Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you.

1. **How tall are you without shoes?**
   - _____ Feet _____ Inches
   - OR _____ Centimeters

2. **Just before you got pregnant with your new baby, how much did you weigh?**
   - _____ Pounds OR _____ Kilos

3. **What is your date of birth?**
   - _____ / _____ / _____
     - Month Day Year

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

4. **Before you got pregnant with your new baby, did you ever have any other babies who were born alive?**
   - ❑ No ➔ Go to Question 5
   - ❑ Yes ➔ Go to Question 6

5. **Before you had your new baby, did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother’s belly to bring out the baby)?**
   - ❑ No
   - ❑ Yes

6. **Before you got pregnant, would you say that, in general, your health was—**
   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

7. **During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions?** For each one, check No if you did not have the condition or Yes if you did.
   - ❑ Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)............................... ❑ ❑
   - ❑ High blood pressure or hypertension.................... ❑ ❑
   - ❑ Depression .................................................................. ❑ ❑
   - ❑ Asthma ........................................................................... ❑ ❑
   - ❑ Anemia (poor blood, low iron) ....................... ❑ ❑
   - ❑ Thyroid problems ................................................... ❑ ❑
   - ❑ PCOS (polycystic ovarian syndrome) .............. ❑ ❑
   - ❑ Anxiety ........................................................................... ❑ ❑

8. **During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?**
   - ❑ I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant
   - ❑ 1 to 3 times a week
   - ❑ 4 to 6 times a week
   - ❑ Every day of the week
9. In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?
- No
- Yes

10. What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

Check ALL that apply
- 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:

11. During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not or Yes if they did.

- 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)
The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new baby*.

### 12. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance

- I did not have any health insurance during the *month before* I got pregnant

### 13. During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

**Check ALL that apply**

- I did not go for prenatal care
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance

- I did not have any health insurance for my prenatal care

### 14. What kind of health insurance do you have *now*?

**Check ALL that apply**

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the Maryland Health Insurance Marketplace, www.marylandhealthconnection.gov, or HealthCare.gov
- Medicaid or HealthChoice
- TRICARE or other military health care
- Other health insurance

- I do not have health insurance now

### 15. Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

**Check ONE answer**

- I wanted to be pregnant later
- I wanted to be pregnant sooner
- I wanted to be pregnant then
- I didn’t want to be pregnant then or at any time in the future
- I wasn’t sure what I wanted
DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.)

16. How many weeks or months pregnant were you when you had your first visit for prenatal care?

☐ Weeks OR ☐ Months

☐ I didn’t go for prenatal care

17. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

a. If I knew how much weight I should gain during pregnancy

b. If I was taking any prescription medication

c. If I was smoking cigarettes

d. If I was drinking alcohol

e. If someone was hurting me emotionally or physically

f. If I was feeling down or depressed

g. If I was using drugs such as marijuana, cocaine, crack, or meth

h. If I wanted to be tested for HIV (the virus that causes AIDS)

i. If I planned to breastfeed my new baby

j. If I planned to use birth control after my baby was born

18. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

☐ No ☐ Yes ☐ I don’t know

19. During the 12 months before the delivery of your new baby, did a doctor, nurse, or other health care worker offer you a flu shot or tell you to get one?

☐ No ☐ Yes

20. During the 12 months before the delivery of your new baby, did you get a flu shot?

☐ No ☐ Yes ☐ Check ONE answer

21. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?

☐ No ☐ Yes

22. During your most recent pregnancy, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

a. Gestational diabetes (diabetes that started during this pregnancy)

b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia

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

23. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes  [Go to Question 27]

24. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

25. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

26. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I don’t smoke now

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.

A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

27. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
   - E-cigarettes or other electronic nicotine products ...............................................................
   - Hookah ................................................................

If you used e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 28. Otherwise, go to Page 6, Question 30.

28. During the 3 months before you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?
   - More than once a day
   - Once a day
   - 2-6 days a week
   - 1 day a week or less
   - I did not use e-cigarettes or other electronic nicotine products then
29. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- More than once a day
- Once a day
- 2-6 days a week
- 1 day a week or less
- I did not use e-cigarettes or other electronic nicotine products then

The next questions are about drinking alcohol around the time of pregnancy.

