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2001



MIHA

Maternal and Infant Health Assessment

Thank you for your help!
Here's how to fill out the survey:

- * Please try to answer each question.
- * Most questions are answered by checking a box or writing a number or a few words on a line.
- * Never check more than one box, except where it says “**Check all that apply.**”
- * Sometimes we ask you to skip a question. An arrow will tell you what question to answer next, like this:

 Yes → **Skip to question 1** No
- * If none of the boxes is just right for you, please check the one that fits you the best. If you can, write us a note telling us more.
- * If you need help with the survey or want to do it by telephone, call Toni Clark collect at 1-510-643-5220.

The last page of the survey asks for your mailing information so we can send you a check for **\$10**. Be sure to fill it out. Then please mail this survey back to us in the enclosed envelope. No stamps are needed.

Please read this before starting.

- It's your choice whether or not to do the survey.
- Whether or not you answer the survey questions will **not** affect your health care or any benefits you may get.
- You can skip questions you don't want to answer.
- Your answers will be kept confidential.
- If you have any questions, call Toni Clark collect at 1-510-643-5220.

INTRODUCTION

1. What is today's date?

_____ month _____ date _____ year

2. In what month and year was your most recent baby born?

_____ month _____ year

We call this birth your MOST RECENT BIRTH or PREGNANCY.

3. Not counting your most recent birth, did you ever have a baby that weighed less than 5 pounds, 8 ounces (2½ kilos) at birth?

Yes

No

4. Not counting your most recent birth, did you ever have a baby that was born prematurely (before you reached 37 weeks of pregnancy)?

Yes

No

5. Before you got pregnant for this recent birth, was there a particular doctor, nurse, or clinic that you usually went to (or would have gone to) if you were sick or needed a check-up?

Yes

No

6. Are you pregnant now?

Yes

No

Maybe, not sure

DURING YOUR MOST RECENT PREGNANCY

7. A. During your most recent pregnancy, did you have Medi-Cal (or a health plan that Medi-Cal paid for)?

Yes

No → **Skip to question 9**

B. Did you have Medi-Cal (or a health plan that Medi-Cal paid for) before you got pregnant?

Yes → **Skip to question 12 on page 4**

No

8. A. About how many weeks **or** months pregnant were you when you first tried to get Medi-Cal?

_____ weeks **OR** _____ months

B. About how many weeks **or** months pregnant were you when you actually turned in your Medi-Cal application?

_____ weeks **OR** _____ months

C. And about how many weeks **or** months pregnant were you when you knew that you had Medi-Cal (or a health plan that Medi-Cal paid for)?

_____ weeks **OR** _____ months

→ **Now skip to question 10 on this page**

9. A. Did you ever try to apply for Medi-Cal during this pregnancy?

Yes

No → **Skip to question 12 on page 4**

B. About how many weeks **or** months pregnant were you when you first tried to get Medi-Cal?

_____ weeks **OR** _____ months

C. About how many weeks **or** months pregnant were you when you actually turned in your Medi-Cal application?

_____ weeks **OR** _____ months

I never turned it in

10. A. When did you first find out that Medi-Cal might pay for health care for pregnancy?

Before I got pregnant

After I got pregnant

B. Where did you apply for Medi-Cal? (If you applied at more than one place, please check the first place you applied.)

Medi-Cal office

Clinic or doctor's office

WIC office

I mailed in my application

Another place (**Please tell us:**

_____)

11. Here is a list of some problems that people can have in applying for Medi-Cal. For each one, please tell us if it was a problem for you.

- | | Yes,
it was
<u>a problem</u> | No,
it wasn't
<u>a problem</u> |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|
| A. I didn't know how to apply or where to go..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. It was hard to get through on the phone to Medi-Cal or my Medi-Cal worker.... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. The people I spoke with at Medi-Cal were rude or not very helpful | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I had no way to get to the Medi-Cal office..... | <input type="checkbox"/> | <input type="checkbox"/> |
| E. It was hard to fill out the forms or get all the papers they wanted | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I didn't have a permanent address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I was afraid it might cause problems for the baby's father | <input type="checkbox"/> | <input type="checkbox"/> |
| H. I was afraid I might have to pay Medi-Cal back later | <input type="checkbox"/> | <input type="checkbox"/> |
| I. I was afraid it could get in the way of becoming a permanent resident
or citizen, or bringing family to the U.S..... | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Some other reason | <input type="checkbox"/> | |

(Please tell us: _____

_____)

12. A. During your most recent pregnancy, were you covered by private insurance or some other health plan that paid for prenatal care (health care for pregnancy)? Please do not include Medi-Cal or a health plan paid for by Medi-Cal.

