

# Maryland PRAMS Report 2009 Births

Pregnancy Risk Assessment Monitoring System



Maryland Department of Health and Mental Hygiene  
Center for Maternal and Child Health  
Vital Statistics Administration



Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; John M. Colmers, Secretary

*“I completed this survey because I think this type of information is so important and I am surprised that so few caregivers try to obtain this information from patients... We spent more time with the hospital administration getting our insurance straightened out than we did trying to find out why my baby was born prematurely.”*

PRAMS mother

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# Maryland PRAMS Report

## 2009 Births

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*December 2010*

The Maryland PRAMS Report  
is also available at  
[www.marylandprams.org](http://www.marylandprams.org)

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## **TABLE OF CONTENTS**

<b>Introduction</b> .....	v
<b>Methodology</b> .....	v
Sampling and Data Collection	v
Survey Response and Data Analysis	vi
<b>Acknowledgments</b> .....	vi
<b>Maryland PRAMS Steering Committee</b> .....	1
<b>Maryland PRAMS Highlights 2009</b> .....	2
<b>Maryland PRAMS 2005, 2006, 2007, 2008, and 2009 Births and Selected Healthy People 2010 Objectives</b> .....	3
<b>Pre-Pregnancy Factors</b> .....	5
Comments from PRAMS Mothers	6
Intendedness of Pregnancy	7
Pregnancy Intent and Birth Control Use	8
Use of Fertility Treatment	9
Multivitamin Use, One Month Pre-Pregnancy	10
BMI, Just Before Pregnancy	11
Health Problems, Three Months Pre-Pregnancy	12
Health Activities, Twelve Months Pre-Pregnancy	13
Topics Discussed During Pre-Pregnancy Health Care Visits	14
Stressors, Twelve Months Pre-Delivery	15
Teeth Cleaning, Year(s) Pre-Delivery	16
<b>Prenatal and Delivery Factors</b> .....	17
Comments from PRAMS Mothers	18
Trimester Prenatal Care Began	19
Reasons for Late Prenatal Care	20
Topics Discussed during Prenatal Care Visits	21
Medical Complications during Pregnancy	22
HIV Testing during Pregnancy	23
Flu Vaccination	24
Cesarean section	25

<b>Health Care Coverage and WIC Participation.....</b>	<b>27</b>
Comments from PRAMS Mothers	28
Health Insurance Just Before Pregnancy	29
Source of Payment for Prenatal Care	30
WIC Participation during Pregnancy	31
Source of Payment for Delivery	32
<b>Selected Risk Factors: Cigarette Smoking, Alcohol Consumption and Partner Abuse.....</b>	<b>33</b>
Comments from PRAMS Mothers	34
Smoking during the Three Months before Pregnancy	35
Smoking during the Last Three Months of Pregnancy	36
Smoking After Pregnancy	37
Alcohol Use during the Three Months before Pregnancy	38
Alcohol Use during the Last Three Months of Pregnancy	39
Alcohol Binges during the Three Months before Pregnancy	40
Alcohol Binges during the Last Three Months of Pregnancy	41
Physical Abuse by Husband or Partner, Twelve Months before Pregnancy	42
Physical Abuse by Husband or Partner during Pregnancy	43
<b>Postpartum Factors: Maternal and Infant Health.....</b>	<b>45</b>
Comments from PRAMS Mothers	46
Neonatal Intensive Care Unit Admission	47
Length of Hospital Stay for Newborn	47
Reasons for Not Using Postpartum Birth Control	48
Breastfeeding Length of Time	49
Infant Sleep Position	50
Co-sleeping	51
Postpartum Depression Diagnosed	52
<b>Maryland PRAMS Phase 6 Questionnaire.....</b>	<b>53</b>
Comments from PRAMS Mothers	54
Survey	55

## **INTRODUCTION**

This report highlights data from births occurring in-state to Maryland residents in 2009 collected through the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a surveillance system established by the Centers for Disease Control and Prevention (CDC) in 1987 to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes. Data are collected by surveying women who have recently delivered live born infants.

PRAMS projects are conducted through cooperative agreements between the CDC and state health departments. PRAMS projects are currently underway in 37 states, New York City and South Dakota (Yankton Sioux Tribe). All surveys include a core set of questions, which allows for multi-state analyses. In addition, each state can add questions tailored to meet its needs. The core section of the survey includes questions relating to prenatal care, obstetric history, smoking, alcohol use, physical abuse, contraception, health care coverage, maternal stress, and infant health. The Maryland-specific questions of the survey were chosen from a CDC-approved questions list. Topics include pre-pregnancy care, assisted reproduction, cesarean section, depression, oral health, chronic disease, physical activity, and flu vaccination.

The PRAMS project in Maryland is a collaborative effort of the Center for Maternal and Child Health (CMCH), the Vital Statistics Administration (VSA) of the Maryland Department of Health and Mental Hygiene, and the CDC. Maryland began collecting PRAMS data from mothers who delivered in 2000.

## **METHODOLOGY**

### **Sampling and Data Collection**

Women eligible to participate in PRAMS are selected from Maryland's live birth certificate files. Each month, a stratified, random sample of approximately 200 live births is selected. The sample is stratified by maternal age (<35 years, ≥35 years) and infant birth weight (<2500 grams, ≥2500 grams). This sampling frame over-samples mothers who have delivered a low birth weight infant (<2500 grams) as well as mothers who are 35 years of age or older.

PRAMS combines two modes of data collection, a survey conducted by mailed questionnaire with multiple follow-up attempts, and if mail is not successful, a survey conducted by telephone interview. Survey questionnaires and other materials are available in both English and Spanish.

The first mailing, which is done two to four months after delivery, is a letter that introduces PRAMS to the mother and informs her that a questionnaire will soon arrive. Within seven days of this letter, the questionnaire packet is mailed. This packet includes the 73-item survey with additional flu supplement questions, informed consent page, PRAMS brochure, calendar, and resource brochure. In addition, a pocket calendar is sent as an incentive for completing the survey. As an added attempt to increase response rates, entry into a random

monthly drawing for a \$100 Target gift card reward is available to those mothers who completed the survey by mail. Seven to 10 days after the initial packet is mailed, a tickler that serves as a thank you and reminder note is sent. Mothers who do not respond to the tickler within seven to 14 days are mailed a second questionnaire packet. A third questionnaire packet is mailed to all remaining nonrespondents seven to 14 days later. Telephone follow-up is initiated for all non-respondents and interviews by phone are for survey completion..

Data collected through PRAMS are linked to birth certificate data, which allows for the survey data to be weighted to reflect the total birth population. Sampling, nonresponse and noncoverage adjustment factors are applied to the data in order to make the results generalizable to Maryland women delivering live born infants in the state during the study period. Further information on PRAMS methodology, including weighting procedures, may be found on the CDC website at <http://www.cdc.gov/reproductivehealth/methodology.htm>.

### **Survey Response and Data Analysis**

Starting with 2007 births, the CDC recommends that states obtain a response rate of at least 65% for the analysis and dissemination of PRAMS data. For births occurring prior to 2007, the recommended response rate for data analysis was 70%. The weighted response rate among women delivering in Maryland between January 1, 2009 and December 31, 2009 was 69.3%. During this period, 1,583 mothers completed the PRAMS questionnaire with a weighted response reflecting 67,669 mothers. The weighted figure included 31,075 births to white non-Hispanic women and 22,066 births to black non-Hispanic women. Survey findings in this report are shown by race/Hispanic origin (White Non-Hispanic, Black Non-Hispanic, Asian and Hispanic), maternal age and maternal years of education.

### **ACKNOWLEDGMENTS**

The Maryland PRAMS Project would like to acknowledge the CDC PRAMS Team for their technical assistance and support, especially Denise D'Angelo, M.P.H. our project manager who has expertly guided and assisted our program. Additionally, our thanks go to the Maryland PRAMS Steering Committee for their invaluable input to many aspects of our project.

Most importantly, we very much appreciate all the 1,583 mothers who took the time to complete the questionnaires that are represented in this report. Their answers will contribute greatly towards our continuing efforts to improve the health of Maryland mothers and babies.

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(December 2010)

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# Maryland PRAMS Highlights--2009

## Preconception factors

- Forty-five percent of live births were **unintended**.
- Eleven percent of women reported using **Medicaid** just before pregnancy and 21% were uninsured.
- According to their body mass index (BMI) just before pregnancy, 21% of mothers were **overweight** and 22% were **obese**.
- Thirty-two percent of women reported taking a **multivitamin daily** in the month before conception.
- Six percent of mothers used **fertility treatments** to help conceive.
- Within the year before pregnancy, 49% of women had not had a **dental cleaning**.
- Thirty-two percent of mothers reported they had a **preconception health visit** to discuss how to prepare for a healthy pregnancy.

## Prenatal and delivery factors

- Seventy-nine percent of mothers began **prenatal care during the first trimester** of pregnancy, and <1% received no care.
- Forty-three percent of women participated in the **WIC** program during pregnancy.
- Sixty-five percent of mothers reported one or more **medical complications** during pregnancy. Severe nausea and vaginal bleeding were the most common complications.
- Seventy-seven percent of mothers reported that **HIV testing** was discussed during prenatal care visits; 73% got an HIV test. Ten percent of mothers did not know if they were tested.
- Thirty percent of women were vaccinated for **seasonal flu**, 8% for **H1N1** and 30% for both.

- Three percent of mothers reported being **physically abused** by a current husband or partner during pregnancy.
- Nine percent of women **smoked** during the last three months of pregnancy. Ten percent of women reported consuming **alcohol** and 2% of women reported **binge-drinking** during the last three months of pregnancy.
- The delivery method for 34% of mothers was by **cesarean section**.
- Thirty-two percent of women reported that **Medicaid** paid for their delivery; 2% was uninsured.

## Infant health and related factors

- Fourteen percent of newborns were admitted to a **neonatal intensive care unit**.
- Fifty-six percent of newborns were **discharged from the hospital** within two days of delivery, and 8% remained in the hospital for 6 or more days.
- Eighty-four percent of infants were **breastfed** after delivery, and 61% were breastfed eight weeks or longer.
- In terms of **infant sleep**, 74% of infants were usually placed on their backs to sleep; 12% always slept with someone else in the same bed.

## Maternal postpartum factors

- Sixteen percent of mothers reported they were not using **postpartum contraception**.
- Thirteen percent of mothers **smoked postpartum**.
- Seven percent of mothers reported that a health care worker had told them they had **postpartum depression**.

**MARYLAND PRAMS 2005-2009 BIRTHS  
AND SELECTED HEALTHY PEOPLE 2010 OBJECTIVES**

<b>Healthy People 2010 Objective</b>	<b>Maryland PRAMS 2005 Births</b>	<b>Maryland PRAMS 2006 Births</b>	<b>Maryland PRAMS 2007 Births</b>	<b>Maryland PRAMS 2008 Births</b>	<b>Maryland PRAMS 2009 Births</b>	<b>Healthy People 2010 Target</b>
<b>Preconception Factors</b>						
Increase the proportion of pregnancies that are intended.*	57%	60%	57%	58%	55%	70%
Increase the proportion of pregnancies begun with the consumption of at least 400 <i>ug</i> of folic acid each day from fortified foods or dietary supplements by non-pregnant women aged 15-44 years.	29%	32%	30%	30%	32%	80%
<b>Prenatal Health</b>						
Increase the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.**	76%	74%	76%	78%	79%	90%
Reduce cigarette smoking among pregnant women.	10%	8%	9%	11%	9%	2%
Increase abstinence from alcohol by pregnant women.	94%	93%	93%	91%	90%	94%
Increase abstinence from binge drinking by pregnant women.	<100%	<100%	<100%	99%	98%	100%
<b>Postpartum Maternal and Infant Health</b>						
Increase the percentage of healthy full-term infants who are put down to sleep on their backs.	65%	69%	71%	69%	74%	70%
Increase the proportion of mothers who breastfeed their babies in the early postpartum period.	75%	81%	79%	81%	84%	75%

*\*PRAMS data includes only information on pregnancies that end in live birth*

*\*\*First trimester defined by PRAMS as <13weeks*



# Pre-Pregnancy Factors



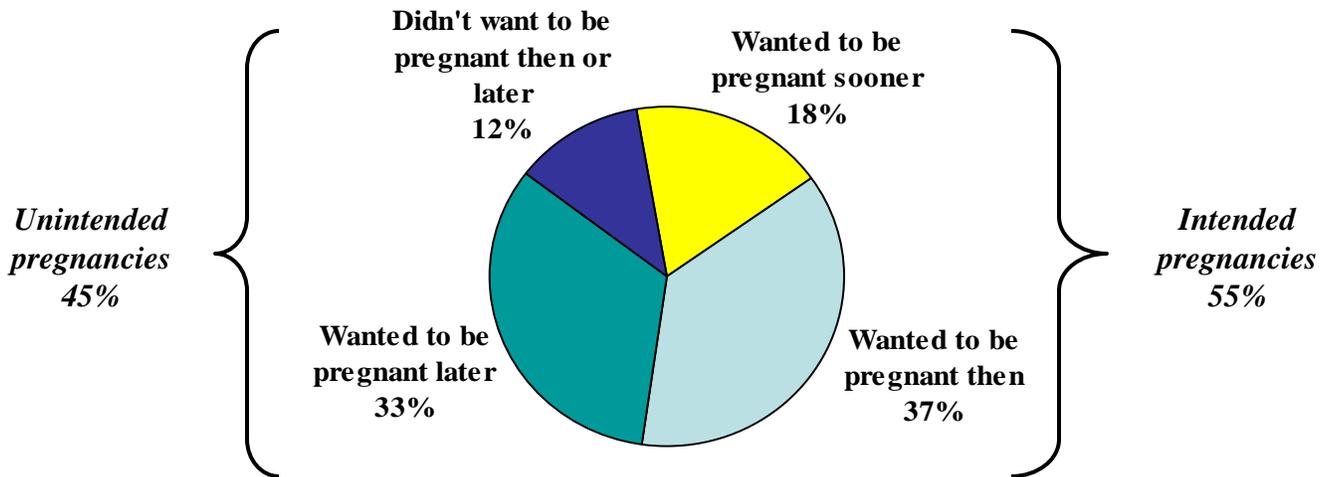
*“We had a 6 month old at the time and I just didn’t think we’d get pregnant as fast as we did since it took almost a year with our first child.”*

PRAMS mother

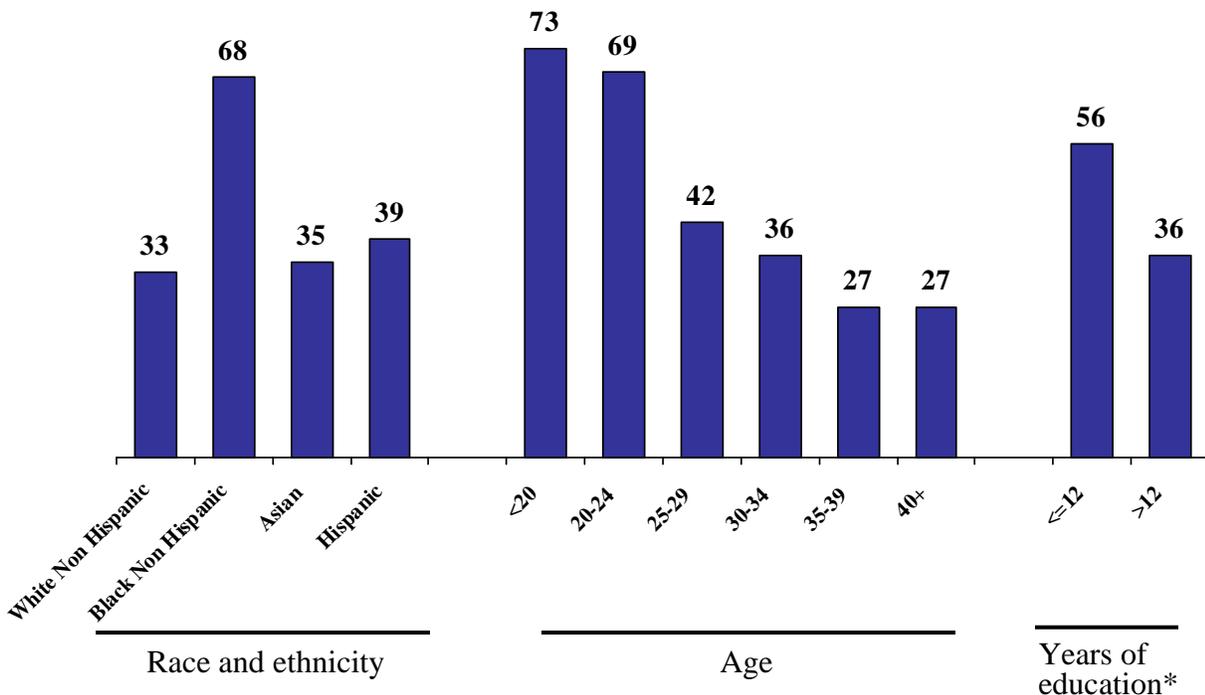
# INTENDEDNESS OF PREGNANCY

Question 15: Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?

## Distribution of Mothers by Intendedness of Pregnancy



## Percentage of Mothers With Unintended Pregnancies



\*Includes only mothers ages 20 and above.

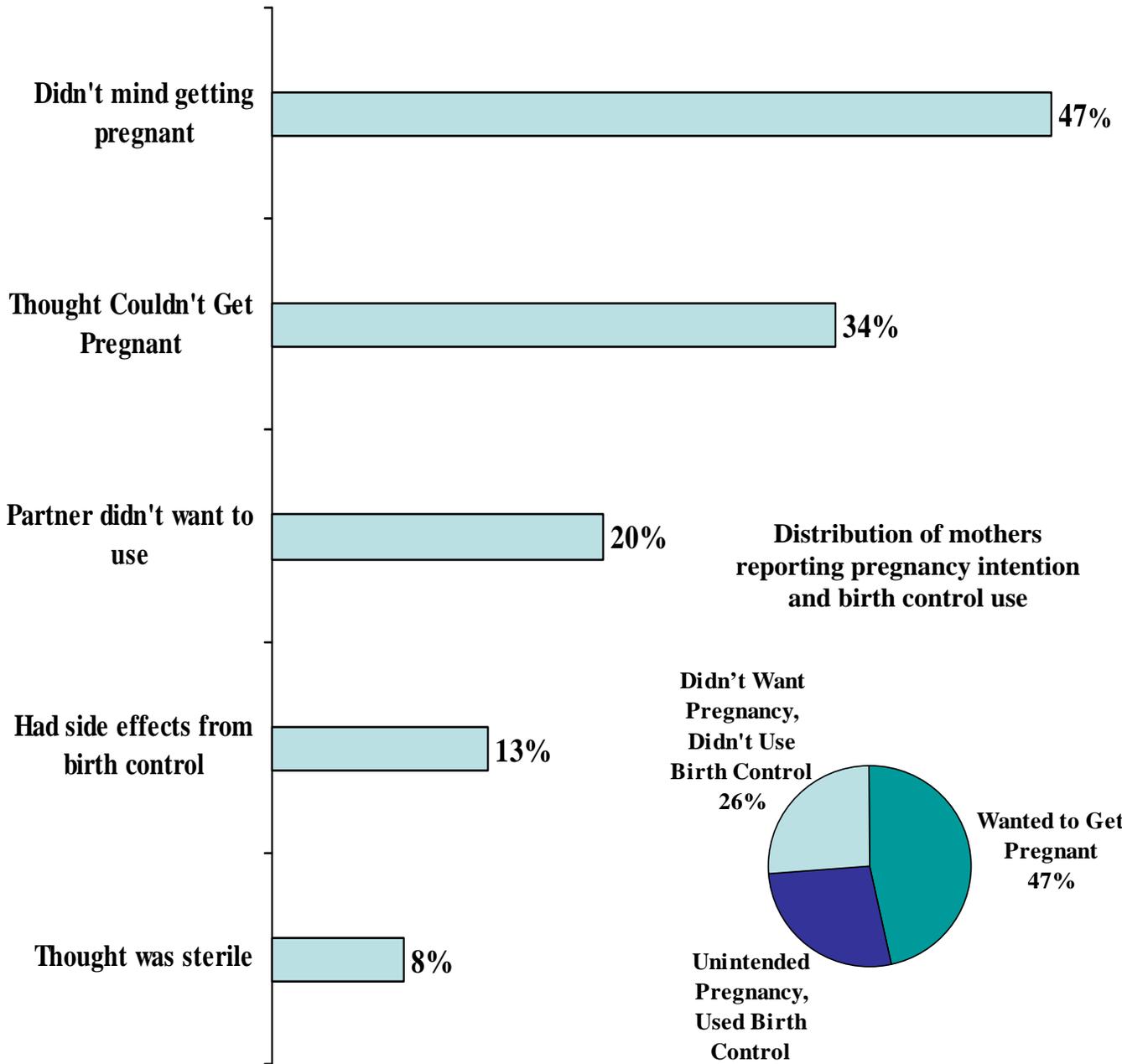
# PREGNANCY INTENTION AND BIRTH CONTROL USE

