

Maryland PRAMS Report

2020 Births

Pregnancy Risk Assessment Monitoring System



Maternal and Child Health Bureau
Vital Statistics Administration



MARYLAND
PRAMS

Pregnancy Risk Assessment
Monitoring System

www.marylandprams.org

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

“I was fortunate to have a very easy pregnancy with no complications (except my baby being breech), and I had excellent pre and postnatal care.”

*“About my experiences around the time of my pregnancy or the health of mothers and babies in Maryland, I would like to say everything is good, especially the 911 services that helped me be alive.
Thank you for all you do.”*

“I believe the support from every direction during a pregnancy is important and makes a positive contribution to the health outcome of mother & baby.”

PRAMS mothers

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2020 Births

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September 2022

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 2020 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 2020 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 2020 births data. The weighted response rate among women delivering in Maryland between January 1, 2020 and December 31, 2020 was 50%. During this 12-month period, 1,004 mothers completed the PRAMS questionnaire with a weighted response reflecting 61,929 mothers. The weighted figure included 24,980 births to white non-Hispanic, 18,310 births to black non-Hispanic, 4,188 births to Asian/Pacific Islander, 12,216 births to Hispanic women, 68 births to American Indian, 2,093 Other/Mixed, and 74 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 1,004 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 2020)

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Maryland PRAMS Highlights--2020

Preconception factors

- Forty-two percent of all live births were **unintended** (includes women who said they were 'not sure' how they felt about the pregnancy).
- Twenty percent of women reported they were covered by **Medicaid or Health Choice** just before pregnancy and 15% were uninsured.
- According to their body mass index (BMI) just before pregnancy, 29% of mothers were **overweight** and 26% were **obese**.
- Forty percent of women reported taking a **multivitamin daily** in the month before conception.
- Before pregnancy, 25% of women reported they had **anxiety** and 18% had **depression**.
- During the 3 months just before pregnancy, 11% of women **smoked**, 53% consumed **alcohol**, and 16% had at least one episode of **binge drinking**.
- In the 12 months before pregnancy, 38% of women had not had a **dental cleaning**.
- Seventy-two percent of mothers reported they had a **health care visit** with a doctor, nurse or other health care worker.

Prenatal factors

- Eighty-six percent of mothers began **prenatal care** during the first trimester of pregnancy, and 1% began in the third trimester or received no care.
- Sixty percent of mothers reported that **HIV testing** was discussed during prenatal care visits; 39% reported getting an HIV test prenatally and 57% reported getting the test during pregnancy or delivery.
- Twelve percent of women had **gestational diabetes**.

- **Intimate partner violence** by a current husband/partner or ex-husband/partner during the 12 months before pregnancy was reported by 2% of mothers
- Four percent of women **smoked** during the last three months of pregnancy. Seven percent of women reported using **alcohol** and 0.8% of women reported a **binge-drinking** episode during the last three months of pregnancy.
- Seventy percent of women were vaccinated for **seasonal flu** during the 12 months before delivery or during pregnancy.
- Thirty-three percent of women used **Medicaid or Health Choice** for their prenatal care and 5% were **uninsured**.
- During pregnancy, 55% of women **worked at a job** for pay.
- Of the women who worked, sixty-eight 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 76% were breastfed eight weeks or longer.
- In terms of **sleeping environment**, 79% of infants were usually placed on their backs to sleep and 64% always slept alone in their own crib or bed in the past 2 weeks.

Maternal postpartum factors

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

**MARYLAND PRAMS 2016-2020 SURVEILLANCE
AND SELECTED HEALTHY PEOPLE 2020 OBJECTIVES**

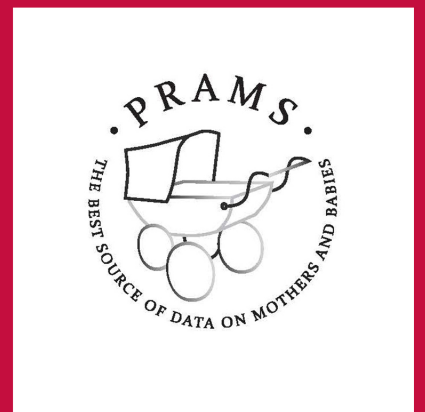
Healthy People 2020 Objective	Maryland PRAMS 2016 Births	Maryland PRAMS 2017 Births	Maryland PRAMS 2018 Births	Maryland PRAMS 2019 Births	Maryland PRAMS 2020 Births	Healthy People 2020 Target
Preconception						
Increase the proportion of pregnancies that are intended.**	59%	58%	61%	59%	58%	56.0%
Increase the proportion of women who took multivitamins/folic acid daily prior to pregnancy.	35%	35%	35%	39%	40%	33.1%
Increase the proportion of women who did not smoke during the three months prior to pregnancy.	87%	89%	89%	89%	89%	85.4%
Increase the proportion of women who did not drink alcohol during the three months prior to pregnancy.	45%	48%	49%	44%	47%	56.4%
Increase the proportion of women who had a healthy weight (BMI 18.5-24.9) prior to pregnancy.	46%	44%	45%	43%	42%	53.4%
Prenatal						
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester of pregnancy.***	84%	84%	83%	85%	86%	77.9%
Increase abstinence from cigarette smoking among pregnant women.	94%	95%	95%	95%	96%	98.6%
Increase abstinence from alcohol among pregnant women.	91%	92%	91%	92%	93%	98.3%
Increase abstinence from binge drinking**** among pregnant women.	99%	99.7%	99.6%	99.3%	99.2%	100.0%
Postpartum						
Increase the proportion of infants who are put to sleep on their backs.	80%	83%	80%	82%	79%	75.9%
Increase the proportion of infants who were breastfed (ever).	88%	89%	90%	91%	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



“My husband and I struggled with infertility.”

“I had an IUD removed and had to wait to get pregnant, but did get pregnant, and miscarried. Then decided to try again.”

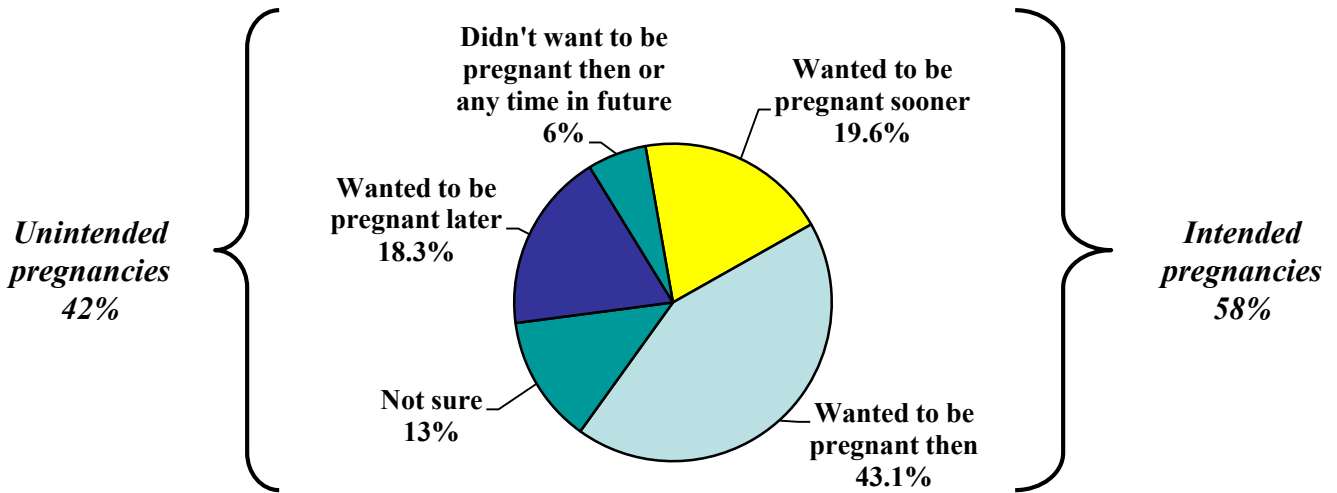
“Drink a lot of water, stay hydrated before, during, or after pregnancy.”

PRAMS mothers

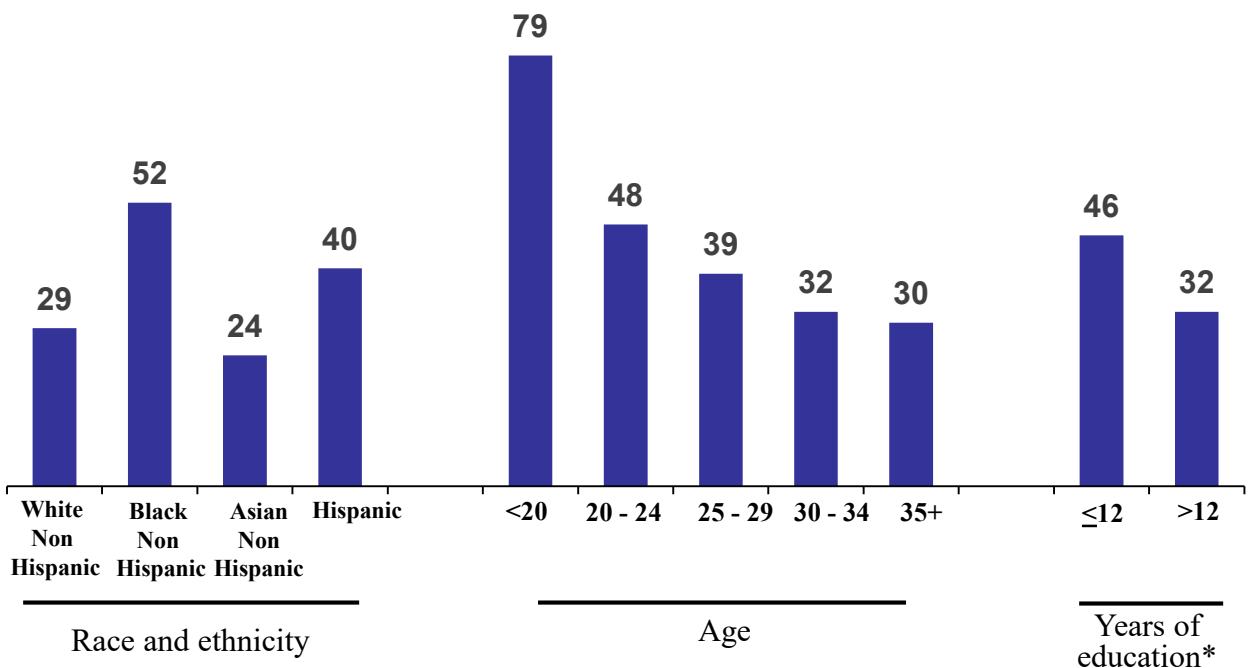
INTENDEDNESS OF PREGNANCY

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

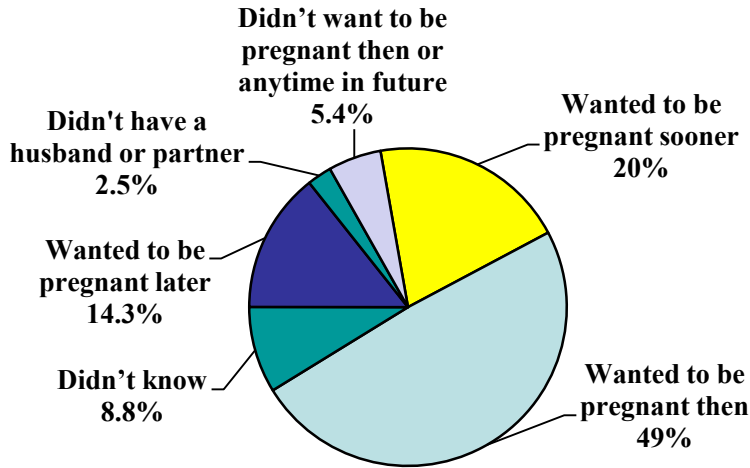


*Includes only mothers ages 20 and above.

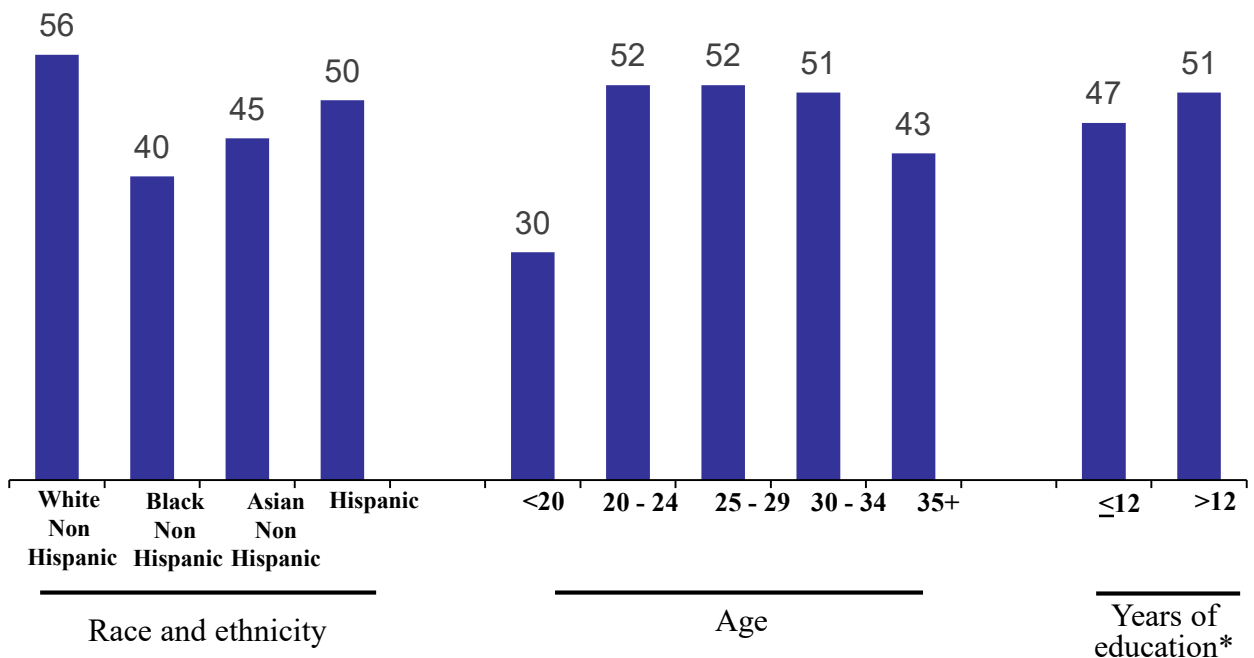
HUSBAND/PARTNER THOUGHTS ON PREGNANCY INTENTION

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



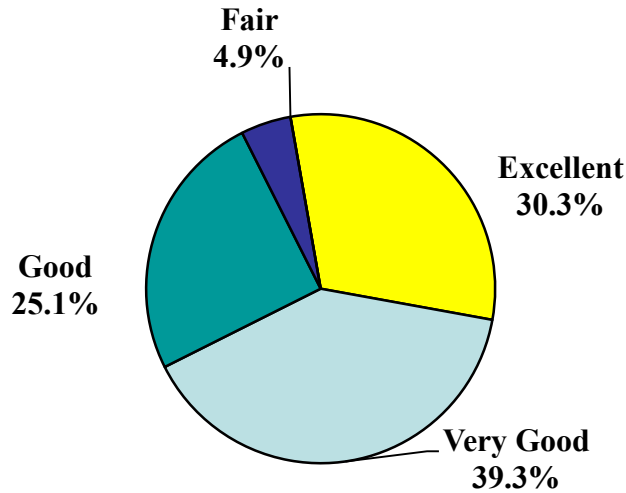
Percentage of Husbands/Partners Who Wanted Mom Pregnant *Then*



GENERAL HEALTH BEFORE PREGNANCY

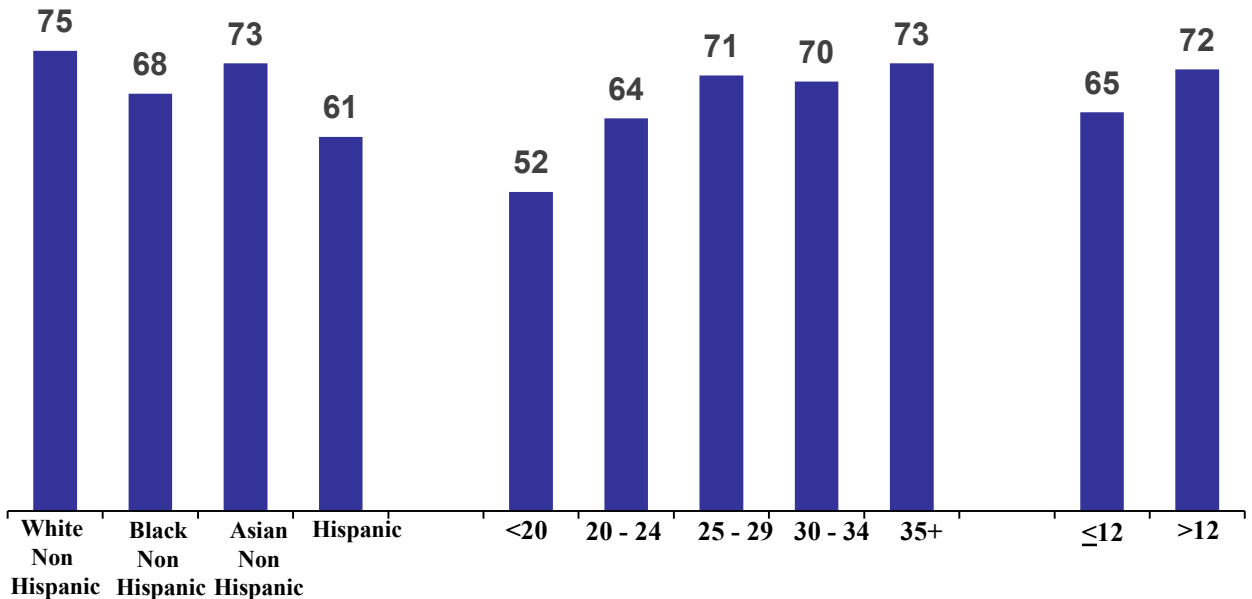
Question 6: *Before* you got pregnant, would you say that, in general, your health was- Excellent, Very Good, Good, Fair, or Poor *

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*

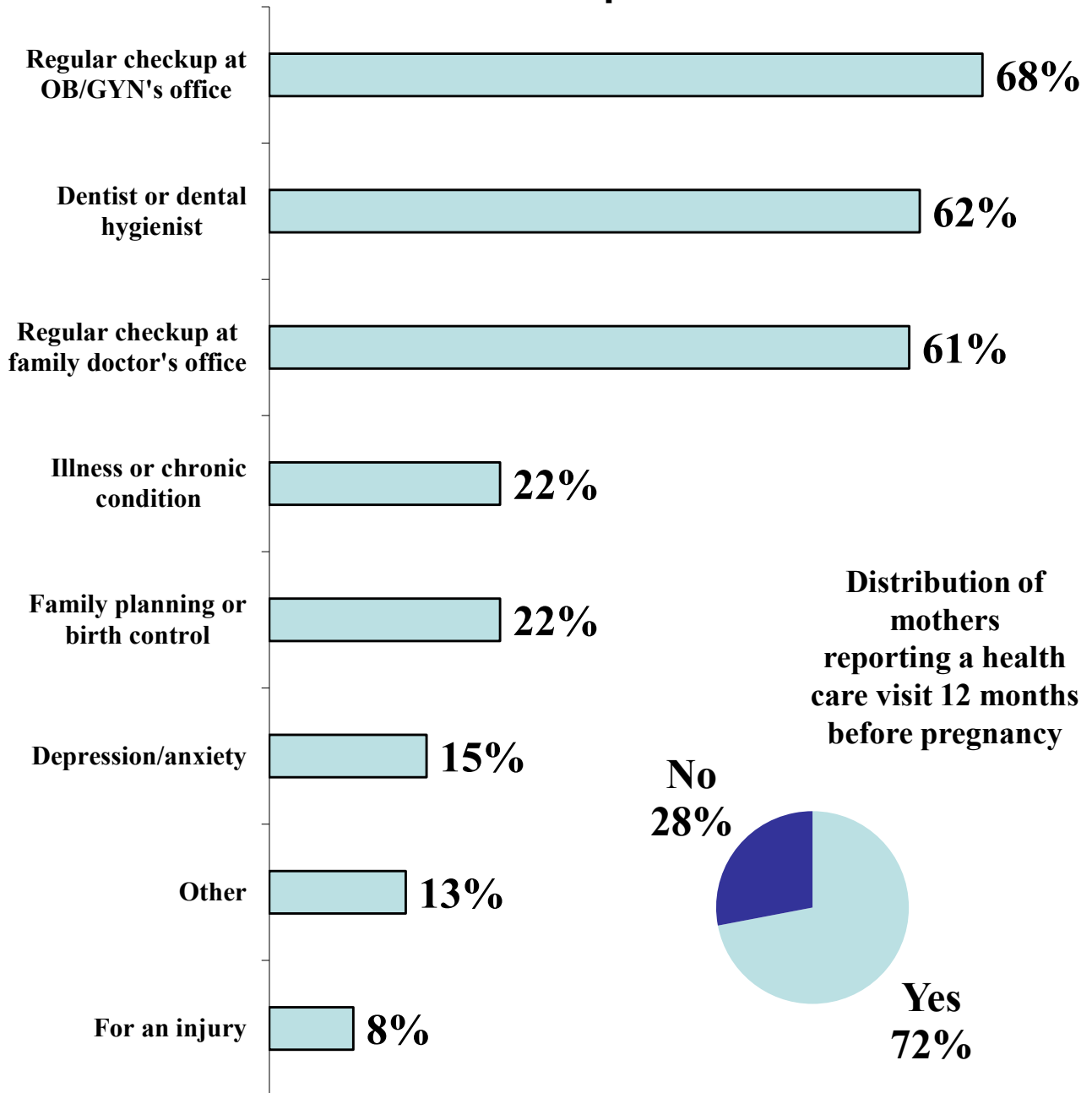
*Includes only mothers ages 20 and above.

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?

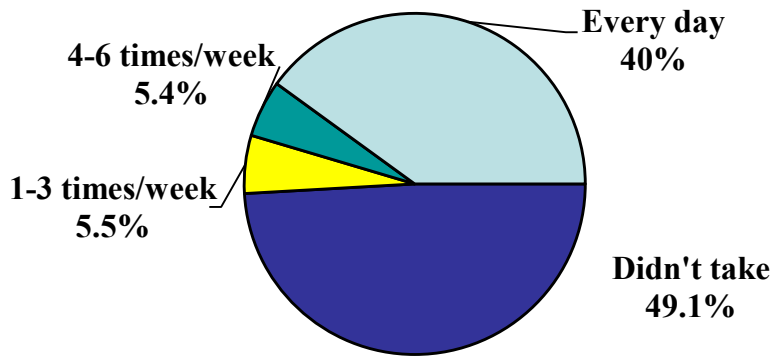
Percentage and Types of Health Care Visits Mothers Reported



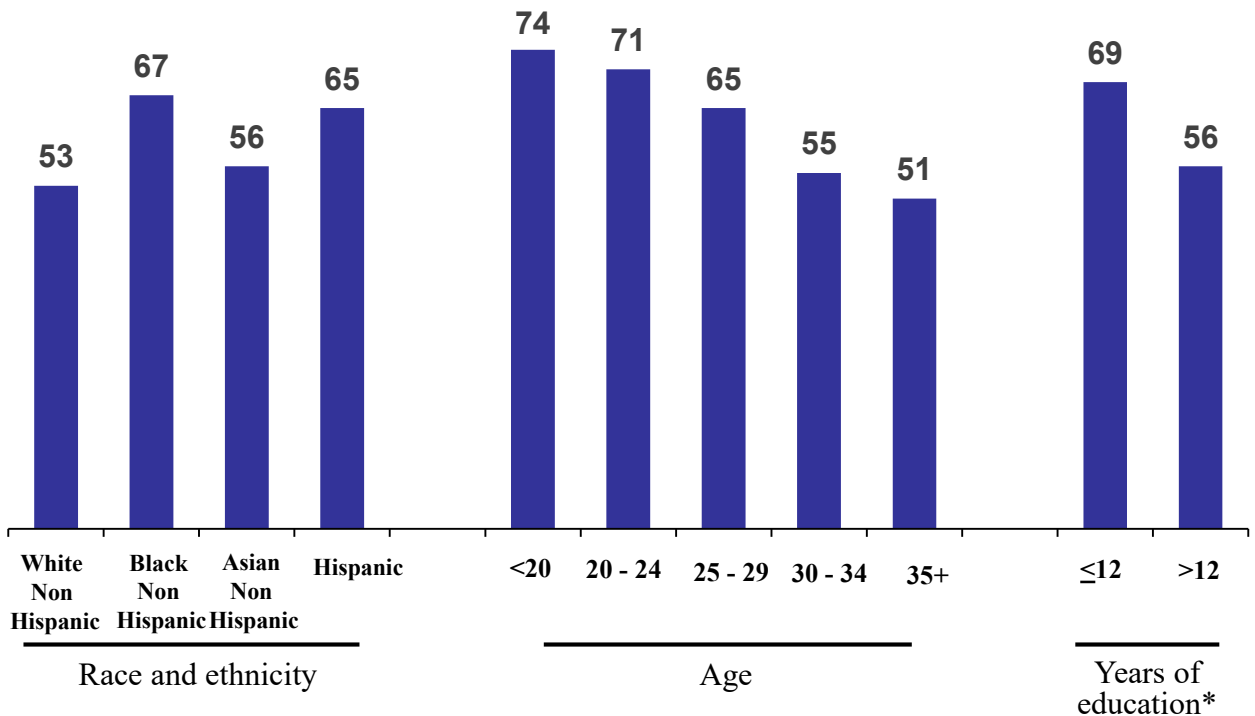
MULTIVITAMIN USE

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.