Yes

No → **Skip to question 13**

B. What was the name of that private insurance or health plan?

C. Did that coverage start before or after you got pregnant?

Before → **Skip to question 13**

After

D. About how many weeks **or** months pregnant were you when that coverage began?

_____ weeks **OR** _____ months

13. Thinking back to just before you got pregnant, how did you feel about getting pregnant?

I wanted to get pregnant then

I wanted to get pregnant later

I didn't want to get pregnant then or in the future

I wasn't sure what I wanted

14. And how did you feel when you found out you really were pregnant?

Very happy

Somewhat happy

Somewhat unhappy

Very unhappy

I wasn't sure how I felt

15. And about how many weeks **or** months pregnant were you when you were sure that you were pregnant? (For example, you used a home pregnancy test, a doctor or nurse said that you were pregnant, or you just knew for sure.)

_____ weeks **OR** _____ months

16. A. When you got pregnant, were you using any birth control method to prevent pregnancy – like birth control pills, condoms, shots, rhythm, withdrawal, or some other method?

Yes, all the time

→ **Skip to question 18 on next page**

Yes, sometimes

→ **Skip to question 17 on next page**

No

B. Was that because you wanted to get pregnant or was there some other reason?

I wanted to get pregnant

→ **Skip to question 18 on next page**

Some other reason

17. Here is a list of reasons why a woman might not use a birth control method to prevent pregnancy. For each one, please tell us if it was a reason for you.

	Yes, it was <u>a reason</u>	No, it wasn't <u>a reason</u>
A. I didn't think I was going to have sex	<input type="checkbox"/>	<input type="checkbox"/>
B. I didn't think I could get pregnant	<input type="checkbox"/>	<input type="checkbox"/>
C. I ran out of the birth control method I was using	<input type="checkbox"/>	<input type="checkbox"/>
D. I couldn't get an appointment to get birth control when I needed it	<input type="checkbox"/>	<input type="checkbox"/>
E. I didn't want to have the side effects that birth control can cause	<input type="checkbox"/>	<input type="checkbox"/>
F. I was afraid birth control was bad for my health.....	<input type="checkbox"/>	<input type="checkbox"/>
G. My husband or partner did not want to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
H. I couldn't afford to pay for birth control or my insurance wouldn't cover it	<input type="checkbox"/>	<input type="checkbox"/>
I. Birth control is against my religion.....	<input type="checkbox"/>	<input type="checkbox"/>
J. No special reason, I just didn't.....	<input type="checkbox"/>	<input type="checkbox"/>
K. Some other reason	<input type="checkbox"/>	

(Please tell us: _____

 _____)

18. Overall, how important do you think it was to the people closest to you that you got prenatal care (health care for pregnancy)?

- Very important
- Somewhat important
- Not too important
- Not at all important
- I'm not sure

19. Did you get any prenatal care during your most recent pregnancy? (Please do not count a visit just for a pregnancy test.)

- Yes
- No → **Skip to question 22 on next page**

20. About how many weeks **or** months pregnant were you when you first tried to make an appointment to get prenatal care? (Please do not count an appointment just for a pregnancy test.)

_____ weeks **OR** _____ months

21. And how many weeks **or** months pregnant were you when you had your first prenatal care visit? (Please do not count a visit just for a pregnancy test.)

_____ weeks **OR** _____ months

22. Here is a list of problems some women can have getting prenatal care. For each one, please tell us if it was a problem for you.

