

Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8 Phone Questionnaire, January 2021 – December 2021

First, I would like to ask a few questions about you.

1. How tall are you without shoes? (PROBE: About how tall?)
(Don't read) 1 Feet
2 Inches OR
3 Centimeters
[Range: 4-6 feet/0-11 inches] [Range: 120-210 centimeters]
8 Refused
9 Don't know/don't remember

2. Just before you got pregnant with your new baby, how much did you weigh?
(PROBE About how much?)

(Don't read) 1 Number of pounds
OR
2 Number of kilos
[Range: 36-400 pounds/kilos]
8 Refused
9 Don't know/don't remember

3. What is your date of birth?
[Range: 10-55 years of age]

(Don't read) 88/88/8888 Refused
99/99/9999 Don't know/don't remember

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

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

(Don't read) 1 No → Go to Question 7
2 Yes
8 Refused → Go to Question 7
9 Don't know/don't remember → Go to Question 7

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

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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6. Was the baby just before your new one born earlier than 3 weeks before his or her due date?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

7. I'm going to read a list of health conditions. For each one, please tell me if you had it during the 3 months before you got pregnant with your new baby. Did you have?

- a) Type 1 or Type 2 diabetes. This is not the same as gestational diabetes or diabetes that starts during pregnancy.
- b) High blood pressure or hypertension
- c) Depression
- d) Asthma
- e) Anxiety

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

8. 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? Please tell me which of the following best describes you.

(PROBE: About how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?)

- 1 You didn't take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before you got pregnant,
 - 2 1 to 3 times a week → Go to Question 10
 - 3 4 to 6 times a week → Go to Question 10
 - 4 Every day of the week → Go to Question 10
- (Don't read)
- 8 Refused → Go to Question 10
 - 9 Don't know/don't remember → Go to Question 10

9. I'm going to read a list of reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins before pregnancy. For each one, please tell me if it was a reason for you during the month before you got pregnant with your new baby. Was it because ?

(PROBE: Was this a reason you did not take multivitamins, prenatal vitamins, or folic acid vitamins during the month before you got pregnant with your new baby?)

- a. You weren't planning to get pregnant
- b. You didn't think you needed to take vitamins

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- c. You didn't want to take vitamins
- d. The vitamins were too expensive
- e. The vitamins gave you side effects such as nausea or constipation
- f. Was there any other reason?
- g. IF YES, ASK: What was the reason?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

10. 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?

- (Don't read)
- 1 No → Go to Question 13
 - 2 Yes
 - 8 Refused → Go to Question 13
 - 9 Don't know/Don't remember → Go to Question 13

11. I'm going to read a list of types of health care visits. For each one, please tell me if you had that kind of visit in the 12 months before you got pregnant with your new baby. Did you have ?

(PROBE: What type of health care visit did you have in the 12 months before you got pregnant with your new baby? Did you have ?)

- a) A regular checkup at your family doctor's office
- b) A regular checkup at your OB/GYN's office
- c) A visit for an illness or chronic condition
- d) A visit for an injury
- e) A visit for family planning or birth control
- f) A visit for depression or anxiety
- g) A visit to have your teeth cleaned by a dentist or dental hygienist
- h) Some other type of visit
- i) IF YES, ASK: What was that?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

12. 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?

(PROBE: Did a doctor, nurse, or other health care worker?)

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

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

13. Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk to you about preparing for a pregnancy?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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

14. I'm going to read a list of different types of health insurance. For each one, please tell me if you had this kind of health insurance during the month before you got pregnant with your new baby. Did you have _____ ?

(PROBE: What kind of health insurance did you have during the month before you got pregnant with your new baby?)

- a) Private health insurance from your job or the job of your husband or partner
- b) Private health insurance from your parents
- c) Private health insurance from the Montana Health Insurance Marketplace or HealthCare.gov
- d) Montana Medicaid
- e) Healthy Montana Kids or Health Montana Kids Plus
- f) TRICARE or other military health care
- g) Indian Health Service or IHS or tribal
- h) Did you have some other health insurance during the month before you got pregnant?

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i) IF YES, ASK: What was that?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

INTERVIEWER: Go to Question 15 if the mother answered YES to any of the insurance options listed above.

j) Would you say that you did not have any health insurance during the month before you got pregnant?

INTERVIEWER: If the mother answered that she did not have any health insurance, check YES.

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

15. What kind of health insurance did you have during your most recent pregnancy for your prenatal care? I'm going to read the list of options again. For each one, please tell me if you had this kind of health insurance for your prenatal care. First, let me ask: (READ item a)

(PROBE: What kind of health insurance did you have during your most recent pregnancy for your prenatal care?)

a) Did you have prenatal care?

(**INTERVIEWER:** If the mother did not have prenatal care, mark NO and go to Question 16.)

