



Healthier Moms & Babies

**2022 Healthier Moms and Babies
Report: Survey to Understand Risk
Factors Related to Infant Mortality**

November 10, 2022

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Executive Summary

Healthier Moms & Babies engaged the Purdue University Fort Wayne Community Research Institute (CRI) and Center for Social Research (CSR) to conduct a survey of HMB clients to better understand the experiences during pre-pregnancy, pregnancy, moms with new babies, and for women thinking about getting pregnant. CSR Director Donna Holland, PhD, and CRI Director Rachel Blakeman, J.D., wrote the survey instrument to gain information from HMB clients ages 18 and older about demographics, household and housing attributes, employment, social factors including support and hindrances (intimate partner violence, food insecurity), and other social determinants of health, healthcare, safe sleep practices, kick counts and maternal mental health. Additional topics included tobacco, transportation, health insurance, costs and access to healthcare. Each respondent was also asked to identify their top three challenges.

The survey was designed in collaboration with Healthier Moms & Babies staff using an iterative process to finalize the survey. This survey started with an introduction and then moved into 146 questions, taking between 15 to 20 minutes for the typical respondent to complete. While 1073 individuals began the survey, there were 728 valid cases after screening questions, data validation and cleaning processes. Specifically, there were 356 new moms, 243 currently pregnant women, and 129 women who were thinking about getting pregnant.

Respondents received a small incentive for participating in the survey. CSR created random respondent ID numbers that respondents submitted to HMB to receive a \$5 incentive for completing the survey. All research participants had the authority to refuse to participate in the survey or withdraw participation at any point in the data collection process.

These research findings are derived using a person-centered approach from a publicly available online survey aimed at collecting data from women thinking about becoming pregnant, currently pregnant, and women with new babies. Surveys were completed in English or Spanish. A copy of the survey is included in the Appendix. The survey was open from February 1, 2022, through March 21, 2022.

These findings report the initial patterns and themes identified from the survey responses including Healthier Moms & Babies clients and the public-at-large. This final report is based upon data that underwent rigorous screening protocols for response set (aka straight-liners), excessive missing data values, inadequate response time (aka speeders), and inconsistent/misaligned responses which would invalidate these survey cases.

The findings herein cover data for three types of respondents: pre-pregnancy, pregnancy, and moms with new babies. Metrics may be reported for each group, but some results are specific to only one or two of these groups. Additionally, some results reflect all three groups of respondents. Due to having these various subgroup responses, the number of respondents is reported and when appropriate, the percentage of respondents for the particular response group is also reported.

For questions with “check all that apply” in the directions, only the number of respondents selecting each category is reported to avoid confusing the reader about what group the percentage would have represented.

This final report further elucidates the findings by including visual displays of the data by using figures, charts and tables as appropriate and in-depth statistical survey data results.

This research report is derived from public data collection with emphasis on women who are served by Healthier Moms & Babies and women who receive WIC. As such, this assessment may be used to inform future service provisions, explore whether services and plans are meeting the needs of families and to guide talking-points and policy in funding services to these families. The statistical data includes several metrics about women who are thinking about becoming pregnant, women who are pregnant, and women who have given birth recently.

The results include the county they live in, age group, pregnancy status, and whether the new baby is living with the mother.

The conclusions section dives deeper into findings and potential opportunities derived from each section. The conclusions section also covers the recommended path forward for Healthier Moms and Babies.

Several of the overarching themes are illustrated by this research including some positive information, some key deficiencies, verification of previously held perceptions, areas of change among women, and areas of change among clinicians, or areas where agencies may improve.

Introduction

This study is a collaborative effort between Healthier Moms & Babies, the Community Research Institute, and the Center for Social Research. The goal of the project was to better understand the experiences, challenges, and overall condition of women who are thinking about becoming pregnant, women who are currently pregnant, and new moms. The key aim of this study is to better understand factors that are related to infant mortality, thereby placing Healthier Moms and Babies in a more informed position to lead community efforts to reduce infant mortality.

Finding out more about healthcare was an important aim of the study. The concept of health is complex. It derives from a number of factors and yet it is also influenced by a number of indicators. Several bits of data were collected from respondents about healthcare, including general use (before during and after pregnancy, reasons for seeking healthcare and not seeking healthcare, use or non-use of prescription drugs- and why not take prescription drugs), pregnancy prevention before and after pregnancy (use of birth control, type of birth control method, reasons for not using birth control), restricted activities while pregnant and whether the respondent followed the restrictions. A large section of the survey was dedicated to gathering information about the pregnancy and healthcare after the baby was born. Specific questions addressed labor and delivery, and months between new baby's birth and next oldest sibling. Because postpartum visits have important implications for the health and well-being of the mother, and because they have implications on how the mother will perform in childcare activities, respondents were asked about postpartum visits and whether they attended and if they did not attend, why they did not attend.

Specific questions aimed at understanding access to healthcare providers during daytime hours, and reasons daytime hours limit or do not limit their usage.

The role of social support in overall positive outcomes in life is well established by prior research. Given this, respondents were asked about their social support, the types of help they received or could obtain if needed, as well as factors about their current living arrangement.

Again, several indirect factors influence health, the neighborhoods we live in, the kind of home we live in, the

location of our homes, and what services are available to us in our communities. Another indicator of health is nutrition. Access to food influences health outcomes for women and their babies. Thus, this study considered food security.

Where a baby sleeps is a health indicator for new babies. Practicing safe sleep reduces the likelihood of infant death. Because unsafe sleep arrangements can cause infant mortality, respondents were asked several questions about safe sleep, including, sleep position, location and frequency of sleep arrangements and having access to crib/pack and play. To be better informed about why women make particular decisions about sleep arrangements for their babies, several questions assessed their current knowledge of safe sleep practices and the reasons why they do not practice safe sleep 100% of the time.

Another area known to influence the mothering experience is mental health of the mother. Given this, several questions were dedicated to understanding how respondents handled stress, who they could talk to about their feelings, experiences with anxiety before and after the birth of their new baby. Similar questions were asked of currently pregnant women. Postpartum blues were specifically asked about- because untreated ailments are associated with bad outcomes and experiences for both the mother and the new baby. Additional questions aimed at understanding seeking treatment for mental health, actually meeting with a professional for treatment and if medication was taken for mental health if it was prescribed.

Women's work is often of interest when considering or being pregnant or while having a new baby. Several questions asked about working during the most recent pregnancy, requesting accommodations from their employer, the degree to which requested accommodations were given by the employer, if the respondent is currently working, and if not currently working- why not. Specific questions asked about returning to work, as well.

Families who experience domestic violence or who are exposed to violence are associated with worse outcomes and these negative outcomes are especially pronounced for pregnant women and new moms. Given the impact of domestic violence on women and children, several questions were incorporated to determine the risks, types of risks, and knowledge of and use of resources to ensure safety.

Kick counts are a useful approach to assessing fetal health. For this reason, questions about how respondents knew to use kick counts and why they did or did not use kick counts were included in the survey.

Several questions assessed factors associated with social determinants of health. Again, these questions aimed at understanding respondents' current housing, who they live with, the type of housing, number of people/children in the home, and experiences with and exposure to conflict and violence. Specific questions also asked about alternative housing and having utilities shut off in the recent past.

Another known factor known to place infants at risk is the use of tobacco products. Thus, respondents were asked about their use of and exposure to tobacco products.

Respondents were asked about their health insurance and related health care costs. Specific questions asked about their type of health insurance when pregnant and current health insurance.

Because little is known about stressors that are the greatest during pregnancy and after giving birth to the new baby, respondents were request to write-in their top three stressors during pregnancy and since giving birth.

The last series of questions pertained to collecting demographic data, such as age of youngest child, if the new baby

was ever in a NICU unit, race and ethnicity, language spoken at home, residential region of Allen County, education attainment, income and sources of income, hospital where they gave birth to newest baby, number of pregnancies, number of live births, and age.

Key Findings

While the conclusions at the end of this report go into more detail about specific recommendations on areas from the survey, the following are overarching themes illustrated within the sections:

- About 1/3 of respondents have household incomes less than \$25,000.
- Many younger respondents may not have completed their education yet.
- About ¼ of pregnant and new moms visited a healthcare provider (including dentists) for preventive or needed services.
- Just over 10% of preconception/interconception women visited a healthcare provider (including dentist) for preventive or needed services.
- Respondents who did not use healthcare in the past year/year before getting pregnant or didn't go to postpartum checkup, often indicated that they felt fine and didn't need to see a healthcare provider.
- Pre-pregnant women have a slightly higher rate of having any healthcare visit with a doctor, nurse, or other healthcare worker, including a dental or mental health worker compared to currently pregnant and new moms.
- More than ½ of respondents used the ER/urgent care center in the past year for themselves.
- More than half of preconception/interconception respondents indicated discomfort in taking prescription medications while pregnant.
- Among pregnant women/new moms, the most common reason for not taking prescription medications was a concern about the baby's health, while cost was the least common reason.
- More than 1/3 of respondents used prescription medication for their mental health.
- Only a little over half of respondents felt always or most of the time being confident to handle life's ups and downs.
- A small percentage (5%) of all respondents or only occasionally or never confident to handle life's ups and downs.
- Just over 10% of pregnant women and new moms view the most recent pregnancy as very hard or one of the worst times of their lives.
- Most women indicate one or more symptoms of anxiety/depression for several days or more.
- Many women report having sleep problems, especially after giving birth.
- Less than 10% of women have not heard about postpartum depression from their healthcare provider.
- Among currently pregnant women, just about 40% have not heard about baby blues/postpartum depression from their healthcare provider.
- Nearly 30% of women sought treatment from a mental health profession in the past year.
- Between about 10% and 25% of respondents experiences physical harm, were threatened, controlled, restricted or had unwanted physical touch/sex.
- About 1/3 of respondents are at least exposed to violence or conflict in their home.
- Around 1/5th of respondents are at least somewhat concerned about violence/crime in their neighborhood.

- Nearly 1/5th of respondents had a utility shut off in the past due to non-payment.
- Recognize the needs – financial and otherwise – of clients’ families and help them engage with eligible services.
- Clients could benefit by having a better understanding of Supplemental Nutrition Assistance program as well as local food pantry programs that may be able to provide additional food items to alleviate food insecurity.
- Smoking cessation classes and information could be beneficial for some respondents and family members.
- Clients may want help identifying safe housing opportunities.

Methods

Under the direction of Dr. Donna Holland, The Center for Social Research administered the voluntary and anonymous web-based survey. The number of valid cases was 728. The number of respondents varies by question as respondents had the option of skipping particular questions that they did not want to answer. The number of responses on some questions exceeds the number of respondents due to the question requesting “check all that apply” answer format.

The Survey

The survey was designed in collaboration with Healthier Moms and Babies staff using an iterative process to finalize the survey. The survey included sections on general metrics, such as demographics. It also included topics, such as living arrangement, community type, employment status, public assistance, and household information. The next section included social connectedness with friends and family and the modes and frequency of those social connections. It also included indicators of social isolation. The survey took between 15-20 minutes for the typical respondent to complete.

The survey consisted of an introduction and various question pathways for each type of respondent. Survey questions were designed to gather information on the use of and access to healthcare, contraceptive use, safe sleep practices for the baby, mental health/wellbeing, experiences with violence and/or conflict in the home, as well as employment, support, care of the baby, kick counts, housing, food security and transportation. The last section of the survey collected demographic information, such as age, race, etc. (See Appendix 1).

There were mostly closed-ended questions. Some open response questions followed closed ended questions that required additional information- such as answers of “other” on the closed ended questions. The respondents selecting “other” as their response were given the opportunity to clarify what “other” meant.

The Sample

The section describes the recruitment efforts and procedures used in the study. Then, we provide a brief description of respondents and the data collection process.

Recruitment

Targeted respondents included current Healthier Moms and Babies female clients, women receiving WIC,

and females-at-large who were at least 18 years old and either considering getting pregnant, who are pregnant, or gave birth since January 2021 and had the infant currently living with them. Respondents were offered a \$5 incentive if they completed the survey.

Recruitment messages were sent to targeted research participants by Healthier Moms and Babies in February 2022.

The invitation message included steps for the recipient to take should they prefer to complete the survey in English or Spanish and a link to the Healthier Moms and Babies website for the link to the survey.

Data Collection

Survey administration was done via Healthier Moms & Babies. Female HMB clients and female WIC clients and the general female population 18 and over were given the opportunity to complete the survey throughout the data collection period.

Surveys were available by self-administered web-based survey software, Qualtrics. The survey was made available on the Healthier Moms and Babies website and invitations were sent out via text messages.

The respondents had the option of taking the survey in English or in Spanish.

The data collection period was February 2022 to April 2022.

All responses were anonymous. Some questions were required if it was considered key information for the study, and if the answer was required to branch the respondent to the set of questions appropriate for the respondent. Many questions on the survey were optional with the respondent being able to skip these questions at-will. Respondents were also able to end their participation in completing the survey at any time throughout the survey completion process.

The survey took about 15 to 20 minutes for the typical respondent.

Screening Survey Respondents

Respondents were asked a series of questions to determine if they qualify to take the survey. The survey aimed to collect data from three groups of women in Allen County, Indiana:

- Women who have not given birth in the past year, but who is considering getting pregnant. This group is referred to as “pre-pregnancy”.
- Women who are currently pregnant. This group is referred to as “pregnant”.
- Women with babies born in January 2021 or later whose babies either lived with them or were in the NICU/hospital. This group is referred to as “new moms”.

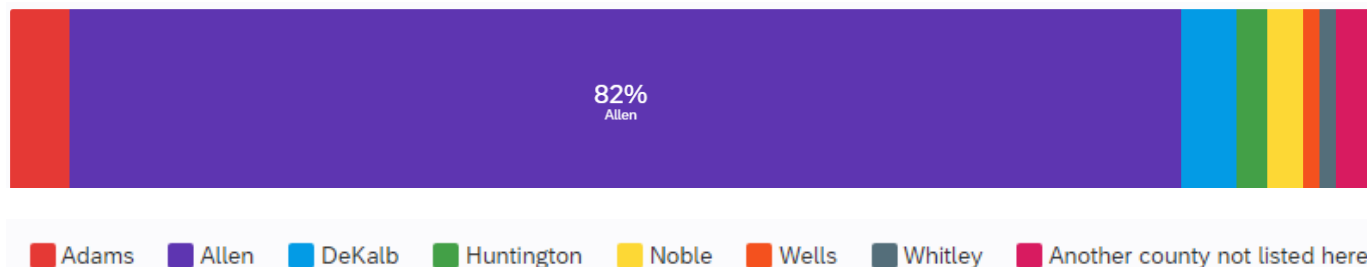
County of Residence

Most of the potential respondents live in Allen County (81.61%) while slightly less live in Adams (4.39%) and Dekalb (4.11%) (See [Figure 1. The County People Live In](#)). Similar percentage of participants live in Huntington (2.24%), Noble (2.61%) and Unlisted County (2.61%). The least number

of participants live in Wells and Whitley with an equal percentage (1.21%). A total of 1073 people responded to this question.

Allen County is highly populated and stands among the top 3 counties (Source: <https://worldpopulationreview.com/states/indiana-population>).

Figure 1. What county do you live in?

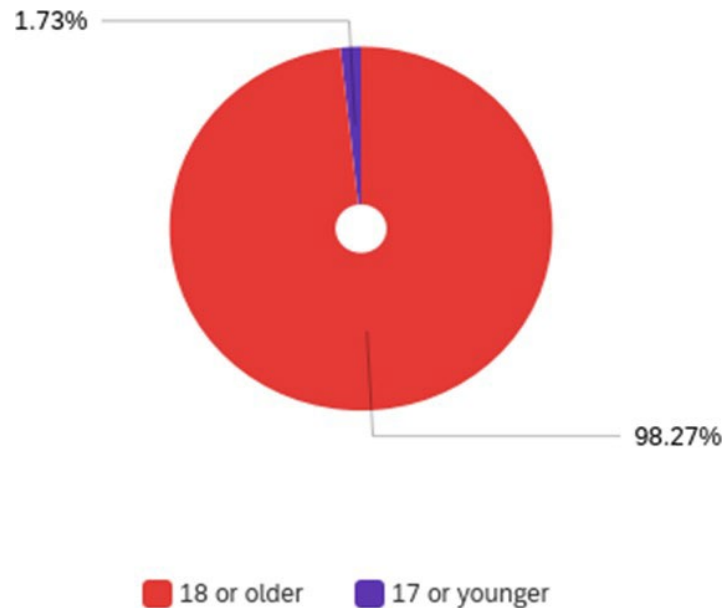


Because the aim of the study was focused on Allen County residents, all potential responders, except the 876 from Allen County, were skipped to the end of the survey and thereby excluded from the data analysis. At this point an additional six (6) respondents did not continue taking the survey.

Age Group

More than 98% of the people who started the survey are 18 years of age or older and less than 2% of the people are 17 years or younger (See [Figure 2. The Age Group of the People Interested in Participating in the Survey](#)). The 2% of potential respondents who were 17 years of age or younger were directed to the end of the survey and advised that they do not qualify to participate in the survey. There were 855 respondents who qualified to continue taking the survey. Another 15 respondents who were under 18 years old were skipped to the end of the survey and excluded from the data analysis.

Figure 2. What age group are you in?

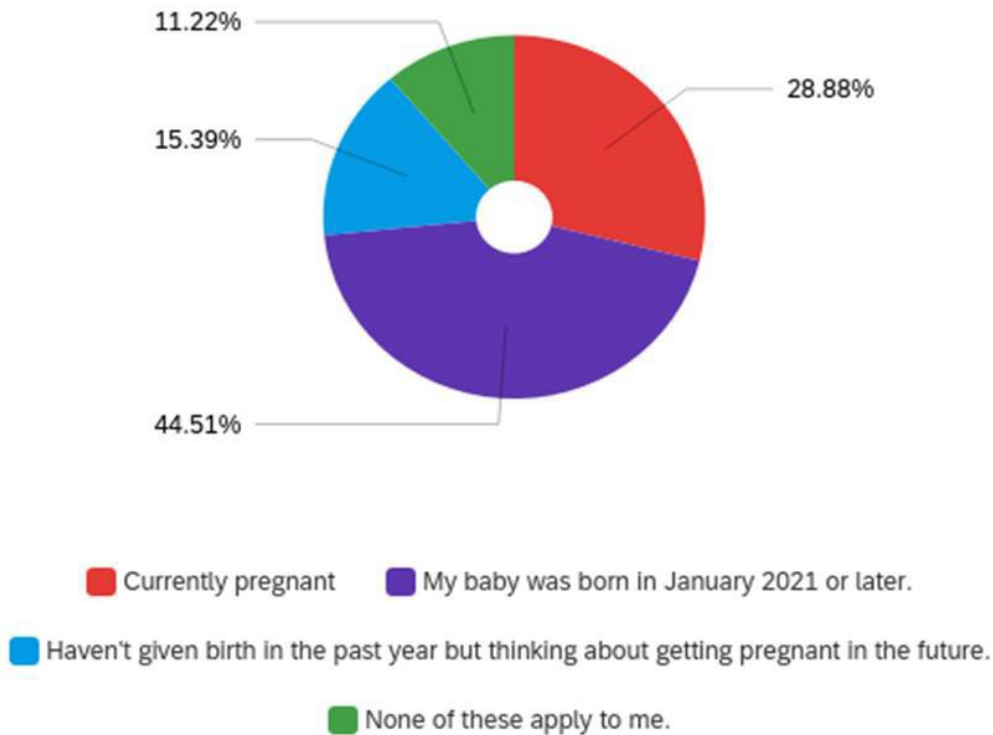


Pregnancy Status

Approximately 15.39% of the women haven't given birth in the past year but are thinking about getting pregnant in the future (See [Figure 3. Pregnancy Status](#)). Also, 28.88% of the women are currently pregnant. Another, 44.51% of the women had babies born in January 2021 or later.

These answer options do not apply to 11.2% of the women resulting in them being skipped to the end of the survey. The net result was the exclusion of an additional 94 potential respondents from the data analysis. At this point there remain 840 respondents eligible for the next question.

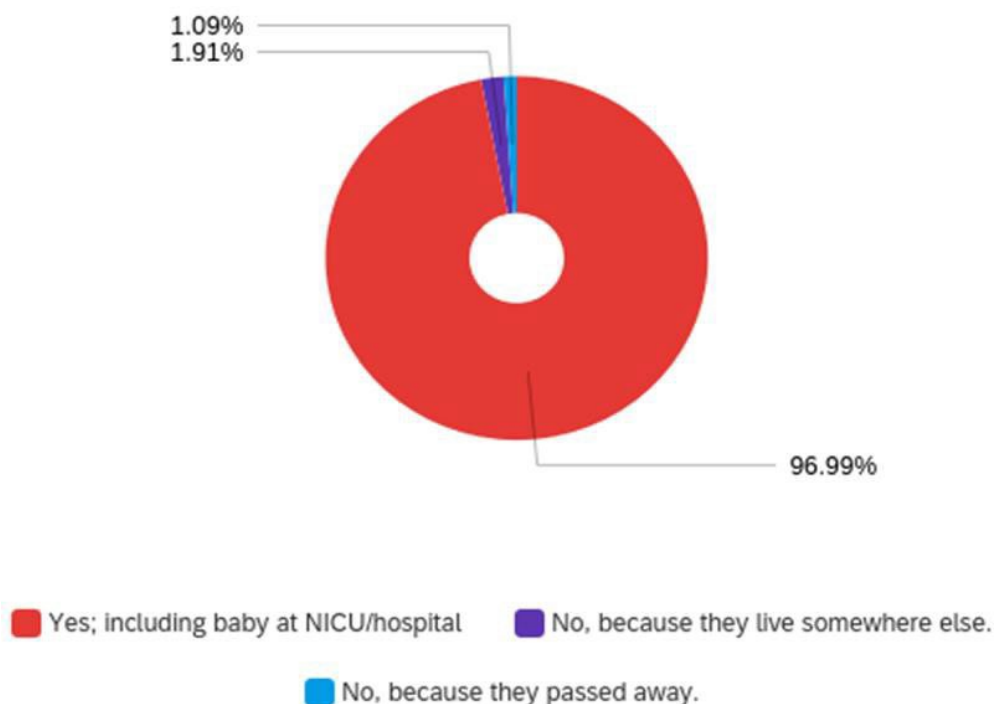
Figure 3. Pregnancy Status



Baby Living with Mother

Almost 97% of the new moms are living with their babies including babies at NICU/hospital (See [Figure 4. Baby Living with Mother](#)). Approximately 2% of the mothers are not with their babies and 1.09% of the mothers are not with their babies due to the infant passing away. Four (4) potential respondents were skipped to the end of the survey and excluded from data analysis due to the baby's death. Another 7 potential respondents were skipped to the end of the survey and excluded from data analysis due to the baby living somewhere else. There were 356 valid cases with the baby living with them or being at a NICU/hospital.

Figure 4. *Is Your New Baby Living with You Now?*



There were 356 valid cases with the baby living with them or being at a NICU/hospital. Another 243 respondents were currently pregnant and 129 respondents hadn't given birth in the past year but were thinking about getting pregnant. In all, there were 728 valid cases.

Data Set

There were 356 valid cases with the baby living with them or being at a NICU/hospital. Another 243 respondents were currently pregnant and 129 respondents hadn't given birth in the past year but were thinking about getting pregnant. In all, there were 728 valid cases.

The data were screened for response set (aka straight-liners), excessive missing data values, inadequate response time (aka speeders), and inconsistent/misaligned responses which would invalidate these survey cases. Respondents were included in the results if they provided valid answers on the survey questions. Thus, some survey results per item may vary in number of respondents due to respondents being able to skip particular questions on the survey. Additionally, the number of responses will also vary due to the question set being appropriate for only a subset of the entire sample, for example post-delivery questions would not be answered by pre-pregnancy respondents.

No imputations were used in the data, as the amount of missing data on any given item was within an acceptable range.

Results

The results presented here reflect the responses of pre-pregnant women, currently pregnant women and women who are new moms who live in Allen County, Indiana and who voluntarily completed the self-administered, web-based Healthier Moms and Babies 2022 Survey between February and April 2022.

These results summarize several types of data. Some of the responses reflect a sub-sample of the full data set- for example, some data reflect only pre-pregnant women's responses, while other data reflect the full data set that includes all women's responses. Therefore, it is necessary to consider who the data reflect for each section and sub-section of the results. Another related issue is that the number of women's responses to any given question will vary based upon which population or sub-population that the data reflect.

Topics summarized here include healthcare, social support, safe sleep, mental health, employment/work, and family violence. Additional results highlight data related to kick counts, social determinants of health, food security, tobacco products, and transportation. The last set of the results include access to health care, health insurance, three major stressors during pregnancy, and demographics.

Here we first present the survey results for healthcare.

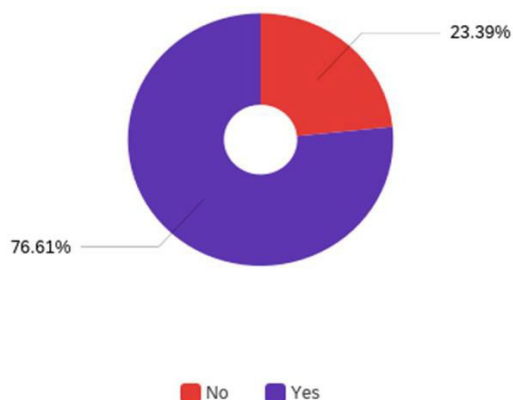
Healthcare: General Usage among pre-pregnancy, pregnant, and new baby

Respondents were asked to think back to any time in the 12 months before they got pregnant with their new baby in order to answer this survey questions about general healthcare usage. The aim is to understand how women who are considering getting pregnant, who are pregnant or who have a new baby used the healthcare services throughout each stage of the "becoming a mom."

Healthcare before pregnant

Among pregnant and new moms, more than three fourths (n=454) of the women had healthcare visits – with a doctor, nurse, or other healthcare practitioner including a dentist or mental health professional – in the 12 months before they got pregnant and one fourth (n=138) of the women had not had any visits to the hospital or with a healthcare worker (see [Figure 5.](#))

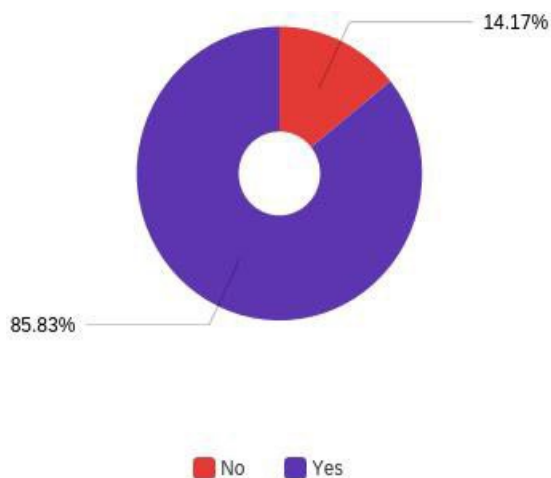
Figure 5. In the 12 Months before the Women Got Pregnant, if they had any Healthcare Visits with a Doctor, Nurse, or Other Health Care Worker, Including a Dental or Mental Health Worker?



Healthcare among Pre-pregnant

Among pre-pregnant women, 85.83% (n=109) of the women had healthcare visits with a doctor, nurse, or other healthcare practitioner including a dentist or mental health professional in the past 12 months and 14.17% (n=18) of the women had not had any kind of visit with a doctor or a healthcare worker (See [Figure 6.](#))

Figure 6. In the past 12 Months, did you have any Healthcare Visits with a Doctor, Nurse, or Other Health Care Worker, Including a Dental or Mental Health Worker?



Pre-pregnant women have a slightly higher rate of having any healthcare visit with a doctor, nurse, or other healthcare worker, including a dental or mental health worker compared to currently pregnant and new moms.

Reason for Visiting Healthcare Provider Before Pregnant

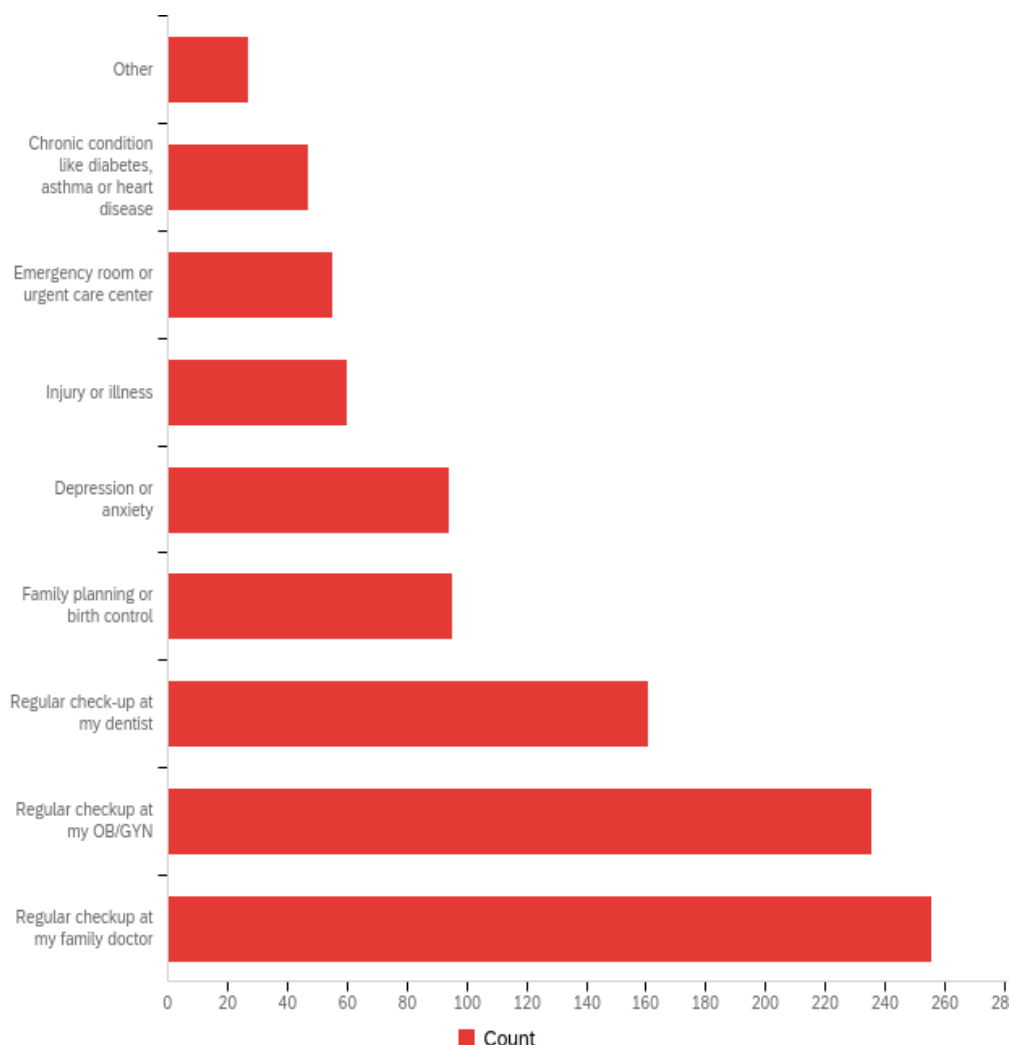
Among 454 currently pregnant and new moms who indicated that they visited a healthcare provider before they got pregnant, the typical reason for going to the doctor before they got pregnant was for a regular checkup at their family doctor (n=256) or for a regular checkup with their OB/gynecologist (n=236) (See [Figure 7. Reason Behind the Women Visiting Healthcare Provider Before They Got Pregnant](#)). Another common reason for visiting a healthcare provider was for a regular check-up at the dentist (n=161).

Fewer pregnant and new moms saw a doctor regarding family planning and birth control (n=95) or issues related to depression or anxiety (n=94).

The less common reasons for visiting a healthcare provider reported by pregnant and new moms is illness or injury (n=60) followed closely by emergency room or urgent care center visits (55).

The least commonly reported reasons for visiting a healthcare provider among pregnant and prepregnant is related to a chronic condition (n=47) and other reasons (n=27) --- but they did not provide any additional clarification for the other reason. Note that respondents were directed to “mark all that apply.”

Figure 7. Why did you visit a healthcare provider before you got pregnant? Check all that apply.

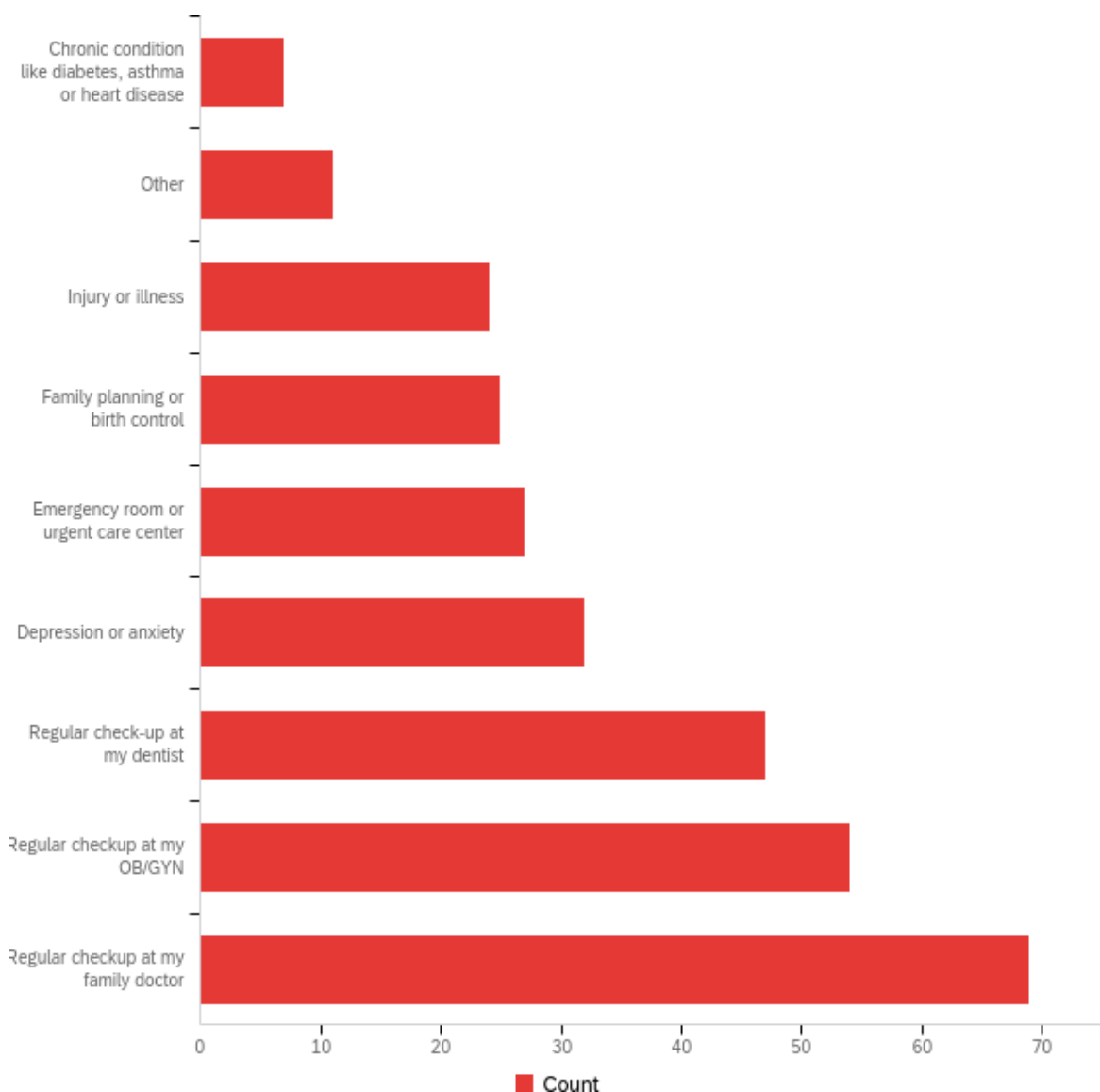


Reasons for Visiting a Healthcare Provider Among Pre-Pregnant Women

Among 104 pre-pregnant women who visited a healthcare provider in the past 12 months, the most common reason was to have a regular checkup at their family doctor (n=69) (See [Figure 8. Reason For Visiting A Healthcare Provider In The Past 12 Months](#)). Additional common reason includes to get their regular checkup with their gynecologist (n=54), dental checkups (n=47), depression or anxiety (n=32), and/or emergency room or urgent care (n=27) and/or injury or illness (n=24).

Less common reasons include a chronic condition (n=7) and/or other reasons (n=11), but provided no further clarification about the other reason. Note that respondents were directed to “mark all that apply.”

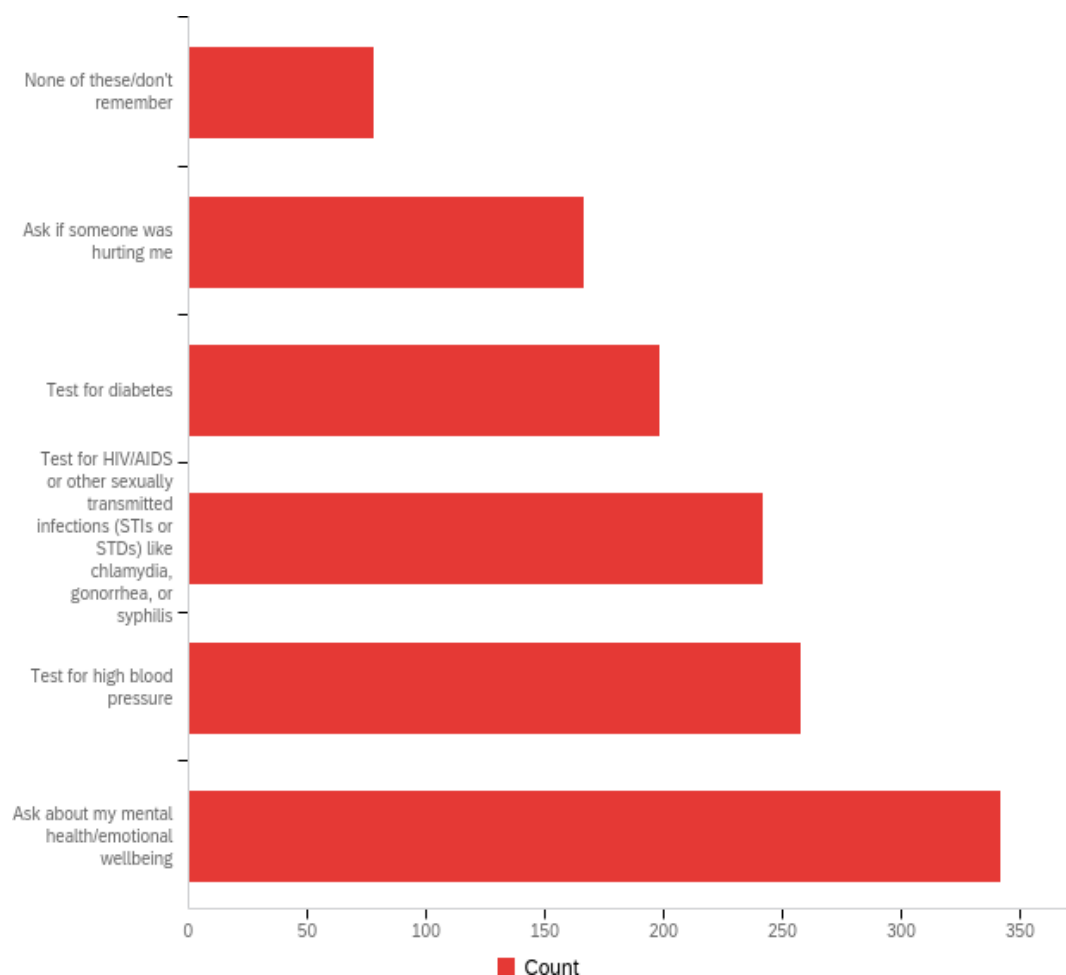
Figure 8. Why did you visit a healthcare provider in the past 12 months? Check all that apply.



Healthcare Service Provided to Pregnant Women and New Moms in the Past 12 Months

Among 454 pregnant and new moms who sought healthcare service in the past 12 months, the healthcare provider tested around 198 of the respondents for diabetes, 258 of the respondents for high blood pressure, 242 of the respondents for sexually transmitted infections (See Figure 9). 342 of the respondents were asked about their mental health or emotional well-being, 166 of the respondents were asked if someone was hurting them and 78 remember being asked about none of these.

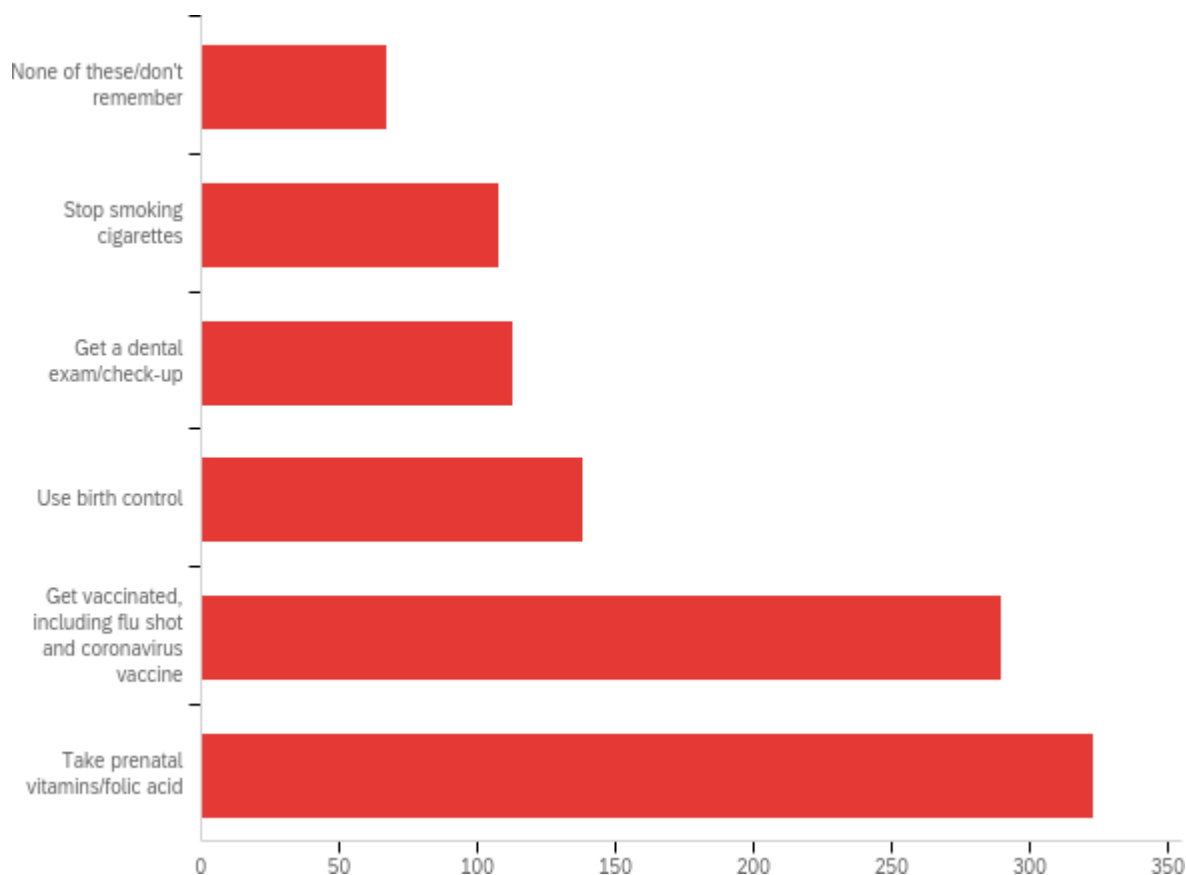
Figure 9. Did your healthcare provider do any of the following in the past 12 months? Check all that apply.



Type of healthcare recommended to women in the past 12 months

The most common type of healthcare recommended to 544 women who sought healthcare service in the past 12 months, was to take prenatal vitamins/folic acid (n=323), and to get vaccinated, including flu shot and coronavirus vaccine (n=290) (See [Figure 10](#)). The next type of healthcare recommended to pre-pregnant women is to use birth control (n=138), and to get a dental exam/check-up (n=113) which was closely followed by the recommendation to stop smoking cigarettes (n=108). Least selected category selected by respondents was “don’t remember any of these” (n=67).

Figure 10. Did a healthcare provider recommend you do any of the following in the past 12 months? Check all that apply.



Reasons Pregnant Women and New Moms Did Not Have Healthcare Before Getting Pregnant

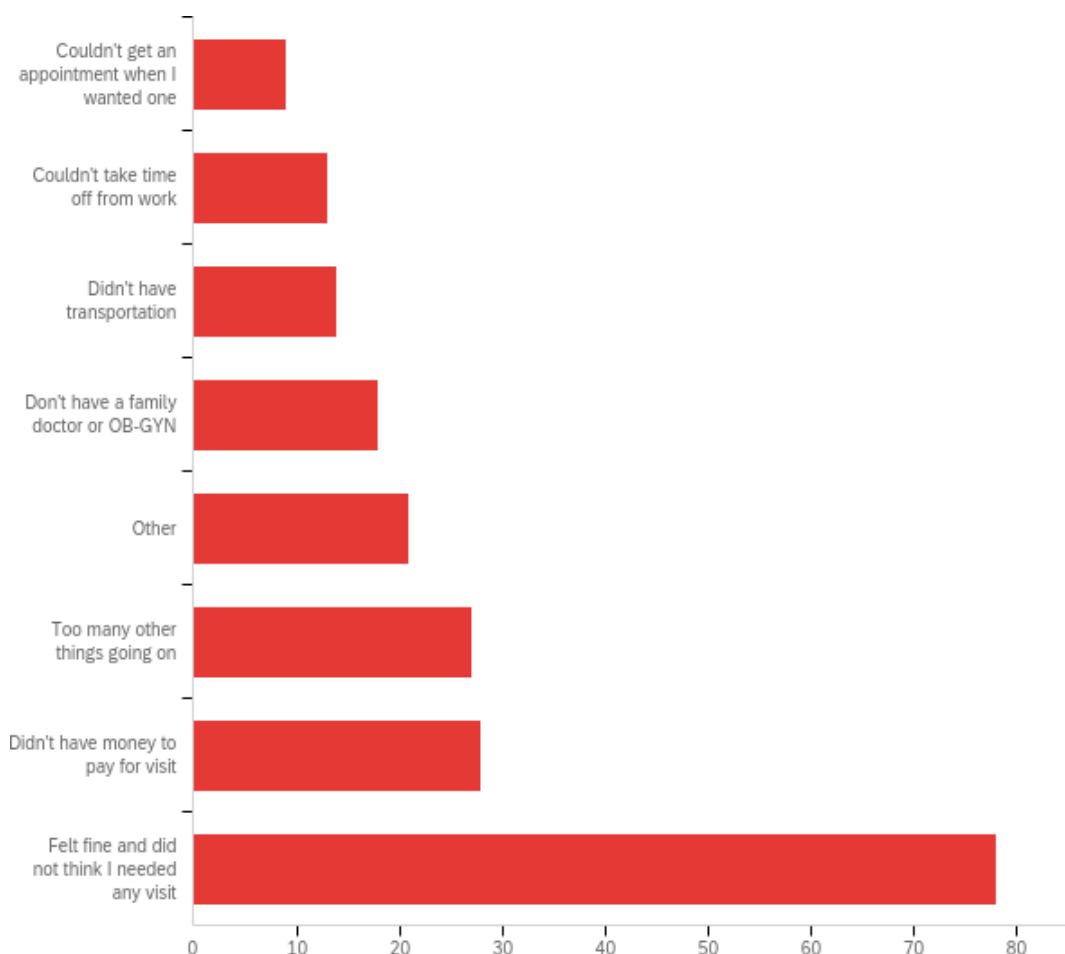
The most common reason that 132 pregnant and new moms did not visit a healthcare provider before they got pregnant was that they felt fine (n=78) (See Figure 11).

The less common reasons for not going to a healthcare provider before getting pregnant were not having money to pay for visit (n=28), having too many other things going on (n=27), and of the women had other reasons (n=21). No other reasons were submitted to clarify this category.

Some women indicated that they don't have a family doctor or gynecologist (n=18), that they didn't have transportation (n=14) and/or of the women couldn't take time off from work (n=13).

The least common reason for not having healthcare visit before getting pregnant was that they couldn't get an appointment when they wanted one (n=9).

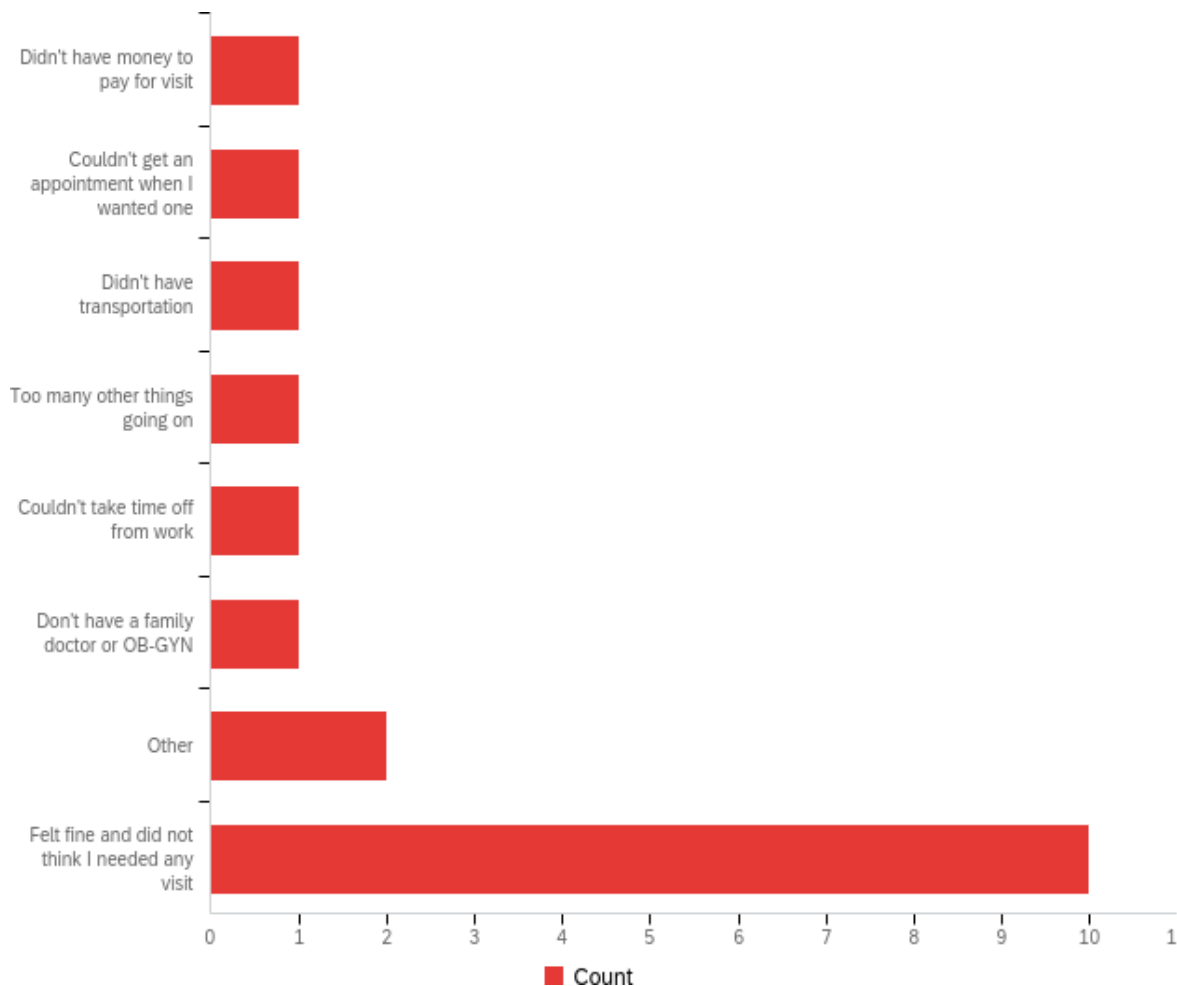
Figure 11. Why didn't you have any healthcare visits before you got pregnant? Check all that apply.



