

Maternal Health Network
of San Bernardino County

Consumer Survey Report
2021

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 Bernadino 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





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Introduction and Background

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. The results of this survey are summarized in the 2019 Consumer Survey Results report available on the [MHN website](#)¹.

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, the Network embarked upon a process to relaunch the consumer survey. These activities were conducted under the direction of Dr. Kendra Flores-Carter, DSW, through California Baptist University. The updated survey was designed to collect data that could inform the following research questions, and data pertinent to these areas of inquiry are presented in the following report:

1. What are some of the **risk factors** reported by pregnant families in San Bernardino County?
2. What are the **correlations between social determinants of health and the maternal health experience** in San Bernardino County?
3. What do consumers identify as **opportunities to improve quality of care** within the maternal health system in San Bernardino County?

When relevant, responses have been disaggregated by race/ethnicity (indicated by a blue icon) and insurance coverage (by a green icon) to highlight discrepancies and the need for equitable system improvements for these demographic categories. Some questions were also disaggregated by poverty status, but no meaningful results were seen and are thus not presented.



Indicates Disaggregated Data by Race/Ethnicity



Indicates Disaggregated Data by Insurance Coverage

These symbols indicate when a response has been disaggregated to bring attention to possible equity issues within the system, although particular attention should be paid to the sample size of disaggregated groups and caution taken when generalizing results to a larger population.

Raw data is available for use by members of the Maternal Health Network and can be requested following the guidance provided on the [MHN website](#).

¹ The 2019 Consumer Survey Report is available at <https://www.maternalhealthnetworksb.com/maternal-health-experience>.



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](#).

Survey participation was initially planned to be solicited between August 2020 and February 2021 through the following activities:

- In-person by Cal Baptist staff and student assistants,
- Via flyers with embedded Quick Response (QR) codes that would be placed in approved locations at participating survey distribution sites (such as on bulletin boards in patient waiting rooms at medical provider offices and in labor and delivery units at hospitals),
- Electronically via emails and text messages sent by Maternal Health Network members and partners, and
- Via posts on the social media and websites of MHN members and partner organizations.

Due to the COVID-19 pandemic and associated restrictions, the survey remained open through April 2021 to increase response rates. Also due to COVID, the number of participating sites was reduced, and California Baptist University staff were unable to visit participating locations and solicit survey participation in person.

Participating survey distribution sites included:

- Arrowhead Regional Medical Center
- Black Infant Health Program (San Bernardino County Department of Public Health)
- Inland Empire Health Plan
- Inland Empire Community Foundation
- Inland Empire Maternal Mental Health Collaborative
- Loma Linda University Medical Center
- Perinatal Advisory Council: Leadership, Advocacy, And Consultation
- St. Bernardine Medical Center
- St. Mary Medical Center
- St. Joseph's Medical Center

A total of 253 surveys were completed at the time of closure.

The majority, 241, were completed in English while 12 were completed in Spanish. Responses to the 12 Spanish surveys were translated into English prior to analysis. Surveys were considered completed if they contained answers to questions beyond the consent and demographic profile. Not all participants responded to each question and “n”s for each question will vary.



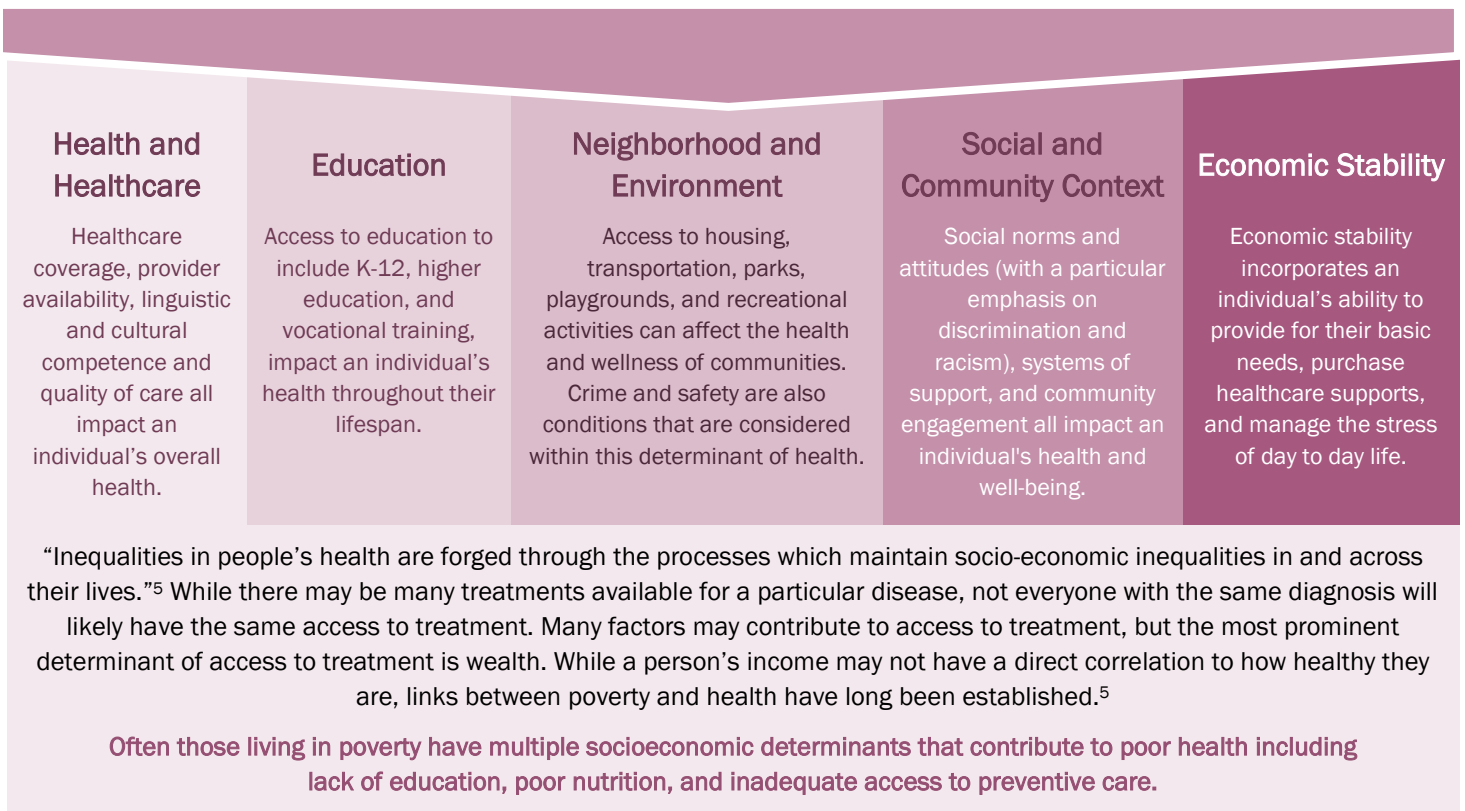
Limitations and Considerations

- 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.
- Unless otherwise stated, questions were not compared to match or confirm n's (e.g., questions specific to individuals who have experienced a pregnancy were not checked to confirm that individuals also responded that they had experienced a pregnancy as described on page 5).
- The electronic, Spanish version of the survey repeated one answer choice within question 25. The answer option of "Cuidado de la salud mental durante el embarazo" was included twice within this question. Answers to the two response options were combined when they matched. When answer choices between the two options did not match, the decision was made to utilize the more detailed of the two responses.

Social Determinants of Health (SDoH) as a Framework for Analysis

Fully appreciating the maternal health needs of families in San Bernardino County requires a fundamental understanding of the social determinants that impact overall health and well-being, and an exploration as to how those factors may impact maternal health experiences in the County. The Centers for Disease Control and Prevention (CDC) define social determinants of health as the "circumstances in which people are born, grow up, live, work and age." In addition, it includes the systems in place to offer healthcare and services to a community.

The graphic below provides a summary of key social determinants of health.





The 2021 Consumer Survey collected socio-demographic data that can be used to explore how maternal health experiences vary based on particular SDoH factors, comprising:

- Access to health insurance
- Education level of respondent
- Household income
- Neighborhood
- Systems of support

