

# Maryland PRAMS Report 2011 Births

Pregnancy Risk Assessment Monitoring System



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



Martin O'Malley, Governor; Anthony G. Brown, Lieutenant Governor; Joshua M. Sharfstein, Secretary

*“I was happy to help others by filling out the survey  
despite the fact that I am busy with twins.”*

PRAMS mother

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# Maryland PRAMS Report

## 2011 Births

### **Prevention and Health Promotion Administration**

*Maternal and Child Health Bureau*

Ilise Marrazzo, RN, BSN, MPH, *Acting Director*

S. Lee Woods, MD, PhD, *Director, Office of Surveillance and Quality Initiatives*

### **Vital Statistics Administration**

Isabelle Horon, DrPH, *Director*

### **PRAMS Team**

Sara Barra, MS, Data Analyst, Center for Chronic Disease Prevention and Control  
Diana Cheng, MD, PRAMS Project Director, Maternal and Child Health Bureau (MCHB)

Dawn Gardner, MS, PRAMS Data Manager, MCHB

Bob Hayman, PhD, Vital Statistics Administration (VSA)

Isabelle Horon, DrPH, VSA

Lee Hurt, MS, DrPH, MCH Epidemiologist, MCHB

Laurie Kettinger, MS, PRAMS Project Coordinator, MCHB

Debbie Krome, Administrative Assistant, MCHB



*March 2013*

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

For further information,  
please contact:

Diana Cheng, M.D.  
PRAMS Project Director  
Medical Director, Women's Health  
Maternal and Child Health Bureau  
Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, Room 309  
Baltimore, MD 21201  
Phone: 410-767-6713  
[diana.cheng@maryland.gov](mailto:diana.cheng@maryland.gov)

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## **INTRODUCTION**

This report highlights data from births occurring to Maryland residents in 2011 collected through the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a surveillance system established by the Centers for Disease Control and Prevention (CDC) in 1987 to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes. Data are collected by surveying women who have recently delivered live born infants.

PRAMS projects are conducted through cooperative agreements between the CDC and state health departments. PRAMS projects are currently underway in 40 states and New York City, representing 78% 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, physical abuse, contraception, economic status, maternal stress, and infant health. The Maryland-specific section of the survey includes questions on assisted reproduction, pre-pregnancy health, co-sleeping, contraceptive use, depression, oral health, chronic disease, physical activity, and infections.

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 and Mental Hygiene, and the CDC. Maryland began collecting PRAMS data from mothers who delivered in 2000.

## **METHODOLOGY**

### **Sampling and Data Collection**

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

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

The first mailing, which is done two to four months after delivery, is a letter that introduces PRAMS to the mother and informs her that a questionnaire will soon arrive. Within seven days of this letter, the questionnaire packet is mailed. This packet includes the 73-item main survey along with a 12-question flu supplement, informed consent page, calendar, and resource brochure. In addition, a pocket calendar 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/reproductivehealth/methodology.htm>.

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

CDC recommends that states obtain a response rate of at least 65% for analysis of PRAMS. The weighted response rate among women delivering in Maryland between January 1, 2011 and December 31, 2011 was 65%. During this period, 1,466 mothers completed the PRAMS questionnaire with a weighted response reflecting 66,202 mothers. The weighted figure included 30,084 births to white non-Hispanic, 20,813 births to black non-Hispanic, 4,771 births to Asian, and 9,186 births to Hispanic women. Survey findings in this report are shown by race/Hispanic origin (White Non-Hispanic, Black Non-Hispanic, Asian and Hispanic), maternal age and maternal years of education.

### **ACKNOWLEDGMENTS**

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

Most importantly, we very much appreciate all the 1,466 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.



## Maryland PRAMS Steering Committee (March 2013)

**Sara Barra, MS**

*Center for Chronic Disease Prevention and Control\**

**Margaret Chisolm, MD**

*Psychiatry  
Johns Hopkins Bayview  
Center for Addiction and Pregnancy*

**Martha Clark, PhD, LCSW-C**

*Social Services Administration  
Department of Human Resources*

**Anne Eder**

*Program Services  
March of Dimes, Maryland Chapter*

**Michelle Fox, MD**

*Obstetrics and Gynecology  
Johns Hopkins Bayview*

**Harry Goodman, DMD, MPH**

*Oral Health\**

**Jenna McCall, MPH**

*Center for HIV Prevention and Health Services  
Infectious Diseases Bureau\**

**Yvette McEachern, MA**

*Maternal and Child Health Bureau\**

**Colleen Moore**

*Family Violence Response Program  
Mercy Hospital*

**Rosemary Murphey, MBA, RN**

*Medicaid Office of Planning\**

**Erin Johnson Patton, MPH, CHES**

*Center for Healthy Maryland at MedChi*

**Sherri Sabol, RD, LDN, CLC**

*Office of Maryland WIC Program\**

**Jodi Shaefer, RN, PhD**

*Community Public Health Nursing  
Johns Hopkins University School of Nursing*

**Donna Strobino, PhD**

*Population, Family and Reproductive Health  
Johns Hopkins Bloomberg School of Public Health*

**Mishka Terplan, MD, MPH**

*Obstetrics and Gynecology  
University of Maryland Medical Systems*

**Suzette Tucker, MHS**

*Alcohol and Drug Abuse Administration\**

**Kelechi Uduhiri, MD, MPH, MS**

*Healthcare for the Homeless, Baltimore County  
Family Medicine, Franklin Square Hospital*

PRAMS Staff:

Sara Barra, MS, Data Analyst

Diana Cheng, MD, Project Director

Maura Dwyer, DrPH, Health Policy Analyst, Spanish translator/interpreter

Dawn Gardner, MS, Data Manager

Isabelle Horon, DrPH, Director, Vital Statistics Administration

Lee Hurt, MS, DrPH, MCH Epidemiologist

Laurie Kettinger, MS, Project Coordinator

S. Lee Woods, MD, PhD, Director, Office of Surveillance and Quality Initiatives

\*Maryland Department of Health and Mental Hygiene (DHMH)

# Maryland PRAMS Highlights--2011

## Preconception factors

- Forty-six percent of all live births were **unintended**.
- Seventy-one percent of women reported having **health insurance** just before pregnancy, 17% reported they were covered by **Medicaid or Health Choice** and 16% were uninsured.
- According to their body mass index (BMI) just before pregnancy, 22% of mothers were **overweight** and 23% were **obese**.
- Thirty percent of women reported taking a **multivitamin daily** in the month before conception.
- Six percent of mothers used **fertility treatments** to help conceive.
- In the 12 months before pregnancy, 41% of women had not had a **dental cleaning**.
- Thirty percent of mothers reported they had a **preconception health visit**.

## Prenatal factors

- Eighty-two percent of mothers began **prenatal care** during the first trimester of pregnancy, and 1% began in the third trimester or received no care.
- Forty-four percent of women participated in the **WIC** program during pregnancy.
- Sixty-three percent of mothers reported one or more **medical complications** during pregnancy; severe nausea and bladder or kidney infection were the most common complications.
- Seventy-two percent of mothers reported that **HIV testing** was discussed during prenatal care visits; 69% reported getting an HIV test.
- **Physical abuse** by a current husband or partner was reported by 3% of mothers.

- Seven percent of women **smoked** during the last three months of pregnancy. Nine percent of women reported using **alcohol** and 1% of women reported a **binge-drinking** episode during the last three months of pregnancy.
- Forty-six percent of women were vaccinated for **seasonal flu** during pregnancy.
- The delivery method for 36% of mothers was by **cesarean section**.
- Sixty-four percent of women reported that **health insurance or an HMO** paid for their delivery; 36% used **Medicaid or Health Choice** for their delivery; 2% were **uninsured**.

## Infant health and related factors

- Twelve percent of newborns were admitted to a **neonatal intensive care** unit.
- Fifty-three percent of newborns were **discharged from the hospital** within two days of delivery, 8% remained in the hospital for 6 or more days.
- Eighty-five percent of infants were **breastfed** after delivery, and 63% were breastfed eight weeks or longer.
- In terms of **sleeping position**, 77% of infants were usually placed on their backs to sleep.

## Maternal postpartum factors

- Seventeen percent of mothers reported they were not using **postpartum contraception**.
- Twelve percent of mothers **smoked postpartum**.
- Eight percent of mothers reported that they were told by their health provider that they had **postpartum depression**.

**MARYLAND PRAMS 2007-2011 SURVEILLANCE  
AND SELECTED HEALTHY PEOPLE 2020 OBJECTIVES**

<b>Healthy People 2020 Objective</b>	<b>Maryland PRAMS 2007 Births</b>	<b>Maryland PRAMS 2008 Births</b>	<b>Maryland PRAMS 2009 Births</b>	<b>Maryland PRAMS 2010 Births</b>	<b>Maryland PRAMS 2011 Births</b>	<b>Healthy People 2020 Target</b>
<b>Preconception</b>						
Increase the proportion of pregnancies that are intended.*	57%	58%	55%	56%	54%	<b>56.0%</b>
Increase the proportion of women who took multivitamins/folic acid daily prior to pregnancy.	30%	30%	32%	33%	30%	<b>33.1%</b>
Increase the proportion of women who did not smoke during the three months prior to pregnancy.	83%	81%	83%	81%	80%	<b>85.4%</b>
Increase the proportion of women who did not drink alcohol during the three months prior to pregnancy.	49%	47%	45%	46 %	43%	<b>56.4%</b>
Increase the proportion of women who had a healthy weight (BMI 18.5-24.9) prior to pregnancy.	56%	52%	53%	51%	52%	<b>53.4%</b>
<b>Prenatal</b>						
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester of pregnancy.**	76%	78%	79%	78%	82%	<b>77.9%</b>
Increase abstinence from cigarette smoking among pregnant women.	91%	89%	91%	91%	93%	<b>98.6%</b>
Increase abstinence from alcohol among pregnant women.	93%	91%	90%	91%	91%	<b>98.3%</b>
Increase abstinence from binge drinking*** among pregnant women.	<100%	99%	98%	99%	99%	<b>100.0%</b>
<b>Postpartum</b>						
Increase the proportion of infants who are put to sleep on their backs.	71%	69%	74%	72%	77%	<b>75.9%</b>
Increase the proportion of infants who were breastfed (ever).	79%	81%	84%	81%	85%	<b>81.9%</b>

*\*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, starting 2009 births.*

*Prior to 2009, binge drinking = 5 or more drinks in one episode.*



# Pre-Pregnancy Factors



*“No, I didn’t use (birth control) because I thought that I wasn’t able to get pregnant because my other girl is already 13 years old.”*

*“I didn’t know I had to take them (vitamins) before getting pregnant and I wasn’t planning to get pregnant.”*

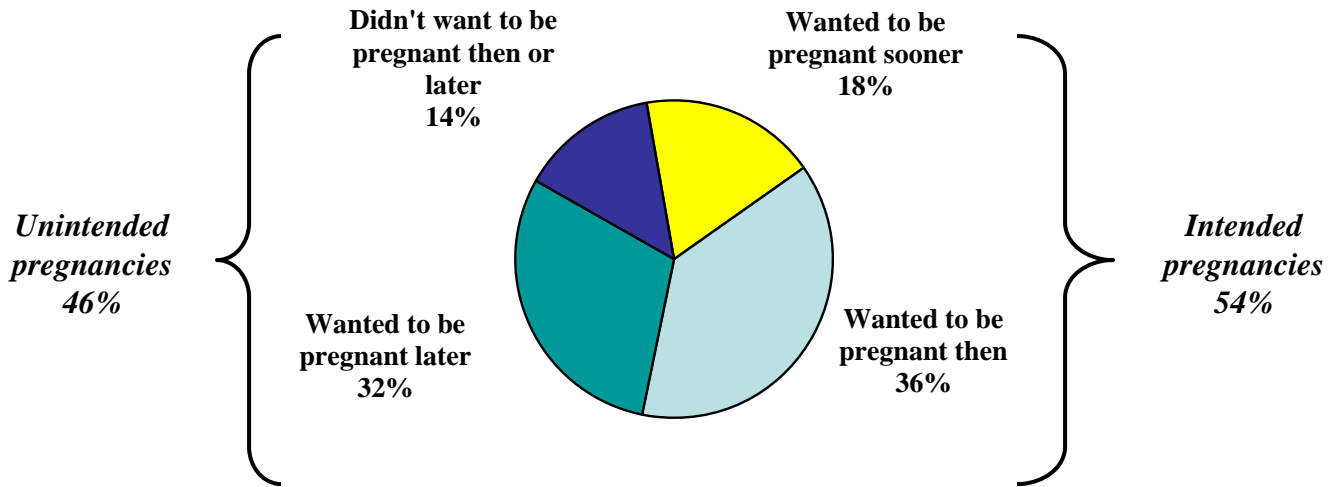
*“He doesn’t want to use a condom. He would be okay with me using an oral contraceptive, but when it comes to using a condom....”*

PRAMS mothers

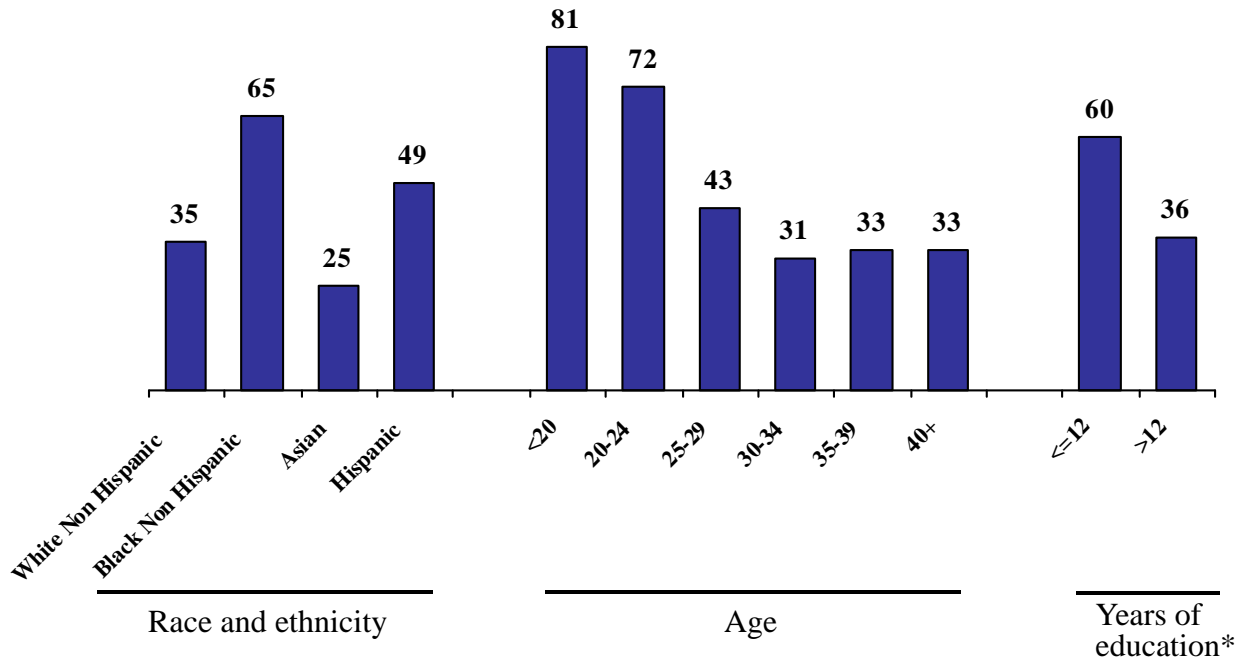
# INTENDEDNESS OF PREGNANCY

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.

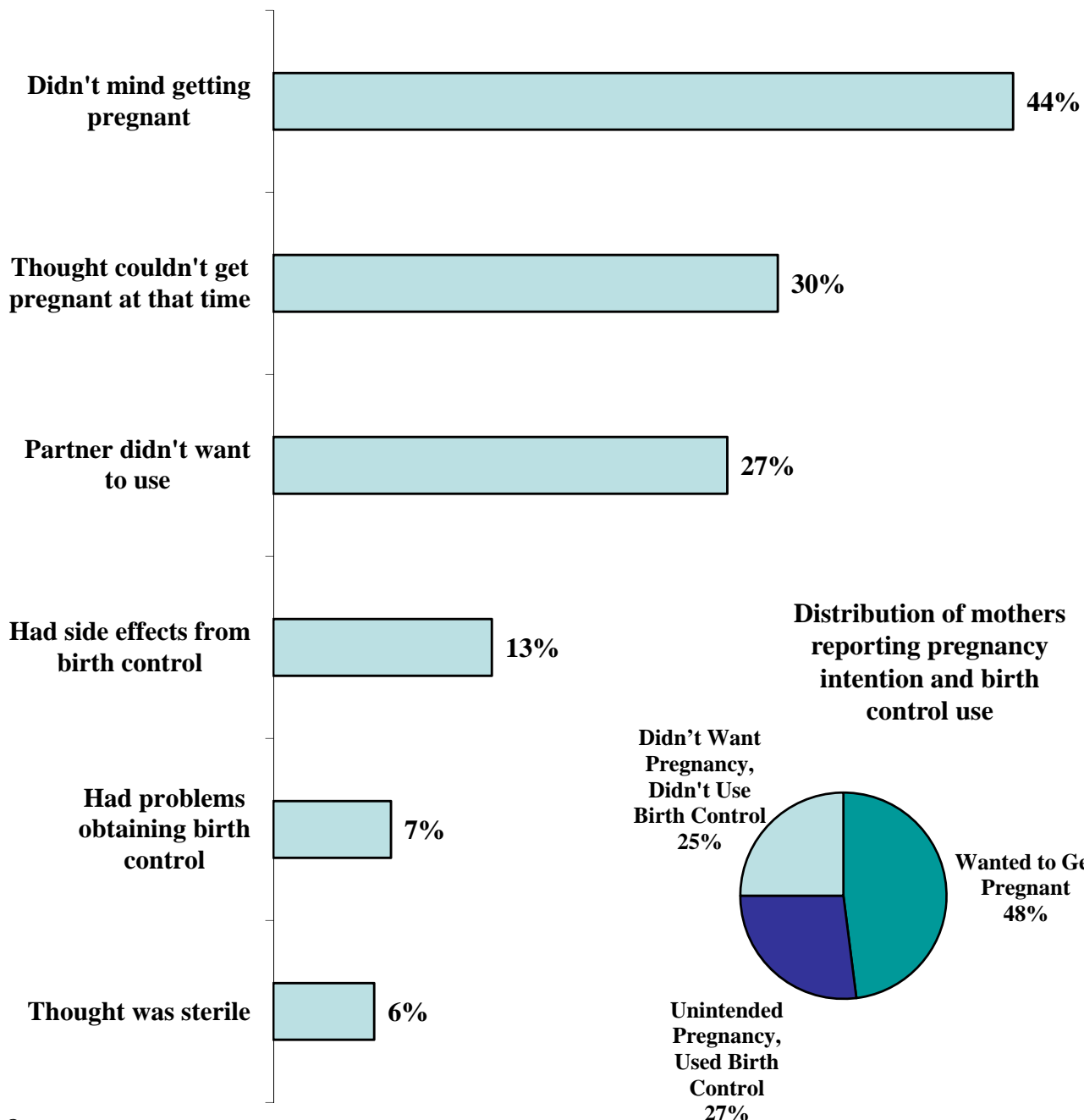
# PREGNANCY INTENTION AND BIRTH CONTROL USE

