

**PREGNANCY
RISK
ASSESSMENT
MONITORING
SYSTEM**

A Survey of the Health of Mothers and Babies in Rhode Island



Your experiences, thoughts and feelings are important! Please complete the survey and mail it in the enclosed postage paid envelope. Your help is voluntary, and your answers are completely confidential. Your answers will help us improve the health of mothers and babies throughout Rhode Island.

If you would like to learn more about PRAMS, call the Department of Health Information Line at 1-800-942-7434. Our staff speaks English and Spanish.



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
- TRICARE or other military health care
- RIte Care (Neighborhood, United, Blue Chip)
- 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

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

Pounds **OR** Kilos

5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is *your* date of birth?

	/		/	19
Month		Day		Year

7. 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

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

- No
 Yes

Go to Question 11

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

- No
 Yes

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

- No
 Yes

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

11. 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

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

- No
 Yes

Go to Question 15

13. 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 Question 15

Go to Question 14

14. 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 \longrightarrow 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.)

15. 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

16. 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 \longrightarrow

Go to Page 4, Question 18

Go to Page 4, Question 17

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

- No
- Yes

Go to Question 19

18. 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 RIte Care 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 Question 22.

19. 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
- TRICARE or other military health care
- RIte Care (Neighborhood, United, Blue Chip)
- Other source(s) —————> Please tell us:
- I did not have health insurance to help pay for my prenatal care

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 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

21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?

- No
 Yes

22. 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

23. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?

- No
 Yes

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

- No
 Yes

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

- No
 Yes

26. 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

27. 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. <i>Severe</i> 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).

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

- No →
- Yes ↓

Go to Question 32

Go to Question 29

29. 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

30. 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

31. 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

32. 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).

33. 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 36**
 Yes

34a. 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 35a**

34b. 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

35a. 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 36**

Go to Question 35b

35b. 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.

36. 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

37. During the 12 months before your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- Always
 Often
 Sometimes
 Rarely
 Never

38. 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

39. 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.)

40. When was your baby due?

/ / 20
 Month Day Year

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

/ / 20
 Month Day Year

- I didn't have my baby in a hospital

42. When was your baby born?

/ / 20
 Month Day Year

43. 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

44. 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
 TRICARE or other military health care
 RIte Care (Neighborhood, United, Blue Chip)
 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.

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

- No
 Yes
 I don't know

46. 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 Question 49**

47. Is your baby alive now?

- No → **Go to Page 10, Question 58**
 Yes

48. Is your baby living with you now?

- No → **Go to Page 10, Question 58**
 Yes

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

- No
 Yes → **Go to Question 51**

Go to Question 50

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

Check all that apply

- My baby was sick and was not able to breastfeed
 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 was embarrassed to breastfeed
 I went back to work or school
 I wanted my body back to myself
 Other _____ → Please tell us: _____

If you did not breastfeed your new baby, go to Page 10, Question 53b.

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

- No
 Yes → **Go to Question 53a**

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

- _____ Weeks **OR** _____ Months
 Less than 1 week

53a. 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

53b. 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 56.

54. 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

55. 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

56. Do you have health insurance, Medicaid, or RIte Care for your new baby?

- No → **Go to Question 58**
 Yes

Go to Question 57

57. What health insurance plan is your new baby covered by?

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 pays for (not from a job)
 Medicaid
 TRICARE or other military health care
 RIte Care (Neighborhood, United, Blue Chip)
 Other source(s) → Please tell us:

 I do not have health insurance for my new baby

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 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 60**

Go to Question 59

59. 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:

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 61.

60. 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 closed (female sterilization)
- Vasectomy (male sterilization)
- Pill
- Condoms
- Injection once every 3 months (Depo-Provera[®])
- Contraceptive implant (Implanon[®])
- Contraceptive patch (OrthoEvra[®])
- Diaphragm, cervical cap, or sponge
- Vaginal ring (NuvaRing[®])
- IUD (including Mirena[®])
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Emergency contraception (The “morning-after” pill)
- Other _____ ➔ Please tell us:

61. *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 6 weeks after she gives birth.)

