

Maryland PRAMS Report

2018 Births

Pregnancy Risk Assessment Monitoring System



Maternal and Child Health Bureau
Vital Statistics Administration



M A R Y L A N D
PRAMS

Pregnancy Risk Assessment
Monitoring System

www.marylandprams.org

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R. Neall, Secretary

“Thank you for conducting this research.”

“I had a happy, healthy and uncomplicated pregnancy.”

“Thank you to those who help mothers and thank you to healthcare for making it possible for mothers to have healthy babies.”

PRAMS mothers

Maryland PRAMS Report

2018 Births

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July 2021

The Maryland PRAMS Report
is also available at
www.marylandprams.org

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INTRODUCTION

This report highlights data from births occurring to Maryland residents in 2018 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 pregnant people and birthing people who have recently delivered live born infants.

PRAMS projects are conducted through cooperative agreements between the CDC and state health departments. PRAMS projects for 2018 births were underway in 48 states and New York City, representing 83% of all U.S. live births. All surveys include a core set of standardized 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, intimate partner violence, contraception, economic status, maternal stress, and infant health. The Maryland-specific section of the survey includes questions on maternal employment, pre-pregnancy health, co-sleeping and sleep environment, contraceptive use, depression, oral health, chronic disease, infections, and labor induction.

The PRAMS project in Maryland is a collaborative effort of the Maternal and Child Health Bureau (MCHB), the Vital Statistics Administration (VSA) of the Maryland Department of Health (MDH), 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 and need to be Maryland residents who have delivered in the state. Each month, a stratified, random sample of approximately 200 live births is selected. The sample is stratified by infant birth weight (<2500 grams, ≥2500 grams). This sampling frame over-samples mothers who have delivered a low birth weight infant (<2500 grams).

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 parent and informs her that a questionnaire will soon arrive. Within seven days of this letter, the questionnaire packet is mailed. This packet includes the 84-item main survey along with an informed consent page, calendar, and resource brochure. In addition, a manicure file is sent as an incentive for completing the survey. 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 nonrespondents.

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 the state's population of women delivering live born infants during the study period. Further information on PRAMS methodology, including weighting procedures, may be found on the CDC website at <http://www.cdc.gov/prams/methodology.htm>.

Survey Response and Data Analysis

The CDC recommends that states obtain a response rate of at least 50% for analysis of PRAMS 2018 births data. The weighted response rate among women delivering in Maryland between January 1, 2018 and December 31, 2018 was 50%. During this 12-month period, 1,034 mothers completed the PRAMS questionnaire with a weighted response reflecting 64,249 mothers. The weighted figure included 26,508 births to white non-Hispanic, 19,145 births to black non-Hispanic, 4,462 births to Asian, 11,691 births to Hispanic women, 72 births to American Indian, 2,228 Other/Mixed, and 143 Missing race/ethnicity. Survey findings in this report are shown by race/Hispanic origin (White Non-Hispanic, Black Non-Hispanic, Asian Non-Hispanic, 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 Ada Dieke, PhD, 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 the 1,034 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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(January 2018)

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Maryland PRAMS Highlights--2018

Preconception factors

- Thirty-nine percent of all live births were **unintended** (includes women who said they were 'not sure' how they felt about the pregnancy).
- Nineteen percent of women reported they were covered by **Medicaid or Health Choice** just before pregnancy and 14% were uninsured.
- According to their body mass index (BMI) just before pregnancy, 26% of mothers were **overweight** and 27% were **obese**.
- Thirty-five percent of women reported taking a **multivitamin daily** in the month before conception.
- Before pregnancy, 20% of women reported they had **anxiety** and 13% had **depression**.
- During the 3 months just before pregnancy, 11% of women **smoked**, 51% consumed **alcohol**, and 13% had at least one episode of **binge drinking**.
- In the 12 months before pregnancy, 44% of women had not had a **dental cleaning**.
- Seventy-one percent of mothers reported they had a **health care visit** with a doctor, nurse or other health care worker.

Prenatal factors

- Eighty-three percent of mothers began **prenatal care** during the first trimester of pregnancy, and 2% began in the third trimester or received no care.
- Sixty-two percent of mothers reported that **HIV testing** was discussed during prenatal care visits; 37% reported getting an HIV test prenatally and 61% reported getting the test during pregnancy or delivery.
- Nine percent of women had **gestational diabetes**.

- **Physical abuse** by a current husband/partner or ex-husband/partner during the 12 months before pregnancy was reported by 3% of mothers
- Five percent of women **smoked** during the last three months of pregnancy. Eight percent of women reported using **alcohol** and 0.4% of women reported a **binge-drinking** episode during the last three months of pregnancy.
- Sixty-four percent of women were vaccinated for **seasonal flu** during the 12 months before delivery or during pregnancy.
- Twenty-eight percent of women used **Medicaid or Health Choice** for their prenatal care and 4% were **uninsured**.
- During pregnancy, 69% of women **worked at a job** for pay.
- Of the women who worked, sixty-two percent of them felt that the **amount of time they were able to take off** after the birth of their new baby was too little.

Infant health and related factors

- Ninety percent of infants were **breastfed** after delivery, and 74% were breastfed eight weeks or longer.
- In terms of **sleeping environment**, 80% of infants were usually placed on their backs to sleep and 59% always slept alone in their own crib or bed in the past 2 weeks.

Maternal postpartum factors

- Twenty-four percent of mothers reported they were not using **postpartum contraception**.
- Seven percent of mothers **smoked postpartum**.
- Seven percent of mothers reported feeling **down, depressed or hopeless** always or often since their new baby was born.

**MARYLAND PRAMS 2014-2018 SURVEILLANCE
AND SELECTED HEALTHY PEOPLE 2020 OBJECTIVES**

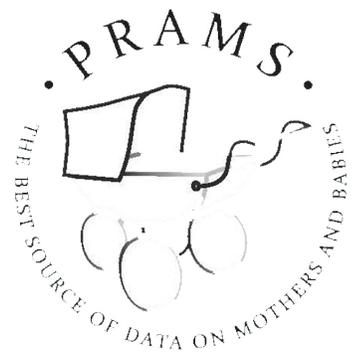
Healthy People 2020 Objective	Maryland PRAMS 2014 Births	Maryland PRAMS 2015 Births	Maryland PRAMS 2016 Births	Maryland PRAMS 2017 Births	Maryland PRAMS 2018 Births	Healthy People 2020 Target
Preconception						
Increase the proportion of pregnancies that are intended.**	55%	59%	59%	58%	61%	56.0%
Increase the proportion of women who took multivitamins/folic acid daily prior to pregnancy.	34%	35%	35%	35%	35%	33.1%
Increase the proportion of women who did not smoke during the three months prior to pregnancy.	85%	86%	87%	89%	89%	85.4%
Increase the proportion of women who did not drink alcohol during the three months prior to pregnancy.	49%	49%	45%	48%	49%	56.4%
Increase the proportion of women who had a healthy weight (BMI 18.5-24.9) prior to pregnancy.	50%	47%	46%	44%	45%	53.4%
Prenatal						
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester of pregnancy.***	82%	81%	84%	84%	83%	77.9%
Increase abstinence from cigarette smoking among pregnant women.	94%	94%	94%	95%	95%	98.6%
Increase abstinence from alcohol among pregnant women.	91%	90%	91%	92%	91%	98.3%
Increase abstinence from binge drinking**** among pregnant women.	99%	99.5%	99%	99.7%	99.6%	100.0%
Postpartum						
Increase the proportion of infants who are put to sleep on their backs.	80%	79%	80%	83%	80%	75.9%
Increase the proportion of infants who were breastfed (ever).	89%	87%	88%	89%	90%	81.9%

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

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

*****Binge drinking = 4 or more drinks in a two hour sitting*

Preconception Factors



“When I got pregnant, I was on my last month of deployment in Iraq and Kuwait.”

“When I first found out I was pregnant, I was very depressed. At the time I was in school and saw my life going differently. I wish I would have had my babies later, but since having them I can’t imagine life without them.”

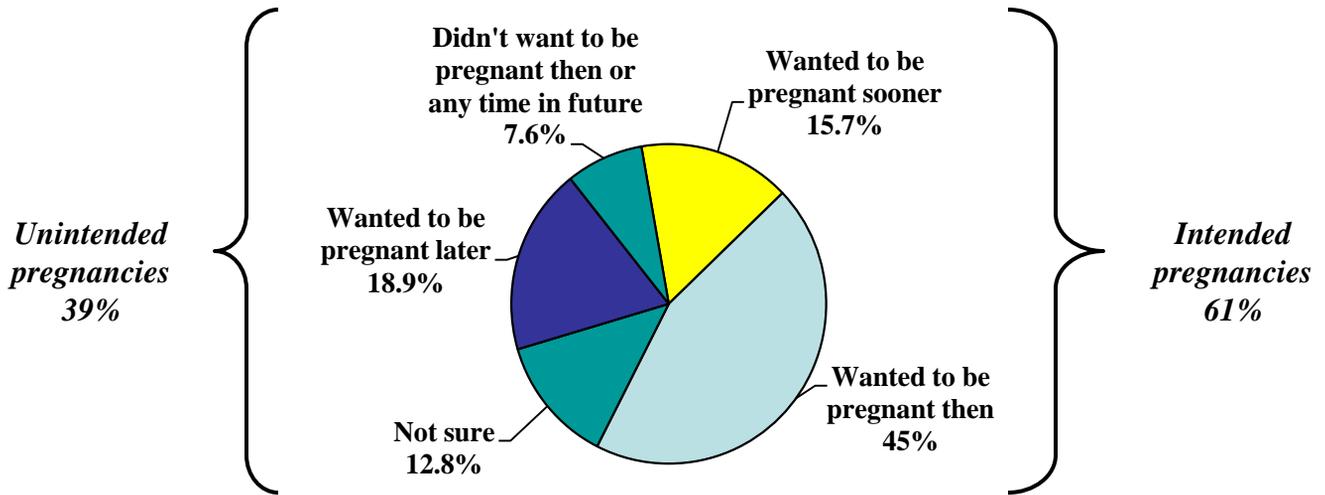
“Two months before I became pregnant with my newborn, I had a miscarriage at about 12 weeks. The OB/GYN office I used to confirm my miscarriage was the same office I used for my newborn’s pregnancy visit.”

PRAMS mothers

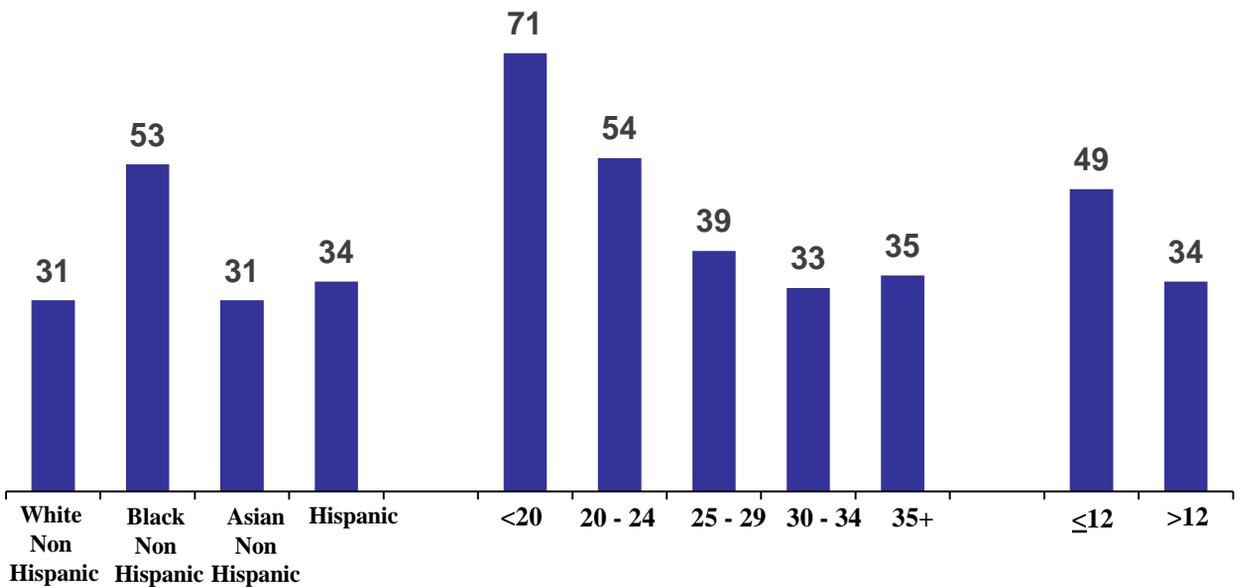
INTENDEDNESS OF PREGNANCY

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



Race and ethnicity

Age

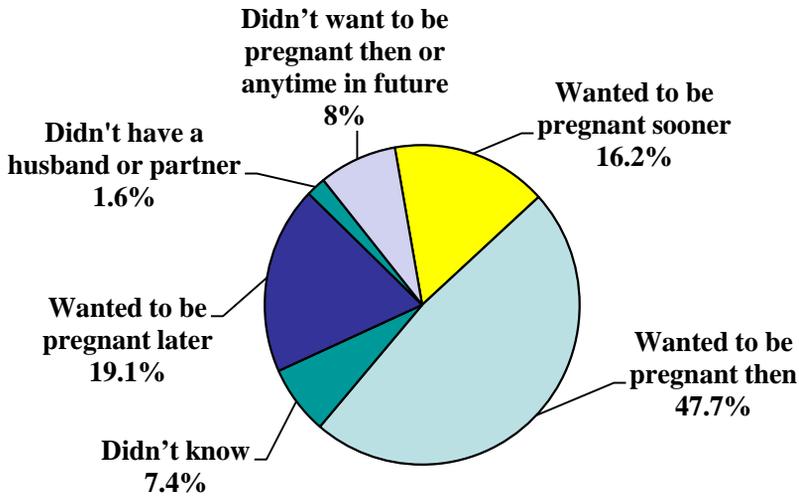
Years of education*

*Includes only mothers ages 20 and above.

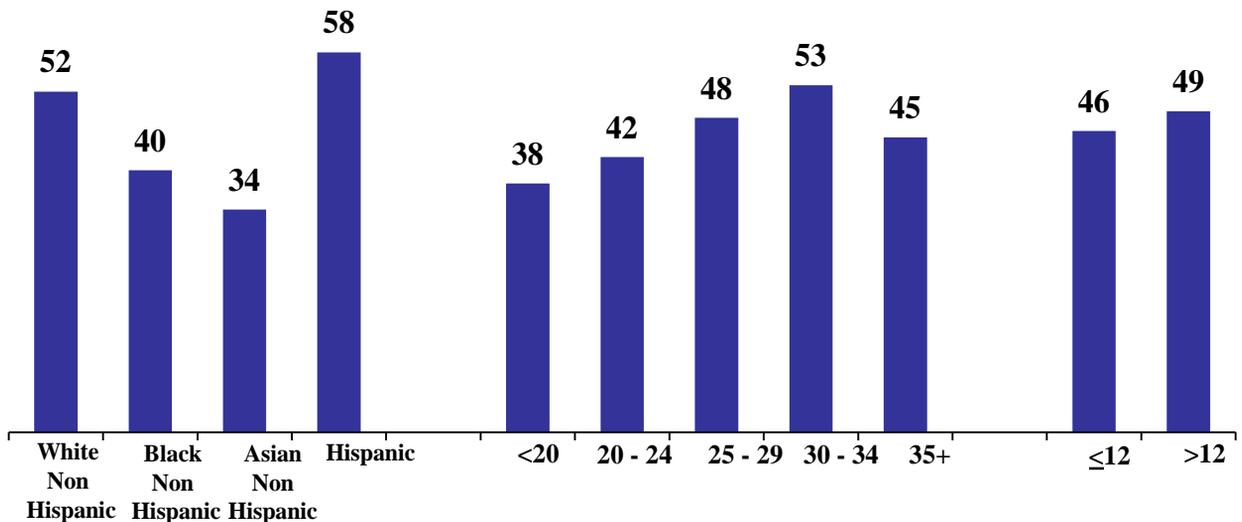
HUSBAND/PARTNER THOUGHTS ON PREGNANCY INTENTION

Question 63: Thinking back to just before you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?

Distribution of Husbands/Partners by Intendedness of Pregnancy



Percentage of Husbands/Partners Who Wanted Mom Pregnant *Then*



Race and ethnicity

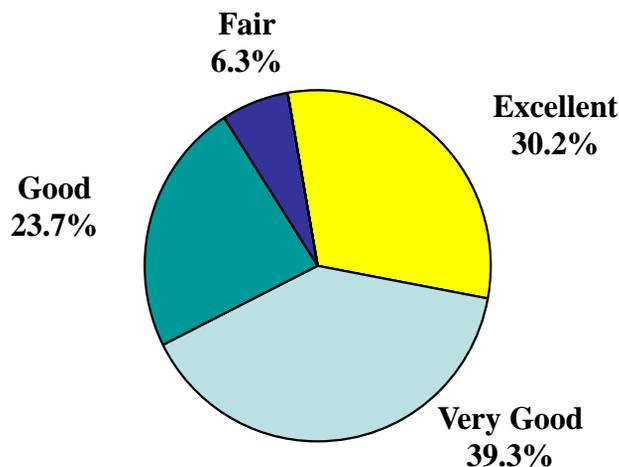
Age

Years of education*

GENERAL HEALTH BEFORE PREGNANCY

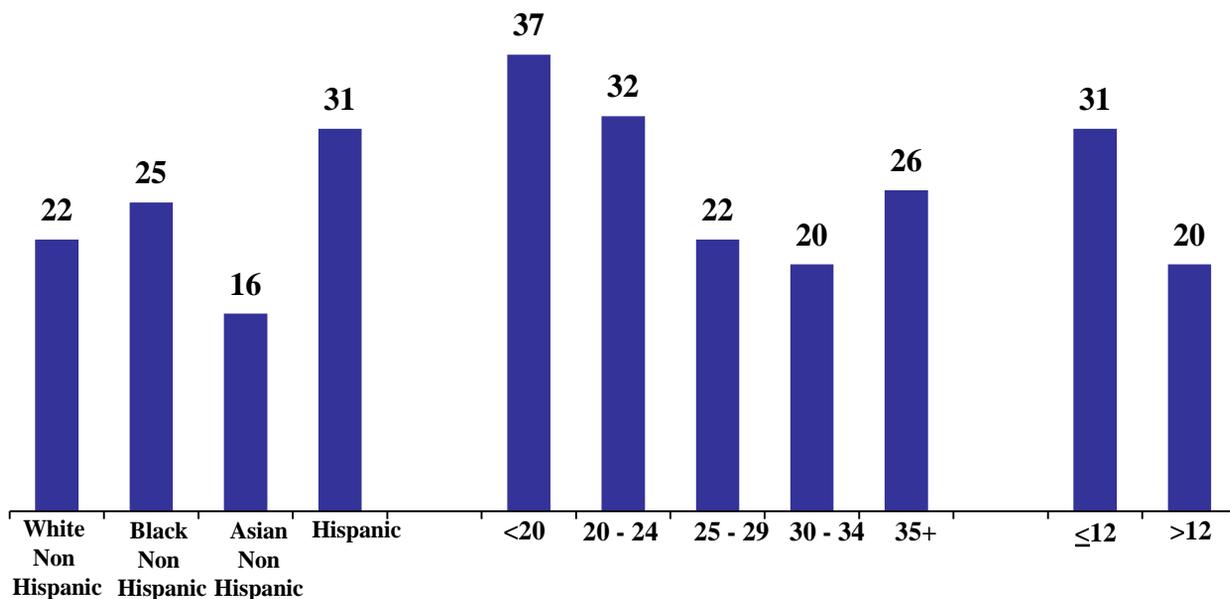
Question 6: *Before you got pregnant, would you say that, in general, your health was- Excellent, Very Good, Good, Fair, or Poor **

Distribution of Mothers by Rating of Health



* Mothers reporting "Poor" was less than 1%

Percentage of Mothers Who Reported Having Excellent or Very Good Health Before Pregnancy



Race and ethnicity

Age

Years of education*

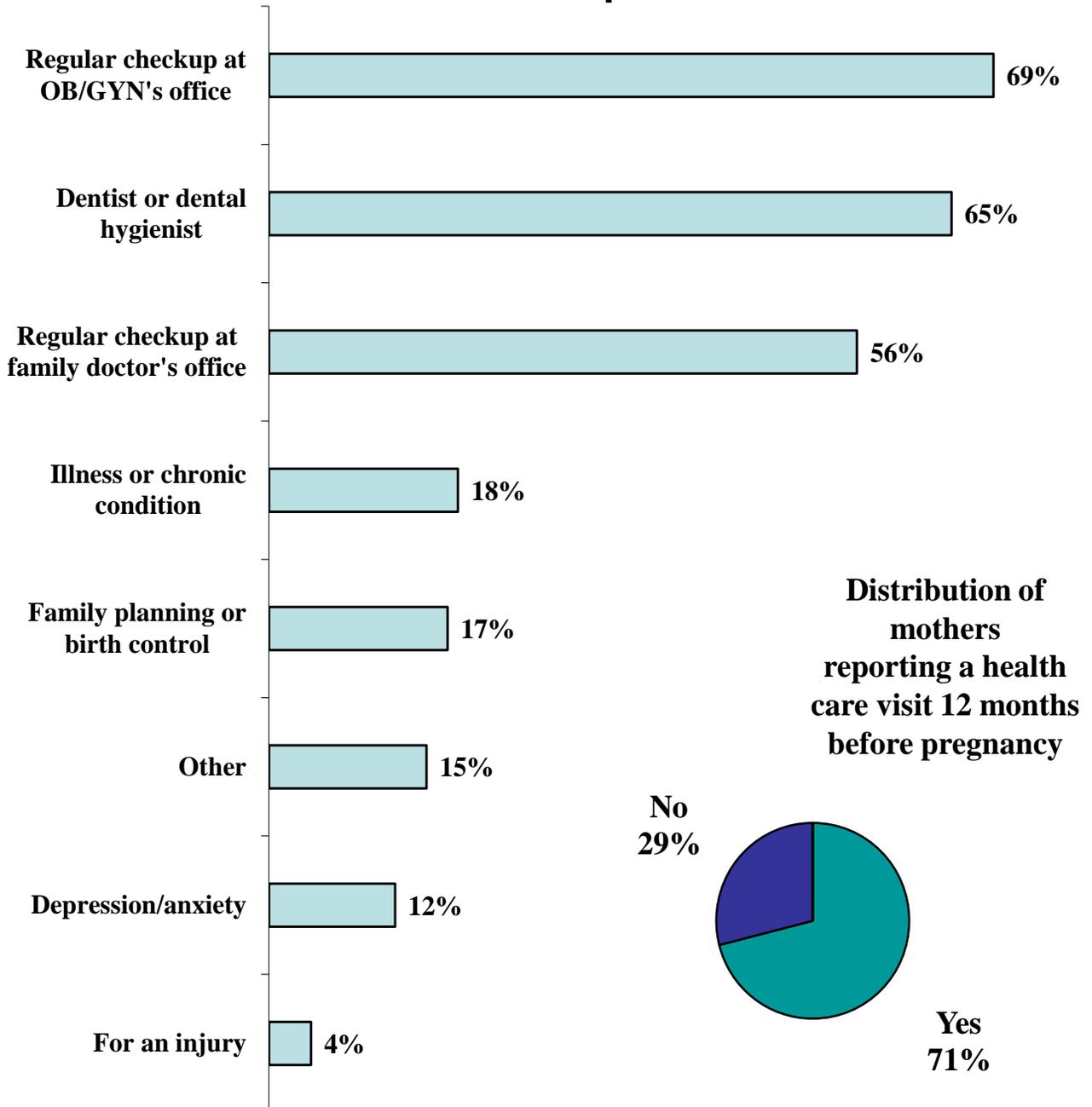
*Includes only mothers ages 20 and above.

