PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A Survey of the Health of Mothers and Babies in Rhode Island



Your experiences, thoughts and feelings are important! Please complete the survey and mail it in the enclosed postage paid envelope. Your help is voluntary, and your answers are completely confidential. Your answers will help us improve the health of mothers and babies throughout Rhode Island.

If you would like to learn more about PRAMS, call the Department of Health Information Line at 1-800-942-7434. Our staff speaks English and Spanish.



Please mark your answers. Follow the directions included with the questions. If no directions are presented, check the box next to your answer or fill in the blanks. Because not all questions will apply to everyone, you may be asked to skip certain questions.

BEFORE PREGNANCY

First, we would like to ask a few questions about *you* and the time *before* you got pregnant with your new baby.

1. 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.

	circle Y (Yes) if you did it or circle N (No) if you did not.		
	No	Yes	
a.	I was dieting (changing my eating		
	habits) to lose weightN	Y	
b.	I was exercising 3 or more days		
	of the week N	Y	
c.	I was regularly taking prescription		
	medicines other than birth control N	Y	
d.	I visited a health care worker to		
	be checked or treated for diabetes N	Y	
e.	I visited a health care worker to		
	be checked or treated for high		
	blood pressure N	Y	
f.	I visited a health care worker to		
	be checked or treated for depression		
	or anxietyN	Y	
g.	I talked to a health care worker		
	about my family medical history N	Y	
h.	I had my teeth cleaned by a dentist		
	or dental hygienistN	Y	

2. During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents Health insurance that you or someone else paid for (not from a job) Medicaid
- TRICARE or other military health care
- RIte Care (Neighborhood, United, Blue Chip)
- $\Box \quad \text{Other source(s)} \longrightarrow \text{Please tell us:}$
- □ I did not have any health insurance before I got pregnant

3. 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 at all
- \Box 1 to 3 times a week
- \Box 4 to 6 times a week
- Every day of the week

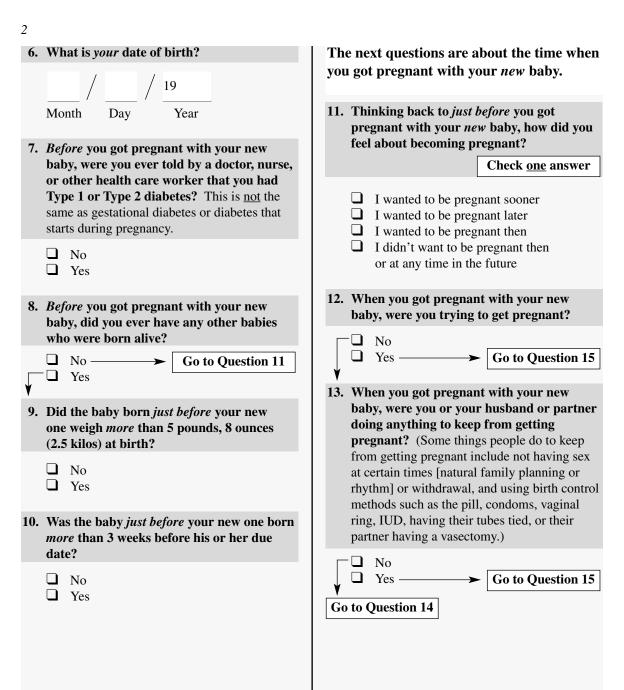
4. Just before you got pregnant with your new baby, how much did you weigh?