	Yes it was <u>a problem</u>	No, it wasn't <u>a problem</u>
A. I didn't know I could get Medi-Cal for prenatal care	¹ <input type="checkbox"/>	² <input type="checkbox"/>
B. I had problems finding a place that would accept my insurance or Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>
C. I didn't know where to go for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
D. I had problems getting through on the phone to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>
E. I had no way to get to the clinic or office	<input type="checkbox"/>	<input type="checkbox"/>
F. There was no one to take care of my children	<input type="checkbox"/>	<input type="checkbox"/>
G. I had too many other problems to deal with	<input type="checkbox"/>	<input type="checkbox"/>
H. Any other problems getting prenatal care?	<input type="checkbox"/>	

(Please tell us: _____

_____)

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

Yes

No

BEFORE, DURING, AND AFTER YOUR MOST RECENT PREGNANCY

24. Just before you got pregnant, were you taking multivitamins or folic acid?

- Yes, I took them every day or almost every day
- Yes, I took them sometimes
- No, I never took multivitamins or folic acid just before I got pregnant

25. A. Have you ever smoked a cigarette?

- Yes
- No → **Skip to question 26 on this page**

B. During the *first* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- I didn't smoke at all during the first 3 months of my pregnancy
- Less than one cigarette per day
- 1 to 9 cigarettes per day
- 1/2 pack per day
- 1 pack per day
- 1 1/2 packs per day
- 2 packs or more

C. During the *last* 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?

- I didn't smoke at all during the last 3 months of my pregnancy
- Less than one cigarette per day
- 1 to 9 cigarettes per day
- 1/2 pack per day
- 1 pack per day
- 1 1/2 packs per day
- 2 packs or more

D. If you smoked, did the doctor, nurse, or clinic you went to for prenatal care try to help you quit smoking during your pregnancy?

- Yes
- No
- I didn't get prenatal care
- I didn't smoke during my recent pregnancy

26. A. The next two questions are about drinking alcohol. By "alcohol" we mean any kind of drink with alcohol in it -- including beer, wine, wine cooler, hard liquor, or a mixed drink made with hard liquor.

During the *first* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week? A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

- I didn't drink at all during the first 3 months of my pregnancy
- Less than one drink per week
- 1 to 3 per week
- 4 to 6 per week
- 7 or more drinks per week

B. During the *last* 3 months of your pregnancy, about how many drinks with alcohol did you have in an average week?

- I didn't drink at all during the last 3 months of my pregnancy
- Less than one drink per week
- 1 to 3 per week
- 4 to 6 per week
- 7 or more drinks per week

AFTER YOUR BABY WAS BORN

The next questions ask about your most recent birth. (If you had twins or triplets, please answer these next questions about the baby that was born first.)

27. How many nights did your new baby stay in the hospital or birth center after he/she was born?

_____ night(s) None

28. Since your most recent birth, have you had a post-partum check-up (the medical check-up that is done about 6 weeks after a woman gives birth) for yourself?

Yes

No

29. Right now, are you covered by Medi-Cal, private insurance, or some other health plan for your own health care?

Yes

No

30. Is your baby alive now?

Yes

Is he/she living with you now?

Yes → **Go to question 31 below**

No → **Skip to question 40 on page 13**

No **Please accept our deepest sympathy**

When did your baby die?

_____ , _____ , _____
(month) (day) (year)

→ **Please skip to question 40 on page 13**

31. A. After leaving the hospital, how old was your baby when he/she was first checked by a doctor, nurse, or midwife -- either at home or at a doctor's office, clinic, or emergency room?

_____ days **OR** _____ weeks **OR** _____ months

My baby has not yet been checked by a doctor, nurse, or midwife (since leaving the hospital)
→ **Skip to question 32 on next page**

B. Where did your baby see the doctor, nurse, or midwife that first time?

At home

At a doctor's office, clinic, or emergency room

32. A. Has your baby had his/her first well-baby shots or vaccinations -- not counting any given in the hospital right after birth?

Yes

No → **Skip to question 33**

B. How old was your baby when he/she had his/her first well-baby shots or vaccinations-- not counting any given in the hospital after birth?

_____ days **OR** _____ weeks **OR** _____ months

33. A. Right now, is your baby covered by Medi-Cal, private insurance, or some other health plan for his/her health care?