HEALTH CARE VISITS

Question 9: In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

Question 10: What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

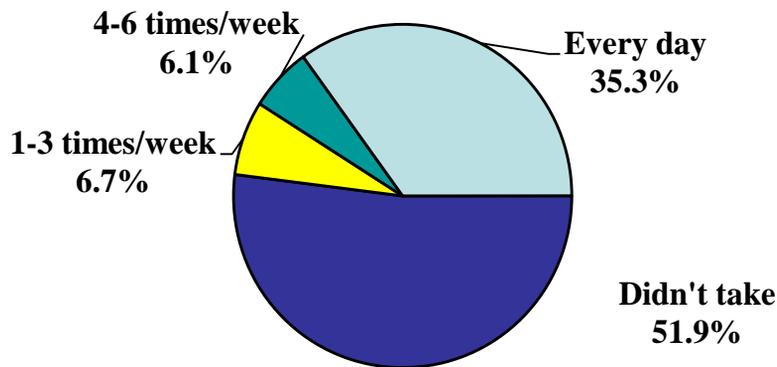
Percentage and Types of Health Care Visits Mothers Reported



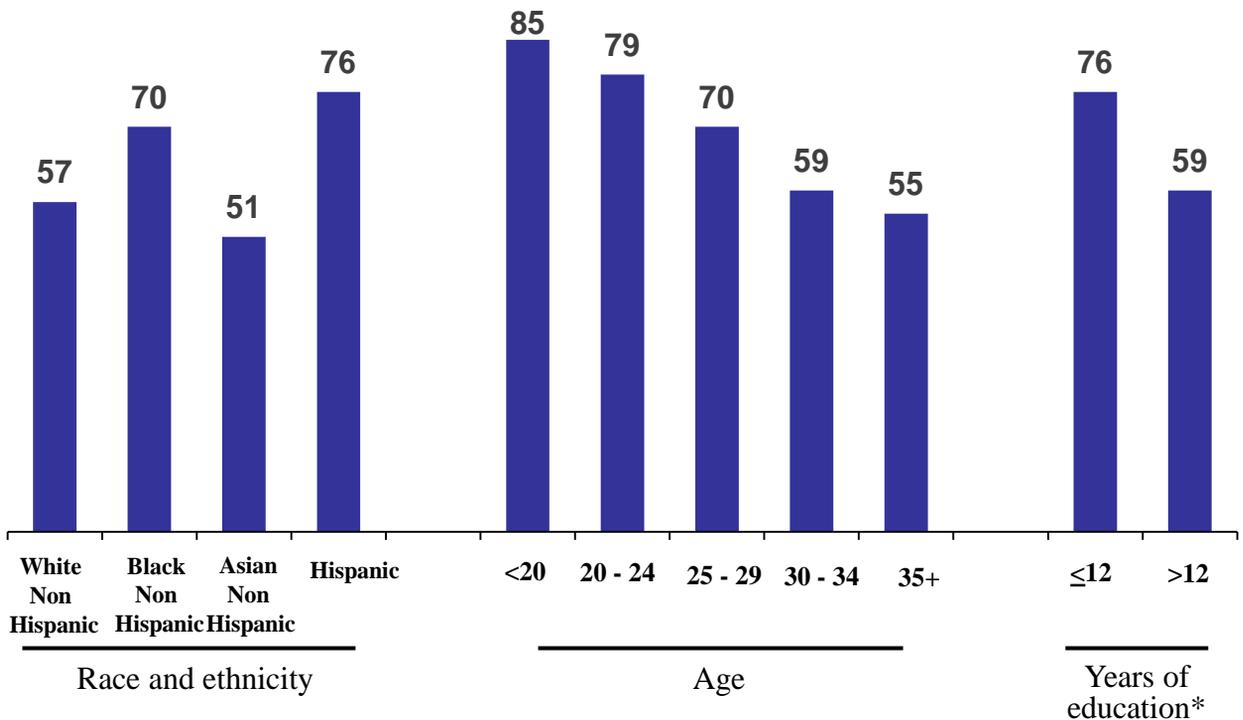
MULTIVITAMIN USE

Question 8: During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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.

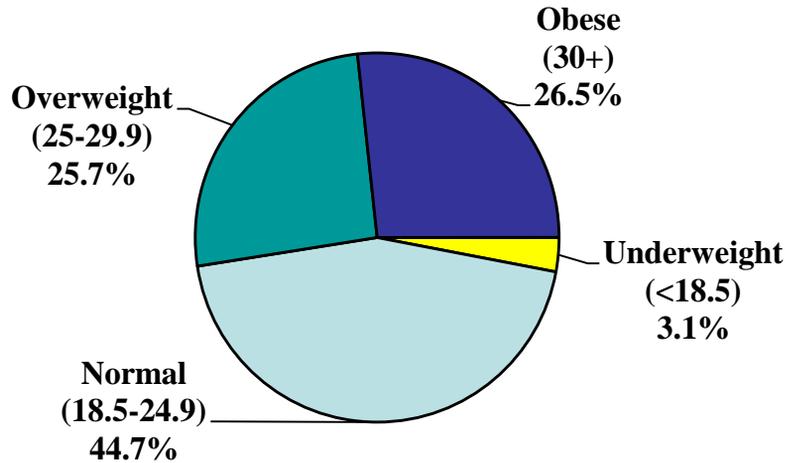
Note: Percentages are not reported if the number of respondents was less than five.

PRE-PREGNANCY BMI

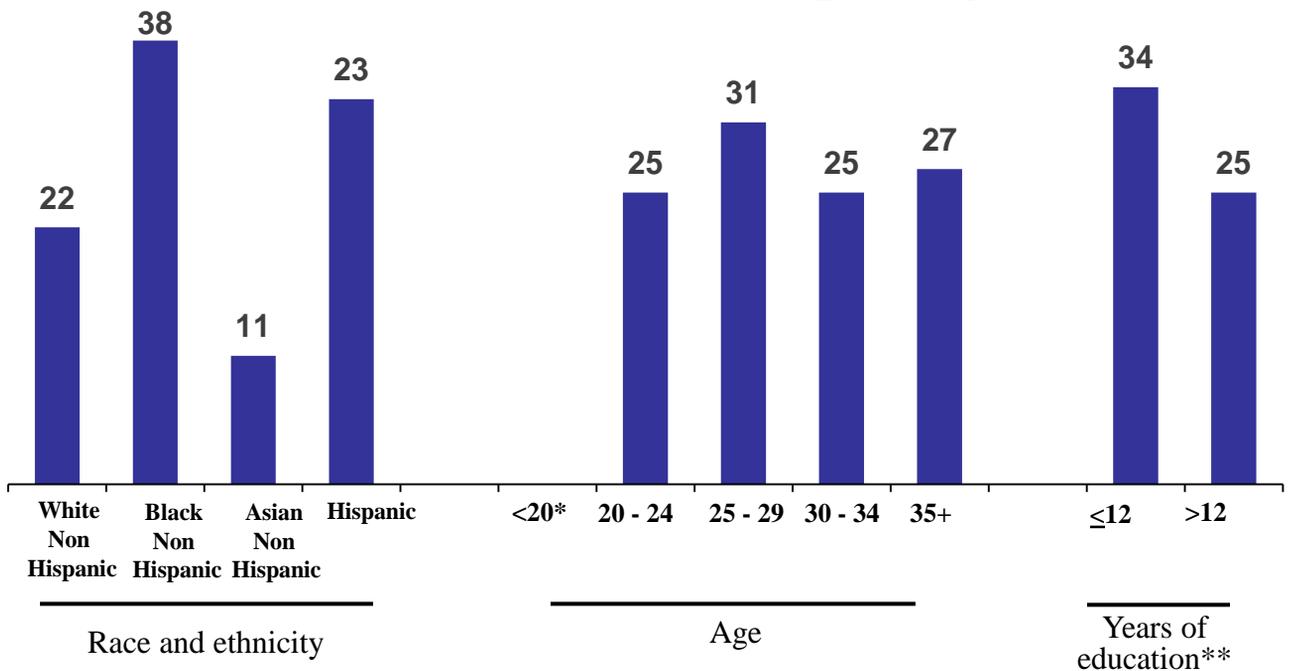
Question 1: How tall are you without shoes?

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

Distribution of Mothers by BMI Status Before Pregnancy



Percentage of Mothers Who Were Classified as Obese Before Pregnancy

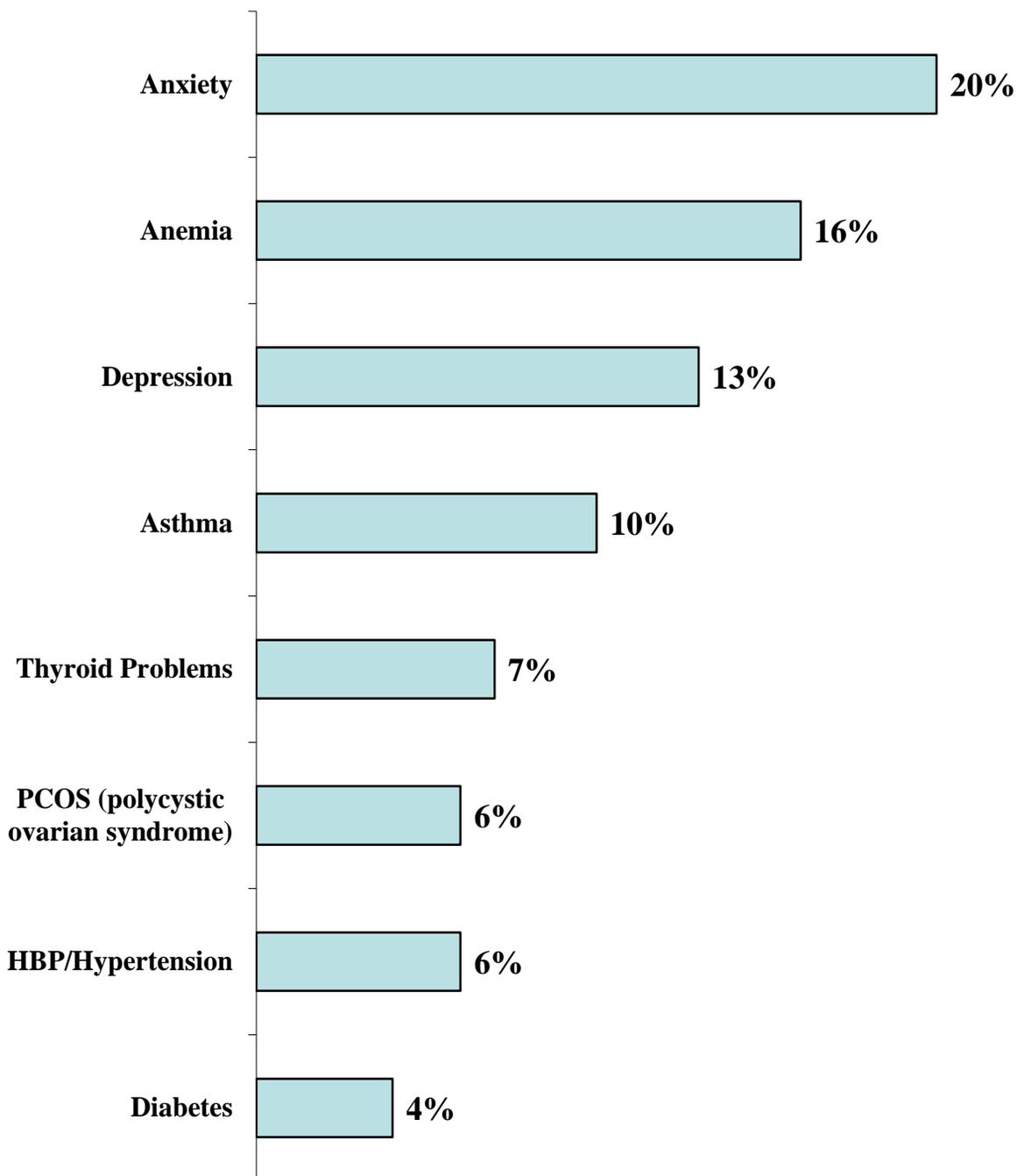


* Mothers <20 years of age had BMI >30 (and were not classified as obese via childhood growth charts)
 Note: Percentages are not reported if the number of respondents was less than five.

PRE-PREGNANCY HEALTH PROBLEMS

Question 7: During the *3 months before* you got pregnant with your new baby, did you have any of the following health conditions?

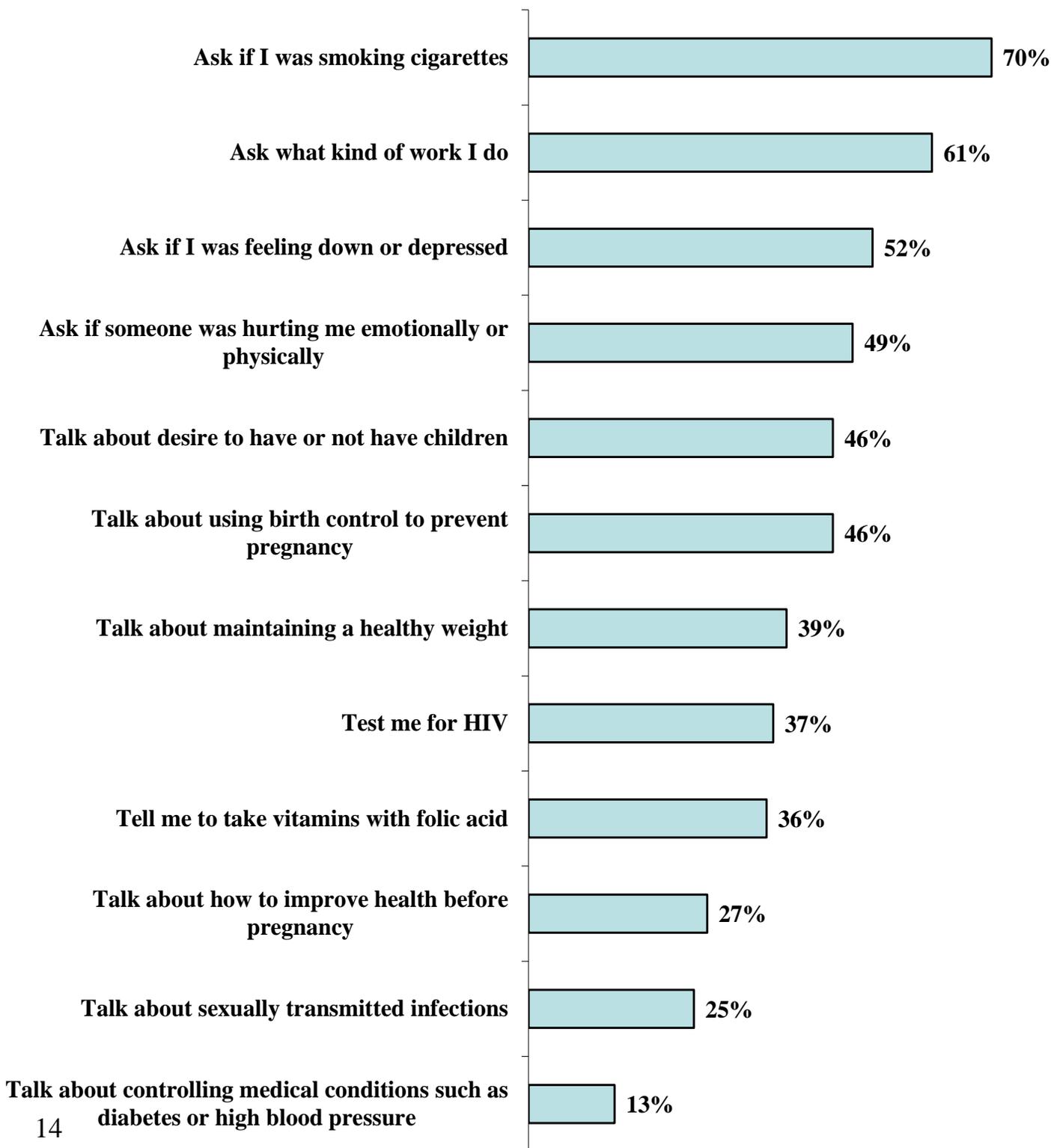
Mothers Reporting Health Problems Before Pregnancy



HEALTH CARE VISIT

Question 11: During any of your health care visits in the *12 months* before you got pregnant, did a doctor, nurse, or health care worker do any of the following things?
For each item, check No if they did not or Yes if they did.

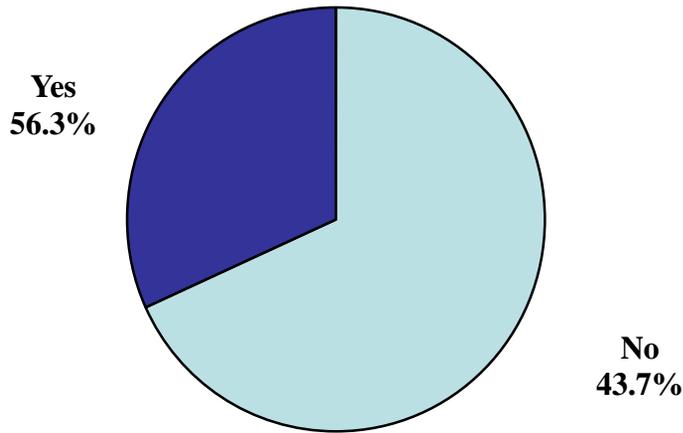
Mothers Reporting Actions During Health Care Visit



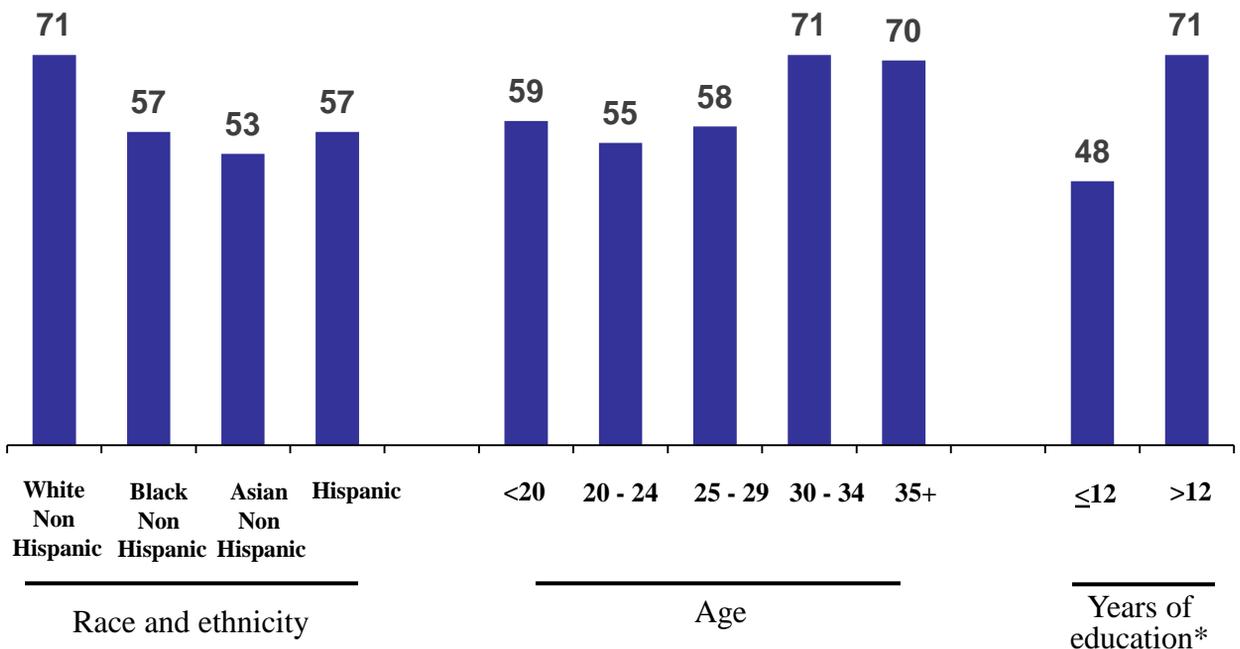
ORAL HEALTH

Question 10: What type of health care visit did you have in the *12 months before* you got pregnant with your new baby?

Mothers Reporting on Teeth Cleaning 12 Months Before Pregnancy



Percentage of Mothers Who Reported Having Had their Teeth Cleaned 12 Months Before Pregnancy

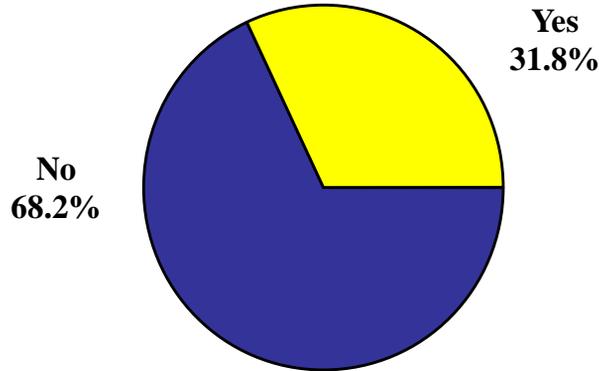


*Includes only mothers ages 20 and above.

