

BEFORE PREGNANCY

First, we would like to ask a few questions about you and the time *before* you got pregnant with your new baby.

1. During the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, circle Y (Yes) if you did it or circle N (No) if you didn't.

	No	Yes
a. I was dieting (changing my eating habits) in order to lose weight.	N	Y
b. I was exercising 3 or more days of the week	N	Y
c. I was regularly taking prescription medicines other than birth control . . .	N	Y
d. I visited a health care worker to be checked or treated for diabetes. . .	N	Y
e. I visited a health care worker to be checked or treated for high blood pressure.	N	Y
f. I visited a health care worker to be checked or treated for depression or anxiety	N	Y
g. I talked to a health care worker about my family medical history . . .	N	Y
h. I had my teeth cleaned by a dentist or dental hygienist.	N	Y

2. During the *month before* you got pregnant with your new baby, were you covered by any of these types of health insurance plans?

Check all that apply

- Health insurance from a job (your job or the job of your husband, partner, or parents)
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- PeachCare for Kids
- I did not have any health insurance before I got pregnant
- Other source(s) —————> Please tell us:

3. 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

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

Pounds OR Kilos

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5. How tall are you without shoes?

Feet Inches

OR Meters

6. What is your date of birth?

Month Day Year

7. Before you got pregnant with your new baby, were you ever told by a doctor, nurse, or other health care worker that you had Type 1 or Type 2 diabetes? This is not the same as gestational diabetes or diabetes that starts during pregnancy.

- No
 Yes

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

- No → **Go to Question 11**
 Yes

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

- No
 Yes

10. 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.**11. 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 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

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

- No
 Yes → **Go to Question 15**

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

- No
 Yes → **Go to Question 15**

Go to Question 14

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

Check all that apply

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

DURING PREGNANCY

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

15. 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

16. 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 —————>

Go to Page 4, Question 18

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

- No
- Yes —————>

Go to Page 4, Question 19

Go to Page 4, Question 18

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18. Did any of these things keep you from getting prenatal care as early as you wanted?

For each item, circle **T** (True) if it was a reason that you didn't get prenatal care when you wanted or circle **F** (False) if it was not a reason for you or if something does not apply to you.

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

If you did not go for prenatal care, go to Page 6, Question 26.

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

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Military facility
- Other \longrightarrow Please tell us:

20. Did any of these kinds of health insurance plans help you pay for your prenatal care?

Check all that apply

- Health insurance from a job (your job or the job of your husband, partner, or parents)
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- PeachCare for Kids
- I did not have health insurance to help pay for my prenatal care
- Other source(s) \longrightarrow Please tell us:

21. 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. Medicines that are safe to take during my pregnancy	N	Y
f. How using illegal drugs could affect my baby	N	Y
g. Doing tests to screen for birth defects or diseases that run in my family	N	Y
h. The signs and symptoms of preterm labor (labor more than 3 weeks before the baby is due)	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. What to do if I feel depressed during my pregnancy or after my baby is born	N	Y
l. Physical abuse to women by their husbands or partners	N	Y

22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about taking multivitamins, prenatal vitamins, or folic acid vitamins during your pregnancy?

- No
- Yes

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

- No → Go to Question 25
- Yes

24. How much weight did your doctor, nurse, or other health care worker tell you to gain during your most recent pregnancy? Please check one answer and fill in the blank(s) next to the checked box.

- Between Pounds and Pounds
- Between Kilos and Kilos
- Exactly Pounds **OR** Kilos
- I don't remember

25. At any time during your most recent pregnancy, did you get tested for the bacteria Group B Strep (Beta Strep)?

- No
- Yes
- I don't know

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

- No
- Yes → Go to Page 6, Question 31
- I don't know

Go to Page 6, Question 27

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27. Were you offered an HIV test during your most recent pregnancy or delivery?

