What our moms are saying:

"I think that this survey is a good idea. I am glad that I got to be a part of it. I hope that my answers and comments help others that are expecting or are having a new bundle of joy."

"I was very disappointed at my prenatal care, the way they didn't care about when I wanted to get started on my prenatal care and very judgmental on my situation of being a young mother."

"I hope that those surveys you are mailing out really count as a tool to come out with helpful programs to benefit those women who really need support during their pregnancy..."

STAFF USE ONLY: **ID:** ________________

Date Received: _____ / _____ / _____

Date Tracked: _____ / _____ / _____ Initials ______

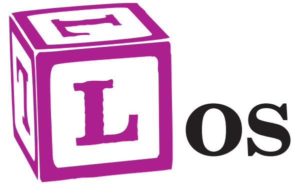
Date Reviewed: _____ / _____ / _____ Initials ______

Survey Entry Date: _____ / _____ / _____ Initials ______

_____ Phone Interview Initials ______

Take this survey and get a **FREE $20 GIFT CARD** to Ralphs/Food4Less

The 2016



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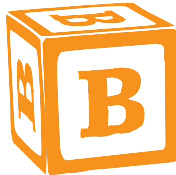

aby Survey

Your Voice, Your Experiences, Our Healthy Mommies & Babies

This project is funded in part by L.A. Care Health Plan to improve community and public health in Los Angeles County

For more information, or to complete the survey by telephone, please call the LAMB staff toll-free at 1-866-706-LAMB (1-866-706-5262)

Important Information about LAMB
Please Read Before You Begin the Survey

- The Los Angeles Mommy and Baby (LAMB) is a research project sponsored by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs.
- We are asking women who live in Los Angeles County to answer the same questions. All of your names were picked by chance by a computer from recent birth certificates.
- It is your choice whether or not to do the survey. Whether or not you answer the survey will not affect your health care, immigration status, or any benefits you may be receiving.
- 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.
- Your name will not be used in any reports from LAMB. The survey has a number on it, so we will know when it is returned.
- Your answers will be linked to information on your baby's birth certificate to help us understand how your pregnancy experiences influence your baby's health. If you have had more than one baby, your answers may be linked to the other birth certificate(s) as well.
- Your answers will be grouped with those from other women. What we learn from this survey will be used to help mothers and babies in Los Angeles County.
- This is an ongoing study. We will keep your name and contact information so that we can contact you in a few years about participating in a follow-up study.

If you have questions about LAMB or if you want to answer the questions by telephone, please call 1-866-706-LAMB (1-866-706-5262) or email us at lamb@ph.lacounty.gov.

LAMB Calender

Frequently Asked Questions about LAMB

What is LAMB?
LAMB (Los Angeles Mommy and Baby Survey) is a project sponsored by the Los Angeles County Department of Public Health. Our survey asks mothers who recently had a baby questions about things that happened around the time of their pregnancy. Your answers will help us learn more about ways to improve the health of future mothers and babies.

Why should I participate in this survey?
LAMB is a very important survey that will help improve the health of future mothers and babies. The survey will help us to better understand and meet the health needs of Los Angeles County mothers and babies. Your answers will help us to improve services for women, infants, and families. To get a better overall picture of the health of mothers and babies in Los Angeles County, we need each mother selected to answer the questions.

Some of the questions do not seem related to pregnancy—why are they asked?
Many things in a mother's life may affect her pregnancy. These questions try to get the best picture of things that happened before, during, and after pregnancy. The questions also allow us to group you with other women. Although some of the questions may be personal, please remember that all your answers will be kept private.

How was I chosen to participate in LAMB?
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.

Will I receive results of the survey?
If you would like us to send you the results of the survey, please tell us at the end of the survey.

What if I want to ask more questions about LAMB?
We will be happy to answer any other questions that you may have about LAMB. Please call us at **1-866-706-LAMB** (**1-866-706-5262**) or email us at **lamb@ph.lacounty.gov**. If you prefer to complete the survey on the telephone, please call us at the same above number.

2160439 LAMBSurveyEng_fin_draft_sc.indd 1 2/17/17 12:51 PM

Today's Date

_______ / _______ / _______
Month Day Year

Your Date of Birth

_______ / _______ / _______
Month Day Year

Think about the time before you got pregnant with your new baby. Questions 1-21 ask about things that may have happened to you just before your last pregnancy.

1. Just **before** your last pregnancy, did you have health insurance?

   Yes ☐1

   No ☐0 → GO TO QUESTION #3

2. If yes, what kind of health insurance did you have **before** your last pregnancy?

   Medi-Cal or Healthy Way LA ☐1

   Health insurance from a job (yours or your husband's/partner's) ☐2

   Health insurance purchased from Covered California ☐3

   Health insurance purchased **not** from Covered California or a job ☐4

   Indian Health Service ☐5

   Military (TRICARE) or Veteran's Health Administration (VA) ☐6

   Other ☐7

   Please tell us: ______________________

   I don't know ☐89

3. At any time during the **six months before** you got pregnant with your new baby, did you do any of the following things?

   a. I was dieting (changing my habits) to lose weight ☐Y ☐N

   b. I was exercising 3 or more days of the week ☐Y ☐N

   c. I was regularly taking prescription medicines other than birth control ☐Y ☐N

   d. I visited a health care worker to be checked or treated for diabetes ☐Y ☐N

   e. I visited a health care worker to be checked or treated for high blood pressure ☐Y ☐N

   f. I visited a health care worker to be checked or treated for depression or anxiety ☐Y ☐N

   g. I talked to a health care worker about my family medical history ☐Y ☐N

   h. I had my teeth cleaned by a dentist or dental hygienist ☐Y ☐N

4. Before you were pregnant, did you limit your contact with chemicals that may harm the health of your baby in:

   a. Foods that you eat ☐Y ☐N

   b. Health and beauty products ☐Y ☐N

   c. Household furnishings, cleaning, and storage products ☐Y ☐N

5. During the **six months before** you got pregnant with your new baby, did you talk to a doctor, nurse or other health care worker about how to prepare for a healthy pregnancy and baby?