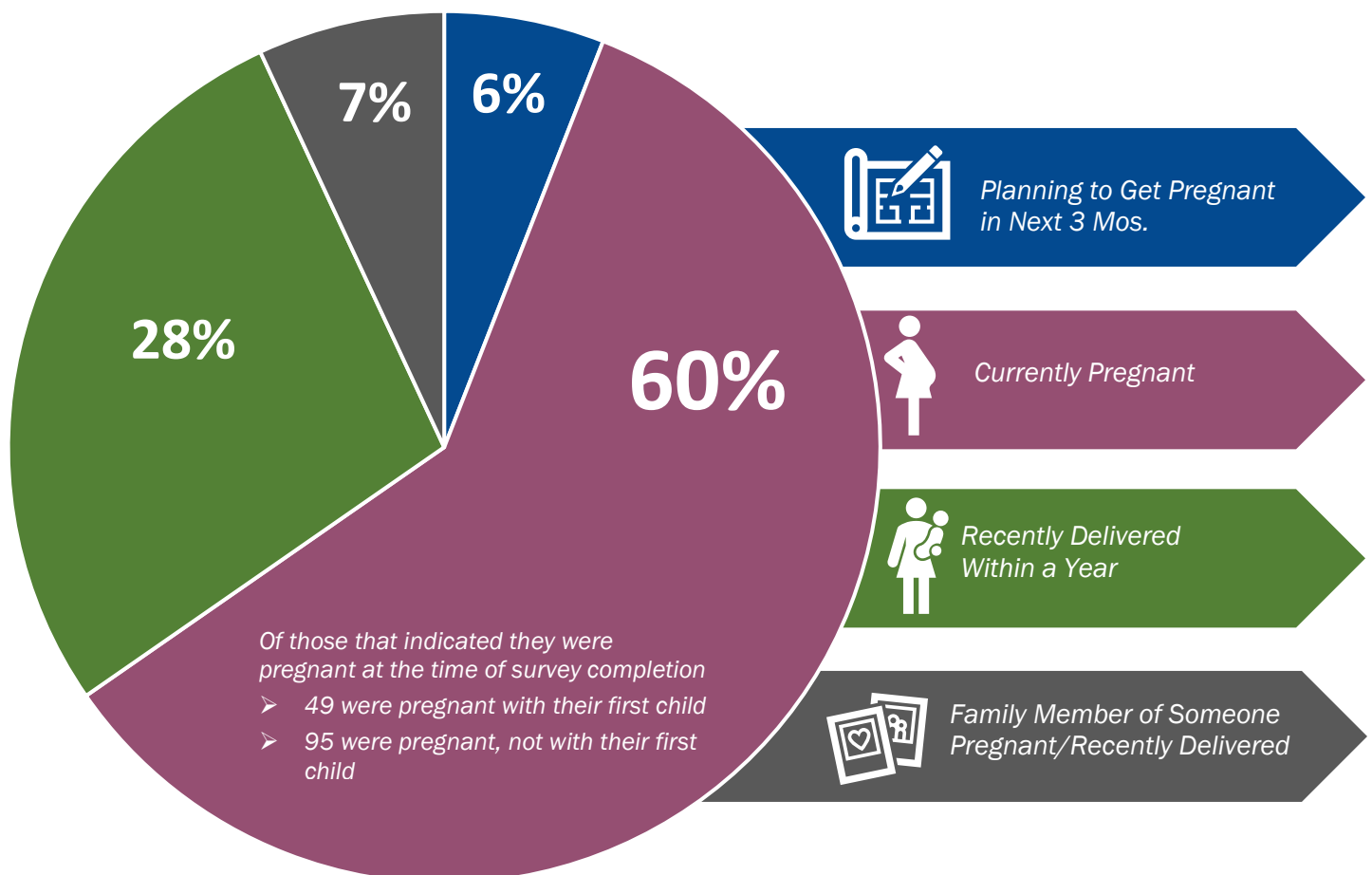
Survey results to key questions were disaggregated by a respondent's health insurance and poverty level, as well as by race/ethnicity as described in the introduction. Only meaningful results are provided throughout the report to illustrate how those specific factors may impact maternal health experiences in San Bernardino County. MHN members interested in exploring the impact of these or other factors may request the raw data following the instructions provided on page 2 of this report.

Survey Respondent Profile

Pregnancy Related Profile

Pregnancy Status (n=242)

Respondents were asked to identify a category that best described their pregnancy status. A total of 242 respondents answered this question. The figure below demonstrates that the majority of survey respondents were currently pregnant (144 or 60%).

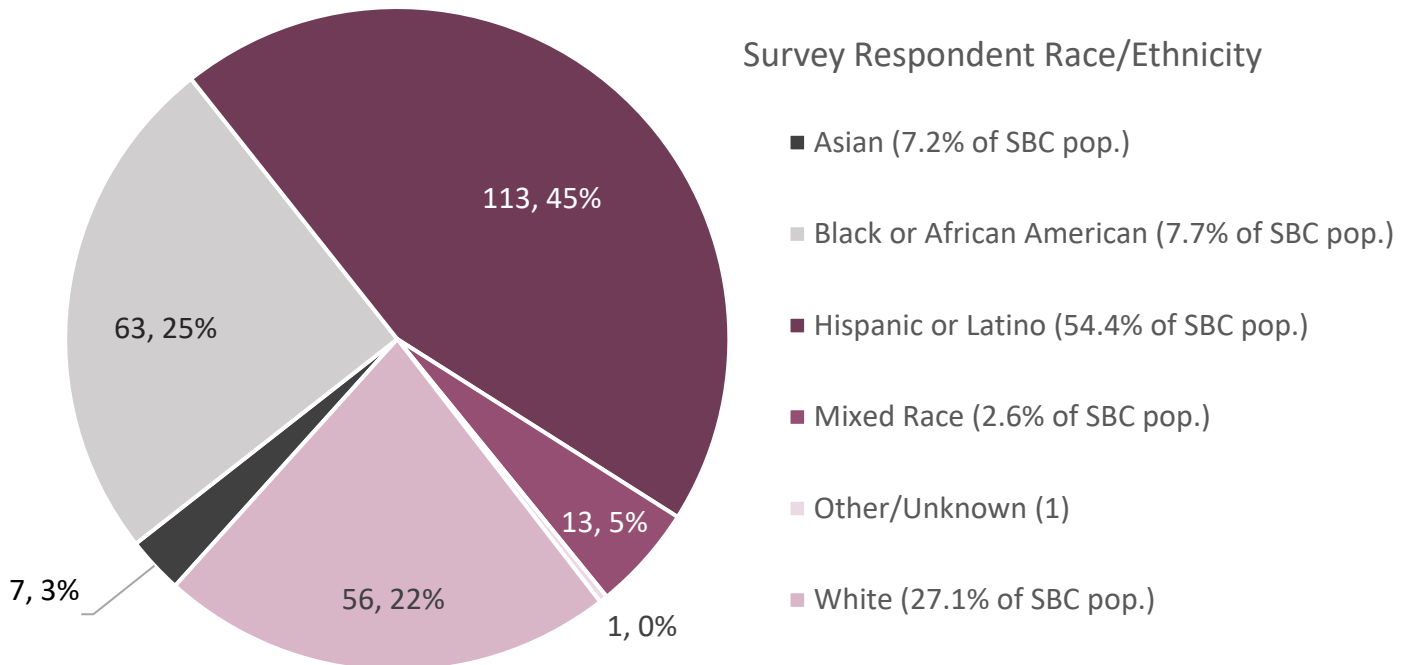




Demographic Profile

Race/Ethnicity (n=253)

Respondents were asked to identify their race/ethnicity. Hispanic or Latino individuals represented the largest group within the respondents (45%) followed by African Americans (25%) and White (22%). The racial/ethnic breakdown of San Bernardino County (“SBC pop.”) is included in the legend to show how representative survey respondents are of the total population.



Gender (n=252)

The majority of survey respondents identified as female (246 or 98%), which is not unexpected given the focus of the survey, target population, and number of recently delivered or currently pregnant respondents.



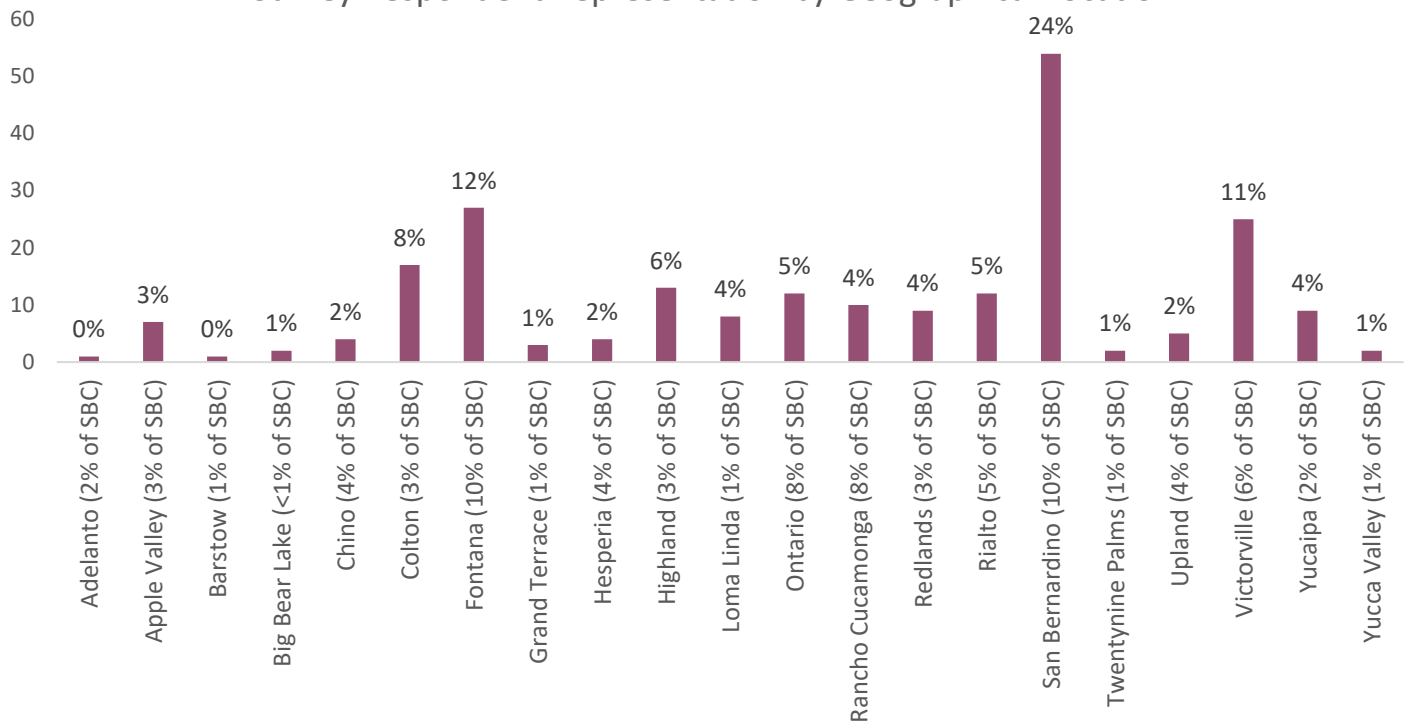


Socio-Economic Profile

City/Location of Residence (n=227)

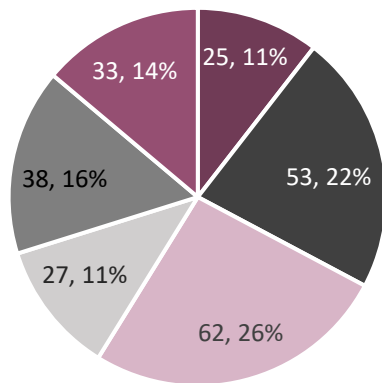
Respondents were asked to identify their city of residence. The estimated breakdown of population by city within San Bernardino County is provided in city name labels to provide information on how representative survey respondents are of the total county population.²

Survey Respondent Representation by Geographical Location



Education Level (n=238)

Respondents were asked to identify the highest level of education they had completed. The majority of respondents to this question (67%) indicated that they have completed at least some college or more.