The Reason Behind the Women Not Having Any Healthcare Visits in The Past 12

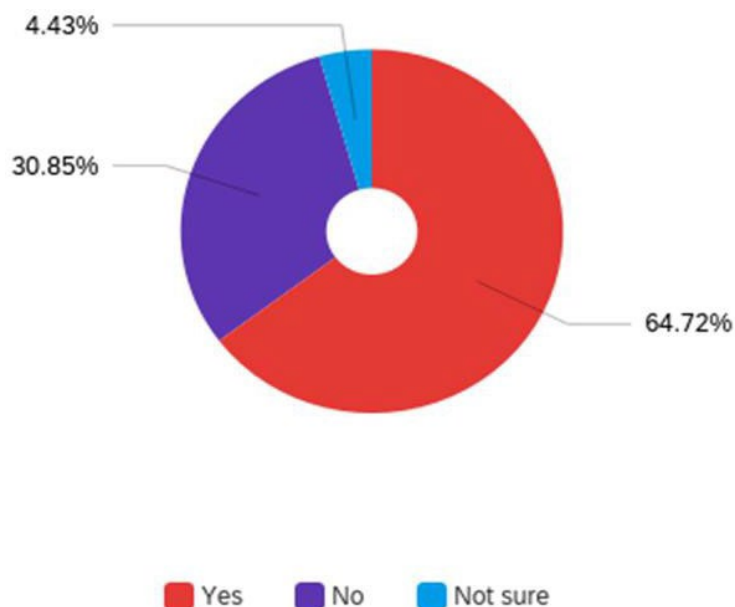
Months Among 16 women who haven't given birth in the past year but thinking about getting pregnant in the future, the most common reason that that they did not have healthcare visits in the past 12 months was that they felt fine and did not think they needed any visit (n=10), followed by women who had other reasons (n=2) but provided no additional clarification of the "other" reason. Only 1 woman indicated one of the following: couldn't get an appointment when they wanted one, didn't have transportation, had too many other things going on, couldn't take time off from work, and don't have a family doctor or a gynecologist (See Figure 12).

Figure 12. Why didn't you have any healthcare visits in the past 12 months? Check all that apply.



Prescription of Any Medicine by the Healthcare Provider While the Women are Pregnant
 Among 566 pregnant women and those with new babies, 64.72% (n=367) were prescribed with medication, 30.85% (n=174) were not prescribed any medication and the rest (4.43%; n=25) were not sure (See Figure 13).

Figure 13. Did a healthcare provider prescribe any medication while you were pregnant? This includes medication you took before getting pregnant or needed while pregnant.

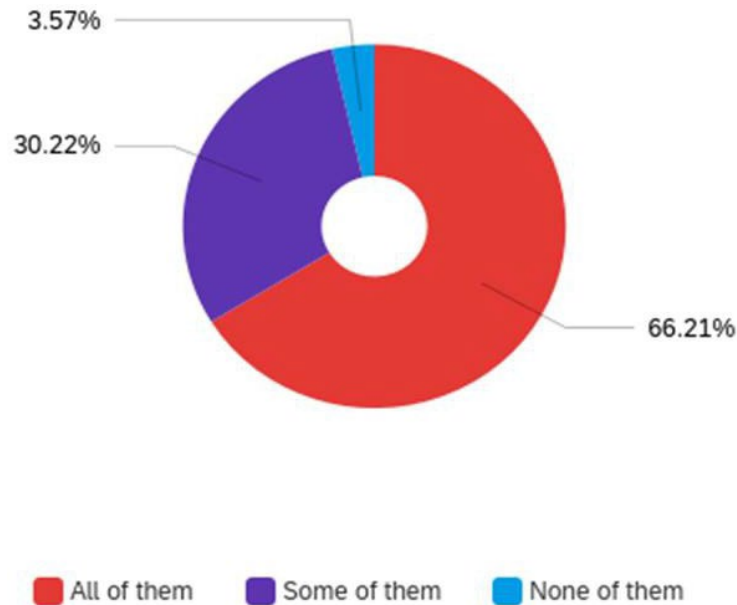


Taken Any Medication Prescribed

Among 366 pregnant women and those with new babies, 66.21% (n=243) of the women had taken all the medication they were prescribed and 30.22% (n=110) of the women had taken some of the medication they were prescribed (See Figure 14). Only 3.57% (n=13) of the women took none of the prescribed medication.

Almost 1 in 4 pregnant women and nearly half of non-pregnant women between 15–44 years of age reported using prescription medicines in the last 30 days. About 9 in 10 women take at least one medicine during pregnancy, and 7 in 10 take at least one prescription medicine ([Source: Centers for Birth Defects Research and Prevention-2014](#))

Figure 14. Did you take the medication(s) that you were prescribed?



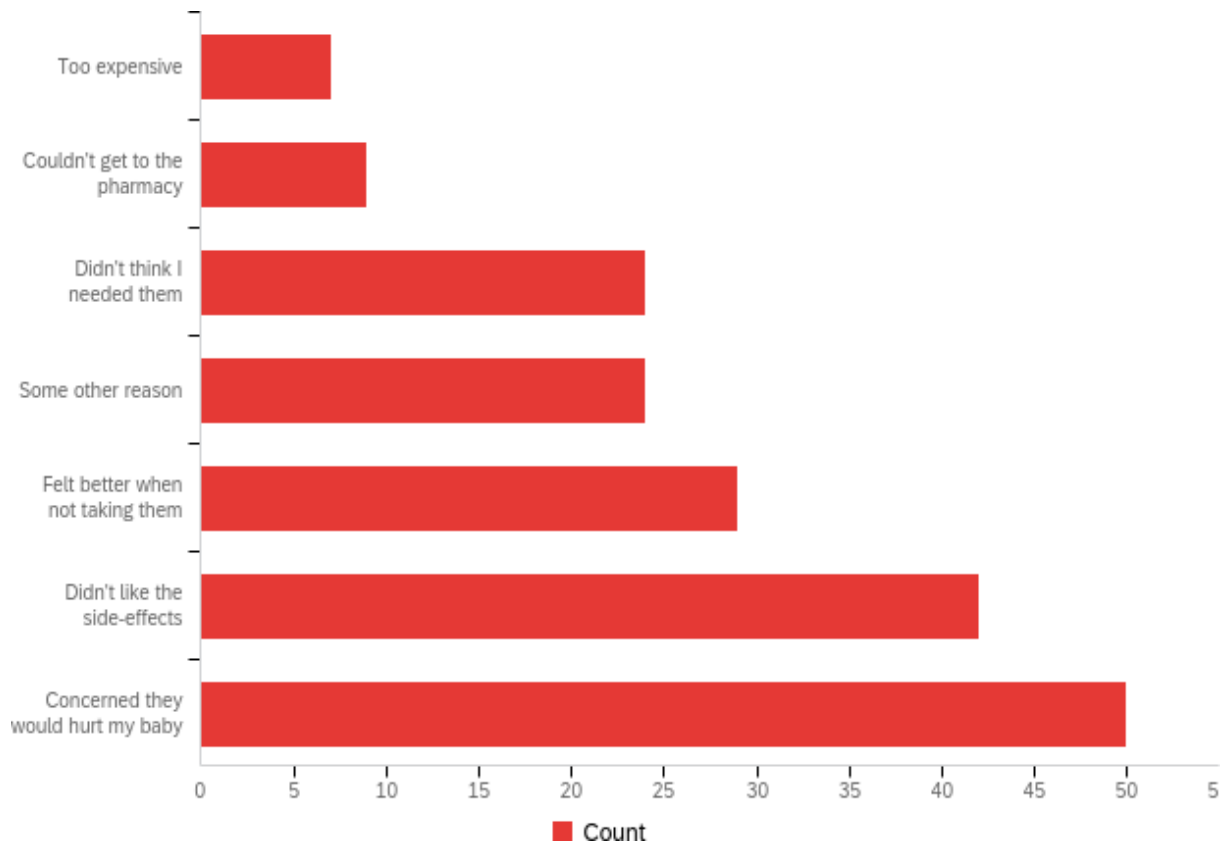
Reason Behind the Women Not Taking Medication

Out of 119 pregnant and women who gave birth who did not take all of the prescribed medications, the predominant reason was that women were concerned they would hurt my baby of the women (n=50), followed by of the women who didn't like the side-effects (n=50) (See Figure 15).

Fewer women indicated that they felt better when not taking them (n=29), and/or they didn't think they needed them (n=24). Some of the women had some other reason (n=24), for not taking the medication.

Women were least likely to indicate that it was due not being able to get to the pharmacy (n=9), or of the that it was too expensive (n=7).

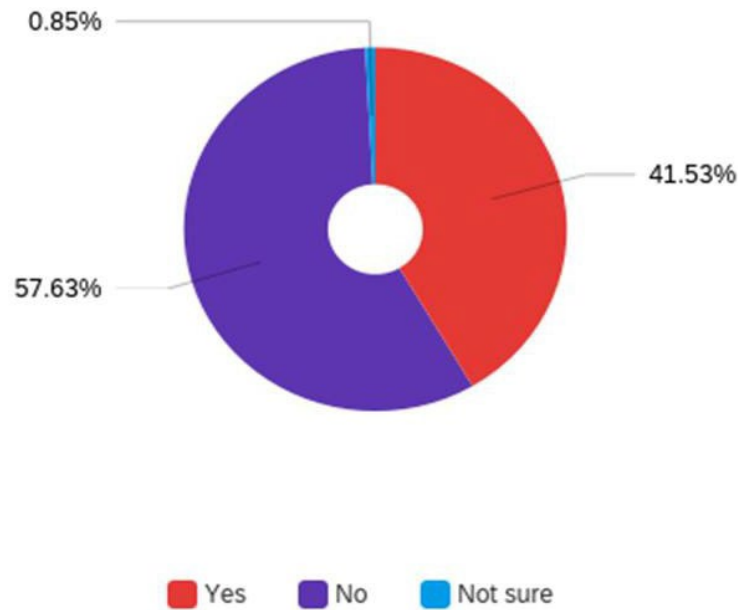
Figure 15. Why didn't you take the medication? Check all that apply.



Taking Any Other Prescription Other Than Birth Control Pills

Among 118 women who haven't given birth in the past year but thinking about getting pregnant in the future who answered the question, 41.53% (n=49) of the women were taking medication other than birth control pills, 57.63% (n=68) of the women were just on birth control pills and 0.85% (n=1) were not sure (See Figure 16).

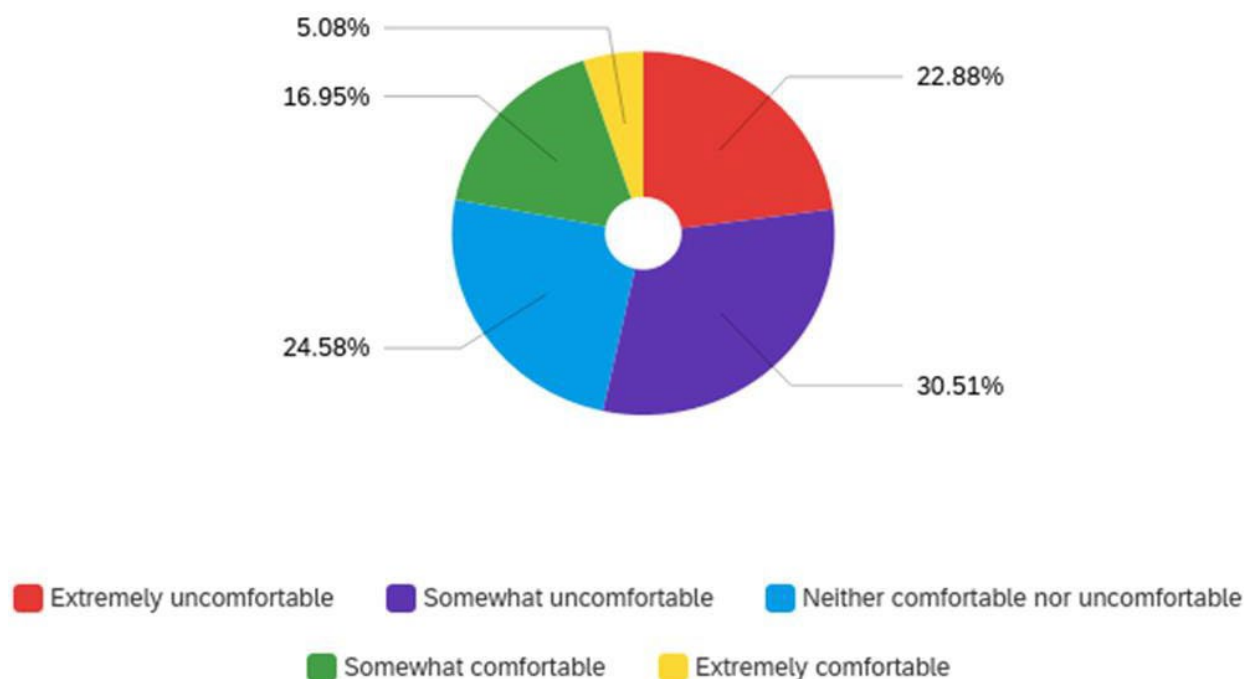
Figure 16. Are you currently taking prescription medication other than birth control pills?



Comfortable Taking Prescription Medication During Pregnancy

Among 118 women who haven't given birth in the past year but thinking about getting pregnant in the future, 22.88% (n=27) were extremely uncomfortable and another 30.51% (n=36) felt somewhat uncomfortable whereas approximately one-quarter (24.58%; n=29) of the respondents felt neither comfortable nor uncomfortable (See Figure 17). Yet, 16.95% (n=20) were somewhat comfortable and 5.08% (n=6) were extremely comfortable.

Figure 17. How comfortable do you feel about taking prescription medication during pregnancy?



In summary, a majority of pre-pregnant, currently pregnant, and women who gave birth have visited a variety of different healthcare providers in the past twelve months. Some of the commonly selected reasons for them to visit healthcare providers are due to having regular checkups with a healthcare provider. For the ones who visited the healthcare providers, most of them were asked about mental health and emotional well-being. They were even getting tests for diabetes, high blood pressure and sexually transmitted infections. Some of the common recommendations from the healthcare providers were to take prenatal vitamins/folic acid and to get vaccinated. For those who did not visit the healthcare providers, the highest reported reason was that they were feeling fine and did not think they needed to make any visit followed by not having money to pay for visiting the healthcare providers. When currently pregnant and those who gave birth were asked about being prescribed any medication by the healthcare providers, almost 65% of them reported that they were prescribed with medication and over 30% reported that they were not prescribed any medication. Among the women who were prescribed with medication, only 66% followed all the medication, whereas the rest did not and some of the common reasons for it were concerns that the medication could hurt the baby, not liking the side-effects and some even reported of feeling better when not taking them. The ratios of pre-pregnant women are not of much difference in the case of currently taking the prescribed medication other than the birth control pills. Only 22% of the pre-pregnant women felt comfortable about taking prescription medication during pregnancy.

Healthcare-Pregnancy prevention: When you got pregnant

This section summarized the results among currently pregnant and new baby women about when they got pregnant.

Usage of Birth Control Pills, Condoms, Withdrawal, or Natural Family Planning to Keep from Getting Pregnant When Pregnant with a New Baby

Among 555 women who answered this question, 187 (34%) reported that they or their boyfriends/partners/husbands were keeping from getting pregnant by using birth control pills, condoms, withdrawal, or natural family planning (See Figure 18). There were 368 (66%) reporting that them or their boyfriends/partners/husbands were not attempting to prevent pregnant by not using birth control pills, condoms, withdrawal, or natural family planning when they got pregnant with a new baby.

Figure 18. When you got pregnant with your new baby, were you or your boyfriend/partner/husband doing anything to keep from getting pregnant? This includes using birth control pills, condoms, withdrawal, or natural family planning.



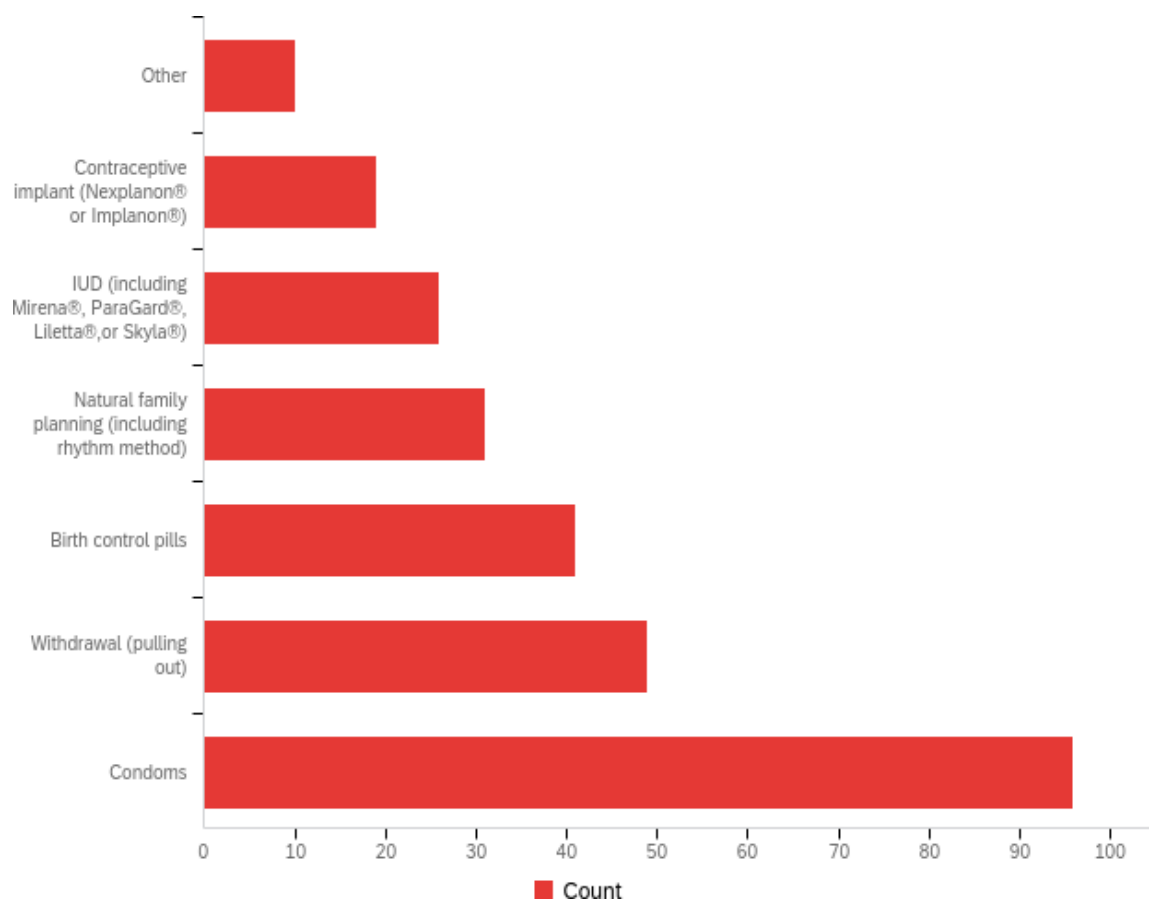
Methods of Birth Control Preceding Pregnancy

Among 185 currently pregnant women and new moms who were using birth control prior to getting pregnant *and* who provided information about methods of birth control used prior to getting pregnant, the highest reported method of birth control during pregnancy was the usage of condoms (n=96) and the lowest reported option was by others (n=10) (See Figure 19).

The second most common technique was withdrawal (n=49) followed closely birth control pills (n=41), then natural family planning (n=31).

Lesser reported techniques include usage of IUDs (n=26) and contraceptive implants (n=19).

Figure 19. When you got pregnant, what method of birth control were you using? Check all that apply.



Other methods of birth control used prior to pregnancy

Among 10 currently pregnant women and new moms who were using an “other” type of birth control, they reported using Tubo (2), Nuva ring (n=3), Depo (n=3), Annovera (n=1), and having tubes tied but got pregnant (n=1) (See Figure 21).

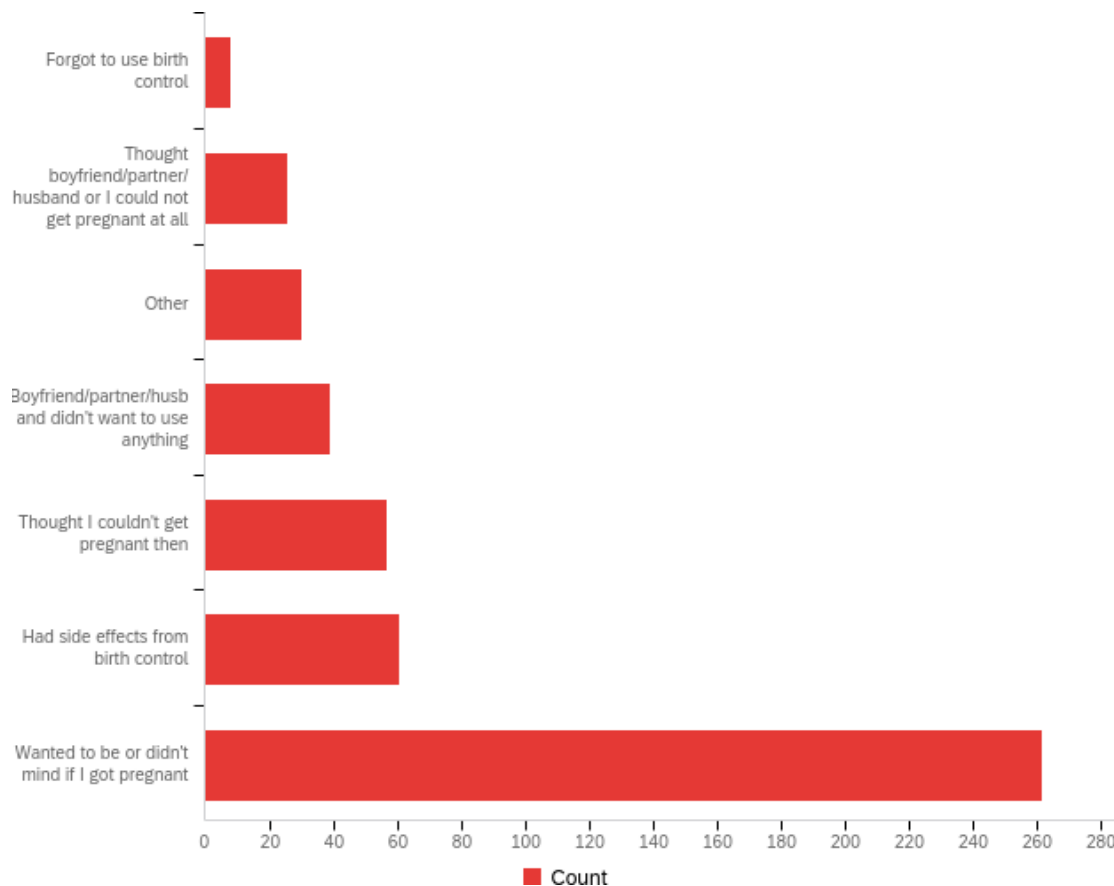
Reasons for not doing anything to keep from getting pregnant

Among 363 currently pregnant women and new moms who were not trying to keep from getting pregnant, the most frequent reason for doing nothing was they wanted to be pregnant or didn’t mind getting pregnant (n=262) and least common reason was that they forgot to use birth control (n=8) (See Figure 20).

The second most frequent reason was they had side effects from birth control (n=61) followed closely by thinking that they couldn’t get pregnant (n=57) and that their boyfriends/partners/husbands didn’t want to use anything (n=39).

Less common among the reasons were having other reasons (n=30) and them or their boyfriends/partners/husbands couldn’t get pregnant at all (n=26).

Figure 20. Why were you not doing anything to keep from getting pregnant, when you got pregnant? Check all that apply.



Other reasons for not doing anything to keep from getting pregnant

Among women who were had an “other” reason for not doing anything to keep from getting pregnant are included in Table 1. The reasons generally fall into categories such as wanting to get pregnant, not worried if they got pregnant, insurance, birth control issues, and false hope security in current method.

Table 1 Other reason you didn't do anything to keep from getting pregnant

Wanting to get pregnant
Need a baby
Wanting a kid
Wanted a baby
Wanted a baby
To see if partner could have kids
Mutually did not want to use protection
I wanted to get pregnant
I want baby

Because we want to have a kid together
Because I want a baby and want to start my life with my family
Not worried if they got pregnant
We did not plan it
Wasn't a big deal for us
Wasn't worried about it
Didn't consider in the moment
Did not plan on getting pregnant but was not preventing it
Insurance
Lost Insurance for a minute
Birth control issues
Soy alergica a los atratamientos de anticosetidos (I'm allergic to the medicine)
Birth control appointment
Allergic to latex to use condoms
Took out birth control
Didn't like the feel of condoms
False Hope/Security in current method
I didn't think he could get me pregnant.
Thought I couldn't get pregnant
Tubal Ligation (Essure) performed in May 2019
Didn't thought (sic) I could be pregnant again

In summary, pregnancy-prevention healthcare questions asked respondents about them or their boyfriend/partner/husband following any methods to keep from getting pregnant during pregnancy. Most of the women reported of not following any. From the ones who have followed methods of birth control, some of the highest chosen methods were using condoms, withdrawal and usage of birth control pills. Some of the other methods mentioned were using Tubo, Nuva Ring, Depo, etc. Among the women who have not followed methods of birth control, the most selected reasons were wanting to be or not minding to get pregnant, having side effects from birth control and thought they could not get pregnant. Some of the other reasons were wanting a baby, didn't like the feel of condoms and not considering at that moment.

Healthcare-Pregnancy prevention: now

This section reports results for pre-pregnant and new moms about techniques being used to prevent pregnancy now.

Taking any precaution for preventing pregnancy

Among pre-pregnant and new moms, a minority of these women (28%; n=120) reported that they aren't doing anything to prevent pregnancy (See Figure 21). The majority of these women (72%; n=317) reported that they have been following measures including having tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

Figure 21. Right now, are you or your boyfriend/partner/husband doing anything to prevent pregnancy? This includes having your tubes tied, using birth control pills, condoms, withdrawal, or natural family planning?



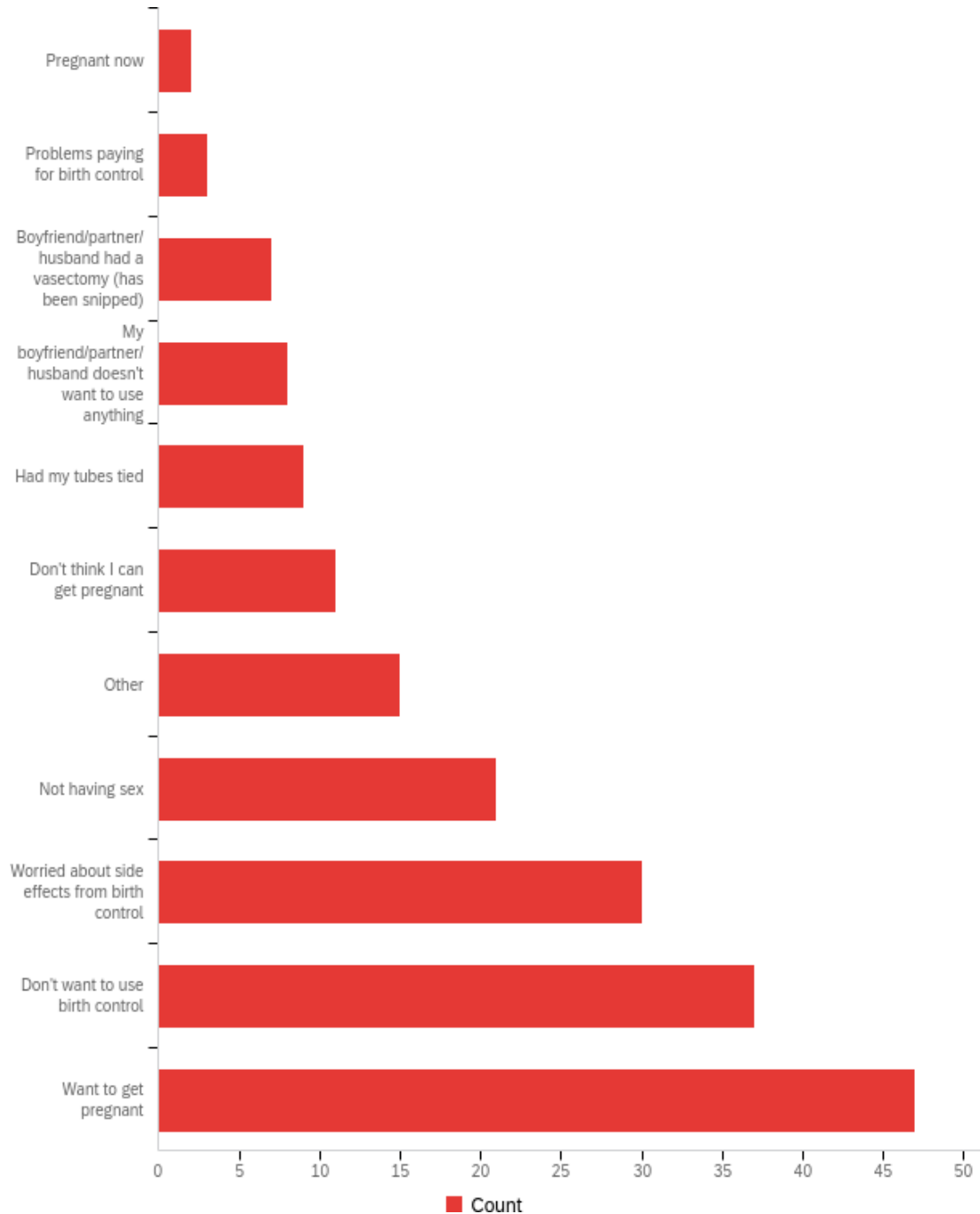
Majority of pre-pregnant and new moms are taking precautions for preventing pregnancy using birth control methods

Reasons for not doing anything to prevent pregnancy

Among pre-pregnant and new moms who indicated they were not doing anything to prevent pregnancy, the most common the reason for not doing anything that prevents pregnancy wanting to get pregnant (n=47) followed by not wanting to use birth control (n=37), and worried about side effects from birth control (n=30) (See Figure 22).

The next level of reported reasons was “other” (n=15); don’t think they can get pregnant (n=11); and fewer than 10 women reported their partner does not want to use anything or has a vasectomy or has problems paying for birth control. One respondent apparently did not answer the prior question to reflect that they were currently pregnant.

Figure 22. What are the reasons you or your boyfriend/partner/husband are not doing anything to prevent pregnancy? Check all that apply.



The majority of pre-pregnant or new moms are not doing anything to prevent pregnancy as they want to get pregnant or don't want to use birth control or worried about side effects from birth control.

Other Reasons for Not Doing Anything to Prevent Pregnancy Now

Other reasons pre-pregnant and new moms are doing nothing to prevent pregnancy now are summarized in Table 2. These reasons include issues related to breastfeeding, not wanting to do so, concerns about health and believing they already have protections.

Table 2 Other Reasons for Not Doing Anything to Prevent Pregnancy Now

Breastfeeding
Breastfeeding, not wanting hormones added in
Breastfeeding
Not wanting to do so
Because I don't want to
Don't want to
Methods
Withdrawal method
Por k mi problema nos en pide estarnos cuando pero usamos el metodo natural (Use nature method)
Concerns about health
Scared of bc
It makes me sick
Believing they already have protections
Waiting for vasectomy procedure
Tubes were removed due to scar tissue damage
Using protection
Hysterectomy following the birth of my 1st child.
IVF

There are other common reasons for not doing anything to prevent pregnancy such as women don't want to or awaiting a vasectomy procedure or hysterectomy following the birth of the first child.

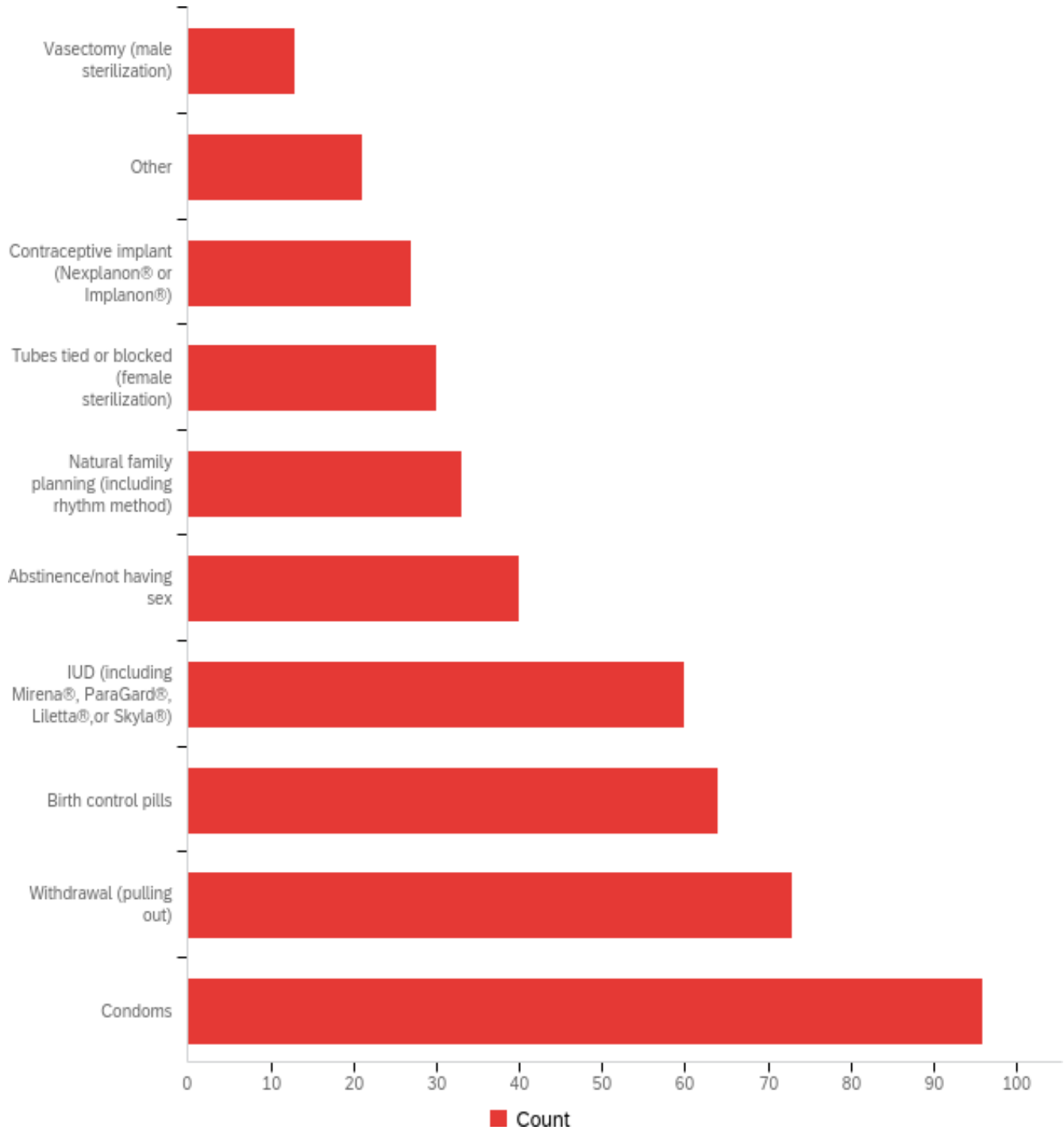
Kind of Birth Control Used to Prevent Pregnancy Now

The most commonly reported birth control reported among the 315 women answering this question is condoms (n=96) followed by withdrew (pulled out) (n=73) (See Figure 23).

Birth control pills (n=64), IUD (n=60), abstinence (n=40) and natural family planning (n=33) were among reasons selected by respondents.

The least common techniques used to prevent pregnancy now are female sterilization (n=30), contraceptive implant (n=27), other (n=21) and male sterilization (n=13).

Figure 23. What kind of birth control are you or your boyfriend/partner/husband using now to keep from getting pregnant? Check all that apply.



Most common method of birth control is condoms, followed by withdrawal, birth control pills and IUD and lastly, contraceptive implant and vasectomy.

Other Kind of Birth Controls Used to Prevent Pregnancy-now

Among the 21 pre-pregnant and new moms who indicated that they currently use another type of birth control, reflect the women giving a specific name of a birth control in most instances (See Table 3).

Table 3 Other Kind of Birth Controls Used to Prevent Pregnancy-now

Common birth control shot
NuvaRing
Depo shot
Other
My husband will have a vasectomy, just don't know when
Had baby 3 weeks ago so currently still not cleared for intercourse
Fallopian tubes were removed in February 2021

The pre-pregnant and new moms used other kinds of birth control methods like having Depo shot, Nuva Ring and having Fallopian tubes removed.

Overall, pre-pregnant or new moms or their boyfriend/partner/husband are taking any precautions to prevent pregnancy, and if so, the most common reasons include wanting to get pregnant, don't want to use birth control and lastly, not wanting to get pregnant now. Other reasons also include awaiting a vasectomy procedure or they didn't want to. Women have used condoms, withdrawal, birth control pills as the methods most for birth control along with other methods like Depo shot, NuvaRing.

Healthcare: Restricted Activity - Bed Rest

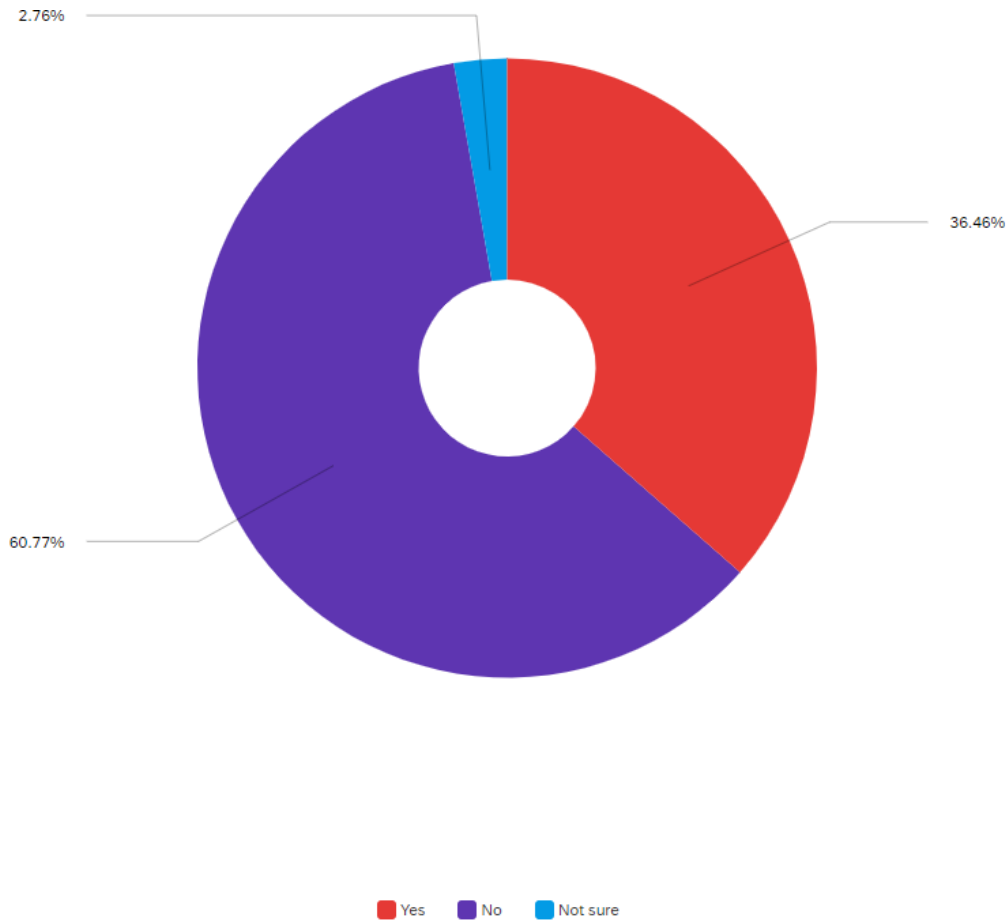
These results summarize new moms' experiences with being placed on bed rest or other activity restrictions from their healthcare provider.

Respondent on Bed Rest

Among new moms, 330 (60.77%) women did not receive advice to go on bed rest or restrict activity and 198 (36.46%) respondents have did receive advice to use bed rest or restricted activity (See Figure 23). The remaining 15 respondents (2.76%) are not sure about restrictions.

Approximately 55% of women reported provider advice to limit or restrict activity during their pregnancy, including bedrest ([Source: BMC Pregnancy and Childbirth - Kara M. Whitaker, Meghan Baruth, Rebecca A. Schlaff, Hailee Talbot, Christopher P. Connolly, Jihong Liu & Sara Wilcox., 2019](#))

Figure 23. During your most recent pregnancy, did your healthcare provider tell you to go on bed rest or restrict your activity?

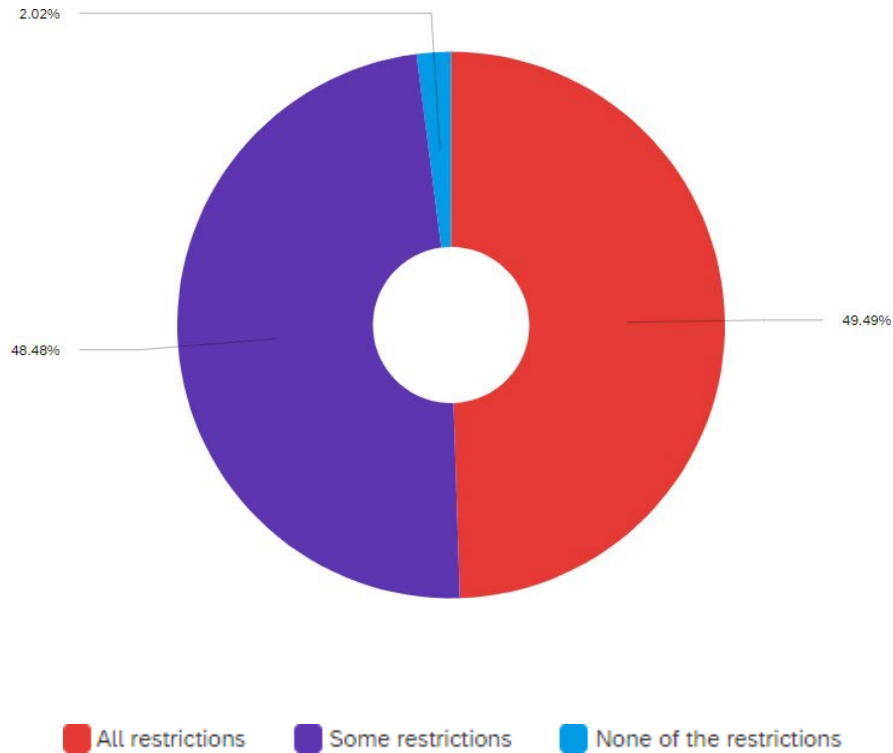


A majority of new moms were not advised to go on bed rest or restrict their activity.

Respondent Followed Any Activity Restriction or Bed Rest

Among the 198 women placed on activity restriction or bed rest, 98 (49.49%) respondents followed all restrictions and 96 (48.48%) respondents followed some restrictions (See Figure 24). The remaining 4 respondents (2.02%) did not follow any restrictions.

Figure 24. Did you follow the bed rest or activity restriction?



New moms have equally expressed that they followed all restrictions and some restrictions, and a small minority of new moms didn't follow any restrictions.

This section summarizes about the any bed rest or restricted activity advised by their healthcare provider and also if the women have followed these advise.

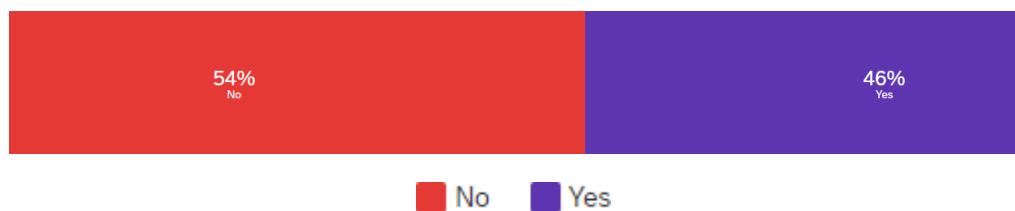
Healthcare: Pregnancy and healthcare after baby born

This section summarized responses to questions about pregnancy and use of healthcare after the baby was born.

First labor and delivery

146 respondents (46.18%) reported this was their first labor and delivery, and the remaining 169 respondents (53.82%) reported it was not their first labor and delivery (See Figure 25).

Figure 25. Was your new baby your first labor and delivery?



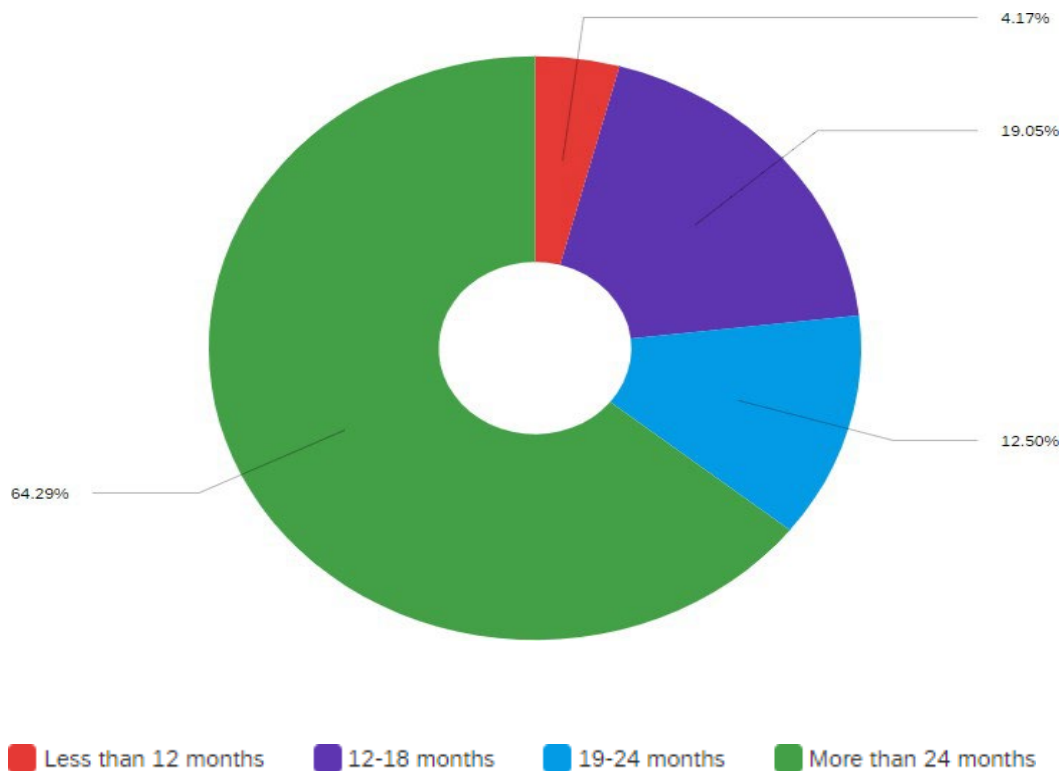
Slightly over half of women had their first labor and delivery.

Months Between New Baby’s Birth and The Next Youngest Child’s Birth.

Among respondents, a total of 108 respondents (64.29%) reported that their new child and their younger child being more than 24 months; 21 respondents (12.5%) indicated 19-24 months; 32 respondents (19.05%) indicated the gap to be between 12 to 18 months; and 7 respondents (4.17%) voted for fewer than 12 months (See Figure 26).

The length of time between giving birth to one baby and getting pregnant with the next should be 18 months or more. Women who get pregnant sooner than that are more likely to have a premature baby. Women who got pregnant within a year of giving birth were twice as likely to have that new baby born prematurely, a study finds, compared with women who waited at least 18 months (Source: [Influence of interpregnancy interval on birth timing - EA DeFranco,S Ehrlich,LJ Muglia.,2014](#)).

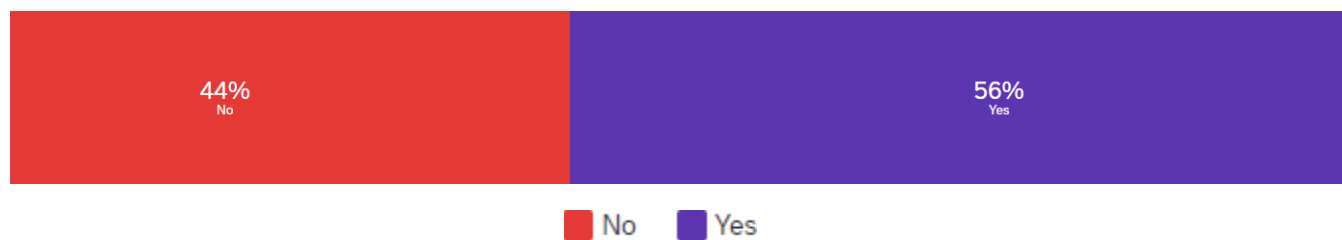
Figure 26. How many months were between your new baby's birth and the next youngest child's birth?



First Labor and Delivery

124 (56.11%) of the pregnant women indicate this pregnancy will be their first labor and delivery, and the remaining 98 women (43.89%) reported that it is not (See Figure 27).

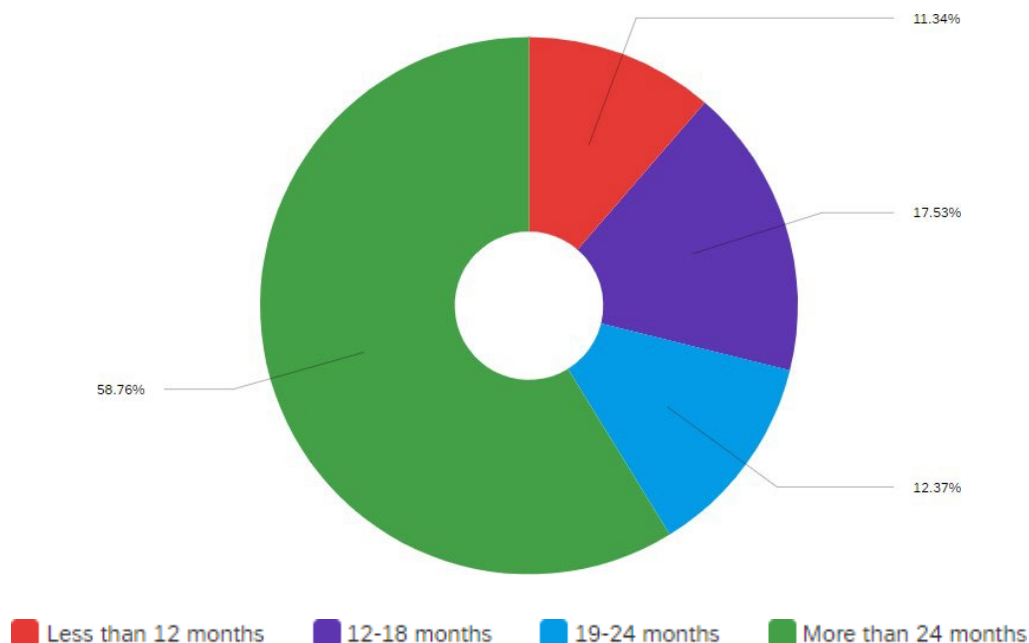
Figure 27. Now, we want to know if you have given birth before. Will this pregnancy be your first labor and delivery?



Months Between Pregnant Women's Expected Baby's Birth and The Next Youngest Child's Birth.

Of the women who have given birth before, 57 (58.76%) pregnant women indicated that their expectant child and their younger child are more than 24 months; 12 (12.37%) of respondents indicated 19-24 months between new baby and their next youngest child's birth, followed by 17 (17.53%) women reporting the gap to be between 12 to 18 months; and 11 (11.34%) as fewer than 12 months (See Figure 28).

Figure 28. How many months were between your new baby's birth and the next youngest child's birth?

