these services were not available.</p>	Satisfaction with these services (n=4)	50% (n=2)	50% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)





## Appendix A | Consumer Survey Questions

The consumer engagement survey was issued in English and Spanish through an online survey link as well as a paper document. All responses included in this brief utilized the English version of the survey.

Not all survey questions were utilized in this brief, but all are included in this appendix so readers can view the full set of questions and determine if any elements may be of interest to their organization.

Organizations that wish to utilize the 2020-21 consumer survey data to explore the experiences of other subpopulations may request the raw data following the guidance provided on the [MHN website](#).



## Consumer Survey- English

### Maternal Health Family Survey Information Sheet

You are being invited to take part in a quality improvement study about your experience with the maternal health system. Information is being collected from individuals across San Bernardino County who are planning to get pregnant, are pregnant, or who recently delivered a baby, as well as their family members, to understand what kinds of services are needed to support the health and well-being of mothers and their newborns. Information will be used to identify what components of the system could work better in the pregnancy and postpartum process.

The study is being conducted on behalf of the Maternal Health Network of San Bernardino County and its membership organizations. Data is being collected by California Baptist University through hospitals, WIC offices, and Community Health Clinics. If you agree to take part in this study, your involvement will last for the times it takes you to complete the survey.

Your participation will involve completing an anonymous survey either on your own smart phone or other electronic device, or via a paper form. The survey will take up to 15 minutes to complete. Your responses will be anonymous and will not include any individual information by which you could be identified. Note that we request portions of personally identifiable information in order to develop a unique study identifier and reduce duplication. If you use an electronic device to complete the survey, data will be protected and secure on a cloud-based platform where only individuals with proper login credentials will have access to the results.

There are no known risks associated with completing the survey, however, if any of the questions in the survey make you uncomfortable, you are not required to answer those questions. There will be no direct benefit to you from taking part in this study, but information gained from the survey may help maternal health providers make improvements to the services and programs that are available to families that are planning to get pregnant, those that are pregnant, and those that have recently delivered a baby within San Bernardino County.

Taking part in this study is completely voluntary and you do not need to participate and fill out the survey if you do not want to. If you do choose to participate in the study, you can withdraw at any time, meaning that you could stop completing the survey without adversely affecting your relationship with anyone at the hospital, WIC office, Community Health Clinic, or any locations where you are accessing care.

We encourage you to ask questions. If you have questions or want a copy or summary of this study's results (expected to be available by summer 2021), you may contact Dr. Kendra Flores-Carter at [kflores-carter@calbaptist.edu](mailto:kflores-carter@calbaptist.edu).

**Please only complete this survey once**—if you have previously completed the survey we thank you for your participation and ask that you not complete another.

Completing the survey indicates that you are 18 years of age or older and indicates your consent to participate in the study.

- Please check this box to consent to participating in the survey.



