

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

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

- No
- Yes

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

- No
- Yes

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

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

4. *What is your date of birth?*

<input type="text"/>	<input type="text"/>	<input type="text" value="19"/>
Month	Day	Year

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

Pounds OR  Kilos

6. *How tall are you without shoes?*

Feet  Inches

OR  Centimeters

7. *Would you say that, in general, your health is—*

- Excellent
- Very good
- Good
- Fair
- Poor

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

- No → Go to Page 2, Question 11
- Yes

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

- No
- Yes

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

- No
- Yes

2

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

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

Check **one** answer

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

**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 husband or partner doing anything to keep from getting pregnant?**

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

- No
- Yes →

Go to Question 17

**14. What were your 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
- Other → Please tell us:

**If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 17.**

**15. Did you receive treatment from a doctor, nurse, or other health care worker to help you get pregnant with your new baby?**

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No →
- Yes

Go to Question 17

**16. Did you use any of the following treatments during the month you got pregnant with your new baby?**

**Check all that apply**

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

\_\_\_\_\_

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

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

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- I don’t remember

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

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

- I didn’t go for prenatal care

4

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

- No
- Yes
- I didn't want prenatal care

→ **Go to Question 21**

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

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

Please tell us:

**If you did not go for prenatal care, go to Question 23.**

**21. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid (MassHealth)
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's/partner's work)
- Free Care
- Other → Please tell us:

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

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

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

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

**24. Were you offered an HIV test during your most recent pregnancy or delivery?**

- No → Go to Question 27
- Yes

**25. Did you turn down the HIV test?**

- No → Go to Question 27
- Yes

**26. Why did you turn down the HIV test?**

**Check all that apply**

- I did not think I was at risk for HIV
- I did not want people to think I was at risk for HIV
- I was afraid of getting the result
- I was tested before this pregnancy, and did not think I needed to be tested again
- Other → Please tell us:

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

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

- No
- Yes

6

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

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

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

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

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

**The next questions are about smoking cigarettes and drinking alcohol.**

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

- No → **Go to Question 34**
- Yes

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

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

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

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

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

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

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

- No —→ **Go to Page 8, Question 37**
- Yes

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

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

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

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

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

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

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

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

8

**Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.**

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

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

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

**38a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**38b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?**

- No
- Yes

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

**39a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?**

- No
- Yes

**39b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?**

- No
- Yes

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

**40. When was your baby due?**

\_\_\_\_\_  
 Month      Day      Year

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

\_\_\_\_\_  
 Month      Day      Year

I didn't have my baby in a hospital

**42. When was your baby born?**

\_\_\_\_\_  
 Month      Day      Year

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

\_\_\_\_\_  
 Month      Day      Year

I didn't have my baby in a hospital

**44. How was your delivery paid for?**

**Check all that apply**

- Medicaid (MassHealth)
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's/partner's work)
- Free Care
- Other \_\_\_\_\_ → Please tell us:

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

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

- No
- Yes
- I don't know

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

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

**Go to Page 10, Question 49**

10

**47. Is your baby alive now?**

- No → **Go to Question 58**  
 Yes

**48. Is your baby living with you now?**

- No → **Go to Question 58**  
 Yes

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

- No → **Go to Question 53**  
 Yes

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

- No  
 Yes → **Go to Question 52**

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

- \_\_\_\_ Weeks **OR** \_\_\_\_ Months  
 Less than 1 week

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

- \_\_\_\_ Weeks **OR** \_\_\_\_ Months  
 My baby was less than 1 week old  
 I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, go to Question 57.**

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

- \_\_\_\_ Hours  
 Less than 1 hour a day  
 My baby is never in the same room with someone who is smoking

**54. How do you *most often* lay your baby down to sleep now?**

**Check one answer**

- On his or her side  
 On his or her back  
 On his or her stomach

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

- No  
 Yes

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

- No  
 Yes

**57. What type of health insurance is your new baby covered by right now?**

**Check all that apply**

- Medicaid (MassHealth)
- Private insurance or HMO (including insurance from your work or your husband's/partner's work)
- Other —————> Please tell us:
- My new baby does not have health insurance

**58. Are you or your husband or partner doing anything now to keep from getting pregnant?**

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

- No
- Yes —————> **Go to Question 60**

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

**Check all that apply**

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

**60. Since your new baby was born, have you had a postpartum checkup for yourself?**

(A postpartum checkup is the regular checkup a woman has after she gives birth.)

