

MENTAL HEALTH, FETAL GROWTH AND CHILDBIRTH

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To Amandus, Albert and Axeline

*"All thing I thought I knew, but now confess;
the more I know I know, I know the less"*
- John Owen (1616 – 1683)

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For any errors or inadequacies in this thesis, of course, the responsibility is entirely my own.

Oslo, November 2012
Samantha Salvesen Adams

LIST OF PAPERS

Paper I

Adams SS, Eberhard-Gran M, Hofoss D, Eskild A.

Maternal emotional distress in pregnancy and delivery of a small-for-gestational age infant.

Acta Obstetrica et Gynecologica Scandinavica 2011;90:1267-1273

Paper II

Adams SS, Eberhard-Gran M, Sandvik ÅR, Eskild A.

Mode of delivery and postpartum emotional distress: a cohort study of 55 814 women.

BJOG: An International Journal of Obstetrics & Gynaecology 2012;119:298-305

Paper III

Adams SS, Eberhard-Gran M, Eskild A.

Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery.

BJOG: An International Journal of Obstetrics & Gynaecology 2012; DOI: 10.1111/j.1471-0528.2012.03433.x.

ABBREVIATIONS

11 β -HSD2	11 β -hydroxysteroid dehydrogenase type 2
BMI	Body mass index
SGA	Small-for-gestational age
HSCL-25	Hopkins Symptom Checklist-25
SCL-5	Symptom Checklist-5
SCL-8	Symptom Checklist-8
OR	Odds ratio
CI	Confidence interval
W-DEQ	Wijma Delivery Expectancy Questionnaire
HSCL-58	Hopkins Symptom Checklist-58
SPSS	Statistical Package for the Social Sciences

1.0 INTRODUCTION

Pregnancy and childbirth are major life events. Happiness, excitement or expectation may dominate, but also doubt, insecurity or distress. In some women the difficult emotions dominate, with possible implications for the pregnancy or childbirth¹. Previously, pregnancy was thought to be a period of mental wellbeing². However, in recent years there has been increased interest in maternal mental health and its possible implications for pregnancy.

Symptoms of poor mental health often appear before the age of 30, and sometimes already in childhood or adolescence³. The estimated lifetime risk of mental illness is 50%, with women being more affected than men³. Poor mental health is therefore common in the childbearing years. Pregnancy or childbirth may precipitate poor mental health or change an already existing mental illness.

From an obstetric point of view, mental health is important when it affects pregnancy or pregnancy outcome or requires additional obstetric resources. Thus, associations between mental health and pregnancy outcomes are important to study.

2.0 BACKGROUND

2.1 Why might mental health affect pregnancy?

a) Mental health and possible effects on maternal physiology

Mental stress is associated with physiological arousal and activation of the Hypothalamic-Pituitary-Adrenal (HPA) axis and the sympathetic branch of the Autonomic Nervous System (ANS)^{1,4,5}. This results in the release of glucocorticoid (cortisol) from the adrenal cortices, and catecholamines (adrenaline and noradrenaline) from the adrenal medulla and sympathetic nerve terminals¹.

In acute stress, the enzyme 11 β -hydroxysteroid dehydrogenase type 2 (11 β -HSD2) inactivates glucocorticoid in the placenta and fetal tissues^{1,6,7}. Chronic stress is thought to inactivate 11 β -HSD2 and therefore increase fetal cortisol levels^{1,6,7}. Chronic elevation of maternal stress hormone levels has also been associated with placental hypoperfusion⁷. Elevated levels of fetal cortisol and placental

hypoperfusion may affect fetal development^{1,7}. Fetal vulnerability to maternal stress may vary across gestation¹. Antenatal mental health largely persists through pregnancy and delivery, and during labour elevated levels of maternal stress hormones may enervate uterine contractility^{4,5,8}.

b) Mental health and possible effects on maternal behaviour

Poor maternal self-care can increase the risk of poor pregnancy outcome⁹. Antenatal care programmes educate women on issues concerning pregnancy and childbirth, and facilitate timely diagnosis and treatment of complications⁹. Poor antenatal self-care or disregard of antenatal care programmes is therefore potentially harmful. Poor mental health is associated with poor medical compliance and poor self-care, such as an unsatisfactory diet or alcohol, tobacco or substance use^{1,9-12}. Pre-pregnancy body mass index (BMI) and weight gain in pregnancy reflect nutritional stores available for the fetus and are associated with offspring birthweight^{9,13}. Alcohol consumption during pregnancy can impair fetal growth or cause fetal alcohol syndrome¹⁴. Cigarette smoking suppresses appetite, impairs oxygen-carrying capacity and is associated with intrauterine growth restriction, placenta praevia, placental abruption, premature rupture of the membranes and preterm delivery^{15,16}. Maternal illicit drug use can directly or indirectly harm the fetus, the latter through its associated lifestyle⁹. Lower socioeconomic status and feeling little control over one's own life (a high external locus of control) have also been associated with reduced fetal growth¹⁷⁻¹⁹.

c) Mental health and possible effects on communication

Communication between the pregnant woman and the hospital staff depends on communication skills on both parts^{20,21}. Poor mental health may impede communication skills³. Also, teaching of communication skills has not been prioritised in hospitals and any factor complicating communication between the patient and hospital staff may be considered bothersome²². Poor communication may delay or complicate obstetric care during pregnancy and/or delivery.

Further, communication skills are important in creating and maintaining social contacts³. Poor social support has been associated with adverse fetal development¹⁸.

Antenatal mental stress may also result in obstetric demands, such as for labour induction or elective caesarean delivery in the absence of obstetric indication¹.

Hence, associations between maternal mental health and pregnancy outcomes are plausible.

2.2 Measuring mental health

Poor mental health is common in the childbearing years³. In women, mood and anxiety disorders are the most common mental disorders³. Table 1 shows the lifetime and yearly risk of some mental disorders³. The prevalences of these disorders are relatively consistent throughout the western world, and are generally higher in urban than in rural areas³. Fear of childbirth is included here as a mental disorder. Fear of childbirth is, however, not uniformly defined²³.


Table 1. Poor mental health: lifetime and yearly risk for men and women combined (www.fhi.no)³.

Mental condition	Lifetime risk	Yearly risk
Anxiety disorders	25%	15%
Mood disorders	20%	10%
Substance use	25%	15%
Personality disorders	5-10%	
Psychotic disorders	2-3%	
Eating disorders	1-2%	
Fear of childbirth (women only)	5-20% of pregnant women*	

* Prevalence estimates of fear of childbirth depend on its definition.

Studying mental health requires reliable and valid measurements²⁴. Measures of mental health as used in previous studies, range from exposure to exceptional stressors to clinical interviews and can roughly be categorised on the following continuum of quality:

Table 2. Mental health measures and their quality in terms of validity.

Mental health measure	Examples	Quality of the mental health measure
Exposure to exceptional stressors defined by residing in a particular area at the time of impact.	<ul style="list-style-type: none"> • Olof Palme murder in Sweden (1986)²⁵ • Hurricane Andrew (1992)²⁶ • Sinking of the ferry Estonia (1994)²⁵ • Extreme weather conditions in Quebec (1998)²⁷ • 1999 Belgrade bombings²⁸ • September 11th 2001 USA terrorist attacks²⁹⁻³² • July 7th 2005 London terrorist attacks³³ • Hurricane Katrina (2005)³⁴ 	<p>Poor</p> 
Defined by belonging to a group.	<ul style="list-style-type: none"> • Being black in the USA³⁵ • Being of low socioeconomic status³⁶ 	
Life events	<ul style="list-style-type: none"> • Definitions vary. Several instruments for measuring life events exist³⁷⁻³⁹. 	
Non validated questions	<ul style="list-style-type: none"> • Some studies have used non-validated questions to measure mental health⁴⁰. 	
Validated psychometric instruments Clinical interviews	<ul style="list-style-type: none"> • Some examples are listed in Tables 3 and 4. • Diagnosis is given according to ICD (International Classification of Diseases) or DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria. 	

Clinical interviews are necessary for establishing mental health diagnoses, but in studies generally limit sample size. Defining mental health by exposure to extreme events facilitates large sample sizes but has low specificity. Life event measures also have low specificity for poor mental health, and non-validated questions may or may not identify poor mental health. Validated psychometric instruments in questionnaire studies facilitate large sample sizes and aim to have good specificity and sensitivity for poor mental health. Large study samples are necessary when studying associations between mental health and rare pregnancy outcomes with adjustment for confounding factors.

Numerous psychometric instruments exist, some of which are listed in Table 3^{3,41}. In comprehensive questionnaire studies, a shortage of space may require short psychometric instruments⁴². Hence, short versions have been developed for some psychometric instruments.

Table 3. Examples of psychometric instruments for the assessment of mental health (all are not validated).

Psychometric instrument	Mental health
<i>The Hopkins Symptom Checklist-58 (HSCL-58)</i> ⁴³	Psychological distress
<i>Symptom Checklist-90 Revised (SCL-90-R)</i> ⁴³	Psychological distress
<i>Hospital Anxiety and Depression Scale (HADS)</i> ⁴⁴	Anxiety and depression
<i>Duke Anxiety and Depression Scale (DADS)</i> ⁴¹	Anxiety and depression
<i>Beck Depression Inventory (BDI)</i> ^{41,43}	Depression
<i>Center for Epidemiologic Studies Depression (CES-D) Scale</i> ⁴¹	Depression
<i>Zung Self-Assessment Depression Scale (SDS)</i> ⁴¹	Depression
<i>State Trait Anxiety Inventory (STAI)</i> ⁴³	State anxiety and trait anxiety
<i>Perceived Stress Scale (PSS)</i> ⁴⁵	Perceived stress
<i>Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire (PHQ)</i> ^{41,46}	Multiple mental health disorders
<i>Mental Health Index (MHI)</i> ⁴⁷	Mental health
<i>General Health Questionnaire (GHQ)</i> ⁴⁸	Mental health
<i>Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ)</i> ⁴⁹	Fear of childbirth
<i>Delivery Fear Scale (DFS)</i> ⁵⁰	Fear during labour and delivery
<i>Cambridge Worry Scale (CWS)</i> ⁵¹	Antenatal maternal worry
<i>Pregnancy Anxiety Scale</i> ⁵²	Pregnancy-related fear
<i>Prenatal Life Events Scale (PLES)</i> ⁵³	Experience of antenatal life events
<i>Prenatal Distress Questionnaire (PDQ)</i> ⁵³	Pregnancy-related stress
<i>Prenatal Psychosocial Profile</i> ⁵⁴	Pregnancy-related stress
<i>Prenatal Psychosocial Profile Hassles Scale</i> ⁵⁵	Antenatal stress
<i>Prenatal Social Environment Inventory (PSEI)</i> ⁵⁶	Antenatal psychosocial stressors
<i>Pregnancy Belief Scale (PBS)</i> ⁵⁵	Antenatal belief about health behaviour
<i>Edinburgh Postnatal Depression Scale (EPDS)</i> ⁵⁷	Postpartum depression
<i>Life Orientation Test (LOT)</i> ⁵⁸	Optimism/pessimism
<i>Rosenberg Self-Esteem Scale</i> ⁵⁹	Self-esteem
<i>Profile of Mood States (POMS)</i> ⁶⁰	Transient mood states

Psychometric instruments should be easy to complete as well as reliable and valid^{24,61}:

- a. *Reliability* is the consistency of a psychometric instrument²⁴. Reliability estimates include²⁴:
 - (i) Test-retest reliability: the variation in measurements taken by an instrument at two points in time²⁴.
 - (ii) Split-half reliability: the instrument is split in two and the scores for each half compared²⁴.
 - (iii) Internal consistency reliability: the consistency of results across items within an instrument²⁴.

b. *Validity* is the degree to which a test measures what it is supposed to measure²⁴.

Validity estimates include²⁴:

- (i) Content validity: verification that the instrument actually measures what it is expected to measure²⁴.
- (ii) Construct validity: the extent to which the instrument measures what the theory predicts it to measure²⁴.

2.3 Mental health and pregnancy outcome; many pieces, but still the puzzle is not solved

Mental health has been associated with many pregnancy outcomes^{1,4}. In order to identify previous studies, I searched “Medline” using the following combinations of keywords: “Pregnancy” and “Mental health”, “Pregnancy” and “Stress, psychological”, “Pregnant women” and “Mental health”, “Pregnant women” and “Stress, psychological”, and “Caesarean section, psychology”. I also searched for the phrase “Fear of childbirth”. Studies with mental health and pregnancy outcome variables were included. I excluded non-English articles, articles published before 1995 and studies with a study population <200. I mainly included studies using clinical interviews or validated psychometric instruments for measuring mental health. Exceptions were made for studies using pregnancy-specific life event measures and for fear of childbirth. Table 4 gives an overview of my search results.

Table 4. Overview of the “Medline” search results using the following keywords: “Pregnancy” and “Mental health”, “Pregnancy” and “Stress, psychological”, “Pregnant women”, “Pregnant women” and “Mental health”, “Pregnant women” and “Stress, psychological”, and “Caesarean section, psychology”; and the following phrase: “Fear of childbirth”. Studies are listed according to the independent or outcome measure, with the most recent studies listed first.

Study	Authors	Publication year	n	Country	Independent variable (measuring method if mental health is the independent variable*)	Outcome variable (measuring method if mental health is the outcome variable*)	Design	Association(s)**	
Birthweight									
1	Effect of psychosocial stress and physical activity on low birthweight: a cohort study ⁶²	Abeyseena, C. et al.	2010	528	Sri Lanka	Psychosocial stress (General Health Questionnaire-30 (GHQ-30))	Low birthweight (<2500 grams)	Prospective cohort study	No association.
2	Maternal psychosocial adversity during pregnancy is associated with length of gestation and offspring size at birth: evidence from a population-based cohort study ⁶³	Tegethoff, M. et al.	2010	78 017	Denmark	Emotional symptoms (Symptom Checklist-8d)	Birthweight Gestational length Body length at birth	Prospective cohort study	Emotional symptoms associated with shorter gestational length and reduced body length at birth.
3	The effects of stress on birth weight in low-income, unmarried black women ⁶⁴	Holland, M.L. et al	2009	554	Tennessee, USA	Anxiety (Mental Health Index)	Birthweight	Prospective cohort study	Anxiety associated with decreased birthweight.
4	Maternal sleep deprivation is a risk factor for small for gestational age: a cohort study ⁶⁵	Abeyseena, C. et al.	2009	600	Sri Lanka	Psychosocial stress (General Health Questionnaire 30 (GHQ 30))	Small-for-gestational age (SGA)	Prospective cohort study	No association.

5	Pregnancy-specific stress, prenatal health behaviours, and birth outcomes ⁵⁵	Lobel, M. et al.	2008	279	North Eastern USA	State anxiety (anxiety subscale of the State Trait Anxiety Inventory (STAI)) Pregnancy-specific stress (Prenatal Distress Questionnaire) Prenatal life events (Prenatal Life Events Scale) Perceived stress (Perceived Stress Scale)	Birthweight Gestational length	Prospective cohort study	Pregnancy-specific stress associated with shorter gestational length.
6	Biopsychosocial determinants of pregnancy length and fetal growth ⁶⁶	St-Laurent, J. et al.	2008	1602	Quebec, Canada	Self-Esteem (Rosenberg Self-Esteem Scale) Stress (Prenatal Psychosocial Profile)	Birthweight Gestational length	Prospective cohort study	No association.
7	Chronic stress and low birth weight neonates in a low-income population of women ⁶⁷	Borders, A.E. et al.	2007	294	Illinois, USA	Depression (Center for Epidemiological Studies Depression Scale (CES-D)), Depression (a modified version of the Center for Epidemiologic Studies Depressions (CES-D) Scale)	Low birthweight (<2500 grams) Low birthweight (<2500 grams) Preterm delivery (<37 weeks)	Prospective cohort study Prospective cohort study	No association. Depression associated with preterm delivery and low birthweight.
8	The relationship between psychosocial profile, health practices, and pregnancy outcomes ⁶⁸	Neggess, Y. et al.	2006	3149	Alabama, USA	Depression (Hospital Anxiety and Depression Rating Scale (HADS) – Anxiety subscale) Depression (Hospital Anxiety and Depression Rating Scale (HADS) – Depression subscale)	Low birthweight (<2500 grams) Preterm delivery (<37 weeks) Low Apgar score (<8)	Prospective cohort study	Anxiety associated with low Apgar score.
9	Neonatal outcomes in offspring of women with anxiety and depression during pregnancy ⁶⁹	Berle, J.Ø. et al.	2005	680	Norway			Prospective cohort study	

10	The impact of maternal stress on pregnancy outcome in a well educated Caucasian population ⁷⁰	Krabbendam, L. et al.	2005	5254	Netherlands	Psychological stress (Perceived Stress Scale)	Small-for-gestational age (SGA) Preterm delivery (<37 weeks)	Prospective cohort study	No association.
11	Neonatal outcome following maternal antenatal depression and anxiety: a population-based study ⁷¹	Andersson, L. et al.	2004	1465	Sweden	Mental disorders (Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire (PHQ))	Birthweight Small-for-gestational age (SGA) Preterm delivery (<37 weeks) Apgar score Admission to the neonatal intensive care unit Respiratory distress Asphyxia Umbilical artery PH Malformations	Prospective cohort study	No association.
12	Maternal psychological stress and distress as predictors of low birth weight, prematurity and intrauterine growth retardation ⁷²	Rondo, P.H.C. et al.	2003	865	Sao Paulo, Brazil	Stress (General Health Questionnaire (GHQ))	Low birthweight (<2500 grams) Small-for-gestational age (SGA) Preterm delivery (<37 weeks)	Prospective cohort study	Stress associated with low birthweight and preterm delivery.

13	Antepartum depressive symptomatology is associated with adverse obstetric and neonatal outcomes ⁷³	Chung, T.K.H. et al.	2001	959	China	Depression (Beck Depression Inventory (BDI))	Small-for-gestational age (SGA) Mode of delivery Analgesia during labour Admission to neonatal care unit Preterm delivery Prolonged labour Labour induction Meconium stained liquor Apgar score Infant asphyxiation Maternal haemorrhage	Prospective cohort study	Depression associated with epidural analgesia, operative delivery and admission to the neonatal care unit.
14	Depressive symptomatology during pregnancy: evidence of an association with decreased fetal growth in pregnancies of lower social class women ⁷⁴	Hoffman, S. et al.	2000	666	New York and Pennsylvania, USA	Depression (Center for Epidemiologic Studies Depression Instrument (CES-D))	Birthweight Gestational length	Prospective cohort study	Depression associated with lower birthweight in lower social status women.
15	Psychosocial predictors of low birthweight: a prospective study ⁷⁵	Paarberg, K.M. et al.	1999	396	Netherlands	Psychological distress (Hopkins Symptom Checklist)	Small-for-gestational age (SGA)	Prospective cohort study	Both significant and non-significant associations of psychological distress with SGA infant were identified, dependent on the definition of SGA.

16	Psychological adaptation and birth outcomes: the role of personal resources, stress, and sociocultural context in pregnancy ⁷⁶	Rini, C.K. et al.	1999	230	California, USA	State anxiety (subversion of the State Trait Anxiety Inventory) Pregnancy-related anxiety (items used by Wadhwa et al. 1993)	Birthweight Gestational length	Prospective cohort study	State anxiety and pregnancy-related anxiety were combined and associated with shorter gestational length.
17	The preterm prediction study: Maternal stress is associated with spontaneous preterm birth at less than thirty-five weeks' gestation ⁷⁷	Copper, R.L. et al.	1996	2593	USA	Psychosocial stress (questions on anxiety, self-esteem, mastery, depression and stress)	Low birthweight (<2500 grams) Small-for-gestational age (SGA) Preterm delivery (<35 weeks)	Prospective cohort study	Stress associated with preterm delivery and low birthweight. No association was found for the overall psychosocial score.
18	Intrauterine growth retardation and premature delivery: the influence of maternal smoking and psychosocial factors ⁷⁸	Nordentoft, M. et al.	1996	2432	Denmark	Psychological stress (General Health Questionnaire (GHQ)) Exposure to psychosocial stressors (Severity of Psychosocial Stressor Scale)	Small-for-gestational age (SGA) Preterm delivery (<37 weeks)	Prospective cohort study	Exposure to psychosocial stressors associated with preterm delivery.
19	The relationship between psychological distress during pregnancy and birth weight for gestational age ⁷⁹	Hedegaard, M. et al.	1996	5868	Denmark	Psychological stress (General Health Questionnaire (GHQ))	Small-for-gestational age (SGA)	Prospective cohort study	No association.

Gestational length

20	Biopsychosocial predictors of preterm delivery ⁸⁰	Rauchfuss, M. et al.	2011	508	Berlin, Germany	Pregnancy-related fear (3 specially chosen questions in a questionnaire) General anxiety (4 specially chosen questions in a questionnaire)	Preterm delivery (<37 weeks)	Prospective cohort study	Association between pregnancy-related fear and preterm delivery.	General anxiety was protective against preterm delivery.
21	Stress pathways to spontaneous preterm birth: the role of stressors, psychological distress, and stress hormones ⁸²	Kramer, M.S. et al.	2009	5337	Montreal, Canada	Psychological distress (Rosenberg Self-Esteem Scale, Perceived Stress Scale, Pregnancy Anxiety Scale, Life Orientation Test, Center for Epidemiologic Studies Depression (CES-D) Scale)	Preterm delivery (<37 weeks)	Prospective cohort study	Pregnancy-related anxiety associated with preterm delivery.	
22	Pattern of perceived stress and anxiety in pregnancy predicts preterm birth ⁸¹	Glynn, L.M. et al.	2008	415	California, USA	Generalised stress (Perceived Stress Scale) State anxiety (state anxiety subscale of the State Trait Anxiety Inventory (STAI)) Pregnancy-related anxiety (10 items concerning feelings in pregnancy, health of the baby and feelings about labour)	Preterm delivery (<37 weeks)	Prospective cohort study	Increasing stress and anxiety during pregnancy associated with preterm delivery.	
23	Risk factors for spontaneous preterm birth among Aboriginal and non-Aboriginal women in Manitoba ⁸²	Heaman M	2005	226 cases and 458 controls	Manitoba, Canada	Stress (Perceived Stress Scale)	Preterm delivery (<37 weeks)	Case-control study	No association.	

24 Implications of antenatal depression and anxiety for obstetric outcome ⁸³	Andersson, L. et al.	2004	1495	Sweden	Depressive and anxiety disorders (Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire (PHQ))	Preterm delivery (<37 weeks) Induced labour Mode of delivery Oxytocin during labour Epidural analgesia Prolonged labour (> 12 hours) Postterm delivery (>42 weeks)	Prospective cohort study	Depressive and anxiety disorders associated with elective caesarean delivery and epidural analgesia during labour.
25 Maternal stress and preterm birth ⁸⁴	Dole, N. et al.	2003	1962	North Carolina, USA	Depression (Center for Epidemiologic Studies Depression Instrument (CES-D)) Pregnancy-related anxiety (Prenatal Social Environment Inventory)	Postpartum bleeding Preterm delivery (<37 weeks)	Prospective cohort study	Pregnancy-related anxiety associated with preterm delivery.
26 Maternal prenatal depressive symptoms and spontaneous preterm births among African-American women in Baltimore, Maryland ⁸⁵	Orr, S.T. et al.	2002	1399	Maryland, USA	Depression (Center for Epidemiologic Studies Depression Instrument (CES-D))	Preterm delivery (<37 weeks)	Prospective cohort study	Depression associated with preterm delivery.

27	Testing a sociomedical model for preterm delivery ⁵⁵	Misra, D.P. et al.	2001	739	USA	Psychosocial stress (Prenatal Psychosocial Profile Hassles Scale) Locus of control (Pregnancy Belief Scale (PBS)) Depression (Center for Epidemiologic Studies Depression Instrument (CES-D))	Preterm delivery (<37 weeks)	Case control study	Stress associated with preterm delivery. Locus of control associated with preterm delivery.
28	Preterm delivery: effects of socioeconomic factors, psychological stress, smoking, alcohol, and caffeine ³⁶	Peacock, J.L. et al.	1995	1513	London, United Kingdom	Psychiatric morbidity (anxiety and depression scales of the General Health Questionnaire (GHQ))	Preterm delivery (<37 weeks)	Prospective cohort study	No association.
Other outcomes									
29	Maternal psychosocial stress during pregnancy and placental weight: evidence from a national cohort study ⁸⁶	Tegethoff, M. et al.	2010	78 017	Denmark	Emotional symptoms (Symptom Checklist-8d)	Gestational age-adjusted placental weight at birth	Prospective cohort study	No association.
30	Risk of placental abruption in relation to maternal depressive, anxiety and stress symptoms ⁸⁷	De Paz, N.C. et al.	2011	373 cases and 368 controls	Peru	Depression, symptoms (Primary Care Evaluation of Mental Disorders (PRIME-MD) Patient Health Questionnaire (PHQ-9). Depression and anxiety (Depression Anxiety Stress Scales (DASS-21))	Placental abruption	Case control study	Depressive symptoms, as measured by the PHQ-9, associated with placental abruption
31	Psychological stress during pregnancy and stillbirth: prospective study ⁸⁸	Wisborg, K. et al.	2008	19 282	Denmark	Psychological stress (12-item General Health Questionnaire (GHQ))	Stillbirth (delivery of a dead fetus at ≥28 weeks of gestation)	Prospective cohort study	High levels of psychological stress associated with stillbirth.

32	Psychological distress during early gestation and offspring sex ratio ⁸⁹	Obel, C. et al.	2007	8719	Denmark	Psychological distress (30-item General Health Questionnaire (GHQ))	Sex ratio (male:female)	Prospective cohort study	Psychological stress associated with decreased male to female ratio.
33	Prenatal maternal stress is associated with delivery analgesia and unplanned cesareans ⁹⁰	Saunders, T.A. et al.	2006	298	North-eastern USA	Prenatal stress (based on several instruments: Prenatal Distress Questionnaire, Prenatal, Life Events Scale (PLES), State anxiety subscale of the State-Trait Anxiety Inventory (STAI), Perceived Stress Scale (PSS))	Analgnesia during delivery Unplanned caesarean delivery	Prospective cohort study	Prenatal stress associated with analgesia during delivery but not with unplanned caesarean delivery. Analgnesia during delivery associated with unplanned caesarean delivery.
34	Pregnant women's social status, stress, self-esteem, and their infant's sex ratio at birth ⁹¹	Marleau, J.D. et al.	2000	385	Sweden	Depression (Beck Depression Inventory) Self-esteem (Rosenberg Self-Esteem Scale)	Sex ratio (male:female)	Prospective cohort study	Lower self-esteem associated increased sex ratio.
35	The delivery mode and seasonal variation are associated with the development of postpartum depression ⁹²	Yang, S.N. et al.	2011	2017 cases and 8428 controls	Taiwan	Mode of delivery Mode of delivery	Postpartum depression (as registered in the Taiwan National Health Insurance Database)	Case-control study	Caesarean delivery (acute and emergency) associated with <input type="checkbox"/> postpartum depression.
36	Operative delivery and postnatal depression: a cohort study ⁹³	Patel, R.R. et al.	2005	10 934	United Kingdom	Mode of delivery	Postnatal depression (Edinburgh Postnatal Depression Scale (EPDS))	Prospective cohort study	No association.

37	Psychosocial outcomes of vaginal and cesarean births in Taiwanese primiparas ⁹⁴	Chen, C.H. et al.	2002	275	Taiwan	Mode of delivery	Depression (Beck Depression Inventory (BDI)) Perceived stress (Perceived Stress Scale (PSS)) Self-esteem (Coppersmith's Self-Esteem Inventory (SEI))	Retrospective cohort study	No association.
38	Delivery method and self-reported postpartum general health among primiparous women ⁹⁵	Lydon-Rochelle, M.T. et al.	2001	971	Washington State, USA	Mode of delivery	Mental health (Mental Health Index (MH)-5)	Retrospective cohort study	Caesarean delivery (acute and elective combined) associated with poor mental health.
39	Psychological impact of emergency cesarean section in comparison with elective cesarean section, instrumental and normal vaginal delivery ⁹⁶	Ryding, E.L. et al.	1998	326	Sweden	Mode of delivery	Fear of childbirth (Wijma Delivery Experience Questionnaire (W-DEQ)) Psychological distress (Symptom Checklist-35)	Retrospective cohort study	Emergency caesarean associated with postpartum fear of childbirth and psychological distress. Instrumental vaginal delivery associated with postpartum fear of childbirth and psychological distress

40	Adverse psychological impact of operative obstetric interventions: a prospective longitudinal study ⁶⁰	Fisher, J. et al.	1997	272	Australia	Mode of delivery	Self-esteem (Rosenberg Self-Esteem Questionnaire (RESQ)) Mood (Profile of Mood states (POMS))	Prospective cohort study	Unassisted vaginal delivery associated with improvement in mood and self-esteem.
41									Caesarean delivery associated with deterioration in mood and self-esteem.
42									Instrumental vaginal delivery not associated with a change in mood or self-esteem.

Fear of childbirth

41	Why do some pregnant women prefer caesarean? The influence of parity, delivery experiences, and fear ⁹⁷	Fuglenes, D. et al.	2011	58 881	Norway	Fear of childbirth (based on one question) Negative delivery experience (based on one question)	Preference for elective caesarean delivery	Cross-sectional study	Fear of childbirth associated with preference for elective caesarean delivery
42	What characterizes women in Norway who wish to have a caesarean section? ⁹⁸	Kringeland, T. et al.	2009	55 859	Norway	Fear of childbirth (based on one question) Negative delivery experience (based on one question)	Preference for elective caesarean delivery	Cross-sectional study	Fear of childbirth associated with preference for elective caesarean delivery
43	Pre- and postpartum levels of childbirth fear and the relationship to birth outcomes in a cohort of Australian women ⁹⁹	Fenwick, J. et al.	2009	401	Australia	Fear of childbirth (Wijma Delivery Expectancy Questionnaire (W-DEQ))	Mode of delivery	Prospective cohort study	No association.

44	Fear of childbirth and risk for birth complications in nulliparous women in the Danish National Birth Cohort ¹⁰⁰	Laursen, M. et al.	2009	25 297	Denmark	Fear of childbirth (one question at two occasions)	Emergency caesarean section Dystocia/ protracted labour Fetal distress	Prospective cohort study	Fear of childbirth associated with emergency caesarean delivery and dystocia/protracted labour
45	Women's fear of childbirth and preference for caesarean section – a cross-sectional study at various stages of pregnancy in Sweden ¹⁰¹	Nieminen, K. et al.	2009	1635	Sweden	Fear of childbirth (Wijma Delivery Expectancy Questionnaire (W-DEQ))	Preference for caesarean delivery	Cross-sectional study	Fear of childbirth associated with preference for caesarean delivery.
46	Antenatal fear of childbirth and its association with subsequent caesarean section and experience of childbirth ¹⁰²	Waldenström, U. et al.	2006	2662	Sweden	Fear of childbirth (measured by one question and/or defined as having received counselling for fear of childbirth)	Mode of delivery	Prospective cohort study	Fear of childbirth associated with elective caesarean delivery.
47	Fear of childbirth and history of abuse: implications for pregnancy and delivery ¹⁰³	Heimstad, R. et al.	2006	1321	Norway	Fear of childbirth (Wijma Delivery Expectancy Questionnaire (W-DEQ))	Mode of delivery	Prospective cohort study	No association.
48	Does fear of childbirth during pregnancy predict emergency caesarean section? ^{9/104}	Johnson, R. et al.	2002	443	United Kingdom	Fear of childbirth (Wijma Delivery Expectancy Questionnaire (W-DEQ)) Anxiety (State Trait Anxiety Inventory (STAI))	Mode of delivery	Prospective cohort study	No association.
49	Fear of childbirth during pregnancy may increase the risk of emergency caesarean section ¹⁰⁵	Ryding, E. L. et al.	1998	1981	Sweden	Fear of childbirth (Wijma Delivery Expectancy Questionnaire (W-DEQ))	Mode of delivery	Prospective cohort study	Fear of childbirth associated with emergency caesarean delivery.

*In some studies, short forms of the listed psychometric instruments have been used.

**Only associations involving mental health are listed. Some studies found other associations, but these are not listed.

Heterogeneous measures of mental health complicate comparison between studies. Many previous studies suffer from small sample sizes or insufficient control for confounding, and some studies have studied pregnancy outcomes in composite pregnancy outcome measures⁴. Hence, there is need to use validated psychometric instruments to measure mental health and focus on single pregnancy outcomes in large prospective cohort studies⁴.

Our knowledge of associations between maternal mental health and pregnancy outcome is limited. When I started this work, knowledge on the association with maternal mental health was particularly limited on:

a) Low birthweight

Birthweight is dependent on gestational length at birth, genotype and intrauterine conditions^{7,9}. Low gestational-age-adjusted birthweight is a crude marker of adverse intrauterine conditions and therefore widely studied¹⁰⁶. Adverse intrauterine conditions may result in permanent fetal tissue damage^{106,107}. Such damage may cause morbidity immediately after delivery, or later in life when regulatory mechanisms are attenuated by further damage or progressive functional loss^{7,106,107}. Low birthweight, due to intrauterine growth restriction or preterm delivery, is the most common cause of infant morbidity and mortality worldwide^{7,9,108}. In adult life, low birthweight has been associated with coronary heart disease, hypertension, type 2 diabetes mellitus and osteoporosis^{7,106,107}.

