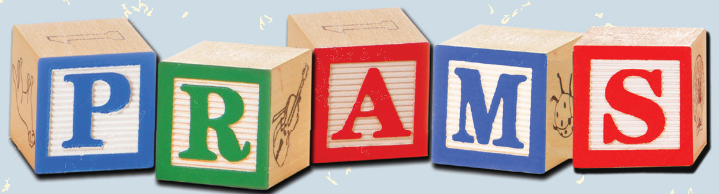
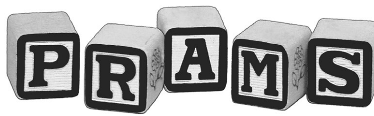



# Pregnancy Risk Assessment Monitoring System

## 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 25-30 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 and will be used only to answer questions related to the purpose of this study. This is so because this study has been given a Certificate of Confidentiality. This means that we may not share information that may identify you in legal suits or proceeding, even if a court orders us to do so, unless you say it’s okay. Your responses will be stripped of all personal identifiers. All computerized records will be encrypted or scrambled and kept in a secure, password-protected database at the CDC. There is a very small risk of loss of confidentiality.

- 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 Rowan University IRB Office at 856-566-2712.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call Ambar Mendez, New Jersey PRAMS Project Coordinator, at toll free 1-888-816-7929 (press 6) or e-mail: NJPRAMS@bcsr.rutgers.edu

## Questions Commonly Asked About PRAMS

Tear Here

### What is PRAMS?

PRAMS (*P*regnancy *R*isk *A*ssessment *M*onitoring *S*ystem) 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) at Rutgers University. 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 behaviors and experiences around the time of their pregnancy.

### 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 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 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 (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.

## 2019

### January '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

### February '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | | |

### March '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

### April '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

### May '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

### June '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

### July '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

### August '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

### September '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

### October '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

### November '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

### December '19
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

## 2020

### January '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

### February '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |

### March '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

### April '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

### May '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

### June '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

### July '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

### August '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

### September '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

### October '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

### November '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

### December '20
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

## 2021

### January '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

### February '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | | | | | | |

### March '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

### April '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

### May '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | | | | | |

### June '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

### July '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

### August '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

### September '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

### October '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

### November '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

### December '21
| Su | M | Tu | W | Th | F | Sa |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |


Form Approved
OMB No. 0920-1273
Exp. Date 11/30/2022



Public reporting of this collection of information is estimated to average 25-42 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-1273)


***Tear Here***

**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 with your new baby, did you ever have any other babies who were born alive?**

- ❑ No → **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

**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.

| | 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. Epilepsy (seizures) | ❑ | ❑ |
| f. Thyroid problems | ❑ | ❑ |
| g. PCOS (polycystic ovarian syndrome) | ❑ | ❑ |
| h. Anxiety | ❑ | ❑ |

**8. 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

**9. 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 12**
- ❑ Yes → **Go to Page 2, Question 10**

**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
- ❑ 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:

**11. 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 | ❑ | ❑ |
| 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 | ❑ | ❑ |
| l. | Test me for HIV (the virus that causes AIDS) | ❑ | ❑ |

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

- ❑ No → **Go to Question 14**
- ❑ Yes

**13. *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 about preparing for a pregnancy?** *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. | Getting my vaccines updated before pregnancy | ❑ | ❑ |
| b. | Visiting a dentist or dental hygienist before pregnancy | ❑ | ❑ |
| c. | Getting counseling for any genetic diseases that run in my family | ❑ | ❑ |
| d. | Getting counseling or treatment for depression or anxiety | ❑ | ❑ |
| e. | The safety of using prescription or over-the-counter medicines during pregnancy | ❑ | ❑ |
| f. | How smoking during pregnancy can affect a baby | ❑ | ❑ |
| g. | How drinking alcohol during pregnancy can affect a baby | ❑ | ❑ |
| h. | How using illegal drugs during pregnancy can affect a baby | ❑ | ❑ |

