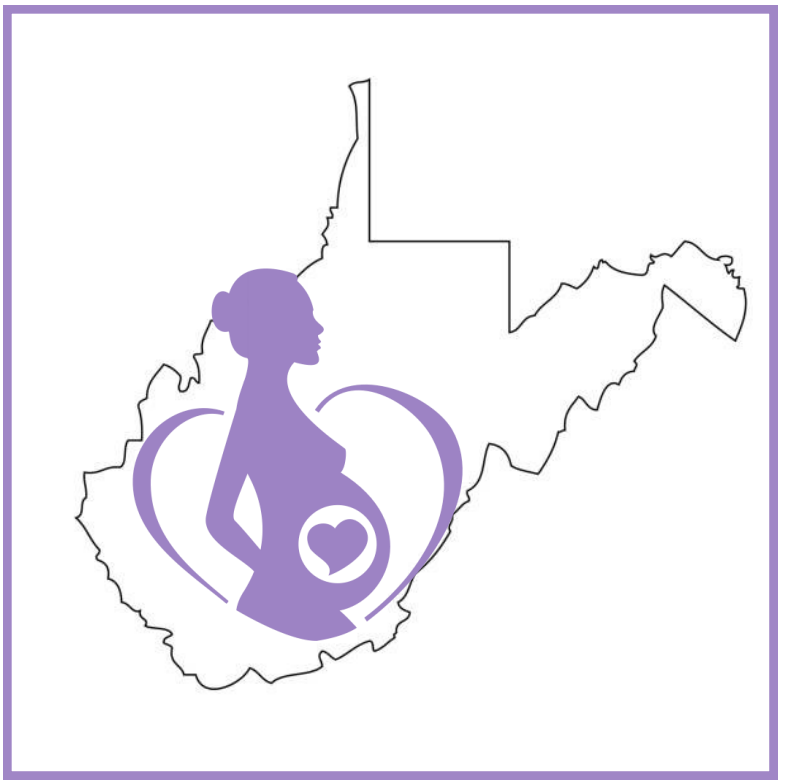
West Virginia PRAMS

Pregnancy Risk Assessment Monitoring System

You Can Help Improve the Health of West Virginia Mothers & Babies



A Survey on the Health of Mothers and Babies

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (*P*regnancy *R*isk *A*ssessment *M*onitoring *S*ystem) is a joint research project between the West Virginia Department of Health and Human Resources and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in West Virginia there are hundreds of babies born with serious health problems. Many of these babies die. We need your help to find out why. Your answers will help us learn more about ways to improve the chances for future mothers and babies in West Virginia.

Will my answers be kept private?

Yes—all answers are kept completely private an will only be used to answers questions related to the purpose of this study. All answers given on the questionnaires will be grouped together to give us information on West Virginia mothers of new babies. In reports from this survey, no woman will be identified by name.

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 West Virginia, 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 West Virginia. 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.

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.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number, **1-800-642-8522**, 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. What is *your* date of birth?

Month / Day / Year

2. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

3. 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. Anxiety	❑	❑
e. PCOS (polycystic ovarian syndrome)	❑	❑

4. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?
For each one, check **No** or **Yes**.

	No	Yes
a. Regular checkup with a family doctor	❑	❑
b. Regular checkup with an OB/GYN	❑	❑
c. Visit for an injury, illness, or chronic condition	❑	❑
d. Visit to urgent care or the emergency room	❑	❑
e. Visit for family planning or to get birth control	❑	❑
f. Visit for depression or anxiety	❑	❑
g. Visit to have my teeth cleaned	❑	❑
h. Other Please tell us: _____	❑	❑

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Page 2, Question 6.

5. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about…		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me…		
g. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

The next questions are about your *health insurance*.

