

Scottish Government Maternal and Infant Nutrition Survey

Investigating your diet and health choices for pregnancy

This is a survey about your choices and experiences in pregnancy.

The information you provide will help us to understand more about the choices people make when they are expecting a baby and help health care professionals to better support expectant parents. **All of the answers you provide will be entirely confidential.**

Please read the enclosed letter for more information about this survey.

Instructions

The survey takes around 10-15 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question.

For most questions, you will be asked to put a tick in the box next to the statement which most applies to you. For example, if your answer is yes, write in a tick as below:

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

Don't worry if you make a mistake; just cross it out and tick the correct answer.

Sometimes you will be asked to write in a number. Please enter numbers as figures rather than words. For example:

<input type="text" value="2"/>	<input type="text" value="2"/>	Weeks
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If you prefer, you can complete this survey online at: survey.natcen.ac.uk/MINS9

You will be asked to enter the User Code that can be found on the letter that came with this survey.

Alternatively, you can give your answers by calling the FREEPHONE survey helpline on **0800 652 4568**. The helpline is open Monday to Friday - 9am to 5pm.

Please return the survey in the pre-paid envelope provided,
or to: NatCen Social Research, 103-105 Kings Road,
Brentwood, Essex CM14 4LX.

This pregnancy and previous pregnancies

We would like to ask you some general questions about this pregnancy and any previous pregnancies.

1. How many weeks pregnant are you (to the nearest whole week)?

<input type="text"/>	<input type="text"/>	Weeks
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3031-3032

or

Please tick this box if you have already given birth

3030

2. Is this your first pregnancy?

3033

Yes → Go to Q.5
 No → Go to Q.3

3. How many children do you have?

(Please exclude any stepchildren, adopted or foster children that you have)

3034-3035

4. Have you had a **previous** pregnancy where any of these situations applied?

(Please tick all that apply)

3036-3051

- A baby who weighed 4.5kg (9lb and 14oz) **or more** at birth
- A baby who was **not premature**, but weighed 2.5kgs (5lb and 8oz) **or less** at birth.
- A baby who was born prematurely (before 37 weeks)
- A baby who was born with a cleft lip and/or palate
- A baby who had a bowel, gut or diaphragm problem that needed surgery (such as gastroschisis, exomphalos or diaphragmatic hernia)
- A pregnancy or baby diagnosed with spina bifida or anencephaly
- A baby who was born with a heart defect (not including heart murmurs that did not require surgery)

or

No, none of the above

Becoming pregnant

Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current (or most recent) pregnancy when answering the questions below.

5. In the month that I became pregnant.....

(Please tick the statement which **most** applies to you)

3052

- 1 I/we were not using contraception
- 2 I/we were using contraception, but not on every occasion
- 3 I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc.) at least once
- 4 I/we always used contraception

6. In terms of becoming a mother (first time or again), I feel that my pregnancy happened at the.....

(Please tick the statement which **most** applies to you)

3053

- 1 right time
- 2 ok, but not quite right time
- 3 wrong time

7. Just **before** I became pregnant.....

(Please tick the statement which **most** applies to you)

3054

- 1 I intended to get pregnant
- 2 my intentions kept changing
- 3 I did not intend to get pregnant

8. Just **before** I became pregnant....

(Please tick the statement which **most** applies to you)

3055

- 1 I wanted to have a baby
- 2 I had mixed feelings about having a baby
- 3 I did not want to have a baby

In the next question, we ask about your partner - this might be (or have been) your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.

9. **Before** I became pregnant.....

(Please tick the statement which **most** applies to you)

3056

- 1 my partner and I had agreed that we would like me to be pregnant
- 2 my partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- 3 we never discussed having children together

10. **Before** you became pregnant, did you do anything to improve your health **in preparation for pregnancy?**

(Please tick all that apply)

3057-3063

- 1 Took folic acid
- 2 Stopped or cut down smoking
- 3 Stopped or cut down drinking alcohol
- 4 Ate more healthily
- 5 Sought medical/health advice
- 6 Took some other action, please describe _____

3064

or

- 7 I did not do any of the above before my pregnancy

SPARE COLUMNS: 3065-3069

Vitamins before and during your pregnancy

The following questions ask about vitamins that you may have taken before and/or during your pregnancy.

