Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

# **BEFORE PREGNANCY**

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

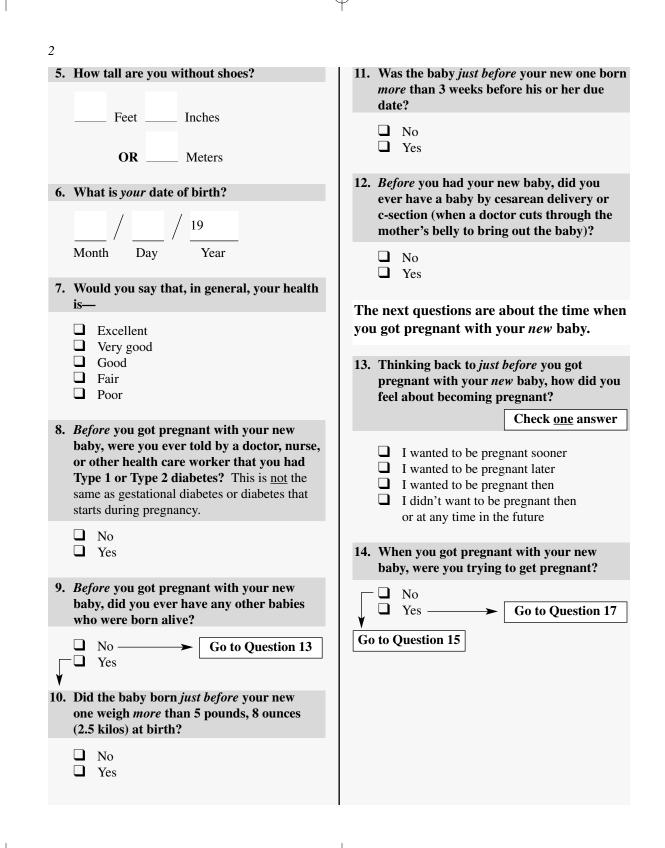
1.	At any time during the 12 months before you
	got pregnant with your new baby, did you do
	any of the following things? For each item,
	circle <b>Y</b> (Yes) if you did it or circle <b>N</b> (No) if
	you did not.

		No	Yes
a.	I was dieting (changing my eating		
	habits) to lose weight	. N	Y
b.	I was exercising 3 or more days		
	of the week	. N	Y
c.	I was regularly taking prescription		
	medicines other than birth control	. N	Y
d.	I visited a health care worker to		
	be checked or treated for diabetes	. N	Y
e.	I visited a health care worker to		
	be checked or treated for high		
	blood pressure	. N	Y
f.	I visited a health care worker to		
	be checked or treated for depression		
	or anxiety	. N	Y
g.	I talked to a health care worker		
	about my family medical history	. N	Y
h.	I had my teeth cleaned by a dentist		
	or dental hygienist	. N	Y

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

Health insurance from your job or the job of your husband, partner, or
parents Health insurance that you or someone else paid for (not from a job)
Medicaid or MassHealth TRICARE or other military health care Commonwealth Care Other source(s)
I did not have any health insurance before I got pregnant
ring the <i>month before</i> you got pregnant th your new baby, how many times a ek did you take a multivitamin, a enatal vitamin, or a folic acid vitamin?
I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all 1 to 3 times a week 4 to 6 times a week Every day of the week
<i>st before</i> you got pregnant with your new by, how much did you weigh?
Pounds OR Kilos



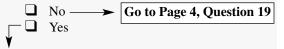
15. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

16. 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
- $\Box \quad \text{Other} \longrightarrow \text{Please tell us:}$

If you were <u>not trying</u> to get pregnant when you got pregnant with your new baby, go to Page 4, Question 19. 17. Did you take any fertility drugs or receive any medical procedures 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.)



18. Did you use any of the following fertility 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<sup>®</sup>, Serophene<sup>®</sup>, Pergonal<sup>®</sup>, 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:
- □ I wasn't using fertility treatments during the month that I got pregnant with my new baby

## **DURING PREGNANCY**

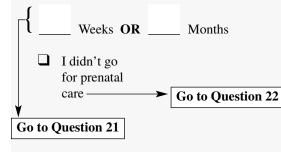
The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these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

19. 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
- 20. 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).



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

# □ No □ Yes → Go to Question 23

22. Did any of these things keep you from getting prenatal care at all or as early as you wanted? For each item, circle T (True) if it was a reason that you didn't get prenatal care when you wanted or circle F (False) if it was not a reason for you or if something does not apply to you.