Survey Respondent Highest Level of Completed Education

- Less than a High School Diploma/GED
- High School Diploma/GED
- Some College
- 2-year College Degree/Certificate
- 4-year College Degree/Certificate
- Post-Graduate or Professional Degree

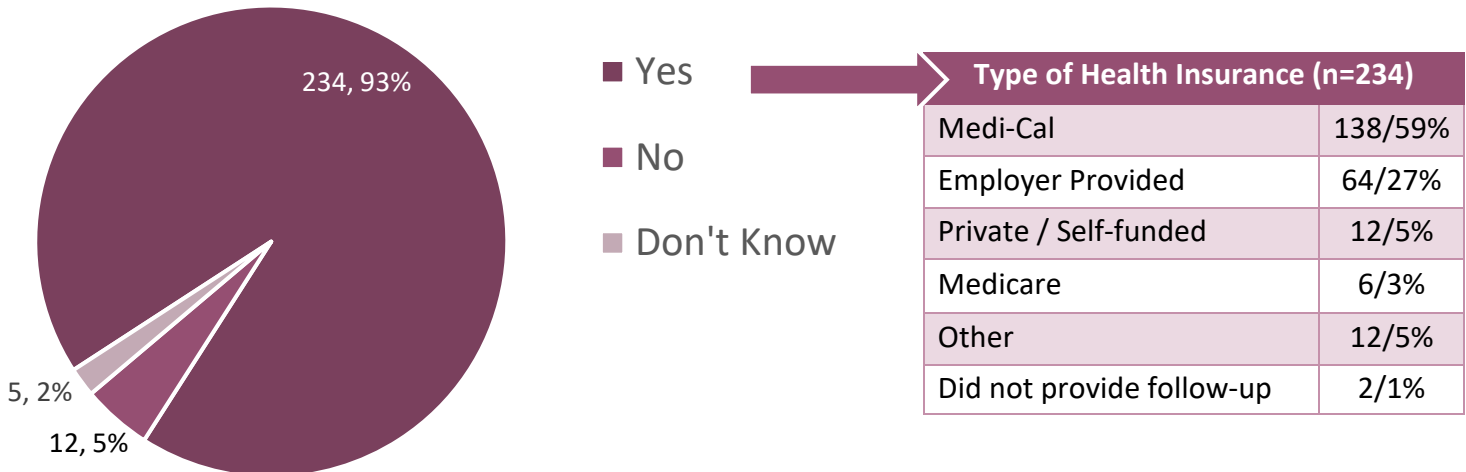
² Cities listed on the survey did not include all of the cities in the County, resulting in some cities not being represented in the graph and the percentages within the city name labels not totaling 100%.



Health Insurance (n=251)

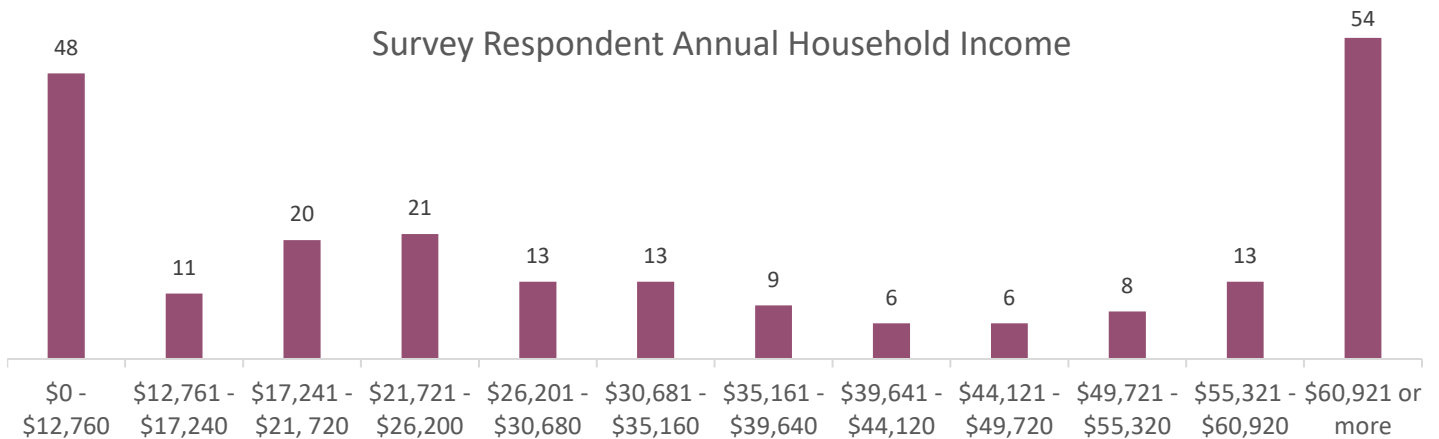
Respondents were asked to indicate whether they had health insurance, and if so, which type. The majority of respondents to this question (93%) indicated that they had health insurance. As demonstrated by the table to the right, Medi-Cal was the most common insurance indicated, followed by employer provided.

Survey Respondent Health Insurance



Household Income (n=222)

Respondents were asked to provide their annual household income. The most common responses are at the far ends of the spectrum, with 48 individuals indicating an annual income under \$12,761 per year and 54 indicating an annual income of \$60,921 or more.



Federal Poverty Status (n=194)

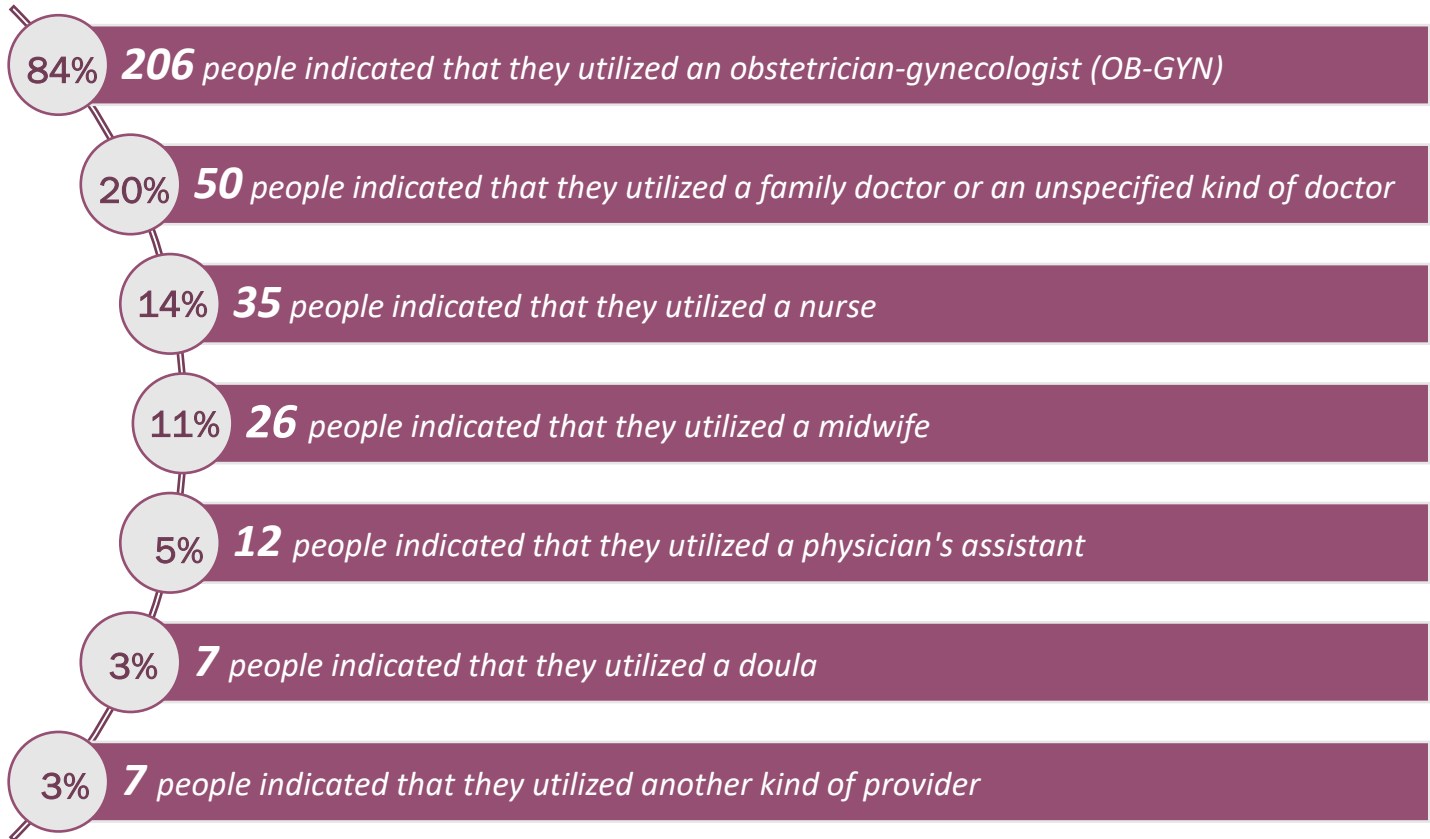
194 survey respondents provided the information necessary to determine their poverty level status using the U.S. Department of Health and Human Services 2020 Poverty Guidelines.³ Of these, approximately 35% (68) were at or below the federal poverty threshold for their household size.

³ Accessed June 12, 2021 at <https://aspe.hhs.gov/2020-poverty-guidelines>.



Provider Types Utilized (n=245)

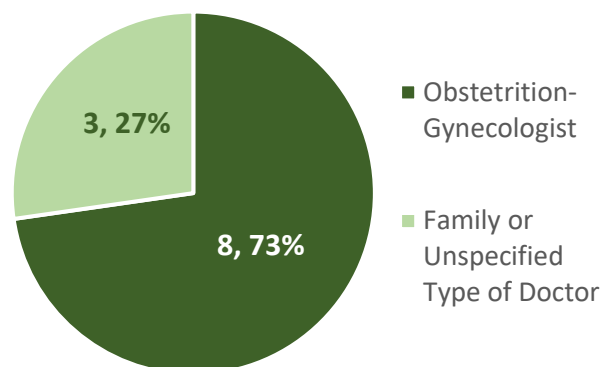
Respondents were asked to indicate all providers that they have utilized during their pregnancy. Answer choices were not mutually exclusive, and the n of 245 includes all individuals that indicated they had utilized at least one provider during their pregnancy.



