Alaska PRAMS

Pregnancy Risk Assessment Monitoring System

A survey of the health of mothers and babies in Alaska

Questions Commonly Asked About PRAMS

What is PRAMS?
PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the Alaska Department of Health and the Centers for Disease Control and Prevention (CDC). Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks recent mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in Alaska there are hundreds of babies born with serious health problems. Some of these babies will not survive their first year of life. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for future mothers and babies in Alaska.

Will my answers be kept private?
Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on Alaska 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 may affect her pregnancy. These questions try to get the best picture of the mother's health care 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.

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 Alaska, 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 Alaska. 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.

What if I want to ask more questions about PRAMS?
Please call us at our toll-free number 1-888-269-3470, or e-mail mch-epi@alaska.gov, 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.

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

BEFORE PREGNANCY

The first questions are about *you*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

_____ Pounds **OR** _____ Kilos

3. What is *your* date of birth?

_____ / _____ / _____

Month Day Year

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

4. 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.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	❑	❑
b. I was exercising 3 or more days of the week for fitness outside of my regular job	❑	❑
c. I was regularly taking prescription medicines other than birth control	❑	❑
d. A health care worker checked me for diabetes	❑	❑
e. I talked to a health care worker about my family medical history	❑	❑

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. Asthma	❑	❑
e. Thyroid problems	❑	❑
f. PCOS (polycystic ovarian syndrome)	❑	❑
g. Anxiety	❑	❑

6. 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

7. In the *12 months before* you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ❑ No → **Go to Question 10**
- ❑ Yes

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

Check ALL that apply

- ❑ Regular checkup at my family doctor's office
- ❑ Regular checkup at my OB/GYN's office
- ❑ Visit for an illness or chronic condition
- ❑ Visit for an injury
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

9. 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.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
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	❑	❑
l.	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.

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

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or Denali KidCare
- ❑ TRICARE or other military health care
- ❑ Alaska Tribal Health System or IHS
- ❑ Other health insurance → Please tell us:

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

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

Check ALL that apply

- ❑ I did not go for prenatal care → **Go to Question 12**
- ❑ 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 Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or Denali KidCare
- ❑ TRICARE or other military health care
- ❑ Alaska Tribal Health System or IHS
- ❑ Other health insurance → Please tell us:

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

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

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid or Denali KidCare
- ❑ TRICARE or other military health care
- ❑ Alaska Tribal Health System or IHS
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

13. 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

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

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

15. 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

DURING PREGNANCY

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

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

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 18**

17. Did you get prenatal care as early in your pregnancy as you wanted?

❑ No
❑ Yes → **Go to Question 19**

Go to Question 18

18. 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.

		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 to the clinic or doctor's office	❑	❑
d.	The doctor or my health plan would not 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 Denali KidCare 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	❑	❑

If you did not have prenatal care, go to Question 21.

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

	No	Yes
a. If I knew how much weight I should gain during pregnancy	❑	❑
b. If I was taking any prescription medication	❑	❑
c. If I was smoking cigarettes	❑	❑
d. If I was drinking alcohol	❑	❑
e. If someone was hurting me emotionally or physically	❑	❑
f. If I was feeling down or depressed	❑	❑
g. If I was using drugs such as marijuana, cocaine, crack, or meth	❑	❑
h. If I wanted to be tested for HIV (the virus that causes AIDS)	❑	❑
i. If I planned to breastfeed my new baby	❑	❑
j. If I planned to use birth control after my baby was born	❑	❑

20. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- ❑ No
- ❑ Yes

21. 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

22. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- ❑ No
- ❑ Yes

23. 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

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

Check ONE answer

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

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

27. 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.

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

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

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

- ❑ No → **Go to Question 32**
- ❑ Yes

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
- ❑ 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
- ❑ 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
- ❑ 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. How many cigarette smokers, not including yourself, live in your home *now*?

____ Number of smokers

33. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker?

Check ONE answer

- ❑ No one is allowed to smoke anywhere inside my home → **Go to Question 36**
- ❑ Smoking is allowed in some rooms or at some times
- ❑ Smoking is permitted anywhere inside my home

34. Does your husband or partner smoke inside your home?

- ❑ No
- ❑ Yes

35. Not including yourself or your husband or partner, does anyone else smoke cigarettes inside your home?

- ❑ No
- ❑ Yes

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.