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

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

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

## Mothers Reporting Reasons for Not Using Birth Control

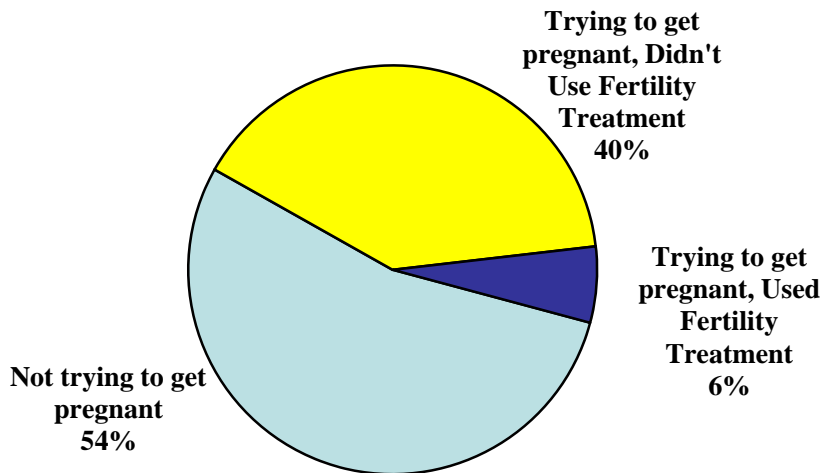




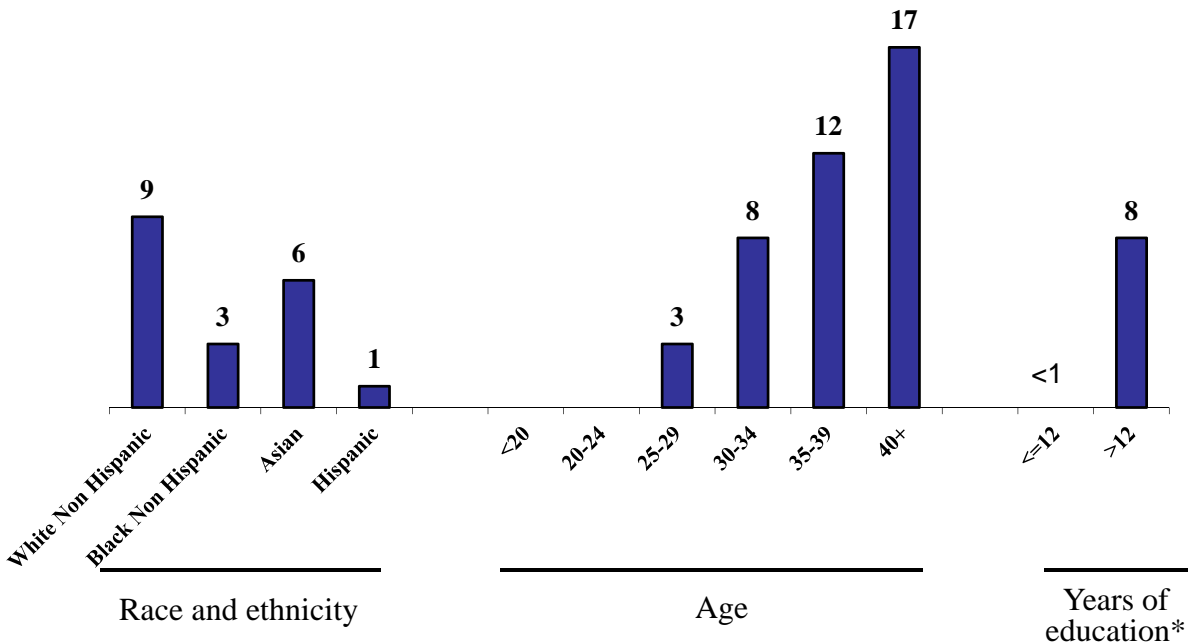
# FERTILITY TREATMENT

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

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



## Percentage of Mothers Who Reported Using Fertility Treatment



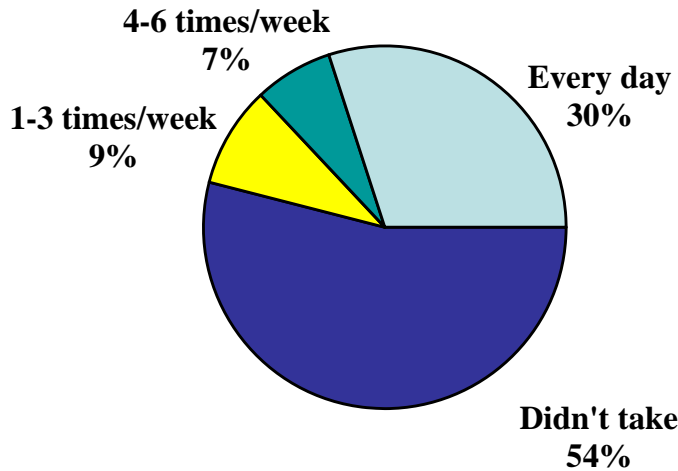
\*Includes only mothers ages 20 and above.

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

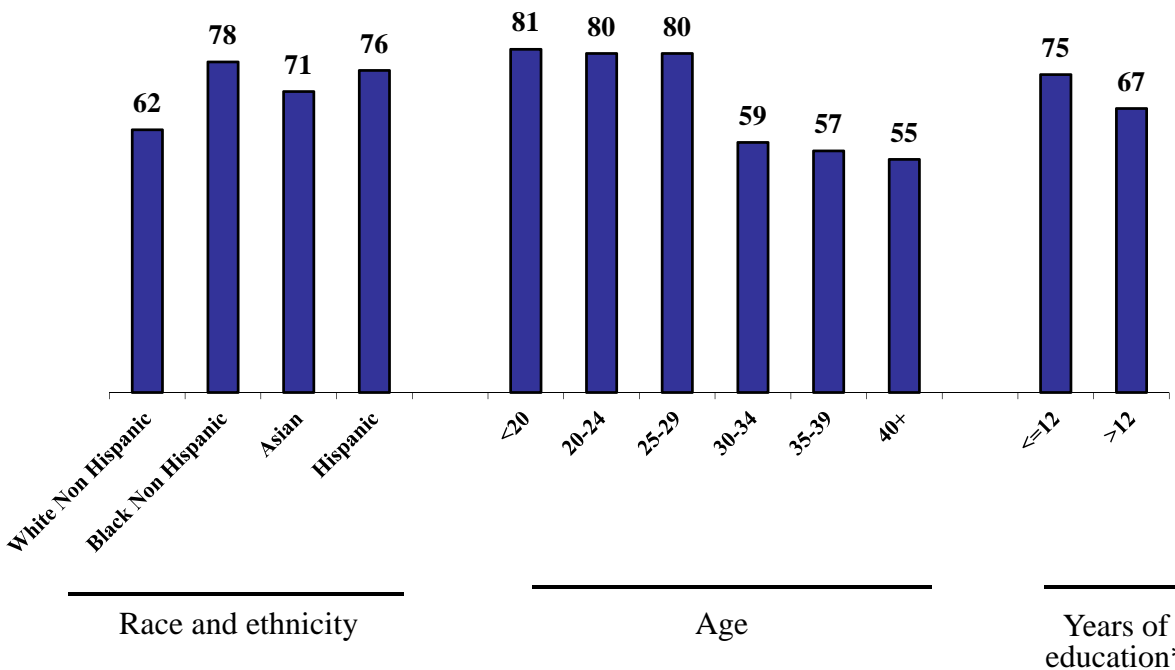
# MULTIVITAMIN USE

Question 3: During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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



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

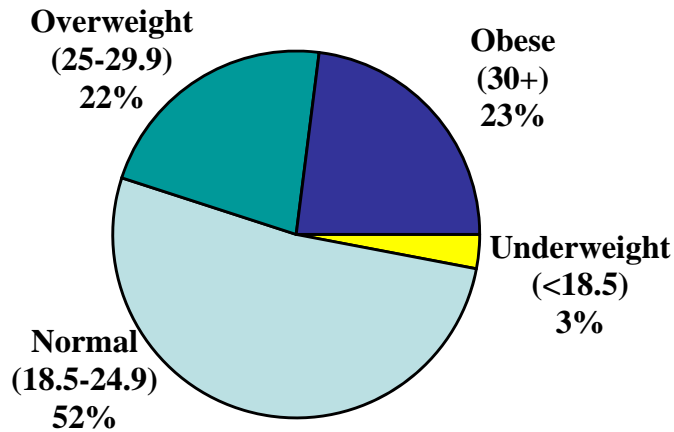


\*Includes only mothers ages 20 and above.

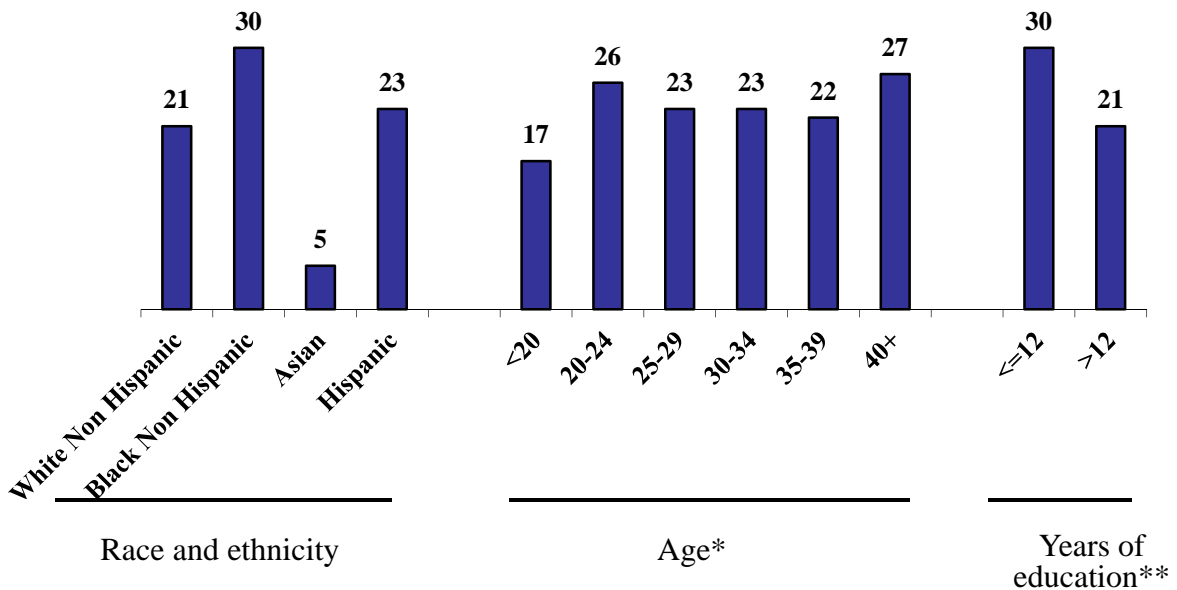
# PRE-PREGNANCY BMI

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

## Distribution of Mothers by BMI Status Before Pregnancy



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



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

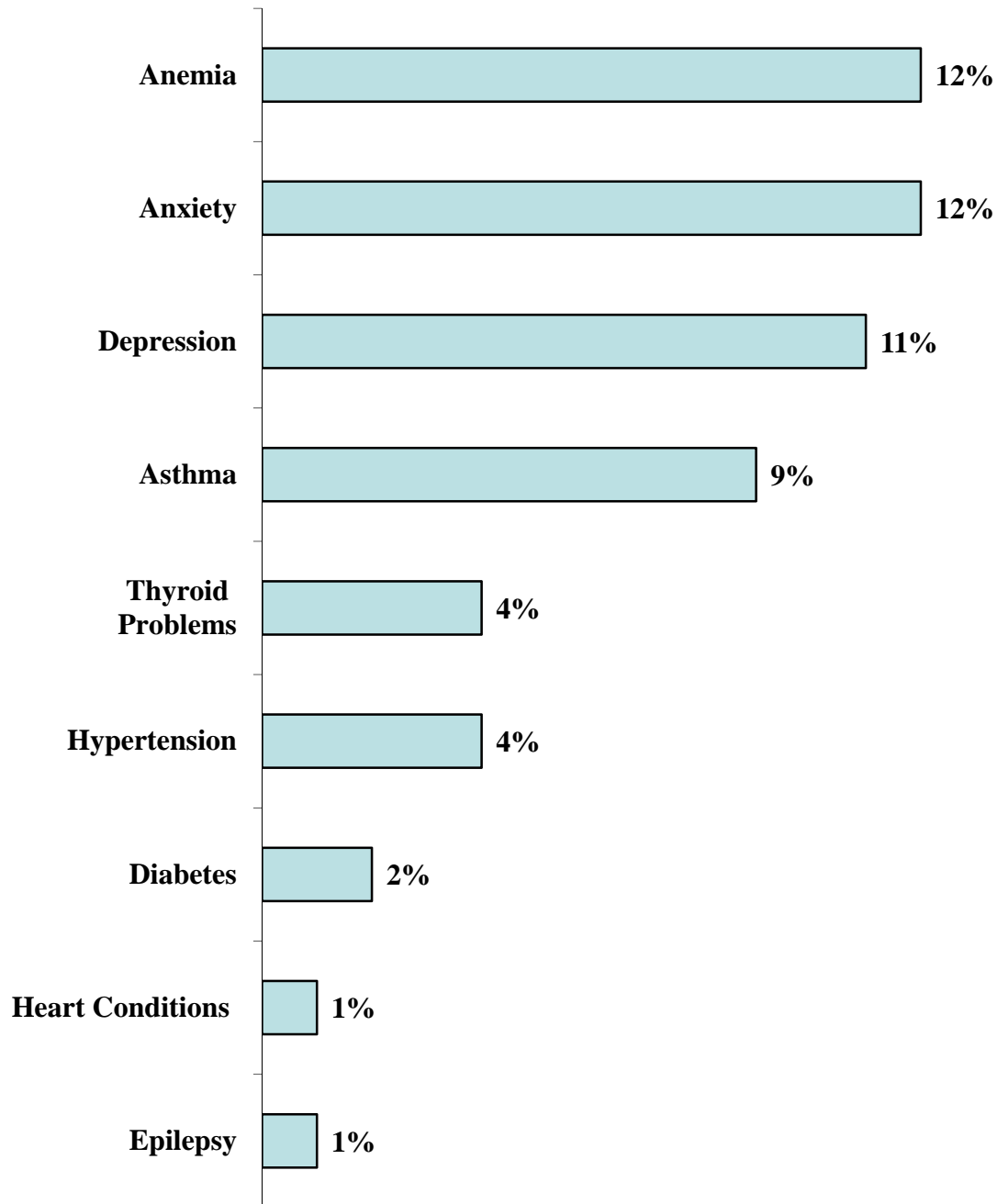
\*\*Includes only mothers ages 20 and above.

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

# PRE-PREGNANCY HEALTH PROBLEMS

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

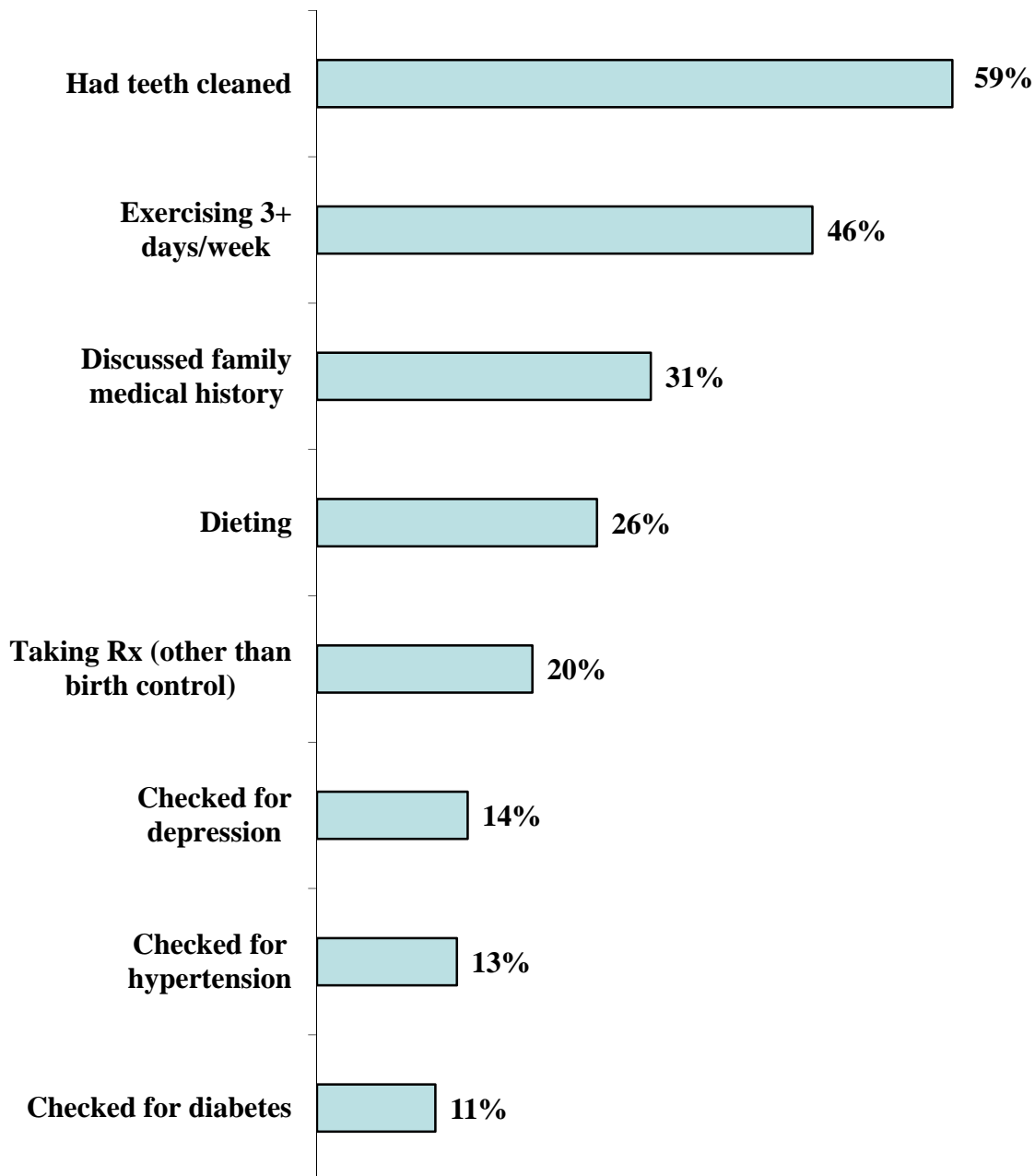
## Mothers Reporting Health Problems During the Three Months Prior to Pregnancy