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

Question 17: When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

Question 18: What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

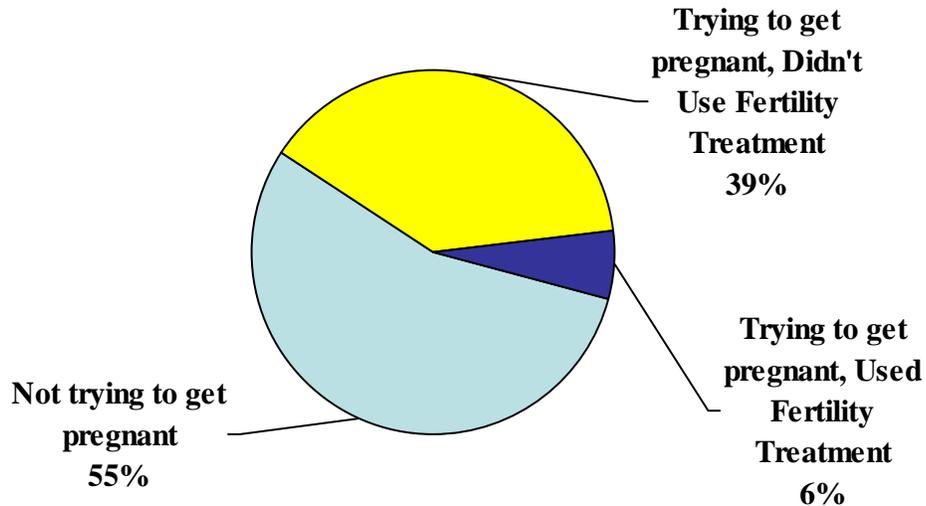
## Mothers Reporting Reasons for Not Using Birth Control



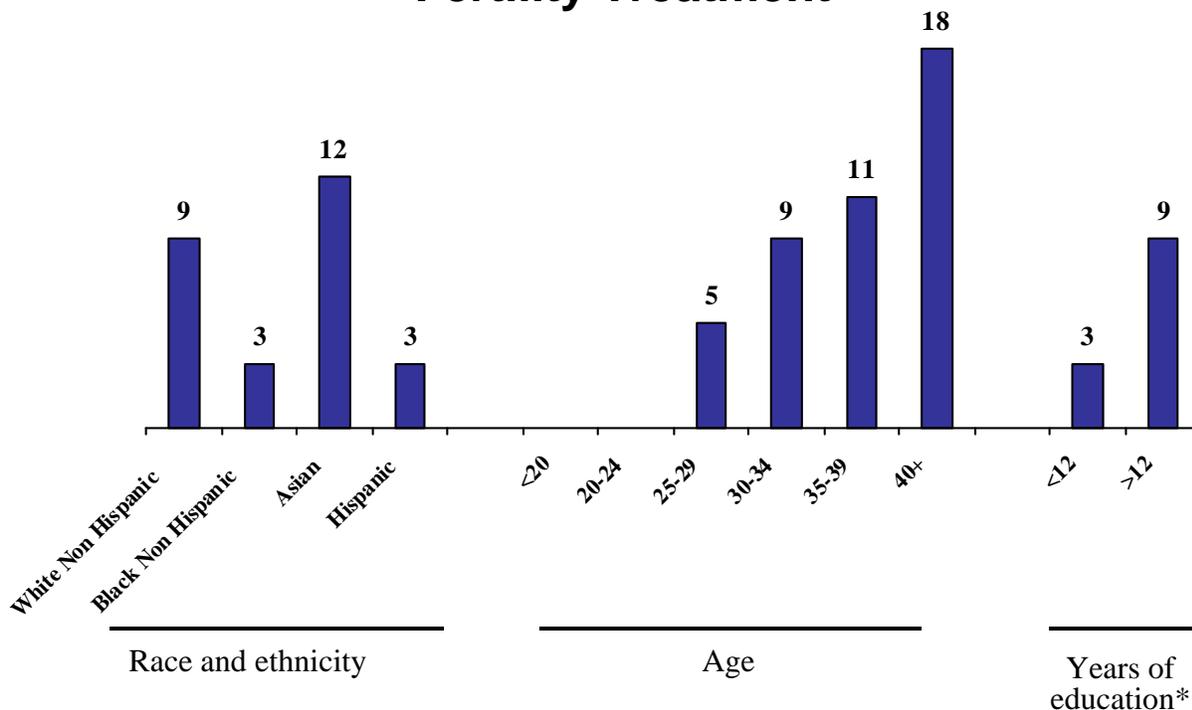
# FERTILITY TREATMENT

Question 19: Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

## Distribution of Mothers Who Were Attempting to Become Pregnant by Use of Fertility Treatment



## Percentage of Mothers Who Reported Using Fertility Treatment



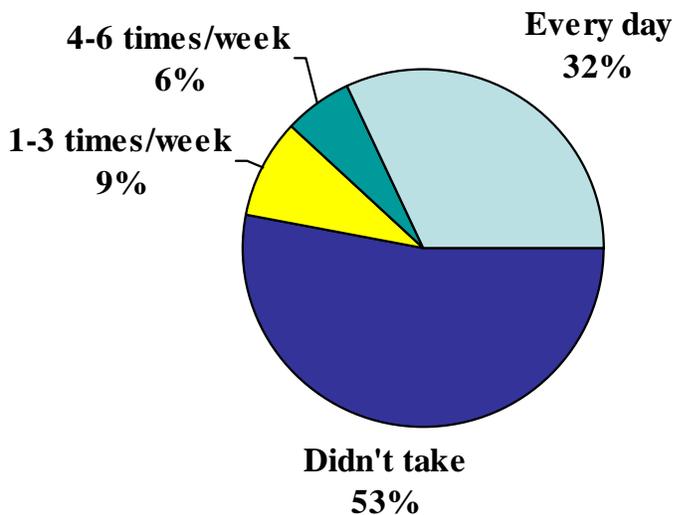
\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.

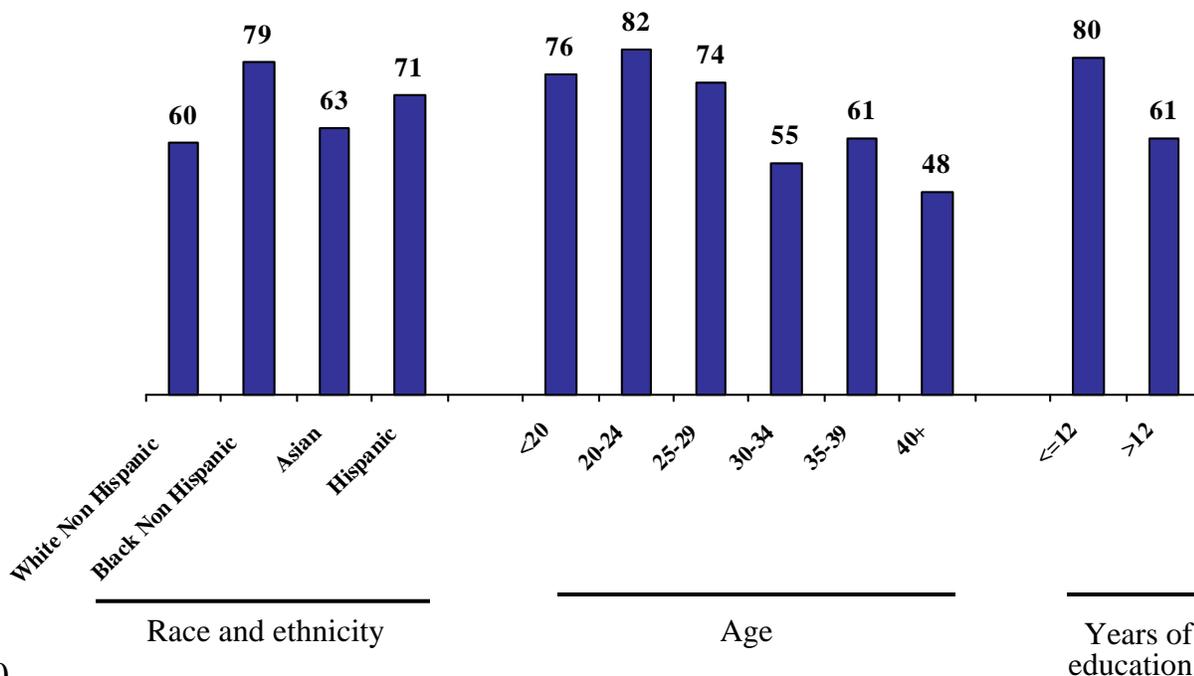
# MULTIVITAMIN USE

Question 3: 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?

## Distribution of Mothers by Frequency of Multivitamin Use in the Month Before Pregnancy



## Percentage of Mothers Who Reported Less Than Daily Multivitamin Use in the Month Before Pregnancy

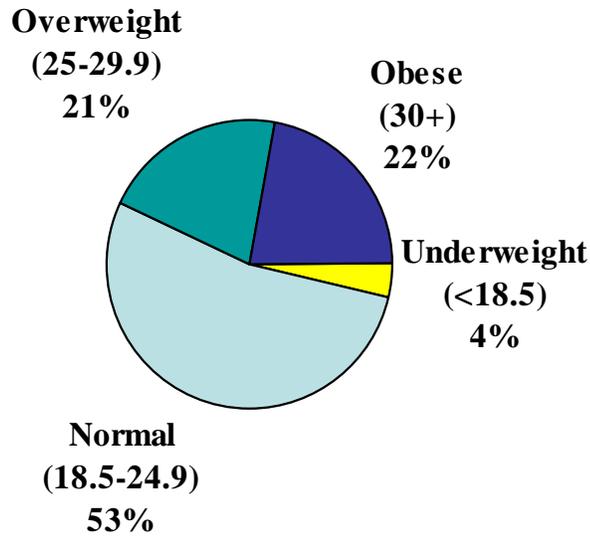


\*Includes only mothers ages 20 and above.

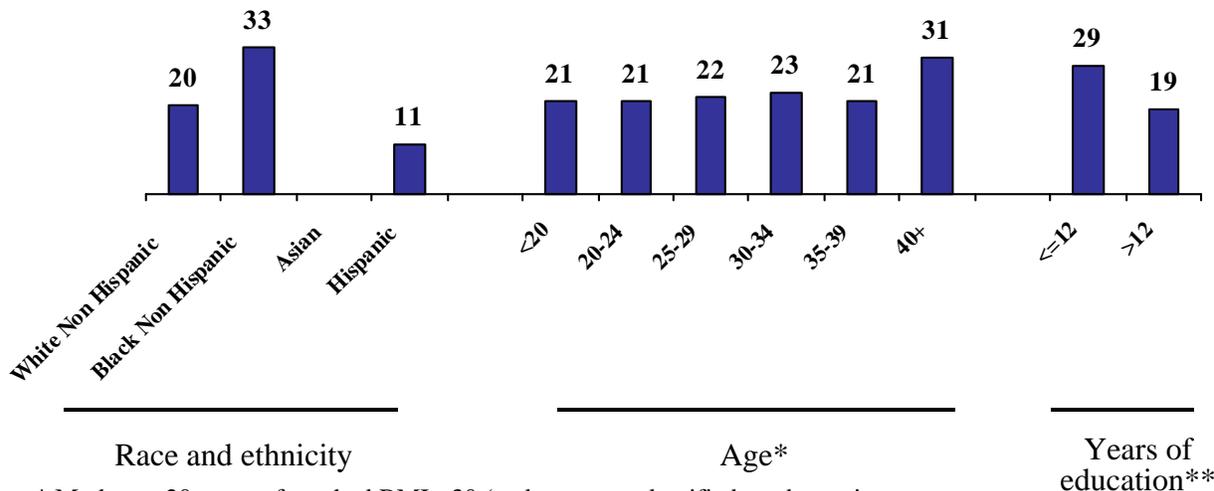
# PRE-PREGNANCY BMI

Question 5: *Just before* you got pregnant with your new baby, how much did you weigh?  
 Question 6: How tall are you without shoes?

## Distribution of Mothers by BMI Status Before Pregnancy



## Percentage of Mothers Who Were Classified as Obese Before Pregnancy



\* Mothers <20 years of age had BMI >30 (and were not classified as obese via childhood growth charts)

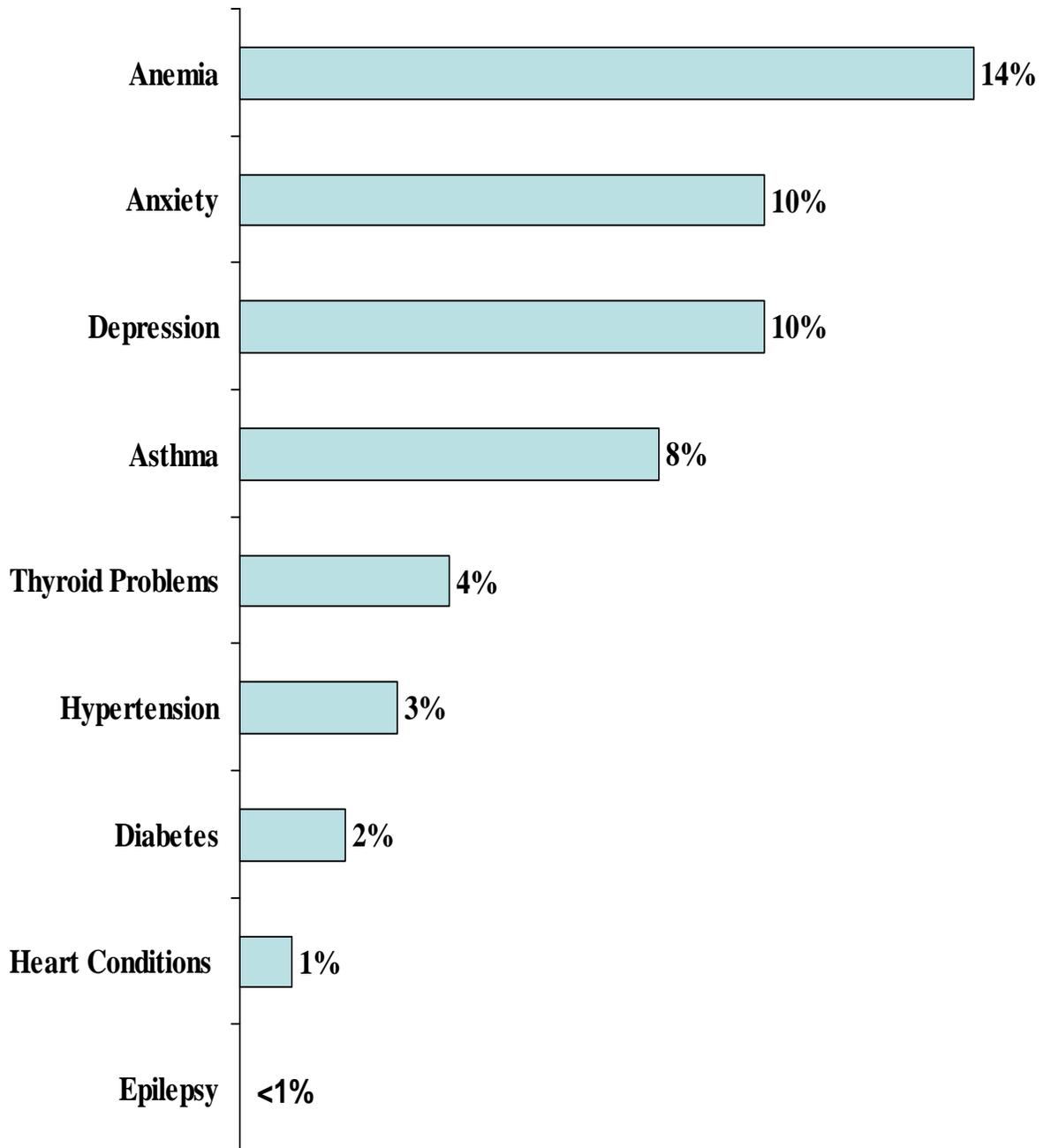
\*\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.

# PRE-PREGNANCY HEALTH PROBLEMS

Question 11: During the *3 months before* you got pregnant with your new baby, did you have any of the following health problems?

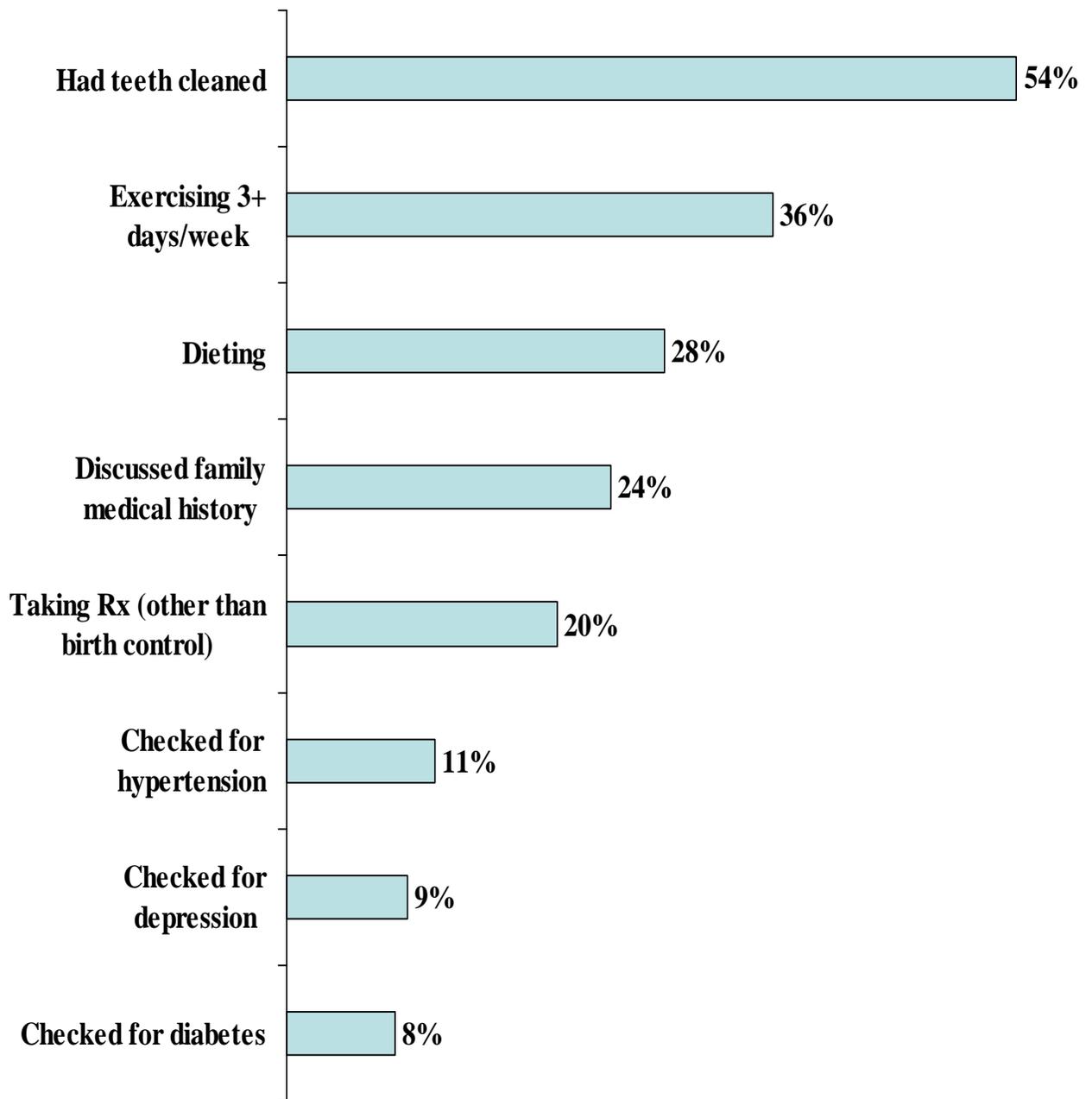
## Mothers Reporting Health Problems During the Three Months Prior to Pregnancy



# PRE-PREGNANCY ACTIVITIES

Question 1: At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things?

