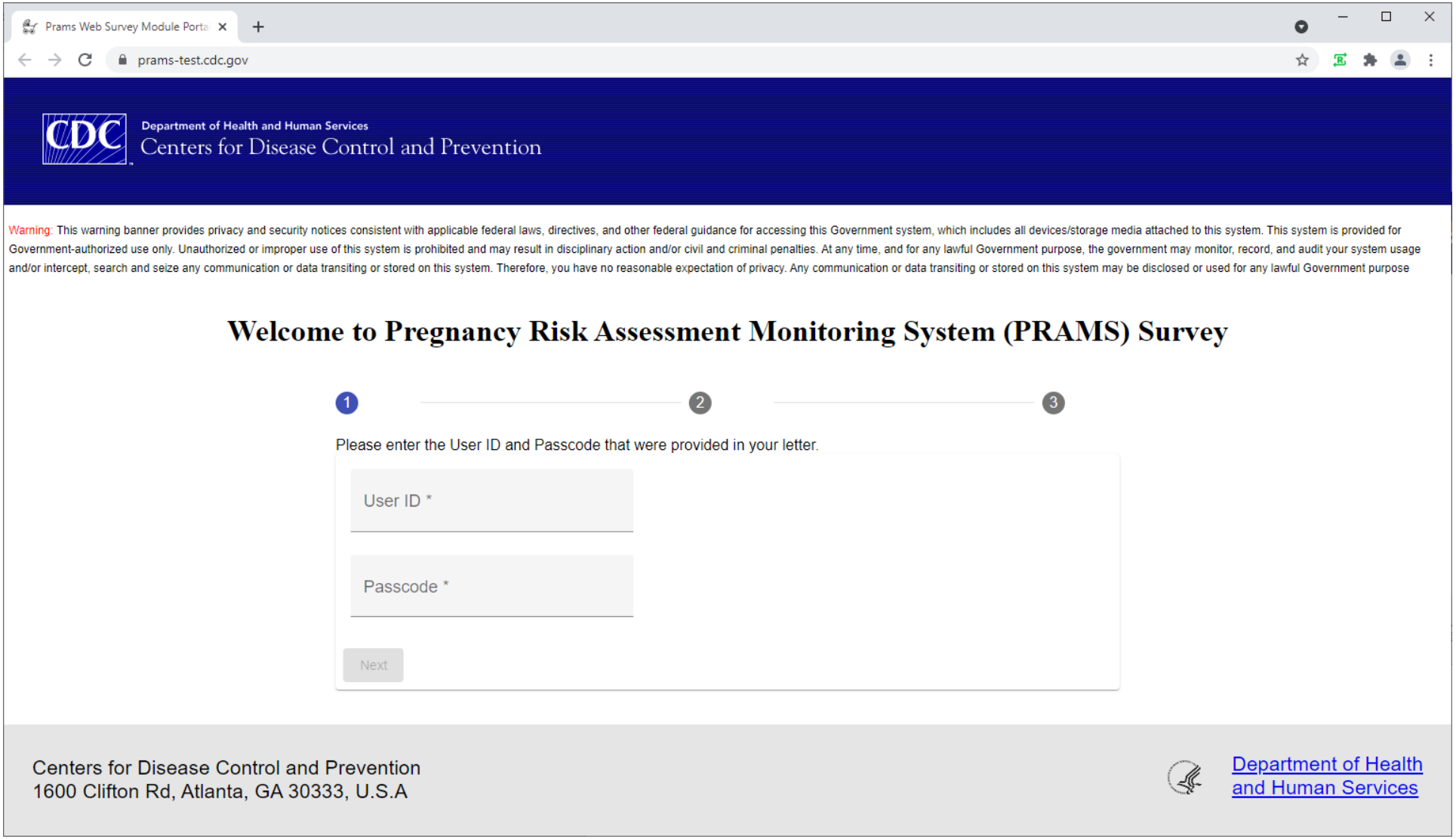
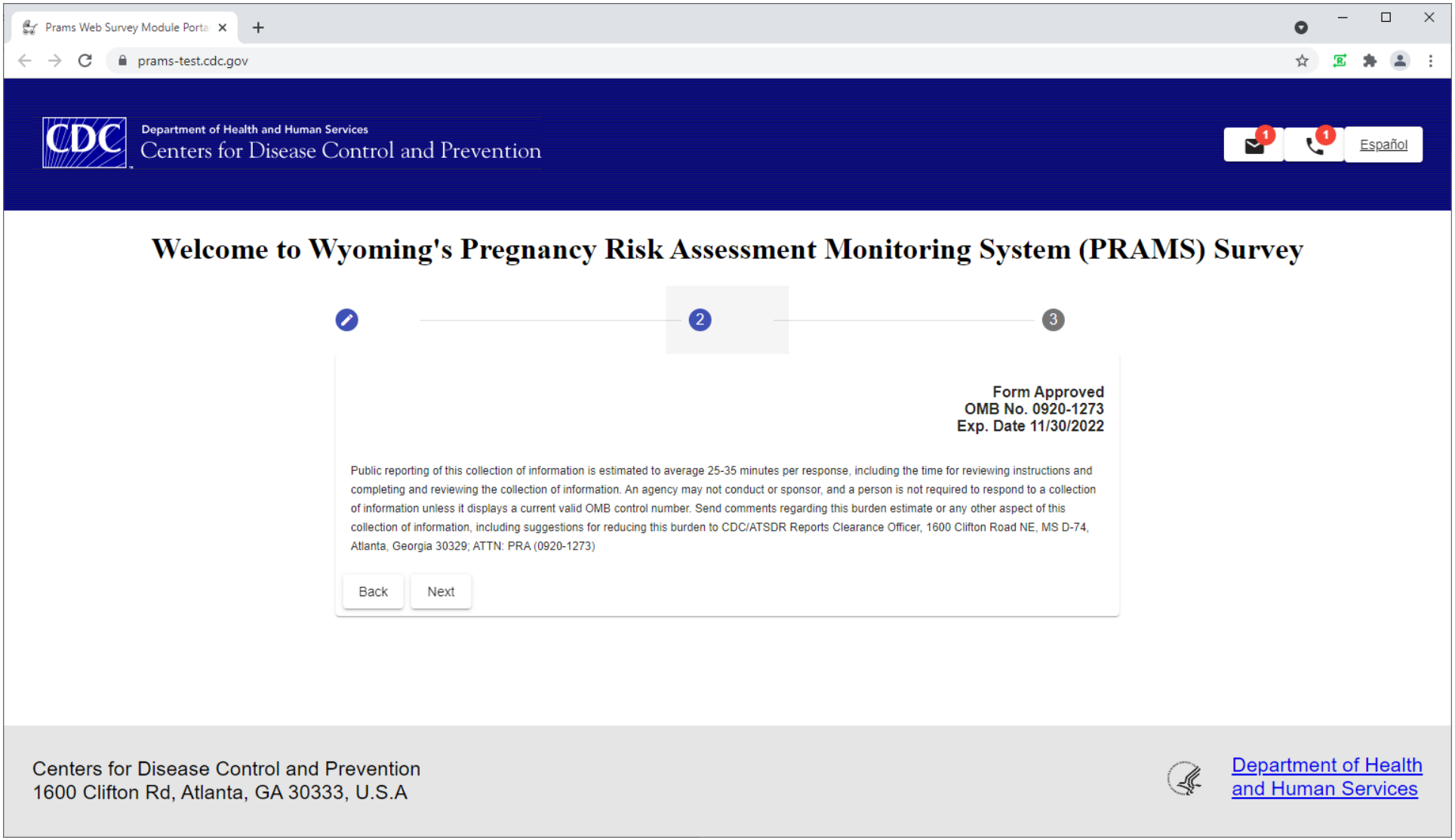
Wyoming PRAMS Grantee Web Questionnaire

In PRAMS Integrated Data Collection System [PIDS]

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Español
Welcome to Wyoming's Pregnancy Risk Assessment Monitoring System (PRAMS) Survey
2
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Form Approved
OMB No. 0920-1273
Exp. Date 11/30/2022
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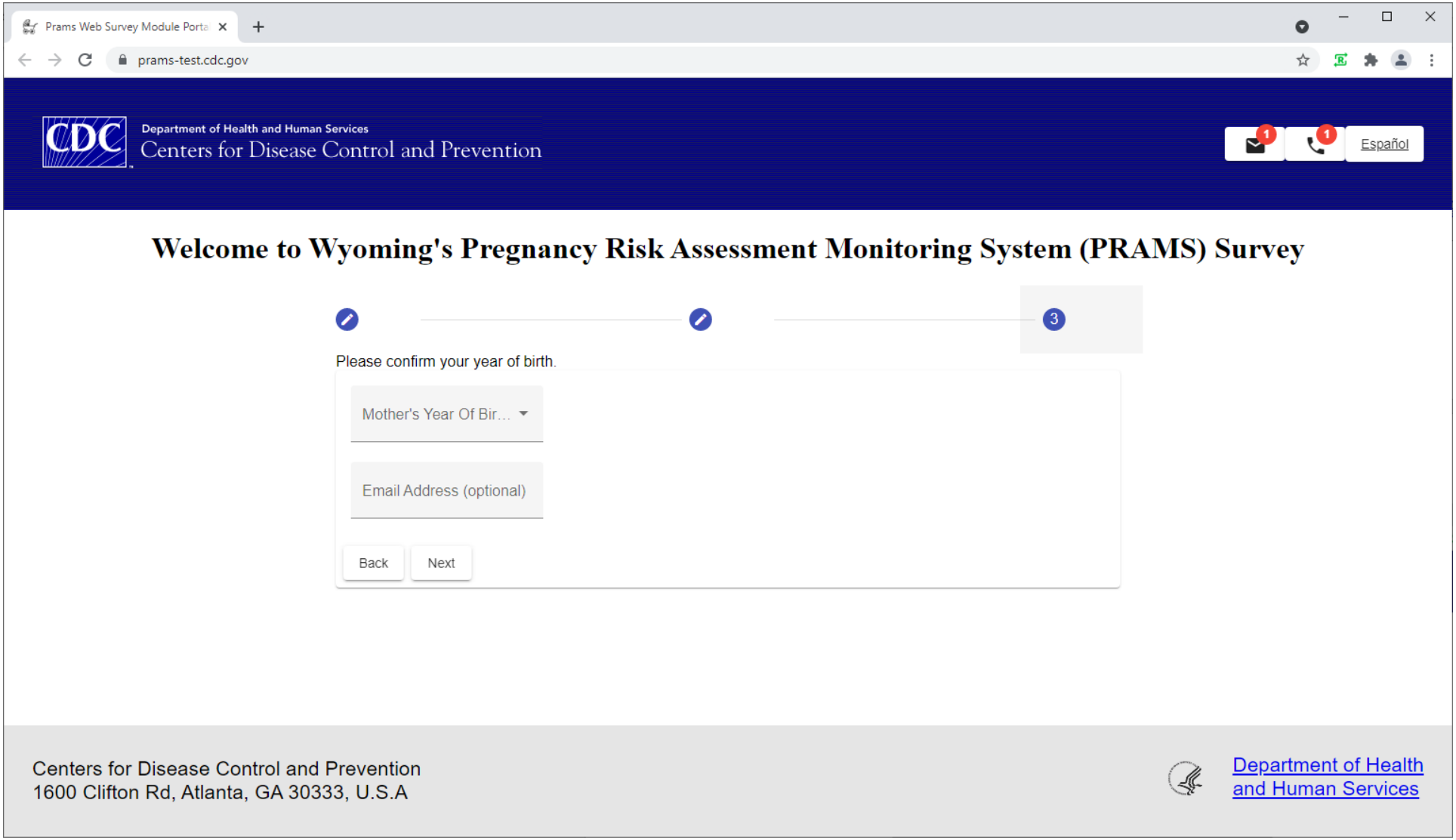
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Please confirm your year of birth.
Mother's Year Of Bir...
Email Address (optional)
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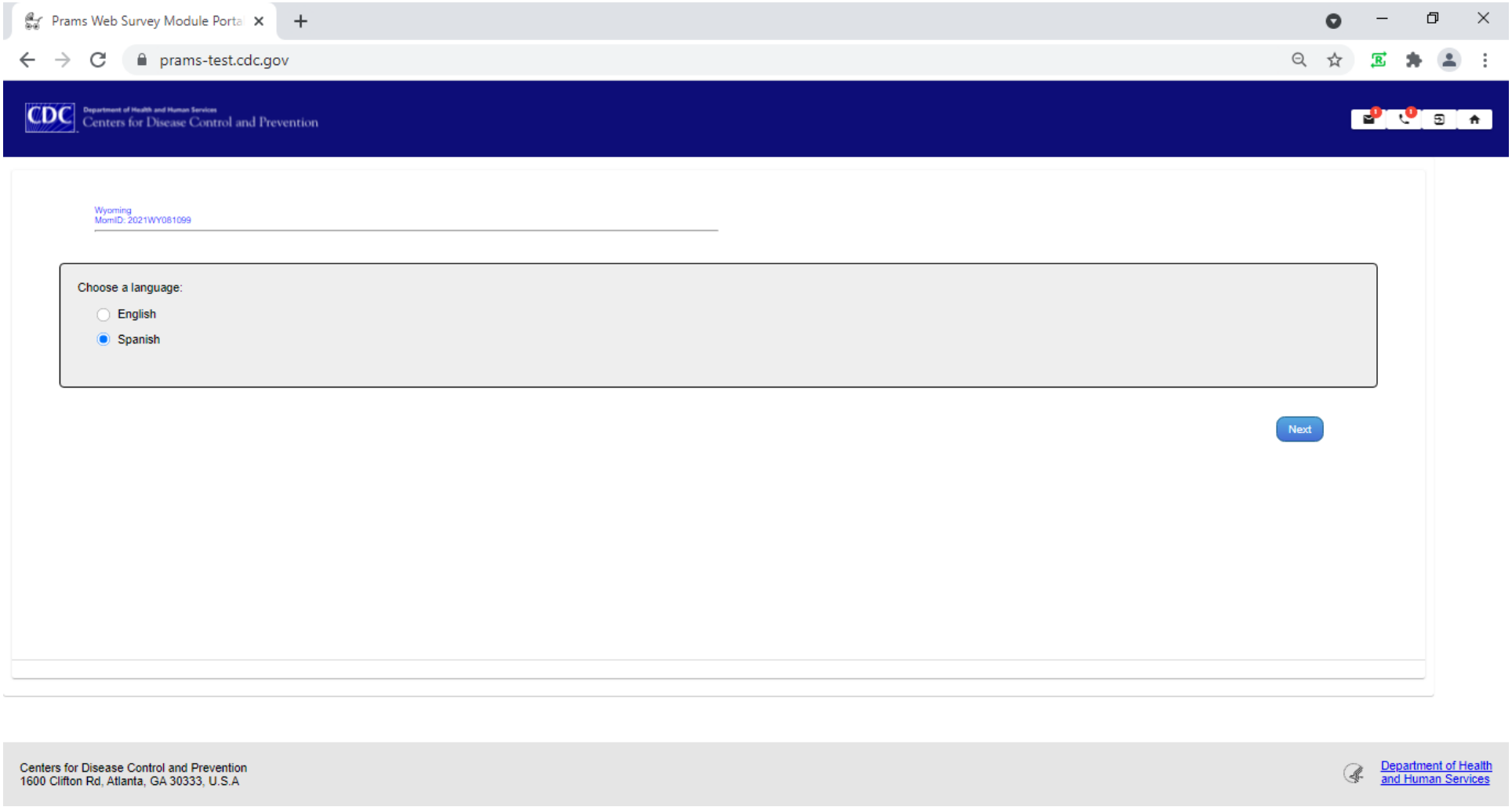
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Wyoming
MomID: 2021WY061099
Choose a language:
English
Spanish
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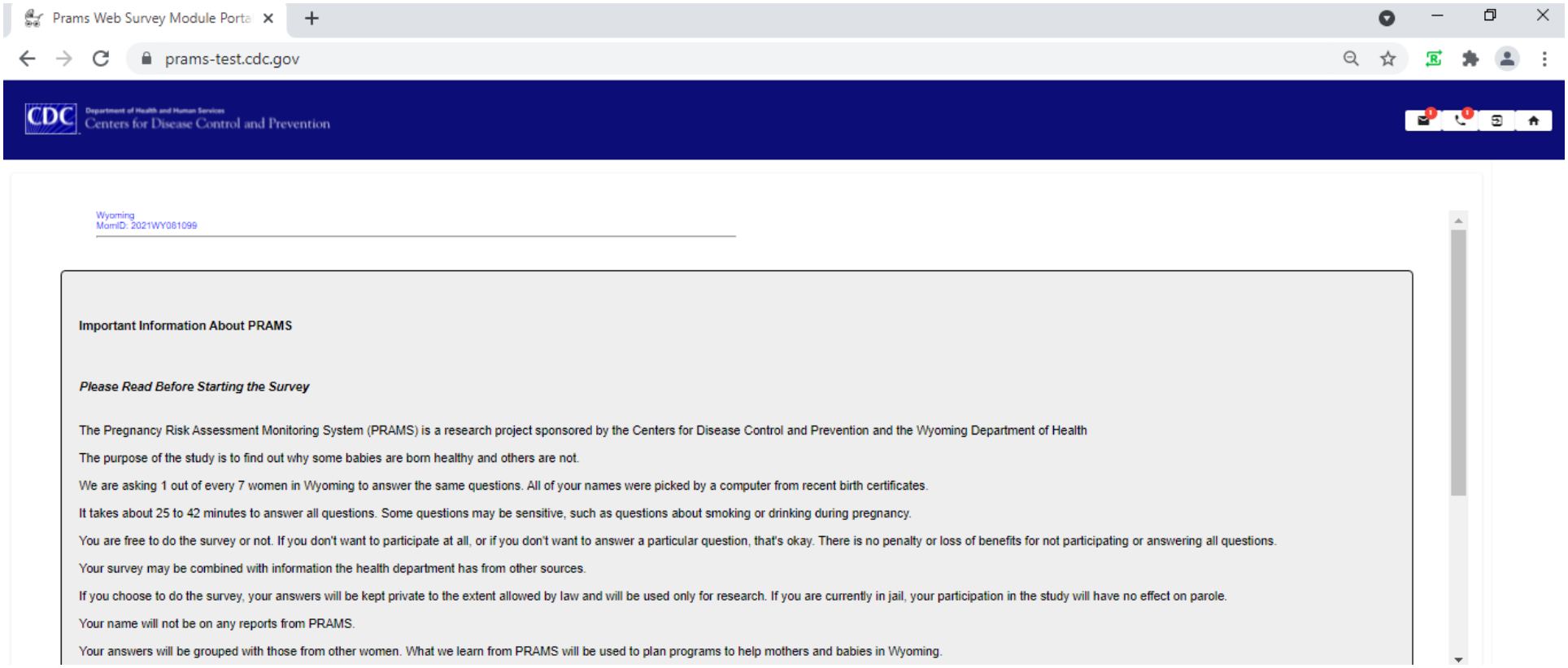
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MomID: 2021WY081099
Important Information About PRAMS
Please Read Before Starting the Survey
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the Wyoming Department of Health
The purpose of the study is to find out why some babies are born healthy and others are not.
We are asking 1 out of every 7 women in Wyoming to answer the same questions. All of your names were picked by a computer from recent birth certificates.
It takes about 25 to 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 to the extent allowed by law and will be used only for research. 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 Wyoming.

If you have any questions about your rights in the project, please call Amy Spieker at 307-777-5825.

If you have questions about PRAMS, please call 307-777-5825.

If you want to complete the survey by telephone, please call 1-855-822-1778. The call is free.

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

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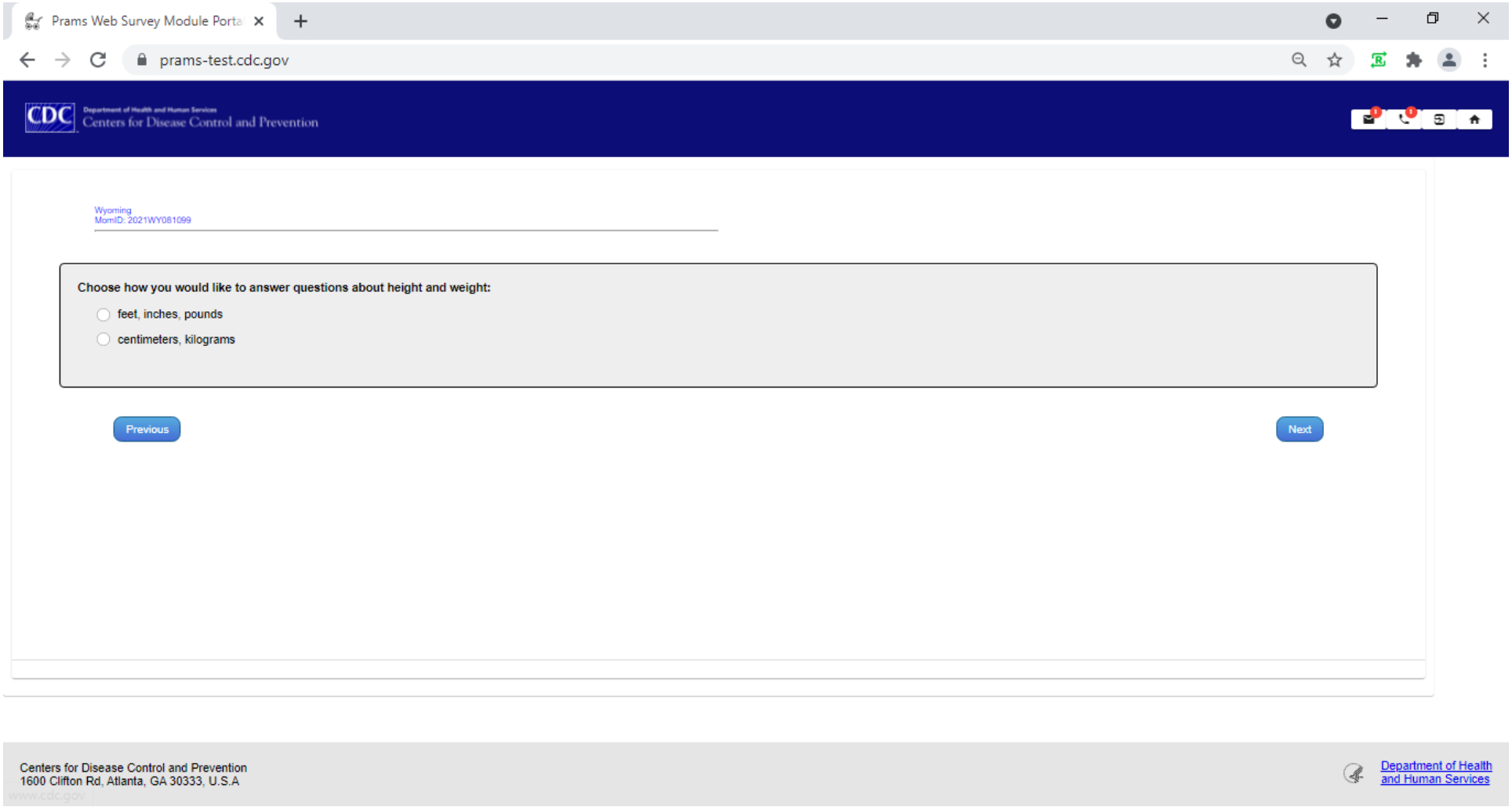
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Choose how you would like to answer questions about height and weight:
feet, inches, pounds
centimeters, kilograms
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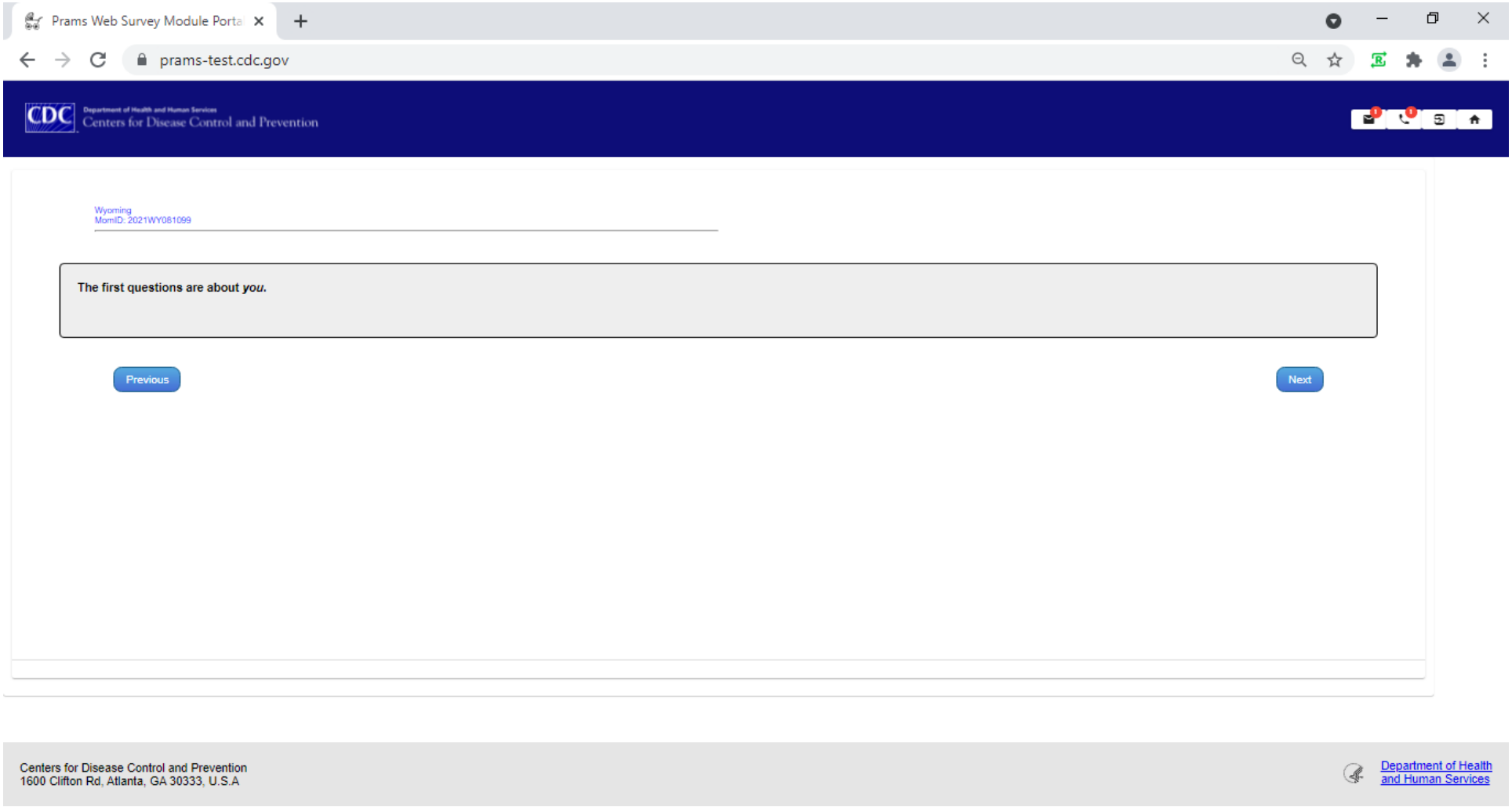
www.cdc.gov
Department of Health and Human Services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The first questions are about you.
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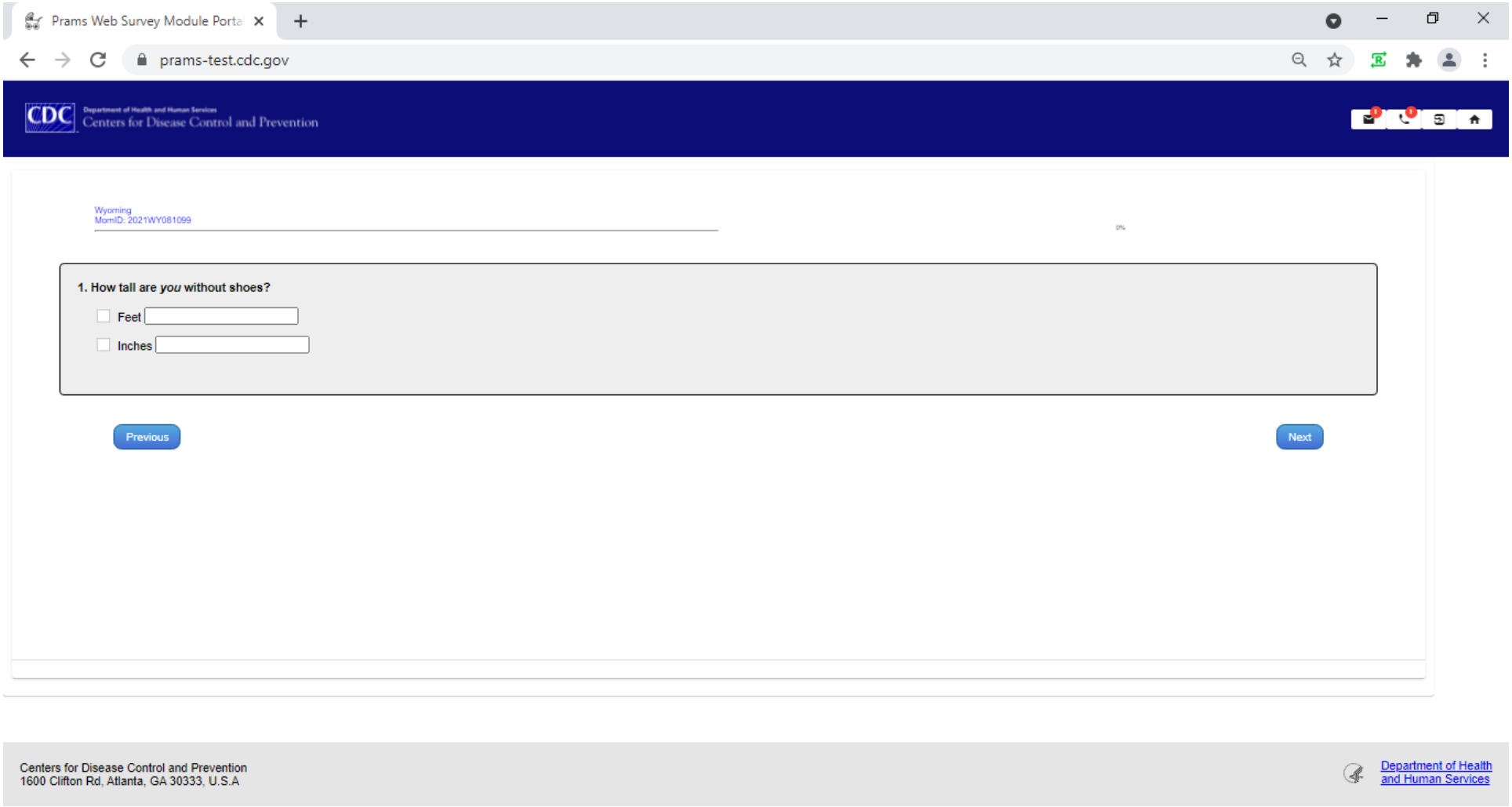
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Wyoming
MomID: 2021WY061099
0%
1. How tall are you without shoes?
Feet
Inches
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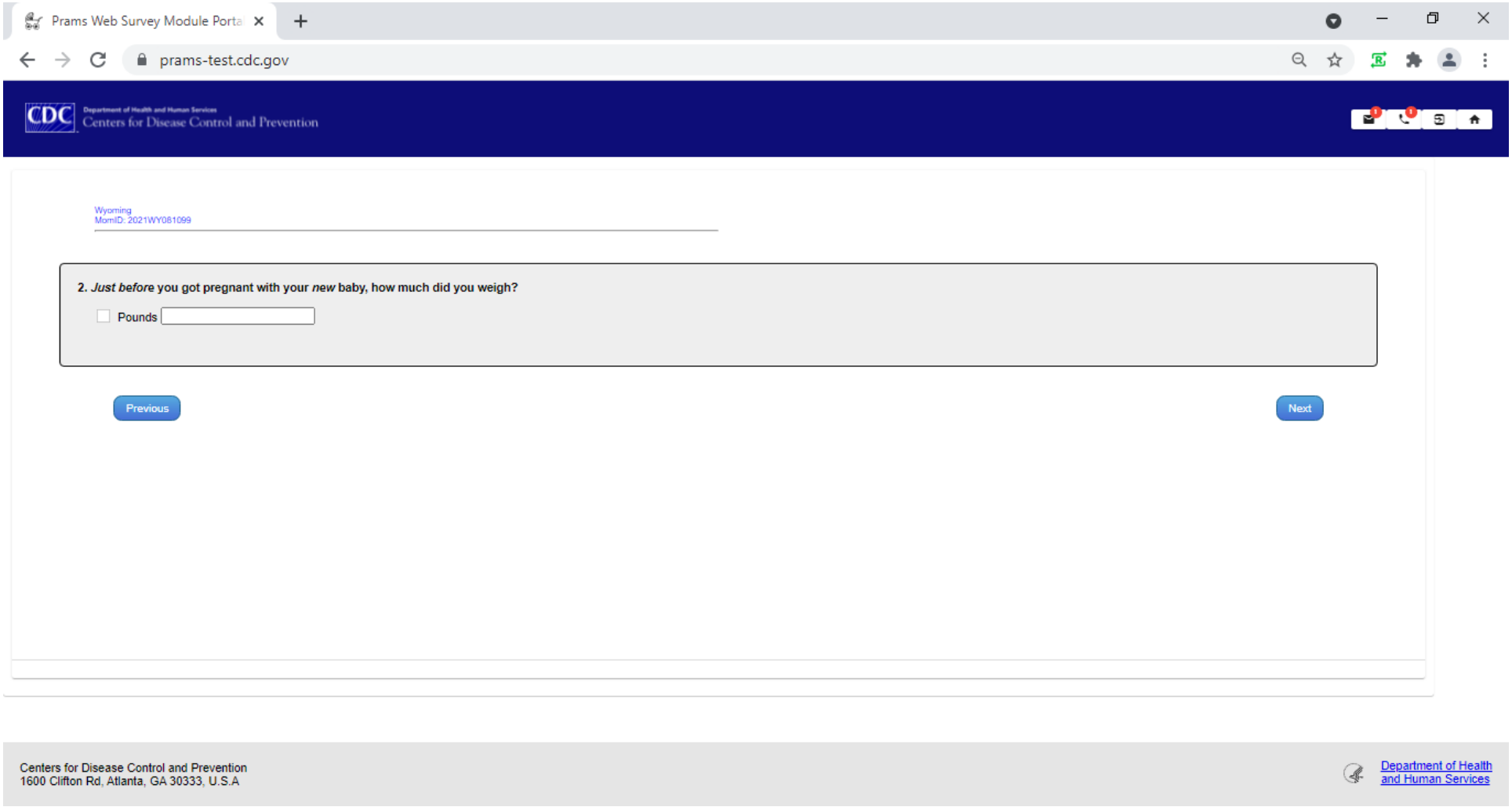
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2. Just before you got pregnant with your new baby, how much did you weigh?
Pounds
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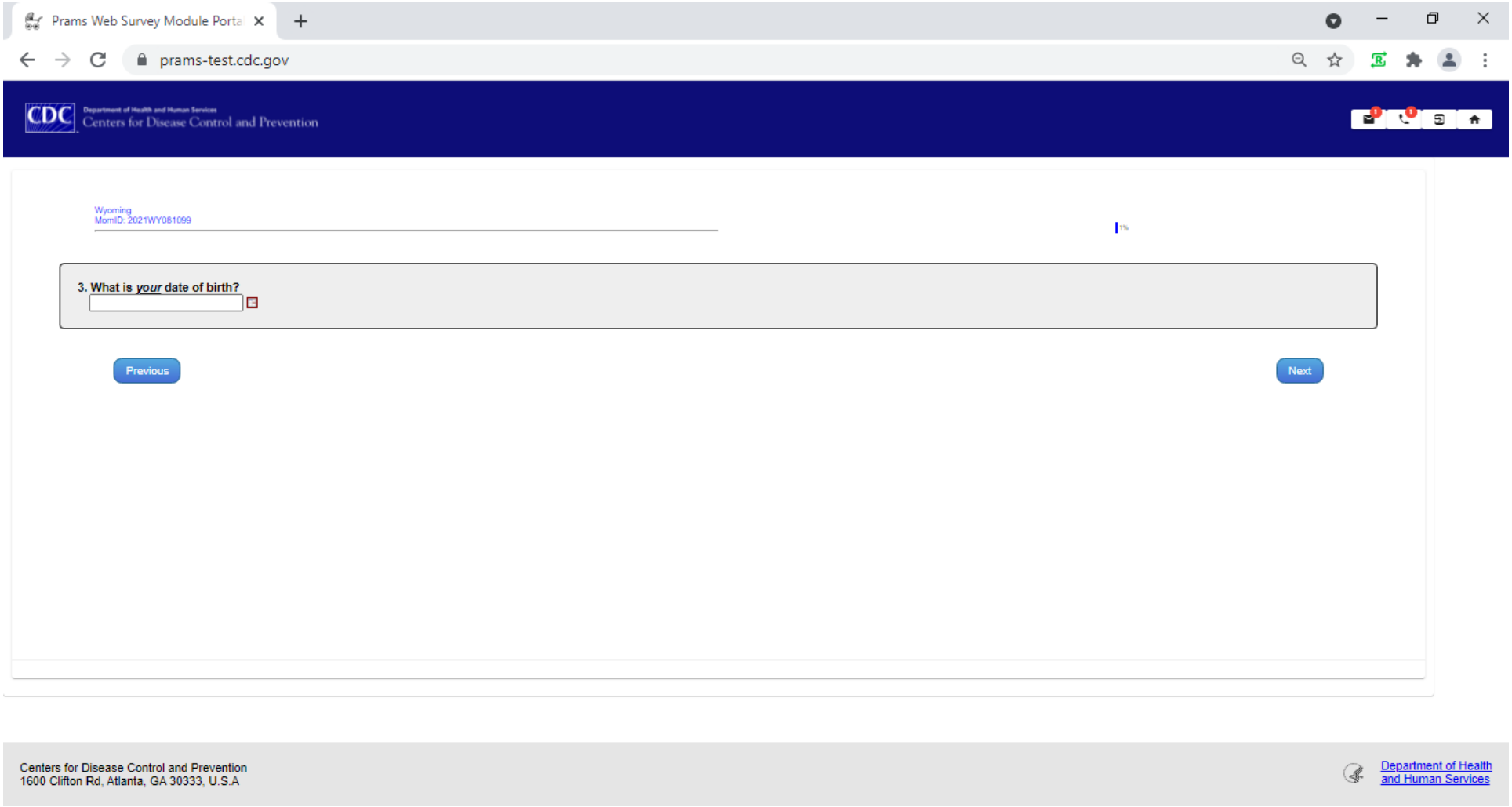
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3. What is your date of birth?
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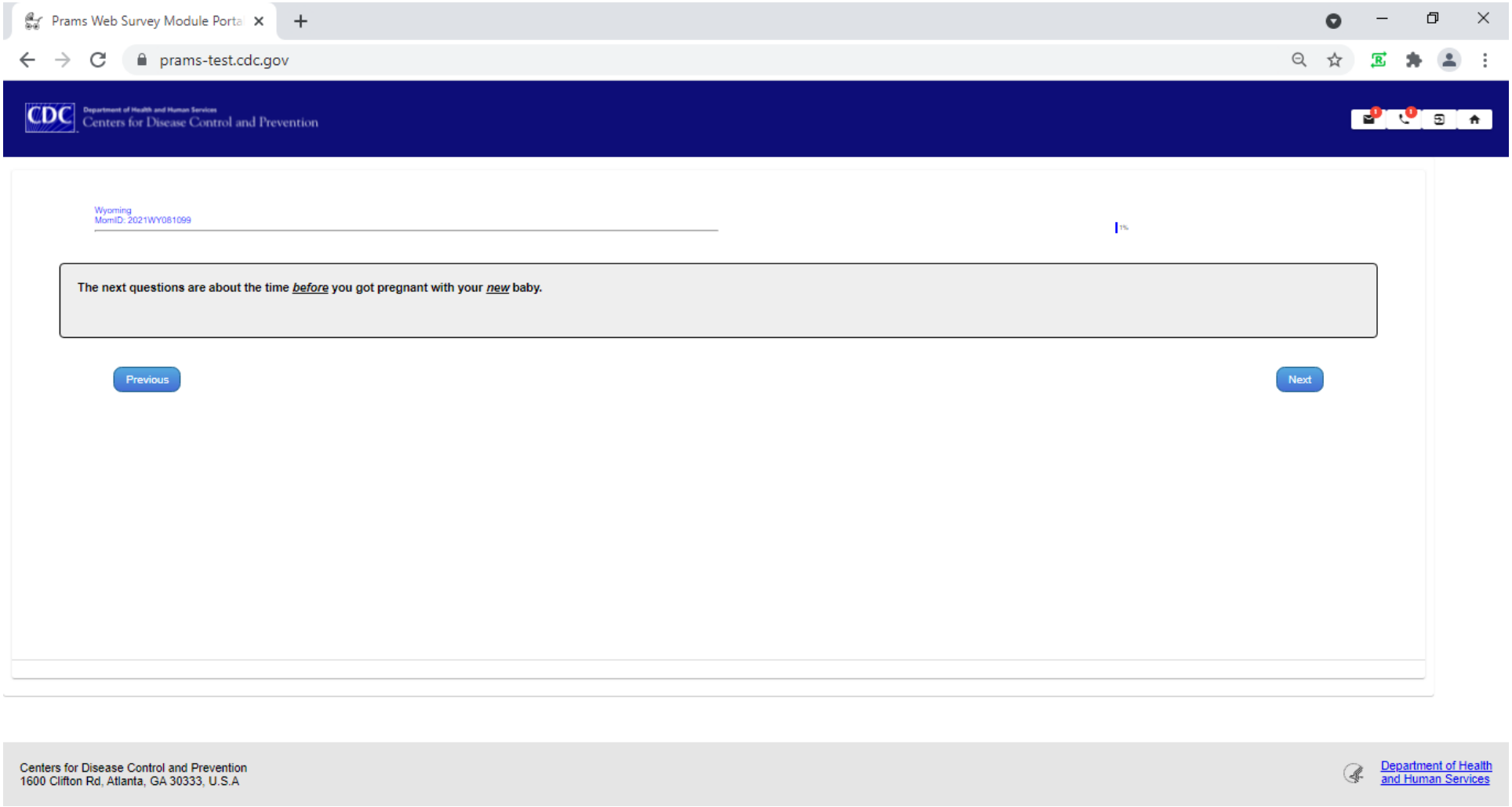
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The next questions are about the time before you got pregnant with your new baby.
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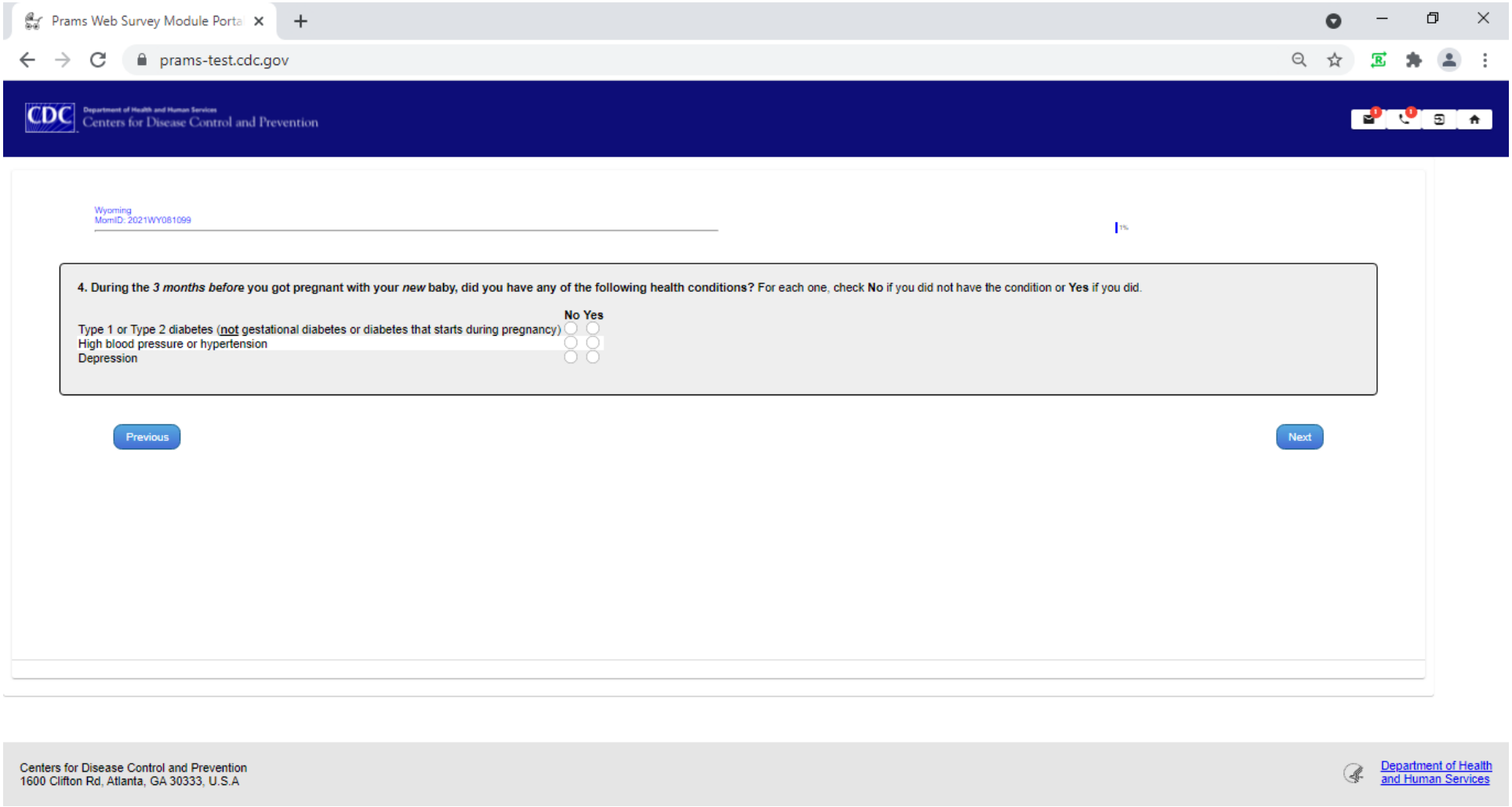
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4. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
No Yes
Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)
High blood pressure or hypertension
Depression
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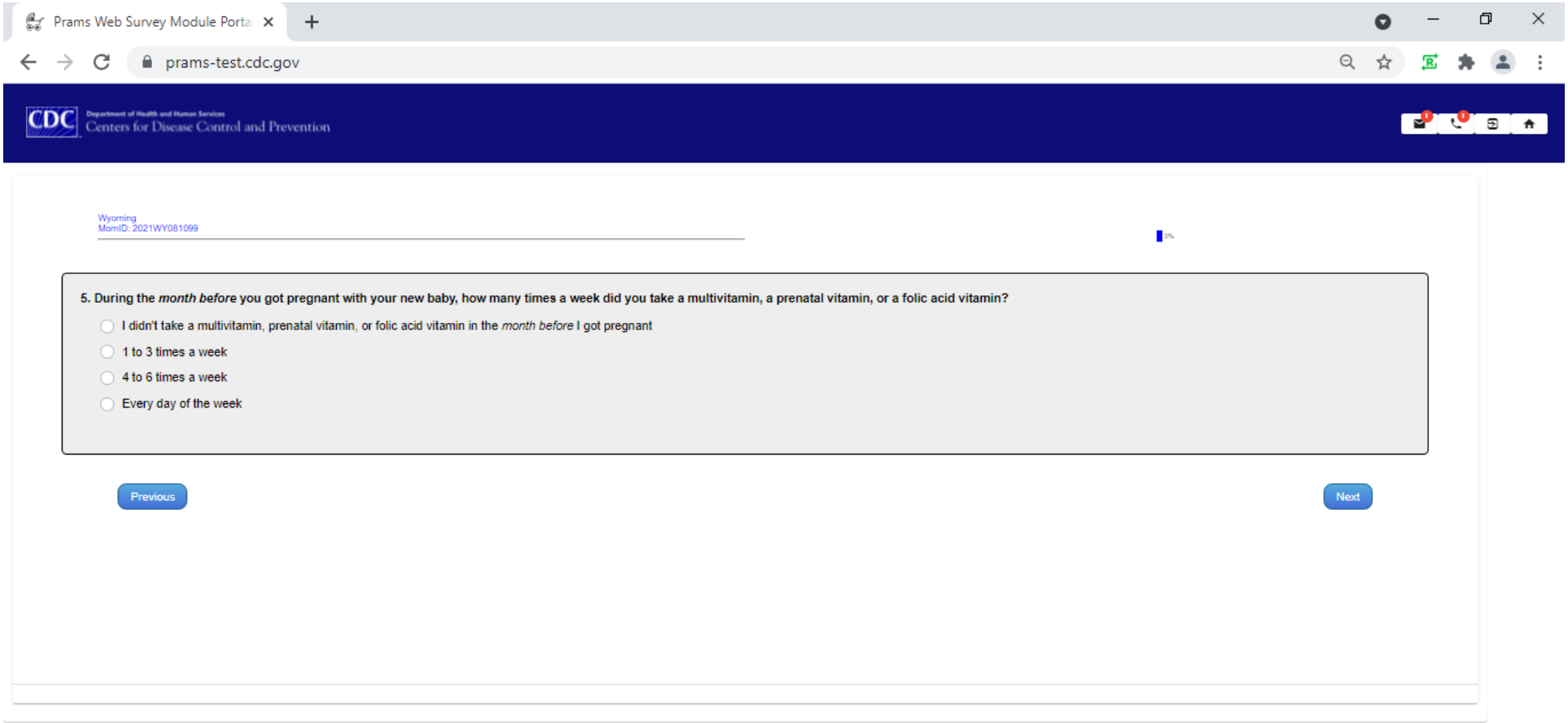
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1%
5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the *month 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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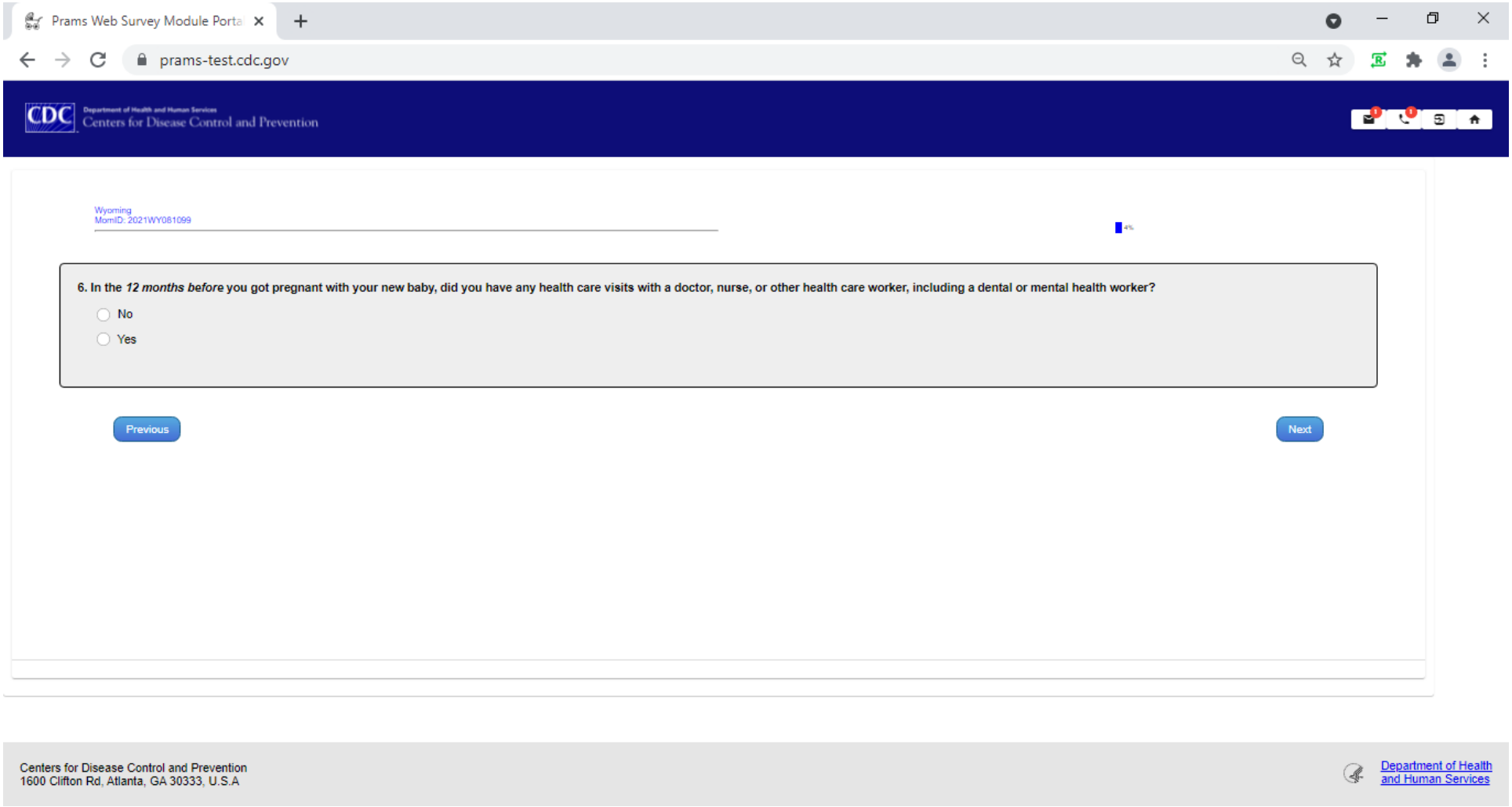
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4%
6. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
No
Yes
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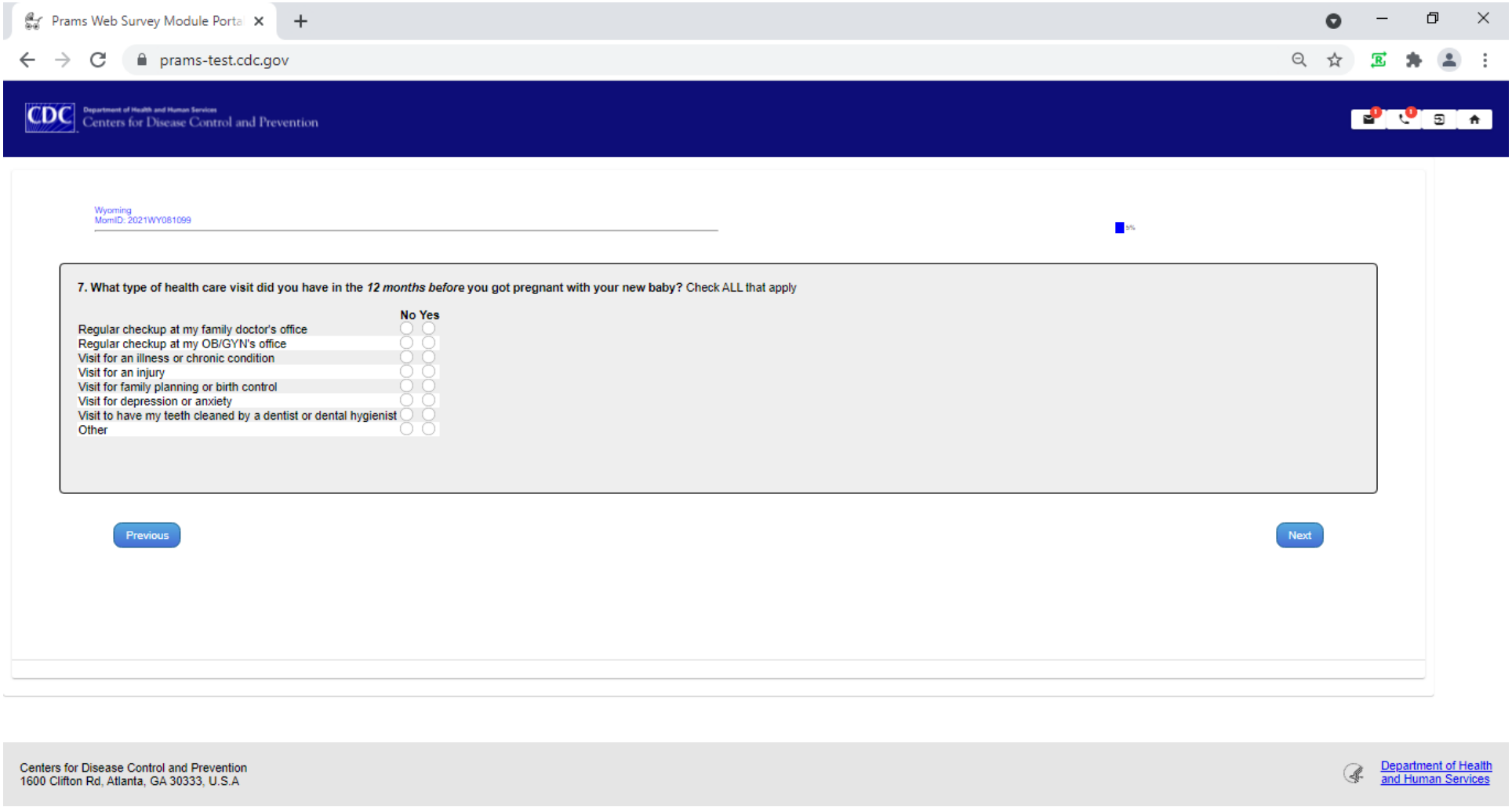
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5%
7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply
No Yes
Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic 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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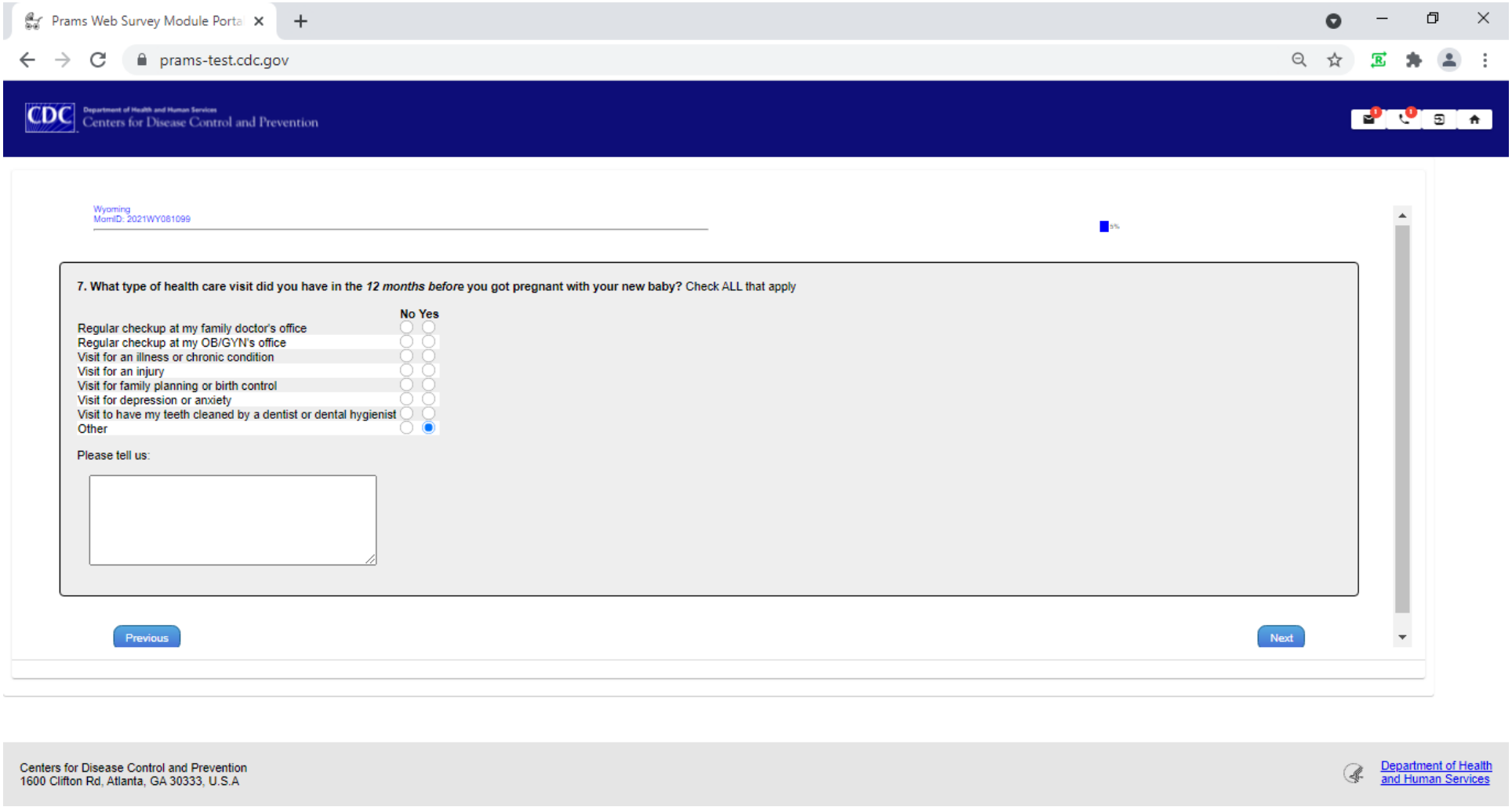
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7. What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply
No Yes
Regular checkup at my family doctor's office
Regular checkup at my OB/GYN's office
Visit for an illness or chronic 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
Please tell us:
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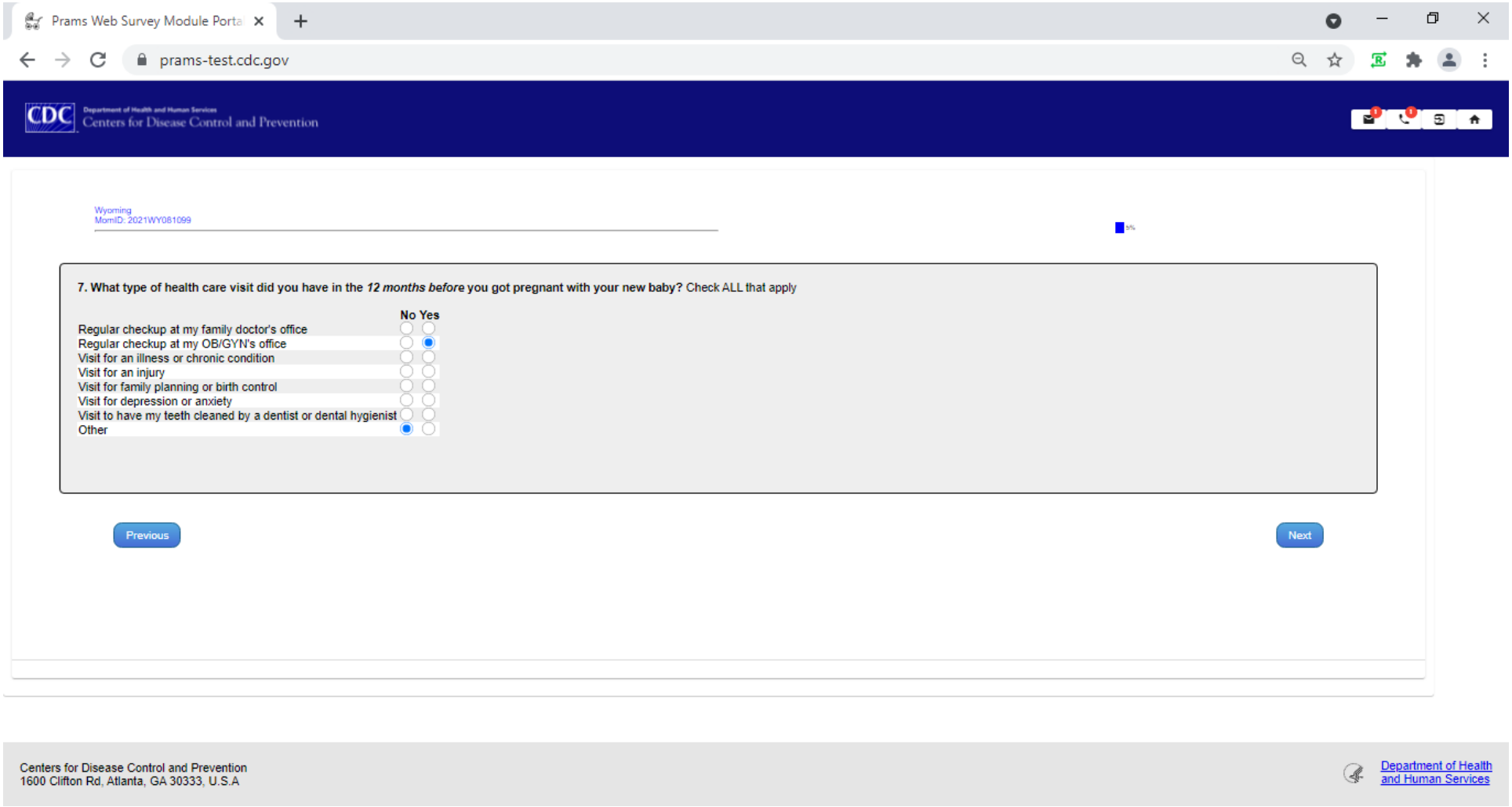
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MomID: 2021WY081099
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Regular checkup at my OB/GYN's office
Visit for an illness or chronic condition
Visit for an injury
Visit for family planning or birth control
Visit for depression or anxiety
Visit to have my teeth cleaned by a dentist or dental hygienist
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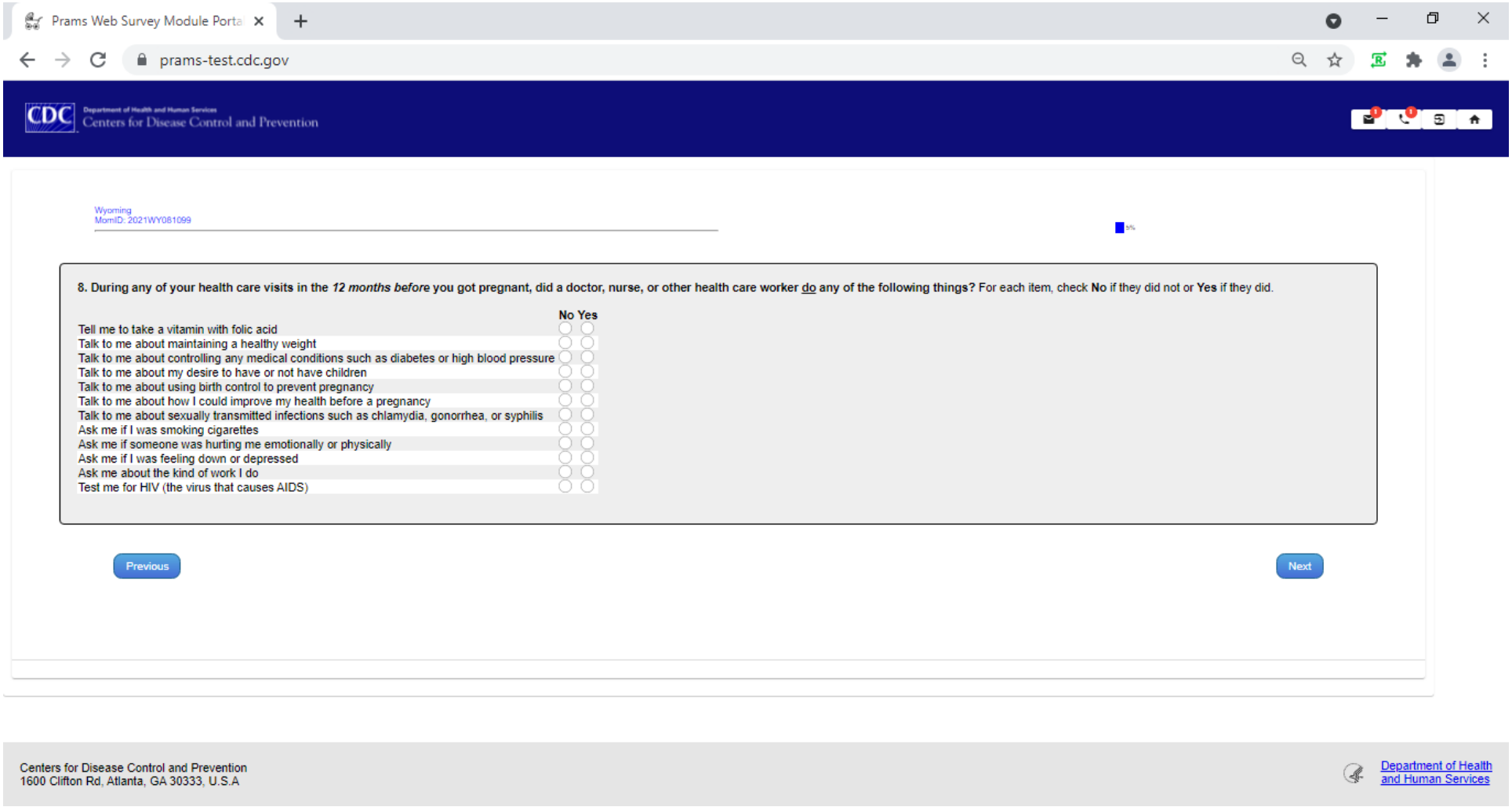
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8. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.
No Yes
Tell me to take a 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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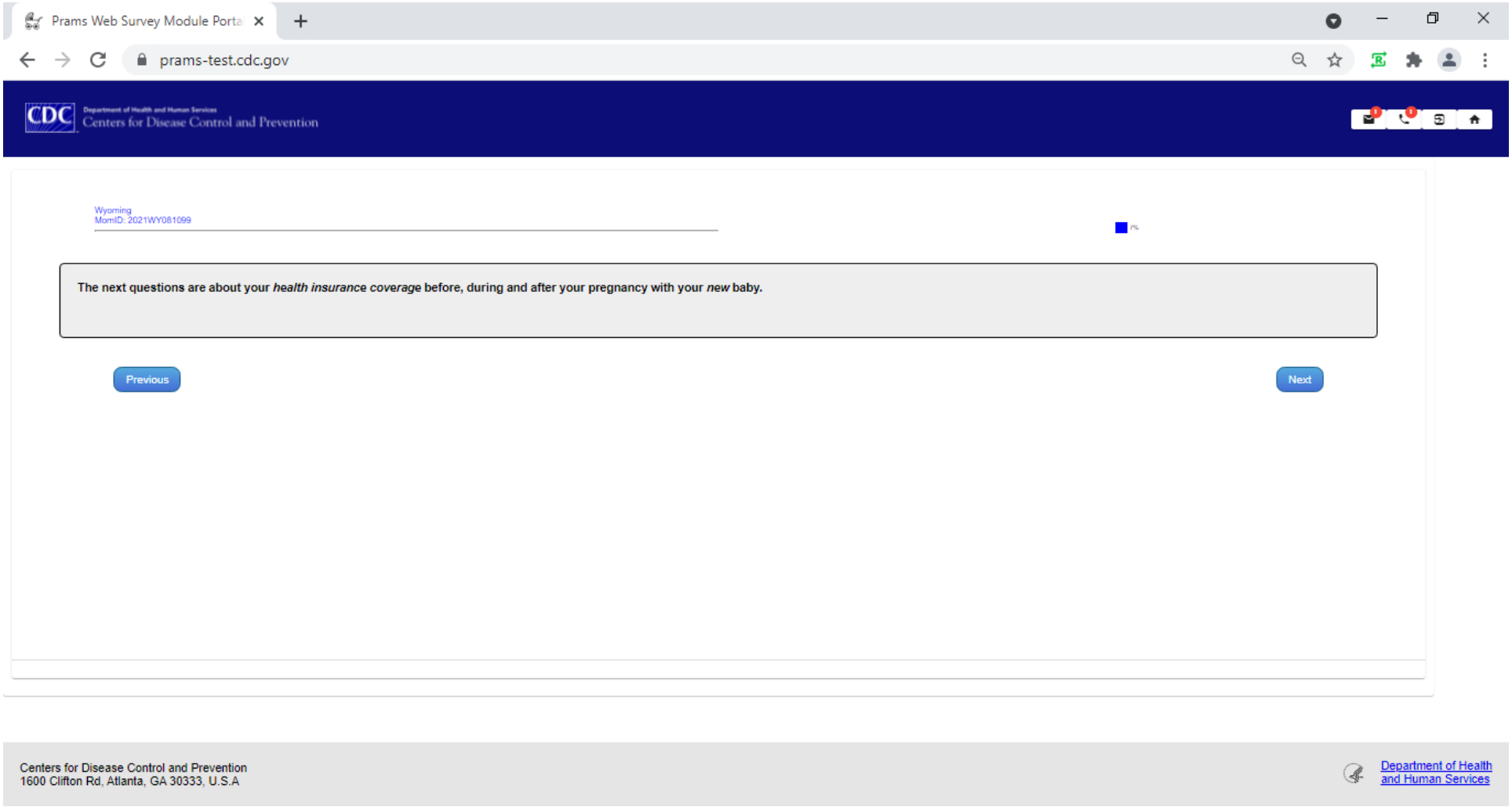
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The next questions are about your *health insurance coverage* before, during and after your pregnancy with your *new* baby.
