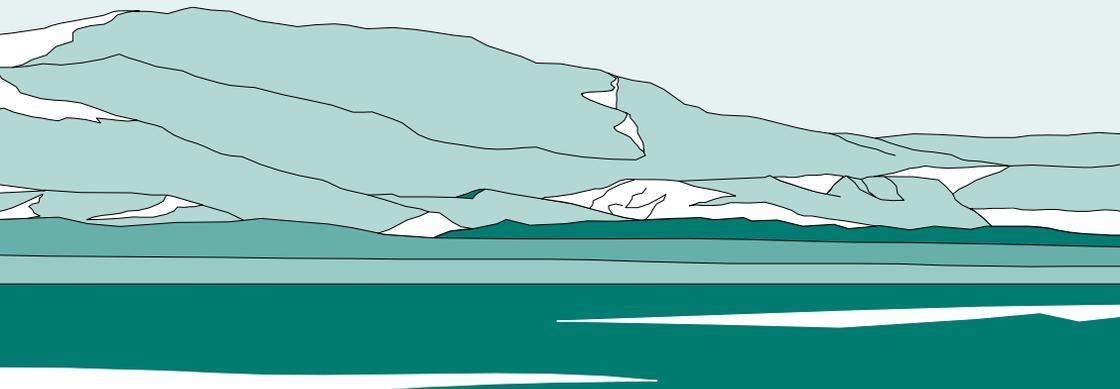




Alaska Pregnancy Risk Assessment Monitoring System

A Survey of the Health of Mothers and Babies in Alaska



Important Information About PRAMS

Please Read Before Starting the Survey

- The Pregnancy Risk Assessment Monitoring System (PRAMS) is a research project sponsored by the Centers for Disease Control and Prevention and the Alaska 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 one of every six mothers in Alaska to answer the same questions. All of your names were picked by a computer from recent birth certificates.
- It takes about 20 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 PRAMS. 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 PRAMS will be used to plan programs to help mothers and babies in Alaska.
- If you have any questions about your rights as a research subject, please call Dr. Douglas Causey, Academic Affairs, University of Alaska Anchorage at 786-1099.

If you have questions about PRAMS, or if you want to answer the questions by telephone, please call the Alaska PRAMS Data Manager at 1-888-269-3470. The call is free.

Please see the back cover for answers to questions commonly asked about PRAMS.

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1. *Just before* you got pregnant, did you have health insurance? Do not count Medicaid.

- No
 Yes

2. *Just before* you got pregnant, were you on Medicaid?

- No
 Yes

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

4. What is *your* date of birth?

19
 Month Day Year

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

Pounds OR Kilos

6. How tall are you without shoes?

Feet Inches

OR Centimeters

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

- No →
 Yes

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

- No
 Yes

9. Was the baby *just before* your new one born *more* than 3 weeks before its due date?

- No
 Yes

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

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

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

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

No

Yes —————> Go to Question 14

12. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes —————> Go to Question 14

13. What were your 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
- Other —————> Please tell us:

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 were *sure* you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

Weeks **OR** Months

I don't remember

15. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

Weeks **OR** Months

I didn't go for prenatal care

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

No

Yes

I didn't want prenatal care —————>

Go to Question 18

17. Here is a list of problems some women can have getting prenatal care. For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.

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

Please tell us:

If you did not go for prenatal care, go to Page 4, Question 20.

18. How was your prenatal care paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military (including TRICARE)
- Alaska Native Health Service or Native Regional Corporation
- Other —————> Please tell us:

19. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, circle Y (Yes) if someone talked with you about it or circle N (No) if no one talked with you about it.

| | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect my baby | N | Y |
| b. Breastfeeding my baby | N | Y |
| c. How drinking alcohol during pregnancy could affect my baby | N | Y |
| d. Using a seat belt during my pregnancy | N | Y |
| e. Birth control methods to use after my pregnancy | N | Y |
| f. Medicines that are safe to take during my pregnancy | N | Y |
| g. How using illegal drugs could affect my baby | N | Y |
| h. Doing tests to screen for birth defects or diseases that run in my family | N | Y |
| i. What to do if my labor starts early | N | Y |
| j. Getting tested for HIV (the virus that causes AIDS) | N | Y |
| k. Physical abuse to women by their husbands or partners | N | Y |

20. At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?

- No
 Yes
 I don't know

21. During the *last 3 months* of your most recent pregnancy, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals.

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

22. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

- No
 Yes

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

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

- No
 Yes

24. Did you have any of these problems during your most recent pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.

No Yes

- a. High blood sugar (diabetes) that started *before* this pregnancy N Y
- b. High blood sugar (diabetes) that started *during* this pregnancy. . . . N Y
- c. Vaginal bleeding N Y
- d. Kidney or bladder (urinary tract) infection N Y
- e. Severe nausea, vomiting, or dehydration N Y
- f. Cervix had to be sewn shut (incompetent cervix) N Y
- g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia, or toxemia N Y
- h. Problems with the placenta (such as abruptio placentae or placenta previa) N Y
- i. Labor pains more than 3 weeks before my baby was due (preterm or early labor). N Y
- j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM]) N Y
- k. I had to have a blood transfusion N Y
- l. I was hurt in a car accident. N Y

25. Did you do any of the following things because of these problems? For each item, circle Y (Yes) if you did that thing or circle N (No) if you did not.

