

## Appendix D

### Rationale for Phase 8 Core Questions

This document provides the rationale for questions included in the PRAMS Phase 8 Core Questionnaire. The questions have been arranged by topic area.

#### Abuse

##### Q28

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 person, check No if they did not hurt you during this time or Yes if they did.

**No      Yes**

- a. My husband or partner
- b. My ex-husband or ex-partner
- c. *State option (Another family member)*
- d. *State option (Someone else)*

##### Q29

**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 person, check No if they did not hurt you during this time or Yes if they did.

**No      Yes**

- a. My husband or partner
- b. My ex-husband or ex-partner
- c. *State option (Another family member)*
- d. *State option (Someone else)*

#### Rationale:

It is not clear what role pregnancy plays in decreasing or escalating physical abuse. One potential risk factor is unintended pregnancy. A better understanding of the relationship between pregnancy, pregnancy intention, and physical violence could have important clinical and public health implications.

## **Breastfeeding**

Q34

**Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources?** For each one, check **No** if you did not receive information from this source or **Yes** if you did.

**No      Yes**

- a. My doctor
- b. A nurse or midwife
- c. A breastfeeding or lactation specialist
- d. My baby's doctor or health care provider
- e. A breastfeeding support group
- f. A breastfeeding hotline or toll-free number
- g. Family or friends
- h. Other → please tell us

**Q35**

**Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?**

No → **Go to Question**

Yes

**Q36**

**Are you currently breastfeeding or feeding pumped milk to your new baby?**

No

Yes → **Go to Question**

**Q37**

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

☐ Less than 1 week

\_\_\_\_ Weeks OR \_\_\_\_ Months

**Rationale:**

Breastfed infants have lower rates of hospital admissions, ear and respiratory infections, and diarrheal illnesses. Breastfeeding also can reduce health care expenditures by reducing infant morbidity. Despite the widespread recognition of breastfeeding as an important aspect of maternal and infant health, breastfeeding prevalence declined in the 1980s. The importance of breastfeeding as a public health issue prompted the inclusion of questions about breastfeeding on the original questionnaire. The importance of monitoring change is a reason to continue including these questions.

## **Postpartum Contraception**

Q43

**Are you or your husband or partner doing anything *now* to keep from getting pregnant?** Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

No

Yes → **Go to Question**

Q44

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

I want to get pregnant

I am pregnant now

I had my tubes tied or blocked

I don't want to use birth control

I am worried about side effects from birth control

I am not having sex

My husband or partner doesn't want to use anything

I have problems paying for birth control

Other → Please tell us:

Q45

**What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?** Check ALL that apply

Tubes tied or blocked (female sterilization or Essure®)

Vasectomy (male sterilization)

Birth control pills

Condoms

Shots or Injections (Depo-Provera®)

Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)

IUD (including Mirena® or Paragard®, Liletta®, or Skyla®)

Contraceptive implant in the arm (Nexplanon® or Implanon®)

Natural family planning (including rhythm method)

Withdrawal (pulling out)

Not having sex (abstinence)

Other → Please tell us:

### **Rationale:**

The contraceptive behavior of women is of interest because of its relationship to unintended pregnancy, abortion, and sexually transmitted diseases. Postpartum contraception is important to ensure adequate spacing between pregnancies which has been found to improve maternal health and infant outcomes of subsequent pregnancies.

Understanding the types of methods that postpartum women are using is important in targeting groups that may be using less effective methods.

### **Drug Use**

### **Alcohol**

#### **Q26**

**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 Question**

Yes

#### **Q27**

**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

8 to 13 drinks a week

4 to 7 drinks a week

1 to 3 drinks a week

Less than 1 drink a week

I didn't drink then

#### **Rationale:**

Alcohol use during pregnancy, particularly in the first trimester, can produce a range of teratogenic effects in the fetus. The most severe is fetal alcohol syndrome, which may include facial anomalies, reduced head circumference, and mental retardation. Alcohol use later in pregnancy has been associated with fetal growth retardation and with more subtle behavioral and developmental effects. We measure alcohol use in the three months before pregnancy because women often report alcohol use after they knew they were pregnant as their first trimester use. Pre-pregnancy rates of alcohol use are more accurate measures of use during the early part of the first trimester. Measuring use then and during the last three months allows us to assess change during pregnancy.

