

This purpose of this survey is to identify the needs in our community for pre and post-natal care, breastfeeding support, and education to promote healthy pregnancies and healthy birth outcomes. This survey is anonymous and confidential.

This survey will take approximately 12-15 minutes to complete. This survey can be self-guided or completed with the assistance of a professional. If you have been or are currently pregnant, or have a child 24 months or younger, The Fernie Women's Resource Centre & Bellies to Babies would appreciate your feedback.

Where do you live?

- Fernie                       Elkford                       South Country  
 Sparwood                       Hosmer                       Other : \_\_\_\_\_

What is your age

- >20                       26-30                       36-40                       46-50  
 20-25                       31-35                       41-45                       51+

How old is your baby?

- Currently pregnant                       3-6 months                       12-18 months  
 0-3 months                       6-12 months                       18-24+ months

Is this your first child?

- Yes                       No

Which options best describes your current family situation

- 2 Parent Family                       Single-Parent family                       Other:  
 Blended Family                       Co-parenting

Do you identify as a member of a marginalized community?

- Visible Minority                       Disabled                       Other:  
 Indigenous person                       Neurodivergent  
 Newcomer                       2SLGBTQIA+

Do you feel you would/did benefit from any of the following during your pregnancy, and within the first 2 years after your baby is/was born? (you can select more than one)

- |   |  |
|---|--|
| <input type="checkbox"/> Building confidence in Parenting | <input type="checkbox"/> Community & Friendships   |
| <input type="checkbox"/> Skills to help care for my baby  | <input type="checkbox"/> Access to other resources |

Do you feel you need(ed) support in any of the following areas throughout your pregnancy, up to your baby's 2<sup>nd</sup> year? (you can select more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> Prenatal nutrition             | <input type="checkbox"/> Access to healthcare               |
| <input type="checkbox"/> Access to healthy food options | <input type="checkbox"/> Preparing my home                  |
| <input type="checkbox"/> Access to prenatal vitamins    | <input type="checkbox"/> Postpartum Depression              |
| <input type="checkbox"/> Access to more exercise        | <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> My mental health               | <input type="checkbox"/> Access to food vouchers            |
| <input type="checkbox"/> Building a support system      | <input type="checkbox"/> Daycare/Childcare                  |
| <input type="checkbox"/> Understanding sexual health    | <input type="checkbox"/> Culturally safe support            |
| <input type="checkbox"/> Breastfeeding                  | <input type="checkbox"/> Positive parent-child relationship |
| <input type="checkbox"/> Breast pumping                 |   |

Do you feel you face(d) challenges in any of the following areas during your pregnancy and after giving birth (you can select more than one)?

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Finances       | <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Housing    |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Isolation      | <input type="checkbox"/> Food Security        | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Stress         | <input type="checkbox"/> Family Conflict      |                                     |

Are there any other areas you feel you need support?

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Do you feel there are adequate resources available to you for pre-natal information and care?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No       |
| <input type="checkbox"/> Yes, but I am unable to access them | <input type="checkbox"/> Not Sure |

Do you feel there are adequate resources and programs available to you post-birth, up to the first 2 years after your pregnancy?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No       |
| <input type="checkbox"/> Yes, but I am unable to access them | <input type="checkbox"/> Not Sure |

If you answered **no** to either/both of the above two questions, what are some of the reasons why these programs and resources feel unavailable to you? (you can select more than one)

- |  |   |
|--|---|
| <input type="checkbox"/> I can't find any in my area             | <input type="checkbox"/> I'm finding conflicting information on what I need |
| <input type="checkbox"/> Programs available don't match my needs | <input type="checkbox"/> I'm not sure where to look                         |
| <input type="checkbox"/> I'm not sure what programs I need       | <input type="checkbox"/> Other  |

If you answered **Yes, but I am unable to access them**, what are some of the reasons why these resources and programs feel inaccessible?

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Will you be/are you currently breastfeeding?

- |                              |                             |                                   |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
|------------------------------|-----------------------------|-----------------------------------|

If **Yes**, how long do you plan on breastfeeding for?

- |                                     |                                       |                                       |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0-3 months | <input type="checkbox"/> 6-12 months  | <input type="checkbox"/> 15-24 months |
| <input type="checkbox"/> 3-6 months | <input type="checkbox"/> 12-18 months | <input type="checkbox"/> 24+ months   |

If **Yes**, what are some of the biggest challenges you face when it comes to breastfeeding?

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What are some of the reasons you stopped/will stop breastfeeding?

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If **No or Not Sure**, what are some of the reasons why you are choosing not to breastfeed?

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Have you heard of any of the following programs in the area?

- |   |   |
|---|---|
| <input type="checkbox"/> Parent-Tot Fun Times | <input type="checkbox"/> StrongStart                      |
| <input type="checkbox"/> Parent Connections   | <input type="checkbox"/> Storytime at the Fernie Library  |
| <input type="checkbox"/> Juice Box Social     | <input type="checkbox"/> Kindergym                        |
| <input type="checkbox"/> Uplift               | <input type="checkbox"/> Kids Café at Mountainside Church |

Did you utilize/are you currently utilizing the Fernie Women's Centre Bellies to Babies program during your pregnancy up to your babies 12 months post birth?

- Yes                       No but I've heard of it                       I've never heard of it

**If you haven't attended the Bellies to Babies program**

What are some of the reasons why not? (You can select more than one)

- |   |  |
|---|--|
| <input type="checkbox"/> Not interested           | <input type="checkbox"/> Drop-in at inconvenient time    |
| <input type="checkbox"/> Lack of transportation   | <input type="checkbox"/> Would like more info on program |
| <input type="checkbox"/> Lack of childcare        | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Lack of time in schedule | _____  |

**If you have attended the Bellies to Babies program**

What parts of the program did you feel were most beneficial? (You can select more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> Drop In Sessions      | <input type="checkbox"/> One on One Education      |
| <input type="checkbox"/> Food Vouchers         | <input type="checkbox"/> Breastfeeding Information |
| <input type="checkbox"/> Vitamin Supplements   | <input type="checkbox"/> Creating a community      |
| <input type="checkbox"/> Mental Health Support | <input type="checkbox"/> Family Support            |
| <input type="checkbox"/> Guest Speakers        |  |

**THANK YOU!**