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 <i>you</i> without shoes?	
	Feet Inches	 a. Type 1 or Type 2 diabet gestational diabetes or starts during pregnanc b. High blood pressure or
	OR Centimeters	c. Depression d. Asthma
2.	<i>Just before</i> you got pregnant with your <i>new</i> baby, how much did you weigh?	e. Anemia (poor blood, lo f. Heart problems
	Pounds OR Kilos	 g. Epilepsy (seizures) h. Thyroid problems i. PCOS (polycystic ovaria j. Anxiety
3.	What is <u>your</u> date of birth?	
	Month Day Year	5. During the <i>month bet</i> with your new baby, did you take a multiv vitamin, or a folic acid
		 I didn't take a multivor folic acid vitamin pregnant 1 to 3 times a week 4 to 6 times a week Every day of the week
		6. In the 12 months befo with your new baby, care visits with a doc health care worker, ir mental health worker
		□ No → [↓ Yes
		Go to Page 2, Question 7

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

1

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
a.	Type 1 or Type 2 diabetes (not		
	gestational diabetes or diabetes that		
	starts during pregnancy)	🗖	
b.	High blood pressure or hypertension	🗖	
c.	Depression	🗖	
d.	Asthma	🗖	
e.	Anemia (poor blood, low iron)	🗖	
f.	Heart problems	🗖	
g.	Epilepsy (seizures)	🗖	
h.	Thyroid problems	🗖	
i.	PCOS (polycystic ovarian syndrome)	🗖	
j.	Anxiety		

- onth before you got pregnant v baby, how many times a week multivitamin, a prenatal olic acid vitamin?
 - a multivitamin, prenatal vitamin, vitamin in the month before I got
 - a week
 - a week
 - f the week
- ths before you got pregnant v baby, did you have any health h a doctor, nurse, or other orker, including a dental or worker?

Go to Page 2, Question 9

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

- □ Regular checkup at my family doctor's office
- **G** 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:
- 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 <u>do</u> any of the following things? For each item, check No if they did not or Yes if they did.

	check No if they did not or Yes if they did.	 ,
		Yes
a.	Tell me to take a vitamin with folic acid $lacksquare$	Ш
b.	Talk to me about maintaining a healthy weight	
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	
d.	Talk to me about my desire to have or not have children	
e.	Talk to me about using birth control to prevent pregnancy	
f.	Talk to me about how I could improve my health before a pregnancy	
g.	Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis	
h.	Ask me if I was smoking cigarettes	
i.	Ask me if someone was hurting me emotionally or physically	
j.	Ask me if I was feeling down or depressed	
k.	Ask me about the kind of work I do \Box	
I.	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.

During the <u>month before</u> 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 Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Healthy Michigan Plan
- Plan First!
- □ TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance during the *month before* I got pregnant

10. During your <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

- □ I did not go for prenatal care → Go to Question 11
- 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 Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- □ Maternal Outpatient Medical Services (MOMS)
- □ TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- □ Other health insurance Please tell us:
- □ I did not have any health insurance for my *prenatal care*

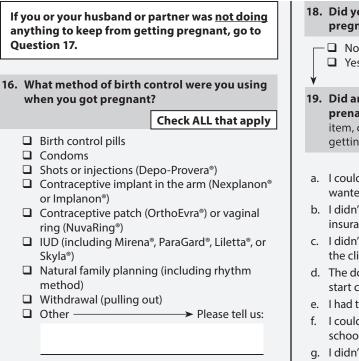
11. What kind of health insurance do you have <u>now</u>?

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 Michigan Health Insurance Marketplace or HealthCare.gov
- Medicaid
- Healthy Michigan Plan
- Plan First!
- TRICARE or other military health care
- Indian Health Service (IHS) or other tribal program
- \Box Other health insurance \longrightarrow Please tell us:

□ I do not have health insurance *now*

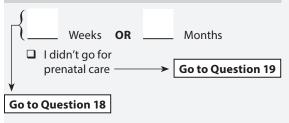
- 12. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? **Check ONE answer** I wanted to be pregnant later □ I wanted to be pregnant sooner □ I wanted to be pregnant then □ I didn't want to be pregnant then or at any time in the future I wasn't sure what I wanted 13. When you got pregnant with your new baby, were you trying to get pregnant? No Yes -Go to Page 4, Question 17 14. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning. No Yes __ Go to Page 4, Question 16 15. 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:



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.)