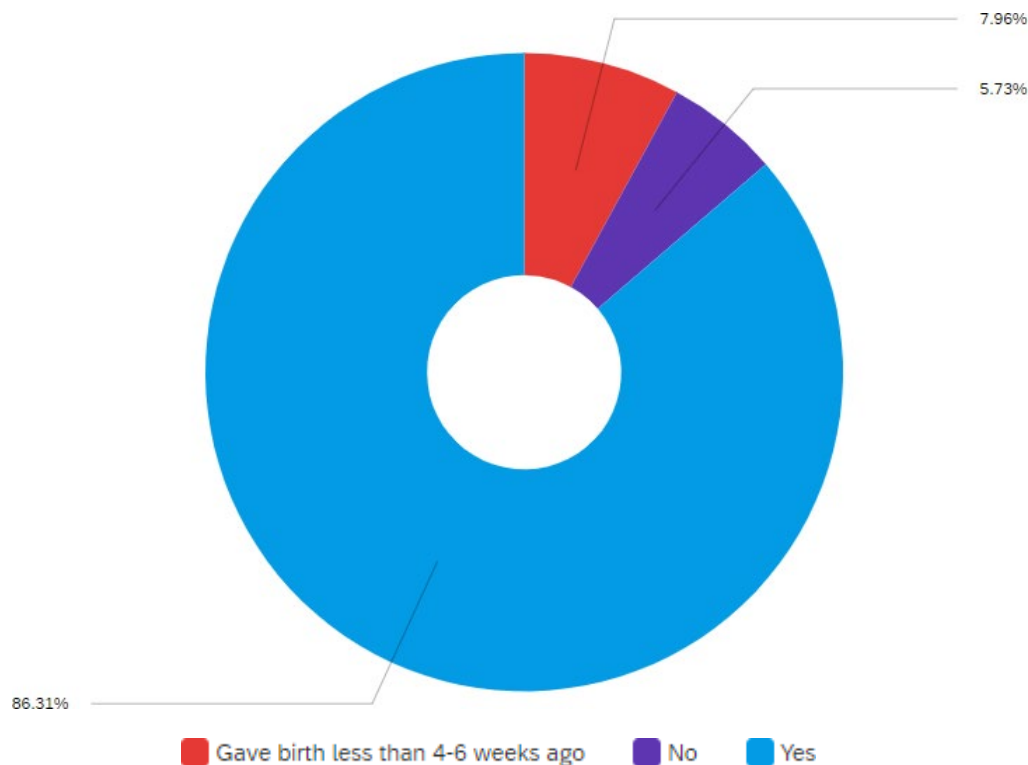


Post-Partum Checkup with A Healthcare Provider.

Only 25 (7.96%) respondents gave birth less than 4-6 weeks ago (See Figure 29). An additional 18 (5.73%) respondents have not had a checkup with a healthcare provider, and the vast majority of new moms (86.31%, n=271) had a checkup with a healthcare provider about 4-6 weeks after giving birth.

According to Prevalence of Selected Maternal and Child Health Indicators for Indiana, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016–2019, 88.5% of the women had a postpartum checkup. ([Pregnancy Risk Assessment Monitoring System \(PRAMS\), 2016–2019](#)). Other studies have shown lower levels of use of postpartum care. A study published in 2014 that used private and Medicaid health insurance claims in Maryland from 2003 to 2009 found 65.0% of Medicaid patients with a complicated pregnancy – gestational diabetes, pre-gestational diabetes, or hypertensive disorders went to their postpartum visit, while 61.5% of the comparison pregnancy cohort of Medicaid patients went to the postpartum visit. Bennett WL, Chang HY, Levine DM, Wang L, Neale D, Werner EF, Clark JM. [Utilization of primary and obstetric care after medically complicated pregnancies: an analysis of medical claims data](#). J Gen Intern Med. 2014 Apr;29(4):636-45. doi: 10.1007/s11606-013-2744-2. Epub 2014 Jan 29. PMID: 24474651; PMCID: PMC3965743.

Figure 29. Did you have a checkup with a healthcare provider about 4-6 weeks after giving birth?



Services During Postpartum Checkup

This section explores services or advice received during the post-partum checkup.

62 respondents had a healthcare provider refer them to their family doctor for follow-up for “regular care” (See Figure 30).

209 respondents stated that the healthcare provider talked about birth control methods, including condoms, or a prescription for birth control pills, patch or NuvaRing® or insert IUD (Mirena®, ParaGard®, or Skyla®) or contraceptive implant (Nexplanon® or Implanon®).

205 respondents voted that the doctor asked if they were feeling down or depressed.

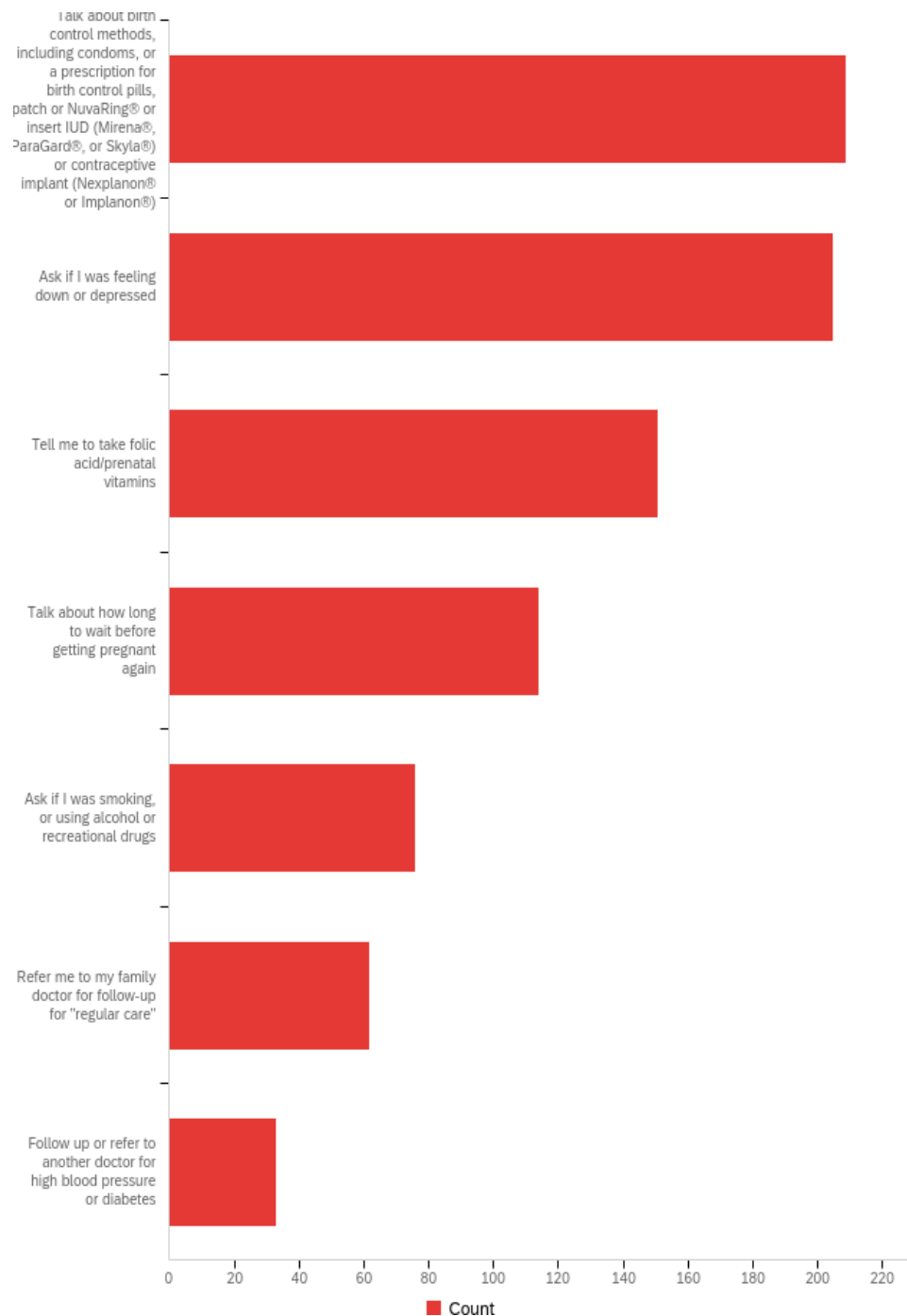
About 151 respondents mentioned that the healthcare provider asked them to take folic acid/prenatal vitamins.

114 respondents had a talk about how long to wait before getting pregnant again.

76 respondents were asked if they were smoking or using alcohol or recreational drugs.

33 respondents mentioned that the doctor asked for a follow up or refer to another doctor for high blood pressure or diabetes.

Figure 30. During your postpartum checkup, did a healthcare provider do any of the following? Check all that apply.



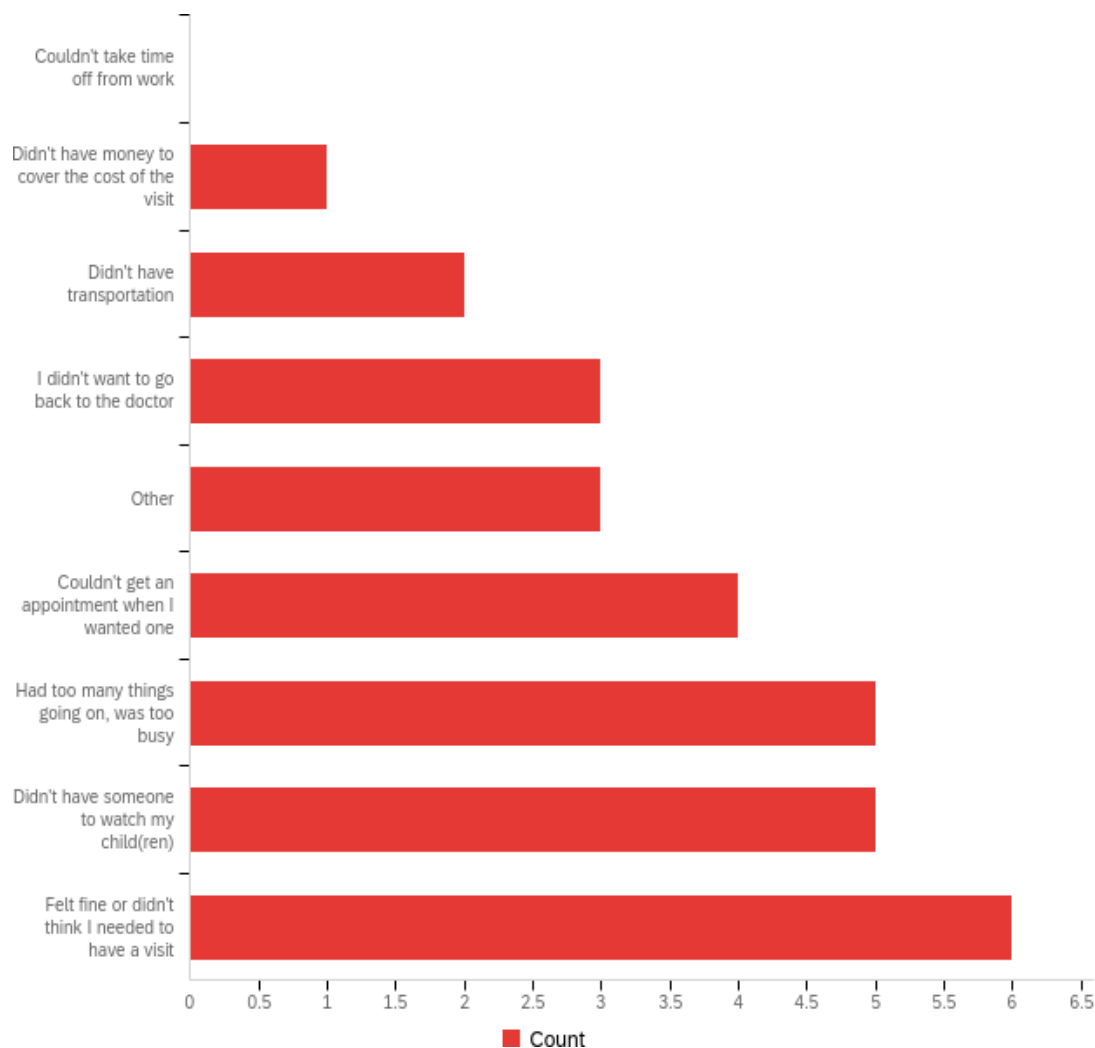
Reasons for not Visiting Healthcare Provider After Giving Birth

Among 29 of the women who had given birth but did not visit a healthcare provider for their post-partum

checkup, 6 felt fine or did not think they needed to have a visit to the healthcare provider, and another 5 had too many things going on or was too busy, or did not have someone to watch their children (See Figure 31).

4 women could not get an appointment when they needed one. Another 3 women did not want to go back to the doctor while another 3 had other reasons (no ride, “bleeding still”, COVID quarantine). 2 respondents did not have transportation and one respondent indicated that they did not have money to cover the cost of the visit.

Figure 31. Did any of these things keep you from visiting your healthcare provider after giving birth? Check all that apply.



New Moms' Healthcare Visits Since Having New Baby

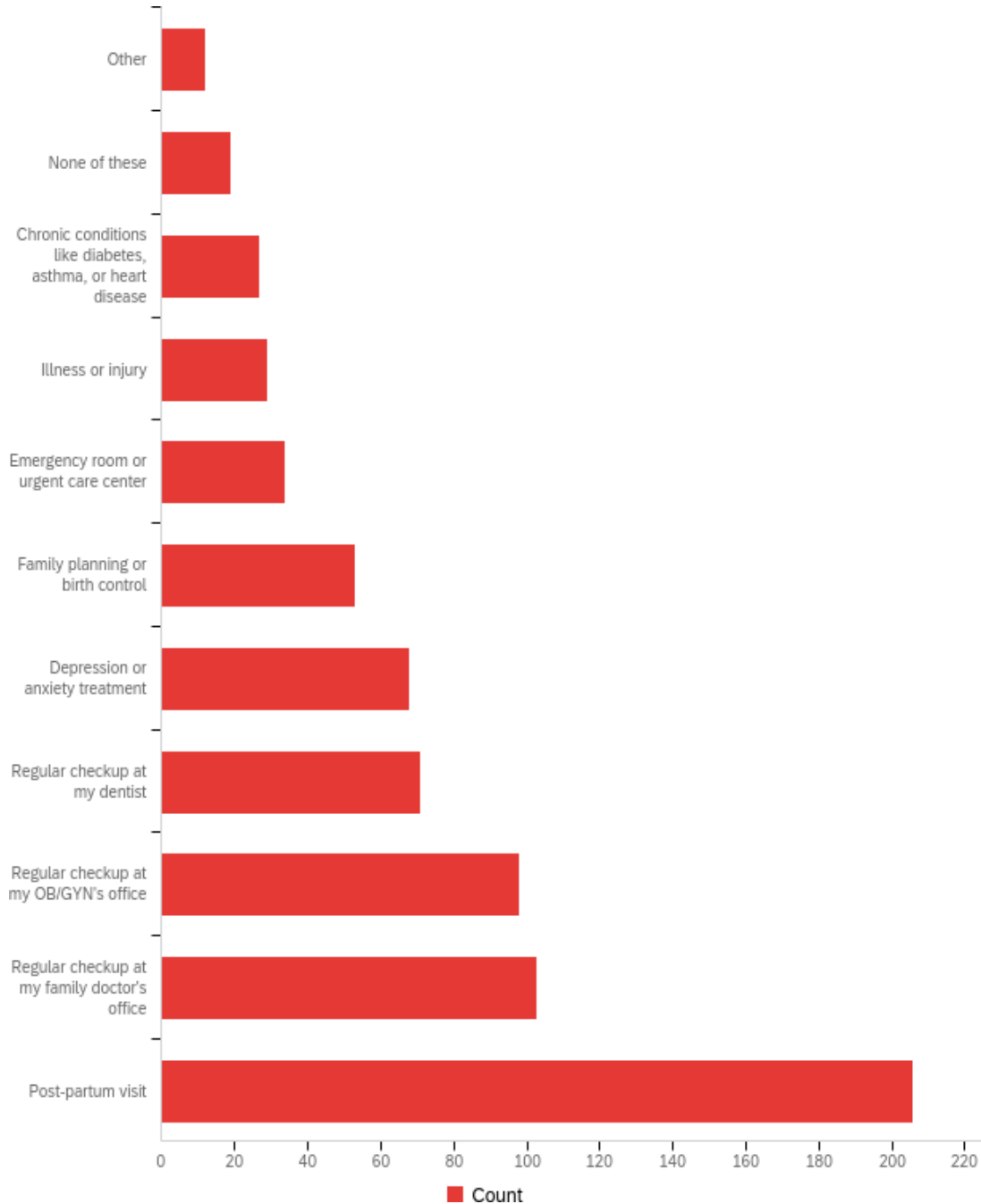
The next chart shows responses of those who gave birth about their use of healthcare after the birth, including a post-partum visit plus use of other healthcare providers. 206 respondents had a postpartum visit. 103 respondents had a regular checkup at their family doctor's office (See Figure 32). 98 respondents had a regular checkup at their OB/GYN's office. 67 people stated that they visited for a regular checkup at their dentist.

66 stated that they visited for depression or anxiety treatment and 52 members visited for family planning or birth control. 34 visited an emergency room or urgent care center.

29 people (4.03%) went for illness or injury and 27 visited for chronic conditions like diabetes, asthma, or heart disease.

Only 19 respondents used “none of these” and 12 of them visited for other reasons such as chiropractor (2), dentist (2), eye doctor, tubal ligation, check-up, physical, Bowen Center, therapy, and gallbladder removal.

Figure 32. What type of healthcare visits have you had since having your new baby for yourself, not including for your baby? Check all that apply.



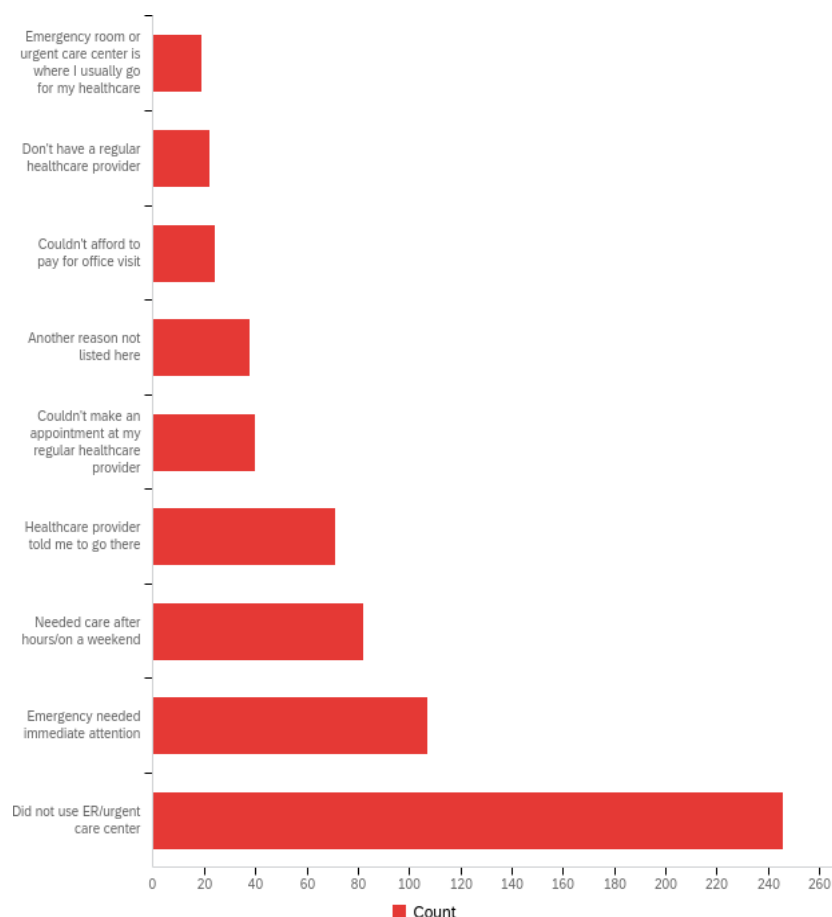
Reasons to Use an Emergency Room or Urgent Care in The Past 12 Months for Self
 Respondents were asked about using an emergency room or urgent care center in the past 12 months. The typical answer was that they did not use ER/urgent care centers (n=246) (See Figure 33).

Among respondents who used an emergency room or urgent care in the past 12 months, the most frequent reason was that the emergency needed immediate attention (n=107), followed by needing care after hours/on a weekend (n=82) and the healthcare provider telling them to go there (n=71).

Other reasons for using ER/urgent care included could not make an appointment with their regular healthcare provider (n=40), closely followed by another reason not listed here (n=38), then not being able to afford to pay for office visits (n=24) and not having a regular healthcare provider (n=22).

The least common reason was that they usually go for there for healthcare (n=19).

Figure 33. Why did you use an emergency room or urgent care center in the past 12 months for yourself? Check all that apply.



Other Reason for using ER/Urgent Care for Self

Respondents were asked to clarify their other reasons for using an emergency room or urgent care in the past 12 months for themselves. The reasons varied between COVID-19 related (See Table 4), sickness (See Table 5), labor related (See Table 6), and accidents (See Table 7).

Table 4 COVID-19 Related Reasons for Using ER/Urgent Care for Self

Covid
Urgent care for illness and needed covid tested.
Covid testing for work
Covid symptoms
Had Covid me and my daughter.
Covid Test
Covid
Covid test wanted to see if had it.
Covid testing
Covid positive unable to go anywhere else
Needed a covid test ASAP

Table 5 Sickness Related Reasons for Using ER/Urgent Care for Self

Sickness
Because I was sick.
My son had E. coli and was running a fever of 103.6.
Got the flu.
Nosebleed wouldn't stop after 30 minutes.
Because of fever cough and chest pain.
Hypertension and stomach flu needed fluids.
Dentist
Mastitis on the weekend.
Had a spot that became infected needed to be lanced.
Food poison

Table 6 Labor Related Reasons for Using ER/Urgent Care for Self

Labor
Gave birth less than 12 months ago
I was in labor
False labor
For Delivery A Baby
Pregnancy pains

Table 7 Accident Related Reasons for Using ER/Urgent Care for Self

Accidents
Got hit by a car October 2021
Car accident

Social Supports

Respondents were asked a series of questions about social supports before, during, and after their baby was born, depending on which cohort they were in.

Recollection of help available during pregnancy and after the baby is born

New moms were asked to recall help available to them during pregnancy, 218 respondents had someone who could take them to the healthcare provider if they needed a ride, 216 of respondents had someone to talk to, 202 had someone to help them if they were sick and needed to rest, and 171 had someone to loan them \$50 (See Table 8).

After the baby was born, 223 has someone to talk to, 201 had someone who could take them to a healthcare provider if they needed a ride, 198 had someone who could help if they were sick and needed to be in bed, and 175 had someone who could loan them \$50.

Some respondents had no one who could loan them \$50 (n=83), or to help them if they were sick and needed to be in bed (n=39), or someone who could take them to a healthcare provider if they needed a ride (n=33), or someone to talk to (n=24).

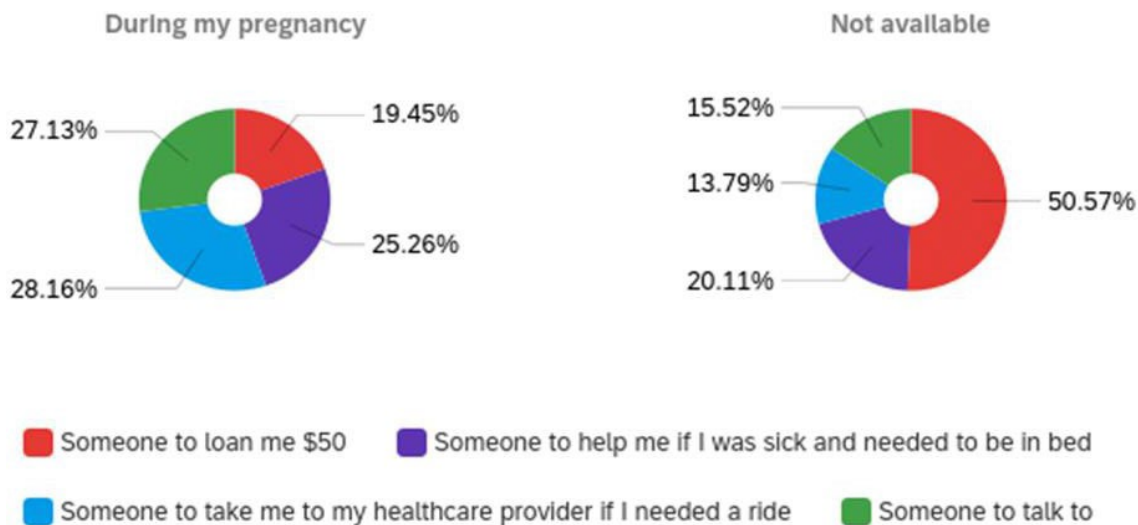
Table 8 What kinds of help were available to you during your pregnancy and after your baby was born? Check which apply to you in each line. If no one was available to do that item, select Not Available.

	DURING MY PREGNANCY	AFTER MY BABY WAS BORN	NOT AVAILABLE
SOMEONE TO TALK TO	216	223	24
SOMEONE TO TAKE ME TO MY HEALTHCARE PROVIDER IF I NEEDED A RIDE	218	201	33
SOMEONE TO LOAN ME \$50	171	175	83
SOMEONE TO HELP ME IF I WAS SICK AND NEEDED TO BE IN BED	202	198	39

Help Available to Currently Pregnant

During pregnancy, 27.13% of pregnant respondents said that they had someone to talk to, 28.16 % of them said that someone took them to the healthcare provider if they needed a ride, 19.45% of them had someone to loan them \$50, and 25.26 % of them said that someone helped them if they were sick and needed to rest (See Figure 34). In addition, 15.52% of them had someone to talk to after the baby was born, 50.57% had someone to lend them \$50, 13.79% had someone take them to the doctor if they needed a ride, and 20.11% had someone to help if they were sick.

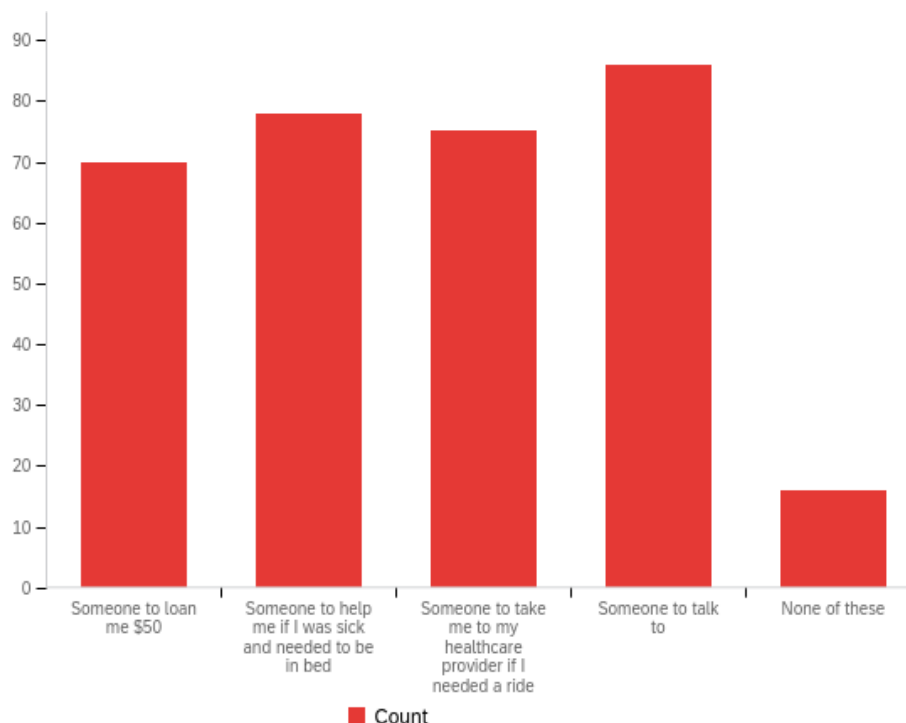
Figure 34. What kinds of help were available to you during your pregnancy? Check which apply to you in each line. If no one was available to do that item, select Not Available.



Kinds of Help Available Right Now

When asked about the different kinds of help that are available, 86 pre-pregnant respondents reported that they have someone to talk to (See Figure 35). 78 respondents reported that they have someone to help if they were sick and needed to be in bed. 75 respondents reported that they have someone to take them to the healthcare provider if they needed a ride. 70 respondents reported that they have someone to loan \$50 and 16 respondents reported that they had none of these options.

Figure 35. What kinds of help are available to you to you now? Check all that apply.



Caregiving of New Babies

Among 289 women who gave birth, when asked about who and how often they take care of their new baby, the following patterns emerged:

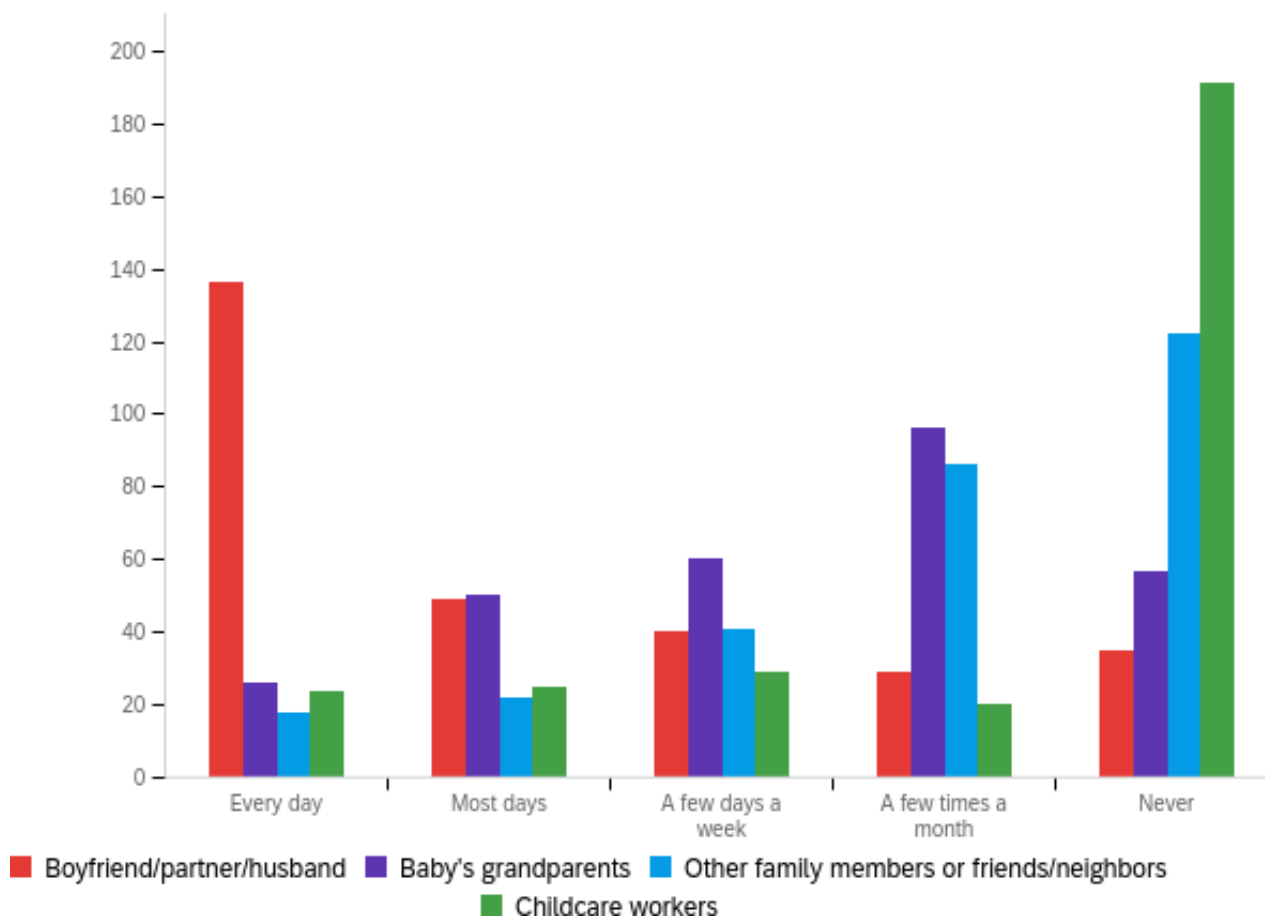
- The boyfriend/partner/husband is likely to take care of the child every day (n=136), followed by for most of the days (n=49), for few days a week (n=40), for few times a month (n=29) and never (n=35) (See Figure 36).
- The grandparents are most likely to care for the child a few times a month (n=96), followed by for few days a week (n=60), never (n=57), for most of the days (n=50), and least likely to provide care every day (n=26).
- The other family members or friends/neighbors are most likely to never take care of the new baby (n=122), followed by taking care few times a month (n=86), for few days a week (n=41) and least likely to provide care for most of the days (n=22) and every day (n=18).

Evaluating who cares for the child other than the mother, women with new babies were most likely to report never using childcare workers to care for the baby (n=191), followed by few days a week (n=29), for most of the days (n=25), while least likely to provide care every day (n=24) and few times a month (n=20).

Nearly 200 women indicated that childcare workers never take care of their new baby. More than hundred women reported that other family members of friends/neighbors never take care whereas

boyfriend/partner/husband take care of their new baby every day. Nearly 100 women indicated the baby's grandparents take care of the new baby a few times in a month.

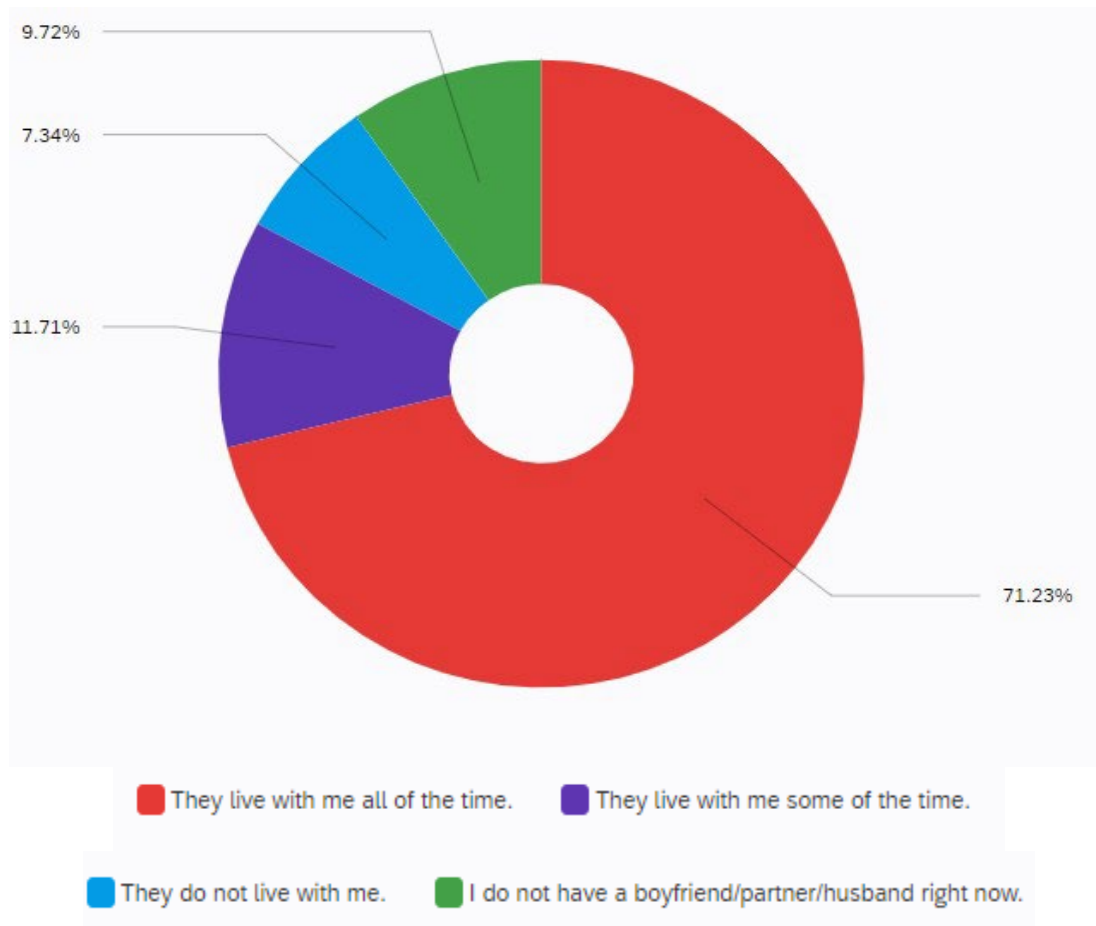
Figure 36. All parents need help with caregiving for their children. How often do the following people watch your new baby or other child(ren):



Living Arrangement with The Current Boyfriend/Partner/Husband Who May or May Not Be the Father of The New Baby

When asked about the current living arrangement of currently pregnant and new moms with their current boyfriends/partners/husbands who may or may not be the father of the new baby, a majority of 357 respondents (71.23%) reported that their boyfriends/partners/husbands live with them all the time (See Figure 37). 59 respondents (11.71%) reported that they live together for some of the time. 49 respondents (9.72%) reported that they do not have a boyfriend/partner/husband right now. 37 respondents (7.34%) reported that they do not live together.

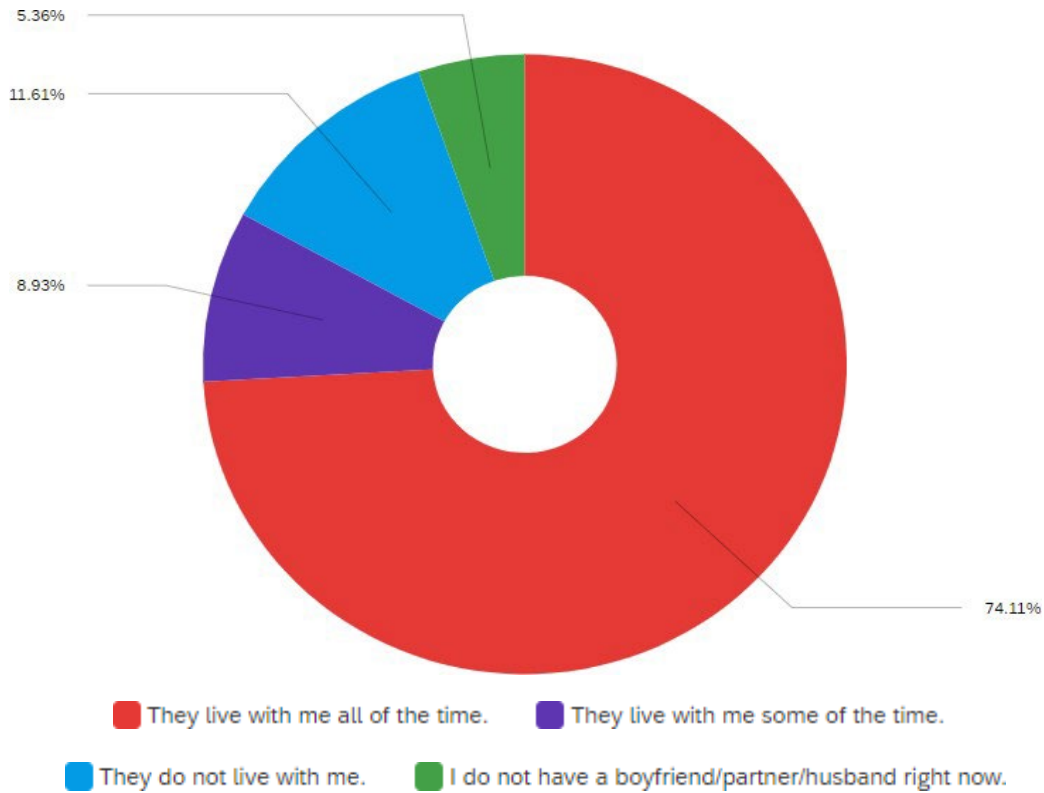
Figure 37. This question is about your current boyfriend/partner/husband, who may or may not be the father of your new baby. Please choose the statement that best describes the current living arrangement.



Current Living Arrangement with the Current Boyfriend/Partner/Husband

When asked about the current living arrangement of pre-pregnancy women with their current boyfriends/partners/husbands, a majority of 83 respondents (74.11%) reported that their boyfriends/partners/husbands live with them all the time (See Figure 38). 13 respondents (11.61%) reported that they do not live together. 10 respondents (8.93%) reported that they live together for some of the time. 6 respondents (5.36%) reported that they do not have a boyfriend/partner/husband right now.

Figure 38. This question is about your current boyfriend/partner/husband. Please choose the statement that best describes the current living arrangement.



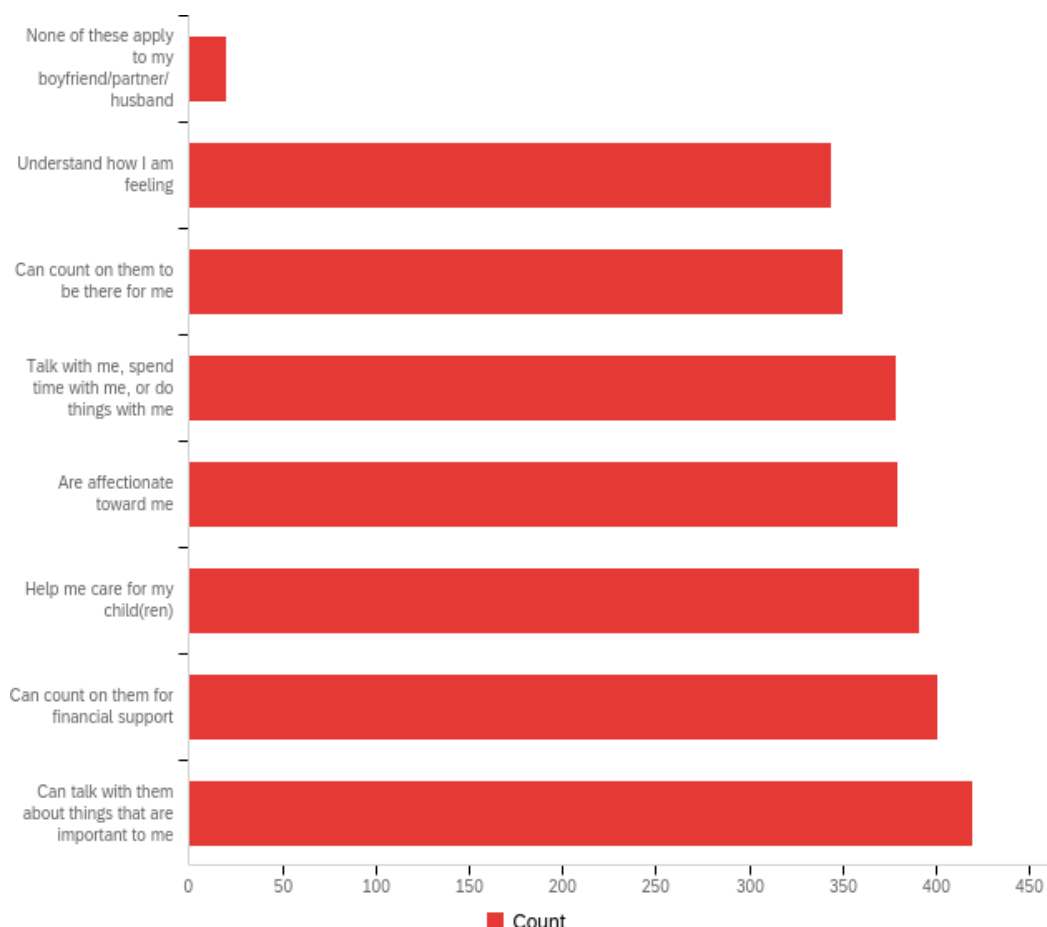
Support Provided by Boyfriend/Partner/Husband

Respondents with a boyfriend/partner/husband were asked about the support provided by boyfriend/partner/husband.

420 respondents talk with their boyfriends/partners/husbands about things that are important (See Figure 39).

A similar number of rely on them for financial support (n=401); to help to care of the child (n=391); to show affection towards them (n=380); and/or to talk, spend time or do things with them (n=379). A lower number of respondents can count on to be there for them (n=350) and/or to understand respondent's feelings (n=344). Women were much less likely to report none of these attributes apply to their boyfriends/partners/husbands (n=20).

Figure 39. The following statements are about your boyfriend/partner/husband and the support they provide you now. Check all that apply.



The majority of the women always had someone to talk to, take them to their healthcare provider if needed a ride or help them if they were sick during different stages of their pregnancy. Most of the women were able to borrow some money while pregnant and after the delivery but quite a few of the women were not able to borrow money.

The kind of help which was mostly not available to them was lending money from others. The next most unavailable help is either emotional support or support from someone when sick or someone to offer a ride when required to visit a healthcare provider.

The majority of the women has help. Only a minority of the women had no help in any situation. The child is most often taken care of by its father/partner of the mother. The child is taken care of by its grandparents at least a few days a week while relatives and neighbors take care of the child few times a month. Only a very few of the women do not have a partner currently.

Safe Sleep

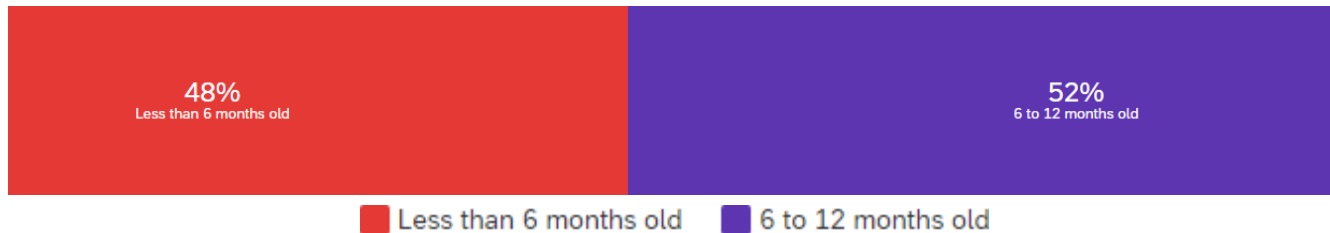
This section summarized the answers from new moms about where their new baby sleeps or sleep practices

during the child's first six months of life.

Age of new baby

Among women with a new baby, 48% (n=135) have a baby of age less than 6 months and 52% (n=148) have a baby of age between 6 to 12 months (See Figure 40).

Figure 40. How old is your new baby?



Less than 6-month old baby sleep at night and for naps

Over 100 women indicated that their less than 6-month-old baby sleeps in a crib, bassinet, or pack and play 7 days a week; never sleeps on a couch, sofa, or armchair; never sleeps with crib bumper pads (mesh or non-mesh), and never sleep with a sibling/other child (See Table 9). Similarly, 95 respondents indicated that their baby never sleeps with toys, cushions or pillows, including nursing pillows.

Between 40 and 77 respondents indicated that their baby never sleeps on a twin or larger mattress or bed (n=77), never sleeps with an adult (n=73), never sleeps with a blanket (n=66), never sleeps in an infant car seat or swing (n= 56), sleeps in a sleep sack or wearable blanket seven days a week (n=46), and never sleeps in a sleep sack or wearable blanket (n=42).

Between 11 and 39 women reported the following for their infant who was less than 6 months old:

- Sleeps in an infant car seat or swing 1- 2 days per week (n=35)
- Sleeps with a blanket 7 days per week (n=32)
- Sleeps with an adult 1-2 days per week (n=22)
- Sleeps on a twin or larger mattress or bed 1-2 days per week (n=20)
- Sleeps on a twin or larger mattress or bed 7 days per week (n=18)
- Sleeps in an infant car seat or swing 3-4 days per week (n=18)
- Sleeps in a sleep sack or wearable blanket 1-2 days per week (n=16)
- Sleeps with a blanket 3-4 days per week (n=16)
- Sleeps in a sleep sack or wearable blanket 3-4 days per week (n=15)
- Sleeps with toys, cushions or pillows, including nursing pillows 3-4 days per week (n=15)
- Sleeps in an infant car seat or swing 7 days per week (n=13)
- Sleeps in a sleep sack or wearable blanket 5-6 days per week (n=13)
- Sleeps with a sibling/other child 3-4 days per week (n=13)
- Sleeps with an adult 3-4 days per week (n=13)
- Sleep on a couch, sofa, or armchair 1-2 days per week (n=12)
- Sleep with a blanket 1-2 days per week (n=12)
- Sleep with toys, cushions, or pillows, including nursing pillows 1-2 days per week (n=12)

- Sleep on a couch, sofa, or armchair 3-4 days per week (n=11).

Fewer than nine respondents indicated that their less than 6-month-old slept in a crib, bassinet, or pack and play between 3-4 days a week (n=8), 1-2 days a week (n=7), and never (n=6).

Fewer than ten respondents indicated that their baby slept on a twin or larger mattress or bed 5-6 days per week (n=9) or 3-4 days per week (n=8).

Fewer than eight respondents indicated that their baby slept on a couch, sofa, or armchair 7 days a week (n=3) or 5-6 days a week (n=6).

Fewer than ten respondents indicated that their baby slept with a blanket 5-6 days per week (n=6).

Fewer than 7 respondents indicated that their baby slept with toys, cushions, or pillows, including nursing pillows 7 days per week (n=4) or 5-6 days per week (n=6).

Fewer than 10 respondents indicated that their baby slept in a crib with bumper pads 7 days per week (n=7), 5-6 days per week (n=7), 3-4 days per week (n=9), or 1-2 days per week (n=6).

Fewer than 7 respondents indicated that their baby slept with a sibling/other child 7 days per week (n=6), 5-6 days per week (n=3), 1-2 days per week (n=4).

Seven respondents indicated that their baby sleeps with an adult 5-6 days per week.

Table 9 Less than 6-month old baby sleep at night and for naps

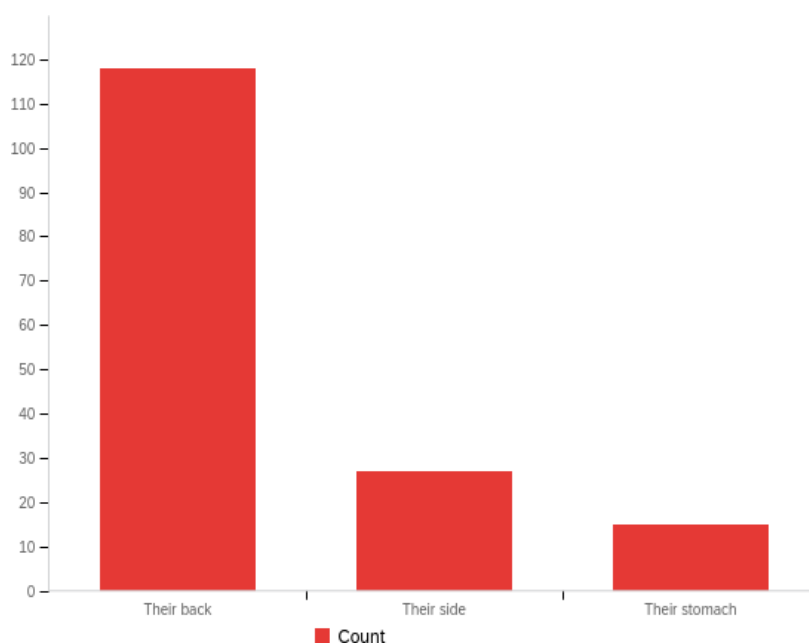
Question	7 days a week		5-6 days a week		3-4 days a week		1-2 days a week		Never	
In a crib, bassinet, or pack and play?	76.52%	101	7.58%	10	6.06%	8	5.30%	7	4.55%	6
On a twin or larger mattress or bed?	13.64%	18	6.82%	9	6.06%	8	15.15%	20	58.33%	77
On a couch, sofa, or armchair?	2.27%	3	4.55%	6	8.33%	11	9.09%	12	75.76%	100
In an infant car seat or swing?	9.85%	13	7.58%	10	13.64%	18	26.52%	35	42.42%	56
In a sleep sack or wearable blanket?	34.85%	46	9.85%	13	11.36%	15	12.12%	16	31.82%	42
With a blanket?	24.24%	32	4.55%	6	12.12%	16	9.09%	12	50.00%	66
With toys, cushions, or pillows, including nursing pillows?	3.03%	4	4.55%	6	11.36%	15	9.09%	12	71.97%	95
With crib bumper pads (mesh or non-mesh)?	5.30%	7	5.30%	7	6.82%	9	4.55%	6	78.03%	103
With a sibling/other child?	4.55%	6	2.27%	3	9.85%	13	3.03%	4	80.30%	106
With an adult?	12.88%	17	5.30%	7	9.85%	13	16.67%	22	55.30%	73

Note: Percentages in rows sum to 100%.

Baby sleep position among less than 6-month-old babies

Of the 160 women who answered this question, nearly three quarters lay their baby on their back (n=118) and about one out of five lay the baby on their side (n=27) and about 10% lay their baby on their stomach (n=15) (See Figure 41).

