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

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 7

5. **Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?**
   - No
   - Yes

6. **Was the baby *just before* your new one born earlier than 3 weeks before his or her due date?**
   - No
   - Yes

---

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

7. **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, check No if you did not do it or Yes if you did it.

   a. I was dieting (changing my eating habits) to lose weight......................
   - No
   - Yes

   b. I was exercising 3 or more days of the week..........................
   - No
   - Yes

   c. I was regularly taking prescription medicines other than birth control ..
   - No
   - Yes

   d. I visited a health care worker and was checked for diabetes..................
   - No
   - Yes

   e. I visited a health care worker and was checked for high blood pressure ....
   - No
   - Yes

   f. I visited a health care worker and was checked for depression or anxiety ....
   - No
   - Yes

   g. I talked to a health care worker about my family medical history.......
   - No
   - Yes

   h. I had my teeth cleaned by a dentist or dental hygienist ....................
   - No
   - Yes
8. During the month before you got pregnant with your new baby, what kind of health insurance did you have?  

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid or LaMoms
- SCHIP or LaCHIP
- TRICARE or other military health care
- Some other kind of health insurance
- I did not have any health insurance during the month before I got pregnant

9. 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

10. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

- No
- Yes

11. 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, check No if no one talked with you about it or Yes if someone talked with you about it.

- Taking vitamins with folic acid before pregnancy
- Being a healthy weight before pregnancy
- Getting my vaccines updated before pregnancy
- Visiting a dentist or dental hygienist before pregnancy
- Getting counseling for any genetic diseases that run in my family
- Controlling any medical conditions such as diabetes and high blood pressure
- Getting counseling or treatment for depression or anxiety
- The safety of using prescription or over-the-counter medicines during pregnancy
- How smoking during pregnancy can affect a baby
- How drinking alcohol during pregnancy can affect a baby
- How using illegal drugs during pregnancy can affect a baby
12. **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

- Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)...
- High blood pressure or hypertension....
- Depression

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

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

- 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

14. How much longer did you want to wait to become pregnant?

- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to 5 years
- More than 5 years

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

- No
- Yes **Go to Page 4, Question 18**

16. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes **Go to Page 4, Question 18**

17. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?

- 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
- I forgot to use a birth control method
- Other **Go to Page 4, Question 18**

- Please tell us:
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.)

18. 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

19. 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 21

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

☐ No  
☐ Yes

Go to Question 22

21. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. I had too many other things going on.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid or LaMoms card.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Question 26.

22. Where did you go most of the time for your prenatal care visits? Do not include visits for WIC.

☐ Hospital clinic
☐ Health department clinic
☐ Private doctor’s office
☐ Community health clinic
☐ Other  

Please tell us:

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

   **Check ALL that apply**
   
   - Private health insurance from my job or the job of my husband, partner, or parents
   - Private health insurance purchased directly from an insurance company
   - Medicaid or LaMoms
   - SCHIP or LaCHIP
   - TRICARE or other military health care
   - Some other kind of health insurance
     
     Please tell us:
     
     - [ ] I did not have any health insurance to pay for my prenatal care

24. **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, check **No** if no one talked with you about it or **Yes** if someone did.

   a. How much weight I should gain during my pregnancy
   b. How smoking during pregnancy could affect my baby
   c. Breastfeeding my baby
   d. How drinking alcohol during pregnancy could affect my baby
   e. Using a seat belt during my pregnancy
   f. Medicines that are safe to take during my pregnancy
   g. How using illegal drugs could affect my baby
   h. Doing tests to screen for birth defects or diseases that run in my family
   i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)
   j. Getting tested for HIV (the virus that causes AIDS)
   k. What to do if I feel depressed during my pregnancy or after my baby is born
   l. Physical abuse to women by their husbands or partners
25. How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, check No if you were not satisfied or Yes if you were satisfied.

Were you satisfied with—

- The amount of time you had to wait after you arrived for your visits
- The amount of time the doctor, nurse, or midwife spent with you during your visits
- The advice you got on how to take care of yourself
- The understanding and respect that the staff showed toward you as a person

26. 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

27. 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

28. 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

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

- Month
- Year

30. This question is about the care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.

- I knew it was important to care for my teeth and gums during my pregnancy
- A dental or other health care worker talked with me about how to care for my teeth and gums
- I had my teeth cleaned by a dentist or dental hygienist
- I had insurance to cover dental care during my pregnancy
- I needed to see a dentist for a problem
- I went to a dentist or dental clinic about a problem

31. During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

- No
- Yes
32. During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.

