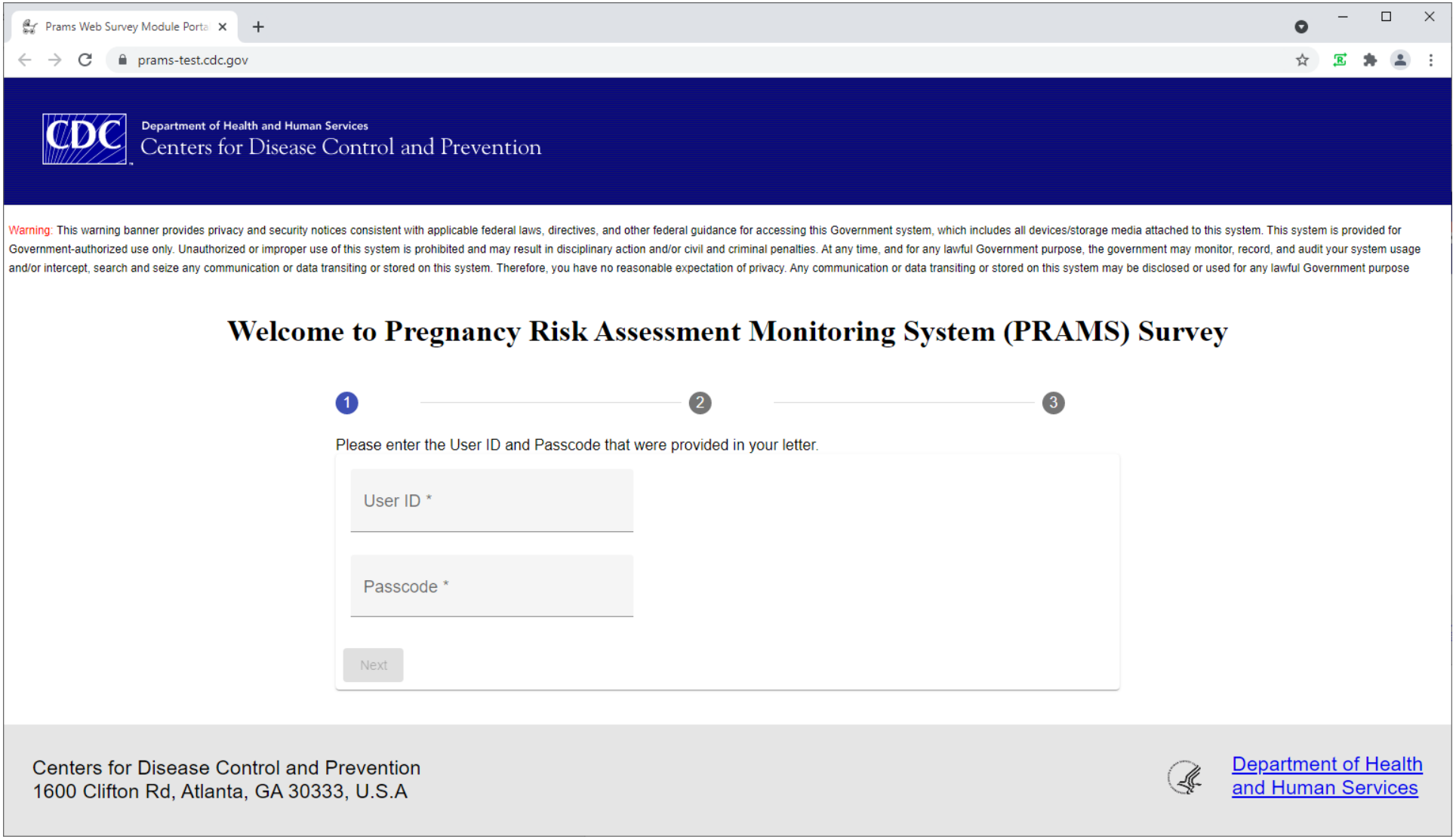
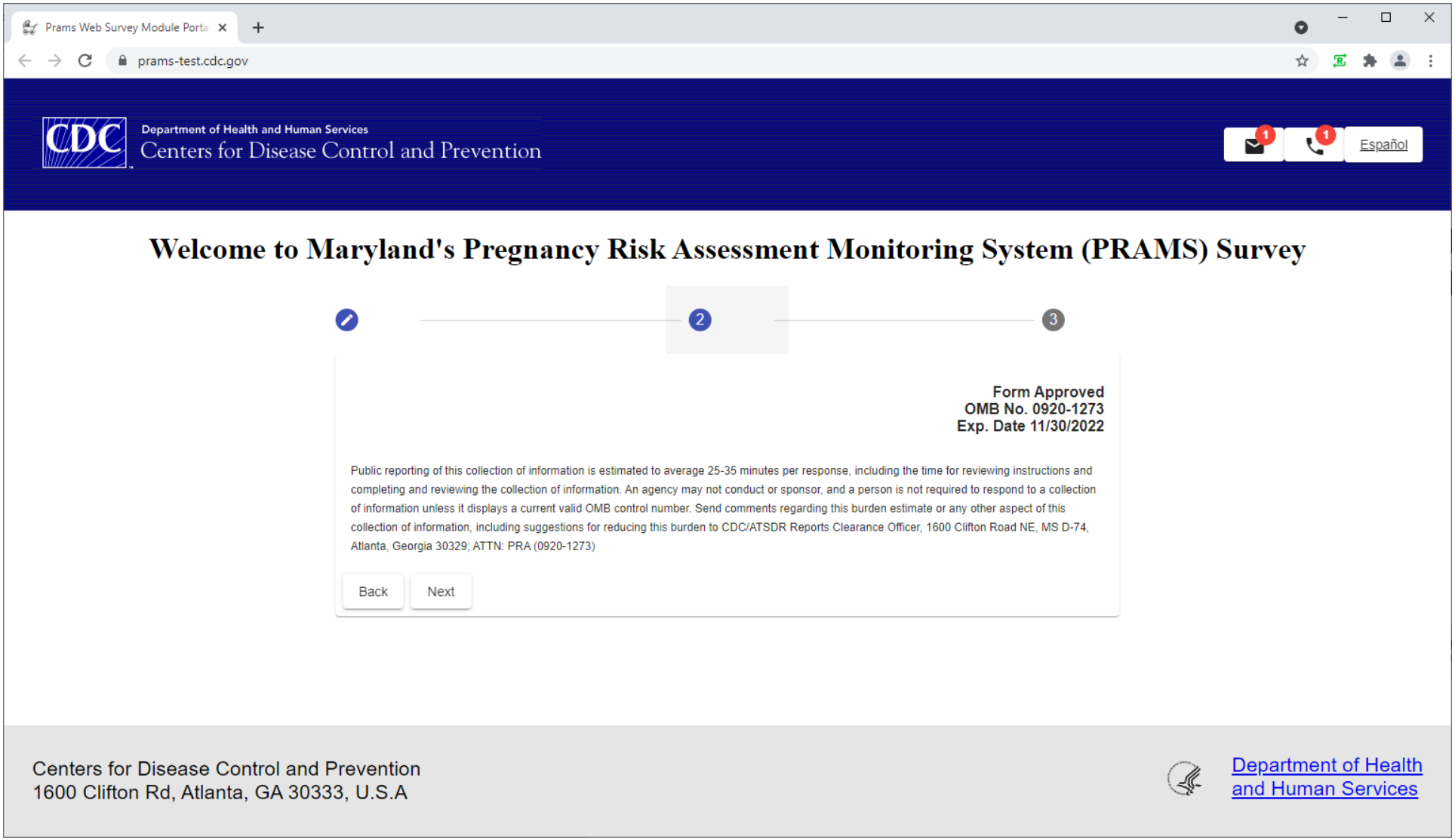
Maryland PRAMS Grantee Web Questionnaire

In PRAMS Integrated Data Collection System [PIDS]

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Centers for Disease Control and Prevention
Español
Welcome to Maryland's Pregnancy Risk Assessment Monitoring System (PRAMS) Survey
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Form Approved
OMB No. 0920-1273
Exp. Date 11/30/2022
Public reporting of this collection of information is estimated to average 25-35 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-1273)
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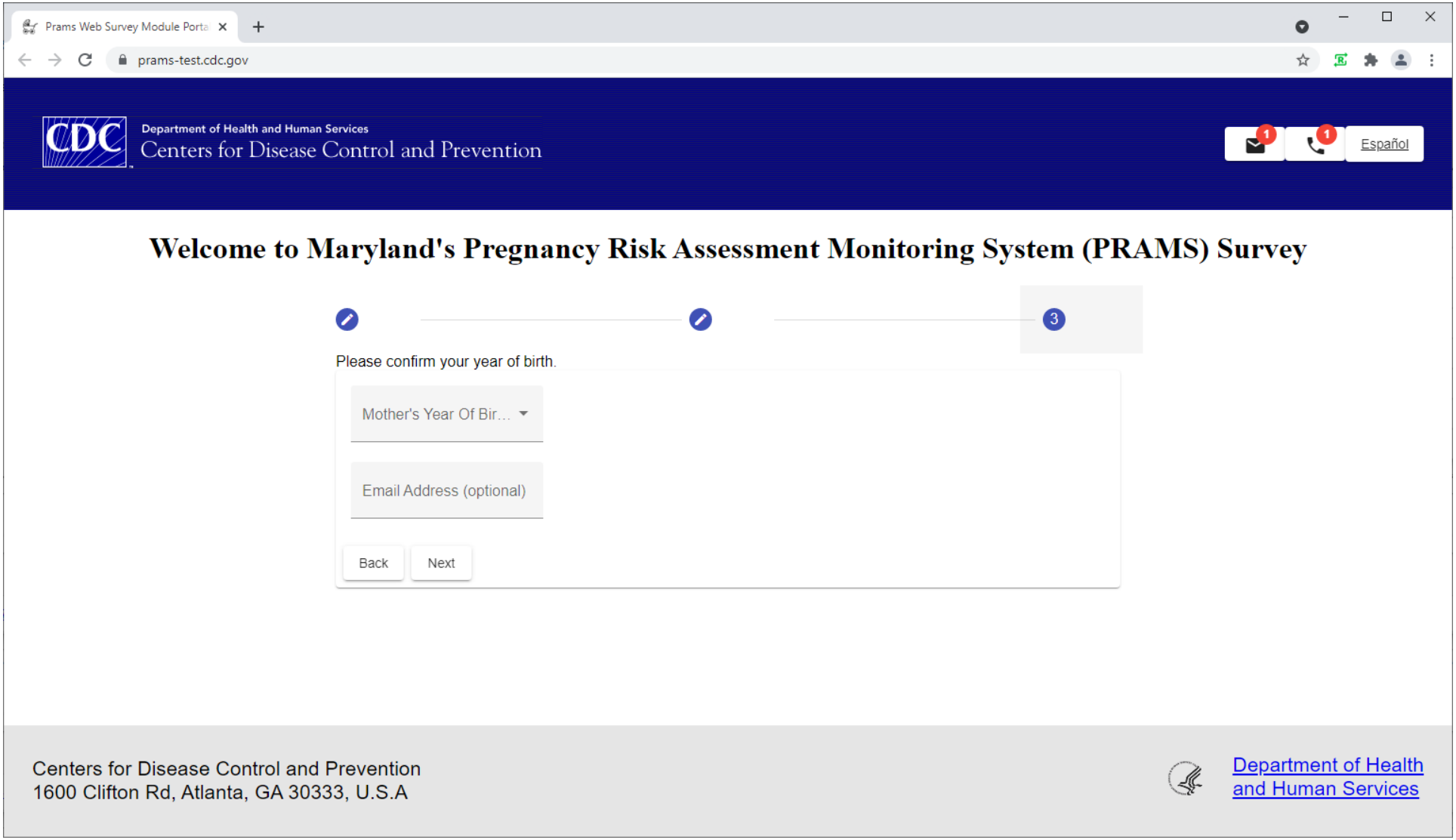
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Welcome to Maryland's Pregnancy Risk Assessment Monitoring System (PRAMS) Survey
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Please confirm your year of birth.
Mother's Year Of Bir...
Email Address (optional)
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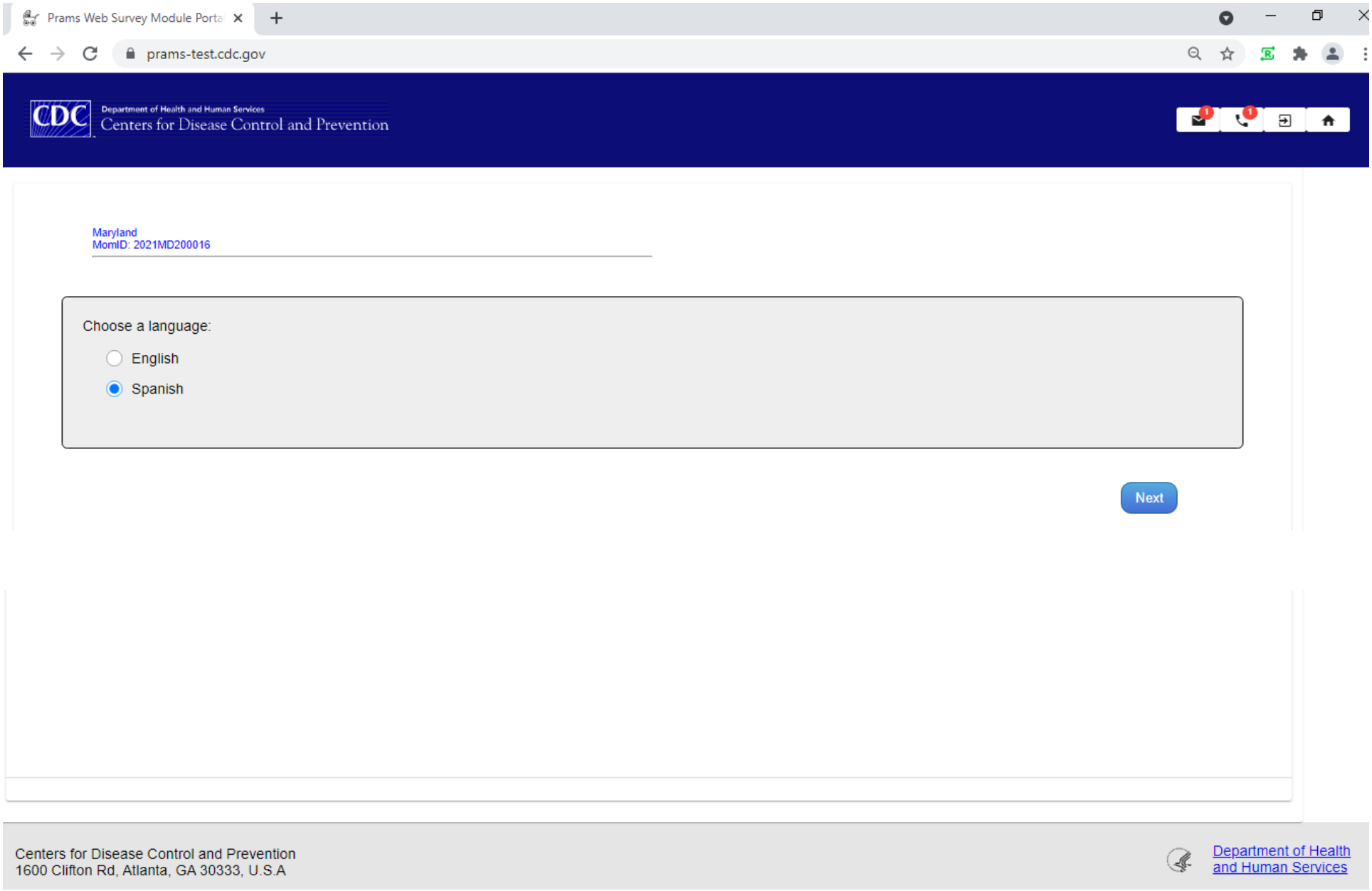
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Choose a language:
English
Spanish
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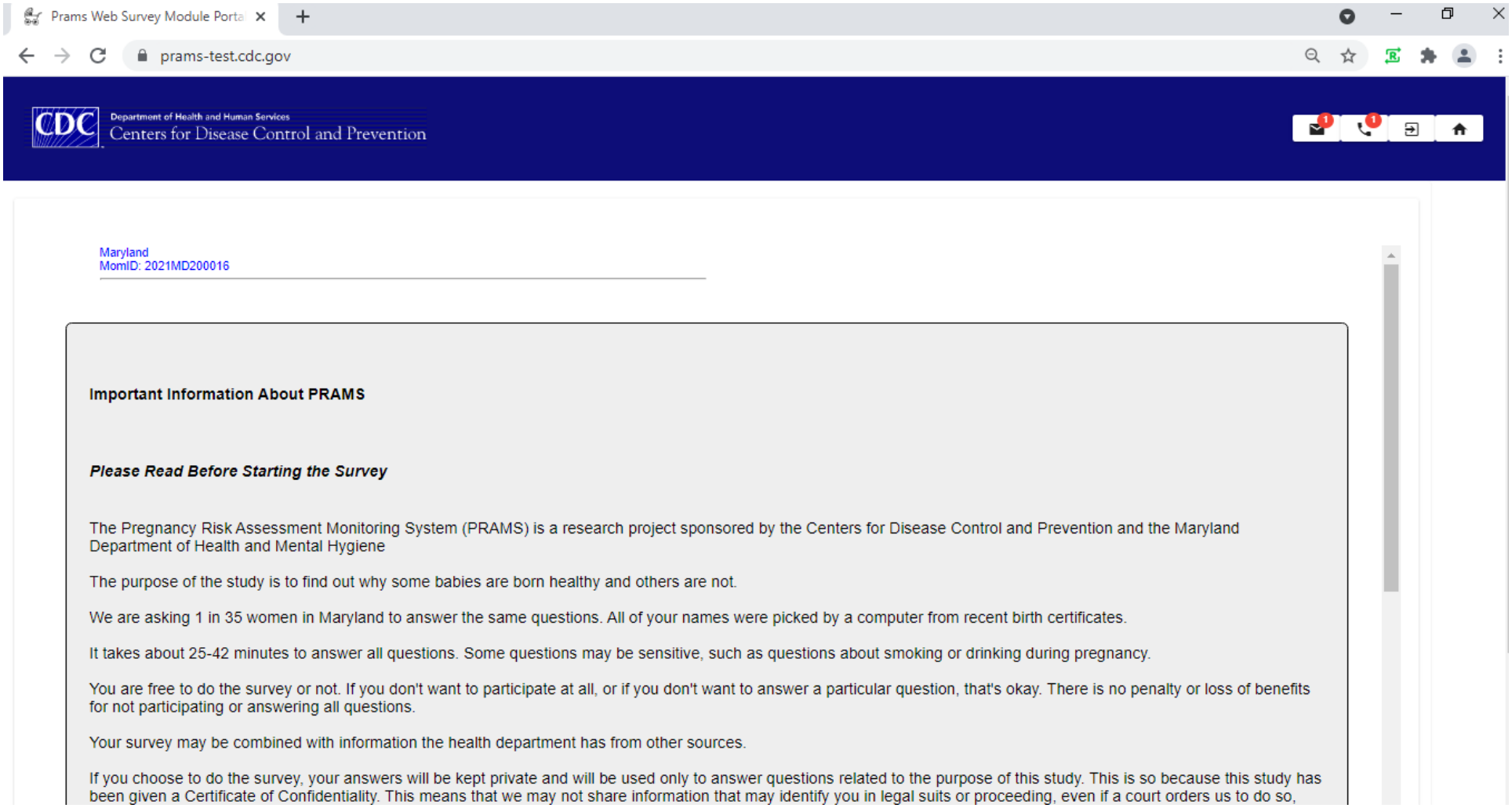
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Important Information About PRAMS
Please Read Before Starting the Survey
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene
The purpose of the study is to find out why some babies are born healthy and others are not.
We are asking 1 in 35 women in Maryland to answer the same questions. All of your names were picked by a computer from recent birth certificates.
It takes about 25-42 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.
You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.
Your survey may be combined with information the health department has from other sources.
If you choose to do the survey, your answers will be kept private and will be used only to answer questions related to the purpose of this study. This is so because this study has been given a Certificate of Confidentiality. This means that we may not share information that may identify you in legal suits or proceeding, even if a court orders us to do so,

unless you say it's okay.

If you are currently in jail, your participation in the study will have no effect on parole.

Your name will not be on any reports from PRAMS.

Your answers will be grouped with those from other women. What we learn from PRAMS will be used to plan programs to help mothers and babies in Maryland.

If you have any questions about your rights in the project, please call Ms. Gay Y. Hutchen at 410-767-8448.

If you have questions about PRAMS, please contact us at 1-877-363-0480 o mdh.marylandprams@maryland.gov..

"

☐ I have read the information above and agree to continue with the survey.

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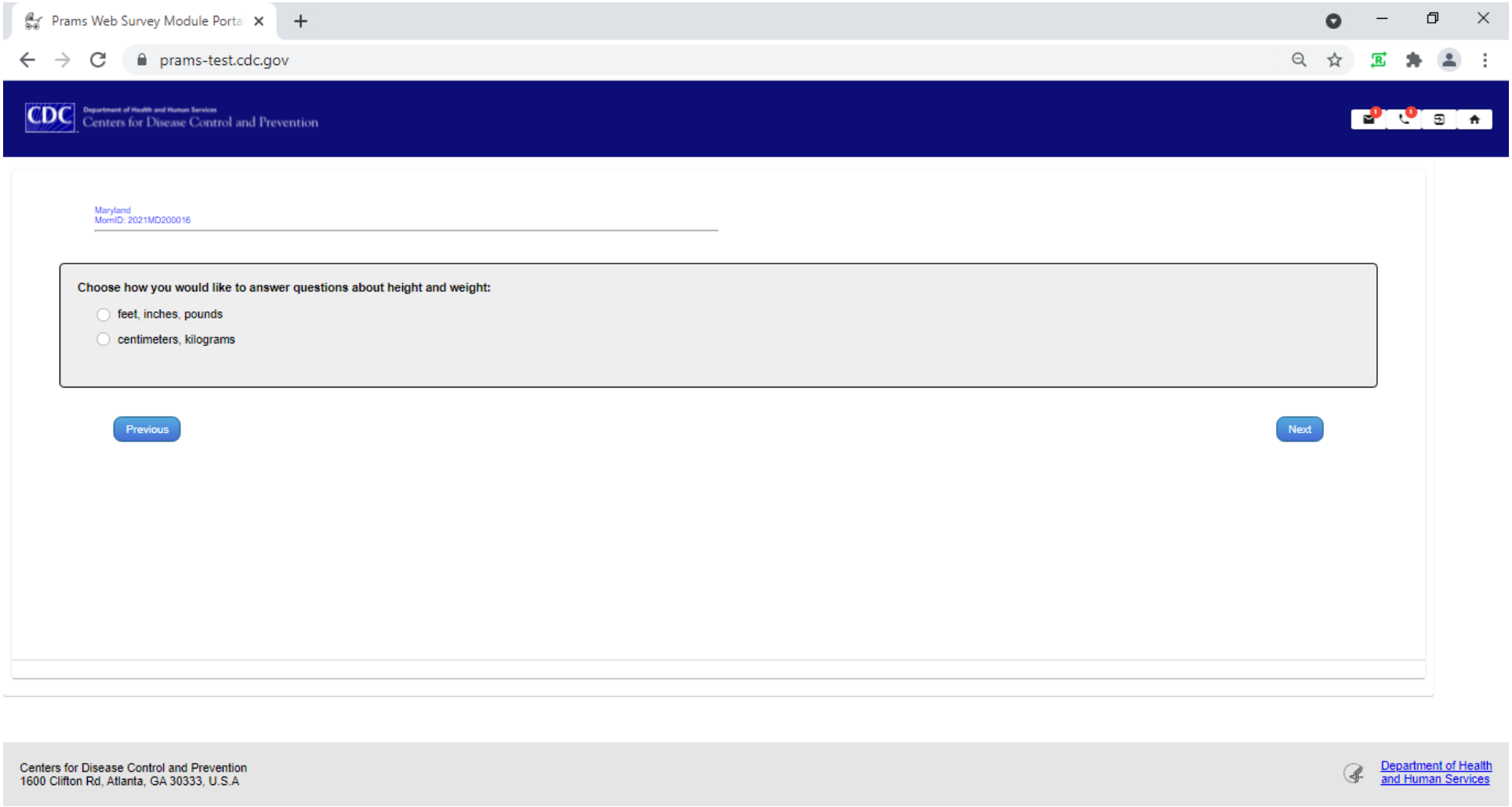
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Choose how you would like to answer questions about height and weight:
feet, inches, pounds
centimeters, kilograms
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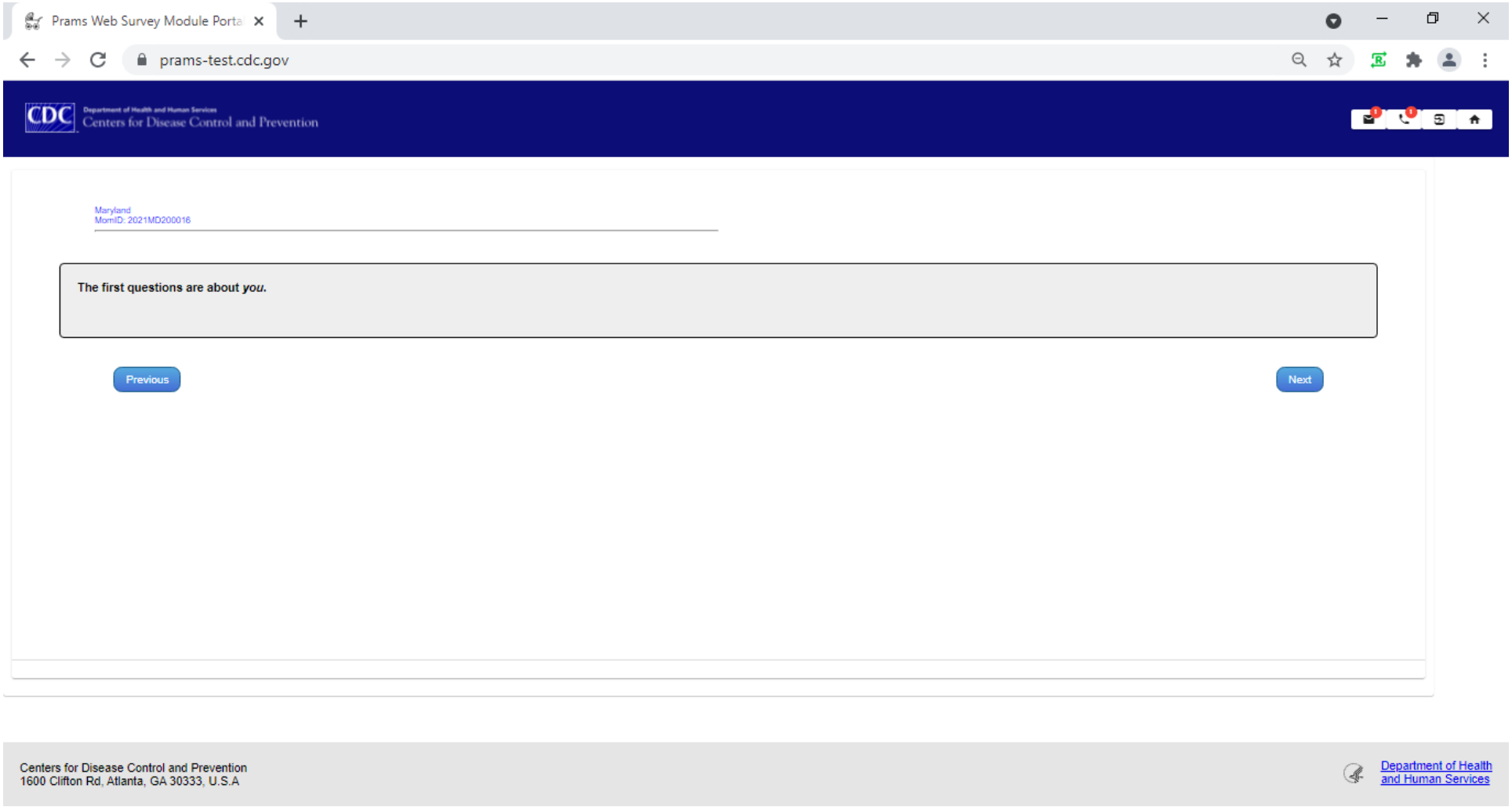
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The first questions are about you.
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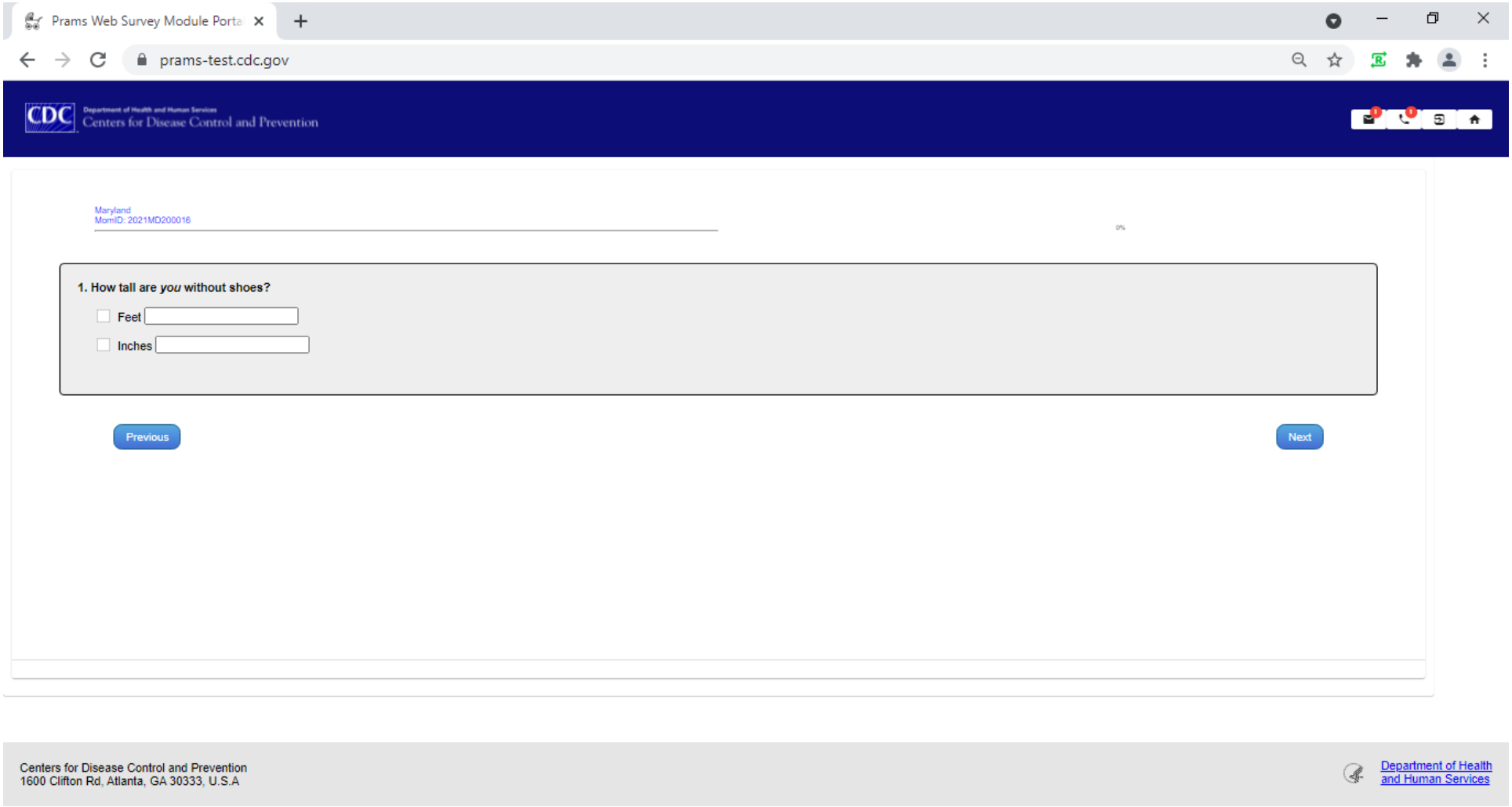
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0%
1. How tall are you without shoes?
Feet
Inches
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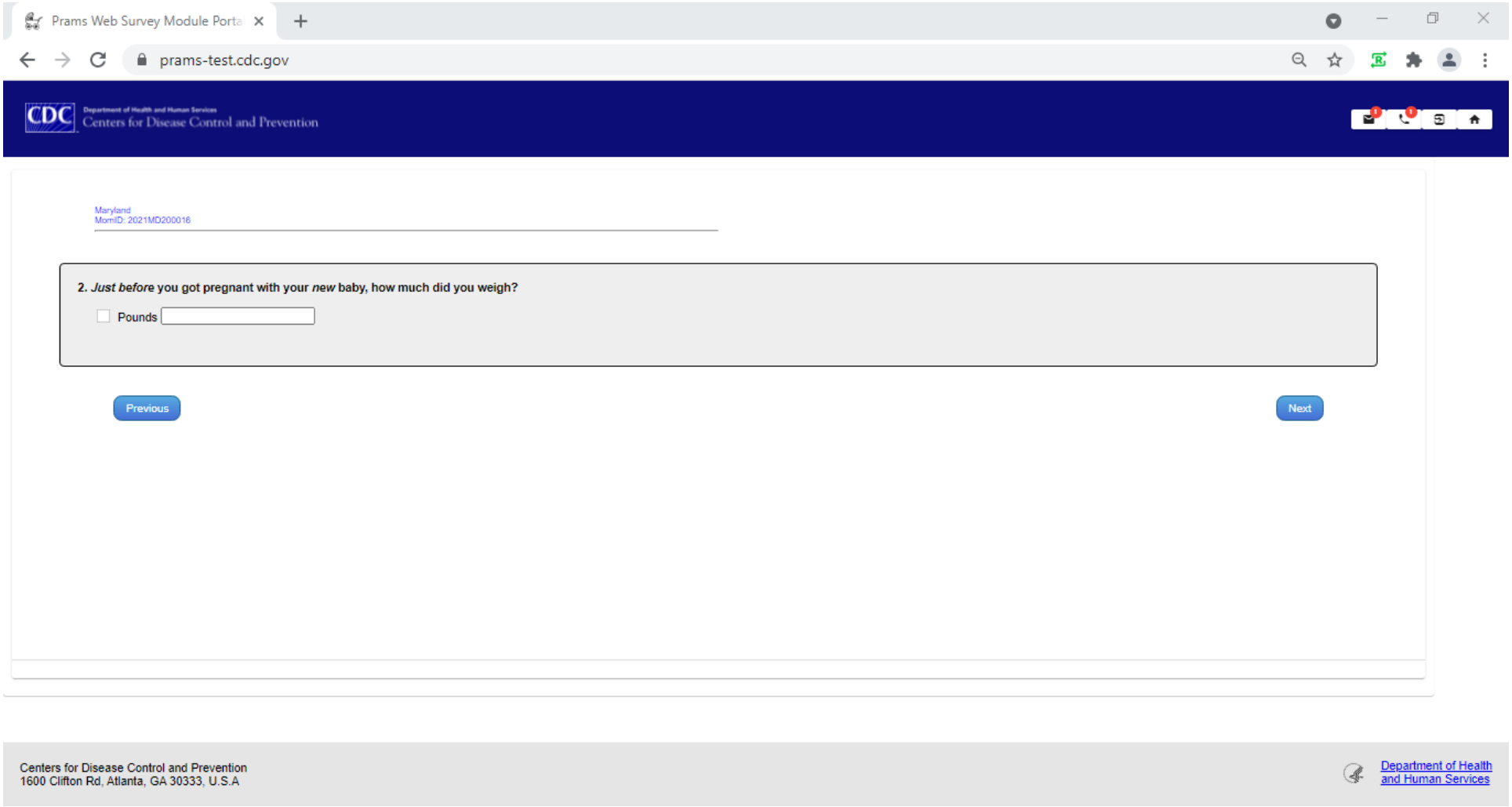
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2. Just before you got pregnant with your new baby, how much did you weigh?
Pounds
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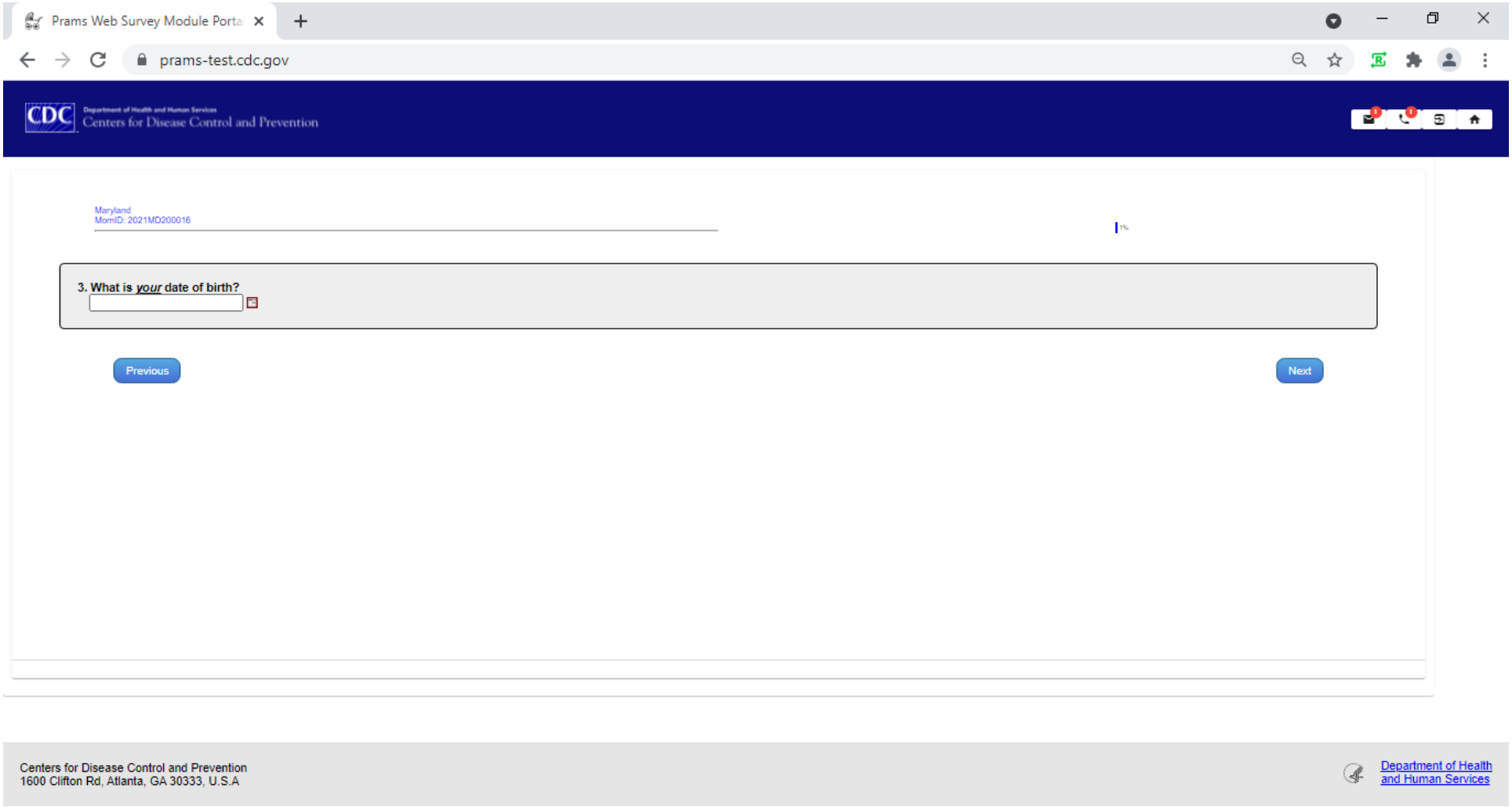
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3. What is your date of birth?
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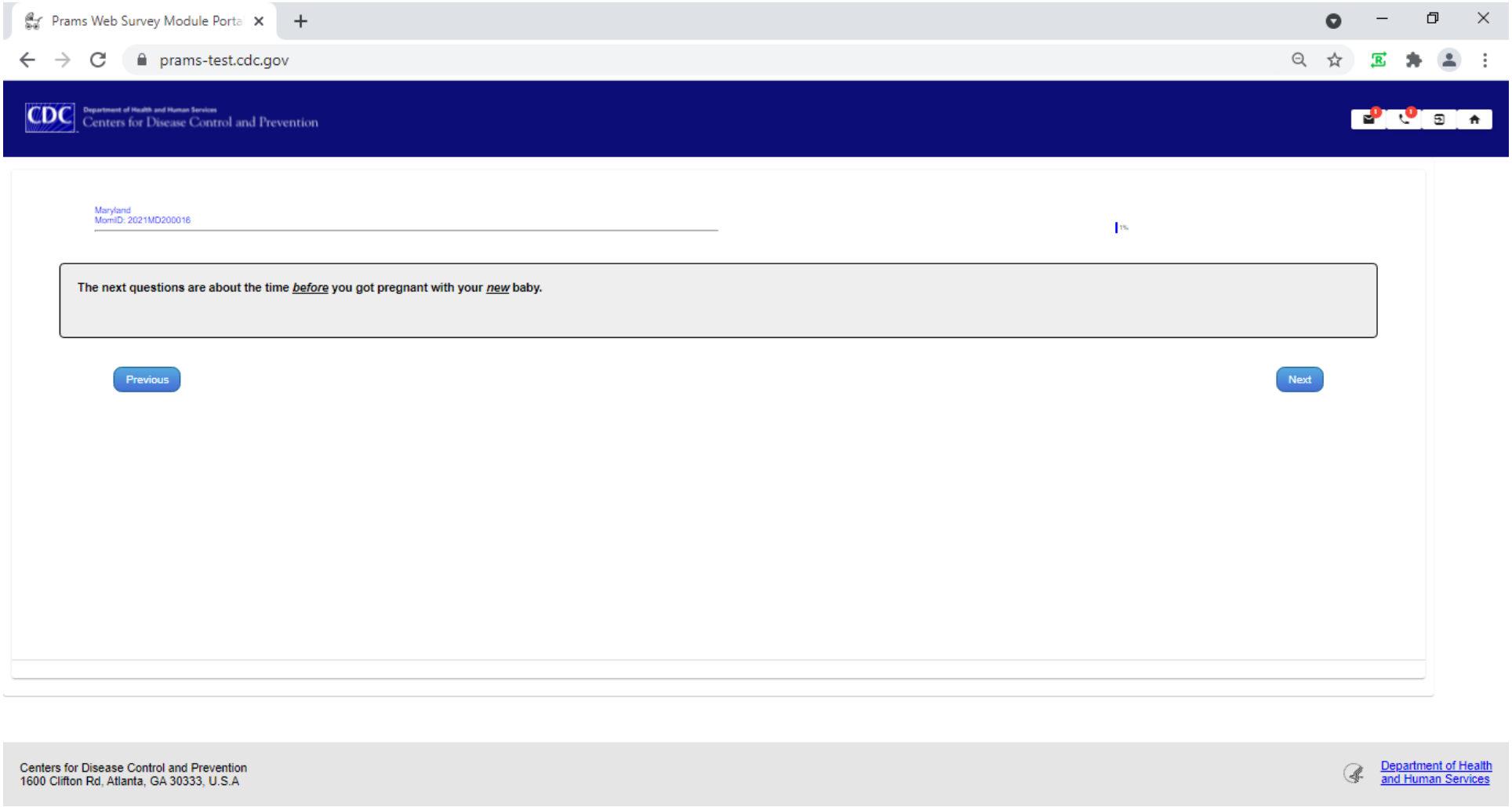
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The next questions are about the time before you got pregnant with your new baby.
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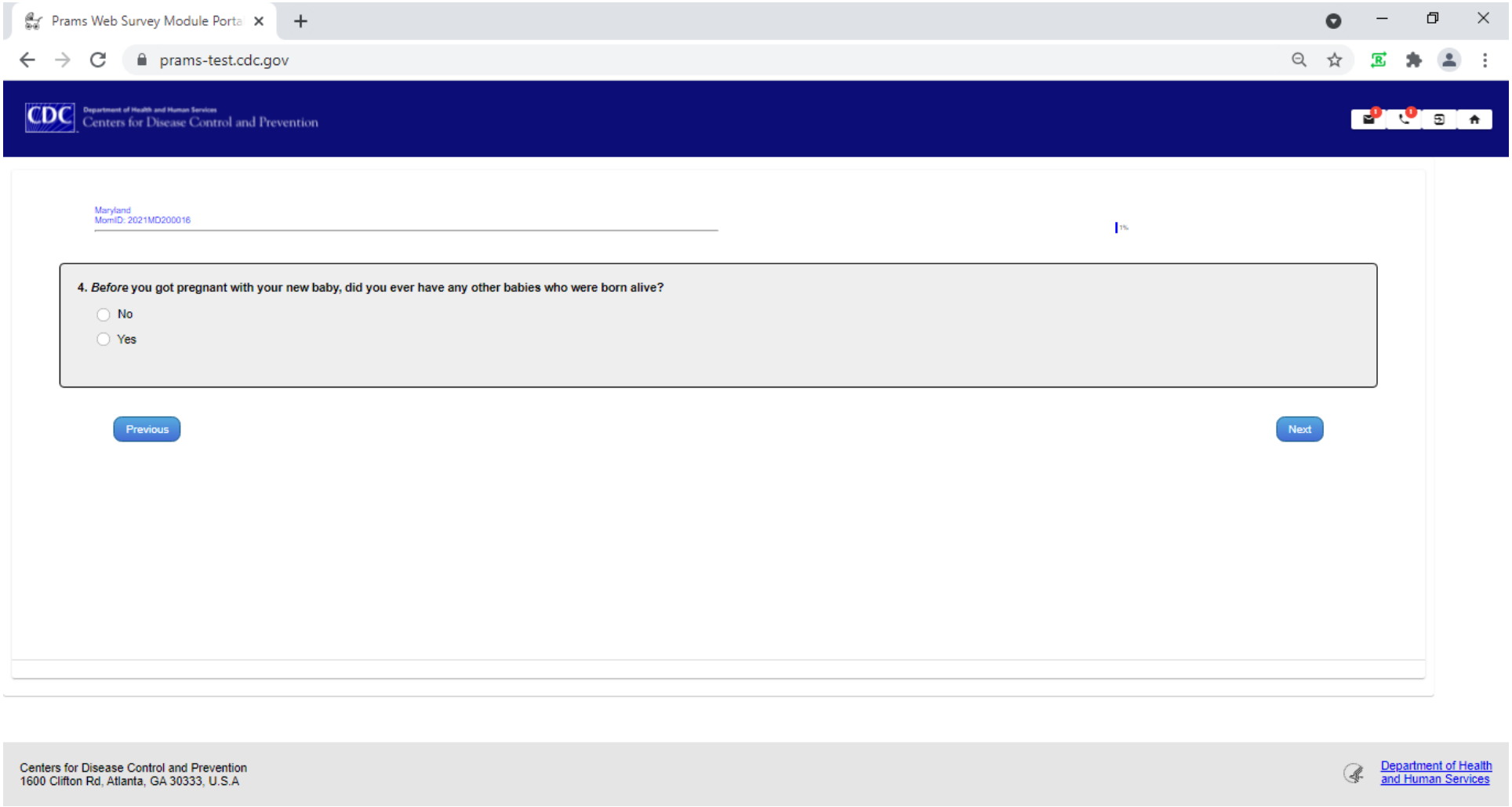
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4. *Before* you got pregnant with your new baby, did you ever have any other babies who were born alive?
No
Yes
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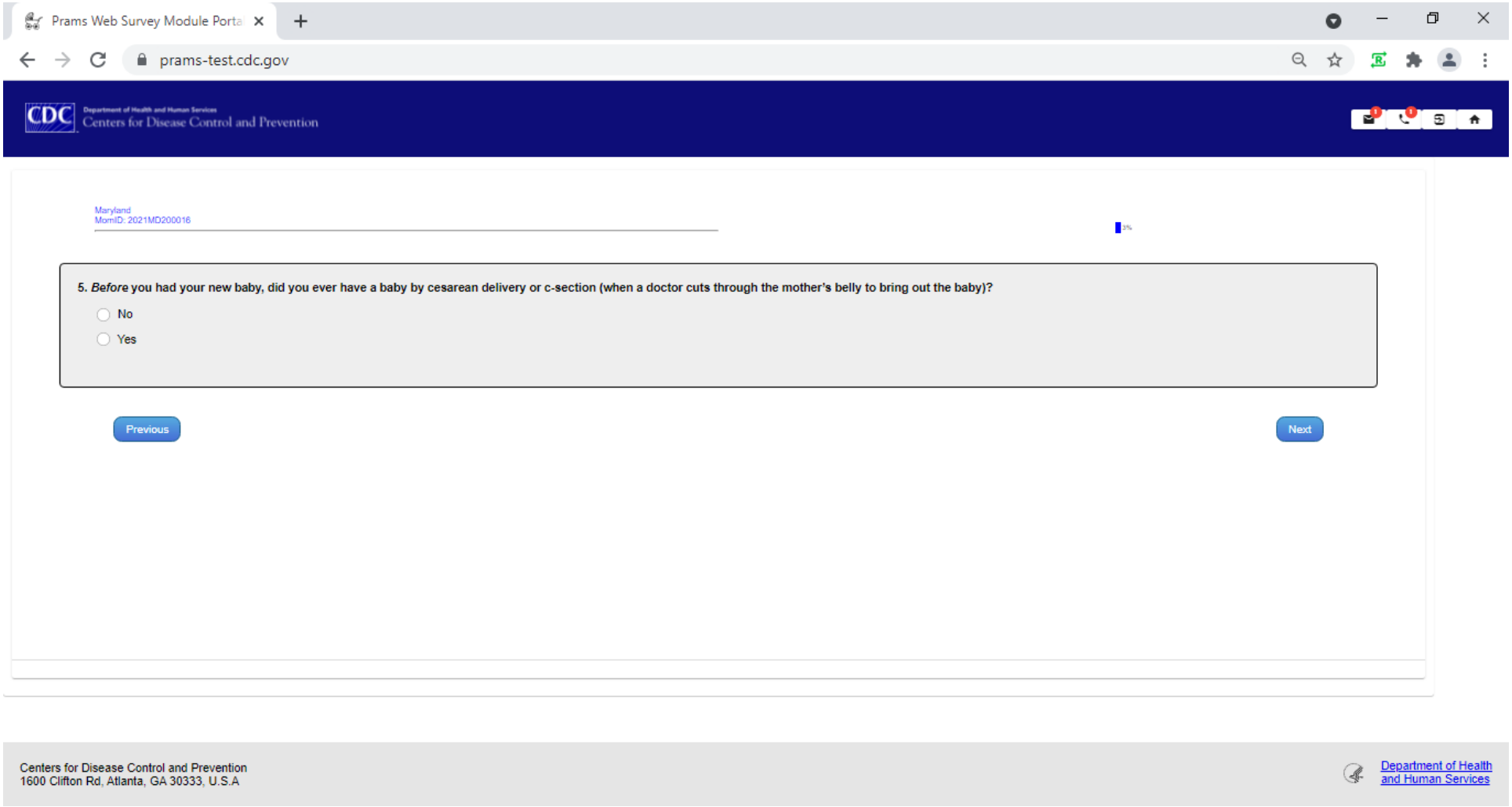
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5. *Before* you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?
No
Yes
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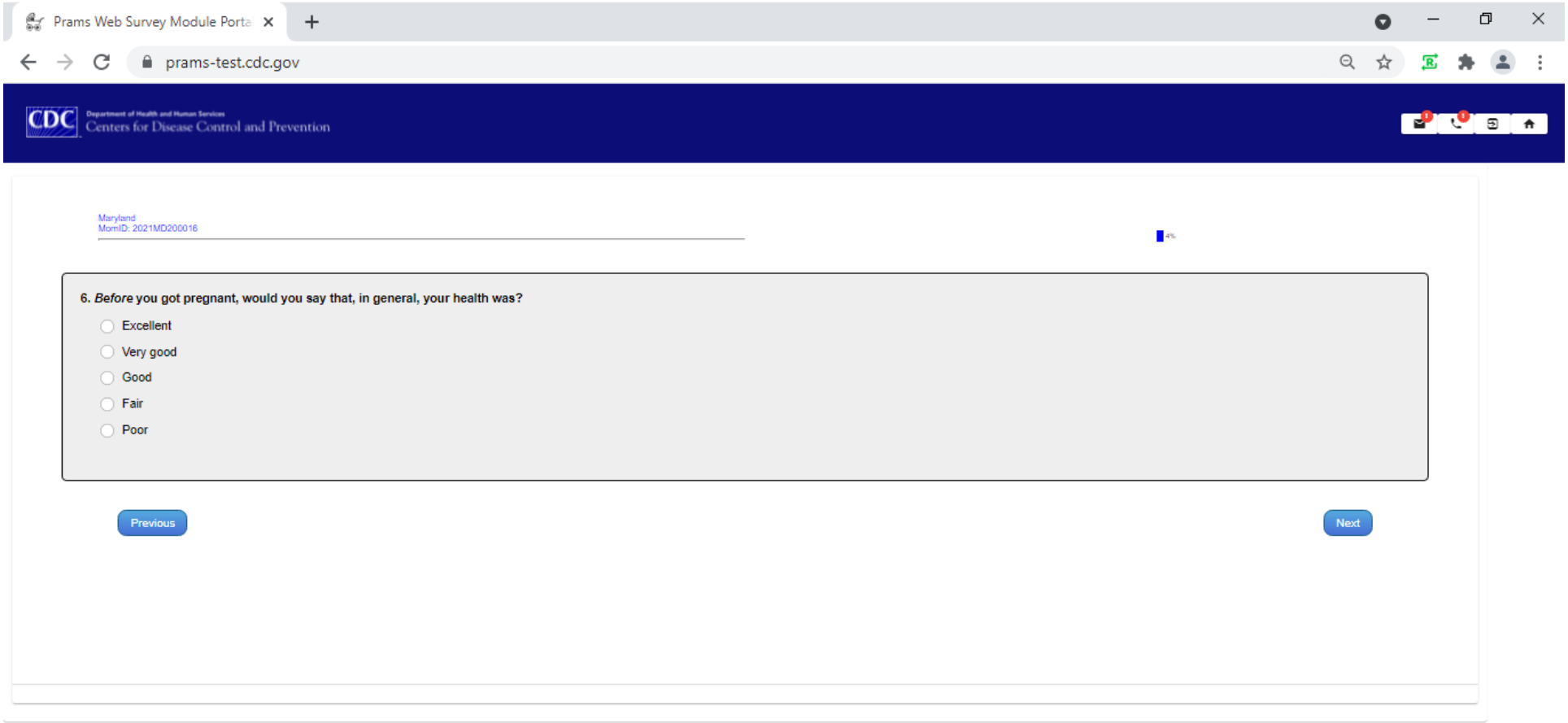
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4%
6. *Before* you got pregnant, would you say that, in general, your health was?
Excellent
Very good
Good
Fair
Poor
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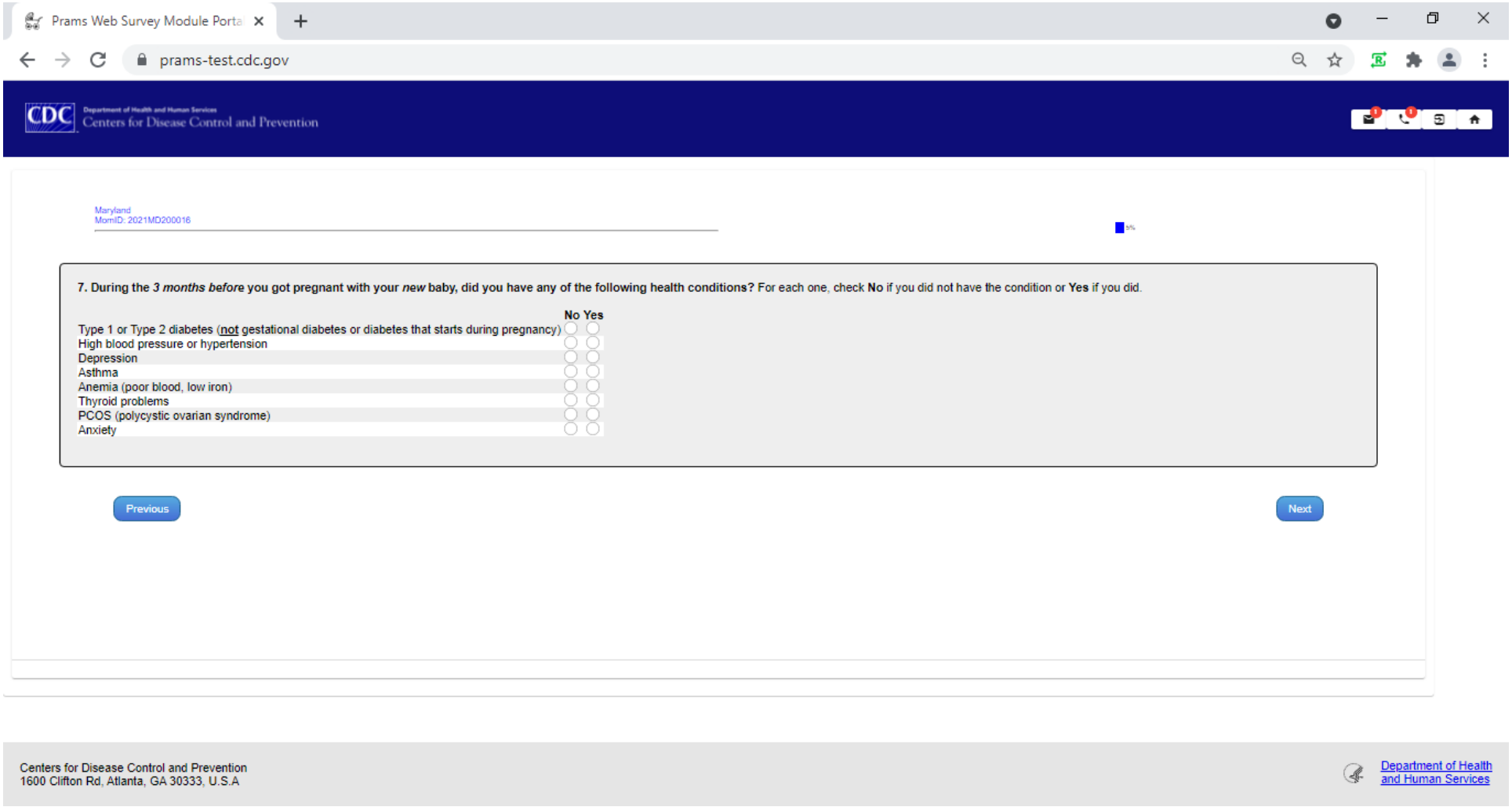
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7. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
No Yes
Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)
High blood pressure or hypertension
Depression
Asthma
Anemia (poor blood, low iron)
Thyroid problems
PCOS (polycystic ovarian syndrome)
Anxiety
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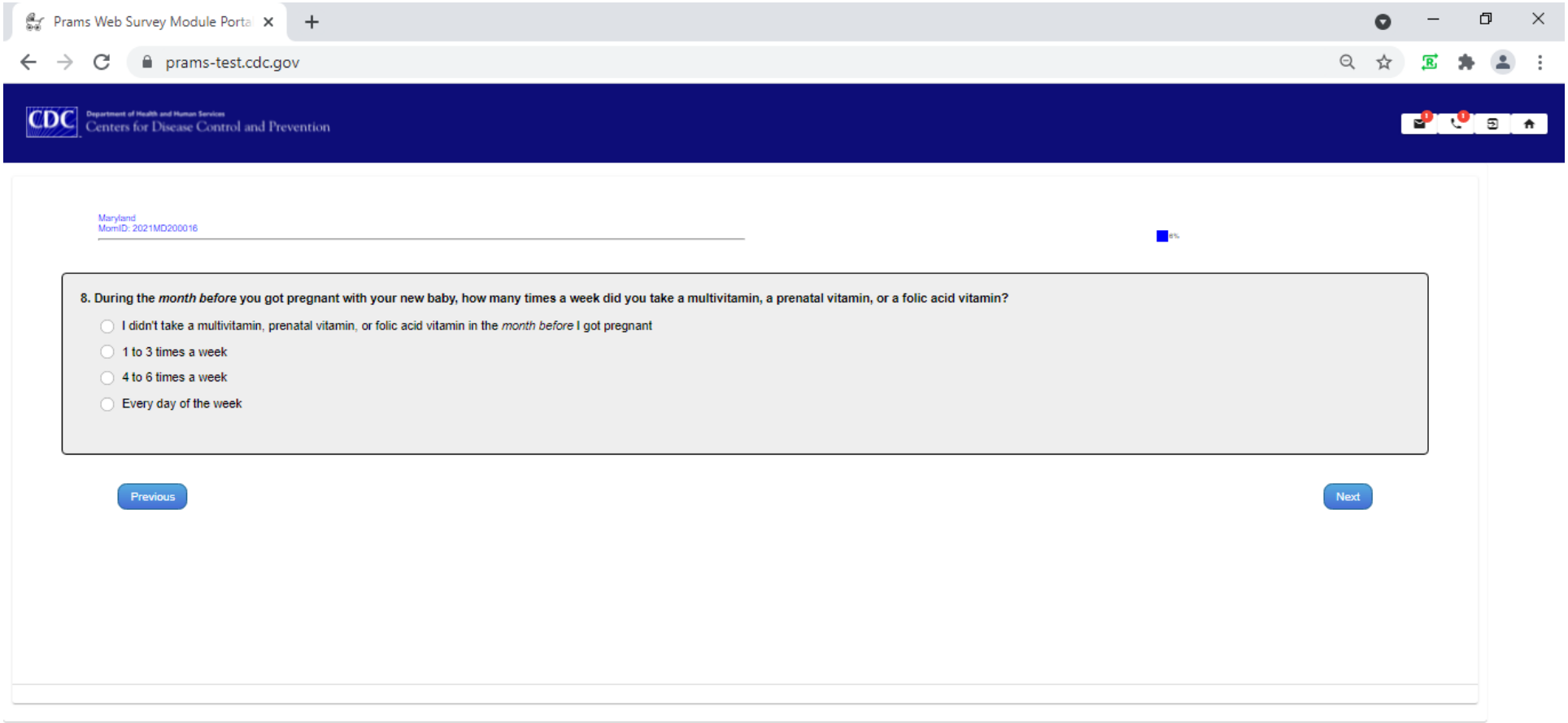
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8. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month before* I got pregnant
1 to 3 times a week
4 to 6 times a week
Every day of the week
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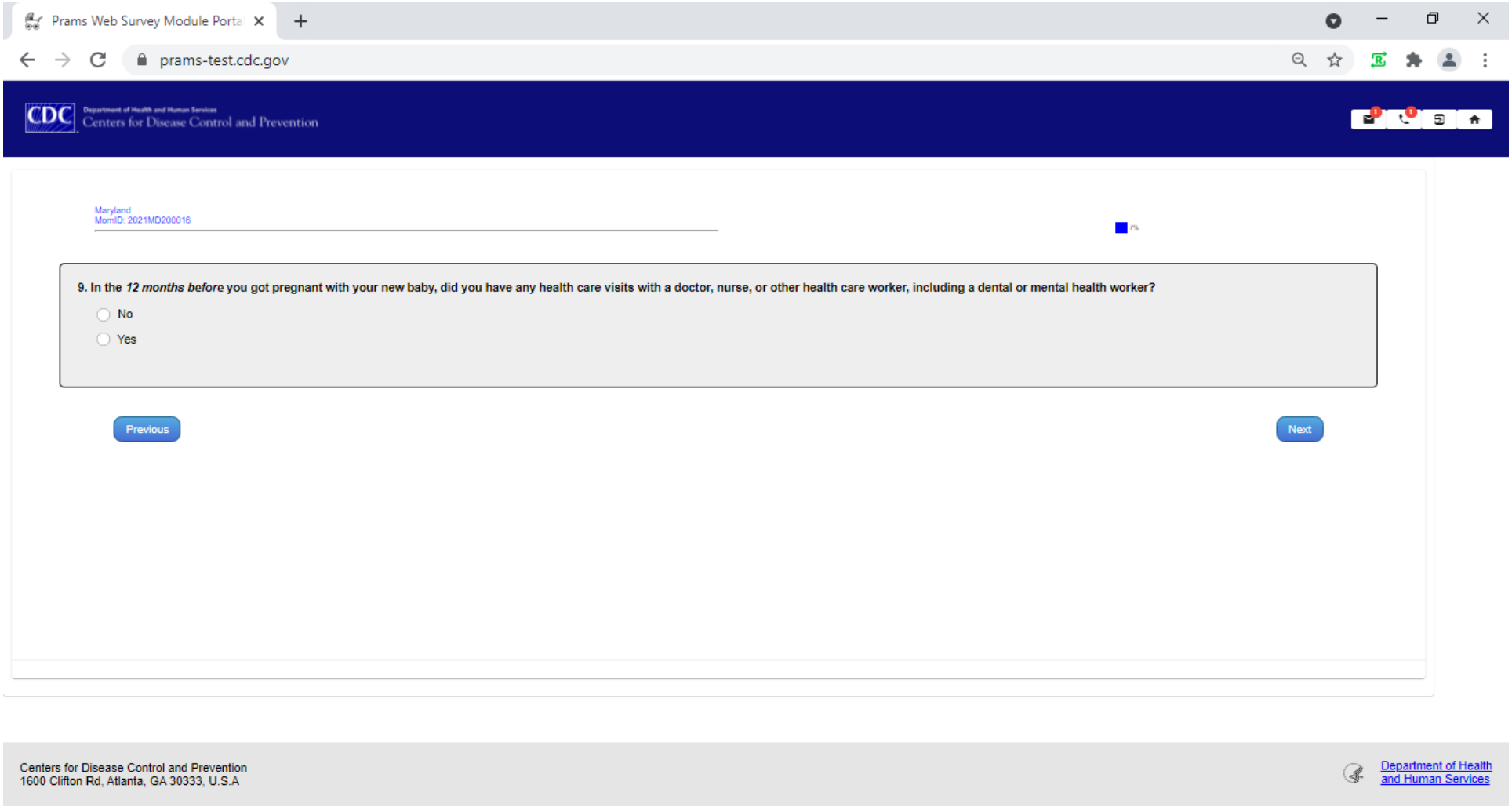
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9. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
No
Yes
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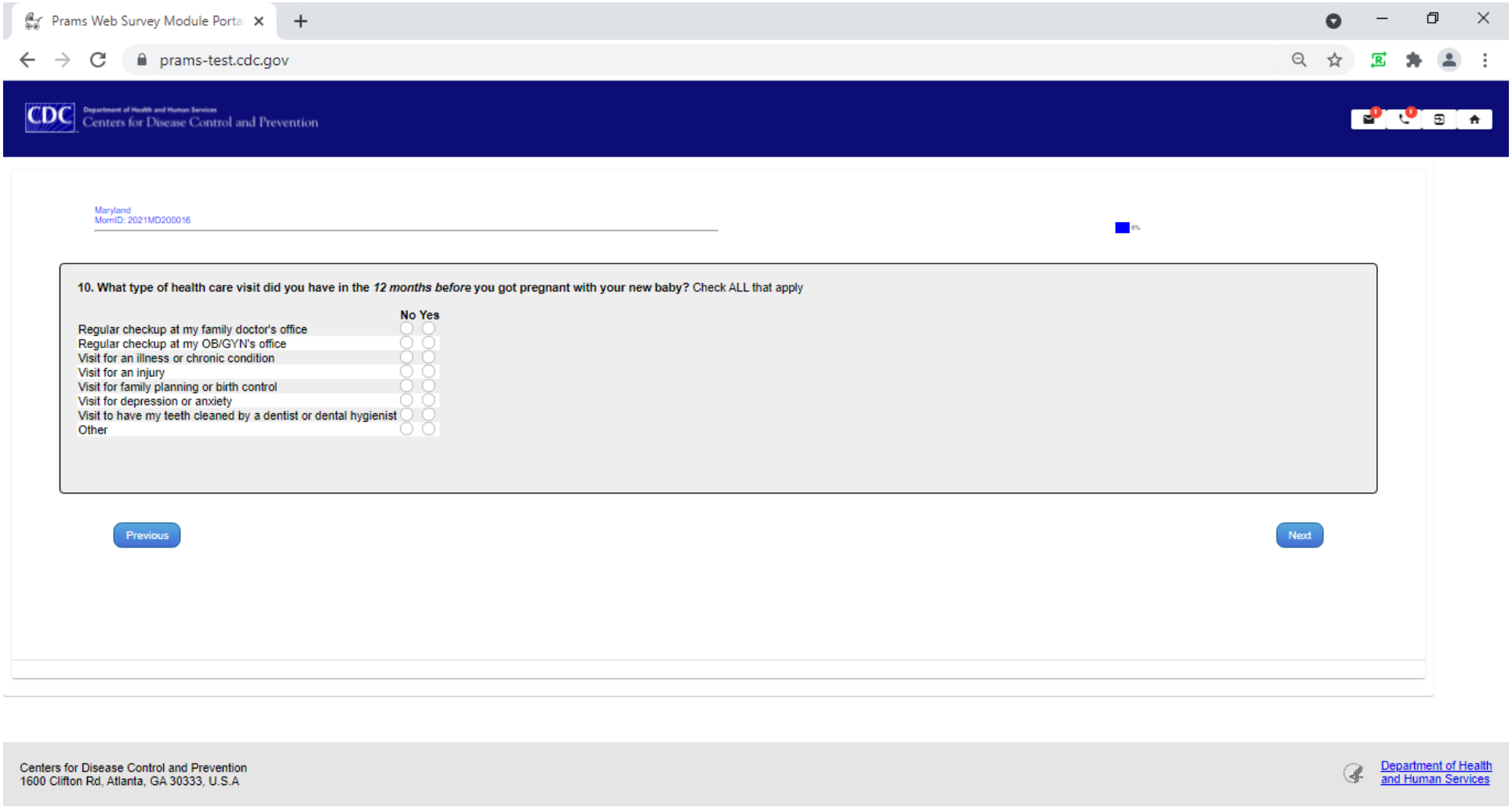
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10. What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply
No Yes
Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
Other
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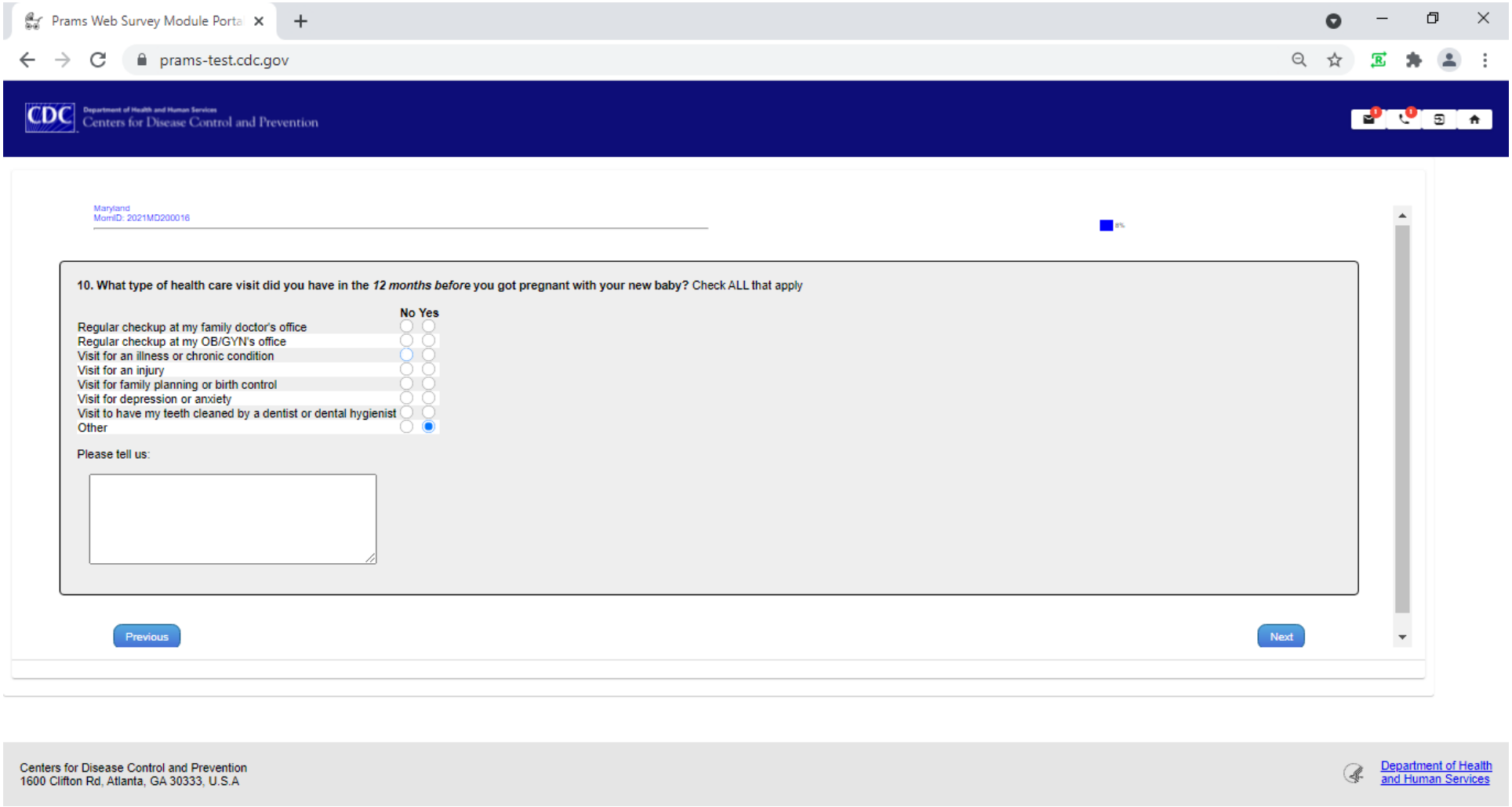
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Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
Other
Please tell us:
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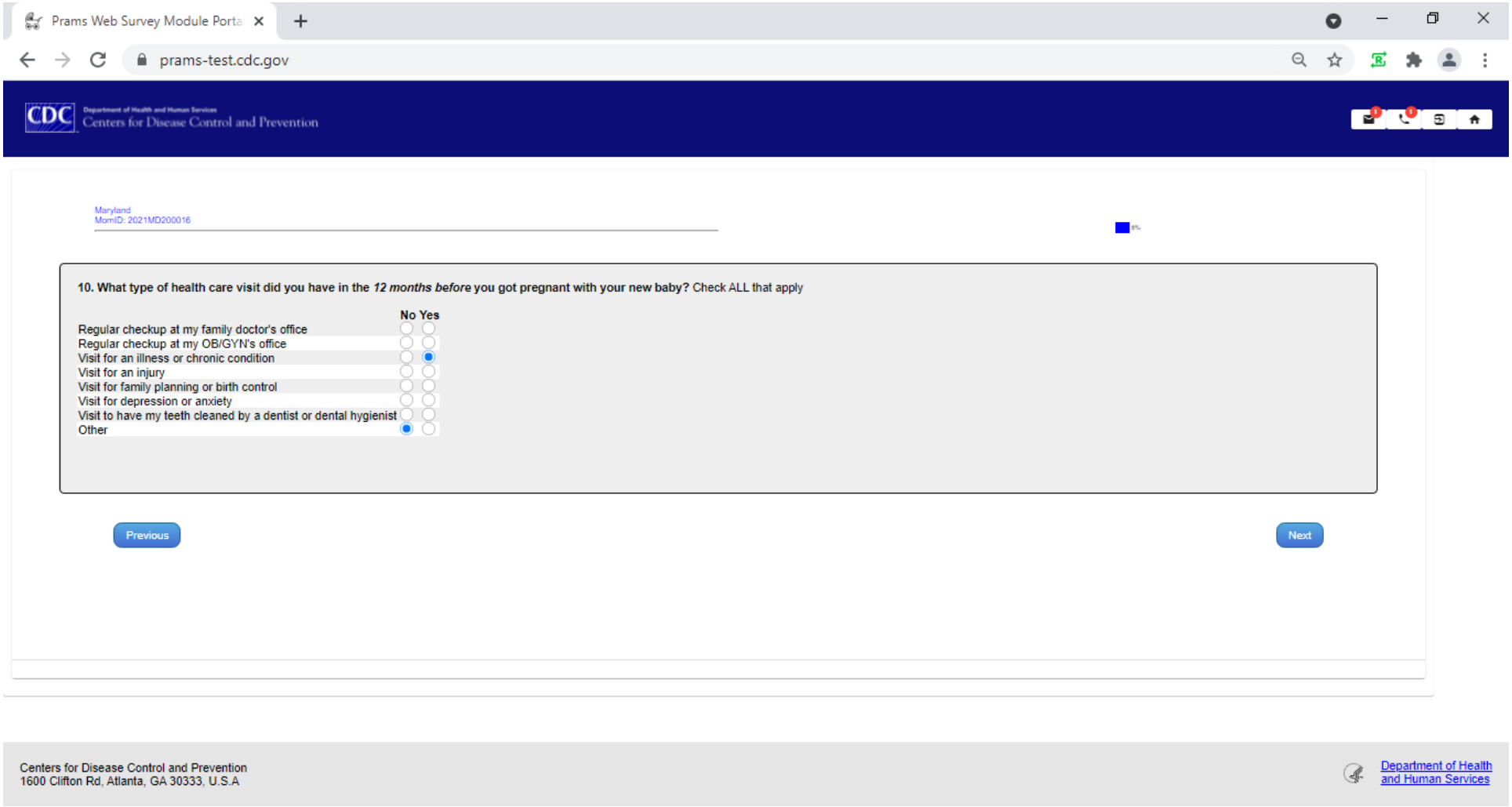
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10. What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply
No Yes
Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
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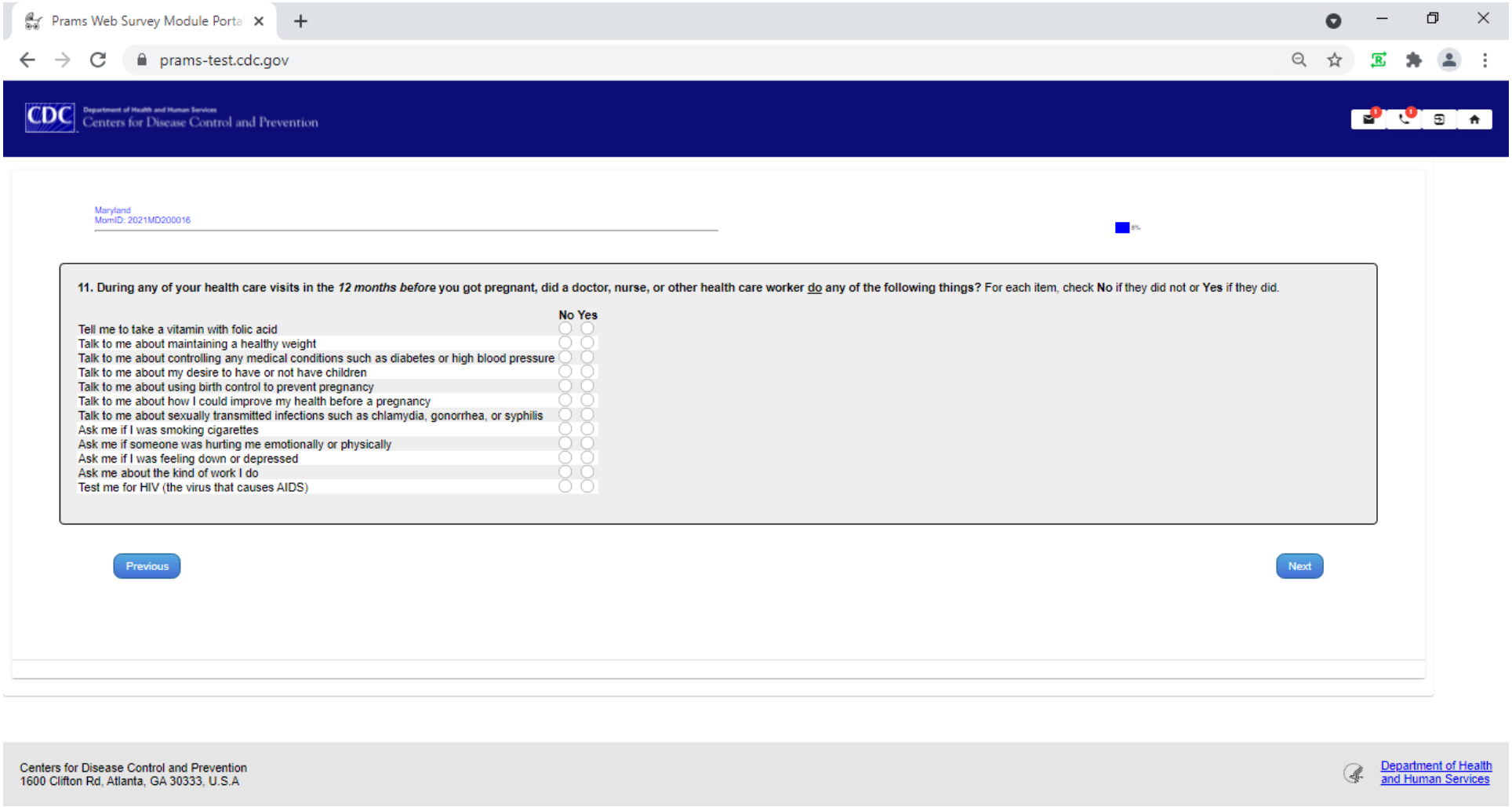
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11. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.