30. Have you had any alcoholic drinks in the past 2 years? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- No
- Yes

Go to Question 35

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

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

Go to Question 33

32. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn’t have 4 drinks or more in a 2 hour time span

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

- 14 drinks or more a week
- 8 to 13 drinks a week
- 4 to 7 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn’t drink then

Go to Question 35

34. During the last 3 months of your pregnancy, how many times did you drink 4 alcoholic drinks or more in a 2 hour time span?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn’t have 4 drinks or more in a 2 hour time span

35. In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- No
- Yes

a. My husband or partner
b. My ex-husband or ex-partner

36. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check No if they did not hurt you during this time or Yes if they did.

- No
- Yes

a. My husband or partner
b. My ex-husband or ex-partner
AFTER PREGNANCY

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

37. When was your new baby born?
   __ __ / __ __ / __
   Month   Day   Year

38. How was your new baby delivered?
   - Vaginally  Go to Question 41
   - Cesarean delivery (c-section)

39. What was the reason that your new baby was born by cesarean delivery (c-section)?
   - I had a previous cesarean delivery (c-section)
   - My baby was in the wrong position (such as breech)
   - I was past my due date
   - My health care provider worried that my baby was too big
   - I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
   - I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
   - My health care provider tried to induce my labor, but it didn’t work
   - Labor was taking too long
   - The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
   - I wanted to schedule my delivery
   - I didn’t want to have my baby vaginally
   - Other  Please tell us:

40. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?
   - My health care provider recommended a cesarean delivery before I went into labor
   - My health care provider recommended a cesarean delivery while I was in labor
   - I asked for the cesarean delivery

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  Go to Page 8, Question 44

42. Is your baby alive now?
   - No  Go to Page 9, Question 53
   - Yes

43. Is your baby living with you now?
   - No  Go to Page 9, Question 53
   - Yes

Go to Page 8, Question 44
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 \( \text{No} \) if you did not receive information from this source or \( \text{Yes} \) if you did.

- a. My doctor ............................................................
- b. A nurse, midwife, or doula ..................................
- c. A breastfeeding or lactation specialist ............
- d. My baby’s doctor or health care provider ................
- e. A breastfeeding support group ..........................
- f. A breastfeeding hotline or toll-free number ..........
- g. Family or friends ..............................................
- h. Other ..................................................................

Please tell us:

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

- No
- Yes

Go to Question 48

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

- No
- Yes

Go to Question 48

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

- Less than 1 week
- Weeks  OR  Months

48. In which one position do you most often lay your baby down to sleep now?

- On his or her side
- On his or her back
- On his or her stomach

Check ONE answer

49. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

- Always
- Often
- Sometimes
- Rarely
- Never

Go to Question 51

50. When your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?

- No
- Yes

51. Listed below are some more things about how babies sleep. How did your new baby usually sleep in the past 2 weeks? For each item, check \( \text{No} \) if your baby did not usually sleep like this or \( \text{Yes} \) if he or she did.

- a. In a crib, bassinet, or pack and play .............
- b. On a twin or larger mattress or bed ..............
- c. On a couch, sofa, or armchair .....................
- d. In an infant car seat or swing .....................
- e. In a sleeping sack or wearable blanket .........
- f. With a blanket ..............................................
- g. With toys, cushions, or pillows, including nursing pillows ........................................
- h. With crib bumper pads (mesh or non-mesh) ..........................................................
52. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check No if they did not tell you or Yes if they did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place my baby on his or her back to sleep</td>
<td>☐ ☑</td>
</tr>
<tr>
<td>b. Place my baby to sleep in a crib, bassinet, or pack and play</td>
<td>☐ ☑</td>
</tr>
<tr>
<td>c. Place my baby’s crib or bed in my room</td>
<td>☐ ☑</td>
</tr>
<tr>
<td>d. What things should and should not go in bed with my baby</td>
<td>☐ ☑</td>
</tr>
</tbody>
</table>

53. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 55

54. What are your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant now?

- 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

Please tell us:

55. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

- 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)
- Other

Please tell us:

56. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
- Yes

Go to Page 10, Question 58

Go to Page 10, Question 57
57. Did any of these things keep you from having a postpartum checkup? 

