Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about you. How tall are you without shoes? 1. 6. Feet Inches OR Centimeters 2. Just before you got pregnant with your new baby, how much did you weigh? 7. Pounds **OR** _____ Kilos 3. What is your date of birth? Month Day Year The next questions are about the time before you got pregnant with your new baby. 4. During the 3 months before you got pregnant

with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.

No Yes
a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy)
b. High blood pressure or hypertension
c. Depression 5. 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 in the month before I got pregnant 1 to 3 times a week 4 to 6 times a week Every day of the week 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? Go to Page 2, Question 9 No -Yes 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's office □ Regular checkup at my OB/GYN's office □ Visit for an illness or chronic condition Visit for an injury Usit for family planning or birth control Visit for depression or anxiety Usit to have my teeth cleaned by a dentist or dental hygienist Other — ➤ Please tell us:

| 8. | During any of your health care visits in t 12 months before you got pregnant, did doctor, nurse, or other health care work <u>do</u> any of the following things? For each check No if they did not or Yes if they did. | a e | r |
|----|---|--------|-----|
| | | | Yes |
| a. | Tell me to take a vitamin with folic acid | | |
| b. | Talk to me about maintaining a healthy weight | I | |
| c. | Talk to me about controlling any medical conditions such as diabetes or high blood pressure | 1 | |
| d. | Talk to me about my desire to have or not have children | 1 | |
| e. | Talk to me about using birth control to prevent pregnancy | 1 | |
| f. | Talk to me about how I could improve my health before a pregnancy | | |
| g. | Talk to me about sexually transmitted infections such as chlamydia, | | |
| | gonorrhea, or syphilis | | |
| h. | Ask me if I was smoking cigarettes | | |
| i. | Ask me if someone was hurting me emotionally or physically | | |
| j. | Ask me if I was feeling down or depressed | | |
| k. | Ask me about the kind of work I do | | |
| I. | Test me for HIV (the virus that causes AIDS) | | |

The next questions are about your *health insurance coverage* before, during, and after your pregnancy with your *new* baby.

9. 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
- D Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- □ TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance during the *month before* I got pregnant

10. During your <u>most recent pregnancy</u>, what kind of health insurance did you have for your prenatal care?

Check ALL that apply

- □ I did not go for prenatal care → Go to Question 12
- 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 New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Discount/State prenatal HRF or sliding scale
- TRICARE or other military health care
- □ Indian Health Service (IHS) or Tribal-638 health care coverage
- □ Other health insurance > Please tell us:
- □ I did not have any health insurance for my *prenatal care*

If you <u>had</u> health insurance for your <u>prenatal</u> <u>care</u>, go to Question 11. Otherwise, go to Question 12.

- 11. Did the cost of health insurance for your *prenatal care* cause financial problems for you or your family?
 - 🛛 No
 - Yes

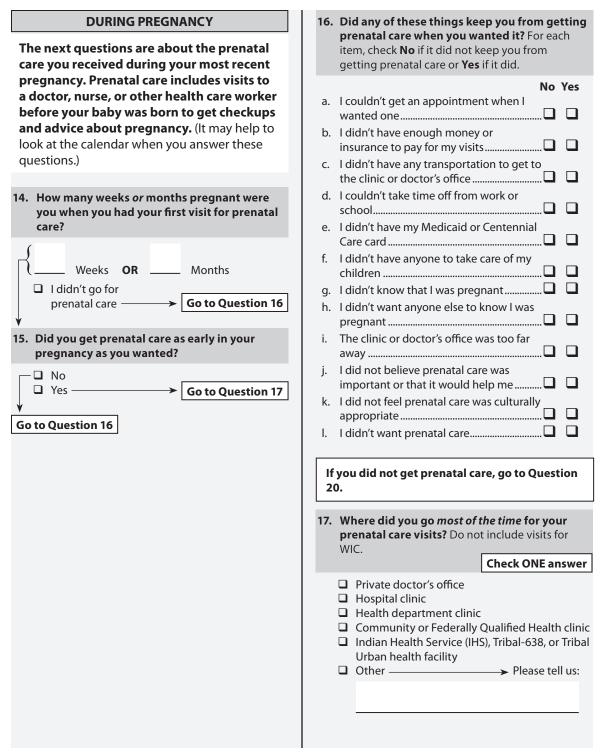
12. What kind of health insurance do you have <u>now</u>?

