

## Funding Opportunity Announcement

State, local and territorial public health agencies to implement a COVID-19 supplement on maternal behaviors and experiences before, during and shortly after pregnancy

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### PART I: OVERVIEW INFORMATION

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**Issuing Organization:** Council of State and Territorial Epidemiologists (CSTE) at [www.cste.org](http://www.cste.org)

**Participating Organizations:** CSTE and Centers for Disease Control and Prevention (CDC) – Cooperative Agreement number **1 NU38OT000297-03-03**.

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## **PART II: FULL TEXT OF ANNOUNCEMENT**

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### **Section I. Funding Opportunity Description**

#### **Statement of Purpose**

The Council of State and Territorial Epidemiologists (CSTE) is partnering with the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (DRH) to fund and provide technical assistance to state, local and territorial public health agencies for the implementation of routine population-based data collection to inform public health's understanding of the effects of Coronavirus Disease 2019 (COVID-19) on the behaviors and experiences of pregnant and recently postpartum women and their infants. Through this project, CSTE will support the capacity building of local, state and territorial public health surveillance to address the ongoing COVID-19 pandemic and identify the needs of vulnerable populations at risk for SARS-CoV-2 infection. In addition, there is a need to better understand the impacts of the pandemic on health care utilization, social stressors, and gaps in community-based services. Specifically, the project provides technical assistance to state, local and territorial epidemiologists to collect and analyze timely information about the experiences of women with a recent live birth before, during, and shortly after pregnancy as well as impacts on infant outcomes and care.

#### ***Background***

Coronavirus disease 2019 (COVID-19) is an emerging infectious illness that has resulted in 7,129,313 cases and 204,598 fatalities as of September 29, 2020<sup>1</sup>. COVID-19 disease causes symptoms ranging in severity from the common cold to severe illness and death<sup>2</sup>. A recent study found that pregnant women with coronavirus disease are more likely to be hospitalized, admitted to the intensive care unit, and to receive mechanical ventilation compared to nonpregnant women of reproductive age infected with coronavirus disease<sup>3</sup>.

While clinical data on prevalence and patterns of COVID-19 disease in the general population as well as among pregnant women has increased since the pandemic began, limited data are available about the impact of COVID-19 on behaviors and experiences of pregnant and postpartum women and their infants. Pregnancy is a time when multiple visits to a health care provider are necessary to maintain optimal health for the mother and fetus. However, one study found that 4 in 10 adults avoided seeking medical care because of concerns related to COVID-19<sup>4</sup>, and we do not know about care-seeking behavior of pregnant women during this pandemic. Thus, it is important to examine measures women took to protect against COVID-19 during pregnancy and postpartum, and to what extent if any, they avoided seeking medical care during pregnancy. We can also seek to learn if women used alternative methods for seeking care during the pandemic such as virtual medical appointments. It is also essential to understand how the COVID-19 pandemic affected other behaviors such as breastfeeding, and the social and financial burdens experienced during pregnancy due to COVID-19. Few population-based surveillance systems are comprehensively assessing these domains as related to COVID-19 disease among pregnant and postpartum women.

To address this gap, CDC's Division of Reproductive Health has developed an 11-question supplement to assess experiences of pregnant and postpartum women related to COVID-19. Topical areas to be addressed include types of prenatal and postpartum care visits utilized, barriers to use of telehealth, hospital practices around maternal-infant COVID-19 infection prevention, breastfeeding, other infection prevention behaviors, stressors, and infant wellness that can be utilized by state, local, or territorial-based maternal and infant health surveillance systems. These questions were adapted from various surveys, including Pregnancy Risk Assessment Monitoring System (PRAMS), CDC's COVID-19 Community Survey Question Bank, Coronavirus Perinatal Experiences - Impact Survey (COPE-IS), Epidemic-Pandemic Inventory (EPII), Cyber-Abuse Research Initiative (CARI), Johns Hopkins University COVID-19 Community Response Survey, ECHO COVID-19 Questionnaire Adult Primary Version, and the Massachusetts PRAMS COVID-19 draft supplement questions. The questions included in the supplement were cognitively tested by Westat, a contractor for the CDC's Behavioral Risk Factor Surveillance System (BRFSS), in August-September 2020. Use of these standardized supplement questions can provide comparable state, local and territorial-based surveillance estimates to monitor and evaluate policies and programs on COVID-19 and can be adapted for future pandemics.