Yes

No, my baby is uninsured
→ **Skip to question 34
on next page**

I don't know

B. And what kind of coverage does your baby have?

Medi-Cal

A health plan paid for by Medi-Cal

Private insurance
→ **Skip to question 34
on next page**

Healthy Families
→ **Skip to question 34
on next page**

Other (Please tell us: _____
_____)
→ **Skip to question 34
on next page**

C. About how many weeks or month old was your baby when you got a Medi-Cal card for him/her?

_____ weeks **OR** _____ months

My baby doesn't have his/her own Medi-Cal card yet

34. A. Since your new baby was born, have you ever breastfed him/her at all (even once)?

Yes → **Skip to question 35 on next page**

No

B. Here is a list of reasons why some women do not breastfeed their babies. For each one, please tell us if it was a reason for you.

	<u>Yes, it was a reason</u>	<u>No, it wasn't a reason</u>
(1) I thought it would hurt me	<input type="checkbox"/>	<input type="checkbox"/>
(2) I tried it before (with another baby) and had problems	<input type="checkbox"/>	<input type="checkbox"/>
(3) I thought I wouldn't make enough milk	<input type="checkbox"/>	<input type="checkbox"/>
(4) I thought bottle feeding would be easier or more convenient	<input type="checkbox"/>	<input type="checkbox"/>
(5) I had to work or go to school.....	<input type="checkbox"/>	<input type="checkbox"/>
(6) I thought my baby would like the bottle better	<input type="checkbox"/>	<input type="checkbox"/>
(7) A doctor, nurse, or midwife said I shouldn't breastfeed	<input type="checkbox"/>	<input type="checkbox"/>
(8) Some other reason	<input type="checkbox"/>	

(Please tell us: _____

_____)

→ **Now please skip to question 38 on page 12**

35. A. When your baby was one week old, how were you feeding him/her?

- Breast milk only
- Both breast milk and formula
- Formula only → **Skip to question 37 on next page**

B. When your baby was two months old, how were you feeding him/her?

- Breastmilk only
- Mostly breastmilk
- Formula only → **Skip to question 36 below**
- Mostly formula
- Other (Please tell us: _____)

C. Are you still breastfeeding your baby?

- Yes → **Skip to question 37 on next page**
- No

36. A. How old was your baby when you stopped breastfeeding him/her?

_____ days **OR** _____ weeks **OR** _____ months

B. Here is a list of reasons why some women stop breastfeeding their babies. For each one, please tell us if it was a reason for you.

	<u>Yes, a reason</u>	<u>No, not a reason</u>
(1) It hurt me	¹ <input type="checkbox"/>	² <input type="checkbox"/>
(2) I didn't make enough milk	<input type="checkbox"/>	<input type="checkbox"/>
(3) Bottle feeding was easier or more convenient.....	<input type="checkbox"/>	<input type="checkbox"/>
(4) I had to go to work or school.....	<input type="checkbox"/>	<input type="checkbox"/>
(5) I couldn't get enough information or help with breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
(6) My baby preferred the bottle	<input type="checkbox"/>	<input type="checkbox"/>
(7) A doctor, nurse, or midwife said I should stop.....	<input type="checkbox"/>	<input type="checkbox"/>
(8) Some other reason	<input type="checkbox"/>	

(Please tell us: _____
_____)

37. A. Have you ever pumped breast milk?

- Yes → **Skip to question 38**
 No

B. What is the main reason you have not pumped breast milk?

- I'm not breastfeeding
 I just don't want to
 I don't have a pump I can use
 I don't have a good place to pump at work or school
 My work or school doesn't let me take the time to pump
 Other (**Please tell us:** _____
_____)