36. 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 37. Otherwise, go to Question 39.

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

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

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

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

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

39. 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 Page 8, Question 44**
- ❑ Yes

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

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then → **Go to Page 8, Question 42**

41. 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

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

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then → **Go to Question 44**

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

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

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

44. 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.)

		No	Yes
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	❑	❑
l.	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	❑	❑

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

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑

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

	No	Yes
a. My husband or partner	❑	❑
b. My ex-husband or ex-partner	❑	❑

AFTER PREGNANCY

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

47. When was your new baby born?

Month ____ / Day ____ / Year 20____

48. How much weight did you gain during *your most recent* pregnancy?

Check ONE answer and fill in blank if needed

- ❑ I gained ____ pounds **OR** ____ kilos
- ❑ I didn't gain any weight during my pregnancy
- ❑ I don't know

49. 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 52**

50. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 65**
- ❑ Yes

51. Is your baby living with you now?

- ❑ No → **Go to Page 12, Question 65**
- ❑ Yes

52. *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** if you did not receive information from this source or **Yes** if you did.

	No	Yes
a. My doctor	❑	❑
b. A nurse, midwife, or doula	❑	❑
c. A breastfeeding or lactation specialist	❑	❑
d. My baby's doctor or health care provider	❑	❑
e. A breastfeeding support group	❑	❑
f. A breastfeeding hotline or toll-free number	❑	❑
g. Family or friends	❑	❑
h. Other	❑	❑

Please tell us:

_____

53. 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

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

- ❑ No
- ❑ Yes → **Go to Question 56**

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

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

If your baby was not born in a hospital, go to Question 57.

56. 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.

		No	Yes
a.	Hospital staff gave me information about breastfeeding	❑	❑
b.	My baby stayed in the same room with me at the hospital	❑	❑
c.	I breastfed my baby in the hospital	❑	❑
d.	Hospital staff helped me learn how to breastfeed	❑	❑
e.	I breastfed in the first hour after my baby was born	❑	❑
f.	My baby was placed in skin-to-skin contact within the first hour of life	❑	❑
g.	My baby was fed only breast milk at the hospital	❑	❑
h.	Hospital staff told me to breastfeed whenever my baby wanted	❑	❑
i.	The hospital gave me a breast pump to use	❑	❑
j.	The hospital gave me a gift pack with formula	❑	❑
k.	The hospital gave me a telephone number to call for help with breastfeeding	❑	❑
l.	Hospital staff gave my baby a pacifier	❑	❑

57. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ My baby has not had any liquids other than breast milk

58. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

_____ Weeks **OR** _____ Months

- ❑ My baby was less than 1 week old
- ❑ My baby has not eaten any foods

If your baby is still in the hospital, go to Page 12, Question 65.

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

Check ONE answer

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

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

- ❑ Always → **Go to Question 62**
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

61. Who does your new baby *usually* sleep with when he or she is not sleeping alone?

Check ALL that apply

- ❑ Me
- ❑ My husband or partner
- ❑ Someone else → Please tell us:

_____

If your baby never sleeps alone in his or her own crib or bed, go to Question 63.

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

- ❑ No
- ❑ Yes

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

		No	Yes
a.	In a crib, bassinet, or pack and play	❑	❑
b.	On a twin or larger mattress or bed	❑	❑
c.	On a couch, sofa, or armchair	❑	❑
d.	In an infant car seat or swing	❑	❑
e.	In a sleeping sack or wearable blanket	❑	❑
f.	With a blanket	❑	❑
g.	With toys, cushions, or pillows, including nursing pillows	❑	❑
h.	With crib bumper pads (mesh or non-mesh)	❑	❑

64. Did a doctor, nurse, or other health care worker tell you any of the following things? For each thing, check **No** if they did not tell you or **Yes** if they did.