**Objectives**

By July 31, 2021, participating public health agencies will implement the 11-question COVID-19 supplement on maternal behaviors and experiences before, during and shortly after pregnancy (see Appendix 1), and complete routine data collection as a module of their existing maternal and infant health public health surveillance system.

**Deliverables**

To meet the above-mentioned objectives, the applicant will be required to meet the following sets of deliverables:

1. To obtain required public health agency or other approvals (e.g. IRB approval, data collection system upgrades) as needed to add the supplement to their maternal and infant health surveillance system.
2. To implement a supplement which includes all 11 CDC standardized questions (see Appendix A), as written, on experiences related to COVID-19 disease before, during and shortly after pregnancy.
3. To conduct representative sampling of respondents consistent with guidance to be provided by CSTE and CDC at the start of project implementation.
4. To collect supplement data for at least 3 months of births occurring from October 2020 through December 2020 and with data collection occurring from January 2021 to March 2021; however, sites are encouraged to begin data collection as early as possible (following receipt of funding award) or continue sampling additional births after the minimum sampling period to maximize the amount of data collected. Data collection for the minimum sampling period is proposed to continue through June 2021 to allow for telephone follow up of mail non-responders per current PRAMS protocol procedures

5. For maternal and infant health surveillance systems currently funded through PRAMS Cooperative Agreement (DP-16-001), sites should use the PRAMS Integrated Data Collection System (PIDS) for supplement data collection as part of their ongoing PRAMS data collection activities. For maternal and infant health surveillance systems that are not funded through DP-16-001, the site would be responsible for using their own data collection system. Maternal and infant health surveillance systems that are not funded by DP-16-001 will also be required to complete a data use agreement for sharing COVID-19 supplement data with CDC.
6. With technical assistance coordinated by CSTE, develop a written analytic plan designed to inform or change programmatic activities related to COVID-19 disease within each local jurisdiction, state or territory based.
7. To provide bi-monthly (every 2 months) progress updates to CSTE throughout the project period. Recipients may be asked to complete a progress update template via email.
8. Submit a final project summary report detailing the project implementation, lessons learned, and key results to CSTE by July 31, 2020.
8. Participate in CSTE project calls and submit required invoices

### ***Timeline***

<b>10/21/2020</b>	RFP release
<b>10/30/20</b>	Informational webinar for prospective applicants at 2:00 pm ET  <b>To join:</b> <a href="https://meetings.ringcentral.com/j/1480491996?pwd=QklrYlZpODJOZ3M5a05sazdwTFpvZz09">https://meetings.ringcentral.com/j/1480491996?pwd=QklrYlZpODJOZ3M5a05sazdwTFpvZz09</a> Password: MCHEPI +1(720)9027700 (US Central) Meeting ID: 148 049 1996
<b>12/4/2020</b>	Applications due from sites
<b>12/18/2020</b>	CSTE award notification to sites
<b>12/18/20-1/8/21</b>	CSTE contract initiation with sites
<b>12/18/20-1/8/21</b>	Participants complete required public health agency or other approvals from sites (e.g. IRB approval, data collection system upgrades) are obtained as needed
<b>1/11/21-3/31/21</b>	Minimum data sampling period for births from October-December 2020
<b>6/30/21</b>	Data collection complete and submitted to CDC
<b>7/ 31/2021</b>	Final progress report and invoices to CSTE

\*Please note that the timeline is subject to change

## **Section II. Award Mechanism**

### ***Mechanism(s) of Support***

CSTE will manage matters related to financial support for this project.

### ***Funds Available***

Funding for this project will be firm-fixed. CSTE will award up to \$25,000 per awardee. The final award amount is contingent on submission of a detailed and reasonable budget proposal, to be approved by CSTE, and the availability of funds. CSTE intends to select awardees based on meritorious applications and total amount of funds available.

