Pennsylvania

PRAMS

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

Form Approved
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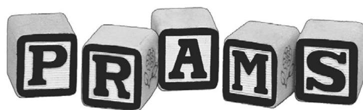
The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information as part of the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS data is used to inform efforts to improve health among mothers and infants. The information you give us will be kept private and will be protected under the Privacy Act (System of Records Notice 09-20-0136).



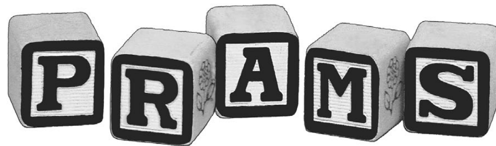
Important Information About PRAMS

Please Read Before Starting the Survey

TEAR HERE

- 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 1800 women in Pennsylvania to answer the same questions. All of your names were picked by a computer from recent birth certificates.
- It takes about 25-42 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 and will be used only to answer questions related to the purpose of this study. This is so because this study has been given a Certificate of Confidentiality. This means that we may not share information that may identify you in legal suits or proceeding, even if a court orders us to do so, unless you say it's okay.
- 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) 235-2866. If you have questions about the Pennsylvania project, please call the Pennsylvania Department of Health PRAMS Coordinator at (717) 346-3000.

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



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 and will only be used to answer questions related to the purpose of the study . 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.

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.

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.

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. What is *your* date of birth?

____ / ____ / ________
Month / Day / Year

2. How would you describe your gender?

- ❑ Female
- ❑ Male
- ❑ Transgender
- ❑ Genderqueer or gender nonconforming
- ❑ Prefer to self-describe → Please tell us: ____________

3. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

4. 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. Anxiety	❑	❑
e. Asthma	❑	❑
f. Anemia (poor blood, low iron)	❑	❑
g. Epilepsy (seizures)	❑	❑
h. Thyroid problems	❑	❑
i. PCOS (polycystic ovarian syndrome)	❑	❑
j. Heart problems	❑	❑

5. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?
For each one, check **No** or **Yes**.

	No	Yes
a. Regular checkup with a family doctor	❑	❑
b. Regular checkup with an OB/GYN	❑	❑
c. Visit for an injury, illness, or chronic condition	❑	❑
d. Visit to urgent care or the emergency room	❑	❑
e. Visit for family planning or to get birth control	❑	❑
f. Visit for depression or anxiety	❑	❑
g. Visit to have my teeth cleaned	❑	❑
h. Other	❑	❑

Please tell us: ____________

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Question 7.

6. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me...		
g. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

The next questions are about your *health insurance*.

7. 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 (paid for by me, someone else, or through a job)
- ❑ Medicaid (Medical Assistance)
- ❑ Other government plan or program such as SCHIP/CHIP
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us: ______
- ❑ I didn't have any health insurance during the *month before* I got pregnant

8. *During* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (Medical Assistance)
- ❑ Other government plan or program such as SCHIP/CHIP
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us: ______
- ❑ I didn't have any health insurance *during my pregnancy*

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (Medical Assistance)
- ❑ Other government plan or program such as SCHIP/CHIP
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us: ______
- ❑ I don't have any health insurance *now*

10. 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 → **Go to Question 11**
- ❑ 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

(sooner / then / didn't want / wasn't sure) → **Go to Question 12**

11. 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

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

- ❑ No
- ❑ Yes → **Go to Question 15**

13. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes → **Go to Question 15**

14. What were your reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ❑ I didn't mind if I got pregnant
- ❑ I thought I couldn't get pregnant at that time
- ❑ I didn't want to use birth control
- ❑ I had side effects from the birth control method I was using
- ❑ I had problems getting birth control I wanted
- ❑ I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- ❑ My spouse or partner didn't want to use condoms
- ❑ My spouse or partner didn't want me to use birth control
- ❑ I forgot to use a birth control method
- ❑ Other → Please tell us:

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

15. Did you get prenatal care during your *most recent* pregnancy?

- ❑ No → **Go to Page 4, Question 17**
- ❑ Yes

16. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me...		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

17. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

18. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did not** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

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

❑ No
❑ Yes

20. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?
For each one, check **No** or **Yes**.

