

Pregnancy Risk Assessment Monitoring System

A survey for healthier babies in New Jersey

Your experiences as a new mother are important.

For questions or comments, please call toll-free 1-888-816-7929



Important Information About PRAMS *Please Read Before Starting the Survey*

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project conducted by the Bloustein Center for Survey Research at Rutgers University on behalf of the New Jersey Department of Health with support from the Centers for Disease Control and Prevention.
- The purpose of the study is to find out why some babies are born healthy and others are not.
- We are asking approximately 145 women per month in New Jersey to answer the same questions. All of your names were picked randomly by a computer from recent birth certificates.
- It takes about 25-42 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking, drinking and domestic violence during pregnancy.
- You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.
- Your survey may be combined with information the health department has from other sources.
- If you choose to do the survey, your answers will be kept private and will be used only to answer questions related to the purpose of this study. This is because this study has been given a Certificate of Confidentiality. This means that we may not share information that may identify you in legal suits or proceedings, even if a court orders us to do so, unless you say it's okay. Your responses will be stripped of all personal identifiers. All computerized records will be encrypted or scrambled and kept in a secure, password-protected database at the CDC. There is a very small risk of loss of confidentiality.
- If you are currently in jail, your participation in the study will have no effect on parole.
- Your name will not be on any reports from PRAMS. The booklet has a number so we will know when it is returned.
- Your answers will be grouped with those from other women. What we learn from PRAMS will be used to plan programs to help mothers and babies in New Jersey.
- If you have any questions about your rights in the project, please call the Rowan University IRB Office at 856-566-2712.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call Marie Fama-McDermott, New Jersey PRAMS Project Coordinator, at toll free 1-888-816-7929 (press 6) or e-mail: NJPRAMS@bcsr.rutgers.edu



Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the New Jersey Department of Health, the Centers for Disease Control and Prevention (CDC), and the Bloustein Center for Survey Research (BCSR) at Rutgers University. Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants – such as improving access to high quality prenatal care, reduction of smoking during pregnancy, and encouraging breastfeeding. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy.

Will my answers be kept private?

Yes—all answers are kept completely private and will only be used to answer questions related to the purpose of this study. All answers given on the questionnaires will be grouped together to give us information on New Jersey mothers of new babies. In reports from this survey, no woman will be identified by name.

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 New Jersey 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 New Jersey. 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.

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 new 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.

What if I want to ask more questions about PRAMS?

Please call us at our toll-free number 1-888-816-7929 (press 6) 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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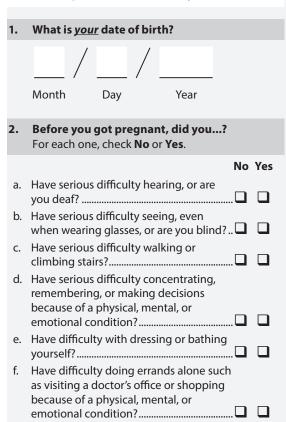
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Exp. Date 03/31/2026

Public reporting of this collection of information is estimated to average 25-42 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329; ATTN: PRA (0920-1273)

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.



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

3.	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.	Epilepsy (seizures)
h.	Thyroid problems
i.	PCOS (polycystic ovarian syndrome) 🔲 🔲
4.	During the <i>month before</i> you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal

I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all

- □ 1 to 3 times a week
- □ 4 to 6 times a week
- Every day of the week

vitamin, or a folic acid vitamin?

5. 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	. 🗖	

If you <u>had</u> any healthcare visits in the <u>12</u> <u>months before</u> you got pregnant, go to Question 7.

Please tell us:

6. Why didn't you have any healthcare visits in the *12 months before* you got pregnant with your new baby?

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 any healthcare visits, 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.

Talk to me about...