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

**MATERNAL HEALTH FAMILY SURVEY**

1. The first thing we ask for you to complete is an identification number (ID). Please provide the information below.											
EXAMPLE	Name: Jane Smith		EXAMPLE ID	First and Last Initials		Birth Year			Last 4 digits of your phone Number		
	Birth Year: 2001		JS20014567								
2. Please indicate where you learned about or completed the survey:											
<input type="radio"/> Hospital <input type="radio"/> WIC <input type="radio"/> Health Clinic <input type="radio"/> BIH <input type="radio"/> PEI <input type="radio"/> Other											
3. Which of the following best describe you?											
<input type="radio"/> Planning to get pregnant (within the next 3 months)											
<input type="radio"/> Woman who is currently pregnant (with first child)											
<input type="radio"/> Woman who is currently pregnant (not the first)											
<input type="radio"/> Recently delivered a child (within a year)											
<input type="radio"/> Family member of someone who is pregnant or who recently delivered a child (within a year)											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> First Trimester                 </div> <div style="width: 45%;"> <input type="radio"/> Second Trimester                 </div> </div>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Third Trimester                 </div> </div>											
4. What is your gender?						5. Do you have health insurance?					
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary						<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know					
<input type="radio"/> Trans Male <input type="radio"/> Trans Female <input type="radio"/> Other						If you answered yes, please indicate what kind of health insurance you have:					
						<input type="radio"/> Medi-Cal <input type="radio"/> Employer Provided					
						<input type="radio"/> Medicare <input type="radio"/> Private / Self-funded					
						<input type="radio"/> Other (specify):					
6. What is your age?						8. During your pregnancy, which type of maternity care provider did you use? (please check all that apply)					
<input type="radio"/> 18-20 <input type="radio"/> 45-55						<input type="radio"/> Obstetrician-gynecologist <input type="radio"/> Nurse					
<input type="radio"/> 21-24 <input type="radio"/> 56-64						<input type="radio"/> Family medicine doctor <input type="radio"/> Midwife					
<input type="radio"/> 25-44 <input type="radio"/> 65+						<input type="radio"/> Doctor, not sure what type <input type="radio"/> Doula					
7. What is your race/ethnicity?						<input type="radio"/> Physician Assistant <input type="radio"/> Other					
<input type="radio"/> White <input type="radio"/> Pacific Islander						10. What City/Town do you live in?					
<input type="radio"/> Hispanic <input type="radio"/> Asian						<input type="radio"/> Adelanto <input type="radio"/> Grand Terrace <input type="radio"/> Redlands					
<input type="radio"/> Black/African American <input type="radio"/> Mixed Race						<input type="radio"/> Apple Valley <input type="radio"/> Hesperia <input type="radio"/> Rialto					
<input type="radio"/> American Indian/Alaskan <input type="radio"/> Other						<input type="radio"/> Barstow <input type="radio"/> Highland <input type="radio"/> San Bernardino					
9. Do you feel that your race/ethnicity impacted the quality of care you received?						<input type="radio"/> Big Bear Lake <input type="radio"/> Loma Linda <input type="radio"/> Twentynine Palms					
<input type="radio"/> Yes <input type="radio"/> No						<input type="radio"/> Chino <input type="radio"/> Montclair <input type="radio"/> Upland					
If you answered yes, was the impact positive or negative?						<input type="radio"/> Chino Hills <input type="radio"/> Needles <input type="radio"/> Victorville					
<input type="radio"/> Positive <input type="radio"/> Negative						<input type="radio"/> Colton <input type="radio"/> Ontario <input type="radio"/> Yucaipa					
11. Did you have any of the following conditions within one year prior to pregnancy?						<input type="radio"/> Fontana <input type="radio"/> Rancho Cucamonga <input type="radio"/> Yucca Valley					
<input type="radio"/> Diabetes <input type="radio"/> Hypertension <input type="radio"/> Obesity						14. How many people live in your household?					
12. Have you or anyone in your household experienced the following circumstances within the last year?						<input type="radio"/> \$0 - \$12,760 per year <input type="radio"/> \$21,721 - \$26,200 <input type="radio"/> \$35,161 - \$39,640 <input type="radio"/> \$49,721 - \$55,320					
<input type="radio"/> Violence/Trauma <input type="radio"/> Substance Use/Misuse						<input type="radio"/> \$12,761 - \$17,240 <input type="radio"/> \$26,201 - \$30,680 <input type="radio"/> \$39,641 - \$44,120 <input type="radio"/> \$55,321 - \$60,920					
<input type="radio"/> Mental Health Issues/Depression						<input type="radio"/> \$17,241 - \$21,720 <input type="radio"/> \$30,681 - \$35,160 <input type="radio"/> \$44,121 - \$49,720 <input type="radio"/> \$60,921 or more					
13. What is your annual household income?						15. Please provide your highest level of education completed:					
<input type="radio"/> \$0 - \$12,760 per year <input type="radio"/> \$21,721 - \$26,200						<input type="radio"/> Less than a High School Diploma/GED <input type="radio"/> Some College					
<input type="radio"/> \$12,761 - \$17,240 <input type="radio"/> \$26,201 - \$30,680						<input type="radio"/> High School Diploma/GED <input type="radio"/> 2-year College Degree/Certificate					
<input type="radio"/> \$17,241 - \$21,720 <input type="radio"/> \$30,681 - \$35,160						<input type="radio"/> 4-year College Degree/Certificate					
<input type="radio"/> \$35,161 - \$39,640 <input type="radio"/> \$49,721 - \$55,320						<input type="radio"/> Post-Graduate or Professional Degree					



