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your story

Michigan PRAMS

Telling the story of Michigan's mothers and babies

your baby's story

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2022

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Form Approved I 0MB No. 0920-1273 I Exp. Date 3/31/2026

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information as part of the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS data is used to inform efforts to improve health among mothers and infants. The information you give us will be kept private and will be protected under the Privacy Act (System of Records Notice 09-20-0136).

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. What is *your* date of birth?

____ / ____ / _____

Month Day Year

2. How tall are *you* without shoes?

Write ONE answer

____ feet **&** ____ inches

OR ____ centimeters

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

Write ONE answer

____ pounds **OR** ____ kilos

4. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

5. 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. Anxiety	❑	❑
e. Asthma	❑	❑
f. Anemia (poor blood, low iron)	❑	❑
g. Thyroid problems	❑	❑
h. PCOS (polycystic ovarian syndrome)	❑	❑

6. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?
For each one, check **No** or **Yes**.

	No	Yes
a. Regular checkup with a family doctor	❑	❑
b. Regular checkup with an OB/GYN	❑	❑
c. Visit for an injury, illness, or chronic condition	❑	❑
d. Visit to urgent care or the emergency room	❑	❑
e. Visit for family planning or to get birth control	❑	❑
f. Visit for depression or anxiety	❑	❑
g. Visit to have my teeth cleaned	❑	❑
h. Other	❑	❑

Please tell us:

_____

If you did <u>not</u> have any healthcare visits in the <u>12 months before</u> you got pregnant, go to Question 8.

7. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me...		
g. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

The next questions are about your *health insurance*.

8. 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 (paid for by me, someone else, or through a job)
- ❑ Medicaid
- ❑ Healthy Michigan Plan
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or other tribal program
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance during the *month before* I got pregnant

9. *During* your most recent pregnancy, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid
- ❑ Maternal Outpatient Medical Services (MOMS)
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or other tribal program
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I didn't have any health insurance *during my pregnancy*

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid
- ❑ Healthy Michigan Plan
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or other tribal program
- ❑ Other health insurance ⟶ Please tell us:

  _____
- ❑ I don't have any health insurance *now*

11. 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

12. When you got pregnant with your new baby, were you trying to get pregnant?

- ❑ No
- ❑ Yes ⟶ **Go to Page 4, Question 16**

13. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes ⟶ **Go to Page 4, Question 15**

14. What were your 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 couldn't get pregnant at that time
- ❑ I didn't want to use birth control
- ❑ I had side effects from the birth control method I was using
- ❑ I had problems getting birth control I wanted
- ❑ I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- ❑ My spouse or partner didn't want to use condoms
- ❑ My spouse or partner didn't want me to use birth control
- ❑ I forgot to use a birth control method
- ❑ Other ⟶ Please tell us:

  _____

If you were <u>not doing</u> anything to keep from getting pregnant, go to Page 4, Question 16.

15. What kind of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

_____

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

16. How many weeks or months pregnant were you when you were *sure* you were pregnant? For example, you had a pregnancy test, or a healthcare provider said you were pregnant.

Write ONE answer

_____ week(s) **OR** _____ month(s)

- ❑ I don't remember

17. Did you get prenatal care during your *most recent* pregnancy?

- ❑ No → **Go to Question 20**
- ❑ Yes

Go to Question 18

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

Write ONE answer

_____ week(s) **OR** _____ month(s)

19. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about…		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me…		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

20. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

21. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did <u>not</u>** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

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

❑ No
❑ Yes

23. Overall, *during my pregnancy*, I felt...
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *prenatal care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *prenatal care* that I received	❑	❑

24. *During* your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

❑ No → **Go to Question 26**
❑ Yes

25. When you went for WIC visits *during* your most recent pregnancy, did you receive information on breastfeeding?

❑ No
❑ Yes

26. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions?
For each one, check **No** or **Yes**.

