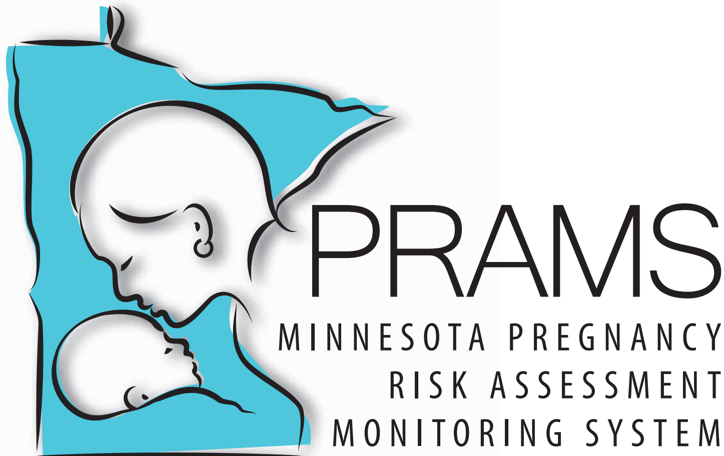
With your help, more mothers and babies can be healthier.



A survey about the health of mothers and babies in Minnesota

Form Approved
OMB No. 0920-1273
Exp. Date 03/31/2026

Public Reporting of this collection of information is estimated to average 25-31 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, GA, 30329 ATTN: PRA (0920-1273).

The information you are being asked to provide is authorized to be collected under Section 301 of The Public Health Service Act (42 USC 241). Providing this information is voluntary. CDC will use this information as part of the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS data is used to inform efforts to improve health among mothers and infants. The information you give us will be kept private and will be protected under the Privacy Act (System of Records Notice 09-20-0136).

DEPARTMENT
OF HEALTH
CHILD & FAMILY HEALTH

What is PRAMS?

PRAMS (Pregnancy Risk Assessment Monitoring System) is a joint research project between the Minnesota Department of Health and the Centers for Disease Control and Prevention (CDC). 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 Minnesota 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 future mothers and babies in Minnesota.

Will my answers be kept private?

Yes — all answers are kept completely private and will only be used to answer questions related to the purpose of this study. All answers given on the questionnaires will be grouped together to give us information on Minnesota 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 Minnesota, 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 Minnesota. We need to know what went right as well as what went wrong during your pregnancy. Your help is 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 PRAMS?

Your name was picked by chance, like in a lottery, from the state or jurisdiction 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 PRAMS?

Please call us at our toll-free number 1-800-723-2712, and we will be happy to answer any other questions that you may have about PRAMS. If you prefer to complete the questionnaire over the telephone, please call us on the same number.

Rev. May 2023

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. What is *your* date of birth?

____ / ____ / ________
Month Day Year

2. How would you describe your gender?

- ❑ Female
- ❑ Male
- ❑ Transgender
- ❑ Genderqueer or gender nonconforming
- ❑ Prefer to self-describe ⟶ Please tell us:

____

3. Before you got pregnant, did you...?
For each one, check **No** or **Yes**.

	No	Yes
a. Have serious difficulty hearing, or are you deaf?	❑	❑
b. Have serious difficulty seeing, even when wearing glasses, or are you blind?	❑	❑
c. Have serious difficulty walking or climbing stairs?	❑	❑
d. Have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	❑	❑
e. Have difficulty with dressing or bathing yourself?	❑	❑
f. Have difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition?	❑	❑

The next questions are about the time *before* you got pregnant.

4. During the *3 months before* you got pregnant with your *new* baby, did you have any of the following health conditions?
For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (**not** gestational diabetes or diabetes that starts during pregnancy)	❑	❑
b. High blood pressure or hypertension	❑	❑
c. Depression	❑	❑
d. Anxiety	❑	❑

5. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ❑ I didn't take a multivitamin, prenatal vitamin, or folic acid vitamin at all
- ❑ 1 to 3 times a week
- ❑ 4 to 6 times a week
- ❑ Every day of the week

6. In the *12 months before* you got pregnant with your new baby, did you have any of the following healthcare visits?
For each one, check **No** or **Yes**.

