





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



Phase 8 04/2016 www.cdc.gov/prams

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.

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2 0 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.

How tall are you without shoes?
Feet Inches OR Centimeters
Just before you got pregnant with your new baby, how much did you weigh?
Pounds OR Kilos
What is <u>your</u> date of birth?
Month Day Year

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

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 b. High blood pressure or hypertension...... \square c. Depression d. Asthma...... e. Thyroid problems...... f. Anxiety 🔲 🔲 During the month before you got pregnant 5. 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 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

Go to Page 3, Question 9

mental health worker?

Go to Page 2, Question 7

☐ Yes

th	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 do any of the following things? For each item, check No if they did not or Yes if they did.

		_	Yes
a.	Tell me to take a vitamin with folic acid	┙	Ш
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	_	

Check ALL that apply

11. What kind of health insurance do you have

☐ Private health insurance from my job or the job

now?

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

				of my husband or p	partner
W	Ouring the <u>month before</u> vith your new baby, wh nsurance did you have?	at kind of health		Private health insur Private health insur	rance from my parents rance from the Washington wahealthplanfinder.org) or
	 Private health insurance of my husband or partiful Private health insurance Private health insurance Healthplanfinder (wahe HealthCare.gov Medicaid or Apple HealthCare.gov 	ner e from my parents e from the Washington ealthplanfinder.org) or		TRICARE or other m Indian Health Servi Services	
	TRICARE or other milital Indian Health Service a Services Other health insurance	ary health care nd/or Tribal Health	12. TI	ith your new baby,	t before you got pregnant
			be	ecoming pregnant?	?
					Check ONE answer
10. D	I I did not have any heal month before I got preg During your <u>most recent</u> ind of health insurance	pregnancy, what		I wanted to be pregi I wanted to be pregi I wanted to be pregi I didn't want to be p in the future	nant sooner
у	our prenatal care?	Check ALL that apply		I wasn't sure what I v	wanted
		→ Go to Question 11		hen you got pregn ere you trying to g	ant with your new baby, et pregnant?
	Private health insurance			No _	
	of my husband or parti Private health insurance			Yes →	Go to Page 4, Question 17
	Private health insurance Healthplanfinder (wah	e from the Washington			ant with your new baby,
	HealthCare.gov				sband or partner doing
	Medicaid or Apple Hea TRICARE or other milita	lth			om getting pregnant? No to keep from getting
	Indian Health Service a		pr	regnant include havi	ing their tubes tied, using
	Services Other health insurance	→ Please tell us:		irth control pills, con atural family plannin	doms, withdrawal, or ng.
				No _	
				Yes ———	Go to Page 4, Question 16
	I I did not have any heal prenatal care	th insurance for my	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	prenatai care		Go to	Page 4, Question 1	15

7			
15.	pa	hat were your reasons artner's reasons for no eep from getting preg	et doing anything to nant?
			Check ALL that apply
		I thought I could not g I had side effects from method I was using I had problems getting I needed it I thought my husband sterile (could not get p My husband or partne anything I forgot to use a birth of	et pregnant at that time the birth control g birth control when or partner or I was regnant at all) r didn't want to use
aı	nyt	u or your husband or p hing to keep from get	
16.		hat method of birth co hen you got pregnant?	
			Check ALL that apply
	00 0 0	Condoms Shots or injections (De Contraceptive implant or Implanon®) Contraceptive patch (Cring (NuvaRing®) IUD (including Mirena® Skyla®) Natural family planning method) Withdrawal (pulling ou Emergency contracept pills" such as Plan B)	in the arm (Nexplanon® OrthoEvra®) or vaginal ®, ParaGard®, Liletta®, or g (including rhythm at) cives ("morning after
		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?



