

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 401-222-5960/RI Relay 711. Our staff speaks English and Spanish.



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 → **Go to Question 7**

Yes

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 RItE Care
- 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
- Yes

11. *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.

12. 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 14

13. 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

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

No

Yes → **Go to Question 17**

15. 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 Question 17**

16. 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.)

17. 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 Page 4, Question 21**

18. 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 RItE Care
- 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

19. 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"/> |

20. 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

21. 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

22. 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

23. 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

Go to Question 25

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

/

Month Year

- I don't remember

25. 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.....
- b. A dental or other health care worker talked with me about how to care for my teeth and gums.....
- c. I had my teeth cleaned by a dentist or dental hygienist.....
- d. I had insurance to cover dental care during my pregnancy.....
- e. I needed to see a dentist for a **problem**.....
- f. I went to a dentist or dental clinic about a **problem**.....

26. 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

27. 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

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

- No
 Yes

29. 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

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

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

- No → **Go to Page 6, Question 34**
 Yes

31. 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

32. 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

33. 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

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

34. 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 37**
- Yes

35. 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

36. 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.

37. 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"/> |

38. 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

39. 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

40. 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.

41. When was your new baby born?

/ / 20
 Month Day Year

42. 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.

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

- No
 Yes
 I don't know

44. 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 8, Question 47**

45. Is your baby alive now?

- No → *We are very sorry for your loss.*
 Yes → **Go to Page 9, Question 55**

Go to Page 8, Question 46

46. Is your baby living with you now?

No → **Go to Question 54**

Yes

47. 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 49**

48. 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 51.

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

No

Yes → **Go to Question 51**

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

Weeks **OR** Months

Less than 1 week

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

No

Yes

If your baby is still in the hospital, go to Question 54.

52. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never

54. *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

55. 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 Question 57**

56. 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 58.

57. 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:

58. *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

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never

61. 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 RItE Care
- 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.

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

- No
- Yes

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

- No
- Yes

If you were never diagnosed with depression, go to Question 66.

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

- No
- Yes

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

- No
- Yes

66. 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

67. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy?

For each item, check **No** if it was not something that made it hard for you to go to a dentist during pregnancy or **Yes** if it was.

No Yes

- a. I could not find a dentist or dental clinic that would take pregnant patients.....
- b. I could not find a dentist or dental clinic that would take Medicaid or RIte Care patients
- c. I did not think it was safe to go to the dentist during pregnancy.....
- d. I could not afford to go to the dentist or dental clinic

68. Did you receive a Tdap vaccination before, during or after your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (or whooping cough). Tdap was new in 2005.

Check ONE answer

- No
- Yes, I received Tdap *before* my pregnancy
- Yes, I received Tdap *during* my pregnancy
- Yes, I received Tdap *after* my pregnancy
- I don't know

Go to Question 70

Go to Question 69

69. What were your reasons for not receiving the Tdap vaccination before, during, or after your most recent pregnancy?

Check ALL that apply

- My health care provider did not offer or recommend it
- My health care provider did not have the vaccine
- I don't like to get vaccinated
- I was worried about the side effects of the vaccine for me
- I was worried the vaccine might harm my baby
- I don't think the vaccine is safe while nursing my baby
- Other reason _____ → Please tell us:

If your baby is not alive, is not living with you, or is still in the hospital, go to Page 13, Question 78.

70. Since you delivered your new baby, would you have the kinds of help listed below if you needed them? For each item, check **No** if you would not have it or check **Yes** if you would.

No Yes

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

71. 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

72. 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

73. During the last 2 weeks, how many hours did your baby cry and/or fuss on an average 24 hour day?

- Less than 1 hour per day
 Between 1 and 2 hours per day
 Between 2 and 3 hours per day
 Between 3 and 5 hours per day
 More than 5 hours per day

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

- No
 Yes

Go to Question 76

75. If you or any other family member is *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

If you have not read or looked at books with your new baby, go to Question 77.

76. 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

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

- None
 1—5
 6—10
 11 or more

78. Are you aware that babies are tested in the hospital for the following conditions? For each item, check **No** if you are not aware of this or **Yes** if you are.

- | | | |
|---|--------------------------|--------------------------|
| | No | Yes |
| a. Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Conditions that run in families, such as sickle cell disease and PKU ... | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No
 Yes

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

- No → **Go to Question 82**
 Yes



81. Do you still have asthma?

- No
 Yes

82. 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.

83. 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

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

People

85. What is today's date?

/ /
 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 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