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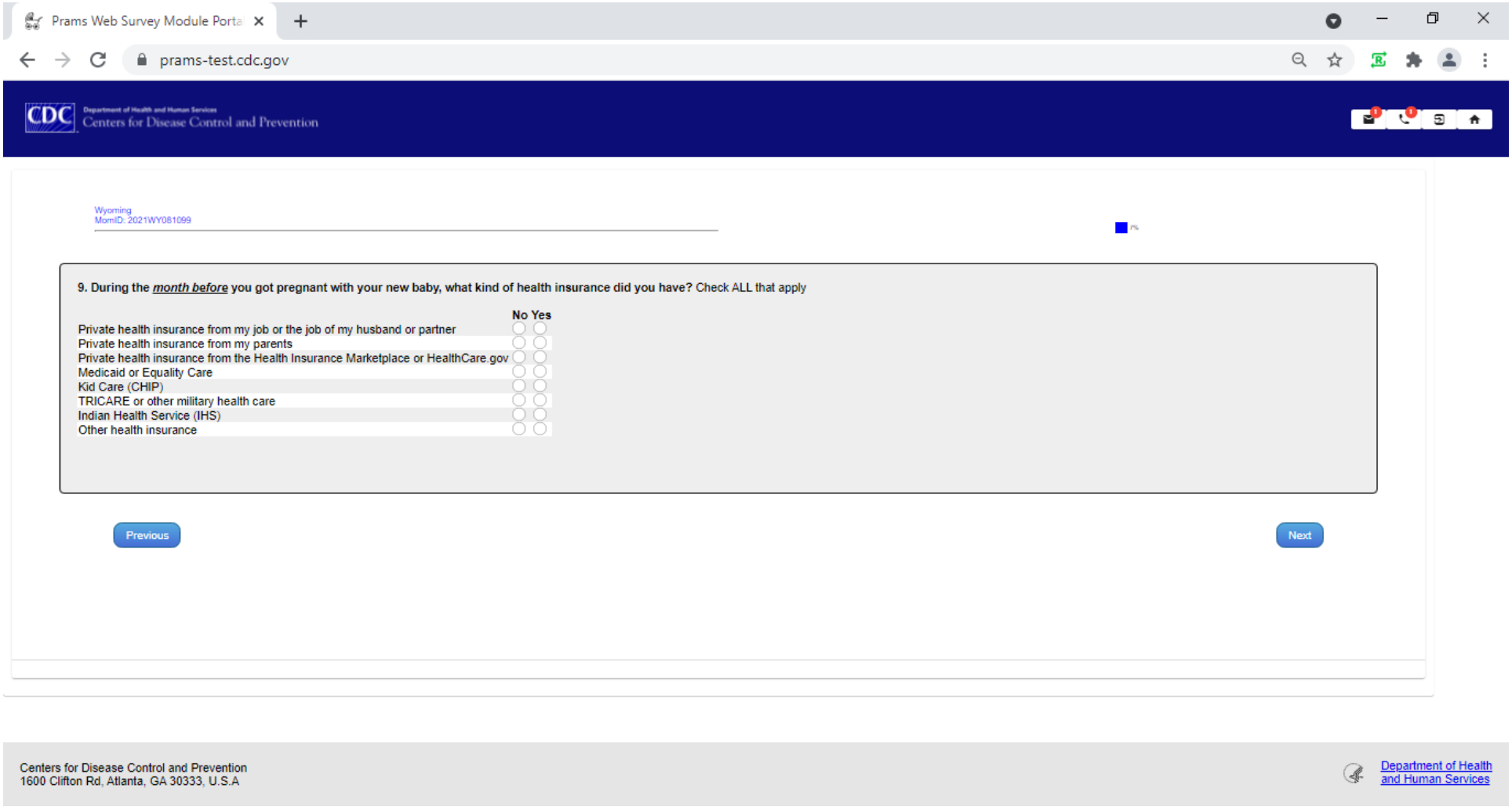
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9. During the month before you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
Indian Health Service (IHS)
Other health insurance
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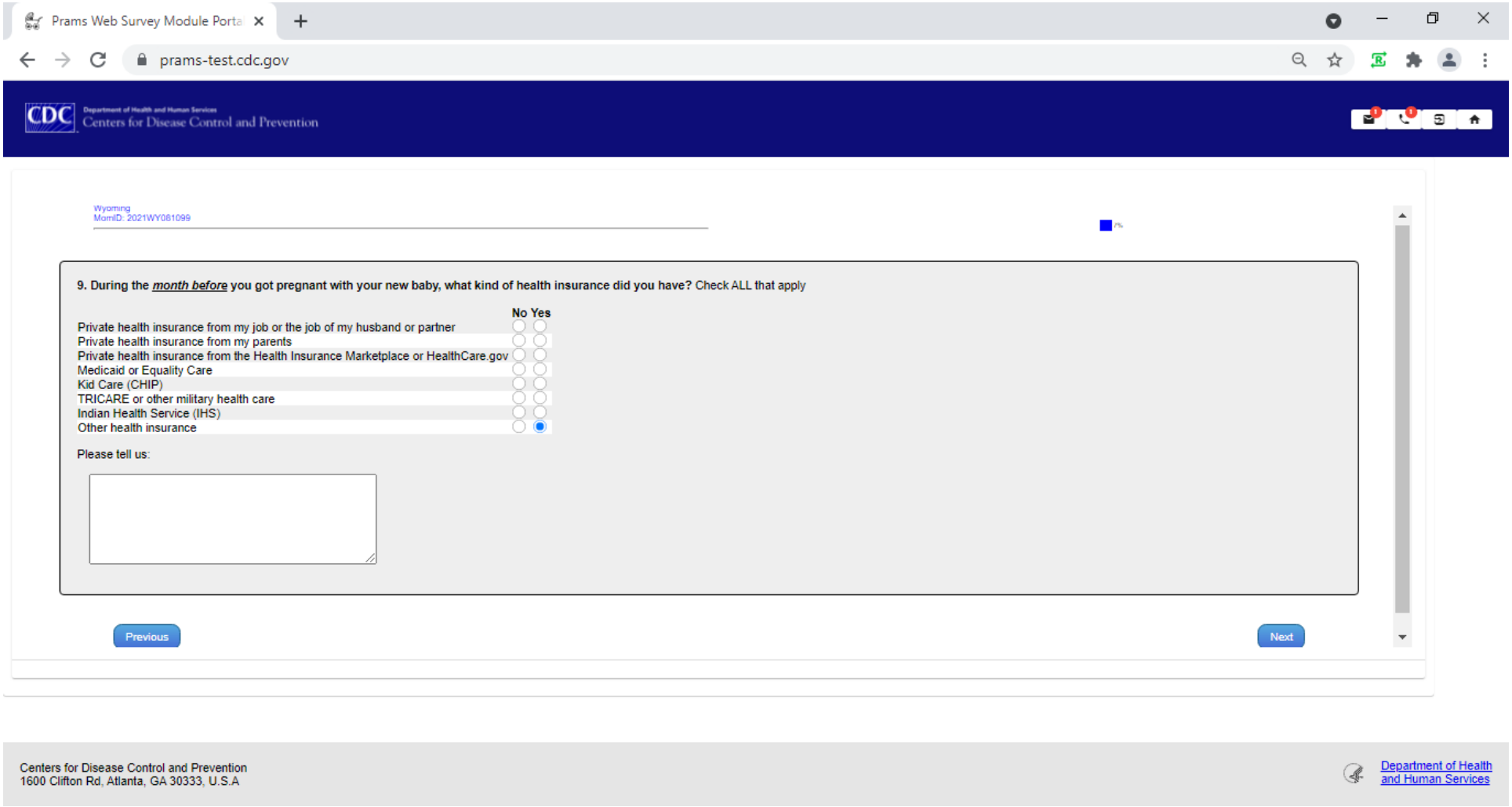
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Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
Indian Health Service (IHS)
Other health insurance
Please tell us:
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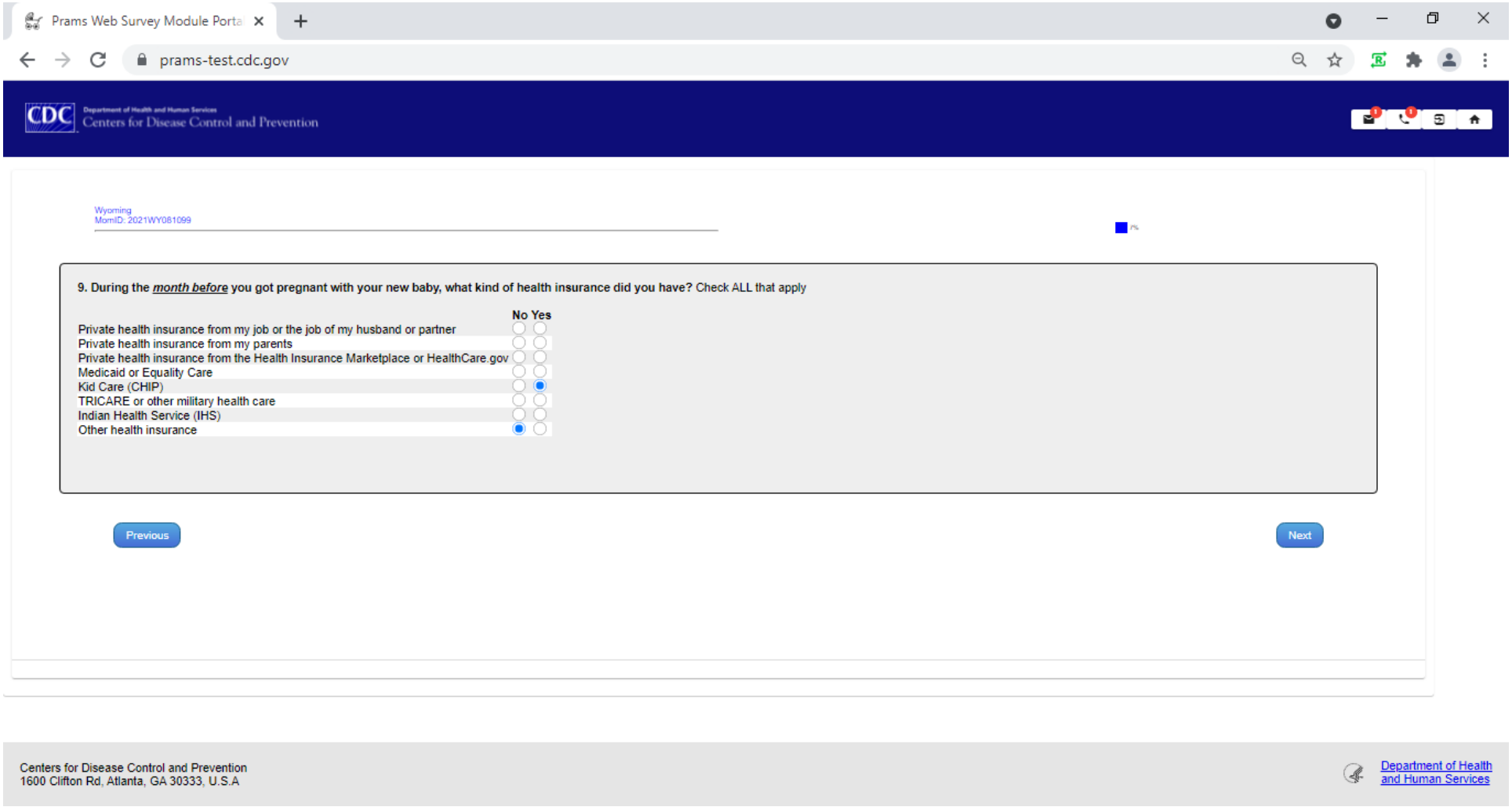
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Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
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Other health insurance
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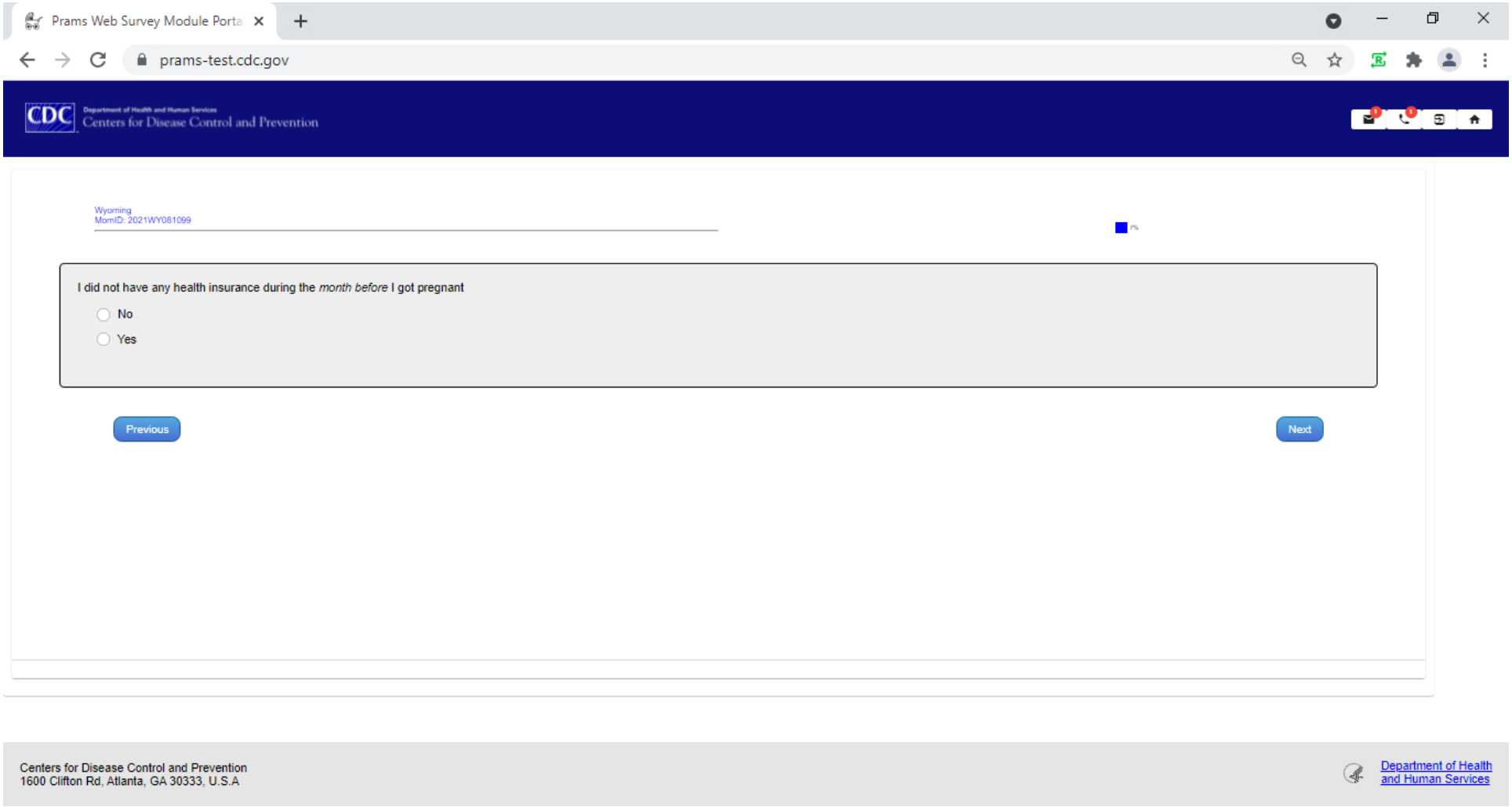
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I did not have any health insurance during the *month before* I got pregnant
No
Yes
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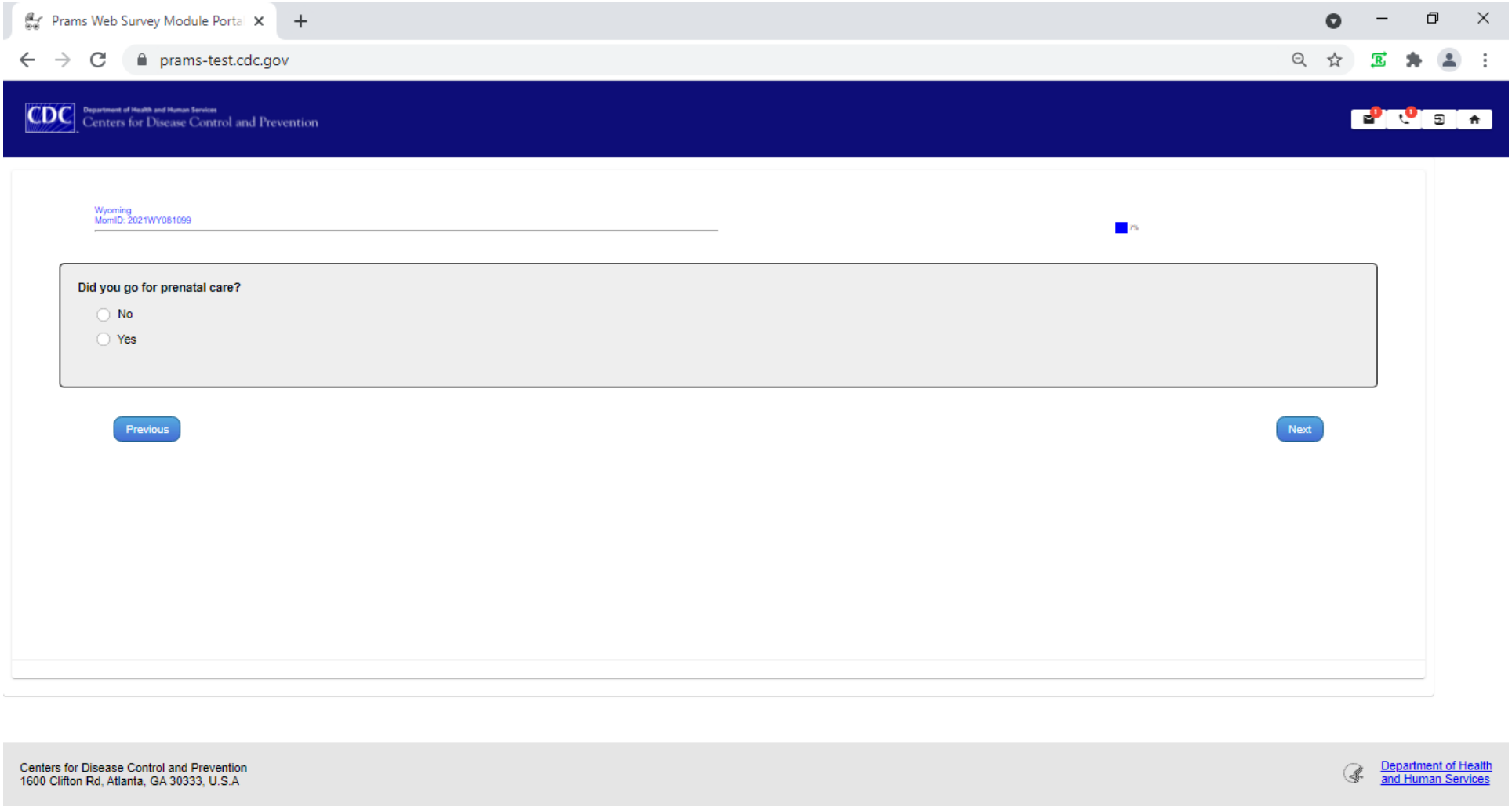
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Did you go for prenatal care?
No
Yes
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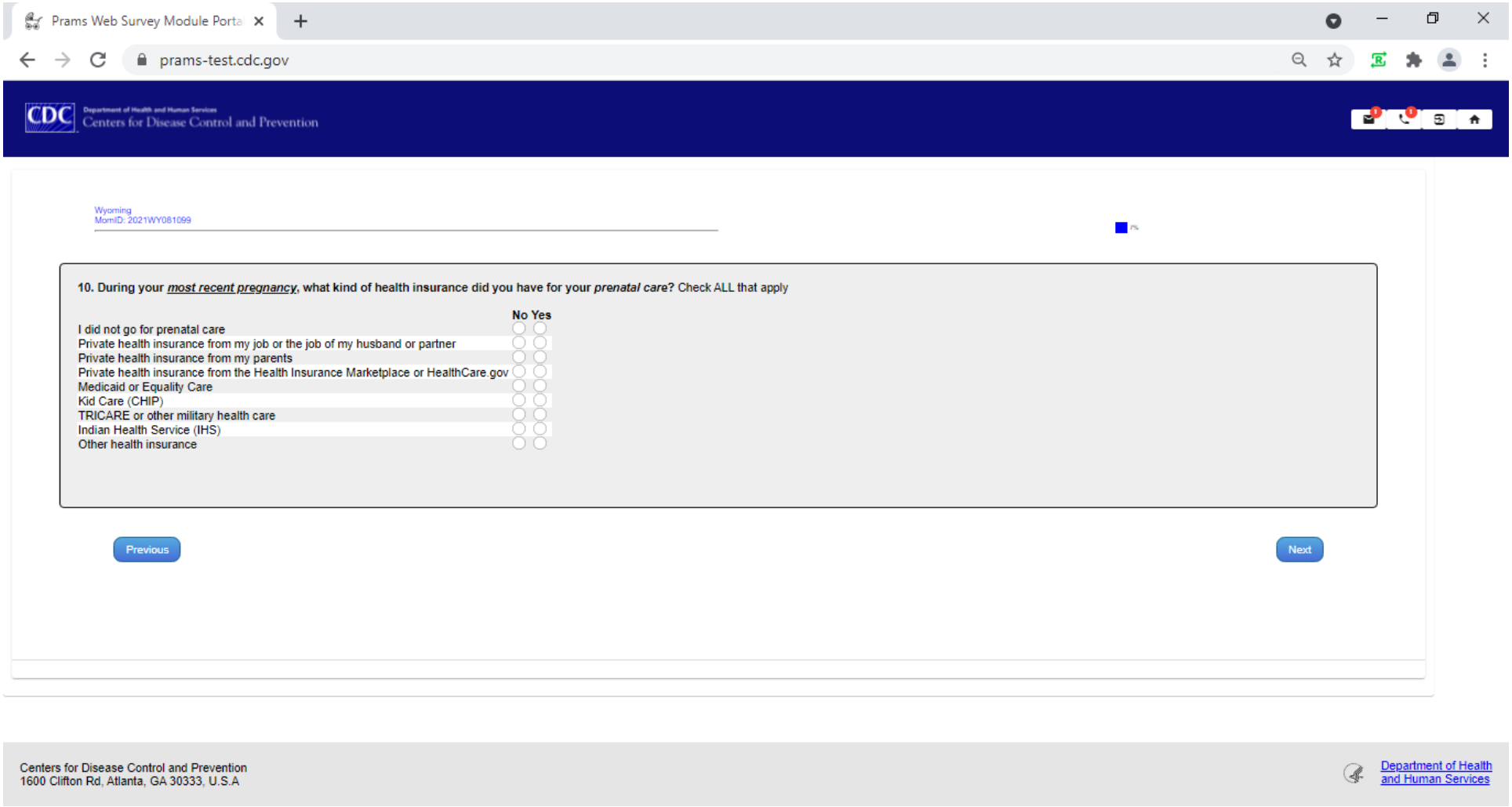
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10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
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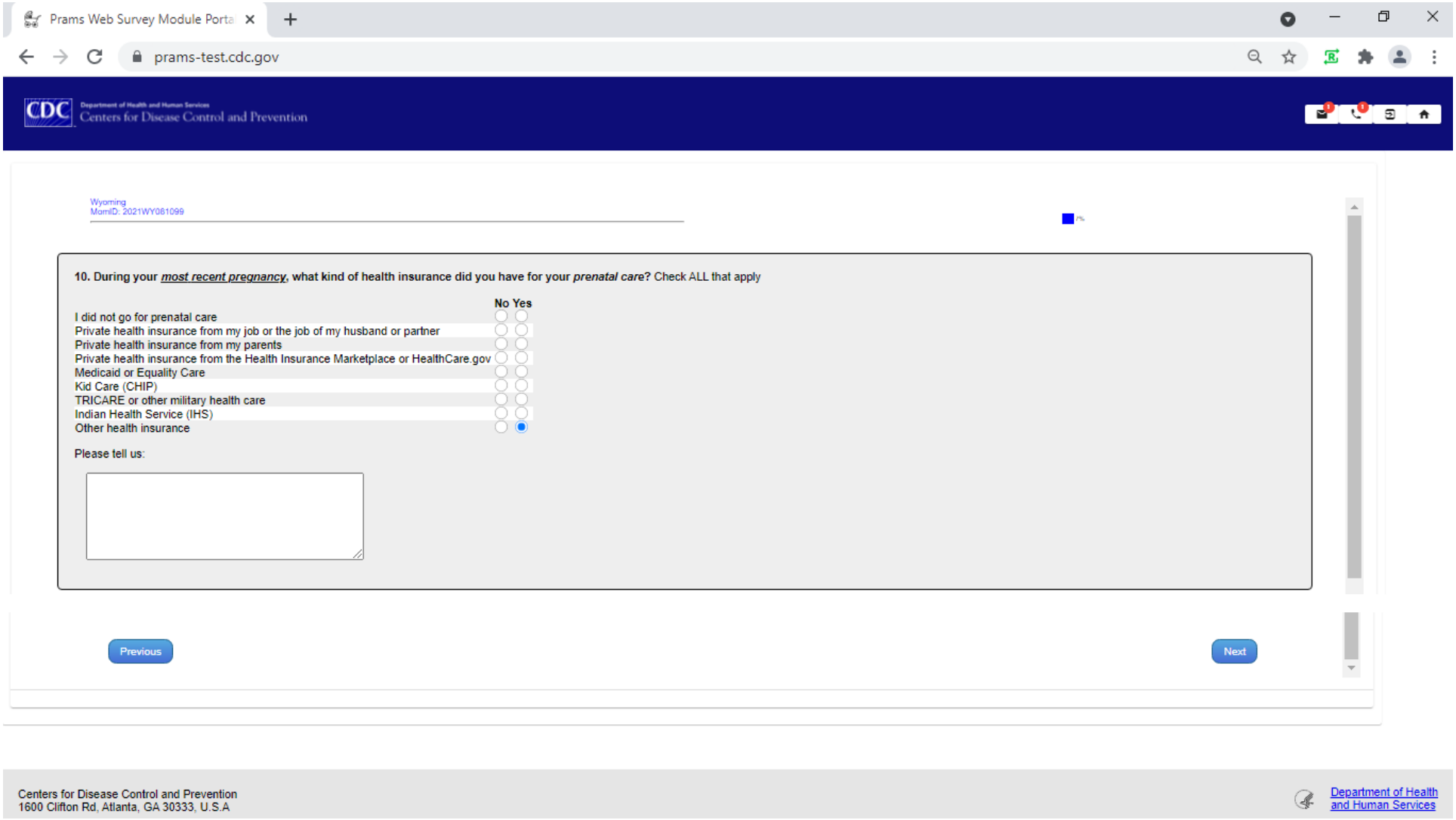
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10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
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Other health insurance
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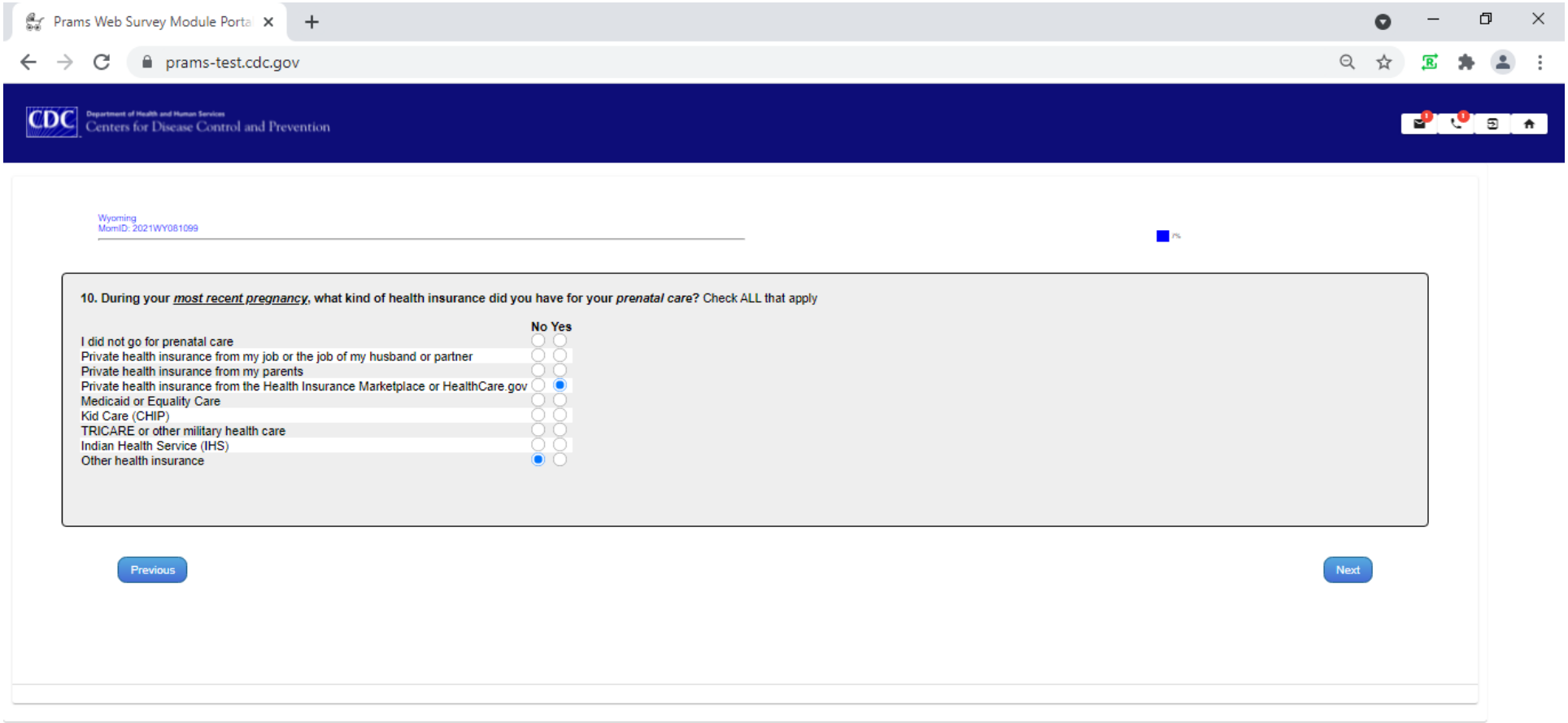
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10. During your most recent pregnancy, what kind of health insurance did you have for your prenatal care? Check ALL that apply
No Yes
I did not go for prenatal care
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
Indian Health Service (IHS)
Other health insurance
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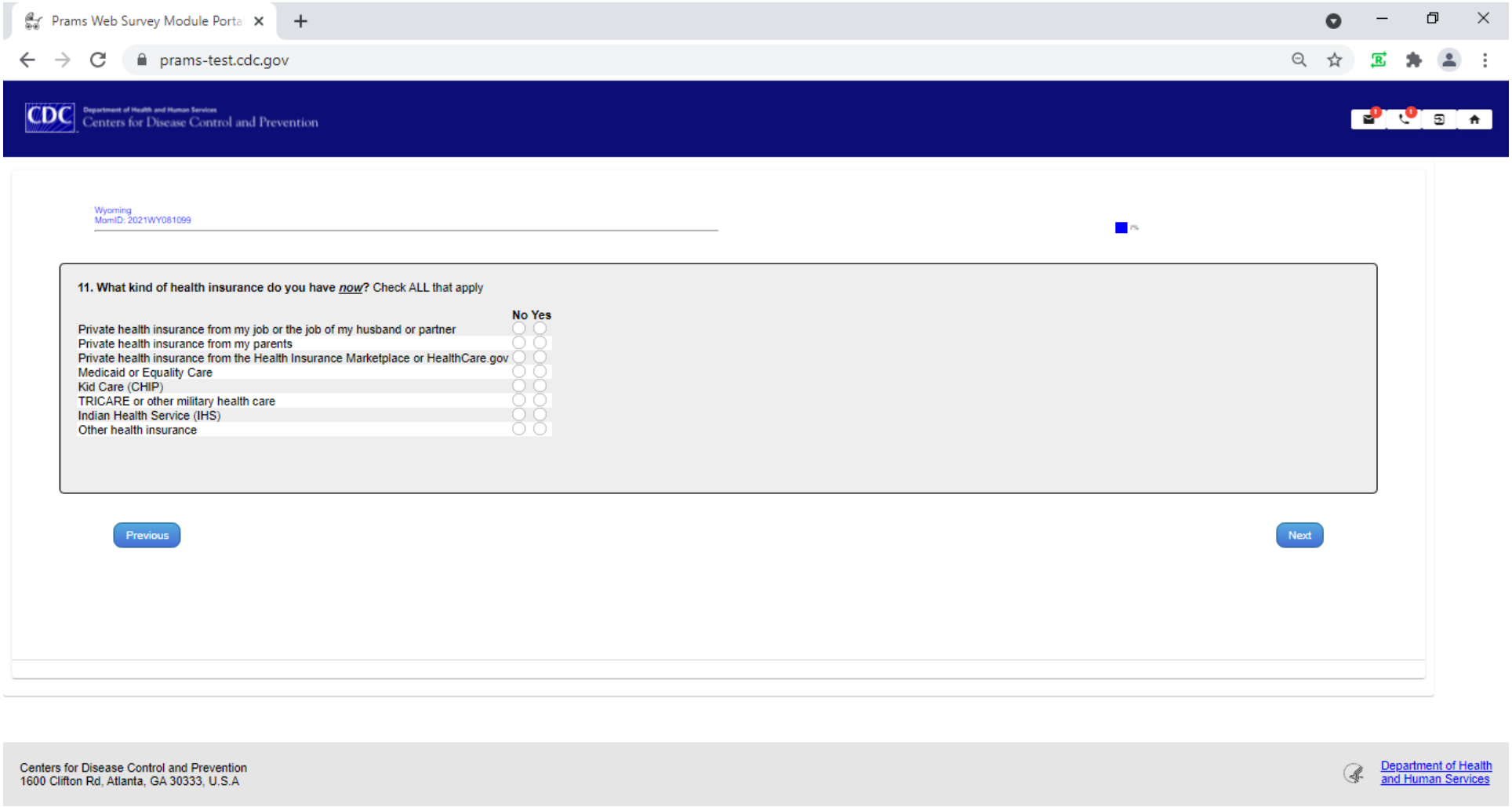
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11. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
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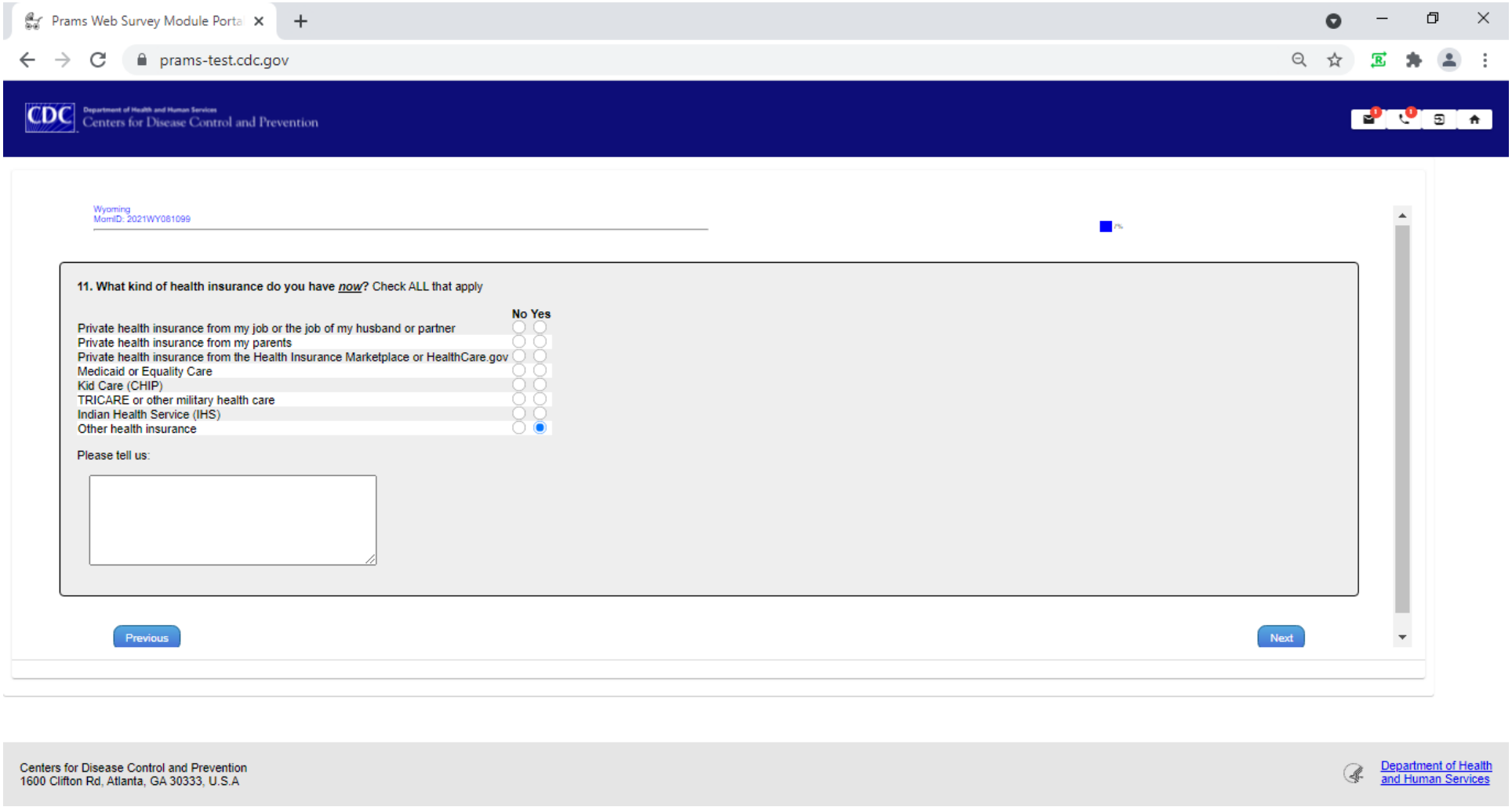
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11. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
Medicaid or Equality Care
Kid Care (CHIP)
TRICARE or other military health care
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Other health insurance
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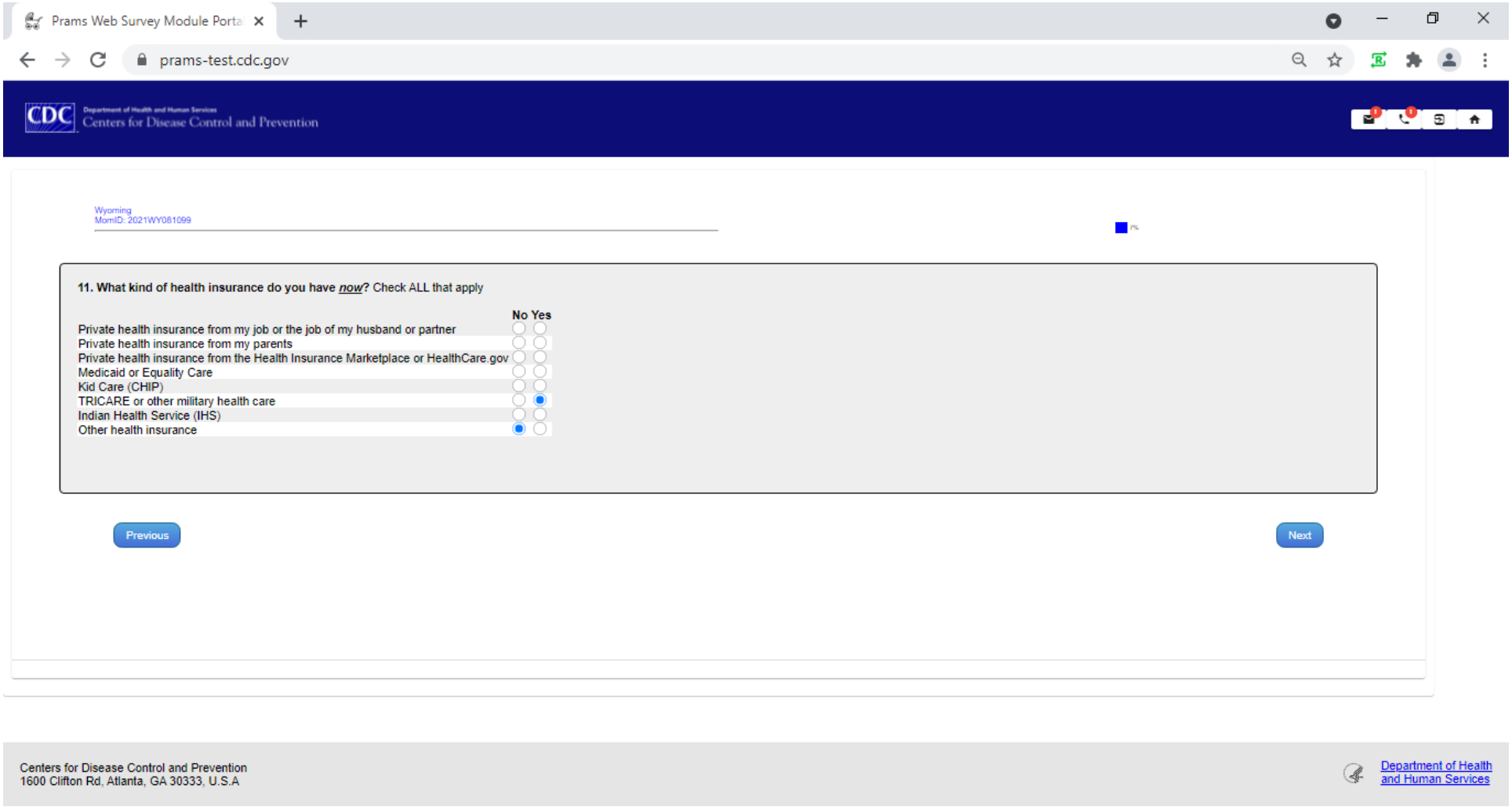
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11. What kind of health insurance do you have now? Check ALL that apply
No Yes
Private health insurance from my job or the job of my husband or partner
Private health insurance from my parents
Private health insurance from the Health Insurance Marketplace or HealthCare.gov
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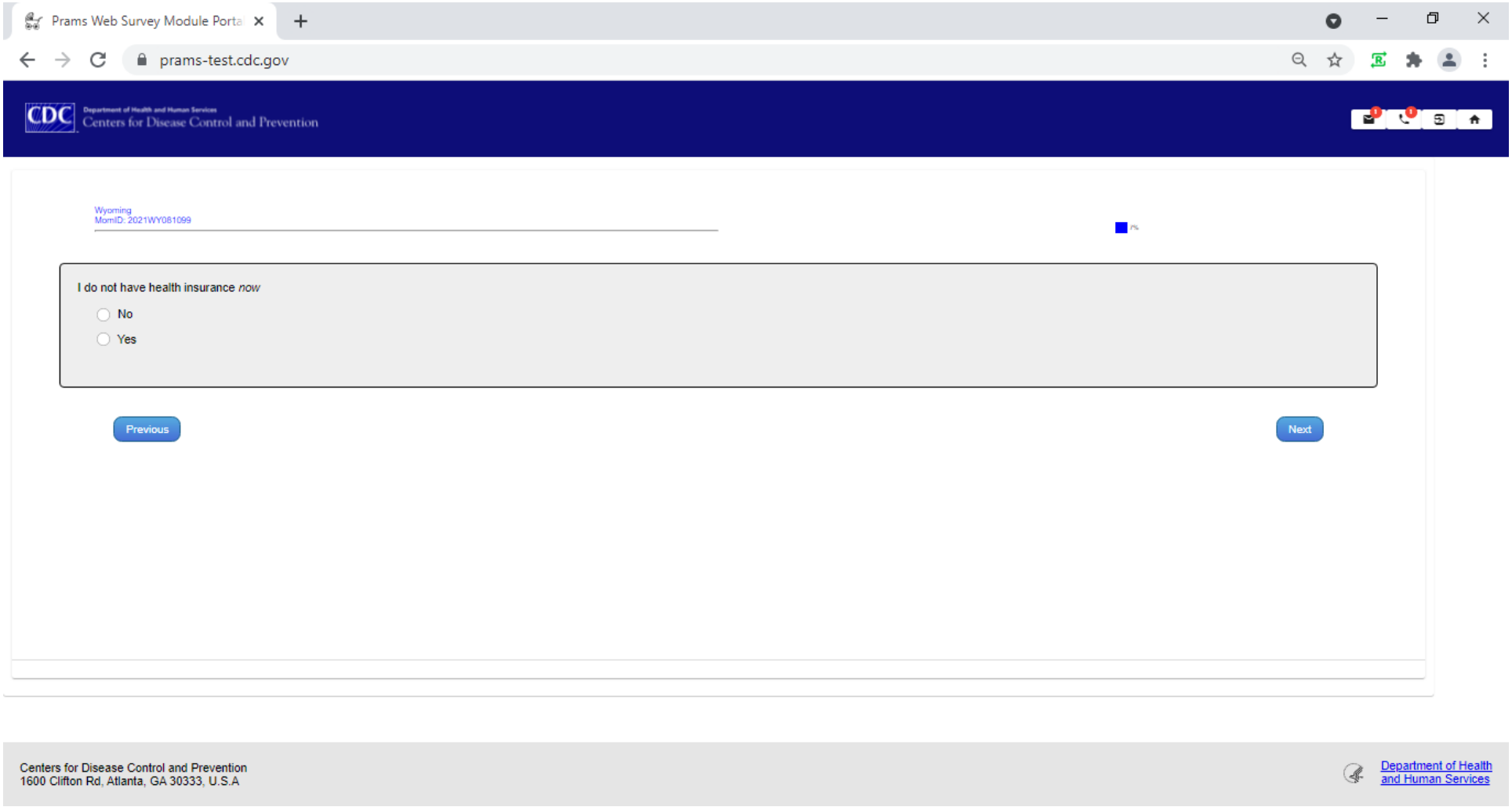
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I do not have health insurance *now*
No
Yes
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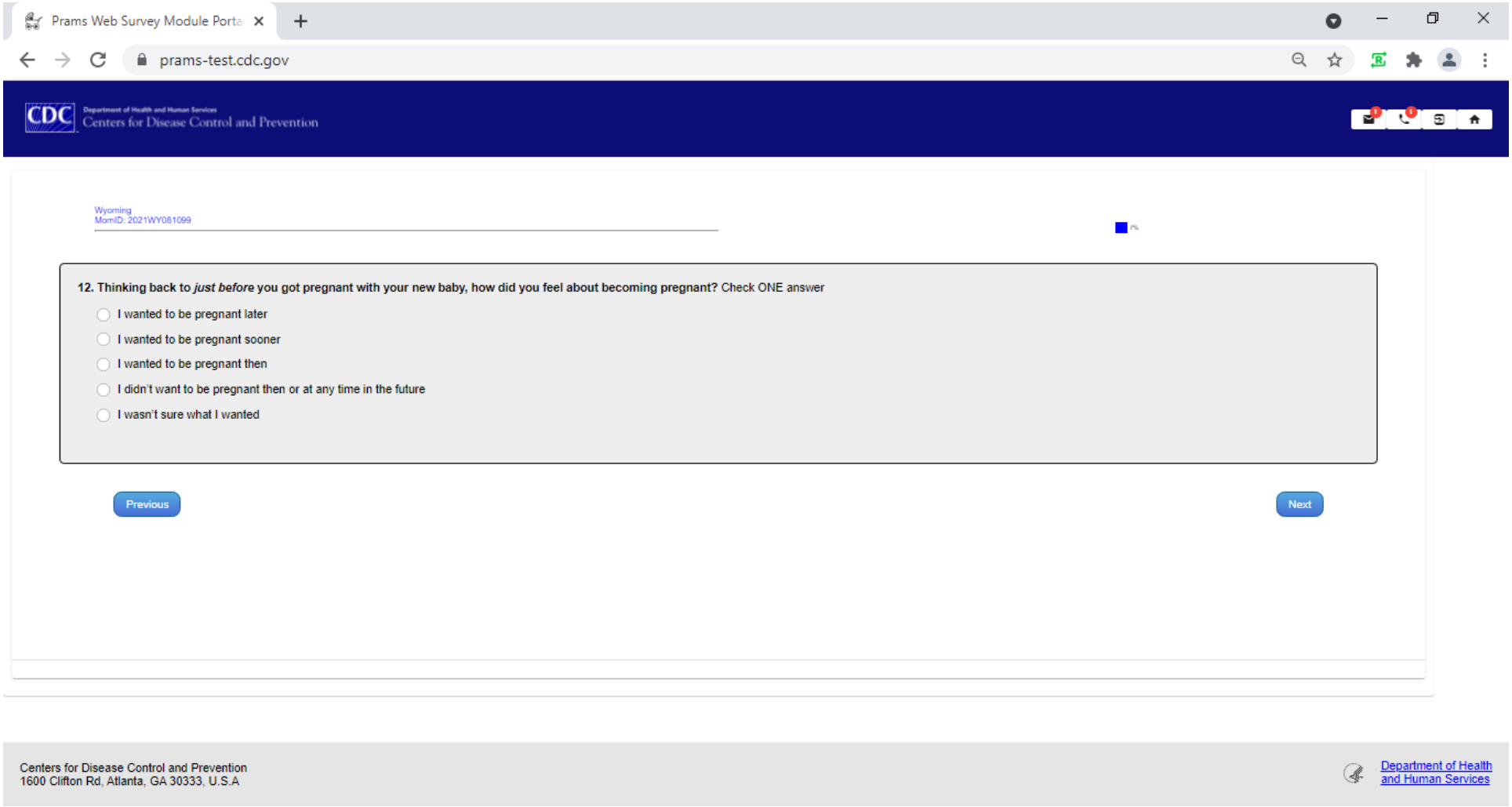
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12. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant? Check ONE answer
I wanted to be pregnant later
I wanted to be pregnant sooner
I wanted to be pregnant then
I didn't want to be pregnant then or at any time in the future
I wasn't sure what I wanted
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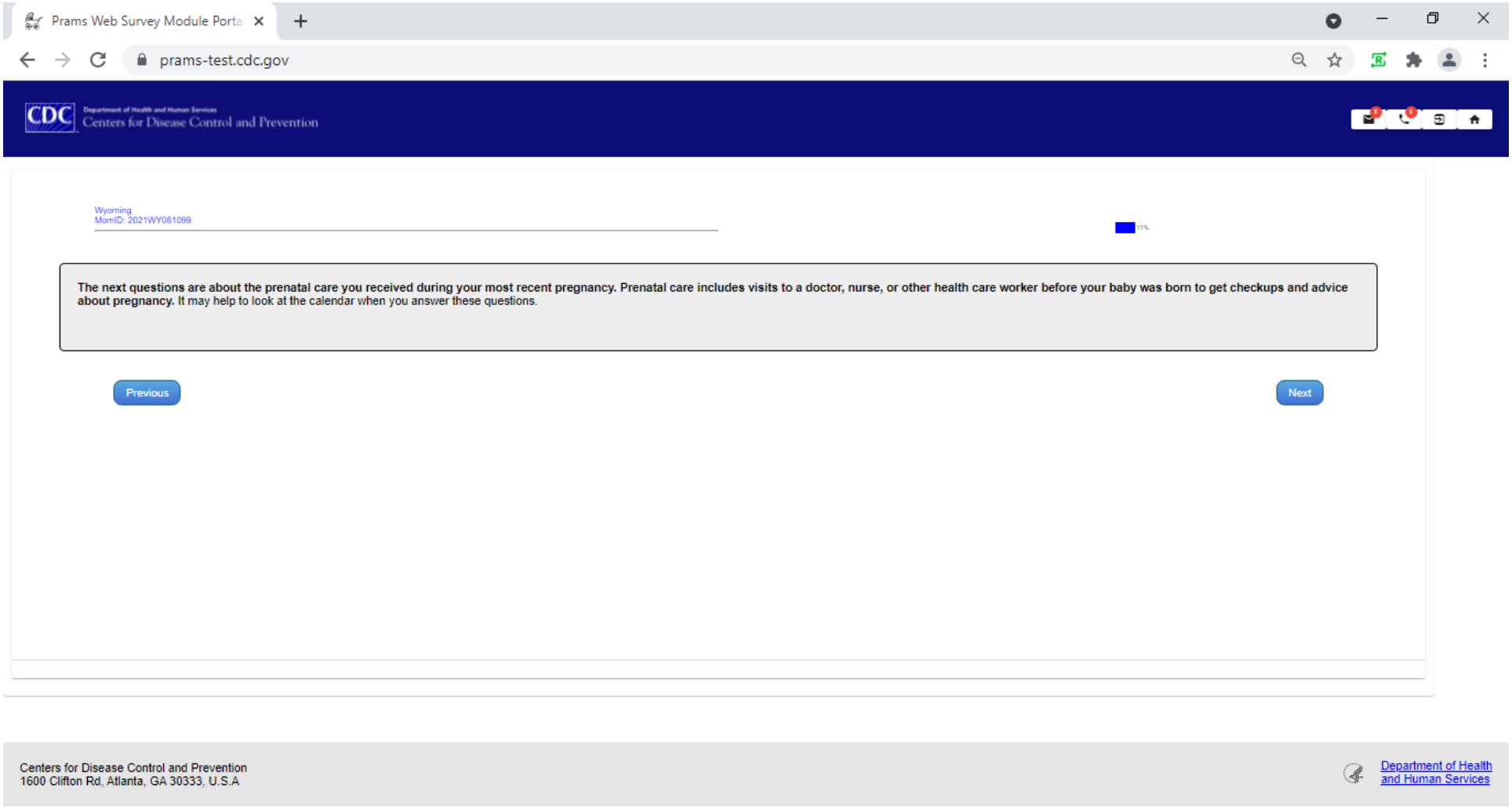
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The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. It may help to look at the calendar when you answer these questions.
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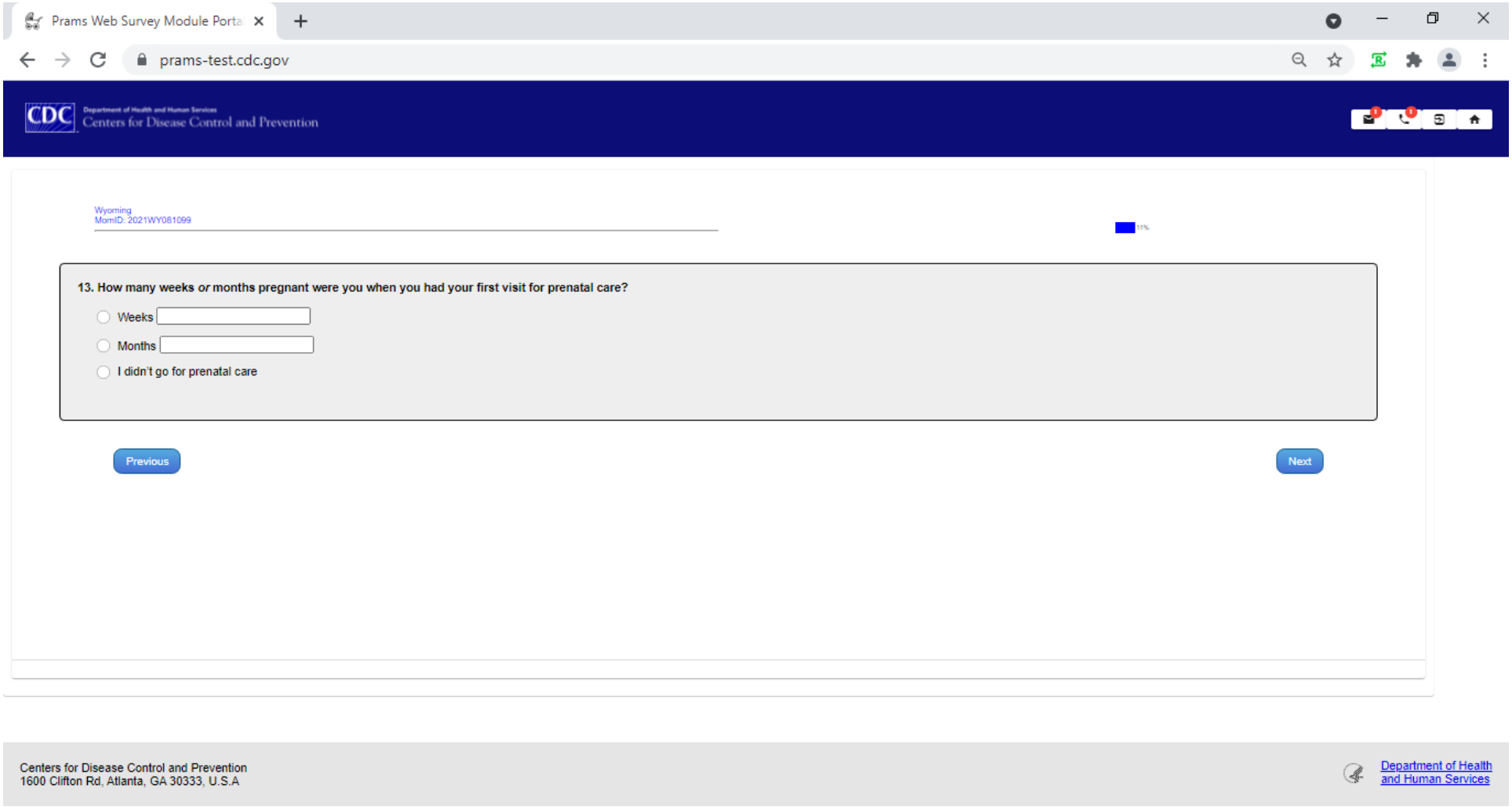
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13. How many weeks or months pregnant were you when you had your first visit for prenatal care?
Weeks
Months
I didn't go for prenatal care
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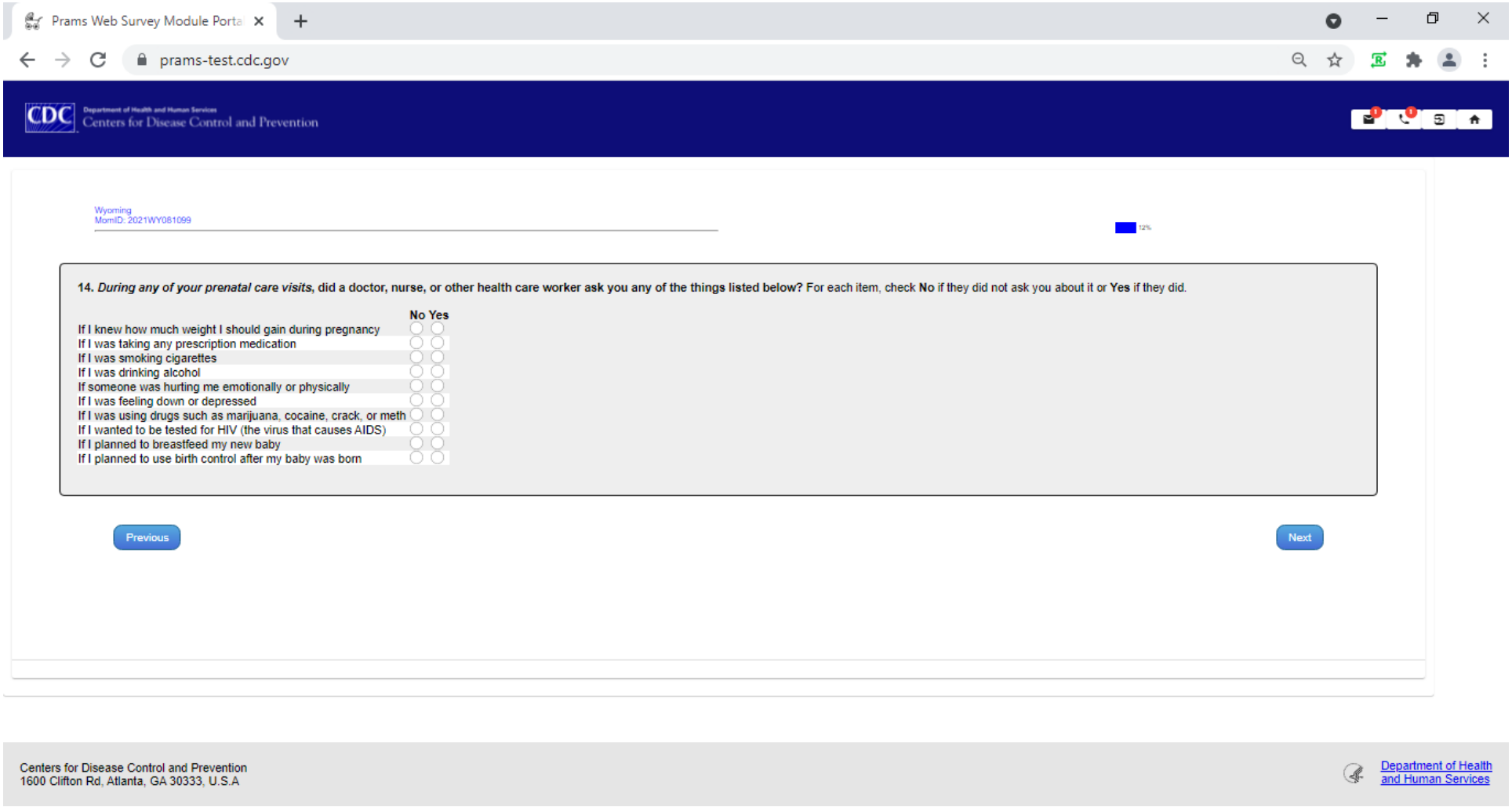
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12%
14. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.
No Yes
If I knew how much weight 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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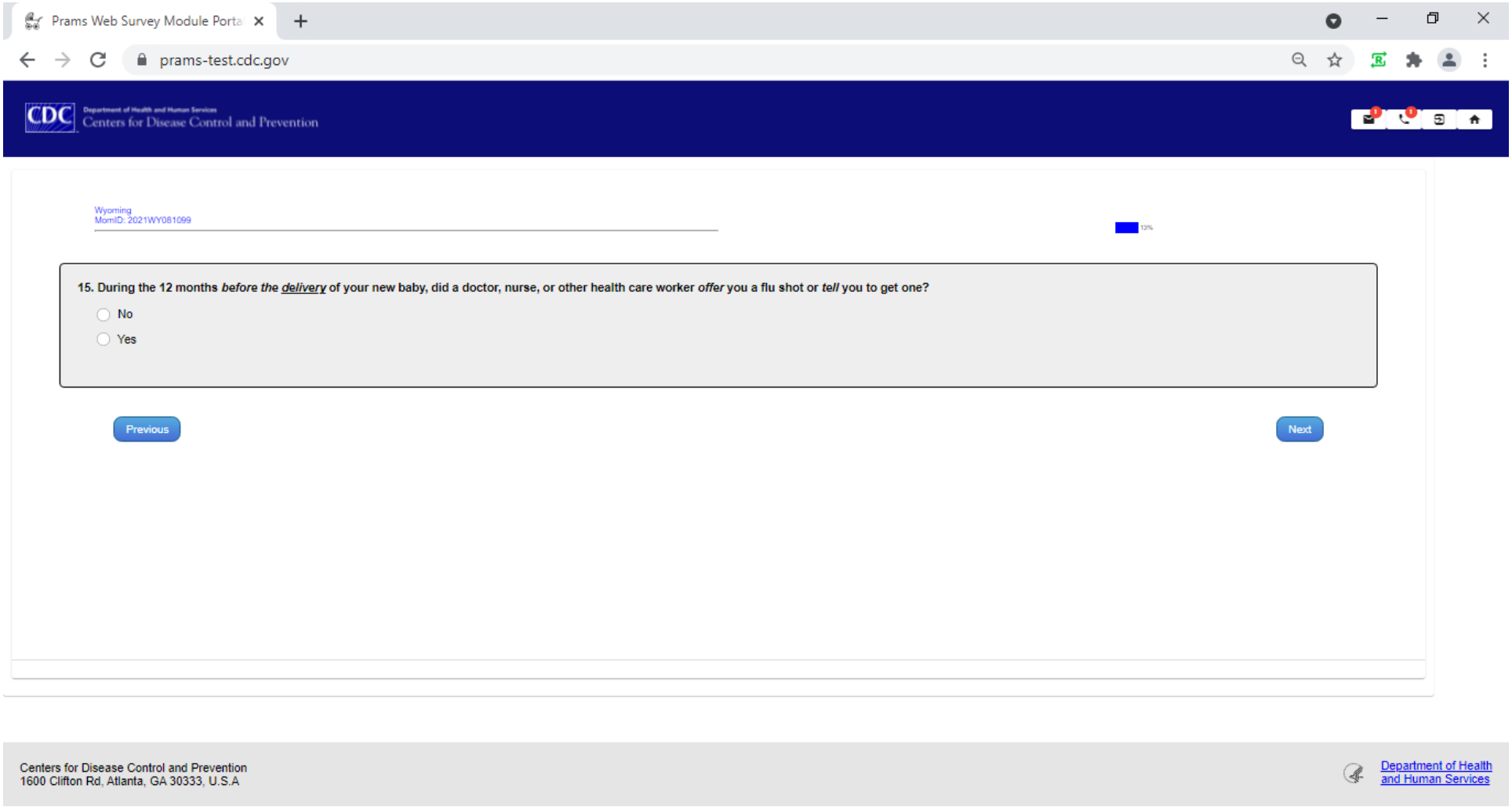
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15. During the 12 months *before the* ***delivery*** of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?
No
Yes
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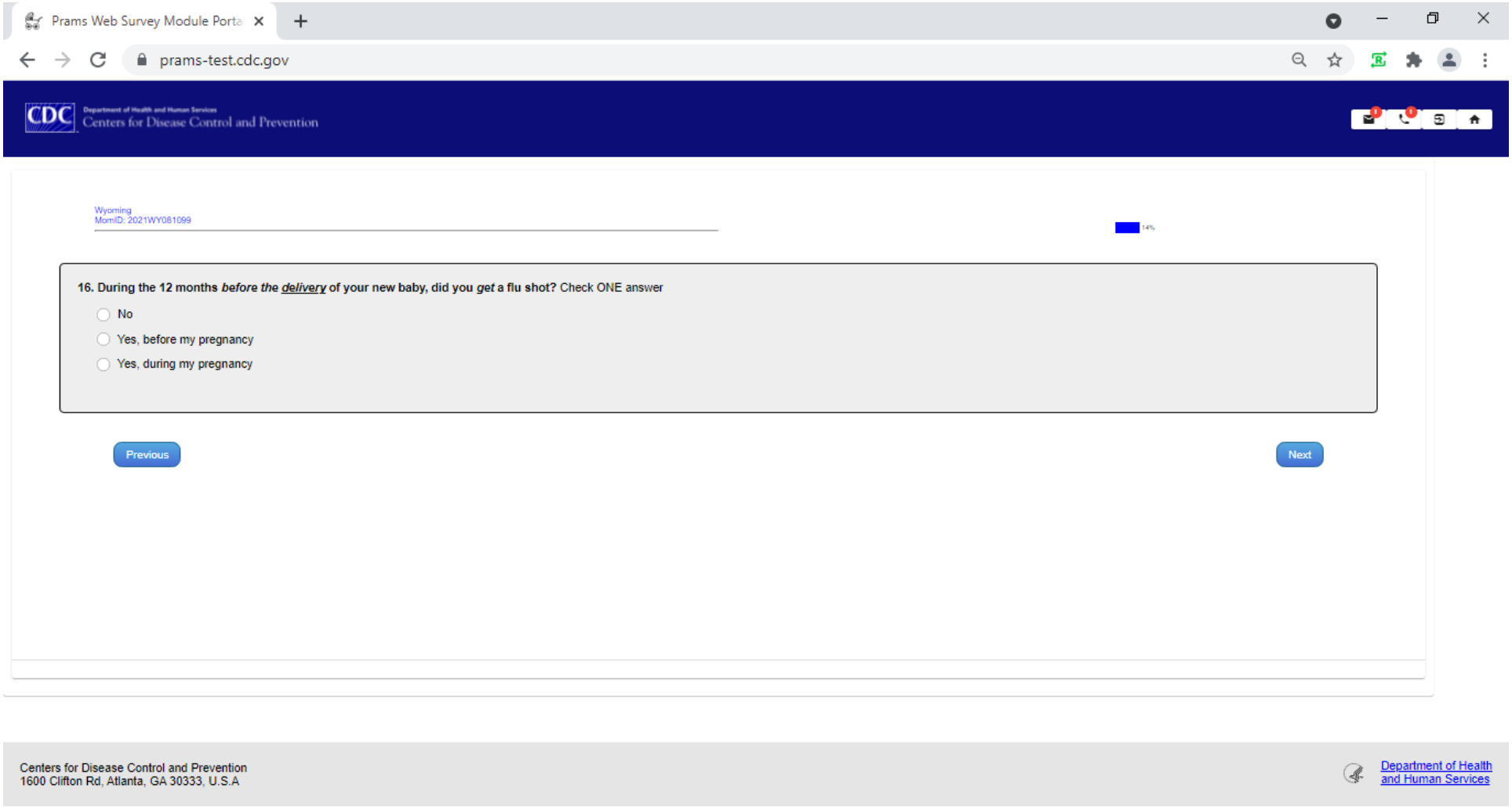
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16. During the 12 months *before the* ***delivery*** of your new baby, did you *get* a flu shot? Check ONE answer
No
Yes, before my pregnancy
Yes, during my pregnancy
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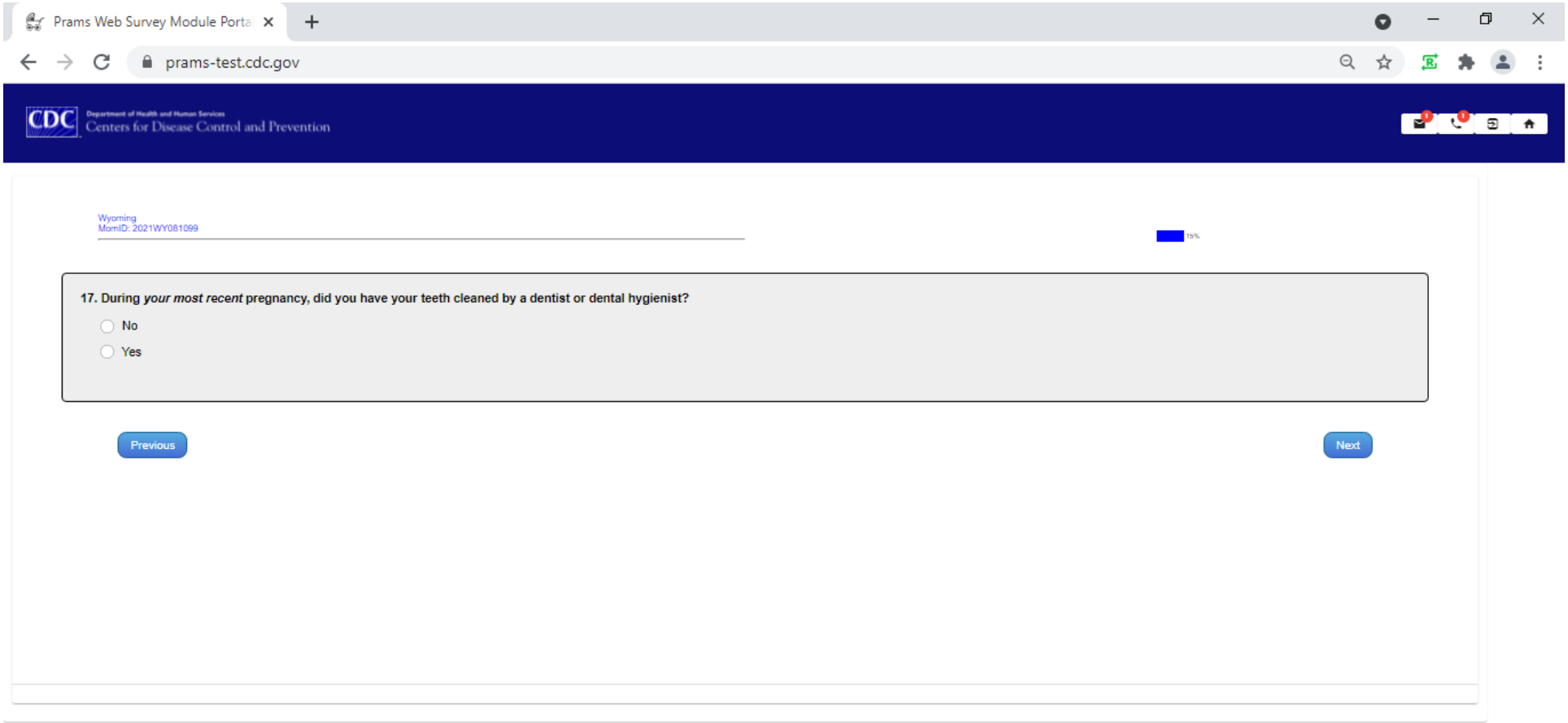
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17. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?
No
Yes
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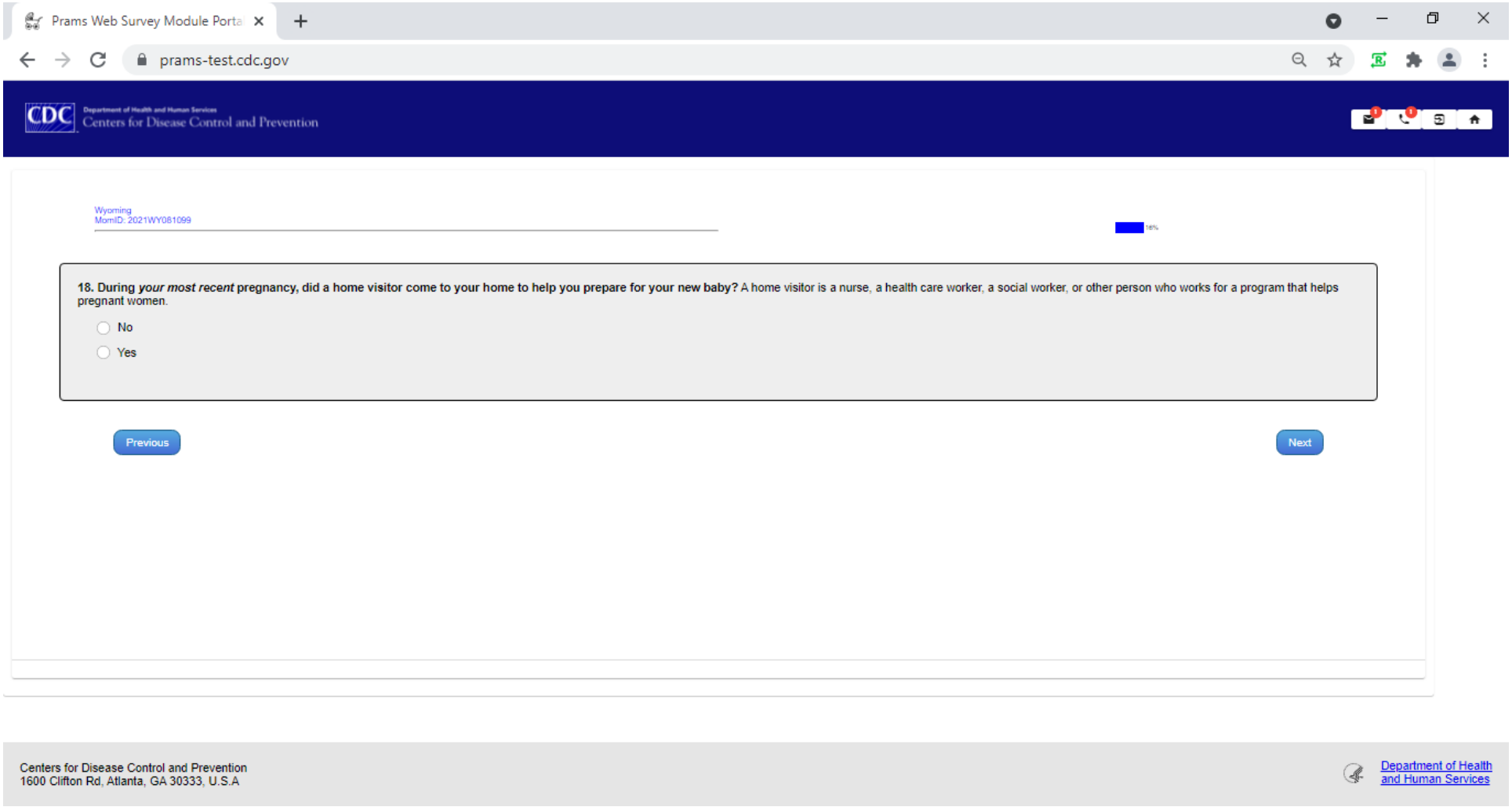
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18. During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps pregnant women.
No
Yes
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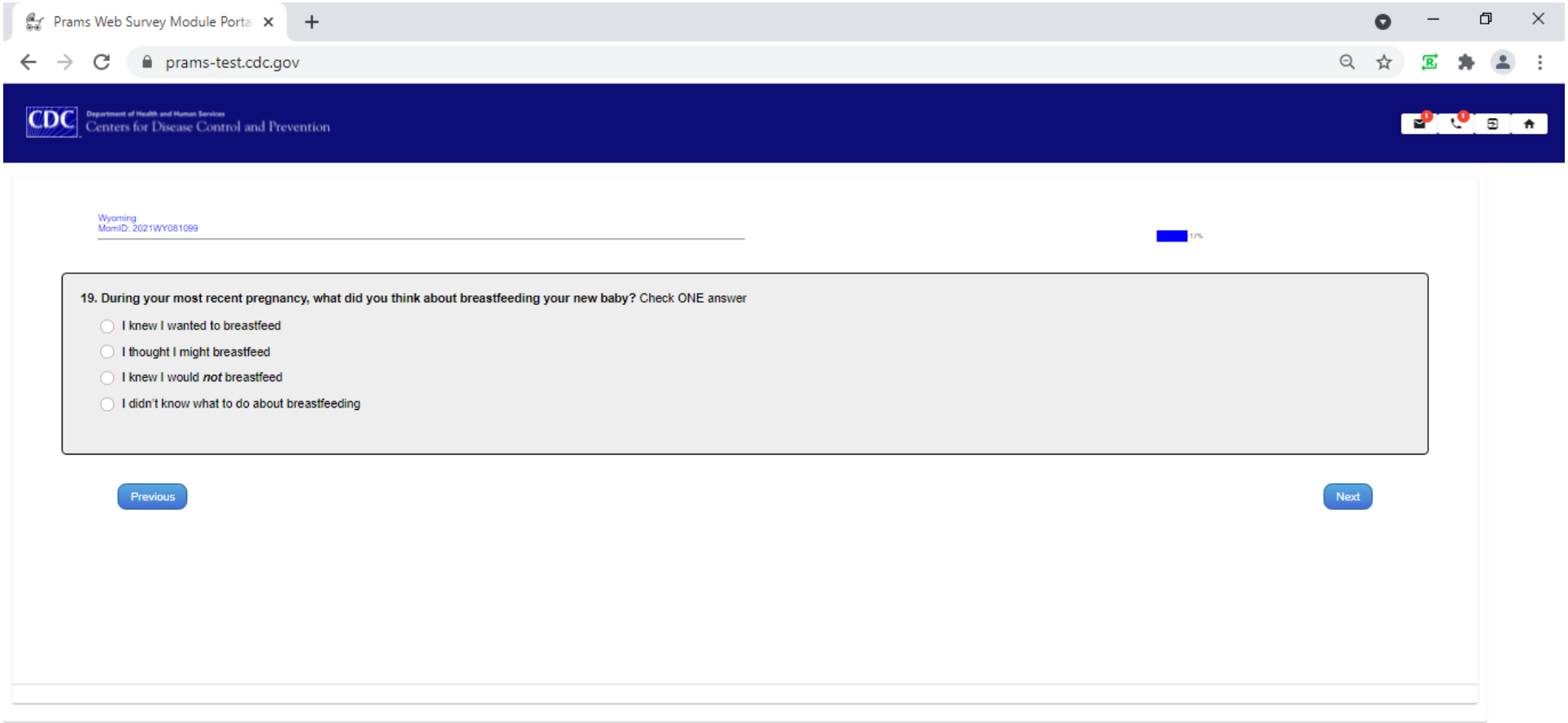
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19. During your most recent pregnancy, what did you think about breastfeeding your new baby? Check ONE answer
I knew I wanted to breastfeed
I thought I might breastfeed
I knew I would not breastfeed
I didn't know what to do about breastfeeding
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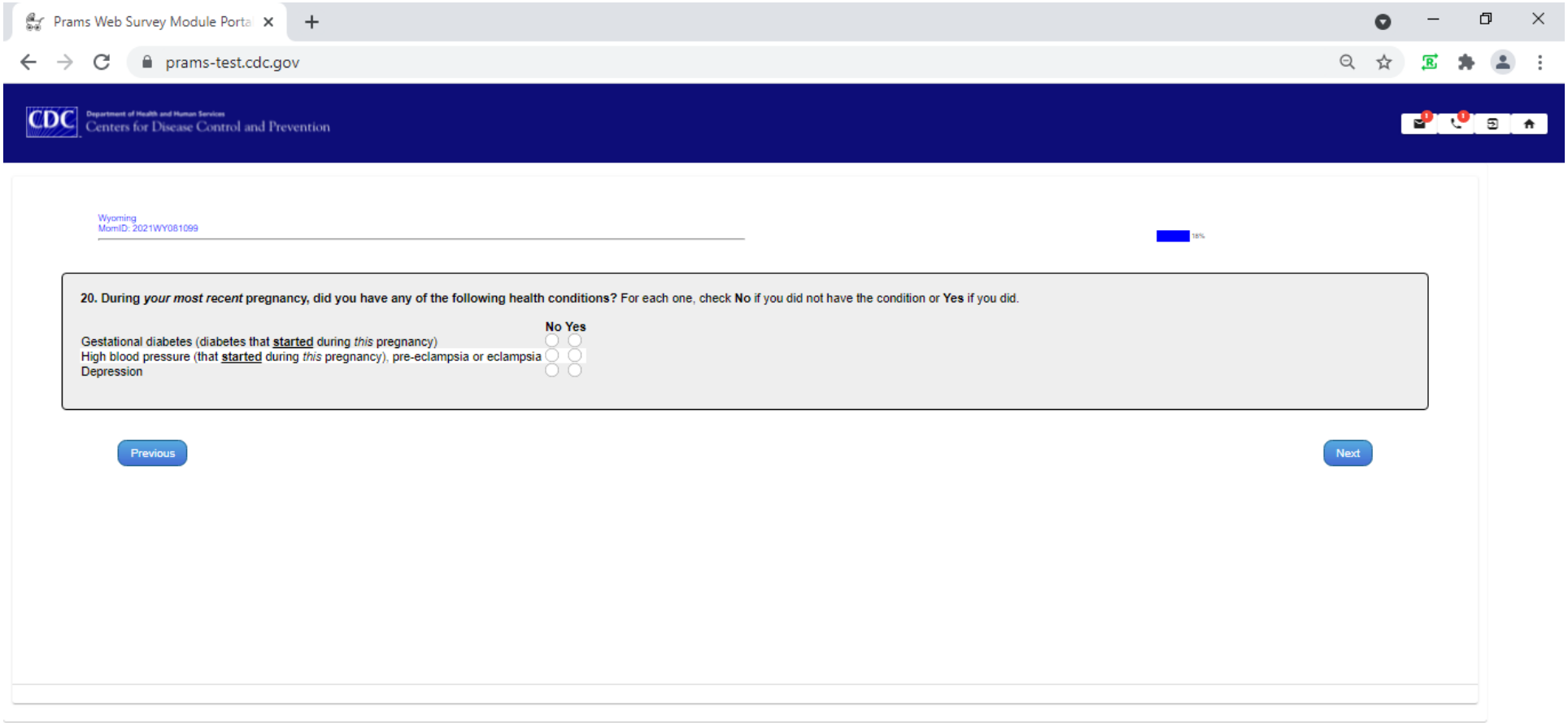
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20. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
No Yes
Gestational diabetes (diabetes that started during this pregnancy)
High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
Depression
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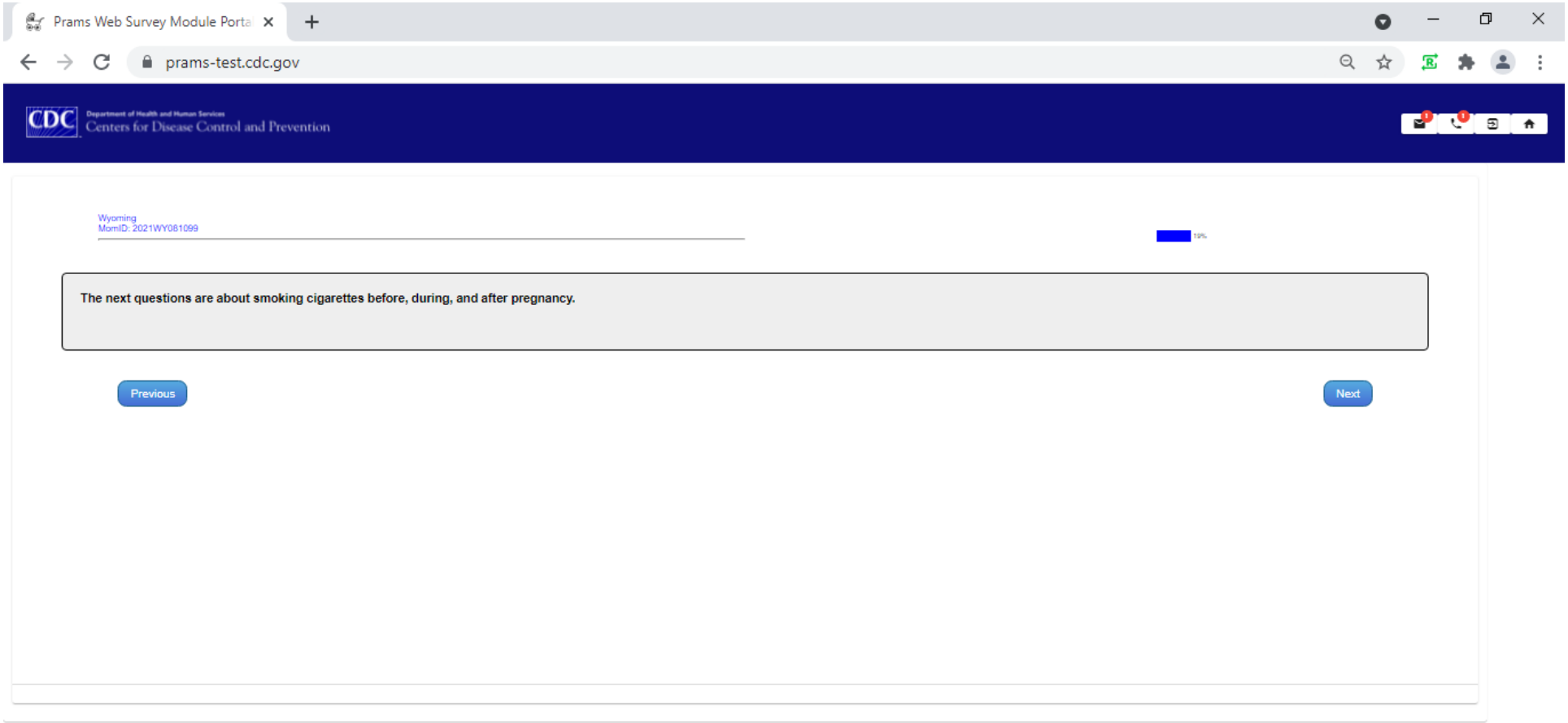
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19%
The next questions are about smoking cigarettes before, during, and after pregnancy.
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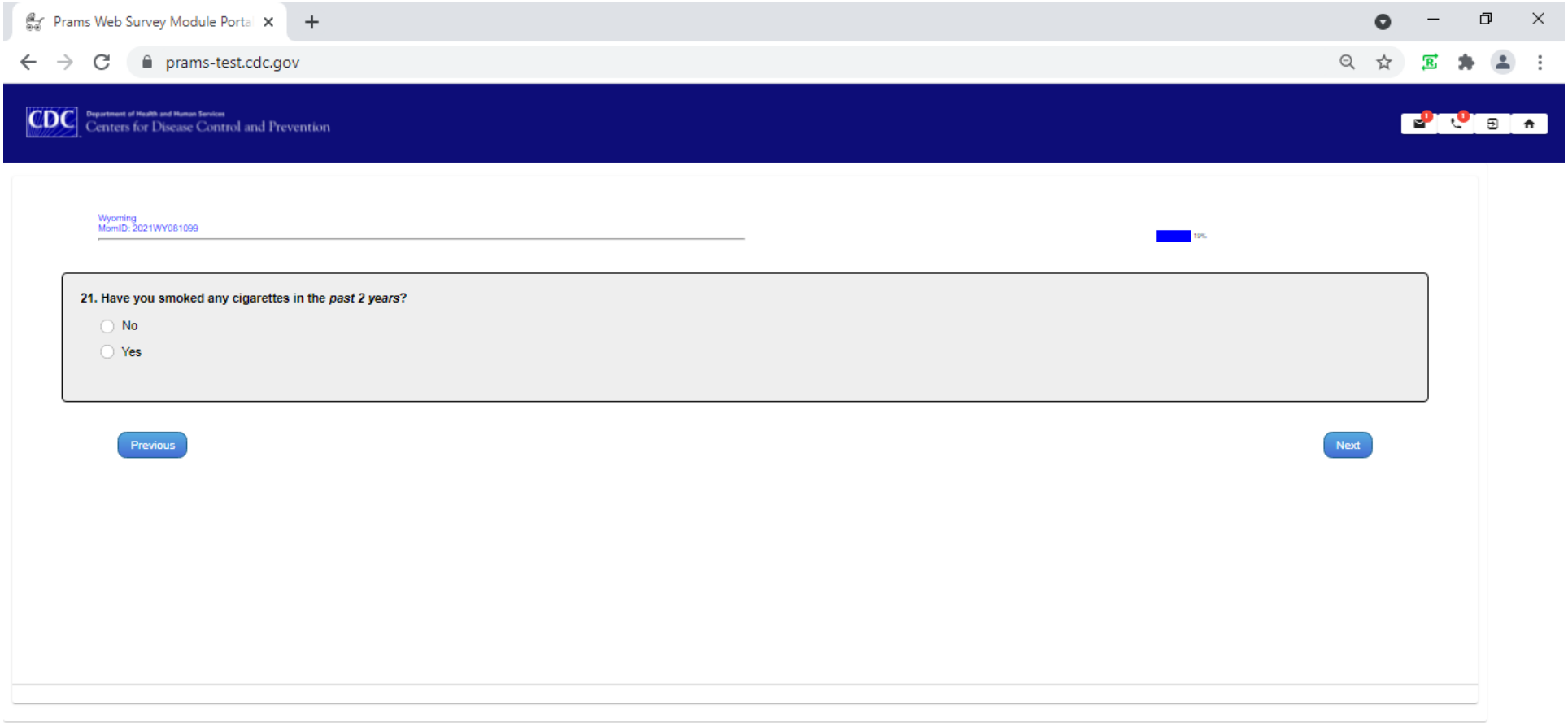
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21. Have you smoked any cigarettes in the *past 2 years*?
