

**STRICTLY
CONFIDENTIAL**

Serial Number

B

MATERNITY SURVEY

ROYAL COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS
AND THE POPULATION INVESTIGATION COMMITTEE

69, ECCLESTON SQUARE, LONDON, S.W. 1

TELL THE MOTHER:—

1. That thousands of mothers all over the country are being asked these questions.
2. That by giving details as to how much it has cost her to have this baby and to clothe it, she will be helping us to work out ways in which the medical and other expenses of bearing children may be lightened.
3. That all information she gives will be regarded as absolutely confidential.

HOW TO FILL IN THIS FORM.

1. The questions are printed in light type and the mothers' answers in small capitals. Instructions to the interviewer are in italics.
2. The answers to the questions are shown by putting a ring with a soft pencil round the code number or letter opposite the mother's answer. If the answer does not fit any alternative, write it below the question itself. When comments or opinions are asked for, as far as possible write down the mother's own words. If the mother refuses to answer any question put a ring round "X" for "No answer."
3. Before you interview the mother, read through the questionnaire and answer as many questions as possible from your records and those of the midwife and sanitary department. However, check all answers you have obtained from the records with the mother when you interview her.
4. It will probably be most convenient to make an appointment with the mother for this interview. If she refuses to be interviewed, try to find out her reasons and write them in the space provided. Then fill in as much of the questionnaire as you can from the records, the essential items to obtain being the mother's age (6), number of children (15), whether she attended for ante-natal care (19), where she was confined (22), and occupation of her husband (48).

IT IS AS IMPORTANT FOR US TO GET BACK REFUSALS AS COMPLETED QUESTIONNAIRES, SO PLEASE
DO NOT DESTROY REFUSALS BUT RETURN THEM TO US.

5. Please follow the order of the questions as set out in the questionnaire and keep as close to the phrasing as you can. When any question does not apply to a particular mother, do not ask her it. In such cases do NOT ring "X" for "No answer," but **STRIKE RIGHT THROUGH THE QUESTION**.
6. When interviewing a mother whose baby was still-born or has died since birth, use your own judgement in leaving out any questions that might embarrass her.
7. In filling in the cost questions, please do not bracket items together, but enter costs separately opposite each item.
8. Before leaving the mother, please check through the questionnaire to see that all relevant questions have been answered.
9. When you have completed this questionnaire, do NOT send it to London, but hand it, with any others you may have, by May 10th, to whoever has been delegated by your Medical Officer of Health to receive them.

QUESTIONNAIRE

Mother's Name

Address

If she has transferred since delivery to another M. and C.W.
Authority, what is her present address?

1. If mother is not interviewed because she refused, was ill,
etc., give reasons

Ring with a soft pencil the
code number opposite the
mother's answer

Details of this Birth

(To be filled in by Health Visitor, if possible, before
interview.)

2. (a) Date of present baby's birth.....1946 .

(b) Date of birth of last
baby (whether alive or
dead) preceding this one. **IBB**MONTH, 19.....
No OLDER CHILD0
- 3 Result (If baby died,
at what age did he die?) **BABY LIVING**1
STILL-BORN2
DIED AGEDDAYS
- 4 Sex. **S** **MALE**1
not from here **FEMALE**2
TWINS (BOTH MALE)3
TWINS (BOTH FEMALE)4
TWINS (DIFFERENT SEX)5
- 5 Legitimate or **LEGITIMATE**1
illegitimate. **ILLEGITIMATE**2

The Mother and her Work

- 6 Mother's age **MAB** YEARS MONTHS
- 7 What was the last school or other place of education you attended? ELEMENTARY1
PRIVATE, SECONDARY OR PUBLIC2
TECHNICAL OR OTHER COLLEGE3
UNIVERSITY4
OTHER, NAMELY
No ANSWERX
- 8 (a) Were you working when you started this baby? YES1
No2
No ANSWERX
- (b) If "Yes," was it a whole or a part-time job? WHOLE-TIME1
PART-TIME2
No ANSWERX

Ask working mothers.