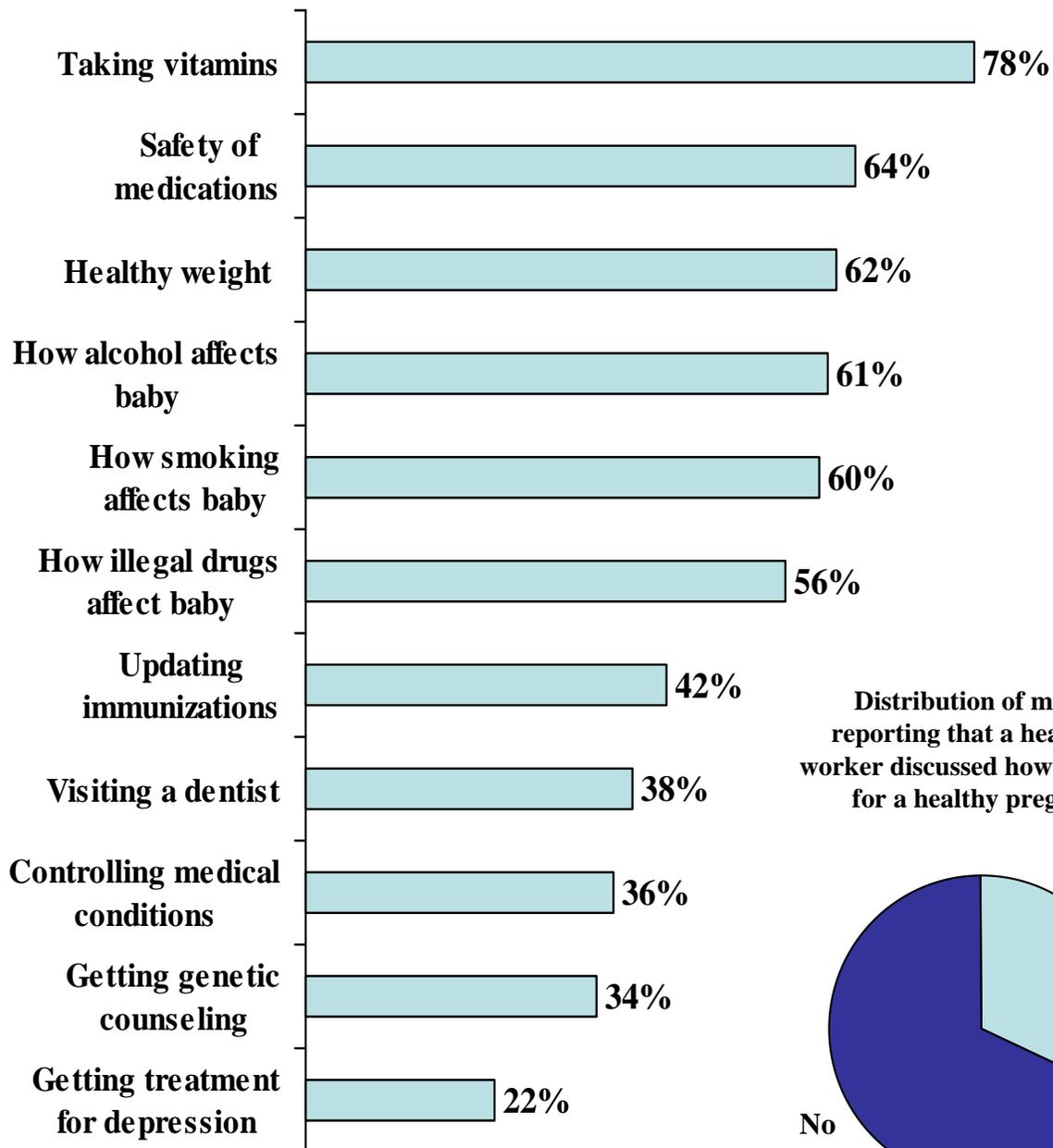
## Mothers Reporting Activities During the Twelve Months Prior to Pregnancy



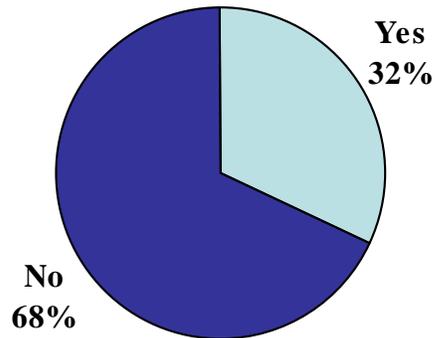
# TOPICS DISCUSSED DURING PRE-PREGNANCY HEALTHCARE VISITS

Question 8: *Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?*

## Mothers Reporting Topics Discussed During Pre-Pregnancy Visits



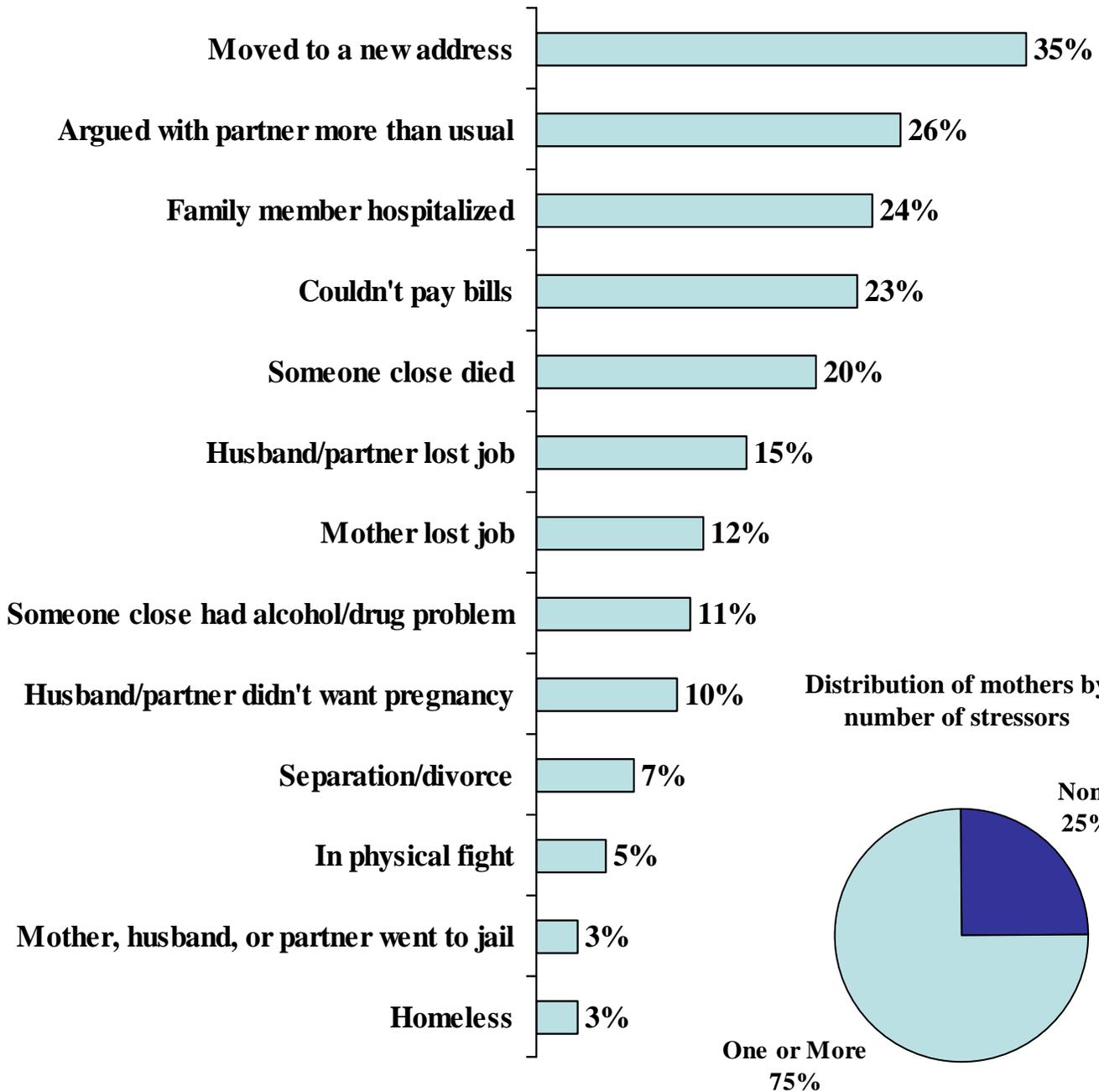
Distribution of mothers reporting that a health care worker discussed how to prepare for a healthy pregnancy



# STRESS

Question 40: This question is about things that may have happened during the 12 months before your new baby was born.  
For each item, circle YES if it happened to you or NO if it did not.

## Mothers Reporting Stress by Type of Event

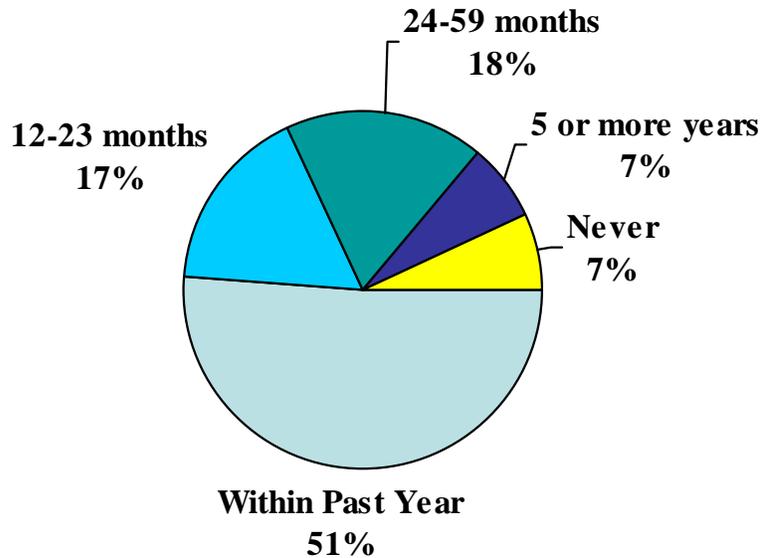


# TEETH CLEANING

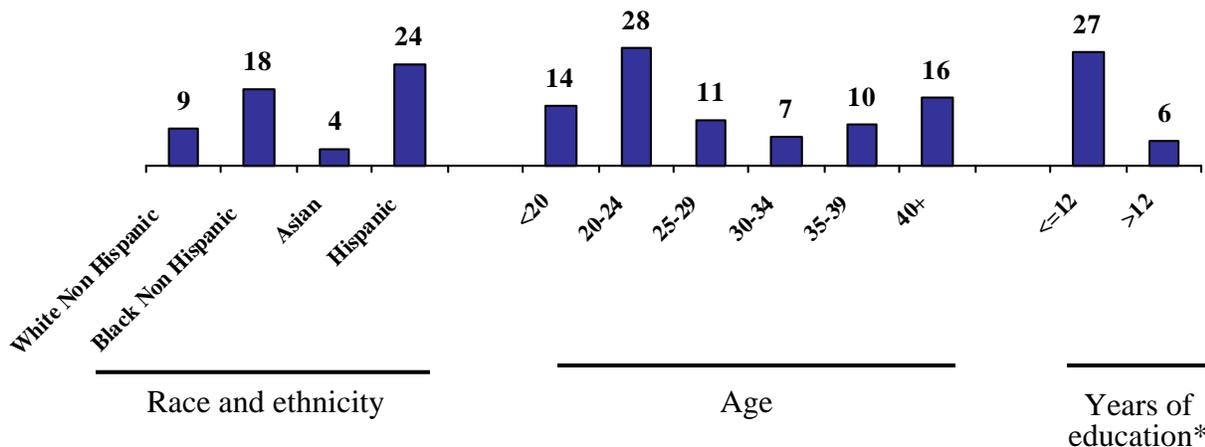
Question 69: Have you ever had your teeth cleaned by a dentist or dental hygienist?

Question 70: How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?

## Distribution of Mothers by Time Since Last Teeth Cleaning



## Percentage of Mothers Who Reported Having Had their Teeth Cleaned More than 5 Years Ago or Never



# Prenatal Factors



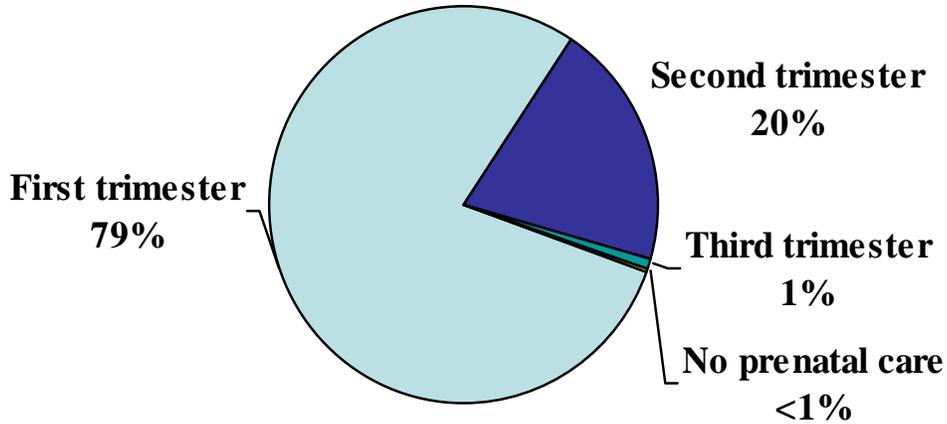
*“Prenatal care is vital to the success of a healthy pregnancy and delivery. I was pregnant with a set of identical twins who shared a placenta. Without the prenatal care I had, they would not have survived.”*

PRAMS mother

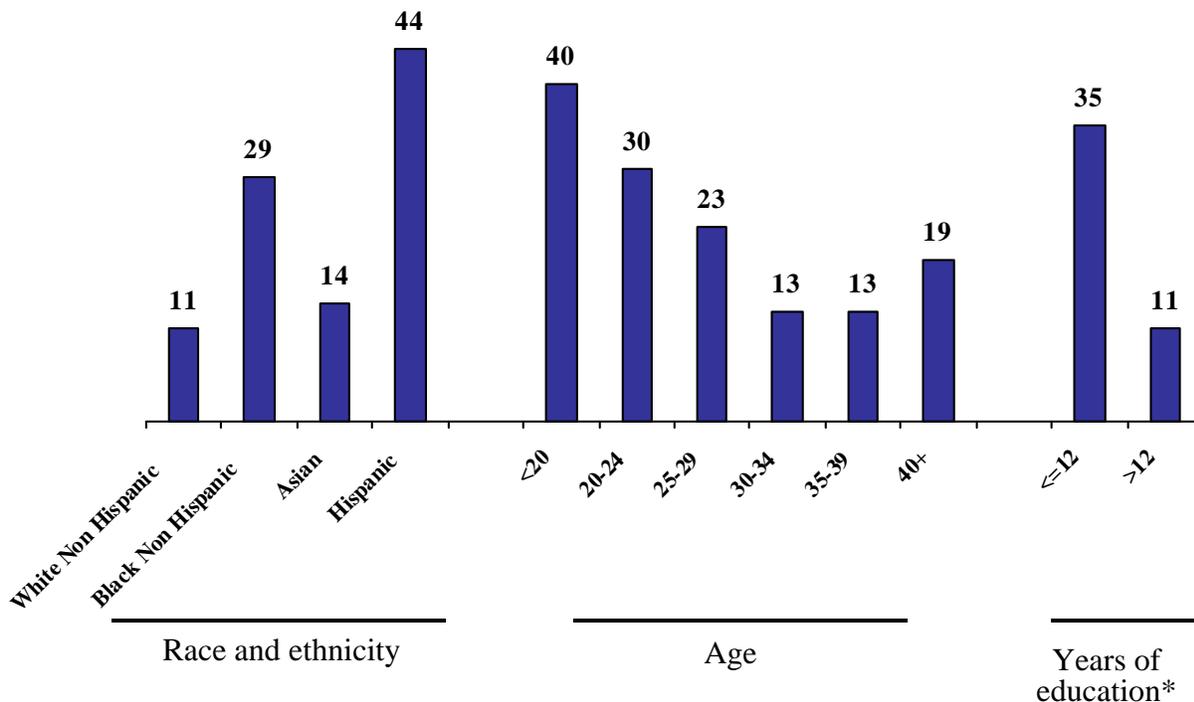
# TRIMESTER PRENATAL CARE BEGAN

Question 22: How many weeks or months pregnant were you when you had your first visit for prenatal care?

## Distribution of Mothers by Trimester Prenatal Care Began



## Percentage of Mothers Who Did Not Begin Prenatal Care During the First Trimester of Pregnancy

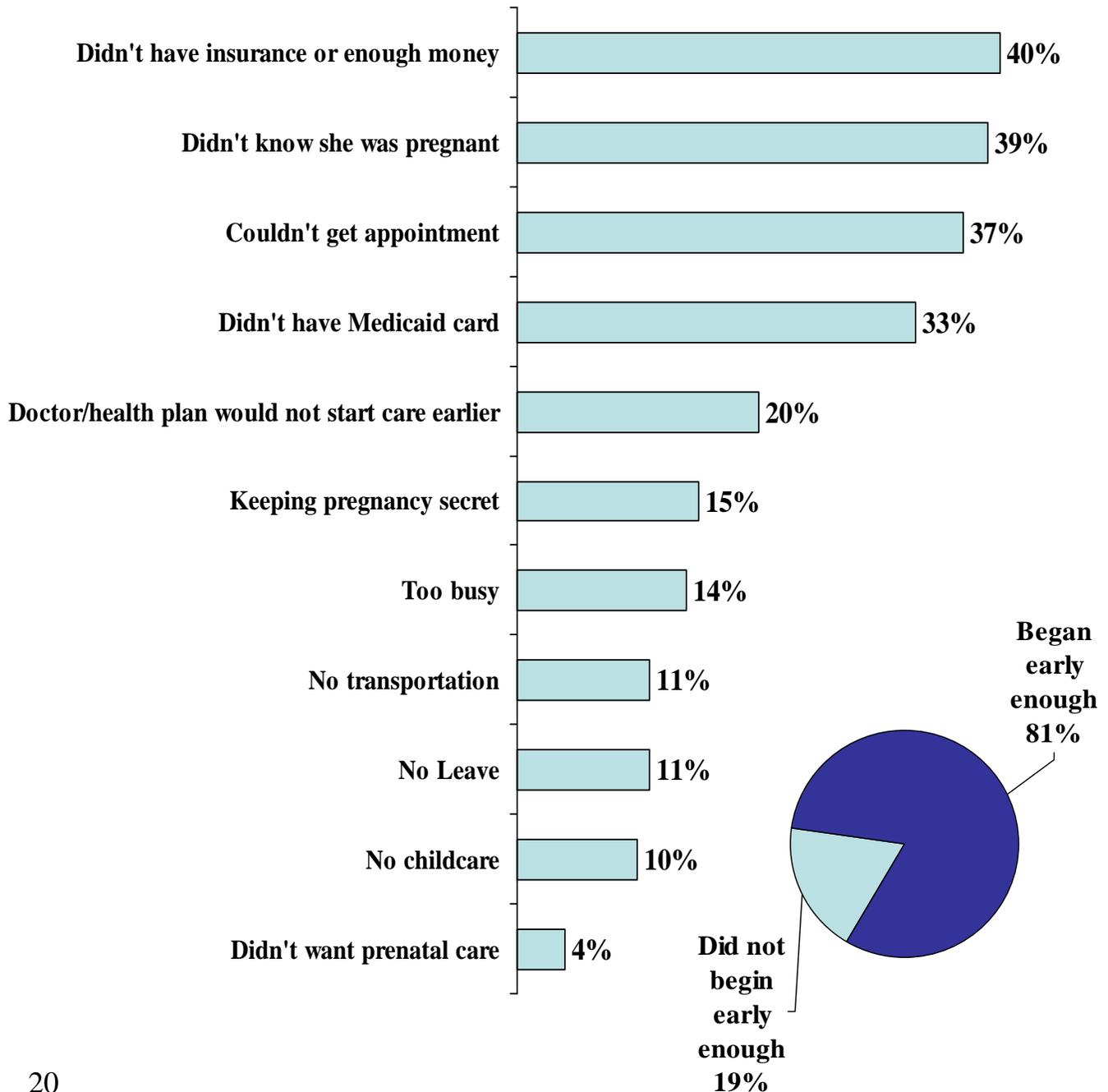


\*Includes only mothers ages 20 and above.

# REASONS FOR LATE PRENATAL CARE

Question 24: Did any of these things keep you from getting prenatal care at all or as early as you wanted?

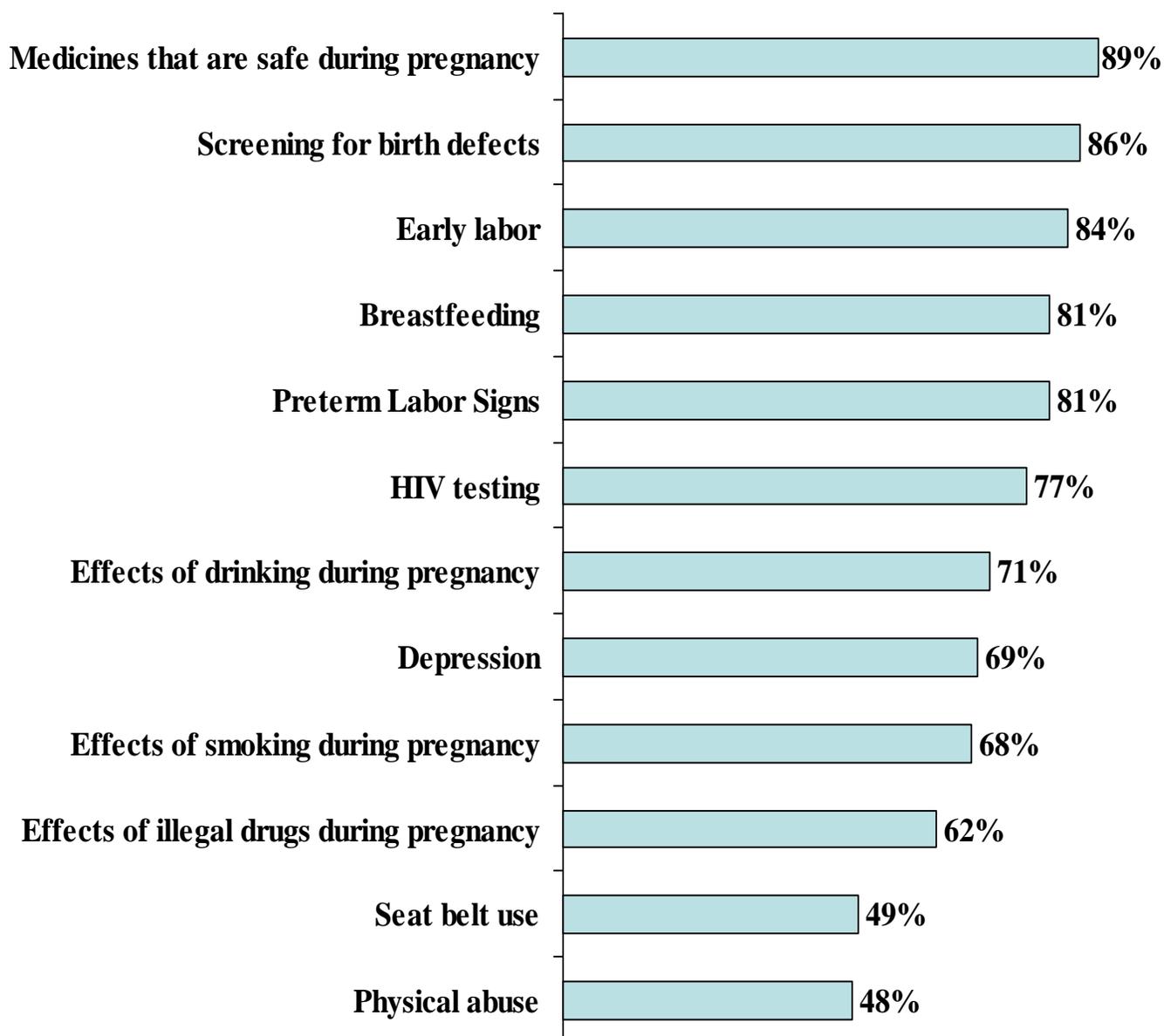
## Reasons Given for Not Beginning Prenatal Care As Early in Pregnancy As Desired



# TOPICS DISCUSSED DURING PRENATAL CARE VISITS

Question 26: *During any of your prenatal care visits, did a doctor, nurse, or other healthcare worker talk with you about any of the things listed below?*  
Please count only discussions, not reading materials or videos.