   Yes ☐1

   No ☐0

6. In the **six months before** you got pregnant, did you have any of these problems? **Check all that apply.**

   Depression ☐1

   Anxiety ☐2

   High blood pressure (hypertension) ☐3

   High blood sugar (diabetes) ☐4

   Anemia (poor blood, low iron) ☐5

   Heart problems ☐6

   Problems with your gums or teeth ☐7

   Asthma ☐8

   Eat less than you felt you should because there wasn't enough money to buy food ☐9

7. In the **six months before** you found out you were pregnant with your new baby, how many cigarettes did you smoke a day, on average? (A pack has 20 cigarettes.)

   I didn't smoke then ☐1

   Less than 1 cigarette ☐2

   1 to 5 cigarettes ☐3

   6 to 10 cigarettes ☐4

   11 to 20 cigarettes ☐5

   21 to 40 cigarettes ☐6

   41 cigarettes or more ☐7

8. In the **six months before** you got pregnant did you use any of the following tobacco/nicotine products?

   a. E-cigarettes ☐Y ☐N

   b. Vapes ☐Y ☐N

   c. Chewing tobacco ☐Y ☐N

   d. Nicotine patch ☐Y ☐N

   e. Other ☐Y ☐N

   Please tell us: ______________________

9. During the **month before** you got pregnant with your new baby, how many times a week did you take a vitamin pill with folic acid or multivitamins?

   I did not take one at all ☐1

   Once in a while ☐2

   1 to 3 times a week ☐3

   4 to 6 times a week ☐4

   Every day of the week ☐5

10. Think about the time **three months before** you got pregnant. Were you trying to get pregnant? **Check one answer.**

    Yes ☐1

    Yes, but was not trying very hard ☐2

    No, I was trying hard to keep from getting pregnant ☐3

    I wasn't trying to get pregnant or trying to keep from getting pregnant ☐4

11. When you got pregnant with your new baby, were you using any method of birth control?

    Yes, all the time ☐1 } GO TO QUESTION #12

    Yes, sometimes ☐2 }

    No ☐3 → GO TO QUESTION #13

12. What were you or your husband or partner doing to keep from getting pregnant? **Check all that apply.**

- Pill ☐1
- Condoms ☐2
- Shots (Lunelle® or Depo-Provera®) ☐3
- Patch (OrthoEvra®) ☐4
- Rhythm method or natural family planning ☐5
- Withdrawal (pulling out) ☐6
- Vaginal ring (Nuva Ring®) ☐7
- IUD (Mirena® or ParaGard®) ☐8
- Other ☐9

Please tell us: ______________________

→ GO TO QUESTION #14

13. What were your or your husband 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 ☐1
- I wanted to have a baby/I was trying to get pregnant ☐2
- I thought I would not get pregnant then ☐3
- I had side effects from the birth control method I was using ☐4
- I had problems getting birth control when I needed it ☐5
- I thought my husband or partner or I could not get pregnant ☐6
- My husband or partner did not want to use anything ☐7
- I could not afford birth control ☐8
- I forgot to use birth control ☐9
- Other ☐10

Please tell us: ______________________

14. **Before** you got pregnant with your new baby, had you ever used emergency contraception (the "morning-after pill")?

- No ☐1
- No, I didn't know what emergency contraception was ☐2
- Yes ☐3

How many Times? ______________

15. 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 ☐1
- I wanted to be pregnant later ☐2
- I wanted to be pregnant then ☐3
- I didn't want to be pregnant then or at any time in the future ☐4

16. Just **before** you got pregnant with your new baby, how did your husband or partner feel about you becoming pregnant?

- He wanted me to be pregnant sooner ☐1
- He wanted me to be pregnant later ☐2
- He wanted me to be pregnant then ☐3
- He didn't want me to be pregnant then or at any time in the future ☐4
- I didn't have a husband or partner ☐5
- I don't know ☐89

17. How would you rate your health just **before** you got pregnant?

- Excellent ☐1
- Very good ☐2
- Good ☐3
- Fair ☐4
- Poor ☐5

18. Did a doctor help you become pregnant with your new baby (such as fertility-enhancing drugs, insemination, or in-vitro fertilization)?

- Yes ☐1
- No ☐0

19. **Before** you were pregnant with your new baby, how many times had you been pregnant? **Please include ALL pregnancies, even those that were miscarried or aborted.**

_________ Times

20. **Before** your new baby was born, how many times had you given birth? **Please include babies who died before delivery (stillbirths), but DO NOT count miscarriages and abortions.**

_________ Times

21. **Before** your last pregnancy, did you ever have the following?

a. A baby that was born too soon (more than 3 weeks before its due date) ☐Y ☐N

b. A baby that weighed 5 pounds 8 ounces (2.5 kilos) or less at birth ☐Y ☐N

c. Miscarriage (a baby who died before 20 weeks of pregnancy) ☐Y ☐N

d. Abortion ☐Y ☐N

e. Stillbirth (a baby who died before delivery) ☐Y ☐N

f. A baby under 1 year old who passed away ☐Y ☐N

g. A baby born with a birth defect ☐Y ☐N

Please tell us what defect(s) your baby (babies) had: ______________________

Now think about things that happened to you when you were pregnant with your new baby.