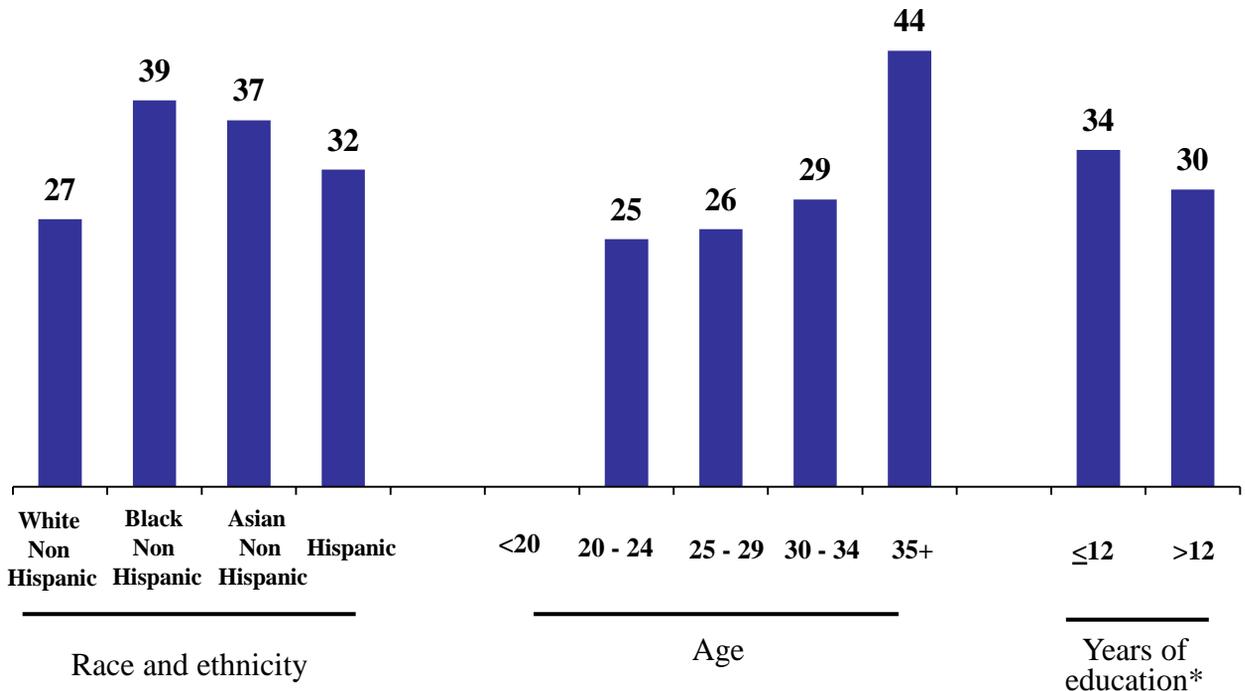
PRIOR CESAREAN DELIVERY

Question 5: *Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?*

Distribution of Mothers Having a Cesarean Delivery



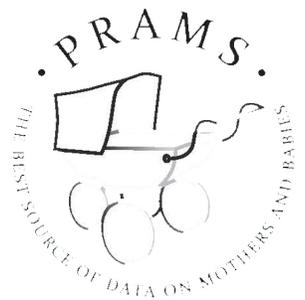
Percentage of Mothers Who Reported Having a Cesarean Delivery



*Includes only mothers ages 20 and above.

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

Prenatal Factors



“I was privileged enough to afford a doula. I strongly believe that with the help of the doula and the amazing midwife team I was able to reach my birthplan goals.”

“I felt that there was a lot of pressure to go c-section and avoid natural birth in this area.”

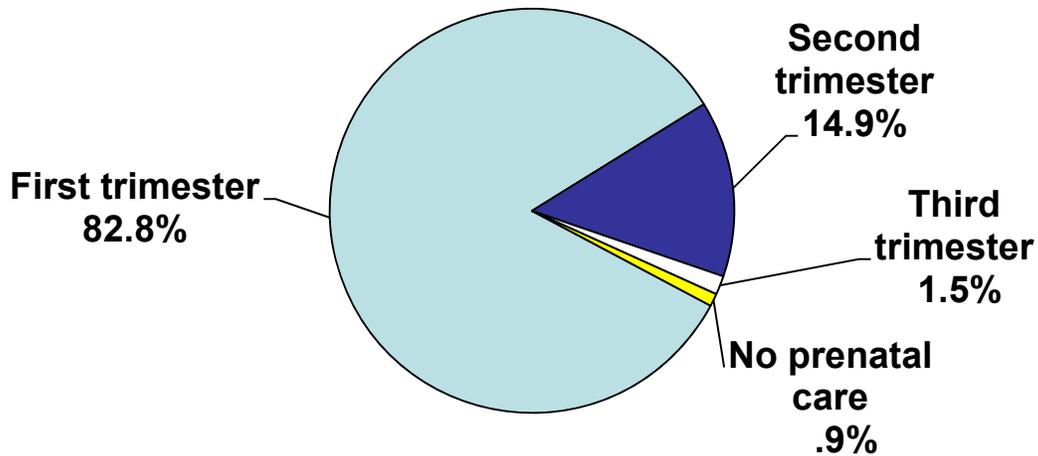
“It’s important to listen to your doctors. The hospital I stayed at was great and the doctors and nurses were very informative. ”

PRAMS mothers

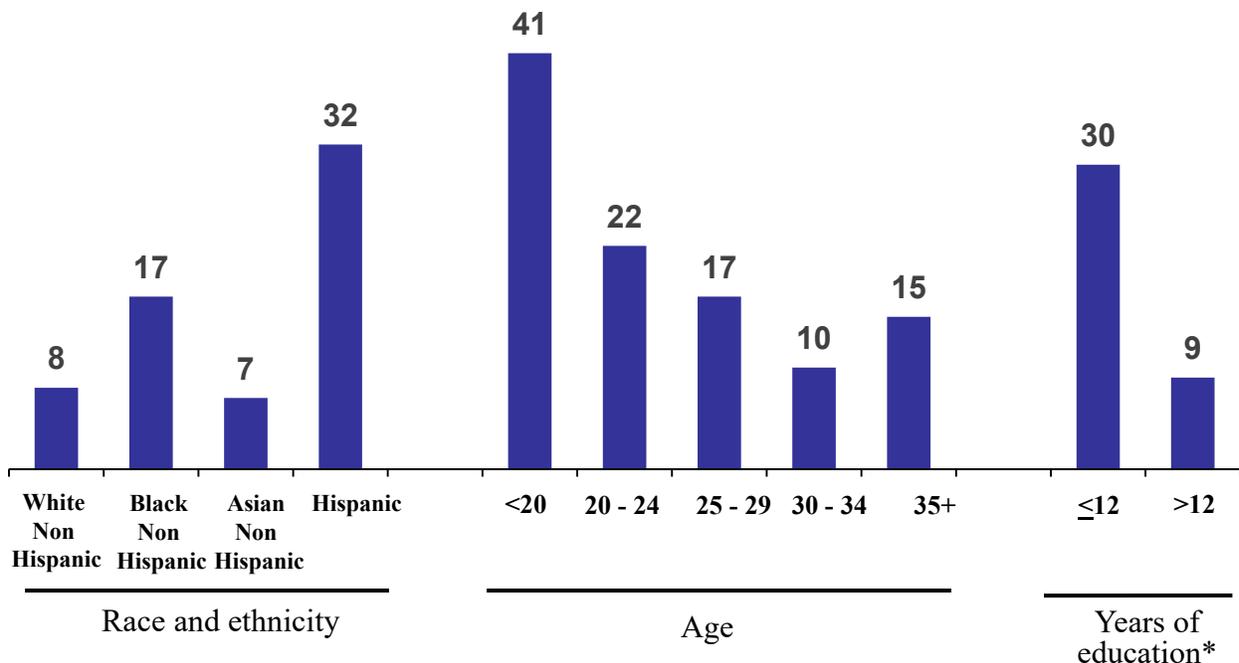
TRIMESTER PRENATAL CARE BEGAN

Question 16: 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 Began Prenatal Care During the Second or Third Trimester of Pregnancy

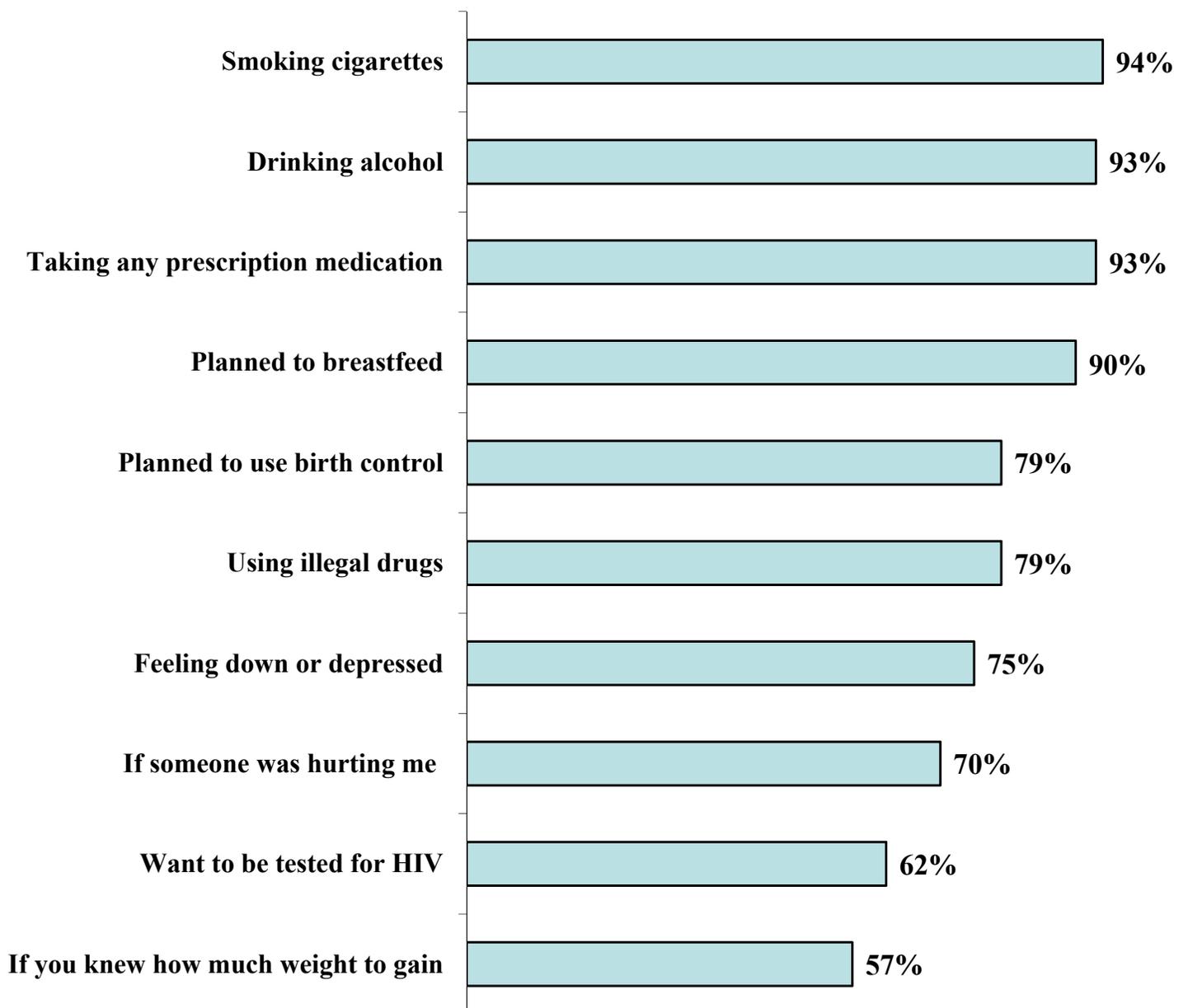


*Includes only mothers ages 20 and above.

TOPICS DISCUSSED DURING PRENATAL CARE VISITS

Question 17: *During any of your prenatal care visits, did a doctor, nurse, or other healthcare worker ask you any of the things listed below?*

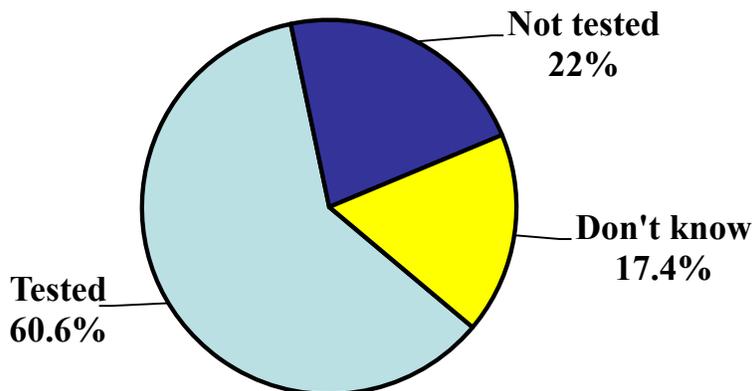
Mothers Reporting That Selected Topics Were Asked During Prenatal Care Visits



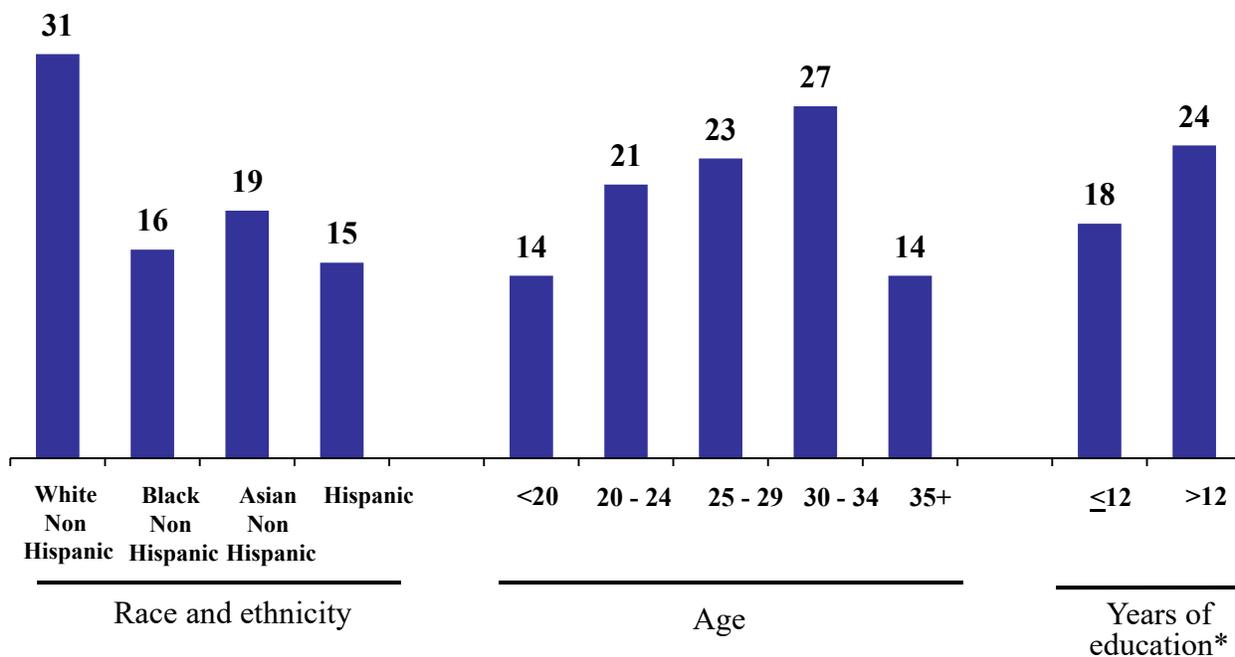
HIV TESTING

Question 18: 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

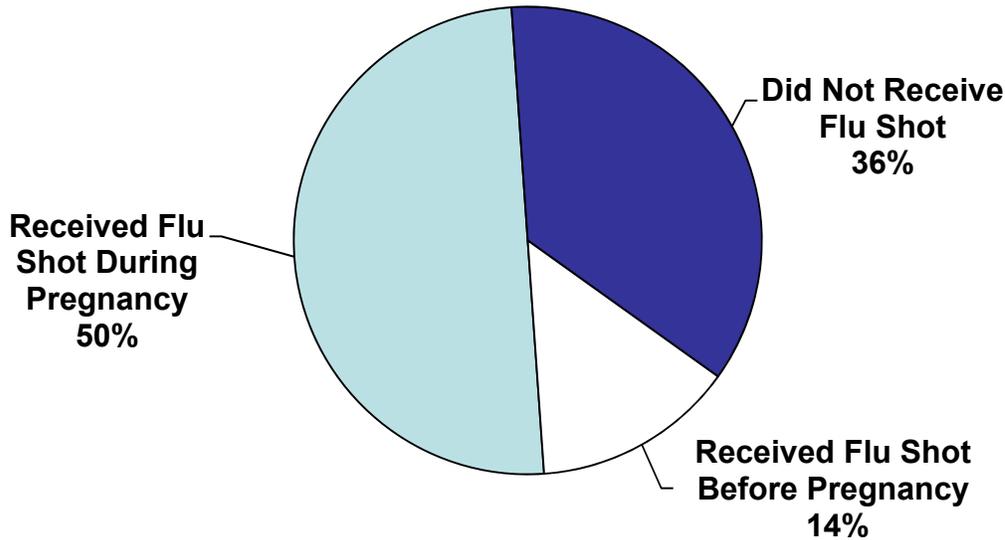


*Includes only mothers ages 20 and above.

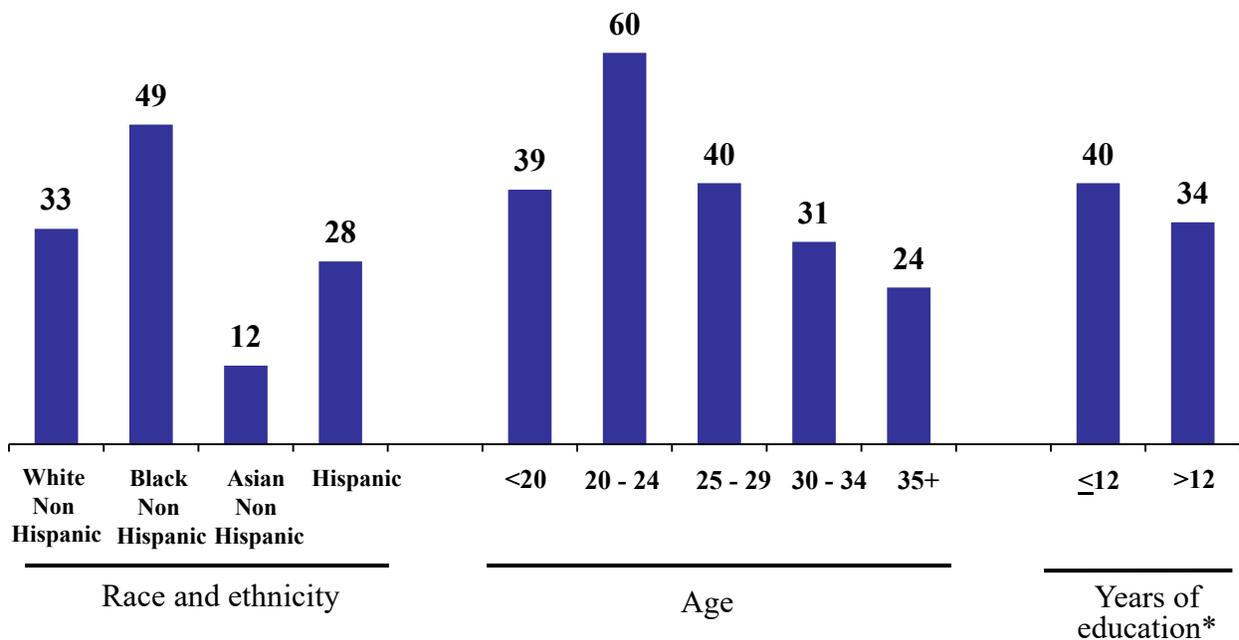
INFLUENZA IMMUNIZATIONS

Question 20: During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Distribution of Mothers by Flu Immunization Status One Year Before Delivery



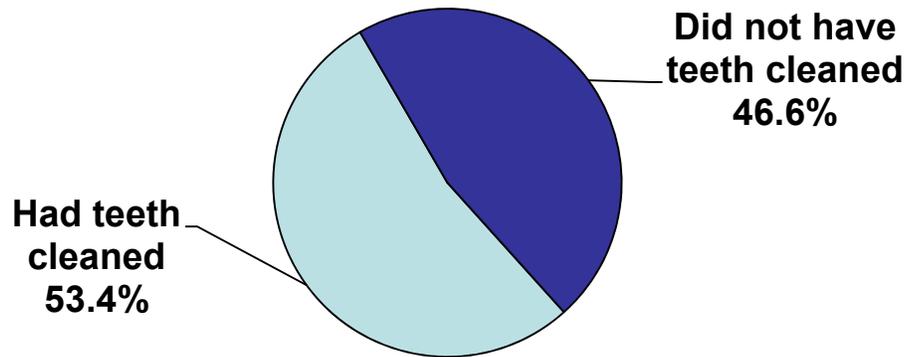
Percentage of Mothers Who Reported They Did Not Get a Flu Shot One Year Before Delivery



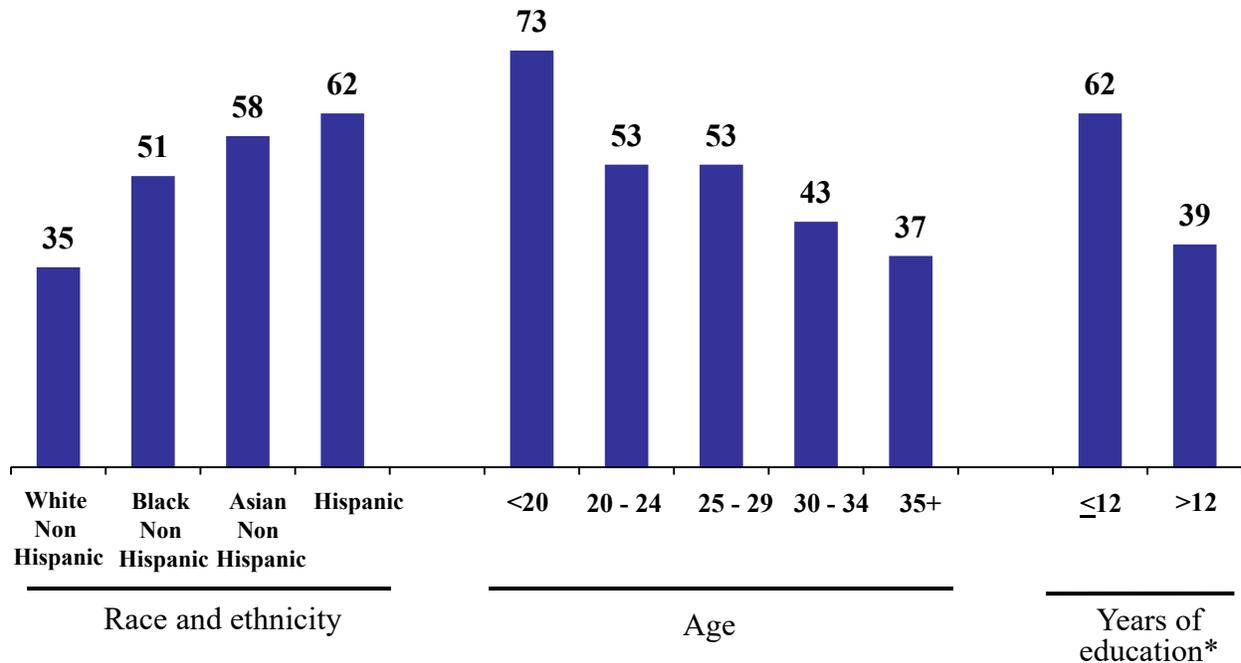
TEETH CLEANING

Question 21: During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

Distribution of Mothers by Teeth Cleaning During Pregnancy



Percentage of Mothers Who Did Not Have Their Teeth Cleaned During Pregnancy

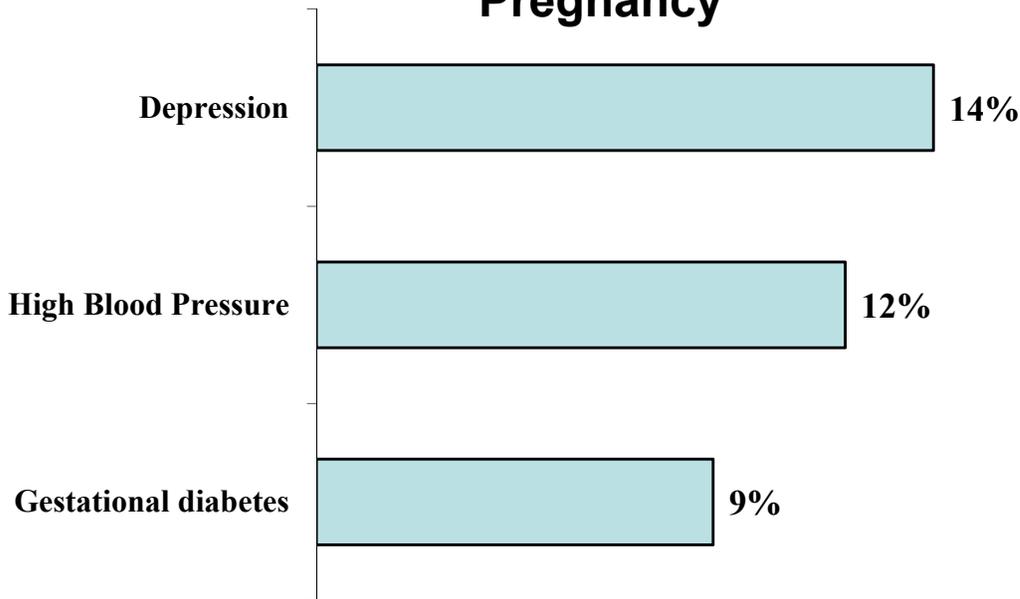


*Includes only mothers ages 20 and above.

