

First, we would like to ask a few questions about you and the time before you became 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.)

- No
 Yes

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

- No
 Yes

3. *In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?*

- I didn't take a multivitamin 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?*

Month Day Year

5. *Just before you got pregnant, how much did you weigh?*

Pounds OR Kilos

6. *How tall are you without shoes?*

Feet Inches
OR Centimeters

7. *Before your new baby, did you ever have any other babies who were born alive?*

- No → **Go to Question 10**
 Yes

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

- No
 Yes

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

- No
 Yes

10. *Thinking back to just before you got pregnant, 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

11. When you got pregnant with your new baby, were you trying to become pregnant?

- No
 Yes → **Go to Question 14**

12. 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], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 14**

13. 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:

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 a calendar when you answer these questions.)

14. 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

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

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

Thanks for answering our questions!

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

77. During your most recent pregnancy, what did you think about breastfeeding your new baby?

Check one answer

- I knew I would breastfeed
- I thought I might breastfeed
- I knew I would *not* breastfeed
- I didn't know what to do about breastfeeding

78. Listed below are some things about safety. For each thing, 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 loaded guns, rifles, or other firearms in my home	N	Y

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

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

Go to Question 18

17. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other → Please tell us:

If you did not go for prenatal care, go to Page 4, Question 23.

18. Where did you go *most of the time* for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center or clinic
- Military facility
- Other → Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Military coverage (including TRICARE Prime)
- Other → Please tell us:

20. 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 your baby | N | Y |
| b. Breastfeeding your baby | N | Y |
| c. How drinking alcohol during pregnancy could affect your baby | N | Y |
| d. Using a seat belt during your pregnancy | N | Y |
| e. Birth control methods to use after your pregnancy | N | Y |
| f. Medicines that are safe to take during your pregnancy | N | Y |
| g. How using illegal drugs could affect your baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in your family | N | Y |
| i. What to do if your labor starts early | N | Y |
| j. Getting your blood tested for HIV (the virus that causes AIDS) | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

21. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

- No
 Yes

22. At any time during your prenatal care, did a doctor, nurse, or other health care worker ask if you were drinking alcoholic beverages (beer, wine, wine cooler, or liquor)?

- No
 Yes

23. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

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

- No
 Yes
 I don't know

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

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

- No
 Yes

75. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each thing, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

- | | No | Yes |
|---|----|-----|
| a. Someone to loan me \$50 | N | Y |
| b. Someone to help me if I were sick and needed to be in bed | N | Y |
| c. Someone to talk with about my problems | N | Y |
| d. Someone to take care of my baby | N | Y |
| e. Someone to help me if I were tired and feeling frustrated with my new baby | N | Y |

If your baby was not born in a hospital, go to Page 14, Question 77.

76. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle **Y** (Yes) if it happened or circle **N** (No) if it did not happen.

- | | No | Yes |
|--|----|-----|
| a. Hospital staff gave me information about breastfeeding | N | Y |
| b. My baby stayed in the same room with me at the hospital | N | Y |
| c. I breastfed my baby in the hospital | N | Y |
| d. I breastfed my baby in the first hour after my baby was born | N | Y |
| e. Hospital staff helped me learn how to breastfeed | N | Y |
| f. My baby was fed only breast milk at the hospital | N | Y |
| g. Hospital staff told me to breastfeed whenever my baby wanted | N | Y |
| h. The hospital gave me a gift pack with formula | N | Y |
| i. The hospital gave me a telephone number to call for help with breastfeeding | N | Y |
| j. My baby used a pacifier in the hospital | N | Y |

69. Counting yourself, how many people live in your house, apartment, or trailer?

Adults (people aged 18 years or older)

Babies, children, or teenagers (people aged 17 years or younger)

70. What were the sources of your household's income during the past 12 months?

Check all that apply

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

71. Which category best describes your annual household income from all sources?

Include your income and the income of others living with you.

Check one answer

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 or more

72. How many people, including yourself, depended on this income?

People

73. During your most recent pregnancy, did you get any of these services? Circle Y (Yes) if you got the service or circle N (No) if you did not get it.

	No	Yes
a. Childbirth classes	N	Y
b. Parenting classes	N	Y
c. Classes on how to stop smoking	N	Y
d. Visits to your home by a nurse or other health care worker	N	Y
e. Food stamps	N	Y
f. TANF (Welfare)	N	Y

74. During your most recent pregnancy, would you have had the kinds of help listed below if you needed them? For each thing, circle Y (Yes) if you would have had it or circle N (No) if not.

	No	Yes
a. Someone to loan me \$50	N	Y
b. Someone to help me if I were sick and needed to be in bed	N	Y
c. Someone to take me to the clinic or doctor's office if I needed a ride	N	Y
d. Someone to talk with about my problems	N	Y

If your baby is not alive or is not living with you, go to Page 15.