	No	Yes
a. Gestational diabetes (diabetes that **<u>started</u>** during *this* pregnancy)	❑	❑
b. High blood pressure (that **<u>started</u>** during *this* pregnancy), pre-eclampsia, or eclampsia	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

If you <u>had</u> high blood pressure <u>before</u> or <u>during</u> your pregnancy, go to Question 27. If you didn't, go to Page 6, Question 28.

27. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

28. *During* your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

- ❑ No → **Go to Question 30**
- ❑ Yes

29. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	❑	❑
d. Family or friends	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

30. Have you smoked any cigarettes in the *past 2 years*?

- ❑ No → **Go to Question 34**
- ❑ Yes

31. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

32. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

33. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

34. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Question 38**
- ❑ Yes

35. During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

36. During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

37. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

38. *During* your most recent pregnancy, did you have any alcoholic drinks during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 40.

39. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

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.

40. Did any of the following things happen during the *12 months before* your new baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

41. In the *12 months <u>before</u> 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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

42. *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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑
c. Another family member	❑	❑
d. Someone else	❑	❑

AFTER PREGNANCY

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

43. Overall, *during the delivery of my baby*, I felt... For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *labor and delivery care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *labor and delivery care* that I received	❑	❑

44. *After* the delivery, how long did your new baby stay in the hospital?

- ❑ Less than 3 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 47**

Go to Question 45

45. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 58**
- ❑ Yes

46. Is your baby living with you now?

- ❑ No → **Go to Page 11, Question 58**
- ❑ Yes

47. *Before* your new baby was born, did any of the following things happen?

Check ALL that apply

- ❑ Someone answered my questions about breastfeeding
- ❑ I was offered a class on breastfeeding
- ❑ I attended a class on breastfeeding
- ❑ I decided or planned to feed *only* breast milk to my baby
- ❑ I discussed feeding *only* breast milk to my baby with my family/friends
- ❑ I discussed feeding *only* breast milk to my baby with my healthcare provider
- ❑ I decided not to breastfeed my baby

48. *Before or after* your new baby was born, did you receive information about breastfeeding from any of the following sources?
For each one, check **No** or **Yes**.

		No	Yes
a.	One of my doctors	❑	❑
b.	A nurse or midwife	❑	❑
c.	A doula	❑	❑
d.	A breastfeeding or lactation specialist	❑	❑
e.	My baby's doctor or healthcare provider	❑	❑
f.	A breastfeeding support group	❑	❑
g.	A breastfeeding hotline or toll-free number	❑	❑
h.	Websites or apps about pregnancy or infant care	❑	❑
i.	Social media (such as Facebook, Instagram, TikTok)	❑	❑
j.	Family or friends	❑	❑
k.	Other	❑	❑

Please tell us:

_____

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

Check ONE answer

- ❑ I didn't breastfeed my baby → **Go to Page 10, Question 51**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  _____ week(s) **OR** _____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby → **Go to Page 10, Question 51**

50. What were your reasons for stopping breastfeeding?

Check ALL that apply

- ❑ My baby had difficulty latching or nursing
- ❑ Breast milk alone didn't satisfy my baby
- ❑ I thought my baby wasn't gaining enough weight
- ❑ My nipples were sore, cracked, or bleeding, or it was too painful
- ❑ I thought I wasn't producing enough milk, or my milk dried up
- ❑ I had too many other things going on
- ❑ I felt it was the right time to stop breastfeeding
- ❑ I got sick or had to stop for medical reasons
- ❑ I went back to work
- ❑ I went back to school
- ❑ My spouse or partner didn't support breastfeeding
- ❑ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ❑ Other → Please tell us:

_____

If your baby was <u>not</u> born in a hospital, go to Question 52.

51. *During your hospital stay* after your new baby was born, did any of the following things happen? For each one, check **No** or **Yes**.