Health Insurance and Provider Types Utilized

While individuals with health insurance reported accessing a variety of provider types during their pregnancy, individuals without health insurance only reported utilizing physicians (OB-GYNs, family medicine doctors, or doctors of an unknown type). This may indicate that individuals without health insurance are not utilizing the full range of providers available, although caution should be taken when interpreting these results given the small number of individuals that both reported not having health insurance and provided an answer to this question (n=11).

Type of Provider Utilized by Those Without Health Insurance



Individuals without health insurance only utilized OB-GYNs or other doctors.



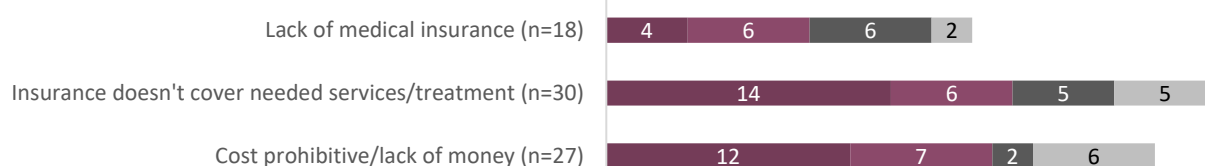
Risk Factors

In addition to the social determinants of health outlined in the previous section, survey respondents indicated other factors that could impact a healthy pregnancy and other positive outcomes.

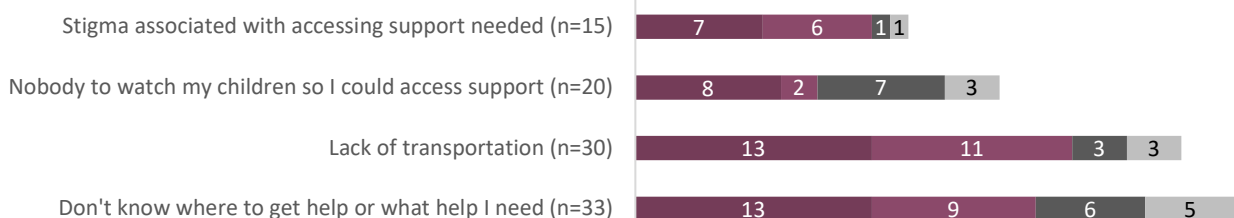
Barriers to Services

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 accessing care) are illustrated in the figures below.

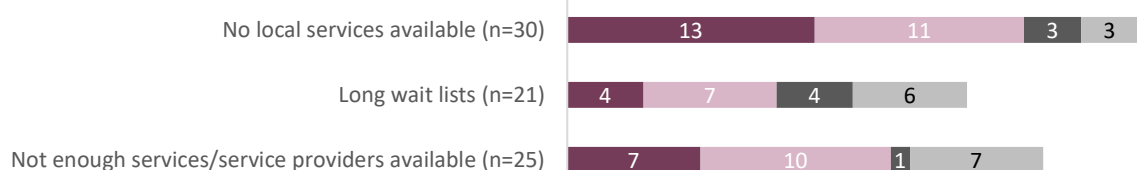
Financial



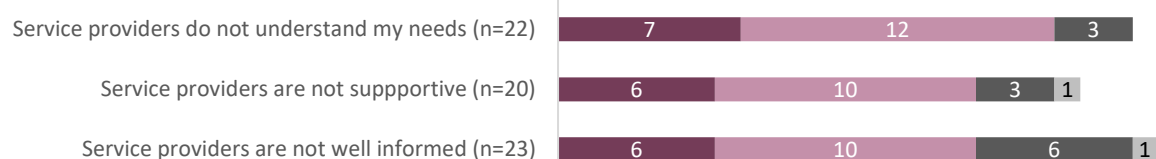
Support



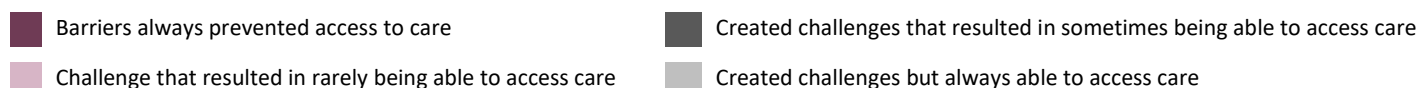
Availability



Providers



Legend



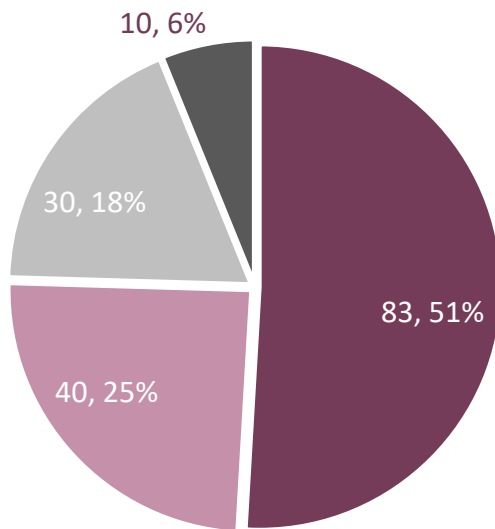
Insurance not covering needed services, along with the lack of funds, transportation, knowledge, and availability of services were the biggest barriers to care. Stigma associated with accessing supports, and service providers not understanding needs or being supportive, were also noted as substantial barriers.



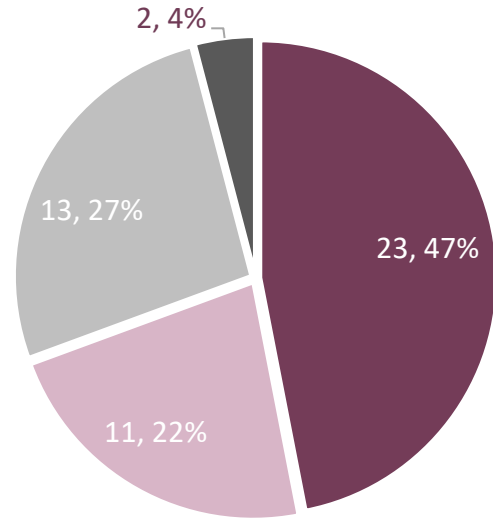
Emotional and Practical Supports

Survey respondents were asked to indicate the extent to which they had the **emotional and practical supports** they needed both during and after pregnancy. To make these results more actionable, the “during pregnancy” figures only include responses from individuals that indicated that they are currently pregnant or had delivered a child within the last year and the “after pregnancy” figures include only responses from individuals that indicated that they delivered a child within the last year.

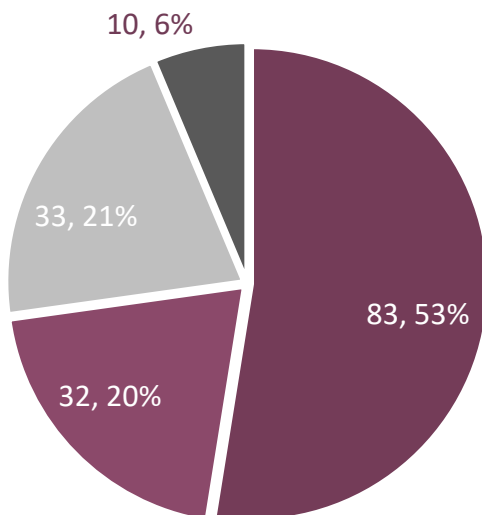
Emotional Support During Pregnancy (n=163)



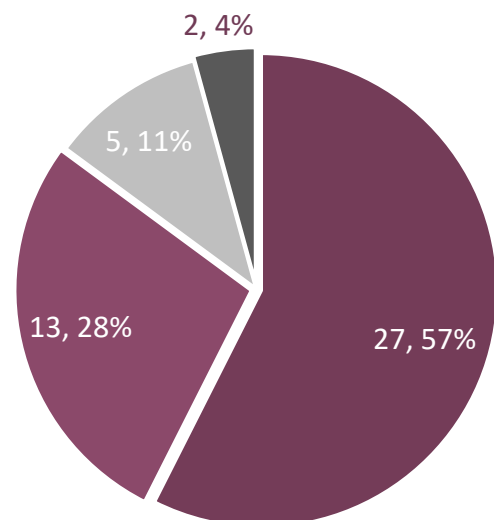
Emotional Support After Pregnancy (n=49)



Practical Support During Pregnancy (n=158)



Practical Support After Pregnancy (n=47)



