

A Survey of the Health of Mothers and Babies in Alaska

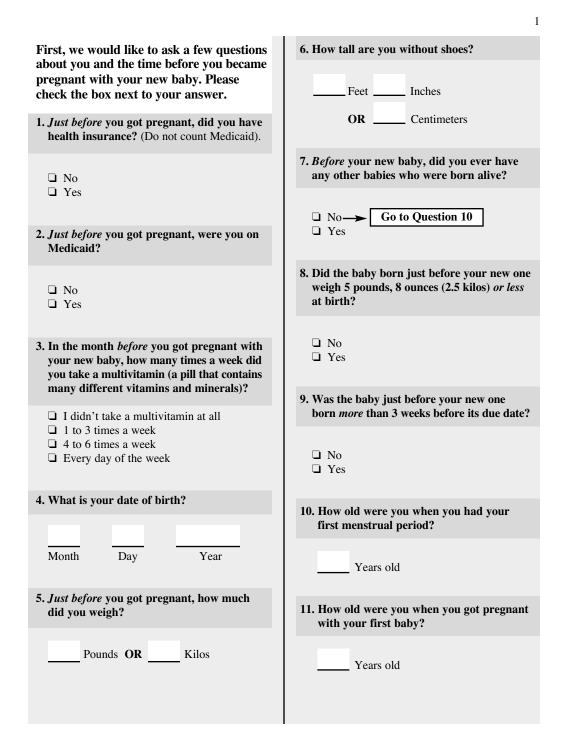


Please complete the survey and mail in the enclosed postage paid envelope.

Your help is voluntary and your answers are completely confidential.

Your answers will help us improve the health of mothers and babies in Alaska.

For further information, please call: PRAMS staff 1-800-799-7570

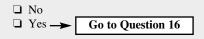


Next are some questions about the time just before your pregnancy with your <u>new</u> baby.

12. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- □ I wanted to be pregnant later
- □ I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future
- 13. When you got pregnant with your new baby, were you trying to become pregnant?
 - □ No
 □ Yes → Go to Question 16
- 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 not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)



15. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

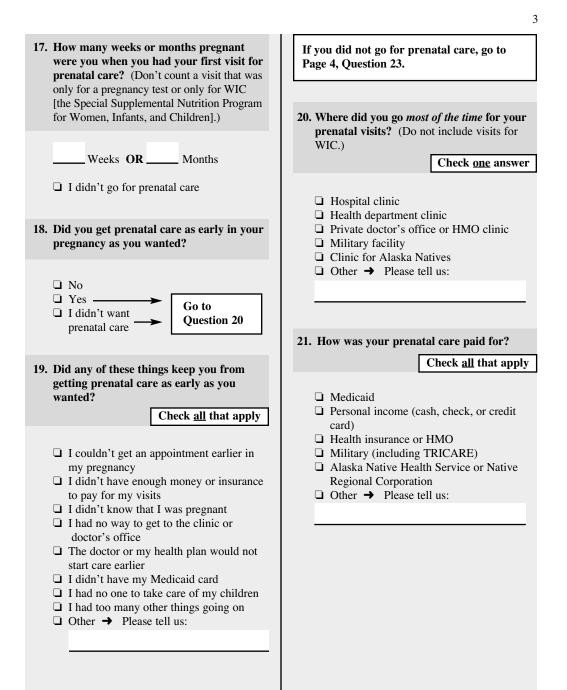
- □ I didn't mind if I got pregnant
- □ I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- □ I had problems getting birth control when I needed it
- □ I thought my husband or partner or I was sterile (could not get pregnant at all)
- □ My husband or partner didn't want to use anything
- \Box Other \rightarrow Please tell us:

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 a calendar when you 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 doctor or nurse said you were pregnant.)