		No	Yes
a.	Place my baby on his or her back to sleep	❑	❑
b.	Place my baby to sleep in a crib, bassinet, or pack and play	❑	❑
c.	Place my baby's crib or bed in my room	❑	❑
d.	What things should and should not go in bed with my baby	❑	❑

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

- ❑ No
- ❑ Yes → **Go to Question 67**

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

Check ALL that apply

- ❑ I want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 68.

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

Check ALL that apply

- ❑ Tubes tied or blocked (female sterilization or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ❑ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ❑ Natural family planning (including rhythm method)
- ❑ Withdrawal (pulling out)
- ❑ Not having sex (abstinence)
- ❑ Other → Please tell us:

68. *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 → **Go to Question 70**
- ❑ Yes

Go to Question 69

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

	No	Yes
a. Tell me to take a vitamin with folic acid	❑	❑
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
c. Talk to me about how long to wait before getting pregnant again	❑	❑
d. Talk to me about birth control methods I can use after giving birth	❑	❑
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms	❑	❑
f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)	❑	❑
g. Ask me if I was smoking cigarettes	❑	❑
h. Ask me if someone was hurting me emotionally or physically	❑	❑
i. Ask me if I was feeling down or depressed	❑	❑
j. Test me for diabetes	❑	❑

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 you usually enjoyed?

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

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. 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	❑	❑

73. During the *month before* you got pregnant, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
b. Methadone, naloxone, subutex, or Suboxone®	❑	❑
c. Heroin (smack, junk, black tar)	❑	❑
d. Amphetamines (speed, crystal meth, crank, ice)	❑	❑
e. Cocaine or crack	❑	❑

74. During *your most recent* pregnancy, did you take or use any of the following drugs for any reason? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	❑	❑
b. Methadone, naloxone, subutex, or Suboxone®	❑	❑
c. Heroin (smack, junk, black tar)	❑	❑
d. Amphetamines (speed, crystal meth, crank, ice)	❑	❑
e. Cocaine or crack	❑	❑

75. During *your most recent* pregnancy, did you ever use smokeless tobacco products such as chewing tobacco, snuff, snus, or iqmik?

- ❑ No → **Go to Question 77**
- ❑ Yes

76. Which smokeless tobacco product(s) did you use during your pregnancy?

Check ALL that apply

- ❑ Chewing tobacco, snuff, or snus
- ❑ Iqmik (also known as blackbull)

If you do not smoke cigarettes now, go to Question 78.

77. Are you planning to stop smoking cigarettes?

Check ONE answer

- ❑ Yes, within the next 30 days
- ❑ Yes, more than 30 days from now but within the next 6 months
- ❑ Yes, but not within the next 6 months
- ❑ No, I don't plan to stop

If your baby is not alive, is not living with you, or is still in the hospital, go to Question 79.

78. *Since you delivered your new baby*, would you have the kinds of help listed below if you needed them? For each one, check **No** if you would not have it or **Yes** if you would.

	No	Yes
a. Someone to loan me $50	❑	❑
b. Someone to help me if I were sick and needed to be in bed	❑	❑
c. Someone to talk with about my problems	❑	❑
d. Someone to take care of my baby	❑	❑
e. Someone to help me if I were tired and feeling frustrated with my new baby	❑	❑

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

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

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

80. 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 $20,000
- ❑ $20,001 to $25,000
- ❑ $25,001 to $30,000
- ❑ $30,001 to $36,000
- ❑ $36,001 to $40,000
- ❑ $40,001 to $50,000
- ❑ $50,001 to $60,000
- ❑ $60,001 to $71,000
- ❑ $71,001 to $75,000
- ❑ $75,001 to $91,000
- ❑ $91,001 to $107,000
- ❑ $107,001 or more

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

_____ People

82. What is today's date?

_____ / _____ / 20_____

Month Day Year

These last questions are about your experiences with prenatal care, delivery, postpartum care, and infant care during the COVID-19 pandemic.

CV1. During the COVID-19 pandemic, which types of *prenatal care* appointments did you attend?

Check ONE answer

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments

→ **Go to Question CV3**

- ❑ I did not have prenatal care → **Go to Page 16, Question CV4**

CV2. What are the reasons that you did not attend virtual appointments for *prenatal care*? For each one, check **No** if it was not a reason or **Yes** if it was.

