

## **AGENCY DISCLOSURE NOTICE**

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## **SURVEY INTRODUCTION**

Section 746 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year (FY) 2021 (Public Law 116-283, enacted on January 1, 2021) authorized the Department of Defense to conduct this survey. Information collected in this survey will be used to research a variety of topics related to maternal care in the Department of Defense, including evaluation of a Childbirth and Breastfeeding Support Demonstration project. This information will assist in the formulation of policies that may be needed to improve programs and services for military members, retirees, and their families. Reports will be provided to the Department of Defense and to Congress. Participation in the survey is voluntary, and will not impact your eligibility for maternity services, including services provided under the Childbirth and Breastfeeding Support Demonstration. However, maximum participation is encouraged so the data will be complete and representative.

Your name and contact information have been used only for the distribution of this survey. Your responses to demographic questions will allow the Department of Defense (DoD) to better analyze all responses among varying demographic groups. Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you decide not to respond, although maximum participation is encouraged so the data will be complete and representative.

The data collection procedures are not expected to involve any risk or discomfort to you. Some findings may be published by the Defense Health Agency in professional journals or presented at scientific conferences. Your responses could be used in future research. Survey data may be shared with DoD researchers or organizations outside the DoD who are conducting research on outcomes related to maternal care in the DoD. In many cases, these researchers will be provided with a dataset containing limited demographic information (for example, component or pay grade groupings). Identifying information will be used only by government and contractor staff engaged in, and for the purposes of, survey research and evaluation of the Childbirth and Breastfeeding Support Demonstration. This may include an outside contractor hired for the specific purpose of assisting the DoD in evaluating the Childbirth and Breastfeeding Support Demonstration. In no case will individual identifiable survey responses be reported.

### **Childbirth and Breastfeeding Support Demonstration Survey**

#### **[Initial screen before start of questions]**

You received this survey because our records indicate that you gave birth at least once in the Military Health System since January 2021. Many of the questions in this survey apply to everyone who gave birth in the Military Health System. Some of the questions on this survey are about a pilot program/demonstration project that began on January 1, 2022,

under which TRICARE covers doula and non-nurse lactation consultants and counselors for certain eligible beneficiaries. The term “demonstration” refers to this pilot program. Those questions do not apply to you if you gave birth before the demonstration/pilot program started or if you were not eligible or did not participate in the demonstration/pilot program. Please answer questions to the best of your ability. You do not have to answer questions that do not apply to you.

***The following questions refer to your most recent childbirth under TRICARE***

- 1) How long ago did you give birth?
  - Less than 1 month ago
  - Between 1 and 3 months ago
  - More than 3 months ago but less than 7 months ago
  - 7 months ago or more
  - Prefer not to answer
  
- 2) Have you given birth before?
  - Yes
  - No
  - Prefer not to answer
  
- 3) Who was present in the room during your childbirth (not including medical staff)? Mark all that apply.
  - No one else present besides medical staff
  - My spouse/partner
  - Family and/or friends
  - Doula
  - Prefer not to answer
  - Other\_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)
  
- 4) Did you give birth while your spouse/partner was unable to be present due to deployment, training, or other mission requirements?
  - Yes **IF YES, GO TO QUESTION #5**
  - No **IF NO, GO TO QUESTION #6**
  - Not applicable **IF NOT APPLICABLE, GO TO QUESTION #6**
  
- 5) What was the length of advance notice you received from your spouse/partner indicating that he/she would not be in attendance with you giving birth?
  - Less than 24 hours
  - Less than 30 days
  - Between 31 and 90 days
  - More than 90 days
  - Prefer not to answer
  
- 6) Did you receive services from a doula or a lactation consultant/lactation counselor before, during, and/or after pregnancy?
  - Doula **IF SELECTED, THE RESPONDENT WILL RECEIVE THE DOULA QUESTIONS (#14-21)**

- Lactation consultant/lactation counselor IF SELECTED, THE RESPONDENT WILL RECEIVE THE LACTATION QUESTIONS (#22-29)
- Both IF SELECTED, THE RESPONDENT WILL RECEIVE THE DOULA QUESTIONS AND THE LACTATION QUESTIONS (#14-29)
- Neither

7) Which resources were most useful to you during your pregnancy and birth/labor experience? Select all that apply.

- Primary care provider/pediatrician
- Doula
- Lactation consultant/counselor
- Peer support group
- Family (including spouse/partner) and/or friends
- Base or MTF provided support
- Support from my Command or my partner's Command
- Nursing staff
- Prefer not to answer

8) Overall, how was your most recent birth experience?

- Poor
- Fair
- Good
- Very good
- Excellent
- Prefer not to answer

9) How would you describe your **physical** health in the post-delivery period (six weeks after childbirth)?

- Poor
- Fair
- Good
- Very good
- Excellent
- Prefer not to answer

10) How would you describe your **mental** health in the post-delivery period (six weeks after childbirth)?