No Yes
Tell me to take a vitamin with folic acid
Talk to me about maintaining a healthy weight
Talk to me about controlling any medical conditions such as diabetes or high blood pressure
Talk to me about my desire to have or not have children
Talk to me about using birth control to prevent pregnancy
Talk to me about how I could improve my health before a pregnancy
Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
Ask me if I was smoking cigarettes
Ask me if someone was hurting me emotionally or physically
Ask me if I was feeling down or depressed
Ask me about the kind of work I do
Test me for HIV (the virus that causes AIDS)
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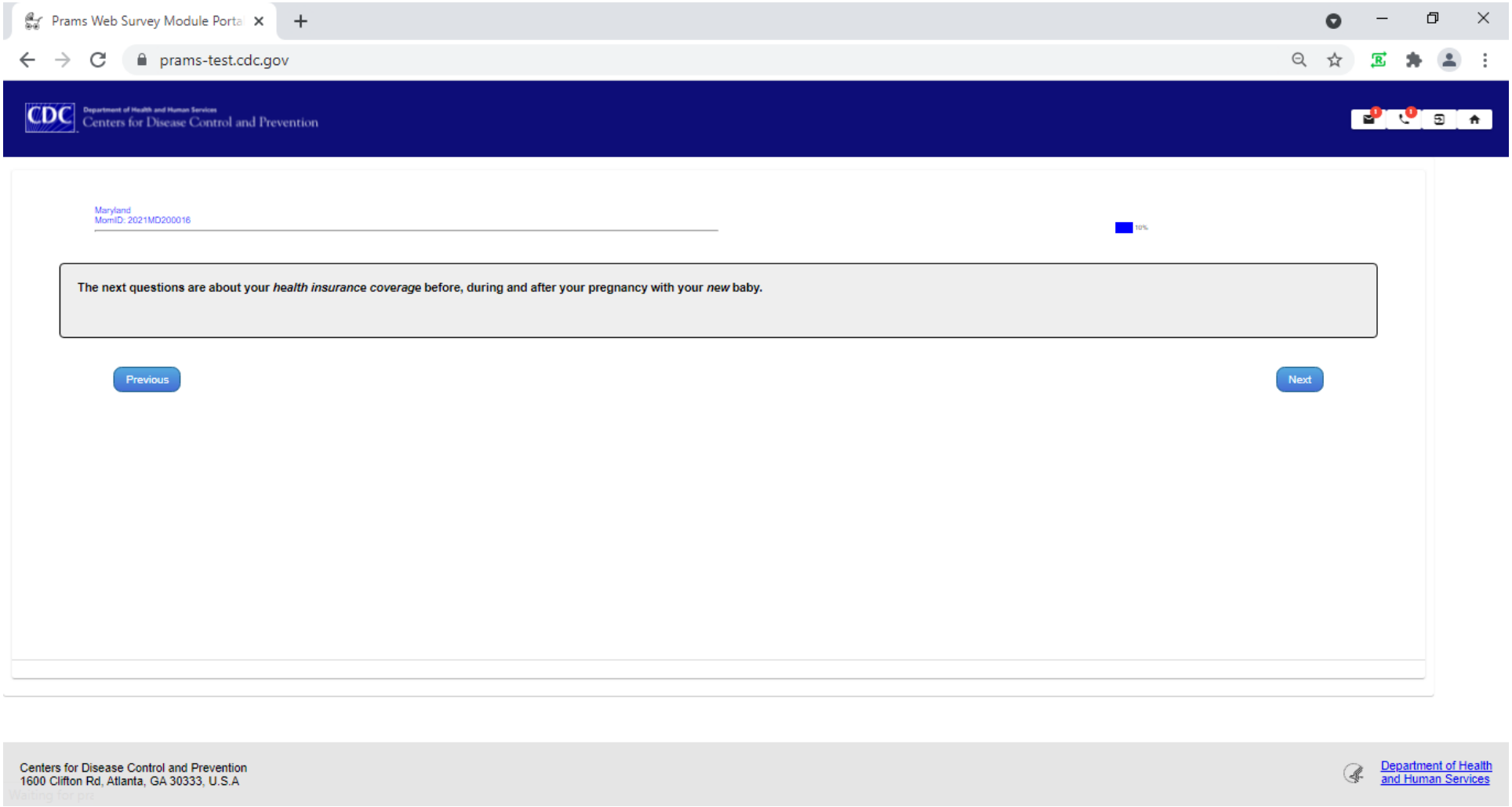
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10%
The next questions are about your *health insurance coverage* before, during and after your pregnancy with your *new* baby.
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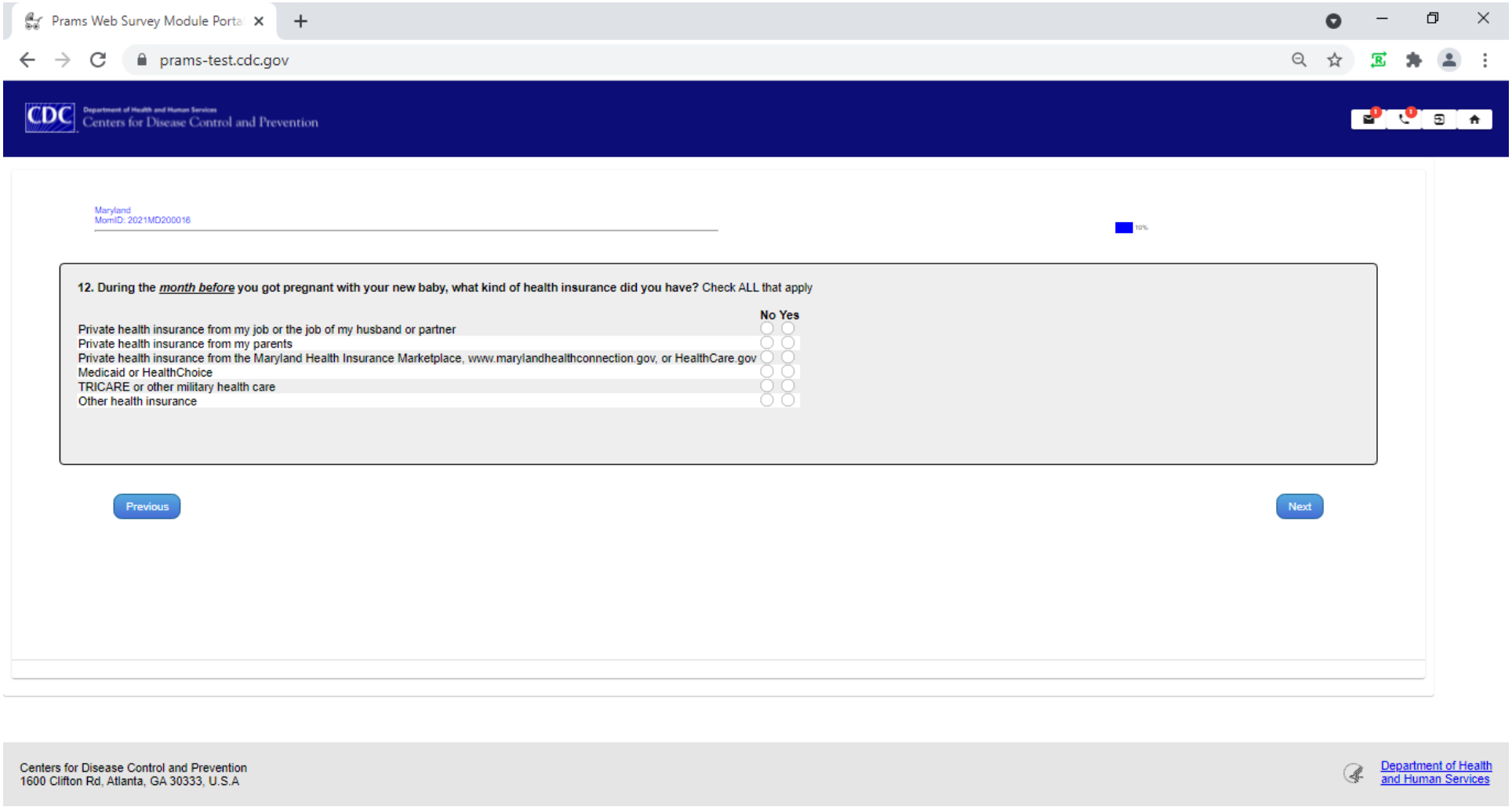
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10%
12. During the month before you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
Medicaid or HealthChoice
TRICARE or other military health care
Other health insurance
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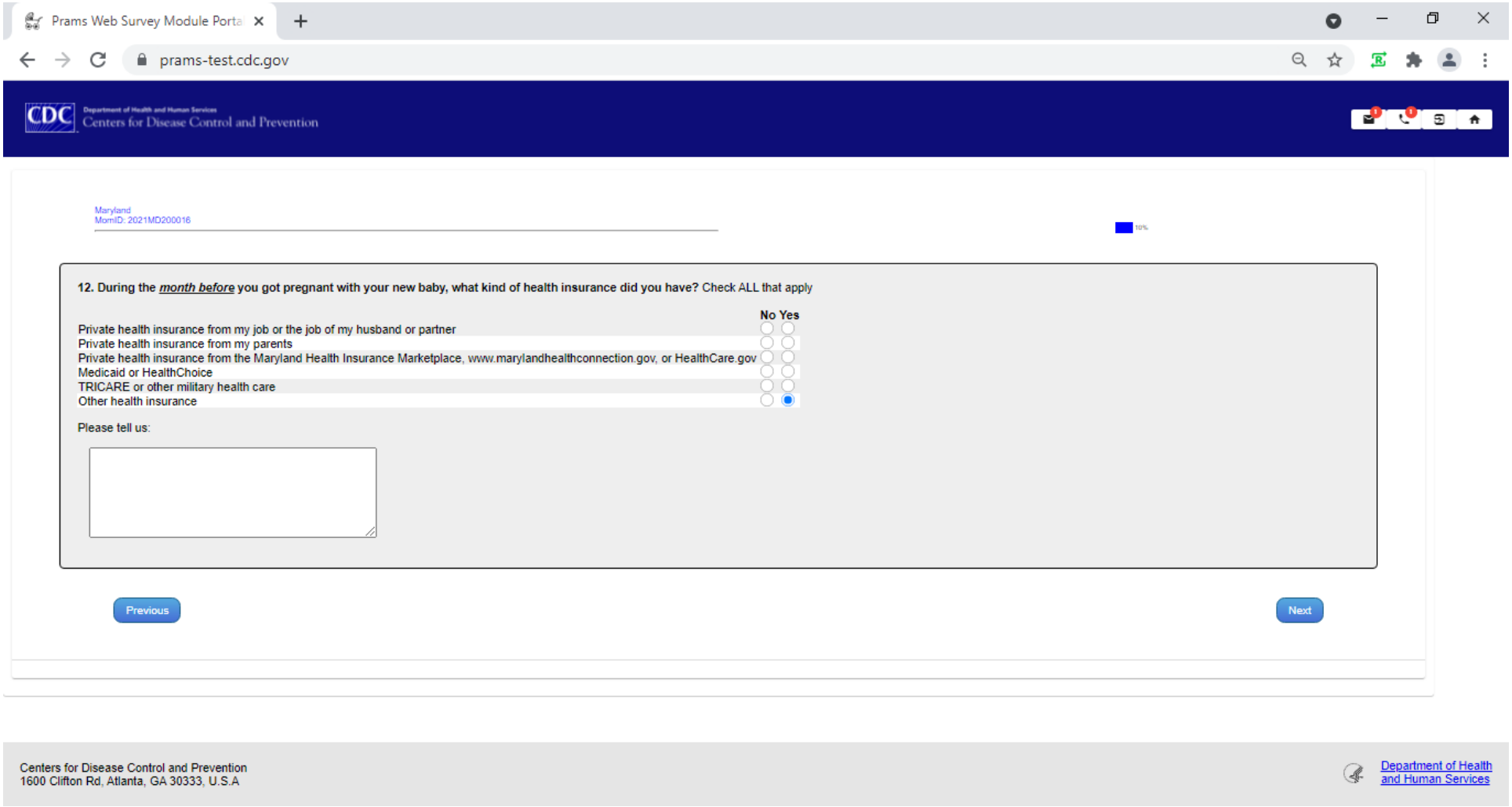
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10%
12. During the month before you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
Medicaid or HealthChoice
TRICARE or other military health care
Other health insurance
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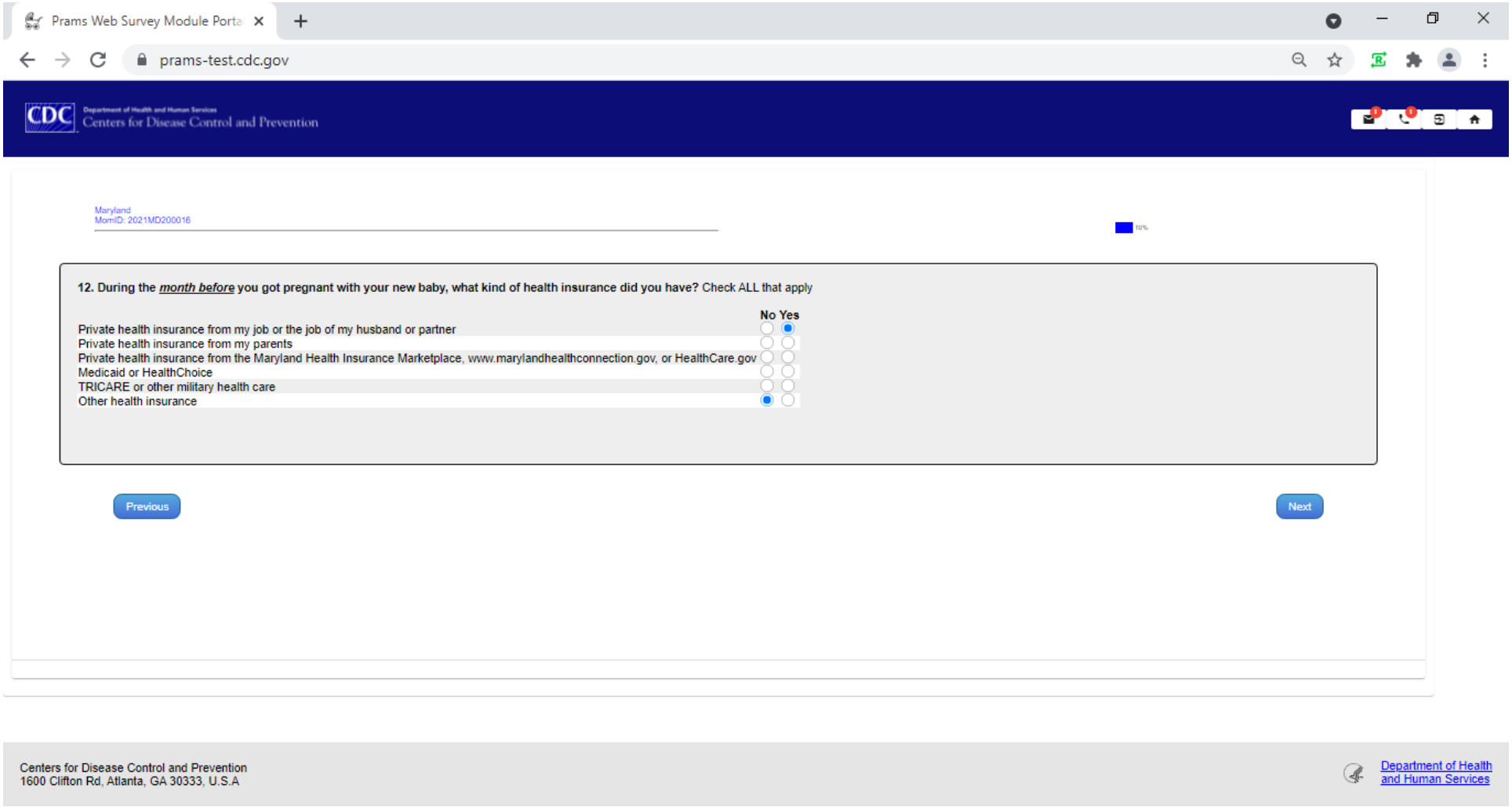
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10%
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Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
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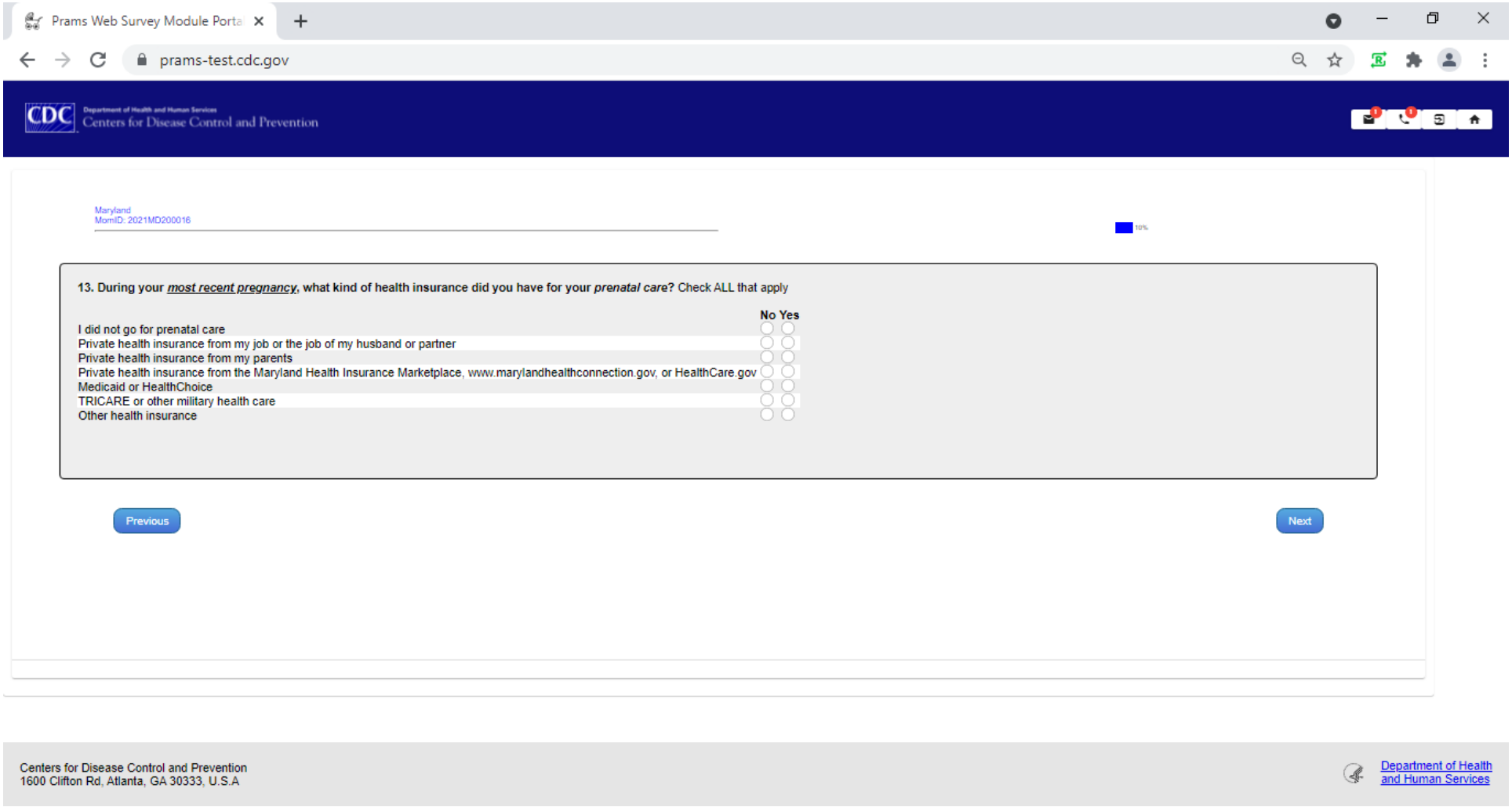
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10%
13. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
Medicaid or HealthChoice
TRICARE or other military health care
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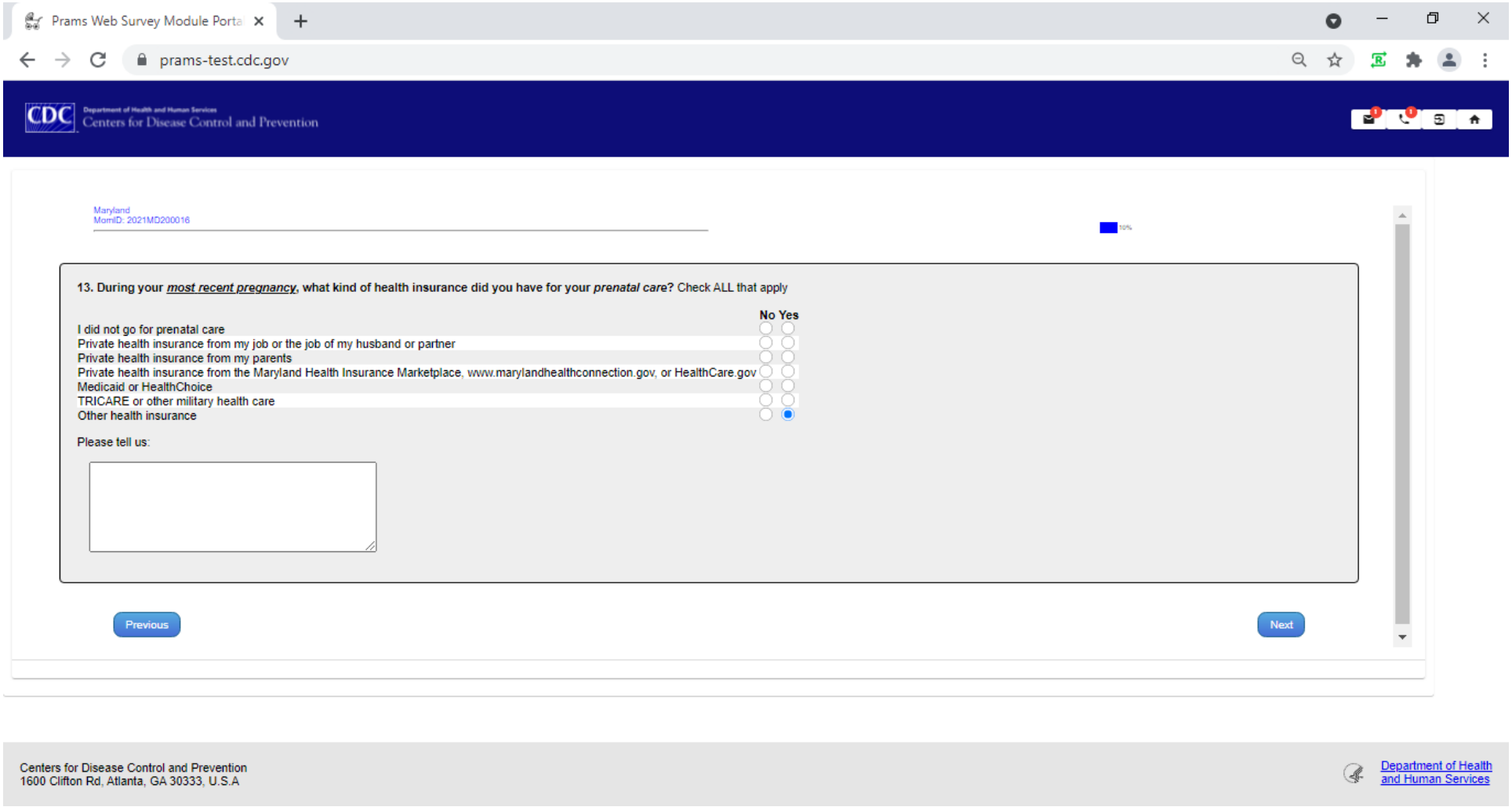
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13. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
Medicaid or HealthChoice
TRICARE or other military health care
Other health insurance
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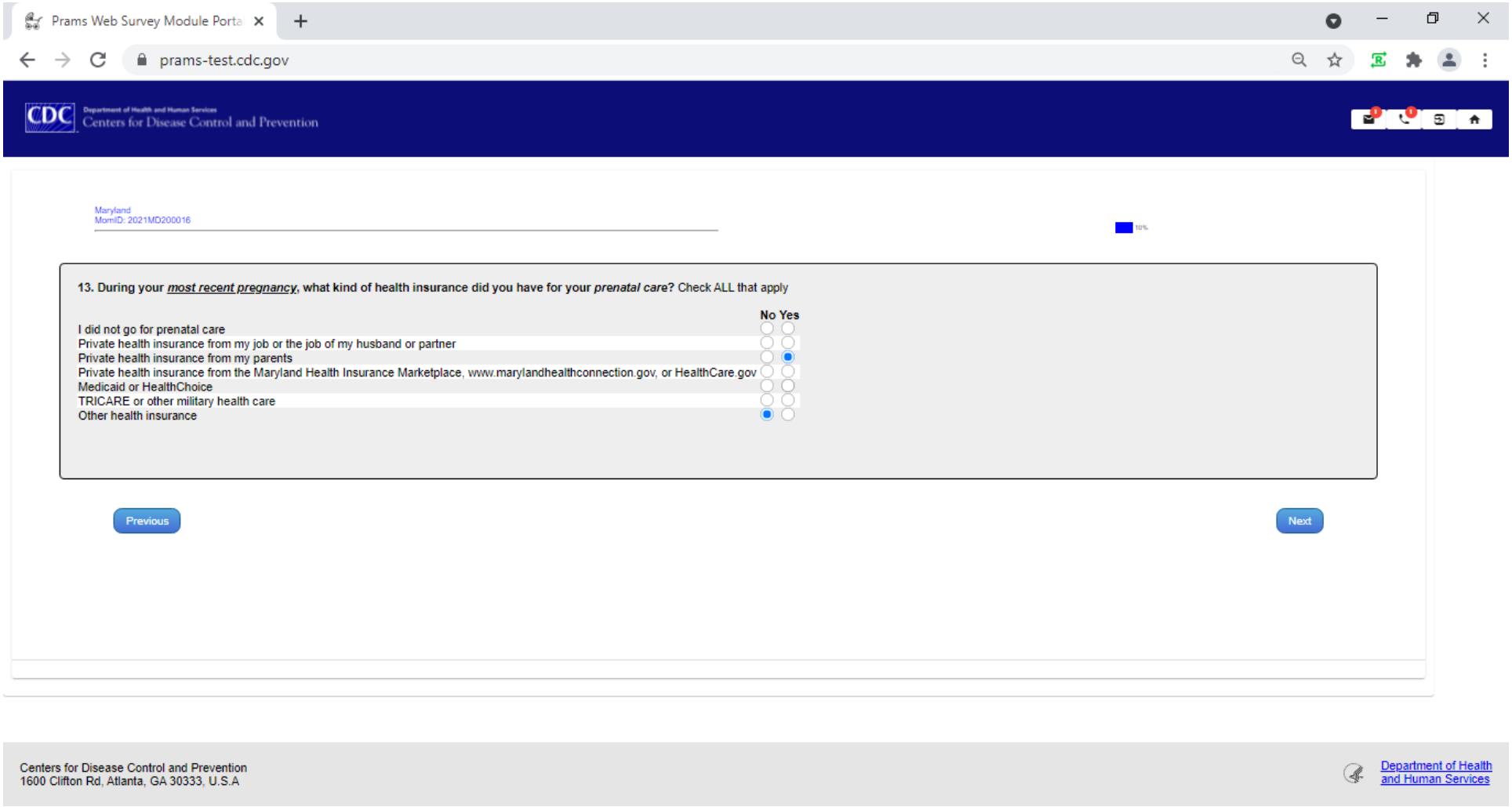
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13. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
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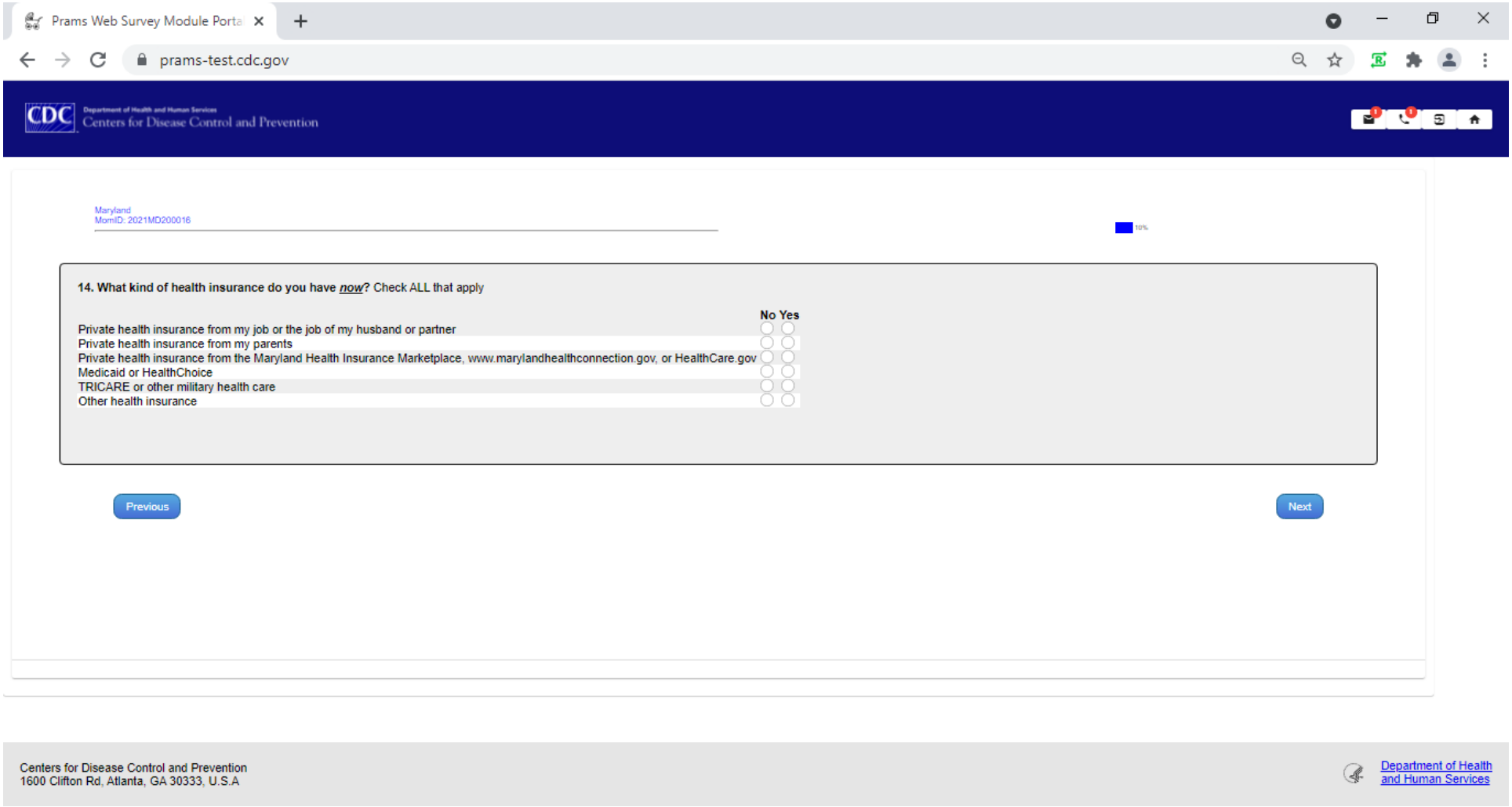
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14. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
Medicaid or HealthChoice
TRICARE or other military health care
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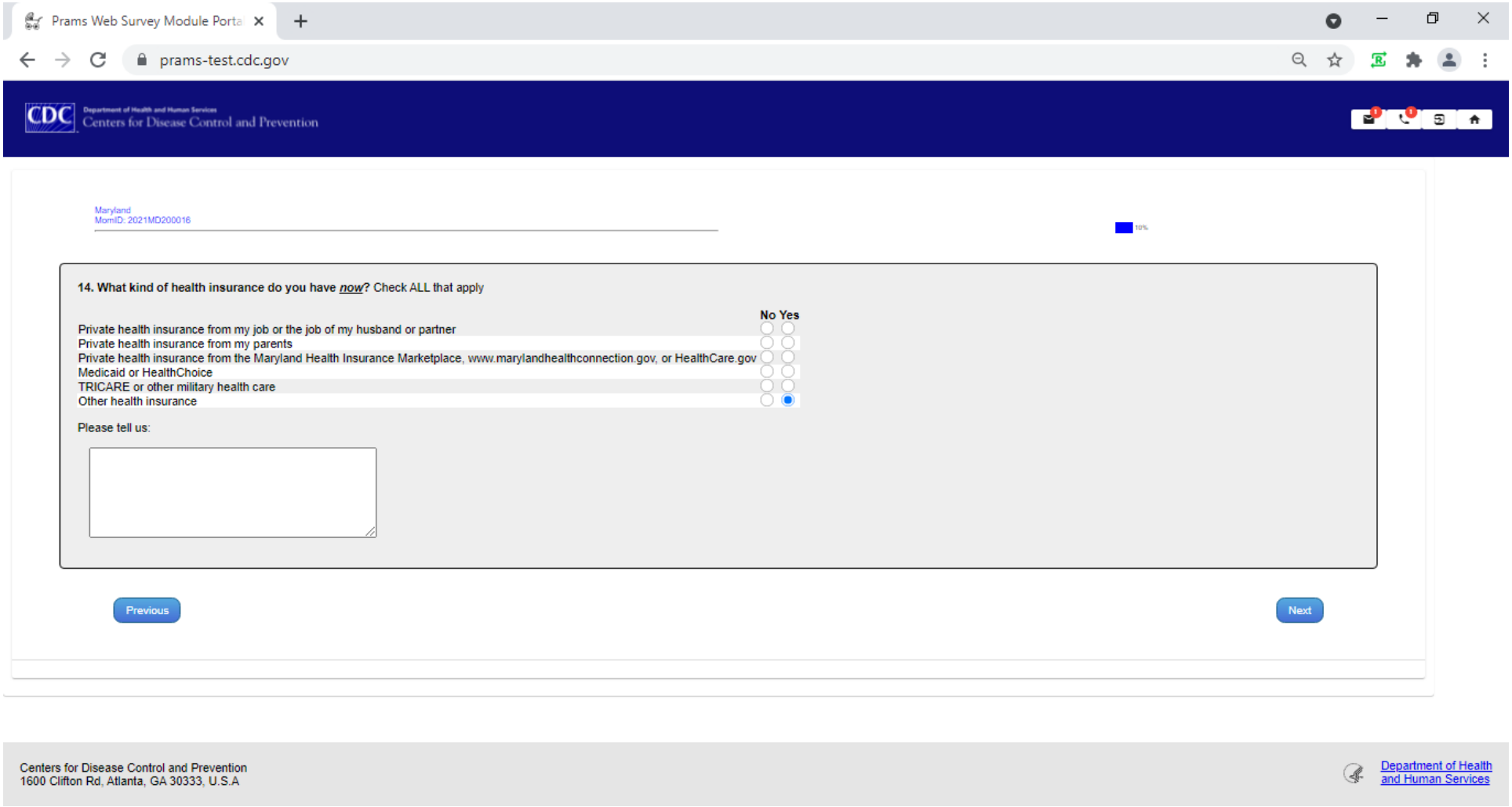
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14. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
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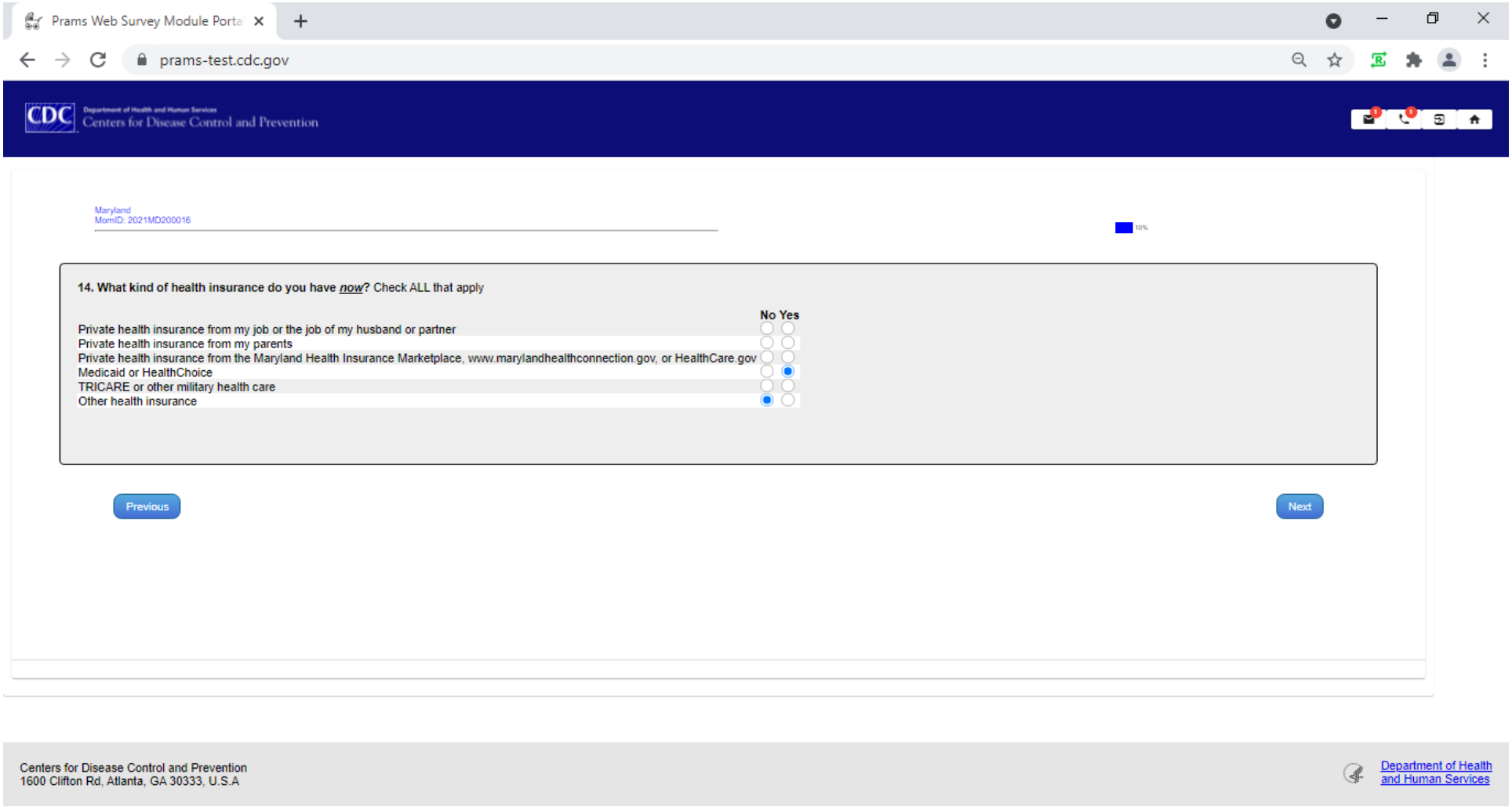
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14. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
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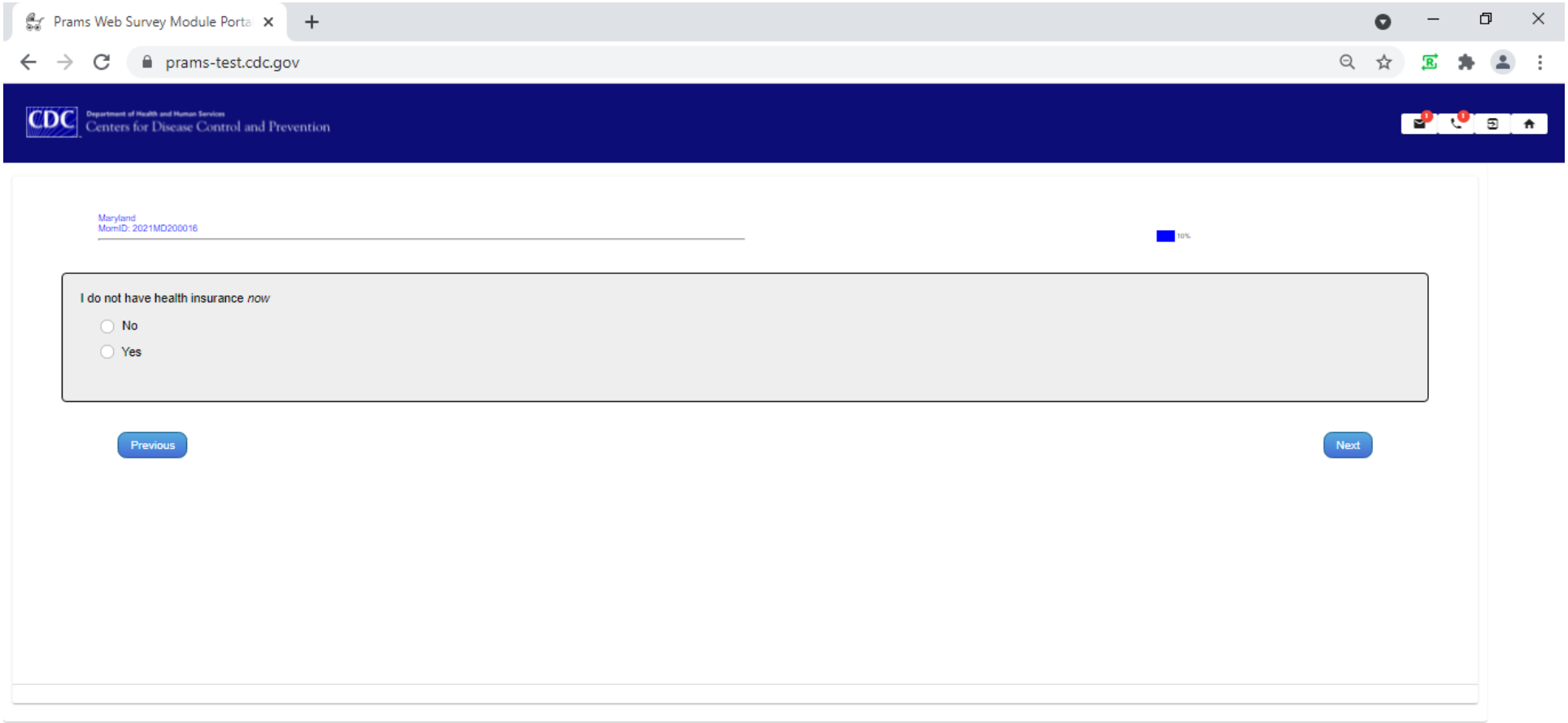
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I do not have health insurance *now*
No
Yes
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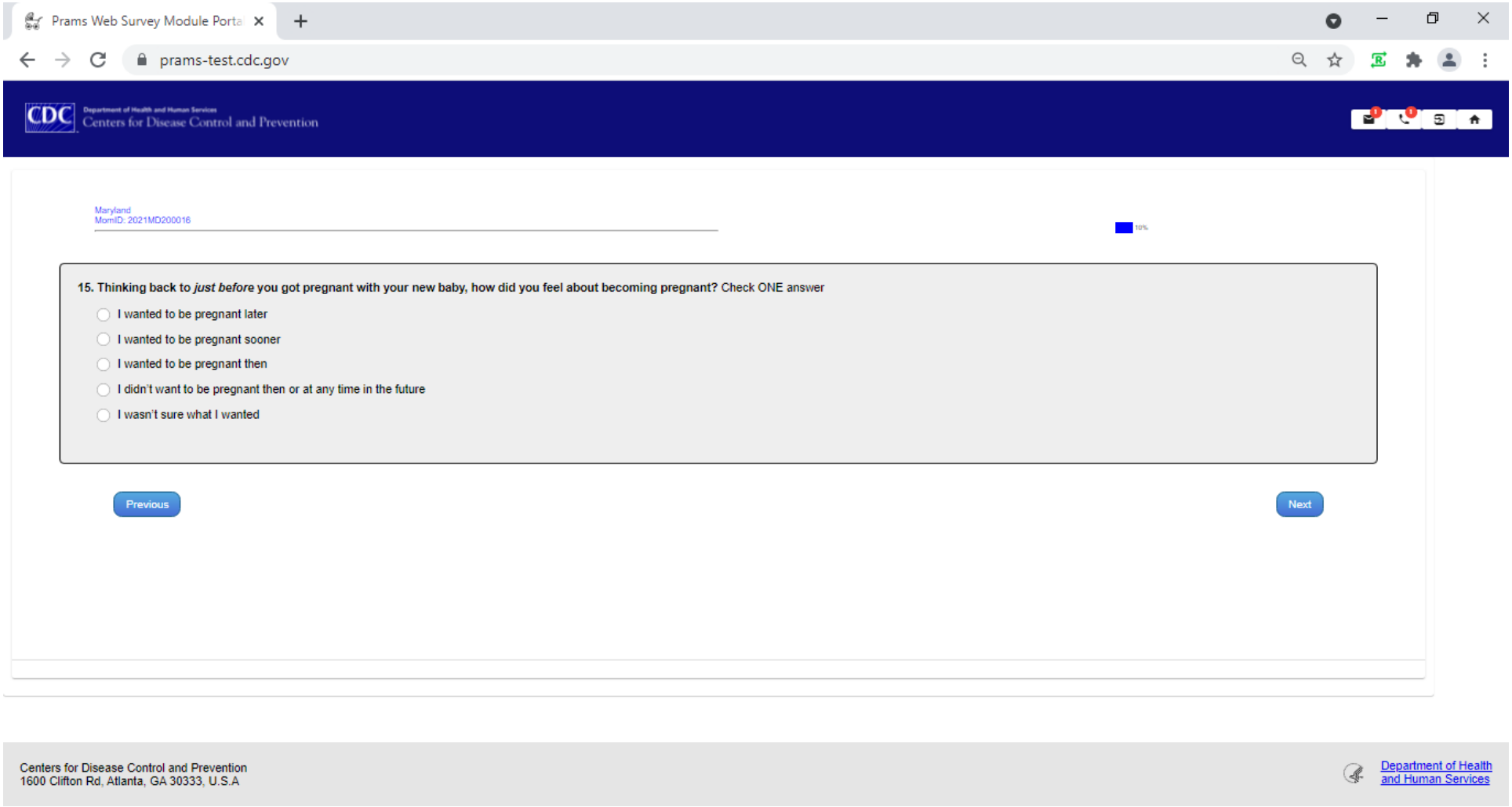
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15. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant? Check ONE answer
I wanted to be pregnant later
I wanted to be pregnant sooner
I wanted to be pregnant then
I didn't want to be pregnant then or at any time in the future
I wasn't sure what I wanted
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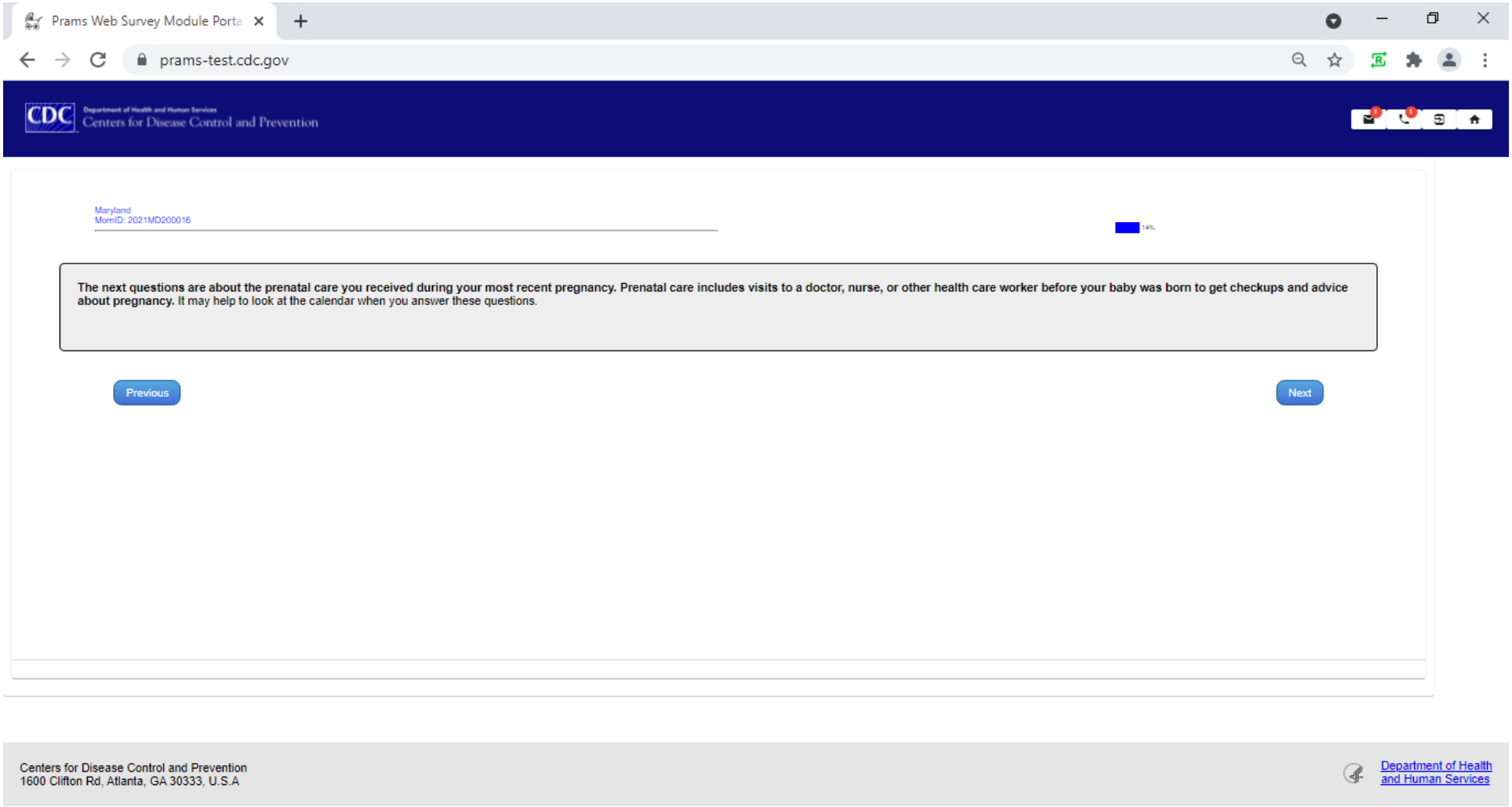
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The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. It may help to look at the calendar when you answer these questions.
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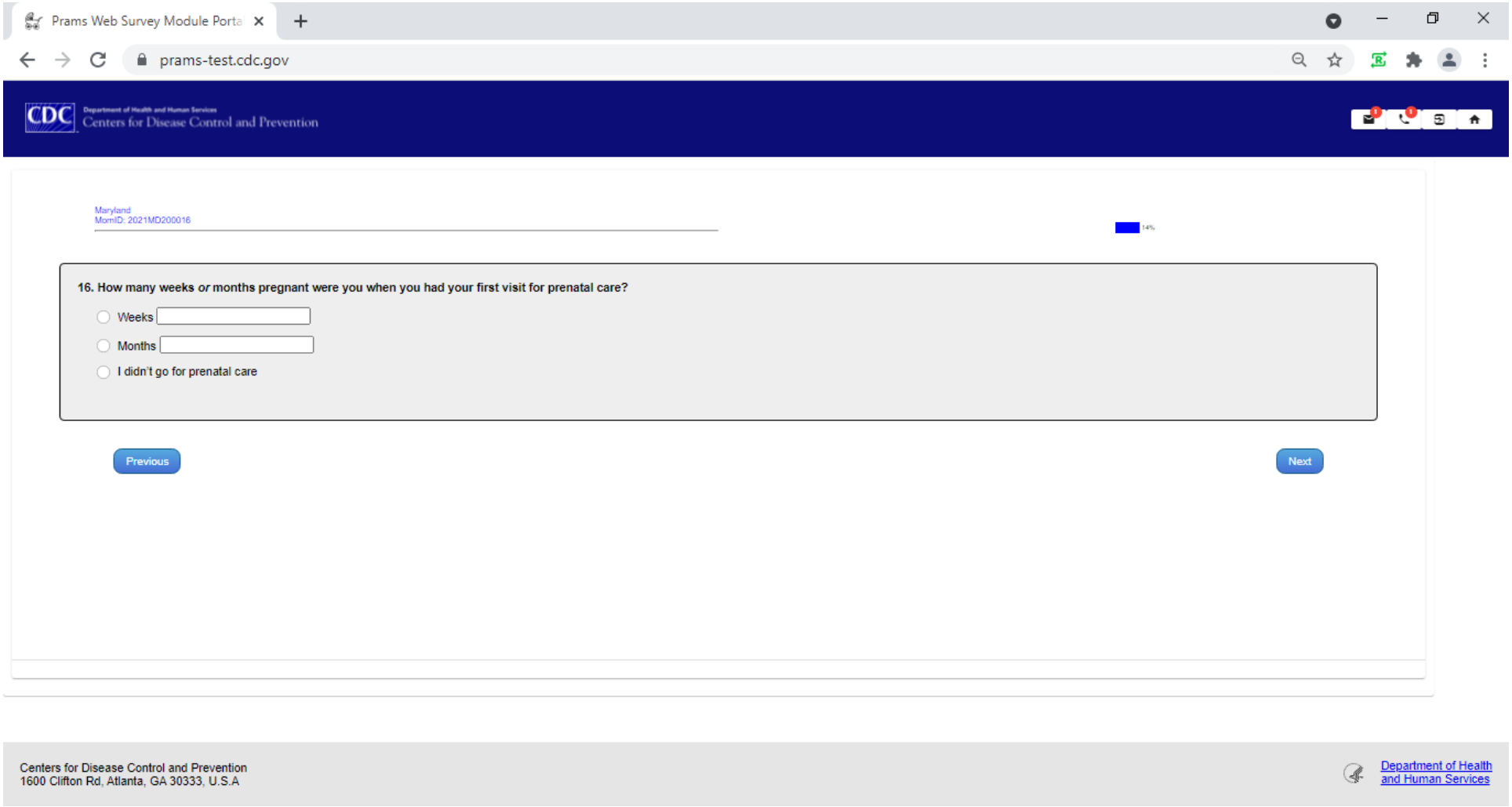
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16. How many weeks or months pregnant were you when you had your first visit for prenatal care?
Weeks
Months
I didn't go for prenatal care
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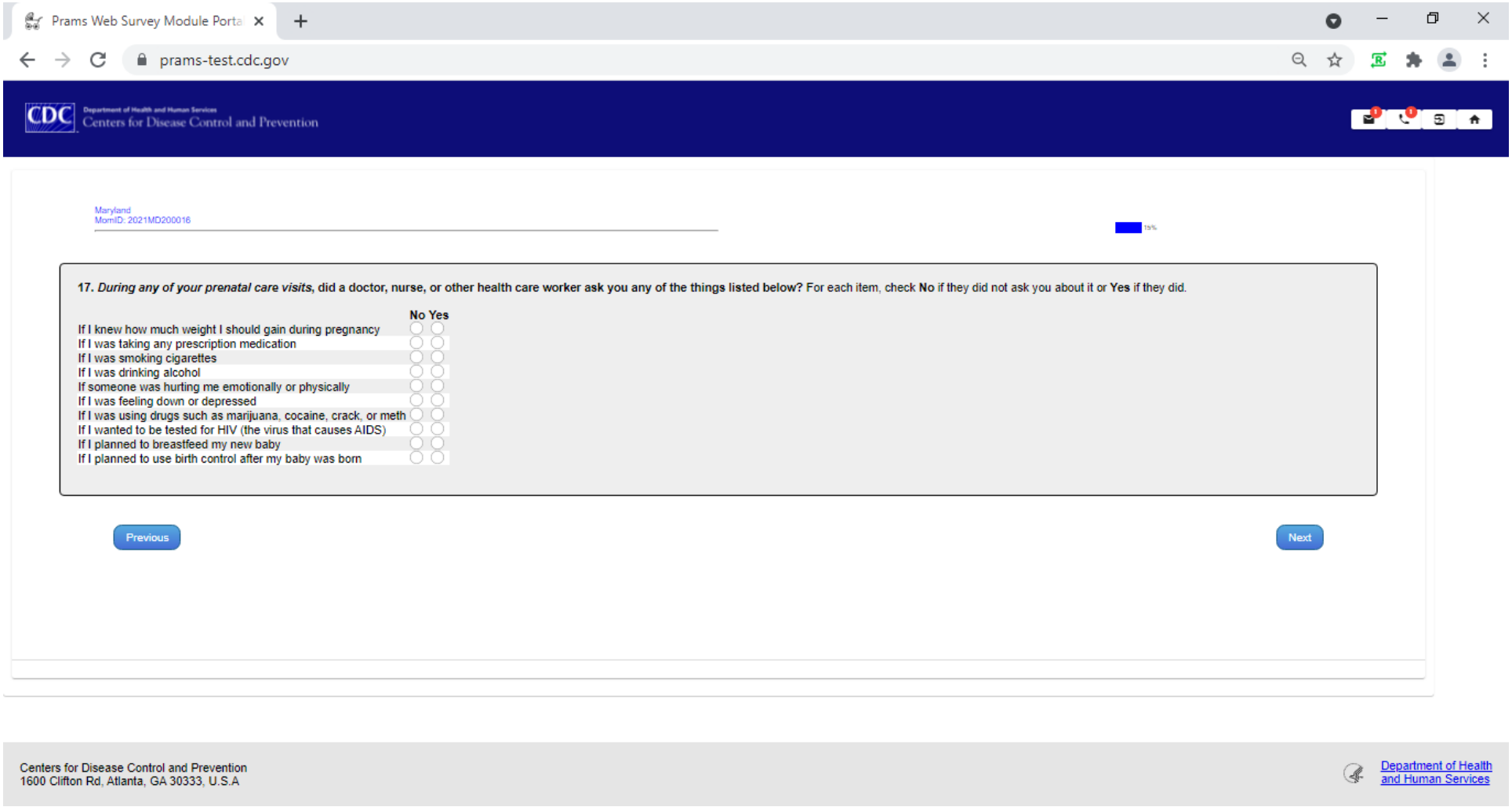
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17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.
No Yes
If I knew how much weight I should gain during pregnancy
If I was taking any prescription medication
If I was smoking cigarettes
If I was drinking alcohol
If someone was hurting me emotionally or physically
If I was feeling down or depressed
If I was using drugs such as marijuana, cocaine, crack, or meth
If I wanted to be tested for HIV (the virus that causes AIDS)
If I planned to breastfeed my new baby
If I planned to use birth control after my baby was born
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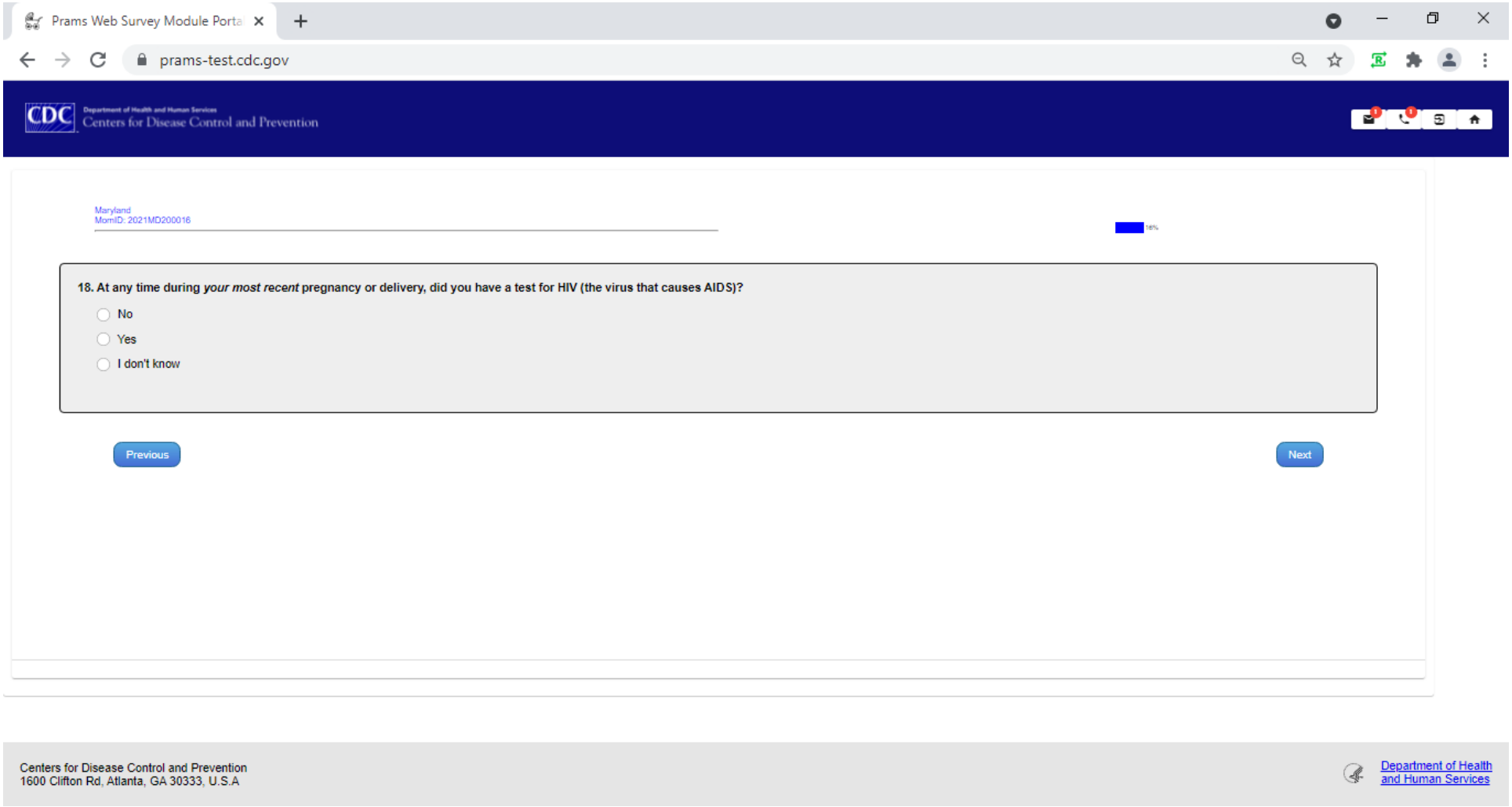
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18. At any time during *your most recent* pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?
No
Yes
I don't know
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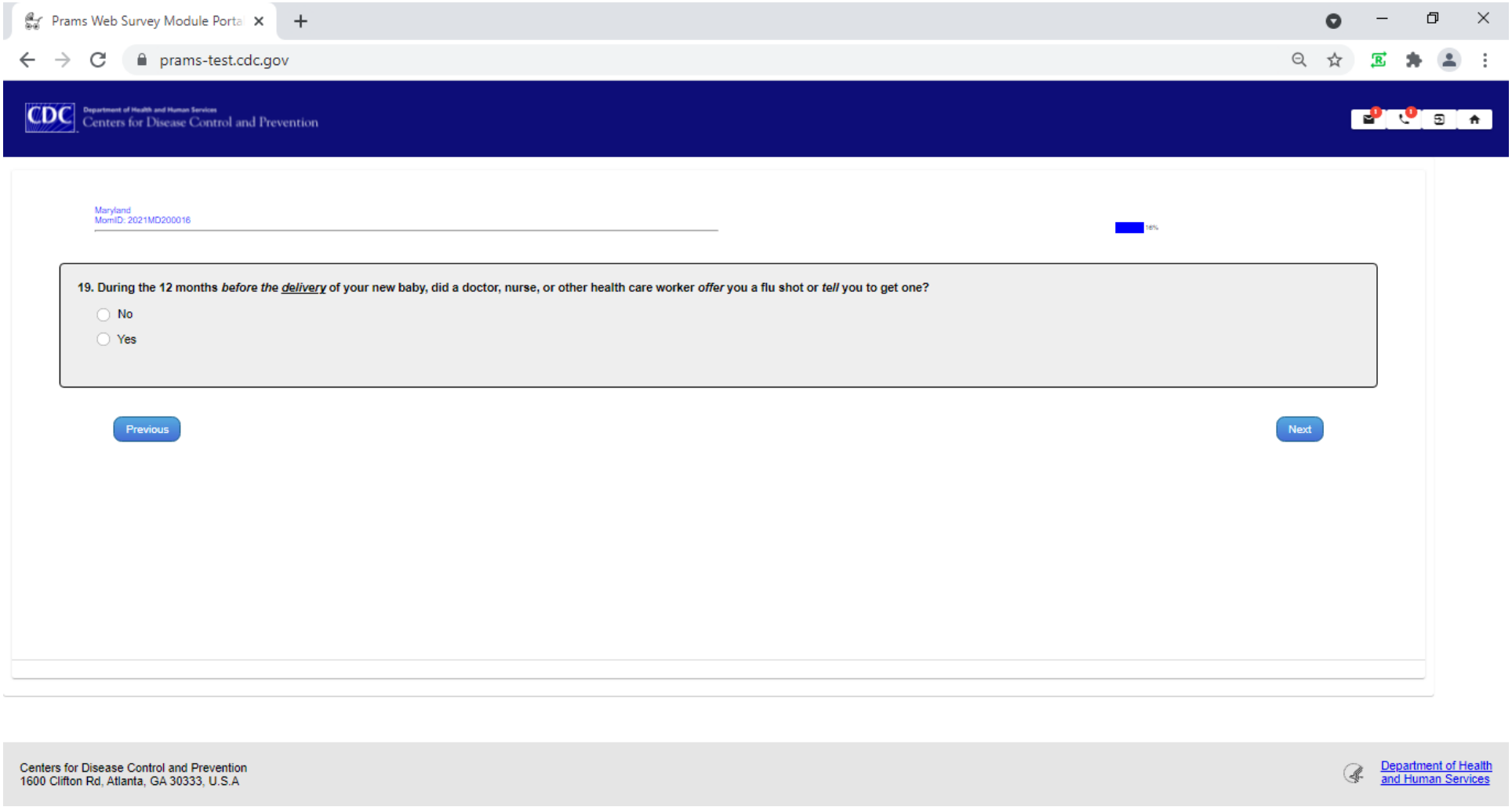
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19. During the 12 months *before the* ***delivery*** of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?