No
Yes
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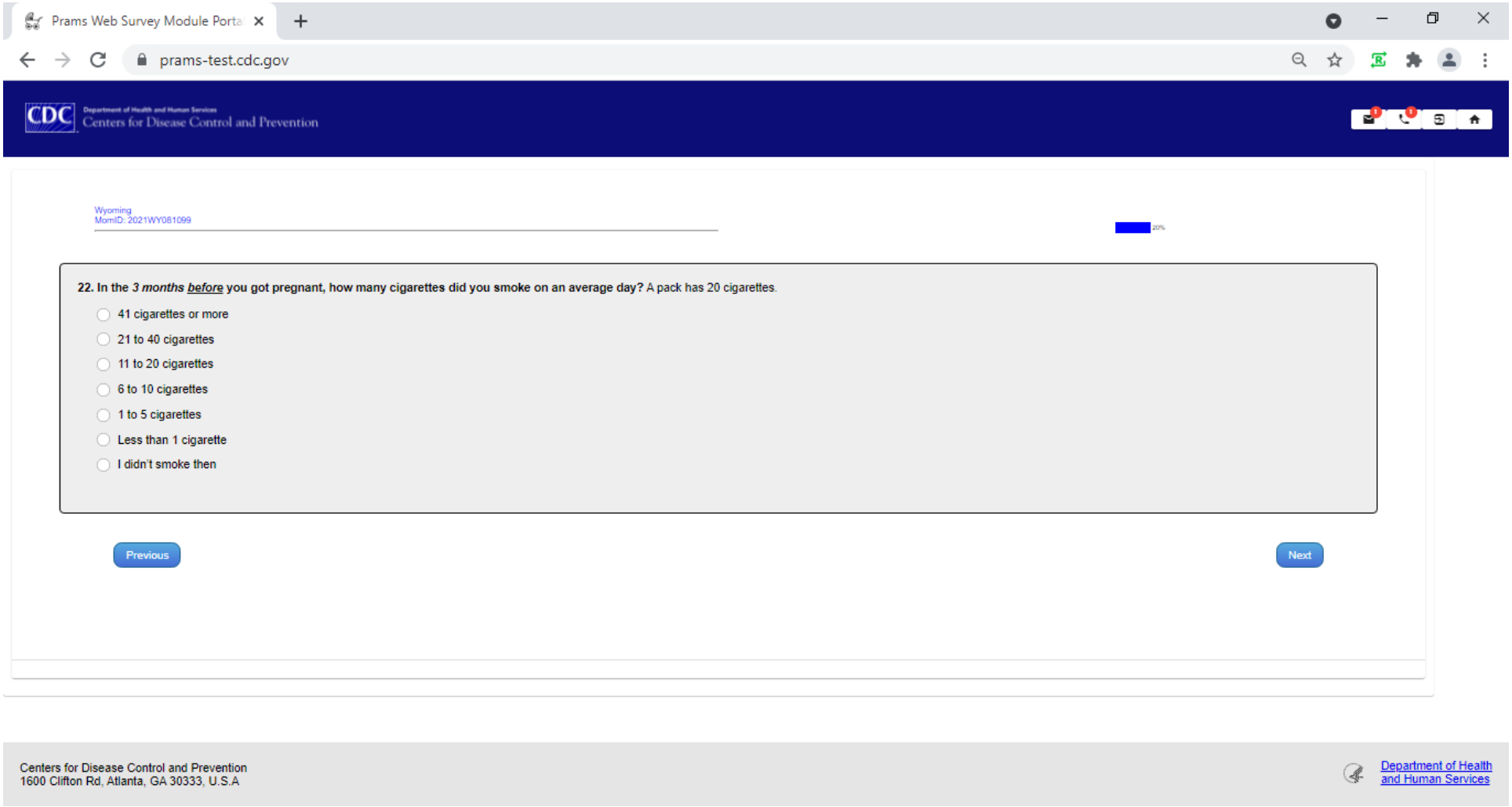
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22. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I didn't smoke then
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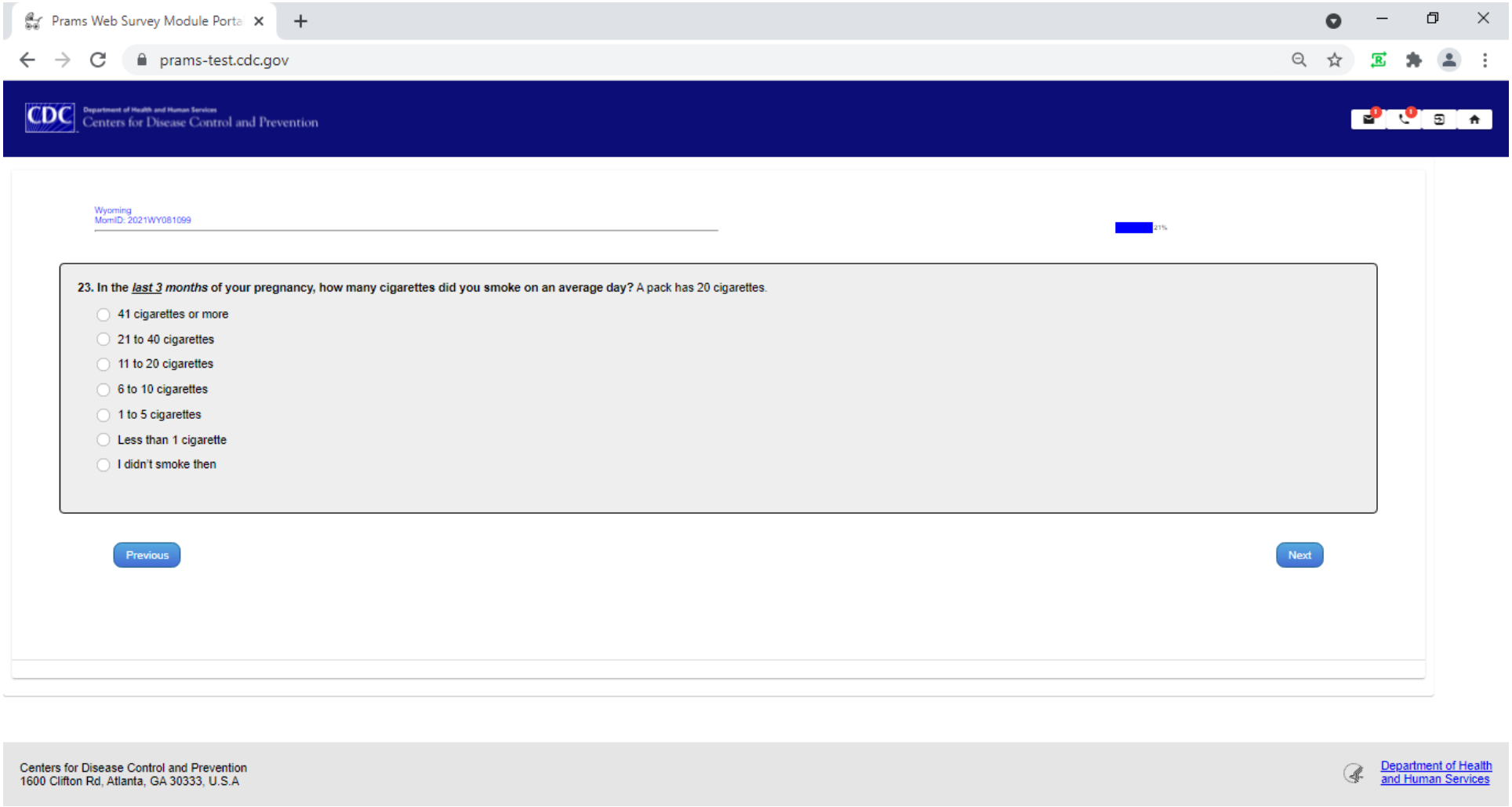
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23. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I didn't smoke then
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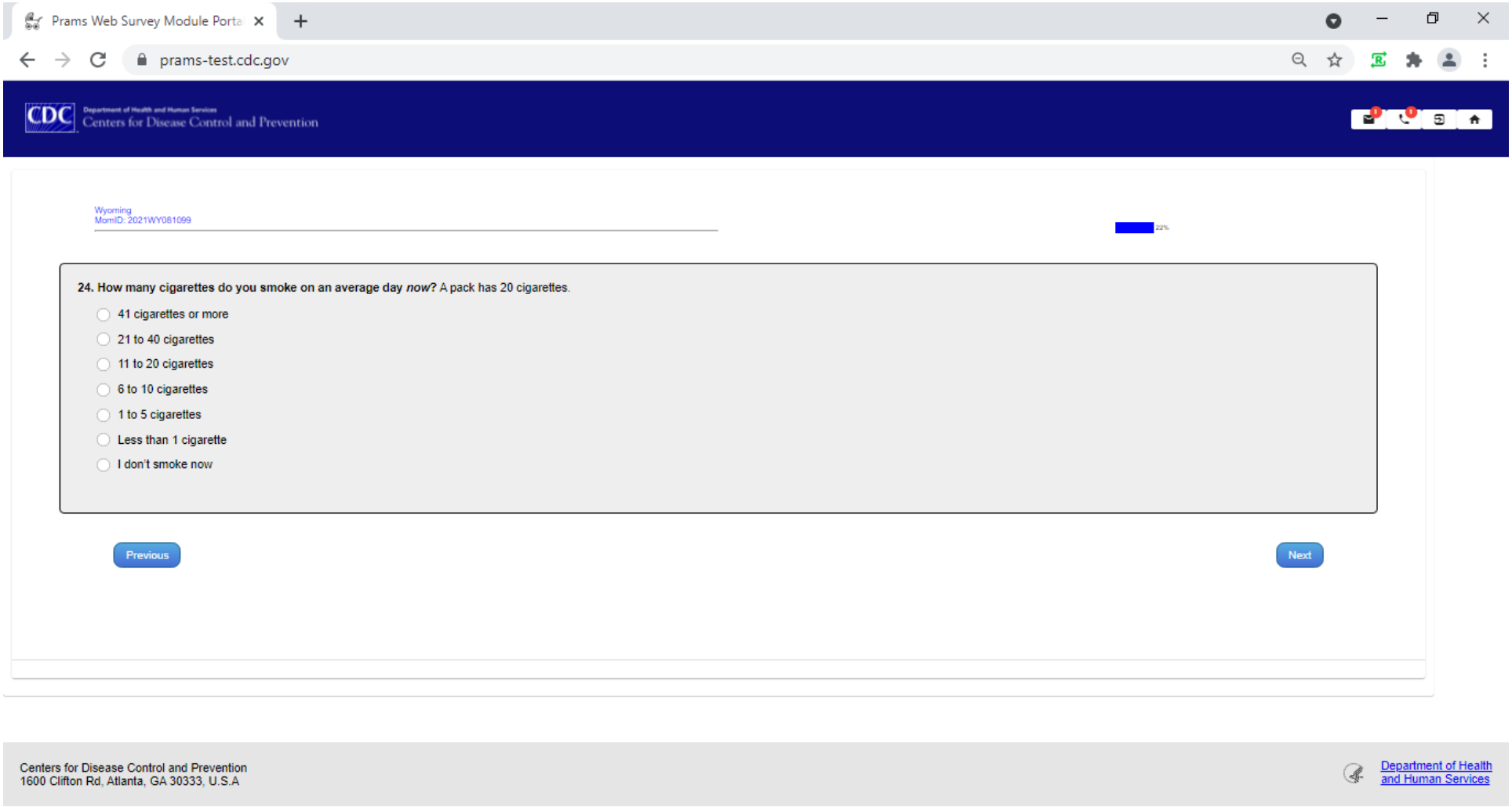
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24. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I don't smoke now
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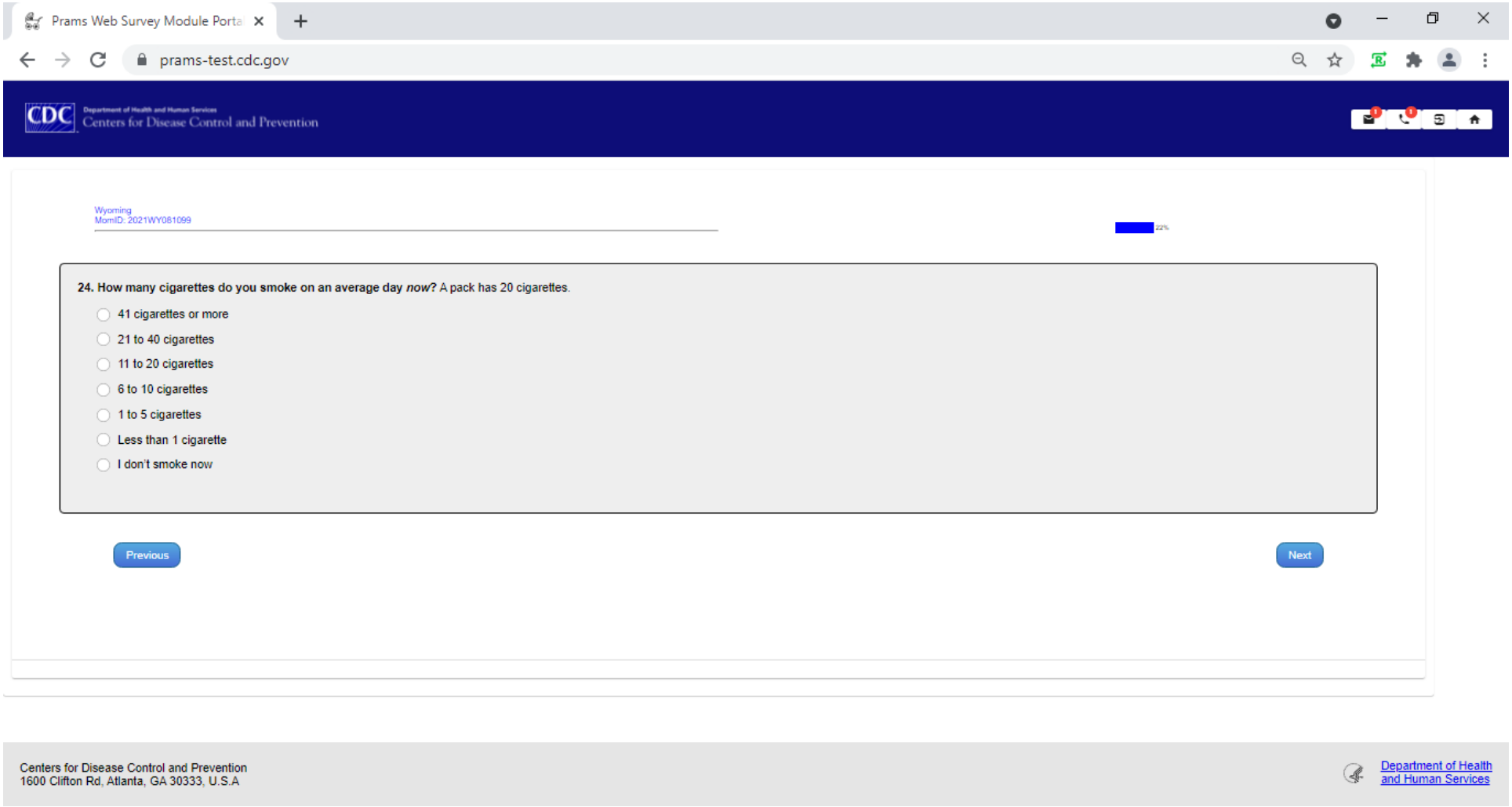
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22%
24. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.
41 cigarettes or more
21 to 40 cigarettes
11 to 20 cigarettes
6 to 10 cigarettes
1 to 5 cigarettes
Less than 1 cigarette
I don't smoke now
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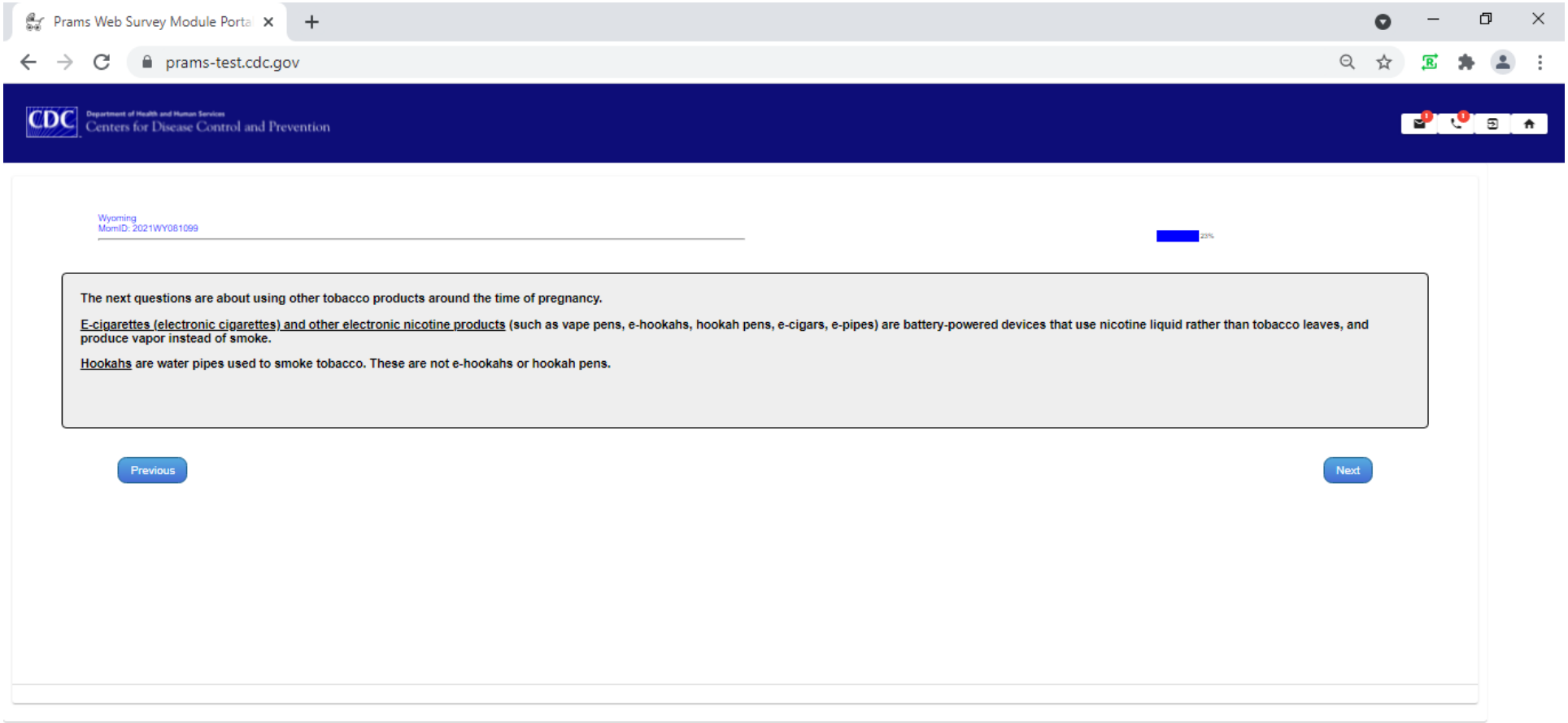
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25%
The next questions are about using other tobacco products around the time of pregnancy.
E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered 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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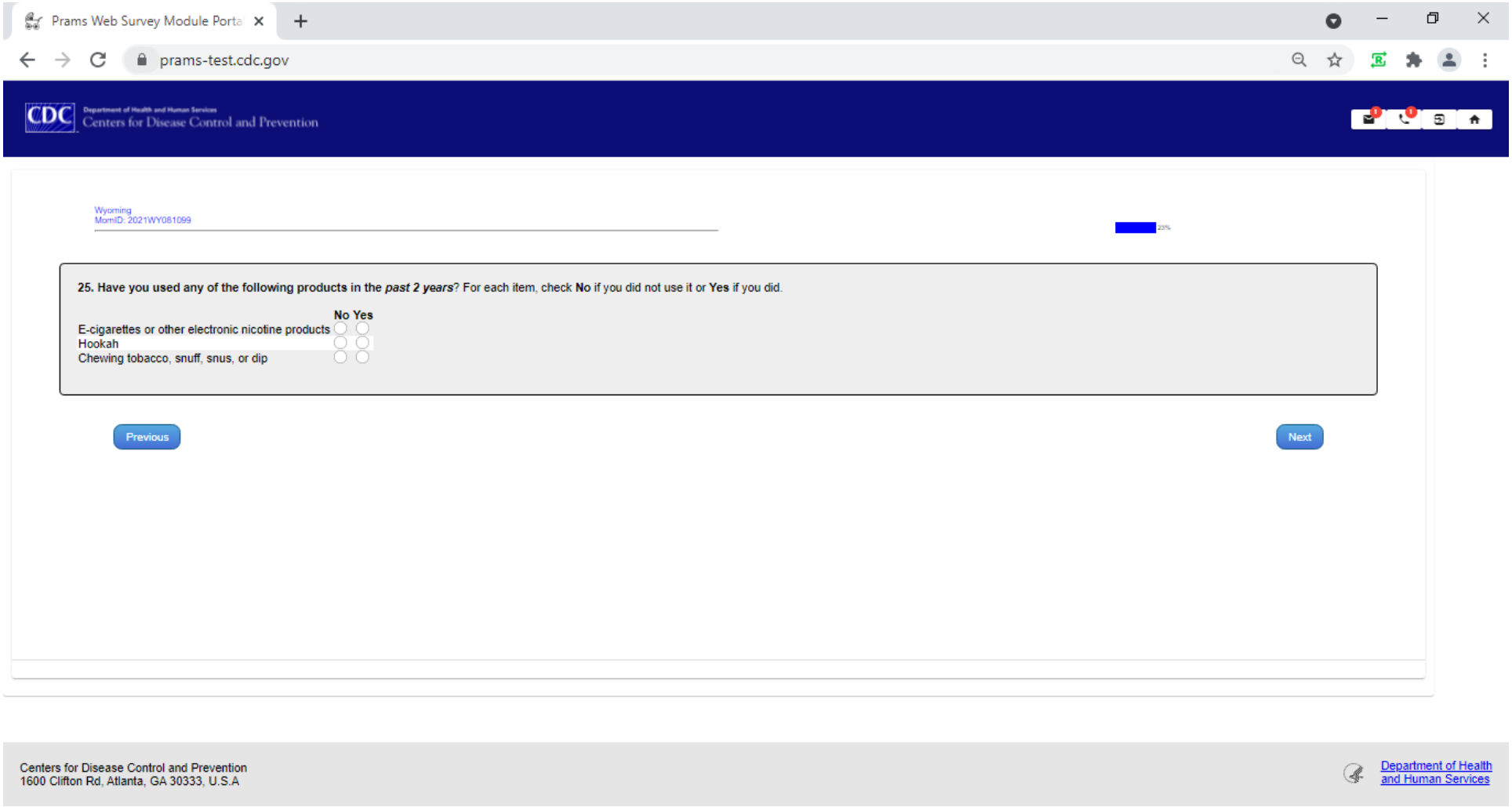
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25%
25. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
No Yes
E-cigarettes or other electronic nicotine products
Hookah
Chewing tobacco, snuff, snus, or dip
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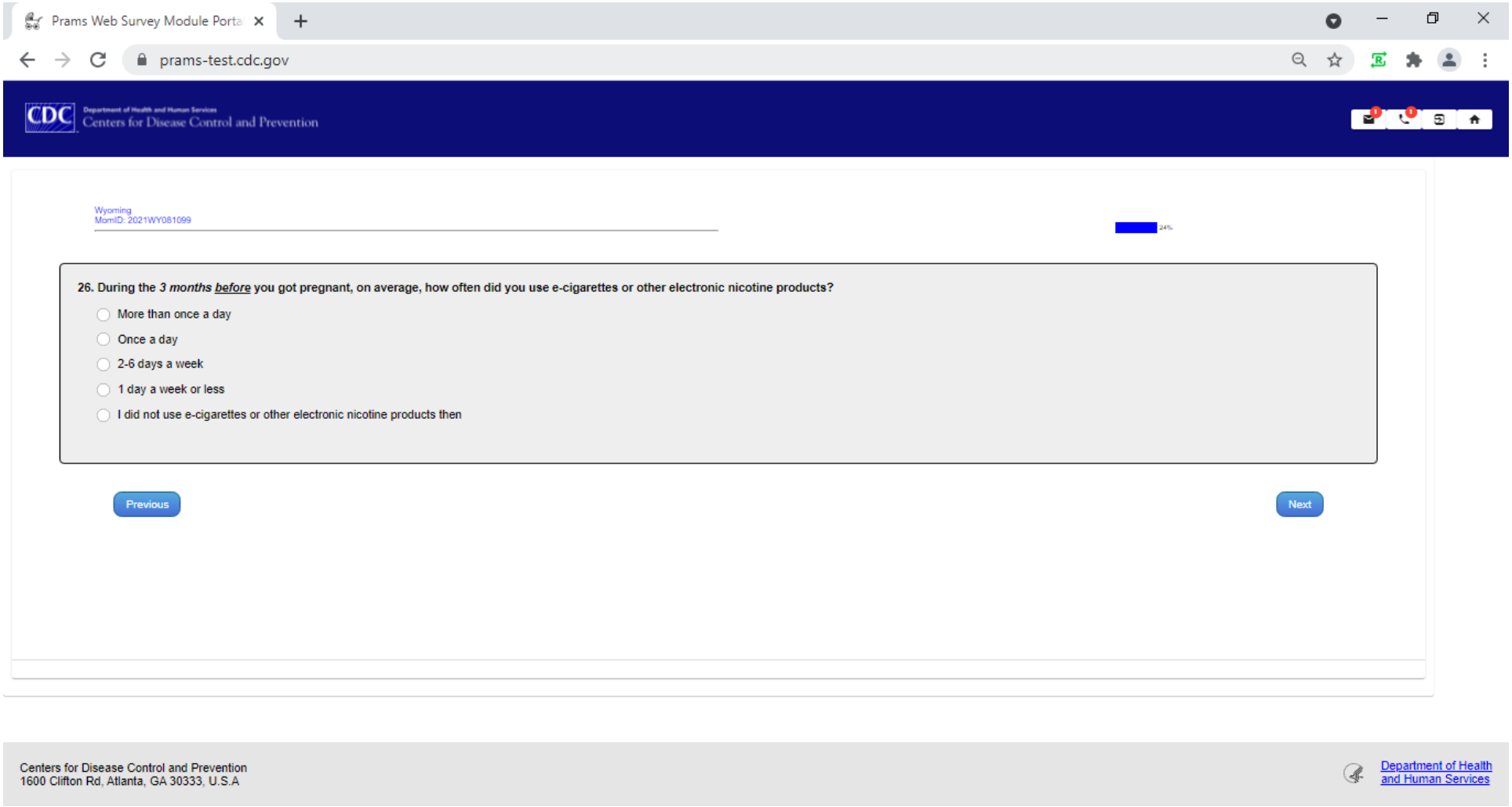
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24%
26. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other electronic nicotine products then
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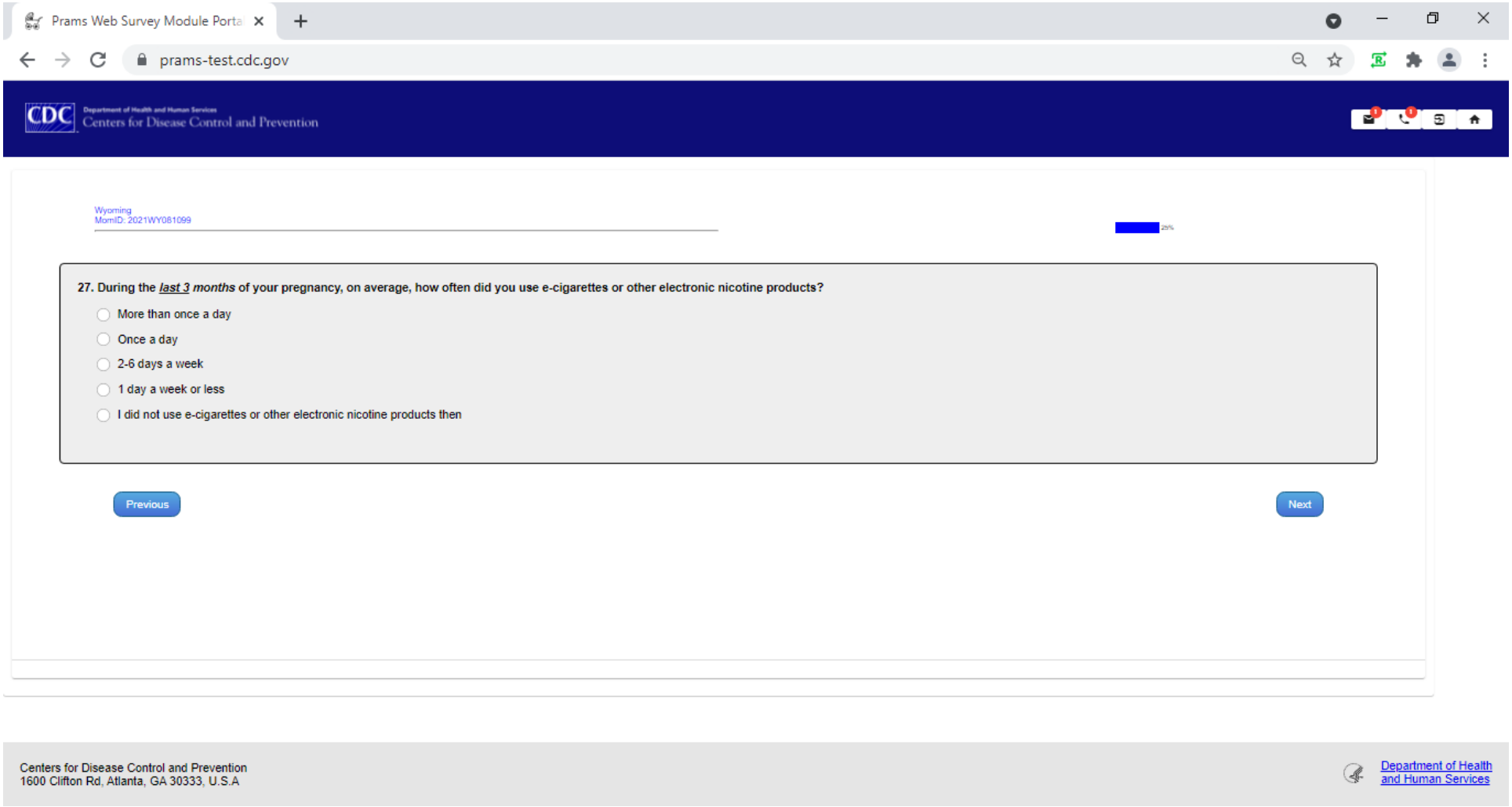
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25%
27. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?
More than once a day
Once a day
2-6 days a week
1 day a week or less
I did not use e-cigarettes or other electronic nicotine products then
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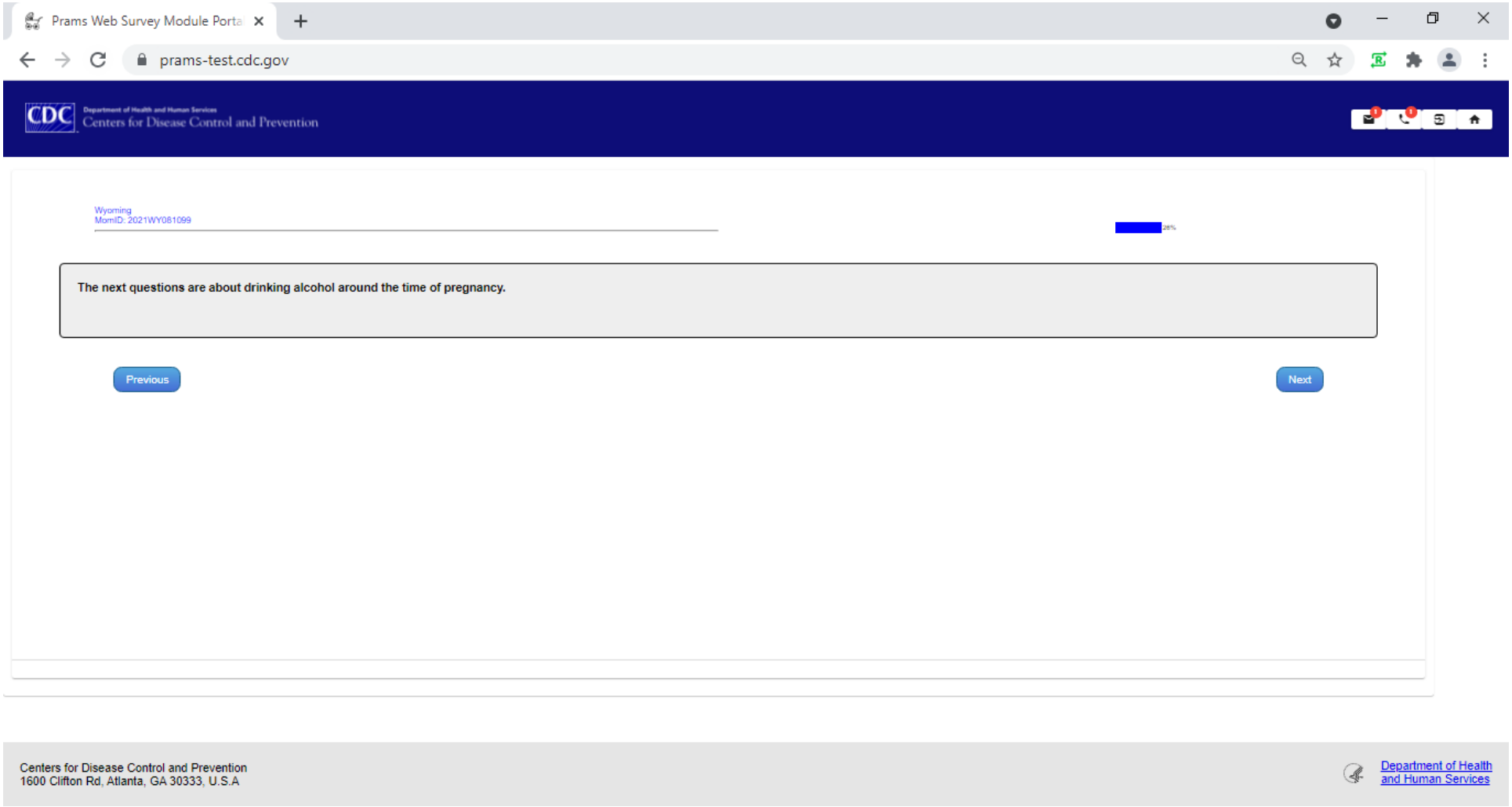
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The next questions are about drinking alcohol around the time of pregnancy.
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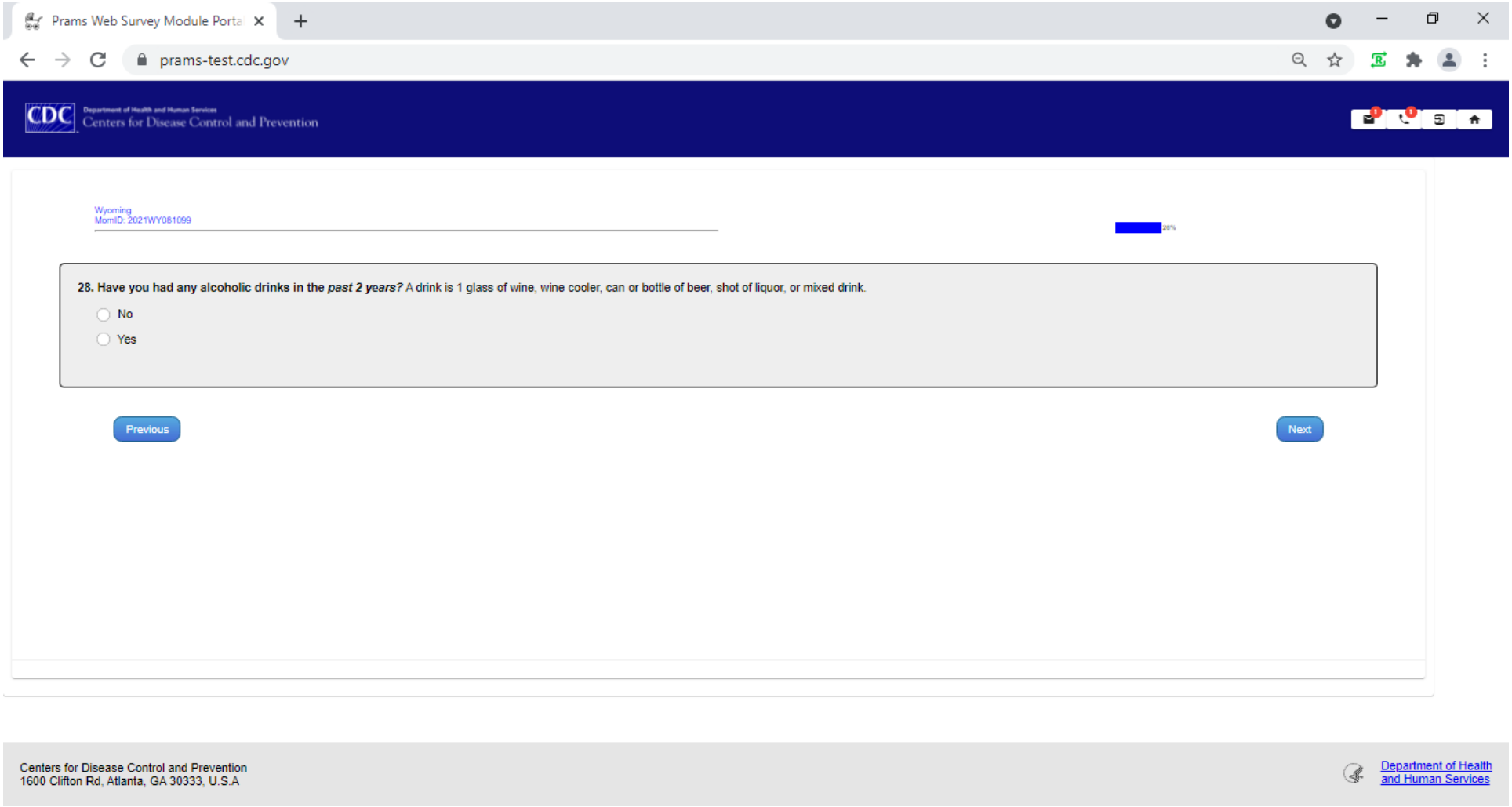
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28. Have you had any alcoholic drinks in the *past 2 years?* A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.
No
Yes
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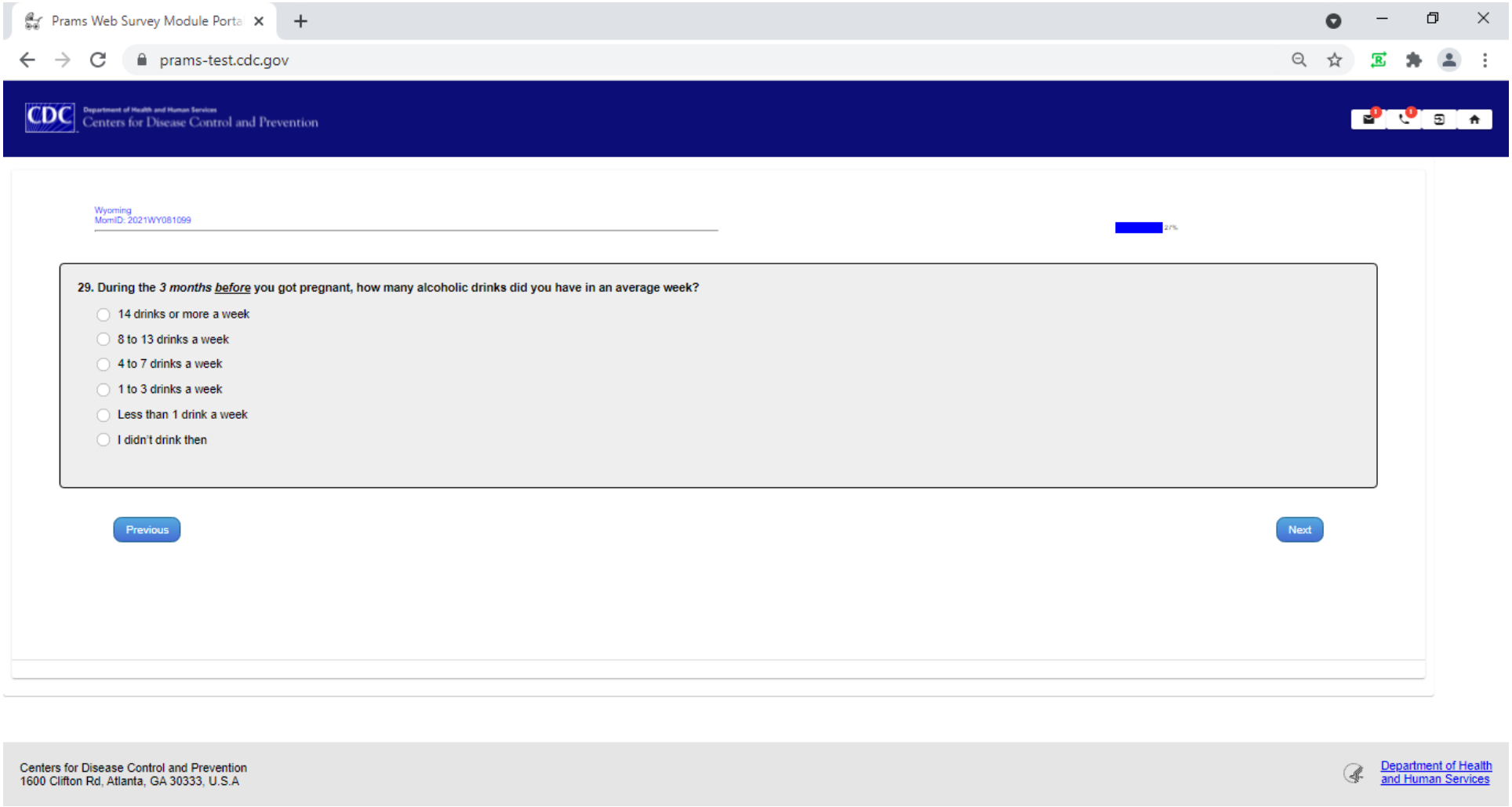
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29. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?
14 drinks or more a week
8 to 13 drinks a week
4 to 7 drinks a week
1 to 3 drinks a week
Less than 1 drink a week
I didn't drink then
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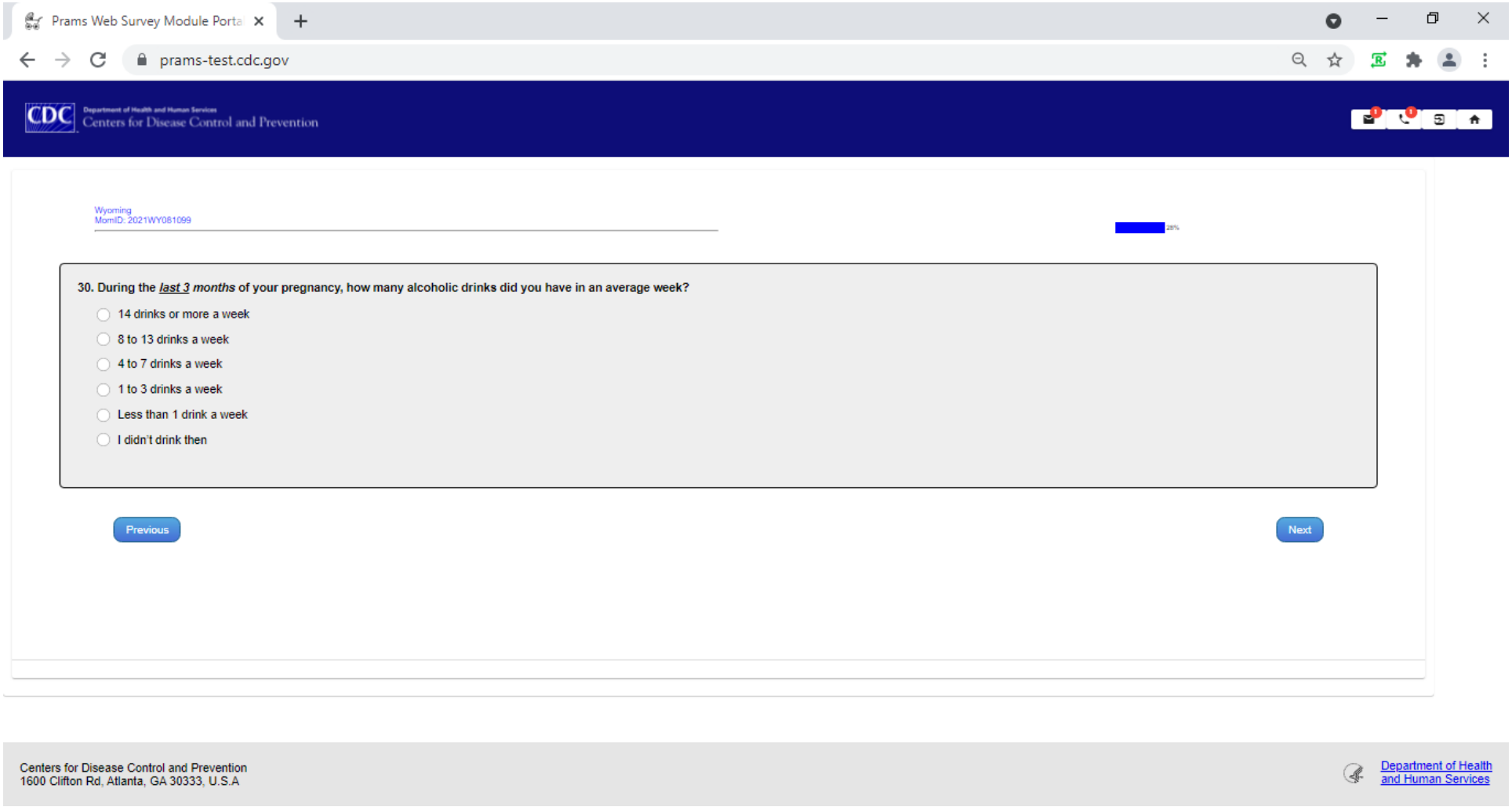
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30. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?
14 drinks or more a week
8 to 13 drinks a week
4 to 7 drinks a week
1 to 3 drinks a week
Less than 1 drink a week
I didn't drink then
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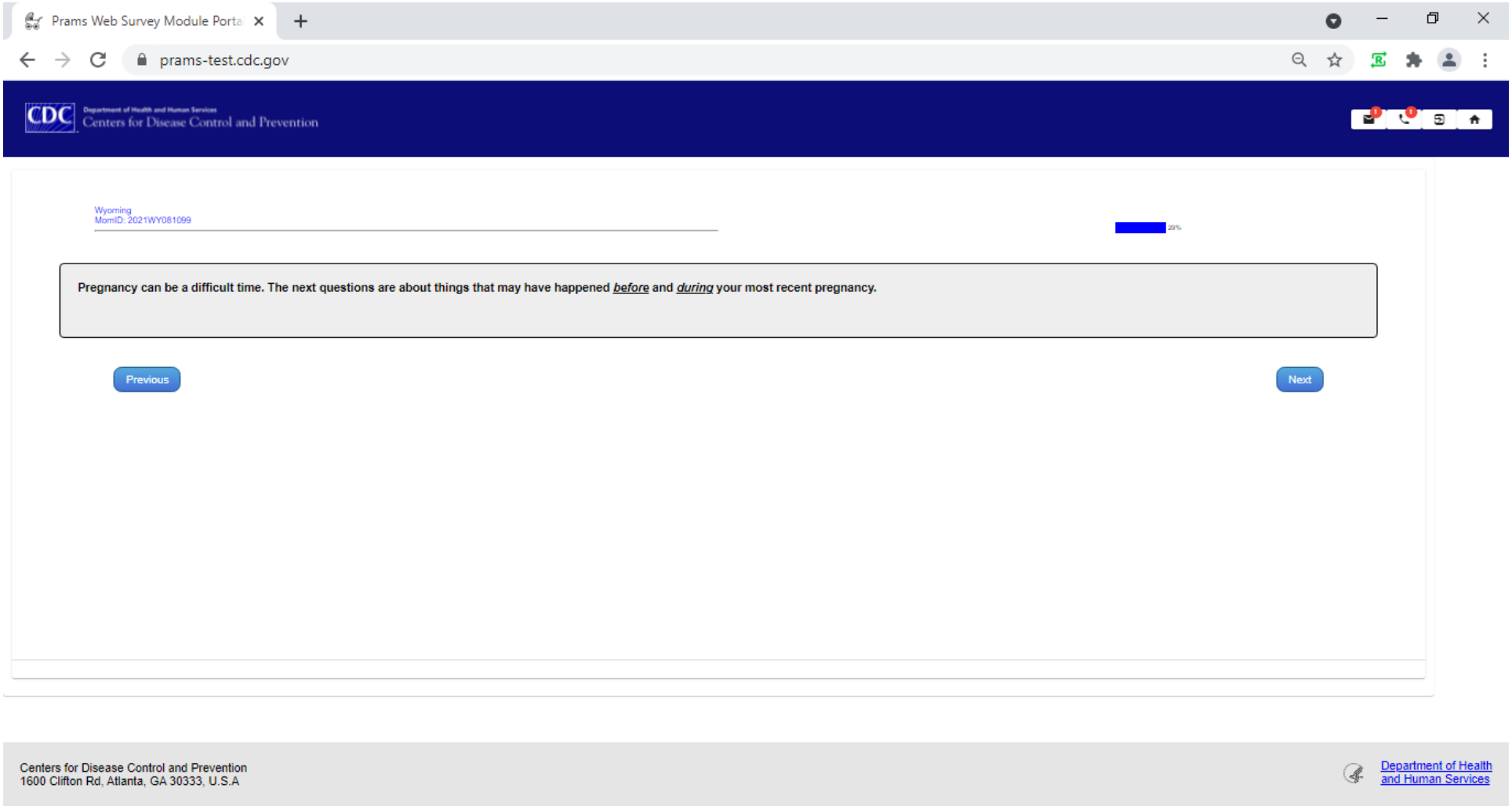
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Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.
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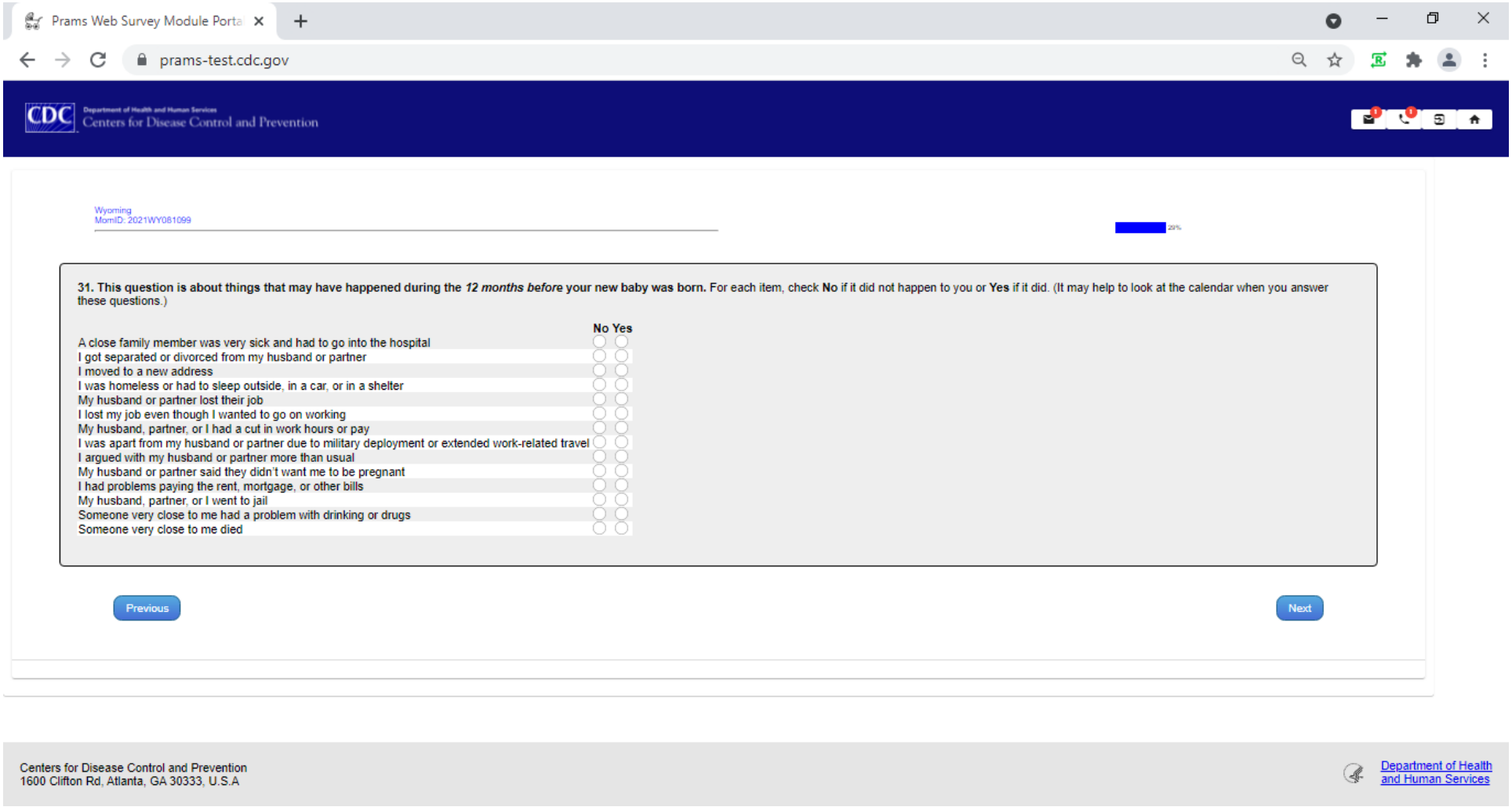
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31. This question is about things that may have happened during the 12 months before your new baby was born. For each item, check No if it did not happen to you or Yes if it did. (It may help to look at the calendar when you answer these questions.)
No Yes
A close family member was very sick and had to go into the hospital
I got separated or divorced from my husband or partner
I moved to a new address
I was homeless or had to sleep outside, in a car, or in a shelter
My husband or partner lost their job
I lost my job even though I wanted to go on working
My husband, partner, or I had a cut in work hours or pay
I was apart from my husband or partner due to military deployment or extended work-related travel
I argued with my husband or partner more than usual
My husband or partner said they didn't want me to be pregnant
I had problems paying the rent, mortgage, or other bills
My husband, partner, or I went to jail
Someone very close to me had a problem with drinking or drugs
Someone very close to me died
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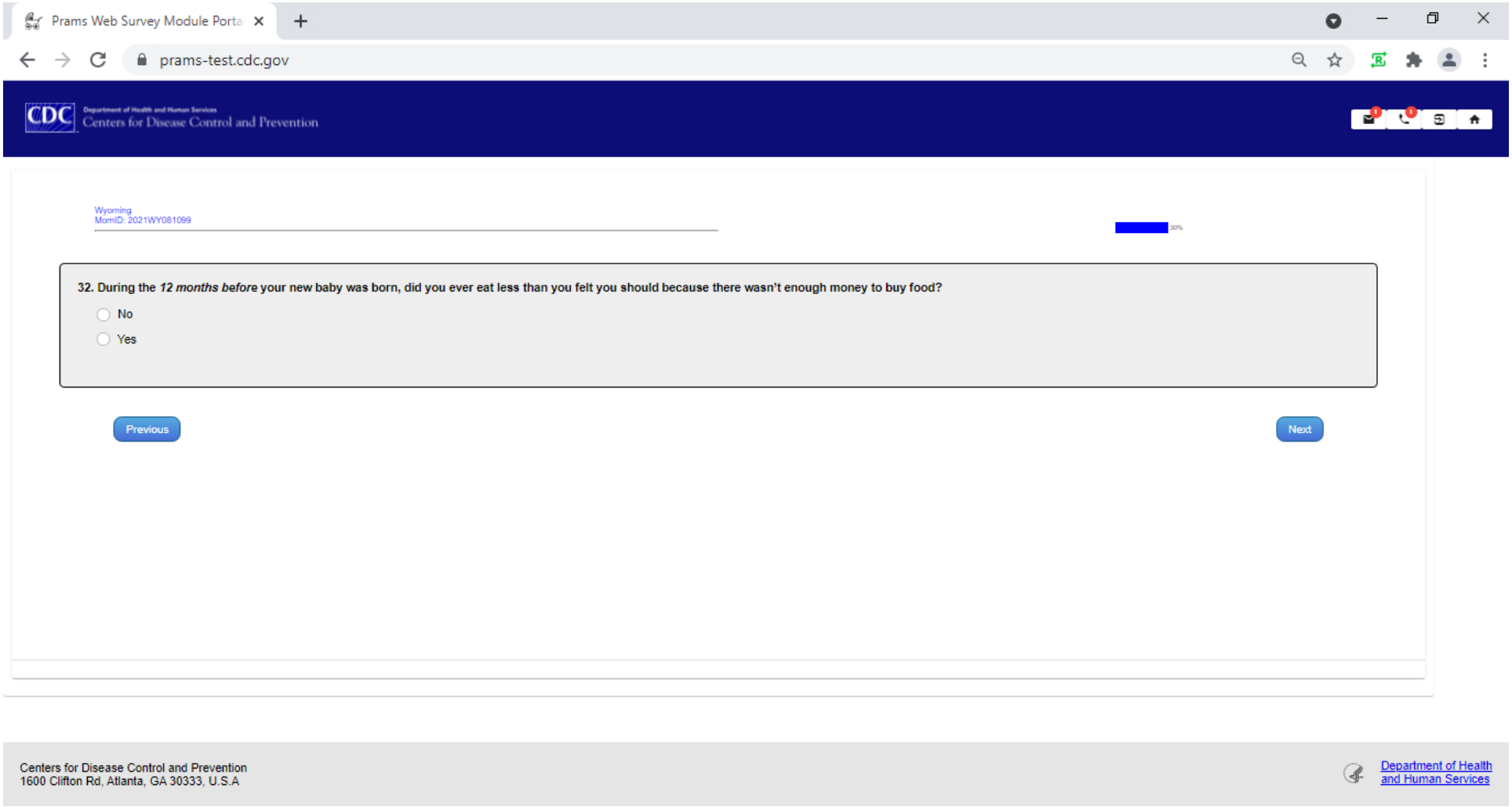
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32. During the 12 months before your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?
No
Yes
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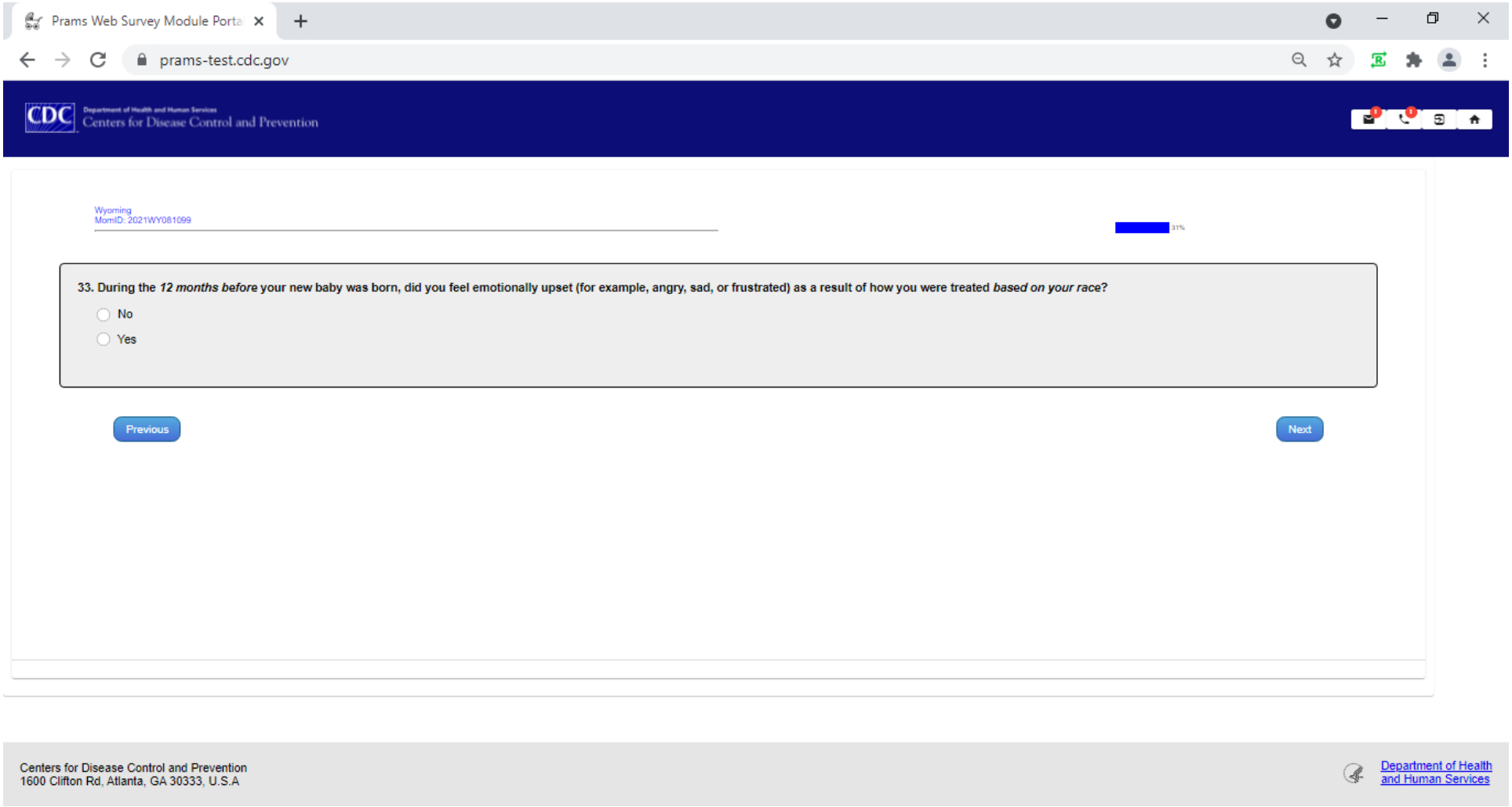
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33. During the 12 months before your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated based on your race?
No
Yes
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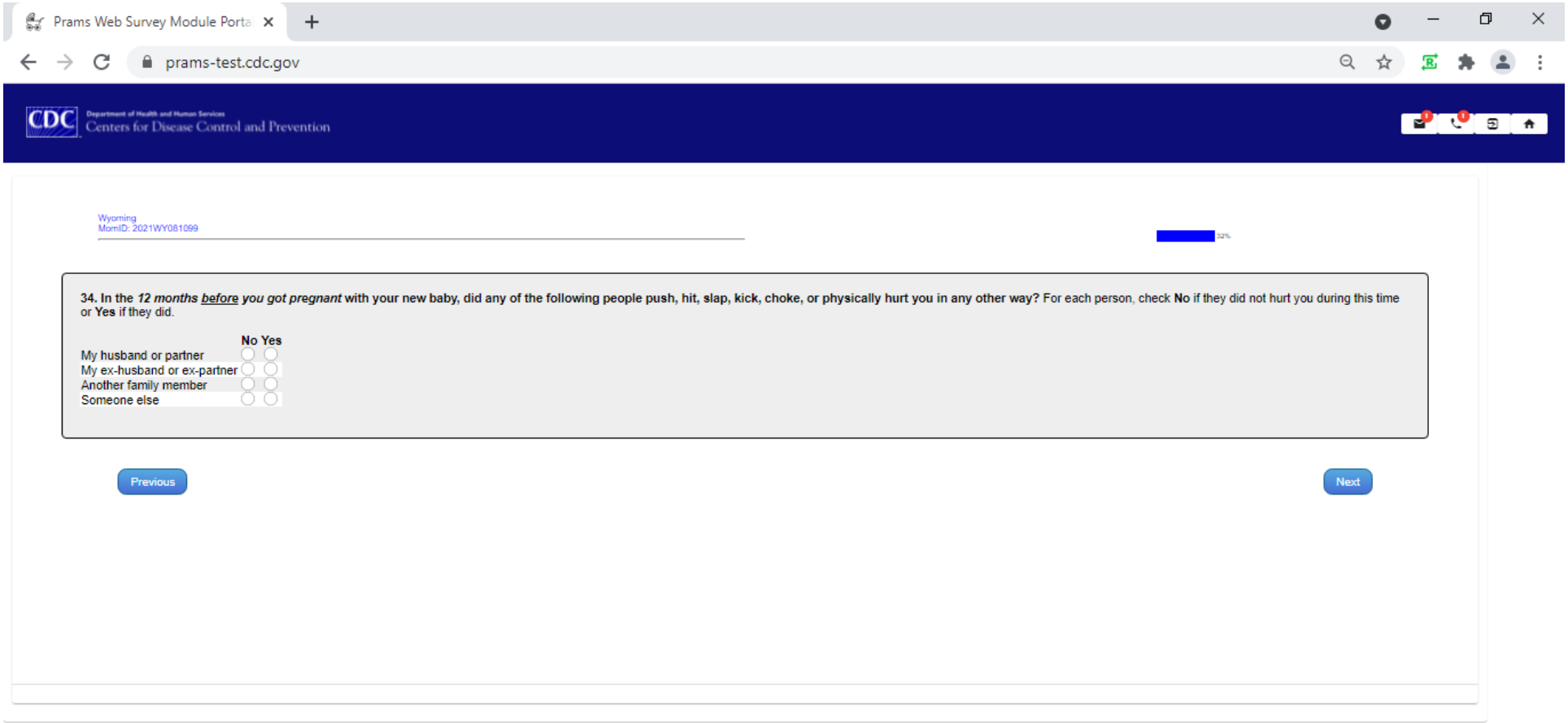
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34. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.
No Yes
My husband or partner
My ex-husband or ex-partner
Another family member
Someone else
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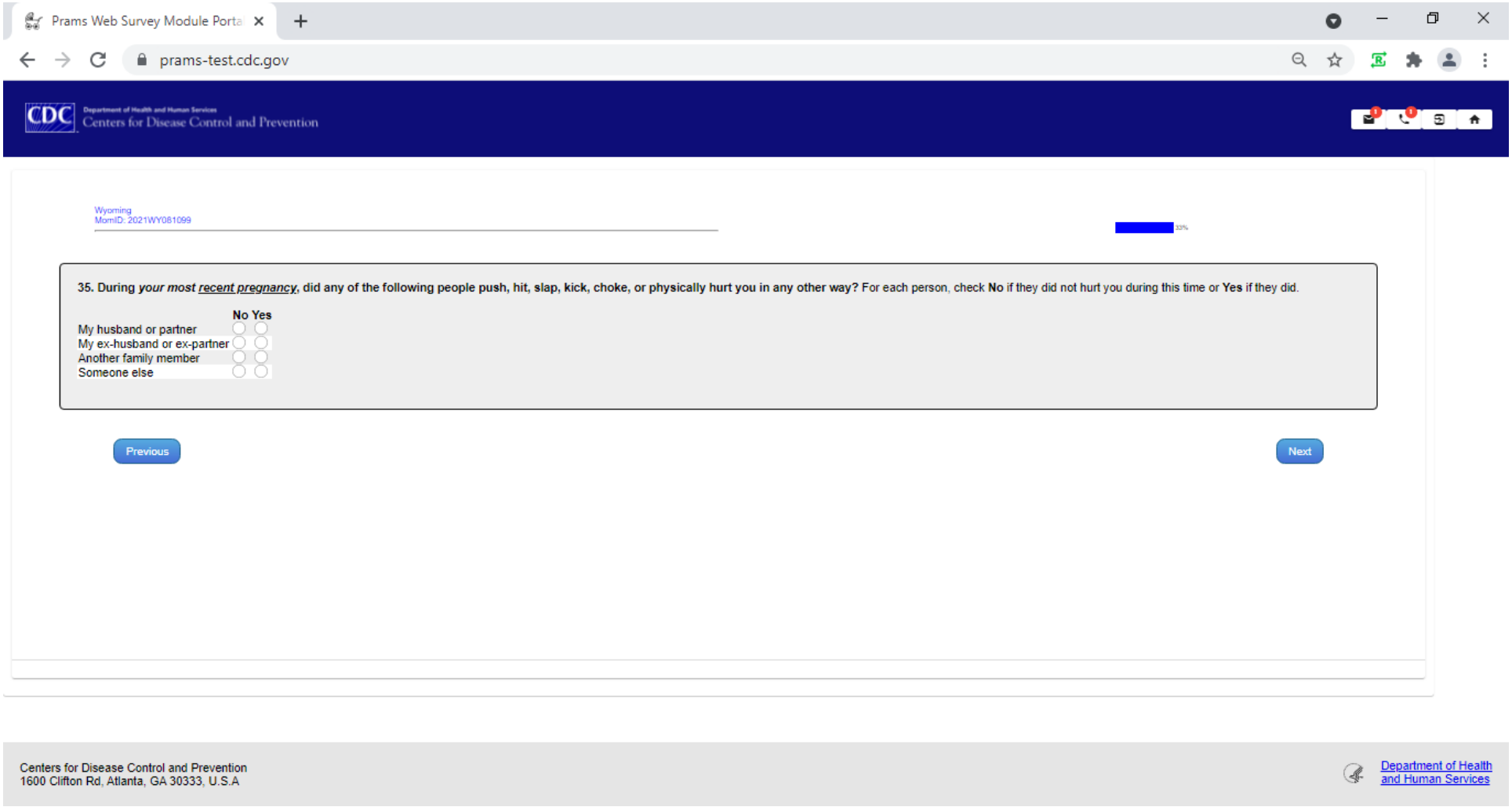
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35. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.
No Yes
My husband or partner
My ex-husband or ex-partner
Another family member
Someone else
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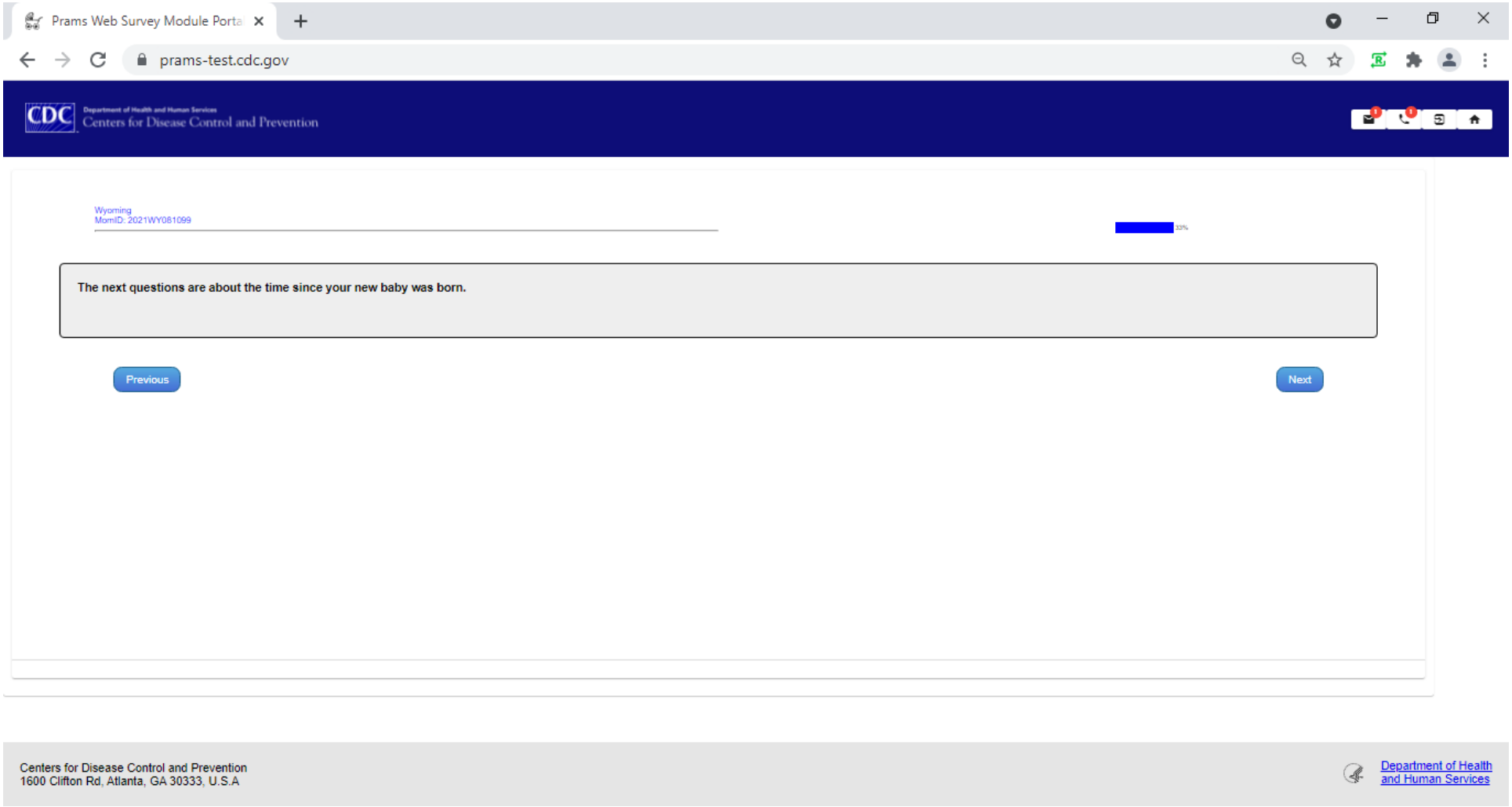
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The next questions are about the time since your new baby was born.
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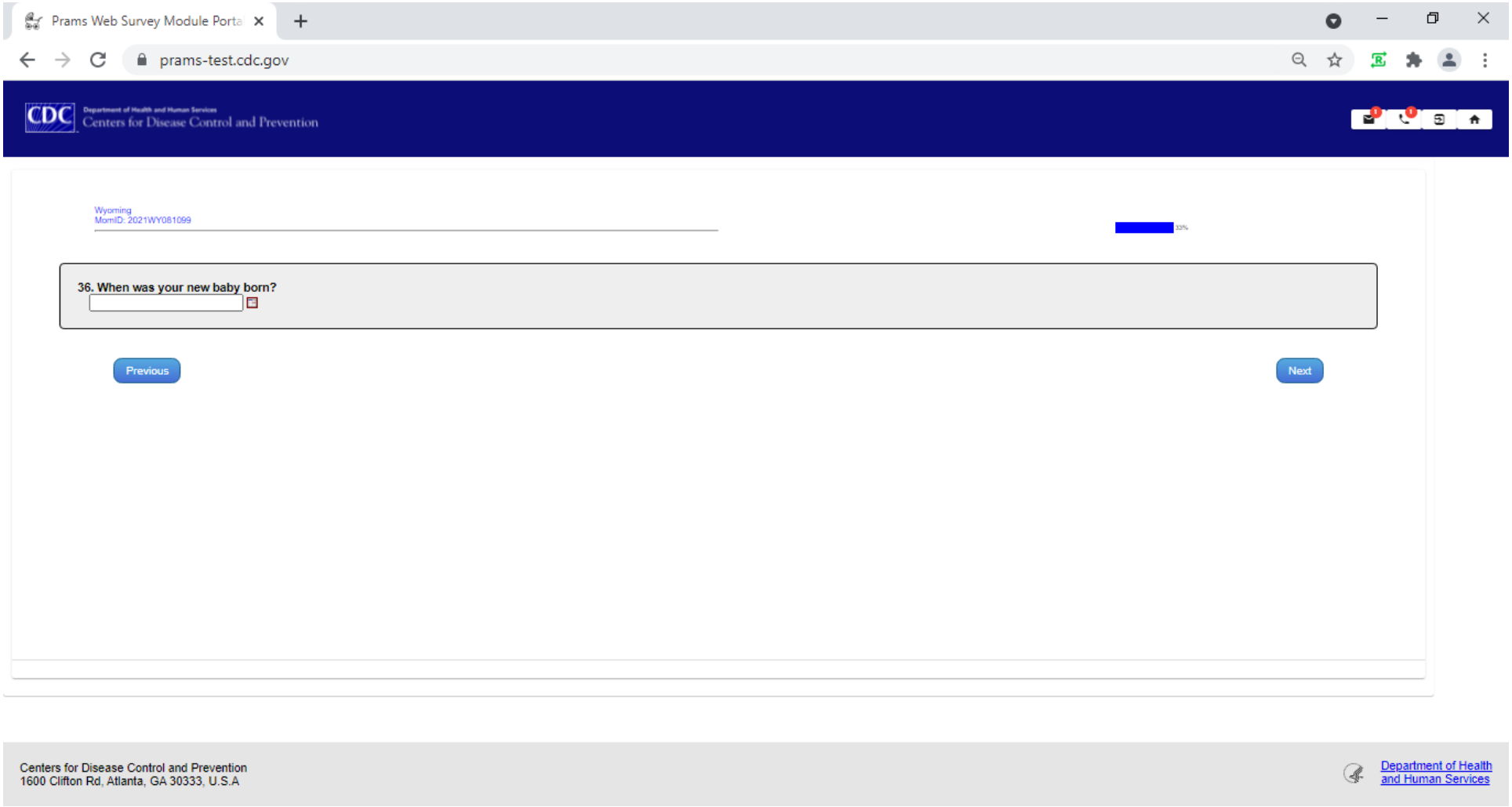
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36. When was your new baby born?
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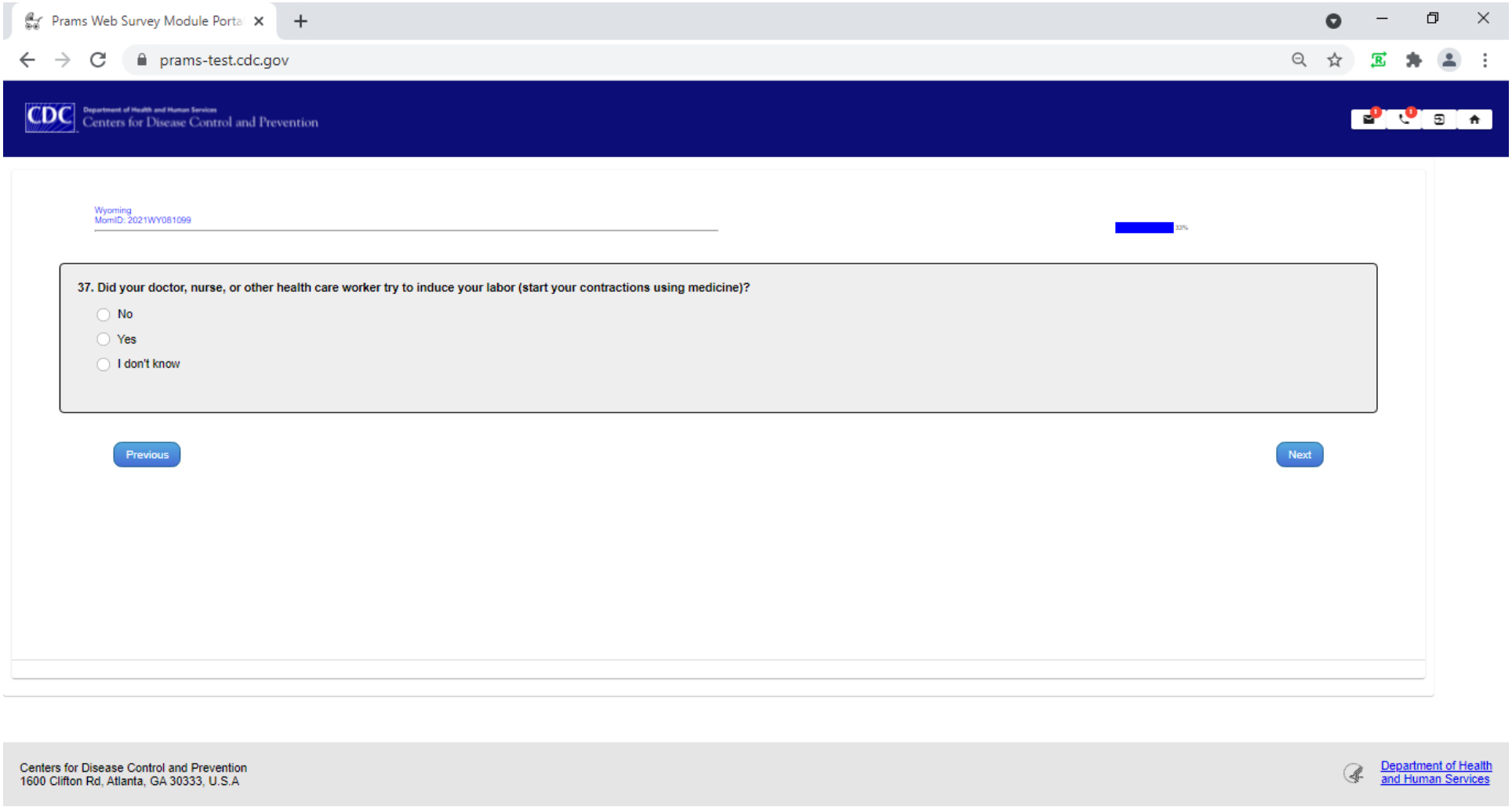
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37. Did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)?
