



New York City



Pregnancy Risk Assessment Monitoring System

*A survey for healthier babies
in New York City*

For questions or comments, please call toll-free 1-888-816-7929



Important Information About PRAMS
Please Read Before Starting the Survey

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the New York City Department of Health and Mental Hygiene.
- The purpose of the study is to find out why some babies are born healthy and others are not.
- We are asking 2,200 women in New York City to answer the same questions. All of your names were picked by a computer from recent birth certificates.
- It takes about 20 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.
- You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.
- Your survey may be combined with information the health department has from other sources.
- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. If you are currently in jail, your participation in the study will have no effect on parole.
- Your name will not be on any reports from PRAMS. The booklet has a number so we will know when it is returned.
- Your answers will be grouped with those from other women. What we learn from PRAMS will be used to plan programs to help mothers and babies in New York City.
- If you have any questions about your rights in the project, please call the Rutgers University Institutional Review Board (IRB) at (732) 235-2866. If you have any questions about the NYC project, please call Hannah Searing, NYC PRAMS Director at (347) 396-4497.

Tear Here

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call Teresa Cruz, NYC PRAMS Data Manager, at 1-888-816-7929 and press "5." The call is free.



Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the New York City Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in New York City there are hundreds of babies born with serious health problems. Many of these babies die. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for future mothers and babies in New York City.

Will my answers be kept private?

Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on New York City mothers of new babies. In reports from this survey, no woman will be identified by name.

How was I chosen to participate in PRAMS?

Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of small number of women who were chosen to help us in this study.

Is it really important that I answer these questions?

Yes! Because of the small number of mothers picked, it is important to have everyone's answers. Every pregnancy is different. To get a better overall picture of the health of mothers and babies in New York City, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in New York City. We need to know what went right as well as what went wrong during your pregnancy. Your help is really important to the success of our program.

Some of the questions do not seem related to health care—why are they asked?

Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of the new mother's health care and things that happened to her during pregnancy.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number, 1-888-816-7929 and press 5, and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number.

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 *you* without shoes?

Feet Inches

OR Centimeters

2. Just before you got pregnant with your new baby, how much did you weigh?

Pounds OR Kilos

3. What is *your* date of birth?

/ /
Month Day Year

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

4. Before you got pregnant, would you say that, in general, your health was—

- Excellent
- Very good
- Good
- Fair
- Poor

5. 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 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. Heart problems
- g. Epilepsy (seizures)
- h. Thyroid problems
- i. PCOS (polycystic ovarian syndrome)
- j. Anxiety
- k. Allergies

6. 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

7. 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?

- No → **Go to Page 2, Question 10**
- Yes

↓ **Go to Page 2, Question 8**

8. 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
- 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:

9. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do 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... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to me about maintaining a healthy weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to me about my desire to have or not have children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to me about using birth control to prevent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talk to me about how I could improve my health before a pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ask me if I was smoking cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask me if someone was hurting me emotionally or physically | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Ask me if I was feeling down or depressed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Ask me about the kind of work I do | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Test me for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

10. During the *month before* 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 New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- Medicaid
- Family Health Plus
- Child Health Plus
- Family Planning Benefit Program
- 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

11. During your *most recent pregnancy*, 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 12**
- 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 New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- Medicaid
- Family Health Plus
- Child Health Plus
- TRICARE or other military health care
- Other health insurance → Please tell us:

- I did not have any health insurance for my *prenatal care*

12. What kind of health insurance do you have now?

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 New York State Health Insurance Marketplace (nystateofhealth.ny.gov) or HealthCare.gov
- Medicaid
- Family Health Plus
- Child Health Plus
- Family Planning Benefit Program
- TRICARE or other military health care
- Other health insurance → Please tell us:

- _____
- I do not have health insurance *now*

13. 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

Go to Question 15

14. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

15. When you got pregnant with your new baby, were you trying to get pregnant?

- No
- Yes

Go to Question 18

Go to Question 16

16. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Page 4, Question 20

17. 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:

If you were not trying to get pregnant when you got pregnant with your new baby, go to Page 4, Question 20.

18. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

- No
- Yes

Go to Page 4, Question 20

Go to Page 4, Question 19

19. Did you use any of the following fertility treatments during the month you got pregnant with your new baby?

Check ALL that apply

- Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)
- Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)
- Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)
- Other medical treatment → Please tell us:
- I wasn't using fertility treatments during the month that I got pregnant with my new baby

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.)

20. How many weeks or months pregnant were you when you had your first visit for prenatal care?

{ _____ Weeks OR _____ Months

I didn't go for prenatal care → **Go to Question 23**

Go to Question 21

21. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- Private doctor's office
- Hospital clinic
- Health department clinic
- Neighborhood health clinic or community health clinic
- Other → Please tell us:

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. If I knew how much weight I should gain during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If I was taking any prescription medication..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I was smoking cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I was drinking alcohol..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. If someone was hurting me emotionally or physically..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If I was feeling down or depressed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If I wanted to be tested for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If I planned to breastfeed my new baby.. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If I planned to use birth control after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. About my risk for lead poisoning..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. About second-hand smoke exposure..... | <input type="checkbox"/> | <input type="checkbox"/> |

23. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

- No
- Yes

24. During the 12 months *before the delivery of your new baby*, did you get a flu shot?

Check ONE answer

- No → **Go to Question 26**
- Yes, before my pregnancy
- Yes, during my pregnancy

25. Where did you get your flu shot?

Check ONE answer

- My obstetrician or gynecologist's office
- My family doctor or other doctor's office
- A health department or community clinic
- A hospital
- A pharmacy, drug store, or grocery store
- My work place or school
- Other → Please tell us:

If you got a flu shot, go to Question 27.

26. What were your reasons for **not** getting a flu shot during the 12 months *before the birth of your new baby*? For each item, check **No** if it was not a reason for you or **Yes** if it was.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My doctor didn't mention anything about a flu shot | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was worried about side effects of the flu shot for me..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was worried that the flu shot might harm my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was not worried about getting sick with the flu | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I do not think the flu shot works | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I don't normally get a flu shot | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other | <input type="checkbox"/> | <input type="checkbox"/> |
- Please tell us:

27. During *your most recent pregnancy*, did you have your teeth cleaned by a dentist or dental hygienist?

- No
- Yes

28. This question is about other care of your teeth *during your most recent pregnancy*. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had insurance to cover dental care during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I <u>needed</u> to see a dentist for a problem .. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

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

Check ONE answer

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

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

- No
- Yes

31. During your most recent pregnancy, 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 | Yes |
|--|--------------------------|--------------------------|
| a. Gestational diabetes (diabetes that started during <i>this</i> pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure (that started during <i>this</i> pregnancy), pre-eclampsia or eclampsia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression | <input type="checkbox"/> | <input type="checkbox"/> |

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

32. Have you smoked any cigarettes in the past 2 years?

- No
- Yes

Go to Question 36

33. 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
- I didn't smoke then

34. 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

35. 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.

Cigars, cigarillos, or little filtered cigars

resemble cigarettes in size, shape, and packaging in packs of 20, but they differ by being wrapped in brown paper that contains some tobacco leaf. Cigarillos are longer and slimmer versions of a large cigar that sometimes have a wood or plastic tip.

36. 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hookah | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cigars, cigarillos, or little filtered cigars.... | <input type="checkbox"/> | <input type="checkbox"/> |

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 37. Otherwise, go to Question 39.

37. 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

38. During the last 3 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

The next questions are about drinking alcohol around the time of pregnancy.

39. 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 41**
- Yes

40. 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
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

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

41. 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.)

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost their job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said they didn't want me to be pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died..... | <input type="checkbox"/> | <input type="checkbox"/> |

42. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?