- a. My weight.....
 b. Regularly checking my blood pressure...
- c. My desire to have or not have children.... \Box
- 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	

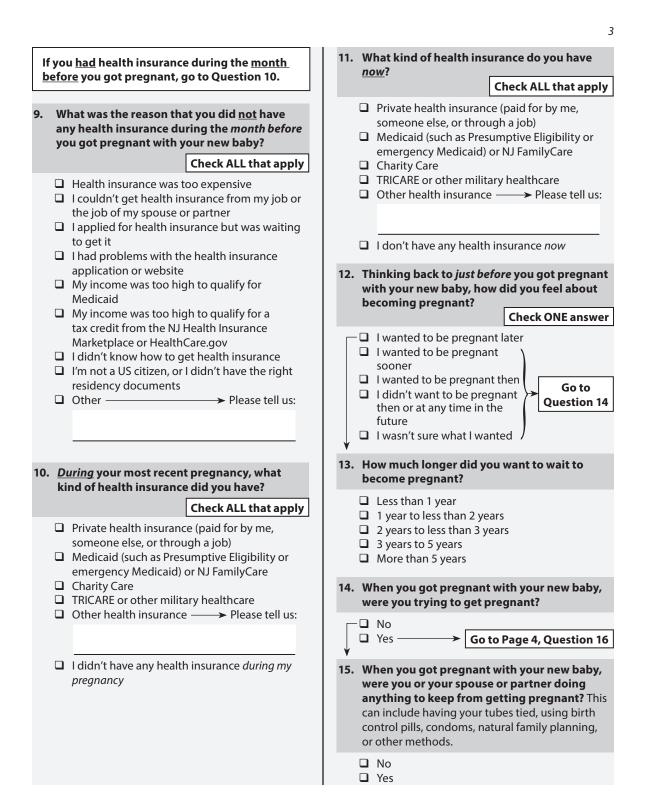
The next questions are about your *health* insurance.

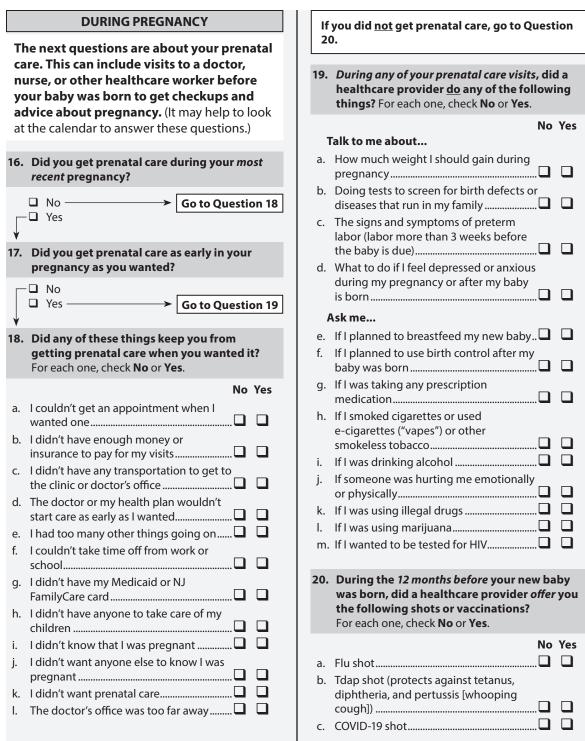
8. During the <u>month before</u> you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

No Yes

- Private health insurance (paid for by me, someone else, or through a job)
- Medicaid (such as Presumptive Eligibility or emergency Medicaid) or NJ FamilyCare
- Charity Care
- □ TRICARE or other military healthcare
- □ Other health insurance → Please tell us:
- □ I didn't have any health insurance during the *month before* I got pregnant