11. Did you take any multi-vitamin supplements **before** you became pregnant?

(Please tick one box only)

3070

- 1 Yes, I began taking multi-vitamin more than 3 months before I became pregnant
- 2 Yes, I began taking multi-vitamin between 1 and 3 months before I became pregnant
- 3 Yes, I began taking multi-vitamin less than 1 month before I became pregnant
- 4 Yes, but I can't remember when I began taking multi-vitamin
- 5 No, but I began taking multi-vitamin as soon as I knew I was pregnant
- 6 No, I did not take any multi-vitamin before I became pregnant or in the first month of pregnancy
- 7 I'm not sure what multi-vitamin are

12. Did you take folic acid **before** you became pregnant?

(Please tick one box only)

3071

- 1 Yes, I began taking folic acid more than 3 months before I became pregnant → Go to Q.13
- 2 Yes, I began taking folic acid between 1 and 3 months before I became pregnant → Go to Q.13
- 3 Yes, I began taking folic acid less than 1 month before I became pregnant → Go to Q.13
- 4 Yes, but I can't remember when I began taking folic acid → Go to Q.13
- 5 No, but I began taking folic acid as soon as I knew I was pregnant → Go to Q.13
- 6 No, I did not take folic acid before I became pregnant or in the first month of pregnancy → Go to Q.13
- 7 I'm not sure what folic acid is → Go to Q.14

13. Some mothers with medical or pregnancy conditions are prescribed with a larger dose of folic acid by their doctor. Were you prescribed a higher dose (5mg) of folic acid **just before pregnancy or in early pregnancy** (the first 12 weeks)?

(Please tick one box only)

3072

- 1 No, I was not prescribed a higher dose of folic acid
- 2 Yes, I was prescribed a higher dose of folic acid, but I did not take it.
- 3 Yes, I was prescribed a higher dose of folic acid and began taking it before I became pregnant
- 4 Yes, I was prescribed a higher dose of folic acid and began taking it after I became pregnant

14. Are you **currently** taking any single vitamin, mineral or multi-vitamin supplements (such as Healthy Start vitamins, Pregnacare, iron tablets or folic acid)?

3073

- 1 Yes → Go to Q.15
- 2 No → Go to Q.17

15. What type of vitamin or mineral supplements are you taking? You may have been given Healthy Start vitamins or decided to take another commercial brand.

(Please tick all that apply)

3074-3079

- 1 Healthy Start vitamins
- 2 Another brand that contains Vitamin D or Vitamin D with calcium
- 3 Another brand of multi-vitamin **specifically for pregnancy** (such as Pregnacare)
- 4 Another brand of multi-vitamin, **not specifically** for pregnancy
- 5 I'm not sure what type I'm taking
- 6 Other single vitamin or mineral (such as Vitamin C or zinc), please specify _____

3080

SPARE COLUMNS: 3081-3089

16. How often do you take these vitamin or mineral supplements?

(Please tick one box only)

3090

- 1 Every day
- 2 Most days
- 3 A few days a week
- 4 Only occasionally

Diet and weight before and during your pregnancy

The following questions ask about your weight, diet and your food and alcohol intake before and/or during your pregnancy.

17. What was your Body Mass Index (BMI) at your maternity booking visit?

Your BMI is related to your height and weight. Your BMI at your maternity booking visit should be recorded in the bottom right hand corner of page 5 of your hand held maternity record. (If your hospital has moved to the new electronic record you may need to ask your midwife)

BMI:

3092-3093

or

Please tick this box if your BMI is not recorded in your maternity record

3091

18. How would you describe your weight before you became pregnant?

(Please tick one box only)

3094

- 1 Very underweight
- 2 Slightly underweight
- 3 Normal
- 4 Slightly overweight
- 5 Very overweight / obese

19. Did you try to change your weight before you became pregnant? This includes trying to lose weight or to gain weight.

(Please tick one box only)

3095

- 1 Yes, I tried to lose weight
- 2 Yes, I tried to gain weight
- 3 No, my weight was okay so I didn't need to lose or gain weight
- 4 No, even though I knew I was overweight, I didn't try to lose weight before getting pregnant
- 5 No, even though I knew I was under weight, I didn't try to gain weight before getting pregnant