No
Yes
I don't know
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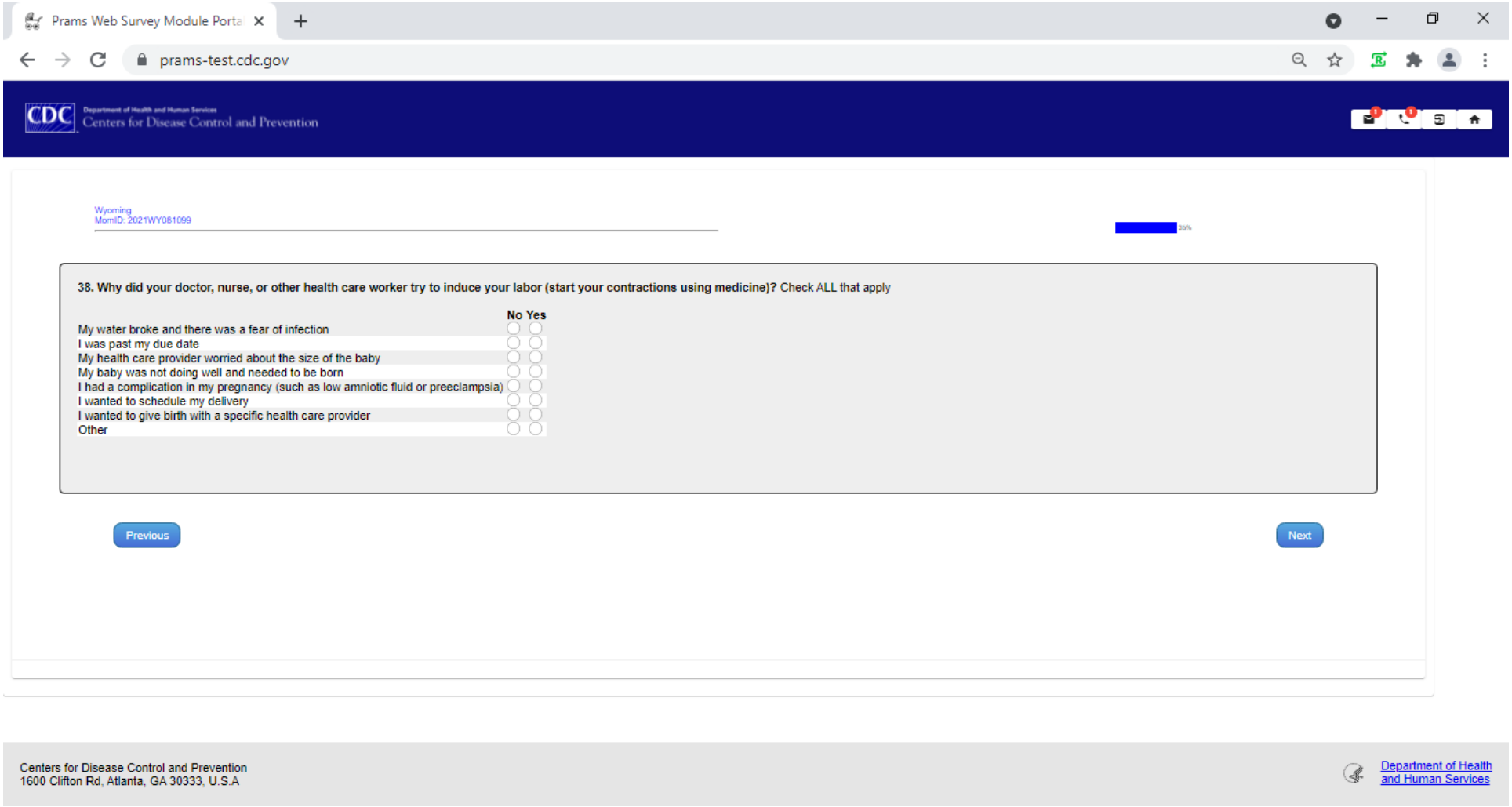
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38. Why did your doctor, nurse, or other health care worker try to induce your labor (start your contractions using medicine)? Check ALL that apply
No Yes
My water broke and there was a fear of infection
I was past my due date
My health care provider worried about the size of the baby
My baby was not doing well and needed to be born
I had a complication in my pregnancy (such as low amniotic fluid or preeclampsia)
I wanted to schedule my delivery
I wanted to give birth with a specific health care provider
Other
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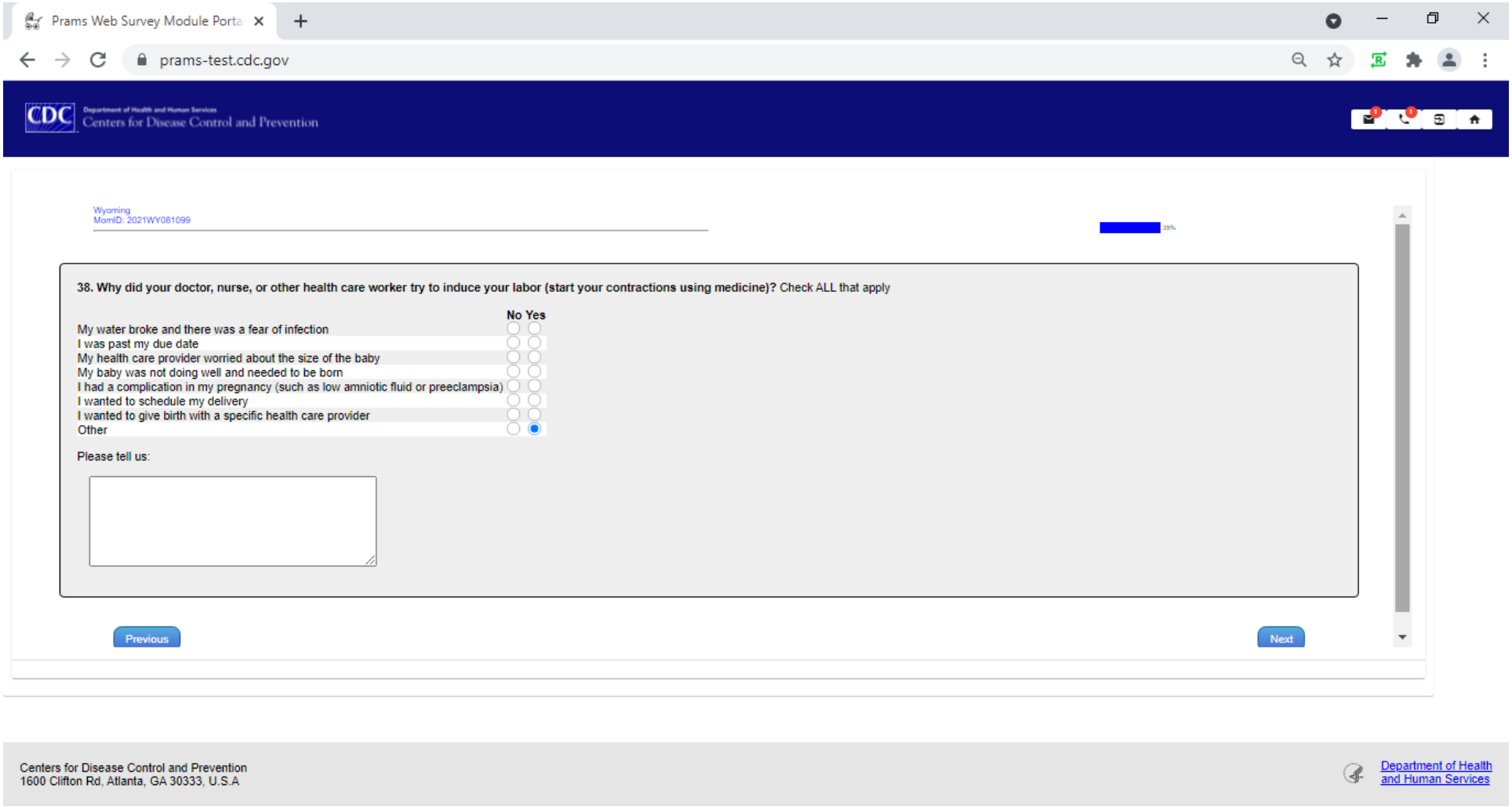
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I wanted to give birth with a specific health care provider
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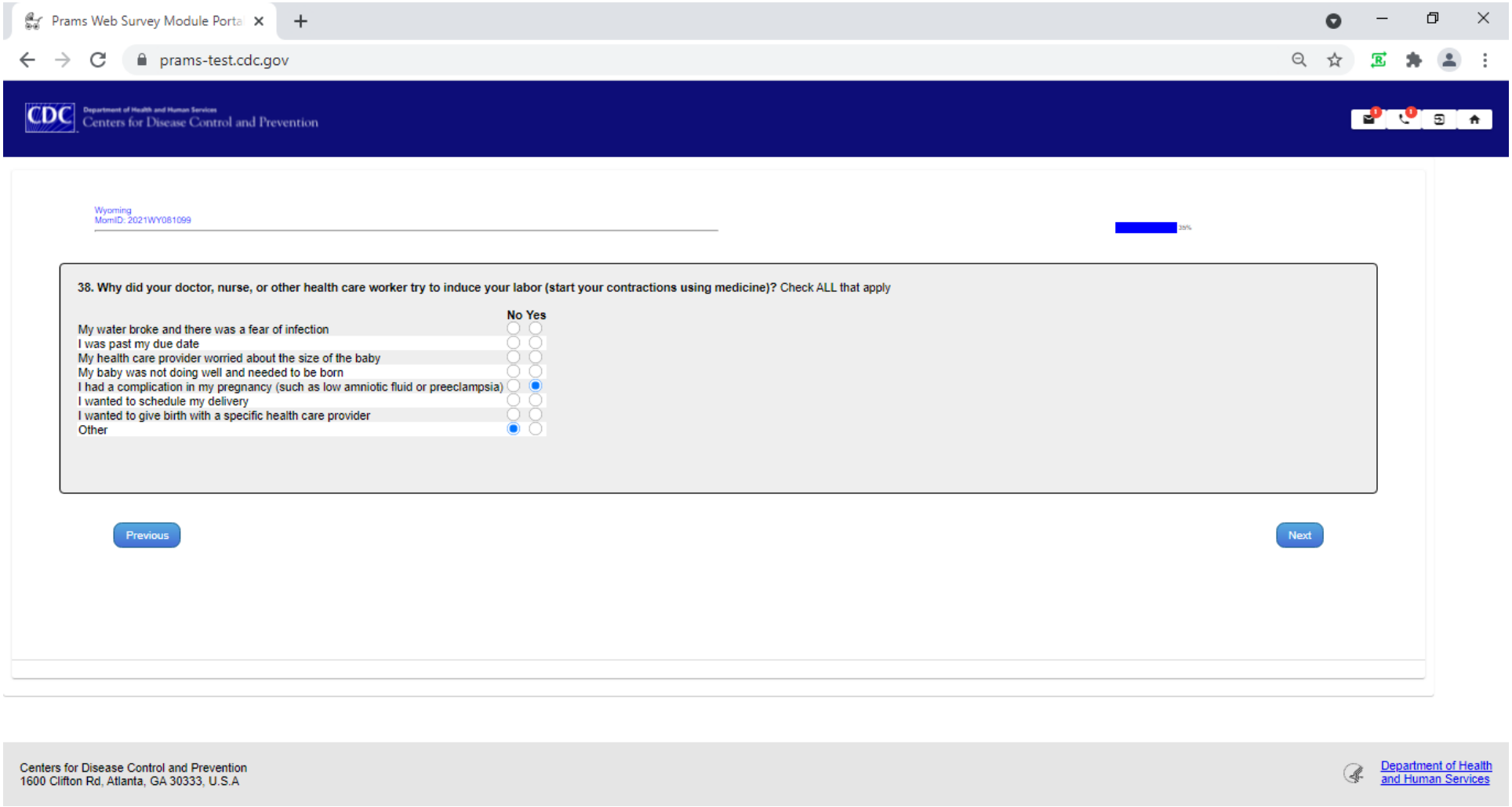
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I wanted to give birth with a specific health care provider
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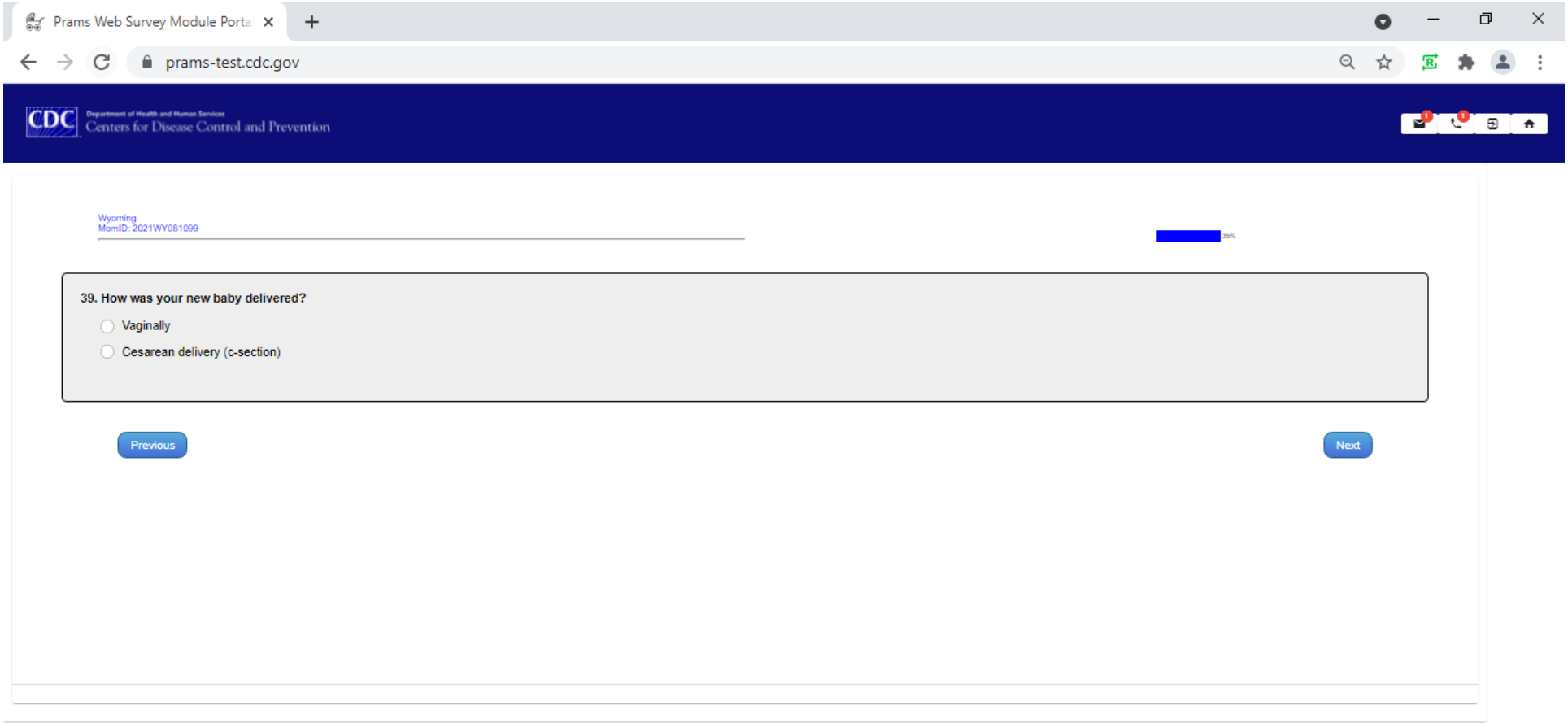
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39. How was your new baby delivered?
Vaginally
Cesarean delivery (c-section)
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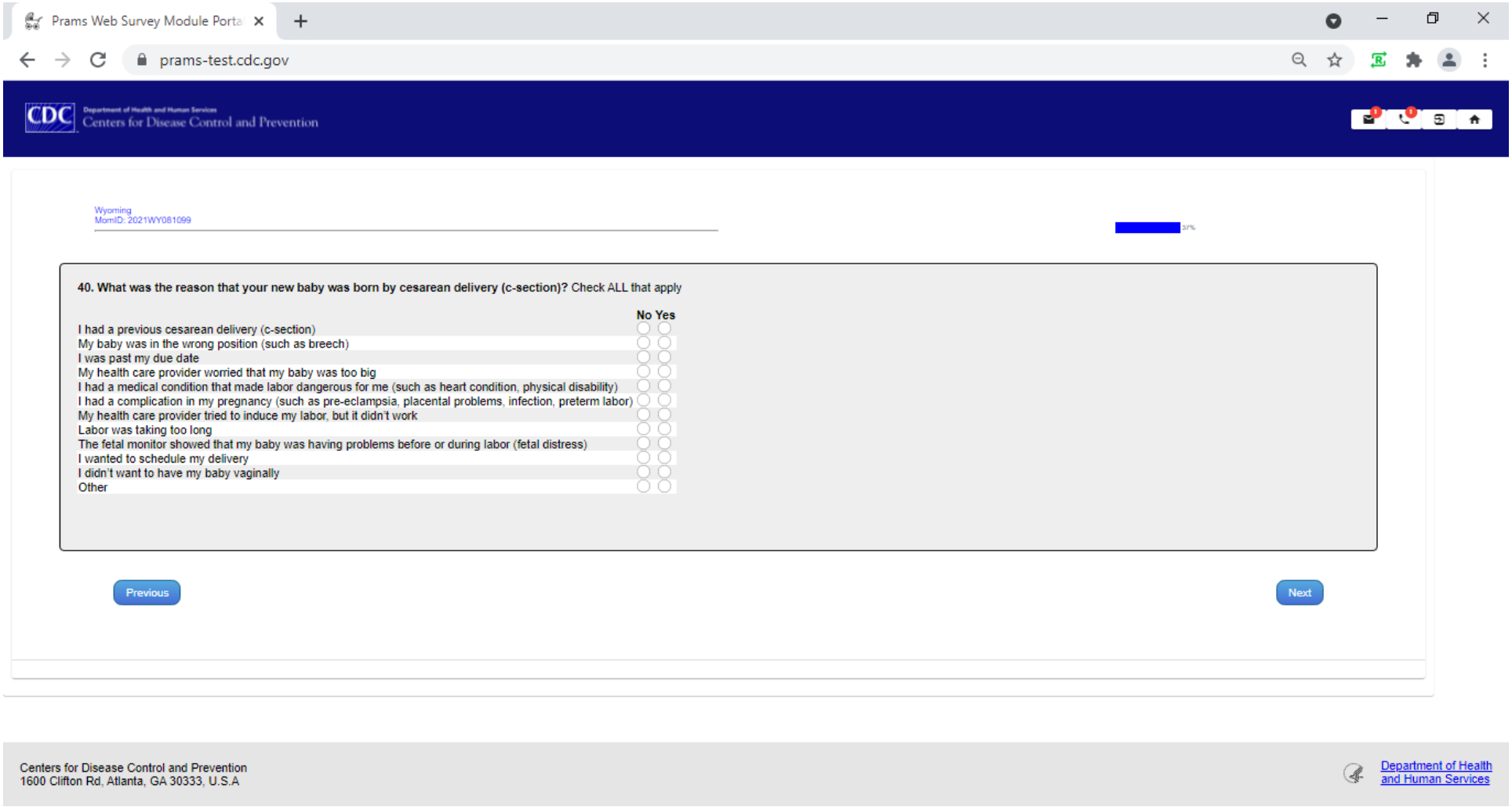
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40. What was the reason that your new baby was born by cesarean delivery (c-section)? Check ALL that apply
No Yes
I had a previous cesarean delivery (c-section)
My baby was in the wrong position (such as breech)
I was past my due date
My health care 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
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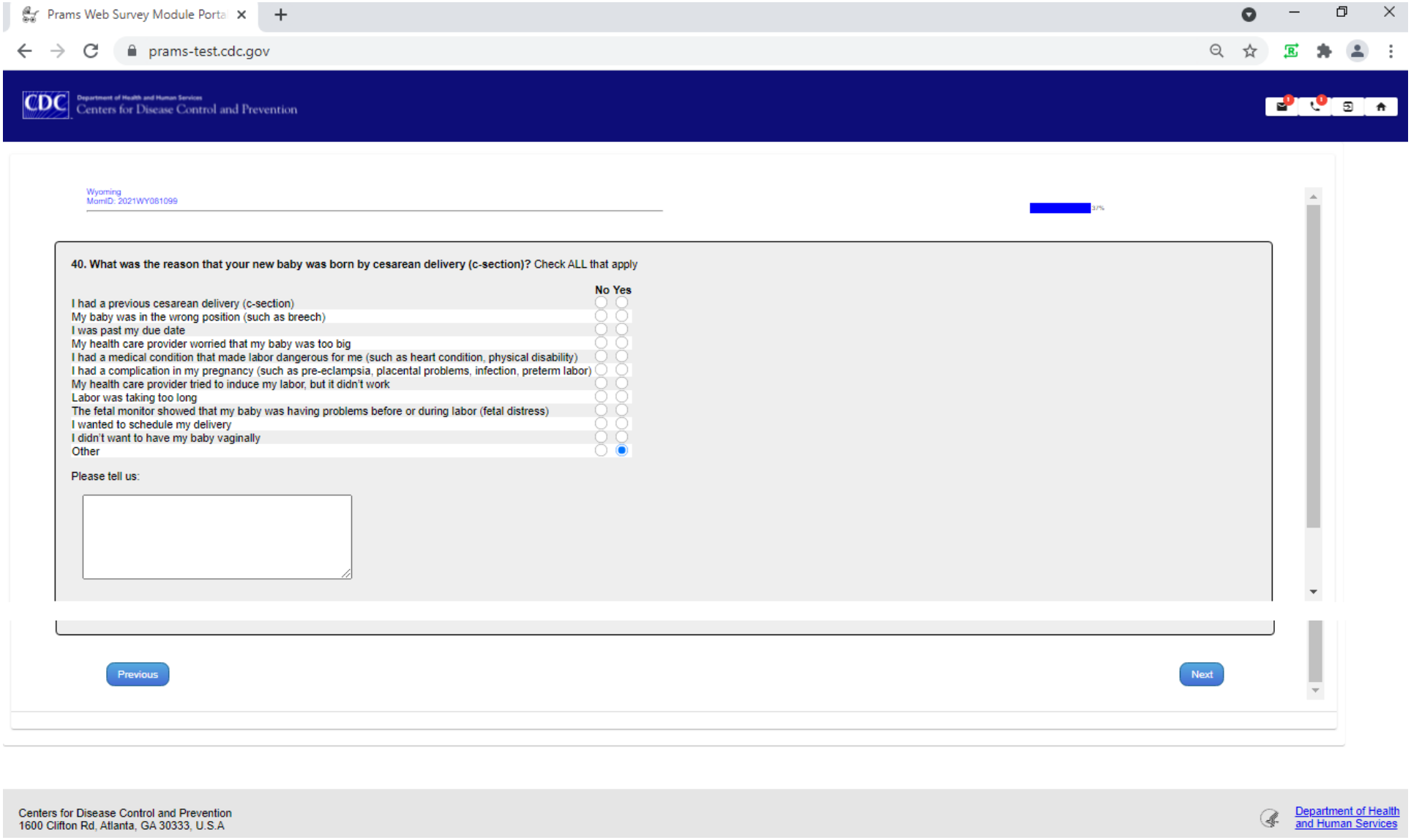
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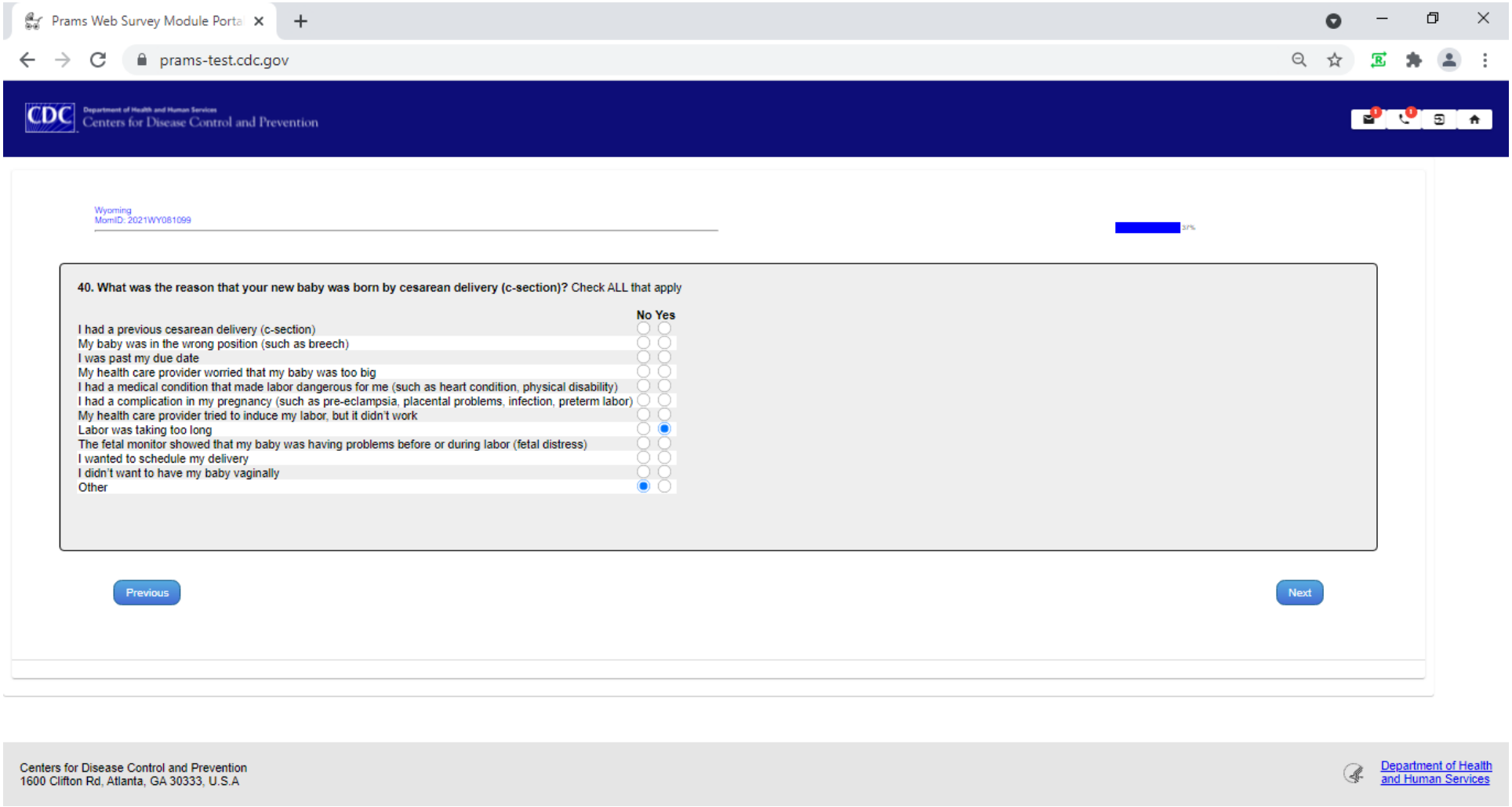
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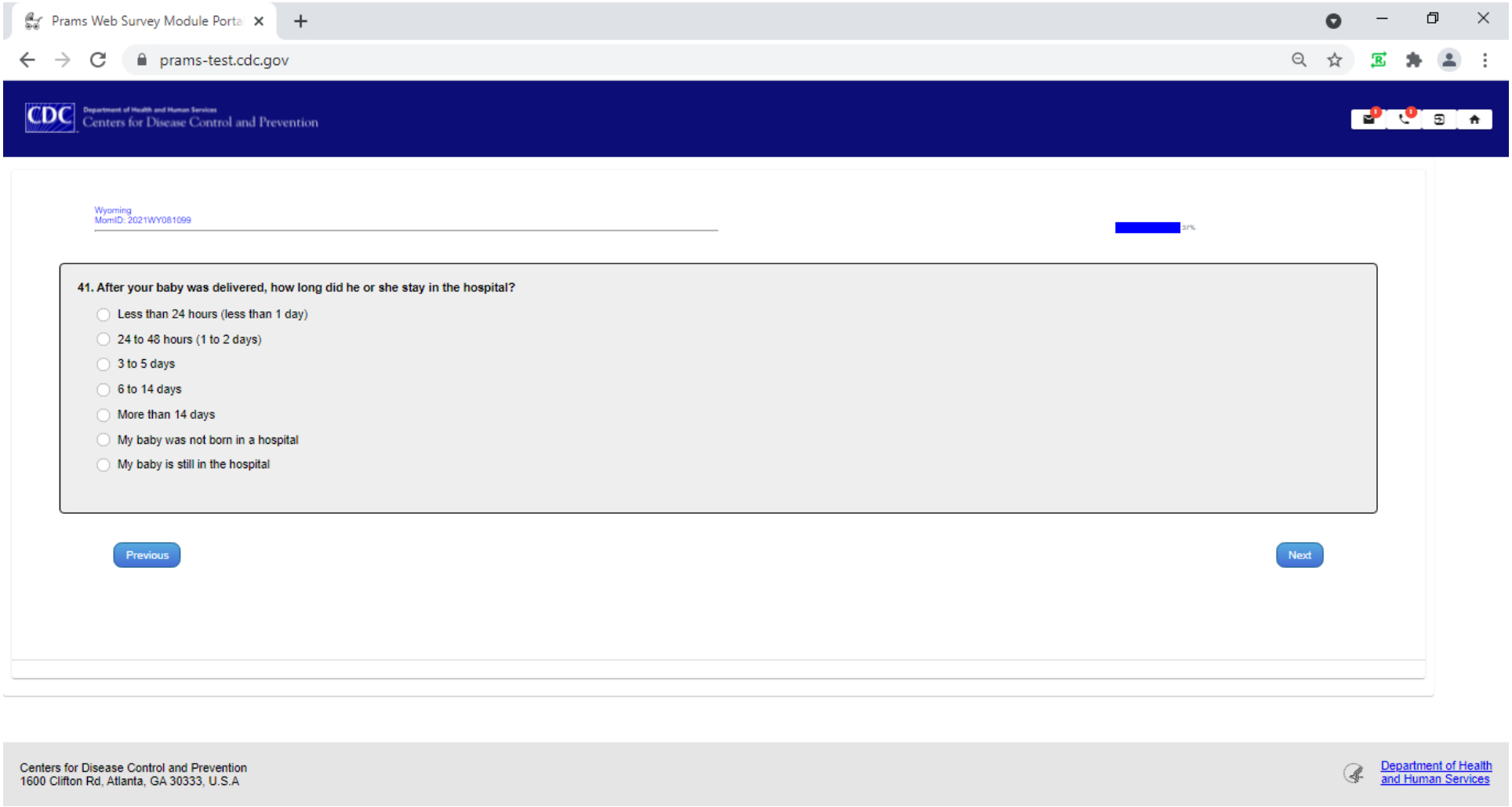
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41. After your baby was delivered, how long did he or she stay in the hospital?
Less than 24 hours (less than 1 day)
24 to 48 hours (1 to 2 days)
3 to 5 days
6 to 14 days
More than 14 days
My baby was not born in a hospital
My baby is still in the hospital
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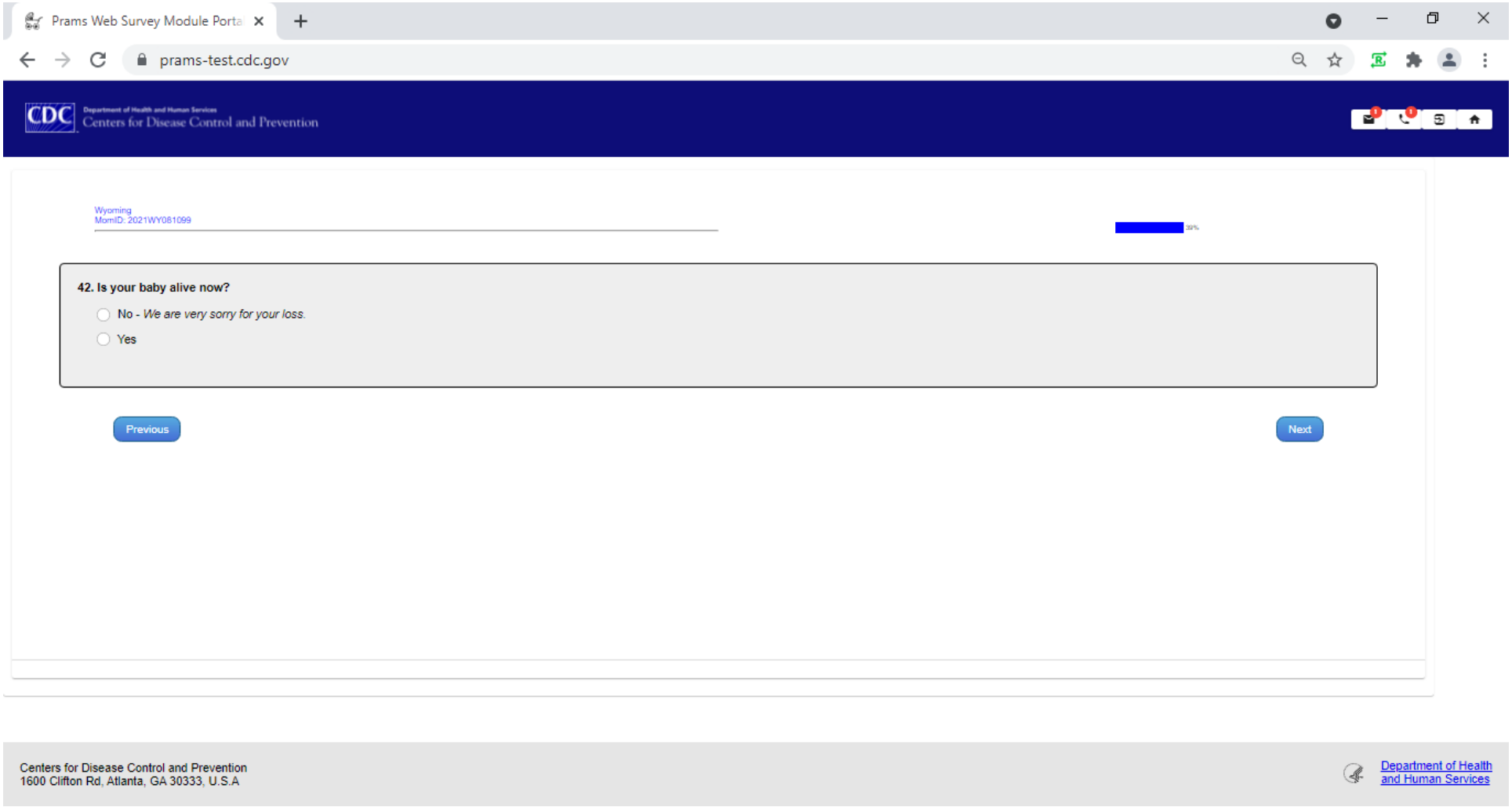
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42. Is your baby alive now?
No - We are very sorry for your loss.
Yes
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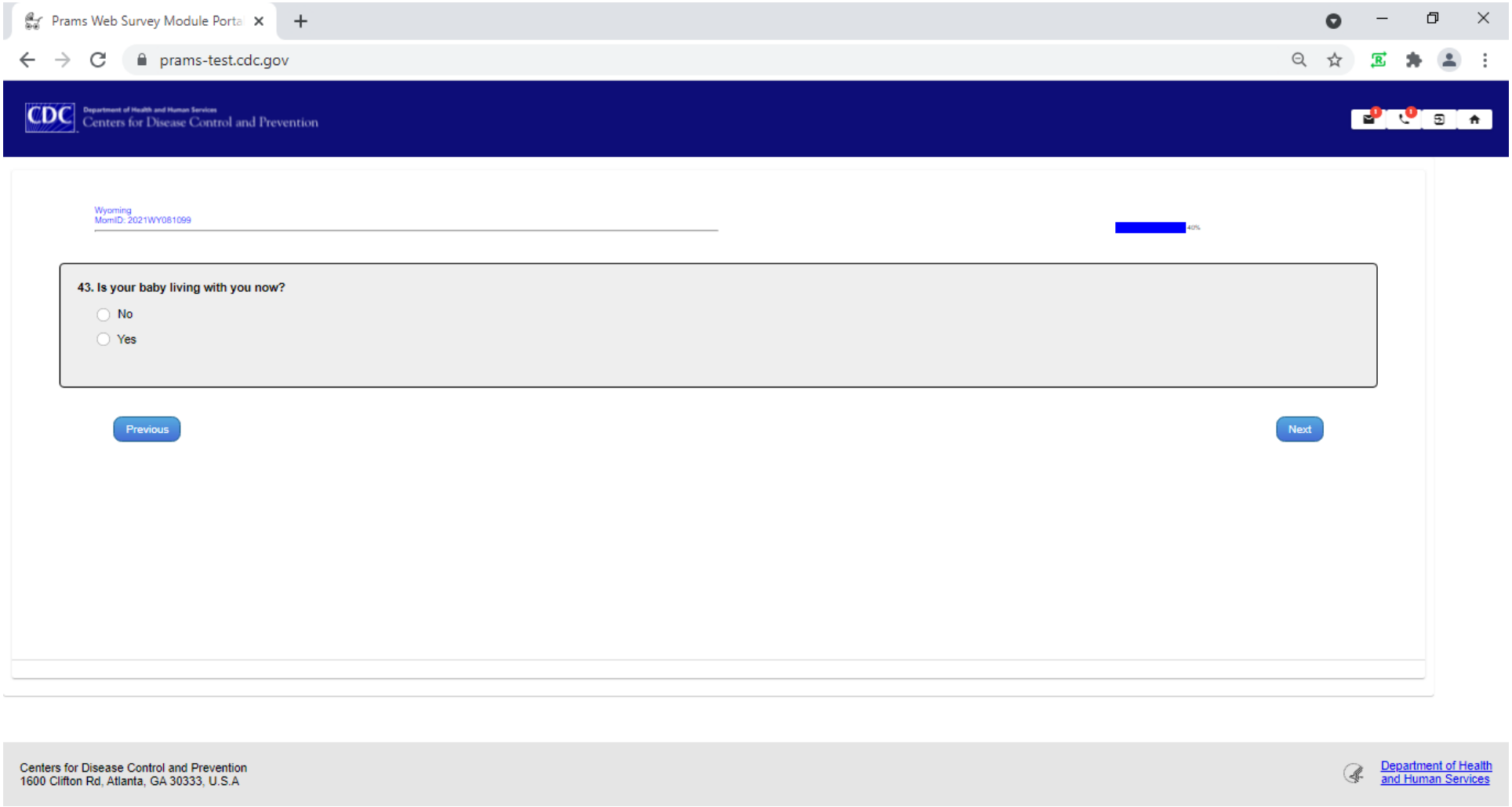
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43. Is your baby living with you now?
No
Yes
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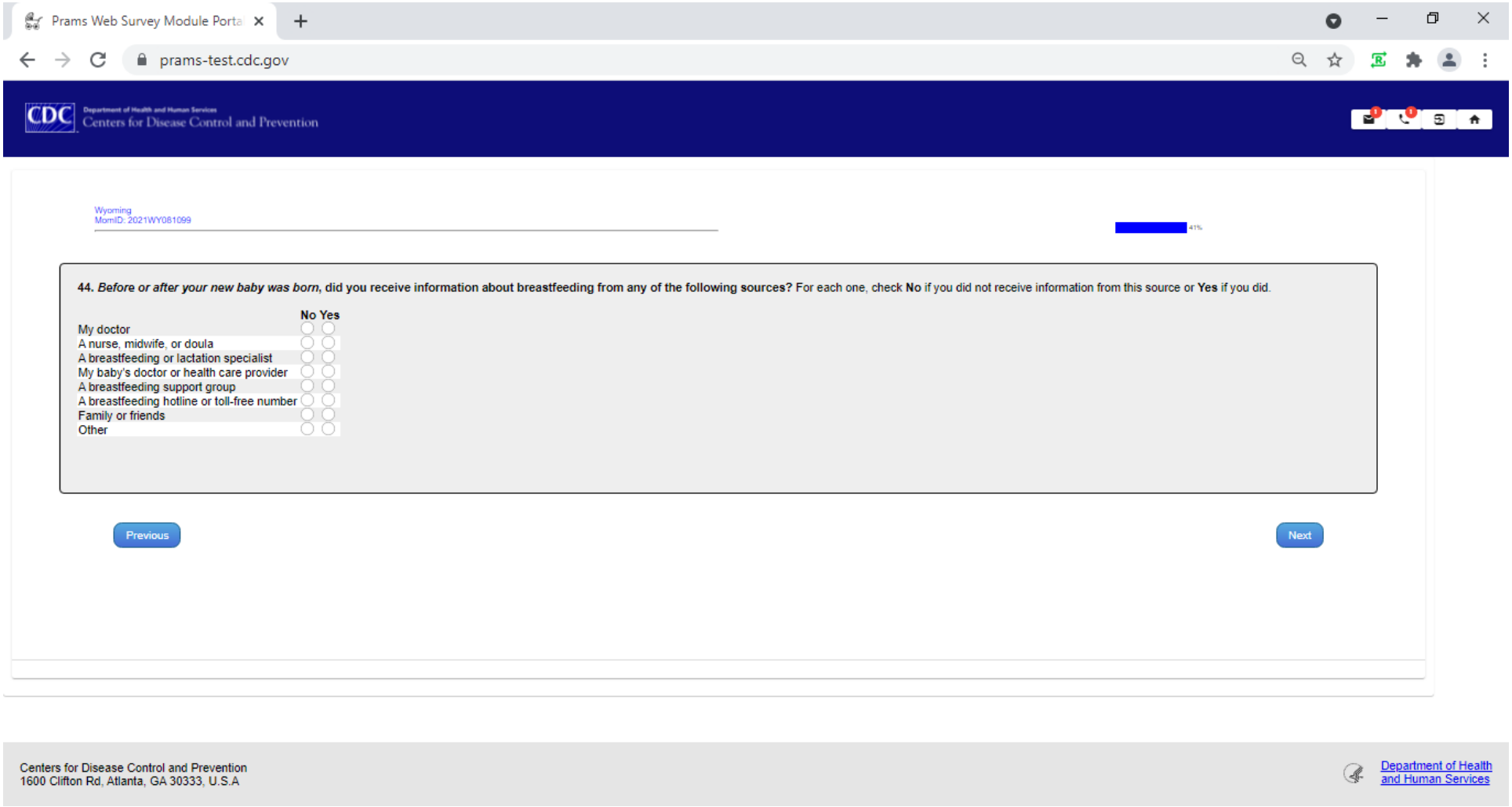
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44. Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check No if you did not receive information from this source or Yes if you did.
No Yes
My doctor
A nurse, midwife, 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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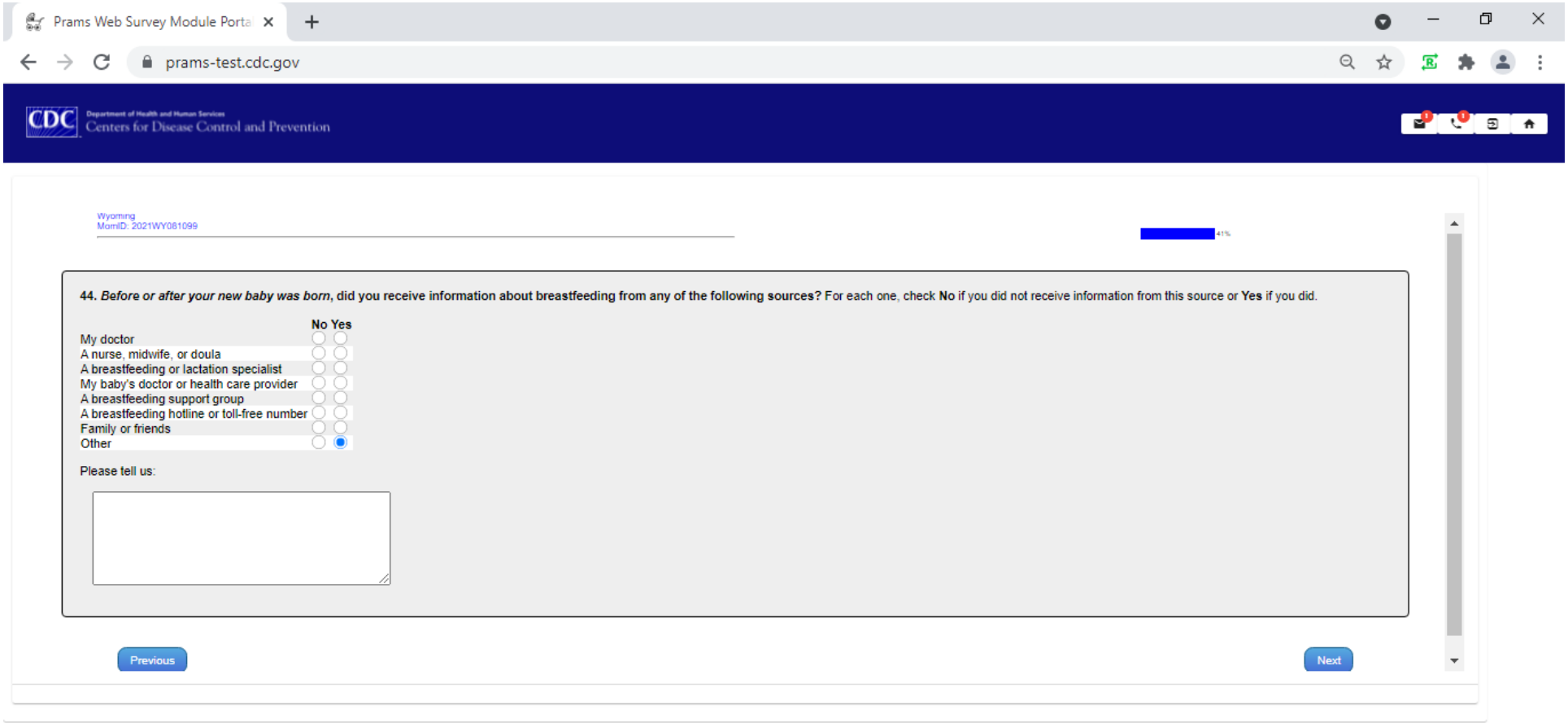
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My baby's doctor or health care provider
A breastfeeding support group
A breastfeeding hotline or toll-free number
Family or friends
Other
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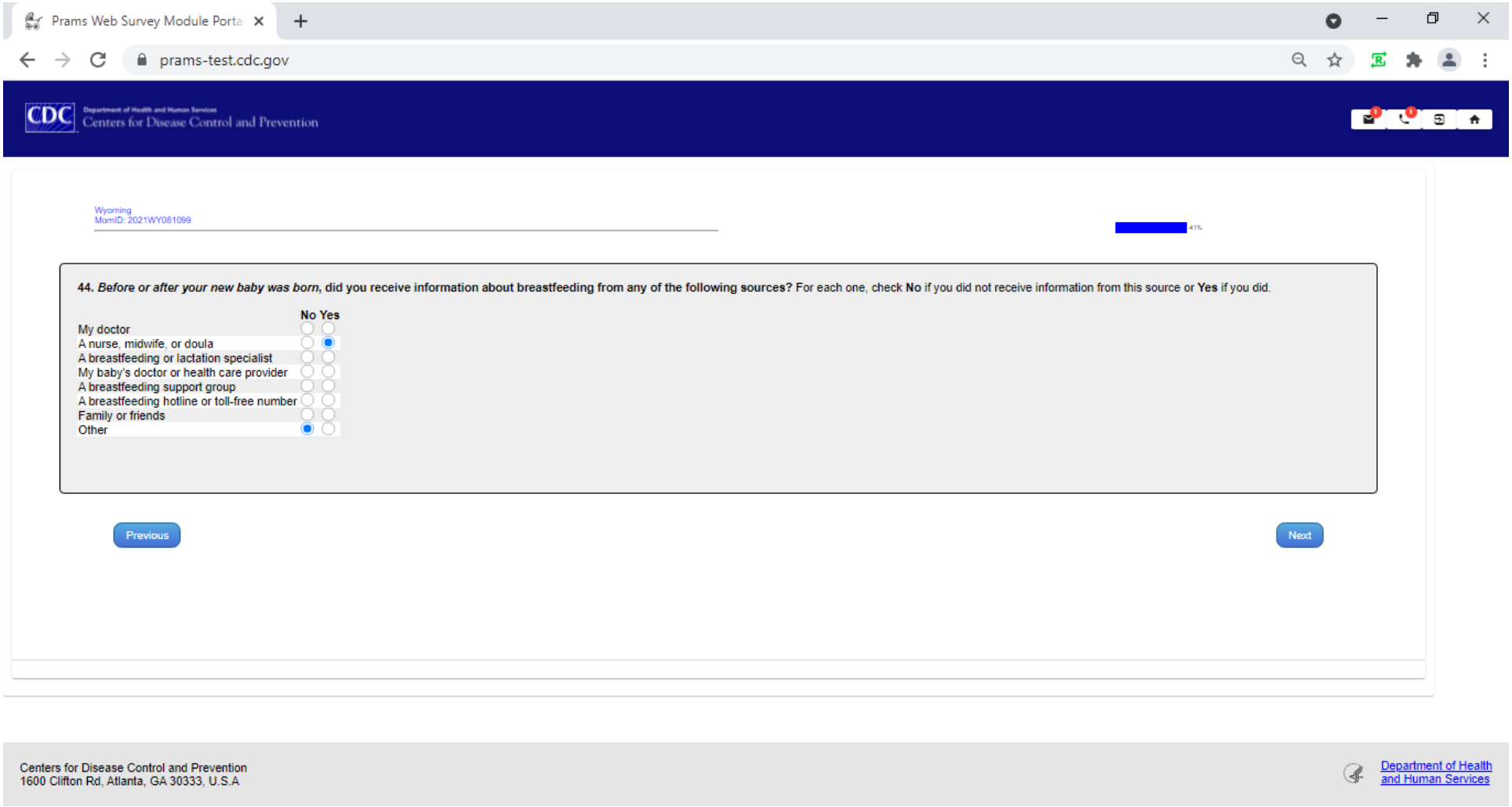
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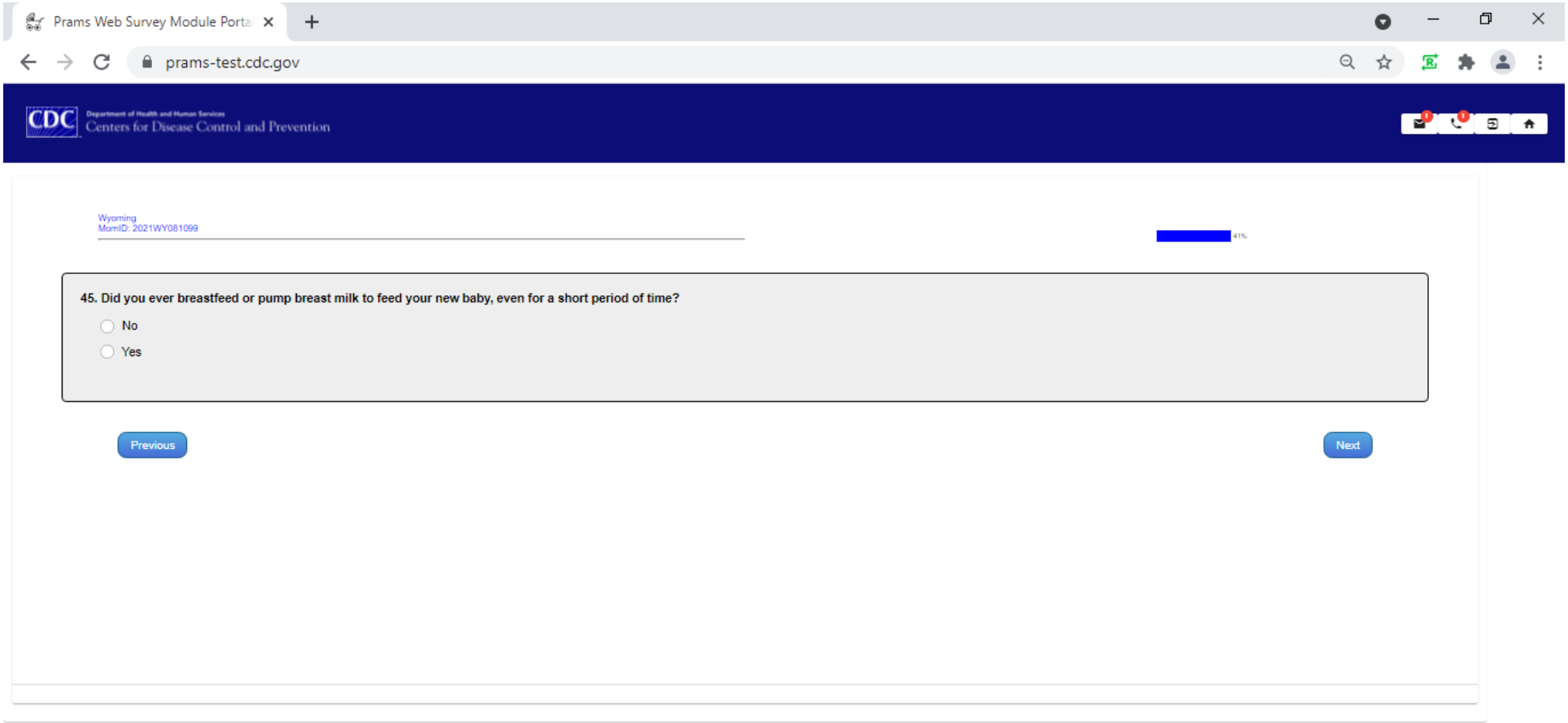
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45. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
No
Yes
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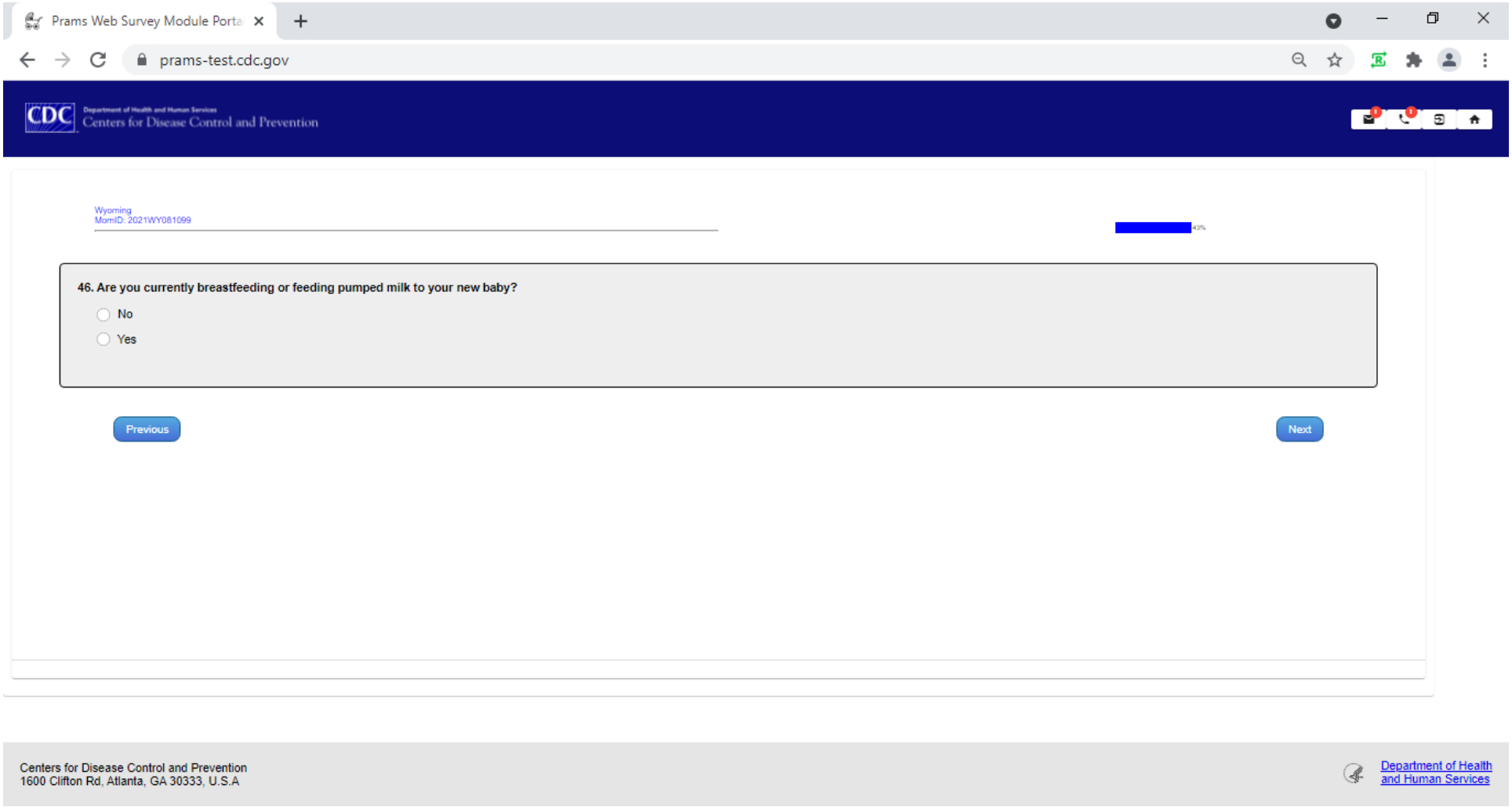
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46. Are you currently breastfeeding or feeding pumped milk to your new baby?
No
Yes
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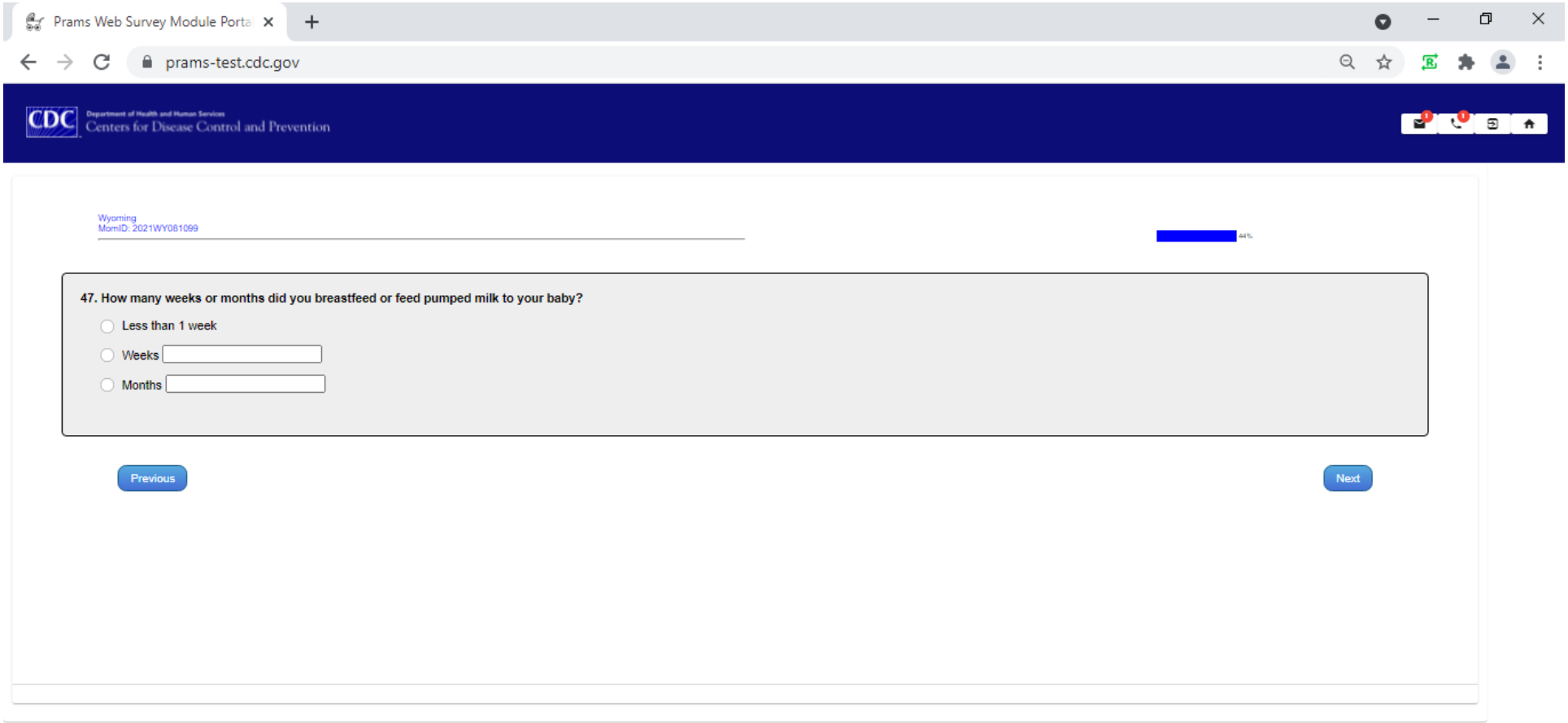
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47. How many weeks or months did you breastfeed or feed pumped milk to your baby?
Less than 1 week
Weeks
Months
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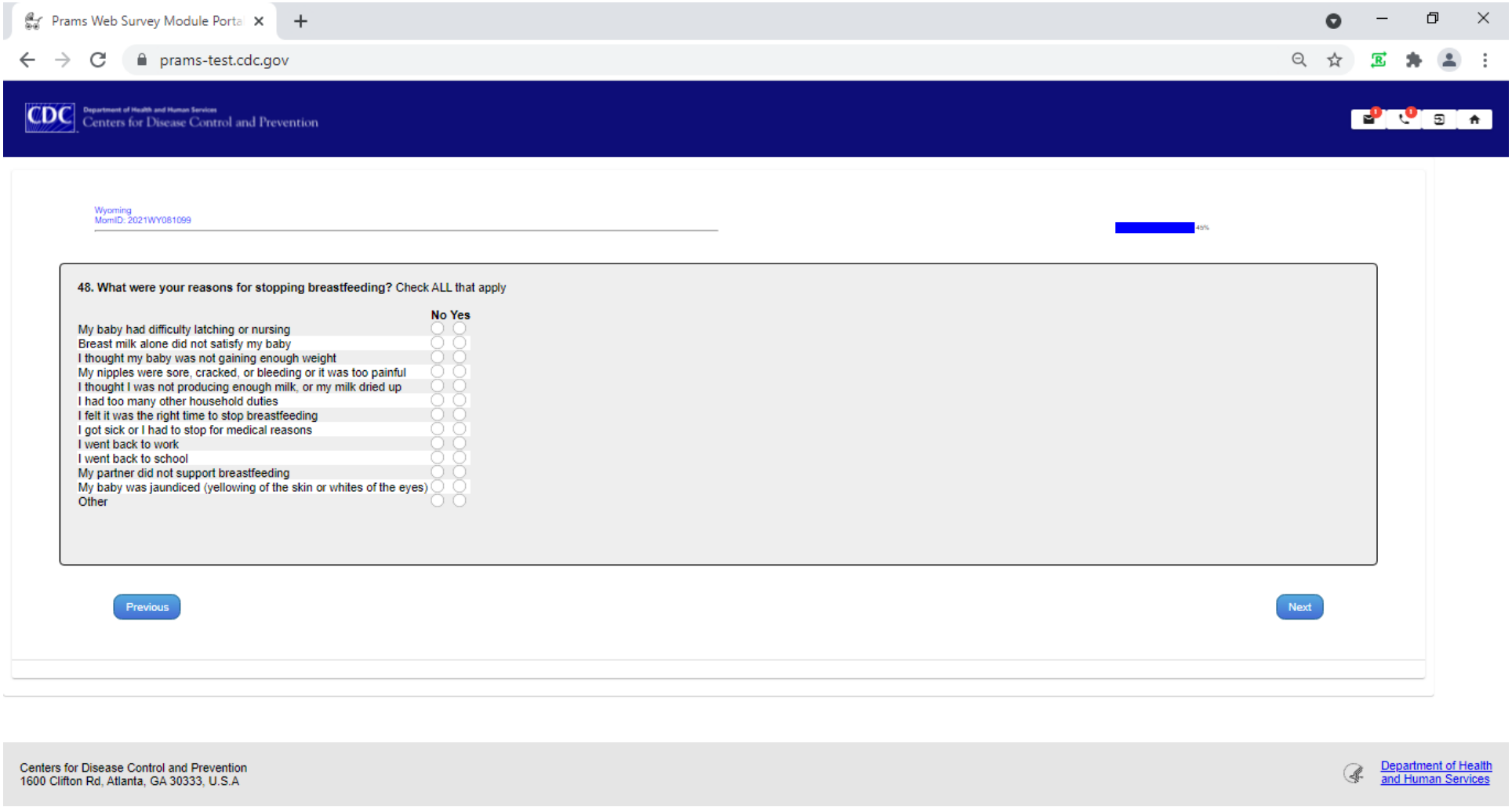
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48. What were your reasons for stopping breastfeeding? Check ALL that apply
No Yes
My baby had difficulty latching or nursing
Breast milk alone did not satisfy my baby
I thought my baby was not gaining enough weight
My nipples were sore, cracked, or bleeding or it was too painful
I thought I was not producing enough milk, or my milk dried up
I had too many other household duties
I felt it was the right time to stop breastfeeding
I got sick or I had to stop for medical reasons
I went back to work
I went back to school
My partner did not support breastfeeding
My baby was jaundiced (yellowing of the skin or whites of the eyes)
Other
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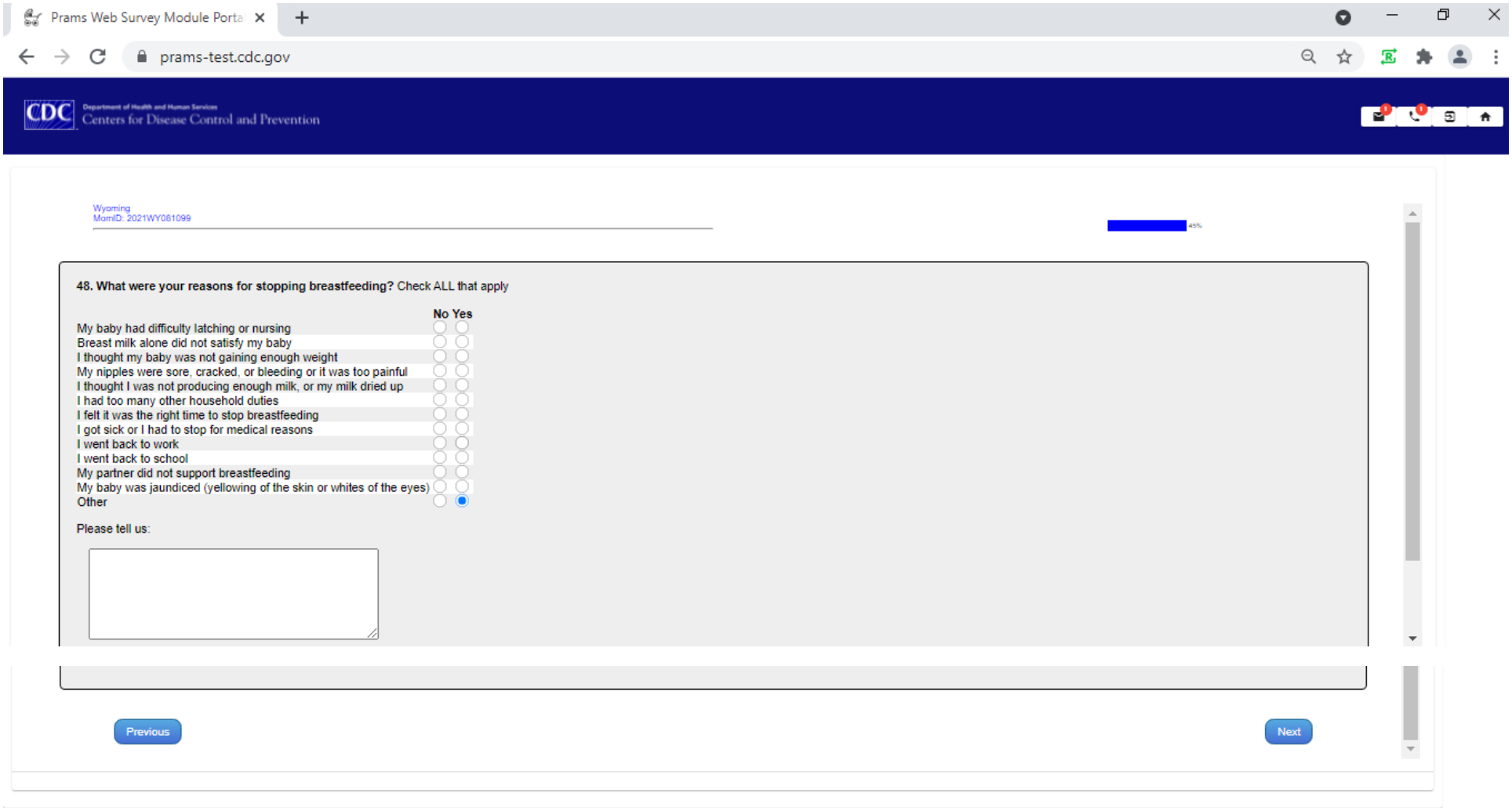
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48. What were your reasons for stopping breastfeeding? Check ALL that apply
No Yes
My baby had difficulty latching or nursing
Breast milk alone did not satisfy my baby
I thought my baby was not gaining enough weight
My nipples were sore, cracked, or bleeding or it was too painful
I thought I was not producing enough milk, or my milk dried up
I had too many other household duties
I felt it was the right time to stop breastfeeding
I got sick or I had to stop for medical reasons
I went back to work
I went back to school
My partner did not support breastfeeding
My baby was jaundiced (yellowing of the skin or whites of the eyes)
Other
Please tell us:
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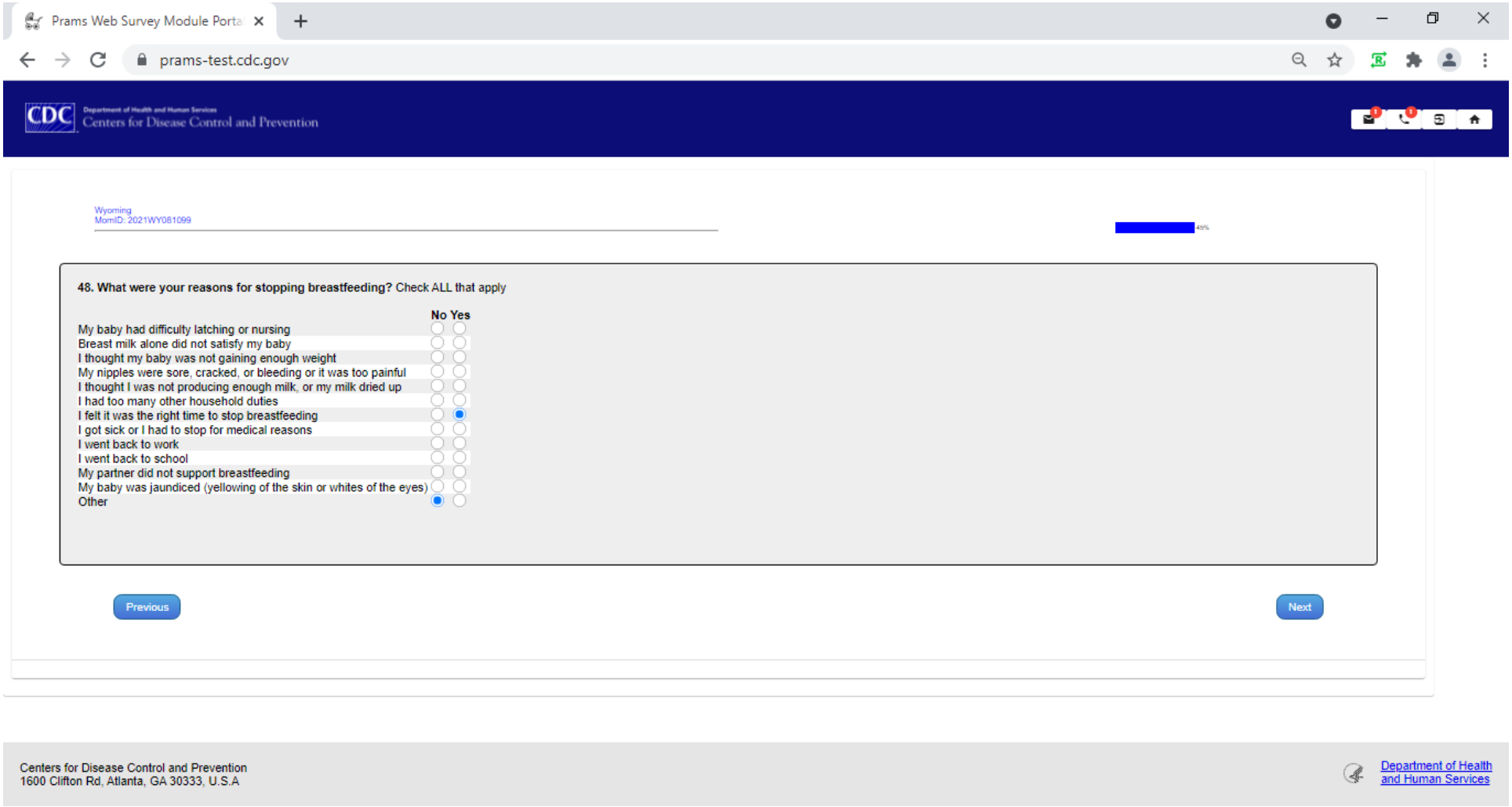
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I thought I was not producing enough milk, or my milk dried up
I had too many other household duties
I felt it was the right time to stop breastfeeding
I got sick or I had to stop for medical reasons
I went back to work
I went back to school
My partner did not support breastfeeding
My baby was jaundiced (yellowing of the skin or whites of the eyes)
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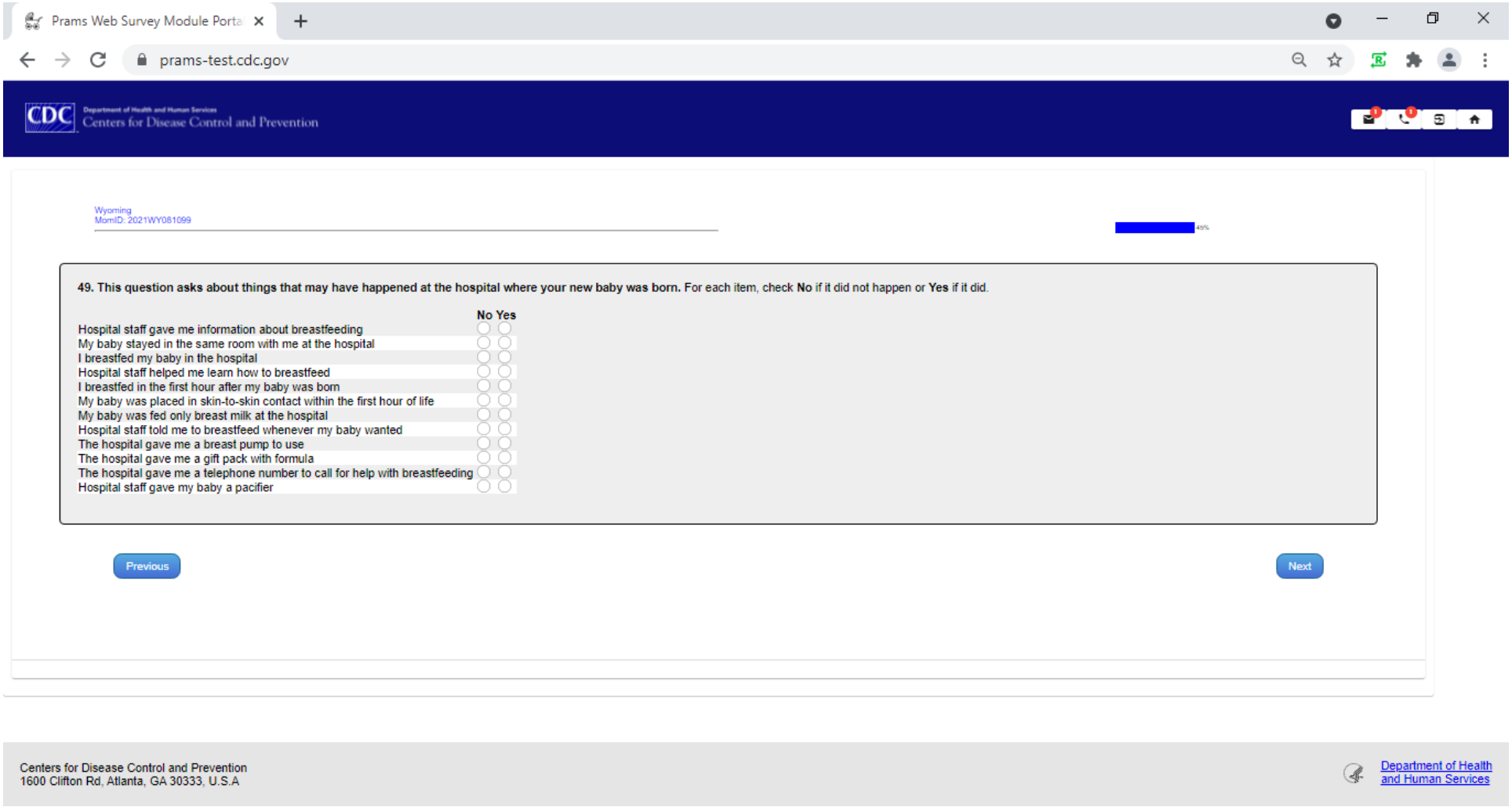
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49. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.
No Yes
Hospital staff gave me information about breastfeeding
My baby stayed in the same room with me at the hospital
I breastfed my baby in the hospital
Hospital staff helped me learn how to breastfeed
I breastfed in the first hour after my baby was born
My baby was placed in skin-to-skin contact within the first hour of life
My baby was fed only breast milk at the hospital
Hospital staff told me to breastfeed whenever my baby wanted
The hospital gave me a breast pump to use
The hospital gave me a gift pack with formula
The hospital gave me a telephone number to call for help with breastfeeding
Hospital staff gave my baby a pacifier
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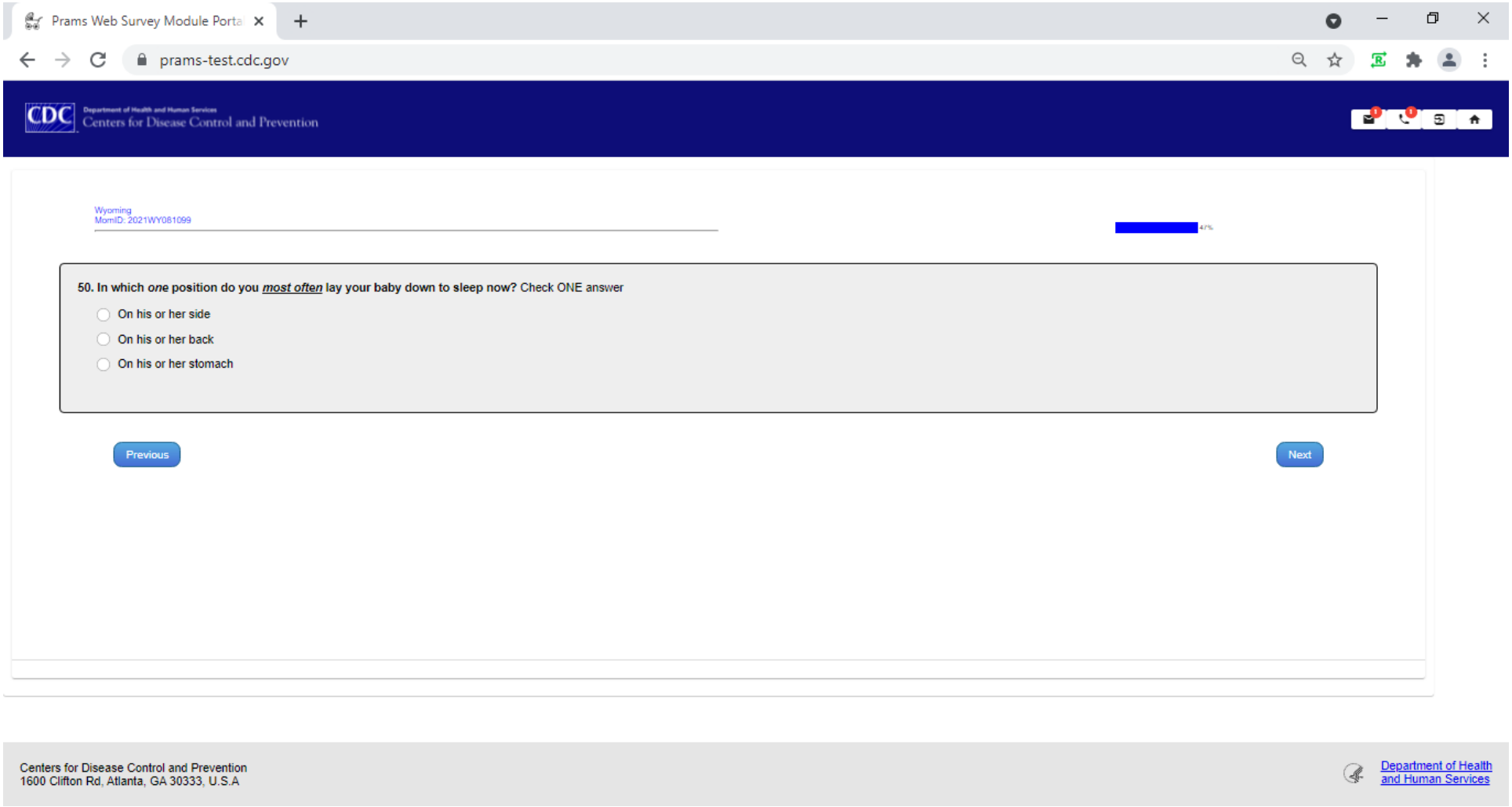
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50. In which one position do you most often lay your baby down to sleep now? Check ONE answer
On his or her side
On his or her back
On his or her stomach
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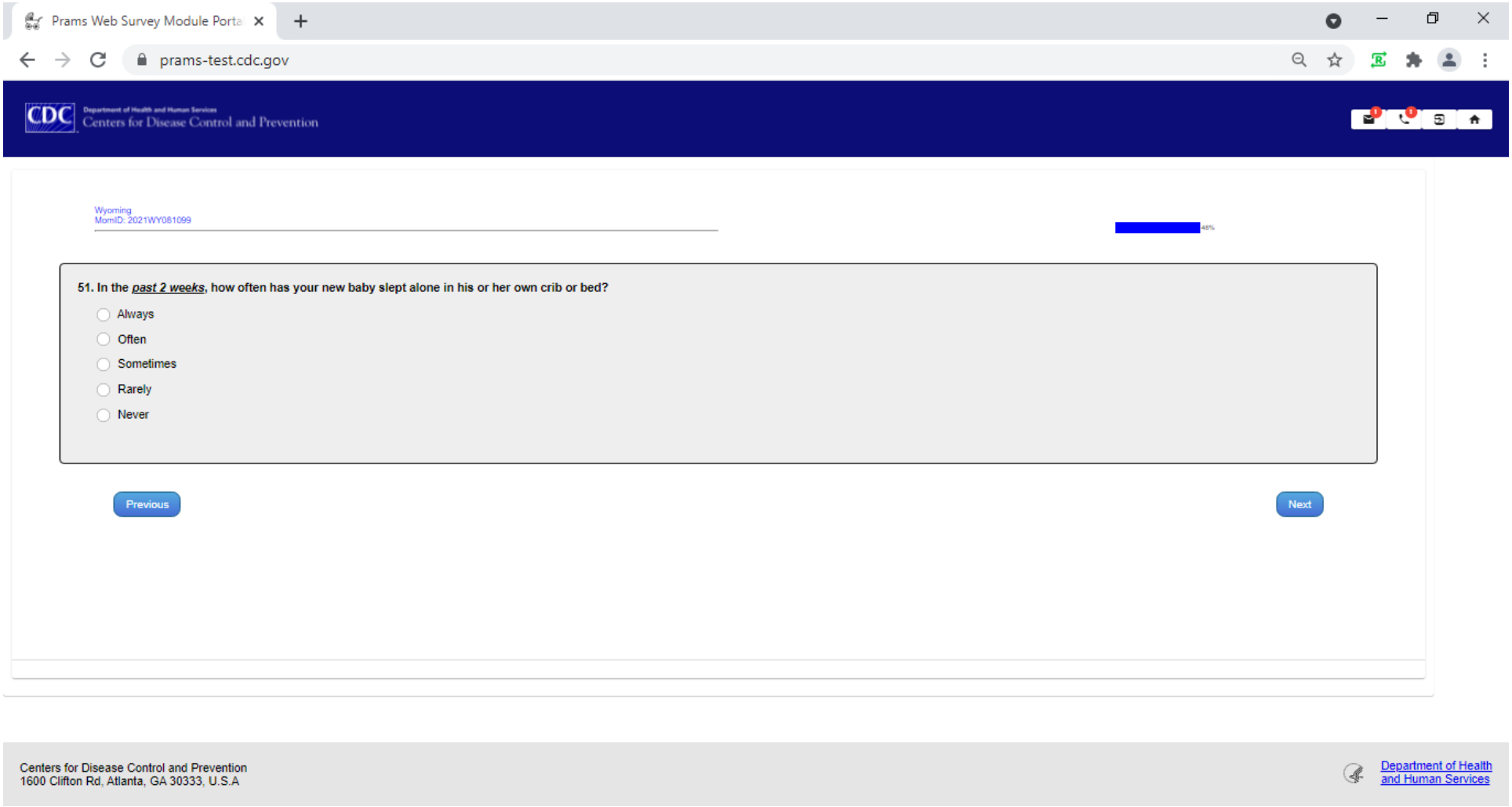
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51. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?