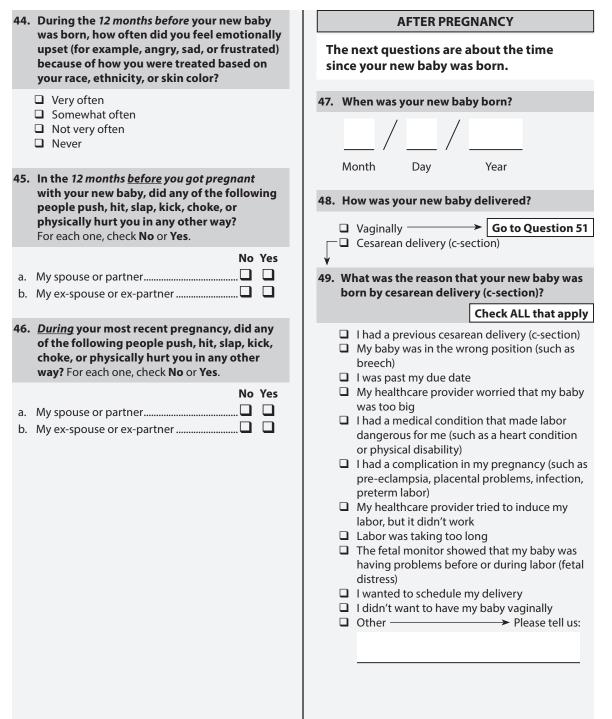


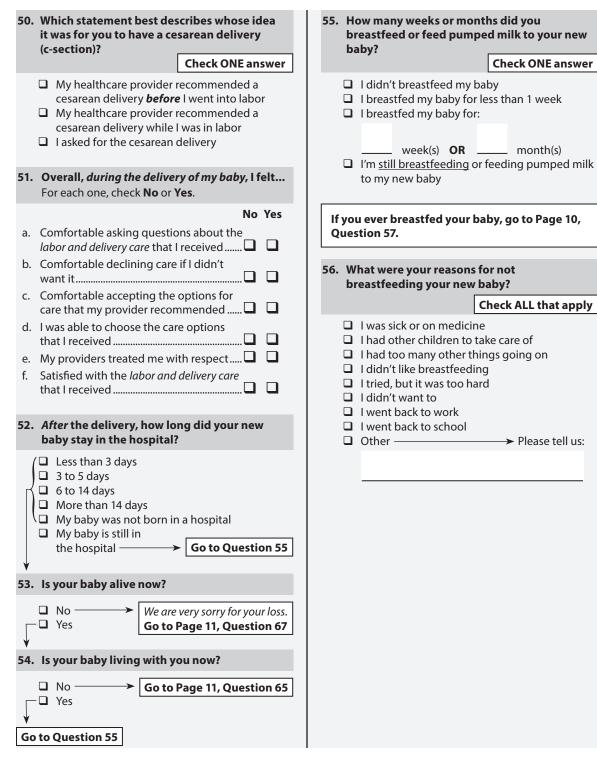


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1. Did you get the following shots or vaccinations before or during your pregnancy?	25. Who was the home visitor that came to your home <i>during</i> your most recent pregnancy?
For each shot, check ALL that apply: B for 3 months before pregnancy D for During pregnancy or check N if you Did <u>not</u> get the shot in the 3 months before or during pregnancy	 A nurse, nurse's aide, or midwife A teacher or health educator A doula or childbirth educator Someone from the Home Visiting Program Someone from Healthy Women, Healthy
B D N a. Flu shot Image: Constraint of the state	 ■ Someone non-readily wontel, neadily Families Case Management/Community Health Worker ■ Someone else → Please tell us:
 During your most recent pregnancy, did you have your teeth cleaned by a dentist or dental hygienist? 	□ I don't know
No Yes	26. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?
3. <i>During</i> your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?	 No Go to Question 28 Yes 27. During your most recent pregnancy, when you went for your WIC visits, did
NoYes	you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?
 During your most recent pregnancy, did a home visitor come to your home to help you prepare for your new baby? A home visitor is 	NoYes
a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.	28. 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 → Go to Question 26	No Yes a. Gestational diabetes (diabetes that started during this pregnancy)
Go to Question 25	b. High blood pressure (that <u>started</u> during <i>this</i> pregnancy), pre-eclampsia, or eclampsia
	c. Depression
	d. Anxiety
	e. Asthma f. Anemia (poor blood, low iron)
	g. Epilepsy (seizures)