20. Did you get any information about adapting your diet, taking vitamins, or stopping smoking and drinking alcohol **before becoming pregnant?**

3096

- 1 Yes → Go to Q.21
- 2 No → Go to Q.22

21. Where did you get this information from?

(Please tick all that apply)

3097-3112

- 01 A health professional (e.g. nurse, doctor, midwife or health visitor)
- 02 A pharmacist or other staff member in the pharmacy / chemist
- 03 My partner, friend and/or relative
- 04 Previous experience with an earlier pregnancy
- 05 Books / leaflets / magazines
- 06 Television / radio
- 07 Internet / web based resources
- 08 Somewhere / someone else, please specify _____

3113

SPARE COLUMNS: 3114-3119

22. Did you get any information about adapting your diet, taking vitamins, or stopping smoking and drinking alcohol **during pregnancy?**

3120

- 1 Yes → Go to Q.23
- 2 No → Go to Q.24

23. Where did you get this information from?

(Please tick all that apply)

3121-3138

- 01 A health professional (e.g. nurse, doctor, midwife or health visitor)
02 A pharmacist or other staff member in the pharmacy / chemist
03 My partner, friend and/or relative
04 Previous experience with an earlier pregnancy
05 Ready Steady Baby Book
06 Other books / leaflets / magazines
07 Television / radio
08 Internet / web based resources
09 Somewhere / someone else, please specify _____

3139

SPARE COLUMNS: 3140-3149

24. How often did you eat the recommended 5-a-day or more fruit and vegetables in the last week?

(Please tick one box only)

3150

- 1 Every day
2 On 3 – 6 days
3 On 1 or 2 days
4 On no days

25. During this pregnancy, are you eating more, less or the same amount of fruit and/or vegetables than before you were pregnant?

(a) Fruit

(Please tick one box only)

(b) Vegetables

3151 (Please tick one box only)

3152

- 1 A lot more
2 Some more
3 About the same amount as before
4 I'm eating less
5 I now eat none at all

- 1 A lot more
2 Some more
3 About the same amount as before
4 I'm eating less
5 I now eat none at all

26. Are you vegetarian, pescetarian or vegan?

(Please tick one box only)

3153

- 1 Yes, I am vegetarian (I avoid all meat and fish)
2 Yes, I am pescetarian (I avoid meat, but eat fish)
3 Yes, I am vegan (I avoid meat, fish, dairy and all animal products)
4 No, I eat meat, fish and animal products
5 No, I'm not vegetarian, pescetarian or vegan but I avoid other foods:
please specify _____

3154

SPARE COLUMNS: 3155-3159

27. Which statement best describes your cooking skills?

(Please tick one box only)

3160

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | I can cook most meals from scratch |
| 2 | <input type="checkbox"/> | I can cook some meals from scratch |
| 3 | <input type="checkbox"/> | I only have basic cooking skills (for example: cook pasta or rice and add a ready-made sauce) |
| 4 | <input type="checkbox"/> | I can't really cook any meals |

28. In general, how often did you have a drink containing alcohol before this pregnancy?

(Please tick one box only)

3161

- | | | | |
|---|--------------------------|---------------------------|--------------|
| 1 | <input type="checkbox"/> | Never | → Go to Q.30 |
| 2 | <input type="checkbox"/> | Monthly or less | → Go to Q.29 |
| 3 | <input type="checkbox"/> | Two to four times a month | → Go to Q.29 |
| 4 | <input type="checkbox"/> | Two or three times a week | → Go to Q.29 |
| 5 | <input type="checkbox"/> | Four or more times a week | → Go to Q.29 |

29. Did you stop drinking alcohol **before** you became pregnant (regardless of whether this pregnancy was planned or not)?

