Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you.

BEFORE PREGNANCY

The first questions are about *you*.

1. What is *your* date of birth?

____ / ____ / ________
Month Day Year

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

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

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

3. 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	❑	❑

4. 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

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

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

Please tell us:

____

If you did not have any healthcare visits in the 12 months before you got pregnant, go to Question 7.

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

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

The next questions are about your *health insurance*.

7. During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (CareSource, AmeriGroup, Peach State Health Plan)
- ❑ PeachCare for Kids
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us:
- ❑ I didn’t have any health insurance during the *month before* I got pregnant

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (CareSource, AmeriGroup, Peach State Health Plan)
- ❑ PeachCare for Kids
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us:
- ❑ I didn’t have any health insurance *during my pregnancy*

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

Check ALL that apply

- ❑ Private health insurance (paid for by me, someone else, or through a job)
- ❑ Medicaid (CareSource, AmeriGroup, Peach State Health Plan)
- ❑ PeachCare for Kids
- ❑ TRICARE or other military healthcare
- ❑ Other health insurance → Please tell us:
- ❑ I don’t have any health insurance *now*

10. 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

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

- ❑ No → **Go to Question 12**
- ❑ Yes → **Go to Question 14**

12. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No → **Go to Question 14**
- ❑ Yes

13. What kind of birth control were you using when you got pregnant?

Check ALL that apply

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

DURING PREGNANCY

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

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

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

Go to Question 15

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

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

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

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

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

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

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 a healthcare provider tell you that you had any of the following health conditions?
For each one, check **No** or **Yes**.

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

If you had high blood pressure before or during your pregnancy, go to Question 20. If you didn't, go to Question 21.

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

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

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

❑ No → **Go to Question 23**
❑ Yes

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

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

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

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

- ❑ No → **Go to Question 28**
- ❑ Yes

24. In the *3 months* *<u>before</u>* you got pregnant, how many cigarettes did you smoke on an average day?

- ❑ More than one pack (21 or more cigarettes)
- ❑ One-half to one pack (11 to 20 cigarettes)
- ❑ Less than half a pack (1 to 10 cigarettes)
- ❑ I didn't smoke then → **Go to Question 26**

25. Did you quit smoking around the time of your most recent pregnancy?

Check ONE answer

- ❑ No
- ❑ No, but I cut back
- ❑ Yes, I quit *before* I found out I was pregnant
- ❑ Yes, I quit *when* I found out I was pregnant
- ❑ Yes, I quit *later* in my pregnancy

26. In the *<u>last 3</u> months* of your pregnancy, how many cigarettes did you smoke on an average day?

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

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

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

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

- ❑ No → **Go to Page 6, Question 32**
- ❑ Yes

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

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

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

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

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

- ❑ No
- ❑ Yes

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

32. During the *3 months* *before* you got pregnant, how many alcoholic drinks did you have in an average week?

Check ONE answer

- ❑ 14 or more drinks 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

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

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

If you did not have any alcoholic drinks during your pregnancy, go to Question 35.

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

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

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

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

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

36. During the *12 months before* your new baby was born, how often did you feel unsafe in the neighborhood where you lived?

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

37. In the *12 months before you got pregnant* with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check **No** or **Yes**.

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

38. *During* your most recent pregnancy, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each one, check **No** or **Yes**.

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

AFTER PREGNANCY

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

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

- ❑ Less than 3 days
- ❑ 3 to 5 days
- ❑ 6 to 14 days
- ❑ More than 14 days
- ❑ My baby was not born in a hospital
- ❑ My baby is still in the hospital → **Go to Question 42**

40. Is your baby alive now?

- ❑ No → *We are very sorry for your loss.* **Go to Page 9, Question 52**
- ❑ Yes

Go to Question 41

41. Is your baby living with you now?

- ❑ No → **Go to Page 8, Question 49**
- ❑ Yes

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

Check ONE answer

- ❑ I didn't breastfeed my baby
- ❑ I breastfed my baby for less than 1 week
- ❑ I breastfed my baby for:

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

If your baby is still in the hospital, go to Page 8, Question 49.

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

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

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

- ❑ Always
- ❑ Often
- ❑ Sometimes
- ❑ Rarely
- ❑ Never → **Go to Page 8, Question 46**

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

- ❑ No
- ❑ Yes

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

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

Please tell us:

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

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

Please tell us:

48. Did you get information about how to place your new baby to sleep from any of the following sources?
For each one, check **No** or **Yes**.