Figure 41. In which positions do you lay your baby down to sleep? Check all that apply.



Recollection of How Baby Slept at Night and Naps in First Six Months

Women with infants 6-12 months old were asked to recall how their babies slept in the first six months.

Over 100 women indicated that their baby had never slept on a couch, sofa, or armchair (n=108), with toys, cushions, or pillows, including nursing pillows (n=110), with a crib, bumper pads (n=109) or with a sibling/child (n=124 (See Table 10).

There were 84 women who recalled that their child slept in a crib, bassinet, or pack and play 7 days a week and 78 women who recalled that their baby never slept in an infant car set or swing. 76 women indicated that their baby never slept with a blanket and 74 recalled their baby never slept on a twin or larger mattress or bed. 59 women indicated that their child never slept with an adult.

Between 20 and 50 women recalled how their babies slept in the first six months:

- In a sleep sack or wearable blanket 7 days per week (n=46)
- In an infant car seat or swing 1-2 days a week (n=32)
- With an adult 7 days a week (n=30)
- With an adult 1-2 days a week (n=28)
- With a blanket 7 days a week (n=27)
- On a twin or larger mattress or bed 7 days a week (n=24)
- In a sleep sack or wearable blanket 3-4 days a week (n=23)
- With crib bumper pads 7 days a week (n=22)
- With an adult 3-4 days per week (n=22)
- On a twin or larger mattress or bed 1-2 days a week (n=21)
- In a sleep sack or wearable blanket 5-6 days a week (n=21)

- In an infant car seat or swing 3-4 days per week (n=20).

Between 11 and 19 women indicated:

- Their babies had slept in a crib, bassinet, or pack and play 5-6 days per week (n=19)
- 3-4 days per week in the crib, bassinet, or pack and play (n=16)
- With a blanket 5-6 days per week (n=16)
- With a blanket 1-2 days per week (n=16)
- On a twin or larger mattress or bed 3-4 days per week (n=15)
- Never in a crib, bassinet, or pack and play (n=15)
- On a couch, sofa, or armchair 1-2 days per week (n=14)
- With toys, cushions, or pillows, including nursing pillows 1-2 days per week (n=13)
- In a crib, bassinet, or pack and play 1-2 days per week (n=12)
- On a twin or larger mattress or bed 5-6 days per week (n=12)
- On a couch, sofa, or armchair 5-6 days per week (n=12)
- With a blanket 5-6 days per week (n=11),
- With toys, cushions, or pillows, including nursing pillows 3-4 days per week (n=11).

Fewer than nine women recalled their child sleeping on a couch, sofa, or armchair 7 days a week (n=4) or 3-4 days a week (n=8).

Fewer than ten women recalled their child sleeping in an infant car seat or swing 7 days a week (n=7) or 5-6 days a week (n=9).

Nine women recall their infant slept in a sleep sack or wearable blanket 1-2 days per week.

Fewer than 7 women recalled their infant sleeping with toys, cushions, or pillows, including nursing pillows 7 days a week (n=6) or 5-6 days per week (n=6).

Fewer than 8 women recalled their baby sleeping with crib bumper pads 5-6 days per week (n=4), 3-4 days per week (n=4), or 1-2 days per week (n=7).

Fewer than 9 women indicated that their infant slept with a sibling/other child 7 days a week (n=2), 5-6 days per week (n=6), 3-4 days per week (n=6), or 1-2 days per week (n=8).

Seven women recalled their infant sleeping 5-6 days a week with an adult.

Table 10 Recollection of How Baby Slept at Night and naps in First Six Months

Question	7 days a week		5-6 days a week		3-4 days a week		1-2 days a week		Never	
In a crib, bassinet, or pack and play?	57.53%	84	13.01%	19	10.96%	16	8.22%	12	10.27%	15
On a twin or larger mattress or bed?	16.44%	24	8.22%	12	10.27%	15	14.38%	21	50.68%	74
On a couch, sofa, or armchair?	2.74%	4	8.22%	12	5.48%	8	9.59%	14	73.97%	108
In an infant car seat or swing?	4.79%	7	6.16%	9	13.70%	20	21.92%	32	53.42%	78
In a sleep sack or wearable blanket?	31.51%	46	14.38%	21	15.75%	23	6.16%	9	32.19%	47

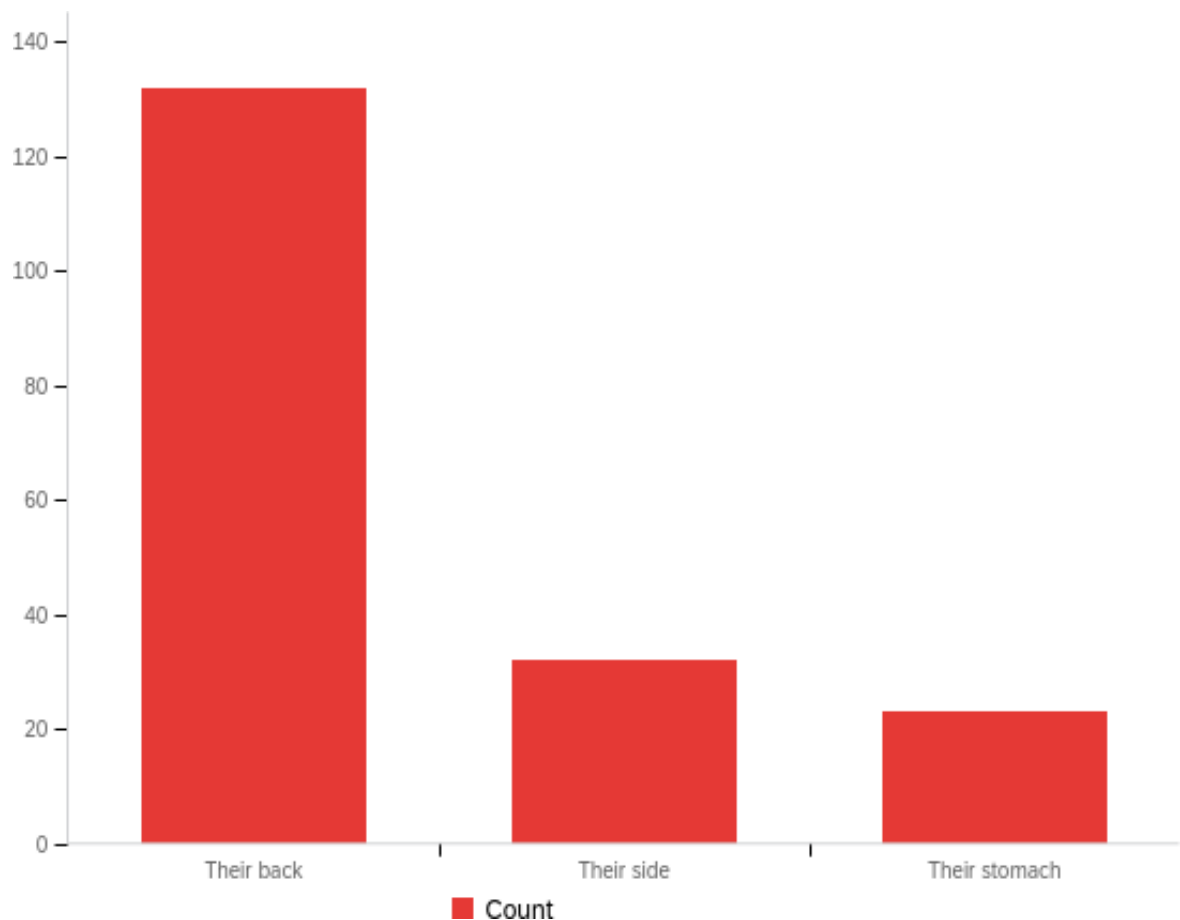
With a blanket?	18.49%	27	7.53%	11	10.96%	16	10.96%	16	52.05%	76
With toys, cushions, or pillows, including nursing pillows?	4.11%	6	4.11%	6	7.53%	11	8.90%	13	75.34%	110
With crib bumper pads (mesh or non-mesh)?	15.07%	22	2.74%	4	2.74%	4	4.79%	7	74.66%	109
With a sibling/other child?	1.37%	2	4.11%	6	4.11%	6	5.48%	8	84.93%	124
With an adult?	20.55%	30	4.79%	7	15.07%	22	19.18%	28	40.41%	59
Note: Percentages in rows sum to 100%.										

Recollection of Sleep Position the first six months of your new baby's life

Women who have babies 6-12 months old were asked to recall how their baby slept in the first six months (See Figure 42).

132 respondents laid their baby on their back in first six months and 32 respondents said they laid they baby on their side and 23 respondents laid their baby on their stomach.

Figure 42. In the first six months of your new baby's life, in which positions did you lay your baby down to sleep? Check all that apply.

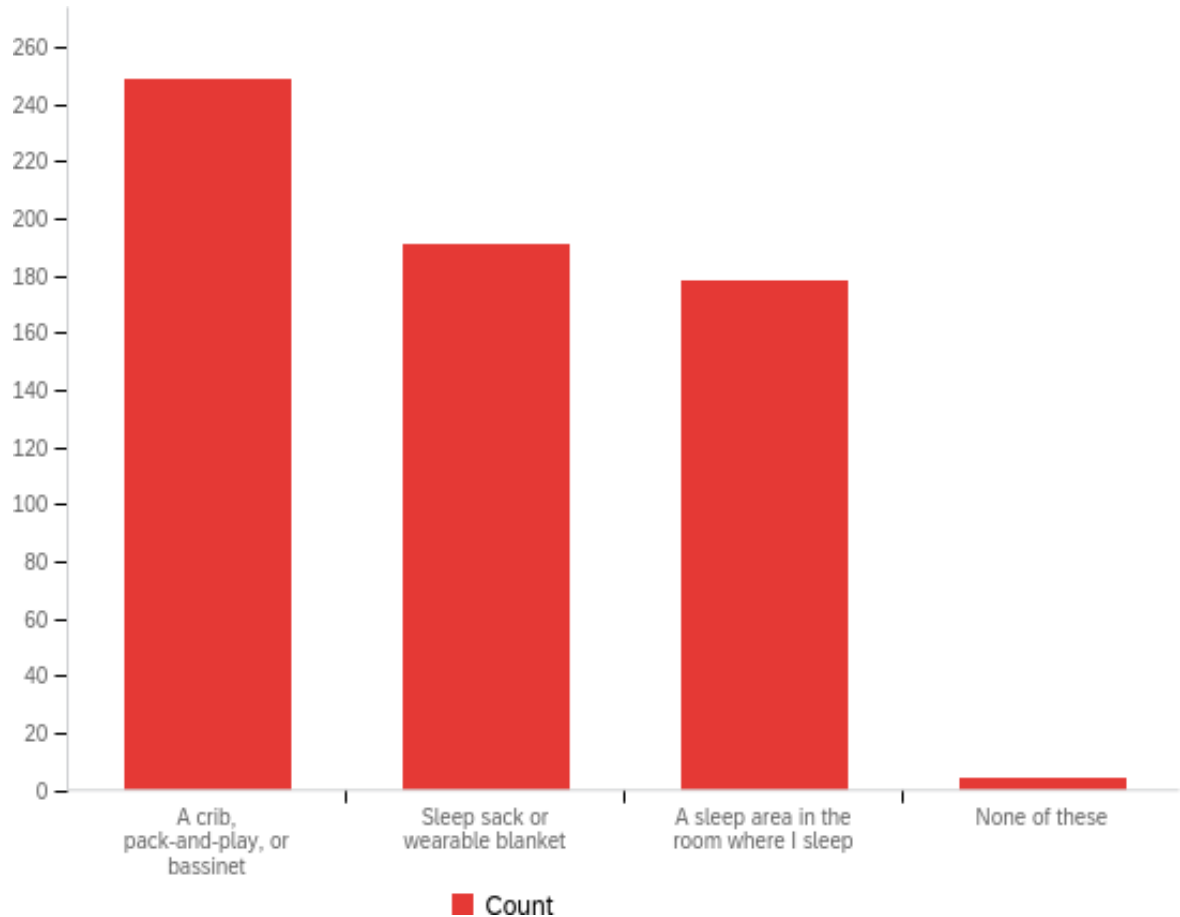


Baby Have Access to The Following Items in the Living Arrangement

The most likely item to be had in the living arrangement was access to crib, pack and play or bassinet (n=249), followed by access to sleep sack or wearable blanket (n=191) and access to a sleep area in the room where they sleep (n=178) (See Figure 43). The least likely item available in the living

arrangement is “none of these” (n=4).

Figure 43. Does your baby have access to the following in your living arrangement, now? Check all that apply.

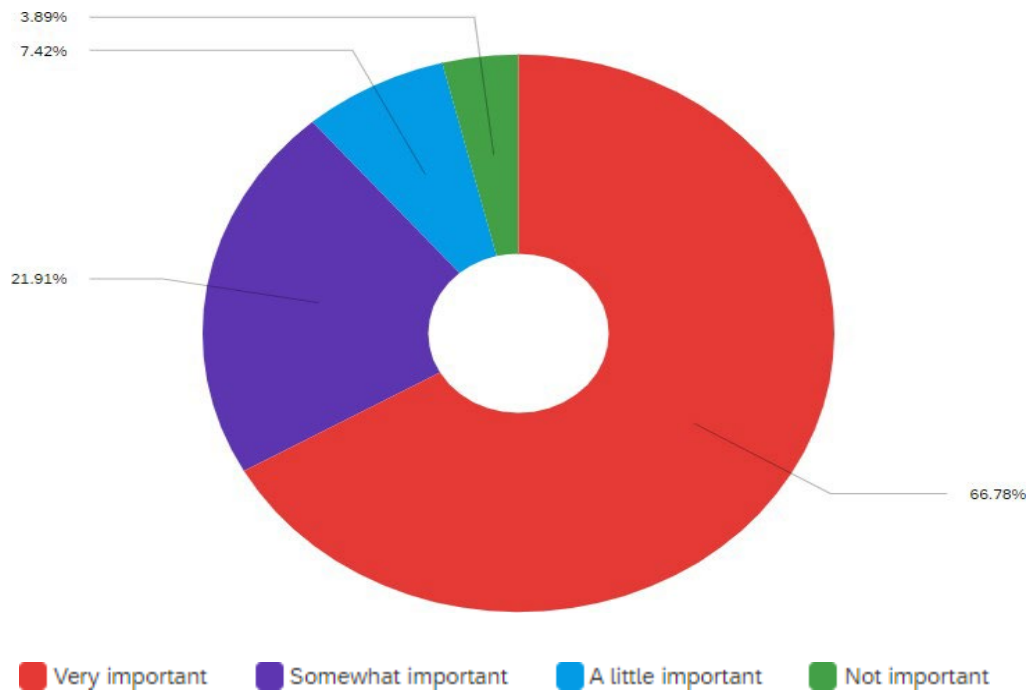


Importance of New Baby Sleeping Alone

Most new moms recognize it is very important for their baby to sleep alone (67.78%, n=189) and of about one in five indicated it is somewhat important (21.91%, n=62). A minority of respondents indicated that it is a little important (7.42%, n=21) (See Figure 44).

A small number of respondents do not realize that it is at all important. These respondents indicated that it is not important for their baby to sleep alone (3.89%, n=11).

Figure 44. How important is it that your new baby always sleep alone, on their back and in their crib or pack-and-play?



Respondent talk to Whom about Safe Sleeping Location

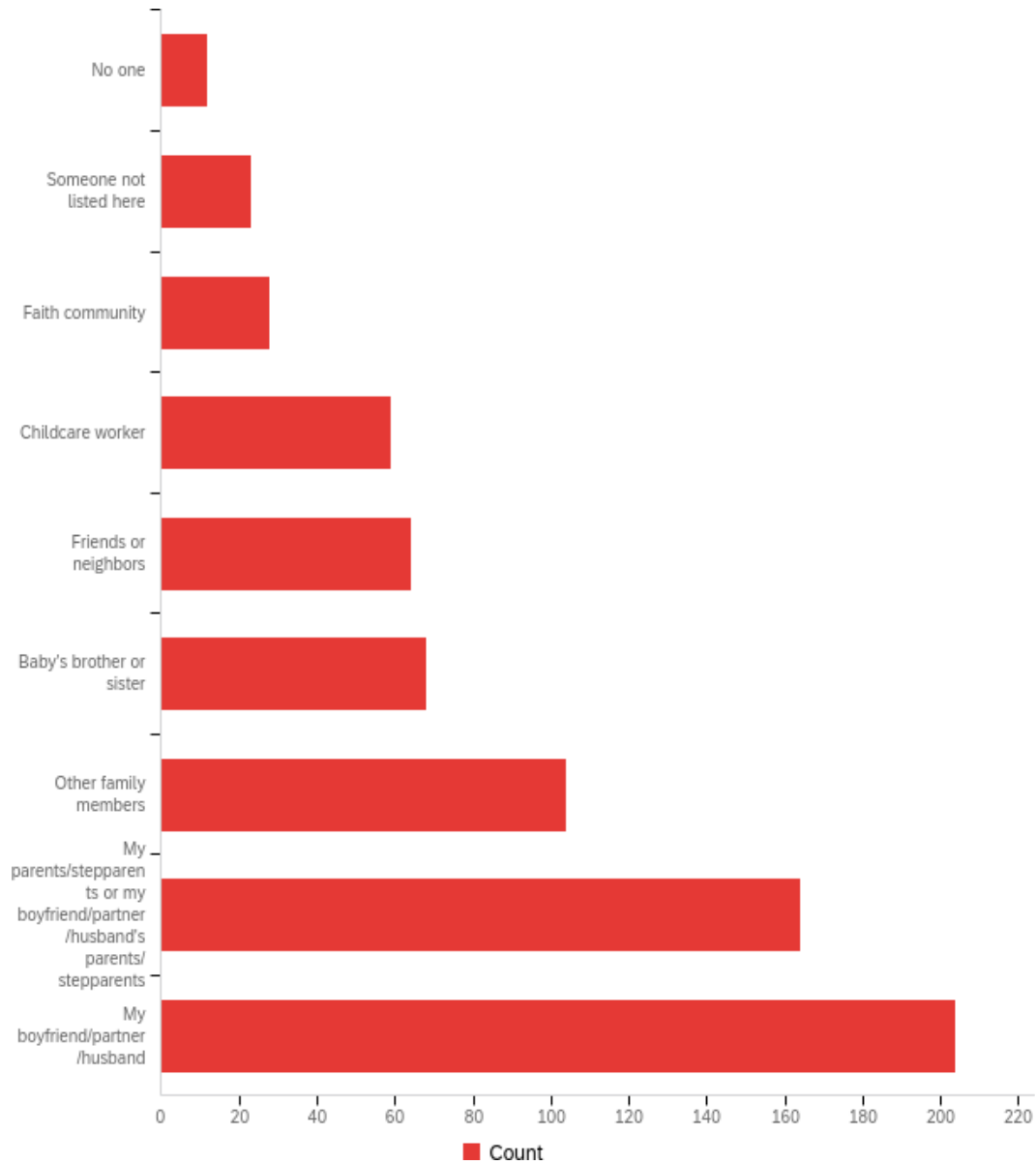
Respondents are most likely to talk to their boyfriend/partner/husband regarding the sleep location (n=204) (See Figure 45).

The next most frequently reported person(s) who respondents may talk to is parents/stepparents or their boyfriend/partner/husband's parents/stepparents (n=164) followed by other family members (n=104).

The next likely people they would talk to is baby's brother or sister (n=68), then friends and neighbors (n=64), and then a child care worker (n=59).

Less common is respondents talking to their faith community (n=28), someone not listed (n=23) or talking to no one (n=12).

Figure 45. Who have you talked to about using a safe sleep location for your new baby? Check all that apply.



Recollection of Reasons for Not Practicing Safe Sleep Among Moms with Babies Between 6-12 Months Old

Women with infants 6-12 months old who did not practice safe sleep techniques 100% of the time were asked to recall why they did not always practice safe sleep techniques.

The three most common reasons were that they had always had their baby sleep with them (n=40), easy to feed baby if they sleep in their bed (n=39), and sleeps better on their side/tummy (n=39) (See Table 11).

The next three most common reasons for not practicing safe sleep were that the baby sleeps better in my bed (n=34), the belief that it is safer for my baby to sleep with me (n=30), and it is more convenient for baby to sleep with them or someone else in adult bed or on couch/recliner (n=28).

Less common reasons are that their mom, grandma or someone else said its OK if their baby sleep on

side/tummy (n=15), sleeps better in swing, floor seat, lounger, or car seat (n=9), that their baby developed a head flat spot or concerned about baby getting one (n=8).

The next most common set of reasons is that they like having toys, pillows, blankets or bumper pads where baby sleeps (n=7), their mom, grandma or someone else said its OK if baby sleeps somewhere other than crib/pack-and-play (n=6), don't like putting baby on their back to sleep (n=5), don't have access to a crib or pack-and-play where they live right now (n=3).

The least common reason is it looks better with toys, pillows, blankets or bumper pads (n=1).

Table 11 Which of the following applies to your baby? Check all that apply.

Sleep Location	Count
Always had my baby/babies sleep with me	40
Sleeps better on their side/tummy	39
Easier to feed my baby if they sleep in my bed	39
Sleeps better in my bed	34
Believe it's safer for my baby to sleep with me	30
More convenient for my baby to sleep with me or someone else in adult bed or on couch/recliner	28
My mom, grandma, or someone else said it's OK if my baby sleeps on side/tummy	15
Sleeps better in swing, floor seat, lounger, or car seat	9
Developed a head flat spot or concerned about my baby getting one	8
Like having toys, pillows, blankets, or bumper pads where my baby sleeps	7
My mom, grandma, or someone else said it's OK if my baby sleeps somewhere other than crib/pack-and-play	6
Don't like putting my baby on their back to sleep	5
I don't have access to a crib or pack-and-play where I live right now	3
Looks better with toys, pillows, blankets, or bumper pads	1

Reasons for not practicing safe sleep among moms with less than 6-month-old baby

Women with infants less than 6 months old who did not practice safe sleep techniques 100% of the time were asked a series of question about why they do not always practice safe sleep techniques.

The top five reasons for not practicing safe sleep were baby sleeps better with them (n=36), it is easy to feed baby if they sleep in their bed (n=35), their baby developed a head flat spot or concerned about baby getting one (n=35), their baby sleeps better on their side/tummy (n=26), and always had my baby sleep with me (n=26) (See Table 12).

The four next common reasons for not practicing safe sleep techniques are sleeps better in swing floor seat, lunge, or car seat (n=25), believe it's safer for my baby to sleep with me (n=23), more convenient for my baby to sleep with me or someone else in adult bed or on couch/recliner (n=18) and mom, grandma or someone else said its OK if their baby sleeps in crib/pack and play (n=16).

The five least common reasons are my mom, grandma, or someone else said it's OK if my baby sleeps on side/tummy (n=6), like having toys, pillows, blankets or bumper pads where baby sleeps (n=5), don't like putting baby on their back to sleep (n=5), looks better with toys, pillows, blankets, or bumper pads (n=3), and least offered reason was not having access to a crib or pack and play where I live right now (n=1).

Table 12 Which of the following applies to your baby? Check all that apply.

Sleep Location	Count
Sleeps better in my bed	35

Easier to feed my baby if they sleep in my bed	34
Developed a head flat spot or concerned about my baby getting one	33
Sleeps better on their side/tummy	26
Always had my baby/babies sleep with me	26
Sleeps better in swing, floor seat, lounger, or car seat	25
Believe it's safer for my baby to sleep with me	23
More convenient for my baby to sleep with me or someone else in adult bed or on couch/recliner	18
My mom, grandma, or someone else said it's OK if my baby sleeps somewhere other than crib/pack-and-play	16
My mom, grandma, or someone else said it's OK if my baby sleeps on side/tummy	6
Like having toys, pillows, blankets, or bumper pads where my baby sleeps	5
Don't like putting my baby on their back to sleep	5
Looks better with toys, pillows, blankets, or bumper pads	3
I don't have access to a crib or pack-and-play where I live right now	1

In summary, many of the babies had access to crib, pack and play or bassinet followed by having access to sleep sack or wearable blanket and access to a sleep area. It is observed that most of the women with babies think that it is very important for the new baby to always sleep alone on their back and in their crib or pack-and-play, very few expressed otherwise. The respondents are most likely to talk to their boyfriend/partner/husband and least likely to talk to their faith community regarding the sleep location of the baby. The most selected reasons for not practicing safe sleep among both moms having babies less than six months old and babies aged between six to twelve months were that they always had baby/babies sleep with them, the baby sleeps better on their side/tummy, it was easier to feed if the baby sleeps in their bed, and that the baby sleeps better in their bed.

Mental Health

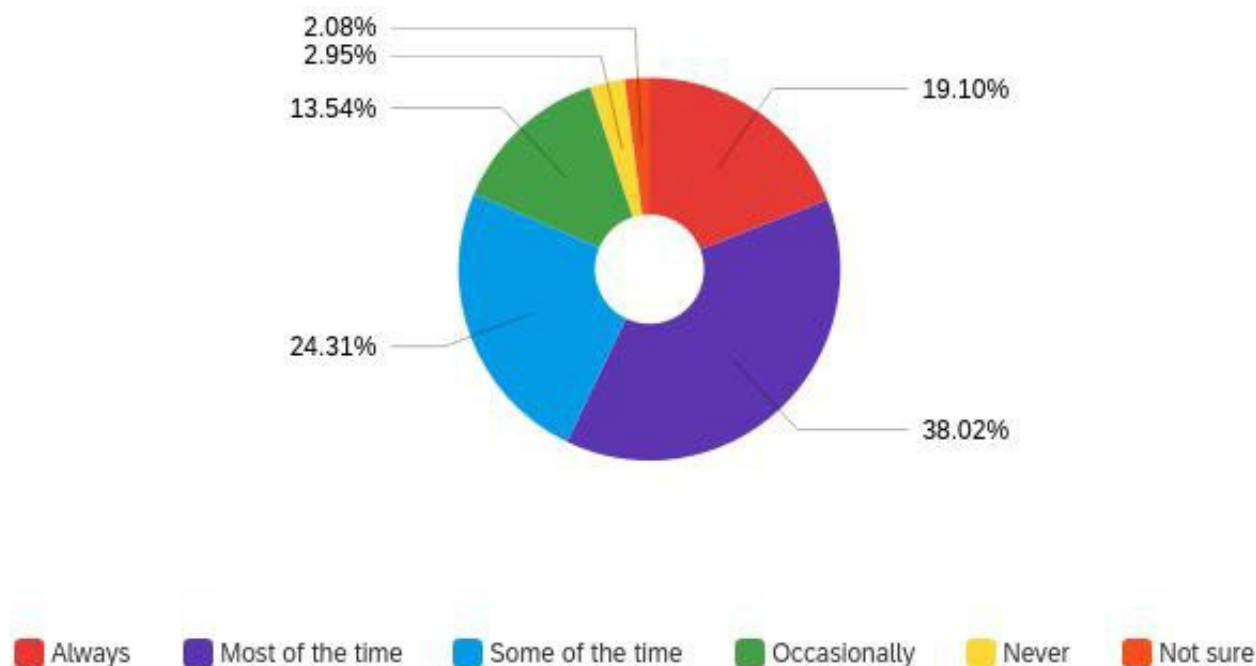
All respondents were asked about their emotional wellbeing and use of mental health services. Here, we define emotional wellbeing as being confident and positive and being able to cope with the ups and downs of life.

Felt Confident About Being Able to Handle Life's Ups and Downs

Almost 19.10% (n=110) of the women felt confident all the time whereas 2.95% (n=17) of the women never felt that way. 38.02% (n=219) of the women were confident most of the time and 24.31% (n=140) of the women were confident some of the time. 13.54% (n=78) of the women felt confident occasionally. Meanwhile, 2.08% (n=12) of the women weren't sure about their feelings (See Figure 46).

Overall, the vast majority of women felt confident about handling life's ups and downs at least occasionally. However, small minority indicate that they are not able or not sure about being able to handle life's ups and downs.

Figure 46. In the past 12 months, how often have you felt confident about being able to handle life's ups and downs?

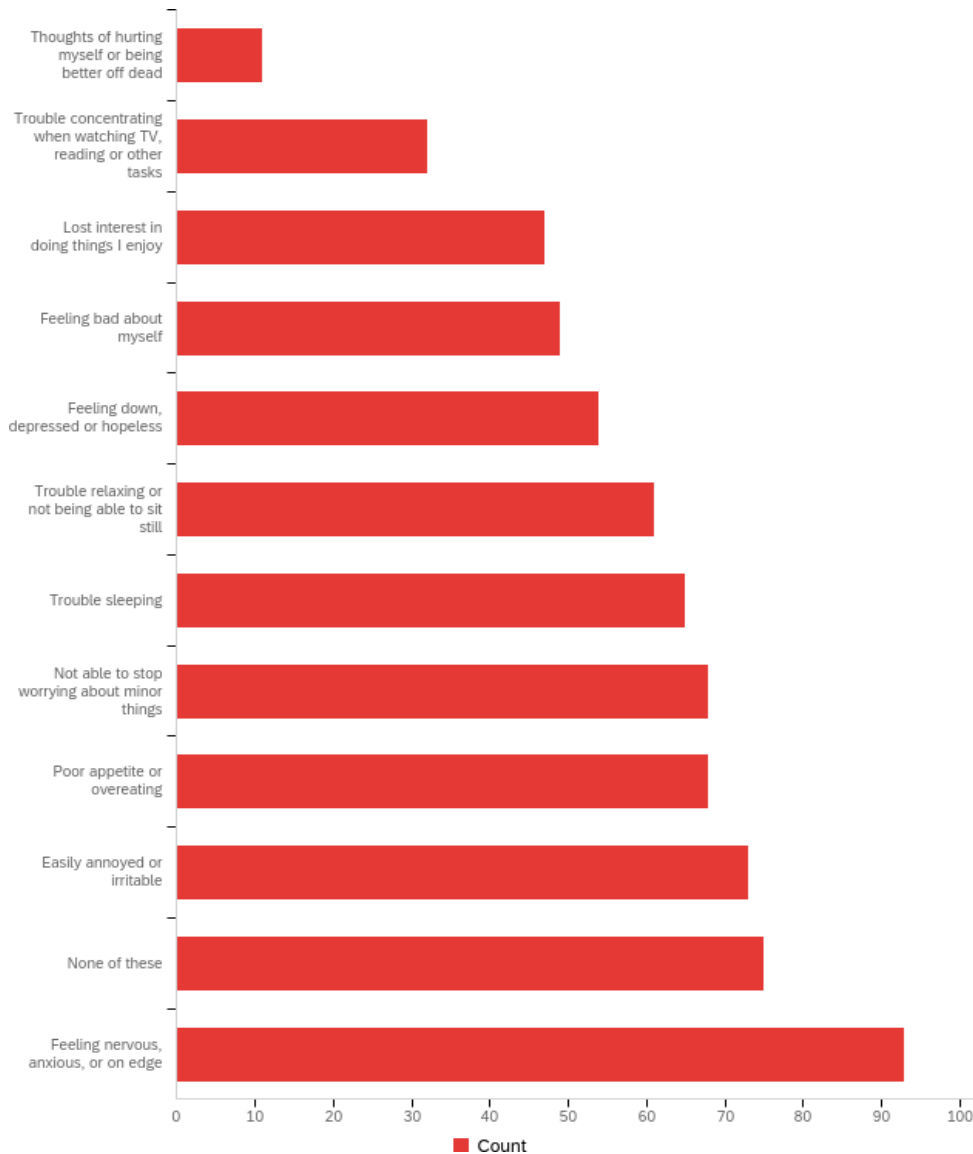


Emotions During Their Most Recent Pregnancy

Currently pregnant and new moms were asked to describe their emotions during their most recent pregnancy. Almost 19.87% (n=109) of the women felt that it was one of the happiest times of their life, approximately 44.66% (n=209) of the women were happy with few problems (See Figure 47). On the other hand, 23.29% (n=109) of the women felt it was moderately hard, 8.55% (n=40) of the women felt it was very hard and 3.63% (n=17) of the women felt that it was one of the worst times of their life.

While the majority of respondents thought their pregnancy was mostly happy, about 1/3 thought that it was at least hard.

Figure 47. How would you describe your emotions during your most recent pregnancy?



Talking About Feelings with Those Who are Close

Pregnant women and new moms were asked about how they felt about sharing their feelings with those who they are close to/close with.

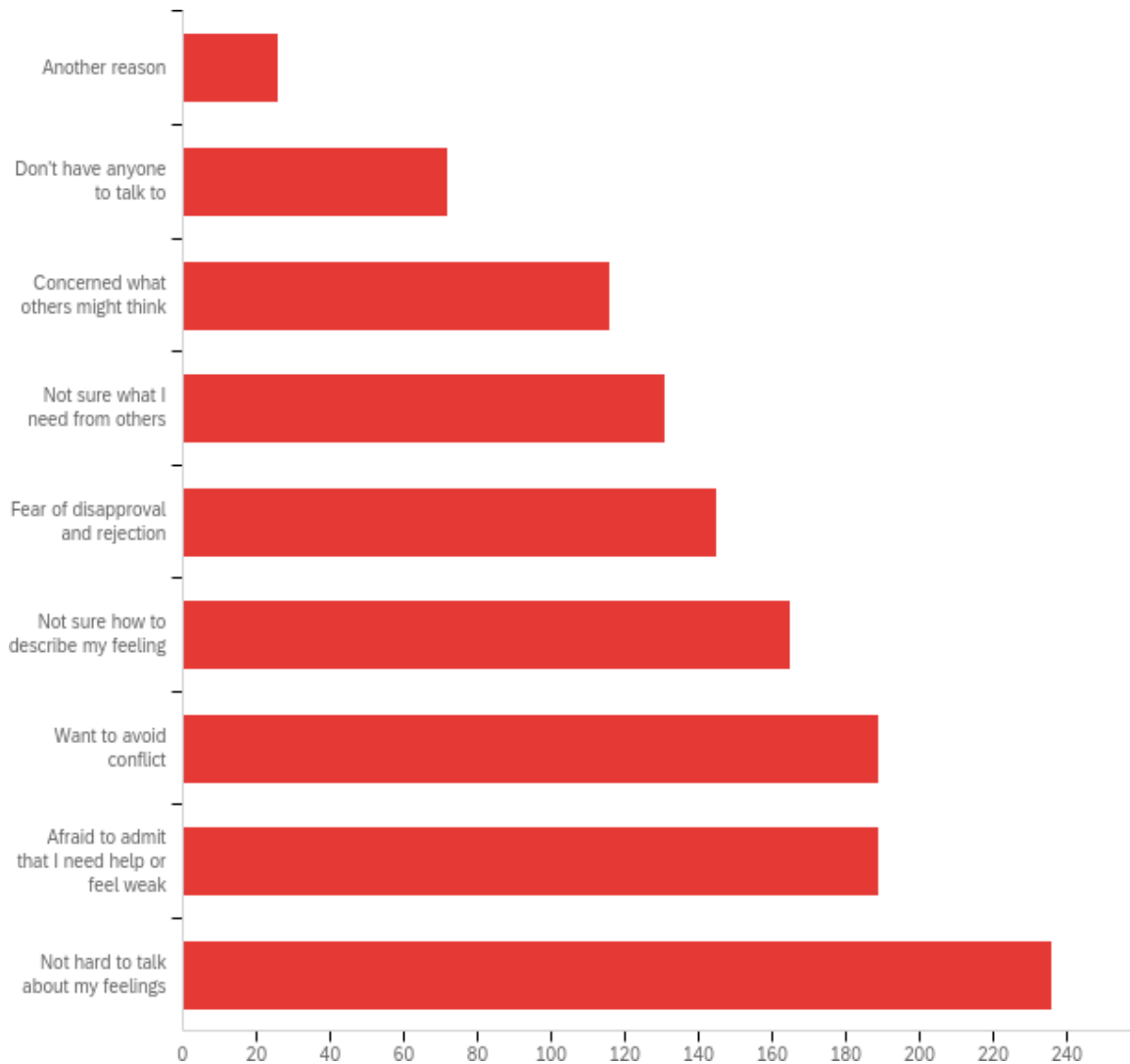
The most common feeling is that it is not hard to talk about how they feel with people who are close (n=236) (See Figure 48).

The next most common answers were that they were afraid to admit that they need help or felt weak (n=189), wanted to avoid conflict (n=189), they weren't sure how to describe their feelings (n=165).

The next-to-least common answers were fear of disapproval and rejection (n=145), not being sure what they needed from others (n=131), concerned about what others might think (n=116).

The least common response was that they did not have anyone to talk to (n=72) and “other reasons” (n=26).

Figure 48. When talking about your feelings with those you are close to, which of the following apply to you now? Check all that apply.



Symptoms of anxiety or depression, emotional wellbeing, and use of mental health services by pre-pregnant women

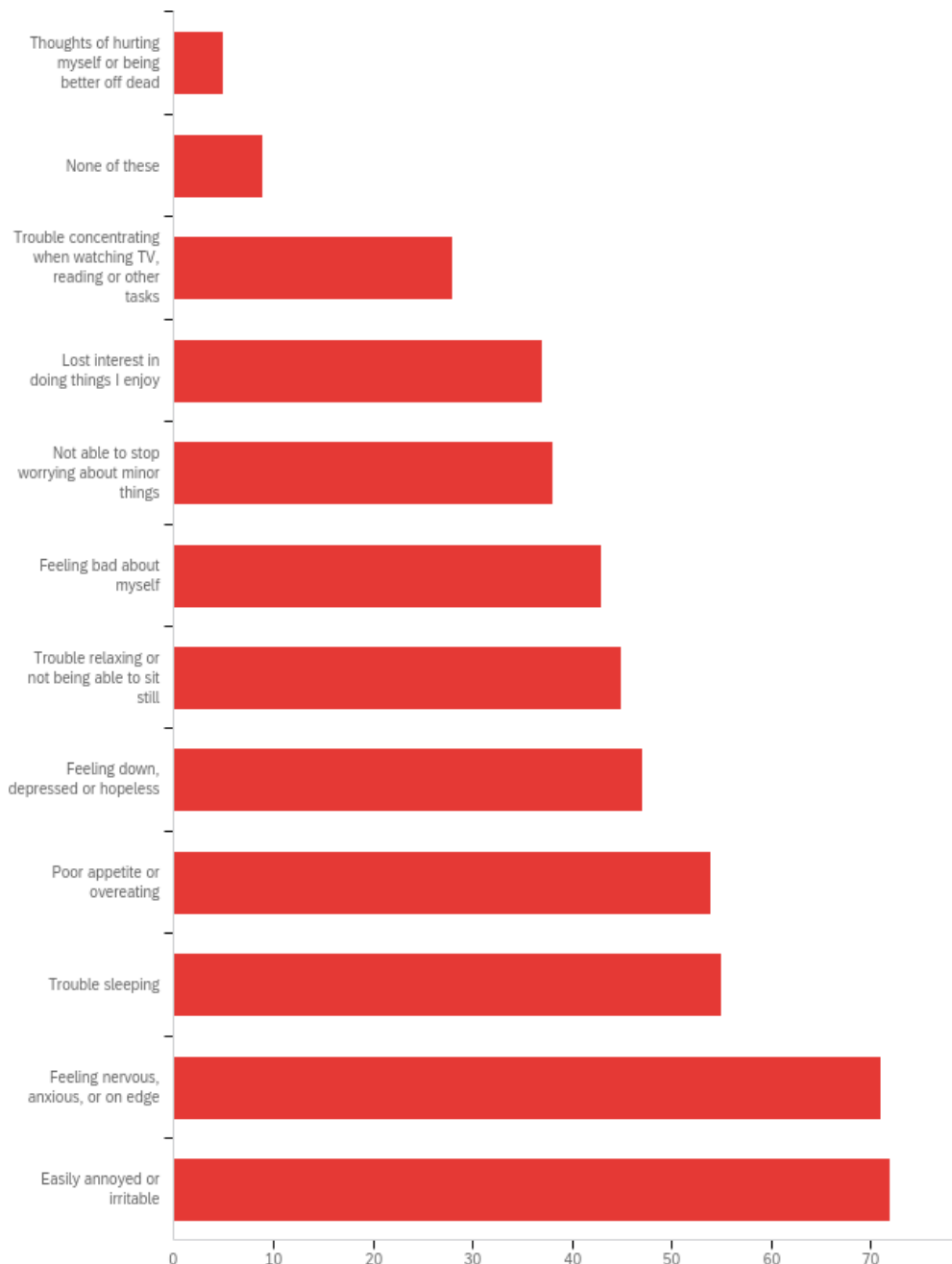
Pre-pregnant women were asked how they felt emotionally in the past 12 months, their use of mental health services, and what symptoms of anxiety or depression they experienced for several days or more.

Being easily annoyed or irritable (n=72) and feeling nervous, anxious, or on edge (n=71) were the top two emotions that they felt (See Figure 49).

The next set of emotions selected were trouble sleeping (n=55), poor appetite or overeating (n=54), feeling down, depressed, or hopeless (n=47), trouble relaxing or not being able to sit still (n=45), feeling bad about oneself (n=43), not able to stop worrying about minor things (n=38), lost interest in doing things that were once enjoyable (n=37), and trouble concentrating when watching TV, reading or other tasks (n=28).

The least common responses were felt none of these (n=9) or thoughts of hurting themselves or being better off dead (n=5).

Figure 49. These questions ask about how you felt emotionally in the past 12 months and your use of mental health services. In the past 12 months, did you experience any of the following for several days or more? Check all that apply.



Symptoms of anxiety or depression, emotional wellbeing, and use of mental health services by new moms

New moms were asked to recall how they felt emotionally before, after, and during their pregnancy including symptoms of anxiety or depression, and their use of mental health services.

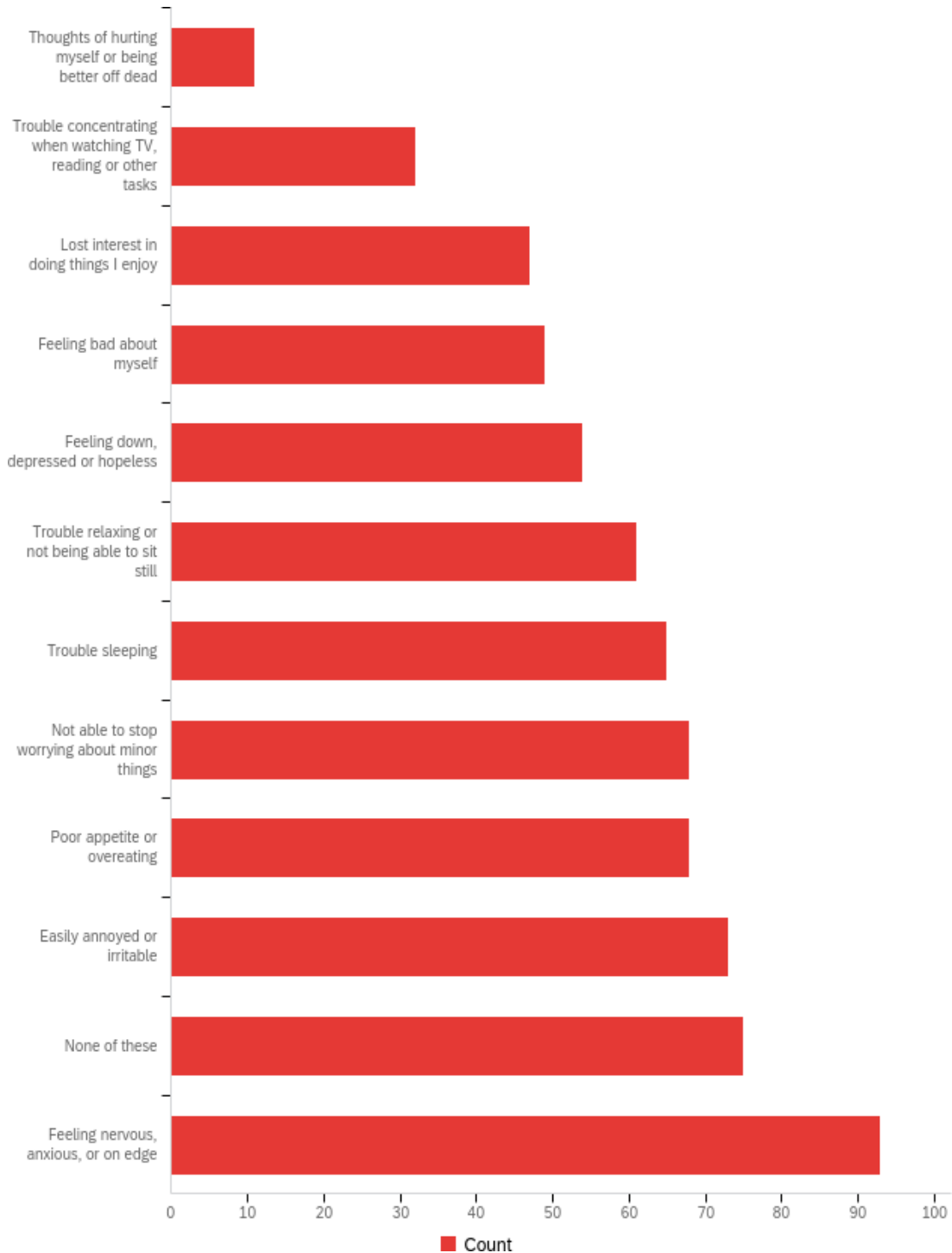
The most common experience during the 12 months before they got pregnant was feeling nervous, anxious or 80

on edge (n=93), followed by none of these (n=75), easily annoyed or irritable (n=73), poor appetite or overeating (n=68), then not able to stop worrying about minor things (n=68), then trouble sleeping (n=65), had trouble relaxing or not being able to sit still (n=61), feeling down, depressed or hopeless (n=54) (See Figure 50).

Less common experiences were feeling bad about themselves (n=49), lost interest in doing things they enjoyed (n=47), and trouble concentrating while watching TV, reading or other tasks (n=32).

The least common experience was having thoughts of hurting themselves or being better off dead (n=11).

Figure 50. During the 12 months before you got pregnant with your new baby, did you experience any of the following for several days or more? Check all that apply.



Symptoms of anxiety or depression, emotional wellbeing, and use of mental health services by pregnant women

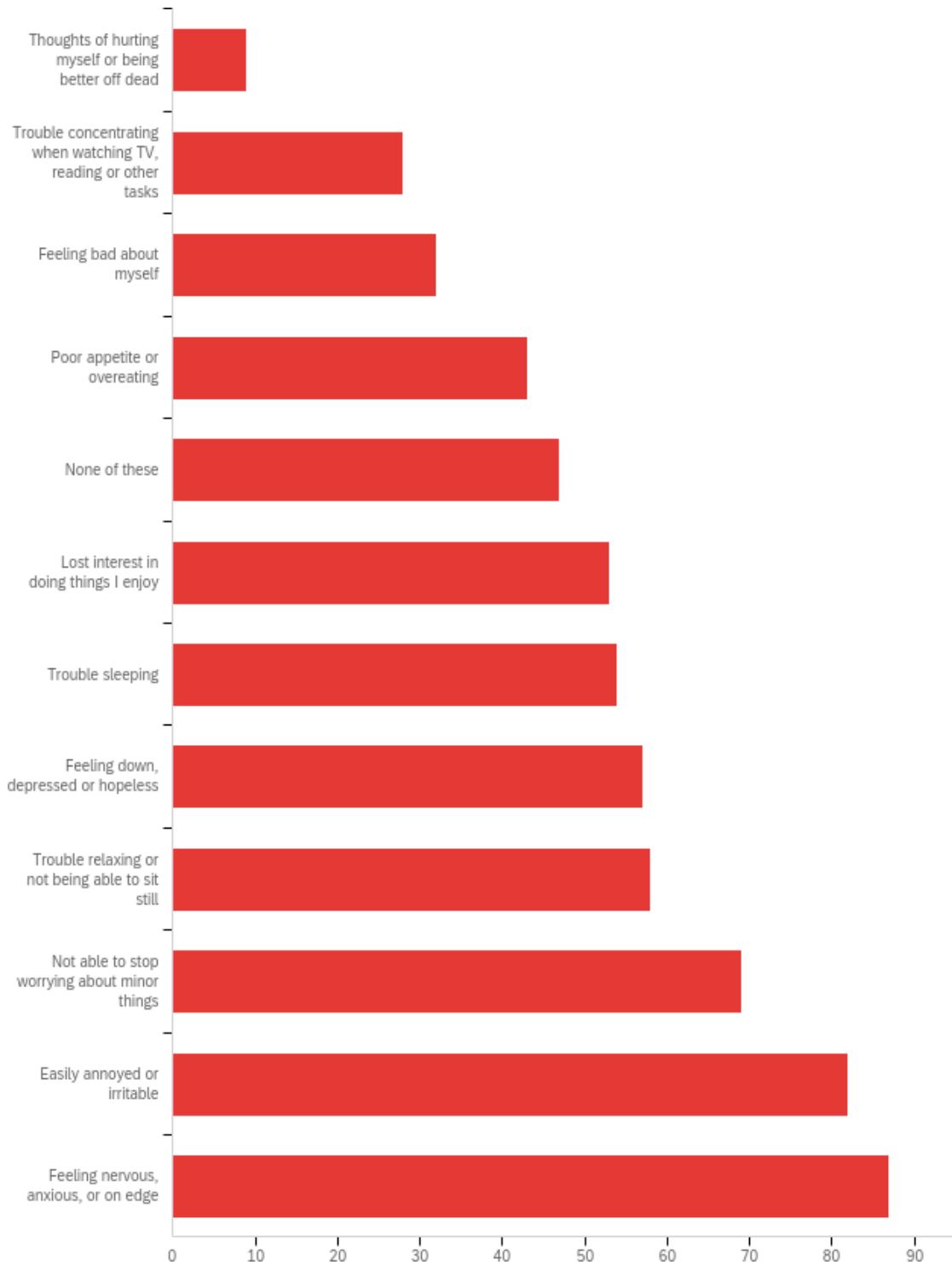
Currently pregnant women were asked to recall how they felt emotionally before, after, and during their pregnancy including symptoms of anxiety and depression and their use of mental health services.

The three most common problems during the 12 months before pregnancy were feeling nervous, anxious, or on edge (n=87), easily annoyed or irritable (n=82), not able to stop worrying about minor things (n=69) (See Figure 51)

The next most common problems were trouble relaxing or not being able to sit still (n=58), feeling down, depressed or hopeless (n=57), trouble sleeping (n=54), lost interest in doing things that they enjoy (n=53), “none of these” (n=47) and poor appetite or overeating (n=43).

The next three least common problems reported were feeling bad about themselves (n=32), trouble concentrating while watching TV, reading, or other tasks (n=28), and lastly, thoughts of hurting themselves or being better off dead (n=9).

Figure 51. During the 12 months before you got pregnant with your new baby, did you experience any of the following for several days or more? Check all that apply.