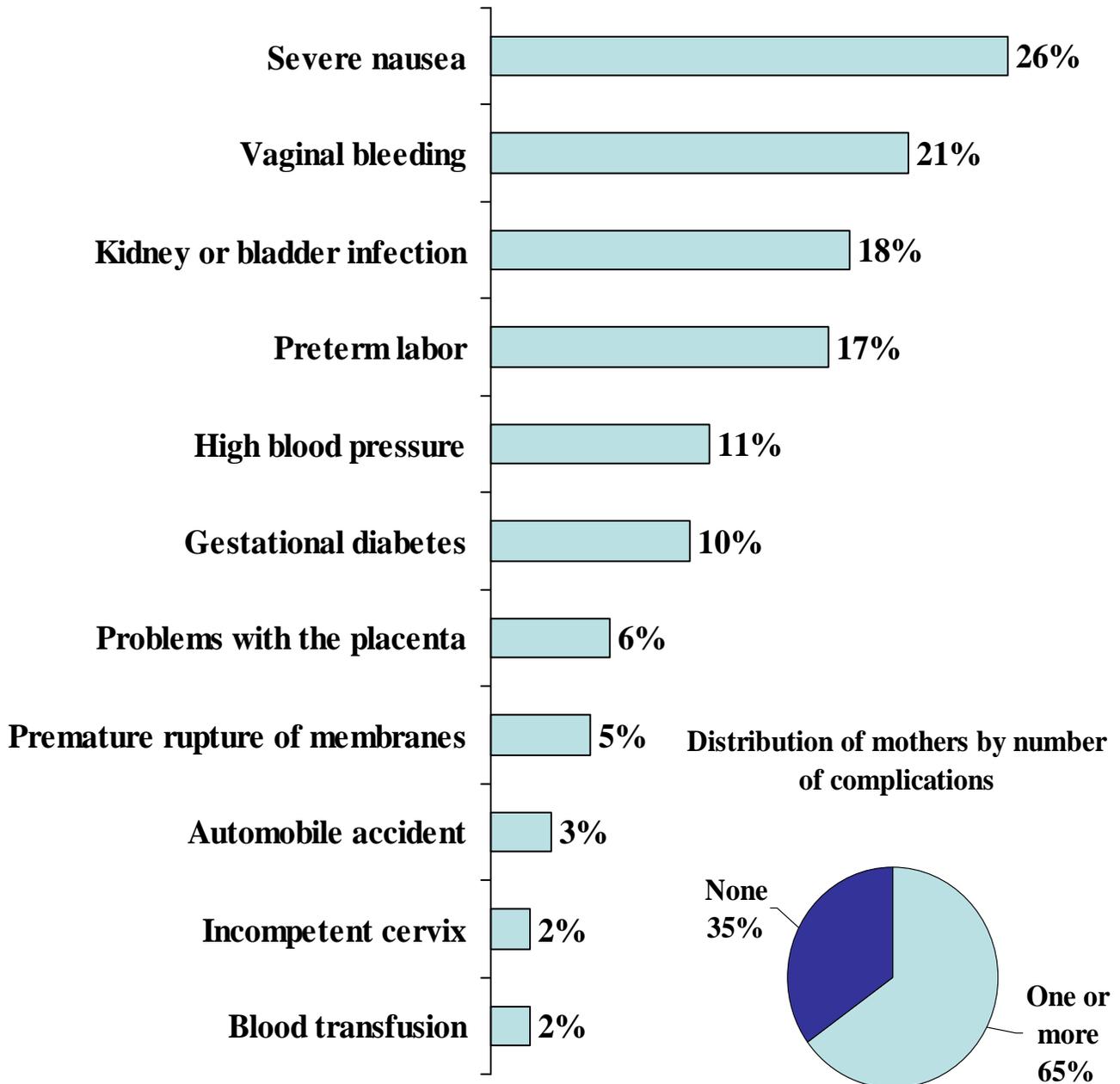
## Mothers Reporting That Selected Topics Were Discussed During Prenatal Care Visits



# COMPLICATIONS DURING PREGNANCY

Question 31: Did you have any of these problems during your most recent pregnancy?  
For each item, circle YES if you had the problem or circle NO if you did not.

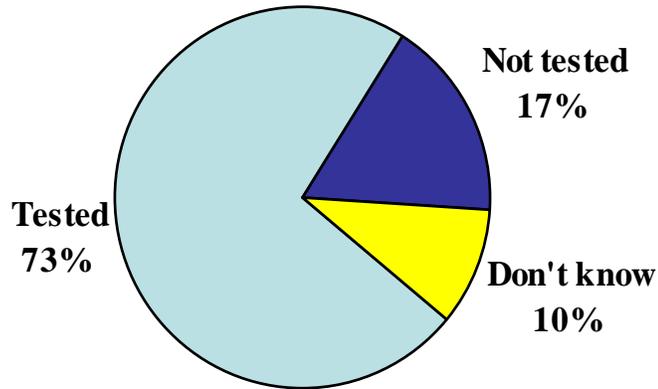
## Mothers Reporting Pregnancy Complications by Type of Complication



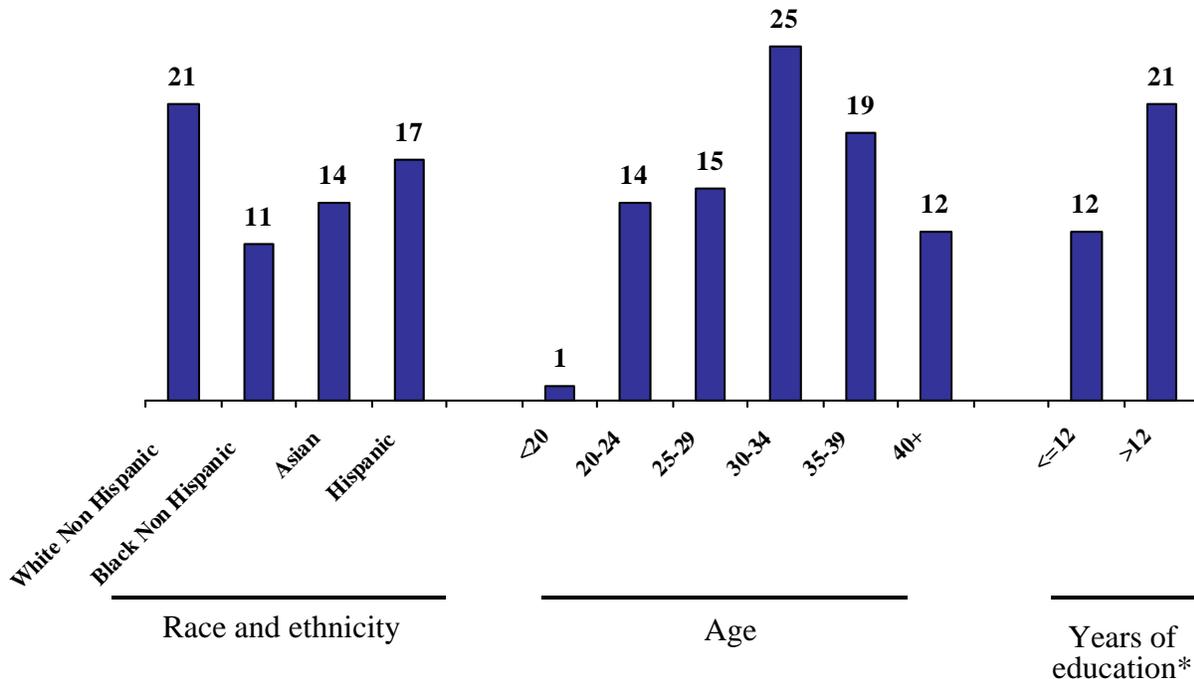
# HIV TESTING

Question 27: At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

## Distribution of Mothers by HIV Testing Status



## Percentage of Mothers Who Reported They Did Not Have an HIV Test During Pregnancy or Delivery

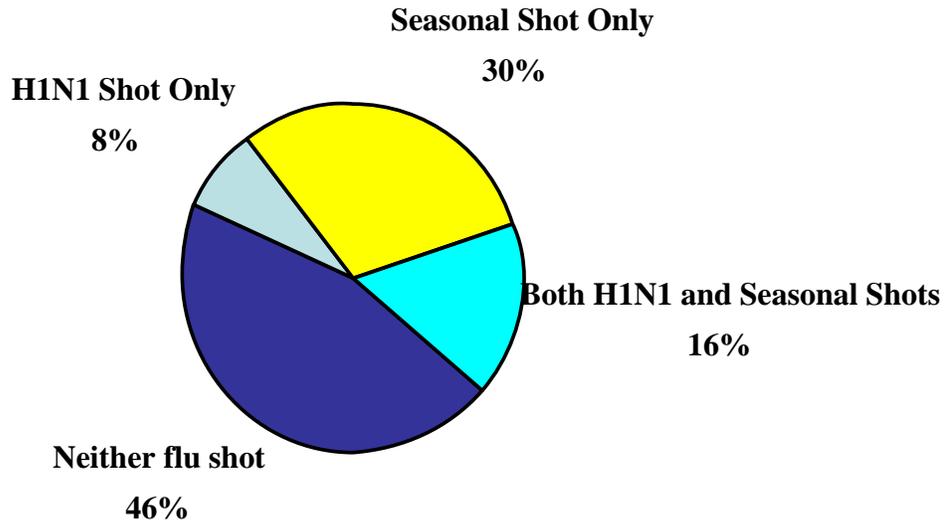


\*Includes only mothers ages 20 and above.

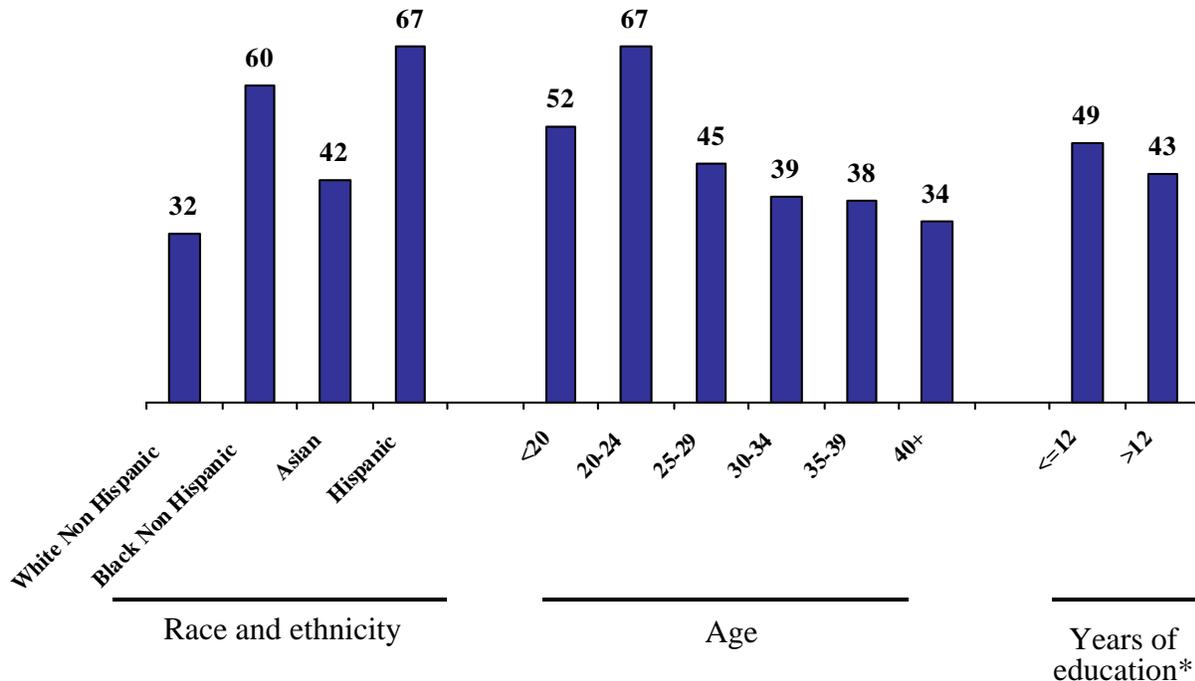
# INFLUENZA IMMUNIZATIONS

Flu Supplement Question 2: Did you get the H1N1 flu shot?  
 Flu Supplement Question 7: Did you get the Seasonal flu shot?

## Distribution of Mothers by Flu Immunization Status



## Percentage of Mothers Who Reported They Did Not Have Any Flu Shots

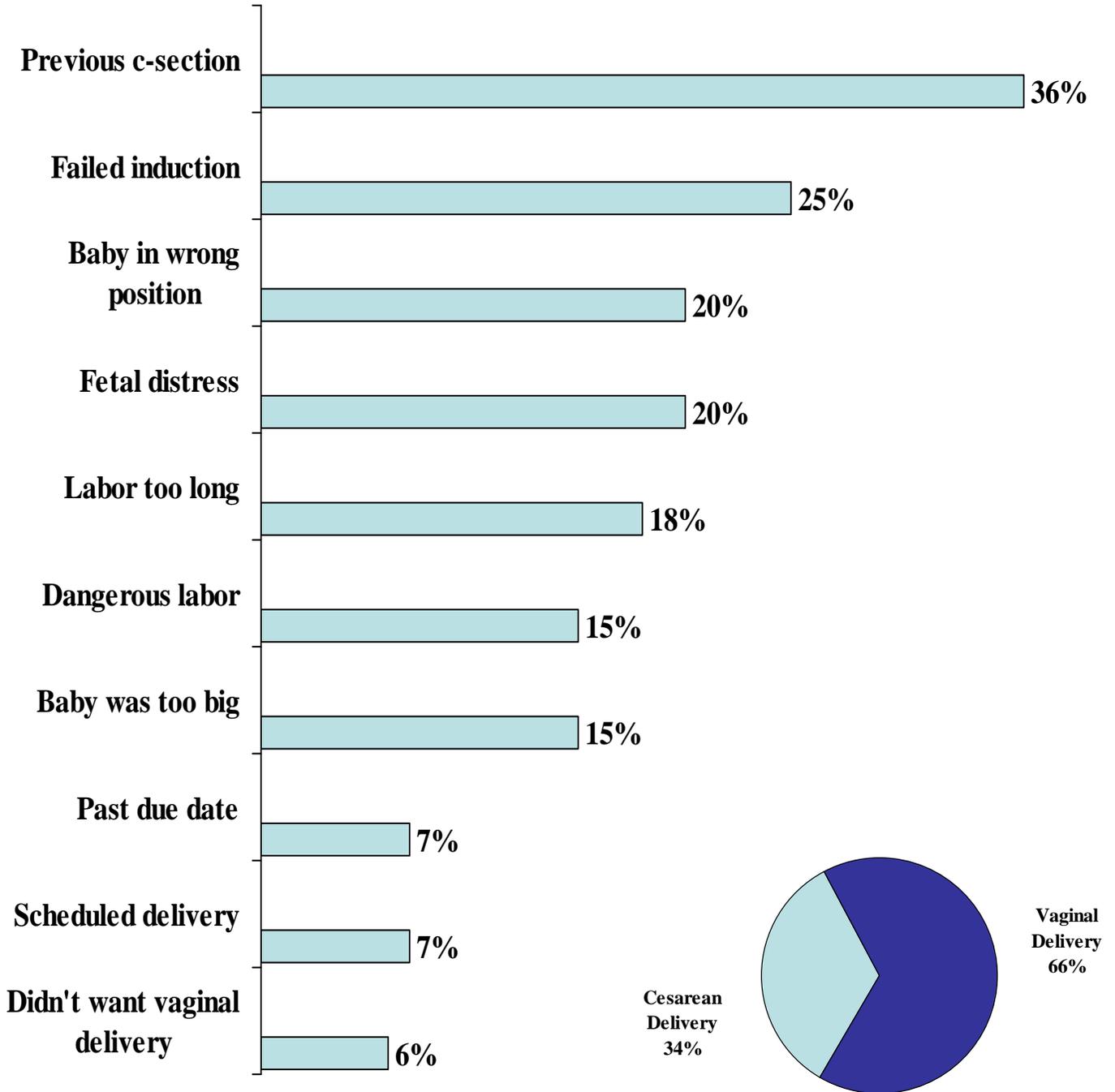


\*Includes only mothers ages 20 and above.

# REASONS FOR CESAREAN DELIVERY

Question 47: What was the reason that your *new* baby was born by cesarean delivery (c-section)?

## Reasons Given for Cesarean Delivery





# Health Care Coverage

and WIC Participation



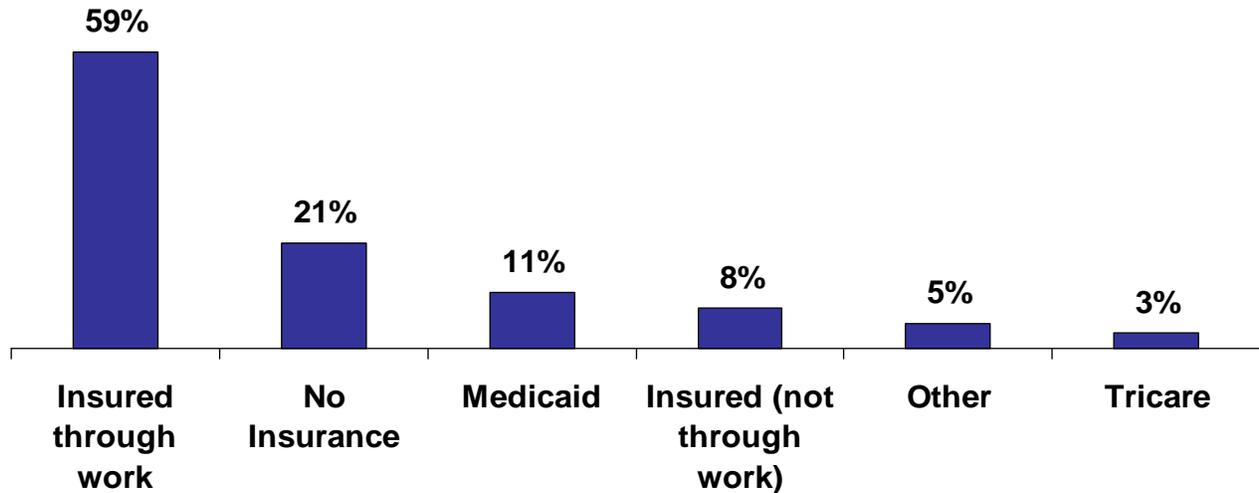
*“I am very fortunate to the programs Maryland offers for pregnant women. I had just started a new job when I found out I was pregnant and I was able to get into MCHP. Without this help, things would have been very hard and I may not have received such adequate care. WIC is also a wonderful program.”*

PRAMS mother

# HEALTH INSURANCE BEFORE PREGNANCY

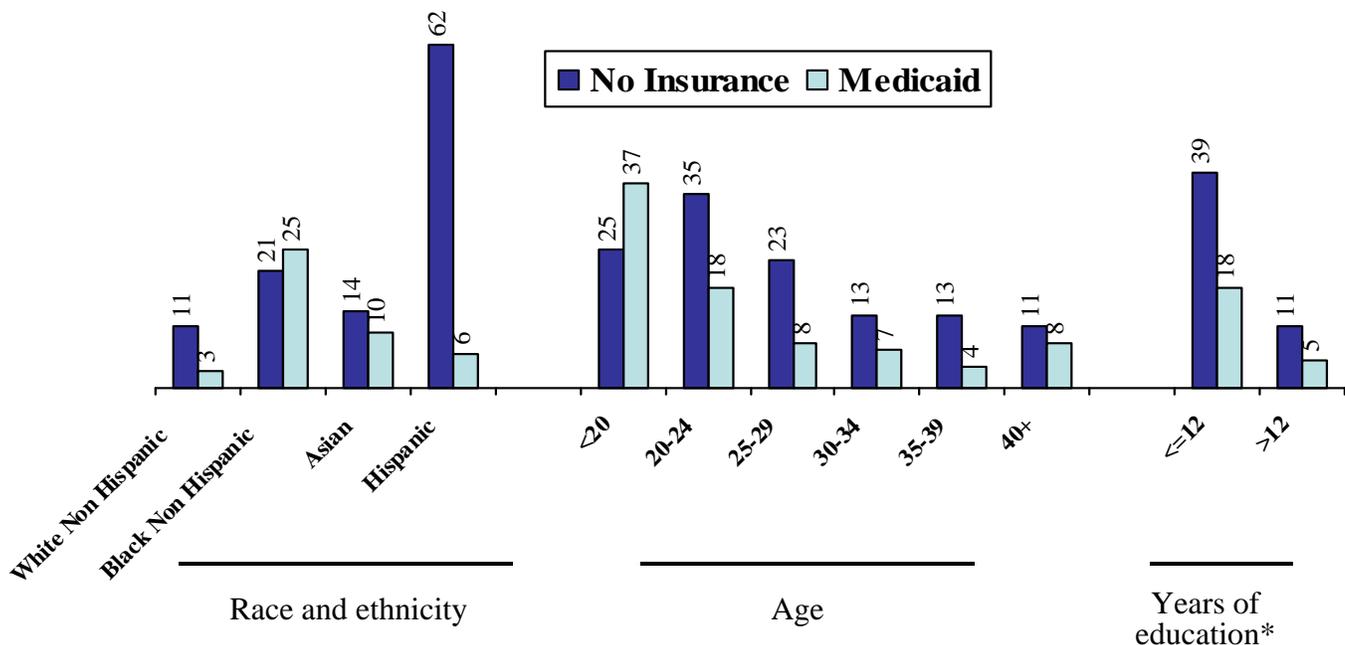
Question 2: During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

## Health Insurance Status Just Before Pregnancy\*\*



\*\* Respondents were instructed to identify all sources of payment, therefore percentages do not sum to 100.

