

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before you got pregnant, did you have health insurance?* Do not count Medicaid.

- No
 Yes

2. *Just before you got pregnant, were you on Medicaid?*

- No
 Yes

3. *During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin?* These are pills that contain many different vitamins and minerals.

- I didn't take a multivitamin or a prenatal vitamin at all
 1 to 3 times a week
 4 to 6 times a week
 Every day of the week

4. What is *your* date of birth?

19
 Month Day Year

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

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

7. *Before you got pregnant with your new baby, did you ever have any other babies who were born alive?*

- No → Go to Question 10
 Yes

8. Did the baby born *just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?*

- No
 Yes

9. Was the baby *just before your new one born more than 3 weeks before its due date?*

- No
 Yes

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

10. 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 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

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

No

Yes → **Go to Question 14**

12. 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] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes → **Go to Question 14**

13. 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
- Other → 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 the calendar when you answer these questions.)

14. 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

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR** Months

I didn't go for prenatal care

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

No

Yes

I didn't want prenatal

care → **Go to Question 18**

17. Here is a list of problems some women can have getting prenatal care. For each item, circle **Y** (Yes) if it was a problem for you during your most recent pregnancy or circle **N** (No) if it was not a problem or did not apply to you.

- | | No | Yes |
|---|----|-----|
| a. I couldn't get an appointment when I wanted one | N | Y |
| b. I didn't have enough money or insurance to pay for my visits | N | Y |
| c. I had no way to get to the clinic or doctor's office | N | Y |
| d. I couldn't take time off from work . . . | N | Y |
| e. The doctor or my health plan would not start care as early as I wanted | N | Y |
| f. I didn't have my Medicaid card | N | Y |
| g. I had no one to take care of my children | N | Y |
| h. I had too many other things going on | N | Y |
| i. I didn't want anyone to know I was pregnant | N | Y |
| j. Other | N | Y |
- Please tell us:
-

If you did not go for prenatal care, go to Page 4, Question 20.

18. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Indian Health Service (PHS)
- City or county indigent fund
- Other —————→ Please tell us:

19. 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 my baby	N	Y
b. Breastfeeding my baby	N	Y
c. How drinking alcohol during pregnancy could affect my baby	N	Y
d. Using a seat belt during my pregnancy	N	Y
e. Birth control methods to use after my pregnancy	N	Y
f. Medicines that are safe to take during my pregnancy	N	Y
g. How using illegal drugs could affect my baby	N	Y
h. Doing tests to screen for birth defects or diseases that run in my family	N	Y
i. What to do if my labor starts early	N	Y
j. Getting tested for HIV (the virus that causes AIDS)	N	Y
k. Physical abuse to women by their husbands or partners	N	Y

20. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
 Yes
 I don't know

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

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

- No
 Yes

22. Did you have any of these problems during your most recent pregnancy? For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

	No	Yes
a. High blood sugar (diabetes) that started <i>before</i> this pregnancy	N	Y
b. High blood sugar (diabetes) that started <i>during</i> this pregnancy	N	Y
c. Vaginal bleeding	N	Y
d. Kidney or bladder (urinary tract) infection	N	Y
e. Severe nausea, vomiting, or dehydration	N	Y
f. Cervix had to be sewn shut (incompetent cervix)	N	Y
g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia	N	Y
h. Problems with the placenta (such as abruptio placentae or placenta previa)	N	Y
i. Labor pains more than 3 weeks before my baby was due (preterm or early labor)	N	Y
j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])	N	Y
k. I had to have a blood transfusion	N	Y
l. I was hurt in a car accident	N	Y

If you did not have any of these problems, go to Question 24.

23. Did you do any of the following things because of these problems? For each item, circle **Y** (Yes) if you did that thing or circle **N** (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. I went to the hospital or emergency room and stayed less than 1 day | N | Y |
| b. I went to the hospital and stayed 1 to 7 days | N | Y |
| c. I went to the hospital and stayed more than 7 days | N | Y |
| d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice | N | Y |

The next questions are about smoking cigarettes and drinking alcohol.

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

- No —————> **Go to Question 28**
- Yes

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

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

26. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

27. How many cigarettes do you smoke on an average day now? (A pack has 20 cigarettes.)

- 41 cigarettes or more
- 21 to 40 cigarettes
- 11 to 20 cigarettes
- 6 to 10 cigarettes
- 1 to 5 cigarettes
- Less than 1 cigarette
- None (0 cigarettes)

28. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No —————> **Go to Page 6, Question 31**
- Yes

29a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?