	No	Yes
a. Regular checkup with a family doctor	❑	❑
b. Regular checkup with an OB/GYN	❑	❑
c. Visit for an injury, illness, or chronic condition	❑	❑
d. Visit to urgent care or the emergency room	❑	❑
e. Visit for family planning or to get birth control	❑	❑
f. Visit for depression or anxiety	❑	❑
g. Visit to have my teeth cleaned	❑	❑
h. Other	❑	❑

Please tell us:

____

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Question 10.

7. During any of your healthcare visits in the *12 months before* you got pregnant, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. My weight	❑	❑
b. Regularly checking my blood pressure	❑	❑
c. My desire to have or not have children	❑	❑
d. Birth control methods	❑	❑
e. How I could improve my health before a pregnancy	❑	❑
f. Sexually transmitted infections such as chlamydia, gonorrhea, syphilis, or HIV	❑	❑
Ask me...		
g. If I smoked cigarettes or used e-cigarettes (“vapes”) or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
i. If I felt depressed or anxious	❑	❑

8. In the *12 months before* you got pregnant with your new baby, did a healthcare provider talk to you about preparing for a pregnancy?

❑ No → **Go to Question 10**
❑ Yes → **Go to Question 9**

9. In the *12 months before* you got pregnant with your new baby, did a healthcare provider talk with you about the following things? For each one, check **No** or **Yes**.

	No	Yes
a. Getting vaccines before pregnancy	❑	❑
b. Getting counseling for any genetic diseases that run in my family	❑	❑
c. Getting counseling or treatment for depression or anxiety	❑	❑
d. The safety of using prescription or over-the-counter medicines during pregnancy	❑	❑
e. How smoking during pregnancy can affect a baby	❑	❑
f. How drinking alcohol during pregnancy can affect a baby	❑	❑
g. How using drugs not prescribed to me during pregnancy can affect a baby	❑	❑

The next questions are about your *health insurance*.

10. 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 (paid for by me, someone else, or through a job)
❑ Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
❑ Medicaid or Medical Assistance
❑ MinnesotaCare
❑ TRICARE or other military healthcare
❑ Indian Health Service (IHS) or Tribal Health Service
❑ Other health insurance → Please tell us: ____________
❑ I didn’t have any health insurance during the *month before* I got pregnant

11. ***During*** **your most recent pregnancy, what kind of health insurance did you have?**

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
- ❑ Medicaid or Medical Assistance
- ❑ MinnesotaCare
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or Tribal Health Service
- ❑ Other health insurance → Please tell us: ____________
- ❑ I didn't have any health insurance *during my pregnancy*

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Private insurance from the Health Insurance Marketplace, MNSure, or HealthCare.gov
- ❑ Medicaid or Medical Assistance
- ❑ MinnesotaCare
- ❑ TRICARE or other military healthcare
- ❑ Indian Health Service (IHS) or Tribal Health Service
- ❑ Other health insurance → Please tell us: ____________
- ❑ I don't have any health insurance *now*

13. Thinking back to ***just before*** **you got pregnant with your new baby, how did you feel about becoming pregnant?**

Check ONE answer

- ❑ I wanted to be pregnant later
- ❑ I wanted to be pregnant sooner
- ❑ I wanted to be pregnant then
- ❑ I didn't want to be pregnant then or at any time in the future
- ❑ I wasn't sure what I wanted

DURING PREGNANCY

The next questions are about your prenatal care. This can include visits to a doctor, nurse, or other healthcare worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar to answer these questions.)

14. Did you get prenatal care during your ***most recent*** **pregnancy?**

- ❑ No → **Go to Question 16**
- ❑ Yes

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

- ❑ No
- ❑ Yes → **Go to Page 4, Question 17**

16. Did any of these things keep you from getting prenatal care when you wanted it?
For each one, check **No** or **Yes**.