	No	Yes
a. My family doctor	❑	❑
b. My OB/GYN	❑	❑
c. A nurse or midwife	❑	❑
d. Doula or a childbirth educator	❑	❑
e. My baby's doctor or healthcare provider	❑	❑
f. Websites or apps about pregnancy or infant care	❑	❑
g. Social media (such as Facebook, Instagram, TikTok)	❑	❑
h. Other sources	❑	❑

Please tell us:

49. *Since your new baby was born*, has a home visitor come to your home to help you learn how to take care of yourself or your new baby? A home visitor is a nurse, healthcare provider, doula, social worker, or another person who works for a program that helps families with newborns.

❑ No → **Go to Question 52**
❑ Yes

50. Who was the home visitor that came to your home *since your new baby was born*?

Check ALL that apply

❑ A nurse, nurse's aide, or midwife
❑ A teacher or health educator
❑ A doula or childbirth educator
❑ Someone from the Georgia Home Visiting Program
❑ Someone else → Please tell us:

❑ I don't know

51. ***Since your new baby was born*, did the home visitor who came to your home talk with you about any of the things listed below?** For each one, check **No** or **Yes**.

	No	Yes
a. Breastfeeding my baby	❑	❑
b. How long to wait before getting pregnant again	❑	❑
c. Family planning services or using contraception	❑	❑
d. Postpartum depression	❑	❑
e. Resources in my community to support new parents	❑	❑
f. Getting to a healthy weight	❑	❑
g. How to quit or keep from smoking	❑	❑
h. How to get the healthcare that my baby or I need	❑	❑

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

❑ No → **Go to Question 53**
❑ Yes → **Go to Question 54**
❑ I'm pregnant now → **Go to Page 10, Question 55**

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

Check ALL that apply

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

If you're <u>not doing</u> anything to keep from getting pregnant <u>now</u>, go to Page 10, Question 55.

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

Check ALL that apply

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

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

- ❑ No → **Go to Question 57**
- ❑ Yes

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

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

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

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

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

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

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

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

60. ***Since your new baby was born*, how often have you not been able to stop or control worrying?**

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

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

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

OTHER EXPERIENCES

The next questions are on a variety of topics.

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

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

❑ Often ❑ Sometimes ❑ Never

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

❑ Often ❑ Sometimes ❑ Never

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

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

64. *During* your most recent pregnancy, which types of *prenatal care* appointments did you attend?

Check ONE answer

❑ In-person appointments only
❑ Virtual appointments (video or telephone) only
❑ Both, in-person and virtual appointments
❑ I didn't have prenatal care

Go to Page 12, Question 66

65. What are the reasons that you did not attend *virtual* appointments for *prenatal care*?
For each one, check **No** or **Yes**.

	No	Yes
a. Lack of availability of virtual appointments from my provider	❑	❑
b. Lack of an available telephone to use for appointments	❑	❑
c. Lack of enough cellular data or cellular minutes	❑	❑
d. Lack of a computer or device	❑	❑
e. Lack of internet service or had unreliable internet	❑	❑
f. Lack of a private or confidential space to use	❑	❑
g. I preferred seeing my healthcare provider in person	❑	❑
h. Other	❑	❑

Please tell us:

____

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

- ❑ No → **Go to Question 68**
- ❑ Yes

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

Check ONE answer

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

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

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

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

69. *Since your new baby was born*, have you used WIC services for yourself or your new baby?

- ❑ No
- ❑ Yes, only I am using WIC services
- ❑ Yes, both my new baby and I use WIC services
- ❑ Yes, only my new baby uses WIC services

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

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

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

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

Please tell us: ____________________

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

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

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

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

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

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

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

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

Number of people ____

76. What is today's date?

____ / ____ / ________
Month Day Year

The next questions are about oral health around the time of your *most recent* pregnancy.

If you did not have any problems with your teeth or gums during your pregnancy, go to Page 14, Question GA3.

GA1. *During* your most recent pregnancy, what kind of problem did you have with your teeth or gums? For each one, check **No** or **Yes**.