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

29b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

30a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?

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

30b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

31. 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. A close family member was very sick and had to go into the hospital | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail | N | Y |
| l. Someone very close to me had a bad problem with drinking or drugs | N | Y |
| m. Someone very close to me died | N | Y |

The next questions are about the time during the 12 months before you got pregnant with your new baby.

32a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

32b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about the time during your most recent pregnancy.

33a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

33b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

34. When was your baby due?

 Month Day Year

35. When did you go into the hospital to have your baby?

 Month Day Year

- I didn't have my baby in a hospital

36. When was your baby born?

 Month Day Year

37. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)

 Month Day Year

- I didn't have my baby in a hospital

38. How was your delivery paid for?

Check all that apply

- Medicaid
 Personal income (cash, check, or credit card)
 Health insurance or HMO (including insurance from your work or your husband's work)
 Indian Health Service (PHS)
 City or county indigent fund
 Other _____ → Please tell us:

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

39. After your baby was born, was he or she put in an intensive care unit?

- No
 Yes
 I don't know

40. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (less than 1 day)
- 24 to 48 hours (1 to 2 days)
- 3 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 43**

41. Is your baby alive now?

- No → **Go to Question 53**
- Yes

42. Is your baby living with you now?

- No → **Go to Question 53**
- Yes

43. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No → **Go to Question 47**
- Yes

44. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
- Yes → **Go to Question 46**

45. How many weeks or months did you breastfeed or pump milk to feed your baby?

_____ Weeks **OR** _____ Months

- Less than 1 week

46. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

_____ Weeks **OR** _____ Months

- My baby was less than 1 week old
- I have not fed my baby anything besides breast milk

47. Did anyone suggest that you *not* breastfeed your new baby?

- No → **Go to Question 49**
- Yes

48. Who suggested that you *not* breastfeed your new baby?

Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- My friends
- My baby's doctor, nurse, or other health care worker
- My doctor, nurse, or other health care worker
- Other → Please tell us:

If your baby is still in the hospital, go to Question 53.

49. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

Hours

- Less than 1 hour a day
- My baby is never in the same room with someone who is smoking

50. How do you *most often* lay your baby down to sleep now?

Check one answer

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

51. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
- Yes

52. Has your new baby had a well-baby checkup?
(A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
- Yes

53. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
- Yes →

Go to Question 55

54. 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
- Other → Please tell us:

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

55. During the *12 months before* your new baby was born, what were the sources of your household's income?

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other → Please tell us:

56. During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.)

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

58. During the 12 months before your new baby was born, did you participate in any of these programs? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

- | | No | Yes |
|---|----|-----|
| a. TANF or Welfare to Work | N | Y |
| b. New Mexico Food Stamps Program | N | Y |

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

59. Just before you got pregnant with your new baby, had you ever heard about emergency contraceptive pills (ECPs)? These used to be called the "morning after pill." If taken according to directions within 5 days after unprotected sex, they can prevent a pregnancy.

- No
- Yes
- I don't know

60. Just before you got pregnant, did you receive any of your health care from the Indian Health Service (PHS)?

- No
- Yes
- I don't know

The next questions are about the time during your most recent pregnancy.

61. This question is about the care of your teeth during your most recent pregnancy. For each item, circle **Y** (Yes) if it is true or circle **N** (No) if it is not true.

- | | No | Yes |
|--|----|-----|
| a. I had a dental problem | N | Y |
| b. I went to a dentist or dental clinic. | N | Y |
| c. A dental or other health care worker talked with me about how to care for my teeth and gums | N | Y |

62. During your most recent pregnancy, what was the name of your health insurance?

Check all that apply

- Cimarron
- Lovelace
- Presbyterian
- Blue Cross/Blue Shield
- Indian Health Service (PHS)
- Military coverage
- I don't have health insurance
- I don't know
- Other insurance _____ → Please tell us:

63. During pregnancy, you probably had to get different kinds of health-related services. These may have included clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, or getting help for a family problem. Did you ever feel you were treated unfairly in getting these kinds of services because of any of the following? Circle Y (Yes) if you were treated *unfairly* or N (No) if you were treated *fairly*.

- | | No | Yes |
|---|----|-----|
| a. Your race | N | Y |
| b. Your age | N | Y |
| c. Your language | N | Y |
| d. Your citizenship | N | Y |
| e. Your inability to pay | N | Y |
| f. I felt unfairly treated but don't know why | N | Y |
| g. I have not been treated unfairly. | N | Y |
| h. I felt unfairly treated for other reasons | N | Y |
- Please tell us:

64. During your most recent pregnancy, did you participate in any of these services? Circle Y (Yes) if you did participate or N (No) if you did not.

