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. During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check No if you did not have the condition or Yes if you did.
   - No  Yes
   a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy) .................................................  ❑  ❑
   b. High blood pressure or hypertension .......  ❑  ❑
   c. Depression .......................................................  ❑  ❑

5. During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?
   - I didn’t take a multivitamin, prenatal vitamin, or folic acid vitamin in the month before I got pregnant  ❑
   - 1 to 3 times a week  ❑
   - 4 to 6 times a week  ❑
   - Every day of the week  ❑

6. 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 9

7. 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:  ❑  ❑
8. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Tell me to take a vitamin with folic acid...</td>
</tr>
<tr>
<td>b.</td>
<td>Talk to me about maintaining a healthy weight</td>
</tr>
<tr>
<td>c.</td>
<td>Talk to me about controlling any medical conditions such as diabetes or high blood pressure</td>
</tr>
<tr>
<td>d.</td>
<td>Talk to me about my desire to have or not have children</td>
</tr>
<tr>
<td>e.</td>
<td>Talk to me about using birth control to prevent pregnancy</td>
</tr>
<tr>
<td>f.</td>
<td>Talk to me about how I could improve my health before a pregnancy</td>
</tr>
<tr>
<td>g.</td>
<td>Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis</td>
</tr>
<tr>
<td>h.</td>
<td>Ask me if I was smoking cigarettes</td>
</tr>
<tr>
<td>i.</td>
<td>Ask me if someone was hurting me emotionally or physically</td>
</tr>
<tr>
<td>j.</td>
<td>Ask me if I was feeling down or depressed</td>
</tr>
<tr>
<td>k.</td>
<td>Ask me about the kind of work I do</td>
</tr>
<tr>
<td>l.</td>
<td>Test me for HIV (the virus that causes AIDS)</td>
</tr>
</tbody>
</table>

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

9. During the month before you got pregnant with your new baby, what kind of health insurance did you have? Check ALL that apply.

- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance Please tell us:

- I did not have any health insurance during the month before I got pregnant
10. During your 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 12
- Private health insurance from my job or the job of my husband or partner
- Private health insurance from my parents
- Private health insurance from the New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Discount/State prenatal HRF or sliding scale
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance ➔ Please tell us: __________________________

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

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

11. Did the cost of health insurance for your prenatal care cause financial problems for you or your family?

- No
- Yes

12. What kind of health insurance do you have 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 New Mexico Health Insurance Marketplace, http://www.bewellnm.com, or HealthCare.gov
- Medicaid or Centennial Care
- SCHIP or CHIP (New MexiKids)
- Family Planning or Title X Program
- TRICARE or other military health care
- Indian Health Service (IHS) or Tribal-638 health care coverage
- Other health insurance ➔ Please tell us: __________________________

- I do not have health insurance now

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

Check ONE answer

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

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

☐ I didn’t go for prenatal care

☐ Weeks OR ☐ Months

Go to Question 16

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

☐ No

☐ Yes

Go to Question 17

16. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I couldn’t get an appointment when I wanted one.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>b. I didn’t have enough money or insurance to pay for my visits.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>c. I didn’t have any transportation to get to the clinic or doctor’s office.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>d. I couldn’t take time off from work or school.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>e. I didn’t have my Medicaid or Centennial Care card.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>f. I didn’t have anyone to take care of my children.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>g. I didn’t know that I was pregnant.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>h. I didn’t want anyone else to know I was pregnant.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>i. The clinic or doctor’s office was too far away.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>j. I did not believe prenatal care was important or that it would help me.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>k. I did not feel prenatal care was culturally appropriate.</td>
<td>☐ ☐</td>
</tr>
<tr>
<td>l. I didn’t want prenatal care.</td>
<td>☐ ☐</td>
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</table>

If you did not get prenatal care, go to Question 20.

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

☐ Private doctor’s office

☐ Hospital clinic

☐ Health department clinic

☐ Community or Federally Qualified Health clinic

☐ Indian Health Service (IHS), Tribal-638, or Tribal Urban health facility

☐ Other Please tell us:
18. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check No if they did not ask you about it or Yes if they did.