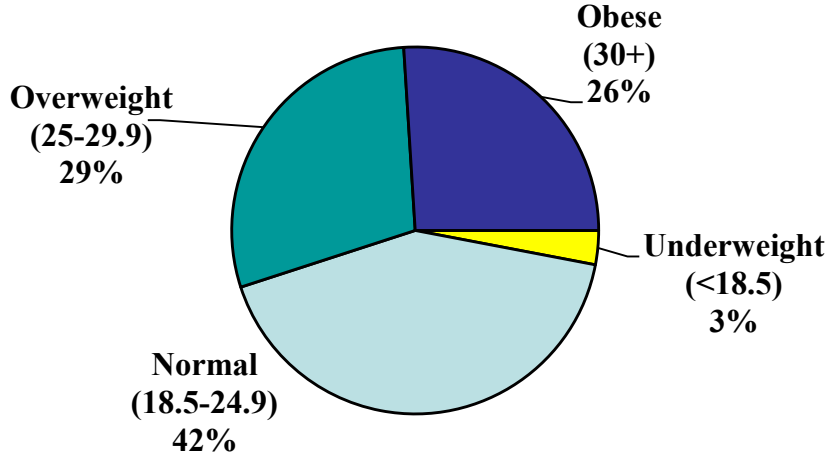
Note: Percentages are not reported if the number of respondents was less than five.

PRE-PREGNANCY BMI

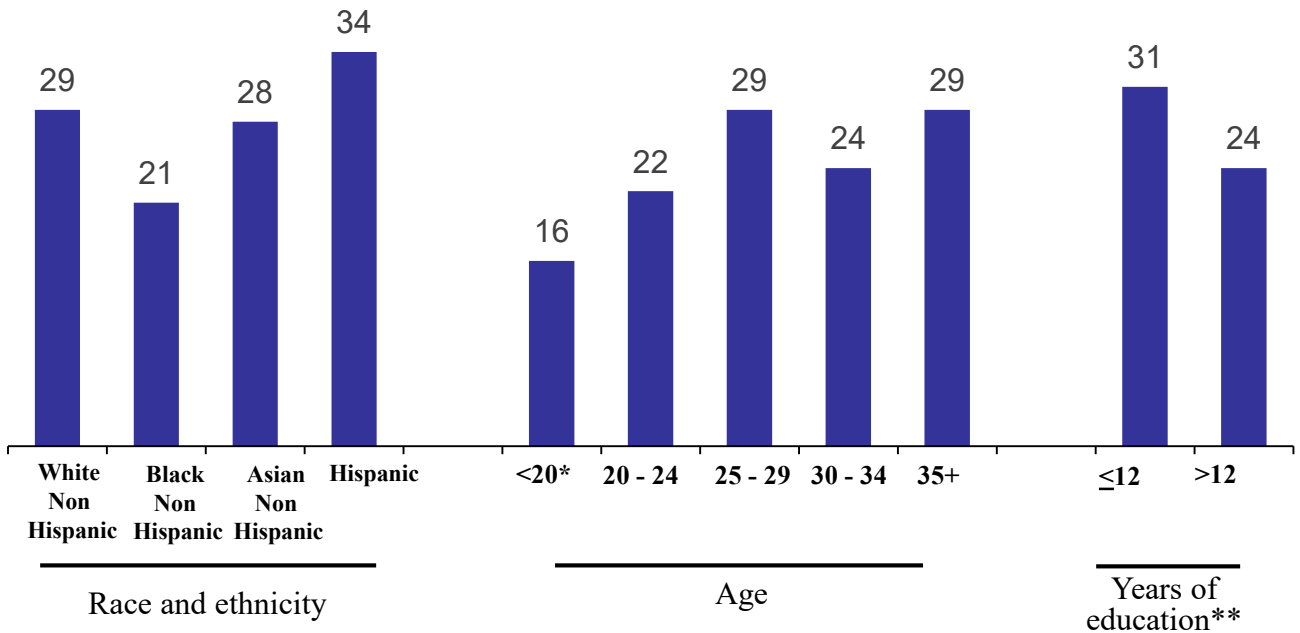
Question 1: How tall are you without shoes?

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

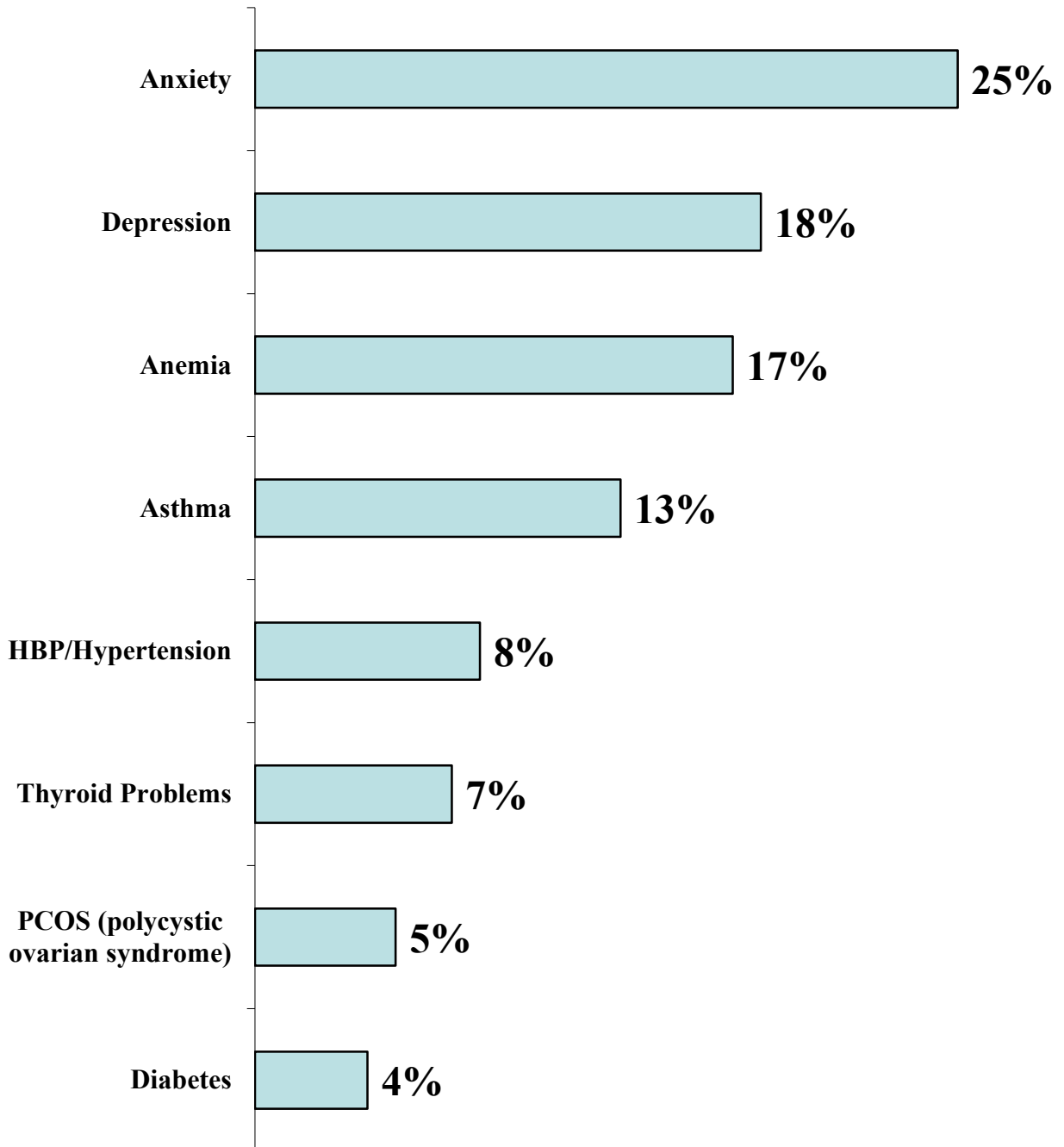


* Mothers <20 years of age had BMI >30 (and were not classified as obese via childhood growth charts)
 Note: Percentages are not reported if the number of respondents was less than five.

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?

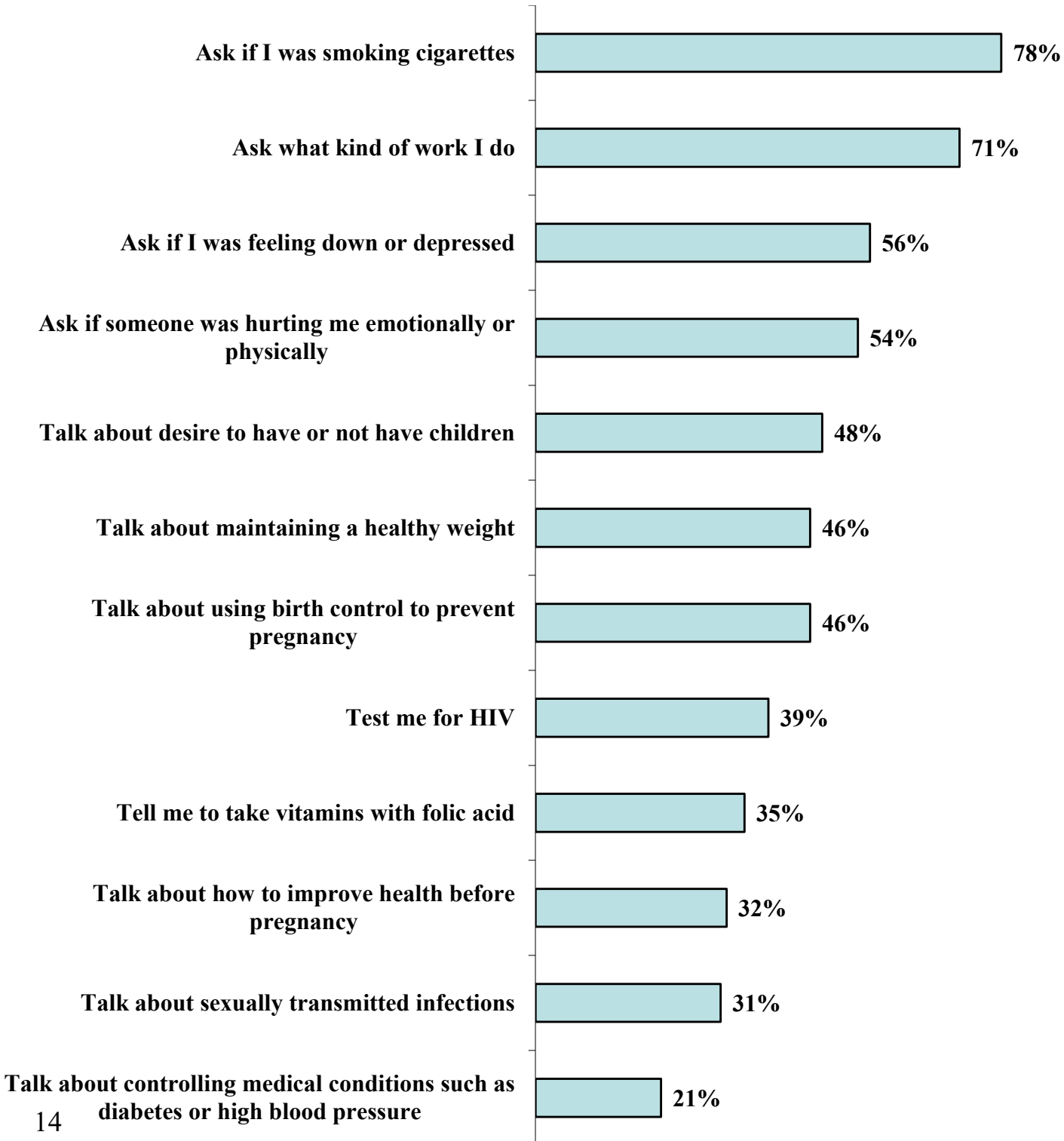
Mothers Reporting Health Problems Before Pregnancy



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.

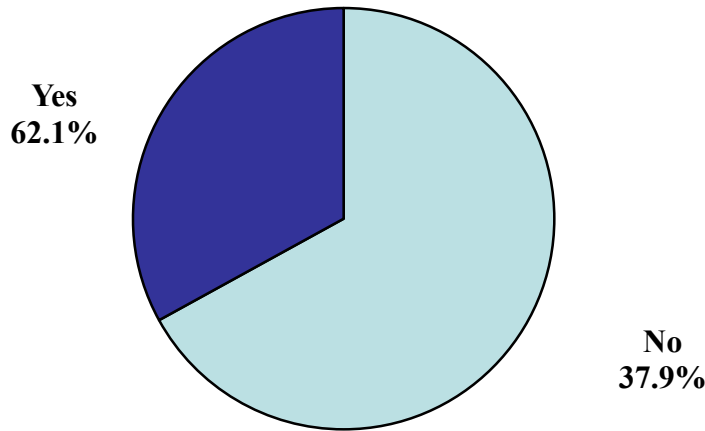
Mothers Reporting Actions During Health Care Visit



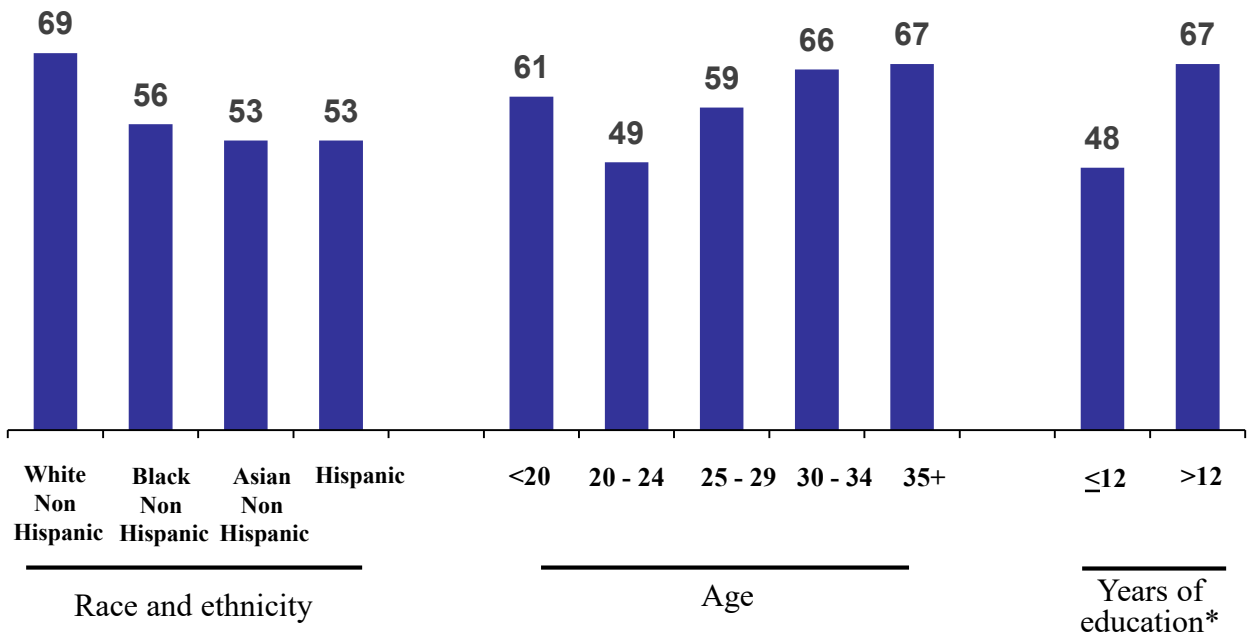
ORAL HEALTH

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

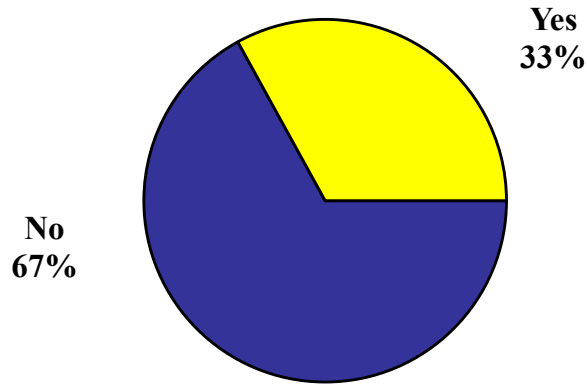


*Includes only mothers ages 20 and above.

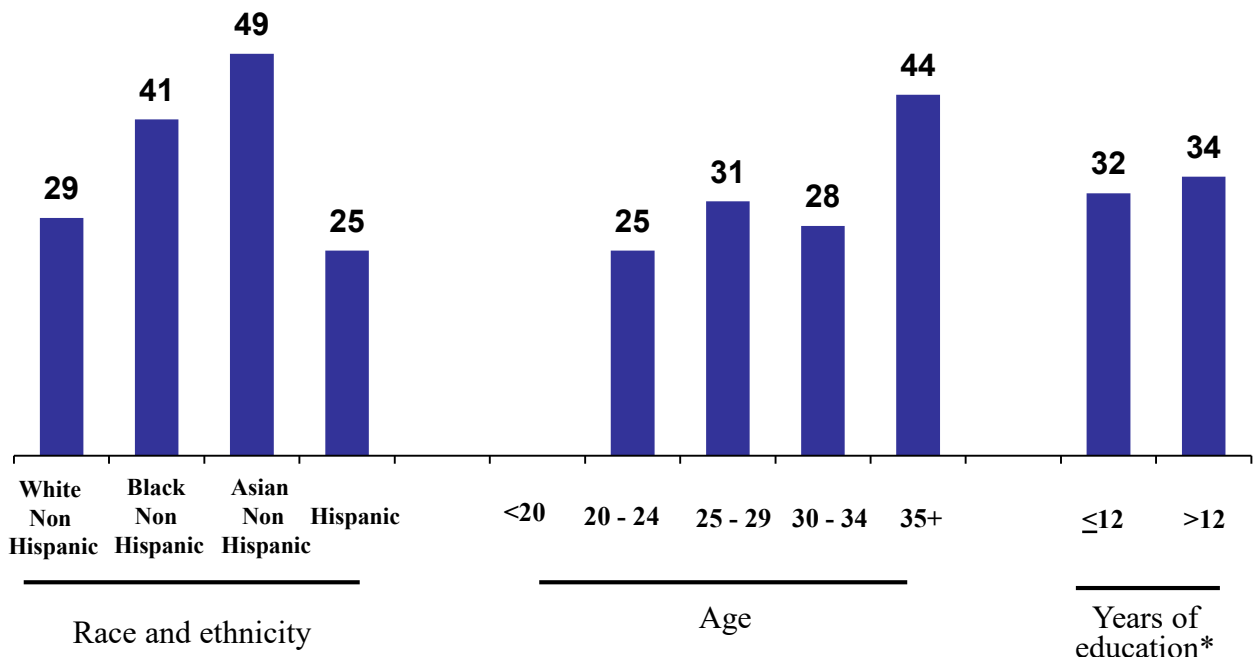
PRIOR CESAREAN DELIVERY

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 had a Cesarean Delivery



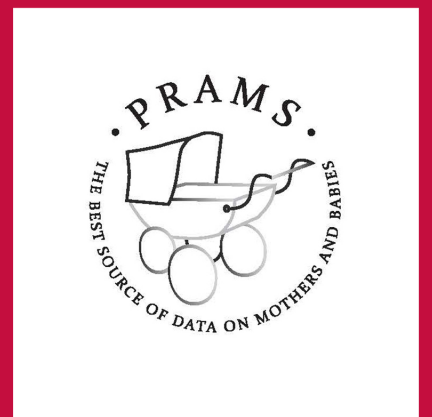
Percentage of Mothers Who Reported Having had a Cesarean Delivery



*Includes only mothers ages 20 and above.

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

Prenatal Factors



“It is important to have regular monthly prenatal checkups.”

“It was a beautiful experience. The most important thing is to take care of yourself during pregnancy for the baby and make all the prenatal appointments.”

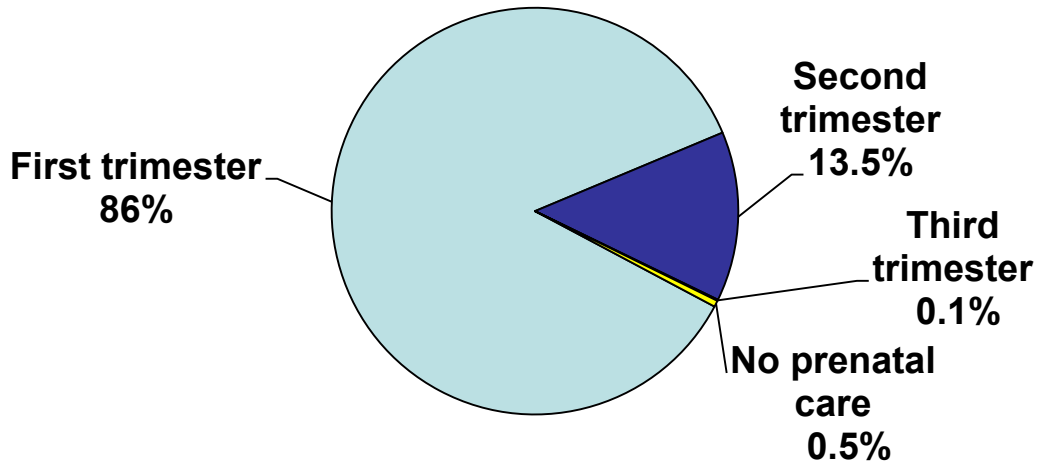
“My healthcare providers made it a point to emphasize how important prenatal care was and to call for any and all questions/concerns during my pregnancy regardless of Covid-19.”

PRAMS mothers

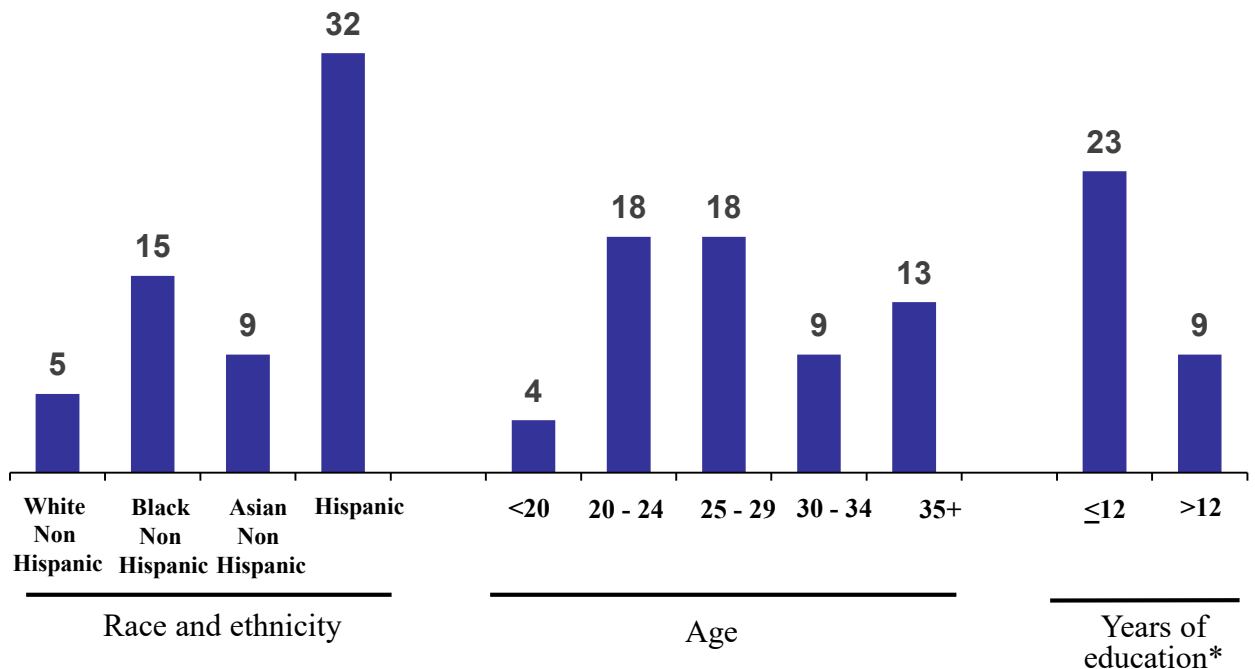
TRIMESTER PRENATAL CARE BEGAN

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

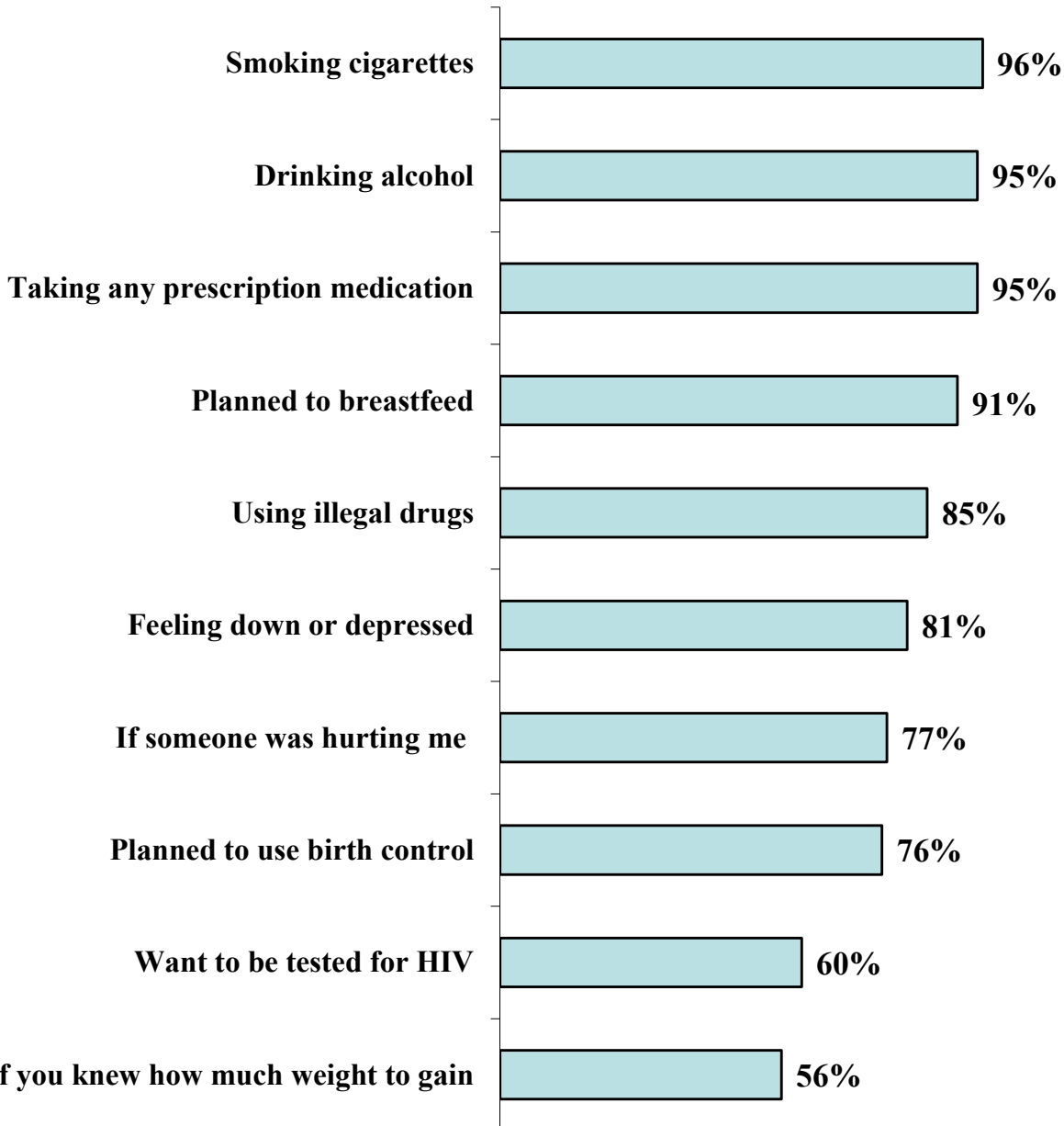


*Includes only mothers ages 20 and above.