## Percentage of Mothers Who Reported Having Medicaid or No Health Insurance Just Before Pregnancy

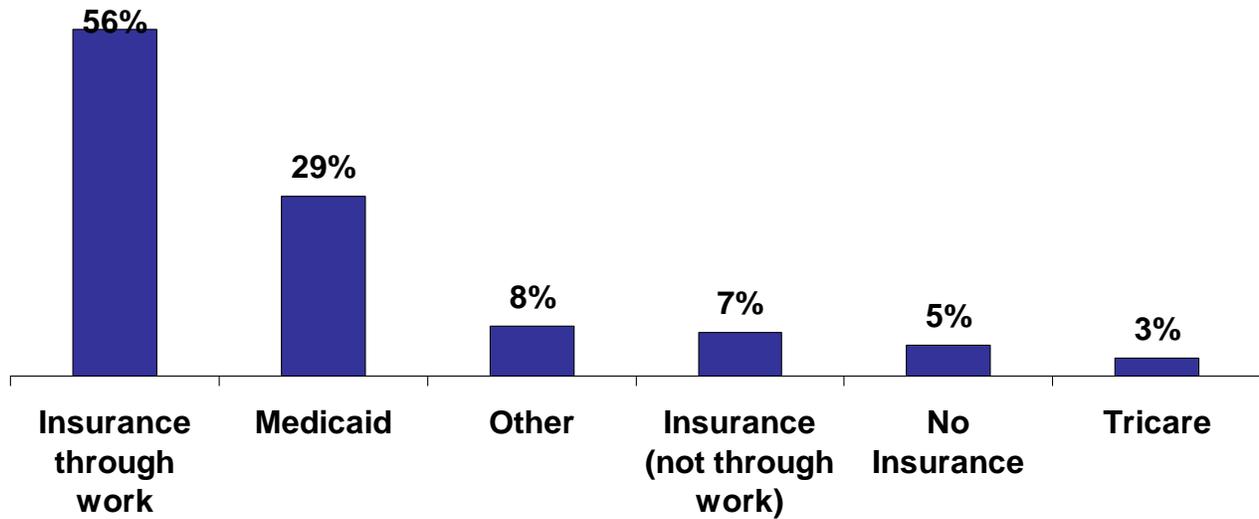


\*Includes only mothers ages 20 and above.

# SOURCE OF PAYMENT FOR PRENATAL CARE

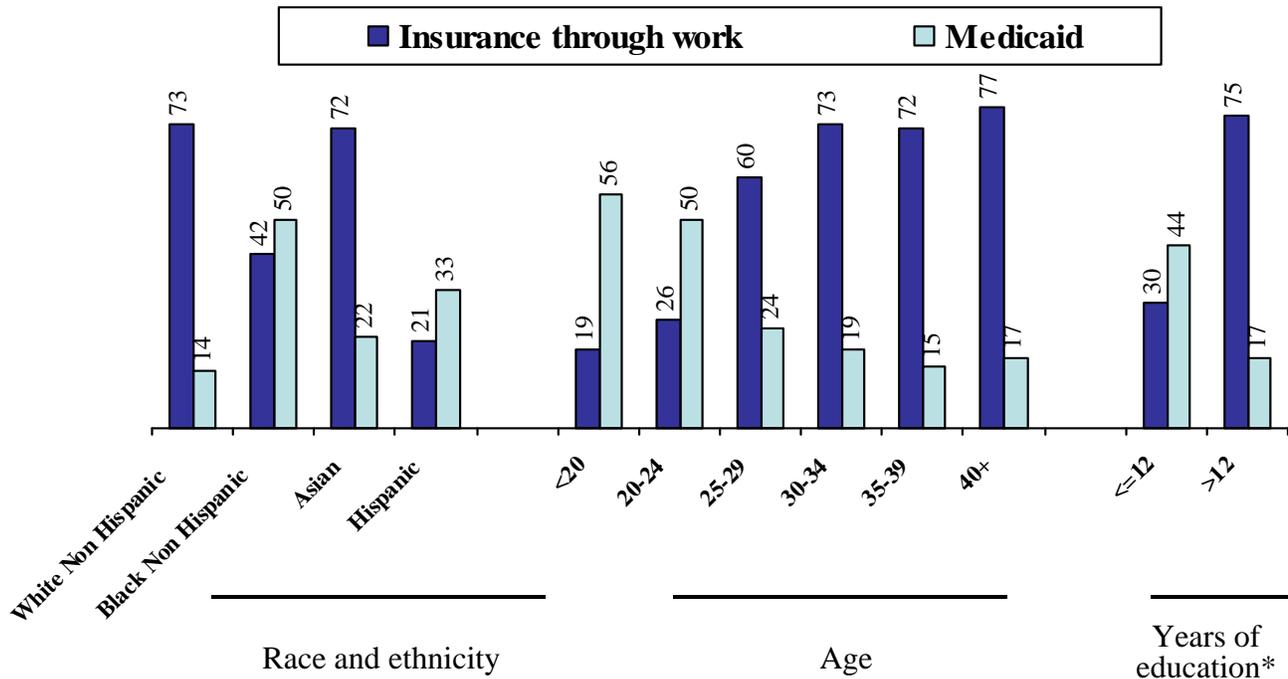
Question 25: Did any of these health insurance plans help you pay for your *prenatal care*?

## Source(s) of Payment for Prenatal Care\*\*



\*\* Respondents were instructed to identify all sources of payment, therefore percentages do not sum to 100.

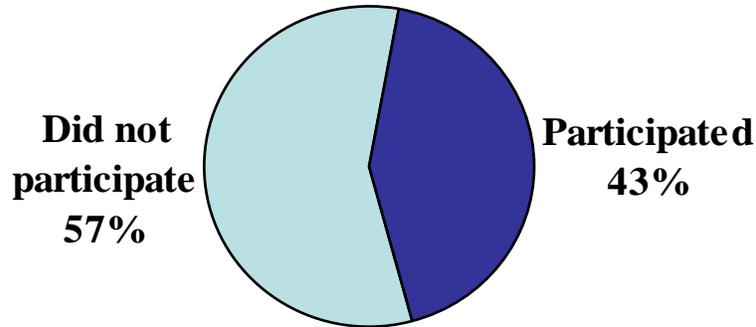
## Percentage of Mothers Who Identified Insurance or Medicaid as a Source of Payment for Prenatal Care



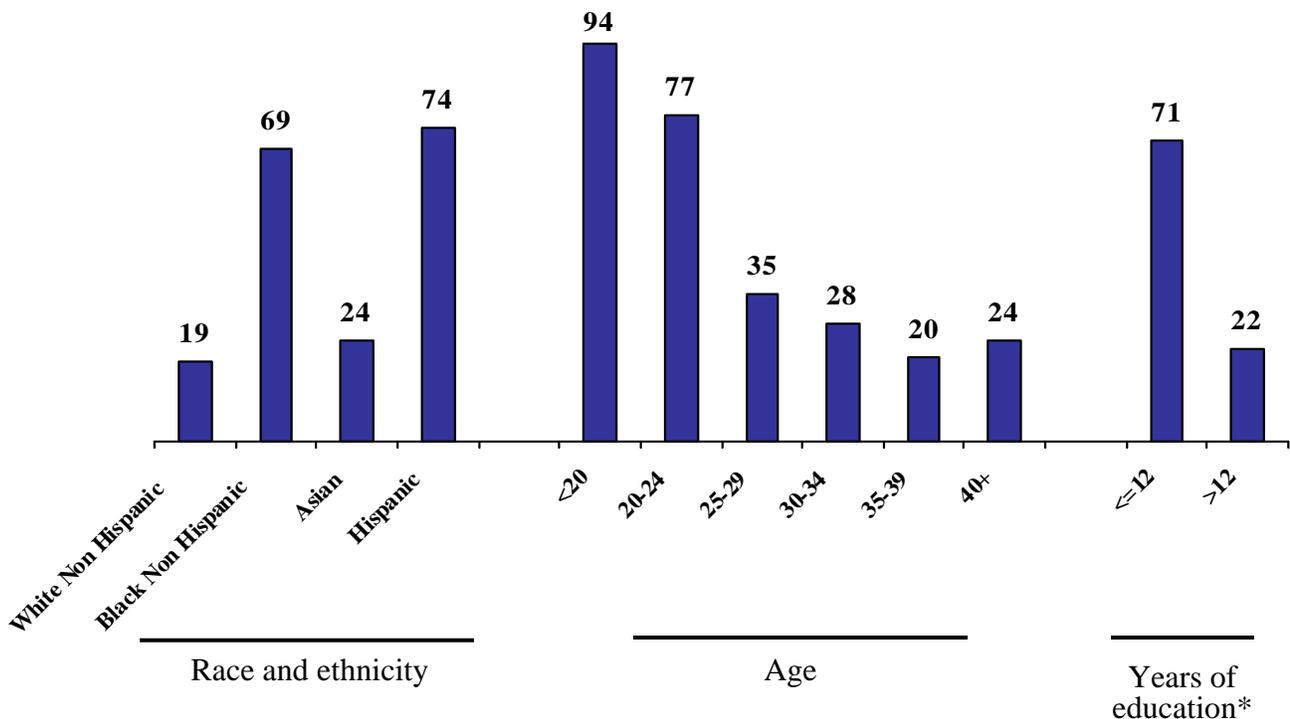
# WIC PARTICIPATION

Question 29: During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

## Distribution of Mothers by Participation in the WIC Program During Pregnancy



## Percentage of Mothers Who Participated in the WIC Program During Pregnancy

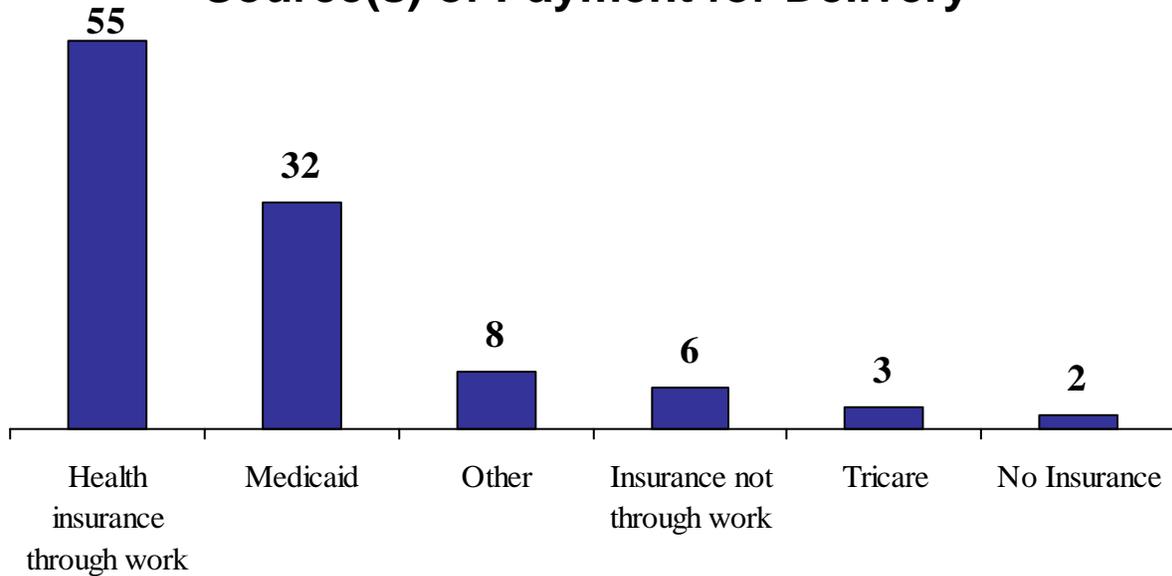


\*Includes only mothers ages 20 and above.

# SOURCE OF PAYMENT FOR DELIVERY

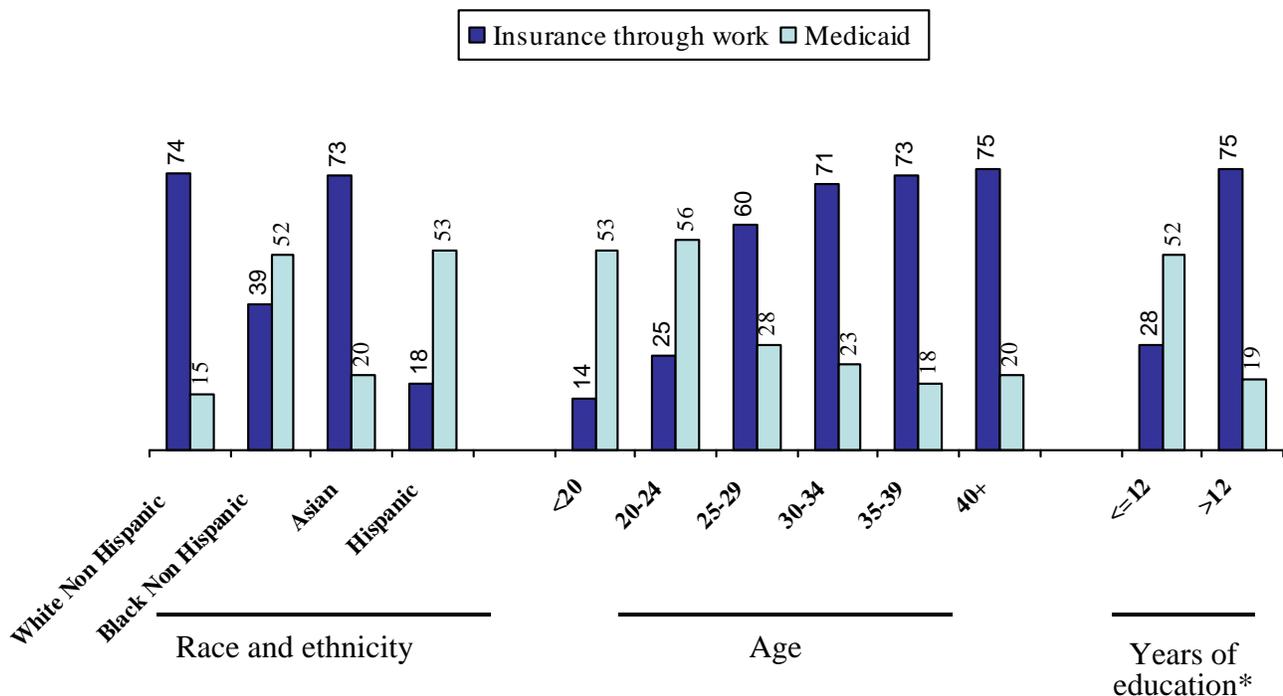
Question 49: Did any of these health insurance plans help you pay for the delivery of your new baby?  
Check all that apply.

## Source(s) of Payment for Delivery\*\*



\*\*Respondents were instructed to identify all sources of payment, therefore percentages do not sum to 100.

## Percentage of Mothers Who Identified Insurance/HMO or Medicaid as a Source of Payment for Delivery



\*Includes only mothers ages 20 and above.

# Selected Risk Factors



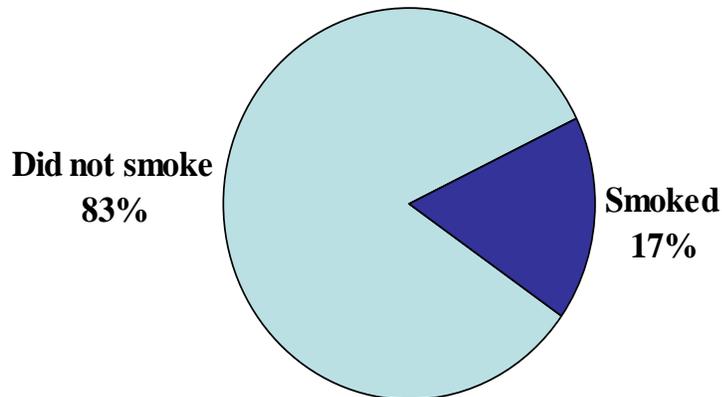
*“Before becoming pregnant with my third child, my husband and I have had an on again-off again relationship due to verbal abuse. I didn’t mind taking this survey today because there are many women out there like me in situations like myself.”*

PRAMS mother

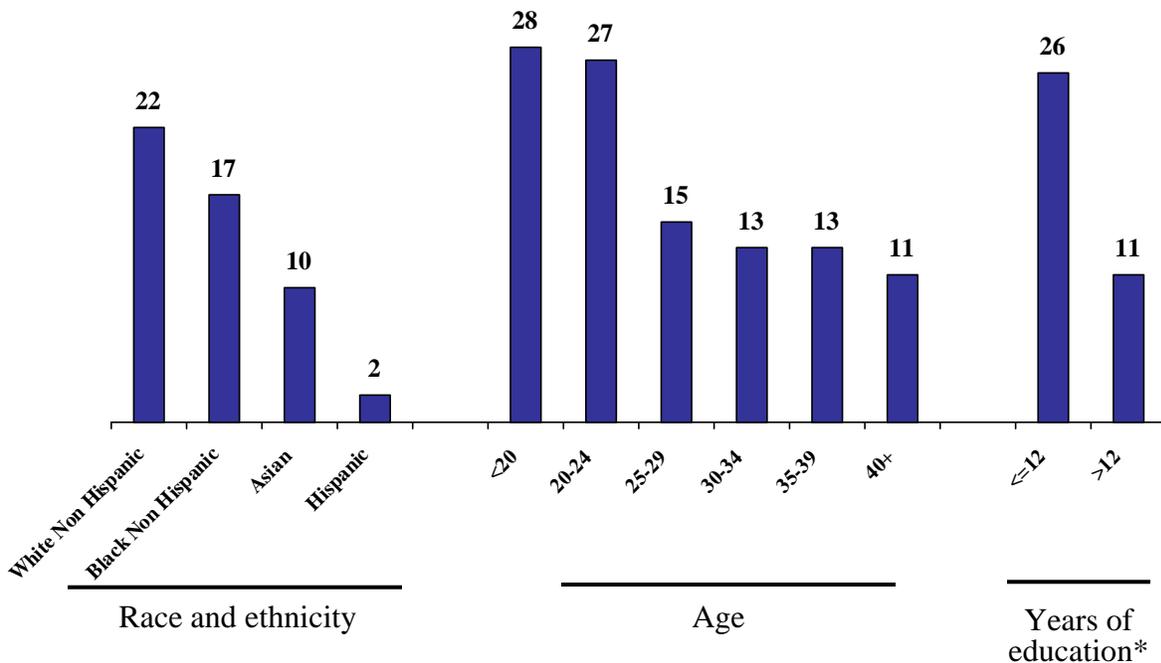
# SMOKING BEFORE PREGNANCY

Question 33: In the *three months before* you got pregnant, how many cigarettes did you smoke on an average day?

## Distribution of Mothers by Smoking Status During the Three Month Period Before Pregnancy Began



## Percentage of Mothers Who Reported They Smoked During the Three Month Period Before Pregnancy Began

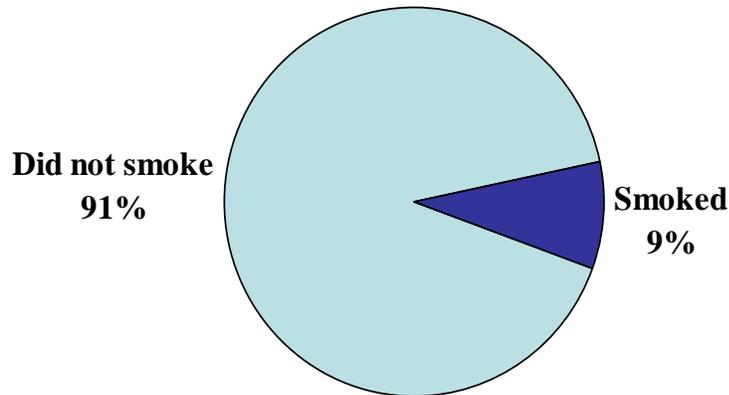


\*Includes only mothers ages 20 and above.