- b) Private health insurance from your job or the job of your husband or partner
- c) Private health insurance from your parents
- d) Private health insurance from the Montana Health Insurance Marketplace or HealthCare.gov
- e) Montana Medicaid
- f) Healthy Montana Kids or Healthy Montana Kids Plus
- g) TRICARE or other military health care
- h) Indian Health Service or IHS or tribal
- i) Did you have some other health insurance for your prenatal care?
- j) IF YES, ASK: What was that?

- (Don't read)
- | | |
|---|----|
| 1 | No |
|---|----|

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- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

INTERVIEWER: Go to Question 16 if the mother answered YES to any of the insurance options listed above.

- k) Would you say that you did not have any health insurance for your prenatal care?

INTERVIEWER: If the mother answered that she did not have any health insurance, check YES.

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

16. What kind of health insurance do you have now? I'm going to read the list of types of health insurance one last time. For each one, please tell me if you have this kind of health insurance now. Do you have ?

(PROBE: What kind of health insurance do you have now?)

- a) Private health insurance from your job or the job of your husband or partner
- b) Private health insurance from your parents
- c) Private health insurance from the Montana Health Insurance Marketplace or HealthCare.gov
- d) Montana Medicaid
- e) Healthy Montana Kids or Healthy Montana Kids Plus
- f) TRICARE or other military health care
- g) Indian Health Service or IHS or tribal
- h) Do you have some other health insurance?
- i) IF YES, ASK: What is that?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

INTERVIEWER: Go to Question 17 if the mother answered YES to any of the insurance options listed above.

- j) Would you say that you do not have any health insurance now?

(INTERVIEWER: If the mother answered that she does not have any health insurance, check YES.)

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- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

17. Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant? I'm going to read a list of options. Please choose the one that best describes how you felt.

(PROBE: Just before you got pregnant with your new baby, how did you feel about becoming pregnant?)

- 1 You wanted to be pregnant later
- 2 You wanted to be pregnant sooner
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at any time in the future
- 5 You weren't sure what you wanted
- (Don't read) 8 Refused
- 9 Don't know/don't remember

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

- (Don't read) 1 No
- 2 Yes → Go to Question 21
- 8 Refused → Go to Question 21
- 9 Don't know/don't remember → Go to Question 21

19. 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 having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- (Don't read) 1 No → Go to Question 21
- 2 Yes
- 8 Refused → Go to Question 21
- 9 Don't know/don't remember → Go to Question 21

20. I'm going to read a list of birth control methods that some people use to keep from getting pregnant. For each one, please tell me if you were using that method when you got pregnant with your new baby.

(PROBE: What method of birth control were you using when you got pregnant with your new baby?)

- a) Birth control pills
- b) Condoms
- c) Shots or injections or Depo-Provera®
- d) Contraceptive implant in the arm, including Nexplanon® or Implanon®

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- e) Contraceptive patch or OrthoEvra®, or vaginal ring or NuvaRing®
- f) IUD, including Mirena® or ParaGard®, Liletta®, or Skyla®
- g) Natural family planning including rhythm method
- h) Withdrawal or pulling out
- i) Were you or your husband or partner using any other method to keep from getting pregnant?
- j) IF YES, ASK: What was that?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. It may help to look at the calendar when you answer these questions.

21. How many weeks or months pregnant were you when you had your first visit for prenatal care? (PROBE: How many weeks or months pregnant were you?)

- (Don't read)
- | | | |
|---|---|------------------------|
| 1 | Number of weeks | (Range: 1-40 weeks) OR |
| 2 | Number of months | (Range: 1-9 months) |
| 3 | You didn't go for prenatal care → Go to Question 23 | |
| 8 | Refused → Go to Question 23 | |
| 9 | Don't know/don't remember → Go to Question 23 | |

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the following things?

(PROBE: During your prenatal care visits, did a doctor, nurse, or other health care worker ask you?)

- a. If you knew how much weight you should gain during pregnancy
- b. If you were taking any prescription medication
- c. If you were smoking cigarettes
- d. If you were drinking alcohol
- e. If someone was hurting you emotionally or physically
- f. If you were feeling down or depressed
- g. If you were using drugs such as marijuana, cocaine, crack, or meth
- h. If you wanted to be tested for HIV, the virus that causes AIDS
- i. If you planned to breastfeed your new baby
- j. If you planned to use birth control after your baby was born

- (Don't read)
- | | |
|---|---------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |

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9 Don't know/don't remember

23. 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?

- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

24. During the 12 months before the delivery of your new baby, did you get a flu shot? I'm going to read you three options. Please tell me which one applies to you.

- 1 No
2 Yes, before your pregnancy → Go to Question 26
3 Yes, during your pregnancy → Go to Question 26
(Don't read) 8 Refused → Go to Question 26
9 Don't know/don't remember → Go to Question 26

25. I'm going to read a list of reasons some women don't get a flu shot. For each one, please tell me if it was a reason for you not getting a flu shot during the 12 months before the delivery of your new baby. Was it because?

(PROBE: Did you not get a flu shot because?)