Funding is provided by CDC Cooperative Agreement number **1 NU38OT000297-03-03** Funds awarded to contractors under this announcement are subject to the laws, regulations and policies governing the U.S. Public Health Service grant awards. All estimated funding amounts are subject to the availability of funds.

## **Section III. Eligibility Information**

### ***Eligible Applicants***

State, local or territorial public health agencies currently conducting routine population-based surveillance of the health and behaviors of pregnant and recently postpartum women are eligible for project participation.

## **Section IV. Application and Submission Information**

### ***Informational Webinar for Prospective Applicants:***

CSTE will host an informational webinar in partnership with the CDC Division of Reproductive Health to provide an overview of key project details and take questions. A call recording will be disseminated via email the following week for those unable to attend on 10/30/20.

### **To Join the Webinar:**

<https://meetings.ringcentral.com/j/1480491996?pwd=QklrYlZpODJOZ3M5a05sazdwTFpvZz09>

**Password: MCHEPI**

Or Telephone:

US: +1(470)8692200 (US East)  
+1(773)2319226 (US North)  
+1(469)4450100 (US South)  
+1(623)4049000 (US West)  
+1(720)9027700 (US Central)

Meeting ID: 148 049 1996

***Content and Form of Application Submission***

The application should be no longer than 12 pages, excluding the information listed in #5 below that is required by select applicants, and should be written using a 12-point, double-spaced, unreduced, Times New Roman font, on 8.5x11 inch paged paper with one-inch margins. Additional pages or appendices that are not required may not be reviewed. Please include the headings below in the order listed and address all the issues included under each heading.

1. Contact Information (1-page limit)
  - a. Provide applicant primary contact information including email address, phone number, and mailing address. Communications will be sent to the primary contact.
2. Background (4-page limit)
  - a. Burden of COVID-19 disease, including pregnant and postpartum women if possible, in the local jurisdiction, state or territory from where data will be collected.
    - i. Applicants can use data from [CDC COVID data tracker](#) as well as additional data available from other sources
  - b. Experience collecting surveillance data from newly postpartum women with a live birth
  - c. Extent of experience implementing a questionnaire supplement for maternal and infant health surveys
3. Work Plan (4-page limit)
  - a. Describe the implementation plan to complete the outlined deliverables.
    - i. Methods the applicant will use in conducting project work and completing all specified deliverables and objectives
  - b. Include a timeline for key activities and milestones (such as length of time to obtain required approvals, number of births to be sampled and data collection period).
  - c. Describe ability to provide CDC with an end of year annual birth file by June 30, 2020 if currently funded by the PRAMS Cooperative Agreement (DP-16-001)
4. Budget and Justification (3- page limit)
  - a. Provide detailed budget and budget justification.
5. Other required documentation for select applicants
  - a. Applicants not currently funded by the PRAMS Cooperative Agreement (DP-16-001) must include information on the surveillance system proposed and describe the proposed data collection process and estimated timeline for a data use agreement to allow for data sharing with CDC. A signed data sharing agreement should be executed by April 1, 2021.
  - b. If not funded by DP-16-001, applicants will submit a letter of support for sharing COVID-19 supplement data to with CDC signed by appropriate partners (for example vital records office).

For further assistance, technical questions, or inquiries about the application, contact Megan Toe at CSTE (770-458-3811 or [mtoe@cste.org](mailto:mtoe@cste.org) ). Representatives from CSTE will be available to speak to potential applicants to discuss technical or administrative questions. All questions and answers will be made available to all potential applicants upon request.



***Submission Dates and Times*****Submission, Review, and Anticipated Start Dates:**

- Application Submission Receipt Date: **Submissions due by 11:59 PM EST December 4, 2020**
- Award Notification Date: **December 18, 2020**
- Anticipated Start Date: **January 11, 2021**

**Submitting an Application:**

Application materials should be sent to Megan Toe at [mtoe@cste.org](mailto:mtoe@cste.org) by **11:59 PM EST by December 4, 2020**. Applications submitted after this deadline may not be reviewed. Notification of successful receipt of the application will be sent to the applicant upon request.