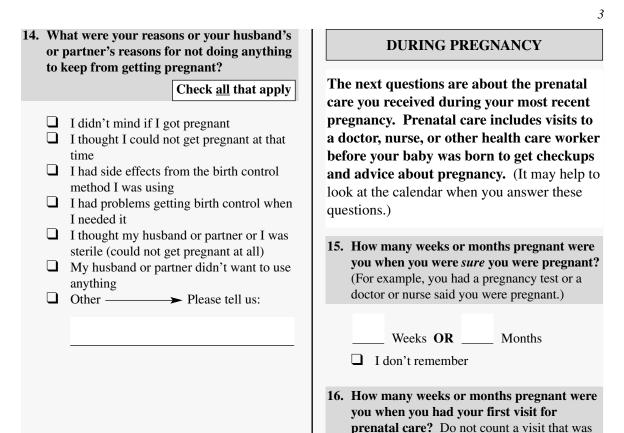
Pounds **OR** Kilos

5. How tall are you without shoes?

Inches Feet _

> Meters OR





only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for

Months

Go to Page 4, Question 18

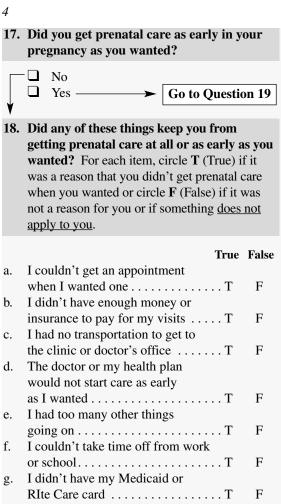
Women, Infants, and Children).

Weeks **OR**

□ I didn't go for prenatal

care —

Go to Page 4, Question 17



RIte Care card T F h. I had no one to take care of my F children. T F i. I didn't know that I was pregnant...T F j. I didn't want anyone else to know F I was pregnant F k. I didn't want prenatal care F

If you did not go for prenatal care, go to Question 22.

19. Did any of these health insurance plans help you pay for your *prenatal care*?

Check all that apply

- Health insurance from your job or the job of your husband, partner, or parents
- □ Health insurance that you or someone else paid for (not from a job)
- Medicaid
- □ TRICARE or other military health care
- RIte Care (Neighborhood, United, Blue Chip)
- $\Box \quad \text{Other source(s)} \longrightarrow \text{Please tell us:}$
- □ I did not have health insurance to help pay for my prenatal care

20. 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, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

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

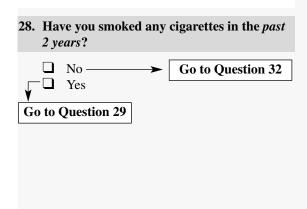
- 21. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how eating fish containing high levels of mercury could affect your baby?
 - D No

Yes

- 22. 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
- 23. At any time during *your most recent* pregnancy, did a doctor, nurse, or other health care worker offer you a flu vaccination or tell you to get one?
 - 🛛 No
 - **U** Yes
- 24. Did you get a flu vaccination during *your most recent* pregnancy?
 - 🗋 No
 - **Yes**
- 25. During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
 - D No
 - **Yes**
- 26. During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during *this* pregnancy)?
 - D No
 - **Yes**

27. Did you have any of the following problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not. No Yes Vaginal bleeding N Y a. Kidney or bladder (urinary tract) b. infectionN Y Severe nausea, vomiting, or c. dehydration N Y Cervix had to be sewn shut d. (cerclage for incompetent cervix)....N Y High blood pressure, hypertension e. (including pregnancy-induced hypertension [PIH]), preeclampsia, Y Problems with the placenta (such as f. abruptio placentae or placenta previa).....N Y Labor pains more than 3 weeks g. before my baby was due (preterm or early labor) N Y Water broke more than 3 weeks h. before my baby was due (premature rupture of membranes [PROM])....N Y I had to have a blood transfusion N Y i. I was hurt in a car accident N Y į.

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



29. 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 \Box 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 30. 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 \Box 1 to 5 cigarettes Less than 1 cigarette □ I didn't smoke then 31. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.) 41 cigarettes or more \Box 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 32. Which of the following statements best describes the rules about smoking inside your home now? Check one answer □ No one is allowed to smoke anywhere inside my home Smoking is allowed in some rooms or at some times **Geodesic Security** Smoking is permitted anywhere inside

my home

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

- 33. 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 36
 34a. 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 35a
- 34b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.
 - **6** or more times
 - $\Box 4 \text{ to 5 times}$
 - \Box 2 to 3 times
 - \Box 1 time
 - □ I didn't have 4 drinks or more in 1 sitting

35a. 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 ______ Go to Question 36

- **35b.** During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.
 - □ 6 or more times
 - \Box 4 to 5 times
 - \Box 2 to 3 times
 - \Box 1 time
 - I didn't have 4 drinks or more in 1 sitting

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

36. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to look at the calendar when you answer these questions.)