# PRE-PREGNANCY ACTIVITIES

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

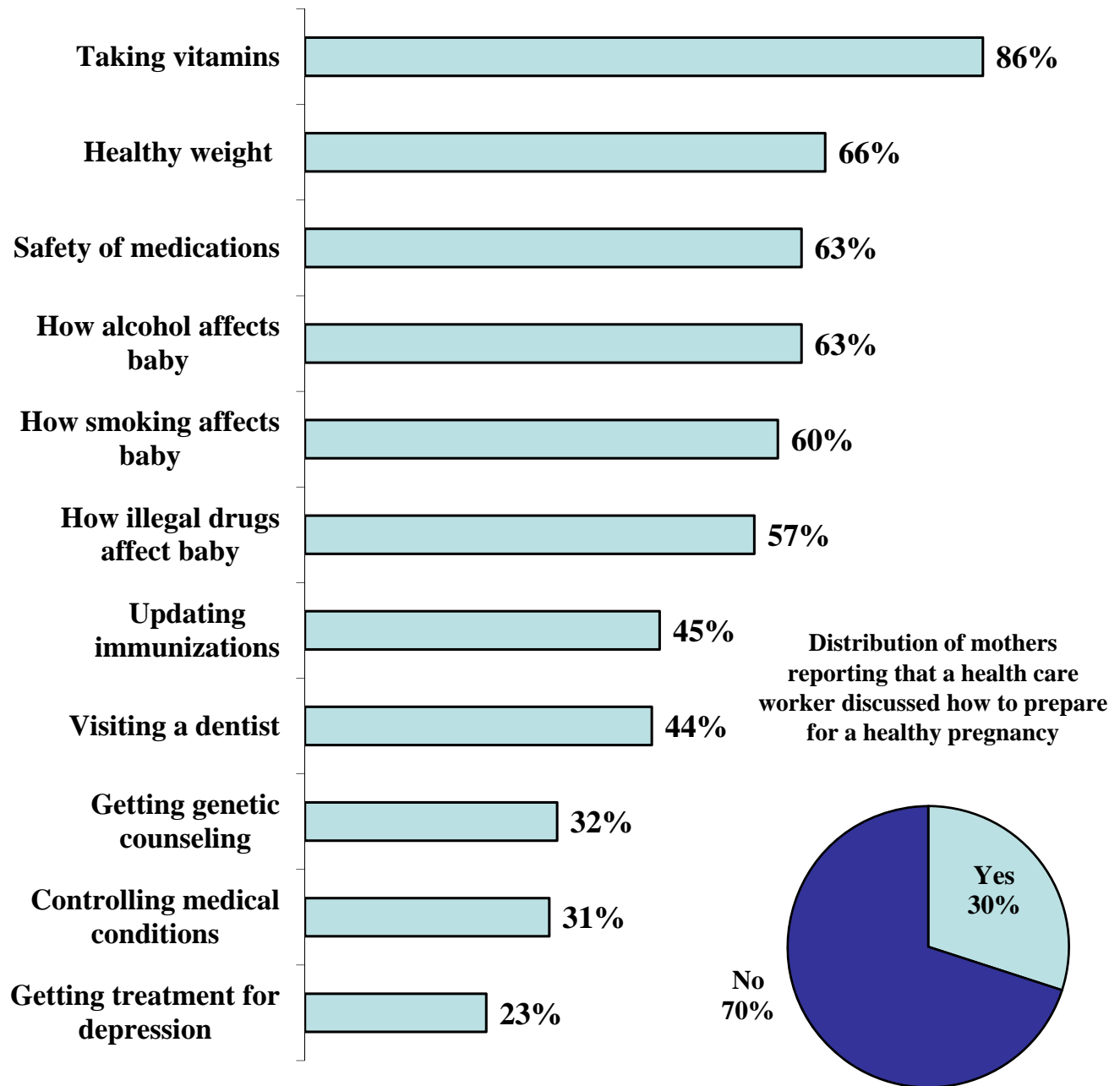
## Mothers Reporting Activities During the Twelve Months Prior to Pregnancy



# TOPICS DISCUSSED DURING PRE-PREGNANCY HEALTHCARE VISITS

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

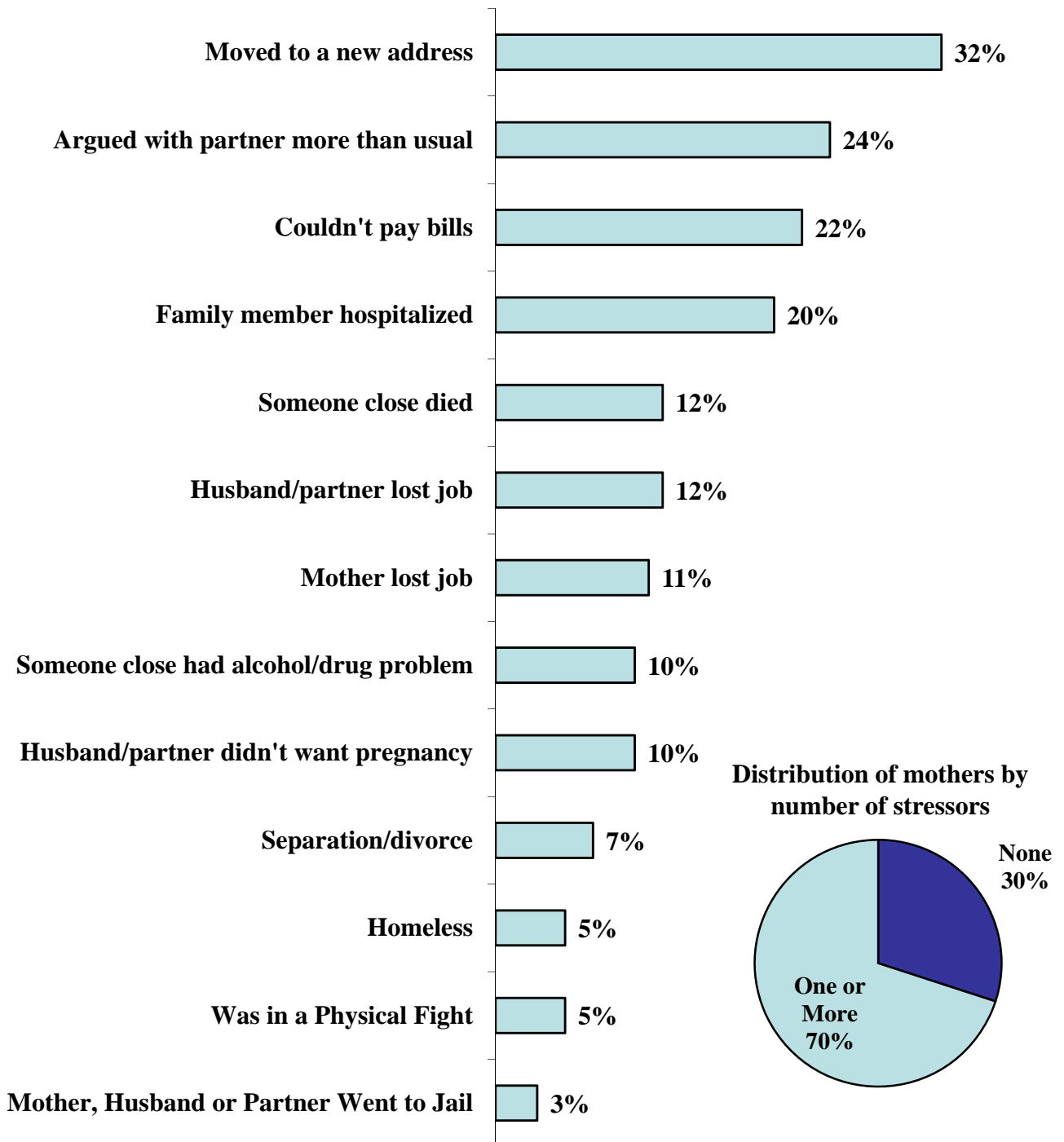
## Mothers Reporting Topics Discussed During Pre-Pregnancy Visits



# STRESS

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

## Mothers Reporting Stress by Type of Event

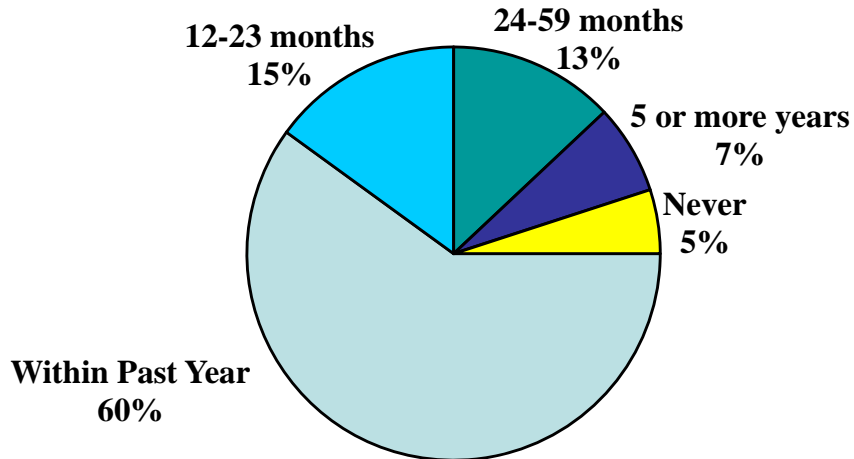


# TEETH CLEANING

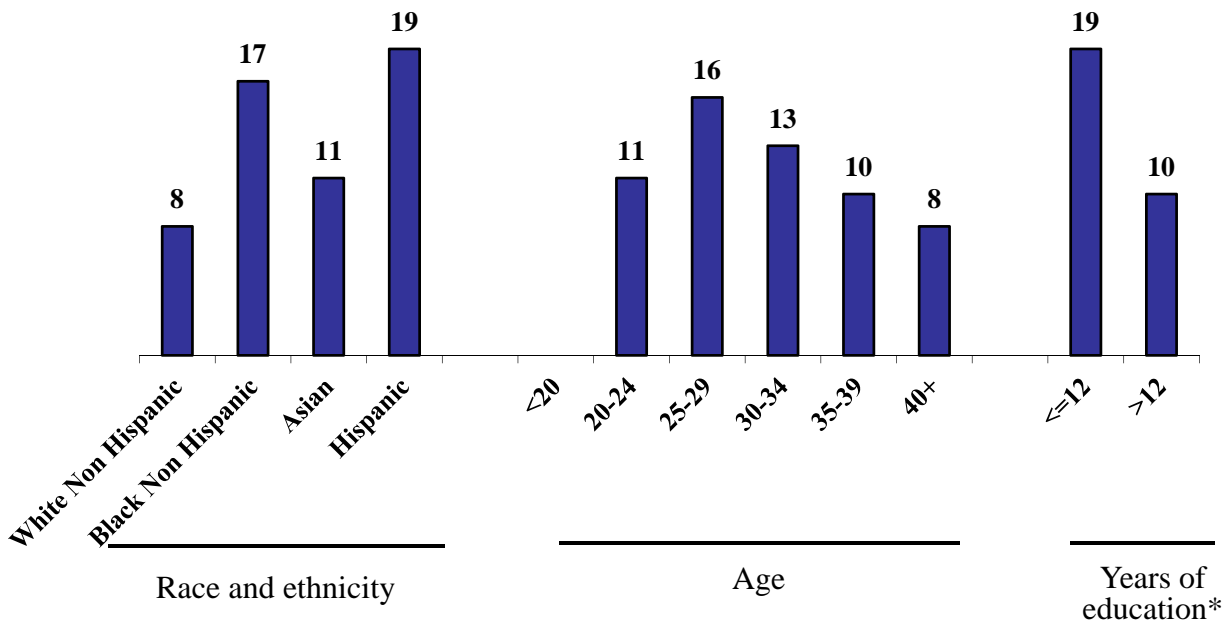
Question 69: Have you ever had your teeth cleaned by a dentist or dental hygienist?

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

## Distribution of Mothers by Time Since Last Teeth Cleaning



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



\*Includes only mothers ages 20 and above.

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



# Prenatal Factors



*“More moms need prenatal care. I know a few people that didn’t get prenatal care which is unfortunate because the baby really needs it.”*

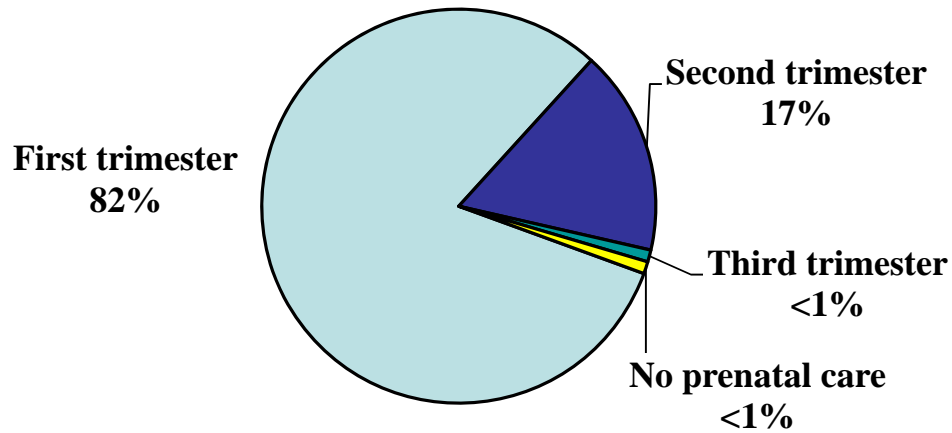
*“I don’t think anybody ever asked me about smoking, drinking, and illegal drugs. I am pretty educated and I knew about these things and I think young mothers need someone to talk about these things.”*

PRAMS mothers

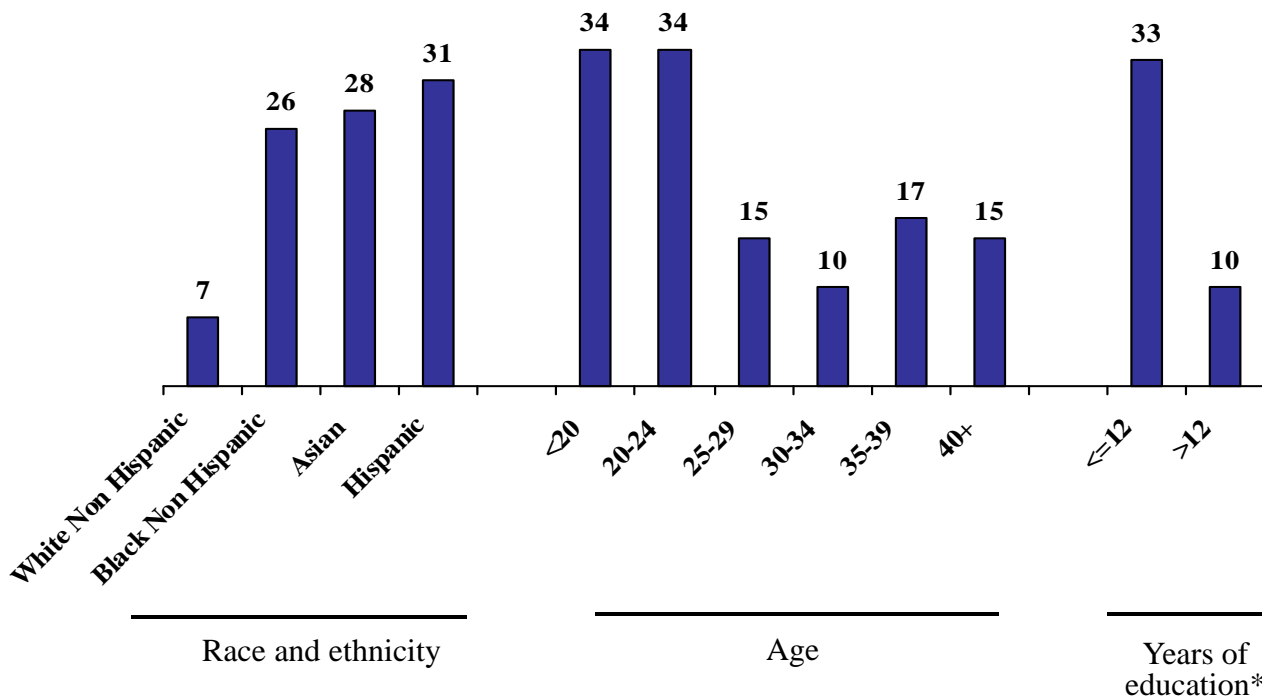
# TRIMESTER PRENATAL CARE BEGAN

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

## Distribution of Mothers by Trimester Prenatal Care Began



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



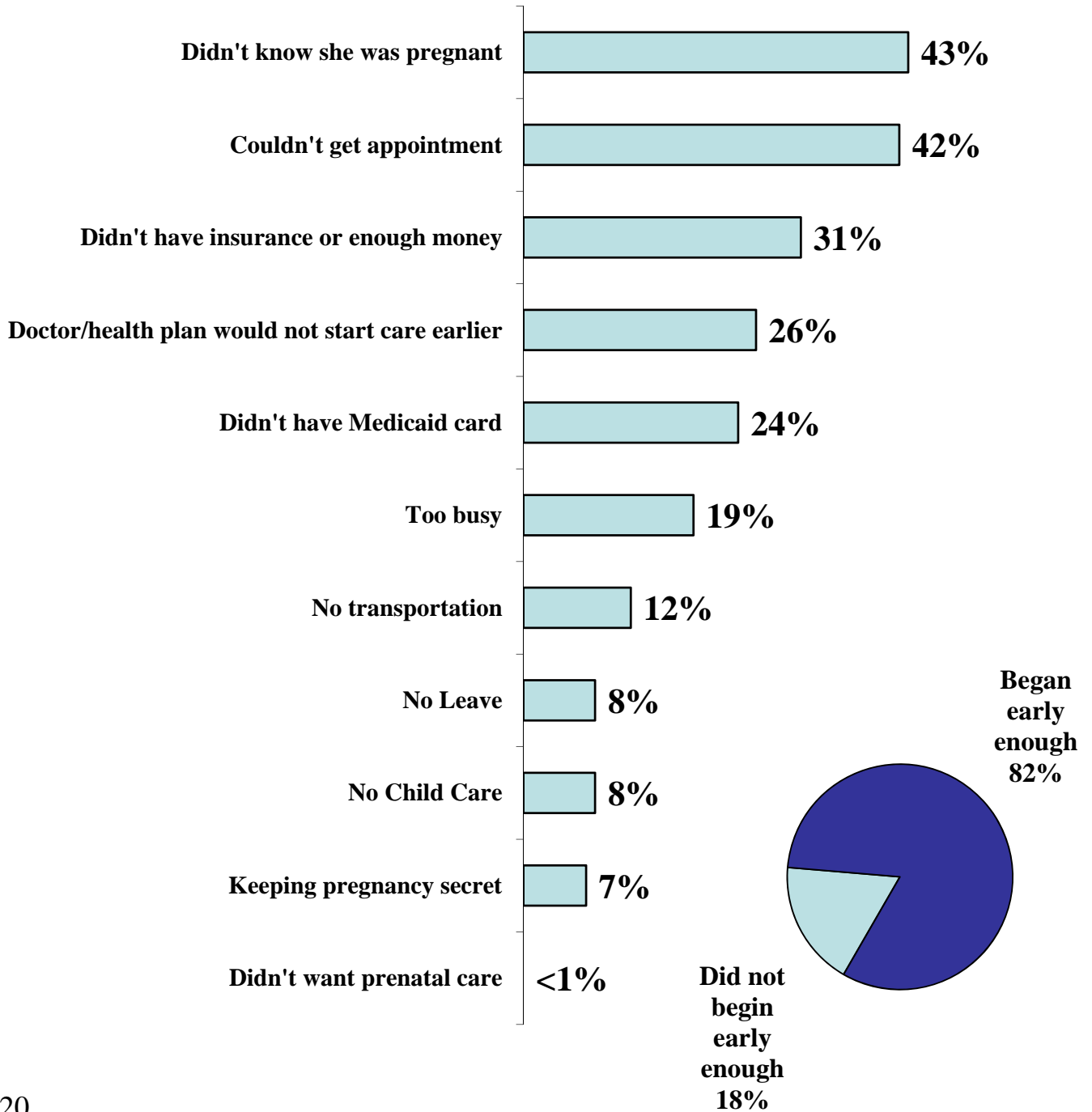
\*Includes only mothers ages 20 and above.

# REASONS FOR LATE PRENATAL CARE

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

Question 23: Did you get prenatal care as early in your pregnancy as you wanted?