No
Yes
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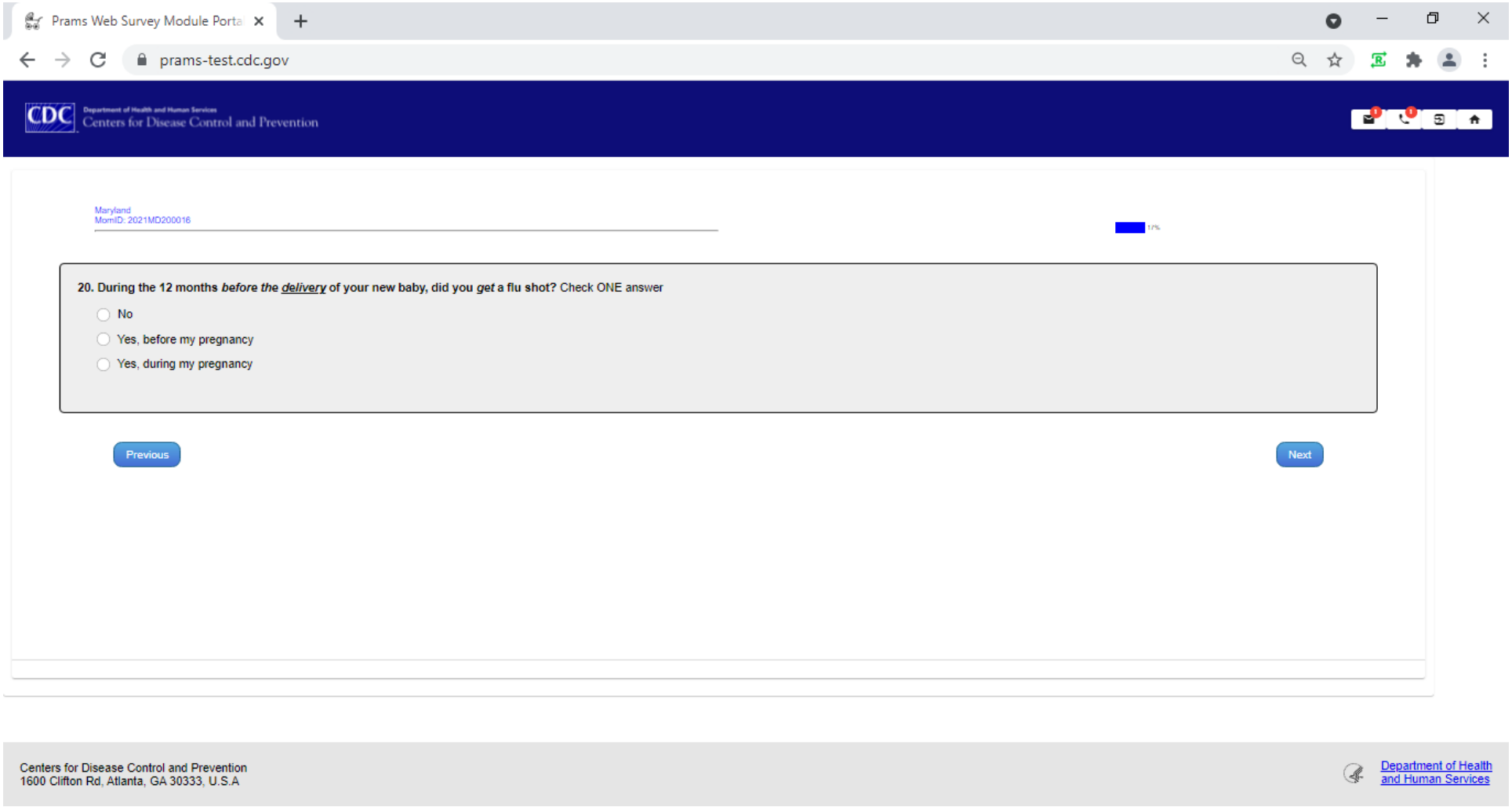
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20. During the 12 months *before the* ***delivery*** of your new baby, did you *get* a flu shot? Check ONE answer
No
Yes, before my pregnancy
Yes, during my pregnancy
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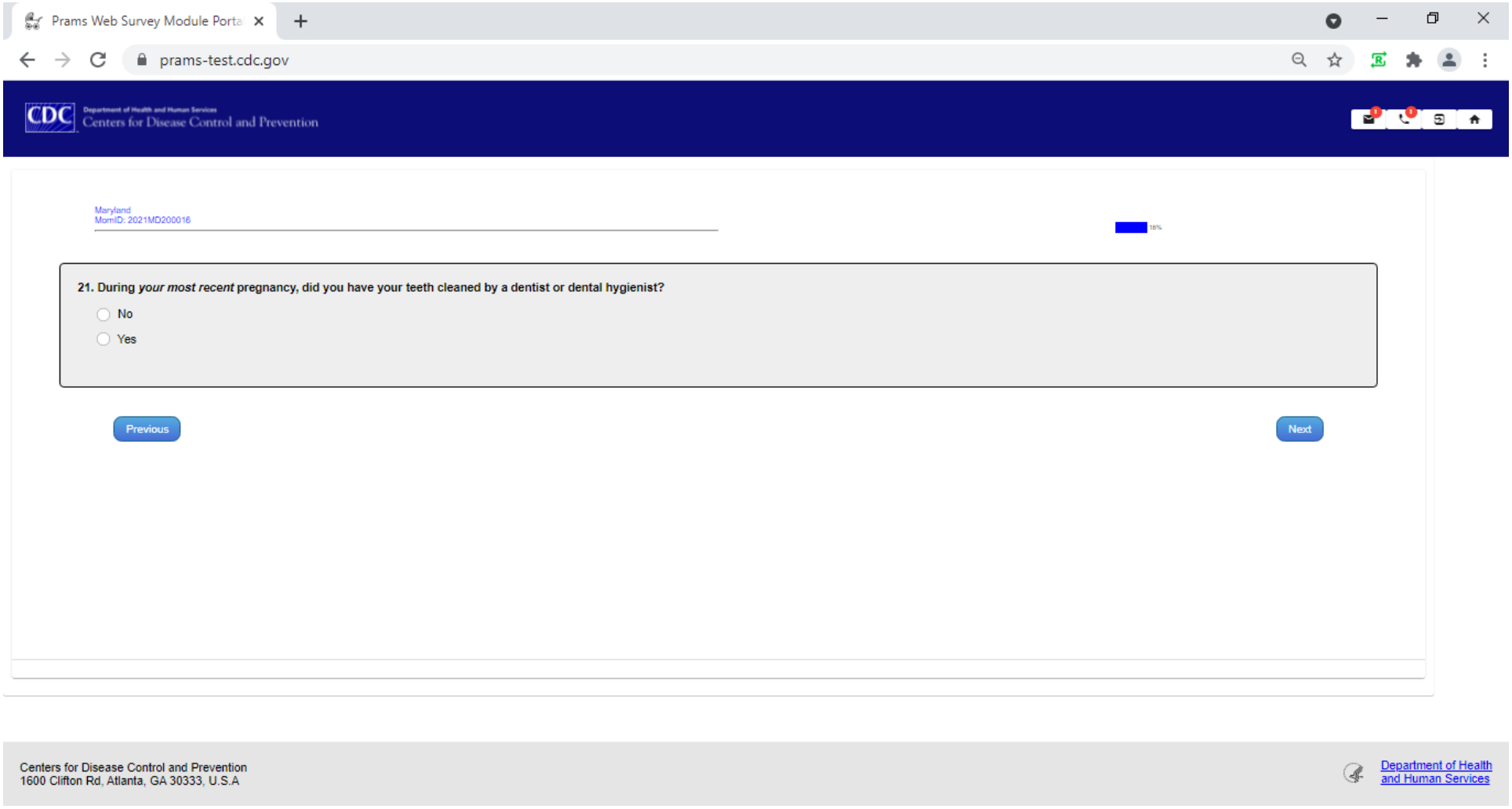
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21. During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
No
Yes
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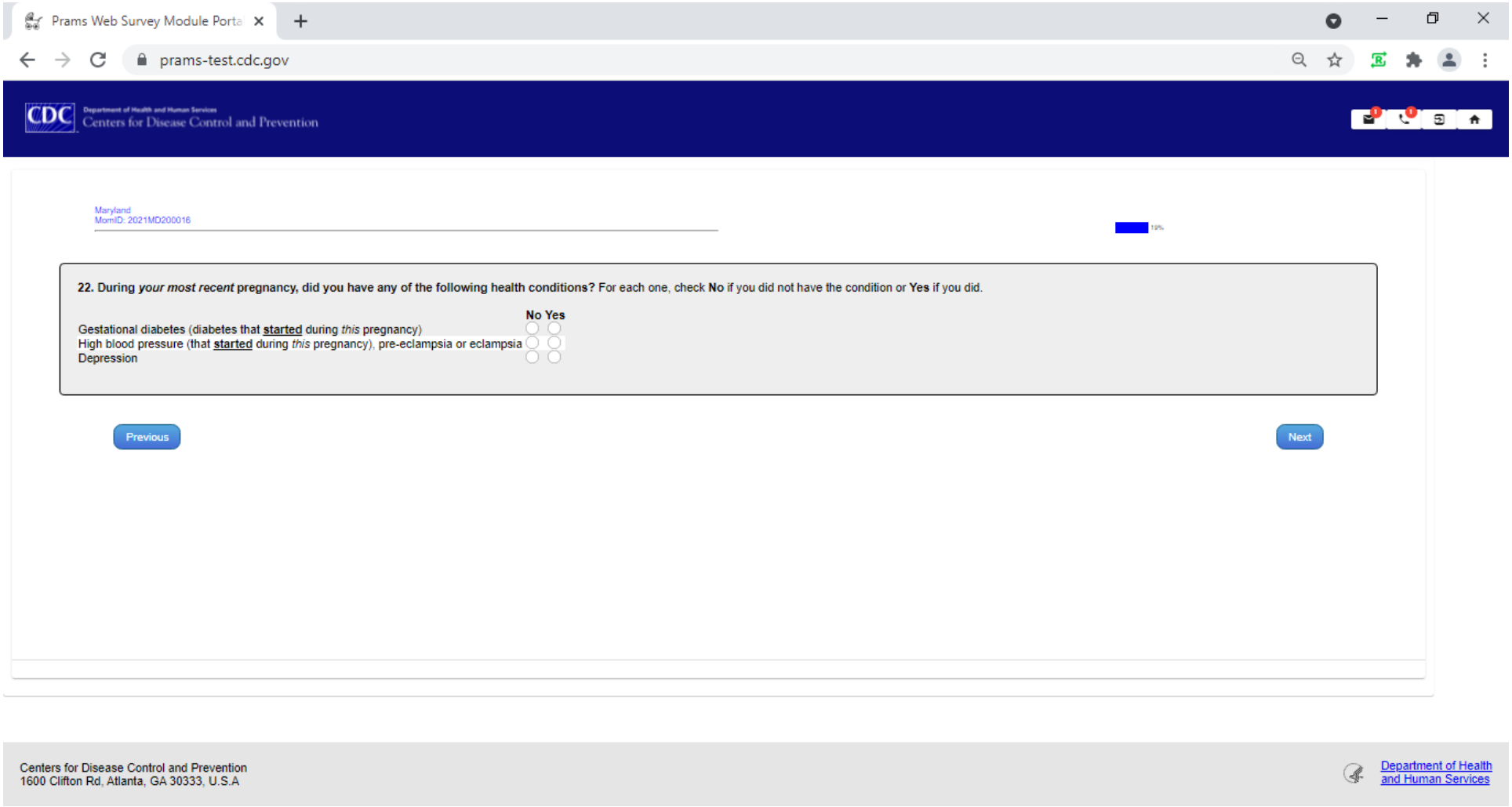
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22. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
No Yes
Gestational diabetes (diabetes that started during this pregnancy)
High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
Depression
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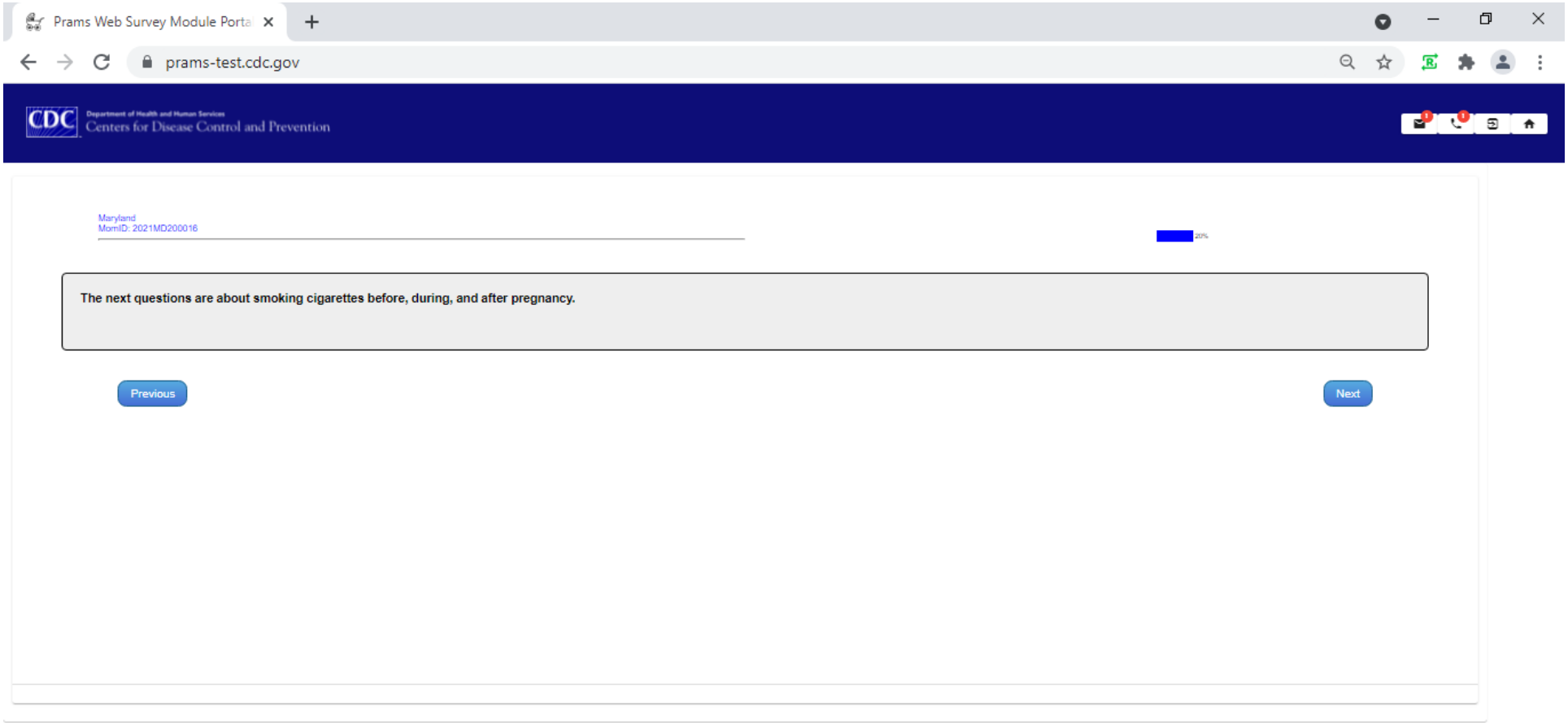
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20%
The next questions are about smoking cigarettes before, during, and after pregnancy.
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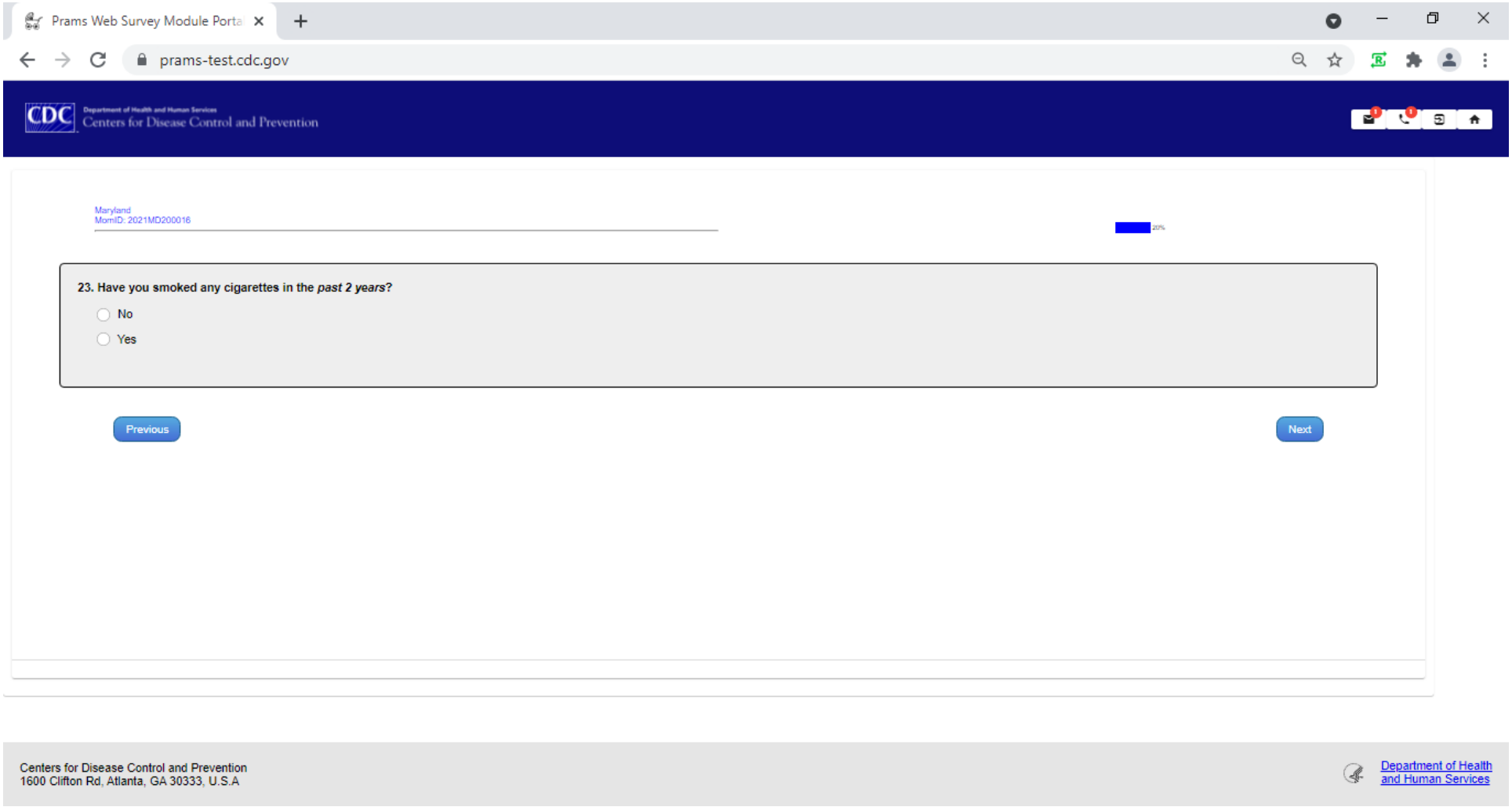
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23. Have you smoked any cigarettes in the *past 2 years*?
No
Yes
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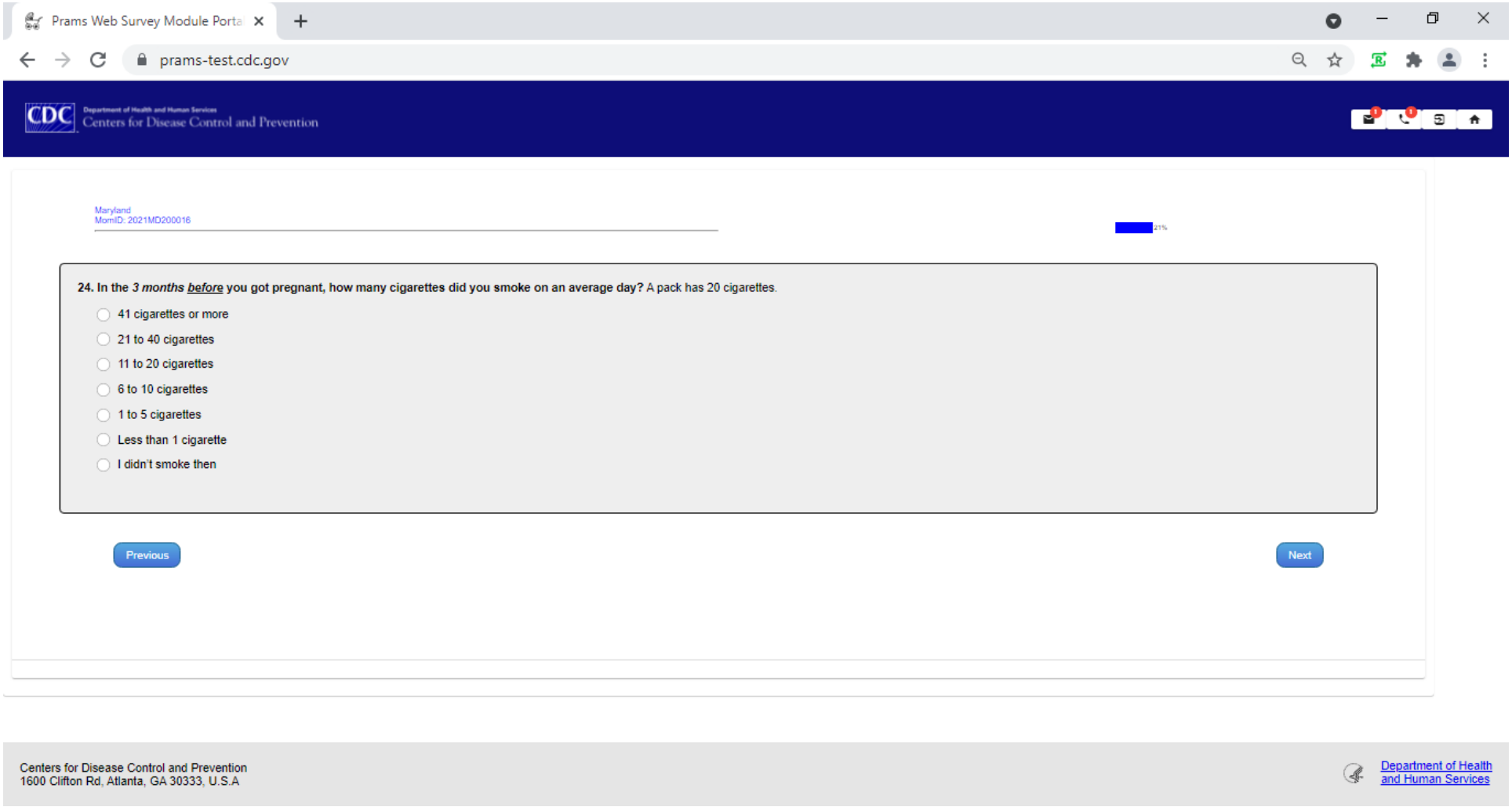
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24. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I didn't smoke then
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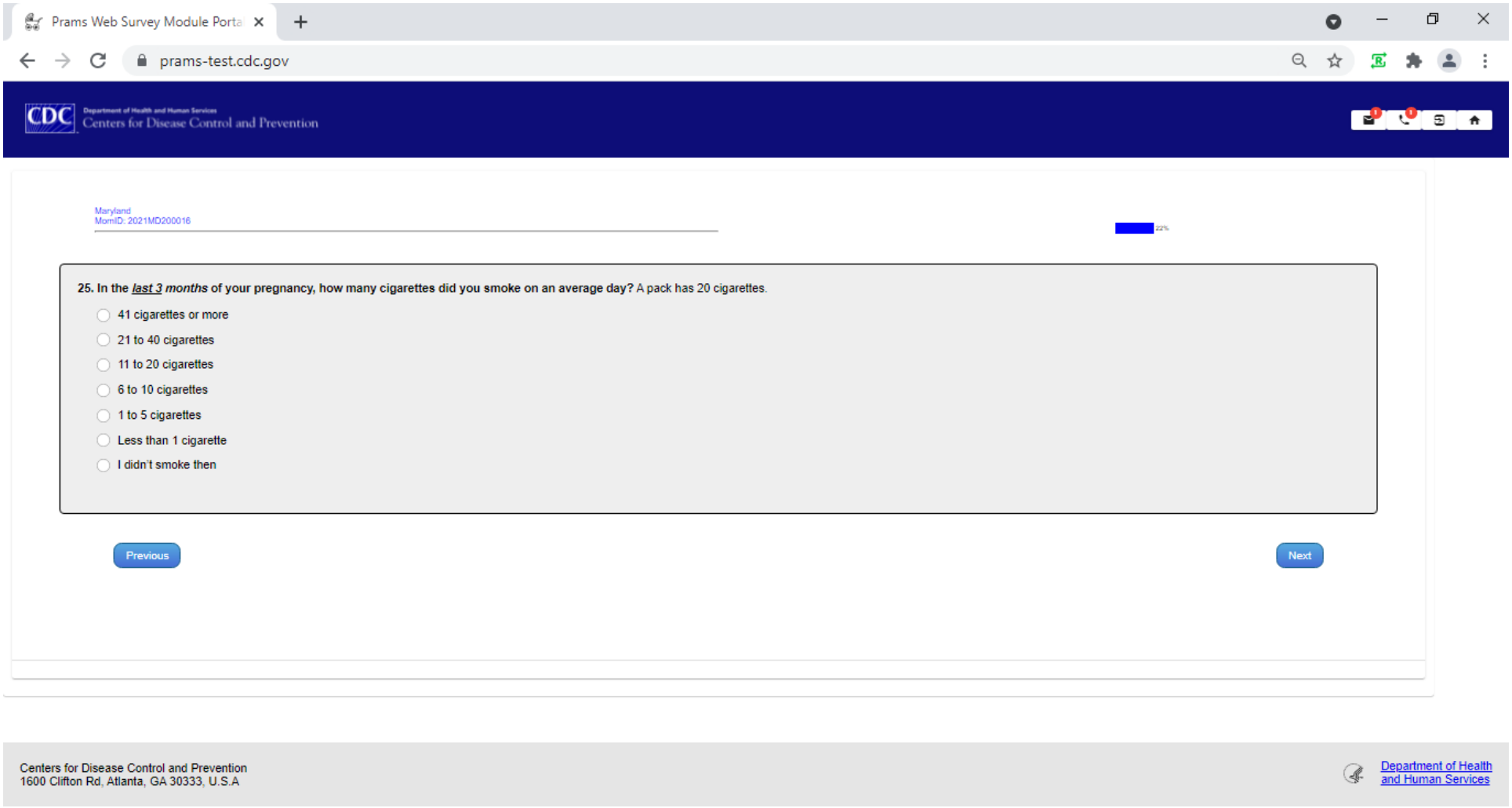
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25. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I didn't smoke then
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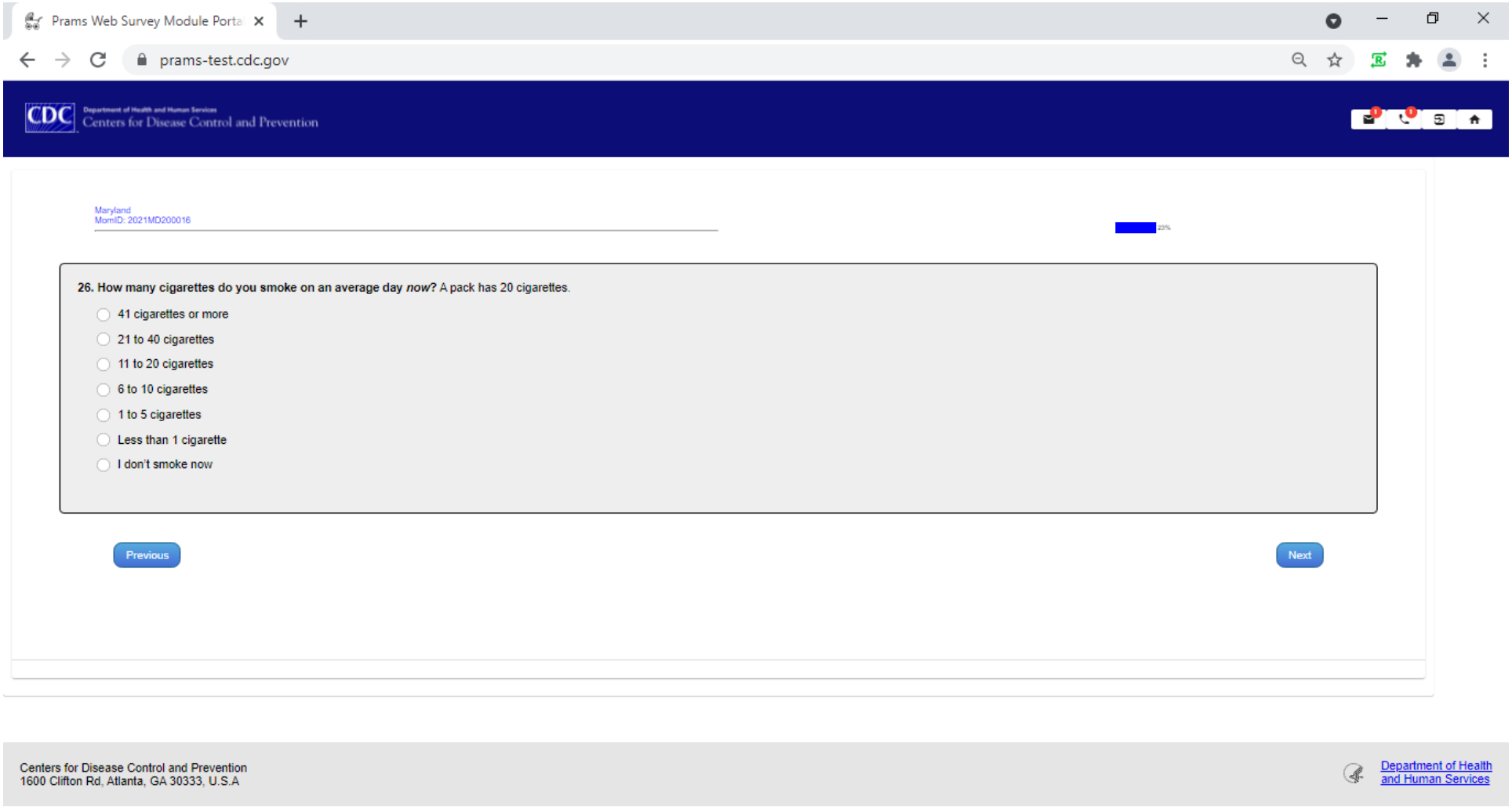
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26. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I don't smoke now
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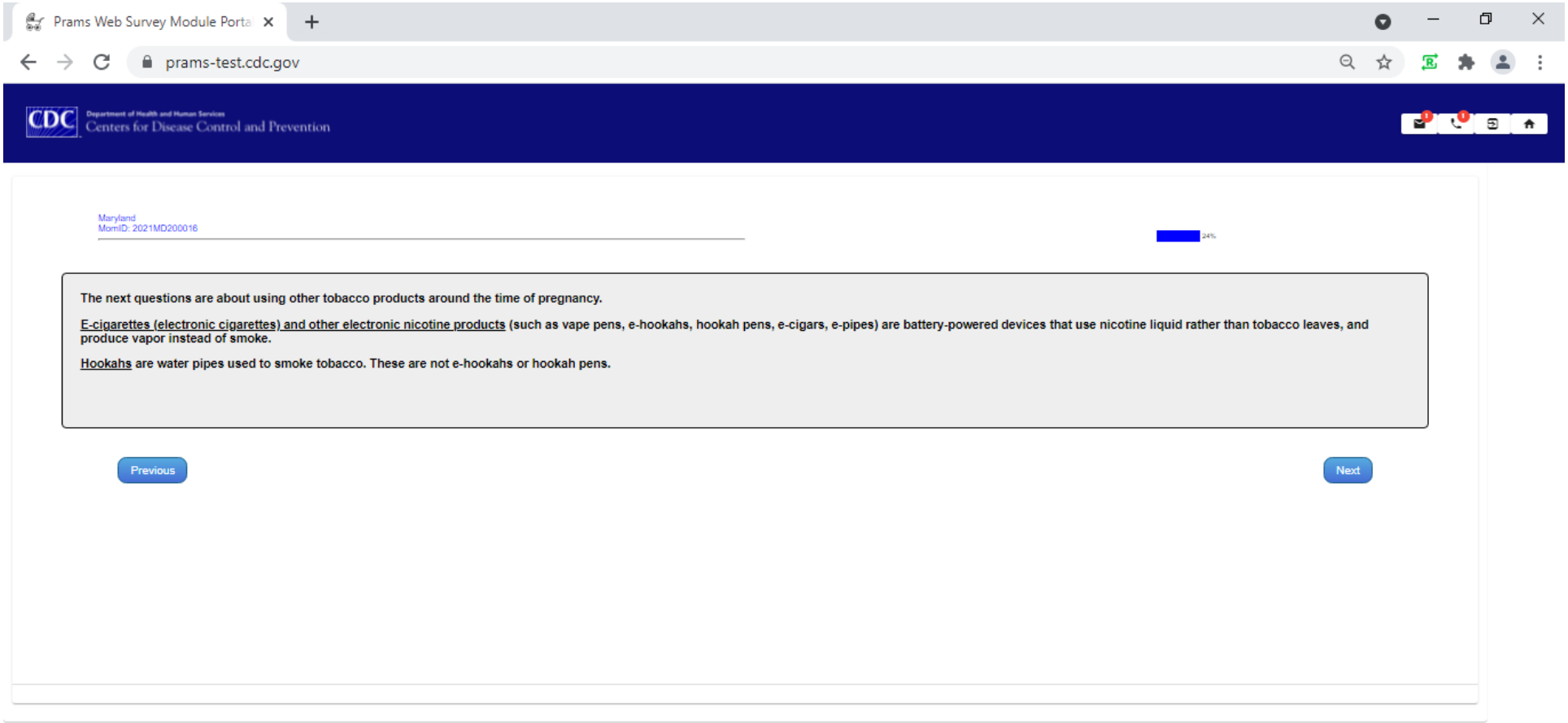
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24%
The next questions are about using other tobacco products around the time of pregnancy.
E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.
Hookahs are water pipes used to smoke tobacco. These are not e-hookahs or hookah pens.
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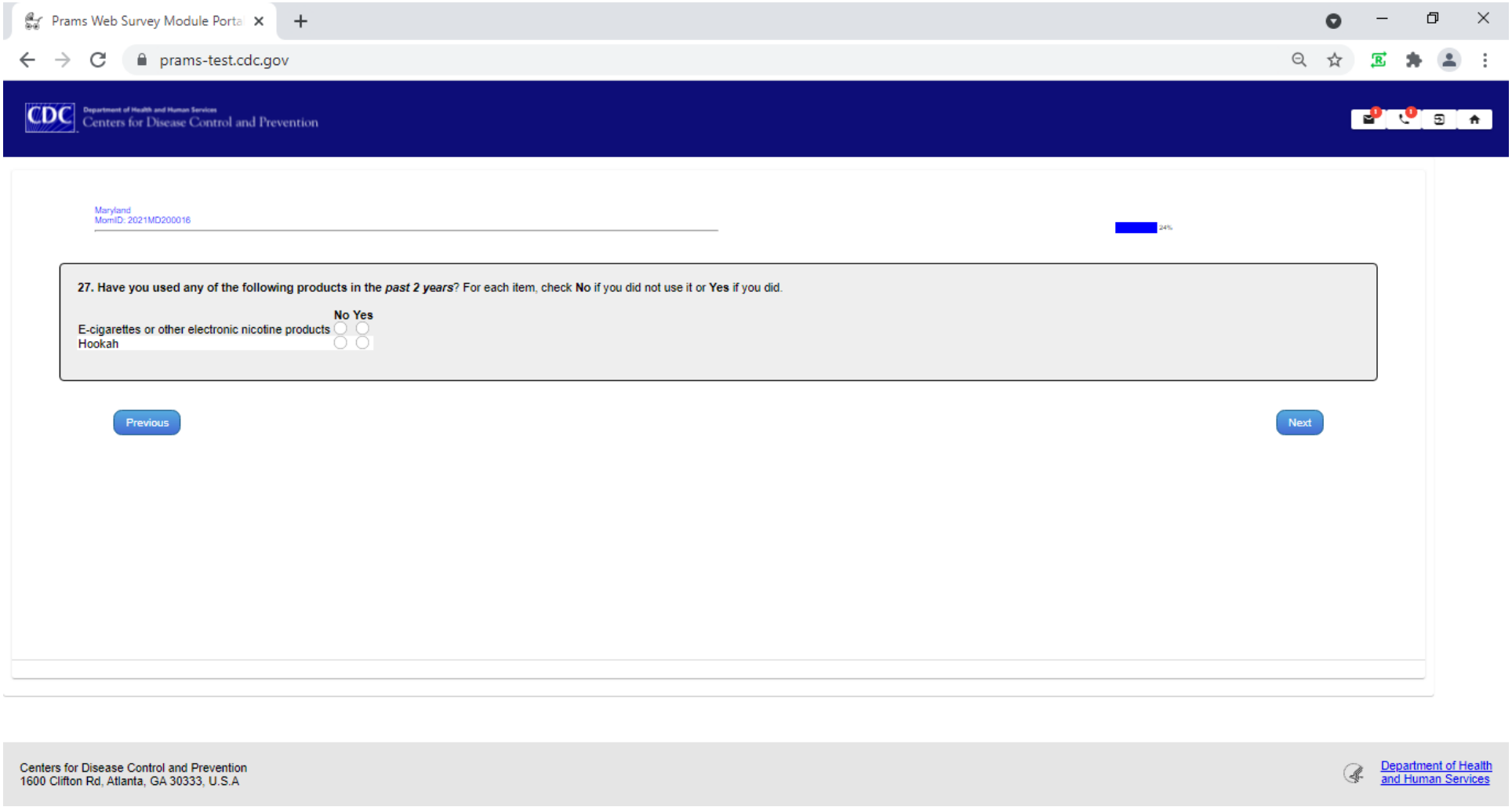
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24%
27. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
No Yes
E-cigarettes or other electronic nicotine products
Hookah
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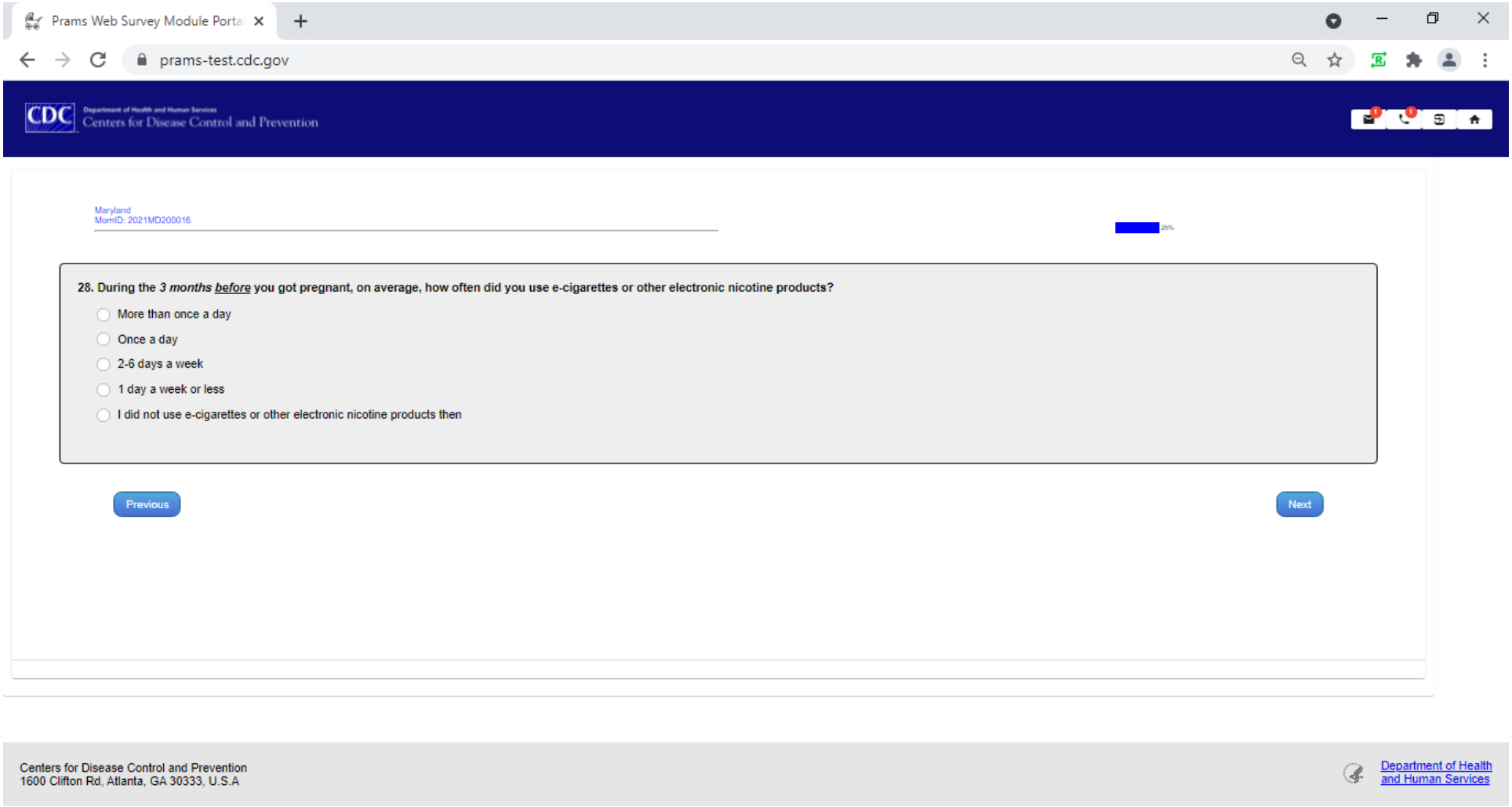
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28. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other electronic nicotine products then
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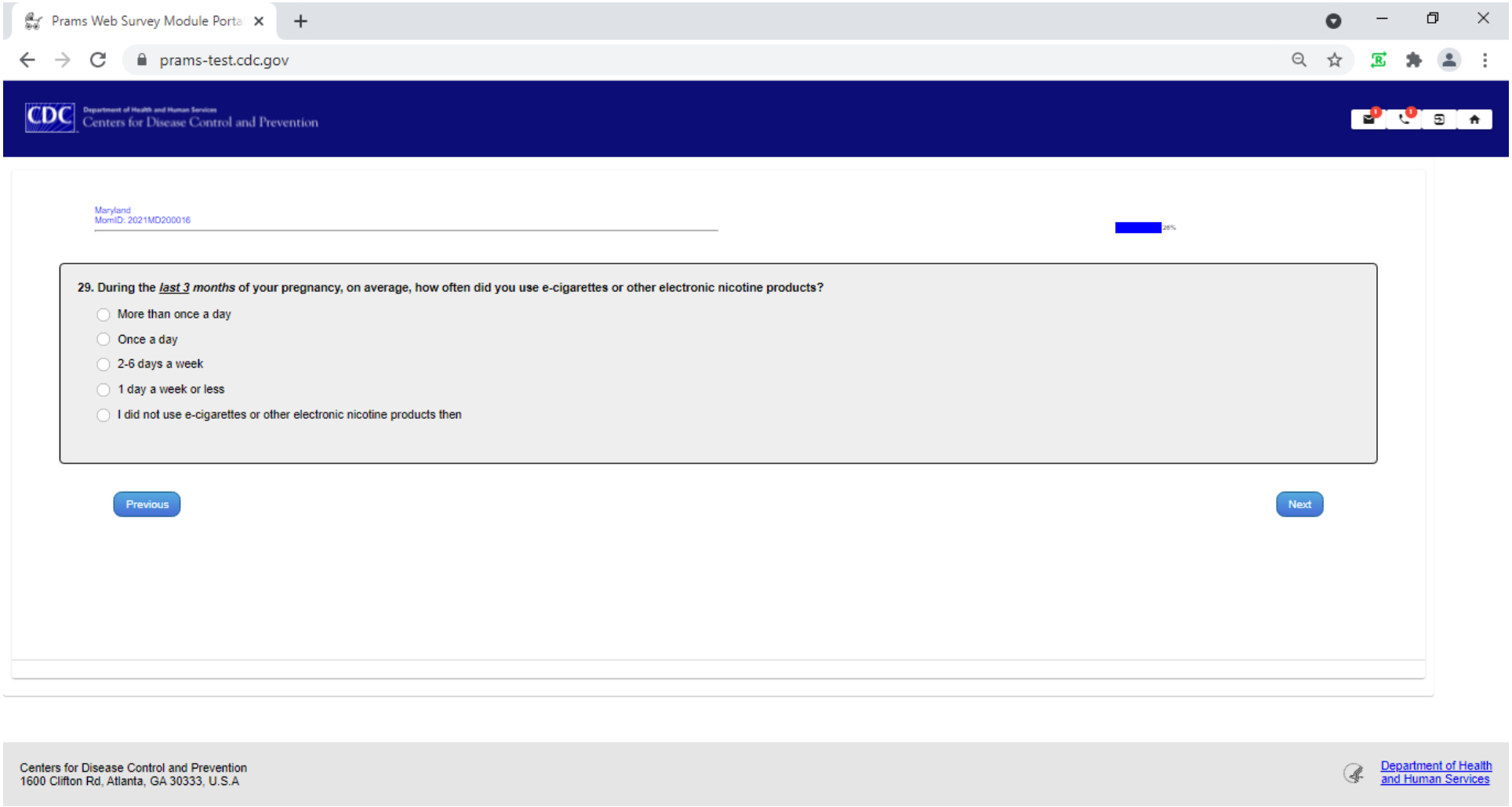
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29. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?
More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other electronic nicotine products then
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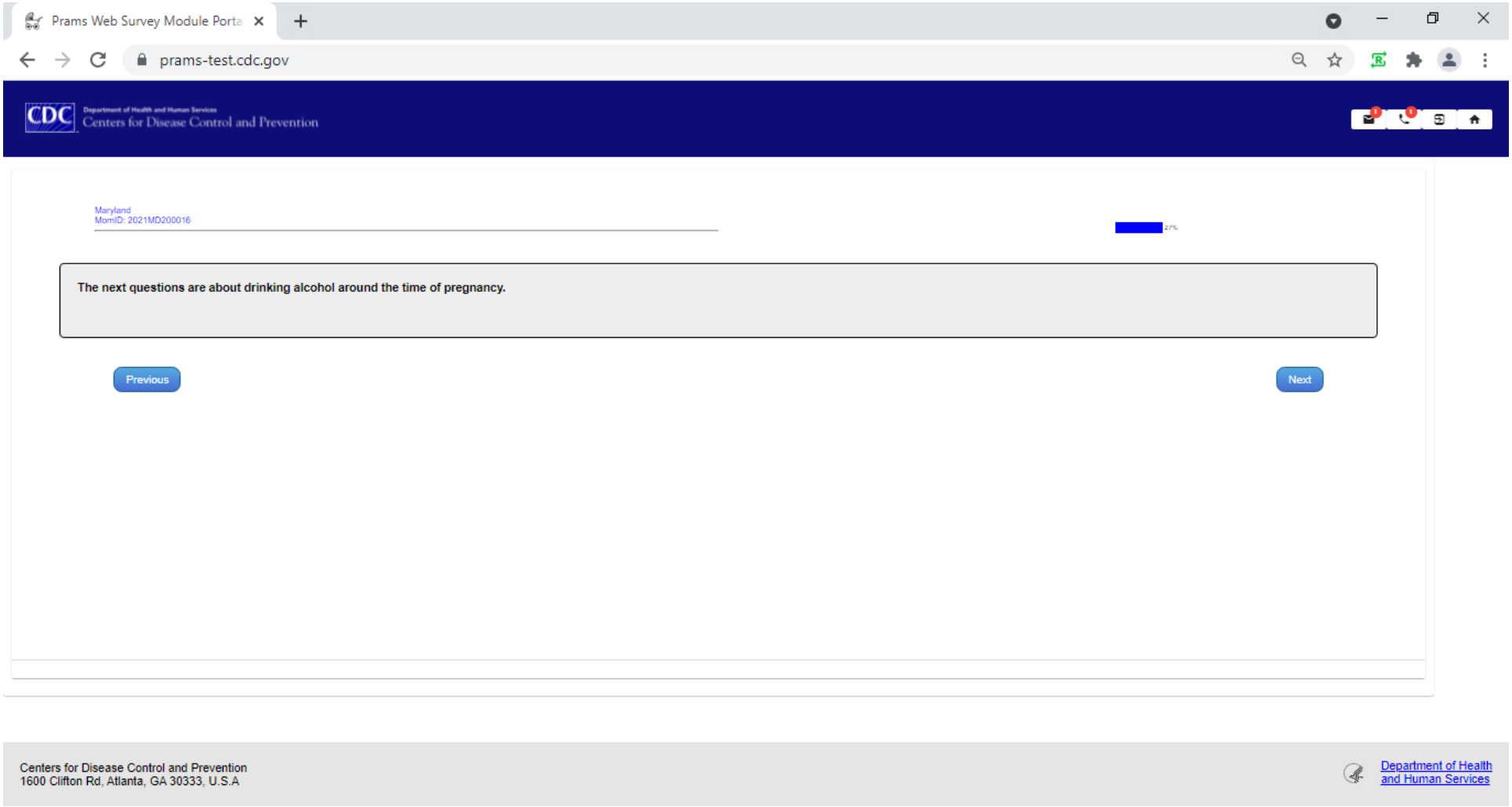
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The next questions are about drinking alcohol around the time of pregnancy.
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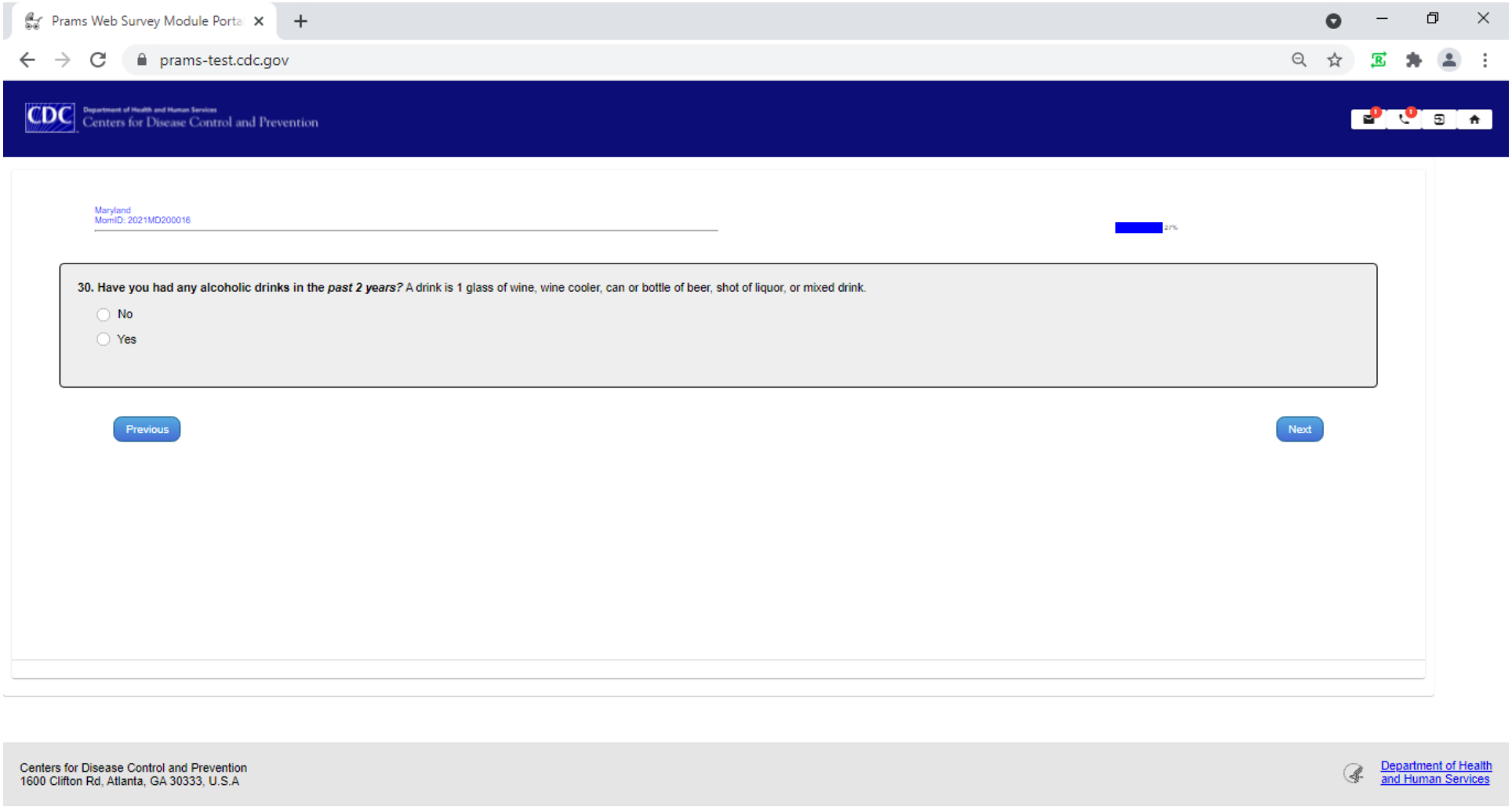
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30. Have you had any alcoholic drinks in the *past 2 years?* A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.
No
Yes
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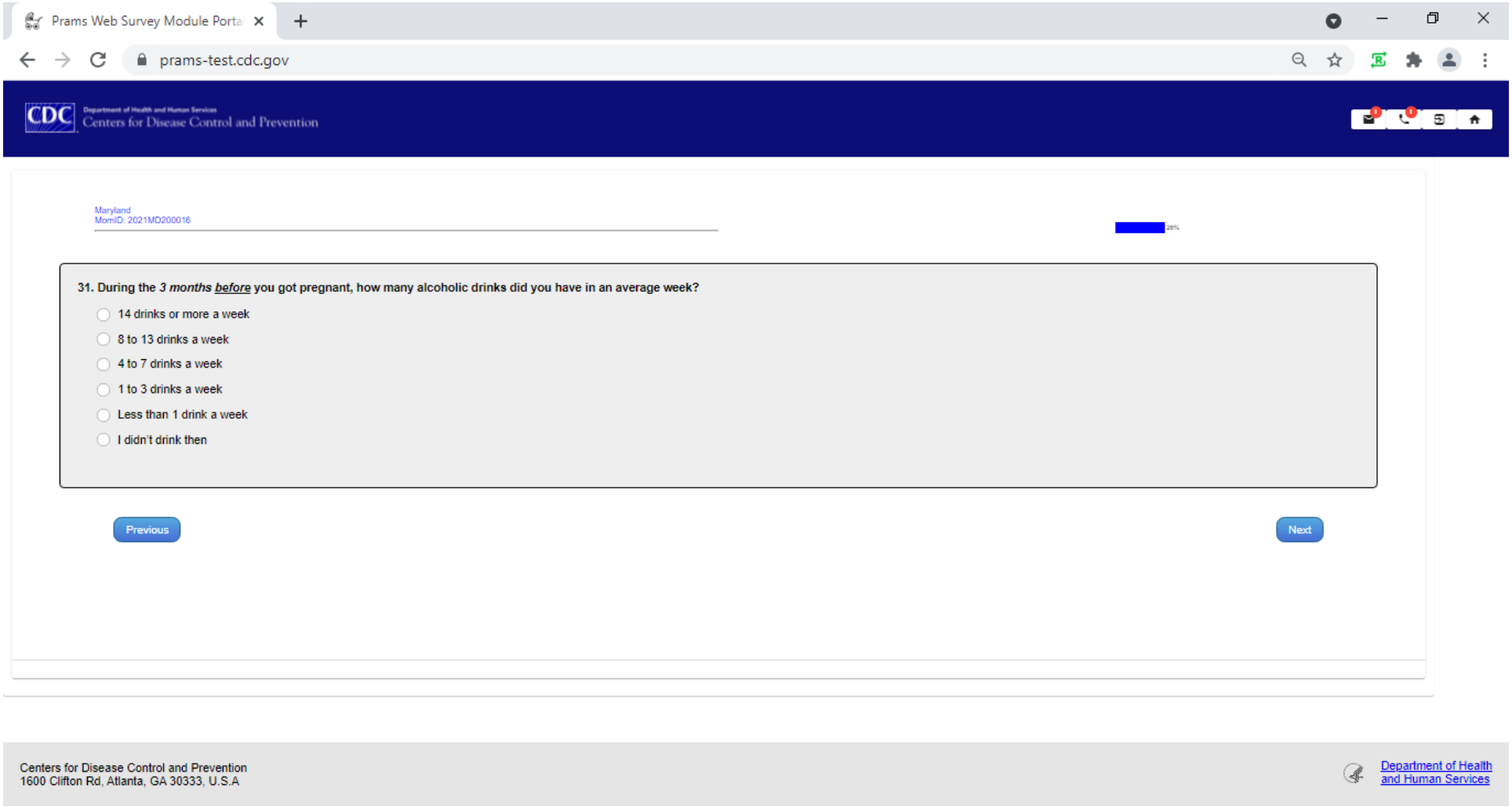
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31. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
14 drinks or more a week
8 to 13 drinks a week
4 to 7 drinks a week
1 to 3 drinks a week
Less than 1 drink a week
I didn't drink then
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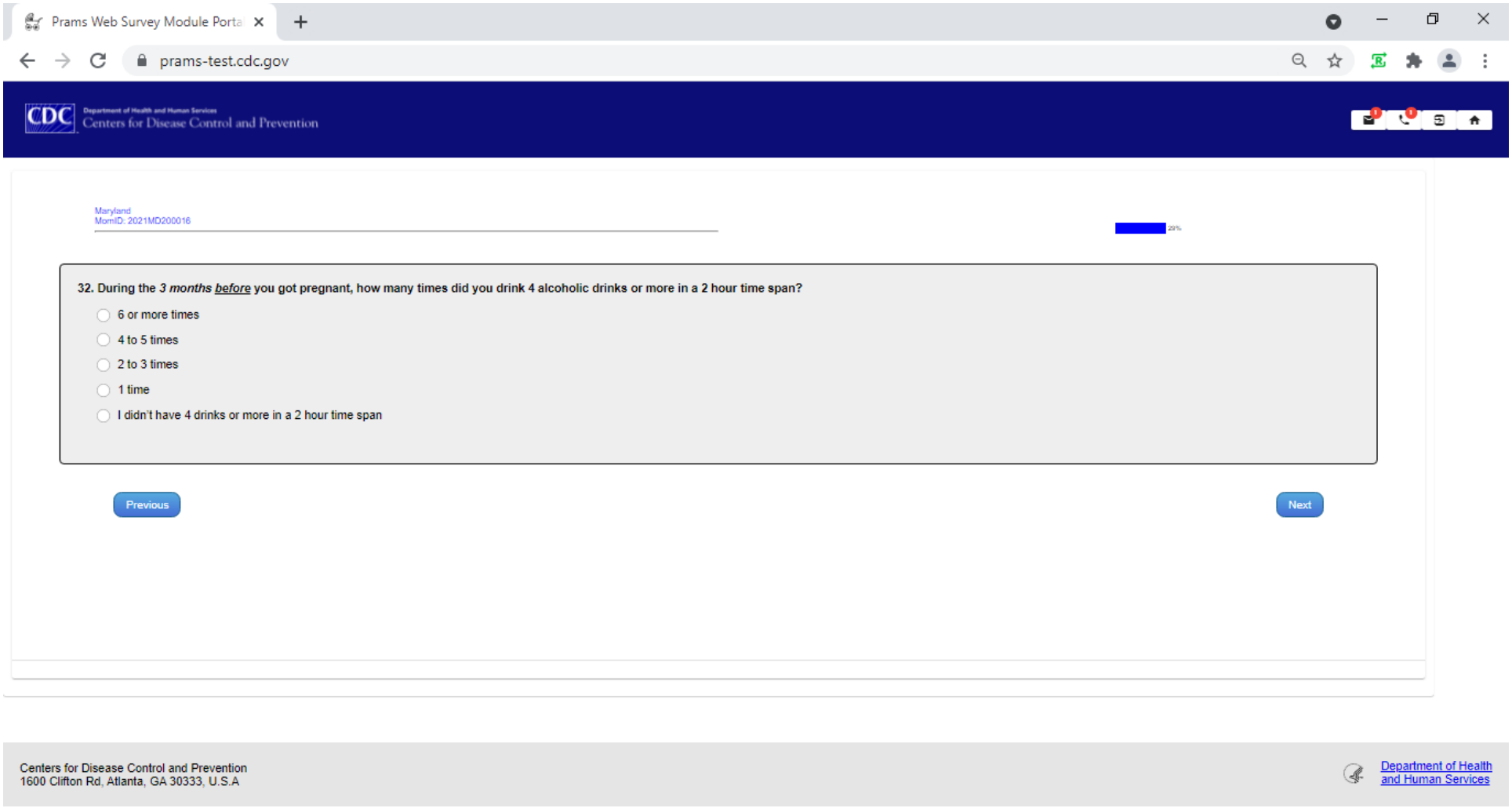
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32. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?
6 or more times
4 to 5 times
2 to 3 times
1 time
I didn't have 4 drinks or more in a 2 hour time span
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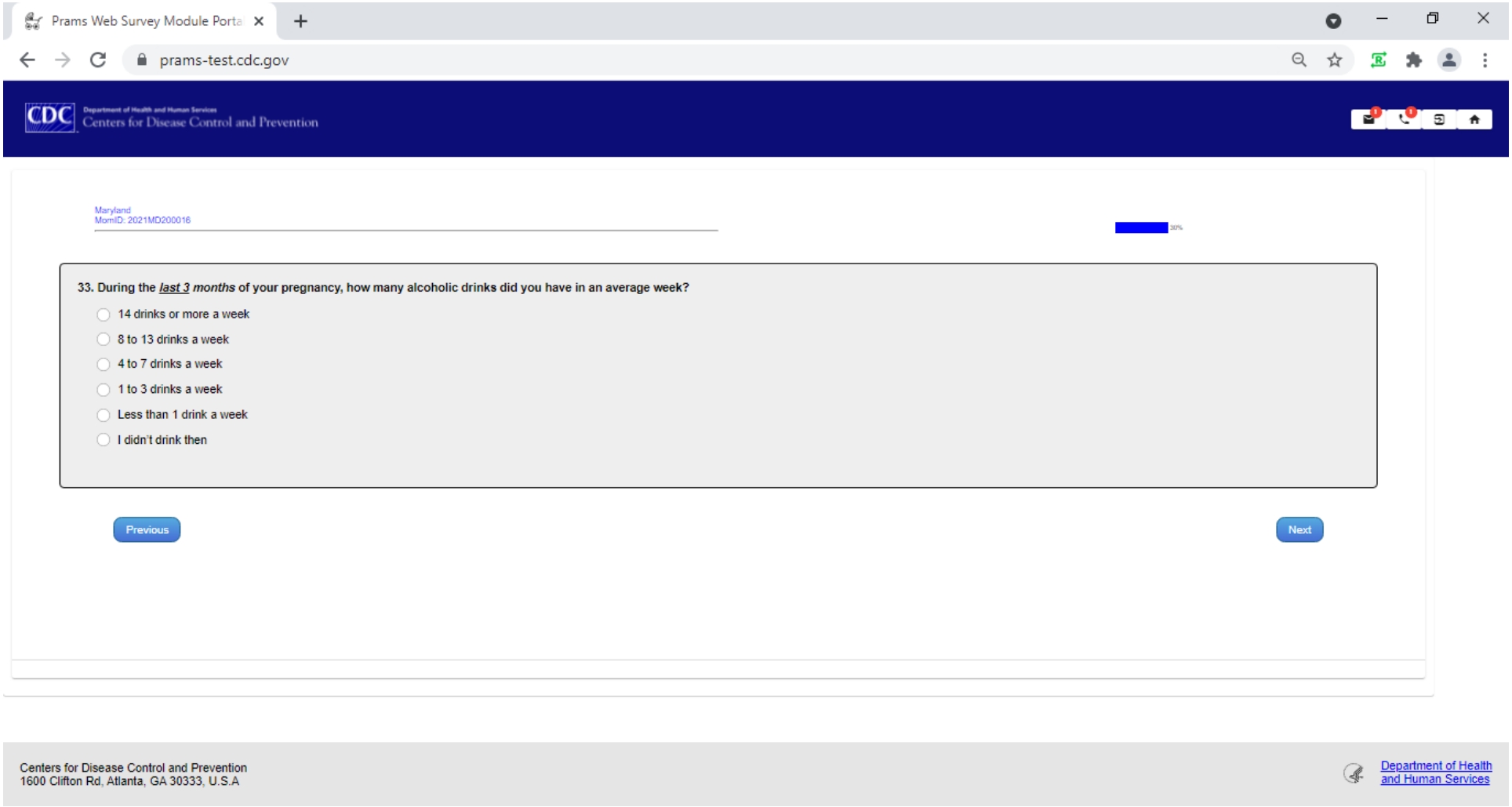
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30%
33. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?
14 drinks or more a week
8 to 13 drinks a week
4 to 7 drinks a week
1 to 3 drinks a week
Less than 1 drink a week
I didn't drink then
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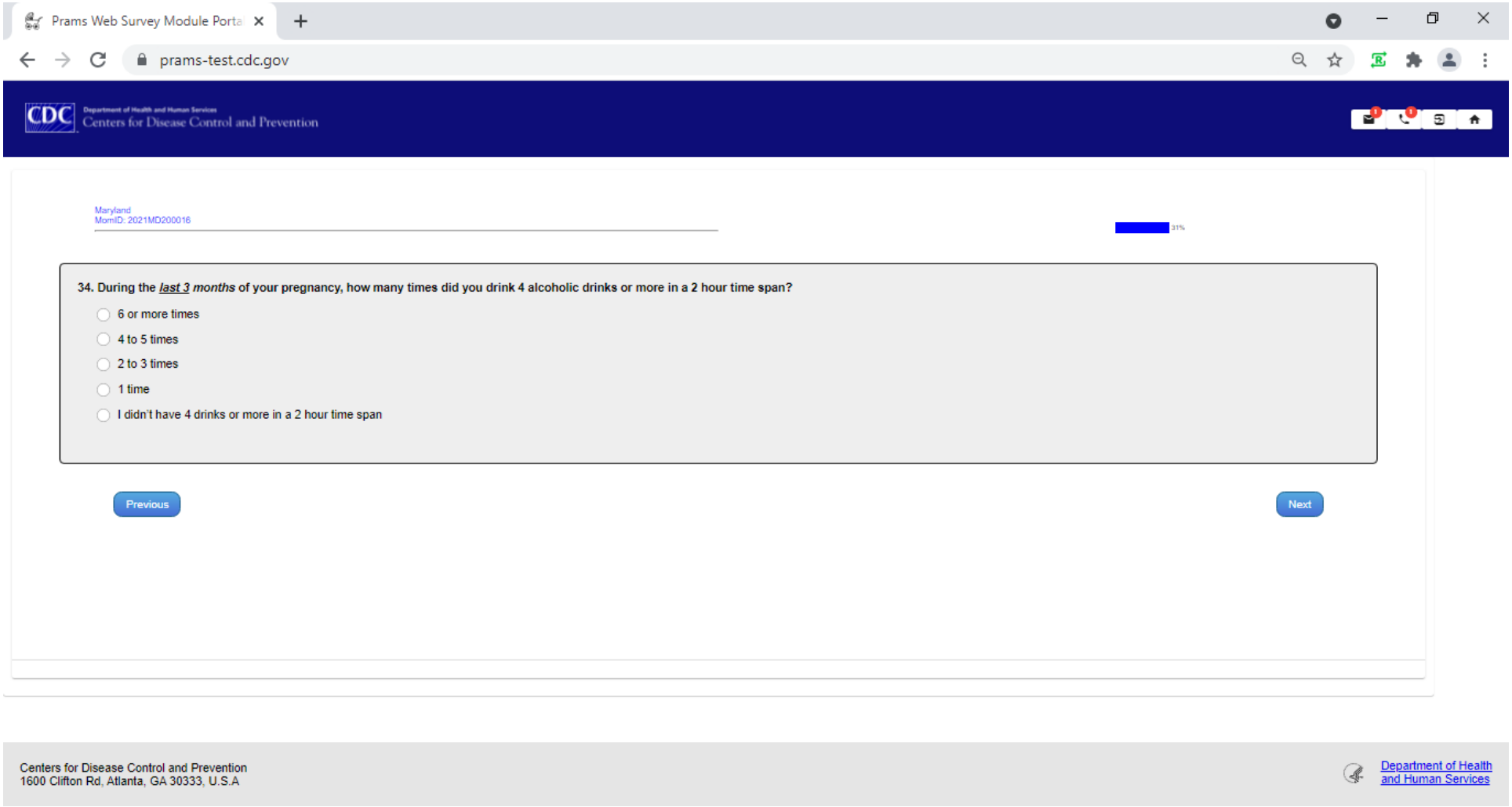
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34. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?
6 or more times
4 to 5 times
2 to 3 times
1 time
I didn't have 4 drinks or more in a 2 hour time span
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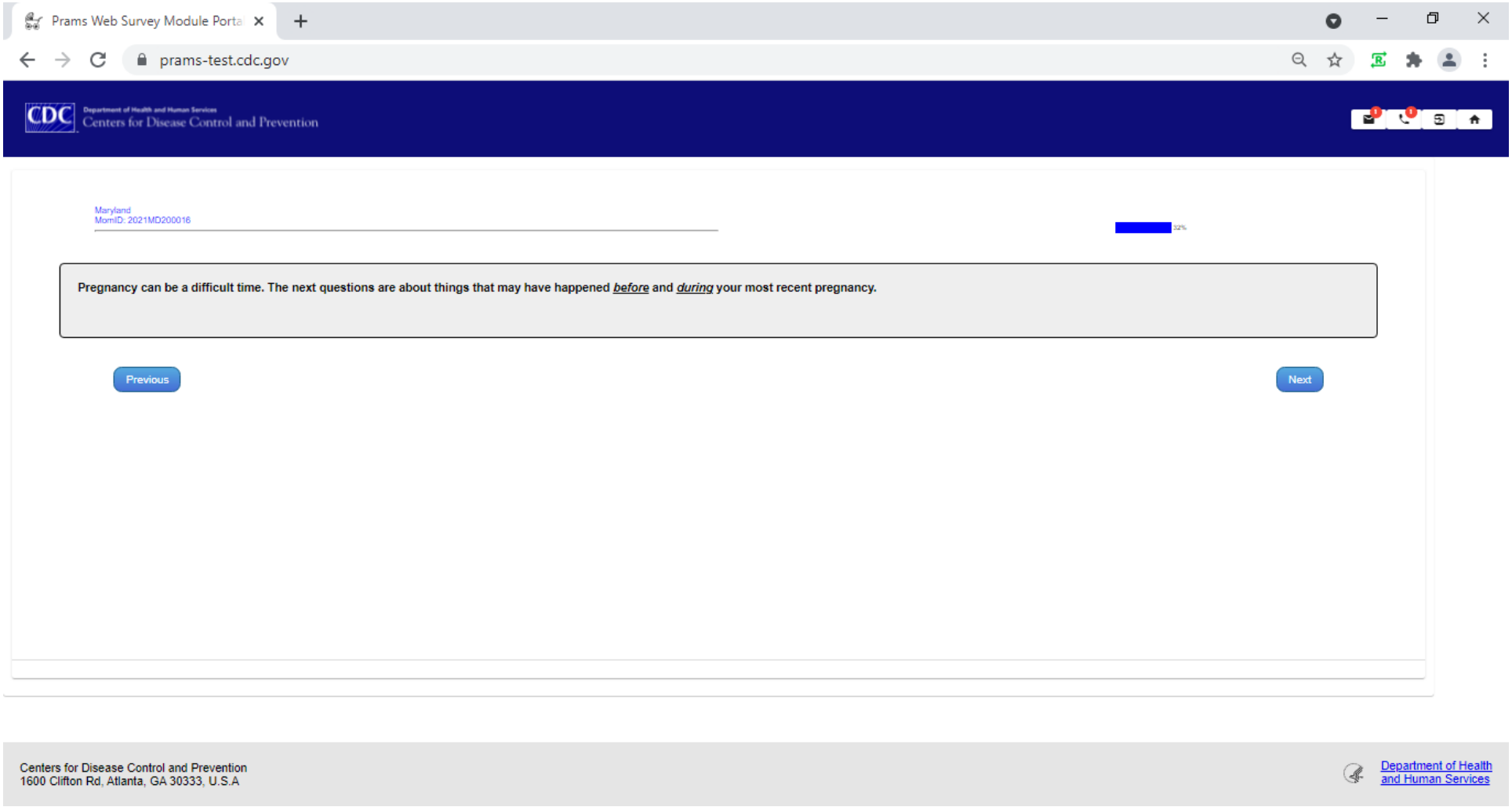
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Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.
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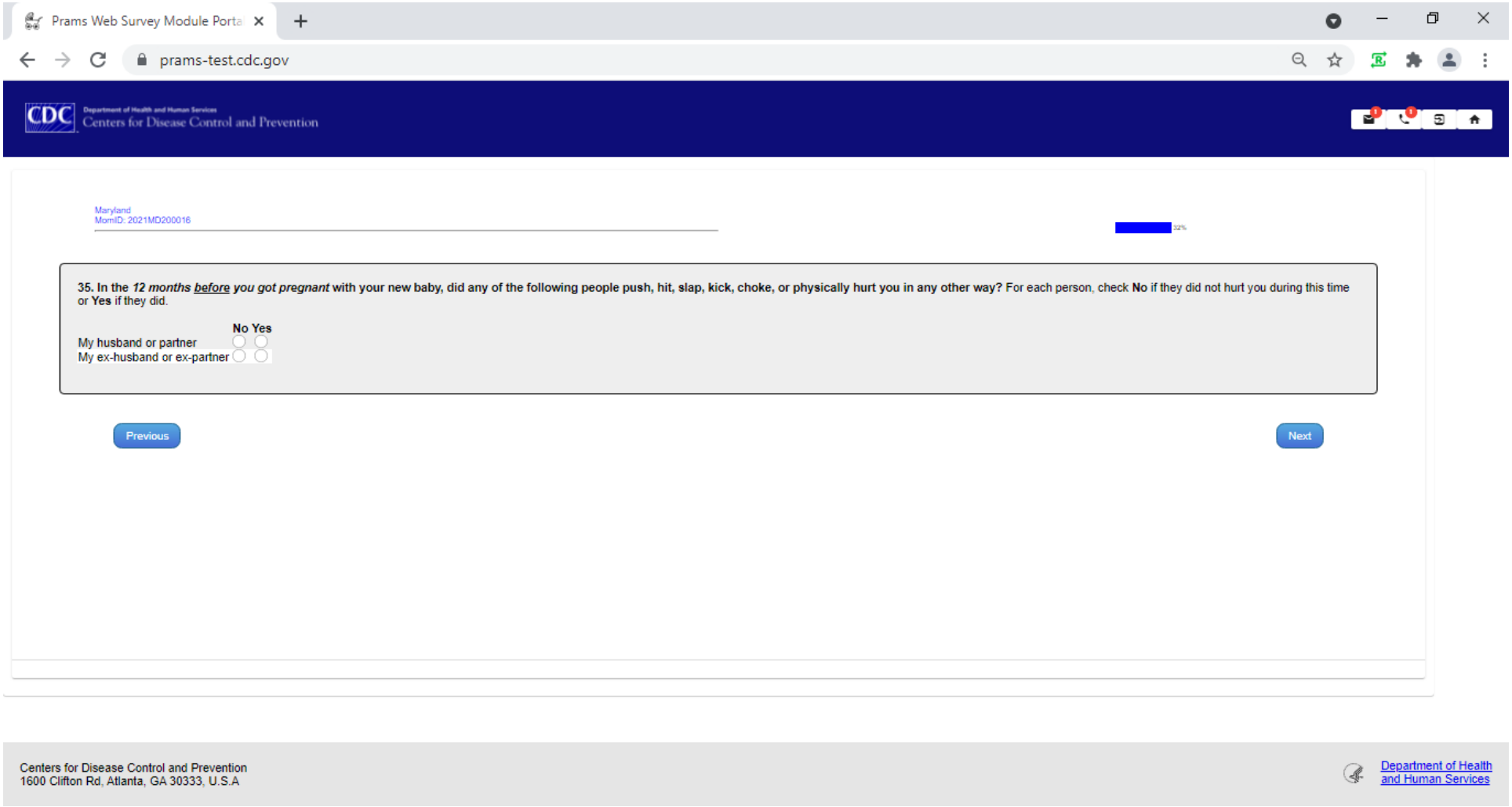
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35. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.
No Yes
My husband or partner
My ex-husband or ex-partner
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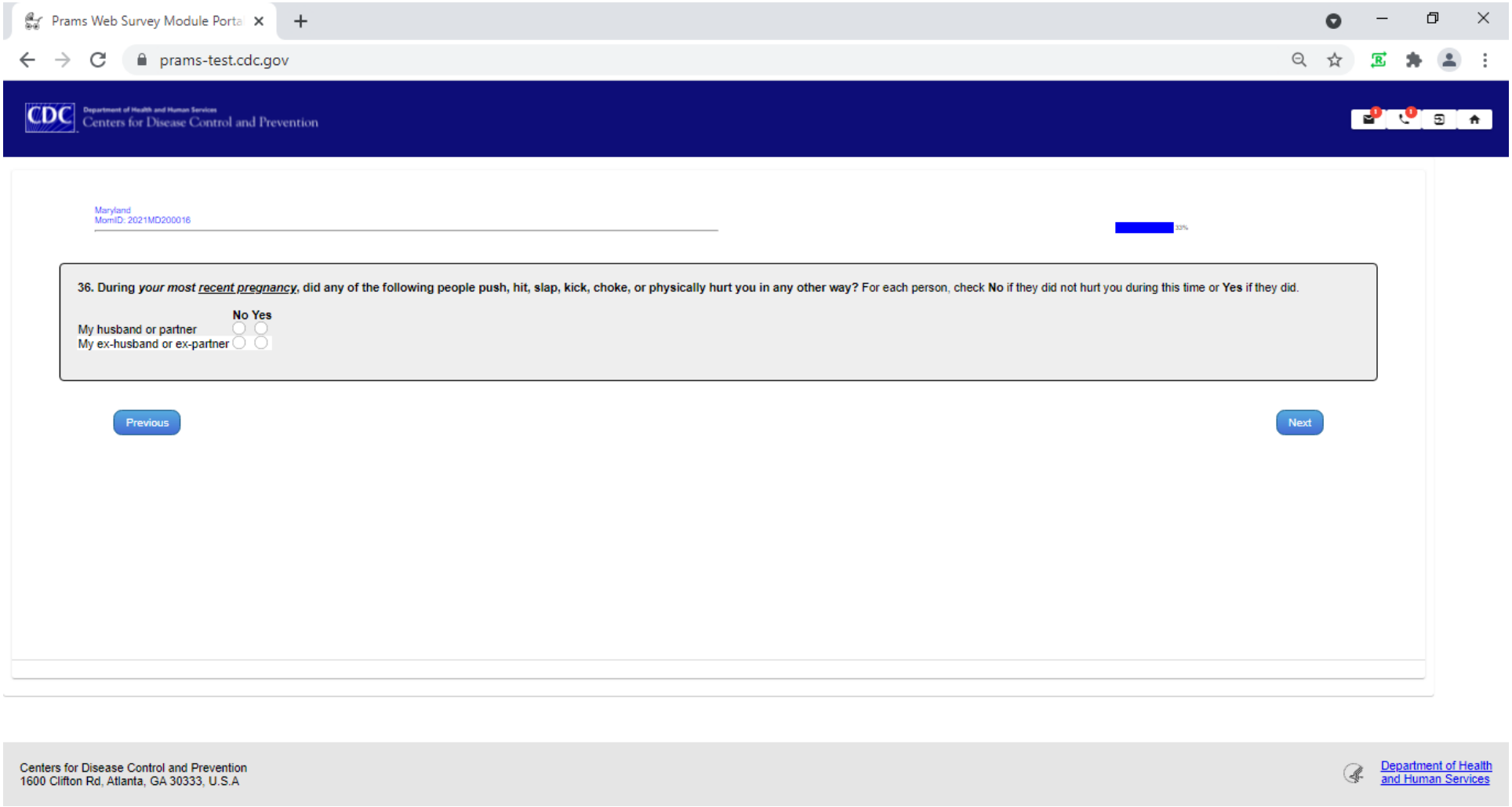
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36. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.
