INFANT DEATH/STILLBIRTH MATERNAL INTERVIEW

Interviewer's Name: _____ Interview Date: _____
Infant's Name: _____ Mother's Name: _____

I. Medical and Social History

Mother's birth place (city, state) _____

How do you (mother) identify your race/ethnicity?

❒ Asian ❒ Black ❒ Hispanic ❒ Native American ❒ White ❒ Biracial ❒ Unk

Do you or your partner have any medical conditions?

MOTHER	FATHER
❒ drug or alcohol abuse	❒ drug or alcohol abuse
❒ high blood pressure	❒ high blood pressure
❒ depression or other mental health problem	❒ depression or other mental health problem
❒ diabetes	❒ diabetes
❒ cancer	❒ cancer

Have you seen a dentist in the past 12 months? ❒ Yes ❒No When was your last dental visit? _____

OBSTETRICAL HISTORY ❒ NA (no prior pregnancies)

Pregnancy outcome codes: if multiple births, more than one code may apply:

1 = Live single birth 2 = Live multiple birth 3 = Ectopic 4 = Stillbirth
5 = Fetal Demise 6 = Spontaneous Abortion 7 = Therapeutic Abortion 8 = Unknown

	Date Ended (month/year)	**Length of Pregnancy**	**Pregnancy Outcome** (see above)	**Sex of Baby**	**Comments**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

How many brothers and sisters do you have? _____
Are they still alive? ❒ Yes ❒ No
If NO, what was the cause of death? _____

Are your parents living? ❒ Yes ❒ No Mother? Father? (Circle one or both)
If NO, how old were you when her/she died? _____
If NO, what was the cause of their death? _____

What does/did your mother do for a living? _____
What does/did your father do for a living? _____

What was the highest grade your mother completed? _____
What was the highest grade your father completed? _____

Do you know if your mother or father has / had any of these health problems?

MOTHER	FATHER
❒ drug or alcohol abuse	❒ drug or alcohol abuse
❒ high blood pressure	❒ high blood pressure
❒ depression or other mental health problem	❒ depression or other mental health problem
❒ diabetes	❒ diabetes
❒ cancer	❒ cancer

Did your father live with the family when you were growing up?	❒ **Yes**	❒ **No**
Did your mother smoke when she was pregnant with you?	❒ **Yes**	❒ **No**
Did anyone else living with you smoke when you were growing up?	❒ **Yes**	❒ **No**
Did your mother use alcohol when she was pregnant with you?	❒ **Yes**	❒ **No**
Did your mother have any babies die, or any miscarriages or stillborn babies?	❒ **Yes**	❒ **No**

What did you think of the house/neighborhood you grew up in?

Narrative guide:
Did you think your neighborhood was safe?
Did people keep it clean and were the houses/yards well-cared for?
Were there robberies, assaults, killings in your neighborhood?
Were there grocery stores nearby?
Did you have to go far to go to grade school? Was it a good school?
Did/ do you have to go far for high school? Was it / Is it a good school?

_____

_____

_____

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_____

Do you think that your life is better from your parent's lives? In what way? OR why not?

_____

_____

_____

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_____

II. PRENATAL CARE

OB/Midwife Name: _____ **Clinic Name:** _____

Did you intend to get pregnant? _____

During your pregnancy, were you on WIC? ❒ Yes ❒ No
If YES, which WIC site did you go to? _____
If NO, did you know about WIC? _____

Did you smoke during your pregnancy? ❒ Yes ❒ No
Did you drink alcohol during your pregnancy? ❒ Yes ❒ No **How often?** _____
Did you take any kind of medication or other drugs during your pregnancy? ❒ Yes ❒ No
Names of medications/drugs? _____

Where did you get information about pregnancy? **(Circle all that apply)**
TLC Other TV shows Internet Magazines Friends Family

Did you have an infection during pregnancy (like a UTI or STD)? Type of infection?_____

Narrative guide: (Tell me about your pregnancy!)