22. Pregnancy can be a difficult time for some women. These next questions are about events that may have happened to you **during** your last pregnancy. Check **Y (Yes)** if it did or check **N (No)** if it did not. *It may help to look at the calendar at the back of the survey.*

a. A close family member was very sick and had to go into the hospital . . . . ☐Y ☐N

b. I got separated or divorced from my husband or partner . . . . ☐Y ☐N

c. I moved to a new address . . . . ☐Y ☐N

d. I was homeless . . . . ☐Y ☐N

e. My husband or partner lost his job ☐Y ☐N

f. I lost my job even though I wanted to go on working . . . . ☐Y ☐N

g. I argued with my husband or partner more than usual . . . . ☐Y ☐N

h. I had a lot of bills I could not pay . ☐Y ☐N

i. I was in a physical fight . . . . ☐Y ☐N

j. My husband or partner or I went to jail . . . . ☐Y ☐N

k. Someone very close to me had a problem with drinking or drugs . ☐Y ☐N

l. Someone close and important to me died . . . . ☐Y ☐N

m. I was in a car accident . . . . ☐Y ☐N

n. Delayed paying, or were not able to pay, my mortgage or rent . . . . . . ☐Y ☐N

o. Other serious events happened during my pregnancy . . . . ☐Y ☐N

23. Below is a list of ways you might have felt **during** your last pregnancy. For each question, select one of the following choices:

Never, Occasionally, Fairly Often, Always.

How much of the time **during** your last pregnancy had you:

	Never	Occasionally	Fairly Often	Always
a. Been a very nervous person?	☐1	☐2	☐3	☐4
b. Felt calm and peaceful?	☐1	☐2	☐3	☐4
c. Felt sad?	☐1	☐2	☐3	☐4
d. Been a happy person?	☐1	☐2	☐3	☐4
e. Been upset because of something that happened unexpectedly?	☐1	☐2	☐3	☐4
f. Felt that you were unable to control the important things in your life?	☐1	☐2	☐3	☐4
g. Felt that things were going your way?	☐1	☐2	☐3	☐4
h. Felt difficulties were piling up so high that you could not overcome them?	☐1	☐2	☐3	☐4
i. Felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4

24. Below is a list of statements dealing with your feelings about yourself **during** your last pregnancy. For each item below, choose one from the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I feel that I'm a person of worth, at least on an equal plane with others.	☐1	☐2	☐3	☐4	☐5
b. I am able to do things as well as most other people.	☐1	☐2	☐3	☐4	☐5
c. On the whole, I am satisfied with myself.	☐1	☐2	☐3	☐4	☐5
d. I have little control over the things that happen to me.	☐1	☐2	☐3	☐4	☐5
e. There is really no way I can solve some of the problems I have.	☐1	☐2	☐3	☐4	☐5
f. Sometimes I feel that I am being pushed around in life.	☐1	☐2	☐3	☐4	☐5
g. I can do just about anything I really set my mind to do.	☐1	☐2	☐3	☐4	☐5

25. **During** your last pregnancy, did you work outside your home?

Yes . . . . ☐1

Which week of your pregnancy did you stop?

_________ Week

No . . . . ☐0 → **GO TO QUESTION #27**

26. **During** your last pregnancy, did you do any of the following regularly at work? For each item, check **Y (Yes)** if you did or check **N (No)** if you did not.

a. Worked more than 40 hours per week? . . . . ☐Y ☐N

b. Stood or walked for more than 3 hours a day? . . . . ☐Y ☐N

c. Lifted or carried more than 25 pounds? . . . . ☐Y ☐N

d. Worked a night shift or overnight shift at least once a week? . . . . ☐Y ☐N

27. Many women find the **last three months** of pregnancy difficult. Think about how active you were during that time. How often did you exercise for 30 minutes or more? (For example, walking for exercise, swimming, cycling, dancing, or gardening.) Do not count exercise you may have done as part of your regular job.

I didn't exercise . . . . ☐1

I didn't exercise; a doctor, nurse, or health care worker said not to exercise . . ☐2

Less than 1 day per week . . . . ☐3

1 to 4 days per week . . . . ☐4

5 or more days per week . . . . ☐5

28. On average, how many cigarettes did you smoke per day **after** you found out that you were pregnant? (A pack has 20 cigarettes.)

I didn't smoke then . . . . ☐1

Less than 1 cigarette . . . . ☐2

1 to 5 cigarettes . . . . ☐3

6 to 10 cigarettes . . . . ☐4

11 to 20 cigarettes . . . . ☐5

21 to 40 cigarettes . . . . ☐6

41 cigarettes or more . . . . ☐7

29. **During** your last pregnancy did you use any of the following tobacco/nicotine products?

a. E-cigarettes ☐Y ☐N
b. Vapes ☐Y ☐N
c. Chewing tobacco ☐Y ☐N
d. Nicotine patch ☐Y ☐N
e. Other ☐Y ☐N

Please tell us: ____________________

30. **During** your last pregnancy, about how many hours a day, on average, were you in the same room with someone who was smoking?

________ Hours

31. Did you use any of these drugs when you were pregnant? For each item, check **Y (Yes)** if you did or check **N (No)** if you did not.

a. Prescription drugs not prescribed by your doctor ☐Y ☐N
b. Over-the-counter medications ☐Y ☐N
c. Marijuana (pot, weed, edibles) or hashish (hash) ☐Y ☐N
d. Amphetamines (uppers, ice, speed, crystal, crank) ☐Y ☐N
e. Cocaine (rock, coke, crack) or heroin (smack, horse) ☐Y ☐N
f. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) ☐Y ☐N
g. Sniffing gasoline, hairspray, or other aerosols to get high ☐Y ☐N
h. Painkillers or opiods prescribed by a doctor (Vicodin, Percocet) ☐Y ☐N

32. **During** the **last three months** of your pregnancy, how many alcoholic drinks did you have in an average week? **Please choose one answer.**

14 or more drinks a week ☐1
7 to 13 drinks a week ☐2
4 to 6 drinks a week ☐3
1 to 3 drinks a week ☐4
Less than one drink a week ☐5
I didn't drink then ☐6

33. **During** your most recent pregnancy (including before you knew you were pregnant for sure) how many times did you drink 4 or more drinks with alcohol in one sitting (within 2 hours)?

