Becoming A Mom® - Initial Survey

Name: _____

BAM Participant ID #: _____

Date of Activity: _____
(mm/dd/yyyy)

Instructor/s:_____

How did you learn about Becoming A Mom/Comenzando bien®? (check all that apply)
- Family/Friend
- Clinic
- Hospital
- School
- WIC
- KanCare Case Manager
- Flier
- Other
  If "other", please describe:

  _____

Is this your first pregnancy?
- Yes
- No

If No:
-Have you had a premature birth? (gestational age of baby less than 37 weeks)?
- Yes
- No
  -If yes, was it a singleton pregnancy, meaning you were pregnant with only one baby?
  - Yes
  - No

  If yes, was the premature birth spontaneous, meaning you went into labor on your own?
  - Yes
  - No

Have you experienced any of the following? (select all that apply)
- A baby that weighed less than 5 lbs.
- More than one miscarriage
- A baby that was not born alive
- A baby who passed away during its first year of life

How pregnant are you now?
- 1st Trimester (1-13 wks)
- 2nd Trimester (14-27 wks)
- 3rd Trimester (28 + wks)

When is your due date? _____
(mm/dd/yyyy)

Have you had your first prenatal appointment?
- Yes
- No
  -If no, is your appointment scheduled?
  - Yes
  - No
    -If no, what is the reason for no prenatal appointment:
    - No provider available
    - Provider will not begin care until later (I am too early in my pregnancy)
    - Unable to take off work or school
    - No childcare available for other children
    - No health insurance coverage/ no ability to pay
    - No transportation
    - Other

    If "other", please describe:

    _____

What trimester did you begin seeing a health care provider for this pregnancy?
- 1st Trimester (1-13 wks)
- 2nd Trimester (14-27 wks)
- 3rd Trimester (28 + wks)

What is the name of your healthcare provider/clinic?

_____

Did you have any of the following health conditions <u>PRIOR TO PREGNANCY?</u>
- Anemia
- Anxiety
- Asthma
- Blood Clotting Disorder
- COVID-19
- Depression
- Diabetes (prior to pregnancy)
- Excess Weight / High BMI
- Heart Disease / Cardiac Condition
- High Blood Pressure
- Lung Disease / Respiratory Condition
- Lupus / Other Auto-Immune Disease
- Seizures
- Sickle Cell Disease
- Substance Use Disorder (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- Thyroid Disease
- Other
- None

  If other, what health condition did you have prior to your pregnancy?:

  _____

Have you developed any health condition(s) so far in your pregnancy?
- Yes
- No

If yes, please indicate the health condition(s) you have developed <u>DURING YOUR PREGNANCY</u>:
- Anemia
- Anxiety
- Cholestasis (liver condition occurring late in pregnancy)
- COVID-19
- Depression
- Eclampsia (high blood pressure that causes seizures)
- Gestational Diabetes
- High blood pressure
- Placenta Previa
- Pre-eclampsia
- Pre-term labor (going into labor before 37 weeks gestation)
- Seizures (that are not caused by high blood pressure)
- Substance Use Disorder or Relapse (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- Other

If other, what other health condition have developed so far in your pregnancy?

_____

Which of the following high risk factors do you experience? (check all that apply)
Tell your provider if you have even one of these risks.
- You've had preeclampsia before
- You're pregnant with multiples
- You have high blood pressure, diabetes, kidney disease or an autoimmune disease like lupus
- None of the above

Which of the following moderate risk factors do you experience? (check all that apply)
Tell your provider if you have more than one of these risks.
- You've never had a baby before, or it's been more than 10 years since you had a baby
- You're obese
- Your sister or mother has had preeclampsia
- You had complications in a previous pregnancy, like your baby was born less than 5lbs. 8oz.
- You're 35 or older
- You're African American
- You went through in vitro fertilization for this or a previous pregnancy
- None of the above

Has your healthcare provider told you that you have a "high risk" pregnancy?
- Yes
- No

If yes, please indicate the reason(s):

_____

Are you enrolled in the WIC Program?
- Yes
- No

Which of the following sometimes prevents you from attending your prenatal appointments: (check all that apply)
- Nothing
- Childcare
- Transportation
- No documentation
- No healthcare provider
- Worried about payment
- Work/School
- Other

Please specify "other" barrier(s) to attending prenatal appointments:

_____

Which of the following might prevent you from attending all six Becoming A Mom prenatal education classes: (check all that apply)
- Nothing
- Childcare
- Transportation
- Work/School
- Limited Class Availability
- Other