- No
- Yes

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

- No  Go to Question 35
- Yes

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

- No
- Yes

35. 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

36. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots of a medicine called Progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone)?

- No
- Yes
- I don’t know

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

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

- No  Go to Page 8, Question 41
- Yes

38. 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

39. 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

40. 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
41. Which of the following statements best describes the rules about smoking inside your home now, even if no one who lives in your home is a smoker?  

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

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

42. 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 45

43. 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

44. 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

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.

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

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>c. I moved to a new address</td>
<td>[ ]</td>
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<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter</td>
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<tr>
<td>e. My husband or partner lost his job</td>
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<tr>
<td>f. I lost my job even though I wanted to go on working</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>n. Someone very close to me died</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
46. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?

☐ No
☐ Yes

47. 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

48. 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.

49. When was your new baby born?

Month / Day / 20

Year

50. By the end of your most recent pregnancy, how much weight had you gained?

☐ I gained ___ pounds
☐ I didn’t gain any weight, but I lost ___ pounds
☐ My weight didn’t change during my pregnancy
☐ I don’t know

51. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

☐ No
☐ Yes
☐ I don’t know

52. 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 10, Question 55

53. Is your baby alive now?

☐ No
☐ Yes

We are very sorry for your loss.

Go to Page 11, Question 65

Go to Page 10, Question 54
54. Is your baby living with you now?

☐ No  ➔ Go to Question 64

☐ Yes

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

☐ No  ➔ Go to Question 57

☐ Yes

56. What were your reasons for not breastfeeding your new baby?

☐ I was sick or on medicine
☐ I had other children to take care of
☐ I had too many household duties
☐ I didn’t like breastfeeding
☐ I tried but it was too hard
☐ I didn’t want to
☐ I went back to work or school
☐ Other ➔ Please tell us: ________________________________________________

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

☐ No  ➔ Go to Question 59

☐ Yes

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

☐ Less than 1 week

☐ Weeks OR Months

59. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did happen.

a. Hospital staff gave me information about breastfeeding..........................☐ ☐

b. My baby stayed in the same room with me at the hospital..........................☐ ☐

c. Hospital staff helped me learn how to breastfeed...........................................☐ ☐

d. I breastfed in the first hour after my baby was born...........................................☐ ☐

e. I breastfed my baby in the hospital.................................................................☐ ☐

f. My baby was fed only breast milk at the hospital...............................................☐ ☐

g. Hospital staff told me to breastfeed whenever my baby wanted..........................☐ ☐

h. The hospital gave me a breast pump to use.......................................................☐ ☐

i. The hospital gave me a gift pack with formula.....................................................☐ ☐

j. The hospital gave me a telephone number to call for help with breastfeeding..................☐ ☐

k. Hospital staff gave my baby a pacifier ............................................................☐ ☐

60. 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)?

☐ My baby was less than 1 week old
☐ My baby has not had any liquids other than breast milk

In weeks OR months

☐ Less than 1 week
If your baby is still in the hospital, go to Question 64.

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

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

Check ONE answer

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

63. Listed below are some things that describe how your new baby usually sleeps. For each item, check No if it doesn’t usually apply to your baby or Yes if it usually applies to your baby.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My new baby sleeps in a crib or portable crib</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. My new baby sleeps on a firm or hard mattress</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>c. My new baby sleeps with pillows</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. My new baby sleeps with bumper pads</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>e. My new baby sleeps with plush or thick blankets</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>f. My new baby sleeps with stuffed toys</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>g. My new baby sleeps with an infant positioner</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>h. My new baby sleeps with me or another person</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

64. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- [ ] No
- [ ] Yes

65. 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 using birth control pills, condoms, withdrawal, or natural family planning.