Currently Pregnant Women and New Moms' Experiences with Anxiety or Depression

Symptoms During Most Recent Pregnancy

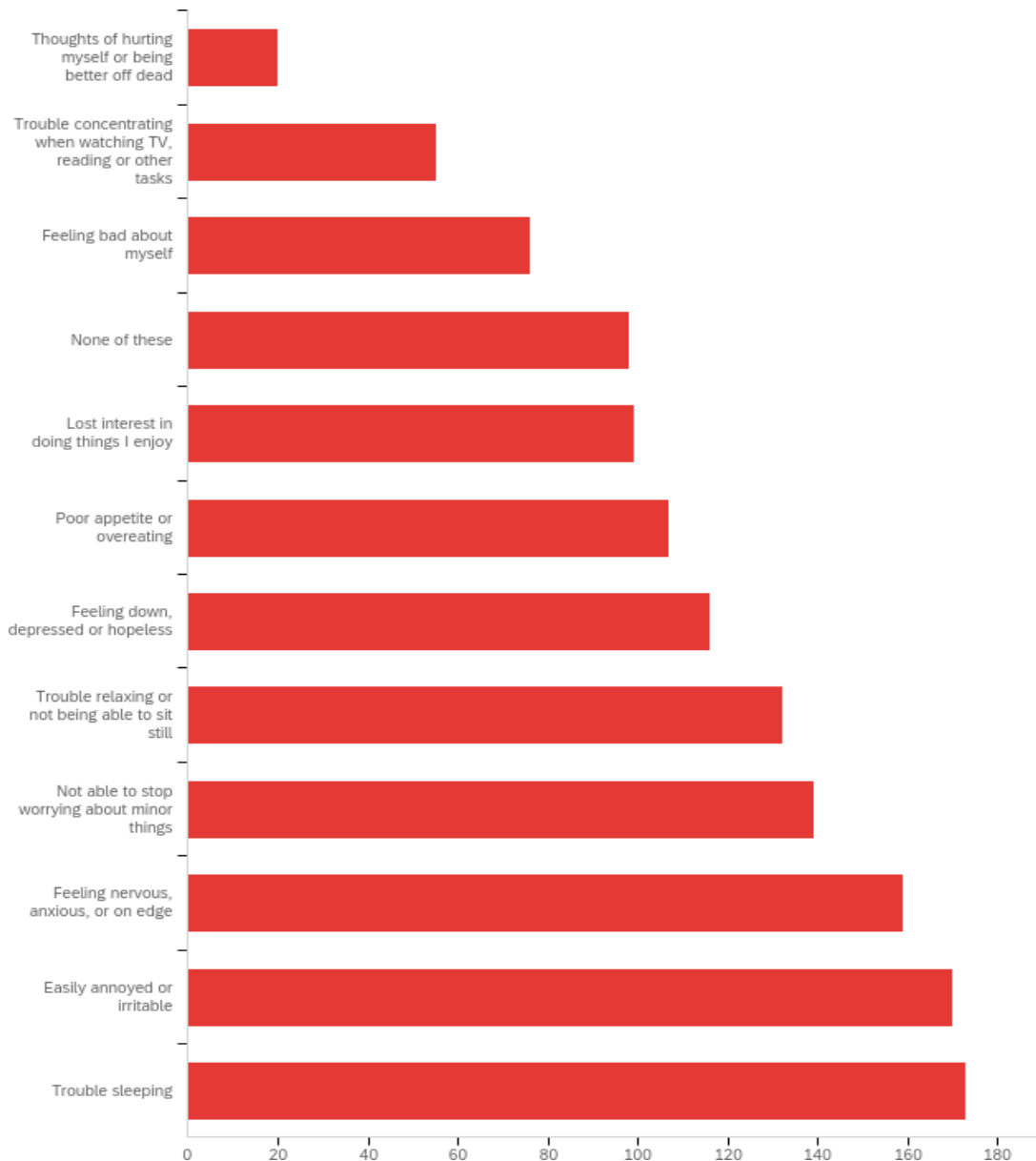
Currently pregnant women and new moms were asked if they had experienced any of the following for several days or more during their most recent pregnancy.

The three most common experiences were trouble sleeping (n=173), easily annoyed or irritable (n=170), and feeling nervous or on edge (n=159) (See Figure 52).

The next set of experiences include not being able to stop worrying about minor things (n=139), trouble relaxing or not being able to sit still (n=132), feeling down, depressed, or hopeless (n=116), poor appetite or overeating (n=107), lost interest in doing things that they enjoy (n=99), “none of these” (n=98).

The three least common experiences include feeling bad about themselves (n=76), trouble concentrating while watching TV, eating or other tasks (n=55), and thoughts of hurting themselves or being better off dead (n=20).

Figure 52. During your most recent pregnancy, did you experience any of the following for several days or more? Check all that apply.



Moms' Experiences with Anxiety or Depression Symptoms After Baby Was Born

Most of the women who gave birth experienced symptoms for several days or more indicative of anxiety or depression after the baby's birth.

When asked about experiencing these emotions, the highest number of responses were for getting easily annoyed or irritable (n=91), feeling nervous, anxious, or on edge (n=88), feeling down, depressed or hopeless (n=76) and feeling none of the emotions stated (n=76) (See Figure 53).

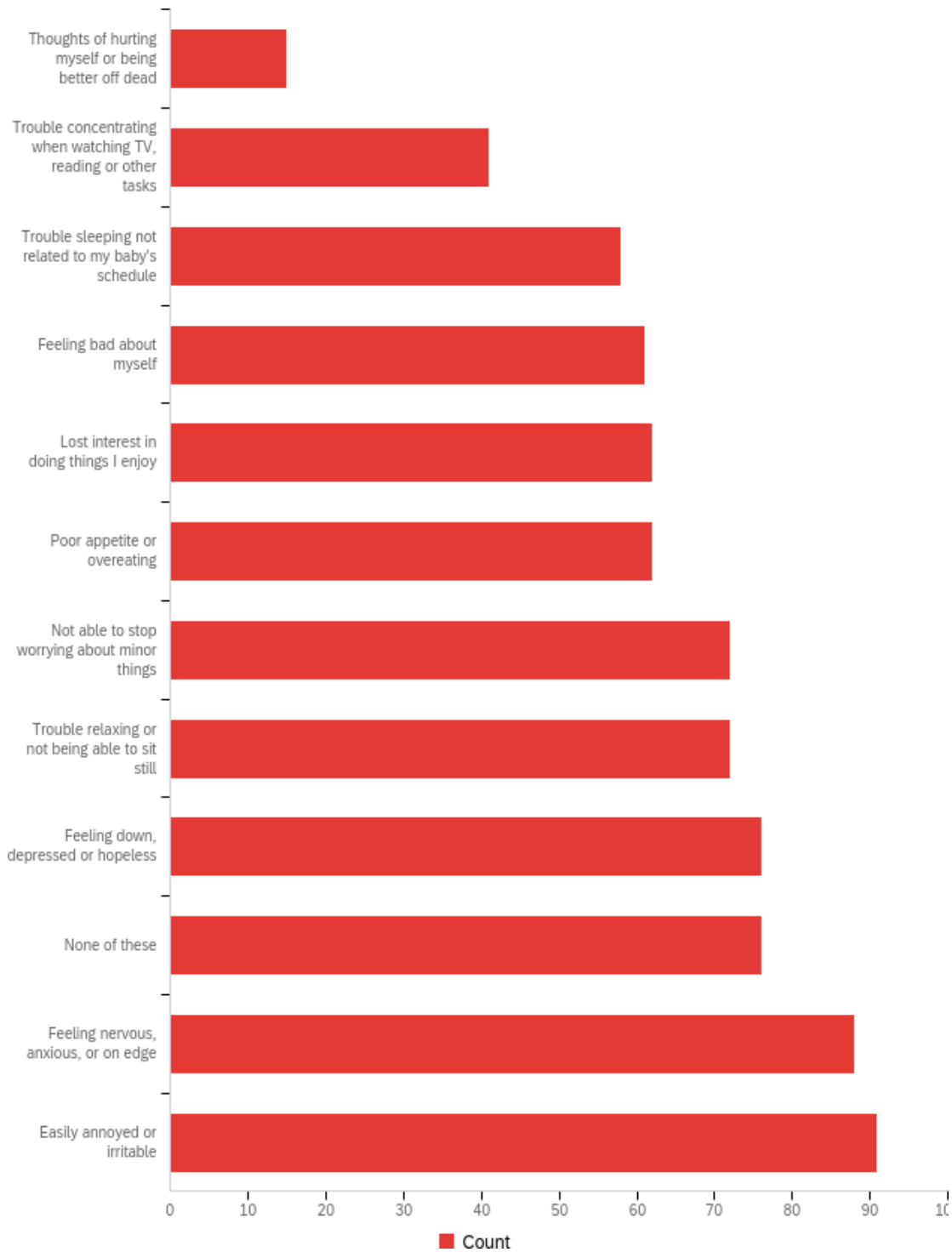
The aforementioned experiences are closely followed by not being able to stop worrying about minor

things (n=72) and having trouble relaxing or not being able to sit still (n=72).

The next set of experiences are losing interest in doing things that were once enjoyable (n=62), poor appetite or overeating (n=62), feeling bad for oneself (n=61), having trouble in sleeping which is not related to baby's schedule (n=58), and having trouble concentrating when watching TV, reading or other tasks (n=41).

The least emotion experienced was having thoughts of hurting oneself or being better off dead (n=15).

Figure 53. Since your baby was born, did you experience any of the following for several days or more? Check all that apply.

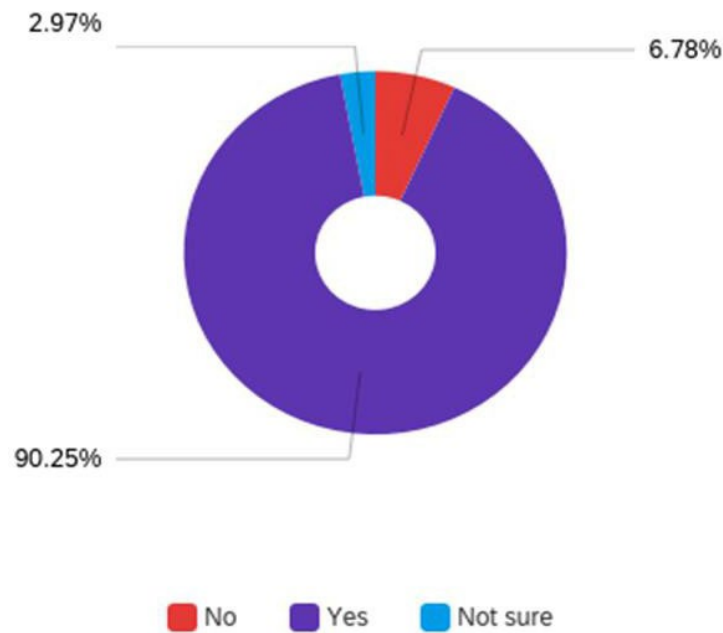


Most Recent Pregnancy, or After Delivery- Talk with Provider about "Baby Blues" or "Postpartum Depression"

Among new moms, a healthcare provider did not talk to 6.78% of the respondents about "baby blues" or

“postpartum depression”, whereas 90.25% of the respondents had conversations about “baby blues” or “postpartum depression” and 2.97% of the women not sure (See Figure 54).

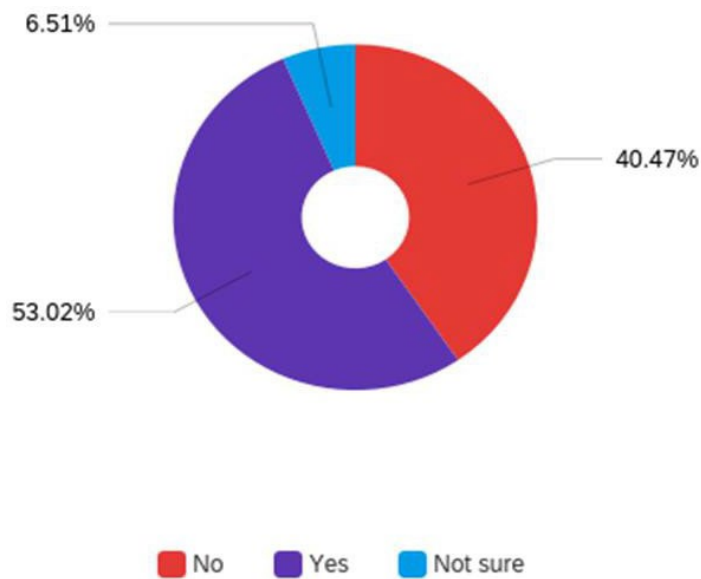
Figure 54. During your most recent pregnancy, OR after delivery, did a healthcare provider talk with you about “baby blues” OR postpartum depression?



Healthcare Provider Talk to Them about "Baby Blues" or Postpartum Depression

Among currently pregnant women, a health provider did not talk to 40.47% of the respondents about “baby blues” or “postpartum depression”, whereas 53.02% of the respondents had a healthcare provider talk to them about “baby blues” or “postpartum depression,” and 6.51% of the women were not sure (See Figure 55).

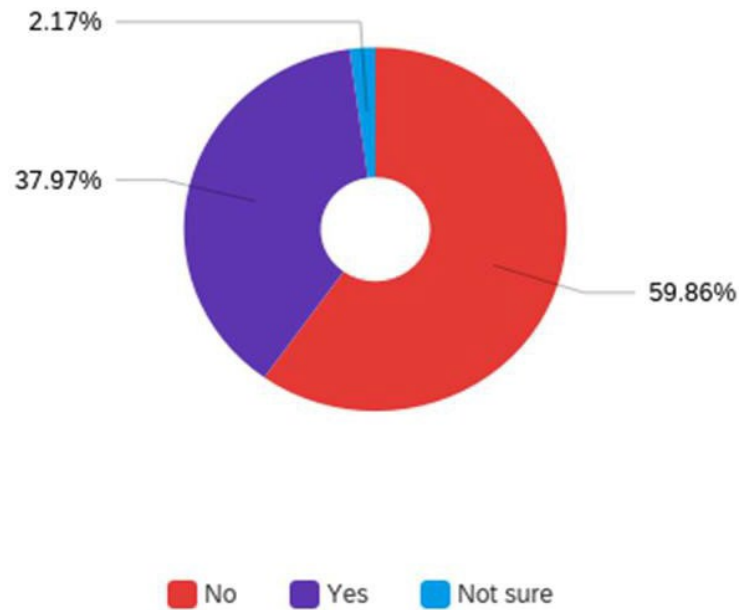
Figure 55. During your most recent pregnancy did a healthcare provider talk with you about "baby blues" OR postpartum depression?



Sought Treatment from a Mental Health Professional

Respondents were asked if they sought treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist in the past year. 59.86% of the respondents had not sought treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist, whereas 37.97% had sought treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist and 2.17% were not sure (See Figure 56).

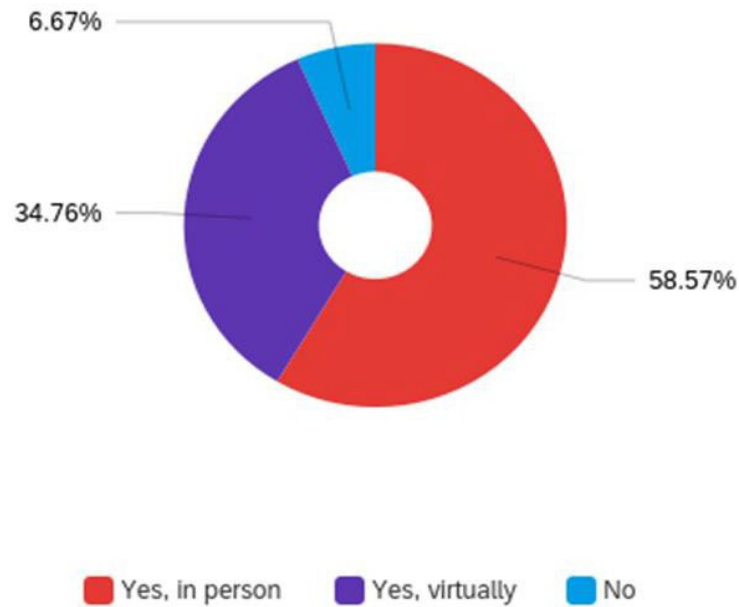
Figure 56. In the past year, have you sought treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist?



Met with a Mental Health Professional

58.57% of respondents who had sought treatment with a mental health professional had an in-person meeting with a mental health professional, while 34.76% had a virtual meeting, and 6.67% had no meeting (See Figure 57).

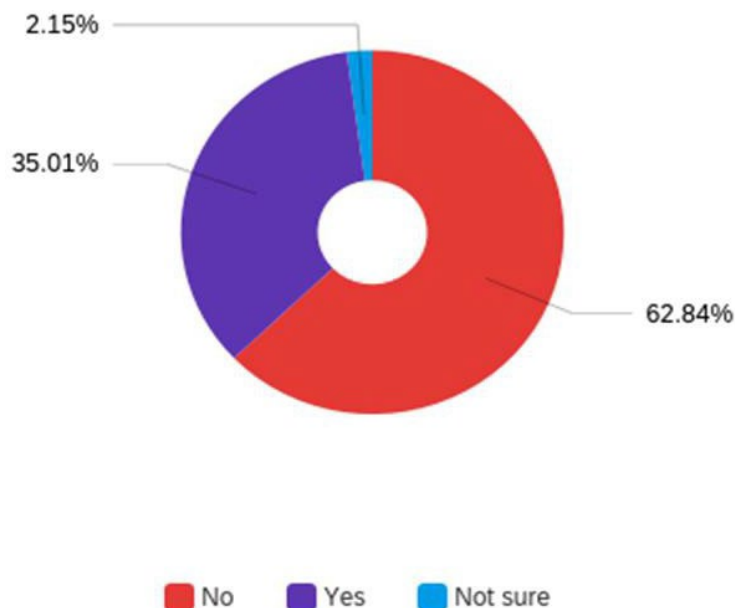
Figure 57. Were you able to actually meet with a mental health professional? Check one.



Prescription Medication for Mental Health

Asked of all respondents, 62.84% had not taken any prescription medication for their mental health in the past 12 months, whereas 35.01% took prescription medication, and 2.15% were not sure (See Figure 58).

Figure 58. Have you taken prescription medication for your mental health in the past 12 months?



This section encapsulates the information about the use of mental health services and emotional wellbeing of the respondents. Many of the women felt confident about handling life’s ups and downs at least occasionally, however a small minority indicate that they are not confident or not sure. Although a majority of currently pregnant women and those with new babies thought their pregnancy was mostly happy, about one third thought that it was at least hard. When currently pregnant women and those with new babies were asked about sharing their feelings with those who they are close to, the most common feeling reported was that it was not hard to talk about their feelings followed by feeling afraid to admit that they need help or felt weak or wanted to avoid conflict and the least common response was not having anyone to talk to or having other reasons.

When pre-pregnant women, currently pregnant women and women with new babies were asked to recall how they felt emotionally before, during and after pregnancy along with their use of mental health services, the highest reported emotions were feeling nervous, anxious or on edge, getting easily annoyed or irritable and not being able to stop worrying about minor things, whereas the least reported emotions were having thoughts of hurting myself or being better off dead, having trouble concentrating when watching TV, reading or other tasks and feeling bad about oneself. It is reported that about 90% of the respondents who gave birth and half of pregnant respondents had conversations with their healthcare provider about the “baby blues” or “postpartum depression”. Given this, about one tenth of those who gave birth and the other half of pre-pregnant women reported of either not having or not being sure of having any conversations about “baby blues” or postpartum depression. Three fifths of the respondents did not seek treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist in the past year or were not sure, whereas two fifth of the respondents had sought treatment. Most of the respondents who sought treatment with a mental health professional had

an in-person meet with a mental health professional, some of them had a virtual meeting and very few had no meetings. Furthermore, most of the respondents had not taken any prescription medication for their mental health in the past twelve months while more than a third had.

Employment and Work Experiences

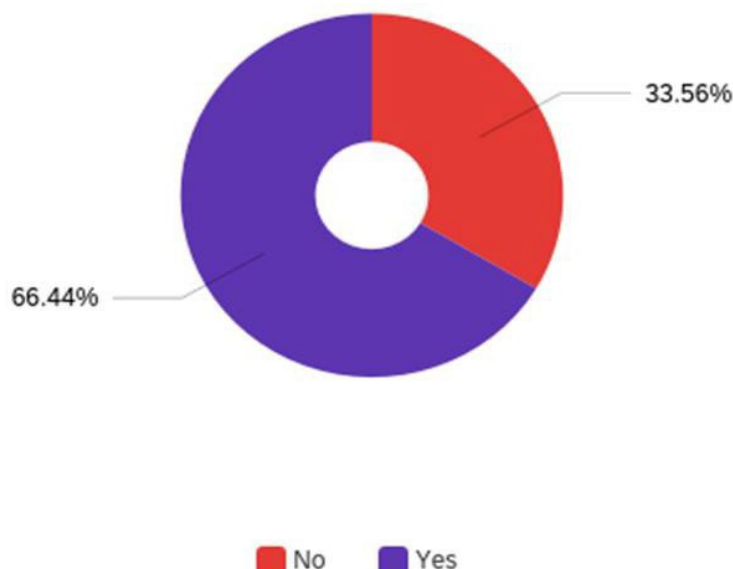
Pregnant and new-baby respondents were asked about their employment and work experiences during their most recent pregnancy and after having their baby.

Work During the Most Recent Pregnancy

Most women worked during their pregnancy (66.44%; n=301), whereas 33.56% (n=151) did not (See Figure 59).

These findings differ from some prior research wherein about eight-in-ten pregnant workers (82%) continued in the workplace until within one month of their first birth, compared with just 18% who stopped working before then ([Source: Pew Research Center - George Gao and Gretchen Livingston., March 31, 2015](#)).

Figure 59. Did you work during your most recent pregnancy?

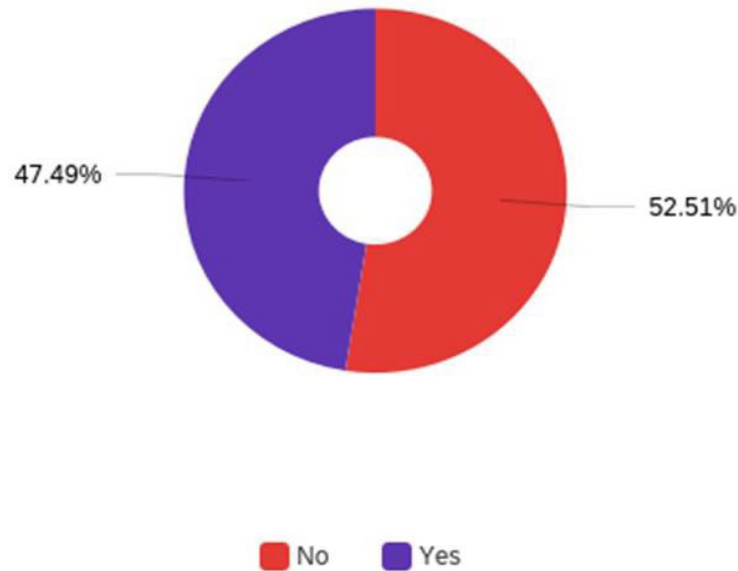


Requesting Accommodations

Almost half of respondents who were employed during pregnancy requested accommodations from their employer due to pregnancy: 47.49% (n=142) reported that they have made such requests and slightly more than half (52.51%; n=159) stated that they haven't requested any accommodation from the employer due to pregnancy (See Figure 60).

These findings are similar to other studies that report more than four in 10 women never asked their employers to accommodate them ([Source: Listening to Mothers: The Experiences of Expecting and New Mothers in the Workplace., January 2014](#)).

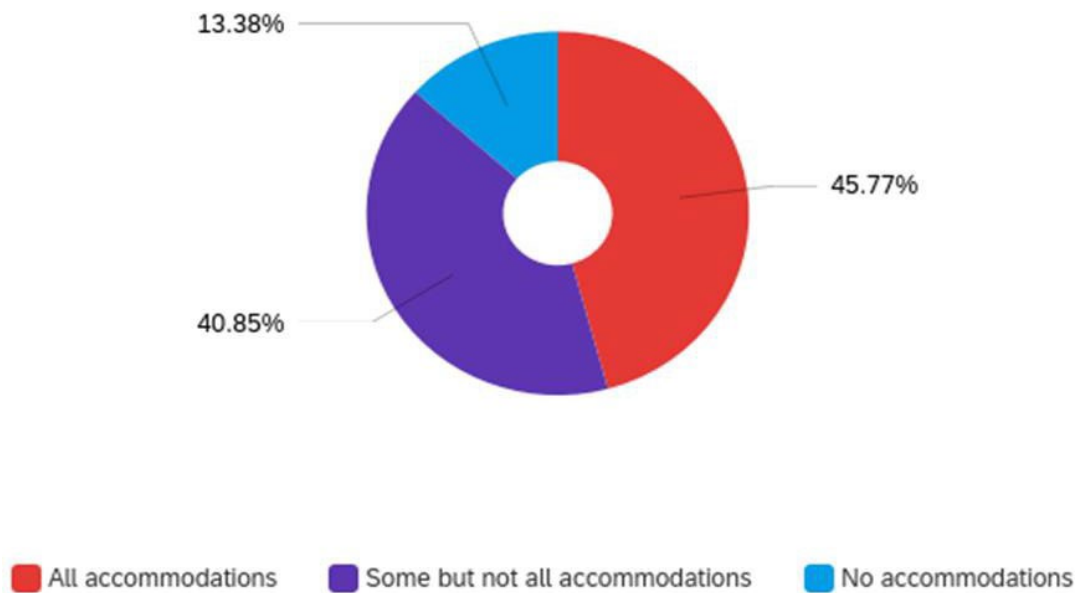
Figure 60. Did you request any accommodations from your employer due to your pregnancy, such as ability to sit or no overtime?



Accommodations Provided

Among women who requested accommodations, most employers provided at least some of the requested accommodations: 45.77% (n=65) reported that their employer has provided all the requested accommodations and 40.85% (n=58) reported that their employer provided some but not all the requested accommodations (See Figure 61). 13.38% (n=19) reported that their employer provided none of the requested accommodations.

Figure 61. Did your employer provide the requested accommodations?

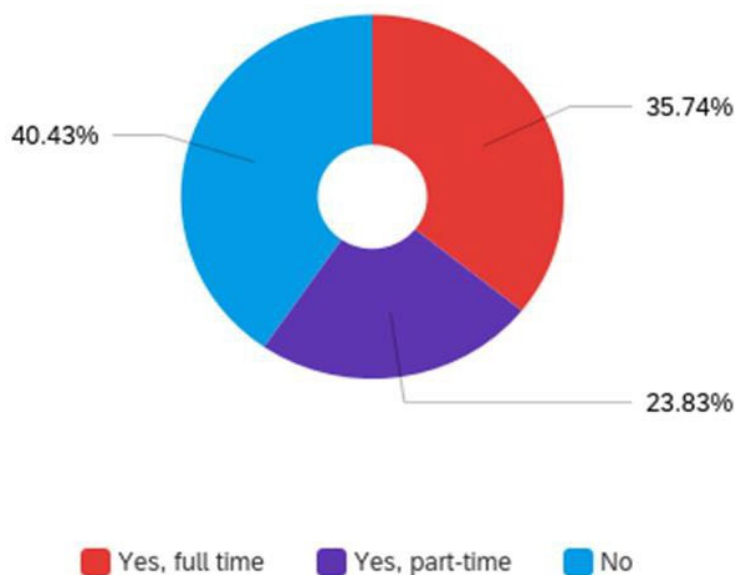


Respondent Current Work Status

Among new-baby respondents, 40.43% reported that they are currently not working (See Figure 62). 35.74% of respondents reported that they are currently working full time, whereas 23.83% reported that they are currently working part time.

Most women (73%) return to work within 6 months after giving birth ([Employment Considerations During Pregnancy and the Postpartum Period - Rebecca Jackson, MD and Meredith L. Birsner, MD, and with the assistance of Sharon Terman, JD, and Liz Morris, JD., April 2018](#))

Figure 62. Are you currently working?



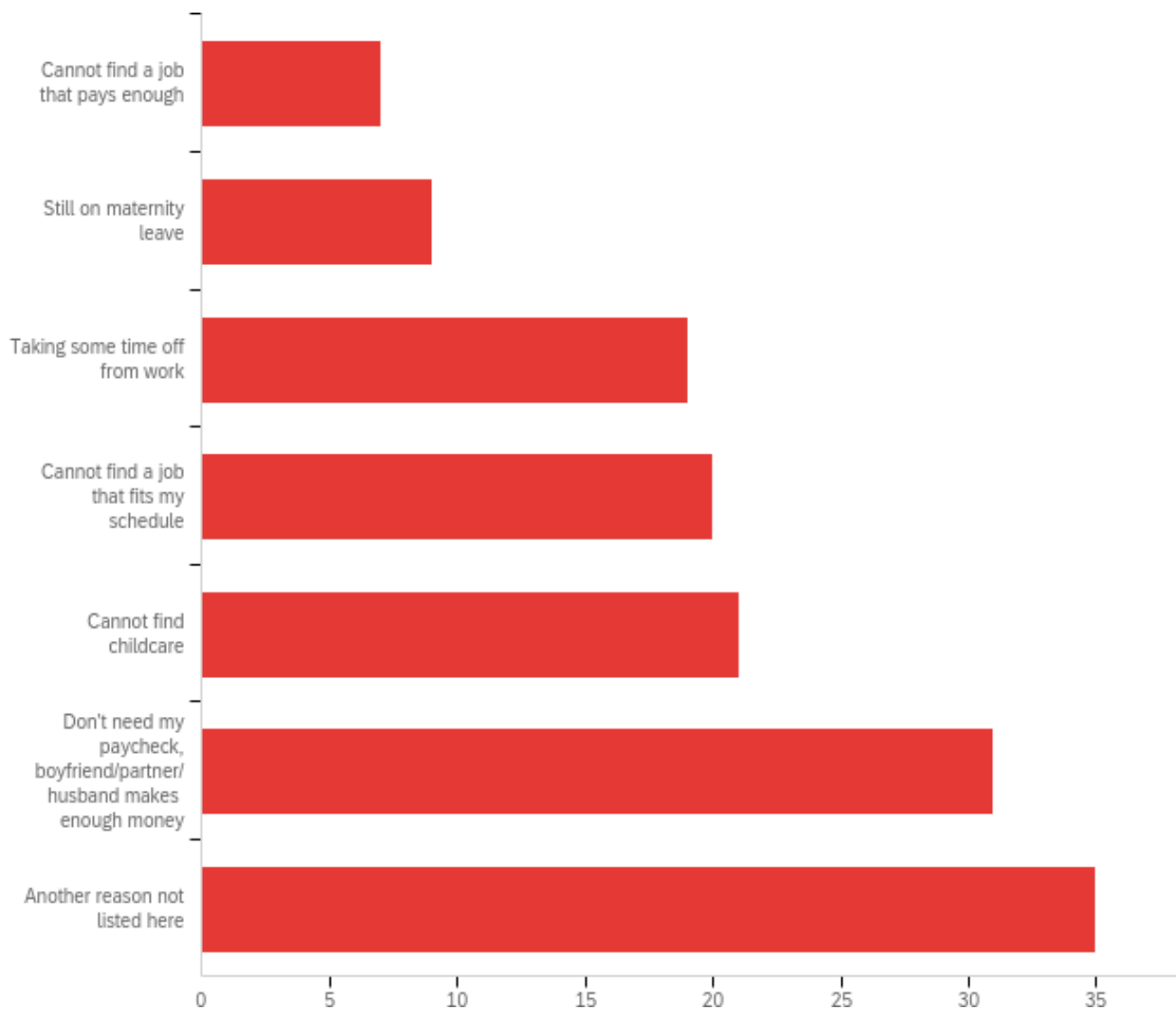
Reasons for Not Currently Working

The most frequently reported reason for not currently working was another reason not listed here (n=35) and the next most frequent reason was not needing a paycheck because the boyfriend, partner or husband makes enough money (n=31) (See Figure 63).

Three answer options were about evenly selected by respondents: could not find childcare (n=21); cannot find a job that fits my schedule (n=20); and taking some time off from work (n=19).

The two least chosen reasons were that the respondent was still on maternity leave (n=9) and not being about to find a job that pays enough (n=7).

Figure 63. Why are you not currently working? Check all that apply.



Returning to Work After the Birth of a New Baby

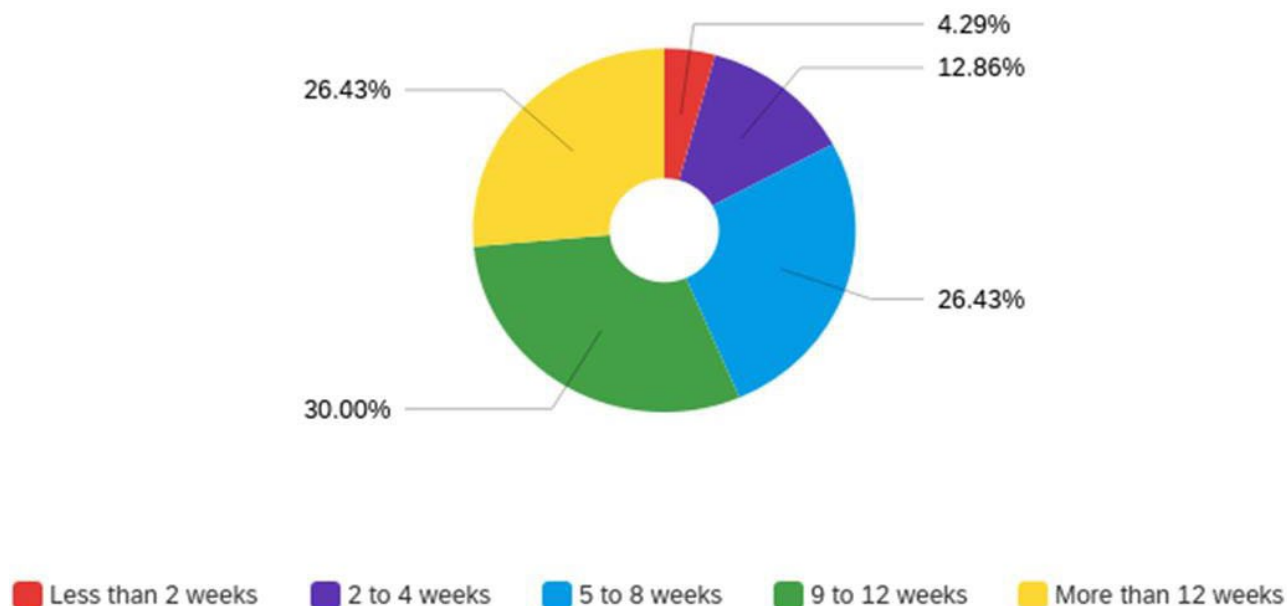
Among new moms who are currently working, fewer than 5% (n=6) of respondents returned to work in less than 2 weeks after giving birth to their baby. 12.86% (n=18) returned to work after 2 to 4 weeks. 26.43% (n=37) returned to work in 5 to 8 weeks, 30.00% (n=42) returned to work 9 to 12 weeks, and 26.43% (n=37) took more than 12 weeks to return to work after having their baby (See Figure 64).

Majority of the pregnant women as well as new moms continue working throughout part of their pregnancy. Among these working women, only half of them requested accommodation. Most of the employers were able to fulfill the requested accommodations either completely or partially. Only a small minority of the employers fulfilled none of the accommodations requested.

For women who returned to paid employment after giving birth, almost half returned less than two

months after giving birth whereas the remaining half returned to work after 2-3months.

Figure 64. How soon after your new baby was born did you return to work?



In summary, this section describes the employment and work experience during the most recent pregnancy and after having a baby. The majority of women worked during their pregnancy. Among the currently pregnant women most of the women didn't request any accommodations from employer due to pregnancy-- such as ability to sit or no overtime. Among women who requested for accommodations, most of their employers provided all the accommodations. Post-pregnancy most respondents said that they are not working currently because they did not need a paycheck as their boyfriend/partner/husband makes enough money or could not find childcare or could not find job that fits their schedule. Among women who started working, most returned to work with 12 weeks of giving birth.

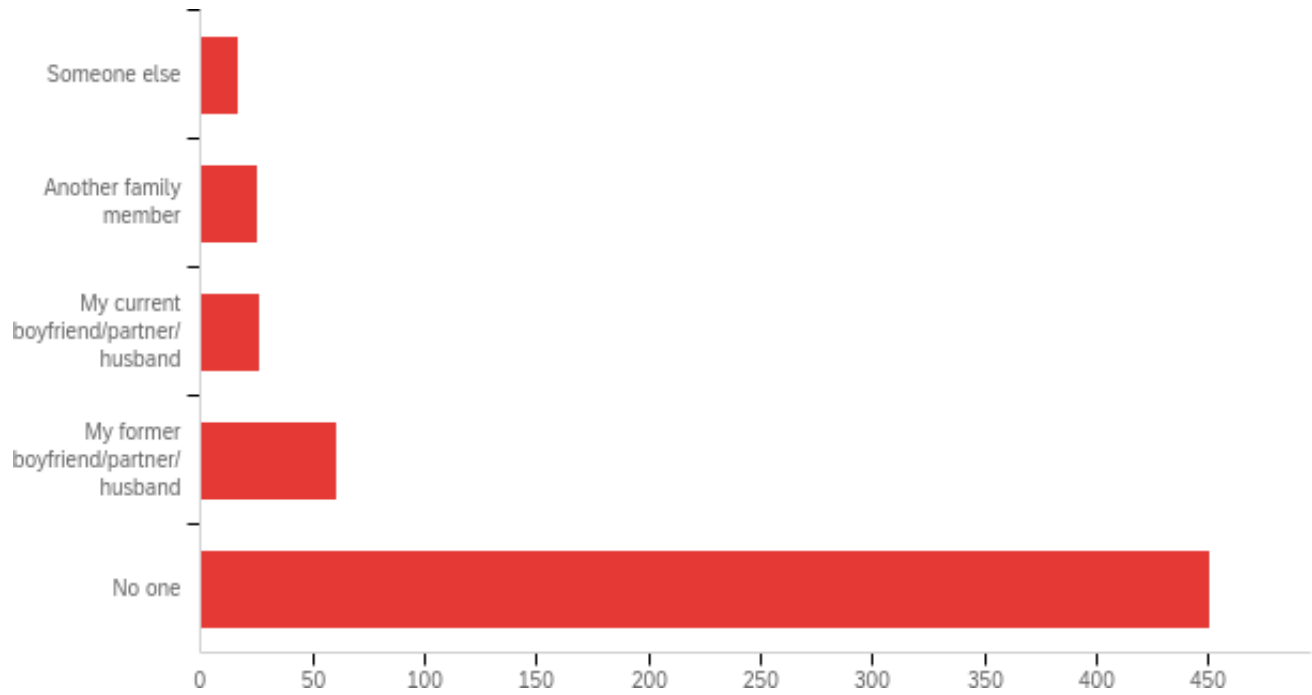
Violence

Respondents were asked about the physical, emotional or financial abuse they have experienced in the 12 months before they got pregnant, during pregnancy, or after their baby was born.

Cause of Physical Harm

The majority of respondents indicated that no one push, hit, slap, kick, choke or physically hurt them (n=451), while a former boyfriend/partner/husband hurt them (n=61), as well as their current boyfriend/partner/husband (n=26) (See Figure 65). The least number of respondents indicated that that they were hurt by another family member (n=25), or someone else (n=17).

Figure 65. Did any of the following push, hit, slap, kick, choke, or physically hurt you? Check all that apply.

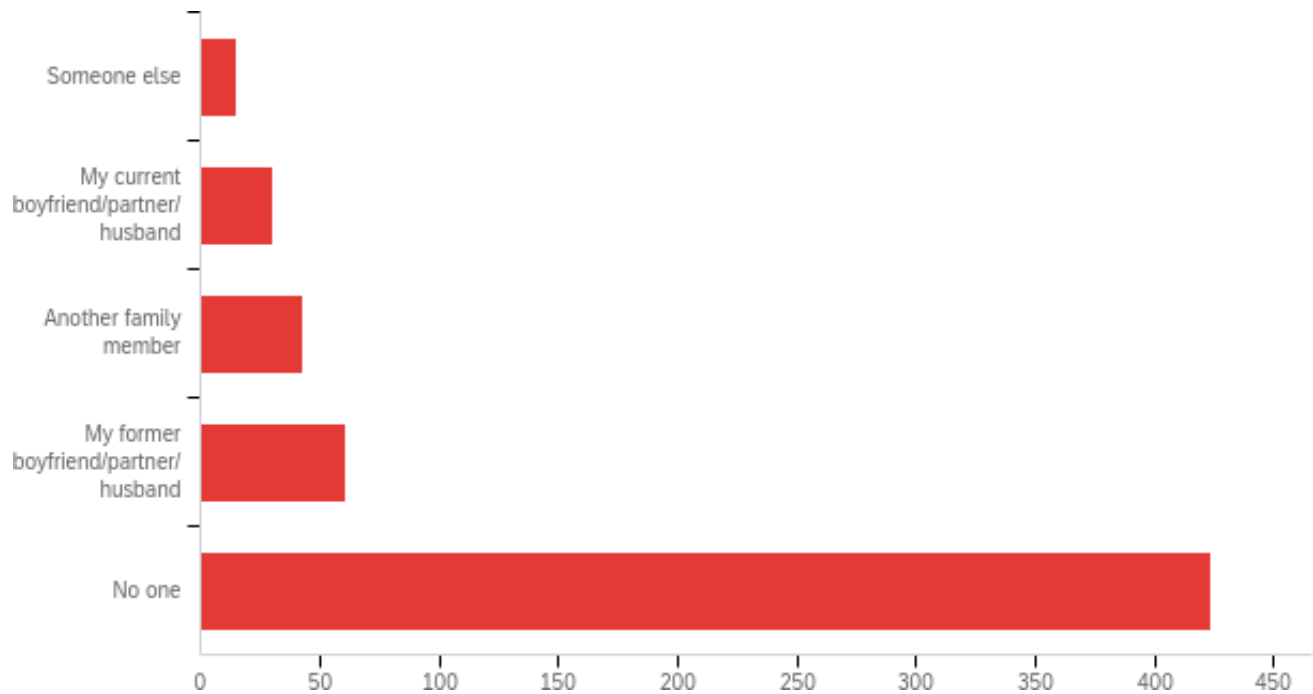


Threaten, Control, Limit, and Restrict

Respondents were asked, “Did any of the following threaten you, control who you could talk to or where you could go, limit your activities, restrict access to money or make you or other family members feel unsafe?”

The majority of the respondents (n=424) indicated that no one had done these things to them (See Figure 66). However, nearly 25% of respondents indicated that someone did: current boyfriend/partner/husband (n=30); former boyfriend/partner/husband (n=61); another family member (n=43), or someone else (n=15).

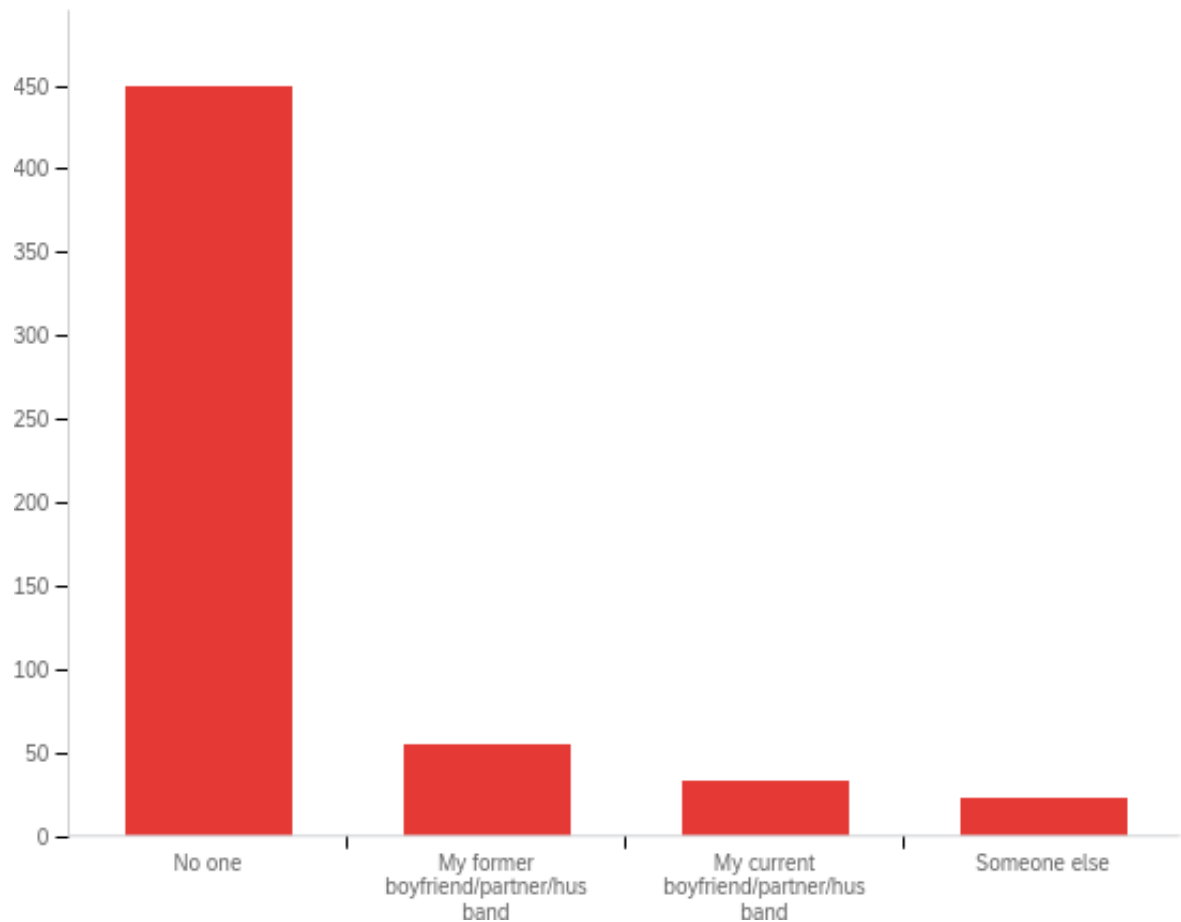
Figure 66. Did any of the following threaten you, control who you could talk to or where you could go, limit your activities, restrict access to money, or make you or other family members feel unsafe? Check all that apply.



Forced to Take Part in Touching or Any Sexual Activity

The majority of respondents (n=450) were not forced them to take part in touching or any sexual activity when they did not want to (See Figure 67). However, 33 respondents indicated that their current boyfriend/partner/husband, their former boyfriend/partner/husband (n=55) or someone else (n=23) forced them to take part in touching or any sexual activity when they did not want to.

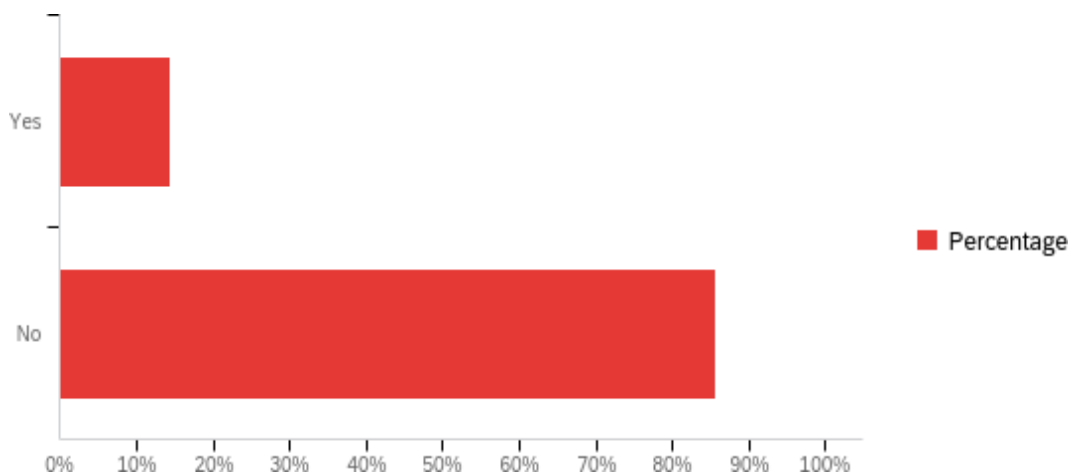
Figure 67. Did any of the following force you to take part in touching or any sexual activity when you did not want to? Check all that apply.



Kept from Using Birth Control by Baby's Father

The vast majority of respondents indicated that the baby's father never tried to keep them from using birth control (88.71%; n=348) whereas 14.29% (n=64) of respondents experienced this (See Figure 68).

Figure 68. Before you got pregnant with your baby, did the baby's father ever try to keep you from using birth control? For example, did he hide your birth control, threaten you, accuse of you of distrusting him, throw it away, refuse to wear a condom, etc.



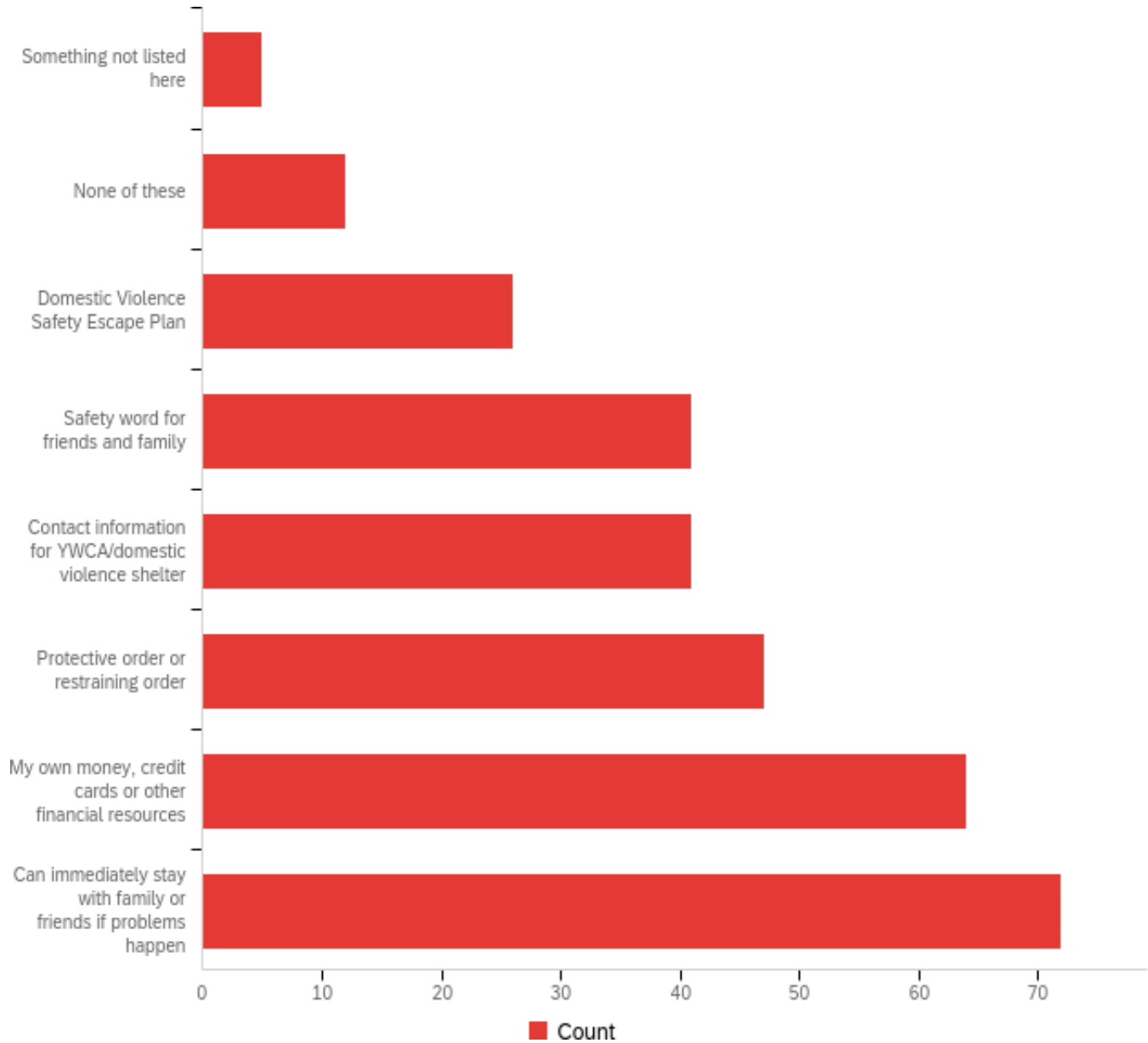
Resources to Ensure Safety for Self and Children

Among respondents who indicated that they experienced violence, the survey asked about plans to ensure the safety of themselves and their children. The most common plan is to immediately stay with family or friends if problems happen (n=72), followed by having their own money or credit cards or other financial resources (n=64) (See Figure 69).

The most common set of resources/plan was having a protective order/restraining order (n=47), followed by contact information for YWCA or domestic violence shelter (n=41), a safety word for friends and family (n=41), and domestic violence safety escape plan (n=26).

The least common resources include “none of these” (n=12) and “something not listed here” (n=5).

Figure 69. Do you have any of these for yourself and your child(ren)? Check all that apply.



This section analyses the abuse faced by the pre-pregnant, pregnant women, and new moms either physically, emotionally, or financially. Majority of these women had not faced any issues physically, emotionally, financially, threaten, control and limit their activities, restrict access to money or make them and their family members feel unsafe, or forced to take part in any sexual activity. However, a minority of the women faced such problems either from their current or former partner, a family member or someone else. Most of the women were not forced to use birth control by the baby’s father. Only a few of them had gone through such a problem. The majority of the women have resources if any problems occur.

