Appendix D

Rationale for Phase 6 Core Questions

This document provides the rationale for questions included in the PRAMS Phase 6 Core Questionnaire. The questions have been arranged by topic area.

Abuse

Q34
During the *12 months before* you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

□ No
□ Yes

Q35
During *your most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

□ No
□ Yes

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

Q45
Did you ever breastfeed or pump breast milk to feed your new baby after delivery, even for a short period of time?

□ No ➔ Go to Question 48b
□ Yes

Q46

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

- □ No
- □ Yes ➔ Go to Question 48a

Q47

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

____ Weeks OR ____ Months

□ Less than 1 week

Q48a

How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, or cow's milk)?

____ Weeks OR ____ Months

□ My baby was less than 1 week old
□ My baby has not had any liquids other than breast milk

Q48b

How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

□ My baby was less than 1 week old
□ My baby has not eaten any foods

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.

Contraception

Conception

Q13

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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

□ No
□ Yes ➔ Go to Question 15

Q14

What were your reasons 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:

Postpartum

Q51

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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

□ No
□ Yes ➔Go to Question 53

Q52

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 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:

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.

Drug Use

Alcohol

Q30
Have you had any alcoholic drinks in the *past 2 years*? A drink is one glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

□ No ➔ Go to Question 33
□ Yes

Q31a
During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

□ 14 or more drinks 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 ➔Go to Question 32a

Q31b
During the *3 months before* you got pregnant, how many times did you drink 4 alcoholic drinks or more at one sitting? A sitting is a two hour time span.

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

Q32a

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

□ 14 or more drinks 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 ➔Go to Question 33

Q32b

During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more at one sitting? A sitting is a two hour time span.

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

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.

To obtain prevalence and amount of alcohol use around time of conception (when structural malformations can occur) and late in pregnancy (when brain develops). The binge drinking questions are relevant because clinical and anecdotal reports indicate that many women who are not necessarily abusive

drinkers have occasional or weekend binges in the first few weeks after conception, before they know they are pregnant. Relatively few studies report on this common pattern of drinking: binge drinking or massing 5 or more drinks on an occasion. It is difficult for prenatal care providers to advise these women because so little is known about the prevalence and risks of binge drinking in early pregnancy. Because of the marked decrease in overall alcohol consumption over the course of pregnancy, measures in addition to average daily or weekly consumption are needed in the study of pregnancy-related drinking.

Tobacco

Q25

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

- ☐ No ➔ Go to Question 29
- ☐ Yes

Q26

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

Q27

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

Q28

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

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.

Health Insurance

Q2

During the *month before* you got pregnant with your new baby, were you covered by any of these health insurance plans? Check all that apply

- □ Health insurance from your job or the job of your husband, partner, or parents
- □ Health insurance that you or someone else paid for (not from a job)
- □ Medicaid (or *state Medicaid name*)
- □ TRICARE or other military health care
- □ *State-specific option (IHS, etc.)*
- □ *State-specific option (state name for indigent care)*
- □ *State-specific option (SCHIP or CHIP program name)*
- □ Other source(s) ➔ Please tell us:
- □ I did not have any health insurance before I got pregnant

Q19

Did any of these health insurance plans help you pay for your *prenatal care*? Check all that apply.

- □ Health insurance from your job or the job of your husband, partner, or parents
- □ Health insurance that you or someone else paid for (not from a job)
- □ Medicaid (or state Medicaid name)
- □ TRICARE or other military health care
- □ *State-specific option (IHS, or tribal/state name)*
- □ *State-specific option (state name for indigent care)*
- □*State-specific option (CHIP or SCHIP program)*
- □ Other source(s) ➔ Please tell us:
- □ I did not have health insurance to help pay for my prenatal care

Q38

Did any of these health insurance plans help you pay for the *delivery* of your new baby? Check all that apply.

- □ Health insurance from your job or the job of your husband, partner, or parents
- □ Health insurance that you or someone else paid for (not from a job)
- □ Medicaid (or state Medicaid name)
- □ TRICARE or other military health care
- □ *State-specific option (IHS, or tribal/state name)*
- □ *State-specific option (state name for indigent care)*
- □ *State-specific option (CHIP or SCHIP program)*
- □ Other source(s) ➔ Please tell us:
- □ I did not have health insurance to help pay for my delivery

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.