No Yes
My husband or partner
My ex-husband or ex-partner
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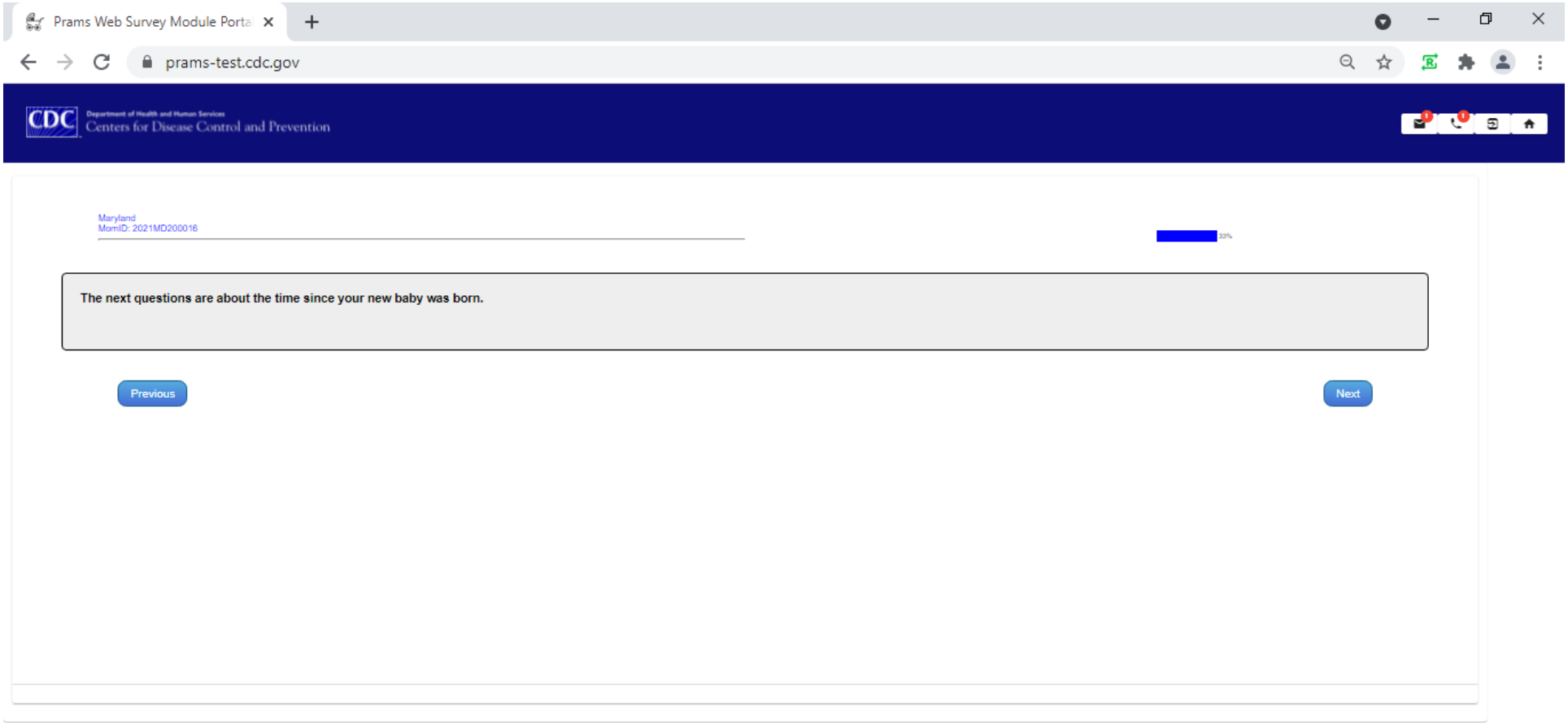
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The next questions are about the time since your new baby was born.
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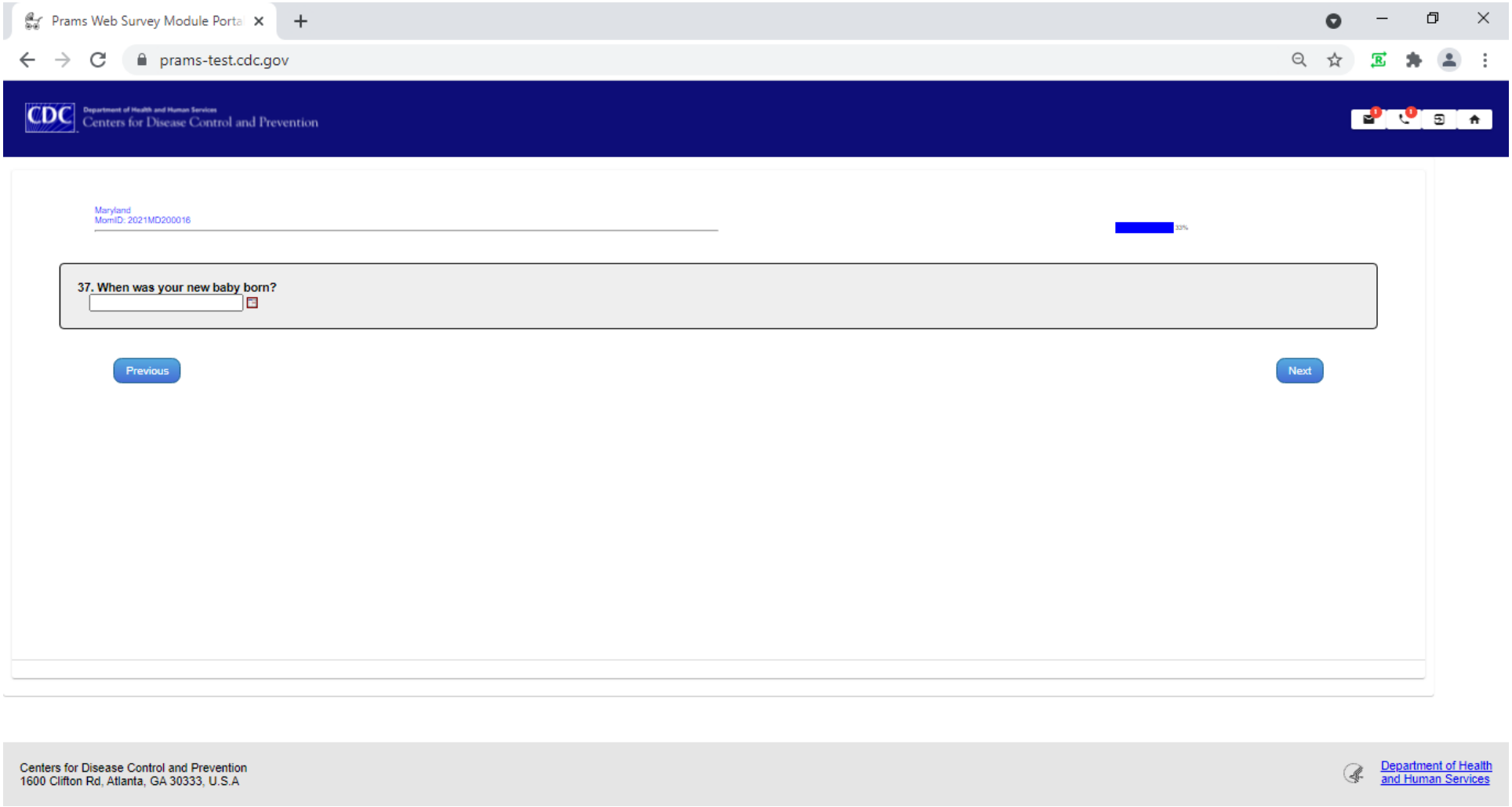
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37. When was your new baby born?
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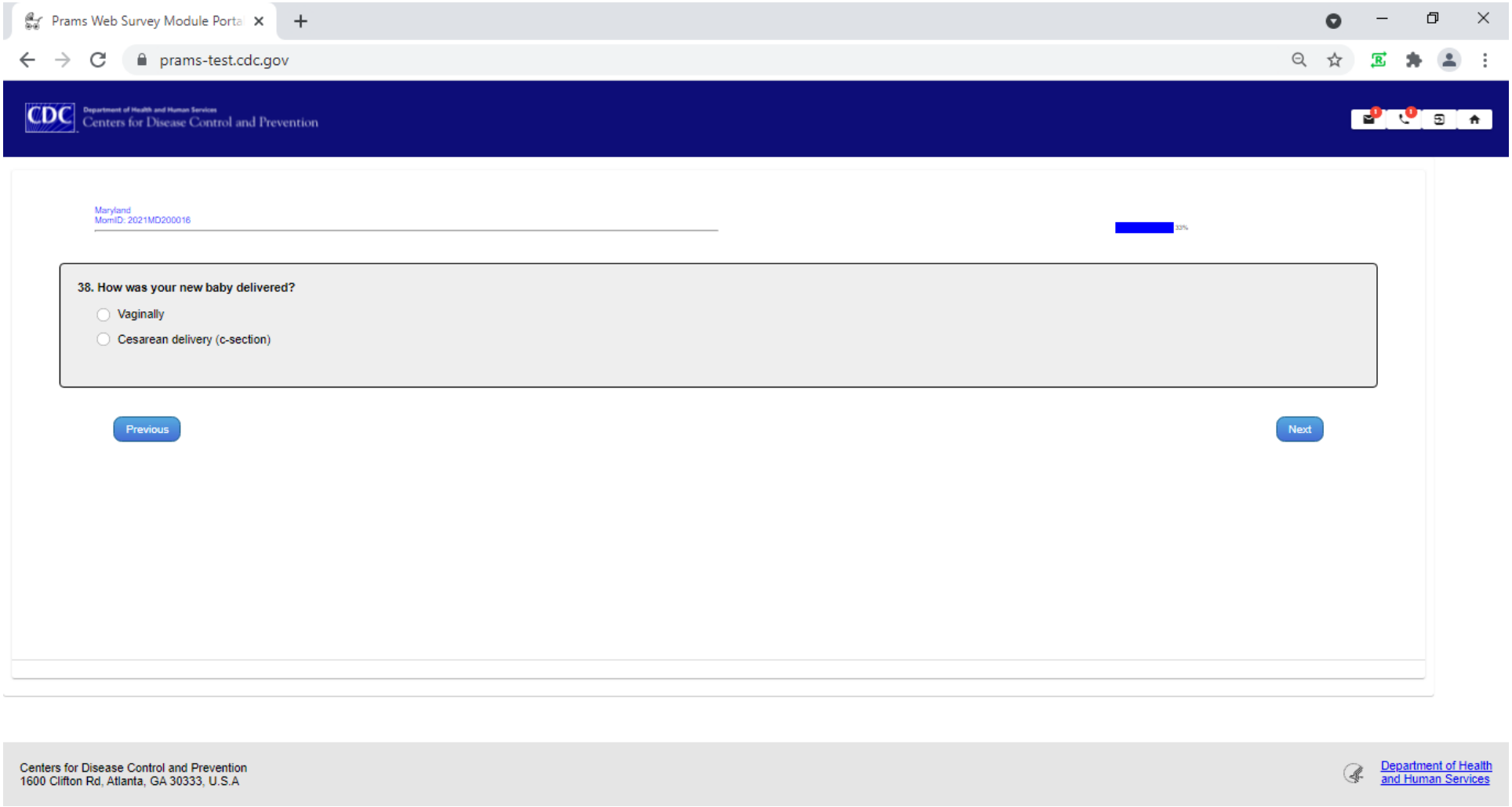
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38. How was your new baby delivered?
Vaginally
Cesarean delivery (c-section)
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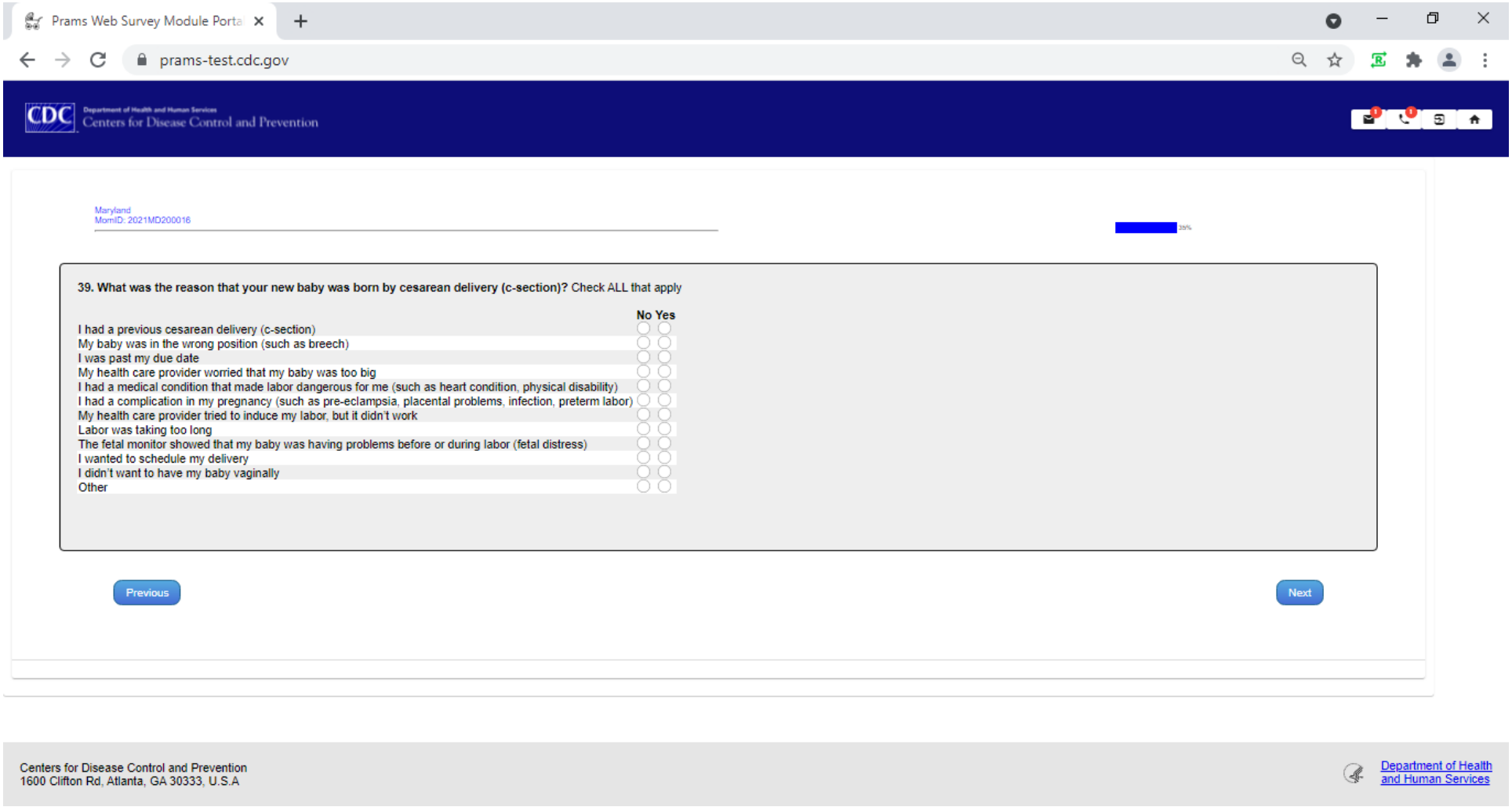
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39. What was the reason that your new baby was born by cesarean delivery (c-section)? Check ALL that apply
No Yes
I had a previous cesarean delivery (c-section)
My baby was in the wrong position (such as breech)
I was past my due date
My health care provider worried that my baby was too big
I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
My health care provider tried to induce my labor, but it didn't work
Labor was taking too long
The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
I wanted to schedule my delivery
I didn't want to have my baby vaginally
Other
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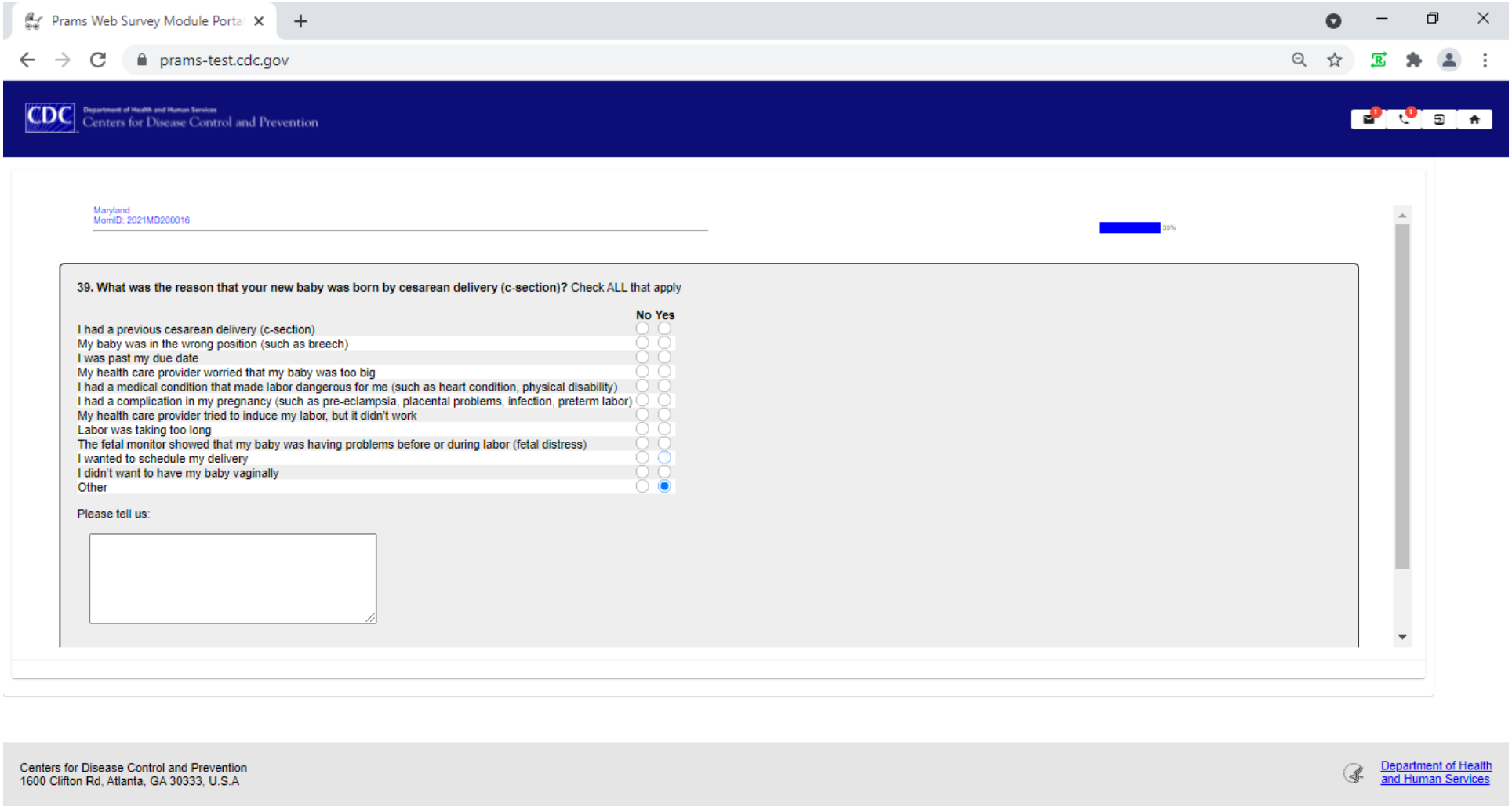
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I wanted to schedule my delivery
I didn't want to have my baby vaginally
Other
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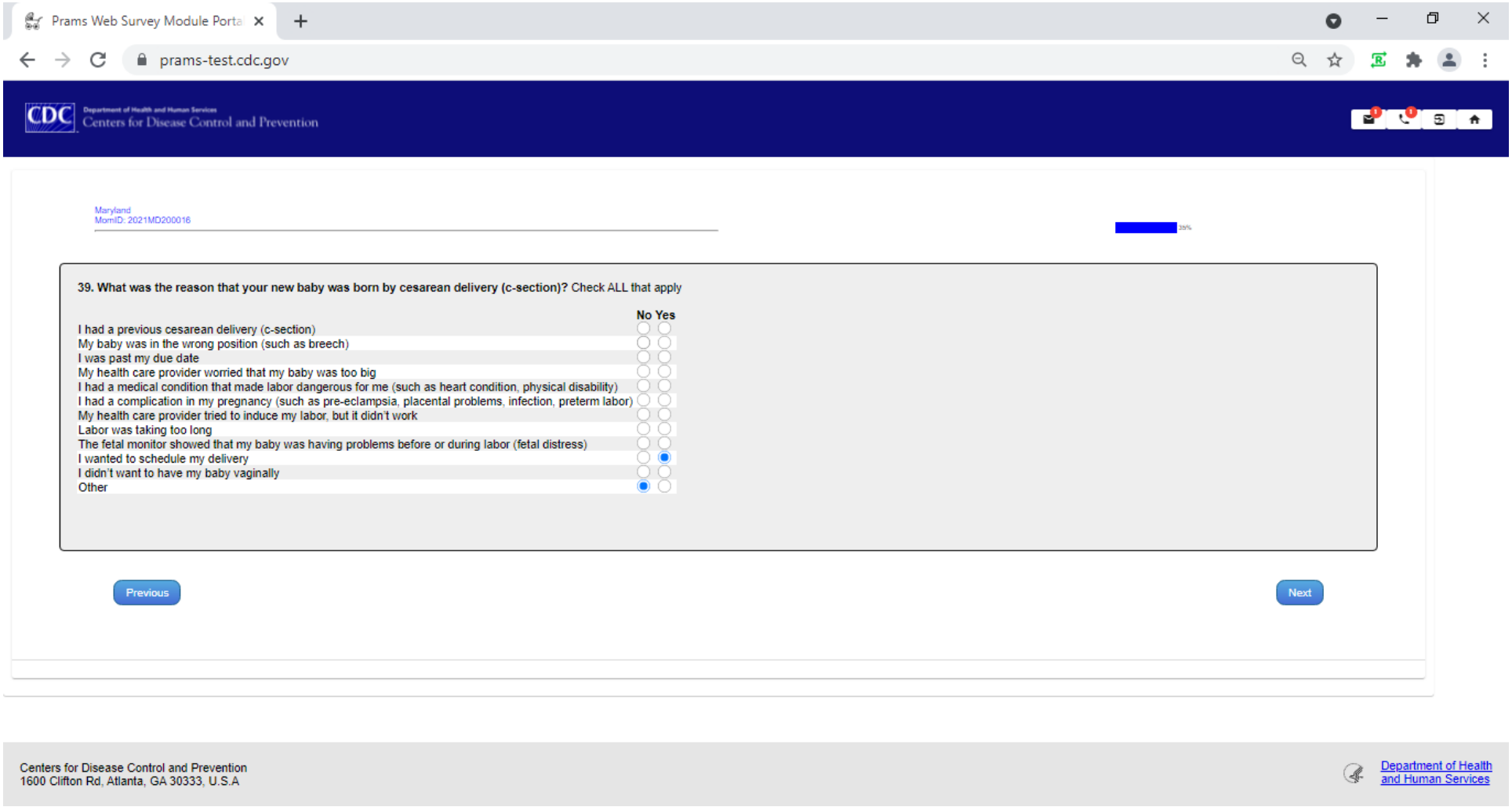
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I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
My health care provider tried to induce my labor, but it didn't work
Labor was taking too long
The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
I wanted to schedule my delivery
I didn't want to have my baby vaginally
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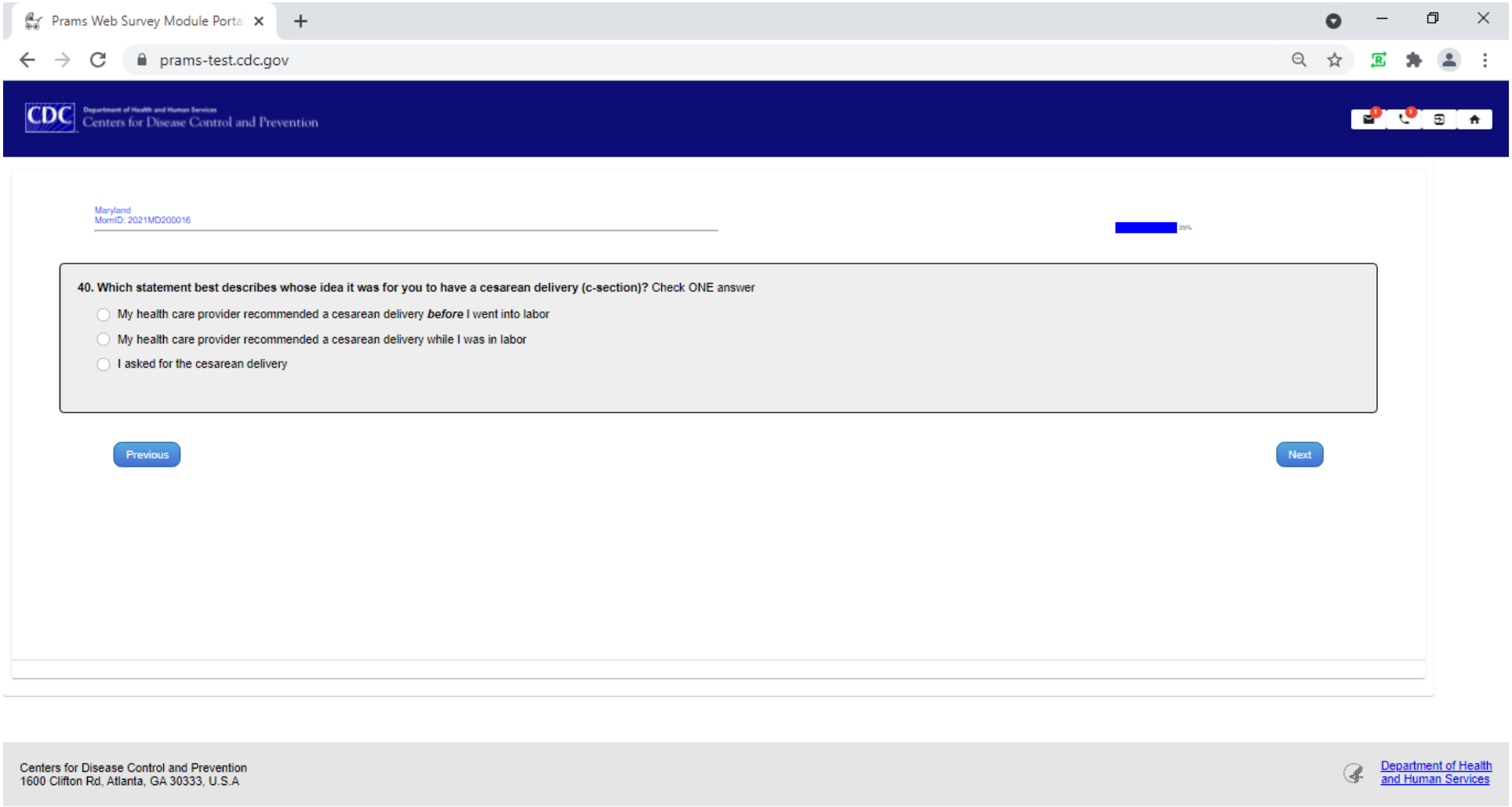
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40. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)? Check ONE answer
My health care provider recommended a cesarean delivery before I went into labor
My health care provider recommended a cesarean delivery while I was in labor
I asked for the cesarean delivery
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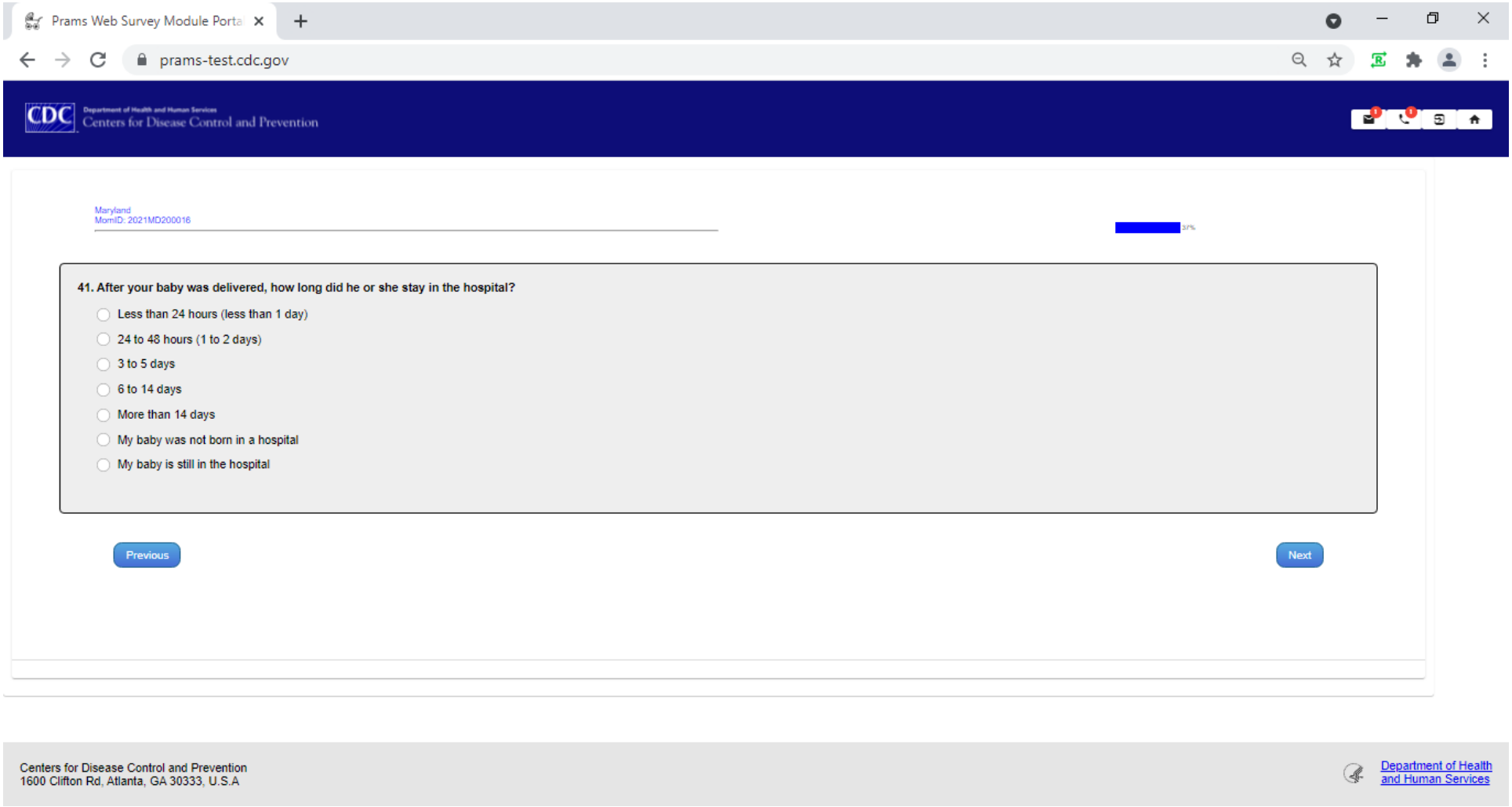
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41. After your baby was delivered, how long did he or she stay in the hospital?
Less than 24 hours (less than 1 day)
24 to 48 hours (1 to 2 days)
3 to 5 days
6 to 14 days
More than 14 days
My baby was not born in a hospital
My baby is still in the hospital
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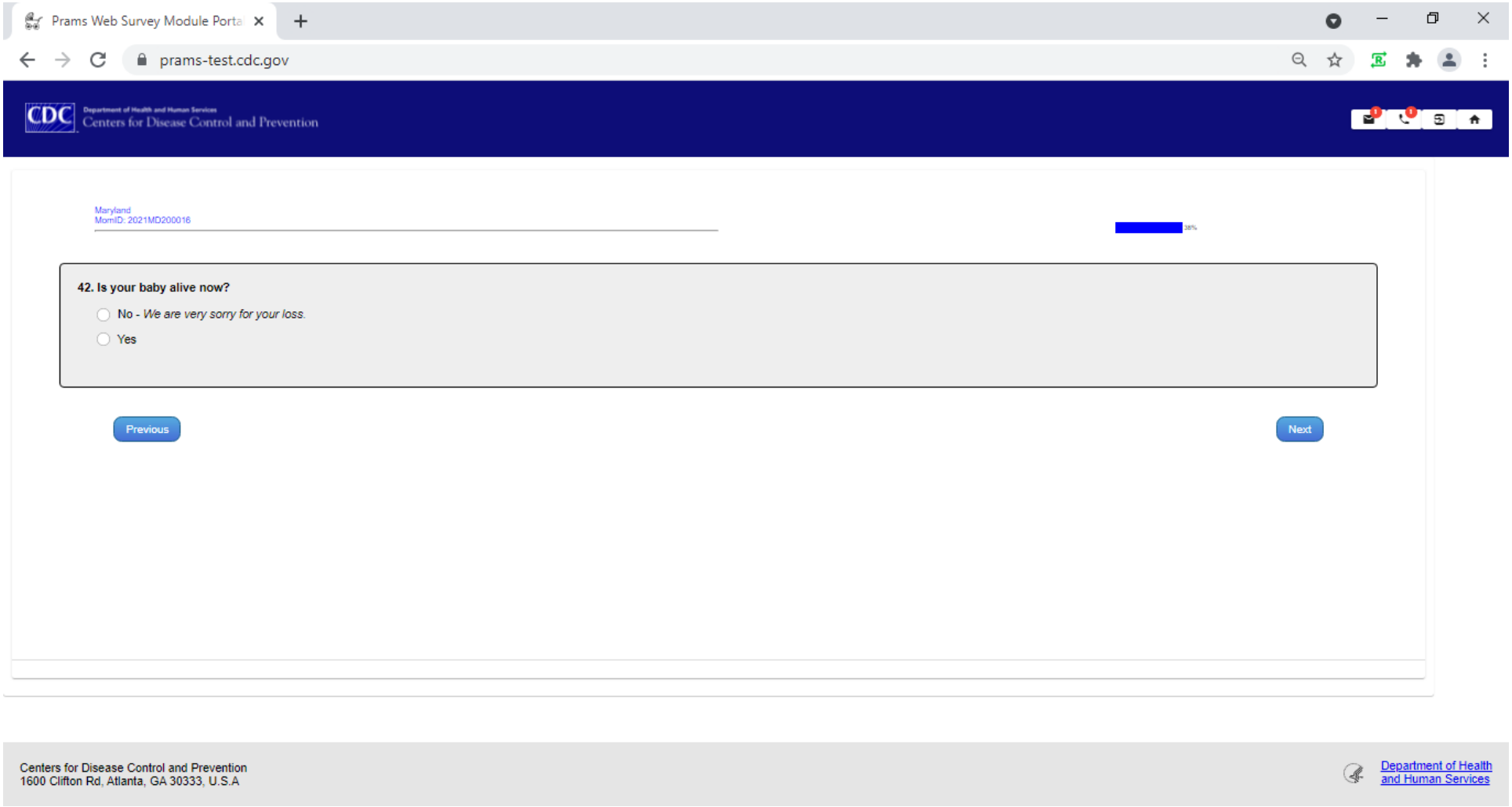
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42. Is your baby alive now?
No - We are very sorry for your loss.
Yes
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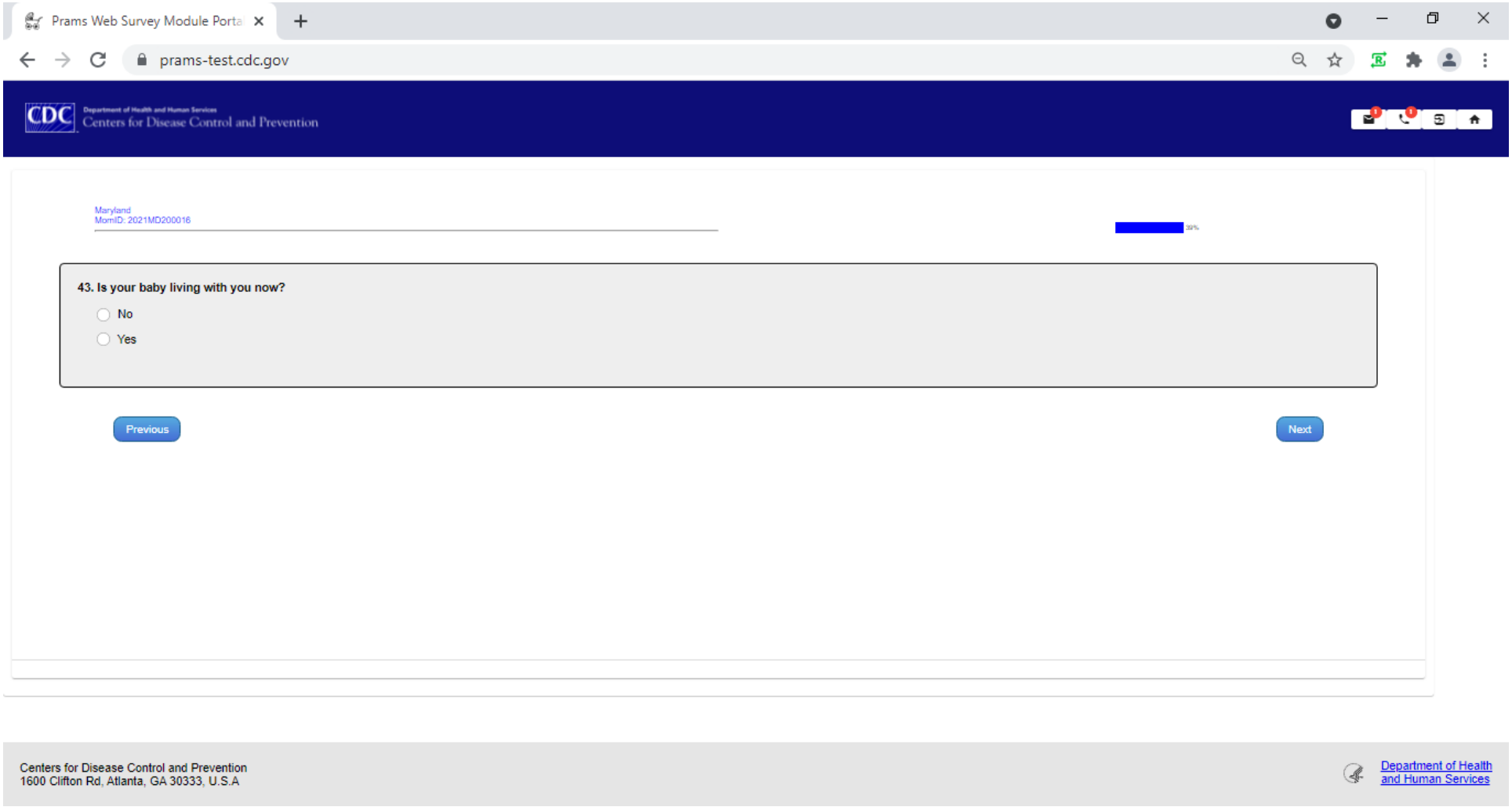
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43. Is your baby living with you now?
No
Yes
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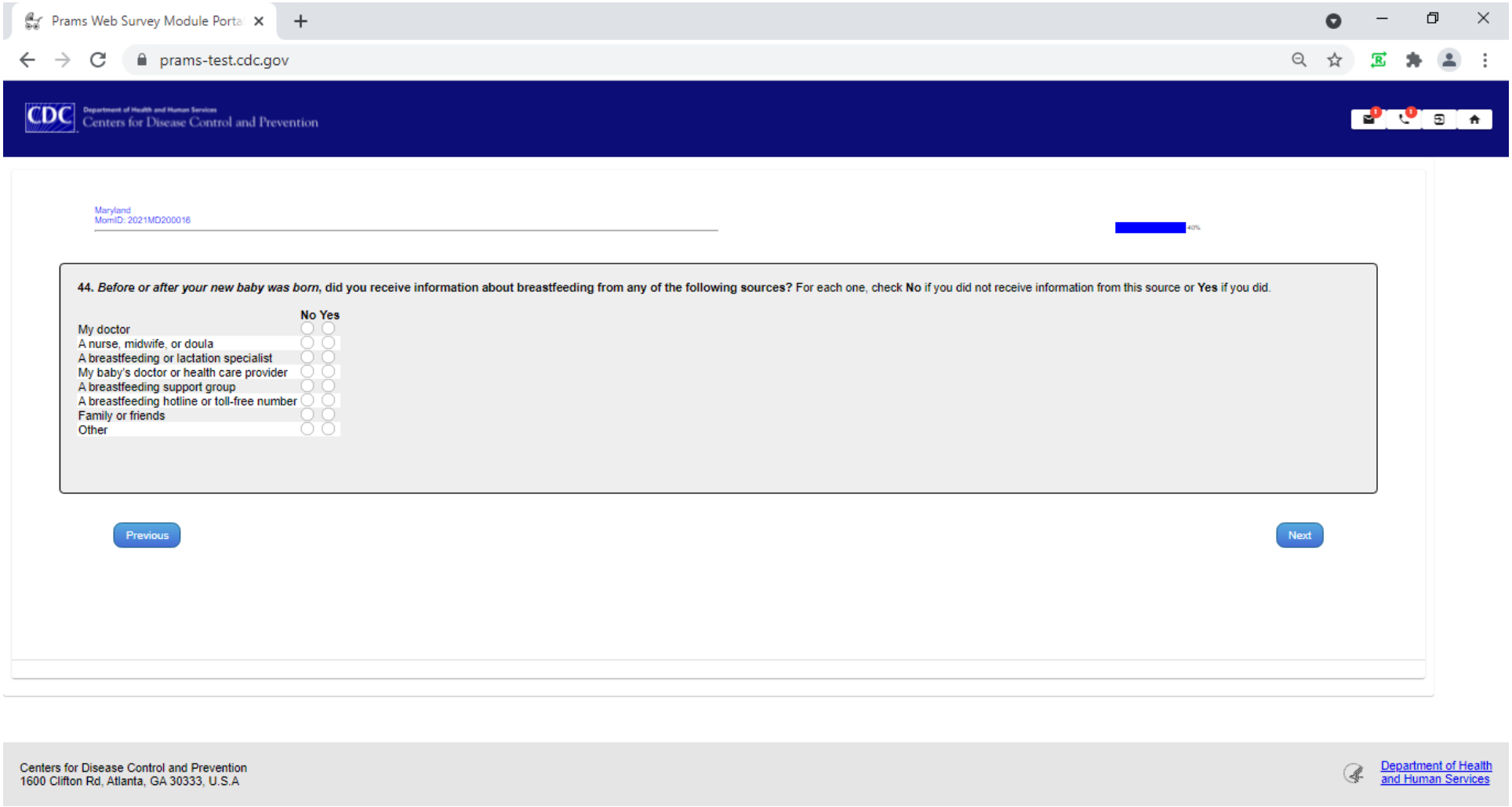
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40%
44. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.
No Yes
My doctor
A nurse, midwife, or doula
A breastfeeding or lactation specialist
My baby's doctor or health care provider
A breastfeeding support group
A breastfeeding hotline or toll-free number
Family or friends
Other
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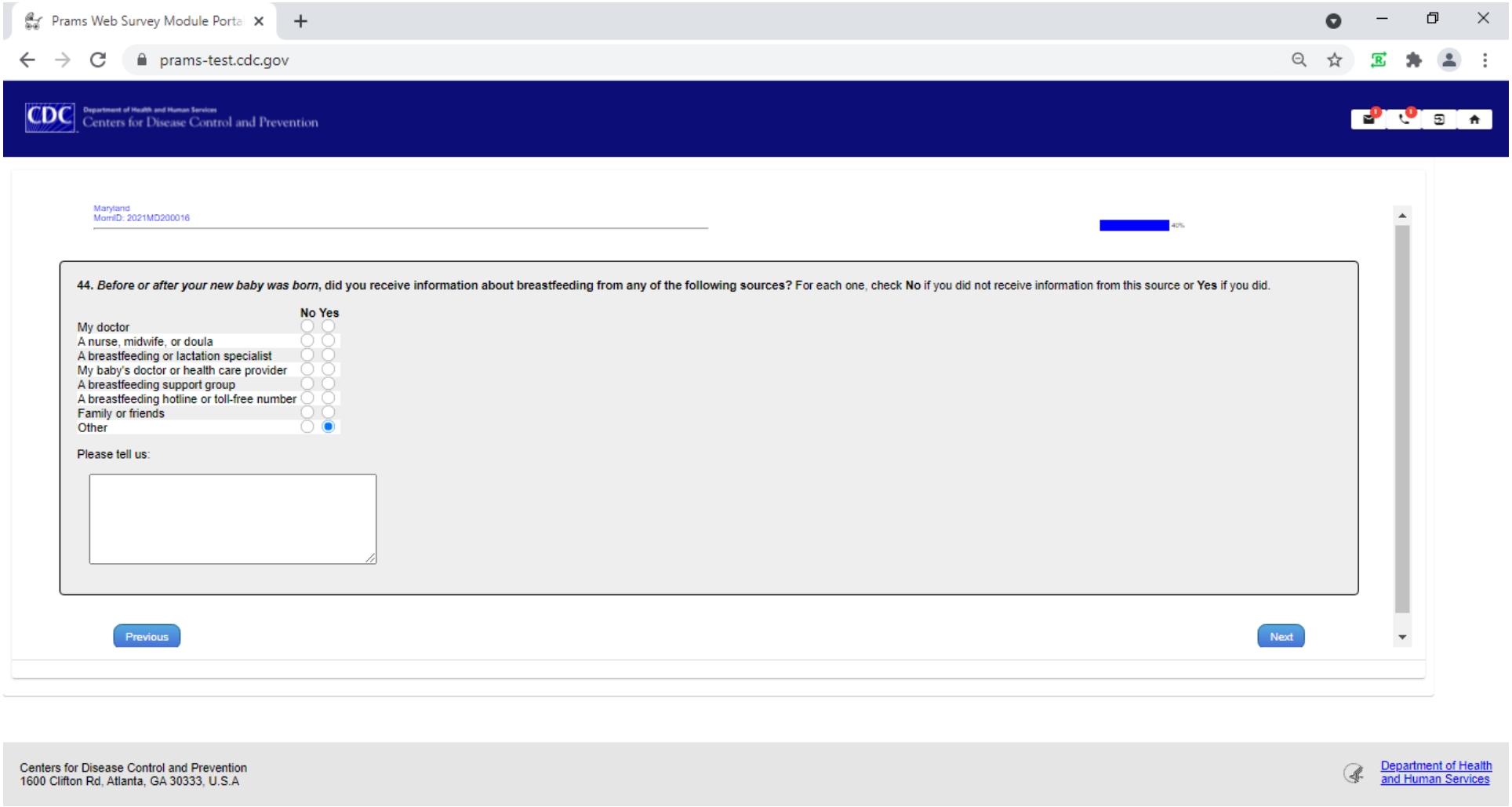
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My baby's doctor or health care provider
A breastfeeding support group
A breastfeeding hotline or toll-free number
Family or friends
Other
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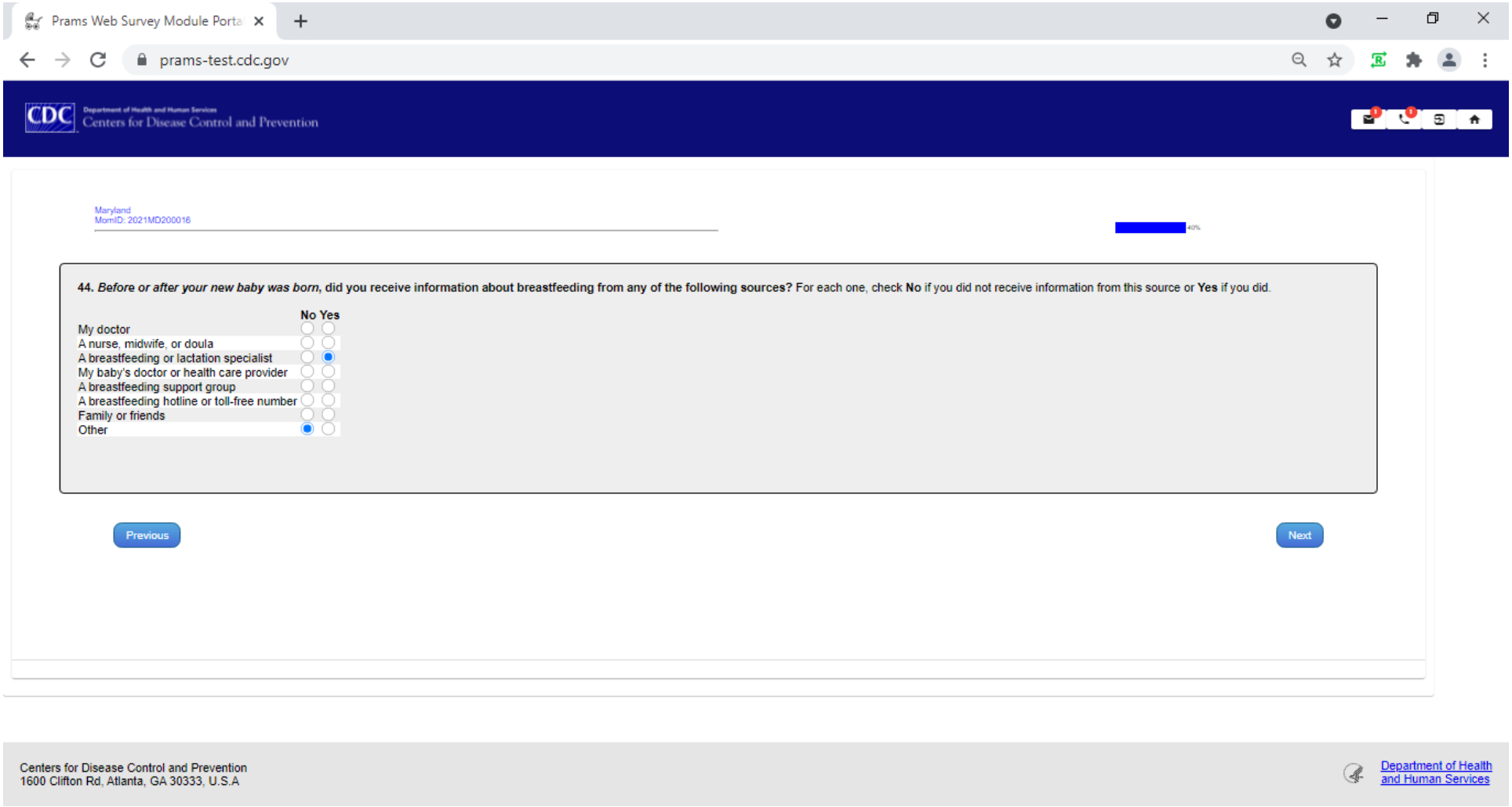
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A nurse, midwife, or doula
A breastfeeding or lactation specialist
My baby's doctor or health care provider
A breastfeeding support group
A breastfeeding hotline or toll-free number
Family or friends
Other
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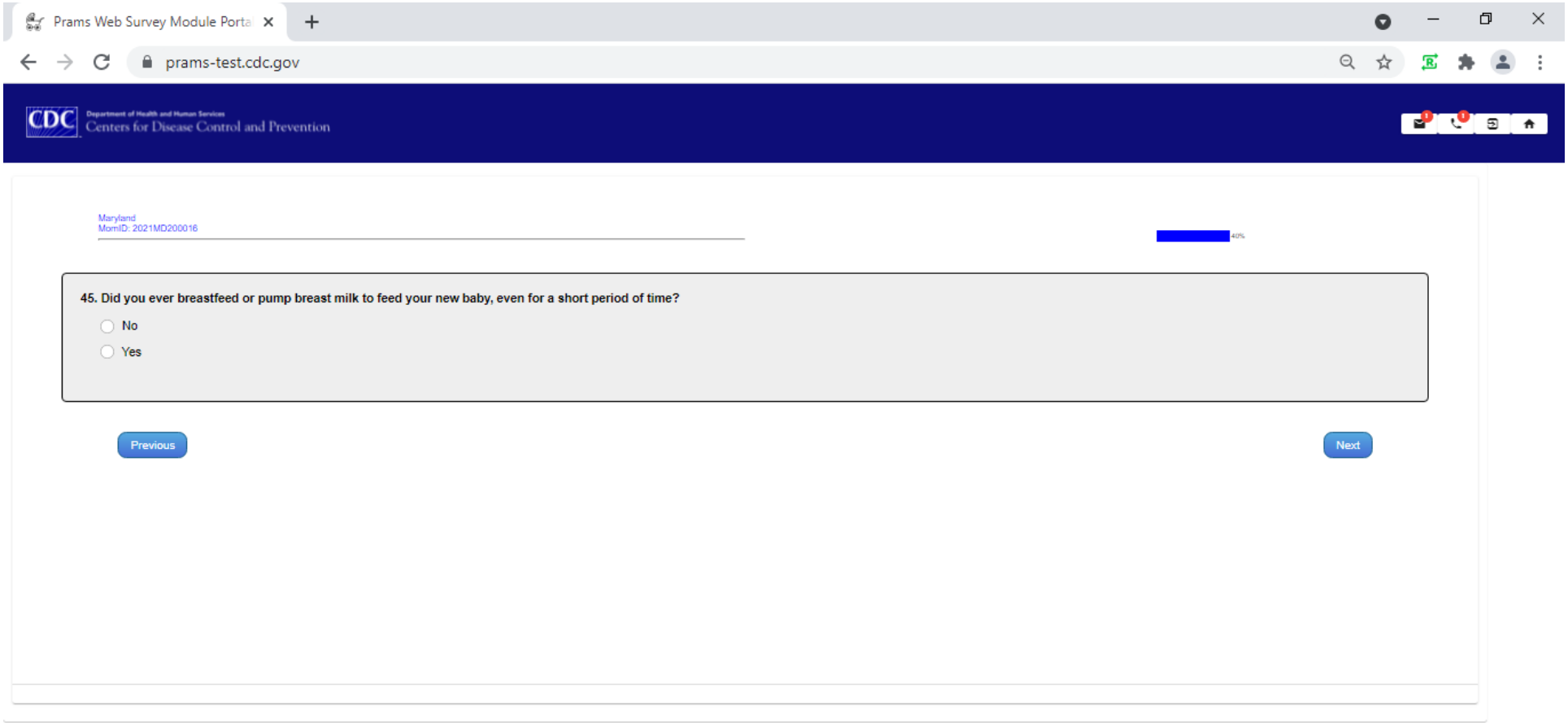
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45. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
No
Yes
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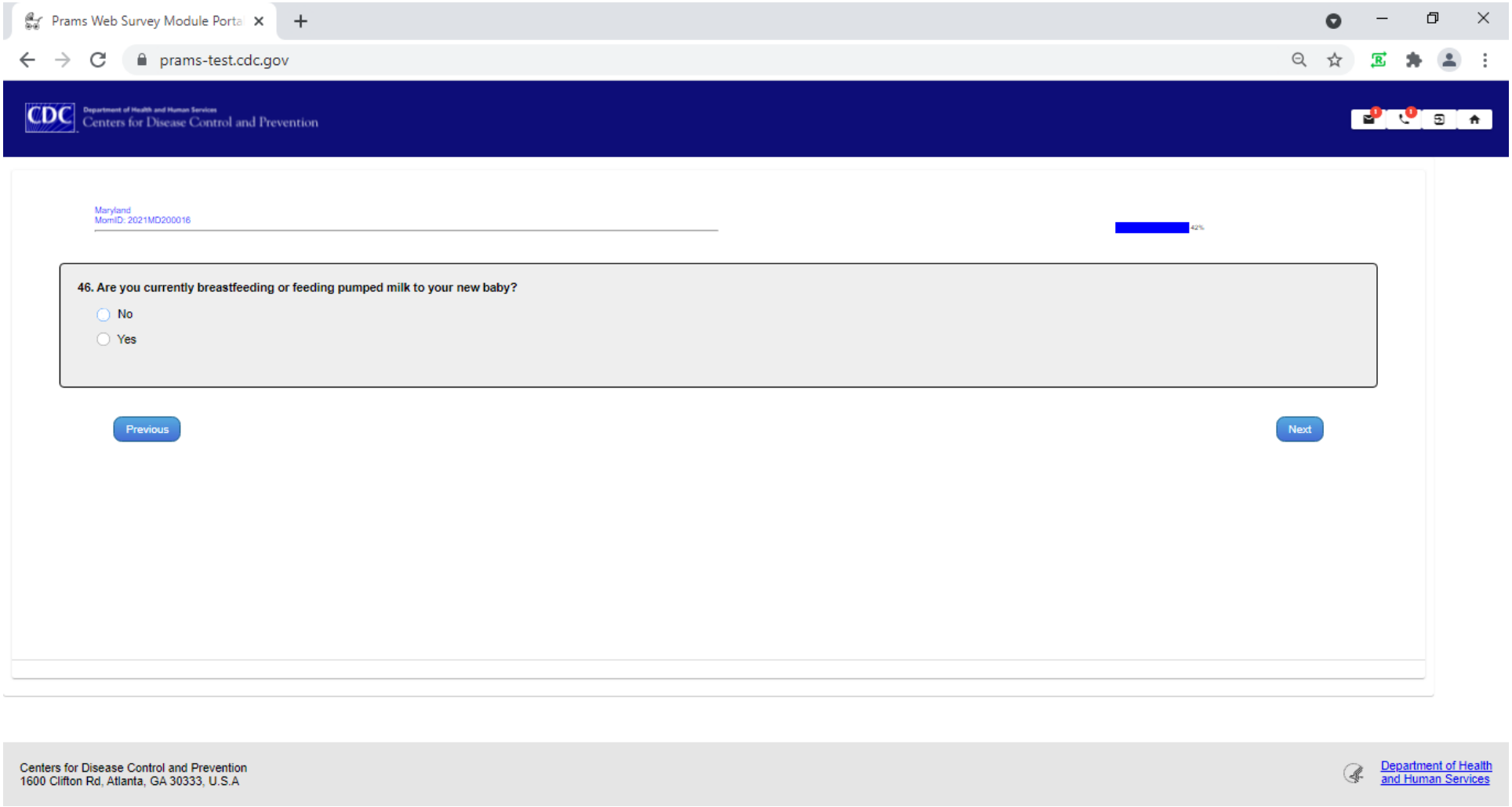
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46. Are you currently breastfeeding or feeding pumped milk to your new baby?
No
Yes
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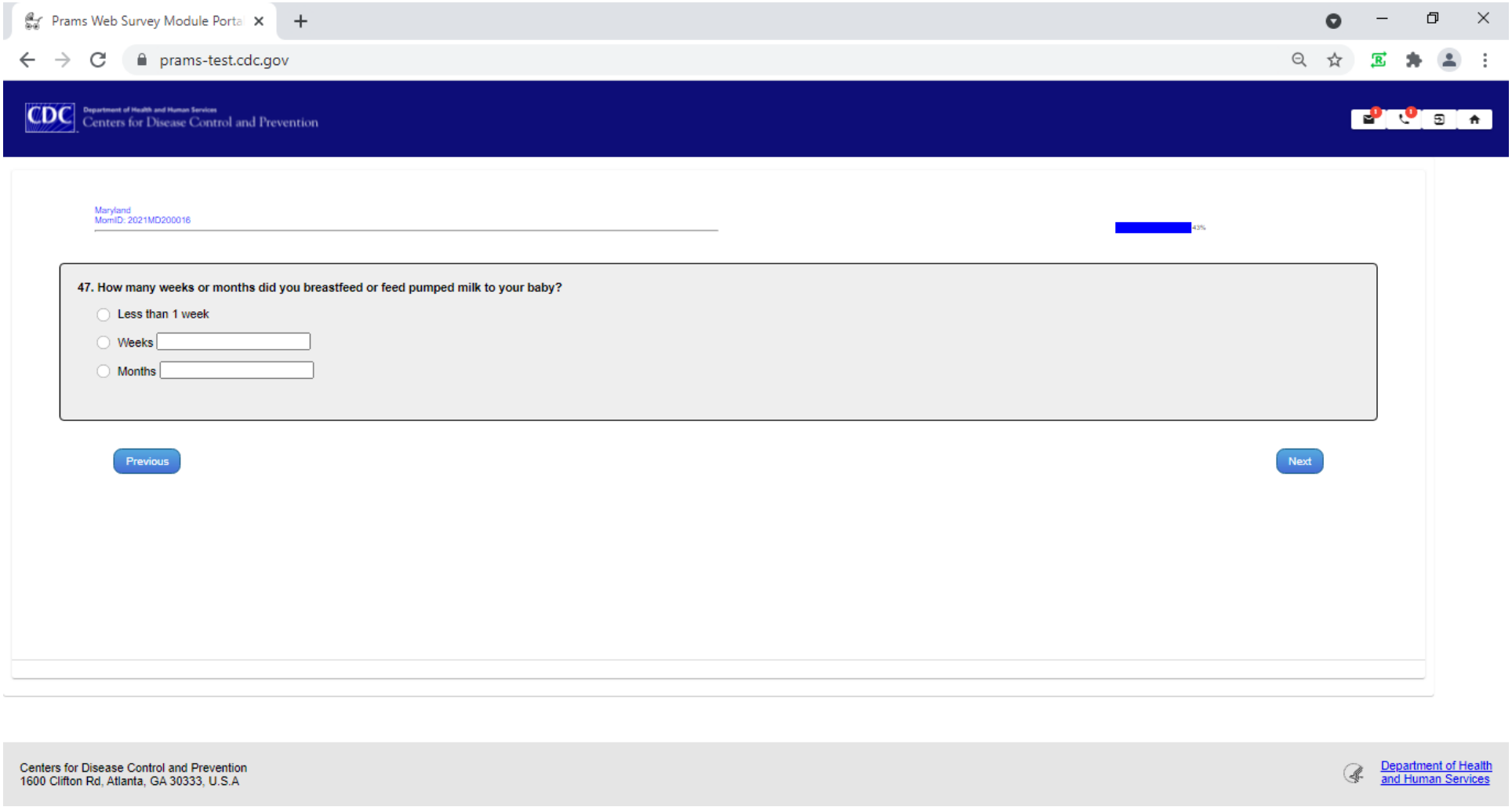
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47. How many weeks or months did you breastfeed or feed pumped milk to your baby?
Less than 1 week
Weeks
Months
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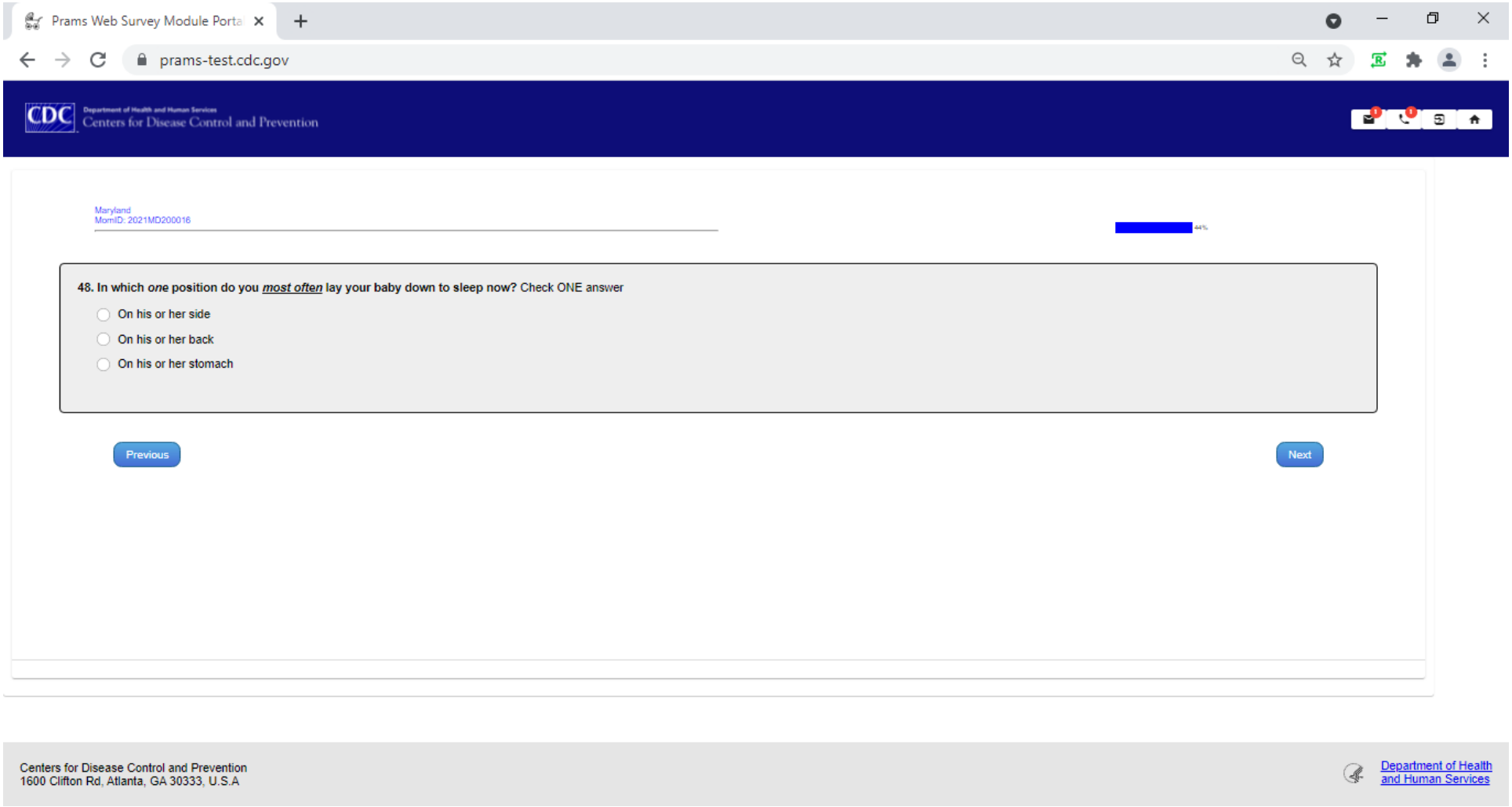
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48. In which one position do you most often lay your baby down to sleep now? Check ONE answer
On his or her side
On his or her back
On his or her stomach
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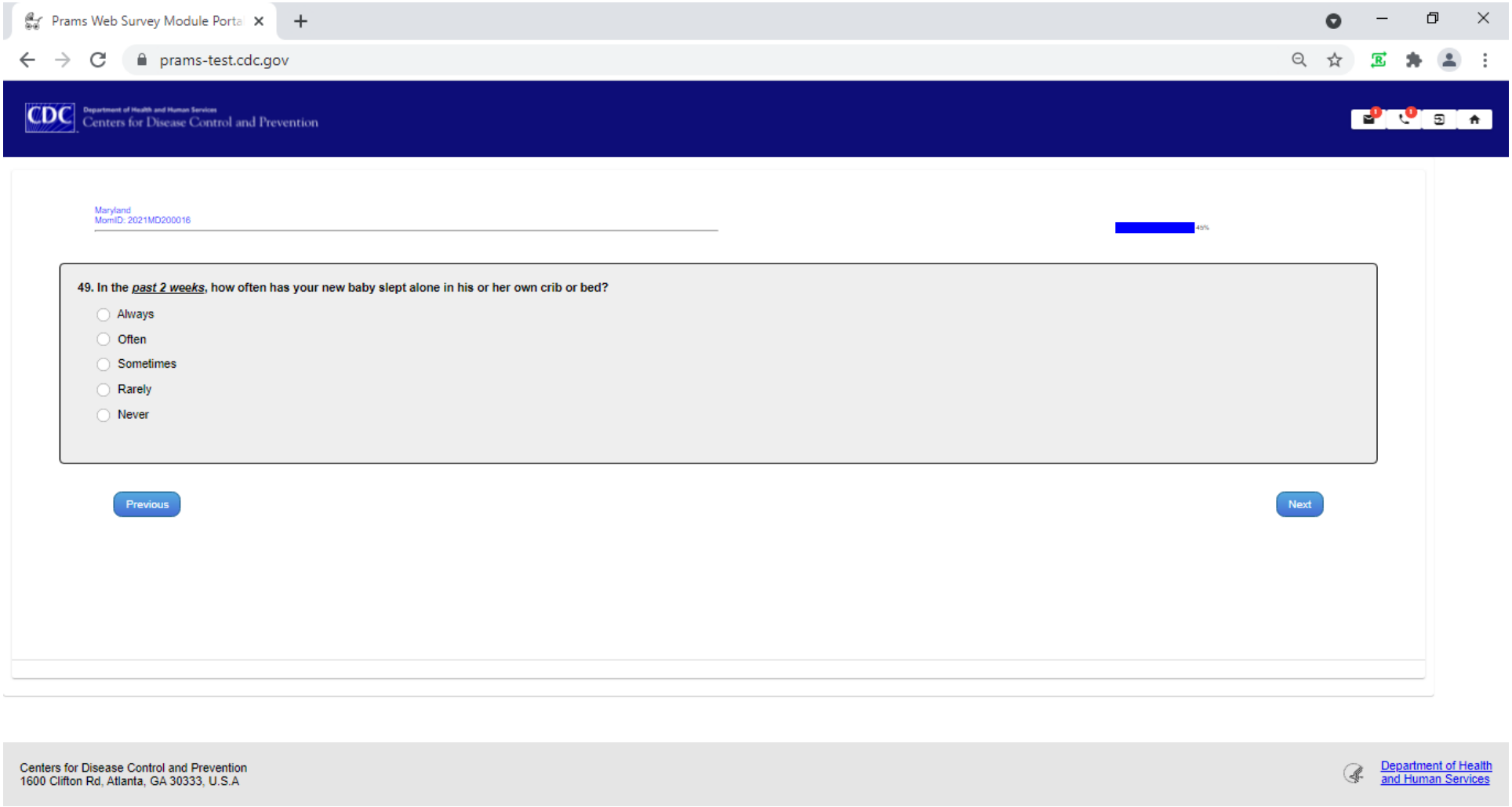
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49. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?
Always
Often
Sometimes
Rarely
Never
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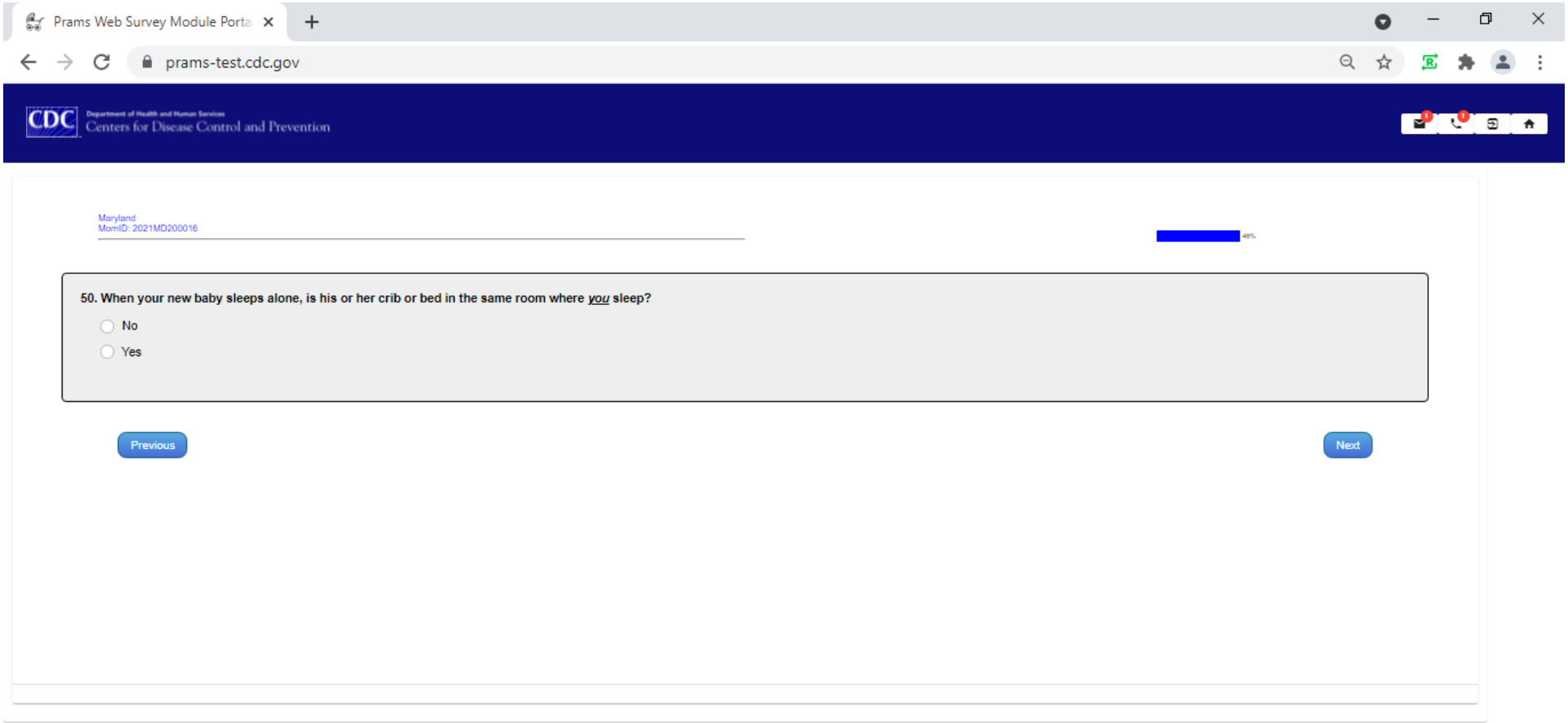
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50. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?