Check ALL that apply

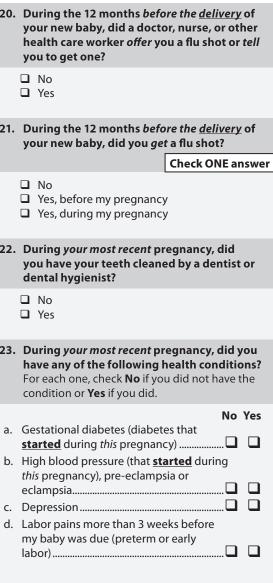
- Private health insurance from my job or the job of my husband or partner
- □ Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- TRICARE or other military health care
- □ Indian Health Service (IHS) or Tribal-638 health care coverage
- □ Other health insurance > Please tell us:
- □ I do not have health insurance *now*
- 13. 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



| 18. | 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. | 20. |
|-----|--|---------|
| | No Yes | |
| a. | If I knew how much weight I should gain during pregnancy | |
| b. | | 21. |
| | medication | |
| с. | If I was smoking cigarettes | |
| d. | J · · · · · · · · · · · · · · · · · · | |
| 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, | 22. |
| | 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 🖵 📮 | 23. |
| 19. | How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, | |
| | answer for the place where you got <i>most</i> of your | a. (|
| | care. For each item, check No if you were not satisfied or Yes if you were satisfied. | <u></u> |
| | No Yes | b. ł |
| a. | The amount of time I had to wait | |
| b. | The amount of time the doctor, nurse, | c. [|
| | or midwife spent with me 🔲 🔲 | d. I |
| c. | The advice I got on how to take care of myself 🖬 🔲 | |
| d. | The understanding and respect shown toward me as a person | |
| e. | The cultural understanding or respect | |
| | demonstrated in my care 🛛 🔲 | |
| | | |



6 The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after). 24. Have you smoked any cigarettes in the past 2 years? 🛛 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 □ I didn't smoke then 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 □ I didn't smoke then 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
- I don't smoke now

The next questions are about using other tobacco products around the time of pregnancy.

E-cigarettes (electronic cigarettes) and other electronic nicotine products (such as vape pens, e-hookahs, hookah pens, e-cigars, e-pipes) are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.

A **hookah** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

28. 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. Cigars, cigarillos, or little filtered cigars 🔲 📮

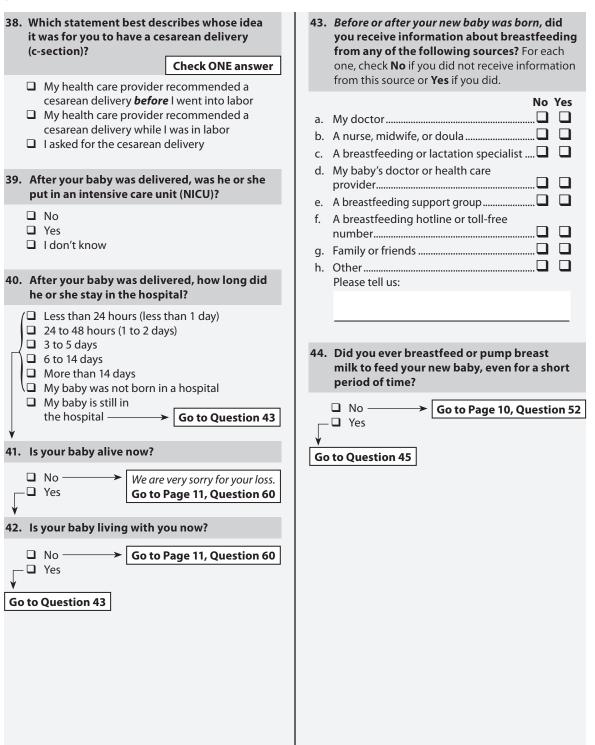
If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 29. Otherwise, go to Question 31.