No Yes

a.	A close family member was very sick	
	and had to go into the hospital N	Y
b.	I got separated or divorced from my	
	husband or partnerN	Y
c.	I moved to a new address N	Y
d.	I was homeless N	Y
e.	My husband or partner lost his job N	Y
f.	I lost my job even though I wanted	
	to go on workingN	Y
g.	I argued with my husband or partner	
	more than usualN	Y
h.	My husband or partner said he	
	didn't want me to be pregnant N	Y
i.	I had a lot of bills I couldn't payN	Y
j.	I was in a physical fightN	Y
k.	My husband or partner or I	
	went to jailN	Y
1.	Someone very close to me had a	
	problem with drinking or drugs N	Y
m.	Someone very close to me died N	Y

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- 37. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?
 - Always
 - Often
 - Sometimes
 - □ Rarely
 - Never

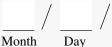
38. During the *12 months before* you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- NoYes
- **39.** During *your most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
 - D No
 - **Y**es

The next questions are about your labor and delivery. (It may help to look at the

calendar when you answer these questions.)

40. When was your baby due?



 $\frac{20}{\text{Year}}$

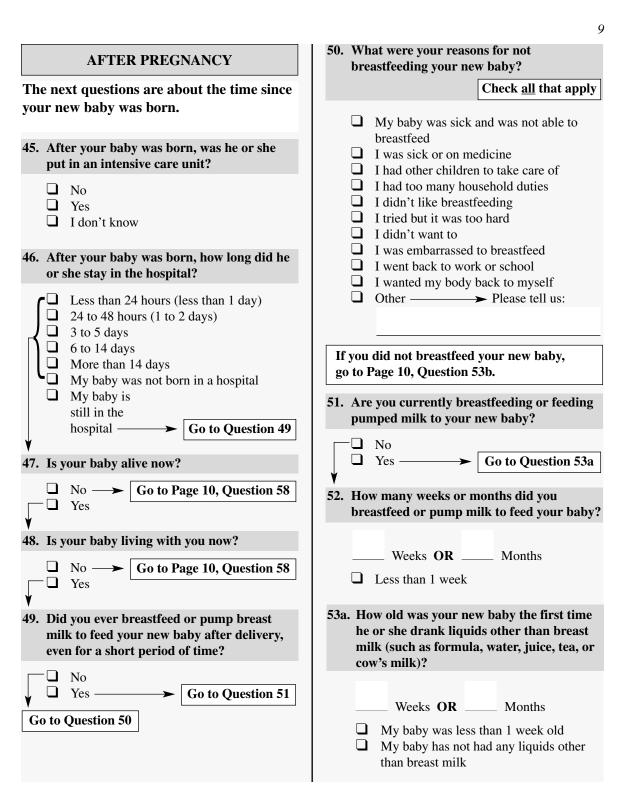
41. When did you go into the hospital to have your baby?

