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

TEAR HERE

What is PRAMS?
PRAMS (*P*regnancy *R*isk *A*ssessment *M*onitoring *S*ystem) 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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2023

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TEAR HERE

Form Approved
OMB No. 0920-1273
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*.

1. What is *your* date of birth?

____ / ____ / _____

Month Day Year

2. 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.

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 *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 at all
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

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	❑	❑

Please tell us:

_____

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

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**.

	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 (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

If you had health insurance during the month before you got pregnant, go to Question 10.

9. What was the reason that you did not have any health insurance during the *month before* you got pregnant with your new baby?

Check ALL that apply

- ❑ Health insurance was too expensive
- ❑ I couldn't get health insurance from my job or the job of my spouse or partner
- ❑ I applied for health insurance but was waiting to get it
- ❑ I had problems with the health insurance application or website
- ❑ My income was too high to qualify for Medicaid
- ❑ My income was too high to qualify for a tax credit from the NJ Health Insurance Marketplace or HealthCare.gov
- ❑ I didn't know how to get health insurance
- ❑ I'm not a US citizen, or I didn't have the right residency documents
- ❑ Other ⟶ Please tell us:

_____

10. *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 (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 my pregnancy*

11. 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 (such as Presumptive Eligibility or emergency Medicaid) or NJ FamilyCare
- ❑ Charity Care
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance ⟶ Please tell us:

_____

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

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

Check ONE answer

- ❑ I wanted to be pregnant later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

→ **Go to Question 14**

13. How much longer did you want to wait to become pregnant?

- ❑ Less than 1 year
- ❑ 1 year to less than 2 years
- ❑ 2 years to less than 3 years
- ❑ 3 years to 5 years
- ❑ More than 5 years

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 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

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

- ❑ No → **Go to Question 18**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 19**

18. Did any of these things keep you from getting prenatal care when you wanted it? For each one, check **No** or **Yes**.

	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 wouldn't 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 NJ FamilyCare 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	❑	❑
l. The doctor's office was too far away	❑	❑

If you did <u>not</u> get prenatal care, go to Question 20.

19. *During any of your prenatal care visits*, 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. 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. *During* 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
- ❑ Yes

24. *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 a nurse, healthcare provider, doula, childbirth educator, social worker, or another person who works for a program that helps you during your pregnancy.

- ❑ No → **Go to Question 26**
- ❑ Yes

Go to Question 25

25. Who was the home visitor that came to your home *during* your most recent pregnancy?
Check ALL that apply

- ❑ 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

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

- ❑ No → **Go to Question 28**
- ❑ Yes

27. *During* your most recent pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

- ❑ No
- ❑ Yes

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	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	❑	❑
e.	Asthma	❑	❑
f.	Anemia (poor blood, low iron)	❑	❑
g.	Epilepsy (seizures)	❑	❑
h.	Thyroid problems	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 29. If you didn't, go to Question 30.

29. *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	❑	❑

30. *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 32**
❑ Yes

31. *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.

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

❑ No → **Go to Question 36**
❑ Yes

33. 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

34. 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

35. 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

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

❑ No → **Go to Question 40**
❑ Yes

37. 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

38. 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

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

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.

40. During the *3 months before* you got pregnant, how many times did you drink 4 or more alcoholic drinks in a 2-hour time span?

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

41. *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 not have any alcoholic drinks during your pregnancy, go to Question 43.

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**.

	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 *before* and *during* your most recent pregnancy.

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**.

	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	❑	❑

44. During the *12 months before* your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?

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

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

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse 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 one, check **No** or **Yes**.

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

48. How was your new baby delivered?

- ❑ Vaginally → **Go to Question 51**
- ❑ Cesarean delivery (c-section)

49. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check ALL that apply

- ❑ I had a previous cesarean delivery (c-section)
- ❑ My baby was in the wrong position (such as breech)
- ❑ I was past my due date
- ❑ My healthcare provider worried that my baby was too big
- ❑ I had a medical condition that made labor dangerous for me (such as a heart condition or physical disability)
- ❑ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- ❑ My healthcare provider tried to induce my labor, but it didn't work
- ❑ Labor was taking too long
- ❑ The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- ❑ I wanted to schedule my delivery
- ❑ I didn't want to have my baby vaginally
- ❑ Other → Please tell us:

_____

50. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- ❑ My healthcare provider recommended a cesarean delivery ***before*** I went into labor
- ❑ My healthcare provider recommended a cesarean delivery while I was in labor
- ❑ I asked for the cesarean delivery

51. 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	❑	❑

52. *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 55**

53. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 11, Question 67**
- ❑ Yes

54. Is your baby living with you now?

- ❑ No → **Go to Page 11, Question 65**
- ❑ Yes

Go to Question 55

55. 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
- ❑ 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

If you ever breastfed your baby, go to Page 10, Question 57.

56. What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- ❑ I was sick or on medicine
- ❑ I had other children to take care of
- ❑ I had too many other things going on
- ❑ I didn't like breastfeeding
- ❑ I tried, but it was too hard
- ❑ I didn't want to
- ❑ I went back to work
- ❑ I went back to school
- ❑ Other → Please tell us:

_____

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**.

	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 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**.

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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 61**

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

- ❑ No
- ❑ Yes

61. 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:

_____

62. 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:

_____

63. Did a healthcare provider tell you to place your baby to sleep in the following ways?
For each one, check **No** or **Yes**.