	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	❑	❑
d. Anxiety	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 21. If you didn't, go to Question 22.

21. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

22. *During* your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

❑ No → **Go to Question 24**
❑ Yes

23. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	❑	❑
d. Family or friends	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

- ❑ No → **Go to Question 28**
- ❑ Yes

25. In the *3 months* *before* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

26. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

27. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

28. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Question 32**
- ❑ Yes

Go to Question 29

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

31. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

32. *During* your most recent pregnancy, did you have any alcoholic drinks during...?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*..........	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did not have any alcoholic drinks during your pregnancy, go to Page 6, Question 34.

33. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

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

34. Did any of the following things happen during the *12 months before* your new baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

35. 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 one, check **No** or **Yes**.

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

36. *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 one, check **No** or **Yes**.

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

AFTER PREGNANCY

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

37. When was your new baby born?

___ / ___ / _____
Month Day Year

38. Overall, *during the delivery of my baby*, I felt…
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *labor and delivery care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *labor and delivery care* that I received	❑	❑

39. ***After* the delivery, how long did your new baby stay in the hospital?**

- ❑ Less than 3 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 42**

40. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 53**
- ❑ Yes

41. Is your baby living with you now?

- ❑ No → **Go to Page 9, Question 53**
- ❑ Yes

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

Check ONE answer

- ❑ I didn't breastfeed my baby → **Go to Page 8, Question 45**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  _____ week(s) **OR** _____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby → **Go to Question 44**

Go to Question 43

43. What were your reasons for stopping breastfeeding?

Check ALL that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone didn't satisfy my baby
- ❑ I thought my baby wasn't gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding, or it was too painful
- ❑ I thought I wasn't producing enough milk, or my milk dried up
- ❑ I had too many other things going on
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or had to stop for medical reasons
- ❑ I went back to work
- ❑ I went back to school
- ❑ My spouse or partner didn't support breastfeeding
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us: ____________

44. ***After* your new baby was born, did you get any of the following kinds of help with breastfeeding?** For each one, check **No** or **Yes**.

		No	Yes
a.	Someone to answer my questions	❑	❑
b.	Help getting my baby positioned correctly	❑	❑
c.	Help knowing if my baby was getting enough milk	❑	❑
d.	Help with managing pain or bleeding nipples	❑	❑
e.	Information about where to get a breast pump	❑	❑
f.	Help using a breast pump	❑	❑
g.	Information about breastfeeding support groups	❑	❑
h.	Other	❑	❑

Please tell us: ____________

45. Have you ever heard or read about what can happen if a baby is shaken?

- ❑ No
- ❑ Yes

If your baby is still in the hospital, go to Question 53.

46. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side	❑	❑
b. On their back	❑	❑
c. On their stomach	❑	❑

47. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 49**

48. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

49. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

	No	Yes
a. In a crib, portable crib, or bassinet	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat	❑	❑
e. In a swing, rocker, or other inclined sleeper	❑	❑
f. In an in-bed sleeper	❑	❑
g. In a baby board or cradleboard	❑	❑
h. Other	❑	❑

Please tell us:

50. In the *past 2 weeks*, has your new baby been placed to sleep with the following? For each one, check **No** or **Yes**.

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us:

51. Did you get information about how to place your baby to sleep during any of the following times? For each one, check **No** or **Yes**.

