Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

#### **BEFORE PREGNANCY**

#### The first questions are about you.

| 1. | How tall are <i>you</i> without shoes?   | a.       |
|----|--|----------|
|    | Feet Inches  | b.       |
|    | OR Centimeters   | c.<br>d. |
| 2. | <i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh? | e.<br>f. |
|    | Pounds <b>OR</b> Kilos   | 5.       |
| з. | What is <u>your</u> date of birth?   |          |
|    | Month Day Year   |          |
|    |  | 6.       |
|    |  | Go       |
|    |  |          |

The next questions are about the time <u>before</u> you got pregnant with your <u>new</u> baby.

4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

|    | NO                                     | res |
|----|--|-----|
| a. | Type 1 or Type 2 diabetes ( <b>not</b> |     |
|    | gestational diabetes or diabetes that  |     |
|    | starts during pregnancy)               |     |
| b. | High blood pressure or hypertension    |     |
| c. | Depression                             |     |
|    | Asthma                                 | _   |
| e. | Thyroid problems                       |     |
|    | PCOS (polycystic ovarian syndrome)     |     |

- 5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
  - I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
  - □ 1 to 3 times a week
  - □ 4 to 6 times a week
  - Every day of the week
- 6. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?



#### Go to Page 2, Question 7

NI 17

# 7. What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

#### Check ALL that apply

- □ Regular checkup at my family doctor's office
- **G** Regular checkup at my OB/GYN's office
- □ Visit for an illness or chronic condition
- □ Visit for an injury
- □ Visit for family planning or birth control
- □ Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- □ Other Please tell us:
- 8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.

#### No Yes

| a. | Tell me to take a vitamin with folic acid   | . 🖵 | ч |
|----|---|-----|---|
| b. | Talk to me about maintaining a healthy weight   |     |   |
| c. | Talk to me about controlling any<br>medical conditions such as diabetes or<br>high blood pressure |     |   |
| d. | Talk to me about my desire to have or not have children   |     |   |
| e. | Talk to me about using birth control to prevent pregnancy   |     |   |
| f. | Talk to me about how I could improve my health before a pregnancy                                 |     |   |
| g. | Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis        |     |   |
| h. | Ask me if I was smoking cigarettes  |     |   |
| i. | Ask me if someone was hurting me emotionally or physically  |     |   |
| j. | Ask me if I was feeling down or depressed   |     |   |
| k. | Ask me about the kind of work I do  |     |   |
| I. | Test me for HIV (the virus that causes AIDS)  |     |   |
|    |   |     |   |

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

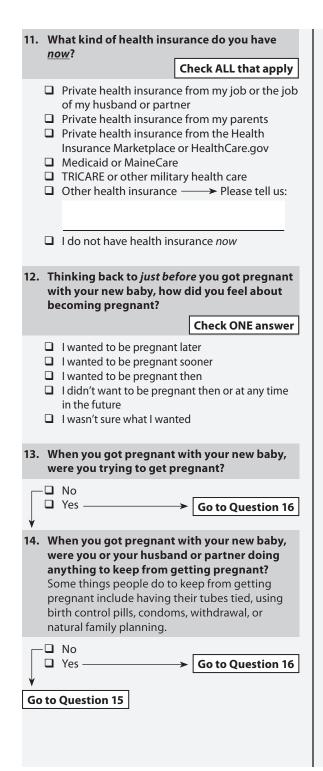
9. During the <u>month before</u> you got pregnant with your new baby, what kind of health insurance did you have?

#### Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid or MaineCare
- □ TRICARE or other military health care
- □ Other health insurance Please tell us:
- □ I did not have any health insurance during the *month before* I got pregnant
- 10. During your <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

#### Check ALL that apply

- □ I did not go for prenatal care → Go to Question 11
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- Medicaid or MaineCare
- TRICARE or other military health care
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance for my *prenatal care*