Which of the following are signs of preterm labor / labor? (check all that apply)
- A change in vaginal discharge (watery, mucus or bloody), or more vaginal discharge than usual
- Increased vaginal pressure or the feeling that my baby is pushing down
- Constant, low, dull backache
- Belly cramps with or without diarrhea
- Cramps that feel like my period
- None of the above

I should do the following if I'm experiencing signs of <u>preterm</u> labor (before 37 weeks): (check all that apply)
- Call my healthcare provider
- Go to the hospital if I cannot reach my provider
- Take no action and wait to see if my symptoms will go away
- None of the above

Which of the following are POST-BIRTH Warning Signs? (check all that apply)
- Pain in chest
- Obstructed breathing or shortness of breath
- Seizures
- Thoughts of hurting myself or someone else
- Night sweats without a fever
- None of the above

I should do the following if I am experiencing POST-BIRTH Warning Signs: (check all that apply)
- Call 911 if I am experiencing URGENT or life-threatening POST-BIRTH Warning signs
- Call my health care provider (or go to the ER if I cannot reach my provider) if I am experiencing other POST-BIRTH Warning signs
- Always trust my instincts and get medical care if I am not feeling well or have concerns
- Tell 911 or my healthcare provider that I was recently pregnant
- None of the above

If I experience depression and/or anxiety during or after my pregnancy, I am _____ about available resources in my community.
- Very knowledgeable
- Knowledgeable
- A little knowledgeable
- Not knowledgeable

If I experience depression and/or anxiety during or after my pregnancy, I am _____ to talk with my healthcare provider and/or access available resources:
- Very likely
- Likely
- Somewhat likely
- Not likely

I have talked to my healthcare provider about medications that I'm taking (prescription and/or over the counter, herbal, etc.):
- Yes
- No
- N/A - not taking any medications

If I am considering taking medications (prescription and/or over the counter, herbal, etc.), I am _____ to talk to my healthcare provider before taking them.
- Very likely
- Likely
- Somewhat likely
- Not likely

I currently take prenatal or multi-vitamins containing folic acid:
- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I walk or do at least 30 minutes of moderate, low-impact physical activity _____ days per week.
- 0
- 1-3
- 4-6
- 7

I currently smoke _____.
- 0
- Less than ½ a pack of cigarettes per day
- ½ to a full pack of cigarettes per day
- More than a pack of cigarettes per day

I currently vape or use tobacco products other than cigarettes.
- Yes
- No

  -If Yes, please describe the vaping/tobacco product other than cigarettes that is used.

  _____

  -If any products were listed above, what is the amount being used?

  _____

I am _____ to develop a birth plan and talk to my healthcare provider about it.
- Very likely
- Likely
- Somewhat likely
- Not likely

A pregnancy is full-term when it reaches _____ weeks.
- 34-36
- 37-38
- 39-40

The following are benefits of a full-term pregnancy: (check all that apply)
- Baby's brain growth and development
- Baby's lung development and maturity
- Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)
- Improved ability to breastfeed

The following is true about breastfeeding: (check all that apply)

- My baby will be less likely to have diabetes later in life
- I will lower my risk of some types of cancer
- My breastfeeding experience should not be painful
- The frequency of my breastfeeding within the first 48 hours after birth can have an effect on my ability to produce enough milk for my baby

I am _____ to breastfeed my baby.

- Very likely
- Likely
- Somewhat likely
- Not likely
- Uncertain

If I am having difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about _____ available resources in my community.

- One
- More than one
- I don't know about any

I feel _____ about my ability to breastfeed.

- Very confident
- Confident
- Somewhat confident
- Not confident

After delivery, I plan to take prenatal vitamins or multi-vitamins containing folic acid:

- Everyday
- 4-6 times per week
- 1-3 times per week
- Never

I will put my baby to <u>sleep</u> on his/her: (check all that apply)

- Back
- Side
- Stomach

At home, my baby will <u>sleep</u>: (check all that apply)

- In a crib, bassinet or portable crib
- In an adult bed, couch or recliner with me
- In a car seat, carrier, bouncer or swing

I am ___ to talk about Safe Sleep with my child's other care providers (family members, childcare providers, etc).

- Very likely
- Likely
- Somewhat likely
- Not likely

I am _____ to talk to my healthcare provider during my prenatal care about methods for preventing pregnancy after the birth of my baby:

- Very likely
- Likely
- Somewhat likely
- Not likely

I believe there is _____ to my health and the health of my next baby if I wait a minimum of 18 months before my next pregnancy.

- Great benefit
- Some benefit
- No benefit