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*.

1. How tall are *you* without shoes?

_____ Feet _____ Inches

OR _____ Centimeters

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

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

- ❑ No → **Go to Question 7**
- ❑ Yes

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

- ❑ No
- ❑ Yes

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

- ❑ No
- ❑ Yes

7. 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, check **No** if you did not do it or **Yes** if you did it.

	No	Yes
a. I was dieting (changing my eating habits) to lose weight	❑	❑
b. I was exercising 3 or more days of the week for fitness outside of my regular job	❑	❑
c. I was regularly taking prescription medicines other than birth control	❑	❑
d. A health care worker checked me for diabetes	❑	❑
e. I talked to a health care worker about my family medical history	❑	❑

8. 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	❑	❑
d. Asthma	❑	❑
e. Anemia (poor blood, low iron)	❑	❑
f. Heart problems	❑	❑
g. Epilepsy (seizures)	❑	❑
h. Thyroid problems	❑	❑
i. PCOS (polycystic ovarian syndrome)	❑	❑
j. Anxiety	❑	❑
k. Sickle Cell	❑	❑

9. 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

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?

- ❑ No → **Go to Question 13**
- ❑ Yes

11. 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
- ❑ Visit for family planning or birth control
- ❑ Visit for depression or anxiety
- ❑ Visit to have my teeth cleaned by a dentist or dental hygienist
- ❑ Other → Please tell us:

_____

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 <u>do</u> any of the following things? For each item, check **No** if they did not or **Yes** if they did.

		No	Yes
a.	Tell me to take a vitamin with folic acid	❑	❑
b.	Talk to me about maintaining a healthy weight	❑	❑
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	❑	❑
d.	Talk to me about my desire to have or not have children	❑	❑
e.	Talk to me about using birth control to prevent pregnancy	❑	❑
f.	Talk to me about how I could improve my health before a pregnancy	❑	❑
g.	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	❑	❑
l.	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.

13. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Mississippi Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ SCHIP
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us:

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

14. During your *most recent pregnancy*, 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 15**
- ❑ 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 Mississippi Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ SCHIP
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I did not have any health insurance for my *prenatal care*

15. What kind of health insurance do you have *now*?

Check ALL that apply

- ❑ Private health insurance from my job or the job of my husband or partner
- ❑ Private health insurance from my parents
- ❑ Private health insurance from the Mississippi Health Insurance Marketplace or HealthCare.gov
- ❑ Medicaid
- ❑ SCHIP
- ❑ TRICARE or other military health care
- ❑ Indian Health Service
- ❑ Other health insurance → Please tell us:

  _____
- ❑ I do not have health insurance *now*

16. 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 → **Go to Page 4, Question 18**
- ❑ I wasn't sure what I wanted

17. How much longer did you want to wait to become pregnant?

- ❑ Less than 1 year
- ❑ 1 year to less than 2 years
- ❑ 2 years to less than 3 years
- ❑ 3 years to 5 years
- ❑ More than 5 years

DURING PREGNANCY

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.)

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

_____ Weeks **OR** _____ Months

❑ I didn't go for prenatal care → **Go to Question 23**

19. Where did you go *most of the time* for your prenatal care visits? Do not include visits for WIC.

Check ONE answer

- ❑ Private doctor's office
- ❑ Hospital clinic
- ❑ Health department clinic
- ❑ Community or family health clinic, not part of the health department
- ❑ Other → Please tell us:

_____

20. *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, check **No** if no one talked with you about it or **Yes** if someone did.

		No	Yes
a.	How smoking during pregnancy could affect my baby	❑	❑
b.	Breastfeeding my baby	❑	❑
c.	How drinking alcohol during pregnancy could affect my baby	❑	❑
d.	Using a seat belt during my pregnancy	❑	❑
e.	Medicines that are safe to take during my pregnancy	❑	❑
f.	How using illegal drugs could affect my baby	❑	❑
g.	Doing tests to screen for birth defects or diseases that run in my family	❑	❑
h.	The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
i.	What to do if I feel depressed during my pregnancy or after my baby is born	❑	❑
j.	Physical abuse to women by their husbands or partners	❑	❑

21. *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.

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

22. 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 *most* of your care. For each item, check **No** if you were not satisfied or **Yes** if you were satisfied.

	No	Yes
a. The amount of time I had to wait	❑	❑
b. The amount of time the doctor, nurse, or midwife spent with me	❑	❑
c. The advice I got on how to take care of myself	❑	❑
d. The understanding and respect shown toward me as a person	❑	❑

23. 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

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

- ❑ No
- ❑ Yes

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

Check ONE answer

- ❑ No
- ❑ Yes, before my pregnancy
- ❑ Yes, during my pregnancy

26. During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ❑ No
- ❑ Yes
- ❑ I don't know

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

- ❑ No
- ❑ Yes

28. This question is about other care of your teeth *during your most recent* pregnancy. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

	No	Yes
a. I knew it was important to care for my teeth and gums during my pregnancy	❑	❑
b. A dental or other health care worker talked with me about how to care for my teeth and gums	❑	❑
c. I had insurance to cover dental care during my pregnancy	❑	❑
d. I needed to see a dentist for a **problem**	❑	❑
e. I went to a dentist or dental clinic about a **problem**	❑	❑

If you did not have any problems with your teeth or gums during your pregnancy, go to Question 30.