The association between mental health and low offspring birthweight is previously studied (Table 4). We were able to study this association in a uniquely large cohort (> 70 000 pregnant women) and adjust for a range of confounding factors.

b) Mode of delivery

One hundred years ago caesarean delivery was associated with high maternal and fetal mortality¹⁰⁹. Today, this operation is considered safe for both the mother and infant^{109,110}. Most developed countries have experienced an increase in births by caesarean delivery^{111,112}. This is concerning because high rates may not confer additional health gain, but are resource demanding, may increase maternal risks and have implications for succeeding pregnancies¹¹¹⁻¹¹³. Today, caesarean birth rates vary from 2 % in the least developed countries to 30% in Latin America and the Caribbean¹¹¹. In some countries, such as Brazil, the caesarean delivery rate is up to 80% in some private hospitals^{110,114}. In Norway, 17% of all births are by caesarean delivery (2010)¹¹⁵. In addition to economic

factors; cultural differences and obstetricians' fear of litigation may contribute to the large differences¹¹³.

One reason for the increase in caesarean delivery rate is maternal request for caesarean delivery in the absence of obstetric indication^{110,112,113,116}. The true prevalence of caesarean delivery by maternal request is probably camouflaged by the practise of lowering the threshold for a more accepted indication for elective caesarean delivery, and therefore unknown²³. Morbidity and mortality is generally thought to be higher for elective caesarean delivery than for vaginal delivery^{110,113}. Risk estimates for elective caesarean delivery, however, usually include women with obstetric indication for elective caesarean delivery^{110,116}. Knowledge of the risks of elective caesarean delivery in the absence of obstetric indication, performed at term with regional anaesthesia and thromboprophylaxis remains incomplete^{110,113,116}. The debate on maternal request caesarean delivery is ongoing and touches several aspects of medical ethics: autonomy, beneficence, non-maleficence and justice^{110,117,118}.

In the absence of obstetric indication, some elective caesarean deliveries are performed for mental health reasons¹¹⁷. Hence, the effect of mode of delivery on mental health is important to assess. Operative deliveries have been associated with poor postpartum mental health, but many studies lack adequate information on antenatal mental health (Table 4). As postpartum differences may reflect antenatal differences, this must be studied prospectively from pregnancy through postpartum¹¹⁹. We were able to study the association of mode of delivery with change in emotional distress from pregnancy to postpartum, and with the presence of maternal postpartum emotional distress, in a cohort of more than 50 000 pregnant women.

c) Labour duration

Labour is characterised by uterine contractions, cervical effacement and cervical dilatation¹²⁰. Traditionally, labour is divided into three stages (although definitions vary somewhat)¹²⁰: (i) The *first stage* is from the onset of uterine contractions to full cervical dilatation. This stage is subdivided into the *latent phase* and the *active phase*, which border at 3-4 centimetres (cm) cervical dilatation and 3 uterine contractions per 10 minutes lasting ≥ 1 minute; (ii) The *second stage* is from full cervical dilatation to delivery of the infant; (iii) The *third stage* is from delivery of the infant to expulsion of the placenta.

Labour duration is determined by the passage (pelvis), the powers (uterine contractions) and the passenger (fetus) (“the three P’s”)¹²⁰. Measurements of cervical

dilatation in partograms are used to assess labour progression, but cannot predict labour duration^{121,122}.

Very short labour carries the risk of delivery during transportation to the maternity unit and has been associated with fetal hypoxia^{123,124}. Prolonged labour is associated with fetal and maternal morbidity and, in a hospital setting, with obstetric interventions, such as labour augmentation, acute caesarean delivery and instrumental vaginal delivery¹²⁵. As labour duration is highly variable and difficult to predict, further knowledge on determinants of labour duration is needed^{120,123}. We studied the association between fear of childbirth and labour duration in more than 2000 pregnant women.

3.0 STUDY OBJECTIVES

- I. To study the association between maternal emotional distress in pregnancy and delivery of a small-for-gestational age (SGA) offspring.
- II. To study the association between mode of delivery and change in emotional distress from pregnancy to postpartum.
- III. To study the association between fear of childbirth and duration of labour.

4.0 MATERIAL AND METHODS

In Norway, perinatal and obstetric health care is provided free of charge as part of the public health care system¹²⁶. Antenatal care is provided in primary health care, and women are referred to specialised health care if complications in pregnancy are suspected¹²⁶. All maternity units are public, and all pregnant women in Norway are invited to a routine fetal ultrasound examination in pregnancy week 17-19¹²⁷. The aim of this ultrasound examination is determination of gestational-age, plurality and placental localisation¹²⁷. The majority (98%) of pregnant women attend¹²⁸.

The standardised nature of antenatal care in Norway enables unselected recruitment of pregnant women to cohort studies. As 98% of pregnant women attend the routine fetal

ultrasound examination in pregnancy week 17-19, this is considered a good opportunity for recruitment.

The three study objectives mentioned above were studied in two different population-based cohort studies, namely the Norwegian Mother and Child Cohort Study and the Akershus Birth Cohort Study. Both studies recruited women in relation to the routine fetal ultrasound examination in pregnancy week 17-19, and both aimed to follow the women through delivery and several years after they had given birth.

The first and second study objectives were studied in the Norwegian Mother and Child Cohort Study. The third study objective was studied in the Akershus Birth Cohort Study. I will describe these two cohorts separately.

4.1 The Norwegian Mother and Child Cohort Study

The Norwegian Mother and Child Cohort Study is a population-based cohort study, conducted by the Norwegian Institute of Public Health (www.fhi.no)¹²⁹. During the years 1998 to 2008, the Norwegian Mother and Child Cohort Study aimed to include all pregnant women in Norway. The study's strategy was to collect data on numerous exposures and health outcomes. 50 out of 52 hospitals with a maternity ward in Norway recruited women to the study. When the women were invited to the routine ultrasound examination in pregnancy week 17-19, they were also invited to participate in the Norwegian Mother and Child Cohort Study.

The data collection in the Norwegian Mother and Child Cohort Study included several self-administered questionnaires in pregnancy and after delivery. We used the questionnaires at pregnancy weeks 17 and 30, and at six months after delivery (Appendices 1, 2 and 3). The questionnaires were returned by mail. The Norwegian Mother and Child Cohort Study was approved by all Norwegian Regional Committees for Medical Research Ethics and by the Data Inspectorate in Norway, and all participants signed an informed consent form.

Of the invited women, 39% agreed to participate in the study. Also, some women were lost to follow-up (Figures 2 and 5). Returning a questionnaire was not a prerequisite for receiving the succeeding questionnaires.

Additional information on the pregnancy and pregnancy outcome was obtained by linkage to the Medical Birth Registry of Norway. Since 1967, all births in Norway after

gestational week 16 (from 2002 week 12) have been reported to the Medical Birth Registry of Norway (www.mfr.no). A standardised notification form is filled in by the midwife or medical doctor shortly after the delivery (Figure 1).

Figure 1. The standardised notification form of the Medical Birth Registry of Norway (an English description of the Medical Birth Registry of Norway is available at www.mfr.no).

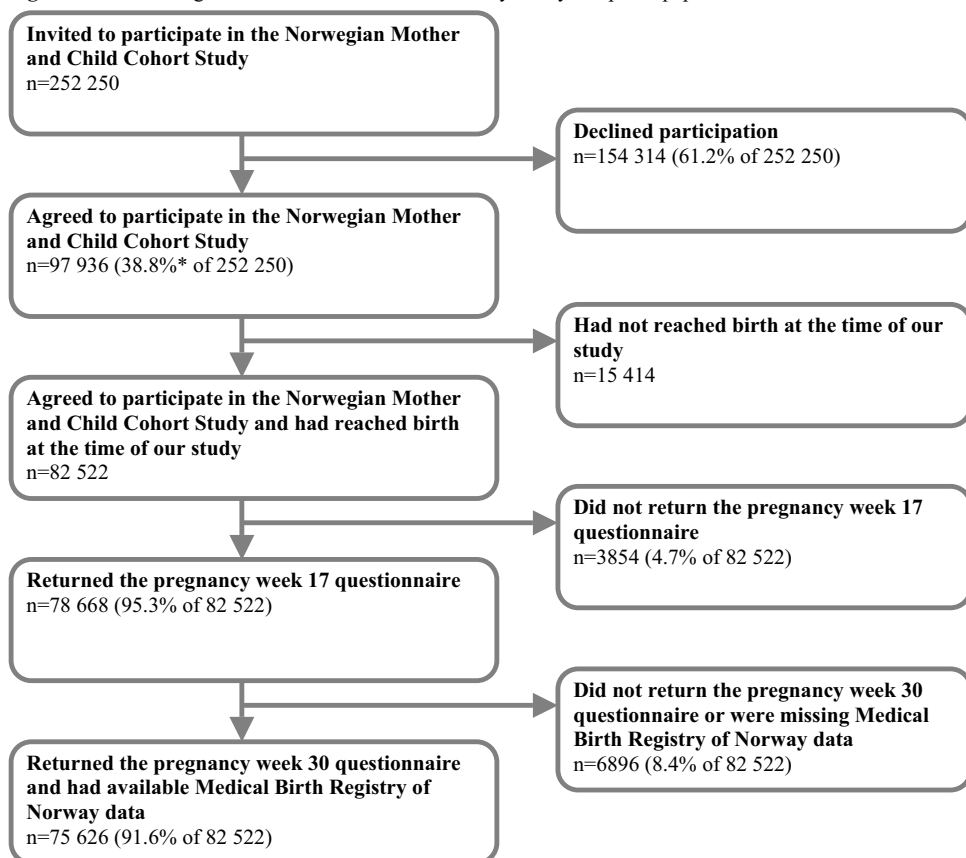
MFR		Melдинг om avsluttet svangerskap etter 12. uke – Fødsel, dødfødsel, spontanabort			Sosial- og helsedirektoratet		
A – Sivile opplysninger	Institusjonsnr:	Institusjonsnavn		Fødsel utenfor institusjon:		Mors fulle navn og adresse	
	Mors sivilstatus	<input type="checkbox"/> Gift	<input type="checkbox"/> Ugift/enslig	<input type="checkbox"/> Annet	<input type="checkbox"/> Hjemme, planlagt	<input type="checkbox"/> Hjemme, ikke planlagt	
	Slektskap mellom barnets foreldre?	<input type="checkbox"/> Nei	<input type="checkbox"/> Ja	Hvis ja, hvorledes:	<input type="checkbox"/> Under transport	<input type="checkbox"/> Annet sted	
B – Om svangerskap og mors helse	Fars fødselsdato	Fars fulle navn		Mors fødselsnr:		Pikenavn (etternavn):	
	Siste menstr. 1. blodn.dag	<input type="checkbox"/> Sikker	<input type="checkbox"/> Usikker	Mors tidligere svangerskap/føde	Levende-føde	Dødføde (24 uke og over)	
	Ultraulyd utført?	<input type="checkbox"/> Nei UL	<input type="checkbox"/> Ja termin:	Annenn prenatal diagnostikk?	<input type="checkbox"/> Nei	<input type="checkbox"/> Ja, angi type:	
C – Om fødselen	Spesielle forhold for svangerskapet:	<input type="checkbox"/> Astma	<input type="checkbox"/> Kronisk nyresykdom	<input type="checkbox"/> Epilepsi	Regelmessig kosttilskudd:		
	Spesielle forhold under svangerskapet:	<input type="checkbox"/> Blødning < 13 uke	<input type="checkbox"/> Hypertensjon alene	<input type="checkbox"/> Eklampsi	<input type="checkbox"/> Nei	<input type="checkbox"/> For sv.sk. i sv.sk.	
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4.1.1 Study sample, variables and statistical analyses: study objective I - *The association between maternal emotional distress in pregnancy and delivery of a small-for-gestational age offspring* was studied using the questionnaires at pregnancy weeks 17 and 30 linked to the Medical Birth Registry of Norway.

Study sample

Of the women who agreed to participate in the Norwegian Mother and Child Cohort Study and had given birth at the time of our study, 92% (75 626 women) completed both questionnaires used in our data analyses and had available Medical Birth Registry of Norway Data (Figure 2).

Figure 2. The Norwegian Mother and Child Cohort Study: study sample in paper I.



* In paper I, the response rate is reported to be 41%. When we were writing paper I, the organisers of the Norwegian Mother and Child Cohort Study reported the response rate to be 41%. The response rate has later been corrected to 39%.

We excluded women who delivered before gestational week 30 (143 women), women with multiple pregnancy (1 296 women) and women with missing information on emotional distress (1 830 women), offspring birthweight (253 women), gestational length at delivery (532 women), offspring sex (204 women) and plurality (201 women), resulting in a study sample of 71 898 women (some women had missing information on several variables).

Variables

The outcome variable: Information on offspring birthweight, offspring sex and gestational length at delivery was obtained from the Medical Birth Registry of Norway. In order to compare birthweight across gestational lengths at delivery and offspring sex, z-scores for birthweight were calculated by offspring sex by using means and standard deviations at each gestational length (in weeks) in our study sample. Thereafter, offspring birthweight was categorised by z-score and infants below the 2.5th percentile were defined as small-for-gestational age (SGA). In additional analyses, we used z-scores below the 10.0th percentile to define a small offspring.

The main independent variable: Emotional distress in pregnancy was measured by short forms of the Hopkins Symptom Checklist-25 (HSCL-25), namely the Symptom Checklist (SCL)-5 and the Symptom Checklist (SCL)-8⁴³. The SCL-5 was included in the questionnaire at pregnancy week 17 and the SCL-8 in the questionnaire at pregnancy week 30. The SCL-5 consists of the following items: “Have you been bothered by any of the following during the last two weeks”: (1) “feeling fearful”; (2) “nervousness or shakiness inside”; (3) “feeling hopeless about the future”; (4) “feeling blue”; and (5) “worrying too much about things?” (Figure 3). SCL-8 includes three additional items: (6) “feeling everything is an effort”; (7) “feeling tense or keyed up”; and (8) “suddenly scared for no reason” (Figure 4). The response categories were as follows: 1 (not bothered) through 4 (very bothered). Sum scores were calculated for SCL-5 and SCL-8 separately and divided by the number of items in each instrument. In both SCL-5 and SCL-8, a mean score ≥ 2.0 was defined as presence of emotional distress⁶¹. Presence of emotional distress in pregnancy was coded: no emotional distress (neither at gestational week 17 or 30; reference group); emotional distress on one occasion in pregnancy (at gestational week 17 or 30); and emotional distress on two occasions in pregnancy (at gestational weeks 17 and 30).

An expectation-maximization algorithm was used to impute ≤ 2 missing items in SCL-5 and ≤ 4 missing items in SCL-8. As the SCL-scores were not normally distributed, the expectation-maximization algorithm was performed on log-transformed SCL-scores. In this study, Cronbach's alpha was $\alpha = 0.80$ and $\alpha = 0.84$ for SCL-5 and SCL-8, respectively. Cases with > 2 missing items in SCL-5 and/or > 4 missing items in SCL-8 were excluded. The described method resulted in 2.0% of the participating women getting imputed values in SCL-5, and 7.9% of the participating women getting imputed values in SCL-8.

Figure 3. The Symptom Checklist (SCL)-5 as included in the questionnaire at pregnancy week 17 (the questions are available in English on page 32).

138. Har du i løpet av de to siste ukene vært plaget med noe av det følgende? (Kryss av for hver linje.)

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Nervøsitet, indre uro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følelse av håpløshet med hensyn til fremtiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Figure 4. The Symptom Checklist (SCL)-8 as included in the questionnaire at pregnancy week 30 (the questions are available in English on page 32).

126. Har du i løpet av de 2 siste ukene vært plaget med noe av det følgende? (Sett kun ett kryss for hver linje.)

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Følelse av håpløshet med hensyn til fremtiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other study factors: Information on diabetes or pre-eclampsia in pregnancy and maternal age at delivery was available in the Medical Birth Registry of Norway. Women with diabetes type 1, diabetes type 2 or gestational diabetes were classified as having diabetes. Women with pre-eclampsia, eclampsia or HELLP (haemolytic anaemia, elevated liver enzymes and low platelet count) were classified as having pre-eclampsia. Maternal

age at delivery was used as a continuous variable (years). As the association between maternal age and risk of giving birth to an SGA infant may be non-linear, maternal age was squared and entered into the model alongside with maternal age as a continuous variable.

Information on smoking, parity, maternal height, maternal prepregnancy weight and educational level were obtained from the Norwegian Mother and Child Cohort Study. Women who smoked at gestational week 17 and/or 30 were defined as smokers. No distinction was made between daily and occasional smokers, but a missing category included women without information on smoking. Parity was defined by the number of previous deliveries after pregnancy week 22 and coded para 0 and para ≥ 1 . Prepregnancy body mass index (BMI) was calculated as weight (in kilograms) divided by height squared (in meters squared) and categorised as <18.5 , $18.5-24.9$, $25.0-29.9$, $30.0-34.9$, ≥ 35.0 kg/m² and missing. Maternal education was coded higher education (>12 years), secondary education (10-12 years), compulsory education (≤ 9 years) and missing. Women with ongoing education were assumed to complete their current education and coded accordingly.

Statistical analyses

The absolute risks of delivering an SGA infant ($<2.5^{\text{th}}$ percentile) according to maternal emotional distress and each study factor were presented as proportions, and the differences tested with chi-square tests. The associations of maternal emotional distress and the other study factors with delivery of an SGA infant were estimated as crude and adjusted odds ratios (OR) with 95% confidence intervals (CI) using logistic regression analyses. The analyses were repeated in smokers and non-smokers, and in women with BMI <18.5 kg/m² and BMI ≥ 18.5 kg/m².

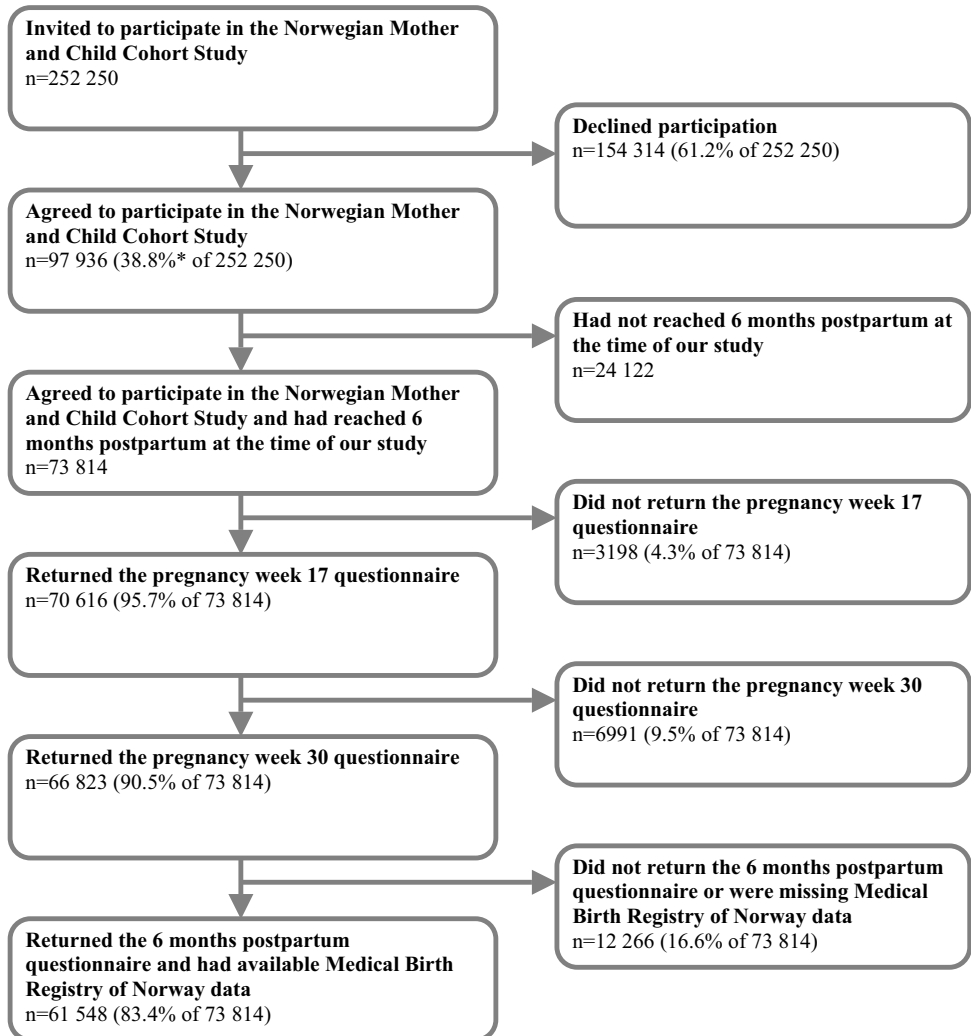
The above-described analyses were repeated using birthweight below the 10.0th percentile of birthweight z-scores as the outcome variable.

4.1.2 Study sample, variables and statistical analyses: study objective II - *The association between mode of delivery and change in emotional distress from pregnancy to postpartum* was studied using the questionnaires at pregnancy weeks 17 and 30, and at six months after delivery, linked to the Medical Birth Registry of Norway.

Study sample

Of the women who participated in the Norwegian Mother and Child Cohort Study and had reached six months postpartum at the time of our study, 83% (61 548 women) had completed all three questionnaires and had available Medical Birth Registry of Norway Data (Figure 5).

Figure 5. The Norwegian Mother and Child Cohort Study: study sample in paper II.



* In paper II, the response rate is reported to be 41%. When we were writing paper II, the organisers of the Norwegian Mother and Child Cohort Study reported the response rate to be 41%. The response rate has later been corrected to 39%.

We excluded women with missing information on mental health in pregnancy (702 women), mode of delivery (723 women), mental health six months postpartum (308 women), obstetric complications (2162 women), maternal wish for caesarean delivery (1015 women) and maternal education (1275 women), resulting in a study sample of 55 814 women (some women had missing information on several variables).

Variables

The outcome variable: Emotional distress was measured by the Symptom Checklist (SCL)-8 in the questionnaires at pregnancy week 30 and six months postpartum (Figures 4 and 6). The items in SCL-8 are described on page 32. On both occasions, presence of emotional distress was defined as a mean score ≥ 2.0 . Presence of emotional distress six months postpartum was used as the outcome variable, whilst presence of emotional distress at pregnancy week 30 was used as a control variable. We also calculated individual change in emotional distress from pregnancy week 30 to six months postpartum (SCL-8 score at pregnancy week 30 – SCL-8 score six months postpartum) and used this as a continuous outcome measure in a second model.

An expectation-maximization algorithm was used to impute ≤ 4 missing items in SCL-8. As the SCL-scores were not normally distributed, the expectation-maximization algorithm was performed on log-transformed SCL-scores. In this study, Cronbach's alpha was $\alpha = 0.83$ and $\alpha = 0.85$ for SCL-8 at pregnancy week 30 and SCL-8 six months postpartum, respectively. Cases with >4 missing items in SCL-8 were excluded. The described method resulted in 8.8% of the participating women getting imputed values in SCL-8 at pregnancy week 30, and 12.9% of the participating women getting imputed values in SCL-8 at six months postpartum.

Figure 6. The Symptom Checklist (SCL)-8 as included in the questionnaire at six months postpartum (the questions are available in English on page 32).

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Følelse av håpløshet med hensyn til fremtiden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Mye bekymret eller urolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følelse av at alt er et slitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler deg anspent eller oppjaget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plutselig frykt uten grunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Main independent variable: Information on mode of delivery was obtained from the Medical Birth Registry of Norway. Mode of delivery was coded: unassisted vaginal delivery (reference), instrumental vaginal delivery (vacuum or forceps assisted delivery), emergency caesarean delivery or elective caesarean delivery. Elective caesarean deliveries included all caesarean deliveries that were planned more than eight hours before delivery. Emergency caesarean deliveries included all other caesarean deliveries.

Other study factors: Information on obstetric complications (yes/no) was obtained from the Medical Birth Registry of Norway and included pre-eclampsia, eclampsia, HELLP (haemolytic anaemia, elevated liver enzymes and low platelet count), gestational hypertension, gestational diabetes, placenta praevia, placental abruption, preterm delivery (<35 pregnancy weeks), multiple pregnancy and breech presentation. Information on parity and maternal age was available in the Medical Birth Registry of Norway. Parity was defined by the number of previous deliveries after pregnancy week 16 and coded para 0 and para ≥ 1 . Maternal age was grouped as <25, 25-35 and >35 years. Educational level was available in the Norwegian Mother and Child Cohort Study and coded ≤ 9 , 10-12 and >12 years. Women with ongoing education were assumed to complete their education and coded accordingly. The questionnaire at pregnancy week 30 included the following question on maternal wish for an elective caesarean delivery: “If I could choose, I would have a caesarean delivery”, and the answers were coded: yes (“agree completely”, “agree” and “agree somewhat”) or no (“disagree somewhat”, “disagree” and “disagree completely”).

Statistical analyses

We compared the change in crude mean SCL-8 score from pregnancy week 30 to six months postpartum in each mode of delivery group. Differences in the change in mean score between groups were tested by one-way analysis of variance (ANOVA) with post hoc comparison using Tamhane’s test.

The association between mode of delivery and individual change in SCL-8 score from pregnancy week 30 to six months postpartum was estimated as crude and adjusted unstandardised regression coefficients (B) with 95% confidence intervals (95%) using linear regression analyses. We first made adjustment for SCL-8 scores at pregnancy week 30 only. Thereafter, we also made adjustment for obstetric complications, parity, maternal age, educational level and maternal wish for caesarean delivery. As mode of delivery,

maternal age and educational level consisted of more than two categories, these variables were entered into the linear regression model as binary dummy variables. Standard residual diagnostic tests of normality, homoscedasticity, linearity and independence of residuals were applied.

Differences in prevalence (%) of emotional distress (SCL-8 score ≥ 2.0) six months postpartum according to mode of delivery were estimated using chi-square tests. The association of mode of delivery with the presence of emotional distress six months postpartum (SCL-8 score ≥ 2.0) was estimated as crude and adjusted odds ratios (OR) with 95% confidence intervals using logistic regression analyses. We first made adjustment for presence of emotional distress at pregnancy week 30 (SCL-8 score ≥ 2.0) only. Thereafter, we also included the other study factors.

The analyses were repeated in women with and without a wish for an elective caesarean delivery.

4.2 The Akershus Birth Cohort Study

The third study objective, *the association between fear of childbirth and duration of labour*, was studied in the Akershus Birth Cohort Study.

The Akershus Birth Cohort Study is a population-based cohort study. From November 2008 to April 2010, the Akershus Birth Cohort Study targeted all women scheduled to give birth at Akershus University Hospital, Norway. The hospital is located near Oslo, the capital of Norway, and serves a population of >400 000 individuals living in both urban and rural areas. During the study period, 3500 women gave birth at the hospital each year.

The study consisted of self-administered questionnaires at pregnancy weeks 18 and 32 and after delivery. We used the questionnaire at pregnancy week 32 (Appendix 5). The study's main focus was perinatal maternal mental health and several psychometric instruments were therefore included in the questionnaires.

Pregnant women who were able to complete a questionnaire in Norwegian were eligible to the Akershus Birth Cohort Study and they were recruited at the routine fetal ultrasound examination in pregnancy week 17-19. There were no other exclusion criteria.

Of all women attending routine ultrasound examination in pregnancy week 17-19 at Akershus University Hospital, 75% were included in the study. Some women were lost to

follow-up (Figure 7). Returning the first questionnaire was a prerequisite for receiving succeeding questionnaires.

Additional information on the pregnancy, the birth and the newborn child was obtained by linkage to the electronic birth records at the obstetric ward, named CSAM Partus. CSAM Partus is a clinical software system designed to support all aspects of maternity care and is now implemented in several Norwegian hospitals¹³⁰. The birth records were completed by the doctor or midwife in charge of the delivery.

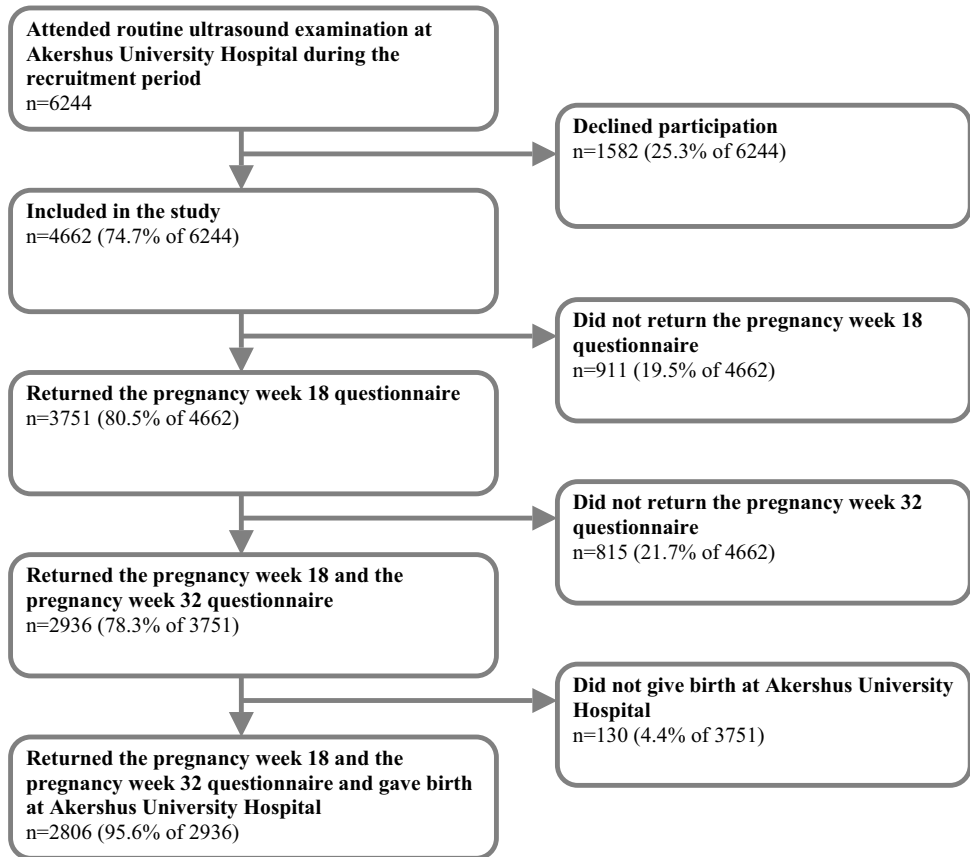
The study obtained ethical approval from the Regional Committees for Medical and Health Research Ethics, and all participants signed an informed consent form.

4.2.1 Study sample, variables and statistical analyses: study objective III - *The association between fear of childbirth and duration of labour* was studied in the Akershus Birth Cohort Study linked to the electronic birth records at the obstetric ward.

Study sample

Of the included women, 80.5% (3751 women) completed the questionnaire at pregnancy week 18, of whom 78.3% (2936 women) also completed the questionnaire at pregnancy week 32. Some women gave birth at a hospital other than the Akershus University Hospital (130 women), leaving a study sample of 2806 women (Figure 7).

Figure 7. The Akershus Birth Cohort Study: study sample in paper III.



We excluded women with multiple pregnancy (29 women), non-cephalic presentation at delivery (123 women), preterm delivery (<37 pregnancy weeks; 141 women) and elective caesarean delivery (155 women). We also excluded women with missing information on labour duration (347 women), fear of childbirth (53 women), birthweight (4 women), gestational length at delivery (10 women) or labour augmentation (74 women), resulting in a study sample of 2206 women (some women had missing information on several variables).

Variables

The outcome variable: Labour duration (in hours) was defined from start of the active phase of labour; 3-4 centimetres cervical dilatation and three uterine contractions per 10 minutes lasting ≥ 1 minute, until delivery of the child¹³¹. When women arrived at the

hospital after the commencement of the active labour phase, the recorded start time of the active phase was based on maternal report of duration and frequency of uterine contractions prior to hospital admission.

Figure 8. The partogram as used in the Akershus University Hospital.



Source: CSAM parturition. Year 2012. Developer: CSAM Health (www.csamhealth.com).

Figure 9. The spreadsheet in CSAM Partus from which the start time of the active phase of labour was achieved.