	No	Yes
a. On their back to sleep	❑	❑
b. In a crib, bassinet, or portable crib	❑	❑
c. Without a blanket, soft toys, cushions, or pillows in my baby's crib or bed	❑	❑
d. Place my baby's crib, bassinet, or portable crib in my room	❑	❑

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

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

Go to Question 66

66. Who was the home visitor that came to your home *since your new baby was born*?

Check ALL that apply

- ❑ 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

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.

- ❑ No
- ❑ Yes → **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

- ❑ 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 not doing anything to keep from getting pregnant now, go to Question 70.

69. 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:

_____

70. *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 → **Go to Question 72**
- ❑ Yes

Go to Question 71

71. *During your postpartum checkup,* did a healthcare provider do 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	❑	❑

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

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

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

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

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

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

75. *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

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	❑	❑
b. Since my new baby was born	❑	❑

OTHER EXPERIENCES

The next questions are on a variety of topics.

77. 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

78. 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	❑	❑

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**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. During the birth of my new baby	❑	❑
c. 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
a. I felt something wasn't right with my health	❑	❑
b. I felt my concerns for my health weren't taken seriously	❑	❑
c. I felt my doctor ignored my concerns about my health or symptoms	❑	❑

81. Did a healthcare provider talk with you about the warning signs of both pregnancy and postpartum complications during any of the following time periods? For each time period, check **No** or **Yes**.

	No	Yes
a. During the 12 months before my most recent pregnancy	❑	❑
b. During my most recent pregnancy	❑	❑
c. During my labor and delivery hospital stay	❑	❑
d. Since my new baby was born	❑	❑

82. *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:	❑	❑

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
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 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 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-the-counter* pain relievers? Over-the-counter pain relievers are those *usually* available without a prescription. For each one, check **No** or **Yes**.

	No	Yes
a. Acetaminophen (regular Tylenol®, Tylenol Extra Strength®, or Tylenol PM®)	❑	❑
b. Ibuprofen (Motrin® or Advil®), including high dose pills that may be prescribed	❑	❑
c. Aspirin (Bayer® or Ecotrin®)	❑	❑
d. Naproxen (Aleve® or Midol®)	❑	❑

O2. *During* your most recent pregnancy, did you 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 Lortab®)	❑	❑
b. Codeine (Tylenol® #3 or #4, not regular Tylenol®)	❑	❑
c. Oxycodone (Percocet®, Percodan®, OxyContin®, or Roxicodone®)	❑	❑
d. Tramadol (Ultram® or Ultracet®)	❑	❑
e. Hydromorphone or meperidine (Demorol®, Exalgo®, or Dilaudid®)	❑	❑
f. Oxymorphone (Opana®)	❑	❑
g. Morphine (MS Contin®, Avinza®, or 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 Question O2.

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

Check ALL that apply

- ❑ OB-GYN, midwife, or prenatal care provider
- ❑ Family doctor or primary care provider
- ❑ Dentist or oral healthcare provider
- ❑ Doctor in the emergency room
- ❑ I had pain relievers left over from an old prescription
- ❑ Friend or family member gave them to me
- ❑ I got the pain relievers without a prescription some other way
- ❑ Other → Please tell us:

_____

O4. What were your reasons for using *prescription* pain relievers *during* your most recent pregnancy?

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 help me sleep
- ❑ To feel good or get high
- ❑ Because I was "hooked" or had to have them
- ❑ Other → Please tell us:

_____

O5. In each of the following time periods *during* your pregnancy, for how many weeks or months did you use *prescription* pain relievers? Please write the total number of weeks or months in each time period.

a. In the **first** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

b. In the **second** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

c. In the **last** 3 months of pregnancy

_____ weeks **OR** _____ months

- ❑ Less than a week
- ❑ Never

O6. *During* your most recent pregnancy, did you want or need to cut down or stop using *prescription* pain relievers?

- ❑ No → **Go to Question O10**
- ❑ Yes

O7. *During* your most recent pregnancy, did you have trouble cutting down or stopping use of the *prescription* pain relievers?

- ❑ No
- ❑ Yes

O8. *During* your most recent pregnancy, did you get help from a healthcare provider to cut down or stop using *prescription* pain relievers?

- ❑ No → **Go to Question O10**
- ❑ Yes

O9. *During* your most recent pregnancy, did you receive medication-assisted treatment to help you stop using *prescription* pain relievers? This is when a doctor prescribes medicines such as methadone, buprenorphine, Suboxone®, Subutex®, or naltrexone (Vivitrol®).

- ❑ No
- ❑ Yes

O10. Do you think the use of *prescription* pain relievers *during pregnancy* could be harmful to a *baby's* health?

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O11. Do you think the use of *prescription* pain relievers could be harmful to a woman's *own* health?

Check ONE answer

- ❑ Not harmful at all
- ❑ Not harmful, if taken as prescribed
- ❑ Harmful, even if taken as prescribed

O12. At any time *during* your most recent pregnancy, did a healthcare provider talk with you about how using *prescription* pain relievers during pregnancy could affect a baby?

- ❑ No
- ❑ Yes

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 Tranquilizers (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	❑	❑
j.	Synthetic marijuana (K2 or Spice)	❑	❑
k.	Kratom	❑	❑
l.	Fentanyl or heroin (smack, junk, Black 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://nj.gov/humanservices/reachnj/

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/

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NJ Health
New Jersey Department of Health
Family Health Services

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