- | | No | Yes |
|--|----|-----|
| a. Breastfeeding class or support group . . . | N | Y |
| b. Parenting class or support group | N | Y |
| c. Nutrition class or discussion group . . . | N | Y |
| d. Counseling about a personal or family problem | N | Y |
| e. Home visiting services by a nurse, social worker, or other health care worker | N | Y |
| f. A program for pregnant or parenting teens | N | Y |
| g. Families FIRST | N | Y |
| h. Program for protection from family violence | N | Y |
| i. Program to stop using drugs or alcohol | N | Y |
| j. A class or support group to stop smoking cigarettes | N | Y |
| k. I did not participate in any of the above | N | Y |

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

65. Since your new baby was born, have you participated in any of these services? Circle **Y** (Yes) if you did participate or **N** (No) if you did not.

- | | No | Yes |
|--|-----------|------------|
| a. Breastfeeding class or support group . . . | N | Y |
| b. Parenting class or support group . . . | N | Y |
| c. Nutrition class or discussion group . . . | N | Y |
| d. Counseling about a personal or family problem | N | Y |
| e. Home visiting services by a nurse, social worker, or other health care worker | N | Y |
| f. A program for pregnant or parenting teens | N | Y |
| g. Families FIRST | N | Y |
| h. Program for protection from family violence | N | Y |
| i. Program to stop using drugs or alcohol | N | Y |
| j. A class or support group to stop smoking cigarettes. | N | Y |
| k. I did not participate in any of the above | N | Y |

66. Since your new baby was born, have you seen a doctor, nurse, or midwife for yourself for any of these reasons? Circle **Y** (Yes) if you did or **N** (No) if you did not.

- | | No | Yes |
|--|-----------|------------|
| a. I received a routine checkup (6 weeks after delivery) | N | Y |
| b. I received care for a health problem . . . | N | Y |
| c. I received a birth control method | N | Y |

If your baby is no longer alive or is not living with you, go to Question 73.

67. Do you have an infant car seat(s) for your new baby?

- No
 Yes

68. Since your new baby was born, have you or your baby received any home visiting services by a nurse, social worker, or other health care worker?

- No → Go to Question 70
 Yes

69. Since your new baby was born, how many times have you or your baby received home visiting services?

Check one answer

- Only once
 2 or 3 times
 4 or more times

70. Since your new baby was born, whom have you counted on for support or help? Include those you *often* rely on for housekeeping, childcare, money, or help with problems. Circle **Y** (Yes) if you can count on the person(s) or **N** (No) if you cannot.

- | | No | Yes |
|---|-----------|------------|
| a. My husband or partner | N | Y |
| b. A family member, friend, or neighbor | N | Y |
| c. A paid sitter or nanny | N | Y |
| d. Day-care center staff | N | Y |
| e. Someone else | N | Y |
- Please tell us who:

- f. I cannot count on anyone N Y

71. Are you currently in school or working outside the home?

- No —————> Go to Question 73
- Yes

72. At your *current* workplace or school, what happens when a mother wants to breastfeed?

Check all that apply

- She can breastfeed the baby as needed
- She can use break time to breastfeed the baby
- She can use break time to pump milk
- It is hard to use breaks or find a place to pump or breastfeed
- She is not allowed to breastfeed the baby at work
- I don't know

73. Which of the following things were you doing in the *past month*?

Check all that apply

- Being a homemaker
- Was unemployed
- Seasonal farm or construction work
- Working or going to school *full-time*
- Working or going to school *part-time*
- Other —————> Please tell us:

74a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
- Often
- Sometimes
- Rarely
- Never

74b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
- Often
- Sometimes
- Rarely
- Never

75. During the *past 12 months*, which one of the following statements *best* describes the food eaten by you and your family?

Check one answer

- Enough food to eat
- Sometimes not enough food to eat
- Often not enough food to eat

76. Which of the following utilities do you have in your house, apartment, trailer, or hogan? For each item, circle Y (Yes) if you have the utility or circle N (No) if you do not have the utility.

	No	Yes
a. Complete plumbing facilities (including hot and cold running water, a flush toilet, and a bathtub or shower)	N	Y
b. Electricity	N	Y
c. A telephone from which you can make and receive calls (including cell phones)	N	Y

77. What is today's date?

Month	Day	Year

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

Thanks for answering our questions!

*Your answers will help us work to make New Mexican
mothers and babies healthier.*