HIV Test

Q21

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

Rationale:

CDC promotes recommendations for routine HIV testing of all pregnant women. CDC has recommended since 1995 universal HIV testing of pregnant women so that these women can take advantage of increasingly effective interventions to prevention perinatal HIV transmission and to protect their own health. Beginning in 2004, CDC also is requesting all states receive HIV prevention funds to provide an annual assessment of their prenatal HIV testing rate.

Income

Q54

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.)

- ☐ 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

Q55

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 Health Care

Q50

Was your baby seen by a doctor, nurse, or other health care worker for a *one-week check-up* after he or she was born?

- □ No
- □ Yes

Rationale:

Question 50 was added in Phase 4 at the request of the Secretary's Committee on Infant Mortality to measure whether or not infants discharged from the hospital early were getting the recommended follow-up visit. The question was slightly modified in Phase 6 to clarify that it is a check-up at one week, not a check-up within the first week, and also to include infants that may not have been born in the hospital.

Appropriate well-child care has the potential to reduce infant morbidity and mortality through anticipatory guidance and early detection or prevention of health problems. Use of well-baby care seems highly correlated with use of prenatal care; however, there are few population-based data on the use of well-child services.

Infant Mortality

Q43

Is your baby alive now?

□ No
□ Yes ➔ Go to Question 51

Rationale:
Reducing infant morality 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.).

Infant Smoke Exposure

Q29
Which of the following statements best describes the rules about smoking *inside* your home *now*?

□ No one is allowed to smoke anywhere in my home
□ Smoking is allowed in some rooms or at some times
□ Smoking is permitted anywhere inside my home

Rationale:
Children exposed to environmental tobacco smoke (ETS) 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. There are no population-based estimates available on ETS exposure of very young children. These questions are designed to ascertain information about the extent of potential ETS exposure in the home.

Length of Stay

Infant

Q42
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 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 45

Maternal

Q37
When did you go into the hospital to have your baby?

_____/_____/20_____
month day year

□ I didn't have my baby in a hospital

Q39
When were you discharged from the hospital after your baby was born?

_____/_____/20___
month day year

□ I did not have my baby in a hospital

Rationale:
Information on infant and maternal length of stay can be used as a proxy for infant morbidity and high-risk pregnancy.

Mental Health

Q53
Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way since your new baby was born. Use the scale when answering:

1 2 3 4 5

	Never	Rarely	Sometimes	Often	Always
a. I felt down, depressed, or sad	_____				
b. I felt hopeless	_____				
c. I felt slowed down	_____				

Morbidity

Infant

Q36
When was your baby due?

_____/_____/20___
month day year

Q38
When was your baby born?

_____/_____/20___
month day year

Q41
After your baby was born, was he or she put in an intensive care unit?

□ No
□ Yes
□ I don't know

Maternal

Q7. ***Before* you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes?** This is not the same as gestational diabetes or diabetes that starts during pregnancy.

□ No
□ Yes

Q23.

During *your most recent* pregnancy, were you told by a doctor, nurse, or other health care workers that you had gestational diabetes (diabetes that started during *this* pregnancy)?

□ No
□ Yes

Q24
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. Vaginal bleeding	N	Y
b. Kidney or bladder (urinary tract) infection	N	Y
c. ***Severe*** nausea, vomiting or dehydration	N	Y
d. Cervix had to be sewn shut (cerclage for incompetent cervix)	N	Y
e. High blood pressure, hypertension (including pregnancy-induced hypertension PIH]), preclampsia, or toxemia	N	Y
f. Problems with the placenta (such as abruptio placental, placenta previa)	N	Y
g. Labor pains more than 3 weeks before your baby was due (preterm or early labor)	N	Y
h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM)	N	Y
i. I had to have a blood transfusion	N	Y
j. I was hurt in a car accident	N	Y

Rationale:
Reducing infant and maternal morbidity is a major goal for PRAMS. Infant date of birth and due date can be used to calculate gestational age, which allows the preventable risk factors for preterm birth and growth retardation, and their relative contribution to neonatal and infant mortality, to be studied separately.

Nutrition

Maternal Weight/Height

Q4
***Just before* you got pregnant, how much did you weigh?**

_____ Pounds OR _____Kilos

Q5
How tall are you without shoes?