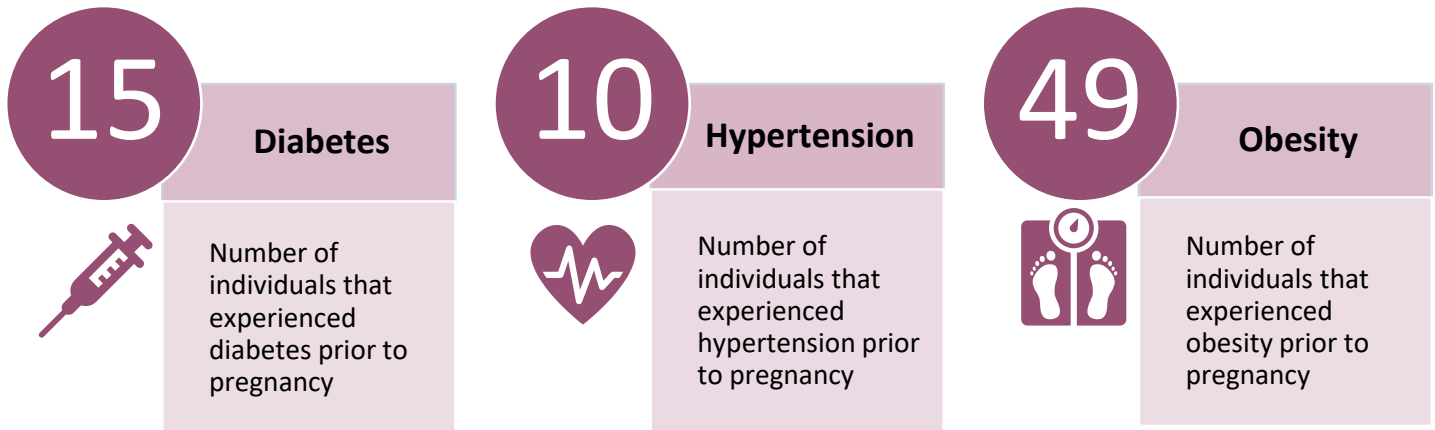
Legend



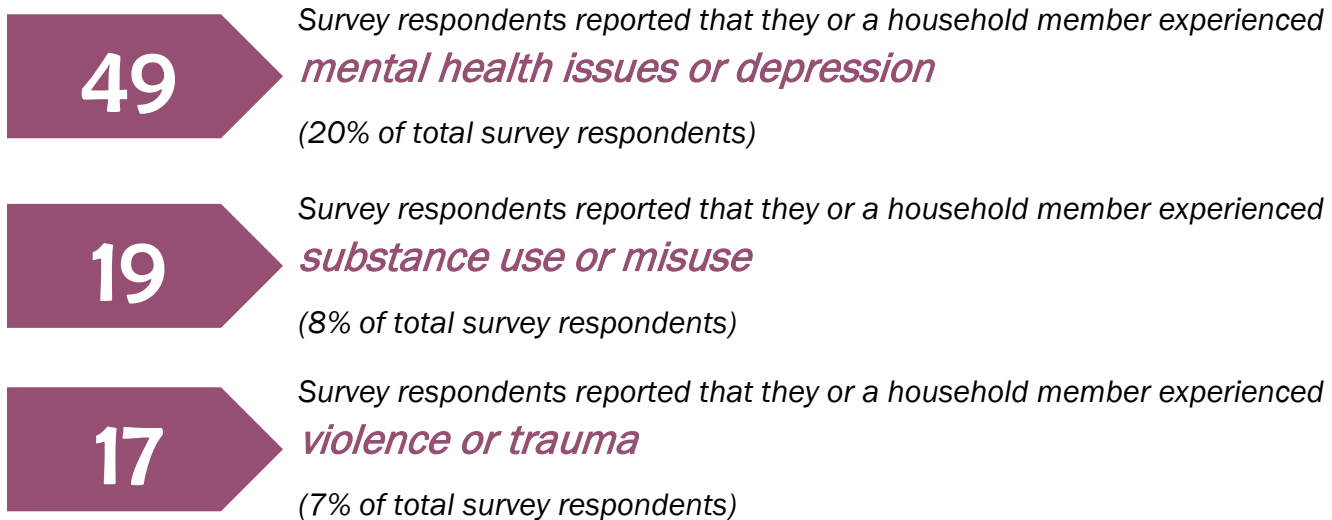


Medical Conditions and other Risk Factors⁴

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 104 respondents that indicated they have, or someone in their household has, experienced these medical conditions or other factors, 65 reported experiencing one, while 39 respondents indicated experiencing two or more risk factors. Of these, 28 experienced two, eight experienced three, two experienced four, and one individual indicated experiencing five.

⁴ 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 104 respondents provided at least one answer to this question, while 149 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.



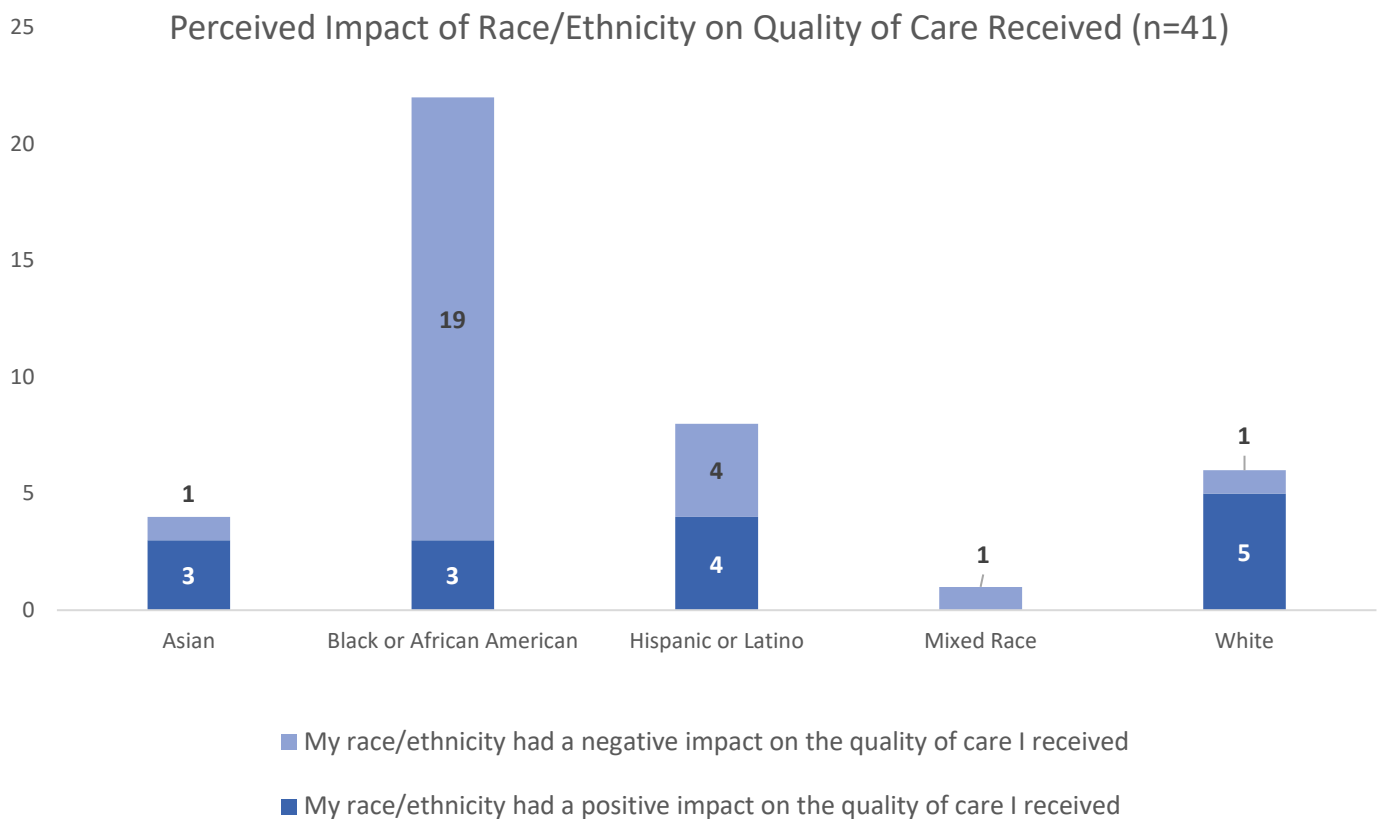
Opportunities to Improve the System of Care

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)

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.