Fødselstart	<input type="text"/>	Sectio pl. før fød.	<input type="text"/>	Fødestilling, b1	<input type="text"/>
Start aktiv fødsel	<input type="text"/> kl <input type="text"/>	Risvekkelse, stim.	<input type="text"/>	Fødestilling, b2	<input type="text"/>
Analgesi		Kateterisert	<input type="text"/>	Ernæring	<input type="text"/>
Ikke medik. beh.	<input type="checkbox"/> Nei <input type="checkbox"/> Akupunktur <input type="checkbox"/> Bad <input type="checkbox"/> Dusj <input type="checkbox"/> Endring leie <input type="checkbox"/> Kalde omslag <input type="checkbox"/> Massasje <input type="checkbox"/> Sterilt vannspapler <input type="checkbox"/> Varme omslag	Medikamentell	<input type="text"/>	Komplik.	<input type="checkbox"/> Abruptio <input type="checkbox"/> Eklampsi under fød. <input type="checkbox"/> Fostervannsembc <input type="checkbox"/> Infeksjon <input type="checkbox"/> Langsom fremgan <input type="checkbox"/> Obstetrisk død <input type="checkbox"/> Sjokk under eller e <input type="checkbox"/> Stort barn <input type="checkbox"/> Truende intrauter
Annet	<input type="text"/>	Anestesi (til MFR)	<input type="checkbox"/> Narkose <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Pudendal <input type="checkbox"/> Lokal infiltrasjon <input type="checkbox"/> Lystgass <input type="checkbox"/> Petidin <input type="checkbox"/> Paracervical blokk <input type="checkbox"/> Andre opiater	Annet	<input type="text"/>
Kommentar til fødselen					
Åpningsfase		Utdrivningsfase		Data registrert av	
Ansvarlig jordmor	<input type="text"/>	Ansvarlig jordmor	<input type="text"/>	Jordmor	<input type="text"/>
Assistent	<input type="text"/>	Assistent	<input type="text"/>	Lege ved forl.	<input type="text"/>
Student	<input type="text"/>	Student	<input type="text"/>	Protokollnr	<input type="text"/>
Svangerskapet: 0 dager 0/0 uker/dager					
Lagret dato: dato		Lagret av: av		Lagret org.enh.:	

Source: CSAM parturition. Year 2012. Developer: CSAM Health (www.csamhealth.com).

Figure 10. The spreadsheet in CSAM Partus from which the time of delivery of the child was achieved.

Nummerbånd nr.	<input type="text"/>	Start trykkesid dato	<input type="text"/> kl <input type="text"/>	Født dato	<input type="text"/> kl <input type="text"/>	Personnummer	<input type="text"/>
Fødekommune	<input type="text"/>	Kjønn	<input type="text"/>	Fl. overvåkning	<input type="checkbox"/> CTG eksternt <input type="checkbox"/> CTG internt <input type="checkbox"/> STAN <input type="checkbox"/> Doppler <input type="checkbox"/> JM stetoskop	Fundustrykk	Nei <input type="text"/> Ant. rier 0
Status	<input type="text"/>	Vannavgang	<input type="text"/>	STAN tolkning	<input type="text"/>	Rygg mot	<input type="text"/>
Vannavgang dato	<input type="text"/> kl <input type="text"/>	Vannavng. varigh. timer	<input type="text"/>	Vaginal forløsning	Ja <input type="text"/>	Asynklitisme	Nei <input type="text"/>
Fosterv. avgikk	<input type="text"/>	Fostervann	<input type="text"/>	Opr.inngr.	Nei <input type="text"/> Type <input type="text"/>	Navlesnor komplikasjon	Normalt <input type="text"/>
Fostervann	<input type="text"/>	Vekt, gram	<input type="text"/>	Hode omkrets, cm	<input type="text"/>	Skulderdystosi	Nei <input type="text"/>
Lengde, cm	<input type="text"/>	Hode - sete, cm	<input type="text"/>	Apgar score	<input type="text"/>	FV Status	<input type="text"/>
Hudkontakt med mor	<input type="text"/>	Behov for ekstra tiltak	<input type="text"/>	1 min.	<input type="text"/>	5 min.	<input type="text"/>
Ansvarlig jordmor	<input type="text"/>	Assist. av jordmor	<input type="text"/>	10 min.	<input type="text"/>	Resuscitering, jordmor	<input type="text"/>
Lagret av	<input type="text"/>	Lagret dato	<input type="text"/>	Barnepleier/hj.pl.	<input type="text"/>	Lagret org.enh.:	

Source: CSAM parturition. Year 2012. Developer: CSAM Health (www.csamhealth.com).

The main independent variable: Fear of childbirth was measured by the Wijma Delivery Expectancy Questionnaire (W-DEQ), version A. The W-DEQ consists of 33 items, all of which are rated on a six-point Likert scale, ranging from 0 to 5 (Figure 10)⁴⁹. Sum scores range from 0 to 165, with higher scores reflecting a greater degree of fear of childbirth. A sum score ≥ 85 is commonly used to define fear of childbirth, although other cut-offs have been used^{49,105,132}. We defined fear of childbirth as a sum score ≥ 85 .

For missing data in the W-DEQ, sample means for these questions were used for women with ≤ 4 missing items. In this study, Cronbach's alpha was $\alpha = 0.92$ for the W-DEQ. Cases with >4 missing items were excluded. The described method resulted in 10.6% of the participating women getting imputed values in the W-DEQ.

Figure 11. The Wijma Delivery Expectancy Questionnaire (W-DEQ), version A, as included in the questionnaire at pregnancy week 32 (the English version of the W-DEQ is available in Wijma et al. Psychometric aspects of the W-DEQ; a new questionnaire for the measurement of fear of childbirth. *Journal of Psychosomatic Obstetrics & Gynecology* 1998;19:84-97.).

37 Hvordan tror du at fødselen din kommer til å bli som helhetsopplevelse?

	0	1	2	3	4	5	
Overhodet ikke fantastisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Helt fantastisk
Overhodet ikke forferdelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Helt forferdelig

38 Hvordan tror du at du kommer til å føle deg under fødselen?

	0	1	2	3	4	5	
Overhodet ikke ensom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt ensom
Overhodet ikke sterk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt sterk
Overhodet ikke sikker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt sikker
Overhodet ikke redd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt redd
Overhodet ikke forlatt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt forlatt
Overhodet ikke svak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt svak
Overhodet ikke trygg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt trygg
Overhodet ikke selvstendig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt selvstendig
Overhodet ikke oppgitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt oppgitt
Overhodet ikke anspent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt anspent
Overhodet ikke glad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt glad
Overhodet ikke stolt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt stolt
Overhodet ikke sviattet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt sviattet
Overhodet ikke fattet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt fattet
Overhodet ikke avslappet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt avslappet
Overhodet ikke lykkelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt lykkelig

39 Hva tror du at du kommer til å føle under fødselen?

	0	1	2	3	4	5	
Overhodet ingen panikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstrem panikk
Overhodet ingen håpløshet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstrem håpløshet
Overhodet ingen lengsel etter barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt stor lengsel etter barnet
Overhodet ingen selvtilitt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt stor selvtilitt
Overhodet ingen tillit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt stor tillit
Overhodet ingen smerte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstrem smerte

40 Hva tror du kommer til å skje når fødselen er på sitt mest intense?

	0	1	2	3	4	5	
Jeg kommer ikke til å oppføre meg dårlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeg kommer til å oppføre meg ekstremt dårlig
Jeg kommer ikke til å våge overgi meg til det som skjer i kroppen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeg kommer til å våge overgi meg helt til det som skjer i kroppen
Jeg kommer ikke til å miste kontrollen over meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeg kommer til å totalt miste kontrollen over meg selv

41 Hvordan tror du at det kommer til å føles i det barnet kommer ut?

	0	1	2	3	4	5	
Overhodet ikke gledelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt gledelig
Overhodet ikke naturlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt naturlig
Overhodet ikke selvfølgelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt selvfølgelig
Overhodet ikke farlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt farlig

42 Har du i den siste måneden hatt fantasier som for eksempel at barnet dør under fødselen?

	0	1	2	3	4	5	
Aldri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Svært ofte

43 Har du i den siste måneden hatt fantasier om at barnet blir skadet under fødselen?

	0	1	2	3	4	5	
Aldri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Svært ofte

Other study factors: Information on parity ($0/\geq 1$) was available in the questionnaire in the following question: “If you have previously given birth, fill in the year of birth”. In the questionnaire, the women were also asked whether they had been to counselling because of pregnancy concern at the Department of Obstetrics at the Akershus University Hospital (yes/no).

Such counselling was led by a midwife or an obstetrician. The counselling largely depended on the concerns expressed by the woman, and a plan for the delivery was sometimes made. No standard procedures for diagnosing pregnancy concern or for treatment of pregnancy concern were established. Both general practitioners and community midwives could refer women. Also, the pregnant women herself could request counselling. The number of counselling sessions varied between women.

Information on use of epidural analgesia, labour induction, labour augmentation, offspring birthweight, maternal age at delivery and mode of delivery was available in the electronic birth records at the obstetric ward. Epidural analgesia during labour (yes/no) was given as continuous infusion with the possibility of top-ups and included epidural analgesia started at any time during labour. Labour induction (yes/no) included amniotomy, endocervical placement of a Foley catheter and oxytocin or prostaglandin administration. Labour augmentation (yes/no) included amniotomy, oxytocin administration, breast stimulation or acupuncture. Offspring birthweight (in kilograms) and maternal age at delivery (in years) were included as continuous variables. Mode of delivery was categorized: vaginal, instrumental vaginal (vacuum or forceps assisted delivery) or acute caesarean delivery.

Statistical analyses

Differences in the distribution of categorical study factors according to presence of fear of childbirth were tested with chi square tests, and differences according to labour duration were tested using Student’s t-test (independent-samples t-test). The association of fear of childbirth and the other study factors with labour duration was estimated as crude and adjusted unstandardised regression coefficients (B) with 95% confidence intervals (CI) using linear regression analyses. Adjustments were made for the study factors presented above. Standard residual diagnostic tests of normality, homoscedasticity, linearity and independence of residuals were applied. The analyses were repeated in women with and without epidural analgesia, and in nulliparous and parous women.

5.0 SYNOPSIS OF THE STUDIES

5.1 Paper I

Adams SS, Eberhard-Gran M, Hofoss D, Eskild A. Maternal emotional distress in pregnancy and delivery of a small-for-gestational age infant. *Acta Obstetrica et Gynecologica Scandinavica* 2011;90:1267-1273

Objective: To assess the association between maternal emotional distress in pregnancy and delivery of a small-for-gestational age offspring.

Design: A cohort study in pregnancy.

Setting: Fifty hospitals with a maternity ward in Norway during 1998–2008.

Population: 71 898 women with a singleton pregnancy in the Norwegian Mother and Child Cohort Study were followed from early pregnancy to delivery.

Methods: Information on presence of emotional distress was obtained through self-administered questionnaires in pregnancy weeks 17 and 30 and on birthweight, gestational length at delivery and sex by linkage to the Medical Birth Registry of Norway. Emotional distress was measured by short forms of the Hopkins Symptom Checklist-25.

Main Outcome Measure: Small-for-gestational age offspring (birthweight <2.5th percentile).

Results: Being emotionally distressed at gestational weeks 17 and 30 was not significantly associated with subsequent delivery of a small-for-gestational age infant (adjusted odds ratio 1.16; 95% confidence interval 0.87–1.54). This estimate was adjusted for smoking in pregnancy, parity, diabetes, pre-eclampsia, body mass index, education and maternal age.

Conclusion: Emotional distress during pregnancy was not associated with subsequent delivery of a small-for-gestational age infant.

5.2 Paper II

Adams SS, Eberhard-Gran M, Sandvik ÅR, Eskild A. Mode of delivery and postpartum emotional distress: a cohort study of 55 814 women. *BJOG: An International Journal of Obstetrics & Gynaecology* 2012;119:298-305

Objective: To study the association of mode of delivery with change in emotional distress from pregnancy to postpartum, and with the presence of maternal postpartum emotional distress.

Design: A prospective study of women from 30 weeks of gestation to 6 months postpartum.

Setting: Pregnant women in Norway during the period 1998–2008.

Population: A total of 55 814 women from the Norwegian Mother and Child Cohort Study.

Methods: Emotional distress was reported in a short form of the Hopkins Symptom Checklist-25 (SCL-8) at 30 weeks of gestation and at 6 months postpartum. Information on mode of delivery was obtained from the Medical Birth Registry of Norway.

Main outcome measures: Change in SCL-8 score from 30 weeks of gestation to 6 months postpartum and presence of emotional distress at 6 months postpartum.

Results: Women with instrumental vaginal, emergency caesarean or elective caesarean delivery had similar change in SCL-8 score between 30 weeks of gestation and 6 months postpartum, as compared with women with unassisted vaginal delivery (adjusted regression coefficient, 0.00, 95% CI –0.01 to 0.01; 0.01, 95% CI 0.00 to 0.02; and 0.01, 95% CI 0.02 to 0.00, respectively). The corresponding odds ratios (ORs) associated with the presence of emotional distress at 6 months postpartum (SCL-8 \geq 2.0) were: OR 1.01, 95% CI 0.86 to 1.18; OR 1.13, 95% CI 0.97 to 1.32; and OR 0.96, 95% CI 0.79 to 1.16, respectively. These estimates were adjusted for emotional distress during pregnancy and other potential confounding factors. Emotional distress during pregnancy showed the strongest association with the presence of emotional distress at 6 months postpartum (adjusted OR 14.09, 95% CI 12.77 to 15.55).

Conclusions: Mode of delivery was not associated with a change in SCL-8 score from 30 weeks of gestation to 6 months postpartum or with the presence of emotional distress postpartum.

5.3 Paper III

Adams SS, Eberhard-Gran M, Eskild A. Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery. *BJOG: An International Journal of Obstetrics & Gynaecology* 2012; DOI: 10.1111/j.1471-0528.2012.03433.x.

Objective: To assess the association between fear of childbirth and duration of labour.

Design: A prospective study of women from 32 weeks of gestation through to delivery.

Setting: Akershus University Hospital, Norway.

Population: A total of 2206 pregnant women with a singleton pregnancy and intended vaginal delivery during the period 2008-2010.

Methods: Fear of childbirth was assessed by the Wijma Delivery Expectancy Questionnaire (W-DEQ) version A at 32 weeks of gestation, and defined as a W-DEQ sum score ≥ 85 . Information on labour duration, use of epidural analgesia and mode of delivery was obtained from the maternal ward electronic birth records.

Main outcome measures: Labour duration in hours: from 3-4 centimetres cervical dilatation and three uterine contractions per 10 minutes lasting ≥ 1 minute, until delivery of the child.

Results: Fear of childbirth (W-DEQ sum score ≥ 85) was present in 7.5% (165) of the women. Labour duration was significantly longer in women with fear of childbirth compared with women with no such fear using a linear regression model (crude unstandardised coefficient 1.54; 95% CI 0.87-2.22, corresponding to a difference of 1 hour and 32 minutes). After adjustment for parity, counselling for pregnancy concern, epidural analgesia, labour induction, labour augmentation, emergency caesarean delivery, instrumental vaginal delivery, offspring birthweight and maternal age, the difference attenuated, but remained statistically significant (adjusted unstandardised coefficient 0.78; 95% CI 0.20, 1.35, corresponding to a 47-minute difference).

Conclusion: Duration of labour was longer in women with fear of childbirth than in women without fear of childbirth.

6.0 DISCUSSION

6.1 Main findings

Paper I: Emotional distress during pregnancy was not associated with subsequent delivery of a small-for-gestational age (SGA) infant.

Paper II: Mode of delivery was not associated with a change in emotional distress from 30 weeks of gestation to 6 months postpartum or with the presence of postpartum emotional distress.

Paper III: Duration of labour was longer in women with fear of childbirth than in women without fear of childbirth

6.2 Methodological considerations

Methodological considerations presented in the Discussions in the papers will, in general, not be repeated in the following text.

I will discuss the possible influences on my results of the following potential sources of errors. *Internal validity* is the extent to which the findings are true within the study sample. *External validity* is the extent to which the findings can be generalised beyond the study sample. Internal and external validity is threatened by errors in measurement. Errors in measurement are random or systematic¹³³. *Random error* is variability in the data that cannot readily be explained and is caused by unpredictable fluctuations in measurement¹³³. Random error is reduced with increasing sample size¹³³. *Systematic error*, often termed bias, is caused by predictable (but often unknown) fluctuations in measurement and is classified into *selection bias, information bias and confounding*¹³³.

6.2.1 Selection bias – *Selection bias arises when participants differ from non-participants*¹³³. *Selection bias may arise at inclusion and/or during follow up.*

Selection bias at inclusion

Our results may be erroneous if the associations estimated among the women who participated are not valid among the women who did not participate, and the strength of the difference in the association in those who did not participate is sufficient to alter the

overall association. In the Norwegian Mother and Child Cohort Study, 39% of the invited women agreed to participate. Thus, the study sample may be skewed. Prevalence estimates and measures of associations have been compared for participants and non-participants using the population-based Medical Birth Registry of Norway¹³⁴. Smokers and young women (<25 years), as well as women living alone, with >2 previous births or with previous stillbirth(s) were underrepresented¹³⁴. Multivitamin and folic acid supplement users were overrepresented¹³⁴. Prevalence estimates are therefore biased due to self-selection¹³⁴. Differences in exposure-outcome associations were, however, not found¹³⁴.

In the Akershus Birth Cohort Study, 75% of all women attending routine ultrasound examination in pregnancy week 17-19 at Akershus University Hospital agreed to participate. A skewed selection may therefore have caused biased estimates.

Using data from the Medical Birth Registry of Norway, I compared women included in the Norwegian Mother and Child Cohort Study, women included in the Akershus Birth Cohort Study and all women who gave birth in Norway in 2010 (Table 5)¹¹⁵:

Table 5. Comparison of women included in the Norwegian Mother and Child Cohort Study, women included in the Akershus Birth Cohort Study and all women who gave birth in Norway in 2010.

	The Norwegian Mother and Child Cohort Study	The Akershus Birth Cohort Study	All women who gave birth in Norway in 2010
Mean maternal age	30.1 years	31.1 years	29.7 years
First time mothers	44.3%	49.7%	42.9%
Smoking during pregnancy	6.8%	4.5%	7.4%
Low birthweight (<2500 grams)	3.3%	2.6%	4.2%
Preterm delivery (<37 weeks)	5.0%	5.0%	5.5%
Mode of delivery			
• Unassisted vaginal delivery	76.6%	74.0%	73.9%
• Instrumental vaginal delivery	9.3%	11.0%	10.0%
• Acute caesarean delivery	8.5%	9.5%	9.5%
• Elective caesarean delivery	5.6%	5.5%	6.6%

Participants in the Norwegian Mother and Child Cohort Study or the Akershus Birth Cohort Study are older, more often nulliparous and less likely to smoke than non-participants. A low birthweight offspring or preterm delivery is less common in participants than non-participants. Information on mental health in non-participants was unavailable, but we believe erroneous estimates of the associations in our studies are unlikely.

Selection bias in follow-up

In the Norwegian Mother and Child Cohort Study and the Akershus Birth Cohort Study, some women were lost to follow-up (Figures 2, 5 and 7).

The women in our studies have been selected at several points and it is likely that the “healthiest” women are included in our analyses: (i) to becoming pregnant, (ii) to completing the pregnancy, (iii) to participating in the studies, and (iv) to completing the questionnaires¹³³. A selected sample may be more homogenous than a representative sample and it has been argued that when studying causal associations, a more homogeneous sample somewhat controls for confounding¹³⁴. External validity is, however, threatened by this selection. If women with severe mental distress have been selected out of our study samples, our findings may not be valid in women with severe mental distress. Thus, we cannot rule out that the negative findings in Papers I and II are erroneous in women with severe mental distress.

6.2.2 Information bias – *Information bias arises when the available information is erroneous¹³³. Misclassification is termed differential or nondifferential¹³³.*

Differential misclassification - *Exposure misclassification is differential if the misclassification is related to the outcome¹³³. Similarly, outcome misclassification is differential if it is related to the exposure¹³³.*

Information on exposures was obtained before the information on outcomes was obtained in both the Norwegian Mother and Child Cohort Study and in the Akershus Birth Cohort Study. As exposure and outcome measurements were independent, differential misclassification in the outcome measures is unlikely.

Nondifferential misclassification - *Exposure misclassification is nondifferential if the misclassification is unrelated to the outcome¹³³. Similarly, outcome misclassification is nondifferential if it is unrelated to the exposure¹³³.*

Self-reporting in questionnaires is inevitably associated with a risk of nondifferential misclassification.

Validity of the mental health measurements

Measurements of mental health by questionnaires may inherit information bias and such source of error may not be adjusted for. However, use of validated psychometric instruments as compared to non-validated psychometric instruments, reduces the risk of nondifferential misclassification. We measured mental health with the Symptom Checklist (SCL)-5, the Symptom Checklist (SCL)-8 and the Wijma Delivery Expectancy Questionnaire (W-DEQ).

The Symptom Checklist (SCL)-5 and -8: Poor mental health is commonly associated with symptoms of anxiety and depression. Screening instruments for symptoms of anxiety and depression are therefore widely used when screening for poor mental health³. In Papers I and II, our measure of poor mental health was symptoms of anxiety and depression as measured by short forms of the Hopkins Symptom Checklist-58 (HSCL-58)⁴³. The HSCL-58 consists of 58 items measuring five symptom dimensions: anxiety, depression, obsessive-compulsive behaviour, somatisation and interpersonal sensitivity⁴³. The 25 items targeting anxiety and depression, often termed emotional distress, have been taken out to form the Hopkins Symptom Checklist-25 (HSCL-25). HSCL-25 is further shortened into an eight (SCL-8) and five (SCL-5) item version¹³⁵. SCL-8 and SCL-5 are highly correlated with HSCL-25 (Pearson's correlation coefficients 0.94 and 0.92, respectively)⁴². In each version, each item is answered on a four point Likert scale: 1.00 = "not bothered", 2 = "a little bothered", 3 = "quite bothered" and 4 = "very bothered", which add up to a sum score. In determining the presence of emotional distress, cut-off scores are used. Cut-off scores at 1.75 and 2.00 for HSCL-25 and SCL-5, respectively, are considered analogous⁶¹. As similar comparison is missing for SCL-8, 2.00 is often used as a cut-off score for this instrument¹³⁶. Although the internal consistency reliability of the instruments, as tested by Cronbach's alpha, is higher for the longer versions, internal consistency reliability of the shorter versions is acceptable⁶¹. Content validity of the Norwegian version of the HSCL-25 in screening for depression, as defined by the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), is satisfactory^{61,137-139}. HSCL-25 has not been validated in pregnancy or in the postpartum period, but HSCL-25 strongly correlates with the Edinburgh Postnatal Depression Scale (EPDS), which has been validated for use during pregnancy and the postpartum period^{140,141}. In SCL-8 and SCL-5, the items in HSCL-25 that are common in pregnancy, such as fatigue and sleep disturbances, were avoided⁴².

SCL-5 and SCL-8 are screening tools and cannot be used to diagnose depression or anxiety because of low specificity. In Paper I, emotional distress was defined as the presence of emotional distress on two occasions in pregnancy. This increases specificity of the instrument but does not eliminate the risk of nondifferential misclassification.

The Wijma Delivery Expectancy Questionnaire (W-DEQ), version A: In Paper III, fear of childbirth was measured by the W-DEQ. Fear of childbirth is not uniformly defined. Clinically, the unspecific ICD-10 codes O99.3 (“mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium”), O99.8 (“other specific diseases and conditions complicating pregnancy, childbirth and the puerperium”), or F40.2 (“specific (isolated) phobias”) are sometimes used, but evidently cannot be used for estimating the prevalence of fear of childbirth or when studying fear of childbirth²³. Nor can these diagnoses be used in the validation of a psychometric instrument measuring fear of childbirth.

Fear of childbirth has been defined in various ways: by one question in questionnaire studies, by several questions in questionnaire studies or by receiving counselling for pregnancy concern^{49,97,98,100,102}. Psychometric instruments for measuring fear of childbirth have been developed, the most extensive being the Wijma Delivery Expectancy Questionnaire (W-DEQ)^{49,142}. As no gold standard exists for fear of childbirth, content validity is unavailable. Fear of childbirth, as defined by the W-DEQ, is thought to be determined by the woman’s expectations about the anticipated delivery and to overlap somewhat with other anxiety questionnaires⁴⁹. Construct validity of the W-DEQ is therefore assessed by correlation with other psychometric instruments⁴⁹. Construct validity of the Norwegian version of the W-DEQ, version A, is satisfactory¹⁴². Internal consistency reliability for the W-DEQ, as measured by Cronbach’s alpha, is shown to be high⁴⁹.

Missing data

We deleted cases with missing values on most of the variables, but for some variables we introduced a missing category. Missing values in the used psychometric instruments were imputed as described in Material and Methods. All methods in which missing values are dealt with carry a risk of bias¹⁴³. The risk of bias depends on the reason for why the values are missing. If cases with missing values do not represent a random subsample, both imputation and deletion may give biased estimates¹⁴³. Replacing missing values with sample means, as was done in the W-DEQ, or creating missing categories is common¹⁴³.

However, imputation using the expectation-maximization algorithm, as was done in the SCL instruments, is considered a better method¹⁴³. The expectation-maximization algorithm uses regression modulation to reconstruct probable values based on the available data¹⁴³. Replacing missing values with sample means or using the expectation-maximization algorithm may strengthen trends already present in the data¹⁴³. This may have caused an overestimated association in Paper III, but has not biased our findings in Papers I or II.

To compare the used imputation techniques with deletion of all cases with missing psychometric data, we repeated the multivariate regression analyses in women with complete psychometric data only. In all three papers, our findings prevailed.

6.2.3 Confounding - *A confounding factor is associated with the exposure and the outcome, without being an intermediate step in the causal pathway from the exposure to the outcome*¹³³.

In all three papers, known and available confounding factors were included in multivariate statistical models. However, the risk of insufficient control for confounding remains.

In Paper I, possible confounding factors that we did not adjust for include weight gain in pregnancy, alcohol intake, illicit drug use, antenatal use of psychotropic drugs, maternal pregestational illness (other than pregestational diabetes mellitus), obstetric complications (other than gestational diabetes and preeclampsia) and congenital malformations that were diagnosed before delivery. These factors may be associated with both maternal emotional distress and offspring birthweight.

Information on weight gain in pregnancy was unavailable. If emotionally distressed women had a higher weight gain in pregnancy than non-emotionally distressed women, and high weight gain is associated with high birthweight, this may have camouflaged an association between antenatal emotional distress and delivery of an SGA infant. A lower pregnancy weight gain in emotionally distressed women may, on the contrary, have overestimated an association but as an association was not found, is unlikely to have altered our findings.

We performed exploratory data analyses before deciding on the final multivariable model. Antenatal alcohol intake or illicit drug use were not associated with delivery of an SGA infant in our study sample and therefore not included as confounding factors.

Also, antenatal use of psychotropic drugs was not associated with delivery of an SGA infant and therefore not included as a confounding factor.

Likewise, maternal pregestational illness, as defined by asthma, pregestational hypertension, chronic renal disease, residual urinary tract infections, rheumatoid arthritis, cardiac disease or epilepsy, was not associated with delivery of an SGA infant and therefore not included as a confounding factor.

Obstetric complications, as defined by vaginal bleeding during pregnancy, gestational hypertension, rubella or a sexually transmitted infection during pregnancy, anaemia (haemoglobin < 9.0 g/dl) or placenta praevia, was associated with maternal emotional distress and delivery of an SGA infant. Including obstetric complications as a confounding variable in the multivariate regression model did, however, not alter our findings.

Congenital malformations, including all malformations diagnosed at birth, was associated with delivery of an SGA infant but not with maternal emotional distress and therefore not included as a confounding factor. We do not know to what extent the presence of congenital malformations was known to the mother in pregnancy.

We aimed to study the association between emotional distress and delivery of an SGA infant independent of other known factors associated with emotional distress and delivery of an SGA infant, but found no association with emotional distress. Thus, we believe that emotional distress in pregnancy has little influence on fetal growth. Interestingly, other factors that we initially suspected to be associated with offspring SGA, such as antenatal alcohol intake or illicit drug use, were not associated.

In Paper III, prepregnancy BMI or pregnancy weight gain was not associated with fear of childbirth or labour duration and therefore not included as confounding factors.

6.2.4 Interaction – *Interaction, or effect modification, occurs when the effect of an exposure is different in different subgroups*¹³³.

In all three papers, stratified analyses were performed to identify interactions. Additionally, potential interactions were assessed by including interaction terms in the multivariate regression analyses. No interactions were found.

6.2.4 Statistical modulation

Logistic regression analysis was used in Papers I and II. In both papers the assumption of no multicollinearity, as assessed by Pearson's correlation, was met. The multivariate logistic regression models achieved goodness of fit as assessed by the Hosmer-Lemeshow goodness-of-fit-test.

Linear regression analysis was used in Papers II and III. In both papers the assumption of no multicollinearity, as assessed by Pearson's correlation, was met. Standard residual tests of normality, homoscedasticity, linearity and independence of residuals showed that both linear regression models fitted the data well.

The multivariate models did not aim to predict the outcome variables. With this in mind, the variance in the outcome variables explained by the models, as assessed by Nagelkerke R square in the logistic regression models and R square in the linear regression models, was acceptable¹⁴⁴.

In the analyses, each pregnancy was considered a unit of observation. Each woman may therefore have participated with more than one pregnancy. In Paper I, 8404 women contributed with more than one pregnancy. In Papers II and III, 5669 women and only one woman contributed with more than one pregnancy, respectively. Hence, 12.2% of the pregnancies in Paper I, and 10.5% in Paper II had the same mother in at least two pregnancies. Succeeding pregnancies in one woman are more alike with regard to mental health than pregnancies in different women, and whether observations of succeeding pregnancies were independent may therefore be questioned. We assumed that the pregnancies were independent and included all pregnancies in our analyses. In additional analyses, women's subsequent pregnancies were excluded and the multivariate regression analyses were repeated. In all the studies our findings prevailed.

6.2.5 Is the exposure in fact the outcome?

In Papers I and II, the associations of interest were non-significant and the question of reverse causality was therefore excessive. In Paper III, the outcome variable, labour duration, is highly variable and unpredictable and could not have affected antenatal fear of childbirth.

6.3 Clinical implications

Independent of any obstetric consequences, psychiatric disease in pregnancy requires treatment and is, in general, treated like psychiatric disease in non-pregnant women. In choosing between means of treatment, however, the risk of side effects in the developing fetus must be considered¹⁴⁵.

Antenatal screening for depression is currently under consideration in Norway¹⁴⁶. If screening detects true depression and the intervention offered as a consequence of screening improves the outcome for the mother or child, screening may be useful. Consensus on the value of screening programmes for antenatal depression is, however, lacking. Today, antenatal screening for depression is recommended by The National Institute for Health and Clinical Excellence (NICE) in England and Wales, but not by the health authorities in Sweden or Denmark¹⁴⁷⁻¹⁴⁹.

As we studied the association between maternal mental health and obstetric outcome, the remaining discussion will only consider obstetric aspects of poor mental health and not the nature of poor mental health in pregnancy.

Several Norwegian obstetric departments now offer counselling in pregnancy because of the mother's concern about the pregnancy. Pregnancy concern includes an indefinite number of emotional issues relating to pregnancy, childbirth or the postpartum period, such as psychiatric disease, fear of childbirth, relationship issues or wish for labour induction or an elective caesarean delivery, in addition to a history of abuse or poor birth experience.

No standard procedures for diagnosing pregnancy concern, for referral to counselling because of pregnancy concern or for management of pregnancy concern have been established. Although considerable resources are used on such counselling, little is known about the consequences of pregnancy concern. Also, little is known about the women who seek counselling, the means of counselling or the effects of counselling.

Today's practice may partly have evolved because some women previously referred to the obstetric departments for obstetric reasons, presented with pregnancy concern as their main complaint. Obstetricians often found these women time-consuming with resultant delay in subsequent duties. Therefore, separate consultations for women with pregnancy concern were established.

In the absence of obstetric indication, obstetric procedures are sometimes performed for mental health reasons. This is concerning because obstetric interventions in the absence of obstetric indication may not confer health gain, may cause side effects and are costly.

Our finding suggests that concern for maternal mental health after delivery should not influence clinical decisions regarding mode of delivery. As this finding prevailed in women with a wish for an elective caesarean delivery, denying a maternal-request-caesarean delivery does not seem to affect emotional distress, even if the woman is delivered by an emergency operative (instrumental vaginal or acute caesarean) delivery.

Furthermore, we found fear of childbirth to be associated with longer labour duration. The longer duration of labour in women with fear of childbirth may, however, be acceptable for most women and longer duration of labour did not result in operative delivery for the large majority of women. Also, emotional distress was not found to be associated with delivery of an SGA infant in our study. Gestational-age-adjusted birthweight is an indicator of the intrauterine conditions and the wellbeing of the newborn infant. Thus, our findings do not support screening for maternal antenatal mental health.

In summary, the clinical implications of our findings are:

Paper I: (i) Emotional distress in pregnancy is unlikely to be a risk factor of fetal growth restriction.

Paper II: (i) Concern for maternal mental health after delivery should not influence clinical decisions regarding mode of delivery. (ii) Operative delivery (instrumental vaginal, emergency caesarean or elective caesarean delivery) is unlikely to increase the risk of postpartum emotional distress. (iii) These findings were also true in women who wanted to deliver by elective caesarean delivery but were delivered by an acute operative delivery.

Paper III: (i) Fear of childbirth may prolong labour. Although prolonged labour is likely to increase the risk of obstetric complications, the prolongation of labour associated with fear of childbirth may be acceptable for most women and not necessitate obstetric intervention.

Hence, our studies suggest a limited association between antenatal mental health and obstetric outcome. The effect of antenatal screening for poor mental health, counselling for pregnancy concern and performing obstetric procedures for mental health reasons may therefore be questioned.