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?*

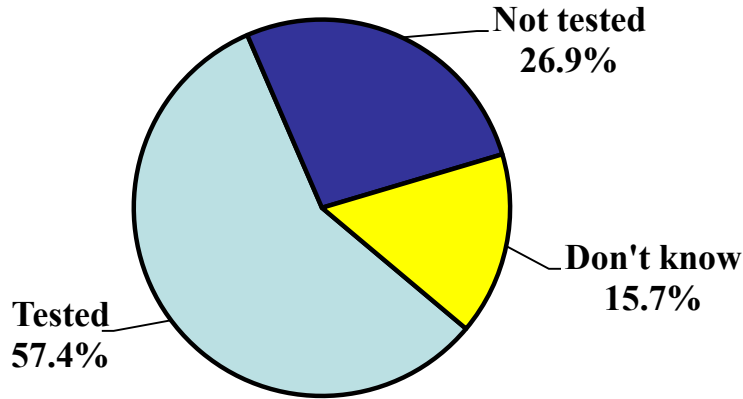
Mothers Reporting That Selected Topics Were Asked During Prenatal Care Visits



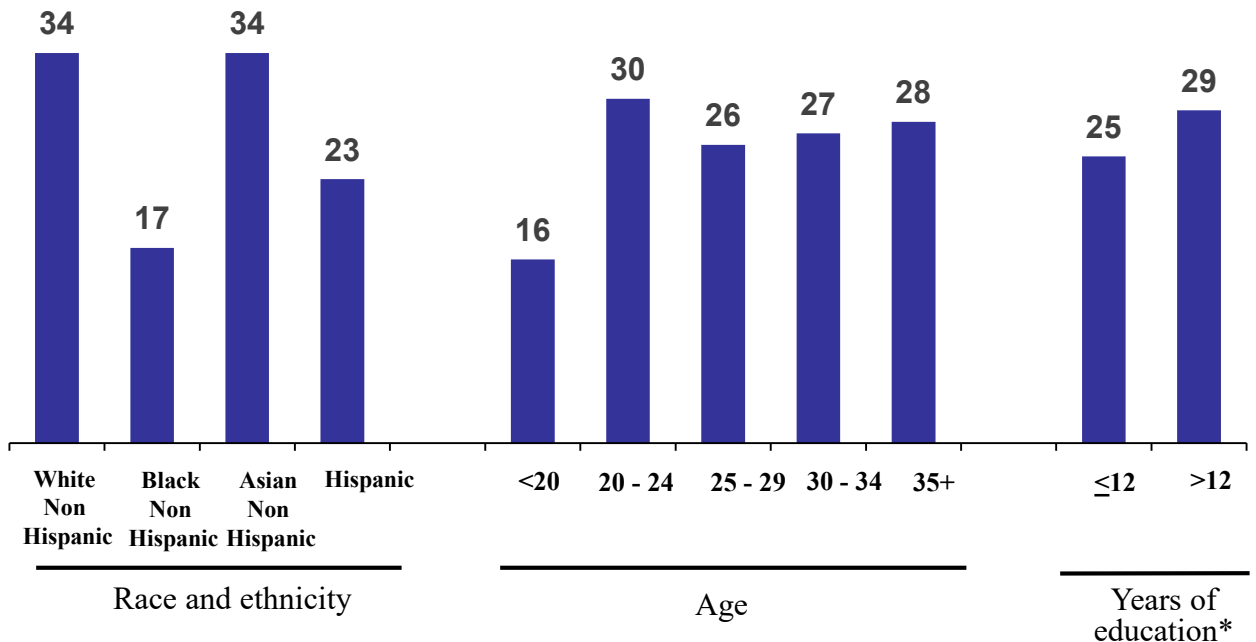
HIV TESTING

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

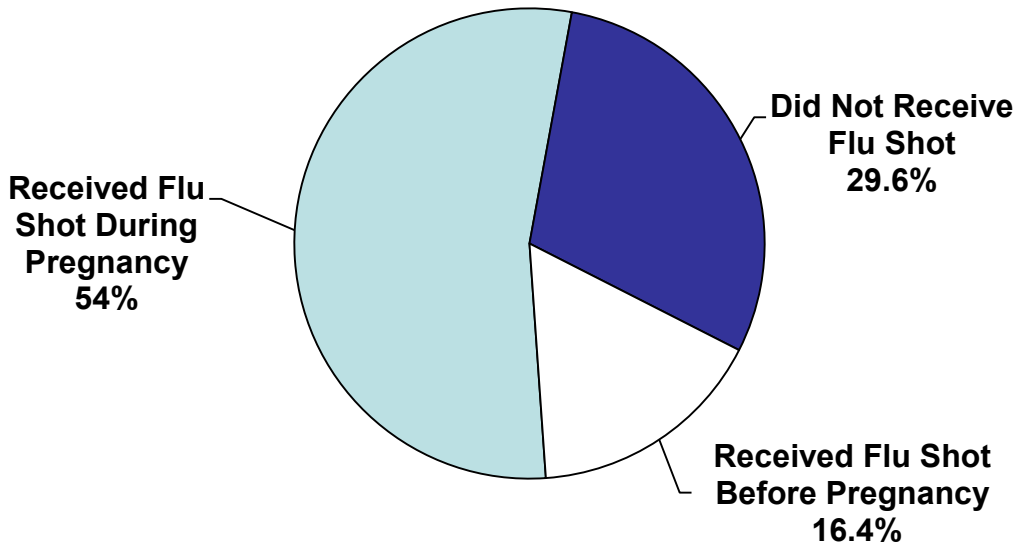


*Includes only mothers ages 20 and above.

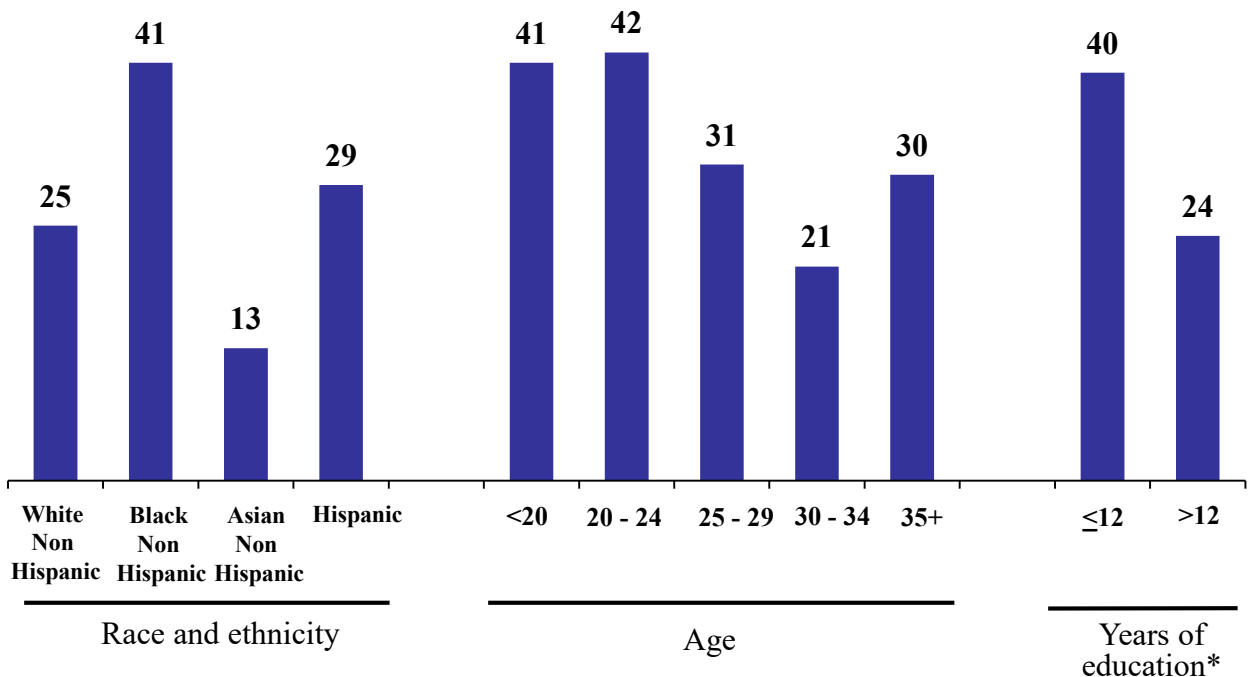
INFLUENZA IMMUNIZATIONS

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



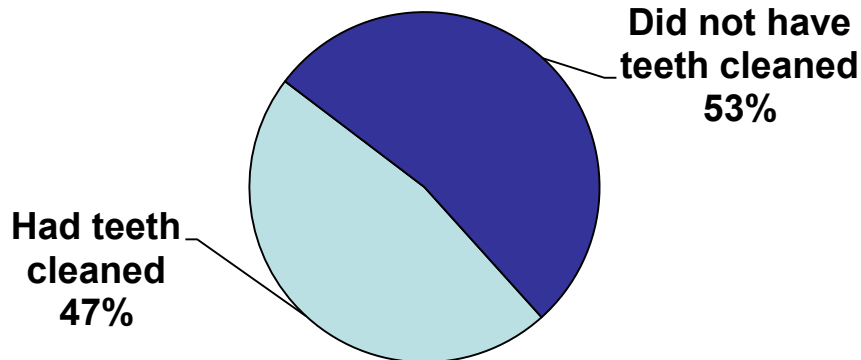
Percentage of Mothers Who Reported They Did Not Get a Flu Shot One Year Before Delivery



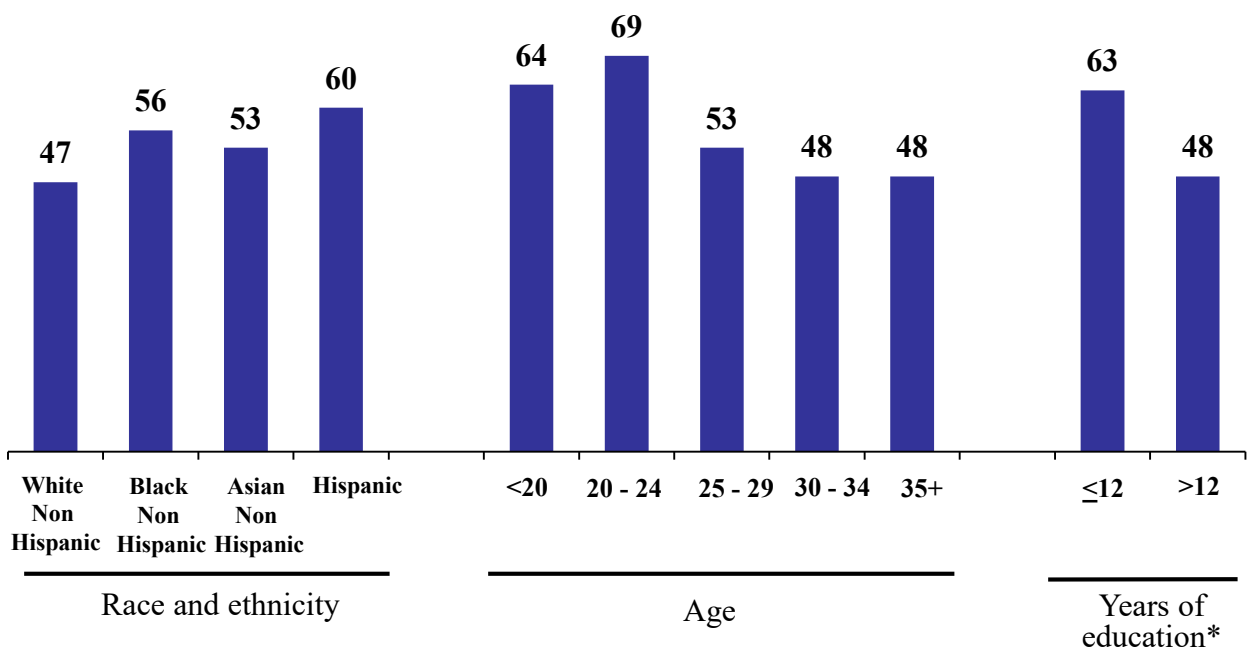
TEETH CLEANING

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

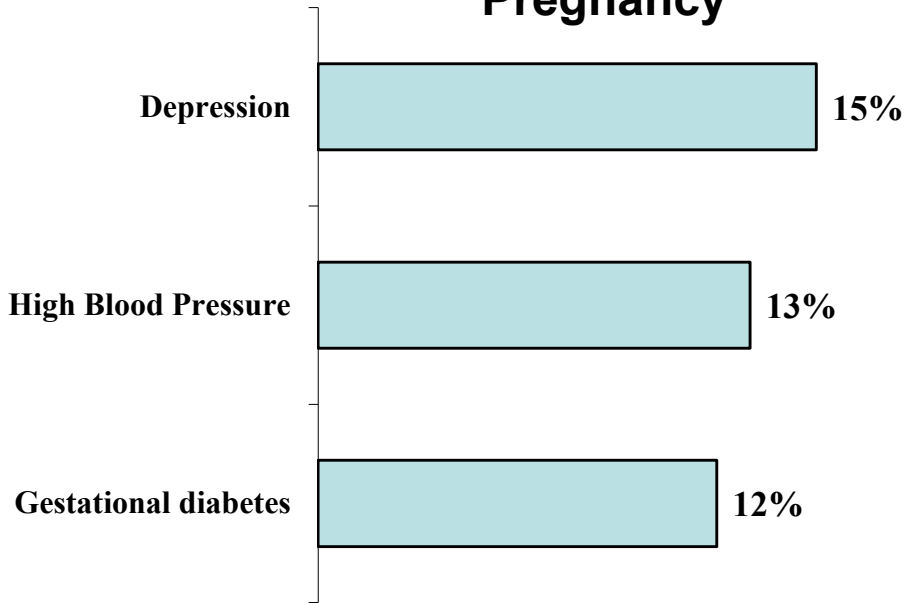


*Includes only mothers ages 20 and above.

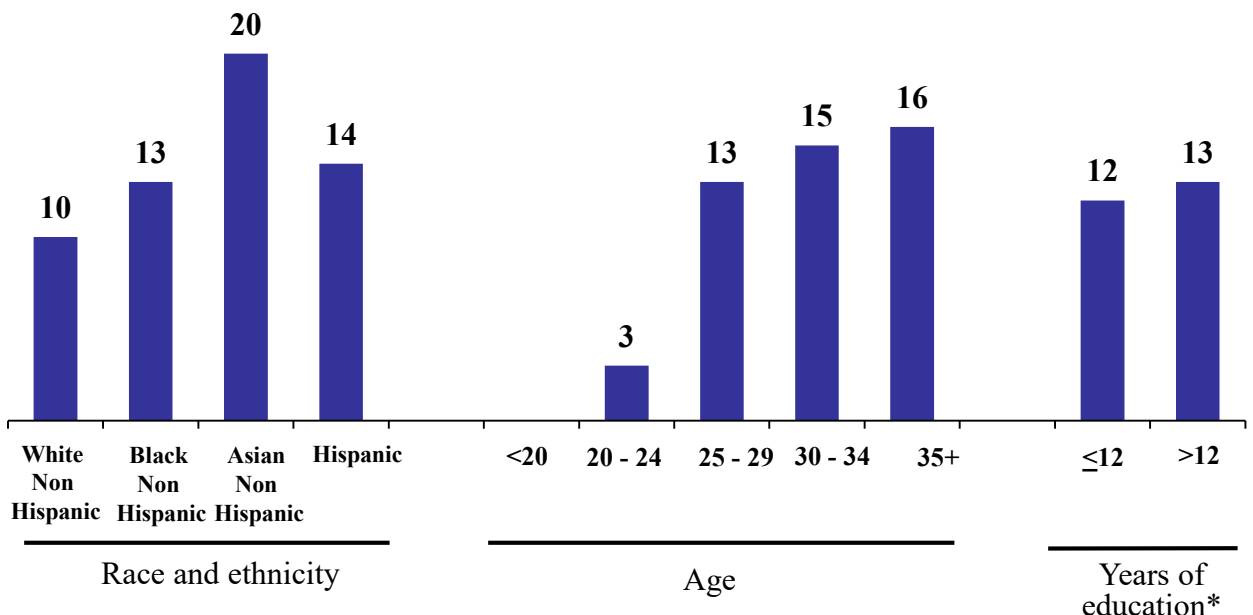
HEALTH CONDITIONS

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



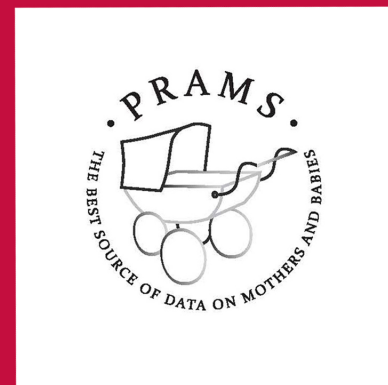
Percentage of Mothers Who Had Gestational Diabetes



*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 did a light duty at my workplace in the last month of my pregnancy.”

“I was not aware that my insurance plan (and most plans) would supply a free pump.”

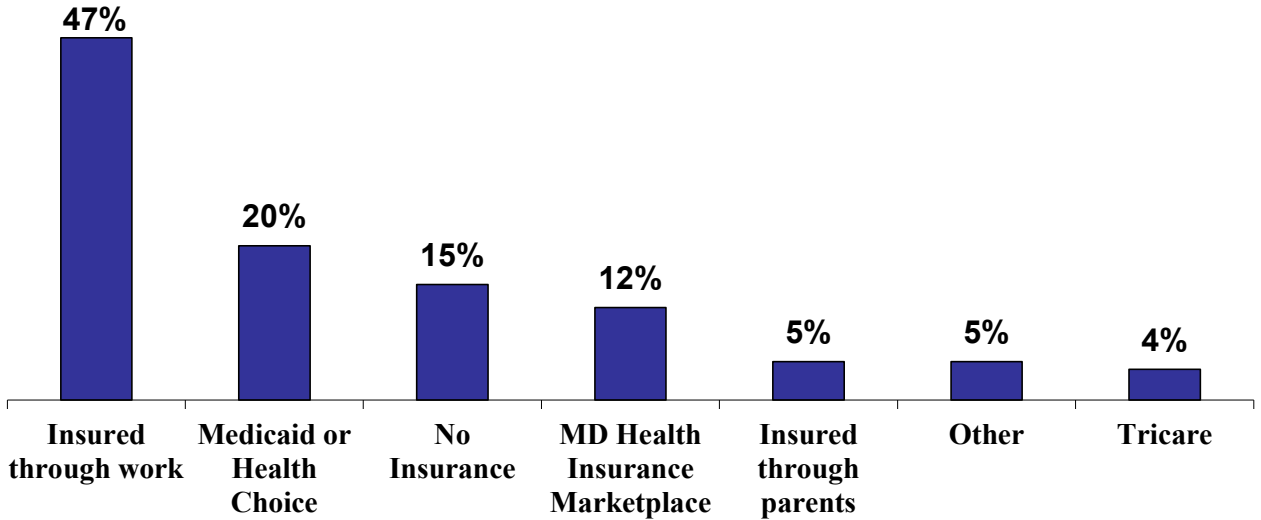
“Breastfeeding is demanding & recommended for a year. And I just want to be taking care of my baby for her first year. But we can’t afford for me to leave my job, take more unpaid leave. And I don’t have the leave to take more paid time.”

PRAMS mothers

HEALTH INSURANCE BEFORE PREGNANCY

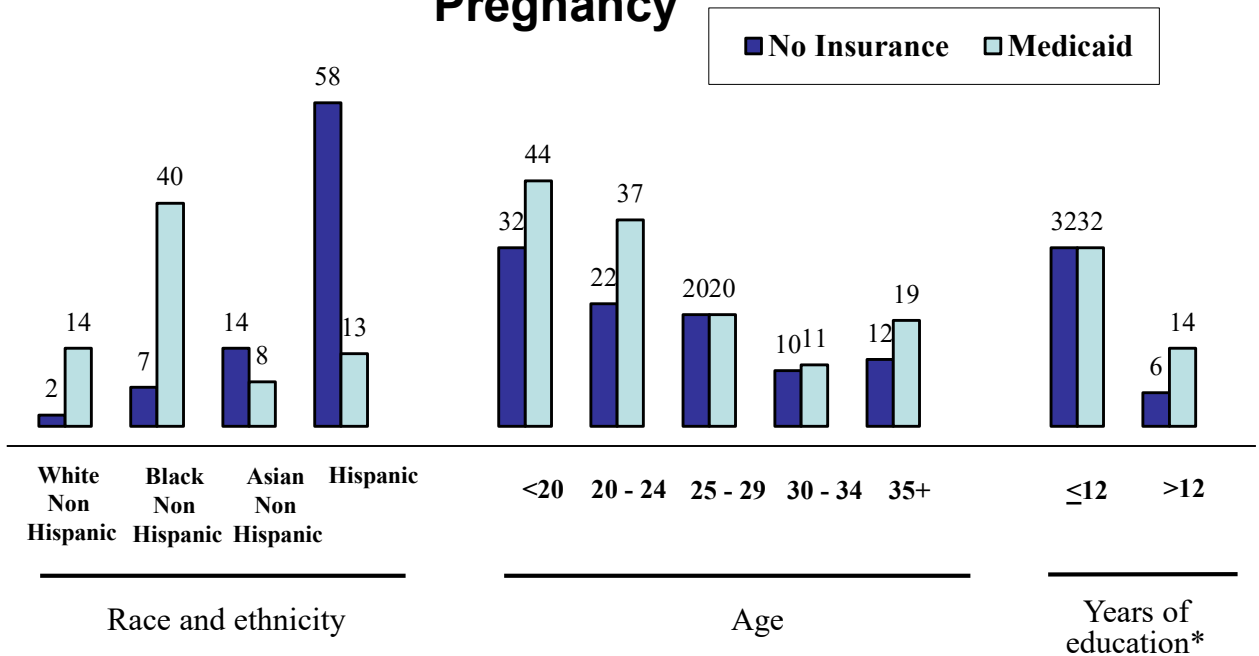
Question 12: During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Health Insurance Status Just Before Pregnancy**



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

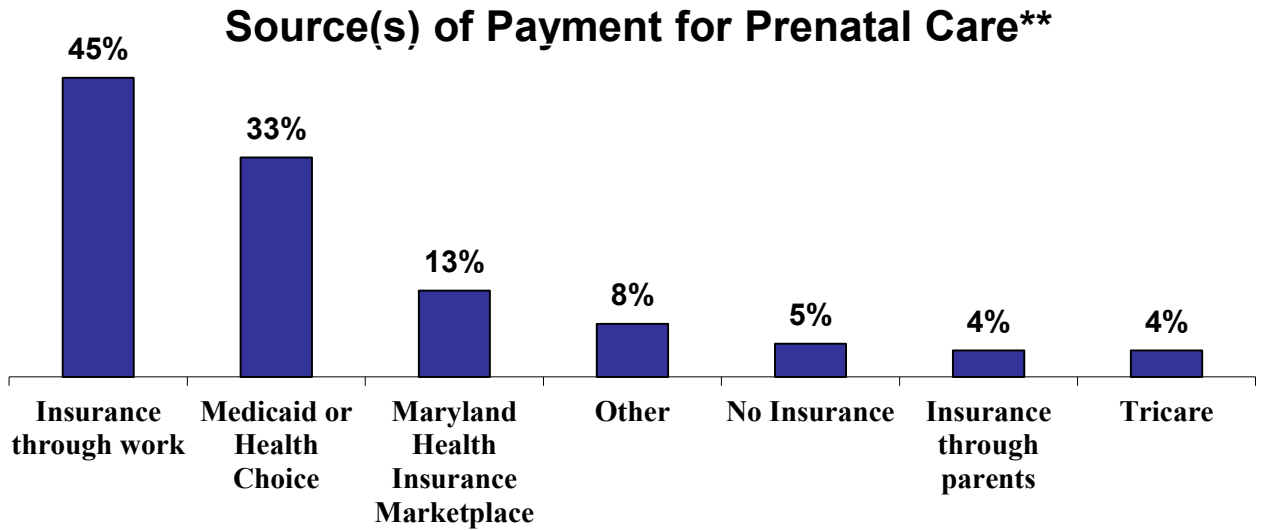
Percentage of Mothers Who Reported Having Medicaid or No Health Insurance Just Before Pregnancy



*Includes only mothers ages 20 and above.