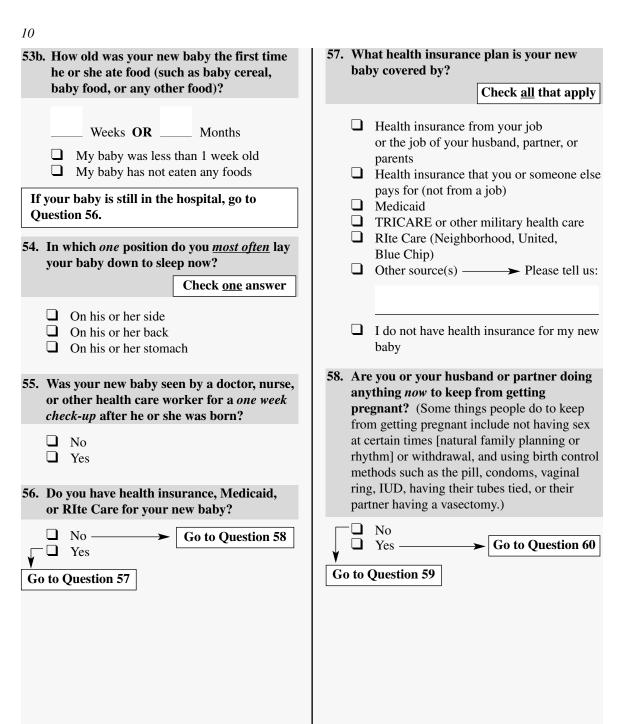
Month Day

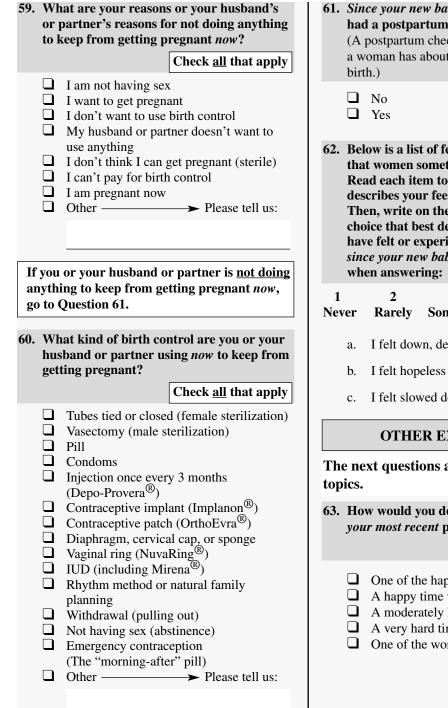


□ I didn't have my baby in a hospital

42. When was your baby born? 20 Month Day Year 43. When were you discharged from the hospital after your baby was born? 20 Day Year Month □ I didn't have my baby in a hospital 44. Did any of these health insurance plans help you pay for the *delivery* of your new baby? Check all that apply Health insurance from your job or the job of your husband, partner, or parents Health insurance that you or someone else paid for (not from a job) Medicaid TRICARE or other military health care RIte Care (Neighborhood, United, Blue Chip) $\Box \quad \text{Other source(s)} \longrightarrow \text{Please tell us:}$ I did not have health insurance to help pay for my delivery







- 61. 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 6 weeks after she gives
- 62. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale

1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
a.	I felt dow	n, depressed,	or sad	
b.	I felt hop	eless		
c.	I felt slov	ved down		

OTHER EXPERIENCES

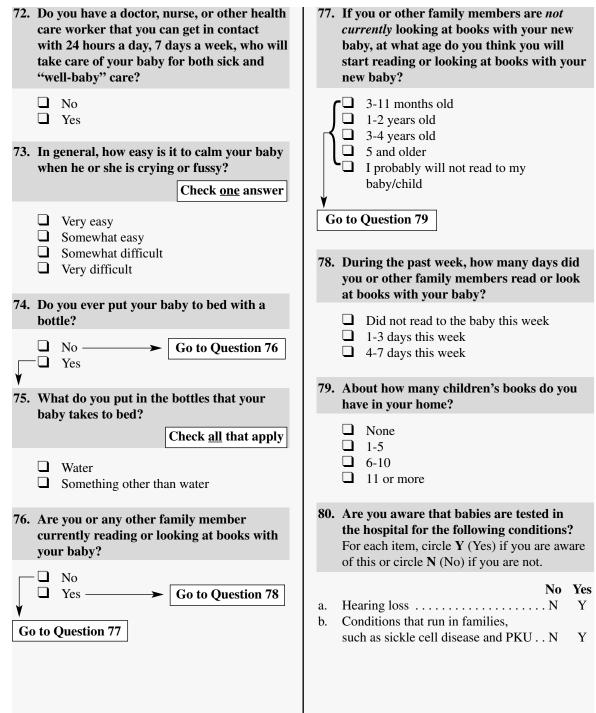
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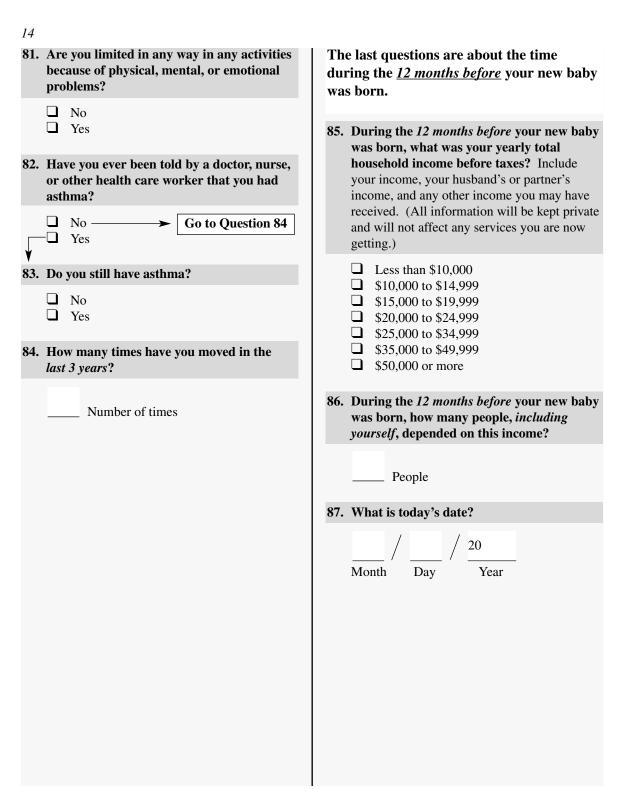
63. How would you describe the time during vour most recent pregnancy?