No
Yes
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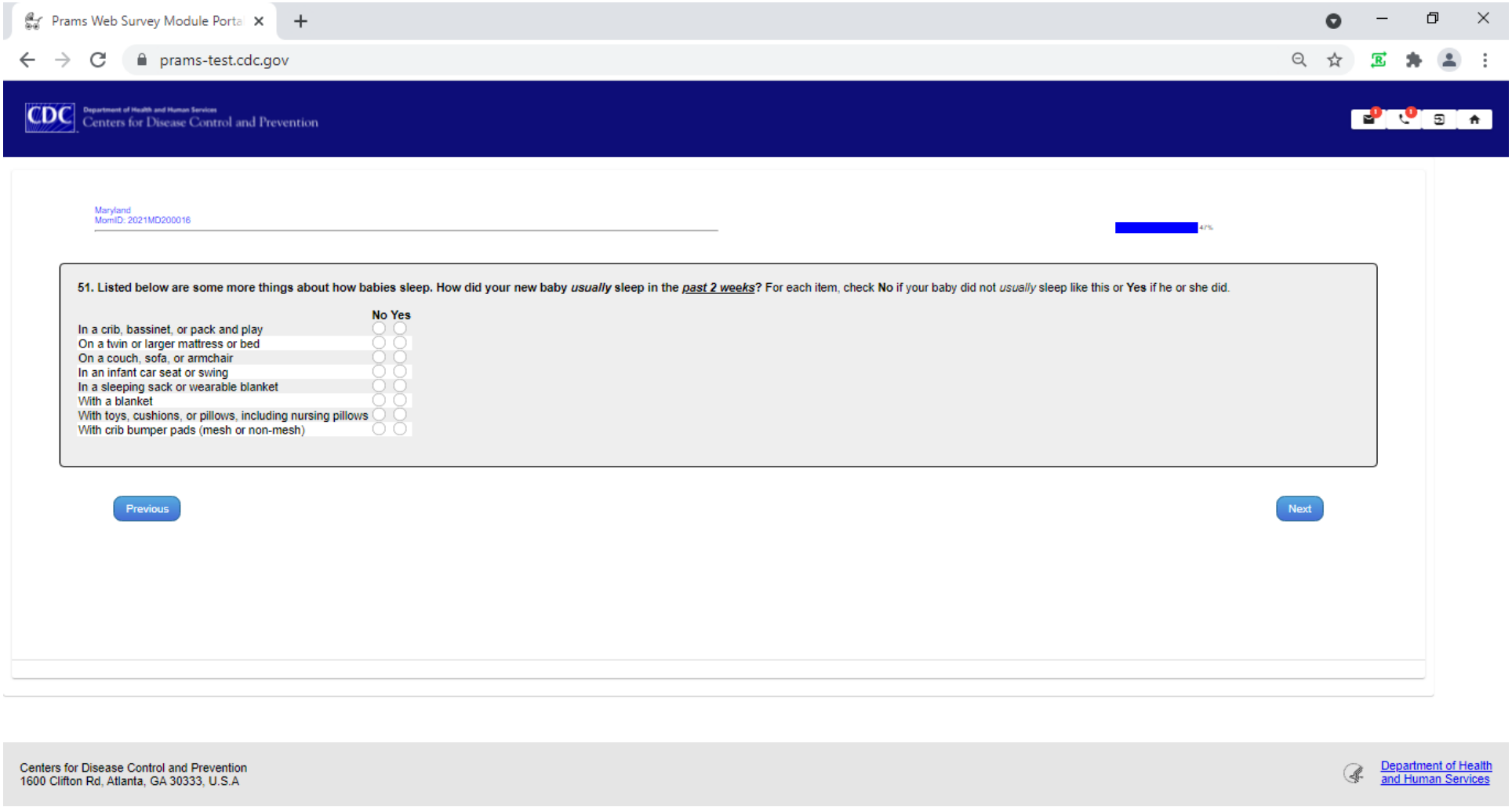
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51. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.
No Yes
In a crib, bassinet, or pack and play
On a twin or larger mattress or bed
On a couch, sofa, or armchair
In an infant car seat or swing
In a sleeping sack or wearable blanket
With a blanket
With toys, cushions, or pillows, including nursing pillows
With crib bumper pads (mesh or non-mesh)
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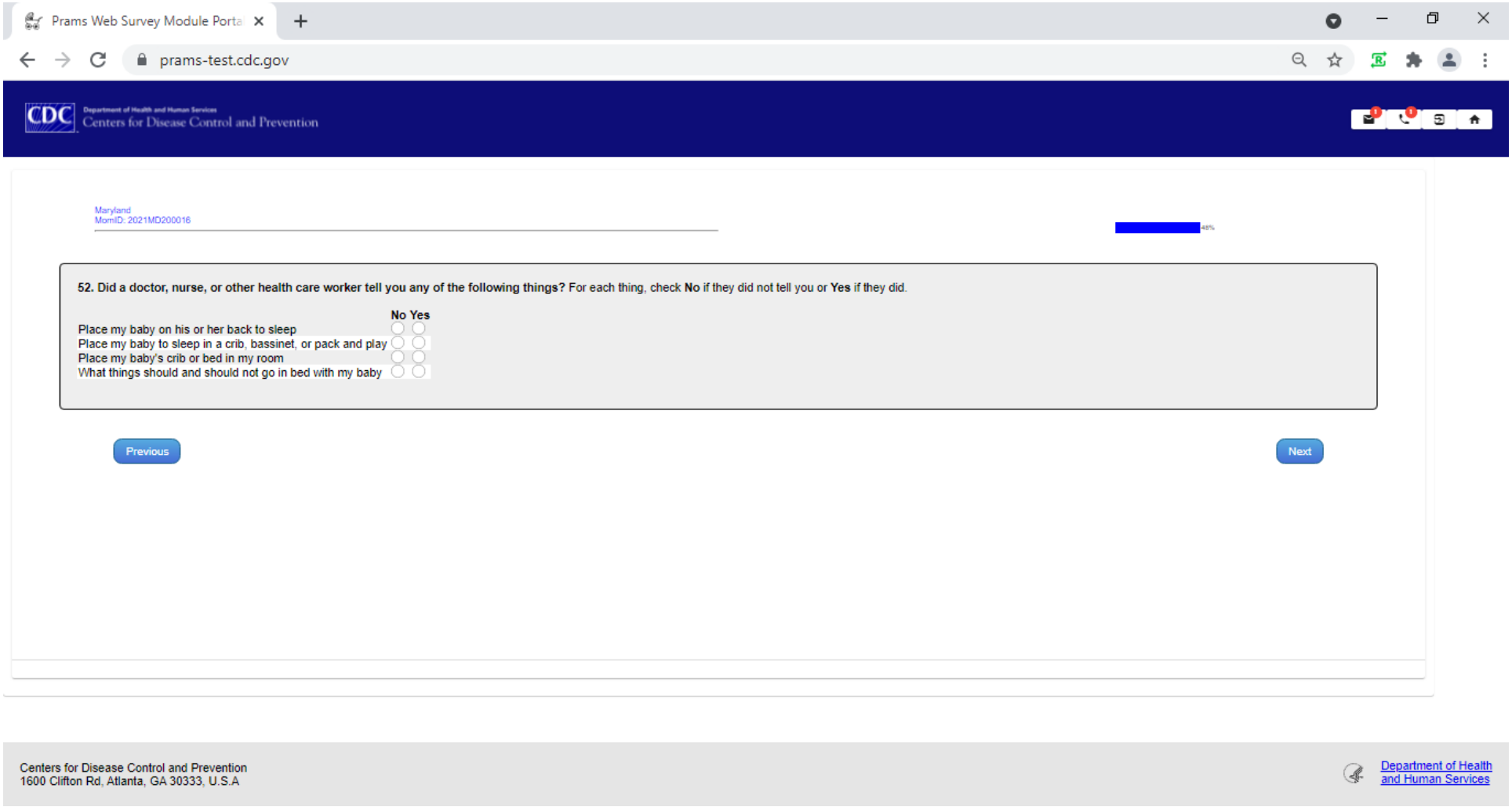
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48%
52. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.
No Yes
Place my baby on his or her back to sleep
Place my baby to sleep in a crib, bassinet, or pack and play
Place my baby's crib or bed in my room
What things should and should not go in bed with my baby
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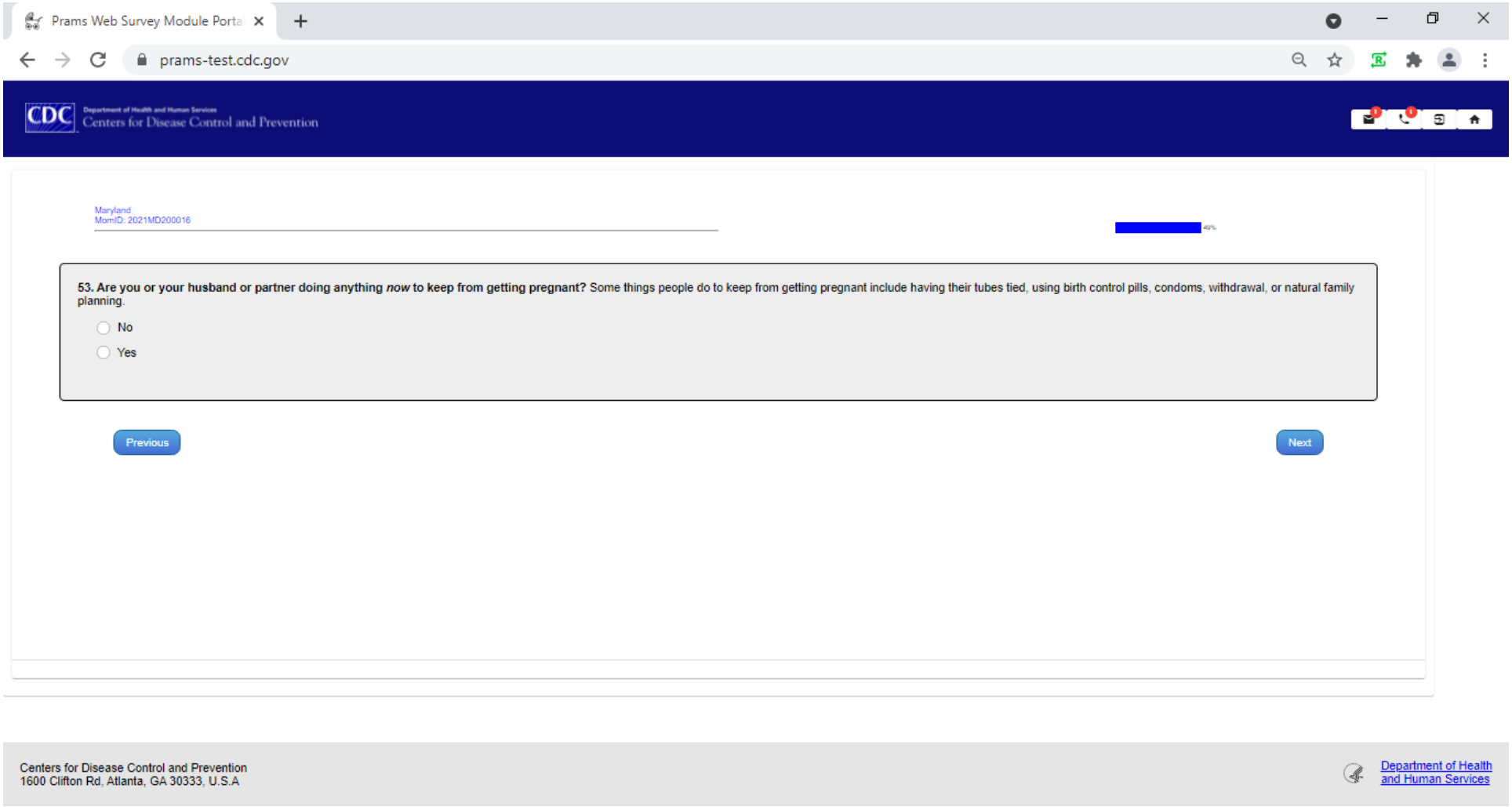
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49%
53. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.
No
Yes
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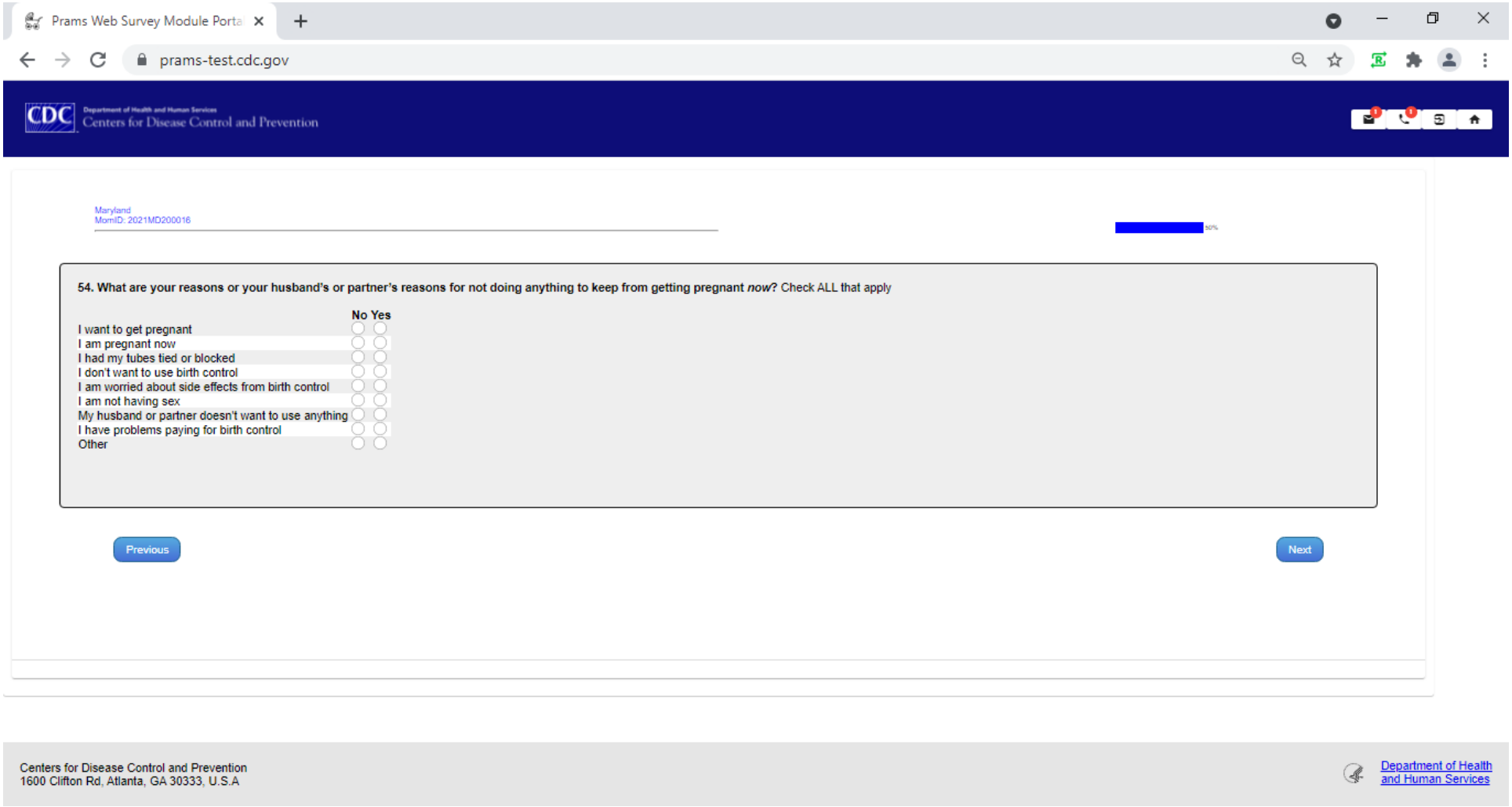
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54. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply
No Yes
I want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth control
I am worried about side effects from birth control
I am not having sex
My husband or partner doesn't want to use anything
I have problems paying for birth control
Other
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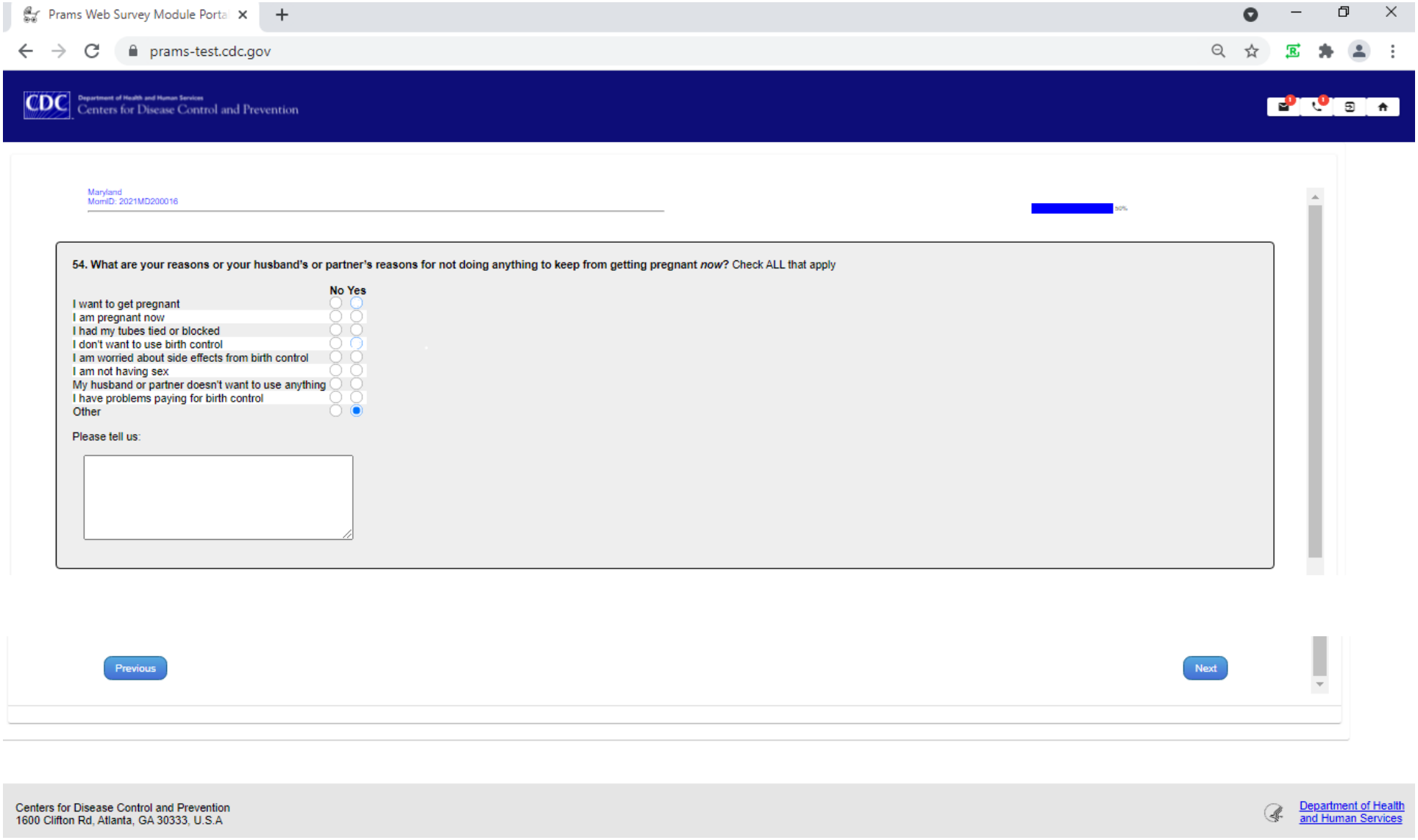
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50%
54. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply
No Yes
I want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth control
I am worried about side effects from birth control
I am not having sex
My husband or partner doesn't want to use anything
I have problems paying for birth control
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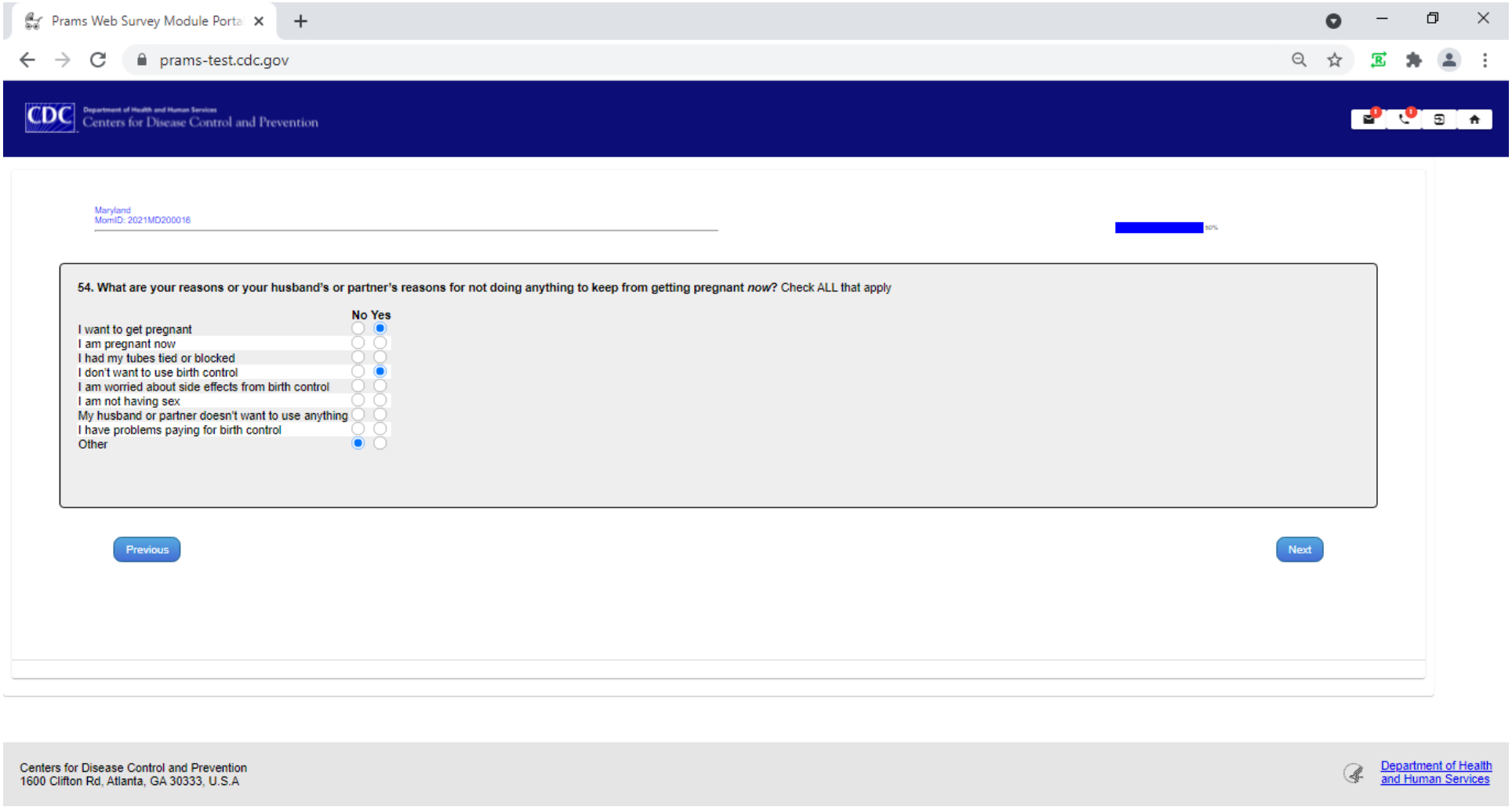
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I am pregnant now
I had my tubes tied or blocked
I don't want to use birth control
I am worried about side effects from birth control
I am not having sex
My husband or partner doesn't want to use anything
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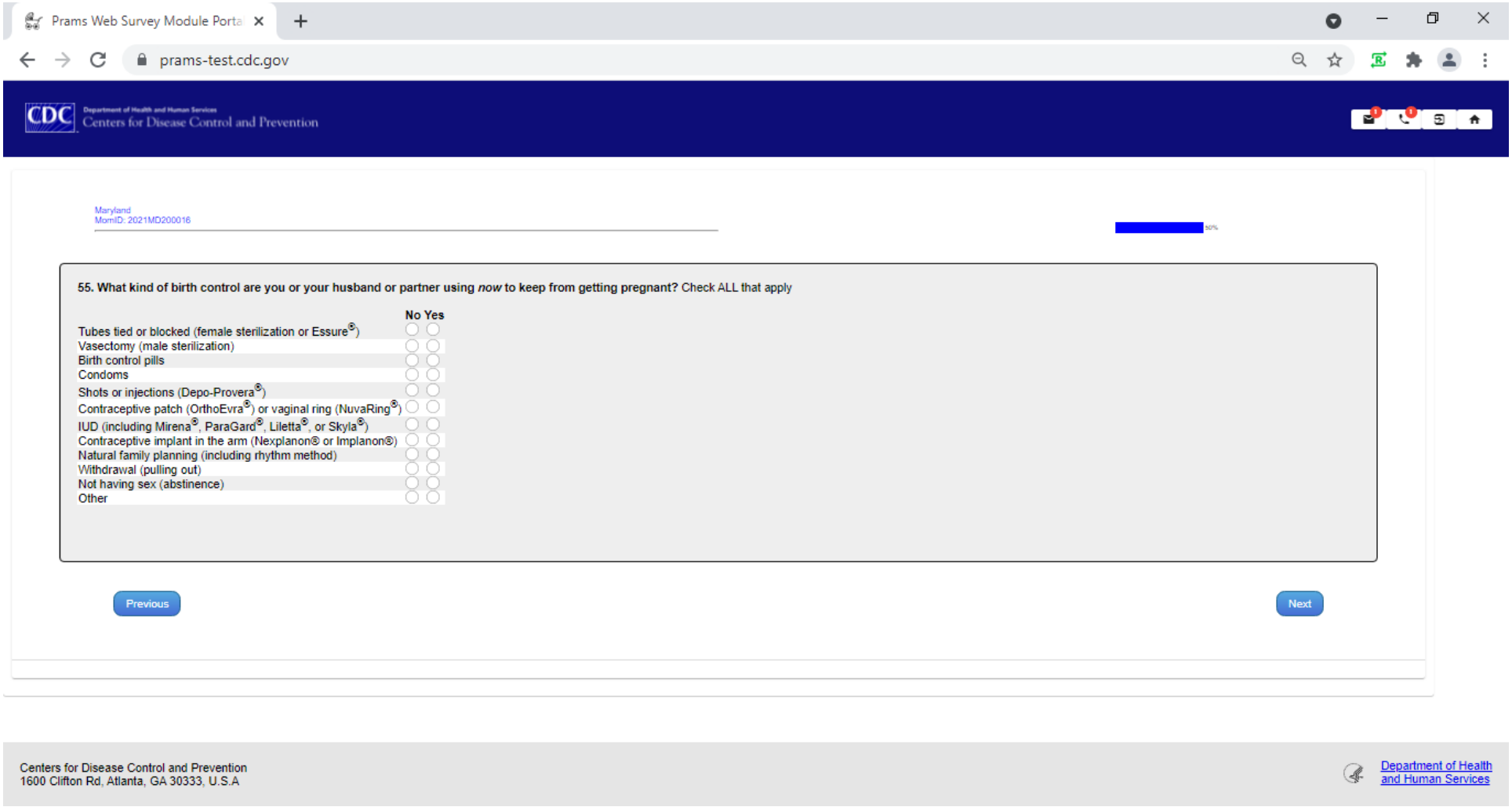
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55. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check ALL that apply
No Yes
Tubes tied or blocked (female sterilization or Essure®)
Vasectomy (male sterilization)
Birth control pills
Condoms
Shots or injections (Depo-Provera®)
Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
Contraceptive implant in the arm (Nexplanon® or Implanon®)
Natural family planning (including rhythm method)
Withdrawal (pulling out)
Not having sex (abstinence)
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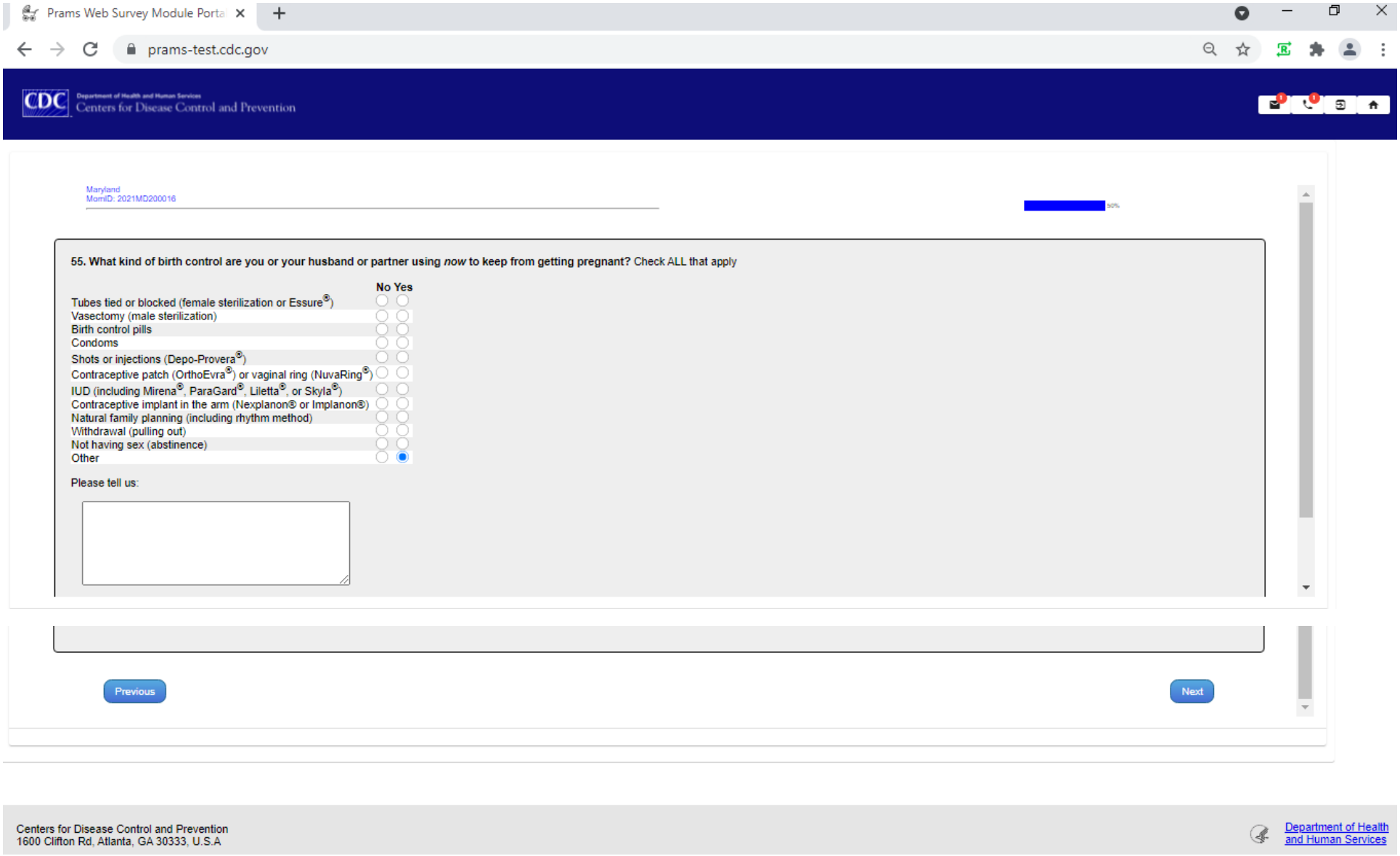
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Vasectomy (male sterilization)
Birth control pills
Condoms
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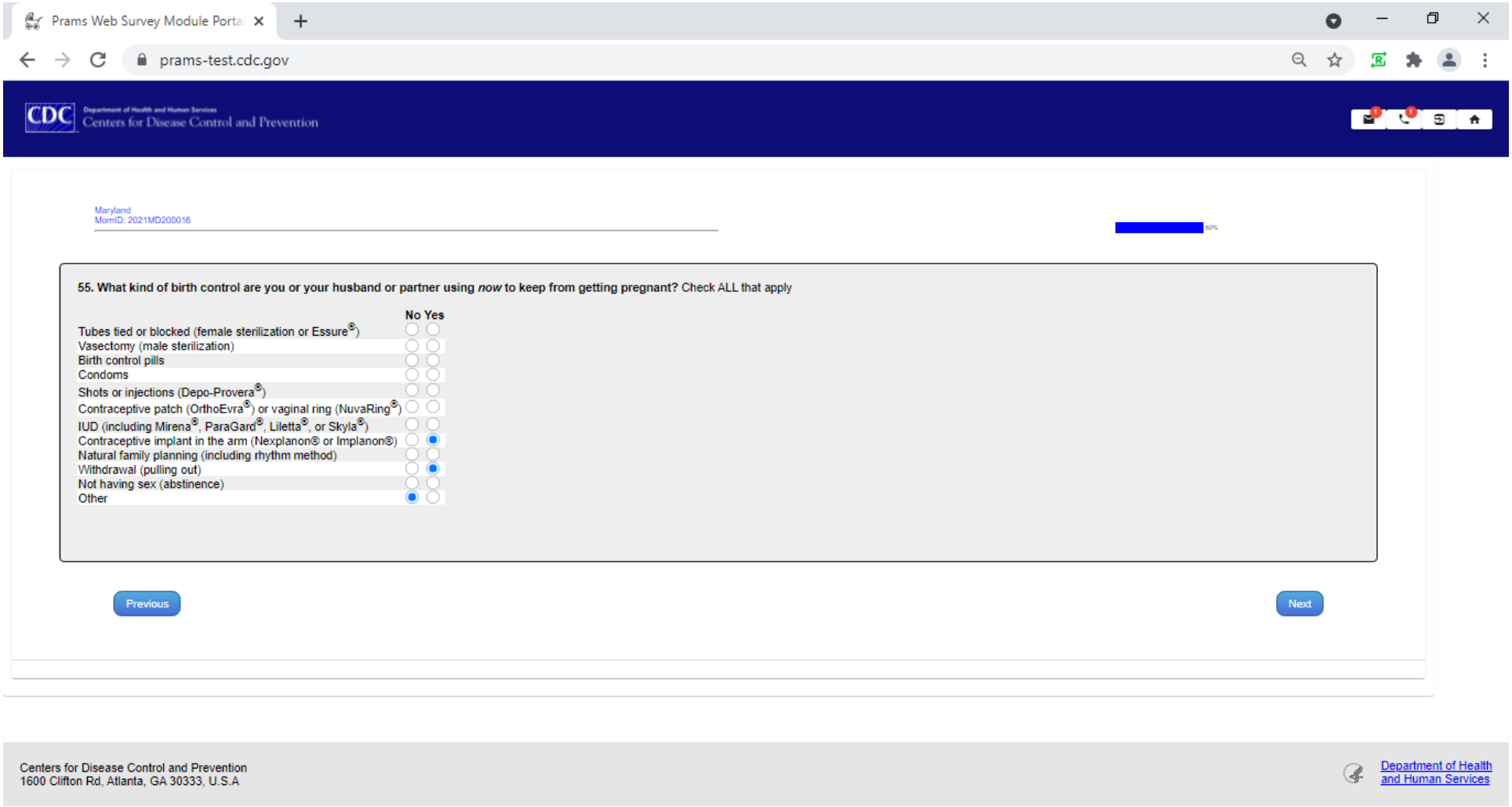
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Vasectomy (male sterilization)
Birth control pills
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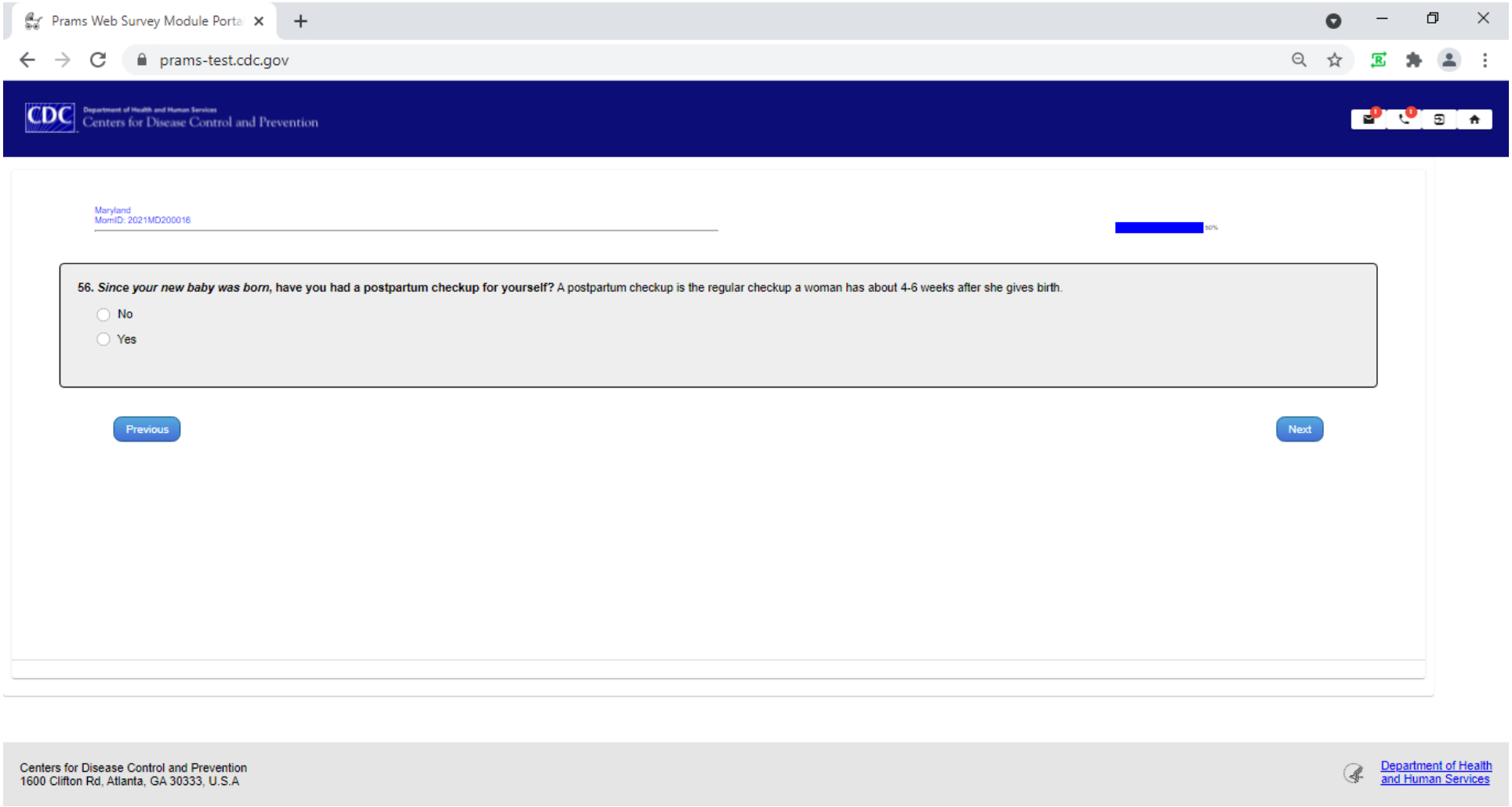
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56. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.
No
Yes
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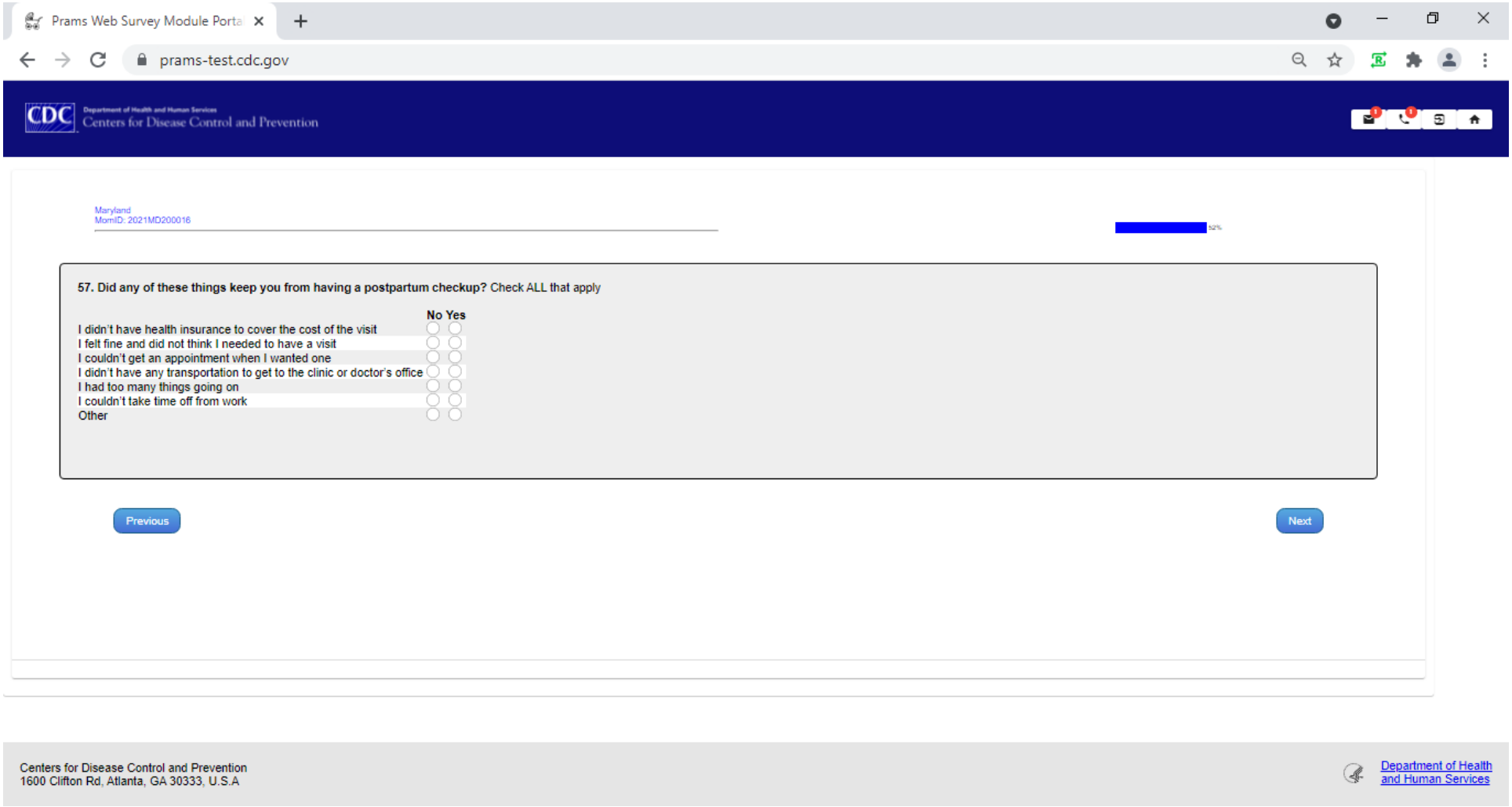
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57. Did any of these things keep you from having a postpartum checkup? Check ALL that apply
No Yes
I didn't have health insurance to cover the cost of the visit
I felt fine and did not think I needed to have a visit
I couldn't get an appointment when I wanted one
I didn't have any transportation to get to the clinic or doctor's office
I had too many things going on
I couldn't take time off from work
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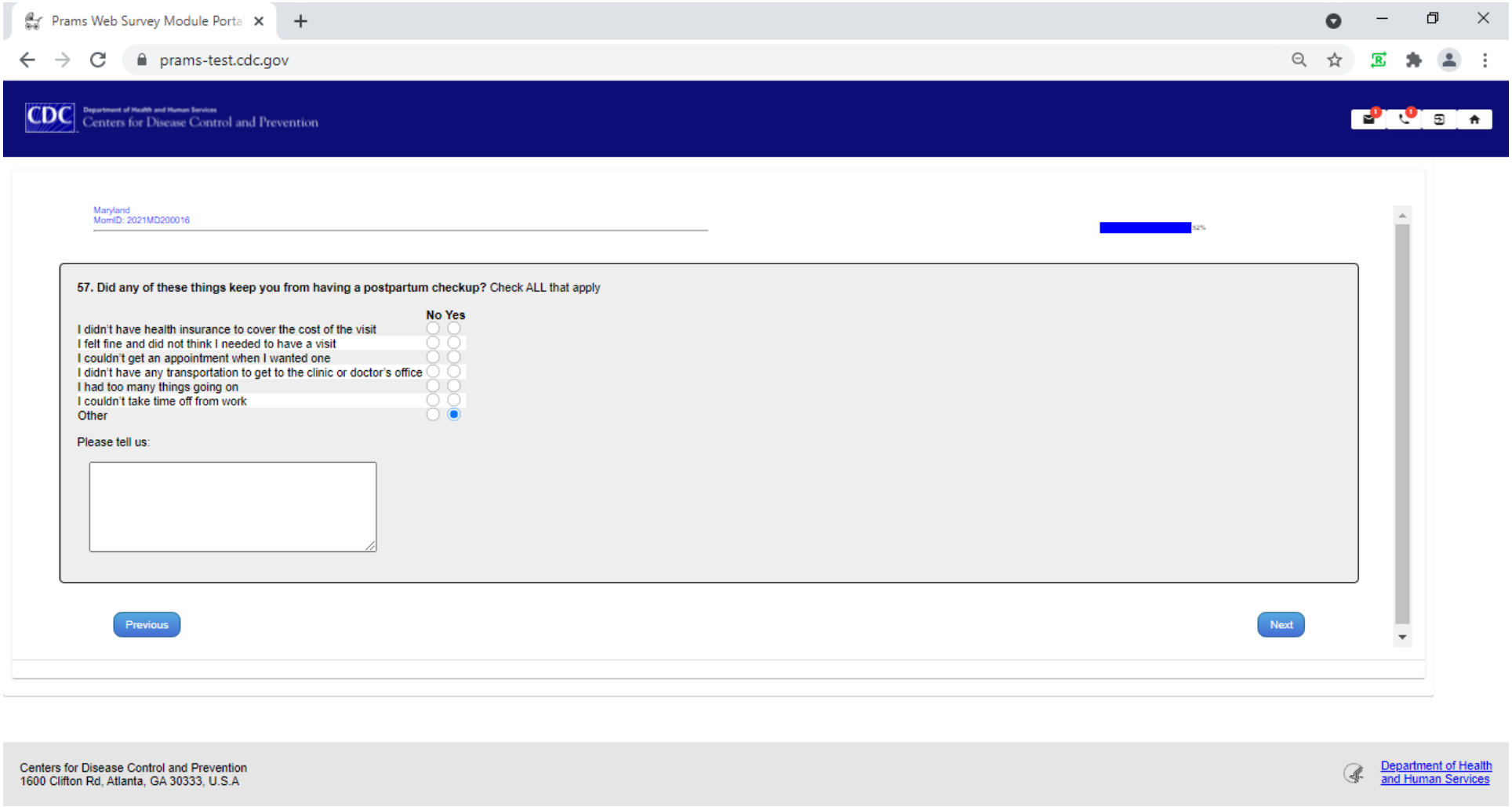
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57. Did any of these things keep you from having a postpartum checkup? Check ALL that apply
No Yes
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I felt fine and did not think I needed to have a visit
I couldn't get an appointment when I wanted one
I didn't have any transportation to get to the clinic or doctor's office
I had too many things going on
I couldn't take time off from work
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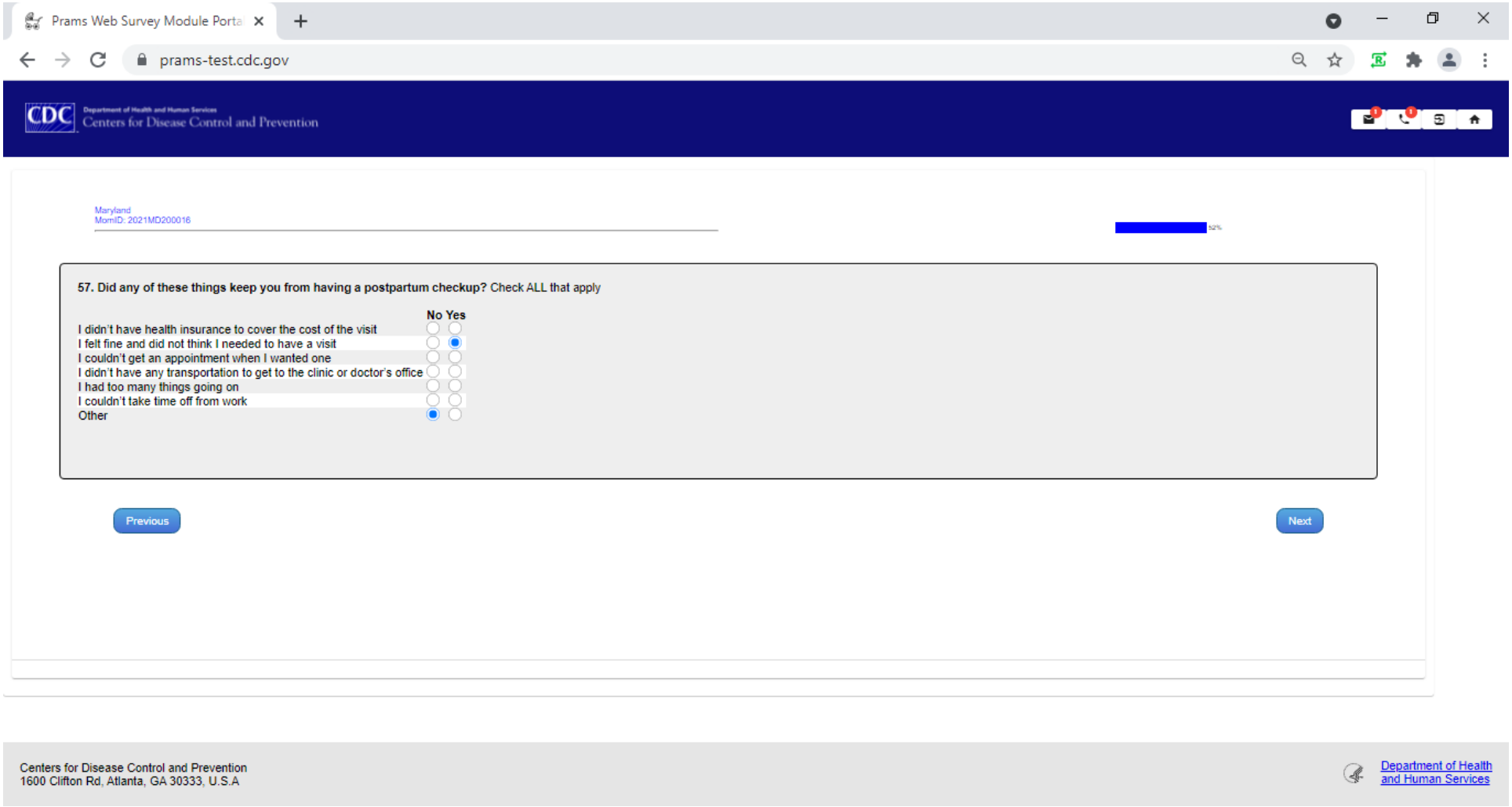
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57. Did any of these things keep you from having a postpartum checkup? Check ALL that apply
No Yes
I didn't have health insurance to cover the cost of the visit
I felt fine and did not think I needed to have a visit
I couldn't get an appointment when I wanted one
I didn't have any transportation to get to the clinic or doctor's office
I had too many things going on
I couldn't take time off from work
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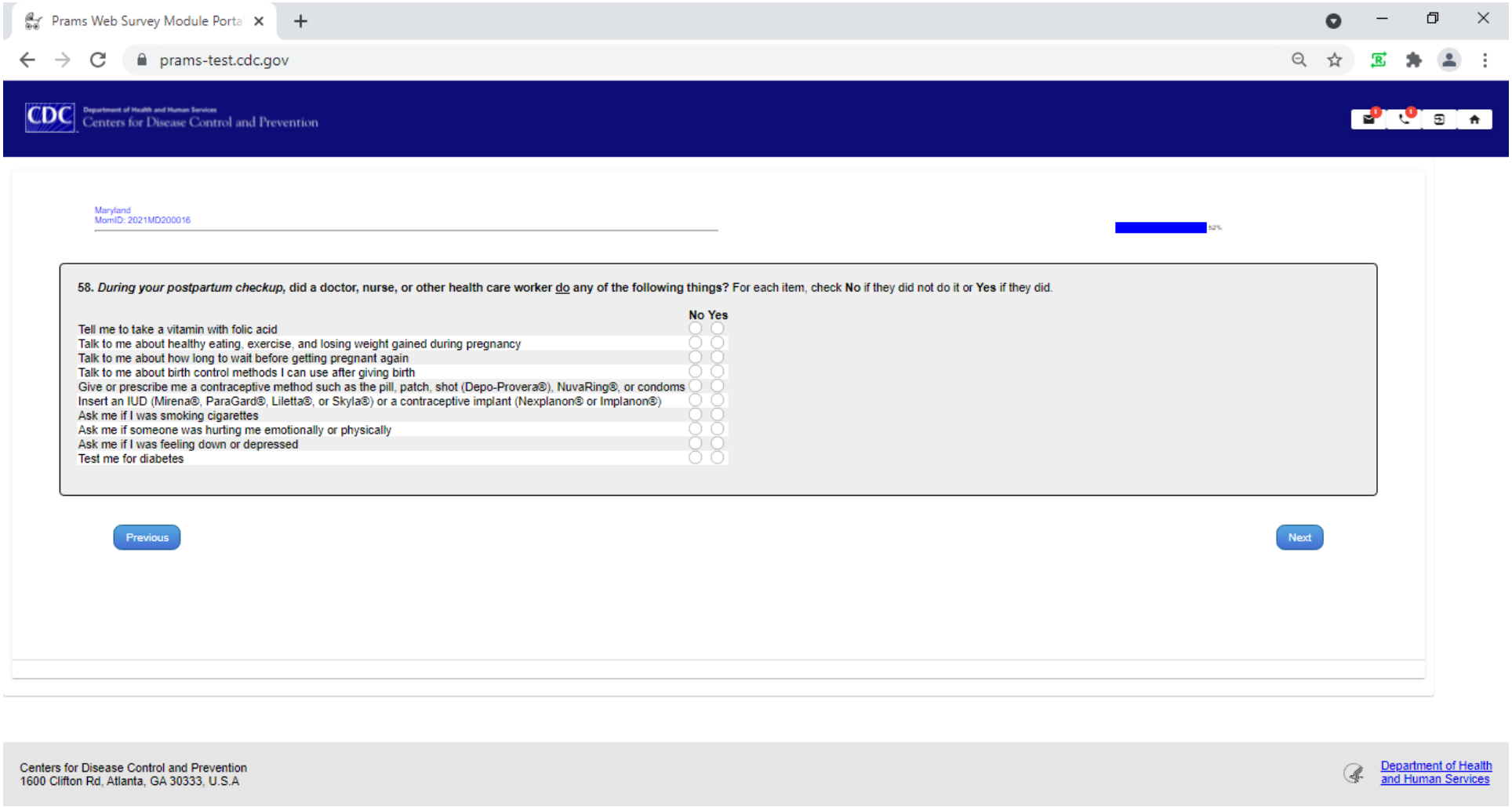
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52%
58. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.
No Yes
Tell me to take a vitamin with folic acid
Talk to me about healthy eating, exercise, and losing weight gained during pregnancy
Talk to me about how long to wait before getting pregnant again
Talk to me about birth control methods I can use after giving birth
Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms
Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)
Ask me if I was smoking cigarettes
Ask me if someone was hurting me emotionally or physically
Ask me if I was feeling down or depressed
Test me for diabetes
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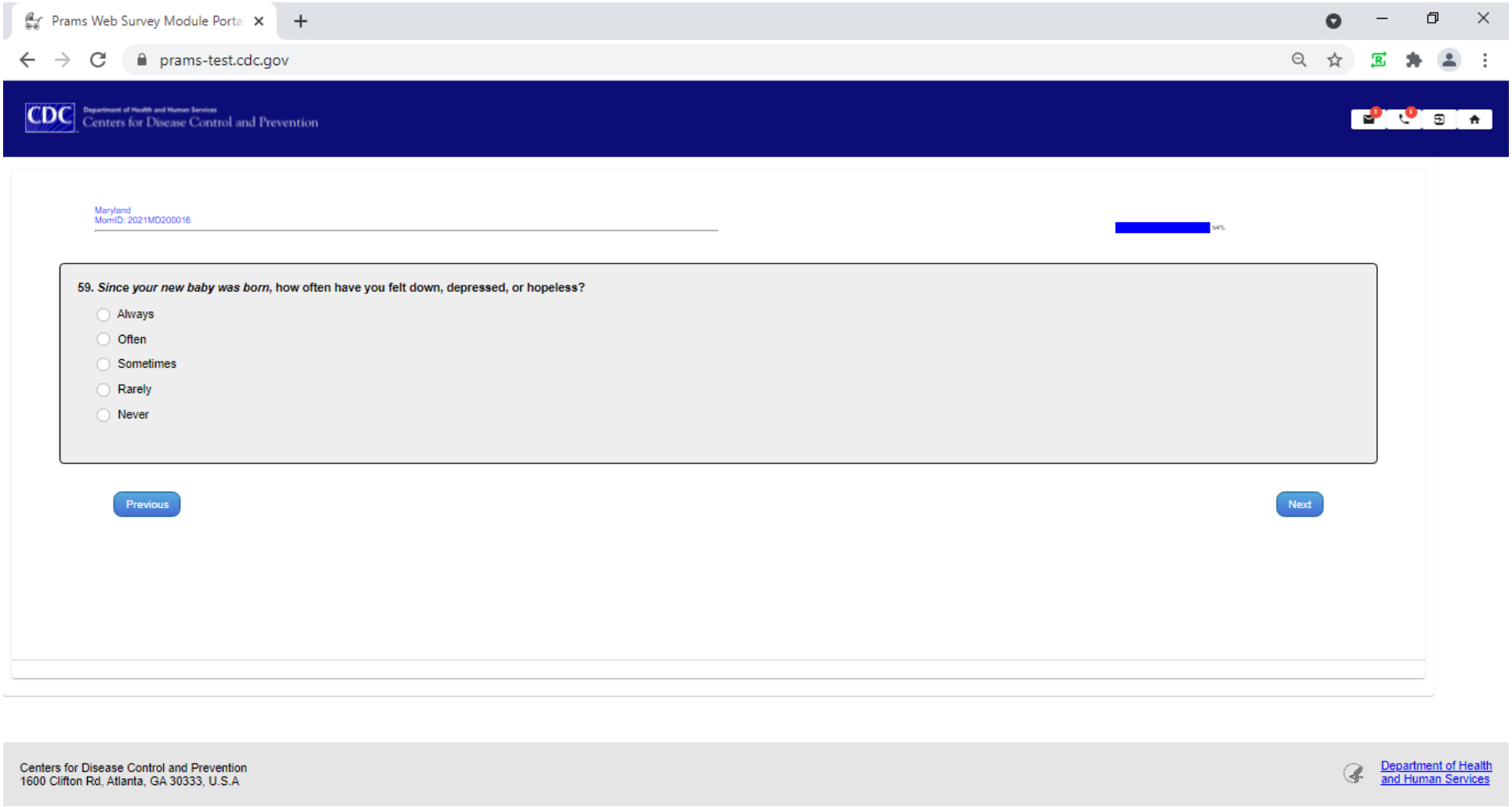
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59. Since your new baby was born, how often have you felt down, depressed, or hopeless?
Always
Often
Sometimes
Rarely
Never
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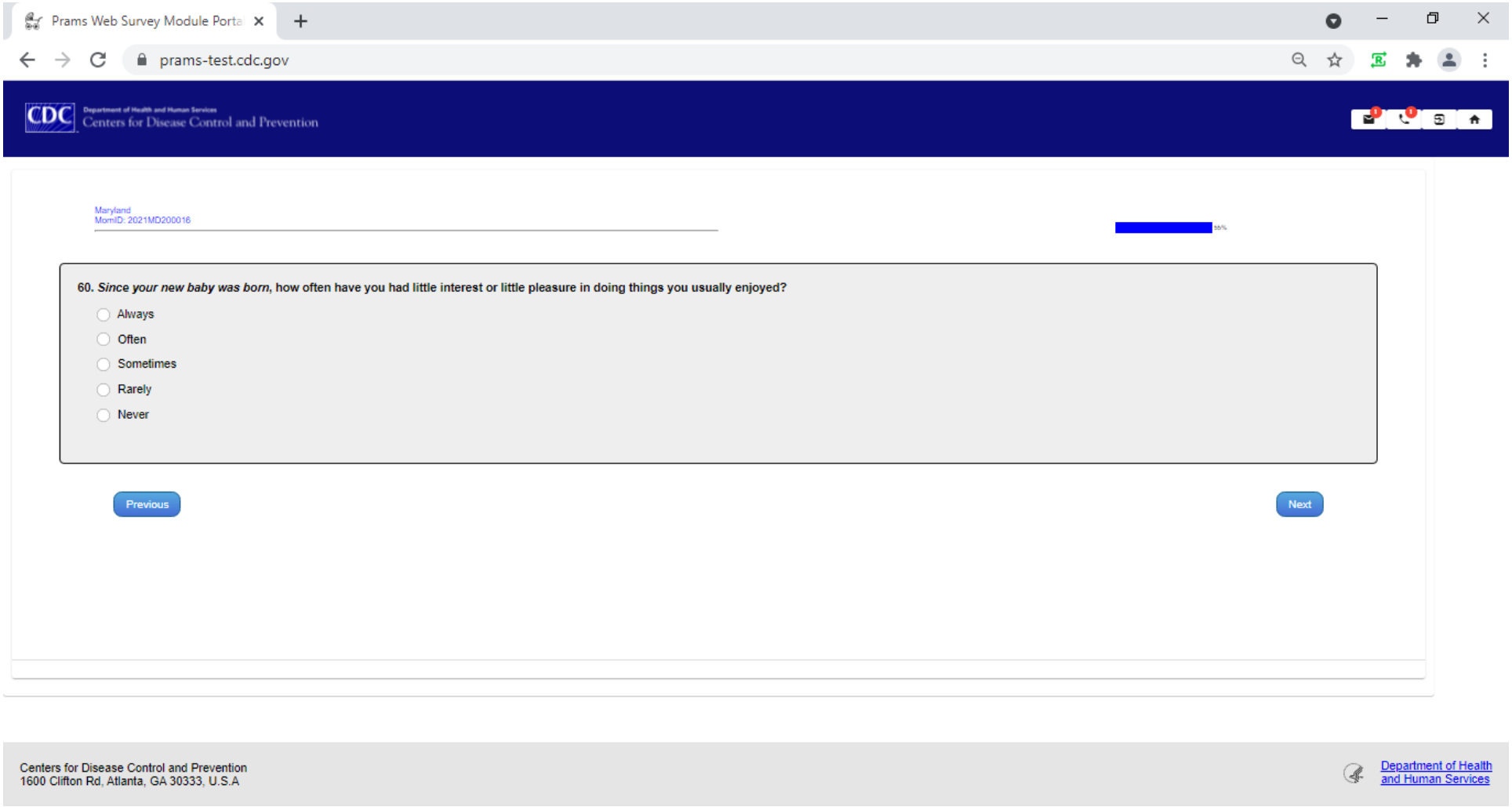
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60. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?
Always
Often
Sometimes
Rarely
Never
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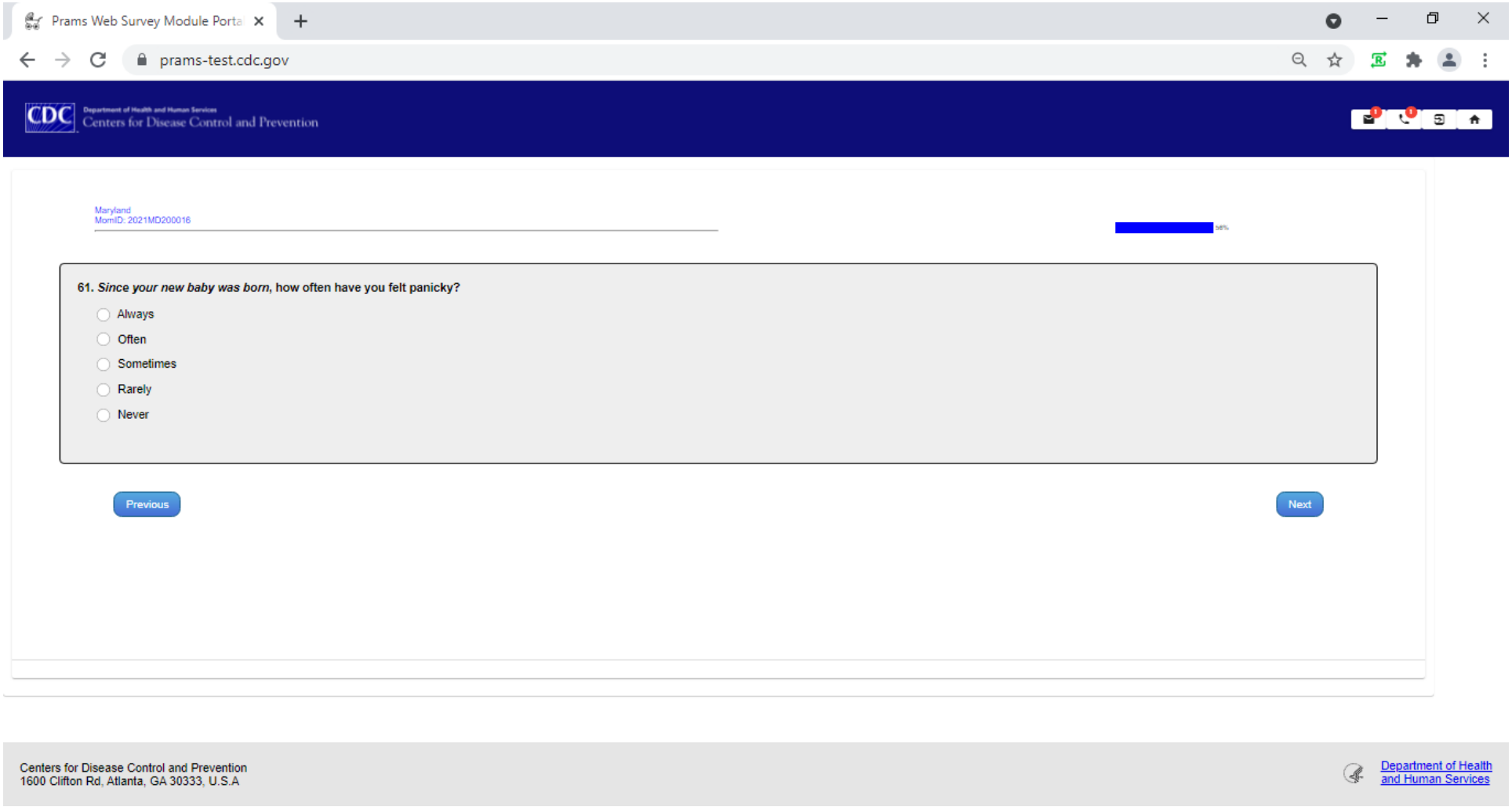
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61. Since your new baby was born, how often have you felt panicky?
Always
Often
Sometimes
Rarely
Never
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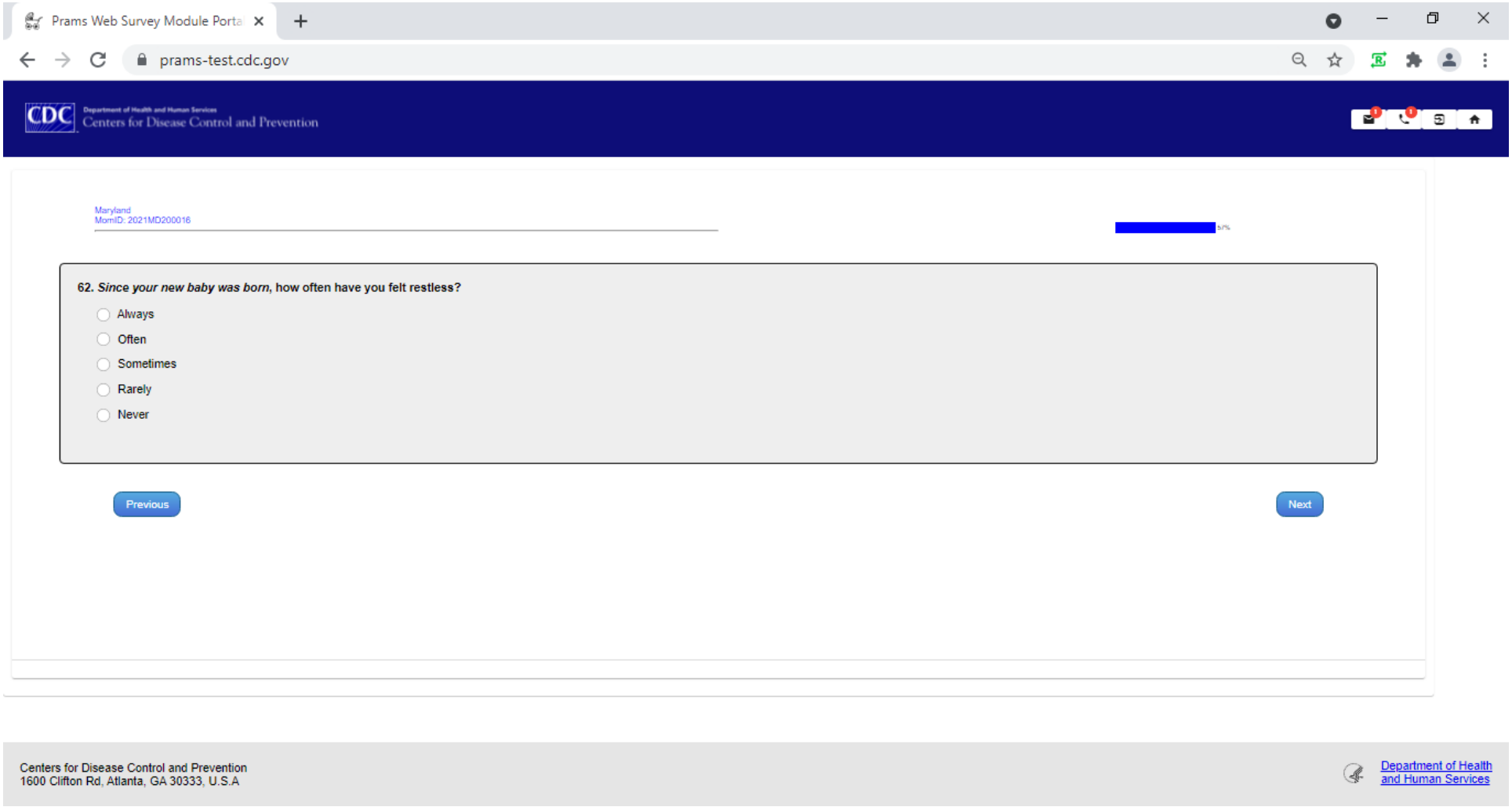
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62. Since your new baby was born, how often have you felt restless?
Always
Often
Sometimes
Rarely
Never
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The next questions are on a variety of topics.
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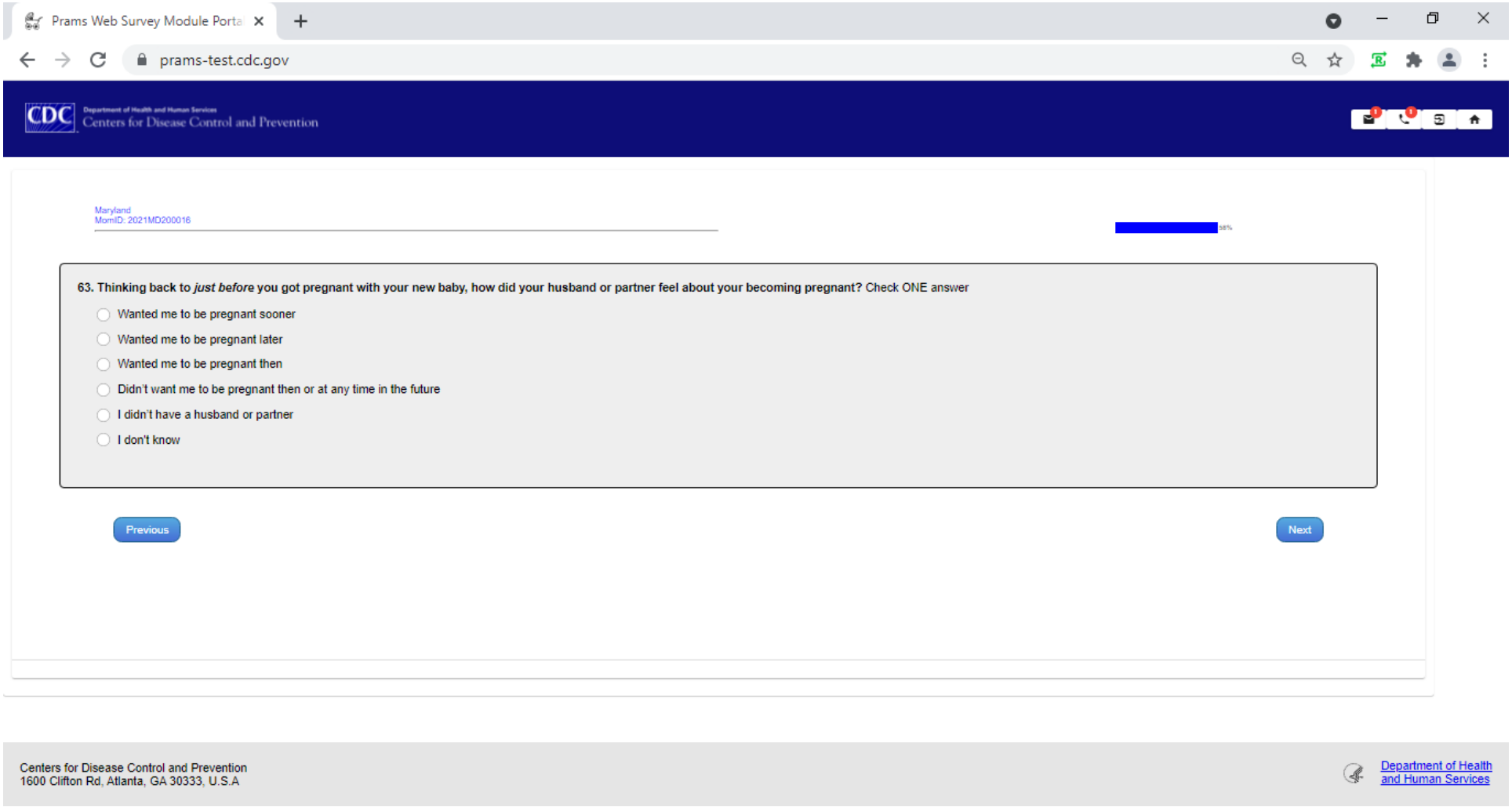
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63. Thinking back to *just before* you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant? Check ONE answer
Wanted me to be pregnant sooner
Wanted me to be pregnant later
Wanted me to be pregnant then
Didn't want me to be pregnant then or at any time in the future
I didn't have a husband or partner
I don't know
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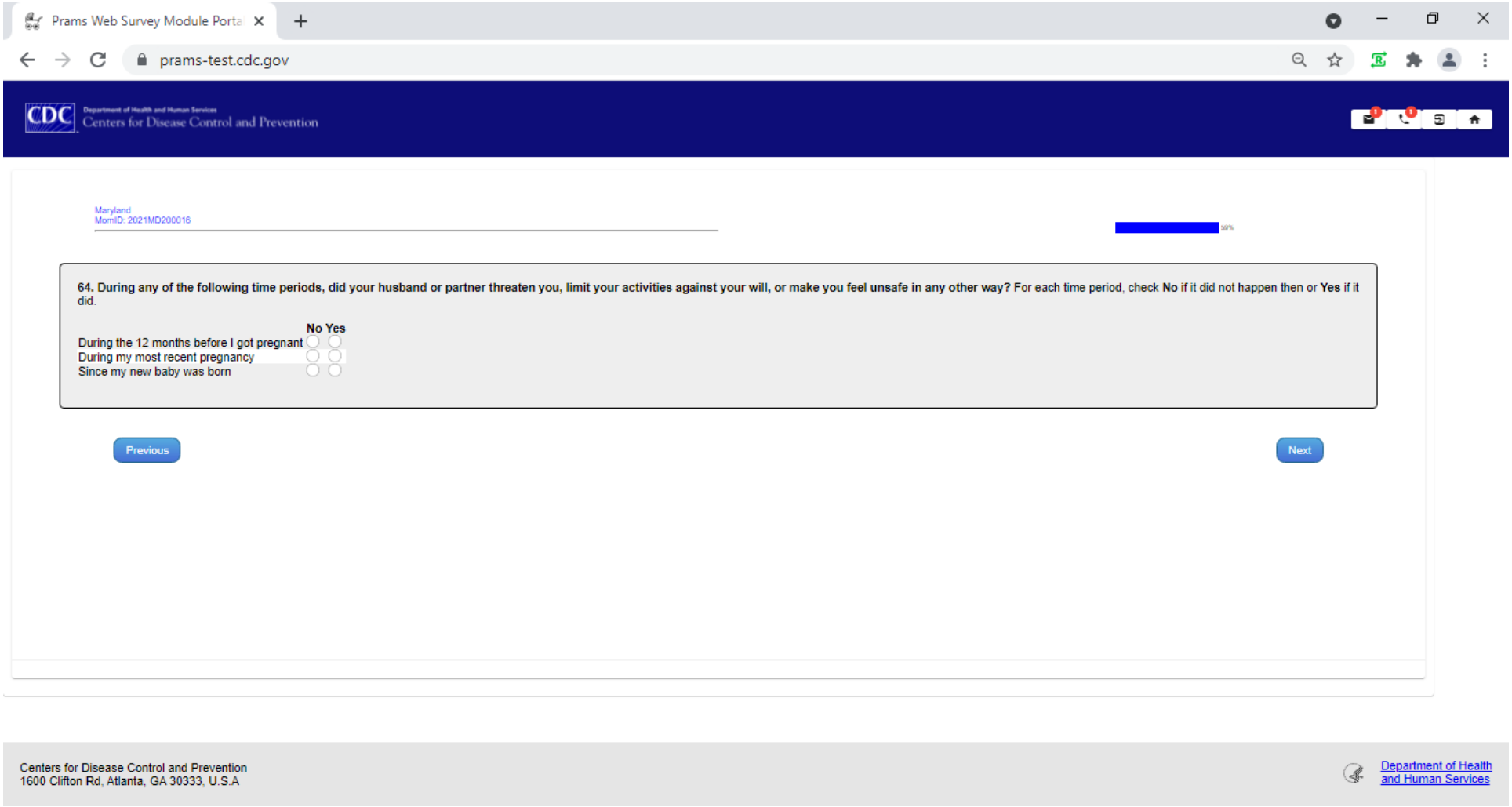
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64. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No if it did not happen then or Yes if it did.