- 9 What was your occupation at the time you started this baby?
- 10 How many weeks before baby came did you stop working? WEEKS
Doesn't KNOWYY
No ANSWERXX
- 11 (a) Were you given leave of absence from work because this baby was coming? YES1
No2
No ANSWERX
- (b) If "Yes," was it with full pay, part pay, or no pay at all? FULL PAY1
PART PAY2
UNPAID3
No ANSWERX
- 12 If you had leave of absence, how many weeks in all were you given? WEEKS
No ANSWERXX
- 13 Do you intend to return to work? YES1
No2
UNCERTAIN3
No ANSWERX

Ask mothers who intend to return to work.

- 14 In how many months after the birth of your baby do you intend to return to work? MONTHS
UNCERTAINYY
No ANSWERXX

This Mother's Children

(Include this baby—exclude miscarriages and adopted or step-children.)

Ask all mothers.

	NUMBER
15 Number of children born to this mother who are still alive and under five years old? (a)	
Number of children born to this mother who are still alive and five years or older?	
Number of children born alive to this mother who have since died?	
Number of children still-born to this mother?	
Total number of children (alive and dead) born to this mother? (b)	

Care of this Baby

- 16 Baby's weight at birth. **BWT46**
If twins, give weight of each separately. Please check weight from records.) POUNDS OUNCES
UNCERTAINYY
No ANSWERXX
- 17 How are you feeding baby? BREAST ONLY1
BREAST AND BOTTLE2
BOTTLE ONLY3
No ANSWERX

Ask mothers who are wholly or partly bottle feeding their babies.

- 18 How old was this baby when you started bottle feeding him? DAYS
UNCERTAINYY
No ANSWERXX

Pregnancy and Childbirth

Ask all mothers.

- 19 Who gave you ante-natal care and advice? **ANC**
NOBODY AT ALL0
HOSPITAL ANTE-NATAL CLINIC1
OTHER ANTE-NATAL CLINIC2
MUNICIPAL MIDWIFE AT HER OR MOTHER'S HOME3
PRIVATE MIDWIFE4
DOCTOR BY ARRANGEMENT WITH LOCAL AUTHORITY.....5
OWN PRIVATE DOCTOR6
OBSTETRIC SPECIALIST7
OTHER
No ANSWERX

- 20 How many weeks before baby was born did you first go to a doctor, midwife or clinic. WEEKS
UNCERTAINYY
No ANSWERXX

- 21 How many times did you attend for ante-natal care or advice:—

During the first seven months of pregnancy?	
During the last two months of pregnancy?	
Total number of attendances during pregnancy?	(a)

- 22 Where was this baby born?
(a) Domiciliary. OWN HOME1
OTHER HOME2
(b) Institutional. MUNICIPAL MATERNITY HOME3
EMERGENCY MATERNITY HOME4
HOSPITAL (PUBLIC WARD)5
HOSPITAL (PRIVATE WARD).....6
HOSPITAL (EMERGENCY CASE)7
PRIVATE NURSING HOME8
OTHER, NAMELY
No ANSWERX

Ask mothers delivered in any institution including nursing home.

- 23 How many days before baby was born were you admitted to the hospital or nursing home? DAYS
UNCERTAINYY
No ANSWERXX

Ask all mothers.

- 24 (a) Were you given anything during childbirth to relieve the pain? YES1
No2
Doesn't KNOWY
No ANSWERX
- (b) If "No," was anything offered to you? YES1
No2
Doesn't KNOWY
No ANSWERX

Ask mothers given or offered anything to relieve pain.

- 25 What were you given or offered? (Health visitors please check if possible.) GAS AND AIR1
CHLOROFORM2
GAS AND AIR, AND CHLOROFORM3
OTHER, NAMELY
Doesn't KNOWY
No ANSWERX

Ask mothers delivered in any institution including nursing home.

- 26 How many days after baby was born did you leave the hospital or nursing home? NOT LEFT YET99
 DAYS
 NO ANSWERXX

Ask all mothers.

- 27 How many days after baby was born did you start doing a full day's work in the house again? NOT STARTED YET99
 DAYS
 NO ANSWERXX

Help in the House and Care of the Children

Ask married mothers only.

