Pregnancy Risk Assessment Monitoring System

A survey for healthier babies in New Jersey

Your experiences as a new mother are important.

For questions or comments, please call toll-free 1-888-816-7929
Important Information About PRAMS

Please Read Before Starting the Survey

• The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project conducted by the Bloustein Center for Survey Research at Rutgers University on behalf of the New Jersey Department of Health with support from the Centers for Disease Control and Prevention.

• The purpose of the study is to find out why some babies are born healthy and others are not.

• We are asking approximately 170 women per month in New Jersey to answer the same questions. All of your names were picked randomly by a computer from recent birth certificates.

• It takes about 20 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking, drinking, and domestic violence 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. The booklet has a number so we will know when it is returned.

• 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 New Jersey.

• If you have any questions about your rights in the project, please call the New Jersey Department of Health IRB Office at 1-866-780-4121.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please contact Karyn Granholm, NJ PRAMS Project Coordinator, toll free 1-888-816-7929 (press 6) or e-mail: Karyn.Granholm@rutgers.edu.
What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the New Jersey Department of Health, the Centers for Disease Control and Prevention (CDC), and the Bloustein Center for Survey Research (BCSR). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reduction of smoking during pregnancy, and encouraging breastfeeding. To do this, our questionnaire asks new mothers questions about their feelings and experiences around the time of their pregnancy.

Is it really important that I answer these questions?

Yes! Because of the small number of mothers picked, it is important to have everyone’s answers. Every pregnancy is different. To get a better overall picture of the health of mothers and babies in New Jersey, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in New Jersey. We need to know what went right as well as what went wrong during your pregnancy. Your help is really important to the success of our program.

Will my answers be kept private?

Yes—all answers are kept completely private according to the law. All answers given on the questionnaires will be grouped together to give us information on New Jersey mothers of new babies. In reports from this survey, no woman will be identified by name.

Some of the questions do not seem related to health care—why are they asked?

Many things in a mother’s life and pregnancy may affect her pregnancy. These questions try to get the best picture of the new mother’s life and things that happened to her during pregnancy.

How was I chosen to participate in PRAMS?

Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number (1-888-816-7929, press 6), and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number.
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
- Kilos

3. What is your date of birth?

- Month
- Day
- Year

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

- No
- Yes

5. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No
- Yes

6. Was the baby just before your new one born earlier than 3 weeks before his or her due date?

- No
- Yes

7. At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, check No if you did not do it or Yes if you did it.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I was dieting (changing my eating habits) to lose weight.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>b. I was exercising 3 or more days of the week.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>c. I was regularly taking prescription medicines other than birth control.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>d. I visited a health care worker and was checked for diabetes.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>e. I visited a health care worker and was checked for high blood pressure.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>f. I visited a health care worker and was checked for depression or anxiety.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>g. I talked to a health care worker about my family medical history.</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>h. I had my teeth cleaned by a dentist or dental hygienist.</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>
8. **During the month before** you got pregnant with your new baby, what kind of **health insurance** did you have?

   [Check ALL that apply]

   - Private health insurance from my job or the job of my husband, partner, or parents
   - Private health insurance purchased directly from an insurance company
   - Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
   - Charity Care
   - TRICARE or other military health care
   - Some other kind of health insurance → Please tell us: [ ]

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

   If you had health insurance during the month before you got pregnant with your new baby, go to Question 10.

9. **What was the reason that you did not have any health insurance during the month before** you got pregnant with your new baby?

   [Check ALL that apply]

   - Health insurance was too expensive
   - I could not get health insurance from my job or the job of my husband or partner
   - I applied for health insurance, but was waiting to get it
   - I applied for health insurance, but was refused because of a preexisting medical condition
   - I had problems with the health insurance application or paperwork
   - My income was too high for the public program I wanted to apply for
   - I didn’t know how to get health insurance
   - Other → Please tell us: [ ]

10. **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

11. **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about how to improve your health before pregnancy?

    - No → Go to Question 13
    - Yes

    Go to Question 12
12. **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? *Please count only discussions, not reading materials or videos.* For each item, check **No** if no one talked with you about it or **Yes** if someone talked with you about it.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taking vitamins with folic acid before pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. Being a healthy weight before pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Getting my vaccines updated before pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. Visiting a dentist or dental hygienist before pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Getting counseling for any genetic diseases that run in my family</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Controlling any medical conditions such as diabetes and high blood pressure</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. Getting counseling or treatment for depression or anxiety</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. The safety of using prescription or over-the-counter medicines during pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. How smoking during pregnancy can affect a baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. How drinking alcohol during pregnancy can affect a baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. How using illegal drugs during pregnancy can affect a baby</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