38. A. Since your new baby was born, have you gone back to (or started) work or school?

- Yes
 No → **Skip to question 39**

B. About how old was your baby when you went back to (or started) work or school?

_____ weeks **OR** _____ months

C. Are there places at your work or school where women can breastfeed or pump breast milk if they want to?

- Yes
 No
 I'm not sure

D. Does your work or school let women take time to breastfeed or pump breast milk if they want to?

- Yes
 No
 They let women take some time, but it is not enough
 I'm not sure

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

- On his/her side
 On his/her back
 On his/her stomach

B. Where does your new baby usually sleep at night? **Check only one answer.**

- In a crib, playpen, cradle or bassinet
 In a bed with me
 In a bed alone
 On a sofa, couch, chair, or futon
 Other (**Please tell us:** _____
_____)

C. Where does your new baby usually sleep for naps? **Check only one answer.**

- In a crib, playpen, cradle or bassinet
 In a bed with me
 In a bed alone
 On a sofa, couch, chair, or futon
 In a carseat or bouncy-seat
 Other (**Please tell us:** _____
_____)

BACKGROUND QUESTIONS

These questions give us a general idea of the kinds of people who have taken part in this important research. Again, all information about you is completely private.

40. Just before you got pregnant, how much did you weigh?

_____ pounds **OR** _____ kilos

41. Just before your new baby was born, how much did you weigh?

_____ pounds **OR** _____ kilos

42. How tall are you without shoes?

_____ feet and _____ inches

OR _____ meters and _____ centimeters

43. Here are some statements that people use to describe themselves. How strongly do you agree or disagree with how well the following statements describe you?

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
A. There is really no way I can solve some of the problems I have.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sometimes I feel that I'm being pushed around in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I have little control over the things that happen to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I can do just about anything I really set my mind to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I often feel helpless in dealing with the problems of life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. What happens to me in the future mostly depends on me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. There is little I can do to change many of the important things in my life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. A. What ethnic or racial group do you consider yourself? **Check all that apply.**

- African-American, Black, or African
- American Indian, Native American, Eskimo or Aleut
- Arabic or Middle Eastern
- Asian, Asian-American or Pacific Islander (For example, Chinese, Filipino, Japanese, Korean, Vietnamese, people from India, or another Asian country)
- Latino, Hispanic, Chicano, Mexican or Mexican-American, Central American, or other Latin American
- White, Caucasian, or European (including people from Spain)
- Some other group
(Please tell us: _____
_____)

B. If you chose more than one group, please write in the name of the group you identify with the **most**:

I identify most with: _____

45. What language do you usually speak at home? If you speak more than one, please choose the one you use **most** often.

- English
- Spanish
- English and Spanish equally
- Asian language
(Please tell us: _____)
- Some other language
(Please tell us: _____)

46. What is the highest grade or year of school you've completed?

- I never went to school
- 8th grade or less
- Some high school, but I did not graduate or get a GED
- High school (or a GED)
- Some college or junior college, but I did not graduate from a four-year college
- College graduate (from a four-year college or university) or more

47. At the time your baby was born, what was your marital status?

- Married
- Living with someone as married, but not legally married
- Separated, divorced, or widowed
- Single (never married)

48. Were you on WIC at any time during your most recent pregnancy? (WIC is the Women, Infants and Children supplementary food program)

- Yes
- No

49. Have either you or your new baby been on WIC since he/she was born?

- Yes
- No

50. A. What was your total family income in 2000 **before taxes**? Please mark one box below that includes your total family income, including your income and the income of your husband or partner (if living with you in 2000) and your children.

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

FOR THE YEAR 2000

- \$0 to \$11,000
- \$11,001 to \$14,000
- \$14,001 to \$17,000
- \$17,001 to \$20,000
- \$20,001 to \$23,000
- \$23,001 to \$26,000
- \$26,001 to \$28,000
- \$28,001 to \$34,000
- \$34,001 to \$40,000
- \$40,001 to \$42,000
- \$42,001 to \$45,000
- \$45,001 to \$51,000
- \$51,001 to \$57,000
- \$57,001 to \$60,000
- \$60,001 to \$68,000
- \$68,001 to \$77,000
- \$77,001 to \$80,000
- \$80,001 to \$91,000
- \$91,001 to \$103,000
- \$103,001 or more

B. If you can't choose one of these categories, please tell us your average monthly income in 2000.

\$ _____ per month

51. Thinking back to 2000 --before your new baby was born--how many people lived on this income?

_____ total number of people