A Survey of the Health of Mothers and Babies in Ohio

OPAS

Ohio
Pregnancy
Assessment
Survey

866-406-7333

Please complete the survey and mail it in the enclosed envelope.

Your help is voluntary and your answers are completely confidential.

Your answers will help us improve the health of mothers and babies in Ohio.

For further information, please call the OPAS office at 1-866-406-7333.

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Important Information About OPAS

Please Read Before Starting the Survey

• The Ohio Pregnancy Assessment Survey (OPAS) is a research project sponsored by the Ohio Department of Health.

• The purpose of the study is to find out why some babies are born healthy and others are not.

• We are asking 10,500 women in Ohio to answer the same questions. All of your names were picked by a computer from recent birth certificates.

• It takes about 30 minutes to answer all questions. Some questions may be sensitive, such as questions about smoking or drinking during pregnancy.

• You are free to do the survey or not. If you don't want to participate at all, or if you don't want to answer a particular question, that's okay. There is no penalty or loss of benefits for not participating or answering all questions.

• Your survey may be combined with information the health department has from other sources.

• If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for research. If you are currently in jail, your participation in the study will have no effect on parole.

• Your name will not be on any reports from OPAS. The booklet has a number so we will know when it is returned.

• Your answers will be grouped with those from other women. What we learn from OPAS will be used to plan programs to help mothers and babies in Ohio.

• If you have any questions about your rights in the project, please call Pam Leimbach at (614) 644-0663.

If you have questions about OPAS, or if you want to answer the questions by telephone, please call 1-866-406-7333. The call is free.

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 6**
- ☐ 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. 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. Anxiety	☐	☐

7. 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

→ **Go to Question 9**

8. During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

Check ALL that apply

- ☐ I wasn't planning to get pregnant
- ☐ I didn't think I needed to take vitamins
- ☐ I didn't want to take vitamins
- ☐ The vitamins were too expensive
- ☐ The vitamins gave me side effects (such as nausea or constipation)
- ☐ Other → Please tell us:

_____

9. 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
- ☐ Yes → **Go to Page 2, Question 11**

10. Why didn't you have any health care visits in the *12 months before* you got pregnant with your new baby?

Check ALL that apply

- ☐ I didn't have health insurance to cover the cost of the visit
- ☐ I felt fine and did not think I needed to have a visit
- ☐ I couldn't get an appointment when I wanted one
- ☐ I didn't have any transportation to get to the clinic or doctor's office
- ☐ I had too many things going on
- ☐ I couldn't take time off from work
- ☐ Other → Please tell us:

_____

Go to Page 2, Question 13

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

		No	Yes
a.	Tell me to take a vitamin with folic acid	☐	☐
b.	Talk to me about maintaining a healthy weight	☐	☐
c.	Talk to me about controlling any medical conditions such as diabetes or high blood pressure	☐	☐
d.	Talk to me about my desire to have or not have children	☐	☐
e.	Talk to me about using birth control to prevent pregnancy	☐	☐
f.	Talk to me about how I could improve my health before a pregnancy	☐	☐
g.	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 Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid
- ☐ TRICARE or other military health care
- ☐ 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 with your new baby*, 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 Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid
- ☐ TRICARE or other military health care
- ☐ 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 Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid → Please tell us for how many months or years you have been covered by Medicaid:

_____ Months **OR** _____ Years

- ☐ TRICARE or other military health care
- ☐ 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
- ☐ I wasn't sure what I wanted

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

- ☐ No
- ☐ Yes → **Go to Question 21**

18. 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.

- ☐ No
- ☐ Yes → **Go to Question 20**

19. What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ☐ I didn't mind if I got pregnant
- ☐ I thought I could not get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting birth control when I needed it
- ☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ☐ My husband or partner didn't want to use anything
- ☐ I forgot to use a birth control method
- ☐ Other → Please tell us:

If you or your husband or partner was <u>not doing</u> anything to keep from getting pregnant, go to Question 21.