________ Times

Never drank 4 or more drinks in one sitting during my pregnancy. ☐0

34. Some women find pregnancy a difficult time financially. While you were pregnant, did you ever eat less than you felt you should because there wasn't enough money to buy food?

Yes ☐1
No ☐0

The next questions (35 – 37) are about your relationship with the baby's father or your partner.

35. At the time your baby was born, what was your relationship status with the baby's father?

Married ☐1
Separated or divorced ☐2
Widowed ☐3
Never married but living together ☐4
Never married and living apart ☐5

36. **During** your last pregnancy, did the baby's father or your partner do any of the following for you?

a. Gave me money or bought things for me ☐Y ☐N
b. Helped me in other ways, such as taking me to the doctor or helping with chores ☐Y ☐N
c. Gave me emotional support in labor ☐Y ☐N
d. Visited the baby and me at the hospital after the delivery ☐Y ☐N
e. Wanted to put his name on the baby's birth certificate as the father ☐Y ☐N
f. Said he wanted to help me raise my child in the coming years ☐Y ☐N
g. Hit or slapped me when he was angry ☐Y ☐N
h. Insulted or criticized me or my ideas ☐Y ☐N
i. The baby's father threatened me or made me feel unsafe in some way ☐Y ☐N
j. I was frightened for my safety or the safety of my family because of his anger or threats ☐Y ☐N
k. He tried to control my daily activities, for example, telling me who I could talk to or where I could go ☐Y ☐N
l. He forced me to take part in any sexual activity when I did not want to (including touch that made me uncomfortable) ☐Y ☐N

37. Overall, how satisfied were you with the support given by your baby's father **during** your most recent pregnancy? **Check one answer.**

Not at all satisfied ☐1
Somewhat dissatisfied ☐2
Neither dissatisfied nor satisfied (neutral) ☐3
Somewhat satisfied ☐4
Very satisfied ☐5
Not applicable ☐6

38. **During** your last pregnancy, would you be able to get these kinds of support, if you needed them?

a. Someone to loan me $50 ☐Y ☐N
b. Someone to help me if I were sick and needed to be in bed ☐Y ☐N
c. Someone to take me to the clinic or doctor if I needed a ride ☐Y ☐N
d. Someone to give me a place to live ☐Y ☐N
e. Someone to help me with babysitting or child care ☐Y ☐N
f. Someone to help me with household chores ☐Y ☐N
g. Someone to talk to about my problems ☐Y ☐N

The next questions are about the checkups and advice about pregnancy you received <u>during</u> your last pregnancy. *It may help to look at the calendar on the back of the survey when you answer these questions.*

39. 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 supplement Nutrition Program for Women, Infants, and Children).

_________ Weeks **OR** _________ Months

☐ I didn't go for prenatal care
↳ IF NOT GO TO QUESTION #42

40. Here are some concerns that a doctor, nurse, or other health care worker may talk about during a prenatal care visit. Did they talk about these things with you? Please count only discussions, not reading materials or videos.

a. How smoking during pregnancy could affect my baby . . ☐Y ☐N ☐DON'T KNOW
b. Breastfeeding my baby . . . . ☐Y ☐N ☐DON'T KNOW
c. How drinking alcohol during pregnancy could affect my baby . . . . ☐Y ☐N ☐DON'T KNOW
d. Using a seat belt during my pregnancy . . . ☐Y ☐N ☐DON'T KNOW
e. Birth control methods to use after my pregnancy . . . ☐Y ☐N ☐DON'T KNOW
f. Medicines that are safe to take during my pregnancy . . . ☐Y ☐N ☐DON'T KNOW
g. How using any kind of drugs could affect my baby . . ☐Y ☐N ☐DON'T KNOW
h. What to do if my labor starts early . . . . . ☐Y ☐N ☐DON'T KNOW
i. Getting tested for HIV (the virus that causes AIDS) . . . ☐Y ☐N ☐DON'T KNOW
j. Physical abuse to women by their husbands/partners . . . . ☐Y ☐N ☐DON'T KNOW
k. Getting genetic testing for chromosomal problems or neural tube defects (e.g. expanded AFP or triple markers) . . ☐Y ☐N ☐DON'T KNOW
l. Asked me if I felt anxious or depressed . . . . . . ☐Y ☐N ☐DON'T KNOW
m. Getting a flu vaccine during pregnancy ☐Y ☐N ☐DON'T KNOW
n. What to do if I had heavy bleeding before my delivery . . . . . ☐Y ☐N ☐DON'T KNOW
o. Getting a Tdap (pertussis) vaccine . . . . ☐Y ☐N ☐DON'T KNOW
p. How to care for my teeth and gums . . . . . . ☐Y ☐N ☐DON'T KNOW
q. How much weight to gain . . . . ☐Y ☐N ☐DON'T KNOW

How many pounds or kilos did your health care provider say you should gain?

_________ Pounds **OR** ________ Kilos

41. We would like to know how you felt about the care you received during your last pregnancy. **If you went to more than one place for prenatal care, answer for the place where you received <u>most</u> of your care.**

Dissatisfied (1) / **Neutral** (2) / **Satisfied** (3)

a. How long you had to wait to see the doctor at the doctor's office.
☐1 ☐2 ☐3

b. How much time the doctor or nurse spent with you during your visits.
☐1 ☐2 ☐3

c. The advice you received on how to take care of yourself.
☐1 ☐2 ☐3

d. The understanding and respect that the staff showed toward you.
☐1 ☐2 ☐3

42. Did you receive the seasonal flu vaccine <u>**during**</u> your pregnancy?

Yes . . . . ☐1 → GO TO QUESTION #44
No, but I got a flu shot before I got pregnant . . . . ☐2 → GO TO QUESTION #44
No . . . . ☐0