- Poor
- Fair
- Good
- Very good
- Excellent
- Prefer not to answer

11) How confident do you feel taking care of your infant?

- Very unconfident
- Unconfident
- Neither confident nor unconfident
- Confident
- Very confident

- Prefer not to answer
- Not applicable

12) Are you breastfeeding or attempting to breastfeed?

- Yes, I am exclusively breastfeeding (including pumping and feeding expressed breastmilk). IF SELECTED, GO TO QUESTION #13
- Yes, I am using a combination of breastfeeding and formula. IF SELECTED, GO TO QUESTION #13
- No, I am only using formula. IF SELECTED, SKIP QUESTION #13
- Prefer not to answer IF SELECTED, SKIP QUESTION #13
- Not applicable IF SELECTED, SKIP QUESTION #13

13) How confident are you in breastfeeding your infant?

- Very unconfident
- Unconfident
- Neither confident nor unconfident
- Confident
- Very confident
- Prefer not to answer
- Not applicable

14) If you have any comments or feedback you would like to share regarding your experience of giving birth in the Military Health System (not limited to the demonstration/pilot program), please do so here. (Do not include personally identifiable information such as your name or sponsor's identification number.)

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### **Your Experience with Your Doula**

*[These questions given only to those who answered they used doula services in screening question #6]*

15) How was your doula paid for?

- TRICARE paid for all or part
- I paid or a member of my family paid
- My doula was a volunteer (such as an unpaid friend or family member)
- Another organization or program paid, including health insurance other than TRICARE
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

16) How many times did you meet with your doula **before** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

17) How many times did you meet with your doula **after** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

18) How useful was your doula's birthing support?

- Not at all useful
- Slightly useful
- Somewhat useful
- Neither useful nor useless
- Very useful
- Extremely useful
- Prefer not to answer

19) How useful was your doula's support during the postpartum period?

- Not at all useful
- Slightly useful
- Somewhat useful
- Neither useful nor useless
- Very useful
- Extremely useful
- Prefer not to answer

20) Overall, how would you rate the quality of childbirth support you received from your doula, where 1 is the lowest possible quality and 10 is the highest possible quality?

- 1 – lowest possible quality
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – highest possible quality

21) How much do you agree with the following statement:

My doula helped me navigate discrimination during pregnancy and/or at labor and delivery.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- I did not experience discrimination.

- Prefer not to answer

22) Which of the following problems did you encounter while accessing a doula under this TRICARE demonstration?

- I did not have any problems.
- I was unable to use my preferred doula because he/she was not eligible under the demonstration requirements.
- I was unable to use my preferred doula because he/she did not accept TRICARE payment.
- I was unable to participate in the demonstration because there were no doulas available in my area.
- Not applicable; I worked with a doula who was not covered under this TRICARE demonstration.
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

### **Your Experience With Your Lactation Consultant/Counselor**

*[These questions given only to those who answered they used lactation consultant/counselor services in screening question #6]*

23) If you received outpatient lactation consultant/counselor services, how were they paid? Select all that apply.

- I only received lactation consultant/counselor services during my hospital or birthing center stay after giving birth, and those services were paid as part of my delivery.
- TRICARE paid for all or part.
- I paid or a member of my family paid
- My lactation consultant/counselor was a volunteer (such as an unpaid friend or family member)
- Another organization or program paid, including health insurance other than TRICARE
- My lactation consultant/counselor services were provided at no cost
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

24) How many times did you meet with your lactation consultant/counselor **before** birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

25) How many times did you meet with your lactation consultant/counselor **after** giving birth?

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

26) How much do you agree with the following statement:

My lactation consultant/counselor provided useful breastfeeding support.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Prefer not to answer

27) How frequently was your lactation consultant/counselor able to resolve issues you had while breastfeeding?

- Very infrequently/never
- Infrequently
- Neither frequently nor infrequently
- Frequently
- Very Frequently
- Not applicable
- Prefer not to answer

28) Overall, how would you rate the quality of lactation support you received from your lactation consultant/counselor, where 1 is the lowest possible quality and 10 is the highest possible quality?

- 1 – lowest possible quality
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – highest possible quality

29) Which of the following problems did you encounter while accessing a lactation consultant/counselor under this TRICARE demonstration?

- I did not have any problems.
- I was unable to use my preferred lactation consultant/counselor because he/she was not eligible under the demonstration requirements.
- I was unable to use my preferred lactation consultant/counselor because he/she did not accept TRICARE payment.
- I was unable to participate in the demonstration because there were no lactation consultants/counselors available in my area.
- Not applicable; I worked with a lactation consultant/counselor who was not under this TRICARE demonstration.
- Other \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

**Your Overall Experience** [Show to all]

30) What part of the demonstration were you **least** satisfied with?