- a) Your doctor didn't mention anything about a flu shot
- b) You were worried about side effects of the flu shot for yourself
- c) You were worried that the flu shot might harm your baby
- d) You were not worried about getting sick with the flu
- e) You don't think the flu shot works
- f) You don't normally get a flu shot
- g) Was there any other reason you did not get a flu shot during the 12 months before the delivery of your new baby?
- h) IF YES, ASK: What was that reason?

- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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

- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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27. I'm going to read a list of other things about caring for your teeth. For each one, please tell me if it applied to you during your most recent pregnancy. Did ?

(PROBE: During your most recent pregnancy, did?)

- a) You know it was important to care for your teeth and gums during your pregnancy
- b) A dental or other health care worker talk with you about how to care for your teeth and gums
- c) You have insurance to cover dental care during your pregnancy
- d) You need to see a dentist for a problem
- e) You go to a dentist or dental clinic about a problem

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

28. During your most recent pregnancy, did you take a class or classes to prepare for childbirth and learn what to expect during labor and delivery?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

30. I'm going to read a list of health conditions. For each one, please tell me if you had it during your most recent pregnancy. Did you have?

(PROBE: During your most recent pregnancy, did you have?)

- a) Gestational diabetes or diabetes that started during this pregnancy
- b) High blood pressure that started during this pregnancy, pre-eclampsia, or eclampsia
- c) Depression

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

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The next questions are about smoking cigarettes before, during, and after pregnancy.

31. Have you smoked any cigarettes in the past 2 years?

- (Don't read) 1 No → Go to Question 37
2 Yes
8 Refused → Go to Question 37
9 Don't know/don't remember → Go to Question 37

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

(PROBE: In the 3 months before you got pregnant, about how many cigarettes did you smoke on an average day?)

- 1 41 cigarettes or more a day
2 21 to 40 cigarettes
3 11 to 20 cigarettes
4 6 to 10 cigarettes
5 1 to 5 cigarettes
6 Less than 1 cigarette
7 You didn't smoke then
(Don't read) 8 Refused
9 Don't know/don't remember

33. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? Did you smoke ?

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

- 1 41 cigarettes or more a day
2 21 to 40 cigarettes
3 11 to 20 cigarettes
4 6 to 10 cigarettes
5 1 to 5 cigarettes
6 Less than 1 cigarette
7 You didn't smoke then
(Don't read) 8 Refused
9 Don't know/don't remember

INTERVIEWER: If the respondent did not smoke at any time in the 3 months before she got pregnant, go to Question 36.

34. During any of your prenatal care visits, did a doctor, nurse, or other health care worker advise you to quit smoking?

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- (Don't read) 1 No
2 Yes
3 You didn't go for prenatal care → Go to Question 36
8 Refused → Go to Question 36
9 Don't know/don't remember → Go to Question 36

35. I'm going to read a list of things about quitting smoking that a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each one, please tell me if it applied to you. Did a doctor, nurse, or other health care worker?

(PROBE: During any of your prenatal care visits, did a doctor, nurse, or other health care worker?)

- a) Spend time with you discussing how to quit smoking
- b) Suggest that you set a specific date to stop smoking
- c) Suggest you attend a class or program to stop smoking
- d) Provide you with booklets, videos, or other materials to help you quit smoking on your own
- e) Refer you to counseling for help with quitting
- f) Ask if a family member or friend would support your decision to quit
- g) Refer you to a national or the Montana quit line
- h) Recommend using nicotine gum
- i) Recommend using a nicotine patch
- j) Prescribe a nicotine nasal spray or nicotine inhaler
- k) Prescribe a pill like Zyban®, also known as Wellbutrin® or bupropion to help you quit
- l) Prescribe a pill like Chantix®, also known as varenicline to help you quit

- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

36. How many cigarettes do you smoke on an average day now? Do you smoke?

(PROBE: About how many cigarettes do you smoke on an average day? A pack has 20 cigarettes.)

- 1 41 cigarettes or more a day
2 21 to 40 cigarettes
3 11 to 20 cigarettes
4 6 to 10 cigarettes
5 1 to 5 cigarettes
6 Less than 1 cigarette
7 You don't smoke now
(Don't read) 8 Refused

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9 Don't know/don't remember

37. Please tell me which one of the following statements best describes the rules about smoking inside your home during your most recent pregnancy, even if no one who lived in your home was a smoker?

- 1 No one was allowed to smoke anywhere inside your home
- 2 Smoking was allowed in some rooms or at some times
- 3 Smoking was permitted anywhere inside your home
- (Don't read) 8 Refused
- 9 Don't know/don't remember

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

38. I am going to read a list of products. For each one, please tell me if you used it at any time in the past 2 years? Have you used ?

(PROBE: In the past 2 years, have you used ?)

- a) E-cigarettes or other electronic nicotine products (PROBE: E-cigarettes or electronic cigarettes and other electronic nicotine products such as vape pens, e-hookahs, hookah pens, e-cigars, and e-pipes are battery-powered devices that use nicotine liquid rather than tobacco leaves, and produce vapor instead of smoke.)
- b) Hookah
(PROBE: A hookah is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.)
- c) Chewing tobacco, snuff, snus, or dip

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

INTERVIEWER: If the respondent did NOT use e-cigarettes or other electronic nicotine products in the past 2 years, go to Question 41.