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

**14. 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 Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- ❑ Charity Care
- ❑ 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

**If you did not have health insurance during the *month before* you got pregnant, go to Question 15. Otherwise, go to Question 16.**

**15. 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 had problems with the health insurance application or website
- ❑ My income was too high to qualify for Medicaid
- ❑ My income was too high to qualify for a tax credit from the Health Insurance Marketplace or HealthCare.gov
- ❑ I didn't know how to get health insurance
- ❑ Other ⟶ Please tell us:

  ____________________

**16. 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 Page 4, Question 17**
- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- ❑ Charity Care
- ❑ TRICARE or other military health care
- ❑ Other health insurance ⟶ Please tell us:

  ____________________

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

**17. 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 or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- ❑ Charity Care
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:
- ❑ I did not have any health insurance to pay for my *delivery*

**18. 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 Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- ❑ Charity Care
- ❑ TRICARE or other military health care
- ❑ Other health insurance → Please tell us:
- ❑ I do not have health insurance *now*

**19. 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 21** (for: sooner, then, didn't want, wasn't sure)

**20. 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

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

- ❑ No
- ❑ Yes → **Go to Question 24**

**22. 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 Question 24**

**Go to Question 23**

**23. 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.)

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

____ Weeks **OR** ____ Months

- ❑ I don't remember

**25. 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 27**

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

- ❑ No
- ❑ Yes → **Go to Page 6, Question 28**

**27. 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 | ❑ | ❑ |
| b. | I didn't have enough money or insurance to pay for my visits | ❑ | ❑ |
| c. | I didn't have any transportation to get to the clinic or doctor's office | ❑ | ❑ |
| d. | The doctor or my health plan would not start care as early as I wanted | ❑ | ❑ |
| e. | I had too many other things going on | ❑ | ❑ |
| f. | I couldn't take time off from work or school | ❑ | ❑ |
| g. | I didn't have my Medicaid or NJ Family Care card | ❑ | ❑ |
| h. | I didn't have anyone to take care of my children | ❑ | ❑ |
| i. | I didn't know that I was pregnant | ❑ | ❑ |
| j. | I didn't want anyone else to know I was pregnant | ❑ | ❑ |
| k. | I didn't want prenatal care | ❑ | ❑ |

**If you did not get prenatal care, go to Page 6, Question 29.**

**28.** ***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 | ❑ | ❑ |
| b. If I was taking any prescription medication | ❑ | ❑ |
| c. If I was smoking cigarettes | ❑ | ❑ |
| d. If I was drinking alcohol | ❑ | ❑ |
| e. If someone was hurting me emotionally or physically | ❑ | ❑ |
| f. If I was feeling down or depressed | ❑ | ❑ |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth | ❑ | ❑ |
| h. If I wanted to be tested for HIV (the virus that causes AIDS) | ❑ | ❑ |
| i. If I planned to breastfeed my new baby | ❑ | ❑ |
| j. If I planned to use birth control after my baby was born | ❑ | ❑ |

**29. 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

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

**Check ONE answer**

❑ No
❑ Yes, before my pregnancy
❑ Yes, during my pregnancy

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

❑ No
❑ Yes

**32. 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 | ❑ | ❑ |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums | ❑ | ❑ |
| c. I had insurance to cover dental care during my pregnancy | ❑ | ❑ |
| d. I needed to see a dentist for a **problem** | ❑ | ❑ |
| e. I went to a dentist or dental clinic about a **problem** | ❑ | ❑ |

**33. 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

**34. 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

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

❑ No → **Go to Question 37**
❑ Yes

**36. During *your most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?**

❑ No
❑ Yes

**37. 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 *this* pregnancy) | ❑ | ❑ |
| b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia | ❑ | ❑ |
| c. Depression | ❑ | ❑ |
| d. Epilepsy | ❑ | ❑ |