**Section V. Application Review Information*****Criteria***

The following criteria will be used to review all submitted applications:

1. Applicant's eligibility, understanding of the project, and ability to complete required deliverables (35%)
  - a. Demonstrated burden of COVID-19 disease in the local jurisdiction, state or territory (10%)
  - b. Eligibility, experience, and capacity to complete required deliverables (25%)
2. Ability of the applicant to satisfactorily meet the objectives of the project described (50%)
  - a. Clear and detailed work plan for completing the project (25%)
  - b. Feasibility of proposed timeline (25%)
3. Extent to which the budget is justified and reflective of the length of supplement implementation/ data collection (10%)
4. Ability to provide CDC with an annual birth file by June 30, 2021 (5%)

***Review and Selection Process***

Eligible applications that are complete will be evaluated for scientific and technical merit by CSTE in accordance with the review criteria stated above. A review panel of CSTE National Office staff, CSTE Steering Committee members, and subject matter experts may score the applications. Funding awards will be made based upon the quality of the submitted proposal and the ability of the applicant to meet the criteria stated above.

**Section VI. Award Admission Information*****Award Notices***

All applicants will be notified via email no later than December 17, 2020.

***Award Recipient Responsibilities***

The award recipient will have primary responsibility for the following:

- 1) Accomplishing the objectives and completing the deliverables listed in this announcement
- 2) Providing written progress reports and invoices to CSTE as required in the contract agreement

- 3) Communicating through multiple avenues on a regular basis for feedback and discussion (e.g., conference calls, emails, etc.)
- 4) Actively engaging partners and stakeholders

***CSTE Responsibilities***

CSTE will have the primary responsibility for the following:

- 1) Serving as the awardee's principal point of contact between participants, CDC, and other stakeholders
- 2) Facilitating work and providing avenues for communication between awardee and stakeholders
- 3) Monitoring the terms of the agreement
- 4) Funding according to the terms of the contract agreement
- 5) Providing awardee with a data analysis template to guide analysis plan
- 6) Assisting awardee to develop detailed plans for data use and dissemination, including partnerships

***For More Information***

For more information, contact:

Megan Toe at [mtoe@cste.org](mailto:mtoe@cste.org) or at

**References**

1. United States COVID-19 Cases and Deaths by State. Accessed on 9/29/2020 at: [https://covid.cdc.gov/covid-data-tracker/#cases\\_totalcases](https://covid.cdc.gov/covid-data-tracker/#cases_totalcases).
2. Rasmussen SA, Smulian JC, Lednicky JA, Wen TS, Jamieson DJ. Coronavirus Disease 2019 (COVID-19) and pregnancy: what obstetricians need to know. *Am J Obstet Gynecol*. 2020 May;222(5):415-426. doi: 10.1016/j.ajog.2020.02.017.
3. Ellington S, Strid P, Tong VT, et al. Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:769–775. DOI: <http://dx.doi.org/10.15585/mmwr.mm6925a1>[external icon](#).
4. Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>[external icon](#).



## **APPENDIX 1**

The following pages include the 11-question supplement required for project implementation.

These questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.

**CV1. During the COVID-19 pandemic, which types of prenatal care appointments did you attend?**

Check ONE answer

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have prenatal care

Go to Question CV3

Go to Question CV4

**CV2. What are the reasons that you did not attend virtual appointments for prenatal care?** For each one, check **No** if it was not a reason or **Yes** if it was.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. Lack of availability of virtual appointments from my provider ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Lack of an available telephone to use for appointments .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lack of enough cellular data or cellular minutes .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lack of a computer or device .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Lack of internet service or had unreliable internet .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lack of a private or confidential space to use .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I preferred seeing my health care provider in person .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other reason .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

**CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons?** For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My appointments were canceled or delayed because my provider's office was closed or had reduced hours .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I canceled or delayed because I had problems finding care for my children or other family members .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I canceled or delayed because I worried about taking public transportation and had no other way to get there .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**CV4. While you were pregnant, how often did you do the following things to avoid getting COVID-19?**

For each one, check:

**A** if you *always* did it,

**S** if you *sometimes* did it, or

**N** if you *never* did it.

- |   | A                        | S                        | N                        |
|---|--------------------------|--------------------------|--------------------------|
| a. Avoided gatherings of more than 10 people .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stayed at least 6 feet (2 meters) away from others when I left my home ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Only left my home for essential reasons .....                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made trips as short as possible when I left my home .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Avoided having visitors inside my home .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Wore a mask or a cloth face covering when out in public .....                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Washed hands for 20 seconds with soap and water .....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Used alcohol-based hand sanitizer .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Covered coughs and sneezes with a tissue or my elbow .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CV5. While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences?** For each one, check **No** if you did not or **Yes** if you did.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. I had responsibilities or a job that prevented me from staying home .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Someone in my household had a job that required close contact with other people .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. When I went out, I found that other people around me did not practice social distancing .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had trouble getting disinfectant to clean my home .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had trouble getting hand sanitizer or hand soap for my household .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had trouble getting or making masks or cloth face coverings .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was told by a health care provider that I had COVID-19 .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Someone in my household was told by a health care provider that they had COVID-19 .....            | <input type="checkbox"/> | <input type="checkbox"/> |

**If your baby was not born in the hospital, go to Question CV9.**

**CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?**

Check ALL that apply

- My husband or partner
  - Another family member or friend
  - A doula
  - Some other support person (not including hospital staff)
- Please tell us:

- The hospital did not allow me to have any support people

**Please answer a few final important questions on the attached sheet.**

**If your baby is not alive, go to Question CV10.**

**CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19?** For each one, check **No** if it did not happen or **Yes** if it did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My baby was tested for COVID-19 in the hospital.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was separated from my baby in the hospital after delivery <i>to protect my baby from COVID-19</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I wore a mask when other people came into my hospital room.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I wore a mask while I was alone caring for my baby in the hospital .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I was given information about how to protect my baby from COVID-19 when I went home.....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**If you did not breastfeed your new baby, go to Question CV9.**

**CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways?** For each one, check **No** if it did not apply to you or **Yes** if it did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I was given information in the hospital about how to protect my baby from infection while breastfeeding .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I wore a mask while breastfeeding in the hospital.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital .....      | <input type="checkbox"/> | <input type="checkbox"/> |

**If your baby is not living with you, go to Question CV10.**

**CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care?** For each one, check **No** if the pandemic did not affect your baby's health care in this way or **Yes** if it did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. My baby's well visits or checkups were canceled or delayed.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My baby's immunizations were postponed.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?**

**Check ONE answer**

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have any postpartum appointments for myself

**CV11. Did any of the following things happen to you *due to the COVID-19 pandemic*?** For each one, check **No** if it did not happen or **Yes** if it did.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| a. I lost my job or had a cut in work hours or pay .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other members of my household lost their jobs or had a cut in work hours or pay.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had problems paying the rent, mortgage, or other bills.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A member of my household or I received unemployment benefits .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had to move or relocate .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I became homeless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The loss of childcare or school closures made it difficult to manage all my responsibilities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had to spend more time than usual taking care of children or other family members.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I worried whether our food would run out before I got money to buy more .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I felt more anxious than usual.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I felt more depressed than usual.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband or partner and I had more verbal arguments or conflicts than usual .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| m. My husband or partner was more physically, sexually, or emotionally aggressive towards me.....    | <input type="checkbox"/> | <input type="checkbox"/> |

**Thank you for answering these questions!**

Estas preguntas son sobre sus experiencias con su cuidado prenatal, el parto, su cuidado posparto, y el cuidado de su bebé durante la pandemia de COVID-19.

**CV1. Durante la pandemia de COVID-19, ¿a qué tipos de citas de *cuidado prenatal* asistió?**

Marque UNA respuesta

- Citas en persona solamente
- Citas virtuales (video o teléfono) solamente
- Ambas, citas en persona y virtuales
- No tuve cuidado prenatal

Pase a la Pregunta CV3

Pase a la Pregunta CV4

**CV2. ¿Cuáles son las razones por las que no asistió a citas virtuales de *cuidado prenatal*?** Para cada una, marque **No** si no fue una razón o **Sí** si lo fue.