		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 wouldn't 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, Medical Assistance, or MinnesotaCare 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	❑	❑
l.	The doctor's office was too far away	❑	❑

If you did not get prenatal care, go to Question 18.

17. *During any of your prenatal care visits*, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. How much weight I should gain during pregnancy	❑	❑
b. Doing tests to screen for birth defects or diseases that run in my family	❑	❑
c. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	❑	❑
d. What to do if I feel depressed or anxious during my pregnancy or after my baby is born	❑	❑
Ask me...		
e. If I planned to breastfeed my new baby	❑	❑
f. If I planned to use birth control after my baby was born	❑	❑
g. If I was taking any prescription medication	❑	❑
h. If I smoked cigarettes or used e-cigarettes (“vapes”) or other smokeless tobacco	❑	❑
i. If I was drinking alcohol	❑	❑
j. If someone was hurting me emotionally or physically	❑	❑
k. If I was using illegal drugs	❑	❑
l. If I was using marijuana	❑	❑
m. If I wanted to be tested for HIV	❑	❑

18. During the *12 months before* your new baby was born, did a healthcare provider *offer* you the following shots or vaccinations?
For each one, check **No** or **Yes**.

	No	Yes
a. Flu shot	❑	❑
b. Tdap shot (protects against tetanus, diphtheria, and pertussis [whooping cough])	❑	❑
c. COVID-19 shot	❑	❑

19. Did you *get* the following shots or vaccinations *before* or *during* your pregnancy?
For each shot, check ALL that apply:
B for **3 months before** pregnancy
D for **During** pregnancy
or check **N** if you **Did not** get the shot in the 3 months before or during pregnancy

	B	D	N
a. Flu shot	❑	❑	❑
b. Tdap shot	❑	❑	❑
c. COVID-19 shot	❑	❑	❑

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

❑ No
❑ Yes

21. The following statements are about the care of your teeth *during* your most recent pregnancy. For each one, check **No** or **Yes**.

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

22. 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 one, check **No** or **Yes**.

	No	Yes
a. I couldn't find a dentist or dental clinic that would take pregnant patients	❑	❑
b. I couldn't find a dentist or dental clinic that would take Medicaid patients	❑	❑
c. I didn't think it was safe to go to the dentist during pregnancy	❑	❑
d. I couldn't afford to go to a dentist or dental clinic	❑	❑
e. I couldn't find a dentist or dental clinic close by that I could get to	❑	❑

23. *During* your most recent pregnancy, did a healthcare provider tell you that you had any of the following health conditions? For each one, check **No** or **Yes**.

	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	❑	❑

If you had high blood pressure before or during your pregnancy, go to Question 24. If you didn't, go to Question 25.

24. *During* your most recent pregnancy, did a healthcare provider do any of the following things to help you manage your high blood pressure? For each one, check **No** or **Yes**.

	No	Yes
a. Refer me to a different healthcare provider	❑	❑
b. Tell me to regularly check my blood pressure ***during*** pregnancy	❑	❑
c. Talk to me about getting to a healthy weight ***after*** pregnancy	❑	❑
d. Talk to me about regularly checking my blood pressure ***after*** pregnancy	❑	❑
e. Talk to me about the risk for having high blood pressure (chronic hypertension) and heart disease ***after*** pregnancy	❑	❑

25. *During* your most recent pregnancy, did you get information about "warning signs" you should watch for during and after your pregnancy that require immediate medical attention? Some of these "warning signs" include fever, frequent or severe headaches, dizziness, or severe stomach pain.

❑ No → **Go to Page 6, Question 27**
❑ Yes

26. *During* your most recent pregnancy, did you get information about warning signs from any of the following sources? For each one, check **No** or **Yes**.

	No	Yes
a. A healthcare provider (such as a doctor, nurse, or midwife)	❑	❑
b. Websites or social media (such as Facebook, Instagram, or Twitter)	❑	❑
c. Any source of information that used the slogan **"Hear Her"** (such as websites, social media, or paper handouts)	❑	❑
d. Family or friends	❑	❑

The next questions are about cigarettes, e-cigarettes, and other tobacco products.