Check one answer

- One of the happiest times of my life
- A happy time with few problems
- □ A moderately hard time
- □ A very hard time
- One of the worst times of my life

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64.	At any time <u>before</u> <i>your most recent</i> pregnancy, did a doctor, nurse, or other health care worker <i>diagnose</i> you with depression?	69.	This question is about the care of your te during your most recent pregnancy. For each item, circle Y (Yes) if it is true or circ N (No) if it is not true.	
	NoYes	 b. I went to a dentist or dental cli c. A dental or other health care w talked with me about how to care 	problem N	Y
65.	At any time <u>during your most recent</u> pregnancy, did a doctor, nurse, or other health care worker <i>diagnose</i> you with depression?		A dental or other health care worker talked with me about how to care for my teeth and gumsN	Y Y
V	□ No → Go to Question 68 □ Yes		your baby is not alive or is not living with u, go to Question 80.	n
66.	At any time during <i>your most recent</i> pregnancy, did you take prescription medicine for your depression?	70. Have you ever heard or read about wh happen if a baby is shaken?No		
	 No Yes 71. Since you delivered your new to the second secon			1
67.	At any time during <i>your most recent</i> pregnancy, did you get counseling for your depression?		you have the kinds of help listed below if you needed them? For each one, circle Y (Yes) if you would have it or circle N (No) if not.	
	NoYes		Someone to loan me \$50N	Yes Y
68.	At any time during <i>your most recent</i> pregnancy, did a doctor, nurse, or other health care worker talk to you about the	b. с.	and needed to be in bed	Y
	following things? For each item, circle Y (Yes) if it applies to you or circle N (No) if it does not.	d.	problems N Someone to help me if I were tired and feeling frustrated with my	Y
a.	"Baby blues" or postpartum	e.	new baby N Someone to take me and my baby to the doctor's office if I had no	Y
b.	depressionNYGetting your blood tested for hepatitis C (the virus that can hurt your liver)NY		other way of getting there N	Y





Please use this space for any additional comments you would like to make about the health of mothers and babies in Rhode Island.

Thanks for answering our questions!

Your answers will help us work to make Rhode Island mothers and babies healthier.

This finishes the survey. However, when your baby is two years old, we would like to contact you to see how he/she is doing. Please write your address and phone number AND the address of a friend or relative who would know how to reach you if you move. This information will be kept completely private as will all of your other information. We would only contact your friend or relative if we could not reach you. When the Department of Health receives your completed survey, this page will be immediately separated from your survey responses.

YOUR NAME
ADDRESS
PHONE NUMBER
CONTACT NAME
ADDRESS
PHONE NUMBER

