

Cervical Ripening at Home or In-Hospital (qCHOICE) Study Induction of Labour Experience Questionnaire

You are being invited to participate in a research study titled qCHOICE. This study is being done by University of Edinburgh, Professor Helen Cheyne from University of Stirling and Professor Christine McCourt from City, University of London.

Many pregnant women will be offered Induction of Labour (IOL) towards the end of their pregnancy. Labour often starts on its own, but sometimes it needs to be started artificially, usually because the baby is late. The first part of this process is called 'cervical ripening' (sometimes also called cervical priming), where medication or a specialised balloon is used to soften and open the cervix (neck of the womb), getting it ready for labour.

Cervical ripening used to be performed only in hospitals. However, about half of maternity units in the UK now offer 'home cervical ripening' – where women have the procedure started off in hospital, but can spend some time at home whilst waiting for the treatment to work.

We want to ask women about their experiences of cervical ripening (at home or in hospital) and having their labour induced. You are being invited to take part in the qCHOICE study because you had induction of labour.

This survey asks about you and your experiences of induction of labour and your labour and birth. What you tell us is very important; it helps us find out whether going home or staying in hospital for the first part of induction (cervical ripening) is acceptable to women, how good your care was and how it might be improved. **The survey will take you approximately 20 minutes to complete.**

Further details about the study, including information about data protection, are available in the participant information sheet that you can read and download here:

[Participant Information Sheet \(PIS\)](#)

[Data Protection Information Sheet](#)

Please read the participant information sheet and keep a copy before starting the survey. If you have any questions, you can contact either Dr Cassandra Yuill or Dr Mairi Harkness.

If you would prefer us to post you a paper copy to complete, or if you would prefer a researcher to complete it with you over the telephone, or need an interpreter to do this, please e-mail or call us:

Dr Cassandra Yuill

E: cassandra.yuill@city.ac.uk

T: 07840872417

Dr Mairi Harkness

E: mairi.harkness@stir.ac.uk

T: 01786466119

There are no right or wrong answers, we just would like to find out your views and feelings and welcome your honesty. All your answers are treated as private.

Have you had an induction of labour and given birth to your baby yet? * *Required*

☐ Yes

☐ No

Thank you for your interest in taking part in the Cervical Ripening at Home or In-Hospital Process Evaluation (qCHOICE). You have been redirected because you have not yet had your baby.

If you do end up having an induction of labour, you will receive a notification from your online Maternity Notes about this questionnaire 10 days after you have given birth. The notification will provide a link back to this site.

CONSENT FORM for Service Users

If you are happy to take part by completing this survey, please *initial* the boxes below to confirm your consent to participate:

	Please initial each box * <i>Required</i>
1. I confirm that I have read and understand the information sheet (05 MAY 2020 Version 2.0) and the Data Protection Information Sheet (01 APR 2020 Version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily.	<input type="text"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care and/or legal rights being affected.	<input type="text"/>
3. I give permission for my personal information (including name, address, date of birth, telephone number and consent form) to be passed to the University of Stirling and City, University of London for administration of the study.	<input type="text"/>
4. I agree to take part in the above study.	<input type="text"/>

Name of Person Giving Consent * *Required*

Date * *Required*

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



First some brief questions about you and the care you received. It is important to fill these out as you will then be asked questions relevant to the type of care you had.

How many weeks pregnant were you when you were induced? * *Required*

What was your baby's birthweight in grams? *Example: 3400*

Please enter a number.

Is this your first baby? * *Required*

☐ Yes

☐ No

What hospital did you give birth in? * *Required*

What is your age? * *Required*

What is your postcode? *Example: A12 3BC* * Required

Please enter a valid UK postcode.

What is your ethnic group?

- ☐ White
- ☐ Mixed/Multiple ethnic groups
- ☐ Asian/Asian British
- ☐ Black/African/Caribbean/Black British
- ☐ Other ethnic group

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/Multiple ethnic background

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black/African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background

Other ethnic group

- ☐ Arab
- ☐ Other

If you selected Other, please specify:

The following questions ask about your choices about induction of labour

What was the main reason your obstetrician or midwife recommended induction of labour? * *Required*

- ☐ Length of pregnancy
- ☐ Medical reasons (e.g. high blood pressure)
- ☐ I'm not sure/don't know
- ☐ Other

If you selected Other, please specify:

Before the decision for induction, where had you planned or expected to have your baby?

- ☐ In a hospital delivery suite (labour ward with obstetricians)
- ☐ In a hospital-based midwife-led unit/birth centre (maternity unit run by midwives only)
- ☐ In a 'freestanding' midwife-led unit/birth centre (maternity unit outside of hospital run by midwives only)
- ☐ At home
- ☐ I hadn't decided yet

Did having an induction lead to any change in your birthplace plans?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, please explain the reason.

Did you feel you were offered a choice about having your labour induced or waiting for labour to start?

- ☐ Yes, I felt this was fully my decision
- ☐ Yes, but I felt there was no other option
- ☐ Not really, as I didn't feel I had enough information
- ☐ No, I didn't feel I was given a choice

Were your options explained to you in a way that you could understand?