- |  | No                       | Sí                       |
|--|--------------------------|--------------------------|
| a. Falta de disponibilidad de citas virtuales de mi proveedor.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Falta de un teléfono disponible para usar para en las citas.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Falta de suficiente data o minutos en el móvil o celular.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Falta de una computadora o un dispositivo.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Falta de servicio de internet o el internet no era confiable..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Falta de un espacio privado o confidencial para usar.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Preferí ver a mi proveedor de atención médica en persona.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Otra razón.....   | <input type="checkbox"/> | <input type="checkbox"/> |

Por favor díganos:

**CV3. ¿Algunas de sus citas de *cuidado prenatal* fueron canceladas o retrasadas durante la pandemia de COVID-19 debido a las siguientes razones?** Para cada una, marque **No** si no fue una razón por la que sus citas fueron canceladas o retrasadas o **Sí** si lo fue.

- |  | No                       | Sí                       |
|--|--------------------------|--------------------------|
| a. Mis citas fueron canceladas o retrasadas porque la oficina de mi proveedor estaba cerrada o tenía horario reducido.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Las cancelé o retrasé porque tenía miedo de exponerme a COVID-19 durante las citas.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Las cancelé o retrasé porque perdí mi seguro médico durante la pandemia de COVID-19.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Las cancelé o retrasé porque tuve problemas consiguiendo cuidado para mis hijos u otros miembros de la familia.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Las cancelé o retrasé porque me preocupaba tomar transporte público y no tenía otra forma de llegar.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Mis citas fueron canceladas o retrasadas porque tuve que aislarme debido a la posibilidad de estar expuesta o infectada con COVID-19..... | <input type="checkbox"/> | <input type="checkbox"/> |

**CV4. Mientras estaba *embarazada*, ¿con qué frecuencia hizo las siguientes cosas para evitar contraer COVID-19?** Para cada una, marque si lo hizo **Siempre**, **A Veces** o **Nunca**.

- |  | Siempre                  | A Veces                  | Nunca                    |
|--|--------------------------|--------------------------|--------------------------|
| a. Evité reunirme en grupos de más de 10 personas.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Mantenía al menos 2 metros (6 pies) de distancia de los demás cuando salía de mi hogar..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Salía de mi hogar solo por razones esenciales.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hice las salidas lo más cortas posibles cuando salí de mi hogar.....                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evité tener visita dentro de mi hogar.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Utilizaba una mascarilla o cubierta de tela en la cara cuando estaba en público.....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Me lavaba las manos durante 20 segundos con agua y jabón.....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Utilizaba desinfectante de manos a base de alcohol.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Cubría la toz o estornudos con un pañuelo de papel o mi codo.....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CV5. Mientras estaba *embarazada* durante la pandemia de COVID-19, ¿usted tuvo alguna de las siguientes experiencias?** Para cada una, marque **No** si no la tuvo o **Sí** si la tuvo.

- |  | No                       | Sí                       |
|--|--------------------------|--------------------------|
| a. Tenía responsabilidades o un trabajo que me impedía quedarme en el hogar.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Alguien en mi hogar tenía un trabajo que requería contacto cercano con otras personas.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cuando salí, encontraba que otras personas a mi alrededor no practicaban el distanciamiento social.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Tuve problemas consiguiendo desinfectante para limpiar mi hogar.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tuve problemas consiguiendo desinfectante de manos o jabón de manos para mi hogar.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tuve problemas consiguiendo o haciendo mascarillas o cubiertas de tela para la cara.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Me resultaba difícil usar una mascarilla o cubierta de tela para la cara (dificultaba la respiración, claustrofobia)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Un proveedor de atención médica me dijo que yo tenía COVID-19.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Un proveedor de atención médica le dijo a alguien en mi hogar que tenían COVID-19.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |

Por favor, responda algunas preguntas importantes que hay en la hoja adjunta.

Si su bebé no nació en el hospital, pase a la Pregunta CV9.

CV6. ¿Quién estuvo con usted en la sala de parto en el hospital como persona de apoyo durante el nacimiento?

Marque TODAS las que correspondan

- Mi esposo o pareja
- Otro familiar o amigo
- Una doula
- Otra persona de apoyo (sin incluir el personal del hospital)  
Por favor, díganos:
- El hospital no me permitió tener una persona de apoyo

Si su bebé no está vivo, pase a la Pregunta CV10.