- *How many weeks were you when you realized you were pregnant?*
- *How did you feel about the pregnancy? How did the father of the baby feel? How did your families feel?*
- *Did you get prenatal care as soon as you wanted? Was there a problem getting care?*
- *Did you have any problems keeping appointments?*
- *Were you satisfied with the care you received? Would you / did you go back to the same provider again? If NO, why not?*
- *Did you experience any barriers to getting good care?*

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ISSUES DURING PREGNANCY

Narrative Guide:

- *Did you have any symptoms that you thought were unusual during your pregnancy?*
- *Did you get any advice from your provider that was difficult to follow?*
- *Did you get any advice from your provider that you did not want to follow? or that you did not believe?*

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Did you ever go to an ER during your pregnancy? ❒ Yes ❒ No
If YES, how many times? _____

	Week(s) of pregnancy	ER Hospital	Problems/Symptoms	Treatment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

III. YOUR FAMILY SUPPORT SITUATION

Were you working during your pregnancy? ❒ Yes ❒ No

If yes, where? _____ How many hours per week? _____

What were the sources of your family income during the last 12 months? (Check all that apply)

- ❒ Wages from a job
- ❒ W2
- ❒ Unemployment benefits
- ❒ Veteran's benefits or pension
- ❒ Disability (SSD) (circle SELF and/or CHILD)
- ❒ Social Security (SSI) (circle SELF and/or CHILD)
- ❒ Child support or alimony
- ❒ Food Stamps
- ❒ Other: _____

Would you be willing to share your income for last tax year?

Less than $5,000	☐	$25,000 – 29,999	☐	$50,000 – 54,999	☐
$5,000 – 9,999	☐	$30,000 – 34,999	☐	$55,000 – 59,999	☐
$10,000 – 14,999	☐	$35,000 – 39,999	☐	$60,000 – 64,999	☐
$15,000 – 19,999	☐	$40,000 – 44,999	☐	More than $70,000	☐
$20,000 – 24,999	☐	$45,000 – 49,999	☐	Don't know	☐

How many people are supported by this income? _____

Did you have to move during your pregnancy? ❒ Yes ❒ No How many times? _____

Were you evicted from your home during your pregnancy or after the baby was born? ❒ Yes ❒ No

If YES, were you able to find housing right away? ❒ Yes ❒ No

If NO, where did you stay until you had a permanent place to stay? _____

Were you ever homeless in the past year? ❒ Yes ❒ No

If YES, did you stay at a shelter? ❒ Yes ❒ No

How long were you at the shelter? _____

How did you find out about the shelter? _____

Did your gas or electricity get turned off during your pregnancy because you couldn't afford to pay the bill? ❒ Yes ❒ No

Did you have medical insurance when you were pregnant? ❒ Yes ❒ No

If NO, when were you covered by insurance? (what month of pregnancy) _____

If you worked in your pregnancy, did you work until you delivered? ❒ Yes ❒ No

If NOT, what were the reasons you stopped work:

- ❒ My employer made me quit.
- ❒ I felt sick and wanted to stop working.
- ❒ My doctor or nurse advised my to stop working.
- ❒ I wanted to stop working.
- ❒ The baby's father wanted me to stop working.
- ❒ I was fired.
- ❒ I was fired because I was pregnant.
- ❒ Other: _____

Did you get your job back when you were ready to come back to work? ❒ Yes ❒ No

Were you fired or laid off due to your pregnancy? ❒ Yes ❒ No

Did you have any of these stressors during your pregnancy? **(describe circumstances if offered)**

- ❒ Incarceration _____
- ❒ Emotional abuse _____

- ❒ Fear of partner violence _____
- ❒ Pregnancy related depression or other emotional Illness _____
- ❒ Job problems _____
- ❒ Physical abuse _____
- ❒ Physical trauma _____
- ❒ Financial problems _____
- ❒ Death of a loved one, divorce, separation _____
- ❒ Loneliness, isolation _____

How would you rate the neighborhood where you live?
1 = Poor and 5 = Excellent

	1	2	3	4	5	Don't know
Police protection	❒	❒	❒	❒	❒	❒
Child care options	❒	❒	❒	❒	❒	❒
Nearby parks and playgrounds	❒	❒	❒	❒	❒	❒
Housing quality	❒	❒	❒	❒	❒	❒
Housing affordability	❒	❒	❒	❒	❒	❒
Friendliness of neighbors	❒	❒	❒	❒	❒	❒
Quality of local schools	❒	❒	❒	❒	❒	❒
Bus services	❒	❒	❒	❒	❒	❒
Availability of needed stores	❒	❒	❒	❒	❒	❒
Places/activities for youth after school	❒	❒	❒	❒	❒	❒
Neighborhood watch	❒	❒	❒	❒	❒	❒

IV. FATHER OF THE BABY

How does the father identify his race/ethnicity?

