



OBI Patient Voices: Inpatient Sample Patient Survey

INTRODUCTION PAGE

The Obstetrics Initiative is a statewide quality improvement program. Your hospital and health care providers are participating in this program to improve maternity care across the state of Michigan. We are asking you to complete a short survey called Patient Voices to help us improve patient care for all people experiencing childbirth.

This survey will take approximately 5–7 minutes to complete. Participation is completely voluntary and confidential. You can stop answering the survey at any time. You can also skip any question you do not want to answer. Once you start the survey, you will not be able to stop and come back later to complete it. If you do not complete the survey at one time and choose to return to it later, you may have to start over. You will not receive a copy of your survey responses. Your responses will not be monitored by your hospital.

If you have questions or concerns related to your medical care, please contact your health care provider or the hospitals' patient services department.

Do you wish to continue and participate in this survey?

SECTION ONE

For the following questions, please think about the care you received while in the hospital to give birth to your baby.

Would you return to this hospital for future maternity care?

0 (Not at all likely) to 10 (Extremely likely)

Please tell us about your **discussions with your clinical team during your recent labor and birth experience**. We define the clinical team as the nurse, doctor, and/or midwife if present. Discussions include conversations about, for example, starting your labor, medications, or whether to have a cesarean.

My answers describe my conversations or experiences with
(please check all that apply):

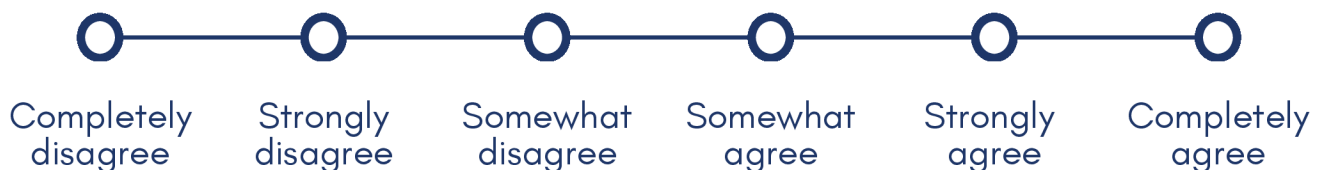
- | | |
|---|----------------------------------|
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Obstetrician/OB-GYN doctor | <input type="checkbox"/> Nurses |

Please describe your **experiences with decision-making** during your labor and/or birth, select one option for each.



- My clinical team asked me how involved in decision-making I wanted to be.
- My clinical team told me that there are different options for my maternity care.
- My clinical team explained the advantages and disadvantages of maternity care options.
- My clinical team helped me understand all the information.
- I was given enough time to thoroughly consider the different maternity care options.
- I was able to choose what I considered to be the best care options.
- My clinical team respected my choices.

My clinical care team was respectful in their communication with me.



SECTION TWO

Is this your first birth?

- Yes
- No

Was this baby born at or after 37 weeks of pregnancy?

- Yes
- No

What is your home zip code?

(xxxxx)

Are you willing to provide birth dates for yourself and/or your baby?

- I am willing to provide birthdates for myself and my baby
 - **What is your date of birth?**
(Please provide answer in MM/DD/YYYY format)
 - **What is your baby's date of birth?**
(Please provide answer in MM/DD/YYYY format)
- I am NOT willing to provide birthdates for myself and my baby

Did you have a support person present with you during your labor and delivery?

- Yes
- No
- Prefer not to answer

During your pregnancy and birth experience, did you have support from a Doula?

- Yes, for pregnancy & labor
- Yes, for labor only
- Yes, for pregnancy only
- No, I did not, but I wanted one
- No, I did not and did not want one
- I am unsure what a Doula is or does

How likely is it that you would recommend having a Doula to a friend or colleague expecting a baby?

N/A, 0 (Not at all likely) to 10 (Extremely likely)

DEMOGRAPHICS

Almost done! Please tell us a little about yourself. We know it is hard to put yourself in a box. We ask these questions to help us support quality improvement initiatives and respectful, high-quality care for all.

Please select all that apply: I describe my race as...

- | | |
|--|---|
| <input type="checkbox"/> Arabic/Middle Eastern | <input type="checkbox"/> Latinx or Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> There isn't an option that applies to me |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Prefer not to answer |

What is your highest degree of education completed?

- Some high school
- High school diploma or equivalent (GED)
- Some college but no degree
- Trade or technical school
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Prefer not to answer

Is English your primary language?

- Yes
- No

Is there anything else you would like us to know about your maternity care experience?

Please note: Direct responses to feedback are not provided. Do not use this space to report immediate health care needs, please speak to your health care team for immediate issues or needs.

Would you like to be contacted about future surveys about pregnancy and birth care?

- Yes
 - Please provide an email address or phone number for potential future follow-up. Thank you!
- No

THANK YOU

Thank you for completing the OBI Patient Voices survey and helping us improve maternity care in Michigan! If you have questions, please contact: support@obstetricsinitiative.zendesk.com.

Want to preview the survey participants will see? Explore the [SAMPLE Patient Voices survey](#).

Please **do not enter real patient responses** in this sample – it is for preview only, and responses will not be recorded or included in your site's data.

SAMPLE SURVEY