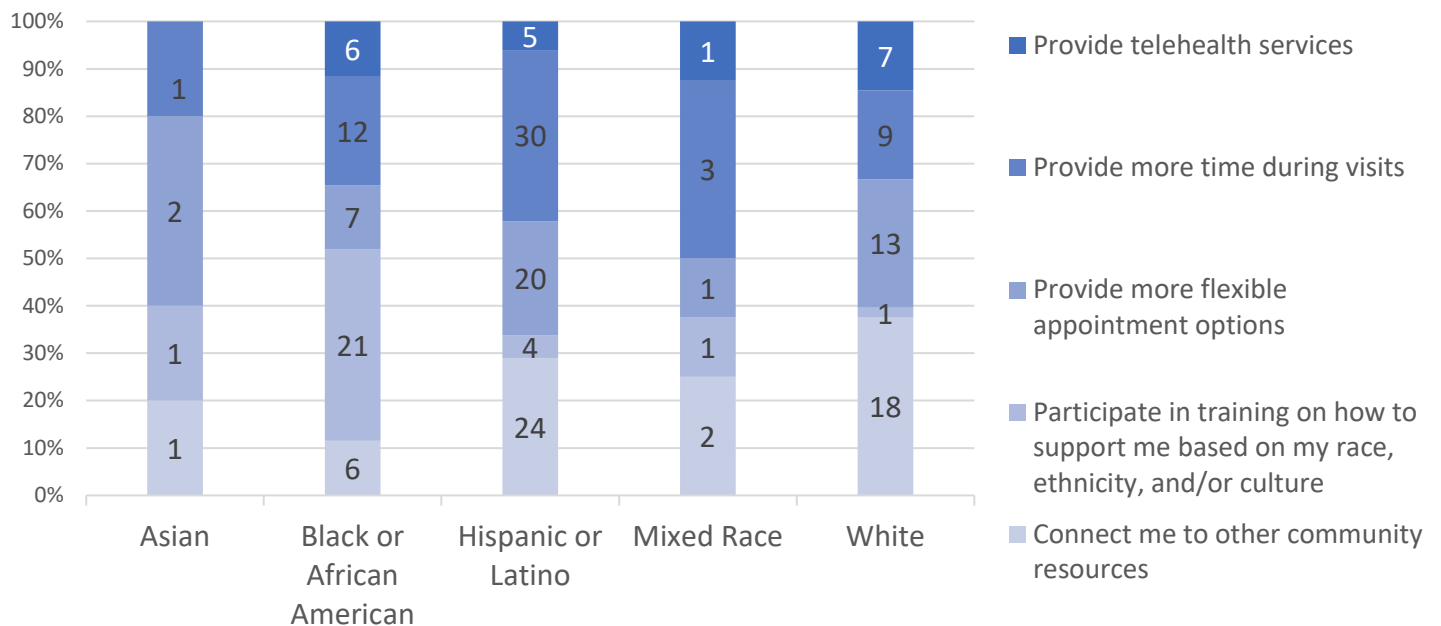
Improving Provider Quality of Care



Impact of Race/Ethnicity on Provider Improvement Prioritization

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

Provider Improvement Prioritization by Race and Ethnicity

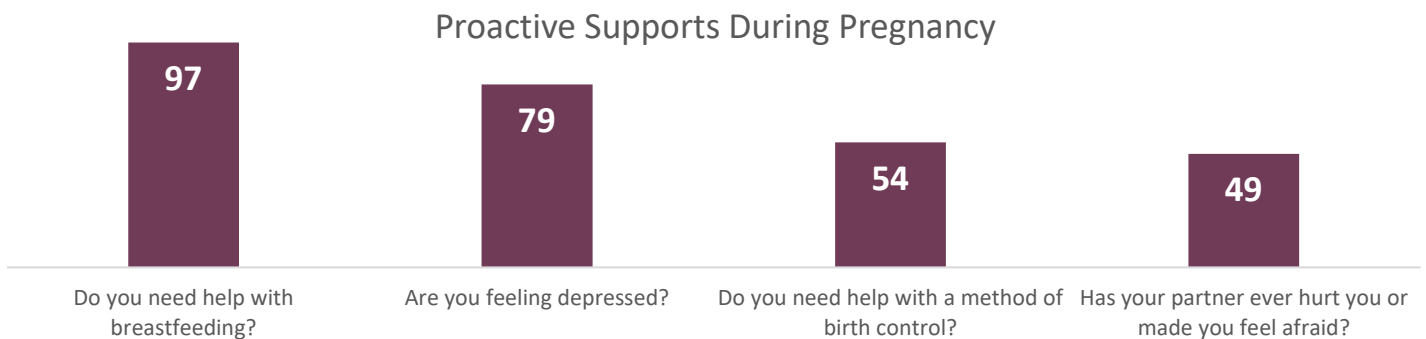


Black/African American respondents were more likely than other groups to prioritize provider training on race, ethnicity, and/or culture



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 their providers most commonly asked them if they needed breastfeeding help, and most infrequently asked them if their partner hurt them or made them feel afraid. Answers to these questions were not mutually exclusive, and 149 participants indicated that their primary care provider had asked them at least one of these questions while 25 of these respondents indicated that their provider had asked them all four questions.



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=234)

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 family planning and information about healthy relationships.

Areas for Improvement: Pre-Pregnancy





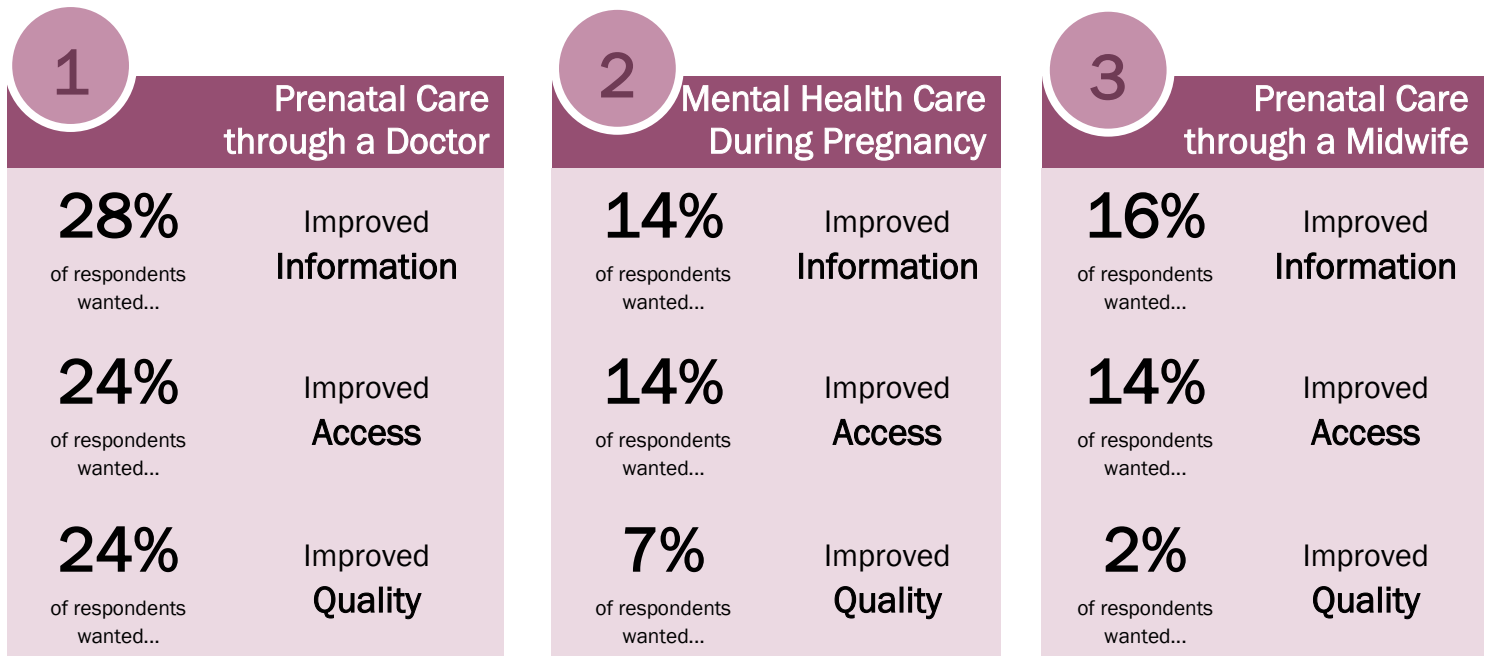
Families Who Are Pregnant

Respondents were asked to identify the **areas of the maternal health system that need improvement in order 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 209 individuals responded to this question; non-specific answers to the “Other” answer option (e.g. NA, No, Blank) are not included in this analysis.

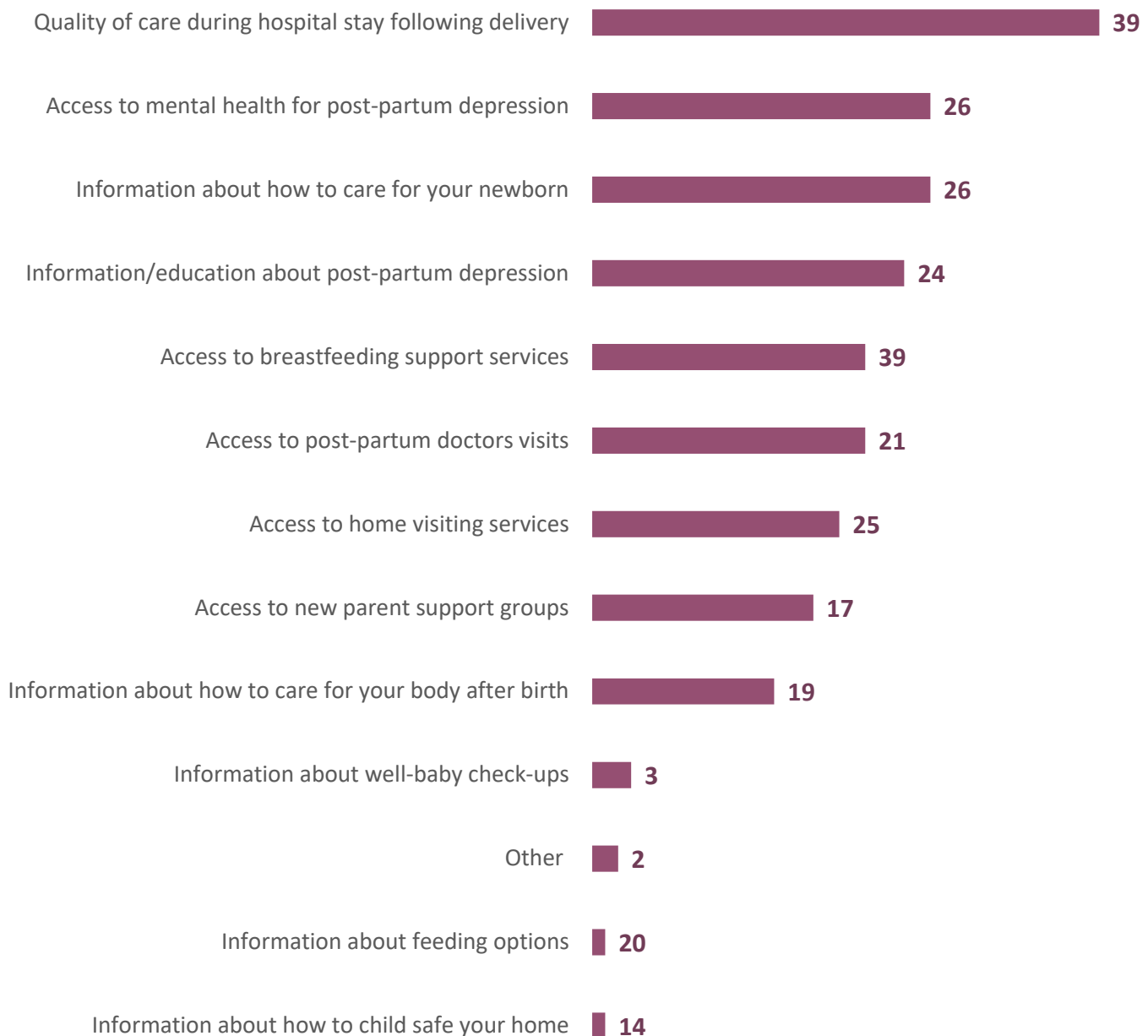
Improvement Needed to Support Families who are Pregnant (n=209)	Improved Information	Improved Access	Improved Quality
Alcohol or Substance Use Services During Pregnancy	3% (6)	2% (5)	0% (1)
Birth/Delivery at Home	4% (9)	3% (7)	0% (0)
Birth/Delivery through a Hospital or Birthing Center	6% (12)	7% (14)	5% (10)
Birthing Support Provided by a Doctor	4% (8)	2% (4)	2% (5)
Birthing Support Provided by a Doula	2% (5)	2% (4)	1% (2)
Birthing Support Provided by a Midwife	1% (2)	1% (2)	1% (2)
Home Visiting Services	5% (10)	5% (11)	1% (2)
Lamaze/Childbirth Education Classes	4% (8)	9% (19)	1% (3)
Mental Health Care During Pregnancy	14% (29)	14% (29)	7% (14)
Nutrition Support	15% (31)	12% (26)	4% (8)
Oral Health/Dental Care	3% (7)	5% (11)	1% (3)
Pregnancy Support Groups	8% (17)	11% (24)	3% (7)
Prenatal Care through a Doctor	28% (59)	24% (50)	24% (50)
Prenatal Care through a Doula	12% (25)	15% (32)	2% (4)
Prenatal Care through a Midwife	16% (33)	14% (30)	2% (5)



For Families Directly Following the Birth of a Baby (n=214)

Survey respondents were asked to indicate what was the **single most important area of improvement for families following the birth of a baby**. Improving the quality of care during a hospital stay or 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 50 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 that spans the following three pages identifies the percentage of respondents that accessed services before, during, and after their pregnancy. 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. Percentages of those who accessed or indicated services are based on a denominator of 253, although not all survey respondents provided an answer to this question.

