

# Experience of Decision-Making for Home Breech Birth Questionnaire

Thank you for taking the time to share your story. Please answer the following questions as truthfully as possible. Please reach out to the researcher with any questions at [r.schafer@vanderbilt.edu](mailto:r.schafer@vanderbilt.edu).

Participation in this survey is completely optional, and you may stop at any time. If you wish to pause the survey and save your responses, you can do so by clicking the "Save & Return Later" button and providing your email address. You will then be sent a unique link so you can return and complete the survey at a later time.

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Would you be willing to be contacted by the researcher about this study in the future?

Yes  No

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Thank you for agreeing to be contacted. Please share your contact information so that we can reach you.

First name \_\_\_\_\_ Last name \_\_\_\_\_

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Note: Providing this information is completely voluntary. You do not need to provide this information if you do not wish to be contacted. Your contact information will be kept confidential; it will never be sold or shared and will be deleted following study completion. To ensure your privacy and confidentiality, this information will not be linked with any of the information provided in this survey, other than to verify your participation and contact you about this study.

**Please answer the following questions. If you answer "not sure," you will be asked to provide an explanation so we can better understand your response.**

Did you have access to supportive care for a planned vaginal birth in a hospital setting?

Yes  No  Not sure

Please explain:

How difficult was it to find this care?

Not difficult  
 Moderately difficult  
 Extremely difficult

The following questions are asking about your primary prenatal care provider, when you were planning for hospital birth.

Did your doctor or midwife offer to try to reposition the baby (via an external cephalic version) into a head-down position?

Yes  No  Not sure

Please explain:

Did your doctor or midwife offer you the option of a planned vaginal breech birth in the hospital?

Yes  No  Not sure

Please explain:

Did your doctor or midwife refer you to someone else who would offer care for a planned vaginal breech birth?

Yes  No  Not sure

Please explain:

Did you feel that you were given the opportunity to make an informed choice about your birth?

Yes  No  Not sure

Please explain:

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Did you feel that your doctor or midwife tried to coerce or threaten you into having a cesarean section?

Yes  No  Not sure

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Please explain:

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The following questions are asking you to reflect on your decision and care for the birth.

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If you had been able to access supportive care for vaginal breech birth in the hospital, do you think you might have decide to have a planned hospital birth?

Yes  No  Not sure

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Please explain:

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How confident are you that you would have chosen a planned vaginal breech birth in the hospital if this option had been available to you?

Not confident  Somewhat confident  Very confident

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Did you have access to supportive care (from a health care provider) for a planned vaginal breech birth at home?

Yes  No  Not sure

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Please explain:

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How difficult was it to find this care?

Not difficult  Moderately difficult  Extremely difficult

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At any point, did you consider giving birth at home without a health care provider?

Yes  No  Not sure

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Please explain:

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Why did you decide that giving birth at home without a health care provider was, or wasn't, the right choice for you?

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**This section is asking about your prenatal care WHEN YOU FIRST LEARNED YOUR BABY WAS BREECH.**

**Please tell us about your discussions with your doctor or midwife about your options for birth:**

	Complete disagree	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Completely agree
My doctor or midwife asked me how involved in decision making I wanted to be.	<input type="radio"/>					
My doctor or midwife told me that there are different options for my maternity care.	<input type="radio"/>					
My doctor or midwife explained the advantages / disadvantages of the maternity care options.	<input type="radio"/>					
My doctor or midwife helped me understand all the information.	<input type="radio"/>					
I was given enough time to thoroughly consider the different care options.	<input type="radio"/>					
I was able to choose what I considered to be the best care options.	<input type="radio"/>					
My doctor or midwife respected my choices.	<input type="radio"/>					

**You decided against a planned hospital birth to have a home breech birth. Please answer the following questions about your decision, indicating to what extent each statement was true for you AT THAT TIME.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am satisfied that I was adequately informed about the issues important to my decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The decision I made was the best decision possible for me personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that my decision was consistent with my personal values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expected to successfully carry out the decision I made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that this was my decision to make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Thank you for taking the time to answer these important questions. To help improve our understanding, we'd like to ask you a bit more about yourself. These questions are optional, and, as with this entire questionnaire, any responses you provide will be kept completely confidential.**

Date of birth: \_\_\_\_\_

Do you identify with any of the following racial or ethnic groups?

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Native language: \_\_\_\_\_

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What is your native language? \_\_\_\_\_

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How did you hear about this study?

- Facebook
- Twitter
- Podcast
- Other social media site
- Friend
- My doctor/midwife
- My doula
- From another health care provider
- Internet search
- Other
- Not sure

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Specifically, which site or feed?

\_\_\_\_\_

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Please explain how you heard about this study:

\_\_\_\_\_

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Please answer the next few questions as they applied at the time of your planned home birth.

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What was the highest level of education that you had achieved?

- Some high school
  - High school/GED
  - Some college
  - Undergraduate degree
  - Graduate or professional degree
  - Doctorate degree
  - Foreign degree
- 

What type of health insurance did you have for your prenatal care?

- None (uninsured)
  - Medicaid or public (state) insurance
  - Private insurance
  - Other
- 

Please explain:

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How many times (total) had you been pregnant? \_\_\_\_\_

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How many times had you given birth? \_\_\_\_\_

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Did you identify with any religious group(s)?

- None
  - Buddhist
  - Christian
  - Hindu
  - Jewish
  - Mormon
  - Muslim
  - Sikh
  - Other
- 

Please explain what religious group(s) you identified with:

\_\_\_\_\_

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Were you married or partnered?

- Yes  No

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Who else lived with you in the home in which you planned to give birth?  
((select all that apply))

- No one
- Spouse/partner
- Parent(s)
- Grandparent(s)
- Child/children
- Other

**Please provide some additional information about the planned home breech birth.**

In what month and year was the baby born?