- No
- Yes

43. In the 12 months before 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |

44. During your most recent pregnancy, 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER PREGNANCY

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

45. When was your new baby born?

	/		/	20
Month		Day		Year

46. After your baby was delivered, 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 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 49**

Go to Question 47

47. Is your baby alive now?

- No → **We are very sorry for your loss. Go to Page 11, Question 64**
- Yes

48. Is your baby living with you now?

- No → **Go to Page 10, Question 62**
- Yes

49. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A nurse, midwife, or doula | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A breastfeeding or lactation specialist | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My baby's doctor or health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A breastfeeding support group | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A breastfeeding hotline or toll-free number..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Family or friends | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us:

50. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- No → **Go to Page 10, Question 56**
- Yes

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

- No
- Yes → **Go to Question 54**

Go to Question 52

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

Less than 1 week

Weeks **OR** Months

53. What were your reasons for stopping breastfeeding?

Check ALL that apply

- My baby had difficulty latching or nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My nipples were sore, cracked, or bleeding or it was too painful
- I thought I was not producing enough milk, or my milk dried up
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I got sick or I had to stop for medical reasons
- I went back to work
- I went back to school
- My partner did not support breastfeeding
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other _____ → Please tell us:

If your baby was not born in a hospital, go to Question 55.

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

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hospital staff helped me learn how to breastfeed | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed in the first hour after my baby was born | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was placed in skin-to-skin contact within the first hour of life..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Hospital staff told me to breastfeed whenever my baby wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a breast pump to use | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a gift pack with formula | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Hospital staff gave my baby a pacifier | <input type="checkbox"/> | <input type="checkbox"/> |

55. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Weeks **OR** Months

- My baby was less than 1 week old
- My baby has not had any liquids other than breast milk

56. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

Weeks OR Months

- My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Question 62.

57. In which *one* position 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

58. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

- Always
 Often
 Sometimes
 Rarely
 Never

Go to Question 60

59. When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- No
 Yes

60. 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.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. In a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| b. On a twin or larger mattress or bed | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On a couch, sofa, or armchair | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In an infant car seat or swing | <input type="checkbox"/> | <input type="checkbox"/> |
| e. In a sleeping sack or wearable blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| f. With a blanket | <input type="checkbox"/> | <input type="checkbox"/> |
| g. With toys, cushions, or pillows, including nursing pillows | <input type="checkbox"/> | <input type="checkbox"/> |
| h. With crib bumper pads (mesh or non-mesh) | <input type="checkbox"/> | <input type="checkbox"/> |

61. 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.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Place my baby on his or her back to sleep | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Place my baby to sleep in a crib, bassinet, or pack and play | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Place my baby's crib or bed in my room .. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What things should and should not go in bed with my baby | <input type="checkbox"/> | <input type="checkbox"/> |

62. *Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- No → Go to Question 64
 Yes

Go to Question 63

63. What kind of home visitor has come to your home *since your new baby was born*?

- A nurse or nurse's aide
- A teacher or health educator
- A doula or midwife
- Someone from the Nurse Family Partnership
- Someone from the NYC Department of Health's Newborn Home Visiting Program
- Someone else _____ → Please tell us:

I don't know

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, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes _____ →

Go to Question 66

65. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

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 _____ → Please tell us:

If you or your husband or partner is **not doing anything to keep from getting pregnant *now***, go to Question 67.

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 or blocked (female sterilization or Essure®)
- Vasectomy (male sterilization)
- Birth control pills
- Condoms
- Shots or injections (Depo-Provera®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant in the arm (Nexplanon® or Implanon®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other _____ → Please tell us:

67. *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.

- No _____ →
- Yes

Go to Page 12, Question 69

Go to Page 12, Question 68

68. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Tell me to take a vitamin with folic acid ... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to me about how long to wait before getting pregnant again | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to me about birth control methods I can use after giving birth..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ask me if I was smoking cigarettes | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ask me if someone was hurting me emotionally or physically..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask me if I was feeling down or depressed | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Test me for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Ask me how breastfeeding was going..... | <input type="checkbox"/> | <input type="checkbox"/> |

69. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
 Often
 Sometimes
 Rarely
 Never

70. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- Always
 Often
 Sometimes
 Rarely
 Never

71. Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?