**If you had depression during your most recent pregnancy, go to Question 38. Otherwise, go to Question 39.**

**38. At any time during *your most recent* pregnancy, did you take prescription medicine for your depression?**

- ❑ No
- ❑ Yes

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

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

- ❑ No → **Go to Question 43**
- ❑ Yes

**40. In the *3 months <u>before</u>* 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

**41. In the *<u>last 3</u> 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

**42. 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.**

**<u>E-cigarettes (electronic cigarettes) and other electronic nicotine products</u>** (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 **<u>hookah</u>** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

**43. 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 44. Otherwise, go to Question 46.**

**44. 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

**45. 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.**

**46. 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 50**
- ❑ Yes

**Go to Question 47**

**47. 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 → **Go to Question 49**

**48. 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

**49. 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
- ❑ 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.**

**50. 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

**51. 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 | ❑ | ❑ |
| b. My ex-husband or ex-partner | ❑ | ❑ |

**52. 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 | ❑ | ❑ |
| b. My ex-husband or ex-partner | ❑ | ❑ |

## AFTER PREGNANCY

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

**53. When was your new baby born?**

___ / ___ / 20___

Month Day Year

**54. 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

**55. 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

**56. How much weight did you gain during *your most recent* pregnancy?**

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

❑ I gained ___ pounds **OR** ___ kilos
❑ I didn't gain any weight during my pregnancy
❑ I don't know

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

❑ No
❑ Yes
❑ I don't know

**58. 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 Page 10, Question 61**

**59. Is your baby alive now?**

❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 74**
❑ Yes

**60. Is your baby living with you now?**

❑ No → **Go to Page 11, Question 73**
❑ Yes

**Go to Page 10, Question 61**

**61.** ***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 | ❑ | ❑ |
| b. A nurse, midwife, or doula | ❑ | ❑ |
| c. A breastfeeding or lactation specialist | ❑ | ❑ |
| d. My baby's doctor or health care provider | ❑ | ❑ |
| e. A breastfeeding support group | ❑ | ❑ |
| f. A breastfeeding hotline or toll-free number | ❑ | ❑ |
| g. Family or friends | ❑ | ❑ |
| h. Other | ❑ | ❑ |

Please tell us:

______________________

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

❑ No → **Go to Question 66**
❑ Yes

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

❑ No
❑ Yes → **Go to Question 65**

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

❑ Less than 1 week

____ Weeks **OR** ____ Months

**If your baby was not born in a hospital, go to Question 66.**

**65. 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 | ❑ | ❑ |
| b. My baby stayed in the same room with me at the hospital | ❑ | ❑ |
| c. I breastfed my baby in the hospital | ❑ | ❑ |
| d. Hospital staff helped me learn how to breastfeed | ❑ | ❑ |
| e. I breastfed in the first hour after my baby was born | ❑ | ❑ |
| f. My baby was placed in skin-to-skin contact within the first hour of life | ❑ | ❑ |
| g. My baby was fed only breast milk at the hospital | ❑ | ❑ |
| h. Hospital staff told me to breastfeed whenever my baby wanted | ❑ | ❑ |
| i. The hospital gave me a breast pump to use | ❑ | ❑ |
| j. The hospital gave me a gift pack with formula | ❑ | ❑ |
| k. The hospital gave me a telephone number to call for help with breastfeeding | ❑ | ❑ |
| l. Hospital staff gave my baby a pacifier | ❑ | ❑ |

**If your baby is still in the hospital, go to Question 73.**

**66. 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

**67. 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 69**

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

- ☐ No
- ☐ Yes

**69. 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 | ☐ | ☐ |
| b. On a twin or larger mattress or bed | ☐ | ☐ |
| c. On a couch, sofa, or armchair | ☐ | ☐ |
| d. In an infant car seat or swing | ☐ | ☐ |
| e. In a sleeping sack or wearable blanket | ☐ | ☐ |
| f. With a blanket | ☐ | ☐ |
| g. With toys, cushions, or pillows, including nursing pillows | ☐ | ☐ |
| h. With crib bumper pads (mesh or non-mesh) | ☐ | ☐ |