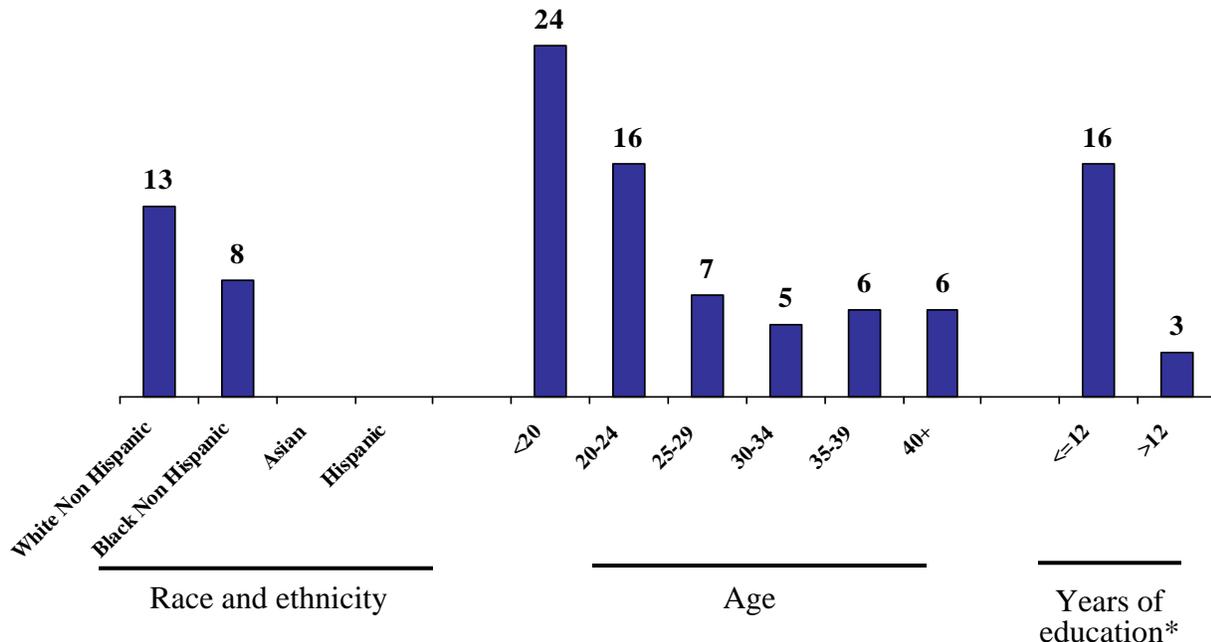
# SMOKING DURING PREGNANCY

Question 34: In the *last three months* of your pregnancy, how many cigarettes did you smoke on an average day?

## Distribution of Mothers by Smoking Status During the Last Three Months of Pregnancy



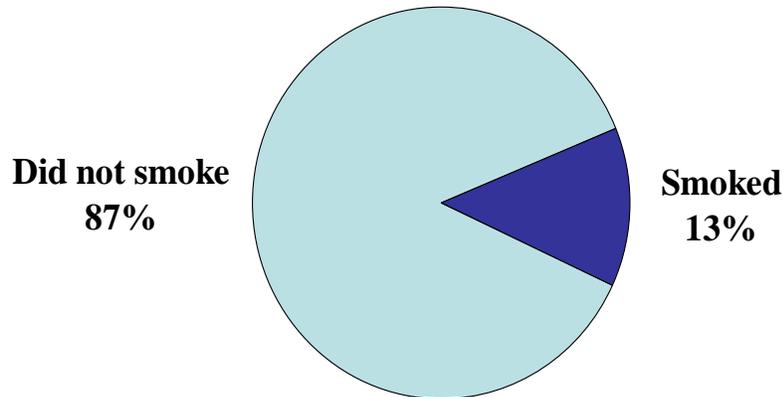
## Percentage of Mothers Who Reported They Smoked During the Last Three Months of Pregnancy



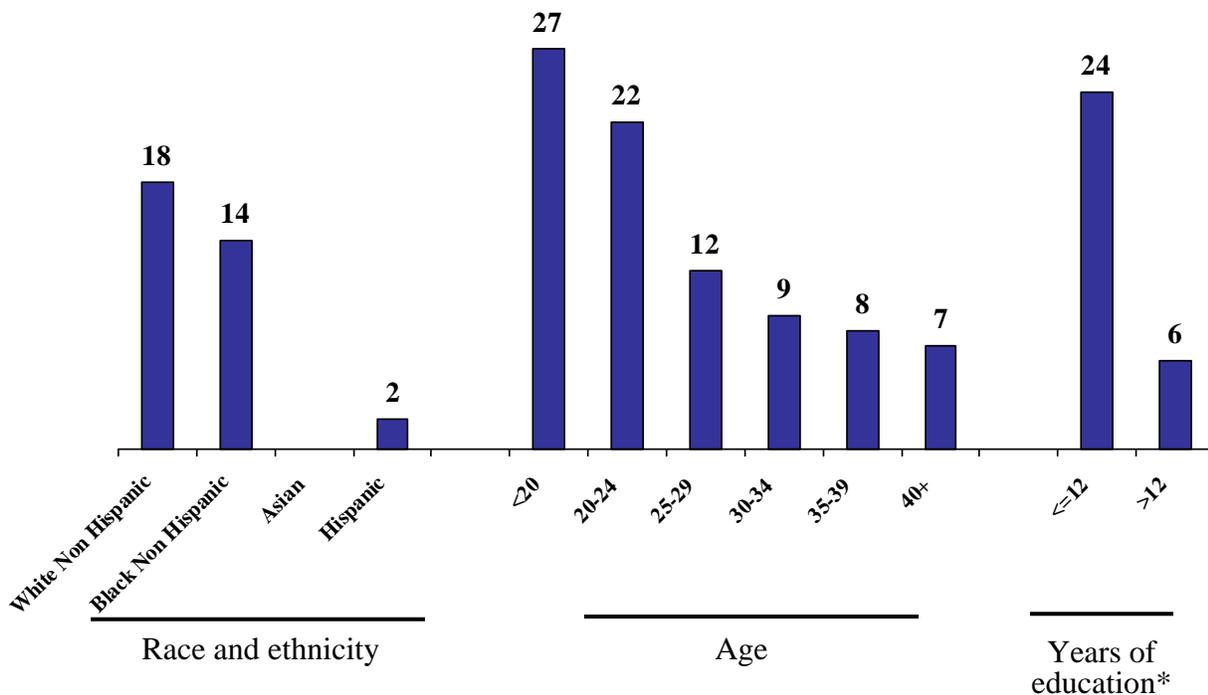
# SMOKING AFTER PREGNANCY

Question 35: How many cigarettes do you smoke on an average day *now*?

## Distribution of Mothers by Smoking Status in the Postpartum Period



## Percentage of Mothers Who Reported They Smoked in the Postpartum Period



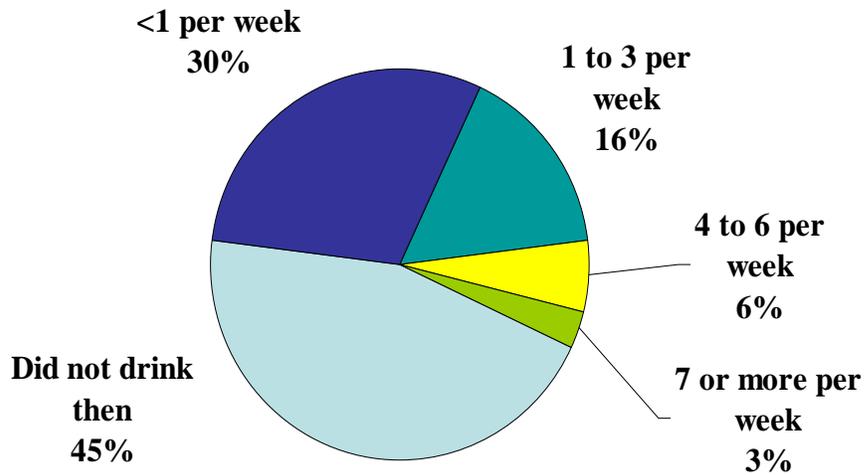
\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.

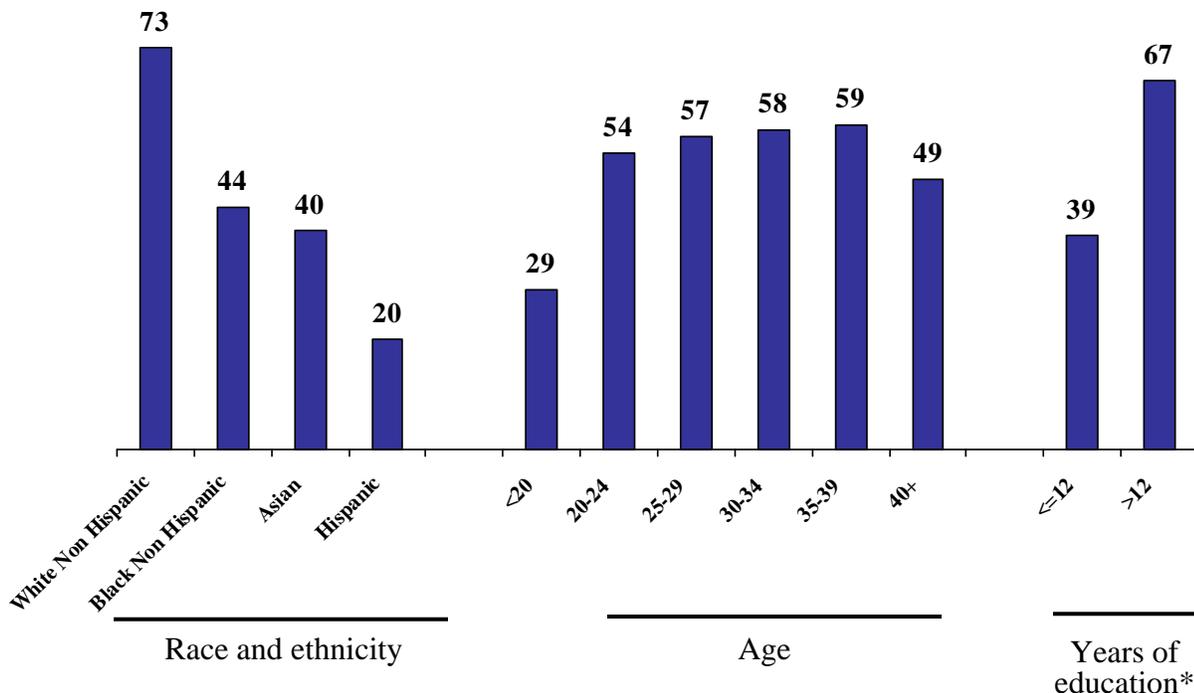
# ALCOHOL USE BEFORE PREGNANCY

Question 38a: During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

## Distribution of Mothers by the Number of Alcoholic Drinks During the Three Month Period Preceding Pregnancy



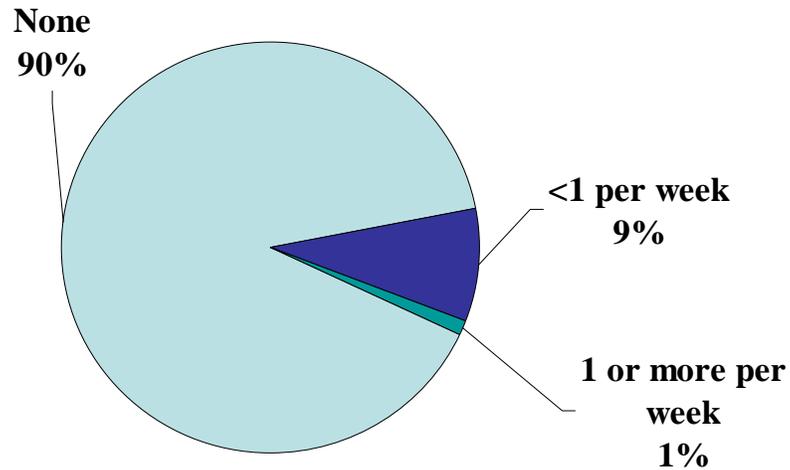
## Percentage of Mothers Who Reported Any Alcohol Use in the Three Months Preceding Pregnancy



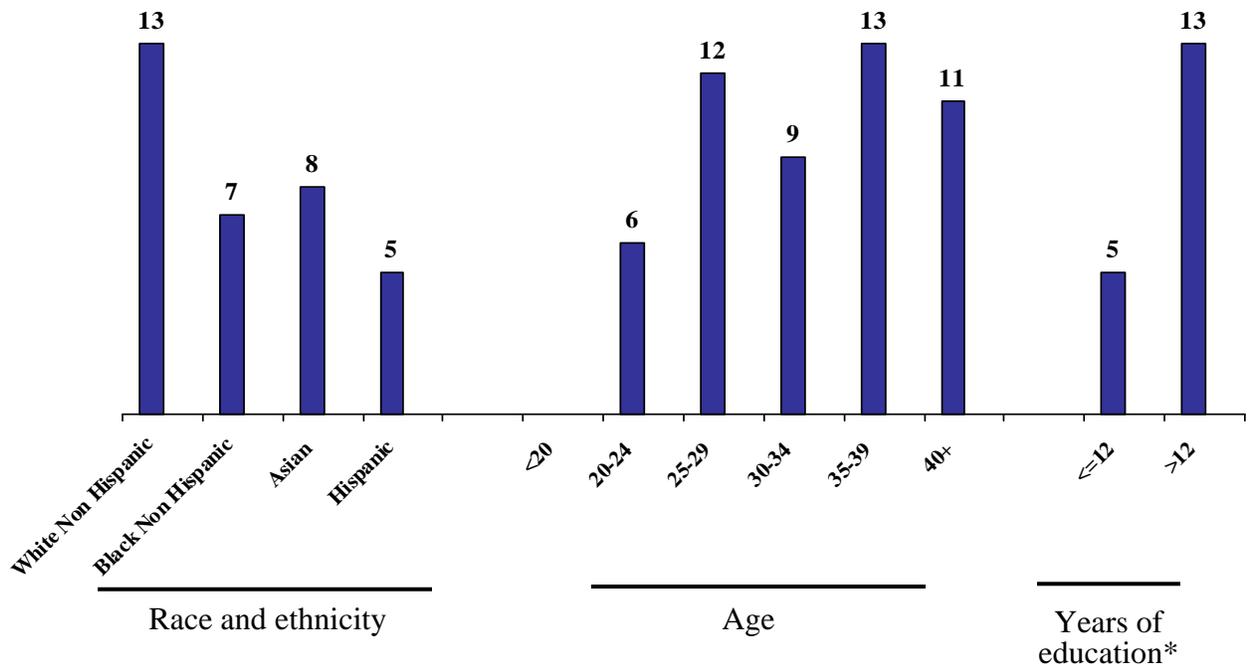
# ALCOHOL USE DURING PREGNANCY

Question 39a: During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

## Distribution of Mothers by the Number of Alcoholic Drinks During the Last Three Months of Pregnancy



## Percentage of Mothers Who Reported Any Alcohol Use in the Last Three Months of Pregnancy



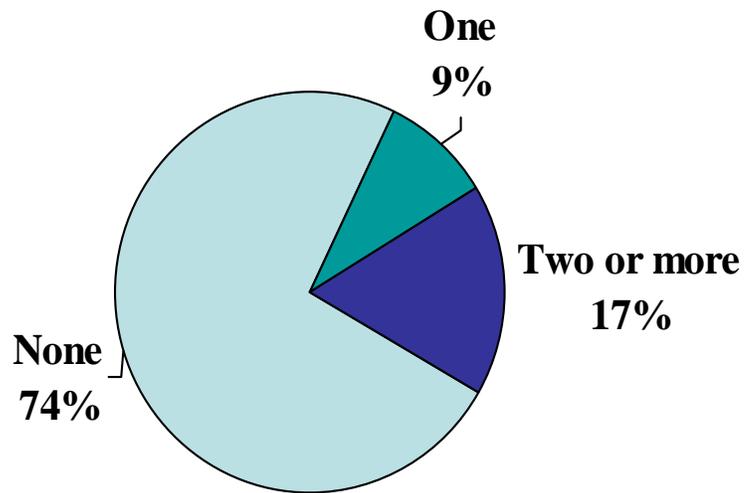
\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.

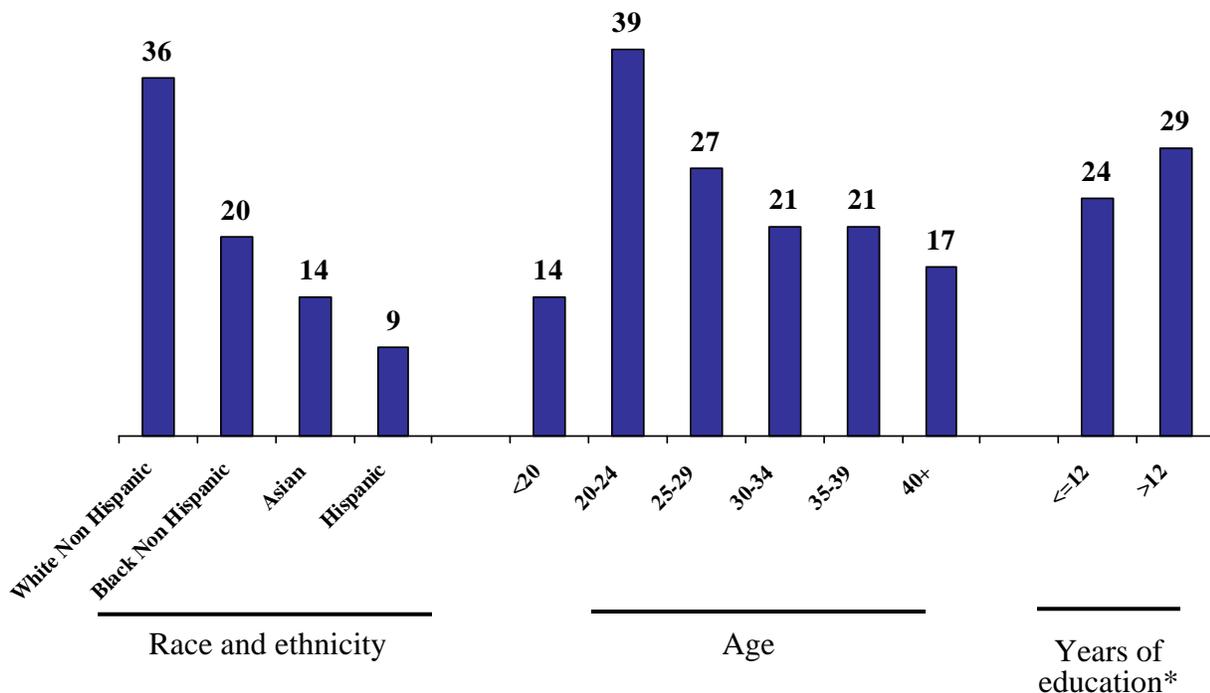
# ALCOHOL BINGES BEFORE PREGNANCY

Question 38b: During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? (A sitting is a two hour time span.)

## Distribution of Mothers by the Number of Alcohol Binges (4+ Drinks in One Sitting) During the Three Month Period Preceding Pregnancy



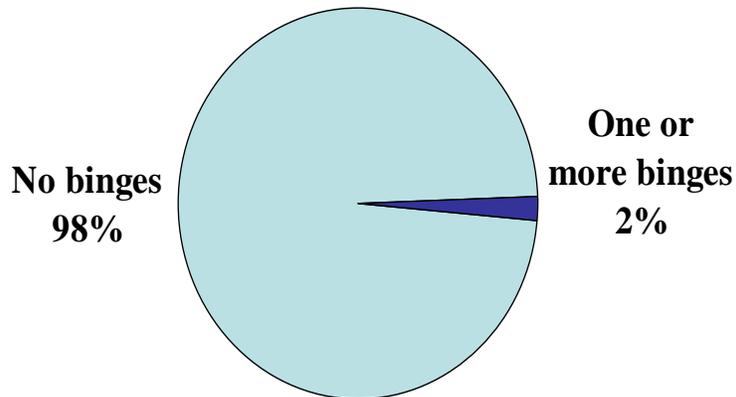
## Percentage of Mothers Who Reported Any Binge Drinking in the Three Months Preceding Pregnancy



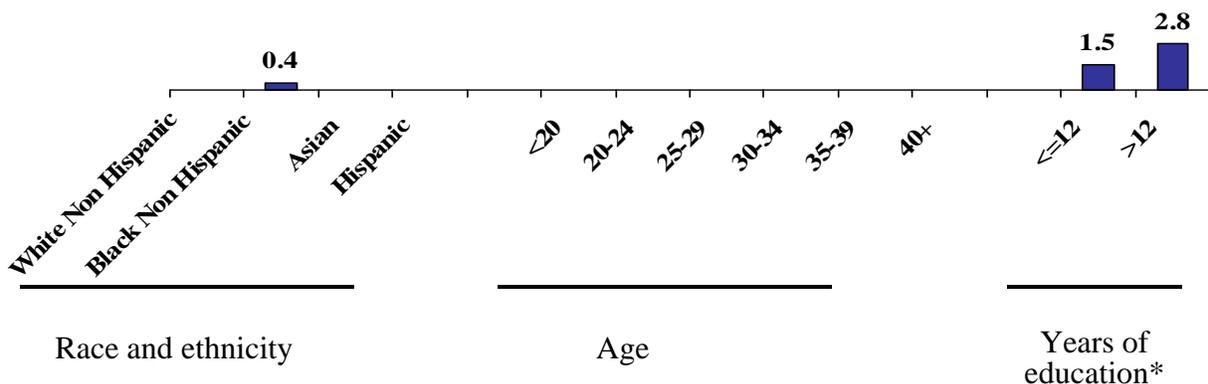
# ALCOHOL BINGES DURING PREGNANCY

Question 369b: During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? (A sitting is a two hour time span.)

