

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 or MaineCare.

- No
 Yes

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

- 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?**

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. **Before you got pregnant with your new baby, did you talk with a doctor, nurse, or other health care worker to prepare for a healthy pregnancy and baby?**

- No
 Yes

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

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 15

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:

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.)

15. 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

16. 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

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

No

Yes

I didn't want

prenatal care → **Go to Question 19**

18. 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/MaineCare 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 Page 4, Question 23.

19. 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 (this includes obstetricians)
- Midwife
- Health center
- Family practice residency program
- Other → Please tell us:
- _____

20. 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 (including insurance from your work or your husband's work)
- Military
- I still owe money on my bill
- Other → Please tell us:
- _____

21. 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

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you—

	No	Yes
a. How much alcohol you were drinking	N	Y
b. If someone was hurting you emotionally or physically	N	Y
c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	Y
d. If you wanted to be tested for HIV (the virus that causes AIDS)	N	Y
e. If you planned to use birth control after your baby was born	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
 I don't know

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

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

- No
 Yes

25. 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 27.

26. 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.

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

- No → **Go to Page 6, Question 31**
 Yes

28. 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)

29. 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)

30. 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)

31. 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 34
- Yes

32a. 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

32b. 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

33a. 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

33b. 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

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.

34. 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. My husband or partner or I 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 |

35. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- No
 Yes

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

36a. 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

36b. 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.

37a. 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

37b. 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.)

38. When was your baby due?

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

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

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

I didn't have my baby in a hospital

40. When was your baby born?

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

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

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

I didn't have my baby in a 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 (including insurance from your work or your husband's work)
- 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. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

44. 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 Question 47

45. Is your baby alive now?

- No —————>
- Yes

Go to Page 10, Question 59

46. Is your baby living with you now?

- No → **Go to Page 10, Question 59**
- 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

- My baby was sick and could not breastfeed
- I was sick or on medicine
- 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
- I wanted my body back to myself
- Other → Please tell us:

If you did not breastfeed your baby, go to Page 10, 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 got 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 got sick and could not breastfeed
- I went back to work or school
- I wanted or needed someone else to feed the baby
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- 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 1 week old
- I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Page 10, Question 54.

53. 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

If your baby is still in the hospital, go to Question 59.

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 1 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

57. 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

58. 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

59. 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 61

60. 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 \longrightarrow Please tell us:

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 \longrightarrow Please tell us:

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

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.

64. 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

If you did not smoke during the 3 months before pregnancy, go to Question 66.

If you smoked during the 3 months before pregnancy but did not have any prenatal care, go to Question 68.

65. Listed below are some things about smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each thing, circle Y (Yes) if it applied to you during any of your prenatal care visits or circle N (No) if it did not.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker—

	No	Yes
a. Spend time with you discussing how to quit smoking	N	Y
b. Suggest that you set a specific date to stop smoking	N	Y
c. Prescribe a nicotine nasal spray or nicotine inhaler	N	Y
d. Prescribe a pill like Zyban® (also known as Wellbutrin® or bupropion) to help you quit	N	Y
e. Recommend using nicotine gum	N	Y
f. Recommend using a nicotine patch	N	Y
g. Suggest you attend a class or program to stop smoking	N	Y
h. Provide you with booklets, videos, or other materials to help you quit smoking on your own	N	Y
i. Refer you to counseling for help with quitting	N	Y
j. Ask if a family member or friend would support your decision to quit	N	Y
k. Refer you to a national or state quit line	N	Y

If you did not go for prenatal care, go to Question 68.

66. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

- No
 Yes

67. At any time during your prenatal care, did a doctor, nurse, or other health care worker give you a *brochure* about mercury levels in fish and safe eating guidelines to protect you and your baby?

- No
 Yes

If your baby is not alive or not living with you now, go to Question 74a.

68. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
 Often
 Sometimes
 Rarely
 Never

Go to Question 70

69. When your new baby rides in an infant car seat, is he or she *usually* in the front or back seat of the car, truck, or van?

- Front seat
 Back seat

70. Have you ever heard or read about what can happen if a baby is shaken from any of the following sources?

Check all that apply

- Magazine or newspaper article
- Radio or television
- Doctor, nurse, or other health care provider
- Book
- Family or friends
- Other —————> Please tell us:

71. Since your new baby was born, have you used WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) services for your new baby?

- No
- Yes —————> **Go to Question 73**

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

Check all that apply

- I didn't think my baby would be eligible
- I was told that my baby didn't qualify for WIC
- I'm not sure what WIC is
- WIC office hours did not fit my schedule
- The WIC office was too far away
- I don't need the services WIC offers
- Other —————> Please tell us:

73. After the birth of your new baby, did a nurse or someone else from a home visiting program visit you at home? (Home visiting programs include Healthy Families, Parents as Teachers, Parents as Teachers, Too.)

- No
- Yes

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, has a doctor, nurse, or other health care worker told you that you had depression?

- No
- Yes

76. During the past month, 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 did not 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

77. This question is about the care of your teeth during your most recent pregnancy. For each item, 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 |

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

- No —————> Go to Question 80
- Yes

79. 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. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy. | N | Y |

80. Do you have any insurance that pays for some or all of your dental care? (Please include dental insurance, prepaid plans such as HMOs, or government plans such as MaineCare or Medicaid.)

- No
- Yes

81. Which of the following statements best describes the rules about smoking *inside* your home now?

Check one answer

- No one is allowed to smoke anywhere inside my home
- Smoking is allowed in some rooms or at some times
- Smoking is permitted anywhere inside my home

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

- Years old
- I don't know

83. Are you Hispanic or Latina?

- No
- Yes

84. Which of the following would you say is your race?

Check all that apply

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other —————> Please specify:

85. What is today's date?

<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
Month	Day	Year

**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.*