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# A Survey of the Health of

**Mothers and Babies in Maryland** 

## Your help is greatly appreciated.

For further information, please call the PRAMS toll-free line at 1-877-363-0480

Maternal and Child Health Bureau Maryland Department of Health and Mental Hygiene 201 W. Preston Street, 3rd Floor Baltimore, MD 21201

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some	5. <i>Before</i> you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?
questions that do not apply to you. BEFORE PREGNANCY	<ul><li>No</li><li>Yes</li></ul>
The first questions are about <i>you</i> .	6. <i>Before</i> you got pregnant, would you say that, in general, your health was—
<ol> <li>How tall are you without shoes?</li> <li>Feet Inches</li> </ol>	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> </ul>
<ul> <li>OR Centimeters</li> <li>2. Just before you got pregnant with your new baby, how much did you weigh?</li> </ul>	7. 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.
<ul> <li>Pounds OR Kilos</li> <li>What is your date of birth?</li> <li> / /</li> <li>Month Day Year</li> <li>The next questions are about the time before you got pregnant with your new</li> </ul>	No Yes         a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)         b. High blood pressure or hypertension         c. Depression         d. Asthma         e. Anemia (poor blood, low iron)         f. Thyroid problems         g. PCOS (polycystic ovarian syndrome)         h. Anxiety
<ul> <li>baby.</li> <li><i>Before</i> you got pregnant with your new baby, did you ever have any other babies who were</li> </ul>	8. During the <i>month before</i> 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?
born alive? No	<ul> <li>I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the <i>month before</i> I got pregnant</li> <li>1 to 3 times a week</li> <li>4 to 6 times a week</li> <li>Every day of the week</li> </ul>

9. In the 12 months before you got pregnant 11. During any of your health care visits in the 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 Question 12 🛛 No – Yes 10. 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 Regular checkup at my OB/GYN's office Usit for an illness or chronic condition U Visit for an injury Usit 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:

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	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 📮 📮			
b.	Talk to me about maintaining a healthy weight			
c.	Talk to me about controlling any			
	medical conditions such as diabetes or 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.
- 12. 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
- D Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- □ 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
- 13. 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 14
- 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 Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- □ TRICARE or other military health care
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance for my *prenatal care*

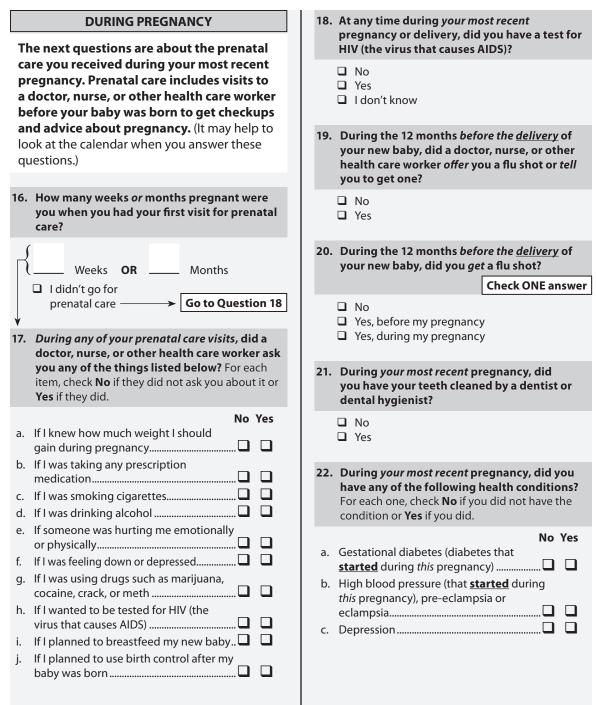
14. What kind of health insurance do you have <u>now</u>?

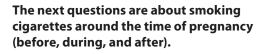
#### Check ALL that apply

- 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 Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- □ TRICARE or other military health care
- □ Other health insurance Please tell us:
- □ I do not have health insurance *now*
- 15. 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 later
- □ I wanted to be pregnant sooner
- □ I wanted to be pregnant then
- □ I didn't want to be pregnant then or at any time in the future
- I wasn't sure what I wanted





- 23. Have you smoked any cigarettes in the past 2 years? 🛛 No -Go to Question 27 Yes 24. 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 **G** to 10 cigarettes □ 1 to 5 cigarettes
  - Less than 1 cigarette
  - □ I didn't smoke then
- 25. 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
  - □ I didn't smoke then
- 26. 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