15. 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

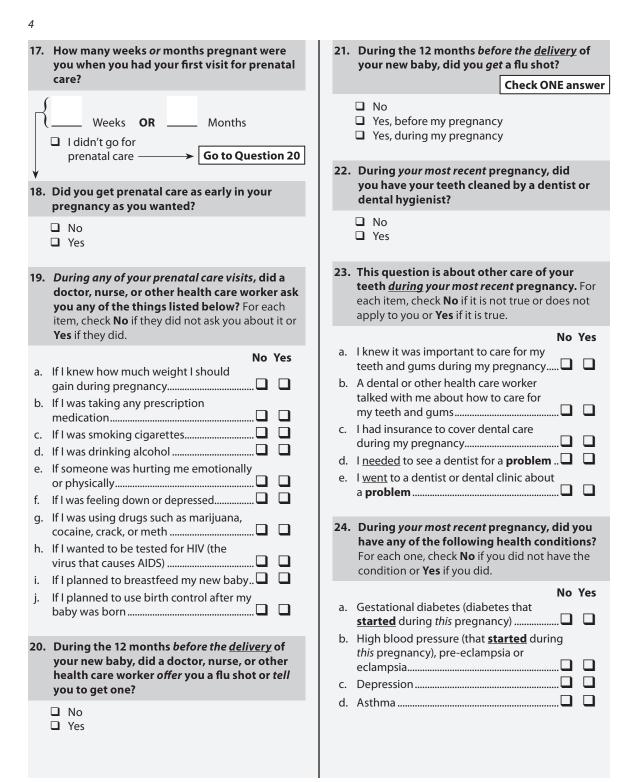
- □ I didn't mind if I got pregnant
- □ I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- □ I forgot to use a birth control method
- □ Other Please tell us:

#### **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.)

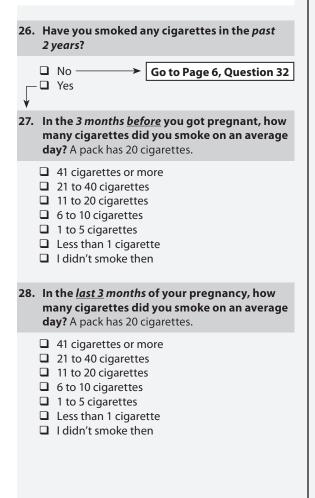
16. How many weeks or months pregnant were you when you were sure you were pregnant? For example, you had a pregnancy test or a doctor, nurse, or other health care worker said you were pregnant.





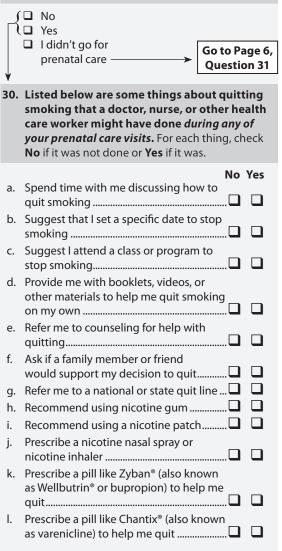
- 25. During your most recent pregnancy, did a doctor, nurse, or other health care worker give <u>you</u> a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?
  - 🛛 No
  - Yes
  - I don't know

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



If you did not smoke at any time during the <u>3</u> <u>months before</u> you got pregnant, go to Page 6, Question 31.

29. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?



- 31. 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
  - I don't smoke now
- 32. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

#### Check ONE answer

No Voc

- 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

# The next questions are about using other tobacco products around the time of pregnancy.

**E-cigarettes (electronic cigarettes) and other electronic nicotine products** (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

33. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.

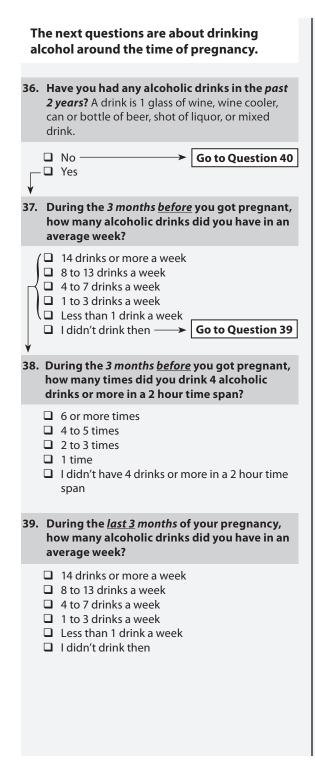
|    | NU  | 163 |
|----|---|-----|
| a. | E-cigarettes or other electronic nicotine |     |
|    | products                                  |     |
| b. | Hookah                                    |     |
|    |   |     |

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 34. Otherwise, go to Question 36.