Always
Often
Sometimes
Rarely
Never
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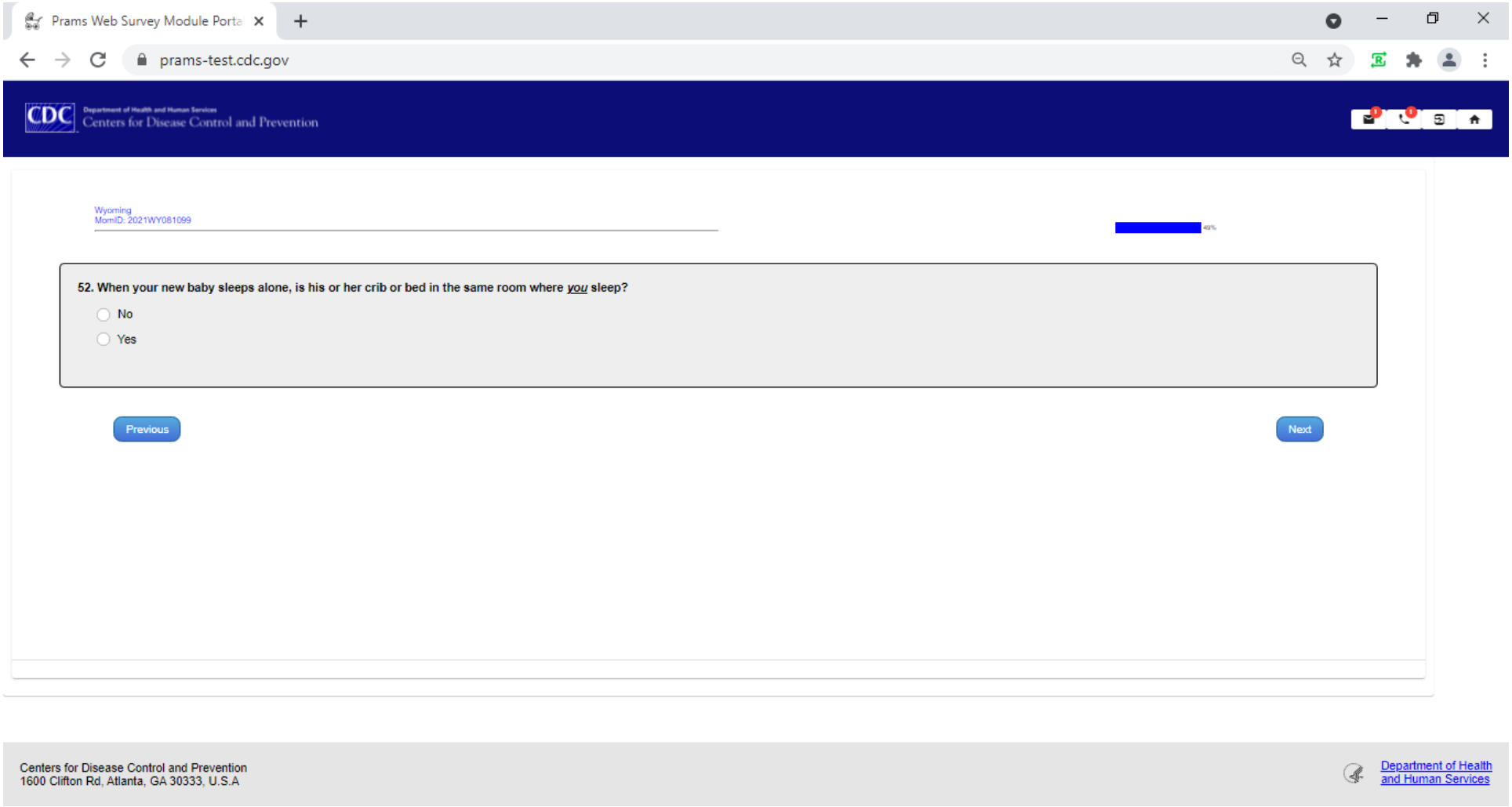
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52. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?
No
Yes
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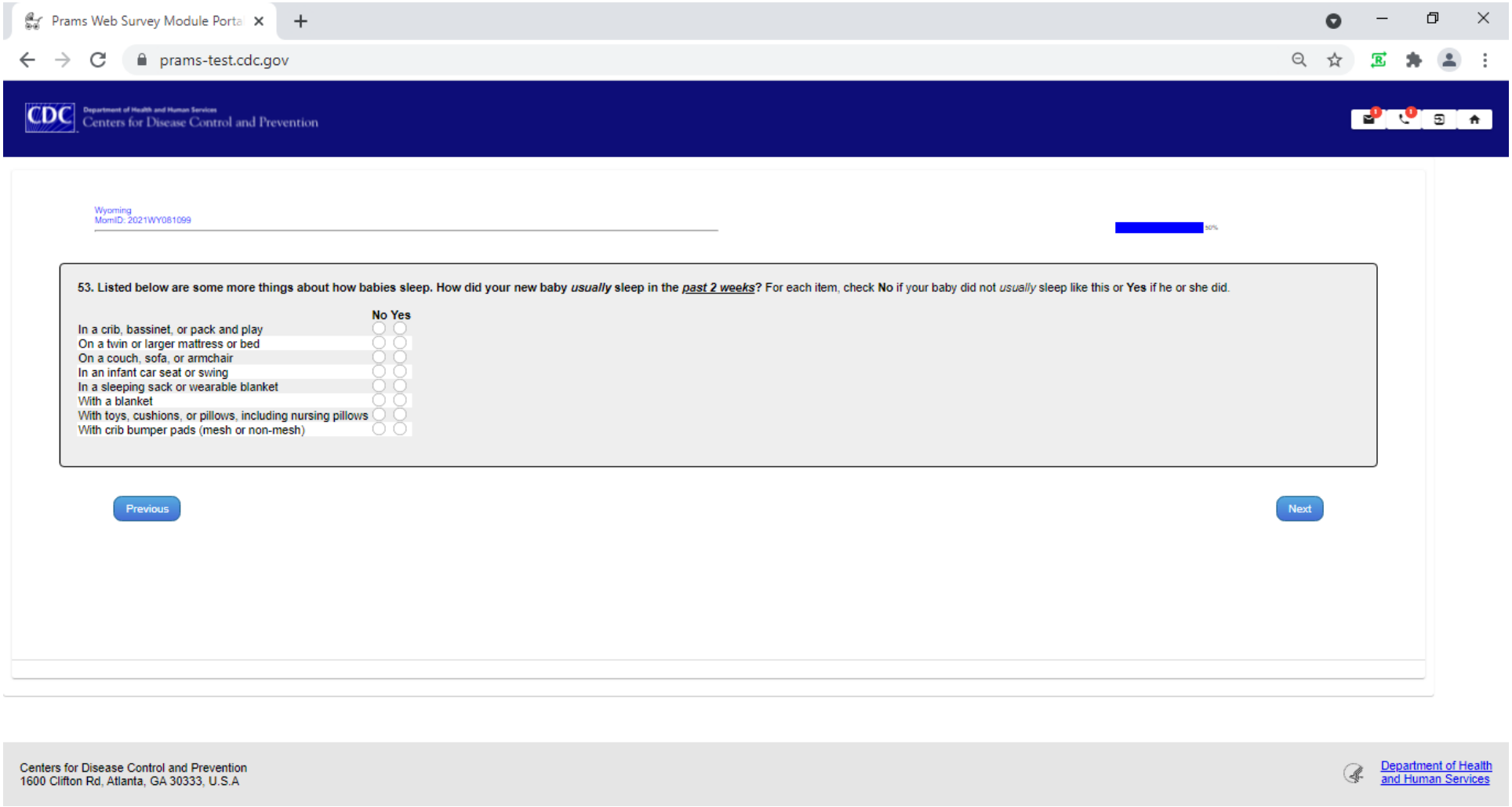
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53. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check No if your baby did not usually sleep like this or Yes if he or she did.
No Yes
In a crib, bassinet, or pack 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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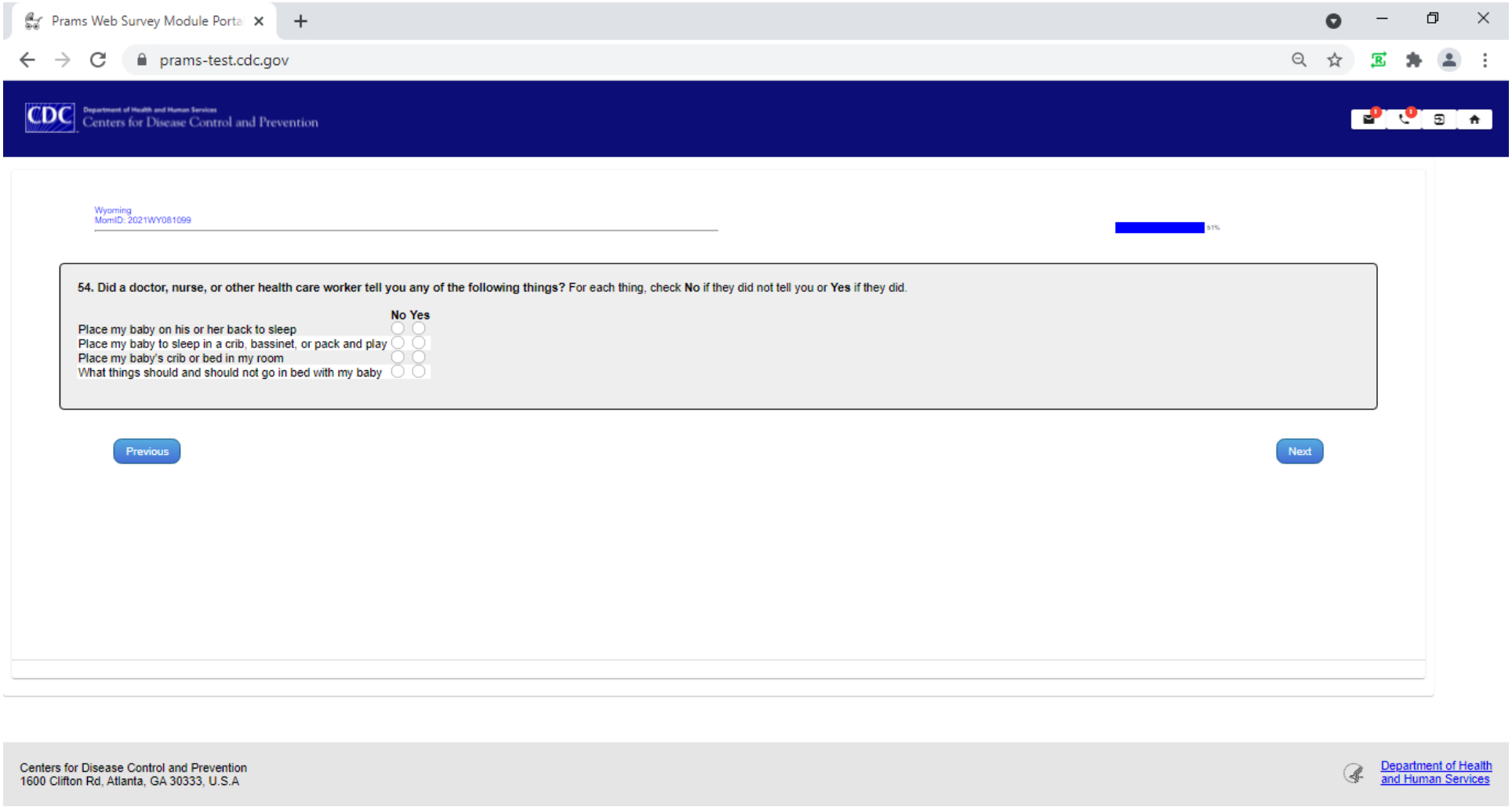
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54. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.
No Yes
Place my baby on his or her back to sleep
Place my baby to sleep in a crib, bassinet, 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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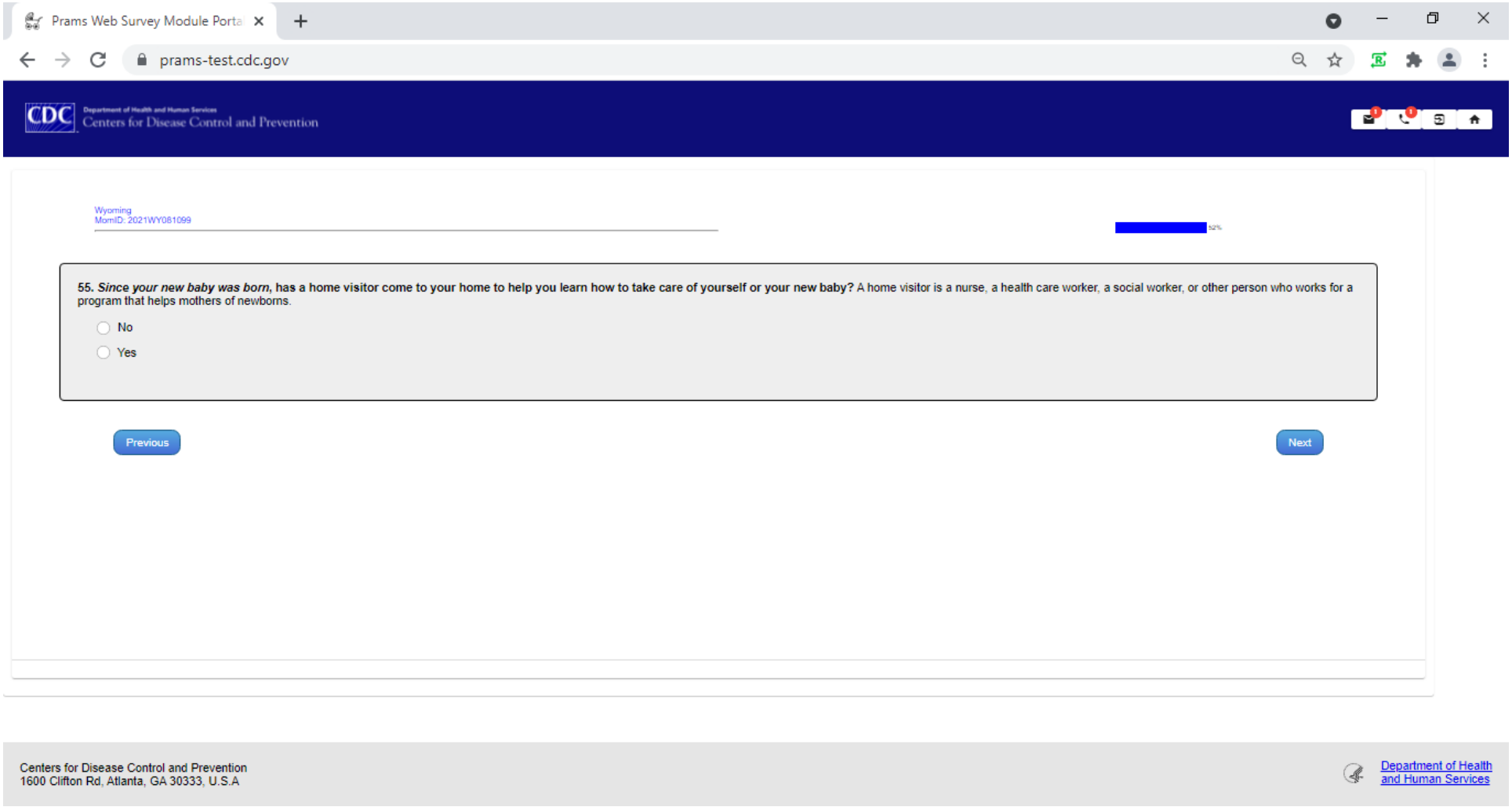
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55. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.
No
Yes
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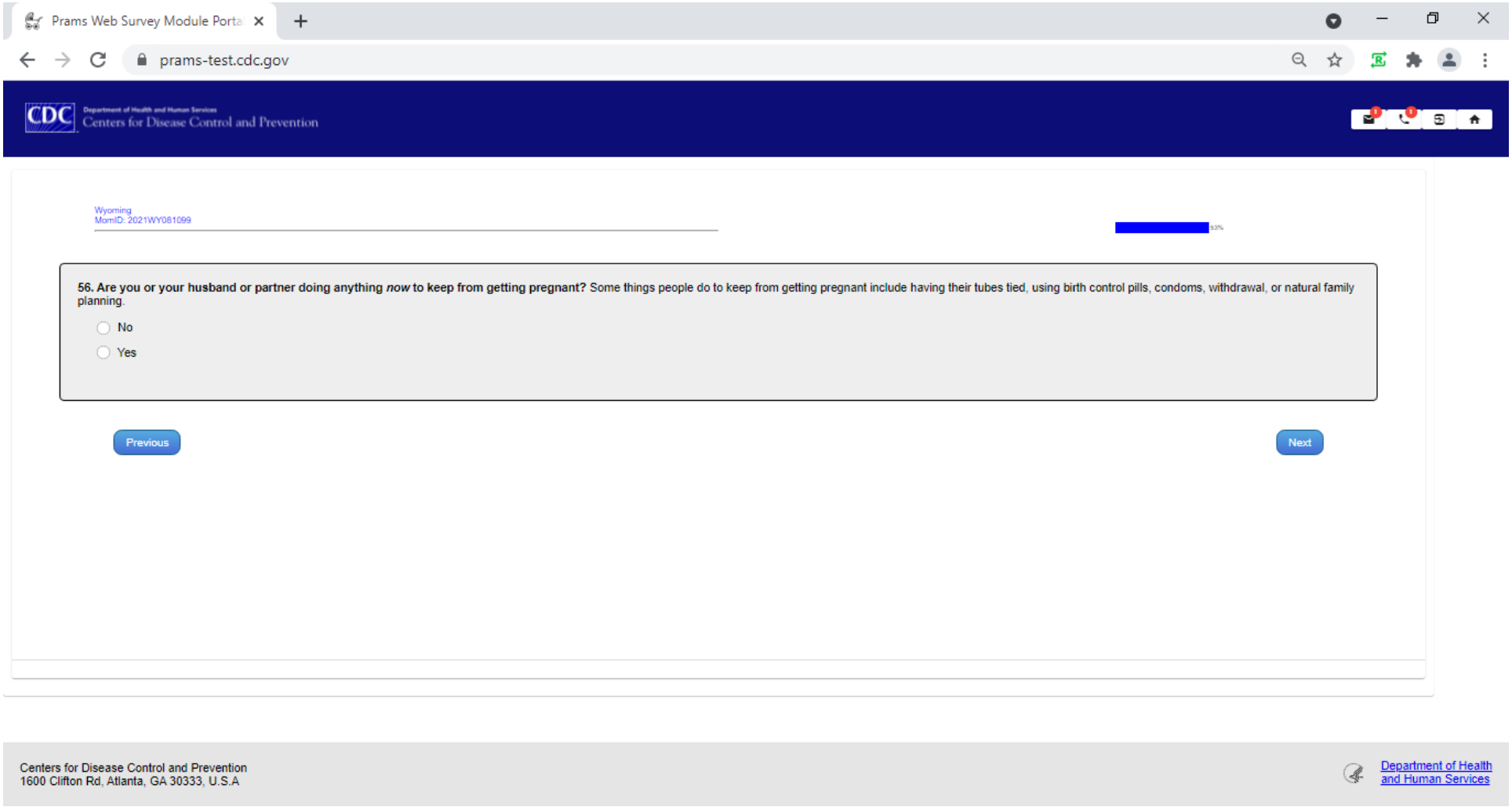
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56. Are you or your husband or partner doing anything *now* to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.
No
Yes
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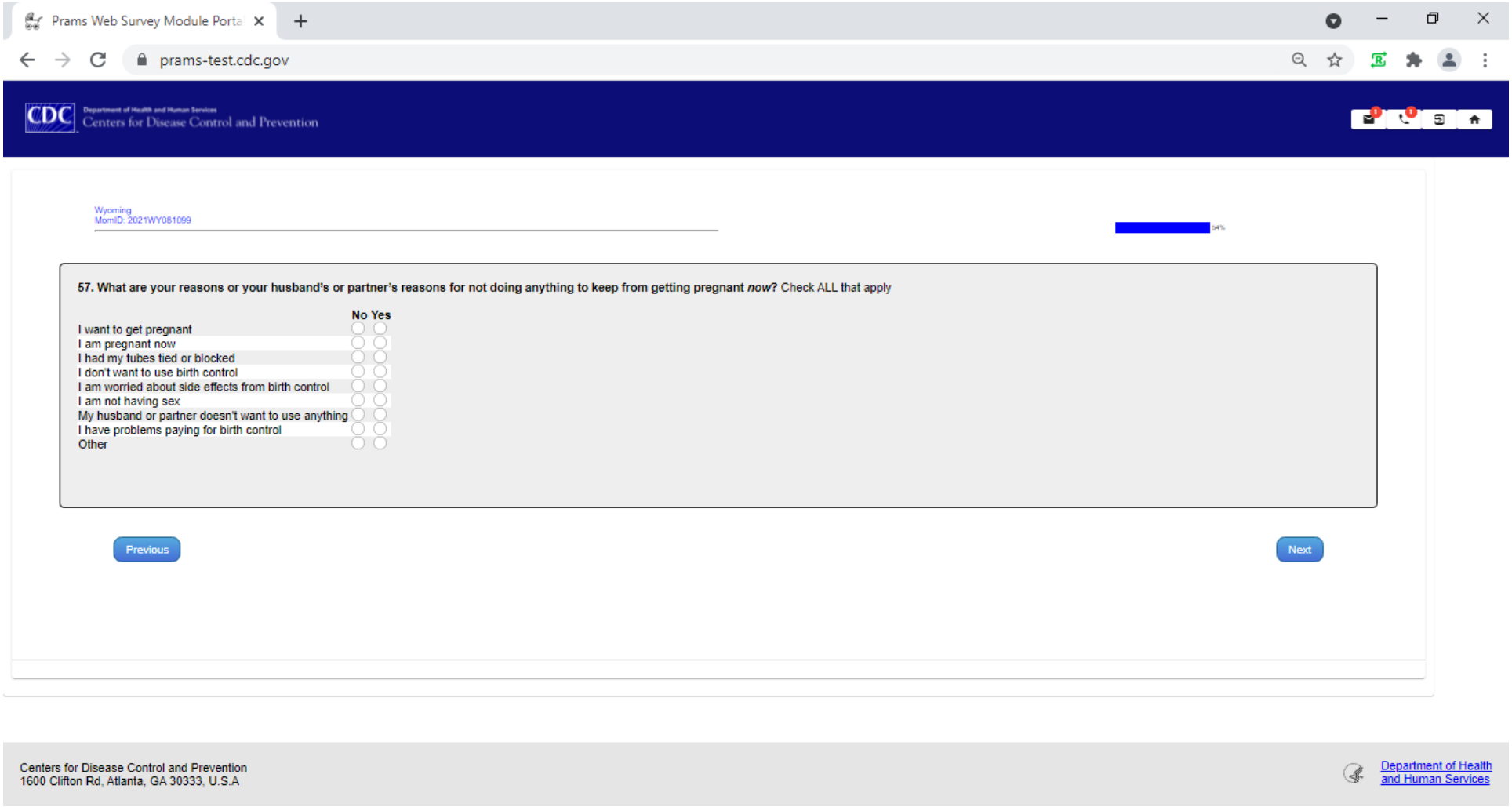
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57. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply
No Yes
I want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth 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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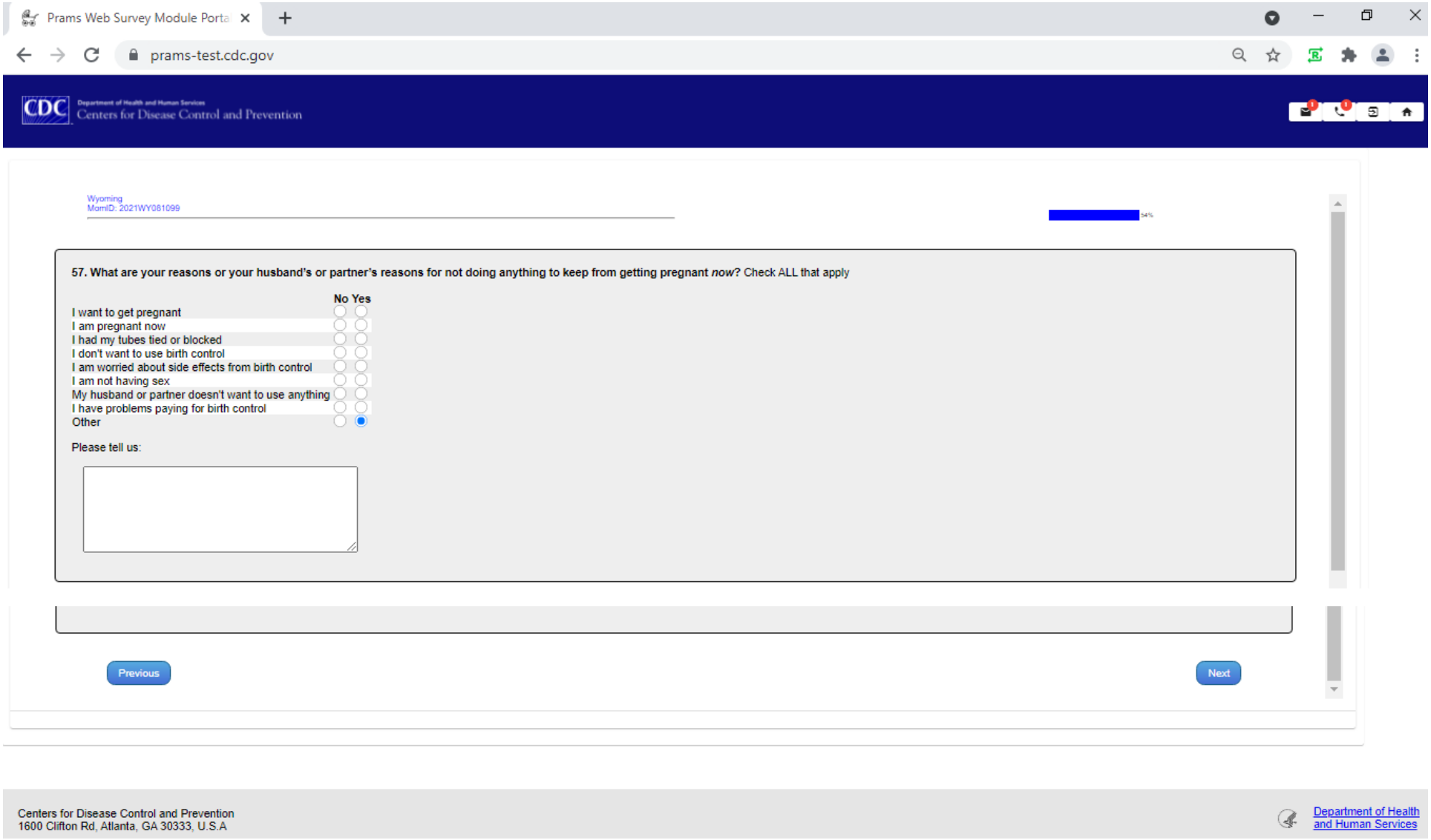
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57. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply
No Yes
I want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth 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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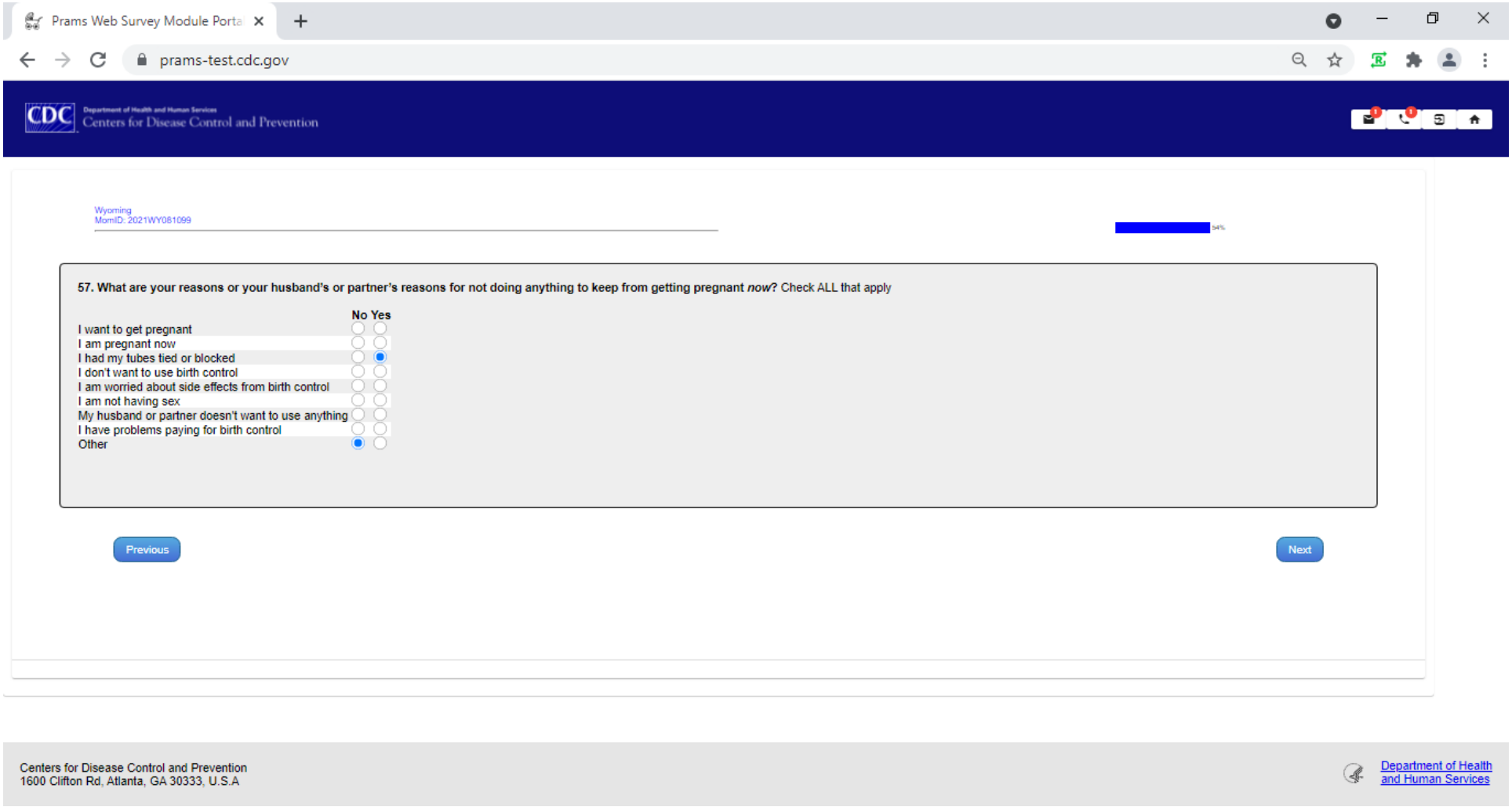
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57. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant now? Check ALL that apply
No Yes
I want to get pregnant
I am pregnant now
I had my tubes tied or blocked
I don't want to use birth 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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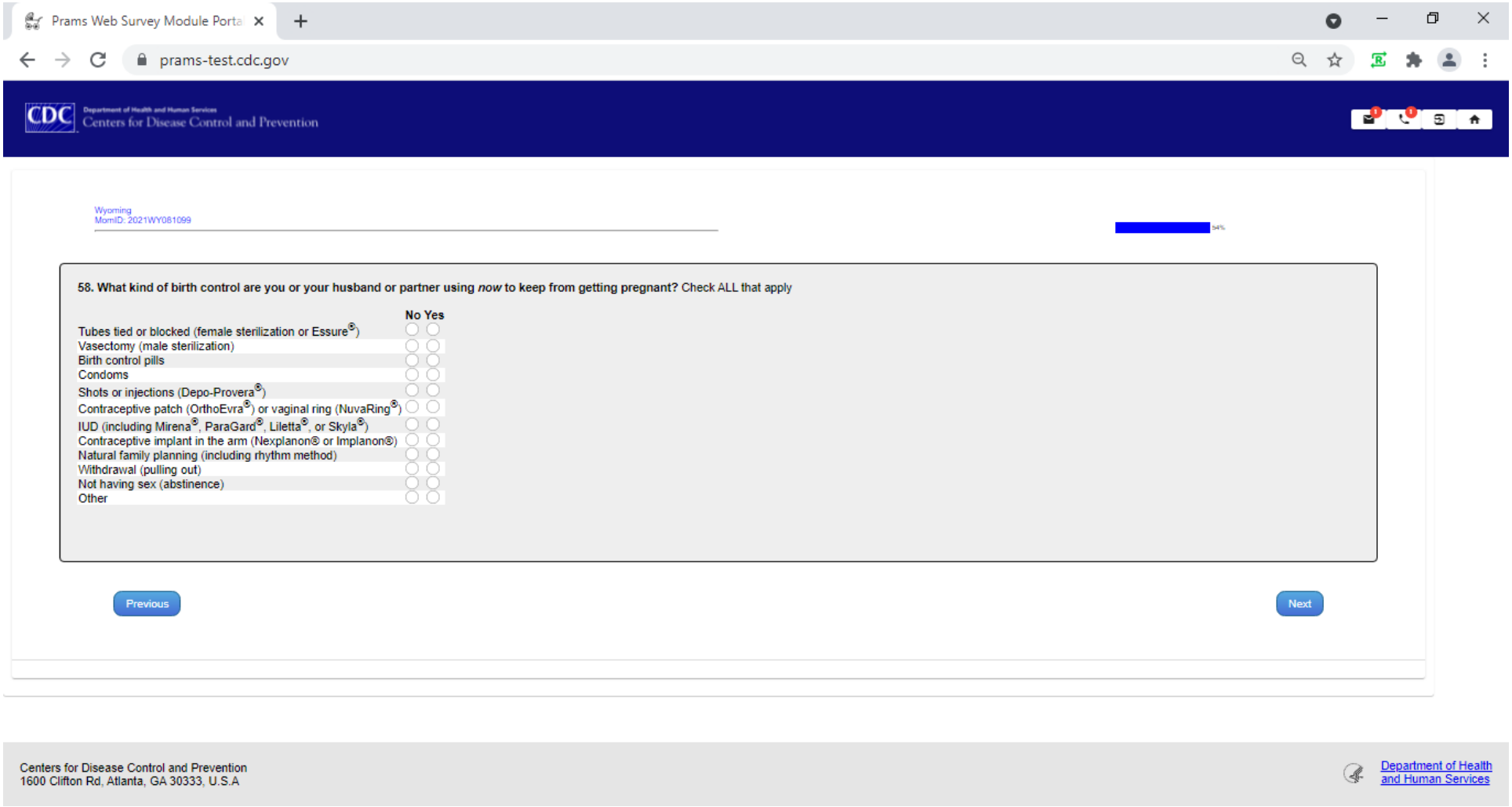
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58. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check ALL that apply
No Yes
Tubes tied or blocked (female sterilization or Essure®)
Vasectomy (male sterilization)
Birth control pills
Condoms
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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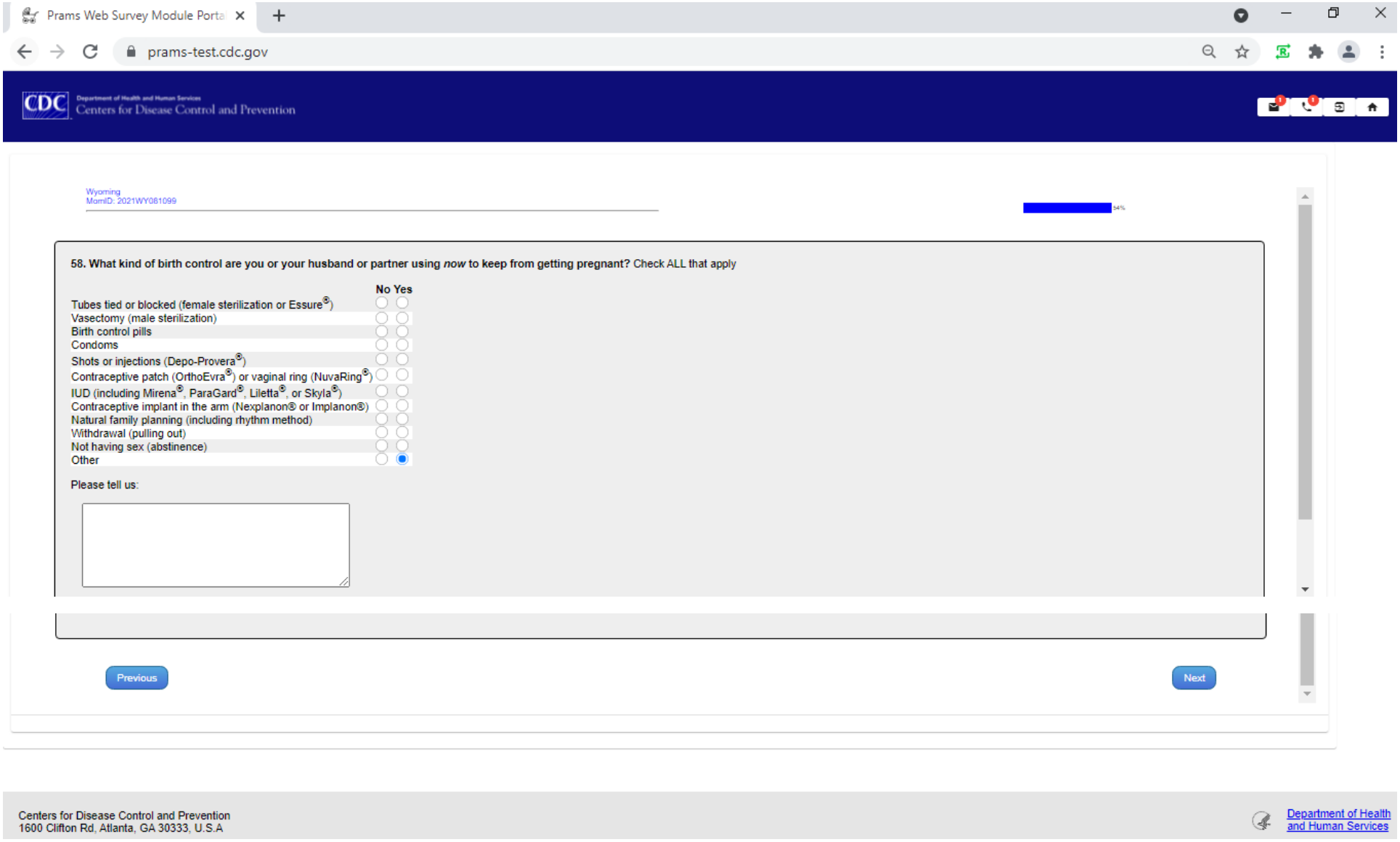
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Condoms
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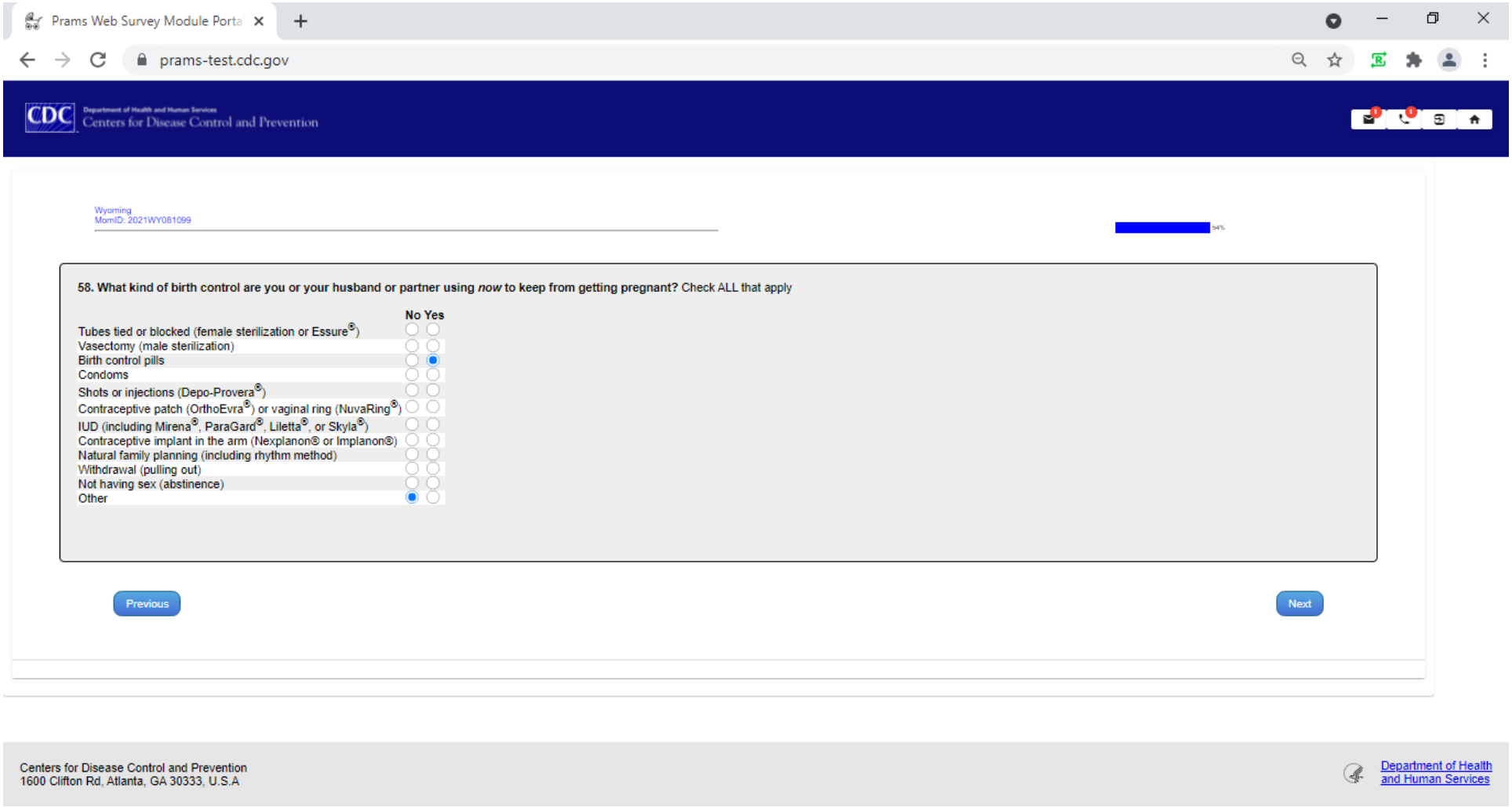
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Not having sex (abstinence)
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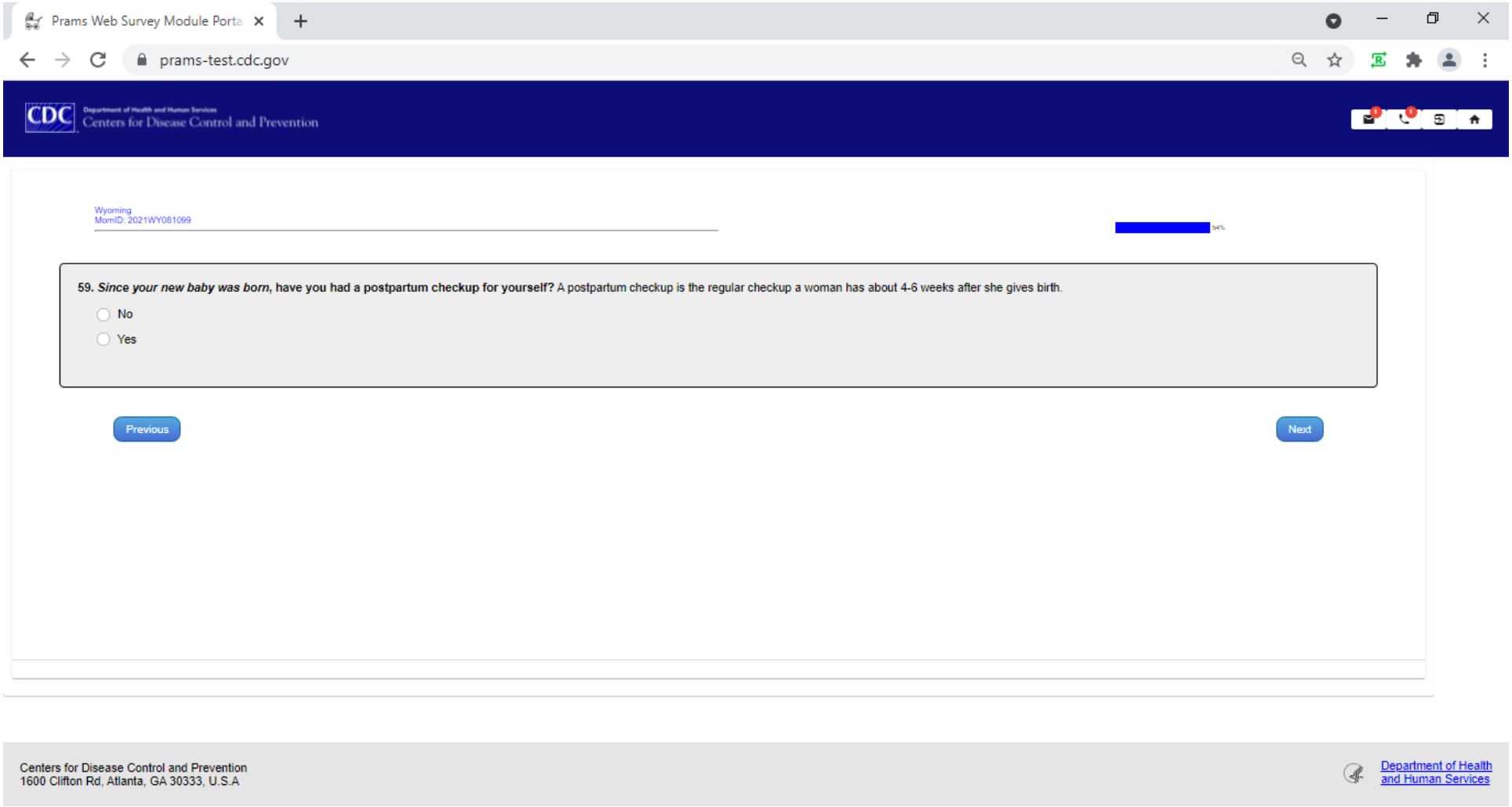
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59. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.
No
Yes
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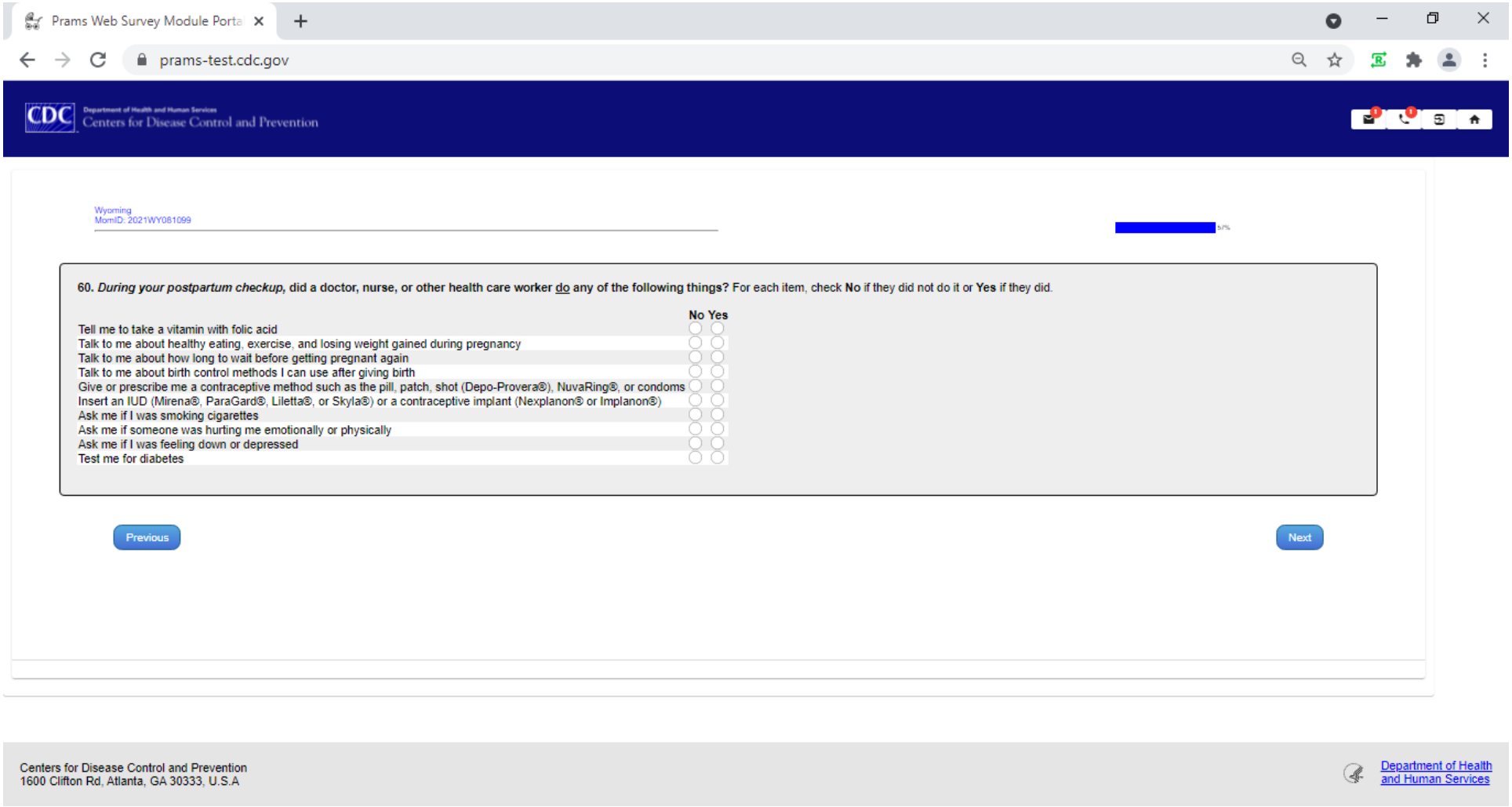
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60. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.
No Yes
Tell me to take a vitamin with folic acid
Talk to me about 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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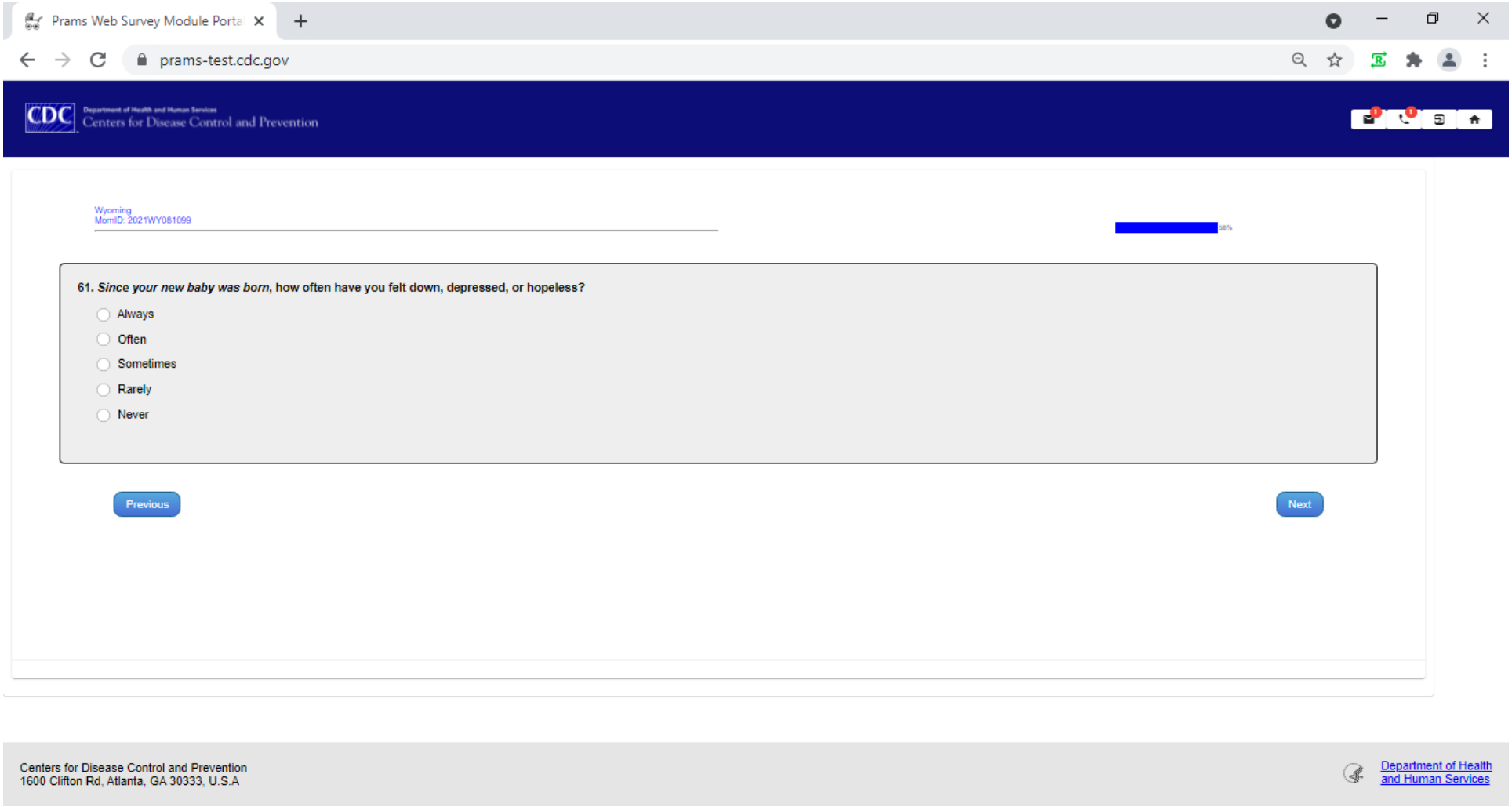
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61. *Since your new baby was born*, how often have you felt down, depressed, or hopeless?
Always
Often
Sometimes
Rarely
Never
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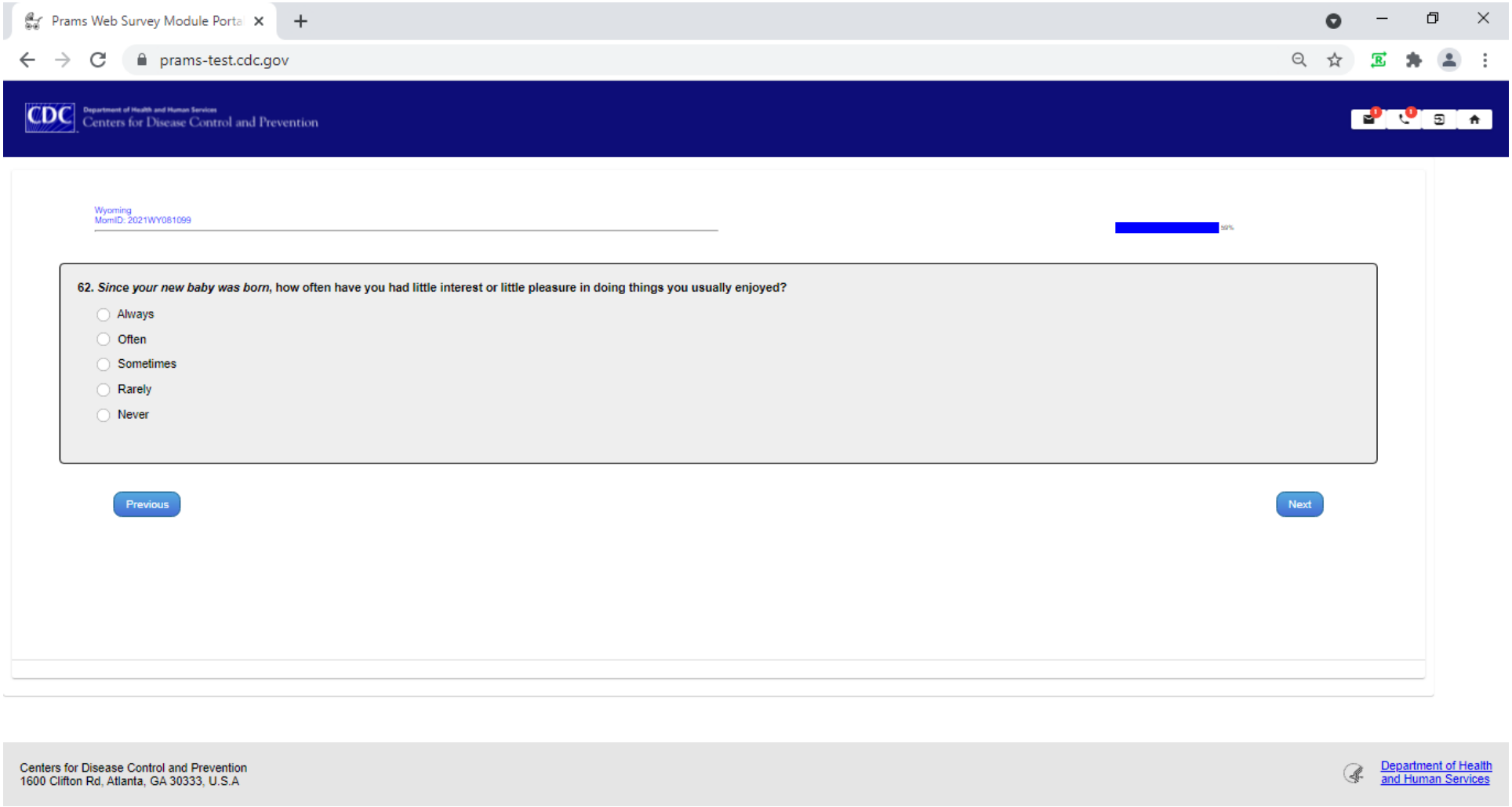
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62. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?
Always
Often
Sometimes
Rarely
Never
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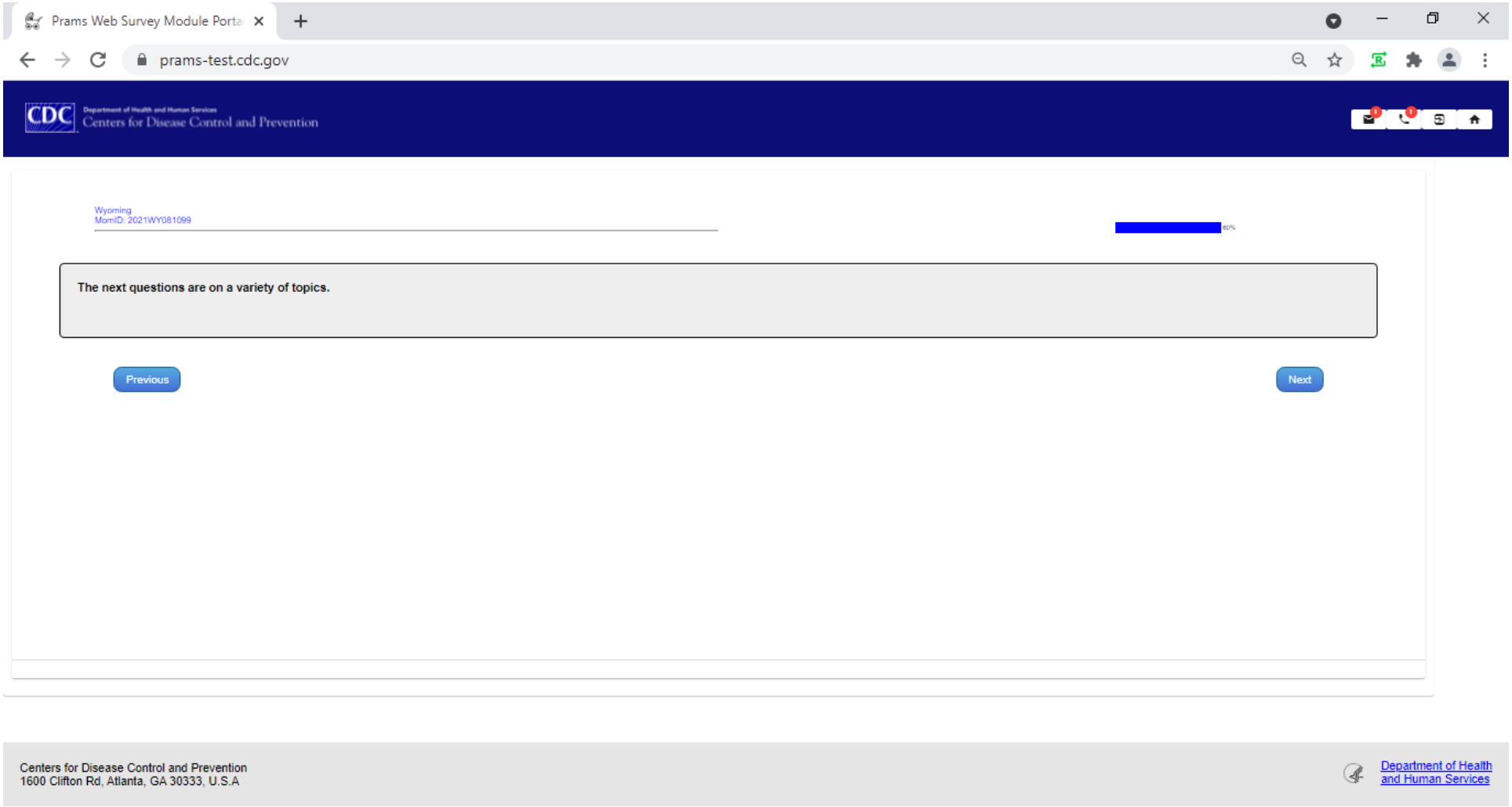
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The next questions are on a variety of topics.
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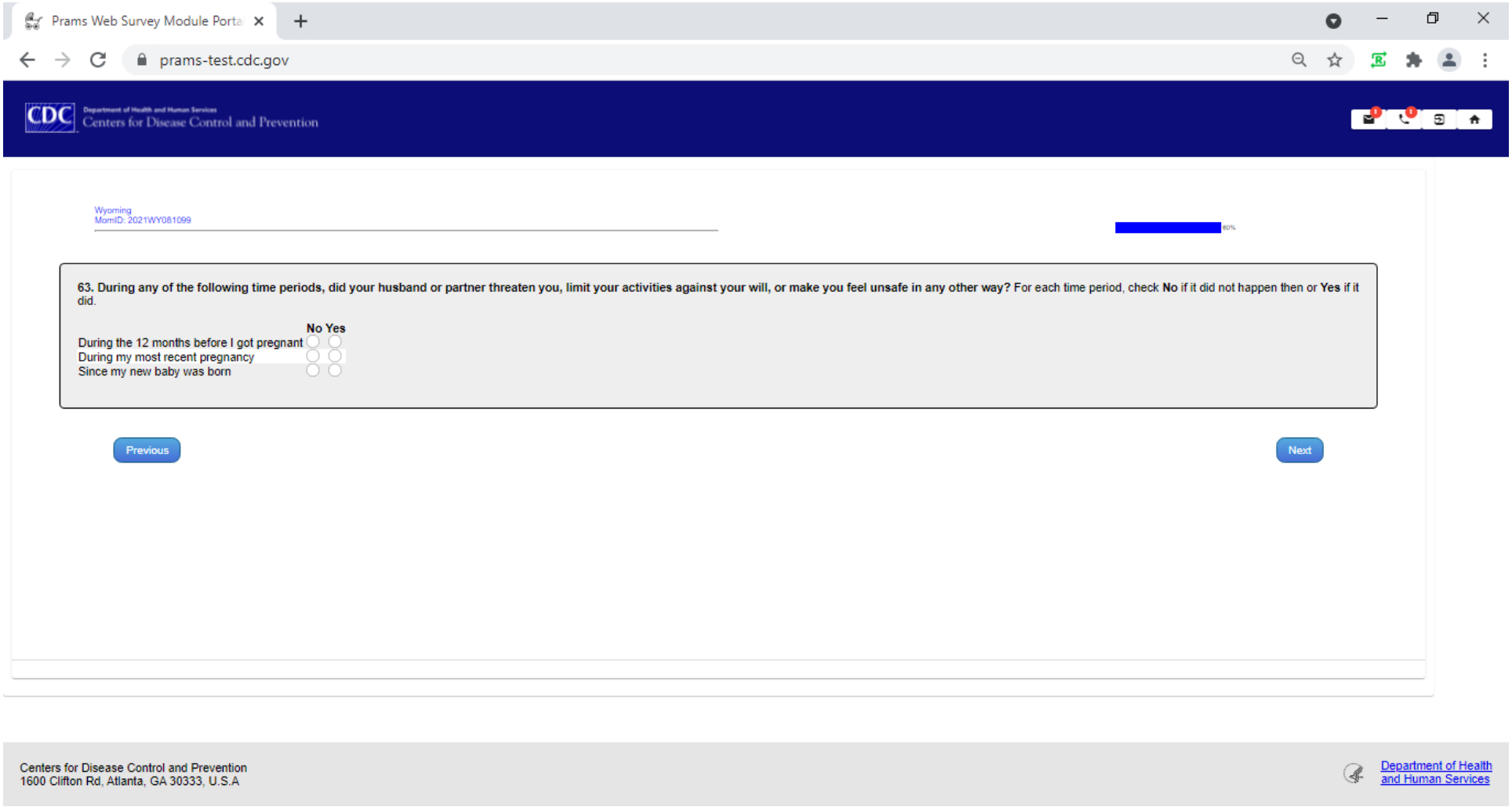
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63. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No if it did not happen then or Yes if it did.
No Yes
During the 12 months before I got pregnant
During my most recent pregnancy
Since my new baby was born
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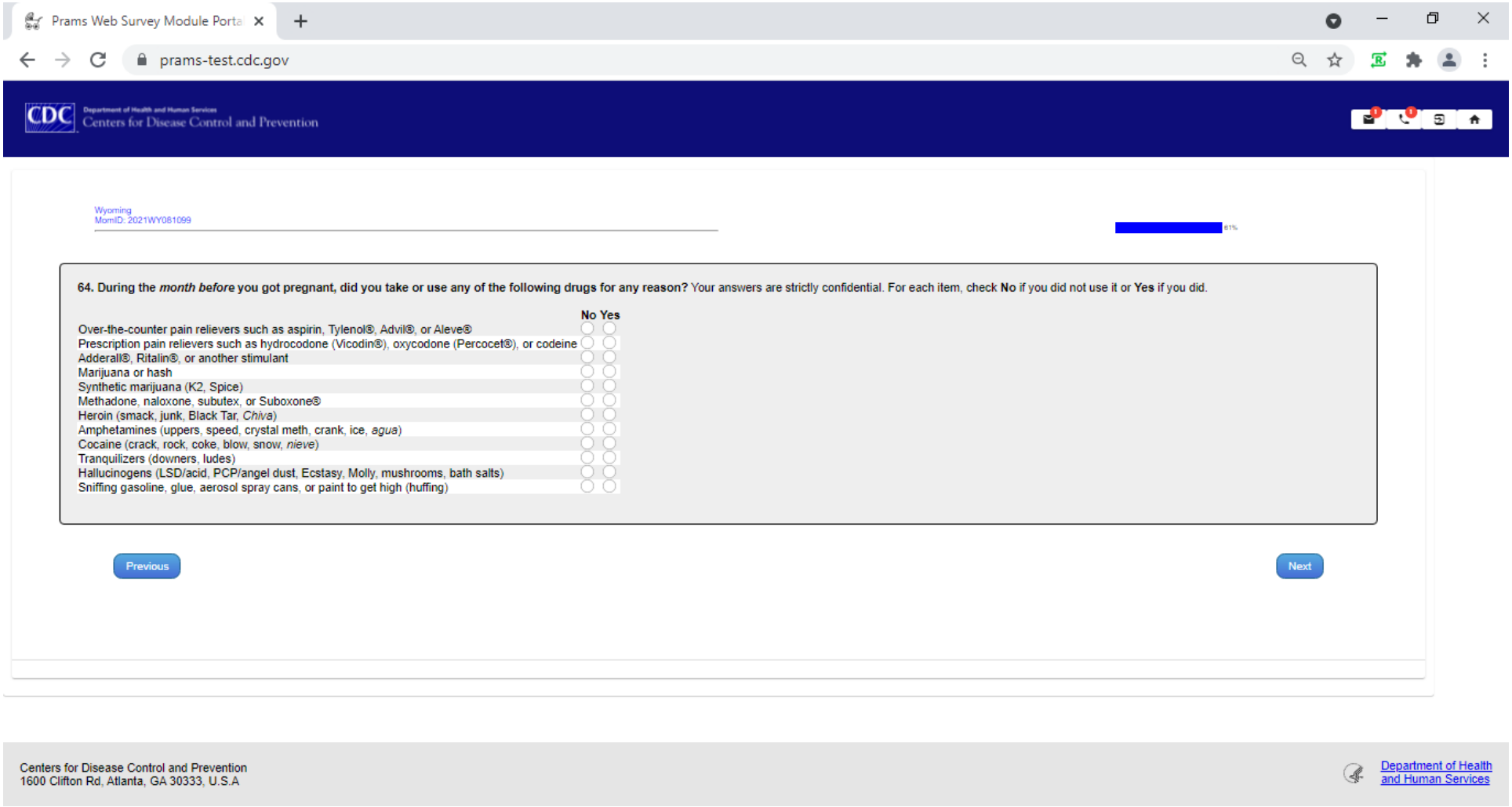
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61%
64. During the *month before* you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.
No Yes
Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine
Adderall®, Ritalin®, or another stimulant
Marijuana or hash
Synthetic marijuana (K2, Spice)
Methadone, naloxone, subutex, or Suboxone®
Heroin (smack, junk, Black Tar, *Chiva*)
Amphetamines (uppers, speed, crystal meth, crank, ice, *agua*)
Cocaine (crack, rock, coke, blow, snow, *nieve*)
Tranquilizers (downers, ludes)
Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)
Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)
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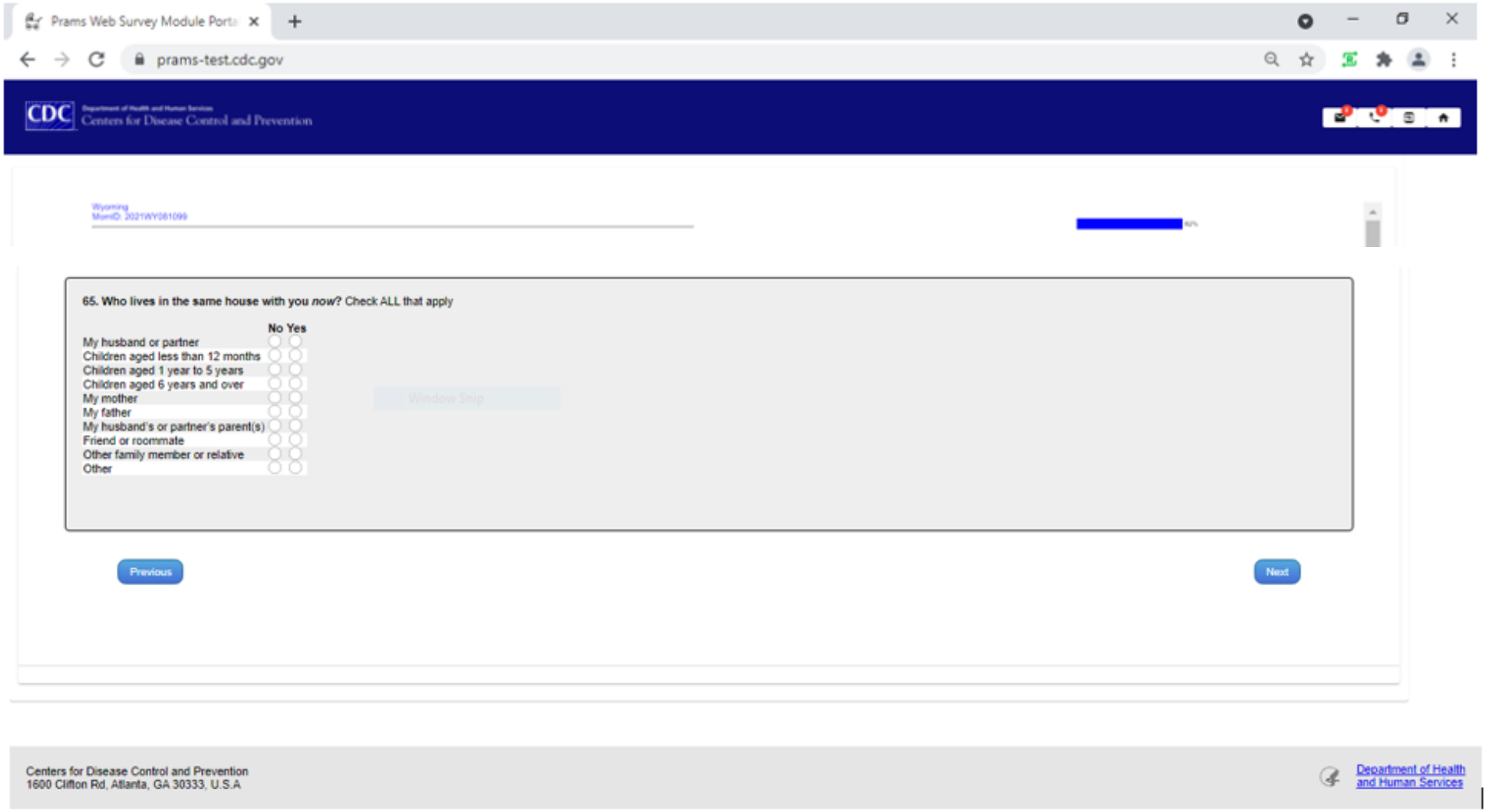
Prams Web Survey Module Porta
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CDC
Centers for Disease Control and Prevention
Wyoming
MomID: 2021WY061099
65. Who lives in the same house with you *now*? Check ALL that apply
No Yes
My husband or partner
Children aged less than 12 months
Children aged 1 year to 5 years
Children aged 6 years and over
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other
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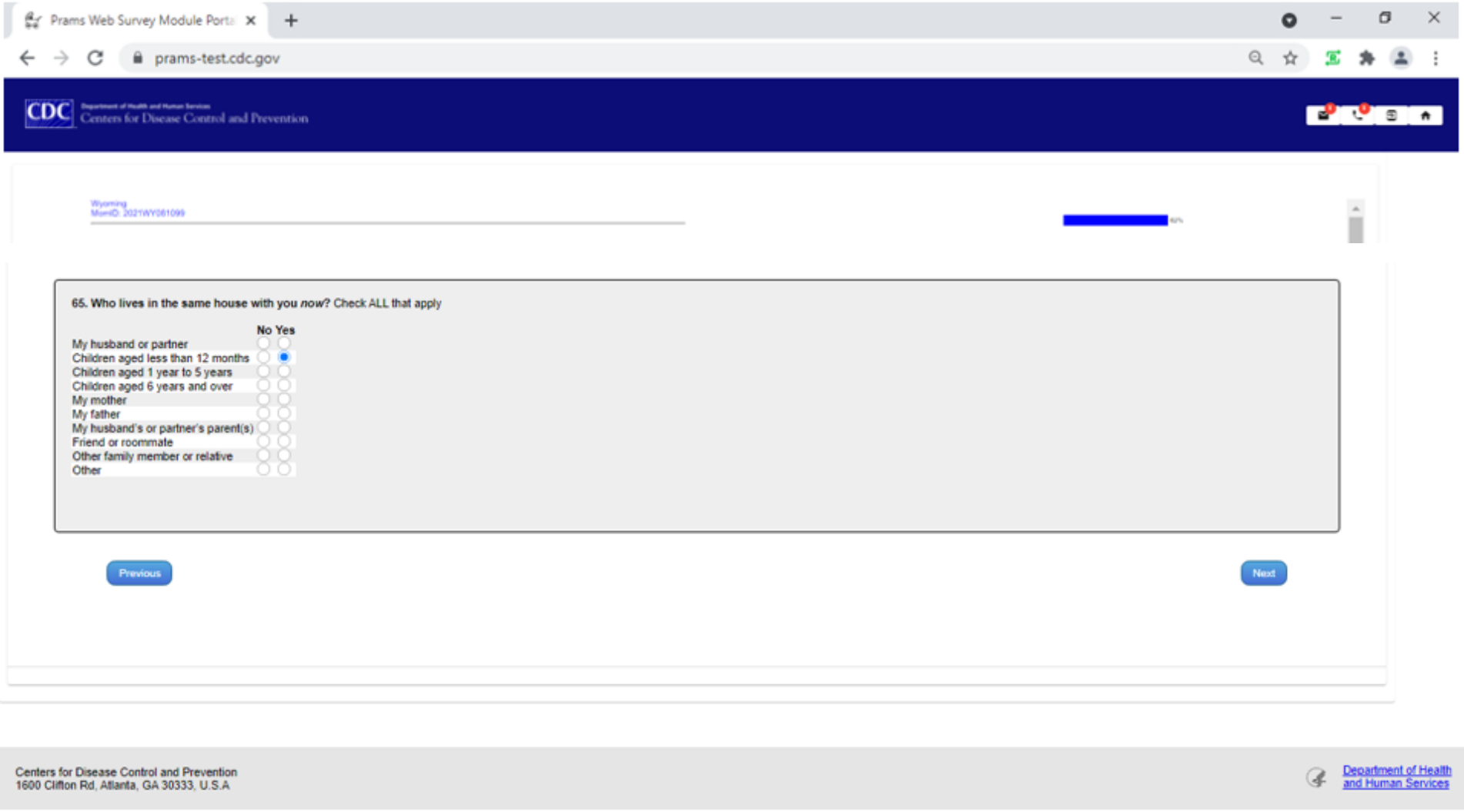
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Centers for Disease Control and Prevention
Wyoming
MomID: 2021WY081099
65. Who lives in the same house with you *now*? Check ALL that apply
No Yes
My husband or partner
Children aged less than 12 months
Children aged 1 year to 5 years
Children aged 6 years and over
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other
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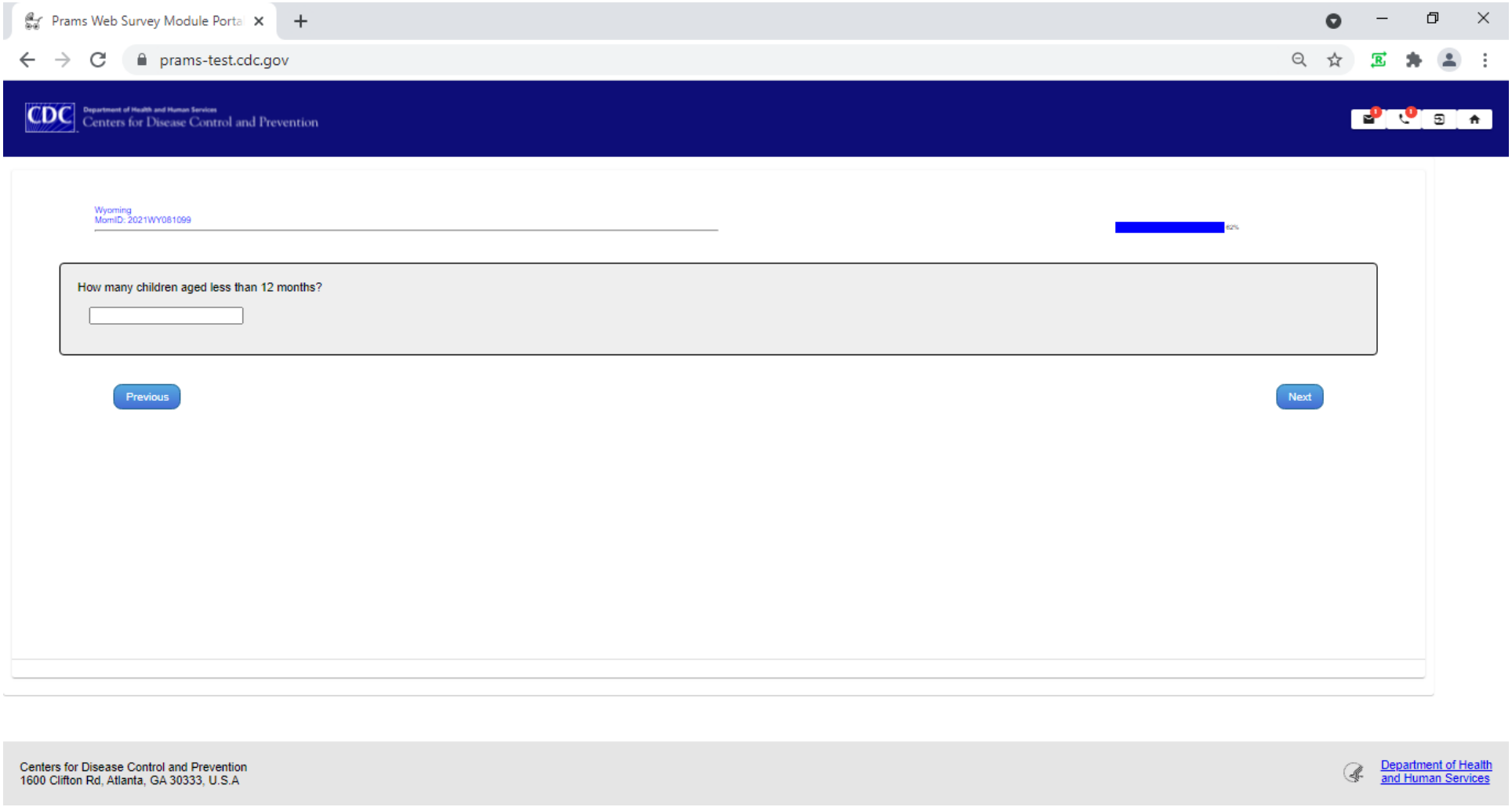
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How many children aged less than 12 months?
