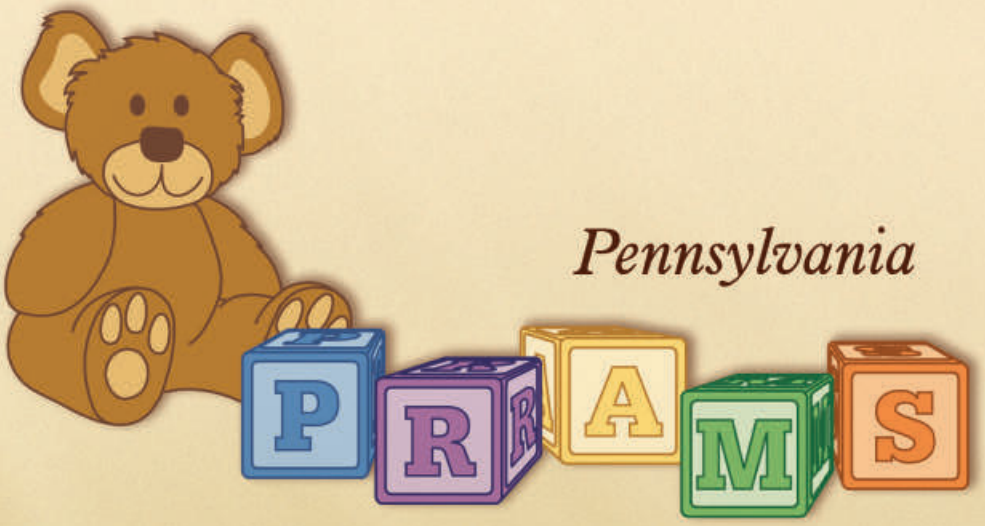

Pregnancy Risk Assessment Monitoring System

A Survey for Healthier Babies in Pennsylvania

For any questions or comments, please call toll-free
1-888-816-7929

Important Information About PRAMS

Please Read Before Starting the Survey

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the Pennsylvania Department of Health. The Bloustein Center for Survey Research is under contract by the Pennsylvania Department of Health to conduct this research.

- The purpose of the study is to find out why some babies are born healthy and others are not.

- We are asking approximately 1700 women in Pennsylvania to answer the same questions. All of your names were picked by a computer from recent birth certificates.

- It takes about 20 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.

- You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.

- Your survey may be combined with information the health department has from other sources.

- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. If you are currently in jail, your participation in the study will have no effect on parole.

- Your name will not be on any reports from PRAMS. The booklet has a number so we will know when it is returned.

- Your answers will be grouped with those from other women. What we learn from PRAMS will be used to plan programs to help mothers and babies in Pennsylvania.

- If you have any questions about your rights in the project, please call the Rutgers University Institutional Review Board (IRB) at (732) 235-9806. If you have questions about the Pennsylvania project, please call the Pennsylvania Department of Health PRAMS Coordinator at (717) 772-2762.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call Vanessa Loyola, Pennsylvania PRAMS Data Manager, at 1-888-816-7929 and press "7." The call is free.

Tear Here

Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (*P*regnancy *R*isk *A*ssessment *M*onitoring *S*ystem) is a joint research project between the Pennsylvania Department of Health and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in Pennsylvania there are hundreds of babies born with serious health problems. Many of these babies die. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for future mothers and babies in Pennsylvania.

Will my answers be kept private?

Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on Pennsylvania mothers of new babies. In reports from this survey, no woman will be identified by name.

How was I chosen to participate in PRAMS?

Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

Is it really important that I answer these questions?

Yes! Because of the small number of mothers picked, it is important to have everyone's answers. Every pregnancy is different. To get a better overall picture of the health of mothers and babies in Pennsylvania, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in Pennsylvania. We need to know what went *right* as well as what went wrong during your pregnancy. Your help is really important to the success of our program.

Some of the questions do not seem related to health care—why are they asked?

Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of the new mother's health care and things that happened to her during pregnancy.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number (1-888-816-7929, press 7), and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number.