#### True False

a.	I couldn't get an appointment	
	when I wanted one T	F
b.	I didn't have enough money or	
	insurance to pay for my visits T	F
c.	I had no transportation to get to	
	the clinic or doctor's officeT	F
d.	The doctor or my health plan	
	would not start care as early	
	as I wanted	F
e.	I had too many other things	
	going on	F
f.	I couldn't take time off from work	
	or schoolT	F
g.	I didn't have my Medicaid or	
	MassHealth card T	F
h.	I had no one to take care of my	
	childrenT	F
i.	I didn't know that I was pregnant T	F
j.	I didn't want anyone else to know	
	I was pregnant T	F
k.	I didn't want prenatal care T	F

If you did not go for prenatal care, go to Page 6, Question 26.

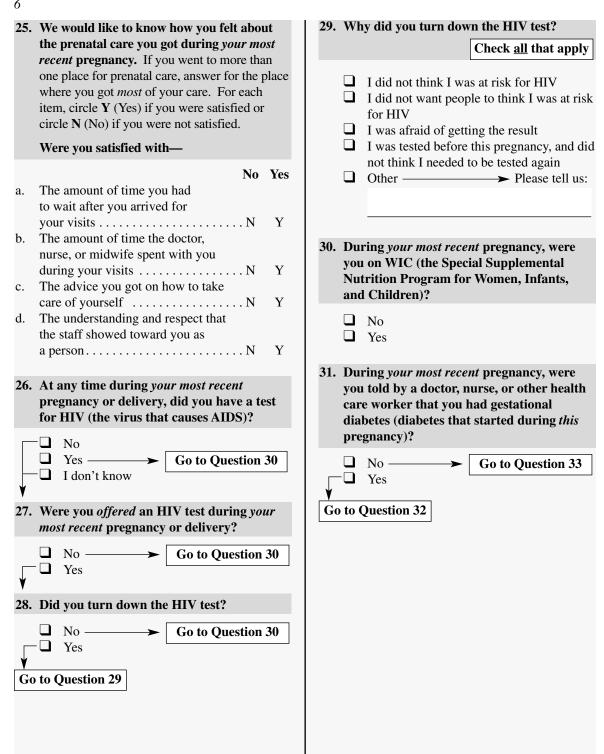
# 23. Did any of these health insurance plans help you pay for your *prenatal care*?

## Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- □ Health insurance that you or someone else paid for (not from a job)
- Medicaid or MassHealth
- TRICARE or other military health care
- Commonwealth Care
- $\Box \quad \text{Other source(s)} \longrightarrow \text{Please tell us:}$
- □ I did not have health insurance to help pay for my prenatal care

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, 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 babyN	Y
b.	Breastfeeding my baby N	Y
c.	How drinking alcohol during	
	pregnancy could affect my babyN	Y
d.	Using a seat belt during my	
	pregnancy N	Y
e.	Medicines that are safe to take during	
	my pregnancy N	Y
f.	How using illegal drugs could affect	
	my babyN	Y
g.	Doing tests to screen for birth defects	
	or diseases that run in my family N	Y
h.	The signs and symptoms of preterm	
	labor (labor more than 3 weeks before	
	the baby is due)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.	What to do if I feel depressed during	
	my pregnancy or after my baby	
	is born N	Y
1.	Physical abuse to women by their	
	husbands or partners N	Y



32. During your most recent pregnancy, when you were told that you had gestational diabetes, did a doctor, nurse, or other health care worker do any of the things listed below? For each item, circle Y (Yes) if it was done or circle N (No) if it was not done.

	No	Yes
a.	Refer you to a nutritionist N	Y
b.	Talk to you about the importance	
	of exerciseN	Y
c.	Talk to you about getting to and	
	staying at a healthy weight after	
	delivery N	Y
d.	Suggest that you breastfeed your	
	new babyN	Y
e.	Talk to you about your risk for	
	Type 2 diabetes N	Y