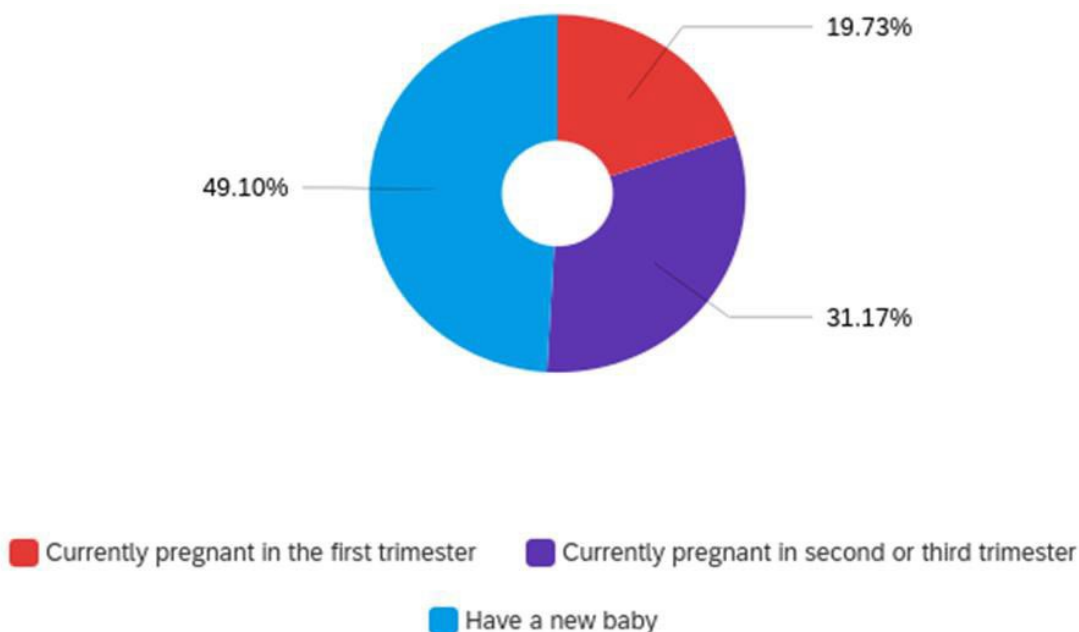
Kick Counts

Pregnant women who were in their 2nd and 3rd trimester and new moms were asked about their use of kick counts while pregnant. “Kick counts refer to counting baby’s kicks and movements to monitor how he or she is doing. Tumbles, kicks, and punches all count, no matter how subtle. Little bumps such as hiccups don’t count toward kick counts. It’s simple, safe, and goes a long way at helping to prevent pregnancy complications, including stillbirths” (Howland, 2020). In other words, kick counts offer a no-tech option for monitoring for fetal distress, allowing the mother to seek care before serious problems arise.

Pregnancy 2nd or 3rd trimester or have new baby

To screen pregnant and new-baby respondents for the kick-count questions, 19.73% (n=88) of the women were currently pregnant in the first trimester, 31.37% (n=140) of the women were currently pregnant in the second or third trimester and 49.10% (n=220) of the women had a new baby (See Figure 70).

Figure 70. Which applies to you?

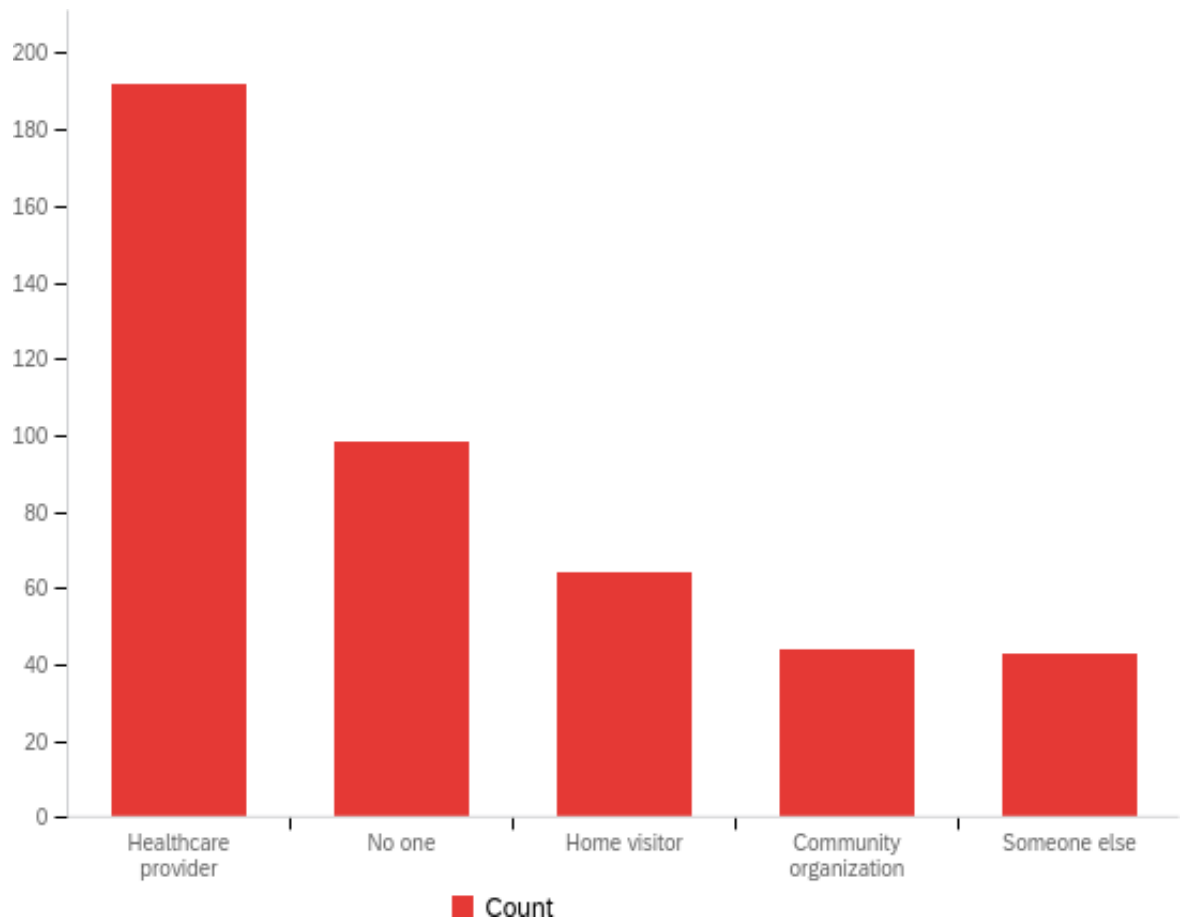


Only those who answered in second or third trimester or had a new baby were asked about their use of kick counts.

Who Taught Respondent Kick Counts

The most common way that the women in their 2nd or 3rd trimester or new moms were taught to track their baby’s movements or do kick counts was by the healthcare provider (n=192), followed by “no one” (n=98), or the home visitor (n=64) (See Figure 71). The two least common ways to learn about kick counts were by the community organization (n=44) and by someone else (n=43).

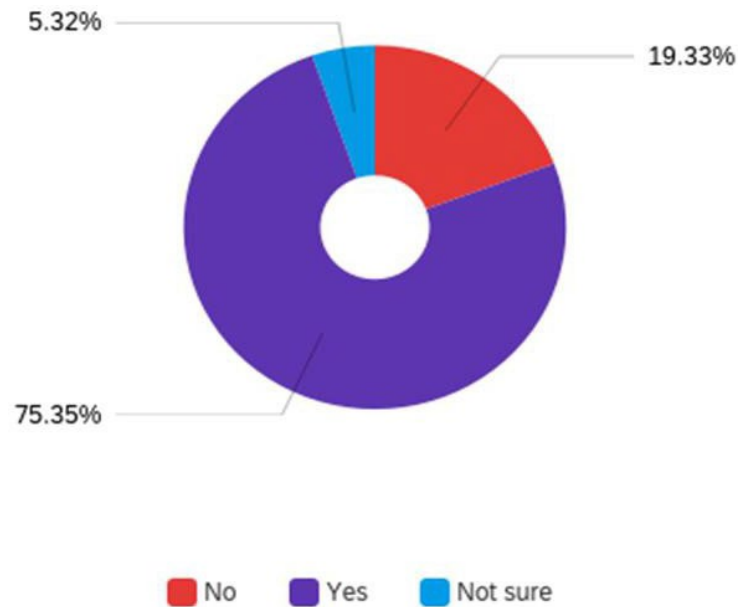
Figure 71. Some women track their baby's movements or do "kick counts" in the 2nd and 3rd trimester. Who taught you how to track your baby's movements or do kick counts while pregnant? Check all that apply.



Explanation of Importance of Kick Counts

Almost 1/5th of the women received no explanation about why tracking their baby's movements or doing kick counts are helpful to a healthy pregnancy (19.33%; n=70), and about three quarters received an explanation about why tracking their baby's movements or doing kick counts are helpful to a healthy pregnancy (75.35%, n=269) (See Figure 72). A small minority were not sure they should use and track kick counts (5.32%, n=20).

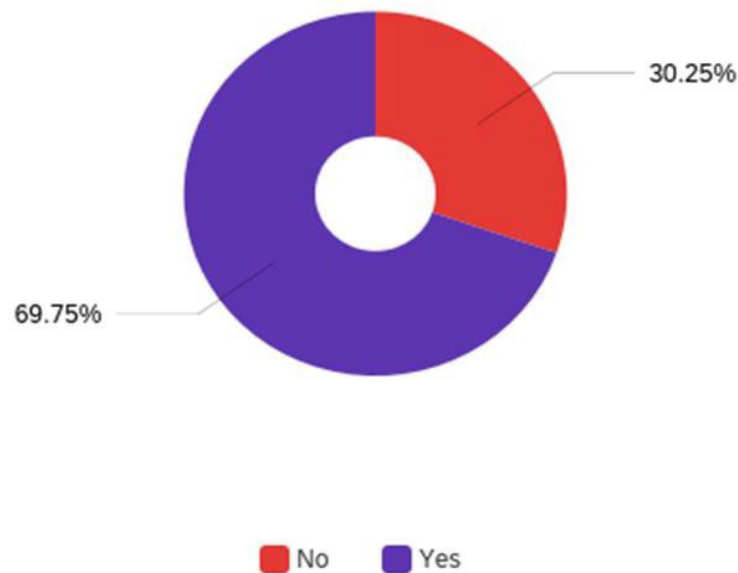
Figure 72. Did anyone explain why tracking your baby's movements or doing kick counts are helpful to a healthy pregnancy?



Tracking Baby's Movements or Kick Counts

About 1/3rd of the women did not track their baby's movements or do kick counts during their pregnancy (30.25%; n=109) and 69.75% (n=250) of the women tracked their baby's movements or do kick counts during their pregnancy (See Figure 73).

Figure 73. Did you track your baby's movements or do kick counts during your pregnancy?

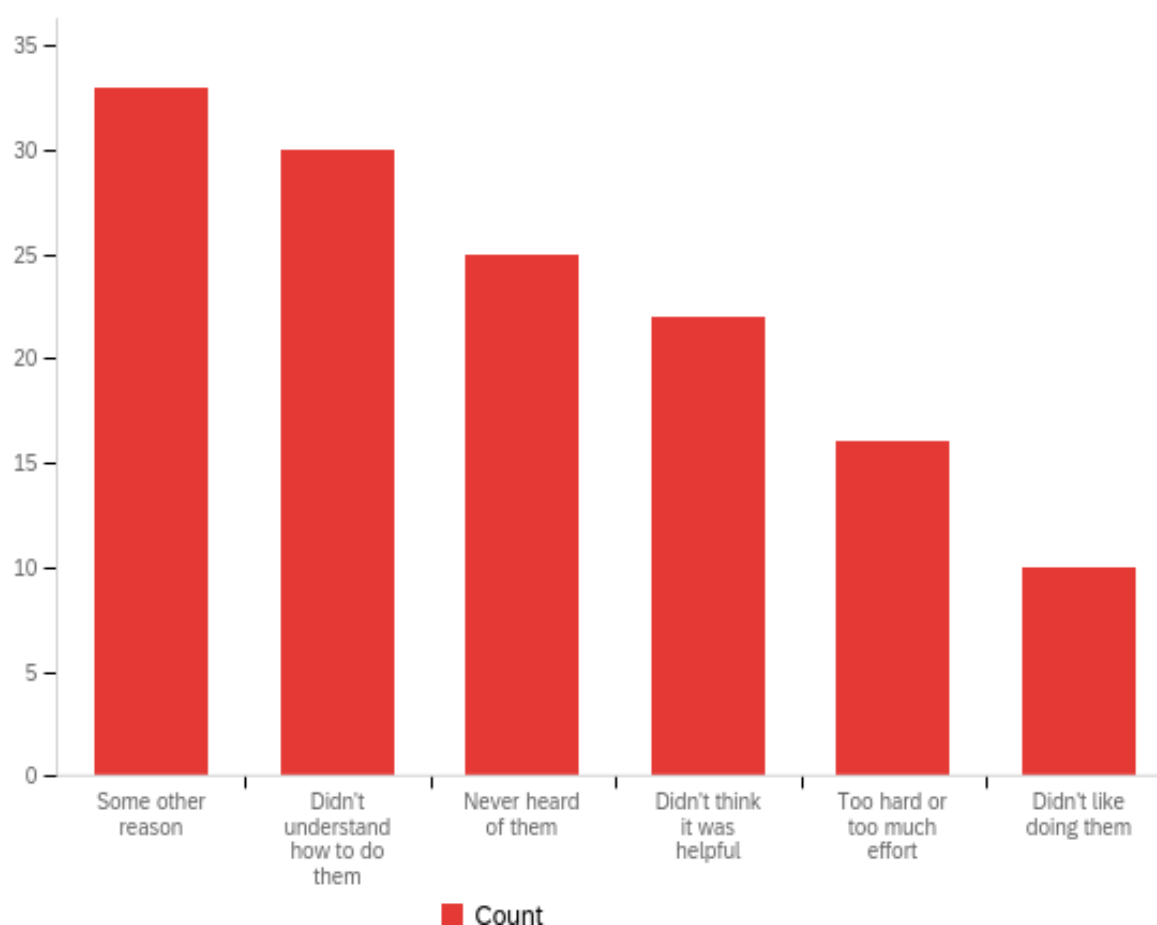


Reasons for not Tracking Baby’s Movements or Doing Kick Counts

Respondents were asked why they did not track their baby’s movements or do kick counts. The most common reasons for not tracking kick counts was “for some other reason” (n=33) followed closely by not understanding how to do them (n=30) (See Figure 74).

The next most common reason for not tracking kick counts is that they’ve never heard of them (n=25), followed by them not thinking it was helpful (n=22), and it is too hard, or too much effort (n=16). The least common reason for not doing kick counts is not liking doing the kick counts (n=10).

Figure 74. Why didn’t you track your baby’s movements or do kick counts? Check all that apply.



In summary, the majority of the women were taught to calculate kick counts by their healthcare provider. Only a minority of them did not know the importance of it or were unsure which resulted in them not tracking the kick counts. These women had several reasons for not keeping a track of kick counts. The major reason being some other reason or did not understand how to do it. Most of the remaining women have never heard of it before or did not think it was helpful and the rest of them thought it was too much effort as it has to be done every day for a couple of hours or did not like doing it.

Social Determinants of Health

Respondents were asked several questions related to social determinants of health including: housing, transportation, access to food and healthcare, and use of tobacco.

Current Residence: Permanent or Temporary

Respondents were asked if they consider their current residence as permanent or temporary. Most respondents (81.60%, n=439) said permanent, because they can stay for at least the next 90 days, not at risk of being asked to leave or do not have a move-out date and rest (18.28%, n=99) of respondents said temporary, because they have to move out within next 90 days or could be asked to leave (See Figure 75).

Figure 75. Would you consider your current residence permanent or temporary?



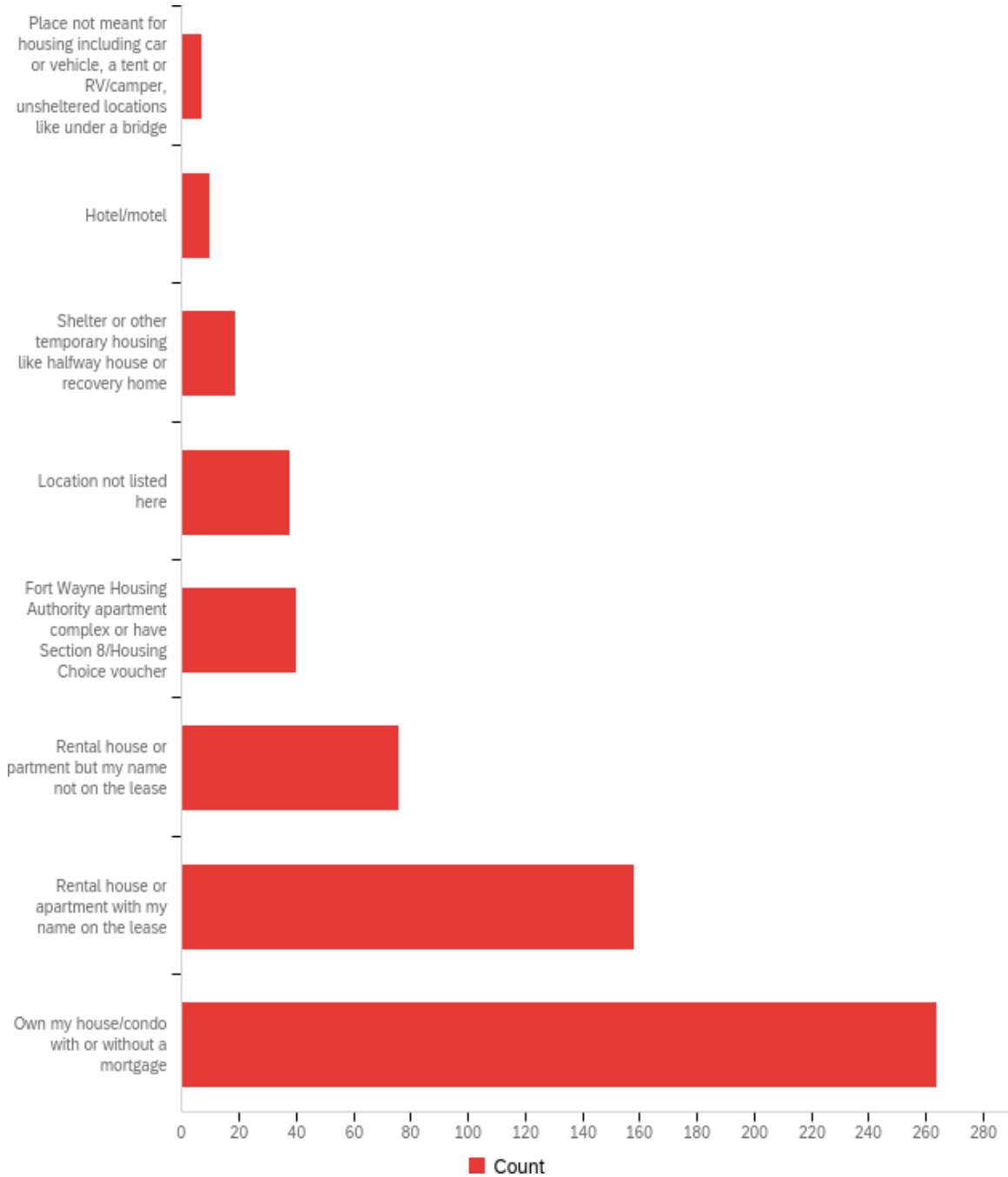
Where Respondent Lives Right Now

The two most common type of housing is owning a house/condo with or without a mortgage (n=264), followed by a rental house or apartment with their name on lease (n=158) (See Figure 76).

The next most common type of housing is a rental house or apartment but their name is not on the lease (n=76), followed by Fort Wayne Housing Authority apartment complex or have section 8/Housing choice voucher (n=40), or location not listed here (n=38).

The three least common types of housing are shelter or temporary housing like halfway house or recovery home (n=19), in a hotel/motel (n=10), or at place not meant for housing which include car or vehicle, a tent or RV/camper, unsheltered location like under a bridge (n=7).

Figure 76. Where do you live right now? Check all that apply.



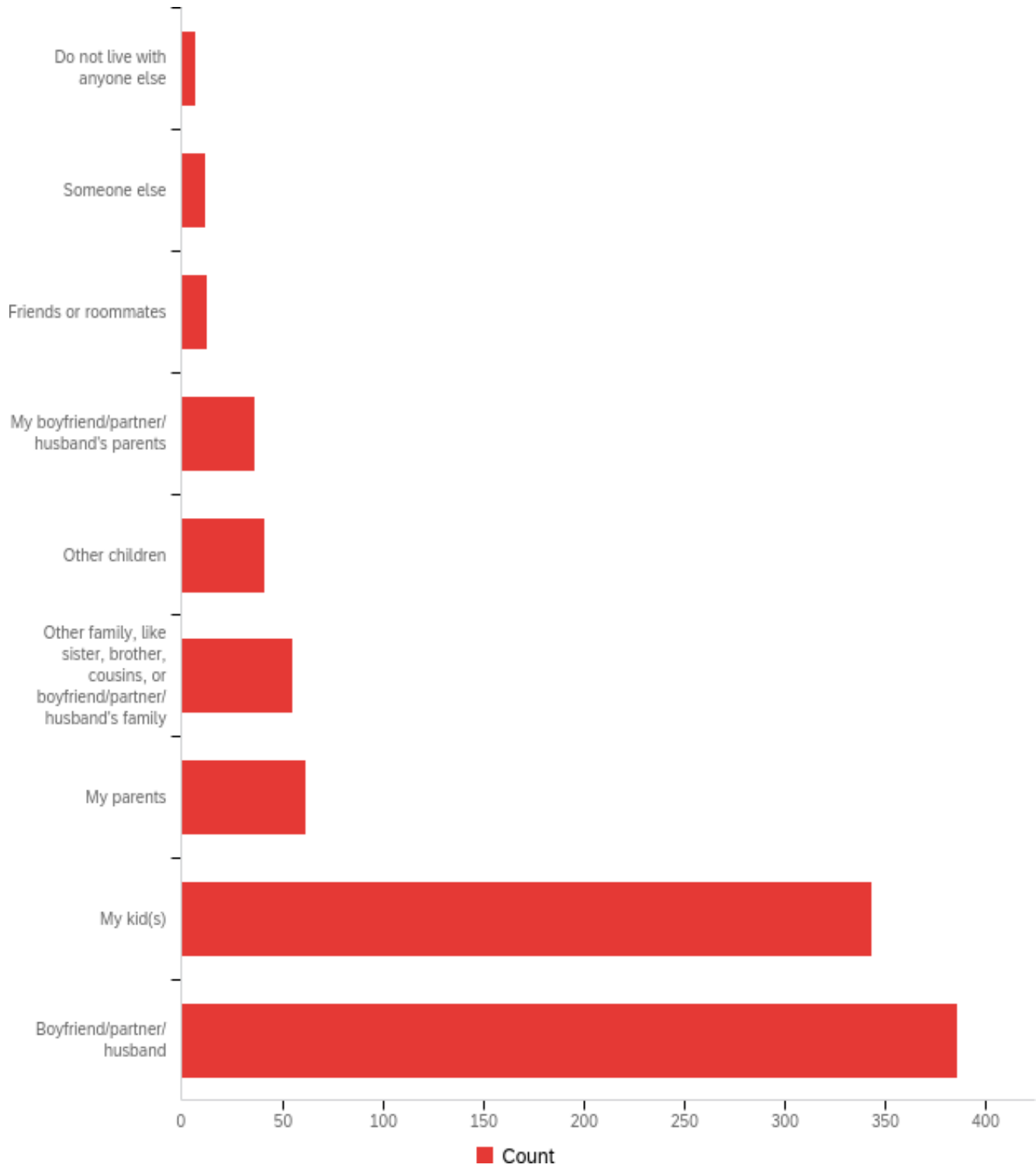
Who Lives with Respondent

The two most common people to live with the respondent is their boyfriend, partner or husband (n=386) followed by their kid(s) (n=343) (See Figure 77).

The next most common people to live with the respondent is their parents (n=62), followed by other family like sister, brother, cousins or boyfriend/partner/husband's family (n=55), then other children (n=41), or their boyfriend/partner/husband's parents (n=36).

The least common people to live with the respondent is friends or roommates (n=13), followed by someone else (n=12), or do not live with anyone else (n=7).

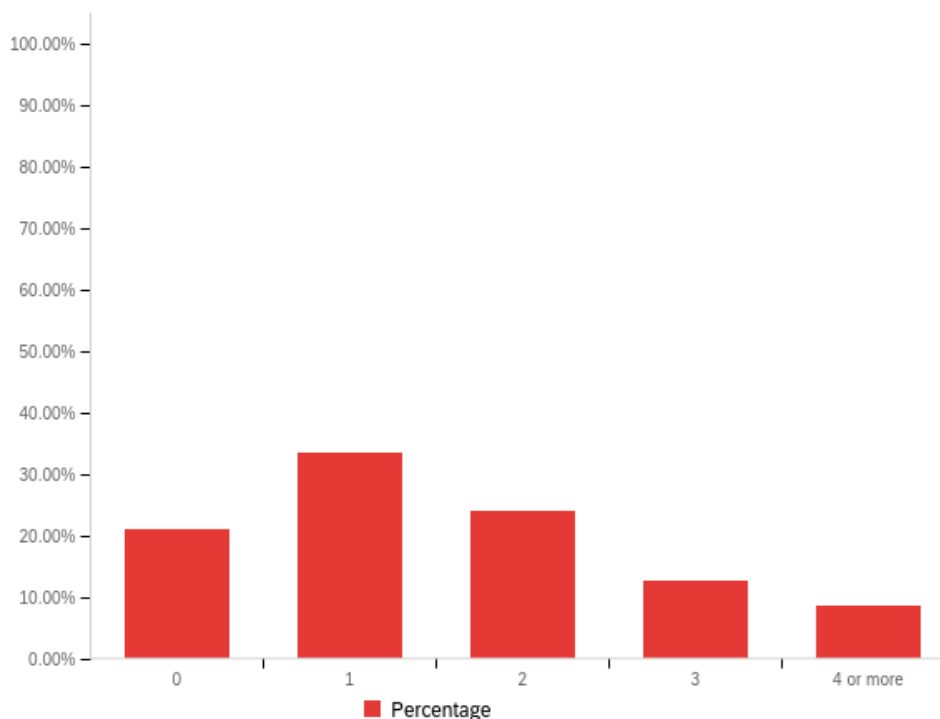
Figure 77. Who lives with you? Check all that apply.



Number of Children in Household

The survey asked all respondents how many children live with them. 21.18% (n=115) of respondents live with no children (See Figure 78). However, the majority of respondents live with at least one child: 33.52% (n=182) live with 1 child, 23.94% (n=130) live with 2 children, 12.71% (n=69) live with 3 children, 8.66% (n=47) live with 4 or more children.

Figure 78. How many children do you live with?

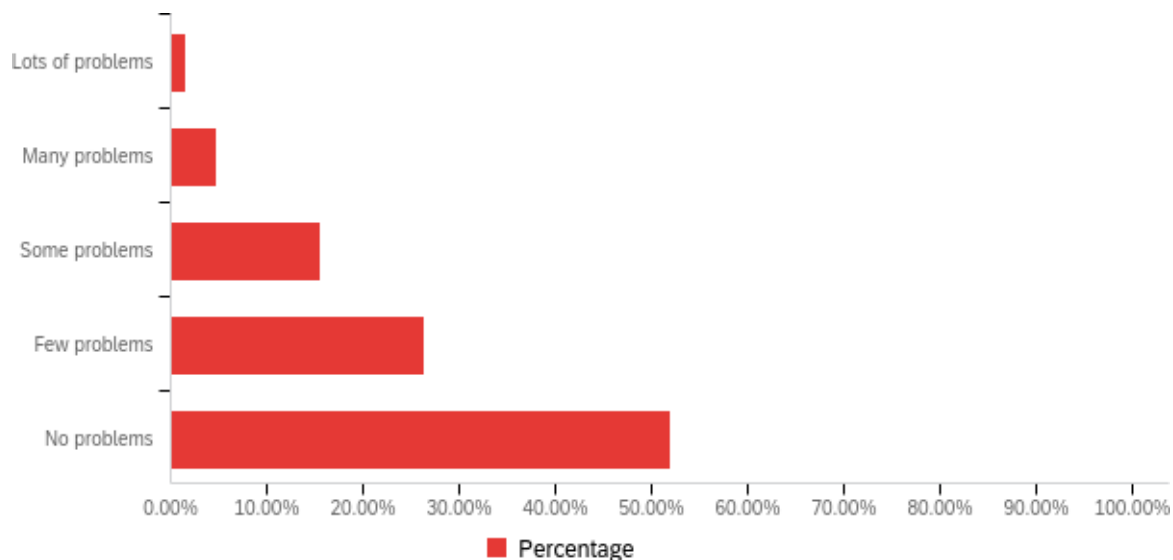


Physical Problems with Housing

Respondents were asked to describe any physical problems with where they live most of the time. Problems could be peeling paint, leaking roof or windows, mold, mice or rats, bedbugs or cockroaches, broken heating or cooling, sinks that don't drain, toilets that don't flush, holes in walls, missing interior doors, or electrical outlets that don't work.

Most respondents had no physical problems with their housing (51.83%, n=283) (See Figure 79). The other nearly 50% of respondents have varying degrees of problems with their housing: 26.37% (n=144) have few problems, 15.57% (n=85) have some problems, 4.76% (n=26) have many problems and 1.47% (n=8) have lots of problems.

Figure 79. Thinking about where you live most of the time, how would you describe any physical problems with your housing? Problems could be peeling paint, leaking roof or windows, mold, mice or rats, bedbugs or cockroaches, broken heating, cooling, etc.



Effects of Physical Housing Problems

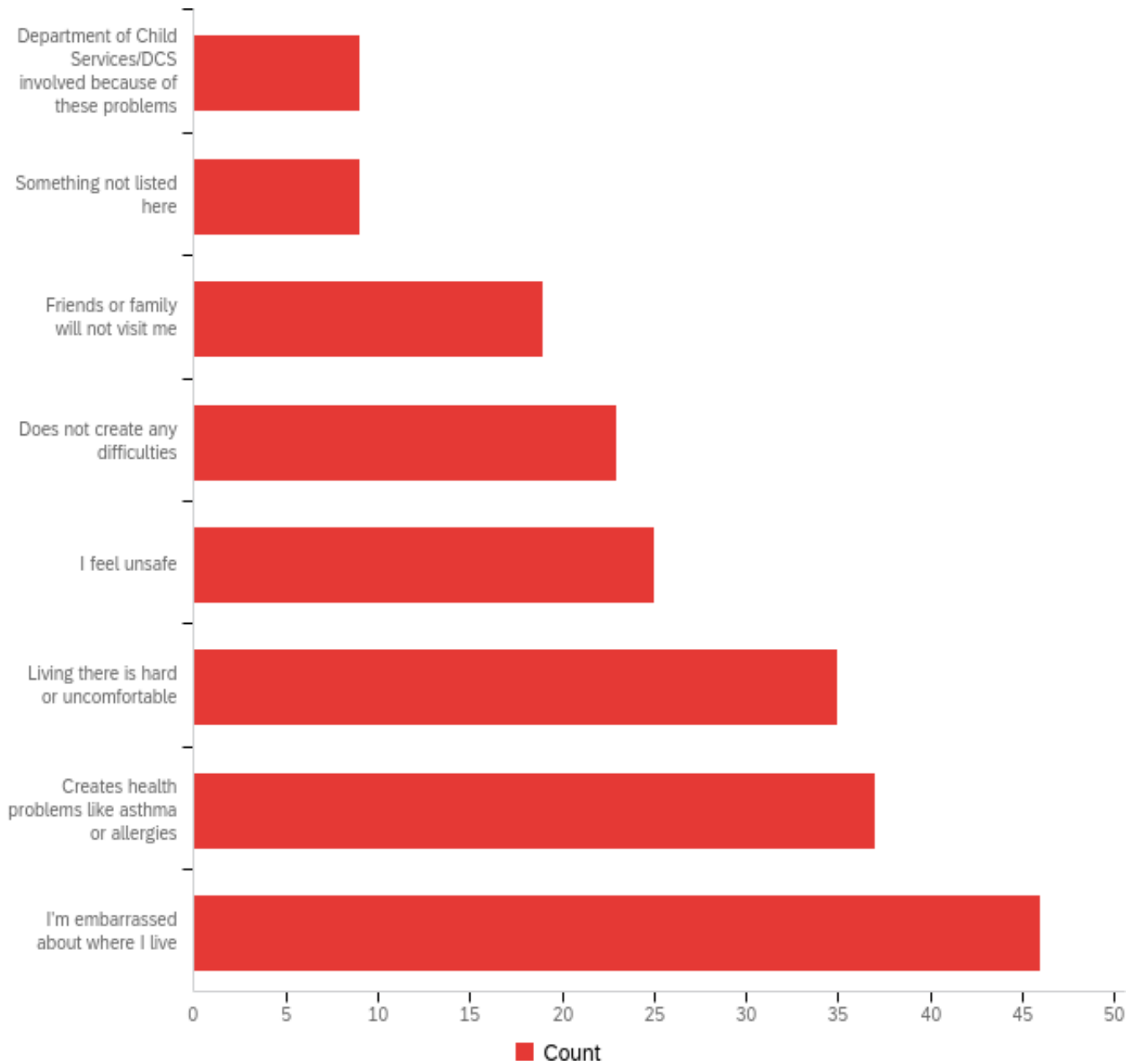
If they indicated a problem with their residence, respondents were then asked how these housing problems affect them or those living with them.

Among respondents who indicated physical problems with housing, the top three effects of housing problems include being embarrassed about where they live (n=46), health problems like asthma or allergies (n=37), living is hard or uncomfortable (n=35) (See Figure 80).

The next three most likely effects of housing problems include feeling unsafe (n=25), does not create any difficulties (n=23), or friends or family will not visit them (n=19).

The least common effects of housing problems include being involved with Department of Child Services/DCS because of these problems (n=9) or something not listed here (n=9).

Figure 80. How do these problems affect you or those living with you? Check all that apply.



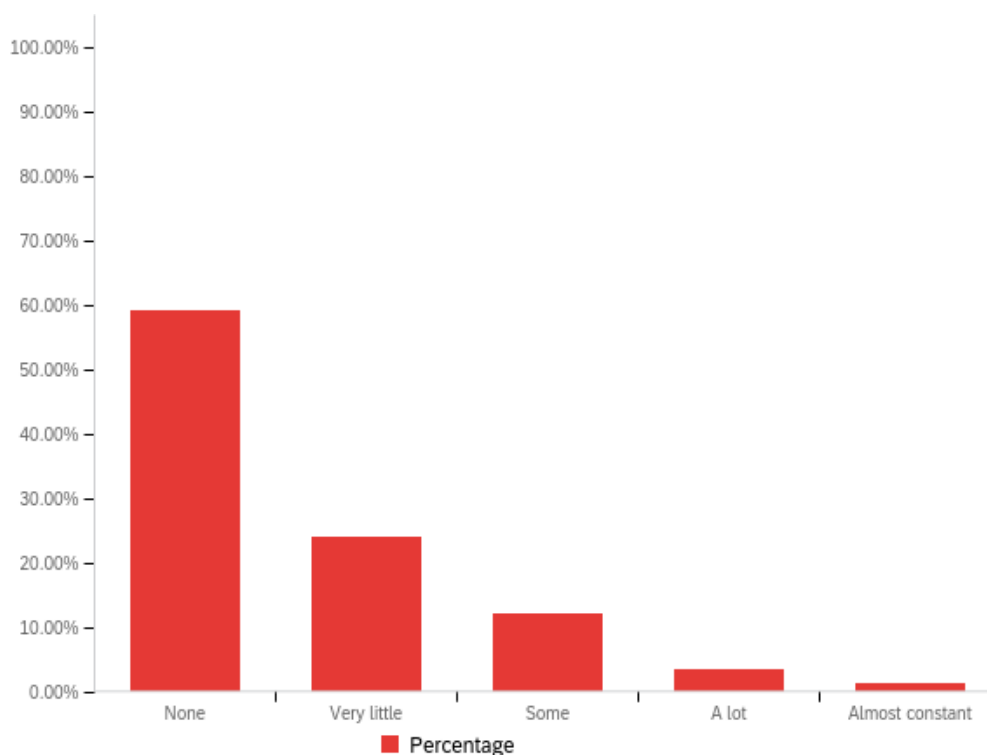
Conflict and Violence Where Women Live

All respondents were asked about how much violence or conflict or violence like screaming, yelling, fights, or physical abuse happens between people they live with, which may or may not include them.

59.18% (n=319) reported having no conflicts, 23.93% (n=129) have a very little conflicts, 12.06% (n=65) have some conflicts, 3.53% (n=19) have a lot of conflicts and the remaining 1.30% (n=7) have almost constant conflicts (See Figure 81).

While the majority of respondents have no conflict, many women are living with some degree of conflict in their lives and nearly 5% have a lot or almost constant conflict.

Figure 81. How much violence or conflict like screaming, yelling, fights, or physical abuse happens between the people you live with? This may or may not include you.



Concern about Violence and Crime in Neighborhood

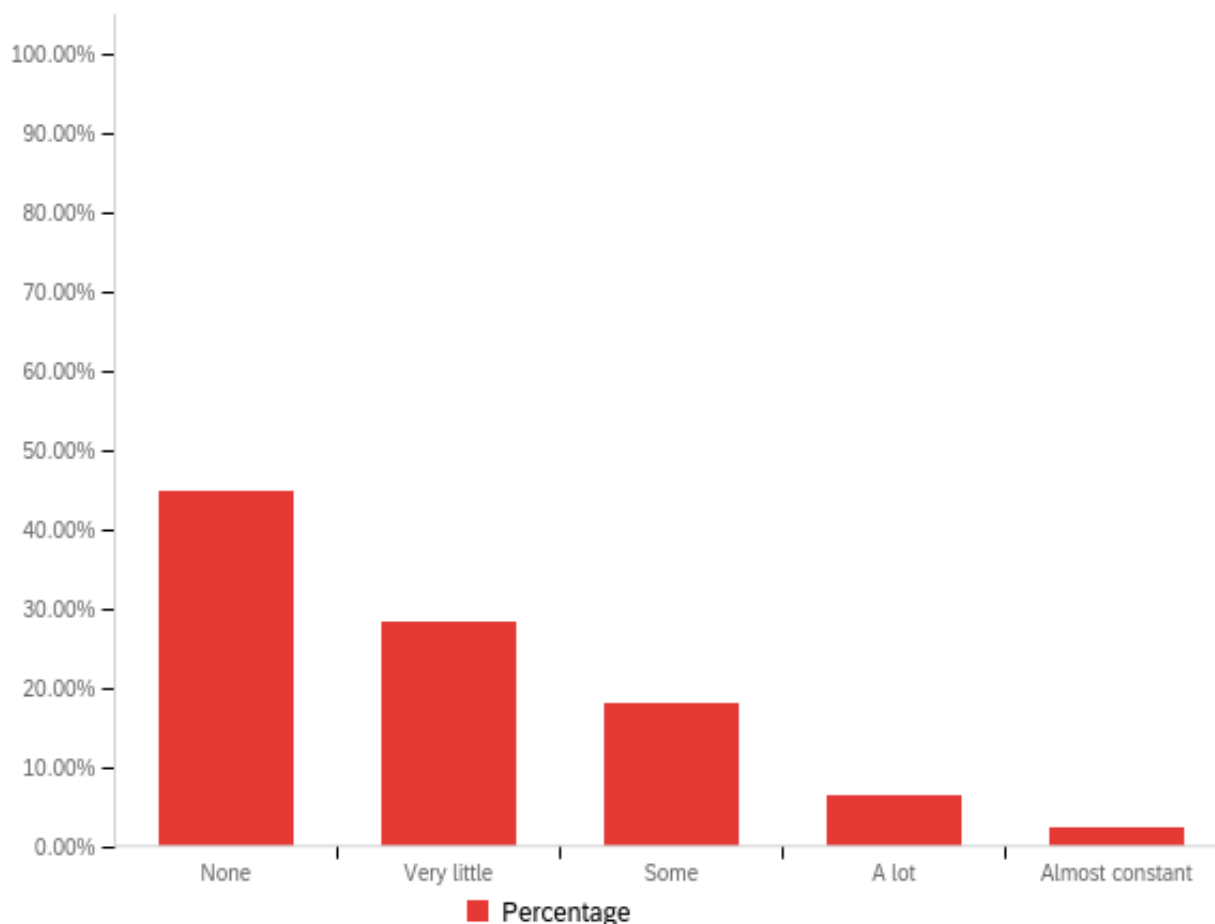
All respondents were asked about how concerned they were about violence and crime in their neighborhood.

Most respondents had little to no concern about violence in their neighborhoods: 44.80% (n=241) have no concerns and 28.25% (n=152) have very little concern (See Figure 82).

The least number of respondents have at least some concern about crime and violence (18.22%, n=98), 6.32% (n=32) of respondents have a lot of concern and the remaining 2.42% (n=13) of respondents have almost constant concern.

Taken altogether, the majority of respondents are concerned about violence and crime in their neighborhoods.

Figure 82. How concerned are you about violence and crime in your neighborhood?

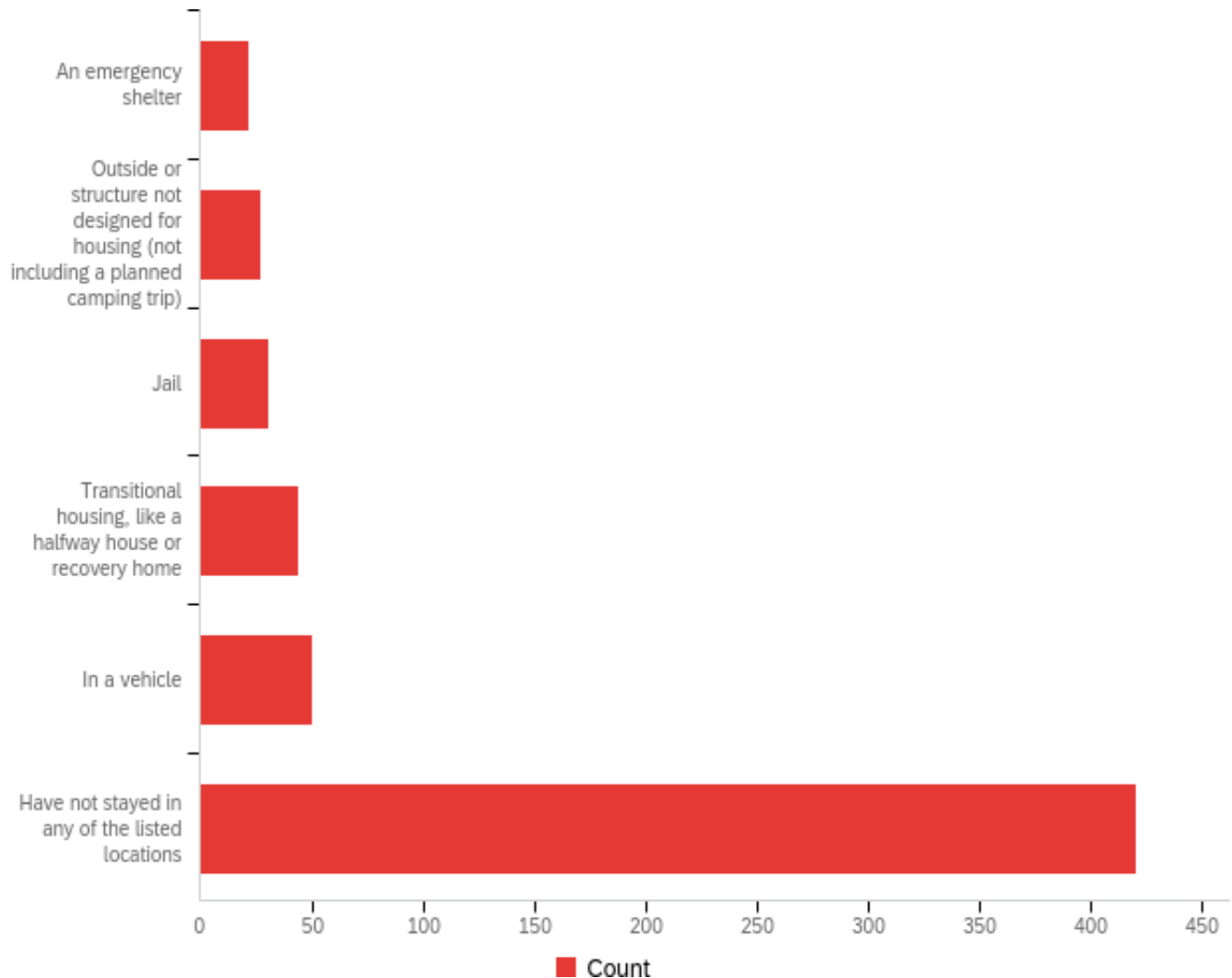


Alternative Housing

The survey asked all respondents about their use of alternative housing in the past 12 months, including the use of an emergency shelter, jail or sleeping in a vehicle.

The majority did not stay in any of the listed locations (n=421), followed by 50 respondents saying they stayed in a vehicle, 44 respondents said they stayed in transitional housing, like a halfway house or recovery home, 31 respondents have stayed in jail, 27 respondents have stayed outside or structure not designed for housing (not including a planned camping trip), and 22 respondents have used an emergency shelter in the past 12 months (See Figure 83).

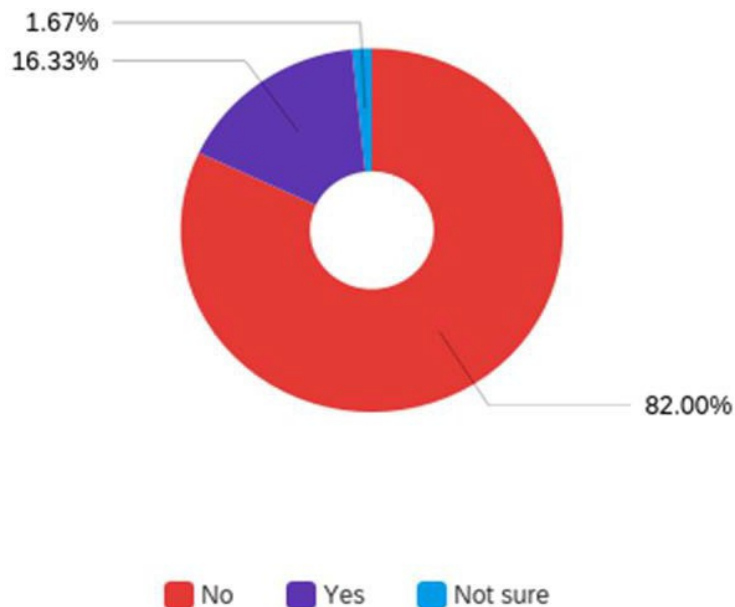
Figure 83. In the past 12 months have you ever stayed overnight in any of these places: Check all that apply.



Utility Shut Off Due to Non-payment

All respondents were asked if they have had a utility shut off due to non-payment in the past 12 months. 82.00% (n=443) did not have utilities shut off (See Figure 84). However, 16.33% (n=89) have had their utilities shut off due to non-payment and the remaining 1.67% (n=9) were not sure about the utilities being shut off due to non-payment.

Figure 84. Utility Shut Off Due to Non-payment



Social determinants of health include items such as housing, transportation, access to food, healthcare and use of tobacco. Majority of the women had no insecurity regarding housing as their stay was permanent. The majority of the women live in their own house with a mortgage or not, while the others live in a rental housing, either with their name on the lease or otherwise. Few of them stay in the State Housing Authority Apartment or some other location.

Food Security

All respondents were asked questions related to food and food security.

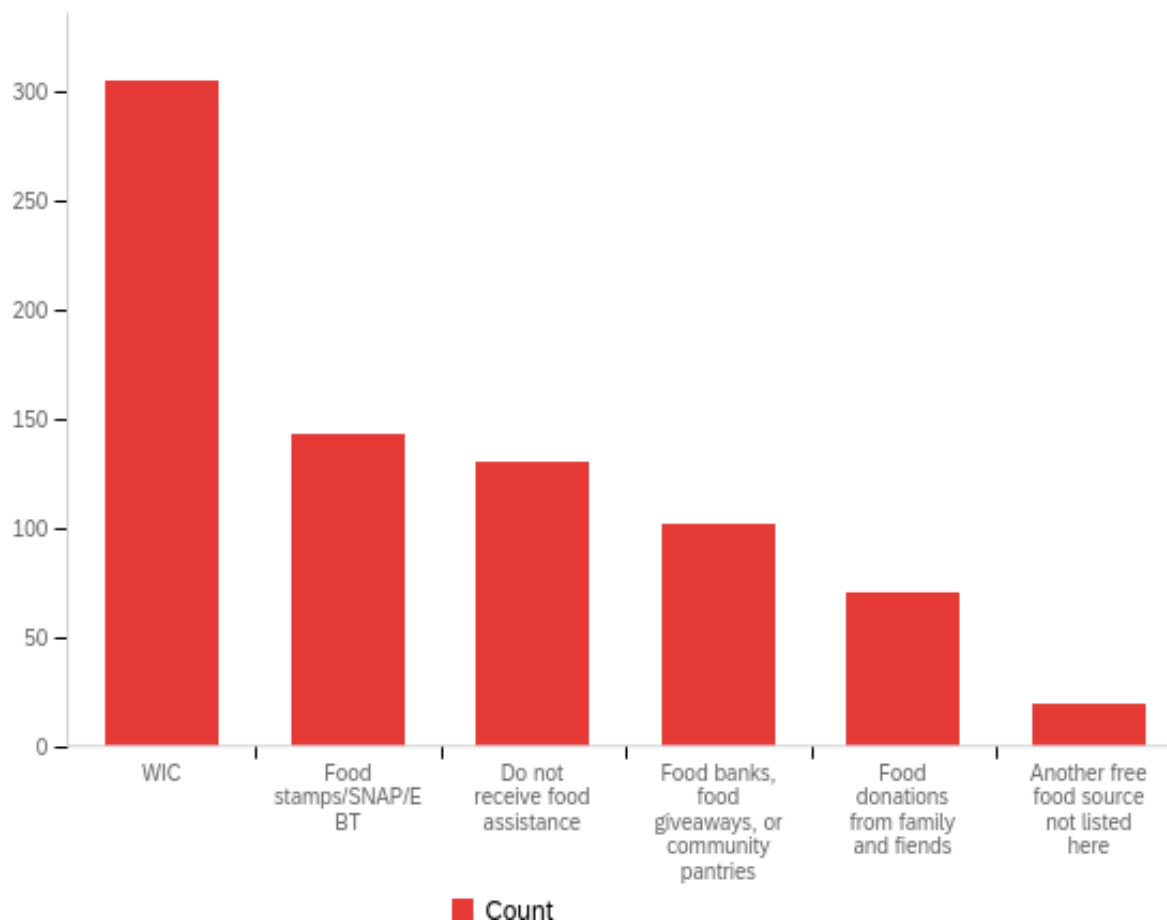
Food Assistance Sources

305 women receive benefits from the Women Infant Children (WIC) program. 143 women receive food assistance from food stamps/SNAP/EBT. 130 women do not receive food assistance, and 102 used food banks, food giveaways, or community pantries (See Figure 85).

70 respondents received food from the food donations made by their family and friends.

19 women received food assistance from another free food source not listed here.

Figure 85. Do you currently receive food assistance from the following? Check all that apply.