- 29. During the 3 months <u>before</u> 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

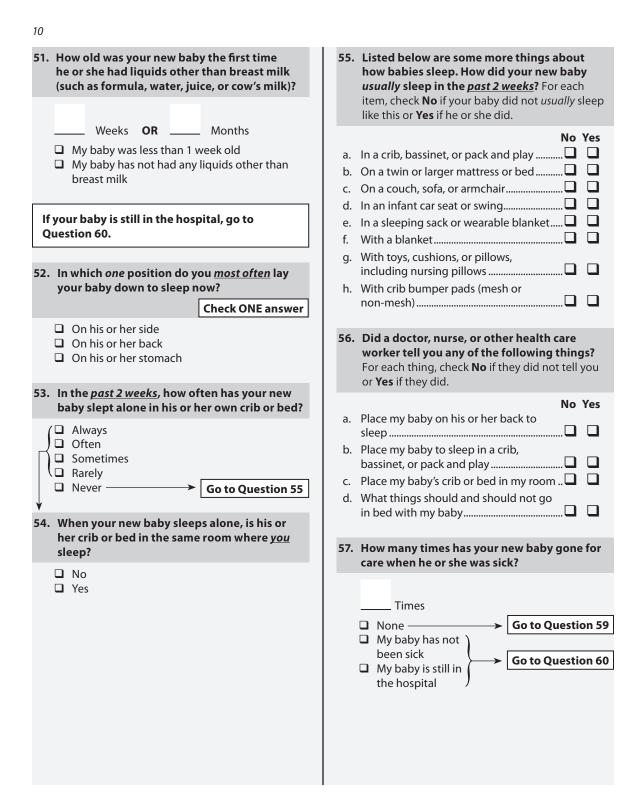
30. During the last 3 months of your pregnancy, 34. In the 12 months before you got pregnant on average, how often did you use with your new baby, did any of the following e-cigarettes or other electronic nicotine people push, hit, slap, kick, choke, or products? physically hurt you in any other way? For each person, check **No** if they did not hurt you during More than once a day this time or **Yes** if they did. Once a day □ 2-6 days a week □ 1 day a week or less a. My husband or partner □ I did not use e-cigarettes or other electronic b. My ex-husband or ex-partner...... nicotine products then c. Another family member d. Someone else The next questions are about drinking alcohol around the time of pregnancy. 35. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other 31. Have you had any alcoholic drinks in the past way? For each person, check No if they did not 2 years? A drink is 1 glass of wine, wine cooler, hurt you during this time or **Yes** if they did. can or bottle of beer, shot of liquor, or mixed drink. a. My husband or partner No -Go to Question 33 b. My ex-husband or ex-partner..... Yes c. Another family member d. Someone else 32. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week? AFTER PREGNANCY □ 14 drinks or more a week The next questions are about the time 8 to 13 drinks a week since your new baby was born. 4 to 7 drinks a week □ 1 to 3 drinks a week Less than 1 drink a week 36. When was your new baby born? I didn't drink then 20 Pregnancy can be a difficult time. The next questions are about things that may have Month Day Year happened before and during your most recent pregnancy. 37. How was your new baby delivered? □ Vaginally → Go to Page 8, Question 39 33. During the 12 months before your new baby Cesarean delivery (c-section) was born, did you ever eat less than you felt you should because there wasn't enough Go to Page 8, Question 38 money to buy food? D No Yes