	No	Yes
a. During a prenatal care visit	❑	❑
b. In the hospital, when my baby was born	❑	❑
c. During my baby's healthcare visit	❑	❑
d. During a postpartum care visit	❑	❑
e. Other	❑	❑

Please tell us:

52. Did you get information about how to place your new baby to sleep from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. My family doctor	❑	❑
b. My OB/GYN	❑	❑
c. A nurse or midwife	❑	❑
d. Doula or a childbirth educator	❑	❑
e. My baby's doctor or healthcare provider	❑	❑
f. Websites or apps about pregnancy or infant care	❑	❑
g. Social media (such as Facebook, Instagram, TikTok)	❑	❑
h. Other sources	❑	❑

Please tell us:

53. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No → **Go to Question 54**
- ❑ Yes → **Go to Question 55**
- ❑ I'm pregnant now → **Go to Page 10, Question 56**

54. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant or don't mind if I do
- ❑ I had my tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ I don't want to use birth control
- ❑ I'm worried about side effects from birth control
- ❑ My spouse or partner doesn't want to use condoms
- ❑ My spouse or partner doesn't want me to use birth control
- ❑ We are same-sex spouses/partners
- ❑ I have problems getting birth control I want
- ❑ I don't think I can get pregnant because I'm breastfeeding
- ❑ I'm not having sex
- ❑ Other → Please tell us:

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Page 10, Question 56.

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

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

56. ***Since your new baby was born,* have you had a postpartum checkup for yourself?** A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- ❑ No
- ❑ Yes → **Go to Question 58**

57. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't know I needed one
- ❑ I didn't have enough money or insurance to pay for the visit
- ❑ I felt fine and didn't think I needed to have a visit
- ❑ I couldn't get an appointment when I wanted one
- ❑ I didn't have any transportation to get to the clinic or doctor's office
- ❑ I had too many other things going on
- ❑ I couldn't take time off from work or school
- ❑ I didn't have anyone to take care of my children
- ❑ The doctor's office was too far away
- ❑ Other → Please tell us:

If you did not have a postpartum checkup, go to Question 59.

58. ***During your postpartum checkup,* did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

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

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

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

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

61. ***Since your new baby was born*, how often have you felt nervous, anxious, or on edge?**

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

62. ***Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?**

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

63. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

64. Overall, *since my new baby was born*, I have felt...
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *postpartum care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *postpartum care* that I received	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

65. Please tell us how often each of the following happened during the *12 months before* your new baby was born.

a. I worried whether my food would run out before I got money to buy more

❑ Often ❑ Sometimes ❑ Never

b. The food that I bought just didn't last, and I didn't have money to get more

❑ Often ❑ Sometimes ❑ Never

66. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?
For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❑	❑
b. Going to non-medical appointments, meetings, or work	❑	❑
c. Doing errands	❑	❑

If you did <u>not</u> get prenatal care, go to Question 68.

67. ***During any of your prenatal care visits*, did a healthcare provider talk with you about any of the things listed below?** *Please count only discussions,* not reading materials or videos. For each one, check **No** or **Yes**.

	No	Yes
a. How me being exposed to lead could affect my baby	❑	❑
b. How using pesticides, which are chemicals to kill insects, rodents or weeds during pregnancy, could affect my baby	❑	❑
c. How using water bottles or other bottles made of polycarbonate plastic (BPA, recycle #7) during pregnancy could affect my baby	❑	❑
d. How eating fish with high levels of mercury during pregnancy could affect my baby	❑	❑

68. ***During* your most recent pregnancy, did you feel you *needed* any of the following services?** For each one, check **No** or **Yes**.

	No	Yes
a. SNAP (the Supplemental Nutrition Assistance Program)	❑	❑
b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	❑	❑
c. Counseling for family or personal problems	❑	❑
d. Help to quit smoking	❑	❑
e. Help to reduce violence in my home	❑	❑
f. Help to quit using drugs	❑	❑
g. Assistance with housing or rent	❑	❑
h. Other	❑	❑

Please tell us:

69. ***During* your most recent pregnancy, did you *receive* any of the following services?** For each one, check **No** or **Yes**.

	No	Yes
a. SNAP (the Supplemental Nutrition Assistance Program)	❑	❑
b. WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)	❑	❑
c. Counseling for family or personal problems	❑	❑
d. Help to quit smoking	❑	❑
e. Help to reduce violence in my home	❑	❑
f. Help to quit using drugs	❑	❑
g. Assistance with housing or rent	❑	❑
h. Other	❑	❑

Please tell us:

70. *During* your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? Your answers are strictly confidential.
For each one, check **No** or **Yes**.