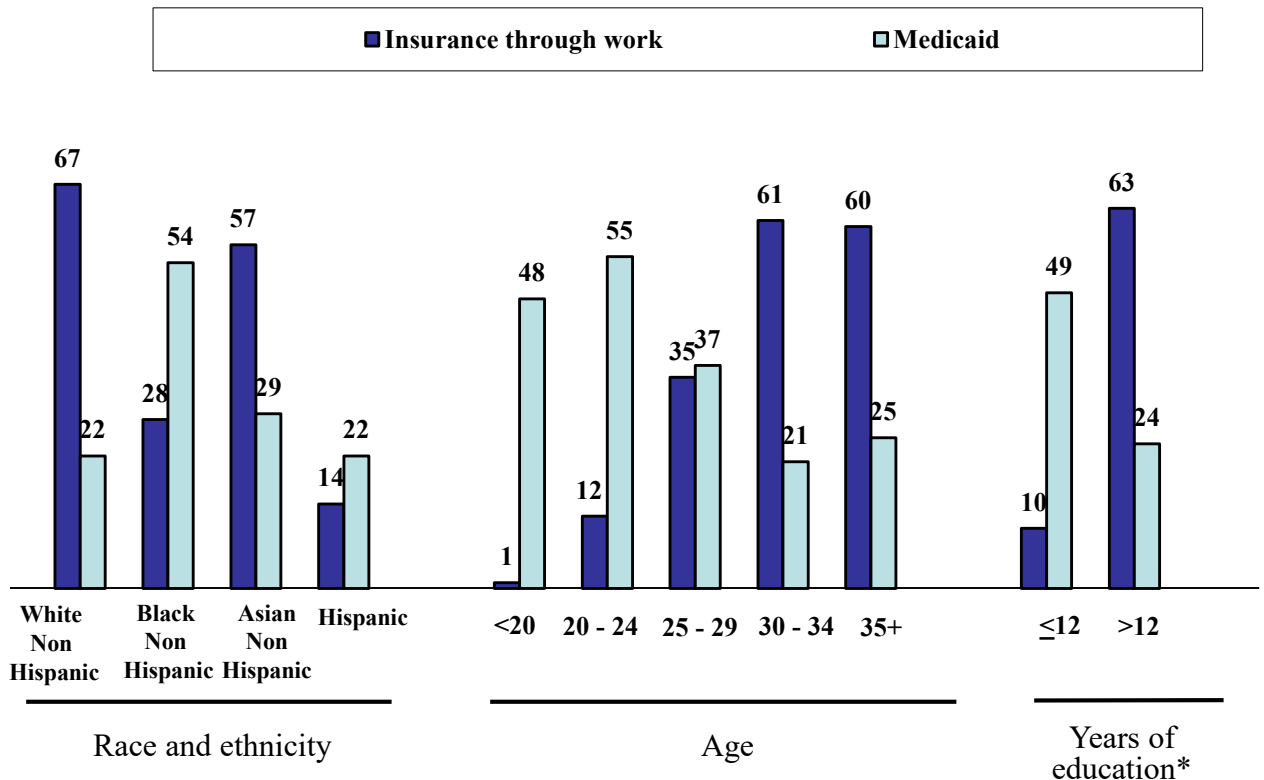
SOURCE OF PAYMENT FOR PRENATAL CARE

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



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

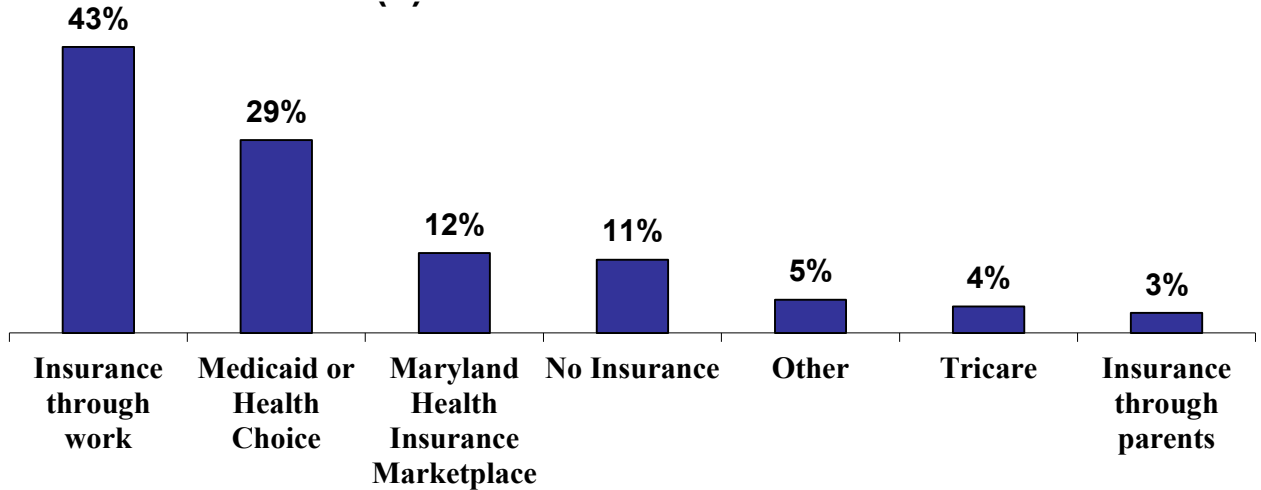
Percentage of Mothers Who Identified Insurance or Medicaid as a Source of Payment for Prenatal Care



CURRENT HEALTH INSURANCE

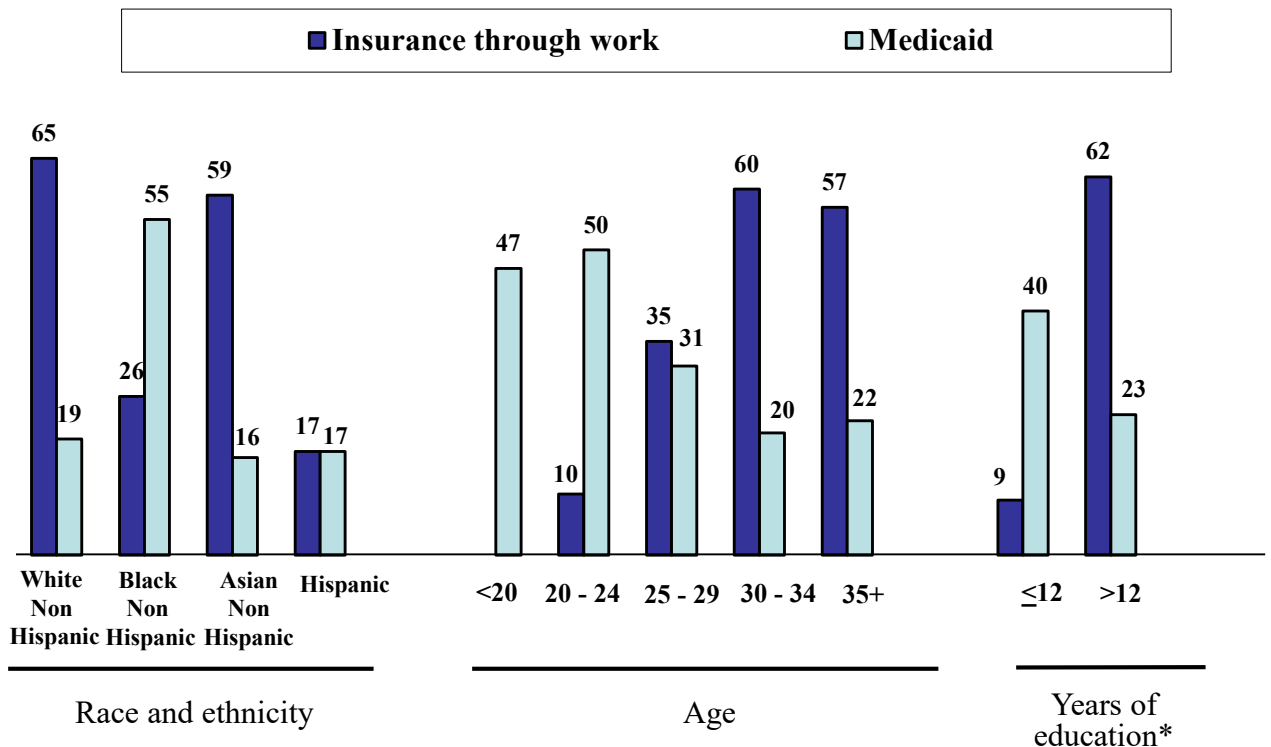
Question 14: What kind of health insurance do you have *now*?

Source(s) of Current Health Insurance**



** 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.

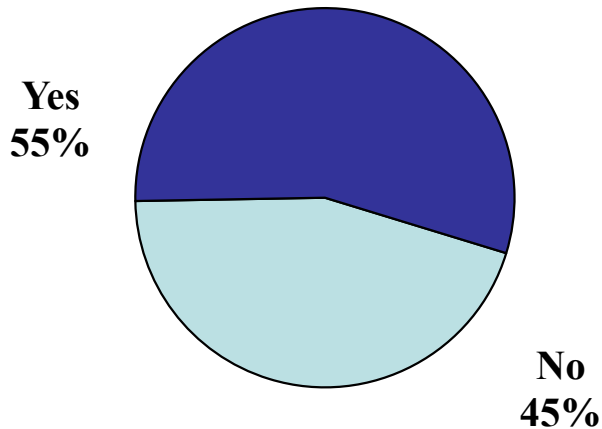
Note: Percentages are not reported if the number of respondents was less than five.

CHILD CARE DURING WORK OR SCHOOL

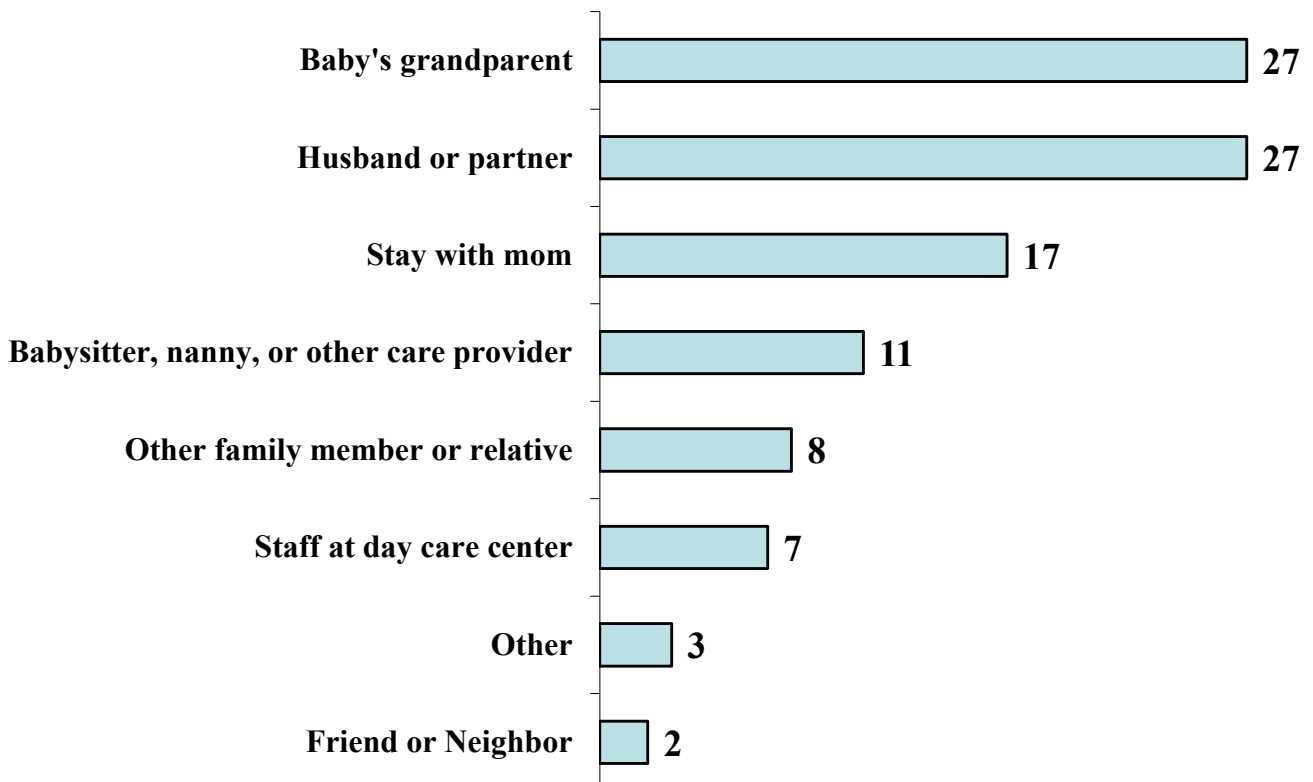
Question 65: Are you currently in school or working?

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



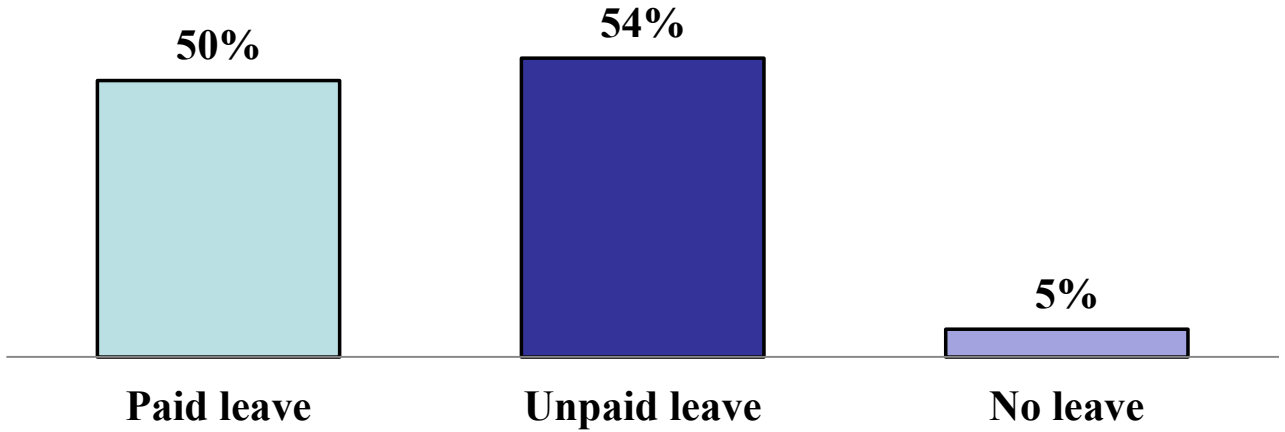
People Who Spend the Most Time with Baby While Mom is at Work or School



WORKPLACE LEAVE

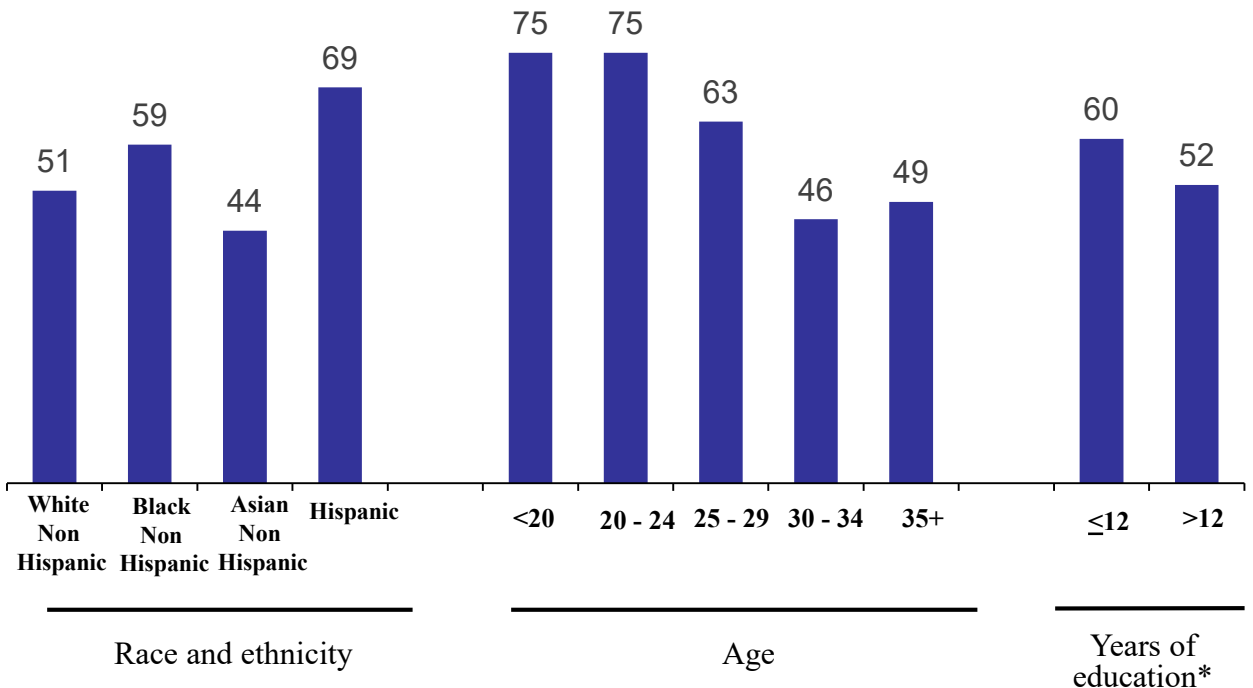
Question 70: Did you take leave from work *after* your new baby was born?

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



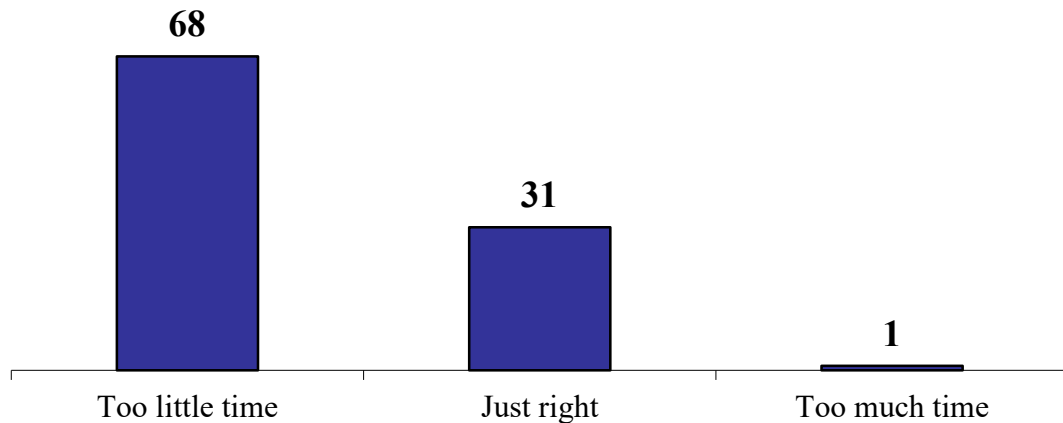
*Includes only mothers ages 20 and above.

FACTORS AFFECTING LEAVE TIME

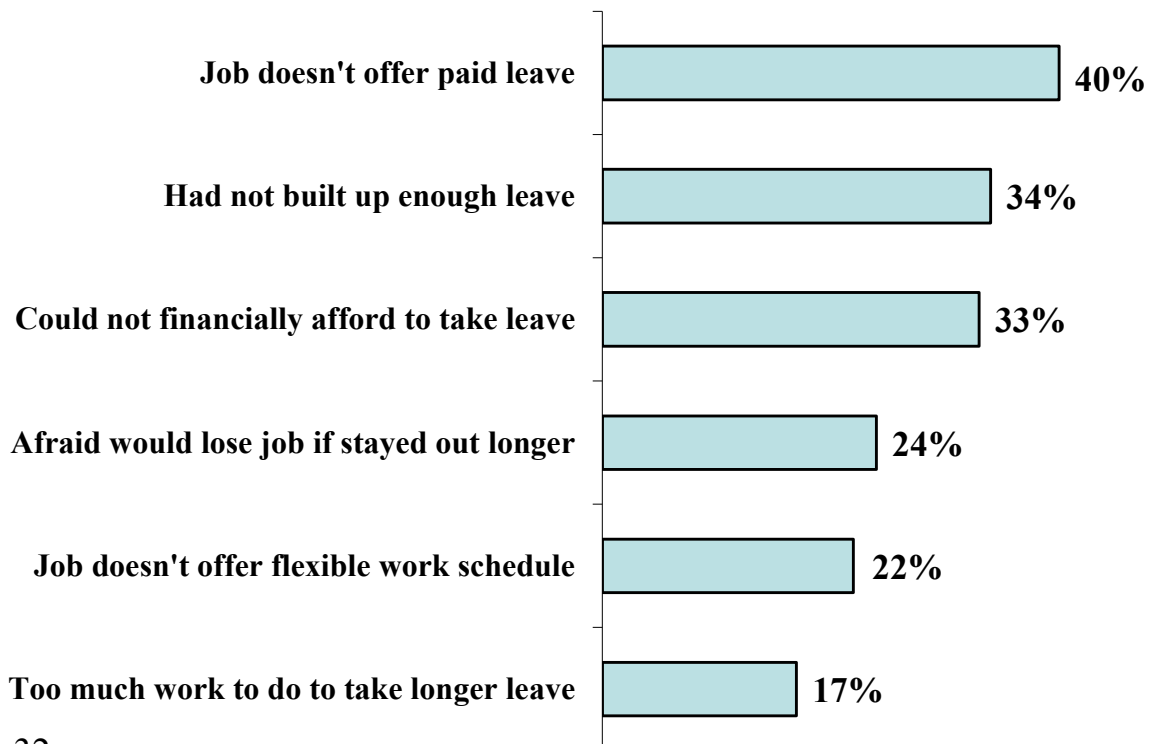
Question 72: How did you feel about the amount of time you were able to take off *after* the birth of your new baby?

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

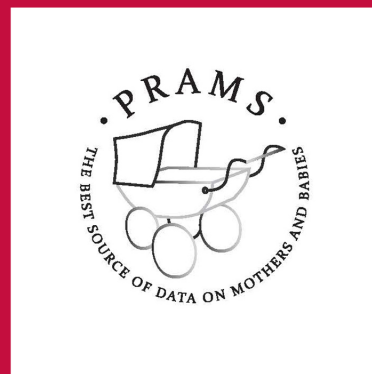
Distribution of How Mothers Felt About The Amount of Time Taken Off



Factors Affecting Decision to Take Leave



Selected Risk Factors



“In recovery now and this baby saved my life!”

“Generally, COVID has added to my stress. We are happy about our baby but scared of the virus.”

“It was hard. Being pregnant during Covid was one of the hardest things I've ever done.”

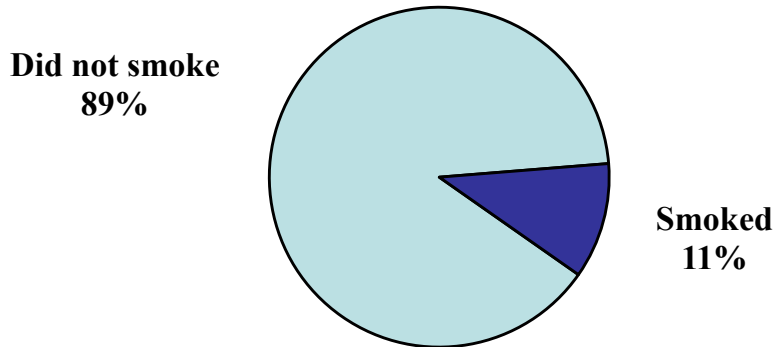
“Dr’s office probably asked about smoking, alcohol and drugs with their 1st appointment questionnaire, but I don’t remember & don’t remember discussing it.”

PRAMS mothers

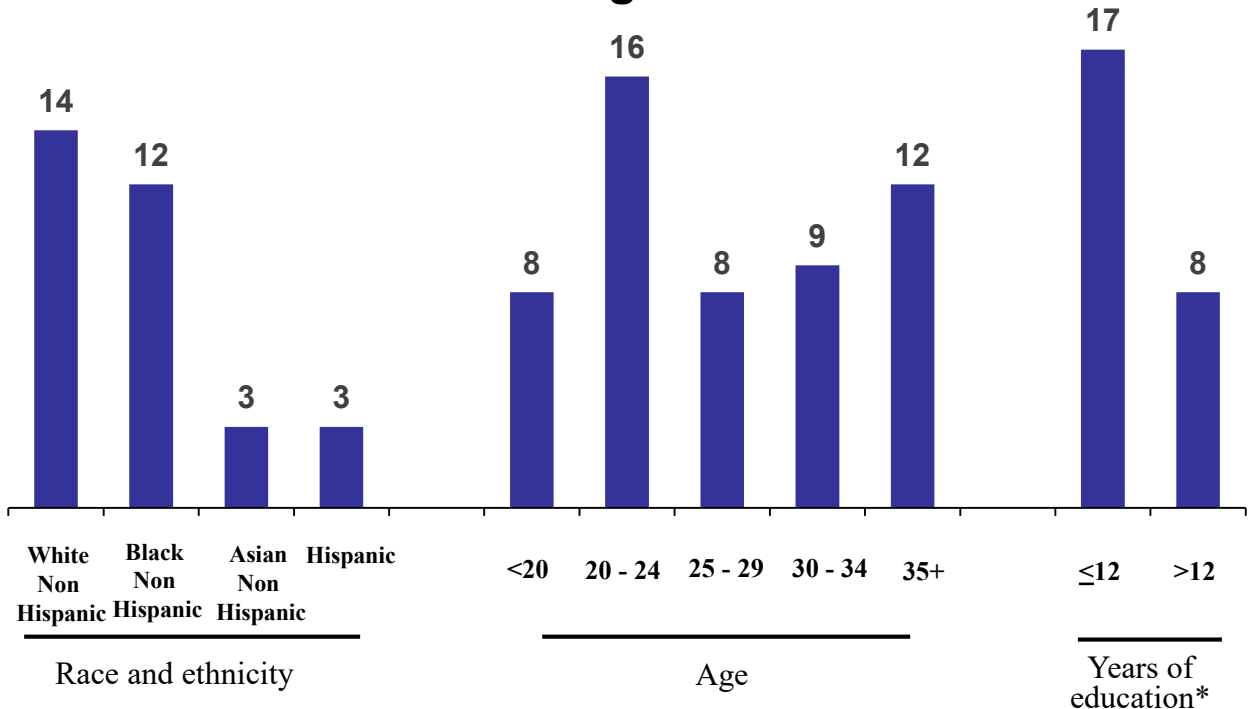
SMOKING BEFORE PREGNANCY

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



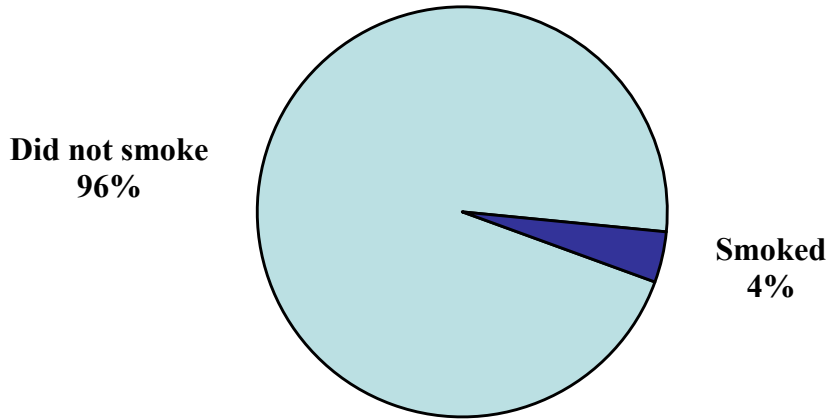
*Includes only mothers ages 20 and above.