Tear Here

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

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

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

- ❑ No → **Go to Question 8**
- ❑ Yes

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

- ❑ No
- ❑ Yes

6. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

- ❑ No
- ❑ Yes

7. What is the age difference between your *new* baby and the child you delivered *just before* your new one?

- ❑ 0 to 12 months
- ❑ 13 to 18 months
- ❑ 19 to 24 months
- ❑ More than 2 years but less than 3 years
- ❑ 3 to 5 years
- ❑ More than 5 years

8. At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	❑	❑
b. I was exercising 3 or more days of the week for fitness outside of my regular job	❑	❑
c. I was regularly taking prescription medicines other than birth control	❑	❑
d. A health care worker checked me for diabetes	❑	❑
e. I talked to a health care worker about my family medical history	❑	❑

9. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Asthma	❑	❑
e. Anemia (poor blood, low iron)	❑	❑
f. Heart problems	❑	❑
g. Epilepsy (seizures)	❑	❑
h. Thyroid problems	❑	❑
i. PCOS (polycystic ovarian syndrome)	❑	❑
j. Anxiety	❑	❑

10. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

11. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Question 14**
- ❑ Yes → **Go to Question 12**

12. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us: _____

13. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid	❑	❑
b. Talk to me about maintaining a healthy weight	❑	❑
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d. Talk to me about my desire to have or not have children	❑	❑
e. Talk to me about using birth control to prevent pregnancy	❑	❑
f. Talk to me about how I could improve my health before a pregnancy	❑	❑
g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	❑	❑
h. Ask me if I was smoking cigarettes	❑	❑
i. Ask me if someone was hurting me emotionally or physically	❑	❑
j. Ask me if I was feeling down or depressed	❑	❑
k. Ask me about the kind of work I do	❑	❑
l. Test me for HIV (the virus that causes AIDS)	❑	❑

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

14. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (Medical Assistance)
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

15. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 16**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (Medical Assistance)
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us: _____
- ❑ I did not have any health insurance for my *prenatal care*

16. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (Medical Assistance)
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us: _____
- ❑ I do not have health insurance *now*

17. 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 later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

→ **Go to Question 19**

18. How much longer did you want to wait to become pregnant?

- ❑ Less than 1 year
- ❑ 1 year to less than 2 years
- ❑ 2 years to less than 3 years
- ❑ 3 years to 5 years
- ❑ More than 5 years

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 21**

Go to Page 4, Question 20

20. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes

DURING PREGNANCY

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.)

21. How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

_____ Weeks **OR** _____ Months

- ❑ I didn't go for prenatal care → **Go to Question 23**

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

- ❑ No
- ❑ Yes → **Go to Question 24**

Go to Question 23

23. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

		No	Yes
a.	I couldn't get an appointment when I wanted one	❑	❑
b.	I didn't have enough money or insurance to pay for my visits	❑	❑
c.	I didn't have any transportation to get to the clinic or doctor's office	❑	❑
d.	The doctor or my health plan would not start care as early as I wanted	❑	❑
e.	I had too many other things going on	❑	❑
f.	I couldn't take time off from work or school	❑	❑
g.	I didn't have my Medicaid (Medical Assistance) card	❑	❑
h.	I didn't have anyone to take care of my children	❑	❑
i.	I didn't know that I was pregnant	❑	❑
j.	I didn't want anyone else to know I was pregnant	❑	❑
k.	I didn't want prenatal care	❑	❑

If you did not get prenatal care, go to Question 26.

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, check **No** if no one talked with you about it or **Yes** if someone did.