The next questions are about cigarettes, If you had high blood pressure before or during your pregnancy, go to Question 29. If you e-cigarettes, and other tobacco products. didn't, go to Question 30. 32. Have you smoked any cigarettes in the past 29. During your most recent pregnancy, did a 2 years? healthcare provider do any of the following □ No -➤ Go to Question 36 things to help you manage your high blood Yes pressure? For each one, check No or Yes. No Yes 33. In the 3 months before you got pregnant, a. Refer me to a different healthcare how many cigarettes did you smoke on an provider..... average day? b. Tell me to regularly check my blood pressure *during* pregnancy...... □ More than one pack (21 or more cigarettes) • One-half to one pack (11 to 20 cigarettes) c. Talk to me about getting to a healthy Less than half a pack (1 to 10 cigarettes) weight *after* pregnancy...... □ I didn't smoke then d. Talk to me about regularly checking my blood pressure *after* pregnancy 34. In the *last 3 months* of your pregnancy, e. Talk to me about the risk for having high how many cigarettes did you smoke on an blood pressure (chronic hypertension) average day? and heart disease *after* pregnancy....... □ More than one pack (21 or more cigarettes) • One-half to one pack (11 to 20 cigarettes) 30. During your most recent pregnancy, did Less than half a pack (1 to 10 cigarettes) you get information about "warning signs" □ I didn't smoke then you should watch for during and after your pregnancy that require immediate medical 35. How many cigarettes do you smoke on an attention? Some of these "warning signs" average day now? include fever, frequent or severe headaches, dizziness, or severe stomach pain. □ More than one pack (21 or more cigarettes) • One-half to one pack (11 to 20 cigarettes) □ No -Go to Question 32 Less than half a pack (1 to 10 cigarettes) Yes □ I don't smoke now 31. During your most recent pregnancy, did you 36. In the past 2 years, have you used get information about warning signs from e-cigarettes ("vapes") or other electronic any of the following sources? nicotine products? For each one, check **No** or **Yes**. \square No -Go to Question 40 No Yes Yes a. A healthcare provider (such as a doctor, nurse, or midwife) 37. During the 3 months before you got b. Websites or social media (such as pregnant, on average, how often did you use Facebook, Instagram, or Twitter)..... e-cigarettes ("vapes") or other electronic c. Any source of information that used the nicotine products? slogan "Hear Her" (such as websites, Every day social media, or paper handouts)..... Some days d. Family or friends □ I didn't use e-cigarettes or other electronic nicotine products then

38. During the <u>last 3</u> months of your pregnancy, on average, how often did you use e-cigarettes ("vapes") or other electronic	If you did <u>not</u> have any alcoholic drinks <u>during</u> your pregnancy, go to Question 43.
 nicotine products? Every day Some days I didn't use e-cigarettes or other electronic nicotine products then 	42. 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.
 39. 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 	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 (2 nd trimester)? c. The last 3 months of pregnancy (3 rd trimester)?
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.	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. During the 3 <i>months <u>before</u></i> you got pregnant, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?	43. Did any of the following things happen during the 12 months before your new baby was born? For each one, check No or Yes.
Check ONE answer 6 or more times 4 to 5 times 2 to 3 times 1 time I didn't have 4 or more drinks in a 2-hour time span 	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
41. During your most recent pregnancy, did you have any alcoholic drinks during? For each one, check No or Yes.	 f. My spouse, partner, or I had a cut in work hours or pay g. I had problems paying the rent,
 No Yes a. The first 3 months of pregnancy (1st trimester)? <i>This includes the time before knowing you were pregnant</i>	 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





If your baby was <u>not</u> born in a hospital, go to Question 58.
57. During your hospital stay after your new baby was born, did any of the following things happen? For each one, check No or Yes.

105.

		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		

who I could contact for breastfeeding support when I left the hospital......

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

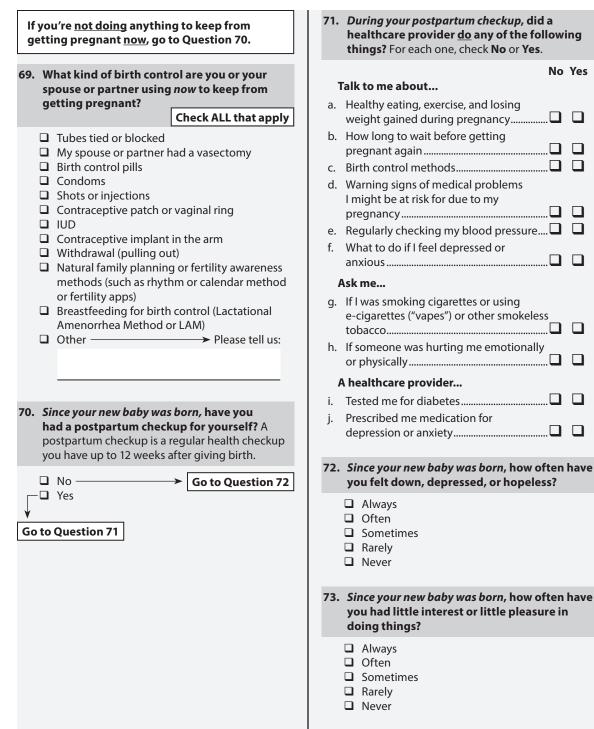
58. In the past 2 weeks, how did you place your new baby to sleep at night and during naps? For each one, check No or Yes.