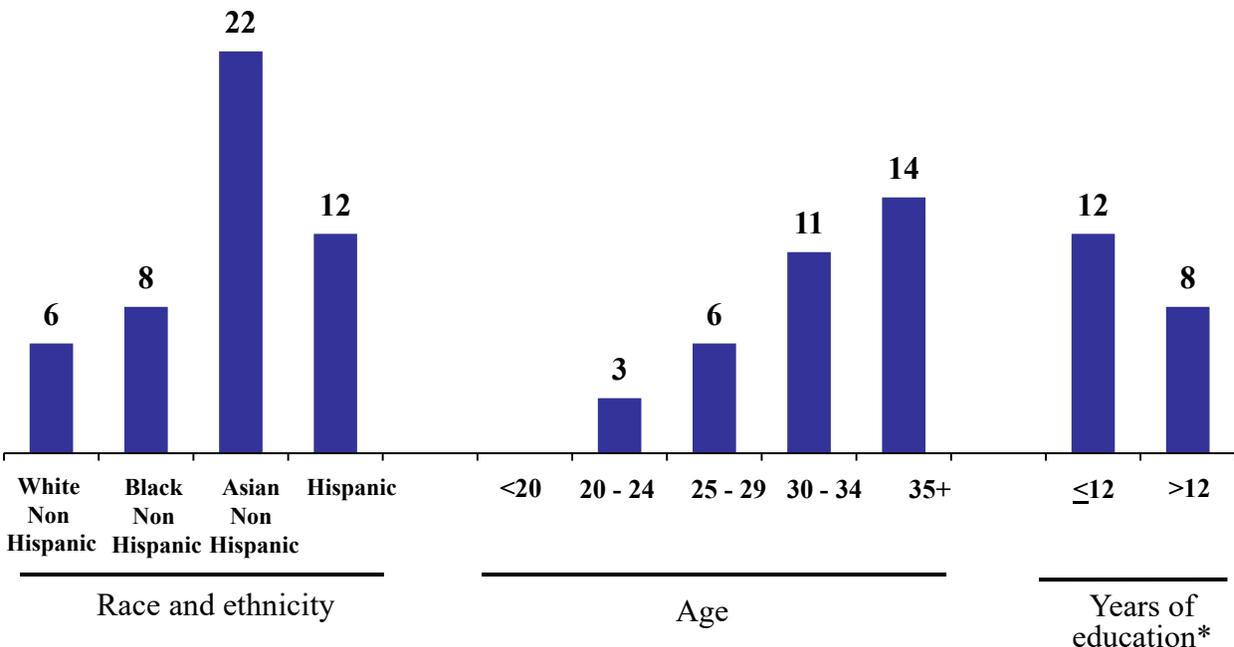
HEALTH CONDITIONS

Question 22: During *your most recent* pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

Mothers Reporting Health Problems During Pregnancy



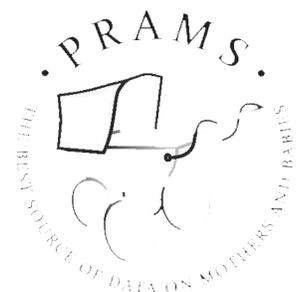
Percentage of Mothers Who Had Gestational Diabetes



*Includes only mothers ages 20 and above

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

Health Care Coverage, WIC, Home Visiting, and Employment



“I definitely think Maryland could have better laws in place for mothers and pregnancy such as paid maternity leave.”

“All women should have access to healthcare before/during/and after childbirth.”

“I strongly feel that mothers need substantial more time off with their new babies and it needs to be paid in the weeks after childbirth.”

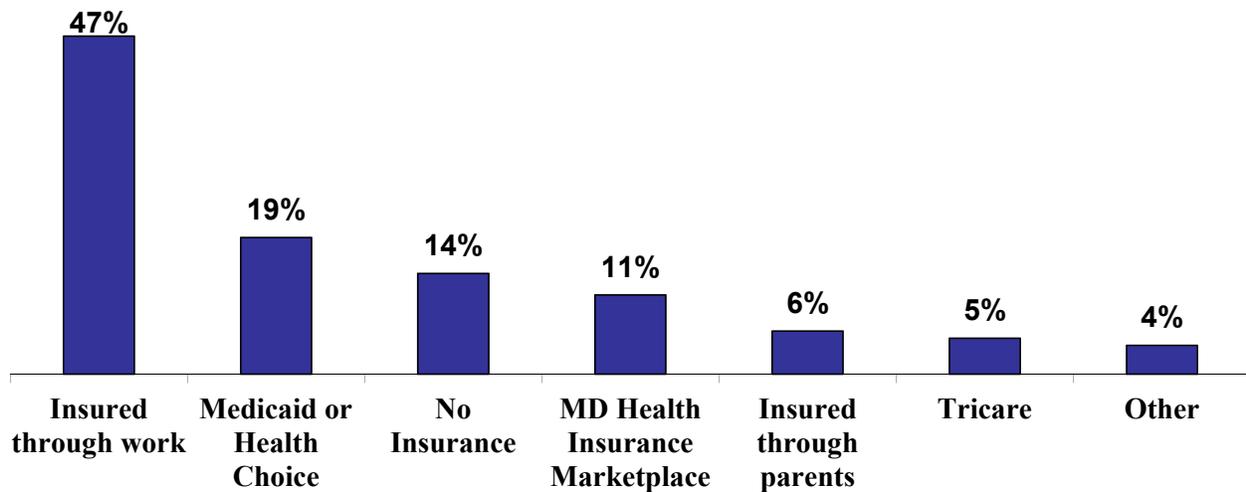
“I am concerned about the lack of awareness for government aid program , especially for low income families. Also, the income limits of certain programs, like WIC, could have a gradual cutoff instead of a hard cutoff so people out of the current income levels could get some benefits. We’ve always been a couple hundred dollars shy of the WIC limits.”

PRAMS mothers

HEALTH INSURANCE BEFORE PREGNANCY

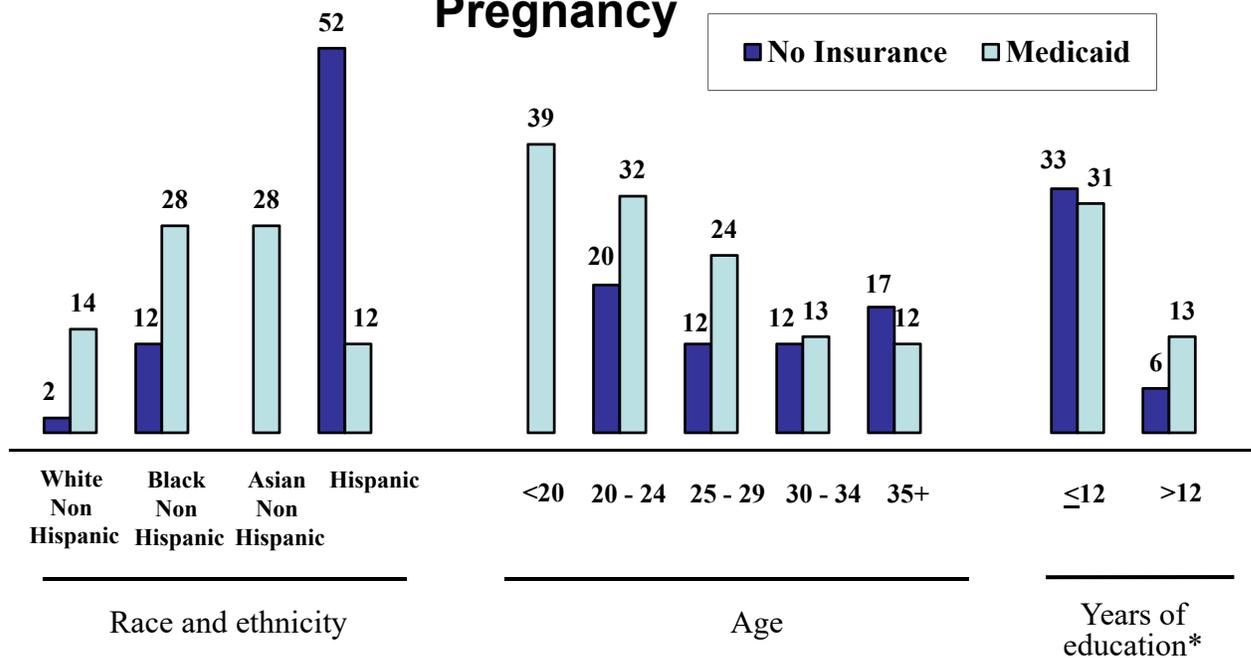
Question 12: During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

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

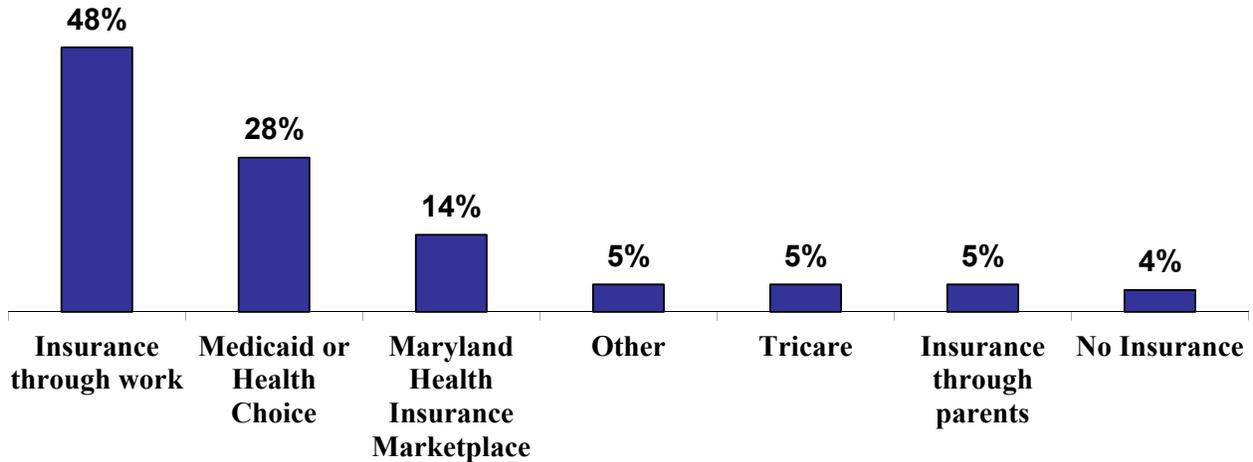


*Includes only mothers ages 20 and above.

SOURCE OF PAYMENT FOR PRENATAL CARE

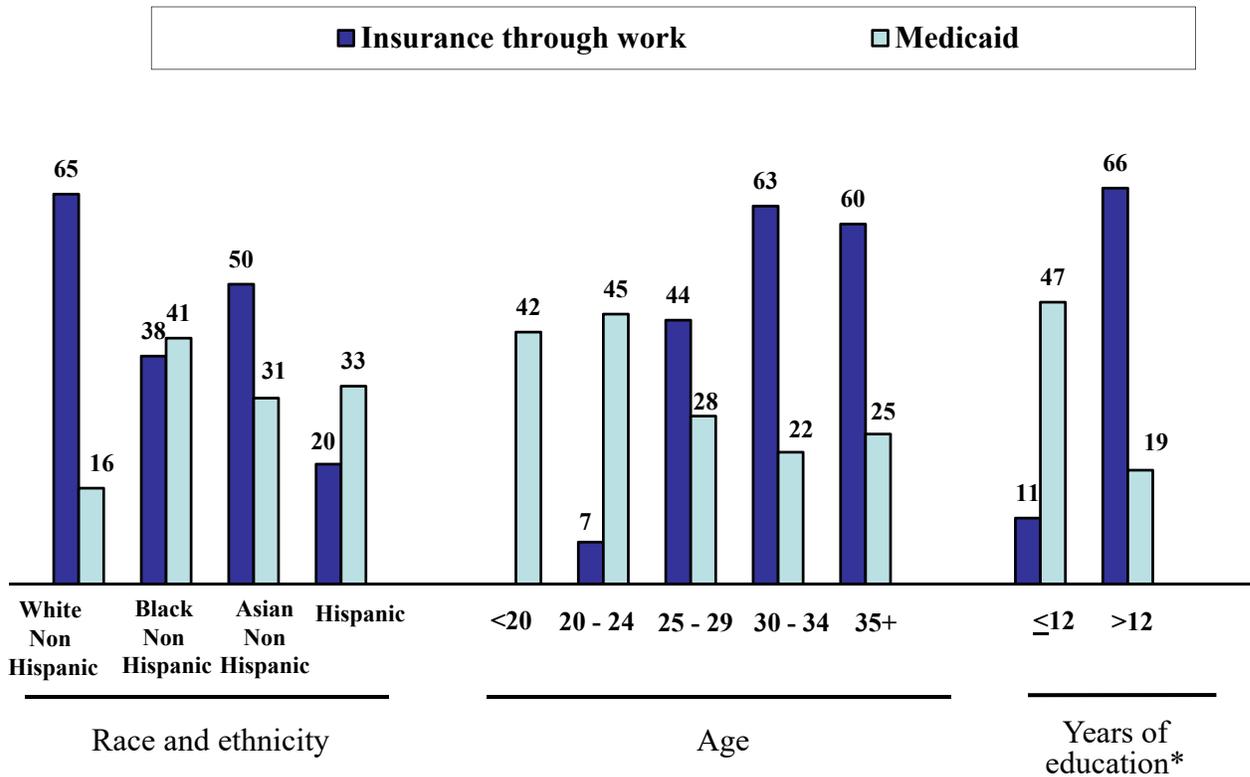
Question 13: During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care?

Source(s) of Payment for Prenatal Care**



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

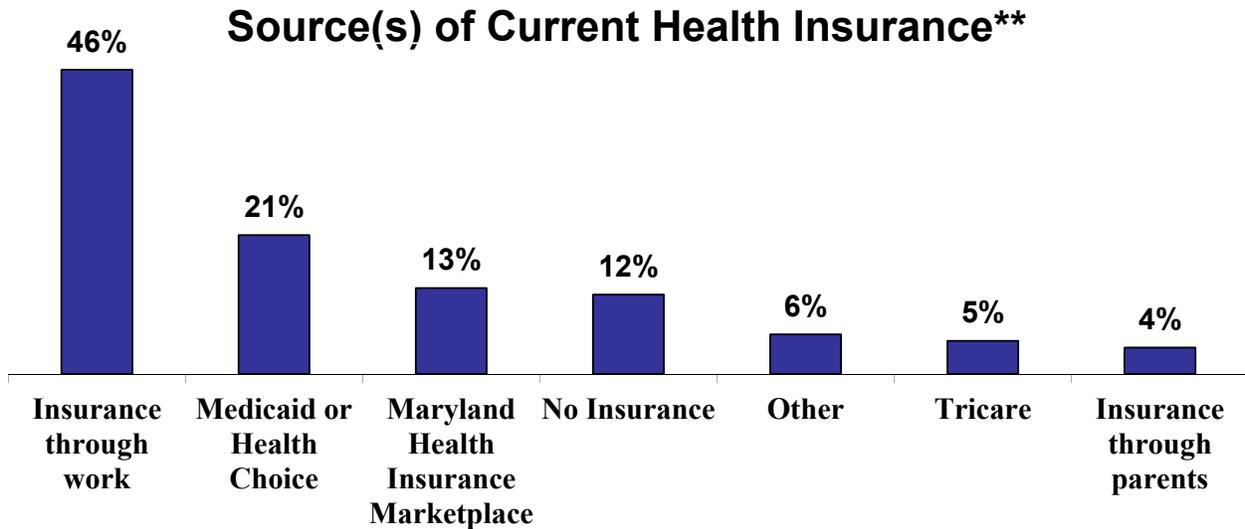
Percentage of Mothers Who Identified Insurance or Medicaid as a Source of Payment for Prenatal Care



*Includes only mothers ages 20 and above.

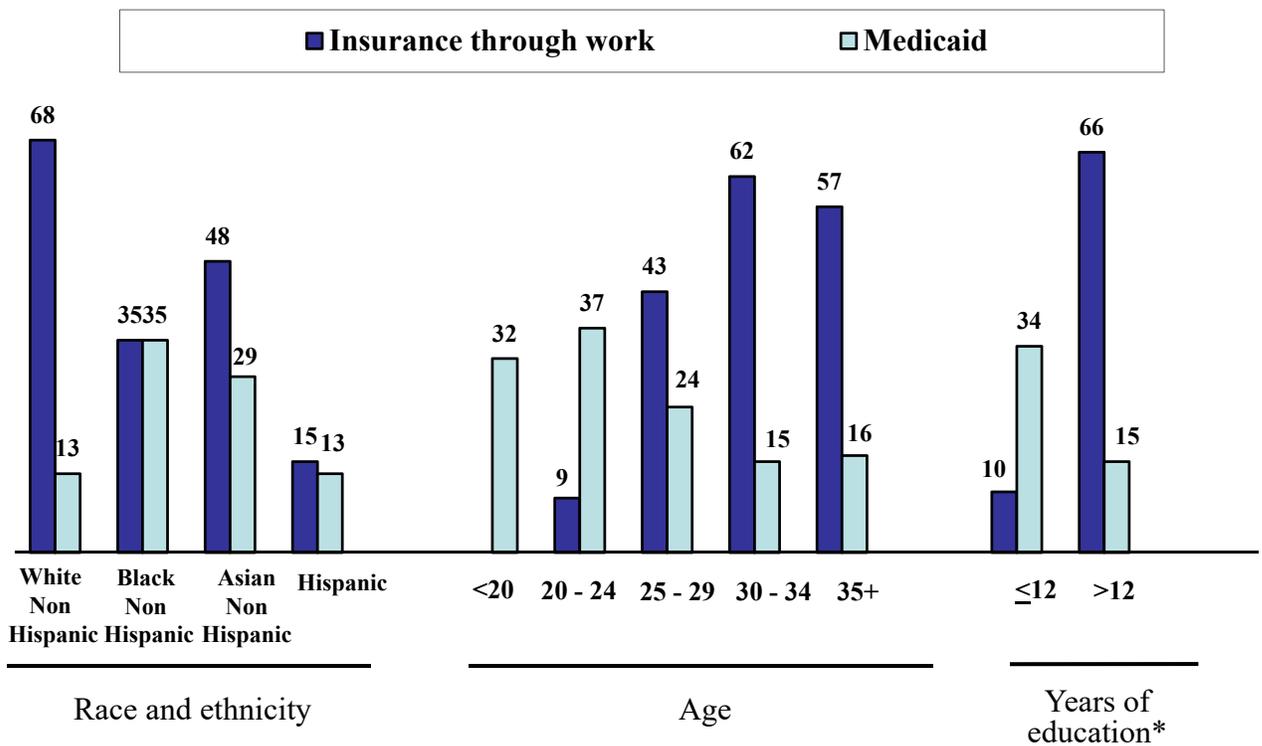
CURRENT HEALTH INSURANCE

Question 14: What kind of health insurance do you have *now*?



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

Percentage of Mothers Who Identified as Currently Having Insurance or Medicaid



*Includes only mothers ages 20 and above.

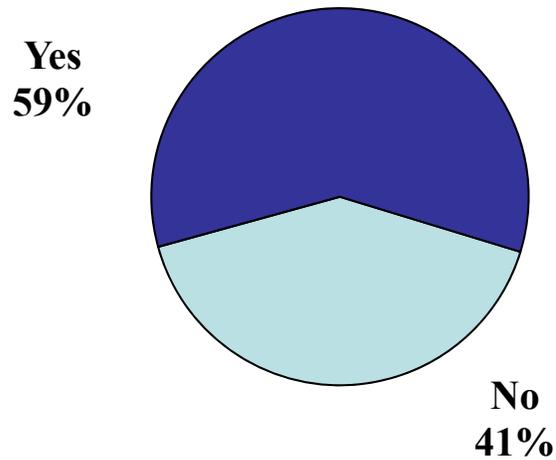
Note: Percentages are not reported if the number of respondents was less than five.

CHILD CARE DURING WORK OR SCHOOL

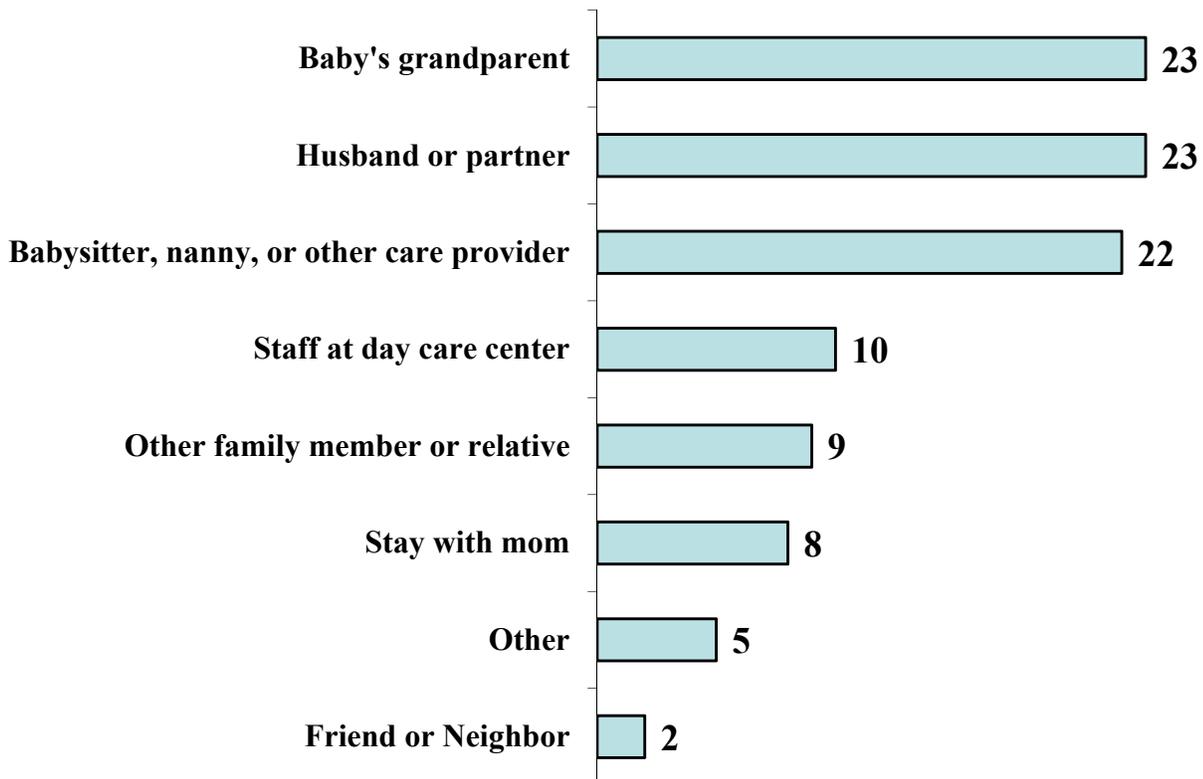
Question 65: Are you currently in school or working?