No Yes

No Yes



| 45. After your new baby was born, did you receive the kinds of help with breastfeeding | 49. Did your health insurance pay for a breast pump for you to use with your <i>new</i> baby? | | | |
|---|---|--|--|--|
| that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did. | No Yes, but I had to make a co-payment Yes, with no co-payment | | | |
| No Yes a. Someone to answer my questions | I did not have health insurance I don't know If your baby was not born in a hospital, go to Page 10, Question 51. | | | |
| enough milk d. Help with managing pain or bleeding nipples | 50. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did. | | | |
| g. Information about breastfeeding support groups h. Other Please tell us: | No Yes a. Hospital staff gave me information about breastfeeding b. My baby stayed in the same room with me at the hospital c. I breastfed my baby in the hospital d. Hospital staff helped me learn how to | | | |
| 46. Are you currently breastfeeding or feeding pumped milk to your new baby? | breastfeed e. I breastfed in the first hour after my baby was born | | | |
| | f. My baby was placed in skin-to-skin contact within the first hour of life | | | |
| 47. How many weeks or months did you breastfeed or feed pumped milk to your baby? | hospital hospital staff told me to breastfeed whenever my baby wanted | | | |
| Less than 1 week Weeks OR Months | i. The hospital gave me a breast pump to use | | | |
| 48. Have you used a breast pump to express milk to feed to your new baby? □ No → Go to Question 50 ↓ Yes Go to Question 49 | k. The hospital gave me a telephone number to call for help with breastfeeding I. Hospital staff gave my baby a pacifier | | | |



| 58. Has your new baby gone for care as many times as you wanted when he or she was sick? | 61. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i> ? | | |
|--|--|--|--|
| □ No □ Yes → Go to Question 60 | Check ALL that apply | | |
| For the set of the s | 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 | | |
| I didn't have health insurance to pay for the visit I couldn't get an appointment I didn't have a regular doctor for my baby I had no way to get my baby to the clinic or doctor's office I didn't have anyone to take care of my other children Other ->> Please tell us: | 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: | | |
| | If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant <i>now,</i> go to Page 12, Question 63. | | |
| 60. 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 62. What kind of birth control are you or your husband or partner using now to keep from getting pregnant? | | | |
| natural family planning. | Check ALL that apply | | |
| Go to Question 62 Go to Question 61 | □ 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®, 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: | | |

| 63. | Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a | 66. Since your new baby was born, how often hav you had little interest or little pleasure in doing things you usually enjoyed? | /e |
|-----|---|---|------|
| | woman has about 4-6 weeks after she gives birth. | □ Always | |
| | | Often Sometimes | |
| _ | □ No | □ Rarely | |
| ¥ | | Never | |
| 64. | During your postpartum checkup, did a | OTHER EXPERIENCES | |
| | doctor, nurse, or other health care worker <u>do</u> any of the following things? For each item, check No if they did not do it or Yes if they did. | The next questions are on a variety of | |
| | No Yes | topics. | |
| | Tell me to take a vitamin with folic acid \Box \Box | cz. An and Dimenia Considered attack | |
| b. | Talk to me about healthy eating, exercise, and losing weight gained | 67. Are you Hispanic, Spanish, or Latina? | |
| | during pregnancy | No Yes | |
| c. | Talk to me about how long to wait | | |
| ما | before getting pregnant again | 68. Which one or more of the following would | |
| a. | Talk to me about birth control methods I can use after giving birth | you say is your race? Check ALL that app | |
| e. | Give or prescribe me a contraceptive | American Indian or Alaska Native | IY . |
| | method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, | | |
| | or condoms | Tribe: | |
| f. | Insert an IUD (Mirena®, ParaGard®, | □ Asian | |
| | Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®) □ | Black or African American Native Hawaiian or Other Pacific Islander | |
| q. | Ask me if I was smoking cigarettes | White | |
| - | Ask me if someone was hurting me | □ Other> Please tell us | : |
| | emotionally or physically | | |
| 1. | Ask me if I was feeling down or depressed | | - |
| j. | Test me for diabetes | 69. Which <u>one</u> of these <i>best</i> describes you? | |
| | | Check ONE answ | er |
| 65. | <i>Since your new baby was born</i> , how often have you felt down, depressed, or hopeless? | American Indian or Alaska Native | |
| | | Asian | |
| | Always Often | Black or African American Hispanic, Spanish, or Latina | |
| | G Sometimes | Native Hawaiian or Other Pacific Islander | |
| | Rarely Never | □ White □ Other ──── Please tell us | |
| | | | |
| | | | |
| | | | |
| | | | |