\_\_\_\_\_

How many weeks pregnant were you when you made the decision to transfer care out of the hospital system to pursue home breech birth?

- Less than 35 weeks
- 35 to 36 weeks
- 37 to 40 weeks
- 40 to 42 weeks
- More than 42 weeks

In what state or territory were you planning to give birth?

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY
- American Samoa
- Federated States of Micronesia
- Guam
- Marshall Islands
- Commonwealth of the Northern Mariana Islands
- Palau
- Puerto Rico
- U.S. Minor Outlying Islands
- U.S. Virgin Islands
- Baker Island
- Howland Island
- Jarvis Island
- Johnston Atoll
- Kingman Reef
- Midway Islands
- Navassa Island
- Palmyra Atoll
- Wake Island

Other location

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At the time of your planned home birth, how would you describe the community in which you lived?

- Rural
  - Suburban
  - Urban
  - Not sure
- 

Estimating the travel time, how long would it have taken to get from your home to the nearest hospital?

\_\_\_\_\_

\_\_\_\_\_

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Was the baby born breech?

Yes  No

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Where was the baby born?

- Home
  - Hospital
  - Birth center
  - Ambulance
  - Other
- 

Please explain:

\_\_\_\_\_

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Was the baby born vaginally or by cesarean?

Vaginal  Cesarean

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At any point during the labor/birth or immediately after, did you transfer to a hospital?

Yes  No

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Can you please explain the reason(s) why you transferred to a hospital?

Did your baby have any health complications?

Yes  No

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Can you please provide additional information about what the specific complications were?

**In this section, we'd like to get some more information about your prenatal care and pregnancy history.**

Before making the decision to plan for home birth, what type of provider was primarily responsible for the majority of your prenatal care?

- Obstetrician-gynecologist (OBGYN)
- Family/general physician
- Certified nurse-midwife (CNM)
- Certified professional midwife (CPM)
- Other (please explain)
- None

What type of provider was primarily responsible for your prenatal care?

\_\_\_\_\_

In what setting were you receiving this prenatal care?

- Hospital-affiliated or public health clinic
- Academic medical center
- Private practice
- Other (please explain)
- Not sure

Please explain:

\_\_\_\_\_

After making the decision to plan for home birth, what type of provider, if any, primarily provided your prenatal care?

- None
- Obstetrician-gynecologist (OBGYN)
- Family/general physician
- Certified nurse-midwife (CNM)
- Certified professional midwife (CPM)
- Licensed midwife (LM) or licensed direct-entry midwife (LDM)
- Other midwife
- Dual certified provider (e.g., more than one of the above)
- Traditional birth attendant
- Doula
- Other or unknown

What type of provider, if any, was most responsible for your care during your labor and birth?

- None
- Obstetrician-gynecologist (OBGYN)
- Family/general physician
- Certified nurse-midwife (CNM)
- Certified professional midwife (CPM)
- Licensed midwife (LM) or licensed direct-entry midwife (LDM)
- Other midwife
- Dual certified provider (e.g., more than one of the above)
- Traditional birth attendant
- Doula
- Other or unknown

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In this pregnancy, did you try to reposition the baby through any of the following methods? (Select all that apply.)

- External cephalic version
- Chiropractic/Webster technique
- Moxibustion
- Acupuncture or acupressure
- Exercise and/or positioning
- Herbal or homeopathic therapies
- Using music or light
- Other
- None

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Please explain:

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Did you or your baby have any health issues that affected this pregnancy? (Select all that apply.)

- Concerns about the baby's growth ("growth restricted" or "too large")
- Atypical breech presentation (anything other than a frank or complete breech)
- Gestational diabetes
- High blood pressure and/or preeclampsia
- Prior uterine surgery, including cesarean section
- Congenital problems with the baby or birth defects
- Psychiatric conditions, including post-traumatic stress disorder
- Other
- None

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Please explain:

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Many women have shared that they chose to have a home birth due to previous negative experiences.

Have you ever avoided activities or situations because they reminded you of a stressful experience from the past?

Could any previous negative life events have affected your decision-making in this instance? \_\_\_\_\_

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Can you please provide an example?

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**In this final section, we welcome your thoughts and additional comments.**

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Can you please describe the reason(s) you decided to leave the hospital system to pursue home birth?

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What, if anything (other than having a baby in the head-down position), would have led you stay within the hospital system?

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Is there anything else you'd like to share?

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Would you be willing to share your story in a 45- to 60-minute interview via telephone or Zoom? (Following completion of the interview, participants will be offered a \$50 Amazon gift card in appreciation for their time.)

Yes  No

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Please confirm the email address and/or phone number we should use to contact you about an interview.

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Note: Providing this information is completely voluntary. You do not need to provide this information if you do not wish to be contacted. Your contact information will be kept confidential; it will never be sold or shared and will be deleted following study completion. To ensure your privacy and confidentiality, this information will not be linked with any of the information provided in this survey, other than to verify your participation and contact you about this study.

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Thank you for agreeing to be contacted for an interview. We would love to hear more of your story.

Due to limitations in spaces for interviews, it is likely that not all women who volunteer will be contacted for an interview. We will use the email and/or phone number you provided to contact you if you are selected.

You may now click the "Submit" button to complete this survey or "Save & Return Later" if you wish to complete this survey at a later time.

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Thank you for taking the time to complete this survey and share your story.

Click the "Submit" button to complete the survey or "Save & Return Later" if you wish to complete this survey at a later time.

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Completed with assistance:

Yes  
 Contacted but unable to reach

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Contact attempts: (date, time, email/phone/text, notes)

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