- 34. During the 3 months <u>before</u> you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
  - □ More than once a day
  - Once a day
  - 2-6 days a week
  - 1 day a week or less
  - I did not use e-cigarettes or other electronic nicotine products then

35. During the <u>last 3</u> months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then



Pregnancy can be a difficult time. The next questions are about things that may have happened <u>before</u> and <u>during</u> your most recent pregnancy.

**40.** This question is about things that may have happened during the *12 months before* your new baby was born. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

|     |   | Yes  |
|-----|---|------|
| a.  | A close family member was very sick and had to go into the hospital   |      |
| b.  | I got separated or divorced from my husband or partner  |      |
| c.  | I moved to a new address  |      |
| d.  | I was homeless or had to sleep outside,<br>in a car, or in a shelter  |      |
| e.  | My husband or partner lost their job $\Box$   |      |
| f.  | I lost my job even though I wanted to go on working   |      |
| g.  | My husband, partner, or I had a cut in work hours or pay  |      |
| h.  | I was apart from my husband or partner<br>due to military deployment or extended<br>work-related travel   |      |
| i.  | I argued with my husband or partner more than usual   |      |
| j.  | My husband or partner said they didn't want me to be pregnant   |      |
| k.  | I had problems paying the rent, mortgage, or other bills  |      |
| I.  | My husband, partner, or I went to jail  |      |
| m.  | Someone very close to me had a problem with drinking or drugs   |      |
| n.  | Someone very close to me died   |      |
| 41. | During the 12 months before your new ba<br>was born, did you ever eat less than you<br>you should because there wasn't enough<br>money to buy food? | felt |

- No
- Yes

42. During the *12 months before* your new baby was born, did you ever get emergency food from a church, a food pantry, or a food bank, or eat in a food kitchen?

🛛 No

Yes

43. In the 12 months <u>before</u> you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

|    | No                          | Yes |
|----|-----------------------------|-----|
| a. | My husband or partner       |     |
|    | My ex-husband or ex-partner |     |
| c. | Another family member       |     |

d. Someone else

44. During your most <u>recent pregnancy</u>, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

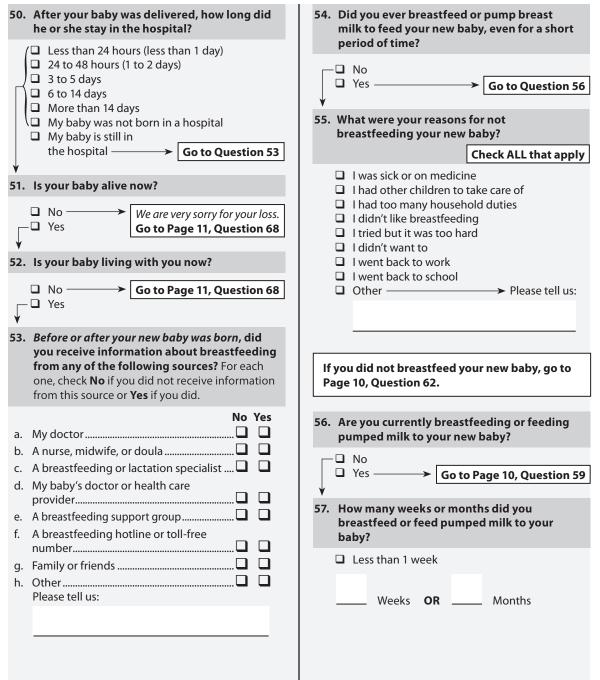
|    | 110                         | 162 |
|----|-----------------------------|-----|
| a. | My husband or partner       |     |
| b. | My ex-husband or ex-partner |     |
| c. | Another family member       |     |
| d. | Someone else                |     |