20. What method of birth control were you using when you got pregnant?

Check ALL that apply

- ☐ Birth control pills
- ☐ Condoms
- ☐ Shots or injections (Depo-Provera®)
- ☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ☐ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Other → Please tell us:

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 a calendar when you answer these questions.)

21. 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 25**

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

- ☐ No
- ☐ Yes → **Go to Question 24**

Go to Question 23

23. Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

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

24. *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	☐	☐

25. 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

26. 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

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

- ☐ No
- ☐ Yes

28. During *your most recent* pregnancy, did a home visitor come to your home to help you prepare for 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 pregnant women.

- ☐ No → **Go to Question 30**
- ☐ Yes

29. Who was the home visitor that came to your home during *your most recent* pregnancy?

- ☐ A nurse or nurse's aide
- ☐ A teacher or health educator
- ☐ A doula or midwife
- ☐ Someone else → Please tell us: _____
- ☐ I don't know

30. 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.	Anxiety	☐	☐

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

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

- ☐ No → **Go to Page 5, Question 37**
- ☐ Yes

32. 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 (2 or more packs)
- ☐ 21 to 40 cigarettes (1 to 2 packs)
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I didn't smoke then

33. 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 (2 or more packs)
- ☐ 21 to 40 cigarettes (1 to 2 packs)
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I didn't smoke then

If you did not smoke at any time during the *3 months before* you got pregnant, go to Question 36.

34. Did you quit smoking around the time of *your most recent* pregnancy? **Check ONE answer**

- ☐ No
- ☐ No, but I cut back
- ☐ Yes, I quit before I found out I was pregnant
- ☐ Yes, I quit when I found out I was pregnant
- ☐ Yes, I quit later in my pregnancy

35. Listed below are some things that can make it hard for some people to quit smoking. For each item, check **No** if it is not something that might make it hard for you or **Yes** if it is.

		No	Yes
a.	Cost of medicines or products to help with quitting	☐	☐
b.	Cost of classes to help with quitting	☐	☐
c.	Fear of gaining weight	☐	☐
d.	Loss of a way to handle stress	☐	☐
e.	Other people smoking around me	☐	☐
f.	Cravings for a cigarette	☐	☐
g.	Lack of support from others to quit	☐	☐
h.	Worsening depression	☐	☐
i.	Worsening anxiety	☐	☐
j.	Some other reason	☐	☐

Please tell us:

36. How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more (2 or more packs)
- ☐ 21 to 40 cigarettes (1 to 2 packs)
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I don't smoke now

37. Which of the following statements best describes the rules about smoking *inside* your home *now*, even if no one who lives in your home is a smoker? **Check ONE answer**

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

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.

38. 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.	Chewing tobacco, snuff, or snus	☐	☐
d.	Cigars, cigarillos, or little cigars	☐	☐

If you used e-cigarettes or other electronic nicotine products in the *past 2 years*, go to Question 39. Otherwise, go to the instruction box before 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?

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

40. 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 to 6 days a week
- ☐ 1 day a week or less
- ☐ I did not use e-cigarettes or other electronic nicotine products then

If you used hookah in the *past 2 years,* go to Question 41. Otherwise, go to Question 43.

41. In the *3 months before* you got pregnant, on average, how often did you smoke hookah?

- ☐ Daily
- ☐ 2 to 3 times per week
- ☐ Once a week
- ☐ 2 to 3 times per month
- ☐ Once a month
- ☐ I did not smoke hookah then

42. In the *last 3 months* of your pregnancy, on average, how often did you smoke hookah?

- ☐ Daily
- ☐ 2 to 3 times per week
- ☐ Once a week
- ☐ 2 to 3 times per month
- ☐ Once a month
- ☐ I did not smoke hookah then

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

43. 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 46**
- ☐ Yes

44. 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

45. 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.

46. 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 a 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	☐	☐

47. During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ No
- ☐ Yes

48. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

49. During the *12 months before* your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race?*

- ☐ No
- ☐ Yes

50. During the *12 months before* your new baby was born, did you miss any doctor appointments because you were worried about what your partner would do if you went?