43. What were your reasons for not getting a flu vaccination <u>**during**</u> your most recent pregnancy? For each item, check **Y (Yes)** if it was a reason for you or check **N (No)** if it was not a reason or did not apply to you.

a. My doctor didn't mention anything about a flu vaccination during my pregnancy . . . . ☐Y ☐N
b. I was worried about side effects of the flu vaccination for me . . . . . . ☐Y ☐N
c. I was worried that the flu vaccination might harm my baby . . . . ☐Y ☐N
d. I was in my first trimester during the flu season (November–February) . . ☐Y ☐N
e. I don't normally get a flu vaccination . . . . ☐Y ☐N
f. My doctor did not have the flu vaccine at his/her clinic . . . . ☐Y ☐N
g. My health insurance did not pay for the flu vaccination . . . . ☐Y ☐N
h. My doctor referred me but I could not afford the flu vaccination . . . . ☐Y ☐N
i. I could not find a place near me to get the flu vaccination . . . . ☐Y ☐N
j. My husband or partner did not want me to get the flu vaccination . . . . . . ☐Y ☐N
k. Other . . . . ☐Y ☐N

Please tell us: ______________________

____

44. Did you receive the Tdap (shot that protects against tetanus, diphtheria, and pertussis/whooping cough) vaccine <u>**during**</u> your pregnancy?

Yes . . . . ☐1 → GO TO QUESTION #46
No, but I got a Tdap shot in the hospital when I delivered . . . . . . ☐2 → GO TO QUESTION #46
No . . . . ☐0

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

a. My doctor didn't mention anything about a Tdap vaccination during my pregnancy . . . ☐Y ☐N

b. I was worried about side effects of the Tdap vaccination for me . . . ☐Y ☐N

c. I was worried that the Tdap vaccination might harm my baby . . . ☐Y ☐N

d. I don't normally get a Tdap vaccination . . . ☐Y ☐N

e. My doctor did not have the Tdap vaccine at his/her clinic . . . ☐Y ☐N

f. My health insurance did not pay for the Tdap vaccination . . . ☐Y ☐N

g. My doctor referred me but I could not afford the Tdap vaccination . . . ☐Y ☐N

h. I could not find a place near me to get the Tdap vaccination . . . ☐Y ☐N

i. My husband or partner did not want me to get the Tdap vaccination . . . ☐Y ☐N

j. Other . . . ☐Y ☐N

Please tell us: ____________________

____

46. **During** your most recent pregnancy did you:

a. Fill out a short questionnaire about being depressed or anxious? . . . ☐Y ☐N

b. Have any test for birth defects, for example, expanded AFP or prenatal screening, the integrated test, quad screen, amniocentesis, or chorionic villus sampling (CVS)? . . . ☐Y ☐N

47 **During** your last pregnancy, did you get any of these services?

a. WIC . . . ☐Y ☐N ☐DID NOT NEED

b. Breastfeeding classes . . . ☐Y ☐N ☐DID NOT NEED

c. Classes on how to stop smoking . ☐Y ☐N ☐DID NOT NEED

d. Food stamps . . . ☐Y ☐N ☐DID NOT NEED

e. CalWORKS (welfare) . . . ☐Y ☐N ☐DID NOT NEED

48. Did you have any of these problems **during** your last pregnancy?

a. High blood pressure (such as high blood pressure caused by pregnancy, preeclampsia, or toxemia) . . . ☐Y ☐N

b. High blood sugar (gestational diabetes) that started during this pregnancy ☐Y ☐N

c. Labor that began too soon (labor pains more than 3 weeks before my baby was due) . . . ☐Y ☐N

d. Membranes broke too soon (water broke more than 3 weeks before my baby was due) . . . ☐Y ☐N

e. Fetal growth restriction (baby not growing properly) . . . ☐Y ☐N

f. Cervix had to be sewn shut (incompetent cervix) . . . ☐Y ☐N

g. Problems with the placenta (such as abruptio placentae or placenta previa) . . . ☐Y ☐N

h. Bacterial vaginosis (vaginal infection caused by bacteria) . . . ☐Y ☐N

i. Sexually transmitted disease . . . ☐Y ☐N

j. Kidney or bladder (urinary tract) infection . . . ☐Y ☐N

k. The flu . . . ☐Y ☐N

l. Severe nausea, vomiting, or dehydration . . . ☐Y ☐N

m. Problems with your teeth or gums ☐Y ☐N

n. I was put on bed rest . . . ☐Y ☐N

o. Received progesterone shots to prevent early labor . . . ☐Y ☐N

p. Received progesterone cream to prevent early labor . . . ☐Y ☐N

49. This question is about the care of your teeth **during** your most recent pregnancy. For each item, check **Y (Yes)** if it is true or check **N (No)** if it is not true.

a. I needed to see a dentist for a problem . . . ☐Y ☐N

b. I went to a dentist or dental clinic . ☐Y ☐N

c. I had my teeth cleaned in the last year . . . ☐Y ☐N

d. I knew it was important to care for my teeth and gums during my pregnancy . . . ☐Y ☐N

e. I had insurance to cover dental care during my pregnancy . . . ☐Y ☐N

50. For **two weeks or longer during** your most recent pregnancy, did you:

a. Feel sad, empty or depressed for most of the day? . . . ☐Y ☐N

b. Lose interest in most things like work, hobbies, and other things you usually enjoyed? . . . ☐Y ☐N

51. How would you describe your health **during** your pregnancy?

Excellent . . . ☐1

Very Good . . . ☐2

Good . . . ☐3

Fair . . . ☐4

Poor . . . ☐5

Now think about the time since your new baby was born. The next questions are about you and your baby.

52. Is your baby alive now?

Yes . . . ☐1

No . . . ☐0

If your baby has passed away, we would like to extend our condolences to both you and your family. Please know that we are here to offer support during your time of need. If you need any support, please call us at 1-866-706-LAMB (5262).