59.	In the <i>past 2 weeks</i> , when y how often has your new by their own crib or bed?	
	 Always Often Sometimes Rarely 	
	□ Never →	Go to Question 61
50.	In the <i>past 2 weeks</i> , was yo bed in the same room whe adult slept?	
	NoYes	
51.	In the <i>past 2 weeks</i> , where your new baby to sleep at naps? For each one, check M	night or during
a. b. c. d. e.	In a crib, portable crib, or bas On a twin or larger mattress On a couch, sofa, or armchai In an infant car seat In a swing, rocker, or other in	or bed
e. f. g. h.	In an in-bed sleeper In a baby board or cradleboa Other Please tell us:	ard

62.	In the <i>past 2 weeks</i> , has your new baby been placed to sleep with the following?	66. Who was the home visitor that came to your home since your new baby was born?		
	For each one, check No or Yes .	Check ALL that apply		
b. c. d. e.	NoYesIn a sleeping sack or wearable blanketImage: Image: I	 A nurse, nurse's aide, or midwife A teacher or health educator A doula or childbirth educator Someone from the Home Visiting Program Someone from Healthy Women, Healthy Families Case Management/Community Health Worker Someone else> Please tell us: I don't know 		
63.	Did a healthcare provider tell you to place your baby to sleep in the following ways? For each one, check No or Yes .	67. 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.		
b. c.	NoYesOn their back to sleepIn a crib, bassinet, or portable cribWithout a blanket, soft toys, cushions, or pillows in my baby's crib or bedPlace my baby's crib, bassinet, or portable crib in my room	 No Yes I'm pregnant now Go to Page 12, Question 69 I'm pregnant now Go to Page 12, Question 70 68. What are your reasons for not doing anything to keep from getting pregnant now? 		
		Check ALL that apply		
64.	 Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age. No Yes 	 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 		
65 .	Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns. No Go to Question 67 Yes	 My spouse of 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: 		

Go to Question 66



74. <i>Since your new baby was born</i> , how often have you felt nervous, anxious, or on edge?	78. During the 12 months before your new baby was born, did lack of transportation keep you from any of the following?
 Always Often 	For each one, check No or Yes .
 Sometimes Rarely Never 	No Yes a. Going to medical appointments Image: Comparison of
75. Since your new baby was born, how often have you <u>not</u> been able to stop or control worrying?	c. Doing errands
 Always Often Sometimes Rarely Never 	79. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check No or Yes .
76. 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 Image: Comparison of the birth of my new baby Image: Comparison of the birth of my new baby was born b. During the birth of my new baby was born Image: Comparison of the birth of my new baby was born Image: Comparison of the birth of my new baby was born
No Yes a. During my most recent pregnancy b. Since my new baby was born	80. Did you experience any of the following things <u>during</u> your pregnancy or <u>after</u> your baby was born? For each one, check No or Yes.
	No Yes
OTHER EXPERIENCES	a. I felt something wasn't right with my health
The next questions are on a variety of topics.	 b. I felt my concerns for my health weren't taken seriously c. I felt my doctor ignored my concerns
77. Please tell us how often each of the following happened during the <i>12 months before</i> your	about my health or symptoms 🔲 🗖
new baby was born.	81. Did a healthcare provider talk with you about the warning signs of both pregnancy and
a. I worried whether my food would run out before I got money to buy more	postpartum complications during any of the following time periods?
Often Sometimes Never	For each time period, check No or Yes .
 The food that I bought just didn't last, and I didn't have money to get more 	a. During the 12 months before my most
Often Sometimes Never	recent pregnancy L
	d. Since my new baby was born

82.	While <u>getting</u> 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		
I.	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:	. 🗖	

- 83. 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

84. 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.