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

19. How did you feel about the prenatal care you got during your most recent pregnancy? If you went to more than one place for prenatal care, answer for the place where you got most of your care. For each item, check No if you were not satisfied or Yes if you were satisfied.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The amount of time I had to wait ..................................................</td>
<td></td>
</tr>
<tr>
<td>b. The amount of time the doctor, nurse, or midwife spent with me .............</td>
<td></td>
</tr>
<tr>
<td>c. The advice I got on how to take care of myself.................................</td>
<td></td>
</tr>
<tr>
<td>d. The understanding and respect shown toward me as a person ...................</td>
<td></td>
</tr>
<tr>
<td>e. The cultural understanding or respect demonstrated in my care................</td>
<td></td>
</tr>
</tbody>
</table>

20. 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?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td></td>
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</table>

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

Check ONE answer

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

23. 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gestational diabetes (diabetes that started during this pregnancy) ........</td>
<td></td>
</tr>
<tr>
<td>b. High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia...............................</td>
<td></td>
</tr>
<tr>
<td>c. Depression............................................................................</td>
<td></td>
</tr>
<tr>
<td>d. Labor pains more than 3 weeks before my baby was due (preterm or early labor)........................................</td>
<td></td>
</tr>
</tbody>
</table>
The next questions are about smoking cigarettes around the time of pregnancy (before, during, and after).

24. Have you smoked any cigarettes in the past 2 years?
   - No
   - Yes
   Go to Question 28

25. In the 3 months before you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

26. In the last 3 months of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I didn’t smoke then

27. How many cigarettes do you smoke on an average day now? A pack has 20 cigarettes.
   - 41 cigarettes or more
   - 21 to 40 cigarettes
   - 11 to 20 cigarettes
   - 6 to 10 cigarettes
   - 1 to 5 cigarettes
   - Less than 1 cigarette
   - I don’t smoke now

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

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

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

28. Have you used any of the following products in the past 2 years? For each item, check No if you did not use it or Yes if you did.
   - E-cigarettes or other electronic nicotine products ...............................................................
   - Hookah .................................................................
   - Cigars, cigarillos, or little filtered cigars ....

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

29. During the 3 months 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
30. 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.

31. 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
- Yes

Go to Question 33

32. 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

34. 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.

- My husband or partner .................
- My ex-husband or ex-partner ...........
- Another family member ............... 
- Someone else ............................

35. 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.

- My husband or partner .................
- My ex-husband or ex-partner ...........
- Another family member ............... 
- Someone else ............................

AFTER PREGNANCY

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

36. When was your new baby born?

Month / Day / 20

37. How was your new baby delivered?

- Vaginally
- Cesarean delivery (c-section)

Go to Page 8, Question 39
38. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)?

☐ 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

Check ONE answer

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

☐ No
☐ Yes
☐ I don’t know

40. 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 43

41. Is your baby alive now?

☐ No
☐ Yes

We are very sorry for your loss.

Go to Page 11, Question 60

42. Is your baby living with you now?

☐ No
☐ Yes

Go to Page 11, Question 60

Go to Question 43

43. 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:


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

☐ No
☐ Yes

Go to Page 10, Question 52

Go to Question 45
45. After your new baby was born, did you receive the kinds of help with breastfeeding that are listed below? For each one, check No if you did not receive this kind of breastfeeding help or Yes if you did.

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

Please tell us:


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

❑ No
❑ Yes

Go to Question 48

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

❑ Less than 1 week
❑ 1 week
❑ 2 weeks
❑ 3 weeks
❑ 4 weeks
❑ 5 weeks
❑ 6 weeks
❑ 7 weeks
❑ 8 weeks
❑ 9 weeks
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❑ 248 weeks
❑ 249 weeks
❑ 250 weeks
❑ 251 weeks
❑ 252 weeks
❑ 253 weeks
❑ 254 weeks
❑ 255 weeks

48. Have you used a breast pump to express milk to feed to your new baby?

❑ No
❑ Yes

Go to Question 49

49. Did your health insurance pay for a breast pump for you to use with your new baby?

❑ No
❑ Yes, but I had to make a co-payment
❑ Yes, with no co-payment
❑ I did not have health insurance
❑ I don’t know

If your baby was not born in a hospital, go to Page 10, Question 51.