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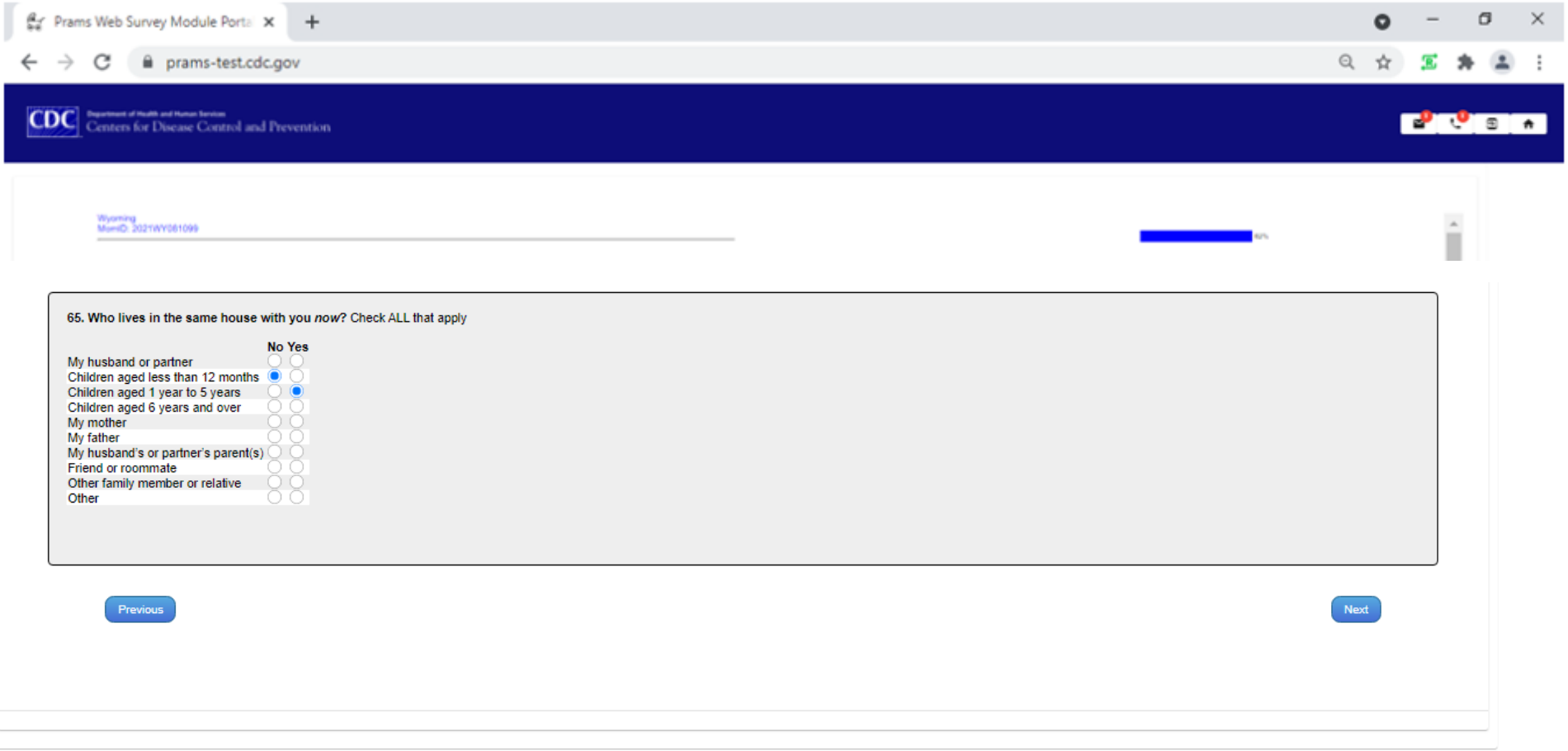
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Centers for Disease Control and Prevention
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MomID: 2021WY061099
65. Who lives in the same house with you *now*? Check ALL that apply
No Yes
My husband or partner
Children aged less than 12 months
Children aged 1 year to 5 years
Children aged 6 years and over
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other
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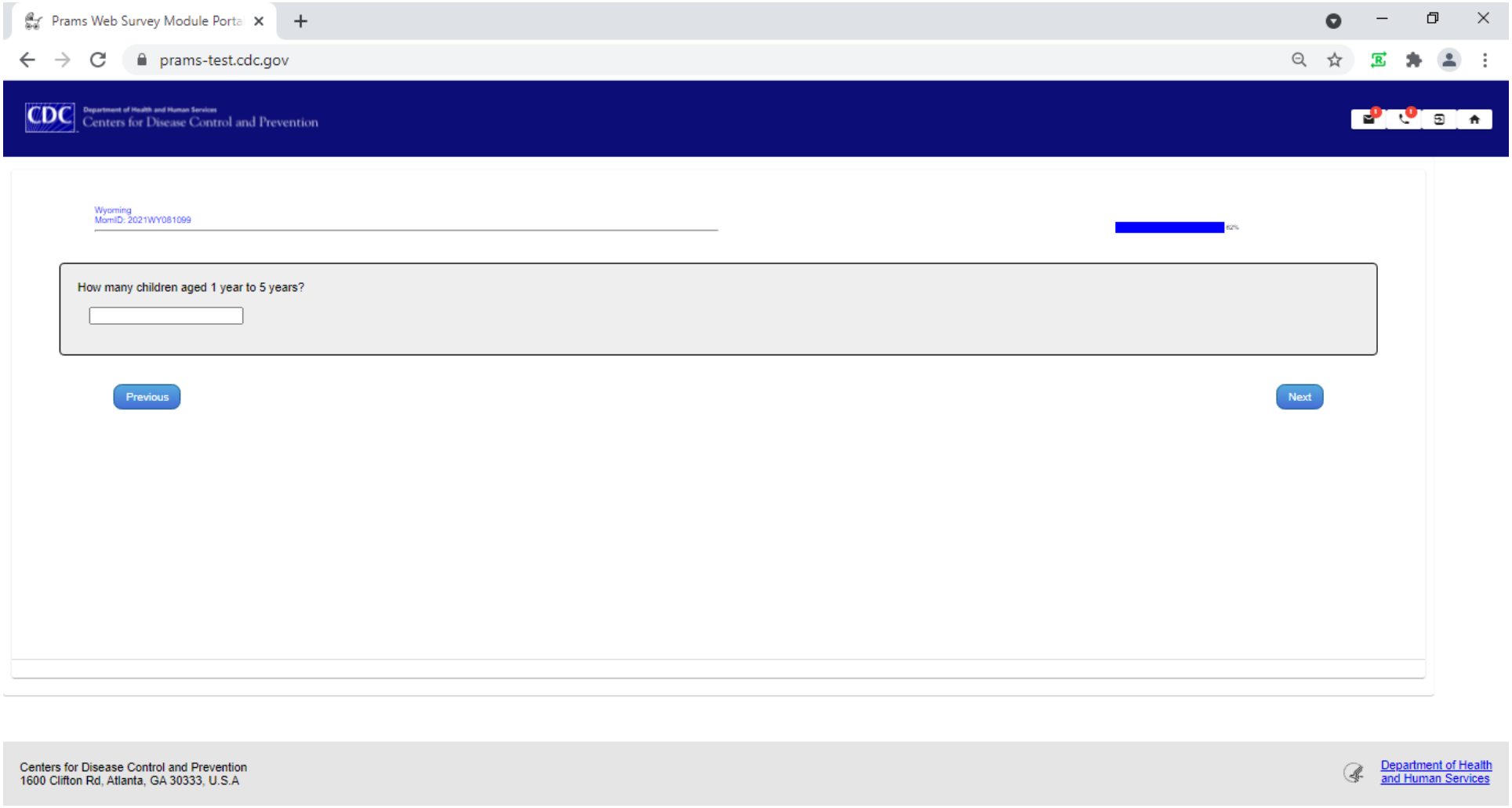
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How many children aged 1 year to 5 years?
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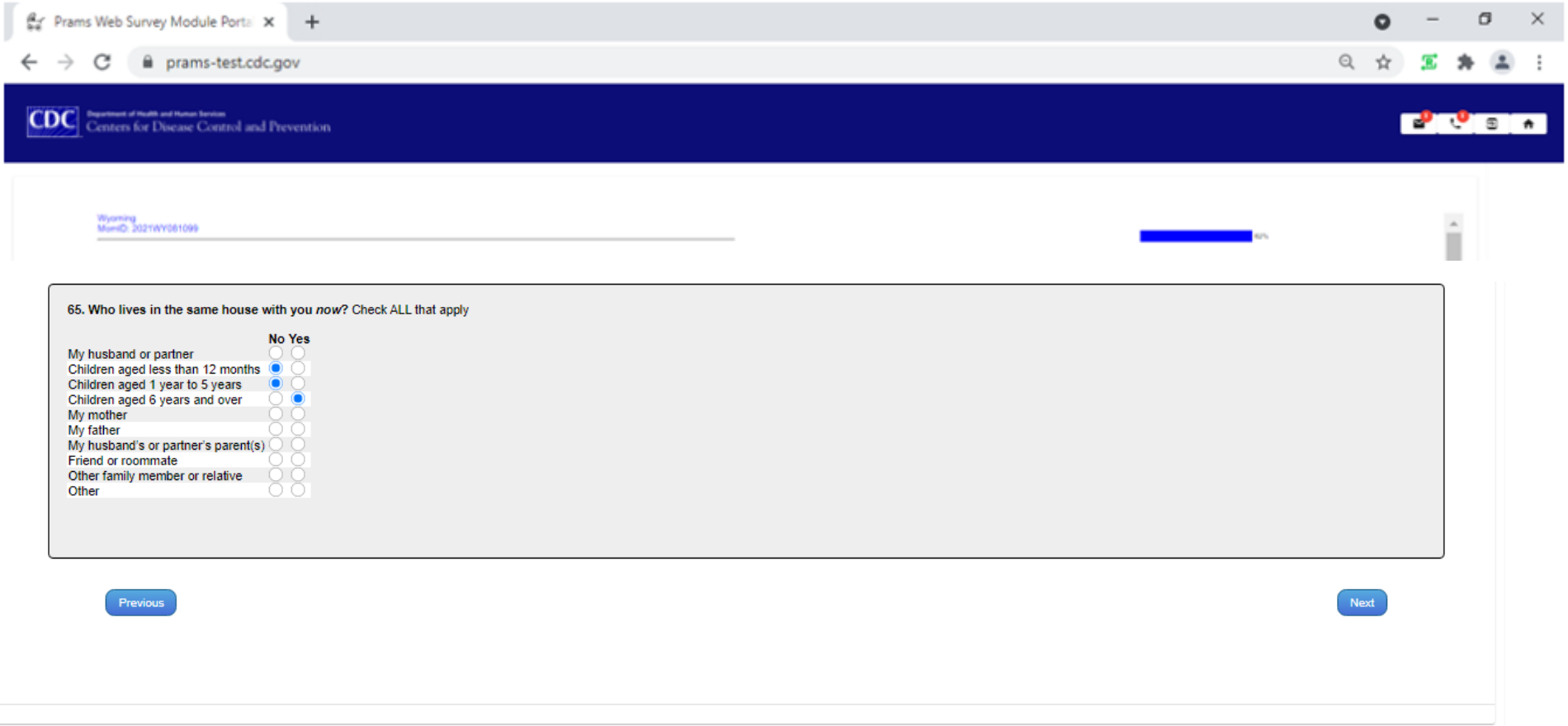
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65. Who lives in the same house with you *now*? Check ALL that apply
No Yes
My husband or partner
Children aged less than 12 months
Children aged 1 year to 5 years
Children aged 6 years and over
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other
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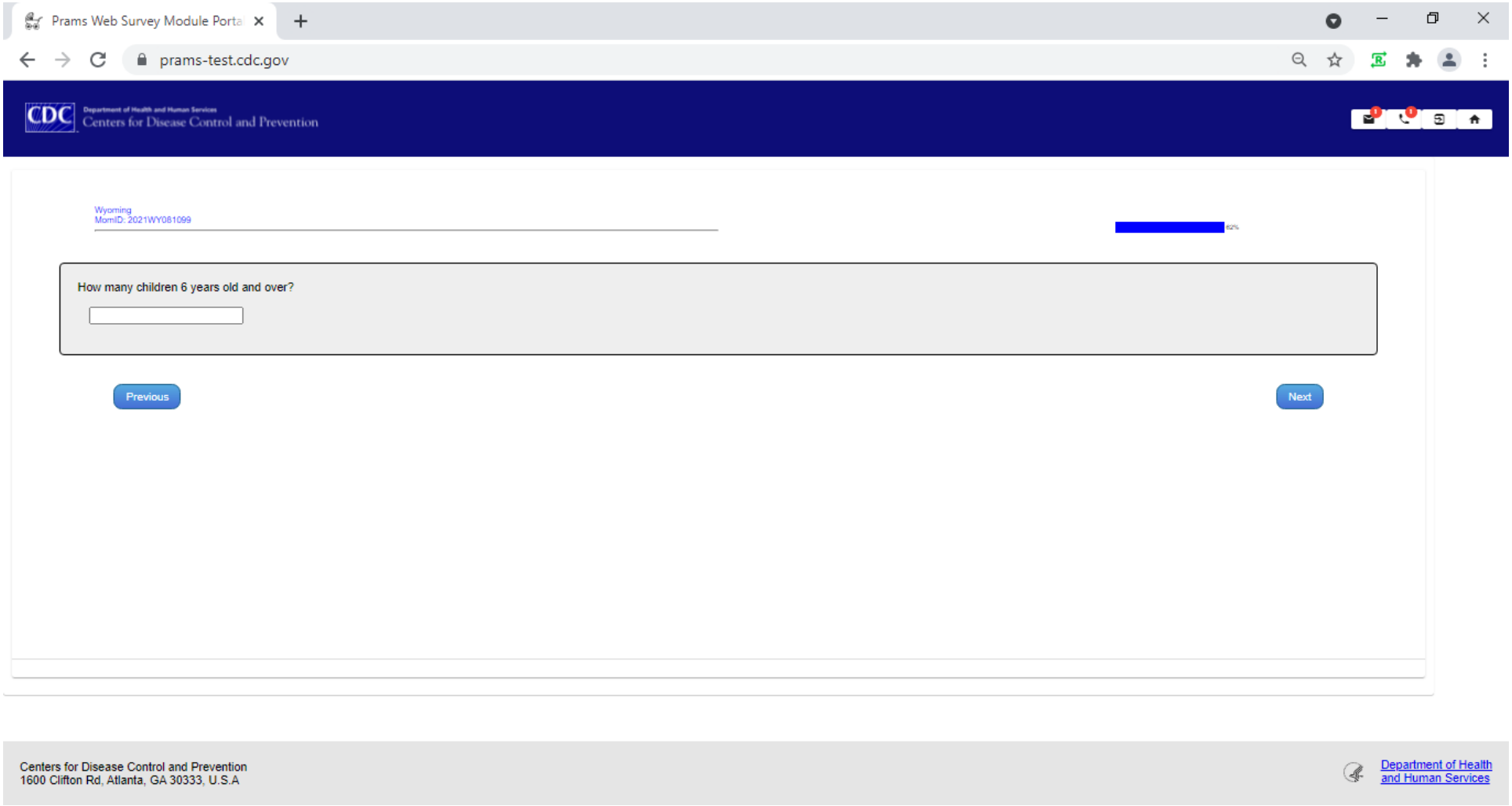
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How many children 6 years old and over?
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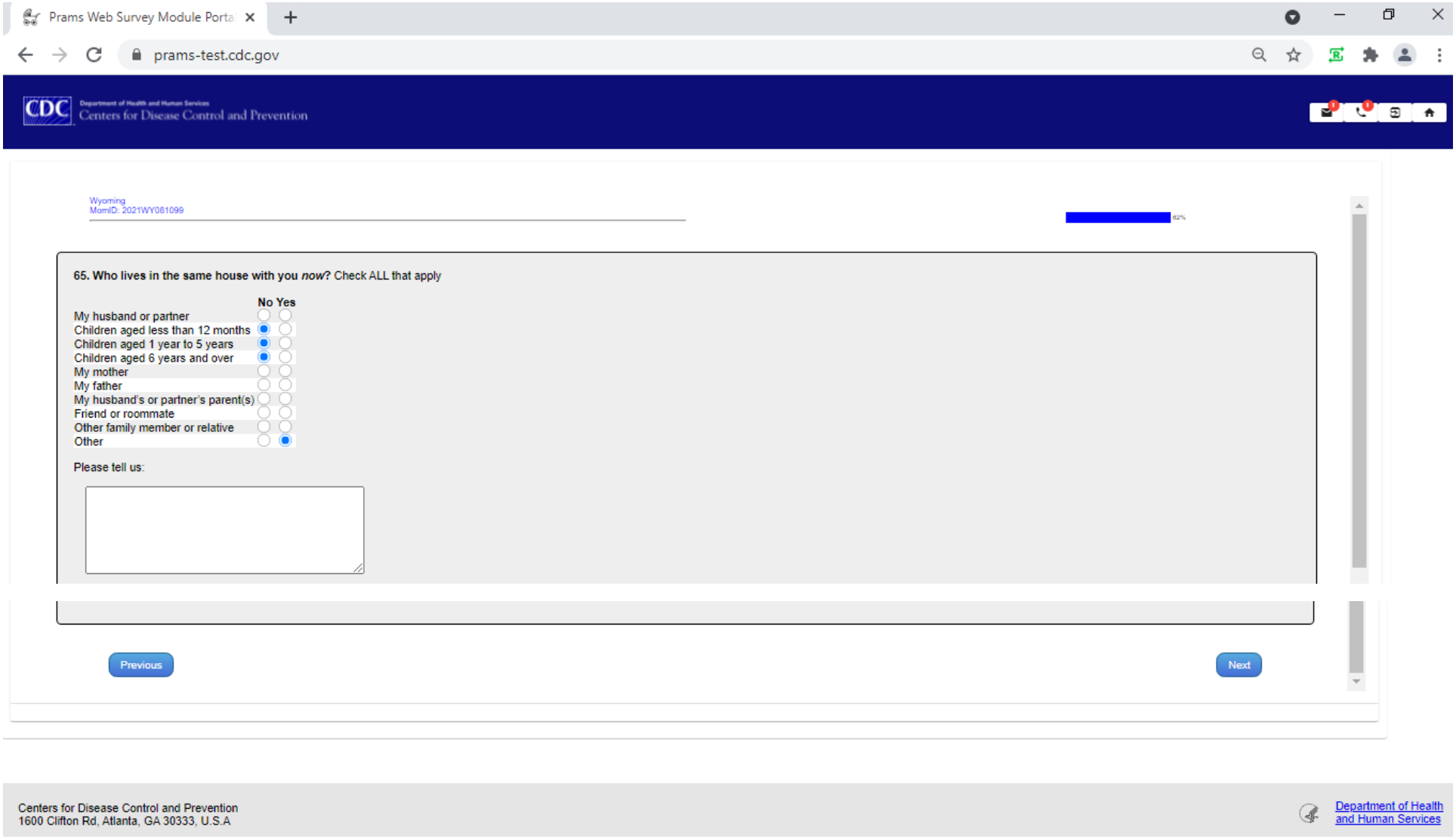
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65. Who lives in the same house with you *now*? Check ALL that apply
No Yes
My husband or partner
Children aged less than 12 months
Children aged 1 year to 5 years
Children aged 6 years and over
My mother
My father
My husband's or partner's parent(s)
Friend or roommate
Other family member or relative
Other
Please tell us:
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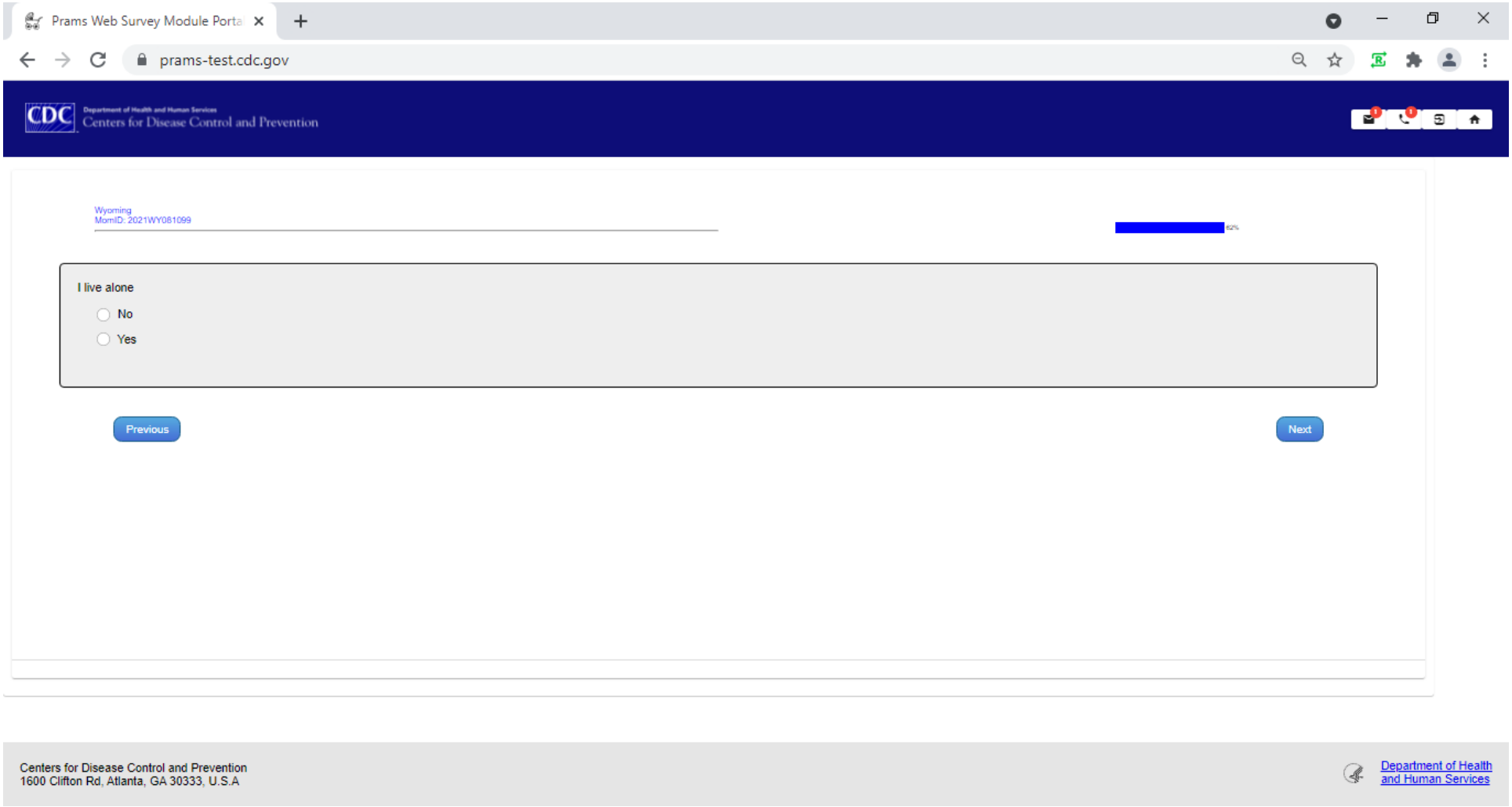
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I live alone
No
Yes
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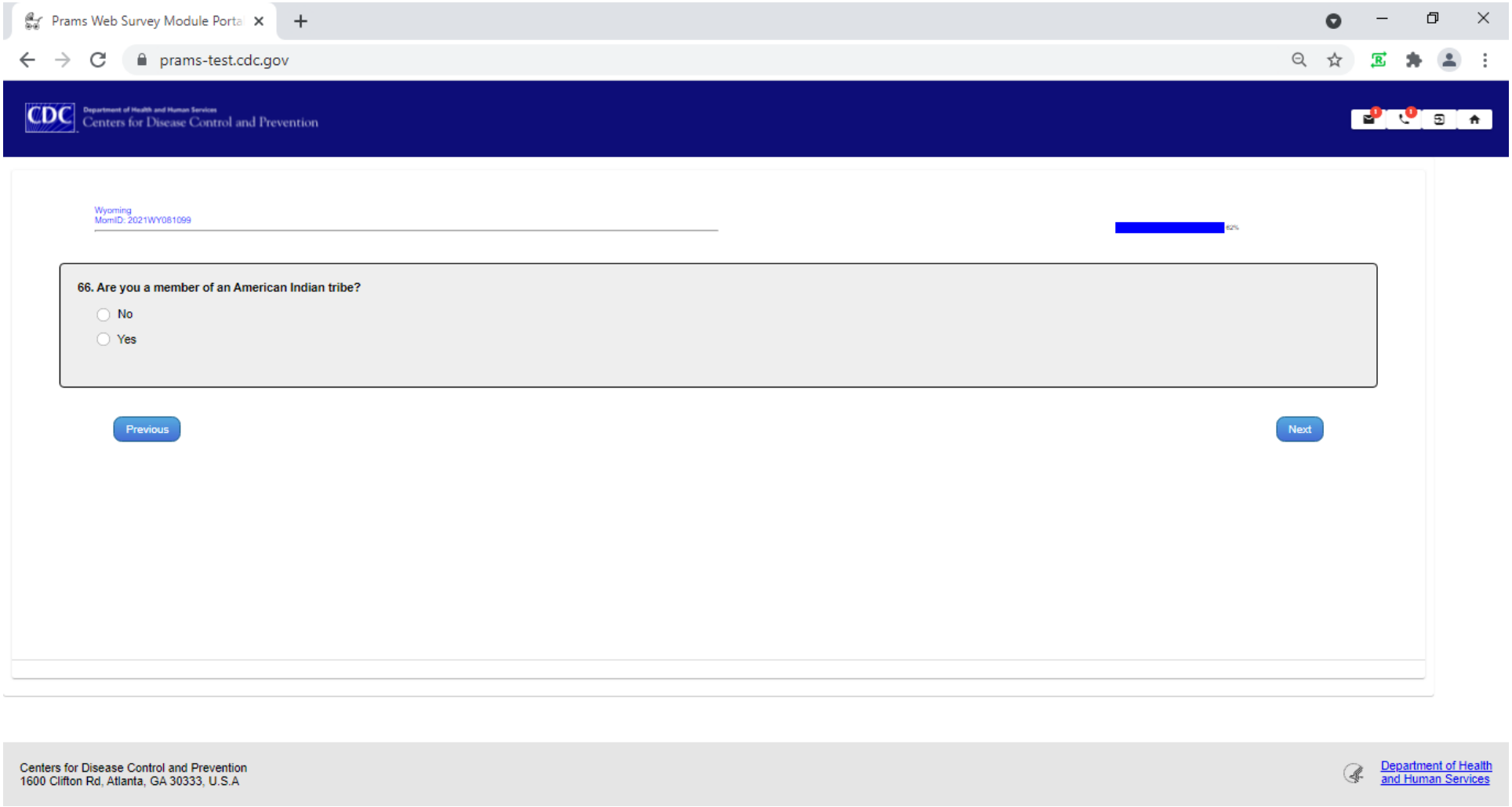
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66. Are you a member of an American Indian tribe?
No
Yes
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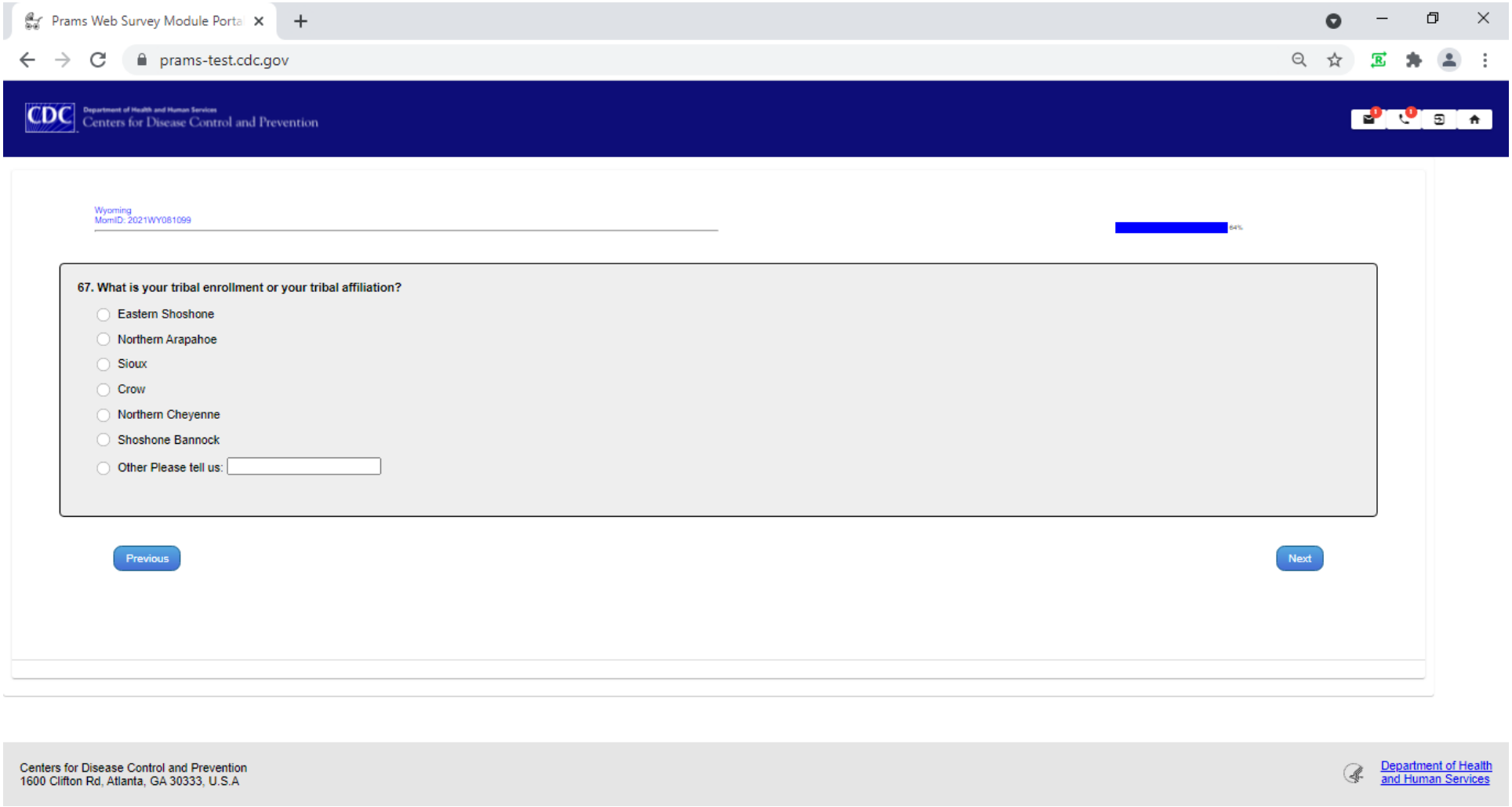
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67. What is your tribal enrollment or your tribal affiliation?
Eastern Shoshone
Northern Arapahoe
Sioux
Crow
Northern Cheyenne
Shoshone Bannock
Other Please tell us:
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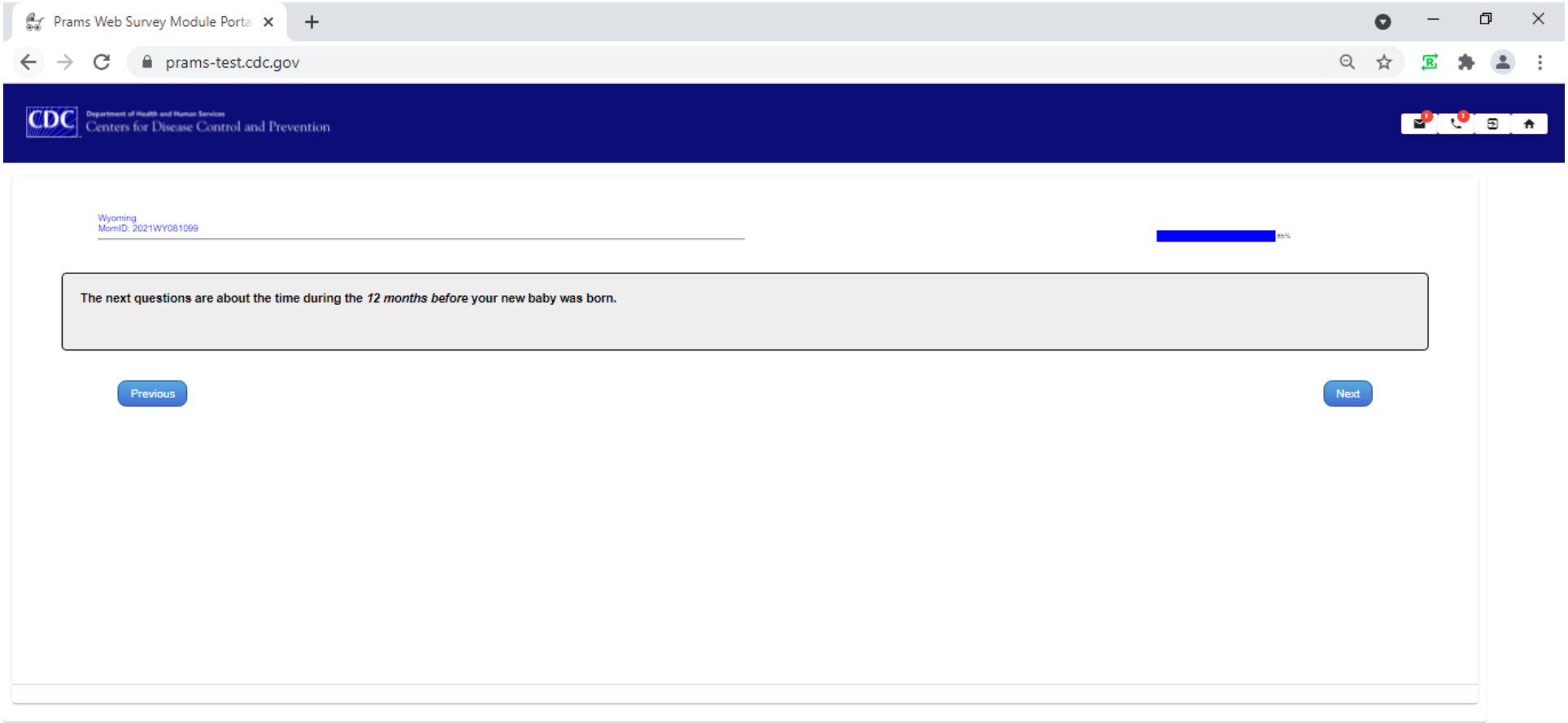
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The next questions are about the time during the *12 months before* your new baby was born.
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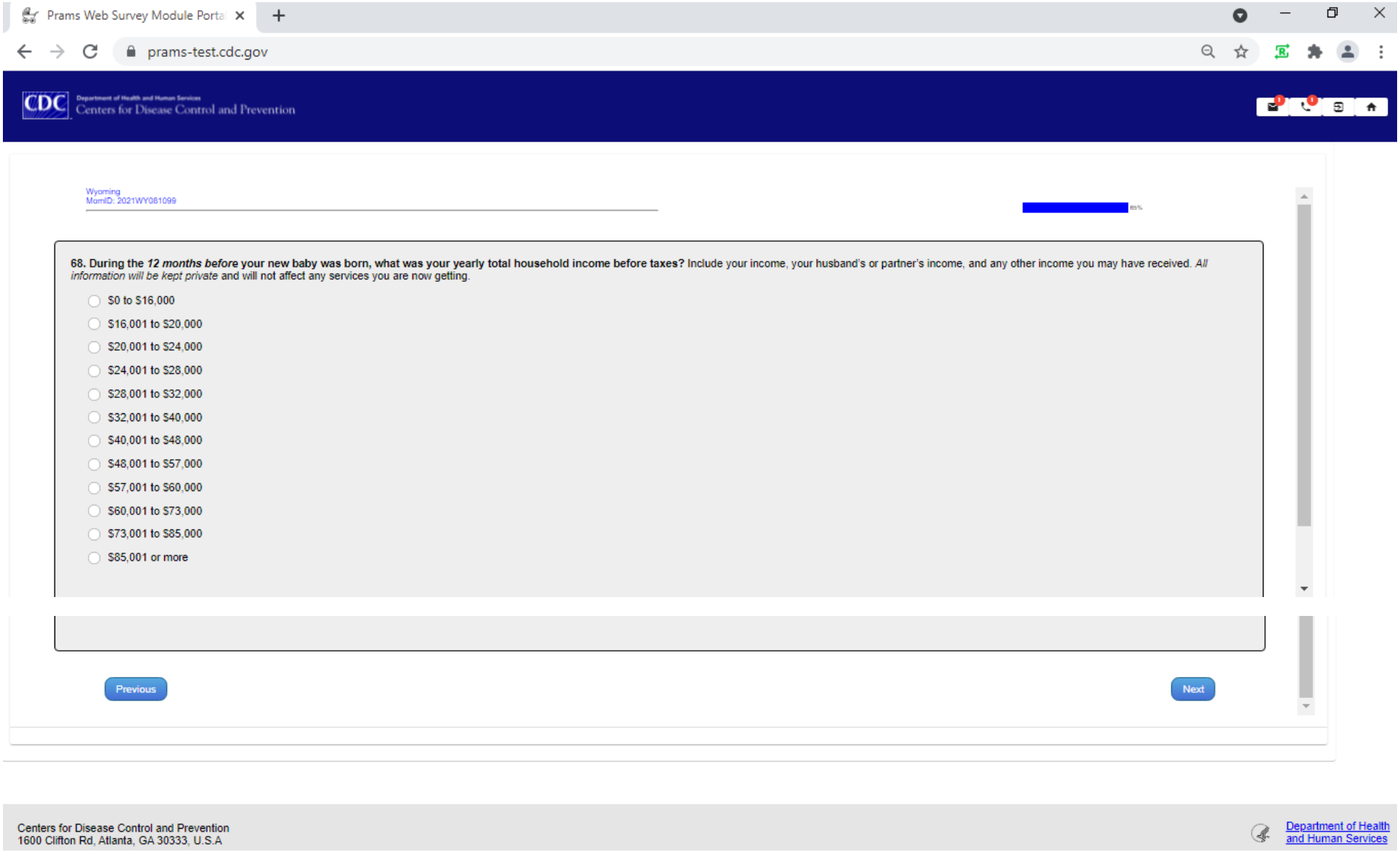
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68. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. All information will be kept private 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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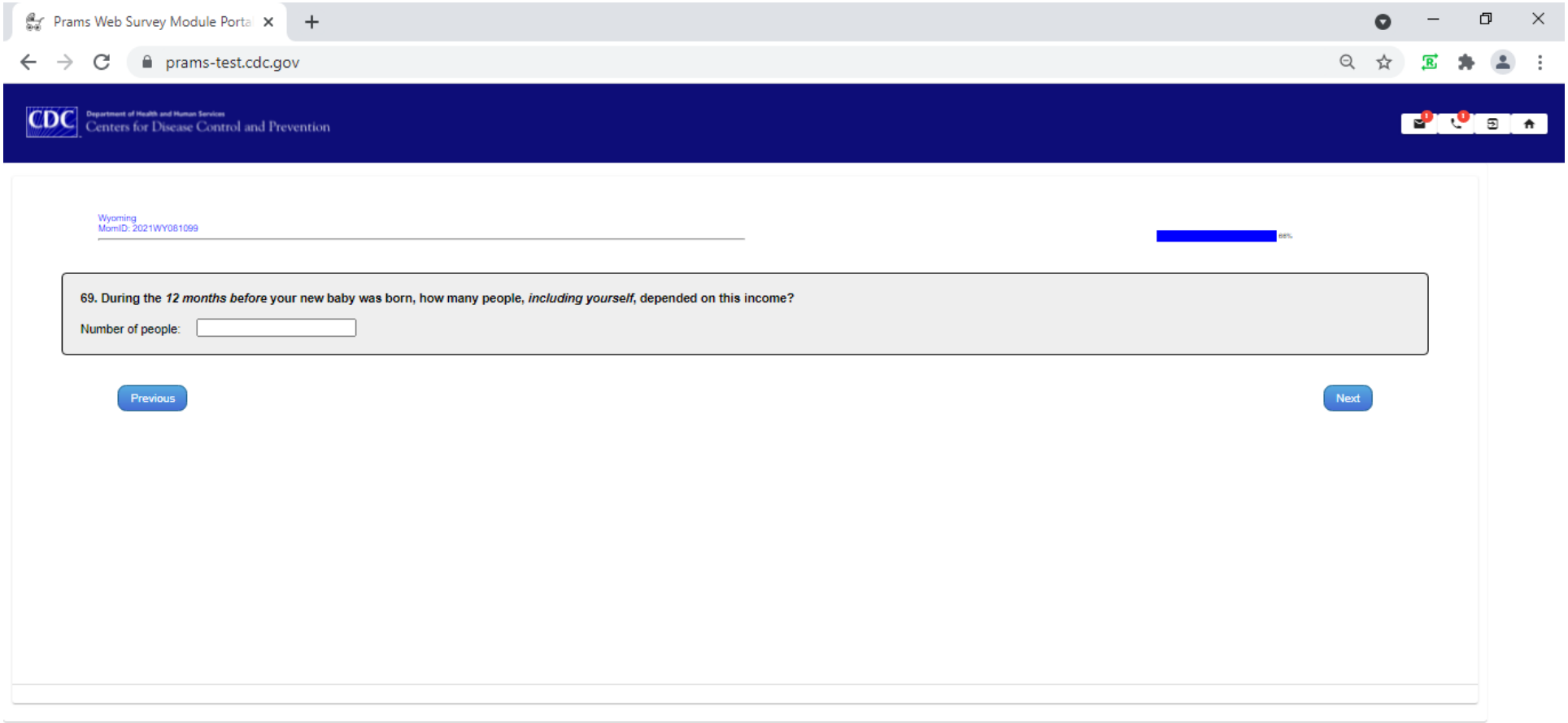
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69. During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?
Number of people:
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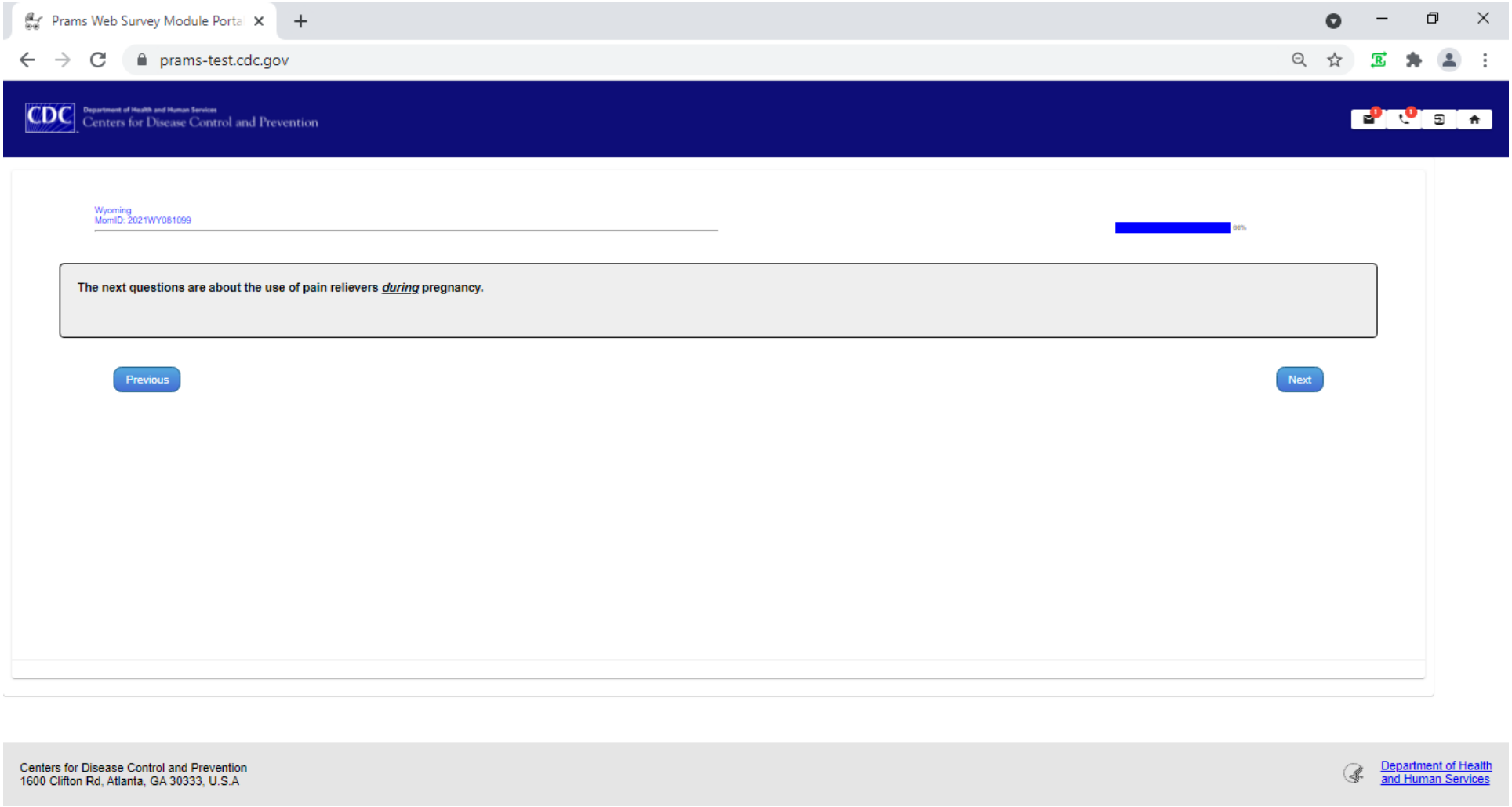
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The next questions are about the use of pain relievers during pregnancy.
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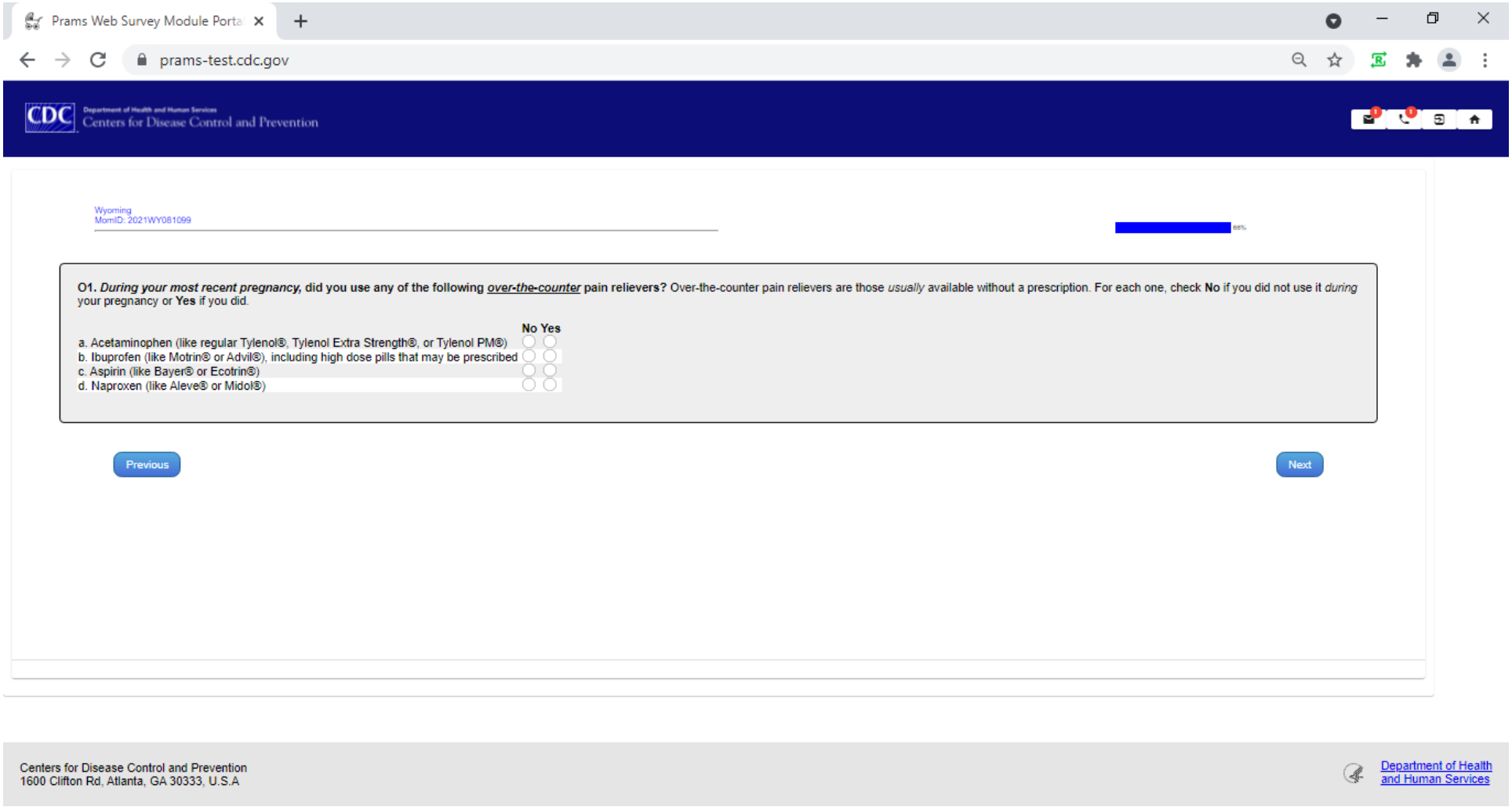
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O1. During your most recent pregnancy, did you use any of the following over-the-counter pain relievers? Over-the-counter pain relievers are those usually available without a prescription. For each one, check No if you did not use it during your pregnancy 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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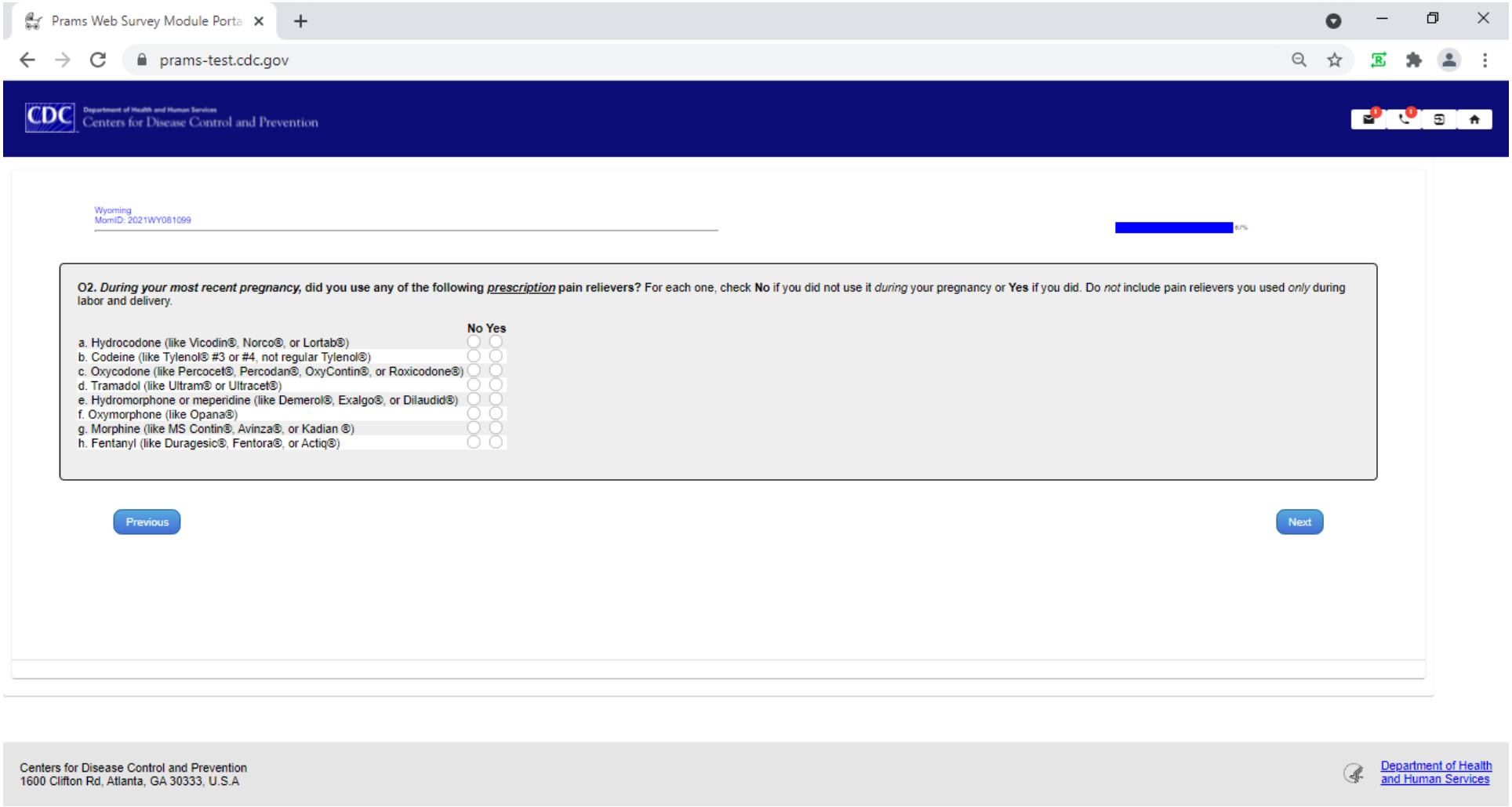
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67%
O2. During your most recent pregnancy, did you use any of the following prescription pain relievers? For each one, check No if you did not use it during your pregnancy or Yes if you did. Do not include pain relievers you used only during labor 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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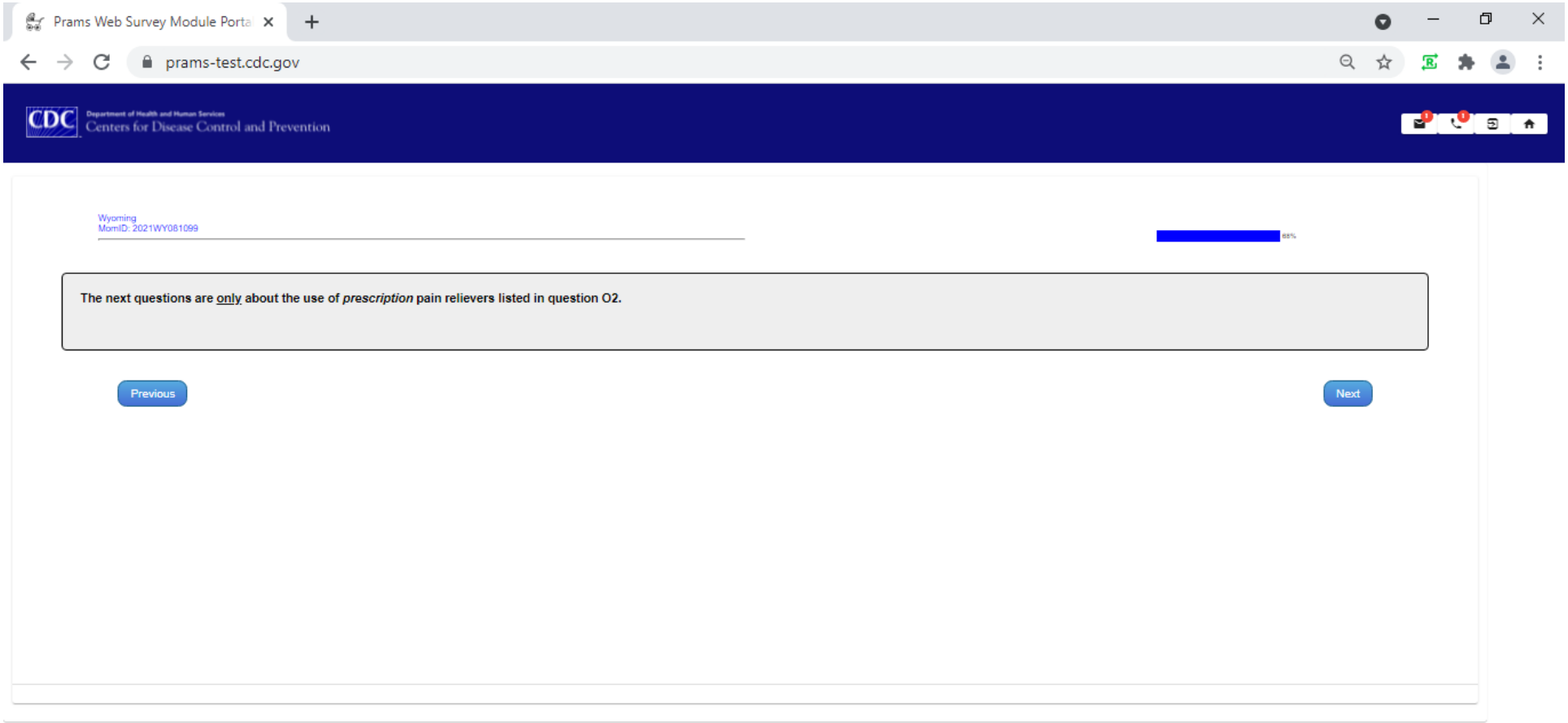
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The next questions are only about the use of prescription pain relievers listed in question O2.
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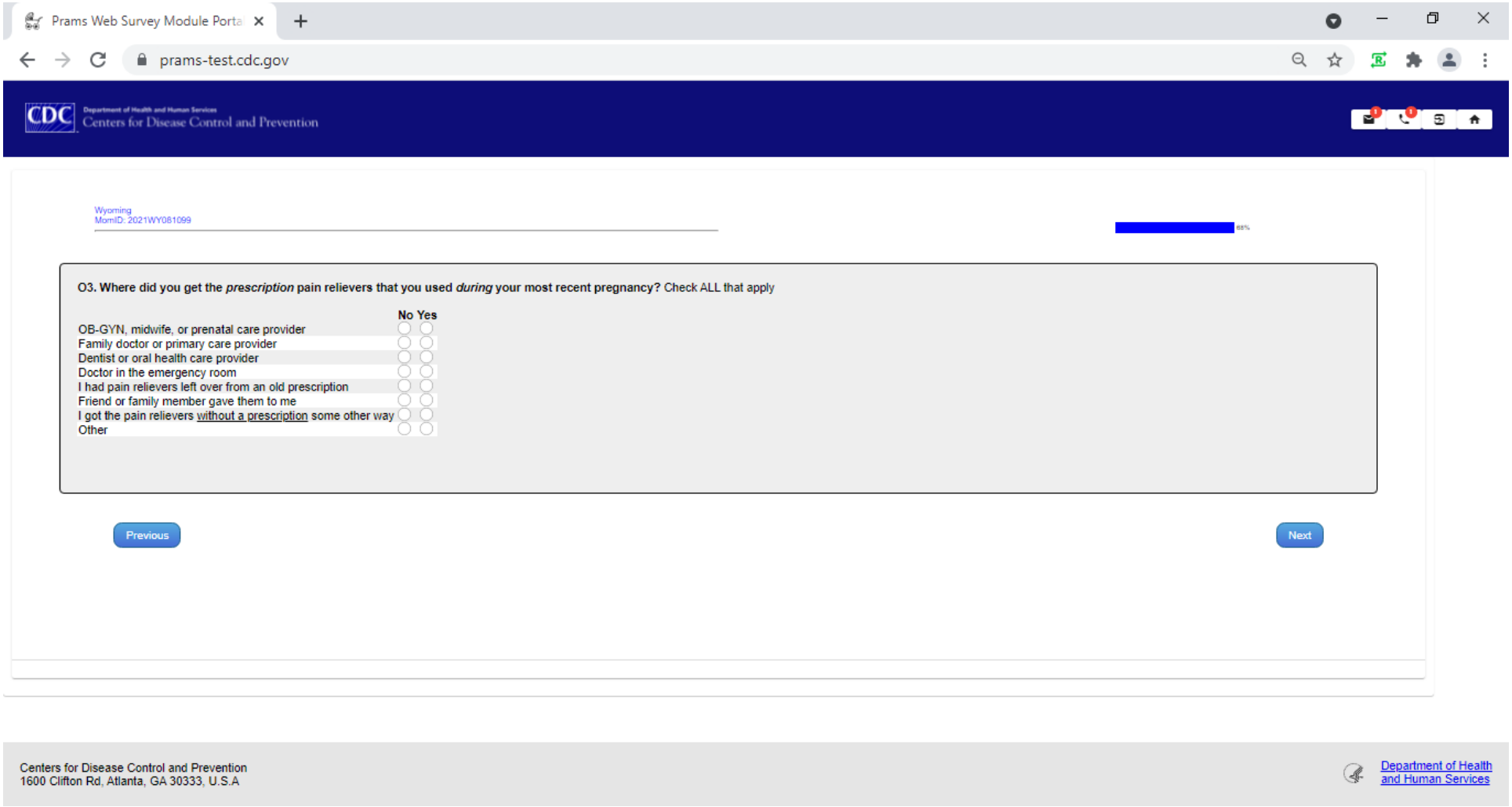
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O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply
No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral health care provider
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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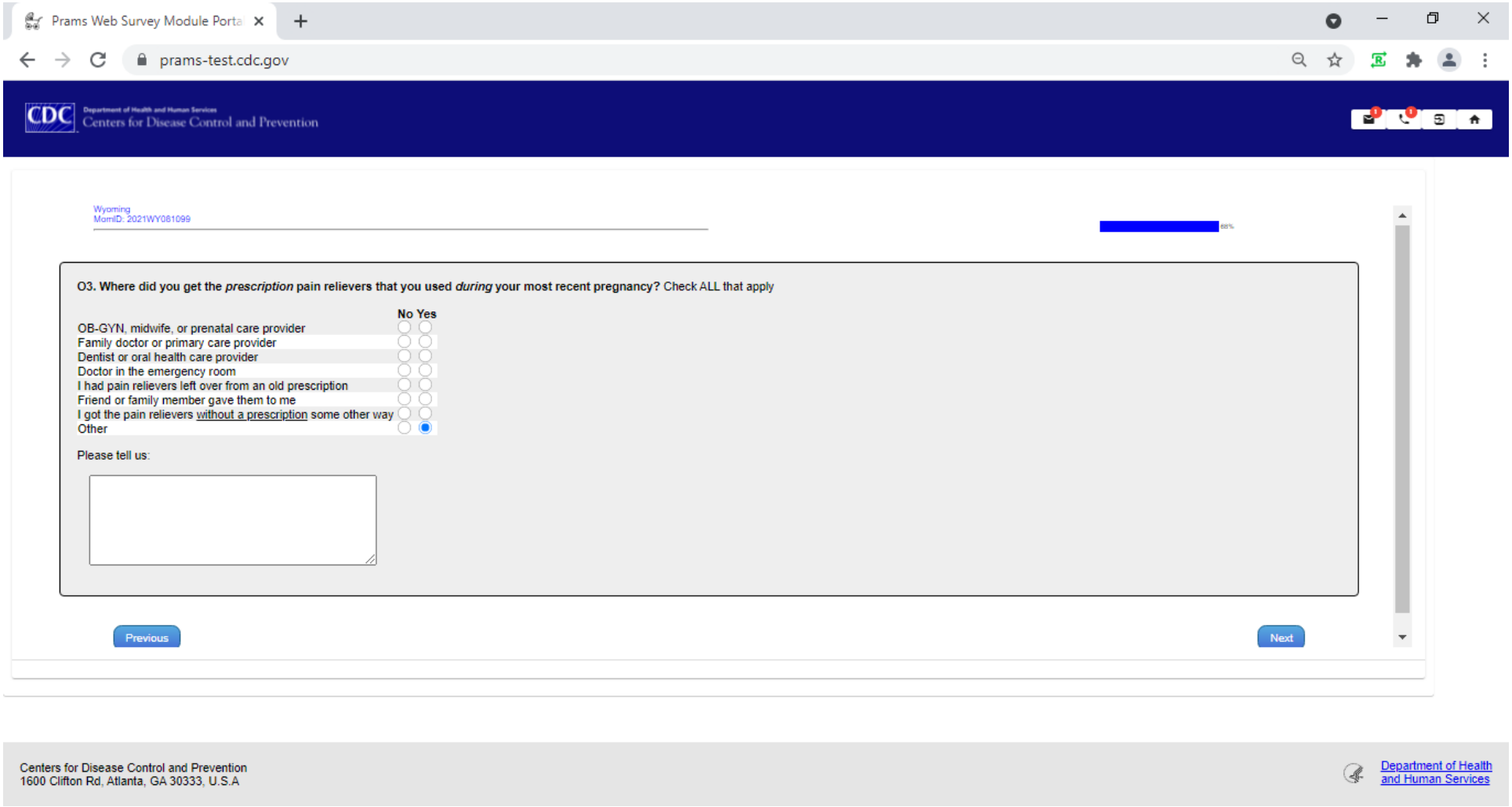
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O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply
No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral health care provider
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
Please tell us:
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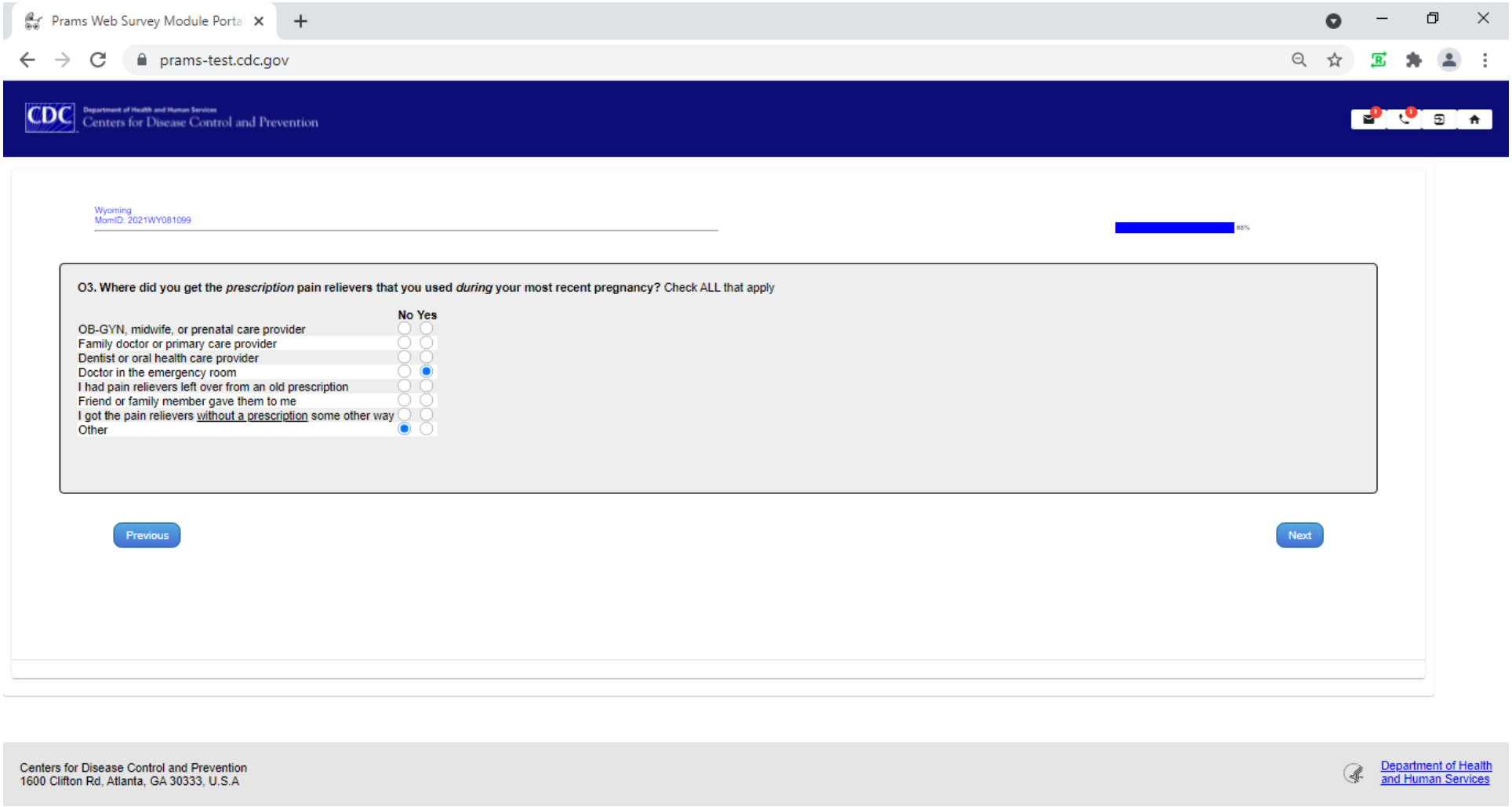
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MomID: 2021WY061099
O3. Where did you get the prescription pain relievers that you used during your most recent pregnancy? Check ALL that apply
No Yes
OB-GYN, midwife, or prenatal care provider
Family doctor or primary care provider
Dentist or oral 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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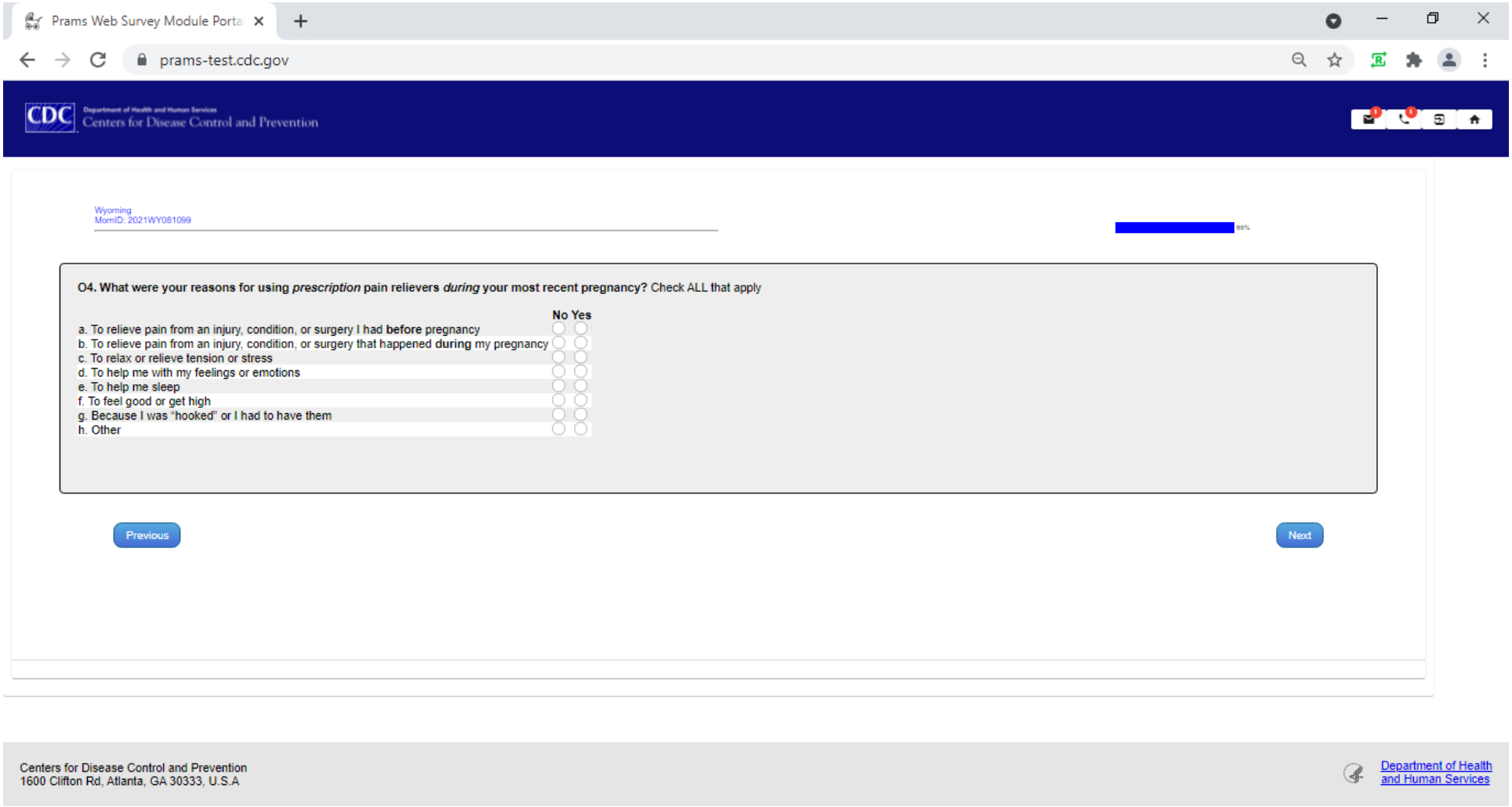
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O4. What were your reasons for using *prescription* pain relievers *during* your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had **before** pregnancy
b. To relieve pain from an injury, 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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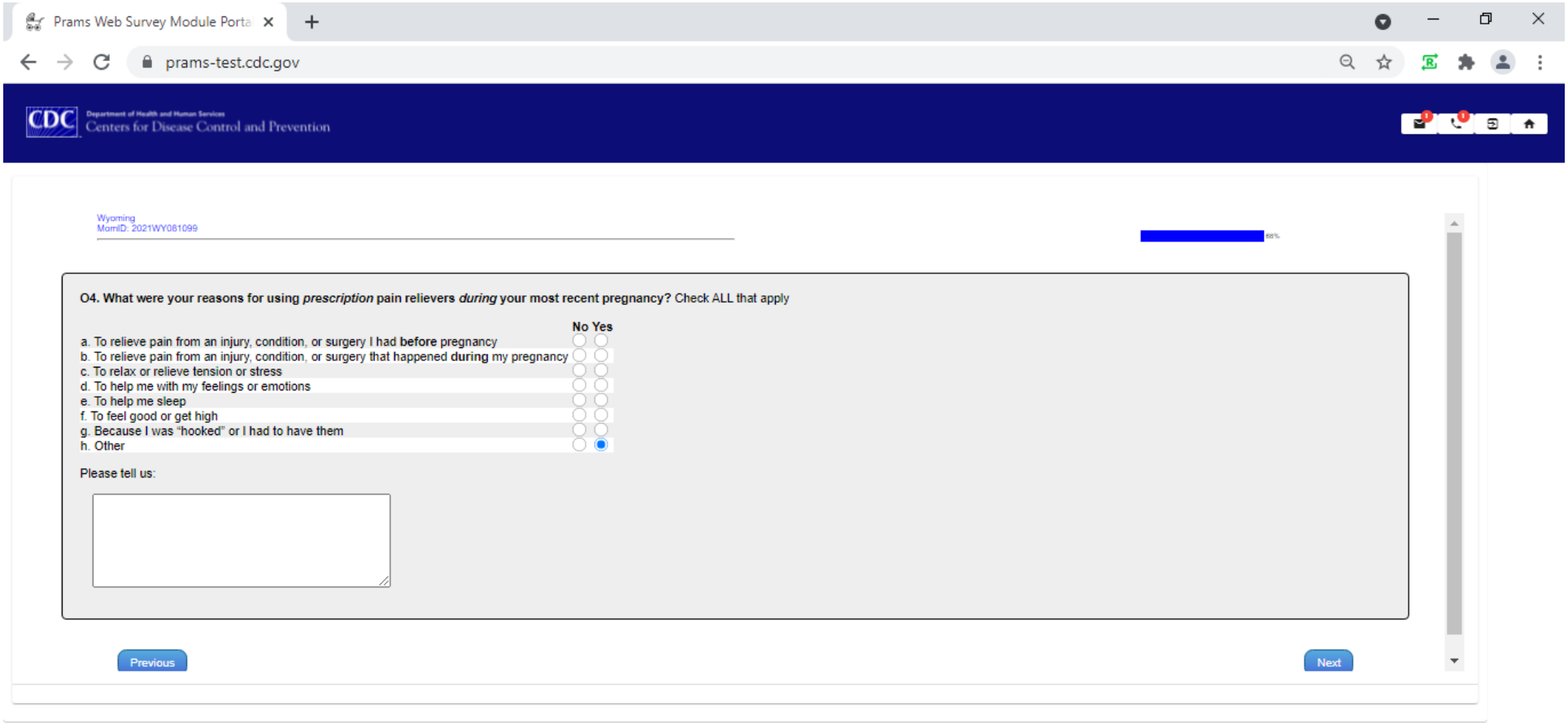
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MomID: 2021WY081099
O4. What were your reasons for using prescription pain relievers during your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had before pregnancy
b. To relieve pain from 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
Please tell us:
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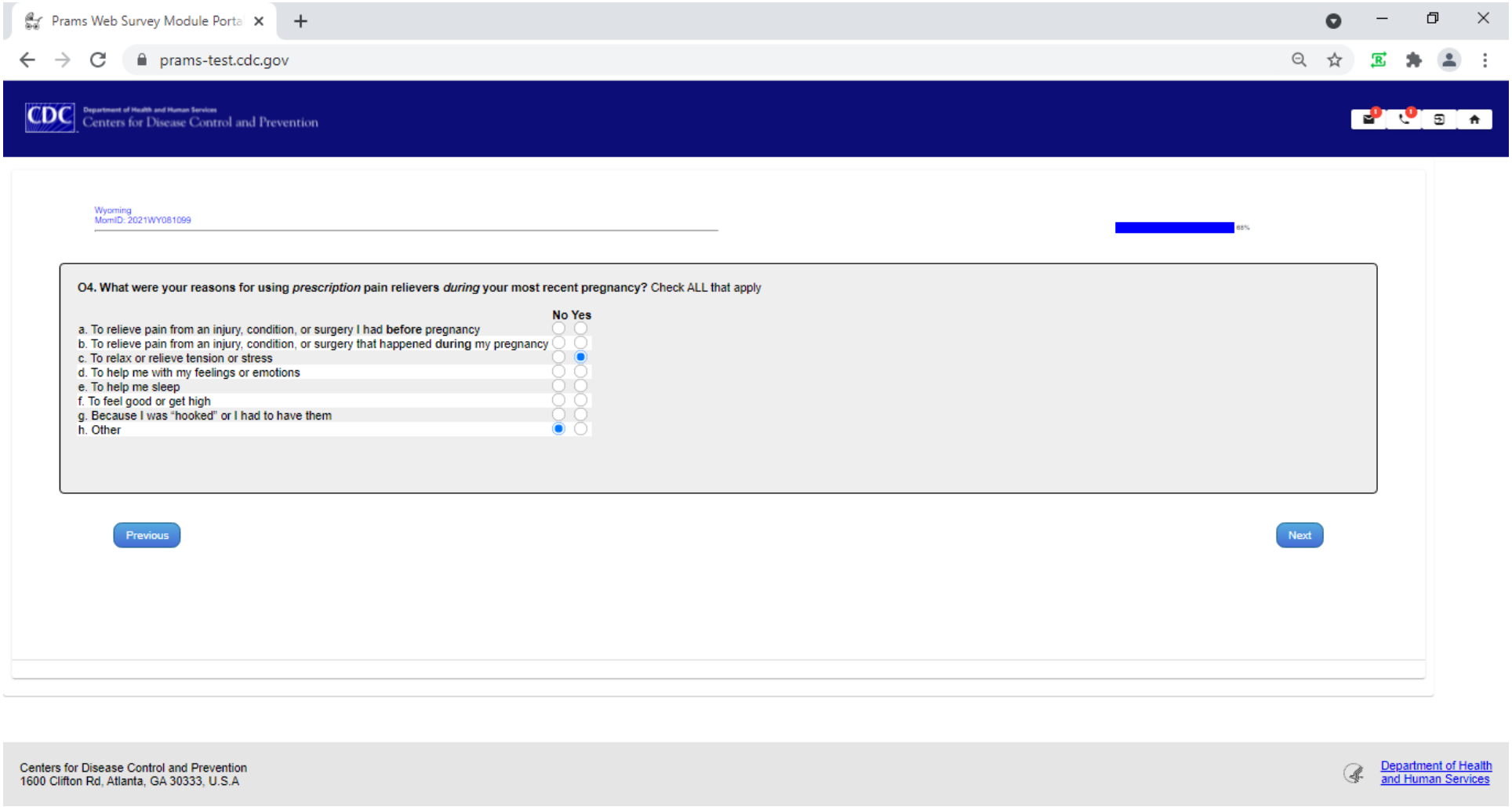
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Q4. What were your reasons for using prescription pain relievers during your most recent pregnancy? Check ALL that apply
No Yes
a. To relieve pain from an injury, condition, or surgery I had before pregnancy
b. To relieve pain from an injury, condition, 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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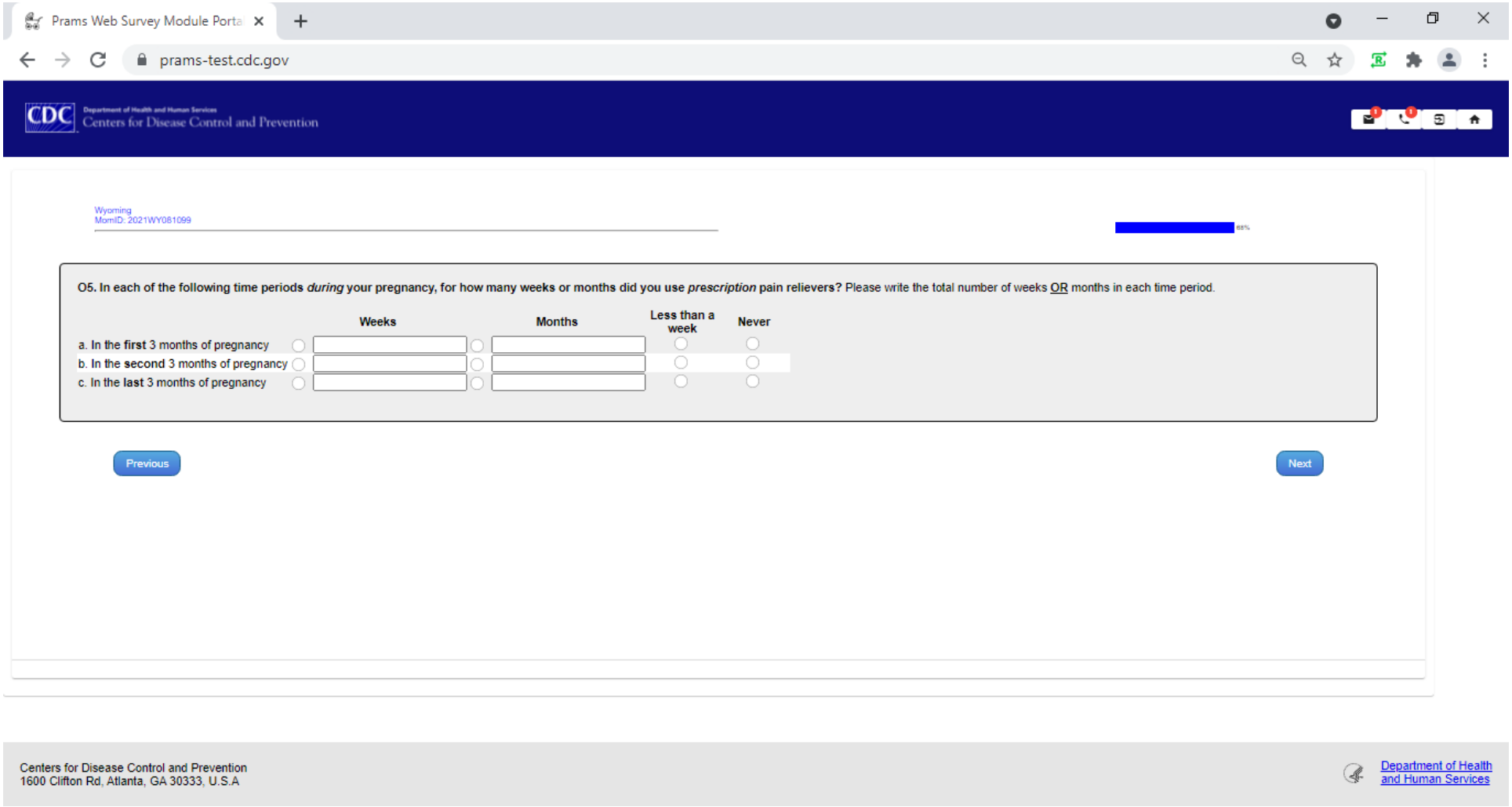
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O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks OR months in each time period.