_____ Feet _____ Inches
OR ____Meters

Vitamin Use and Folic Acid

Q3
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

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.

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.

Parent and Infant Characteristics

Infant Demographics

Q44
Is your baby living with you now?

□ No➔ Go to Question 51
□ Yes

Rationale:
This question is used as a filter question for the infant care questions. Mothers whose infants are not living with them should not be asked about infant care.

Maternal Demographics

Q6
What is your date of birth?

_____/_____/19_____
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.

Pre-conception Readiness

Q1.
At any time during the *12 months before* you got pregnant with your new baby, did you do any of the following things? For each item, circle **Y** (Yes) if you did it or **N** (No) if you did not.

	No	**Yes**
a. I was dieting (changing my eating habits) to lose weight……..	N	Y
b. I was exercising 3 or more days of the week…….,N	N	Y
c. I was regularly taking prescription medicines other than birth control……N	N	Y
d. I visited a health care worker to be checked or treated for diabetes……	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure……	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety……	N	Y
g. I talked to a health care worker about my family medical history..	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist……	N	Y

Pregnancy Recognition

Q15

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

Rationale:

Information about the month of pregnancy when the mother first suspected/first knew that she was pregnant is important for assessing initiation of prenatal care and changes in cigarette and alcohol use.

Pregnancy Intention

Q11

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

Q12

When you got pregnant with your new baby, were you trying to become pregnant?

□ No
□ Yes ➔ Go to Question 15

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

Barriers

Q17
Did you get prenatal care as early in your pregnancy as you wanted?

□ No
□ Yes ➔ Go to Question 19

Q18
Did any of these things keep you from getting prenatal care at all or as early as your wanted? For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

	True	False
a. I couldn't get an appointment when I wanted one	T	F
b. I didn't have enough money or insurance to pay for my visits	T	F
c. I had no transportation to get to the clinic or doctor's office	T	F
d. The doctor or my health plan would not start care as early as I wanted	T	F
e. I had too many other things going on	T	F
f. I couldn't take time off from work or school	T	F
g. I didn't have my Medicaid (or *state Medicaid name*) card	T	F
h. I had no one to take care of my children	T	F
i. I didn't know that I was pregnant	T	F
j. I didn't want anyone else to know I was pregnant	T	F
k. I didn't want prenatal care	T	F

Content

Q20

***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. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	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. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

Initiation

Q16

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 did not go for prenatal care➔ Go to Question 18

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

Q8
***Before* you got pregnant with your new baby, did you ever have any other babies who were born alive?**

- □ No ➔ Go to Question 11
- □ Yes

Q9
Did the baby born *just before* your new one weigh *more* than 5 pounds, 8 ounces (2.5 kilos) at birth?

- □ No
- □ Yes

Q10
Was the baby *just before* your new one born *more* than 3 weeks before his or her due date?

- □ No
- □ Yes

Rationale:
A woman's previous pregnancy history of LBW is of major importance in the prediction of a subsequent LBW infant. This is true for both preterm birth and growth retardation. Health care providers need to discuss with these mothers the importance of risk factors that can be modified before their next pregnancy and the importance of early antenatal care for subsequent pregnancies.

Sleeping Behaviors

Q49
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

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. In 1994, the U.S. Public Health Service launched the national Back to Sleep Campaign to promote back or side sleeping for healthy newborns. The purpose of adding a PRAMS question is to determine the prevalence of sleep position, and to monitor changes that may occur over time due to increased public information.

Social Services

Q22
During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants and Children)?

- ☐ No
- ☐ Yes

Rationale:
PRAMS data may be useful when assessing the use of social services such as WIC and the health-related experiences of women with recent live births. These data also can be used to map trends in WIC enrollment by pregnant women.

Stress

Q33
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 when you answer these questions.)

	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 were 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 did not want me to be pregnant	N	Y
i. I had a lot of bills you couldn't pay	N	Y
j. I was in a physical fight	N	Y
k. My husband or partner went to jail	N	Y
l. Someone very close to me had a problem with drinking or drugs	N	Y
m. Someone very close to me died	N	Y

Rationale:
Low birth weight is associated with objective adverse major life events and lack of social supports. It is unlikely that clinical or public health interventions can eliminate or even reduce the adverse objective life events that may occur during a pregnancy. The adverse impact of stress on pregnancy outcome, however, may be modified by social supports.