53. How was your new baby delivered?

Vaginally . . . ☐1 → **GO TO QUESTION #56**

Cesarean Delivery (c-section) . . . ☐2

54. Which statement best describes whose idea it was for you to have a cesarean delivery (c-section)? **Check one answer only.**

My health care provider recommended a cesarean delivery before I went into labor . . . ☐1

My health care provider recommended a cesarean delivery while I was in labor . ☐2

I asked for the cesarean delivery before I went into labor . . . ☐3

I asked for the cesarean delivery while I was in labor . . . ☐4

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55. 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 ☐1
- My baby was in the wrong position ☐2
- I was past my due date ☐3
- My health care provider worried that my baby was too big ☐4
- I had a medical condition that made labor dangerous to me ☐5
- My health care provider tried to induce my labor, but it didn't work ☐6
- Labor was taking too long ☐7
- The fetal monitor showed that my baby was having problems during labor ☐8
- I wanted to schedule my delivery ☐9
- I didn't want to have my baby vaginally ☐10
- Other ☐11
  - **Please tell us:** ____________________
- I don't know ☐89

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

- No ☐2 } GO TO QUESTION #57
- I don't know ☐89 } GO TO QUESTION #57
- Yes ☐1
  - ↳ **How long did your new baby stay in the NICU?**
  - Less than 1 day ☐1
  - 1 to 2 days ☐2
  - 3 to 5 days ☐3
  - 6 to 14 days ☐4
  - More than 14 days ☐5
  - My baby is still in the hospital ☐6

57. Did you, or your sexual partner, travel to or reside in a region with ongoing Zika V transmission (Mexico, Central and South America, Caribbean, New Guinea, Samoa, Fiji, Marshall Islands, Palau, Singapore, Tonga) in the **3 months before or during** your most recent pregnancy?

- Yes ☐1
- No ☐0

If Yes, who travelled?

- Myself ☐3
- My Sexual Partner ☐4

58. Did you give up your baby for adoption **after** delivery?

- Yes ☐1 → GO TO QUESTION #73
- No ☐0

59. At the hospital, was your baby fed anything other than breast milk?

- Yes ☐1
- No ☐0
- I don't know ☐89

60. When your baby was **one week** old, what were you feeding him or her? **Check all that apply.**

- Breast milk ☐1
- Formula ☐2

61. When your baby was **one month** old, what were you feeding him/her? **Check all that apply.**

- Breast milk ☐1
- Formula ☐2
- Other liquids (like juice, milk, or water) ☐3
- Food (like cereal, baby food, or mashed up food the family eats) ☐4

62. When your baby was **three months** old, what were you feeding him or her? **Check all that apply.**

- Breast milk ☐1
- Formula ☐2
- Other liquids (like juice, milk, or water) ☐3
- Food (like cereal, baby food, or mashed up food the family eats) ☐4

63. What are you currently feeding your baby?

- Breast milk only ☐1 → GO TO QUESTION #65
- Breast milk in combination with formula, other liquids (like juice, milk or water), and/or food (like cereal, baby food, or mashed up food the family eats) ☐2 → GO TO QUESTION #65
- Formula, other liquids (like juice, milk or water), and/or food (like cereal, baby food, or mashed up food the family eats) only ☐3

64. What were your reasons for stopping breastfeeding? **Check all that apply.**

- I had difficulty nursing my baby ☐1
- Breast milk alone did not satisfy my baby ☐2
- I thought I was not making enough milk ☐3
- My nipples were sore, cracked, or bleeding ☐4
- I went back to work or school ☐5
- I did not like breastfeeding ☐6
- My family and/or partner did not want me to breastfeed ☐7
- It was too hard, painful, or too time consuming ☐8
- Other ☐9
  - **Please tell us:** ____________________

65. Did a doctor or nurse give you any help or encouragement for breastfeeding?

- a. During prenatal visits ☐Y ☐N
- b. In the hospital after your baby was born ☐Y ☐N
- c. During the well-baby checkup ☐Y ☐N

66. How do you put your new baby down to sleep **most** of the time? **Check one answer.**

- On his/her side ☐1
- On his/her back ☐2
- On his/her stomach ☐3

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

- Always ☐1 } GO TO QUESTION #68
- Frequently ☐2 } GO TO QUESTION #68
- Sometimes ☐3 } GO TO QUESTION #68
- Rarely ☐4 } GO TO QUESTION #69
- Never ☐5 } GO TO QUESTION #69

68. What are the reasons your baby sleeps with you or with another person? **Check all that apply.**

- I do not have a crib for my baby ☐1
- Part of my culture/tradition ☐2
- I want a closer bond with my baby ☐3
- It is easier to breastfeed my baby ☐4
- Other ☐5
  - **Please tell us:** ____________________

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

________ Hours

70. Did you enroll your new baby into a health coverage program, like Medi-Cal, Healthy Families, Healthy Kids or a private insurance, **before** leaving the hospital?

Yes . . . . ☐1

No . . . . ☐0

71. 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, and 6 months of age.)

Yes . . . . ☐1 → GO TO QUESTION #73

No . . . . ☐0

72. Did any of these things keep your baby from having a well-baby checkup? **Check all that apply.**

I couldn't get an appointment . . . . ☐1

My baby was too sick to go for routine care . . . . ☐2

I didn't have enough money or insurance to pay for a check-up . . . . ☐3

Other . . . . ☐4

Please tell us: ____________________

____

73. **After** your baby was born, did you go back to a doctor or clinic for a postpartum checkup for yourself? (A postpartum checkup is a regular health visit for the mother, usually at 6 weeks after delivering the baby.)