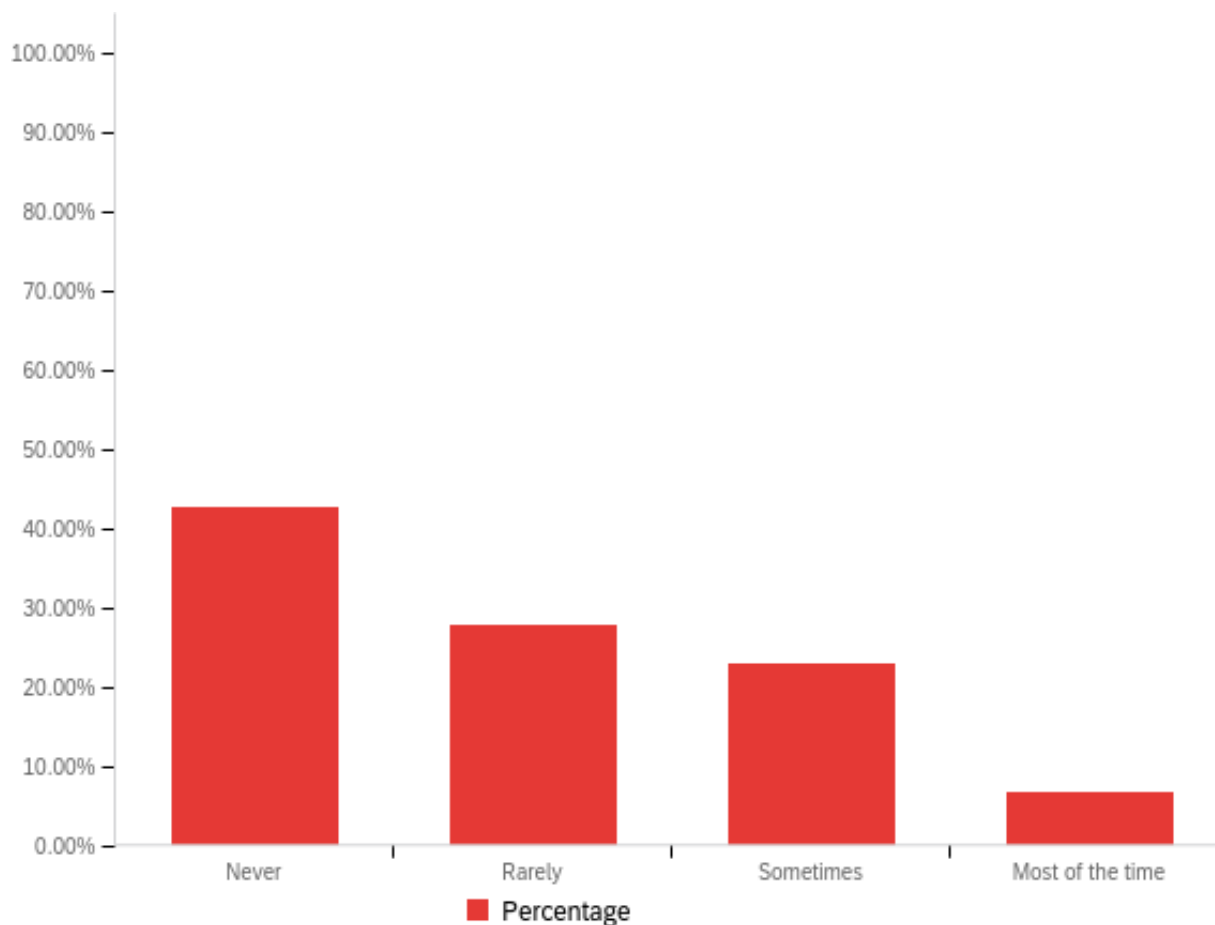


Worry About Running Out of Food

All respondents were asked about their frequency of running out of food. Over half of the women have worried about running out of food at some point in the past 12 months. 6.67% (n=36) of the women worry about running out of food most of the time, 22.96% (n=124) of the women worry about running out of food sometimes, and 27.78% (n=150) of the women worry about running out of food rarely (See Figure 86).

42.59% (n=230) of the women never worry about running out of food.

Figure 86. In the past 12 months, how often did you worry about running out of food?



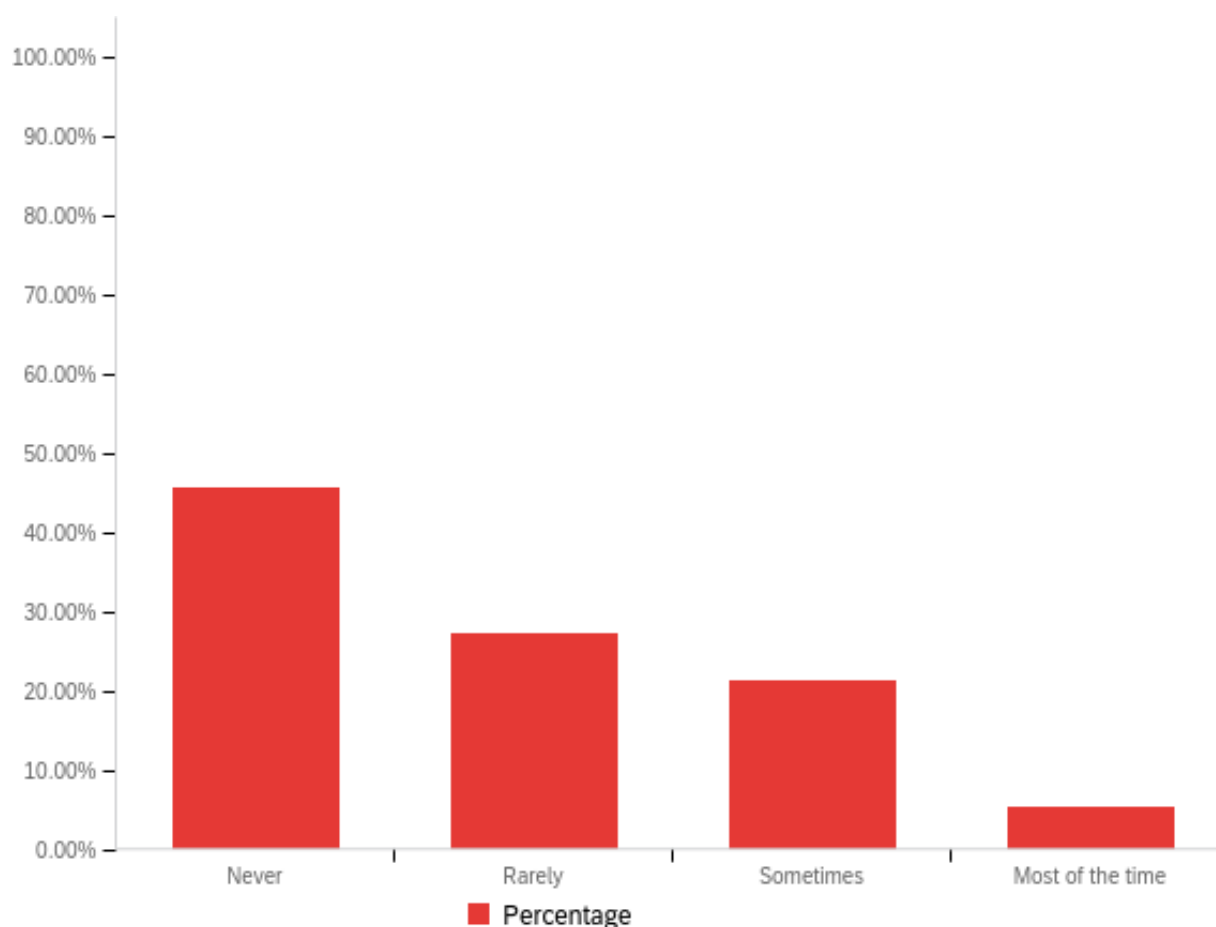
Did Not Have Enough Food or Money to Buy More

All respondents were queried about the frequency of running out of food and not having money to buy more.

5.41% (n=29) of the women did not have enough food and did not have money to buy to more most of the time, 21.46% (n=115) of the women did not have enough food sometimes, and 27.43% (n=147) of the women did not have enough food rarely (See Figure 87). 45.71% (n=245) of the women never had any such problem.

Taken altogether, over half of respondents did not have enough food or money to buy more at some point in the past 12 months.

Figure 87. In the past 12 months, how often did you not have enough food and didn't have money to buy more?



Overall, most of the women received food assistance from various sources including WIC, SNAP, food giveaways, community pantries, food donations from family, well-wishers and other sources. Some women did not receive any food assistance. About half of the women feared running out of food or having money to buy more. Some of the women feared running out of food and money rarely or sometimes.

Tobacco Products

All respondents were asked were asked about their use of and exposure to tobacco products.

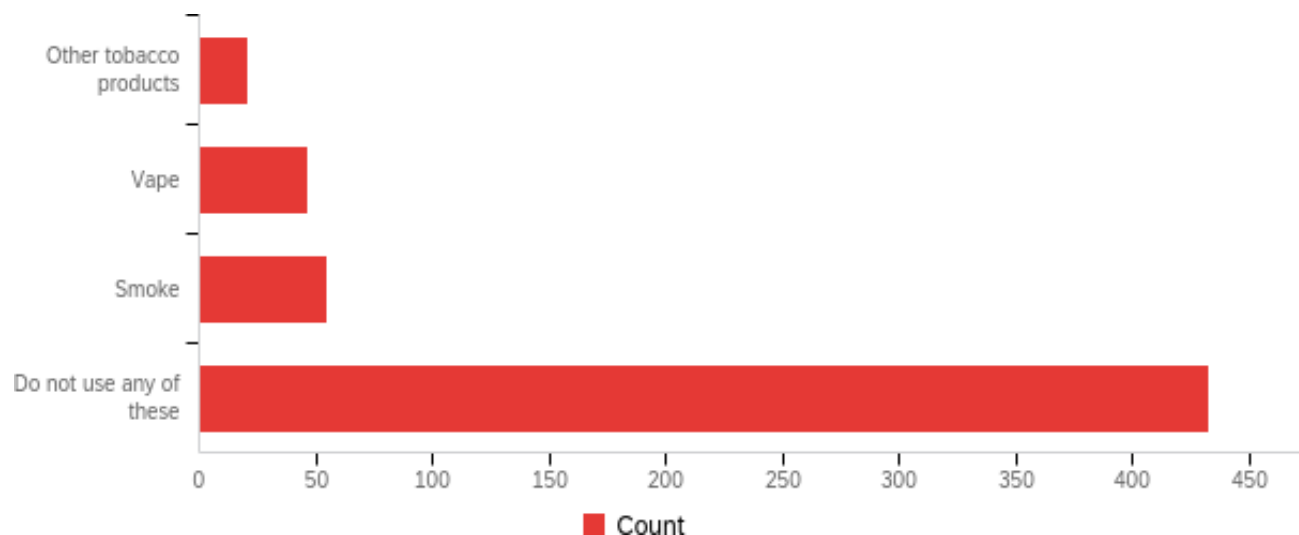
Respondent use of Smoke, Vape, or other Tobacco Products

433 of the women do not smoke, vape, or use other tobacco products (See Figure 88).

The next most common set of responses included smoke (n=55), followed by vaping products (n=46), and 21 of the women use other tobacco products.

Monitoring System (PRAMS), 2016–201 states that 53.5% of the women smoked during the 3 months before pregnancy, during the last 3 months of pregnancy and postpartum. 6.8% of the women smoked e-cigarette during the 3 months before pregnancy and during the last 3 months of pregnancy. 4.6% used hookah in the past two years ([Pregnancy Risk Assessment and Monitoring System\(PRAMS\)., 2016-2019](#)).

Figure 88. Do you currently smoke, vape or use other tobacco products? Check all that apply.

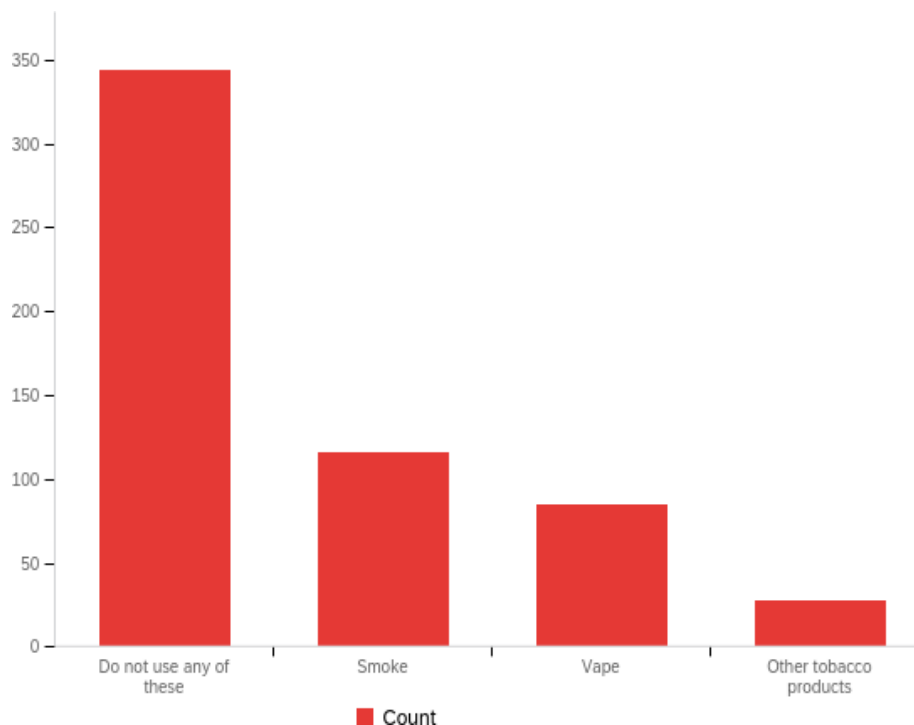


Live with Smoke, Vape, or other Tobacco User

All respondents were asked if they live around smoking, vaping, or other tobacco products.

344 of the women are not exposed to smoke, vape, or use other tobacco products (See Figure 89). The next most common set of responses included smoke (n=116), followed by vaping products (n=85), and 27 of the women use other tobacco products.

Figure 89. Does anyone who currently lives with you smoke, vape or use other tobacco products? Check all that apply.



In conclusion, the majority of the women do not use any of these products. A minority of the women either smoke, vape or use other tobacco products or live with someone who does.

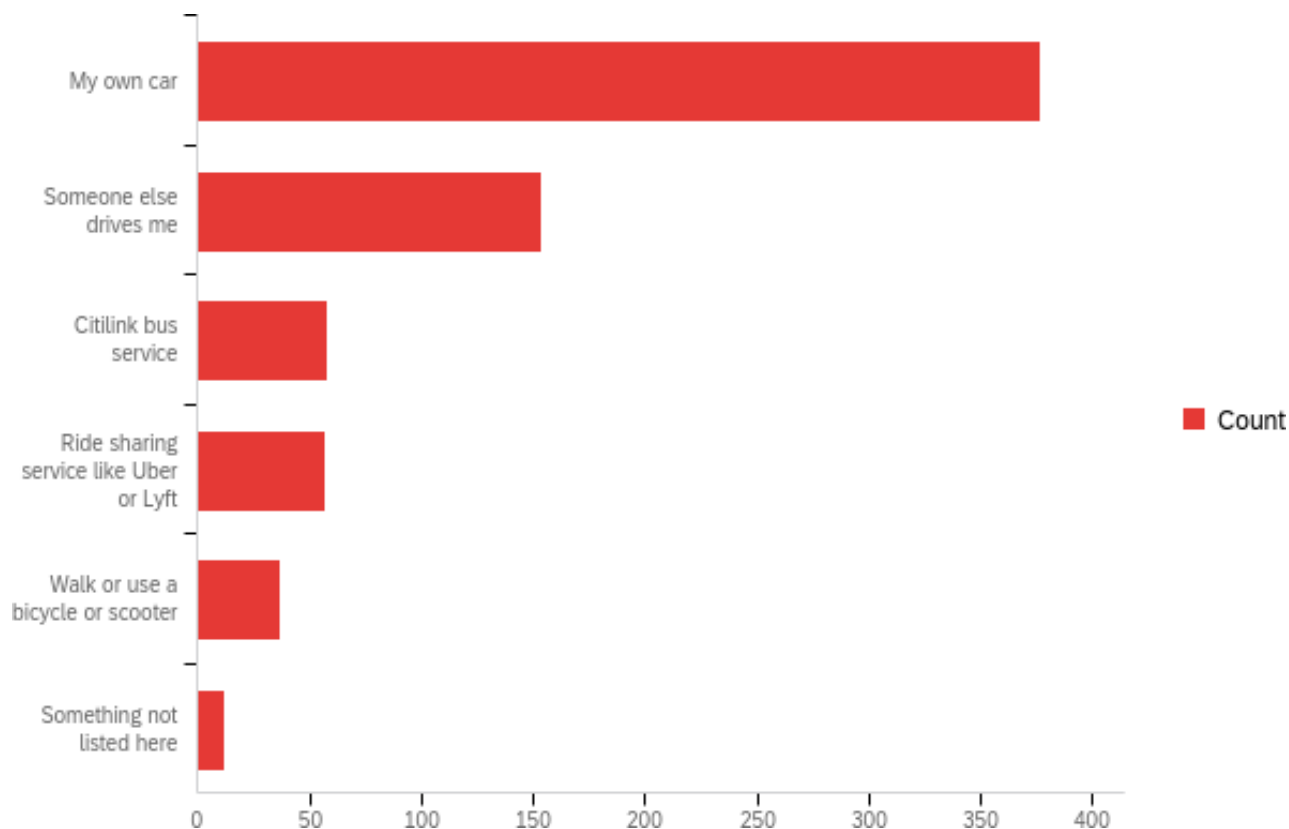
Transportation

All respondents were asked about their use of and access to transportation methods and obstacles.

How Respondents Get to Places They Need to go

Most women had their own car to get where they need to go (n=377) (See Figure 90). However, the second most common reported way to get places was having someone else who drives them (n=154), followed by using Citilink bus service (n=58), ride sharing service like Uber or Lyft (n=57) and then walking or using a bicycle or scooter to get where they need to go (n=37). The least common approach was using something which is not listed here (n=12).

Figure 90. How do you get to the places you need to go? Check all that apply.



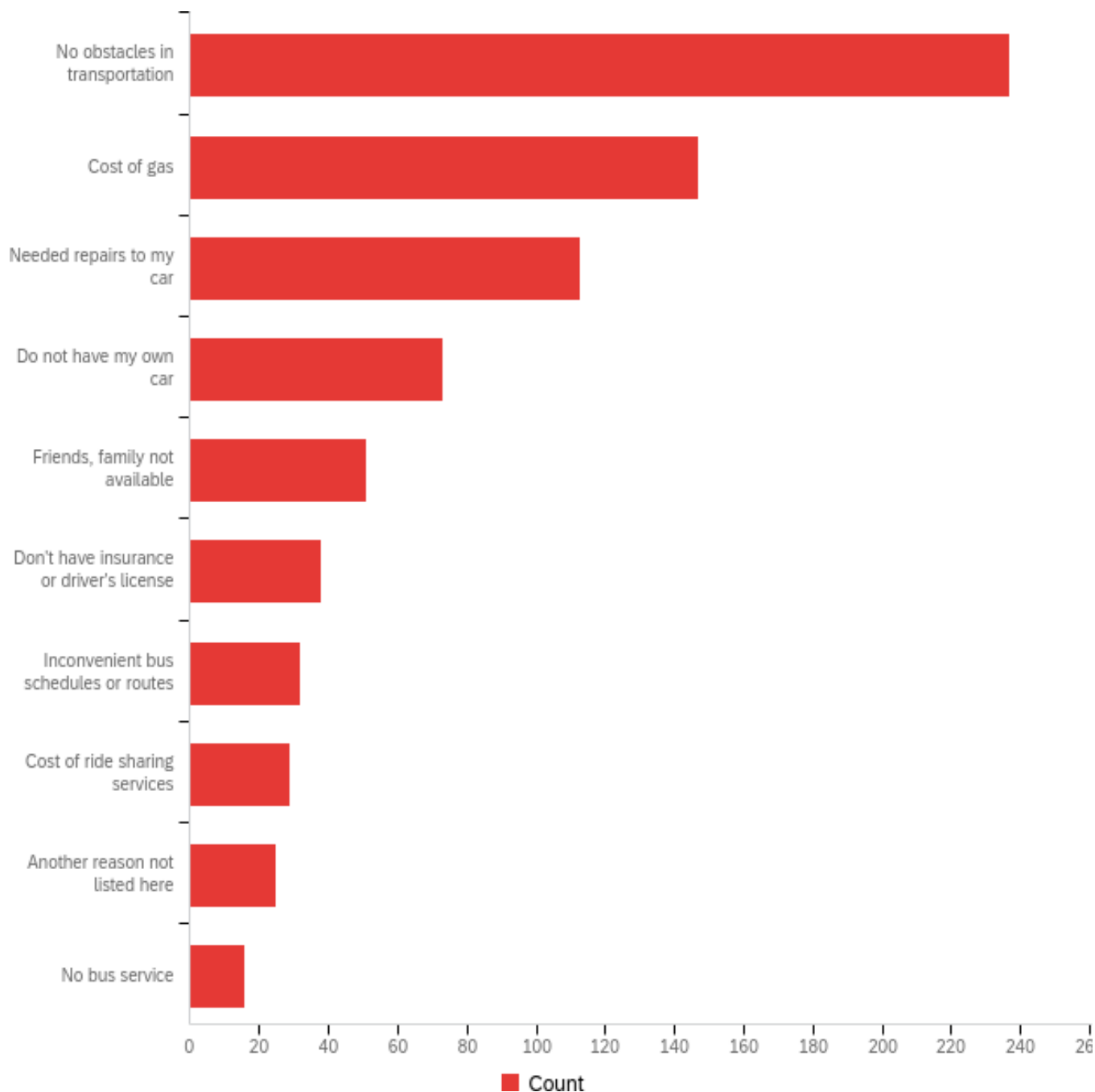
Transportation Obstacles

The majority of women indicated they had no obstacles in transportation (n=237) (See Figure 91). This survey was conducted before the spring and summer surge in gas prices so more women may indicate the cost of gasoline or other challenges due to increases in gas prices now as compared to when the survey was conducted.

Among women with transportation obstacles, the cost of gas (n=147) was the most commonly reported reason, followed by needing repairs to the car (n=113), not having a car (n=73), and friends, family are not available (n=51).

The least common reasons were due to not having insurance or driver's license (n=38), inconvenient bus schedules or routes (n=32), cost of ride sharing (n=29), another reason not listed here (n=25), and no bus service (n=16).

Figure 91. What are your obstacles in transportation? Check all that apply.



In summary, most women either had their own car or someone else who drove them. Some women faced financial related obstacles such as cost of gas and needing car repairs.

Access to Healthcare

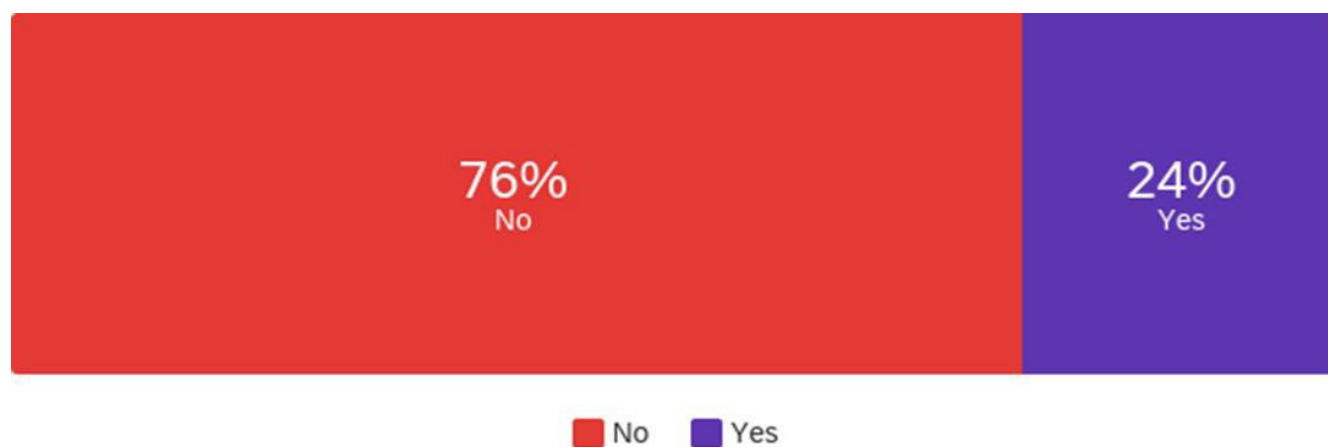
All respondents were asked about access to healthcare including how healthcare providers' daytime hours affect ability to receive care, and why daytime hours do and do not limit access to healthcare.

Daytime Hours Effect on Ability to Receive Care for Self

All respondents were asked if they were typically available during daytime hours on weekdays to receive healthcare for themselves.

More than three quarters of respondents (76%; n=407) indicated that healthcare services being typically available during the daytime hours on weekdays does not affect their ability to receive care for themselves (See Figure 92). However, nearly one-fourth of respondents (24%, n=129) indicate that it affects their ability to receive care.

Figure 92. Healthcare services are typically available during daytime hours on weekdays. Does this affect your ability to receive care for yourself?

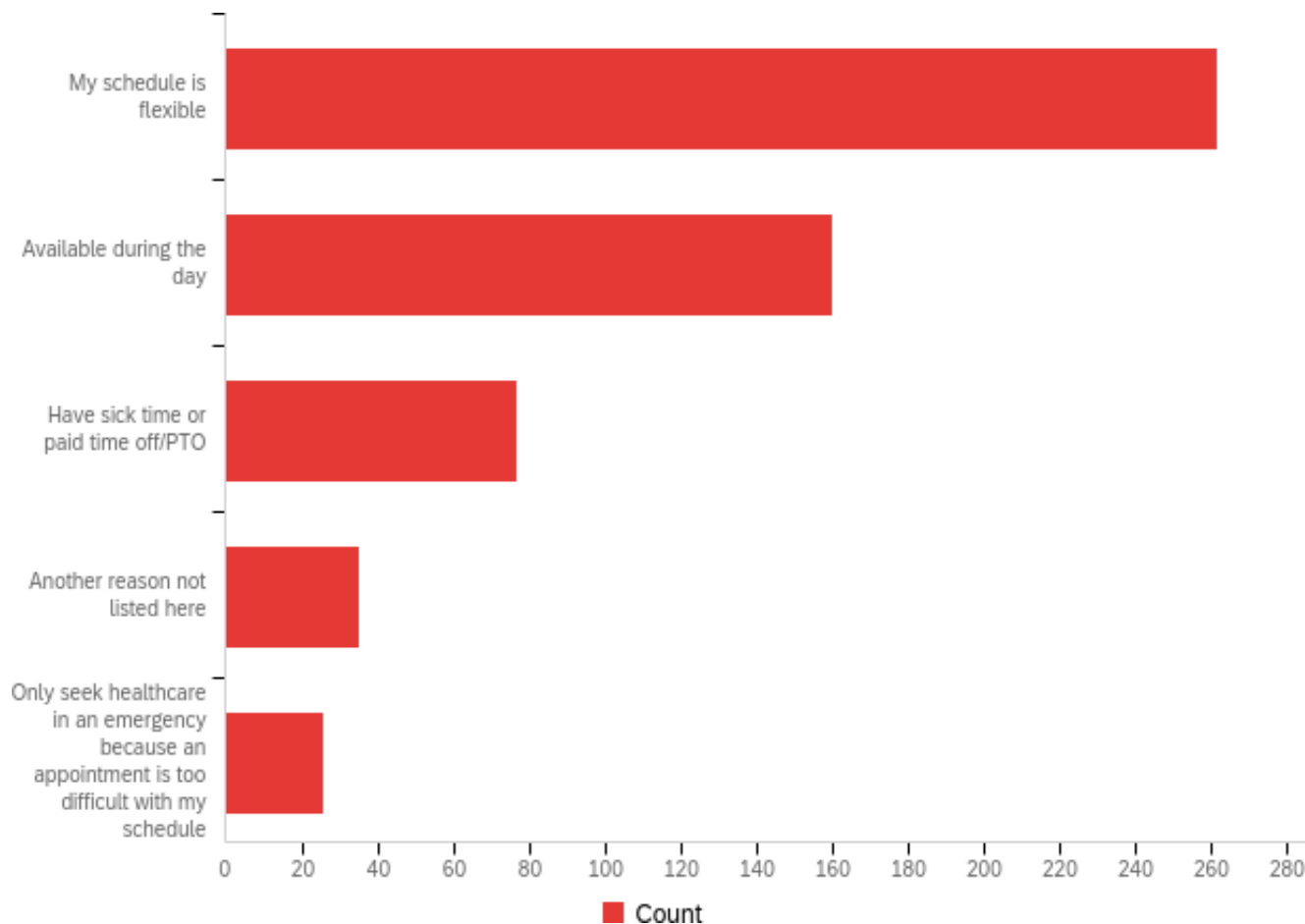


Reasons Daytime Hours Do Not Limit Seeking Healthcare

Among respondents who indicated that daytime hours did not limit their ability to seek care, the most common response was that their schedule is flexible (n=262), followed by being available during the day (n=160) (See Figure 93).

The least common answers include having sick time or paid time off that they can use during daytime hours (n=77), followed by another reason that is not listed here (n=35), and that they only seek healthcare in an emergency because an appointment is too difficult with their schedule (n=26).

Figure 93. Why do daytime hours not limit your ability to seek care? Check all that apply.

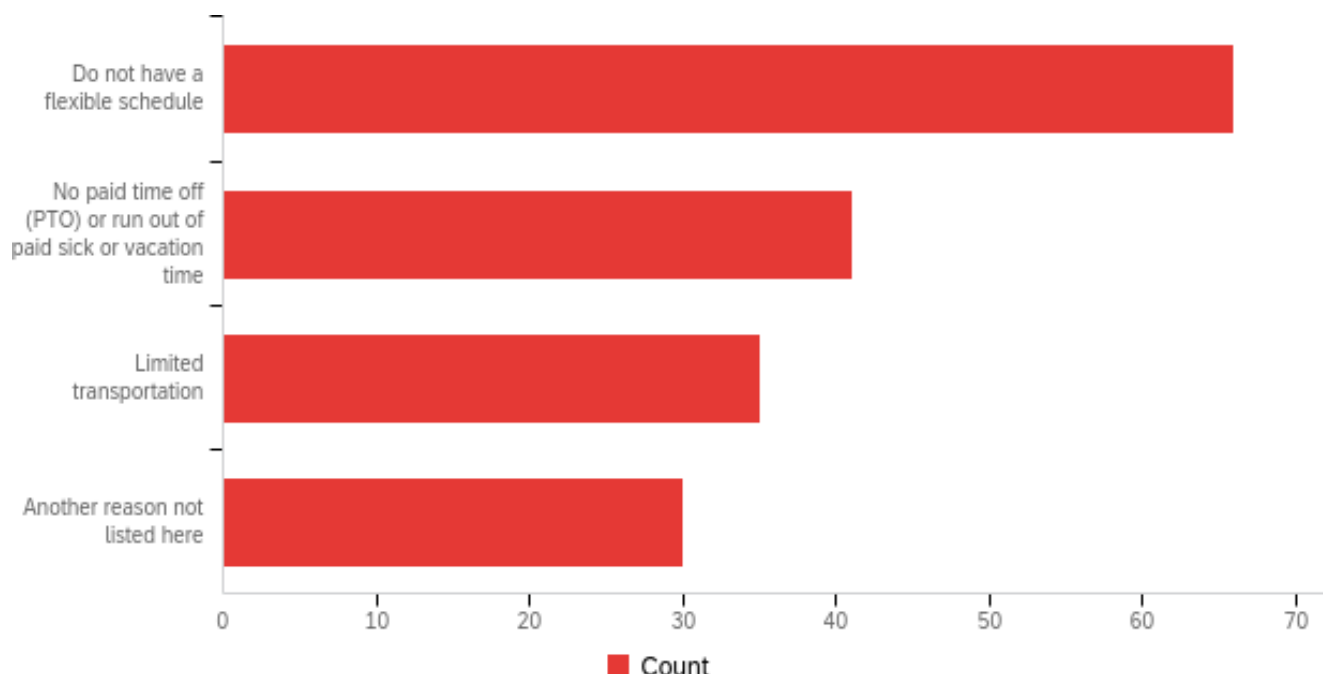


Reasons Daytime Hours Limit Seeking Healthcare

Among respondents who have difficulty healthcare in daytime hours, the most common reason was not having a flexible schedule which prevents them from seeking healthcare (n=66) (See Figure 94). A similar number of respondents indicated no paid time off or run out of paid sick or vacation time (n=41) and having limited transportation as the reason (n=35).

The least common reason selected was another reason not listed here (n=30).

Figure 94. Why do daytime hours limit your ability to seek care? Check all that apply.



The majority of the women were able to access healthcare during weekday daytime hours. These women indicated they had flexible schedules or were available during daytime. Some of them had paid leave or had some other reason. Very few of them seek healthcare service only if there exists an emergency. A distinct group of women did not have a flexible schedule or paid time-off which limited access to healthcare during daytime hours on weekdays. A minority had limited transportation that interfered with daytime access to healthcare.

Health Insurance and Costs

All respondents were asked about having health insurance and the kind of health insurance. Also, respondents were asked about if and why they do not seek healthcare or fill prescriptions for themselves.

Type of Health Insurance Currently

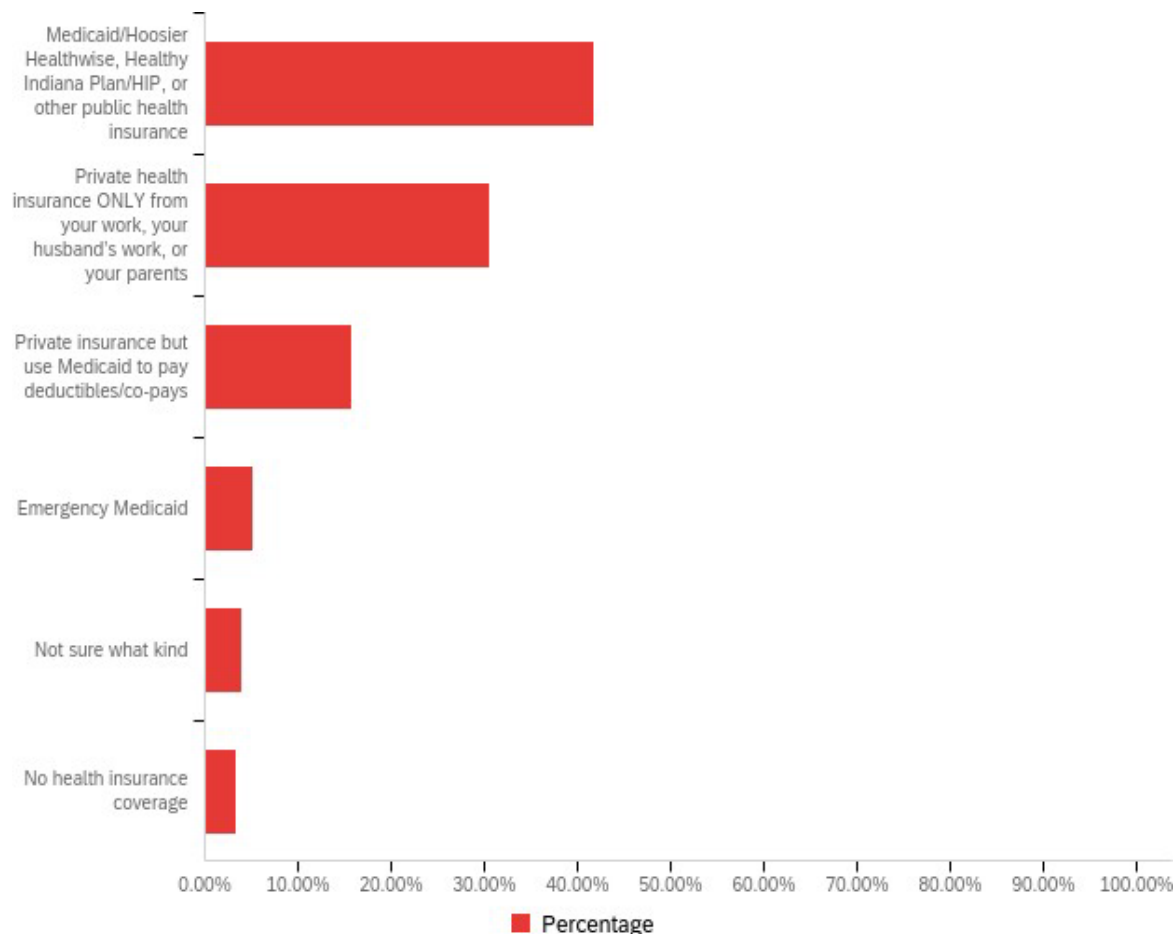
All respondents were asked about the type of health insurance that they currently have. 41.67% (n=130) have Medicaid/Hoosier Healthwise, Healthy Indiana Plan/HIP or other public health insurance, or have private health insurance ONLY from own work, husband’s work, or their parents (30.45%, n=95) (See Figure 95).

Other respondents have private insurance but use Medicaid to pay deductibles/co – pays (15.71%, n=49). Less than 10% of respondents have Emergency Medicaid (5.13%, n=16), are not sure what kind of insurance they have (3.85%, n=12), or have no health insurance coverage (3.21%, n=10).

According to Centers for Disease Control and Prevention (CDC), the total number of women who have Medicaid insurance in Allen County during the above mentioned period were 12,670, the ones who hold private insurance are around 14,966 and those who do not hold any are 10,446 (Source:

<http://wonder.cdc.gov/nativity-expanded-current.html>).

Figure 95. What kind of health insurance do you currently have? Select one answer.



Health Insurance Type when Gave Birth

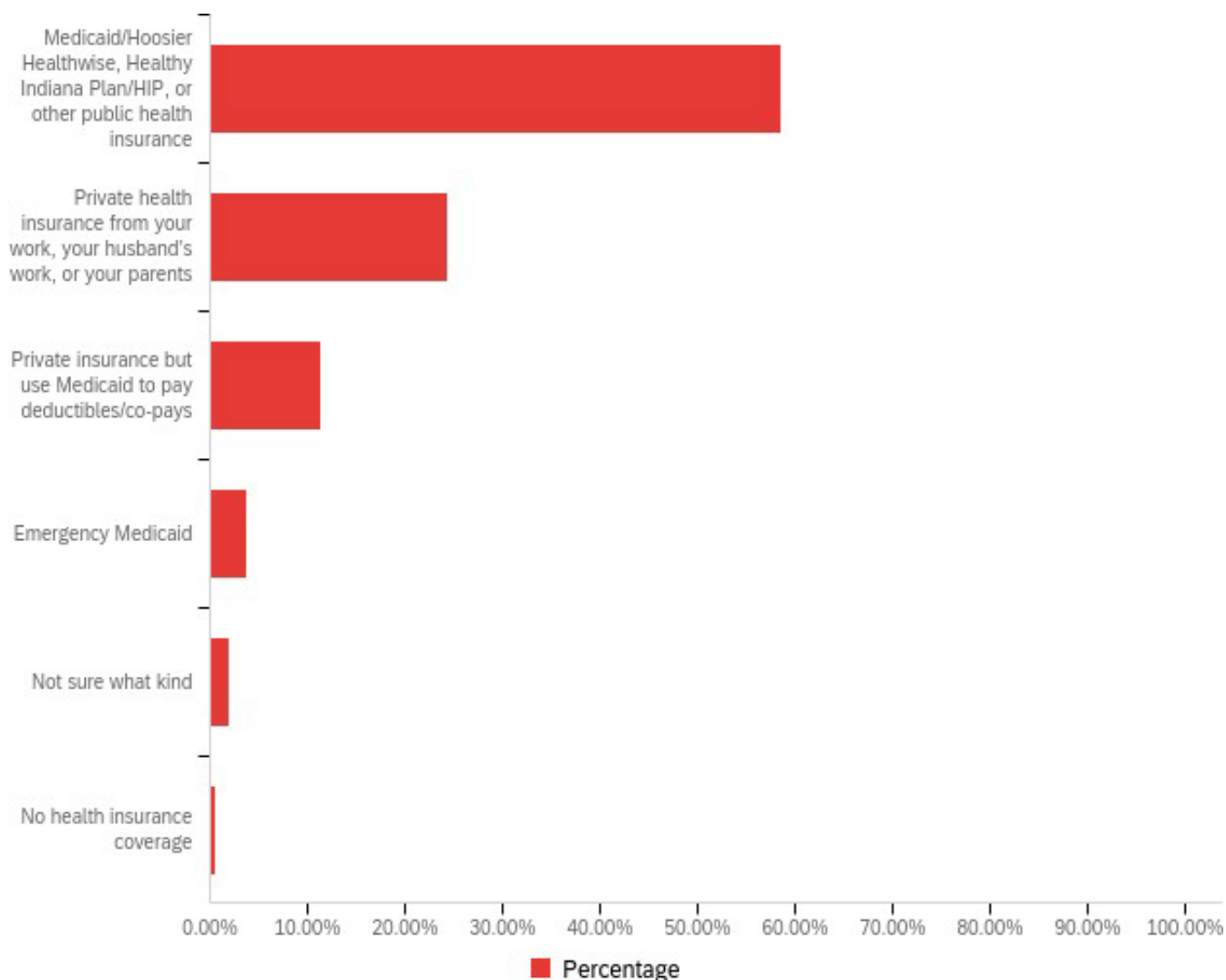
For respondents with new babies, the survey asked what kind of insurance they had at that time. Slightly over half of respondents (58.56%, n=130) had Medicaid/Hoosier Healthwise, Healthy Indiana Plan/HIP or other public health insurance, and about a quarter of respondents have private health insurance ONLY from your work, your husbands work, or your parents (24.32%, n=54) (See Figure 96).

About 1/10th of respondents had private insurance but used Medicaid to pay deductibles/co-pays (11.26%, n=25). A small percentage of respondents had emergency Medicaid (3.60%, n=8), while a small share of respondents were not sure what kind of insurance they had when they gave birth (1.80%, n=4), or had no health insurance coverage (0.45%, n=1).

According to Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER Online Database, October 2021. (Accessed at <http://wonder.cdc.gov/nativity-expanded-current.html>), the total number of women who have Medicaid insurance in Allen County during the above mentioned period

were 12,670, the ones who hold private insurance are around 14,966 and those who do not hold any are 10,446.

Figure 96. What kind of health insurance did you have when you gave birth to your baby? Select one answer.



Health Insurance Timing When Pregnant

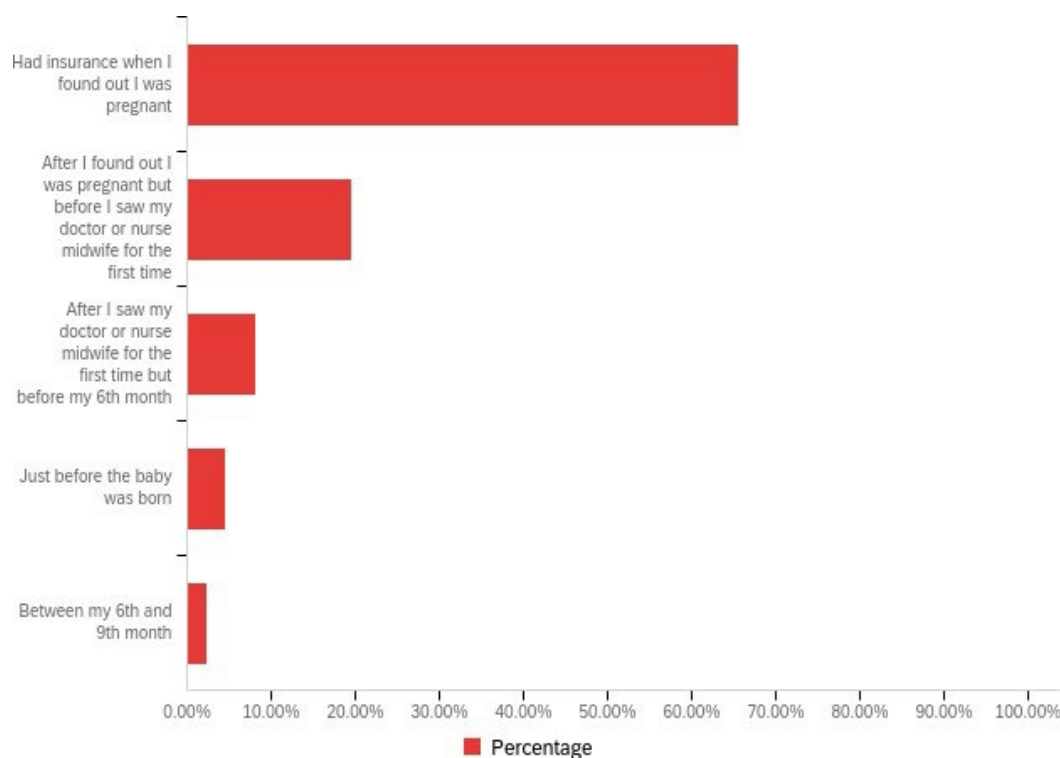
For those who are pregnant or had a new baby, the majority of respondents had health insurance when they found out they were pregnant (65.45%, n=144) (See Figure 97).

Other respondents got insurance after they found out they were pregnant but before they saw a doctor or nurse midwife for the first time (19.55%, n=43), and a smaller number of respondents got insurance after they saw doctor or nurse midwife for the first time but before 6th month (8.18%, n=18).

Fewer than 5% of respondents got insurance just before the baby was born (4.55%, n=10) and the remaining respondents got insurance between 6th and 9th month (2.27%, n=5).

Therefore, among new moms who had or got health insurance when they gave birth, over half of the women had health insurance when they found out they were pregnant and the others got health insurance after finding out they were pregnant.

Figure 97. When did you get health insurance? Select one answer.



Current Health Insurance Among New Moms

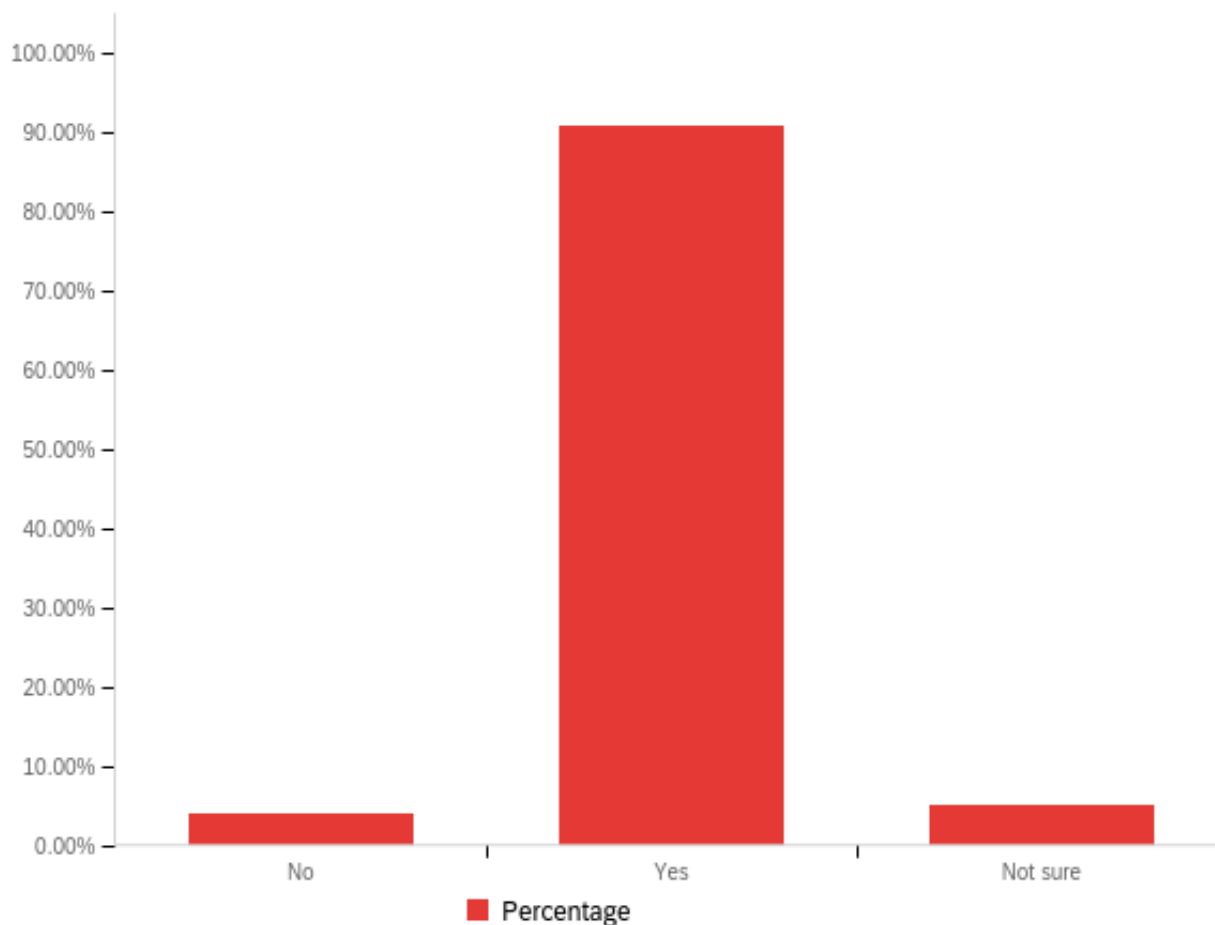
The vast majority of new moms have health insurance (90.95%, n=201) (See Figure 98).

Only 4.07% (n=9) of respondents have no health insurance. The remaining 4.98% (n=11) were not sure about insurance status.

As Indiana State Department of Health (ISDH) is rolling out new initiatives to get pregnant women linked to necessary resources, most of the women showed interest in enrolling in an insurance plan (Source:

[Indiana launches OB Navigator pregnancy resource program in Allen County as infant mortality rate drops | WANE 15\).](#)

Figure 98. Do you have health insurance for yourself, right now?

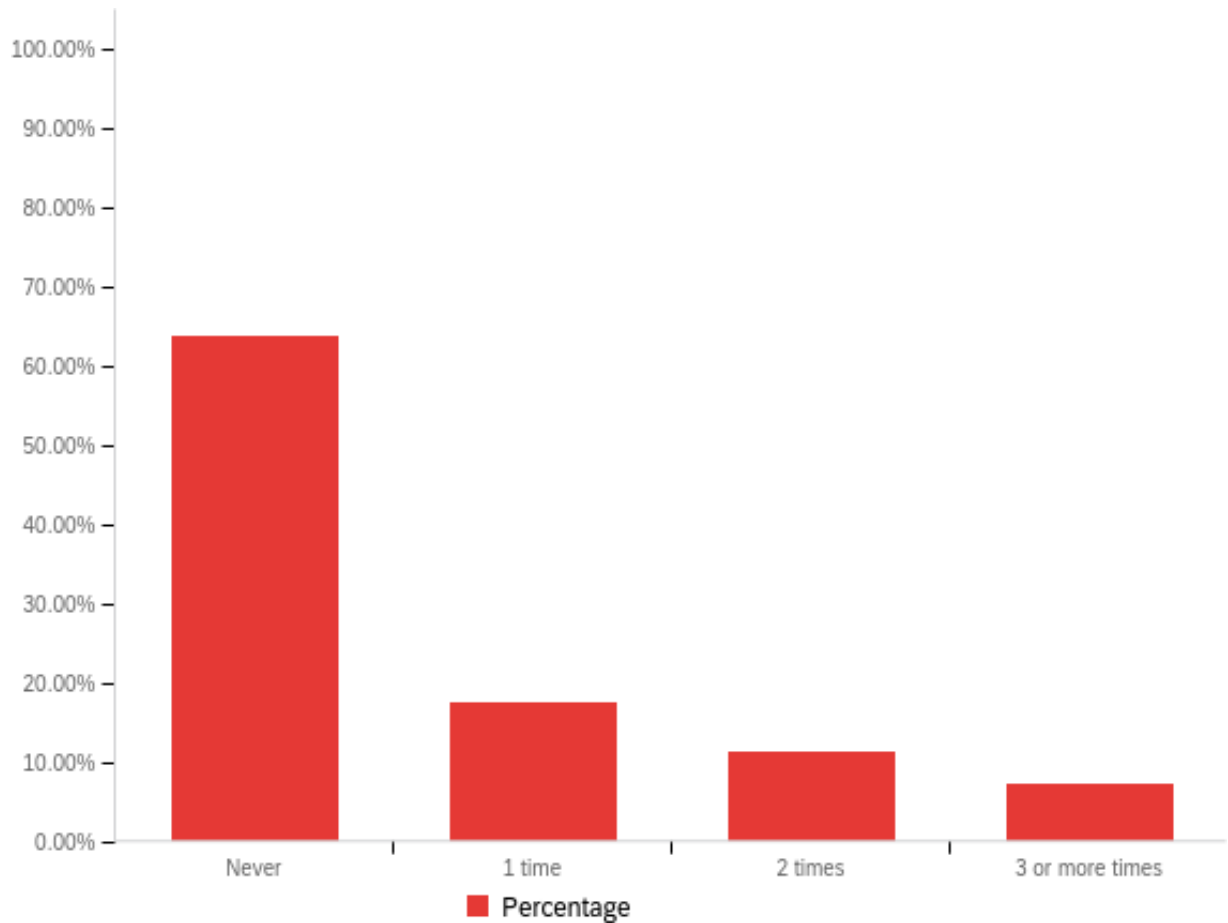


Did not seek Healthcare for Self-Due to the Cost

All respondents were asked about their non-use of healthcare services due to cost in the past 12 months. 63.72% of the respondents said that they never avoided seeking healthcare for themselves due to the cost (n=339) and 17.67% of respondents said that they did not seek healthcare once because of the cost (n=94), 11.28% of respondents said that they did not seek healthcare twice (n=60) and the remaining 7.33% of respondents said that they did not seek healthcare three times or more (n=39) (See Figure 99).