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



18.	Did you get prenatal care as early in pregnancy as you wanted?	your
	□ No □ Yes	uestion 20
¥		
19.	Did any of these things keep you fro prenatal care when you wanted it? If item, check No if it did not keep you fr getting prenatal care or Yes if it did.	For each
		No Yes
a.	I couldn't get an appointment when I wanted one	
b.	I didn't have enough money or insurance to pay for my visits	
c.	I didn't have any transportation to get the clinic or doctor's office	
d.	The doctor or my health plan would no start care as early as I wanted	
e.	I had too many other things going on	
f.	I couldn't take time off from work or school	
g.	I didn't have my Medicaid or MOMS card	
h.	I didn't have anyone to take care of my children	
i.	I didn't know that I was pregnant	
j.	I didn't want anyone else to know I was pregnant	
k.	I didn't want prenatal care	
lf	vou did not get prenatal care, go to (Question

21.

20. 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	 24. During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist? No
Yes if they did.	Yes
No Yes a. If I knew how much weight I should gain during pregnancy b. If I was taking any prescription medication	25. 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.
 c. If I was smoking cigarettes	No Yes a. Gestational diabetes (diabetes that started during this pregnancy) Image: Started during this pregnancy) Image: High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia. Image: Pregnancy of the context of
21. During the 12 months <i>before the <u>delivery</u> of your new baby, did a doctor, nurse, or other health care worker <i>offer</i> you a flu shot or <i>tell</i></i>	The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).
 21. During the 12 months before the <u>delivery</u> 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 	cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the <i>past</i>
21. During the 12 months <i>before the <u>delivery</u> of your new baby, did a doctor, nurse, or other health care worker <i>offer</i> you a flu shot or <i>tell</i> you to get one?</i>	cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the <i>past</i> 2 years?
 21. During the 12 months before the <u>delivery</u> 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 	cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the <i>past</i>
 21. During the 12 months before the <u>delivery</u> 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 22. During the 12 months before the <u>delivery</u> of 	 cigarettes around the time of pregnancy (before, during, and after). 26. Have you smoked any cigarettes in the <i>past 2 years</i>? No> Go to Page 6, Question 30

- 28. In the <u>last 3</u> 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
- 29. 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.

30. 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

a.	E-cigarettes or other electronic nicotine	
	products	
b.	Hookah	

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 31. Otherwise, go to Question 33.

- 31. During the 3 months <u>before</u> 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

32. During the <u>last 3</u> 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



I didn't drink then

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

35. 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.)

a. A close family member was very sick and had to go into the hospital	
b. I got separated or divorced from my husband or partner	
c. I moved to a new address	
d. I was homeless or had to sleep outside, in a car, or in a shelter	
e. My husband or partner lost their job	
f. I lost my job even though I wanted to go on working	
g. My husband, partner, or I had a cut in work hours or pay	
h. I was apart from my husband or partner due to military deployment or extended work-related travel	
i. I argued with my husband or partner more than usual	
j. My husband or partner said they didn't want me to be pregnant	
k. I had problems paying the rent, mortgage, or other bills	
I. My husband, partner, or I went to jail	
m. Someone very close to me had a problem with drinking or drugs	
n. Someone very close to me died	
o. I had to live with a friend or family member	

- 37. 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.

		INO	res
a.	My husband or partner		
	My ex-husband or ex-partner		
	Another family member		
	Someone else		

AFTER PREGNANCY

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

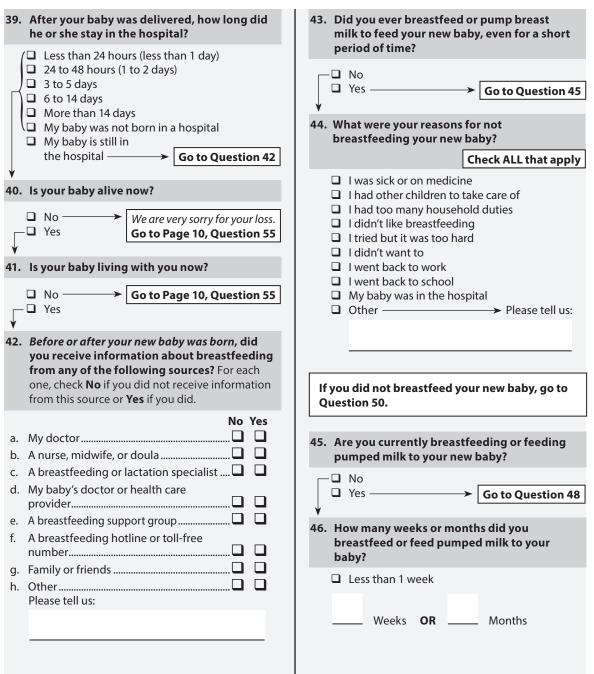
38. When was your new baby born?