Weeks
Months
Less than a week
Never
a. 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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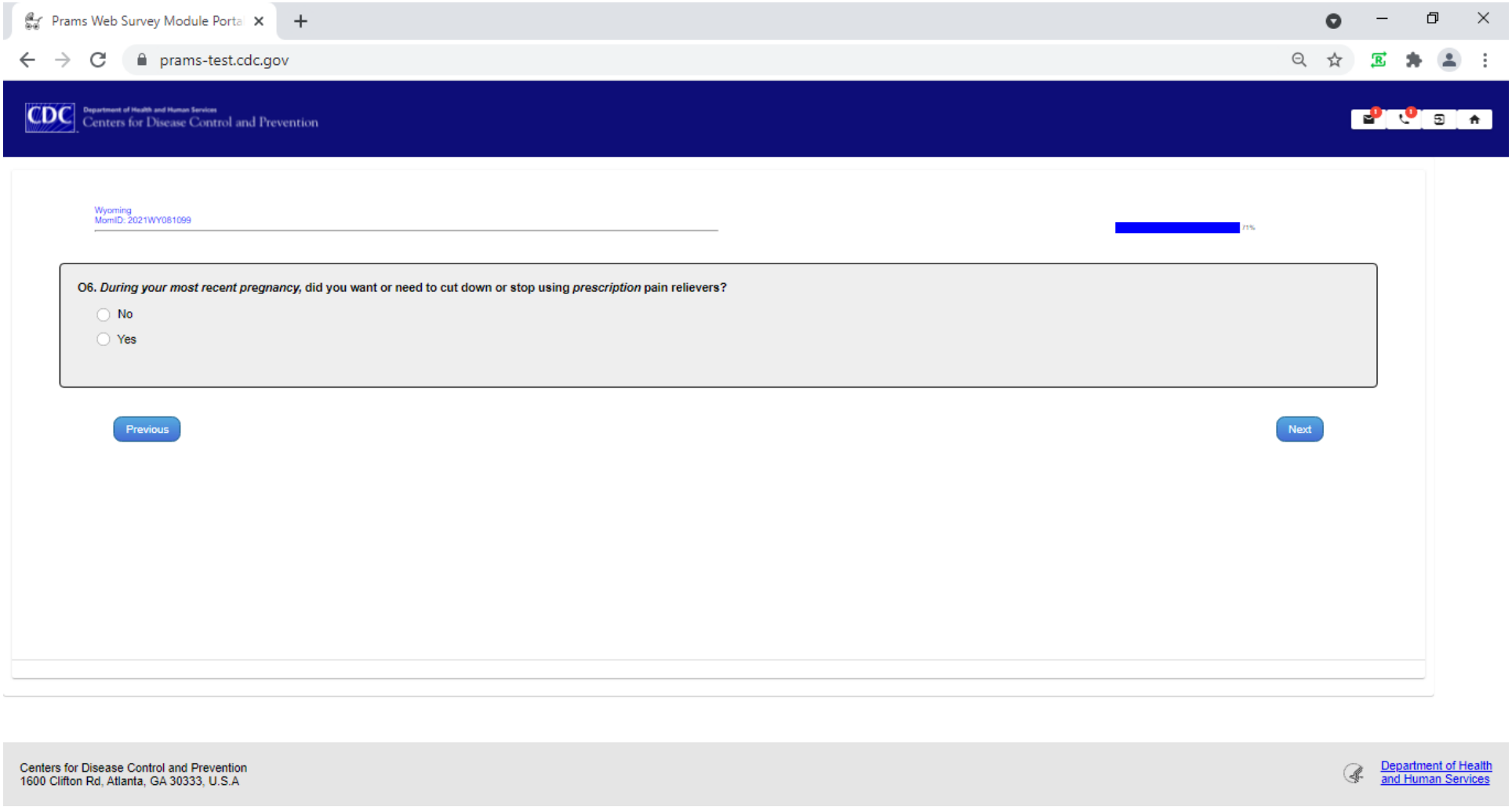
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Q6. During your most recent pregnancy, did you want or need to cut down or stop using prescription pain relievers?
No
Yes
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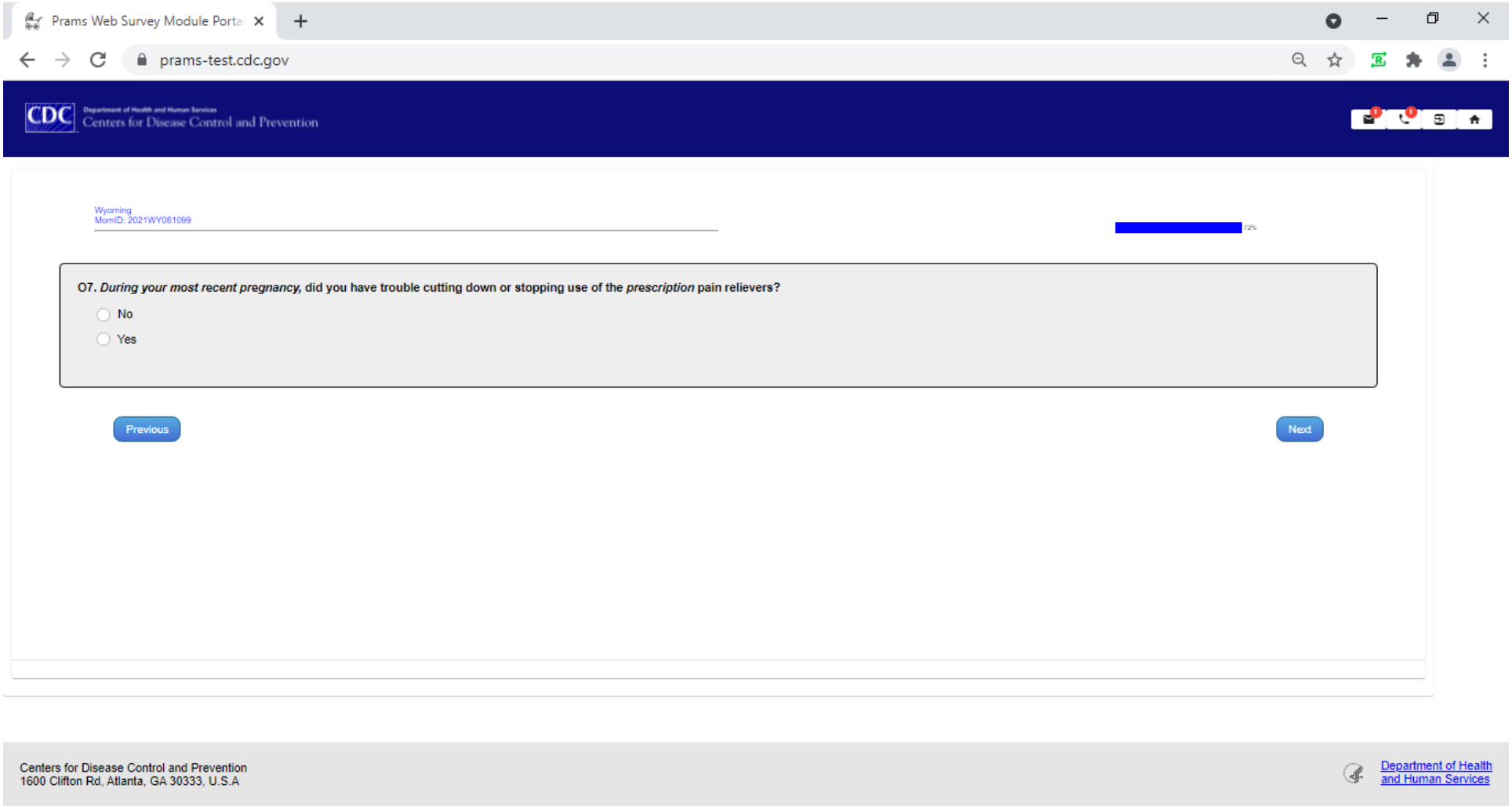
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Q7. During your most recent pregnancy, did you have trouble cutting down or stopping use of the prescription pain relievers?
No
Yes
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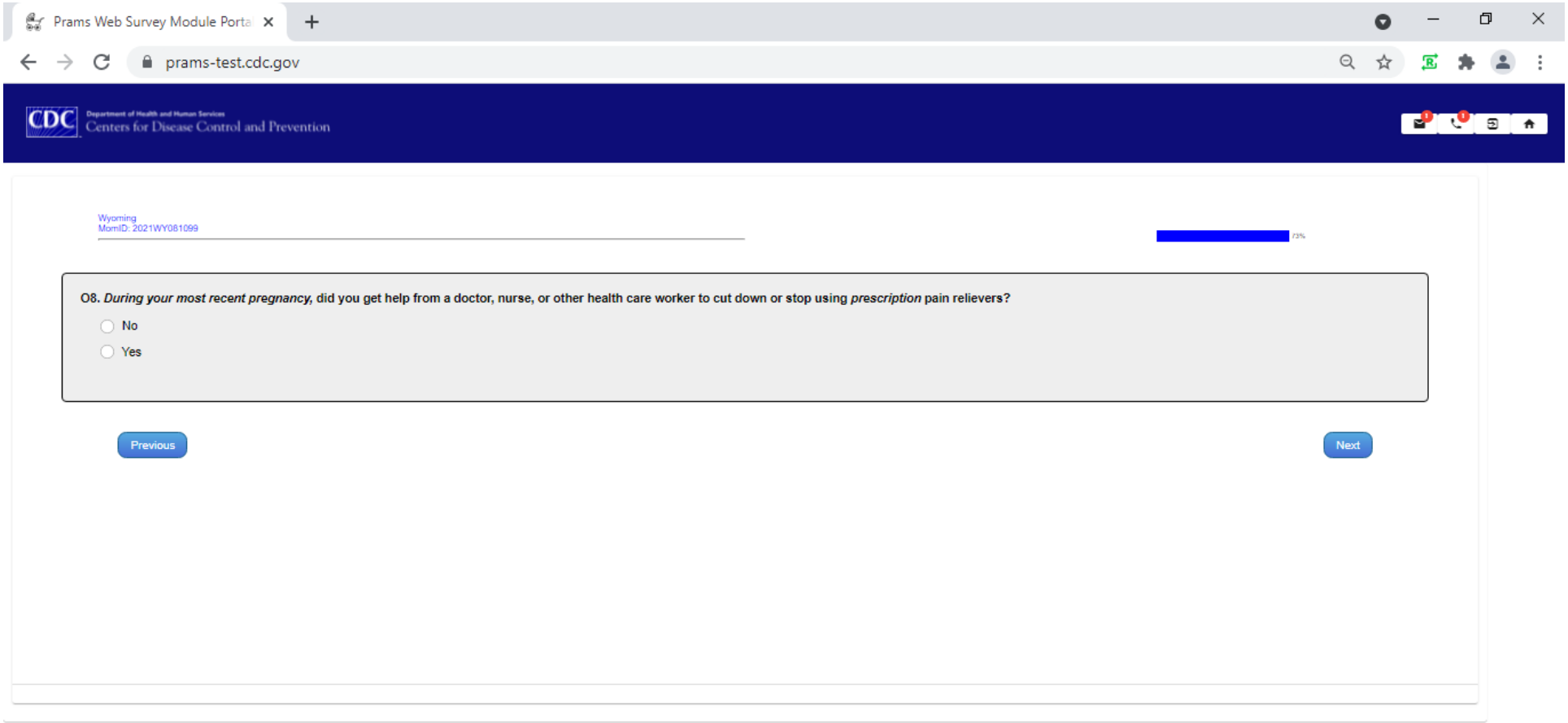
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Q8. During your most recent pregnancy, did you get help from a doctor, nurse, or other health care worker to cut down or stop using prescription pain relievers?
No
Yes
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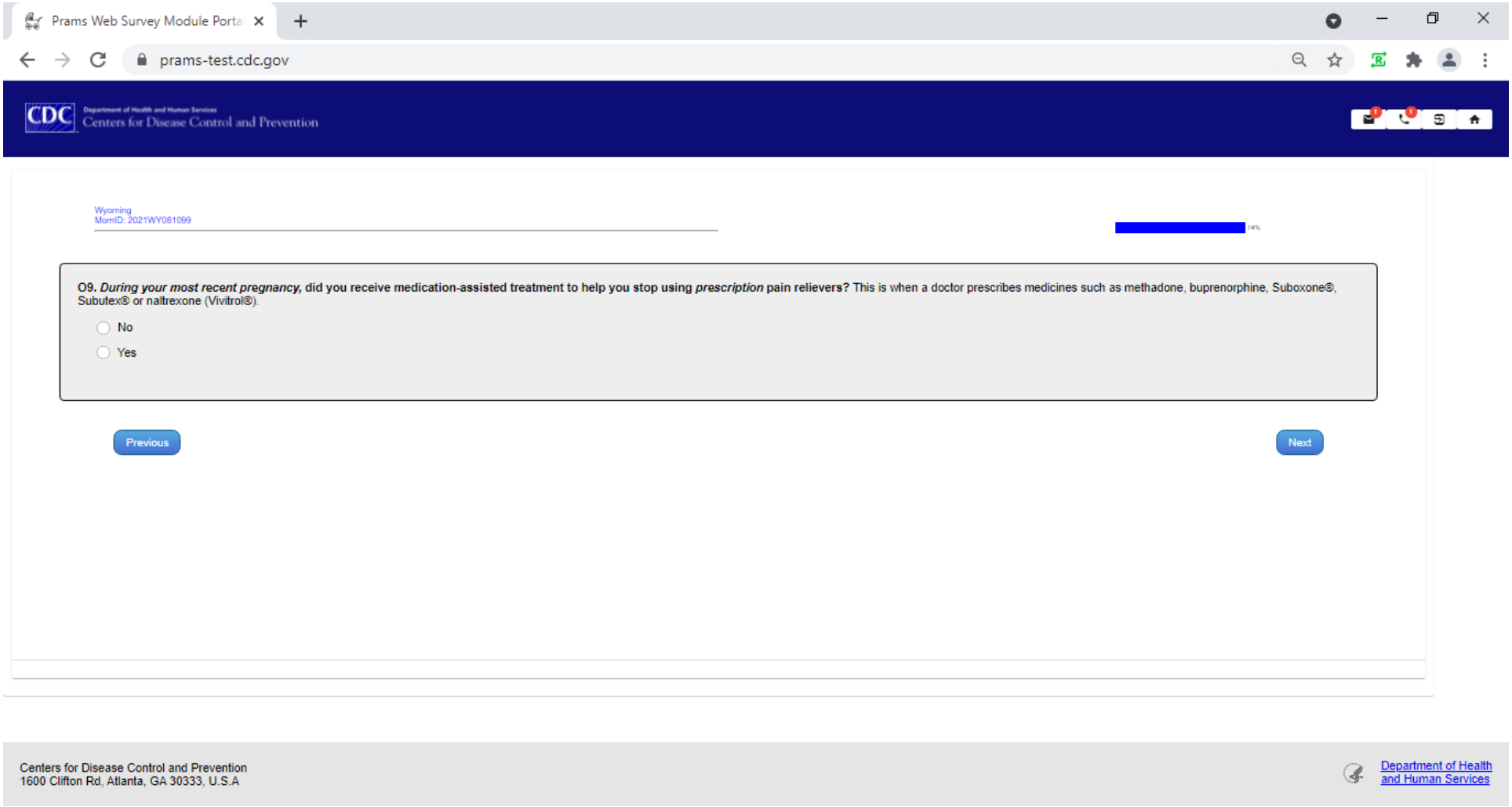
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O9. During your most recent pregnancy, did you receive medication-assisted treatment to help you stop using prescription pain relievers? This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex® or naltrexone (Vivitrol®).
No
Yes
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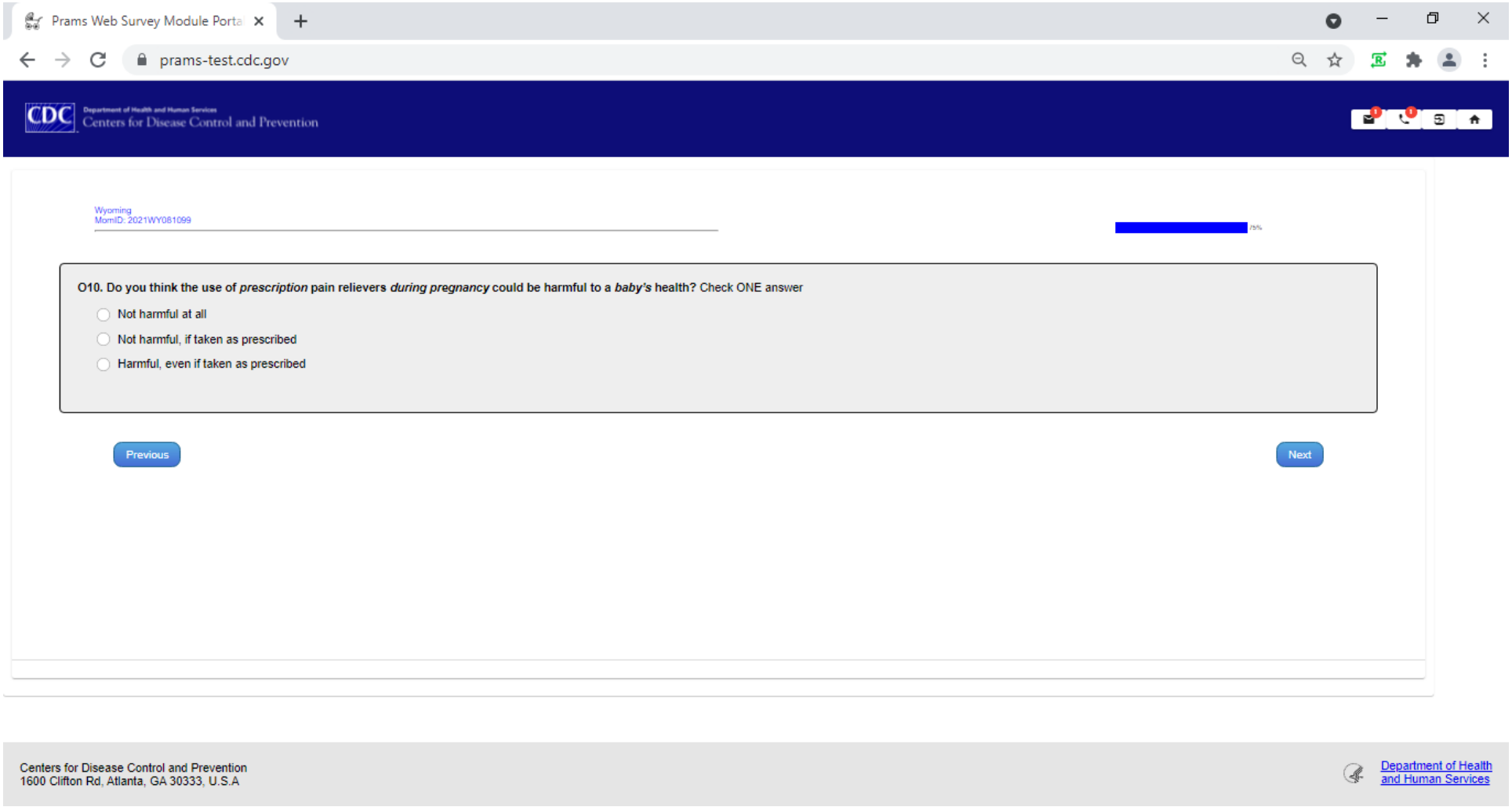
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Q10. Do you think the use of prescription pain relievers during pregnancy could be harmful to a baby's health? Check ONE answer
Not harmful at all
Not harmful, if taken as prescribed
Harmful, even if taken as prescribed
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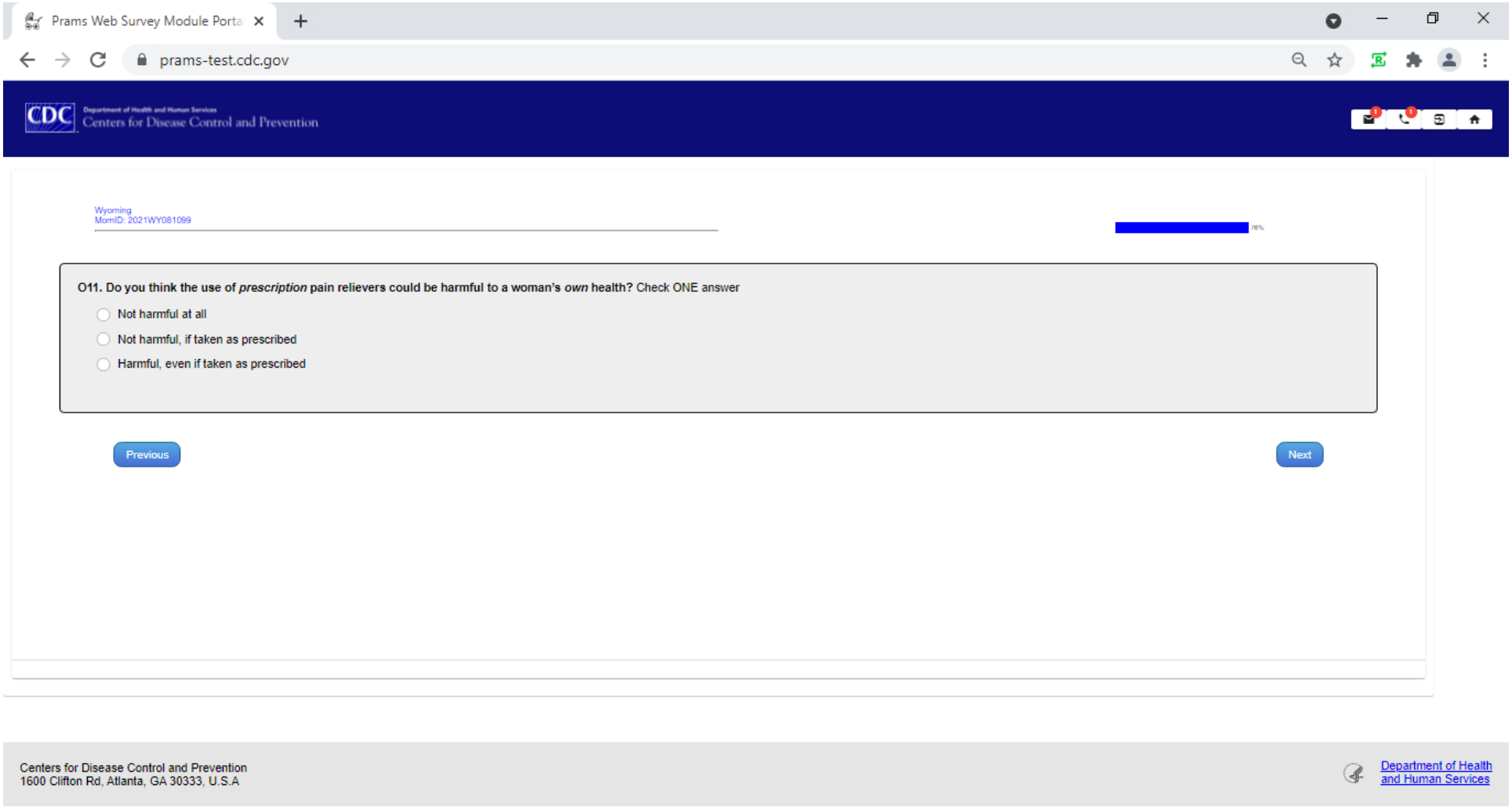
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O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's *own* health? Check ONE answer
Not harmful at all
Not harmful, if taken as prescribed
Harmful, even if taken as prescribed
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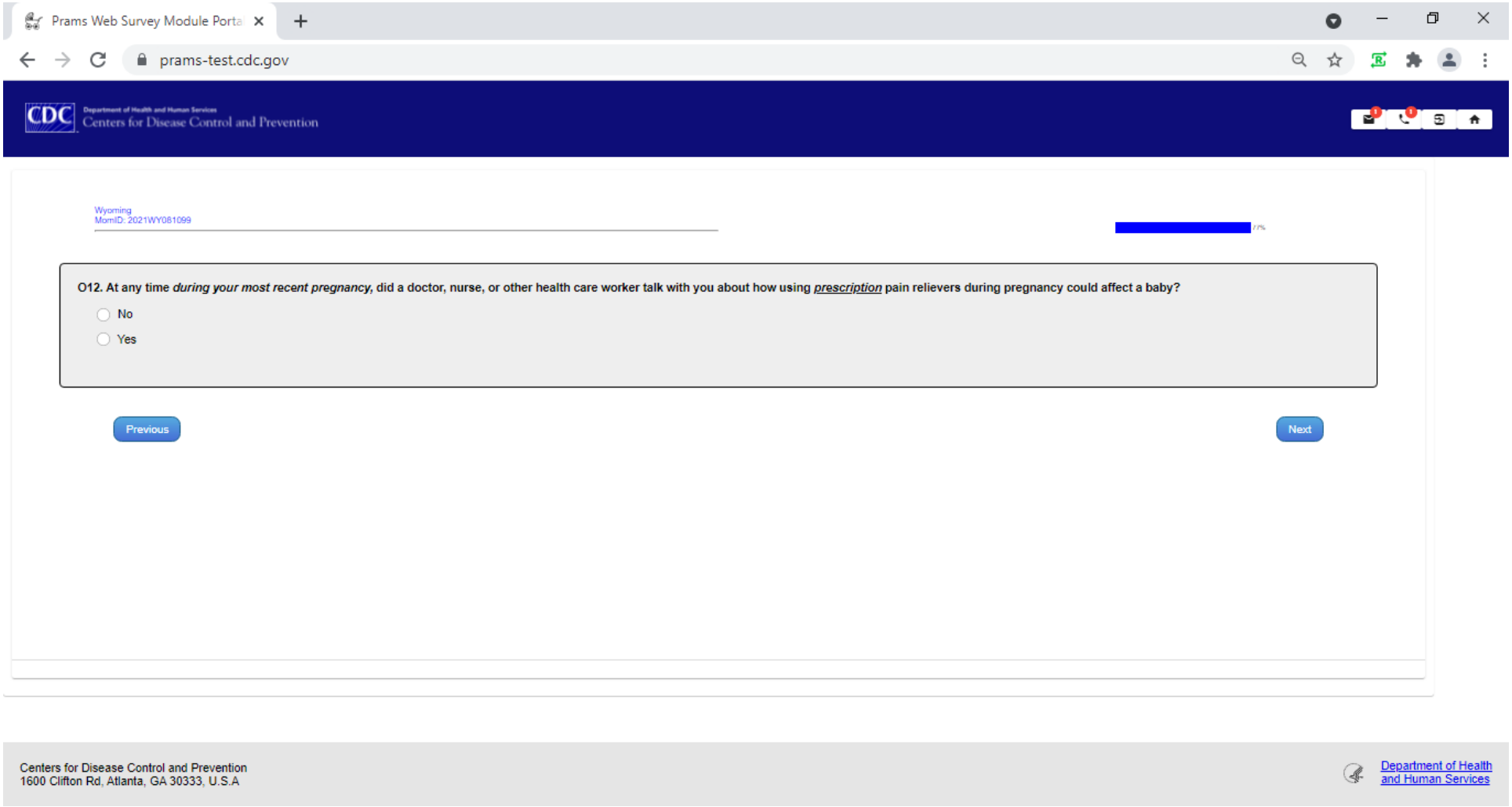
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O12. At any time during your most recent pregnancy, did a doctor, nurse, or other health care worker talk with you about how using prescription pain relievers during pregnancy could affect a baby?
No
Yes
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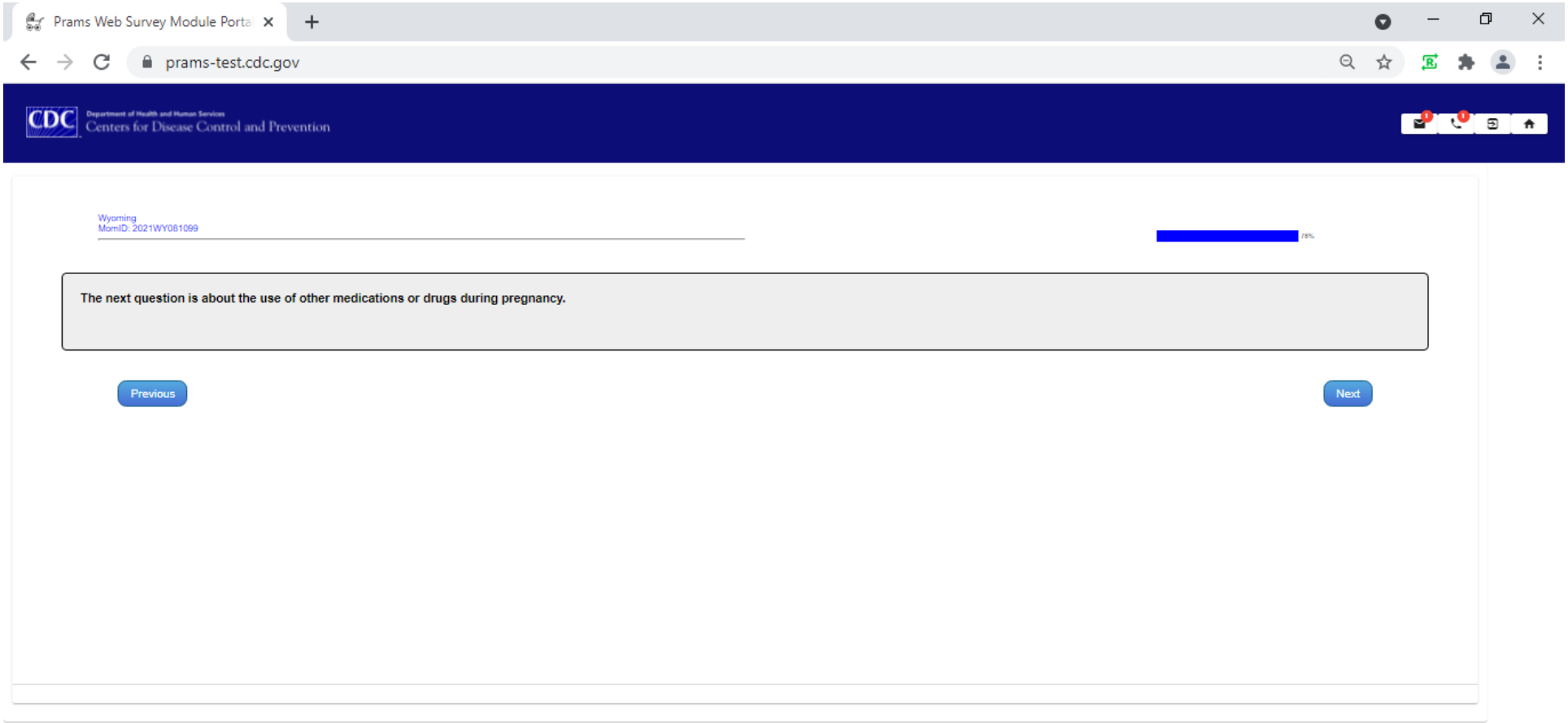
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The next question is about the use of other medications or drugs during pregnancy.
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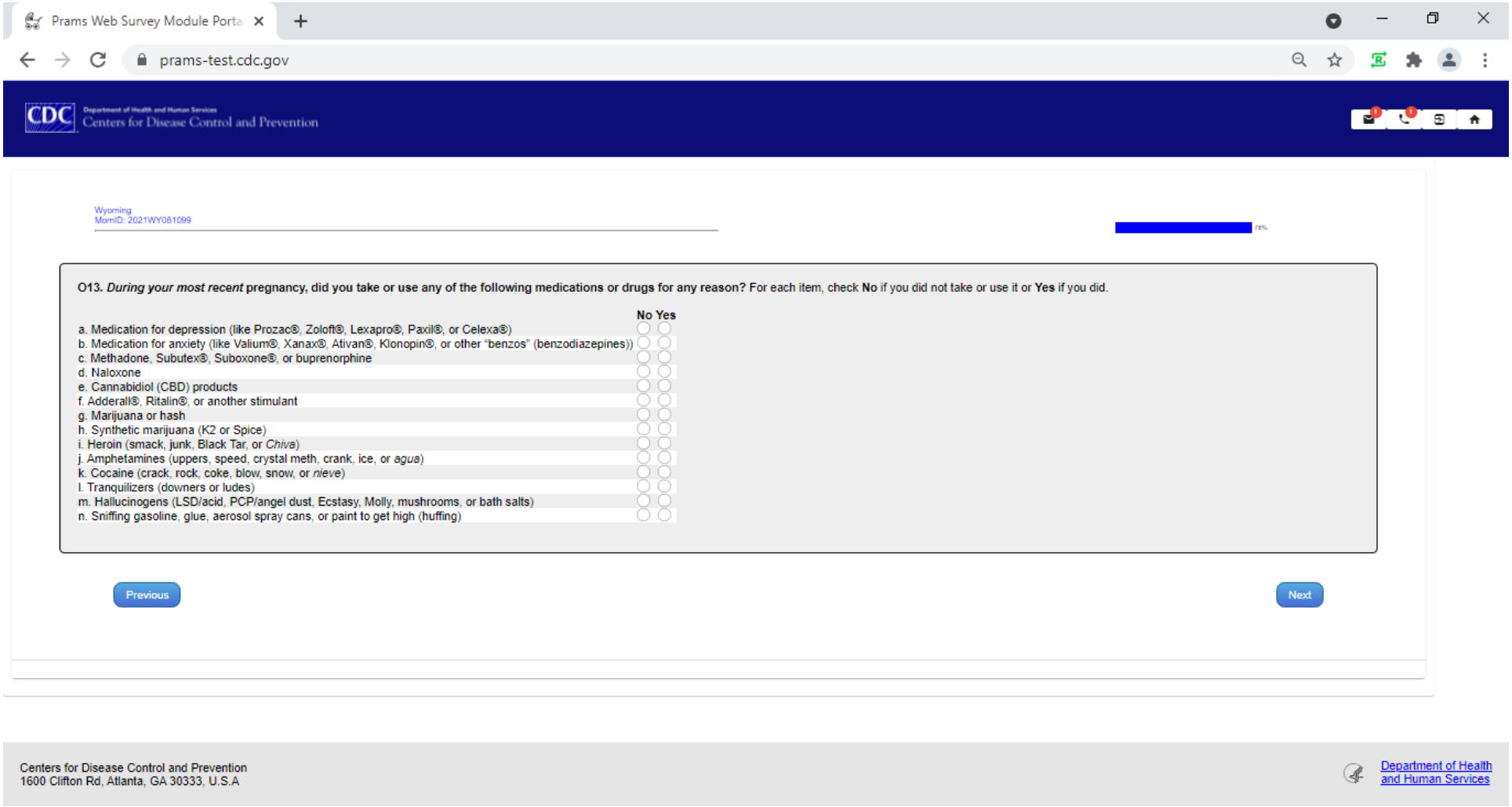
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O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? For each item, check No if you did not take or use it or Yes if you did.
No Yes
a. Medication for depression (like Prozac®, Zoloft®, 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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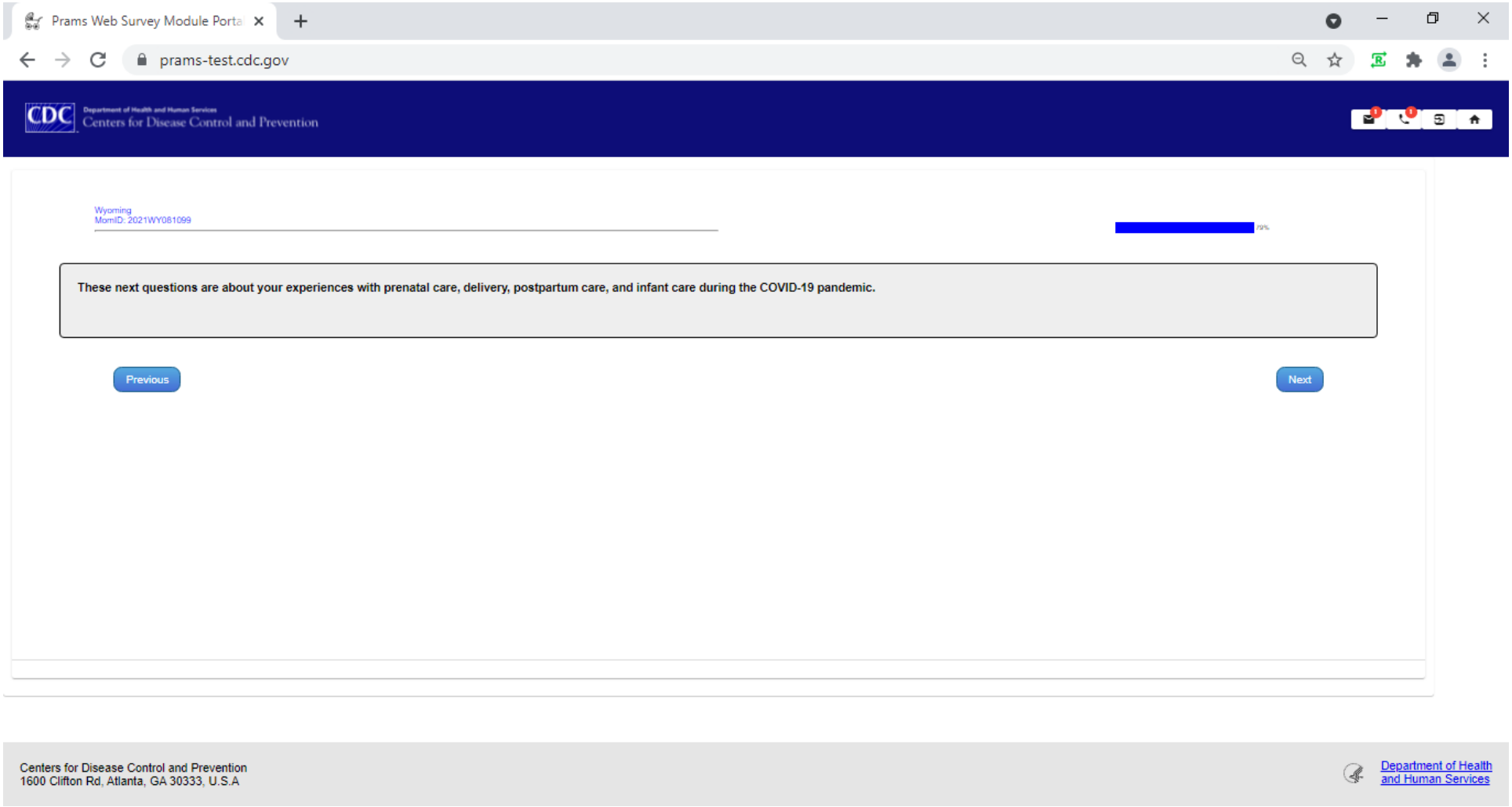
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These next questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.
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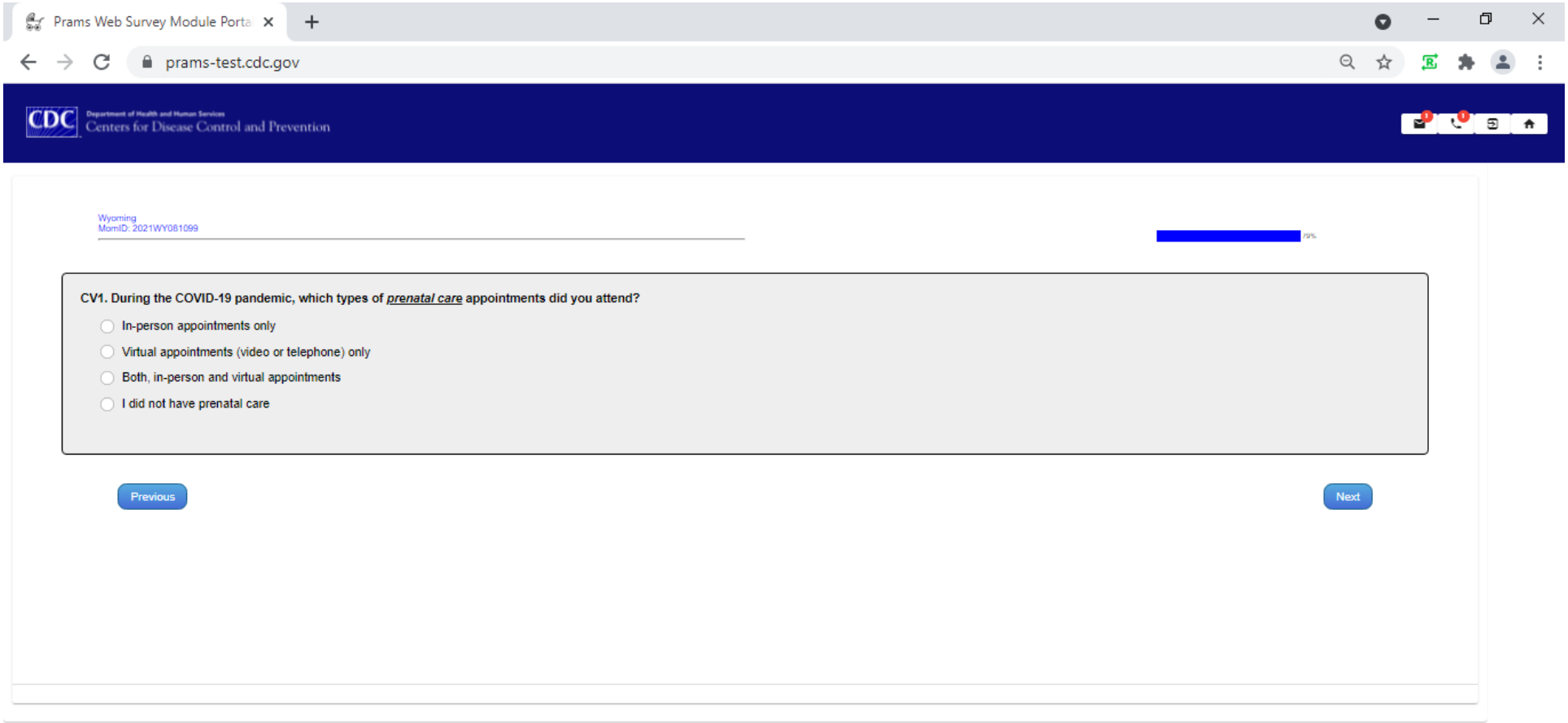
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CV1. During the COVID-19 pandemic, which types of prenatal care appointments did you attend?
In-person appointments only
Virtual appointments (video or telephone) only
Both, in-person and virtual appointments
I did not have prenatal care
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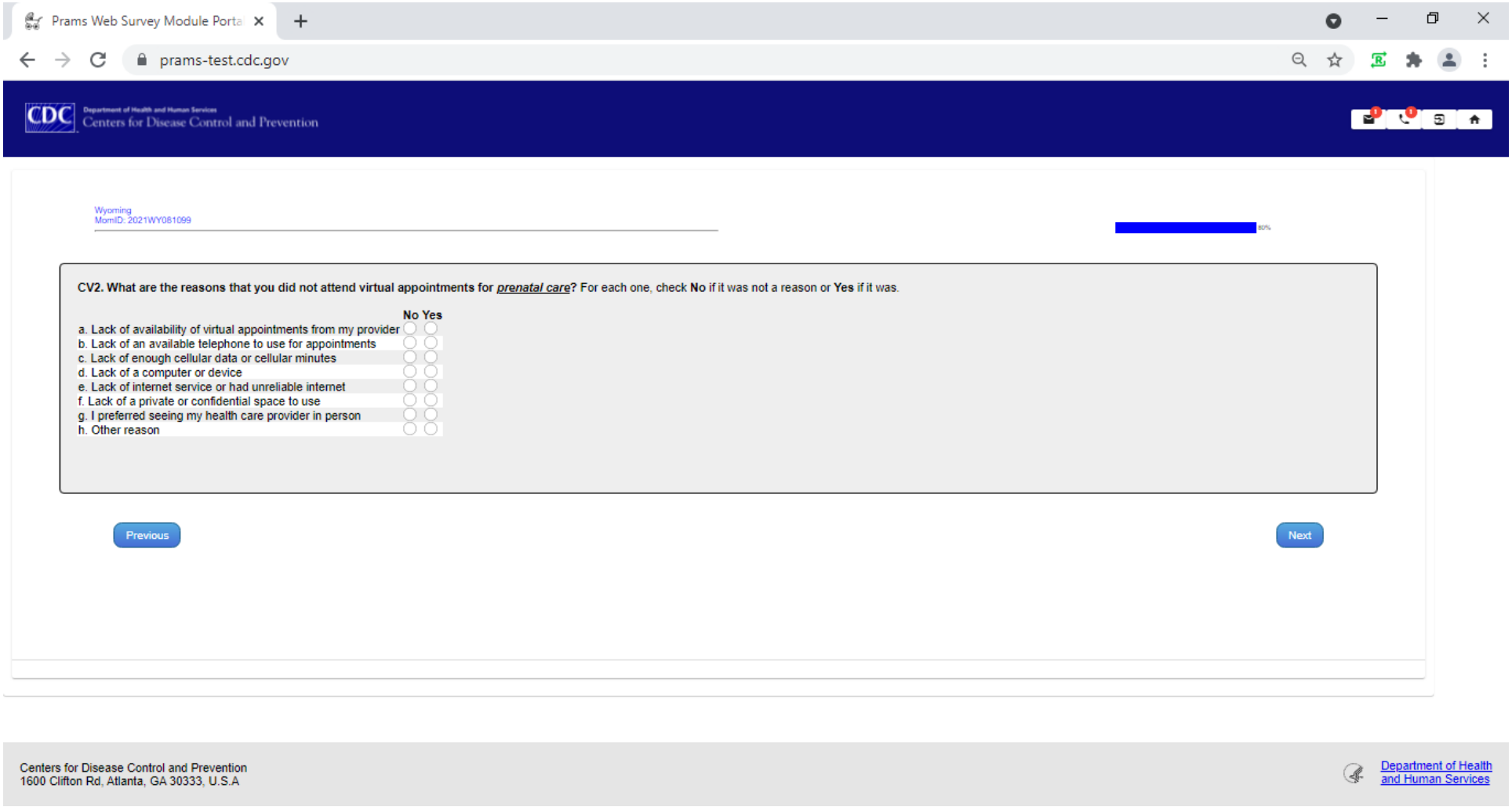
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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check No if it was not a reason or Yes if it was.
No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available 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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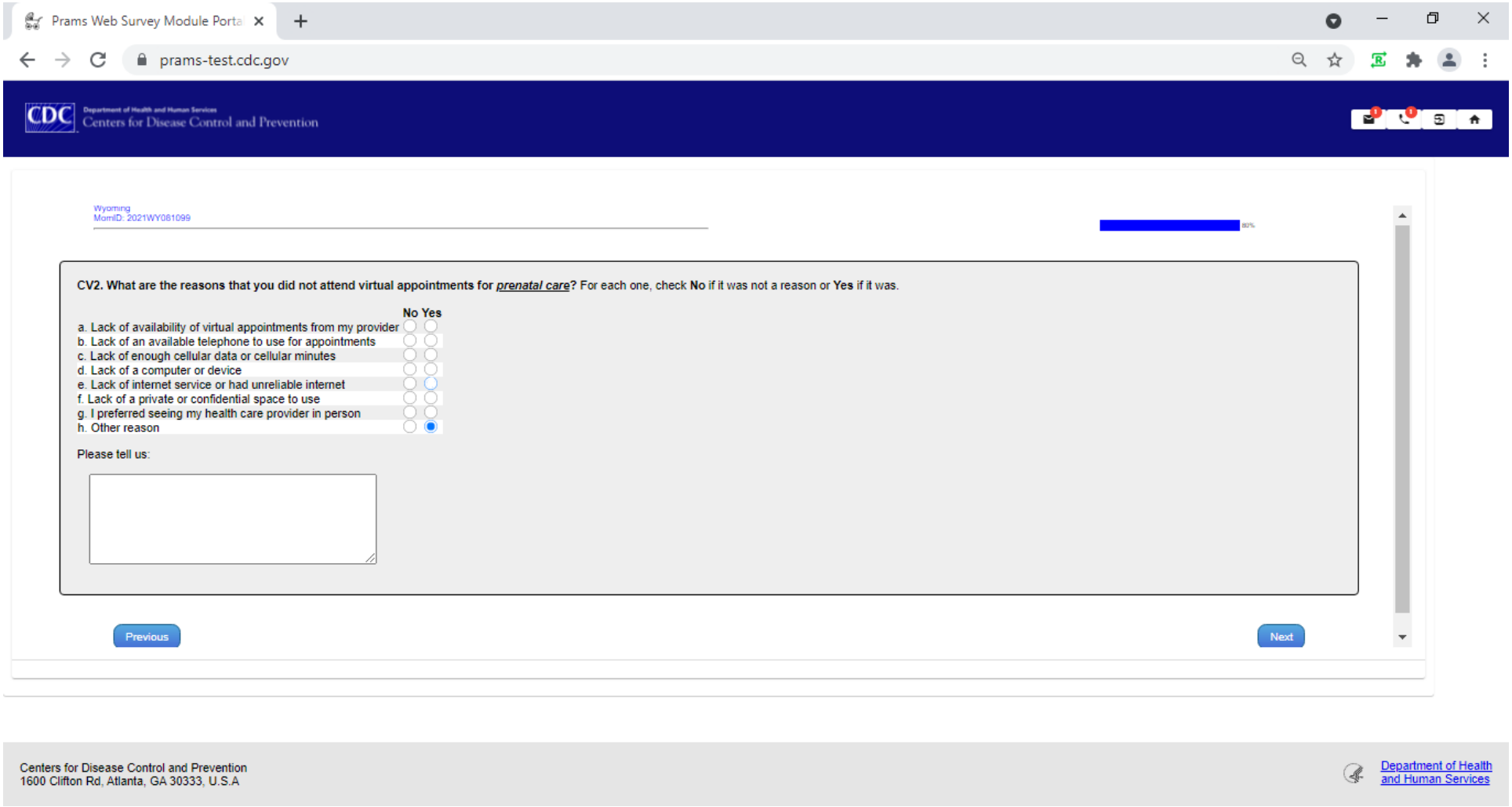
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CV2. What are the reasons that you did not attend virtual appointments for prenatal care? For each one, check No if it was not a reason or Yes if it was.
No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available 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
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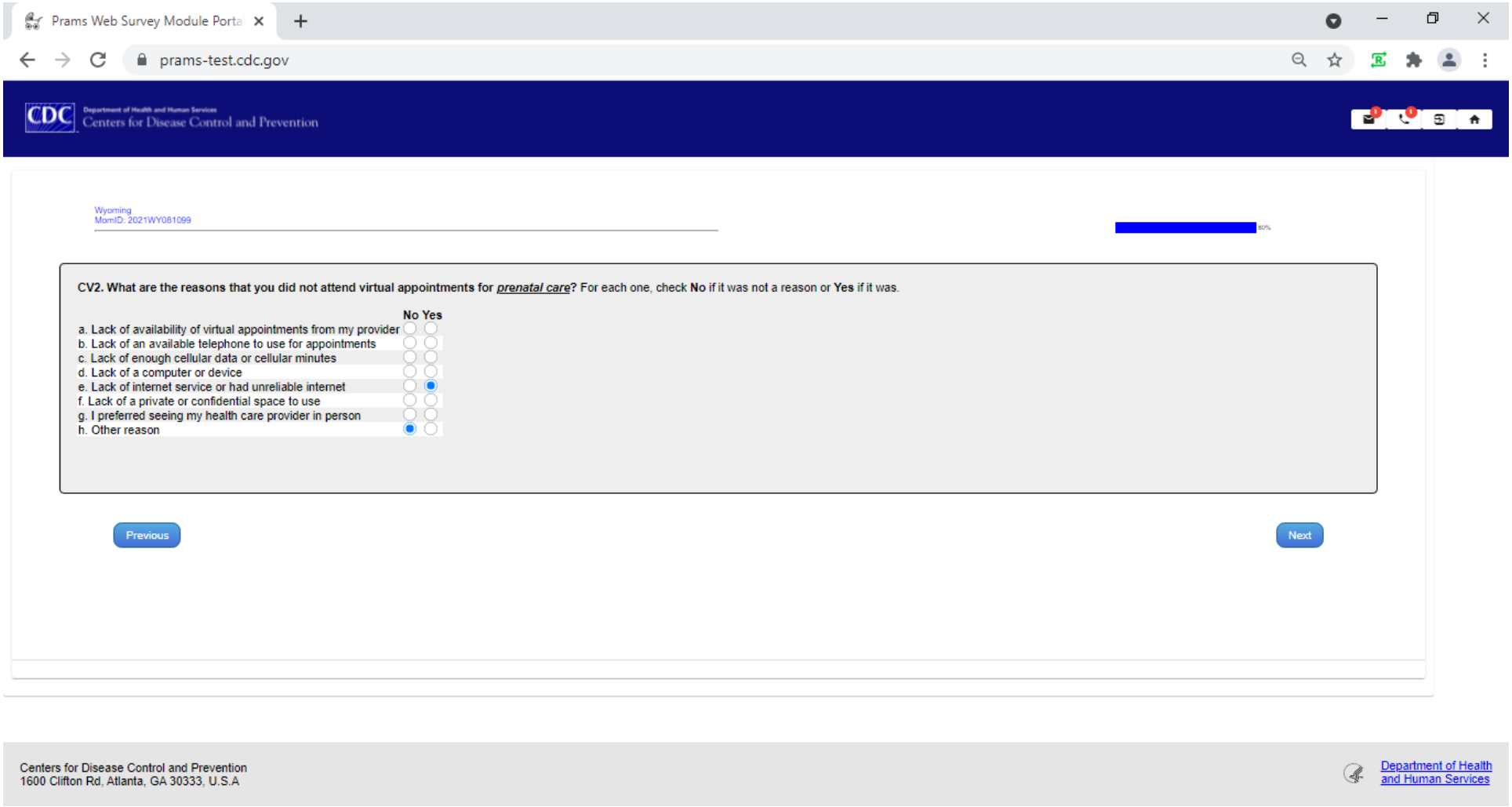
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No Yes
a. Lack of availability of virtual appointments from my provider
b. Lack of an available telephone to use for appointments
c. Lack of enough cellular data or cellular minutes
d. Lack of a computer or device
e. Lack of internet service or had unreliable internet
f. Lack of a private or confidential space to use
g. I preferred seeing my health care provider in person
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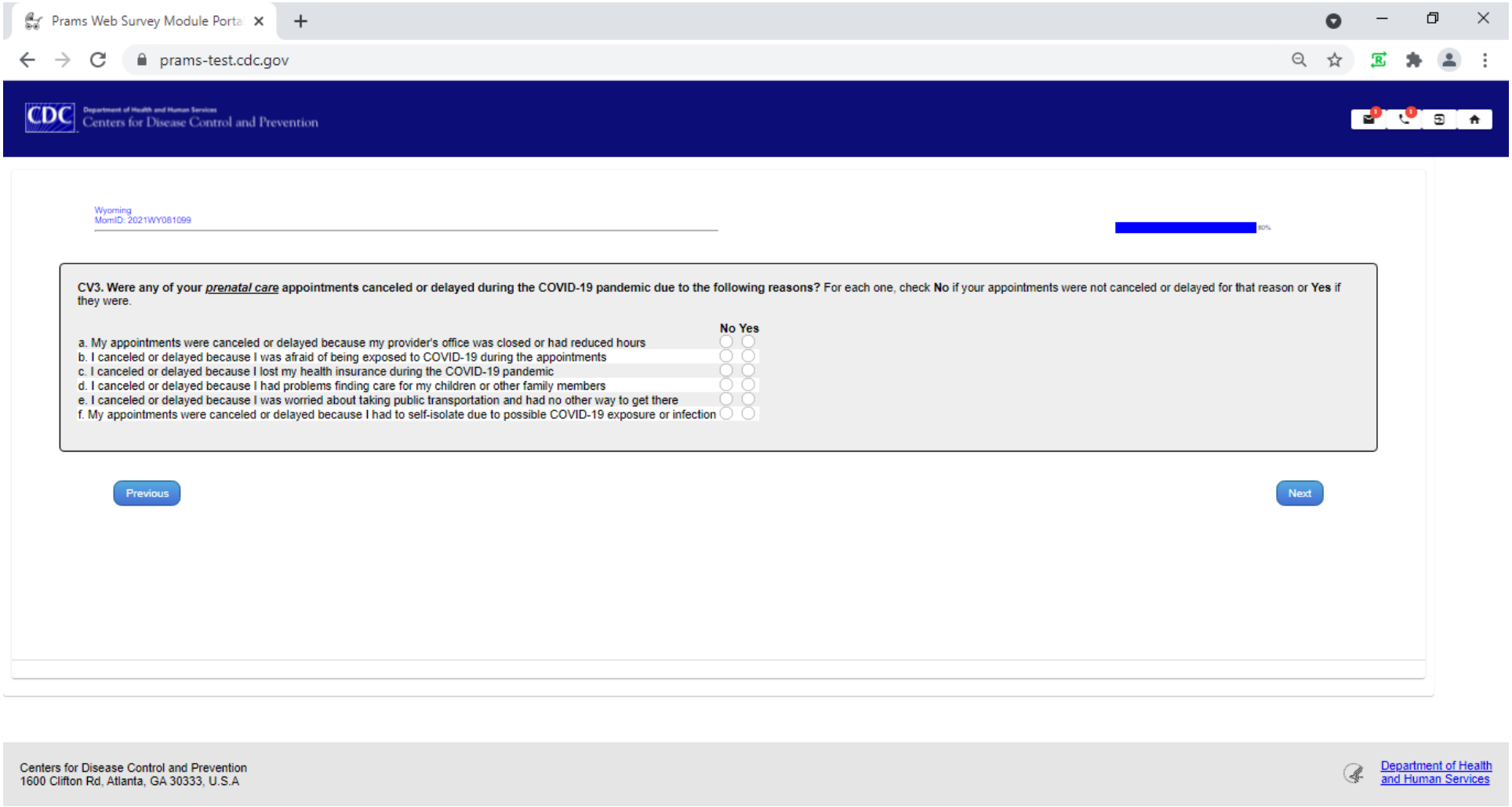
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CV3. Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check No if your appointments were not canceled or delayed for that reason or Yes if they were.
No Yes
a. 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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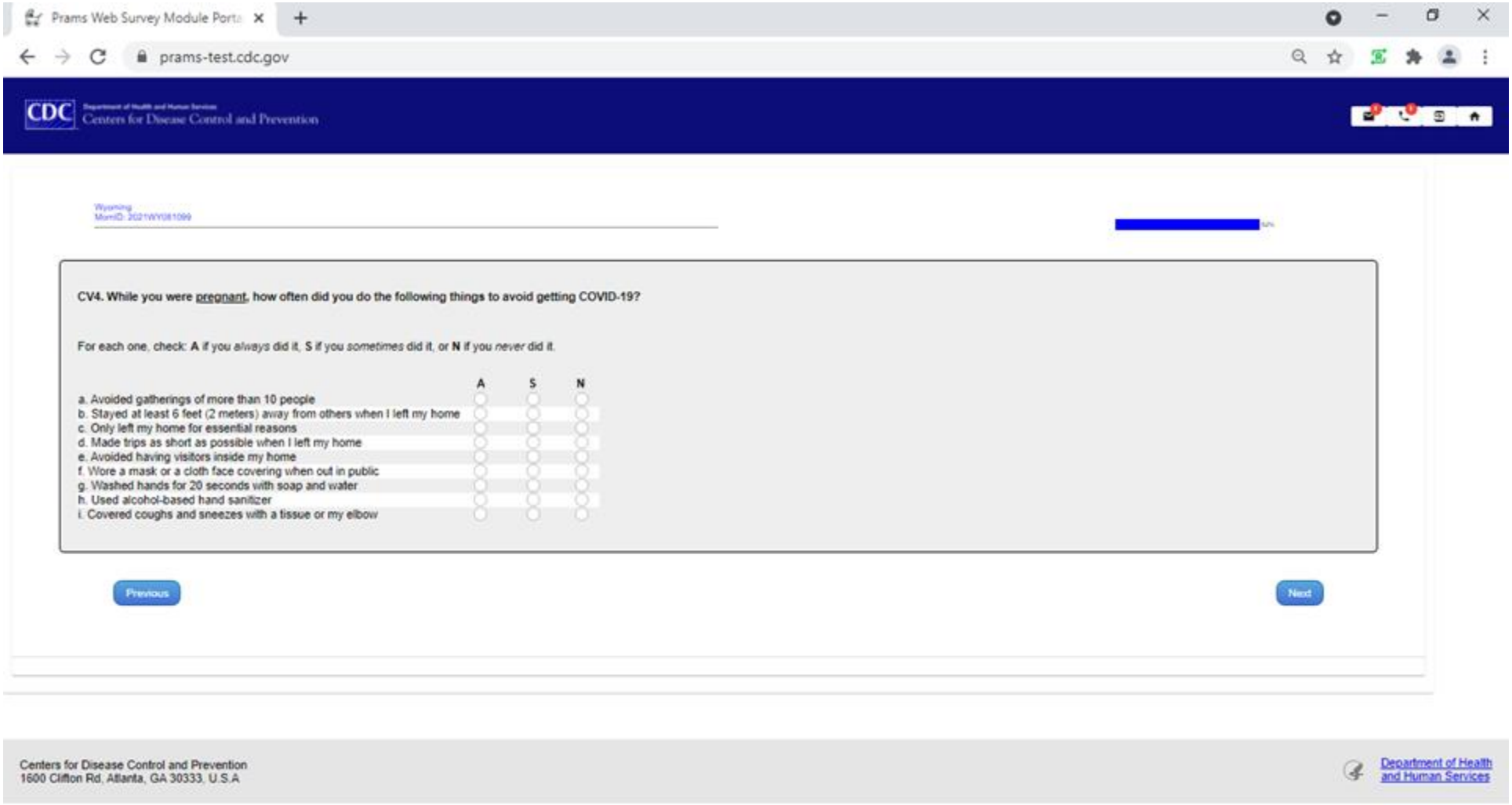
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CV4. While you were pregnant, how often did you do the following things to avoid getting COVID-19?
For each one, check: A if you always did it, S if you sometimes did it, or N if you never did it.
A S N
a. Avoided gatherings of more than 10 people
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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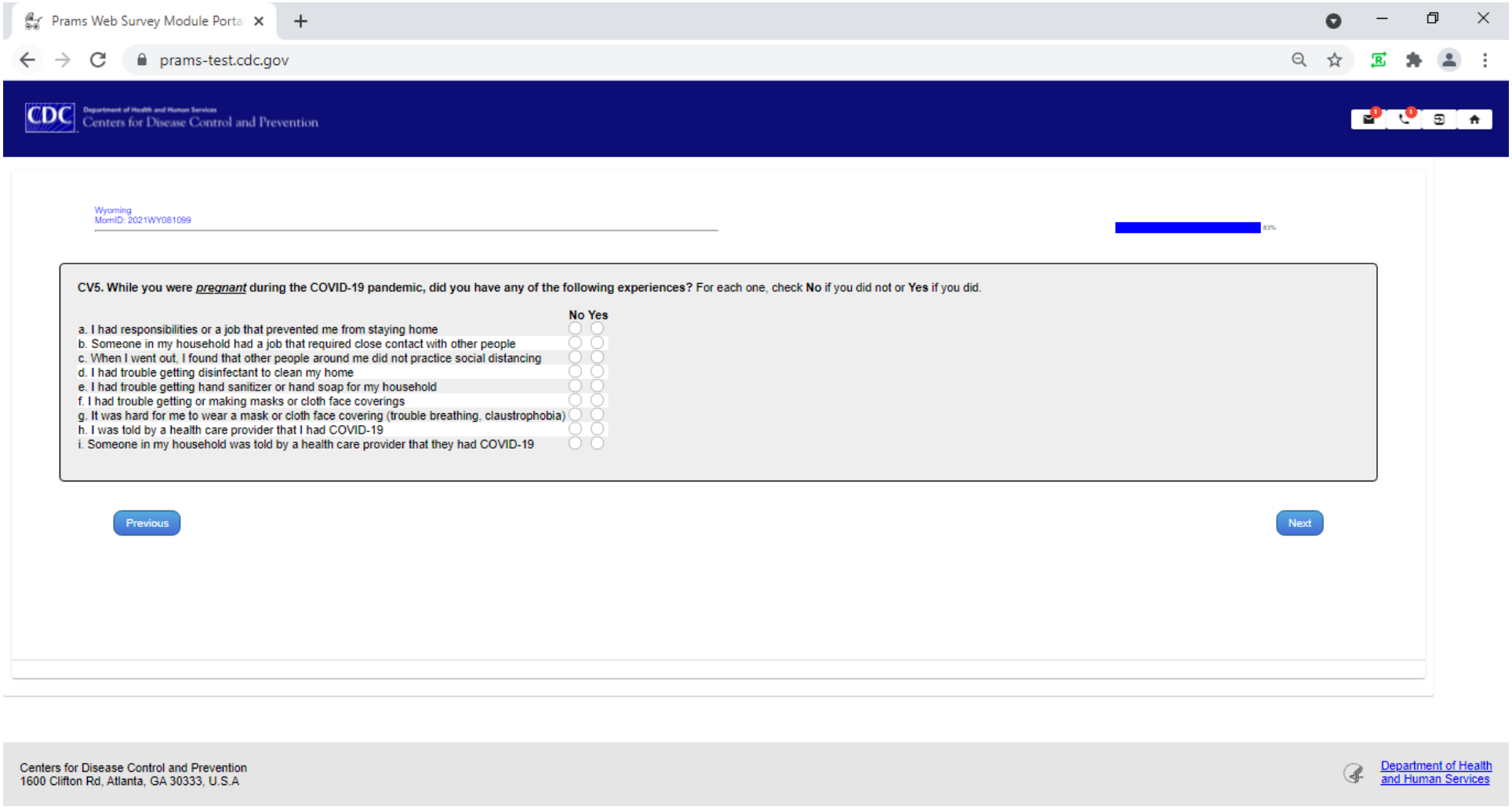
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CV5. While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences? For each one, check No if you did not or Yes if you did.
No Yes
a. I had responsibilities or a job that prevented me from staying home
b. Someone 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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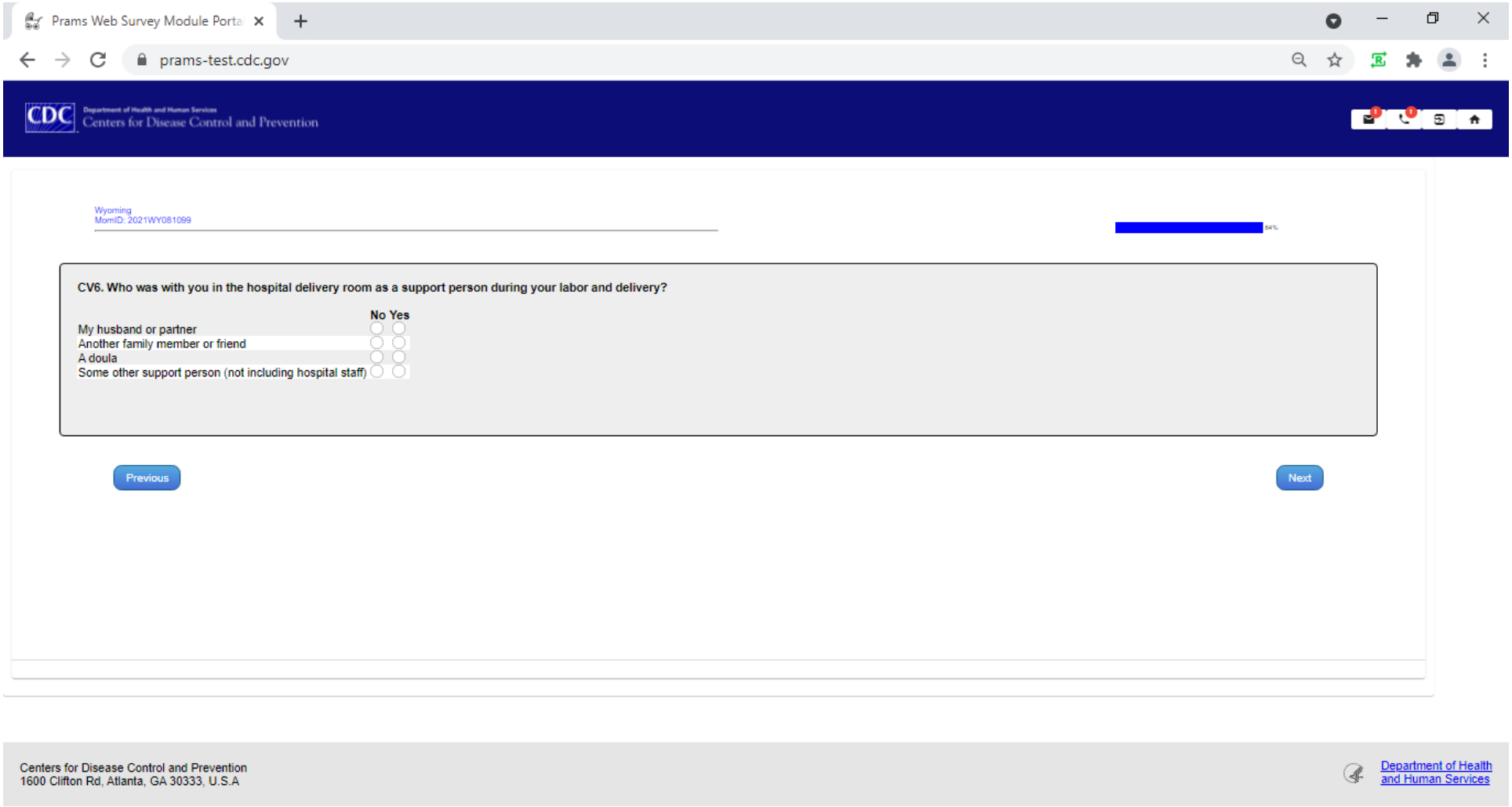
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CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?