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

- ❑ No → **Go to Question 31**
- ❑ Yes

28. In the *3 months* *before* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

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

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then

30. How many cigarettes do you smoke on an average day *now*?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I don't smoke now

31. In the *past 2 years*, have you used e-cigarettes ("vapes") or other electronic nicotine products?

- ❑ No → **Go to Question 35**
- ❑ Yes

Go to Question 32

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

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

- ❑ Every day
- ❑ Some days
- ❑ I didn't use e-cigarettes or other electronic nicotine products then

34. In the *past 2 years*, did you ever use e-cigarettes ("vapes") or other electronic nicotine products as a way of cutting down or stopping cigarette smoking?

- ❑ No
- ❑ Yes

The next questions are about drinking alcohol. A drink can be 1 glass of wine, can or bottle of beer or hard seltzer, shot of liquor, or mixed drink.

35. *During* your most recent pregnancy, did you have any alcoholic drinks during...?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

If you did not have any alcoholic drinks during your pregnancy, go to Question 37.

36. *During* your most recent pregnancy, did you have 4 or more alcoholic drinks in a 2-hour time span during…?
For each one, check **No** or **Yes**.

	No	Yes
a. The first 3 months of pregnancy (1st trimester)? *This includes the time before knowing you were pregnant*	❑	❑
b. The second 3 months of pregnancy (2nd trimester)?	❑	❑
c. The last 3 months of pregnancy (3rd trimester)?	❑	❑

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

37. Did any of the following things happen during the *12 months before* your new baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I got separated or divorced	❑	❑
b. I was evicted or forced to move	❑	❑
c. I didn't have a regular place to sleep	❑	❑
d. I was homeless or had to sleep outside, in a car, or in a shelter	❑	❑
e. My spouse, partner, or I lost a job	❑	❑
f. My spouse, partner, or I had a cut in work hours or pay	❑	❑
g. I had problems paying the rent, mortgage, or other bills	❑	❑
h. My spouse or partner went to jail/prison	❑	❑
i. I went to jail/prison	❑	❑
j. Someone close to me had a problem with drinking or drugs	❑	❑
k. Someone close to me was very sick or died	❑	❑

38. During the *12 months before* your new baby was born, which of these statements best describes the food in your household?

Check ONE answer

❑ Enough of the kinds of food I wanted to eat
❑ Enough, but not always the kinds of food I wanted to eat
❑ Sometimes not enough to eat
❑ Often not enough to eat

39. 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

40. During the *12 months before* your new baby was born, how often did you feel emotionally upset (for example, angry, sad, or frustrated) because of how you were treated based on your race, ethnicity, or skin color?

❑ Very often
❑ Somewhat often
❑ Not very often
❑ Never

41. 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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑

42. *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 one, check **No** or **Yes**.

	No	Yes
a. My spouse or partner	❑	❑
b. My ex-spouse or ex-partner	❑	❑

AFTER PREGNANCY

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

43. How was your new baby delivered?

- ❑ Vaginally → **Go to Question 45**
- ❑ Cesarean delivery (c-section)

44. 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 healthcare provider worried that my baby was too big
- ❑ I had a medical condition that made labor dangerous for me (such as a heart condition or physical disability)
- ❑ I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)
- ❑ My healthcare 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:

____

45. *After* the delivery, how long did your new baby stay in the hospital?

- ❑ Less than 3 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 48**

Go to Question 46

46. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 10, Question 58**
- ❑ Yes

47. Is your baby living with you now?

- ❑ No → **Go to Page 10, Question 58**
- ❑ Yes

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

Check ONE answer

- ❑ I didn't breastfeed my baby → **Go to Question 51**
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

  ____ week(s) **OR** ____ month(s)
- ❑ I'm still breastfeeding or feeding pumped milk to my new baby

49. *After* your new baby was born, did you get any of the following kinds of help with breastfeeding? For each one, check **No** or **Yes**.