No Yes
During the 12 months before I got pregnant
During my most recent pregnancy
Since my new baby was born
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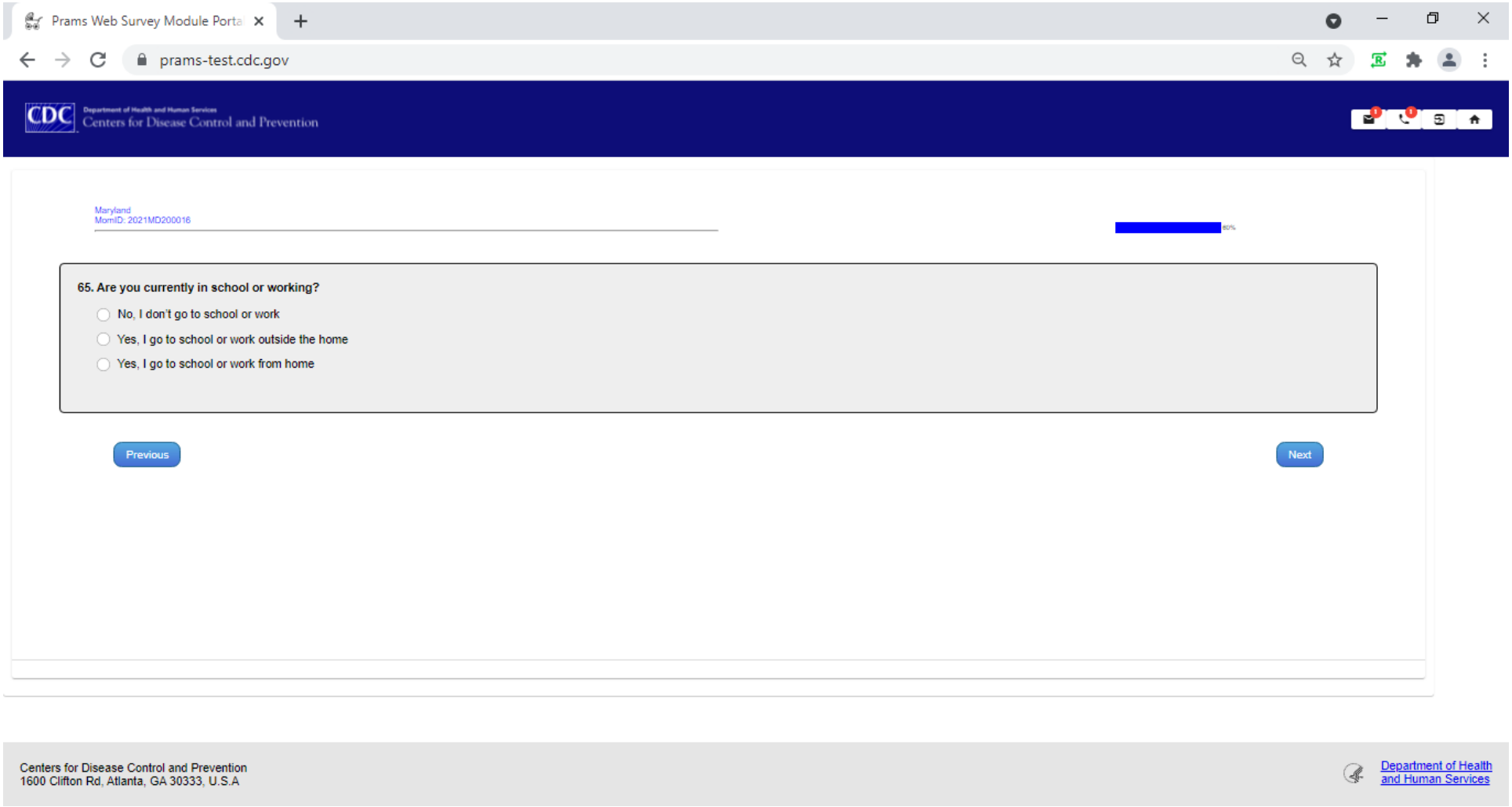
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65. Are you currently in school or working?
No, I don't go to school or work
Yes, I go to school or work outside the home
Yes, I go to school or work from home
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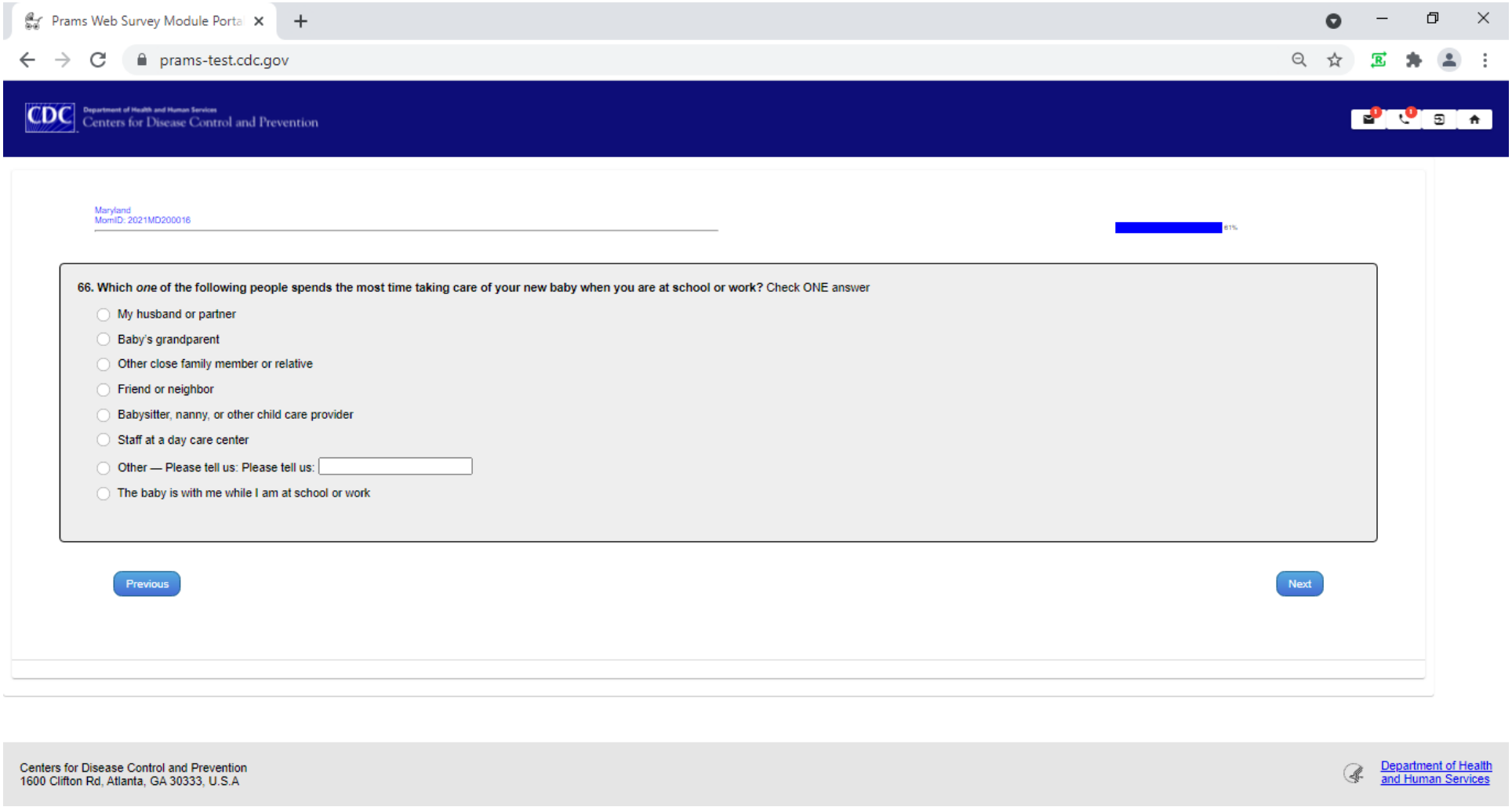
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66. Which one of the following people spends the most time taking care of your new baby when you are at school or work? Check ONE answer
My husband or partner
Baby's grandparent
Other close family member or relative
Friend or neighbor
Babysitter, nanny, or other child care provider
Staff at a day care center
Other — Please tell us: Please tell us:
The baby is with me while I am at school or work
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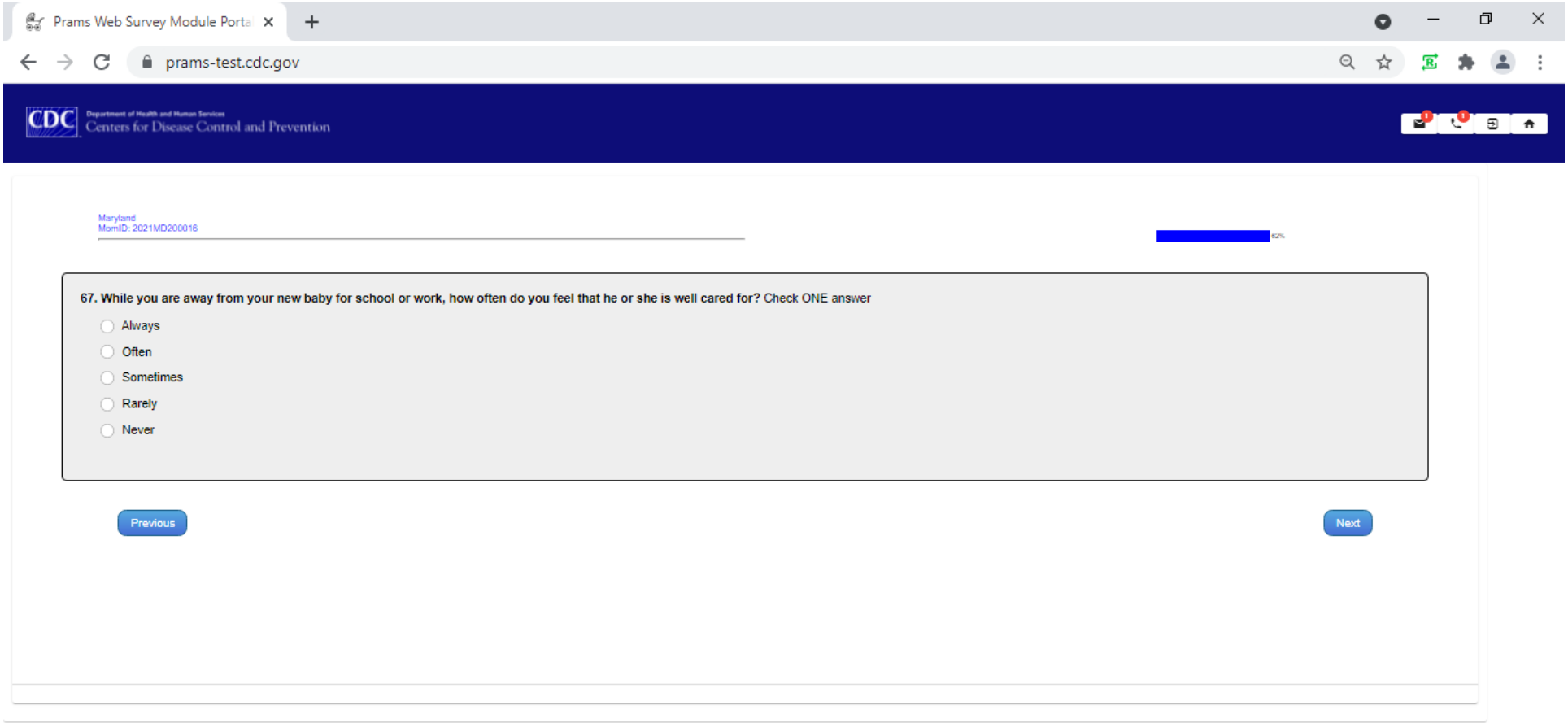
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67. While you are away from your new baby for school or work, how often do you feel that he or she is well cared for? Check ONE answer
Always
Often
Sometimes
Rarely
Never
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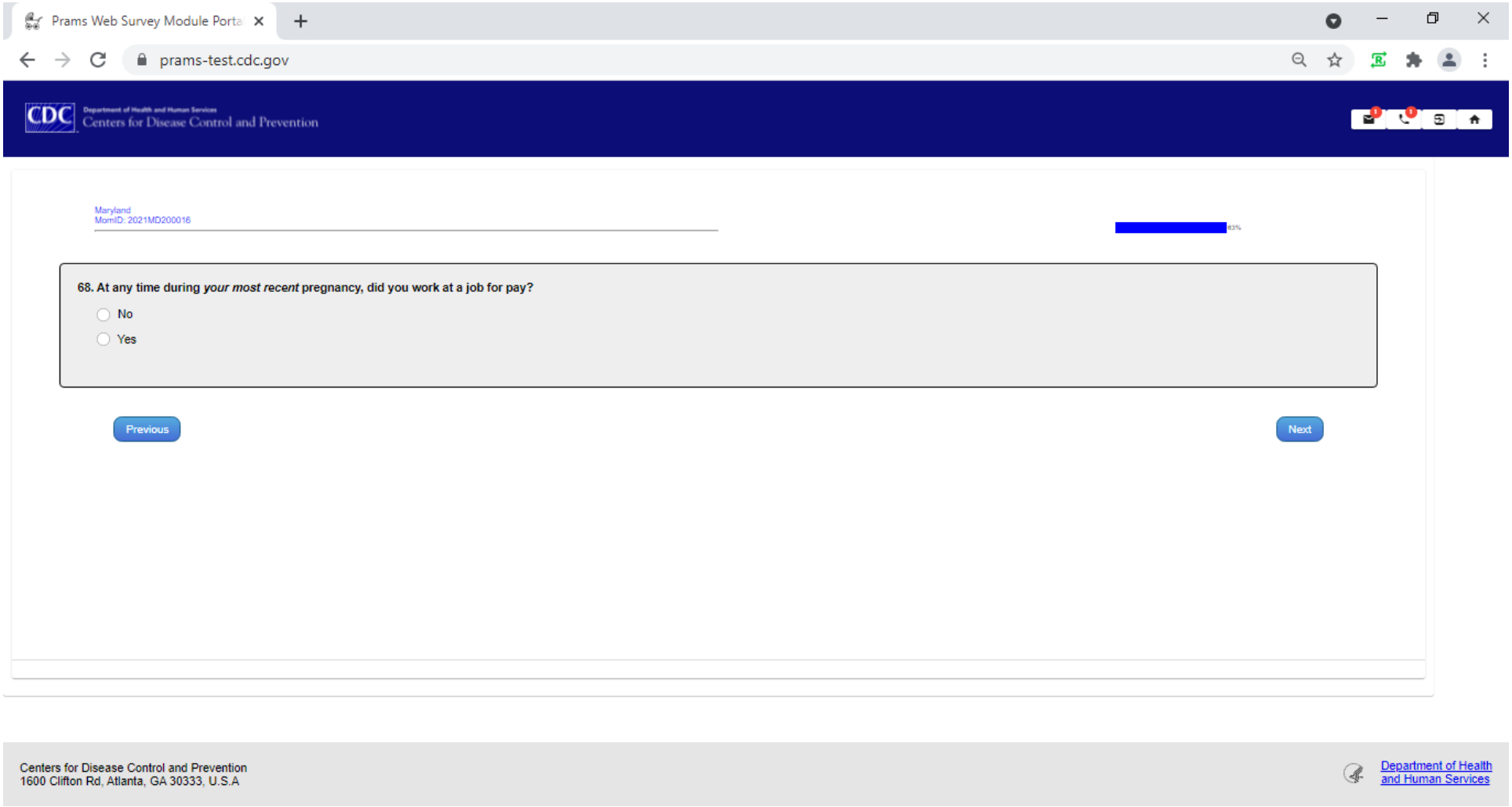
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68. At any time during *your most recent* pregnancy, did you work at a job for pay?
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Yes
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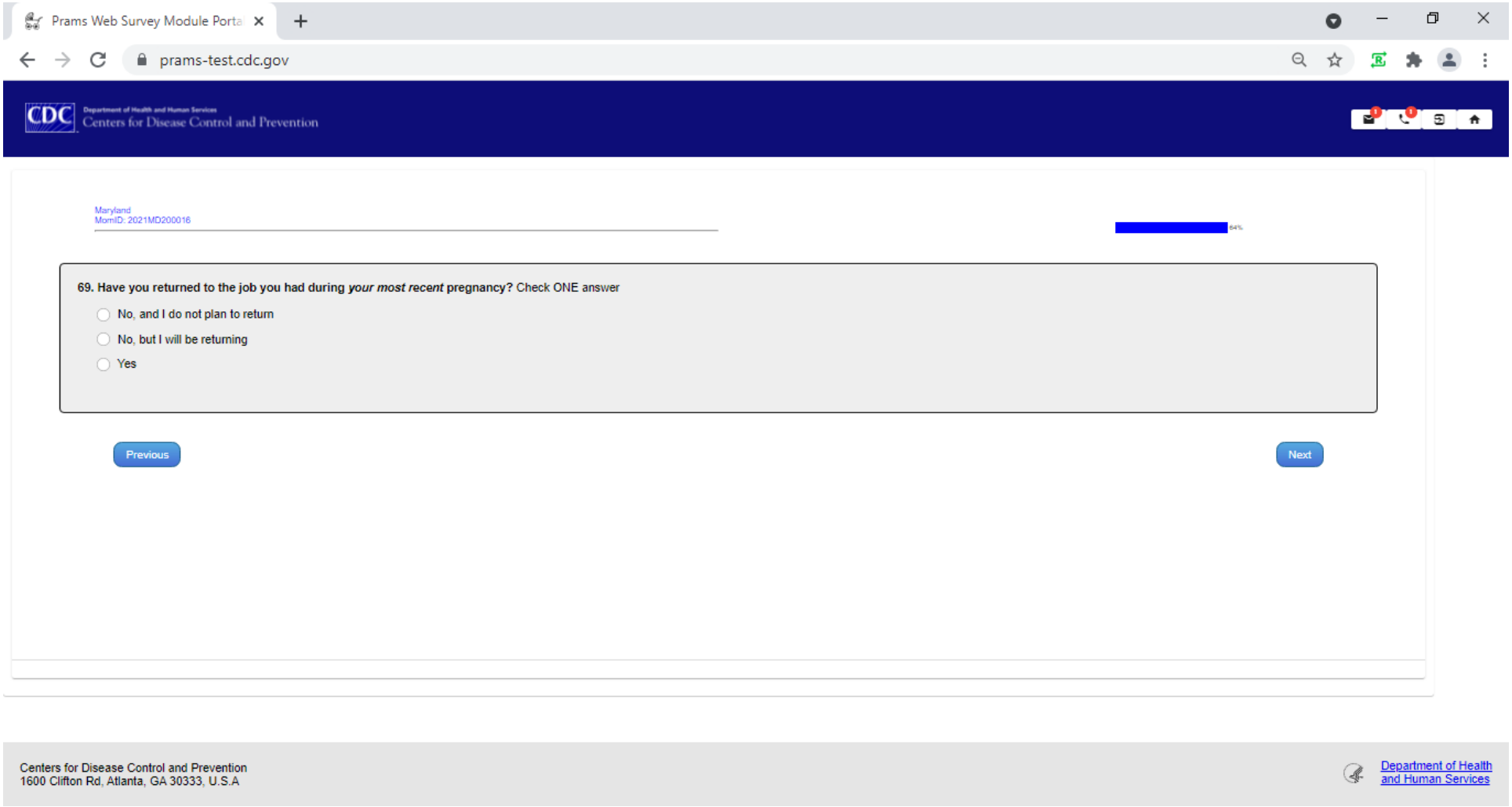
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69. Have you returned to the job you had during *your most recent* pregnancy? Check ONE answer
No, and I do not plan to return
No, but I will be returning
Yes
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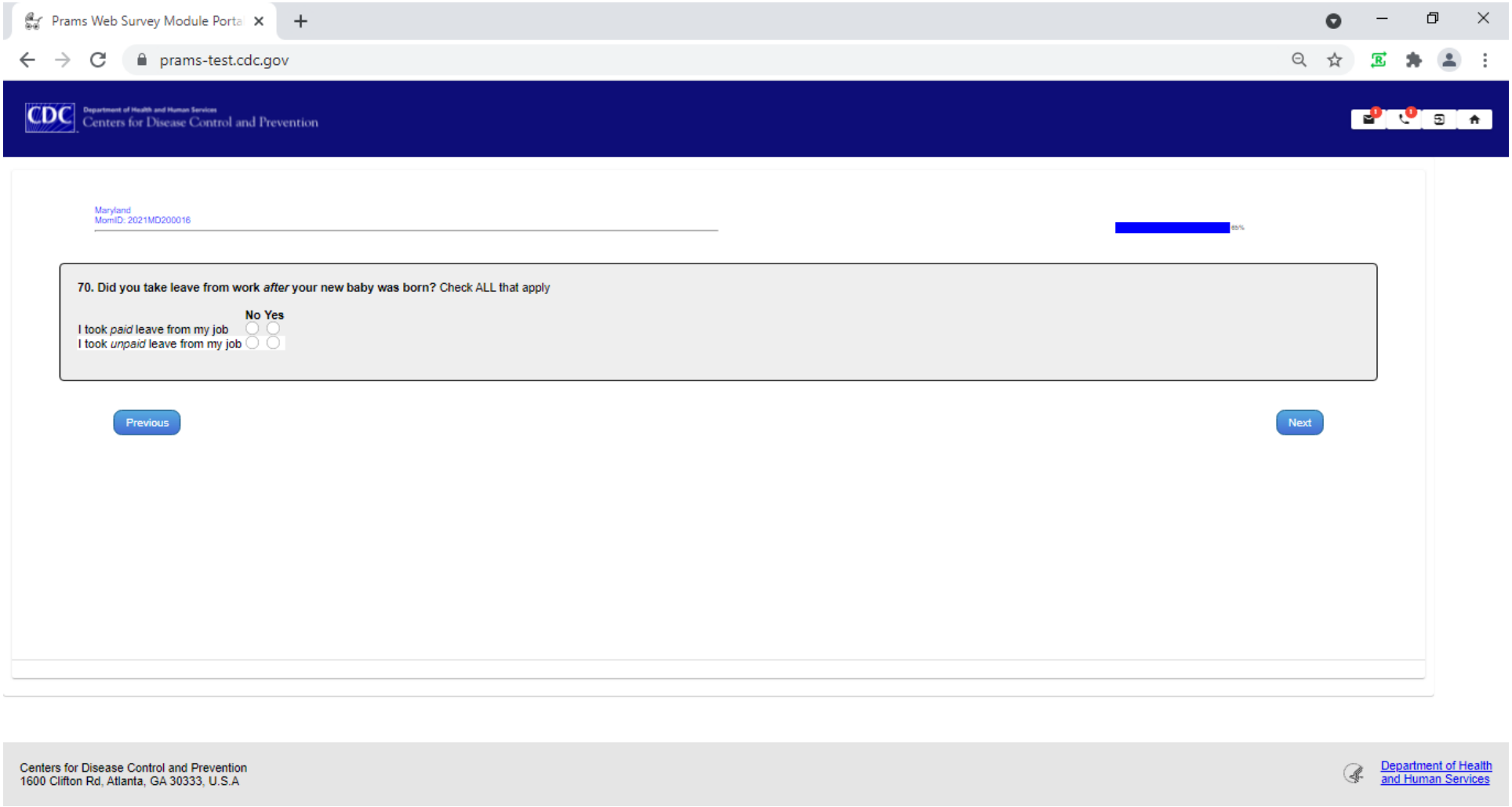
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70. Did you take leave from work *after* your new baby was born? Check ALL that apply
No Yes
I took *paid* leave from my job
I took *unpaid* leave from my job
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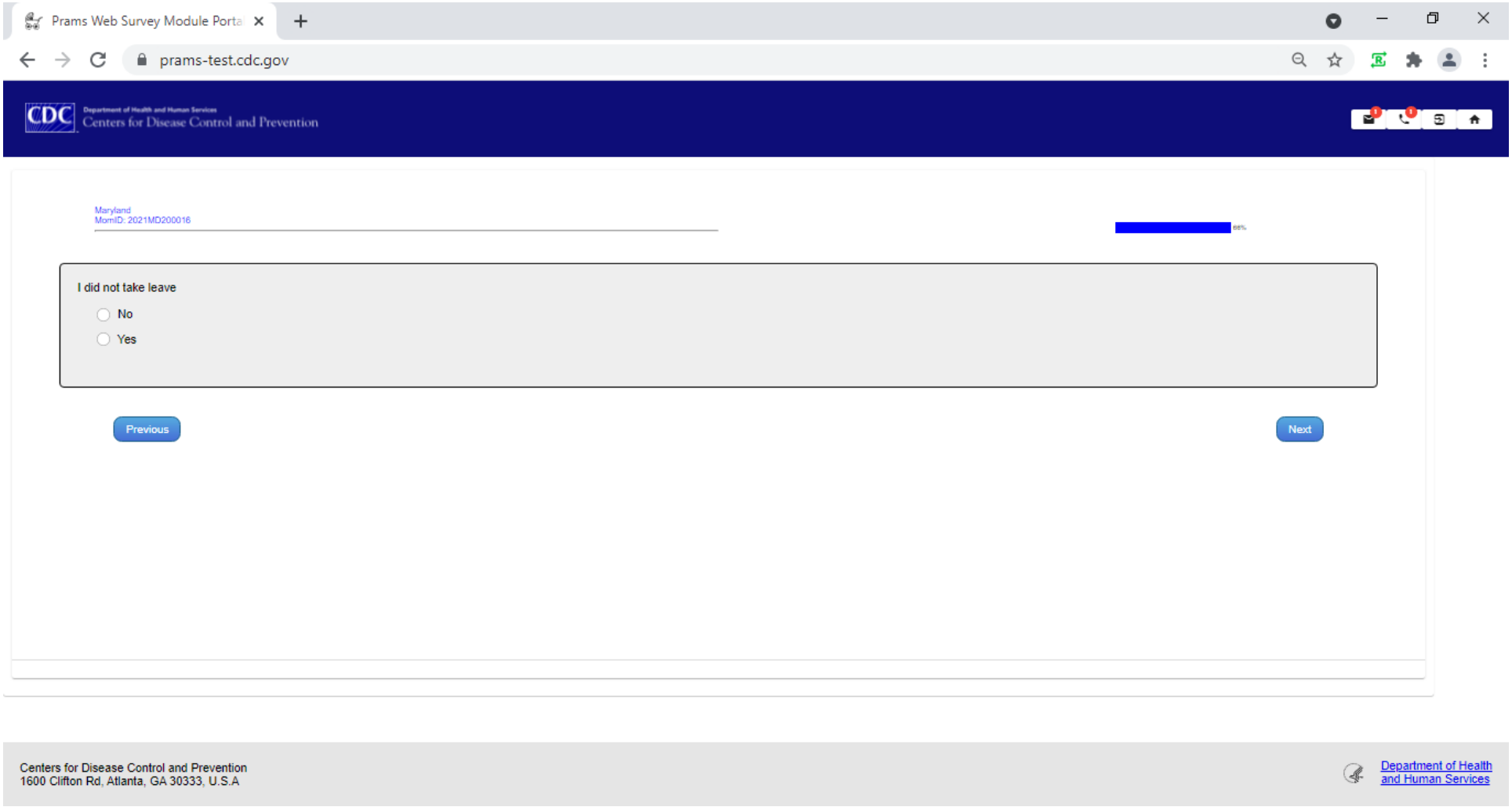
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I did not take leave
No
Yes
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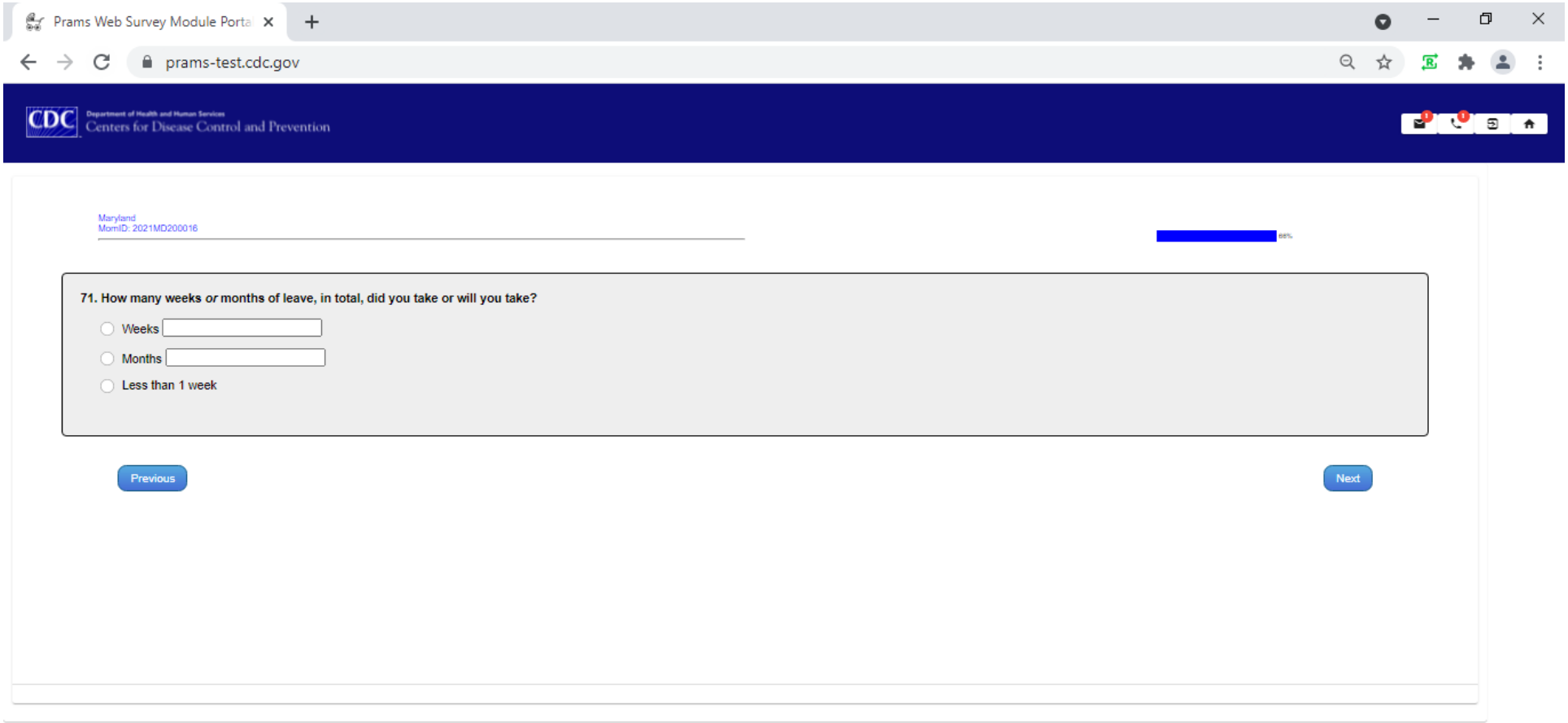
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71. How many weeks *or* months of leave, in total, did you take or will you take?
Weeks
Months
Less than 1 week
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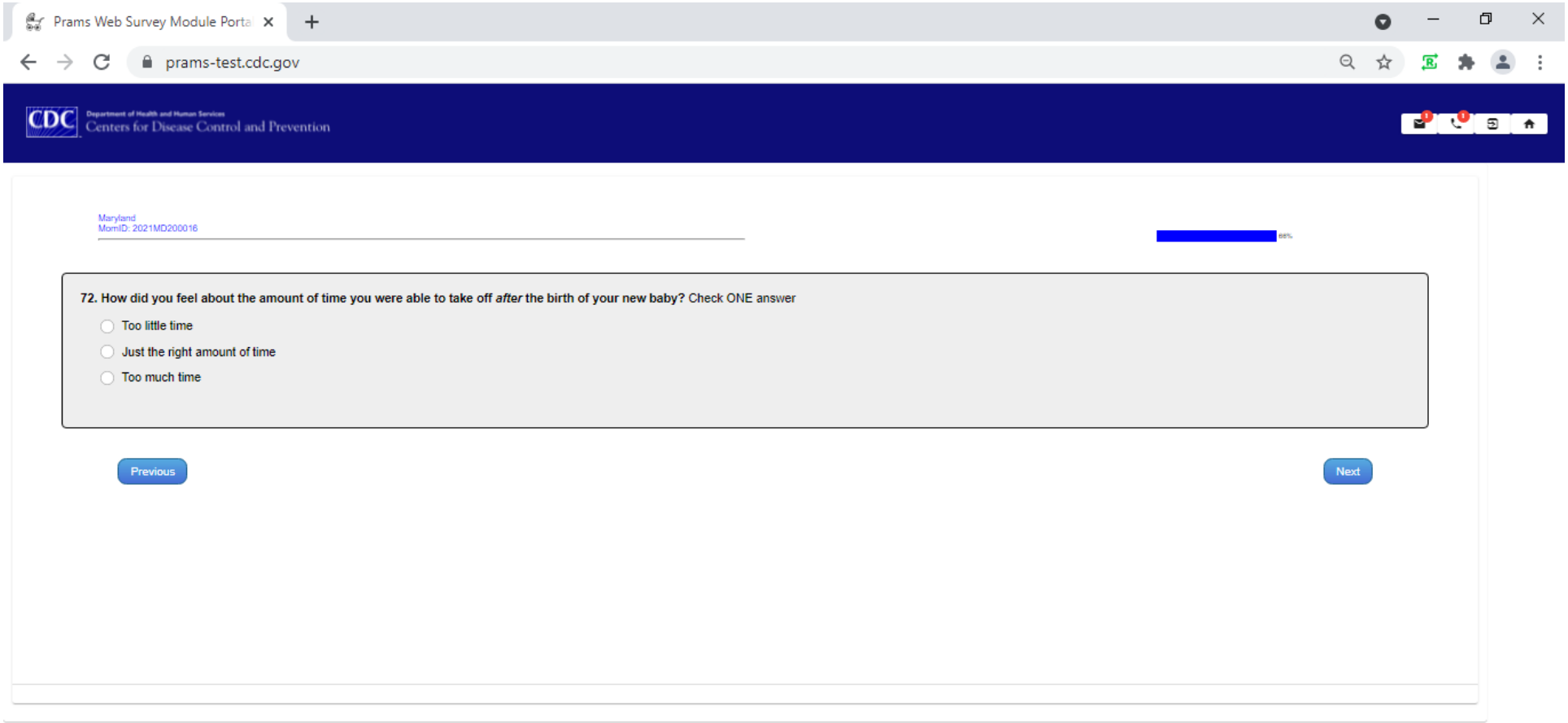
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72. How did you feel about the amount of time you were able to take off *after* the birth of your new baby? Check ONE answer
Too little time
Just the right amount of time
Too much time
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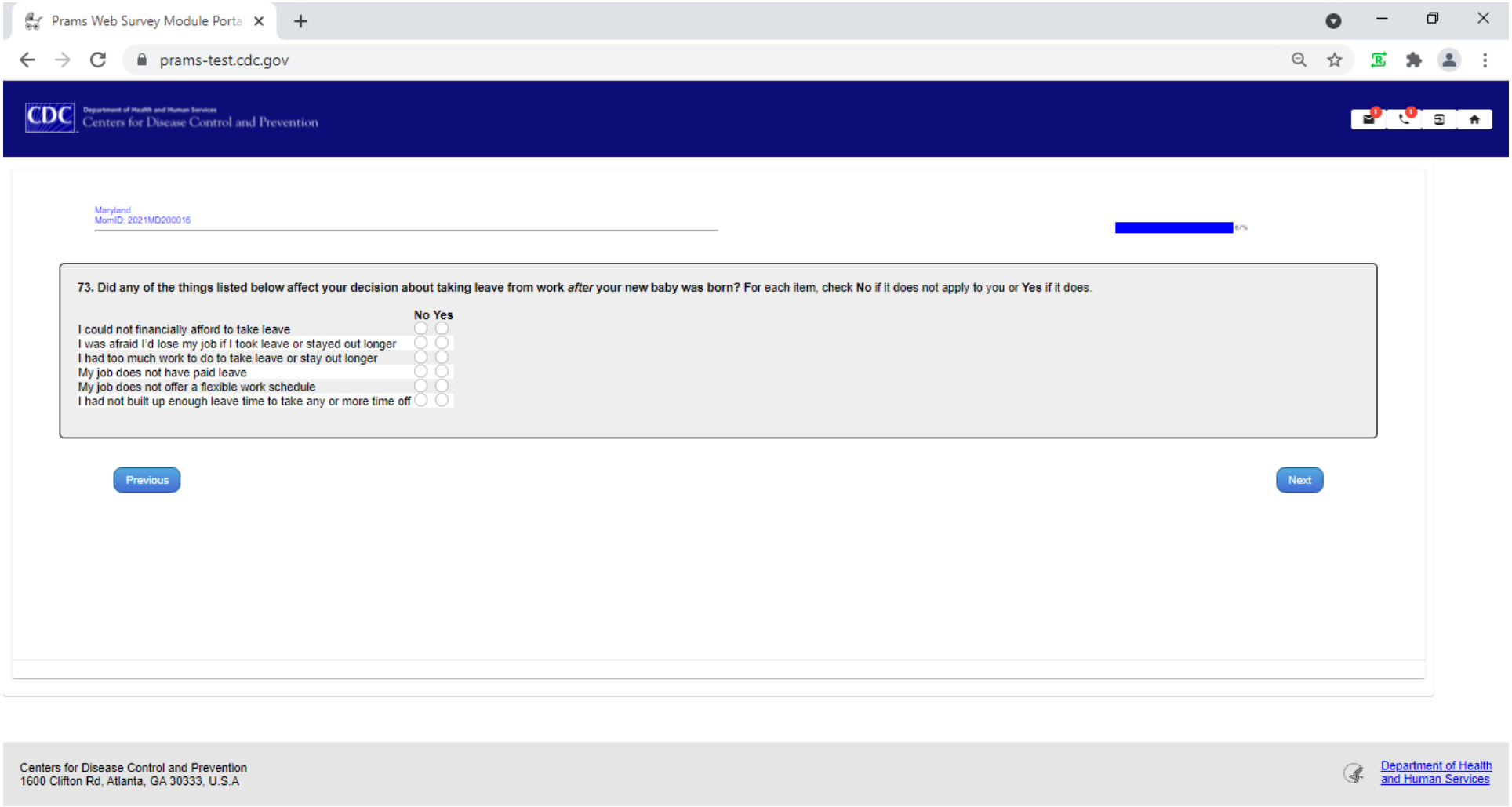
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73. Did any of the things listed below affect your decision about taking leave from work *after* your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.
No Yes
I could not financially afford to take leave
I was afraid I'd lose my job if I took leave or stayed out longer
I had too much work to do to take leave or stay out longer
My job does not have paid leave
My job does not offer a flexible work schedule
I had not built up enough leave time to take any or more time off
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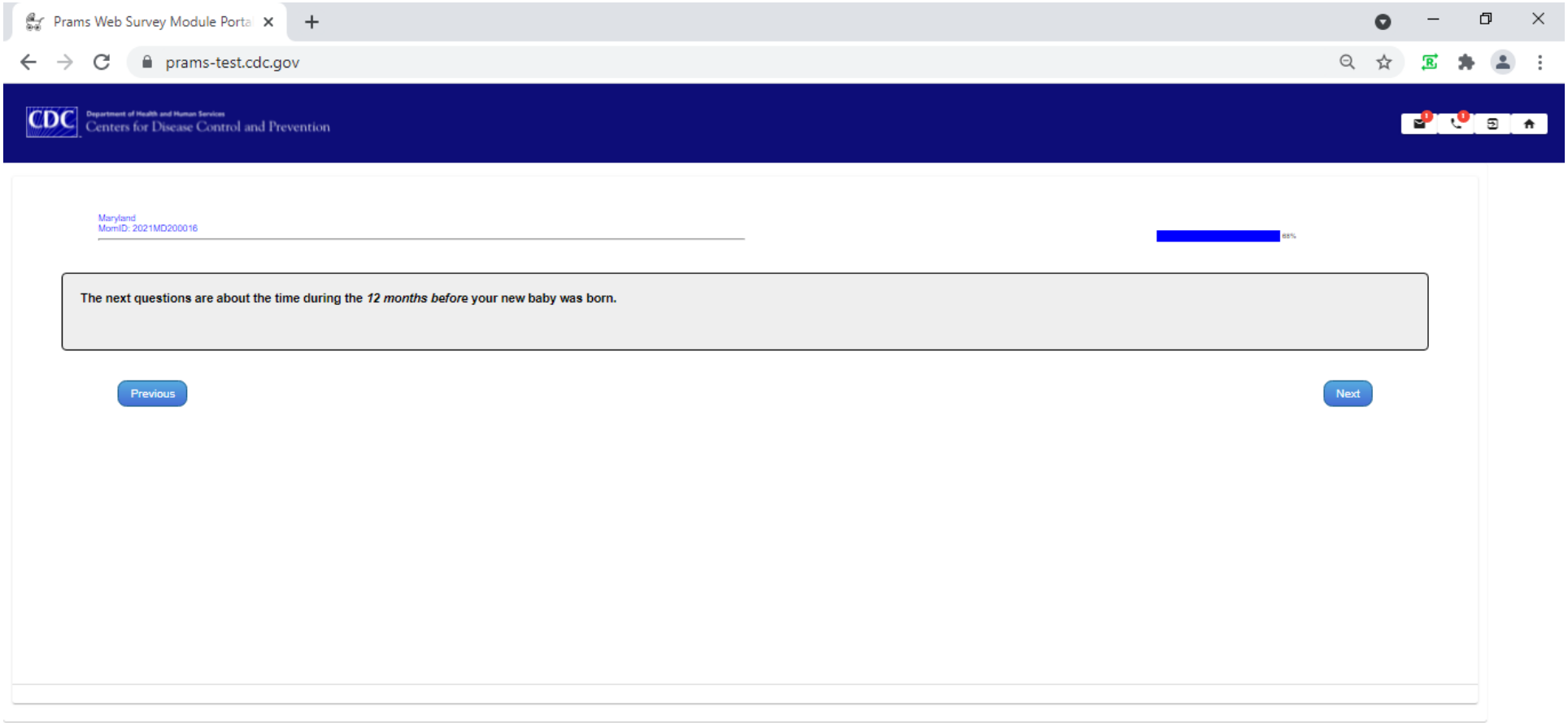
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The next questions are about the time during the *12 months before* your new baby was born.
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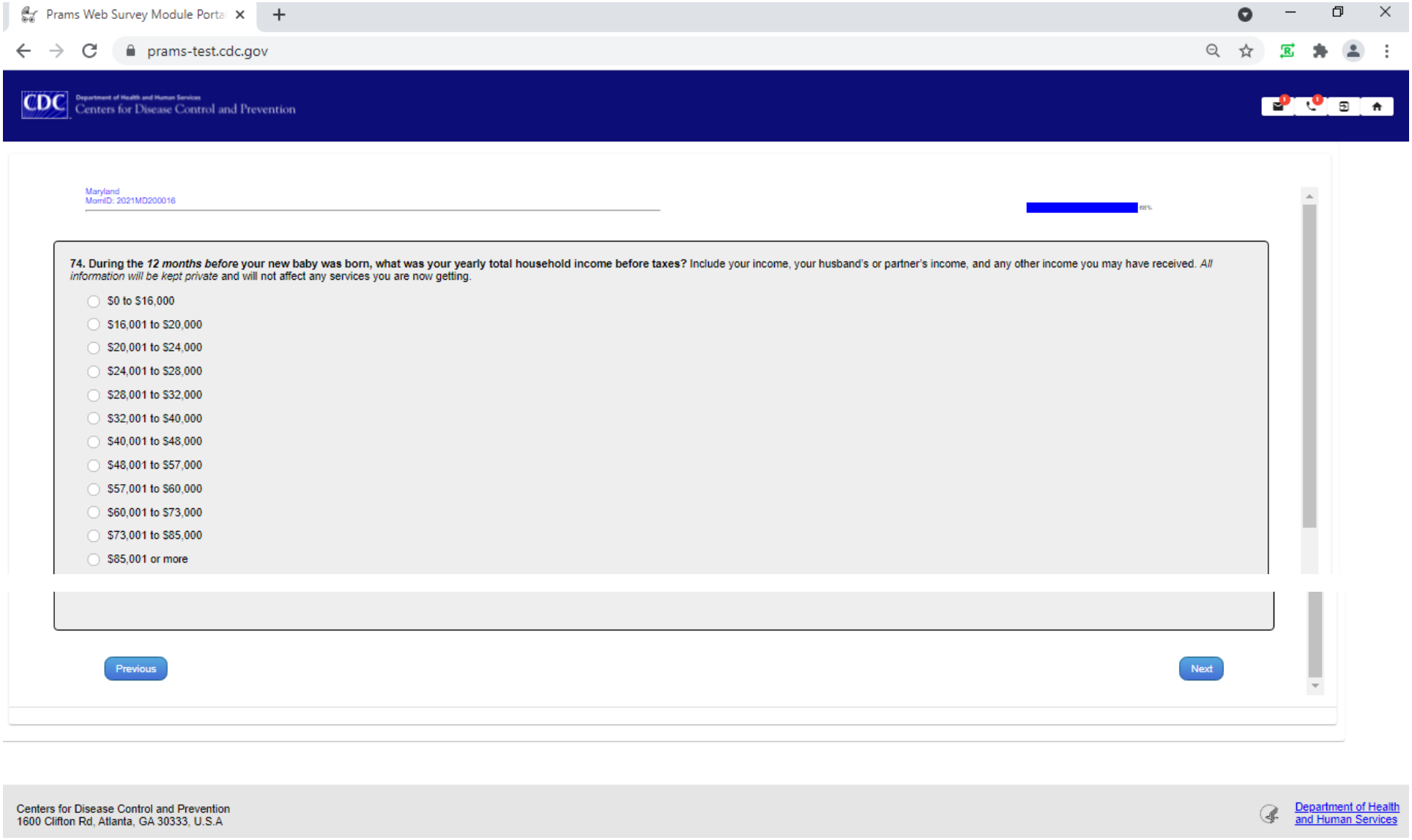
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74. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.
$0 to $16,000
$16,001 to $20,000
$20,001 to $24,000
$24,001 to $28,000
$28,001 to $32,000
$32,001 to $40,000
$40,001 to $48,000
$48,001 to $57,000
$57,001 to $60,000
$60,001 to $73,000
$73,001 to $85,000
$85,001 or more
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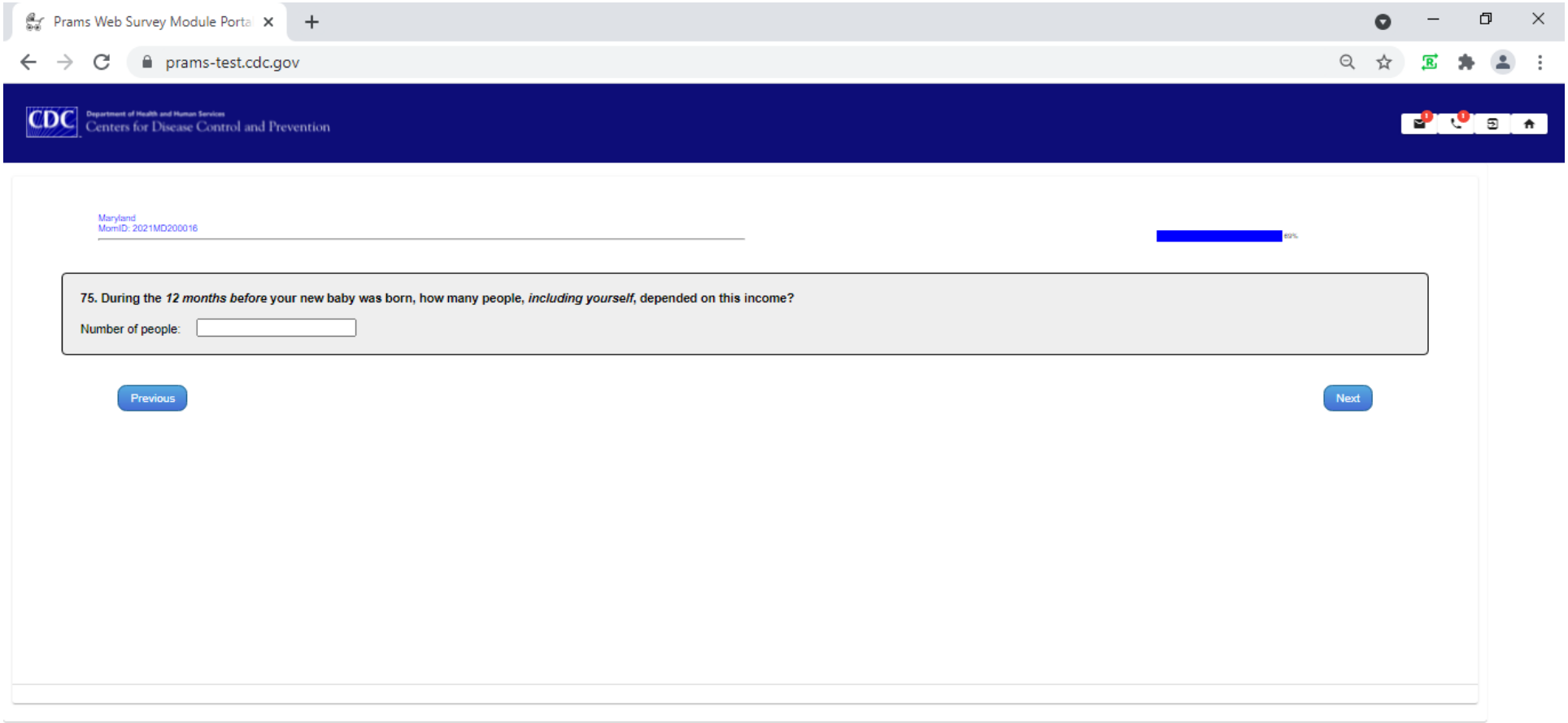
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75. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?
Number of people:
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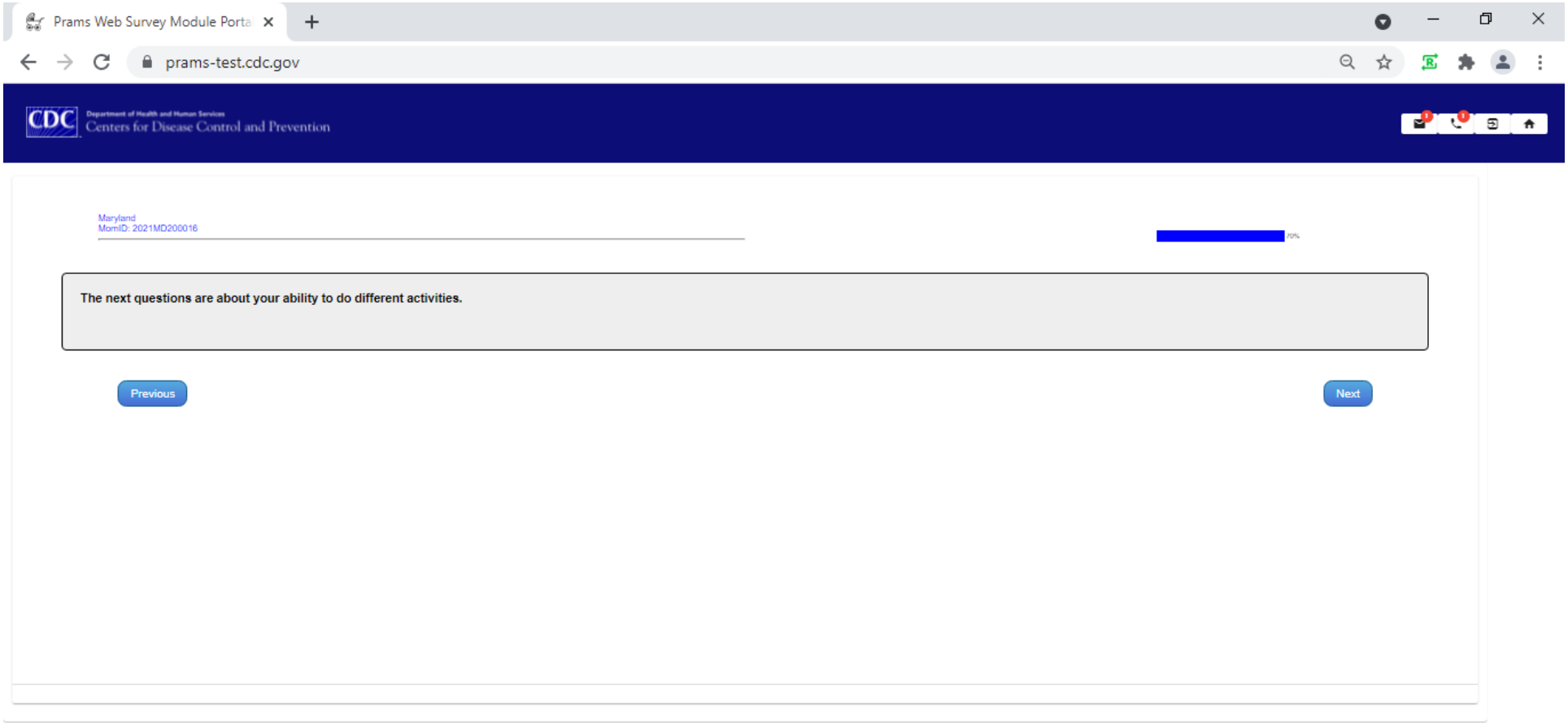
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The next questions are about your ability to do different activities.
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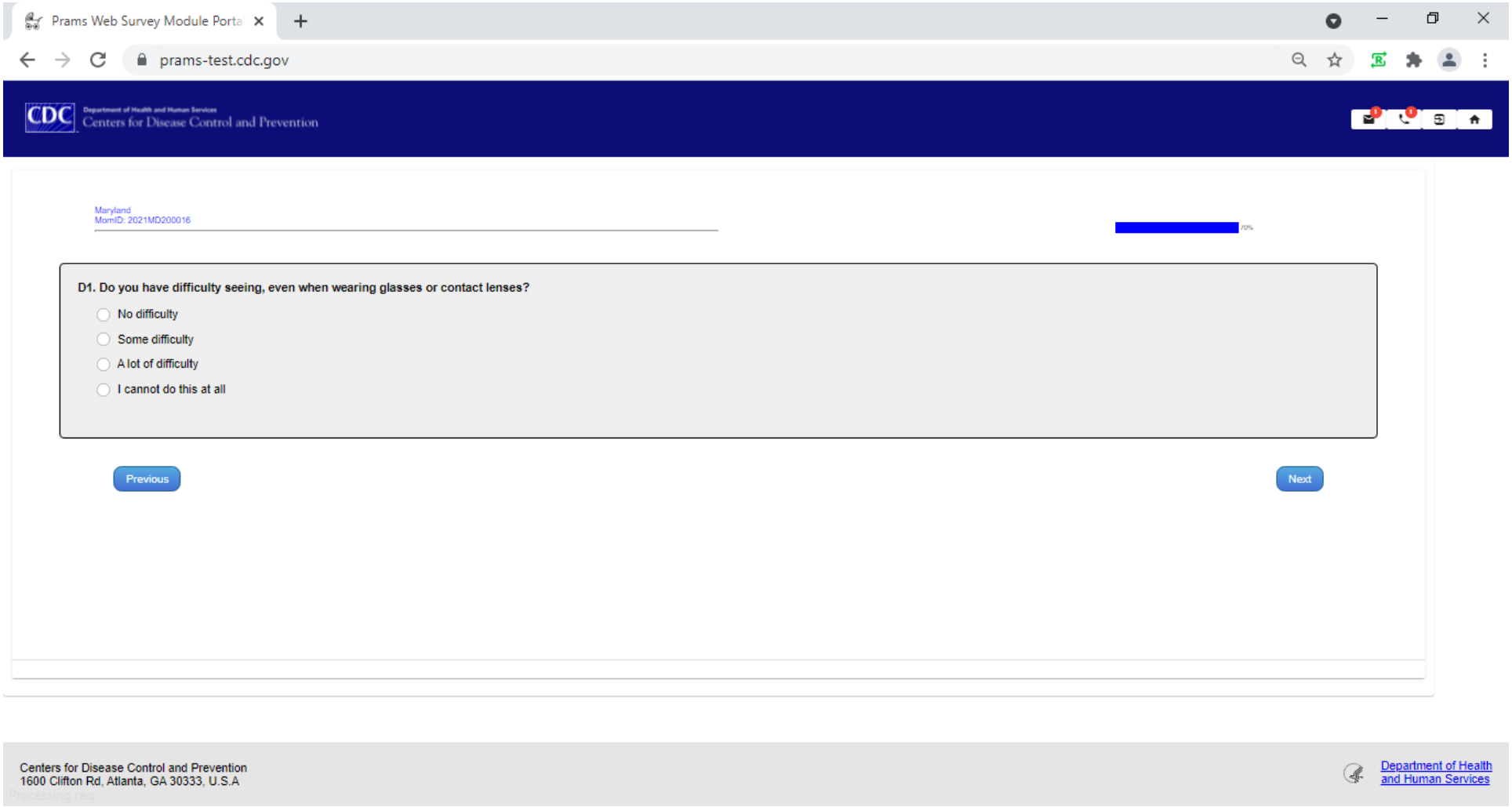
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70%
D1. Do you have difficulty seeing, even when wearing glasses or contact lenses?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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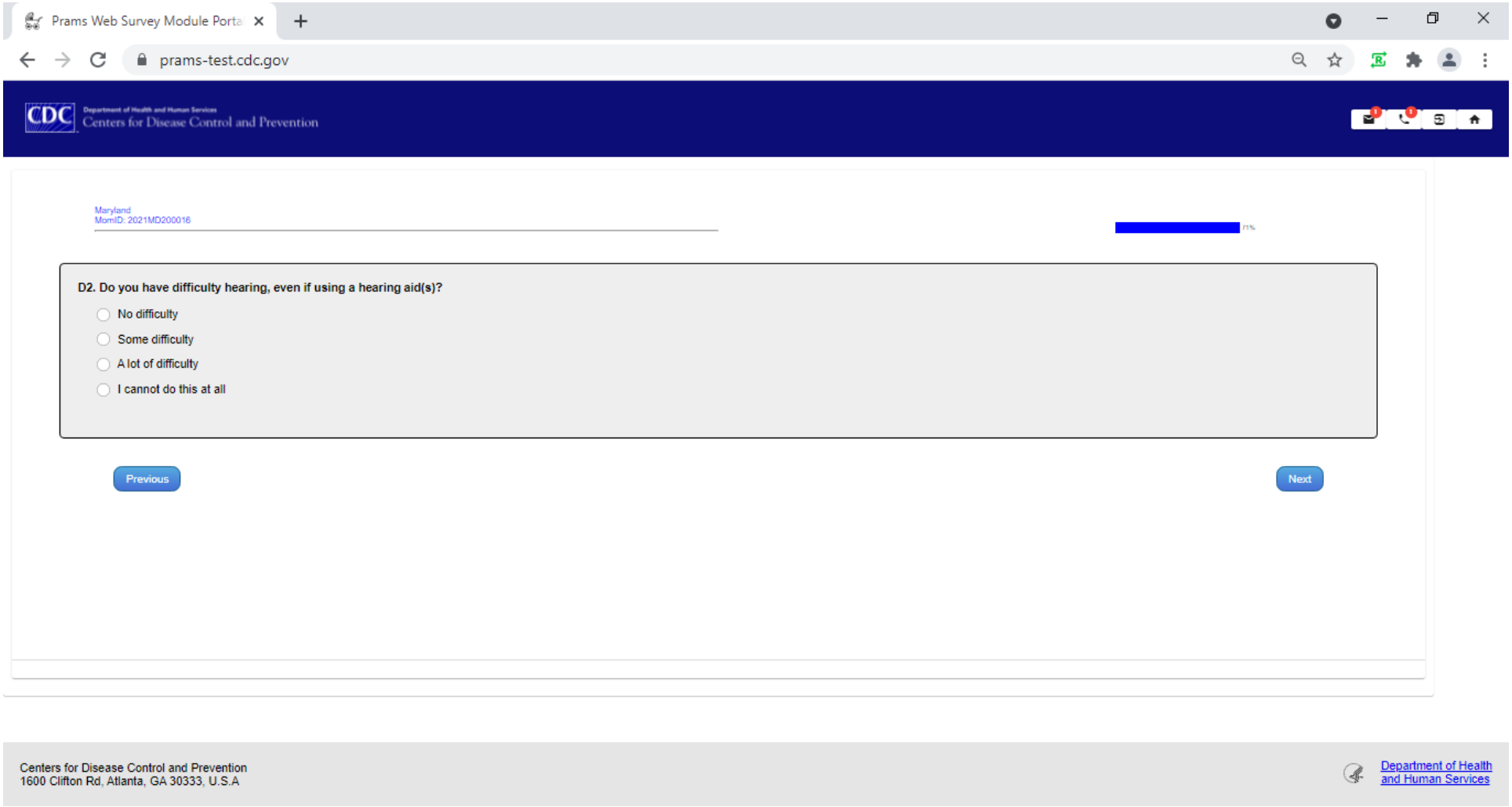
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71%
D2. Do you have difficulty hearing, even if using a hearing aid(s)?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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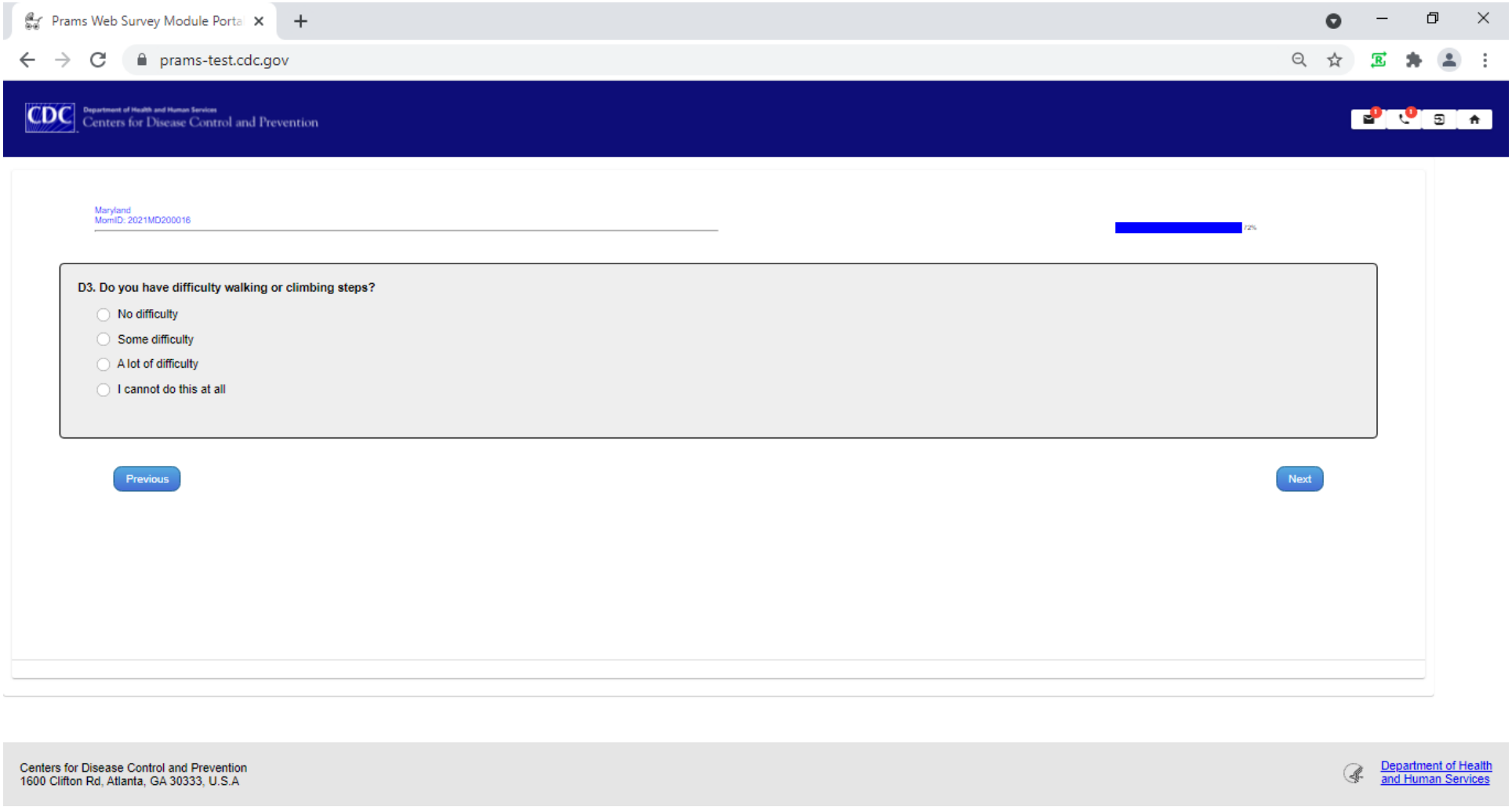
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72%
D3. Do you have difficulty walking or climbing steps?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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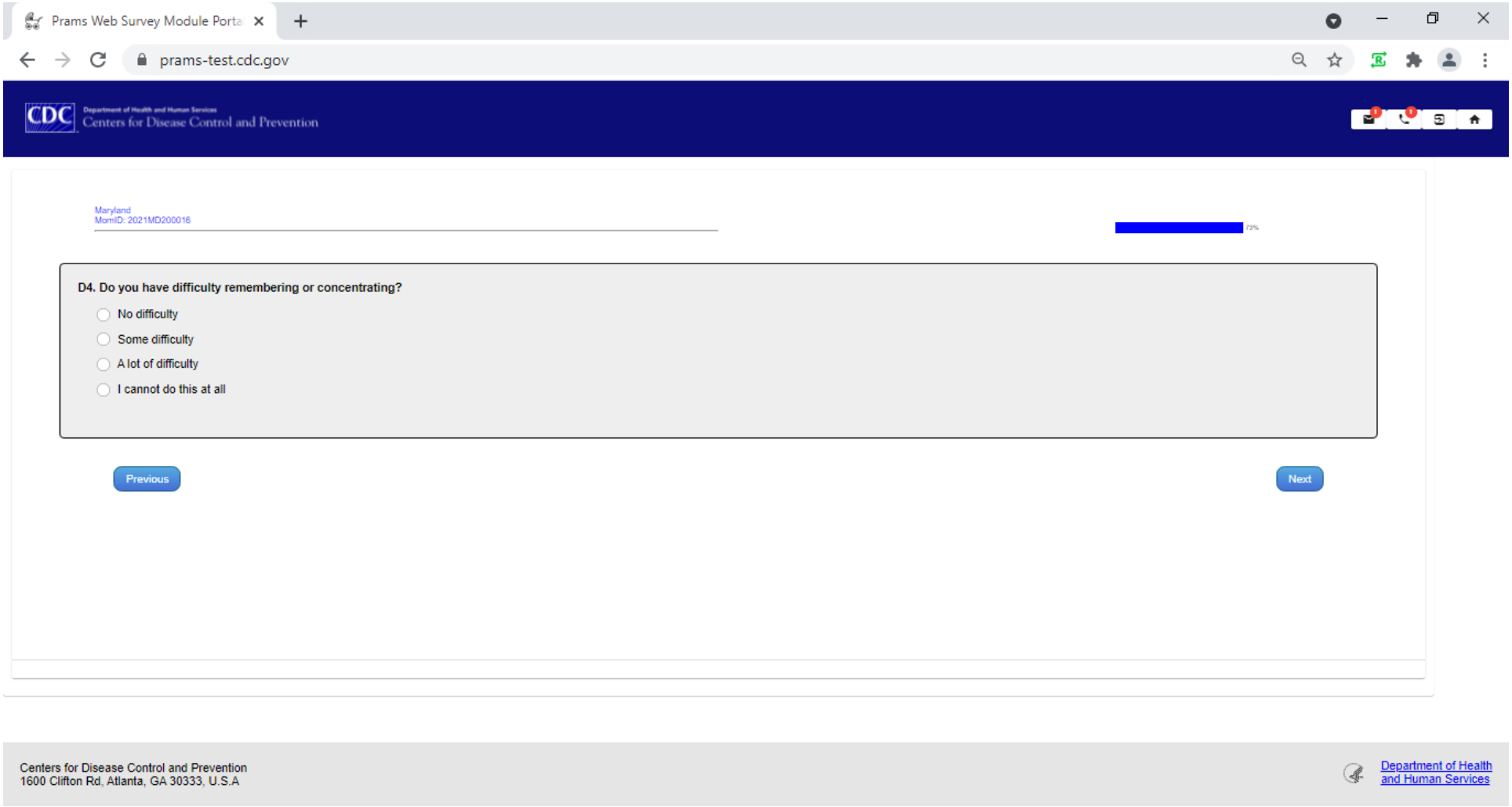
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73%
D4. Do you have difficulty remembering or concentrating?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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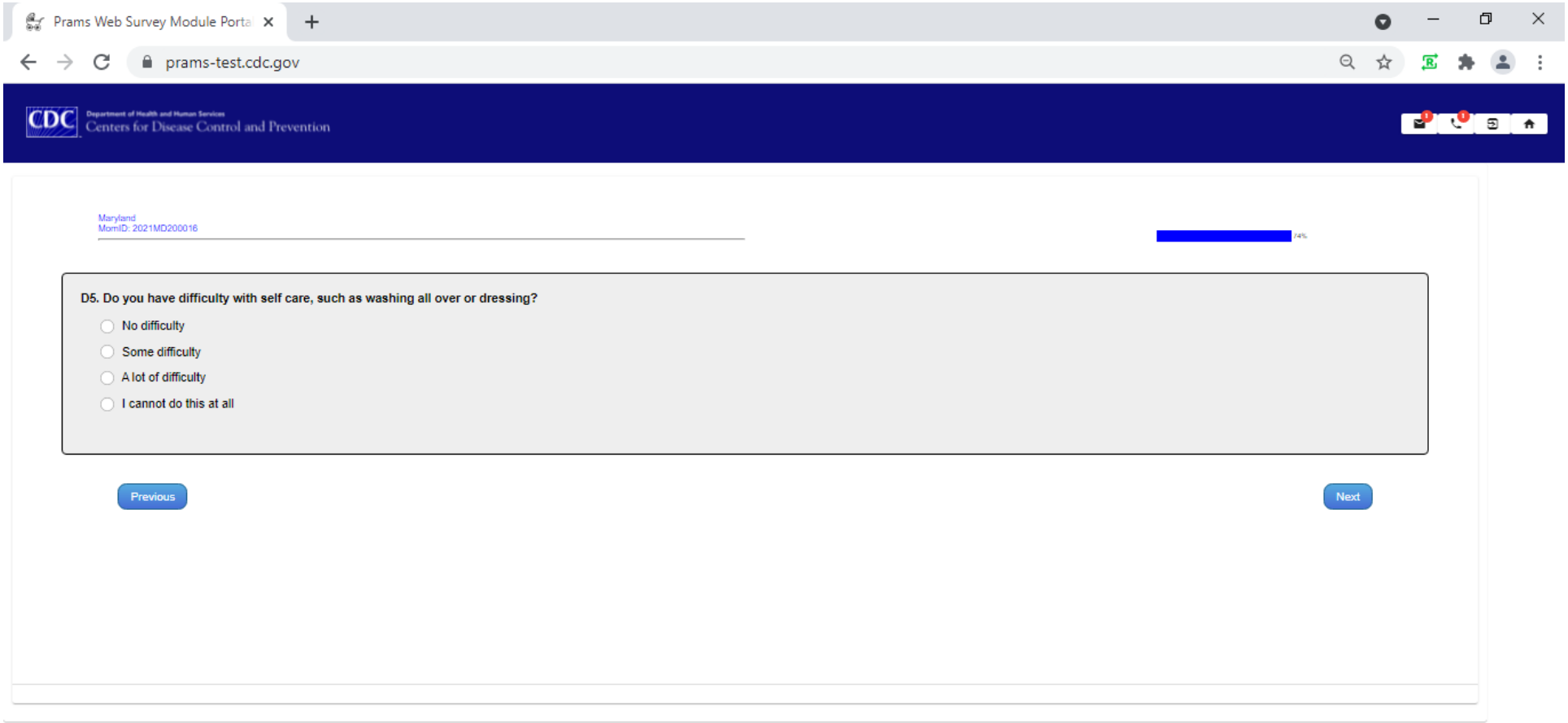
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D5. Do you have difficulty with self care, such as washing all over or dressing?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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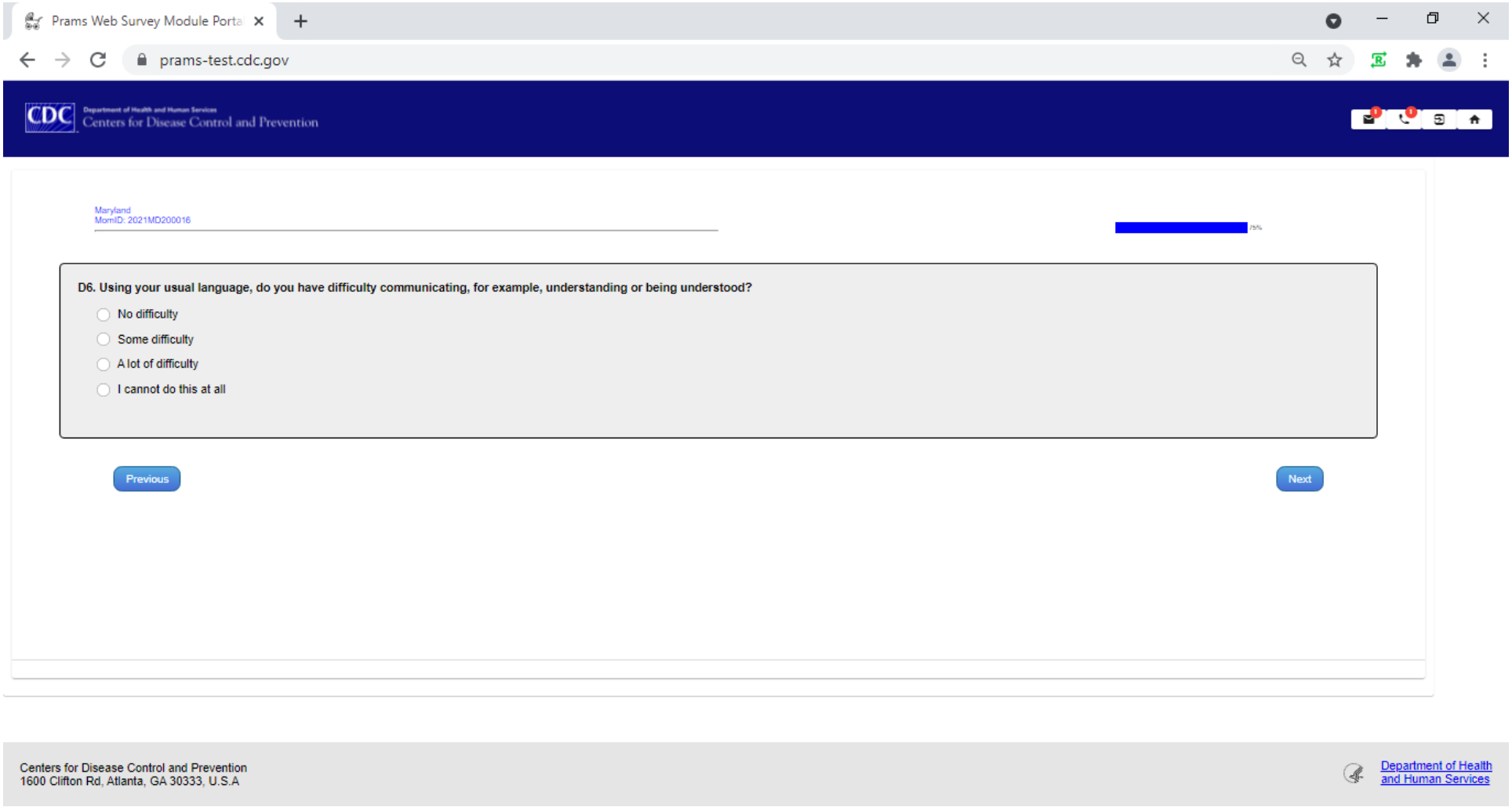
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D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?