6.4 Future perspectives

More research is needed to provide evidence-based health care to women with poor mental health in pregnancy¹⁵⁰. Previous studies within the intersection between psychology and obstetrics are characterised by homogeneous obstetric and heterogeneous maternal mental health definitions. Common definitions and measures of antenatal mental health may aid progress in this field.

Our studies focus on associations between maternal mental health and pregnancy outcome, but have not touched on the aetiology of poor mental health in pregnancy. Further knowledge on the causes of poor maternal mental health in pregnancy will aid clinical practise. Also, women with serious mental disease are likely to be underrepresented in studies and may not seek health care. More knowledge on their pregnancy outcomes and need for health care is needed.

Today, considerable health care resources are spent on treating women with pregnancy concern. Whether such allocation of resources is justified, warrants evaluation.

7.0 CONCLUSION

Emotional distress was not associated with delivery of a small-for-gestational age infant, and mode of delivery was not associated with change in emotional distress from pregnancy to postpartum or with the presence of postpartum emotional distress. Fear of childbirth was associated with longer labour duration but the longer time spent in labour may not be clinically relevant. Our findings are new pieces in the puzzle within the intersection between psychology and obstetrics, and suggest a limited association between poor maternal mental health and pregnancy outcome.



DETAILS OF ETHICS APPROVAL

The Norwegian Mother and Child Cohort Study was approved by all Regional Committees for Medical Research Ethics in Norway and by the Norwegian Data Inspectorate. All participants signed an informed consent form.

The Akershus Birth Cohort Study was approved by the Regional Committees for Medical and Health Research Ethics in Norway. All participants signed an informed consent form.

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REFERENCES

- (1) Lazinski MJ, Shea AK, Steiner M. Effects of maternal prenatal stress on offspring development: a commentary. *Archives of Women's Mental Health* 2008;11:363-75.
- (2) Bonari L, Pinto N, Ahn E, Einarson A, Steiner M, Koren G. Perinatal risks of untreated depression during pregnancy. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie* 2004;49:726-35.
- (3) Mykletun A, Knudsen AK, Mathiesen KS. Rapport 2009:8 Psykiske lidelser i Norge: Et folkehelseperspektiv [Norwegian]. 2009. Nasjonalt folkehelseinstitutt. [<http://www.fhi.no/>]. Accessed 4 June 2012.
- (4) Johnson RC, Slade P. Obstetric complications and anxiety during pregnancy: is there a relationship?. *Journal of Psychosomatic Obstetrics & Gynecology* 2003;24:1-14.
- (5) Lederman RP, Lederman E, Work BA, Jr., McCann DS. The relationship of maternal anxiety, plasma catecholamines, and plasma cortisol to progress in labor. *American Journal of Obstetrics & Gynecology* 1978;132:495-500.
- (6) Welberg LA, Seckl JR, Holmes MC. Inhibition of 11beta-hydroxysteroid dehydrogenase, the foeto-placental barrier to maternal glucocorticoids, permanently programs amygdala GR mRNA expression and anxiety-like behaviour in the offspring. *Eur J Neurosci* 2000;12:1047-54.
- (7) Valsamakis G, Kanaka-Gantenbein C, Malamitsi-Puchner A, Mastorakos G. Causes of intrauterine growth restriction and the postnatal development of the metabolic syndrome. *Ann N Y Acad Sci* 2006;1092:138-47.
- (8) Alehagen S, Wijma B, Wijma K. Fear of childbirth before, during, and after childbirth. *Acta Obstet Gynecol Scand* 2006;85:56-62.
- (9) Kramer MS. Determinants of low birth weight: methodological assessment and meta-analysis. *Bull World Health Organ* 1987;65:663-737.
- (10) Bodnar LM, Wisner KL. Nutrition and depression: implications for improving mental health among childbearing-aged women. *Biol Psychiatry* 2005;58:679-85.
- (11) Lien L, Sagatun A, Heyerdahl S, Sogaard AJ, Bjertness E. Is the relationship between smoking and mental health influenced by other unhealthy lifestyle factors? Results from a 3-year follow-up study among adolescents in Oslo, Norway. *J Adolesc Health* 2009;45:609-17.
- (12) Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. *JAMA* 2000;284:2606-10.
- (13) Smith CA. Effects of maternal undernutrition upon the newborn infant in Holland (1944-1945). *The Journal of Pediatrics* 1947;30:229-43.

- (14) Hendrix N, Berghella V. Non-placental causes of intrauterine growth restriction. *Semin Perinatol* 2008;32:161-5.
- (15) Andres RL, Day MC. Perinatal complications associated with maternal tobacco use. *Seminars in Neonatology* 2000;5:231-41.
- (16) Kolas T, Nakling J, Salvesen KA. Smoking during pregnancy increases the risk of preterm births among parous women. *Acta Obstet Gynecol Scand* 2000;79:644-8.
- (17) Paarlberg KM, Vingerhoets AJ, Passchier J, Heinen AG, Dekker GA, van Geijn HP. Psychosocial factors as predictors of maternal well-being and pregnancy-related complaints. *Journal of Psychosomatic Obstetrics & Gynecology* 1996;17:93-102.
- (18) Wilcox MA, Smith SJ, Johnson IR, Maynard PV, Chilvers CE. The effect of social deprivation on birthweight, excluding physiological and pathological effects. *British Journal of Obstetrics & Gynaecology* 1995;102:918-24.
- (19) Shiono PH, Rauh VA, Park M, Lederman SA, Zuskar D. Ethnic differences in birthweight: the role of lifestyle and other factors. *Am J Public Health* 1997;87:787-93.
- (20) Fossli Jensen B, Gulbrandsen P, Dahl FA, Krupat E, Frankel RM, Finset A. Effectiveness of a short course in clinical communication skills for hospital doctors: results of a crossover randomized controlled trial (ISRCTN22153332). *Patient Education & Counseling* 2011;84:163-9.
- (21) Cegala DJ. Patient communication skills training: a review with implications for cancer patients. *Patient Education & Counseling* 2003;50:91-4.
- (22) Gulbrandsen P, Jensen BF, Finset A. [Self-efficacy among doctors in hospitals after a course in clinical communication]. [Norwegian]. *Tidsskr Nor Laegeforen* 2009;129:2343-6.
- (23) Saisto T, Halmesmaki E. Fear of childbirth: a neglected dilemma. *Acta Obstet Gynecol Scand* 2003;82:201-8.
- (24) Furr M, Bacharach VR. Psychometrics. Sage Publications, Inc., 2008.
- (25) Catalano R, Hartig T. Communal bereavement and the incidence of very low birthweight in Sweden. *Journal of Health & Social Behavior* 2001;42:333-41.
- (26) Zahran S, Snodgrass JG, Peek L, Weiler S. Maternal hurricane exposure and fetal distress risk. *Risk Anal* 2010;30:1590-601.
- (27) Auger N, Kuehne E, Goneau M, Daniel M. Preterm birth during an extreme weather event in Quebec, Canada: a "natural experiment". *Maternal & Child Health Journal* 2011;15:1088-96.
- (28) Maric NP, Dunjic B, Stojiljkovic DJ, Britvic D, Jasovic-Gasic M. Prenatal stress during the 1999 bombing associated with lower birth weight-a study of 3,815 births from Belgrade. *Archives of Women's Mental Health* 2010;13:83-9.

- (29) Lederman SA, Rauh V, Weiss L, Stein JL, Hoepner LA, Becker M, et al. The effects of the World Trade Center event on birth outcomes among term deliveries at three lower Manhattan hospitals. *Environ Health Perspect* 2004;112:1772-8.
- (30) Rich-Edwards JW, Kleinman KP, Strong EF, Oken E, Gillman MW. Preterm delivery in Boston before and after September 11th, 2001. *Epidemiology* 2005;16:323-7.
- (31) Eskenazi B, Marks AR, Catalano R, Bruckner T, Toniolo PG. Low birthweight in New York City and upstate New York following the events of September 11th. *Hum Reprod* 2007;22:3013-20.
- (32) Endara SM, Ryan MA, Sevick CJ, Conlin AM, Macera CA, Smith TC. Does acute maternal stress in pregnancy affect infant health outcomes? Examination of a large cohort of infants born after the terrorist attacks of September 11, 2001. *BMC Public Health* 2009;9:252.
- (33) Nugent JL, Khashan AS, Baker PN. Reduced infant birth weight in the North West of England consequent upon 'maternal exposure' to 7/7 terrorist attacks on central London. *Journal of Obstetrics & Gynaecology* 2011;31:118-21.
- (34) Hamilton BE, Sutton PD, Mathews TJ, Martin JA, Ventura SJ. The effect of Hurricane Katrina: births in the U.S. Gulf Coast region, before and after the storm. *Natl Vital Stat Rep* 1932;58:1-28.
- (35) Misra D, Strobino D, Trabert B. Effects of social and psychosocial factors on risk of preterm birth in black women. *Paediatr Perinat Epidemiol* 2010;24:546-54.
- (36) Peacock JL, Bland JM, Anderson HR. Preterm delivery: effects of socioeconomic factors, psychological stress, smoking, alcohol, and caffeine. *BMJ* 1995;311:531-5.
- (37) Zhu P, Tao F, Hao J, Sun Y, Jiang X. Prenatal life events stress: implications for preterm birth and infant birthweight. *American Journal of Obstetrics & Gynecology* 2010;203:34-8.
- (38) Obel C, Hedegaard M, Henriksen TB, Secher NJ, Olsen J. Stressful life events in pregnancy and head circumference at birth. *Developmental Medicine & Child Neurology* 2003;45:802-6.
- (39) Khashan AS, McNamee R, Abel KM, Pedersen MG, Webb RT, Kenny LC, et al. Reduced infant birthweight consequent upon maternal exposure to severe life events. *Psychosom Med* 2008;70:688-94.
- (40) Gyllstrom ME, Hellerstedt WL, McGovern PM. Independent and interactive associations of prenatal mood and substance use with infant birth outcomes. *Maternal & Child Health Journal* 2011;15:198-204.
- (41) Williams JW, Jr., Noel PH, Cordes JA, Ramirez G, Pignone M. Is this patient clinically depressed? *JAMA* 2002;287:1160-70.
- (42) Tambs K. Valg av spørsmål til kortversjoner av etablerte psykometriske instrumenter. Forslag til framgangsmåte og noen eksempler. [Choice of questions

- to short versions of established psychometric instruments. Proposed procedure and some examples.]. In: Sandanger I, Sørgaard K, Ingebrigtsen G, Nygaard J, editors. *Ubevisst sjeleliv og bevisst samfunnsliv. Psykisk helse i en sammenheng. Festskriv til Tom Sørensen's 60 års jubileum. [The incognisant mind and the cognisant society. Mental health in a context. Notes to Tom Sørensen's 60th anniversary.]*. In Norwegian. No abstract available. Oslo: University of Oslo; 2004. p. 29-48.
- (43) APA Dictionary of Psychology. 1 ed. American Psychology Association, 2007.
 - (44) Zigmond AS, Snaith RP. The hospital anxiety and depression scale. *Acta Psychiatr Scand* 1983;67:361-70.
 - (45) Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *Journal of Health & Social Behavior* 1983;24:385-96.
 - (46) Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA* 1999;282:1737-44.
 - (47) Rumpf HJ, Meyer C, Hapke U, John U. Screening for mental health: validity of the MHI-5 using DSM-IV Axis I psychiatric disorders as gold standard. *Psychiatry Res* 2001;105:243-53.
 - (48) Goldberg DP, Hillier VF. A scaled version of the General Health Questionnaire. *Psychol Med* 1979;9:139-45.
 - (49) Wijma K, Wijma B, Zar M. Psychometric aspects of the W-DEQ; a new questionnaire for the measurement of fear of childbirth. *Journal of Psychosomatic Obstetrics & Gynecology* 1998;19:84-97.
 - (50) Wijma K, Alehagen S, Wijma B. Development of the Delivery Fear Scale. *Journal of Psychosomatic Obstetrics & Gynecology* 2002;23:97-107.
 - (51) Green JM, Kafetsios K, Statham HE, Snowden CM. Factor structure, validity and reliability of the Cambridge Worry Scale in a pregnant population. *Journal of Health Psychology* 2003;8:753-64.
 - (52) Kramer MS, Lydon J, Seguin L, Goulet L, Kahn SR, McNamara H, et al. Stress pathways to spontaneous preterm birth: the role of stressors, psychological distress, and stress hormones. *Am J Epidemiol* 2009;169:1319-26.
 - (53) Lobel M, Cannella DL, Graham JE, DeVincent C, Schneider J, Meyer BA. Pregnancy-specific stress, prenatal health behaviors, and birth outcomes. *Health Psychol* 2008;27:604-15.
 - (54) Curry MA, Burton D, Fields J. The Prenatal Psychosocial Profile: a research and clinical tool. *Research in Nursing & Health* 1998;21:211-9.
 - (55) Misra DP, O'Campo P, Strobino D. Testing a sociomedical model for preterm delivery. *Paediatr Perinat Epidemiol* 2001;15:110-22.

- (56) Orr ST, James SA, Casper R. Psychosocial stressors and low birth weight: development of a questionnaire. *Journal of Developmental & Behavioral Pediatrics* 1992;13:343-7.
- (57) Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry* 1987;150:782-6.
- (58) Scheier MF, Carver CS. Optimism, coping, and health: assessment and implications of generalized outcome expectancies. *Health Psychol* 1985;4:219-47.
- (59) Marsh HW, Scalas LF, Nagengast B. Longitudinal tests of competing factor structures for the Rosenberg Self-Esteem Scale: traits, ephemeral artifacts, and stable response styles. *Psychological assessment* 2010;22:366-81.
- (60) Fisher J, Astbury J, Smith A. Adverse psychological impact of operative obstetric interventions: a prospective longitudinal study. *Australian & New Zealand Journal of Psychiatry* 1997;31:728-38.
- (61) Strand BH, Dalgard OS, Tambs K, Rognerud M. Measuring the mental health status of the Norwegian population: a comparison of the instruments SCL-25, SCL-10, SCL-5 and MHI-5 (SF-36). *Nordic Journal of Psychiatry* 2003;57:113-8.
- (62) Abeysena C, Jayawardana P, Seneviratne RA. Effect of psychosocial stress and physical activity on low birthweight: a cohort study. *Journal of Obstetrics & Gynaecology Research* 2010;36:296-303.
- (63) Tegethoff M, Greene N, Olsen J, Meyer AH, Meinlschmidt G. Maternal psychosocial adversity during pregnancy is associated with length of gestation and offspring size at birth: evidence from a population-based cohort study. *Psychosom Med* 2010;72:419-26.
- (64) Holland ML, Kitzman H, Veazie P. The effects of stress on birth weight in low-income, unmarried black women. *Womens Health Issues* 2009;19:390-7.
- (65) Abeysena C, Jayawardana P, DE AS. Maternal sleep deprivation is a risk factor for small for gestational age: a cohort study. *Australian & New Zealand Journal of Obstetrics & Gynaecology* 2009;49:382-7.
- (66) St-Laurent J, De WP, Moutquin JM, Niyonsenga T, Noiseux M, Czernis L. Biopsychosocial determinants of pregnancy length and fetal growth. *Paediatr Perinat Epidemiol* 2008;22:240-8.
- (67) Borders AE, Grobman WA, Amsden LB, Holl JL. Chronic stress and low birth weight neonates in a low-income population of women. *Obstetrics & Gynecology* 2007;109:331-8.
- (68) Neggers Y, Goldenberg R, Cliver S, Hauth J. The relationship between psychosocial profile, health practices, and pregnancy outcomes. *Acta Obstet Gynecol Scand* 2006;85:277-85.

- (69) Berle JO, Mykletun A, Daltveit AK, Rasmussen S, Holsten F, Dahl AA. Neonatal outcomes in offspring of women with anxiety and depression during pregnancy. A linkage study from The Nord-Trøndelag Health Study (HUNT) and Medical Birth Registry of Norway. *Archives of Women's Mental Health* 2005;8:181-9.
- (70) Krabbendam L, Smits L, de BR, Bastiaanssen J, Stelma F, van OJ. The impact of maternal stress on pregnancy outcome in a well-educated Caucasian population. *Paediatr Perinat Epidemiol* 2005;19:421-5.
- (71) Andersson L, Sundstrom-Poromaa I, Wulff M, aStrom M, Bixo M. Neonatal outcome following maternal antenatal depression and anxiety: a population-based study. *Am J Epidemiol* 2004;159:872-81.
- (72) Rondo PH, Ferreira RF, Nogueira F, Ribeiro MC, Lobert H, Artes R. Maternal psychological stress and distress as predictors of low birth weight, prematurity and intrauterine growth retardation. *Eur J Clin Nutr* 2003;57:266-72.
- (73) Chung TK, Lau TK, Yip AS, Chiu HF, Lee DT. Antepartum depressive symptomatology is associated with adverse obstetric and neonatal outcomes. *Psychosom Med* 2001;63:830-4.
- (74) Hoffman S, Hatch MC. Depressive symptomatology during pregnancy: evidence for an association with decreased fetal growth in pregnancies of lower social class women. *Health Psychol* 2000;19:535-43.
- (75) Paarlberg KM, Vingerhoets AJ, Passchier J, Dekker GA, Heinen AG, van Geijn HP. Psychosocial predictors of low birthweight: a prospective study. *British Journal of Obstetrics & Gynaecology* 1999;106:834-41.
- (76) Rini CK, Dunkel-Schetter C, Wadhwa PD, Sandman CA. Psychological adaptation and birth outcomes: the role of personal resources, stress, and sociocultural context in pregnancy. *Health Psychol* 1999;18:333-45.
- (77) Copper RL, Goldenberg RL, Das A, Elder N, Swain M, Norman G, et al. The preterm prediction study: maternal stress is associated with spontaneous preterm birth at less than thirty-five weeks' gestation. National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network. *American Journal of Obstetrics & Gynecology* 1996;175:1286-92.
- (78) Nordentoft M, Lou HC, Hansen D, Nim J, Pryds O, Rubin P, et al. Intrauterine growth retardation and premature delivery: the influence of maternal smoking and psychosocial factors. *Am J Public Health* 1996;86:347-54.
- (79) Hedegaard M, Henriksen TB, Sabroe S, Secher NJ. The relationship between psychological distress during pregnancy and birth weight for gestational age. *Acta Obstet Gynecol Scand* 1996;75:32-9.
- (80) Rauchfuss M, Maier B. Biopsychosocial predictors of preterm delivery. *J Perinat Med* 2011;39:515-21.
- (81) Glynn LM, Schetter CD, Hobel CJ, Sandman CA. Pattern of perceived stress and anxiety in pregnancy predicts preterm birth. *Health Psychol* 2008;27:43-51.

- (82) Heaman MI, Blanchard JF, Gupton AL, Moffatt ME, Currie RF. Risk factors for spontaneous preterm birth among Aboriginal and non-Aboriginal women in Manitoba. *Paediatr Perinat Epidemiol* 2005;19:181-93.
- (83) Andersson L, Sundstrom-Poromaa I, Wulff M, aStrom M, Bixo M. Implications of antenatal depression and anxiety for obstetric outcome. *Obstetrics & Gynecology* 2004;104:467-76.
- (84) Dole N, Savitz DA, Hertz-Picciotto I, Siega-Riz AM, McMahon MJ, Buekens P. Maternal stress and preterm birth. *Am J Epidemiol* 2003;157:14-24.
- (85) Orr ST, James SA, Blackmore PC. Maternal prenatal depressive symptoms and spontaneous preterm births among African-American women in Baltimore, Maryland. *Am J Epidemiol* 2002;156:797-802.
- (86) Tegethoff M, Greene N, Olsen J, Meyer AH, Meinlschmidt G. Maternal psychosocial stress during pregnancy and placenta weight: evidence from a national cohort study. *PLoS ONE [Electronic Resource]* 2010;5:e14478.
- (87) de Paz NC, Sanchez SE, Huaman LE, Chang GD, Pacora PN, Garcia PJ, et al. Risk of placental abruption in relation to maternal depressive, anxiety and stress symptoms. *J Affect Disord* 2011;130:280-4.
- (88) Wisborg K, Barklin A, Hedegaard M, Henriksen TB. Psychological stress during pregnancy and stillbirth: prospective study. *BJOG: An International Journal of Obstetrics & Gynaecology* 2008;115:882-5.
- (89) Obel C, Henriksen TB, Secher NJ, Eskenazi B, Hedegaard M. Psychological distress during early gestation and offspring sex ratio. *Hum Reprod* 2007;22:3009-12.
- (90) Saunders TA, Lobel M, Veloso C, Meyer BA. Prenatal maternal stress is associated with delivery analgesia and unplanned cesareans. *Journal of Psychosomatic Obstetrics & Gynecology* 2006;27:141-6.
- (91) Marleau JD, Saucier JF. Pregnant women's social status, stress, self-esteem, and their infants' sex ratio at birth. *Perceptual & Motor Skills* 2000;91:697-702.
- (92) Yang SN, Shen LJ, Ping T, Wang YC, Chien CW. The delivery mode and seasonal variation are associated with the development of postpartum depression. *J Affect Disord* 2011;132:158-64.
- (93) Patel RR, Murphy DJ, Peters TJ. Operative delivery and postnatal depression: a cohort study. *BMJ* 2005;330:879.
- (94) Chen CH, Wang SY. Psychosocial outcomes of vaginal and cesarean births in Taiwanese primiparas. *Research in Nursing & Health* 2002;25:452-8.
- (95) Lydon-Rochelle MT, Holt VL, Martin DP. Delivery method and self-reported postpartum general health status among primiparous women. *Paediatr Perinat Epidemiol* 2001;15:232-40.

- (96) Ryding EL, Wijma K, Wijma B. Psychological impact of emergency cesarean section in comparison with elective cesarean section, instrumental and normal vaginal delivery. *Journal of Psychosomatic Obstetrics & Gynecology* 1998;19:135-44.
- (97) Fuglenes D, Aas E, Botten G, Oian P, Kristiansen IS. Why do some pregnant women prefer cesarean? The influence of parity, delivery experiences, and fear. *American Journal of Obstetrics & Gynecology* 2011;205:45-9.
- (98) Kringeland T, Daltveit AK, Moller A. What characterizes women in Norway who wish to have a caesarean section? *Scandinavian Journal of Public Health* 2009;37:364-71.
- (99) Fenwick J, Gamble J, Nathan E, Bayes S, Hauck Y. Pre- and postpartum levels of childbirth fear and the relationship to birth outcomes in a cohort of Australian women. *J Clin Nurs* 2009;18:667-77.
- (100) Laursen M, Johansen C, Hedegaard M. Fear of childbirth and risk for birth complications in nulliparous women in the Danish National Birth Cohort. *BJOG: An International Journal of Obstetrics & Gynaecology* 2009;116:1350-5.
- (101) Nieminen K, Stephansson O, Ryding EL. Women's fear of childbirth and preference for cesarean section - a cross-sectional study at various stages of pregnancy in Sweden. *Acta Obstet Gynecol Scand* 2009;88:807-13.
- (102) Waldenstrom U, Hildingsson I, Ryding EL. Antenatal fear of childbirth and its association with subsequent caesarean section and experience of childbirth. *BJOG: An International Journal of Obstetrics & Gynaecology* 2006;113:638-46.
- (103) Heimstad R, Dahloe R, Laache I, Skogvoll E, Schei B. Fear of childbirth and history of abuse: implications for pregnancy and delivery. *Acta Obstet Gynecol Scand* 2006;85:435-40.
- (104) Johnson R, Slade P. Does fear of childbirth during pregnancy predict emergency caesarean section? *BJOG: An International Journal of Obstetrics & Gynaecology* 2002;109:1213-21.
- (105) Ryding EL, Wijma B, Wijma K, Rydholm H. Fear of childbirth during pregnancy may increase the risk of emergency cesarean section. *Acta Obstet Gynecol Scand* 1998;77:542-7.
- (106) Syddall HE, Sayer AA, Simmonds SJ, Osmond C, Cox V, Dennison EM, et al. Birth weight, infant weight gain, and cause-specific mortality: the Hertfordshire Cohort Study. *Am J Epidemiol* 2005;161:1074-80.
- (107) Barker DJ, Eriksson JG, Forsen T, Osmond C. Fetal origins of adult disease: strength of effects and biological basis. *Int J Epidemiol* 2002;31:1235-9.
- (108) Grote NK, Bridge JA, Gavin AR, Melville JL, Iyengar S, Katon WJ. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Arch Gen Psychiatry* 2010;67:1012-24.

- (109) Lurie S. The changing motives of cesarean section: from the ancient world to the twenty-first century. *Archives of Gynecology & Obstetrics* 2005;271:281-5.
- (110) Devendra K, Arulkumaran S. Should doctors perform an elective caesarean section on request?. *Ann Acad Med Singapore* 582;32:577-81.
- (111) Betran AP, Meriardi M, Lauer JA, Bing-Shun W, Thomas J, Van LP, et al. Rates of caesarean section: analysis of global, regional and national estimates. *Paediatr Perinat Epidemiol* 2007;21:98-113.
- (112) Kolas T, Hofoss D, Daltveit AK, Nilsen ST, Henriksen T, Hager R, et al. Indications for cesarean deliveries in Norway. *American Journal of Obstetrics & Gynecology* 2003;188:864-70.
- (113) Penn Z, Ghaem-Maghami S. Indications for caesarean section. *Best Practice & Research in Clinical Obstetrics & Gynaecology* 2001;15:1-15.
- (114) Finger C. Caesarean section rates skyrocket in Brazil. Many women are opting for caesareans in the belief that it is a practical solution. *Lancet* 2003;362:628.
- (115) Medisinks fødselsregister [The Medical Birth Registry of Norway]. Medisinsk fødselsregisters statistikkbank [Norwegian] [updated 2012]. [<http://mfr-nesstar.uib.no/mfr/>]. Accessed 4 June 2012.
- (116) Paterson-Brown S. Should doctors perform an elective caesarean section on request? Yes, as long as the woman is fully informed. *BMJ* 1998;317:462-3.
- (117) Harris LH. Counselling women about choice. *Best Practice & Research in Clinical Obstetrics & Gynaecology* 2001;15:93-107.
- (118) Turner M. Should women be able to request a caesarean section? Yes. *BMJ* 2011;343:d7570.
- (119) Clement S. Psychological aspects of caesarean section. *Best Practice & Research in Clinical Obstetrics & Gynaecology* 2001;15:109-26.
- (120) Liao JB, Buhimschi CS, Norwitz ER. Normal labor: mechanism and duration. *Obstetrics & Gynecology Clinics of North America* 2005;32:145-64.
- (121) Friedman EA. Primigravid labor; a graphicostatistical analysis. *Obstetrics & Gynecology* 1955;6:567-89.
- (122) Pitkin RM, Friedman EA. Primigravid labor: a graphicostatistical analysis. *Obstet Gynecol* 1955;6:567-89. *Obstetrics & Gynecology* 2003;101:216.
- (123) Bergsjø P, Bakketeig L, Eikhom SN. Duration of labour with spontaneous onset. *Acta Obstet Gynecol Scand* 1979;58:129-34.
- (124) Bobrow CS, Soothill PW. Causes and consequences of fetal acidosis. *Archives of Disease in Childhood Fetal & Neonatal Edition* 1999;80:F246-F249.

- (125) Sheiner E, Levy A, Feinstein U, Hallak M, Mazor M. Risk factors and outcome of failure to progress during the first stage of labor: a population-based study. *Acta Obstet Gynecol Scand* 2002;81:222-6.
- (126) Helsedirektoratet [The Norwegian Directorate of Health and Care Services]. Nasjonale faglige retningslinjer for svangerskapsomsorgen [Norwegian] [updated 2005]. [<http://www.helsedirektoratet.no>]. Accessed 24 May 2012.
- (127) Helsedirektoratet [The Norwegian Directorate of Health and Care Services]. Veiledende retningslinjer for bruk av ultralyd i svangerskapet [Norwegian] [updated 2004]. [<http://www.helsedirektoratet.no>]. Accessed 7 June 2012.
- (128) Helse- og omsorgsdepartementet [Ministry of Health and Care Services]. Evaluering av lov om medisinsk bruk av bioteknologi [Norwegian] [updated 2002]. [<http://www.regjeringen.no>]. Accessed 15 May 2012.
- (129) Magnus P, Irgens LM, Haug K, Nystad W, Skjaerven R, Stoltenberg C, et al. Cohort profile: the Norwegian Mother and Child Cohort Study (MoBa). *Int J Epidemiol* 2006;35:1146-50.
- (130) CSAM Partus [updated 2012]. [<http://www.csamhealth.com>]. Accessed 4 June 2012.
- (131) Blix E, Kumle M, Oian P. [What is the duration of normal labour?]. [Norwegian]. *Tidsskr Nor Laegeforen* 2008;128:686-9.
- (132) Spice K, Jones SL, Hadjistavropoulos HD, Kowalyk K, Stewart SH. Prenatal fear of childbirth and anxiety sensitivity. *Journal of Psychosomatic Obstetrics & Gynecology* 2009;30:168-74.
- (133) Rothman KJ. *Epidemiology, an introduction*. 1 ed. Oxford University Press, 2002.
- (134) Nilsen RM, Vollset SE, Gjessing HK, Skjaerven R, Melve KK, Schreuder P, et al. Self-selection and bias in a large prospective pregnancy cohort in Norway. *Paediatr Perinat Epidemiol* 2009;23:597-608.
- (135) Tambs K, Moum T. How well can a few questionnaire items indicate anxiety and depression? *Acta Psychiatr Scand* 1993;87:364-7.
- (136) Fink P, Orbol E, Hansen MS, Sondergaard L, De JP. Detecting mental disorders in general hospitals by the SCL-8 scale. *J Psychosom Res* 2004;56:371-5.
- (137) Veijola J, Jokelainen J, Laksy K, Kantojarvi L, Kokkonen P, Jarvelin MR, et al. The Hopkins Symptom Checklist-25 in screening DSM-III-R axis-I disorders. *Nordic Journal of Psychiatry* 2003;57:119-23.
- (138) Nettelbladt P, Hansson L, Stefansson CG, Borgquist L, Nordstrom G. Test characteristics of the Hopkins Symptom Check List-25 (HSCL-25) in Sweden, using the Present State Examination (PSE-9) as a caseness criterion. *Social Psychiatry & Psychiatric Epidemiology* 1993;28:130-3.

- (139) Sandanger I, Moum T, Ingebrigtsen G, Dalgard OS, Sorensen T, Bruusgaard D. Concordance between symptom screening and diagnostic procedure: the Hopkins Symptom Checklist-25 and the Composite International Diagnostic Interview I. *Social Psychiatry & Psychiatric Epidemiology* 1998;33:345-54.
- (140) Eberhard-Gran M, Eskild A, Tambs K, Opjordsmoen S, Samuelsen SO. Review of validation studies of the Edinburgh Postnatal Depression Scale. *Acta Psychiatr Scand* 2001;104:243-9.
- (141) Murray D, Cox JL. Screening for depression during pregnancy with the edinburgh depression scale (EDDS). *Journal of Reproductive and Infant Psychology* 1990;8:99-107.
- (142) Garthus-Niegel S, Størksen HT, Torgersen L, von Soes T, Eberhard-Gran M. The Wijma Delivery Expectancy/Experience Questionnaire – a factor analytic study. *Journal of Psychosomatic Obstetrics and Gynecology*. 2011;32:160-163.
- (143) Sterne JA, White IR, Carlin JB, Spratt M, Royston P, Kenward MG, et al. Multiple imputation for missing data in epidemiological and clinical research: potential and pitfalls. *BMJ* 2009;338:b2393.
- (144) Pallant J. SPSS Survival Manual. 3 ed. Open University Press, 2007.
- (145) Eberhard-Gran M, Eskild A, Opjordsmoen S. Treating mood disorders during pregnancy: safety considerations. [Review] [118 refs]. *Drug Saf* 2005;28:695-706.
- (146) Fønhus, M. S., Håvelsrud, K., Wang, H., and Reinart, L. M. [Internet]. Prosjekt: Depresjonsscreening av gravide og barselkvinner [Norwegian] [updated 2012] [<http://www.kunnskapssenteret.no>]. Accessed 7 June 2012.
- (147) National Institute for Health and Clinical Excellence (NICE). Antenatal care: Routine care for the healthy pregnant woman [updated 2007] [<http://publications.nice.org.uk/antenatal-care-cg62/guidance#clinical-examination-of-pregnant-women>]. Accessed 7 June 2012.
- (148) Sundhedsstyrelsen [Danish Health and Medicines Authority]. Anbefalinger for svangreomsorgen [Danish]. [updated 2009] [<http://www.sst.dk>]. Accessed 7 June 2012.
- (149) Socialstyrelsen [The National Board of Health and Welfare]. Nationella riktlinjer för vård vid depression och ångestsyndrom 2010 [Swedish]. [updated 2010] [<http://www.socialstyrelsen.se>]. Accessed 7 June 2012.
- (150) Dennis CL, Ross LE, Grigoriadis S. Psychosocial and psychological interventions for treating antenatal depression. [Review] [65 refs]. *Cochrane Database of Systematic Reviews* (3):CD006309, 2007 2007;CD006309.