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

**QUALITY OF CARE**

16. What is the one thing that you think should be improved to support families who are planning to get pregnant.  
*(please check only one thing you think is most important)*

Family planning                       Information about birth spacing                       Information/access to birth control  
 Information about how to get pregnant                       Information about how to prepare for a healthy pregnancy                       Information/education about healthy relationships  
 Other (please describe):

17. What do you think should be improved to support families who are pregnant?  
*(please check no more than three areas where you think improvements are needed)*

Area for Improvement	Type of Improvement		
	<u>Improved Information</u> Additional information about your options or resources available	<u>Improved Access</u> Your ability to get the help you need	<u>Improved Quality</u> Improvements in the quality of care you are provided
Prenatal care through a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care through a midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal care through a doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lamaze/childbirth education classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home visiting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health/dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or substance use services during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth/delivery through a hospital or birthing center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth/delivery at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing support provided by a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing support provided by a midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing support provided by a doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (please describe):			

18. What is the one thing that you think should be improved to support families directly following the birth of a baby?  
*(please check only one thing you think is most important)*

Quality of care during hospital stay following delivery                       Information/education about post-partum depression  
 Access to post-partum doctors visits                       Information about how to care for your newborn  
 Access to home visiting services                       Information about how to child safe your home  
 Access to new parent support groups                       Information about how to care for your body after birth  
 Access to breastfeeding support services                       Information about feeding options  
 Access to mental health for post-partum depression                       Information about well-baby check-ups  
 Other (please describe):

19. What is the one thing that your provider could do/could have done to improve the quality of care you receive(d)?

Provide more time during visits                       Provide telehealth services  
 Connect me to other community resources                       Provide more flexible appointment options  
 Participate in training on how to support me based on my race, ethnicity, and/or culture.



**ACCESS AND SATISFACTION WITH SERVICES**

20. During your pregnancy, did your doctor, nurse, midwife, or doula ask any of the following:								
<input type="radio"/>	Do you need help with breastfeeding?	<input type="radio"/>	Do you need help with a method of birth control?					
<input type="radio"/>	Are you feeling depressed?	<input type="radio"/>	Has your partner ever hurt you or made you feel afraid?					
			Always	Usually	Sometimes	Never	N/A – Haven't Delivered Yet	
21. During your pregnancy, how often did you have the <u>emotional support</u> you needed (someone who you could turn to and who would listen to your concerns and/or give you advice)?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A	
22. After your pregnancy, how often did you have the <u>emotional support</u> you needed?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. During your pregnancy how often did you have the <u>practical support</u> you needed (someone who you could turn to for information, financial assistance, or transportation to support your pregnancy)?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A	
24. After your pregnancy, how often did you have the <u>practical support</u> you needed?			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. There are a variety of services and supports that individuals who are pregnant, planning to get pregnant or those that have recently delivered need and want. Can you please indicate in the table below which of these services and supports you accessed and your satisfaction with those services? <i>(Please check all that apply)</i>								
Services and Supports	Did you access this support?			If you answered yes, please indicate how satisfied you were with the services/support?				
	No – Not Available	No	Yes	Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
Family Planning/Birth Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care through a Doctor's Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care through a Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care through a Doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lamaze/Childbirth Education Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy Support Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visiting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health / Dental Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or Substance Use Treatment During Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Care During Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth/Delivery through a Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth/Delivery through a Birthing Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth/Delivery in a Home Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing Supports through a Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing Supports through a Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthing Supports through a Doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Hospital Stay after the Birth/Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-partum Doctor's Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding/Lactation Instruction/Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-partum Visit by a Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-partum Visit by a Doula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-partum Depression Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**ACCESS AND SATISFACTION WITH SERVICES**