Pre-Pregnancy Services (n=253)		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
28% (70) accessed family planning/birth control services 5% indicated these services were not available.	Satisfaction with these services (n=57)	39% (n=22)	39% (n=22)	11% (n=6)	11% (n=6)	2% (n=1)
53% (134) accessed prenatal care through a doctor 2% indicated these services were not available.	Satisfaction with these services (n=100)	32% (n=32)	43% (n=43)	10% (n=10)	11% (n=11)	4% (n=4)
6% (16) accessed prenatal care through a midwife 17% indicated these services were not available.	Satisfaction with these services (n=19)	42% (n=8)	26% (n=5)	26% (n=5)	5% (n=1)	5% (n=0)
2% (6) accessed prenatal care through a doula 20% indicated these services were not available.	Satisfaction with these services (n=9)	33% (n=3)	33% (n=3)	22% (n=2)	0% (n=0)	11% (n=1)
Pregnancy Services (n=253)		Highly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Not Satisfied	Highly Dissatisfied
15% (38) accessed oral health/dental care services 12% indicated these services were not available.	Satisfaction with these services (n=32)	31% (n=10)	41% (n=13)	22% (n=7)	6% (n=2)	0% (n=0)



12% (30) accessed **nutrition services**

13% indicated these services were not available.

Satisfaction with these services (n=23)

48%
(n=11)

17%
(n=4)

22%
(n=5)

13%
(n=3)

0%
(n=0)

8% (21) accessed **Lamaze/childbirth education classes**

14% indicated these services were not available.

Satisfaction with these services (n=19)

53%
(n=10)

21%
(n=4)

21%
(n=4)

0%
(n=0)

5%
(n=1)

7% (17) accessed **pregnancy support groups**

18% indicated these services were not available.

Satisfaction with these services (n=17)

65%
(n=11)

24%
(n=4)

12%
(n=2)

0%
(n=0)

0%
(n=0)

2% (6) accessed **home visiting services**

21% indicated these services were not available.

Satisfaction with these services (n=8)

13%
(n=1)

50%
(n=4)

13%
(n=1)

25%
(n=2)

0%
(n=0)

2% (6) accessed **alcohol or substance use treatment**

11% indicated these services were not available.

Satisfaction with these services (n=8)

63%
(n=5)

0%
(n=0)

38%
(n=3)

0%
(n=0)

0%
(n=0)

9% (22) accessed **mental health care**

12% indicated these services were not available.

Satisfaction with these services (n=19)

42%
(n=8)

21%
(n=4)

16%
(n=3)

5%
(n=1)

16%
(n=3)

Birth/Delivery Services (n=253)

Highly
Satisfied

Satisfied

Neither
Satisfied nor
Dissatisfied

Not Satisfied

Highly
Dissatisfied

37% (94) gave **birth/delivered in a hospital**

8% indicated these services were not available.

Satisfaction with these services (n=68)

51%
(n=35)

32%
(n=22)

6%
(n=4)

6%
(n=4)

4%
(n=3)

5% (12) gave **birth/delivered in a birthing center**

20% indicated these services were not available.

Satisfaction with these services (n=14)

43%
(n=6)

29%
(n=4)

21%
(n=3)

0%
(n=0)

7%
(n=1)

2% (5) gave **birth/delivered in a home setting**

22% indicated these services were not available.

Satisfaction with these services (n=8)

50%
(n=4)

0%
(n=0)

38%
(n=3)

0%
(n=0)

13%
(n=1)



21% (53) received **birthing supports through a doctor**
12% indicated these services were not available.

Satisfaction with these services (n=34)

53%
(n=18)

35%
(n=12)

3%
(n=1)

6%
(n=2)

3%
(n=1)

6% (16) received **birthing supports through a midwife**
17% indicated these services were not available.

Satisfaction with these services (n=17)

47%
(n=8)

24%
(n=4)

18%
(n=3)

6%
(n=1)

6%
(n=1)

3% (8) received **birthing supports through a doula**
20% indicated these services were not available.

Satisfaction with these services (n=8)

25%
(n=2)

25%
(n=2)

38%
(n=3)

0%
(n=0)

13%
(n=1)

Post-partum Services (n=253)

Highly
Satisfied

Satisfied

Neither
Satisfied nor
Dissatisfied

Not Satisfied

Highly
Dissatisfied

16% (41) had an **extended hospital stay post-partum**
18% indicated these services were not available.

Satisfaction with these services (n=30)

43%
(n=13)

43%
(n=13)

3%
(n=1)

7%
(n=2)

3%
(n=1)

24% (61) received a **post-partum doctor's visit**
15% indicated these services were not available.

Satisfaction with these services (n=46)

30%
(n=14)

60%
(n=24)

7%
(n=3)

7%
(n=3)

4%
(n=2)

27% (69) received **breastfeeding/lactation support**
10% indicated these services were not available.

Satisfaction with these services (n=57)

40%
(n=23)

46%
(n=26)

5%
(n=3)

5%
(n=3)

4%
(n=2)

4% (10) received a **post-partum visit by a midwife**
24% indicated these services were not available.

Satisfaction with these services (n=10)

40%
(n=4)

10%
(n=1)

30%
(n=3)

20%
(n=2)

0%
(n=0)

2% (4) received a **post-partum visit by a doula**
25% indicated these services were not available.

Satisfaction with these services (n=5)

20%
(n=1)

0%
(n=0)

60%
(n=3)

20%
(n=1)

0%
(n=0)

7% (18) received **post-partum depression support**
20% indicated these services were not available.

Satisfaction with these services (n=14)

29%
(n=4)

36%
(n=5)

29%
(n=4)

0%
(n=0)

7%
(n=1)



Conclusion

Both general conclusions as well as key takeaways related to the three areas of inquiry are presented below.

Improving Quality of Care

The survey sought to identify opportunities to improve quality of care within the maternal health system in San Bernardino County. Survey results indicate that:

- **Consumers overall prioritized more time during visits and facilitating connections to other community resources as actions providers can take to improve their quality of care**, with respondents of different races and ethnicities prioritizing different areas of provider improvement.
- **There is room for improvement in how often providers ask consumers questions that can lead to the provision of proactive supports**, particularly around questions that speak to the presence of intimate partner violence. This is of particular importance as “information/education about healthy relationships” was the third most commonly cited area of improvement for families planning to get pregnant.
- **Recommended improvements to the maternal health system varied by stage of pregnancy**, with information on how to prepare for a healthy pregnancy identified most often as the single most important area of improvement for families planning to get pregnant, and post-partum depression information and resources as the most important areas of improvement for families following the birth of a baby. Prenatal care through a doctor or midwife, and mental health care during pregnancy, were the areas most commonly identified as needing improvement in order to support families during pregnancy.
- **Consumers reported overall that they were satisfied with the maternal services they accessed**, with a majority of respondents indicating they were satisfied or highly satisfied with 19 out of 23 services listed.

Risk Factors

The survey sought to better understand some of the risk factors reported by pregnant families in San Bernardino County. Survey results indicate that:

- **Consumers face a number of barriers to accessing services in San Bernardino County.** Insurance not covering needed services, lack of funds, lack of transportation, lack of available services, and lack of knowledge about where to get help were the most commonly noted barriers to services, and were also cited as presenting large barriers to accessing care. While not as commonly noted as a barrier, when they were mentioned, stigma associated with accessing supports, and service providers not understanding needs or being supportive, caused challenges that resulted in consumers struggling to access care.
- **Consumers do not always have the emotional and practical supports they need during and after pregnancy.** Only 47-57% of respondents indicated that they always had these supports during and after pregnancy.
- **Consumers report experiencing a variety of medical and other personal risk factors that could impact a healthy pregnancy.** Obesity prior to pregnancy and the presence of mental health issues or



depression within the household or experienced by the survey respondent were the medical and personal risk factors most commonly cited by respondents.

Social Determinants of Health

The survey sought to explore correlations between social determinants of health and the maternal health experience in San Bernardino County. While the survey collected information that could inform how individuals of differing backgrounds experience the maternal health system, the small sample sizes did not allow these types of analyses; many anticipated analyses were not presented within the report as they did not provide meaningful results due to the low numbers of individuals within disaggregated groups.

Future Research

The results of the 2020-21 Consumer Survey provide a framework for expanding survey efforts to better understand the maternal health experience in San Bernardino County, particularly around an improved understanding of the impact of social determinants of health on the experiences of individuals of differing backgrounds and life circumstances. Larger data sets are needed to generalize responses to the larger population, and future survey efforts should consider approaches that increase respondent rates such as the use of a shortened tool that consumers can complete more quickly. It is also anticipated that future efforts will not be subject to COVID-19 related distribution and collection restrictions, which may also increase the number of participants.



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. A total of 241 surveys were collected in English and 12 surveys were collected in Spanish. The survey tool is available in English and Spanish on the following pages.



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.

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.



