

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid.

- No
- Yes

2. *Just before you got pregnant, were you on Medicaid?*

- No
- Yes

3. **During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?** These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

4. **What is *your* date of birth?**

[] [] 19[]
Month Day Year

5. *Just before you got pregnant with your new baby, how much did you weigh?*

[] Pounds **OR** [] Kilos

6. **How tall are you without shoes?**

[] Feet [] Inches

OR [] Centimeters

7. **During the 3 months before you got pregnant with your new baby, did you have any of the following health problems?** For each one, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Asthma.....	N	Y
b. High blood pressure (hypertension)	N	Y
c. High blood sugar (diabetes).....	N	Y
d. Anemia (poor blood, low iron).....	N	Y
e. Heart problems	N	Y

8. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- No —→ **Go to Question 11**
- Yes

9. **Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**

- No
- Yes

10. Was the baby *just before* your new one born *more than 3 weeks* before its due date?

- No
- Yes

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

[] Years old

12. How old were you when you got pregnant with your first baby?

[] Years old

The next questions are about the time when you got pregnant with your *new* baby.

13. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant? Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

14. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes → **Go to Question 17**

15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes → **Go to Question 19**

16. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant? Check all that apply, then go to Question 19.

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other - Please tell us: _____

17. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No → **Go to Question 19**
- Yes

18. **Did you use any of the following treatments during the month you got pregnant with your new baby?** Check all that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid[®], Serophene[®], Pergonal[®], or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)
- Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment - Please tell us:

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

19. **How many weeks or months pregnant were you when you were sure you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

[] Weeks **OR** [] Months

I don't remember

20. **How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

[] Weeks **OR** [] Months

I didn't go for prenatal care

21. **Did you get prenatal care as early in your pregnancy as you wanted?**

- No
- Yes
- I didn't want prenatal care → **Go to Question 23**

22. **Here is a list of problems some women can have getting prenatal care.** For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- | | No | Yes |
|---|-----------|------------|
| a. I couldn't get an appointment when I wanted one | N | Y |
| b. I didn't have enough money or insurance to pay for my visits..... | N | Y |
| c. I had no way to get to the clinic or doctor's office | N | Y |
| d. I couldn't take time off from work | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted | N | Y |
| f. I didn't have my Medicaid card | N | Y |
| g. I had no one to take care of my children | N | Y |
| h. I had too many other things going on | N | Y |
| i. I didn't want anyone to know I was pregnant | N | Y |
| j. Other..... | N | Y |

Please tell us: _____

If you did not go for prenatal care, go to Question 25.

23. **How was your prenatal care paid for?** Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Other - Please tell us: _____

24. **During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

- | | No | Yes |
|--|-----------|------------|
| a. How smoking during pregnancy could affect my baby | N | Y |
| b. Breastfeeding my baby | N | Y |
| c. How drinking alcohol during pregnancy could affect my baby | N | Y |
| d. Using a seat belt during my pregnancy | N | Y |
| e. Birth control methods to use after my pregnancy | N | Y |
| f. Medicines that are safe to take during my pregnancy | N | Y |
| g. How using illegal drugs could affect my baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| i. What to do if my labor starts early | N | Y |
| j. Getting tested for HIV (the virus that causes AIDS)..... | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

25. **At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No
- Yes → **Go to Question 27**
- I don't know

26. **Had you been tested for HIV *before* this pregnancy?**

- No
- Yes
- I don't know

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

27. **During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

- No
- Yes

28. Did you have any of these problems during your most recent pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding.....	N	Y
d. Kidney or bladder (urinary tract) infection.....	N	Y
e. Severe nausea, vomiting, or dehydration.....	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia).....	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa) ...	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]).....	N	Y
k. I had to have a blood transfusion.....	N	Y
l. I was hurt in a car accident.....	N	Y

If you did not have any of these problems, go to Question 30.

29. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

	No	Yes
a. I went to the hospital or emergency room and stayed less than 1 day	N	Y
b. I went to the hospital and stayed 1 to 7 days	N	Y
c. I went to the hospital and stayed more than 7 days	N	Y
d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice	N	Y

The next questions are about smoking cigarettes and drinking alcohol.

30. Have you smoked at least 100 cigarettes in the *past 2 years*? (A pack has 20 cigarettes.)

- No **→ Go to Question 34**
- Yes

31. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

32. **In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

33. **How many cigarettes do you smoke on an average day now?** (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

34. **Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No → **Go to Question 37**
- Yes

35a. **During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

35b. **During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

36a. **During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

36b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

37. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital.....	N	Y
b. I got separated or divorced from my husband or partner.....	N	Y
c. I moved to a new address	N	Y
d. I was homeless	N	Y
e. My husband or partner lost his job	N	Y
f. I lost my job even though I wanted to go on working.....	N	Y
g. I argued with my husband or partner more than usual	N	Y
h. My husband or partner said he didn't want me to be pregnant.....	N	Y
i. I had a lot of bills I couldn't pay	N	Y
j. I was in a physical fight.....	N	Y
k. I or my husband or partner went to jail	N	Y
l. Someone very close to me had a bad problem with drinking or drugs.....	N	Y
m. Someone very close to me died.....	N	Y

38. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
- Often
- Sometimes
- Rarely → **Go to Question 40a**
- Never → **Go to Question 40a**

39. During the 12 months before your new baby was born, did you do any of the following things because you felt it was unsafe to leave or return to the neighborhood where you lived? For each item, circle **Y** (Yes) if you did it or circle **N** (No) if you did not.