### **Tobacco**

#### **Q19**

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

No → **Go to Question**

Yes

Q20

**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
- I didn't smoke then

Q21

**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
- I didn't smoke then

Q22

**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
- I don't smoke now

Q23

**Have you used any of the following products in the *past 2 years*?** For each item, check **No** if you did not use it, or **Yes** if you did.

- |  | No | Yes |
|--|----|-----|
| a. E-cigarettes or other electronic nicotine products                        |    |     |
| b. Hookah  |    |     |
| c. <i>State added option (Chewing tobacco, snuff, snus, or dip)</i>          |    |     |
| d. <i>State added option (Cigars, cigarillos, or little filtered cigars)</i> |    |     |

Q24

**During the 3 months before you got pregnant, on average how often did you use e-cigarettes or other electronic nicotine products?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use e-cigarettes or other electronic nicotine products then

Q25

**During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?**

More than once a day

Once a day

2-6 days a week

1 day a week or less

I did not use e-cigarettes or other electronic nicotine products then

Rationale:

To obtain prevalence and amount of smoking to see if women reduced or quit during pregnancy and to see if women restarted smoking during postpartum. Cigarette smoking has been associated with lower fecundity and with higher rates of spontaneous abortion, abruptio placenta, placenta previa, preterm delivery, and small-for-gestational age birth. The children of mothers who smoked during pregnancy may continue to be smaller than average and may have slight deficits in neurological development. Children exposed to environmental tobacco smoke are at increased risk for several health problems, including lower respiratory infection, ear infection, and asthma. Infants exposed to tobacco smoke are at increased risk of sudden infant death syndrome. Measuring cigarette smoking before pregnancy and during the last three months allows us to assess change during pregnancy.

Adding to these ongoing public health concerns is the rapidly changing landscape of available tobacco and nicotine containing products on the market. The effect of the growing popularity and availability of newly emerging tobacco products, especially electronic cigarettes (e-cigarettes), and of nontraditional tobacco products, especially hookah/waterpipe, on tobacco use during pregnancy and on reproductive health is inadequately characterized. None of the existing national tobacco surveillance mechanisms are designed to capture a sufficient sample of pregnant woman to conduct meaningful analyses on use of these novel tobacco products. Furthermore, as noted in the 2014 Surgeon General's report, none of the existing surveillance systems of pregnant women collect data on non-cigarette products including e-cigarettes and waterpipe.

Data suggest that e-cigarettes are perceived by consumers as safe or “less risky” than traditional products;<sup>12</sup> however, the available data on the health effects of e-cigarettes for users and non-users are extremely limited,<sup>13</sup> and no data are available on the health effects of e-cigarette use during pregnancy or on neonatal outcomes. E-cigarette aerosol may contain fewer toxicants than cigarette smoke; however, studies evaluating whether e-cigarettes are less harmful than cigarettes are inconclusive. E-cigarette aerosol does not appear to deliver carbon monoxide; but, experienced users may adapt their use behaviors to achieve similar nicotine exposures as from traditional cigarettes. In addition, e-cigarettes may pose increased risk of nicotine toxicity due to the availability of high nicotine concentrations in the cartridges. Given that dual use (i.e., use of e-cigarettes and traditional cigarettes), is common<sup>21,22</sup> and e-cigarettes may be used in places where traditional cigarettes are not allowed, greater total exposure to nicotine may occur.

The health effects of waterpipe use are inadequately characterized, and likely influenced by the duration and frequency of use, the volume of smoke inhaled and the chemical constituents in the smoke (which may be affected by the type of tobacco used and the contribution of charcoal). Waterpipe smoke contains many of the same addictive and harmful components found in cigarette smoke and a user may inhale 100–200 times more smoke than a single cigarette. Although data are inconsistent between studies, the available data suggest that compared to smoking a cigarette, a single hookah session exposes the user more “tar” (20 to 40 fold increase), carbon monoxide (6.5 to 10 fold increase), polycyclic hydrocarbons (30 fold increase) and nicotine (1.7 to 2 fold increase).