13. **Before** you got pregnant with your new baby, did a doctor, nurse, or other health care worker tell you that you had any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type 1 or Type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. High blood pressure or hypertension</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Depression</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

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

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

Go to Question 16

15. How much longer did you want to wait to become pregnant?

- [ ] Less than 1 year
- [ ] 1 year to less than 2 years
- [ ] 2 years to less than 3 years
- [ ] 3 years to 5 years
- [ ] More than 5 years
16. When you got pregnant with your new baby, were you trying to get pregnant?
   - No  
   - Yes  
     Go to Question 19

17. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.
   - No  
   - Yes  
     Go to Question 19

18. What were your reasons or your husband’s or partner’s reasons for not doing anything to keep from getting pregnant?
   - Check ALL that apply
     - I didn’t mind if I got pregnant
     - I thought I could not get pregnant at that time
     - I had side effects from the birth control method I was using
     - I had problems getting birth control when I needed it
     - I thought my husband or partner or I was sterile (could not get pregnant at all)
     - My husband or partner didn’t want to use anything
     - I forgot to use a birth control method
     - Other  
       Please tell us:  

19. How many weeks or months pregnant were you when you were sure you were pregnant? For example, you had a pregnancy test or a doctor or nurse said you were pregnant.
   - [ ] Weeks  OR  [ ] Months
   - I don’t remember  

20. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).
   - [ ] Weeks  OR  [ ] Months
   - I didn’t go for prenatal care  
     Go to Question 22

21. Did you get prenatal care as early in your pregnancy as you wanted?
   - No  
   - Yes  
     Go to Question 23

Go to Question 22
22. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check No if it did not keep you from getting prenatal care or Yes if it did.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. The doctor or my health plan would not start care as early as I wanted</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. I had too many other things going on</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. I couldn’t take time off from work or school</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. I didn’t have my Medicaid or NJ Family Care card</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. I didn’t have anyone to take care of my children</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. I didn’t know that I was pregnant</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. I didn’t want anyone else to know I was pregnant</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k. I didn’t want prenatal care</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you did not get prenatal care, go to Page 6, Question 25.

23. During your most recent pregnancy, what kind of health insurance did you have to pay for your prenatal care? Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- Charity Care
- TRICARE or other military health care
- Some other kind of health insurance Please tell us:

☐ I did not have any health insurance to pay for my prenatal care
24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How much weight I should gain during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. How smoking during pregnancy could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. Breastfeeding my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. How drinking alcohol during pregnancy could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. Using a seat belt during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. Medicines that are safe to take during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. How using illegal drugs could affect my baby</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. Doing tests to screen for birth defects or diseases that run in my family</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. Getting tested for HIV (the virus that causes AIDS)</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. What to do if I feel depressed during my pregnancy or after my baby is born</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. Physical abuse to women by their husbands or partners</td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>I don’t know</th>
</tr>
</thead>
</table>

26. 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

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

- ☐ No
- ☐ Yes, before my pregnancy
- ☐ Yes, during my pregnancy

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

- ☐ I don’t remember

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

29. This question is about the care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I knew it was important to care for my teeth and gums during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. A dental or other health care worker talked with me about how to care for my teeth and gums</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I had my teeth cleaned by a dentist or dental hygienist</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. I had insurance to cover dental care during my pregnancy</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I needed to see a dentist for a problem</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I went to a dentist or dental clinic about a problem</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>30. During <em>your most recent</em> pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>31. During <em>your most recent</em> 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.</td>
<td>No, Yes</td>
</tr>
<tr>
<td>32. During <em>your most recent</em> pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>33. During <em>your most recent</em> pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during <em>this</em> pregnancy)?</td>
<td>No, Yes</td>
</tr>
<tr>
<td>34. Have you smoked any cigarettes in the <em>past 2 years</em>?</td>
<td>No, Yes → Go to Page 8, Question 38</td>
</tr>
<tr>
<td>35. In the 3 months <em>before</em> you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.</td>
<td>No, Yes, 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</td>
</tr>
<tr>
<td>36. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.</td>
<td>No, Yes, 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</td>
</tr>
<tr>
<td>37. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.</td>
<td>No, Yes, 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</td>
</tr>
</tbody>
</table>
The next questions are about drinking alcohol around the time of pregnancy (before and during).

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

☐ No  ➔  Go to Question 42

☐ Yes

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

☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then ➔  Go to Question 41

40. 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

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

☐ 14 drinks or more a week
☐ 7 to 13 drinks a week
☐ 4 to 6 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

Pregnancy can be a difficult time for some women. The next questions are about things that may have happened before and during your most recent pregnancy.

