PRAMS

THE BEST SOURCE OF DATA ON MOTHERS AND BABIES

Phase 8 04/2016

www.cdc.gov/prams

WASHINGTON PRAMS

Pregnancy Risk Assessment Monitoring System

A survey to improve the health of babies and mothers in Washington State.

Prevention and Community Health
Surveillance and Evaluation Section
Post Office Box 47835
Olympia, WA 98504-7835
(877) 867-7267 or (360) 236-3576
www.doh.wa.gov/prams

Washington State Department of Health

DOH 160-202 April 2016

Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the Washington State 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 Washington 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 Washington.

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 Washington mothers of new babies. Your answers will be used for research purposes only. Your answers may be shared only with a limited number of researchers who have signed confidentiality agreements with the Department of Health. The number on the survey lets us link your answers to your child's birth record information and to other databases. 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 Washington, 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 Washington. 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 and pregnancy 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, 1-877-867-7267, 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.

See inside back cover for calendar.

January (Enero) 2019

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February (Febrero) 2019

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March (Marzo) 2019

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April (Abril) 2019

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August (Agosto) 2019

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2019

2020

2021

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. 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. Thyroid problems	❑	❑
f. Anxiety	❑	❑

5. 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

6. 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 Page 3, Question 9**
- ❑ Yes

Go to Page 2, Question 7

7. 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:

_____

8. During any of your health care visits in the *12 months before* you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> 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)	❑	❑
m.	Ask me if birth defects or diseases run in my family	❑	❑

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

9. 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 Washington Healthplanfinder (wahealthplanfinder.org) or HealthCare.gov
- ❑ Medicaid or Apple Health
- ❑ TRICARE or other military health care
- ❑ Indian Health Service and/or Tribal Health Services
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance during the *month before* I got pregnant

10. 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 11**
- ❑ 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 Washington Healthplanfinder (wahealthplanfinder.org) or HealthCare.gov
- ❑ Medicaid or Apple Health
- ❑ TRICARE or other military health care
- ❑ Indian Health Service and/or Tribal Health Services
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance for my *prenatal care*

11. 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 Washington Healthplanfinder (wahealthplanfinder.org) or HealthCare.gov
- ❑ Medicaid or Apple Health
- ❑ TRICARE or other military health care
- ❑ Indian Health Service and/or Tribal Health Services
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

12. 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

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

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

14. 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 → **Go to Page 4, Question 16**

Go to Page 4, Question 15

15. What were your reasons or your husband's or partner's 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 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
- ❑ I forgot to use a birth control method
- ❑ Other → Please tell us:

If you or your husband or partner was <u>not doing</u> anything to keep from getting pregnant, go to Question 17.

16. What method of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Emergency contraceptives ("morning after pills" such as Plan B)
- ❑ Other → Please tell us:

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.)

17. 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 19**

Go to Question 18

18. ***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	❑	❑
k.	About how eating fish containing high levels of mercury could affect my baby	❑	❑
l.	If I knew what to do if my labor starts early	❑	❑
m.	If birth defects or diseases run in my family	❑	❑

19. During the 12 months *before the delivery* 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

20. During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Check ONE answer

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

→ **Go to Question 22**

Go to Question 21

21. What were your reasons for not getting a flu shot during the *12 months before the birth* of your new baby? For each item, check **No** if it was not a reason for you or **Yes** if it was.

		No	Yes
a.	My doctor didn't mention anything about a flu shot	❑	❑
b.	I was worried about side effects of the flu shot for me	❑	❑
c.	I was worried that the flu shot might harm my baby	❑	❑
d.	I was not worried about getting sick with the flu	❑	❑
e.	I do not think the flu shot works	❑	❑
f.	I don't normally get a flu shot	❑	❑
g.	Other	❑	❑

Please tell us:

_____

22. 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

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

- ❑ No
- ❑ Yes

24. 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	❑	❑

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

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

❑ No → **Go to Question 29**
❑ Yes

26. 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

27. 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

28. 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.

29. 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. Chew	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 30. Otherwise, go to Question 32.

30. 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

31. 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.

32. 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 Page 8, Question 35**
- ❑ Yes

33. 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

34. 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.

35. 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	❑	❑

36. 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	❑	❑

37. 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	❑	❑

38. 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.

39. When was your new baby born?

____ / ____ / 20__

Month Day Year

40. How was your new baby delivered?

- ❑ Vaginally → **Go to Question 42**
- ❑ Cesarean delivery (c-section)

41. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check ALL that apply

- ❑ I had a previous cesarean delivery (c-section)
- ❑ My baby was not head down
- ❑ I was past my due date
- ❑ My health care provider worried that my baby was too big
- ❑ I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
- ❑ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- ❑ My health care provider tried to induce my labor, but it didn't work
- ❑ Labor was taking too long
- ❑ The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- ❑ I wanted to schedule my delivery
- ❑ I didn't want to have my baby vaginally
- ❑ Other → Please tell us:

_____

42. How much weight did you gain during *your most recent* pregnancy?

Check ONE answer and fill in blank if needed

- ❑ I gained ____ pounds **OR** ____ kilos
- ❑ I didn't gain any weight during my pregnancy
- ❑ I don't know

43. 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 Page 10, Question 46**

44. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 56**
- ❑ Yes

45. Is your baby living with you now?

- ❑ No → **Go to Page 11, Question 56**
- ❑ Yes

Go to Page 10, Question 46

46. *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:

_____

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

❑ No → **Go to Question 51**
❑ Yes

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

❑ No
❑ Yes → **Go to Question 51**

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

❑ Less than 1 week

_____ Weeks **OR** _____ Months

50. What were your reasons for stopping breastfeeding?

Check ALL that apply

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

_____

If your baby is still in the hospital, go to Question 56.

51. 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

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

❑ Always
❑ Often
❑ Sometimes
❑ Rarely
❑ Never → **Go to Question 54**

Go to Question 53

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

- ❑ No
- ❑ Yes

54. 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)	❑	❑

55. 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	❑	❑

56. 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 Page 12, Question 58**

57. 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 59.

58. 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:

_____

59. *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 61**
- ❑ Yes

Go to Question 60

60. *During your postpartum checkup*, did a doctor, nurse, or other health care worker <u>do</u> 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	❑	❑

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

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

62. *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

OTHER EXPERIENCES

The next questions are on a variety of topics.

63. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent* pregnancy? For each item, check **No** if it was not something that made it hard for you or **Yes** if it was.

	No	Yes
a. I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I did not think it was safe to go to the dentist during pregnancy	❑	❑
d. I could not afford to go to the dentist or dental clinic	❑	❑
e. I did not need to see a dentist for a problem	❑	❑

64. During any of the following time periods, did you use marijuana? For each time period, check **No** if you did not use then or **Yes** if you did.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

65. During the 12 months before your new baby was born, did you experience discrimination, harassment, or were you made to feel inferior because of the things listed below? For each item, check **No** if you did not experience these things or **Yes** if you did experience them.

	No	Yes
a. My race, ethnicity, or culture	❑	❑
b. My insurance or Medicaid status	❑	❑
c. My weight	❑	❑
d. My marital status	❑	❑
e. Other	❑	❑

Please tell us:

_____

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

66. 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

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

_____ People

68. 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 Washington.

Thanks for answering our questions!

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