



Pregnancy Risk Assessment Monitoring System

**A survey for healthier babies
in New Jersey**

Your experiences as a new mother
are important.

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 conducted by the Bloustein Center for Survey Research at Rutgers University on behalf of the New Jersey Department of Health with support from the Centers for Disease Control and Prevention.
- The purpose of the study is to find out why some babies are born healthy and others are not.
- We are asking approximately 170 women per month in New Jersey to answer the same questions. All of your names were picked randomly 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, drinking, and domestic violence 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 Jersey.
- If you have any questions about your rights in the project, please call the New Jersey Department of Health IRB Office at 1-866-780-4121.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please contact
Karyn Granholm, NJ PRAMS Project Coordinator,
toll free 1-888-816-7929 (press 6) or e-mail: Karyn.Granholm@rutgers.edu.



What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the New Jersey Department of Health, the Centers for Disease Control and Prevention (CDC), and the Bloustein Center for Survey Research (BCSR). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reduction of smoking during pregnancy, and encouraging breastfeeding. To do this, our questionnaire asks new mothers questions about their feelings and experiences around the time of their pregnancy.

Will my answers be kept private?

Yes—all answers are kept completely private according to the law. All answers given on the questionnaires will be grouped together to give us information on New Jersey 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 a 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 Jersey, 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 Jersey. 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 and pregnancy may affect her pregnancy. These questions try to get the best picture of the new mother's life 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, press 6), 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

4. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

No Yes Go to Question 7

Yes

5. Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

No
 Yes

6. Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

No
 Yes

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

7. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, check No if you did not do it or Yes if you did it.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I visited a health care worker and was checked for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I visited a health care worker and was checked for high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I visited a health care worker and was checked for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I talked to a health care worker about my family medical history | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I had my teeth cleaned by a dentist or dental hygienist | <input type="checkbox"/> | <input type="checkbox"/> |

8. 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, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- Charity Care
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

If you had health insurance during the *month before* you got pregnant with your new baby, go to Question 10.

9. What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby?

Check ALL that apply

- Health insurance was too expensive
- I could not get health insurance from my job or the job of my husband or partner
- I applied for health insurance, but was waiting to get it
- I applied for health insurance, but was refused because of a preexisting medical condition
- I had problems with the health insurance application or paperwork
- My income was too high for the public program I wanted to apply for
- I didn't know how to get health insurance
- Other —————> Please tell us:

10. 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

11. *Before* you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

No —————> **Go to Question 13**

Yes



Go to Question 12

12. Before you got pregnant with your new baby, 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, check **No** if no one talked with you about it or **Yes** if someone talked with you about it.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Taking vitamins with folic acid before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Being a healthy weight before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Getting my vaccines updated before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visiting a dentist or dental hygienist before pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting counseling for any genetic diseases that run in my family | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling any medical conditions such as diabetes and high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Getting counseling or treatment for depression or anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The safety of using prescription or over-the-counter medicines during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How smoking during pregnancy can affect a baby | <input type="checkbox"/> | <input type="checkbox"/> |
| j. How drinking alcohol during pregnancy can affect a baby | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How using illegal drugs during pregnancy can affect a baby | <input type="checkbox"/> | <input type="checkbox"/> |

13. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had 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 (<u>NOT</u> the same as gestational diabetes or diabetes that starts during pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure or hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression | <input type="checkbox"/> | <input type="checkbox"/> |

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

14. 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 16

15. 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

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

No

Yes → **Go to Question 19**

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

No

Yes → **Go to Question 19**

18. 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.)

19. 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

20. 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 → **Go to Question 22**

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

No

Yes → **Go to Question 23**

Go to Question 22

22. Did any of these things keep you from getting prenatal care when you wanted it?

For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I couldn't get an appointment when I wanted one..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I didn't have enough money or insurance to pay for my visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I didn't have any transportation to get to the clinic or doctor's office | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The doctor or my health plan would not start care as early as I wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I had too many other things going on..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I couldn't take time off from work or school | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I didn't have my Medicaid or NJ Family Care card | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I didn't have anyone to take care of my children | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I didn't know that I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I didn't want anyone else to know I was pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I didn't want prenatal care | <input type="checkbox"/> | <input type="checkbox"/> |

If you did not get prenatal care, go to Page 6, Question 25.

23. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- Charity Care
- TRICARE or other military health care
- Some other kind of health insurance —————> Please tell us:
-
- I did not have any health insurance to pay for my prenatal care

24. 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, check **No** if no one talked with you about it or **Yes** if someone did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. How much weight I should gain during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How smoking during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How drinking alcohol during pregnancy could affect my baby..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using a seat belt during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Medicines that are safe to take during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How using illegal drugs could affect my baby | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Doing tests to screen for birth defects or diseases that run in my family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Getting tested for HIV (the virus that causes AIDS) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. What to do if I feel depressed during my pregnancy or after my baby is born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Physical abuse to women by their husbands or partners | <input type="checkbox"/> | <input type="checkbox"/> |

25. 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

26. 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

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

Check ONE answer

- No → **Go to Question 29**
- Yes, before my pregnancy
- Yes, during my pregnancy

28. During what month and year did you get the flu shot?

/ 20

Month Year

- I don't remember

29. This question is about the 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 my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

30. During *your most recent* pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
 Yes

31. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for 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 pregnant women.