- 28 Who looked after your husband while you were in bed with this baby? LOOKED AFTER HIMSELF1
 RELATIONS OR FRIENDS2
 CHILDREN3
 MUNICIPAL HOME HELP4
 HUSBAND AWAY FROM HOME5
 OTHER, NAMELY
 NO ANSWERX

Ask mothers with older children.

- 29 Who looked after your other children while you were in bed with this baby? OLD ENOUGH TO LOOK AFTER THEMSELVES1
 RELATIONS OR FRIENDS2
 HUSBAND3
 MUNICIPAL HOME HELP4
 CHILDREN AWAY FROM HOME5
 OTHER, NAMELY
 NO ANSWERX

Ask all mothers.

- 30 Did you have any paid or unpaid help in the house including relations or friends during the last 13 weeks of pregnancy? YES, TAKEN ON SPECIALLY1
 YES, AS ORDINARILY2
 NO3
 NO ANSWERX

Ask mothers helped in the house during last 13 weeks of pregnancy.

- 31 For how many weeks were you helped? WEEKS
 ALL THE TIME99
 UNCERTAINYY
 NO ANSWERXX

- 32 For how many hours each week were you helped? HOURS EACH WEEK
 HELP LIVED IN99
 UNCERTAINYY
 NO ANSWERXX

Ask all mothers.

- 33 Have you had any paid or unpaid help in the house — including relations and friends — since baby was born? YES, TAKEN ON SPECIALLY1
 YES, AS ORDINARILY2
 NO3
 NO ANSWERX

Ask mothers helped in the house since baby was born.

- 34 For how many weeks were you helped? WEEKS
 STILL BEING HELPED99
 UNCERTAINYY
 NO ANSWERXX

- 35 For how many hours each week were you helped? HOURS EACH WEEK
 HELP LIVED IN99
 UNCERTAINYY
 NO ANSWERXX

Ask all mothers receiving help during last 13 weeks of pregnancy and/or since baby was born.

- 36 Who helped you with the housework? RELATIONS OR FRIENDS1
 HUSBAND2
 MUNICIPAL HOME HELP3
 DOMESTIC LIVING IN4
 DAILY HELP OR CHARWOMAN5
 OTHER, NAMELY
 NO ANSWERX

Ask all mothers.

- 37 (a) If you have another baby, would you like a municipal home help to assist with the housework? YES1
 NO2
 DOESN'T WANT ANOTHER BABY3
 DOESN'T KNOWY
 NO ANSWERX

(b) If not, why not?

Ask mothers with older children.

- 38 Have you sent your children to a day-nursery? YES1
 NO2
 NO ANSWERX

Ask all mothers.

- 39 Will you send this baby to a day-nursery, assuming that one is available? YES1
 NO2
 UNCERTAINY
 NO ANSWERX

Extra Nourishment during Pregnancy

- 40 (a) Were you able to get your full extra ration of a pint of milk a day? YES1
 NO2
 NO ANSWERX

(b) If not, why not?

- 41 (a) Were you able to get your full allocation of orange juice? (1 bottle every 9-12 days) YES1
 NO2
 NO ANSWERX

(b) If not, why not?

- 42 (a) Did you get your full allocation of cod liver oil or vitamins? COD LIVER OIL1
 VITAMINS2
 NEITHER3
 NO ANSWERX
 (Bottle or packet every six weeks.)

(b) If neither, why not?

The House and those who live in it

- 43 How many bedrooms and living rooms (excluding kitchen and scullery) are there in the part of this dwelling occupied by your household (including relations and lodgers living with you)?

- 44 How many people are there living with you in these rooms? NUMBER

THIS MOTHER, FATHER, AND THEIR CHILDREN?	
RELATIONS AND FRIENDS?	
LODGERS AND DOMESTICS?	
TOTAL IN HOUSEHOLD?	

OFFICE ONLY									
1	2	3	4	5	6	7	8	X	
-½	-1	-1½	-2	-2½	-3	-3½	3½+	UNK	

Maternity Benefits, etc.

(Please do not bracket items together, but enter benefits separately opposite each item.)