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

- 1 More than once a day
- 2 Once a day
- 3 2 to 6 days a week
- 4 1 day a week or less
- 5 You did not use e-cigarettes or other electronic nicotine products then
- (Don't' read) 8 Refused
- 9 Don't know/don't remember

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40. During the last 3 months of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products? Did you use them ?
- 1 More than once a day
 - 2 Once a day
 - 3 2 to 6 days a week
 - 4 1 day a week or less
 - 5 You did not use e-cigarettes or other electronic nicotine products then
- (Don't read) 8 Refused
- 9 Don't know/don't remember

The next questions are about drinking alcohol around the time of pregnancy.

41. 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.
- (Don't read) 1 No → Go to Question 44
- 2 Yes
- 8 Refused → Go to Question 44
- 9 Don't know/don't remember → Go to Question 44

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

(PROBE: During the 3 months before you got pregnant, about how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
 - 2 8 to 13 drinks a week
 - 3 4 to 7 drinks a week
 - 4 1 to 3 drinks a week
 - 5 Less than 1 drink a week
 - 6 You didn't drink then
- (Don't read) 8 Refused
- 9 Don't know/don't remember

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

(PROBE: During the last 3 months of your pregnancy, about how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 8 to 13 drinks a week
- 3 4 to 7 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week

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- 6 You didn't drink then
- (Don't read) 8 Refused
- 9 Don't know/don't remember

INTERVIEWER: If the mother is less than 18 years old, go to Question 46.

Pregnancy can be a difficult time. The next questions are about things that may have happened before and during your most recent pregnancy.

44. 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?

- a) Your husband or partner
- b) Your ex-husband or ex-partner
- c) Another family member
- d) Someone else

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

45. During your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way?

- a) Your husband or partner
- b) Your ex-husband or ex-partner
- c) Another family member
- d) Someone else

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

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

46. On what date was your new baby born? (PROBE: When was your new baby born?)

[Range: Month 1-12; Day 1-31; Year = Surveillance year]

- 88/88/8888 Refused
- 99/99/9999 Don't know/don't remember

47. Did your doctor, nurse, or other health care worker try to induce your labor, or start your contractions using medicine?

- (Don't read) 1 No → Go to Question 49
- 2 Yes

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- 7 Don't know/don't remember → Go to Question 49
- 8 Refused → Go to Question 49

48. I'm going to read a list of reasons why a doctor, nurse, or other health care worker might try to induce labor, or start your contractions using medicine. For each one, please tell me if it was a reason for you. Was it because ?

(PROBE: Was your doctor, nurse, or other health care worker trying to induce your labor because?)

- a) Your water broke and there was a fear of infection
- b) You were past your due date
- c) Your health care provider worried about the size of the baby
- d) Your baby was not doing well and needed to be born
- e) You had a complication in your pregnancy such as low amniotic fluid or pre-eclampsia
- f) You wanted to schedule your delivery
- g) You wanted to give birth with a specific health care provider
- h) Was there any other reason?
- i) IF YES, ASK: What was the reason?

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

49. Had you planned or scheduled a caesarean delivery or c-section at least one week before your new baby was born?

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

50. Please tell me which one of the following statements best describes how your new baby was delivered. (PROBE: How was your new baby delivered?)

- 1 You delivered vaginally → Go to Question 53
- 2 You had a cesarean delivery or c-section
- (Don't read) 8 Refused → Go to Question 53
- 9 Don't know/don't remember → Go to Question 53

51. I'm going to read a list of reasons why some babies are born by cesarean delivery or c-section. For each one, please tell me if it was a reason that your new baby was born by cesarean delivery or c-section. Was it because?

(PROBE: Was your new baby born by cesarean delivery because?)

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- a) You had a previous cesarean delivery or c-section
- b) Your baby was in the wrong position, such as breech
- c) You were past your due date
- d) Your health care provider worried that your baby was too big
- e) You had a medical condition that made labor dangerous for you, such as a heart condition or physical disability
- f) You had a complication in your pregnancy, such as pre-eclampsia, placental problems, infection or preterm labor
- g) Your health care provider tried to induce your labor, but it didn't work
- h) Labor was taking too long
- i) The fetal monitor showed that your baby was having problems
- j) before or during labor or fetal distress
- k) You wanted to schedule your delivery
- l) You didn't want to have your baby vaginally
- m) Was there any other reason?
- n) IF YES, ASK: What was the reason?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 9 Don't know/don't remember

52. Please tell me which one of the following statements best describes whose idea it was for you to have a cesarean delivery or c-section.