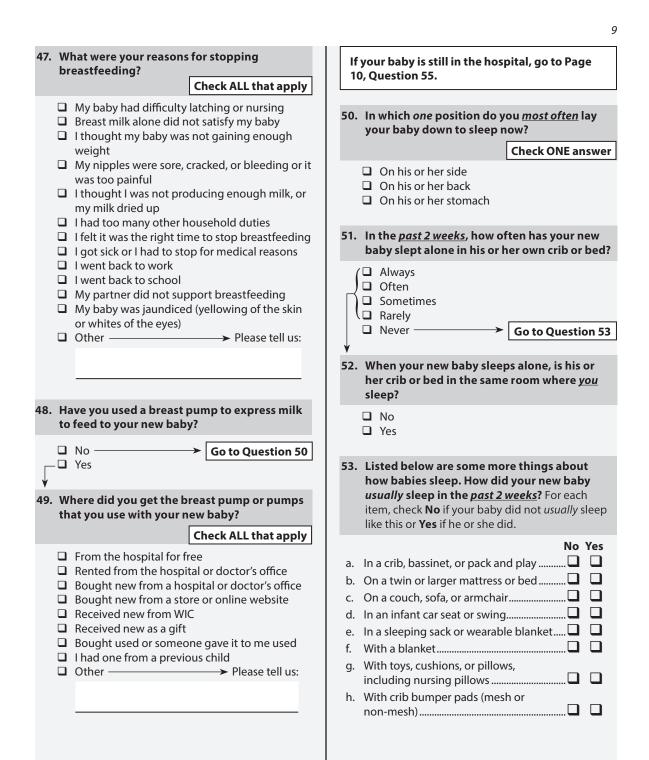
Day

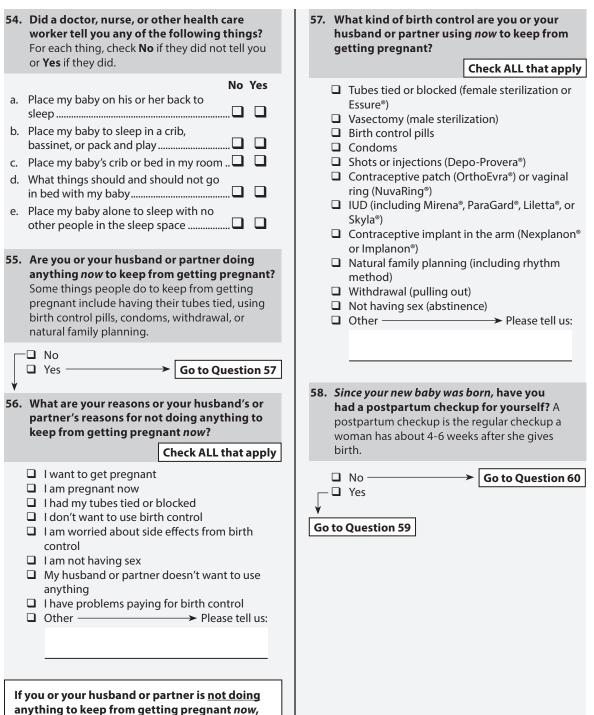
20

Month

Year







go to Question 58.

59.	During your postpartum checkup, did a doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not do it or Yes if they did.	61. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?
	No Yes	 Always Often
		Sometimes
	Tell me to take a vitamin with folic acid $lacksquare$	
b.	Talk to me about healthy eating,	 Rarely Never
	exercise, and losing weight gained	
	during pregnancy 🔲 🔲	
с.	Talk to me about how long to wait	OTHER EXPERIENCES
	before getting pregnant again 🔲 🔲	
d.	Talk to me about birth control	The next questions are on a variety of
	methods I can use after giving birth	topics.
0	Give or prescribe me a contraceptive	
с.	method such as the pill, patch, shot	
	(Depo-Provera [®]), NuvaRing [®] ,	62. During the <i>12 months before</i> your new baby
	or condoms	was born, how often did you feel that when
£	Insert an IUD (Mirena [®] , ParaGard [®] ,	you went to get health care you were treated
1.		worse than people of other races or cultures?
	Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) □	Never
		□ Sometimes
	Ask me if I was smoking cigarettes \Box \Box	
h.	Ask me if someone was hurting me	□ Always
	emotionally or physically 🛛 🗳	I did not get health care then
i.	Ask me if I was feeling down or	
	depressed	
j.	Test me for diabetes	63. During <i>your most recent</i> pregnancy, which of
k.	Ask me if I was taking prescription pain	the following statements about basic needs
	relievers such as hydrocodone	applied to you? For each item, check No if it
	(Vicodin®), oxycodone (Percocet®), or	was not true or Yes if it was.
	codeine	No Yes
1	Ask me if I was taking any other	a. I had affordable, reliable transportation \Box \Box
	prescription medications	b. I skipped meals or ate less because
m	Ask me if I was drinking alcohol	there wasn't enough money for food
		c. I had safe housing
60.	Since your new baby was born, how often have	d. I had consistent and stable housing \Box \Box
	you felt down, depressed, or hopeless?	e. My house or apartment was too
	Always	crowded
	□ Often	f. I could keep basic utility services on
	□ Sometimes	(heat, water, lights)
	□ Rarely	g. I had access to a telephone when
	□ Never	needed
		h. I had other basic needs that were not
		met
		Please tell us:

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 69.	67. Please mark each statement as true or false for your baby.
64. Which of the following people spend time taking care of your new baby when you are at school, work, or appointments? Check ALL that apply	True False a. My baby received breast milk from a source other than me b. My baby has a doctor, nurse, or medical practice where he or she is seen on a regular basis
 My husband or partner Baby's grandparent Other close family member or relative 	c. My baby will see a dentist by his or her first birthday
 Friend or neighbor Babysitter, nanny, or other child care provider Staff at day care center 	68. In the <i>last week</i> , how much time, on average, did you spend sleeping each night?
 Other → Please tell us: My baby is always with me while I am at school, work, or appointments 	 0-3 hours 4-6 hours 7-8 hours 9+ hours
 65. How many hours and minutes in the last week was your new baby in an enclosed space, such as a room or a vehicle, with someone who was smoking? 	 69. In the <i>last week</i>, how many times, on average, did you wake up each night? Times I don't know
Hours Minutes 66. What are your plans for vaccinating your new baby?	70. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check No if you did not use then or Yes if you did.
 Check ONE answer My baby will be vaccinated the way my doctor recommends My baby will get every vaccine, but at different times than my doctor recommends My baby will get only some of the recommended vaccines My baby will not get vaccines 	 No Yes a. During the 12 months before I got pregnant b. During my most recent pregnancy c. Since my new baby was born

71.	During any of the following time periods, did you use prescription pain relievers, such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine? For each time period, check No if you did not use then or Yes if you did.			
a. b. c. 72.	No Yes During the 12 months before I got pregnant During my most recent pregnancy Since my new baby was born The following statements are about the way 			
12.	you handle life events. Please check all that are true for you most of the time.			
	 I tend to bounce back quickly after hard times I have a hard time making it through stressful events It does not take me long to recover from a stressful event It is hard for me to snap back when something bad happens I usually come through a difficult time with little trouble I tend to take a long time to get over set-backs in my life 			
73.	73. This question is about your husband or partner, who may or may not be the father of your new baby. Please choose the statement that best describes the current living arrangement.			
	 My husband or partner lives with me all of the time My husband or partner lives with me some of the time My husband or partner does not live with me I do not have a husband or partner → Go to Question 75 			
Go	to Question 74			

74. The following statements are about your husband or partner, who may or may not be the father of your baby, and the support they provide you at this time. For each one, check No if it is not true most of the time or Yes if it is true.

		INO	res
a.	My partner is someone I can count on for financial support if I need it	🗖	
b.	My partner is someone I can talk with about things that are important to me .	🗖	
c.	My partner is someone who is affectionate toward me		
d.	My partner is someone who helps me care for my child(ren)	🗖	
e.	My partner is someone who understands how I am feeling		
f.	My partner is someone who talks with me and spends time with me	🗖	
g.	My partner is someone whom I can count on	🗖	
h.	My partner is someone who does thing with me	s 🗖	

- 75. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from the time you were born through age 13. No Yes a. Most of the time, I had an adult who believed in me and who I could count on to help me..... b. A parent or guardian I lived with got divorced or separated c. We had to move because of problems paying the rent or mortgage...... \Box d. Someone in my family or I went hungry because we could not afford enough food..... e. A parent or guardian got in trouble with the law or went to jail..... f. A parent or guardian I lived with had a serious drinking or drug problem g. I was in foster care (removed from my home by the court or child welfare agency).....
- 76. Thinking back to your childhood through age 13, how often was it hard for your family to pay for basic needs like food or housing?
 - Very often
 - Somewhat often
 - Not very often
 - Never

The next questions are about the time during the *12 months before* your new baby was born.

- 77. 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
- 78. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
 - ____ People
- 79. What is today's date?