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

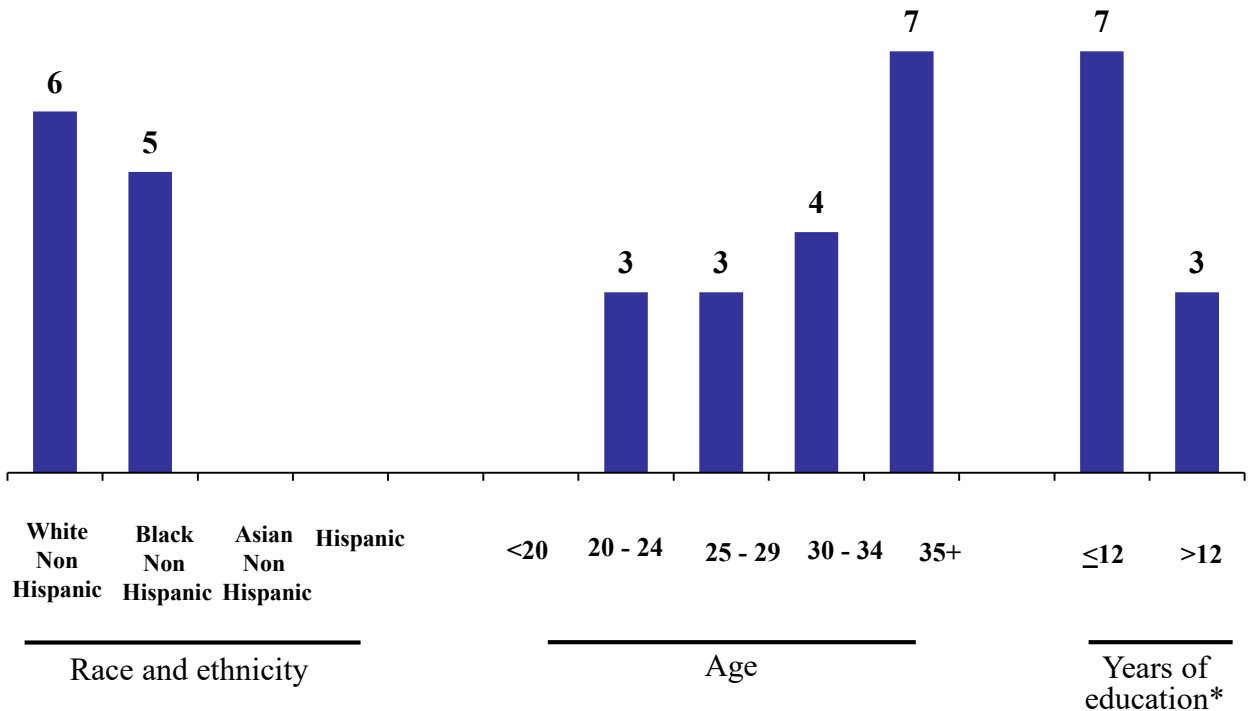
SMOKING DURING PREGNANCY

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



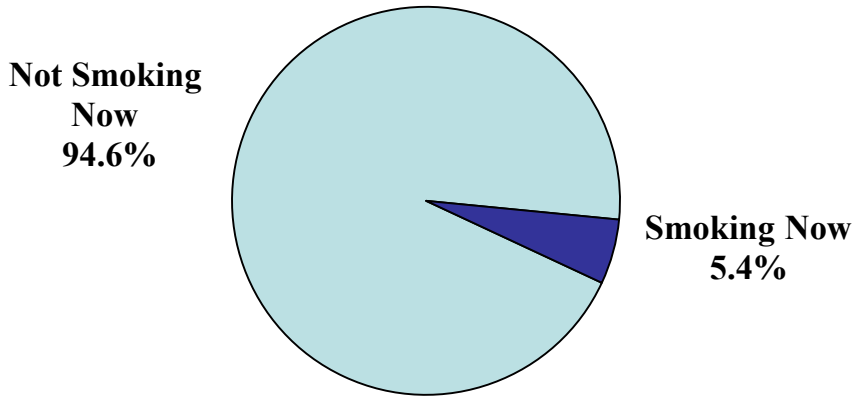
*Includes only mothers ages 20 and above.

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

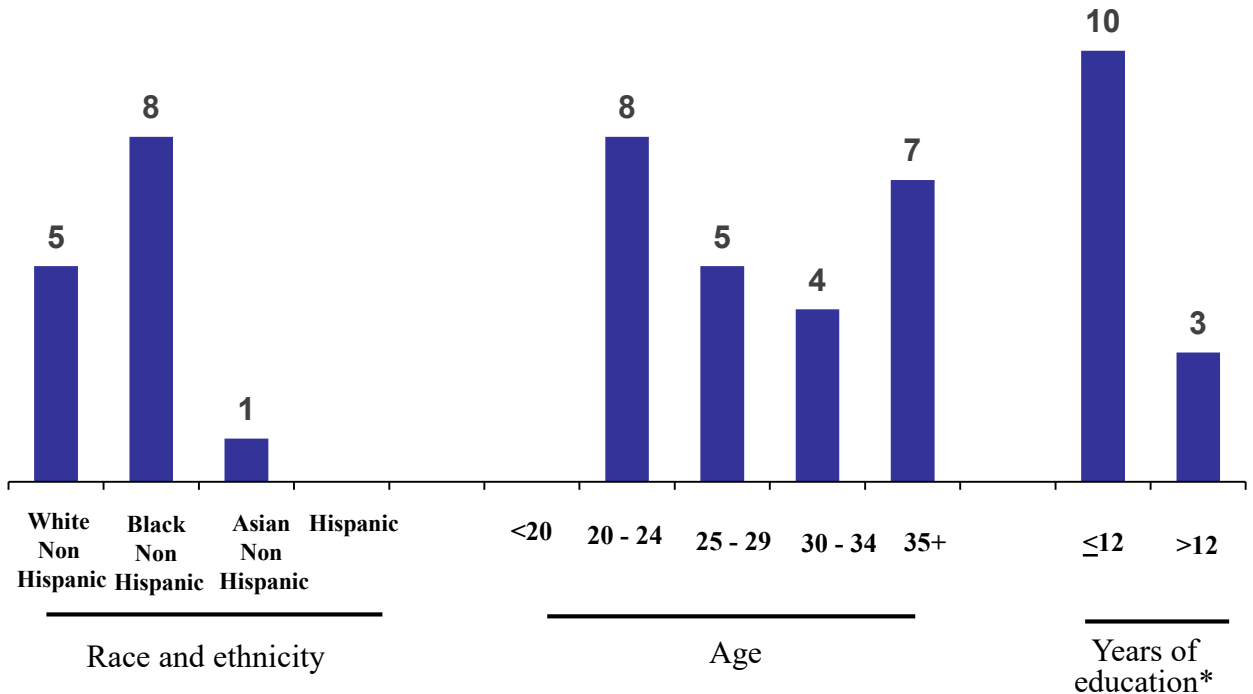
SMOKING AFTER PREGNANCY

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



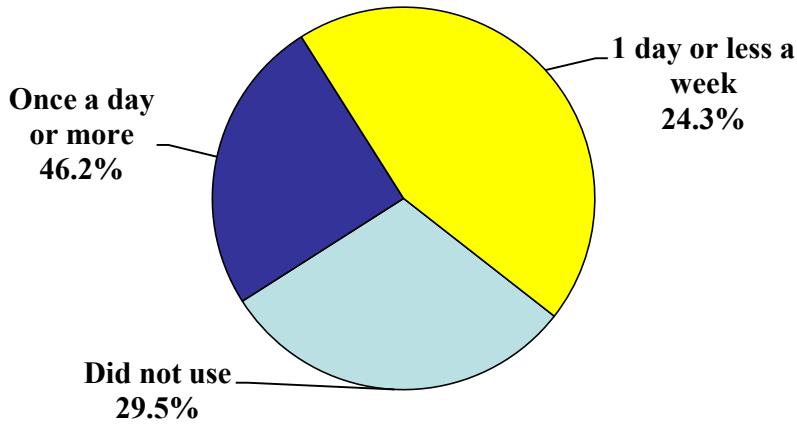
*Includes only mothers ages 20 and above.

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

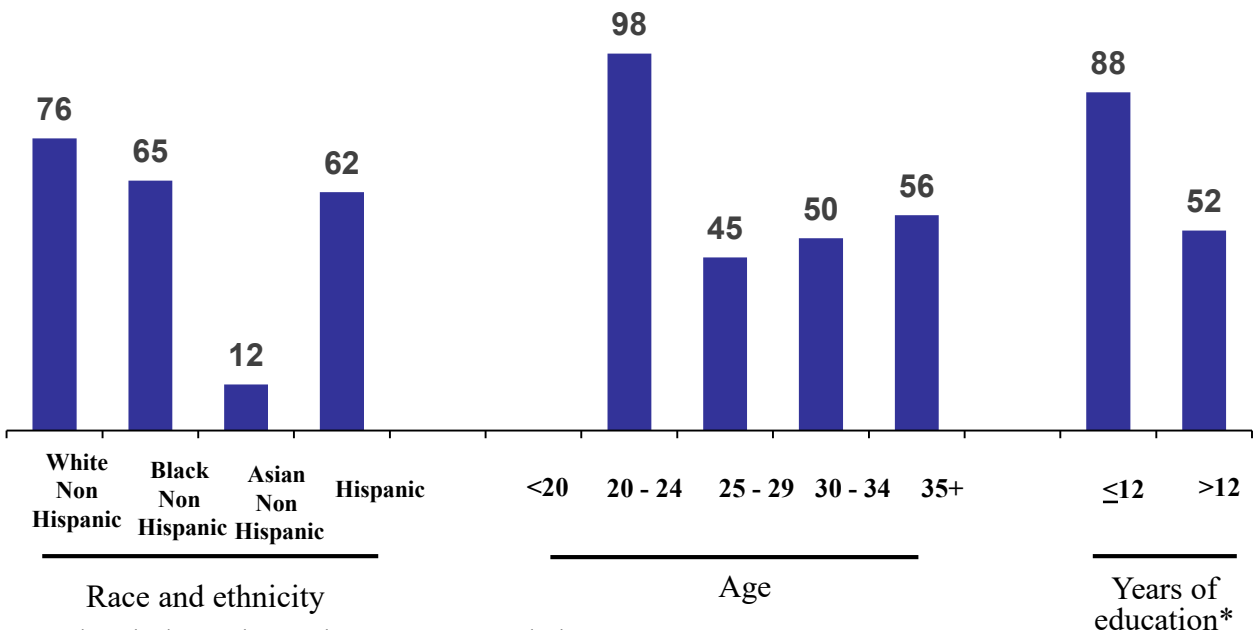
USE OF ELECTRONIC NICOTINE PRODUCTS

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



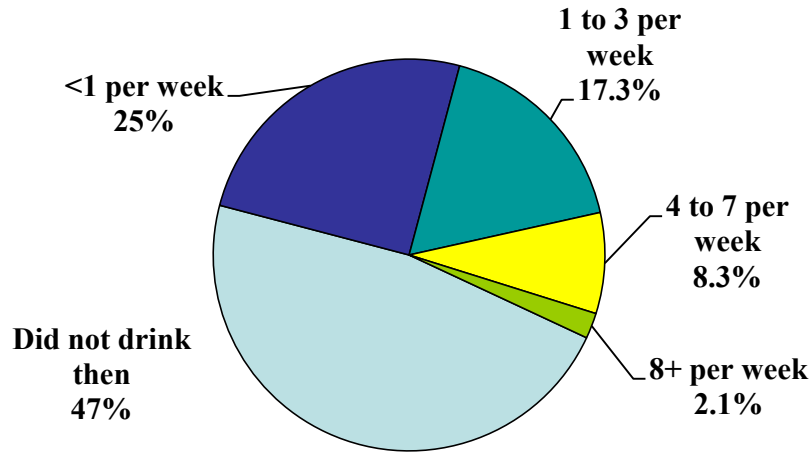
*Includes only mothers ages 20 and above.

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

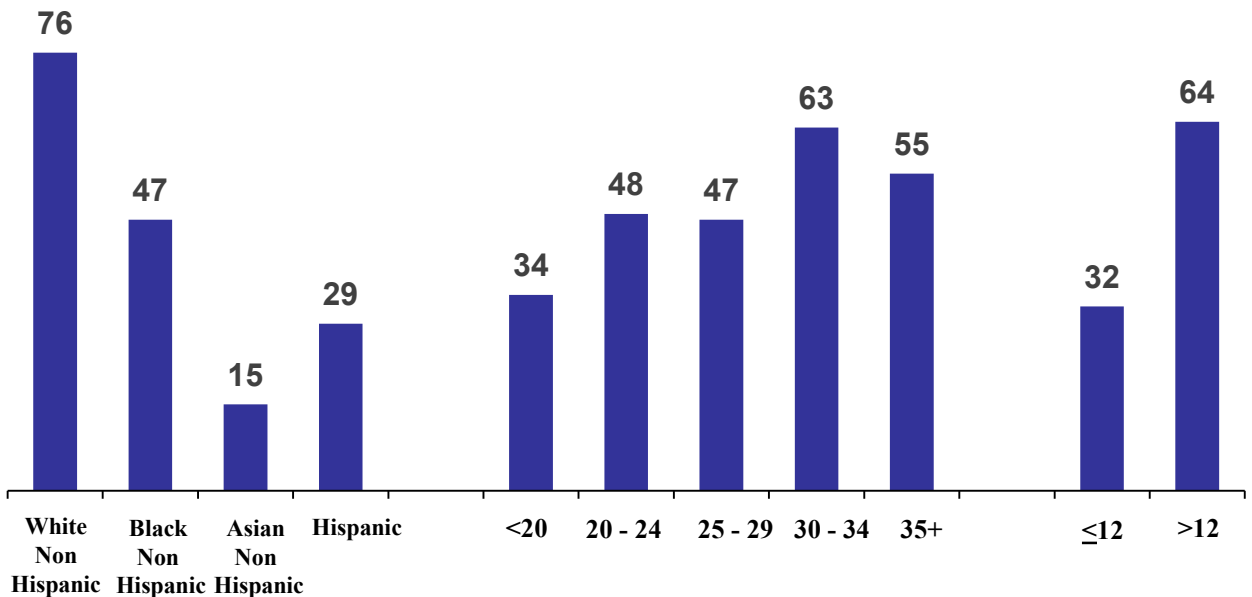
ALCOHOL USE BEFORE PREGNANCY

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*

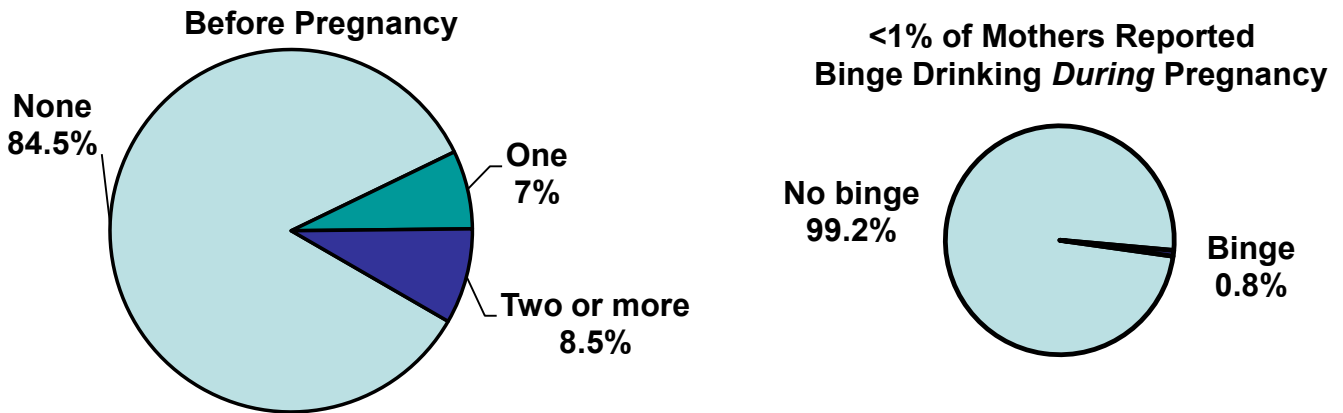
*Includes only mothers ages 20 and above.

ALCOHOL BINGES BEFORE AND DURING PREGNANCY

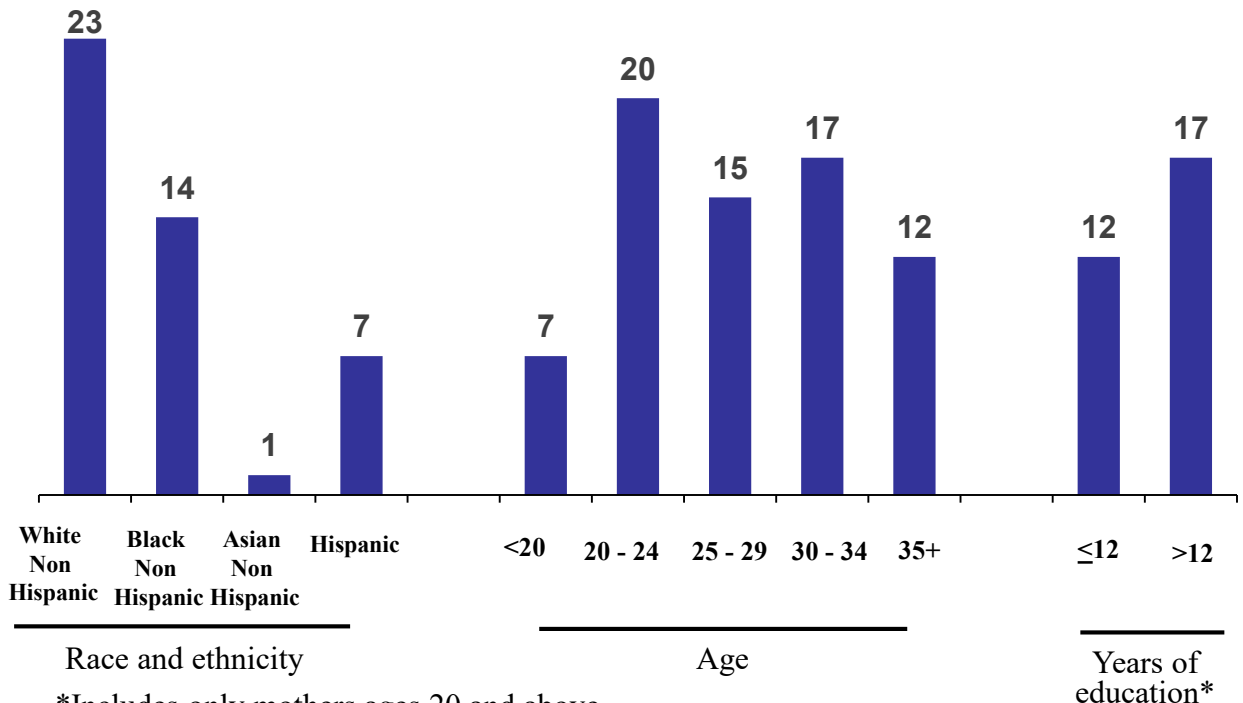
Question 32: During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

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



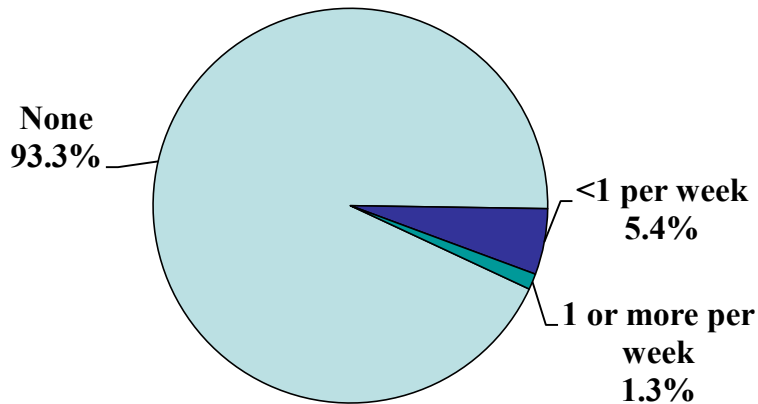
*Includes only mothers ages 20 and above.

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

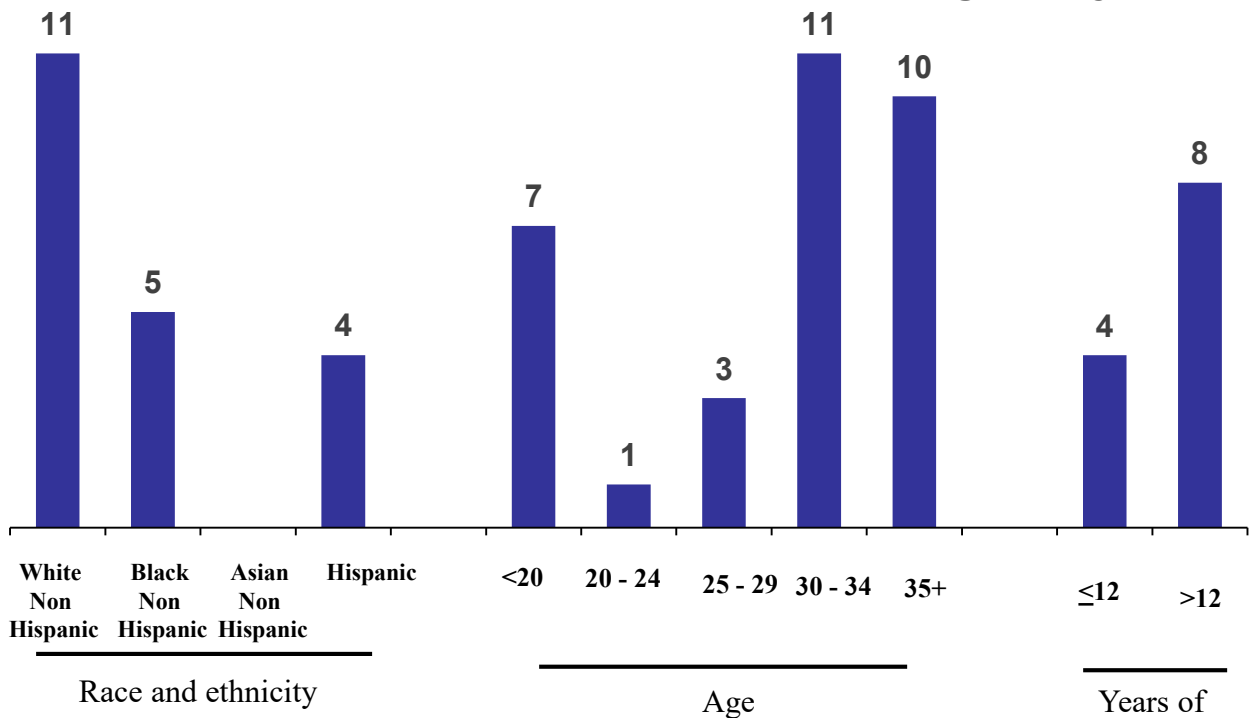
ALCOHOL USE DURING PREGNANCY

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



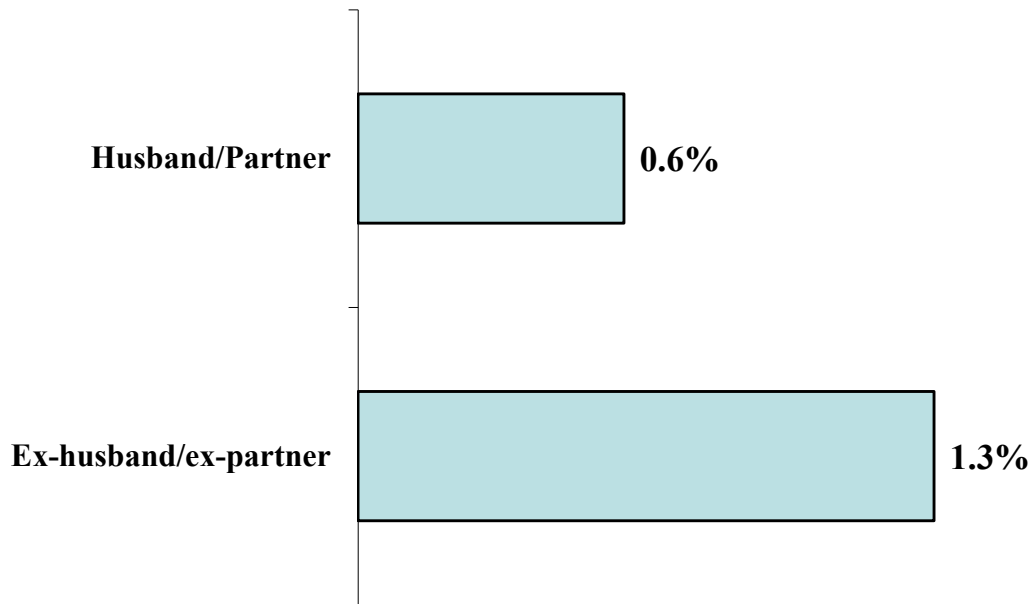
*Includes only mothers ages 20 and above.