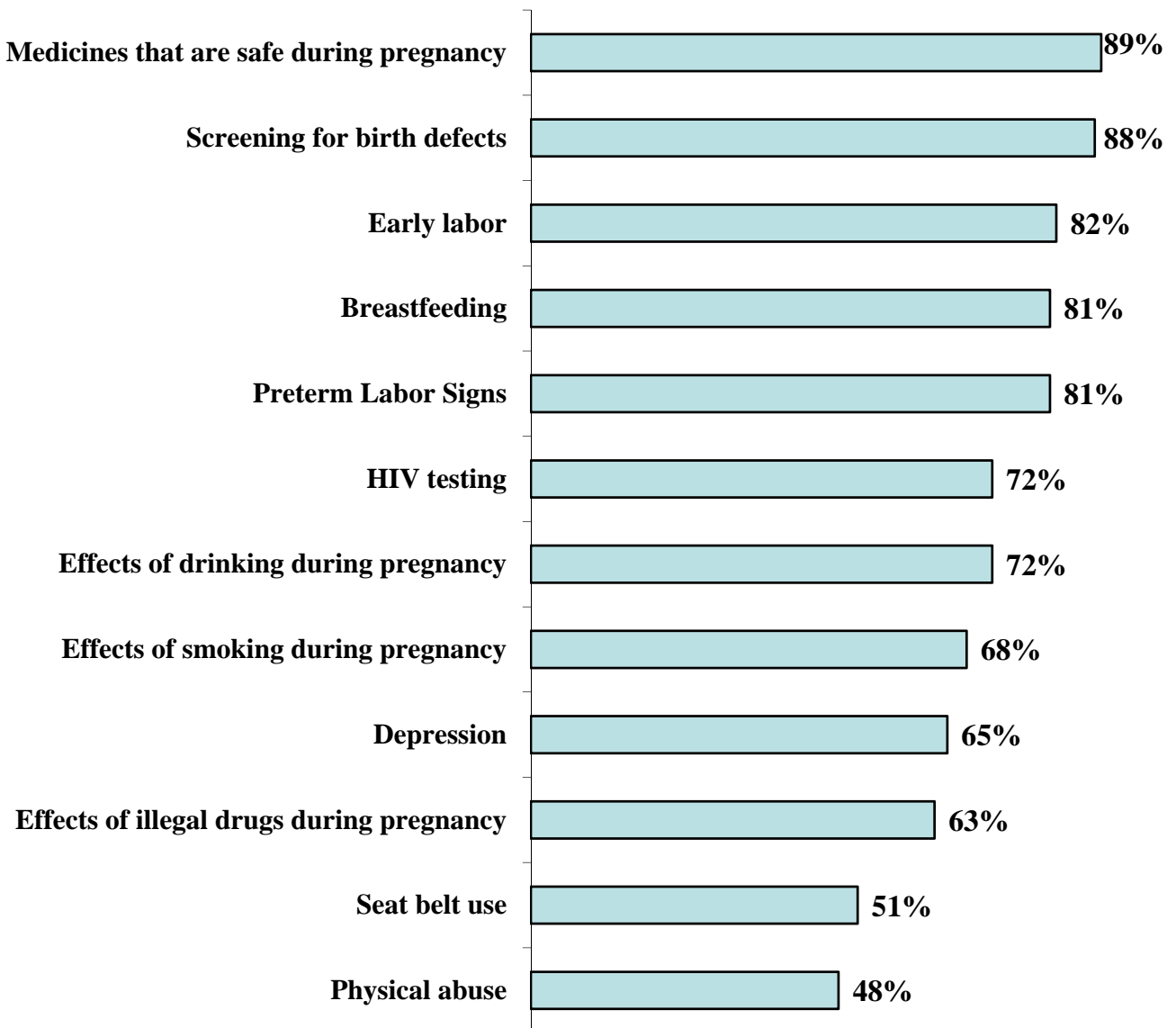
## Reasons Given for Not Beginning Prenatal Care As Early in Pregnancy As Desired



# TOPICS DISCUSSED DURING PRENATAL CARE VISITS

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

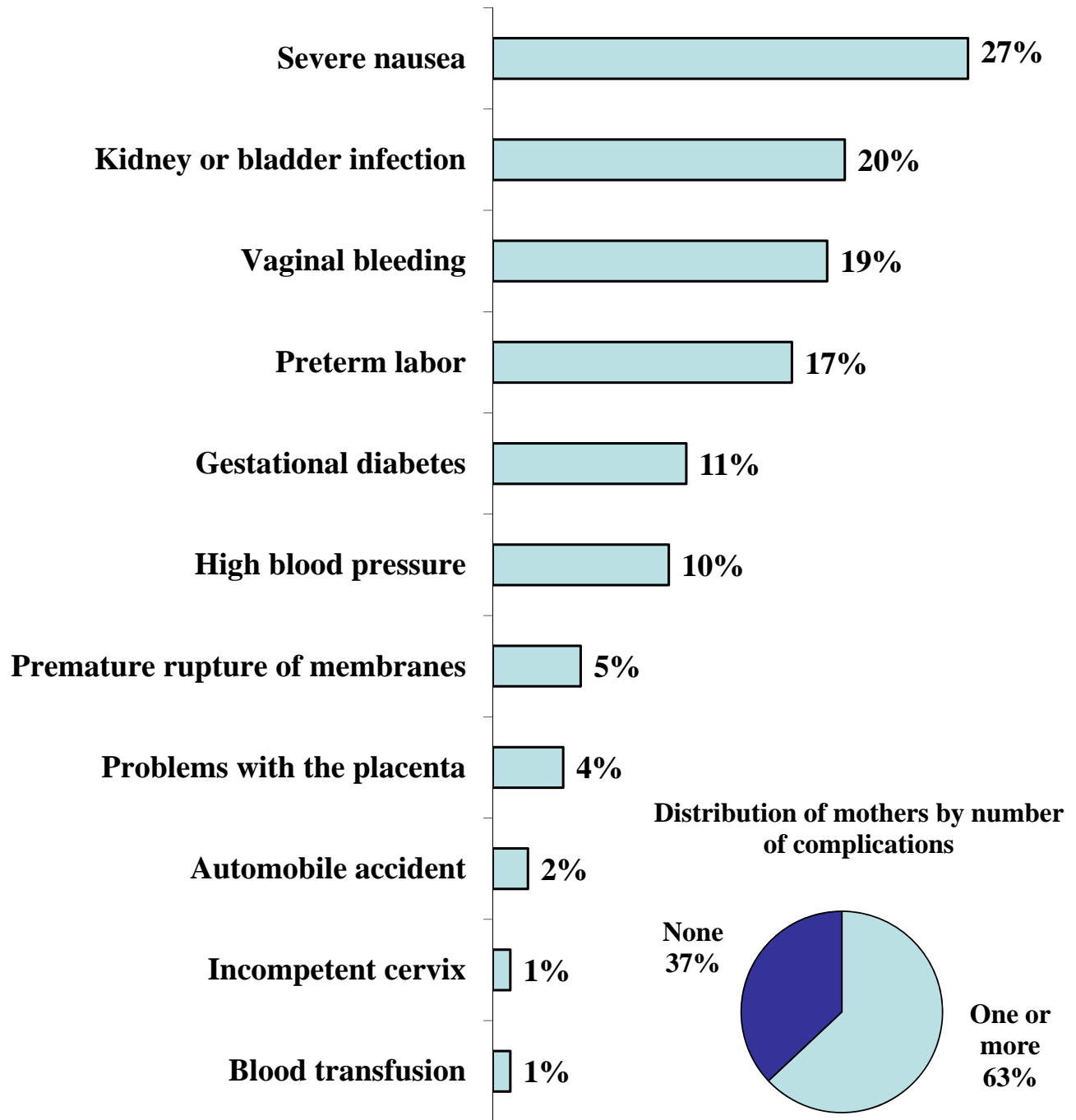
## Mothers Reporting That Selected Topics Were Discussed During Prenatal Care Visits



# COMPLICATIONS DURING PREGNANCY

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

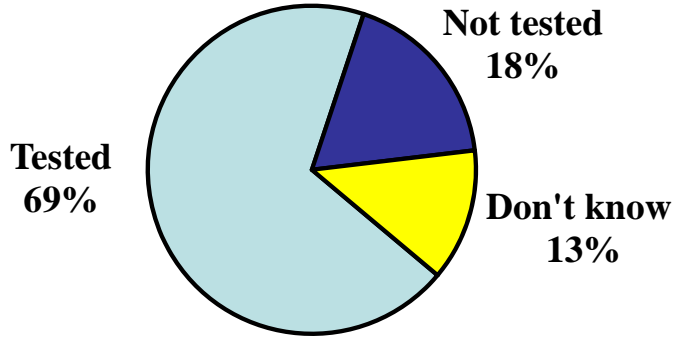
## Mothers Reporting Pregnancy Complications by Type of Complication



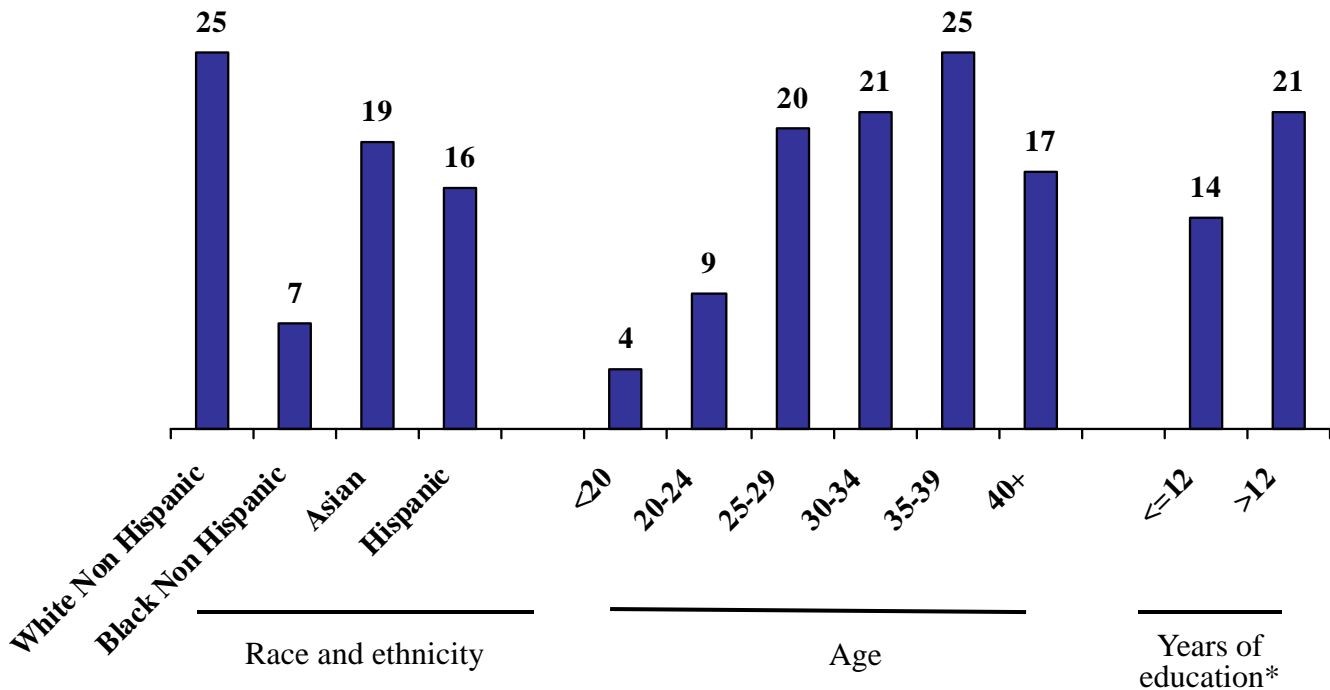
# HIV TESTING

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

## Distribution of Mothers by HIV Testing Status



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

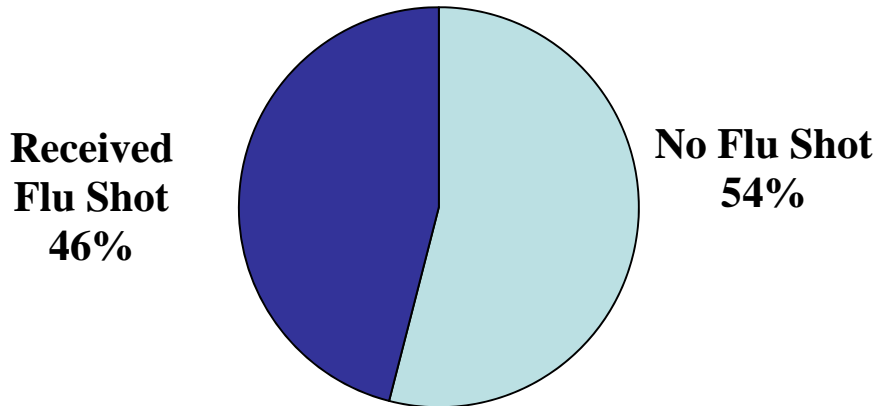


\*Includes only mothers ages 20 and above.

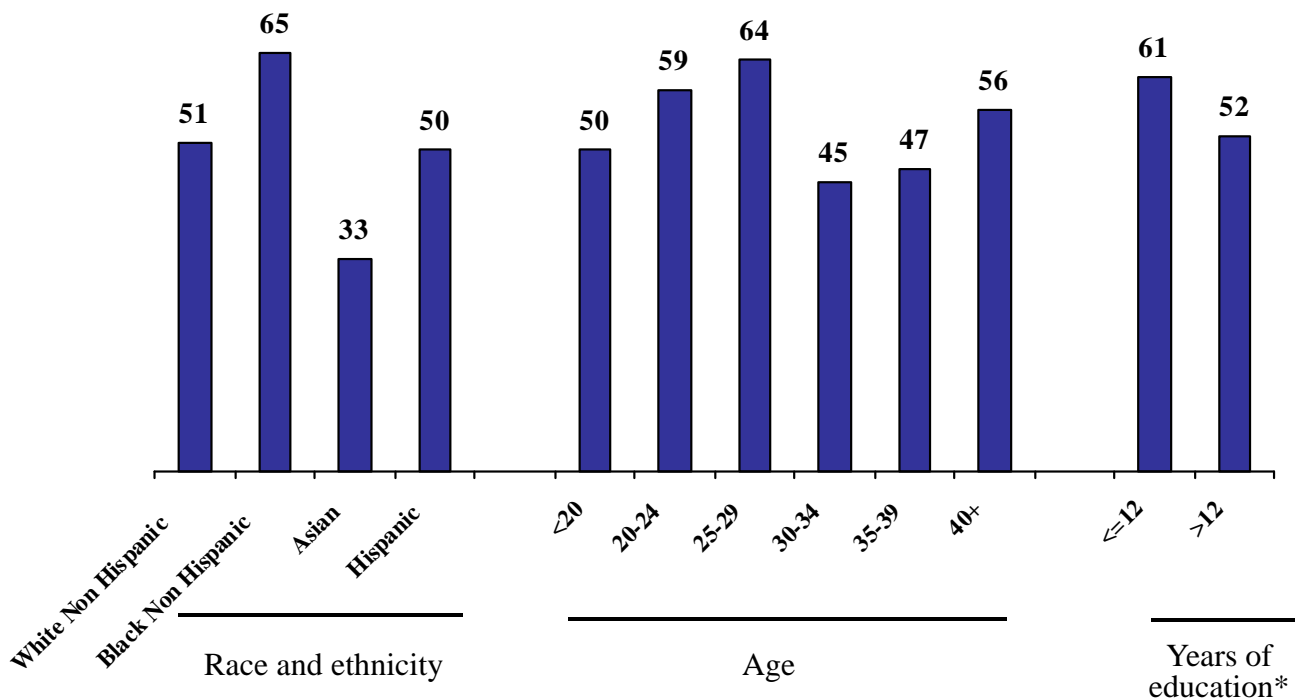
# INFLUENZA IMMUNIZATIONS

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

## Distribution of Mothers by Flu Immunization Status



## Percentage of Mothers Who Reported They Did Not Get Flu Shot



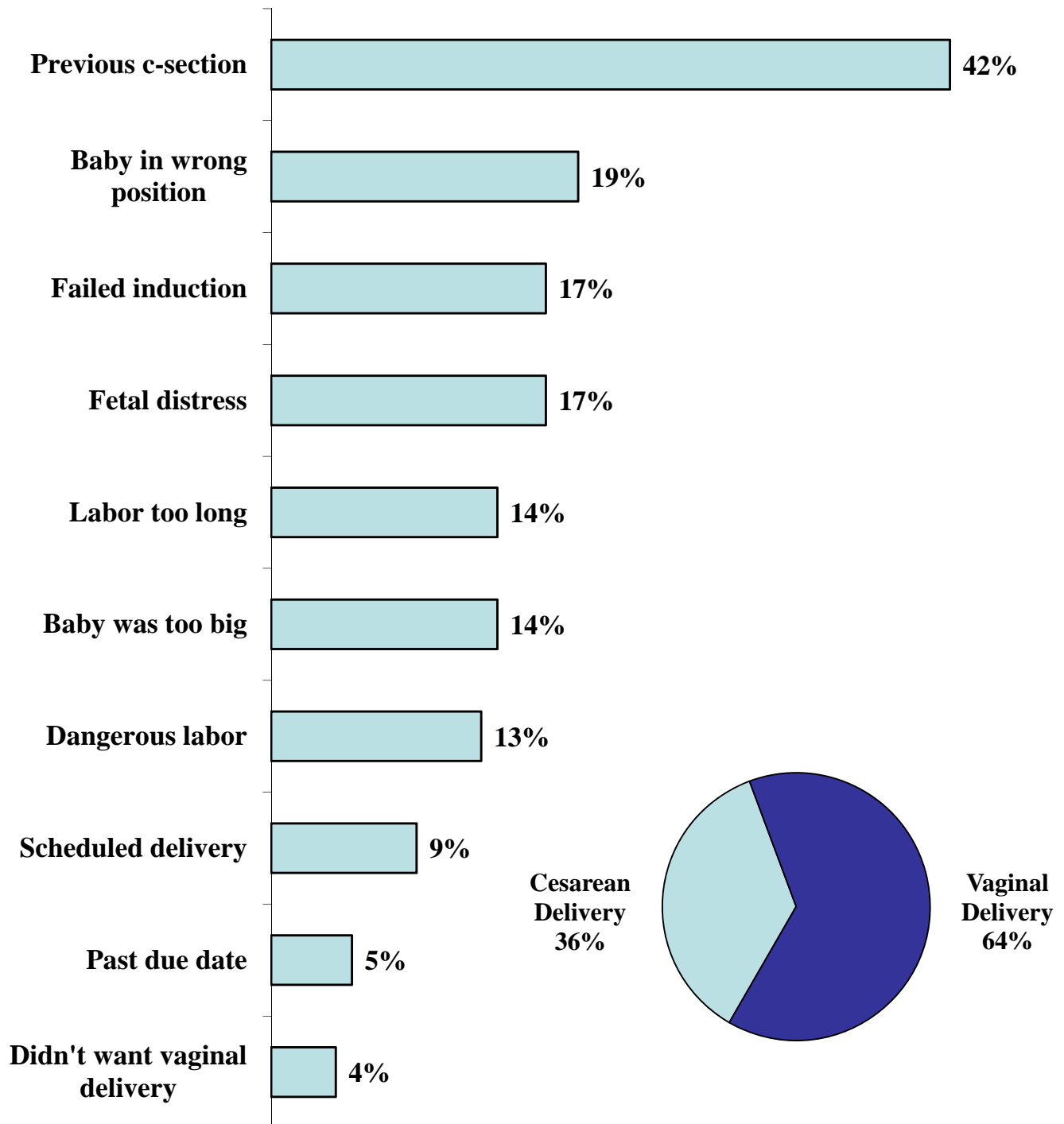
\*Includes only mothers ages 20 and above.