**70. 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 | ☐ | ☐ |
| b. Place my baby to sleep in a crib, bassinet, or pack and play | ☐ | ☐ |
| c. Place my baby's crib or bed in my room | ☐ | ☐ |
| d. What things should and should not go in bed with my baby | ☐ | ☐ |

**71. 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

**72. 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
- ☐ Yes

**73. *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

**74. 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 → **Go to Page 12, Question 75**
- ☐ Yes → **Go to Page 12, Question 76**

**75. 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 77.**

**76. 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:

**77. *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 → **Go to Question 79**
- ❑ Yes

**78. *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 | ❑ | ❑ |
| b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy | ❑ | ❑ |
| c. Talk to me about how long to wait before getting pregnant again | ❑ | ❑ |
| d. Talk to me about birth control methods I can use after giving birth | ❑ | ❑ |
| e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms | ❑ | ❑ |
| f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) | ❑ | ❑ |
| g. Ask me if I was smoking cigarettes | ❑ | ❑ |
| h. Ask me if someone was hurting me emotionally or physically | ❑ | ❑ |
| i. Ask me if I was feeling down or depressed | ❑ | ❑ |
| j. Test me for diabetes | ❑ | ❑ |

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

**80.** ***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

## OTHER EXPERIENCES

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

**81. Have you ever taken medicine on a regular basis to control seizures or epilepsy?**

- ❑ No → **Go to Question 83**
- ❑ Yes

**82. During *your most recent* pregnancy, did you take medicine on a regular basis to control seizures or epilepsy?**

- ❑ No
- ❑ Yes

**83. At any time during *your most recent* pregnancy, did a doctor, nurse, or other health care worker *tell you that you had* anxiety?**

- ❑ No → **Go to Question 85**
- ❑ Yes

**84. At any time during *your most recent* pregnancy, did you take prescription medicine for your anxiety?**

- ❑ No
- ❑ Yes

**85. Have any of your close family members who are related to you by blood (mother, father, sisters, or brothers) had any of the conditions listed below?** For each item, check **No** if no one in your family has the condition, check **Yes** if someone in your family has the condition, or check **DK** if you don't know.

| | No | Yes | DK |
|---|---|---|---|
| a. Diabetes | ❑ | ❑ | ❑ |
| b. Heart attack before age 55 | ❑ | ❑ | ❑ |
| c. High blood pressure (hypertension) | ❑ | ❑ | ❑ |
| d. Breast cancer before age 50 | ❑ | ❑ | ❑ |
| e. Ovarian cancer | ❑ | ❑ | ❑ |

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

- ❑ Vaginally
- ❑ By cesarean

**If you did not get prenatal care, go to Question 88.**

**87.** ***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

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

- ❑ Vaginally
- ❑ I went into labor but had to have a cesarean delivery
- ❑ I didn't go into labor and had a cesarean delivery

**If your baby is not alive, is not living with you, or is still in the hospital, go to Question 91.**

**89.** ***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 I've been feeling sad or anxious | ❑ | ❑ |
| b. What to do when my baby cries excessively and won't stop | ❑ | ❑ |
| c. That shaking or hitting my baby can cause serious harm | ❑ | ❑ |
| d. Putting my baby to sleep safely on his/her back and in his/her own crib | ❑ | ❑ |
| e. Sharing information about topics like shaking babies, crying babies, and safe sleep with people who help me care for my baby, like my husband or partner, a family member, babysitter, or caregiver | ❑ | ❑ |

**If you did not breastfeed your new baby, go to Question 91.**

**90.** ***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?** For each item, check **No** if no one talked with you about it or **Yes** if someone did.

| | No | Yes |
|---|---|---|
| a. Whether I or my baby are having any problems with breastfeeding | ❑ | ❑ |
| b. How to contact breastfeeding support groups | ❑ | ❑ |