- 1 Your health care provider recommended a cesarean delivery before you went into labor
 - 2 Your health care provider recommended a cesarean delivery while you were in labor
 - 3 You asked for the cesarean delivery
- (Don't read)
- 8 Refused
 - 9 Don't know/don't remember

53. After your baby was delivered, how long did he or she stay in the hospital? (PROBE: Did he or she stay in the hospital for?)

- 1 Less than 24 hours, or less than 1 day
 - 2 24 to 48 hours, or 1 to 2 days
 - 3 3 to 5 days
 - 4 6 to 14 days
 - 5 More than 14 days
- (Don't read)
- 6 Your baby was not born in a hospital
 - 7 Your baby is still in the hospital → Go to Question 56
 - 8 Refused
 - 9 Don't know/don't remember

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54. Is your baby alive now?
(Don't read) 1 No → **INTERVIEWER:** "We are very sorry for your loss." and Go to Question 70
2 Yes
8 Refused → Go to Question 70
9 Don't know/don't remember → Go to Question 70

55. Is your baby living with you now?
(Don't read) 1 No → Go to Question 68
2 Yes
8 Refused → Go to Question 68
9 Don't know/don't remember → Go to Question 68

56. I'm going to read a list of sources of information on breastfeeding. For each one, please tell me if you received information from that source before or after your new baby was born. Did you receive information about breastfeeding your baby from ?

(PROBE: Before or after your new baby was born, did you receive information about breastfeeding from?)

- a. Your doctor
- b. A nurse, midwife, or doula
- c. A breastfeeding or lactation specialist
- d. Your 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. Some other source
- i. If Yes: What source was that?

- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

57. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?
(Don't read) 1 No
2 Yes → Go to Question 59
8 Refused → Go to Question 62
9 Don't know/don't remember → Go to Question 62

58. I'm going to read a list of reasons that some women have for not breastfeeding their babies. For each one, please tell me if it was a reason for you. Was it because ?

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(PROBE: Was this a reason you did not breastfeed your new baby?)

- a) You were sick or on medicine
- b) You had other children to take care of
- c) You had too many household duties
- d) You didn't like breastfeeding
- e) You tried but it was too hard
- f) You didn't want to
- g) You went back to work
- h) You went back to school
- i) Was there any other reason you didn't breastfeed your new baby?
- j) F YES, ASK: What was that?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

INTERVIEWER: If the respondent did not breastfeed her new baby, go to Question 62.

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

- (Don't read)
- | | |
|---|---|
| 1 | No |
| 2 | Yes → Go to Question 62 |
| 8 | Refused → Go to Question 62 |
| 9 | Don't know/don't remember → Go to Question 62 |

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

(PROBE: About how many weeks or months?)

- (Don't read)
- | | |
|---|----------------------------------|
| 1 | Less than 1 week |
| 2 | Number of weeks (Range: 1-40) OR |
| 3 | Number of months (Range: 1-9) |
| 8 | 88 Refused |
| 9 | 99 Don't know/don't remember |

61. I'm going to read a list of reasons why some women stop breastfeeding. For each one, please tell me if it was a reason for you. Was it because ?

(PROBE: Was this a reason you stopped breastfeeding your new baby?)

- a) Your baby had difficulty latching or nursing
- b) Breast milk alone did not satisfy your baby
- c) You thought your baby wasn't gaining enough weight
- d) Your nipples were sore, cracked, or bleeding, or it was too painful
- e) You thought you weren't producing enough milk or your milk dried up

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- f) You had too many other household duties
- g) You felt it was the right time to stop breastfeeding
- h) You got sick or you had to stop for medical reasons
- i) You went back to work
- j) You went back to school
- k) Your partner did not support breastfeeding
- l) Your baby was jaundiced, which is yellowing of the skin or whites of the eyes
- m) Was there any other reason you stopped breastfeeding your new baby?
- n) n. IF YES, ASK: What was that reason?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

INTERVIEWER: If the baby is still in the hospital, go to Question 68.

62. In which one position do you most often lay your baby down to sleep now? Is it ?

(PROBE: Which way do you lay him or her down most of the time?)

- (Don't read)
- | | |
|---|----------------------------|
| 1 | On his or her side |
| 2 | On his or her back |
| 3 | On his or her stomach |
| 4 | On side and back |
| 5 | On side and stomach |
| 6 | On back and stomach |
| 7 | On side, back, and stomach |
| 8 | Refused |
| 9 | Don't know/don't remember |

63. In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed? Would you say it has been always, often, sometimes, rarely, or never?

(PROBE: How often does your new baby sleep alone in his or her own crib or bed?)

- (Don't read)
- | | |
|---|---|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never → Go to Question 65 |
| 8 | Refused → Go to Question 65 |
| 9 | Don't know/don't remember → Go to Question 65 |

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

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- (Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

65. I'm going to read a list of ways some babies sleep. For each item, please tell me if it is how your new baby usually slept during the past 2 weeks. Did your new baby usually sleep?

(PROBE: In the past 2 weeks, would you say that your new baby slept?)