## **Flu**

### **Q15**

**During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or tell you to get one?**

No  
Yes

### **Q16**

**During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?**

Check ONE answer

No → **Go to Question**

Yes, before my pregnancy

Yes, during my pregnancy

### **Rationale:**

The seasonal flu vaccination questions are a funded request from the National Immunization program to monitor the prevalence of seasonal vaccine uptake by pregnant women participating in PRAMS. These questions will assist the CDC and states in planning vaccination programs for pregnant women, identifying gaps or

disparities, and developing mitigation strategies. Given that pregnant women are at increased risk of severe complications from the flu, and that PRAMS is the largest on-going surveillance system of this population, the core questions are considered essential to monitoring vaccine uptake by pregnant women and the standard questions are information that would be very useful to obtain a fuller experience of pregnant women around seasonal flu.

### **Health Insurance**

#### **Q9**

**During the *month* before you got pregnant with your new baby, what kind of health insurance did you have?** Check ALL that apply

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private Health insurance from the <State> Health Insurance Marketplace or <state website> or Healthcare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)*

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

Other health insurance → Please tell us \_\_\_\_\_

I did not have any health insurance during the *month* before I got pregnant

#### **Q10**

**During your most recent pregnancy, what kind of health insurance did you have to pay for your *prenatal care*?** Check ALL that apply

I did not go for prenatal care → Go to Question

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private Health insurance from from the <State> Health Insurance Marketplace or <state website> or Healthcare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)*

Other health insurance → Please tell us \_\_\_\_\_

I did not have any health insurance to pay for my *prenatal care*



## Q11

**What kind of *health insurance* do you have *now*?** Check ALL that apply

Private health insurance from my job or the job of my husband or partner

Private health insurance from my parents

Private Health insurance from from the <State> Health Insurance Marketplace or <state website> or Healthcare.gov

Medicaid (required: *state Medicaid name*)

*State-specific option (Other government plan or program such as SCHIP/CHIP)*

*State-specific option (Other government plan or program not listed above such as MCH program, indigent program or family planning program)*

*State-specific option (TRICARE or other military health care)*

*State-specific option (IHS or tribal)*

Other health insurance → Please tell us \_\_\_\_\_

I do not have health insurance *now*

### Rationale:

PRAMS data may be useful when assessing the use of prenatal care services and the health-related experiences of women with recent live births who were enrolled in Medicaid. These data also can be used to map trends in Medicaid enrollment by pregnant women, including Medicaid funding and source of care for Medicaid beneficiaries. These insurance questions will also be useful in looking at coverage in relation to the health care reform such as tracking the prevalence of having no health insurance, and the prevalence of enrolling in plans through the Health Insurance Marketplace.

## Income

### Q50

**During the *12 months before your new baby was born*, what was your yearly total household income before taxes?** Include your income, your husband's 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 now getting.

0 to \$15,000

\$16,001 to \$20,000

\$20,001 to \$24,000

\$24,001 to \$28,000

\$28,001 to \$32,000

\$32,001 to \$40,000

\$40,001 to \$48,000

\$48,001 or \$57,000

\$57,001 to \$60,000

\$60,001 to \$73,000

\$73,001 to \$85,000

\$85,001 or more

#### Q50

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

**[BOX]** People

#### Rationale:

Numerous socioeconomic factors are associated with low birth weight and infant mortality, but the relationships between different SES variables and health outcomes vary. Household or family income gives a more direct measure of financial resources available to the household and allows states to determine eligibility for means-based programs.

In particular, income information is needed in PRAMS to determine whether respondents were likely to have been eligible for Medicaid, WIC, or other state/federal programs of interest to the states; to determine the income distribution of pregnant/postpartum women and infants in states; because there are no acceptable proxies for income information on women who give birth, that are more easily measured, to understand racial/ethnic disparities in maternal and infant health and health care in ways helpful to guide efforts to reduce the gaps; and to understand socioeconomic disparities in health and health care in ways helpful to guide efforts to reduce these gaps.

#### **Infant Mortality**

#### Q32

**Is your baby alive now?**

No → *We are sorry for your loss.* Go to Question  
Yes

#### Rationale:

Reducing infant mortality and investigating how infant mortality relates to risk factors before and during pregnancy are two of the primary goals of the PRAMS program. Studying neonatal mortality and its association with risk factors during pregnancy and/or since birth will assist in targeting pre- and intra-pregnancy intervention programs. Additionally, the questions on infant mortality serve as a filter for subsequent questions about infant care practices (breastfeeding, sleep position, etc.).