	No	Yes
a. Medication for depression	❑	❑
b. Medication for anxiety	❑	❑
c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
d. Adderall®, Ritalin®, or another stimulant	❑	❑
e. Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)	❑	❑
f. Methadone, Subutex®, Suboxone®, or buprenorphine	❑	❑
g. Naloxone	❑	❑
h. Marijuana or cannabis in any form (not including hemp or CBD-only products)	❑	❑
i. CBD products	❑	❑
j. Synthetic marijuana (K2 or Spice)	❑	❑
k. Kratom	❑	❑
l. Fentanyl or heroin (smack, junk, Black Tar or *Chiva*)	❑	❑
m. Amphetamines (uppers, speed, crystal meth, crank, ice or *agua*)	❑	❑
n. Cocaine (crack, rock, coke, blow, snow or *nieve*)	❑	❑
o. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	❑	❑

71. *After* your baby was born, did a healthcare provider tell you that your baby had drug withdrawal or neonatal abstinence syndrome?

❑ No
❑ Yes

72. Did you experience any of the following things *during* your pregnancy or *after* your baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I felt something wasn't right with my health	❑	❑
b. I felt my concerns for my health weren't taken seriously	❑	❑
c. I felt my doctor ignored my concerns about my health or symptoms	❑	❑

73. Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods?
For each time period, check **No** or **Yes**.

	No	Yes
a. During the 12 months before my most recent pregnancy	❑	❑
b. During my most recent pregnancy	❑	❑
c. During my labor and delivery hospital stay	❑	❑
d. Since my new baby was born	❑	❑

74. *Since your new baby was born*, have you received information about warning signs of postpartum complications from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as a website, social media, or paper handout)	❑	❑
d. Family or friends	❑	❑

75. ***While getting healthcare*** **during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?**
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

	No	Yes
a. My race, ethnicity, or skin color	❑	❑
b. My disability status	❑	❑
c. My immigration status	❑	❑
d. My age	❑	❑
e. My weight	❑	❑
f. My income	❑	❑
g. My sex or gender	❑	❑
h. My sexual orientation	❑	❑
i. My religion	❑	❑
j. My language or accent	❑	❑
k. My type or lack of health insurance	❑	❑
l. My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m. My involvement with the justice system (jail or prison)	❑	❑
n. Another reason	❑	❑

Please tell us: ____________________

76. ***During your life until now,*** **how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?**

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

77. Have you ***ever*** **been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?**
For each one, check **No** or **Yes**.

	No	Yes
a. Job (hiring, promotion, firing)	❑	❑
b. Housing (renting, buying, mortgage)	❑	❑
c. Police (stopped, searched, threatened)	❑	❑
d. In the courts	❑	❑
e. At school or my child's school	❑	❑
f. Getting medical care	❑	❑

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

78. During the ***12 months before*** **your new baby was born, what was your yearly total household income before taxes?** Include your income, your spouse 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 getting now.

- ❑ $0 to $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $27,000
- ❑ $27,001 to $32,000
- ❑ $32,001 to $37,000
- ❑ $37,001 to $42,000
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 to $85,000
- ❑ $85,001 or more

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

Number of people ____

80. What is today's date?

____ / ____ / ________
Month Day Year

The next questions are about *you*.

S1. What is your living situation *today*?

Check ONE answer

- ❑ I have a steady place to live
- ❑ I have a place to live today, but I'm worried about losing it in the future
- ❑ I don't have a steady place to live (I'm temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

S2. During the *last 12 months*, how often were you unable to afford to eat balanced meals? A balanced meal includes all the types of food that you think should be in a healthy meal. For example, a starch like potatoes or rice, vegetables or fruit, and some protein like meat, fish, cheese, or eggs.

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

S3. During the *last 12 months*, how often did your healthcare providers explain things about your health in a way that was easy to understand?

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

S4. *Since your new baby was born*, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

- ❑ No → **Go to Question S7**
- ❑ Yes

Go to Question S5

S5. Were you able to get the mental health services that you needed?

