

**Appendix D**  
**Pregnancy Risk Assessment Monitoring (PRAMS) Questions**

## MATERNAL HEALTH/PREMATURITY

Measure: Inadequate Weight Gain

**Calculated Variable based on:**

**Institute of Medicine Recommendations for Total Weight Gain During Pregnancy**

<i>Mother's pre-pregnancy Body Mass Index</i>	<i>Recommended Total Weight Gain</i>
<i>Low &lt;19.8</i>	<i>28-40 pounds</i>
<i>Normal=19.8-26.0</i>	<i>25-35 pounds</i>
<i>High=26.1-29.0</i>	<i>15-25 pounds</i>
<i>Obese &gt;29.0</i>	<i>15 pounds</i>

- *Just before you got pregnant, how much did you weigh?*  
Pounds or Kilos
- How tall are you without shoes?  
Feet, Inches, or Centimeters

Measure: Unintended Pregnancy

**Calculated Variable based on:**

**The response option of a) Wanting to be pregnant later b) Did not want to be pregnant then c) Did not want to be pregnant then or anytime in the future**

- Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?
  - I wanted to be pregnant sooner
  - I wanted to be pregnant later
  - I wanted to be pregnant then
  - I did not want to be pregnant then or any time in the near future

Measure: Partner/Husband did not want pregnancy

- This question is about things that may have happened during the 12 months before you new baby was born.  
For each item, circle Y (Yes) if it happened to you or circle N (no) if it did not

Your husband or partner said he didn't want you to be pregnant...N Y

Measure: Smoking 3 months before Pregnancy

- In the 3 months before got pregnant, how many cigarettes or packs of cigarettes did not smoke did you smoke on an average day? (A pack has 20 cigarettes)

Cigarettes OR Packs

- Less than 1 cigarettes a day
- I didn't smoke
- I don't know

Measure: Smoking in last 3 months of Pregnancy

- In the last 3 months of you pregnancy, hoe many cigarettes or packs of cigarettes did you smoke on an average day?

Cigarettes OR Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

Measure: 3 or more stressors

**Responded Yes to 3 or more of he following statements**

- This question is about things that may have happened during he 12 months before your new baby was born.
  - a. A close family member was very sick and had to go into the hospital
  - b. You got separated or divorced from you husband or partner
  - c. You moved to a new address
  - d. You were homeless
  - e. Your husband or partner lost his job
  - f. You lost your job even though you wanted to go on working
  - g. You argued with your husband or partner more than usual
  - h. Your husband or partner said he didn't want you to be pregnant
  - i. You had a lot of bills you couldn't pay
  - j. You were in a physical fight
  - k. You or your husband or partner went to jail
  - l. Someone very close to you had a bad problem with drinking or drugs
  - m. Someone very close to you died

## MATERNAL CARE

Measure: Prenatal Care as Early as Wanted

- Did you get prenatal care as early in your pregnancy as you wanted?
  - No
  - Yes
  - I didn't get prenatal care

Measure: Prenatal Care Paid for by Medicaid

- How was your prenatal care paid for?
  - Medicaid
  - Personal Income (cash, check, credit card)
  - Health Insurance or HMO
  - Colorado Resident Discount Program
  - Military Coverage, TRICARE, or Veterans Affairs (VA)
  - Other Please tell us:

## NEWBORN CARE

Measure: With Insurance or Medicaid

- Do you have health insurance or Medicaid for your new baby?
  - No
  - Yes
  
- What type of insurance is your new baby covered by?
  - Medicaid
  - Private insurance or HMO
  - Child Health Plan Plus
  - Other please tell us

Measure: In NICU at Birth

- After your baby was born, was he or she put in an intensive care unit?
  - No
  - Yes
  - I don't know

## INFANT HEALTH

Measure: Second Hand smoke exposure

**Calculated variable based on how many hours in the day the baby is exposed to smoke**

- About how many hours a day, on average, is your new baby in the same room with someone who is smoking?
  - Less than one hour a day
  - My baby is never in the same room with someone who is smoking

Measure: Ever breastfed

- Did you ever breastfeed or pump breast milk to feed your new baby after delivery?
  - No
  - Yes

Measure: Breastfed 9+weeks

- Are you still breastfeeding or feeding pumped milk to your new baby?
  - No
  - Yes
- How many weeks or months did you breastfeed or pump milk to feed your baby?
  - Weeks or months
  - Less than 1 week

Measure: Put to Bed on Back

- How do you most often lay your baby down to sleep now?
  - On his or her side
  - On his or her back
  - On his or her stomach