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 Phone Number: 559-123-4567		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 <input type="radio"/> Second Trimester <input type="radio"/> Third Trimester </div> <div style="width: 50%; text-align: center;"> </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"/> Trans Male <input type="radio"/> Trans Female <input type="radio"/> Other						<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know					
6. What is your age?						<div style="display: flex; align-items: center;"> If you answered yes, please indicate what kind of health insurance you have: </div>					
<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+						<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):					
7. What is your race/ethnicity?						8. During your pregnancy, which type of maternity care provider did you use? (please check all that apply)					
<input type="radio"/> White <input type="radio"/> Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Mixed Race <input type="radio"/> American Indian/Alaskan <input type="radio"/> Other						<input type="radio"/> Obstetrician-gynecologist <input type="radio"/> Nurse <input type="radio"/> Family medicine doctor <input type="radio"/> Midwife <input type="radio"/> Doctor, not sure what type <input type="radio"/> Doula <input type="radio"/> Physician Assistant <input type="radio"/> Other					
9. Do you feel that your race/ethnicity impacted the quality of care you received?						10. What City/Town do you live in?					
<input type="radio"/> Yes <input type="radio"/> No						<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					
<div style="display: flex; align-items: center;"> If you answered yes, was the impact positive or negative? </div>											
<input type="radio"/> Positive <input type="radio"/> Negative											
11. Did you have any of the following conditions within one year prior to pregnancy?											
<input type="radio"/> Diabetes <input type="radio"/> Hypertension <input type="radio"/> Obesity											
12. Have you or anyone in your household experienced the following circumstances within the last year?											
<input type="radio"/> Violence/Trauma <input type="radio"/> Substance Use/Misuse <input type="radio"/> Mental Health Issues/Depression											
13. What is your annual household income?						14. How many people live in your household?					
<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"/> \$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"/> \$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					
15. Please provide your highest level of education completed:											
<input type="radio"/> Less than a High School Diploma/GED <input type="radio"/> Some College <input type="radio"/> 4-year College Degree/Certificate											
<input type="radio"/> High School Diploma/GED <input type="radio"/> 2-year College Degree/Certificate <input type="radio"/> Post-Graduate or Professional Degree											



QUALITY OF CARE

16. What is the <u>one</u> 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)			
<input type="radio"/> Family planning	<input type="radio"/> Information about birth spacing	<input type="radio"/> Information/access to birth control	
<input type="radio"/> Information about how to get pregnant	<input type="radio"/> Information about how to prepare for a healthy pregnancy	<input type="radio"/> Information/education about healthy relationships	
<input type="radio"/> Other (please describe):			
17. What do you think should be improved to support families who are pregnant? (please check <u>no more than three areas</u> where you think improvements are needed)			
Area for Improvement	Type of Improvement		
	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
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 <u>one</u> 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)			
<input type="radio"/> Quality of care during hospital stay following delivery	<input type="radio"/> Information/education about post-partum depression		
<input type="radio"/> Access to post-partum doctors visits	<input type="radio"/> Information about how to care for your newborn		
<input type="radio"/> Access to home visiting services	<input type="radio"/> Information about how to child safe your home		
<input type="radio"/> Access to new parent support groups	<input type="radio"/> Information about how to care for your body after birth		
<input type="radio"/> Access to breastfeeding support services	<input type="radio"/> Information about feeding options		
<input type="radio"/> Access to mental health for post-partum depression	<input type="radio"/> Information about well-baby check-ups		
<input type="radio"/> Other (please describe):			
19. What is the <u>one</u> thing that your provider could do/could have done to improve the quality of care you receive(d)?			
<input type="radio"/> Provide more time during visits	<input type="radio"/> Provide telehealth services		
<input type="radio"/> Connect me to other community resources	<input type="radio"/> Provide more flexible appointment options		
<input type="radio"/> 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? (Please check all that apply)								
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.

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.



ENCUESTA FAMILIAR DE SALUD MATERNA

1. Pedimos que proporcione un número de identificación (ID). Por favor, proporcione la siguiente información.											
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								
2. Por favor, indique dónde se enteró de la encuesta o dónde la completó.											
<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											
3. Marque la afirmación que mejor describa a usted.											
<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)											
4. ¿Cuál es su identidad de género?											
<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											
5. ¿Tiene seguro médico?											
<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:											
<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)											
6. ¿Qué edad tiene?											
<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+											
7. ¿Con qué raza o etnia se identifica?											
<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											
8. Durante el embarazo, ¿qué tipo de proveedor de cuidados de maternidad utilizó con más frecuencia? (marque todo lo que corresponda)											
<input type="radio"/> Ginecólogo-obstetra <input type="radio"/> Enfermero/a											
<input type="radio"/> Médico de familia <input type="radio"/> Comadrona/ matrona											
<input type="radio"/> Médico, no estoy seguro(a) de qué tipo <input type="radio"/> Doula/partera											
<input type="radio"/> Asociado médico <input type="radio"/> Otro											
9. ¿Piensa usted que su raza o identidad étnica afectaba la calidad de cuidado que recibía?											
<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											
10. ¿En qué ciudad/pueblo vive usted?											
<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											
11. ¿Tenía Ud. una de las siguientes condiciones dentro de un año antes del embarazo?											
<input type="radio"/> Diabetes <input type="radio"/> Hipertensión <input type="radio"/> Obesidad											
12. Dentro del último año, ¿ha experimentado las siguientes circunstancias usted o alguien en su hogar?											
<input type="radio"/> Violencia/Trauma <input type="radio"/> Consumo de sustancias											
<input type="radio"/> Problemas de Salud Mental/Depresión											
13. ¿Cuál es el ingreso anual en su hogar?											
<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											
14. ¿Cuántas personas viven en su hogar?											
<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											



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/Licenciado de un programa Universitario de 4 años
<input type="radio"/>	Título secundario/GED	<input type="radio"/>	Título/Licenciado de un programa universitario de 2 años	<input type="radio"/>	Posgrado (maestría, doctorado, u otro título)

CALIDAD DE CUIDADO

16. ¿Qué es <u>lo más importante</u> que se debe mejorar para apoyar a las familias que están planificando un embarazo? (Por favor, seleccione <u>solo una</u> 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"/>		<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 <u>no más de tres servicios</u>)			
Servicios que pueden mejorar	Tipo de Mejora		
	Información Mejorada Información adicional sobre las opciones o los recursos disponibles	Acceso Mejorada 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 <u>lo más importante</u> que se debe mejorar para apoyar a las familias directamente luego del nacimiento de un bebé? (Por favor, seleccione <u>solo una</u> respuesta que crea es la más importante)			
<input type="radio"/>	Calidad en el cuidado brindado durante la hospitalización luego del parto	<input type="radio"/>	Información/educación sobre la depresión posparto
<input type="radio"/>	Acceso a visitas médicas luego del parto	<input type="radio"/>	Información sobre cómo cuidar al recién nacido
<input type="radio"/>	Acceso a servicios de visitas a domicilio	<input type="radio"/>	Información sobre cómo tener una casa segura para los niños
<input type="radio"/>	Acceso a grupos de apoyo para padres primerizos (por primera vez)	<input type="radio"/>	Información sobre cómo cuidar su cuerpo luego de dar a luz
<input type="radio"/>	Acceso a servicios de ayuda en la lactancia materna	<input type="radio"/>	Información sobre opciones de alimentación
<input type="radio"/>	Acceso a servicios para la salud mental para la depresión posparto	<input type="radio"/>	Información sobre exámenes médicos periódicos para la salud de su bebé
<input type="radio"/>	Otro (por favor, describa):		



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 solo una respuesta)	
<input type="radio"/> Ofrecer visitas más largas	<input type="radio"/> Proporcionar servicios de telemedicina
<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?								
O ¿Necesita ayuda con la lactancia?		O ¿Necesita ayuda con un método anticonceptivo?						
O ¿Se siente deprimida?		O 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)?		O	O	O	O	N/A		
22. Luego de su embarazo, ¿con qué frecuencia tuvo el apoyo emocional que necesitó?		O	O	O	O	O		
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)?		O	O	O	O	N/A		
24. Luego de su embarazo, ¿con qué frecuencia tuvo el apoyo práctico que necesitó?		O	O	O	O	O		
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	O	O	O	O	O	O	O	O
Cuidado prenatal brindado por un doctor	O	O	O	O	O	O	O	O
Cuidado prenatal brindado por una comadrona	O	O	O	O	O	O	O	O
Cuidado prenatal brindado por una partera	O	O	O	O	O	O	O	O
Nutricionista (dietista)	O	O	O	O	O	O	O	O
Clases de preparación para el parto (Lamaze)	O	O	O	O	O	O	O	O
Grupos de apoyo durante el embarazo	O	O	O	O	O	O	O	O
Servicio de visitas a domicilio	O	O	O	O	O	O	O	O
Salud oral / Cuidado dental	O	O	O	O	O	O	O	O
Tratamiento/servicios por el uso de alcohol o drogas durante el embarazo	O	O	O	O	O	O	O	O
Cuidado de la salud mental durante el embarazo	O	O	O	O	O	O	O	O
Alumbramiento en un hospital	O	O	O	O	O	O	O	O
Alumbramiento en un centro de maternidad	O	O	O	O	O	O	O	O
Alumbramiento en el hogar	O	O	O	O	O	O	O	O
Asistencia de un doctor durante el parto	O	O	O	O	O	O	O	O
Asistencia de una comadrona/matrona durante el parto	O	O	O	O	O	O	O	O
Asistencia de una doula/partera durante el parto	O	O	O	O	O	O	O	O
Cuidado de la salud mental durante el embarazo	O	O	O	O	O	O	O	O
Hospitalización prolongada luego del nacimiento	O	O	O	O	O	O	O	O
Visita del doctor luego del parto	O	O	O	O	O	O	O	O
Ayuda/instrucciones sobre la lactancia/amamantamiento	O	O	O	O	O	O	O	O
Visita de la comadrona/matrona luego del parto	O	O	O	O	O	O	O	O
Visita de la doula/partera luego del parto	O	O	O	O	O	O	O	O
Asistencia por depresión posparto	O	O	O	O	O	O	O	O



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	Sí	Siempre impedía 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	