		No	Yes
a.	Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)	❑	❑
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 as soon as possible after my baby was born	❑	❑
e.	My baby was placed in skin-to-skin contact as soon as possible after birth	❑	❑
f.	My baby was fed only breast milk at the hospital	❑	❑
g.	Hospital staff helped me recognize when my baby was hungry	❑	❑
h.	The hospital gave me a gift pack with formula	❑	❑
i.	The hospital gave me information about who I could contact for breastfeeding support when I left the hospital	❑	❑

If your baby is still in the hospital, go to Question 58.

52. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

		No	Yes
a.	On their side	❑	❑
b.	On their back	❑	❑
c.	On their stomach	❑	❑

53. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always → **Go to Question 55**
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

54. Who does your new baby *<u>usually</u>* sleep with when they are not sleeping alone?

Check ALL that apply

- ❑ Me
- ❑ My spouse or partner
- ❑ A grandparent
- ❑ My baby's twin
- ❑ An older sibling
- ❑ Someone else → Please tell us:

_____

If your baby <u>never</u> sleeps alone in their own crib or bed, go to Question 56.

55. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

56. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

		No	Yes
a.	In a crib, portable crib, or bassinet	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat	❑	❑
e.	In a swing, rocker, or other inclined sleeper	❑	❑
f.	In an in-bed sleeper	❑	❑
g.	In a baby board or cradleboard	❑	❑
h.	Other	❑	❑

Please tell us:

_____

57. In the *past 2 weeks*, has your new baby been placed to sleep with the following? For each one, check **No** or **Yes**.

		No	Yes
a.	In a sleeping sack or wearable blanket	❑	❑
b.	In a swaddled blanket	❑	❑
c.	Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d.	Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e.	Crib bumper pads (mesh or non-mesh)	❑	❑
f.	Other	❑	❑

Please tell us:

_____

58. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes → **Go to Question 60**
- ❑ I'm pregnant now → **Go to Page 12, Question 61**

Go to Question 59

59. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant or don't mind if I do
- ❑ I had my tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ I don't want to use birth control
- ❑ I'm worried about side effects from birth control
- ❑ My spouse or partner doesn't want to use condoms
- ❑ My spouse or partner doesn't want me to use birth control
- ❑ We are same-sex spouses/partners
- ❑ I have problems getting birth control I want
- ❑ I don't think I can get pregnant because I'm breastfeeding
- ❑ I'm not having sex
- ❑ Other → Please tell us:

_____

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Page 12, Question 61.

60. What kind of birth control are you or your spouse or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

_____

61. *Since your new baby was born,* have you had a postpartum checkup for yourself? A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

- ❑ No
- ❑ Yes → **Go to Question 63**

62. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't know I needed one
- ❑ I didn't have enough money or insurance to pay for the visit
- ❑ I felt fine and didn't 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 other things going on
- ❑ I couldn't take time off from work or school
- ❑ I didn't have anyone to take care of my children
- ❑ The doctor's office was too far away
- ❑ Other → Please tell us:

_____

If you did <u>not</u> have a postpartum checkup, go to Question 64.

63. *During your postpartum checkup*, did a healthcare provider <u>do</u> any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

66. *Since your new baby was born*, how often have you felt nervous, anxious, or on edge?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

67. *Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

68. Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods? For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

69. Overall, *since my new baby was born*, I have felt...
For each one, check **No** or **Yes**.

	No	Yes
a. Comfortable asking questions about the *postpartum care* that I received	❑	❑
b. Comfortable declining care if I didn't want it	❑	❑
c. Comfortable accepting the options for care that my provider recommended	❑	❑
d. I was able to choose the care options that I received	❑	❑
e. My providers treated me with respect	❑	❑
f. Satisfied with the *postpartum care* that I received	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

70. Please tell us how often each of the following happened during the *12 months before* your new baby was born.

a. I worried whether my food would run out before I got money to buy more

❑ Often ❑ Sometimes ❑ Never

b. The food that I bought just didn't last, and I didn't have money to get more

❑ Often ❑ Sometimes ❑ Never

71. During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?
For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❑	❑
b. Going to non-medical appointments, meetings, or work	❑	❑
c. Doing errands	❑	❑