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

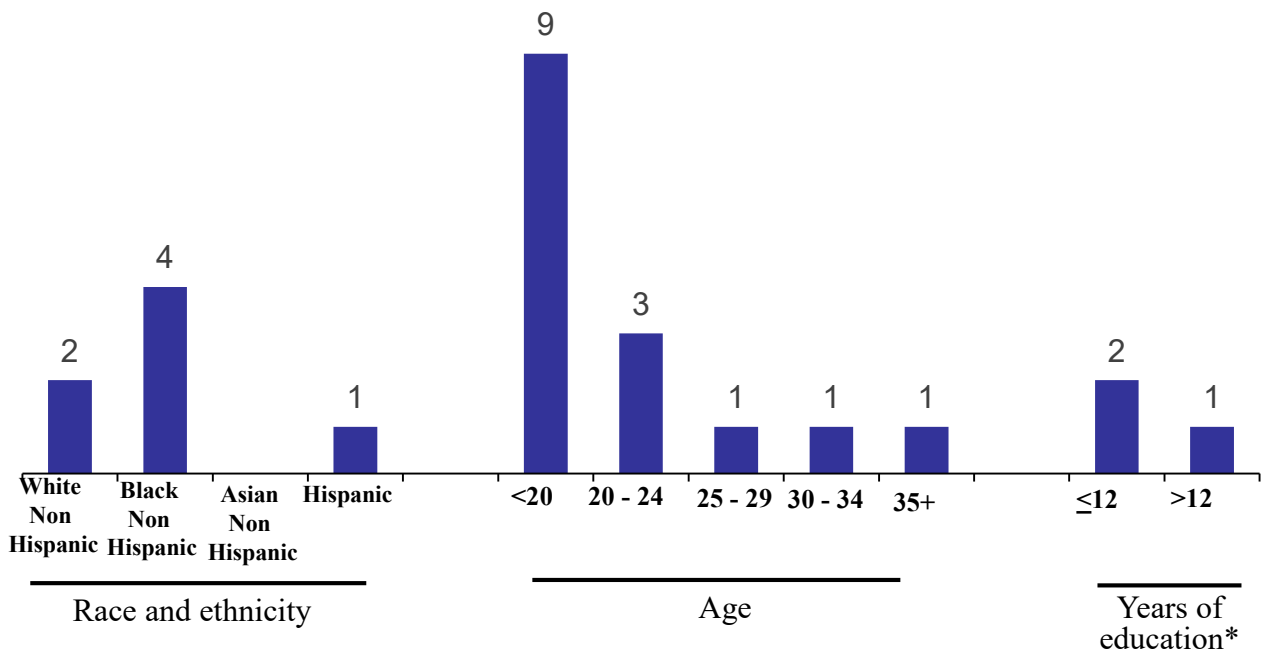
PHYSICAL ABUSE BEFORE PREGNANCY

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.

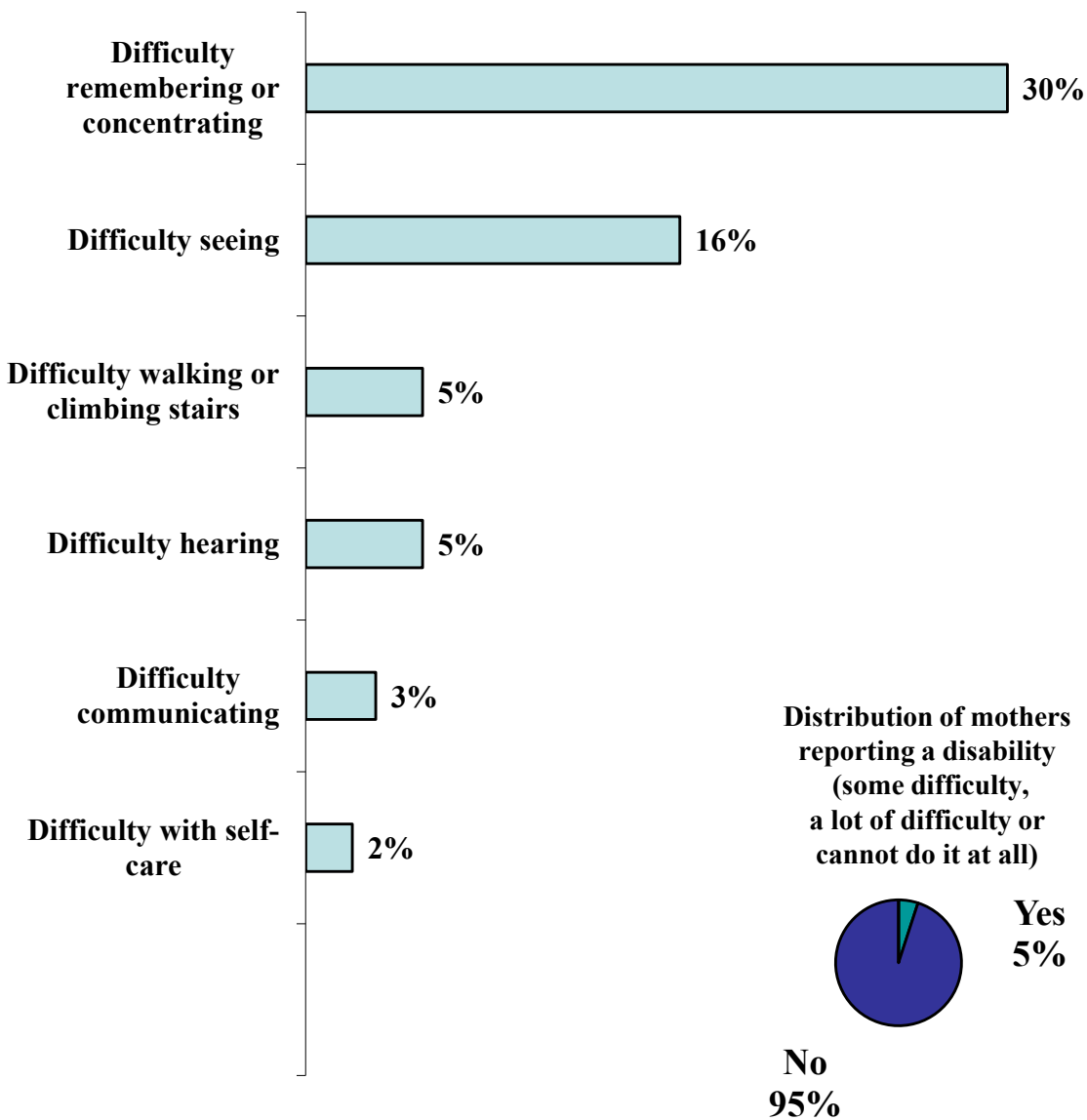
Note: Percentages are not reported if the number of respondents was less than five.

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

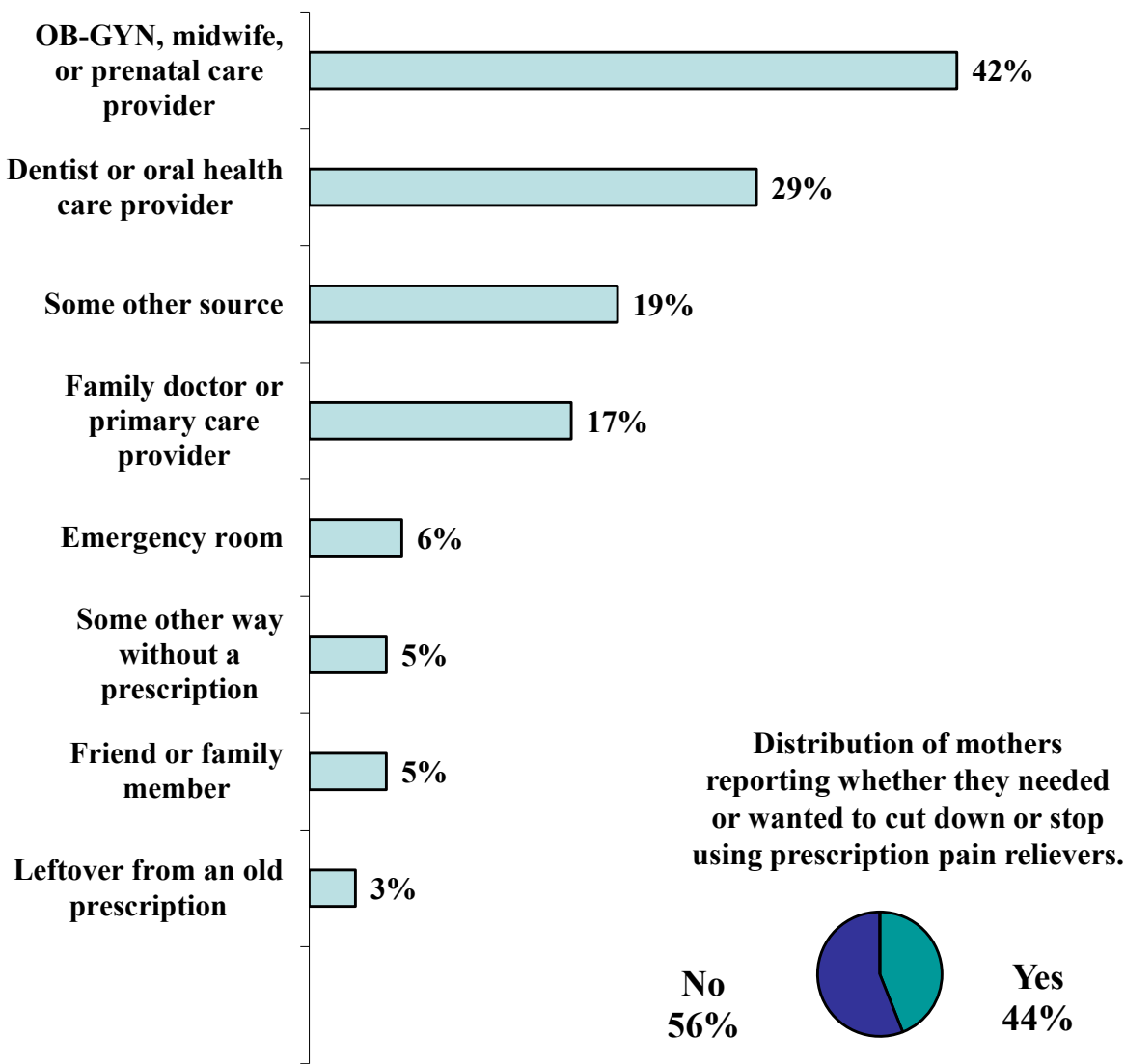


PRESRIPTION PAIN RELIEVERS SOURCES

Question O3: Where did you get the *prescription* pain relievers that you used *during* your most recent pregnancy?

Question O6: *During your most recent pregnancy*, did you want or need to cut down or stop using prescription pain relievers?

Sources of Prescription Pain Relievers

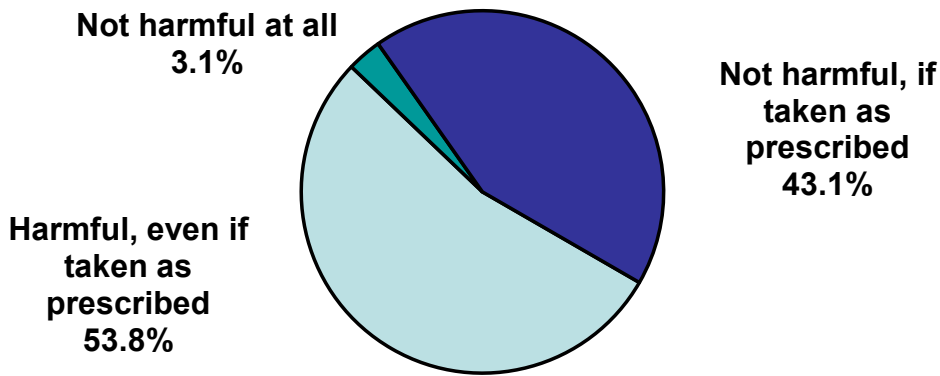


PRESCRIPTION PAIN RELIEVER USE DURING PREGNANCY

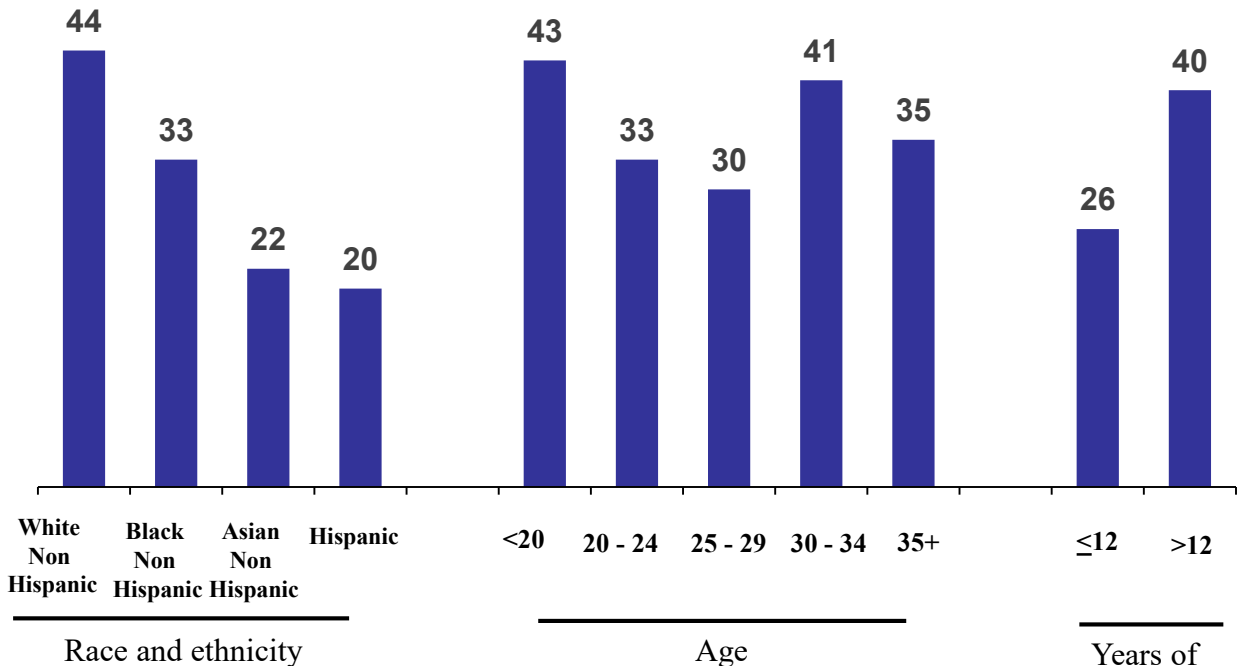
Question O10: Do you think the use of *prescription* pain relievers *during* pregnancy could be harmful to a *baby's* health?

Question O11: Do think the use of *prescription* pain relievers could be harmful to a woman's own health?

Distribution of How Mothers Felt About Prescription Pain Relievers During Pregnancy



Percentage of Mothers Who Felt Prescription Pain Relievers Could be Harmful to a Woman's Own Health, Even if Taken as Prescribed



*Includes only mothers ages 20 and above.

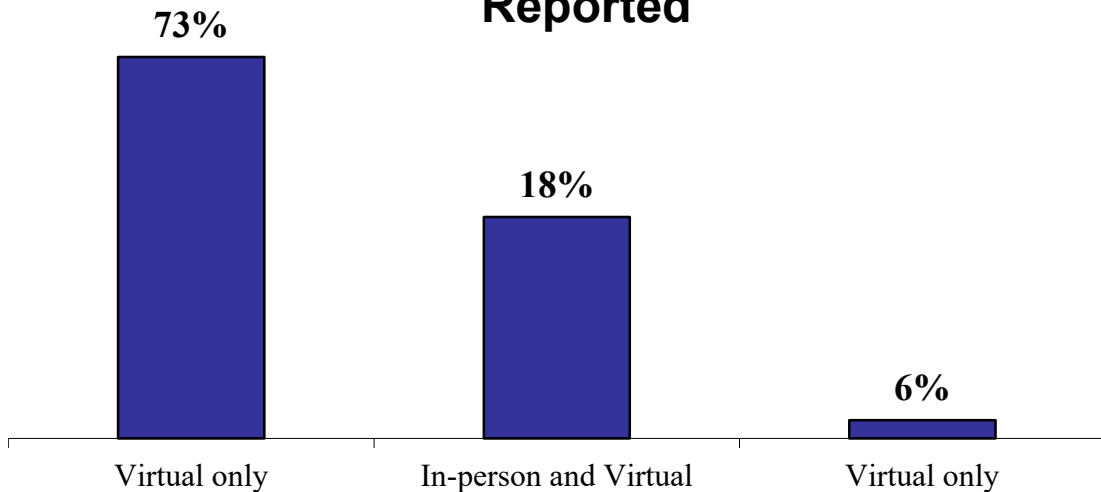
Note: Percentages are not reported if the number of respondents was less than five.

COVID-19 APPOINTMENT TYPE FACTORS

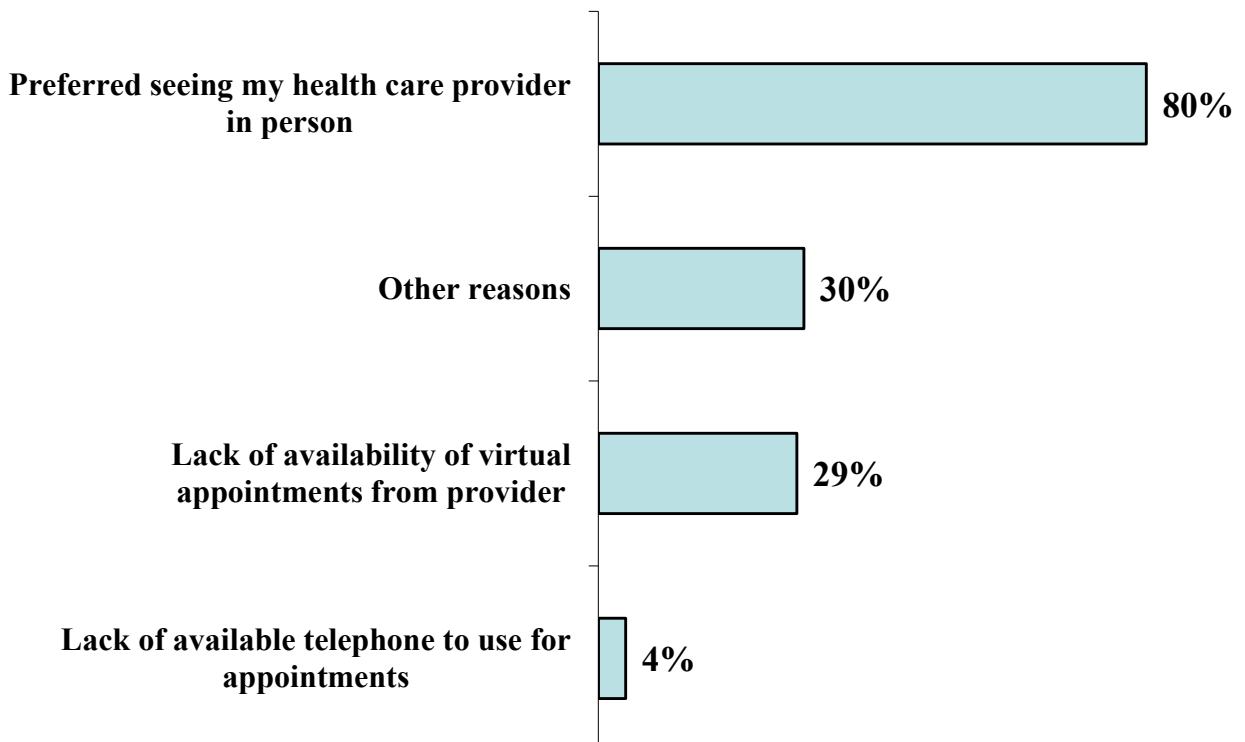
Question CV1: During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend?

Question CV2: What are the reasons that you did not attend virtual appointments for *prenatal care*?

Distribution of Types of Prenatal Visits Mothers Reported



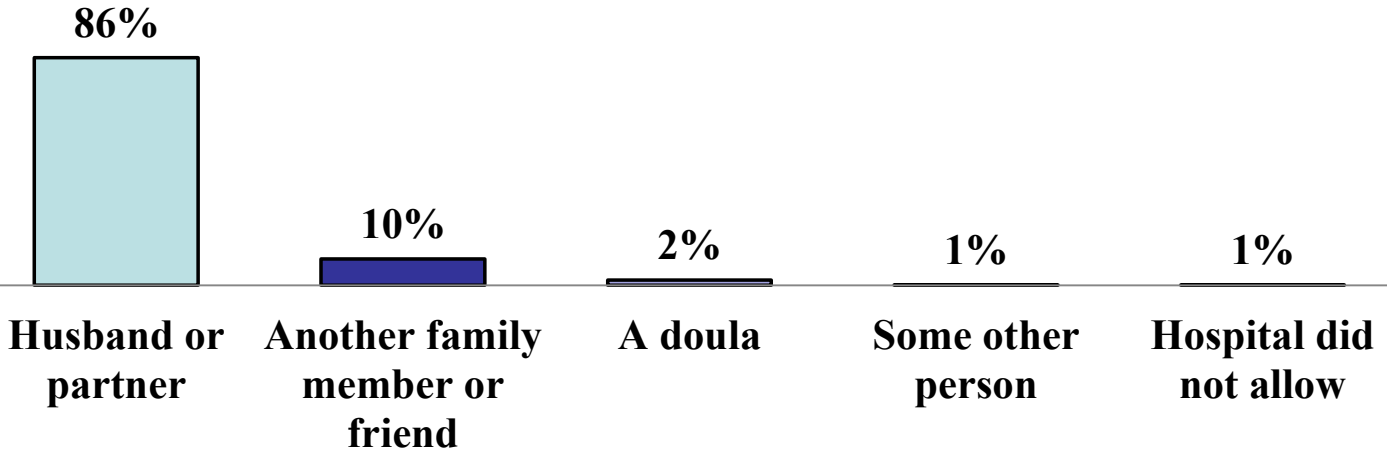
Factors Affecting Not Attending Virtual Appointments for Prenatal Care



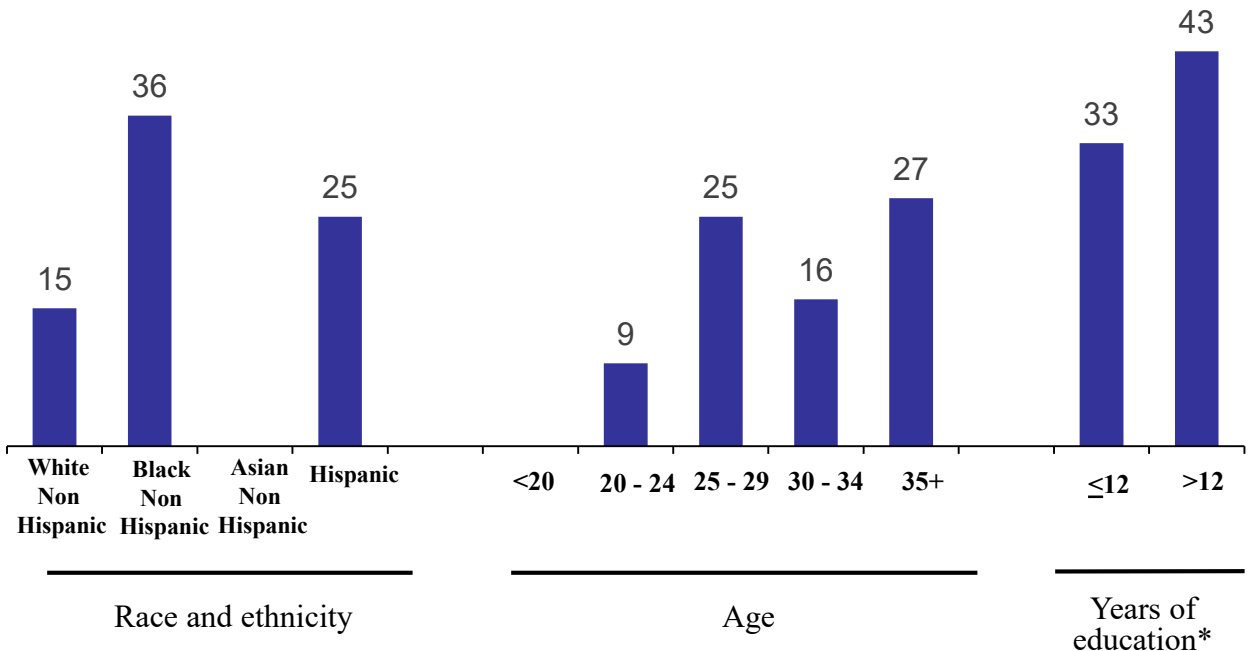
DELIVERY ROOM SUPPORT

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

Percentage and Types of Delivery Support Mothers Reported



Percentage of Mothers Who Did Not Have a Husband or Partner as a Support Person

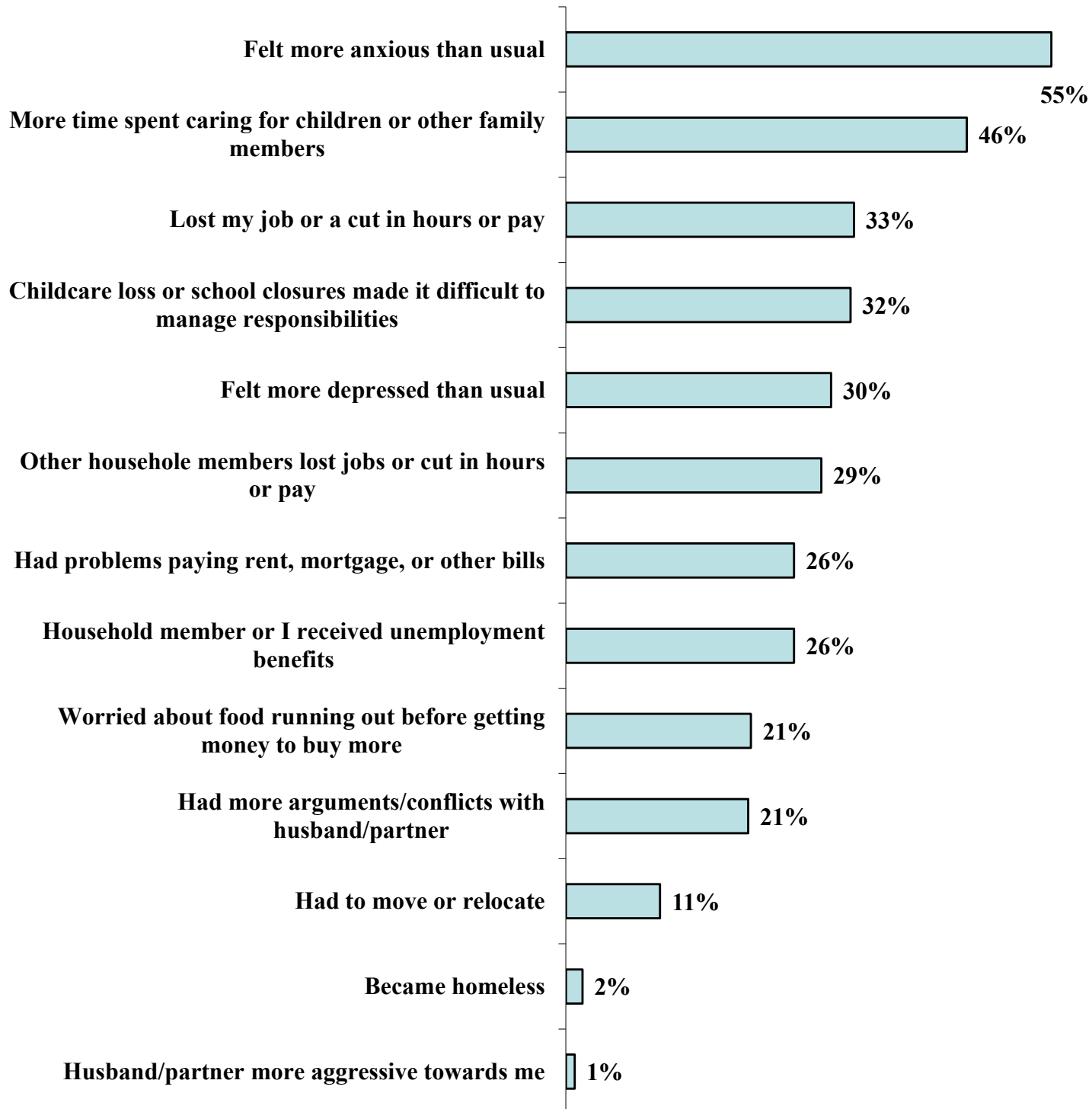


*Includes only mothers ages 20 and above.