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

	No	Yes
a. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N	Y
b. High blood pressure (including preeclampsia or toxemia) or retained water (edema)	N	Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta (such as abruptio placentae, placenta previa)	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. High blood sugar (diabetes)	N	Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	N	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)	N	Y
j. You were hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 28.

27. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

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

- No → **Go to Page 6, Question 32**
- Yes

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

Cigarettes **OR** Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

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

_____ Cigarettes OR _____ Packs

- Less than 1 cigarette a day
 I didn't smoke
 I don't know

31. How many cigarettes or packs of cigarettes do you smoke on an average day now?

_____ Cigarettes OR _____ Packs

- Less than 1 cigarette a day
 I don't smoke
 I don't know

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 Question 35**
 Yes

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

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

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

_____ Times

- I didn't drink then
 I don't know

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

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

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

_____ Times

- I didn't drink then
 I don't know

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

64. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
 Yes → **Go to Question 66**

65. 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, then go to Question 67

- 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:

66. 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 (sterilization)
 Vasectomy (sterilization)
 Pill
 Condoms
 Foam, jelly, cream
 Norplant®
 Shots (Depo-Provera®)
 Withdrawal
 Other → Please tell us:

67. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

- No
 Yes

The next questions are about your family and the place where you live.

68. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
 Separate dining room
 Kitchen
 Bathroom(s)
 Recreation room, den, or family room
 Finished basement
 Bedrooms → How many? _____

56. How often does your new baby sleep in the same bed with you or anyone else?

- Always
- Almost always
- Sometimes
- Rarely
- Never

57. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No → **Go to Question 59**
- Yes

58. Was your new baby seen at home or at a health care facility?

- At home
- At a doctor's office, clinic, or other health care facility

59. Has your baby had a well-baby checkup?

- No → **Go to Question 62**
- Yes

60. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

Times

61. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Community health center or clinic
- Military facility
- Other → Please tell us:

62. Has your baby gone as many times as you wanted for a well-baby checkup?

- No
- Yes → **Go to Question 64**

63. Did any of these things keep your baby from having a well-baby checkup?

Check all that apply

- I didn't have enough money or insurance to pay for it
- I had no way to get my baby to the clinic or office
- I didn't have anyone to take care of my other children
- I couldn't get an appointment
- My baby was too sick to go for routine care
- Other → Please tell us:

Pregnancy can be a difficult time for some women. These 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, 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. You got separated or divorced from your husband or partner	N	Y
c. You moved to a new address	N	Y
d. You were homeless	N	Y
e. Your husband or partner lost his job	N	Y
f. You lost your job even though you wanted to go on working	N	Y
g. You argued with your husband or partner more than usual	N	Y
h. Your husband or partner said he didn't want you to be pregnant	N	Y
i. You had a lot of bills you couldn't pay	N	Y
j. You were in a physical fight	N	Y
k. You or your husband or partner went to jail	N	Y
l. Someone very close to you had a bad problem with drinking or drugs	N	Y
m. Someone very close to you died	N	Y

36. a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

- No
- Yes

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

- No
- Yes

b. During your most recent pregnancy, did anyone else physically hurt you in any way?

- No
- Yes

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

38. When was your baby due?

Month Day Year

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

Month Day Year

I didn't have my baby in a hospital

40. When was your baby born?

Month Day Year

41. 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

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

- No
 Yes
 I don't know

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

- Less than 24 hours (Less than 1 day)
 24–48 hours (1–2 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

44. How was your delivery paid for?

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO
 Military coverage (including TRICARE Prime)
 Other → Please tell us:

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

45. What is today's date?

Month Day Year

46. Is your baby alive now?

- No
 Yes → **Go to Question 48**

47. When did your baby die?

Month Day Year

Go to Page 11, Question 64

48. Is your baby living with you now?

- No → **Go to Page 11, Question 64**
 Yes

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

- No
 Yes → **Go to Question 51**

50. What were your reasons for not breastfeeding your new baby?

Check all that apply, then go to Question 54

- I had other children to take care of
 I had too many household duties
 I didn't like breastfeeding
 I didn't want to be tied down
 I was embarrassed to breastfeed
 I went back to work or school
 My husband or partner did not want me to breastfeed
 I wanted my body back to myself
 Other → Please tell us:

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

- No
 Yes → **Go to Question 53**

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

Weeks OR _____ Months

- Less than 1 week

53. 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 one week old
 I have not fed my baby anything besides breast milk

If your baby is still in the hospital, go to Page 11, Question 64.

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

Hours

- Less than one hour a day
 My baby is never in the same room with someone who is smoking

55. 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