29. During *your most recent* pregnancy, what kind of problem did you have with your teeth or gums? For each item, check **No** if you did not have this problem during pregnancy or **Yes** if you did.

		No	Yes
a.	I had cavities that needed to be filled	❑	❑
b.	I had painful, red, or swollen gums	❑	❑
c.	I had a toothache	❑	❑
d.	I needed to have a tooth pulled	❑	❑
e.	I had an injury to my mouth, teeth, or gums	❑	❑
f.	I had some other problem with my teeth or gums	❑	❑

Please tell us:

_____

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

❑ No → **Go to Question 32**
❑ Yes

31. During *your most recent* pregnancy, when you went for your WIC visits, did you speak with a breastfeeding peer counselor or another WIC staff person about breastfeeding?

❑ No
❑ Yes

32. During *your most recent* pregnancy, 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.	Gestational diabetes (diabetes that **started** during *this* pregnancy)	❑	❑
b.	High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	❑	❑
c.	Depression	❑	❑
d.	Sickle Cell	❑	❑

33. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

❑ No
❑ Yes
❑ I don't know

34. During *your most recent* pregnancy, did a doctor, nurse, or other health care worker tell you that you had any of the following infections? For each item, check **No** if you were not told that you had the infection or **Yes** if you were.

		No	Yes
a.	Genital warts (HPV)	❑	❑
b.	Herpes	❑	❑
c.	Chlamydia	❑	❑
d.	Gonorrhea	❑	❑
e.	Pelvic inflammatory disease (PID)	❑	❑
f.	Syphilis	❑	❑
g.	Group B Strep (Beta Strep)	❑	❑
h.	Bacterial vaginosis	❑	❑
i.	Trichomoniasis (Trich)	❑	❑
j.	Yeast infections	❑	❑
k.	Urinary tract infection (UTI)	❑	❑
l.	Other	❑	❑

Please tell us:

_____

The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

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

❑ No → **Go to Question 39**

❑ Yes

36. In the *3 months <u>before</u>* 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

37. In the *<u>last 3</u> 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

38. 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.

<u>E-cigarettes (electronic cigarettes) and other electronic nicotine products</u> (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 **<u>hookah</u>** is a water pipe used to smoke tobacco. It is not the same as an e-hookah or hookah pen.

39. 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.	Chew or snus	❑	❑
d.	Cigars or cigarillos	❑	❑

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 40. Otherwise, go to Question 42.

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

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

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

- ❑ More than once a day
- ❑ Once a day
- ❑ 2-6 days a week
- ❑ 1 day a week or less
- ❑ I did not use e-cigarettes or other electronic nicotine products then

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

42. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ❑ No → **Go to Question 45**
- ❑ Yes

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

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

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

- ❑ 14 drinks or more a week
- ❑ 8 to 13 drinks a week
- ❑ 4 to 7 drinks a week
- ❑ 1 to 3 drinks a week
- ❑ Less than 1 drink a week
- ❑ I didn't drink then

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

45. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

		No	Yes
a.	A close family member was very sick and had to go into the hospital	❑	❑
b.	I got separated or divorced from my husband or partner	❑	❑
c.	I moved to a new address	❑	❑
d.	I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e.	My husband or partner lost their job	❑	❑
f.	I lost my job even though I wanted to go on working	❑	❑
g.	My husband, partner, or I had a cut in work hours or pay	❑	❑
h.	I was apart from my husband or partner due to military deployment or extended work-related travel	❑	❑
i.	I argued with my husband or partner more than usual	❑	❑
j.	My husband or partner said they didn't want me to be pregnant	❑	❑
k.	I had problems paying the rent, mortgage, or other bills	❑	❑
l.	My husband, partner, or I went to jail	❑	❑
m.	Someone very close to me had a problem with drinking or drugs	❑	❑
n.	Someone very close to me died	❑	❑

46. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Another family member	❑	❑
d.	Someone else	❑	❑

47. During *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

		No	Yes
a.	My husband or partner	❑	❑
b.	My ex-husband or ex-partner	❑	❑
c.	Another family member	❑	❑
d.	Someone else	❑	❑

48. During *your most recent* pregnancy, did any of the following things happen to you? For each thing, check **No** if it did not happen to you or **Yes** if it did.

		No	Yes
a.	My husband or partner threatened me or made me feel unsafe in some way	❑	❑
b.	I was frightened for my safety or my family's safety because of the anger or threats of my husband or partner	❑	❑
c.	My husband or partner tried to control my daily activities, for example, controlling who I could talk to or where I could go	❑	❑
d.	My husband or partner forced me to take part in touching or any sexual activity when I did not want to	❑	❑

AFTER PREGNANCY

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

49. When was your new baby born?

____ / ____ / 20____

Month Day Year

50. Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?

