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.

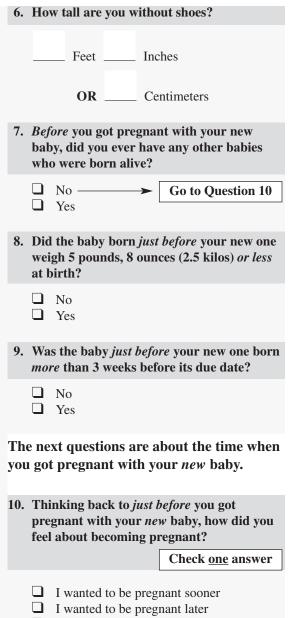
- 1. Just before you got pregnant, did you have health insurance? Do not count Medicaid.
 - 🗋 No
 - **Yes**
- 2. *Just before* you got pregnant, were you on Medicaid?
 - 🗋 No
 - **Yes**
- 3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin 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
 - \Box 1 to 3 times a week
 - $\Box 4 \text{ to 6 times a week}$
 - Every day of the week
- 4. What is your date of birth?



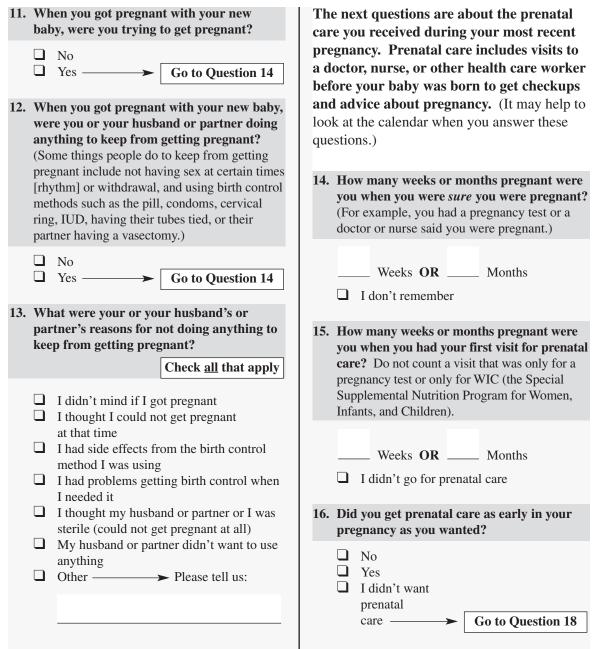
Year

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

___ Pounds OR _____ Kilos



- I wanted to be pregnant then
- □ I didn't want to be pregnant then or at any time in the future



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 oneN	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 cardN	Y
g.	I had no one to take care of	
	my children N	Y
h.	I had too many other things	
	going onN	Y
i.	I didn't want anyone to know I was	
	pregnantN	Y
j.	Other	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 <u>all</u> 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
- \Box Other \longrightarrow Please tell us:

- 4
- 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		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 before 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])		Y
k.	I had to have a blood transfusion		Y
1.	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 daysN	Y
c.	I went to the hospital and stayed	
	more than 7 daysN	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
 - \Box 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.) **4**1 cigarettes or more \Box 21 to 40 cigarettes \Box 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.) **4**1 cigarettes or more \Box 21 to 40 cigarettes \Box 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
 - \Box 4 to 6 drinks a week
 - \Box 1 to 3 drinks a week
 - Less than 1 drink a week
 - I didn't drink then

 6 29b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting? 	Pregnancy can be a difficult time for so women. The next question is about thin that may have happened before and du
 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 	 your most recent pregnancy. 31. This question is about things that may happened during the 12 months before new baby was born. For each item, circ Y (Yes) if it happened to you or circle N if it did not. (It may help to use the calendary of the second secon
30a. During the <i>last 3 months</i> of your pregnancy, how many alcoholic drinks did you have in an average week?	No a. A close family member was very sick and had to go into the hospital N
 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 	 b. I got separated or divorced from my husband or partnerN c. I moved to a new addressN d. I was homelessN e. My husband or partner lost his jobN f. I lost my job even though I wanted to go on workingN g. I argued with my husband or partner
30b. During the <i>last 3 months</i> of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?	 more than usualN h. My husband or partner said he didn't want me to be pregnantN
 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 	 i. I had a lot of bills I couldn't payN j. I was in a physical fightN k. My husband or partner or I went to jailN l. Someone very close to me had a bad problem with drinking or drugsN m. Someone very close to me diedN
	The next questions are about the time during the <i>12 months before</i> 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?