- ☐ No
- ☐ Yes

51. 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	☐	☐

52. 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	☐	☐

AFTER PREGNANCY

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

53. When was your new baby born?

Month ____ / Day ____ / 20 ____ Year

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

- ☐ No
- ☐ Yes
- ☐ I don't know

55. 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 58**

Go to Question 56

56. Is your baby alive now?

- ☐ No → We are very sorry for your loss. **Go to Page 9, Question 71**
- ☐ Yes

57. Is your baby living with you now?

- ☐ No → **Go to Page 9, Question 69**
- ☐ Yes

58. *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:

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

- ☐ No → **Go to Page 8, Question 63**
- ☐ Yes

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

- ☐ No
- ☐ Yes → **Go to Page 8, Question 63**

Go to Page 8, Question 61

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

☐ Less than 1 week

_____ Weeks **OR** _____ Months

62. What were your reasons for stopping breastfeeding?

Check ALL that apply

☐ My baby had difficulty latching or nursing
☐ Breast milk alone did not satisfy my baby
☐ I thought my baby was not gaining enough weight
☐ My nipples were sore, cracked, or bleeding or it was too painful
☐ I thought I was not producing enough milk, or my milk dried up
☐ I had too many other household duties
☐ I felt it was the right time to stop breastfeeding
☐ I got sick or I had to stop for medical reasons
☐ I went back to work
☐ I went back to school
☐ My partner did not support breastfeeding
☐ My baby was jaundiced (yellowing of the skin or whites of the eyes)
☐ Other → Please tell us:

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 happen.

		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	☐	☐

If your baby is still in the hospital, go to Question 69.

64. 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

65. 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 67**

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

☐ No
☐ Yes

67. 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)	☐	☐

68. 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	☐	☐

69. *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.

☐ No → **Go to Question 71**

☐ Yes

70. What kind of home visitor has come to your home *since your new baby was born*?

☐ A nurse or nurse's aide
☐ A teacher or health educator
☐ A doula or midwife
☐ Someone else → Please tell us:

☐ I don't know

71. 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 73**

72. 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</u> <u>doing</u> anything to keep from getting pregnant *now*, go to Page 10, Question 74.

73. 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:

74. *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.

- ☐ No
- ☐ Yes → **Go to Question 76**

75. Did any of these things keep you from having a postpartum visit?

Check ALL that apply

- ☐ I didn't have health insurance to cover the cost of the visit
- ☐ I felt fine and did not think I needed to have a visit
- ☐ I couldn't get an appointment when I wanted one
- ☐ I didn't have any transportation to get to the clinic or doctor's office
- ☐ I had too many things going on
- ☐ I couldn't take time off from work
- ☐ Other → Please tell us:

If you did *not* have a postpartum checkup, go to Question 78.

76. Where did you go for your postpartum checkup?

- ☐ My family doctor's office
- ☐ My OB/GYN's office
- ☐ Hospital clinic
- ☐ Health department clinic
- ☐ Other → Please tell us:

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

		No	Yes
a.	Tell me to take a vitamin with folic acid	☐	☐
b.	Talk to me about healthy eating, exercise, and losing weight gained during pregnancy	☐	☐
c.	Talk to me about how long to wait before getting pregnant again	☐	☐
d.	Talk to me about birth control methods I can use after giving birth	☐	☐
e.	Give or prescribe me a contraceptive method such as the pill, patch, 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	☐	☐

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

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

79. *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

80. *Since your new baby was born,* has a doctor, nurse, or other health care worker *told you that you had* depression?