(Please tick one box only)

3162

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Yes, I stopped drinking alcohol more than 3 months before I became pregnant |
| 2 | <input type="checkbox"/> | Yes, I stopped drinking alcohol 1-3 months before I became pregnant |
| 3 | <input type="checkbox"/> | Yes, I stopped drinking alcohol less than 1 month I became pregnant |
| 4 | <input type="checkbox"/> | Yes, I stopped drinking alcohol before I became pregnant, but I can't remember when |
| 5 | <input type="checkbox"/> | No, I did not stop drinking alcohol, but I cut down the amount I was drinking |
| 6 | <input type="checkbox"/> | No, I did not stop drinking alcohol or cut down the amount I was drinking |

30. How often have you had a drink containing alcohol **since** you realised you were pregnant?

(Please tick one box only)

3163

- | | | |
|---|--------------------------|---------------------------|
| 1 | <input type="checkbox"/> | Never |
| 2 | <input type="checkbox"/> | Monthly or less |
| 3 | <input type="checkbox"/> | Two to four times a month |
| 4 | <input type="checkbox"/> | Two or three times a week |
| 5 | <input type="checkbox"/> | Four or more times a week |

31. Do you think you drank any alcohol while you were pregnant, but before you realised you were pregnant?

(Please tick one box only)

3164

- | | | |
|---|--------------------------|--------------------------------|
| 1 | <input type="checkbox"/> | No, never |
| 2 | <input type="checkbox"/> | Yes, monthly or less |
| 3 | <input type="checkbox"/> | Yes, two to four times a month |
| 4 | <input type="checkbox"/> | Yes, two or three times a week |
| 5 | <input type="checkbox"/> | Yes, four or more times a week |

Your health

32. Did you have a history of any of the following health conditions **before this** pregnancy?

(Please tick all that apply)

3170-3175

- 1 Diabetes (with insulin)
2 Diabetes (no insulin)
3 Diabetes, but only in a previous pregnancy
4 Epilepsy
5 High blood pressure
- or**
- 6 No, none of the above

33. Have you ever had breast surgery?

(Please tick all that apply)

3176-3179

- 1 Breast implants
2 Breast reduction
3 Other breast surgery
- or**
- 4 No, none of the above

The Healthy Start Scheme

The Healthy Start scheme provides pregnant women and children under 4 years old with vouchers which can be spent on milk, infant formula, fresh and frozen fruit or vegetables (<https://www.healthystart.nhs.uk/>).

You qualify for the scheme if you or your family receive **one** of the following:

- I. Income Support
- II. Income-based Job Seeker's Allowance
- III. Income-related Employment and Support Allowance
- IV. Universal Credit (with a family take home pay of £408 or less per month)
- V. Child Tax Credit, without working Tax Credit (except Working Tax run-on) **and** an annual family income of £16,190 or less
- VI. Or if you are pregnant and under 18 years of age

34. Were you aware of the Healthy Start scheme before reading the description above?

3180

- 1 Yes → Go to Q.35
2 No → Go to Q.36

35. How did you find out about the Healthy Start scheme?

(Please tick all that apply)

3181-3185

- 1 Midwife
- 2 Health Visitor
- 3 Ready Steady Baby Book
- 4 Family or friend
- 5 Other, please specify _____

3186

SPARE COLUMNS: 3187-3189

36. Based on the list above, do you think you qualify for the Healthy Start scheme?

(Please tick one box only)

3190

- 1 Yes, I already get Healthy Start vouchers → Go to Q.37
- 2 Yes, I have applied for it, but I haven't received my Healthy Start vouchers yet → Go to Q.40
- 3 Yes, but I haven't applied for it → Go to Q.40
- 4 No, I don't think I qualify → Go to Q.40
- 5 I don't know if I qualify → Go to Q.40

37. Have you used your Healthy Start vouchers?

3191

- 1 Yes → Go to Q.38
- 2 No → Go to Q.39

38. What did you buy with your Healthy Start vouchers?

(Please tick all that apply)

3192-3196

- 1 Infant formula → Go to Q.40
- 2 Cow's milk → Go to Q.40
- 3 Fresh or frozen fruit → Go to Q.40
- 4 Fresh or frozen vegetables → Go to Q.40
- 5 Something else, please specify _____ → Go to Q.40

3197

SPARE COLUMNS: 3198-3209

39. Why haven't you spent your Healthy Start vouchers?

(Please tick all that apply)

3210-3225

- 01 I'm uncomfortable using the vouchers
- 02 I can't use the vouchers in the shops I go to
- 03 I can't use the vouchers for the sort of food I would choose to buy
- 04 I get my food from a food bank
- 05 I don't need Healthy Start vouchers
- 06 I keep forgetting to use the vouchers
- 07 I have lost the vouchers
- 08 Other reason, please specify _____

3226

SPARE COLUMNS: 3227-3229

About You

40. What is your full postcode? (e.g. G77 6DP)

We are asking you to provide your postcode so that we can analyse the results of this survey for different areas of Scotland and for different groups of pregnant women. We will not pass your postcode on to anyone else, and we will not use it to identify you or use it to contact you.