APPENDIX I

The Norwegian Mother and Child Cohort Study

Questionnaire at pregnancy week 17

Questionnaire 1

This questionnaire will be processed by a computer. It is therefore important that you follow these instructions:

- Please use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this:
- Should you put a cross in the wrong box correct it by filling in the box completely like this:
- In the large green boxes write a number or a capital letter

It is important that you only write in the white area of each box like this:

Number:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 Letter:

A	B	C	D
---	---	---	---

- When filling in a single figure in boxes containing two or more squares, please use the square to the right. Example:

	5
--	---
- A number of questions in this questionnaire concern the week of pregnancy. For example, fill in week 5 for something that occurred 5 weeks after your last period.
- Specific information concerning, for example, medication or profession should be written in the boxes or on the lines provided. Please write clearly in CAPITAL LETTERS.
- Remember to provide the date when you completed the questionnaire.

Please return the completed questionnaire in the stamped addressed envelope provided.

Date on which the questionnaire was completed

--	--

Day

--	--

Month

--	--	--	--

Year

(write the year with 4 numbers, e.g. 2000)

Menstruation

1. How old were you when you had your first menstrual period?

--	--

 Years

2. How many days are there usually between the first day in your menstrual period and the first day in your next menstrual period?

--	--

 Days

3. Are you usually depressed or irritable before your period?

- No
 Yes, noticeably
 Yes, but just slightly
 Yes, very much

4. If yes, does this feeling disappear after you get your period?

- No
 Yes

5. Were your periods regular the year before you became pregnant?

- No
 Yes

6. During the last year before you became pregnant, did you lose your period for more than three months?

- No
 Yes, due to an earlier pregnancy
 Yes, for other reasons

7. Date of first day of last menstrual period.

--	--	--	--	--	--

Day Month Year

8. Did your last menstrual period come at the expected time?

- No
 Yes

9. Are you certain about the date of first day of last menstrual period?

- Certain
 Uncertain

10. Describe the duration, amount of bleeding and menstrual pains of your last period ?

	As usual	More than usual	Less than usual
Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contraception and pregnancy

11. Have you/your partner at any time during the last year used the following methods to avoid becoming pregnant? (Fill in all that apply.)

- Condom
 Diaphragm
 IUD
 Hormone IUD
 Hormone injection
 Mini pill
 Pill
 Spermicides (foam, suppositories, cream)
 Safe period
 Withdrawal
 No such methods
 Other _____

12. If you have used the pill/mini-pill, how long altogether have you used them?

	Pill	Mini-pill
Less than one year	<input type="checkbox"/>	<input type="checkbox"/>
1-3 years	<input type="checkbox"/>	<input type="checkbox"/>
4-6 years	<input type="checkbox"/>	<input type="checkbox"/>
7-9 years	<input type="checkbox"/>	<input type="checkbox"/>
10 years or more	<input type="checkbox"/>	<input type="checkbox"/>

13. If you have used the pill/mini-pill, how old were you when you first used it?

Years old

14. Were you taking the pill/mini-pill during the last 4 months before this pregnancy?

- No
 Yes

15. If yes, how long before your last menstrual period did you stop taking the pill/mini-pill?

Weeks

16. Was this pregnancy planned?

- No
 Yes

17. If yes, how many months did you have regular intercourse without contraception before you became pregnant?

- Less than 1 month
 1-2 months
 3 months or more

Number of months if more than 3

18. Did you become pregnant even though you or your partner used contraceptives?

- No (proceed to question 21)
 Yes

19. If yes, which type? (Fill in all that apply.)

- Condom
 Diaphragm
 IUD
 Hormone IUD
 Hormone injection
 Mini pill
 Pill
 Spermicides (foam, suppositories, cream)
 Safe period
 Withdrawal
 Other _____

20. If you became pregnant while using an IUD, has it now been removed?

- No
 Yes

21. How long have you and the baby's father had a sexual relationship?

months or years

22. How often did you have sexual intercourse during the four weeks before you became pregnant and during the last four weeks?

	Before	Now
Every day	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times a week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times a week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times every two weeks	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1-2 times every 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>

23. Have you ever been treated for infertility?

- No
 Yes

24. If yes, was it in connection with this pregnancy or an earlier pregnancy and what type of treatment did you have? (Fill in all that apply.)

	Earlier Pregnancy	This Pregnancy
Fallopian tube surgery	<input type="checkbox"/>	<input type="checkbox"/>
Other surgery	<input type="checkbox"/>	<input type="checkbox"/>
Medication for endometriosis	<input type="checkbox"/>	<input type="checkbox"/>
Hormone treatment	<input type="checkbox"/>	<input type="checkbox"/>
Insemination (injection of sperm)	<input type="checkbox"/>	<input type="checkbox"/>
IVF (test tube) method	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you been given information about having an amniocentesis performed?

- No
 Yes

26. What was your blood pressure at your first antenatal visit? (Check your medical card.)

/ E.g. 150 / 95

27. What did you weigh at the time you became pregnant and what do you weigh now (in kilograms)?

When I became pregnant : kg Now: kg

28. How tall are you?

cm

29. How tall is the baby's father?

cm

30. How much does the baby's father weigh (in kilograms)?

kg

Previous pregnancies

31. Have you been pregnant before? (Include all pregnancies that ended in abortion, miscarriage or stillbirth as well)

- No (proceed to question 36)
 Yes

32. If yes, fill in for all earlier pregnancies. Include all pregnancies that ended in abortion, miscarriage or stillbirth as well as ectopic pregnancies. State the year the pregnancy began, how many kilos you gained during the pregnancy and the number of months you breast-fed each baby. State whether or not you smoked during earlier pregnancies.

Pregnancy Number	Year pregnancy started	Live infant born	Spontaneous abortion/stillbirth	Termination of pregnancy	Ectopic pregnancy	Week of pregnancy for abortion/still birth	Number of months breast feeding	Weight gain during pregnancy (in kg)	Smoked during pregnancy
1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
5	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
6	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
8	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
9	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
10	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>

33. Have you had any of the following problems during previous pregnancies? (Fill in all that apply.)

- | | No | Yes |
|-----------------------------------------------|--------------------------|--------------------------|
| 1. Pelvic girdle pain requiring medical leave | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pelvic girdle pain requiring bed rest | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Serious nausea and vomiting | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Pre-eclampsia during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pregnancy diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Sugar in urine | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Problems with incontinence | <input type="checkbox"/> | <input type="checkbox"/> |

34. If you had pelvic girdle pain in a previous pregnancy that led to bed rest or medical leave, when did the pain start?

months after start of pregnancy

35. When did the pain stop?

months after pregnancy

still have pain

Illnesses and health problems during this pregnancy

36. Have you had bleeding from the vagina once or more during this pregnancy?

- No
 Yes

37. If yes, describe the first and last bleeding. Give the date the bleeding started, how many days the bleeding lasted and how much you bled.

	Date when bleeding started	No. of days variation	(Enter a cross in a box indicating the amount of blood (trace blood means a few drops) Amount
First bleeding	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Trace of blood <input type="checkbox"/> More than just a trace <input type="checkbox"/> Clots
Last bleeding	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Trace of blood <input type="checkbox"/> More than just a trace <input type="checkbox"/> Clots
	Day Month Year		

If more than two episodes of bleeding write in the number of times

38. Have you experienced any of the following illnesses or problems during this pregnancy? If you have used medication in connection with these problems give the name of the medicine, the weeks you took the medicines and how many days you took them. (Include all types of medication, both prescription and over the counter medicines in addition to alternative and herbal remedies. Do not include vitamins and dietary supplements as these are discussed elsewhere.)

Illness/health problem	Illness/health problem during this pregnancy				Name of medicine taken	Use of medication during this pregnancy				Number of days taken		
	Week of pregnancy					Week of pregnancy						
	0-4	5-8	9-12	13+		0-4	5-8	9-12	13+			
1 Pelvic girdle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Neck and shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Nausea with vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Vaginal thrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Vaginal catarrh/unusual discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Pregnancy itch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Diarrhoea/gastric flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Unusual tiredness/sleepiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Heartburn/reflux	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Oedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Fever with rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Fever over 38.5 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Common cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Throat infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Sinusitis/ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21 Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22 Pneumonia/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23 Sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24 Protein in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

47. Give the complete name(s) of all vitamins and dietary supplements you take. Include alternative/herbal remedies and diet products. (Write clearly in CAPITAL LETTERS.)

E.g. V I T A P L E X W I T H I R O N

1																				
2																				
3																				
4																				
5																				
6																				

48. If you use multivitamins (with or without minerals) do these contain folic acid?

Yes

No

Don't Know

Civil status and education

49. What is your civil status?

Married Divorced/separated

Cohabitant Widow

Single Other

50. What education do you and the baby's father have? (Enter a cross indicating the highest level of education you both have completed and current studies if you are still studying.)

	You		Baby's Father	
	Completed	On-going	Completed	On-going
1 9-year secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 1-2 year high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Technical high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 3-year high school general studies, junior college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Regional technical college, 4-year university degree (Bachelor's degree, nurse, teacher, engineer) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 University, technical college, more than 4 years (Master's degree, medical doctor, PhD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work and leisure

51. What was your and the baby's father's work situation when you became pregnant? (Fill in one or several boxes for each.)

	You	Baby's Father
1 Student	<input type="checkbox"/>	<input type="checkbox"/>
2 At home	<input type="checkbox"/>	<input type="checkbox"/>
3 Intern/apprentice	<input type="checkbox"/>	<input type="checkbox"/>
4 Military service	<input type="checkbox"/>	<input type="checkbox"/>
5 Unemployed/laid off	<input type="checkbox"/>	<input type="checkbox"/>
6 Rehabilitation/disabled	<input type="checkbox"/>	<input type="checkbox"/>
7 Employed in public sector	<input type="checkbox"/>	<input type="checkbox"/>
8 Employed in private sector	<input type="checkbox"/>	<input type="checkbox"/>
9 Self-employed	<input type="checkbox"/>	<input type="checkbox"/>
10 Family member without steady income in family company (e.g. Farming, business)	<input type="checkbox"/>	<input type="checkbox"/>
11 Other	<input type="checkbox"/>	<input type="checkbox"/>

52. Did you have an extra job (with or without salary) when you became pregnant? (For example, accountant, hair dresser, singer in a dance band, club leader)

- No
- Yes, describe _____

53. Have you been absent from your usual work more than two weeks altogether during this pregnancy?

- No
- Yes

54. Are you absent from your work at the present time?

- No
- Yes

55. If yes, what is the reason for your absence? (Fill in one or several boxes.)

- Medical leave
- Leave of absence
- Sick child
- Other _____

56. The usual number of paid working hours a week before you became pregnant and at present.

Before the pregnancy: Hours

During the pregnancy: Hours

(Questions about current work situation to be answered by anyone in paid employment, even if they are temporarily absent due to illness, being on leave or for similar reasons.)

57. Describe the type of work carried out at your and the baby's father's place of work as accurately as possible.

(Write for example, hospital department for children with cancer, body shop at a garage for diesel vehicles, farming with grain and swine, work in the home.)

You

Baby's Father

58. Occupation/title at this workplace?

(Write for example, staff nurse, mechanic, foreman, lecturer, student, cleaning assistant, housewife/at home.)

59. Indicate the appropriate answer for each of the following questions concerning your present work situation. (Fill in only one box in each line.)

	Yes every day more than half of the working day	Yes every day less than half of the working day	Yes, periodically but not daily	Seldom or never
Do you sometimes have so much to do that your work situation becomes taxing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to turn or bend many times in the course of an hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work with your hands up at shoulder level or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work standing or walking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you choose to work a little faster some days and a little slower on other days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you subjected to a lot of uncomfortable background noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you subjected to a lot of background noise that makes you have to raise your voice when talking to others, even at a distance of one metre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. How do the following statements describe your work situation? (Fill in only one box in each line.)

	Agree	Agree mostly	Disagree mostly	Disagree completely
I have physically heavy work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work is very stressful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn a lot at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work is very monotonous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work demands a lot of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to decide how my work is to be carried out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a good team spirit at my place of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. When are your working hours? (Fill in one or several boxes.)

- Permanent day work
- Permanent afternoon or evening work
- Permanent night work
- Shift work or shift rotations
- No set times (extra help, extra shifts, temporary employment, etc.)
- Other

62. During your pregnancy do you lift anything that weighs more than 10 kg (10 kilos is the equivalent of a full bucket of water.)

	At Home	At Work
Seldom or never	<input type="checkbox"/>	<input type="checkbox"/>
Yes, less than 20 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than 20 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Yes, 10-20 times a day	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than 20 times a day	<input type="checkbox"/>	<input type="checkbox"/>

63. How often have you worked with radio transmitters or radar after becoming pregnant?

- Seldom/Never
- A few times a week
- Daily
- On average more than an hour daily

64. How often do you talk on a cell phone?

- Seldom/Never
- A few times a week
- Daily
- On average more than an hour daily

65. Do your cell phone calls last more than 15 minutes?

- Never
- Seldom
- Often

66. How often have you worked with a computer monitor, laser printer or copying machine (at a distance of less than two metres) after you became pregnant?

	Computer monitor	Laser printer	Copying machine
Seldom/Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On average more than an hour daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. How often have you worked with X-ray equipment (at a distance of less than two metres) after you became pregnant?
(This does not include treatment as a patient)

- Seldom/Never
- A few times a week
- Daily
- On average more than an hour daily

68. Have you been in contact with any of the following substances either at work or in your leisure time during the last six months? (Fill in each line.)

	No	Yes	If Yes, number of days the last 6 months (daily = 180 days)	Fill in if you have used a hood for gases or breathing protection	Fill in if you have used protective gloves
1 Lead vapours, lead dust, lead particles or lead alloys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Chrome, arsenic, cadmium or combinations of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Gasoline or exhaust (does not apply to filling gasoline in your own car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Mercury vapours, mercury or work with amalgam fillings (does not apply to your own dental treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Disinfectants, vermin poisons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Weed killers, insecticides, fungicides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Oil-based paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Water-based or latex paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Paint thinner, paint-lacquer-glue remover or other solvents (e.g. lnyol, turpentine, toluene, carbon tetrachloride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Industrial dyes or ink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Motor oil, lubrication oil or other types of oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Photographic chemicals (fixatives or developers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Substances used in welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Substances used in soldering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Formalin/formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Chemotherapeutic substances/chemotherapy treatment (does not apply to your own medical treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Laughing gas or other anaesthetic gases (does not apply to your own treatment as a patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Other substances and conditions, describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. How often have you been to a discotheque since you became pregnant?

- 1-2 times a week
- Less often
- Never

70. Are you in contact with animals either at work or in your leisure time?

- No
- Yes

71. If yes, what sort of animals and how often are you in contact with them on a weekly basis?

	Daily	3-6 times a week	1-2 times a week	Less than 1 time a week
1 Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Guinea pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hamster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Rabbit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Canary or other bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Aquarium fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Sheep, goat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing and household

72. With whom do you live? (Fill in one or several boxes.)

- Spouse/partner
- Parents
- Parents-in-law
- Children
- No one
- Other describe _____

73. How many people including you live in your home?

Number of people over 18 years

Number of people between 12 - 18 years

Number of people between 6 - 11 years

Number of people under 6 years

74. How many children are at nursery school/day care?

children

75. Do you or the baby's father have a mother tongue other than Norwegian?

- No
- Yes

76. If yes, which language?

	You	Baby's Father
Sámi	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, which? _____

77. Do your parents or the baby's father's parents have a mother tongue other than Norwegian?

- No
- Yes

78. If yes, which language?

	Your Mother	Your Father	Mother of the child's father	Father of the child's father
Sámi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, which? _____

79. What is your and the baby's father's yearly gross income? (Include child support, unemployment benefits and other allowances.)

Your gross income	Child's father's gross income
<input type="checkbox"/> No income	<input type="checkbox"/> No income
<input type="checkbox"/> Under 150.000 NOK	<input type="checkbox"/> Under 150.000 NOK
<input type="checkbox"/> 150-199.999 NOK	<input type="checkbox"/> 150-199.999 NOK
<input type="checkbox"/> 200-299.999 NOK	<input type="checkbox"/> 200-299.999 NOK
<input type="checkbox"/> 300-399.999 NOK	<input type="checkbox"/> 300-399.999 NOK
<input type="checkbox"/> 400-499.999 NOK	<input type="checkbox"/> 400-499.999 NOK
<input type="checkbox"/> over 500.000 NOK	<input type="checkbox"/> over 500.000 NOK
	<input type="checkbox"/> Don't know

80. Is it possible for your household to manage financially without your income?

- No
- Yes, but with difficulty
- Yes, without difficulty

81. What type of house do you live in?

- Detached house
- Farm
- Semi detached
- Four-flat house
- Maisonette
- Terraced flat
- Basement flat
- Apartment building
- Townhouse/tenement
- Which floor?
- Other _____

82. Has there been damp damage, visible signs of fungus/mildew or a smell of mildew in your home in the past 3 months? (Fill in one or several boxes.)

- No
- Yes, damp damage
- Yes, signs of fungus and mould
- Yes, a smell of mildew

83. Where does your drinking water come from?

- Public or private water company
- Water from a local source (e.g. own well)

84. How many times have you moved in the last 3 years?

times

85. Has anyone in your home had influenza, a prolonged cough, childhood disease or an illness with fever and a rash after you became pregnant?

- No
- Yes

86. If yes, which illness? (fill in one or several boxes)

- German measles
- Chicken pox
- Measles
- Roseola infantum
- Other fever with rash
- Influenza
- Prolonged cough
- Tuberculosis
- Hand, foot and mouth disease
- Other

Living habits

87. Did your mother smoke when she was pregnant with you?

- No
 Yes
 Don't Know

88. Are you exposed to passive smoking at home?

- No
 Yes

89. If yes, how many hours a day are you exposed to passive smoking?

hours per day

90. Are you exposed to passive smoking at work?

- No
 Yes

91. If yes, how many hours a day are you exposed to passive smoking?

hours per day

92. Did the baby's father smoke before you became pregnant?

- No
 Yes

93. Does he smoke now?

- No
 Yes

94. Have you ever smoked?

- No (proceed to question 104)
 Yes

95. Do you smoke now (after you became pregnant)?

- No
- Sometimes cigarettes per week
- Daily cigarettes per day

96. Did you smoke during the last 3 months before you became pregnant this time?

- No
- Sometimes cigarettes per week
- Daily cigarettes per day

97. How old were you when you started to smoke on a daily basis?

Years

98. Have you stopped smoking completely?

- No
 Yes

99. If yes, how old were you when you stopped smoking?

Years

100. If you stopped smoking after you became pregnant, in which week of pregnancy did you stop?

week of pregnancy

101. How long after you get up in the morning until you light your first cigarette?

- 5 minutes
 6-29 minutes
 30-60 minutes
 More than one hour

102. Do you smoke when you are ill?

- No
 Yes

103. Do you smoke more often during the first few hours after you wake up than you do during the rest of the day?

- No
 Yes

104. If you have used other kinds of nicotine indicate which and when you used them.

	Before pregnancy	During pregnancy
Chewing tobacco/snuff	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine chewing gum	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine adhesive patch	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine inhaler	<input type="checkbox"/>	<input type="checkbox"/>

105. What was your fluid consumption (number of cups/glasses) per day before and during pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)

	Number of cups/glasses		Decaffeinated (Enter a cross)
	Before pregnancy	Now	
1 Filter coffee	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
2 Instant coffee	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
3 Boiled coffee	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
4 Tea	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
5 Herbal tea	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
6 Coca Cola/Pepsi etc.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
7 Other fizzy drinks	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
8 Diet Coca Cola/Pepsi	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
9 Other diet fizzy drinks	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
10 Tap water	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
11 Bottled water	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
	Before pregnancy	Now	Ecological (Enter a cross)
12 Juice/squash	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
13 Diet juice/squash	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
14 Milk (skim, low fat, whole)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
15 Yogurt, all types	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
16 Yogurt/active Lactobacillus	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
17 Other type of cultured milk - Kefir	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>
18 Other	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>

106. Have you used any of the following substances?

	Never	Previously	Last month before pregnancy	During pregnancy
1 Hash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. Have you ever consumed alcohol?

- No (proceed to question 117)
 Yes

Alcohol units are used to compare the different types of alcoholic beverages. 1 alcohol unit (= 1.5 cl. pure alcohol) is equivalent to:

- 1 bottle/can energy drink or cider
- 1 glass (1/3 litre) of beer
- 1 wine glass red or white wine
- 1 sherry glass sherry or fortified wine
- 1 snaps glass spirits or liqueur

108. How often did you consume alcohol in the 3 months before you became pregnant and how often do you consume alcohol during the pregnancy?

	Last 3 months before pregnancy	During pregnancy
1 Approximately 6-7 times a week	<input type="checkbox"/>	<input type="checkbox"/>
2 Approximately 4-5 times a week	<input type="checkbox"/>	<input type="checkbox"/>
3 Approximately 2-3 times a week	<input type="checkbox"/>	<input type="checkbox"/>
4 Approximately once a week	<input type="checkbox"/>	<input type="checkbox"/>
5 Approximately 1-3 times a month	<input type="checkbox"/>	<input type="checkbox"/>
6 Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>
7 Never	<input type="checkbox"/>	<input type="checkbox"/>

109. What type of alcohol do you usually drink? (Fill in one or several boxes.)

- 1 Light beer
- 2 Beer
- 3 Red wine
- 4 White wine
- 5 Low alcohol sodas
- 6 Fortified wines (sherry, port, Madeira)
- 7 Spirits (vodka, gin, snaps, cognac, whisky, liqueur)

110. Did you drink 5 units or more at least once during the last 3 months before pregnancy or during pregnancy?

	Last 3 months before pregnancy	During pregnancy
1 Several times per week	<input type="checkbox"/>	<input type="checkbox"/>
2 Once a week	<input type="checkbox"/>	<input type="checkbox"/>
3 1-3 times a month	<input type="checkbox"/>	<input type="checkbox"/>
4 Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>
5 Never	<input type="checkbox"/>	<input type="checkbox"/>

111. How many units of alcohol do you usually drink when you consume alcohol?

	Last 3 months before pregnancy	During pregnancy
10 or more	<input type="checkbox"/>	<input type="checkbox"/>
7-9	<input type="checkbox"/>	<input type="checkbox"/>
5-6	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1	<input type="checkbox"/>	<input type="checkbox"/>

112. How many units of alcohol do you have to drink before you feel any effect?

units

113. Have other people irritated you or hurt your feelings by criticising how much you drink?

- No
 Yes

114. Have you ever felt that you ought to drink less alcohol?

- No
 Yes

115. Have you ever drunk alcohol in the morning to calm your nerves or to get rid of a hangover?

- No
 Yes

116. Have you ever experienced any of the following problems during the last year in relation to your alcohol consumption?

	Never	Once	Several times
Argued with or had negative feelings for a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suddenly found yourself somewhere without knowing how you got there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been absent from work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainted or passed out suddenly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a sad period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weight and weight control

117. Do you think you were overweight just before this pregnancy?

- Yes, a lot
 Yes, a little
 No

118. Are you worried about putting on more weight than necessary during this pregnancy?

- Yes, very worried
 Somewhat worried
 No, not especially worried

119. Has anyone said that you were too thin while you felt that you were overweight during the last 2 years?

- Yes, often
 Yes, occasionally
 No

120. Have you ever felt that you lost control while eating and were not able to stop before you have eaten far too much?

	Last 6 months before this pregnancy	Now
No	<input type="checkbox"/>	<input type="checkbox"/>
Infrequently	<input type="checkbox"/>	<input type="checkbox"/>
Yes, at least once a week	<input type="checkbox"/>	<input type="checkbox"/>

121. Have you ever used any of the following methods to control your weight?

	Last 6 months before this pregnancy		Now	
	At least once a week	Seldom/ Never	At least once a week	Seldom/ Never
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard physical exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

122. Is it important for your self-image that you maintain a certain weight?

- Yes, very important
 Yes, quite important
 No, not especially important

Physical activity

123. How often do you exercise? (Fill in each line for both before and during this pregnancy.)

	Last 3 months before this pregnancy					During this pregnancy				
	Never	1-3	1 time	2 times	3 or more	Never	1-3	1 time	2 times	3 or more
		times	a week	a week	times		times	a month	a week	a week
1 Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Brisk walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Running/jogging/orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Training studio/weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Special gymnastics/aerobics for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Aerobics/gymnastics/dance without running and jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Aerobics/gymnastics/dance with running and jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Dancing (swing/rock/folk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Ball sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. How often do you do exercises for the following muscle groups? (Fill in each line for both before and during this pregnancy.)

	Last 3 months before pregnancy					During pregnancy				
	Never	1-3	1 time	2 times	3 or more	Never	1-3	1 time	2 times	3 or more
		times	a week	a week	times		times	a month	a week	a week
Abdominal muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic floor muscles (muscles around the vagina, urethra, anus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. How often are you so physically active in your leisure and/or at work that you get out of breath or sweat?

	Last 3 months before this pregnancy		During this pregnancy	
	Leisure	At work	Leisure	At work
	Never	Once a week	Once a week	Once a week
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 times a week or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A little more about yourself and how you are keeping now

126. Do you agree or disagree with the following statements? (Fill in only one box in each line.)

	Don't agree						
	Disagree completely	Disagree	Disagree somewhat	or disagree	Agree somewhat	Agree	Agree completely
My life is largely what I wanted it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To date, I have achieved what is important for me in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could start all over, there is very little I would do differently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

127. How do these statements describe your relationship? (Only answer if you have a partner.) (Fill in only one box in each line.)

	Agree		Disagree	
	Completely	Agree somewhat	Disagree somewhat	Disagree completely
My husband/partner and I have a close relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have problems in our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very happy in my relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner is usually understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often think about ending our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my relationship with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often disagree about important decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been lucky in my choice of a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We agree about how children should be raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my partner is satisfied with our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

128. Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?

- No
- Yes 1-2 people
- Yes more than 2 people

129. How often do you meet or talk on the telephone with your family (other than those you live with) or close friends?

- Once a month or less
- 2-8 times a month
- More than twice a week

130. Do you often feel lonely?

- Almost never
- Seldom
- Sometimes
- Usually
- Almost always

131. Have you been bothered by any of the following during the last two weeks? (Enter a cross for each line.)

	Not bothered	A little bothered	Quite bothered	Very bothered
Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or shakeiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132. Have you ever in your adult life been slapped, hit, kicked or bothered in any way physically? (fill in one or several boxes)

	During this pregnancy	Last 6 months before pregnancy	Earlier
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't remember	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

133. Have you ever been pressured or forced to have sexual intercourse? (Fill in one or several boxes.)

	During this pregnancy	Last 6 months before pregnancy	Earlier
No, never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, pressured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, forced with violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, raped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

134. How do you feel about yourself? (Enter a cross for each line.)

	Agree completely	Agree	Disagree	Disagree completely
I have a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel completely useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I do not have much to be proud about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am a valuable person, as good as anyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135. Have you ever experienced the following for a continuous period of 2 weeks or more? (Fill in each line.)

	No	Yes
Felt depressed, sad	<input type="checkbox"/>	<input type="checkbox"/>
Had problems with appetite or eaten too much	<input type="checkbox"/>	<input type="checkbox"/>
Been bothered by feeling weaker or a lack of energy	<input type="checkbox"/>	<input type="checkbox"/>
Really blamed yourself and felt worthless	<input type="checkbox"/>	<input type="checkbox"/>
Had problems with concentration or had problems making decisions	<input type="checkbox"/>	<input type="checkbox"/>
Had at least 3 of the problems named above simultaneously	<input type="checkbox"/>	<input type="checkbox"/>

136. If you have had 3 or more of these problems at the same time, how many weeks did the longest period last?

weeks

137. Was there a particular reason for this?

- No, no particular reason
- Yes (e.g. death, divorce, miscarriage, accident)

We would be grateful if you would write anything else you would like to tell us about this pregnancy or previous births/pregnancies that are not addressed in this questionnaire on the next page.

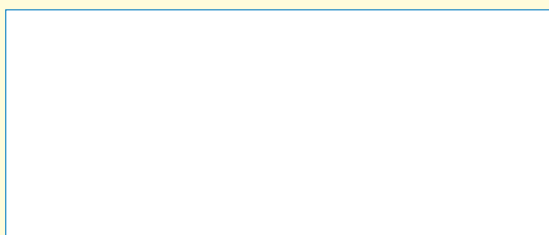
Comments

Have you remembered to fill in the date on which you completed the questionnaire on page 1?

Thank you very much for your help!

Please return the completed questionnaire in the stamped addressed envelope provided.

Avd. for medisinsk fødselsregister
Kalfarveien 31
5018 Bergen



APPENDIX II

The Norwegian Mother and Child Cohort Study
Questionnaire at pregnancy week 30

den norske *Mor & barn undersøkelsen*

Questionnaire 3C

This questionnaire applies mainly to the period after week 12 of your pregnancy. We will ask you some questions which you may recognise from the first questionnaire. We do this because we want to continue following your and your child's progress. It would be useful for you to consult your pregnancy health card before you start answering the questions so that you can use the information contained in it when completing this questionnaire. If you feel uncomfortable with a question or it is difficult to answer, you can skip this question and go on to the next one.

This questionnaire will be processed by a computer. It is therefore important that you follow these instructions:

- Use a blue or black ballpoint pen.
- Put a cross in the box that is most relevant like this:
- If you put a cross in the wrong box, correct it by filling in the box completely like this:
- Write a number or capital letter in the large green boxes.

It is important that you only write in the white area of each box like this:

Number:

Letter:

- When entering a single-digit number in boxes containing two or more squares, use the square on the right. **For example:** 5 is written like this:
- A number of questions in this questionnaire concern the week of pregnancy. *For example: If you want to indicate something that happened 14 weeks after your last period, enter a cross in the box for week 13-16.*
- Specific information concerning, for example, medication or profession should be written in the boxes or on the lines provided. Please write clearly in CAPITAL LETTERS.
- Remember to enter the date when you completed the questionnaire.

Please return the completed questionnaire in the stamped addressed envelope provided.

Date when the questionnaire was completed

Day

Month

Year

(write the year in full, e.g. 2001)

Antenatal care and health

1. Where have you been to antenatal check-ups?

(Fill in one or more boxes.) Specify how many times.

- Public health centre times
- Doctor's surgery times
- Hospital (outpatients) clinic times

2. Who has examined you each time? (Fill in one or more boxes.) Specify how many times.

- Midwife times
- General practitioner times
- Gynaecologist times
- Public health nurse times

3. Is your doctor male or female?

How many times have you gone to him/her?

- General practitioner female times
- male times
- Gynaecologist female times
- male times

4. If you visit or have visited a gynaecologist or hospital clinic for your antenatal check-ups, what is or was the reason?

- Referred due to complications during this pregnancy
- Referred due to previous illness or complications in previous pregnancies
- On your own initiative without a referral
- Referred for another reason

5. Do you agree with the following statements concerning your antenatal check-ups?

	Agree completely	Agree	Agree somewhat	Disagree somewhat	Disagree	Disagree completely
I have been given sufficient advice and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been well taken care of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was not enough time during the consultations .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt secure during these check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been able to discuss everything I needed to during the check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the whole, I am satisfied with the way I have been followed up by the health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you contacted a midwife or doctor in addition to your normal check-ups?

	No	Yes
Midwife.	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>

7. If yes, was it difficult to get an appointment?

	Midwife	Doctor
Not difficult	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat difficult	<input type="checkbox"/>	<input type="checkbox"/>
Very difficult	<input type="checkbox"/>	<input type="checkbox"/>

8. Have you had a gynaecological examination during your pregnancy (internal examination)? If so, how many times?

No

Yes Times

9. How many ultrasound examinations have you had during your pregnancy?

External ultrasound examination Times

Internal ultrasound examination Times

10. How many children are you expecting?

11. Have you been offered an amniocentesis or placenta biopsy?

No (go to question 16)

Yes

12. If yes, were any tests performed and what were the results?

	Was the test performed?		Were the results normal?	
	Yes	No	Yes	No
Amniocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placenta biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the tests were abnormal, describe the findings:

13. If an amniocentesis or placenta biopsy was performed, what was the reason?

Due to my age (normally 38 or older at the time of delivery)

Previous child with a chromosome disorder

Previous child with neural tube defect (spina bifida)

Epilepsy (medication for epilepsy)

Ultrasound findings

Other

14. Were there complications during the first 2 weeks following the amniocentesis?

No

Yes

15. If yes, what kind of complications?

Vaginal bleeding

Leakage of amniotic fluid

Abdominal pain (similar to or stronger than menstrual pains)

Other _____

16. Have you had an X-ray during pregnancy?

No

Yes

17. If yes, what part of your body was X-rayed? How many X-rays were taken and in which week of pregnancy? (Fill in one or more boxes.)

	Week of pregnancy						No. of times
	0-12	13-16	17-20	21-24	25-28	29+	
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
Lungs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
Arms or legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
Pelvis/abdomen/back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>

18. Have you received treatment to prevent a premature birth during this pregnancy? (Fill in one or more boxes.)

No

Yes, relax or bed-rest

Yes, medication

Which medicines? _____

19. Have you been vaccinated during this pregnancy?

No

Yes

Which vaccine? _____

20. Has the midwife or doctor told you that you have or have had high blood pressure during this pregnancy?

No

Yes

21. If yes, what was the highest reading during this pregnancy? (High blood pressure is over 140/90) (Refer to your health card.)