No Yes

- a. I went to the hospital or emergency room and stayed less than 1 day N Y
- b. I went to the hospital and stayed 1 to 7 days. N Y
- c. I went to the hospital and stayed more than 7 days N Y
- d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice. N Y

The next questions are about smoking cigarettes and drinking alcohol.

26. Have you smoked at least 100 cigarettes in the *past 2 years*? (A pack has 20 cigarettes.)

- No → **Go to Page 6, Question 31**
- Yes

27. 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
- None (0 cigarettes)

If you did not have any of these problems, go to Question 26.

28. 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
- None (0 cigarettes)

If you smoked any cigarettes during the last 3 months of your pregnancy, go to Question 30.

29. When did you quit smoking?

- Before I found out I was pregnant
- When I found out I was pregnant
- Later in my pregnancy

30. 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
- None (0 cigarettes)

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 → Go to Question 34
- Yes

32a. 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
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

32b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

33a. 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
- 7 to 13 drinks a week
- 4 to 6 drinks a week
- 1 to 3 drinks a week
- Less than 1 drink a week
- I didn't drink then

33b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?

- 6 or more times
- 4 to 5 times
- 2 to 3 times
- 1 time
- I didn't have 5 drinks or more in 1 sitting
- I didn't drink then

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

34. This question is about things that may have happened during the 12 months before your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)

| | No | Yes |
|--|----|-----|
| a. A close family member was very sick and had to go into the hospital | N | Y |
| b. I got separated or divorced from my husband or partner | N | Y |
| c. I moved to a new address. | N | Y |
| d. I was homeless | N | Y |
| e. My husband or partner lost his job. | N | Y |
| f. I lost my job even though I wanted to go on working | N | Y |
| g. I argued with my husband or partner more than usual. | N | Y |
| h. My husband or partner said he didn't want me to be pregnant | N | Y |
| i. I had a lot of bills I couldn't pay | N | Y |
| j. I was in a physical fight | N | Y |
| k. My husband or partner or I went to jail. | N | Y |
| l. Someone very close to me had a bad problem with drinking or drugs. | N | Y |
| m. Someone very close to me died | N | Y |

The next questions are about the time during the 12 months before you got pregnant with your new baby.

35a. During the 12 months before you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

35b. During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about the time during your most recent pregnancy.

36a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
 Yes

36b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- No
 Yes

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)

37. When was your baby due?

Month Day Year

38. When did you go into the hospital to have your baby?

Month Day Year

I didn't have my baby in a hospital

39. When was your baby born?

Month Day Year

40. When were you discharged from the hospital after your baby was born?
 (It may help to use the calendar.)

Month Day Year

I didn't have my baby in a hospital

41. How was your delivery paid for?

Check all that apply

- Medicaid
- Personal income (cash, check, or credit card)
- Health insurance or HMO (including insurance from your work or your husband's work)
- Military (including TRICARE)
- Alaska Native Health Service or Native Regional Corporation
- Other → Please tell us:

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

42. After your baby was born, was he or she put in an intensive care unit?

- No
- Yes
- I don't know

43. After your baby was born, 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 days
- 4 days
- 5 days
- 6 days or more
- My baby was not born in a hospital
- My baby is still in the hospital → **Go to Question 46**

44. Is your baby alive now?

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

45. Is your baby living with you now?

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

46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No → **Go to Page 10, Question 51**
 Yes

47. Are you still breastfeeding or feeding pumped milk to your new baby?

- No
 Yes → **Go to Question 50**

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

- Weeks **OR** Months
 Less than 1 week

49. What were your reasons for stopping breastfeeding?

Check all that apply

- My baby had difficulty nursing
 Breast milk alone did not satisfy my baby
 I thought my baby was not gaining enough weight
 My baby got sick and could not breastfeed
 My nipples were sore, cracked, or bleeding
 I thought I was not producing enough milk
 I had too many other household duties
 I felt it was the right time to stop breastfeeding
 I got sick and could not breastfeed
 I went back to work or school
 I wanted or needed someone else to feed the baby
 My baby was jaundiced (yellowing of the skin or whites of the eyes)
 Other → Please tell us:

50. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

Weeks **OR** Months

- My baby was less than 1 week old
 I have not fed my baby anything besides breast milk

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

51. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

Hours

- Less than 1 hour a day
 My baby is never in the same room with someone who is smoking

52. How 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

53. How often does your new baby sleep in the same bed with you or anyone else?

- Always
 Often
 Sometimes
 Rarely
 Never

54. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

- No
 Yes

55. Has your new baby had a well-baby checkup? (A well-baby checkup is a regular health visit for your baby usually at 2, 4, or 6 months of age.)