- 85. 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
 - □ \$37,001 to \$42,000 □ \$42,001 to \$48,000
 - □ \$48,001 to \$60,000
 - □ \$48,001 to \$85,000
 - □ \$85,001 or more
- 86. During the 12 months before your new baby was born, how many people, *including yourself*, depended on this income?

	Number of p	people		_			
87.	What is today's date?						
	/		/				
	Month	Day		Year			

The next questions are about the use of pain relievers during pregnancy.

O1. During your most recent pregnancy, did you use any of the following over-thecounter pain relievers? Over-the-counter pain relievers are those usually available without a recent pregnancy? prescription. For each one, check No or Yes. No Yes Family doctor or primary care provider a. Acetaminophen (regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®).. 🖵 🛛 Dentist or oral healthcare provider Doctor in the emergency room b. Ibuprofen (Motrin[®] or Advil[®]), including high dose pills that may be prescribed.... prescription c. Aspirin (Bayer[®] or Ecotrin[®])..... d. Naproxen (Aleve® or Midol®)..... some other way O2. During your most recent pregnancy, did you Other use any of the following prescription pain relievers? Do not include pain relievers you used only during labor and delivery. For each one, check **No** or **Yes**. No Yes a. Hydrocodone (Vicodin[®], Norco[®], or recent pregnancy? Lortab[®])..... b. Codeine (Tylenol[®] #3 or #4, not regular Tylenol®)..... c. Oxvcodone (Percocet[®], Percodan[®], OxyContin®, or Roxicodone®)..... d. Tramadol (Ultram[®] or Ultracet[®])...... e. Hydromorphone or meperidine **D** To help me sleep (Demorol[®], Exalgo[®], or Dilaudid[®])...... f. Oxymorphone (Opana®) g. Morphine (MS Contin[®], Avinza[®], or Other – Kadian®)..... h. Fentanyl (Duragesic[®], Fentora[®], or Actiq®).....

If you checked "Yes" for any of the options in Question O2, continue with the next question. If not, go to Page 16, Question O10.

The next questions are only about the use of prescription pain relievers listed in **Ouestion O2.**

O3. Where did you get the *prescription* pain relievers that you used during your most

Check ALL that apply

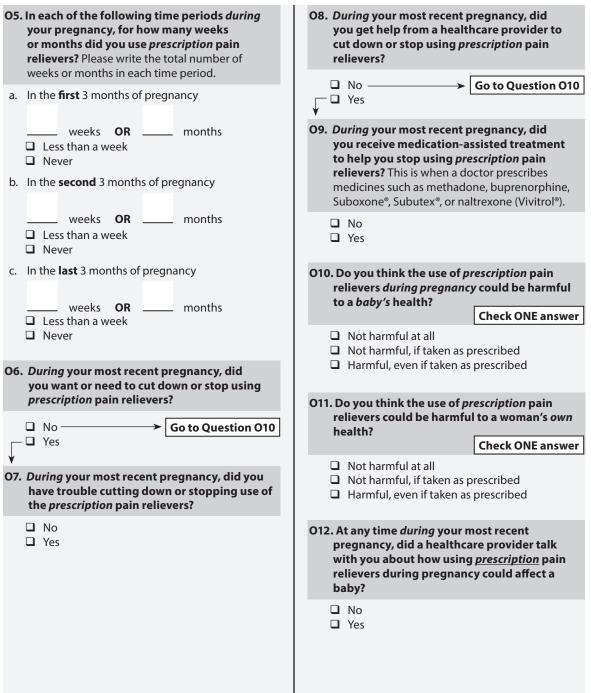
- OB-GYN, midwife, or prenatal care provider

- I had pain relievers left over from an old
- Friend or family member gave them to me
- □ I got the pain relievers without a prescription
- Please tell us:

O4. What were your reasons for using prescription pain relievers during your most

Check ALL that apply

- □ To relieve pain from an injury, condition, or surgery I had **before** pregnancy
- □ To relieve pain from an injury, condition, or surgery that happened **during** my pregnancy
- To relax or relieve tension or stress
- □ To help me with my feelings or emotions
- To feel good or get high
- Because I was "hooked" or had to have them
 - → Please tell us:



The last question is about the use of other medications or drugs during pregnancy.