Question 66: Which one of the following people spends the most time taking care of your new baby when you are at school or work?

Distribution of Mothers Who go to Work or School



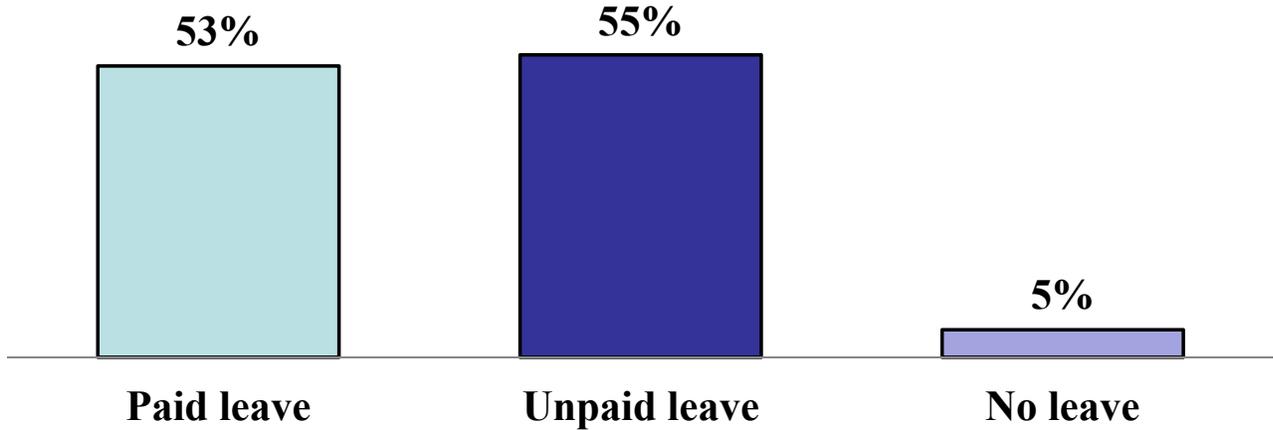
People Who Spend the Most Time with Baby While Mom is at Work or School



WORKPLACE LEAVE

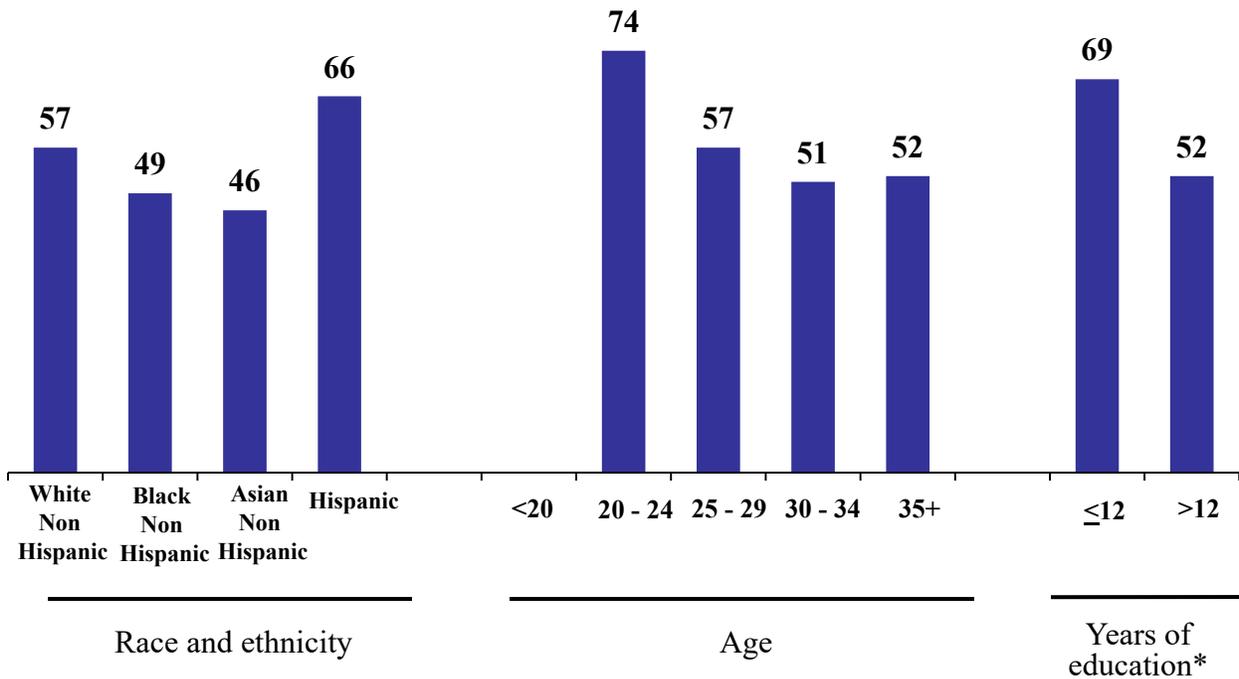
Question 70: Did you take leave from work *after* your new baby was born?

Distribution of Mothers Who Took Paid or Unpaid Leave After the Baby Was Born



** Respondents were instructed to check *ALL* that apply, therefore percentages do not sum to 100.

Percentage of Mothers Who Took Unpaid Leave After the Baby Was Born



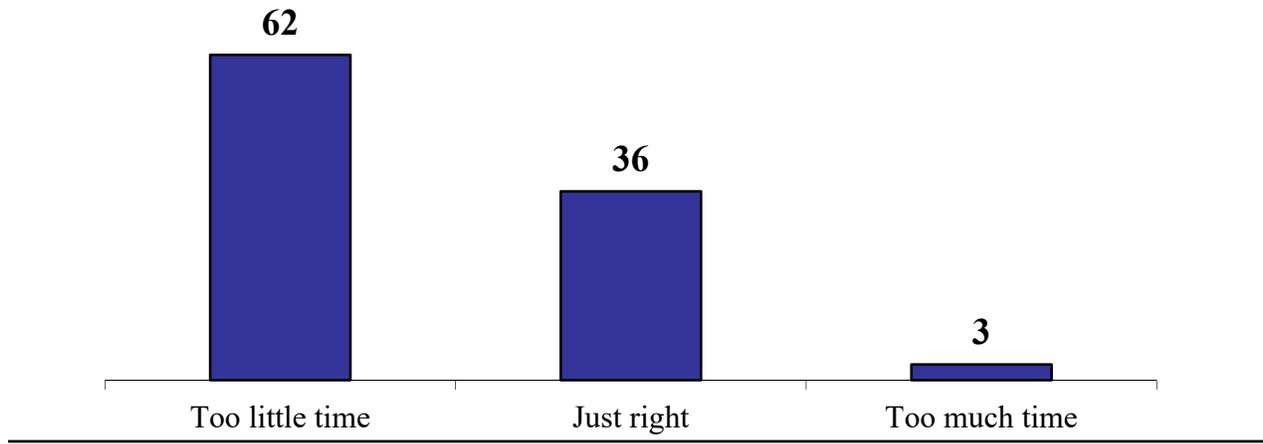
*Includes only mothers ages 20 and above.

FACTORS AFFECTING LEAVE TIME

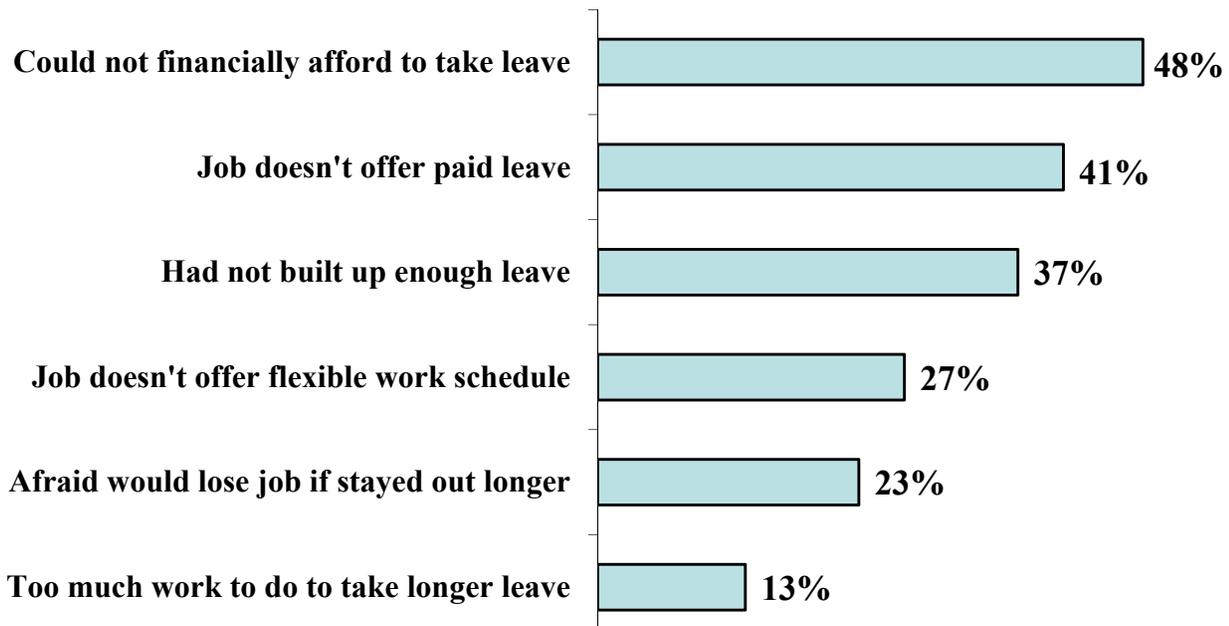
Question 72: How did you feel about the amount of time you were able to take off *after* the birth of your new baby?

Question 73: Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born?

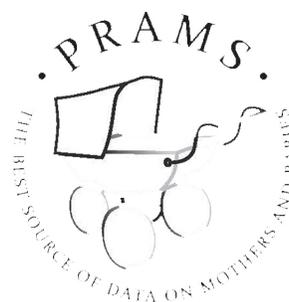
Distribution of How Mothers Felt About The Amount of Time Taken Off



Factors Affecting Decision to Take Leave



Selected Risk Factors



“Before I got pregnant with my daughter, I had used heroin, cocaine, Xanax and methadone. I continued to use after finding out I was pregnant until I could get into a detox center at which time I was 7 months pregnant.”

“I don’t do alcohol cause I was on keto.”

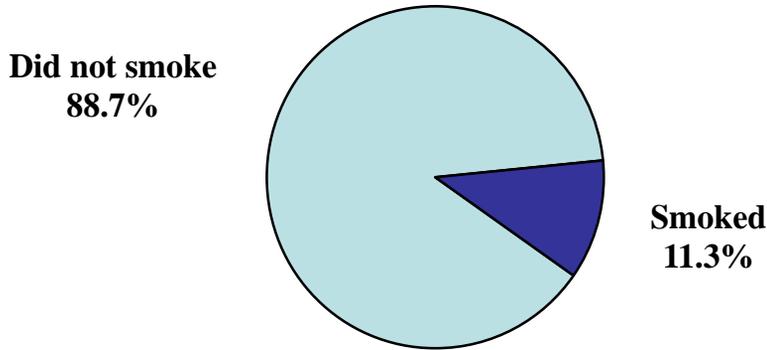
“I had PPD with my first baby. Grateful to my OB/GYN for connecting me with a psychiatrist for ‘anticipatory guidance’ during my most recent pregnancy to stay on top of symptoms.”

PRAMS mothers

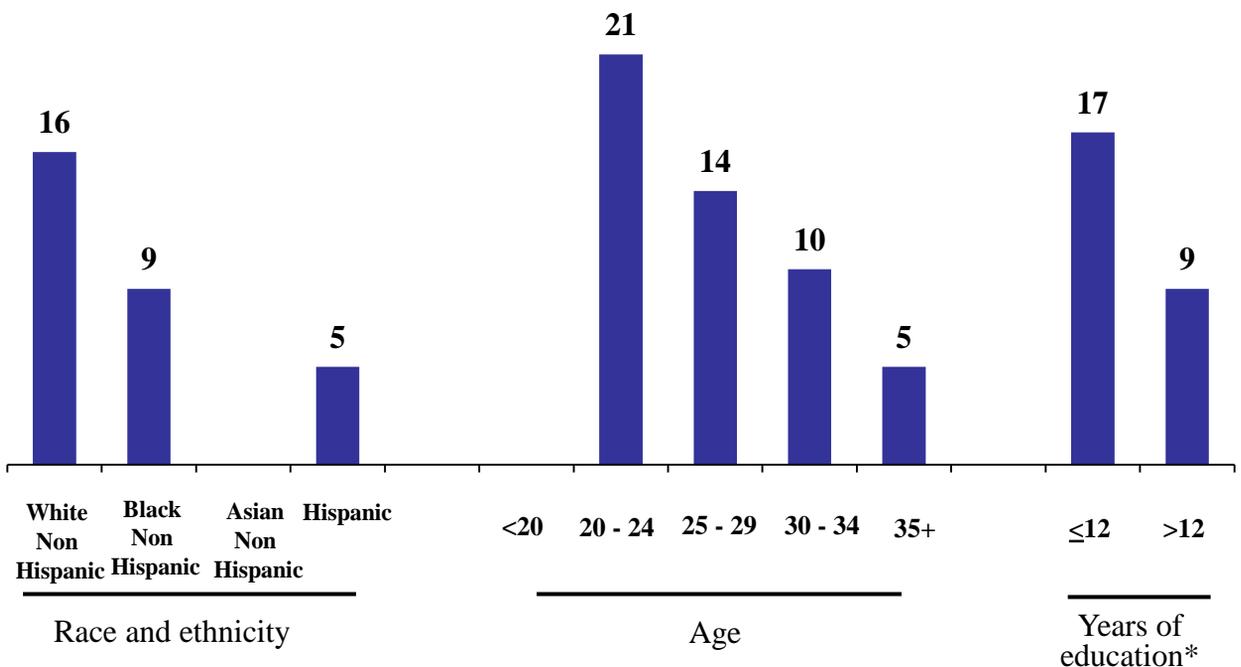
SMOKING BEFORE PREGNANCY

Question 24: 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



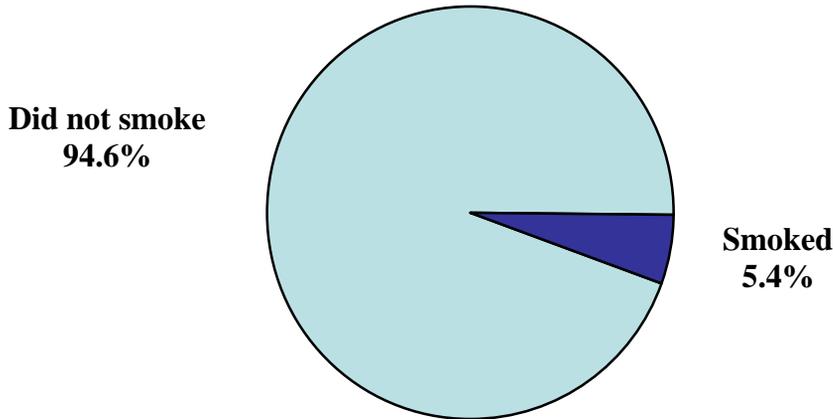
*Includes only mothers ages 20 and above.

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

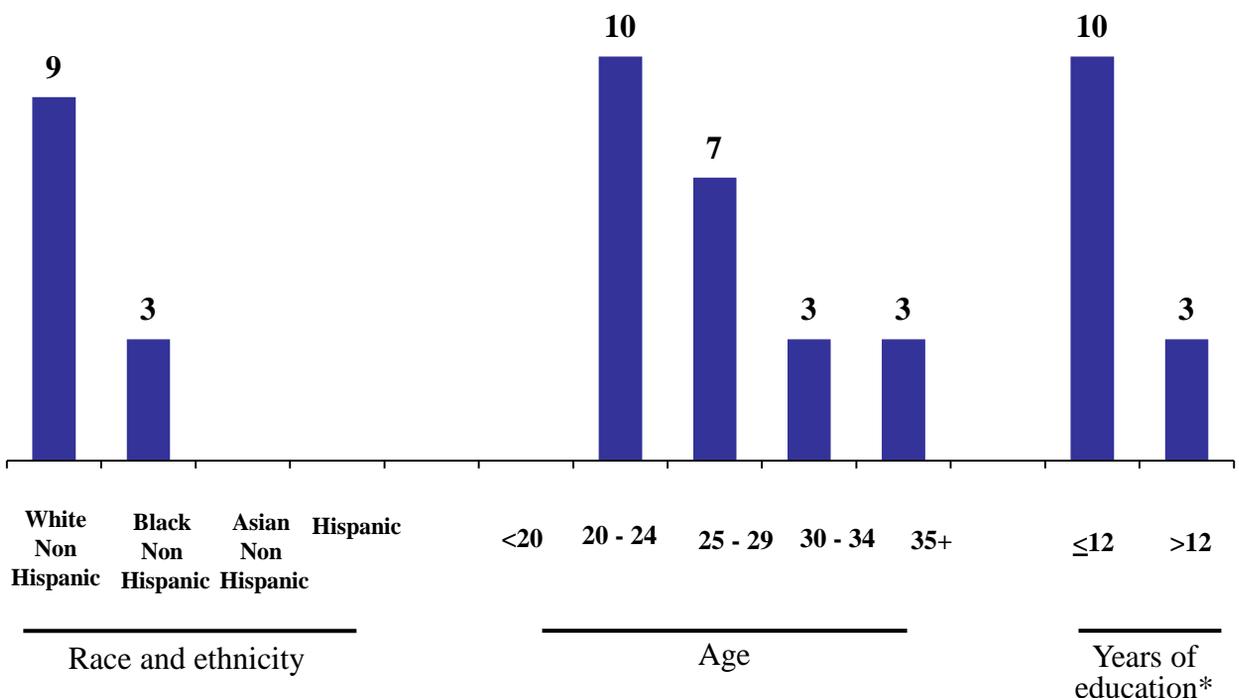
SMOKING DURING PREGNANCY

Question 25: In the *last 3 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



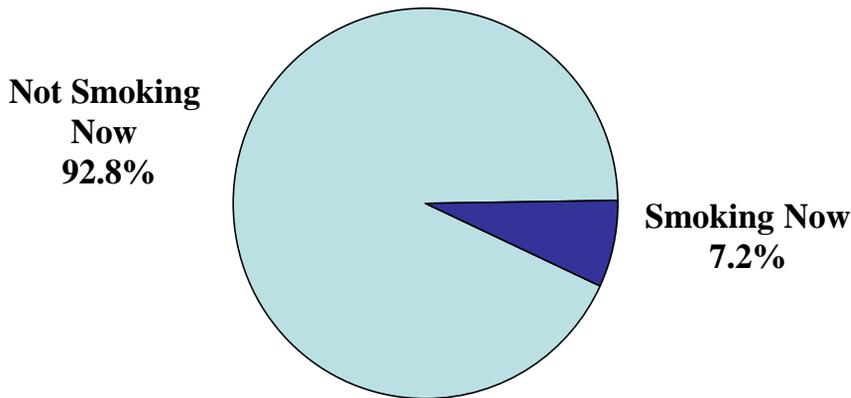
*Includes only mothers ages 20 and above.

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

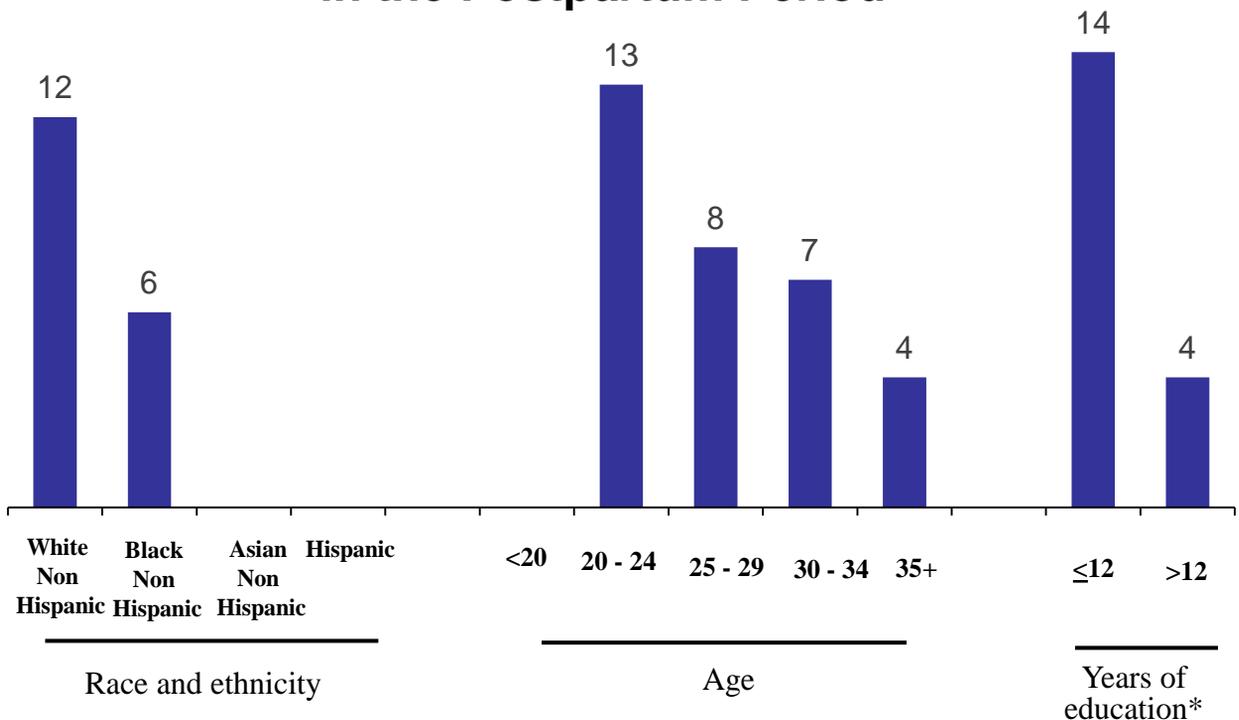
SMOKING AFTER PREGNANCY

Question 26: 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



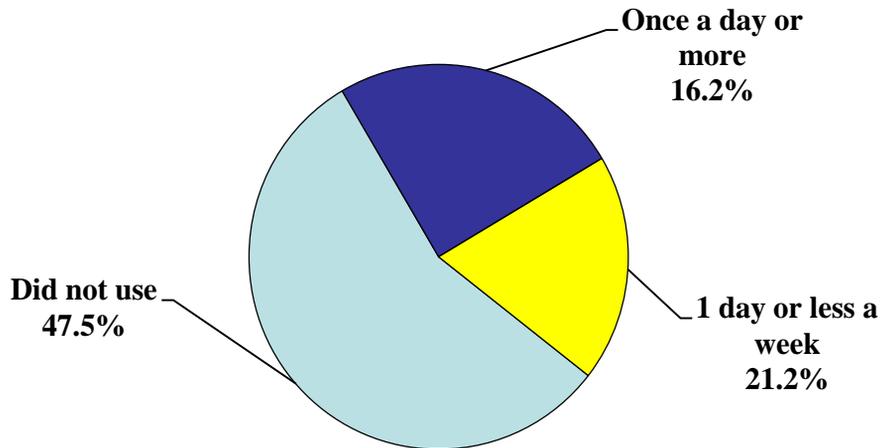
*Includes only mothers ages 20 and above.