No difficulty
Some difficulty
A lot of difficulty
I cannot do this at all
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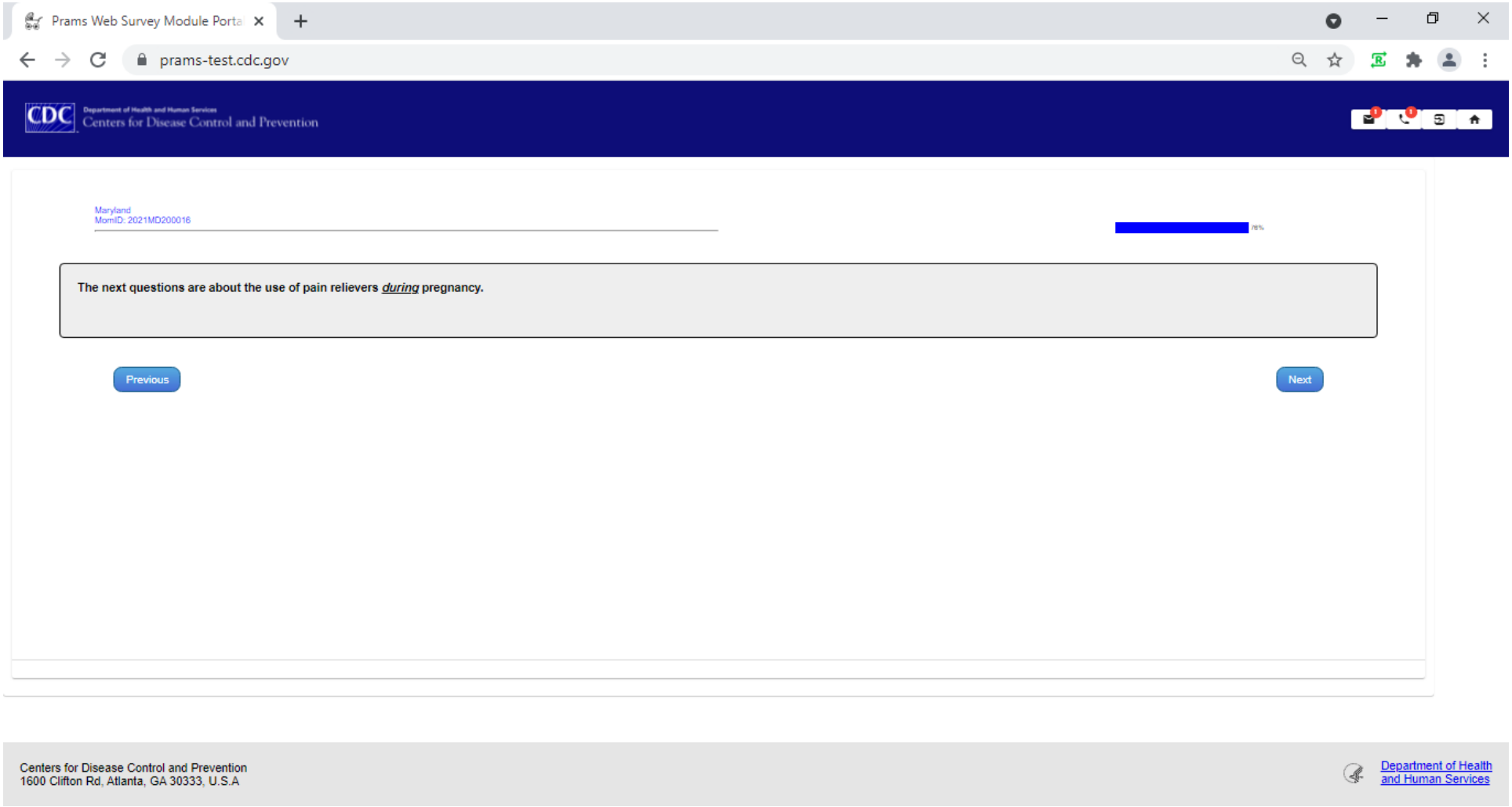
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The next questions are about the use of pain relievers during pregnancy.
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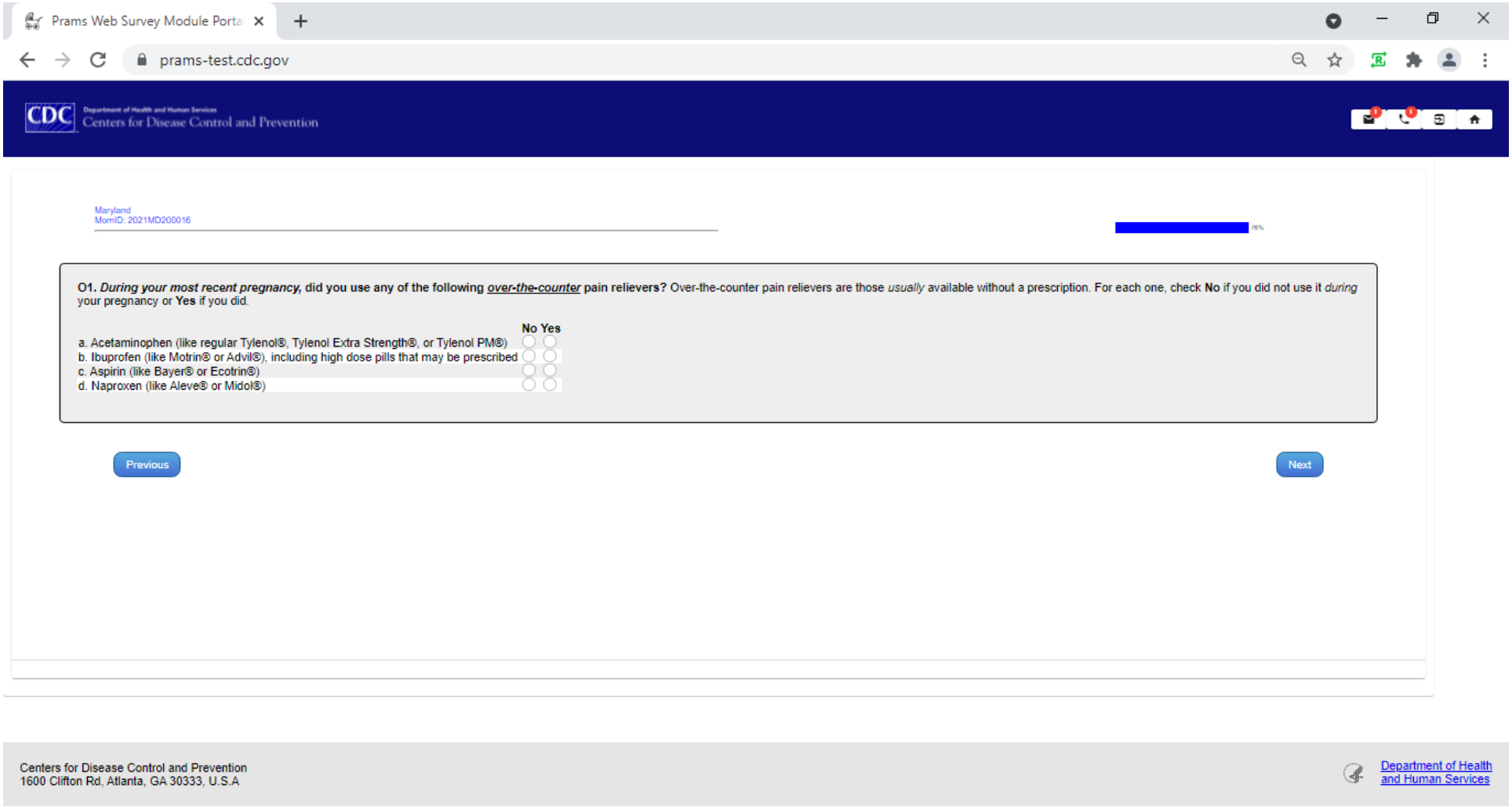
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Q1. During your most recent pregnancy, did you use any of the following over-the-counter pain relievers? Over-the-counter pain relievers are those usually available without a prescription. For each one, check No if you did not use it during your pregnancy or Yes if you did.
No Yes
a. Acetaminophen (like regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)
b. Ibuprofen (like Motrin® or Advil®), including high dose pills that may be prescribed
c. Aspirin (like Bayer® or Ecotrin®)
d. Naproxen (like Aleve® or Midol®)
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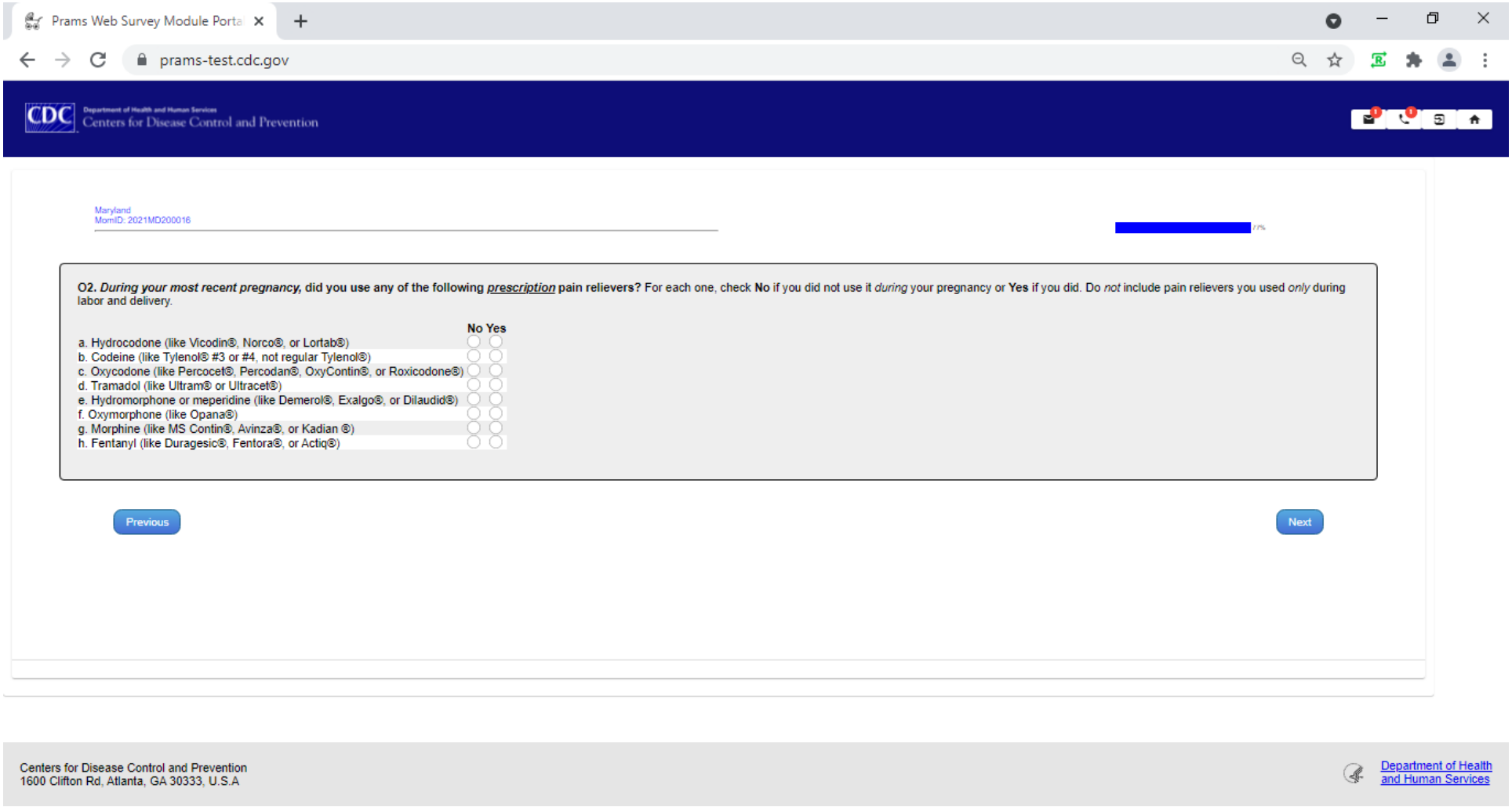
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O2. During your most recent pregnancy, did you use any of the following prescription pain relievers? For each one, check No if you did not use it during your pregnancy or Yes if you did. Do not include pain relievers you used only during labor and delivery.
No Yes
a. Hydrocodone (like Vicodin®, Norco®, or Lortab®)
b. Codeine (like Tylenol® #3 or #4, not regular Tylenol®)
c. Oxycodone (like Percocet®, Percodan®, OxyContin®, or Roxicodone®)
d. Tramadol (like Ultram® or Ultracet®)
e. Hydromorphone or meperidine (like Demerol®, Exalgo®, or Dilaudid®)
f. Oxymorphone (like Opana®)
g. Morphine (like MS Contin®, Avinza®, or Kadian ®)
h. Fentanyl (like Duragesic®, Fentora®, or Actiq®)
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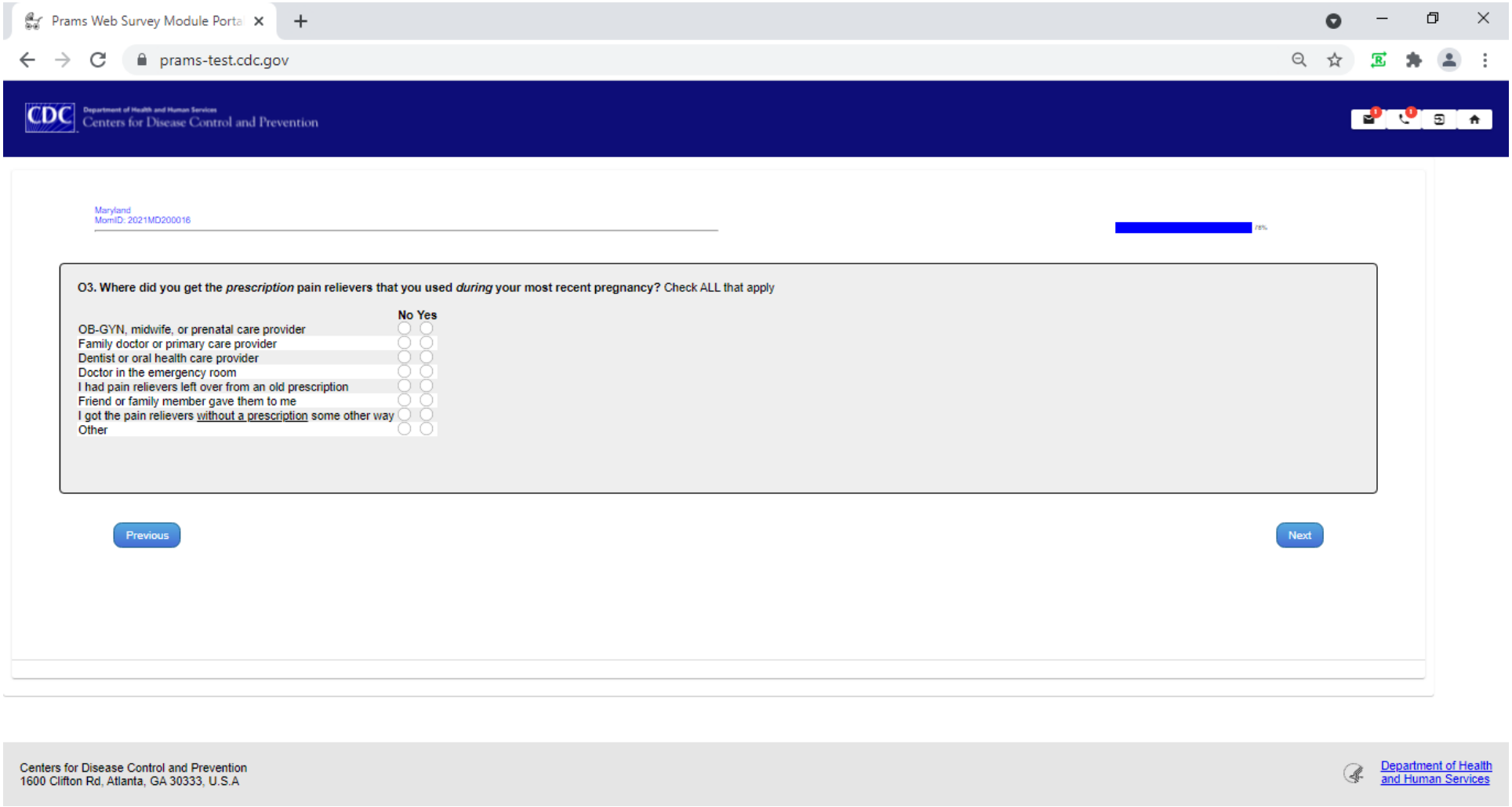
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O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply
No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral health care provider
Doctor in the emergency room
I had pain relievers left over from an old prescription
Friend or family member gave them to me
I got the pain relievers without a prescription some other way
Other
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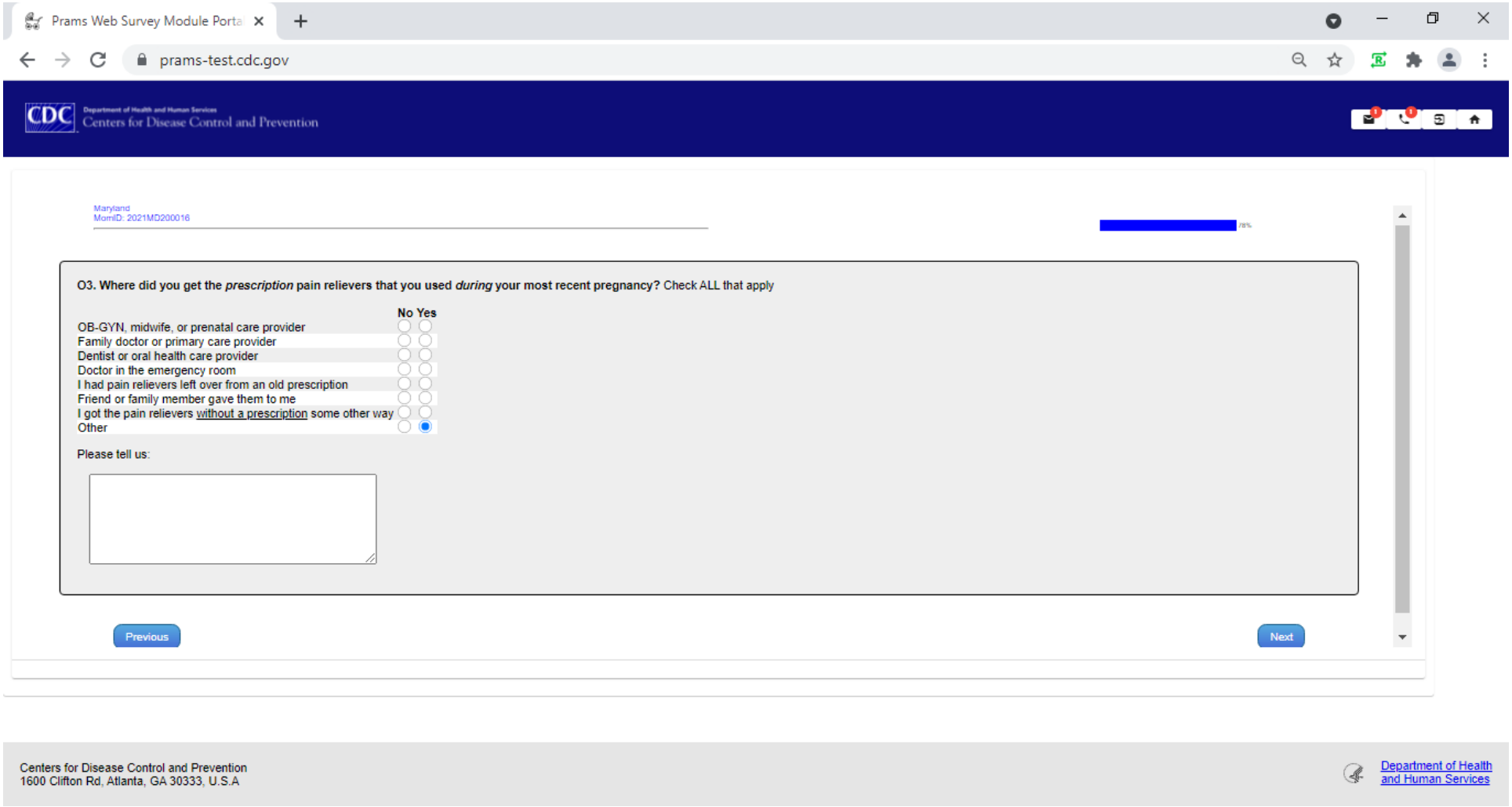
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No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral health care provider
Doctor in the emergency room
I had pain relievers left over from an old prescription
Friend or family member gave them to me
I got the pain relievers without a prescription some other way
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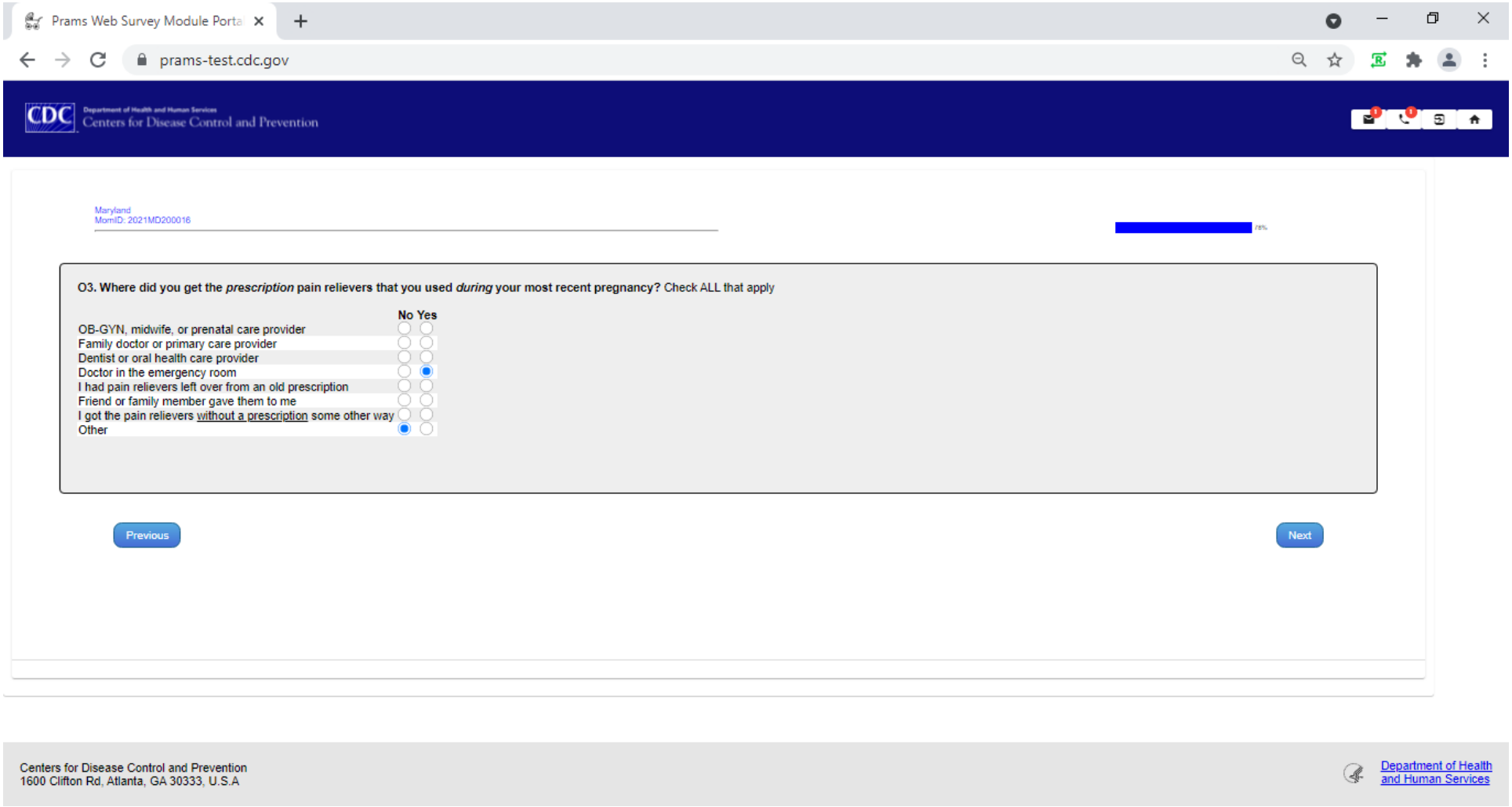
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O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply
No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral health care provider
Doctor in the emergency room
I had pain relievers left over from an old prescription
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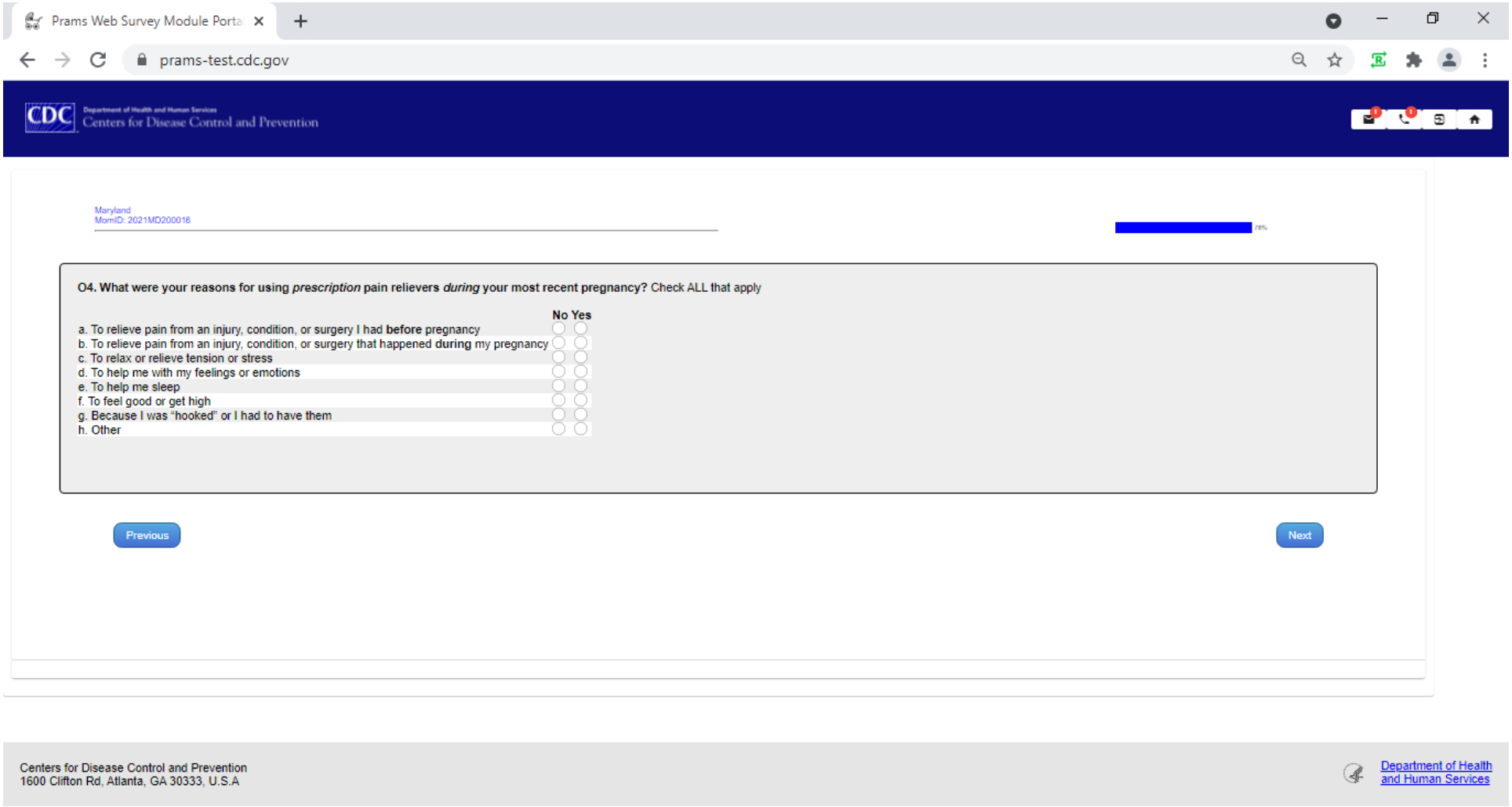
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Q4. What were your reasons for using prescription pain relievers during your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had before pregnancy
b. To relieve pain from an injury, condition, or surgery that happened during my pregnancy
c. To relax or relieve tension or stress
d. To help me with my feelings or emotions
e. To help me sleep
f. To feel good or get high
g. Because I was "hooked" or I had to have them
h. Other
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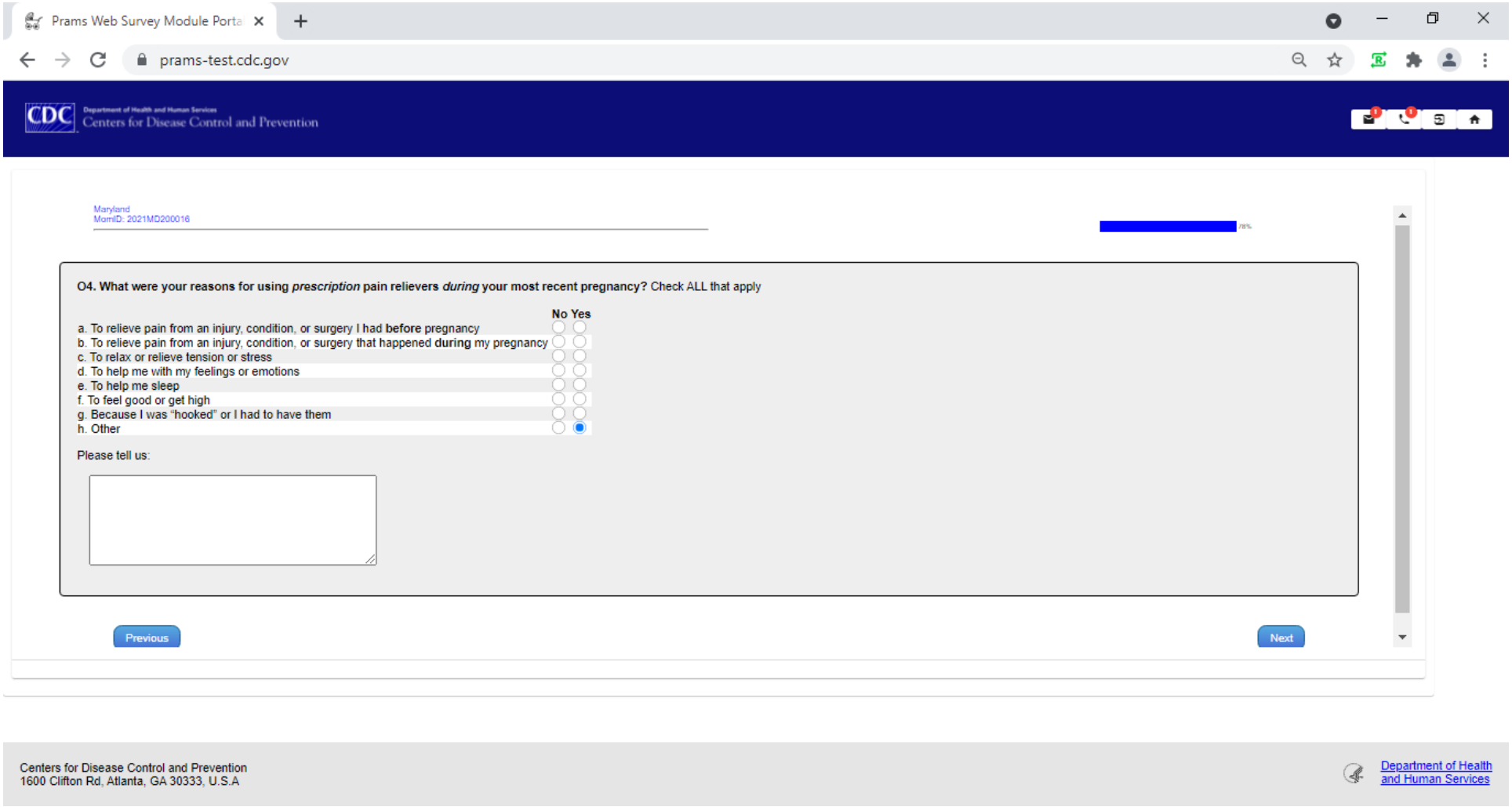
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O4. What were your reasons for using prescription pain relievers during your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had before pregnancy
b. To relieve pain from an injury, condition, or surgery that happened during my pregnancy
c. To relax or relieve tension or stress
d. To help me with my feelings or emotions
e. To help me sleep
f. To feel good or get high
g. Because I was "hooked" or I had to have them
h. Other
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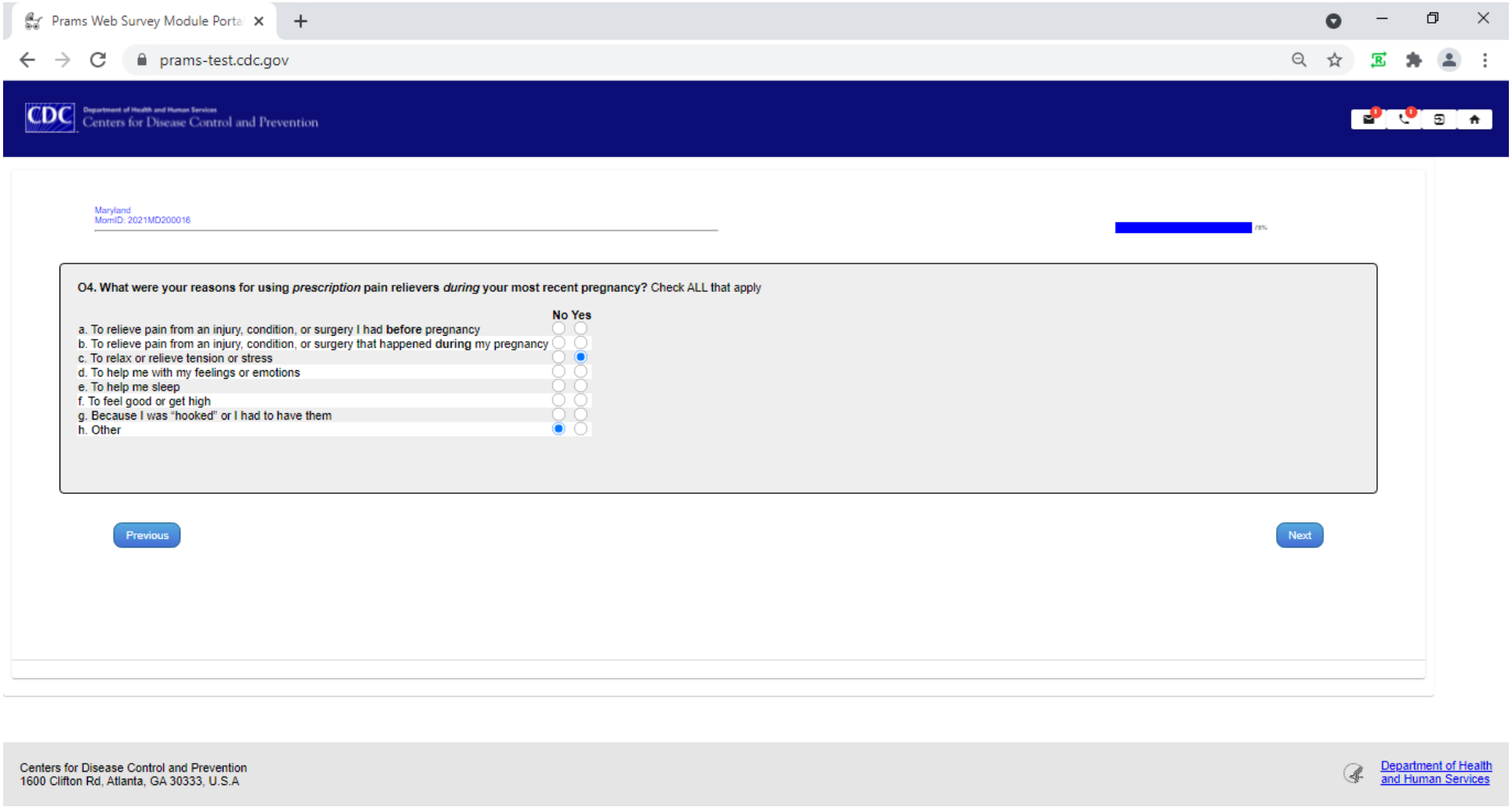
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Q4. What were your reasons for using prescription pain relievers during your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had before pregnancy
b. To relieve pain from an injury, condition, or surgery that happened during my pregnancy
c. To relax or relieve tension or stress
d. To help me with my feelings or emotions
e. To help me sleep
f. To feel good or get high
g. Because I was "hooked" or I had to have them
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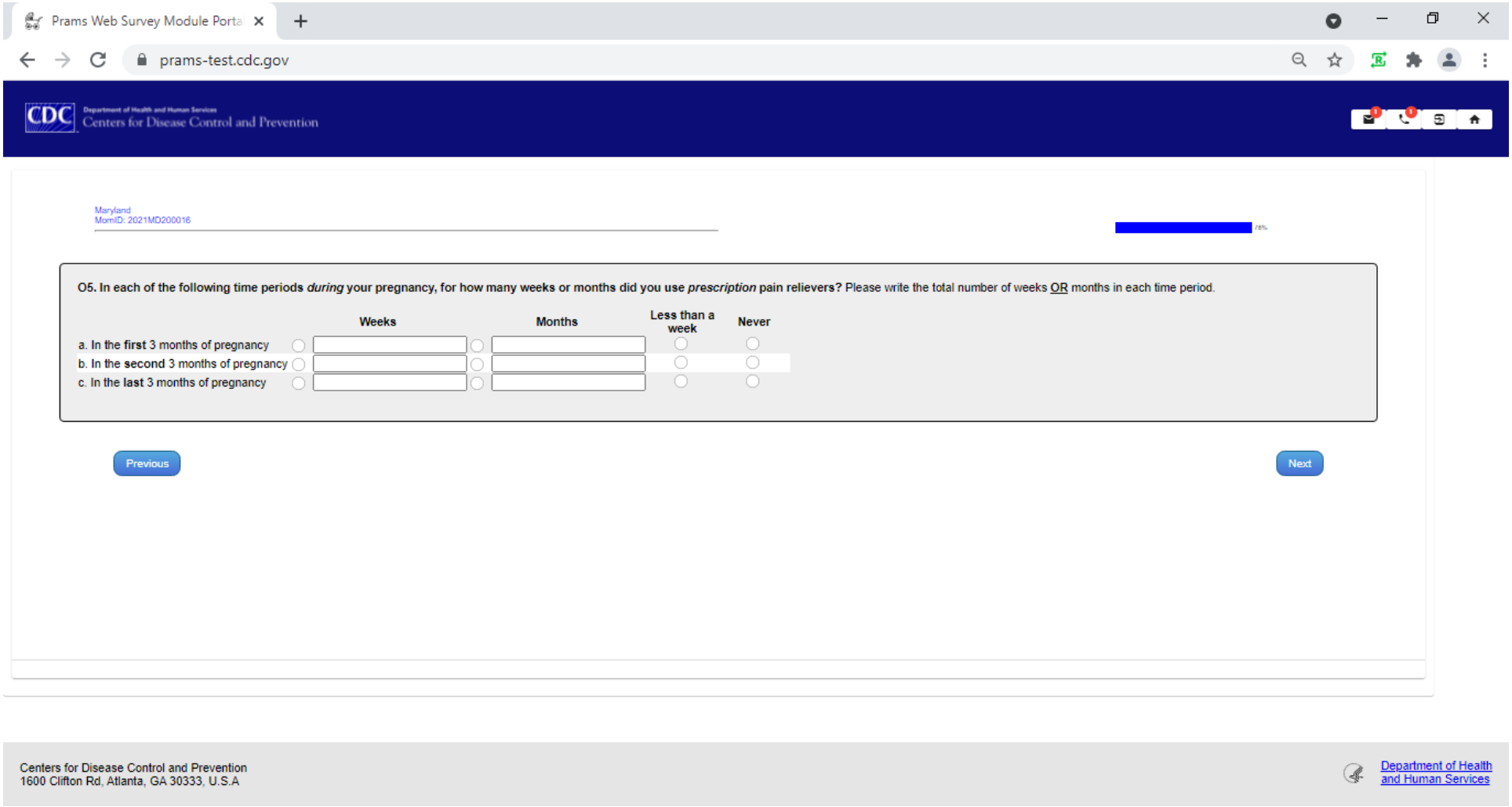
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O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks OR months in each time period.
Weeks
Months
Less than a week
Never
a. In the first 3 months of pregnancy
b. In the second 3 months of pregnancy
c. In the last 3 months of pregnancy
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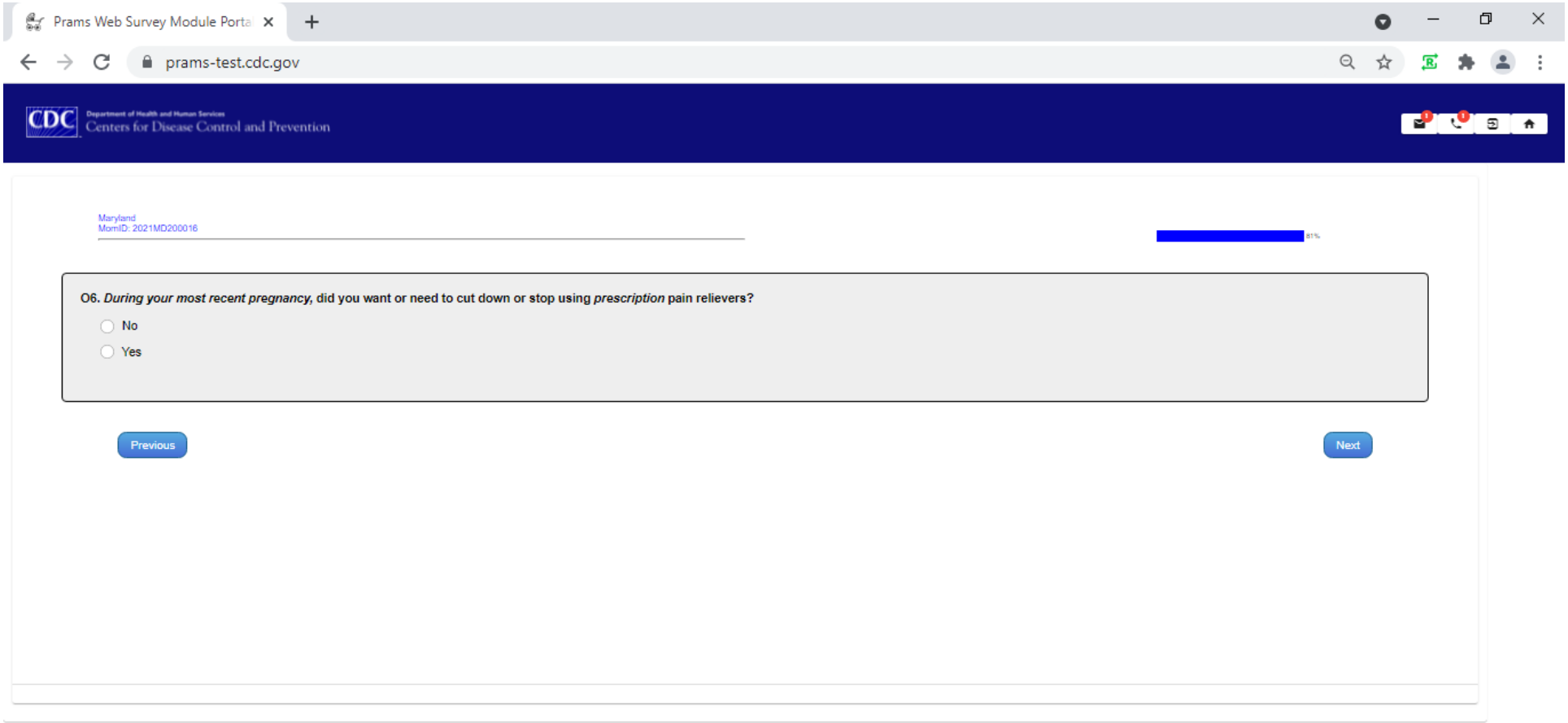
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Q6. During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?
No
Yes
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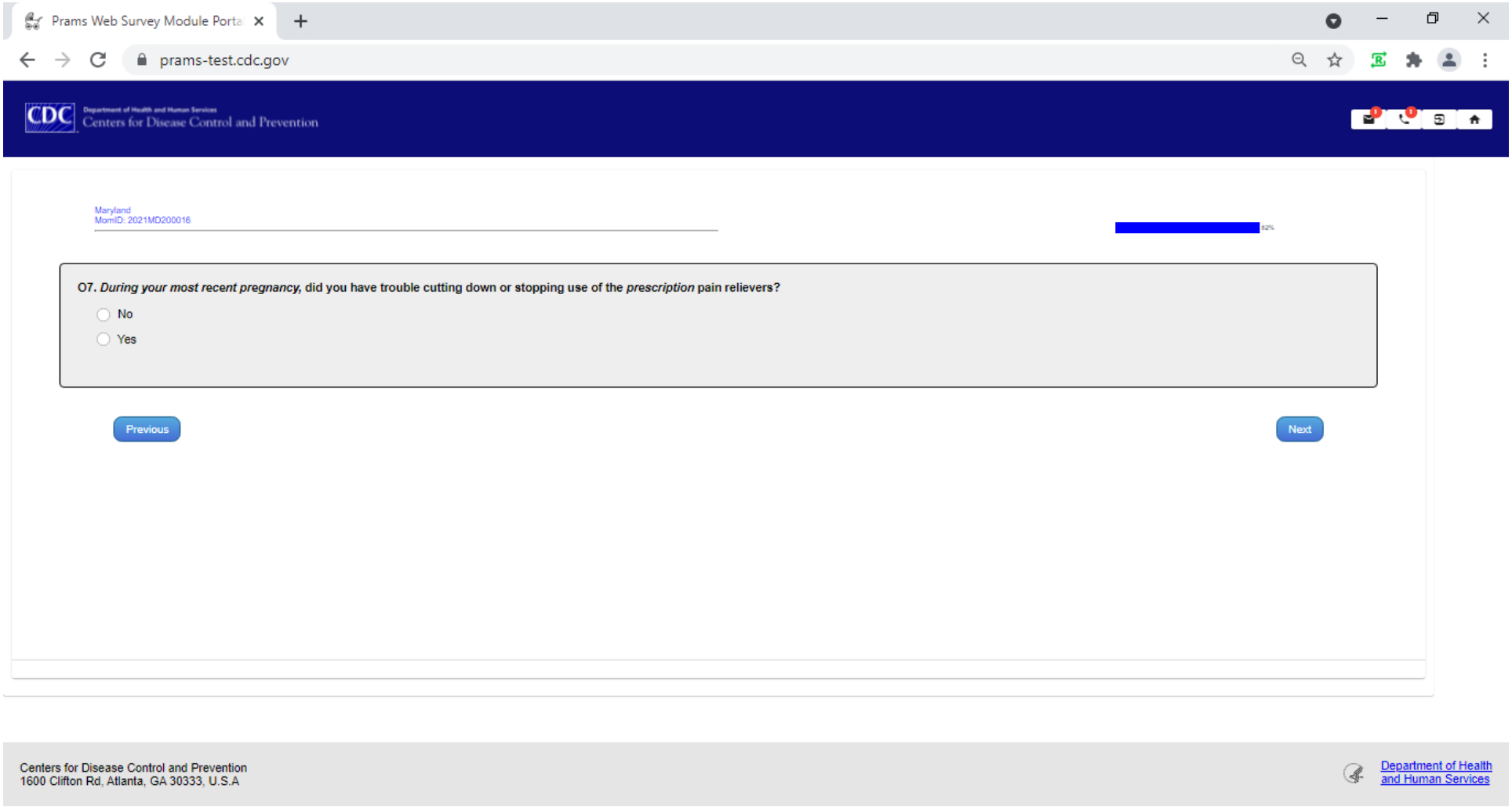
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Q7. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?
No
Yes
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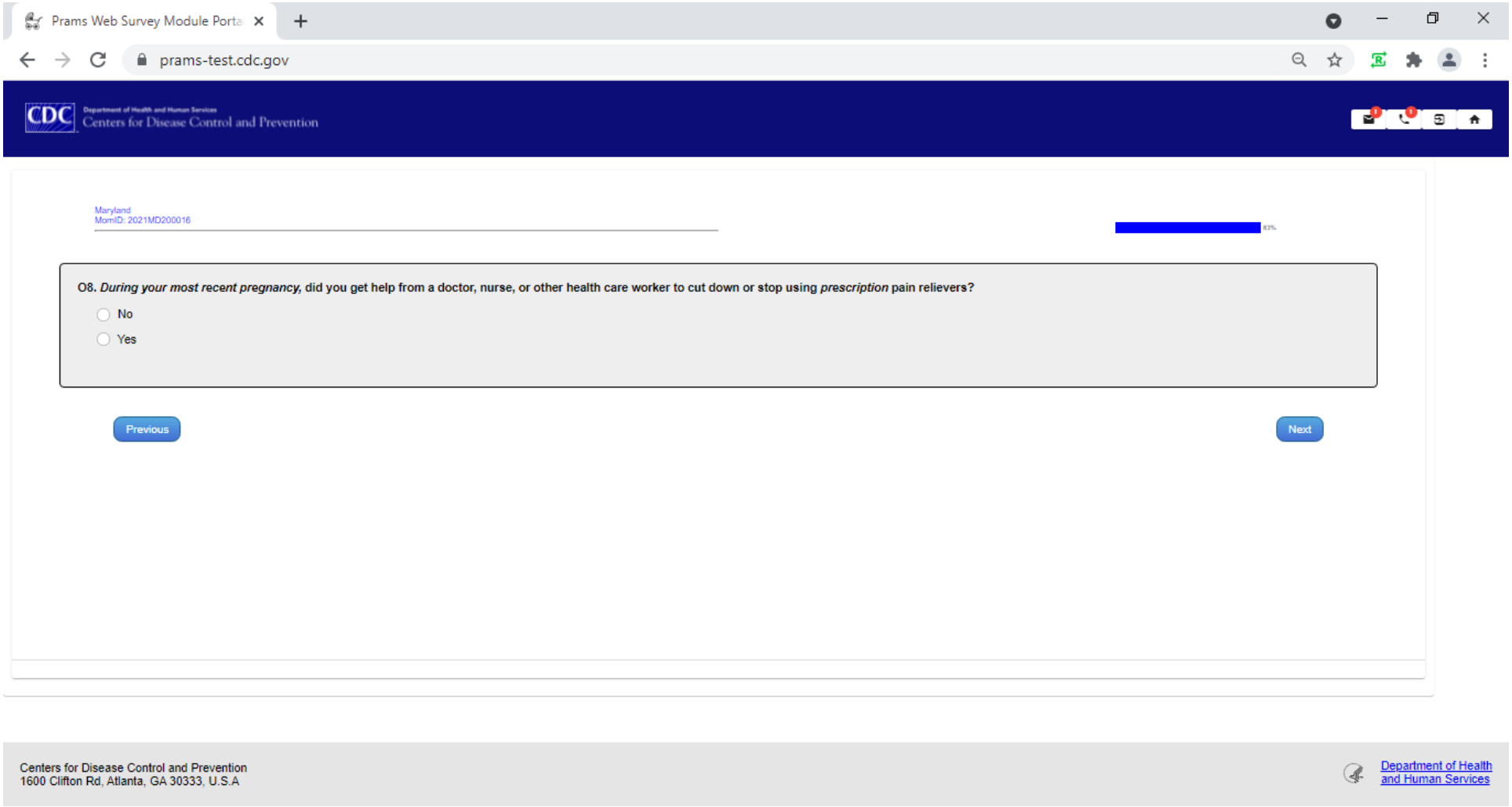
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O8. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?
No
Yes
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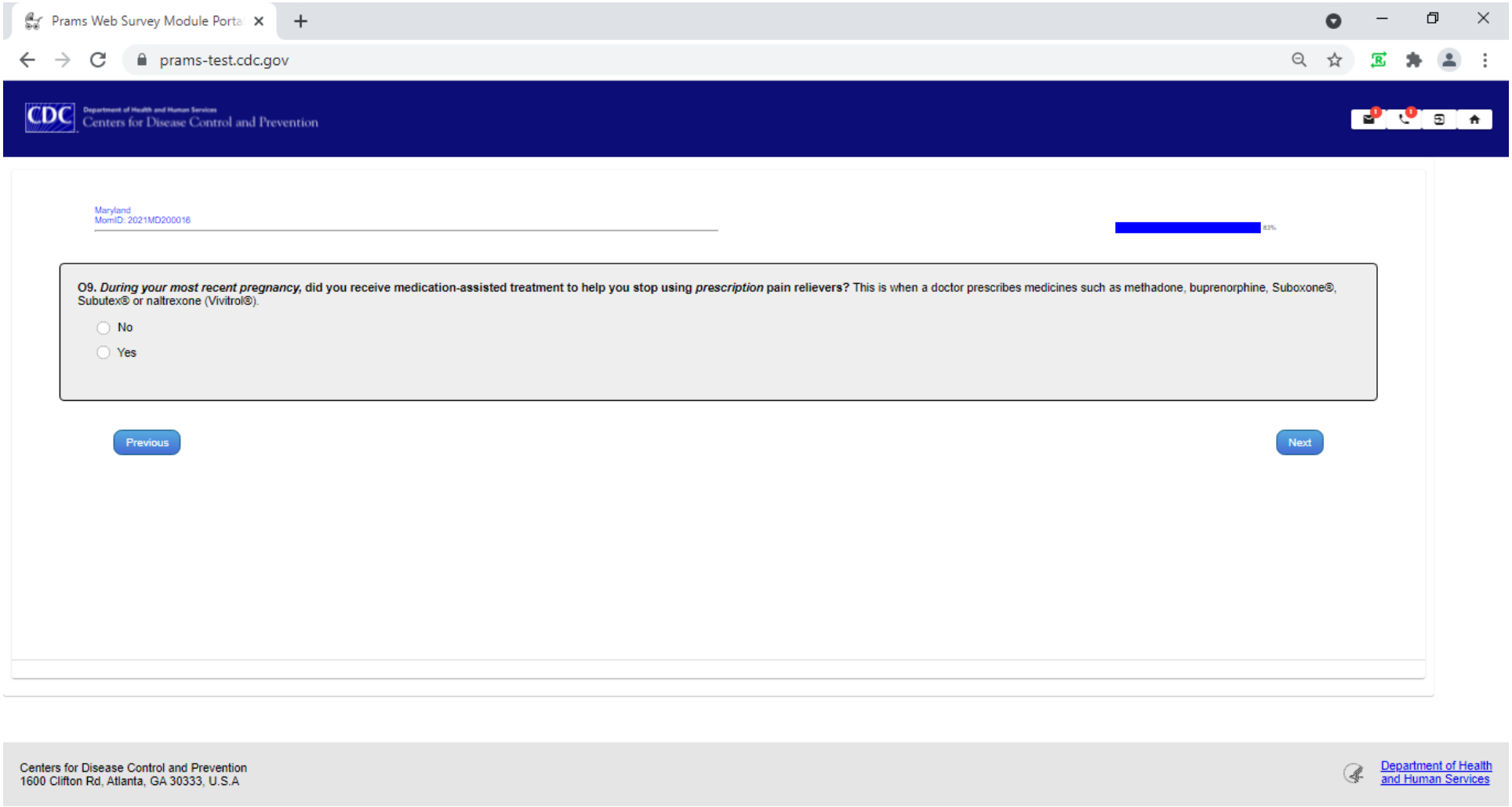
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O9. During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using prescription pain relievers? This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex® or naltrexone (Vivitrol®).
No
Yes
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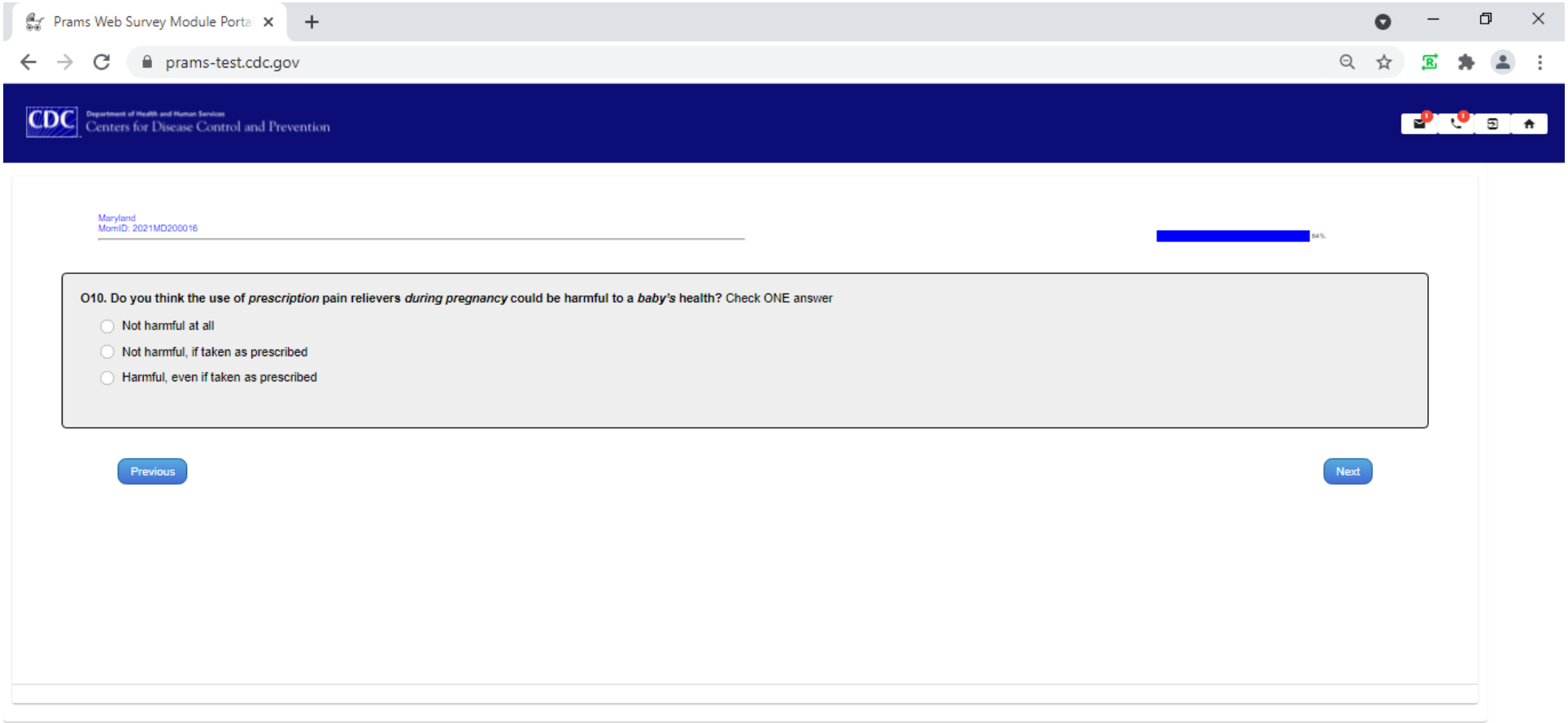
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O10. Do you think the use of *prescription* pain relievers *during pregnancy* could be harmful to a *baby's* health? Check ONE answer
Not harmful at all
Not harmful, if taken as prescribed
Harmful, even if taken as prescribed
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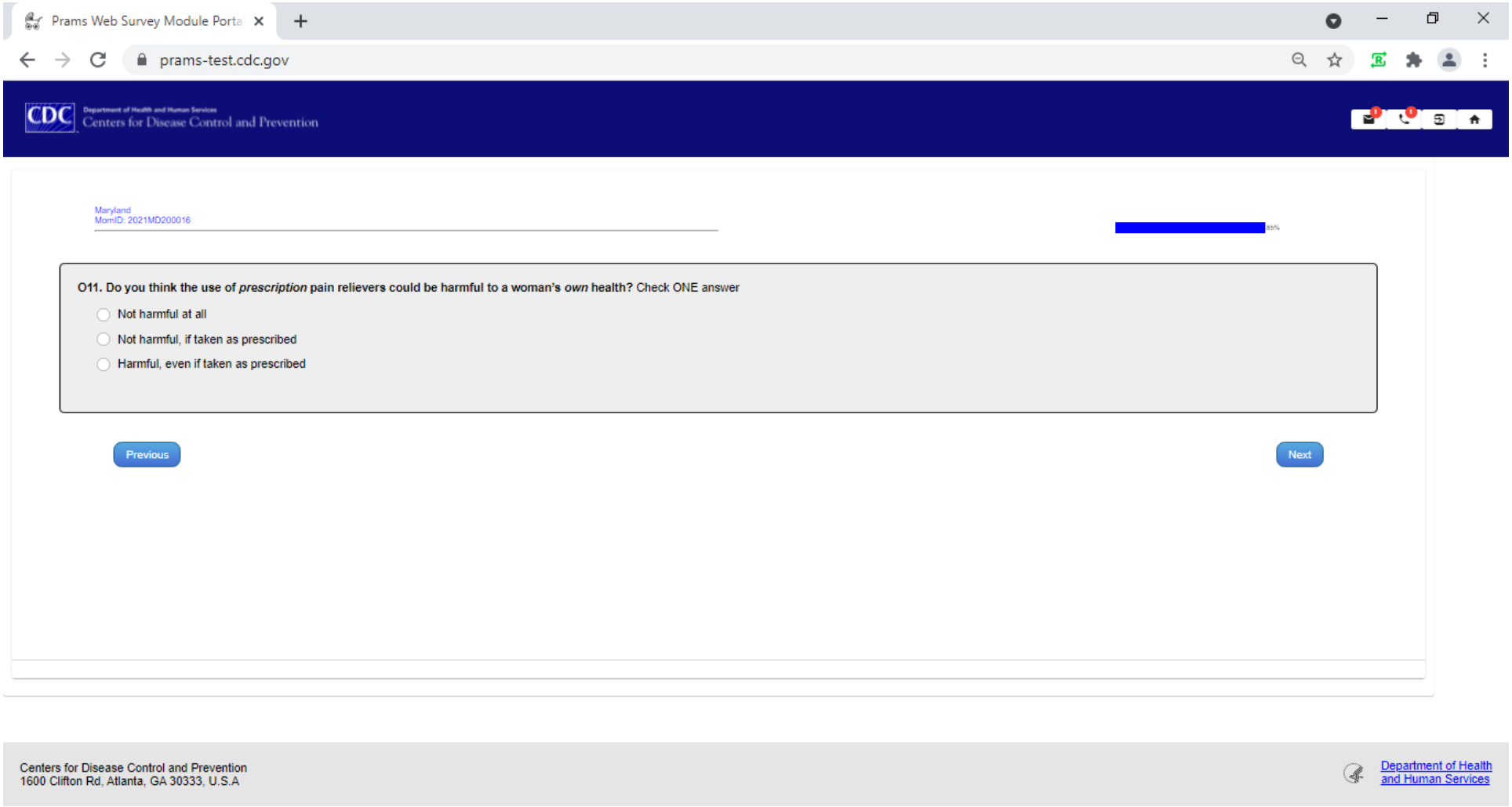
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O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's *own* health? Check ONE answer
Not harmful at all
Not harmful, if taken as prescribed
Harmful, even if taken as prescribed
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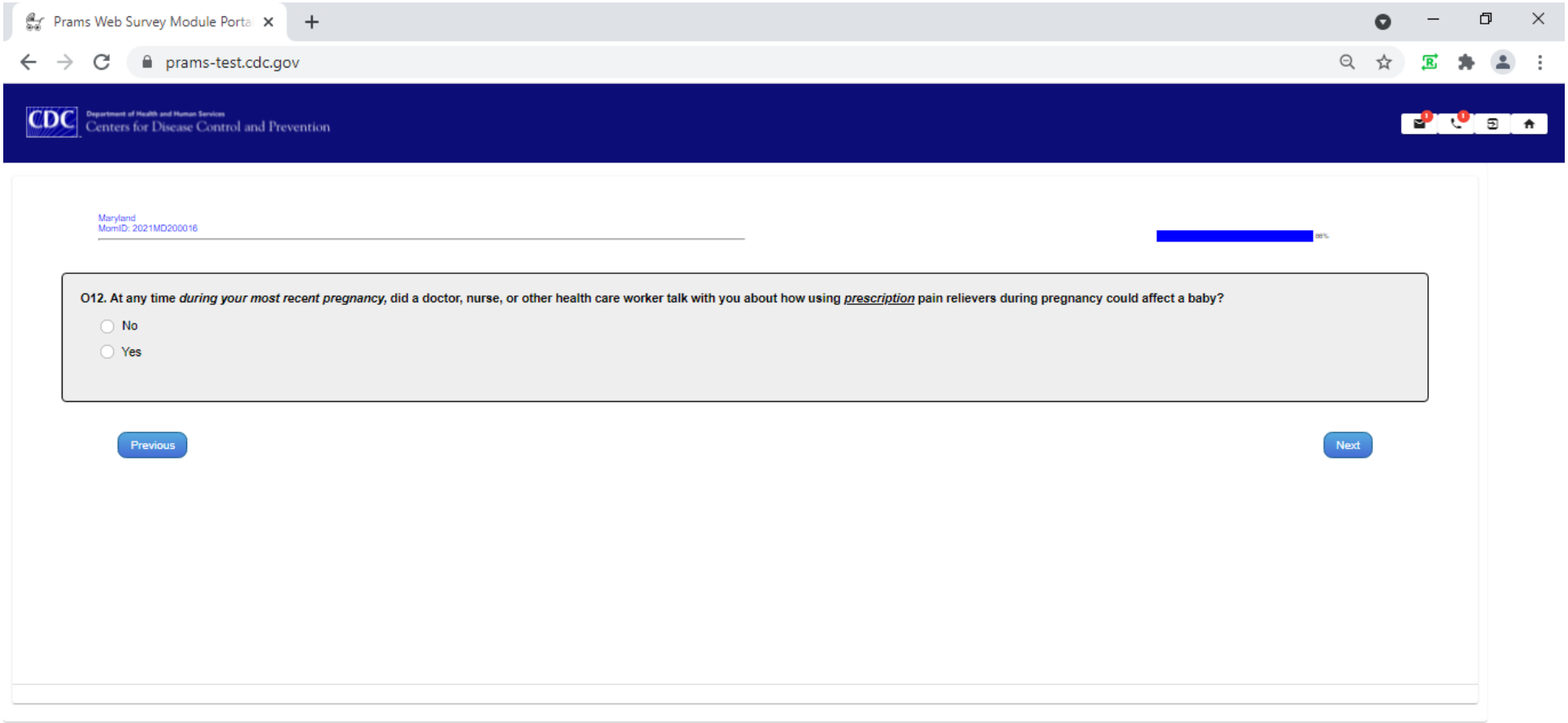
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O12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?
No
Yes
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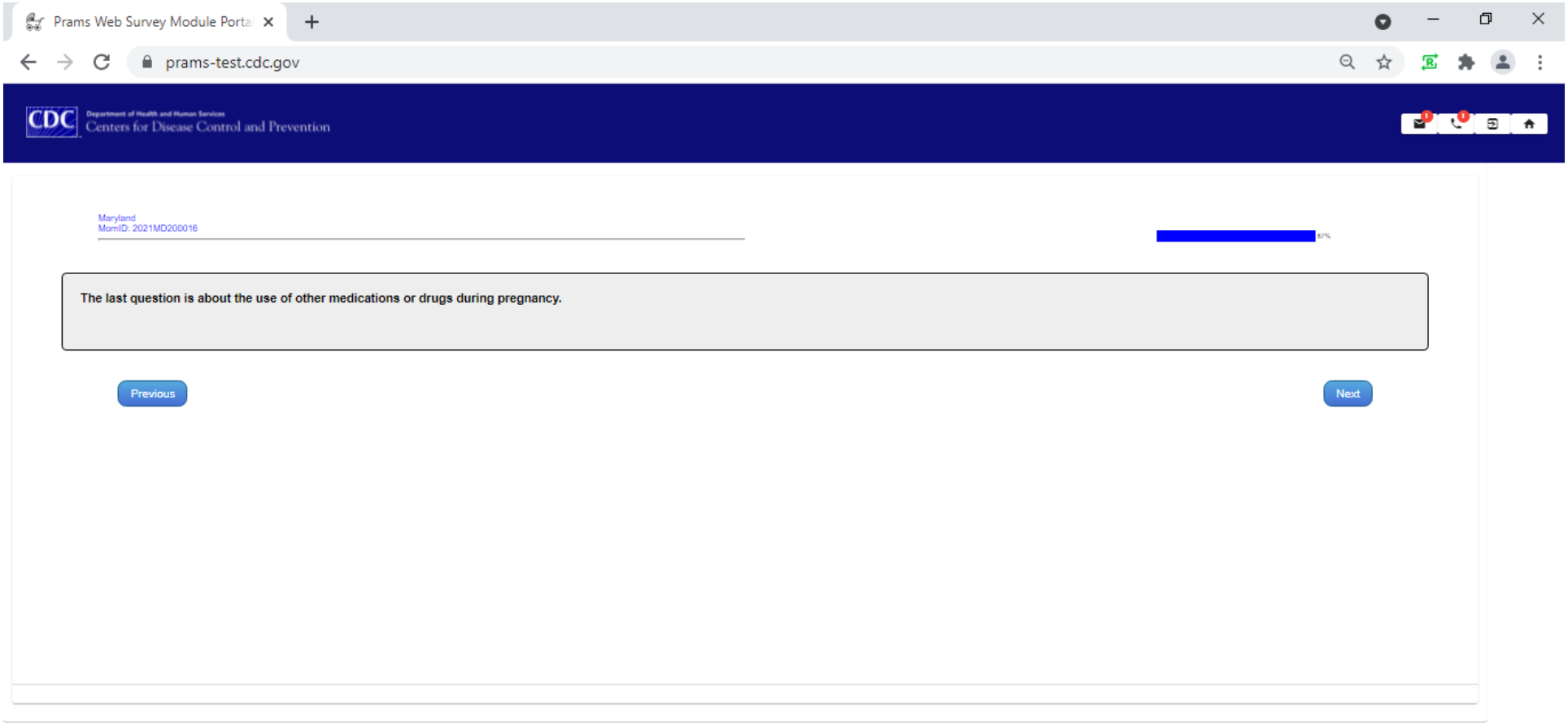
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The last question is about the use of other medications or drugs during pregnancy.