Yes . . . . ☐1 → GO TO QUESTION #74

No . . . . ☐0 → GO TO QUESTION #75

74. **During** the checkup, did your doctor or nurse talk to you about any of the following?

a. Birth control . . . . ☐Y ☐N

b. Breastfeeding . . . . ☐Y ☐N

c. Baby's sleeping position . . . . ☐Y ☐N

d. How overweight or obesity affects health . . . . ☐Y ☐N

e. Losing the weight I gained during pregnancy . . . . ☐Y ☐N

f. Taking care of my blood sugar . . . . ☐Y ☐N

g. Taking care of my blood pressure . ☐Y ☐N

h. Domestic violence/child abuse . . . . ☐Y ☐N

i. Anxiety . . . . ☐Y ☐N

j. Depression . . . . ☐Y ☐N

k. Stopping smoking . . . . ☐Y ☐N

l. Stopping drinking alcohol . . . . ☐Y ☐N

m. Stopping drug use . . . . ☐Y ☐N

n. Childhood lead exposure . . . . ☐Y ☐N

75. Some new parents are helped by programs that send nurses, healthcare workers, social workers, or other professionals to their home to help prepare for the new baby or take care of the baby or mother.

Did you receive any home visitation services?

Yes . . . . ☐1

No . . . . ☐0 → GO TO QUESTION #77

76. Who did you receive home visitation services from? **Please check all that apply.**

Nurse Family Partnership . . . . ☐1

Black Infant Health . . . . ☐2

Early Head Start . . . . ☐3

Welcome Baby . . . . ☐4

Healthy Families America . . . . ☐5

Parents as Teachers . . . . ☐6

Positive Parenting Program . . . . ☐7

Other . . . . ☐8

Please tell us: ____________________

____

77. This question is about things that may have happened **after** your baby was born. For each item, check **Y (Yes)** if it did or check **N (No)** if it did not.

a. Your husband or partner pushed, hit, slapped, kicked, choked, or physically hurt you in any way . . ☐Y ☐N

b. Your husband or partner tried to control your daily activities, for example telling you who you could talk to or where you could go . . . . ☐Y ☐N

c. You felt afraid of your husband or partner . . . . ☐Y ☐N

d. Your husband or partner repeatedly called you names, told you that you were worthless, ugly, or verbally threatened you . . . . ☐Y ☐N

e. Your husband or partner forced you to take part in any sexual activity when you did not want to (including touch that made you uncomfortable) . . . . ☐Y ☐N

78. For **two weeks or longer since** your most recent pregnancy, did you:

a. Feel sad, empty or depressed for most of the day? . . . . ☐Y ☐N

b. Lose interest in most things like work, hobbies, and other things you usually enjoyed? . . . . ☐Y ☐N

79. Are you or your husband or partner doing anything **now** to keep from getting pregnant?

Yes . . . . ☐1

No . . . . ☐0

80. Are you **currently** using any of the following tobacco/nicotine products?

a. E-cigarettes . . . . ☐Y ☐N

b. Vapes . . . . ☐Y ☐N

c. Chewing tobacco . . . . ☐Y ☐N

d. Nicotine patch . . . . ☐Y ☐N

e. Other . . . . ☐Y ☐N

Please tell us : ____________________

____

This next section is going to ask about how you and others like you are treated, and how you typically respond.

81. If you feel you have been treated unfairly, do you usually: (please select the best response)

Accept it as a fact of life . . . . ☐1

Try to do something about it . . . . ☐2

82. If you have been treated unfairly, do you usually: (please select the best response)

Talk to other people about it . . . . ☐1

Keep it to yourself . . . . ☐2

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83. Have you ever experienced discrimination (for example, been prevented from doing something, or been hassled or made to feel inferior) in any of the following situations because **of your race or skin color, immigration status, age, income, because you are a woman, because you were pregnant, language, or because you were breastfeeding? Check all that apply.**

	Race/Color	Immigration Status	Age	Income	Being a Woman	Because You Were Pregnant	Language	Because You Were Breastfeeding
At home	☐	☐	☐	☐	☐	☐	☐	☐
At school	☐	☐	☐	☐	☐	☐	☐	☐
Getting a job	☐	☐	☐	☐	☐	☐	☐	☐
At work	☐	☐	☐	☐	☐	☐	☐	☐
Getting medical care	☐	☐	☐	☐	☐	☐	☐	☐
Getting housing	☐	☐	☐	☐	☐	☐	☐	☐
From police/courts	☐	☐	☐	☐	☐	☐	☐	☐
In stores/restaurants	☐	☐	☐	☐	☐	☐	☐	☐
None	☐	☐	☐	☐	☐	☐	☐	☐

84. Think about the way you typically react and respond during difficult times. For each item below please choose Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I tend to bounce back quickly after hard times.	☐1	☐2	☐3	☐4	☐5
b. I have a hard time making it through stressful events.	☐1	☐2	☐3	☐4	☐5
c. It does not take me long to recover from a stressful event.	☐1	☐2	☐3	☐4	☐5
d. It is hard for me to snap back when something bad happens.	☐1	☐2	☐3	☐4	☐5
e. I usually come through difficult times with little trouble.	☐1	☐2	☐3	☐4	☐5
f. I tend to take a long time to get over set-backs in my life.	☐1	☐2	☐3	☐4	☐5

85. Some of these things might happen to people during childhood. Childhood experiences may be important. Please tell us if any of these things ever happened to you from birth through age 13. Select **Y (Yes)** or **N (No)** for each statement.

a. Most of the time I had an adult who believed in me and who I could count on to help me ☐Y ☐N

b. A parent or guardian I lived with got divorced or separated ☐Y ☐N

c. We had to move because of problems paying the rent or mortgage ☐Y ☐N

d. Someone in my family or I went hungry because we could not afford enough food ☐Y ☐N

e. A parent or guardian got in trouble with the law and went to jail ☐Y ☐N

f. A parent or guardian I lived with had a serious drinking or drug problem ☐Y ☐N

g. I was in foster care (removed from my home by the court or child welfare agency) ☐Y ☐N

↳ How many years were you in the foster care system?