20 Day Year

Month

A family medical history is a record of health information about a person and his or her close relatives. The following questions are about your family history of ovarian and breast cancer.

C1. Have any of your family members listed below who are related to you by blood had ovarian cancer? For each family member, check No if she has not had ovarian cancer, Yes if she has, or DK if you don't know.

	Family member	Had Ovarian Cancer			
		No	Yes	DK	
a.	My mother				
b.	My mother's mother				
c.	My father's mother				
C2.	Have any of your <u>other</u> family members who				

are related to you by blood had ovarian cancer? For each family member, check No if she has not had ovarian cancer, Yes if she has, DK if you don't know, or NA if the option does not apply to you.

Family member		Had Ovarian Cancer No Yes DK NA				
a.	Sister(s)					
	IF YES, how many have had c	ovarian	can	cer?		
b.	Aunt(s)					
	IF YES, how many have had c	ovarian	can	cer?		
c.	Female cousin(s)					
	IF YES, how many have had c	ovarian	can	cer?		
			carr			

C3. Have any of your family members listed below who are related to you by blood had breast cancer? For each family member, check No if they have not had breast cancer, Yes if they have, or DK if you don't know.

	have, or DK if you don't know.				
a. b. c. d. f.	Family member My mother My mother's mother My father's mother My father My mother's father My father's father		No 	ast C Yes	Cancer DK C C C C C C C C C C C C C C C C C C
:4.	Have any of your <u>other</u> fami who are related to you by bl cancer? For each family mem they have not had breast cance DK if you don't know, or NA if not apply to you.	ber, c er, Ye	had heck es if t	brea (No they	if have,
	Family member	Had	Brea	ast C	ancer
a.	Sister(s)			DK	
	IF YES, how many have had br	east	anc	er?	
b.	Brother(s)				
	IF YES, how many have had br	east	canc	er?	
c.	Aunt(s)	ם			
	IF YES, how many have had br	east	canc	er?	
d.	Uncle(s)				
	IF YES, how many have had br	east	anc	er?	
e.	Cousin(s)				
	IF YES, how many have had br	east	canc	er?	

C5. Has any <u>woman</u> in your family who is related to you by blood had breast cancer <i>at age 50</i> <i>or younger</i> ?	C10. What was the MAIN reason you talked to a genetic counselor about your <u>risk for cancer</u> ? Check ONE answer
 No Yes I don't know 	 My doctor recommended it I requested it A family member suggested it I heard or read about it in the news
C6. Has any <u>woman</u> in your family who is related to you by blood had both breast AND ovarian cancer?	□ Other → Please tell us:
 No Yes I don't know 	C11. Thinking about your MOST RECENT visit to a genetic counselor for cancer risk, what kind of cancer was it for?
C7. Have <u>any</u> of your family members related to you by blood had bilateral breast cancer (breast cancer on both sides)?	Check ALL that apply Breast cancer Ovarian cancer
 No Yes I don't know 	□ Other
C8. Do you have Ashkenazi Jewish heritage?	C12.Have you ever had genetic testing for a gene
 No Yes I don't know 	mutation connected to breast or ovarian cancer? A mutation is a change in a gene that increases the risk for hereditary cancer. Genetic testing is done by taking a sample of your saliva or blood.
The next questions are about talking to a genetic counselor about your <u>cancer</u> <u>risk</u> . A genetic counselor is a trained professional who talks with you about the	 No Yes I don't know
chances of having a health condition based on your family medical history.	The last questions are about your ability to do different activities.
C9. Have you ever talked to a genetic counselor	
about your <u>risk for cancer</u> based on your family history?	D1. Do you have difficulty seeing, even when wearing glasses or contact lenses?
□ No Go to Question C12 ↓ Yes Go to Question C10	 No difficulty Some difficulty A lot of difficulty I cannot do this at all

D2. Do you have difficulty hearing, even if using a hearing aid(s)?

- No difficulty
- Some difficulty
- A lot of difficulty
- □ I cannot do this at all

D3. Do you have difficulty walking or climbing steps?

- No difficulty
- Some difficulty
- A lot of difficulty
- I cannot do this at all

D4. Do you have difficulty remembering or concentrating?

- No difficulty
- □ Some difficulty
- □ A lot of difficulty
- I cannot do this at all

D5. Do you have difficulty with self care, such as washing all over or dressing?

- No difficulty
- Some difficulty
- □ A lot of difficulty
- I cannot do this at all

D6. Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- No difficulty
- □ Some difficulty
- □ A lot of difficulty
- I cannot do this at all

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 Michigan.

Thanks for answering our questions!

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