## Distribution of Mothers by the Number of Alcohol Binges (4+ Drinks in One Sitting) During the Last Three Months of Pregnancy



## Percentage of Mothers Who Reported Any Binge Drinking in the Last Three Months of Pregnancy



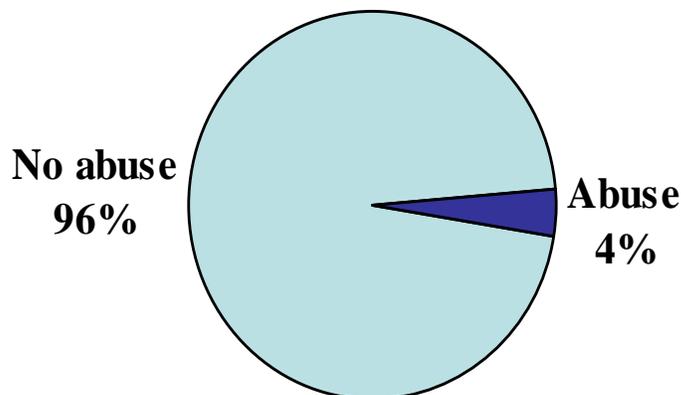
\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.

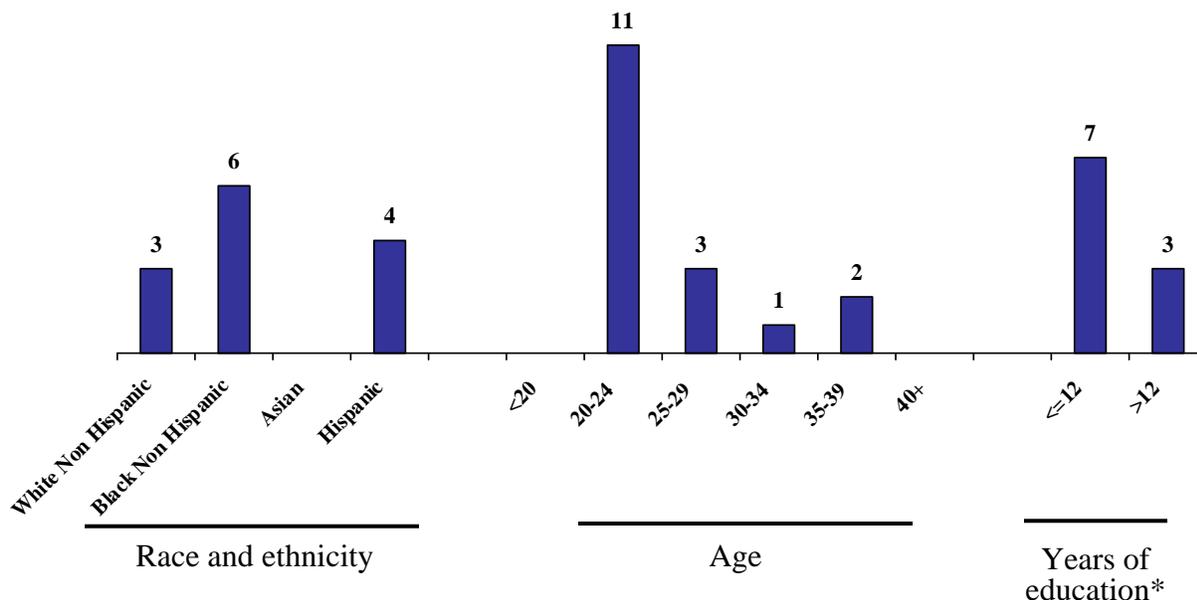
# PHYSICAL ABUSE BEFORE PREGNANCY

Question 41: During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

## Distribution of Mothers by Abuse Before Pregnancy by Husband or Partner



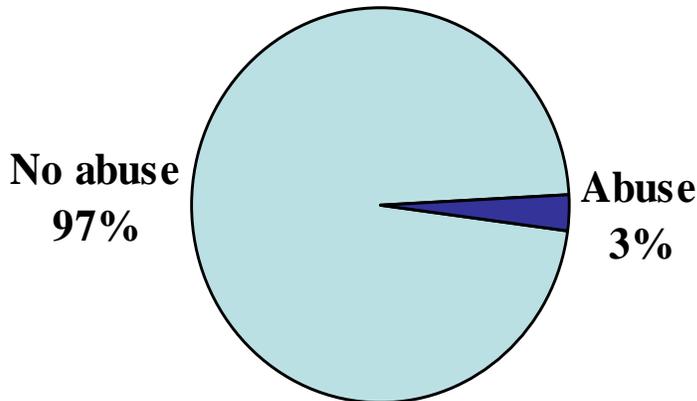
## Percentage of Mothers Who Reported Being Physically Abused Before Pregnancy by a Husband or Partner



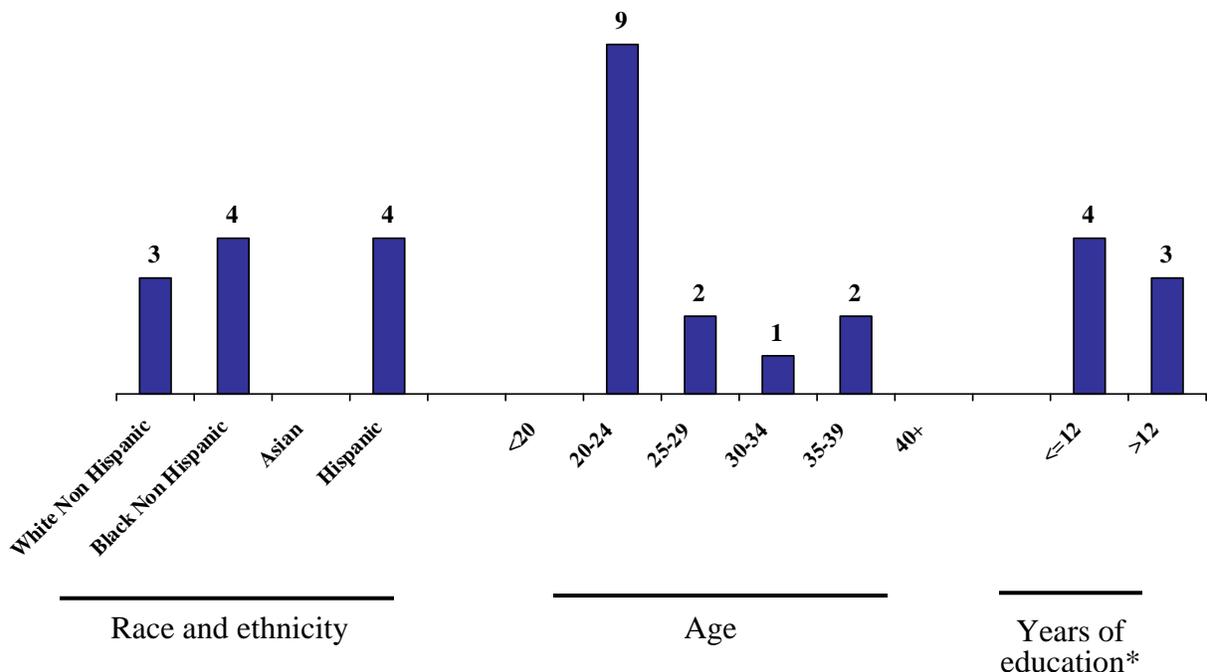
# PHYSICAL ABUSE DURING PREGNANCY

Question 42: During *your most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

## Distribution of Mothers by Abuse During Pregnancy by Husband or Partner



## Percentage of Mothers Who Reported Being Physically Abused During Pregnancy by a Husband or Partner



\*Includes only mothers ages 20 and above.

Note: Percentages are not reported if the number of respondents was less than five.



# Postpartum Factors

Maternal and Infant Health



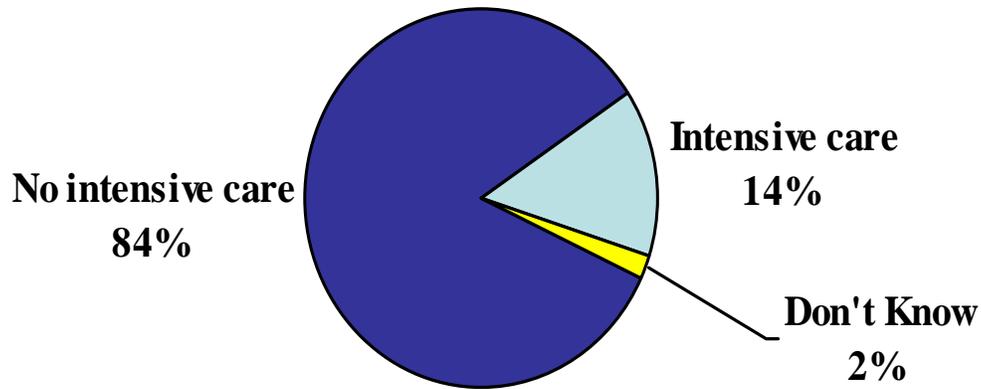
*“I personally think that women should be encouraged more to breastfeed their babies. In the hospital, they are so quick to push formula for the infant while breastmilk is the best. One lactation consultant on staff is not enough support.”*

PRAMS mother

# NEONATAL INTENSIVE CARE

Question 50: After your baby was born, was he or she put in an intensive care unit?

## Distribution of Infants by Admission to a Neonatal Intensive Care Unit



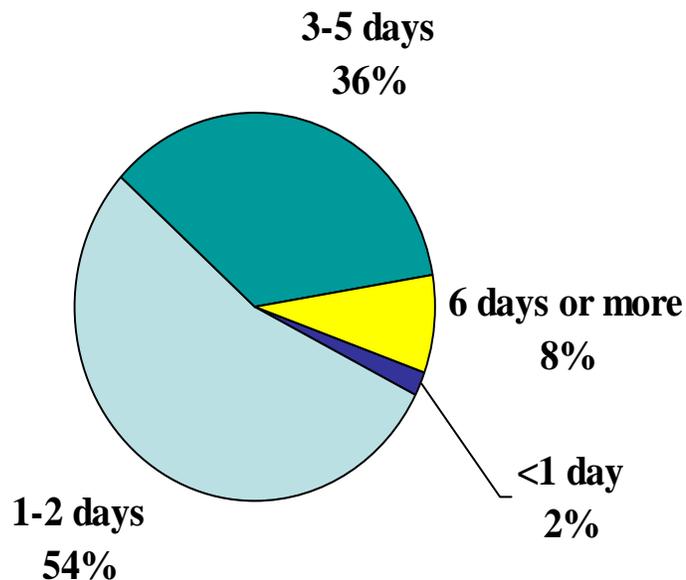
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# LENGTH OF HOSPITAL STAY--NEWBORN

Question 51: After your baby was born, how long did he or she stay in the hospital?

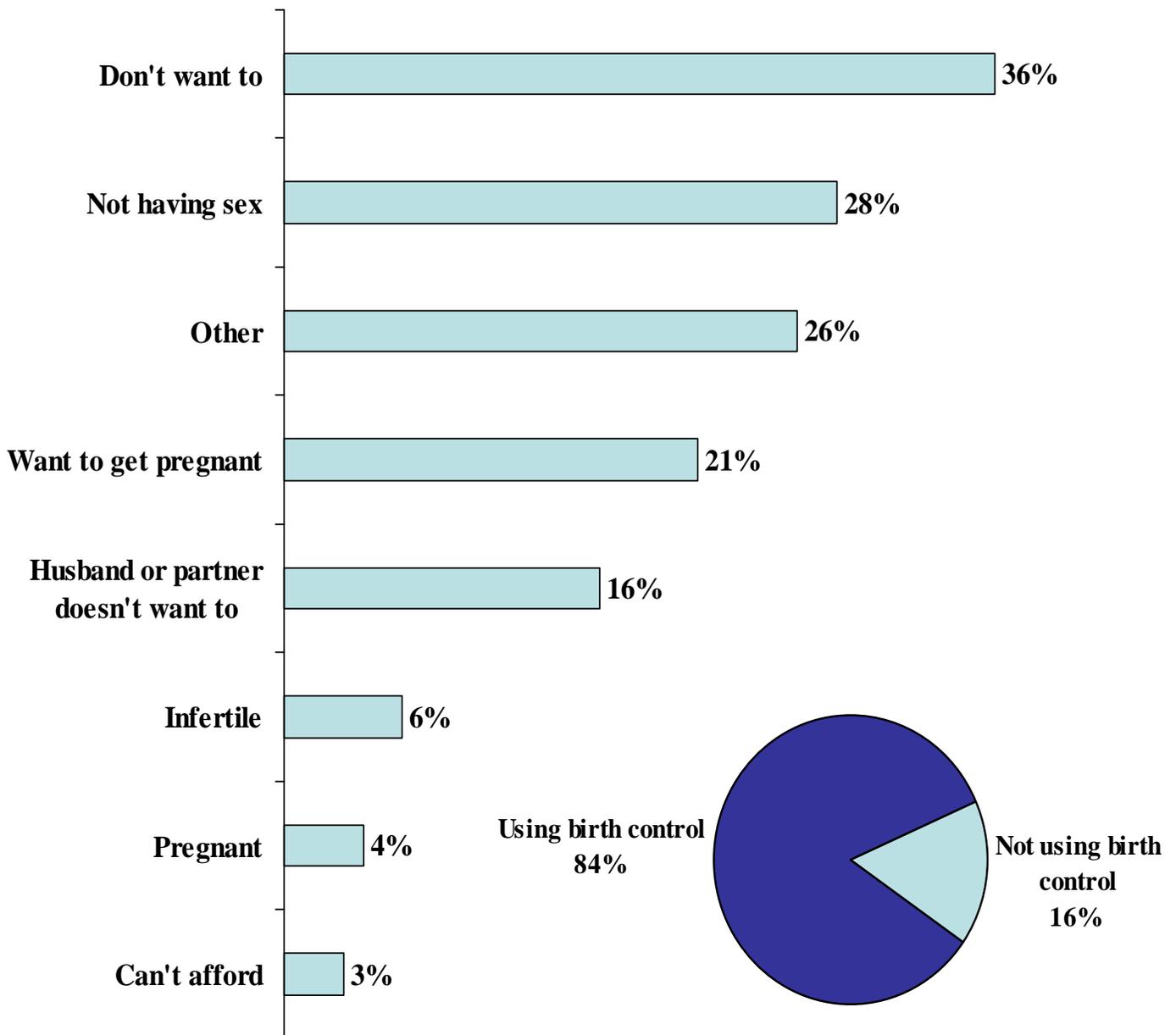
## Distribution of Infants by Length of Hospital Stay



# REASONS FOR NO POSTPARTUM BIRTH CONTROL

Question 62: 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.

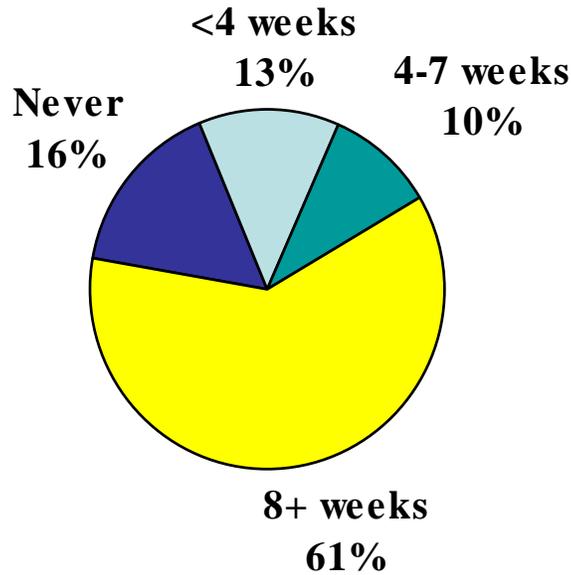
## Reasons Reported for Not Using Postpartum Birth Control



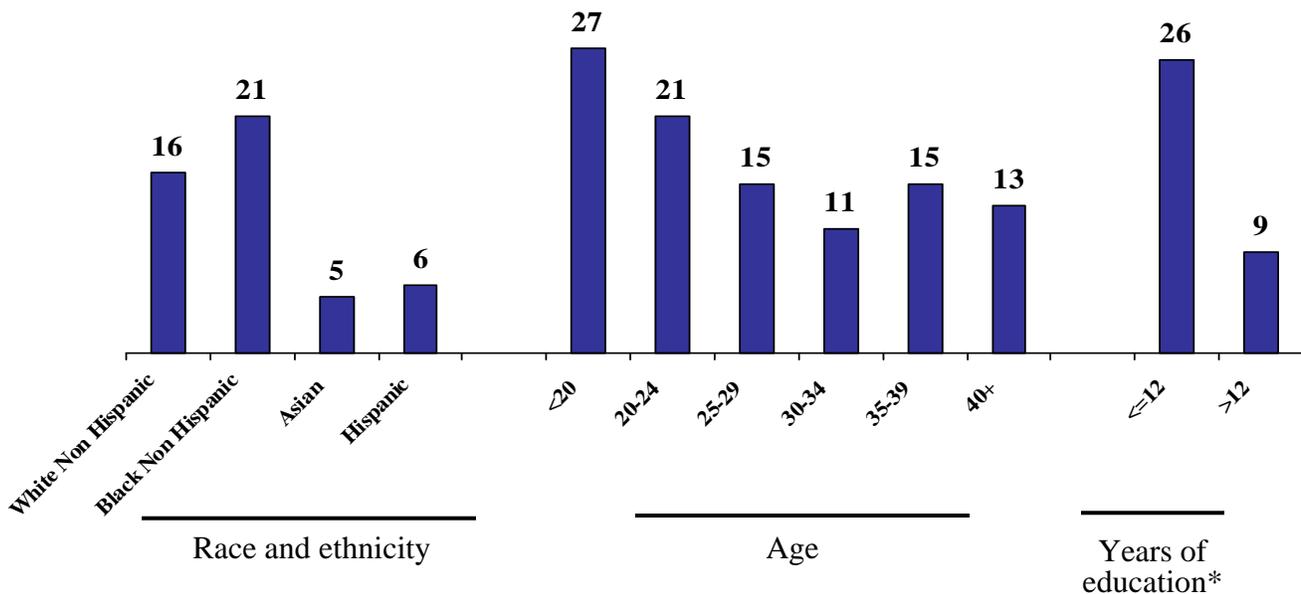
# BREASTFEEDING

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

## Distribution of Mothers by Length of Time Infant Was Breastfed



## Percentage of Mothers Who Reported Never Breastfeeding

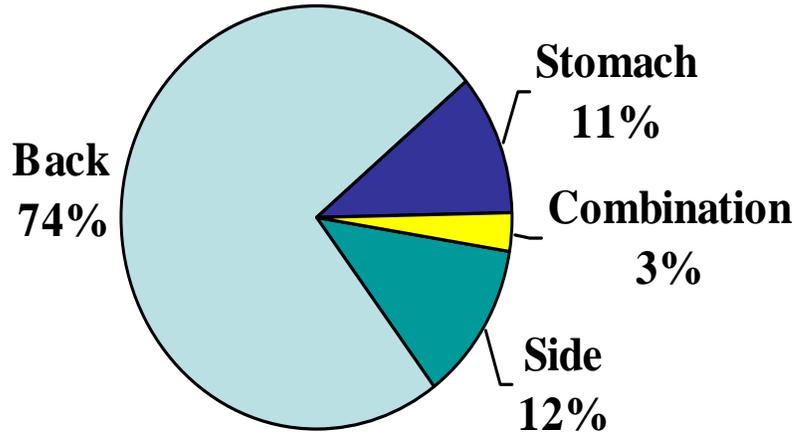


\*Includes only mothers ages 20 and above.

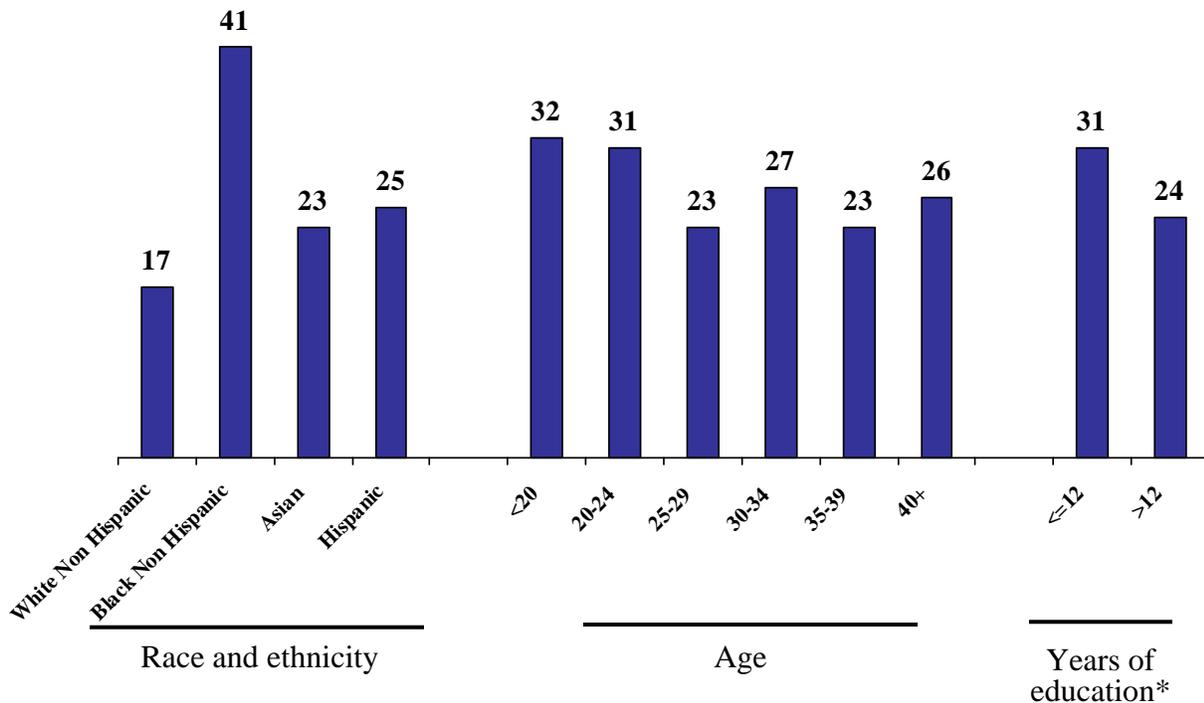
# SLEEP POSITION

Question 58: In which *one* position do you *most often* lay your baby down to sleep now?