- No
- Yes

62. 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 _____

OTHER EXPERIENCES

The next questions are on a variety of topics.

63. How would you describe the time during *your most recent pregnancy*?

Check one answer

- One of the happiest times of my life
- A happy time with few problems
- A moderately hard time
- A very hard time
- One of the worst times of my life

64. At any time before your most recent pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?

- No
- Yes

65. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker *diagnose* you with depression?

- No
- Yes

Go to Question 68

66. At any time during your most recent pregnancy, did you take prescription medicine for your depression?

- No
- Yes

67. At any time during your most recent pregnancy, did you get counseling for your depression?

- No
- Yes

68. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk to you about the following things? For each item, circle **Y** (Yes) if it applies to you or circle **N** (No) if it does not.

- | | | No | Yes |
|---|---|----|-----|
| a. "Baby blues" or postpartum depression | N | | Y |
| b. Getting your blood tested for hepatitis C (the virus that can hurt your liver) | N | | Y |

69. This question is about the care of your teeth during your *most recent* pregnancy. For each item, 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 |

If your baby is not alive or is not living with you, go to Question 80.

70. Have you ever heard or read about what can happen if a baby is shaken?

- No
- Yes

71. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each one, circle **Y** (Yes) if you would have it or circle **N** (No) if not.

- | | | No | Yes |
|---|---|----|-----|
| a. Someone to loan me \$50. | N | | Y |
| b. Someone to help me if I were sick and needed to be in bed. | N | | Y |
| c. Someone to talk with about my problems | N | | Y |
| d. Someone to help me if I were tired and feeling frustrated with my new baby | N | | Y |
| e. Someone to take me and my baby to the doctor's office if I had no other way of getting there | N | | Y |

72. Do you have a doctor, nurse, or other health care worker that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and “well-baby” care?

- No
- Yes

73. In general, how easy is it to calm your baby when he or she is crying or fussy?

Check one answer

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

74. Do you ever put your baby to bed with a bottle?

- No → **Go to Question 76**
- Yes

75. What do you put in the bottles that your baby takes to bed?

Check all that apply

- Water
- Something other than water

76. Are you or any other family member currently reading or looking at books with your baby?

- No
- Yes → **Go to Question 78**

Go to Question 77

77. If you or other family members are *not currently* looking at books with your new baby, at what age do you think you will start reading or looking at books with your new baby?

- 3-11 months old
- 1-2 years old
- 3-4 years old
- 5 and older
- I probably will not read to my baby/child

Go to Question 79

78. During the past week, how many days did you or other family members read or look at books with your baby?

- Did not read to the baby this week
- 1-3 days this week
- 4-7 days this week

79. About how many children’s books do you have in your home?

- None
- 1-5
- 6-10
- 11 or more

80. Are you aware that babies are tested in the hospital for the following conditions?

For each item, circle **Y** (Yes) if you are aware of this or circle **N** (No) if you are not.

- | | No | Yes |
|---|----|-----|
| a. Hearing loss | N | Y |
| b. Conditions that run in families, such as sickle cell disease and PKU . . | N | Y |

81. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- No
 Yes

82. Have you ever been told by a doctor, nurse, or other health care worker that you had asthma?

- No
 Yes

Go to Question 84

83. Do you still have asthma?

- No
 Yes

84. How many times have you moved in the last 3 years?

Number of times

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.)

- 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

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 the health of mothers and babies in Rhode Island.**

Thanks for answering our questions!

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

This finishes the survey. However, when your baby is two years old, we would like to contact you to see how he/she is doing. Please write your address and phone number AND the address of a friend or relative who would know how to reach you if you move. This information will be kept completely private as will all of your other information. We would only contact your friend or relative if we could not reach you. When the Department of Health receives your completed survey, this page will be immediately separated from your survey responses.

YOUR NAME

ADDRESS

PHONE NUMBER

CONTACT NAME

ADDRESS

PHONE NUMBER