# REASONS FOR CESAREAN DELIVERY

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

## Reasons Given for Cesarean Delivery





# Health Care Coverage

and WIC Participation



*“Before Medicaid was available only to children under 19 (I think). Now Medicaid is available to the whole family and I am happy to know I can see a doctor anytime I want.”*

*“If my insurance company would have covered for a good breast pump, I would have nursed longer.”*

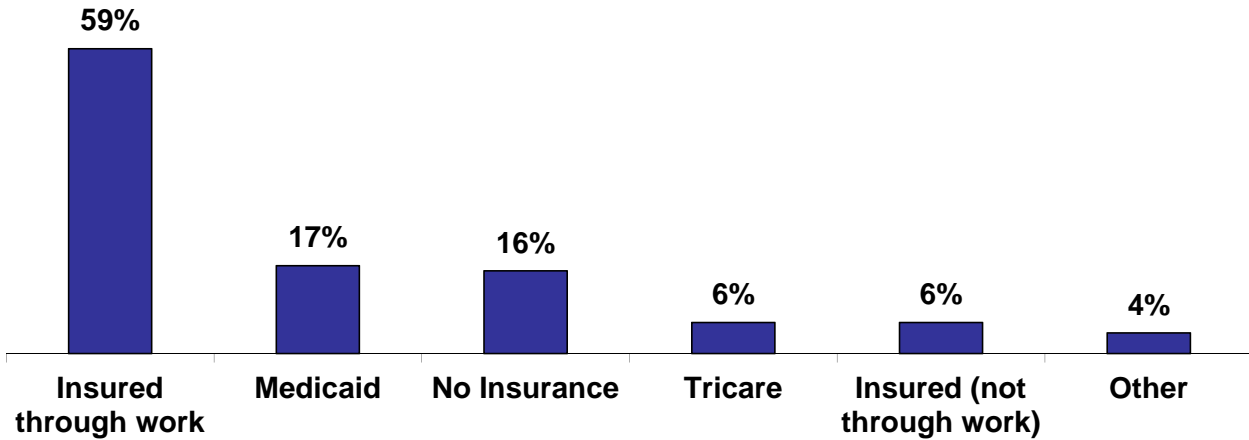
*“The WIC program was very helpful.”*

PRAMS mothers

# HEALTH INSURANCE BEFORE PREGNANCY

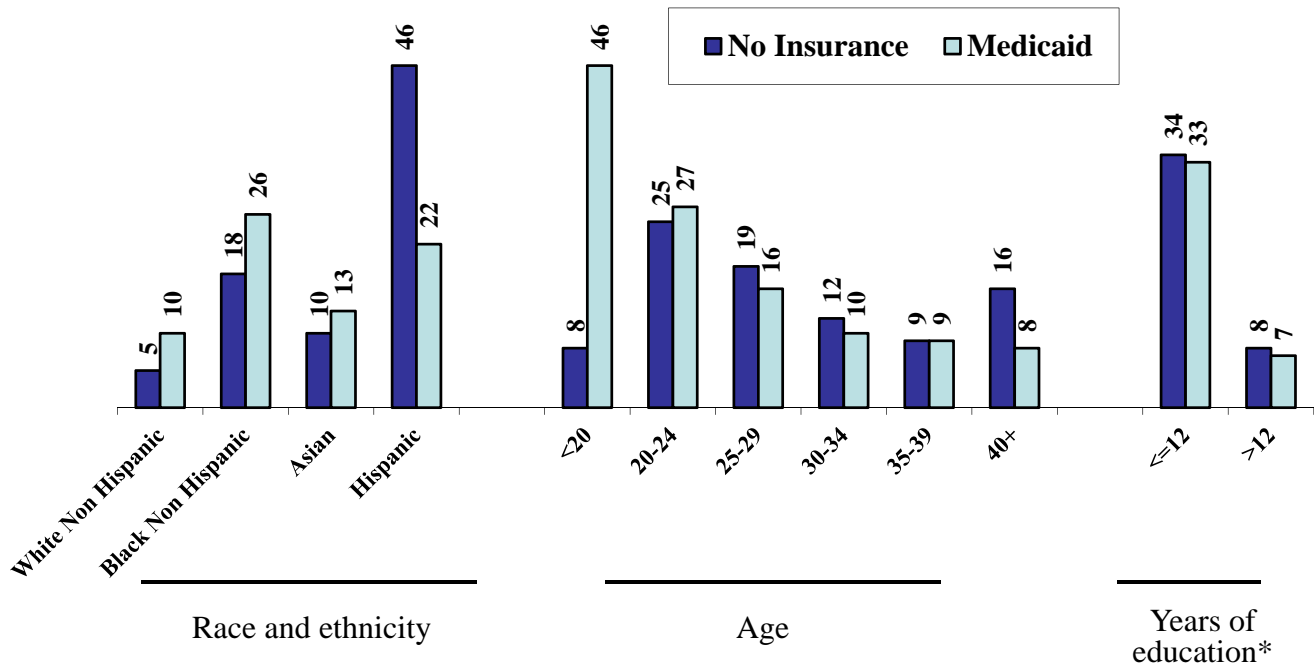
Question 2: During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

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



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

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

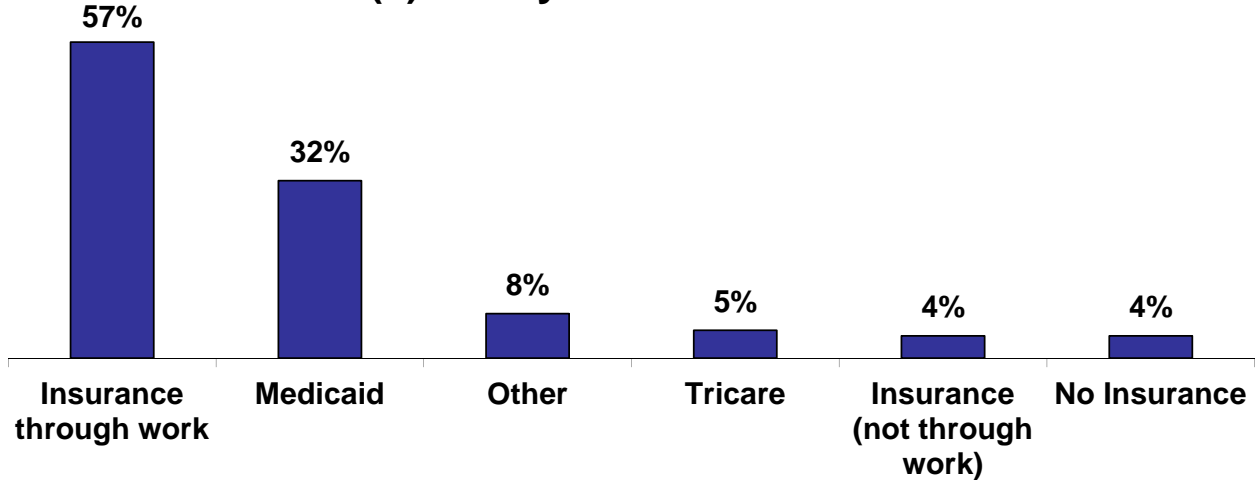


\*Includes only mothers ages 20 and above.

# SOURCE OF PAYMENT FOR PRENATAL CARE

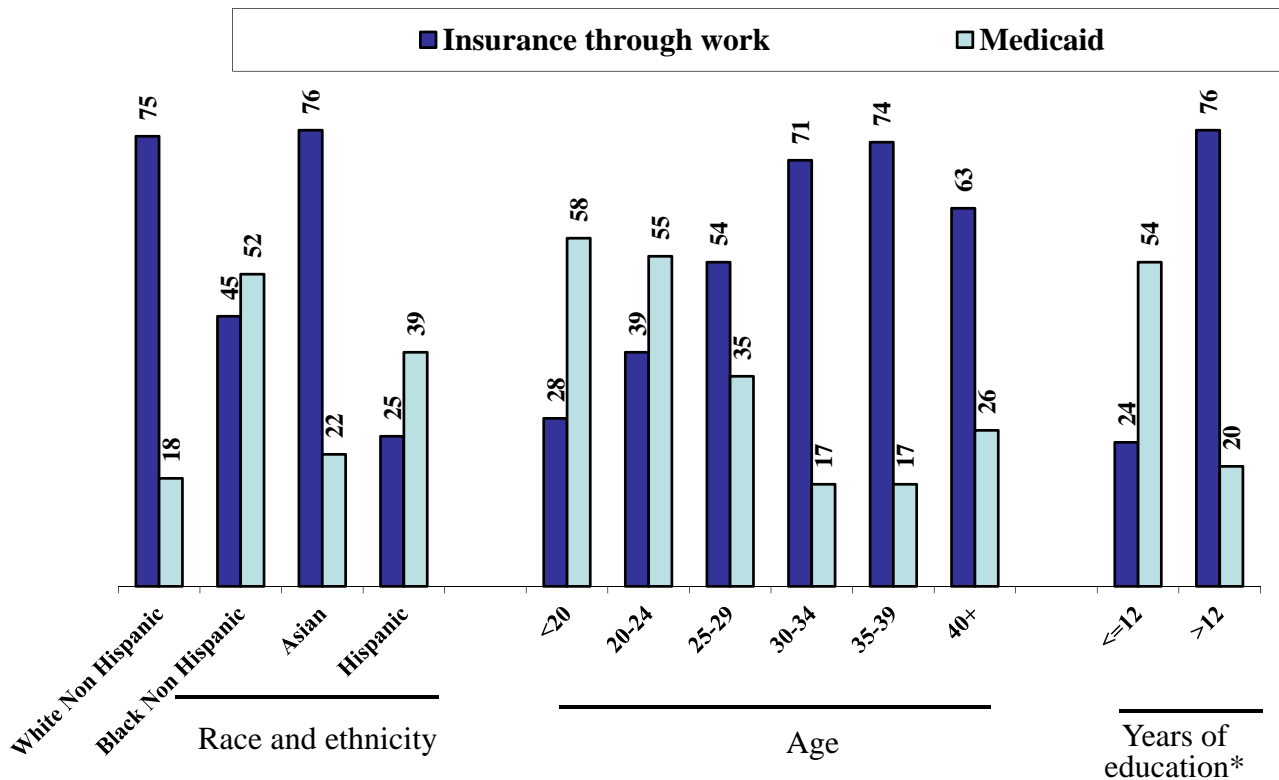
Question 25: Did any of these health insurance plans help you pay for your *prenatal care*?

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



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

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

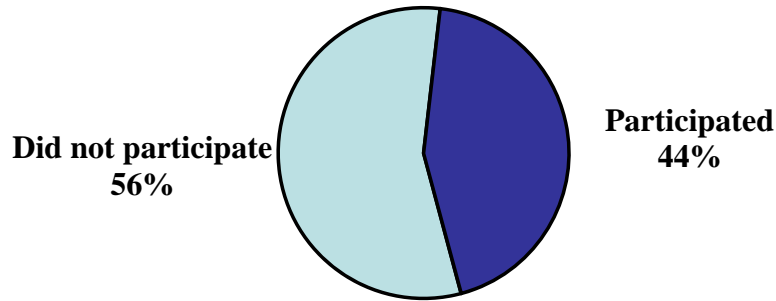


\*Includes only mothers ages 20 and above.

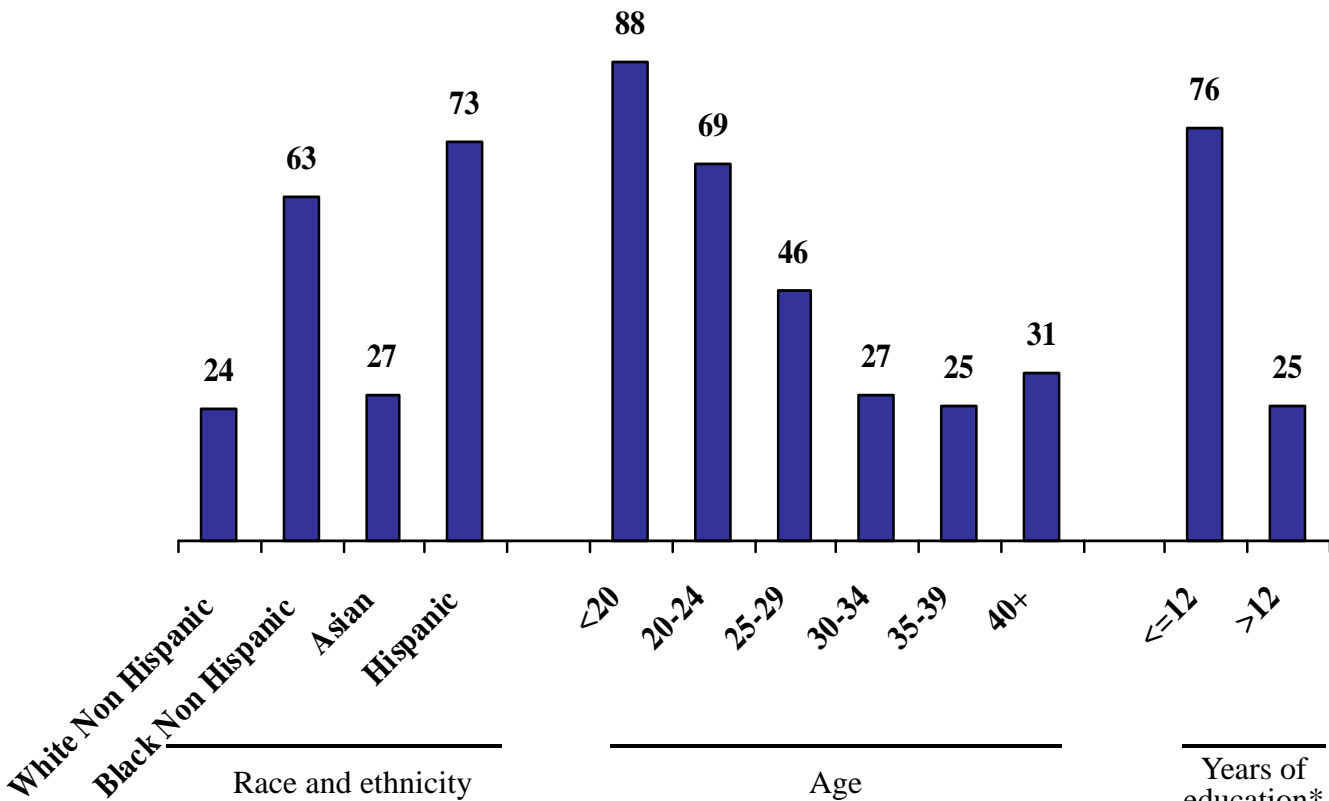
# WIC PARTICIPATION

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

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



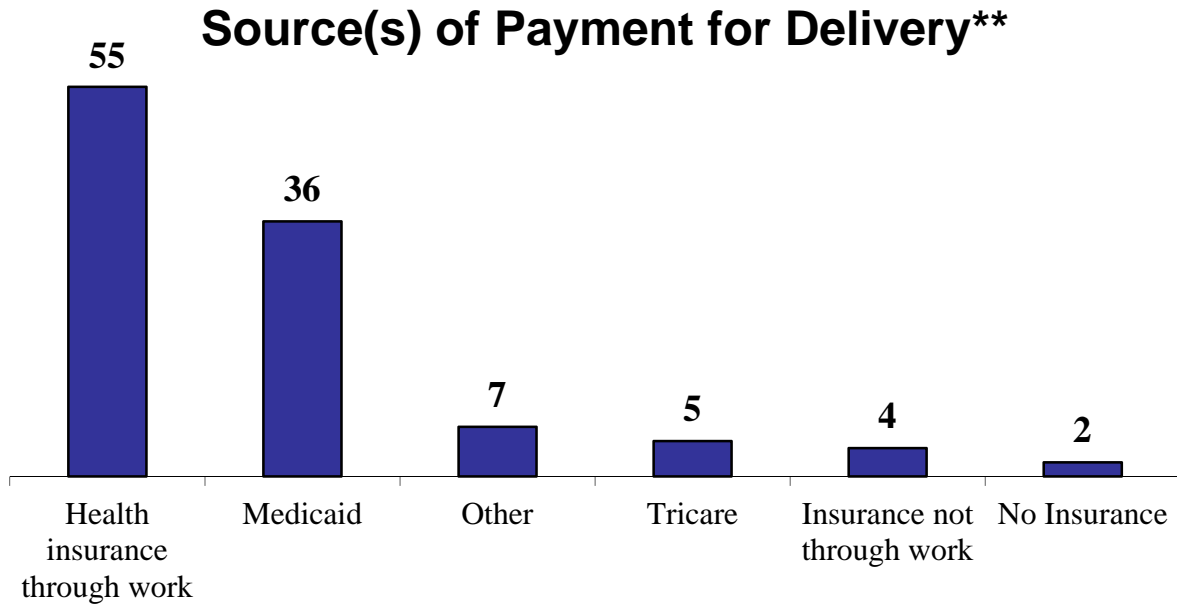
## Percentage of Mothers Who Participated in the WIC Program During Pregnancy



\*Includes only mothers ages 20 and above.

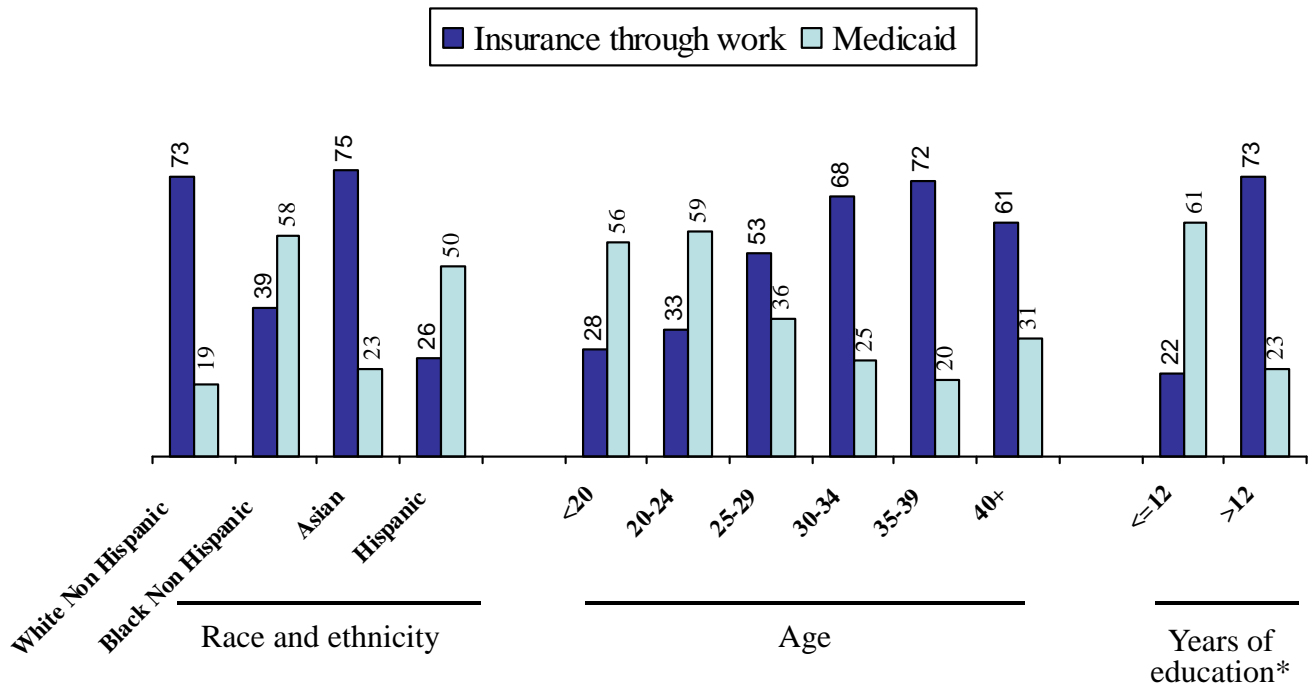
# SOURCE OF PAYMENT FOR DELIVERY

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



\*\*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 Delivery



\*Includes only mothers ages 20 and above.