| | were worse than, the same as, or better than for people of other races (or ethnicities)? Check ONE answer |
|----------|--|
| | Worse than other races The same as other races Better than other races Worse than some races, better than others I only encountered people of the same race I did not have health care in past 12 months Don't know / Not sure |
| 71. | During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did. |
| | No Yes |
| a. b. | Prescription for depression or anxiety Over-the-counter pain relievers such as aspirin, Tylenol [®] , Advil [®] , or Aleve [®] |
| c. | Prescription pain relievers such as hydrocodone (Vicodin [®]), oxycodone (Percocet [®]), or codeine |
| d. | Marijuana (pot, weed, bud, <i>mota</i> or hashish (hash)) |
| e. f. | Synthetic marijuana (K2, Spice) Subutex, or Suboxone [®] |
| g. h. | Heroin (smack, junk, Black Tar, <i>Chiva</i>) Amphetamines (uppers, speed, crystal meth, crank, ice, <i>agua</i>) |
| i. | Cocaine (crack, rock, coke, blow, snow, nieve) |
| j. k. | Tranquilizers (downers, ludes) Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts) |
| I. | Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing) |

70. Within the past 12 months, when seeking

72. During your most recent pregnancy, did you receive any of the following services? For each one, check **No** if you did not receive the service or **Yes** if you did.

| | | NО | Yes |
|----|---|----|-----|
| a. | Counseling or a support group for depression | | |
| b. | Class or support group to stop smoking cigarettes | | |
| c. | Help to reduce violence in my home | | |
| d. | Healthy Start | 🗖 | |
| e. | Families FIRST case management | | |
| f. | Doula or midwife support | | |
| q. | Home visiting program | | |

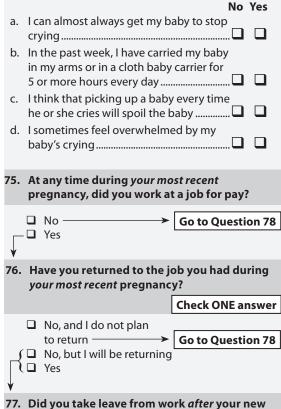
If your baby is not alive or is not living with you, go to Question 75.

73. Since your new baby was born, have you used any of these services? For each one, check No if you did not use the service or Yes if you did.

No Yes a. A breastfeeding class or peer counseling support Image: Counseling support Image: Counseling FIRST case management Image: Counseling or a support group for depression Image: Counseling or a support group for depression Image: Counseling help from a hospital or clinic Image: Breastfeeding help from a community program or lactation consultant Image: Counseling program Image: Counseling program

If your baby is still in the hospital, go to **Question 75.**

74. Please read each statement below about how you feel about your baby's crying or how you manage his or her crying. For each one, check No if you did not apply to you or Yes if it did.



baby was born?

Check ALL that apply

- □ I took *paid* leave from my job
- □ I took *unpaid* leave from my job
- □ I did not take any leave

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

- 78. 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 \$16,000
 - □ \$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 to \$57,000
 - □ \$57,001 to \$60,000
 - □ \$60,001 to \$73,000
 - □ \$73,001 to \$85,000
 - □ \$85,001 or more
- 79. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
 - People
- 80. What is today's date?

20 Day

Month

Year

Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in New Mexico.

Thanks for answering our questions!

Your answers will help us work to keep mothers and babies in New Mexico healthy.