**33.** Did you have any of the following 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.

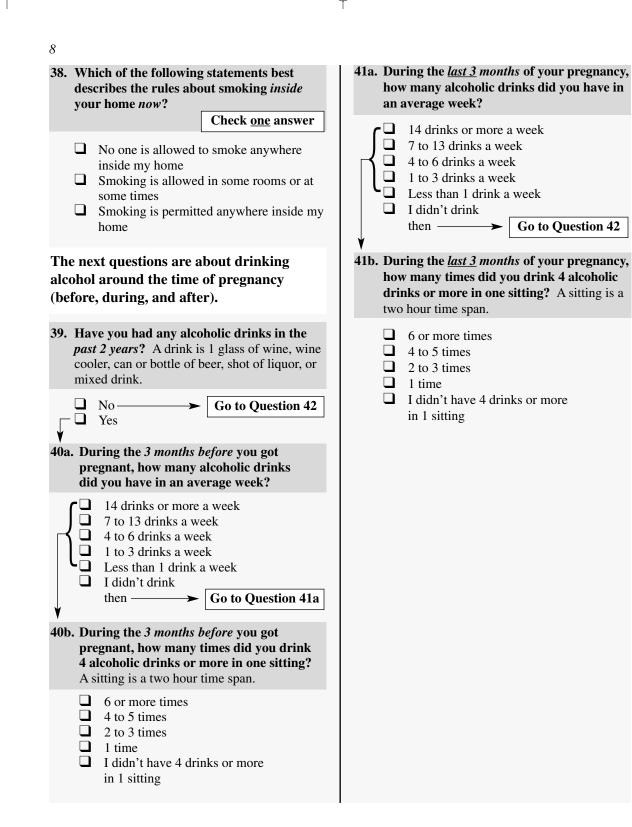
	No	Yes
a.	Vaginal bleeding N	Y
b.	Kidney or bladder (urinary tract)	
	infectionN	Y
c.	Severe nausea, vomiting, or	
	dehydration N	Y
d.	Cervix had to be sewn shut	
	(cerclage for incompetent cervix)N	Y
e.	High blood pressure, hypertension	
	(including pregnancy-induced	
	hypertension [PIH]), preeclampsia,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

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

- 34. Have you smoked any cigarettes in the *past* 2 years?
- Go to Page 8, Question 38
- 35. 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
  - $\Box 1 \text{ to 5 cigarettes}$
  - Less than 1 cigarette
  - I didn't smoke then

## 36. 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
- $\bigcirc$  6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then
- 37. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)
  - □ 41 cigarettes or more
  - $\Box$  21 to 40 cigarettes
  - □ 11 to 20 cigarettes
  - □ 6 to 10 cigarettes
  - $\Box$  1 to 5 cigarettes
  - Less than 1 cigarette
  - □ I don't smoke now



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

42. 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 look at the calendar when you answer these questions.)

#### No Yes

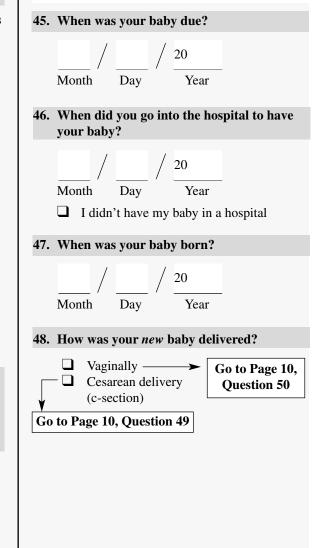
a.	A close family member was very sick	
	and had to go into the hospital N	Y
b.	I got separated or divorced from my	
	husband or partnerN	Y
c.	I moved to a new address N	Y
d.	I was homeless N	Y
e.	My husband or partner lost his job N	Y
f.	I lost my job even though I wanted	
	to go on workingN	Y
g.	I argued with my husband or partner	
	more than usualN	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 payN	Y
j.	I was in a physical fightN	Y
k.	My husband or partner or I	
	went to jailN	Y
1.	Someone very close to me had a	
	problem with drinking or drugs N	Y
m.	Someone very close to me died N	Y
43.	During the 12 months before you got	
	pregnant with your new baby, did your	
	husband or partner push, hit, slap, kick	
	choke, or physically hurt you in any oth	
	choice, or physically nurt you in any oth	~1

NoYes

way?

- 44. During *your most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
  - D No
  - **Y**es

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





# 49. Which statement *best* describes whose idea was it for you to have a cesarean delivery (c-section)?

### 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
- □ I asked for the cesarean delivery *before* I went into labor
- □ I asked for the cesarean delivery while I was in labor

20

# 50. When were you discharged from the hospital after your baby was born?

 Month
 Day
 Year

 I didn't have my baby in a hospital

 51. Did any of these health insurance plans help you pay for the *delivery* of your new baby?

 Check all that apply

 I Health insurance from your job or the job of your husband, partner, or parents

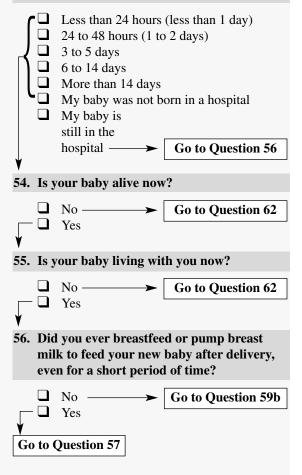
- Health insurance that you or someone else paid for (not from a job)
- □ Medicaid or MassHealth
- **TRICARE** or other military health care
- Commonwealth Care
- $\Box \quad \text{Other source(s)} \longrightarrow \text{Please tell us:}$
- □ I did not have health insurance to help pay for my delivery