❒ Asian ❒ Black ❒ Hispanic ❒ Native American ❒ White ❒ Other ❒ Unk

Father's birth place (city, state):_____

Did the father of your baby have a job during your pregnancy? ❒ Yes ❒ No

How would you describe your relationship with this man during your pregnancy?

❒ Excellent ❒ Good ❒ Fair ❒ Poor ❒ Unsure ❒ FOB was not around

How would you describe your relationship now?

❒ Excellent ❒ Good ❒ Fair ❒ Poor ❒ Unsure ❒ FOB is not involved

How satisfied were you with his financial support during your pregnancy?

❒ Very satisfied ❒ Somewhat satisfied ❒ Not satisfied ❒ Unsure ❒ Not applicable

How satisfied are you now with his financial support?

❒ Very satisfied ❒ Somewhat satisfied ❒ Not satisfied ❒ Unsure ❒ Not applicable

During your pregnancy, did the baby's father have any of the following?

- ❒ Work or employment problems
- ❒ Money problems
- ❒ Emotional problems
- ❒ Problems with the law
- ❒ Health problems
- ❒ Don't know
- ❒ Problems with drugs or alcohol
- ❒ Housing problems
- ❒ A death in the family
- ❒ Problems with children or other relatives
- ❒ None
- ❒ Other: _____

What is the quality of your relationship to the father of _____?

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Support by the father, friends and family

- Are you afraid of your partner, family member or someone else? ❒ Yes ❒ No
- Have you been involved in a physical fight in the last 12 months? ❒ Yes ❒ No
- Do you feel nervous around your partner or family member? ❒ Yes ❒ No
- Do you feel pressured into having sex? ❒ Yes ❒ No
- Are you scared of disagreeing with your partner? ❒ Yes ❒ No
- Does anyone criticize you, or humiliate you in front of other people? ❒ Yes ❒ No
- Does your partner check up on you or question you about what you do without him? ❒ Yes ❒ No
- Does your partner tell you that if <u>you</u> changed he wouldn't abuse you? ❒ Yes ❒ No
- Does your partner's jealously keep you from seeing friends or family? ❒ Yes ❒ No
- Has your partner ever scared you with physical violence or threatening behavior? ❒ Yes ❒ No
- Has a friend or family member ever scared you with physical violence or threatening behavior? ❒ Yes ❒ No
- Does anyone physically prevent you from going out or doing things you want to do? ❒ Yes ❒ No
- Do you feel that nothing you do is good enough for your partner? ❒ Yes ❒ No
- Do you feel that nothing you do is good enough for family members? ❒ Yes ❒ No
- Does your partner, friend or family member make excuses for behavior, like 'it's the alcohol or drug,' 'he can't control his temper,' or he was 'just joking?' ❒ Yes ❒ No

V. YOUR HOSPITAL EXPERIENCE **Delivery Hospital** _____

The Delivery

Narrative Guide:

- *Tell me about how you felt the day before and the day of your delivery.*
- *Was there anything different about the baby's movements that were different the day before delivery?*
- *Tell me about the birth. Who delivered the baby? Who was present for support?*

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Your Hospital Stay

Narrative Guide:

- *Tell me about being in the hospital after the birth, or if you were in the hospital for many days before delivering..*

- *Did you have any medical complications?*
- *Did they refer you to another doctor or for other testing?*
- *Did they talk to you about seeing your doctor for a postpartum checkup?*
- *Was the hospital staff sensitive to your feelings and emotions?*
- *Is there anything you wish you could tell the hospital staff or administration?*

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VI. Postpartum Visit/Provider

Do you still have medical insurance? ❒Yes ❒No

Is it the same? If not, what is it now? _____

If NO, why don't you have insurance now? _____

(If NO, please refer to Community Healthcare Assistance program)

Are you using some form of birth control now? ❒Yes ❒No

If NO, why aren't you using birth control now?