26. There are a number of reasons why people may not receive the support they need when they are pregnant or just after delivering a baby. We want to understand why people who need support may not be able to get it. Please indicate which of the following prevented you from accessing services, treatments and/or supports; and then select the severity of the issue.  
(Please check all that apply)

Services and Supports	Is this an issue?		If you answered yes, please indicate to what extent this issue prevented you from accessing care.			
	No	Yes	Barriers always prevented access to care	Created challenges, that resulted in rarely being able to access care	Created challenges, that resulted in sometimes being able to access care	Created challenges, but always able to access care
No local services available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of medical insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance does not cover needed services/treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost prohibitive, or lack of money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait lists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough services/service providers available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not know where to get help or what help I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma associated with accessing support needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service providers are not well informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service providers are not supportive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service providers do not understand my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nobody to watch my children so I could access support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please describe):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please indicate below where you have received services from during your most current pregnancy?  
(Please check all that apply)

<input type="radio"/> Arrowhead Regional Medical Center (ARMC)	<input type="radio"/> WIC
<input type="radio"/> Dignity Health - St. Bernadine Medical Center	<input type="radio"/> Black Infant Health (BIH)
<input type="radio"/> Unicare Community Health Center	<input type="radio"/> PEI Healthy Families America Home Visiting
<input type="radio"/> Bloomington Community Health Center	<input type="radio"/> Comprehensive Perinatal Services Program
<input type="radio"/> Al-Shifa Free Clinic	<input type="radio"/> PEI Doula Services
<input type="radio"/> SAC Health System	<input type="radio"/> PEI Fatherhood/Partnership
<input type="radio"/> H Street San Bernardino Clinic	<input type="radio"/> Other (please specify):
<input type="radio"/> Borrego Health - San Bernardino D Street Medical Center	
<input type="radio"/> Central City Community Health Center	
<input type="radio"/> Lestonnac Free Clinic	
<input type="radio"/> Other Kind of Health Clinic	



## Consumer Survey- Spanish

### Maternal Health Family Survey Information Sheet

Le invitamos a que participe en un estudio de mejora de calidad sobre su experiencia con el sistema de salud materna. La información se recolecta de individuos a lo largo del Condado de San Bernardino, incluyendo a las mujeres que planean estar embarazadas, las mujeres embarazadas o quienes recientemente dieron a luz, y sus familiares. La información se usará para entender cuáles servicios son necesarios para apoyar la salud y el bienestar de las madres y sus recién nacidos y para identificar cuáles componentes del sistema podrían funcionar mejor durante el embarazo y el periodo de posparto.

Este estudio se realiza de parte de la Red Materna del Condado de San Bernardino y sus organizaciones miembros. Los datos son recolectados por la Universidad Baptista de California a través de los hospitales, las oficinas de WIC, y las clínicas comunitarias de salud. Si accede a participar en este estudio, su participación durará el tiempo que necesita para que complete la encuesta.

Su participación incluirá completar una encuesta anónima utilizando un teléfono inteligente u otro aparato electrónico, o rellenando una versión de la encuesta en papel. La encuesta le tomará hasta 15 minutos para completar. Sus respuestas son anónimas y no incluirán ninguna información con la que se podría identificarle. Debe notarse que pedimos partes de información personal identificable para crear un identificador único para el propósito de este estudio y para reducir la duplicación. Si usted emplea un aparato electrónico para completar la encuesta, los datos serán protegidos y asegurados en una plataforma basada en la nube (cloud) donde solo los individuos certificados tendrán acceso a los resultados.

No hay ningún riesgo conocido asociado con la participación en esta encuesta. Sin embargo, si cualquier de las preguntas en la encuesta se le incomoda, no se requiere que responda. Usted no se beneficiará directamente como resultado de su participación en este estudio, pero la información obtenida de la encuesta podrá ayudar a los proveedores de salud materna mejorar los servicios y programas disponibles a las familias que planifican a quedar embarazadas, a las que ya están embarazadas, y a las que recientemente dieron a luz dentro del Condado de San Bernardino.