- 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, either mesh or non-mesh

- (Don't read) 1 No
2 Yes
8 Refused
7 Don't know / don't remember

66. Did a doctor, nurse, or other health care worker tell you any of the following things? I am going to read a short list.

(PROBE: Did a doctor, nurse, or other health care worker tell you ?)

- a) To place your baby on his or her back to sleep
- b) To place your baby to sleep in a crib, bassinet, or pack and play
- c) To place your baby's crib or bed in your room
- d) What things should and should not go in bed with your baby

- (Don't read) 1 No
2 Yes
8 Refused
7 Don't know / don't remember

67. Did your new baby have any well-baby shots or vaccinations before he or she was 3 months old? Do not count shots or vaccinations given in the hospital right after birth.

- (Don't read) 1 No
2 Yes
3 Your new baby has not had any well-baby shots, but he or she is not 3 months old yet

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- 8 Refused
- 9 Don't know/don't remember

68. Since your new baby was born, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, a health care worker, a social worker, or other person who works for a program that helps mothers of newborns.

- (Don't read)
- 1 No → Go to Question 70
 - 2 Yes
 - 8 Refused → Go to Question 70
 - 9 Don't know/don't remember → Go to Question 70

69. Please tell me which one of the following best describes the specialty or profession of the home visitor that came to your home since your new baby was born? Was that person?

(PROBE: What kind of home visitor came to your home since your new baby was born?)

- 1 A nurse or nurse's aide
 - 2 A teacher or health educator
 - 3 A doula or midwife
 - 4 Someone else IF YES, ASK: What was their specialty or profession?
- (Don't read)
- 8 Refused
 - 7 Don't know/don't remember

70. 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.

- (Don't read)
- 1 No
 - 2 Yes → Go to Question 72
 - 8 Refused → Go to Question 72
 - 9 Don't know/don't remember → Go to Question 72

71. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner now. Is it because ?

(PROBE: Is one of the reasons you aren't doing anything to keep from getting pregnant now because?)

- a) You want to get pregnant
- b) You are pregnant now
- c) You had your tubes tied or blocked
- d) You don't want to use birth control
- e) You are worried about side effects from birth control
- f) You are not having sex

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- g) Your husband or partner doesn't want to use anything
- h) You have problems paying for birth control
- i) Is there any other reason you're not doing anything to keep from getting pregnant now?
- j) IF YES, ASK: What is the reason?

(Don't read) 1 No
2 Yes
8 Refused
7 Don't know / don't remember

INTERVIEWER: If the respondent or her husband or partner is not doing anything to keep from getting pregnant now, go to Question 73.

72. I'm going to read a list of birth control methods. For each one, please tell me if you or your husband or partner is using this method now.

(PROBE: What are you or your husband or partner using now to keep from getting pregnant?)

- a) Tubes tied or blocked, female sterilization, or Essure®
- b) Vasectomy or male sterilization
- c) Birth control pills
- d) Condoms
- e) Shots, injections or Depo-Provera®
- f) Contraceptive patch or OrthoEvra® or vaginal ring or NuvaRing®
- g) IUD, including Mirena® or ParaGard®, Liletta®, or Skyla®
- h) Contraceptive implant in the arm, including Nexplanon® or Implanon®
- i) Natural family planning including rhythm method
- j) Withdrawal or pulling out
- k) Not having sex or abstinence
- l) Are you or your husband or partner using anything else to keep from getting pregnant now?
- m) IF YES, ASK: What are you using?

(Don't read) 1 No
2 Yes
8 Refused
7 Don't know / don't remember

73. Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4 to 6 weeks after she gives birth.

(Don't read) 1 No → Go to Question 75

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- 2 Yes
- 8 Refused → Go to Question 75
- 9 Don't know/don't remember → Go to Question 75

74. During your postpartum checkup, did your doctor, nurse, or other health care worker do any of the following things? I am going to read a list of things. Did they ?

(PROBE: Did a doctor, nurse, or other health care worker ?)

- a) Tell you to take a vitamin with folic acid
- b) Talk to you about healthy eating, exercise, and losing weight gained during pregnancy
- c) Talk to you about how long to wait before getting pregnant again
- d) Talk to you about birth control methods you can use after giving birth
- e) Give or prescribe you a contraceptive method such as the pill, patch, shot or Depo-Provera®, NuvaRing®, or condoms
- f) Insert an IUD such as Mirena®, ParaGard®, Liletta®, or Skyla® or
- g) a contraceptive implant such as Nexplanon® or Implanon®
- h) Ask you if you were smoking cigarettes
- i) Ask you if someone was hurting you emotionally or physically
- j) Ask you if you were feeling down or depressed
- k) Test you for diabetes

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

75. Since your new baby was born, how often have you felt down, depressed, or hopeless? Would you say that it's been always, often, sometimes, rarely, or never?

- (Don't read)
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely
 - 5 Never
 - 8 Refused
 - 9 Don't know/don't remember

76. Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed? Would you say that it's been always, often, sometimes, rarely, or never?