## **Length of Stay**

### **Q31**

**After your baby was delivered, 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 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

### **Rationale:**

Information on infant length of stay can be used as a proxy for infant morbidity. This question is also an important filter question for subsequent survey questions that rely on information related to the baby not being born in the hospital, or still being in the hospital at the time of survey.

## **Mental Health**

### **Q48**

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

Always

Often

Sometimes

Rarely

Never

### **Q49**

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

Always

Often

Sometimes

Rarely

Never

### **Rationale:**

PRAMS data will provide population-based estimates of the prevalence of postpartum depressive symptoms. Prevalence estimates can be used in the states to advocate for needed services. By documenting the level of depression in a state, advocates will have

solid evidence to be more successful in moving legislators and program administrators to address the problem through routine screening and treatment.

### **Maternal Morbidity**

#### **Q4**

***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.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Type 1 or Type 2 diabetes ( <b>not</b> gestational diabetes or diabetes that starts during pregnancy) |           |            |
| b. High blood pressure or hypertension   |           |            |
| c. Depression  |           |            |

#### **Q18**

***During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following conditions?*** For each one, check, **No** if you did not have the condition during your pregnancy, or **Yes** if you did.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. Gestational diabetes (diabetes that started during <i>this</i> pregnancy)                   |           |            |
| b. High blood pressure (that started during <i>this</i> pregnancy), pre-eclampsia or eclampsia |           |            |
| c. Depression  |           |            |

#### **Rationale:**

Reducing infant and maternal morbidity is a major goal for PRAMS. Identifying morbidities before and during pregnancy can provide information on risk factors associated with poor birth outcomes. CDC PRAMS Center & Division interest in chronic disease conditions present in the preconception period prompted expansion of the previous diabetes question to ask about other chronic conditions diagnosed in women prior to pregnancy.

### **Nutrition**

#### **Maternal Weight/Height**

#### **Q2**

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

\_\_\_\_\_ Pounds OR \_\_\_\_\_ Kilos

Q1

**How tall are *you* without shoes?**

\_\_\_\_\_ Feet    \_\_\_\_\_ Inches  
OR \_\_\_\_\_ Centimeters

Rationale:

Low pre-pregnancy weight for height, low maternal height, and low weight gain during pregnancy are all associated with LBW. Mothers whose own weight at birth was low are more likely to have a low birth weight infant. Higher maternal weight gain during pregnancy is also associated with excess maternal weight retained after childbirth. A higher BMI after childbirth can be a health risk for the mother but also sets the stage for a higher pre-pregnancy weight in future pregnancies. This question can also be used to assess adherence to 2009 IOM recommendations on weight gain during pregnancy.

**Vitamin Use and Folic Acid**

Q5

**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 *before* I got pregnant

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

Rationale:

The U.S. Public Health Service recommends that all women of childbearing age who are capable of becoming pregnant should consume 0.4 mg of folic acid per day in order to reduce the risk of having a child with a neural tube defect (NTD). Currently, it is not known what proportion of women are aware of the PHS recommendation or have even heard that folic acid can help prevent NTDs.

**Oral Health**

Q17

**During *your most recent* pregnancy, did you have your teeth cleaned by a dentist or dental hygienist?**

No  
Yes

Rationale:

The recent passed healthcare reform bill specifically requests that states collect data on the oral health status of pregnant women using the PRAMS surveillance system. In addition, oral health is the focus of several of the Healthy People 2020 objectives and the subject of Surgeon General's report on oral health in the US. Some literature on oral disease among pregnant women indicates an association between periodontitis and pre-term births and some suggestion as to its relationship with several chronic conditions such as hypertension and diabetes. Oral diseases and periodontal infection have also been associated with health problems, including hypertension, gestational diabetes and heart disease. The American Dental Association (ADA) recommends the continuation of dental visits during pregnancy, and that all women who are pregnant or planning a pregnancy should undergo periodontal examinations to prevent the occurrence of oral diseases. Furthermore, dental health visits are part of the Medicaid coverage package in some states with expanded programs and access to this service for pregnant women needs further exploration.

**Parent and Infant Characteristics**

**Infant Demographics**

Q30

**When was your new baby born?**

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
month day year

Q33

**Is your baby living with you now?**

No → **Go to Question**  
Yes

Rationale:

These questions are used for validation and as a filter question for the infant care questions, respectively. Mothers whose infants are not living with them should not be asked about infant care.