- 45 How much did you receive from:—

	POUNDS	SHILLINGS
HUSBAND'S NATIONAL HEALTH INSURANCE MATERNITY BENEFIT (a)		
WIFE'S NATIONAL HEALTH INSURANCE MATERNITY BENEFIT (b)		
N.H.I. SICK BENEFIT DURING PREGNANCY (c)		
MOTHER'S PAY DURING LEAVE OF ABSENCE FROM WORK ON ACCOUNT OF PREGNANCY (d)		
OTHER MATERNITY GRANTS, BENEFITS, AND LUMP SUMS, INCLUDING SERVICE PRE-NATAL ALLOWANCE (e)		
TOTAL BENEFITS AND ALLOWANCES (f)		

The Cost of Pregnancy

(All costs and fees is the total due from the mother after assessment and before deduction of maternity benefit or other statutory contribution to the cost. Please do not bracket items together, but enter costs separately opposite each item.)

46 In connection with this baby coming, what did you pay to:—

		POUNDS	SHILLINGS
MIDWIFE	(a)		
DOCTOR	(b)		
HOSPITAL OR NURSING HOME	(c)		
INCLUSIVE PAYMENT OF DOCTOR, MIDWIFE, AND INSTITUTION IF NOT KNOWN SEPARATELY	(d)		
NURSE RESIDENT IN THE HOME	(e)		
AMBULANCE OR CAR TO HOSPITAL	(f)		
EXTRA HELP IN THE HOUSE	(g)		
TOTAL OF ABOVE ITEMS			
EXTRA LAUNDRY			
CHEMISTS BILLS			
STERILISED OUTFIT			
ANAESTHETICS AND ANAESTHETIST			
TOTAL OF ABOVE 4 ITEMS		(h)	

47 How many of the following baby clothes, maternity garments, and other articles do you own? What was the cost of those bought and made during this pregnancy?

(Please do not bracket items together, but enter costs separately opposite each item.)

	Total Number Owned	Cost of items bought and made during this pregnancy	
		POUNDS	SHILLINGS
Baby Clothes			
1. Napkins			
2. Vests			
3. Petticoats			
4. Nightgowns			
5. Dresses			
6. Knickers or pilches			
7. Matinee coats			
8. Pairs of bootees			
9. Pairs of leggings			
10. Pairs of gloves			
11. Bonnets			
12. Shawls			
13. Rubber sheets			
14. Covers, blankets and mattresses for pram and cot			
Total amount spent during this pregnancy on above items			(a)

Total Number Owned	Cost of items bought and made during this pregnancy
	SHILLINGS
	POUNDS

Maternity Garments		POUNDS	SHILLINGS
1. Smocks			
2. Skirts and dresses specially bought because of pregnancy			
3. Nightdresses ditto			
4. Coats ditto			
5. Dressing gown ditto			
6. Corsets and brassiere ditto			
7. Knickers ditto			
Total amount spent during this pregnancy on maternity garments			(b)
Prams, etc.			
1. Pram			
2. Cot			
3. Baby's bath			
4. Carry cot			
Total amount spent during this pregnancy on prams, etc.			(c)

Office use only.

(d)

Occupation of Father

(If husband is temporarily in the Forces, retired, unemployed or dead, these answers should refer to his previous occupation. All these questions relate only to mother's present husband).

Ask married mothers.

48. (a) What does your husband do?..... OG46
File 58 "lists"

(b) In what trade or industry does he work?.....
IND46

(c) Is he:—

AN EMPLOYER OF TEN OR MORE PEOPLE	1
WORKING FOR HIMSELF OR EMPLOYING LESS THAN TEN PEOPLE	2
EMPLOYED AND EARNING A MONTHLY SALARY	3
EMPLOYED AND EARNING A WEEKLY WAGE	4
NO ANSWER	X

(d) If your husband is not an employer or working for himself, what is his employer's business?

48 FOR OFFICE ONLY										
1	2	3	4	5	6	7	8	9	0	X
P	E	O	A	S	W	E	W	M	F	A

Date of interview 1946

Time taken for interview minutes

Checked and coded

Coding checked