	No	Yes
a. Someone to answer my questions	❑	❑
b. Help getting my baby positioned correctly	❑	❑
c. Help knowing if my baby was getting enough milk	❑	❑
d. Help with managing pain or bleeding nipples	❑	❑
e. Information about where to get a breast pump	❑	❑
f. Help using a breast pump	❑	❑
g. Information about breastfeeding support groups	❑	❑
h. Other	❑	❑

Please tell us:

____

50. How old was your new baby the first time they had liquids other than breast milk (such as formula, water, juice, or cow's milk)?

Check ONE answer

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

  ______ week(s) **OR** ______ month(s)

If your baby is still in the hospital, go to Page 10, Question 58.

51. In the *past 2 weeks*, how did you place your new baby to sleep at night and during naps? For each one, check **No** or **Yes**.

	No	Yes
a. On their side	❑	❑
b. On their back	❑	❑
c. On their stomach	❑	❑

52. In the *past 2 weeks*, when you were sleeping, how often has your new baby slept alone in their own crib or bed?

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Question 54**

53. In the *past 2 weeks*, was your baby's crib or bed in the same room where you or another adult slept?

- ❑ No
- ❑ Yes

54. In the *past 2 weeks*, where have you placed your new baby to sleep at night or during naps? For each one, check **No** or **Yes**.

	No	Yes
a. In a crib, portable crib, or bassinet	❑	❑
b. On a twin or larger mattress or bed	❑	❑
c. On a couch, sofa, or armchair	❑	❑
d. In an infant car seat	❑	❑
e. In a swing, rocker, or other inclined sleeper	❑	❑
f. In an in-bed sleeper	❑	❑
g. In a baby board or cradleboard	❑	❑
h. Other	❑	❑

Please tell us: ______________________

55. In the *past 2 weeks*, has your new baby been placed to sleep with the following? For each one, check **No** or **Yes**.

	No	Yes
a. In a sleeping sack or wearable blanket	❑	❑
b. In a swaddled blanket	❑	❑
c. Comforters, quilts, blankets, or non-fitted sheets	❑	❑
d. Soft toys, cushions, or pillows, including nursing pillows	❑	❑
e. Crib bumper pads (mesh or non-mesh)	❑	❑
f. Other	❑	❑

Please tell us: ______________________

56. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age.

- ❑ No
- ❑ Yes → **Go to Question 58**

57. Did any of these things keep your baby from having a well-baby checkup?

Check ALL that apply

- ❑ I didn't have enough money or insurance to pay for it
- ❑ I had no way to get my baby to the clinic or doctor's office
- ❑ I didn't have anyone to take care of my other children
- ❑ I couldn't get an appointment
- ❑ My baby was too sick to go for a well-baby checkup
- ❑ Other → Please tell us:

58. Are you or your spouse or partner doing anything *now* to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes → **Go to Question 60**
- ❑ I'm pregnant now → **Go to Question 61**

Go to Question 59

59. What are your reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ❑ I want to get pregnant or don't mind if I do
- ❑ I had my tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ I don't want to use birth control
- ❑ I'm worried about side effects from birth control
- ❑ My spouse or partner doesn't want to use condoms
- ❑ My spouse or partner doesn't want me to use birth control
- ❑ We are same-sex spouses/partners
- ❑ I have problems getting birth control I want
- ❑ I don't think I can get pregnant because I'm breastfeeding
- ❑ I'm not having sex
- ❑ Other → Please tell us:

If you're not doing anything to keep from getting pregnant now, go to Question 61.

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

Check ALL that apply

- ❑ Tubes tied or blocked
- ❑ My spouse or partner had a vasectomy
- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other → Please tell us:

61. ***Since your new baby was born,* have you had a postpartum checkup for yourself?** A postpartum checkup is a regular health checkup you have up to 12 weeks after giving birth.