Weeks OR _____ Months

□ I don't remember



22.	During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? (Please count only discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.			
	No	Yes		
a.	How smoking during pregnancy			
	could affect your babyN	Y		
b.	Breastfeeding your babyN	Y		
c.	How drinking alcohol during pregnancy could affect your			
d.	babyN Using a seat belt during	Y		
	your pregnancy N	Y		
e.	Birth control methods to use	Y		
f.	after your pregnancyN Medicines that are safe to take	1		
	during your pregnancyN	Y		
g.	How using illegal drugs could affect your babyN	Y		
h.	Doing tests to screen for birth defects or diseases that run in	1		
	your family N	Y		
i.	What to do if your labor starts earlyN	Y		
j.	Getting your blood tested for HIV	v		
k.	(the virus that causes AIDS) N Physical abuse to women by	Y		
А.	their husbands or partnersN	Y		
••				

- 23. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?
 - 🗆 No
 - □ Yes

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

- 24. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
 - 🛛 No □ Yes

25.	Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.		
	No	Yes	
		1 65	
a.	Labor pains more than 3 weeks		
	before your baby was due		
	(preterm or early labor) N	Y	
b.	High blood pressure (including		
	preeclampsia or toxemia) or		
	retained water (edema)N	Y	
c.	Vaginal bleedingN	Y	
d.	Problems with the placenta		
	(such as abruptio placentae,		
	placenta previa) N	Y	
e.	Severe nausea, vomiting, or		
	dehydration N	Y	
f.	High blood sugar (diabetes) N	Y	
g.	Kidney or bladder (urinary		
e	tract) infectionN	Y	
h.	Water broke more than 3 weeks		
	before your baby was due		
	(premature rupture of membranes,		
	PROM) N	Y	
i.	Cervix had to be sewn shut	-	
	(incompetent cervix, cerclage) N	Y	
j.	You were hurt in a car		
5	accidentN	Y	
		_	

If you did not have any of these problems, go to Question 27.

26. Did you do any of the following things because of these problem(s)?

Check all that apply

- □ I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- □ I went to the hospital and stayed more than 7 days
- □ I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

The next questions are about smoking cigarettes and drinking alcohol.

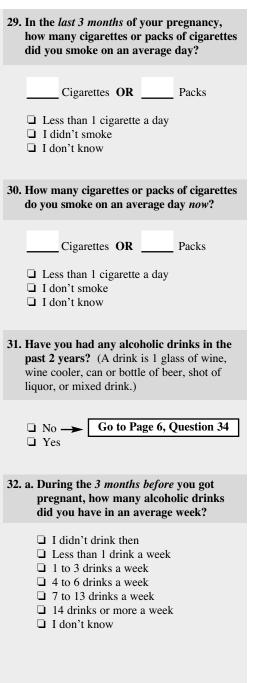
27. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)



28. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

____ Cigarettes **OR** _____ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know



b. During the *3 months before* you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?



□ I didn't drink then □ I don't know

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

- □ I didn't drink then □ Less than 1 drink a week
- \Box 1 to 3 drinks a week
- \Box 4 to 6 drinks a week
- \Box 7 to 13 drinks a week
- □ 14 drinks or more a week
- I don't know

b.During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?



□ I didn't drink then □ I don't know Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

34. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.) No Yes A close family member was a. very sick and had to go into the Y b. You got separated or divorced from your husband or partner N Y c. You moved to a new address N Y d. You were homeless N Y e. Your husband or partner lost his job N Y You lost your job even though f. you wanted to go on working N Y You argued with your husband g. or partner more than usual N Y Your husband or partner said h. he didn't want you to be pregnantN Y You had a lot of bills you i. couldn't payN Y You were in a physical fight N j. Y You or your husband or k. partner went to jailN Y 1. Someone very close to you had a bad problem with drinking or Y m. Someone very close to you diedN Y

The next questions are about your labor 35. a. During the 12 months before you got pregnant, did your husband or partner and delivery. (It may help to look at the push, hit, slap, kick, choke, or calendar when you answer these questions.) physically hurt you in any other way? 38. When was your baby due? 🗆 No □ Yes Month Day Year b. During the 12 months before you got pregnant, did anyone else physically 39. When did you go into the hospital to have hurt you in any way? your baby? 🗆 No □ Yes Month Day Year □ I didn't have my baby in a hospital 36. a. During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt 40. When was your baby born? you in any other way? D No □ Yes Month Dav Year 41. When were you discharged from the b. During your most recent pregnancy, did hospital after your baby was born? anyone else physically hurt you in any (It may help to use the calendar.) way? D No Month Year □ Yes Dav □ I didn't have my baby in a hospital **37.** How would you describe the time during your pregnancy? Check one answer • One of the happiest times of my life A happy time with few problems □ A moderately hard time A very hard time • One of the worst times of my life