	No	Yes
a. I missed doctor or other appointments.....	N	Y
b. I limited grocery or other shopping.....	N	Y
c. I stayed with other family members or friends	N	Y

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

40a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

40b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about the time during your most recent pregnancy.

41a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

41b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

42. When was your baby due?

[] [] []
Month Day Year

43. When did you go into the hospital to have your baby?

[] [] []
Month Day Year

- I didn't have my baby in a hospital **Go to Question 45**

44. After you were *admitted* to the hospital to deliver your new baby, were you transferred to another hospital *before* your baby was born?

- No
 Yes

45. When was your baby born?

[] [] []
Month Day Year

46. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

[] [] []
Month Day Year

I didn't have my baby in a hospital

47. How was your delivery paid for? Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO (including insurance from your work or your husband's work)
 Other - Please tell us: _____

The next questions are about the time since your new baby was born.

48. After your baby was born, was he or she put in an intensive care unit?

- No
 Yes
 I don't know

49. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
 24 to 48 hours (1 to 2 days)
 3 days
 4 days
 5 days
 6 days or more
 My baby was not born in a hospital
 My baby is still in the hospital **Go to Question 52**

50. Is your baby alive now?

- No —→ **Go to Question 60**
 Yes

51. Is your baby living with you now?

- No —→ **Go to Question 60**
 Yes

52. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No —→ **Go to Question 56**
 Yes

53. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
 Yes —→ **Go to Question 55**

54. How many weeks or months did you breastfeed or pump milk to feed your baby?

[] Weeks **OR** [] Months

Less than 1 week

55. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

[] Weeks **OR** [] Months

My baby was less than 1 week old

I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Question 60.

56. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

[] Hours

Less than 1 hour a day

My baby is never in the same room with someone who is smoking

57. How do you *most often* lay your baby down to sleep now? Check one answer.

On his or her side

On his or her back

On his or her stomach

58. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

No

Yes

59. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

No

Yes

The next few questions are about the time since your new baby was born and things that may have happened after delivery.

60. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes → **Go to Question 62**

61. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant now? Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other - Please tell us: _____

62. During the 12 months before your new baby was born, what were the sources of your household's income? Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other - Please tell us: _____

63. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting). Check one answer.

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

64. How many people, including yourself, depended on this income?

[] People

65. During the 12 months before you got pregnant with your new baby, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

- No → **Go to Question 67**
- Yes

If you had more than one miscarriage, fetal death, or stillbirth during the 12 months before you got pregnant with your new baby, please answer the next question for the most recent one.

66. How long did that pregnancy last?

- Less than 20 weeks (less than 4 months)
- 20 to 28 weeks (4 to 6 months)
- More than 28 weeks (more than 6 months)

67. **During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more?** (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.
- Less than 1 day per week
 - 1 to 4 days per week
 - 5 or more days per week
68. **During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?**
- No
 - Yes
69. **At any time during your most recent pregnancy, did you seek help for depression from a doctor, nurse, or other health care worker?**
- No
 - Yes
70. **At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?**
- No
 - Yes
- 71a. **Since your new baby was born, how often have you felt down, depressed, or hopeless?**
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
- 71b. **Since your new baby was born, how often have you had little interest or little pleasure in doing things?**
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
72. **Since your new baby was born, did you seek help for depression from a doctor, nurse, or other health care worker?**
- No
 - Yes

73. **This question is about things that may have happened during your most recent pregnancy.** For each thing, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not.

During your most recent pregnancy—

- | | No | Yes |
|--|-----------|------------|
| a. Your husband or partner threatened you or made you feel unsafe in some way..... | N | Y |
| b. You were frightened for the safety of yourself or your family because of the anger or threats of your husband or partner..... | N | Y |
| c. Your husband or partner tried to control your daily activities, controlling who you could talk to or where you could go..... | N | Y |
| d. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) | N | Y |

74. **This question is about the care of your teeth during your most recent pregnancy.** For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|-----------|------------|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

75. **When did you have your teeth cleaned by a dentist or dental hygienist?** For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|-----------|------------|
| a. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy..... | N | Y |
| c. After my most recent pregnancy..... | N | Y |

76. **What is today's date?**

[] [] []
 Month Day Year

Please use this space for any additional comments you would like to make about the health of mothers and babies in Maryland.

Thanks for answering our questions!

Your answers will help us work to make Maryland mothers and babies healthier.