Su participación en este estudio es completamente voluntaria y no es necesario que participe ni que complete la encuesta si no quiere. Si usted decide participar en el estudio, puede suspender su participación en cualquier momento, lo cual significa que podrías dejar de completar la encuesta sin afectar de ninguna manera negativa su relación con cualquier persona en el hospital, en la oficina de WIC, en la clínica comunitaria de salud o en cualquier lugar donde reciba asistencia.

Le recomendamos que haga preguntas. Si tiene preguntas o quiere una copia o un resumen de los resultados de este estudio (que se espera hacer disponible en el verano de 2021), puede contactar con la Dra. Kendra Flores-Carter a través del correo electrónico: [kflores-carter@calbaptist.edu](mailto:kflores-carter@calbaptist.edu).

**Por favor, complete esta encuesta solo una vez**—si Ud. ha completado la encuesta previamente, se le agradece su participación y se pide que no complete otra.

Completar esta encuesta indica que usted tiene 18 años o más y además indica su consentimiento de participar en el estudio propuesto.

- Por favor, marque el cuadro para consentir a participar en la encuesta.



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

**ENCUESTA FAMILIAR DE SALUD MATERNA**

<b>1. Pedimos que proporcione un número de identificación (ID). Por favor, proporcione la siguiente información.</b>									
Ejemplo	Nombre: Jane Smith		ID Ejemplar	Iniciales de su nombre y apellido		Año de nacimiento		Últimos 4 dígitos de su número de teléfono	
	Año de Nacimiento: 2001 Número de teléfono: 559-123-4567		JS20014567						
<b>2. Por favor, indique dónde se enteró de la encuesta o dónde la completó.</b>									
<input type="radio"/> Hospital <input type="radio"/> WIC <input type="radio"/> Clínica de Salud <input type="radio"/> BIH <input type="radio"/> PEI <input type="radio"/> Otro									
<b>3. Marque la afirmación que mejor describa a usted.</b>									
<input type="radio"/> Planifico un embarazo (dentro los próximos 3 meses) <input type="radio"/> Soy una mujer embarazada (y es mi primer embarazo)  <input type="radio"/> Soy una mujer embarazada (y no es mi primer embarazo) <input type="radio"/> Di a luz recientemente (hace menos de un año) <input type="radio"/> Soy familiar de alguien que está embarazada o que dio a luz recientemente (hace un año)									
<b>4. ¿Cuál es su identidad de género?</b>					<b>5. ¿Tiene seguro médico?</b>				
<input type="radio"/> Mujer <input type="radio"/> Hombre <input type="radio"/> Género no binario <input type="radio"/> Hombre trans <input type="radio"/> Mujer trans <input type="radio"/> Otra					<input type="radio"/> Sí <input type="radio"/> No <input type="radio"/> No Sé  Si respondió en afirmativo, indique el tipo de seguro médico que tiene:				
<b>6. ¿Qué edad tiene?</b>					<input type="radio"/> Medi-Cal <input type="radio"/> Proporcionado por mi empleador <input type="radio"/> Medicare <input type="radio"/> Privado/ Auto-patrocinado <input type="radio"/> Otro (especifique)				