# Selected Risk Factors



*“I smoked cigarettes when I was pregnant. Now all I can think is...what goes in, goes to the baby. If I could go back, I would have done a lot different.”*

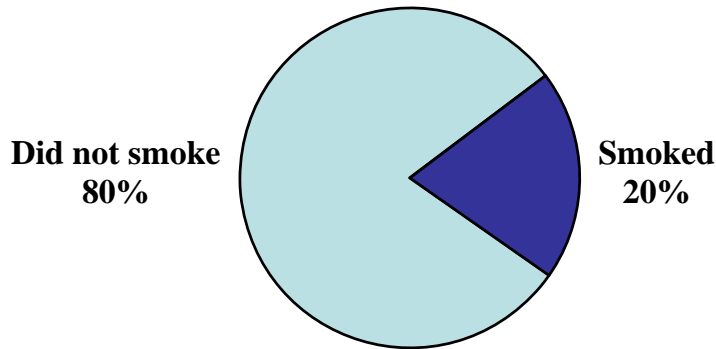
*“I know way too many pregnant women that think it’s okay to drink while pregnant.”*

PRAMS mothers

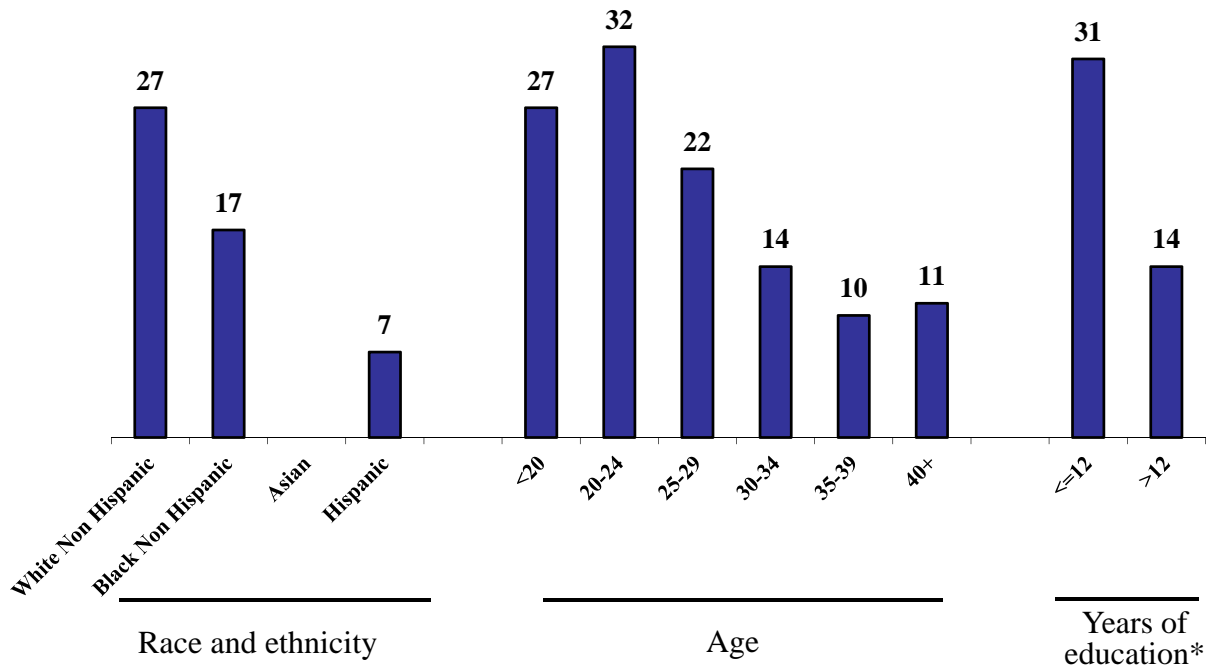
# SMOKING BEFORE PREGNANCY

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

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



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



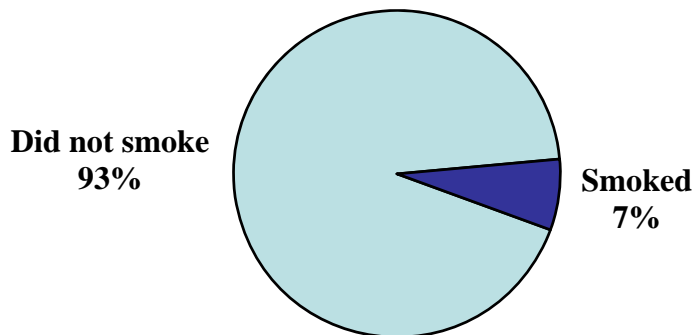
\*Includes only mothers ages 20 and above.

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

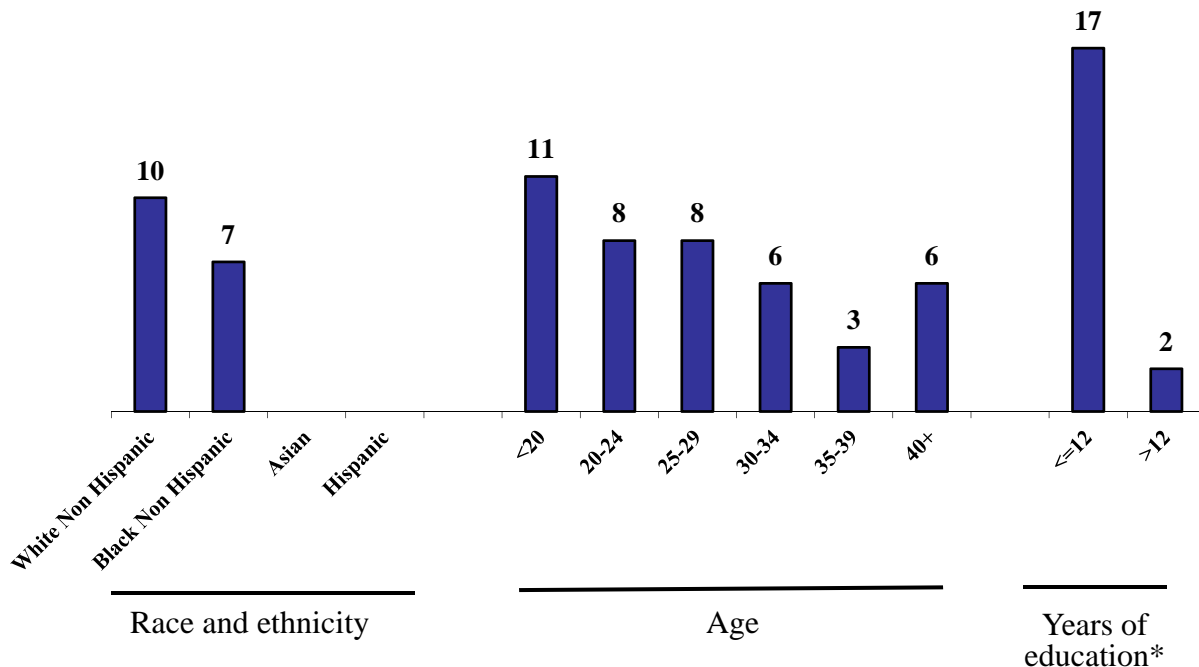
# SMOKING DURING PREGNANCY

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

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



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



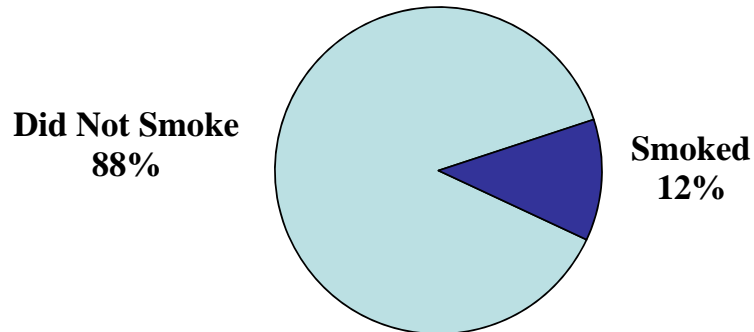
\*Includes only mothers ages 20 and above.

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

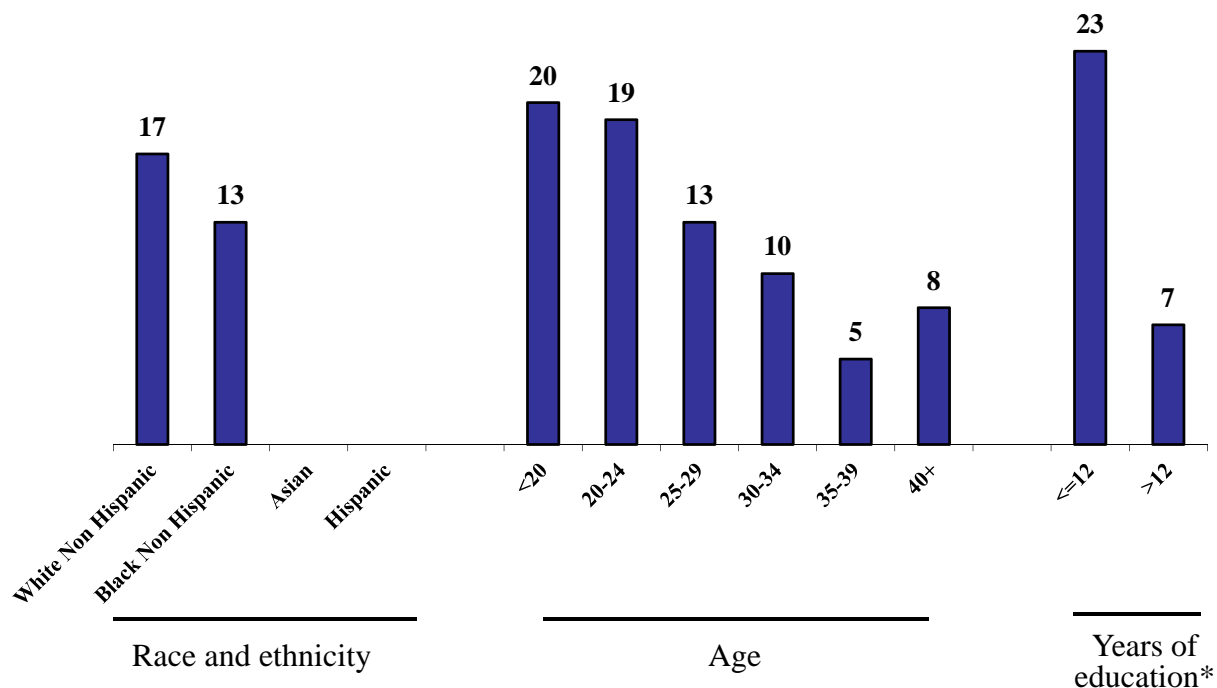
# SMOKING AFTER PREGNANCY

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

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



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



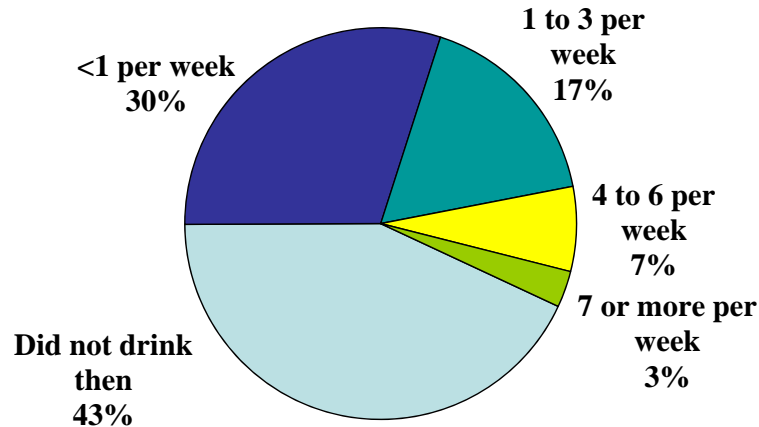
\*Includes only mothers ages 20 and above.

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

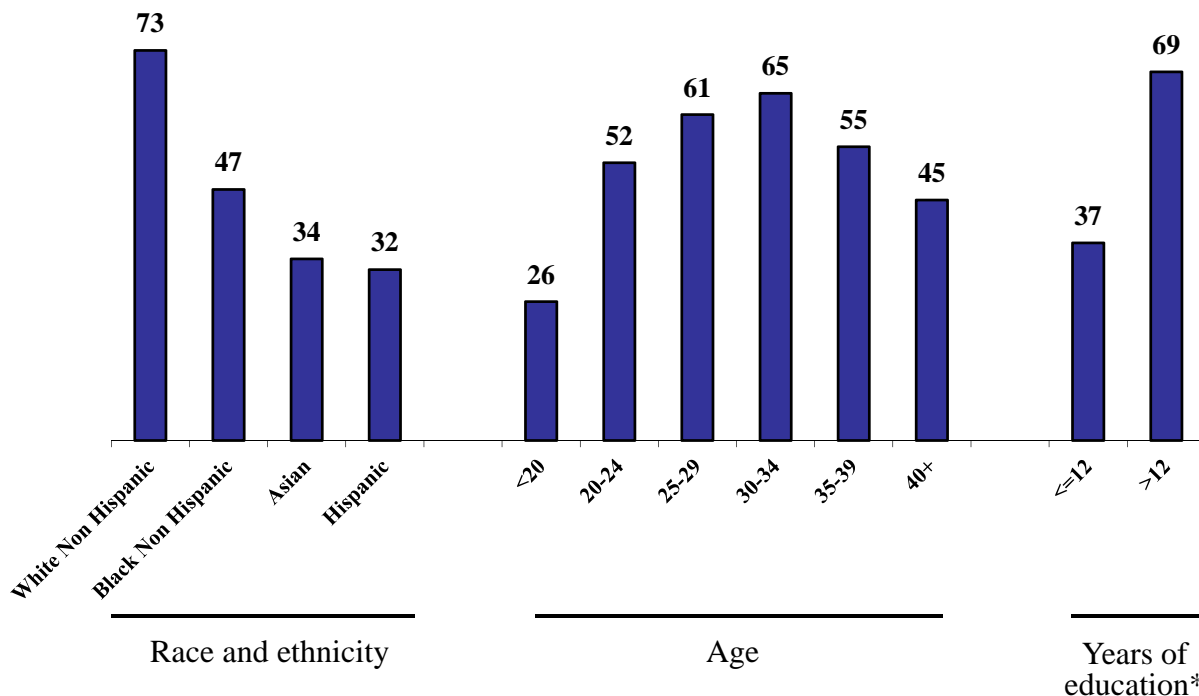
# ALCOHOL USE BEFORE PREGNANCY

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

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



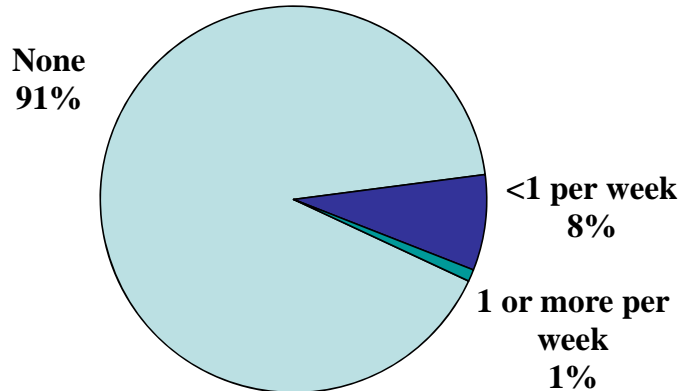
## Percentage of Mothers Who Reported Any Alcohol Use in the Three Months Preceding Pregnancy



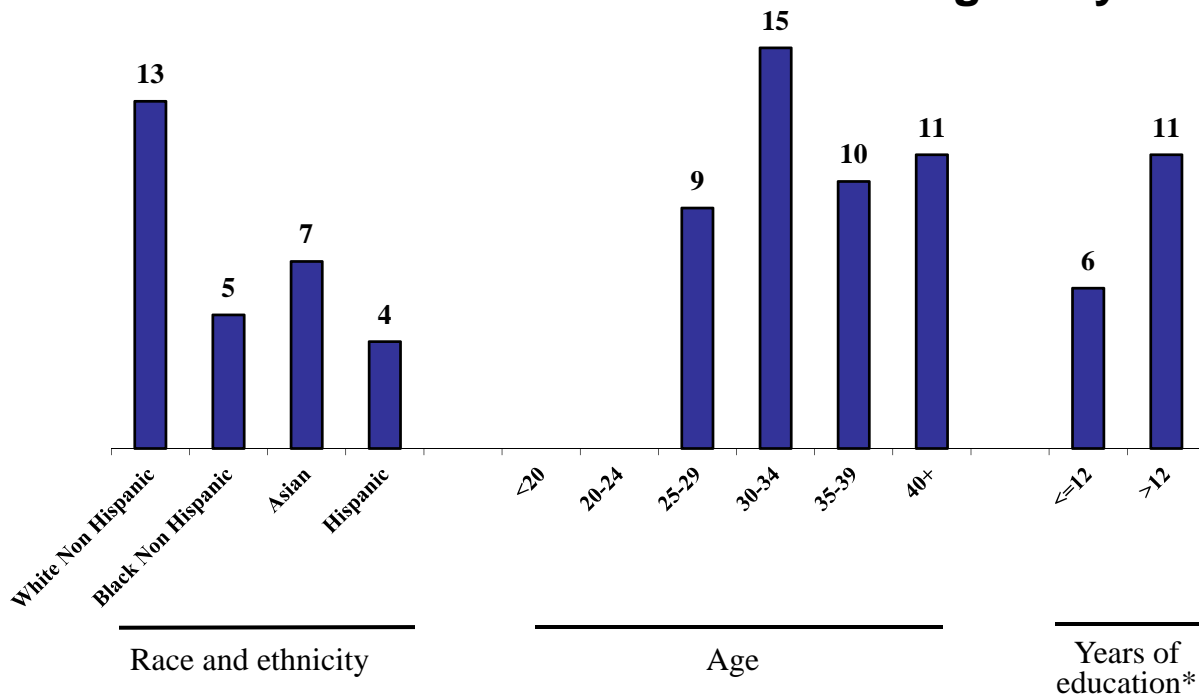
# ALCOHOL USE DURING PREGNANCY

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

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



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



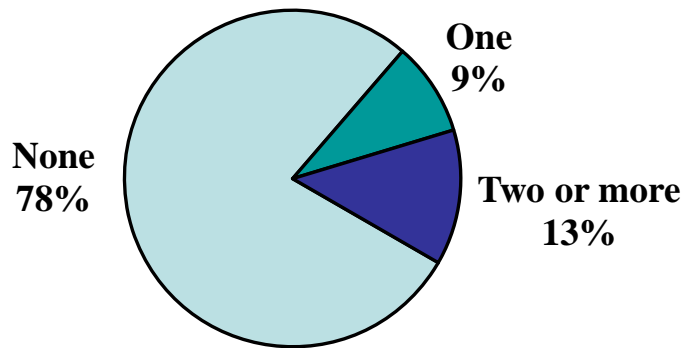
\*Includes only mothers ages 20 and above.