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

62. Did any of these things keep you from having a postpartum checkup?

Check ALL that apply

- ❑ I didn't know I needed one
- ❑ I didn't have enough money or insurance to pay for the visit
- ❑ I felt fine and didn't 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 other things going on
- ❑ I couldn't take time off from work or school
- ❑ I didn't have anyone to take care of my children
- ❑ The doctor's office was too far away
- ❑ Other → Please tell us: ____________

If you did not have a postpartum checkup, go to Question 64.

63. ***During your postpartum checkup*, did a healthcare provider do any of the following things?** For each one, check **No** or **Yes**.

	No	Yes
Talk to me about...		
a. Healthy eating, exercise, and losing weight gained during pregnancy	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Birth control methods	❑	❑
d. Warning signs of medical problems I might be at risk for due to my pregnancy	❑	❑
e. Regularly checking my blood pressure	❑	❑
f. What to do if I feel depressed or anxious	❑	❑
Ask me...		
g. If I was smoking cigarettes or using e-cigarettes ("vapes") or other smokeless tobacco	❑	❑
h. If someone was hurting me emotionally or physically	❑	❑
A healthcare provider...		
i. Tested me for diabetes	❑	❑
j. Prescribed me medication for depression or anxiety	❑	❑

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

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

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

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

66. ***Since your new baby was born*, how often have you felt nervous, anxious, or on edge?**

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

67. ***Since your new baby was born*, how often have you <u>not</u> been able to stop or control worrying?**

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

68. **Has a healthcare provider asked you a series of questions, in person or on a form, to know if you were feeling down, depressed, anxious, or irritable during the following time periods?** For each one, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. Since my new baby was born	❑	❑

69. ***Since your new baby was born*, has a healthcare provider *told you that you had* depression?**

- ❑ No → **Go to Question 72**
- ❑ Yes

70. ***Since your new baby was born*, have you gotten counseling for your depression?**

- ❑ No
- ❑ Yes

71. ***Since your new baby was born*, have you taken prescription medicine for your depression?**

- ❑ No
- ❑ Yes

OTHER EXPERIENCES

The next questions are on a variety of topics.

72. **Please tell us how often each of the following happened during the *12 months before* your new baby was born.**

a. I worried whether my food would run out before I got money to buy more

❑ Often ❑ Sometimes ❑ Never

b. The food that I bought just didn't last, and I didn't have money to get more

❑ Often ❑ Sometimes ❑ Never

73. **During the *12 months before* your new baby was born, did lack of transportation keep you from any of the following?**
For each one, check **No** or **Yes**.

	No	Yes
a. Going to medical appointments	❑	❑
b. Going to non-medical appointments, meetings, or work	❑	❑
c. Doing errands	❑	❑

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

- ❑ No → **Go to Question 79**
- ❑ Yes

75. **Did you take leave from work *after* your new baby was born?**

Check ALL that apply

- ❑ Yes, I took *paid* leave from my job
- ❑ Yes, I took *unpaid* leave from my job
- ❑ No, I didn't take any leave → **Go to Question 77**

Go to Question 76

76. How many weeks or months of leave, in total, did you take or will you take?

Write ONE answer

- ❑ Less than 1 week
- _____ week(s) **OR** _____ month(s)

77. Did any of the following things affect your decision about taking leave from work *after* your new baby was born?
For each one, check **No** or **Yes**.

	No	Yes
a. I couldn't financially afford to take leave	❑	❑
b. I was afraid I'd lose my job if I took leave or stayed out longer	❑	❑
c. I had too much work to do to take leave or stay out longer	❑	❑
d. My job doesn't have paid leave	❑	❑
e. My job doesn't offer a flexible work schedule	❑	❑
f. I hadn't built up enough leave time to take any or more time off	❑	❑

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

Check ONE answer

- ❑ No, and I don't plan to return
- ❑ No, but I will be returning
- ❑ Yes

79. Listed below are some statements about safety. For each one, check **No** if it does not apply to you or **Yes** if it does.

