

# The Phantom Kicks Survey

## Subjective Experiences of Foetal Kicks During and After Pregnancy

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As well as the survey listing on Zenodo:

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Notes:

1. This survey was designed in Australia, and our human research ethics approval was obtained to conduct this research only within Australia. This decision was made so we could provide information to participants with access to mental health support resources if required. As such, some items (e.g., postcodes, income bands) are specific to an Australian participant pool.
2. Users of this survey should provide respondents with access to mental health support as part of their research procedure. The survey contains questions that some individuals may find confronting (e.g., questions of miscarriage and abortion). In Sasan et al. (2021) we found a small subset of participants reported that they found phantom kicks a negative experience, which impacted their mental health. We strongly recommend providing access to general mental health, women's mental health, and pregnancy and childbirth-related mental health support when deploying this survey.

3. Users of this survey must obtain the relevant human research ethics approval when deploying this survey.
4. The survey was designed to be implemented in survey software such as Qualtrics. Skip logic and flow comments are provided in the document.

Version history:

1.0 25/10/2021: Initial release.

## **INTRODUCTION**

I1. Do you currently reside in Australia

Yes [continue]

No [exit survey]

I2. What is your postcode?

[Open field]

I3. How many times have you been pregnant

[Open field]

## **PREGNANCY**

[Section repeats for number of pregnancies as listed in I3; up to a maximum of 4 pregnancies]

Thinking about your first/second/third/fourth pregnancy,

P1. What year did you conceive?

[Open field]

P2. Was this a multiple pregnancy?

Yes

No

Unsure

P3. How often did you feel movement during pregnancy (e.g., kicks, turns, etc.)?

Always

Most of the time

About half the time

Sometimes

Never

P4. Placental placement:

Front

Back

Side

Other

Unsure

P5 Did you have an abortion?

Yes [skip to next pregnancy or demographics]

No [continue]

P6. Did you reach full term?

Yes [continue]

No

[If no]

At which point did you deliver? (number of weeks)

[Open field]

P7. Was your baby born alive?

Yes

No [skip to postpartum]

P8. Did you have any interventions at birth? Tick all that apply

Epidural

C-section

Forceps

Ventouse/vacuum extractor

Induced labour

Gas (entnox)

TENS machine

Pethidine

Non-medical pain relief

None

Other, please specify [Open field]

## **POST PARTUM**

[Section repeats for number of pregnancies as listed in I3, up to a maximum of four]

PP1. Were there any complications post-birth

Yes

No [continue PP2]

[If yes]

Please describe these complications, e.g., infections, excessive bleeding, pain, incontinence

[Open field]

PP2. Do you have any ongoing physical side effects from the pregnancy?

Yes

No

PP3. Did you breastfeed?

Yes

No [continue to PP4]

[If yes]

How long did you breastfeed?

1-3 months

3-6 months

6-9 months

9-12 months

12-18 months

18-24 months

More than 24 months

PP4. Did you experience postnatal depression?

Yes

No [continue PP5]

Unsure

[If yes or unsure]

Was it diagnosed?

Yes

No

Did you undergo treatment?

Yes

No

Do you have any other information to add?

[Open field]

PP5. Did you experience postnatal anxiety?

Yes

No [continue PP6]

Unsure

[If yes or unsure]

Was it diagnosed?

Yes

No

Did you undergo treatment?

Yes

No

Do you have any other information to add?

[Open field]

PP6. Did you experience any changes in your thinking e.g., memory problems, postnatal psychosis, etc.?

Yes

No [continue PP7]

Unsure

[If yes or unsure]

Was it diagnosed?

Yes

No

Did you undergo treatment?

Yes

No

Do you have any other information to add?

[Open field]

PP7. Did you experience any sensations of movement (e.g., kicks) after the birth of your child?

Yes

No [skip to next pregnancy or go to demographics]

PP8. When did these sensations of movement start?

[Open field]

PP9. How did it feel? How convincing were the kick like sensations?

[Open Field]

PP10. How often did you have the kick like sensations?

At their highest frequency, how often did you have them?

Daily  
4-6 times a week  
2-3 times a week  
Once a week  
Once a fortnight  
Once a month  
Never  
Once off  
Only a handful of times

At their lowest frequency, how often did you have them?

Daily  
4-6 times a week  
2-3 times a week  
Once a week  
Once a fortnight  
Once a month  
Never  
Once off  
Only a handful of times

PP11. How did you feel about the movement/kicks?  
[Open field]

PP12. What did you think the sensations of movement were?  
[Open field]

PP13. Did the 'kicks' end?  
Yes  
No

P14. Did you have other sensations other than feeling them? E.g., were the 'kicks' visible?  
[Open field]

P15. Do you have other comments or thoughts on the experience of postpartum 'kicks' in general?  
[Open field]

[Loop back to P1 for subsequent pregnancies]

## **DEMOGRAPHICS**

D1. What is your relationship status?

Married  
Single  
De Facto  
Separated  
Never married  
Widowed  
Divorced  
Prefer not to say

D2. What is the highest level of education you have received?

Less than high school degree

High school degree or equivalent  
Vocational education certificate (e.g., TAFE, Cert I-V, trade certification)  
Vocational education diploma (e.g., TAFE)  
Some university but no degree  
Bachelor degree  
Postgraduate degree (e.g., graduate certificate, graduate diploma)  
Masters degree  
Doctorate (PhD, professional doctorate)  
Prefer not to say

D3. Do you identify as a woman?

Yes

No

D4. What year were you born?

[Open field]

D5. What is your country of birth?

[Open field]

D6. Please specify your ethnicity

Australian

Aboriginal and/or Torres Strait Islander

Middle Eastern

East Asian

South Asian

African

Other

Prefer not to say

D7. What is your current employment status?

Employed full time (40 or more hours per week)

Employed part time (up to 39 hours per week)

Unemployed and currently looking for work

Unemployed and not currently looking for work

Student

Retired

Self-employed

Unable to work

Prefer not to say

D8. What is your total combined household income per year?

\$0-19,999

\$20,000-49,999

\$50,000-89,999

\$90,000 or more

Unsure

Prefer not to say

D9. Are you interested in being contacted for future information/surveys?

Yes

No [continue]

[If yes]

Please type your email below