	No	Yes
a. How smoking during pregnancy could affect my baby	❑	❑
b. Breastfeeding my baby	❑	❑
c. How drinking alcohol during pregnancy could affect my baby	❑	❑
d. Using a seat belt during my pregnancy	❑	❑
e. Medicines that are safe to take during my pregnancy	❑	❑
f. How using illegal drugs could affect my baby	❑	❑
g. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
i. What to do if I feel depressed during my pregnancy or after my baby is born	❑	❑
j. Physical abuse to women by their husbands or partners	❑	❑

25. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

	No	Yes
a. If I knew how much weight I should gain during pregnancy	❑	❑
b. If I was taking any prescription medication	❑	❑
c. If I was smoking cigarettes	❑	❑
d. If I was drinking alcohol	❑	❑
e. If someone was hurting me emotionally or physically	❑	❑
f. If I was feeling down or depressed	❑	❑
g. If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h. If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i. If I planned to breastfeed my new baby	❑	❑
j. If I planned to use birth control after my baby was born	❑	❑

26. During the 12 months *before the* <u>*delivery*</u> of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- ❑ No
- ❑ Yes

27. During the 12 months *before the* <u>*delivery*</u> of your new baby, did you *get* a flu shot?

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

28. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes
- ❑ I don't know

29. During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

30. This question is about other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

31. During *your most recent* pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- ❑ No
- ❑ Yes

32. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- ❑ No → **Go to Question 36**
- ❑ Yes → **Go to Question 33**

33. Who was the home visitor that came to your home during *your most recent* pregnancy?

- ❑ A nurse or nurse's aide
- ❑ A teacher or health educator
- ❑ A doula or midwife
- ❑ Someone else → Please tell us: _____
- ❑ I don't know

34. During *your most recent* pregnancy, how many times did the home visitor come to your home to help you learn how to prepare for your new baby?

- ❑ 1 time
- ❑ 2 to 4 times
- ❑ 5 or more times

35. During *your most recent* pregnancy, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check **No** if they did not talk with you about it or **Yes** if they did.

	No	Yes
a. How smoking during pregnancy could affect my baby	❑	❑
b. How drinking alcohol during pregnancy could affect my baby	❑	❑
c. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
d. The importance of getting tested for HIV or other sexually transmitted infections	❑	❑
e. Physical or emotional abuse to women by their husbands or partners	❑	❑
f. Breastfeeding my baby	❑	❑
g. My emotional well-being	❑	❑

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

- ❑ No
- ❑ Yes

37. During *your most recent* pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c. Depression	❑	❑

If you had depression during your most recent pregnancy, go to Question 38. Otherwise, go to Question 39.

38. At any time during *your most recent* pregnancy, did you *ask for help* for depression from a doctor, nurse, or other health care worker?

- ❑ No
- ❑ Yes

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

39. Have you smoked any cigarettes in the *past 2 years*?

- ❑ No → **Go to Question 43**
- ❑ Yes

40. 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
- ❑ I didn't smoke then

41. 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
- ❑ I didn't smoke then

42. 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
- ❑ I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

43. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products	❑	❑
b. Hookah	❑	❑
c. Chewing tobacco, snuff, snus, or dip	❑	❑
d. Cigars, cigarillos, or little filtered cigars	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 44. Otherwise, go to Question 46.

44. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

45. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

46. 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 49**
- ❑ Yes

47. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

48. 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
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

Pregnancy can be a difficult time. The next questions are about things that may have happened *before* and *during* your most recent pregnancy.

49. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

	No	Yes
a. A close family member was very sick and had to go into the hospital	❑	❑
b. I got separated or divorced from my husband or partner	❑	❑
c. I moved to a new address	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My husband or partner lost their job	❑	❑
f. I lost my job even though I wanted to go on working	❑	❑
g. My husband, partner, or I had a cut in work hours or pay	❑	❑
h. I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i. I argued with my husband or partner more than usual	❑	❑
j. My husband or partner said they didn't want me to be pregnant	❑	❑
k. I had problems paying the rent, mortgage, or other bills	❑	❑
l. My husband, partner, or I went to jail	❑	❑
m. Someone very close to me had a problem with drinking or drugs	❑	❑
n. Someone very close to me died	❑	❑