O13. During your most recent pregnancy, did you take or use any of the following medications or drugs for any reason? Your answers are strictly confidential. For each one, check **No** or **Yes**.

No Yes a. Medication for depression..... b. Medication for anxiety c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet[®]), or codeine d. Adderall[®], Ritalin[®], or another stimulant .. 🖵 🔲 e. Benzodiazepines (Valium®, Ativan®, Xanax[®]) or Tranguilizers (downers or ludes)..... f. Methadone, Subutex[®], Suboxone[®], or buprenorphine...... g. Naloxone..... h. Marijuana or cannabis in any form (not including hemp or CBD-only products)... 🖵 i. CBD products..... Synthetic marijuana (K2 or Spice)..... j. k. Kratom..... Fentanyl or heroin (smack, junk, Black Ι. Tar or *Chiva*) m. Amphetamines (uppers, speed, crystal meth, crank, ice or agua) n. Cocaine (crack, rock, coke, blow, snow or nieve) o. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, or bath salts)

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 New Jersey healthier.



Pregnancy Risk Assessment Monitoring System

A survey for healthier babies in New Jersey

STATE AND LOCAL RESOURCES

NJ211- A place to turn to when you need to find state or local health and human service information. Within NJ Dial: 2-1-1 Outside NJ: 1-877-652-1148 Website: https://www.nj211.org/

NJ Parent Link - New Jersey's Early Childhood, Parenting and Professional Resource Center. Website: https://www.nj.gov/njparentlink/

NJ Women, Infants, and Children Services (WIC) - Provides food, nutrition education, and support for income eligible women who are pregnant and postpartum, infants, and children up to five years old. 1-866-44-NJWIC; 1-800-328-3838 Website: https://www.nj.gov/health/fhs/wic/

Connecting NJ - A network of partners and agencies that connects New Jersey families - moms, dads, newborns, teens, young adults, and grandparents - with the best health and social resources available in their local community. Website: https://www.nj.gov/connectingnj/

Family Health Line - Operational 24/7 and is available anywhere in New Jersey. Trained phone counselors provide information and referrals for health screening and treatment. 1-800-328-3838 Website: https://www.nj.gov/health/fhs/primarycare/family-health-line/

Family Helpline 24/7 - If you're feeling stressed out, call the Family Helpline and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who will provide empathic listening and refer you to community resources.

1-800-THE-KIDS (843-5437)

Website: https://www.paofnj.org/

Mom's Quit Connection (MQC) for Families - Provides free, one-on-one counseling for pregnant and postpartum women, moms, dads, and family members who want to quit smoking. 1-888-545-5191 Website: https://momsquit.com/

ReachNJ - Central call-in-line for NJ residents looking for help to overcome a substance use disorder. Each call is answered by a trained specialist who will provide the caller with a referral to a local treatment provider or other supportive services regardless of insurance or ability to pay. 1-844-732-2465 (24/7) Website: https://ni.gov/humanservices/reachni/

Speak Up When You Are Down - Perinatal mood disorders (PMD) can affect any woman of any age, race or economic background who is pregnant or who has recently had a baby, stopped breastfeeding, or ended a pregnancy or miscarried. PMD are treatable, but many people do not know the facts. **1-800-328-3838** (24/7)

Website: https://www.nj.gov/health/fhs/maternalchild/mentalhealth/

Special Child Health and Early Intervention Services has information and resources for infants, children, youth and young adults with special health care needs and for infants and toddlers with developmental delays/disabilities. Newborn screening information and resources are also available. 1-609-984-0755 Website: https://www.nj.gov/health/fhs/sch/index.shtml

Women's Referral Central Hotline - Assists women with issues, including but not limited to: child care, discrimination, displaced homemaker, divorce, employment, housing, job training, legal assistance, single parenting, and social services. **1-800-322-8092** (24/7) Website: https://www.nj.gov/dcf/women/hotlines/



TEAR HERE











Edward J. Bloustein School of Planning and Public Policy Bloustein Center for Survey Research

This survey is sponsored by the New Jersey Division of Family Health Services and conducted by the Bloustein Center for Survey Research Edward J. Bloustein School of Planning and Public Policy Rutgers, The State University of New Jersey