/ E.g. /

Don't know

22. Have you had high blood pressure without being pregnant?

No

Yes

Don't know

23. If yes, what was the highest reading before this pregnancy?

/ E.g. /

Don't know

30. Do you wake up at night due to pelvic pain?

- Yes, frequently
 Yes, sometimes
 No, never

31. Do you have to use a stick or crutches in order to walk due to pelvic pain?

- No, never
 Yes, but not every day, the pain varies from day to day
 Yes, I have to use a stick or crutches every day

32. Have you received an anaesthetic in connection with surgery or dental treatment during this pregnancy?

- No
 Yes

33. If yes, what type of anaesthetic have you had? (Fill in one or more boxes.)

- General (full) anaesthetic
 Spinal anaesthetic (epidural)
 Local anaesthetic
 Don't know

34. Have you been to the dentist during this pregnancy?

- No
 Yes

35. If yes, did the dentist perform any of the following treatments? (Fill in one or more boxes.)

	Yes	No
Put in new amalgam fillings (silver fillings)	<input type="checkbox"/>	<input type="checkbox"/>
Removed or replaced amalgam fillings	<input type="checkbox"/>	<input type="checkbox"/>
Put in new white fillings	<input type="checkbox"/>	<input type="checkbox"/>

36. How many teeth do you have and how many have fillings? (Look in the mirror and count.)

Total number of teeth	<input type="text"/>	<input type="text"/>
Number of teeth with amalgam fillings	<input type="text"/>	<input type="text"/>
Number of teeth with other types of fillings	<input type="text"/>	<input type="text"/>

37. At present, do your gums bleed when you brush your teeth?

- No, seldom or never
 Yes, sometimes
 Yes, frequently
 Yes, nearly always

38. Have you had a tattoo or body piercing, including extra holes in the ears? (Do not include pierced ears if you have one hole in each ear.)

- No
 Yes

39. If yes, where and when was it done? (Fill in one or more boxes.)

	Tattoo	Body piercing
Before this pregnancy:		
In Norway	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>
During this pregnancy:		
In Norway	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>

40. Have you ever had a blood transfusion? If yes, give the number of transfusions.

- No
 Yes, during this pregnancy Times
 Yes, before this pregnancy Times

41. If yes, in which country and which year? (Give the last 2 transfusions.)

Country: _____
 Country: _____

42. Have you ever had breast surgery?

- No
 Yes

43. If yes, was it:

- Breast enlargement
 Breast reduction
 Cancer/biopsy
 Other, describe: _____

44. Have you ever had cervical dysplasia?

- No
 Yes
 Year the dysplasia was detected the first time

45. Have you had an operation on your cervix?

- No
 Yes
 Year of operation

46. Have you ever had a gamma globulin injection? (used to prevent infection of hepatitis A, primarily when travelling abroad.)

- No
 Yes
 If yes, which year?

How have you been recently?

Some questions about the time that has elapsed since the 13th week of pregnancy.

47. Have you had one or more episodes of vaginal bleeding after the 13th week of pregnancy?

- No
- Yes

48. If yes, how much did you bleed, in which week(s) of pregnancy and how many days did the bleeding last? (If you have had more than 2 episodes of bleeding, describe the last 2 only.)

The amount of blood (spotting means a few drops)	In which week of pregnancy did the bleeding occur?					No. of days bleeding lasted
	13-16	17-20	21-24	25-28	29+	
1. <input type="checkbox"/> Spotting <input type="checkbox"/> More than spotting <input type="checkbox"/> Large amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. <input type="checkbox"/> Spotting <input type="checkbox"/> More than spotting <input type="checkbox"/> Large amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> Number of episodes of bleeding if more than 2						<input type="text"/>

49. Do you know why you bled?

- No
- Yes

50. If yes, what was the reason? (Fill in one or more boxes.)

- The placenta is too low/is in a difficult position/placenta previa
- Premature separation of the placenta/abruptio/ablatio placenta
- Threatening miscarriage/premature birth
- Cervical ulcer, bleeding of the mucous membrane in the vagina
- Following intercourse
- Other reason

51. Have you been bothered by uterine contractions?

- No
- Yes, a little
- Yes, a lot

52. Do you have or have you had any of the following illnesses or problems after the 13th week of pregnancy? If you have used tablets, mixtures, suppositories, inhalers, creams, etc. in connection with the illness or problem, give the name(s) of the medication(s), when and how long you took them. (Fill in one or more boxes.) (This applies to all types of medicines including alternative and herbal remedies, both regular and occasional use. Do not include vitamins and nutritional supplements as these are asked about elsewhere.)

	In which week of pregnancy did you have problems?					The name of the medication taken	In which week of pregnancy did you take medication					No. of days taken
	13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+	
1 Pelvic girdle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2 Back pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3 Other pains in muscles/joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4 Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 Long-term nausea and vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6 Vaginal thrush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7 Vaginal catarrh, unusual discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8 Pregnancy itch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9 Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10 Diarrhoea/gastric flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Continued...

	In which week of pregnancy did you have problems?					The name of the medication taken	In which week of pregnancy did you take medication					No. of days taken		
	13-16	17-20	21-24	25-28	29+		13-16	17-20	21-24	25-28	29+			
11 Unusual fatigue /drowsiness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Swelling of the body (oedema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Common cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Throat infection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Sinusitis/ear infection....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17 Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Pneumonia /bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Other cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21 Protein in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22 Bladder infection/ cystitis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23 Incontinence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24 High blood pressure ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25 Leg cramps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
26 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27 Hay fever/other allergy ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28 Headache/migraine...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
29 Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 Other psychological problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
31 Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

53. If you have had a fever once or more since the 13th week of pregnancy, indicate in which week of pregnancy, name of any medication taken to reduce the fever and the highest temperature measured. (If more than 3 times, indicate the last 3.)

	Which week of pregnancy did you have a fever?					Name any medication taken to lower the fever	Highest recorded temperature (e.g. 38.9° C)	Temperature not taken
	13-16	17-20	21-24	25-28	29+			
1st time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> °C	<input type="checkbox"/>
2nd time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> °C	<input type="checkbox"/>
3rd time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="text"/> °C	<input type="checkbox"/>

Fever more than 3 times

59. Give the complete name(s) of all the vitamins and nutritional supplements you take. Include also herbal remedies and diet products. (Write clearly using CAPITAL LETTERS since this will be read by a computer.)

1 e.g.

V I T A P L E X M E D J E R N

2

3

4

5

6

60. If you take multivitamins (with or without minerals), do these contain folate/folic acid?

- No
 Yes
 Don't know

WORK

61. Have you been in paid employment during this pregnancy?

- No (go to question 76)
 Yes

62. Do you have the same job conditions now after the 13th week of pregnancy that you described in the first questionnaire?

- No
 Yes (go to question 66)

63. If no, in which week of your pregnancy did your work situation change?

Week of pregnancy

64. How has your work situation changed?

- I have stopped working
 I have gone over to a part-time position
 Other

65. If you have stopped working, why did you stop?

- I handed in my notice
 The work was temporary (seasonal, short-term contract)
 I was fired
 Other

66. Have your working arrangements been changed during this pregnancy making your job more suitable for you now that you are pregnant?

- No
 Yes

67. If no, why have your working conditions not been changed to make them more suitable for you?

- Not necessary
 Impossible or nearly impossible
 I have asked for changes but no changes have been made
 It is difficult to ask
 None of the above (explain why)

68. What are your working hours? (Fill in one or more boxes.)

- Permanent day work
 Permanent afternoon or evening work
 Permanent night work
 Shift work or shift rotas
 No set times (extra work, extra shifts, temporary employment, etc.)
 Other

69. Answer each of the following questions for your present work. (Fill in each item.)

	Yes daily, more than half of working hours	Yes daily, less than half of working hours	Yes periodically, but not daily	Seldom or never
Do you ever have so much to do that your work situation becomes stressful and annoying? . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have to bend or turn many times a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work with your hands at shoulder level or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you work standing or walking about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In some jobs it is possible to decide yourself how much and how quickly you work. You can, for example, work a little faster one day and take it a little easier the next. Do you have this opportunity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there so much noise at your workplace that it is uncomfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there so much noise that you have to raise your voice to speak with others even at a distance of one metre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. How often have you worked with a radio transmitter or radar after the 13th week of pregnancy?

- Seldom/never
- A few times a week
- Daily
- On average, more than 1 hour a day

71. How often have you worked with X-ray equipment (at a distance of less than 2 metres) after the 13th week of pregnancy? (Do not include treatment as a patient.)

- Seldom/never
- A few times a week
- Daily
- On average, more than 1 hour a day

72. Have you been absent from your normal job for more than two weeks after the 13th week of pregnancy?

- No
- Yes, part time
- Yes

73. Are you absent from regular work at the present time?

- No
- Yes, part time
- Yes

74. If yes, why are you currently absent from work?

(Fill in for only one item.)

- Sick leave (with sick compensation pay)
- Absent due to sick child
- Made redundant with compensation
- Absent with maternity allowance due to the working environment
- Started maternity leave (with allowance)
- Service leave
- Other (describe)

75. Complete the table below if you were on sick leave (full or part time) after the 13th week of pregnancy. Fill in the reason (e.g. pelvic girdle pain, pneumonia), which weeks you were on sick leave, the number of days and the percentage of time each period of sick leave represents. (Give one reason for sick leave per line.)

Reason for sick leave	Sick leave during week of pregnancy:					Number of days	% sick leave
	13-16	17-20	21-24	25-28	29+		
<i>Example: Pelvic girdle pain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	50
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

76. Do you currently lift anything over 10 kilos while you are pregnant? (10 kilos is equivalent to a full bucket of water)

	Home	Work
Seldom or never	<input type="checkbox"/>	<input type="checkbox"/>
Yes, less than 20 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than 20 times a week	<input type="checkbox"/>	<input type="checkbox"/>
Yes, 10-20 times a day	<input type="checkbox"/>	<input type="checkbox"/>
Yes, more than 20 times a day	<input type="checkbox"/>	<input type="checkbox"/>

77. Have others helped you with housework or childcare more than they usually do to relieve you during this pregnancy?

- Yes, considerably
- Yes, to a fair extent
- No, no one has offered
- No, it has not been necessary

78. If you are on maternity leave for this pregnancy, when did it start?

Date:

day month year

Habits

79. How often do you talk on a mobile phone?

- Seldom/never
- A few times a week
- Daily
- On average, more than 1 hour a day

80. Do you talk on your mobile phone for longer than 15 minutes at a time?

- Never
- Seldom
- Frequently

81. How frequently have you worked with a computer monitor, laser printer or photocopier machine (at a distance of less than 2 metres) after the 13th week of pregnancy?

	Computer monitor	Laser printer	Photocopier machine
Seldom/never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A few times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On average, more than 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

82. Do you live close to high-voltage power lines?

- No
 Yes, closer than 50 metres
 Yes, between 50 - 100 metres
 Yes, more than 100 metres

83. How often have you been to a discotheque since you answered the previous questionnaire?

- Never
 At least 1-2 times a week
 Less often

84. How often do you exercise at present? (Fill in for each item.)

	Never	1-3 times a month	Once a week	Twice a week	3 times or more a week
1. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Brisk walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Running/jogging/orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Training studio/weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Special gymnastics/aerobics for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Aerobics/gymnastics/dance without running and jumping ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Aerobics/gymnastics/dance with running and jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dancing (swing/rock/folk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ball sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. How often do you do exercises at home or at a gym for the following groups of muscles? (Fill in for each item.)

	Never	1-3 times a month	Once a week	Twice a week	3 times a week or more
Abdominal muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic floor muscles (Muscles around the vagina, urethra, anus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86. How often at the moment are you so physically active in your spare time and/or at work that you get out of breath or sweat? (Fill in for both spare time and work.)

	Spare time	At work
Never	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>
Twice a week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>
5 or more times a week	<input type="checkbox"/>	<input type="checkbox"/>

87. How often on average have you had sexual intercourse during the last month?

- Daily
 5-6 times a week
 3-4 times a week
 1-2 times a week
 Less frequently
 Never

88. Have you been abroad during the last year?

- No
 Yes

89. If yes, which countries did you visit and when?

Country	Month	Year
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

90. Have you come into contact with animals either at work or in your free time?

- No
 Yes

91. If yes, which animals have you come into contact with and how often?

	Daily	3-6 times a week	1-2 times a week	Less often
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea pig/hamster/rabbit/rat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canary or other caged birds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hens and other poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cow/sheep/goat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. How many hours a day do you usually sleep now when you are pregnant?

- Over 10 hours
- 8-9 hours
- 6-7 hours
- 4-5 hours
- Less than 4 hours

93. Do you currently sleep on a waterbed or use an electric blanket?

	Yes	No
Waterbed	<input type="checkbox"/>	<input type="checkbox"/>
Electric blanket	<input type="checkbox"/>	<input type="checkbox"/>

94. Can you rest during the day (both at home and at work)?

- No
- Yes

95. Have you been in a sauna while you have been pregnant?

- No
- 1-5 times
- 6-10 times
- More than 10 times

96. Have you been in a solarium while you have been pregnant?

- No
- 1-5 times
- 6-10 times
- More than 10 times

97. Are you exposed to passive smoking either at home or at work? If yes, how many hours a day?

	No	Yes	No. of hrs
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>

98. Do you smoke at present? If yes, how many cigarettes?

- No
- Sometimes Cigarettes per week
- Daily Cigarettes per day

99. Does the baby's father smoke at present? If yes, how many cigarettes?

- No
- Sometimes Cigarettes per week
- Daily Cigarettes per day

100. If one or both of you have stopped smoking during the pregnancy, in which week of pregnancy did you stop?

- You Week of pregnancy
- Baby's father Week of pregnancy

101. If you or the baby's father have smoked during the pregnancy, were there periods during which you or the baby's father did not smoke? (Fill in the weeks during pregnancy when you did not smoke.)

	Weeks of pregnancy <u>without</u> smoking							
	0-4	5-8	9-12	13-16	17-20	21-24	25-28	29+
You ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby's father ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. Have you used other forms of nicotine after the 13th week of pregnancy?

	No	Yes
Nicotine chewing gum	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine patches	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine inhaler	<input type="checkbox"/>	<input type="checkbox"/>
Chewing tobacco/snuff	<input type="checkbox"/>	<input type="checkbox"/>

103. Have you used any of the following substances after the 13th week of pregnancy?

	No	Yes
Hash	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>

104. Have you ever used any of the following substances? (Fill in for each item.)

	No	Previously	Last 6 months before pregnancy	During this pregnancy
Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testosterone products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth hormones (e.g. <i>genotropin/somatropin</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food and drink

105. How often do you eat the following foods? (Fill in for each item.)

	Before the pregnancy				During the pregnancy		
	Never	A few times a year	1-3 times a Month	Once a week or more	Never	1-3 times a month	Once a week or more
1 Crab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Shrimps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Shellfish (e.g. mussels, oysters) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Fish liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Tuna fish or halibut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Flounder/other flat fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Pike or perch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other fresh water fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Reindeer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Mutton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Liver or kidney from game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Wild mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

106. How often do you eat the following types of food? (Fill in for each item.)

	Never	A few times a year	1-3 times a month	Once a week or more
Food from restaurant/street vendors/canteen or the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat (not including tinned) bought in other countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat (including poultry) that is raw or undercooked (pink near the bone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw minced meat/meat mixtures (even to taste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked or cured salmon or trout (uncooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft cheeses (e.g. cream cheese, camembert, blue cheese, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unwashed raw vegetables, unwashed fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

107. Do you avoid eating the following foods during this pregnancy?

	No	Yes
Fish	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>
Oranges, lemons	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____		

108. What type of drinking water do you have where you live?

- Own water source (e.g. well)
 Water company (public or private)
 Other source
 Name of water company _____
 Don't know the name of the water company

109. Is your water treated (chlorinated or UV-radiated)?

- No
 Yes, UV radiation
 Yes, chlorinated
 Don't know

110. What was your fluid consumption (number of cups/glasses) per day after the 13th week of pregnancy? (1 mug = 2 cups, 1 small plastic bottle (0.5 litre) = 4 cups, 1 large plastic bottle (1.5 litres) = 12 cups)

	Number of cups / glasses	Decaffeinated (fill in)
1. Filter coffee	<input type="text"/>	<input type="checkbox"/>
2. Instant coffee	<input type="text"/>	<input type="checkbox"/>
3. Boiled coffee	<input type="text"/>	<input type="checkbox"/>
4. Other coffee	<input type="text"/>	<input type="checkbox"/>
5. Tea	<input type="text"/>	<input type="checkbox"/>
6. Coca Cola/Pepsi, etc.....	<input type="text"/>	<input type="checkbox"/>
7. Other fizzy drinks	<input type="text"/>	<input type="checkbox"/>
8. Diet Coca Cola, diet Pepsi	<input type="text"/>	<input type="checkbox"/>
9. Other diet fizzy drinks.	<input type="text"/>	<input type="checkbox"/>
10. Tap water	<input type="text"/>	
11. Bottled water	<input type="text"/>	

	Number of cups/glass	Organic (fill in)
12. Juice/squash	<input type="text"/>	<input type="checkbox"/>
13. Diet juice/squash	<input type="text"/>	<input type="checkbox"/>
14. Milk (skimmed, low fat, whole)	<input type="text"/>	<input type="checkbox"/>
15. Yogurt, all types	<input type="text"/>	<input type="checkbox"/>
16. Yogurt with active Lactobacillus all types	<input type="text"/>	<input type="checkbox"/>
17. Other type of cultured milk (kefir)	<input type="text"/>	<input type="checkbox"/>
18. Other	<input type="text"/>	<input type="checkbox"/>

111. How often did you consume alcohol before and how often do you consume it now?

	Last 3 months	In this pregnancy		
	before last period	0-12	13-24	25+
Roughly 6-7 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 4-5 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 2-3 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 1 time a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 1-3 times a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol units

Alcohol units are used to compare the different types of alcoholic beverages. 1 alcohol unit = 1.5 cl. pure alcohol.

1 glass of beer	= 1 alcohol unit
1 wine glass of red or white wine	= 1 alcohol unit
1 sherry glass of sherry or other fortified wine	= 1 alcohol unit
1 spirit glass of spirits or liqueur	= 1 alcohol unit
1 bottle/can breezer or cider	= 1 alcohol unit

112. In the period just before you became pregnant and during this pregnancy, how many times have you consumed 5 units or more of alcohol? (See the explanation for units.)

	Last 3 mths before last period	In this pregnancy week of pregnancy		
		0-12	13-24	25+
Several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

113. How many units do you usually drink when you consume alcohol? (See the above explanation.)

	Last 3 mths before last period	In this pregnancy week of pregnancy		
		0-12	13-24	25+
10 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

114. If you have changed your drinking habits before this pregnancy, when did the change occur? (Fill in one or more boxes.)

	Reduced intake		Increased intake	
	Last 3 months before last period	During pregnancy weeks 0-6	During pregnancy weeks 7-12	During pregnancy weeks 13-24
After pregnancy week 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

115. If you have modified your consumption of alcohol, how important were the following factors? (Fill in one or more boxes.)

	Not relevant	Not very important	Quite important	Important	Very important
Nausea, discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the baby's sake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You and your life now

116. What is your current civil status?

- Married
 Cohabiting
 Single
 Divorced/separated
 Widowed
 Other

117. Do you have anyone other than your husband/partner you can ask for advice in a difficult situation?

- No.
 Yes, 1 or 2 people
 Yes, more than 2 people

118. How frequently do you meet or talk on the telephone with your family (other than your husband/partner and children) or close friends?

- Once a month or less
 2-8 times a month
 More than twice a week

119. Do you often feel lonely?

- Almost never
 Seldom
 Sometimes
 Usually
 Almost always

120. If you have given birth before, in general, how was the experience of giving birth?

- Very good
 Good
 Alright
 Bad
 Very bad

121. Do you agree or disagree with the following statements relating to the forthcoming birth of your baby?

(Fill in for each statement.)

	Agree completely	Agree	Agree somewhat	Disagree somewhat	Disagree	Disagree completely
I want to give birth as naturally as possible without painkillers or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am really dreading giving birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to have enough medication so that the birth will be painless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to have an epidural regardless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to have an epidural if the midwife agrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could choose I would have a caesarean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the woman herself should decide whether or not to have a caesarean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry all the time that the baby will not be healthy or normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am really looking forward to the baby coming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

122. How do these statements describe your relationship? (Only answer if you have a partner.)

(Fill in for each statement.)

	Agree completely	Agree	Agree somewhat	Disagree somewhat	Disagree	Completely disagree
My husband/partner and I have a close relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have problems in our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very happy in my relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner is usually understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often think about ending our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my relationship with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often disagree about important decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been lucky in my choice of a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We agree on how children should be raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my partner is satisfied with our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

123. Have you been bothered during the last 2 weeks by any of the following? *(Enter a cross in a box for each item.)*

	Not bothered	Slightly bothered	Fairly much bothered	Very much bothered
1. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling everything is an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. How often do you experience the following in your everyday life? *(Fill in for each statement.)*

	Seldom/never	Fairly seldom	Sometimes	Often	Very often
Feel pleased about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel joyful, as though everything is going your way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel that you will scream at someone or hit something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel angry, irritated or annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel mad at someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

125. How well do these statements describe you? *(Fill in for each statement.)*

	Incorrect	Partly correct	Almost correct	Completely correct
I always manage to solve difficult problems if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If anyone opposes me, I find a way to get what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am sure that I can cope with unexpected events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm when I encounter difficulties because I trust my ability to cope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am in a difficult situation, I usually find a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

126. Do you agree or disagree with the following statements? (Fill in for each statement.)

	Disagree completely	Disagree	Disagree somewhat	Don't agree or disagree	Agree somewhat	Agree	Agree completely
My life is largely what I wanted it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have achieved so far what is important for me in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could start all over, there is very little I would do differently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

127. How do you feel about yourself? (Fill in for each statement.)

	Agree completely	Agree	Disagree	Disagree completely
I have a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel completely useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I do not have much to be proud about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am a valuable person, as good as anyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

128. Have you experienced any of the following during the last 12 months? If yes, how painful or difficult was it for you?

(Fill in for each statement.)

	No	Yes	IF YES		
			Not too bad	Painful/difficult	Very painful/difficult
Have you had problems at work or where you study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had financial problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been divorced, separated or ended your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems or conflicts with your family, friends or neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been involved in a serious accident, fire or robbery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost someone close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

129. Have you ever experienced any of the following? (Fill in for each statement.)

	No, never	Yes, as a child (under 18)	Yes, as an adult (over 18)	Who was responsible for this?			Has this occurred during the last year?	
				A stranger	Family or relative	Another known person	No	Yes
Someone has over a long period of time systematically tried to subdue, degrade or humiliate you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone has threatened to hurt you or someone close to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have been subjected to physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have been forced to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

130. Has anyone living with you had any of the following illnesses during this pregnancy? (Enter a cross and specify the period)

	In which week of pregnancy?			
	0-9	10-19	20-29	30+
<input type="checkbox"/> Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Childhood diseases (fever and rash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prolonged cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

131. Have there been any instances of cot death in your family or your partner's family?

No
 Don't know
 Yes, in my family (see question 132)
 Yes, in the baby's father's family (see question 133)

132. The child that died of cot death in my family was:

My sister
 My brother
 My sister's child Boy Girl
 My brother's child Boy Girl
 My mother's sibling Boy Girl Sex unknown
 My father's sibling Boy Girl Sex unknown
 Other

133. The child that died of cot death in the baby's father's family was:

- Baby's father's sister
 Baby's father's brother
 Baby's father's sister's child
 Baby's father's brother's child
 Baby's paternal grandmother's sibling
 Baby's paternal grandfather's sibling
 Other
- Boy Girl
 Boy Girl
 Boy Girl Sex unknown
 Boy Girl Sex unknown

134. Have you ever lost a child?

- No (if no, you are finished with the questionnaire)
 Yes

135. If yes, what was the cause of death and when did the death occur?

- Stillbirth (Birth after the 16th week of pregnancy.)
 Cot death
 Accident
 Illness/birth defect
 Which illness/birth defect: _____
 Other

	Year	Child's age	
		Years	Months
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

136. Did you receive counselling from healthcare staff or other persons after the death? How many sessions did you have with healthcare staff, and/or parent support group, family and friends? How many weeks did you receive support?

	Healthcare staff	Parent support group, family, friends
Number of meetings (approximately):	<input type="text"/>	<input type="text"/>
Number of sessions via telephone (approximately):	<input type="text"/>	<input type="text"/>
Weeks of support (approximately):	<input type="text"/>	<input type="text"/>

137. Do you feel that the follow -up you received after your child's death was adequate?

- No follow-up was provided
 Very good
 Good enough
 Should have been better
 Bad

138. Has the death made you more anxious during this pregnancy?

- No, not at all
 No, not very much
 Yes, to a fair extent
 Yes, very much

139. Do you feel that the health care staff at the antenatal clinics took into consideration this painful experience in their contact with you?

- Yes, very much
 Yes, to a fair extent
 No, not at all

Have you remembered to fill in the date on which you completed the questionnaire on page 1?

Thank you very much for your help!

Please return the completed questionnaire in the stamped addressed envelope provided.

APPENDIX III

The Norwegian Mother and Child Cohort Study
Questionnaire at six months postpartum

den norske *Mor & barn undersøkelsen*

+

Questionnaire 4 - When your child is around 6 months old

This questionnaire comes in two parts. The first part is about your child, while the other part is about yourself. It will help if you have your child's health card to hand before you start answering the questions so that you can use the information contained in it when completing this questionnaire. If you find a question difficult to answer, you can skip it and go onto the next question.

If you have had twins or triplets, complete one questionnaire for each child.

The questionnaire will be processed by a computer. It is therefore important that you follow these instructions when completing it:

- Use a blue or black ballpoint pen.
- In the small check boxes, enter a *cross* to indicate what you think is the most appropriate answer like this: . If you make a mistake you can delete the cross by filling in the box completely like this:
- Write numbers in the large green boxes.

It is important that you only write in the white area of each box like this:

Number:

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

+

- In the case of numbered boxes with more than one square, enter a one-digit number in the right box. Example: 5 is entered as follows

	5
--	---
- Date boxes are split into 3 sections, with the first one for the day of the month, the second one for the month and the last one for the year.

So, enter the date as follows:

6	5	2005
Day	Month	Year

- Specific information concerning, for example, medication should be written on the lines provided. *Please write clearly!*

As soon as you have completed the questionnaire, return it to us in the enclosed stamped addressed envelope.

Specify the day, month and year when the questionnaire was completed

--	--

Day

--	--

Month

--	--	--	--	--

Year

(write the year in full, e.g. 2005)

About your child's birth

+

1. Is your child a boy or girl?

- Boy
 Girl

2. How big was your child when he/she was born?

Birth weight:

--	--	--	--

 g

Length:

--	--	--

 cm

3. In which week of your pregnancy did you give birth?

--	--

 week

+

4. How long was your child in hospital after the birth?

Number of days

--	--

 or weeks

--	--

5. Was your child transferred to another department or hospital after the birth?

- No
 Yes

If yes, specify _____

6. Was your child delivered by caesarean section?

- No
 Yes

+

7. If yes, was the caesarean section planned?

- No
 Yes

+

If yes, why?

- Breech presentation
 Previous caesarean
 Pregnancy complication or mother taken ill
 Poor growth or other factor relating to the foetus
 Own preference
 Other

8. Were there any complications during the birth?

- No
 Yes

If so, describe: _____

9. Were you admitted or transferred to another department or other hospital due to complications in connection with the birth? (Applies both before and after the birth.)

- No
 Yes

10. If yes, where?

Department: _____

Hospital: _____

11. How many days were you in hospital in connection with the birth?

Before the birth Number of daysAfter the birth Number of days

12. Did the birth go as you had expected?

- Yes, as expected
 No, it went better
 Neither/nor
 No, it was worse
 Don't know

+

13. How true do you think the following descriptions are of the birth? (Enter a cross in a box for each item.)

	Fairly true	Partially true	Not true
I felt safe and in good hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was in a lot of pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received too few pain-killing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Was anyone from your close family present at the birth?

- Yes, child's father
 Yes, someone else
 No

+

About your child

Nutrition

15. What did you give your child to drink during the first week of life?

(You can enter a cross in more than one box.)

- Breast milk
 Water
 Sugar water
 Formula
 Other, specify: _____
 Don't know/don't remember

+

16. What has your child been given to drink during the first 6 months of his/her life?

(Enter a cross for each month you gave your child the relevant drink.)

	Child's age in months						
	0	1	2	3	4	5	6
Breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Collett formula .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collett formula with Omega 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard NAN formula ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nan HA1 formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other milk, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squash/Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How often do you give your child the following to drink at the moment? (Enter a cross in a box for each item.)

Never/
seldom 1-3 times
a week 4-6 times
a week At least
once a day

1. Breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Breast milk supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Normal sweet milk, any type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. sour milk (yogurt, buttermilk, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Organic milk products (milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Boiled water	<input type="checkbox"/>	+	<input type="checkbox"/>	<input type="checkbox"/>

Cont.

+	Never/ seldom	1-3 times a week	4-6 times a week	At least once a day
7. Tap water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bottled baby cordial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other type of cordial, sweetened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cordial, artificially sweetened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

18. How often does your child eat the following food at the moment, and how old was your child when you started giving him/her this food?

+	How often do you give this to your child?				How old was your child when you gave him/her this food for the first time?
	Never/ seldom	1-3 times a week	4-6 times a week	At least once a day	
Instant porridge					
1. Rice porridge, maize porridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
2. Oatmeal porridge, different types	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
3. Wheat porridge, all types, rusk porridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
Home-made porridge using:					
4. Wheat flour (rough/fine), rusk, semolina, oats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
5. Iron-enriched wheat flour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
6. Helios baby flour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
7. Millet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
Processed dinner in a jar:					
8. Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
9. Vegetables and meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
Home-made dinner:					
10. Potato/vegetable puree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
11. Meat and vegetables/potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
12. Fish and vegetables/potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
13. Other type of home-made dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
Snack/dessert:					
14. Home-made fruit puree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
15. Fruit/berry puree in a jar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
16. Rusks/biscuits/bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months
17. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> months

+

+

19. Do you think or do you know that your child has a reaction to milk/dairy products?

- No
 Yes

+

20. If yes, which products?

- Whole milk
 Low-fat milk/skimmed milk
 Cream/whipped cream/ice cream
 Yogurt/sour milk
 Breast milk when mother is drinking milk
 Other

21. Do you give your child cod liver oil, vitamins, iron or any other dietary supplement?

- No Yes

+

22. If you give your child cod liver oil, vitamins, iron or another dietary supplement, specify how much you give your child each time and how often. How old was your child in months and weeks when you gave him/her the product for the first time?

Name of product	How many teaspoons each time?		How often do you give your child this?		How old was your child when you started giving the product?			
	<input type="text"/>	teaspoons	<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and <input type="text"/>	weeks	
1. Cod liver oil	<input type="text"/>	teaspoons	<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
2. Biovit	<input type="text"/>	teaspoons	<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
3. Sanasol	<input type="text"/>	teaspoons	<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
4. Nycoplus Multi-Vitamin mixture for children	<input type="text"/>	teaspoons	<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
5. Fluoride			<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
6. Iron supplement, specify: _____			<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks
7. Other dietary supplement, specify: _____			<input type="checkbox"/> daily	<input type="checkbox"/> sometimes	<input type="text"/>	months and	<input type="text"/>	weeks

Growth, health and use of medication

You will find the information to help you answer the following questions on your child's health card.

23. How many times have you been to the mother and child health centre with your child?

- Never
 1-2 times
 3-5 times
 6-10 times
 more than 10 times

24. Has your child been given the vaccinations recommended by the health centre?

- Yes
 No, don't want vaccination
 No, your child has been often ill
 No, vaccinations postponed for practical reasons
 Don't know

+

25. Referring to your child's health card, enter a cross for the vaccinations which your child has received and whether the vaccinations had any side-effect. (Enter a cross in a box for each item.)

Vaccinations	Has your child received the vaccination?		Was there any side-effect after the vaccination?		Was there any side-effect resulting in contact with a doctor?		Was there any side-effect resulting in hospital admission?	
	No	Yes	No	Yes	No	Yes	No	Yes
1. DTP (Infanrix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DT (diphtheria/tetanus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Polio – Hib (Act-Hib polio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hepatitis B (Engerix-B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. BCG (tuberculosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pneumococcus (Prevenar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other vaccination: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

26. Referring to your child's health card, enter below your child's weight, length and head circumference when he/she was around 6 weeks, 3 months and 6 months.

+	Date of examination			Length	Head circumference	Weight
	Day	Month	Year			
Approx. 6 weeks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> , cm	<input type="text"/> , cm	<input type="text"/> g
Approx. 3 months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> , cm	<input type="text"/> , cm	<input type="text"/> g
5-6 months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> , cm	<input type="text"/> , cm	<input type="text"/> g

The following questions concern any illnesses or health problems your child has had. We will first ask you about more longterm problems, then about illnesses and problems of a more acute nature.