72. *While getting healthcare* during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

		No	Yes
a.	My race, ethnicity, or skin color	❑	❑
b.	My disability status	❑	❑
c.	My immigration status	❑	❑
d.	My age	❑	❑
e.	My weight	❑	❑
f.	My income	❑	❑
g.	My sex or gender	❑	❑
h.	My sexual orientation	❑	❑
i.	My religion	❑	❑
j.	My language or accent	❑	❑
k.	My type or lack of health insurance	❑	❑
l.	My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m.	My involvement with the justice system (jail or prison)	❑	❑
n.	Another reason Please tell us:	❑	❑

_____

73. *During your life until now*, how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

74. Have you *ever* been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?
For each one, check **No** or **Yes**.

		No	Yes
a.	Job (hiring, promotion, firing)	❑	❑
b.	Housing (renting, buying, mortgage)	❑	❑
c.	Police (stopped, searched, threatened)	❑	❑
d.	In the courts	❑	❑
e.	At school or my child's school	❑	❑
f.	Getting medical care	❑	❑

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

75. During the *12 months before* your new baby was born, what was your yearly total household income before taxes? Include your income, your spouse 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 getting now.

- ❑ $0 to $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $27,000
- ❑ $27,001 to $32,000
- ❑ $32,001 to $37,000
- ❑ $37,001 to $42,000
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 to $85,000
- ❑ $85,001 or more

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

Number of people _____

77. During your most recent pregnancy, which of the following statements about basic needs applied to you? For each item, check **No** if it was not true or **Yes** if it was.

		No	Yes
a.	I had safe housing	❑	❑
b.	I had consistent and stable housing	❑	❑
c.	My house or apartment was too crowded	❑	❑
d.	I could keep basic utility services on (heat, water, lights)	❑	❑
e.	I had access to a telephone when needed	❑	❑
f.	I had other basic needs that were not met	❑	❑

Please tell us:

_____

78. 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 80**

Go to Question 79

79. 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.

		No	Yes
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 things with me	❑	❑

The next few questions are about environmental contaminants. Your environment is all of the things around you in your daily life, at home or at work. Environmental contaminants are chemicals or pollutants in the environment that do not belong there or are found at levels that may cause harmful health effects.

If your baby is not alive or not living with you, go to Question 82.

80. How concerned are you about risks to your baby's health from environmental contamination?

- ❑ Not at all concerned → **Go to Question 82**
- ❑ Not very concerned
- ❑ Somewhat concerned
- ❑ Very concerned
- ❑ I don't know or I am unsure

81. What is the top environmental contamination issue you are concerned may impact your baby's health?

Check ONE answer

- ❑ Chemicals in the air you breathe, either inside or outside
- ❑ Chemicals in your household's drinking water
- ❑ Chemicals in your community, like from nearby industrial sites or dumps
- ❑ Other → Please tell us:

_____

- ❑ I don't know or I am unsure

82. Which of the following do you think is the *most* common cause of lead poisoning in children?

Check ONE answer

- ❑ Drinking water
- ❑ Paint
- ❑ Soil
- ❑ Dust
- ❑ Food
- ❑ Toys
- ❑ I don't know or I am unsure

83. *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?

- ❑ No
- ❑ Yes

84. If you were told that you have high levels of lead in the drinking water at your home, where would you go to *first* for information about what you could do to protect the people in your household?

Check ONE answer

- ❑ Local or state health department
- ❑ Federal agency, like Centers for Disease Control and Prevention (CDC) or Environmental Protection Agency (EPA)
- ❑ Private business, like a water supply company or water testing lab
- ❑ Doctor or other health care worker
- ❑ Health website, like WebMD
- ❑ Social media, like Facebook or Instagram
- ❑ Other → Please tell us:

_____

- ❑ I don't know or I am unsure

85. During the *12 months before the delivery* of your new baby, did you get your household tap water from a private well?