- Less than 1 year ☐1
- 1 to 4 years ☐2
- 5 to 9 years ☐3
- 10 or more years ☐4

86. Which of the following describes your current home or apartment? **Please check all that apply.**

- It has mold or growth that concerns you ☐1
- It has pests such as cockroaches or mice ☐2
- It was built before 1978 and has peeling or chipping paint ☐3
- It has heat when you need it ☐4
- It has hot water when you need it ☐5

These next questions are about the neighborhood where you were living during your last pregnancy. Answer for the neighborhood you lived in for the <u>most</u> time during your pregnancy.

87. For how long have you lived in this neighborhood? Please count the **<u>total</u>** number of months or years **before and during** your last pregnancy that you have lived in this neighborhood.

_________ Years **OR** _________ Months

88. Tell us how strongly you agree **or** disagree with the following statements about this neighborhood. Answer for the neighborhood you lived in for the **<u>most</u>** time during your pregnancy.

Do you agree that people in your neighborhood:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Are willing to help their neighbors?	☐1	☐2	☐3	☐4	☐5
b. This is a close-knit (tight) neighborhood?	☐1	☐2	☐3	☐4	☐5
c. Can be trusted?	☐1	☐2	☐3	☐4	☐5
d. Generally don't get along with each other?	☐1	☐2	☐3	☐4	☐5
e. Do not share the same values?	☐1	☐2	☐3	☐4	☐5

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89. How often do your neighbors:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. Do favors for each other?	☐1	☐2	☐3	☐4	☐5
b. Ask each other advice about personal things such as child rearing or job openings?	☐1	☐2	☐3	☐4	☐5
c. Have parties or other get-togethers where other people in the neighborhood are invited?	☐1	☐2	☐3	☐4	☐5
d. Visit in each other's homes or on the street?	☐1	☐2	☐3	☐4	☐5
e. Watch over each other's property?	☐1	☐2	☐3	☐4	☐5

90. How would you rate this neighborhood in terms of its:

	Very Poor	Poor	Neutral	Good	Very Good
a. Police protection?	☐1	☐2	☐3	☐4	☐5
b. Protection of property?	☐1	☐2	☐3	☐4	☐5
c. Safety from violence?	☐1	☐2	☐3	☐4	☐5
d. Friendliness?	☐1	☐2	☐3	☐4	☐5
e. Cleanliness?	☐1	☐2	☐3	☐4	☐5
f. Quietness?	☐1	☐2	☐3	☐4	☐5
g. Quality of schools?	☐1	☐2	☐3	☐4	☐5
h. Availability of parks, playgrounds, or sidewalks?	☐1	☐2	☐3	☐4	☐5
i. Municipal services (e.g., trash pickup, road repair, libraries, water)?	☐1	☐2	☐3	☐4	☐5
j. Availability of places to buy fresh fruits and vegetables when you want them?	☐1	☐2	☐3	☐4	☐5
k. Quality of air?	☐1	☐2	☐3	☐4	☐5
l. Free from industrial chemicals?	☐1	☐2	☐3	☐4	☐5

The next questions give us a general idea of the types of people who have taken part in this important survey. Again, all information about you will be kept private.

91. Were you born in the United States?

Yes .... ☐1

No .... ☐0

If no, please tell us where you were born: ______________________

____

92. How long have you lived in the United States?

________ Years **OR** ________ Months

93. What language do you usually speak at home? **Check all that apply.**

English .... ☐1

Spanish .... ☐2

Asian language .... ☐3

Please tell us: ______________________

____

Other language .... ☐4

Please tell us: ______________________

____

94. How much do you currently weigh?

________ lbs **OR** ____________ kgs

95. What was your family income in **2015**before taxes? Please check the number below that includes your total family income, including your income and the income of your husband or partner (if living with you in **2015**) and your children.

Please include income from all sources, including jobs, welfare, disability, unemployment, child support, interest, dividends, and support from family members.

Less than $20,000 .... ☐1

$20,000-$39,999 .... ☐2

$40,000-$59,999 .... ☐3

$60,000-$99,999 .... ☐4

$100,000 or more .... ☐5

I don't know .... ☐89

96. How many people lived on this income in **2015**?

________ Total number of people

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If you would like to write any comments about this survey, your prenatal care experiences, your pregnancy, or anything else, please do so in the space below.

____

____

____

____

____

____

____

If you prefer email please write us at lamb@ph.lacounty.gov.

This is the end of the survey.

Please place the survey in the pre-addressed, postage-paid envelope that is provided and mail it to:

Los Angeles Mommy and Baby Survey Maternal,
Child and Adolescent Health Programs
600 S. Commonwealth Ave., Suite 800
Los Angeles, CA 90005

Thank you very much for your help.

Your valuable contribution will help us make Los Angeles County mothers and babies healthier!

You will receive your $20 Ralphs/Food4Less Gift Card in about 2 to 3 weeks after we receive your survey.

☐ Check here if you want someone to call you to do the survey over the telephone.

In the spaces below, please write your name, address, telephone number, and email address and the name, address, and telephone number of a friend or family member who would know how to reach you in case you move. We ask for this in case we need to reach you to clarify answers on your survey and to make sure we have your current address to mail your Ralphs/Food4Less gift card. You will receive a Ralphs/Food4Less gift card whether you mail in your survey or take it over the telephone.

☐ Check here if you will be moving to a new address, and please write your new address below:

Your name: ______________________________

Address: ______________________________

Phone: (   ) ______________________________

Email address: ______________________________

When is the best time to call you? ______________________________

Friend/family name: ______________________________

Address: ______________________________

Phone: (   ) ______________________________

Email address: ______________________________

Attention LAMB Staff: Tear out this page before entering data