- No
 Yes

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

- No
 Yes

33. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?

- No
 Yes

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

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

- No → **Go to Page 8, Question 38**
 Yes

35. 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

36. 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

37. 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 drinking alcohol around the time of pregnancy (before and during).

38. 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 42**

Yes

39. 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 → **Go to Question 41**

40. During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

6 or more times

4 to 5 times

2 to 3 times

1 time

I didn't have 4 drinks or more in a 2 hour time span

41. 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

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

42. 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
- 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, in a car, or in a shelter
- e. My husband or partner lost his job
- 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 due to military deployment or extended work-related travel
- i. I argued with my husband or partner more than usual.....
- j. My husband or partner said he didn't want me to be pregnant
- k. I had problems paying the rent, mortgage, or other bills.....
- l. 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

43. During the *12 months before you got pregnant* with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

44. During *your most recent pregnancy*, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

The next questions are about your labor and delivery.

45. When was your new baby born?

____ / ____ / 20____
 Month Day Year

46. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?

- No
 Yes
 I don't know

47. When were you discharged from the hospital after your baby was born?

____ / ____ / 20____
 Month Day Year

- I didn't have my baby in a hospital

48. By the end of *your most recent pregnancy*, how much weight had you gained?

**Check ONE answer
 and fill in blank if needed**

- I gained _____ pounds
 I didn't gain any weight, but I lost _____ pounds
 My weight didn't change during my pregnancy
 I don't know

49. What kind of *health insurance* did you have to pay for your *delivery*?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
 Private health insurance purchased directly from an insurance company
 Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
 Charity Care
 TRICARE or other military health care
 Some other kind of health insurance → Please tell us:

 I did not have any health insurance to pay for my *delivery*

AFTER PREGNANCY

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

50. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- No
 Yes
 I don't know

51. 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 54**

52. Is your baby alive now?

- No → *We are very sorry for your loss.*
- Yes → **Go to Page 12, Question 66**

53. Is your baby living with you now?

- No → **Go to Question 65**
- Yes

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

- No → **Go to Question 58**
- Yes

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

- No
- Yes → **Go to Question 57**

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

_____ Weeks OR _____ Months

- Less than 1 week

If your baby was not born in a hospital, go to Question 58.

57. 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 happen.

- | | 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. Hospital staff helped me learn how to breastfeed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

58. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?

- No
- Yes

If your baby is still in the hospital, go to Question 65.

59. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

61. Listed below are some things that describe how your new baby *usually* sleeps. For each item, check **No if it doesn't usually apply to your baby or **Yes** if it usually applies to your baby.**

No Yes

- a. My new baby sleeps in a crib or portable crib
- b. My new baby sleeps on a firm or hard mattress
- c. My new baby sleeps with pillows
- d. My new baby sleeps with bumper pads
- e. My new baby sleeps with plush or thick blankets
- f. My new baby sleeps with stuffed toys
- g. My new baby sleeps with an infant positioner
- h. My new baby sleeps with me or another person

62. Was your new baby seen by a doctor, nurse, or other health care worker for a *one week* *checkup* after he or she was born?

- No
- Yes
- My baby was still in the hospital at that time

63. Has your new baby had a well-baby *checkup*? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

No → **Go to Question 65**

Yes
↓

64. How many times has your new baby been to a doctor or nurse for a well-baby *checkup*? (It may help to use the calendar.)

Times

65. *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
- Yes

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

No

Yes → **Go to Question 68**

67. 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 am not having sex
- I want to get pregnant
- I don't want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn't want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other → Please tell us:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 69.

68. 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, Essure[®], Adiana[®])
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®]) or vaginal ring (NuvaRing[®])
- IUD (including Mirena[®] or ParaGard[®])
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other → Please tell us:

69. *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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
 Often
 Sometimes
 Rarely
 Never

72. *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, partner, or parents
 Private health insurance purchased directly from an insurance company
 Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
 Charity Care
 TRICARE or other military health care
 Some other kind of health insurance —————> Please tell us:
 I do not have health insurance *now*

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. *When you first learned you were pregnant with your new baby, did you prefer that it be delivered vaginally (naturally) or by cesarean delivery?*

- Vaginally
 By cesarean

If you did not get prenatal care, go to Question 75

74. *During any of your prenatal care visits, did your doctor, nurse, or any other health care worker talk with you about the risks and benefits of vaginal (natural) versus cesarean delivery?*

