OPAS

Ohio
Pregnancy
Assessment
Survey

OPAS Program
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215

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A Survey of the Health of Mothers and Babies in Ohio

OPAS

Ohio
Pregnancy
Assessment
Survey

866-406-7333

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

Your help is voluntary and your answers are completely confidential.

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

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

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

Thanks for answering our questions!

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

Other Experiences

This next question is about using marijuana around the time of pregnancy. Your answers are strictly confidential.

57. During any of the following time periods, did you use marijuana or hash in any form? For each time period, check **No** if you did not use then or **Yes** if you did.

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

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

58. 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

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

☐☐ People

60. What is today's date?

☐☐ / ☐☐ / 2 0 ☐☐

Month Day Year

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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	☐	☐
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 in the *month before* I got pregnant
- ☐ 1 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ Every day of the week

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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 ➔ **Go to Question 9**
- ☐ Yes

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.

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

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

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

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

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

56. *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

51. What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant? Check ALL that apply

- ☐ Tubes tied or blocked (female sterilization or Essure®)
- ☐ Vasectomy (male sterilization)
- ☐ Birth control pills
- ☐ Condoms
- ☐ Shots or injections (Depo-Provera®)
- ☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ☐ IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- ☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ Other ➔ Please tell us: ______________________

52. *Since your new baby was born*, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4 to 6 weeks after she gives birth.

- ☐ No ➔ Go to Question 53
- ☐ Yes ➔ Go to Question 54

53. Did any of these things keep you from having a postpartum visit? Check ALL that apply

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

If you did *not* have a postpartum checkup, go to Question 55.

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 Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid
- ☐ TRICARE or other military health care
- ☐ Other health insurance ➔ Please tell us: ______________________
- ☐ I did not have any health insurance during the *month before* I got pregnant

10. During your *most recent pregnancy*, what kind of health insurance did you have to pay for your *prenatal care*? Check ALL that apply

- ☐ I did not go for prenatal care ➔ Go to Question 11
- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid
- ☐ TRICARE or other military health care
- ☐ Other health insurance ➔ Please tell us: ______________________
- ☐ I did not have any health insurance to pay for my *prenatal care*

11. What kind of health insurance do you have *now*? Check ALL that apply

- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Ohio Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid ➔ Please tell us for how many months or years you have been covered by Medicaid: ☐☐ Months **OR** ☐☐ Years
- ☐ TRICARE or other military health care
- ☐ Other health insurance ➔ Please tell us: ______________________
- ☐ I do not have health insurance *now*

12. 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

13. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include having their tubes tied or using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No
- ☐ Yes

DURING PREGNANCY

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

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

☐☐ Weeks **OR** ☐☐ Months

- ☐ I didn't go for prenatal care ➔ **Go to Question 16**

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

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

49. 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 51**

50. What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*? Check ALL that apply

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

If you or your husband or partner is not doing anything to keep from getting pregnant *now*, go to Question 52.

If your baby is still in the hospital, go to Page 13, Question 49.

44. In which *one* position do you *most often* lay your baby down to sleep now?
Check ONE answer

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

45. 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 47**

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

- ☐ No
- ☐ Yes

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

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

15. *During any of your prenatal care visits*, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

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

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

- ☐ No
- ☐ Yes

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

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

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

- ☐ No
- ☐ Yes

19. During *your most recent* pregnancy, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Gestational diabetes (diabetes that **started** during *this* pregnancy)....	☐	☐
b. High blood pressure (that **started** during *this* pregnancy), pre-eclampsia or eclampsia	☐	☐
c. Depression	☐	☐
d. Anxiety	☐	☐

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

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

☐ No ➔ **Go to Question 24**
☐ Yes

21. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

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

22. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

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

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

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

42. What were your reasons for stopping breastfeeding? **Check ALL that apply**

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

If your baby was not born in a hospital, go to Question 44.

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

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

35. Is your baby alive now?

- ☐ No ➔ *We are very sorry for your loss.* **Go to Question 49**
- ☐ Yes

36. Is your baby living with you now?

- ☐ No ➔ **Go to Question 49**
- ☐ Yes

37. *Before your baby was born*, which one of the following methods did you plan to use to feed your baby in the first few weeks?

- ☐ Breastfeed only (baby would not be given formula)
- ☐ Formula feed only (no breast milk)
- ☐ Both breast and formula feed

38. *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: ________________________	☐	☐

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

- ☐ No ➔ **Go to Question 43**
- ☐ Yes

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

- ☐ No
- ☐ Yes ➔ **Go to Question 43**

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

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

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.

24. Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

		No	Yes
a.	E-cigarettes or other electronic nicotine products	☐	☐
b.	Hookah	☐	☐
c.	Chewing tobacco, snuff, or snus	☐	☐
d.	Cigars, cigarillos, or little cigars	☐	☐

If you used e-cigarettes or other electronic nicotine products in the *past 2* years, go to Question 25. Otherwise, go to Question 29.

25. What are your thoughts on e-cigarettes for yourself?

- ☐ E-cigarettes are more harmful than traditional cigarettes for me
- ☐ E-cigarettes are less harmful than traditional cigarettes for me
- ☐ E-cigarettes are equally harmful as traditional cigarettes for me

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

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

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

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

28. During the *past 30 days*, on how many days did you use e-cigarettes or other electronic nicotine products?

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

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

29. 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 31**
- ☐ Yes

30. 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

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

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

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

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

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

If you feel you need assistance relating to Questions 31 or 32, please call 1-800-799-SAFE (7233). If you need immediate help, please call 911.

AFTER PREGNANCY

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

33. When was your new baby born?

☐☐ / ☐☐ / 2 0 ☐☐ Month / Day / Year

34. 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 38**

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