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3230-3237

41. What age were you on your last birthday?

(Please tick one box only)

3238

- | | | |
|---|--------------------------|-------------|
| 1 | <input type="checkbox"/> | 19 or under |
| 2 | <input type="checkbox"/> | 20-24 |
| 3 | <input type="checkbox"/> | 25-29 |
| 4 | <input type="checkbox"/> | 30-34 |
| 5 | <input type="checkbox"/> | 35 or over |

42. What is your ethnic group?

(Please tick one box that best describes your ethnic group)

3239-3240

White

- | | | |
|----|--------------------------|-----------------------|
| 01 | <input type="checkbox"/> | White Scottish |
| 02 | <input type="checkbox"/> | White Other British |
| 03 | <input type="checkbox"/> | White Irish |
| 04 | <input type="checkbox"/> | White Gypsy/Traveller |
| 05 | <input type="checkbox"/> | White Polish |
| 06 | <input type="checkbox"/> | Other White |

Mixed or multiple ethnic groups

- | | | |
|----|--------------------------|-------------------------------------|
| 07 | <input type="checkbox"/> | Any mixed or multiple ethnic groups |
|----|--------------------------|-------------------------------------|

Asian, Asian Scottish or Asian British

- | | | |
|----|--------------------------|--|
| 08 | <input type="checkbox"/> | Pakistani, Pakistani Scottish or Pakistani British |
| 09 | <input type="checkbox"/> | Indian, Indian Scottish or Indian British |
| 10 | <input type="checkbox"/> | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |
| 11 | <input type="checkbox"/> | Chinese, Chinese Scottish or Chinese British |
| 12 | <input type="checkbox"/> | Other Asian |

African

- | | | |
|----|--------------------------|--|
| 13 | <input type="checkbox"/> | African, African Scottish or African British |
| 14 | <input type="checkbox"/> | Other African |

Caribbean or Black

- | | | |
|----|--------------------------|--|
| 15 | <input type="checkbox"/> | Caribbean, Caribbean Scottish or Caribbean British |
| 16 | <input type="checkbox"/> | Black, Black Scottish or Black British |
| 17 | <input type="checkbox"/> | Other Caribbean or Black |

Other ethnic groups

- | | | |
|----|--------------------------|-------------------------------------|
| 18 | <input type="checkbox"/> | Arab, Arab Scottish or Arab British |
| 19 | <input type="checkbox"/> | Other ethnic group |
| 20 | <input type="checkbox"/> | Prefer not to answer |

We would like your permission to add your survey responses to other information held about your health and care by NHS Scotland (for example the weight of your baby at birth). Your information will be used only for research and we will never give out your contact details. If you give your permission to add your survey responses to other health and care information held about you it will not be shared with the people who look after you and will not affect your current or future treatment or care.

43. Do you give your permission for NHS Scotland Statisticians to add your survey responses to other information about your health and care for the purpose of further research?

3241

- 1 Yes → Go to Q.44
2 No → You have now finished this survey

44. What is your date of birth?

We are asking you to provide your date of birth so that we can add your survey responses to other information held about your health and care by NHS Scotland. Your date of birth will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

D	D	M	M	Y	Y	Y	Y

3242-3243
3244-3245
3246-3249

45. What is your Community Health Index (CHI) number?

We are asking you to provide your CHI number so that we can add your survey responses to other information held about your health and care by NHS Scotland. Everyone who is registered with a Scottish GP practice has their own unique CHI number. Please note that your CHI number also contains your date of birth. This number uniquely identifies you within NHS Scotland and is attached to all of your health records. Your CHI number will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

Your CHI number is 10 digits long and should be printed on the front page of your maternity record or on your hospital appointment cards.

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3250-3259

Thank you for taking the time to complete this survey

{MAILMERGE BARCODE}

Serial number: {SN}{CkLet}

SERIAL NUMBER: 1-8
CHECKLETTER: 9
CARD NUMBER (03): 10-11
VERSION (3): 12
BATCH NUMBER: 13-17
SPARE COLUMNS: 18-29