## Distribution of Infants by Sleep Position



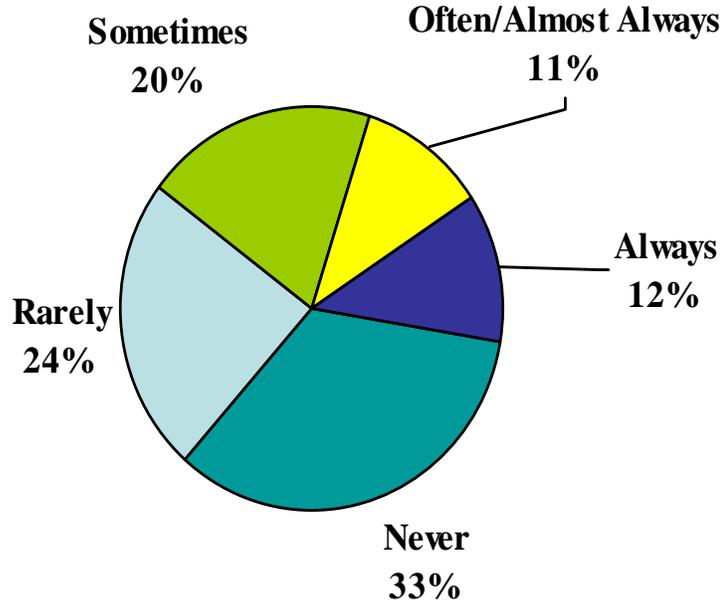
## Percentage of Infants Not Placed on Back to Sleep



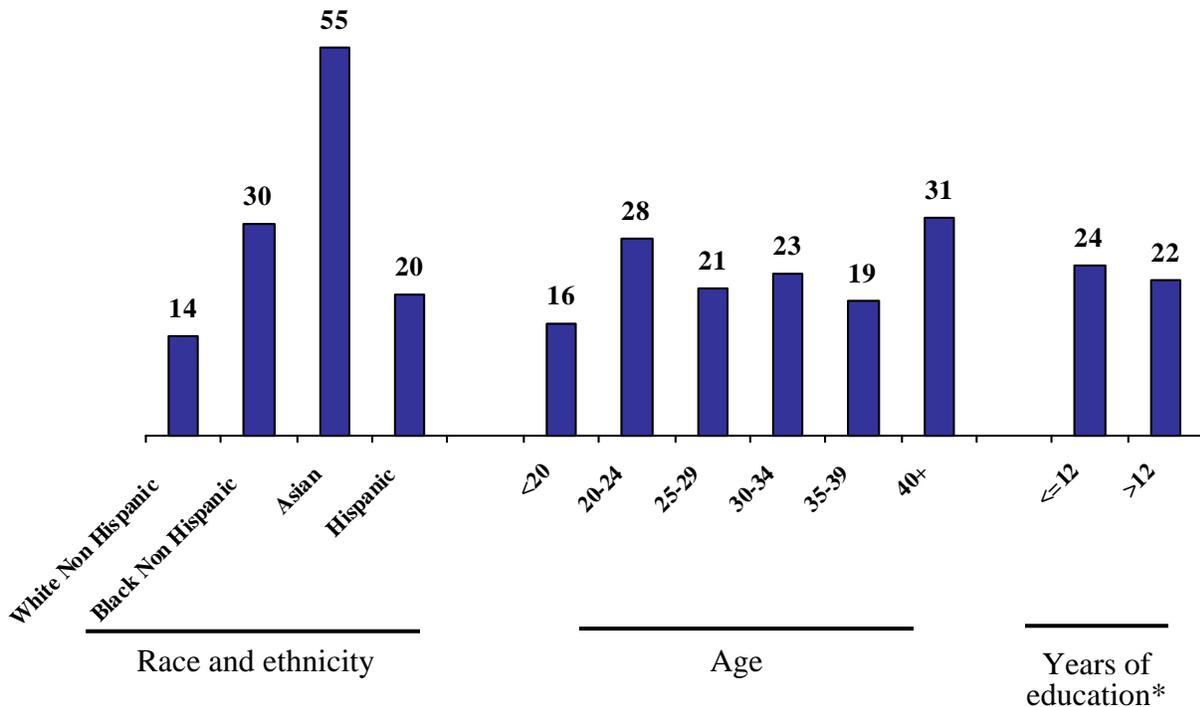
# CO-SLEEPING

Question 59: How often does your new baby sleep in the same bed with you or anyone else?

## Distribution of Infant Co-Sleeping



## Percentage of Infants Co-Sleeping Often or Always

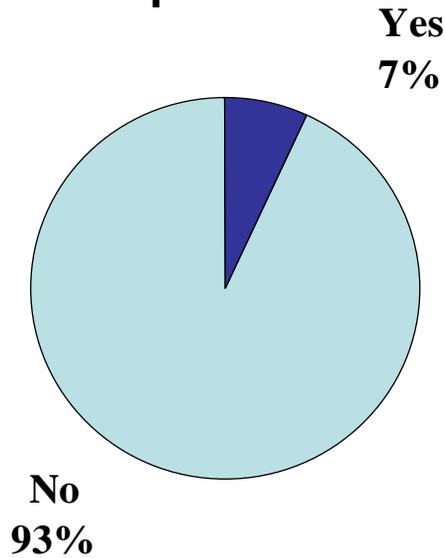


\*Includes only mothers ages 20 and above.

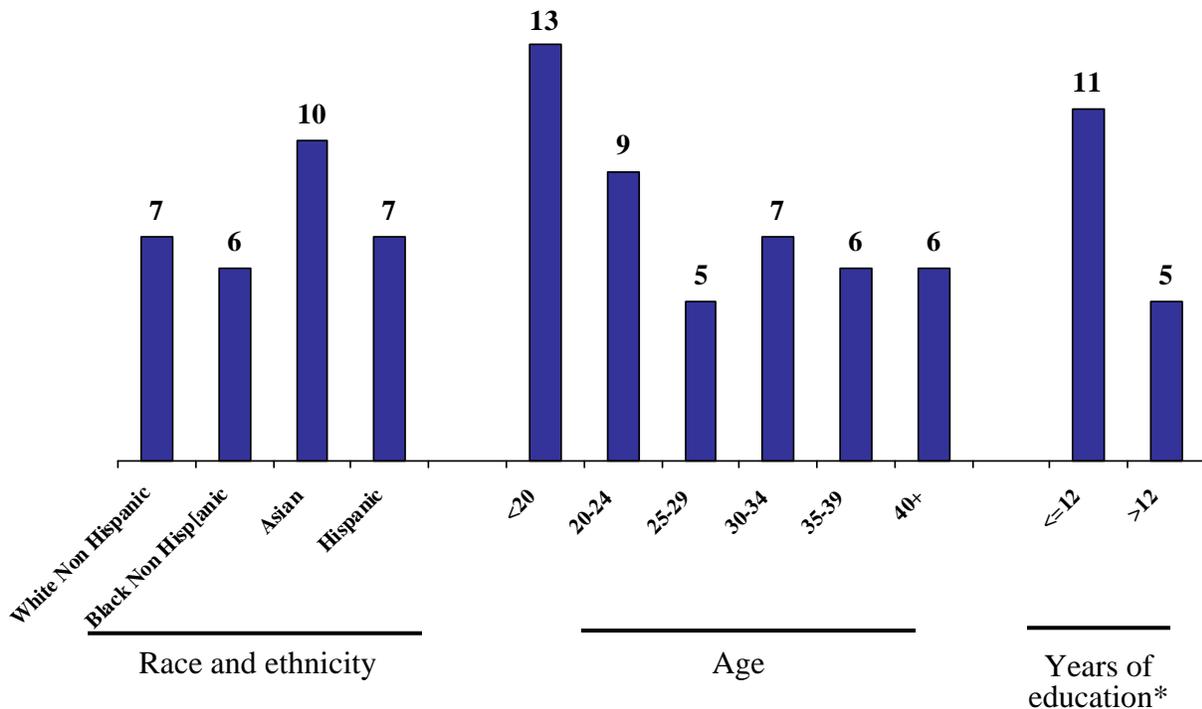
# POSTPARTUM DEPRESSION DIAGNOSED

Question 64: *Since your new baby was born, has a doctor, nurse, or other health care worker told you that you had depression?*

## Distribution of Mothers by Diagnosis of Postpartum Depression



## Percentage of Mothers Who Reported a Diagnosis of Postpartum Depression



# Maryland PRAMS

## Phase 6 Questionnaire



*“Thank you for including me in your study. It helped me learn some things about myself that I never really thought about.”*

PRAMS mother

Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

**BEFORE PREGNANCY**

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

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

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

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other source(s) —————> Please tell us:  
\_\_\_\_\_
- I did not have any health insurance before I got pregnant

3. 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 at all
  - 1 to 3 times a week
  - 4 to 6 times a week
  - Every day of the week
- Go to Page 2, Question 5

4. What were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins during the *month before* you got pregnant with your new baby?

Check all that apply

- I wasn't planning to get pregnant
- I didn't think I needed to take vitamins
- The vitamins were too expensive
- The vitamins gave me side effects (such as constipation)
- Other —————> Please tell us:  
\_\_\_\_\_

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

\_\_\_\_ Pounds OR \_\_\_\_ Kilos

6. *How tall are you without shoes?*

\_\_\_\_ Feet \_\_\_\_ Inches  
OR \_\_\_\_ Meters

7. *What is your date of birth?*

\_\_\_\_ / \_\_\_\_ / 19\_\_\_\_  
Month Day Year

8. *Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about how to prepare for a healthy pregnancy and baby?*

No → **Go to Question 10**

Yes

9. *Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.*

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

**10. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes?** This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
- Yes

**11. During the 3 months before you got pregnant with your new baby, did you have any of the following health problems?**  
For each one, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. Asthma . . . . .	N	Y
b. High blood pressure (hypertension) . .	N	Y
c. Anemia (poor blood, low iron) . . . . .	N	Y
d. Heart problems . . . . .	N	Y
e. Epilepsy (seizures) . . . . .	N	Y
f. Thyroid problems . . . . .	N	Y
g. Depression . . . . .	N	Y
h. Anxiety . . . . .	N	Y

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

- No —————> Go to Question 15
- Yes

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

- No
- Yes

**14. Was the baby *just before* your new one born *more than 3 weeks* before his or her date?**

- No
- Yes

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

**15. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?**

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

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

- No
- Yes —————> Go to Page 4, Question 19

**17. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?** (Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes —————> Go to Page 5, Question 21

Go to Page 4, Question 18

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

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

**If you were not trying to get pregnant when you got pregnant with your new baby, go to Question 21.**

**19. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby?**

(This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)

- No \_\_\_\_\_ → **Go to Question 21**
- Yes

**Go to Question 20**

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

Check all that apply

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

## DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

**21. How many weeks or months pregnant were you when you were *sure* you were pregnant?** (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR**  Months

I don't remember

**22. How many weeks or months pregnant were you when you had your first visit for prenatal care?** Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR**  Months

I didn't go for prenatal care

Go to Question 24

Go to Question 23

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

No

Yes

Go to Page 6, Question 25

**24. Did any of these things keep you from getting prenatal care at all or as early as you wanted?** For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one . . . . .	T	F
b. I didn't have enough money or insurance to pay for my visits . . . . .	T	F
c. I had no transportation to get to the clinic or doctor's office . . . . .	T	F
d. The doctor or my health plan would not start care as early as I wanted . . . . .	T	F
e. I had too many other things going on . . . . .	T	F
f. I couldn't take time off from work or school. . . . .	T	F
g. I didn't have my Medicaid or HealthChoice card . . . . .	T	F
h. I had no one to take care of my children. . . . .	T	F
i. I didn't know that I was pregnant . . . . .	T	F
j. I didn't want anyone else to know I was pregnant . . . . .	T	F
k. I didn't want prenatal care . . . . .	T	F

If you did not go for prenatal care, go to Page 7, Question 27.

**25. Did any of these health insurance plans help you pay for your prenatal care?**

**Check all that apply**

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other source(s) —————> Please tell us:
- I did not have health insurance to help pay for my prenatal care

**26. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** Please count only discussions, not reading materials or videos. For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

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

**27. At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?**

- No
- Yes
- I don't know

**28. Did you get a flu vaccination during *your most recent* pregnancy?**

- No
- Yes

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

- No
- Yes

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

- No
- Yes

**31. Did you have any of the following problems during *your most recent* pregnancy?** For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

- |   | No | Yes |
|---|----|-----|
| a. Vaginal bleeding . . . . .   | N  | Y   |
| b. Kidney or bladder (urinary tract) infection . . . . .  | N  | Y   |
| c. <i>Severe</i> nausea, vomiting, or dehydration . . . . .   | N  | Y   |
| d. Cervix had to be sewn shut (cerclage for incompetent cervix) . . . .   | N  | Y   |
| e. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia . . . . . | N  | Y   |
| f. Problems with the placenta (such as abruptio placentae or placenta previa) . . . . .                                   | N  | Y   |
| g. Labor pains more than 3 weeks before my baby was due (preterm or early labor) . . . . .                                | N  | Y   |
| h. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) . . . .                   | N  | Y   |
| i. I had to have a blood transfusion . . . .  | N  | Y   |
| j. I was hurt in a car accident . . . . .   | N  | Y   |

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

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

- No
- Yes

→ **Go to Question 36**

**33. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)**

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

**34. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)**

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I didn't smoke then

**35. How many cigarettes do you smoke on an average day *now*? (A pack has 20 cigarettes.)**

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- I don't smoke now

**36. Which of the following statements best describes the rules about smoking *inside* your home *now*?**

**Check one answer**

- 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

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

**37. 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
- Yes

→ **Go to Question 40**

↓ **Go to Question 38a**

**38a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
  - 7 to 13 drinks a week
  - 4 to 6 drinks a week
  - 1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then
- **Go to Question 39a**

**38b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting?** A sitting is a two 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 1 sitting

**39a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 14 drinks or more a week
  - 7 to 13 drinks a week
  - 4 to 6 drinks a week
  - 1 to 3 drinks a week
  - Less than 1 drink a week
  - I didn't drink then
- **Go to Question 40**

**39b. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting?** A sitting is a two 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 1 sitting

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

**40. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to look at the calendar when you answer these questions.)

- |    |   | No | Yes |
|----|---|----|-----|
| a. | A close family member was very sick and had to go into the hospital . . . . . | N  | Y   |
| b. | I got separated or divorced from my husband or partner . . . . .              | N  | Y   |
| c. | I moved to a new address . . . . .  | N  | Y   |
| d. | I was homeless . . . . .  | N  | Y   |
| e. | My husband or partner lost his job . . .                                      | N  | Y   |
| f. | I lost my job even though I wanted to go on working. . . . .                  | N  | Y   |
| g. | I argued with my husband or partner more than usual. . . . .                  | N  | Y   |
| h. | My husband or partner said he didn't want me to be pregnant . . . . .         | N  | Y   |
| i. | I had a lot of bills I couldn't pay. . . . .                                  | N  | Y   |
| j. | I was in a physical fight . . . . .   | N  | Y   |
| k. | My husband or partner or I went to jail . . . . .                             | N  | Y   |
| l. | Someone very close to me had a problem with drinking or drugs . . . . .       | N  | Y   |
| m. | Someone very close to me died . . . . .                                       | N  | Y   |

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

- No
- Yes

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

- No
- Yes

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer these questions.)

**43. When was your baby due?**

\_\_\_\_ / \_\_\_\_ / 20  
Month      Day      Year

**44. When did you go into the hospital to have your baby?**

\_\_\_\_ / \_\_\_\_ / 20  
Month      Day      Year

- I didn't have my baby in a hospital

**45. When was your baby born?**

\_\_\_\_ / \_\_\_\_ / 20  
Month      Day      Year

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

- Vaginally → **Go to Question 48**
- Cesarean delivery (c-section)

**47. What was the reason that your new baby was born by cesarean delivery (c-section)?**

**Check all that apply**

- I had a previous cesarean delivery (c-section)
- My baby was in the wrong position
- I was past my due date
- My health care provider worried that my baby was too big
- I had a medical condition that made labor dangerous for me
- My health care provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that my baby was having problems during labor
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other reason(s) → Please tell us:

\_\_\_\_\_

**48. 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

**49. Did any of these health insurance plans help you pay for the *delivery* of your new baby?**

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- Health insurance that you or someone else paid for (not from a job)
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other source(s) —————> Please tell us:

\_\_\_\_\_

- I did not have health insurance to help pay for my delivery

**AFTER PREGNANCY**

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

**50. After your baby was born, was he or she put in an intensive care unit?**

- No
- Yes
- I don't know

**51. After your baby was born, 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 12, Question 54**

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

- No —————> **Go to Page 12, Question 61**
- Yes

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

- No —————> **Go to Page 12, Question 61**
- Yes

**Go to Page 12, Question 54**

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

No —————> **Go to Question 57b**

Yes

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

No  
 Yes —————> **Go to Question 57a**

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

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

Less than 1 week

57a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

57b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

My baby was less than 1 week old

My baby has not eaten any foods

**If your baby is still in the hospital, go to Question 61.**

58. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No
- Yes

61. 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 not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes —————>

**Go to Question 63**

**Go to Question 62**

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

Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other \_\_\_\_\_ → Please tell us:

\_\_\_\_\_

63. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1            2            3            4            5  
Never    Rarely    Sometimes    Often    Always

- a. I felt down, depressed, or sad. . . \_\_\_\_\_
- b. I felt hopeless. . . . . \_\_\_\_\_
- c. I felt slowed down . . . . . \_\_\_\_\_
- d. I felt panicky . . . . . \_\_\_\_\_
- e. I felt restless. . . . . \_\_\_\_\_

## OTHER EXPERIENCES

The next questions are on a variety of topics.

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

- No
- Yes

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

- No
- Yes

66. How old were you when you had your first menstrual period?

\_\_\_\_\_ Years old

67. How old were you when you got pregnant for the first time?

\_\_\_\_\_ Years old

68. How old were you when your first baby was born?

\_\_\_\_\_ Years old

**69. Have you ever had your teeth cleaned by a dentist or dental hygienist?**

- No → **Go to Question 71**  
 Yes

**70. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?**

- Within the past year (less than 12 months)  
 1 to less than 2 years (12 to 23 months)  
 2 to less than 5 years  
 5 or more years

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

**71. 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.)**

- Less than \$10,000  
 \$10,000 to \$14,999  
 \$15,000 to \$19,999  
 \$20,000 to \$24,999  
 \$25,000 to \$34,999  
 \$35,000 to \$49,999  
 \$50,000 or more

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

\_\_\_\_\_ People

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

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month      Day      Year

**Please use this space for any additional comments you would like to make about the health of mothers and babies in Maryland.**

*Thanks for answering our questions!*

*Your answers will help us work to make Maryland mothers and babies healthier.*

There are shots available for two kinds of flu – the seasonal flu and the 2009-H1N1 flu. The first questions are about shots for H1N1 flu, sometimes called swine flu or pandemic flu.

**F1. At anytime during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you an H1N1 flu shot or tell you to get one?**

No  Yes

**F3. During your most recent pregnancy, did you get an H1N1 flu shot?**

No  Yes

Go to Question 5

**F3. During what month and year did you get the H1N1 flu shot?**

/  20

Month Year

I don't remember

**F4. Where did you get your H1N1 flu shot?**

Check one answer

A pharmacy, drug store or grocery store

My obstetrician/gynecologist's office

My family doctor or other doctor's office

A health department or community clinic

My work place or school

Other place

Please tell us:

**If you got an H1N1 flu shot, go to Question 6.**

**F5. What were your reasons for not getting the H1N1 flu shot during your most recent pregnancy?** For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not.

No Yes

a. My doctor didn't mention anything about the H1N1 flu shot during my pregnancy.... N Y

b. The H1N1 flu shot was not available..... N Y

c. I was worried about side effects of the H1N1 flu shot for me..... N Y

d. I was worried that the H1N1 flu shot might harm my baby..... N Y

e. I don't normally get a flu shot..... N Y

f. Other reason..... N Y

Please tell us:

The next questions are about the seasonal flu.

**F6. At anytime during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a seasonal flu shot or tell you to get one?**

No  Yes

**F7. Since September 2009, did you get a seasonal flu shot?** This is different than the H1N1 flu shot.

No  Yes

Go to Question 9

**F8. During what month and year did you get the seasonal flu shot?**

/  20

Month Year

I don't remember

**If you got a seasonal flu shot, go to Question 10.**

**F9. What were your reasons for not getting a seasonal flu shot during your most recent pregnancy?** For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not.

No Yes

a. My doctor didn't mention anything about a seasonal flu shot during my pregnancy.... N Y

b. I was worried about side effects of the seasonal flu shot for me..... N Y

c. I was worried that the seasonal flu shot might harm my baby..... N Y

d. I don't normally get a seasonal flu shot..... N Y

e. Other reason..... N Y

Please tell us:

**F10. At any time during your most recent pregnancy, were you sick with a fever?**

No  Yes

**F11. At any time during your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu?** Please include seasonal flu and H1N1/swine flu.

No  Yes

Go to the End

**F12. Were you hospitalized for the flu during your most recent pregnancy?**

No  Yes

**Thank you for answering these final questions! Your answers will help us learn how to keep pregnant women healthy.**



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