<input type="radio"/> 18-20 <input type="radio"/> 45-55 <input type="radio"/> 21-24 <input type="radio"/> 56-64 <input type="radio"/> 25-44 <input type="radio"/> 65+					<b>8. Durante el embarazo, ¿qué tipo de proveedor de cuidados de maternidad utilizó con más frecuencia? (marque todo lo que corresponda)</b>				
<b>7. ¿Con qué raza o etnia se identifica?</b>					<input type="radio"/> Ginecólogo-obstetra <input type="radio"/> Enfermero/a <input type="radio"/> Médica de familia <input type="radio"/> Comadrona/ matrona <input type="radio"/> Médica, no estoy seguro(a) de qué tipo <input type="radio"/> Doula/partera <input type="radio"/> Asociado médico <input type="radio"/> Otro				
<input type="radio"/> Blanca <input type="radio"/> Nativa de las islas del Pacífico <input type="radio"/> Hispana <input type="radio"/> Asiática <input type="radio"/> Negra o Afroamericana <input type="radio"/> Razas múltiples <input type="radio"/> Indígena de las Américas o Nativa de Alaska <input type="radio"/> Otra					<b>10. ¿En qué ciudad/pueblo vive usted?</b>				
<b>9. ¿Piensa usted que su raza o identidad étnica afectaba la calidad de cuidado que recibía?</b>					<input type="radio"/> Adelanto <input type="radio"/> Grand Terrace <input type="radio"/> Redlands <input type="radio"/> Apple Valley <input type="radio"/> Hesperia <input type="radio"/> Rialto <input type="radio"/> Barstow <input type="radio"/> Highland <input type="radio"/> San Bernardino <input type="radio"/> Big Bear Lake <input type="radio"/> Loma Linda <input type="radio"/> Twentynine Palms <input type="radio"/> Chino <input type="radio"/> Montclair <input type="radio"/> Upland <input type="radio"/> Chino Hills <input type="radio"/> Needles <input type="radio"/> Victorville <input type="radio"/> Colton <input type="radio"/> Ontario <input type="radio"/> Yucaipa <input type="radio"/> Fontana <input type="radio"/> Rancho Cucamonga <input type="radio"/> Yucca Valley				
<input type="radio"/> Sí <input type="radio"/> No  Si respondió en afirmativo, ¿fue positivo o negativo este efecto? <input type="radio"/> Positivo <input type="radio"/> Negativo					<b>11. ¿Tenía Ud. una de las siguientes condiciones dentro de un año antes del embarazo?</b>				
<input type="radio"/> Diabetes <input type="radio"/> Hipertensión <input type="radio"/> Obesidad					<b>12. Dentro del último año, ¿ha experimentado las siguientes circunstancias usted o alguien en su hogar?</b>				
<input type="radio"/> Violencia/Trauma <input type="radio"/> Consumo de sustancias <input type="radio"/> Problemas de Salud Mental/Depresión					<b>13. ¿Cuál es el ingreso anual en su hogar?</b>				
<input type="radio"/> \$0 - \$12,760 por año <input type="radio"/> \$21,721 - \$26,200 <input type="radio"/> \$12,761 - \$17,240 <input type="radio"/> \$26,201 - \$30,680 <input type="radio"/> \$17,241 - \$21,720 <input type="radio"/> \$30,681 - \$35,160					<input type="radio"/> \$35,161 - \$39,640 <input type="radio"/> \$49,721 - \$55,320 <input type="radio"/> \$39,641 - \$44,120 <input type="radio"/> \$55,321 - \$60,920 <input type="radio"/> \$44,121 - \$49,720 <input type="radio"/> \$60,921 o más				