**Maternal Demographics**

Q3

**What is your date of birth?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Rationale:

Demographic measures are useful in understanding the etiologies of LBW and for defining target populations for intervention. Questions on age, race, marital status, and level of education are standard on most questionnaires and their validity is acceptable.

**Postpartum Care**

**Q46**

***Since your new baby was born, have you had a postpartum checkup for yourself?***

A postpartum check-up is the regular check-up a woman has about 4-6 weeks after she gives birth.

No

Yes

**Q47**

***During your postpartum checkup, did your doctor, nurse, or other health care provider do any of the following things?*** For each item, check **No** if they did not do it or **Yes** if they did.

- |  | No | Yes |
|--|----|-----|
| a. Tell me to take a vitamin with folic acid   |    |     |
| b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy  |    |     |
| c. Talk to me about how long to wait before getting pregnant again   |    |     |
| d. Talk to me about birth control methods I can use after giving birth   |    |     |
| e. Give or prescribe me a contraceptive method such as the pill, patch, contraceptive shot (Depo-Provera®), NuvaRing® or condoms |    |     |
| f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)                  |    |     |
| g. Ask me if I was smoking cigarettes  |    |     |
| h. Ask me if someone was hurting me emotionally or physically  |    |     |
| i. Ask me if I was feeling down or depressed   |    |     |
| j. Test me for diabetes  |    |     |

### Rationale:

The postpartum period (typically the first six weeks after delivery) is important for assessing physical and emotional health issues in new mothers. A postpartum office visit can offer the opportunity for relevant conditions and concerns to be discussed and appropriately addressed. Common medical complications during this period include persistent postpartum bleeding, urinary incontinence, and endocrine disorders such as diabetes or thyroid disorders. Breastfeeding education and behavioral counseling may increase breastfeeding continuance. Postpartum depression can cause significant morbidity for the mother and baby; a postnatal depression screening tool may assist in diagnosing depression-related conditions. Physicians should also discuss contraception with postpartum patients, even those who are breastfeeding. (From <http://www.aafp.org/afp/2005/1215/p2491.html>)

### **Pre-conception Care**

#### Q6

**In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?**

No → **Go to Question**

Yes

#### Q7

**What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Check ALL that apply**

Regular checkup at my family doctor or general practitioner's office

Regular checkup at my OB/GYN's office

Visit for an illness or chronic condition

Visit for an injury

Visit for family planning or birth control

Visit for depression or anxiety

Visit to have my teeth cleaned by a dentist or dental hygienist

Other → Please tell us:

#### Q8

**During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.**



No Yes

- a. Tell me to take a vitamin with folic acid
- b. Talk to me about maintaining a healthy weight
- c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure
- d. Talk to me about my desire to have or not have children
- e. Talk to me about using birth control to prevent pregnancy
- f. Talk to me about how I could improve my health before a pregnancy
- g. Ask me if I was smoking cigarettes
- h. Ask me if someone was hurting me emotionally or physically
- i. Ask me if I was feeling down or depressed
- j. Ask me about the kind of work I do
- k. Test me for sexually transmitted infections such as chlamydia, gonorrhea, or syphilis
- l. Test me for HIV (the virus that causes AIDS)

Rationale:

There are many factors associated with preparing for a healthy pregnancy, and efforts in the field of maternal and child health are underway to promote and encourage preconceptional counseling by a health care professional. The purpose of preconceptional counseling is to help a woman prepare for a healthy pregnancy and delivery of a healthy child, and discussion topics can range from taking folic acid and genetic screening for women who have family history of genetic diseases all the way to losing weight and getting chronic diseases under control before conception. This general question was developed to capture whether a woman talked with her doctor or other health care professional about ways to prepare for a healthy pregnancy and delivery.

**Pregnancy Intention**

Q12

**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

Rationale:

A study using PRAMS data showed that the primary reason that women do not receive prenatal care in the first trimester of pregnancy is that they do not know they are pregnant. In addition to delaying prenatal care, women who are unaware of pregnancy may engage in risk behaviors such as smoking and drinking early in pregnancy that can

affect fetal growth and development. Unwanted pregnancies carried to term may be associated with maternal risk behaviors throughout pregnancy and with infants who receive poor care and nurturing.

## **Prenatal Care**

### **Content**

#### **Q14**

***During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below?*** For each item, check **No** if they did not ask you about it or **Yes** if they did.