42. 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.)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A close family member was very sick and had to go into the hospital ....</td>
<td>☐</td>
</tr>
<tr>
<td>b. I got separated or divorced from my husband or partner ..................</td>
<td>☐</td>
</tr>
<tr>
<td>c. I moved to a new address ..................</td>
<td>☐</td>
</tr>
<tr>
<td>d. I was homeless or had to sleep outside, in a car, or in a shelter ........</td>
<td>☐</td>
</tr>
<tr>
<td>e. My husband or partner lost his job .....</td>
<td>☐</td>
</tr>
<tr>
<td>f. I lost my job even though I wanted to go on working .....................</td>
<td>☐</td>
</tr>
<tr>
<td>g. My husband, partner, or I had a cut in work hours or pay ...............</td>
<td>☐</td>
</tr>
<tr>
<td>h. I was apart from my husband or partner due to military deployment or extended work-related travel ..........</td>
<td>☐</td>
</tr>
<tr>
<td>i. I argued with my husband or partner more than usual .....................</td>
<td>☐</td>
</tr>
<tr>
<td>j. My husband or partner said he didn’t want me to be pregnant ..........</td>
<td>☐</td>
</tr>
<tr>
<td>k. I had problems paying the rent, mortgage, or other bills ................</td>
<td>☐</td>
</tr>
<tr>
<td>l. My husband, partner, or I went to jail .......................................</td>
<td>☐</td>
</tr>
<tr>
<td>m. Someone very close to me had a problem with drinking or drugs ..........</td>
<td>☐</td>
</tr>
<tr>
<td>n. Someone very close to me died ..................................................</td>
<td>☐</td>
</tr>
</tbody>
</table>
43. During the 12 months before you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- [ ] No
- [ ] Yes

44. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- [ ] No
- [ ] Yes

The next questions are about your labor and delivery.

45. When was your new baby born?

```
   _____ / _____ / 20___
   Month   Day   Year
```

46. 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

47. When were you discharged from the hospital after your baby was born?

```
   _____ / _____ / 20___
   Month   Day   Year
```

- [ ] I didn’t have my baby in a hospital

48. By the end of your most recent pregnancy, how much weight had you gained?

Check ONE answer and fill in blank if needed

- [ ] I gained _____ pounds
- [ ] I didn’t gain any weight, but I lost _____ pounds
- [ ] My weight didn’t change during my pregnancy
- [ ] I don’t know

49. What kind of health insurance did you have to pay for your delivery?

Check ALL that apply

- [ ] Private health insurance from my job or the job of my husband, partner, or parents
- [ ] Private health insurance purchased directly from an insurance company
- [ ] Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- [ ] Charity Care
- [ ] TRICARE or other military health care
- [ ] Some other kind of health insurance Please tell us: 

- [ ] I did not have any health insurance to pay for my delivery

AFTER PREGNANCY

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

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

- [ ] No
- [ ] Yes
- [ ] I don’t know
51. 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 Question 58.

52. Is your baby alive now?
- [ ] No → We are very sorry for your loss. Go to Page 12, Question 66
- [ ] Yes

53. Is your baby living with you now?
- [ ] No → Go to Question 65
- [ ] Yes

54. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
- [ ] No → Go to Question 58
- [ ] Yes

55. Are you currently breastfeeding or feeding pumped milk to your new baby?
- [ ] No → Go to Question 57
- [ ] Yes

56. How many weeks or months did you breastfeed or pump milk to feed your baby?
- [ ] Weeks OR [ ] Months
- [ ] Less than 1 week

57. 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 happen.

a. Hospital staff gave me information about breastfeeding................................. [ ] [ ]
b. My baby stayed in the same room with me at the hospital.......................... [ ] [ ]
c. Hospital staff helped me learn how to breastfeed........................................ [ ] [ ]
d. I breastfed in the first hour after my baby was born.................................... [ ] [ ]
e. I breastfed my baby in the hospital................................................................. [ ] [ ]
f. My baby was fed only breast milk at the hospital........................................ [ ] [ ]
g. Hospital staff told me to breastfeed whenever my baby wanted .................. [ ] [ ]
h. The hospital gave me a breast pump to use.................................................. [ ] [ ]
i. The hospital gave me a gift pack with formula.............................................. [ ] [ ]
j. The hospital gave me a telephone number to call for help with breastfeeding................................................................. [ ] [ ]
k. Hospital staff gave my baby a pacifier .......................................................... [ ] [ ]

58. Did a doctor, nurse, or other health care worker talk with you about how to lay your new baby down to sleep?
- [ ] No
- [ ] Yes
If your baby is still in the hospital, go to Question 65.