6. 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 (paid for by me, someone else, or through a job)
- ❑ Medicaid or Medical Card
- ❑ SCHIP/CHIP
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance during the *month before* I got pregnant

7. *During* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid or Medical Card
- ❑ SCHIP/CHIP
- ❑ State Maternal and Child Health Program
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance *during my pregnancy*

8. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid or Medical Card
- ❑ SCHIP/CHIP
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I don't have any health insurance *now*

9. 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

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

- ❑ No
- ❑ Yes → **Go to Question 13**

11. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No → **Go to Question 13**
- ❑ Yes

12. What kind of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

_____

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

13. Did you get prenatal care during your *most recent* pregnancy?

- ❑ No → **Go to Page 4, Question 15**
- ❑ Yes

14. *During any of your prenatal care visits*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me...		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

15. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

16. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
N for **Did <u>not</u>** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

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

❑ No
❑ Yes

18. The following statements are about the care of your teeth *<u>during</u>* your most recent pregnancy. For each one, check **No** or **Yes**.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other healthcare provider talked with me about how to care for my teeth and gums	❑	❑
c. I knew it was safe to go to the dentist during pregnancy	❑	❑
d. I had insurance to cover dental care during my pregnancy	❑	❑
e. I <u>needed</u> to see a dentist for a **problem**	❑	❑
f. I <u>went</u> to a dentist or dental clinic about a **problem**	❑	❑

19. Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

	No	Yes
a. I couldn't find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I couldn't find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I didn't think it was safe to go to the dentist during pregnancy	❑	❑
d. I couldn't afford to go to a dentist or dental clinic	❑	❑
e. I couldn't find a dentist or dental clinic close by that I could get to	❑	❑

20. *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, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.

❑ No → **Go to Question 22**
❑ Yes

Go to Question 21

21. *During* your most recent pregnancy, did the home visitor who came to your home talk with you about any of the things listed below? For each one, check **No** or **Yes**.

	No	Yes
a. How smoking during pregnancy could affect my baby	❑	❑
b. How drinking alcohol during pregnancy could affect my baby	❑	❑
c. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
d. The importance of getting tested for HIV	❑	❑
e. The importance of getting tested for sexually transmitted infections (STIs)	❑	❑
f. If someone was hurting me emotionally or physically	❑	❑
g. Breastfeeding my baby	❑	❑
h. My emotional well-being	❑	❑

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

❑ No → **Go to Question 25**
❑ Yes

23. *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

24. When you went for WIC visits *during* your most recent pregnancy, did you receive information on breastfeeding?

❑ No
❑ Yes

25. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, check **No** or **Yes**.

	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. Anxiety	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 26. If you didn't, go to Question 27.

26. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

27. *During* your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

❑ No → **Go to Page 6, Question 29**
❑ Yes

Go to Page 6, Question 28

28. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	❑	❑
d. Family or friends	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

- ❑ No → **Go to Question 35**
- ❑ Yes

30. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then → **Go to Question 33**

31. *During any of your prenatal care visits*, did a healthcare provider advise you to quit smoking?

- ❑ No
- ❑ Yes
- ❑ I didn't go for prenatal care → **Go to Question 33**

Go to Question 32

32. *During any of your prenatal visits*, did a healthcare provider do any of the following things to help you quit smoking?
For each one, check **No** or **Yes**.

	No	Yes
a. Spend time with me discussing how to quit smoking	❑	❑
b. Suggest that I set a specific date to stop smoking	❑	❑
c. Suggest I attend a class or program to stop smoking	❑	❑
d. Provide me with booklets, videos, or other materials to help me quit smoking on my own	❑	❑
e. Refer me to counseling for help with quitting	❑	❑
f. Ask if a family member or friend would support my decision to quit	❑	❑
g. Refer me to a national or state quit line	❑	❑
h. Recommend using or prescribe a nicotine gum	❑	❑
i. Recommend using or prescribe a nicotine patch	❑	❑
j. Recommend using or prescribe a nicotine lozenge	❑	❑
k. Prescribe a nicotine nasal spray or nicotine oral inhaler	❑	❑
l. Prescribe a pill like Zyban® or Wellbutrin® (also known as bupropion) to help me quit	❑	❑
m. Prescribe a pill like Chantix® (also known as varenicline) to help me quit	❑	❑

33. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

34. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

35. How many cigarette smokers, *not including yourself*, live in your home <u>now</u>?

Number of smokers _____

36. Which of the following statements best describes the rules about smoking *inside* your home <u>now</u>, even if no one who lives in your home is a smoker?

- ❑ No one is allowed to smoke anywhere inside my home
- ❑ Smoking is allowed in some rooms or at some times
- ❑ Smoking is permitted anywhere inside my home

37. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Question 41**
- ❑ Yes

38. During the *3 months <u>before</u>* you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

40. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

41. *During* your most recent pregnancy, did you have any alcoholic drinks during...?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Page 8, Question 43.

42. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

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

43. Did any of the following things happen during the *12 months before* your new baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

44. 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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

45. *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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

AFTER PREGNANCY

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

46. *After* the delivery, how long did your new baby stay in the hospital?

- ❑ Less than 3 days
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 49**

47. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 59**
- ❑ Yes

Go to Question 48

48. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 57**
- ❑ Yes

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

Check ONE answer

- ❑ I didn't breastfeed my baby
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  _____ week(s) **OR** _____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby

If your baby was not born in a hospital, go to Question 51.

50. *During your hospital stay* after your new baby was born, did any of the following things happen? For each one, check **No** or **Yes**.

	No	Yes
a. Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)	❑	❑
b. My baby stayed in the same room with me at the hospital	❑	❑
c. Hospital staff helped me learn how to breastfeed	❑	❑
d. I breastfed as soon as possible after my baby was born	❑	❑
e. My baby was placed in skin-to-skin contact as soon as possible after birth	❑	❑
f. My baby was fed only breast milk at the hospital	❑	❑
g. Hospital staff helped me recognize when my baby was hungry	❑	❑
h. The hospital gave me a gift pack with formula	❑	❑
i. The hospital gave me information about who I could contact for breastfeeding support when I left the hospital	❑	❑

If your baby is still in the hospital, go to Page 10, Question 57.

51. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side	❑	❑
b. On their back	❑	❑
c. On their stomach	❑	❑

52. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 54**

53. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

54. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

	No	Yes
a. In a crib, portable crib, or bassinet	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat	❑	❑
e. In a swing, rocker, or other inclined sleeper	❑	❑
f. In an in-bed sleeper	❑	❑
g. In a baby board or cradleboard	❑	❑
h. Other	❑	❑

Please tell us:

_____

55. In the *past 2 weeks*, has your new baby been placed to sleep with the following?
For each one, check **No** or **Yes**.

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us:

_____

56. Did you get information about how to place your baby to sleep during any of the following times? For each one, check **No** or **Yes**.

	No	Yes
a. During a prenatal care visit	❑	❑
b. In the hospital, when my baby was born	❑	❑
c. During my baby's healthcare visit	❑	❑
d. During a postpartum care visit	❑	❑
e. Other	❑	❑

Please tell us:

_____

57. *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, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

❑ No → **Go to Question 59**
❑ Yes

58. *Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below?
For each one, check **No** or **Yes**.

	No	Yes
a. Breastfeeding my baby	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Family planning services or using contraception	❑	❑
d. Postpartum depression	❑	❑
e. Resources in my community to support new parents	❑	❑
f. Getting to a healthy weight	❑	❑
g. How to quit or keep from smoking	❑	❑
h. How to get the healthcare that my baby or I need	❑	❑

59. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

❑ No
❑ Yes → **Go to Question 61**
❑ I'm pregnant now → **Go to Question 62**

Go to Question 60

60. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant or don't mind if I do
- ❑ I had my tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ I don't want to use birth control
- ❑ I'm worried about side effects from birth control
- ❑ My spouse or partner doesn't want to use condoms
- ❑ My spouse or partner doesn't want me to use birth control
- ❑ We are same-sex spouses/partners
- ❑ I have problems getting birth control I want
- ❑ I don't think I can get pregnant because I'm breastfeeding
- ❑ I'm not having sex
- ❑ Other → Please tell us:

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Question 62.

61. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

62. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- ❑ No → **Go to Page 12, Question 64**
- ❑ Yes

63. *During your postpartum checkup,* did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

64. *Since your new baby was born*, have you received follow-up care for any of the following health conditions? For each item, check **No** if you didn't get it, **Yes** if you did get it, or **N/A** if you didn't have the condition.

	No	Yes	N/A
a. Diabetes	❑	❑	❑
b. Hypertension (high blood pressure)	❑	❑	❑
c. Depression	❑	❑	❑
d. Anxiety	❑	❑	❑
e. Heart conditions (e.g., birth defects of the heart, fast or skipped heartbeat, heart failure, enlarged heart, heart attack, chest pain, heart transplant, pacemaker)	❑	❑	❑

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

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

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

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

67. *Since your new baby was born*, how often have you felt nervous, anxious, or on edge?