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	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.
Yes if they did. No Yes a. If I knew how much weight I should gain during pregnancy	a. My doctor didn't mention anything about a flu shot
h. If I wanted to be tested for HIV (the virus that causes AIDS)	
 j. If I planned to use birth control after my baby was born	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).
I. If I knew what to do if my labor starts early	□ No □ Yes □ I don't know
19. During the 12 months <i>before the <u>delivery</u></i> of your new baby, did a doctor, nurse, or other health care worker <i>offer</i> you a flu shot or <i>tell</i>	23. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
you to get one? No Yes	□ No □ Yes
20. During the 12 months <i>before the <u>delivery</u></i> of your new baby, did you <i>get</i> a flu shot? Check ONE answer	
No ☐ Yes, before my pregnancy Go to ☐ Yes, during my pregnancy Question 22	
Go to Question 21	

ha	rring your most recent pregnancy, did you ve any of the following health conditions?	28. How many cigarettes do you smoke on ar average day now? A pack has 20 cigarettes	
	r each one, check No if you did not have the ndition or Yes if you did.	41 cigarettes or more21 to 40 cigarettes	
	stational diabetes (diabetes that orted during this pregnancy)	☐ 11 to 20 cigarettes☐ 6 to 10 cigarettes☐ 1 to 5 cigarettes	
b. Hig	gh blood pressure (that <u>started</u> during spregnancy), pre-eclampsia or ampsia	☐ Less than 1 cigarette ☐ I don't smoke now	
c. De	pression	The next questions are about using other tobacco products around the time of pregnancy.	er
	next questions are about smoking	pregnancy.	
(befo	rettes around the time of pregnancy ore, during, and after).	E-cigarettes (electronic cigarettes) and othe electronic nicotine products (such as vape pe e-hookahs, hookah pens, e-cigars, e-pipes) are	ens,
	ive you smoked any cigarettes in the <i>past</i> rears?	battery-powered devices that use nicotine liqu rather than tobacco leaves, and produce vapor instead of smoke.	
	No Go to Question 29 Yes	A hookah is a water pipe used to smoke tobacc	
76 In:	the 3 months <u>before</u> you got pregnant, how	is not the same as an e-hookah or hookah pen.	
ma	any cigarettes did you smoke on an average y? A pack has 20 cigarettes.	29. Have you used any of the following produin the past 2 years? For each item, check No	
	41 cigarettes or more	you did not use it or Yes if you did.	
_ _ _	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	b. Hookah	Yes
ma	the <i>last 3 months</i> of your pregnancy, how any cigarettes did you smoke on an average y? 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		

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

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 <u>before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?	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.
	 More than once a day Once a day 2-6 days a week 	☐ No → Go to Page 8, Question 35 ☐ Yes
	 1 day a week or less I did not use e-cigarettes or other electronic nicotine products then 	33. During the 3 months <u>before</u> you got pregnant, how many alcoholic drinks did you have in an average week?
31.	During the <u>last 3</u> months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?	☐ 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
	More than once a dayOnce a day2-6 days a week	34. During the <i>last 3 months</i> of your pregnancy,
	1 day a week or lessI did not use e-cigarettes or other electronic	how many alcoholic drinks did you have in an average week?
	nicotine products then	 □ 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.

recent pregnancy.	physically hurt you in any other way? For eac person, check No if they did not hurt you during this time or Yes if they did.
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.)	a. My husband or partner
these questions.) No Yes a. A close family member was very sick and had to go into the hospital	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.
husband or partner	a. My husband or partner
work hours or pay	a. My husband or partner threatened me or made me feel unsafe in some way

36. In the 12 months before you got pregnant

people push, hit, slap, kick, choke, or

with your new baby, did any of the following

AFTER PREGNANCY

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

39. V	When was your new baby born?
	/ / 20
_	/ /
N	lonth Day Year
0. H	low was your new baby delivered?
	Go to Question 42 Cesarean delivery (c-section)
	What was the reason that your new baby was orn by cesarean delivery (c-section)?
	Check ALL that apply
	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, 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 I didn't want to have my baby vaginally I Other ────────────────────────────────────