#### 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.

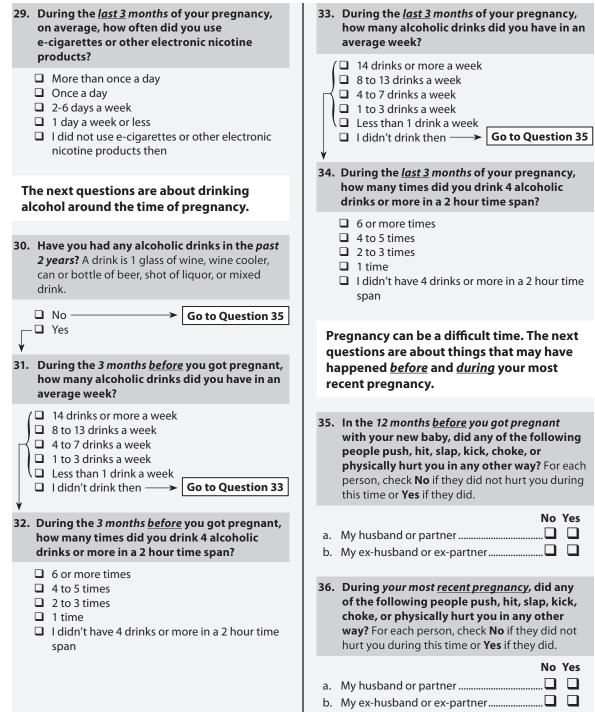
27. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or **Yes** if you did.

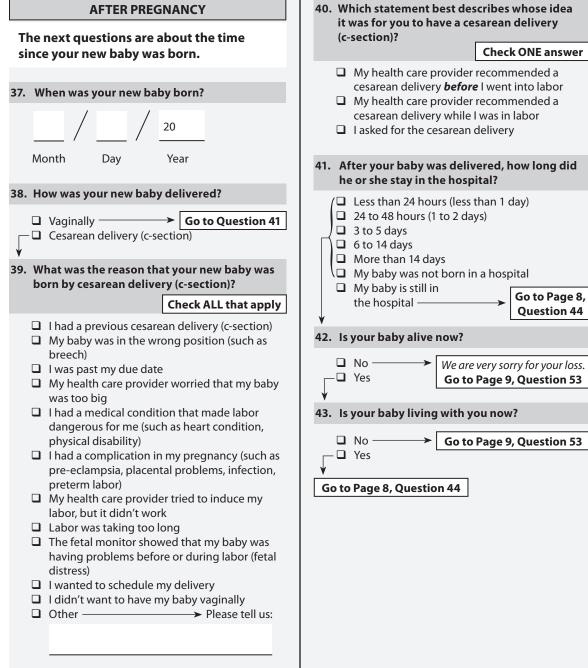
#### No Yes

- 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 28. Otherwise, go to Page 6, Question 30.

- 28. During the 3 months before 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

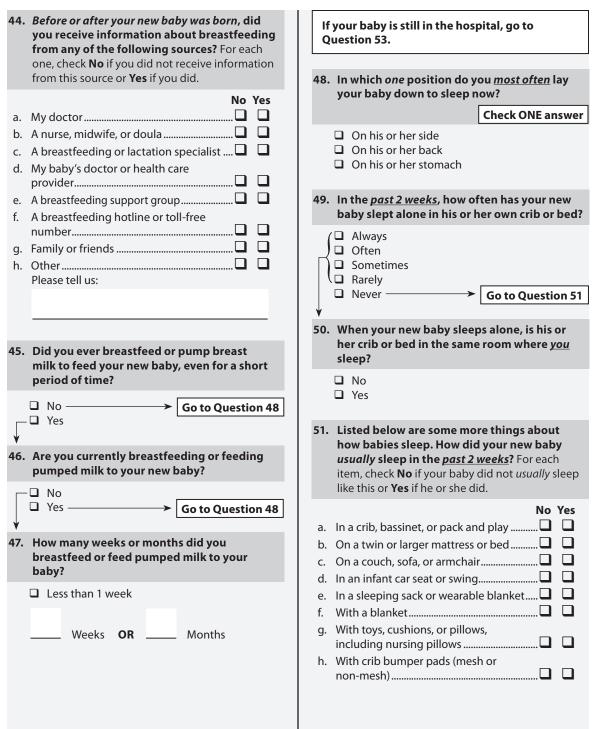




Check ONE answer

Go to Page 8,

Question 44



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52. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.	If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant <i>now,</i> go to Question 56.
<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>	<ul> <li>55. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?</li> <li>Check ALL that apply</li> <li>Tubes tied or blocked (female sterilization or Essure®)</li> <li>Vasectomy (male sterilization)</li> </ul>
<ul> <li>53. 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.</li> <li>No</li> <li>Yes</li> <li>Go to Question 55</li> <li>54. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant now?</li> </ul>	<ul> <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 -&gt; Please tell us:</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	<ul> <li>56. 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 birth.</li> <li>↓ No</li> <li>↓ Yes → Go to Page 10, Question 58</li> <li>Go to Page 10, Question 57</li> </ul>