CV7. Mientras estuvo en el hospital después del nacimiento, ¿le sucedió alguna de las siguientes cosas a usted y su bebé debido a COVID-19? Para cada una, marque No si no sucedió o Sí si sucedió.

- |   | No                       | Sí                       |
|---|--------------------------|--------------------------|
| a. Le hicieron la prueba de COVID-19 a mi bebé en el hospital.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fui separada de mi bebé en el hospital después del nacimiento <i>para proteger a mi bebé de COVID-19</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Utilicé una mascarilla cuando otras personas entraban a mi habitación en el hospital.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Utilicé una mascarilla cuando estaba sola mientras cuidaba a mi bebé en el hospital.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Me brindaron información sobre cómo proteger a mi bebé de COVID-19 cuando regresara al hogar.....              | <input type="checkbox"/> | <input type="checkbox"/> |

Si usted no lactó a su nuevo bebé pase a la Pregunta CV9.

CV8. ¿La pandemia de COVID-19 afectó la lactancia materna para usted y su bebé de alguna de las siguientes maneras? Para cada una, marque No si no le aplica a usted o Sí si le aplica.

- |  | No                       | Sí                       |
|--|--------------------------|--------------------------|
| a. Me brindaron información en el hospital sobre cómo evitar que mi bebé se infecte durante la lactancia.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Me ponía mascarilla mientras amamantaba o lactaba en el hospital.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Extraje leche materna en el hospital para que otra persona pudiera alimentar a mi bebé para evitar que se infectara.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dado a COVID-19, tuve problemas logrando que un especialista en lactancia me visitara mientras estuve en el hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |

Si su bebé no vive con usted, pase a la Pregunta CV10.

CV9. ¿De qué manera afectó la pandemia de COVID-19 el cuidado de salud de rutina de su bebé? Para cada una, marque No si el cuidado de salud de su bebé no fue afectado de esa manera por la pandemia o Sí si lo fue.

- |   | No                       | Sí                       |
|---|--------------------------|--------------------------|
| a. Los chequeos de rutina de mi bebé fueron cancelados o retrasados.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Los chequeos de rutina de mi bebé fueron cambiados de visitas en persona a citas virtuales (por video o teléfono)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. La vacunación de mi bebé se pospuso.....   | <input type="checkbox"/> | <input type="checkbox"/> |

CV10. Durante la pandemia de COVID-19, ¿a qué tipo de citas de *cuidado posparto* asistió para usted?

Marque UNA respuesta

- Citas en persona solamente
- Citas virtuales (video o teléfono) solamente
- Ambas, citas en persona y virtuales
- No tuve citas de cuidado posparto para mi

CV11. ¿A usted le sucedió alguna de las siguientes cosas *debido a la pandemia de COVID-19*? Para cada una, marque No si no le sucedió o Sí si le sucedió.

- |  | No                       | Sí                       |
|--|--------------------------|--------------------------|
| a. Perdí mi trabajo o tuve un recorte en las horas de trabajo o paga.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Otros miembros de mi hogar perdieron sus trabajos o les redujeron las horas de trabajo o paga.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tuve problemas pagando el alquiler, la hipoteca u otras facturas.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Un miembro de mi hogar o yo recibimos beneficios por desempleo.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Tuve que mudarme o reubicarme.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Me quedé sin hogar.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. La pérdida del cuidado de niños o el cierre de escuelas dificultó el manejo de todas mis responsabilidades..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tuve que dedicar más tiempo de lo usual al cuidado de niños u otros miembros de la familia.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Me preocupaba que nuestra comida se acabara antes de tener dinero para comprar más.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Me sentí más ansiosa de lo usual.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Me sentí más deprimida de lo usual.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Mi esposo o pareja y yo tuvimos más discusiones o conflictos verbales de lo usual.....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Mi esposo o pareja fue más agresivo física, sexual o emocionalmente conmigo.....                                | <input type="checkbox"/> | <input type="checkbox"/> |

¡Gracias por responder a estas preguntas!