27. Does your child have or has he/she had any of the following health problems? If yes, has the mother and child health centre or someone else referred your child for further specialist investigation? (Enter a cross in a box for each item.)

+	Has(had) your child problems?		Has your child been referred for a specialist investigation?		
	No	Yes	No	Yes, referred from health centre	Yes, referred by someone else
1. Hip disorder/dislocated hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Impaired vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Delayed motor development (movement development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Too little weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Too much weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Abnormal head circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heart defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Testicles not descended into scrotum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> +
11. Atopic eczema (childhood eczema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Food allergy/intolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Delayed psychomotor development (several functions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. (Other) malformations: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. If your child was referred for a specialist investigation, what did this investigation show?

Everything was fine

Still some doubts/further investigations needed

Don't know

Given the following diagnosis: _____

29. Is your child suspected of having a syndrome or chromosomal defect?

No

Yes, a syndrome

Yes, a chromosomal defect

If yes, specify the name or describe the problem: _____

30. Has your child been treated for a hip problem (hip dysplasia)?

No

Yes, treated with a plaster cast

Yes, treated with a cushion

Yes, treated with braces

If yes, how long did the treatment go on for? months

31. Has your child had the following illness/health problem? If yes, did you go to a doctor or hospital about it? (Enter a cross in a box for each item.)

+	+	Has your child had health problems? of times		Number doctor/clinic	Did you go to a admitted to hospital for this? for this?		Has your child been	
		No	Yes		No	Yes	No	Yes
	1. Common cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Throat infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Pseudocroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Bronchitis/RS virus/pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Gastric flu/diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Febrile convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Other convulsions (without any fever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Colic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Nappy rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. Other, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Have your child ever been given any medication? +

- No
 Yes

33. If yes, give the name of the medicines and when they were given. (Include all types of medication, as well as natural medicines, taken both on a regular and occasional basis.)

Name of medicine (e.g. Apocilin, Paracetamol)	+	How old was your child when you gave the medicine?				Number of days given in total
		<1 Month	1-2 months	3-4 months	5-6 months	
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

34. Has your child been examined at or admitted to hospital (since returning home from hospital after birth)?

- No
 Yes, specify: _____

35. Has your child been operated on or does he/she have a condition requiring an operation?

- No
 Yes, specify: _____

+

Development, childcare and life style

36. The following questions concern your child's development. If you haven't actually observed your child, spend a little time looking at what he/she can actually do. (Enter a cross in a box for each question.)

	+	Yes often	Yes, but seldom	No, not yet	Don't know
1. When your child is lying on his/her back, does he/she play by grabbing hold of his/her feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When your child is lying on his/her tummy, does he/she raise his/her upper body off the ground with straight arms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child roll over from his/her back onto his/her tummy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When you "chat" to your child, does he/she try to "chat" back to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child babble and make sounds when he/she is lying on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you tell how your child is just by listening to the sounds he/she is making (e.g. contented, hungry, angry, in pain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you get a smile from your child when you just smile at him/her (without touching or tickling him/her and without holding up a toy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When you call your child, does he/she turn towards you one of the first times you say his/her name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child grab hold of a toy you give him/her and then put it in his/her mouth or hold it? . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When your child is sitting on your lap, does he/she stretch out for a toy or something else on the table in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child hold onto a toy with both hands when he/she is examining it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

37. Where is your child cared for during the day?

- At home with mother/father/other family member
 At home with an unqualified childminder
 At a childminder's
 In a family day nursery
 In a day nursery

38. How many other children are there usually along with your child during the day?

children

+

39. Does your child go to baby swimming?

- No
 Yes

If yes, indicate the number of times during the last 2 months

40. How often is your child outside? (Enter just one cross.)

- Seldom
 Often, but less than 1 hour a day
 1-3 hours a day
 More than 3 hours a day

41. Does your child use a dummy/pacifier?

- Seldom or never
 Only when he/she goes to sleep
 Often
 Most of the time

42. How many hours in total does your child sleep per 24 hours?

- Less than 8 hours
 8 - 10 hours
 11 - 13 hours
 13 - 14 hours
 More than 14 hours

+

43. How do you put your child down when he/she is going to sleep?
(Enter a cross in a box for each item.)

	On back	On side	On tummy
After the birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 2 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 4 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Does your child share a bed with his/her mother/father (at least half the night)? (Enter a cross in a box for each item.)

	No	sometimes	Often
After the birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 2 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 4 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Enter a cross to indicate whether you agree or disagree with the following statements about your child's mood and temperament. Think about how he/she usually is. (Enter a cross in a box for each item.)

	+	Totally disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Totally agree
1. Your child whimpers and cries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your child is usually easy to pacify when he/she is crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It doesn't take much for your child to become upset and start crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When your child is crying, he/she usually screams angrily and loudly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your child is very easy to deal with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your child demands an awful lot of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When your child is left alone, he/she usually plays contentedly on his/her own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your child is so demanding that he/she would pose a major problem for most parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your child smiles and laughs often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your child is easy to put down and goes to sleep quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Currently how often does your child usually wake up during the night? (Enter just one cross.)

- 3 or more times every night
 Once or twice every night
 A few times a week
 Seldom or never

+

+

Comments

+

+

About yourself

+

The last time you completed a questionnaire was around week 30 of your pregnancy. The questions we are asking you now are mainly about the period after this up until your child was 6 months old.

Health and use of medication

47. Did you go to your doctor/midwife/health visitor for your own health problems during the first month after the birth?

- No Yes times +

48. If yes, what was the reason for this?

- Perineal wound/stitches
 Caesarean section wound
 Mastitis
 Sore nipples
 Breastfeeding problems
 Other, specify: _____

49. When you think back to the time just after the birth, did you feel depressed during that period?

- No Yes, specify how long: weeks +

50. Apart from being in hospital for the birth, have you been admitted to hospital since you completed the previous questionnaire?

- No
 Yes, specify hospital: _____

51. Do you have a chronic/long-term illness which has started since you completed the previous questionnaire?

- No
 Yes, specify: _____

52. Overall, how would you describe your physical health at the moment?

- Very good
 Good
 Poor
 Very poor +

53. Have you had any of the following problems/illnesses since you completed the previous questionnaire? If yes, are you taking or have you taken medication for these problems? (This includes every type of medication, including natural medicines, taken on both a regular and occasional basis.) (Enter a cross in a box for each item.)

Illness / problem	Have you suffered from?			If you have taken medication				
	No	Yes, last part of pregnancy	Yes, after the birth	Name of medication taken	Last part of this pregnancy	After the birth		Number of days taken in total
					0-3 mth	4-6 mth		
1. Sugar in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
2. Protein in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
3. High blood pressure . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
4. Swelling (oedema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
5. Cystitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
6. Sluggish bowels/constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
7. Diarrhoea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
8. Heartburn/acidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
9. Common cold/flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>
10. Sore throat/sinusitis/ear infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/>

+

cont. next page

+

Have you suffered from?			If you have taken medication					
Illness / problem	No	Yes, last part of during pregnancy	Yes, after the birth	Name of medication taken	Last part of this pregnancy	After the birth		Number of days taken in total
						0-3 mth	4-6 mth	
11. Pneumonia/bronchitis . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Hay fever/other allergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Headache/other pains .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. Vaginitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
16. Mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17. Mastitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
18. Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

54. Have you taken medicines other than those mentioned in Question 53? (For instance, sleeping tablets, sedatives or analgesics.)

No Yes

+

55. If yes, give the name of the medicines and when you took them. (Include all types of medication, as well as natural medicines, taken both on a regular and occasional basis.)

Name of medicine (e.g. Valium, Rohypnol, Paracetamol)	Last part of pregnancy		0-3 months after the birth		4-6 months after the birth	
	Taken medication	Number of days	Taken medication	Number of days	Taken medication	Number of days
_____	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

56. Do you take or have you taken cod liver oil, vitamins or other dietary supplements since the previous questionnaire?

No Yes

+

57. If yes, which product, when did you take it and how often? (One line for each product.)

Name of product	+	When did you take the product?			How often?	
		Last part of pregnancy	0-3 months after the birth	4-6 months after the birth	Taken daily	Taken sometimes
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Have you experienced any pain in your back or pelvis since you completed the previous questionnaire?

- No
- Yes

+

+

59. If yes, enter a cross to indicate where you have experienced pain, when and how much.

Where was the pain?	Last part of pregnancy		0-3 months after the birth		4-6 months after the birth	
	Some pain	Major pain	Some pain	Major pain	Some pain	Major pain
Small of the back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the pelvic/sacroiliac joints at the back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both pelvic/sacroiliac joints at the back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the coccygeal bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the pubic bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other back pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Currently, do you wake up at night because of pelvic pain?

- No, never
- Yes, but only sometimes
- Yes, often

61. Do you have such problems walking at the moment due to pelvic pain that you have to use a stick or crutches?

- No, never
- Yes, but not every day
- Yes, every day

62. Have you ever received treatment for pelvic pain?

- No
- Yes

63. If yes, enter a cross to indicate the type of treatment and when it was.

	Before this pregnancy	During this pregnancy	After this birth
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. How long was it before you resumed sexual intercourse after the birth?

weeks

- Have not had sexual intercourse

+

65. Do you have any of the following problems at the moment; if so, how often and to what extent? (Enter a cross in a box for each item.)

Problem	How often do you have these problems?					How much at a time?	
	Never	1-4 times a month	1-6 times a week	Once a day	More than Once a day	Drops	Large amounts
Incontinence when coughing, sneezing or laughing . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence during physical activity (running/jumping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence with a strong need to urinate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems retaining faeces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with flatulence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. How many times did you go for an ultrasound scan during your pregnancy?

times

67. Was everything OK with the ultrasound scan(s)?

- Yes
- No

+

68. If no, what was the problem?

- The baby was not growing enough.
- Suspected malformation, describe:

- Other, specify: _____

+

69. How much did you weigh at the end of your pregnancy and how much do you weigh now?

At end of pregnancy

 kg

Now

 kg

+

70. Were you completely or partly on sick leave after week 30 of your pregnancy? (Don't include maternity leave)

- No
 Yes, partly on sick leave
 Yes, completely on sick leave

+

71. If you were on sick leave after week 30 of your pregnancy, complete the table below with a line for each time you were on sick leave. Give the reason and enter a cross indicating which weeks of your pregnancy you were on sick leave. Specify how many days and what percentage of the period you were on sick leave each time.

Reason for sick leave:	Was on sick leave during pregnancy weeks			Number of days	% sick leave
	30-33	34-37	38+		
<i>Example: pelvic girdle pains</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	50
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Finances – lifestyle

72. Would your current financial situation allow you to cope with an unexpected bill of NOK 10,000 for a dental visit or a repair, for a instance?

- No
 Yes
 Don't know

73. Have you found it difficult sometimes during the last six months to cope with running expenses for food, transport, rent etc.?

- No, never
 Yes, but infrequently
 Yes, sometimes
 Yes, often

74. Are there pets in the child's home?

- No
 Yes

+

75. If yes, which type(s)? (You can enter a cross in more than one box.)

- Dog
 Cat
 Guinea pig, rabbit, mouse, rat, etc.
 Budgie, other type of bird
 Other type of animal:

76. Do you have heating based on electrical heating cables under the floor in rooms where your child is? (Do not include waterborne heating)

- No
 Yes

77. If yes, in which rooms? (You can enter a cross in more than one box.)

- Living room
 Kitchen
 Child's room
 Bedroom
 Hall
 Bathroom
 Other rooms

78. How often do you exercise these muscle groups at home or at the gym at present? (Enter a cross in a box for each item.)

	Never	1-3 times a month	Once a week	Twice a week	Three times or more a week
Stomach muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic floor muscles (muscles around the vagina, urethra, rectum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. How often are you physically active at present? (Enter a cross in a box for each item.)

	+				
	Never	1-3 times a month	Once a week	Twice a week	Three times or more a week
1 Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Brisk walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Running/jogging/orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Training studio/weight training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Special gymnastics/aerobics for pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Aerobics/gymnastics/dancing without running and jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Aerobics/gymnastics/dancing with running and jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Dancing (swing, rock, folk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Ball sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80. Currently how often are you physically active (during your spare time or at work) that you get out of breath or sweat?

	Spare time		At work	
	Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+
Once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 times or more a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. What were your and your partner/husband's smoking habits during the last 3 months of your pregnancy and in the period after the birth? (Enter a cross in a box for each period.)

	Yourself			Your partner/husband		
	Last 3 mths during pregnancy	0-3 mths after birth	4-6 mths after birth	Last 3 mths during pregnancy	0-3 mths after birth	4-6 mths after birth
	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didn't smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If every day, number of cigarettes per day	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
If sometimes, number of cigarettes per week	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

82. Is your child ever present in a room where someone smokes?

- No
- Yes, sometimes
- Yes, several times a week
- Yes, every day

If every day, number of hours

+

83. Did you take any of the following substances during the last 3 months of your pregnancy and after the birth?

(Enter a cross in a box for each item.)

	No	Yes, last 3 month of pregnancy	Yes after birth
Hanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84. Have you taken any of the following substances during the last 3 months of your pregnancy and after the birth? (Enter a cross in a box for each item.)

	No	Yes, last 3 months of pregnancy	Yes, after birth	
				+
Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+
Testosterone preparations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Growth hormone (e.g. genotropin/somatropin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

85. How often did you drink alcohol during the last 3 months of your pregnancy and how often do you drink now? (Enter a cross in a box for each period.)

	Last 3 months of pregnancy	After the birth	
		0-3 months	4-6 months
Roughly 6-7 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 4-5 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 2-3 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roughly 1-3 times a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less often than once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol units

In order to compare different types of alcohol, we ask for the number of alcohol units (= 1.5 cl of pure alcohol).

In practice, this means the following:

1 glass (1/3 litre) of beer	= 1 alcohol unit
1 wine glass of red or white wine	= 1 alcohol unit
1 sherryglass of sherry	= 1 alcohol unit
1 brandy glass of spirits or liquor	= 1 alcohol unit
1 bottle of alcopop/cider	= 1 alcohol unit

+

86. How many units of alcohol do you usually drink when you consume alcohol (complete both for the last 3 months of your pregnancy and afterwards)? (See explanation about alcohol units.) (Enter a cross in a box for each period.)

Number of alcohol units	Last 3 months of pregnancy	After the birth	
		0-3 months	4-6 months
10 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A little more about yourself and how you are keeping now

87. Do you have a boyfriend/ husband/partner?

- Yes
 No

+

+

88. If yes, to what extent do you agree with the following descriptions? (Enter just one cross in a box for each item.)

	Totally agree	Agree	Slightly agree	Slightly disagree	Disagree	Totally disagree
My husband/partner and I have a close relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner and I have problems in our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am very happy in my relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner is usually understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often think about ending our relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my relationship with my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often disagree about important decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been lucky in my choice of partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We agree on how children should be raised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think my partner is satisfied with our relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+

89. In your daily life, how often do you (Enter just one cross in a box for each item.)

	Seldom never	Fairly seldom	A few times	Often	Very often
Feel pleased about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel joyful, as though everything is going your way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel that you will scream at someone or hit something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel angry, irritated or annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel mad at somebody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

90. Indicate with a cross whether you agree or disagree with the following statements.

(Enter just one cross in a box for each item.)

	Totally disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Totally agree
My life is largely what I wanted it to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My life is very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have achieved so far what is important for me in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could start all over, there is very little I would do differently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

91. Have you experienced any of the following situations since the previous questionnaire? If yes, how painful or difficult was this for you? (Enter a cross in a box for each item.)

	If yes				
	No	Yes	Not so bad	Painful/difficult	Very painful/difficult
Have you had problems at work or where you study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had financial problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been divorced, separated or ended your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems or conflicts with family, friends or neighbours? .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been seriously worried that there is something wrong with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone close to you been seriously ill or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been involved in a serious accident, fire or robbery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost someone close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been pressurized into having sexual intercourse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. Have you experienced any of the following feelings during the last week? (Enter just one cross in a box for each item.)

	Yes, almost all the time	Yes, now and then	Not very often	No, never
Really reproached yourself when something went wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have been anxious or worried for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have been afraid or panicked for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have been so unhappy that you've had problems sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt down or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have been so unhappy that you've cried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

93. How do you feel about yourself? (Enter just one cross in a box for each item.)

	Totally agree	Agree	Disagree	Totally disagree
I have a positive attitude towards myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel completely useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I do not have much to be proud about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am a valuable person, as good as anyone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

94. Have you been bothered by any of the following feelings during the past 2 weeks? (Enter just one cross in a box for each item.)

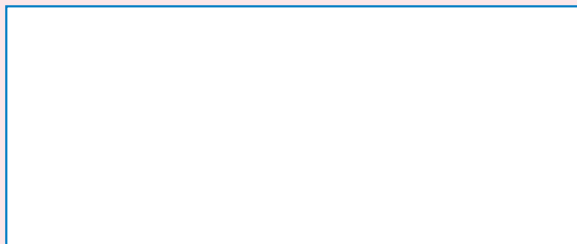
	Not bothered	A little bothered	Quite bothered	Very bothered
Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling everything is an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+

+

Thank you very much for your help!

Insert the completed questionnaire in the stamped addressed envelope.



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APPENDIX IV

The Akershus Birth Cohort Study
Questionnaire at pregnancy week 18



AHUS- STUDIEN

FAVN OM FØDSELEN

I løpet av svangerskapet går du til helsekontroll for å undersøke om du selv og barnet er fysisk friske. Blodtrykket kontrolleres, urinprøve undersøkes og barnet undersøkes med ultralyd. Det har vært gjort svært få undersøkelser av kvinners psykiske helse og velvære under svangerskapet og i barseltiden. Denne studien på Kvinneklinikken på Akershus universitetssykehus er den første i sitt slag i Norge.

Howdan har kvinner det under svangerskapet og barseltiden?

Hva påvirker psykisk helse i denne perioden? For å få vite mer om dette, er dine erfaringer viktige. Vi håper du vil dele dem ved å delta i denne studien. Resultatene kan bidra til å skape en bedre svangerskapsomsorg.

Det er frivillig å delta

Alle data vil bli behandlet strengt konfidensielt og anonymisert. Du har anledning til å trekke deg fra studien når som helst. Studien er godkjent av personvernombudet og av Regional komité for medisinsk forskningsetikk.

Praktisk gjennomføring

Vennligst fyll ut spørreskjemaet og svar så fullstendig du kan. Er det spørsmål du ikke ønsker å svare på, kan du selvsagt la det være. Spørreskjemaet kan legges i vedlagte konvolutt i forskningsprosjektets boks før du går. Du kan også ta med skjemaet hjem og returnere det i ferdigfrankert konvolutt.

Dersom du aksepterer å delta, vil du få tilsendt ett spørreskjema i posten mot slutten av svangerskapet og ett i barseltiden. Håper du tar deg tid til å fylle ut skjemaet. Hvis du har noen spørsmål (evt hvis du lurer på noe), er du hjertelig velkommen til å kontakte undertegnede.

På forhånd takk og lykke til

Malin Eberhard-Gran
lege / prosjektleder
tel: 21 07 82 33

Tone Breines Simonsen
jordmor / kontaktperson
tel: 67 96 05 12

Alle deltakere er med i loddtrekning av gavekort:

Besvarelse av første skjema – gavekort til barnebutikk á 2000 kroner

Besvarelse av andre skjema – gavekort til barnebutikk á 5000 kroner

Besvarelse av tredje skjema – reisegavekort á 15 000 kroner

SLIK FYLLER DU UT SKJEMAET

Skjemaet vil bli lest maskinelt, det er derfor viktig at du krysser av riktig:

Riktig

Galt

Galt

Om du krysser feil, retter du ved å fylle boksen slik

Skriv tydelige tall 1 2 3 4 5 6 7 8 9 0

7	4
---	---

 Riktig

7	4
---	---

 Galt

Bruk kun sort eller blå penn, bruk ikke blyant eller tusj

1 Dato for utfylling

 (dag)

 (mnd)

 (år)

MENSTRUASJON OG TIDLIGERE SVANGERSKAP

 2 Hvor gammel var du da du fikk menstruasjon første gang? år

3 Pleier du å ha regelmessig menstruasjon? (omtrent likt antall dager mellom hver menstruasjon)

 Nei Ja

4 Har det noen gang gått minst 3 måneder uten menstruasjon uten at du har vært gravid eller har brukt prevensjon som inneholder hormoner?

 Nei Ja

5 Pleier du å føle deg nedtrykt (deprimert) eller irritabel før menstruasjon?

 Nei Ja, merkbart
 Ja, men ubetydelig Ja, plagsomt mye

6 Hvis ja, forsvinner denne følelsen etter at menstruasjonen er kommet igang?

 Nei Ja

7 Hvor sterke smerter pleier du å ha i forbindelse med menstruasjon:

 Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

8 Har du hatt migrene i forbindelse med menstruasjon?

 Nei Ja, men ved mindre en halvparten av menstruasjonene
 Ja, ved mer enn halvparten av menstruasjonene
 Ja, omtrent 2 av 3 ganger jeg har menstruasjon
 Hver gang jeg har menstruasjon

9 Hvis du har født, fyll ut barnets fødselsår.

Barn	Fødselsår	Barn	Fødselsår	Barn	Fødselsår
1	<input type="text"/>	3	<input type="text"/>	5	<input type="text"/>
2	<input type="text"/>	4	<input type="text"/>	6	<input type="text"/>

10 Har du noen gang opplevd abort eller dødfødsel?

 Nei Ja, ufrivillig abort (antall ganger)
 Ja, tatt abort (selvbestemt) (antall ganger)
 Ja, dødfødsel (etter 16 ukers svangerskap) ... (antall ganger)

11 Har du noen gang opplevd graviditet utenfor livmoren?

 Nei Ja (antall ganger)

12 Hvor lenge hadde dere regelmessige samleier uten prevensjon før du ble gravid?

 Antall måneder (omtrent) Vet ikke Brukte prevensjon da jeg ble gravid

13 Var dette svangerskapet planlagt?

 Nei Ja

14 Har du vært i kontakt med helsevesenet på grunn av barnløshet/ønske om barn?

 Nei Ja Dette svangerskapet er blitt til etter behandling for barnløshet

Følgende spørsmål gjelder bare hvis du har fått barn tidligere. Spørsmålene gjelder ditt siste svangerskap. Hvis du ikke har født barn, kan du gå direkte til spørsmål nr. 30

OM SISTE FØDSEL

15 Når fikk du ditt siste barn? (dag) (mnd) (år)

16 Var det tvillinger (trillinger)? Nei Ja

17 Hvordan ble barnet født?

Vanlig vaginal fødsel Setefødsel Akutt keisersnitt
 Med tang / vakuum Planlagt keisersnitt

18 Hva slags bedøvelse fikk du under fødselen? (sett ett eller flere kryss)

Ingen Petidin / morfin Annet
 Akupunktur Epidural / spinal (bedøvelse i ryggen) Vet ikke
 Lystgass Full narkose

19 Hvor sterke smerter hadde du under fødselen?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

20 Hvor redd var du under fødselen?

Overhodet ikke redd 0 1 2 3 4 5 6 7 8 9 10 Ekstremt redd

21 Hvor sliten var du rett etter fødselen?

Overhodet ikke sliten 0 1 2 3 4 5 6 7 8 9 10 Ekstremt sliten

22 Hvordan var din opplevelse av fødselen i det store og det hele?

Veldig god 0 1 2 3 4 5 6 7 8 9 10 Ekstremt dårlig

23 Hvor ivaretatt følte du deg? Svært godt Godt Dårlig Svært dårlig

Under fødselen
På barselavdelingen

24 For noen kan en fødsel oppleves som påkjenning i lang tid etterpå. Les hver påstand under og sett kryss i ruten som best beskriver følelsene du har hatt knyttet til din siste fødsel i løpet av siste uke.

	Ikke i det hele tatt	Sjelden	Av og til	Ofta
Jeg har hatt vonde følelser knyttet til forrige fødsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har hatt vanskelig for å sove p.g.a. vonde tanker og bilder om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ting jeg har sett og hørt har minnet meg om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har ikke tillatt meg å bli følelsesmessig berørt når jeg tenker på fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanker om fødselen har trengt seg på også når jeg ikke har villet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har opplevd det uvirkelig, som om fødselen ikke har hendt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har holdt meg unna ting eller situasjoner som minner meg om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilder fra fødselen har plutselig dukket opp i tankene mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har ikke tillatt meg selv å ha tanker om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg vet at mange uforløste følelser rundt fødselen er der, men har skjøvet dem bort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mine følelser rundt fødselen er nærmest lammet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har hatt perioder med sterke følelser om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har ønsket å bli kvitt minner fra fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har hatt vonde drømmer om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg har forsøkt å la være å snakke om fødselen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 Hadde du noe av det følgende i svangerskapet eller rett etter fødselen?

- Kraftig blødning
 Svangerskapsforgiftning
 Morkaken satt fast og måtte hentes ut
 Blodpropp mens jeg var gravid eller etter fødselen
 Alvorlig infeksjon
 Diabetes
 Annet

26 Fikk du rifter under forrige forløsning? (besvares hvis du ikke hadde keisersnitt)

- Nei, ingen rifter
 Ja, rift i skjeden
 Ble klippet
 Ja, jeg ble sydd, men vet ikke hva slags rift det var
 Ja, rift i endetarmsmuskelen
 Husker ikke

27 Hvordan var barnets helse rett etter fødselen? (sett ett eller flere kryss)

- Barnet var friskt
 Barnet ble innlagt på barneavdeling, men var ikke alvorlig syk
 Barnet ble innlagt på barneavdeling og var alvorlig syk (årsak)

28 Hvordan er barnets helse nå? (sett ett eller flere kryss)

- Barnet er friskt
 Barnet er sykt (type sykdom)
 Barnet døde

29 Hvor lenge ammet du etter fødselen?

(antall måneder)

-
- Ammet ikke

PSYKISK VELVÆRE**30 Har det noen gang i livet ditt vært sammenhengende perioder på 2 uker eller mer, da du:**

- | | Ja | Nei |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|
| Følte deg deprimert, trist eller nedfor | <input type="checkbox"/> | <input type="checkbox"/> |
| Hadde problemer med matlysten eller spiste for mye | <input type="checkbox"/> | <input type="checkbox"/> |
| Var plaget av kraftløshet eller mangel på overskudd | <input type="checkbox"/> | <input type="checkbox"/> |
| Virkelig bebreidet deg selv og følte deg verdiløs | <input type="checkbox"/> | <input type="checkbox"/> |
| Hadde problemer med å konsentrere deg eller vanskelig for å ta beslutninger..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Hadde minst tre av de problemene som er nevnt ovenfor samtidig | <input type="checkbox"/> | <input type="checkbox"/> |

31 Har du svart ja på siste spørsmål (tre problemer samtidig), vil vi gjerne vite når dette var?

- I løpet av de første 3 månedene etter en tidligere fødsel
 I løpet av siste måneden
 Annet tidspunkt

32 Har du i perioder vært engstelig nesten daglig, uten at bekymringen har vært knyttet til bestemte situasjoner? (sett ett eller flere kryss)

- Nei
 Ja, i løpet av de første 3 månedene etter en tidligere fødsel
 Ja, i løpet av siste måneden
 Andre perioder i livet
 Ja, i løpet av siste halvåret før jeg ble gravid

33 Hvis ja, stemmer noe av det følgende? (sett ett eller flere kryss)

- Bekymringene er av og til overdrevne eller urimelige
 Det er vanskelig å skyve disse bekymringene unna
 Bekymringene skaper problemer slik at jeg ikke får konsentrert meg om det jeg holder på med

34 Hvis du har vært bekymret eller engstelig, har du da hatt noen av følgende følelser? (sett ett eller flere kryss)

- Rastløs, oppskrudd
 Irritabel
 Utslitt, svak eller utmattet
 Anspent, øm i musklene
 Konsentrasjonsvansker
 Søvnvansker

35 Føler du deg engstelig på steder eller i situasjoner hvor det å kunne trekke seg tilbake er vanskelig?

(eks. i en stor menneskemengde, i en kø eller alene borte fra hjemmet)

Nei Ja

36 Hvis ja, frykter du disse situasjonene så mye at du prøver å unngå dem, eller trenger en ledsager for å kunne utsette deg for dem?

Nei Ja

37 Har du hatt anfall hvor du plutselig følte frykt eller panikk? (sett ett eller flere kryss)

Nei Ja, i løpet av de første 3 månedene etter en tidligere fødsel
 Ja, i løpet av siste måneden Andre perioder i livet
 Ja, før jeg ble gravid

38 Hvis ja, hadde du da noen av følgende symptomer? (sett ett eller flere kryss)

Hjertebank, hurtig puls eller brystsmerte Kvalme, mageproblemer
 Svettetokter Svimmelhet
 Skjelving eller risting i kroppen Prikkinger, nummenhet i huden
 Åndenød eller pustevansker Hete- eller kuldetokter
 Frykt for å miste kontrollen eller forstanden Frykt for å dø

39 Hvis du har hatt slike anfall:

	Nei	Ja
Utviklet anfall seg til et toppnivå i løpet av 10 minutter?	<input type="checkbox"/>	<input type="checkbox"/>
Kommer anfallene noen ganger uten forvarsel? (i situasjoner hvor du ikke forventer å være nervøs eller føle ubehag)	<input type="checkbox"/>	<input type="checkbox"/>
Har du vært bekymret for å få nye anfall, eller for at det skulle være noe i veien med deg?	<input type="checkbox"/>	<input type="checkbox"/>

40 Utløser noen av følgende gjenstander eller situasjoner frykt eller panikk hos deg? (sett ett eller flere kryss)

Flyreiser Skarpe gjenstander (sprøyter, kniver)
 Småkryp (eks. insekter, edderkopper, mus) Lukkede eller trange rom
 Høyder Sykdom eller død
 Underslivsundersøkelse Blod eller skader
 Undersøkelse hos tannlege Mørke
 Værfenomener (eks. tordenvær) Annet

41 Hvis ja, stemmer noe av det følgende? (sett ett eller flere kryss)

Redselen er av og til overdreven eller urimelig
 Jeg prøver å unngå slike situasjoner
 Redselen kan forstyrre meg i arbeid eller sosiale aktiviteter

42 Har du i løpet av den siste måneden vært redd eller flau for å være iaktatt, i sentrum av oppmerksomheten eller redd for å bli ydmyket?

(eks. å snakke overfor mange eller å være i sosiale situasjoner)

Nei Ja

43 Hvis ja, stemmer noe av det følgende:

Redselen er av og til overdreven eller urimelig
 Jeg prøver å unngå slike situasjoner
 Redselen kan forstyrre meg i arbeid eller sosiale aktiviteter

44 Har du i løpet av den siste måneden vært plaget av tilbakevendende tanker eller fantasier som er uønskede eller urovekkende? (eks. frykt for smitte/sykdom, overdreven grubbling eller aggressive og seksuelle tanker)

Nei Ja

45 Hvis ja på siste spørsmål, stemmer noe av det følgende:

Disse tankene kommer tilbake selv om jeg prøver å la være å tenke på dem
 Disse tankene oppstår i mitt eget hode

46 Har du i løpet av den siste måneden gjort noe om og om igjen uten å kunne la det være? (eks. rengjøring eller vasking, telle eller kontrollere ting om og om igjen)

Nei Ja

47 Hvis ja, stemmer noe av det følgende:

Disse handlingene er av og til overdrevne eller urimelige
 Disse handlingene kan forstyrre mine vanlige aktiviteter eller oppta mer enn 1 time i løpet av en dag

48 Har du noen gang opplevd eller selv vært involvert i en dramatisk og skremmende hendelse?*(eks. ulykke, vold/overgrep mot deg selv eller andre)*

- Nei
- Ja, og jeg reagerte med intens frykt, hjelpeløshet eller forferdelse
- Ja, men jeg lot det ikke gå inn på meg

49 Hvis du har opplevd en dramatisk hendelse, stemmer noe av det følgende? *(sett et eller flere kryss)***I løpet av siste måneden har jeg:**

- gjenopplevd hendelsen *(eks. i drømmer, mareritt, intense erindringer, «flashbacks»)*
- unngått å tenke eller snakke om hendelsen
- hatt problemer med å huske hendelsen
- følt meg fjern eller distansert
- hatt problemer med å sove
- hatt konsentrasjonsproblemer
- vært skvetten
- i betydelig grad vært forstyrret av hendelsen i mitt arbeid og sosiale aktiviteter

Følgende spørsmål gjelder de siste 7 dagene**50 Har du siste 7 dager kunnet le og se det komiske i en situasjon?**

- Like mye som vanlig
- Ikke riktig så mye som jeg pleier
- Klart mindre enn jeg pleier
- Ikke i det hele tatt

51 Har du siste 7 dager gledet deg til ting som skulle skje?

- Like mye som vanlig
- Noe mindre enn jeg pleier
- Klart mindre enn jeg pleier
- Nesten ikke i det hele tatt

52 Har du siste 7 dager bebreidet deg selv uten grunn når noe gikk galt?

- Ja, nesten hele tiden
- Ja, av og til
- Ikke særlig ofte
- Nei aldri

53 Har du siste 7 dager vært nervøs eller bekymret uten grunn?

- Nei, slett ikke
- Nesten aldri
- Ja, iblant
- Ja, veldig ofte

54 Har du siste 7 dager vært redd eller fått panikk uten grunn?

- Ja, svært ofte
- Ja, noen ganger
- Sjelden
- Nei, aldri

55 Har du siste 7 dager følt at det har blitt for mye for deg?

- Ja, jeg har stort sett ikke fungert i det hele tatt
- Ja, i blant har jeg ikke klart å fungere som jeg pleier
- Nei, for det meste har jeg klart meg bra
- Nei, jeg har klart meg like bra som vanlig

56 Har du siste 7 dager vært så ulykkelig at du har hatt vanskeligheter med å sove?

- Ja, for det meste
- Ja, i blant
- Ikke særlig ofte
- Nei, ikke i det hele tatt

57 Har du siste 7 dager følt deg nedfor eller ulykkelig?

- Ja, det meste av tiden
- Ja, ganske ofte
- Ikke særlig ofte
- Nei, ikke i det hele tatt

58 Har du siste 7 dager vært så ulykkelig at du har grått?

- Ja, nesten hele tiden
- Ja, veldig ofte
- Ja, det har skjedd iblant
- Nei, aldri

59 Har tanken på å skade deg selv streift deg, de siste 7 dagene?

- Ja, nokså ofte
- Ja, av og til
- Ja, såvidt
- Aldri

60 Nedenfor er det en liste over problemer folk av og til har. Vurder hvor mye hvert problem var til plage eller ulempe for deg de siste 7 dagene.