50. During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ❑ No
- ❑ Yes

51. During the *12 months before* your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

- ❑ No
- ❑ Yes

52. 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
- ❑ Never

53. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

54. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

55. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

AFTER PREGNANCY

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

56. When was your new baby born?

____ / ____ / 20____

Month Day Year

57. After your baby was delivered, 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 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 60**

58. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 73**
- ❑ Yes → **Go to Question 59**

59. Is your baby living with you now?

- ❑ No → **Go to Page 12, Question 71**
- ❑ Yes

60. *Before or after your new baby was born*, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

	No	Yes
a. My doctor	❑	❑
b. A nurse, midwife, or doula	❑	❑
c. A breastfeeding or lactation specialist	❑	❑
d. My baby's doctor or health care provider	❑	❑
e. A breastfeeding support group	❑	❑
f. A breastfeeding hotline or toll-free number	❑	❑
g. Family or friends	❑	❑
h. Other	❑	❑

Please tell us: _____

61. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- ❑ No → **Go to Question 64**
- ❑ Yes

62. Are you currently breastfeeding or feeding pumped milk to your new baby?

- ❑ No
- ❑ Yes → **Go to Question 64**

63. How many weeks or months did you breastfeed or feed pumped milk to your baby?

❑ Less than 1 week

____ Weeks **OR** ____ Months

64. What kind of health insurance is your new baby covered by now?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (Medical Assistance)
- ❑ Children's Health Insurance Program (CHIP)
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us: _____
- ❑ I do not have any health insurance for my new baby

If your baby is still in the hospital, go to Page 12, Question 71.

65. In which *one* position 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

66. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- ❑ Always ⟶ **Go to Question 68**
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

67. Who does your new baby *usually* sleep with when he or she is not sleeping alone?

Check ALL that apply

- ❑ Me
- ❑ My husband or partner
- ❑ Someone else ⟶ Please tell us: _____

If your baby never sleeps alone in his or her own crib or bed, go to Question 69.

68. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ❑ No
- ❑ Yes

69. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

	No	Yes
a. In a crib, bassinet, or pack and play	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat or swing	❑	❑
e. In a sleeping sack or wearable blanket	❑	❑
f. With a blanket	❑	❑
g. With toys, cushions, or pillows, including nursing pillows	❑	❑
h. With crib bumper pads (mesh or non-mesh)	❑	❑

70. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

	No	Yes
a. Place my baby on his or her back to sleep	❑	❑
b. Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c. Place my baby's crib or bed in my room	❑	❑
d. What things should and should not go in bed with my baby	❑	❑

71. *Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- ❑ No → **Go to Question 73**
- ❑ Yes

72. *Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check **No** if they did not talk with you about it or **Yes** if they did.

	No	Yes
a. Breastfeeding my baby	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Family planning services or using contraception	❑	❑
d. Postpartum depression	❑	❑
e. Resources in my community to support new parents	❑	❑
f. Getting to and staying at a healthy weight after delivery	❑	❑
g. How to quit or keep from smoking	❑	❑
h. How to get the health care that my baby or I need	❑	❑

73. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ❑ No
- ❑ Yes → **Go to Question 75**

Go to Question 74

74. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us: _____

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 76.

75. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ❑ Tubes tied or blocked (female sterilization or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us: _____

76. *Since your new baby was born*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ❑ No → **Go to Question 78**
- ❑ Yes

77. *During your postpartum checkup*, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid	❑	❑
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c. Talk to me about how long to wait before getting pregnant again	❑	❑
d. Talk to me about birth control methods I can use after giving birth	❑	❑
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g. Ask me if I was smoking cigarettes	❑	❑
h. Ask me if someone was hurting me emotionally or physically	❑	❑
i. Ask me if I was feeling down or depressed	❑	❑
j. Test me for diabetes	❑	❑

78. *Since your new baby was born*, how often have you felt down, depressed, or hopeless?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

79. *Since your new baby was born*, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

80. *Since your new baby was born*, has a doctor, nurse, or other health care worker *told you that you had* depression?

- ❑ No
- ❑ Yes

81. *Since your new baby was born*, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way? For each person, check **No** if they have not hurt you during this time or **Yes** if they have.