		No	Yes
a.	Lack of availability of virtual appointments from my provider	❑	❑
b.	Lack of an available telephone to use for appointments	❑	❑
c.	Lack of enough cellular data or cellular minutes	❑	❑
d.	Lack of a computer or device	❑	❑
e.	Lack of internet service or had unreliable internet	❑	❑
f.	Lack of a private or confidential space to use	❑	❑
g.	I preferred seeing my health care provider in person	❑	❑
h.	Other reason	❑	❑

Please tell us:

_____

CV3. Were any of your *prenatal care* appointments canceled or delayed during the COVID-19 pandemic due to the following reasons? For each one, check **No** if your appointments were not canceled or delayed for that reason or **Yes** if they were.

		No	Yes
a.	My appointments were canceled or delayed because my provider's office was closed or had reduced hours	❑	❑
b.	I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments	❑	❑
c.	I canceled or delayed because I lost my health insurance during the COVID-19 pandemic	❑	❑
d.	I canceled or delayed because I had problems finding care for my children or other family members	❑	❑
e.	I canceled or delayed because I worried about taking public transportation and had no other way to get there	❑	❑
f.	My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection	❑	❑

CV4. While you were *pregnant*, how often did you do the following things to avoid getting COVID-19?
For each one, check:
A if you *always* did it,
S if you *sometimes* did it, or
N if you *never* did it.

		A	S	N
a.	Avoided gatherings of more than 10 people	❑	❑	❑
b.	Stayed at least 6 feet (2 meters) away from others when I left my home	❑	❑	❑
c.	Only left my home for essential reasons	❑	❑	❑
d.	Made trips as short as possible when I left my home	❑	❑	❑
e.	Avoided having visitors inside my home	❑	❑	❑
f.	Wore a mask or a cloth face covering when out in public	❑	❑	❑
g.	Washed hands for 20 seconds with soap and water	❑	❑	❑
h.	Used alcohol-based hand sanitizer	❑	❑	❑
i.	Covered coughs and sneezes with a tissue or my elbow	❑	❑	❑

CV5. While you were *pregnant* during the COVID-19 pandemic, did you have any of the following experiences? For each one, check **No** if you did not or **Yes** if you did.

		No	Yes
a.	I had responsibilities or a job that prevented me from staying home	❑	❑
b.	Someone in my household had a job that required close contact with other people	❑	❑
c.	When I went out, I found that other people around me did not practice social distancing	❑	❑
d.	I had trouble getting disinfectant to clean my home	❑	❑
e.	I had trouble getting hand sanitizer or hand soap for my household	❑	❑
f.	I had trouble getting or making masks or cloth face coverings	❑	❑
g.	It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	❑	❑
h.	I was told by a health care provider that I had COVID-19	❑	❑
i.	Someone in my household was told by a health care provider that they had COVID-19	❑	❑

If your baby was not born in the hospital, go to Question CV9.

CV6. Who was with you in the hospital delivery room as a support person during your labor and delivery?

Check ALL that apply

- ❑ My husband or partner
- ❑ Another family member or friend
- ❑ A doula
- ❑ Some other support person (not including hospital staff)
  Please tell us:

  _____
- ❑ The hospital did not allow me to have any support people

If your baby is not alive, go to Question CV10.

CV7. While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19? For each one, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. My baby was tested for COVID-19 in the hospital	❑	❑
b. I was separated from my baby in the hospital after delivery *to protect my baby from COVID-19*	❑	❑
c. I wore a mask when other people came into my hospital room	❑	❑
d. I wore a mask while I was alone caring for my baby in the hospital	❑	❑
e. I was given information about how to protect my baby from COVID-19 when I went home	❑	❑

If you did not breastfeed your new baby, go to Question CV9.

CV8. Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways? For each one, check **No** if it did not apply to you or **Yes** if it did.

	No	Yes
a. I was given information in the hospital about how to protect my baby from infection while breastfeeding	❑	❑
b. I wore a mask while breastfeeding in the hospital	❑	❑
c. I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	❑	❑
d. Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	❑	❑

If your baby is not living with you, go to Question CV10.