- No
 Yes

75. *A week before your new baby was born, did you expect it to be delivered vaginally (naturally) or by cesarean delivery?*

- Vaginally
 By cesarean

76. *How was your **new** baby delivered?*

- Vaginally —————> **Go to Question 78**
 I went into labor but had to have a cesarean delivery
 I didn't go into labor and had a cesarean delivery

77. *Why did you decide to deliver your baby by cesarean?*

- My doctor/midwife recommended it for medical reasons
 I preferred it for personal reasons (not medical)

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

- No —————> **Go to Page 14, Question 82**
 Yes

Go to Page 14, Question 79

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

Check ONE answer

- No → Go to Question 82
- No, but I will be returning
- Yes

80. Which of the following describes the leave or time you took off 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 paid by the NJ Temporary Disability Insurance Program
- I took leave paid by the NJ Family Leave Insurance Program
- I did not take leave

81. 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
- 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 to take any or more time off

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

82. 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 \$15,000
- \$15,001 to \$19,000
- \$19,001 to \$22,000
- \$22,001 to \$26,000
- \$26,001 to \$29,000
- \$29,001 to \$37,000
- \$37,001 to \$44,000
- \$44,001 to \$52,000
- \$52,001 to \$56,000
- \$56,001 to \$67,000
- \$67,001 to \$79,000
- \$79,001 or more

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

People

84. What is today's date?

/ / 20
 Month Day Year

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

85. Since your new baby was born, did a doctor, nurse, home visitor, 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, check **No** if no one talked with you about it or **Yes** if someone did.*

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Whether you've been feeling sad or anxious..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What to do when your baby cries excessively and won't stop..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. That shaking or hitting your baby can cause serious harm..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Putting your baby to sleep safely on his/her back and in his/her own crib..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sharing information about shaking babies, crying babies, and safe sleep with others who help you care for your baby--dad, partner, family, babysitter, caregiver..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you tried to breastfeed after you left the hospital, please answer Question 86.

86. Since your new baby was born, did a doctor, nurse, home visitor, or other health care worker talk with you about any of the things listed below?

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Whether you or your baby are having any problems with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How to contact breastfeeding support groups..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 Jersey.

Thanks for answering our questions!

Your answers will help us work to make New Jersey mothers and babies healthier.



Pregnancy Risk Assessment Monitoring System
A survey for healthier babies in New Jersey

STATE AND LOCAL RESOURCES

NJ211- A place to turn to when you need to find state or local health and human service information.

Within NJ Dial: **2-1-1** Outside NJ: **1-877-652-1148**

Website: <http://www.nj211.org/>

NJ Parent Link - New Jersey's Early Childhood, Parenting and Professional Resource Center.

Website: <http://www.njparentlink.nj.gov/>

HealthLink- New Jersey's comprehensive healthcare consumer information website providing instant access to healthcare information for families, children, seniors and healthcare professionals.

Website: <http://www.nj.gov/njhealthlink/>

Family Health Line Operational 24/7 and is available anywhere in New Jersey. Trained phone counselors provide information and referrals for health screening and treatment.

1-800-328-3838

Website: http://www.nj.gov/health/fhs/primarycare/health_line.shtml

Speak Up When You Are Down - Perinatal mood disorders (PMD) can affect any woman of any age, race or economic background who is pregnant or who has recently had a baby, stopped breastfeeding, or ended a pregnancy or miscarried. PMD are treatable, but many people do not know the facts.

1-800-328-3838 (24/7)

Website: <http://www.nj.gov/health/fhs/postpartumdepression/index.shtml>

Special Child Health and Early Intervention Services has information and resources for infants, children, youth and young adults with special health care needs and for infants and toddlers with developmental delays/disabilities. Newborn screening information and resources are also available.

1-609-984-0755

Website: <http://www.nj.gov/health/fhs/sch/index.shtml>

Women's Referral Central is the primary source of information about programs of interest to women in New Jersey. Available 24 hours a day, it assists women in areas as diverse as sexual harassment, child support and custody, consumer law and safety, to personal growth and development, education, medical referrals, homelessness, personal safety and domestic violence.

1-800-322-8092

Website: <http://www.state.nj.us/dcf/women/programs/wrch.html>

PHONE NUMBERS FOR ADDITIONAL INFORMATION AND ASSISTANCE

Family Helpline 24/7 - If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who will provide empathic listening about parenting and refer you to resources in your community.

1-800-THE-KIDS (843-5437)

Addictions Hotline of NJ provides trained clinically supervised telephone specialists who are available 24/7 to educate, assist, interview and/or refer individuals and families battling addictions.

1-800-238-2333

Quit Smoking: 1-866-NJSTOPS; 1-866-657-8677

NJ Women, Infant, and Children Services (WIC): 1-866-44-NJWIC; 1-800-328-3838





RUTGERS

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of Planning and Public Policy

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