No Yes
My husband or partner
Another family member or friend
A doula
Some other support person (not including hospital staff)
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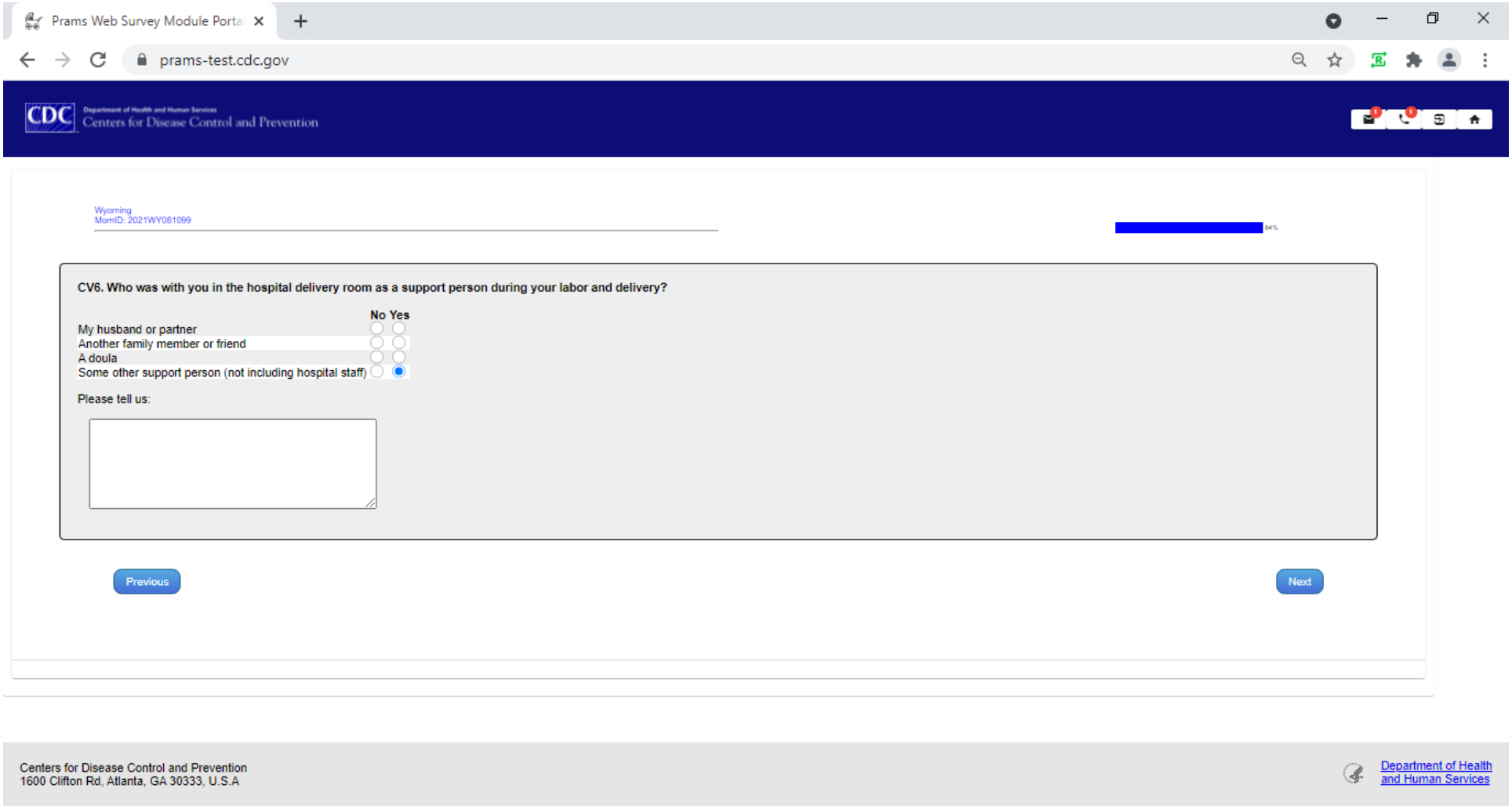
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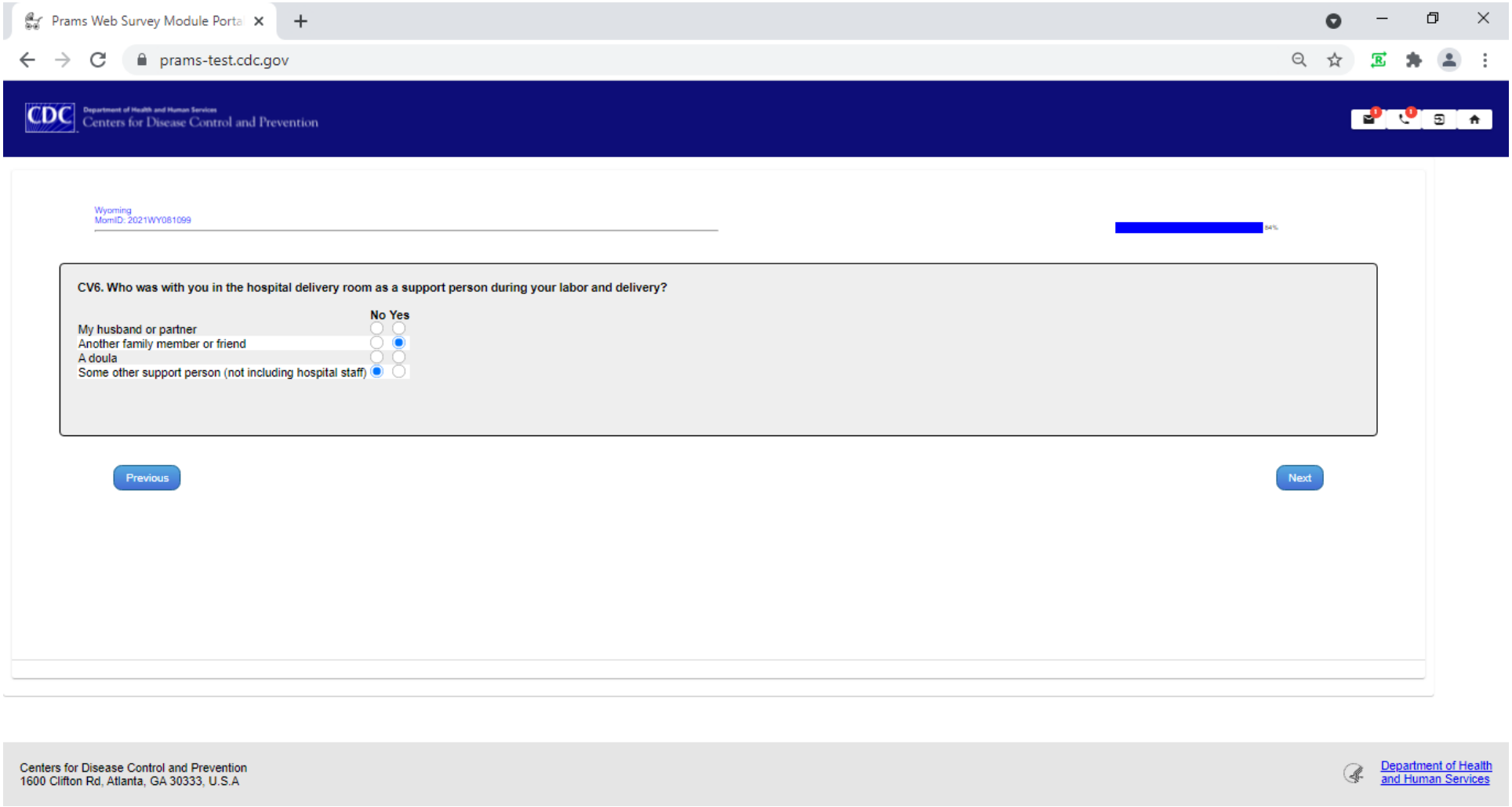
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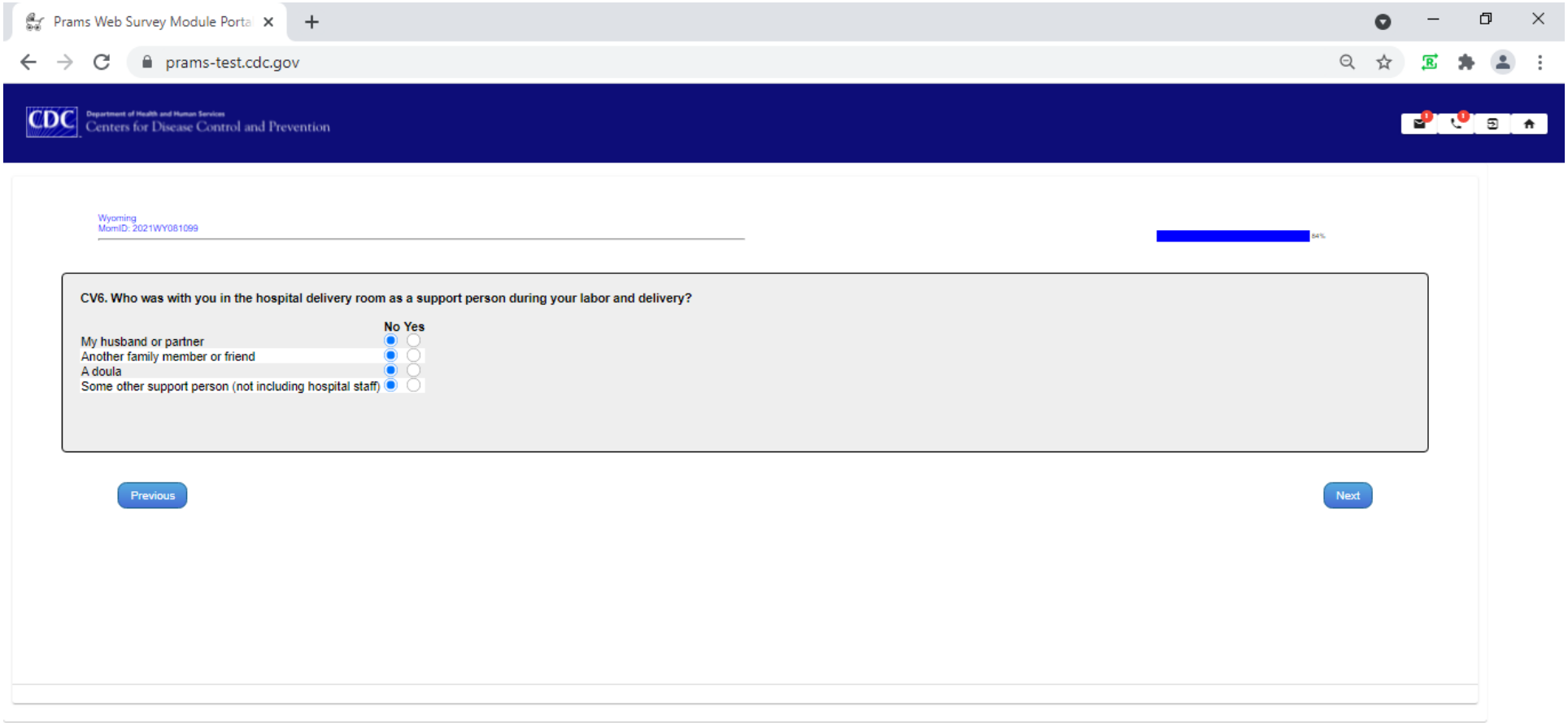
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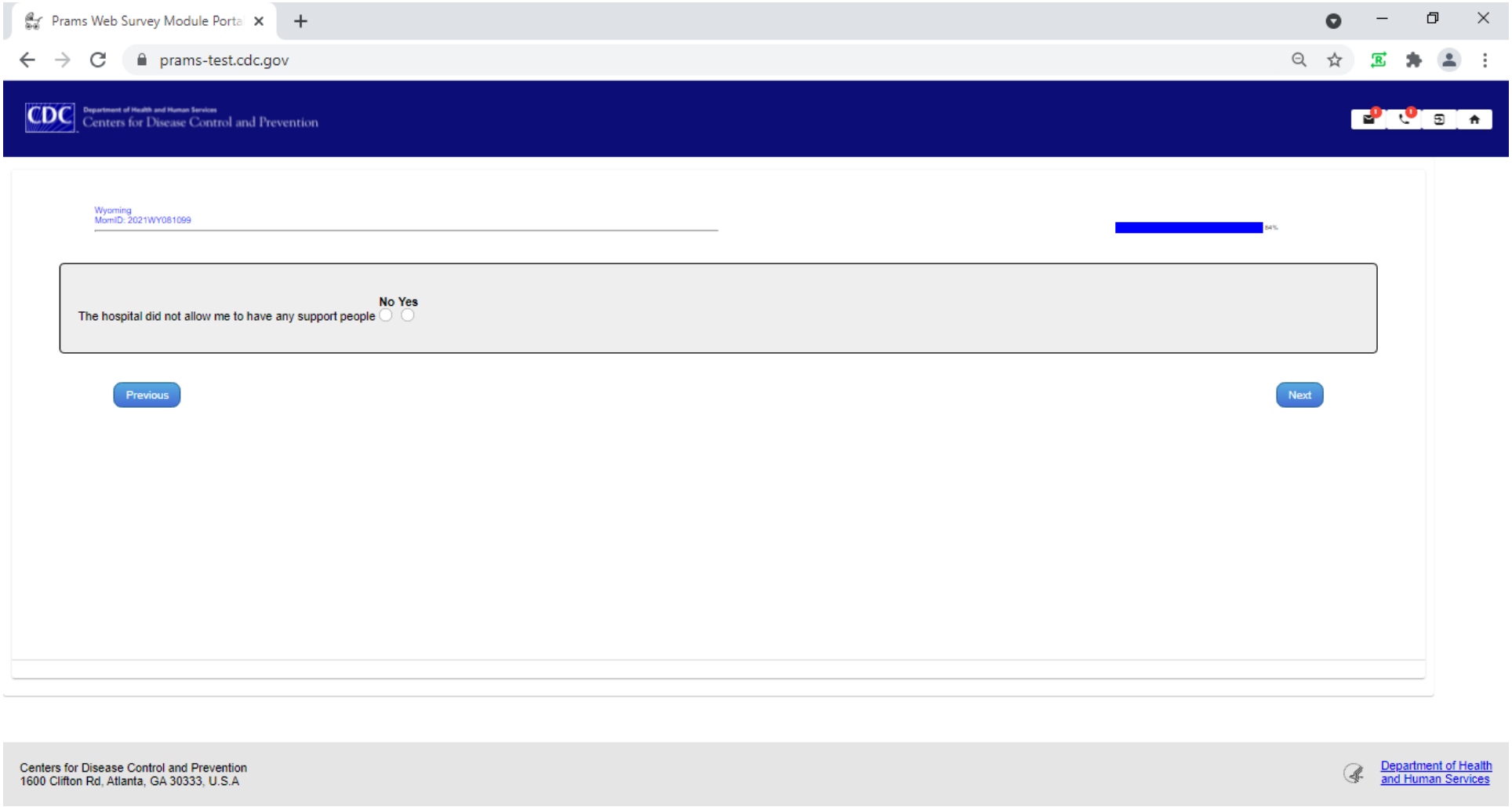
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No Yes
The hospital did not allow me to have any support people
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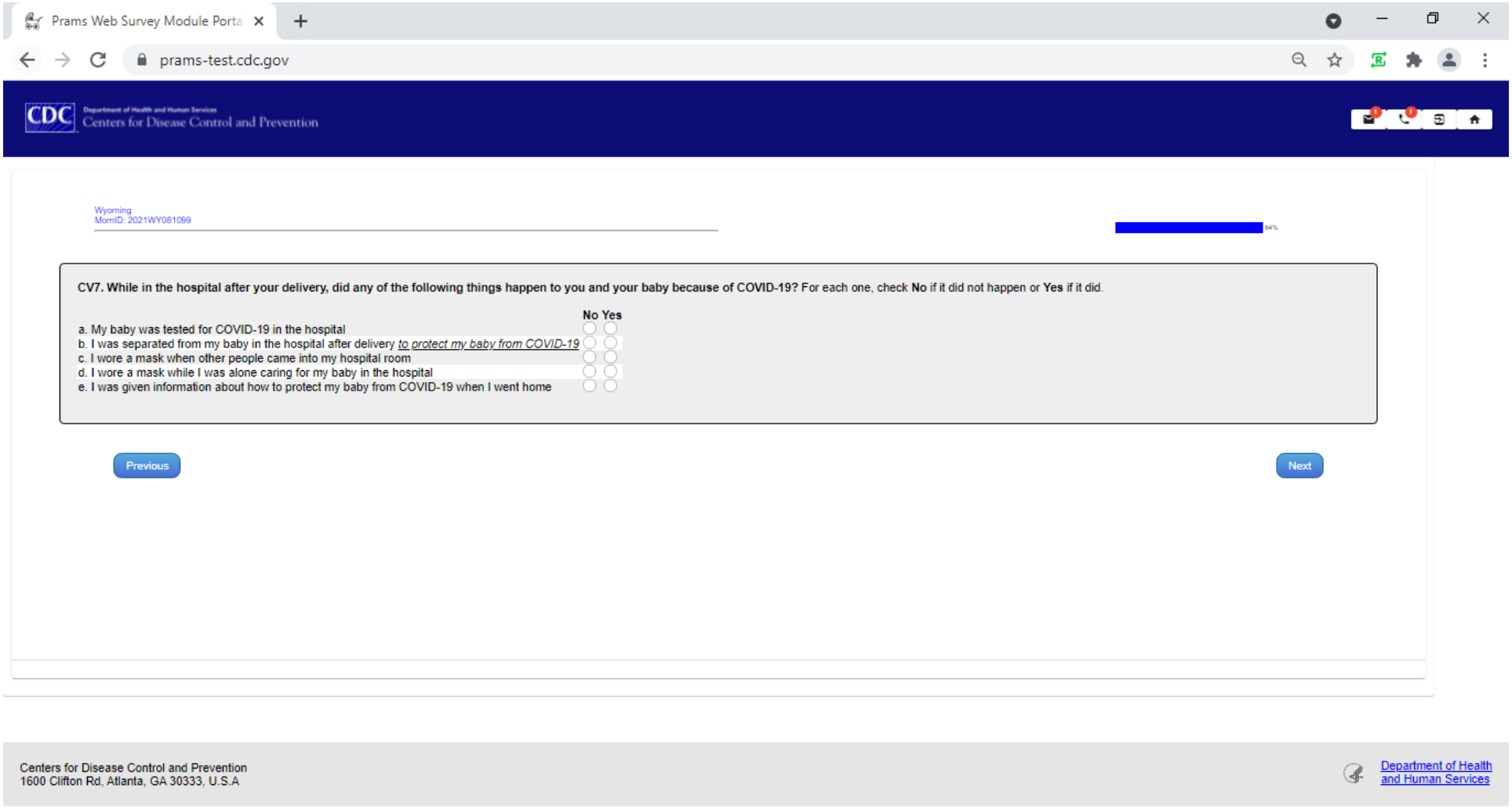
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CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check No if it did not happen or Yes if it did.
No Yes
a. My baby was tested for COVID-19 in the hospital
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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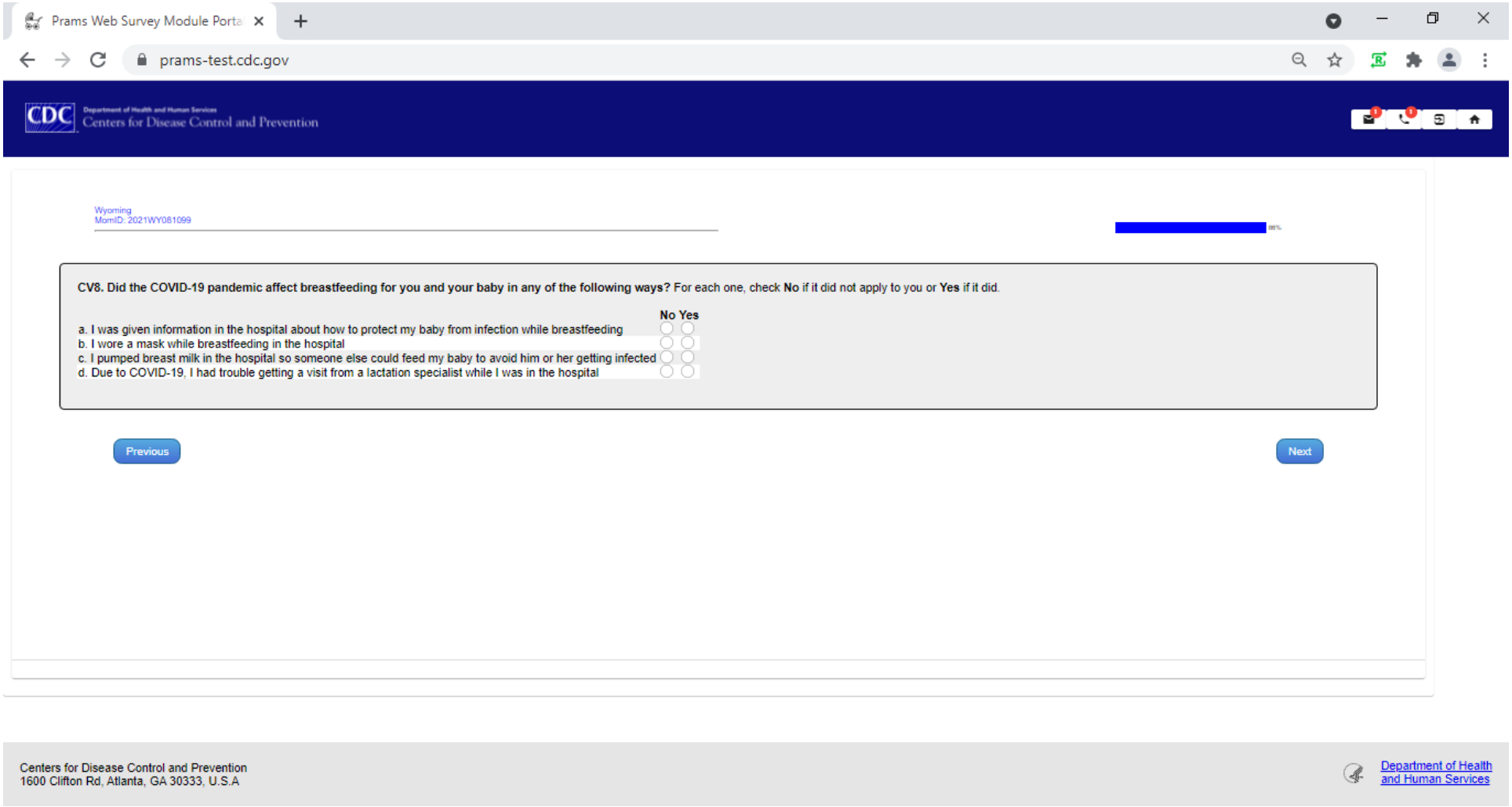
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CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check No if it did not apply to you or Yes if it did.
No Yes
a. I was given information in the hospital about how to protect my baby 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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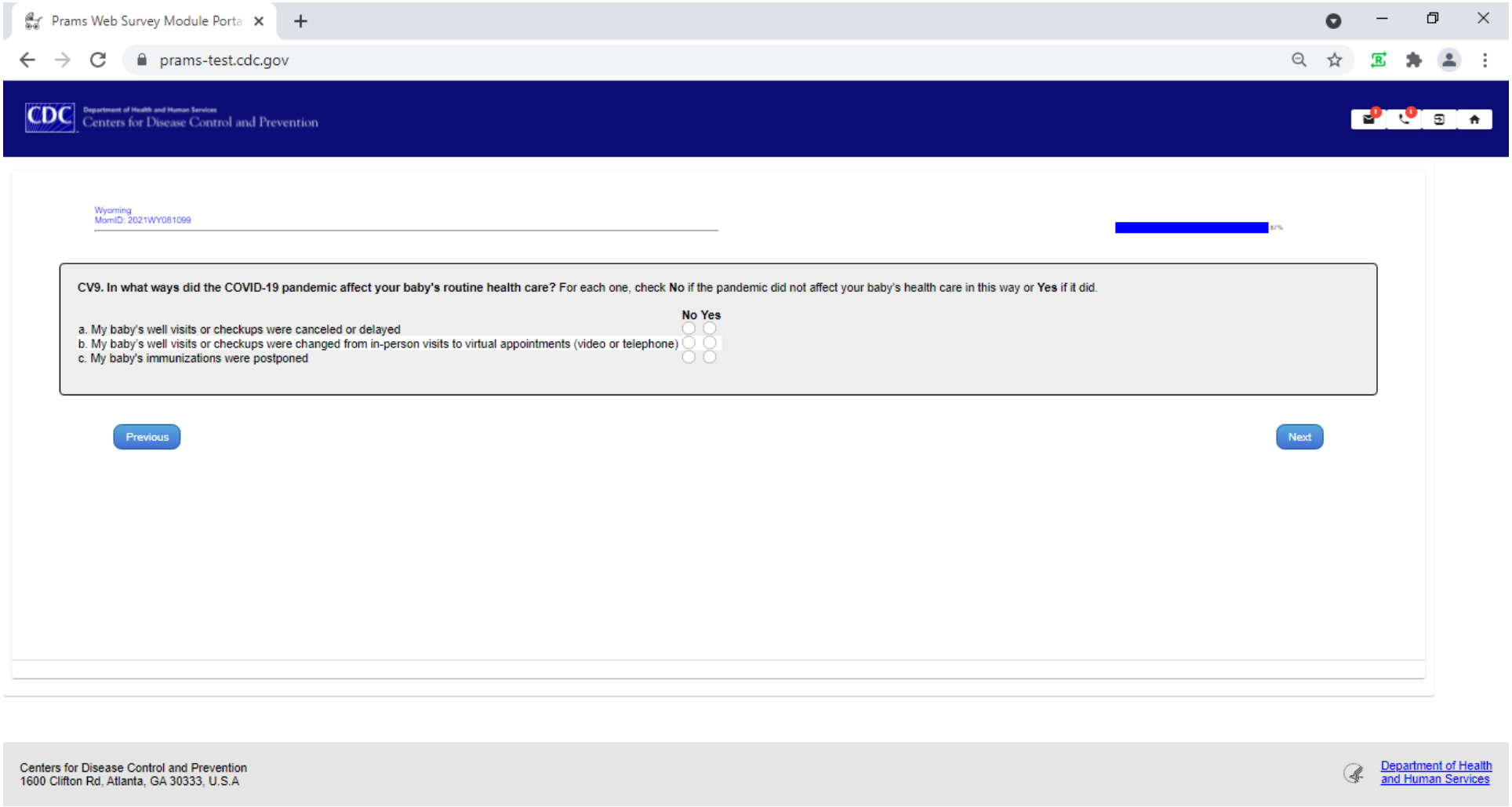
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CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check No if the pandemic did not affect your baby's health care in this way or Yes if it did.
No Yes
a. My baby's well visits or checkups were canceled 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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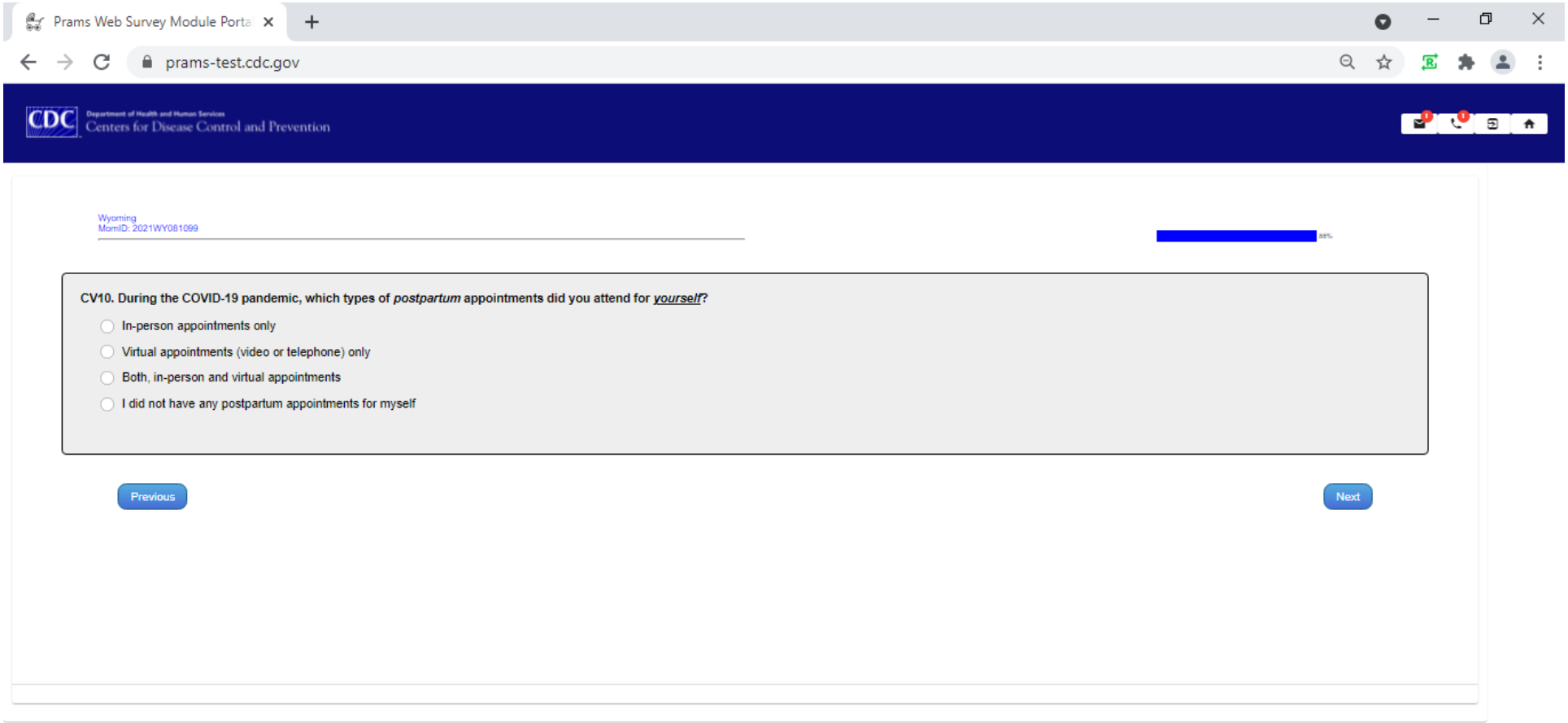
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CV10. During the COVID-19 pandemic, which types of postpartum appointments did you attend for yourself?
In-person appointments only
Virtual appointments (video or telephone) only
Both, in-person and virtual appointments
I did not have any postpartum appointments for myself
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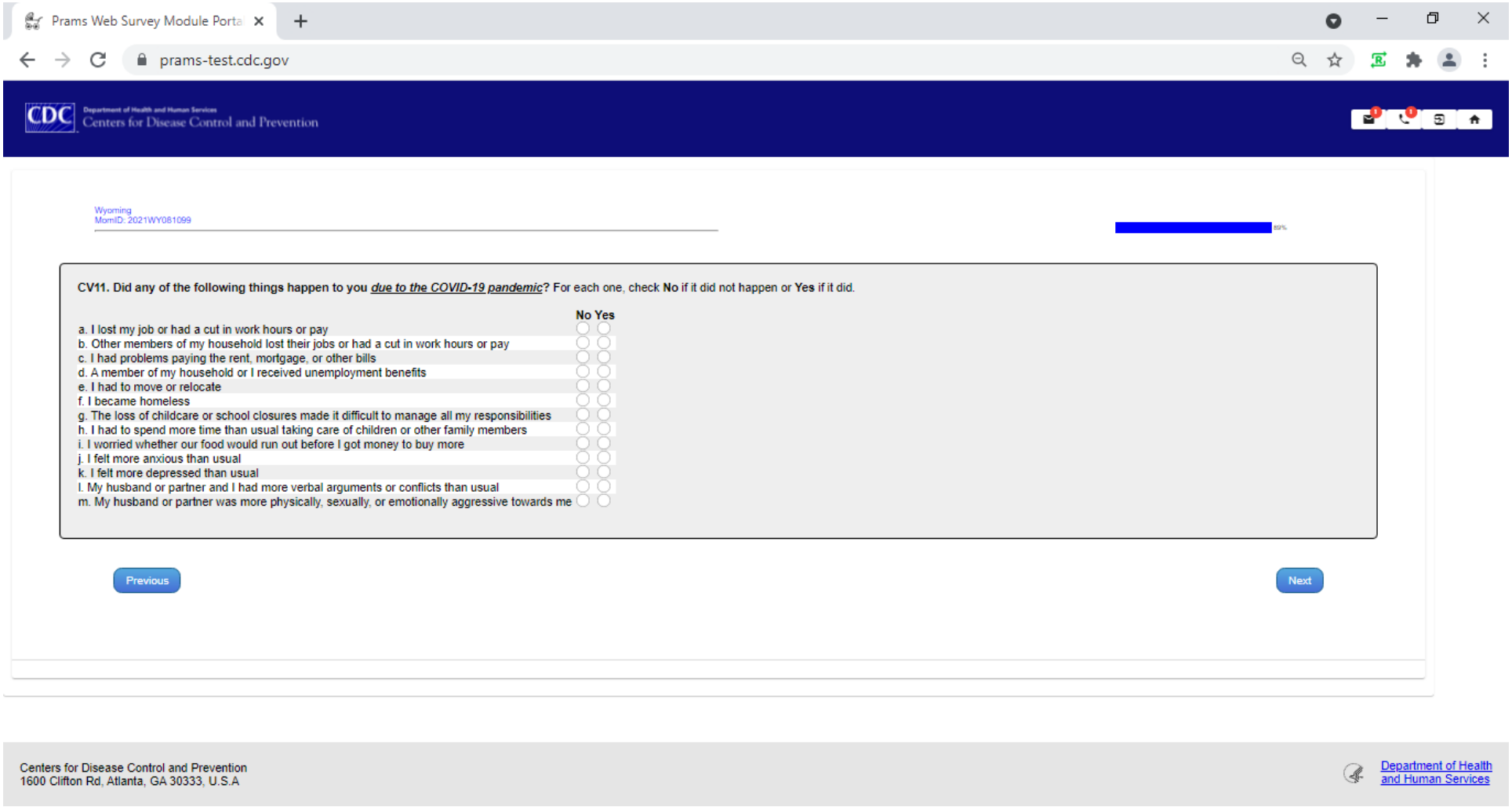
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CV11. Did any of the following things happen to you due to the COVID-19 pandemic? For each one, check No if it did not happen or Yes if it did.
No Yes
a. I lost my job or had a cut in work hours or pay
b. Other members of my household lost their jobs 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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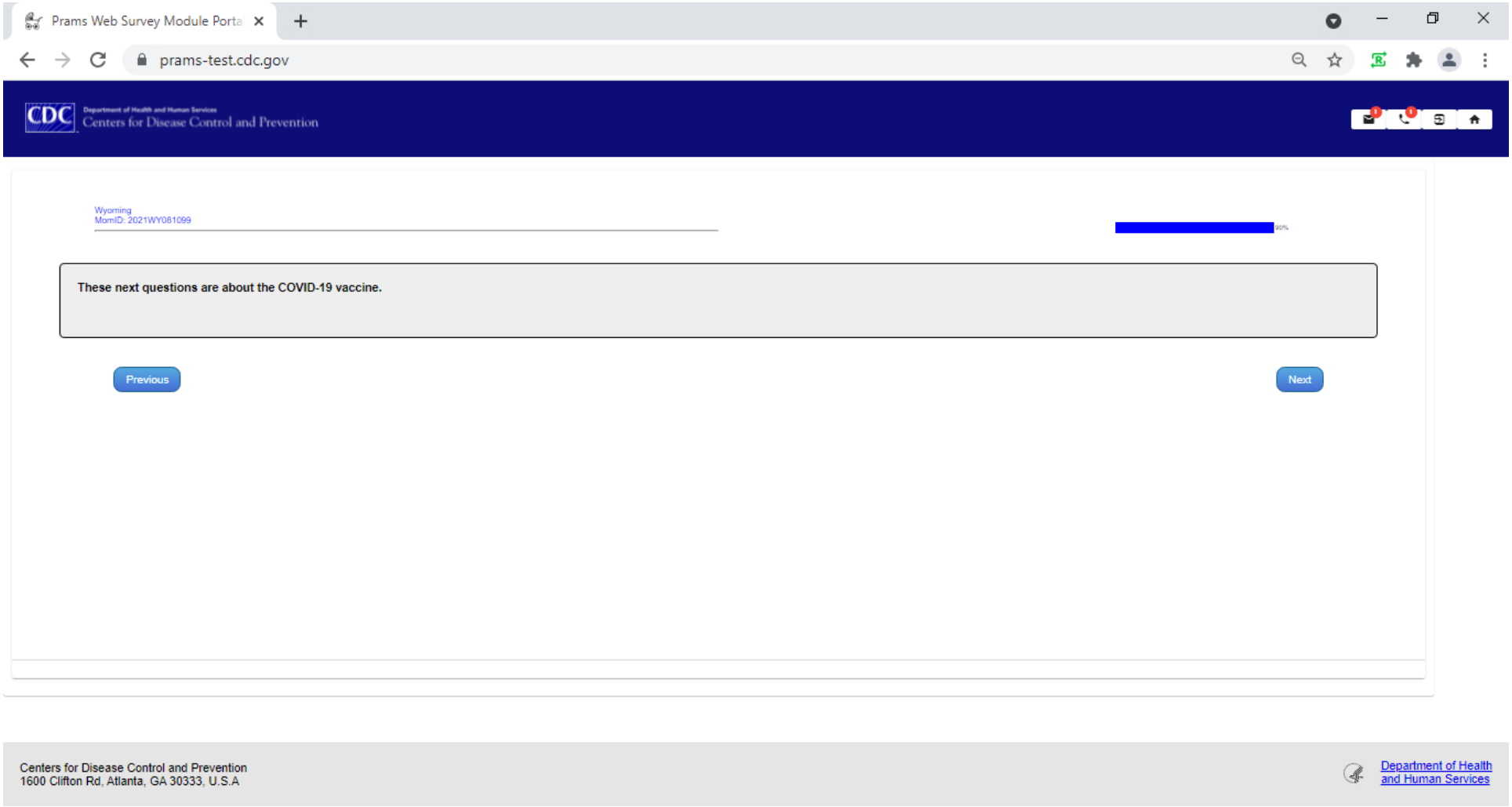
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These next questions are about the COVID-19 vaccine.
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VC1. During your most recent pregnancy, did a doctor, nurse, or other health care worker do any of the following things? For each one, check No if they did not do it or Yes if they did.
No Yes
a. Talked with me about the COVID-19 vaccine
b. Recommended that I get the COVID-19 vaccine
c. Offered to give me the COVID-19 vaccine
d. Referred me to another place to get the COVID-19 vaccine
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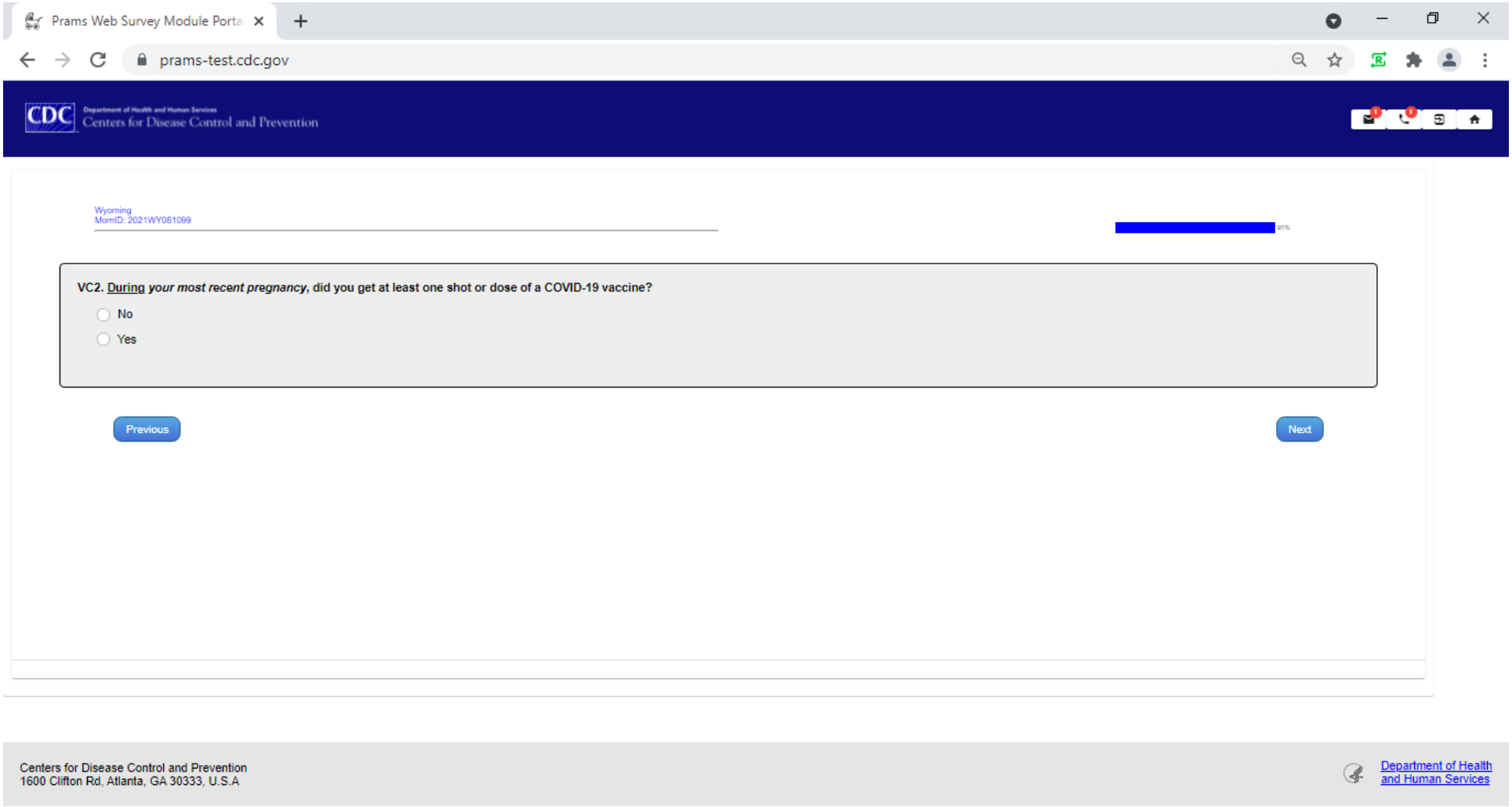
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VC2. During your most recent pregnancy, did you get at least one shot or dose of a COVID-19 vaccine?
No
Yes
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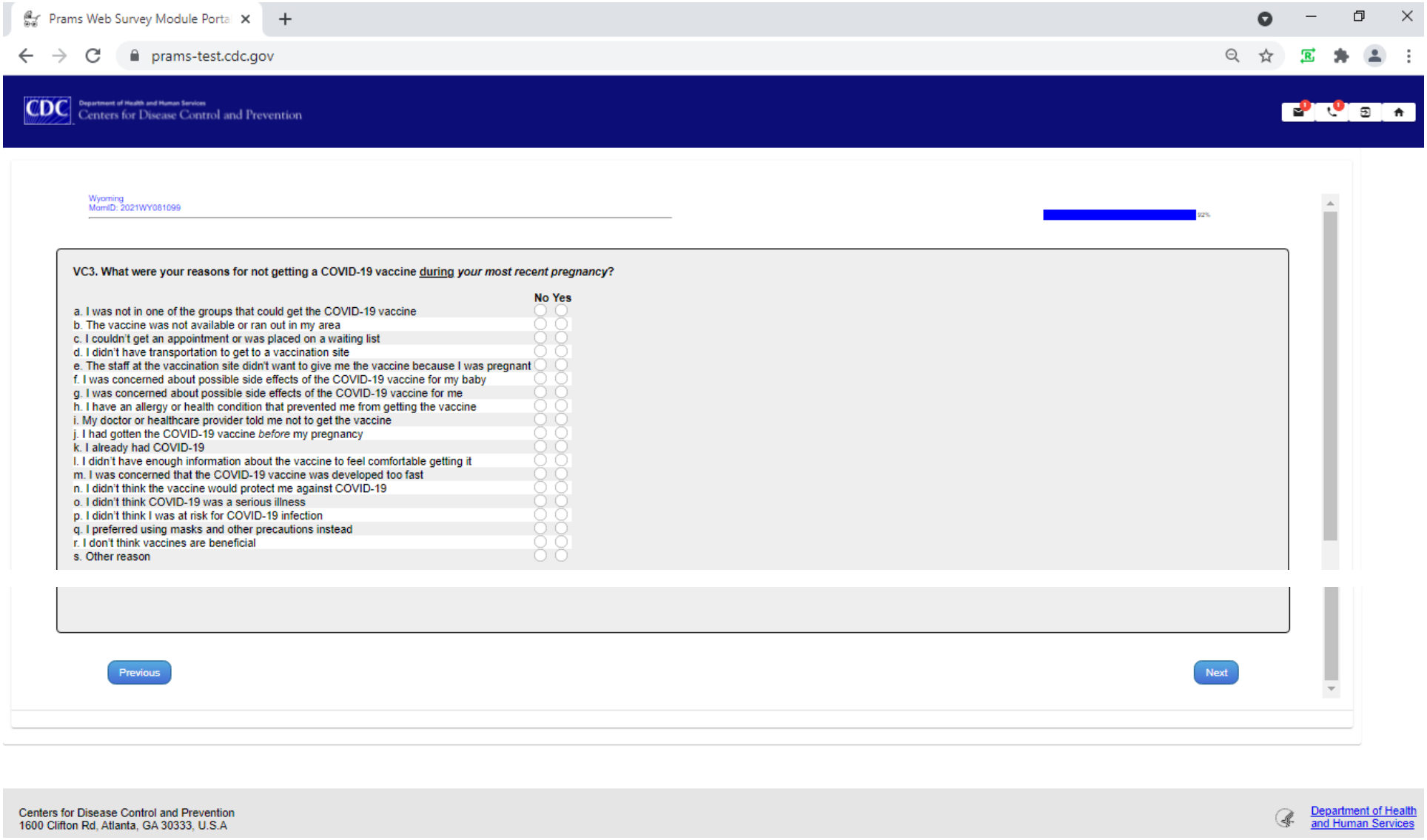
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VC3. What were your reasons for not getting a COVID-19 vaccine during your most recent pregnancy?
No Yes
a. I was not in one of the groups that could get the COVID-19 vaccine
b. The vaccine was not available or ran out in my area
c. I couldn't get an appointment or was placed on a waiting list
d. I didn't have transportation to get to a vaccination site
e. The staff at the vaccination site didn't want to give me the vaccine because I was pregnant
f. I was concerned about possible side effects of the COVID-19 vaccine for my baby
g. I was concerned about possible side effects of the COVID-19 vaccine for me
h. I have an allergy or health condition that prevented me from getting the vaccine
i. My doctor or healthcare provider told me not to get the vaccine
j. I had gotten the COVID-19 vaccine before my pregnancy
k. I already had COVID-19
l. I didn't have enough information about the vaccine to feel comfortable getting it
m. I was concerned that the COVID-19 vaccine was developed too fast
n. I didn't think the vaccine would protect me against COVID-19
o. I didn't think COVID-19 was a serious illness
p. I didn't think I was at risk for COVID-19 infection
q. I preferred using masks and other precautions instead
r. I don't think vaccines are beneficial
s. Other reason
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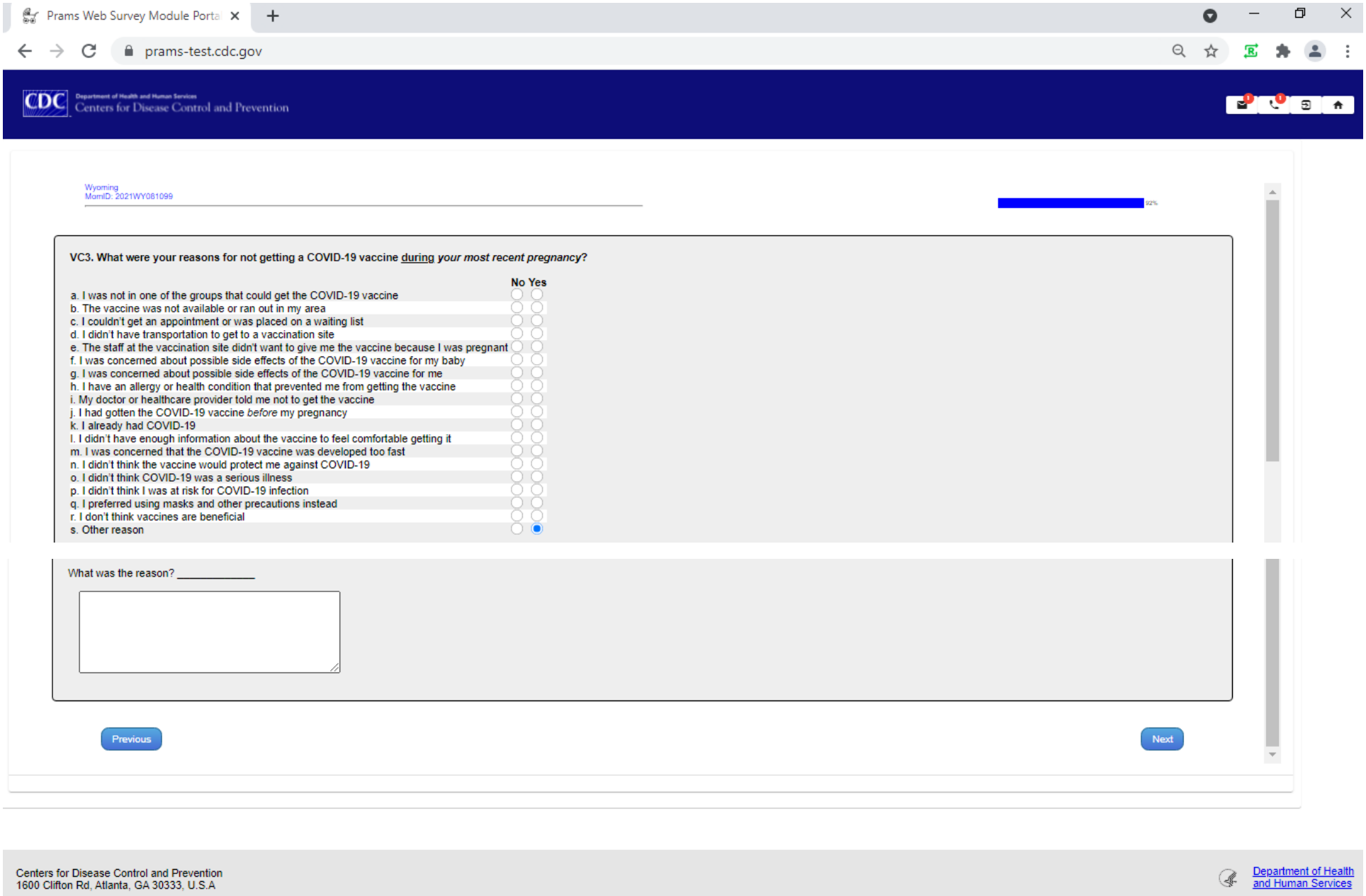
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What was the reason?
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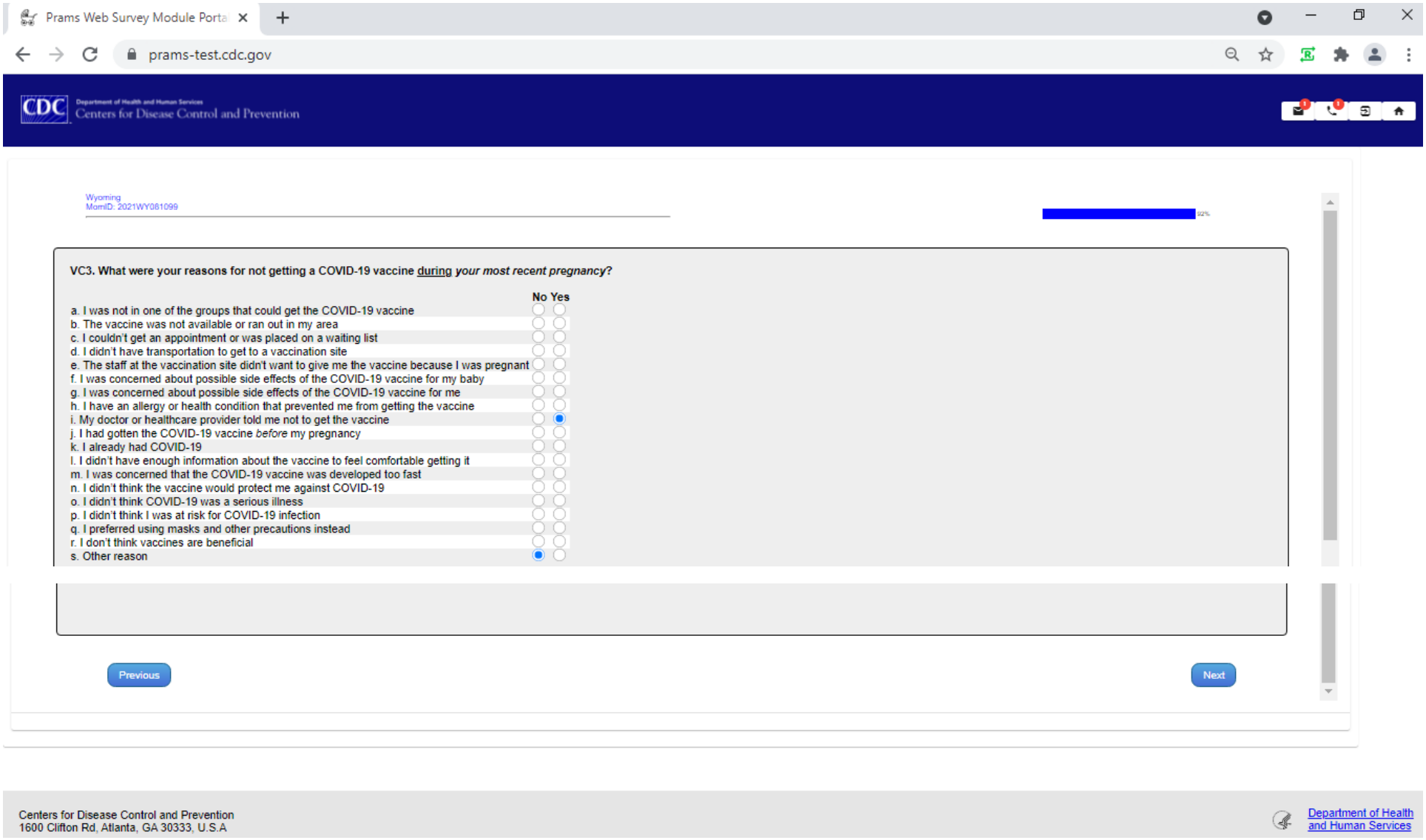
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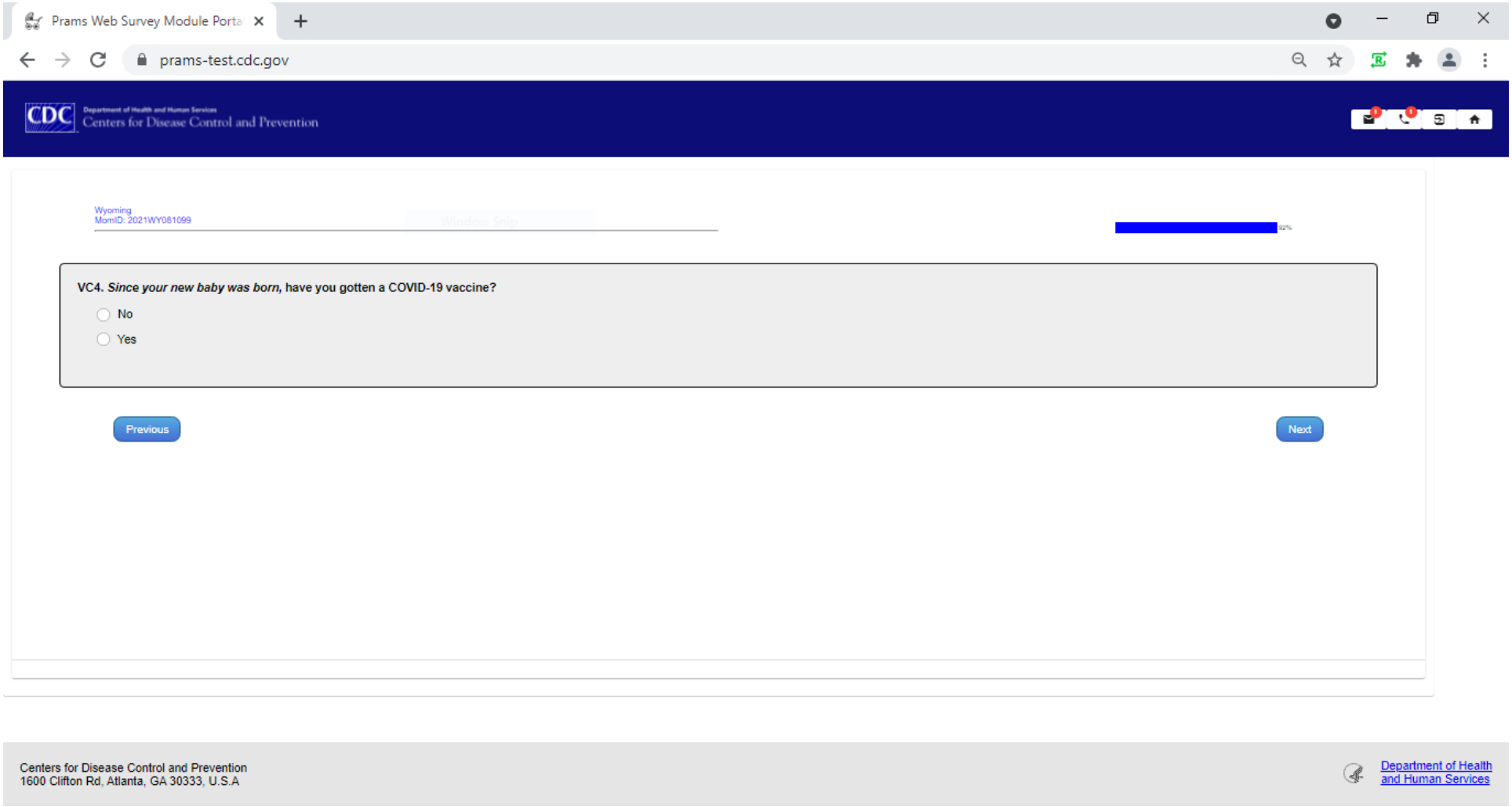
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VC4. Since your new baby was born, have you gotten a COVID-19 vaccine?
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Yes
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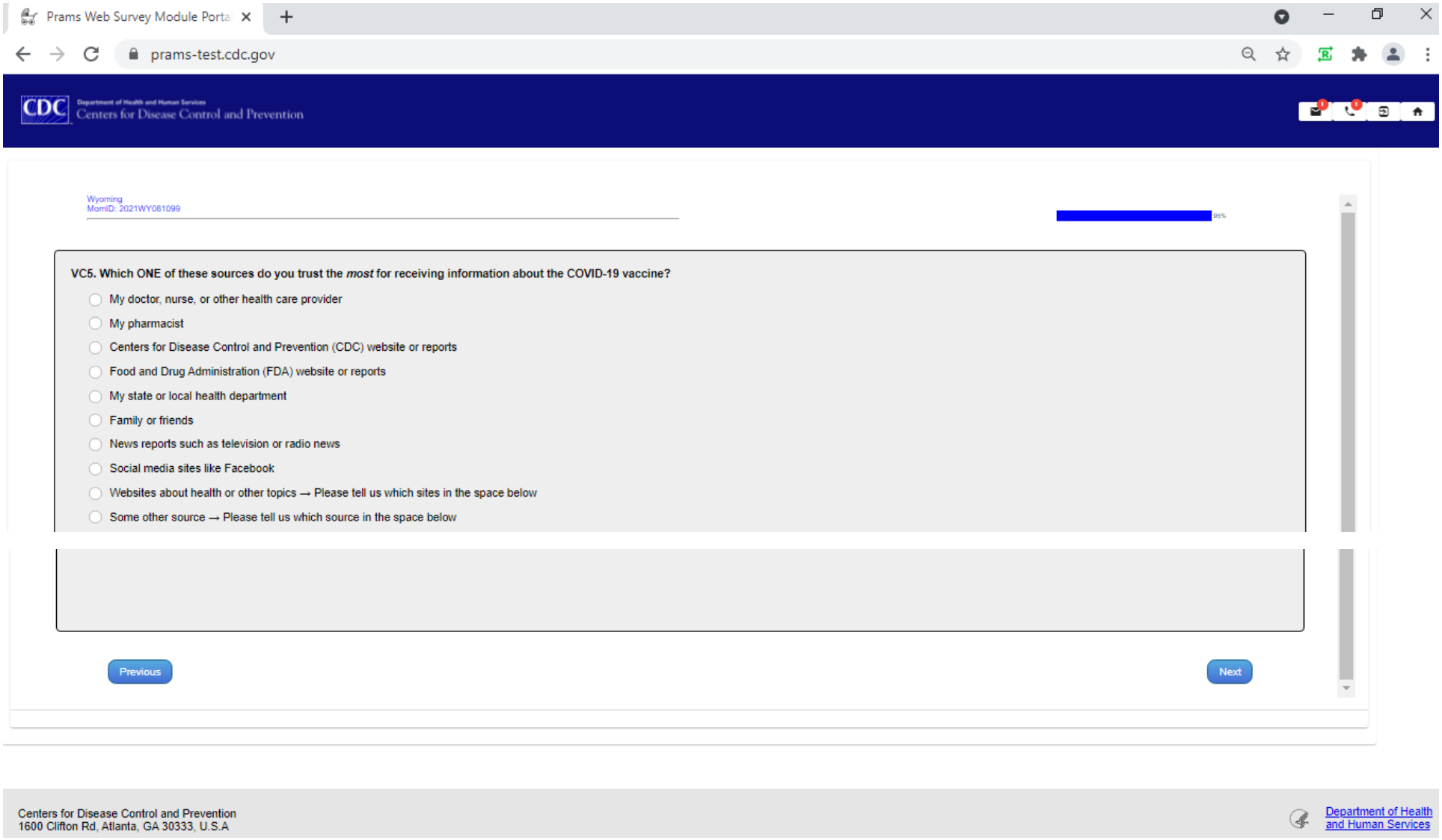
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VC5. Which ONE of these sources do you trust the most for receiving information about the COVID-19 vaccine?
My doctor, nurse, or other health care provider
My pharmacist
Centers for Disease Control and Prevention (CDC) website or reports
Food and Drug Administration (FDA) website or reports
My state or local health department
Family or friends
News reports such as television or radio news
Social media sites like Facebook
Websites about health or other topics → Please tell us which sites in the space below
Some other source → Please tell us which source in the space below
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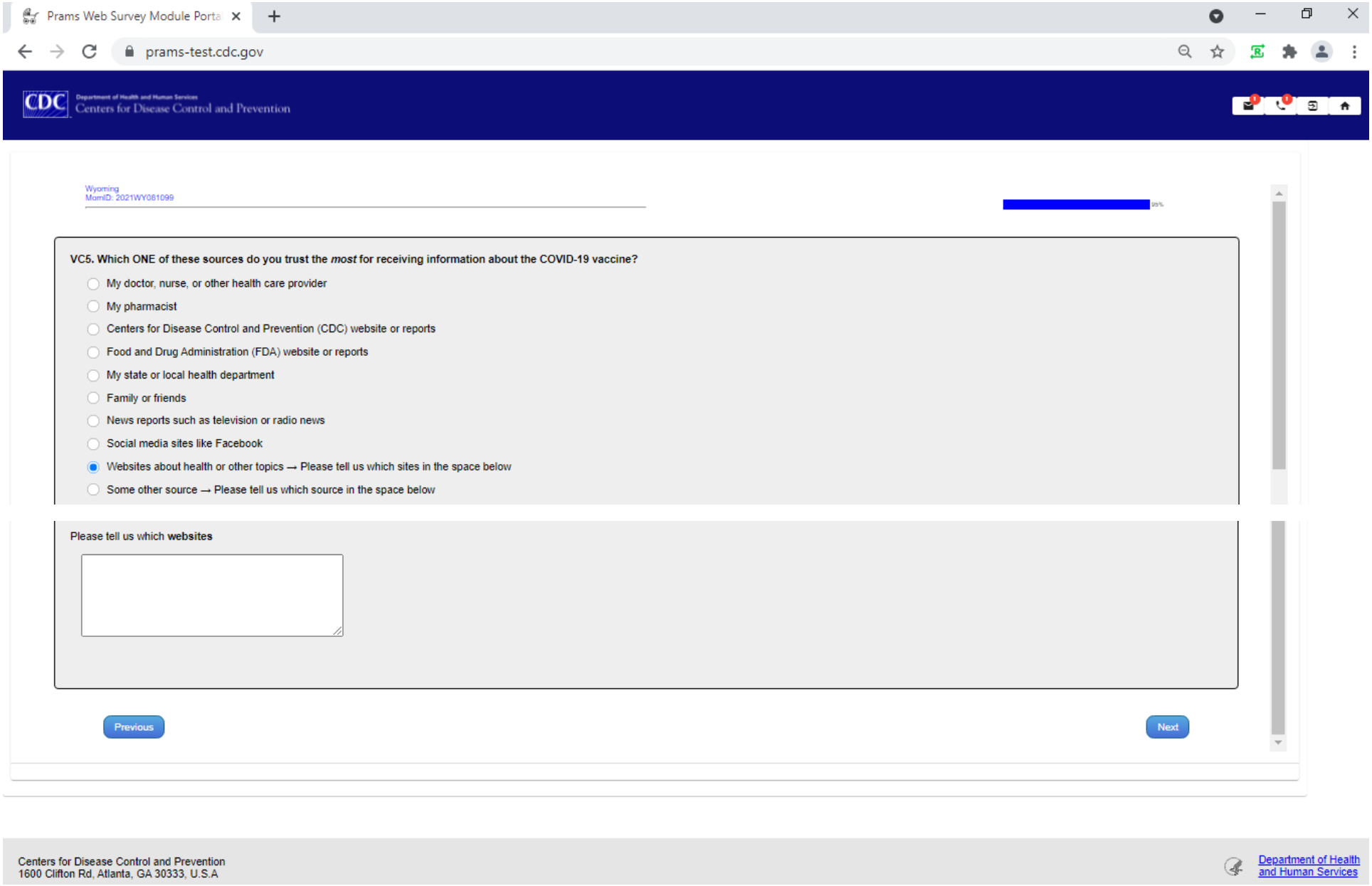
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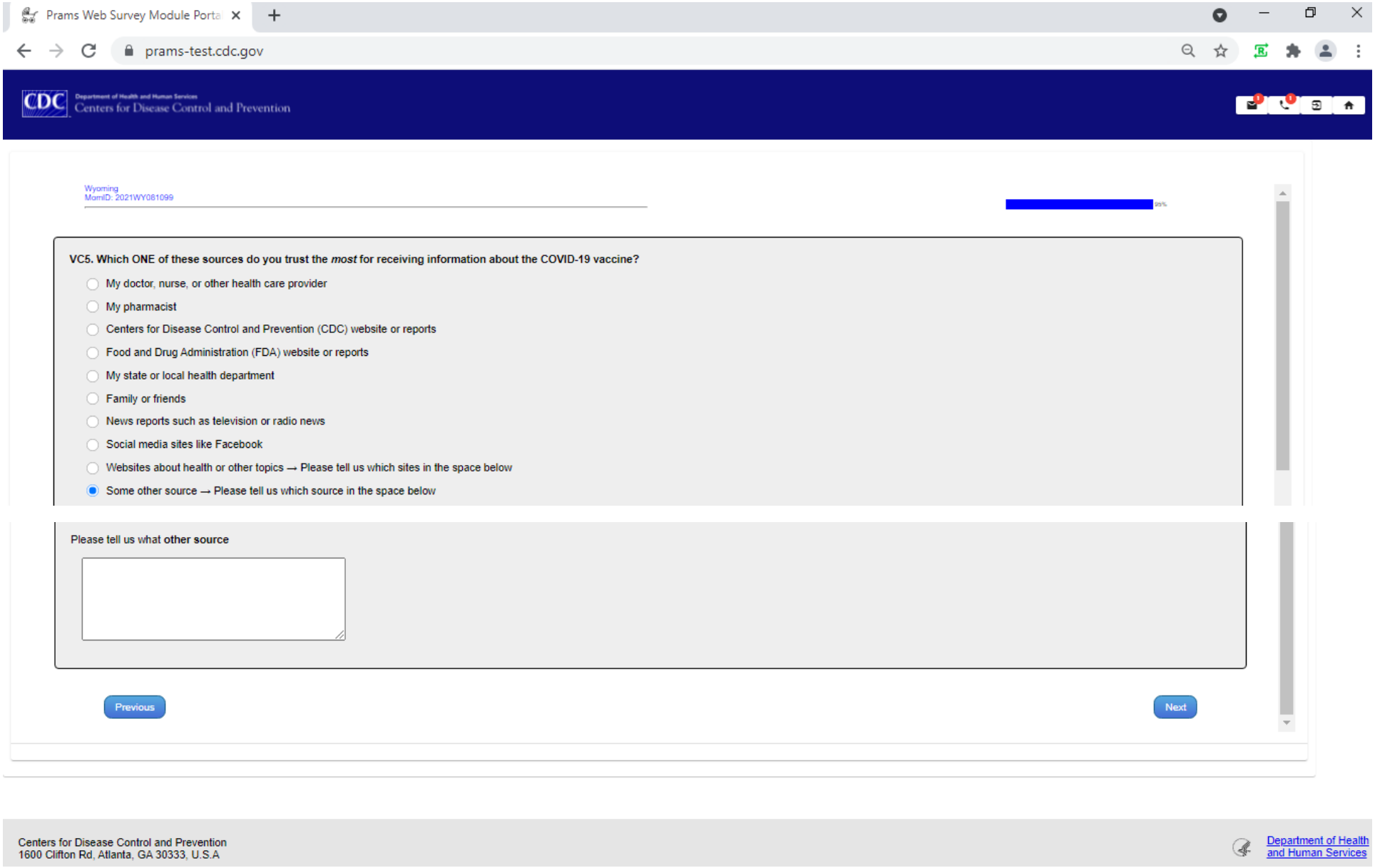
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Social media sites like Facebook
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Some other source → Please tell us which source in the space below
Please tell us what other source
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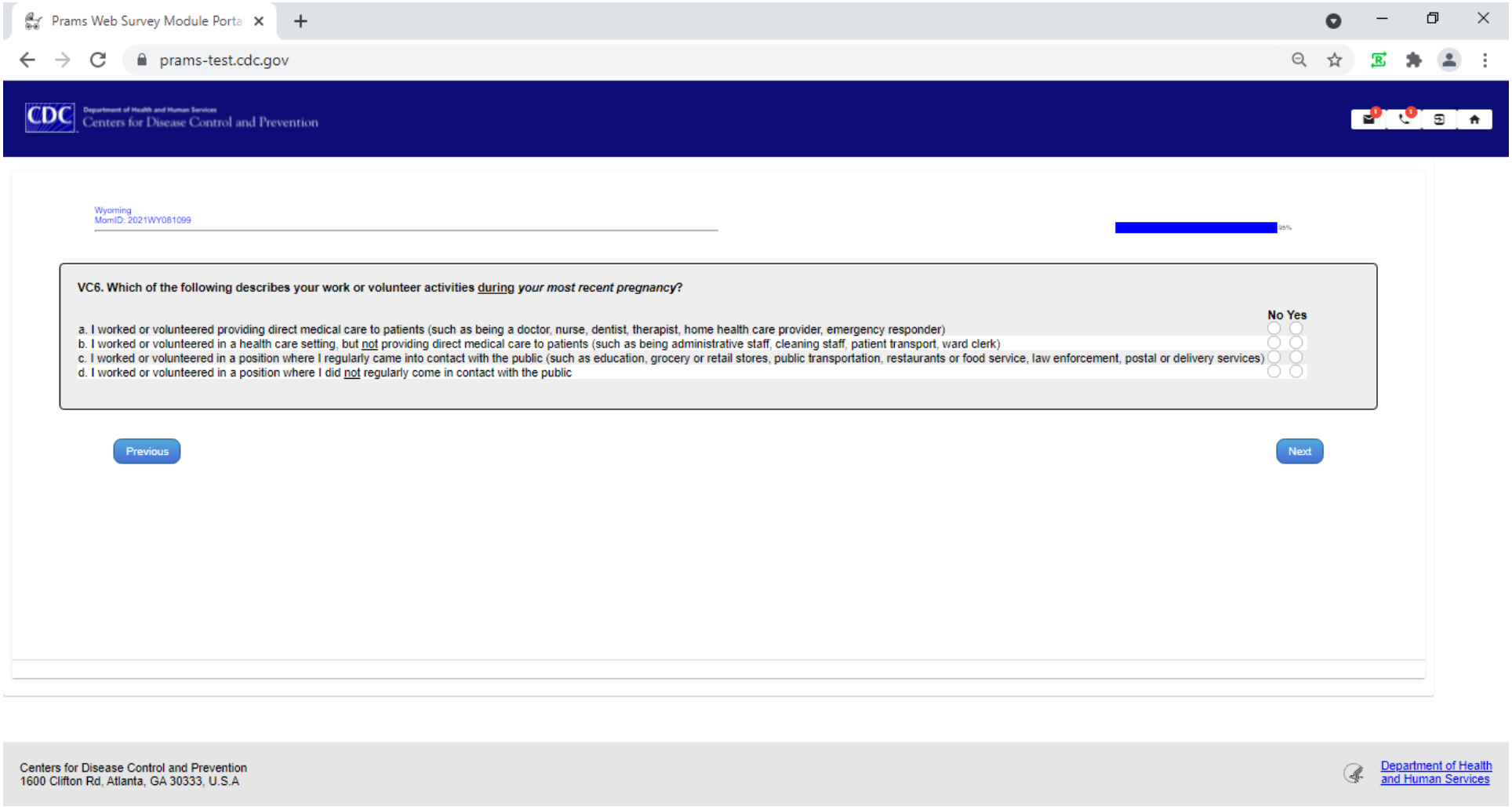
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VC6. Which of the following describes your work or volunteer activities during your most recent pregnancy?
No Yes
a. I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, emergency responder)
b. I worked or volunteered in a health care setting, but not providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, ward clerk)
c. I worked or volunteered in a position where I regularly came into contact with the public (such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, postal or delivery services)
d. I worked or volunteered in a position where I did not regularly come in contact with the public
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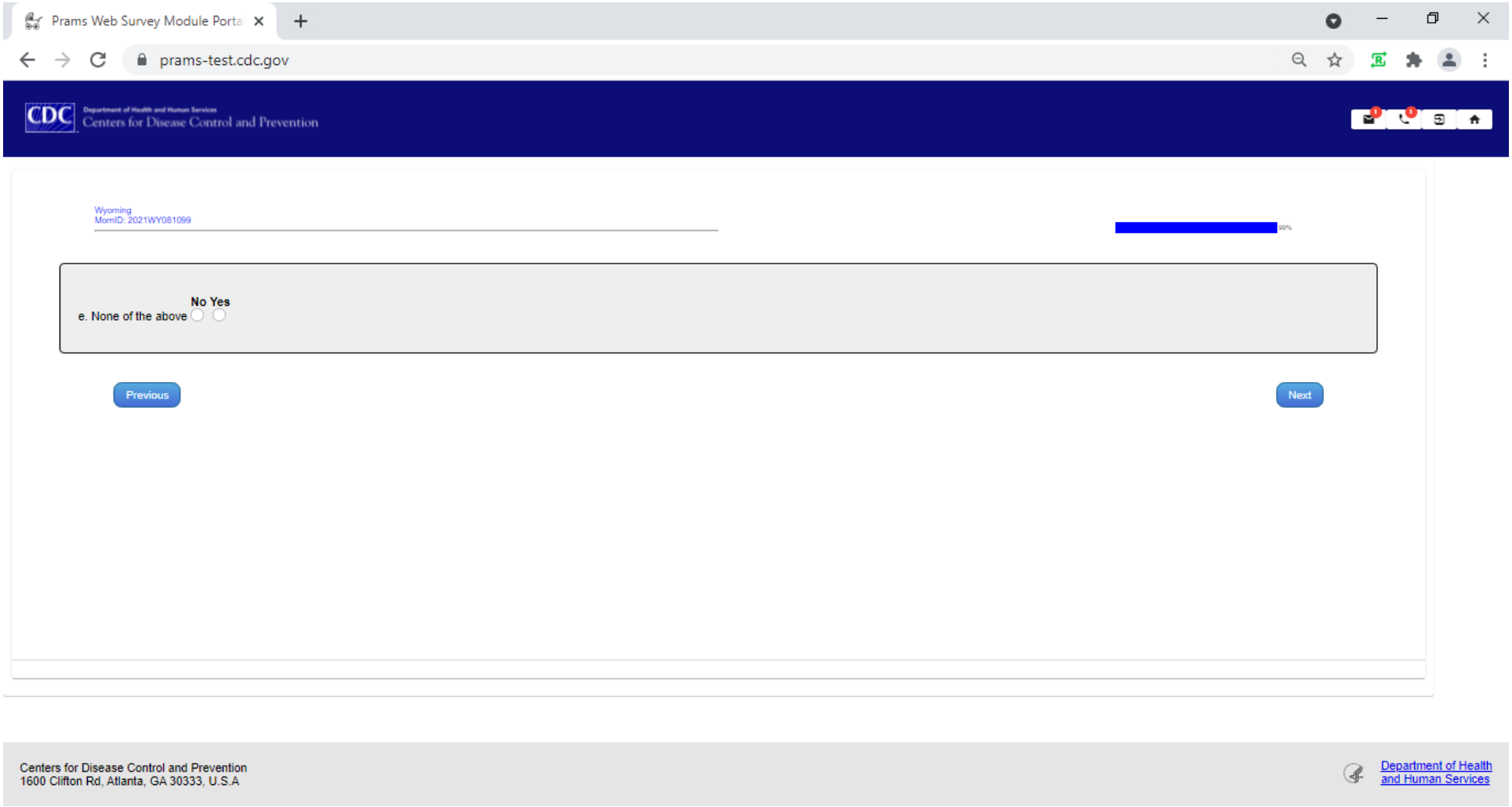
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No Yes
e. None of the above
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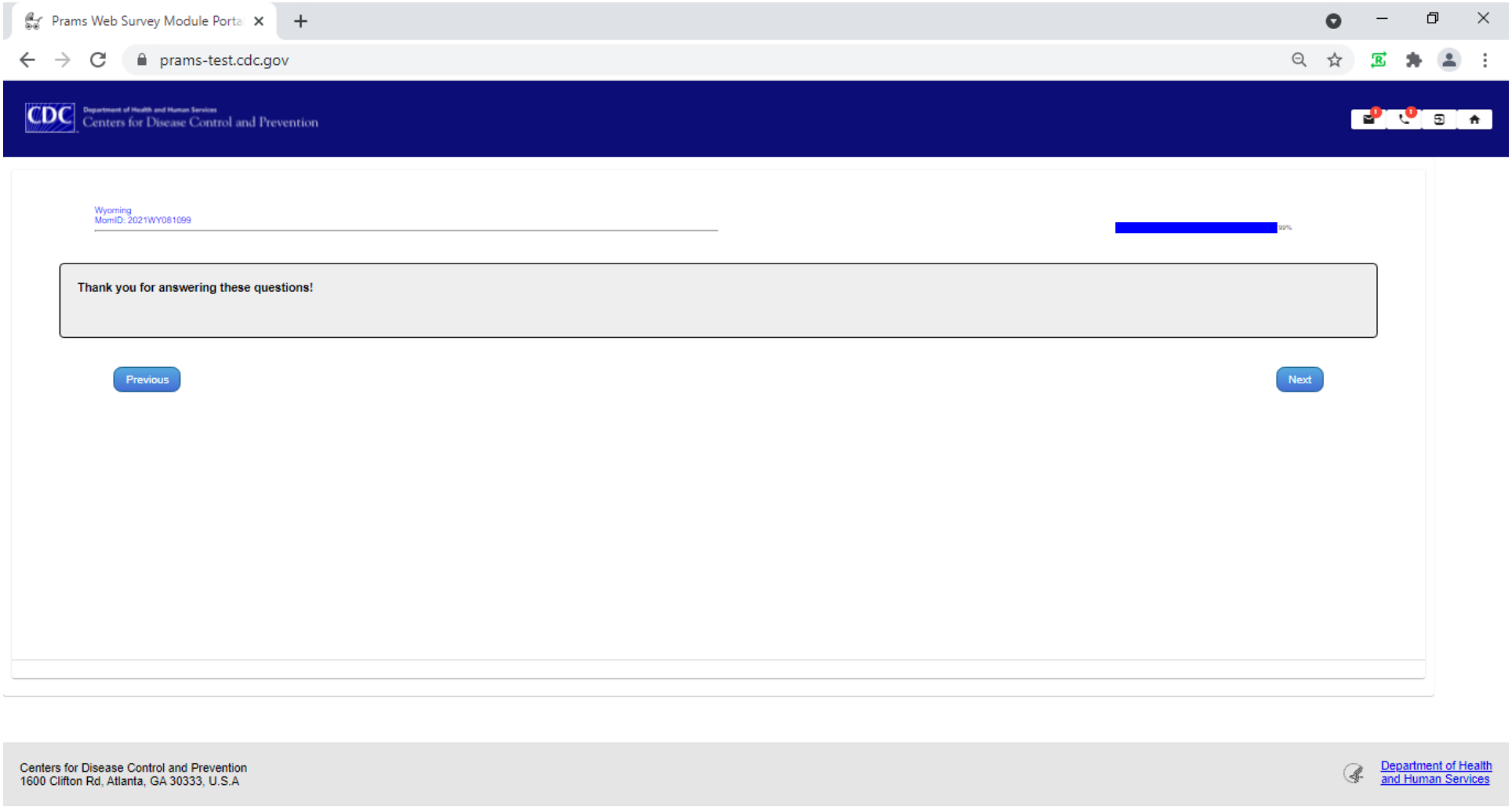
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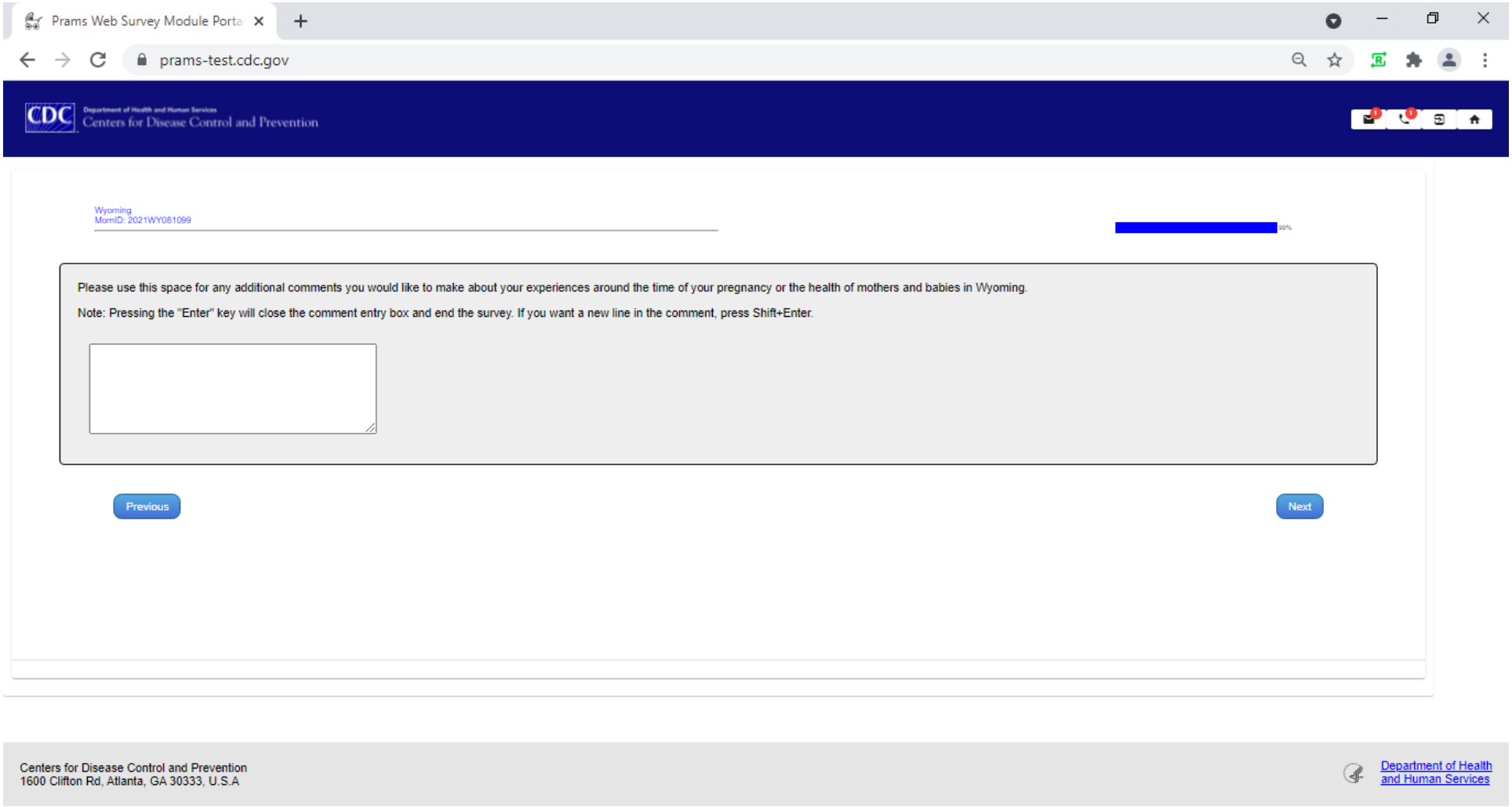
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Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Wyoming.
Note: Pressing the "Enter" key will close the comment entry box and end the survey. If you want a new line in the comment, press Shift+Enter.
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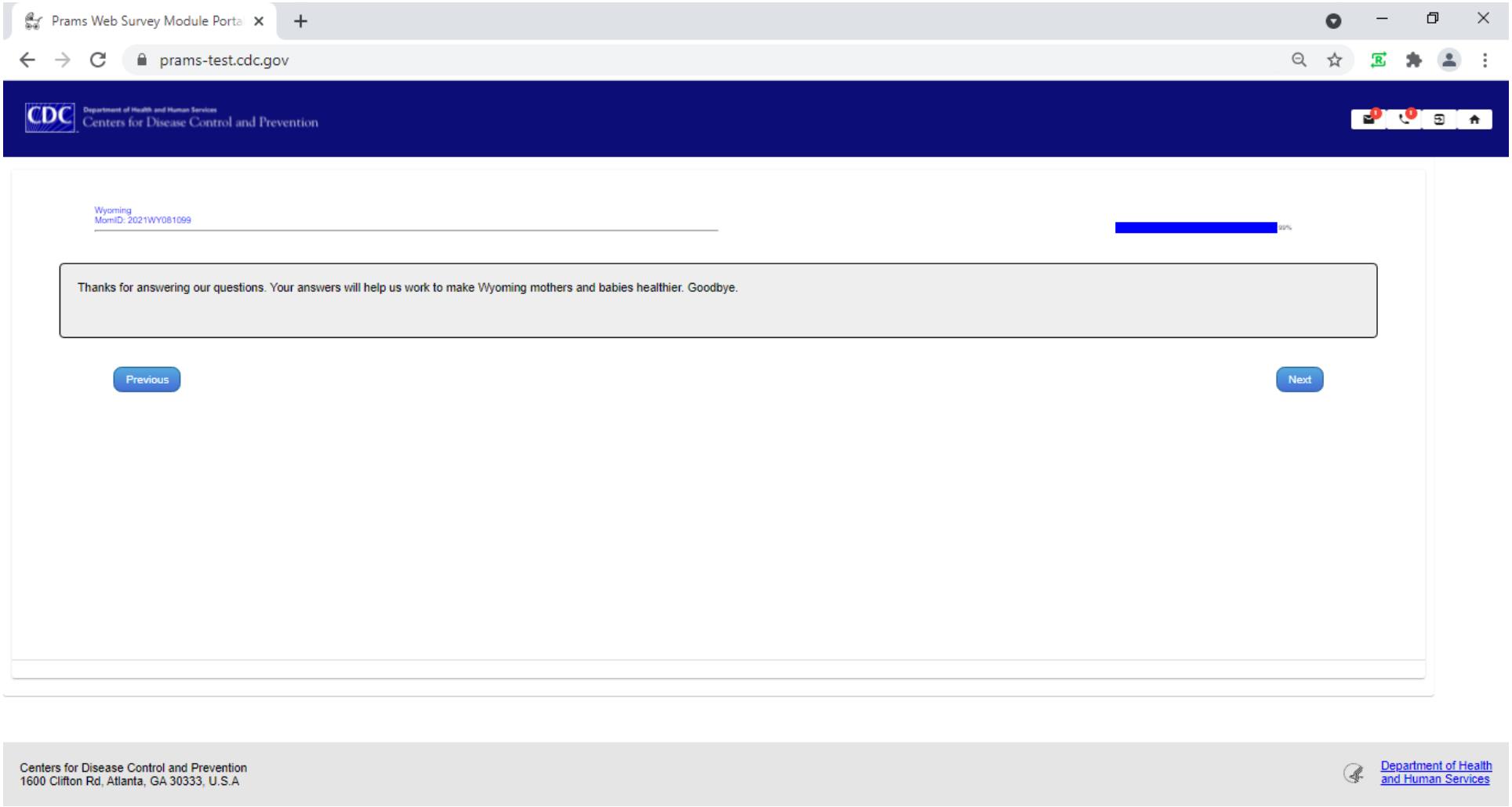
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Thanks for answering our questions. Your answers will help us work to make Wyoming mothers and babies healthier. Goodbye.
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