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

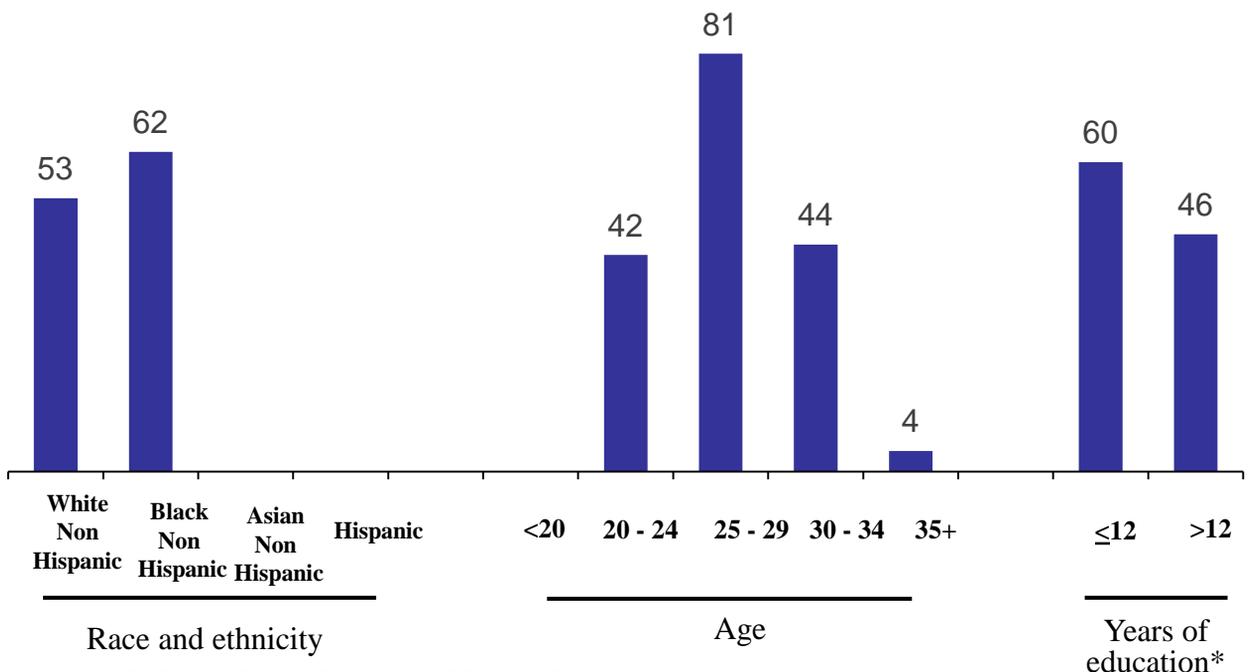
USE OF ELECTRONIC NICOTINE PRODUCTS

Question 28: During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

Distribution of Mothers by How Often E-cigarettes or Other Electronic Nicotine Products Were Used



Percentage of Mothers Who Reported E-cigarettes or Electronic Nicotine Products Use in the Three Months Preceding Pregnancy



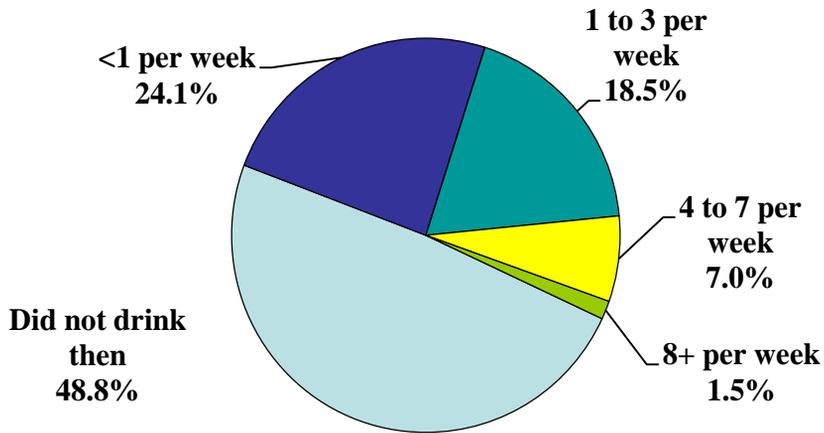
*Includes only mothers ages 20 and above.

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

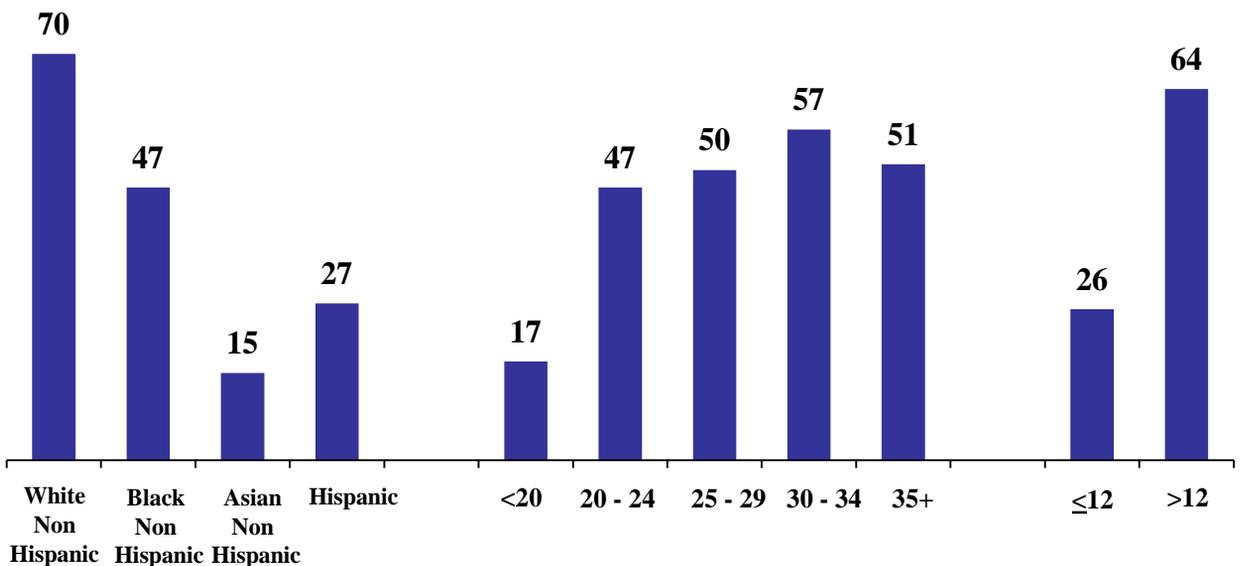
ALCOHOL USE BEFORE PREGNANCY

Question 31: 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



Race and ethnicity

Age

Years of education*

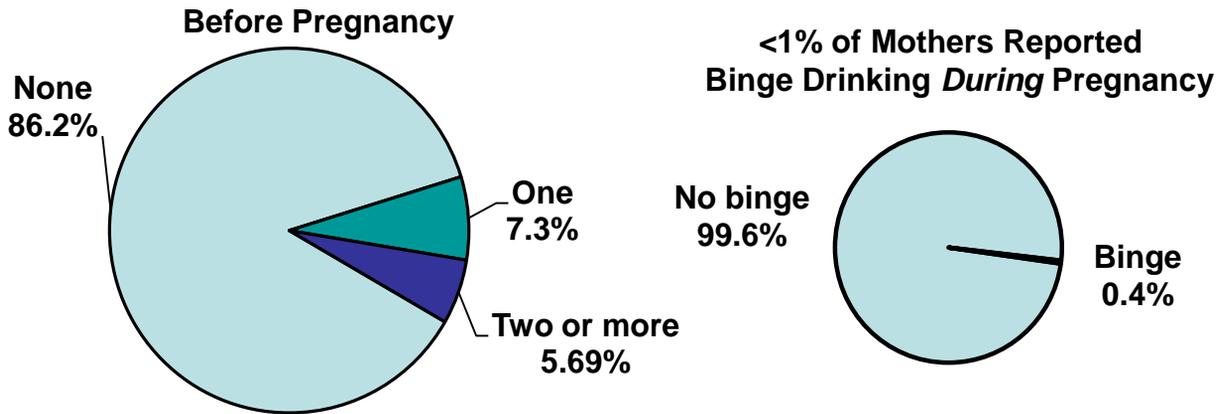
*Includes only mothers ages 20 and above.

ALCOHOL BINGES BEFORE AND DURING PREGNANCY

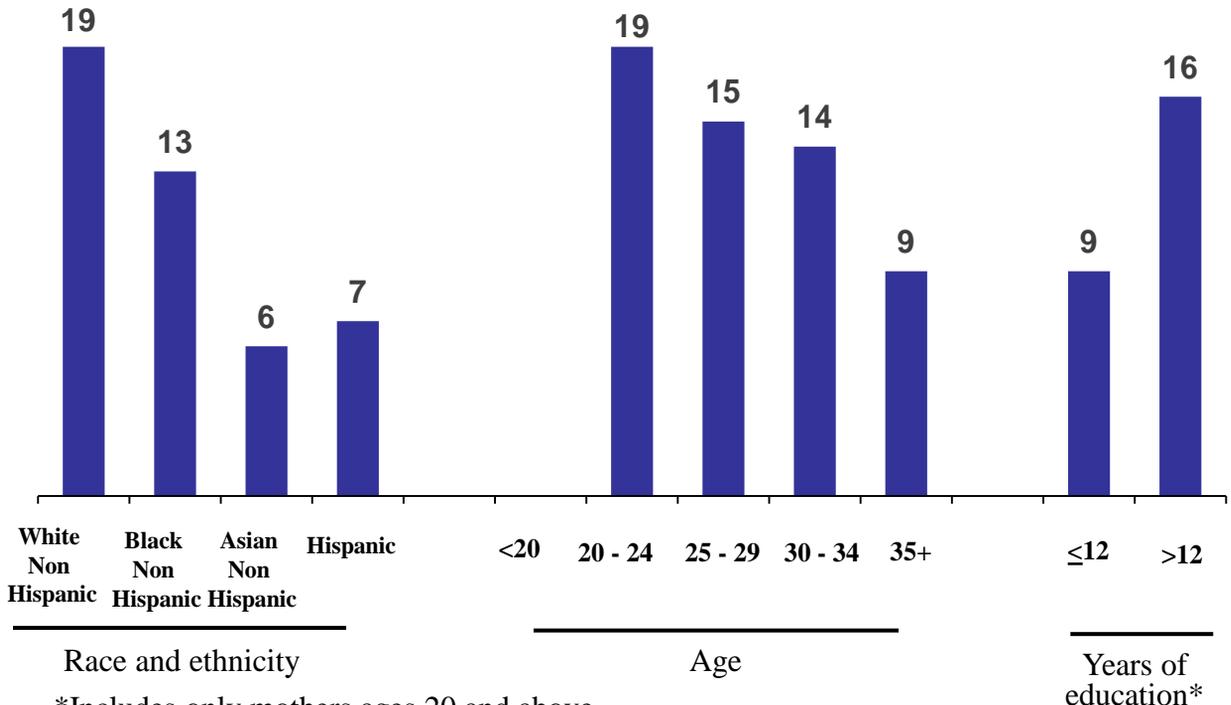
Question 32: During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

Question 34: During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

Distribution of Mothers by the Number of Alcohol Binges (4+ Drinks in One Sitting) Before and During Pregnancy



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



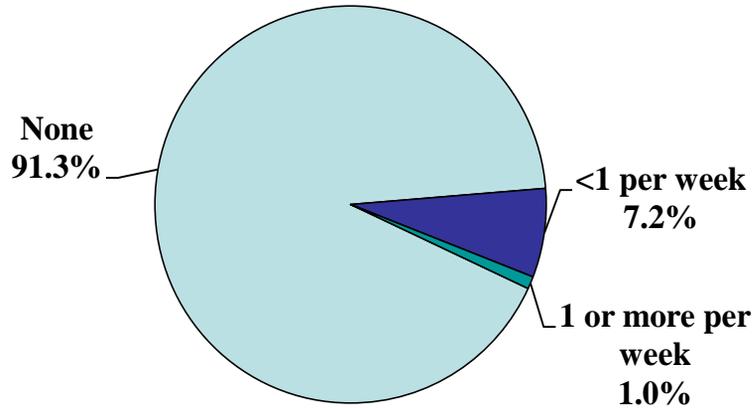
*Includes only mothers ages 20 and above.

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

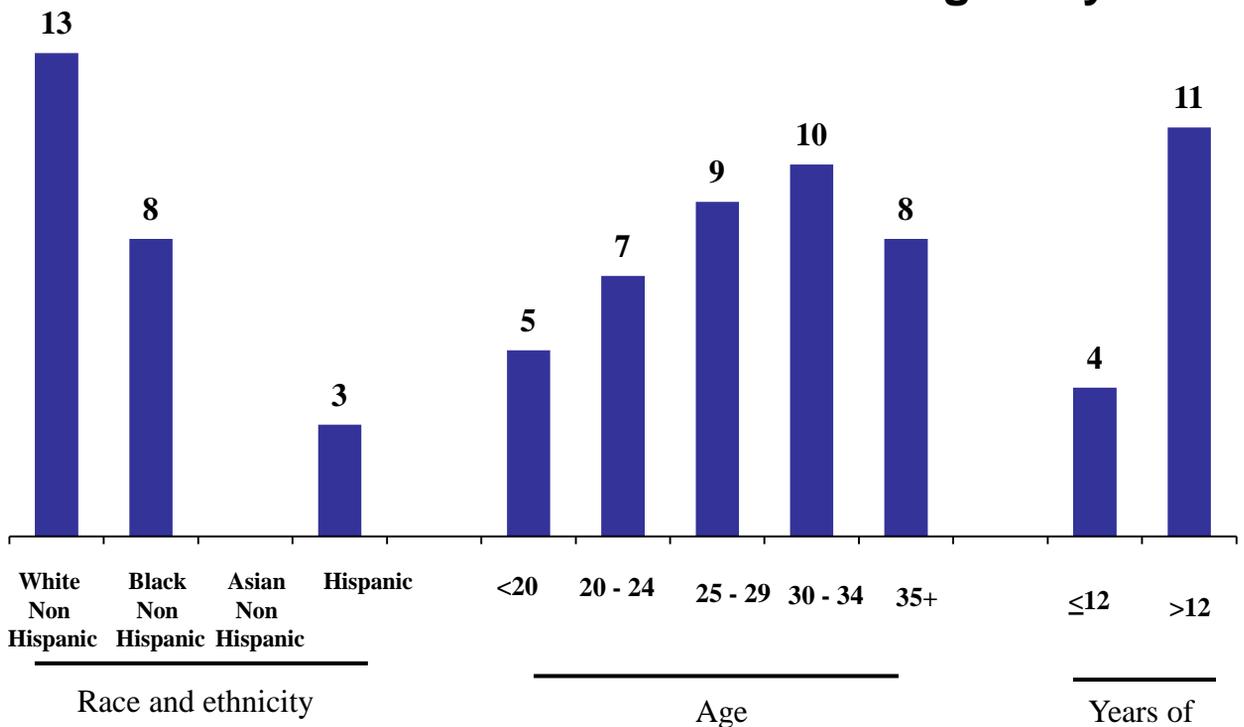
ALCOHOL USE DURING PREGNANCY

Question 33: 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



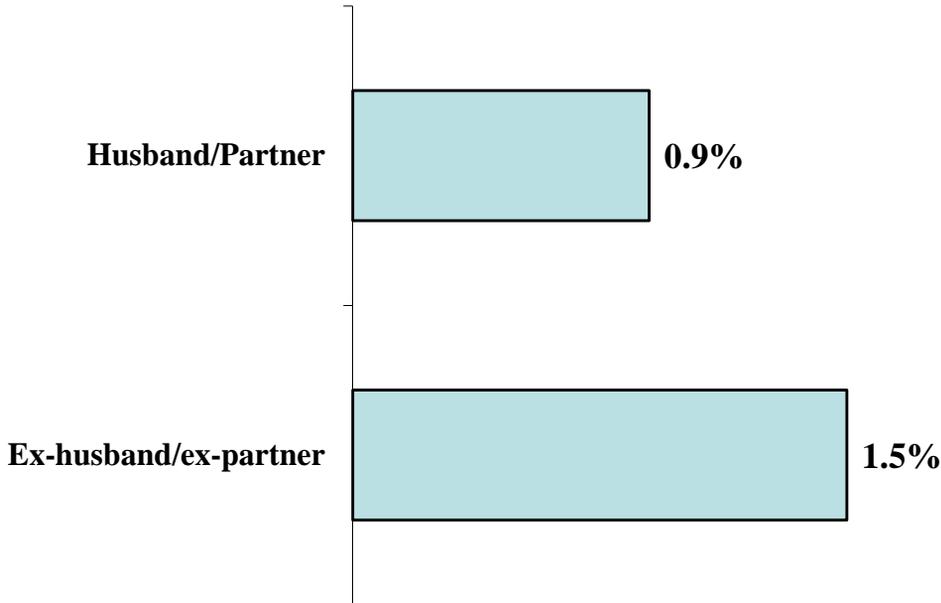
*Includes only mothers ages 20 and above.

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

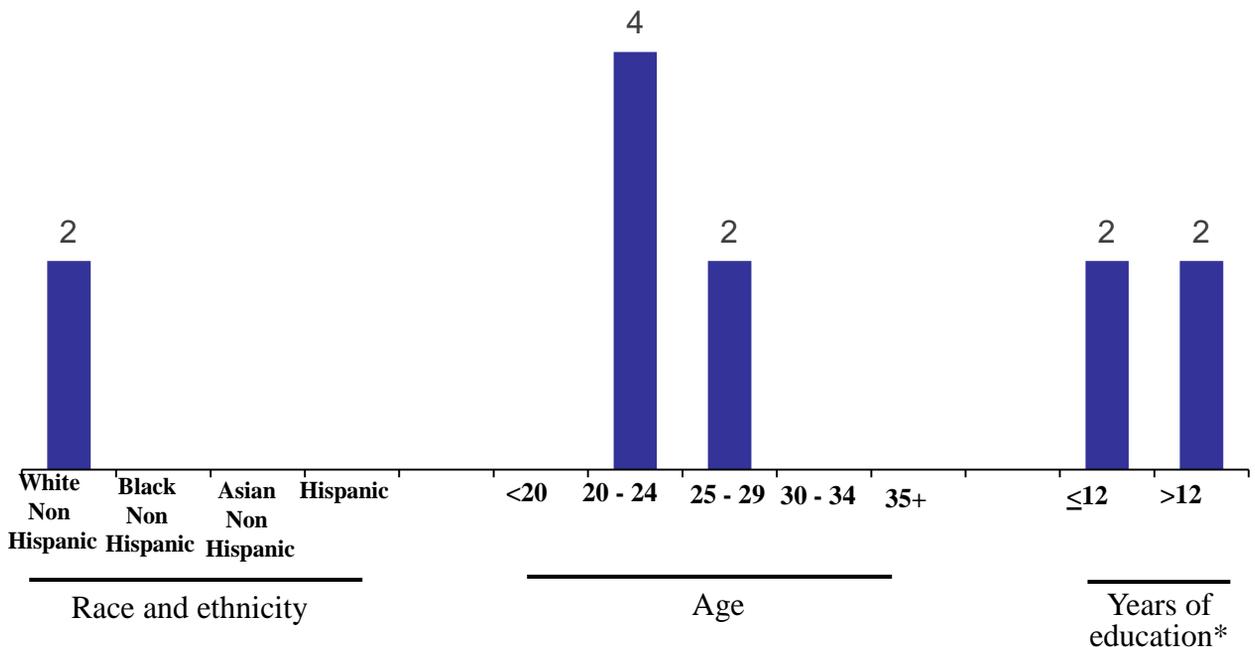
PHYSICAL ABUSE BEFORE PREGNANCY

Question 35: During 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?