	Ikke plaget	Litt plaget	Ganske mye plaget	Veldig mye plaget
Plutselig frykt uten grunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadig redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matthet eller svimmelhet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervøsitet, indre uro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjertebank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skjelving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler deg anspent eller oppjaget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anfall av angst eller panikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Så rastløs at det er vanskelig å sitte stille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SYKDOMMER, MEDISINER, LEVESETT

61 I tiden før du ble gravid:

Hadde du langvarige eller stadig tilbakevendende smerter som hadde vart i 3 måneder eller mer?

Nei Ja

62 Hvor sterke var disse smertene vanligvis?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

63 Har du vært plaget av smerter de siste to ukene?

Nei Ja

64 Hvor sterke er smertene vanligvis?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

65 Hvor mange dager har du hatt hodepine i løpet av det siste året?

- Ingen
 Mindre enn halvparten av dagene
 Mer enn halvparten av dagene

66 Omtrent antall dager med hodepine:

	Ingen	1 dag	2-6 dager	7-14 dager	Mer enn 14 dager
I løpet av den siste måneden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I løpet av siste måneden før jeg ble gravid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67 Har du noensinne hatt migrene?

- Nei, aldri
 Ja, men ikke i løpet av siste året
 Ja, også i løpet av det siste året

68 Hvis du har hatt hodepine, hvor sterk har den vært?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

69 Hvor mange dager (omtrent) har du tatt medisin mot hodepine:

	Ingen	1 dag	2-9 dager	10-14 dager	Mer enn 14 dager
I løpet av den siste måneden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I løpet av siste måneden før jeg ble gravid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70 Kryss av for ditt forbruk av medisiner siste**4 måneder før du ble gravid:**

	Nei	Ja	Navn på medisiner du brukte	Daglig (fast)	Antall dager brukt
Medisin mot hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Migrenemedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Smertestillende for annet enn hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Sove- eller innsovningstabletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Beroligende medisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Medisin mot depresjon /angst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Annen nervemedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Naturmedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

71 Kryss av for ditt forbruk av medisiner i svangerskapet frem til nå:

	Nei	Ja	Navn på medisiner du brukte	Daglig (fast)	Antall dager brukt
Medisin mot hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Migrenemedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Smertestillende for annet enn hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Sove- eller innsovningstabletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Beroligende medisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Medisin mot depresjon /angst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Annen nervemedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Naturmedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**En alkoholenhet = 1 flaske rusbrus/ cider *eller*
 1 glass (1/3 liter) øl *eller*
 1 vinglass rød eller hvitvin (1.2 dl) *eller*
 1 hetvingsglass, sherry eller annen hetvin *eller*
 1 drammeglass brennevin eller likør**

72 Hvor mange enheter (glass) alkohol kan du vanligvis drikke før du begynner å merke det?

antall enheter (glass)

 Drikker aldri alkohol

73 Hvor ofte drakk/drikker du 5 enheter (glass) eller mer på en dag/kveld:

	Flere ganger i uken	1 gang i uken	1-3 ganger /mnd	Under 1 gang /mnd	Aldri
i tiden før svangerskapet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
før du skjønnte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
etter at du skjønnte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

74 Hvis du har endret drikkemønster i forbindelse med graviditeten, når skjedde endringen?

 Før jeg ble gravid Da jeg skjønnte at jeg var gravid

75 Hvor ofte drakk/drikker du alkohol:

	4 ganger i uken eller mer	2-3 ganger i uken	2-4 ganger /mnd	Månedlig /sjeldnere	Aldri
i tiden før svangerskapet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
før du skjønte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
etter at du skjønte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76 Hvor mange enheter (glass) drakk/drikker du vanligvis (en «typisk» dag) når du nyter alkohol?

	10 eller flere	7-9	5-6	3-4	1-2	0
i tiden før svangerskapet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
før du skjønte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
etter at du skjønte at du var gravid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

77 Hva veier du nå? (antall kilo)

78 Hvilke av følgende påstander passer best på deg?

Vekt eller kroppsform:

- påvirker overhodet ikke hva jeg synes om meg selv betyr mye for hva jeg synes om meg selv
- betyr noe for hva jeg synes om meg selv betyr alt for hva jeg synes om meg selv
- betyr en del for hva jeg synes om meg selv

79 I tiden før du ble gravid (siste 6 mnd), brukte du noen av følgende metoder for å kontrollere vekten?

	Aldri	Noen ganger i uken	Flere ganger i uken	Daglig
Fremkalle brekninger for å kaste opp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ta avføringsmidler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trene mer enn to timer per dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faste eller ikke spise i 24 timer eller mer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80 I denne perioden, hendte det at du hadde perioder med overspising?

(dvs. anfall der du spiser store mengder i løpet av kort tid)

- Nei Ja

Hvis du ikke har hatt anfall med overspising kan du gå direkte til spørsmål om fysisk aktivitet, nr. 85

81 Hvis du overspiste i tiden før du ble gravid, følte du da at du ikke kunne kontrollere spisingen?

- Ikke i det hele tatt
- Litt
- Noe
- Mye
- Veldig mye

82 Hvor mange ganger i måneden skjedde dette?

(antall ganger i måneden) Vet ikke

83 Hvor lenge hadde perioden med overspising vart?

- 1-2 måneder
- 3-5 måneder
- 6-12 måneder
- Lengre enn et år

84 Førte episodene med overspising til at du ble opprørt eller ulykkelig?

- Ikke i det hele tatt
- Litt
- Noe
- Mye
- Veldig mye

FYSISK AKTIVITET

85 Hvor ofte, etter at du ble gravid, har du drevet mosjon?

(f.eks. gått tur, gått på ski, syklet til og fra jobb eller drevet trening/idrett)

- Aldri
- Sjeldnere enn en gang i uken
- 1 gang i uken
- 2 ganger i uken
- 3 ganger i uken
- Mer enn 3 ganger i uken

86 Hvis du har drevet mosjon, hvor hardt mosjonerer du?

- Blir ikke andpusten og svett
- Blir andpusten og svett
- Tar meg nesten helt ut

87 Hvis du driver mosjon, hvor lenge holder du vanligvis på?

- 10 minutter
- 11-20 minutter
- 21 minutter-1 time
- Mer enn 1 time

LITT MER OM DEG SELV

88 Beskriv deg selv slik du generelt er: (kryss av for hver linje)

	Svært uenig	Nokså uenig	Verken eller	Nokså enig	Svært enig
Liver opp i et selskap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har medfølelse med andre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Får oppgaver unnagjort med en gang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har ofte humørsvingninger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har en livlig fantasi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakker ikke mye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er ikke interessert i andres problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glemmer ofte å sette ting tilbake på plass.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er avslappet mesteparten av tiden.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er ikke interessert i abstrakte idéer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakker med mange mennesker i selskaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er oppmerksom på andres følelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liker orden og ryddighet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blir lett opprørt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har problemer med å forstå abstrakte idéer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holder meg i bakgrunnen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Er egentlig ikke interessert i andre mennesker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roter ofte til ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler meg sjelden nedfor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har ikke god forestillingsevne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tusen takk for innsatsen!

APPENDIX V

The Akershus Birth Cohort Study
Questionnaire at pregnancy week 32



AHUS- STUDIEN

- DEL II -



FAVN OM FØDSELEN

SLIK FYLLER DU UT SKJEMAET

Skjemaet vil bli lest maskinelt, det er derfor viktig at du krysser av riktig:

Riktig

Galt

Galt

Om du krysser feil, retter du ved å fylle boksen slik

Skriv tydelige tall 1 2 3 4 5 6 7 8 9 0

7	4
---	---

 Riktig

7	4
---	---

 Galt

Bruk kun sort eller blå penn, bruk ikke blyant eller tusj

1 Dato for utfylling

(dag)

(mnd)

(år)

HELSEPLAGER OG LEVESETT I SVANGERSKAPET

2 Er du plaget av noe av det følgende?

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Magesmerter | <input type="checkbox"/> Hjertebank |
| <input type="checkbox"/> Ryggsmerter | <input type="checkbox"/> Pustebesvær |
| <input type="checkbox"/> Smerter i armer, ben/ledd | <input type="checkbox"/> Forstoppelse, løs mage/fordøyelsesbesvær |
| <input type="checkbox"/> Smerter eller problemer under samleie | <input type="checkbox"/> Følelse av tretthet/ manglende energi |
| <input type="checkbox"/> Hodepine | <input type="checkbox"/> Søvnproblemer |
| <input type="checkbox"/> Brystsmerter | <input type="checkbox"/> Underlivsplager |
| <input type="checkbox"/> Svimmelhet | <input type="checkbox"/> Jeg har ikke hatt noen av disse plagene |
| <input type="checkbox"/> Besvimelsesanfall | |

3 Er eller har du vært plaget av kvalme? (sett ett eller flere kryss)

- | | |
|------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Nei | <input type="checkbox"/> Jeg var sykmeldt på grunn av kvalme |
| <input type="checkbox"/> Ja, litt plaget | <input type="checkbox"/> Jeg ble innlagt på sykehus på grunn av kvalme/vekttap |
| <input type="checkbox"/> Ja, mye plaget | |

4 Hvis ja, når i svangerskapet? (sett ett eller flere kryss)

- Første 3 mnd
- Nå, i løpet av siste måneden
- Midt i svangerskapet

5 Hva veier du nå? (antall kilo)

6. Har fosteret/barnet vært undersøkt med ultralyd?

- Nei
- Ja..... (antall ganger)

7 Har du vært sykmeldt i løpet av svangerskapet?

- Nei
- Ja..... (antall uker)

8 Hvis ja, når i svangerskapet? (sett ett eller flere kryss)

- Første 3 mnd
- Nå, i løpet av siste måneden
- Midt i svangerskapet

9 Hvis du har vært sykmeldt, hva var grunnen?

- | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bekkenløsning | <input type="checkbox"/> Trett/ sliten/søvnproblemer |
| <input type="checkbox"/> Ryggproblemer/smerter | <input type="checkbox"/> Angst /depresjon |
| <input type="checkbox"/> Kvalme | <input type="checkbox"/> Komplikasjoner i svangerskapet (eks. blødning, høyt blodtrykk etc.) |

 Annet

10 Er du hoven i beina? (sett ett eller flere kryss)

- | | |
|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Nei | <input type="checkbox"/> Ja, om morgenen |
| <input type="checkbox"/> Ja, om kvelden | |

11 Hvor hoven er du når det er som verst?

- | | | | | | | | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Får på meg skoene | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Beina er som tømmerstokker |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

12 Har du vært plaget av langvarige eller stadig tilbakevendende smerter de siste to ukene?

- Nei
- Ja

13 Hvor sterke er disse smertene vanligvis?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

14 Hvor mange dager har du hatt hodepine i løpet av den siste måneden:

Ingen 7-14 dager
 1 dag Mer enn 14 dager
 2-6 dager

15 Hvor mange dager har du hatt migrene siste måned?

Ingen 7-14 dager
 1 dag Mer enn 14 dager
 2-6 dager

16 Hvis du har hatt hodepine, hvor sterk har den vært?

Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

17 Hvor mange dager har du tatt medisin mot hodepine den siste måneden?

Ingen 10-14 dager
 1 dag Mer enn 14 dager
 2-9 dager

18 Kryss av for ditt forbruk av medisiner siden ultralydundersøkelsen i uke 17-20 og frem til nå:

	Nei	Ja	Navn på medisiner du brukte	Daglig (fast)	Antall dager brukt
Medisin mot hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Migrenemedisin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Smertestillende for annet enn hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Sove- eller innsovningstabletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Beroligende medisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Medisin mot depresjon/angst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Annen nervemedisin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Naturmedisin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

19 Hvor ofte har du hatt samleie i løpet av de siste fire ukene?

Daglig 1-2 ganger hver 14. dag
 5-6 ganger i uken Sjeldnere
 3-4 ganger i uken Ingen ganger
 1-2 ganger i uken

RYGGSMERTER/ BEKKENLØSNING**20 Har du vondt i korsryggen nå?**

Nei Ja

21 Har du hatt vondt i korsryggen tidligere?

Før første svangerskap..... Nei Ja
 I tidligere svangerskap.....
 Mellom svangerskap.....

22 Har du smerter i bekkenet (bekkenløsning) nå?

Nei Ja

Dersom du ikke har smerter i bekkenet (bekkenløsning), kan du gå direkte til spørsmål nr. 27

23 Dersom du har bekkenløsning nå, hvor er det vondt? (sett ett eller flere kryss)

- Foran i bekkenet (ved kjønnsbenet/symfyisen)
 På venstre side bak i bekkenet.
 På høyre side bak i bekkenet

24 Bruker du stikk eller krykker på grunn av bekkensmerter?

- Nei Ja

25 Våkner du om natten på grunn av bekkensmerter?

- Nei, aldri
 Ja, ofte
 Ja, en sjelden gang

26 Hvor sterke er bekkensmertene på det verste?

- Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

27 Har du hatt bekkenløsning i tidligere svangerskap?

- Nei Ja

28 Hvis ja, hvor mange måneder etter fødselen hadde du bekkenløsning?

 (antall måneder)

FORVENTNINGER OM FØDSELEN

29 Hvor redd er du for å føde?

- Overhodet ikke redd 0 1 2 3 4 5 6 7 8 9 10 Ekstremt redd

30 Hvor mye gleder du deg til å føde?

- Gleder meg overhodet ikke 0 1 2 3 4 5 6 7 8 9 10 Gleder meg ekstremt mye

31 Hvor smertefull tror du at fødselen vil være for deg?

- Ingen smerte 0 1 2 3 4 5 6 7 8 9 10 Den sterkeste smerten du kan forestille deg

32 Hvor enig er du i disse beskrivelsene av dine tanker om forestående fødsel? (sett kun et kryss for hver linje)

- | | Svært enig | Enig | Uenig | Svært uenig |
|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Jeg vil gjerne ha en så naturlig fødsel som mulig uten smertestillende og uten inngrep..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg gruer meg veldig til fødselen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg vil gjerne ha så mye bedøvelse at fødselen blir helt smertefri..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg vil helst ha epidural (ryggmargsbedøvelse) uansett..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg vil helst ha epidural (ryggmargsbedøvelse) hvis jordmoren også er enig..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hvis jeg fikk velge, ville jeg helst føde med keisersnitt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg mener at den gravide selv må få bestemme om det skal gjøres keisersnitt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg bekymrer meg for om vaginal fødsel vil endre min seksuelle nytelse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg bekymrer meg for om vaginal fødsel vil endre utseendet av mine kjønnsorganer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg bekymrer meg hele tiden for at barnet ikke skal være friskt og velskapt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg gleder meg til barnet kommer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33 Hvis du føler redsel, frykt for å føde, har du delt disse tankene med noen?

- Nei Ja, med fastlege
 Ja, med jordmor/lege på sykehuset Ja, med psykolog /psykiater
 Ja, med kommunejordmor Ja, med venn/familie

Annet.....

34 Hvis du har deltatt i EMBLA-samtale(r) (samtaler om fødselsangst), hvem har du vært hos?

- Jordmor Både lege og jordmor
 Lege Har ikke deltatt i slike samtaler

35 Hvis du har hatt kontakt med helsepersonell p.g.a. angst for å føde, hvor langt var du kommet i svangerskapet?

--	--	--

(antall uker)

36 Hvis du har hatt kontakt med helsepersonell p.g.a. angst for å føde, hvor mange ganger?

--	--	--

(antall ganger)

Noen av spørsmålene nedenfor er nesten like spørsmålene over. Likevel håper vi du vil svare, siden svarene dine vil bidra til å belyse sammenhengen mellom følelser og fødselen.

37 Hvordan tror du at fødselen din kommer til å bli som helhetsopplevelse?

- | | 0 | 1 | 2 | 3 | 4 | 5 | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| Overhodet ikke fantastisk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helt fantastisk |
| Overhodet ikke forferdelig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Helt forferdelig |

38 Hvordan tror du at du kommer til å føle deg under fødselen?

- | | 0 | 1 | 2 | 3 | 4 | 5 | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Overhodet ikke ensom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt ensom |
| Overhodet ikke sterk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt sterk |
| Overhodet ikke sikker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt sikker |
| Overhodet ikke redd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt redd |
| Overhodet ikke forlatt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt forlatt |
| Overhodet ikke svak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt svak |
| Overhodet ikke trygg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt trygg |
| Overhodet ikke selvstendig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt selvstendig |
| Overhodet ikke oppgitt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt oppgitt |
| Overhodet ikke ansent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt ansent |
| Overhodet ikke glad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt glad |
| Overhodet ikke stolt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt stolt |
| Overhodet ikke sviktet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt sviktet |
| Overhodet ikke fattet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt fattet |
| Overhodet ikke avslappet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt avslappet |
| Overhodet ikke lykkelig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt lykkelig |

39 Hva tror du at du kommer til å føle under fødselen?

- | | 0 | 1 | 2 | 3 | 4 | 5 | |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------|
| Overhodet ingen panikk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstrem panikk |
| Overhodet ingen håpløshet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstrem håpløshet |
| Overhodet ingen lengsel etter barnet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt stor lengsel etter barnet |
| Overhodet ingen selvtilitt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt stor selvtilitt |
| Overhodet ingen tillit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstremt stor tillit |
| Overhodet ingen smerte | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ekstrem smerte |

40 Hva tror du kommer til å skje når fødselen er på sitt mest intense?

- | | 0 | 1 | 2 | 3 | 4 | 5 | |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------|
| Jeg kommer ikke til å oppføre meg dårlig | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jeg kommer til å oppføre meg ekstremt dårlig |
| Jeg kommer ikke til å våge overgi meg til det som skjer i kroppen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jeg kommer til å våge overgi meg helt til det som skjer i kroppen |
| Jeg kommer ikke til å miste kontrollen over meg selv | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jeg kommer til å totalt miste kontrollen over meg selv |

41 Hvordan tror du at det kommer til å føles i det barnet kommer ut?

	0	1	2	3	4	5	
Overhodet ikke gledelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt gledelig
Overhodet ikke naturlig.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt naturlig
Overhodet ikke selvfølgelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt selvfølgelig
Overhodet ikke farlig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ekstremt farlig

42 Har du i den siste måneden hatt fantasier som for eksempel at barnet dør under fødselen?

	0	1	2	3	4	5	
Aldri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Svært ofte

43 Har du i den siste måneden hatt fantasier om at barnet blir skadet under fødselen?

	0	1	2	3	4	5	
Aldri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Svært ofte

PSYKISK HELSE GENERELT

De følgende spørsmålene har du svart på i tidligere skjema. Vi stiller disse på nytt for å kunne studere stabilitet og endringer i løpet av svangerskapet.

44 Har du i løpet av siste måneden vært engstelig nesten daglig, uten at bekymringen har vært knyttet til bestemte situasjoner? Nei Ja

45 Hvis ja, stemmer noe av det følgende? (sett et eller flere kryss)

- Bekymringene er av og til overdrevne eller urimelige
- Det er vanskelig å skyve disse bekymringene unna
- Bekymringene skaper problemer slik at jeg ikke får konsentrert meg om det jeg holder på med

46 Hvis du har vært bekymret eller engstelig, har du da hatt noen av følgende følelser? (sett ett eller flere kryss)

- Rastløs, oppskrudd
- Utslitt, svak eller utmattet
- Konsentrasjonsvansker
- Irritabel
- Anspent, øm i musklene
- Søvnvansker

47 Føler du deg engstelig på steder eller i situasjoner hvor det å kunne trekke seg tilbake er vanskelig? (eks. i en stor menneskemengde, i en kø eller alene borte fra hjemmet)

- Nei Ja

48 Hvis ja, frykter du disse situasjonene så mye at du prøver å unngå dem, eller trenger en ledsager for å kunne utsette deg for dem?

- Nei Ja

49 Har du i løpet av den siste måneden hatt anfall hvor du plutselig følte frykt eller panikk? (sett ett eller flere kryss)

- Nei Ja

50. Hvis ja, hadde du da noen av følgende symptomer? (sett ett eller flere kryss)

- Hjertebank, hurtig puls eller brystsmerte
- Svettetokter
- Skjelving eller risting i kroppen
- Åndenød eller pustevansker
- Frykt for å miste kontrollen eller forstanden
- Kvalme, mageproblemer
- Svimmelhet
- Prikkinger, nummenhet
- Hete- eller kuldetokter
- Frykt for å dø

51 Hvis du har hatt slike anfall siste måneden:

- | | Nei | Ja |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Utviklet anfall seg til et toppnivå i løpet av 10 minutter? | <input type="checkbox"/> | <input type="checkbox"/> |
| Kommer anfallene noen ganger uten forvarsel? (i situasjoner hvor du ikke forventer å være nervøs eller føle ubehag) | <input type="checkbox"/> | <input type="checkbox"/> |
| Har du vært bekymret for å få nye anfall, eller for at det skulle være noe i veien med deg? | <input type="checkbox"/> | <input type="checkbox"/> |

52 Utløser noen av følgende gjenstander eller situasjoner frykt eller panikk hos deg? (sett ett eller flere kryss)

- Flyreiser
- Småkryp (eks. insekter, edderkopper, mus)
- Høyder
- Underlivsundersøkelse
- Undersøkelse hos tannlege
- Værfenomener (eks. tordenvær)
- Skarpe gjenstander (sprøyter, kniver)
- Lukkede eller trange rom
- Sykdom eller død
- Blod eller skader
- Mørke
- Annet

53 Hvis ja, stemmer noe av det følgende? (sett ett eller flere kryss)

- Redselen er av og til overdreven eller urimelig
- Jeg prøver å unngå slike situasjoner
- Redselen kan forstyrre meg i arbeid eller sosiale aktiviteter

54 Har du i løpet av den siste måneden vært redd eller flau for å være iaktatt, i sentrum av oppmerksomheten eller redd for å bli ydmyket? (eks. å snakke overfor mange eller å være i sosiale situasjoner)

- Nei Ja

55 Hvis ja, stemmer noe av det følgende:

- Redselen er av og til overdreven eller urimelig
- Jeg prøver å unngå slike situasjoner
- Redselen kan forstyrre meg i arbeid eller sosiale aktiviteter

Hvis du ikke har født tidligere kan du gå direkte til spørsmål nr. 57

56 For noen kan en fødsel oppleves som påkjenning i lang tid etterpå. Les hver påstand under og sett kryss i ruten som best beskriver dine følelser siste uke omkring din siste fødsel.

- | | Ikke i det
hele tatt | Sjelden | Av og til | Ofte |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Jeg har hatt vonde følelser om forrige fødsel..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har hatt vanskelig for å sove p.g.a. vonde tanker og bilder om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ting jeg har sett og hørt minnet meg om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har ikke tillatt meg å bli følelsesmessig berørt når jeg tenker på fødselen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tanker om fødselen har trengt seg på også når jeg ikke har villet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har opplevd det uvirkelig, som om fødselen ikke har hendt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har holdt meg unna ting eller situasjoner som minner meg om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilder fra fødselen har plutselig dukket opp i tankene mine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har ikke tillatt meg selv å ha tanker om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg vet at mange uforløste følelser rundt fødselen er der, men har skjøvet dem bort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mine følelser rundt fødselen er nærmest lammet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har hatt perioder med sterke følelser om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har ønsket å bli kvitt minner fra fødselen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har hatt vonde drømmer om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jeg har forsøkt å la være å snakke om fødselen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Følgende spørsmål gjelder de siste 7 dagene.

57 Har du siste 7 dager kunnet le og se det komiske i en situasjon?

- Like mye som vanlig
 Ikke riktig så mye som jeg pleier
 Klart mindre enn jeg pleier
 Ikke i det hele tatt

58 Har du siste 7 dager gledet deg til ting som skulle skje?

- Like mye som vanlig
 Noe mindre enn jeg pleier
 Klart mindre enn jeg pleier
 Nesten ikke i det hele tatt

59 Har du siste 7 dager bebreidet deg selv uten grunn når noe gikk galt?

- Ja, nesten hele tiden
 Ja, av og til
 Ikke særlig ofte
 Nei aldri

60 Har du siste 7 dager vært nervøs eller bekymret uten grunn?

- Nei, slett ikke
 Nesten aldri
 Ja, iblant
 Ja, veldig ofte

61 Har du siste 7 dager vært redd eller fått panikk uten grunn?

- Ja, svært ofte
 Ja, noen ganger
 Sjelden
 Nei, aldri

62 Har du siste 7 dager følt at det har blitt for mye for deg?

- Ja, jeg har stort sett ikke fungert i det hele tatt
 Ja, i blant har jeg ikke klart å fungere som jeg pleier
 Nei, for det meste har jeg klart meg bra
 Nei, jeg har klart meg like bra som vanlig

63 Har du siste 7 dager vært så ulykkelig at du har hatt vanskeligheter med å sove?

- Ja, for det meste
 Ja, i blant
 Ikke særlig ofte
 Nei, ikke i det hele tatt

64 Har du siste 7 dager følt deg nedfor eller ulykkelig?

- Ja, det meste av tiden
 Ja, ganske ofte
 Ikke særlig ofte
 Nei, ikke i det hele tatt

65 Har du siste 7 dager vært så ulykkelig at du har grått?

- Ja, nesten hele tiden
 Ja, veldig ofte
 Ja, det har skjedd iblant
 Nei, aldri

66 Har tanken på å skade deg selv streift deg, de siste 7 dagene?

- Ja, nokså ofte
 Ja, såvidt
 Ja, av og til
 Aldri

67 Nedenfor er det en liste over problemer folk av og til har. Vurder hvor mye hvert problem var til plage eller ulempe for deg de siste 7 dagene.

	Ikke plaget	Litt plaget	Ganske mye plaget	Veldig mye plaget
Plutselig frykt uten grunn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stadig redd eller engstelig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matthet eller svimmelhet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervøsitet, indre uro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hjertebank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skjelving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Føler deg anspent eller oppjaget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hodepine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anfall av angst eller panikk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Så rastløs at det er vanskelig å sitte stille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68 Har du tidligere søkt hjelp for psykiske helseplager? (sett et eller flere kryss)

- Nei
 Ja, jeg har mottatt hjelp tidligere
 Ja, jeg får hjelp nå

69 Hvis ja, av hvem? (sett et eller flere kryss)

- Fastlege
 Psykolog
 Helsesøster
 Psykiater
 Annet

70 Hvilke av følgende påstander passer best på deg?**Vekt eller kroppsform:**

- påvirker overhodet ikke hva jeg synes om meg selv
 betyr noe for hva jeg synes om meg selv
 betyr en del for hva jeg synes om meg selv
 betyr mye for hva jeg synes om meg selv
 betyr alt for hva jeg synes om meg selv

71 Bruker du nå for tiden noen av følgende metoder for å kontrollere vekten?

	Aldri	Noen ganger	Flere ganger i uken	Daglig
Fremkaller brekninger for å kaste opp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tar avføringsmidler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trener mer enn to timer per dag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faster eller ikke spiser i 24 timer eller mer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72 Hender det nå for tiden at du har perioder med overspising? (dvs. anfall der du spiser store mengder i løpet av kort tid)

- Nei Ja

Hvis du ikke har hatt anfall med overspising kan du gå direkte til spørsmål om søvn, nr. 77

73 Hvis ja, føler du da at du ikke kan kontrollere spisingen?

- Ikke i det hele tatt Mye
 Litt Veldig mye
 Noe

74 Hvor mange ganger siste måned har det skjedd?

(antall ganger i måneden) Vet ikke

75 Hvor lenge har perioden med overspising vart?

- 1-2 måneder 6-12 måneder
 3-5 måneder Lengre enn et år

76 Fører episodene med overspising til at du blir opprørt eller ulykkelig?

- Ikke i det hele tatt Mye
 Litt Veldig mye
 Noe

SØVN, ARBEIDSSITUASJON OG LIVSHENDELSER
77 Hvordan har ditt søvnmønster vært i løpet av den siste måneden?

Vanlig leggetid: (klokkeslett – eks. 22:30)

Vanlig tid å stå opp: (klokkeslett – eks. 07:30)

Omtrent antall timer med søvn per natt (kan være forskjellig fra hvor mange timer du har oppholdt deg i sengen): (timer) (minutter)

78 I løpet av den siste måneden, hvor ofte (antall dager per uke) har du opplevd noe av det følgende?

(sett ett kryss for hver linje)

	Ingen dager	1	2	3	4	5	6	Hver dag
Brukt mer enn 30 minutter for å sovne inn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vært våken mer enn 30 minutter innimellom søvnen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Våknet mer enn 30 minutter tidligere enn du ønsket uten å få sove igjen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Følt deg lite uthvilt etter å ha sovet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vært så søvnnig at det har gått ut over skole/jobb eller privatlivet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vært misfornøyd med søvnen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79 Er arbeidsforholdene dine blitt tilpasset dine behov i graviditeten?
 Nei Ja Er ikke i lønnet arbeid nå

80 Hvis nei, hvorfor er ikke arbeidsforholdene blitt tilpasset dine behov?

- Det har ikke vært nødvendig fordi jeg har et ikke-belastende arbeid
- Det er umulig eller nesten umulig
- Det er vanskelig å spørre
- Jeg har bedt om tilpasninger, men ikke fått det

 Annet

81 Hvordan opplever du at din graviditet har blitt mottatt på arbeidsplassen?

 Svært negativt Svært positivt

82 Har du i løpet av de siste 12 månedene opplevd noe av det følgende?

I så fall, hvor vondt eller vanskelig var det for deg?

(hvis følgende ikke passer på deg setter du ikke noe kryss)

	Ikke så ille	Vondt/vanskelig	Veldig vondt/vanskelig
Ble skilt, separert eller avbrøt samlivet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har hatt alvorlige samlivsproblemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har hatt problemer eller konflikter med familie, venner eller naboer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har hatt problemer på arbeidsplassen eller der du utdanner deg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har hatt økonomiske problemer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har vært alvorlig syk eller skadet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
En av dine nærmeste har vært alvorlig syk eller skadet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har vært utsatt for trafikkulykke, brann eller tyveri.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mistet en nær pårørende	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Annet

FØDELSFORBEREDELSE

83 Nedenfor følger en liste over forskjellige måter å forberede seg til fødselen på.

Har du gjort noe av det følgende i løpet av dette svangerskapet?

Hvis ja, hvordan har det påvirket deg?

			Hvis ja		
	Nei	Ja	Har beroliget meg	Har gjort meg urolig	Har ikke påvirket meg
Har vært på fødselsforberedende kurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har fått informasjon via TV-program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har søkt informasjon via bøker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har søkt informasjon via internett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Har deltatt i diskusjonsforum på internett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snakket med venner og familie om fødselsopplevelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annet... <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84 Har du noen gang vært tilstede under en fødsel? (utenom når du selv har født)

Nei Ja

85 Har du noen gang vært tilstede under en dyrefødsel? (eks. hund, katt eller hest)

Nei Ja

86 De følgende setningene beskriver tanker og følelser kvinner kan oppleve i svangerskapet. Les hver påstand under og sett kryss i ruten som best beskriver dine erfaringer den siste måneden.

	Nesten alltid	Oftre	Noen ganger	Nesten aldri
Jeg lurer på hvordan barnet ser ut nå	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg tenker at barnet mitt allerede har en personlighet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg planlegger ting jeg skal gjøre sammen med barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg forestiller meg hvilken del av barnet jeg tar på	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg vet når barnet sover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg kjøper ting og ordner i stand til barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg prøver å forestille meg hva barnet driver med der inne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg drømmer om barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeg tar på magen min for å stryke barnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tusen takk og lykke til!