COVID-19 EVENTS

Question CV11: Did any of the following things happen to you due to the COVID-19 pandemic?
For each item, check No if they did not or Yes if they did.

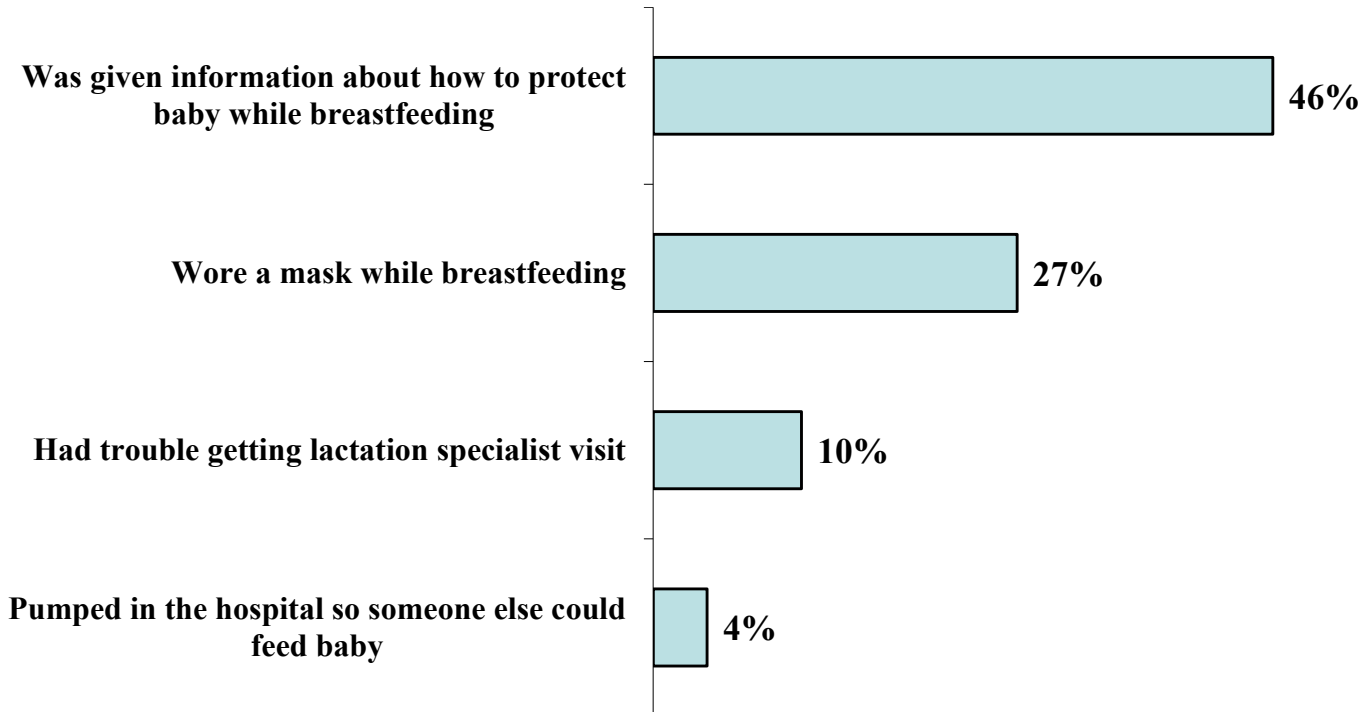
Mothers Reporting Actions During COVID-19 Pandemic



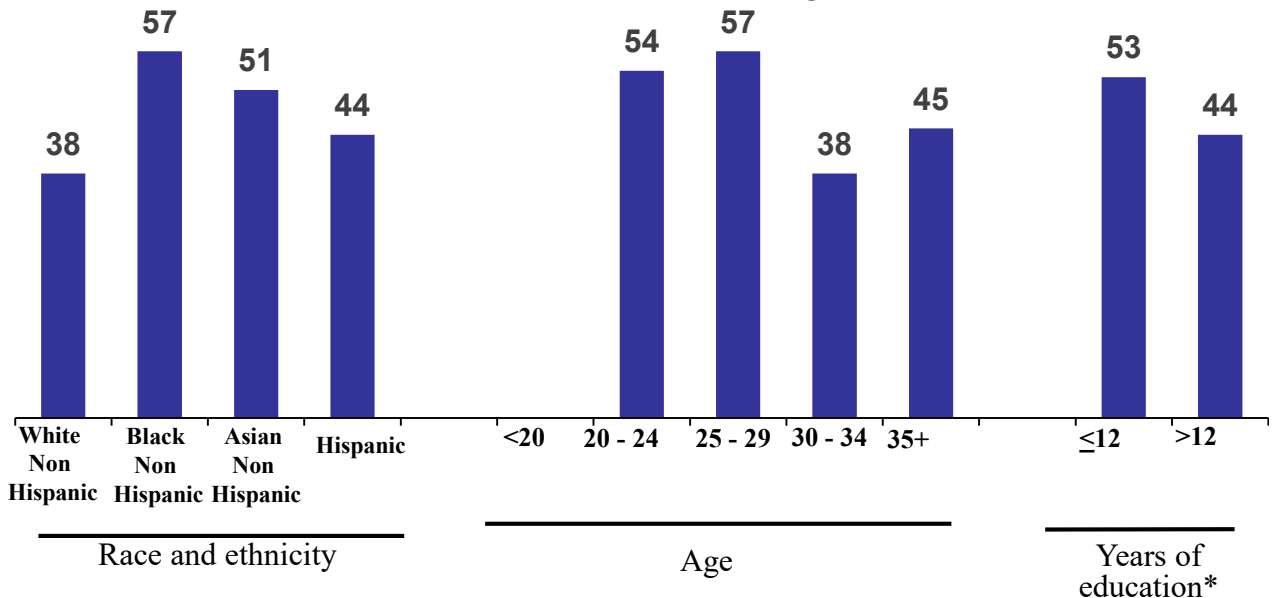
BREASTFEEDING

Question CV8: Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways?

Breastfeeding Actions During Hospital Stay



Percentage of Mothers Given Information in the Hospital About how to Protect Their Baby from Infection

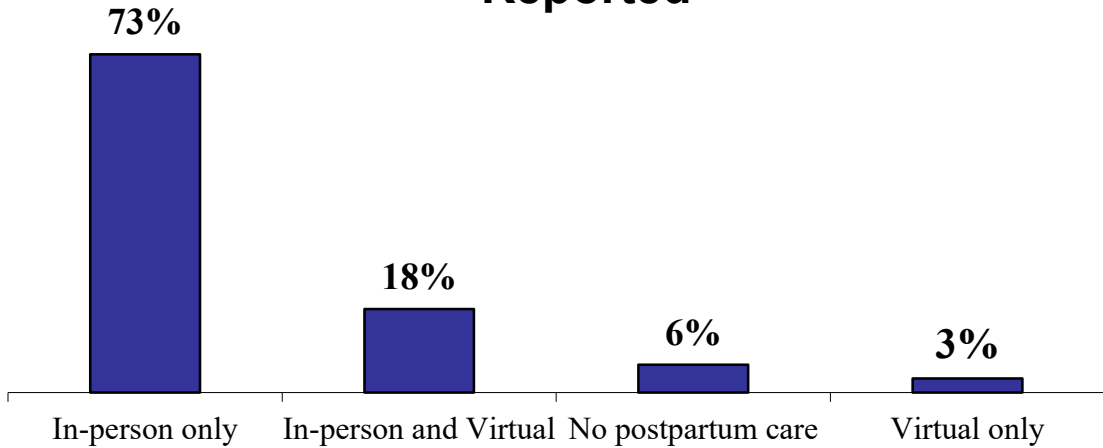


*Includes only mothers ages 20 and above.

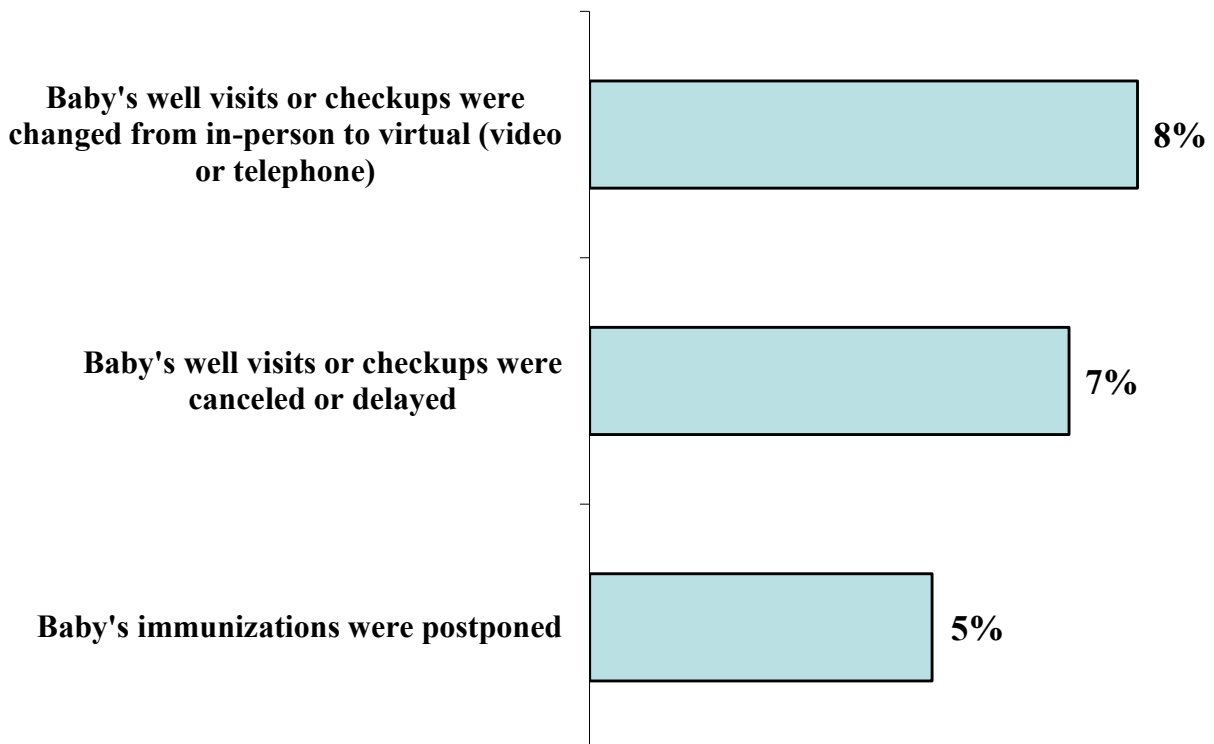
COVID-19 APPOINTMENT TYPE FACTORS

Question CV9: In what ways did the COVID-19 pandemic affect your baby's routine health care?
Question CV10: During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?

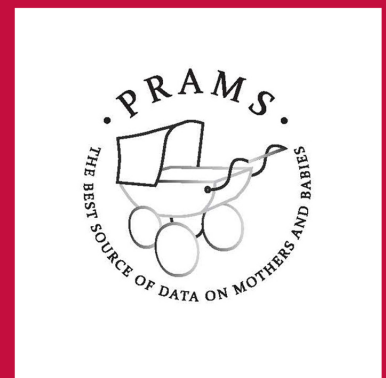
Distribution of Types of Postpartum Visits Mothers Reported



Factors Affecting Baby's Routine Health Care



Postpartum Factors



“My baby was born at 28 weeks 6 days gestation via c-section and has been in the hospital 113 days...still there as I write this.”

“I am still breastfeeding her exclusively, hoping to go much longer!”

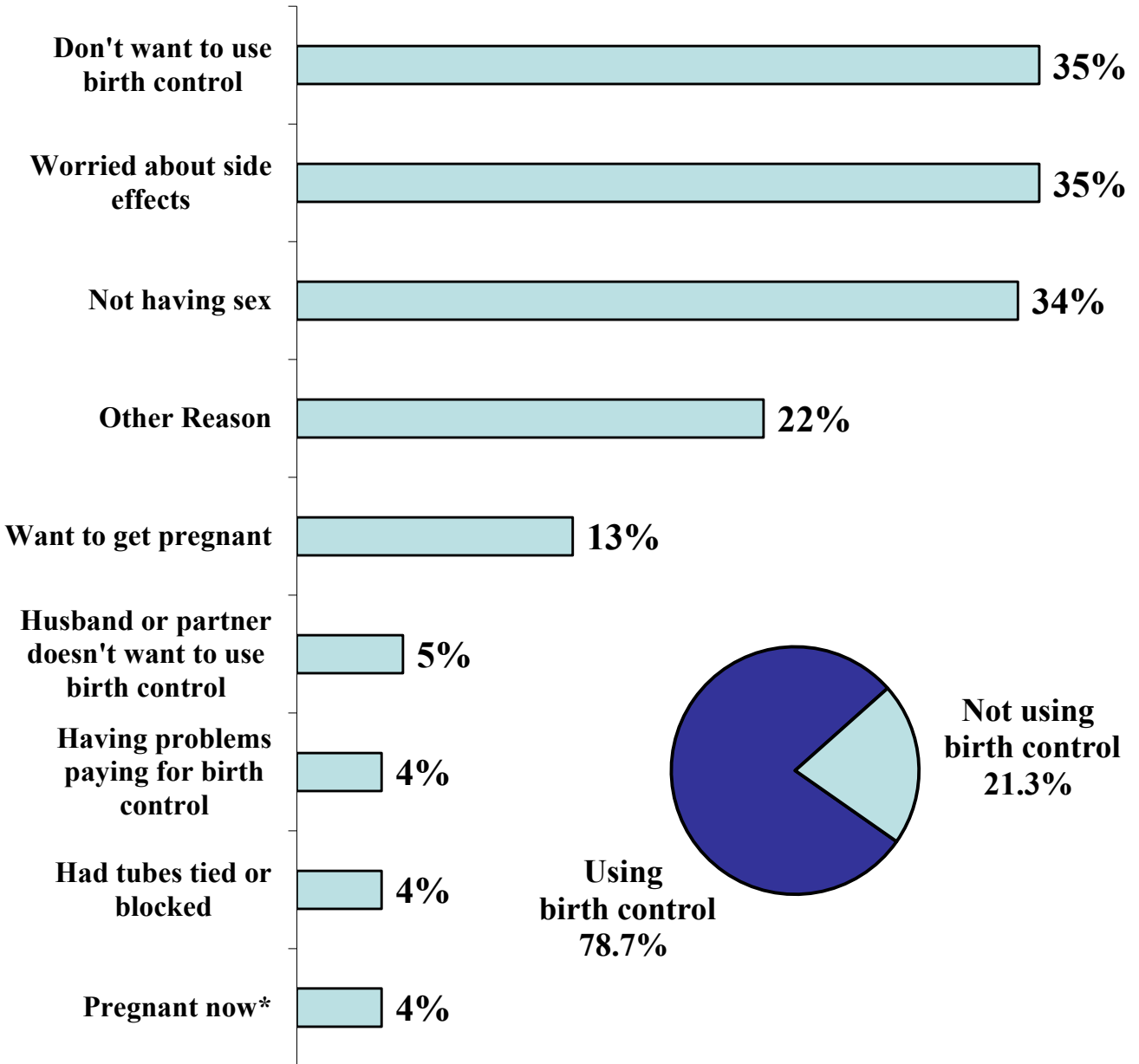
“The postpartum period has been stressful and strange due to the pandemic. We have missed the chance to share our baby, both the work and the joy, with family and friends.”

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



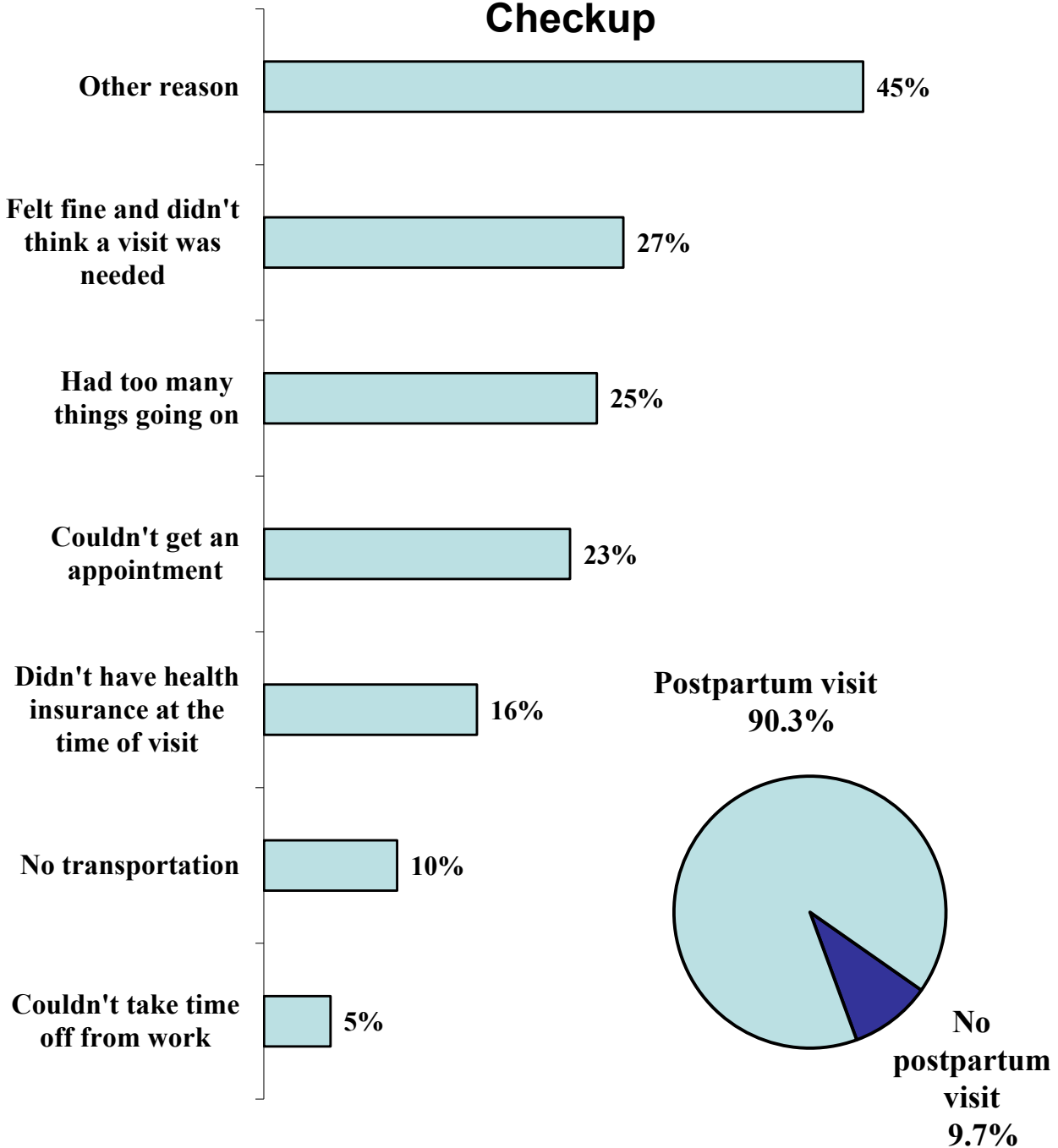
REASONS FOR NO POSTPARTUM CHECKUP FOR MOM

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

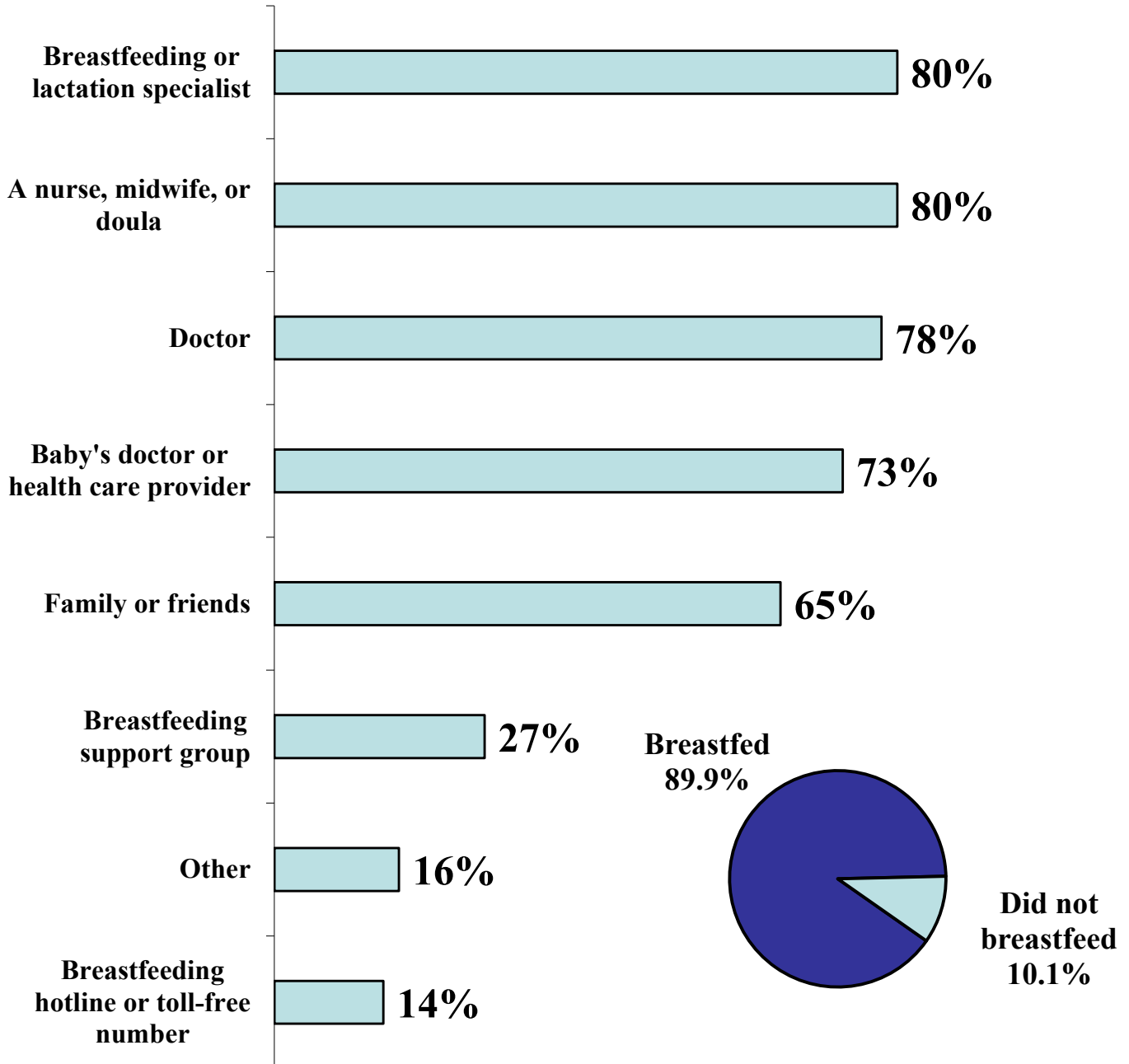


BREASTFEEDING

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?