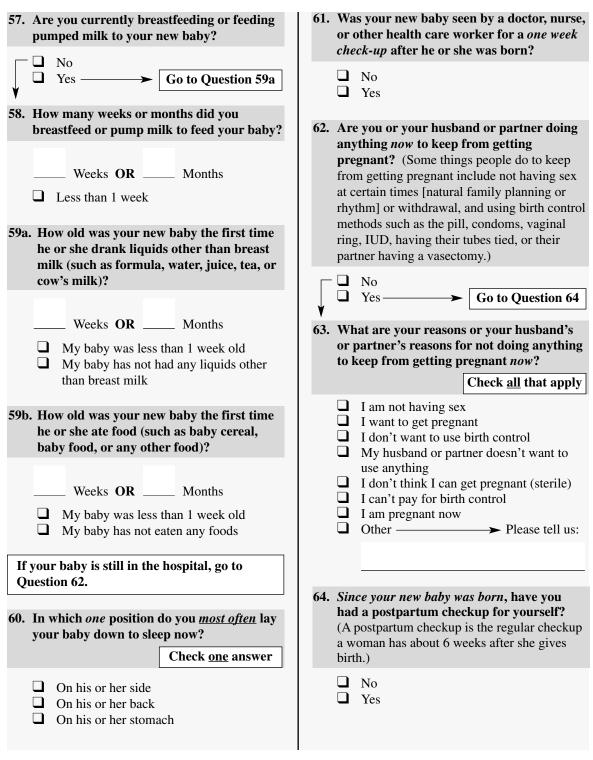
## **AFTER PREGNANCY**

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

- 52. After your baby was born, was he or she put in an intensive care unit?
  - 🛛 No
  - □ Yes
  - I don't know

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





65. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes <u>how often</u> you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

- a. I felt down, depressed, or sad. . . \_
- b. I felt hopeless .....
- c. I felt slowed down . . . . . . . . . .

## **OTHER EXPERIENCES**

The next questions are on a variety of topics.

66. 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 didn't. It may help to use a calendar.

No Yes

a. I felt that my race or ethnic background contributed to the stress in my life.....N Y b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background.....N Y c. I experienced physical symptoms (for example, a headache, an upset stomach, tensing of my muscles, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background . . . . N Y

- 67. 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? (For example, walking for exercise, swimming, cycling, dancing, or gardening.)
  - Less than 1 day per week
  - $\Box$  1 to 2 days per week
  - $\Box$  3 to 4 days per week
  - $\Box$  5 or more days per week
  - □ I was told by a doctor, nurse, or other health care worker not to exercise
- 68. 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
- $\Box$  3 or 4 servings per day
- **5** or more servings per day

If your baby is not alive or is not living with you now, go to Question 72.

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

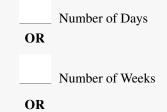
Check one answer

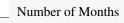
- □ In a crib, cradle, or bassinet
- On an adult bed or mattress with me and/or another person(s)
- On an adult bed or mattress alone
- On a sofa or couch
- □ In a car seat or infant seat
- $\Box$  Someplace else  $\longrightarrow$  Please tell us:

70.	<ul> <li>Have you ever heard or read about what can happen if a baby is shaken?</li> <li>No</li> <li>Yes</li> </ul>	73.	<b>This question is about things that may have happened</b> <i>since your new baby was born.</i> For each thing, circle <b>Y</b> (Yes) if it happened to you or circle <b>N</b> (No) if it did not.
			Since your new baby was born—
a. b. c. d.	<ul> <li>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.</li> <li>No Yes</li> <li>My baby was brought home from the hospital in an infant car seat N Y My baby always or almost always rides in an infant car seat N Y My home has a working smoke alarm N Y There are loaded guns, rifles, or other firearms in my home N Y</li> <li>Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?</li> <li>No</li> <li>Yes</li> </ul>	a. b. c. d. 74.	No       Yes         Your husband or partner threatened       you or made you feel unsafe in         some way



- 75. Are you limited in any way in any activities because of physical, mental, or emotional problems?
- 76. For how long have your activities been limited because of physical, mental, or emotional problems?





OR

Number of Years

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



78. Did you have your teeth cleaned by a dentist or dental hygienist during the time periods listed below? For each time period, 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.	During my most recent pregnancy N	Y
b.	After my most recent pregnancyN	Y

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

- **79.** 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.)
  - 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 to \$64,999
     \$65,000 to \$79,999
     \$80,000 or more
- 80. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?
  - \_\_\_ People
- 81. What is today's date?



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.

December 8, 2008