- No → **Go to Question 30**
 Yes

28. Did you turn down the HIV test?

- No → **Go to Question 30**
 Yes

29. Why did you turn down the HIV test?

Check all that apply

- I did not think I was at risk for HIV
 I did not want people to think I was at risk for HIV
 I was afraid of getting the result
 I was tested before this pregnancy, and did not think I needed to be tested again → **Go to Question 31**
 Other → Please tell us:

30. Had you been tested for HIV before this pregnancy?

- No
 Yes
 I don't know

31. During the last 3 months of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

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

32. Have you ever heard or read that taking a vitamin with folic acid can help prevent some birth defects?

- No → **Go to Question 34**
 Yes

33. Have you ever heard about folic acid from any of the following?

Check all that apply

- Magazine or newspaper article
 Radio or television
 Doctor, nurse, or other health care worker
 Book
 Family or friends
 Other → Please tell us:

34. Which of the following things would cause you to take multivitamins, prenatal vitamins, or folic acid vitamins?

Check all that apply

- I didn't usually eat the right foods
 It prevented heart disease
 It was good for my general health
 It would help me have a healthy baby someday
 My family or friends said it was a good idea
 My doctor or nurse said it was a good idea

35. Did you get a flu vaccination during your most recent pregnancy?

- No
 Yes → **Go to Question 37**

Go to Question 36

36. What were your reasons for not getting a flu vaccination during your most recent pregnancy? For each item, circle Y (Yes) if it was a reason for you or circle N (No) if it was not a reason or did not apply to you.

- | | No | Yes |
|--|----|-----|
| a. My doctor didn't mention anything about a flu vaccination during my pregnancy | N | Y |
| b. I was worried about side effects of the flu vaccination for me. | N | Y |
| c. I was worried that the flu vaccination might harm my baby | N | Y |
| d. I wasn't pregnant during the flu season (November-February) | N | Y |
| e. I was in my first trimester during the flu season (November-February) . | N | Y |
| f. I don't normally get a flu vaccination | N | Y |
| g. Other | N | Y |
- Please tell us: _____ →

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

- No → Go to Question 39
- Yes

38. When you went for WIC visits during your most recent pregnancy, did you receive information on breastfeeding?

- No
- Yes

39. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had gestational diabetes (diabetes that started during this pregnancy)?

- No
- Yes

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

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

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

- No → Go to Page 6, Question 45
- Yes

Go to Page 6, Question 42

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42. 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

43. 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

44. 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

45. Which of the following statements best describes the rules about smoking inside your home now?

Check one answer

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

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

46. 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 49**
- Yes

47a. 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 → **Go to Question 48a**

47b. During the 3 months before you got pregnant, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

48a. 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 → **Go to Question 49**

Go to Question 48b

48b. During the *last 3 months* of your pregnancy, how many times did you drink 4 alcoholic drinks or more in one sitting? A sitting is a two hour time span.

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

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

49. 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 look at the calendar when you answer these questions.)

- | | 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 |

50. During the *12 months before* you got pregnant with your new baby, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

51. During your *most recent* pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- No
- Yes

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

52. When was your baby due?

<input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 40px; height: 20px;" type="text"/> Day	<input style="width: 40px; height: 20px; border-bottom: 1px solid black;" type="text" value="20"/> Year
--	--	--

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

<input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 40px; height: 20px;" type="text"/> Day	<input style="width: 40px; height: 20px; border-bottom: 1px solid black;" type="text" value="20"/> Year
<input type="checkbox"/> I didn't have my baby in a hospital		

54. When was your baby born?

<input style="width: 40px; height: 20px;" type="text"/> Month	<input style="width: 40px; height: 20px;" type="text"/> Day	<input style="width: 40px; height: 20px; border-bottom: 1px solid black;" type="text" value="20"/> Year
--	--	--

55. How was your *new* baby delivered?

- Vaginally → **Go to Question 57**
- Cesarean delivery (c-section)

56. 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
- The baby was in the wrong position
- I was past my due date
- My health care provider worried that the baby was too big
- I had a medical condition that made labor dangerous for me
- My health care provider tried to induce my labor, but it didn't work
- Labor was taking too long
- The fetal monitor showed that the baby was having problems during labor
- I wanted to schedule my delivery
- I didn't want to have my baby vaginally
- Other reason(s) → Please tell us:

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

		20
Month	Day	Year

- I didn't have my baby in a hospital

58. Did any of these kinds of health insurance plans help you pay for the delivery of your new baby?

Check all that apply

- Health insurance from a job (your job or the job of your husband, partner, or parents)
- Health insurance that you or someone else paid for (not from a job)
- Medicaid
- TRICARE or other military health care
- PeachCare for Kids
- I did not have health insurance to help pay for my delivery
- Other source(s) → Please tell us:

AFTER PREGNANCY

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

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

- No
- Yes
- I don't know

60. 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 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 63**

Go to Question 61

61. Is your baby alive now?

- No → **Go to Page 12, Question 74**
 Yes

62. Is your baby living with you now?

- No → **Go to Page 12, Question 74**
 Yes

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

- No
 Yes → **Go to Question 65**

64. What were your reasons for not breastfeeding your new baby?

Check all that apply

- My baby was sick and was not able to breastfeed
- I was sick or on medicine
- I had other children to take care of
- I had too many household duties
- I didn't like breastfeeding
- I tried but it was too hard
- I didn't want to
- I was embarrassed to breastfeed
- I went back to work or school
- I wanted my body back to myself
- Other → Please tell us:

If you did not breastfeed your new baby, go to Question 68b.

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

- No
 Yes → **Go to Question 68a**

Go to Question 66

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

_____ Weeks **OR** _____ Months

- Less than 1 week

67. 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
- It was too hard, painful, or too time consuming
- 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 was not able to breastfeed
- I went back to work or school
- My baby was jaundiced (yellowing of the skin or whites of the eyes)
- Other → Please tell us:

68a. How old was your new baby the first time he or she drank liquids other than breast milk (such as formula, water, juice, tea, 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

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68b. How old was your new baby the first time he or she ate food (such as baby cereal, baby food, or any other food)?

_____ Weeks **OR** _____ Months

- My baby was less than 1 week old
 My baby has not eaten any foods

If your baby is still in the hospital, go to Question 74.

69. 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

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

- Always
 Often
 Sometimes
 Rarely
 Never

71. 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

72. 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, or 6 months of age.)

- No → **Go to Question 74**
 Yes

Go to Question 73

73. Where do you usually take your new baby for well-baby checkups?

Check one answer

- Hospital clinic
 Health department clinic
 Private doctor's office
 HMO or PPO (Kaiser, PruCare)
 Other _____ → Please tell us:

74. 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 [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

(Some things people do to keep from getting pregnant include not having sex at certain times [natural family planning or rhythm] or withdrawal, and using birth control methods such as the pill, condoms, vaginal ring, IUD, having their tubes tied, or their partner having a vasectomy.)

- No
 Yes → **Go to Question 76**

75. 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 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:

76. 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 6 weeks after she gives birth.)

- No → **Go to Question 78**
 Yes

77. At that visit, did a doctor, nurse, or other health care worker discuss family planning or birth control with you?

- No
 Yes

78. Below is a list of feelings and experiences that women sometimes have after childbirth. Read each item to determine how well it describes your feelings and experiences. Then, write on the line the number of the choice that best describes how often you have felt or experienced things this way *since your new baby was born*. Use the scale when answering:

1 2 3 4 5
 Never Rarely Sometimes Often Always

- a. I felt down, depressed, or sad. . . .
- b. I felt hopeless
- c. I felt slowed down

OTHER EXPERIENCES

The next questions are on a variety of topics.

79. At any time during *your most recent* pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about “baby blues” or postpartum depression?

- No
 Yes

80. When your new baby was born, was the baby’s hearing tested?

- No → **Go to Question 82**
 Yes
 I don’t know

81. When someone told you what the test said about your new baby’s hearing, what did they tell you?

- Your baby’s test showed no problems
 Your baby should have another test
 Other → Please tell us:

If your baby is not alive or is not living with you now, go to Page 14, Question 85.

82. Do you have an infant car seat(s) that you can use for your new baby?

- No → **Go to Page 14, Question 85**
 Yes

Go to Page 14, Question 83

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83. How did you learn to install and use your infant car seat(s)?Check all that apply

- I read the instructions
- A friend or family member showed me
- A health or safety professional showed me
- I figured it out myself
- I already knew how to install it because I have other children
- Some other way —————> Please tell us:

84. 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

85. Since your new baby was born, have you asked for help for depression from a doctor, nurse, or other health care worker?

- No
- Yes

The last questions are about the time during the *12 months before* your new baby was born.**86. 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.)

- 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

87. During the 12 months before your new baby was born, how many people, including yourself, depended on this income?
 People
88. What is today's date?
 20
 Month Day Year

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

Thanks for answering our questions!

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