

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 or MaineCare.)

- No
 Yes

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

- 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 16

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, then go to Question 16.

- 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:

14. Did you take any fertility drugs to help you get pregnant with your new baby? (Fertility drugs include Clomid®, Serophene®, Pergonal®, or any other drugs that you may have taken to help you get pregnant.)

- No
 Yes

15. Did you use any medical procedures (assisted reproductive technology) to help you get pregnant with your new baby? (Assisted reproductive technology procedures include in vitro fertilization [IVF], GIFT, ZIFT, embryo transfer, and donor oocytes.)

- No
 Yes

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.)

16. 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

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

Thanks for answering our questions!
 Your answers will help us work to make Maine mothers and babies healthier.

83. Since you delivered your new baby, who would help you if a problem came up? For example, who would help you if you needed to borrow \$50 or if you got sick and had to be in bed for several weeks?

Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Someone else —————> Please tell us:

- No one would help me

84. After the birth of your new baby, did any of the following people visit you at home?

Check all that apply

- Public health nurse
- Community health nurse
- Nurse from the hospital
- Healthy Families staff
- Early Head Start worker
- Parents as Teachers worker
- Social service caseworker
- Other —————> Please tell us:

- None of these people visited me

85. In the 12 months before your delivery, what was your total household income?

Include income from all sources, before taxes.

- Less than \$8,000
- \$8,000–\$11,999
- \$12,000–\$15,999
- \$16,000–\$19,999
- \$20,000–\$24,999
- \$25,000–\$29,999
- \$30,000–\$39,999
- \$40,000 or more

86. Would you like us to send you a free certified copy of your baby's birth certificate (usual cost is \$10)?

- No
- Yes

17. 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

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

- No
- Yes —————> **Go to Question 20**
- I didn't want —————> prenatal care

19. 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 or MaineCare 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.

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

Check one answer

- Hospital clinic
- Private doctor's office or HMO clinic
- Rural health center
- Family practice residency program
- Other —————> Please tell us:

21. How was your prenatal care paid for?

Check all that apply

- Medicaid or MaineCare
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Military
- I still owe money on my bill
- 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 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 |

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

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

- No
 Yes

24. 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 26.

76. This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or circle N (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

77. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

_____ Months

If your baby is not alive or not living with you now, go to Page 14, Question 85.

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 |

79. Listed below are some statements about car seats. For each one, circle T (True) if you agree with the statement or circle F (False) if you do not agree.

- | | True | False |
|--|------|-------|
| a. New babies should be in rear-facing car seats | T | F |
| b. Car seats should not be placed in front of an air bag | T | F |

80. Since you delivered your new baby, how often do you wear a seat belt when you drive or ride in a car?

Check one answer

- Always
 Almost always
 Sometimes
 Rarely
 Never

81. Is your new baby enrolled in WIC?

- No
 Yes → **Go to Page 14, Question 83**

82. Why wasn't your new baby enrolled in WIC?

Check all that apply

- He or she was not eligible
 I didn't know about WIC
 I didn't want to enroll my baby
 Other → Please tell us:

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

_____ People

On the last few pages, there are questions on a variety of topics. Your answers should be for your most recent birth and the pregnancy leading up to that birth.

72. Before your pregnancy, did you participate in any regular exercise program?

- No —————> **Go to Question 74**
- Yes

73. What type of exercise program did you participate in?

Check all that apply

- Aerobics
- Running/jogging
- Swimming
- Walking
- Other —————> Please tell us:

74. Have you ever heard or read that taking a multivitamin with folic acid or eating foods high in folic acid can help prevent some birth defects?

- No
- Yes

75. What dietary topics did your health provider discuss with you during your pregnancy?

Check all that apply

- Types of food to eat during pregnancy
- Appropriate amount of weight to gain
- Drinking alcoholic beverages
- I didn't have any dietary consulting
- Other —————> Please tell us:

25. 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.

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

- No —————> **Go to Question 30**
- Yes

27. 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

28. 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

29. 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

30. 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 6, Question 33**
- Yes

31. 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

32. 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

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.

33. 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

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

- 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. In the months after your delivery, would you say that you were—

Check one answer

- Not depressed at all
- A little depressed
- Moderately depressed
- Very depressed
- Very depressed and had to get help

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

67. 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? _____

68. 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)

69. When you got pregnant, how old was your new baby's father?

- _____ Years old
- I don't know

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

- No → Go to Question 62
- Yes

59. 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

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

Check one answer

- Hospital clinic
- Portland City Health Department
- Private doctor's office or HMO clinic
- Well-child clinic
- Rural health center
- Other → Please tell us:

61. When your new baby goes for well-baby checkups, who pays for those visits?

Check all that apply

- Medicaid or MaineCare
- Personal income (cash, check, or credit card)
- Health insurance
- Other → Please tell us:

62. How many times has your new baby gone for care when he or she was sick?

_____ Times

- None → Go to Question 64
- My baby has not been sick → Go to Question 64

63. Where have you taken your new baby when he or she was sick and needed care?

Check all that apply

- Hospital clinic
- Health department clinic
- Hospital emergency room
- Private doctor's office
- Rural health center
- Family practice residency program
- Other → Please tell us:

34. 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

35. 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.)

36. When was your baby due?

_____/_____/_____
Month Day Year

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

_____/_____/_____
Month Day Year

- I didn't have my baby in a hospital

38. When was your baby born?

_____/_____/_____
Month Day Year

39. 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

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

- No
- Yes
- I don't know

41. 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

42. How was your delivery paid for?

Check all that apply

- Medicaid or MaineCare
 Personal income (cash, check, or credit card)
 Health insurance or HMO
 Military
 I still owe money on my bill
 Other —————> Please tell us:

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

43. What is today's date?

 Month Day Year

44. Is your baby alive now?

- No
 Yes —————> Go to Question 46

45. When did your baby die?

 Month Day Year

Go to Page 11, Question 64

46. Is your baby living with you now?

- No —————> Go to Page 11, Question 64
 Yes

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

- No
 Yes —————> Go to Question 49

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

Check all that apply

- 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:

If you did not breastfeed your new baby, go to Question 53.

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

- No
 Yes —————> Go to Question 52

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

_____ Weeks OR _____ Months
 Less than 1 week

51. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
 Breast milk alone did not satisfy my baby
 I thought my baby was not gaining enough weight
 My baby became sick and could not breastfeed
 My nipples were sore, cracked, or bleeding
 I thought I was not producing enough milk
 I had too many other household duties
 I felt it was the right time to stop breastfeeding
 I became sick and could not breastfeed
 I went back to work or school
 My husband or partner wanted me to stop breastfeeding
 I wanted or needed someone else to feed the baby
 Other —————> Please tell us:

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 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.

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

- Always
 Almost always
 Sometimes
 Rarely
 Never

56. 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 Page 10, Question 58
 Yes

57. 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