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

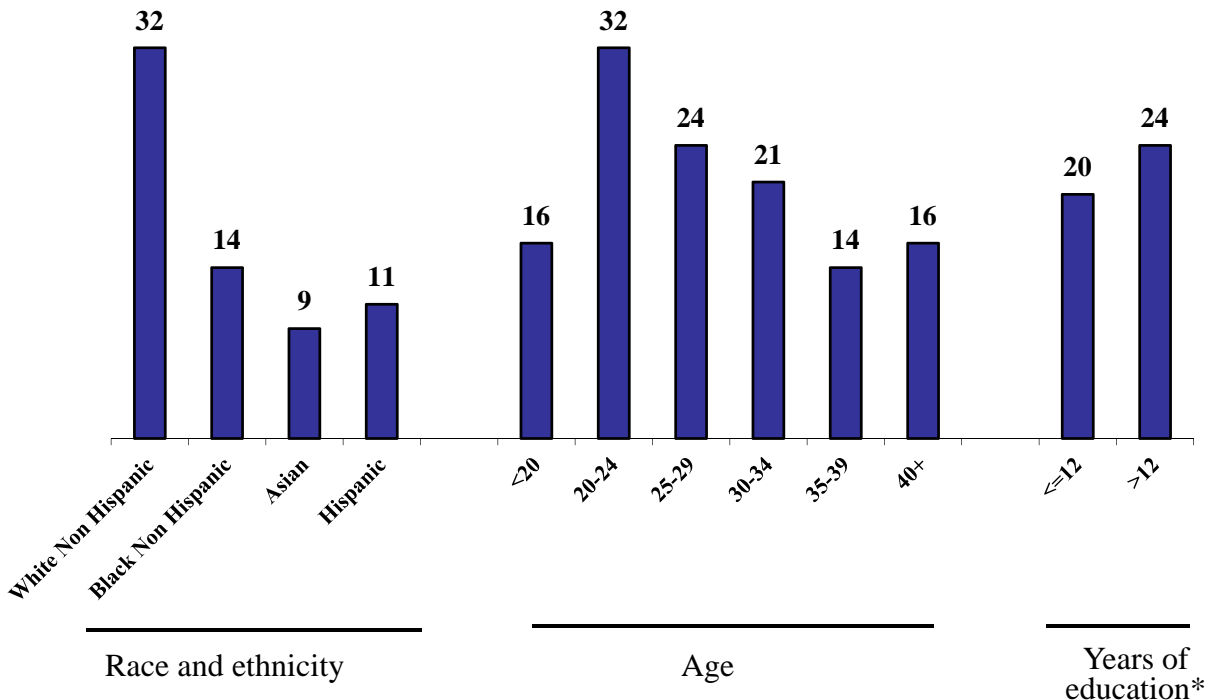
# ALCOHOL BINGES BEFORE PREGNANCY

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

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



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

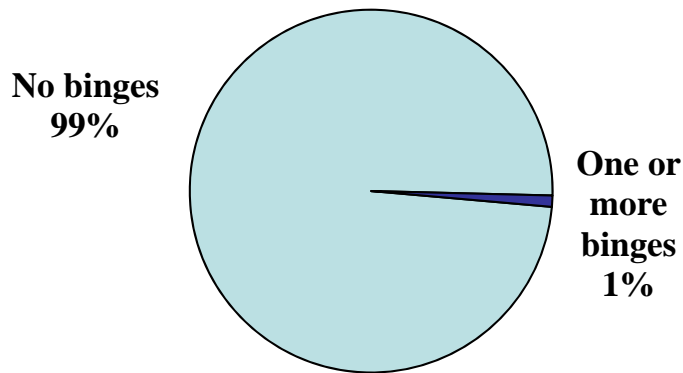




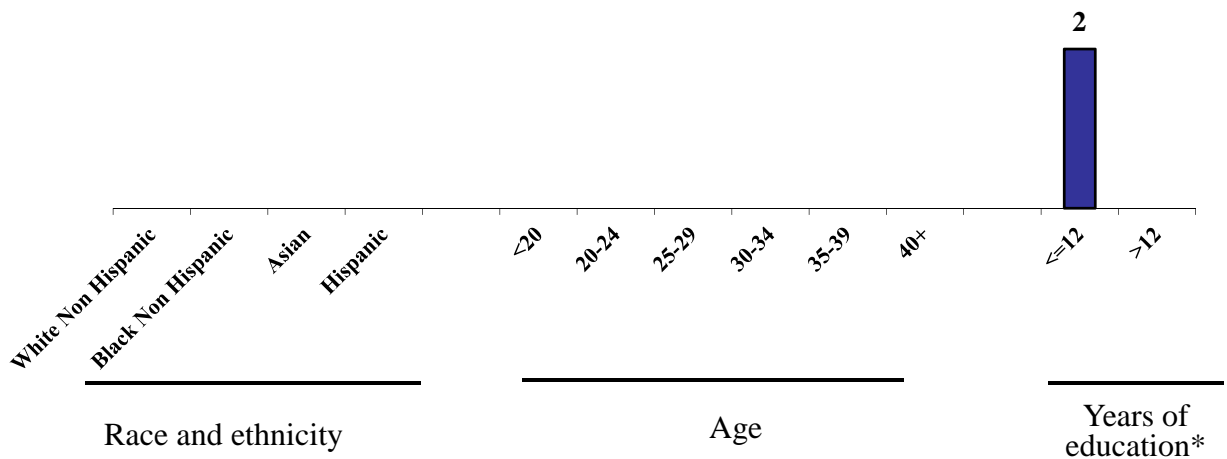
# ALCOHOL BINGES DURING PREGNANCY

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

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



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



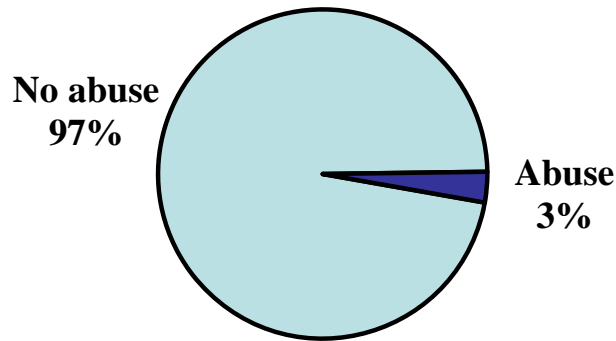
\*Includes only mothers ages 20 and above.

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

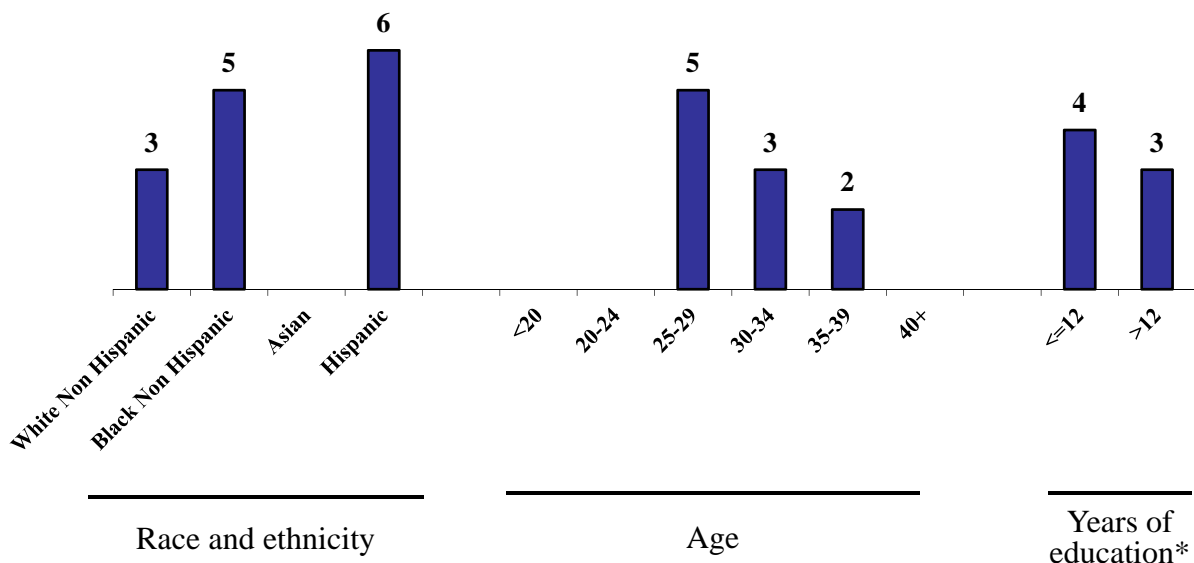
# PHYSICAL ABUSE BEFORE PREGNANCY

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

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



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



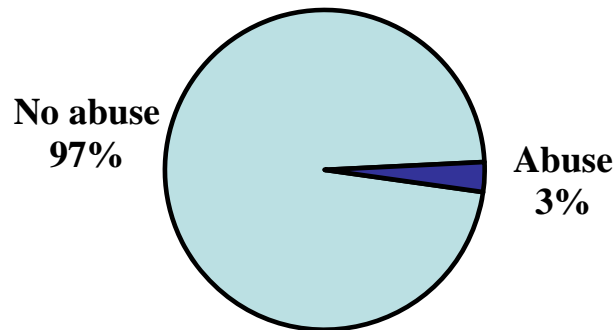
\*Includes only mothers ages 20 and above.

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

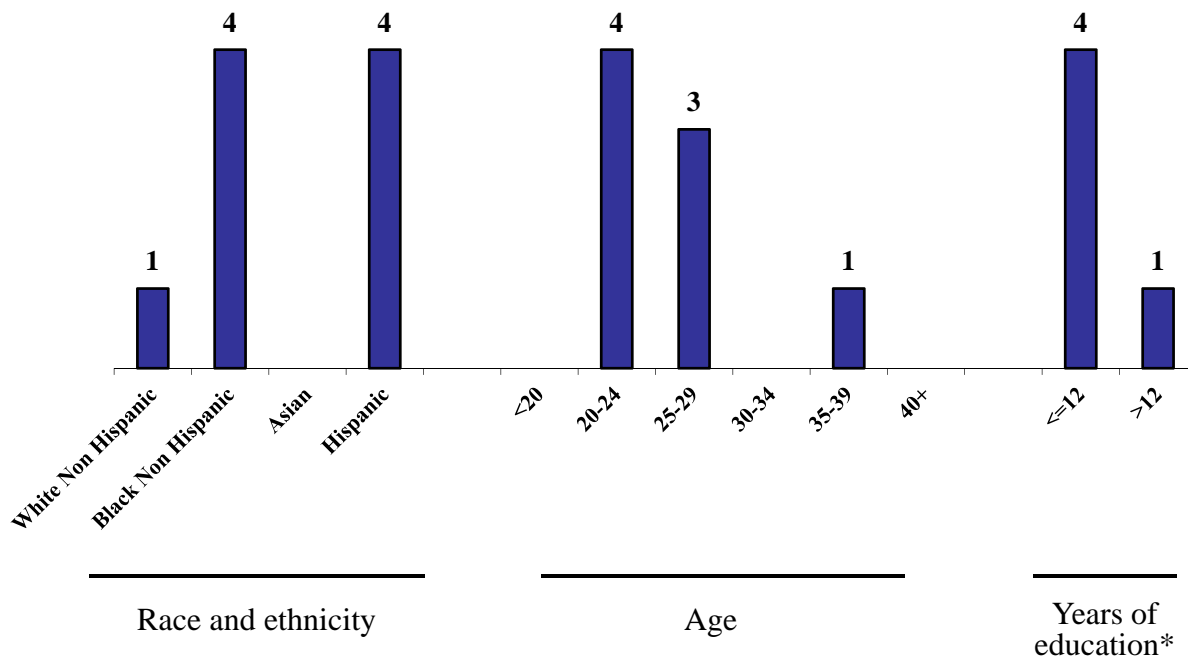
# PHYSICAL ABUSE DURING PREGNANCY

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

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



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



\*Includes only mothers ages 20 and above.

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



# Postpartum Factors

Maternal and Infant Health



*“I think facilities (stores, restaurants, etc.) should have designated areas to nurse their babies. This reduces the need for ‘shy’ mothers, such as myself, to formula feed because they don’t want to nurse in public.”*

*“She always sleeps with me, but she has her crib. I lay her in her crib every once in awhile.”*

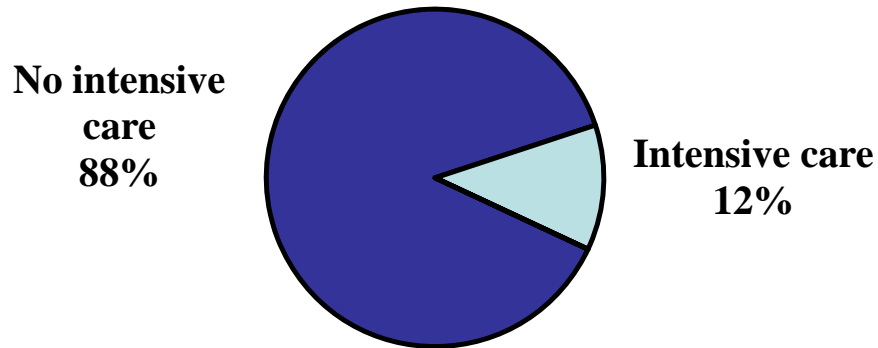
*“If you feel depressed, say something!”*

PRAMS mothers

# NEONATAL INTENSIVE CARE

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

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



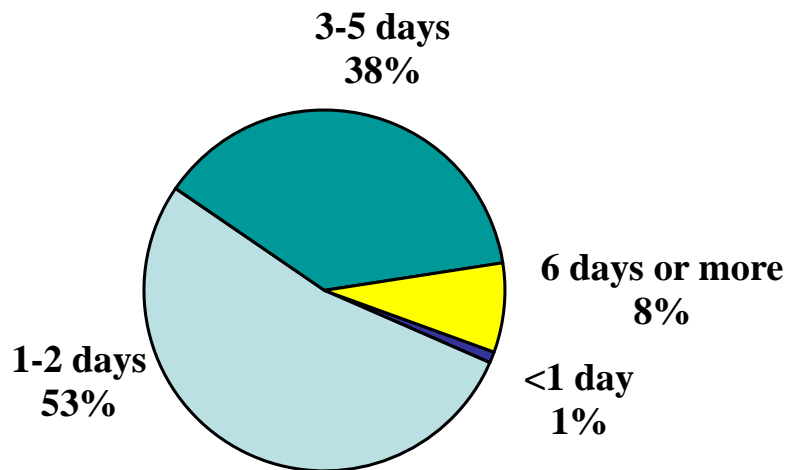
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# LENGTH OF HOSPITAL STAY--NEWBORN

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

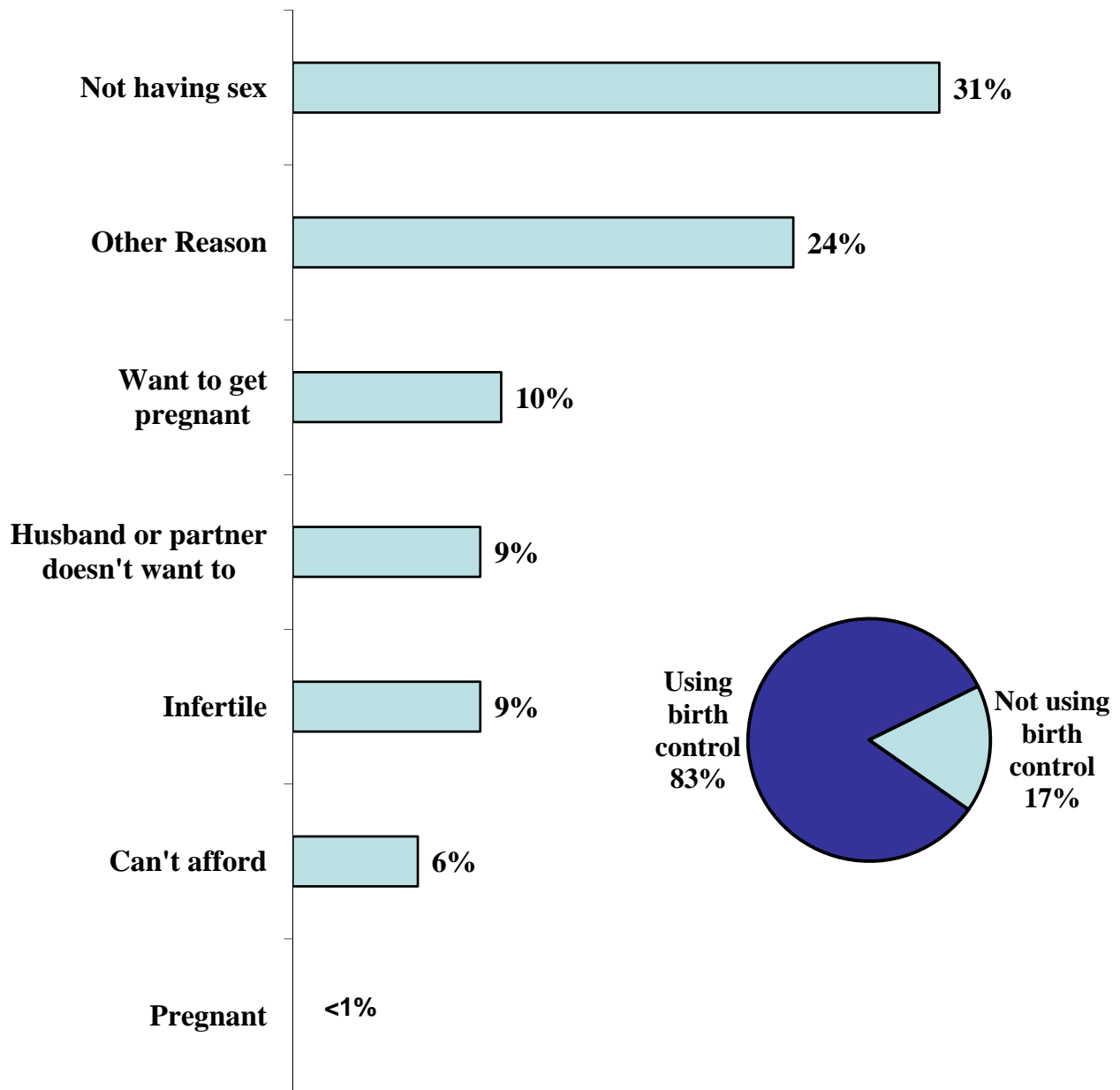
## Distribution of Infants by Length of Hospital Stay



# REASONS FOR NO POSTPARTUM BIRTH CONTROL

Question 62: What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check all that apply.