	No	Yes
a. I had cavities that needed to be filled	❑	❑
b. I had painful, red, or swollen gums	❑	❑
c. I had a toothache	❑	❑
d. I needed to have a tooth pulled	❑	❑
e. I had an injury to my mouth, teeth, or gums	❑	❑
f. I had some other problem with my teeth or gums	❑	❑

Please tell us:

____

GA2. Did you get treatment from a dentist or another healthcare provider for the dental problem that you were having during your pregnancy?

Check ONE answer

- ❑ No
- ❑ Yes, I got treatment *during* my pregnancy
- ❑ Yes, I got treatment *after* my pregnancy
- ❑ Yes, I got treatment both *during* and *after* my pregnancy

GA3. Did any of the following things make it hard for you to go to a dentist or dental clinic *during* your most recent pregnancy?
For each one, check **No** or **Yes**.

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

GA4. *Since your new baby was born*, have you had your teeth cleaned by a dentist or dental hygienist?

- ❑ No
- ❑ Yes

The next questions are about contraceptives *before* your most recent pregnancy.

GA5. When you got pregnant with your new baby, were you trying to get pregnant?

- ❑ No
- ❑ Yes → **Go to Question GA8**

GA6. When you got pregnant with your new baby, were you or your spouse or partner doing anything to keep from getting pregnant? This can include having your tubes tied, using birth control pills, condoms, natural family planning, or other methods.

- ❑ No
- ❑ Yes → **Go to Question GA8**

GA7. What were your 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 couldn't get pregnant at that time
- ❑ I didn't want to use birth control
- ❑ I had side effects from the birth control method I was using
- ❑ I had problems getting birth control I wanted
- ❑ I thought my spouse or partner or I was sterile (couldn't get pregnant at all)
- ❑ My spouse or partner didn't want to use condoms
- ❑ My spouse or partner didn't want me to use birth control
- ❑ I forgot to use a birth control method
- ❑ Other → Please tell us: ____________

If you were <u>not doing</u> anything to keep from getting pregnant, go to Question GA9.

GA8. What kind of birth control were you using when you got pregnant?

Check ALL that apply

- ❑ Birth control pills
- ❑ Condoms
- ❑ Shots or injections
- ❑ Contraceptive patch or vaginal ring
- ❑ IUD
- ❑ Contraceptive implant in the arm
- ❑ Withdrawal (pulling out)
- ❑ Natural family planning or fertility awareness methods (such as rhythm or calendar method or fertility apps)
- ❑ Breastfeeding for birth control (Lactational Amenorrhea Method or LAM)
- ❑ Other ⟶ Please tell us: ____________________

The next questions are about breastfeeding *during* and *after* your most recent pregnancy.

GA9. *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** or **Yes**.

		No	Yes
a.	One of my doctors	❑	❑
b.	A nurse or midwife	❑	❑
c.	A doula	❑	❑
d.	A breastfeeding or lactation specialist	❑	❑
e.	My baby's doctor or healthcare provider	❑	❑
f.	A breastfeeding support group	❑	❑
g.	A breastfeeding hotline or toll-free number	❑	❑
h.	Websites or apps about pregnancy or infant care	❑	❑
i.	Social media (such as Facebook, Instagram, TikTok)	❑	❑
j.	Family or friends	❑	❑
k.	Other	❑	❑

Please tell us: ____________________

If your baby was not born in a hospital, go to the end.

GA10. *During your hospital stay* after your new baby was born, did a healthcare provider do any of the following things? For each one, check **No** or **Yes**.

	No	Yes
a. Hospital staff tied or blocked my tubes	❑	❑
b. Hospital staff placed an IUD	❑	❑
c. Hospital staff placed a contraceptive implant in my arm	❑	❑
d. Hospital staff gave me a contraceptive shot/injection	❑	❑
e. Hospital staff talked to me about how to breastfeed (how often and long to breastfeed)	❑	❑
f. My baby stayed in the same room with me at the hospital	❑	❑
g. Hospital staff helped me learn how to breastfeed	❑	❑
h. I breastfed as soon as possible after my baby was born	❑	❑
i. My baby was placed in skin-to-skin contact as soon as possible after birth	❑	❑
j. My baby was fed only breast milk at the hospital	❑	❑
k. Hospital staff helped me recognize when my baby was hungry	❑	❑
l. The hospital gave me a gift pack with formula	❑	❑
m. The hospital gave me information about who I could contact for breastfeeding support when I left the hospital	❑	❑

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

Thanks for answering our questions!

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