- No
 Yes

72. Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?

- No → **Go to Question 75**
 Yes

73. Since your new baby was born, have you gotten counseling for your depression?

- No
 Yes

74. Since your new baby was born, have you taken prescription medicine for your depression?

- No
 Yes

75. Since your new baby was born, was there a time when you thought you needed treatment or counseling for depression but didn't get it?

- No → **Go to Question 77**
 Yes

76. What were your reasons for not getting treatment or counseling for depression? For each item, check **No** if it was not a reason for you or **Yes** if it was.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I had trouble finding a provider that I liked | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It seemed too difficult or overwhelming..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was worried about the cost or could not afford it | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I did not have time because of a job, childcare, or another commitment | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I could not find a provider who spoke my language..... | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER EXPERIENCES

The next questions are on a variety of topics.

If you did not get prenatal care during your most recent pregnancy, go to Question 78.

77. During any of your prenatal care visits, did a doctor, nurse, or other health care worker recommend that you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
 Yes

78. During your most recent pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- No
 Yes
 I don't know

Go to Question 80

Go to Question 81

79. During which trimester did you receive the Tdap shot?

Check ONE answer

- First
 Second
 Third
 I don't remember

If you got a Tdap shot, go to Question 81.

80. What were your reasons for not getting a Tdap shot or vaccination during your most recent pregnancy? For each item, check **No** if it was not a reason for you or **Yes** if it was.

- | | | No | Yes |
|---|--------------------------|--------------------------|-----|
| a. My doctor didn't mention anything about a Tdap shot..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. I was worried about side effects of the Tdap shot for me..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. I was worried that the Tdap shot might harm my baby..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. I was not worried about getting sick with pertussis..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. I do not think the Tdap shot works..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. I don't normally get a Tdap shot..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. My insurance did not cover the Tdap shot..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| h. I don't have insurance and could not afford the Tdap shot..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| i. I cannot receive the Tdap shot for medical reasons..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| j. I cannot receive the Tdap shot for religious reasons..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| k. Other..... | <input type="checkbox"/> | <input type="checkbox"/> | |
- Please tell us:

81. At any time during your most recent pregnancy, did you work at a job for pay?

- No
 Yes

Go to Page 14, Question 86

82. Have you returned to the job you had during your most recent pregnancy?

Check ONE answer

- No, and I do not plan to return
 No, but I will be returning
 Yes

Go to Page 14, Question 86

Go to Page 14, Question 83

83. Did you take leave from work *after* your new baby was born?

Check ALL that apply

- I took *paid* leave from my job
 I took *unpaid* leave from my job
 I took leave and used Temporary Disability Insurance
 I did not take any leave

Go to Question 85

84. How many weeks or months of leave, in total, did you take or will you take?

_____ Weeks OR _____ Months

- Less than 1 week

85. Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I could not financially afford to take leave | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I'd lose my job if I took leave or stayed out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to take leave or stay out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take any or more time off..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 87.

86. During the past week, how many days did you or other family members read, sing or tell stories to your new baby?

- No days
 1 or 2 days
 3 or 4 days
 5 or 6 days
 Every day

87. In the last 30 days, have you been concerned about having enough food for you or your family?

- No
 Yes

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

88. 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

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

_____ People

90. What is today's date?

____ / ____ / 20____
 Month Day Year

These next questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito but may also be spread by having sex with a man who has the Zika virus.

Z1. During your most recent pregnancy, how worried were you about getting infected with Zika virus?

Check ONE answer

- Very worried
- Somewhat worried
- Not at all worried
- I had never heard of Zika virus during my most recent pregnancy → **Go to Question Z5**

Z2. At any time during your most recent pregnancy, did you talk with a doctor, nurse, or other health care worker about Zika virus?

