

40. How was your delivery paid for?

Check all that apply

- Oregon Health Plan or Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Indian Health Service
- Other —————> Please tell us:

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

41. What is today's date?

 Month Day Year

42. Is your baby alive now?

- No
- Yes —————> **Go to Question 44**

43. When did your baby die?

 Month Day Year

Go to Page 10, Question 58

44. Is your baby living with you now?

- No —————> **Go to Page 10, Question 58**
- Yes

45. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No —————> **Go to Question 50**
- Yes

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

- No
- Yes —————> **Go to Question 49**

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

Weeks OR Months
 Less than 1 week

48. What were your reasons for stopping breastfeeding? Check all that apply

- My baby had difficulty nursing
- Breast milk alone did not satisfy my baby
- I thought my baby was not gaining enough weight
- My baby became sick and could not breastfeed
- My nipples were sore, cracked, or bleeding
- I thought I was not producing enough milk
- I had too many other household duties
- I felt it was the right time to stop breastfeeding
- I became sick and could not breastfeed
- I went back to work or school
- My husband or partner wanted me to stop breastfeeding
- I wanted or needed someone else to feed the baby
- Other —————> Please tell us:

49. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

Weeks OR Months
 My baby was less than one week old
 I have not fed my baby anything besides breast milk

If your baby was not born in a hospital, go to Page 10, Question 51.

50. This question asks about things that may have happened at the hospital where your new baby was born. For each item, circle Y (Yes) if it happened or circle N (No) if it did not happen.

	No	Yes
a. Hospital staff gave me information about breastfeeding . . .	N	Y
b. My baby stayed in the same room with me at the hospital . . .	N	Y
c. I breastfed my baby in the hospital	N	Y
d. I breastfed my baby in the first hour after my baby was born . . .	N	Y
e. Hospital staff helped me learn how to breastfeed	N	Y
f. My baby was fed only breast milk at the hospital	N	Y
g. Hospital staff told me to breastfeed whenever my baby wanted	N	Y
h. The hospital gave me a gift pack with formula	N	Y
i. The hospital gave me a telephone number to call for help with breastfeeding	N	Y
j. My baby used a pacifier in the hospital	N	Y

If your baby is still in the hospital, go to Page 10, Question 58.

51. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours

- Less than one hour a day
 My baby is never in the same room with someone who is smoking

52. How 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

53. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

- No —————→ Go to Question 55
 Yes

54. Was your new baby seen at home or at a health care facility?

- At home
 At a doctor's office, clinic, or other health care facility

55. Has your baby had a well-baby checkup?

- No —————→ Go to Question 58
 Yes

56. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

_____ Times

57. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office or HMO clinic
 Other —————→ Please tell us:

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

58. Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
 Yes —————→ Go to Question 60

32. a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?

- No
 Yes

33. a. 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

b. During your most recent pregnancy, did anyone else physically hurt you in any 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.)

34. When was your baby due?

_____ / _____ / _____
 Month Day Year

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

_____ / _____ / _____
 Month Day Year

- I didn't have my baby in a hospital

36. When was your baby born?

_____ / _____ / _____
 Month Day Year

37. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

_____ / _____ / _____
 Month Day Year

- I didn't have my baby in a hospital

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

- No
 Yes
 I don't know

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

- Less than 24 hours (Less than 1 day)
 24–48 hours (1–2 days)
 3 days
 4 days
 5 days
 6 days or more
 My baby was not born in a hospital
 My baby is still in the hospital

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

- I didn't drink then
Less than 1 drink a week
1 to 3 drinks a week
4 to 6 drinks a week
7 to 13 drinks a week
14 drinks or more a week
I don't know

b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- Times
I didn't drink then
I don't know

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

- I didn't drink then
Less than 1 drink a week
1 to 3 drinks a week
4 to 6 drinks a week
7 to 13 drinks a week
14 drinks or more a week
I don't know

b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- Times
I didn't drink then
I don't know

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

31. 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 use the calendar.)

Table with 2 columns: No, Yes. Rows a-m describing various life events like family member sick, separation, moving, homelessness, job loss, arguments, pregnancy issues, bills, fights, jail, drinking, and death.

59. What are your 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:

The next questions are about your family and the place where you live.

60. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
Separate dining room
Kitchen
Bathroom(s)
Recreation room, den, or family room
Finished basement
Bedrooms -> How many? _____

61. Counting yourself, how many people live in your house, apartment, or trailer?

Adults (people aged 18 years or older)
Babies, children, or teenagers (people aged 17 years or younger)

62. What were the sources of your household's income during the past 12 months?

Check all that apply

- Paycheck or money from a job
Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income
Unemployment benefits
Child support or alimony
Social security, workers' compensation, veteran benefits, or pensions
Money from a business, fees, dividends, or rental income
Money from family or friends
Other -> Please tell us:

Please answer the next two questions about family income before you got pregnant. It will help us see how income affects the health of mothers, babies, and families. All information will be kept private.

63. Before you got pregnant with your new baby, what was your monthly family income (before deductions and taxes)? Include ANY income or money you can use. All information will be kept private.

- \$719 or below
\$720-\$969
\$970-\$1,219
\$1,220-\$1,319
\$1,320-\$1,789
\$1,790-\$2,259
\$2,260-\$2,719
\$2,720-\$3,189
\$3,190-\$3,649
\$3,650-\$4,119
\$4,120 and above

64. How many people, including yourself, depended on this income?

____ People

The remaining questions are on a variety of topics of importance to programs for Oregon mothers and babies. Remember that your answers should be about your most recent pregnancy with your new baby.

65. Before you got pregnant with your new baby, had you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

66. Before you got pregnant with your new baby, did you know there was free or low cost birth control at health departments and Planned Parenthood clinics?

- No
 Yes

67. Before you got pregnant with your new baby, had you ever heard or read about emergency birth control (the "morning-after pill")? This special combination of regular birth control pills is used to prevent pregnancy up to three days after unprotected sex.

- No
 Yes

If you were *not* using birth control when you got pregnant with your new baby, go to Question 71.

68. When you got pregnant with your new baby, what kinds of birth control were you or your husband or partner using?

Check all that apply

- Pill
 Condoms
 Foam, jelly, cream
 Diaphragm
 Norplant®
 Shots (Depo-Provera®)
 Shots (Lunelle®)
 Withdrawal
 IUD (Intrauterine Device)
 Natural Family Planning (Rhythm)
 Other → Please tell us:

69. When you got pregnant with your new baby, would you have used a different birth control method if you had insurance that paid for it?

- No
 Yes

70. When you got pregnant with your new baby, where were you or your husband or partner getting your birth control method(s)?

Check all that apply

- A family planning clinic (for example, Planned Parenthood)
 A health department clinic
 A community health center
 A private gynecologist
 A general or family physician
 A drug store or other store
 Other → Please tell us:

- No place

23. Did you do any of the following things because of these problem(s)?

Check all that apply

- I went to the hospital or emergency room and stayed less than 1 day
 I went to the hospital and stayed 1 to 7 days
 I went to the hospital and stayed more than 7 days
 I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

24. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)

- No → Go to Question 28
 Yes

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

____ Cigarettes OR ____ Packs

- Less than 1 cigarette a day
 I didn't smoke
 I don't know

26. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

____ Cigarettes OR ____ Packs

- Less than 1 cigarette a day
 I didn't smoke
 I don't know

27. How many cigarettes or packs of cigarettes do you smoke on an average day now?

____ Cigarettes OR ____ Packs

- Less than 1 cigarette a day
 I don't smoke
 I don't know

28. 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 Page 6, Question 31
 Yes

20. 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.

- | | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect your baby | N | Y |
| b. Breastfeeding your baby | N | Y |
| c. How drinking alcohol during pregnancy could affect your baby . . | N | Y |
| d. Using a seat belt during your pregnancy | N | Y |
| e. Birth control methods to use after your pregnancy | N | Y |
| f. Medicines that are safe to take during your pregnancy | N | Y |
| g. How using illegal drugs could affect your baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in your family | N | Y |
| i. What to do if your labor starts early | N | Y |
| j. Getting your blood tested for HIV (the virus that causes AIDS) . | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No
 Yes

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

- | | No | Yes |
|--|----|-----|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) | N | Y |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) | N | Y |
| c. Vaginal bleeding | N | Y |
| d. Problems with the placenta (such as abruptio placentae, placenta previa) | N | Y |
| e. Severe nausea, vomiting, or dehydration | N | Y |
| f. High blood sugar (diabetes) | N | Y |
| g. Kidney or bladder (urinary tract) infection | N | Y |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) | N | Y |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . | N | Y |
| j. You were hurt in a car accident . . | N | Y |

If you did not have any of these problems, go to Question 24.