- (Don't read)
- 1 Always
 - 2 Often
 - 3 Sometimes
 - 4 Rarely

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- 5 Never
- 8 Refused
- 9 Don't know/don't remember

The next questions are on a variety of topics.

INTERVIEWER: If the respondent did not have prenatal care, go to Question 78.

77. During any of your prenatal care visits, did a doctor, nurse, or other health care worker recommend that you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

78. During your most recent pregnancy, did you get a Tdap shot or vaccination?

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

79. During the month before you got pregnant, did you take or use any of the following drugs for any reason? I'm going to read a list of options. For each one, please tell me if you took or used it during the month before you got pregnant. Your answers are strictly confidential. Did you take or use?

(PROBE: During the month before you got pregnant, did you take or use ?

- a) Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
- b) Prescription pain relievers such as hydrocodone or Vicodin®, oxycodone or Percocet®, or codeine
- d) Adderall®, Ritalin®, or another stimulant
- e) Marijuana or hash
- f) Synthetic marijuana, or K2 or Spice
- g) Heroin, also known as smack, junk, Black Tar, or Chiva
- h) Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or agua
- i) Cocaine, also known as crack, rock, coke, blow, snow, or nieve

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

80. During your most recent pregnancy, did you take or use any of the following drugs for any reason? I'm going to read a list of options. For each one, please tell me if you took or

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used it during your most recent pregnancy. Your answers are strictly confidential. Did you take or use?

(PROBE: During your most recent pregnancy, did you take or use ?

- a) Over the counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®
- b) Prescription pain relievers such as hydrocodone or Vicodin®, oxycodone or Percocet®, or codeine
- d) Adderall®, Ritalin®, or another stimulant
- e) Marijuana or hash
- f) Synthetic marijuana, or K2 or Spice
- g) Heroin, also known as smack, junk, Black Tar, or Chiva
- h) Amphetamines, also known as uppers, speed, crystal meth, crank, ice, or agua
- i) Cocaine, also known as crack, rock, coke, blow, snow, or nieve

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

81. During any of the following time periods, did you use Methadone, Suboxone®, or another drug used for maintenance treatment? I'm going to read a list of options. For each time period, please tell me if you used it. Your answers are strictly confidential.

(PROBE: Did you use Methadone, Suboxone®, or another drug used for maintenance treatment?)

- a) During the 12 months before you got pregnant
- b) During your most recent pregnancy
- c) Since your new baby was born

- (Don't read)
- 1 No
 - 2 Yes
 - 8 Refused
 - 7 Don't know / don't remember

INTERVIEWER: If the baby is not alive, not living with the mother, or is still in the hospital, go to Question 85.

82. Do you have an infant car seat(s) that you can use for your new baby?

- (Don't read)
- 1 No → Go to Question 85
 - 2 Yes
 - 8 Refused → Go to Question 85
 - 9 Don't know/don't remember → Go to Question 85

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83. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat? Is it always, often, sometimes, rarely, or never?

- (Don't read)
- | | |
|---|---|
| 1 | Always |
| 2 | Often |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never → Go to Question 85 |
| 8 | Refused → Go to Question 85 |
| 9 | Don't know/don't remember → Go to Question 85 |

84. I'm going to read a list of ways some people learn to install and use infant car seats. For each one, please tell me if it was how you learned to install and use your infant car seat.

(PROBE: How did you learn to install and use your infant car seat?)

- a. Did you read the instructions?
- b. Did a friend or family member show you?
- d. Did a health or safety professional show you?
- c. Did you figure it out yourself?
- e. Did you already know how to install it because you have other children?
- f. Did you learn to install and use your infant car seat another way?
- g. IF YES, ASK: How did you learn to install and use your infant car seat?

- (Don't read)
- | | |
|---|-----------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 7 | Don't know / don't remember |

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

85. 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. I'm going to read you a list of options. You can stop me when I read your household income level. Was your yearly household income from:

(PROBE: During the 12 months before your new baby was born, what was your yearly total household income before taxes?)

- | | |
|----|----------------------|
| 01 | \$0 to \$16,000 |
| 02 | \$16,001 to \$20,000 |
| 03 | \$20,001 to \$24,000 |
| 04 | \$24,001 to \$28,000 |
| 05 | \$28,001 to \$32,000 |
| 06 | \$32,001 to \$40,000 |

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- 07 \$40,001 to \$48,000
- 08 \$48,001 to \$57,000
- 09 \$57,001 to \$60,000
- 10 \$60,001 to \$73,000
- 11 \$73,001 to \$85,000
- 12 \$85,001 or more
- (Don't read) 88 Refused
- 99 Don't know/don't remember

86. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
(Don't read) # People

[Range: 1-30 people]

- 88 Refused
- 99 Don't know/don't remember

These next questions are about the COVID-19 vaccine.

VC1. During your most recent pregnancy, did a doctor, nurse, or other health care worker do any of the following things?