59. 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

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

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

61. Listed below are some things that describe how your new baby usually sleeps. For each item, check No if it doesn’t usually apply to your baby or Yes if it usually applies to your baby.

No Yes

a. My new baby sleeps in a crib or portable crib

b. My new baby sleeps on a firm or hard mattress

c. My new baby sleeps with pillows

d. My new baby sleeps with bumper pads

e. My new baby sleeps with plush or thick blankets

f. My new baby sleeps with stuffed toys

g. My new baby sleeps with an infant positioner

h. My new baby sleeps with me or another person

62. Was your new baby seen by a doctor, nurse, or other health care worker for a one week checkup after he or she was born?

☐ No
☐ Yes
☐ My baby was still in the hospital at that time

63. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

☐ No
☐ Yes

Go to Question 65

64. How many times has your new baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

☐ No
☐ Yes

65. 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
66. Are you or your husband or partner doing anything now to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Go to Question 68

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

- I am not having sex
- I want to get pregnant
- I don’t want to use birth control
- I am worried about side effects from birth control
- My husband or partner doesn’t want to use anything
- I have problems getting birth control when I need it
- I had my tubes tied or blocked
- My husband or partner had a vasectomy
- I am pregnant now
- Other

Check ALL that apply

68. 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, Essure®, Adiana®)
- Vasectomy (male sterilization)
- Birth control pill
- Condoms
- Injection (Depo-Provera®)
- Contraceptive implant (Implanon®)
- Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- IUD (including Mirena® or ParaGard®)
- Natural family planning (including rhythm method)
- Withdrawal (pulling out)
- Not having sex (abstinence)
- Other

Please tell us:

69. 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

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

- Always
- Often
- Sometimes
- Rarely
- Never
71. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

72. What kind of health insurance do you have now?

Check ALL that apply

- Private health insurance from my job or the job of my husband, partner, or parents
- Private health insurance purchased directly from an insurance company
- Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ Family Care
- Charity Care
- TRICARE or other military health care
- Some other kind of health insurance
- Please tell us:
  - I do not have health insurance now

73. When you first learned you were pregnant with your new baby, did you prefer that it be delivered vaginally (naturally) or by cesarean delivery?

- Vaginally
- By cesarean

74. During any of your prenatal care visits, did your doctor, nurse, or any other health care worker talk with you about the risks and benefits of vaginal (natural) versus cesarean delivery?

- No
- Yes

75. A week before your new baby was born, did you expect it to be delivered vaginally (naturally) or by cesarean delivery?

- Vaginally
- By cesarean

76. How was your new baby delivered?

- Vaginally
- I went into labor but had to have a cesarean delivery
- I didn’t go into labor and had a cesarean delivery

77. Why did you decide to deliver your baby by cesarean?

- My doctor/midwife recommended it for medical reasons
- I preferred it for personal reasons (not medical)

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

- No
- Yes

Go to Page 14, Question 79
79. Have you returned to the job you had during your most recent pregnancy?

- No, but I will be returning
- Yes

Check ONE answer

Go to Question 82

80. Which of the following describes the leave or time you took off from work after your new baby was born?

- I took paid leave from my job
- I took unpaid leave from my job
- I took leave paid by the NJ Temporary Disability Insurance Program
- I took leave paid by the NJ Family Leave Insurance Program
- I did not take leave

Check ALL that apply

81. 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.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>I could not financially afford to take leave</td>
<td>❑</td>
</tr>
<tr>
<td>b.</td>
<td>I was afraid I’d lose my job if I took leave or stayed out longer</td>
<td>❑</td>
</tr>
<tr>
<td>c.</td>
<td>I had too much work to do to take leave or stay out longer</td>
<td>❑</td>
</tr>
<tr>
<td>d.</td>
<td>My job does not have paid leave</td>
<td>❑</td>
</tr>
<tr>
<td>e.</td>
<td>My job does not offer a flexible work schedule</td>
<td>❑</td>
</tr>
<tr>
<td>f.</td>
<td>I had not built up enough leave time to take any or more time off</td>
<td>❑</td>
</tr>
</tbody>
</table>

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

- $0 to $15,000
- $15,001 to $19,000
- $19,001 to $22,000
- $22,001 to $26,000
- $26,001 to $29,000
- $29,001 to $37,000
- $37,001 to $44,000
- $44,001 to $52,000
- $52,001 to $56,000
- $56,001 to $67,000
- $67,001 to $79,000
- $79,001 or more

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

   —— People

84. What is today’s date?

Month / Day / 20
The last questions are about the time since your new baby was born.