Distribution of Mothers by Abuse Before Pregnancy by Husband/Partner or Ex-Husband/Ex-Partner



Percentage of Mothers Who Reported Being Physically Abused Before Pregnancy by a Husband/Partner or Ex-Husband/Ex-Partner



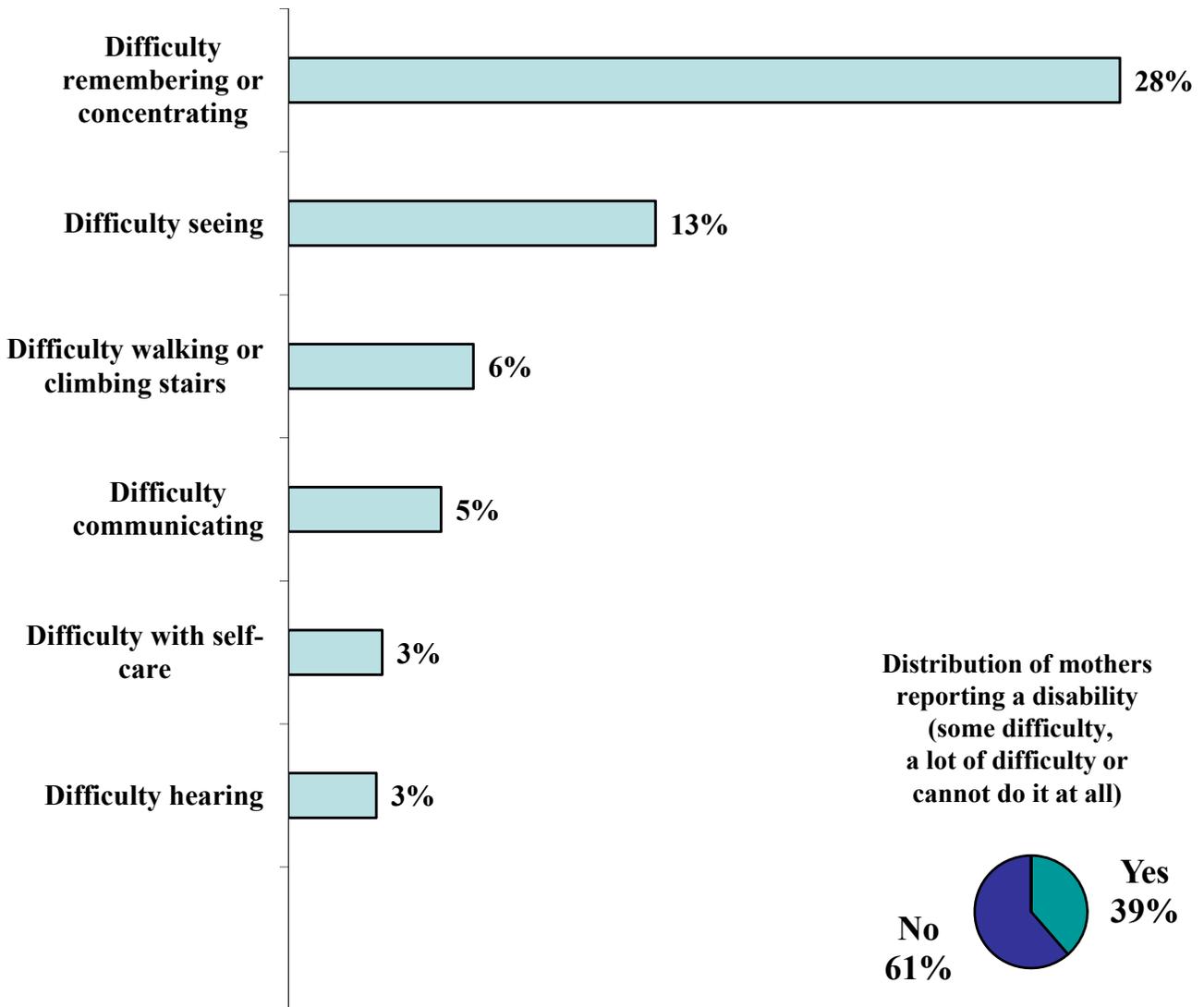
*Includes only mothers ages 20 and above.

DISABILITY

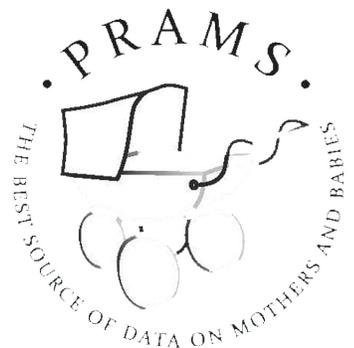
Question D1-6 : Do you have difficulty* 1) seeing 2) hearing 3) walking or climbing steps 4) remembering or concentrating 5) self care, washing all over or dressing 6) communicating, understanding or being understood?

*includes 'some difficulty', 'a lot of difficulty' and 'cannot do this at all'

Percentage and of Disability Types Mothers Reported



Postpartum Factors



“I think looking back I had some sort of postpartum depression/anxiety. Don’t know how I could have better recognized what I was experiencing wasn’t normal.”

“After delivery, no one spoke to us about supplementing with formula while in the hospital even though our baby was IUGR and dropped weight after day one. We started supplementing by day 4 postpartum and my supply was too low.”

“I believe that mothers should have more than one postpartum checkup at 6 weeks. Giving birth is a huge event and we should have more medical care follow up afterwards.”

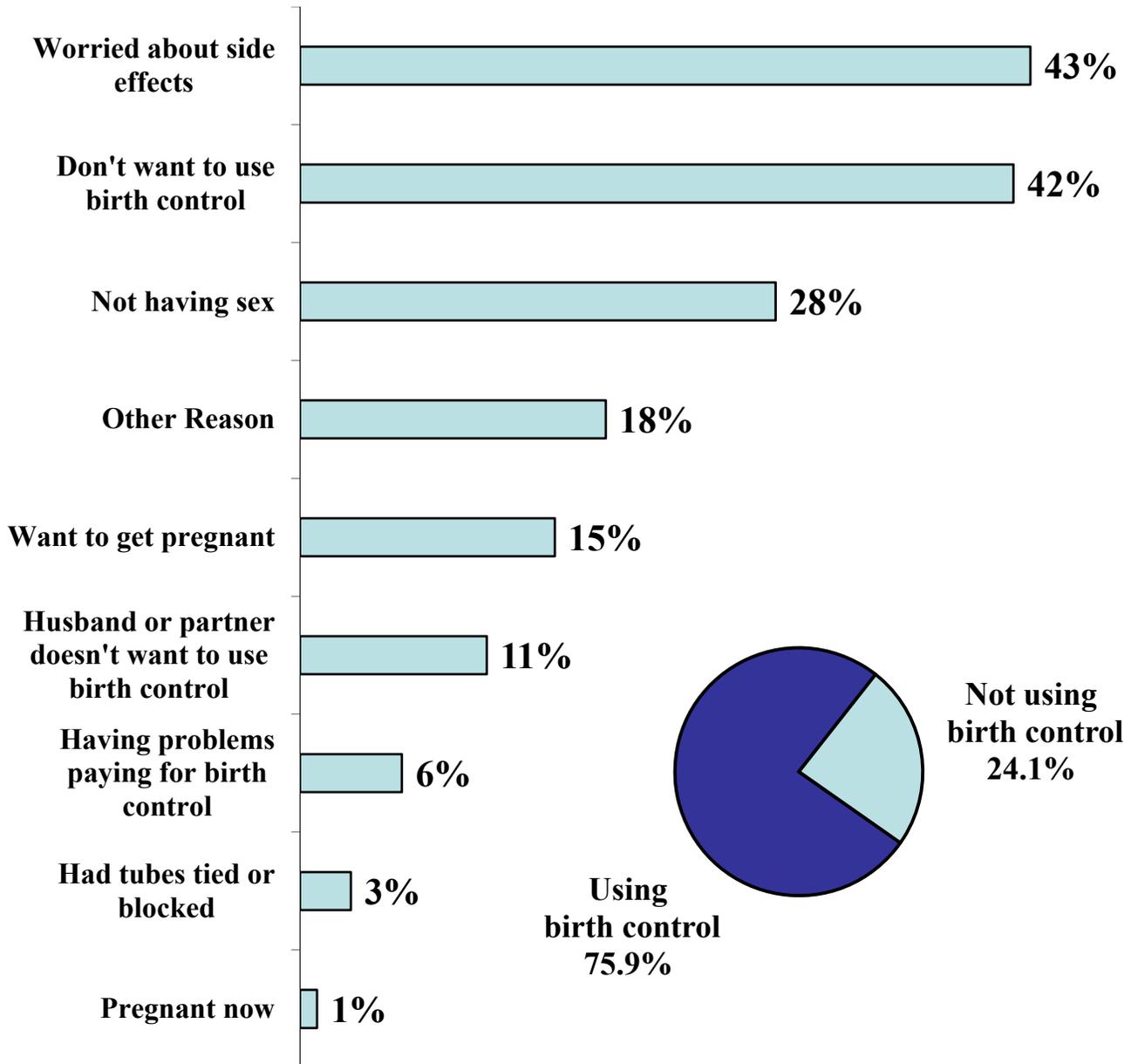
“I loved the follow up care I got by the staff members from the hospital regarding support for postpartum depression.”

PRAMS mothers

REASONS FOR NO POSTPARTUM BIRTH CONTROL

Question 53: Are you or your husband or partner doing anything *now* to keep from getting pregnant?
 Question 54: 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.

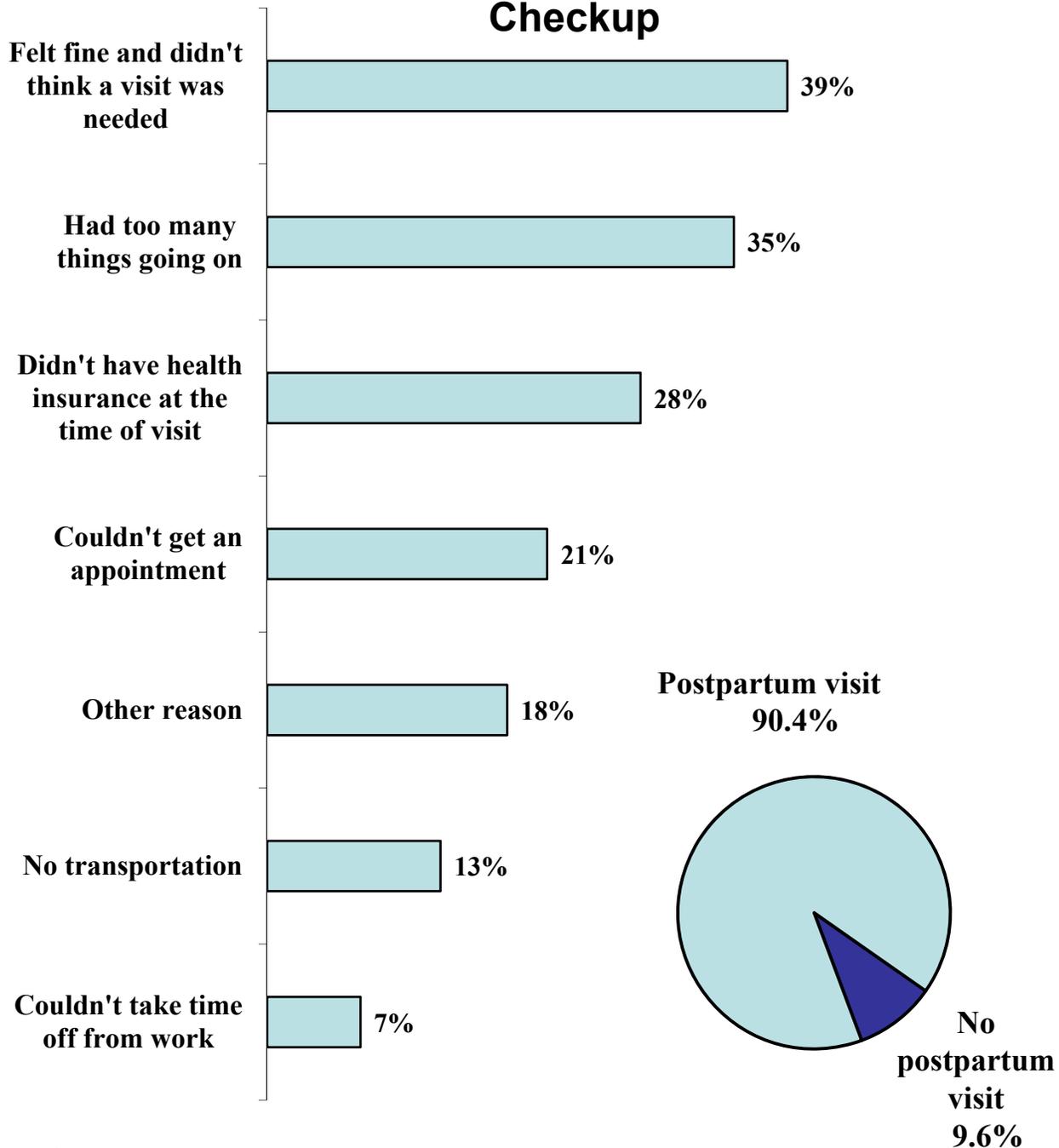
Reasons Reported for Not Using Postpartum Birth Control



REASONS FOR NO POSTPARTUM CHECKUP FOR MOM

Question 56: Since your new baby was born, have you had a postpartum checkup for yourself?
Question 57: Did any of these things keep you from having a postpartum checkup?
Check all that apply.

Reasons Reported for Not Having a Postpartum Checkup

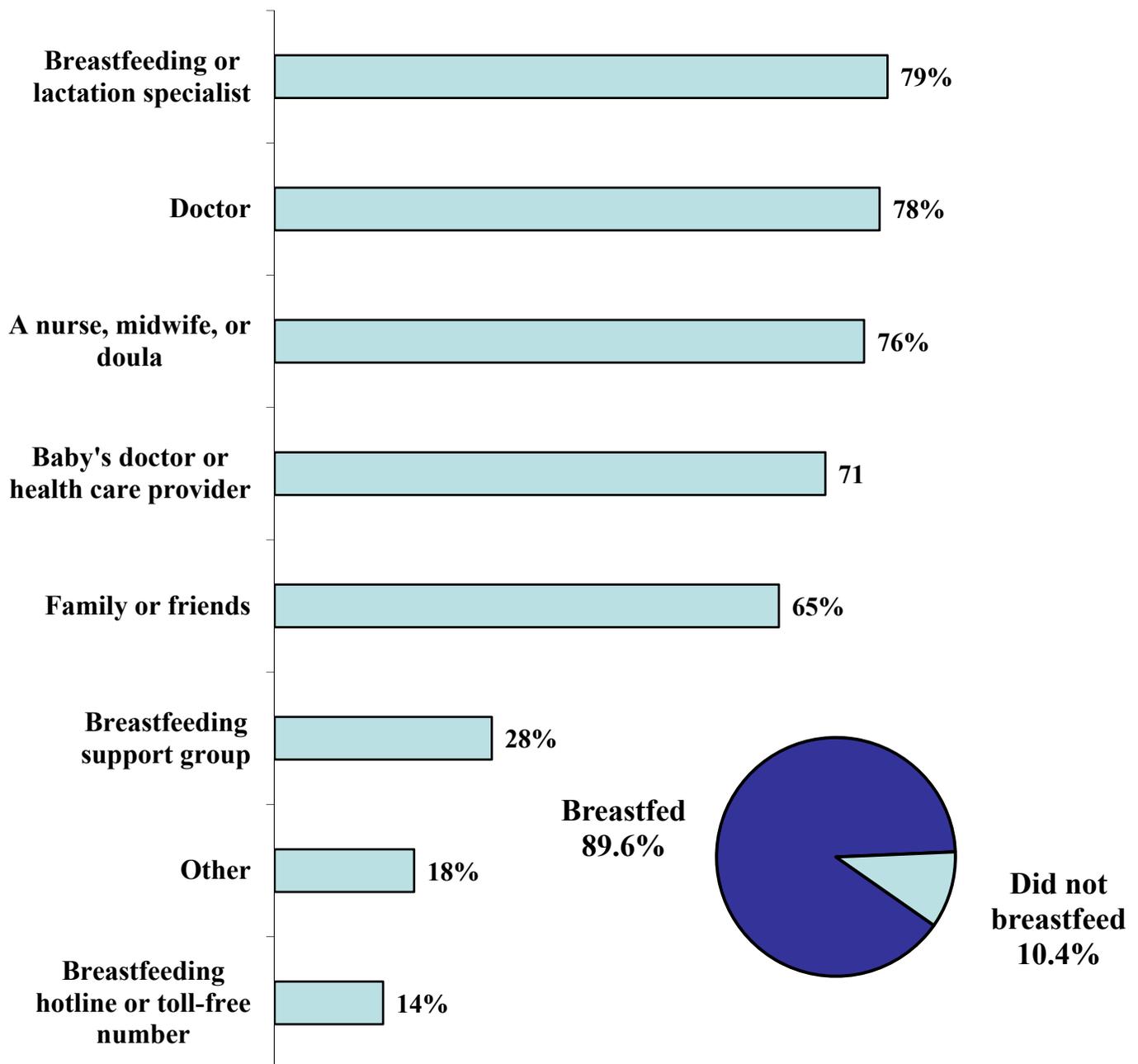


BREASTFEEDING

Question 44: Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?

Question 45: Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

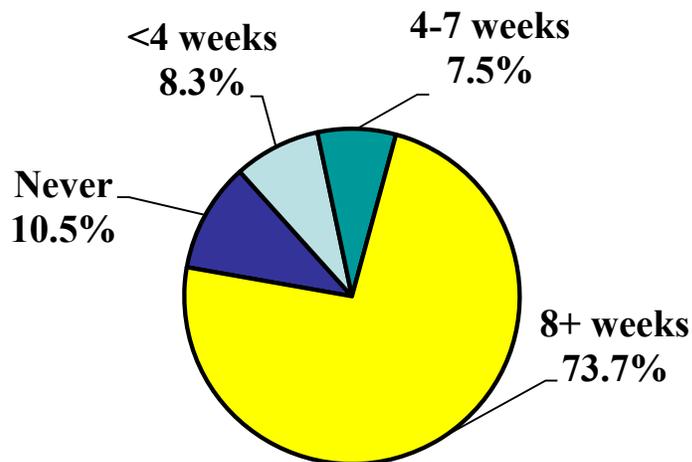
Breastfeeding Information Sources



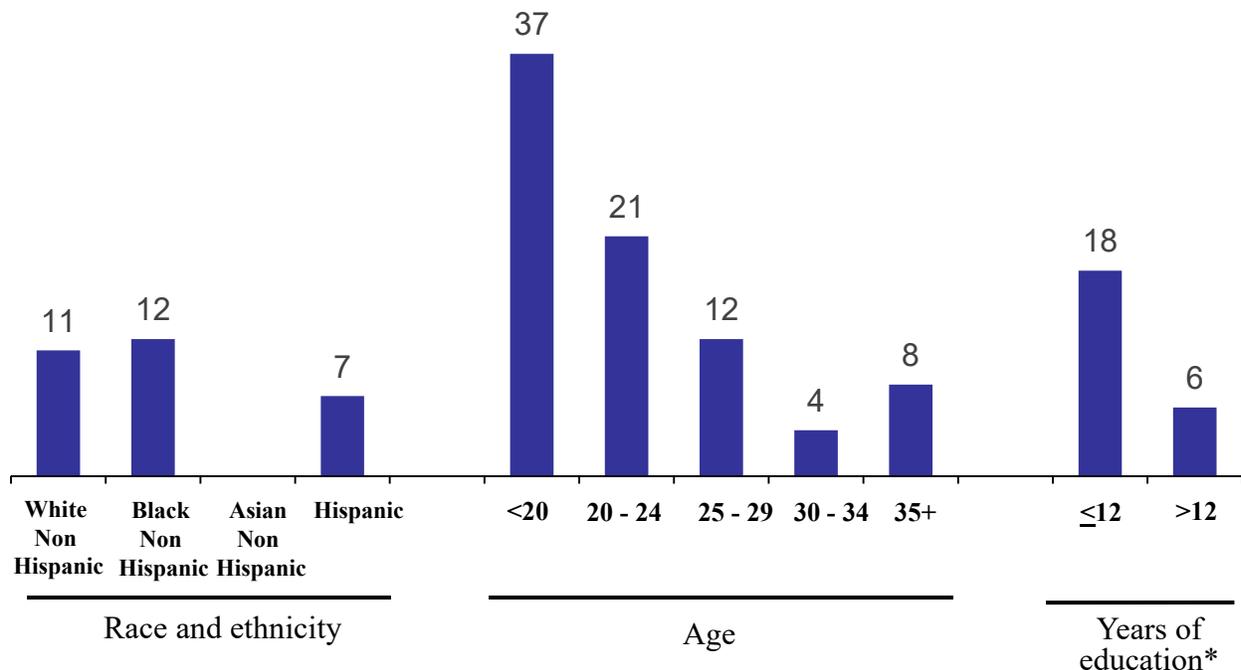
BREASTFEEDING DURATION

Question 47: How many weeks or months did you breastfeed or feed pumped milk to your baby?

Distribution of Mothers by Length of Time Infant Was Breastfed



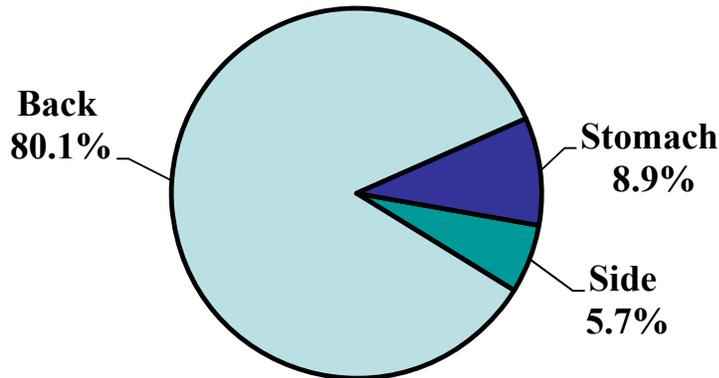
Percentage of Mothers Who Reported Never Breastfeeding



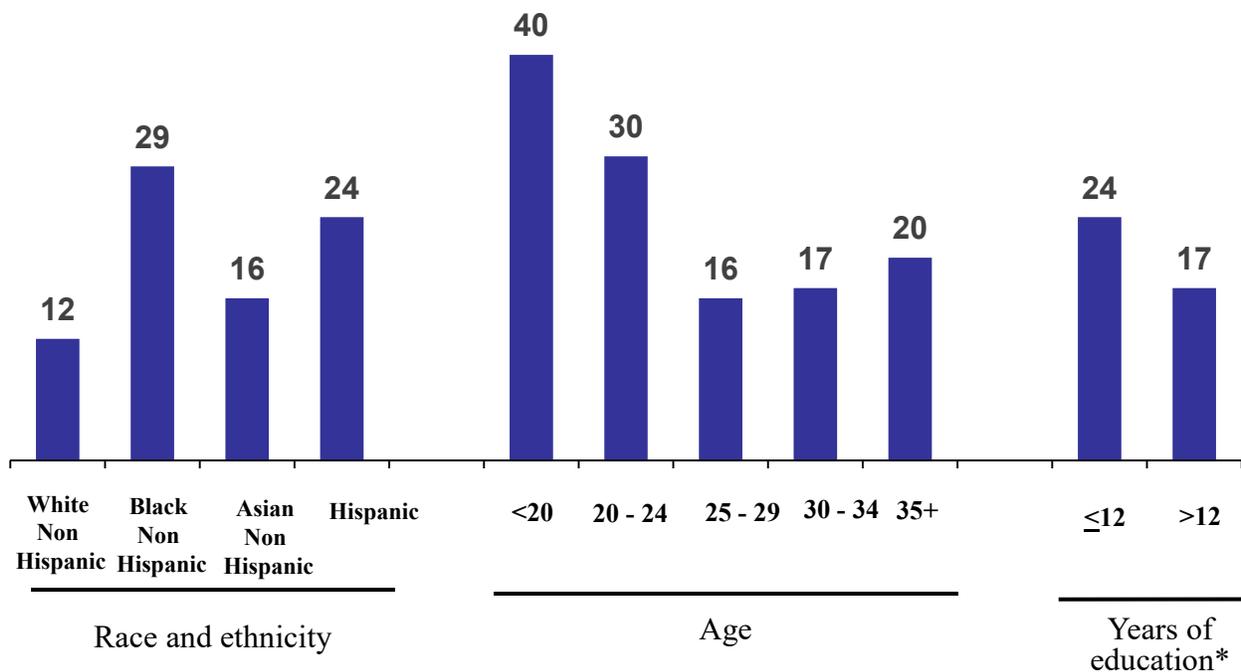
SLEEP POSITION

Question 48: 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

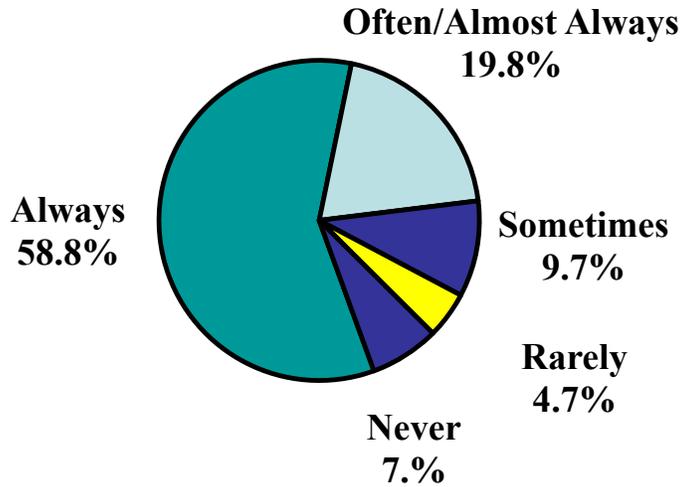


*Includes only mothers ages 20 and above.