7

- 42. After your baby was born, was he or she put in an intensive care unit?
 - 🗆 No
 - 🗅 Yes
 - I don't know
- 43. After your baby was born, how long did he or she stay in the hospital?
 - Less than 24 hours (Less than 1 day)
 - □ 24–48 hours (1–2 days)
 - □ 3 days
 - 🛾 4 days
 - □ 5 days
 - □ 6 days or more
 - □ My baby was not born in a hospital
 - □ My baby is still in the hospital

44. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO
- □ Military (including TRICARE)
- Alaska Native Health Service or Native Regional Corporation
- \Box Other \rightarrow Please tell us:

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

- 45. What is today's date?
 - Month Day Year
- 46. Is your baby alive now?
 - □ No □ Yes → Go to Question 48
- 47. When did your baby die?

Month

Year

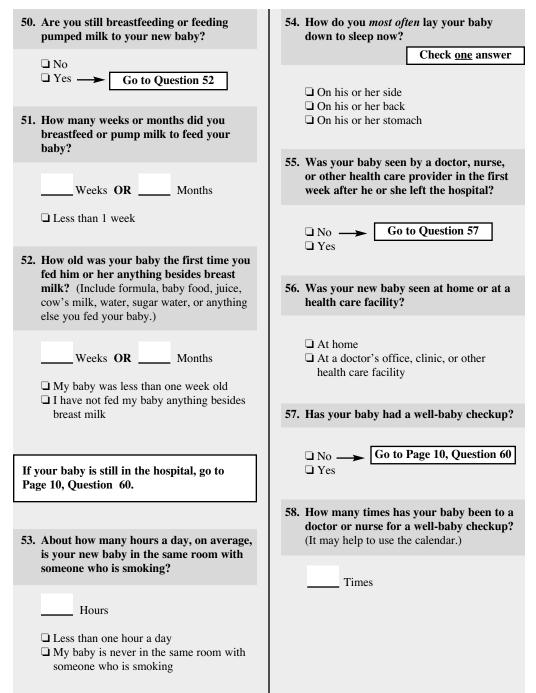
Go to Page 10, Question 60

48. Is your baby living with you now?

Day

- □ No → Go to Page 10, Question 60 □ Yes
- 49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

□ No → Go to Question 53 □ Yes



59. Where do you usually take your baby for well-baby checkups?

Check one answer

- Hospital clinic
- Health department clinic
- □ Private doctor's office or HMO clinic
- □ Military facility
- Clinic for Alaska Natives
- \Box Other \rightarrow Please tell us:
- 60. 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 or their partner having a vasectomy, using birth control methods like the pill, Norplant[®], shots [Depo-Provera[®]], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

D No Go to Question 62 🗆 Yes -

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

Check all that apply

- □ I am not having sex
- I want to get pregnant
- □ I don't want to use birth control
- My husband or partner doesn't want to use anything
- □ I don't think I can get pregnant (sterile)
- □ I can't pay for birth control
- I am pregnant now
- \Box Other \rightarrow Please tell us:

The next questions are about your family and the place where you live.

62. Which rooms are in the house, apartment, or trailer where you live?

Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- □ Recreation room, den, or family room
- Given Finished basement
- \Box Bedrooms \rightarrow How many?

63. Counting yourself, how many people live in your house, apartment, or trailer?

Adults (people aged 18 years or older)

Babies, children, or teenagers (people aged 17 years or younger)

- 64. Do you have a telephone in your home that has been working (in service) for the past month?
 - □ No □ Yes

65.	What were the sources of your household's	
	income during the past 12 months?	

Check <u>all</u> that apply

- Paycheck or money from a job
- □ Aid such as Alaska Temporary Assistance Program (ATAP), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- □ Social security, workers' compensation, veteran benefits, or pensions
- □ Money from a business, fees, dividends, or rental income
- □ Money from family or friends
- \Box Other \rightarrow Please tell us:
- 66. At any time during your pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" (postpartum depression)?