- ☐ No
- ☐ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

81. When you got pregnant, what relationship did you have with your new baby's father?

Check ONE answer

- ☐ He was my husband (legally married)
- ☐ He was my partner (not legally married)
- ☐ He was my boyfriend
- ☐ He was a friend
- ☐ Other → Please tell us:

82. When you got pregnant, did your new baby's father live with you?

- ☐ No
- ☐ Yes

83. 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.	Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®	☐	☐
b.	Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine	☐	☐
c.	Stimulants such as Adderall® or Ritalin®	☐	☐
d.	Prescription anti-depressants such as Zoloft®, Prozac®, Wellbutrin®, or Cymbalta®	☐	☐
e.	Marijuana or hash	☐	☐
f.	Synthetic marijuana (K2, Spice)	☐	☐
g.	Methadone, naloxone, subutex, or Suboxone®	☐	☐
h.	Heroin (smack, junk, Black Tar)	☐	☐
i.	Amphetamines (uppers, speed, crystal meth, crank, ice)	☐	☐
j.	Cocaine (crack, rock, coke, blow, snow)	☐	☐
k.	Tranquilizers (downers, ludes)	☐	☐
l.	Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)	☐	☐
m.	Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)	☐	☐

84. During *your most recent* pregnancy, would you have had the kinds of help listed below if you needed them? For each one, check **No** if you would have not had it or **Yes** if you would have had it.

		No	Yes
a.	Someone to loan me $50	☐	☐
b.	Someone to help me if I were sick and needed to be in bed	☐	☐
c.	Someone to take me to the clinic or doctor's office if I needed a ride	☐	☐
d.	Someone to talk with about my problems	☐	☐

85. At any time during *your most recent* pregnancy, did you work at a job for pay?

☐ No → **Go to Question 88**
☐ Yes

86. Have you returned to the job you had during *your most recent* pregnancy?

Check ONE answer

☐ No, and I do not plan to return → **Go to Question 88**
☐ No, but I will be returning
☐ Yes

Go to Question 87

87. Did you take leave from work *after* your new 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

88. *Since your new baby was born*, how often would you say you have been worried or stressed about having enough money to pay your bills?

☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

89. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way? For each time period, check **No** if it did not happen then or **Yes** if it did.

		No	Yes
a.	During the 12 months before I got pregnant	☐	☐
b.	During my most recent pregnancy	☐	☐
c.	Since my new baby was born	☐	☐

90. During the *past month*, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

☐ I did not take a multivitamin, prenatal vitamin, or folic acid vitamin at all
☐ 1 to 3 times a week
☐ 4 to 6 times a week
☐ Every day of the week

91. Do you have a husband or partner who lives with you *now*?

☐ No
☐ Yes

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

92. 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

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

_____ People

94. What is today's date?

_____ / _____ / 20_____

These last questions are about Zika virus. Zika virus infection is an illness that is most often spread by the bite of a mosquito, but may also be spread by having sex with a man who has the Zika virus.

95. During *your most recent* pregnancy, how worried were you about getting infected with Zika virus?

Check ONE answer

- ☐ Very worried
- ☐ Somewhat worried
- ☐ Not at all worried
- ☐ I had never heard of Zika virus during my most recent pregnancy → **Go to Question 98**

96. At any time during *your most recent* pregnancy, did you talk with a doctor, nurse, or other health care worker about Zika virus?

- ☐ No
- ☐ Yes, a health care worker talked with me without my asking about it
- ☐ Yes, a health care worker talked with me, but only AFTER I asked about it

97. During *your most recent* pregnancy, did you get tested for Zika virus?

- ☐ No
- ☐ Yes

The next questions are about travel during *your most recent* pregnancy.

98. During *your most recent* pregnancy, were you aware of recommendations that pregnant women should avoid travel to areas with Zika virus?

- ☐ No
- ☐ Yes

99. At any time during *your most recent* pregnancy, did you live or travel outside the 50 United States?

- ☐ No → **Go to Question 103**
- ☐ Yes

100. When did you live or travel outside the 50 United States during *your most recent* pregnancy, and for how long? It may help to use a calendar. If you can't remember the exact date, please just put the month and year. If you took more than 2 trips, please fill in the information below for the FIRST two trips during your most recent pregnancy.