If you were using birth control when you got pregnant with your new baby, go to Question 72.

71. When you got pregnant with your new baby, would you have used a birth control method if you had insurance that paid for it?

- No
 Yes

72. This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or circle N (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I needed to see a dentist for a problem | N | Y |
| b. I went to a dentist or dental clinic | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

73. 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 (12–23 months)
 2 to less than 5 years (24–59 months)
 5 or more years (60 or more months)
 Never

If you did not go for prenatal care, go to Question 75.

74. During any of your prenatal care visits, did a doctor, nurse, or other health care worker offer you a blood test to see whether your baby had birth defects or diseases that run in your family?

- No
 Yes

75. During your most recent pregnancy, did you have a blood test for HIV (the virus that causes AIDS)?

- No
 Yes
 I don't know

76. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker ever advise you to quit smoking?

- Yes, during my prenatal care visits
 Yes, after my delivery
 Yes, both times
 No
 No, I didn't smoke at that time

If your baby is not alive or is not living with you, go to Page 14, Question 79.

77. During any of your prenatal care visits or after your most recent delivery, did a doctor, nurse, or other health care worker talk with you about how secondhand smoke could affect your baby after birth?

- Yes, during my prenatal care visits
 Yes, after my delivery
 Yes, both times
 No

78. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about how to prevent your baby from getting tooth decay?

- No
- Yes

If you are not using birth control now, go to Question 81.

79. What kinds of birth control are you or your husband or partner using now?

Check all that apply

- Tubes tied (sterilization)
- Vasectomy (sterilization)
- Pill
- Condoms
- Foam, jelly, cream
- Diaphragm
- Norplant®
- Shots (Depo-Provera®)
- Shots (Lunelle®)
- Withdrawal
- IUD (Intrauterine Device)
- Natural Family Planning (Rhythm)
- Other —————> Please tell us:

80. Where are you or your husband or partner getting your birth control method(s) now?

Check all that apply

- A family planning clinic (for example, Planned Parenthood)
- A health department clinic
- A community health center
- A private gynecologist
- A general or family physician
- A drug store or other store
- Other —————> Please tell us:

- No place

81. Not including yourself, is there anyone in your household who smokes cigarettes, cigars, or pipes?

- No
- Yes

82. Which of the following statements best describes the rules about smoking inside your home?

Check one answer

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

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

- No
- Yes —————>
- I didn't want prenatal care —————>

Go to Question 18

17. Did any of these things keep you from getting prenatal care as early as you wanted?

Check all that apply

- I couldn't get an appointment earlier in my pregnancy
- I didn't have enough money or insurance to pay for my visits
- I didn't know that I was pregnant
- I had no way to get to the clinic or doctor's office
- The doctor or my health plan would not start care earlier
- I didn't have my Oregon Health Plan or Medicaid card
- I had no one to take care of my children
- I had too many other things going on
- Other —————> Please tell us:

If you did not go for prenatal care, go to Page 4, Question 21.

18. Where did you go most of the time for your prenatal visits? (Do not include visits for WIC.)

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Midwife's office
- At home
- Other —————> Please tell us:

19. How was your prenatal care paid for?

Check all that apply

- Oregon Health Plan or Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- Indian Health Service
- Other —————> Please tell us:

11. When you got pregnant with your new baby, were you trying to become pregnant?

- No
 Yes —————→ Go to Question 14

12. 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 [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes —————→ Go to Question 14

13. What were your 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:

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 a calendar when you answer these questions.)

14. 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

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't 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

Thanks for answering our questions!

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

Please return this survey to us in the enclosed postage paid envelope (no stamps needed).

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

Thanks again!

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* (Do not count Oregon Health Plan or Medicaid.)

- No
 Yes

2. *Just before you got pregnant, were you on Oregon Health Plan or Medicaid?*

- No
 Yes

3. *In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?*

- I didn't take a multivitamin at all
 1 to 3 times a week
 4 to 6 times a week
 Every day of the week

4. *What is your date of birth?*

 Month Day Year

5. *Just before you got pregnant, how much did you weigh?*

Pounds OR Kilos

6. *How tall are you without shoes?*

Feet Inches

OR Centimeters

7. *Before your new baby, did you ever have any other babies who were born alive?*

- No Go to Question 10
 Yes

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

- No
 Yes

9. *Was the baby just before your new one born more than 3 weeks before its due date?*

- No
 Yes

10. *Thinking back to just before you got pregnant, 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