- No
- Yes

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

**61. During the 12 months before your new baby was born, what were the sources of your household's income?**

**Check all that apply**

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

12

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

**Check one answer**

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

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

People

The next few questions are on a variety of topics.

**64. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the "morning-after pill")?**

This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

- No
- Yes

**65. During the 3 months before you got pregnant with your new baby, how often did you participate in any physical activities or exercise for 30 minutes or more?** (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week

**66. During the last 3 months of your most recent pregnancy, how often did you participate in any physical activities or exercise for 30 minutes or more?** Do not count exercise you may have done as part of your regular job.

- Less than 1 day per week
- 1 to 4 days per week
- 5 or more days per week
- I was told by a doctor, nurse, or other health care worker not to exercise

**67. During the last 3 months of your most recent pregnancy, about how many servings of fruits or vegetables did you have in a day?**

**Check one answer**

- Less than 1 serving per day
- 1 or 2 servings per day
- 3 or 4 servings per day
- 5 or more servings per day

**68. During your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about the signs and symptoms of preterm labor?** (Preterm labor is defined as early labor more than 3 weeks before the baby is due.)

- No
- Yes, before I went into labor
- Yes, because I was in preterm labor

**69. Before you had your new baby, did you ever have a baby by cesarean delivery (when a doctor cuts through the mother's belly to bring out the baby)?**

- No
- Yes

**70. How was your new baby delivered?**

- Vaginally → **Go to Question 72**
- I went into labor but had to have a cesarean delivery
- I didn't go into labor and had to have a cesarean delivery

**71. Whose idea was it for you to have a cesarean delivery?** Please select the choice that best describes whose idea it was.

**Check one answer**

- My health care provider recommended a cesarean delivery before I went into labor
- My health care provider recommended a cesarean delivery while I was in labor
- Mine, I wanted the cesarean delivery before I went into labor
- Mine, I asked for the cesarean delivery while I was in labor

**If your baby is not alive or is not currently living with you, go to Page 14, Question 74a.**

**72. In the last month, where did your new baby usually sleep?**

**Check one answer**

- In a crib, cradle, or bassinet
- On an adult bed or mattress with you or another person(s)
- On an adult bed or mattress alone
- On a sofa or couch
- In a car seat or infant seat
- Someplace else → Please tell us:

---

**73. Listed below are some statements about safety.** For each one, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

	No	Yes
a. My infant was brought home from the hospital in an infant car seat . . . . .	N	Y
b. My baby always or almost always rides in an infant car seat . . . . .	N	Y
c. My home has a working smoke alarm . . . . .	N	Y
d. There are <b>loaded</b> guns, rifles, or other firearms in my home . . . . .	N	Y

14

**74a. Since your new baby was born, how often have you felt down, depressed, or hopeless?**

- Always
- Often
- Sometimes
- Rarely
- Never

**74b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?**

- Always
- Often
- Sometimes
- Rarely
- Never

**75. Since your new baby was born, did you seek help for depression from a doctor, nurse, or other health care worker?**

- No
- Yes

**76. What type of health insurance are you covered by right now?**

**Check all that apply**

- Medicaid (MassHealth)
- Private insurance or HMO (including insurance from your work or your husband's/partner's work)
- Other → Please tell us:

\_\_\_\_\_

- I do not have health insurance

**77. Are you limited in any way in any activities because of physical, mental, or emotional problems?**

- No → **Go to Question 79**
- Yes

**78. For how long have your activities been limited because of physical, mental, or emotional problems?**

- \_\_\_\_\_ Number of Days **OR**
- \_\_\_\_\_ Number of Weeks **OR**
- \_\_\_\_\_ Number of Months **OR**
- \_\_\_\_\_ Number of Years

**79. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

- No → **Go to Question 81**
- Yes

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

	No	Yes
a. Within a year before I became pregnant . . . . .	N	Y
b. During my most recent pregnancy . . .	N	Y
c. After my most recent pregnancy. . . . .	N	Y

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

\_\_\_\_\_  
 Month      Day      Year

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

***Thanks for answering our questions!***

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

November 9, 2006