50. This question asks about things that may have happened at the hospital where your new baby was born. For each item, check No if it did not happen or Yes if it did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital staff gave me information about breastfeeding</td>
<td>❑</td>
</tr>
<tr>
<td>b. My baby stayed in the same room with me at the hospital</td>
<td>❑</td>
</tr>
<tr>
<td>c. I breastfed my baby in the hospital</td>
<td>❑</td>
</tr>
<tr>
<td>d. Hospital staff helped me learn how to breastfeed</td>
<td>❑</td>
</tr>
<tr>
<td>e. I breastfed in the first hour after my baby was born</td>
<td>❑</td>
</tr>
<tr>
<td>f. My baby was placed in skin-to-skin contact within the first hour of life</td>
<td>❑</td>
</tr>
<tr>
<td>g. My baby was fed only breast milk at the hospital</td>
<td>❑</td>
</tr>
<tr>
<td>h. Hospital staff told me to breastfeed whenever my baby wanted</td>
<td>❑</td>
</tr>
<tr>
<td>i. The hospital gave me a breast pump to use</td>
<td>❑</td>
</tr>
<tr>
<td>j. The hospital gave me a gift pack with formula</td>
<td>❑</td>
</tr>
<tr>
<td>k. The hospital gave me a telephone number to call for help with breastfeeding</td>
<td>❑</td>
</tr>
<tr>
<td>l. Hospital staff gave my baby a pacifier</td>
<td>❑</td>
</tr>
</tbody>
</table>
51. 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

If your baby is still in the hospital, go to Question 60.

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

☐ On his or her side
☐ On his or her back
☐ On his or her stomach

53. 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 55

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

☐ No
☐ Yes

55. 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.

☐ In a crib, bassinet, or pack and play
☐ On a twin or larger mattress or bed
☐ On a couch, sofa, or armchair
☐ In an infant car seat or swing
☐ In a sleeping sack or wearable blanket
☐ With a blanket
☐ With toys, cushions, or pillows, including nursing pillows
☐ With crib bumper pads (mesh or non-mesh)

56. 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.

☐ Place my baby on his or her back to sleep
☐ Place my baby to sleep in a crib, bassinet, or pack and play
☐ Place my baby’s crib or bed in my room
☐ What things should and should not go in bed with my baby

57. How many times has your new baby gone for care when he or she was sick?

☐ None
☐ My baby has not been sick
☐ My baby is still in the hospital

Go to Question 59

Go to Question 60
58. Has your new baby gone for care as many times as you wanted when he or she was sick?

☐ No
☐ Yes → Go to Question 60

59. Did any of these things keep you from taking your baby for care when he or she was sick?

☐ I didn’t have health insurance to pay for the visit
☐ I couldn’t get an appointment
☐ I didn’t have a regular doctor for my baby
☐ I had no way to get my baby to the clinic or doctor’s office
☐ I didn’t have anyone to take care of my other children
☐ Other → Please tell us:

Check ALL that apply

59. Did any of these things keep you from taking your baby for care when he or she was sick?

☐ I didn’t have health insurance to pay for the visit
☐ I couldn’t get an appointment
☐ I didn’t have a regular doctor for my baby
☐ I had no way to get my baby to the clinic or doctor’s office
☐ I didn’t have anyone to take care of my other children
☐ Other → Please tell us:

Check ALL that apply

If you or your husband or partner is not doing anything to keep from getting pregnant now, go to Page 12, Question 63.

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

☐ No
☐ Yes → Go to Question 62

Go to Question 61

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

☐ 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:

Check ALL that apply

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

☐ Tubes tied or blocked (female sterilization or Essure®)
☐ Vasectomy (male sterilization)
☐ Birth control pills
☐ Condoms
☐ Shots or injections (Depo-Provera®)
☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
☐ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
☐ Natural family planning (including rhythm method)
☐ Withdrawal (pulling out)
☐ Not having sex (abstinence)
☐ Other → Please tell us:
63. **Since your new baby was born, have you had a postpartum checkup for yourself?** A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- No
- Yes

**Go to Question 65**

64. **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.

- 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 ........................................

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

- Always
- Often
- Sometimes
- Rarely
- Never

66. **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 next questions are on a variety of topics.

67. **Are you Hispanic, Spanish, or Latina?**

- No
- Yes

68. **Which one or more of the following would you say is your race?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Please tell us:

69. **Which one of these best describes you?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Spanish, or Latina
- Native Hawaiian or Other Pacific Islander
- White
- Other

Please tell us:
70. Within the past 12 months, when seeking health care, did you feel your experiences were worse than, the same as, or better than for people of other races (or ethnicities)?