- ❑ No → **Go to Question 88**
- ❑ Yes

86. During the *12 months before the delivery* of your new baby, did a doctor, nurse, or other health care worker talk to you about getting your household well water tested for any of the following things? For each one, check **No** if they did not talk to you about it or **Yes** if it they did.

		No	Yes
a.	Arsenic	❑	❑
b.	Lead	❑	❑
c.	Per- and polyfluoroalkyl substances known as PFAS (pronounced pee-fas)	❑	❑
d.	Nitrates or nitrites	❑	❑
e.	Bacteria, E. coli, or coliform	❑	❑
f.	Fluoride	❑	❑
g.	Copper	❑	❑

87. During the *12 months before the delivery* of your new baby, did you have your household well water tested for any of the following things? For each one, check **No** if if your water was not tested or **Yes** if it was.

		No	Yes
a.	Arsenic	❑	❑
b.	Lead	❑	❑
c.	Per- and polyfluoroalkyl substances known as PFAS (pronounced pee-fas)	❑	❑
d.	Nitrates or nitrites	❑	❑
e.	Bacteria, E. coli, or coliform	❑	❑
f.	Fluoride	❑	❑
g.	Copper	❑	❑

These final questions are about a variety of topics from around the time of pregnancy.

88. Did you receive a Tdap vaccination *before, during, or after* your most recent pregnancy? A Tdap vaccination is a shot that protects against tetanus, diphtheria, and pertussis (whooping cough). Tdap was new in 2005.

Check ONE answer

- ❑ No
- ❑ Yes, I received Tdap *before* my pregnancy
- ❑ Yes, I received Tdap *during* my pregnancy
- ❑ Yes, I received Tdap *after* my pregnancy
- ❑ I don't know

If you had a flu shot in the 12 months before the birth of your new baby go to Question 90.

89. What were your reasons for not getting a flu shot during the *12 months before* the birth of your new baby? For each item, check **No** if it was not a reason for you or **Yes** if it was.

		No	Yes
a.	My doctor didn't mention anything about a flu shot	❑	❑
b.	I was worried about side effects of the flu shot for me	❑	❑
c.	I was worried that the flu shot might harm my baby	❑	❑
d.	I was not worried about getting sick with the flu	❑	❑
e.	I do not think the flu shot works	❑	❑
f.	I don't normally get a flu shot	❑	❑
g.	Other	❑	❑

Please tell us:

90. During your *most recent pregnancy*, did a doctor, nurse, or other health care worker test you for Hepatitis C?

- ❑ No
- ❑ Yes
- ❑ I don't know

91. During your *last or third trimester of your most recent pregnancy*, did you have a test for syphilis?

- ❑ No → **Go to Question 93**
- ❑ Yes
- ❑ I got tested for syphilis, but I don't remember when → **Go to Question 94**
- ❑ I don't know → **Go to Question 94**

92. When you got tested for syphilis *during your last or third trimester,* was it the *first* time you had been tested for syphilis during your most recent pregnancy?

- ❑ No, I was also tested *earlier* in my pregnancy
- ❑ Yes, it was the first time I was tested for syphilis *during* my most recent pregnancy
- ❑ I don't know if it was the first time I was tested

Go to Question 94

93. Why didn't you have a test for syphilis during the last or third trimester of *your most recent* pregnancy or delivery?

Check ALL that apply

- ❑ I was not offered the test
- ❑ I did not want to have the test
- ❑ I did not think I was at risk for syphillis
- ❑ I was tested *earlier in this pregnancy*, and did not think I needed to be tested again
- ❑ I was tested *before this pregnancy*, and did not think I needed to be tested again
- ❑ Other reason → Please tell us:

_____

94. 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.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

95. 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.

	No	Yes
a. During the 12 months before I got pregnant	❑	❑
b. During my most recent pregnancy	❑	❑
c. Since my new baby was born	❑	❑

96. 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.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

97. Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent pregnancy*? For each item, check **No** if it was not something that made it hard for you to go or **Yes** if it was.