No Voc

#### **AFTER PREGNANCY**

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





| 58. What were your reasons for stopping breastfeeding? Check ALL that apply   | If your baby was not born in a hospital, go to<br>Question 62.   |
|---|--|
| <ul> <li>My baby had difficulty latching or nursing</li> <li>Breast milk alone did not satisfy my baby</li> <li>I thought my baby was not gaining enough weight</li> <li>My nipples were sore, cracked, or bleeding or it</li> </ul>  | 61. This question asks about things that may<br>have happened at the hospital where your<br>new baby was born. For each item, check No if<br>it did not happen or Yes if it did. |
| <ul> <li>was too painful</li> <li>I thought I was not producing enough milk, or<br/>my milk dried up</li> <li>I had too many other household duties</li> <li>I felt it was the right time to stop breastfeeding</li> <li>I got sick or I had to stop for medical reasons</li> <li>I went back to work</li> <li>I went back to school</li> <li>My partner did not support breastfeeding</li> <li>My baby was jaundiced (yellowing of the skin<br/>or whites of the eyes)</li> <li>Other -&gt;&gt; Please tell us:</li> </ul> | <ul> <li>No Yes</li> <li>a. Hospital staff gave me information<br/>about breastfeeding</li></ul>   |
| 59. Have you used a breast pump to express milk to feed to your new baby?   | <ul> <li>h. Hospital staff told me to breastfeed<br/>whenever my baby wanted</li> <li>i. The hospital gave me a breast pump to</li> </ul>  |
| <ul> <li>No Go to Question 61</li> <li>Yes</li> <li>Go to Question 61</li> <li>Go to Question 61</li> </ul>   | use<br>j. The hospital gave me a gift pack with<br>formula<br>k. The hospital gave me a telephone  |
| <ul> <li>pump for you to use with your new baby?</li> <li>No</li> <li>Yes, but I had to make a co-payment</li> <li>Yes, with no co-payment</li> <li>I did not have health insurance</li> <li>I don't know</li> </ul>  | <ul> <li>number to call for help with breastfeeding</li></ul>  |

| If your baby is still in the hospital, go to<br>Question 68.  | 67. Did a doctor, nurse, or other health care<br>worker tell you any of the following things?<br>For each thing, check <b>No</b> if they did not tell you<br>or <b>Yes</b> if they did.   |
|---|---|
| <ul> <li>63. In which one position do you <u>most often</u> lay your baby down to sleep now?</li> <li>Check ONE answer</li> <li>On his or her side</li> <li>On his or her back</li> <li>On his or her stomach</li> <li>64. In the <u>past 2 weeks</u>, how often has your new baby slept alone in his or her own crib or bed?</li> </ul>  | <ul> <li>No Yes</li> <li>a. Place my baby on his or her back to sleep</li> <li>b. Place my baby to sleep in a crib, bassinet, or pack and play</li> <li>c. Place my baby's crib or bed in my room</li> <li>d. What things should and should not go in bed with my baby</li> </ul>   |
| Always <ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li></ul>   | <b>68.</b> 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, using birth control pills, condoms, withdrawal, or natural family planning.  |
| <ul> <li>65. When your new baby sleeps alone, is his or her crib or bed in the same room where <u>you</u> sleep?</li> <li>No</li> <li>Yes</li> </ul>  | <ul> <li>69. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i>?</li> </ul>   |
| <ul> <li>66. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.</li> <li>No Yes <ul> <li>a. In a crib, bassinet, or pack and play</li> <li>b. On a twin or larger mattress or bed</li> <li>c. On a couch, sofa, or armchair</li> <li>d. In an infant car seat or swing</li> <li>e. In a sleeping sack or wearable blanket</li> <li>g. With toys, cushions, or pillows,</li> </ul> </li> </ul> | Check ALL that apply         I want to get pregnant         I am pregnant now         I had my tubes tied or blocked         I don't want to use birth control         I am worried about side effects from birth control         I am not having sex         My husband or partner doesn't want to use anything         I have problems paying for birth control         Other |
| including nursing pillows   | If you or your husband or partner is <u>not doing</u><br>anything to keep from getting pregnant <i>now,</i><br>go to Question 71.   |