- ☐ Yes, I felt I fully understood the options and their risks or benefits
- ☐ Partly
- ☐ Not really
- ☐ I'm not sure
- ☐ No

Thinking about what happened when you had your labour induced

Did you get enough information about what to expect during induction of labour?

- ☐ Yes, I felt I fully understood the what to expect
- ☐ Partly
- ☐ Not really
- ☐ I'm not sure
- ☐ No

What method was used to start your labour? This may have also been called cervical ripening or priming. *Tick all that apply.* * Required

- ☐ Catheter (or balloon)
- ☐ Gel pessaries (e.g. Propess or Prostin)
- ☐ I'm not sure/don't know
- ☐ Other

If you selected Other, please specify:

Thinking about *when the catheter or gel was first inserted* how much do you agree or disagree with the following:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree

I felt a lot of discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to cope with the discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt tense and anxious during the insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt anxious that the induction wouldn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

After the catheter or gel was inserted to start the process, did you have monitoring of your baby's heart (with a belt, CTG or doppler)?

- ☐ Yes
- ☐ No

How long was this for (minutes)? *Don't worry about exact times but recall as best you can.*

Please enter a whole number (integer).

Were you offered the choice to go home for the first part of the process (cervical ripening or priming)? * *Required*

- ☐ Yes
- ☐ No

If yes, did you go home? * Required



- ☐ Yes
- ☐ No
- ☐ I was not offered the option to go home

If you didn't go home, what was the main reason?

- ☐ I didn't want to go home
- ☐ I initially wanted to go home but I changed my mind
- ☐ I was recommended to stay after the initial monitoring

For women who remained in hospital

If you stayed in hospital how long did you stay in antenatal unit before admission to labour ward or birth centre? *Don't worry about exact times but recall as best you can.*

Hours	<input type="text"/>	Please select 
Minutes	<input type="text"/>	Please select 

Did anyone (e.g. birth partner) stay with you during the time before your admission to the labour ward or birth centre?

- ☐ No
- ☐ Birth partner
- ☐ Other

If you selected Other, please specify:

If you have other children, did you use paid or unpaid childcare (other than their primary carers) during the time you stayed in the hospital? *Childcare includes private or public nursery, a paid or unpaid relative, friend or babysitter.*

- ☐ Yes
- ☐ No

If yes, how many hours of childcare were required while you were in hospital?

- ☐ Paid
- ☐ Unpaid

Estimated additional hours? (paid)

Please enter a whole number (integer).

Estimated additional hours? (unpaid)

Please enter a whole number (integer).

What was your mode of transport to and from the hospital?

- ☐ Ambulance
- ☐ Public transportation
- ☐ Car
- ☐ Taxi
- ☐ Other

If you selected Other, please specify:

Please estimate how much you spent travelling to and from the hospital. If you are unsure, please provide an estimation on petrol/diesel used, parking expenses or bus fare.

£

What is your birth partner's employment status?

- ☐ Not in paid employment (e.g. looking after children/home; unemployed)
- ☐ In paid full-time employment
- ☐ In paid part-time employment
- ☐ Self-employed
- ☐ Other

If you selected Other, please specify:

Thinking about *the time from when the first dose of gel or catheter was inserted on the antenatal ward to the time you went to labour ward or birth centre*, how much do you agree or disagree with the following:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I felt a lot of discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to cope with the discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt anxious about being in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to relax on the antenatal ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was able to rest on the antenatal ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had good family support in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had easy access to information from the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried the induction might not be safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would have preferred to have gone home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt embarrassed by the catheter/gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

Thinking about how you felt about your induction of labour overall

For each of the following statements, please tick the option which shows how you felt about your induction.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I felt anxious about being induced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Everything made sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given clear information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable with my choice about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had access to information about the types of induction available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had easy access to information about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the induction process uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about when my labour would begin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would choose staying in hospital again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend staying in hospital during induction to other women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

For women who went home

After the catheter or gel was inserted and you went home, how long did you stay at home before admission to labour ward or birth centre? *Don't worry about exact times but recall as best you can.*

Hours	<input type="text"/>	Please select ▼
Minutes	<input type="text"/>	Please select ▼

Did you phone the hospital ward or your midwife for advice while at home?

- ☐ Yes
- ☐ No

If yes, how many times?

Please enter a whole number (integer).

Did you return to the hospital but go home again without being admitted to the labour ward or birth centre?

- ☐ Yes
- ☐ No

If yes, how many times?

Please enter a whole number (integer).

Did anyone (e.g. birth partner) stay with you during your time at home before your admission to the labour ward or birth centre?

- ☐ No
- ☐ Birth partner
- ☐ Other

If you selected Other, please specify:

If you have other children, did you use paid or unpaid childcare (other than primary carers) during the time you stayed at home after cervical ripening/priming?

Childcare includes private or public nursery, a paid or unpaid relative, friend or babysitter.

- ☐ Yes
- ☐ No

If yes, how many hours of childcare were required while you were at home prior to admission to the labour ward?