- |  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| a. If I knew how much weight I should gain during pregnancy        |           |            |
| b. If I was taking any prescription medication                     |           |            |
| c. If I was smoking cigarettes                                     |           |            |
| d. If I was drinking alcohol                                       |           |            |
| e. If someone was hurting me emotionally or physically             |           |            |
| f. If I was feeling down or depressed                              |           |            |
| g. If I was using drugs such as marijuana, cocaine, crack, or meth |           |            |
| h. If I wanted to be tested for HIV (the virus that causes AIDS)   |           |            |
| i. If I planned to breastfeed my new baby                          |           |            |
| j. If I planned to use birth control after my baby was born        |           |            |

### **Initiation**

#### **Q13**

**How many weeks or months pregnant were you when you had your first visit for prenatal care?**

\_\_\_\_ Weeks OR \_\_\_\_ Months

I didn't go for prenatal care → Go to Question

#### **Rationale:**

Inadequate use of prenatal care has been associated with increased risk of low-birthweight births, premature births, neonatal mortality, infant mortality, and maternal mortality. The receipt of early and consistent prenatal care allows for diagnosis and management of medical conditions that may affect the health of both mother and infant. Screening may be offered to women who are at increased risk for certain genetic disorders. Prenatal care providers should also offer education and counseling about HIV and about risk behaviors that can affect birth outcomes.

## **Reproductive History**

### **Infant Sleeping Environment**

**Q38**

**In which *one* position 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

**Q39**

**In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib or bed?**

- Always
- Often
- Sometimes
- Rarely
- Never → Go to Question

**Q40**

**When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?**

- No
- Yes

**Q41**

**Please tell us how your new baby most often slept in the *past 2 weeks*. For each item, check **No** if it did not *usually* apply to your baby in the last 2 weeks or **Yes** if it did.**

- |   | <b>No</b> | <b>Yes</b> |
|---|-----------|------------|
| a. In a crib, bassinet, or pack and play                      |           |            |
| b. On a twin or larger mattress or bed                        |           |            |
| c. On a couch, sofa, or armchair                              |           |            |
| d. In an infant car seat or swing                             |           |            |
| e. In a sleeping sack or wearable blanket                     |           |            |
| f. With a blanket   |           |            |
| g. With toys, cushions, or pillows, including nursing pillows |           |            |
| h. With crib bumper pads (mesh or non-mesh)                   |           |            |

Q42

**Did a *doctor, nurse, or other health care worker* tell you any of the following things?** For each thing, check **No** if they did not tell you, or **Yes** if they did

- |  | No | Yes |
|--|----|-----|
| a. Place my baby on his or her back to sleep                   |    |     |
| b. Place my baby to sleep in a crib, bassinet or pack and play |    |     |
| c. Place my baby's crib or bed in my room                      |    |     |
| d. What things should and should not go in bed with my baby    |    |     |

Rationale:

SIDS is the leading cause of infant death in the postneonatal period and accounts for 36% of these deaths. American Indian and black infants have SIDS rates that are generally 3 times and 2 times that of the rate among white infants, respectively. Prone (on the stomach) infant sleeping position has emerged as a major modifiable risk factor for SIDS.

While the etiologies of these deaths may vary, established protective behaviors are associated with a reduction in SUID. Launched in 1994, the “Back to Sleep” campaign was a collaborative effort at the Federal, State and local levels to increase the proportion of families who place a baby to sleep on his or her back. This campaign is associated with a decrease in SUID deaths in the 1990s. In 2011, the American Academy of Pediatrics (AAP) summarized the state of scientific evidence and expanded infant safe sleep recommendations beyond the scope of infant sleep position. The AAP has identified the following description of a safe sleep environment: placing the infant to sleep on his back, in the infant’s own crib without blankets or soft items or bed-sharing. [Source: [AAP Policy Statement on SIDS and Other Sleep-Related Infant Deaths](#)] These expanded recommendations have reinvigorated public health efforts to promote safe infant sleep behavior. For example, in 2012 the content of the “Back to Sleep” Campaign was redesigned to align with the latest science and was renamed as the “Safe to Sleep” campaign to emphasize that safe infant sleep behavior is broader than simply infant sleep position. Through effective behavior change interventions built upon this expanded understanding of what can protect babies from SUID, maternal and child health advocates have the potential to significantly reduce post-neonatal infant mortality across the next 5-10 years.