| 70. What kind of birth control are you or your husband or partner using <i>now</i> to keep from getting pregnant?   | 72. During your postpartum checkup, did a<br>doctor, nurse, or other health care worker<br><u>do</u> any of the following things? For each item,   |
|---|--|
| Check ALL that apply  | check <b>No</b> if they did not do it or <b>Yes</b> if they did.   |
| <ul> <li>□ Tubes tied or blocked (female sterilization or Essure®)</li> <li>□ Vasectomy (male sterilization)</li> <li>□ Birth control pills</li> <li>□ Condoms</li> <li>□ Shots or injections (Depo-Provera®)</li> <li>□ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)</li> <li>□ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)</li> <li>□ Contraceptive implant in the arm (Nexplanon® or Implanon®)</li> <li>□ Natural family planning (including rhythm method)</li> <li>□ Withdrawal (pulling out)</li> <li>□ Not having sex (abstinence)</li> <li>□ Other → Please tell us:</li> </ul> <b>71.</b> Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives | No Yes         a. Tell me to take a vitamin with folic acid         b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy         c. Talk to me about how long to wait before getting pregnant again         d. Talk to me about birth control methods I can use after giving birth         e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms         f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)         g. Ask me if I was smoking cigarettes         h. Ask me if someone was hurting me emotionally or physically         i. Ask me if I was feeling down or depressed         j. Test me for diabetes |
| birth.  | 73. Since your new baby was born, how often have<br>you felt down, depressed, or hopeless?   |
| Go to Question 72   | <ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>  |
|   | 74. <i>Since your new baby was born,</i> how often have<br>you had little interest or little pleasure in<br>doing things you usually enjoyed?  |
|   | <ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>  |

75. Since your new baby was born, have any of the following people pushed, hit, slapped, kicked, choked, or physically hurt you in any other way? For each person, check No if they have not hurt you during this time or Yes if they have.

|    | No                          | Yes |
|----|-----------------------------|-----|
| a. | My husband or partner       |     |
|    | My ex-husband or ex-partner |     |
| c. | Another family member       |     |
|    |                             |     |

d. Someone else.....

#### **OTHER EXPERIENCES**

## The next questions are on a variety of topics.

## 76. How did you feel when you found out you were pregnant with your new baby?

- □ Very unhappy to be pregnant
- Unhappy to be pregnant
- Not sure
- □ Happy to be pregnant
- Very happy to be pregnant
- 77. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

## No Yes a. During the 12 months before I got pregnant ...... b. During my most recent pregnancy ...... c. Since my new baby was born......

78. During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or **Yes** if you did. No Yes a. Over-the-counter pain relievers such as aspirin, Tylenol<sup>®</sup>, Advil<sup>®</sup>, or Aleve<sup>®</sup> ....... b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet<sup>®</sup>), or codeine ..... c. Marijuana or hash..... d. Amphetamines (uppers, speed, crystal meth, crank, ice)..... e. Cocaine (crack, rock, coke, blow, snow)... f. Tranquilizers (downers, ludes)...... g. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)..... h. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) .......... If your baby is not alive or is not living with you, go to Page 14, Question 83. 79. Since your new baby was born, have you used WIC services for yourself or your new baby? **No** Yes, only I am using WIC services □ Yes, both my new baby and I use WIC services Go to Page 14, □ Yes, only my new baby **Ouestion 81** uses WIC services 80. Why wasn't your new baby enrolled in WIC? Check ALL that apply □ I didn't think my new baby would be eligible □ I was told that my baby didn't qualify for WIC □ I'm not sure what WIC is UKIC HOURS did not fit my schedule □ The WIC office was too far away □ I don't need the services that WIC offers Other ———— Please tell us:

#### Check ALL that apply

- Magazine
- Radio or television
- Doctor, nurse, or other health care worker
- Book
- **G** Family or friends
- □ The Period of Purple Crying video
- □ Other Please tell us:

# 82. Which of the following do you think is the most common cause of lead poisoning in children?

- Drinking water
- Dust from paint
- Food
- Toys
- I don't know or I am unsure
- **83.** 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

## For the next two questions please tell us about the home you live in now.

#### 84. Was the building built before 1950?

- 🛛 No
- Yes
- I don't know or I am unsure

#### 85. Do you own or rent the home?

- Own
- Rent
- Other arrangement

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

- 86. 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.
  - \$0 to \$16,000
  - □ \$16,001 to \$20,000
  - □ \$20,001 to \$24,000
  - \$24,001 to \$28,000
  - □ \$28,001 to \$32,000
  - □ \$32,001 to \$40,000
  - □ \$40,001 to \$48,000
  - □ \$48,001 to \$57,000
  - □ \$57,001 to \$60,000
  - □ \$60,001 to \$73,000
  - □ \$73,001 to \$85,000
  - \$85,001 or more
- 87. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?
  - \_ People

#### 88. What is today's date?

20

Day

Month

Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Maine.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Maine healthy.