- ☐ Paid
- ☐ Unpaid

Estimated additional hours? (*paid*)

Please enter a whole number (integer).

Estimated additional hours? (*unpaid*)

Please enter a whole number (integer).

What was your mode of transport to and from the hospital?

- ☐ Ambulance
- ☐ Public transportation
- ☐ Car
- ☐ Taxi
- ☐ Other

If you selected Other, please specify:

Please estimate how much you spent travelling to and from the hospital. If you are unsure, please provide an estimation on petrol/diesel used, parking expenses or bus fare.

What is your birth partner's employment status?

- ☐ Not in paid employment (e.g. looking after children/home; unemployed)
- ☐ In paid full-time employment
- ☐ In paid part-time employment
- ☐ Self-employed
- ☐ Other

If you selected Other, please specify:

Thinking about *the time from when you went home until the time you came back in to hospital*, how much do you agree or disagree with the following:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I felt a lot of discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to cope with the discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt anxious about going home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While at home I felt anxious being at home rather than in hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to relax at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to rest at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had good family support at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I had easy access to information from the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried it might not be safe to be at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would have preferred to stay at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt embarrassed by the catheter/gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

Thinking about how you felt about your induction of labour overall

For each of the following statements, please tick the option which shows how you felt about your induction.

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I felt anxious about being induced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everything made sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given clear information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I felt comfortable with my choice about my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had access to information about the types of induction available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had easy access to information about what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the induction process uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about when my labour would begin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would choose going home again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend going home during induction to other women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

Thinking about your time in the labour ward or birth centre

Thinking now about the induction of labour from *the time you were admitted to the labour ward or birth centre to the time the baby was born*, how much do you agree or disagree with the following:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I felt a lot of discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to cope with the discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt tense and anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt anxious that the induction wouldn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my labour had started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Henry, A., Madan, A., Reid, R. et al. Outpatient Foley catheter versus inpatient prostaglandin E2 gel for induction of labour: a randomised trial. BMC Pregnancy and Childbirth 13, 25 (2013).

Your feelings about your labour and birth overall. Please try to rate each statement on its own. Do not consider the other statements. Mark the position of the statement which relates most closely to your childbirth experience.

	Almost all of the time	A lot but not always	A little more than half the time	About half the time	Slightly less than half the time	Sometimes Never or almost never
I felt tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I felt important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt in control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt good about my behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt helpless (powerless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was with people who care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The 'Labour Agency Scale' (LAS). Hodnett & Simmons Tropea, 1987.

How many nights did you stay in the hospital or birth centre after your baby was born?

After going home following the birth of your baby, did you return to the hospital and stay over night for reasons related to your baby or the birth?

☐ Yes
☐ No

If yes, how many nights?

How many weeks old is your baby TODAY?

Your health and wellbeing since the birth of your baby

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2007, all rights reserved.

There have been many changes in maternity services due to COVID-19. Did your feelings about induction of labour change at all due the COVID-19 pandemic?

☐ Yes

☐ No

If yes, please provide details:

If you were offered at home cervical ripening, did your feelings about the choice to go home/stay in hospital after catheter or gel insertion change at all due to COVID-19 pandemic?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If yes, please provide details:

Please add any other comments about how your experience of induction or feelings about it were affected, if at all, by the COVID-19 pandemic.

Thinking back about your induction and birth experiences, is there anything else you would like to tell us?



The CHOICE study collects de-identified information about the care of all women who had induction of labour in hospitals taking part. We would like your permission to add your survey results to this information. Your information will be used only for research and will not identify you individually.

If you give your permission to add your survey results to this information it will not be shared with the people who looked after you and will in no way affect your current or future treatment or care.

Do you give your permission for CHOICE study researchers to add your survey results to information held about your hospital stay? * *Required*

- ☐ Yes
- ☐ No

Before you finish

We also hope to speak with a small number of women (and their birth partners) about their experiences of induction of labour and birth.

Completing this survey does not mean you have to take part in an interview. If you are happy for one of the research team to contact you to talk about a possible interview, please enter your contact details below. You do not have to make up your mind about this now. This just gives us permission to call you with more information.

I'm happy for a research team member to call me to about a possible interview. *
Required

- ☐ Yes
- ☐ No

My phone number

Please enter a valid phone number.

My email address (if preferred)

I would like you to send me a summary of the final project report. * *Required*

☐ Yes

☐ No

Your email address

Women and partners who take part in our interviews will receive a £10 voucher as a thanks for giving the additional time and support to our study.

Your responses have been submitted.

Thank you for taking part in the qCHOICE Study. We appreciate your participation.

If you have shown interest in taking part in an interview, a member of the qCHOICE Study team will get in touch with you soon to follow-up about this.

Cervical Ripening at Home or In-Hospital Process Evaluation (qCHOICE) Contact

If you have any questions, please email or call us:

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Key for selection options

5 - How many weeks pregnant were you when you were induced?

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9 - What is your age?

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23.1.b -

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43 - How many nights did you stay in the hospital or birth centre after your baby was born?

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44.a - If yes, how many nights?

- 1
- 2
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45 - How many weeks old is your baby TODAY?

- 1
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