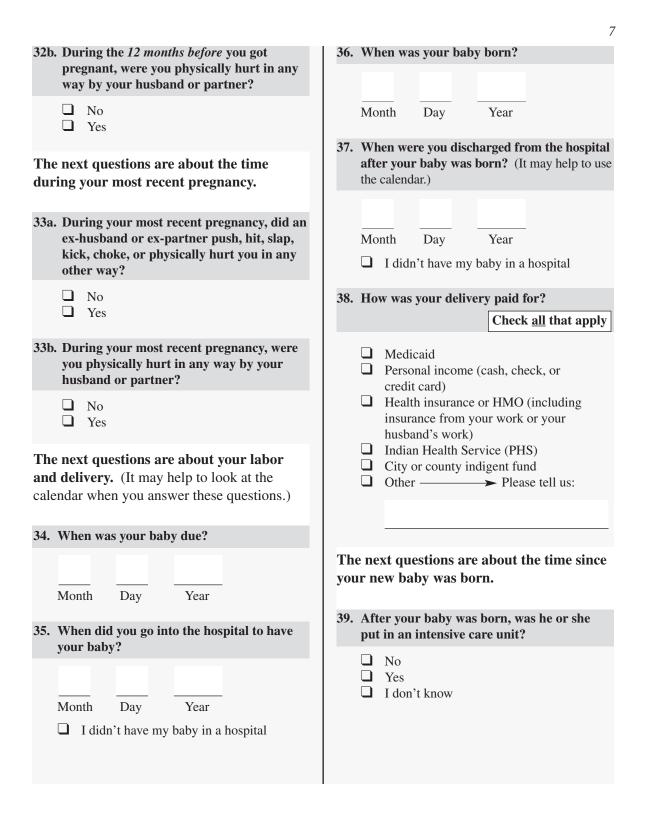
No Yes

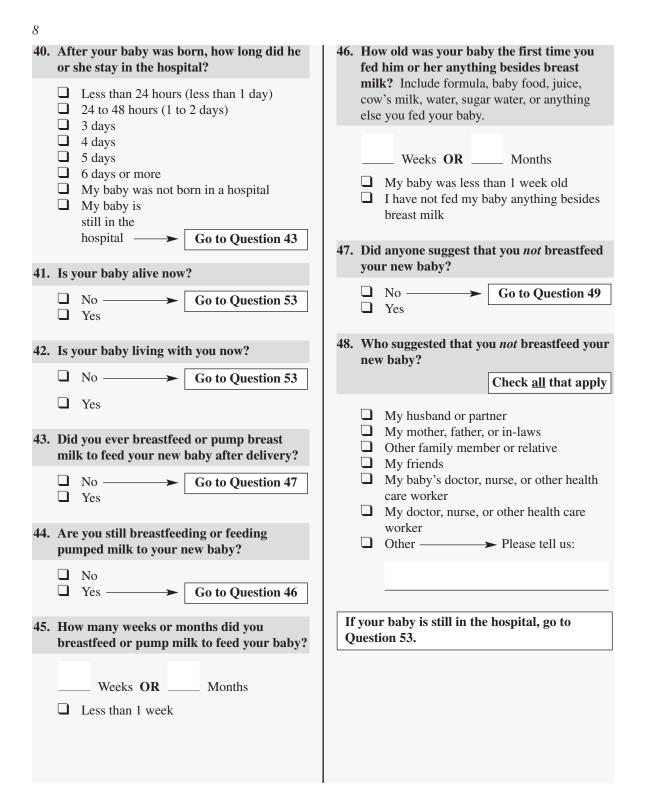
cy can be a difficult time for some The next question is about things y have happened before and during st recent pregnancy.

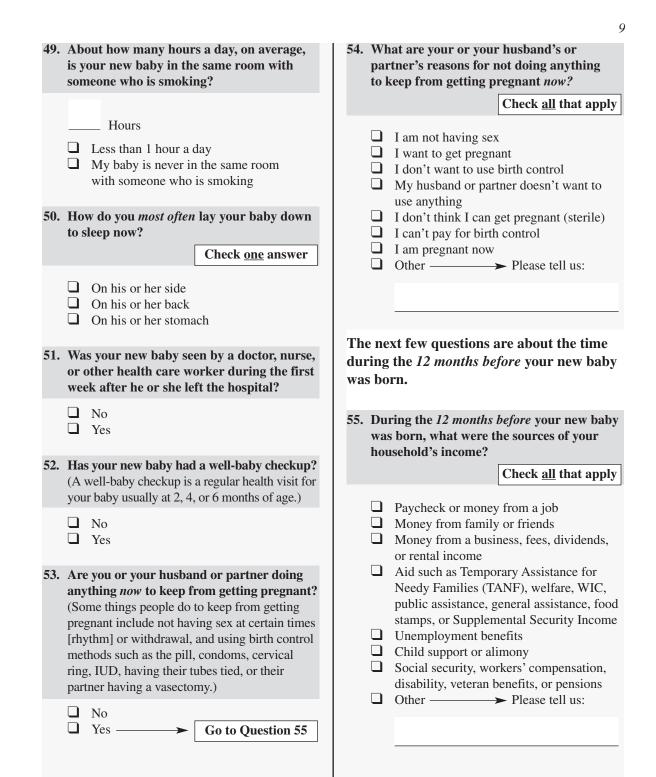
question is about things that may have ened during the 12 months before your baby was born. For each item, circle es) if it happened to you or circle **N** (No) lid not. (It may help to use the calendar.)