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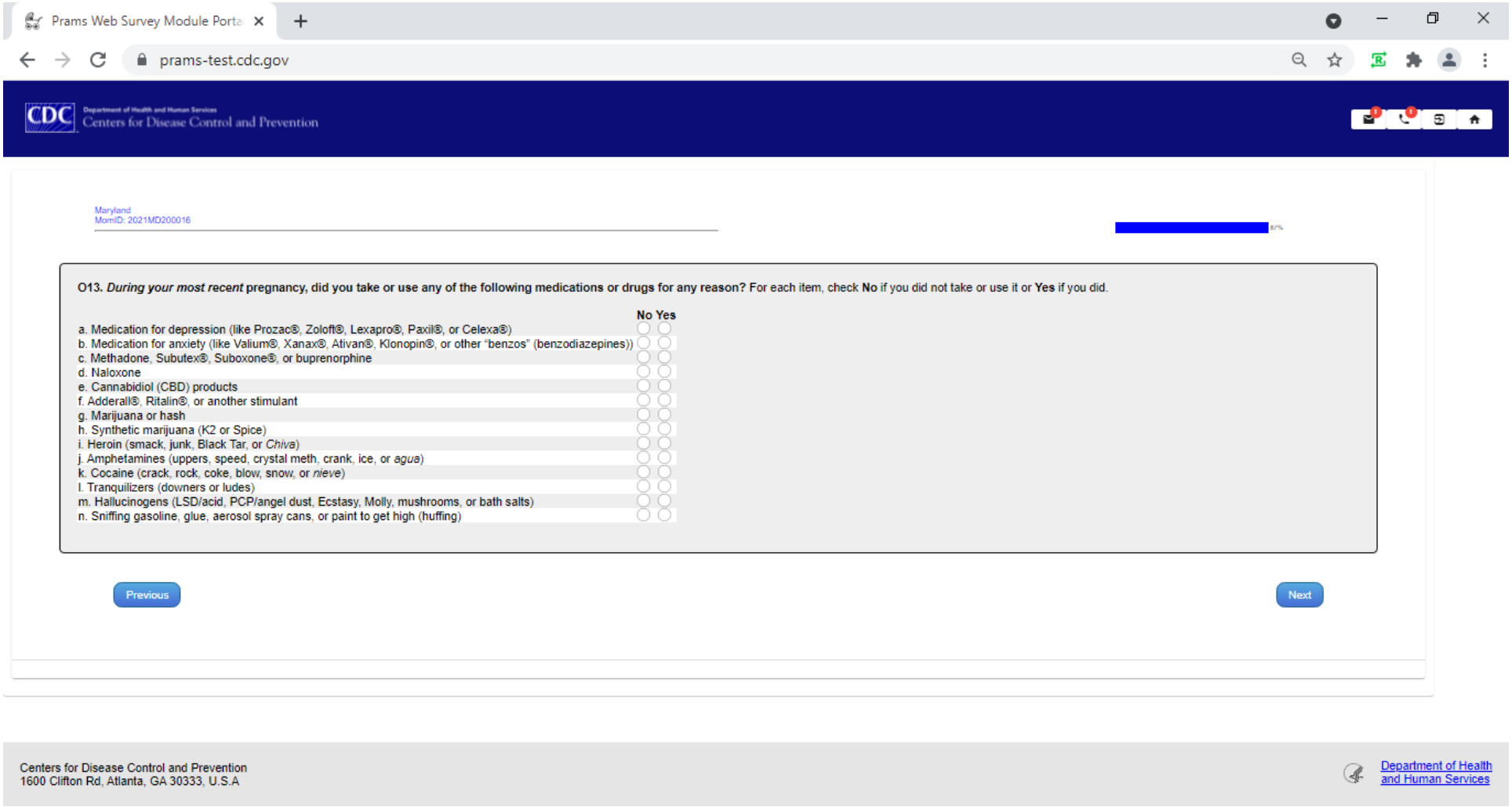
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O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? For each item, check No if you did not take or use it or Yes if you did.
No Yes
a. Medication for depression (like Prozac®, Zoloft®, Lexapro®, Paxil®, or Celexa®)
b. Medication for anxiety (like Valium®, Xanax®, Ativan®, Klonopin®, or other "benzos" (benzodiazepines))
c. Methadone, Subutex®, Suboxone®, or buprenorphine
d. Naloxone
e. Cannabidiol (CBD) products
f. Adderall®, Ritalin®, or another stimulant
g. Marijuana or hash
h. Synthetic marijuana (K2 or Spice)
i. Heroin (smack, junk, Black Tar, or Chiva)
j. Amphetamines (uppers, speed, crystal meth, crank, ice, or agua)
k. Cocaine (crack, rock, coke, blow, snow, or nieve)
l. Tranquilizers (downers or ludes)
m. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)
n. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)
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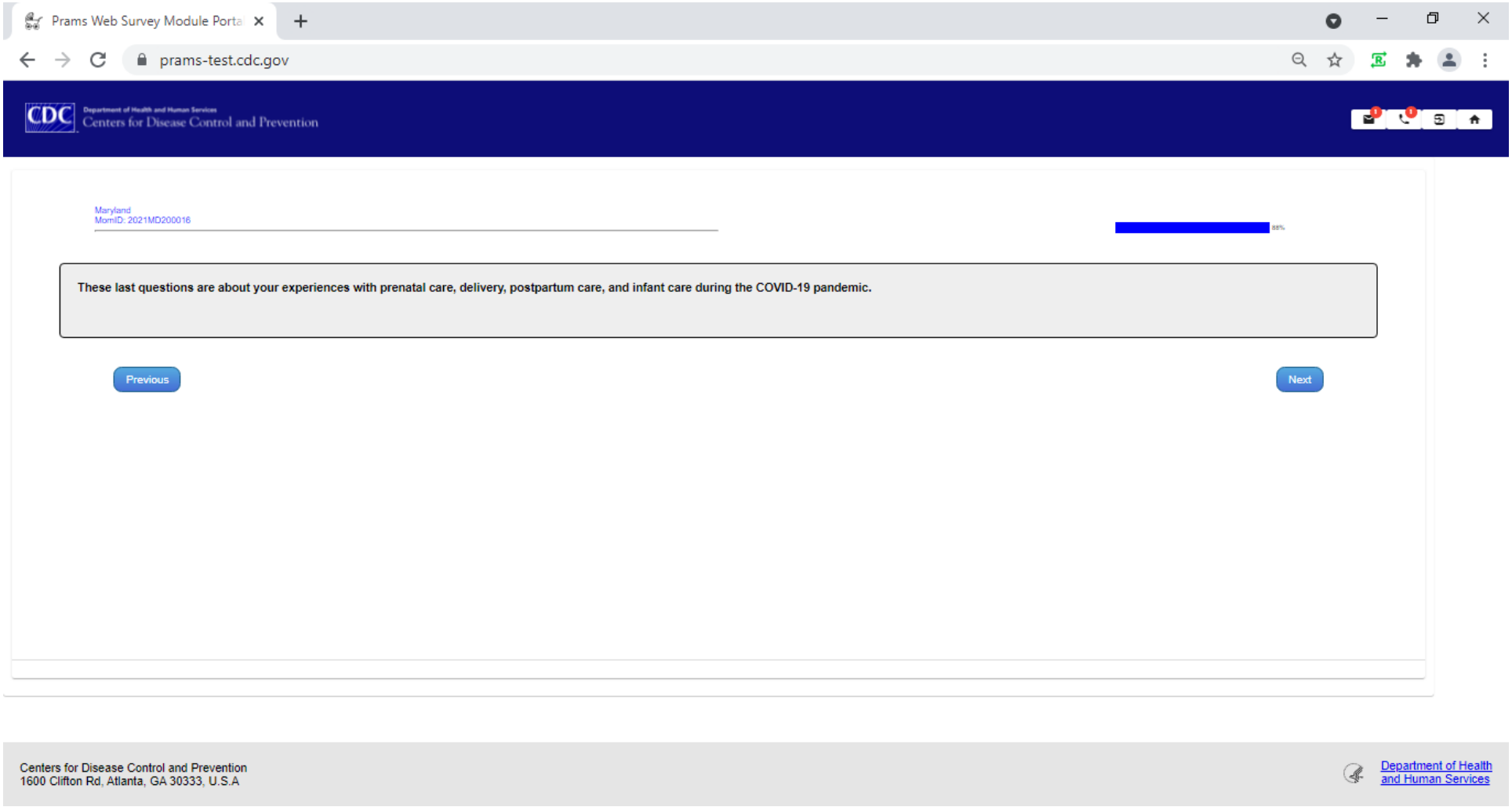
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These last questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.
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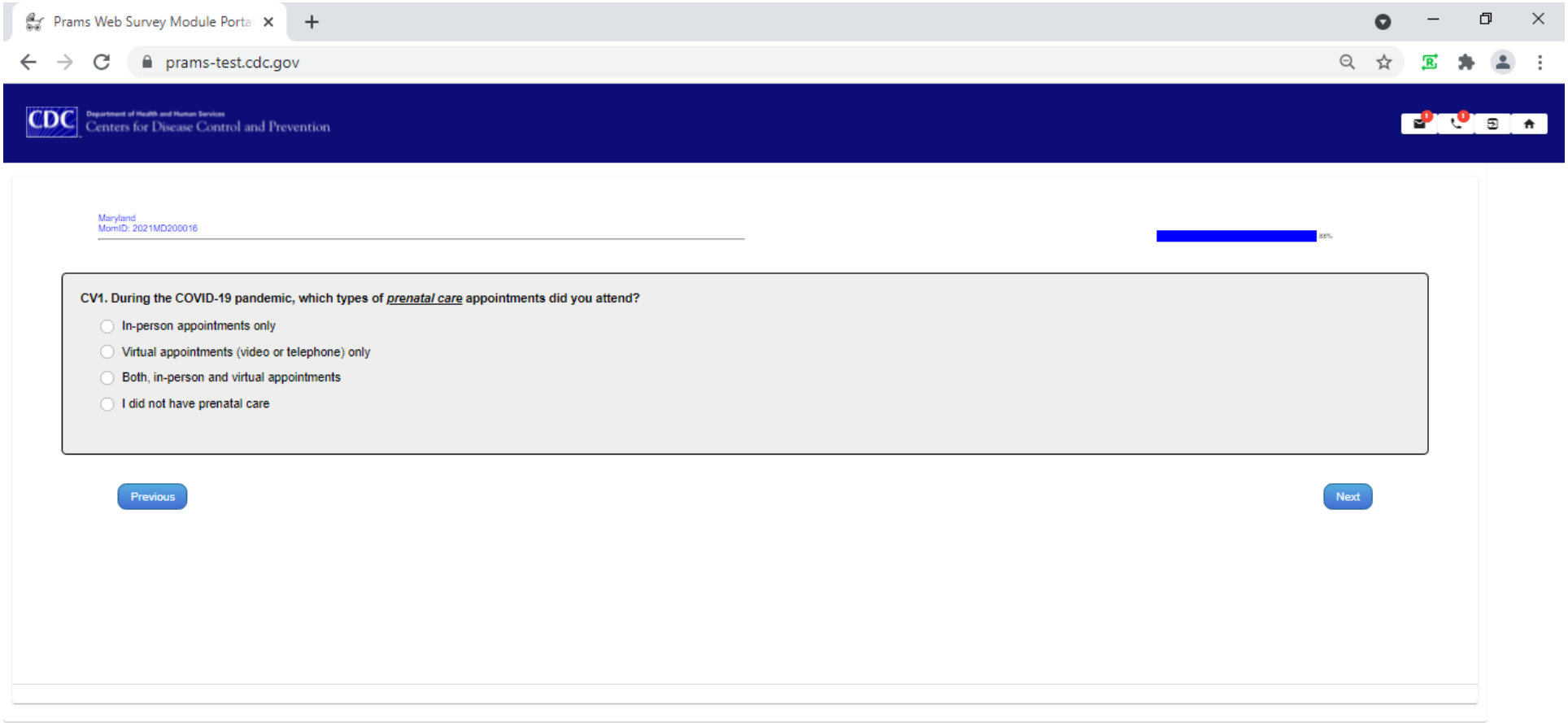
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CV1. During the COVID-19 pandemic, which types of prenatal care appointments did you attend?
In-person appointments only
Virtual appointments (video or telephone) only
Both, in-person and virtual appointments
I did not have prenatal care
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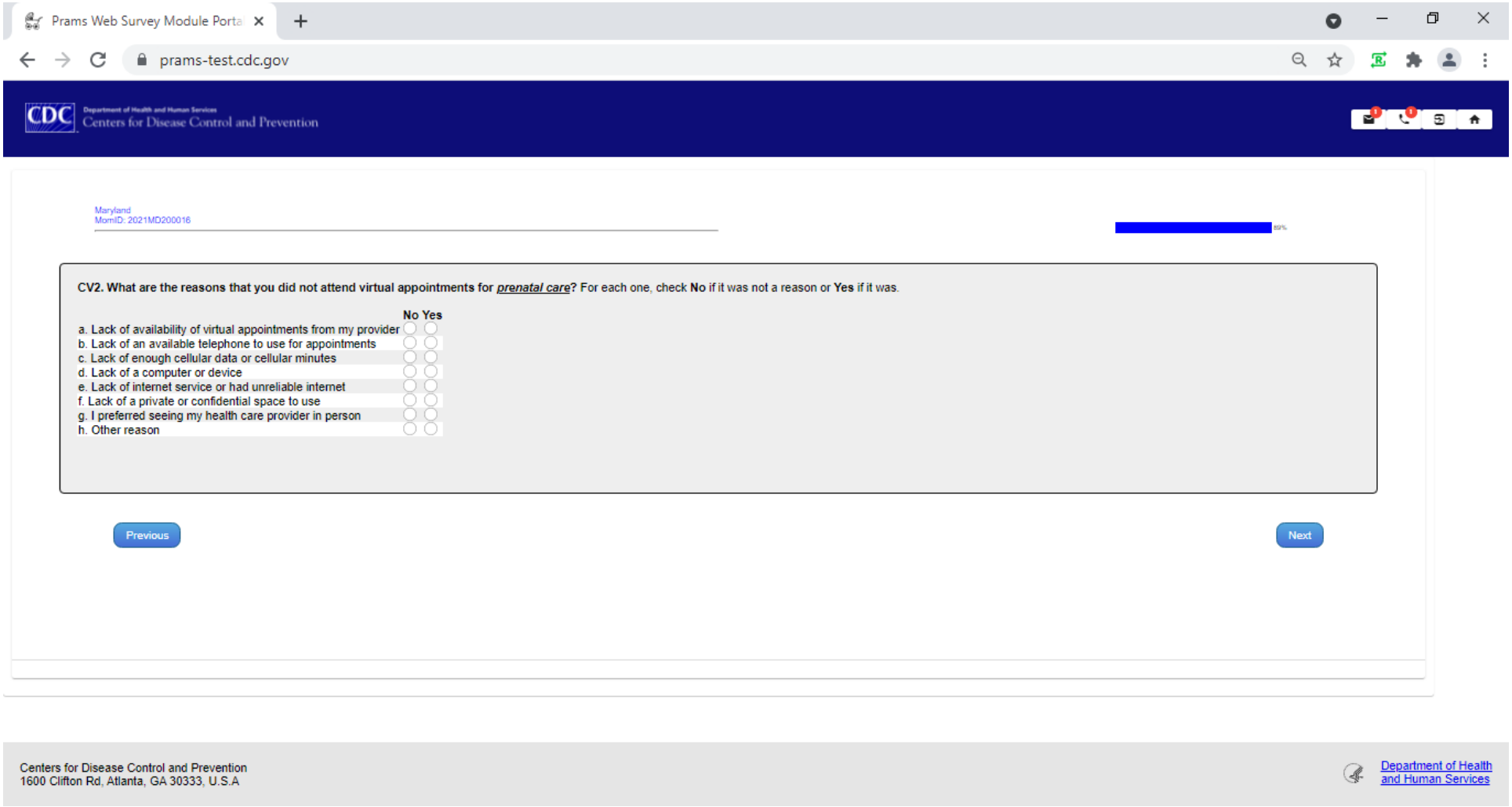
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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check No if it was not a reason or Yes if it was.
No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available telephone to use for appointments
c. Lack of enough cellular data or cellular minutes
d. Lack of a computer or device
e. Lack of internet service or had unreliable internet
f. Lack of a private or confidential space to use
g. I preferred seeing my health care provider in person
h. Other reason
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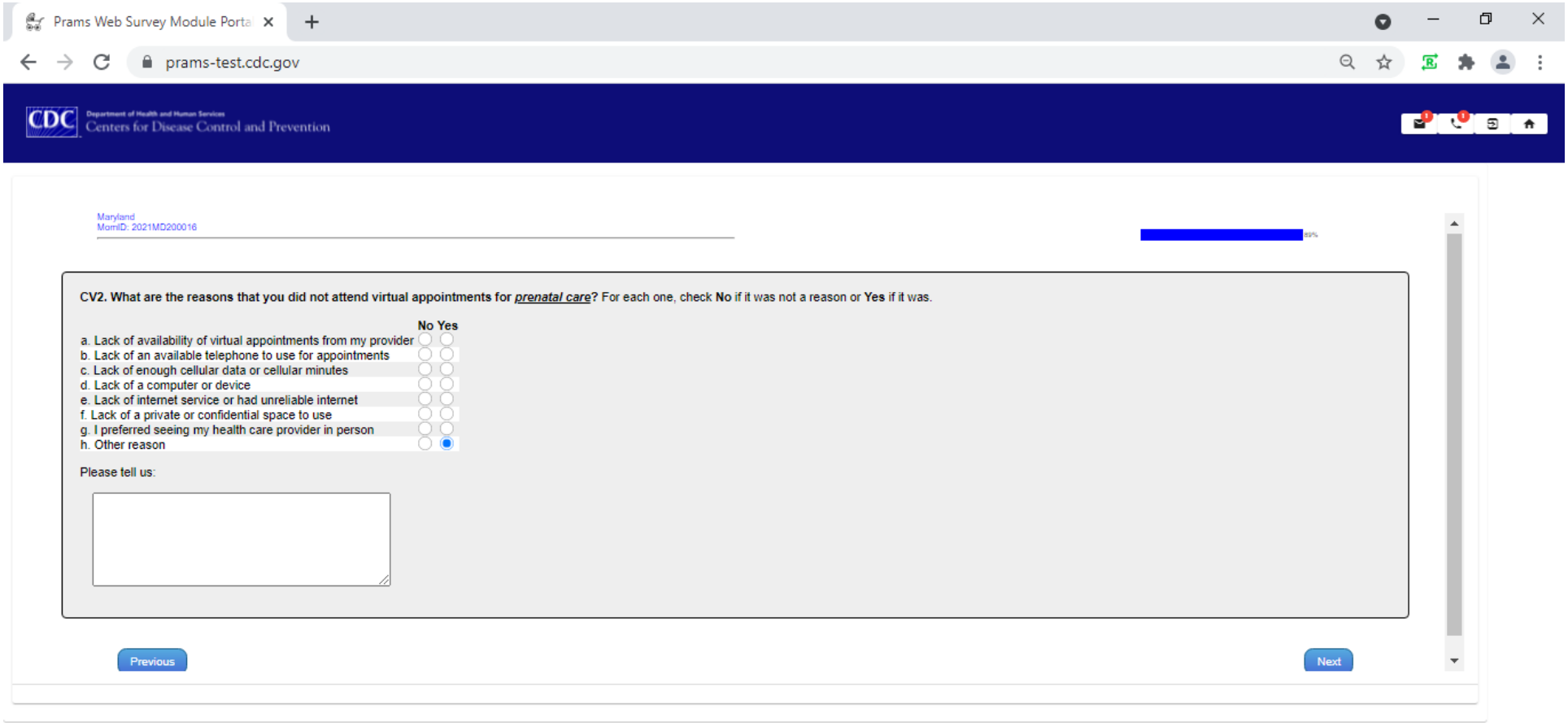
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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check No if it was not a reason or Yes if it was.
No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available telephone to use for appointments
c. Lack of enough cellular data or cellular minutes
d. Lack of a computer or device
e. Lack of internet service or had unreliable internet
f. Lack of a private or confidential space to use
g. I preferred seeing my health care provider in person
h. Other reason
Please tell us:
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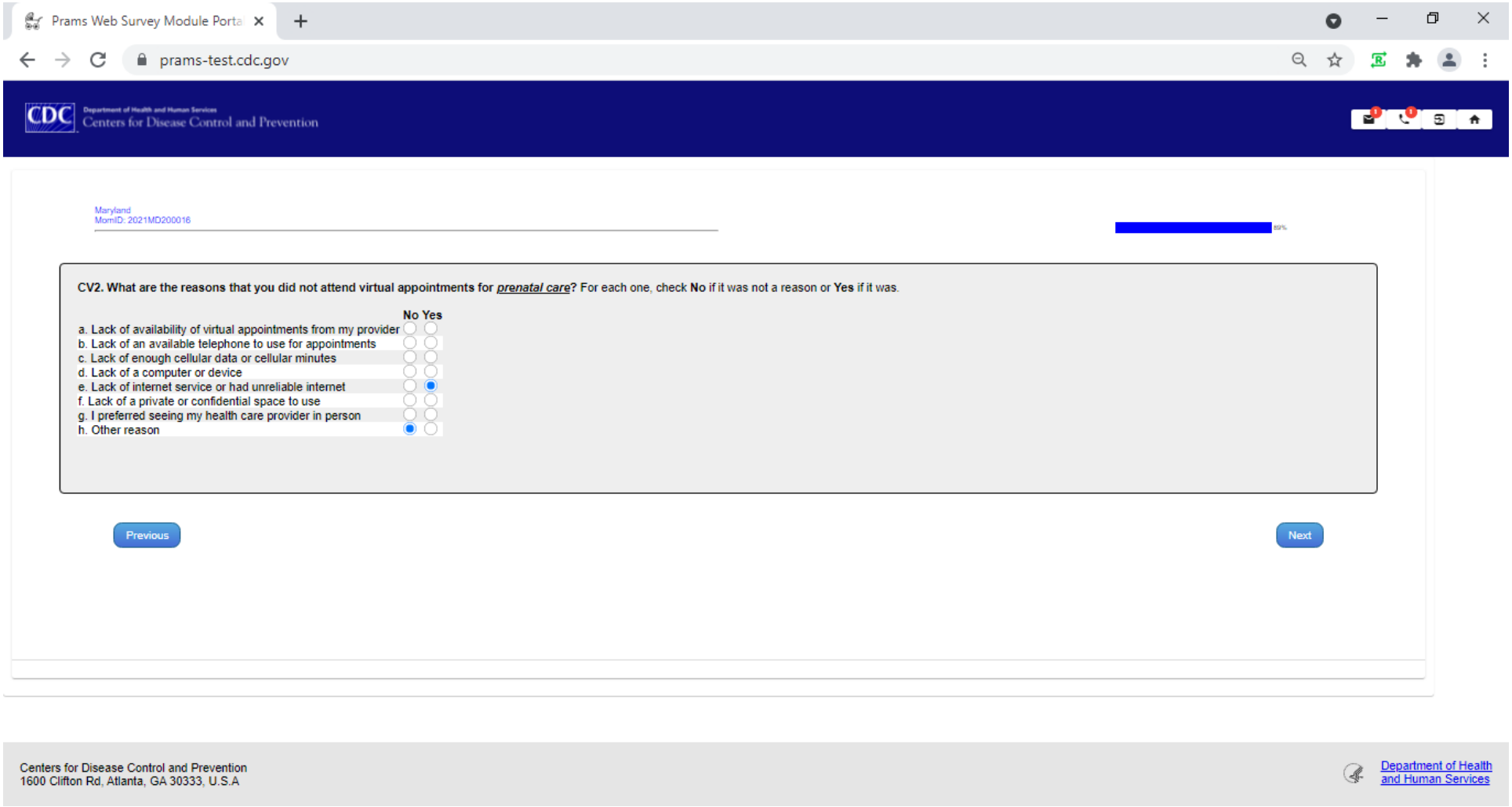
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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check No if it was not a reason or Yes if it was.
No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available telephone to use for appointments
c. Lack of enough cellular data or cellular minutes
d. Lack of a computer or device
e. Lack of internet service or had unreliable internet
f. Lack of a private or confidential space to use
g. I preferred seeing my health care provider in person
h. Other reason
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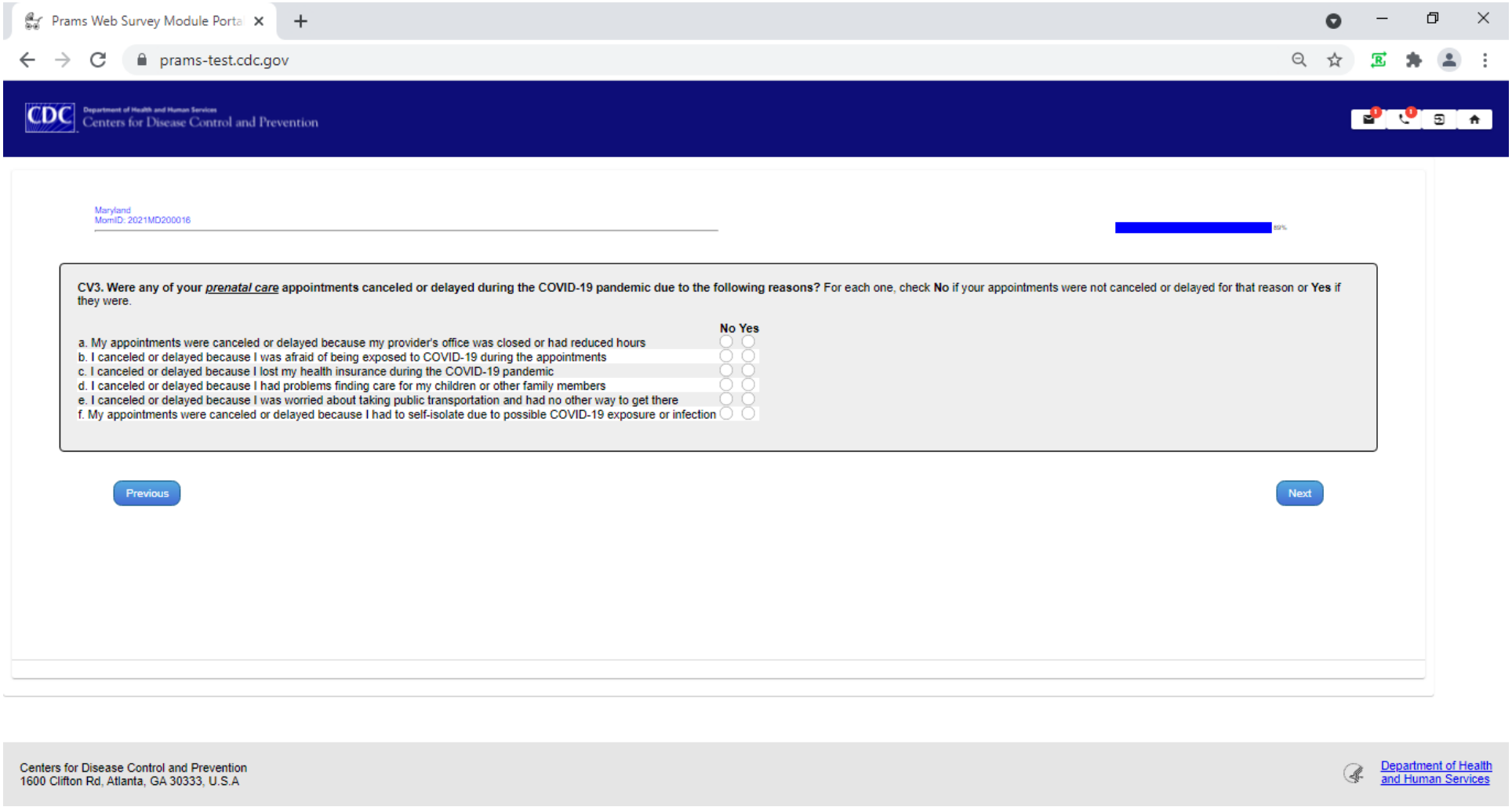
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CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check No if your appointments were not canceled or delayed for that reason or Yes if they were.
No Yes
a. My appointments were canceled or delayed because my provider's office was closed or had reduced hours
b. I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments
c. I canceled or delayed because I lost my health insurance during the COVID-19 pandemic
d. I canceled or delayed because I had problems finding care for my children or other family members
e. I canceled or delayed because I was worried about taking public transportation and had no other way to get there
f. My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection
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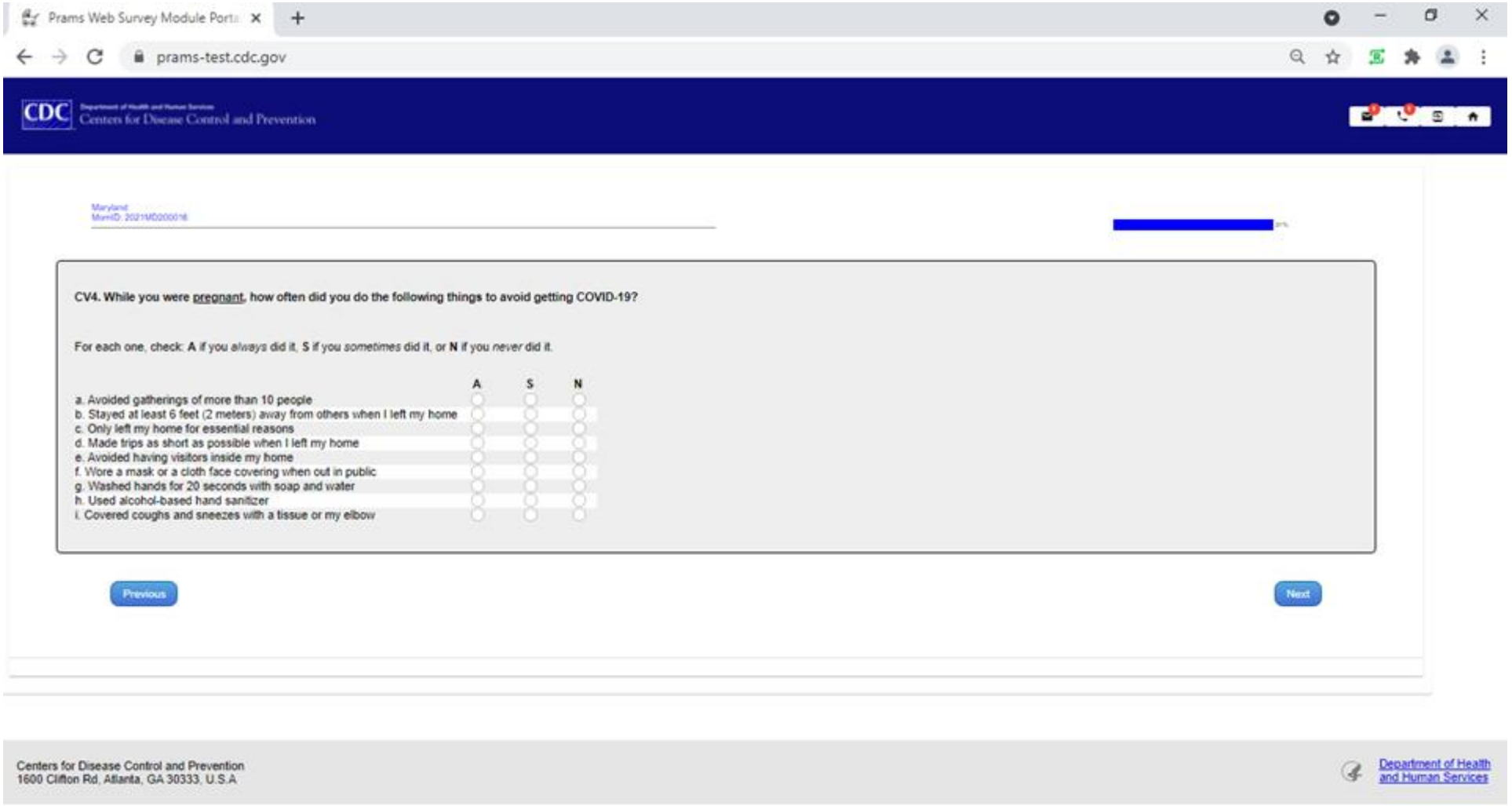
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CV4. While you were pregnant, how often did you do the following things to avoid getting COVID-19?
For each one, check: A if you always did it, S if you sometimes did it, or N if you never did it.
A S N
a. Avoided gatherings of more than 10 people
b. Stayed at least 6 feet (2 meters) away from others when I left my home
c. Only left my home for essential reasons
d. Made trips as short as possible when I left my home
e. Avoided having visitors inside my home
f. Wore a mask or a cloth face covering when out in public
g. Washed hands for 20 seconds with soap and water
h. Used alcohol-based hand sanitizer
i. Covered coughs and sneezes with a tissue or my elbow
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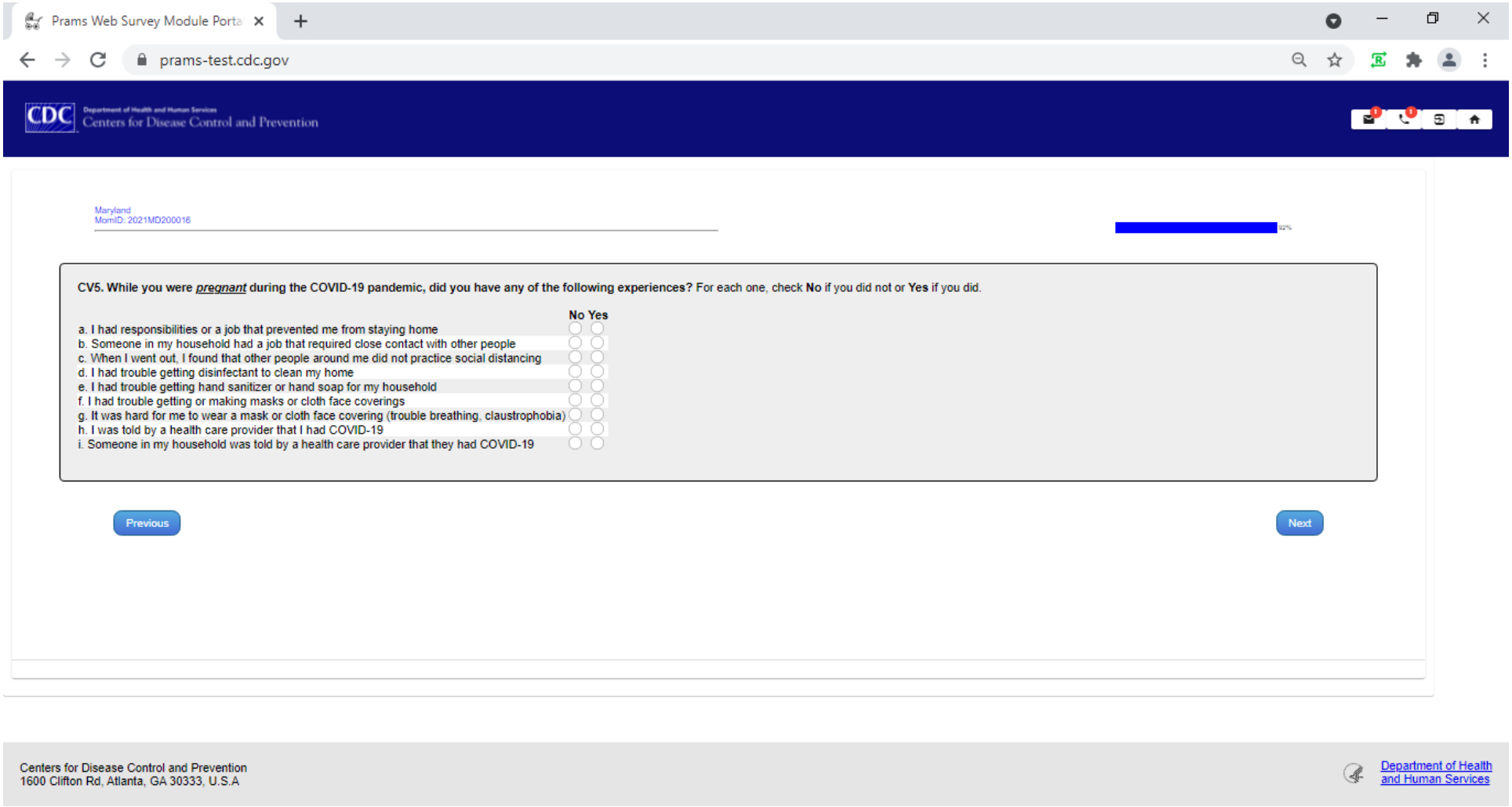
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92%
CV5. While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences? For each one, check No if you did not or Yes if you did.
No Yes
a. I had responsibilities or a job that prevented me from staying home
b. Someone in my household had a job that required close contact with other people
c. When I went out, I found that other people around me did not practice social distancing
d. I had trouble getting disinfectant to clean my home
e. I had trouble getting hand sanitizer or hand soap for my household
f. I had trouble getting or making masks or cloth face coverings
g. It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)
h. I was told by a health care provider that I had COVID-19
i. Someone in my household was told by a health care provider that they had COVID-19
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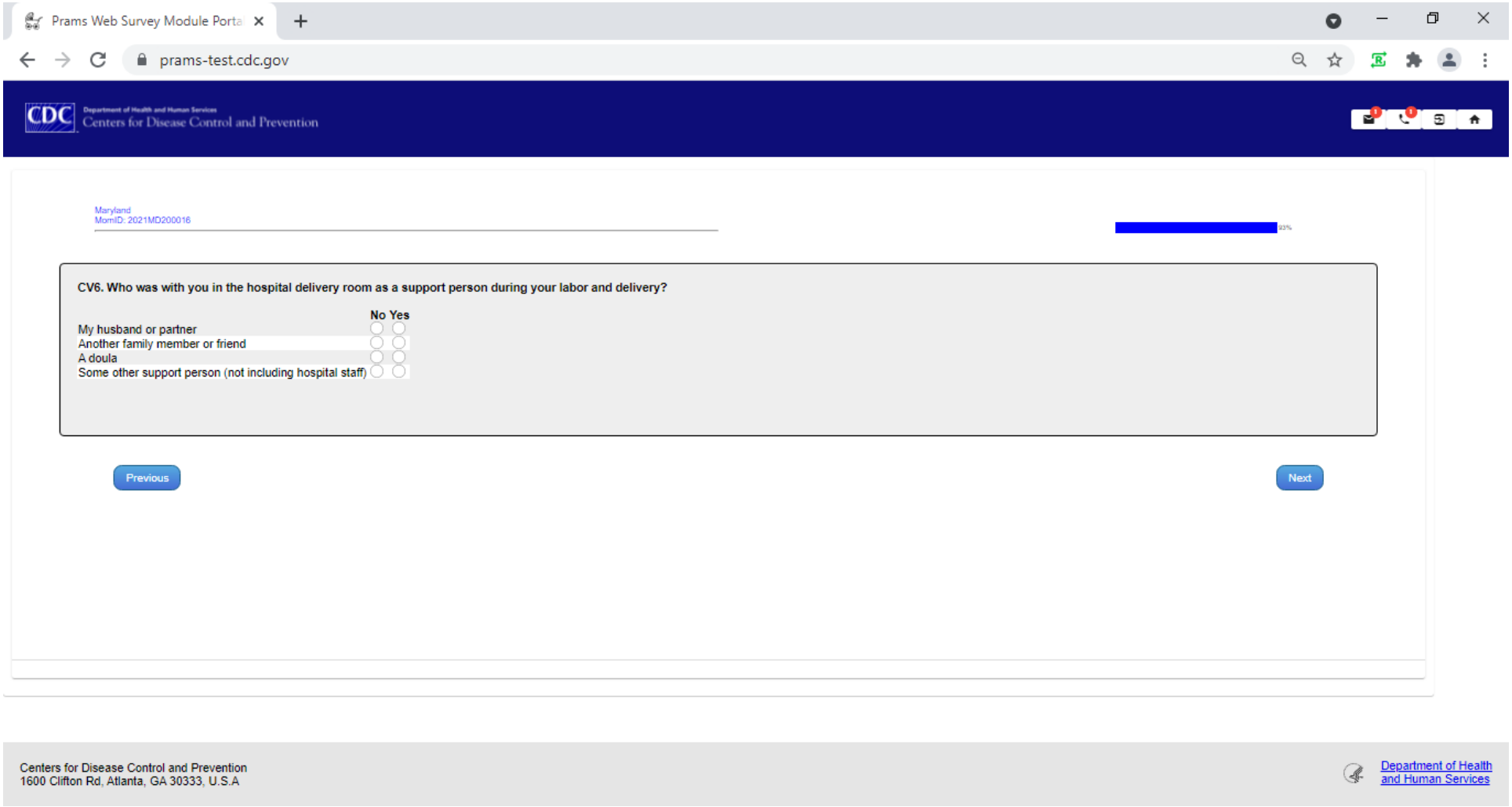
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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?
No Yes
My husband or partner
Another family member or friend
A doula
Some other support person (not including hospital staff)
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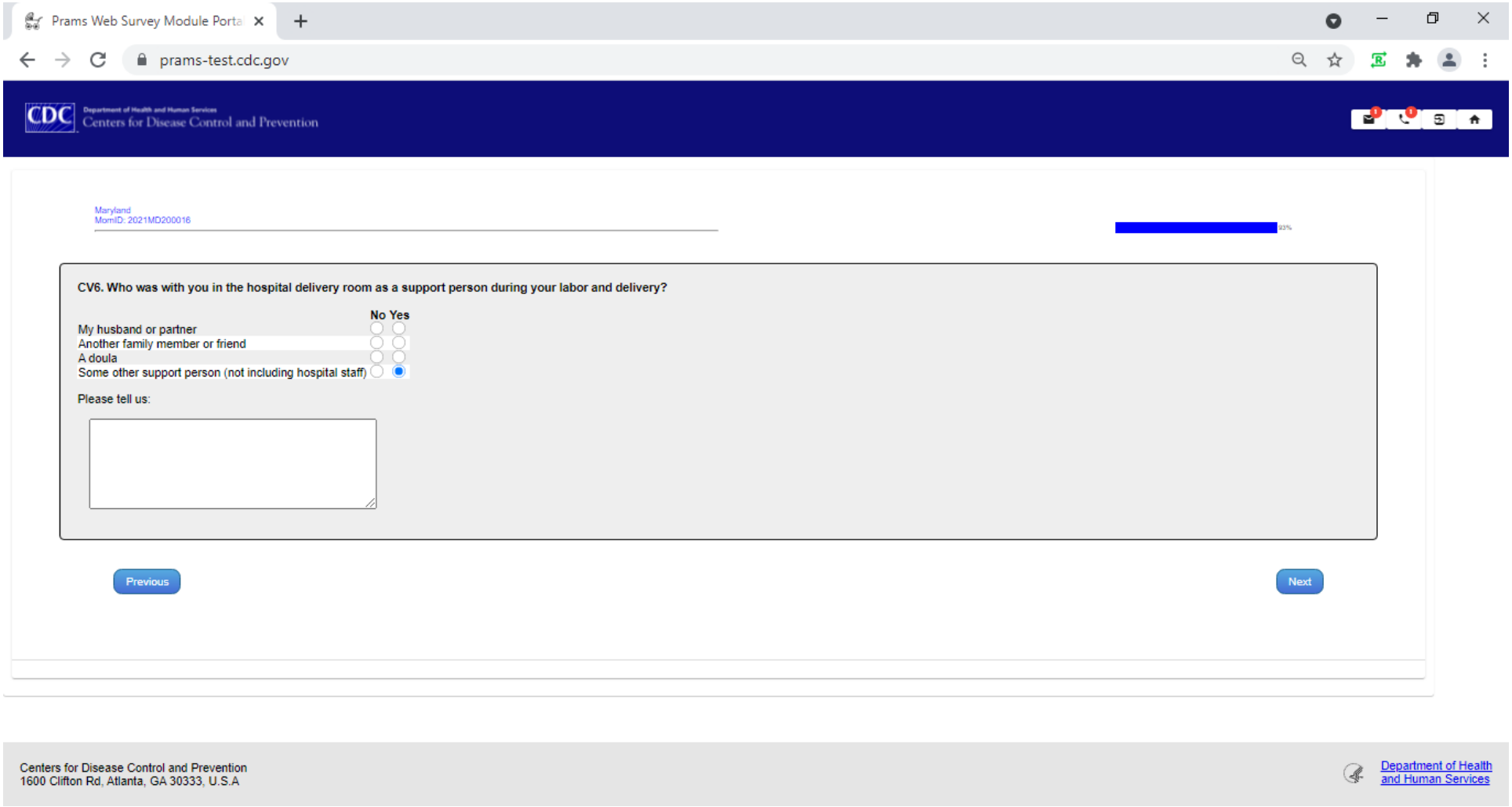
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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?
No Yes
My husband or partner
Another family member or friend
A doula
Some other support person (not including hospital staff)
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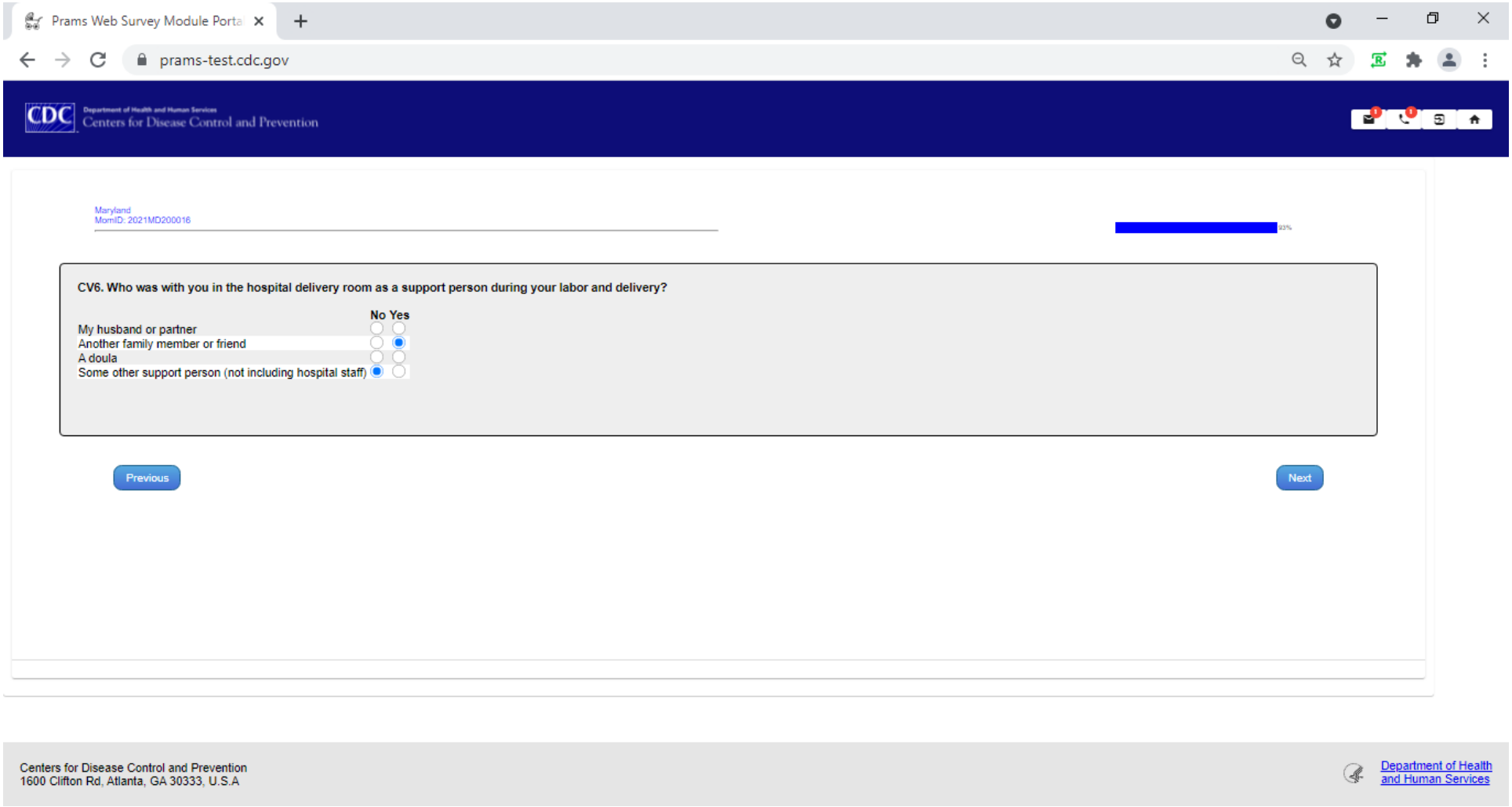
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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?
No Yes
My husband or partner
Another family member or friend
A doula
Some other support person (not including hospital staff)
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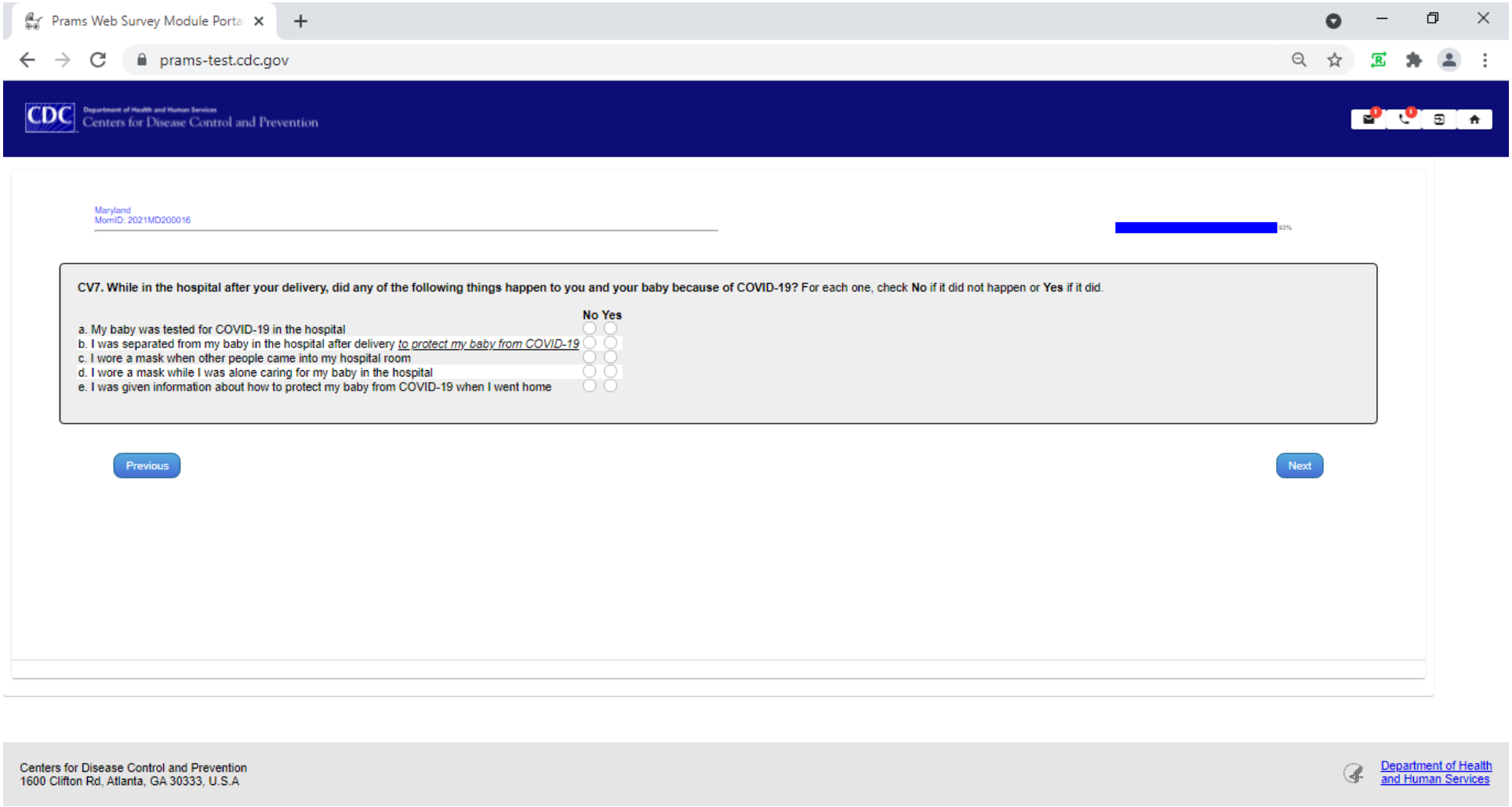
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CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check No if it did not happen or Yes if it did.
No Yes
a. My baby was tested for COVID-19 in the hospital
b. I was separated from my baby in the hospital after delivery to protect my baby from COVID-19
c. I wore a mask when other people came into my hospital room
d. I wore a mask while I was alone caring for my baby in the hospital
e. I was given information about how to protect my baby from COVID-19 when I went home
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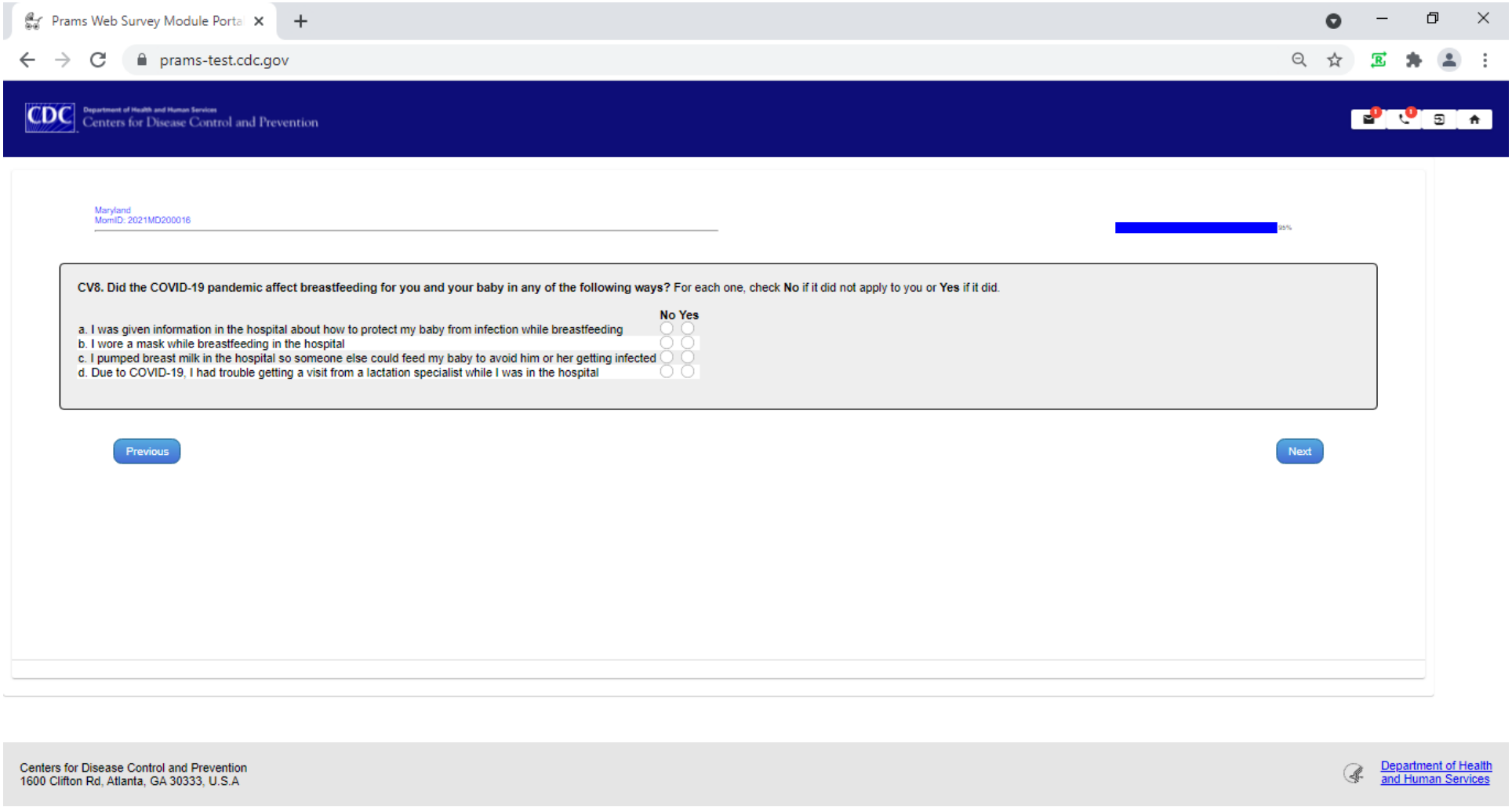
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95%
CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check No if it did not apply to you or Yes if it did.
No Yes
a. I was given information in the hospital about how to protect my baby from infection while breastfeeding
b. I wore a mask while breastfeeding in the hospital
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital
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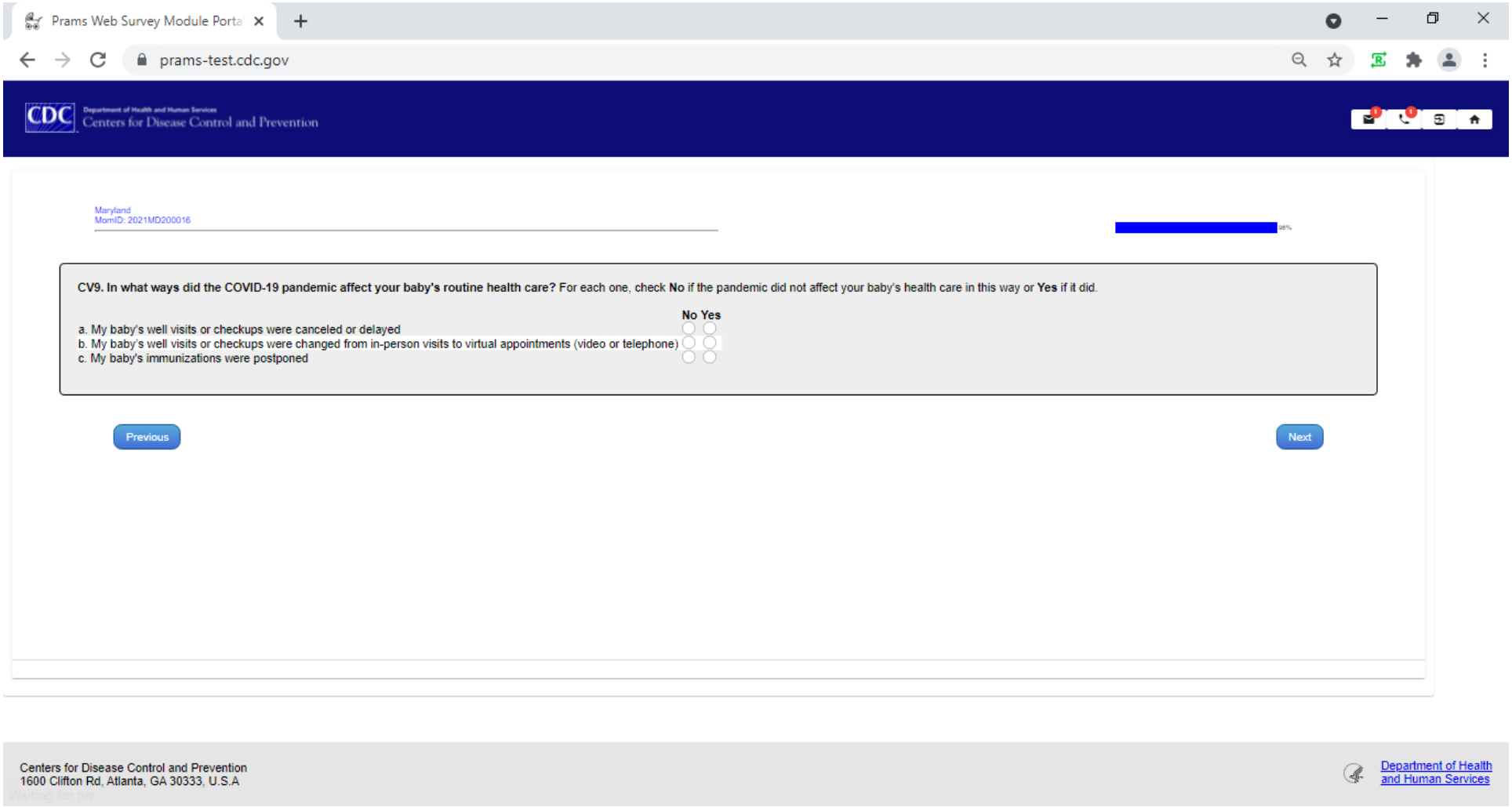
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98%
CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check No if the pandemic did not affect your baby's health care in this way or Yes if it did.
No Yes
a. My baby's well visits or checkups were canceled or delayed
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)
c. My baby's immunizations were postponed
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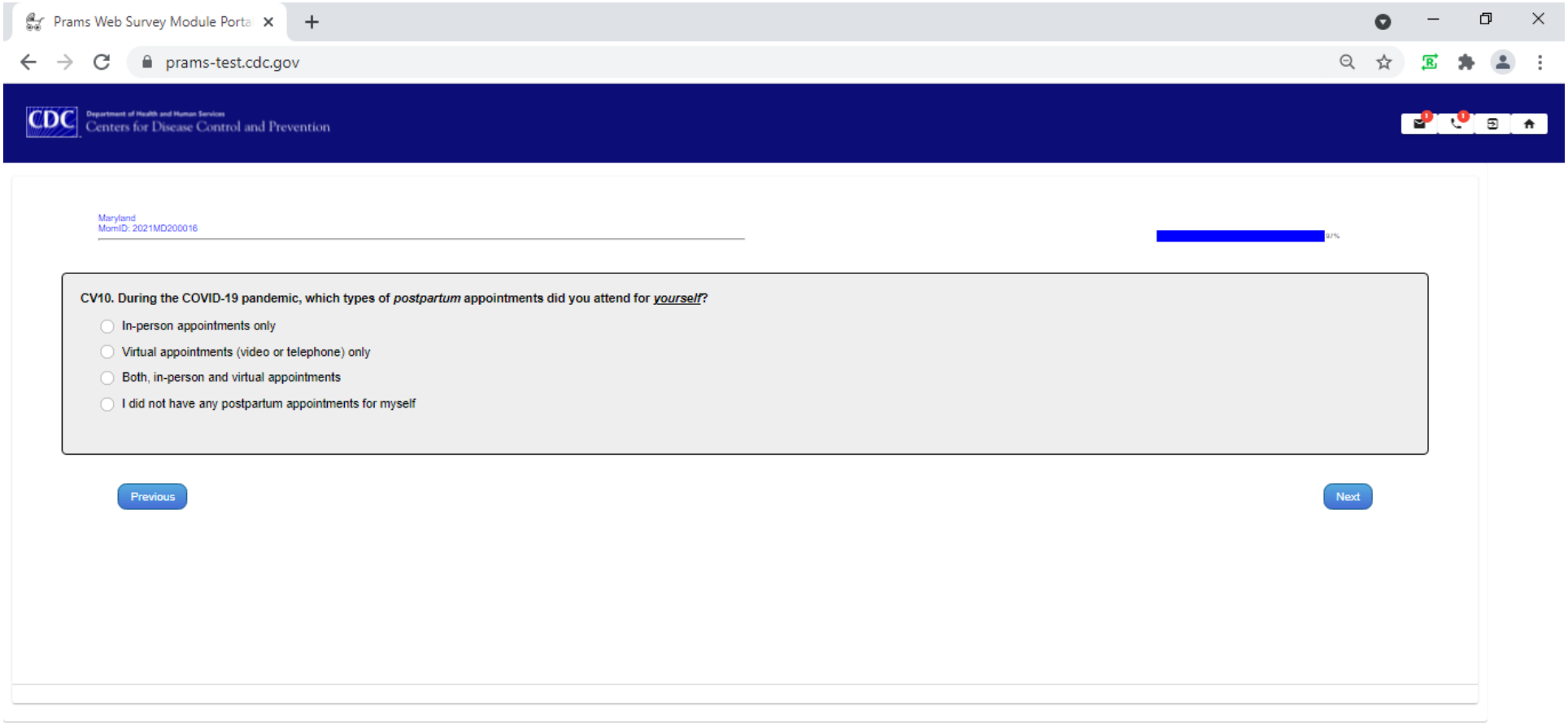
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CV10. During the COVID-19 pandemic, which types of postpartum appointments did you attend for yourself?
In-person appointments only
Virtual appointments (video or telephone) only
Both, in-person and virtual appointments
I did not have any postpartum appointments for myself
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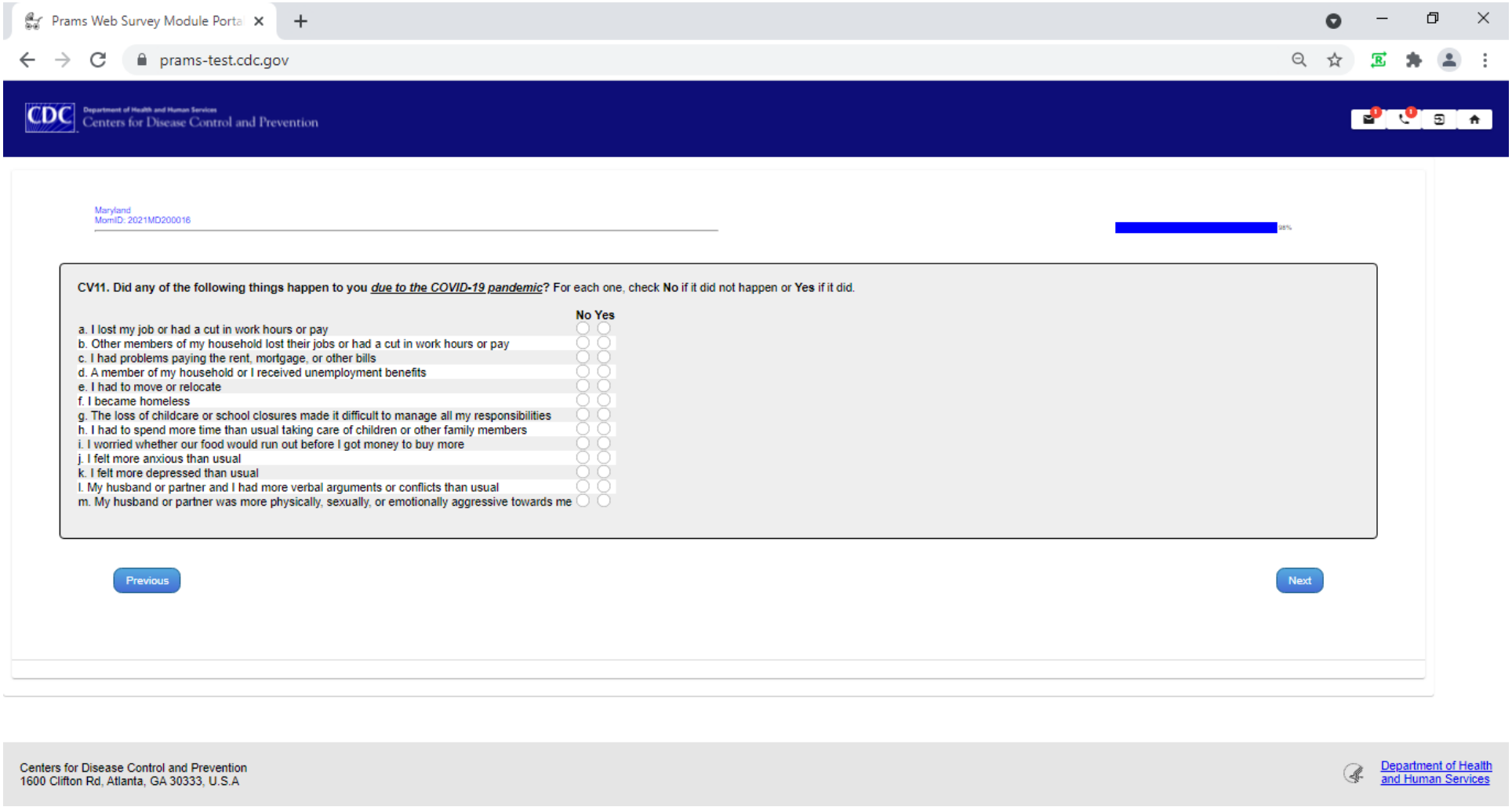
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CV11. Did any of the following things happen to you due to the COVID-19 pandemic? For each one, check No if it did not happen or Yes if it did.
No Yes
a. I lost my job or had a cut in work hours or pay
b. Other members of my household lost their jobs or had a cut in work hours or pay
c. I had problems paying the rent, mortgage, or other bills
d. A member of my household or I received unemployment benefits
e. I had to move or relocate
f. I became homeless
g. The loss of childcare or school closures made it difficult to manage all my responsibilities
h. I had to spend more time than usual taking care of children or other family members
i. I worried whether our food would run out before I got money to buy more
j. I felt more anxious than usual
k. I felt more depressed than usual
l. My husband or partner and I had more verbal arguments or conflicts than usual
m. My husband or partner was more physically, sexually, or emotionally aggressive towards me
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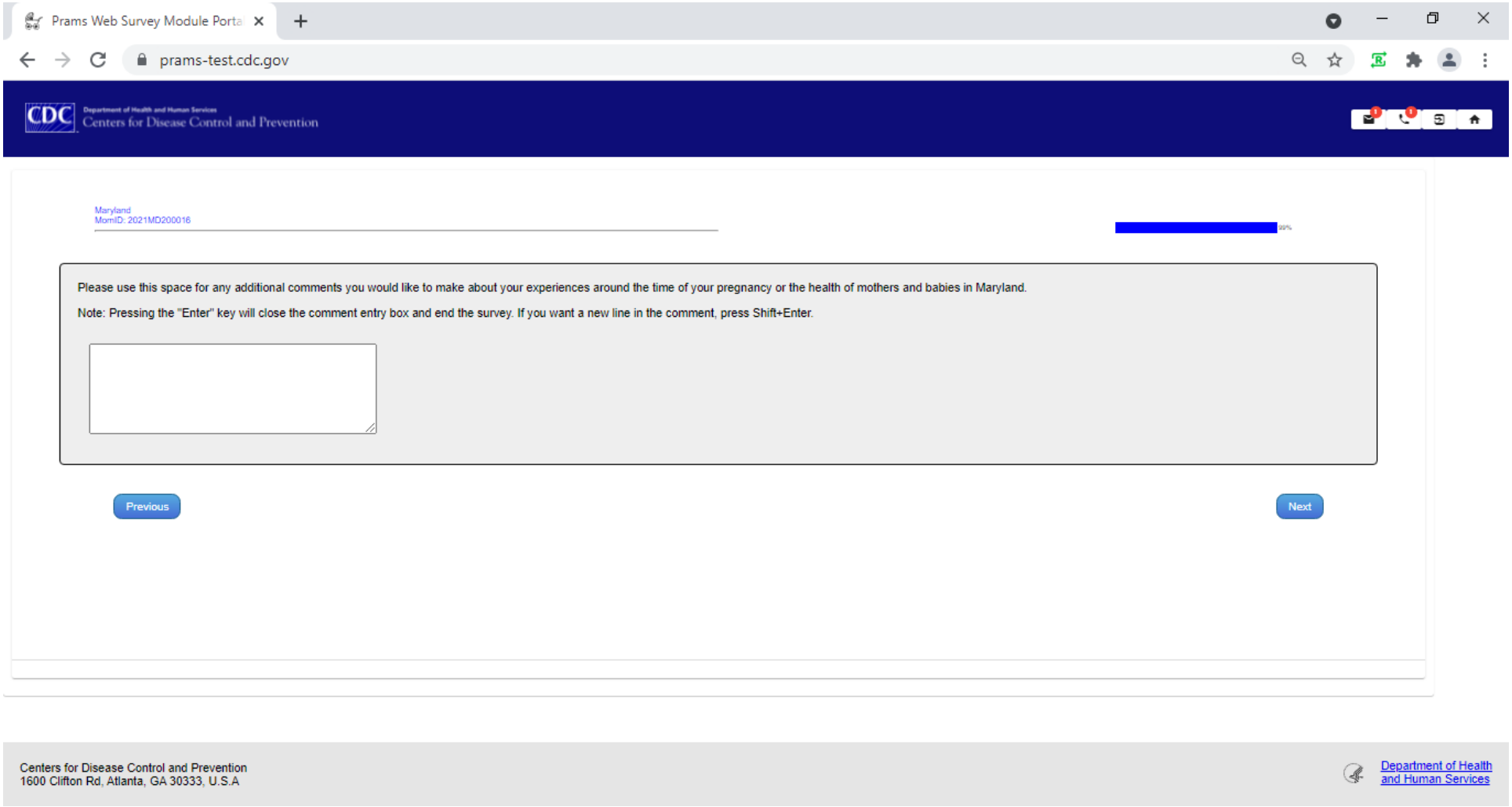
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Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Maryland.
Note: Pressing the "Enter" key will close the comment entry box and end the survey. If you want a new line in the comment, press Shift+Enter.
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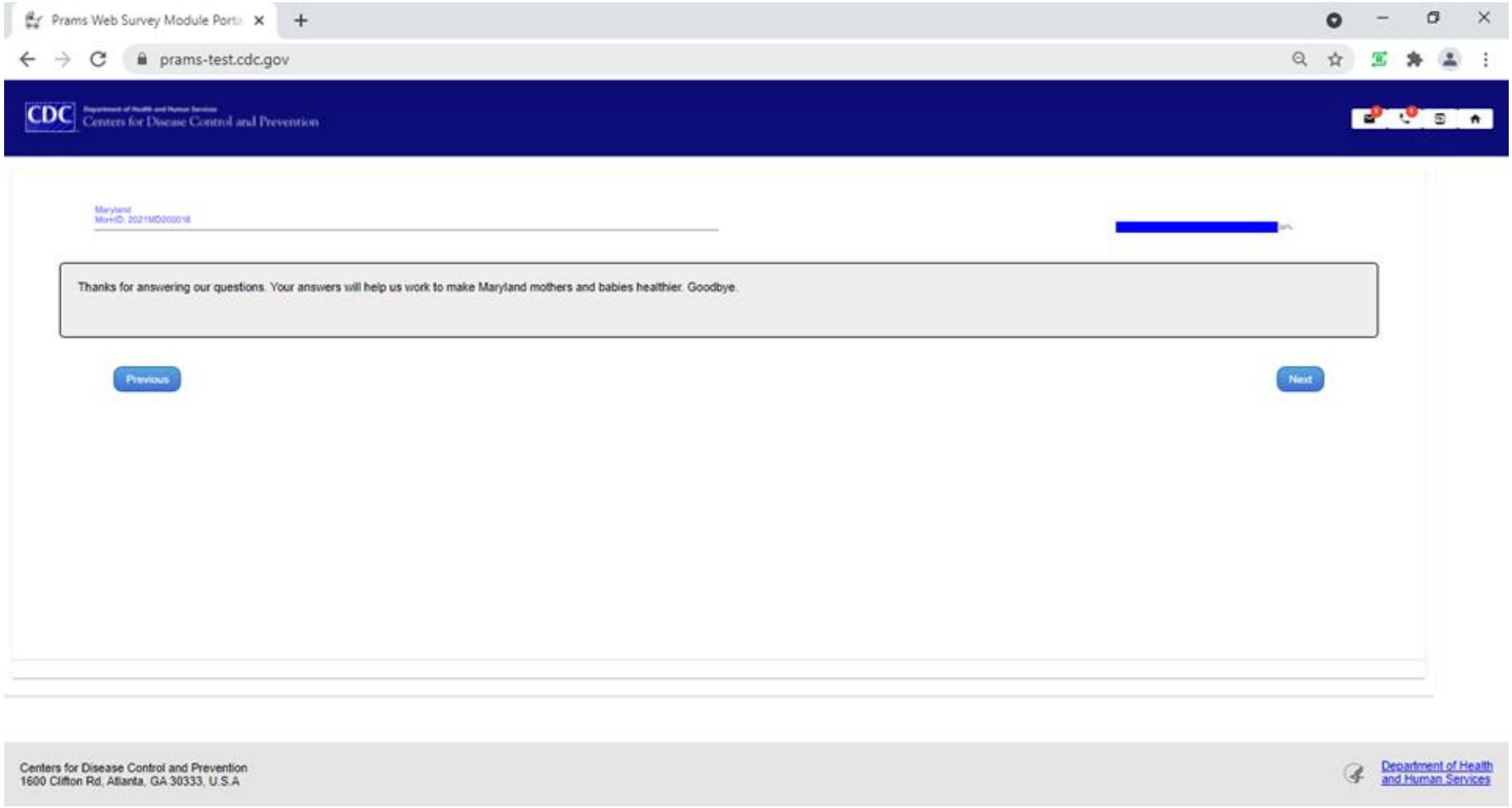
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Thanks for answering our questions. Your answers will help us work to make Maryland mothers and babies healthier. Goodbye.
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