- ❑ No
- ❑ Yes → **Go to Question S7**

S6. Which of these statements explains why you did not get the mental health services you needed?

Check ALL that apply

- ❑ I couldn't afford the cost
- ❑ I couldn't get an appointment as soon as I needed
- ❑ My health insurance doesn't cover any type of mental health services
- ❑ My health insurance doesn't pay enough for mental health services
- ❑ I didn't know where to go to get services
- ❑ I was concerned that the information I shared might not be kept confidential
- ❑ I didn't want others to find out that I needed treatment
- ❑ I was concerned that I might be committed to a psychiatric hospital
- ❑ I was concerned that I might have to take medicine
- ❑ I had no transportation, treatment was too far away, or the hours were not convenient
- ❑ I didn't have time (because of a job, childcare, or other commitments)
- ❑ Other → Please tell us: ____________

S7. During the *last 12 months*, how often would you say you get the social and emotional support you need?

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

S8. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time.

***Within the last 30 days*, how often have you felt this kind of stress?**

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

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

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

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

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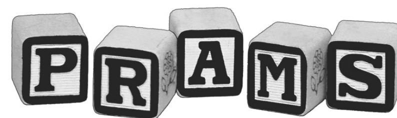
Your answers will help us work to make mothers and babies in Pennsylvania healthier.

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



Phone Numbers and Web Sites for Help in Pennsylvania

PA Healthy Baby Line: 1-800-986-BABY (2229) for information on finding a doctor, getting healthcare coverage, immunizations, tests for baby, and breastfeeding.

PA Special Kids Network: 1-800-986-4550 for services available to children with special needs.

United Way: 2-1-1 or www.pa211.org for services related to health, housing, and human services.

PA WIC: 1-800-WIC-WINS (942-9467) for information and to apply for WIC, which provides nutrition services, breastfeeding support, health care and social service referrals, and healthy foods.

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

PA Children's Health Insurance Program (CHIP): www.chipcoverspakids.com for information on health insurance for children

PA Medical Assistance or Medicaid at PA Department of Human Services: Go to www.dhs.pa.gov and search for Medical Assistance

Childhelp National Hotline: 1-800-4-A-CHILD (422-4453) a 24-hour crisis hotline to offer support, information, and referrals on coping with a crying baby and preventing child abuse.

PA Free Quitline: 1-800-QUIT-NOW (784-8669) for information on smoking cessation services available to Pennsylvania residents.

PA Get Help Now: 1-800-662-HELP (4357) or www.ddap.pa.gov and search for 'get help now' to find a drug or alcohol treatment provider or funding for addiction treatment. You can also contact your local County drug and alcohol office at ddap.pa.gov, search for 'Find your county drug and alcohol office.'

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) for 24/7 free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

PA Department of Health or www.health.pa.gov or 1-877-724-3258 for information on other programs such as Breastfeeding, Violence and Injury Prevention, Newborn Screening & Genetics, and Immunizations, click on 'I am looking for' and then 'Our Programs' for an alphabetic list of program links.

SIDS and Infant Death Program at **www.health.pa.gov** and search for 'SIDS and Infant Death Program' for resources and 'frequently asked questions' about SIDS and safe sleep resources.

Commonwealth of Pennsylvania or www.pa.gov for information on state programs and services.

Tear Here

pennsylvania
DEPARTMENT OF HEALTH

2020

January '20

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February '20

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March '20

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April '20

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May '20

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June '20

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July '20

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August '20

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November '20

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2021

January '21

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February '21

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March '21

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April '21

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May '21

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June '21

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July '21

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August '21

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September '21

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October '21

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November '21

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December '21

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2022

January '22

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February '22

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March '22

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April '22

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May '22

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June '22

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July '22

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August '22

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September '22

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October '22

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November '22

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December '22

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

2023

January '23

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February '23

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March '23

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April '23

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May '23

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June '23

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July '23

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August '23

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September '23

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October '23

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November '23

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December '23

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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Edward J. Bloustein School
of Planning and Public Policy

P9-May 2023