- Worse than other races
- The same as other races
- Better than other races
- Worse than some races, better than others
- I only encountered people of the same race
- I did not have health care in past 12 months
- Don’t know / Not sure

Check ONE answer

71. During the month before you got pregnant, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check No if you did not use it or Yes if you did.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prescription for depression or anxiety</td>
<td>❑</td>
</tr>
<tr>
<td>b. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®</td>
<td>❑</td>
</tr>
<tr>
<td>c. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®), or codeine</td>
<td>❑</td>
</tr>
<tr>
<td>d. Marijuana (pot, weed, bud, mota or hashish (hash))</td>
<td>❑</td>
</tr>
<tr>
<td>e. Synthetic marijuana (K2, Spice)</td>
<td>❑</td>
</tr>
<tr>
<td>f. Methadone, naloxone (Narcan®), subutex, or Suboxone®</td>
<td>❑</td>
</tr>
<tr>
<td>g. Heroin (smack, junk, Black Tar, Chiva)</td>
<td>❑</td>
</tr>
<tr>
<td>h. Amphetamines (uppers, speed, crystal meth, crank, ice, agua)</td>
<td>❑</td>
</tr>
<tr>
<td>i. Cocaine (crack, rock, coke, blow, snow, nieve)</td>
<td>❑</td>
</tr>
<tr>
<td>j. Tranquilizers (downers, ludes)</td>
<td>❑</td>
</tr>
<tr>
<td>k. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts)</td>
<td>❑</td>
</tr>
<tr>
<td>l. Sniffing gasoline, glue, aerosol spray cans, or paint to get high (huffing)</td>
<td>❑</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Counseling or a support group for depression</td>
<td>❑</td>
</tr>
<tr>
<td>b. Class or support group to stop smoking cigarettes</td>
<td>❑</td>
</tr>
<tr>
<td>c. Help to reduce violence in my home</td>
<td>❑</td>
</tr>
<tr>
<td>d. Healthy Start</td>
<td>❑</td>
</tr>
<tr>
<td>e. Families FIRST case management</td>
<td>❑</td>
</tr>
<tr>
<td>f. Doula or midwife support</td>
<td>❑</td>
</tr>
<tr>
<td>g. Home visiting program</td>
<td>❑</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A breastfeeding class or peer counseling support</td>
<td>❑</td>
</tr>
<tr>
<td>b. WIC for me or my baby</td>
<td>❑</td>
</tr>
<tr>
<td>c. Families FIRST case management</td>
<td>❑</td>
</tr>
<tr>
<td>d. Healthy Start</td>
<td>❑</td>
</tr>
<tr>
<td>e. Counseling or a support group for depression</td>
<td>❑</td>
</tr>
<tr>
<td>f. Breastfeeding help from a hospital or clinic</td>
<td>❑</td>
</tr>
<tr>
<td>g. Breastfeeding help from a community program or lactation consultant</td>
<td>❑</td>
</tr>
<tr>
<td>h. Home visiting program</td>
<td>❑</td>
</tr>
</tbody>
</table>
If your baby is still in the hospital, go to Question 75.

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

No Yes

a. I can almost always get my baby to stop crying ........................................

b. In the past week, I have carried my baby in my arms or in a cloth baby carrier for 5 or more hours every day ................................

c. I think that picking up a baby every time he or she cries will spoil the baby ...........

d. I sometimes feel overwhelmed by my baby’s crying ........................................

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

No Yes

Go to Question 78

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

Check ONE answer

No, and I do not plan to return

No, but I will be returning

Yes

Go to Question 78

77. 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

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

78. During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, your husband’s or partner’s income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

- $0 to $16,000
- $16,001 to $20,000
- $20,001 to $24,000
- $24,001 to $28,000
- $28,001 to $32,000
- $32,001 to $40,000
- $40,001 to $48,000
- $48,001 to $57,000
- $57,001 to $60,000
- $60,001 to $73,000
- $73,001 to $85,000
- $85,001 or more

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

People

80. What is today’s date?

Month Day Year

20 
Please use this space for any additional comments you would like to make about your experiences around the time of your pregnancy or the health of mothers and babies in New Mexico.

Thanks for answering our questions!

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