Trip Number 1

Location (country or territory): _____
First day of trip: __/__/__
Length of stay (number of days): _____

Trip Number 2

Location (country or territory):_____
First day of trip: __/__/__
Length of stay (number of days): _____

101. Did the place you lived in or traveled to have a tropical climate? These tend to be hot and humid places.

- ☐ No → **Go to Question 103**
- ☐ Yes

102. How often did you do things to try to avoid mosquito bites while you were living in or traveling to the places you listed above? Some things that people do to avoid mosquito bites include wearing long-sleeved shirts and long pants, using mosquito repellant, and staying inside in places with air conditioning or screened windows and doors.

- ☐ Every day
- ☐ Some days
- ☐ Never
- ☐ There were no mosquitoes

The next questions are about your husband or any male partner.

103. At any time in the *6 months before* your most recent pregnancy or *during* your pregnancy, did your husband or any male partner travel outside the 50 United States?

- ☐ No → **Go to Question 105**
- ☐ Yes

104. Did the place your husband or any male partner lived in or traveled to have a tropical climate? These tend to be hot and humid places.

- ☐ No
- ☐ Yes
- ☐ I don't know

105. During *your most recent* pregnancy, how often did you use condoms when you had sex with your husband or any male partner?

- ☐ Every time
- ☐ Sometimes
- ☐ Never
- ☐ I didn't have sex during my pregnancy → **Go to the end**

106. What were your reasons for <u>not</u> using condoms *during your most recent* pregnancy?

Check ALL that apply

- ☐ I didn't think I needed to use condoms during pregnancy
- ☐ I didn't know you can get Zika virus from having sex
- ☐ I didn't think my husband or male partner had Zika virus
- ☐ I was not worried about getting the Zika virus
- ☐ I didn't want to use condoms
- ☐ My husband or male partner didn't want to use condoms
- ☐ Other → Please tell us:

_____

Thank you for answering these questions! Your answers will help us learn more about how to keep pregnant women and their babies healthy.

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 Ohio.

Thanks for answering our questions!

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

Questions Commonly Asked About OPAS

What is OPAS?
OPAS (*Ohio Pregnancy Assessment Survey*) is a research project of the Ohio Department of Health. Our purpose is to find out why some babies are born healthy and others are not. To do this, our questionnaire asks new mothers questions about their behaviors and experiences around the time of their pregnancy. Each year in Ohio there are hundreds of babies born with serious health problems. Many of these babies die. We need your help to find out why. No matter how your pregnancy went, your answers will help us learn more about ways to improve the chances for a healthy birth.

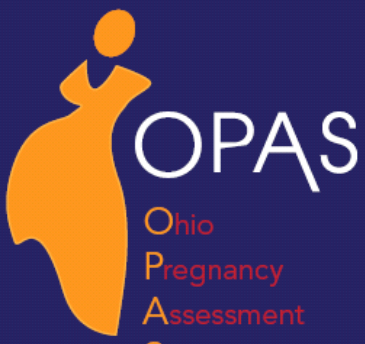
Will my answers be kept private?
Yes—all answers are kept completely private to the extent permitted by law. All answers given on the questionnaires will be grouped together to give us information on Ohio mothers of new babies. In reports from this survey, no woman will be identified by name.

Is it really important that I answer these questions?
Yes! Because of the small number of mothers picked, it is important to have everyone's answers. Every pregnancy is different. To get a better overall picture of the health of mothers and babies in Ohio, we need each mother selected to answer the questions. From the information you give us, we may be able to improve health care for women and children in Ohio. We need to know what went *right* as well as what went wrong during your pregnancy. Your help is really important to the success of our program.

Some of the questions do not seem related to health care—why are they asked?
Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of the new mother's health care and things that happened to her during pregnancy.

How was I chosen to participate in OPAS?
Your name was picked by chance, like in a lottery, from the state birth certificate registry. You are one of a small number of women who were chosen to help us in this study.

What if I want to ask more questions about OPAS?
Please call us at our toll-free number 1-866-406-7333, and we will be happy to answer any other questions that you may have about OPAS. If you prefer to complete the questionnaire over the telephone, please call us at the same number.



Ohio OPAS Program
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