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

15. Indique el nivel de educación o estudios más alto alcanzado por usted.			
<input type="radio"/>	Menos que un título secundario/GED	<input type="radio"/>	Algunos estudios universitarios
<input type="radio"/>	Título secundario/GED	<input type="radio"/>	Título/Licenciado de un programa universitario de 2 años
<input type="radio"/>		<input type="radio"/>	Título/Licenciado de un programa Universitario de 4 años
<input type="radio"/>		<input type="radio"/>	Posgrado (maestría, doctorado, u otro título)

**CALIDAD DE CUIDADO**

16. ¿Qué es lo más importante que se debe mejorar para apoyar a las familias que están planificando un embarazo? (Por favor, seleccione <b>solo una</b> respuesta que crea es la más importante)			
<input type="radio"/>	Planificación familiar	<input type="radio"/>	Información sobre el espaciamiento de los nacimientos
<input type="radio"/>	Información sobre cómo salir embarazada	<input type="radio"/>	Información como para prepararse para un embarazo saludable
<input type="radio"/>	Otro (por favor, describa):	<input type="radio"/>	Información/acceso sobre métodos anticonceptivos
		<input type="radio"/>	Información/educación sobre relaciones saludables

17. ¿Qué se debe mejorar para apoyar a las familias que están esperando un bebé? (Por favor, seleccione <b>no más de tres servicios</b> )			
Servicios que pueden mejorar	Tipo de Mejora		
	Información Mejorada Información adicional sobre las opciones o los recursos disponibles	Acceso Mejorado La oportunidad de conseguir la ayuda que necesita	Calidad Mejorada Mejora en la calidad de cuidado provisto
Cuidado prenatal brindado por un doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal brindado por una comadrona/ matrona	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal brindado por una doula/partera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apoyo en nutrición	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clases de preparación para el parto (Lamaze)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grupos de apoyo durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicio de visitas a domicilio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud oral / Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tratamiento/servicios por el uso de alcohol o drogas durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumbramiento en un hospital o un centro de maternidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumbramiento en el hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de un doctor durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de una comadrona/matrona durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de una doula/partera durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Otro (por favor, describa):		

18. ¿Qué es lo más importante que se debe mejorar para apoyar a las familias directamente luego del nacimiento de un bebé? (Por favor, seleccione <b>solo una</b> respuesta que crea es la más importante)	
<input type="radio"/>	Calidad en el cuidado brindado durante la hospitalización luego del parto
<input type="radio"/>	Acceso a visitas médicas luego del parto
<input type="radio"/>	Acceso a servicios de visitas a domicilio
<input type="radio"/>	Acceso a grupos de apoyo para padres primerizos (por primera vez)
<input type="radio"/>	Acceso a servicios de ayuda en la lactancia materna
<input type="radio"/>	Acceso a servicios para la salud mental para la depresión posparto
<input type="radio"/>	Otro (por favor, describa):
<input type="radio"/>	Información/educación sobre la depresión posparto
<input type="radio"/>	Información sobre cómo cuidar al recién nacido
<input type="radio"/>	Información sobre cómo tener una casa segura para los niños
<input type="radio"/>	Información sobre cómo cuidar su cuerpo luego de dar a luz
<input type="radio"/>	Información sobre opciones de alimentación
<input type="radio"/>	Información sobre exámenes médicos periódicos para la salud de su bebé



2021 Consumer Survey Brief: Experiences of Black and African American Families in the Maternal Health System

19. ¿Qué es lo más importante que su proveedor de servicios médicos debe hacer o debía haber hecho para mejorar a la calidad de cuidado que usted recibe o recibió? (Por favor, seleccione <b>solo una</b> respuesta)	
<input type="radio"/> Ofrecer visitas más largas	<input type="radio"/> Proporcionar servicios de telesalud
<input type="radio"/> Conectarme a otros recursos en la comunidad	<input type="radio"/> Proporcionar opciones para citas más
<input type="radio"/> Capacitarse en cómo ayudarme mejor por razones de mi raza, etnicidad y/o cultura	

**ACCESO Y SATISFACCIÓN CON LOS SERVICIOS**

20. Durante su embarazo, ¿el doctor, la enfermera, la comadrona, o la partera le hicieron alguna de las siguientes preguntas?	
<input type="radio"/> ¿Necesita ayuda con la lactancia?	<input type="radio"/> ¿Necesita ayuda con un método anticonceptivo?
<input type="radio"/> ¿Se siente deprimida?	<input type="radio"/> ¿Alguna vez le hizo su pareja algún daño o hizo que sintiera miedo?

	Siempre	Generalmente	A Veces	Nunca	N/A – No he dado a luz todavía
21. Durante su embarazo, ¿con qué frecuencia tuvo el apoyo emocional que necesitó (por ejemplo: alguien a quién podía acudir o alguien que escuchara sus preocupaciones o le diera un consejo)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
22. Luego de su embarazo, ¿con qué frecuencia tuvo el apoyo emocional que necesitó?	<input type="radio"/>				
23. Durante su embarazo, ¿con qué frecuencia tuvo el apoyo práctico que necesitó (por ejemplo: alguien a quién podía acudir para conseguir información, asistencia financiera, o transporte para que la ayude)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	N/A
24. Luego de su embarazo, ¿con qué frecuencia tuvo el apoyo práctico que necesitó?	<input type="radio"/>				