- Provider availability
- Lack of, or confusing, information from TRICARE
- Too few visits allowed
- The quality of services provided by my doula
- The quality of services provided by my lactation consultant/counselor
- Nothing. I was happy with all services received during this process.
- Other. Please explain. \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

31) Please share any additional comments regarding your experience with this TRICARE demonstration. (Do not include personally identifiable information such as your name or sponsor's identification number.)

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**About You** *[Show to all]*

32) Are you an Active Duty Service Member or part of the Reserves/National Guard? Select all that apply.

- Yes, I am an Active Duty Service Member. **IF SELECTED, GO TO QUESTION #33**
- Yes, I am in the Reserves/National Guard. **IF SELECTED, GO TO QUESTION #34B**
  
- No, I am neither Active Duty nor in the Reserves/National Guard. **IF SELECTED, GO TO QUESTION #36**

33) Which branch of the military do you belong to?

*[Show if Question #32A (ADSM) is selected]*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Space Force

34) Q34A What is your current military rank?

*[Show if Question #32A (ADSM) is selected]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10

Q34B What is your current military rank in the Reserves/National Guard?

*[Show if Question #32B Reserve/National Guard is selected]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer

- O1 to O3
- O4 to O6
- O7 to O10

35) Q35A [FOR ADSM] Select which most closely matches your current occupation. If none apply, select "other."

- Administrative
- Combat specialty
- Construction
- Engineering, science, or technical
- Executive, administrative, or managerial officer
- Healthcare
- Human resource development
- Machine operator or repair
- Media or public affairs
- Protective service/law enforcement
- Support service
- Transportation or material-handling
- Vehicle and mechanical machinery
- Other, please specify \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

Q35B [FOR RESERVE/NATIONAL GUARD] Select which most closely matches your current occupation. If none apply, select "other."

- Administrative
- Combat specialty
- Construction
- Engineering, science, or technical
- Executive, administrative, or managerial officer
- Healthcare
- Human resource development
- Machine operator or repair
- Media or public affairs
- Protective service/law enforcement
- Support service
- Transportation or material-handling
- Vehicle and mechanical machinery
- Other, please specify \_\_\_\_\_ (Please do not include any Personal Identifiable Information, including names, birth dates, or other sensitive information)

36) Are you retired from the military?

*[Show if Question #32 = No]*

- Yes
- No **IF NO, GO TO QUESTION #39**

37) Which branch of the military did you retire from?

*[Show if Question #36 = Yes]*

- Army
- Navy

- Air Force
- Marine Corps
- Coast Guard
- Space Force
- National Guard
- Reserves

38) What rank did you retire at?

*[Show if Question #36 = Yes]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10

*[SHOW TO ALL]*

39) Are you a spouse/partner of an Active Duty Armed Force Member?

- Yes
- No **IF NO, GO TO QUESTION #42**

40) Which branch of the military does your spouse/partner belong to?

*[Show if Question #39 = Yes]*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Space Force
- National Guard
- Reserves

41) What is your spouse/partner's current military rank?

*[Show if Question #39 = Yes]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10

42) Are you a spouse/partner of a retired Service Member?

*[Show if Question #39 = No]*

- Yes

No **IF NO, GO TO QUESTION #45**

43) Which branch of the military did your spouse/partner retire from?

*[Show if Question #42 = Yes]*

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- Space Force
- National Guard
- Reserves

44) What rank did your spouse/partner retire at?

*[Show if Question #42 = Yes]*

- E1 to E3
- E4 to E6
- E7 to E9
- Warrant Officer
- O1 to O3
- O4 to O6
- O7 to O10

***[SHOW TO ALL]***

45) What is your relationship status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated
- Prefer not to answer

46) What is your age?

- Under 18 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- Over 65 years old
- Prefer not to answer

47) What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

**American Indian or Alaska Native –**

Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

**Asian** – Provide details below.

- Chinese
- Asian Indian
- Filipino
- Vietnamese
- Korean
- Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

**Black or African American** – Provide details below.

- African American
- Jamaican
- Haitian
- Nigerian
- Ethiopian
- Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

**Hispanic or Latino** – Provide details below.

- Mexican
- Puerto Rican
- Salvadoran
- Cuban
- Dominican
- Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

**Middle Eastern or North African** – Provide details below.

- Lebanese
- Iranian
- Egyptian
- Syrian
- Iraqi
- Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

**Native Hawaiian or Pacific Islander** – *Provide details below.*

- Native Hawaiian
- Samoan
- Chamorro
- Tongan
- Fijian
- Marshallese

*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

**White** – *Provide details below.*

- English
- German
- Irish
- Italian
- Polish
- Scottish

*Enter, for example, French, Swedish, Norwegian, etc.*

48) Did you give birth in one of the 50 United States or District of Columbia?

- Yes
- No

49) In which state did you give birth?

*[Show if Question #49 = Yes]*

- a. Drop down box of all 50 states plus DC