42.		ow much		did you ga ancy?	in dur	ing <i>your</i>
						answer k if needed
			gain any	pounds OR weight duri		
43.				as delivere ne hospital		long did
		24 to 48 3 to 5 da 6 to 14 d More th	hours (1 ays days an 14 da was no is still ir	t born in a h	ospita	
44.	ls	your bal	by alive	now?		
igcup		No —— Yes		We are very	sorry 1	for your loss. Question 56
45.	ls	your bal	by living	ı with you r	ow?	
ightharpoons		No —— Yes		Go to Pag	e 11, Q	uestion 56
Go	to	Page 10	, Questi	on 46		

46.	Before or after your new baby was born, did you receive information about breastfeeding	50. What were your reasons for stopping breastfeeding?			
	from any of the following sources? For each	Check ALL that apply			
b. c. d.	one, check No if you did not receive information from this source or Yes if you did. No Yes My doctor	 □ 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 			
	number	☐ I went back to work ☐ I went back to school			
	Other Please tell us:	 □ My partner did not support breastfeeding □ My baby was jaundiced (yellowing of the skin or whites of the eyes) □ Other → Please tell us: 			
	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	If your baby is still in the hospital, go to Question 56.			
¥		51. In which <i>one</i> position do you <i>most often</i> lay your baby down to sleep now?			
48.	Are you currently breastfeeding or feeding pumped milk to your new baby?	Check ONE answer			
✓	□ No □ Yes → Go to Question 51	□ On his or her side□ On his or her back□ On his or her stomach			
49.	How many weeks or months did you breastfeed or feed pumped milk to your baby?	52. In the <u>past 2 weeks</u> , how often has your new baby slept alone in his or her own crib or bed?			
	Less than 1 week Weeks OR Months	☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never → Go to Question 54 ☐ Go to Question 53			

53. When your new baby sleeps alone, is his her crib or bed in the same room where sleep?	you anything now to keep from getting pregnant? Some things people do to keep from getting
□ No □ Yes	pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.
54. Listed below are some more things about how babies sleep. How did your new bausually sleep in the <u>past 2 weeks?</u> For each item, check No if your baby did not usually like this or Yes if he or she did.	th Sleep The sleep
a. In a crib, bassinet, or pack and play	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
,	

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 59.

	etting pregnant?	neck ALL that apply		
	Tubes tied or blocked (fen	nale sterilization or		
	Vasectomy (male sterilization)			
	Birth control pills			
_	Condoms Shots or injections (Depo-Provera®)			
	Contraceptive patch (OrthoEvra®) or vaginal			
_	ring (NuvaRing®)			
Ц	IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)			
	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:		
<u></u>	· · · · · · · · · · · · · · · · · · ·	1		
	nce your new baby was bo ad a postpartum checkup			
р	ostpartum checkup is the re	egular checkup a		
	oman has about 4-6 weeks rth.	after she gives		
DI				
_		Go to Question 61		
· 山	Yes			
_	Question 60			
	()Hestian 60			

60.	O. 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 Y					
a.	Tell me to take a vitamin with folic acid \Box	Ц				
b.	Talk to me about healthy eating, exercise, and losing weight gained					
_	during pregnancy	_				
c.	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®,					
f.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive					
	implant (Nexplanon® or Implanon®)					
g. h.						
	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 hyou felt down, depressed, or hopeless?	nave				
	□ Always □ Often □ Sometimes □ Rarely □ Never					
62.	Since your new baby was born, how often by you had little interest or little pleasure in doing things you usually enjoyed?	nave				
	□ Always □ Often □ Sometimes □ Rarely □ Never					

65. During the 12 months before your new baby

was born, did you experience discrimination, harassment, or were you made to feel inferior

OTHER EXPERIENCES

The next questions are on a variety of tonics

topics.	because of the things listed below? For each item, check No if you did not experience these
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.	things or Yes if you did experience them. No Yes a. My race, ethnicity, or culture
a. I could not find a dentist or dental clinic that would take pregnant patients	d. My marital status
 e. I did not need to see a dentist for a problem	66. During the <i>12 months before</i> your new baby was born, what was your yearly total
No if you did not use then or Yes if you did. No Yes During the 12 months before I got pregnant	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 \$16,000 \$16,001 to \$20,000 \$20,001 to \$24,000 \$24,001 to \$28,000 \$23,001 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

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.