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

68. *Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?

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

69. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

70. *Since your new baby was born*, have you felt that you've needed mental health services such as counseling, medications, or support groups to help with feelings of anxiety, depression, grief, or other issues?

- ❑ No → **Go to Question 73**
- ❑ Yes

71. Were you able to get the mental health services that you needed?

- ❑ No
- ❑ Yes → **Go to Question 73**

Go to Question 72

72. Which of these statements explains why you did not get the mental health services you needed?

Check ALL that apply

- ❑ I couldn't afford the cost
- ❑ I couldn't get an appointment as soon as I needed
- ❑ My health insurance doesn't cover any type of mental health services
- ❑ My health insurance doesn't pay enough for mental health services
- ❑ I didn't know where to go to get services
- ❑ I was concerned that the information I shared might not be kept confidential
- ❑ I didn't want others to find out that I needed treatment
- ❑ I was concerned that I might be committed to a psychiatric hospital
- ❑ I was concerned that I might have to take medicine
- ❑ I had no transportation, treatment was too far away, or the hours were not convenient
- ❑ I didn't have time (because of a job, childcare, or other commitments)
- ❑ Other → Please tell us:

OTHER EXPERIENCES

The next questions are on a variety of topics.

73. Please tell us how often each of the following happened during the *12 months before* your new baby was born.

a. I worried whether my food would run out before I got money to buy more

❑ Often ❑ Sometimes ❑ Never

b. The food that I bought just didn't last, and I didn't have money to get more

❑ Often ❑ Sometimes ❑ Never

74. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?
For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❑	❑
b. Going to non-medical appointments, meetings, or work	❑	❑
c. Doing errands	❑	❑

75. *During* your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? Your answers are strictly confidential.
For each one, check **No** or **Yes**.

	No	Yes
a. Medication for depression	❑	❑
b. Medication for anxiety	❑	❑
c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
d. Adderall®, Ritalin®, or another stimulant	❑	❑
e. Benzodiazepines (Valium®, Ativan®, Xanax®) or Tranquilizers (downers or ludes)	❑	❑
f. Methadone, Subutex®, Suboxone®, or buprenorphine	❑	❑
g. Naloxone	❑	❑
h. Marijuana or cannabis in any form (not including hemp or CBD-only products)	❑	❑
i. CBD products	❑	❑
j. Synthetic marijuana (K2 or Spice)	❑	❑
k. Kratom	❑	❑
l. Fentanyl or heroin (smack, junk, Black Tar or *Chiva*)	❑	❑
m. Amphetamines (uppers, speed, crystal meth, crank, ice or *agua*)	❑	❑
n. Cocaine (crack, rock, coke, blow, snow or *nieve*)	❑	❑
o. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)	❑	❑
p. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	❑	❑

76. *While getting healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

		No	Yes
a.	My race, ethnicity, or skin color	❑	❑
b.	My disability status	❑	❑
c.	My immigration status	❑	❑
d.	My age	❑	❑
e.	My weight	❑	❑
f.	My income	❑	❑
g.	My sex or gender	❑	❑
h.	My sexual orientation	❑	❑
i.	My religion	❑	❑
j.	My language or accent	❑	❑
k.	My type or lack of health insurance	❑	❑
l.	My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m.	My involvement with the justice system (jail or prison)	❑	❑
n.	Another reason Please tell us:	❑	❑

_____

77. *During your life until now*, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

78. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?
For each one, check **No** or **Yes**.

		No	Yes
a.	Job (hiring, promotion, firing)	❑	❑
b.	Housing (renting, buying, mortgage)	❑	❑
c.	Police (stopped, searched, threatened)	❑	❑
d.	In the courts	❑	❑
e.	At school or my child's school	❑	❑
f.	Getting medical care	❑	❑

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

79. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your spouse 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 getting now.

- ❑ $0 to $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $27,000
- ❑ $27,001 to $32,000
- ❑ $32,001 to $37,000
- ❑ $37,001 to $42,000
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 to $85,000
- ❑ $85,001 or more

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

Number of people _____

81. What is today's date?

_____ / _____ / _____

Month Day Year

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make West Virginia mothers and babies healthier.

For further information, please contact:

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