- a) Talked with me about the COVID-19 vaccine
- b) Recommended that I get the COVID-19 vaccine
- c) Offered to give me the COVID-19 vaccine
- d) Referred me to another place to get the COVID-19 vaccine

- (Don't read) 1 No
- 2 Yes
- 8 Refused
- 9 Don't know/don't remember

VC2. During your most recent pregnancy, did you get at least one shot or dose of a COVID-19 vaccine?

- 1 No → Go to Question VC3
- 2 Yes → Go to Question VC5

VC3. What were your reasons for not getting a COVID-19 vaccine during your most recent pregnancy?

- a) I was not in one of the groups that could get the COVID-19 vaccine
- b) The vaccine was not available or ran out in my area
- c) I couldn't get an appointment or was placed on a waiting list
- d) I didn't have transportation to get to a vaccination site
- e) The staff at the vaccination site didn't want to give me the vaccine because I was pregnant
- f) I was concerned about possible side effects of the COVID-19 vaccine for my baby

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- g) I was concerned about possible side effects of the COVID-19 vaccine for me
- h) I have an allergy or health condition that prevented me from getting the vaccine
- i) My doctor or healthcare provider told me not to get the vaccine
- j) I had gotten the COVID-19 vaccine before my pregnancy
- k) I already had COVID-19
- l) I didn't have enough information about the vaccine to feel comfortable getting it
- m) I was concerned that the COVID-19 vaccine was developed too fast
- n) I didn't think the vaccine would protect me against COVID-19
- o) I didn't think COVID-19 was a serious illness
- p) I didn't think I was at risk for COVID-19 infection
- q) I preferred using masks and other precautions instead
- r) I don't think vaccines are beneficial
- s) Other reason

VC4. Since your new baby was born, have you gotten a COVID-19 vaccine?

- 1 No
- 2 Yes

VC5. Which ONE of these sources do you trust the most for receiving information about the COVID-19 vaccine?

- a) My doctor, nurse, or other health care provider
- b) My pharmacist
- c) Centers for Disease Control and Prevention (CDC) website or reports
- d) Food and Drug Administration (FDA) website or reports
- e) My state or local health department
- f) Family or friends
- g) News reports (such as television or radio news)
- h) Social media sites like Facebook
- i) Websites about health or other topics, Please tell us which sites:
- j) Some other source Please tell us what source:

VC6. Which of the following describes your work or volunteer activities during your most recent pregnancy?

- a) I worked or volunteered providing direct medical care to patients (such as being a doctor, nurse, dentist, therapist, home health care provider, emergency responder)
- b) I worked or volunteered in a health care setting, but not providing direct medical care to patients (such as being administrative staff, cleaning staff, patient transport, ward clerk)
- c) I worked or volunteered in a position where I regularly came into contact with the public (such as education, grocery or retail stores, public transportation, restaurants or food service, law enforcement, postal or delivery services)
- d) I worked or volunteered in a position where I did not regularly come in contact with the public
- e) None of the above

The last questions are on a variety of topics.

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MT1. Did any of the following things make it hard for you to go to a dentist or dental clinic during your most recent pregnancy? For each item, check No if it was not something that made it hard for you or Yes if it was.

- a) I could not find a dentist or dental clinic that would take pregnant patients
- b) I could not find a dentist or dental clinic that would take Medicaid patients
- c) I did not think it was safe to go to the dentist during pregnancy
- d) I could not afford to go to the dentist or dental clinic E-cigarettes:

1 No
2 Yes

MT2. Did a doctor, nurse, or other health care worker ever ask if you were using e-cigarettes (electronic vapor products) at any of the following times? For each item, check No if they did not ask you about it or Yes if they did.

- a) During any of your health care visits in the 12 months before you got pregnant
- b) During any of your prenatal care visits
- c) During your postpartum checkup

1 No
2 Yes

MT3. What do you think are the health effects of using electronic vapor products that contain nicotine for pregnant women?

- a) No bad health effects
- b) Some bad health effects, but are safer than smoked cigarettes
- c) Bad health effects that are about the same as smoked cigarettes
- d) Bad health effects that are worse than smoked cigarettes
- e) I don't know

MT4. Since your new baby was born, have you used WIC services for yourself or your new baby?

- a) No → Go to Question MT5
- b) Yes, only I am using WIC services → Go to Question MT5
- c) Yes, both my new baby and I use WIC services
- d) Yes, only my new baby uses WIC services

MT5. Why wasn't your new baby enrolled in WIC? Check ALL that apply

- a) I didn't think my new baby would be eligible
- b) I was told that my baby didn't qualify for WIC
- c) I'm not sure what WIC is
- d) WIC hours did not fit my schedule
- e) The WIC office was too far away
- f) I don't need the services that WIC offers
- g) Other, Please tell us:

This finishes the interview. Is there anything you would like to say about your experiences around the time of your pregnancy or the health of mothers and babies in Montana?

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INTERVIEWER: Record respondent's verbatim comments.

Thanks for answering our questions. Your answers will help us work to make Montana mothers and babies healthier. Goodbye.

INTERVIEWER: Fill in today's date.