- ❒ I want to get pregnant.
- ❒ I am not having sex.
- ❒ I don't know where to go to get affordable birth control.
- ❒ I had my tubes tied.
- ❒ I don't believe in birth control.
- ❒ My partner does not want me to use birth control.
- ❒ I don't know where to find out about birth control.
- ❒ Other: _____

Narrative Guide:

- *When did you see your provider after the birth (4 or 6 weeks postpartum, etc.)?*
- *When you were discharged from the hospital were you told to see your healthcare provider? Were you given any other referrals to other provider?*
- *Was the doctor or midwife and their staff senstive to your feelings?*

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VII. STORY OF DEATH OF INFANT WHO NEVER WENT HOME

Narrative Guide:

- *Can you tell me about the events leading up to your baby's death;*
- *Could you tell me the cause of your baby's death? How it was explained to you?*
- *Are you satisfied with this explanation? What else would you like to know?*

OR

VII. STORY OF DEATH OF INFANT WHO WAS DISCHARGED FROM HOSPITAL

Narrative Guide:

- *Can you tell me about the events leading up to your baby's death;*

- *Could you tell me the cause of your baby's death? How it was explained to you?*
- *Are you satisfied with this explanation? What else would you like to know?*

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Did you breastfeed your baby? ❒Yes ❒No **For how long?** _____

How did you usually put your baby down to sleep? ❒ Face Down ❒ Face Up ❒ Side

Where did your baby usually sleep? ❒ Crib ❒Twin bed ❒ Double/queen bed❒ Bassinet
❒ Floor ❒ Car Seat ❒ Bouncy seat ❒ Couch
❒ Pack N' Play ❒ Other:_____

On the day your baby died, where did your baby sleep? _____

Who in the home smokes? (relationship to baby)? _____
If no one in the home smokes, was the baby cared for by anyone who smokes? Who? _____

VIII. BEREAVEMENT

Narrative Guide:

- *How are you coping? Has anything helped? or been especially difficult?*
- *Did you receive the support of family and friends after the baby's death? Does this support continue?*
- *Have you gone to counseling, any support groups, websites, or talked to people at the funeral home?*

Has this helped you? Has anyone stayed in touch with you?

- *Has your employer been supportive to you and to the father?*

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VIII. FUTURE PLANS

Narrative Guide:

- *Document plans for next pregnancy, including preparations such as vitamins, scheduled cessation of birth control, birth spacing, exercise, health improvements, etc.;*
- *Note plans for personal growth such as returning to school, getting a new job, developing a new or improved relationship w/ partner, improving overall health, etc.*

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X. FOR TEEN MOTHERS ONLY (<20 years old)

When did you find out you were pregnant? (gestational age OR month) _____

Were you in school when you found out you were pregnant? ❒ Yes ❒ No

What is the name of the school? _____

Did you have to transfer schools because of your pregnancy? ❒ Yes ❒ No
After your baby was born, did you go back to school? ❒ Yes ❒ No
What was (is) the name of that school? _____

Are you in school now? ❒ Yes ❒ No
If NO, when will you be going back to school? Month: _____
If NO, why not? _____

_____

_____

With whom do you live? _____ **Relationship to you**: _____

Do you have a continuing relationship with the father of your baby? ❒ Yes ❒ No
Do you feel safe in that relationship? ❒ Yes ❒ No
How old is the father of your baby? _____

How many times have you seen your doctor since you had your baby? _____

Did she/he talk to you about contraception, pregnancy planning, STD, condom use? (CIRCLE ANSWERS)

Are you using birth control now? ❒ Yes ❒ No
If YES, what form_____

FIMR INTERVIEWER COMMENTS

_____ _____
FIMR Interviewer **Client Name**

We welcome your comments about the family or about the client you interviewed. For example, did you feel that the mother or the family understood what happened in the hospital? Did you feel that the mother or the caregiver had come to terms with the loss of the baby? Did the mother or other family member have what might be considered a strange or odd reaction to the loss or to your questions? Is there anything else you feel we should know?