- [ ] No
- [ ] Yes → Go to Page 12, Question 67

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

- [ ] I am not having sex
- [ ] I want to get pregnant
- [ ] I don’t want to use birth control
- [ ] I am worried about side effects from birth control
- [ ] My husband or partner doesn’t want to use anything
- [ ] I have problems getting birth control when I need it
- [ ] I had my tubes tied or blocked
- [ ] My husband or partner had a vasectomy
- [ ] I am pregnant now
- [ ] Other → Please tell us: ________________________________
67. **What kind of birth control are you or your husband or partner using now to keep from getting pregnant?**

- [ ] Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- [ ] Vasectomy (male sterilization)
- [ ] Birth control pill
- [ ] Condoms
- [ ] Injection (Depo-Provera®)
- [ ] Contraceptive implant (Implanon®)
- [ ] Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- [ ] IUD (including Mirena® or ParaGard®)
- [ ] Natural family planning (including rhythm method)
- [ ] Withdrawal (pulling out)
- [ ] Not having sex (abstinence)
- [ ] Other Please tell us:

68. **Since your new baby was born, have you had a postpartum checkup for yourself?**

- [ ] No
- [ ] Yes

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

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

- [ ] Always
- [ ] Often
- [ ] Sometimes
- [ ] Rarely
- [ ] Never

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

- [ ] Private health insurance from my job or the job of my husband, partner, or parents
- [ ] Private health insurance purchased directly from an insurance company
- [ ] Medicaid or LaMoms
- [ ] SCHIP or LaCHIP
- [ ] TRICARE or other military health care
- [ ] Some other kind of health insurance Please tell us:

- [ ] I do not have health insurance now
OTHER EXPERIENCES

The next questions are on a variety of topics.

72. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to use the calendar.)

No Yes

a. I felt that my race or ethnic background contributed to the stress in my life.................................

b. I felt emotionally upset (for example, angry, sad, or frustrated) as a result of how I was treated based on my race or ethnic background...................

c. I experienced physical symptoms (for example, a headache, an upset stomach, or a pounding heart) that I felt were related to how I was treated based on my race or ethnic background.............

73. Before your new baby was born, did any of the following things happen?

Check ALL that apply

- Someone answered my questions about breastfeeding
- I was offered a class on breastfeeding
- I attended a class on breastfeeding
- I decided or planned to feed only breast milk to my baby
- I discussed feeding only breast milk to my baby with my family
- I discussed feeding only breast milk to my baby with my health care worker
- I planned to breastfeed within the first hour after giving birth

74. Before you got pregnant with your new baby, did you know about any local community organizations with services for pregnant women?

- No
- Yes

75. During your most recent pregnancy, did you receive any of the following services? For each one, check No if you did not receive the service or Yes if you did.

No Yes

a. Counseling or a support group for depression........................................

b. A class or support group to help stop smoking cigarettes......................

c. Help to reduce violence in your home ...............................................

76. When you got pregnant, what relationship did you have with your new baby’s father?

- He was my husband (legally married)
- He was my partner (not legally married)
- He was my boyfriend
- He was a friend
- Other Please tell us:

77. During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)?

- No
- Yes
78. At any time during your most recent pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

☐ No
☐ Yes

79. During your most recent pregnancy, how satisfied were you with the overall quality of prenatal care that you received at the clinic, or doctor’s office where you got most of your care?

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied
☐ I did not receive prenatal care

80. How satisfied were you with your overall birthing experience at the hospital or birthing center where you delivered your new baby?

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied
☐ My baby was not born in a hospital or birthing center

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

☐ No ➔ Go to Question 85
☐ Yes

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

☐ No ➔ Go to Question 85
☐ No, but I will be returning
☐ Yes

83. Which of the following describes the leave or time you took off from work after your new baby was born?

☐ I took paid leave from my job
☐ I took unpaid leave from my job
☐ I did not take leave

Check ALL that apply

84. 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 ........................................... ☐ ☐
b. I was afraid I’d lose my job if I took leave or stayed out longer .......... ☐ ☐
c. I had too much work to do to take leave or stay out longer ............. ☐ ☐
d. My job does not have paid leave ........................................... ☐ ☐
e. My job does not offer a flexible work schedule .................................. ☐ ☐
f. I had not built up enough leave time to take any or more time off........... ☐ ☐
The last questions are about the time during the 12 months before your new baby was born.

85. 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 $15,000
☐ $15,001 to $19,000
☐ $19,001 to $22,000
☐ $22,001 to $26,000
☐ $26,001 to $29,000
☐ $29,001 to $37,000
☐ $37,001 to $44,000
☐ $44,001 to $52,000
☐ $52,001 to $56,000
☐ $56,001 to $67,000
☐ $67,001 to $79,000
☐ $79,001 or more

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

People

87. What is today’s date?

Month / Day / Year

20
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 Louisiana.

Thanks for answering our questions!

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