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

82. *Since your new baby was born*, have any of the following things happened to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

	No	Yes
a. My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b. I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c. My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d. My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

83. 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

If your baby is not alive or is not living with you, go to Question 86.

84. Listed below are some statements about safety. For each one, check **No** if it does not apply to you or **Yes** if it does.

	No	Yes
a. I always used a seatbelt during my most recent pregnancy	❑	❑
b. My home has a working smoke alarm	❑	❑
c. There are **loaded** guns, rifles, or other firearms in my home	❑	❑
d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born	❑	❑

If your baby is still in the hospital, go to Question 86.

85. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

The last questions are about the time during the *12 months before* your new baby was born.

86. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private* and will not affect any services you are now getting.

- ❑ $0 to $16,000
- ❑ $16,001 to $20,000
- ❑ $20,001 to $24,000
- ❑ $24,001 to $28,000
- ❑ $28,001 to $32,000
- ❑ $32,001 to $40,000
- ❑ $40,001 to $48,000
- ❑ $48,001 to $57,000
- ❑ $57,001 to $60,000
- ❑ $60,001 to $73,000
- ❑ $73,001 to $85,000
- ❑ $85,001 or more

87. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?

_____ People

88. What is today's date?

_____ / _____ / 20_____

Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Pennsylvania.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Pennsylvania healthy.

Pregnancy **R**isk **A**ssessment **M**onitoring **S**ystem
A survey for healthier babies in Pennsylvania

Phone Numbers to call for more information

1-800-986-BABY for information on finding a doctor, getting healthcare coverage, immunizations, tests for baby, breast feeding

1-877-724-3258 for information on a variety of adult, child and newborn health issues

1-800-QUIT-NOW for information on smoking cessation services available to Pennsylvania residents

1-800-WIC-WINS to obtain supplemental foods, nutrition education and breast feeding information

1-800-986-4550 for information on services available for children with special needs

1-800-4-A-CHILD 24-hour crisis hotline to offer support, information and referrals on coping with a crying baby and preventing child abuse

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Websites to visit for more information

www.state.pa.us for information on state programs and services

www.health.state.pa.us click on the "HEALTH TOPICS A-Z" link for information on Department of Health programs, including:

- Love'em with a Check-up
- Special Kids Network
- Women, Infants and Children Program
- Folic Acid Supplementation
- Immunization
- Newborn Hearing Screening
- Newborn Metabolic Screening
- Smoking Cessation
- Drug and Alcohol Treatment Services

www.helpinpa.state.pa.us a one-stop online guide to services, programs, agencies, and organizations in Pennsylvania.

www.ins.state.pa.us for information on the Pennsylvania Insurance Department's CHIP and adultBasic healthcare coverage programs

www.dpw.state.pa.us for information on the Pennsylvania Department of Public Welfare's Medicaid healthcare coverage program

www.compass.state.pa.us to apply for state social service programs online

www.health.state.pa.us/pasids for information on SIDS and Infant Death Program

pennsylvania
DEPARTMENT OF HEALTH

2015

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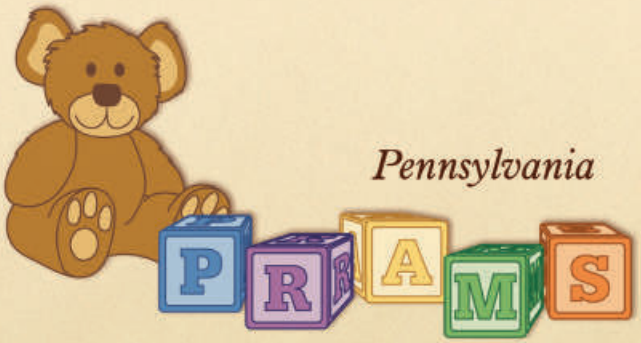

pennsylvania
DEPARTMENT OF HEALTH

PRAMS
PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

RUTGERS
Edward J. Bloustein School
of Planning and Public Policy