## Reasons Reported for Not Using Postpartum Birth Control

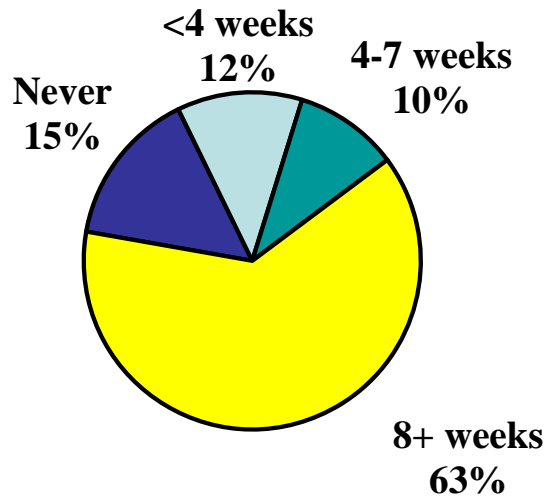




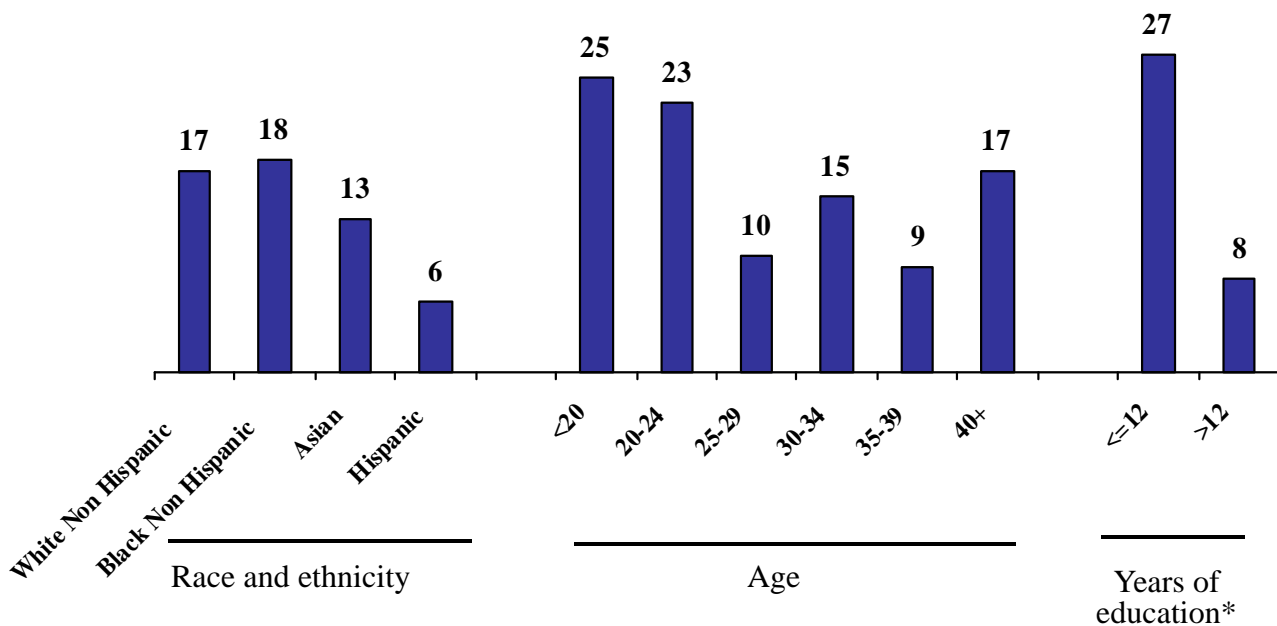
# BREASTFEEDING

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

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



## Percentage of Mothers Who Reported Never Breastfeeding

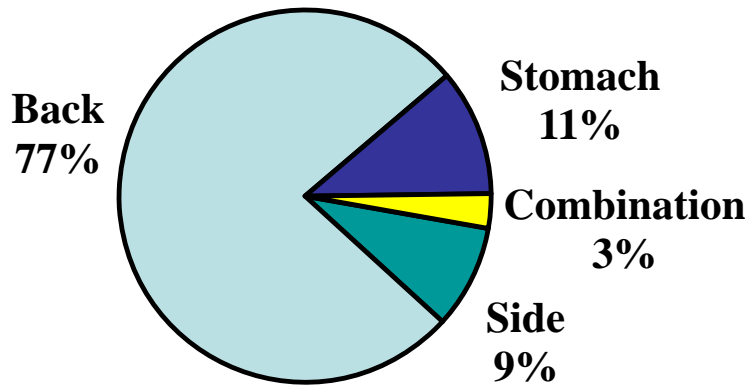


\*Includes only mothers ages 20 and above.

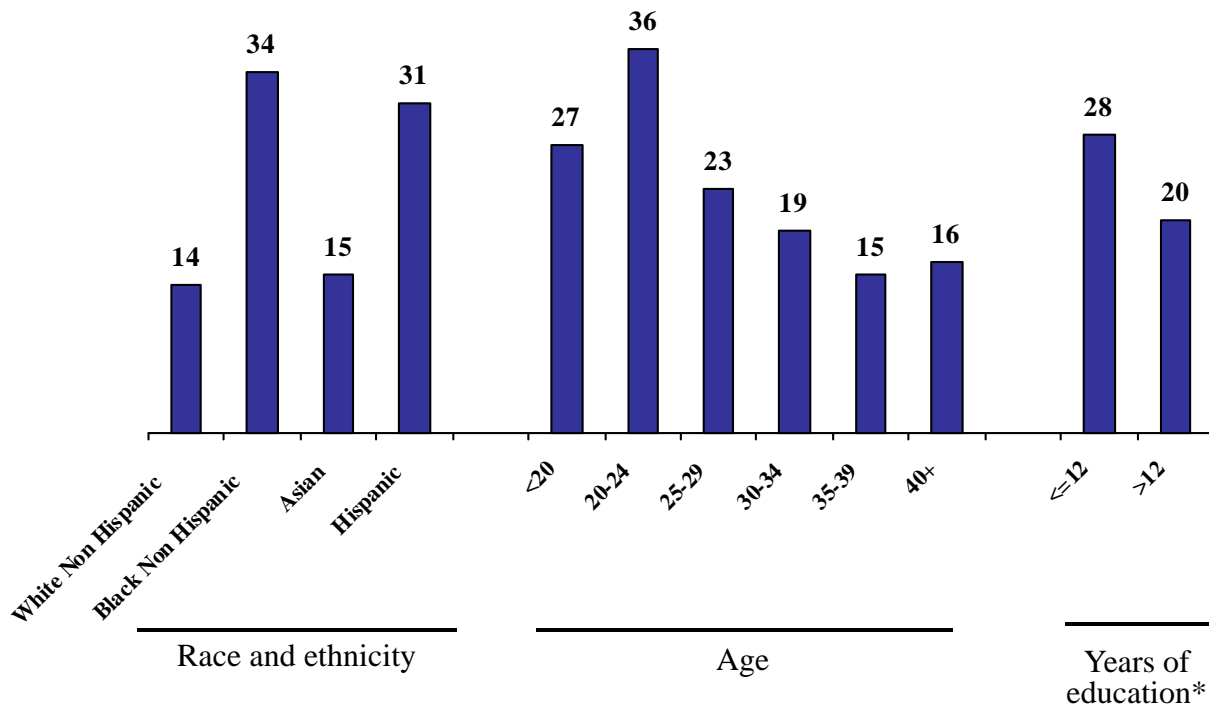
# SLEEP POSITION

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

## Distribution of Infants by Sleep Position



## Percentage of Infants Not Placed on Back to Sleep

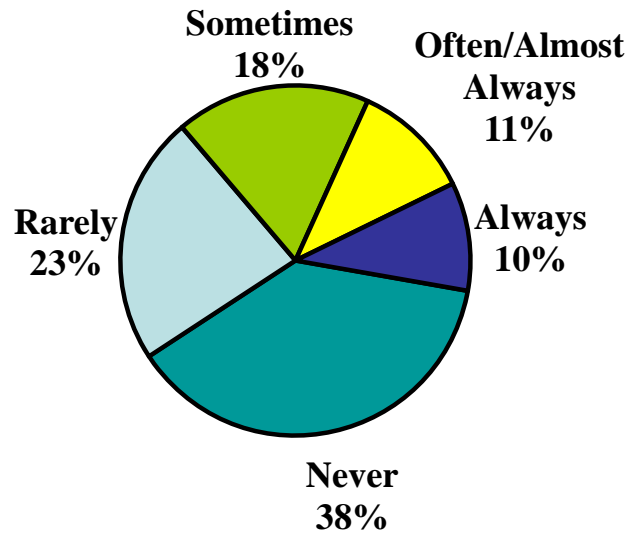


\*Includes only mothers ages 20 and above.

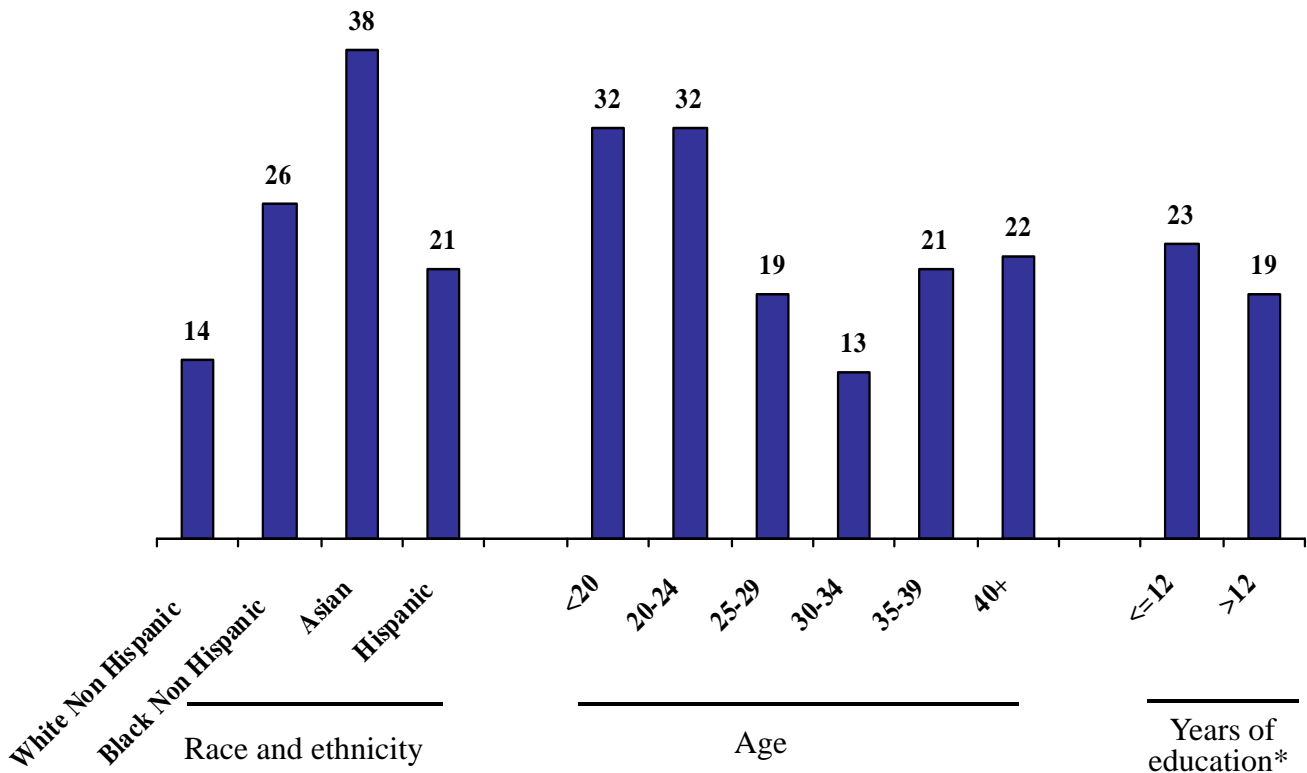
# CO-SLEEPING

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

## Distribution of Infant Co-Sleeping



## Percentage of Infants Co-Sleeping Often or Always

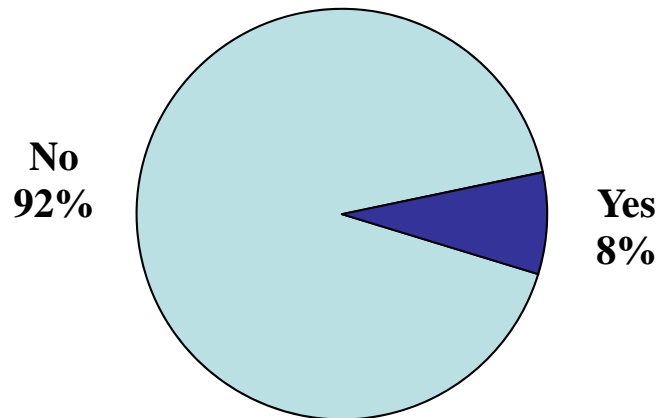


\*Includes only mothers ages 20 and above.

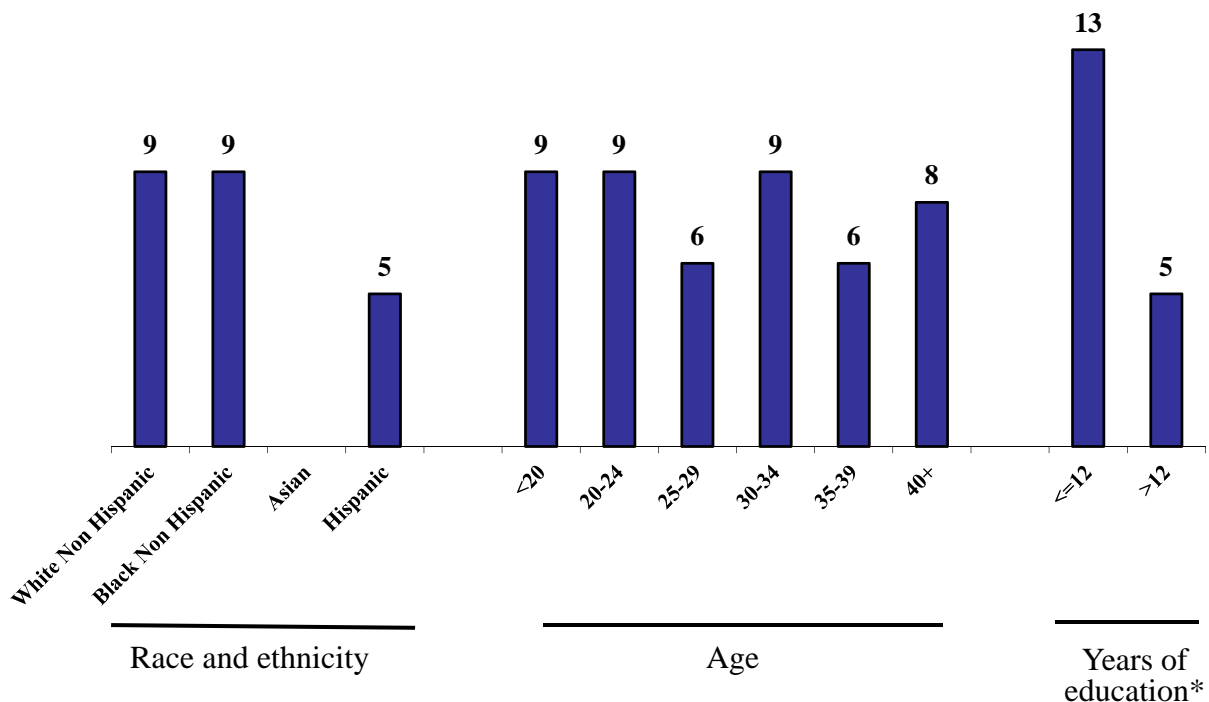
# POSTPARTUM DEPRESSION DIAGNOSED

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

## Distribution of Mothers by Diagnosis of Postpartum Depression



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



# Maryland PRAMS

## Phase 6 Questionnaire



*“Keep the survey going because we’ll have more  
healthy babies and pregnant women.”*

PRAMS mother

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

**BEFORE PREGNANCY**

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

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

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

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

Check all that apply

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

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

- I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- 1 to 3 times a week
- 4 to 6 times a week
- Every day of the week

Go to Page 2, Question 5

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

Check all that apply

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

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

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

6. *How tall are you without shoes?*

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

7. *What is your date of birth?*

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

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

No → **Go to Question 10**

Yes

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

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



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

- No
- Yes

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

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

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

- No —————> Go to Question 15
- Yes

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

- No
- Yes

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

- No
- Yes

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

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

Check one answer

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

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

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

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

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

Go to Page 4, Question 18

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

Check all that apply

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

\_\_\_\_\_

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

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

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

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

**Go to Question 20**

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

Check all that apply

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

## DURING PREGNANCY

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

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

Weeks **OR**  Months

I don't remember

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

Weeks **OR**  Months

I didn't go for prenatal care

Go to Question 24

Go to Question 23

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

- No  
 Yes

Go to Page 6, Question 25

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

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

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

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

**Check all that apply**

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

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

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

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

- No
- Yes
- I don't know

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

- No
- Yes

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

- No
- Yes

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

- No
- Yes

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

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

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

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

- No
- Yes

Go to Question 36

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

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

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

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

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

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

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

Check one answer

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

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

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

- No
- Yes

Go to Question 40

Go to Question 38a

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

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

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

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

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

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

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

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

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

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

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

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

- I didn't have my baby in a hospital

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

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

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

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

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

**Check all that apply**

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

**48. When were you discharged from the hospital after your baby was born?**

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

- I didn't have my baby in a hospital



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

Check all that apply

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

\_\_\_\_\_

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

**AFTER PREGNANCY**

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

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

- No
- Yes
- I don't know

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

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 to 5 days
- 6 to 14 days
- More than 14 days
- My baby was not born in a hospital
- My baby is still in the hospital —>

**Go to Page 12, Question 54**

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

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

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

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

**Go to Page 12, Question 54**

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

No —————→ **Go to Question 57b**

Yes

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

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

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

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

Less than 1 week

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

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

My baby was less than 1 week old

My baby has not had any liquids other than breast milk

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

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

My baby was less than 1 week old

My baby has not eaten any foods

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

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

**Check one answer**

- On his or her side
- On his or her back
- On his or her stomach

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- No
- Yes

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

- No
- Yes —————→

**Go to Question 63**

**Go to Question 62**

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

Check all that apply

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

\_\_\_\_\_

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

1            2            3            4            5  
Never    Rarely    Sometimes    Often    Always

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

### OTHER EXPERIENCES

The next questions are on a variety of topics.

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

- No
- Yes

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

- No
- Yes

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

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

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

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

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

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

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

- No —————> **Go to Question 71**

Yes

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

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

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

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

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

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

\_\_\_\_\_ People

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

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

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

*Thanks for answering our questions!*

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

**These next questions are about the flu shot.**

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

- No  
 Yes

**F2. Since August 1, 2010, did you get a flu shot?**

No → **Go to Question F6**  
 Yes ↙

**F3. Did you get this flu shot during or after your most recent pregnancy?**

- During my pregnancy  
 After I delivered my baby

**F4. During what month and year did you get the flu shot?**

- August 2010  
 September 2010  
 October 2010  
 November 2010  
 December 2010  
 January 2011  
 February 2011  
 March 2011  
 April 2011  
 May 2011  
 June 2011

I don't remember

**F5. Where did you get your flu shot?**

Check one answer

- My obstetrician or gynecologist's office  
 My family doctor or other doctor's office  
 A health department or community clinic  
 A hospital  
 A pharmacy, drug store or grocery store  
 My work place or school  
 Other → Please tell us:

**If you got a flu shot, go to Question F7.**

**F6. What were your reasons for not getting a flu shot since August 1, 2010?** For each reason, check **No** if it was not a reason for you, or check **Yes** if it was.

- |  |   |   |    |     |
|--|---|---|----|-----|
| a. My doctor didn't mention anything about getting a flu shot..... | N | Y | No | Yes |
| b. I was worried about side effects of the flu shot for me.....    | N | Y | N  | Y   |
| c. I was worried that the flu shot might harm my baby.....         | N | Y | N  | Y   |
| d. I was not worried about getting sick with the flu.....          | N | Y | N  | Y   |
| e. I do not think the flu shot works.....                          | N | Y | N  | Y   |
| f. I don't normally get a flu shot.....                            | N | Y | N  | Y   |
| g. Other reason.....   | N | Y | N  | Y   |
- Please tell us:

**The last questions are about flu illness.**

**F7. At any time during your most recent pregnancy, were you sick with a fever?**

- No  
 Yes

**F8. At any time during your most recent pregnancy, did a doctor, nurse or other health care worker tell you that you had the flu?**

No → **Survey complete**  
 Yes ↙

**F9. Were you hospitalized for the flu during your most recent pregnancy?**

- No  
 Yes

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



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