	No	Yes
a. I could not find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I could not find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I did not think it was safe to go to the dentist during pregnancy	❑	❑
d. I could not afford to go to the dentist or dental clinic	❑	❑

98. ***During your most recent pregnancy*, did a home visitor come to your home to support you in having a healthy pregnancy and preparing 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 supports pregnant and parenting people.

❑ No → **Go to Question 100**
❑ Yes

99. ***During your most recent pregnancy*, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **No** if they did not talk with you about it or **Yes** if they did.

		No	Yes
a.	How smoking during pregnancy could affect my baby	❑	❑
b.	How drinking alcohol during pregnancy could affect my baby	❑	❑
c.	Doing tests to screen for birth defects or diseases that run in my family	❑	❑
d.	The importance of getting tested for HIV or other sexually transmitted infections	❑	❑
e.	Physical or emotional abuse to women by their husbands or partners	❑	❑
f.	Breastfeeding my baby	❑	❑
g.	My emotional well-being	❑	❑

100. ***Since your new baby was born*, did a home visitor come to your home to support you in taking 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 supports pregnant and parenting people and thier newborns.

❑ No → **Go to Question 102**
❑ Yes

101. ***Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **No** if they did not talk with you about it or **Yes** if they did.

		No	Yes
a.	Breastfeeding my baby	❑	❑
b.	How long to wait before getting pregnant again	❑	❑
c.	Family planning services or using contraception	❑	❑
d.	Postpartum depression	❑	❑
e.	Resources in my community to support new parents	❑	❑
f.	Getting to and staying at a healthy weight after delivery	❑	❑
g.	How to quit or keep from smoking	❑	❑
h.	How to get the health care that my baby or I need	❑	❑

If your baby is not alive or not living with you, go to Question 106.

102. What are your plans for vaccinating your new baby? **Check ONE answer**

- ❑ My baby will be vaccinated the way my baby's doctor recommends
- ❑ My baby will get every vaccine, but at different times than my baby's doctor recommends
- ❑ My baby will get only some of the recommended vaccines
- ❑ My baby will not get any vaccines

103. *Since your new baby was born*, how concerned have you felt about your new baby catching any of the following illnesses? For each illness, check the ONE answer that best describes your level of concern:
N for **Not at all** concerned
S for **Somewhat** concerned
V for **Very** concerned

	N	S	V
a. Influenza, or the flu	❑	❑	❑
b. Respiratory Syncytial Virus (RSV)	❑	❑	❑
c. COVID-19	❑	❑	❑
d. Pneumonia	❑	❑	❑
e. Hand, foot, and mouth disease (HFMD)	❑	❑	❑

104. Do you currently feel you have enough information to protect your new baby from the following illnesses? For each one, check **No** or **Yes.**

	No	Yes
a. Influenza, or the flu	❑	❑
b. Respiratory Syncytial Virus (RSV)	❑	❑
c. COVID-19	❑	❑
d. Pneumonia	❑	❑
e. Hand, foot, and mouth Disease (HFMD)	❑	❑

105. *Since your new baby was born*, did a doctor, nurse, or other healthcare worker talk to you about how to protect your new baby from the following illnesses? For each one, check **No** or **Yes.**

	No	Yes
a. Influenza, or the flu	❑	❑
b. Respiratory Syncytial Virus (RSV)	❑	❑
c. COVID-19	❑	❑
d. Pneumonia	❑	❑
e. Hand, foot, and mouth Disease (HFMD)	❑	❑

106. What is today's date?

____ / ____ / _____

Month Day Year

We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make mothers and babies in Michigan healthier.

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Received:	___/___/___ By:_____
Checks:	M ○ Yes ○ No B ○ Yes ○ No A ○ Yes ○ No _____
Mail Data Entry:	___/___/___ By:_____
Supplement Data Entry:	___/___/___ By:_____
DDE:	___/___/___ By:_____
DDE Supplement:	___/___/___ By:_____

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