- No
 Yes

56. Has your new baby gone as many times as you wanted for a well-baby checkup?

- 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 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 routine care
 Other —————> Please tell us:

58. 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 not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes

Go to Question 60

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

Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other —————> Please tell us:

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

60. During the *12 months before your new baby was born*, what were the sources of your household's income?

Check all that apply

- Paycheck or money from a job
- Money from family or friends
- Money from a business, fees, dividends, or rental income
- Aid such as Alaska Temporary Assistance Program (ATAP), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits, or pensions
- Other —————> Please tell us:

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

Check one answer

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 or more

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

People

The next few questions are on a variety of topics.

63. During the *12 months before you got pregnant with your new baby*, did you have a miscarriage, fetal death (baby died before being born), or stillbirth?

- No
- Yes

If you did not go for prenatal care, go to Question 65a.

64. At any time during your prenatal care, did a doctor, nurse, or other health care worker advise you not to drink alcohol while you were pregnant?

- No
 Yes

65a. During your most recent pregnancy, did you ever use a mixture of ash and tobacco, sometimes known as iq'mik or blackbull?

- No → **Go to Question 66a**
 Yes

65b. During your pregnancy, did you ever mix the ash and tobacco in your mouth?

- No
 Yes

65c. During your pregnancy, how many Copenhagen-sized cans of ash and tobacco did you use in an average week?

Cans

- Less than 1 can per week

66a. During your most recent pregnancy, did you ever use spit tobacco, chew, or snuff that was not a mixture of ash and tobacco? (For example, Copenhagen or other store-bought brand.)

- No → **Go to Question 67**
 Yes

66b. During your pregnancy, how many Copenhagen-sized cans of store-bought spit tobacco did you use in an average week?

Cans

- Less than 1 can per week

67. During any of the following time periods, did you smoke marijuana or hash? For each time period, circle Y (Yes) if you smoked then or circle N (No) if you did not smoke then.

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

68. During your most recent pregnancy, about how many hours a day, on average, were you in the same room with another person who was smoking?

Hours

- Less than 1 hour a day
 I was never in the same room with someone who was smoking

If your baby is not alive or is not living with you now, go to Question 70a.

69. When your new baby rides in a car, truck, or van, how often does he or she ride in an infant car seat?

- Always
 Often
 Sometimes
 Rarely
 Never

70a. Since your new baby was born, how often have you felt down, depressed, or hopeless?

- Always
 Often
 Sometimes
 Rarely
 Never

70b. Since your new baby was born, how often have you had little interest or little pleasure in doing things?

- Always
 Often
 Sometimes
 Rarely
 Never

71. Since your new baby was born, has a doctor, nurse, or other health care worker diagnosed you with depression?

- No
 Yes

72. 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, circle Y (Yes) if it has happened to you or circle N (No) if it has not.

No Yes

- a. During the 12 months before I got pregnant N Y
 b. During my most recent pregnancy N Y
 c. Since my new baby was born. . . . N Y

73. This question is about the care of your teeth during your most recent pregnancy.

For each item, circle Y (Yes) if it is true or circle N (No) if it is not true.

No Yes

- a. I needed to see a dentist for a problem N Y
 b. I went to a dentist or dental clinic. N Y
 c. A dental or other health care worker talked with me about how to care for my teeth and gums. N Y

74. Have you ever had your teeth cleaned by a dentist or dental hygienist?

- No → **Go to Page 14, Question 76**
 Yes

75. When did you have your teeth cleaned by a dentist or dental hygienist? For each of the three time periods, circle **Y** (Yes) if you had your teeth cleaned then or circle **N** (No) if you did not have your teeth cleaned then.

- | | No | Yes |
|--|----|-----|
| a. Before my most recent pregnancy | N | Y |
| b. During my most recent pregnancy | N | Y |
| c. After my most recent pregnancy | N | Y |

If you do not currently smoke cigarettes, go to Question 77.

76. Would you like to completely quit smoking cigarettes within the next 6 months?

- No
 Yes

77. What is today's date?

Month

Day

Year

Please use this space for any additional comments you would like to make about the health of mothers and babies in Alaska.

Thanks for answering our questions!

*Your answers will help us work to make Alaska
mothers and babies healthier.*

Questions Commonly Asked About PRAMS

What is PRAMS?

PRAMS (*Pregnancy Risk Assessment Monitoring System*) is a joint research project between the Alaska 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 Alaska 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 Alaska.

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 Alaska 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 Alaska, 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 Alaska. 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 PRAMS?

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 PRAMS?

Please call us at our toll-free number 1-888-269-3470 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.



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