	No	Yes
a. I always used a seatbelt during my most recent pregnancy	❑	❑
b. My home has a working smoke alarm	❑	❑
c. My home has a working carbon monoxide detector	❑	❑
d. I have received information about infant products that should be taken off the market (product recalls) since my new baby was born	❑	❑

80. Did you use doula support during any of the following time periods? A doula is a trained pregnancy and labor companion who gives comfort, emotional support, and information during birth. A doula does not provide medical care. For each time period, check **No** or **Yes**.

	No	Yes
a. During my most recent pregnancy	❑	❑
b. During the birth of my new baby	❑	❑
c. Since my new baby was born	❑	❑

81. Did you experience any of the following things *<u>during</u>* your pregnancy or *<u>after</u>* your baby was born? For each one, check **No** or **Yes**.

	No	Yes
a. I felt something wasn't right with my health	❑	❑
b. I felt my concerns for my health weren't taken seriously	❑	❑
c. I felt my doctor ignored my concerns about my health or symptoms	❑	❑

82. ***While getting healthcare*** **during your pregnancy, at delivery, or at postpartum care, did you experience discrimination or were you prevented from doing something, hassled, or made to feel inferior?**
For each one, check **No** if you did not experience discrimination because of it or **Yes** if you did.

		No	Yes
a.	My race, ethnicity, or skin color	❑	❑
b.	My disability status	❑	❑
c.	My immigration status	❑	❑
d.	My age	❑	❑
e.	My weight	❑	❑
f.	My income	❑	❑
g.	My sex or gender	❑	❑
h.	My sexual orientation	❑	❑
i.	My religion	❑	❑
j.	My language or accent	❑	❑
k.	My type or lack of health insurance	❑	❑
l.	My use of substances (alcohol, tobacco, or other drugs)	❑	❑
m.	My involvement with the justice system (jail or prison)	❑	❑
n.	Another reason	❑	❑

Please tell us: ______________________

83. ***During your life until now,*** **how often have you been discriminated against, prevented from doing something, hassled, or made to feel inferior because of your race, ethnicity, or skin color?**

- ❑ Very often
- ❑ Somewhat often
- ❑ Not very often
- ❑ Never

84. Have you ***ever*** **been treated unfairly due to your race, ethnicity, or skin color in any of the following situations?**
For each one, check **No** or **Yes**.

		No	Yes
a.	Job (hiring, promotion, firing)	❑	❑
b.	Housing (renting, buying, mortgage)	❑	❑
c.	Police (stopped, searched, threatened)	❑	❑
d.	In the courts	❑	❑
e.	At school or my child's school	❑	❑
f.	Getting medical care	❑	❑

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 spouse 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 getting now.

- ❑ $0 to $18,000
- ❑ $18,001 to $23,000
- ❑ $23,001 to $27,000
- ❑ $27,001 to $32,000
- ❑ $32,001 to $37,000
- ❑ $37,001 to $42,000
- ❑ $42,001 to $48,000
- ❑ $48,001 to $60,000
- ❑ $60,001 to $85,000
- ❑ $85,001 or more

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

Number of people ____

87. What is today's date?

____ / ____ / ________
Month Day Year

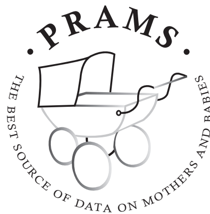
We would love to hear more about your story!
Is there anything else you would like to share with us about your experiences around the time of your pregnancy? Please use this space to tell us.

Thanks for answering our questions!

Your answers will help us work to make mothers and babies in Minnesota healthier.

To answer the survey by phone or to ask a question please call: 1-800-723-2712

For more information contact the Minnesota PRAMS office by email at: **health.mnprams@state.mn.us** or by calling **1-800-723-2712**



Minnesota PRAMS is a joint effort by the Minnesota Department of Health and the Centers for Disease Control and Prevention.

Minnesota Department of Health
P.O. Box 64882
St. Paul MN 55164-0882
www.health.state.mn.us

This document can be made available in alternative formats such as Braille, large print or audio recording. Printed on recycled paper.

ID #56080