





# 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:

$\checkmark$	Yes
	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:

2 2	Weeks
-----	-------

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)?

Weeks	3031-3032
or Please tick this box if you have already given birth	3030
2. Is this your first pregnancy?	3033
Yes $\rightarrow$ Go to Q.5 No $\rightarrow$ 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 <b>previous</b> pregnancy where any of these situations applied?	
(Please tick all that apply)	3036-3051
<ul> <li>A baby who weighed 4.5kg (9lb and 14oz) or more at birth</li> <li>A baby who was not premature, but weighed 2.5kgs (5lb and 8oz) or less at birth.</li> <li>A baby who was born prematurely (before 37 weeks)</li> <li>A baby who was born with a cleft lip and/or palate</li> <li>A baby who had a bowel, gut or diaphragm problem that needed surgery (such as gastroschisis, exomphalos or diaphragmatic hernia)</li> <li>A pregnancy or baby diagnosed with spina bifida or anencephaly</li> <li>A baby who was born with a heart defect (not including heart murmurs that did not require surgery)</li> </ul>	
$_{_{08}}$ 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.

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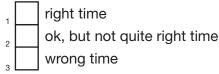
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5. In the month that I became pregnant..... (Please tick the statement which **most** applies to you) I/we were not using contraception I/we were using contraception, but not on every occasion 2 I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came 3 off, came out, not worked etc.) at least once 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)



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

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

I intended to get pregnant

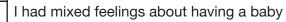
my intentions kept changing

I did not intend to get pregnant

#### 8. Just before I became pregnant ....

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

I wanted to have a baby

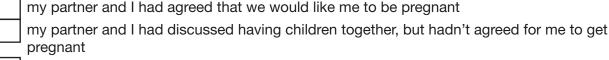


I did not want to have a baby

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)



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 Took folic acid Stopped or cut down smoking 2 Stopped or cut down drinking alcohol 3 Ate more healthily 4 Sought medical/health advice 5 Took some other action, please describe \_ 6 3064 or 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)

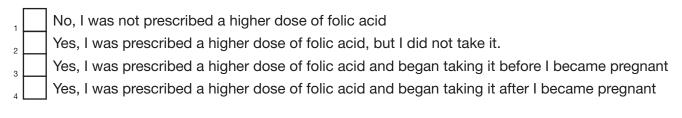
Yes, I began taking multi-vitamin more than 3 months before I became pregnant Yes, I began taking multi-vitamin between 1 and 3 months before I became pregnant 2 Yes, I began taking multi-vitamin less than 1 month before I became pregnant 3 Yes, but I can't remember when I began taking multi-vitamin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

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

(Please tick one box only)	3071
Yes, I began taking folic acid more than 3 months before I became pregnant	→ Go to Q.13
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
<sup>6</sup> No, I did not take folic acid before I became pregnant or in the first month of pregnancy	$\rightarrow$ 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)



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

Yes	→ Go to Q.15
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)

1

2

Healthy Start vitamins 1 Another brand that contains Vitamin D or Vitamin D with calcium 2 Another brand of multi-vitamin **specifically for** pregnancy (such as Pregnacare) 3 Another brand of multi-vitamin, not specifically for pregnancy 4 I'm not sure what type I'm taking 5 Other single vitamin or mineral (such as Vitamin C or zinc), please specify 6 SPARE COLUMNS: 3081-3089

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

(Please tick one box only)

Every day Most days

1

2

A few days a week

3 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:		

or

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

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

(Please tick one box only)

Very underweight Slightly underweight Normal Slightly overweight 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)

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**?

 Yes
 → Go to Q.21

 No
 → Go to Q.22

#### 21. Where did you get this information from?

#### (Please tick all that apply)

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
0.9	Somewhere / someone else, please specify
00	 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**?

Yes $\rightarrow$  Go to Q.23No $\rightarrow$  Go to Q.24

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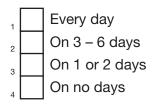
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#### 23. Where did you get this information from?