CV9. In what ways did the COVID-19 pandemic affect your baby's routine health care? For each one, check **No** if the pandemic did not affect your baby's health care in this way or **Yes** if it did.

	No	Yes
a. My baby's well visits or checkups were canceled or delayed	❑	❑
b. My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	❑	❑
c. My baby's immunizations were postponed	❑	❑

CV10. During the COVID-19 pandemic, which types of *postpartum* appointments did you attend for *yourself*?

Check ONE answer

- ❑ In-person appointments only
- ❑ Virtual appointments (video or telephone) only
- ❑ Both, in-person and virtual appointments
- ❑ I did not have any postpartum appointments for myself

CV11. Did any of the following things happen to you *due to the COVID-19 pandemic*? For each one, check **No** if it did not happen or **Yes** if it did.

		No	Yes
a.	I lost my job or had a cut in work hours or pay	❑	❑
b.	Other members of my household lost their jobs or had a cut in work hours or pay	❑	❑
c.	I had problems paying the rent, mortgage, or other bills	❑	❑
d.	A member of my household or I received unemployment benefits	❑	❑
e.	I had to move or relocate	❑	❑
f.	I became homeless	❑	❑
g.	The loss of childcare or school closures made it difficult to manage all my responsibilities	❑	❑
h.	I had to spend more time than usual taking care of children or other family members	❑	❑
i.	I worried whether our food would run out before I got money to buy more	❑	❑
j.	I felt more anxious than usual	❑	❑
k.	I felt more depressed than usual	❑	❑
l.	My husband or partner and I had more verbal arguments or conflicts than usual	❑	❑
m.	My husband or partner was more physically, sexually, or emotionally aggressive towards me	❑	❑

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 Alaska.

Thanks for answering our questions!

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

State of Alaska, Division of Public Health
Section of Women's, Children's and Family Health
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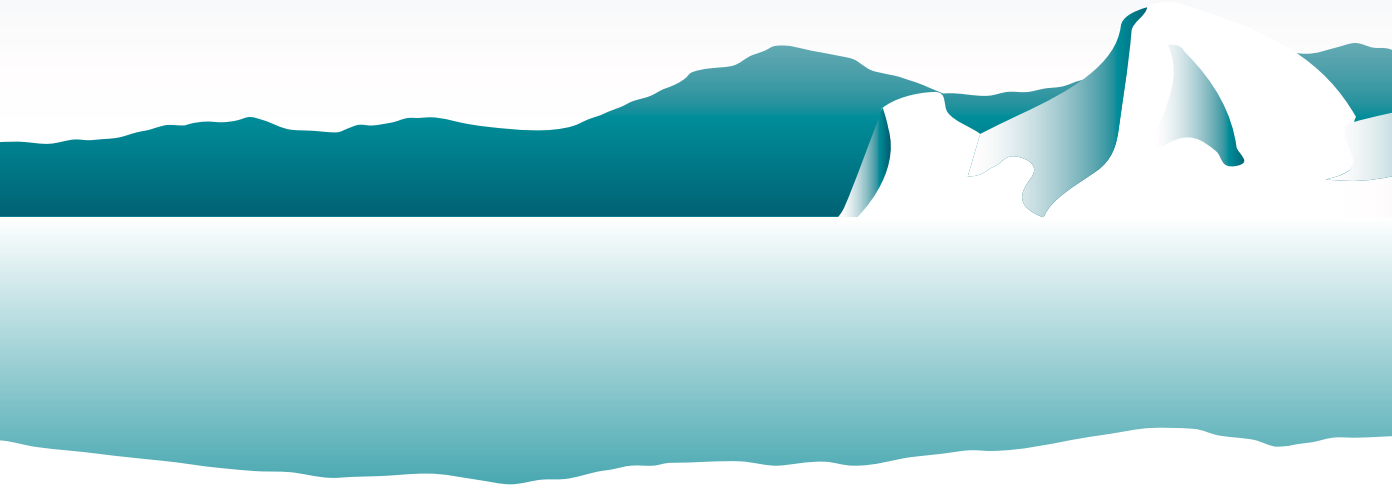

Phase 8 – Oct. 2020 (COVID)