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

**91. 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

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

_____ People

**93. What is today's date?**

_____ / _____ / 20_____

Month / Day / Year

**These next questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.**

**CV1. During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend?**

**Check ONE answer**

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only → **Go to Question CV3**
- ❑ Both, in-person and virtual appointments → **Go to Question CV3**
- ❑ I did not have prenatal care → **Go to Page 16, Question CV4**

**CV2. What are the reasons that you did not attend virtual appointments for *prenatal care*?** For each one, check **No** if it was not a reason or **Yes** if it was.

| | No | Yes |
|---|---|---|
| a. Lack of availability of virtual appointments from my provider | ❑ | ❑ |
| b. Lack of an available telephone to use for appointments | ❑ | ❑ |
| c. Lack of enough cellular data or cellular minutes | ❑ | ❑ |
| d. Lack of a computer or device | ❑ | ❑ |
| e. Lack of internet service or had unreliable internet | ❑ | ❑ |
| f. Lack of a private or confidential space to use | ❑ | ❑ |
| g. I preferred seeing my health care provider in person | ❑ | ❑ |
| h. Other reason | ❑ | ❑ |

Please tell us:

________________________________

**CV3. Were any of your *prenatal care* appointments canceled or delayed during the COVID-19 pandemic due to the following reasons?** For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

| | No | Yes |
|---|---|---|
| a. My appointments were canceled or delayed because my provider's office was closed or had reduced hours | ❑ | ❑ |
| b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments | ❑ | ❑ |
| c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic | ❑ | ❑ |
| d. I canceled or delayed because I had problems finding care for my children or other family members | ❑ | ❑ |
| e. I canceled or delayed because I worried about taking public transportation and had no other way to get there | ❑ | ❑ |
| f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection | ❑ | ❑ |

**CV4. While you were *pregnant*, how often did you do the following things to avoid getting COVID-19?**
For each one, check:
**A** if you *always* did it,
**S** if you *sometimes* did it, or
**N** if you *never* did it.

| | A | S | N |
|---|---|---|---|
| a. Avoided gatherings of more than 10 people | ❑ | ❑ | ❑ |
| b. Stayed at least 6 feet (2 meters) away from others when I left my home | ❑ | ❑ | ❑ |
| c. Only left my home for essential reasons | ❑ | ❑ | ❑ |
| d. Made trips as short as possible when I left my home | ❑ | ❑ | ❑ |
| e. Avoided having visitors inside my home | ❑ | ❑ | ❑ |
| f. Wore a mask or a cloth face covering when out in public | ❑ | ❑ | ❑ |
| g. Washed hands for 20 seconds with soap and water | ❑ | ❑ | ❑ |
| h. Used alcohol-based hand sanitizer | ❑ | ❑ | ❑ |
| i. Covered coughs and sneezes with a tissue or my elbow | ❑ | ❑ | ❑ |

**CV5. While you were *pregnant* during the COVID-19 pandemic, did you have any of the following experiences?** For each one, check **No** if you did not or **Yes** if you did.

| | No | Yes |
|---|---|---|
| a. I had responsibilities or a job that prevented me from staying home | ❑ | ❑ |
| b. Someone in my household had a job that required close contact with other people | ❑ | ❑ |
| c. When I went out, I found that other people around me did not practice social distancing | ❑ | ❑ |
| d. I had trouble getting disinfectant to clean my home | ❑ | ❑ |
| e. I had trouble getting hand sanitizer or hand soap for my household | ❑ | ❑ |
| f. I had trouble getting or making masks or cloth face coverings | ❑ | ❑ |
| g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia) | ❑ | ❑ |
| h. I was told by a health care provider that I had COVID-19 | ❑ | ❑ |
| i. Someone in my household was told by a health care provider that they had COVID-19 | ❑ | ❑ |