- No
- Yes, a health care worker talked with me without my asking about it
- Yes, a health care worker talked with me, but only AFTER I asked about it

Z3. During your most recent pregnancy, did you get a blood test for Zika virus?

- No
- Yes

The next questions are about travel during your most recent pregnancy.

Z4. During your most recent pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?

- No
- Yes

Z5. At any time during your most recent pregnancy, did you live or travel outside the 50 United States?

- No → **Go to Page 16, Question Z9**
- Yes

Z6. When did you live or travel outside the 50 United States during your most recent pregnancy and for how long? It may help to use a calendar. If you can't remember the exact date, please just write down the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

Trip Number 1

Location (country or territory): _____

First day of trip: / / 20
 Month Day Year

Length of stay (number of days):

Trip Number 2

Location (country or territory): _____

First day of trip: / / 20
 Month Day Year

Length of stay (number of days):

Z7. Did the place you lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- No → **Go to Question Z9**
 Yes

Z8. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above?

Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellent, and staying inside places with air conditioning or screened windows and doors.

- Every day
 Some days
 Never
 There were no mosquitoes

The last questions are about your husband or any male partner.

Z9. At any time in the 6 months before your most recent pregnancy or during your pregnancy, did your husband or any male partner live or travel outside the 50 United States?

- No → **Go to Question Z11**
 Yes

Z10. Did the place your husband or any male partner lived in or travelled to have a tropical climate? These tend to be hot and humid places.

- No
 Yes
 I don't know

Z11. During your most recent pregnancy, how often did you use condoms when you had sex with your husband or any male partner?

- Every time → **Go to the end**
 Sometimes
 Never
 I didn't have sex during my pregnancy → **Go to the end**

Z12. What were your reasons for not using condoms during your most recent pregnancy?

Check ALL that apply

- I didn't think I needed to use condoms during pregnancy
 I didn't know you can get Zika virus from having sex
 I didn't think my husband or male partner had Zika virus
 I was not worried about getting Zika virus
 I didn't want to use condoms
 My husband or male partner didn't want to use condoms
 Other → Please tell us:

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 New York City.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in New York City healthy.



For more information about health and human services in NYC
Call 311 or the numbers listed below

AIDS/HIV Hotline	(800) 825-5448
AIDS (TDD)	(212) 676-2387
Alcohol Abuse	(800) 543-3638
Asthma Action Line	(877) 278-4620
Asthma Action Line- (TDD)	(866) 889-8647
Birth Certificate Information	Call 311
Birth Certificate Information- (TDD)	(212) 442-9038
Breastfeeding Information/Support La Leche League	(212) 794-4687 www.lalecheleague.org
NYC Crime Victims Hotline	(212) 577-7777
Domestic Violence Hotline 24 hr shelter, counseling, legal advice, benefits	(800) 942-6906
Health Insurance (Health Stat) – free or low-cost insurance	(888) 692-6116
PCAP (Prenatal Care Assistance Program)	(800) 522-5006
Immunization	(212) 676-2273
Incest/Sexual Assault Hotline	(212) 577-7777
Lead Poisoning Hotline	(212) 226-5323
Mental Health Hotline	(800) 543-3638
Poison Control Hotline	(212) 764-7667
Smoker's Quitline	(866) 697-8487
STD Hotline	(212) 427-5120
Women's Healthline	Call 311
Youthline - Crisis intervention and youth service referral, all languages	(800) 246-4646

Tear Here



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 New York City.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in New York City healthy.

New York City



RUTGERS

Edward J. Bloustein School
of Planning and Public Policy

This survey is sponsored by the
New York City Department of Health and Mental Hygiene
and conducted by the Bloustein Center for Survey Research
Edward J. Bloustein School of Planning and Public Policy
Rutgers, The State University of New Jersey