- ❑ No
- ❑ Yes

51. How was your new baby delivered?

- ❑ Vaginally → **Go to Question 54**
- ❑ Cesarean delivery (c-section)

52. What was the reason that your new baby was born by cesarean delivery (c-section)?

Check ALL that apply

- ❑ I had a previous cesarean delivery (c-section)
- ❑ My baby was in the wrong position (such as breech)
- ❑ I was past my due date
- ❑ My health care provider worried that my baby was too big
- ❑ I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)
- ❑ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- ❑ My health care provider tried to induce my labor, but it didn't work
- ❑ Labor was taking too long
- ❑ The fetal monitor showed that my baby was having problems before or during labor (fetal distress)
- ❑ I wanted to schedule my delivery
- ❑ I didn't want to have my baby vaginally
- ❑ Other → Please tell us:

_____

53. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

Check ONE answer

- ❑ My health care provider recommended a cesarean delivery ***before*** I went into labor
- ❑ My health care provider recommended a cesarean delivery while I was in labor
- ❑ I asked for the cesarean delivery

54. How much weight did you gain during *your most recent* pregnancy?

Check ONE answer and fill in blank if needed

- ❑ I gained _____ pounds **OR** _____ kilos
- ❑ I didn't gain any weight during my pregnancy
- ❑ I don't know

55. After your baby was delivered, was he or she put in an intensive care unit (NICU)?

- ❑ No
- ❑ Yes
- ❑ I don't know

56. After your baby was delivered, how long did he or she stay in the hospital?

- ❑ Less than 24 hours (less than 1 day)
- ❑ 24 to 48 hours (1 to 2 days)
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 59**

57. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 12, Question 72**
- ❑ Yes

Go to Question 58

58. Is your baby living with you now?

- ❑ No → **Go to Page 12, Question 72**
- ❑ Yes

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

		No	Yes
a.	My doctor	❑	❑
b.	A nurse, midwife, or doula	❑	❑
c.	A breastfeeding or lactation specialist	❑	❑
d.	My baby's doctor or health care provider	❑	❑
e.	A breastfeeding support group	❑	❑
f.	A breastfeeding hotline or toll-free number	❑	❑
g.	Family or friends	❑	❑
h.	Other	❑	❑

Please tell us:

_____

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

- ❑ No → **Go to Question 65**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Question 63**

62. How many weeks or months did you breastfeed or feed pumped milk to your baby?

- ❑ Less than 1 week

_____ Weeks **OR** _____ Months

If your baby was not born in a hospital, go to Question 64.

63. 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.

		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 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	❑	❑
g.	My baby was fed only breast milk at the hospital	❑	❑
h.	Hospital staff told me to breastfeed whenever my baby wanted	❑	❑
i.	The hospital gave me a breast pump to use	❑	❑
j.	The hospital gave me a gift pack with formula	❑	❑
k.	The hospital gave me a telephone number to call for help with breastfeeding	❑	❑
l.	Hospital staff gave my baby a pacifier	❑	❑

64. How old was your new baby the first time he or she had liquids other than breast milk (such as formula, water, juice, 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

65. Did anyone suggest that you *not* breastfeed your new baby?

- ❑ No → **Go to Question 67**
- ❑ Yes

66. Who suggested that you *not* breastfeed your new baby?

Check ALL that apply

- ❑ My husband or partner
- ❑ My mother, father, or in-laws
- ❑ Other family member or relative
- ❑ My friends
- ❑ My baby's doctor, nurse, or other health care worker
- ❑ My doctor, nurse, or other health care worker
- ❑ Other → Please tell us:

_____

If your baby is still in the hospital, go to Question 72.

67. 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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 70**

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

- ❑ No
- ❑ Yes

70. Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

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

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

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

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

- ❑ No
- ❑ Yes → **Go to Question 74**

Go to Question 73

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

Check ALL that apply

- ❑ I want to get pregnant
- ❑ I am pregnant now
- ❑ I had my tubes tied or blocked
- ❑ I don't want to use birth control
- ❑ I am worried about side effects from birth control
- ❑ I am not having sex
- ❑ My husband or partner doesn't want to use anything
- ❑ I have problems paying for birth control
- ❑ Other → Please tell us:

If you or your husband or partner is <u>not doing</u> anything to keep from getting pregnant *now*, go to Question 75.

74. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ❑ Tubes tied or blocked (female sterilization or Essure®)
- ❑ Vasectomy (male sterilization)
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections (Depo-Provera®)
- ❑ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ❑ IUD (including Mirena®, 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:

75. *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 4-6 weeks after she gives birth.

- ❑ No → **Go to Question 77**
- ❑ Yes

76. *During your postpartum checkup*, did a 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.

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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never

OTHER EXPERIENCES

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

79. 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

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

_____ People

81. What is today's date?

_____ / _____ / 20_____

Month Day 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 Mississippi.

Thanks for answering our questions!

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