25. Hay una variedad de servicios y asistencia que necesitan y desean las personas que están embarazadas, que planifican un embarazo, o que recientemente han dado a luz. Por favor, indique cuáles son los servicios a los que ha accedido así como cuál ha sido su nivel de satisfacción con estos servicios. (Por favor, marque todos los aplicables)

Servicios y asistencia	¿Utilizó este servicio?			Si respondió que sí, por favor indique su nivel de satisfacción con el servicio o asistencia:				
	No el servicio no fue disponible	No	Si	Muy satisfecho	Satisfecho	NI satisfecho ni insatisfecho	Insatisfecho	Muy insatisfecho
Planeamiento familiar/un método anticonceptivo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal brindado por un doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal brindado por una comadrona	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal brindado por una partera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutricionista (dietista)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clases de preparación para el parto (Lamaze)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grupos de apoyo durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicio de visitas a domicilio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud oral / Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tratamiento/servicios por el uso de alcohol o drogas durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumbramiento en un hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumbramiento en un centro de maternidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumbramiento en el hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de un doctor durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de una comadrona/matrona durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia de una doula/partera durante el parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental durante el embarazo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalización prolongada luego del nacimiento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visita del doctor luego del parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ayuda/instrucciones sobre la lactancia/amamantamiento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visita de la comadrona/matrona luego del parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visita de la doula/partera luego del parto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asistencia por depresión posparto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**ACCESO Y SATISFACCIÓN CON LOS SERVICIOS**

26. Hay varias razones por las cuales las personas pueden no recibir el apoyo que necesitan cuando están embarazadas o justo después de dar a luz. Queremos entender por qué las personas que necesitan apoyo no pueden obtenerlo. Por favor, indique la razón por la cual usted no pudo acceder a servicios, tratamientos y/o asistencia; y luego seleccione el grado de gravedad del problema. *(Por favor, marque todas las aplicables)*

Servicios y asistencia	¿Es éste un problema?		Si respondió que sí, por favor indique el grado de la gravedad del problema que impidió a usted acceder al cuidado:			
	No	Si	Siempre impedia acceso al cuidado	Generaba dificultades que resultaban en acceso infrecuente al cuidado	Generaba dificultades que resultaban en acceso ocasional al cuidado	Generaba dificultades pero siempre podía acceder al cuidado
No hay servicios disponibles en mi localidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falta de transporte	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falta de seguro médico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El seguro médico no cubre los servicios/el tratamiento que se necesitan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alto costo o falta de dinero	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Largas listas de espera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No hay suficientes servicios/proveedores de servicios disponibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No sé adónde ir por ayuda o no sé el tipo de ayuda que necesito	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estigma que se asocia a la ayuda que se necesita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los proveedores de servicio no están bien informados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los proveedores del servicio no son comprensivos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Los proveedores del servicio no entienden mis necesidades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tengo a nadie que cuide a mis hijos y por eso no puedo acceder a la ayuda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otra (por favor, describa):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Por favor, indique dónde ha recibido servicios durante el embarazo actual o más reciente *(Por favor, marque todas las aplicables)*

<input type="radio"/> Arrowhead Medical Center (ARMC)	<input type="radio"/> WIC
<input type="radio"/> St. Bernadine Medical Center	<input type="radio"/> Black Infant Health (BIH)
<input type="radio"/> Unicare Community Health Center	<input type="radio"/> PEI Healthy Families America Home Visiting (Familias Sanas de América—programa de visitas al domicilio)
<input type="radio"/> Bloomington Community Health Center	<input type="radio"/> Comprehensive Perinatal Services Program
<input type="radio"/> Al-Shifa Free Clinic	<input type="radio"/> PEI Doula Services
<input type="radio"/> SAC Health System	<input type="radio"/> PEI Fatherhood/Partnership
<input type="radio"/> H Street San Bernardino Clinic	<input type="radio"/> Otro (por favor, especifique):
<input type="radio"/> Borrego Health - San Bernardino D Street Medical Center	
<input type="radio"/> Central City Community Health Center	
<input type="radio"/> Lestonnac Free Clinic (La clínica gratuita)	
<input type="radio"/> Otro tipo de clínica médica	