(Please tick all that apply)

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



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	(b) Vegetables		
(Please tick one box only)	3151 (Please tick one box only)	3152	
A lot more Some more About the same amount as before I'm eating less I now eat none at all	A lot more Some more About the same amount as before I'm eating less I now eat none at all		
26. Are you vegetarian, pescetarian or vegan? (Please tick one box only)			
Yes, I am vegetarian (I avoid all meat an Yes, I am pescetarian (I avoid meat, but Yes, I am vegan (I avoid meat, fish, dian No, I eat meat, fish and animal products No, I'm not vegetarian, pescetarian or v please specify	t eat fish) ry and all animal products) ts		

#### 27. Which statement best describes your cooking skills?

(Please tick one box only)

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<sup>1</sup> I can cook most meals from scratch

I can cook some meals from scratch

I only have basic cooking skills (for example: cook pasta or rice and add a ready-made sauce)

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)

1	Never	→ Go to Q.30
2	Monthly or less	→ Go to Q.29
3	Two to four times a month	→ Go to Q.29
4	Two or three times a week	→ Go to Q.29
5	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)

Yes, I stopped drinking alcohol more than 3 months before I became pregnant

Yes, I stopped drinking alcohol 1-3 months before I became pregnant

- Yes, I stopped drinking alcohol less than 1 month I became pregnant
- Yes, I stopped drinking alcohol before I became pregnant, but I can't remember when
- No, I did not stop drinking alcohol, but I cut down the amount I was drinking
- No, I did not stop drinking alcohol or cut down the amount I was drinking

30. Ho	w often have	you had a	drink conta	aining alcoho	l <b>since</b> you	realised y	ou were pre	gnant?
(Please	e tick one box	only)						

Never Monthly or less Two to four times a month Two or three times a week

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)

1	No, never
2	Yes, monthly or less
3	Yes, two to four times a month
4	Yes, two or three times a week
5	Yes, four or more times a week

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## Your health

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

(Please tick all that apply)

Diabetes (with insulin)
 Diabetes (no insulin)
 Diabetes (no insulin)
 Diabetes, but only in a previous pregnancy
 Epilepsy
 High blood pressure
 or
 No, none of the above
 33. Have you ever had breast surgery?

- (Please tick all that apply)
  - Breast implants Breast reduction Other breast surgery or No, none of the above

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## 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  $\pounds 16,190$  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?

1	Yes
2	No

→ Go to Q.36

→ Go to Q.35

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

(Please tick all that apply)

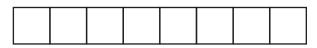
1		Midwife	
2		Health Visitor	
3		Ready Steady Baby Book	
4		Family or friend	
5		Other, please specify	
			3186

	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	
Yes, I already get Healthy Start vouchers	→ Go to Q.37	
Yes, I have applied for it, but I haven't received my Healthy Start vouchers yet	→ Go to Q.40	
<sup>3</sup> Yes, but I haven't applied for it	→ Go to Q.40	
No, I don't think I qualify	→ Go to Q.40	
<sup>5</sup> I don't know if I qualify	$\rightarrow$ Go to Q.40	
37. Have you used your Healthy Start vouchers?	3191	
Yes $\rightarrow$ Go to Q.38 No $\rightarrow$ 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	
<sub>3</sub> 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 COLIUMNS: 3198-3209	
39. Why haven't you spent your Healthy Start vouchers?	SFARE COLIDIVING. 3190-3209	
(Please tick all that apply)	3210-3225	
<sub>01</sub> I'm uncomfortable using the vouchers		
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		
I get my food from a food bank		
I don't need Healthy Start vouchers		
I keep forgetting to use the vouchers		
1 have lost the vouchers		
08 Other reason, please specify		

## 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.



41. What age were you on your last birthday?

(Please tick one box only)

19 or under 20-24 25-29 30-34 5 0 over

#### 42. What is your ethnic group?

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

		White	
01		White Scottish	
02		White Other British	
03		White Irish	
04		White Gypsy/Traveller	
05		White Polish	
06		Other White	
		Mixed or multiple ethnic groups	
07		Any mixed or multiple ethnic groups	
		Asian, Asian Scottish or Asian British	
08		Pakistani, Pakistani Scottish or Pakistani British	
09		Indian, Indian Scottish or Indian British	
10		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
11		Chinese, Chinese Scottish or Chinese British	
12		Other Asian	
		African	
13		African, African Scottish or African British	
14		Other African	
		Caribbean or Black	
15		Caribbean, Caribbean Scottish or Caribbean British	
16		Black, Black Scottish or Black British	
17		Other Caribbean or Black	
		Other ethnic groups	
18		Arab, Arab Scottish or Arab British	
19		Other ethnic group	
20		Prefer not to answer	

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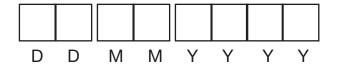
We would like your permission to add your survey responses to other information held about your health and care by NHS Scotland (for example the weight of your baby at birth). Your information will be used only for research and we will never give out your contact details. If you give your permission 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?

1	Yes No	→ Go to Q.44
2	No	ightarrow 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.

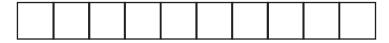


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45. What is your Community Health Index (CHI) number?

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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# Thank you for taking the time to complete this survey

{MAILMERGE BARCODE}