

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.

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

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

Check ALL that apply

- Private health insurance from my job or the job of my husband, 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 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 → **Go to Question 12**
- Yes

Go to Question 11

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.

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

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.

No Yes

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

Check ONE answer

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

Go to
Question 15

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?

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
- I forgot to use a birth control method
- Other → Please tell us:

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.)

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

Go to Question 21

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.

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

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.

Check ONE answer

- 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.

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

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—

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. The amount of time you had to wait after you arrived for your visits | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The amount of time the doctor, nurse, or midwife spent with you during your visits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The advice you got on how to take care of yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The understanding and respect that the staff showed toward you as a person..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 → Go to Question 30
- Yes, before my pregnancy
- Yes, during my pregnancy

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

/ 20

Month Year

I don't remember

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.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked with me about how to care for my teeth and gums | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had my teeth cleaned by a dentist or dental hygienist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I had insurance to cover dental care during my pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

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?

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 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 → Go to Question 45

Yes

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.)

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go into the hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost his job | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My husband, partner, or I had a cut in work hours or pay | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said he didn't want me to be pregnant | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died | <input type="checkbox"/> | <input type="checkbox"/> |

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?

/ / 20

Month

Day

Year

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

Check ONE answer
and fill in blank if needed

- 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

AFTER PREGNANCY

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

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 → We are very sorry for your loss.
 Yes → 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
 Yes → **Go to Question 57**

56. What were your reasons for not breastfeeding your new baby?
Check ALL that apply

- 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:

If you did not breastfeed your new baby, go to Question 61.

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

No
 Yes → **Go to Question 59**

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

_____ Weeks **OR** _____ Months

Less than 1 week

If your baby was not born in a hospital, go to Question 60.

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.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. Hospital staff gave me information about breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My baby stayed in the same room with me at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Hospital staff helped me learn how to breastfeed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I breastfed in the first hour after my baby was born..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I breastfed my baby in the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My baby was fed only breast milk at the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hospital staff told me to breastfeed whenever my baby wanted..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The hospital gave me a breast pump to use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The hospital gave me a gift pack with formula..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The hospital gave me a telephone number to call for help with breastfeeding..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hospital staff gave my baby a pacifier..... | <input type="checkbox"/> | <input type="checkbox"/> |

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)?

_____ Weeks **OR** _____ Months

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

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?

Check ONE answer

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

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.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. My new baby sleeps in a crib or portable crib..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My new baby sleeps on a firm or hard mattress..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My new baby sleeps with pillows..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My new baby sleeps with bumper pads..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My new baby sleeps with plush or thick blankets..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. My new baby sleeps with stuffed toys..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. My new baby sleeps with an infant positioner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My new baby sleeps with me or another person..... | <input type="checkbox"/> | <input type="checkbox"/> |

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*?

Check ALL that apply

- 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:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 68.

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

Check ALL that apply

- Tubes tied or blocked (female sterilization, 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?* A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- 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*?

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 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 received the service.

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?

Check ONE answer

- 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?

Check ONE answer

- 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?

Check ALL that apply

- I took *paid* leave from my job
 I took *unpaid* leave from my job
 I did not take leave

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was afraid I’d lose my job if I took leave or stayed out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had too much work to do to take leave or stay out longer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My job does not have paid leave | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My job does not offer a flexible work schedule | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I had not built up enough leave time to take any or more time off | <input type="checkbox"/> | <input type="checkbox"/> |

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

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?

/ / 20

Month Day Year

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

Thanks for answering our questions!

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