67. In the months after your delivery, would you say that you were-

Check one answer

□ Not depressed

at all 🗕

Go to Question 69

- □ A little depressed
- □ Moderately depressed
- □ Very depressed

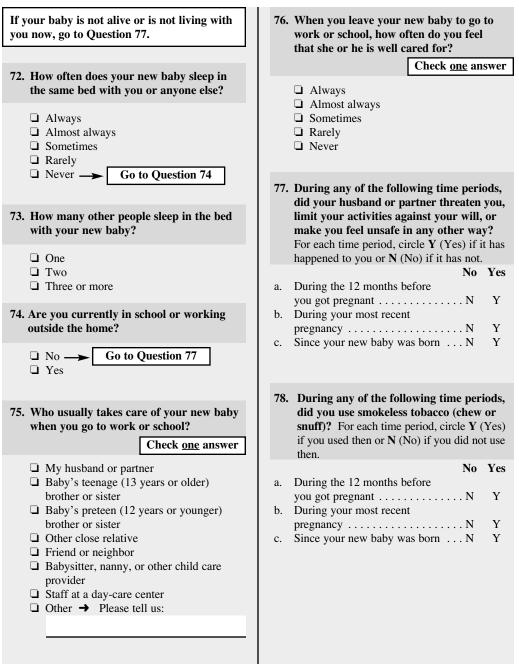
68.	Since you delivered your new baby, have either of the following things happened? For each thing, circle Y (Yes) if it has hap- pened to you or N (No) if it has not.		
	· · ·	es	
a. b.	I wanted to see a professional	Y	
0.	-	Y	
69.	Have you ever heard or read about wha can happen if a baby is shaken?	t	
	□ No □ Yes		
70.	During any of the following time periods did you smoke marijuana or hash? For each time period, circle Y (Yes) if you smoked then or N (No) if you did not smoke then.	3,	
	No Y	es	
a.	During the 12 months before you got pregnant N	Y	
b.	During your most recent	Y	
c.	1 0 9	Y	
71.	During any of the following time periods	s,	
	did you use cocaine or crack? For each time period, circle \mathbf{Y} (Yes) if you used the or \mathbf{N} (No) if you did not use then.		
		es	
a.	During the 12 months before you got pregnantN	Y	
b.	During your most recent		

pregnancy N c. Since your new baby was born ... N Y

Y

D No

[□] Yes



If you have not had any alcoholic drinks in the past two years, go to Question 81.

- 79. Since your new baby was born, how many alcoholic drinks do you have in an average week? (A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.)
 - I don't drink
 - Less than 1 drink a week
 - □ 1 to 3 drinks a week
 - \Box 4 to 6 drinks a week
 - \Box 7 to 13 drinks a week
 - □ 14 or more drinks a week
 - I don't know

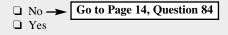
80. Since your new baby was born, how many times have you had 5 alcoholic drinks or more at one sitting?

_____ Times

- I don't drink
- I don't know

If you do not currently smoke, go to Page 14, Question 84.

81. Would you like to completely quit smoking within the next 6 months?



82. Listed below are some reasons that discourage people from quitting smoking. Please circle Y (Yes) if it is a reason for you or N (No) if it is not a reason. No Yes Cost of medicines, products, a. or classes to help you quit N Y b. Fear of gaining weight N Y Loss of a way to handle stress N Y c. Other people around me smoke . . . N Y d. Craving for a cigaretteN e. Y f. Lack of support from others to quit smoking N Y Some other reason N Y g. Please tell us:

83. If you were trying to quit smoking and cost were not an issue, would you use any of the following programs, products, or medicines to help you quit? For each thing, circle Y (Yes) if you would use it or N (No) if you would not.

		No	Yes
a.	Nicotine patch, gum, nasal		
	spray, or inhaler	. N	Y
b.	Zyban, or other non-nicotine		
	prescription medicine	. N	Y
c.	A quit smoking class or group	. N	Y
d.	Books, pamphlets, videotapes,		
	or audiotapes	. N	Y
e.	A telephone helpline to		
	quit smoking	. N	Y
f.	Something else		Y
	Please tell us:		

84. Please check your total income for last year. Include all money your household received.

Check one answer

- □ \$10,000 or less □ \$10,001-\$15,000 □ \$15,001-\$20,000 □ \$20,001-\$25,000 □ \$25,001-\$30,000 □ \$30,001-\$35,000 □ \$35,001-\$40,000 □ \$40,001-\$45,000 □ \$45,001-\$55,000 □ \$55,001-\$55,000 □ \$55,001-\$60,000 □ More than \$60,000
- 85. How many people, including yourself, depended on this income?

People

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

Thanks for answering our questions!

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



Division of Public Health Section of Maternal, Child and Family Health PO Box 240249 Anchorage, AK 99524-0249 3601 C Street, Suite 934