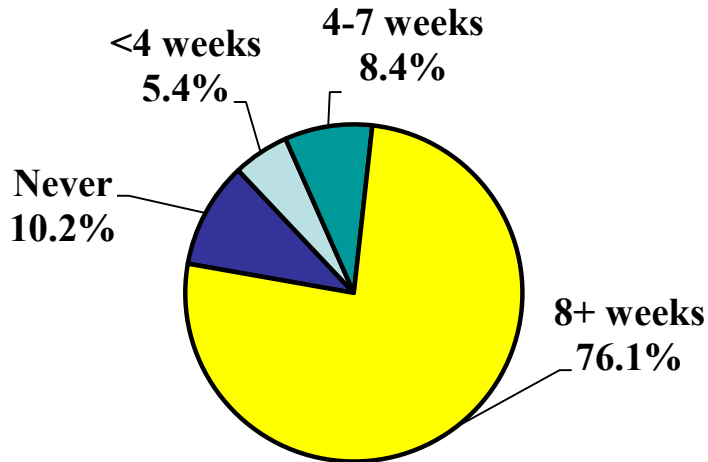
Breastfeeding Information Sources



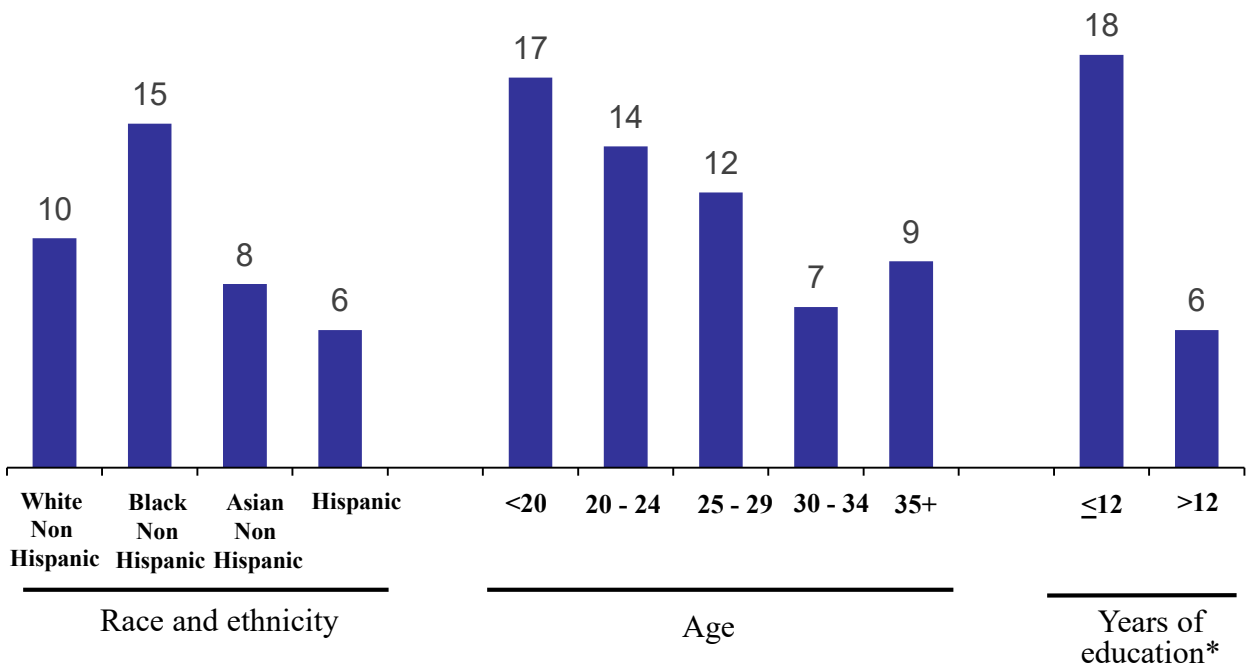
BREASTFEEDING DURATION

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



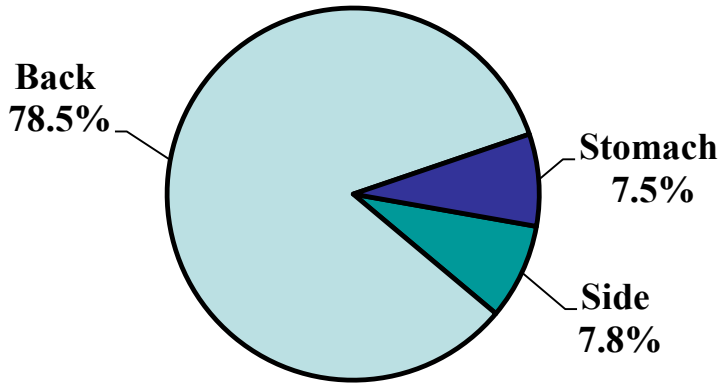
Percentage of Mothers Who Reported Never Breastfeeding



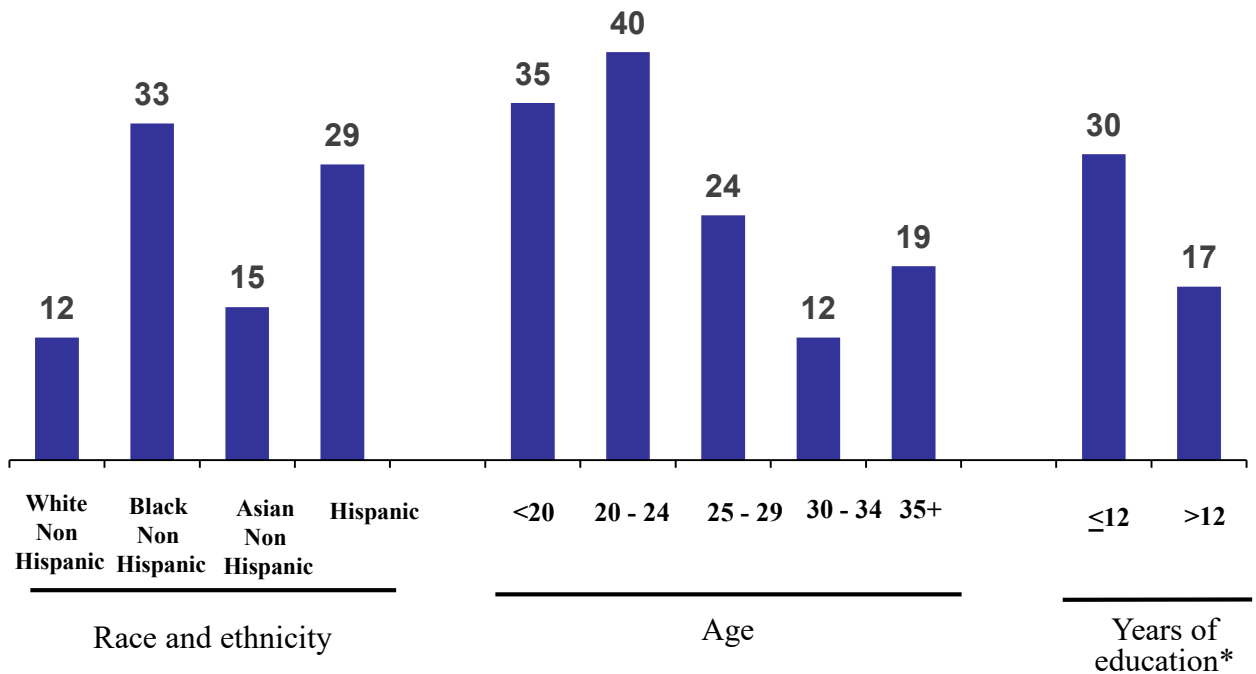
SLEEP POSITION

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

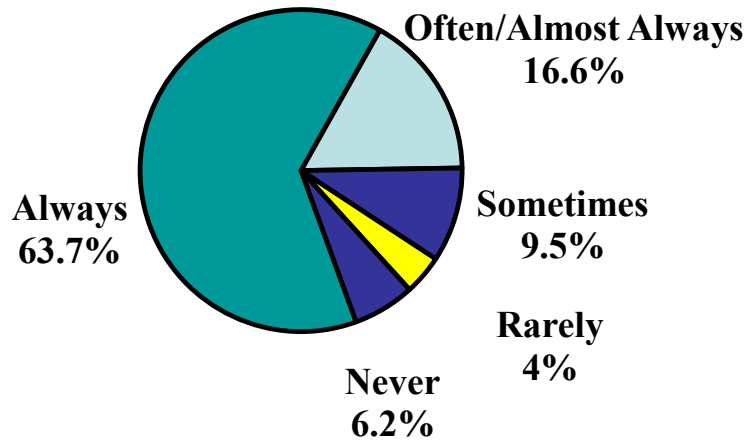


*Includes only mothers ages 20 and above.

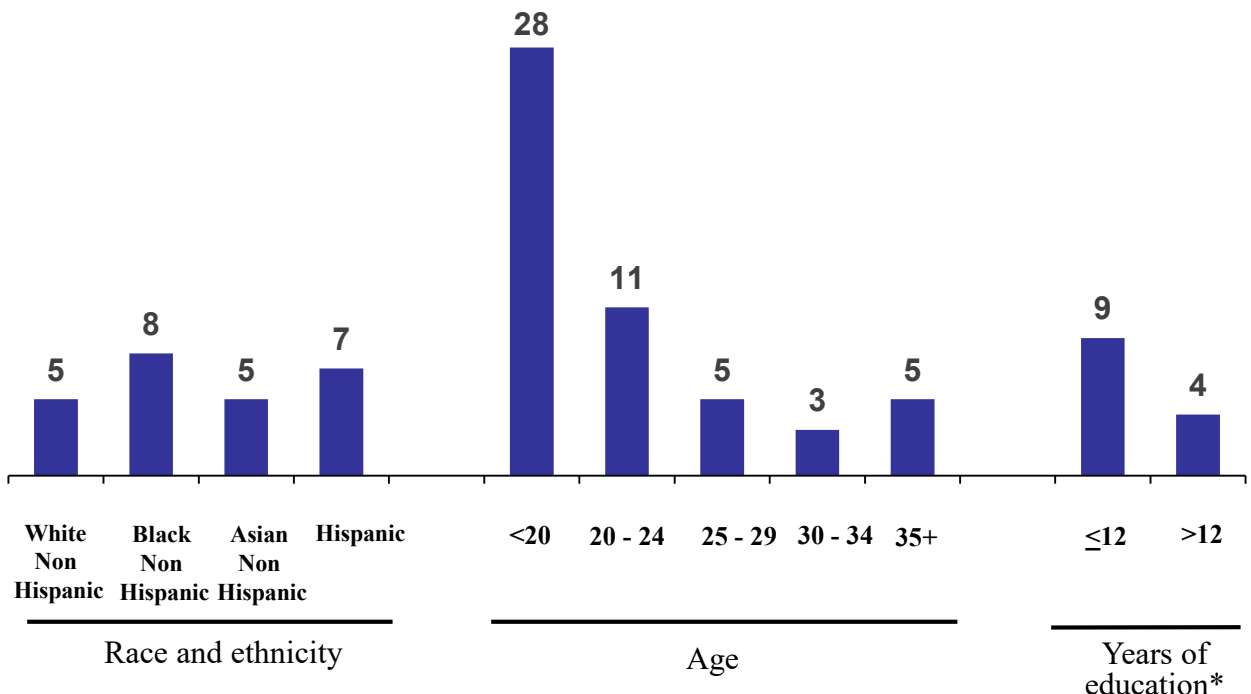
CO-SLEEPING

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



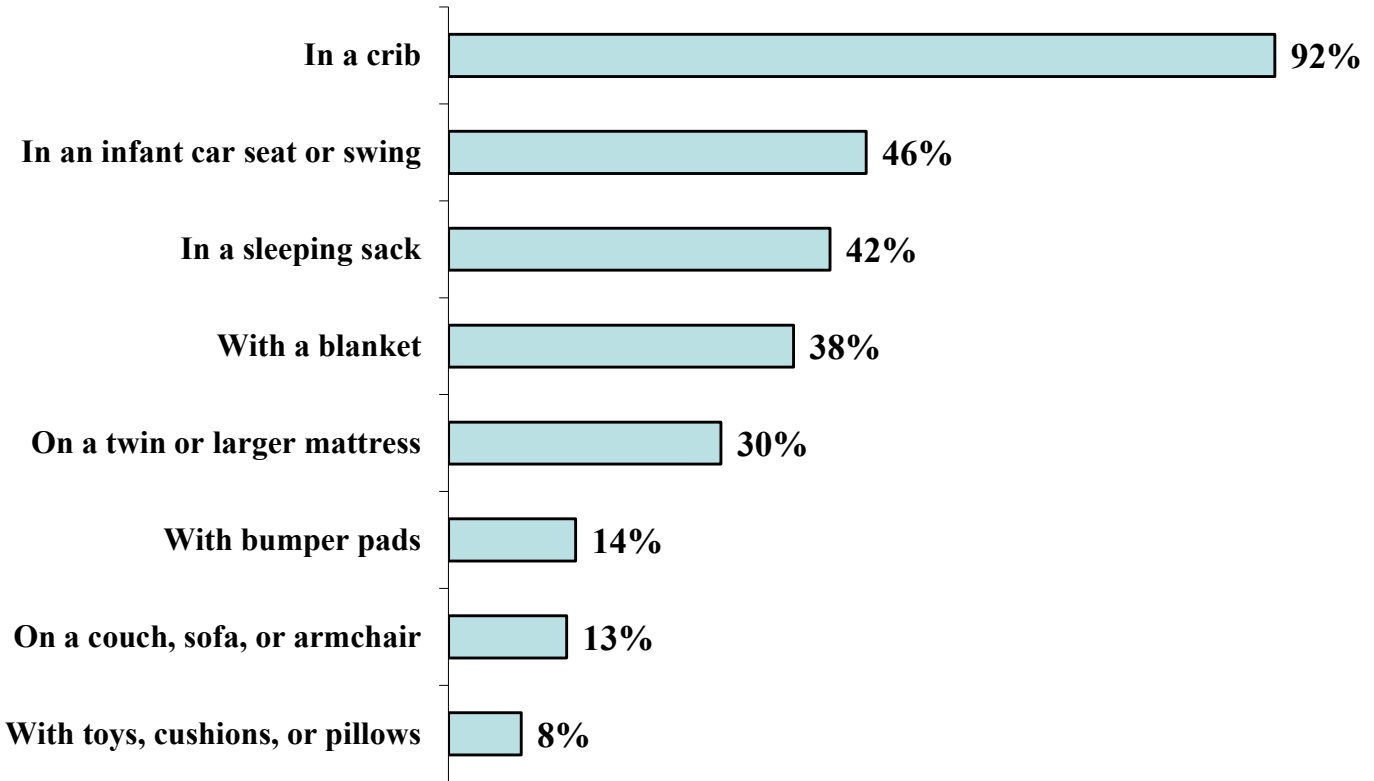
Percentage of Babies Who Never Slept Alone In a Crib or Bed



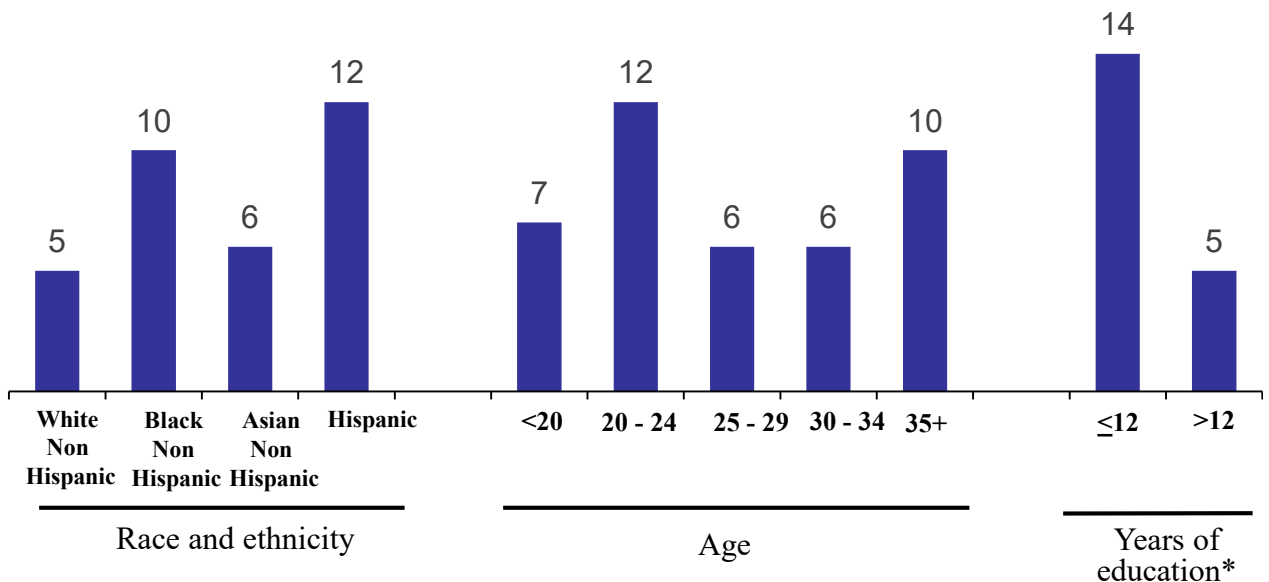
SLEEP ENVIRONMENT

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*

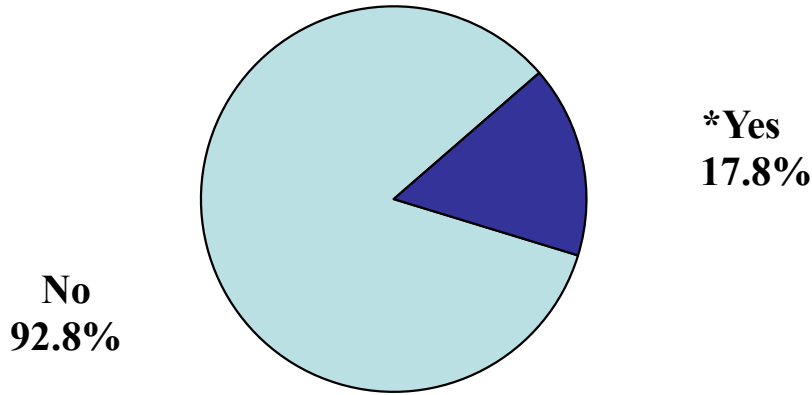


*Includes only mothers ages 20 and above.

SYMPTOMS OF POSTPARTUM DEPRESSION

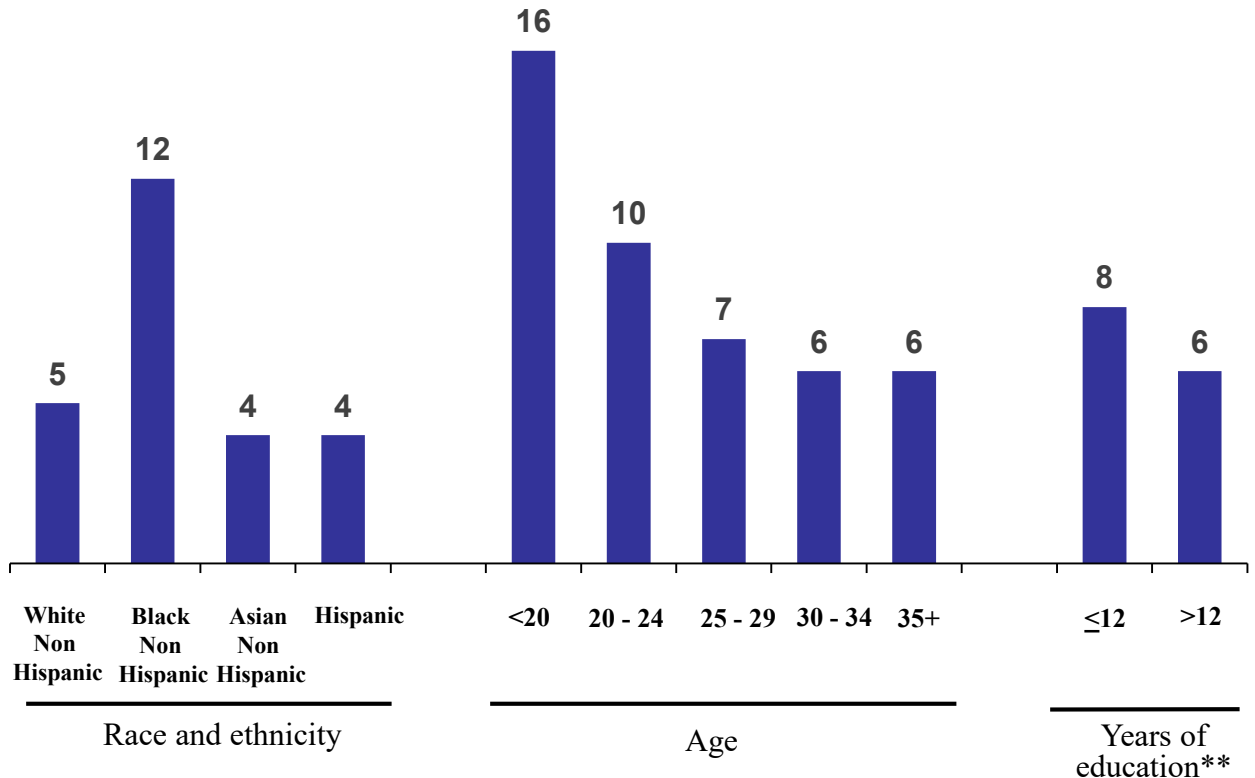
Question 59: *Since your new baby was born, how often have you felt down, depressed, or hopeless?*

Distribution of Mothers by Postpartum Depression



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

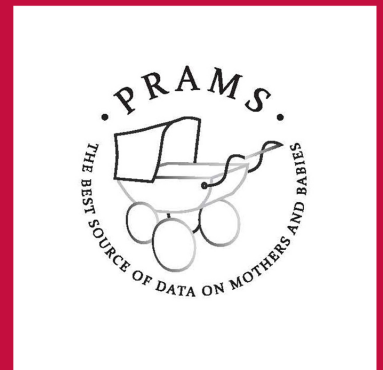
Percentage of Mothers Who Reported *Always* or *Often/Almost Always* Having Postpartum Depression



**Includes only mothers ages 20 and above.

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

Phase 8 Questionnaire



“As a social worker I believe this is a great survey and can help many women and babies in the future!”

“An online survey would give better results since I had to take a break from my work at home job to do this study.”

“Thank you for doing this important research and for involving me in it!”

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
 Yes

→ **Go to Question 27**

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.*
- Yes → **Go to Page 9, Question 53**

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 next 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

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

The next questions are about the use of pain relievers *during* pregnancy.

O1. During your most recent pregnancy, did you use any of the following *over-the-counter* pain relievers? Over-the-counter pain relievers are those *usually* available without a prescription. For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did.

No Yes

- a. Acetaminophen (like regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)..
- b. Ibuprofen (like Motrin® or Advil®), including high dose pills that may be prescribed
- c. Aspirin (like Bayer® or Ecotrin®)
- d. Naproxen (like Aleve® or Midol®)

O2. During your most recent pregnancy, did you use any of the following *prescription* pain relievers? For each one, check **No** if you did not use it *during* your pregnancy or **Yes** if you did. Do *not* include pain relievers you used *only* during labor and delivery.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Hydrocodone (like Vicodin [®] , Norco [®] , or Lortab [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Codeine (like Tylenol [®] #3 or #4, <u>not</u> regular Tylenol [®]) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Oxycodone (like Percocet [®] , Percodan [®] , OxyContin [®] , or Roxicodone [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Tramadol (like Ultram [®] or Ultracet [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hydromorphone or meperidine (like Demorol [®] , Exalgo [®] , or Dilaudid [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Oxymorphone (like Opana [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Morphine (like MS Contin [®] , Avinza [®] , or Kadian [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fentanyl (like Duragesic [®] , Fentora [®] , or Actiq [®])..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked “Yes” for any of the options in Question O2, continue with the next question. If not, go to Question O10.

The next questions are only about the use of *prescription* pain relievers listed in Question O2.

O3. Where did you get the *prescription* pain relievers that you used *during* your most recent pregnancy?

Check ALL that apply

- OB-GYN, midwife, or prenatal care provider
- Family doctor or primary care provider
- Dentist or oral health care provider
- Doctor in the emergency room
- I had pain relievers left over from an old prescription
- Friend or family member gave them to me
- I got the pain relievers without a prescription some other way
- Other _____ → Please tell us:

O4. What were your reasons for using *prescription* pain relievers *during* your most recent pregnancy?

Check ALL that apply

- To relieve pain from an injury, condition, or surgery I had **before** pregnancy
- To relieve pain from an injury, condition, or surgery that happened **during** my pregnancy
- To relax or relieve tension or stress
- To help me with my feelings or emotions
- To help me sleep
- To feel good or get high
- Because I was “hooked” or I had to have them
- Other _____ → Please tell us:

O5. In each of the following time periods during your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- Less than a week
 Never

b. In the **second** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- Less than a week
 Never

c. In the **last** 3 months of pregnancy

_____ Weeks **OR** _____ Months

- Less than a week
 Never

O6. During your most recent pregnancy, did you want or need to cut down or stop using *prescription* pain relievers?

- No → **Go to Question O10**
 Yes

O7. During your most recent pregnancy, did you have trouble cutting down or stopping use of the *prescription* pain relievers?

- No
 Yes

O8. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using *prescription* pain relievers?

- No → **Go to Question O10**
 Yes

O9. During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using *prescription* pain relievers? This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

- No
 Yes

O10. Do you think the use of *prescription* pain relievers during pregnancy could be harmful to a *baby's* health?

Check ONE answer

- Not harmful at all
 Not harmful, if taken as prescribed
 Harmful, even if taken as prescribed

O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's own health?

Check ONE answer

- Not harmful at all
 Not harmful, if taken as prescribed
 Harmful, even if taken as prescribed

O12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using *prescription* pain relievers during pregnancy could affect a baby?

- No
 Yes

The last question is about the use of other medications or drugs during pregnancy.

O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? For each item, check **No** if you did not take or use it or **Yes** if you did.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Medication for depression (like Prozac [®] , Zoloft [®] , Lexapro [®] , Paxil [®] , or Celexa [®]) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medication for anxiety (like Valium [®] , Xanax [®] , Ativan [®] , Klonopin [®] , or other "benzos" (benzodiazepines)) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Methadone, Subutex [®] , Suboxone [®] , or buprenorphine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Naloxone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cannabidiol (CBD) products..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Adderall [®] , Ritalin [®] , or another stimulant.. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Marijuana or hash..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Synthetic marijuana (K2, Spice)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Heroin (smack, junk, Black Tar, or <i>Chiva</i>).. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Amphetamines (uppers, speed, crystal meth, crank, ice, or <i>agua</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Cocaine (crack, rock, coke, blow, snow, or <i>nieve</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Tranquilizers (downers or ludes)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) | <input type="checkbox"/> | <input type="checkbox"/> |

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

Thanks for answering our questions!

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

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

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

Check ONE answer

- In-person appointments only
- Virtual appointments (video or telephone) only
- Both, in-person and virtual appointments
- I did not have prenatal care

Go to Question CV3

Go to Question CV4

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

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

Please tell us:

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

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

CV4. While you were pregnant, how often did you do the following things to avoid getting COVID-19?

For each one, check:

A if you *always* did it,

S if you *sometimes* did it, or

N if you *never* did it.

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

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

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

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

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

Check ALL that apply

- My husband or partner
 - Another family member or friend
 - A doula
 - Some other support person (not including hospital staff)
- Please tell us:

- The hospital did not allow me to have any support people

Please answer a few final important questions on the attached sheet.

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

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

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

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

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

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

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

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

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. My baby's well visits or checkups were canceled or delayed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My baby's immunizations were postponed..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

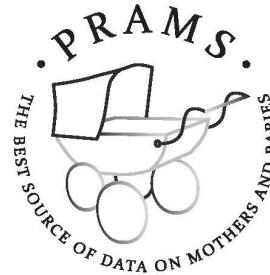
Check ONE answer

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

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

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

Thank you for answering these questions!



The services and facilities of the Maryland Department of Health (MDH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from MDH services, programs, benefits, and employment opportunities.

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