**If your baby was not born in the hospital, go to Question CV9.**

**CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?**

**Check ALL that apply**

❑ My husband or partner
❑ Another family member or friend
❑ A doula
❑ Some other support person (not including hospital staff)
Please tell us:
❑ The hospital did not allow me to have any support people

**If your baby is not alive, go to Question CV10.**

**CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19?** For each one, check **No** if it did not happen or **Yes** if it did.

| | No | Yes |
|---|---|---|
| a. My baby was tested for COVID-19 in the hospital | ❑ | ❑ |
| b. I was separated from my baby in the hospital after delivery *to protect my baby from COVID-19* | ❑ | ❑ |
| c. I wore a mask when other people came into my hospital room | ❑ | ❑ |
| d. I wore a mask while I was alone caring for my baby in the hospital | ❑ | ❑ |
| e. I was given information about how to protect my baby from COVID-19 when I went home | ❑ | ❑ |

**If you did not breastfeed your new baby, go to Question CV9.**

**CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways?** For each one, check **No** if it did not apply to you or **Yes** if it did.

| | No | Yes |
|---|---|---|
| a. I was given information in the hospital about how to protect my baby from infection while breastfeeding | ❑ | ❑ |
| b. I wore a mask while breastfeeding in the hospital | ❑ | ❑ |
| c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected | ❑ | ❑ |
| d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital | ❑ | ❑ |

**If your baby is not living with you, go to Question CV10.**

**CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care?** For each one, check **No** if the pandemic did not affect your baby's health care in this way or **Yes** if it did.

| | No | Yes |
|---|---|---|
| a. My baby's well visits or checkups were canceled or delayed | ❑ | ❑ |
| b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone) | ❑ | ❑ |
| c. My baby's immunizations were postponed | ❑ | ❑ |

**CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?**

**Check ONE answer**

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments
- ❑ I did not have any postpartum appointments for myself

**CV11. Did any of the following things happen to you *due to the COVID-19 pandemic*?** For each one, check **No** if it did not happen or **Yes** if it did.

| | No | Yes |
|---|---|---|
| a. I lost my job or had a cut in work hours or pay | ❑ | ❑ |
| b. Other members of my household lost their jobs or had a cut in work hours or pay | ❑ | ❑ |
| c. I had problems paying the rent, mortgage, or other bills | ❑ | ❑ |
| d. A member of my household or I received unemployment benefits | ❑ | ❑ |
| e. I had to move or relocate | ❑ | ❑ |
| f. I became homeless | ❑ | ❑ |
| g. The loss of childcare or school closures made it difficult to manage all my responsibilities | ❑ | ❑ |
| h. I had to spend more time than usual taking care of children or other family members | ❑ | ❑ |
| i. I worried whether our food would run out before I got money to buy more | ❑ | ❑ |
| j. I felt more anxious than usual | ❑ | ❑ |
| k. I felt more depressed than usual | ❑ | ❑ |
| l. My husband or partner and I had more verbal arguments or conflicts than usual | ❑ | ❑ |
| m. My husband or partner was more physically, sexually, or emotionally aggressive towards me | ❑ | ❑ |

**These last questions are about the COVID-19 vaccine.**

**VC1. During *your most recent pregnancy*, did a doctor, nurse, or other health care worker do any of the following things?** For each one, check **No** if they did not do it or **Yes** if they did.

| | No | Yes |
|---|---|---|
| a. Talked with me about the COVID-19 vaccine | ❑ | ❑ |
| b. Recommended that I get the COVID-19 vaccine | ❑ | ❑ |
| c. Offered to give me the COVID-19 vaccine | ❑ | ❑ |
| d. Referred me to another place to get the COVID-19 vaccine | ❑ | ❑ |