85. Since your new baby was born, did a doctor, nurse, home visitor, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check No if no one talked with you about it or Yes if someone did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Whether you’ve been feeling sad or anxious</td>
</tr>
<tr>
<td>b.</td>
<td>What to do when your baby cries excessively and won’t stop</td>
</tr>
<tr>
<td>c.</td>
<td>That shaking or hitting your baby can cause serious harm</td>
</tr>
<tr>
<td>d.</td>
<td>Putting your baby to sleep safely on his/her back and in his/her own crib</td>
</tr>
<tr>
<td>e.</td>
<td>Sharing information about shaking babies, crying babies, and safe sleep with others who help you care for your baby—dad, partner, family, babysitter, caregiver</td>
</tr>
</tbody>
</table>

If you tried to breastfeed after you left the hospital, please answer Question 86.

86. Since your new baby was born, did a doctor, nurse, home visitor, or other health care worker talk with you about any of the things listed below?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Whether you or your baby are having any problems with breastfeeding</td>
</tr>
<tr>
<td>b.</td>
<td>How to contact breastfeeding support groups</td>
</tr>
</tbody>
</table>
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 New Jersey.

Thanks for answering our questions!

Your answers will help us work to make New Jersey mothers and babies healthier.
## STATE AND LOCAL RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NJ211</strong></td>
<td>A place to turn to when you need to find state or local health and human service information.</td>
<td><a href="http://www.nj211.org/">http://www.nj211.org/</a></td>
</tr>
<tr>
<td><strong>HealthLink</strong></td>
<td>New Jersey’s comprehensive healthcare consumer information website providing instant access to healthcare information for families, children, seniors and healthcare professionals.</td>
<td><a href="http://www.nj.gov/njhealthlink/">http://www.nj.gov/njhealthlink/</a></td>
</tr>
<tr>
<td><strong>Family Health Line</strong></td>
<td>Operational 24/7 and is available anywhere in New Jersey. Trained phone counselors provide information and referrals for health screening and treatment.</td>
<td><a href="http://www.nj.gov/health/fhs/primarycare/health_line.shtml">http://www.nj.gov/health/fhs/primarycare/health_line.shtml</a></td>
</tr>
<tr>
<td><strong>Speak Up When You Are Down</strong></td>
<td>Perinatal mood disorders (PMD) can affect any woman of any age, race or economic background who is pregnant or who has recently had a baby, stopped breastfeeding, or ended a pregnancy or miscarried. PMD are treatable, but many people do not know the facts.</td>
<td><a href="http://www.nj.gov/health/fhs/postpartumdepression/index.shtml">http://www.nj.gov/health/fhs/postpartumdepression/index.shtml</a></td>
</tr>
<tr>
<td><strong>Special Child Health and Early Intervention Services</strong></td>
<td>has information and resources for infants, children, youth and young adults with special health care needs and for infants and toddlers with developmental delays/disabilities. Newborn screening information and resources are also available.</td>
<td><a href="http://www.nj.gov/health/fhs/sch/index.shtml">http://www.nj.gov/health/fhs/sch/index.shtml</a></td>
</tr>
<tr>
<td><strong>Women’s Referral Central</strong></td>
<td>is the primary source of information about programs of interest to women in New Jersey. Available 24 hours a day, it assists women in areas as diverse as sexual harassment, child support and custody, consumer law and safety, to personal growth and development, education, medical referrals, homelessness, personal safety and domestic violence.</td>
<td><a href="http://www.state.nj.us/dcf/women/programs/wrch.html">http://www.state.nj.us/dcf/women/programs/wrch.html</a></td>
</tr>
</tbody>
</table>

## PHONE NUMBERS FOR ADDITIONAL INFORMATION AND ASSISTANCE

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Helpline 24/7</strong></td>
<td>If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who will provide empathic listening about parenting and refer you to resources in your community.</td>
<td>1-800-THE-KIDS (843-5437)</td>
<td></td>
</tr>
<tr>
<td><strong>Addictions Hotline of NJ</strong></td>
<td>provides trained clinically supervised telephone specialists who are available 24/7 to educate, assist, interview and/or refer individuals and families battling addictions.</td>
<td>1-800-238-2333</td>
<td></td>
</tr>
<tr>
<td><strong>Quit Smoking</strong></td>
<td></td>
<td>1-866-NJSTOPS; 1-866-657-8677</td>
<td></td>
</tr>
<tr>
<td><strong>NJ Women, Infant, and Children Services (WIC)</strong></td>
<td></td>
<td>1-866-44-NJWIC; 1-800-328-3838</td>
<td></td>
</tr>
</tbody>
</table>