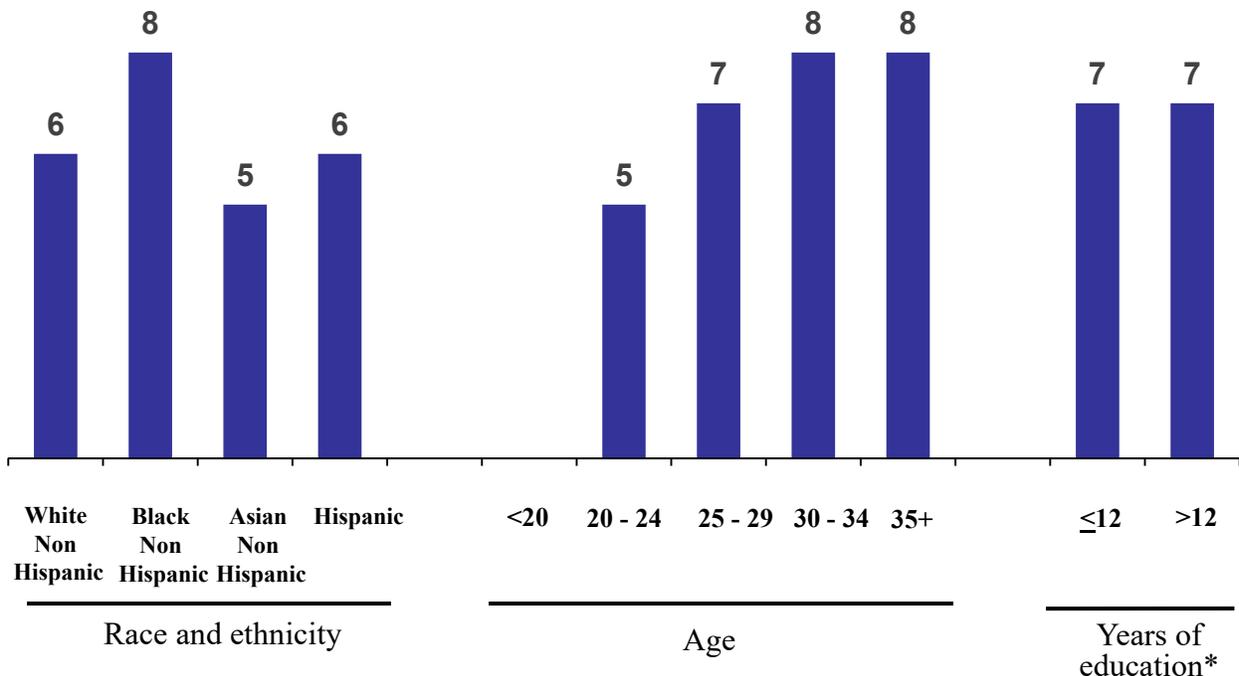
CO-SLEEPING

Question 49: In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?

Distribution of How Often Babies Slept Alone In Their Own Crib or Bed



Percentage of Babies Who Never Slept Alone In a Crib or Bed



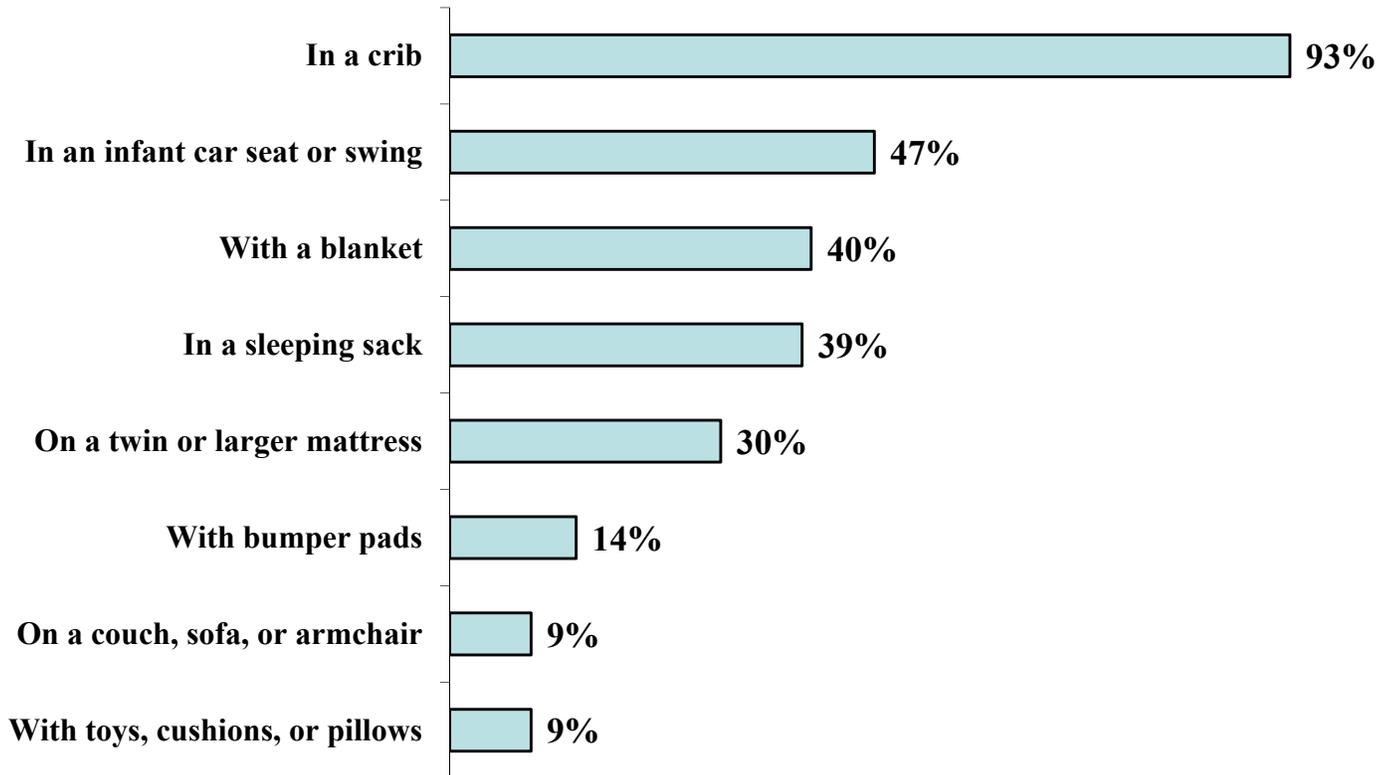
*Includes only mothers ages 20 and above

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

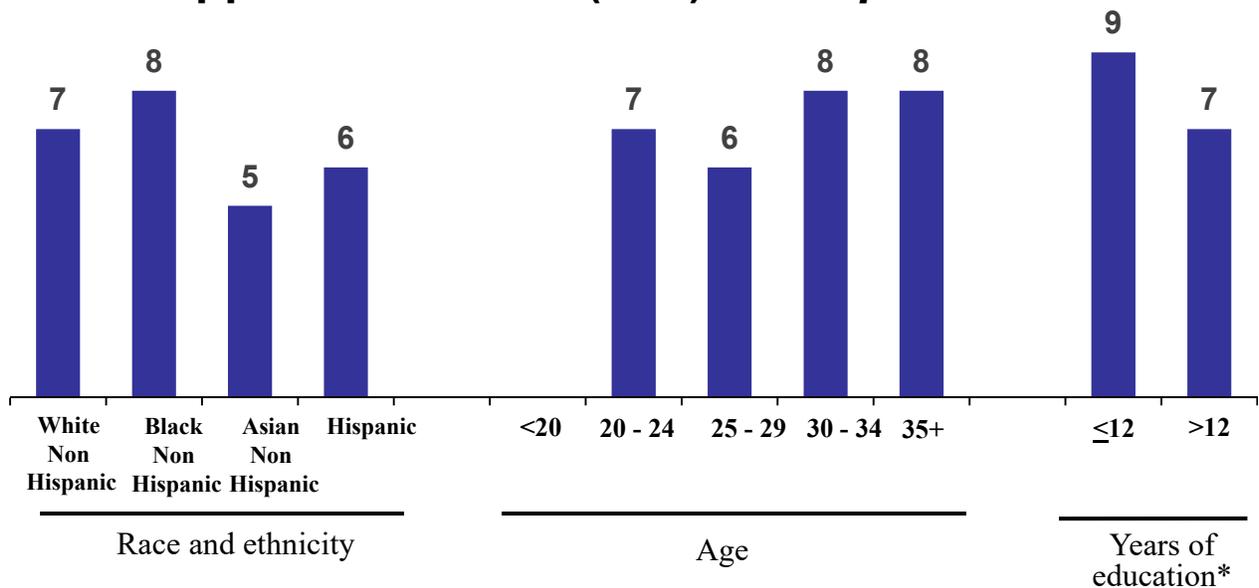
SLEEP ENVIRONMENT

Question 51: Listed below are some more things about how babies sleep. How did your new baby usually sleep in the *past 2 weeks*?

Check **No** if your baby did not usually sleep like this or **Yes** if he or she did.



Percentage of Infants Who Did Not Sleep on an Approved Surface (crib) in the *past 2 weeks*

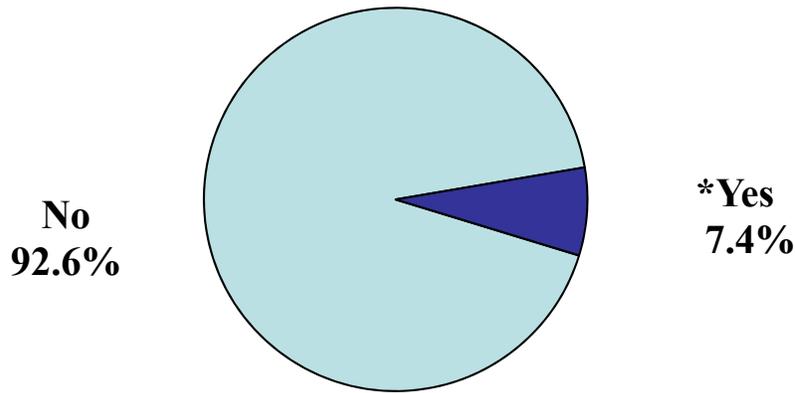


*Includes only mothers ages 20 and above.

SYMPTOMS OF POSTPARTUM DEPRESSION

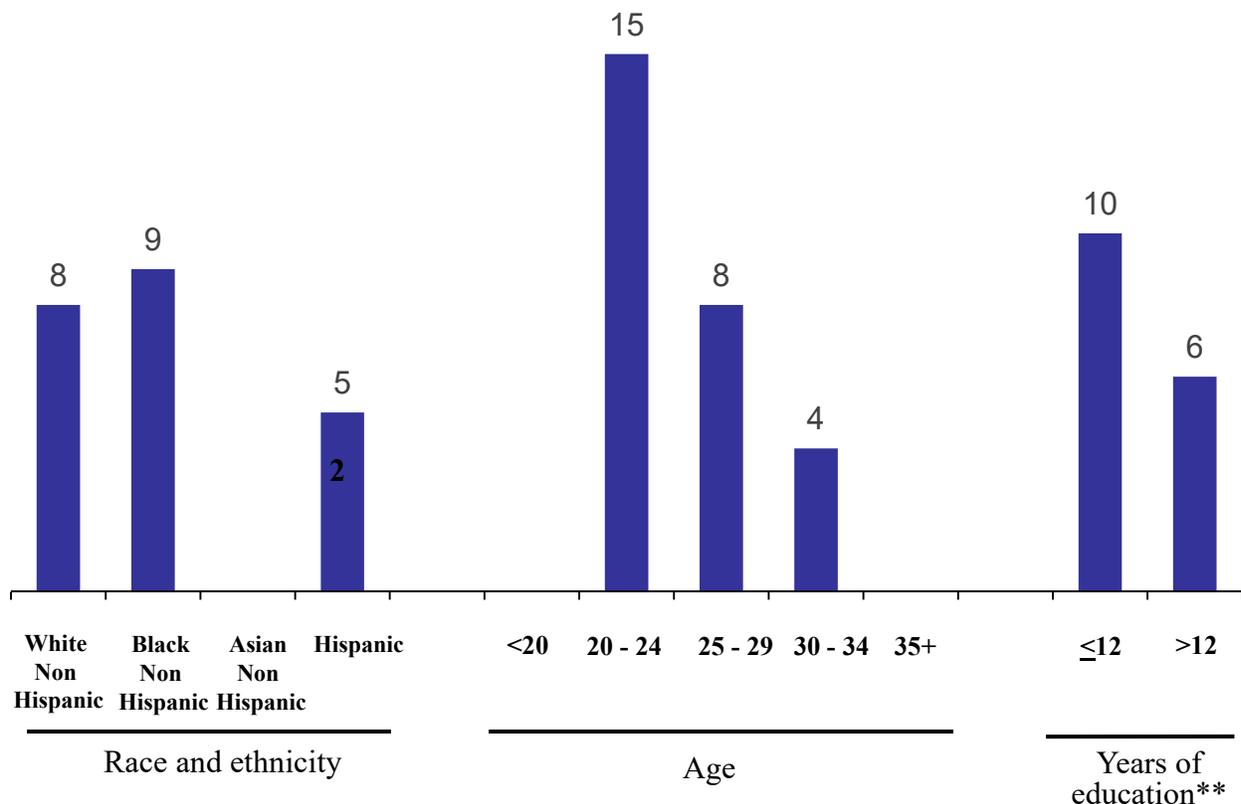
Question 59: *Since your new baby was born, how often have you felt down, depressed, or hopeless?*

Distribution of Mothers by Postpartum Depression



*Includes mothers who reported having symptoms “Always” or “Often” to Question 59

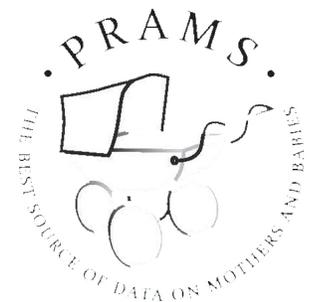
Percentage of Mothers Who Reported *Always* or *Often/Almost Always* Having Postpartum Depression



**Includes only mothers ages 20 and above.

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

Phase 8 Questionnaire



“Thanks for the opportunity to fill out this survey and give my input on the results of this survey.”

“Hope this helps. Good luck with the research!”

“Both mom and baby health and well-being are very important during and after pregnancy.”

PRAMS mothers

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.

1. How tall are you without shoes?

Feet Inches

OR Centimeters

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

Pounds OR Kilos

3. What is your date of birth?

/ /
Month Day Year

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

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

- No
 Yes

→ **Go to Question 6**

↓ **Go to Question 5**

5. Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?

- No
 Yes

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

- Excellent
 Very good
 Good
 Fair
 Poor

7. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

No Yes

- a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)
- b. High blood pressure or hypertension
- c. Depression
- d. Asthma
- e. Anemia (poor blood, low iron)
- f. Thyroid problems
- g. PCOS (polycystic ovarian syndrome)
- h. Anxiety

8. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

9. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

No

Yes

Go to Question 12

10. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

Check ALL that apply

- Regular checkup at my family doctor's office
- Regular checkup at my OB/GYN's office
- Visit for an illness or chronic condition
- Visit for an injury
- Visit for family planning or birth control
- Visit for depression or anxiety
- Visit to have my teeth cleaned by a dentist or dental hygienist
- Other → Please tell us:

11. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Tell me to take a vitamin with folic acid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to me about maintaining a healthy weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to me about my desire to have or not have children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Talk to me about using birth control to prevent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Talk to me about how I could improve my health before a pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ask me if I was smoking cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ask me if someone was hurting me emotionally or physically | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Ask me if I was feeling down or depressed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Ask me about the kind of work I do | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Test me for HIV (the virus that causes AIDS)..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

12. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance —————> Please tell us:
- I did not have any health insurance during the *month before* I got pregnant

13. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

Check ALL that apply

- I did not go for prenatal care —————> **Go to Question 14**
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance —————> Please tell us:
- I did not have any health insurance for my *prenatal care*

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

Check ALL that apply

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance —————> Please tell us:
- I do not have health insurance *now*

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 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

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.)

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

Weeks OR Months
 I didn't go for prenatal care → Go to Question 18

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

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

18. 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

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

- No
 Yes

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

Check ONE answer

- No
 Yes, before my pregnancy
 Yes, during my pregnancy

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

- No
 Yes

22. During *your most recent* pregnancy, did you have any of the following health conditions?

For each one, check **No** if you did not have the condition or **Yes** if you did.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. Gestational diabetes (diabetes that started during <i>this</i> pregnancy) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High blood pressure (that started during <i>this</i> pregnancy), pre-eclampsia or eclampsia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

- No → **Go to Question 27**

Yes

24. 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

25. 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

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

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

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

27. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

No Yes

- a. E-cigarettes or other electronic nicotine products.....
- b. Hookah.....

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 28. Otherwise, go to Page 6, Question 30.

28. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
 Once a day
 2-6 days a week
 1 day a week or less
 I did not use e-cigarettes or other electronic nicotine products then

29. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

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

30. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No → **Go to Question 35**
- Yes

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

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then → **Go to Question 33**

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

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in a 2 hour time span

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

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then → **Go to Question 35**

34. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 4 drinks or more in a 2 hour time span

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

35. In the *12 months before* you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- | | No | Yes |
|-------------------------------------|--------------------------|--------------------------|
| a. My husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |

36. During your *most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

- | | No | Yes |
|-------------------------------------|--------------------------|--------------------------|
| a. My husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My ex-husband or ex-partner..... | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER PREGNANCY

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

37. When was your new baby born?

	/		/	20
Month		Day		Year

38. How was your new baby delivered?

- Vaginally → **Go to Question 41**
- Cesarean delivery (c-section)

39. 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 (such as breech)
- 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 (such as heart condition, physical disability)
- I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- 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 before or during labor (fetal distress)
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other → Please tell us:

40. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- My health care provider recommended a cesarean delivery **before** I went into labor
- My health care provider recommended a cesarean delivery while I was in labor
- I asked for the cesarean delivery

41. After your baby was delivered, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Page 8, Question 44**

42. Is your baby alive now?

- No → **We are very sorry for your loss. Go to Page 9, Question 53**
- Yes

43. Is your baby living with you now?

- No → **Go to Page 9, Question 53**
- Yes

Go to Page 8, Question 44

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

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

Please tell us:

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

- No —————> **Go to Question 48**
- Yes

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

- No
- Yes —————> **Go to Question 48**

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

- Less than 1 week

Weeks **OR** Months

If your baby is still in the hospital, go to Question 53.

48. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never —————>

Go to Question 51

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

- No
- Yes

51. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

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

52. Did a doctor, nurse, or other health care worker tell you any of the following things?

For each thing, check **No** if they did not tell you or **Yes** if they did.

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

53. Are you or your husband or partner doing anything *now* to keep from getting pregnant?

Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
 Yes

→ **Go to Question 55**

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

Check ALL that apply

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

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 56.

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

Check ALL that apply

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

56. *Since your new baby was born*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
 Yes

→ **Go to Page 10, Question 58**

Go to Page 10, Question 57

57. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- I didn't have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn't get an appointment when I wanted one
- I didn't have any transportation to get to the clinic or doctor's office
- I had too many things going on
- I couldn't take time off from work
- Other _____ → Please tell us:

If you did not have a postpartum checkup, go to Question 59.

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

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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

61. Since your new baby was born, how often have you felt panicky?

- Always
- Often
- Sometimes
- Rarely
- Never

62. Since your new baby was born, how often have you felt restless?

- Always
- Often
- Sometimes
- Rarely
- Never

OTHER EXPERIENCES

The next questions are on a variety of topics.

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

Check ONE answer

- Wanted me to be pregnant sooner
- Wanted me to be pregnant later
- Wanted me to be pregnant then
- Didn't want me to be pregnant then or at any time in the future
- I don't know
- I didn't have a husband or partner

64. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check **No** if it did not happen then or **Yes** if it did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. During the 12 months before I got pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| b. During my most recent pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Since my new baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 68.

65. Are you currently in school or working?

- No, I don't go to school or work → **Go to Question 68**
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

66. Which *one* of the following people spends the most time taking care of your new baby when you are at school or work?

Check ONE answer

- My husband or partner
- Baby's grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other → Please tell us:

- The baby is with me while I am at school or work → **Go to Question 68**

67. While you are away from your new baby for school or work, how often do you feel that he or she is well cared for?

Check ONE answer

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No → **Go to Page 12, Question 74**
- Yes

Go to Page 12, Question 69

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

Check ONE answer

- No, and I do not plan to return → **Go to Question 74**
- No, but I will be returning
- Yes

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

Check ALL that apply

- I took *paid* leave from my job
- I took *unpaid* leave from my job
- I did not take any leave → **Go to Question 73**

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

_____ Weeks **OR** _____ Months

- Less than 1 week

72. How did you feel about the amount of time you were able to take off after the birth of your new baby?

Check ONE answer

- Too little time
- Just the right amount of time
- Too much time

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

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

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

74. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. *All information will be kept private and will not affect any services you are now getting.*

- \$0 to \$16,000
- \$16,001 to \$20,000
- \$20,001 to \$24,000
- \$24,001 to \$28,000
- \$28,001 to \$32,000
- \$32,001 to \$40,000
- \$40,001 to \$48,000
- \$48,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$73,000
- \$73,001 to \$85,000
- \$85,001 or more

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

People

76. What is today's date?

/ / 20
Month Day Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Maryland.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Maryland healthy.

The next questions are about your ability to do different activities.

D1. Do you have difficulty seeing, even when wearing glasses or contact lenses?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D2. Do you have difficulty hearing, even if using a hearing aid(s)?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D3. Do you have difficulty walking or climbing steps?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D4. Do you have difficulty remembering or concentrating?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D5. Do you have difficulty with self care, such as washing all over or dressing?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

**Thank you for answering these questions!
Your answers will help us learn more about
how to keep pregnant women and their
babies healthy.**



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