No Yes

a.	A close family member was very sick	
	and had to go into the hospital N	Y
э.	I got separated or divorced from my	
	husband or partnerN	Y
с.	I moved to a new address N	Y
1.	I was homeless N	Y
э.	My husband or partner lost his job N	Y
f.	I lost my job even though I wanted	
	to go on workingN	Y
g.	I argued with my husband or partner	
	more than usualN	Y
1.	My husband or partner said he didn't	
	want me to be pregnantN	Y
	I had a lot of bills I couldn't payN	Y
	I was in a physical fightN	Y
ζ.	My husband or partner or I	
	went to jail N	Y
	Someone very close to me had a bad	
	problem with drinking or drugs N	Y
n.	Someone very close to me died N	Y







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 ProgramN 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)?
 - NoYes
 - □ 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 problemN 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 gumsN Y

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

Check <u>all</u> 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 raceN	Y
b.	Your ageN	Y
c.	Your language N	Y
d.	Your citizenshipN	Y
e.	Your inability to payN	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
	\boldsymbol{Y} (Yes) if you did participate or \boldsymbol{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 vour 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 Breastfeeding class or support group . . . N Y a. Parenting class or support group N Y b. Nutrition class or discussion group ... N Y c. Counseling about a personal or d. family problem N Y Home visiting services by a nurse, e. social worker, or other health care worker N Y A program for pregnant or f. parenting teensN Y Families FIRST N Y g. Program for protection from h. family violence N Y Program to stop using drugs i. or alcoholN Y A class or support group to į. stop smoking cigarettes. N Y I did not participate in any of k. 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 I received a routine checkup (6 weeks a. after delivery) N Y I received care for a health problem ... N Y b. I received a birth control method N Y c. 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?



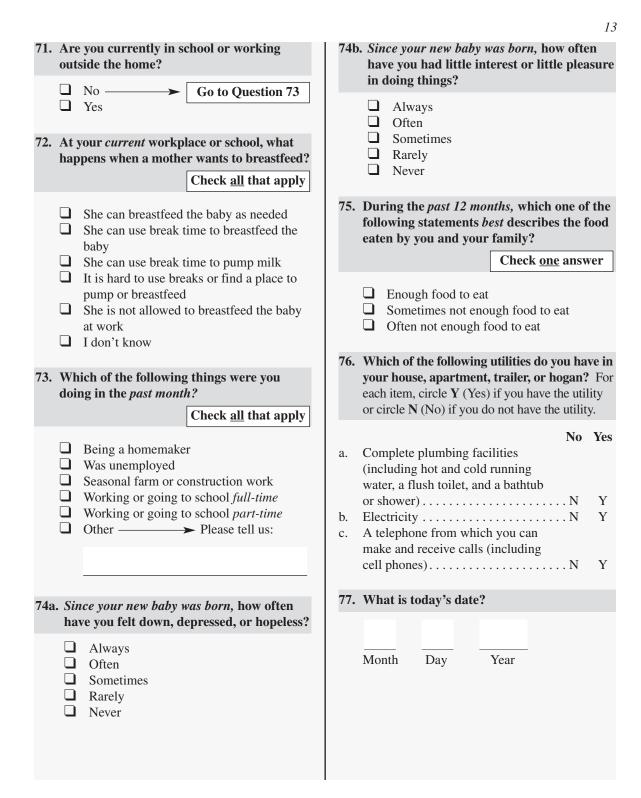
69. *Since your new baby was born,* how many times have you or your baby received home visiting services?

Check <u>one</u> answer

- Only once
- \Box 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 My husband or partner N a. Y A family member, friend, or b. neighbor N Y A paid sitter or nanny N Y c. Day-care center staff.....N Y d. Someone elseN Y e. Please tell us who:

f. I cannot count on anyoneN Y



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.