### 57. Did any of these things keep you from having a postpartum checkup?

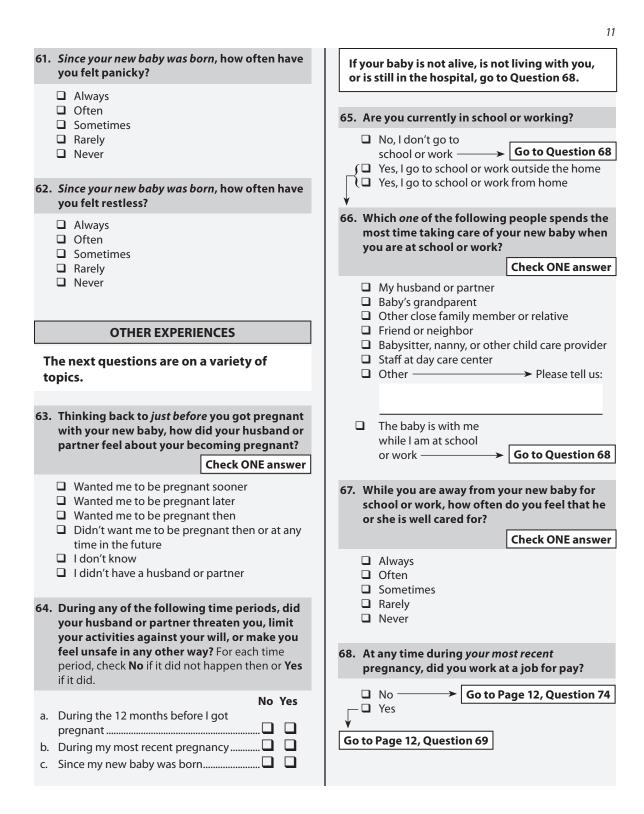
#### Check ALL that apply

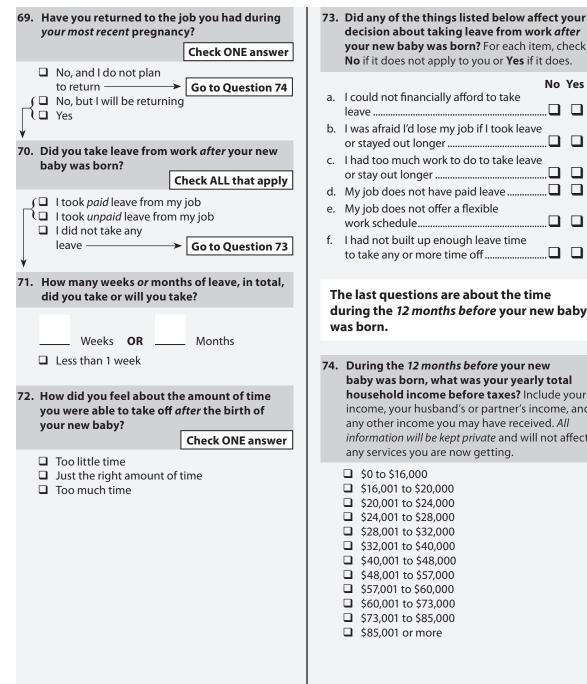
- □ I didn't have health insurance to cover the cost of the visit
- □ I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- □ I didn't have any transportation to get to the clinic or doctor's office
- □ I had too many things going on
- □ I couldn't take time off from work
- □ Other Please tell us:

If you did <u>not</u> have a postpartum checkup, go to Question 59.

<b>90</b> .	doctor, nurse, or other health care worke do any of the following things? For each it check No if they did not do it or Yes if they d	em,
a. b. c.	No Tell me to take a vitamin with folic acid Talk to me about healthy eating, exercise, and losing weight gained during pregnancy Talk to me about how long to wait before getting pregnant again	
d. e.	Talk to me about birth control methods I can use after giving birth Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera <sup>®</sup> ), NuvaRing <sup>®</sup> , or condoms	
f. g. h. i.	Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) Ask me if I was smoking cigarettes Ask me if someone was hurting me emotionally or physically Ask me if I was feeling down or depressed Test me for diabetes	
59.	<i>Since your new baby was born,</i> how often you felt down, depressed, or hopeless?	have
	<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	
50.	Since your new baby was born, how often you had little interest or little pleasure in doing things you usually enjoyed?	
	<ul> <li>Always</li> <li>Often</li> <li>Sometimes</li> <li>Rarely</li> <li>Never</li> </ul>	

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	decision about taking leave from wor your new baby was born? For each ite No if it does not apply to you or Yes if it	m, c	heck
		No	Yes
a.	I could not financially afford to take leave	🗖	
b.	I was afraid I'd lose my job if I took leave or stayed out longer	🗖	
c.	I had too much work to do to take leave or stay out longer		
d.	My job does not have paid leave	🗖	
e.	My job does not offer a flexible work schedule	🗖	
f.	I had not built up enough leave time		

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

- 74. 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

75. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

\_\_\_\_ People

76. What is today's date?



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 Maryland.

Thanks for answering our questions!

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