Check ALL that apply

- I didn’t have health insurance to cover the cost of the visit
- I felt fine and did not think I needed to have a visit
- I couldn’t get an appointment when I wanted one
- I didn’t have any transportation to get to the clinic or doctor’s office
- I had too many things going on
- I couldn’t take time off from work
- Other Please tell us:

If you did not have a postpartum checkup, go to Question 59.

58. During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check No if they did not do it or Yes if they did.

- 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 ........................................

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

- Always
- Often
- Sometimes
- Rarely
- Never

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

- Always
- Often
- Sometimes
- Rarely
- Never
61. Since your new baby was born, how often have you felt panicky?
- Always
- Often
- Sometimes
- Rarely
- Never

62. Since your new baby was born, how often have you felt restless?
- Always
- Often
- Sometimes
- Rarely
- Never

OTHER EXPERIENCES
The next questions are on a variety of topics.

63. Thinking back to just before you got pregnant with your new baby, how did your husband or partner feel about your becoming pregnant?

- Wanted me to be pregnant sooner
- Wanted me to be pregnant later
- Wanted me to be pregnant then
- Didn’t want me to be pregnant then or at any time in the future
- I don’t know
- I didn’t have a husband or partner

64. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check No if it did not happen then or Yes if it did.

- No
- Yes

a. During the 12 months before I got pregnant
b. During my most recent pregnancy
c. Since my new baby was born

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 68.

65. Are you currently in school or working?

- No, I don’t go to school or work
- Yes, I go to school or work outside the home
- Yes, I go to school or work from home

66. Which one of the following people spends the most time taking care of your new baby when you are at school or work?

- My husband or partner
- Baby’s grandparent
- Other close family member or relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at day care center
- Other

Check ONE answer

67. While you are away from your new baby for school or work, how often do you feel that he or she is well cared for?

- Always
- Often
- Sometimes
- Rarely
- Never

68. At any time during your most recent pregnancy, did you work at a job for pay?

- No
- Yes

Go to Page 12, Question 69
69. Have you returned to the job you had during your most recent pregnancy?

   - No, and I do not plan to return
   - No, but I will be returning
   - Yes

   **Check ONE answer**

   Go to Question 74

70. Did you take leave from work after your new baby was born?

   - I took paid leave from my job
   - I took unpaid leave from my job
   - I did not take any leave

   **Check ALL that apply**

   Go to Question 73

71. How many weeks or months of leave, in total, did you take or will you take?

   - [ ] Weeks
   - [ ] Months
   - Less than 1 week

72. How did you feel about the amount of time you were able to take off after the birth of your new baby?

   - Too little time
   - Just the right amount of time
   - Too much time

   **Check ONE answer**

73. Did any of the things listed below affect your decision about taking leave from work after your new baby was born? For each item, check No if it does not apply to you or Yes if it does.

   - I could not financially afford to take leave .............................................
   - I was afraid I'd lose my job if I took leave or stayed out longer ................................
   - I had too much work to do to take leave or stay out longer ................................
   - My job does not have paid leave .............................................
   - My job does not offer a flexible work schedule .............................................
   - I had not built up enough leave time to take any or more time off ................................

   **No**
   **Yes**

74. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband’s or partner’s income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

   - [ ] $0 to $16,000
   - [ ] $16,001 to $20,000
   - [ ] $20,001 to $24,000
   - [ ] $24,001 to $28,000
   - [ ] $28,001 to $32,000
   - [ ] $32,001 to $40,000
   - [ ] $40,001 to $48,000
   - [ ] $48,001 to $57,000
   - [ ] $57,001 to $60,000
   - [ ] $60,001 to $73,000
   - [ ] $73,001 to $85,000
   - [ ] $85,001 or more
75. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?

___ People

76. What is today’s date?

___ / ___ / 20___
Month    Day    Year
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in Maryland.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in Maryland healthy.