**VC2. During *your most recent pregnancy*, did you get at least one shot or dose of a COVID-19 vaccine?**

❑ No → **Go to Question VC3**

❑ Yes → **Go to Question VC5**

**VC3. What were your reasons for not getting a COVID-19 vaccine <u>during</u> *your most recent pregnancy*?**

**Check ALL that apply**

- ❑ I was not in one of the groups that could get the COVID-19 vaccine
- ❑ The vaccine was not available or ran out in my area
- ❑ I couldn't get an appointment or was placed on a waiting list
- ❑ I didn't have transportation to get to a vaccination site
- ❑ The staff at the vaccination site didn't want to give me the vaccine because I was pregnant
- ❑ I was concerned about possible side effects of the COVID-19 vaccine for my baby
- ❑ I was concerned about possible side effects of the COVID-19 vaccine for me
- ❑ I have an allergy or health condition that prevented me from getting the vaccine
- ❑ My doctor or healthcare provider told me not to get the vaccine
- ❑ I had gotten the COVID-19 vaccine <u>before</u> my pregnancy
- ❑ I already had COVID-19
- ❑ I didn't have enough information about the vaccine to feel comfortable getting it
- ❑ I was concerned that the COVID-19 vaccine was developed too fast
- ❑ I didn't think the vaccine would protect me against COVID-19
- ❑ I didn't think COVID-19 was a serious illness
- ❑ I didn't think I was at risk for COVID-19 infection
- ❑ I preferred using masks and other precautions instead
- ❑ I don't think vaccines are beneficial
- ❑ Other reason
  Please tell us: ____________________

**VC4. *Since your new baby was born*, have you gotten a COVID-19 vaccine?**

- ❑ No
- ❑ Yes

**VC5. Which ONE of these sources do you trust the *most* for receiving information about the COVID-19 vaccine?**

**Check ONE answer**

- ❑ My doctor, nurse, or other health care provider
- ❑ My pharmacist
- ❑ Centers for Disease Control and Prevention (CDC) website or reports
- ❑ Food and Drug Administration (FDA) website or reports
- ❑ My state or local health department
- ❑ Family or friends
- ❑ News reports (such as television or radio news)
- ❑ Social media sites like Facebook
- ❑ Websites about health or other topics
  Please tell us which sites: ____________________
- ❑ Some other source
  Please tell us what source: ____________________

**VC6. Which of the following describes your work or volunteer activities <u>during</u> *your most recent pregnancy*?**

**Check ALL that apply**

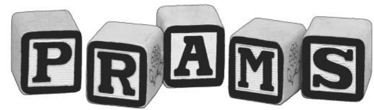
- ❑ I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, or emergency responder)
- ❑ I worked or volunteered in a health care setting, but <u>not</u> providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, or ward clerk)
- ❑ I worked or volunteered in a position where I regularly came into contact with the public (such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, or postal or delivery services)
- ❑ I worked or volunteered in a position where I did <u>not</u> regularly come in contact with the public
- ❑ None of the above

**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 keep mothers and babies in New Jersey healthy.***

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




Tear Here

## 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://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/dca/divisions/dow/programs/wrch.html

## PHONE NUMBERS FOR ADDITIONAL INFORMATION AND ASSISTANCE

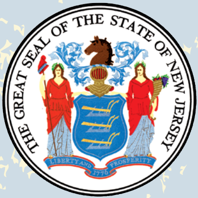
**Family Helpline 24/7 -** If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who will provide empathic listening about parenting and refer you to resources in your community.
**1-800-THE-KIDS (843-5437)**

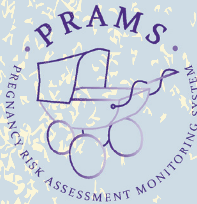
**Addictions Hotline of NJ** provides trained clinically supervised telephone specialists who are available 24/7 to educate, assist, interview and/or refer individuals and families battling addictions.
**1-800-238-2333**

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

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

Tear Here






RUTGERS
Edward J. Bloustein School
of Planning and Public Policy

This survey is sponsored by the
New Jersey Division of Family Health Services
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