Women in Allen County must be aware of the necessary resources like the homes which help pregnant women seek aid. It not only offers shelter but counseling on life skills, employment, health, education and spiritual support. Women can stay up to a year after the birth of their baby. Such thing is setup in considering their health issues, lack of transportation and really an overall lack of family support (Source: [Aiding pregnant homeless women | Local | The Journal Gazette](#)).

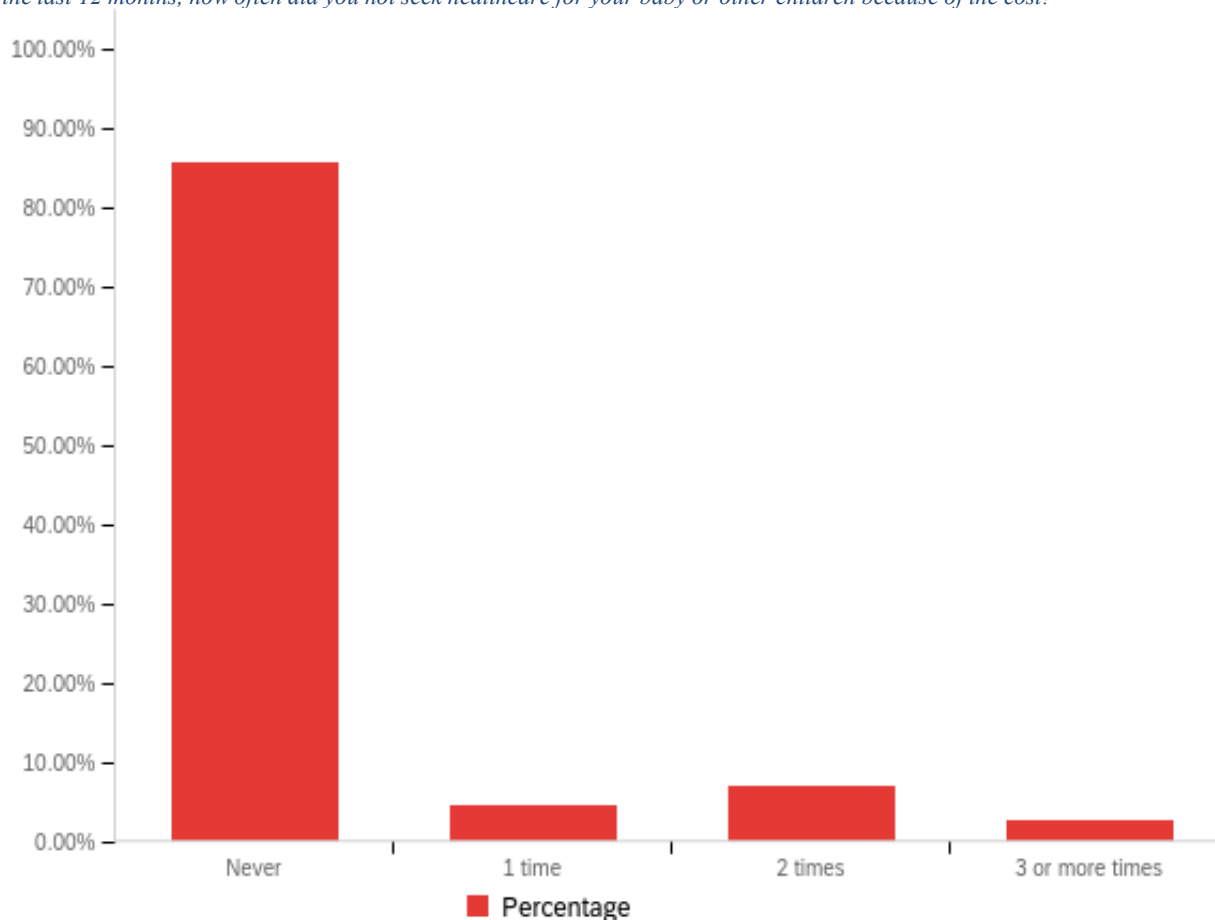
Figure 99. In the last 12 months, how often did you not seek healthcare for yourself because of the cost?



Did Not Seek Healthcare for Baby or Other Children Due to Cost

For new baby mothers, 85.78% of respondents said they never avoided healthcare for their baby or other children because of the cost in the past 12 months (n=187) and 4.59% of respondents said did not seek healthcare for their baby or other children once (n=4.59%). 6.88% of the respondents said that they did not seek healthcare twice (n=15), and the remaining 2.75% of the respondents said that they did not seek healthcare three times or more (n=6) (See Figure 100).

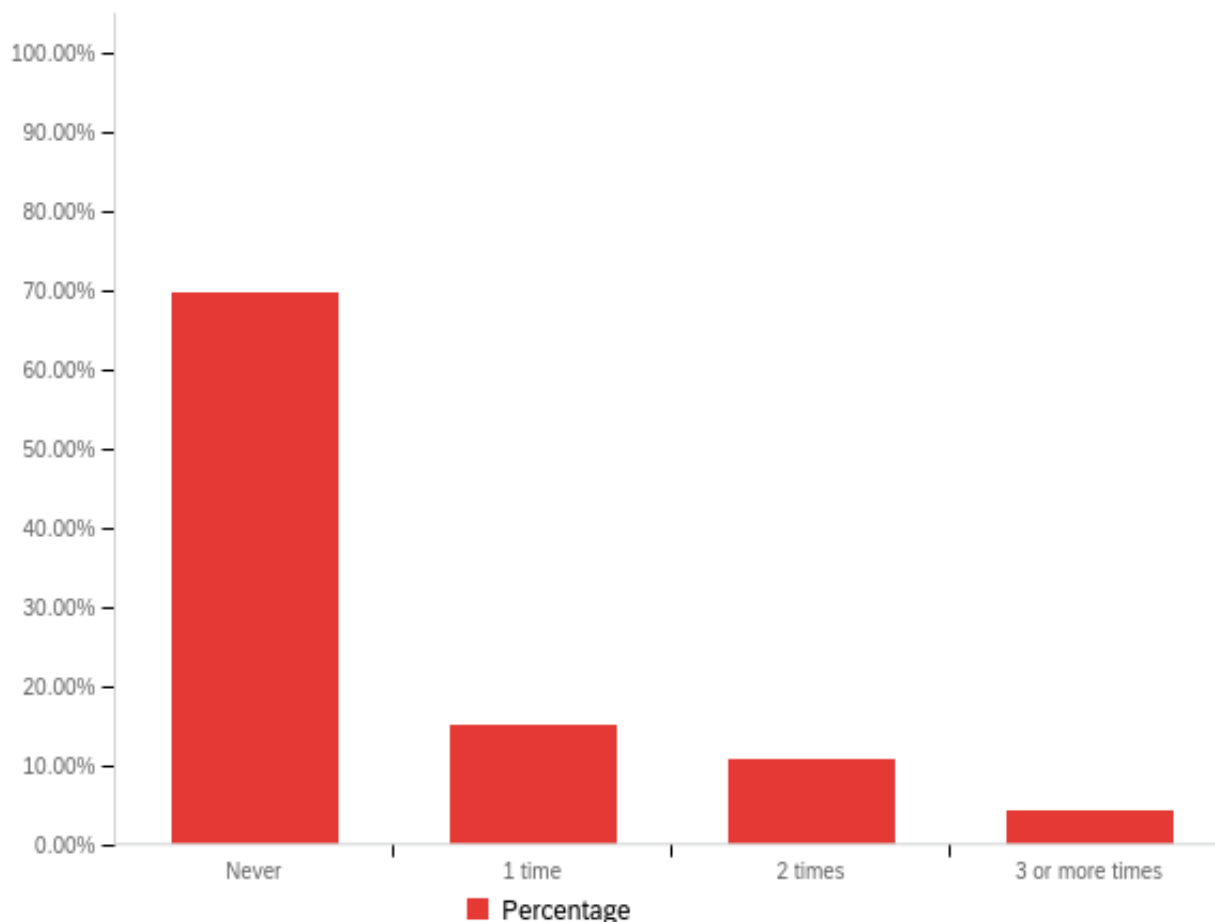
Figure 100. In the last 12 months, how often did you not seek healthcare for your baby or other children because of the cost?



Did Not Fill Prescription for Self Due to Cost

69.74% of all respondents never refrained to fill a prescription for themselves due to the cost in the past 12 months (n=371) (See Figure 101). 15.23% of the respondents did not fill a prescription for themselves once because of the cost (n=81), 10.71% of the respondents did it twice (n=57), and 4.32% of the respondents did it three times or more (n=23).

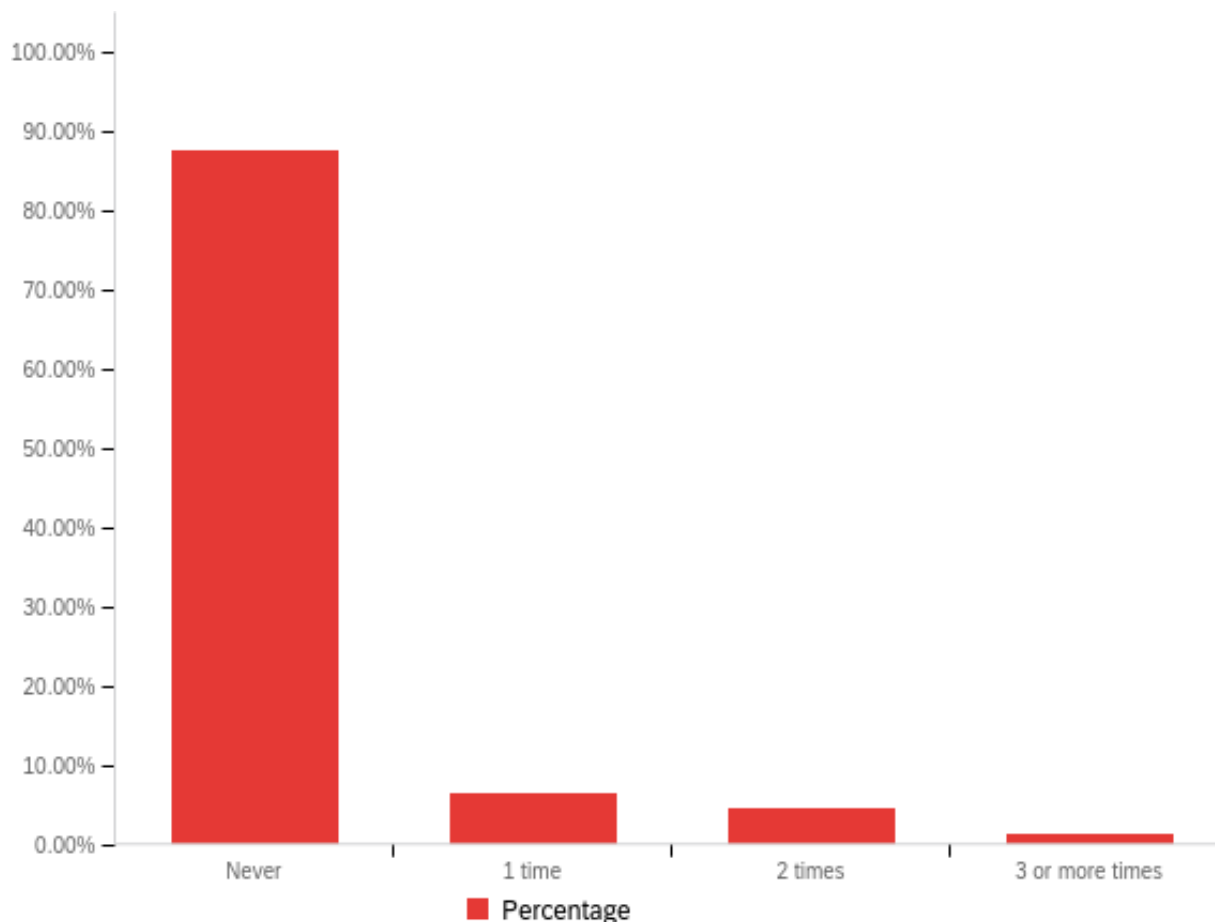
Figure 101. In the last 12 months, how often did you not fill a prescription for yourself because of the cost?



Did Not fill Prescription for Children Due to the Cost

When asked, “In the last 12 months, how often did you not fill a prescription for your baby or other children because of the cost?”, 87.78% of new-baby respondents said never (n=194) while 6.33% said that they did not fill a prescription for their baby or other children once because of the cost (n=14). (See Figure 102). 4.52% of the respondents said that they did the same twice (n=10) and the remaining 1.36% of the respondents indicated that they did it three times or more (n=3).

Figure 102. In the last 12 months, how often did you not fill a prescription for your baby or other children because of the cost?



This section analyses if the women had health insurance or how they got it, the reason behind them not seeking health insurance or fill prescriptions.

Almost all the women had health insurance before and when they gave birth where half of it falls under public and the rest under private. Very few have either emergency Medicaid or unsure of what they have. Minority of the women have no health coverage.

While majority of the women already had health insurance when they learned they were pregnant, many got insurance when they found out to be pregnant, either before or after seeing their doctor. A minority of the women got their health insurance between 5th and 6th month of their pregnancy or just before their baby was born. Thus, almost all the new moms had health insurance currently and a few either do not have it or unsure about it.

Most respondents never restrained themselves in seeking healthcare, fill prescriptions because of the cost but cost did cause some not to seek care or fill prescriptions in the past 12 months.

Three Major Stressors

New-baby respondents were asked to identify the three challenges that they faced in during pregnancy and/or after their baby’s birth.

Stressor in Pregnancy and Following Birth of Baby

Respondents were asked, “What are the three major stressors or problems that you faced in your pregnancy and following the birth of your baby?” using an open-ended answer pattern.

Several themes emerged from the answers. First, mental health, was a major stressor. Other major stressors revolved around physical health, financial issues, transportation, support, relationship concerns, and sleep.

Mental Health

Many respondents expressed concerns with mental health issues, including anxiety (See Table 13), depression (See Table 14), postpartum depression (See Table 15), stress, in general (See Table 16), and emotion related issues (See Table 17).

Table 13 Anxiety

Anxiety
A lot of visitors after baby born (they are loud) I feared having a C-section when I was pregnant not being able to visit family abroad due to COVID.
Bad mood, worry, irritability.
My anxiety.
Loss of one twin / anxiety for survivor.
Trusting someone with my baby.
Worrying something will happen to baby.
Worriiness
Uncomfortable
Afraid of fear.
Anxiety about illness in my newborn.
Nervous
Anxiety and depression.
Anxiety issues.
Being overwhelmed with everything in my schedule and having two kids.
Anxiety following birth of my baby.
Am I doing this right?
Feeling like I can't make any of my kids happy

Table 14 Depression

Depression
Be depress Economic Sometimes emotional
Depression and anxiety
Depression

Mental health Feeling alone
Depression Anxiety
Sadness over my friend's miscarriage since her baby was due at the same time as mine.

Table 15 Postpartum Depression

Postpartum depression
Postpartum depression
Family problems during pregnancy postpartum
Miscarriage Hypertension Postpartum Depression

Table 16 Stress

Stress
Frustration at work- resolved by leaving job Master's degree student-very busy/out of the house a lot.
Lack of guilt, feeling alone and hopeless, drained, and tired.
Pressure
Stress
Typical stress of finances.
Stress from health issue following birth.
Post pardon stress.
Get annoyed easily. Get mad so quick. Feel stressed.
Stress from job.
Breastfeeding, pumping, trying to do everything while being utterly exhausted.
Death of my dad Covid stress at work (teacher).

Table 17 Emotions

Emotions
Adjustment period with a new baby.
Emotional abuse.
Hurt Some time, happy for see baby face.
I was easily irritated, had mood swings sometimes.

Physical Health

Respondents had concerns physical health concerns. Several examples of physical health concerns are listed verbatim from the respondents' responses that include health in general (See Table 18), baby's health (See Table 19), and pregnancy health issues (See Table 20),

Table 18 Health in General

Health
Age, blood pressure, size.
Bowel obstruction, last 2 months pain
Body pain
Physical health - experienced hyperemesis gravid rum
Loss of appetite 2. many cramps

Experiencing pains
Blood sugar control vomiting getting enough sleep
Diabetes cancer blood pressure
Fainting/light-headedness short of breath
High blood pressure cancer diabetes
Hormones body changes
Hypertension diabetes using insulin for the first time working long hours on feet
Hyperemesis, low progesterone, and being high risk
Infant lactose intolerance, infant reflux, incision site opening
Lack of sleep, health issues with kidneys, and Crohn's
My placenta detached from my uterus
My right ovary contorted emergency surgery
The diabetes
Sole feet, heartburn & having to drive 2 hours for my sons doctor

Table 19 Baby's Health

Baby's health
Extra fluid, stress test for baby, induced.
Infant lactose intolerance, infant reflux, incision site opening.
Mastitis, baby not sleeping, baby crying nonstop.
Traumatic birth/emergency c section My baby had tongue and lip ties Even after all the therapy and after caring my baby still didn't breastfeed, so I had to make the hardest decision to formula feed, my baby is pretty fussy and doesn't allow me time to pump.

Table 20 Pregnancy Health Issues

Pregnancy health issues
Carrying twins and being high risk during the pregnancy.
High blood pressure, had to have a c section because my blood pressure was so high, so i ended up having him at 28 weeks because of severe preeclampsia.
Having a high-risk pregnancy having an emergency c section with never having one before after my pregnancy a problem i had was moving around because of the c section
Gestational diabetes.
All day sickness (not just morning) exhaustion and caring for 2 other children while pregnant with our third
Nausea and vomiting through entire pregnancy
Sickness (hg) during pregnancy
High blood pressure from pregnancy
Major pregnancy complications (twins, born premature with health issues in the womb)

Financial

Another broad category of concern was financial and related areas like the cost of housing. Several respondents were concerned about work- expressing concerns about either getting a job, returning to work, losing a job, and pay, generally (See Table 21). Housing concerns were generally related to financial issues and included concerns such as struggling to have money to pay for housing (See Table

22), being able to pay bills (See Table 23), the costs of taking care of the baby (See Table 24), and general financial concerns (See Table 25).

Table 21 Work

Work
Finding a job with hours that wouldn't require me to pay for daycare for the twins.
Returning to work
Lost my job
Financial problem, not working like usual, not getting proper attention.
Financial need to return to work after baby when i would rather stay home, ppd, ppa.
Job lost
Not getting paid while on maternity leave after all vacation and sick time used financially planning to not have income while on maternity leave.
Job -low pay
Stressful job
My job fired me 5days before birth, lost fmla. denied unemployment benefits and snap.
No personal income causing tension in relationships.

Table 22 Housing

Housing
Housing money
No room at home for 2nd baby. Struggling financially.
Housing Financial
Housing situation
Shelter
Money, food, shelter.
Finding a place to live.
Money, housing

Table 23 Paying Bills

Paying bills
Insurance coverage, medical bills
Money baby items.
Financial burden of being uninsured.
Bills from having the baby- Childcare when I go back to work.
Money, health insurance, PTO.

Table 24 Costs Related to Baby

Baby finance
Cost of daycare, cost of formula.
Cost of having a baby.

Table 25 General Financial Concerns

General statements of money

Financial
Money problems
School, money before my fiancé got a better paying position, nothing else.
Financial worry

Transportation

Concerns about transportation included some items related to finances, car problems, and having no transportation (See Table 26)

Table 26 Transportation Concerns

Transport
Finance Poor transport Knowledge.
Car problems
Transportation
Making sure we have money save, finding transportation Rent.
No transportation

Support

Concerns about support included items of generally a lack of financial and social support (See Table 27), and concerns about support with childcare and caregiving more generally (See Table 28).

Table 27 Social Support - General

No support
Financial help from their dad- support
Little support, no motivation,
Lack of postpartum help Difficulty lugging all my children to appointments
My boyfriend was not there for me
Unsupported
Support from boyfriend
Surgery Making too much and not being able to get help due to “making too much” No help
Baby with allergies, lack of allergy understanding from family
The father left. I had to pay for everything alone.
Lack of support and help from family members/friends
The loss of my grandmother
The feeling of never being able to do enough.
The death of both my in laws that lived with us.
The father of my children leaving. Adjusting to doing it all on my own, establishing a new routine. My baby being colic
No support
Low funds
Support in the beginning of the pregnancy
No help/alone, no home

Table 28 Childcare and Caregiving Support

Childcare/caregiving
Bills childcare
Financial childcare
Adapting to life with another child to care for learning to nurse keeping a tidy home.
Having 3 kids under 4, being able to find childcare so I can work.
Childcare because I breastfeed, and she doesn't take a bottle.
Childcare Jobs
Breastfeeding, sleeping, and childcare.
Caring for other older children.
Caring for a dying parent,

Relationship Concerns

Several respondents indicated that they had relationship concerns that included having a bad relationship, feeling trapped or resentful, and violence (See Table 29).

Table 29 Relationship Concerns

Bad relationship
Bad relationship with my then husband.
Feeling trapped, resentment toward husband, need more social exposure.
Relationship. Parents. Money.
Relationship with the child's father.
Relationship trouble. feeling alone, no income.
Relationship
Violence. Stable home. Trying to get things for the baby.

Sleep

Several respondents indicated that one of their top 3 major concerns were about getting sleep and the lack thereof (See Table 30).

Table 30 Sleep Concerns

Sleep
Sleep
Severe morning sickness, Sleeplessness.
Not enough sleep.
Lack of sleep
Less sleep
Lack of sleep
Little sleep
Lack of sleep
Sleep deprivation

Stressors During Pregnancy

Pregnant respondents were asked, "What are the three major stressors or problems that you faced in your pregnancy?"

Several themes emerged from the answers. First, mental health, was a major stressor. Other major stressors revolved around mental health, physical health, financial issues, support, relationship concerns, sleep and parenting/co-parenting.

Mental Health

Mental health stressors during pregnancy included stress (See Table 31), anxiety (See Table 32), and postpartum depression concerns (See Table 33).

Table 31 Stress Concerns During Pregnancy

Stress
Stressed
Mental pressure, Life pressure Action inconvenience
Mental health and counseling
Struggling, stress and
Worrying about being able to give my first child enough attention when the baby comes.
Balancing work/life.
The stress of having 2 humans that rely on me/my husband.
Husband starting a new job and waiting for his new insurance to begin.
History of multiple miscarriages and fear of losing this baby.
Mentally stressed
Depression:
Depression, Family
Hesitation, depression, irritability
Over think. Depression
Prenatal depression
High risk, feeling alone
I feel very helpless during pregnancy, and it makes me very depressed
Depression during pregnancy can affect the development of the baby Women are stronger than men: Pregnant women are pushing the limits of the human body Postpartum depression can also occur if stress during pregnancy is not managed and managed

Table 32 Anxiety Concerns during Pregnancy

Anxiety
Always on the edge of your seat, everything you do is cautious.
Being anxious.
Feeling somehow rejected.
Covid and feeling like something might go wrong.
Economic sources blocked Can't do love Fear of losing.
Getting a house in time. Unpacking in time. New vehicle in time. All before baby geta here.
Making sure I don't have a miscarriage, that's all really.
Who is going to take care of my kids while in at the hospital foster child and last just getting everything for the new baby?
Wondering how much life will change after baby is born.

Worrying about the child will change my life, I am looking forward to the arrival of the fearful child, I am afraid that I am not ready to be a mother.
Always afraid something bad is going to happen, can't sleep, can't eat anything.
Worry about your child's health.
Worried about the lack of money in the family, afraid that something bad will happen, often can't sleep.
Fear of miscarriage, fear of birth defects, nothing else.
Anxiety over having a miscarriage.

Table 33 Postpartum Depressions Concerns During Pregnancy

Postpartum depression
Postpartum depression What disease does afraid darling have I'm afraid I'm not healthy after childbirth.
Fear of problems after the child is born.

Physical Health, Lifestyle Concerns During Pregnancy

Respondents indicated they had stressors during pregnancy related to physical health, in general (See Table 34), pregnancy related health concerns (See Table 35), and Lifestyle Related Concerns during Pregnancy (See Table 36).

Table 34 Physical Health- General- during Pregnancy

Health
Constipation.
Morning sickness Drowsiness.
Weight Gain.
High Blood Pressure
Autoimmune disease
Not being able to always take care of myself due to my autoimmune disease.
Gestational diabetes
All types of medications Preeclampsia
Nausea, hip pain, constipation
Nausea, insomnia, exhaustion
Nausea, vomiting, frequent urination, backache, poor sleep, breast tenderness...
Nauseas, todos los olores me parecen ofensivos, falta de apetito.
Sleep Heartburn
Leg cramps
Tiredness, body aches, discomfort.
To throw up
Unable to do some tasks like going to the washroom.
Unable to move around Not able to wash my clothes.
Very tired and throwing up all day.
Vomit, not able to eat.
Getting my progesterone oil shots.
pain

Table 35 Pregnancy Related Stressors during Pregnancy

Pregnancy Related Health issues
Bleeding a lot during pregnancy.
Experience a lot of pain during pregnancy.
Nausea throughout entire pregnancy.
Copper deficiency during pregnancy, obesity, and strong immunity during pregnancy.
Bleeding a lot of blood during the pregnancy.
Physically have not felt well for most of the pregnancy, even though everything has been healthy.

Table 36 Lifestyle Related Concerns during Pregnancy

Lifestyle and general concerns
Bad mood, poor sleep, no appetite for food.
Eating healthy food, exercising.
Appetite is bad, poor sleep.
Having to deal with my cravings. Working at my job. Exercising.
I'm in a bad mood and I'm too tired and I must exercise every day.
Losing appetite. Mood swings.
Not taking as good of care of myself as I did with my first pregnancy. Adding a second child/not as much time for my toddler.
Decreased focus at my job.

Financial Concerns during Pregnancy

Several respondents indicated that one of the top three stressors during pregnancy was financial concerns. Various themes of financial concerns emerged and they include work related issues (See Table 37), concerns about paying bills (See Table 38), and general financial concerns (See Table 39).

Table 37 Work Related Concerns during Pregnancy

Work
Not being able to work.
Income
Needing my own place Keeping a consistent job Money issue.
Pain with working, financial because of not working, not being prepared for baby.
financial stress.
Work has been slow.
Haven't been able to make enough money at times.
Time off work/ maternity leave.

Table 38 Concerns about Paying Bills during Pregnancy

Paying bills
Housing Money Family.
Not having clothes diapers and the things for my babies.

I have not had a kid in 18 years and now pregnant with twins and have nothing for babies at all an needing a bigger house.
Not having full health coverage.
Clothes, baby items, food.
Having enough room for two kids.

Table 39 General Concerns about Money during Pregnancy

General statements about money
Money
Financial situation
Family problems, money, & help
food
Budgeting/money, thinking of the future of being a mom, and insurance/picking a doctor/team.
Not having enough money for clothes.

Social Support and Childcare

One of the three major stressors while pregnant included support in general (See Table 40) and childcare concerns (See Table 41)

Table 40 Support Concerns during Pregnancy

No support
Financial, emotional support.
Having no boyfriend throughout my pregnancy.
Loved ones, physical help with toddler.
Losing my dad Trying to take care of everything pertaining to him so my mom didn't have to worry about it Just kids fighting and not listening and my daughter really struggling behaviorally in school.
My family is not with me sometimes nothing else.
My relationship with my child's father ended.
Managing my house expenses and maintenance on my own.
My partner refused to take part in raising the child financially Feeling tired most of the time.
I feel very lost, don't know what to do, and feel that there is no one around me.
Finding a new place to live after constantly being harassed by my mom. Being harassed/ threatened by my mom.

Table 41 Childcare Concerns during Pregnancy

Daycare
Being a single mom Looking for new daycare provider Telling my boss I'll need time off.
Future care of children.
Trying to find affordable childcare. Saving money for maternity leave.

Relationship Challenges

Some respondents reported having relationship concerns during pregnancy (See Figure 42). Note that some of the concerns also overlap with other themes.

Table 42 Relationship Concerns during Pregnancy

Relationships
Can't do love
Feeling alone
Marital problems
Not being able to talk to my boyfriend at times because he chooses to not listen. Comments he makes that upset me at times. Feeling sad at times.
People talking bad about my children and my baby daddy not being a part of it
Relationship issues with my husband. Fear of the unknown. Current children drama in their own lives.

Sleep

Some respondents indicated that one of the three major stressors during pregnancy involved sleep or lack thereof (See Table 43)

Table 43 Sleep Related Concerns during Pregnancy

Sleep
Emotional instability. Loss of appetite. It is difficult to fall asleep.
Not enough sleep Inconvenient shopping.
Not sleeping.
Sleep
Insomnia
Frequent insomnia
Trouble sleeping.

Parenting and Co-Parenting Difficulties

A couple respondents believe parenting and co-parenting concerns are among their top three major stressors during pregnancy (See Table 44).

Table 44 Parenting and Co-parenting Concerns during Pregnancy

Parent's co-operation
Accepting the fact that I'm pregnant. Sharing with my parents. Thinking about co-parenting with the father.
The family takes care of their emotional child's health in the belly

Demographics

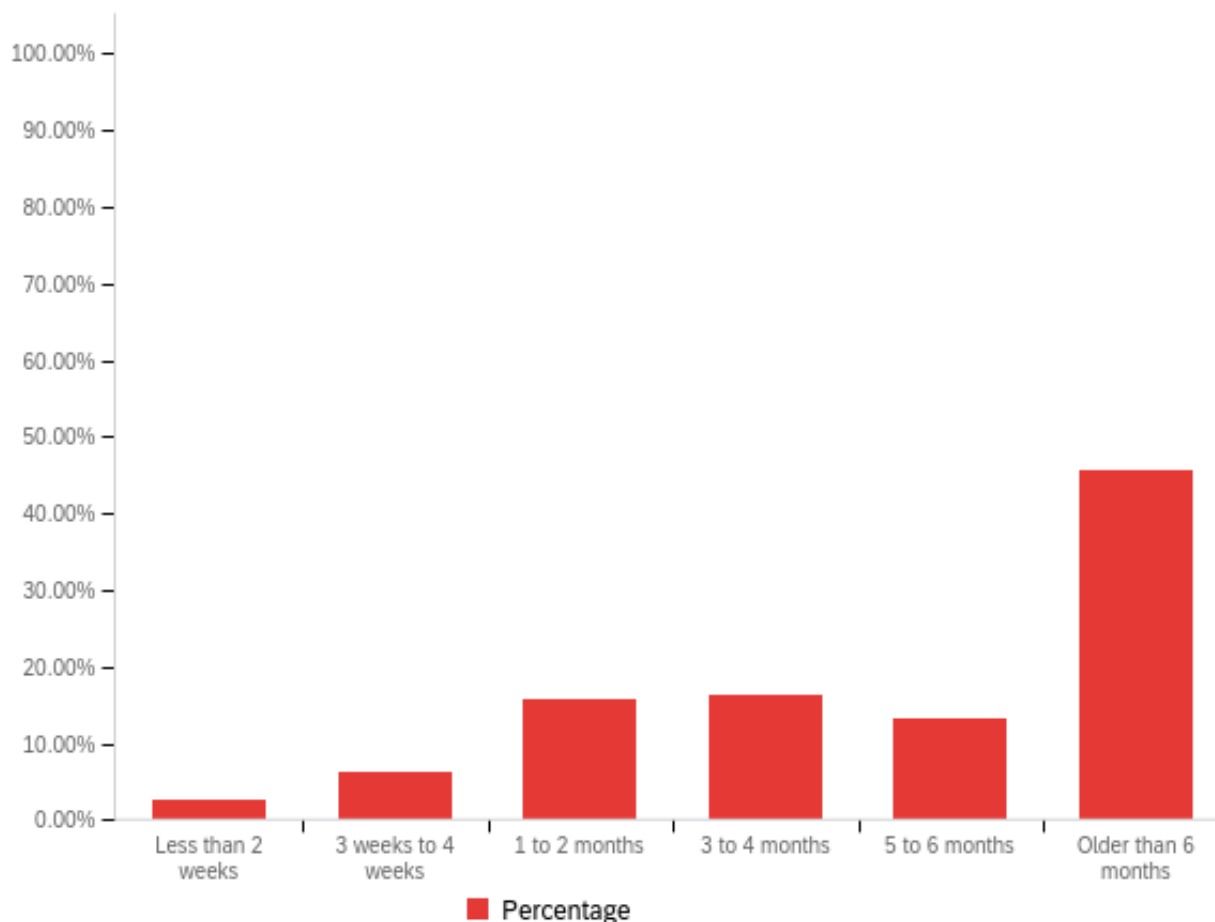
All respondents were asked several questions about their characteristics and their child's characteristics, including age, race, ethnicity, language spoken, location, and birth-related questions when applicable. These questions were optional

Age of Youngest Child

For those with a new baby, 45.7% of the women's youngest child age was less than 2 weeks (n=6), 13.12% were 5 to 6 months old (n=29), 16.29% were 3 to 4 months old (n=36), 15.84% were 1 to 2

months old (n=35), 6.33% were 3 weeks to 4 weeks old (n=14) and 2.71% were older than 6 months (n=6) (See Figure 103).

Figure 103. What is the age of your youngest child?

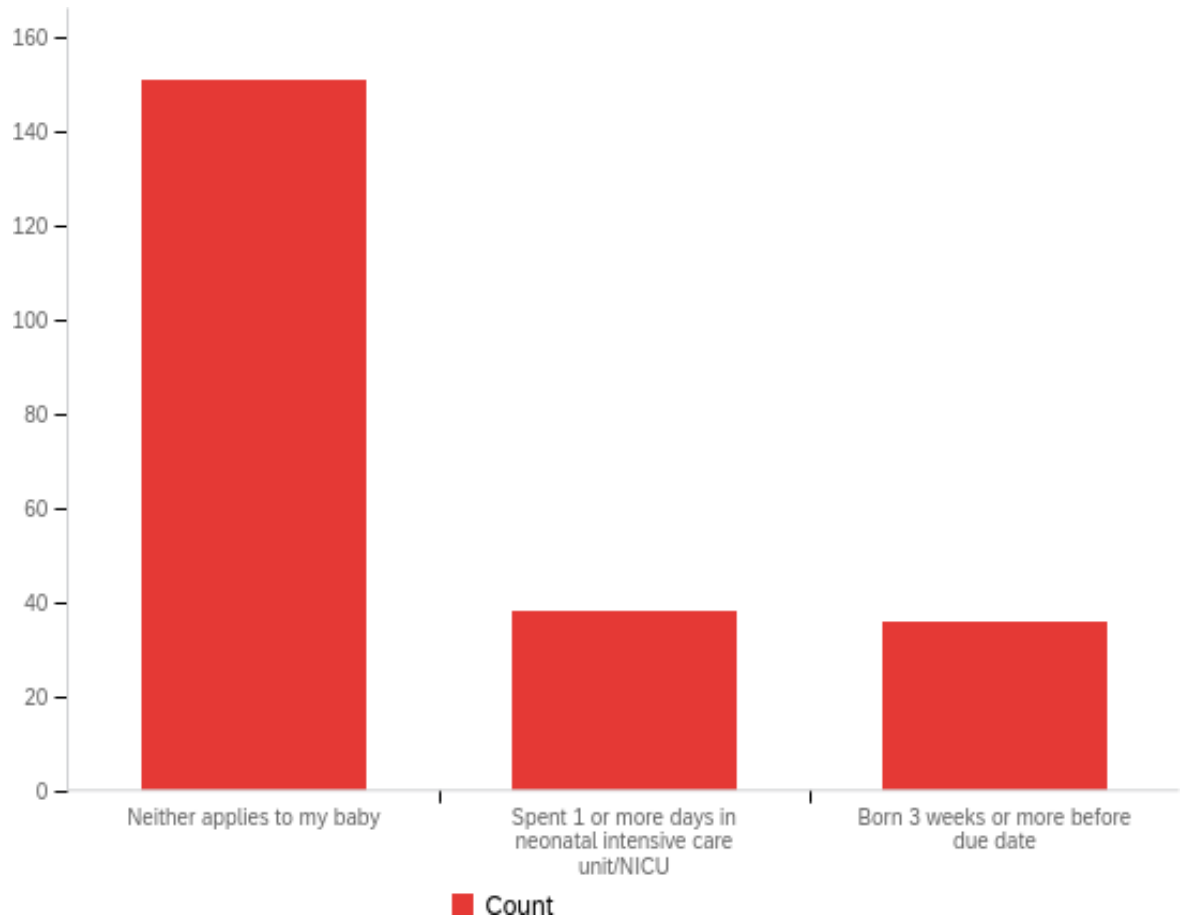


Premature or NICU

For those with a new baby, 16% of the respondents' youngest child was born 3 weeks or more before the due date (n=36), 16.89% have spent one day or more in neonatal intensive care unit/NICU (n=38) and the remaining respondents indicated that neither of these applies to their baby (67.11%, n=151) (See Figure 104).

According to a Healthier Moms & Babies report, an average of 500 children are born preterm each year and Allen County has one of the highest rates in the state of Indiana (Source: [Healthier Moms and Babies highlights children born prematurely at live streamed event | WANE 15](#)).

Figure 104. Do these apply to your youngest child? Check all that apply.



Hispanic or Latino Identity

25% of all respondents identify as Hispanic or Latino (n=131) and the remaining 75% are not Hispanic or Latino (n=393) (See Figure 105).

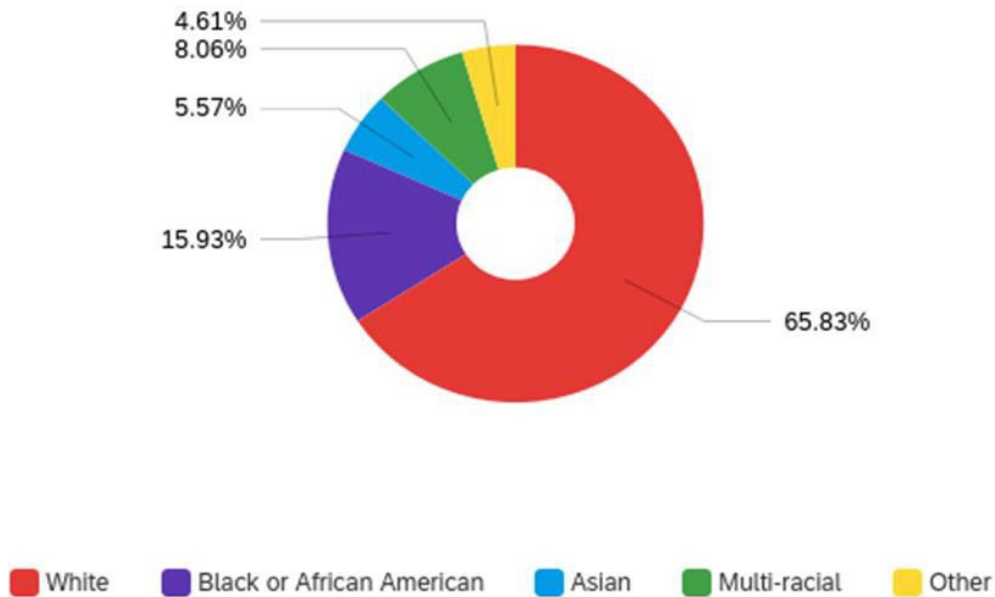
Figure 105. Hispanic or Latino identity



Racial Identity

65.83% of all respondents identify themselves as White (n=344), and 15.93% of them are Black or African American (n=83), 5.57% are Asian (n=29), 8.06% are multi-racial (n=42) and 4.61% belong to another race (n=25) (See Figure 106).

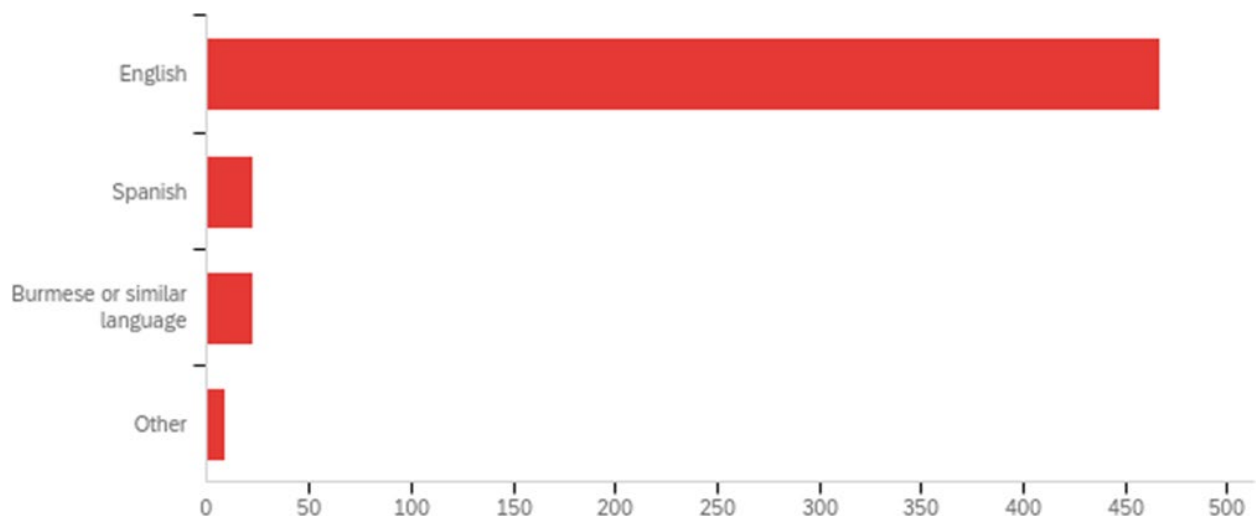
Figure 106. Race



Language Spoken at Home

89.5% of all respondents speak English at home (n=469) (See Figure 107). 4.39% of the women speak Burmese (n=23), while the same percentage speak Spanish (n=23) and 1.72% speak other languages (n=9).

Figure 107. What language is spoken the most at home?



Other Language Spoken at Home

Several languages other than English are spoken in the respondents' homes. These languages include: Arabic, Karen, Portuguese, Thai, and Zou.

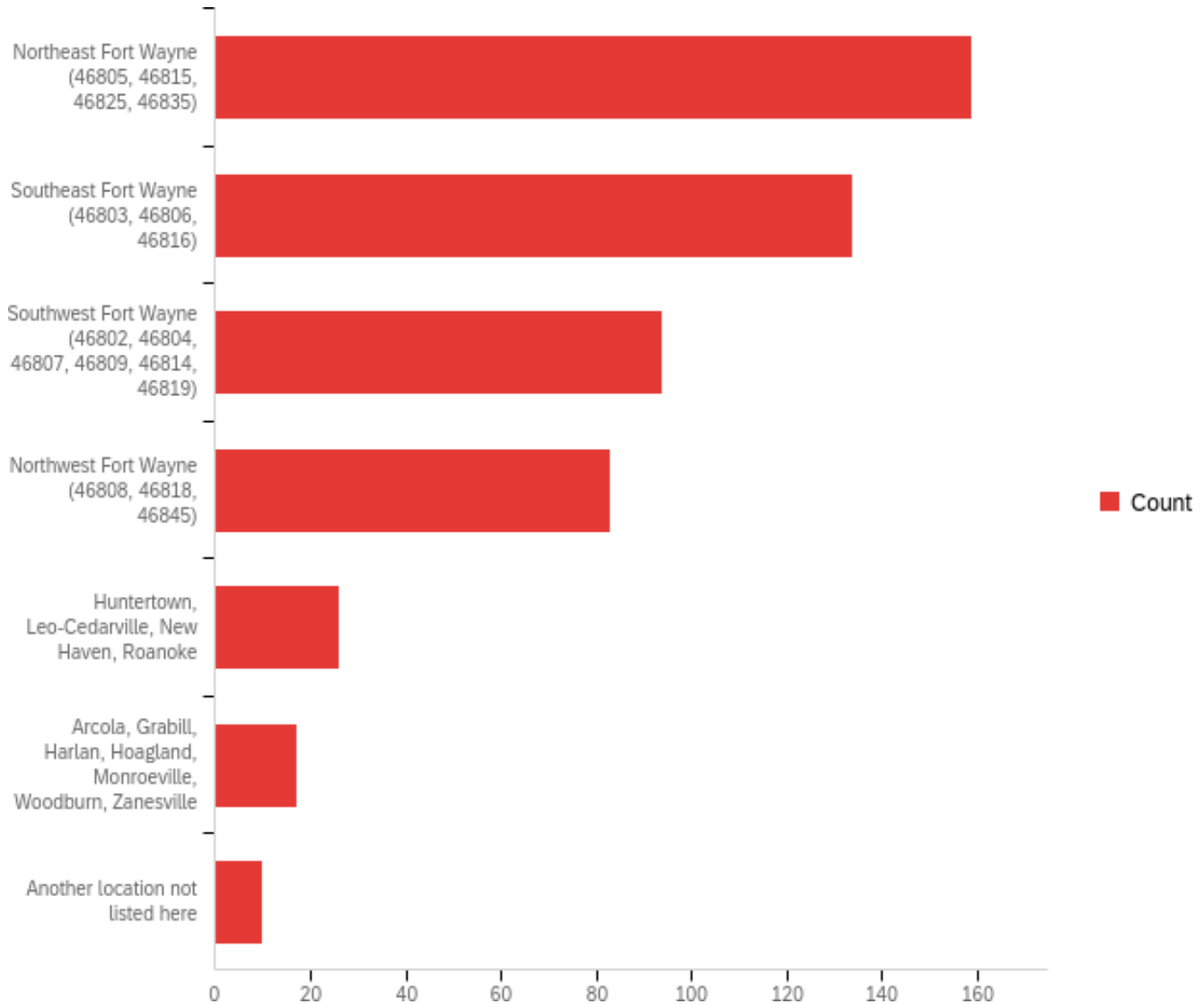
Allen County Region

Look at all respondents, most respondents live in northeast Fort Wayne (46805, 46815, 46825, 46835) (30.04%) followed closely by southeast Fort Wayne (46803, 46806, 46816) (25.62%) (See Figure 108).

A smaller percentage of respondents live in southwest Fort Wayne (46802, 46804, 46807, 46809, 46814, 46819) (17.94%) or northwest Fort Wayne (46808, 46818, 46845) (15.87%). Even fewer respondents live in Hometown Leo-Cedarville, New Haven, or Roanoke areas (4.97%), or Arcola, Grabill, Harlan, Hoagland, Monroeville, Woodburn, Zanesville (3.25%), or another location not listed here (1.91%).

The most popular location was northeast Fort Wayne, followed by southeast Fort Wayne, then southwest Fort Wayne and northwest parts of the city.

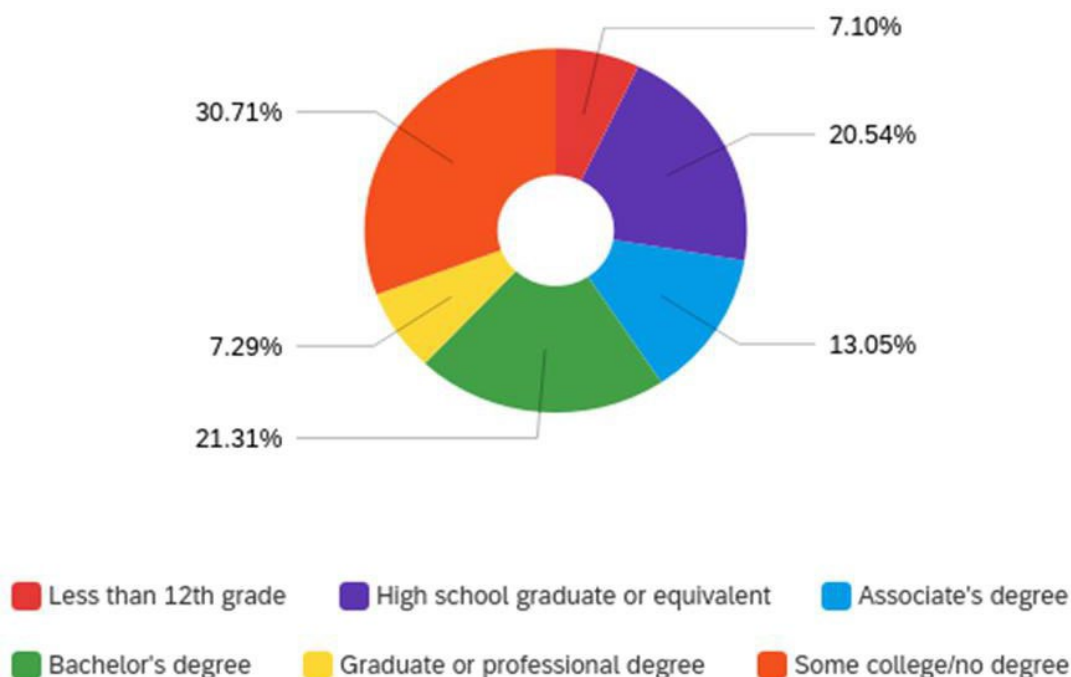
Figure 108. Where do you live in Allen County?



Respondent Education Level

30.81% of all respondents stated that they had some college education but no degree whereas about an even number of respondents were a high school graduate or equivalent (20.54%) or had an associate's degree (13.05%) or a bachelor's degree (21.31%) (See Figure 109). Fewer (7.10%) reported having less than 12th grade educations, or a graduate or professional degree (7.20%).

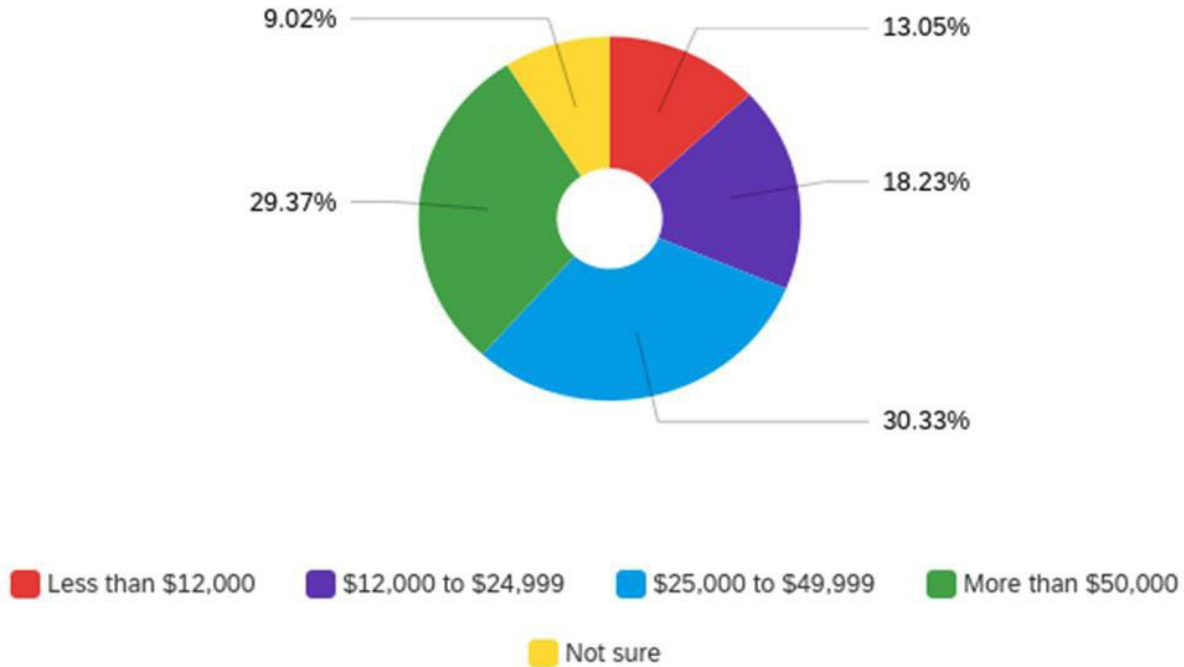
Figure 109. What is the highest level of education you completed?



Annual Household Income

About one-third of all women had a household income that is more than \$50,000 per year (29.37%), approximately the same percentage of the women with household incomes between \$25,000-\$49,999 (30.33%) (See Figure 110). Slightly more than 10% of them had a household income between \$12,000-\$24,999 (18.23%) and 13.05% had household incomes less than \$12,000. The rest of the women were unsure of their household income (9.02%).

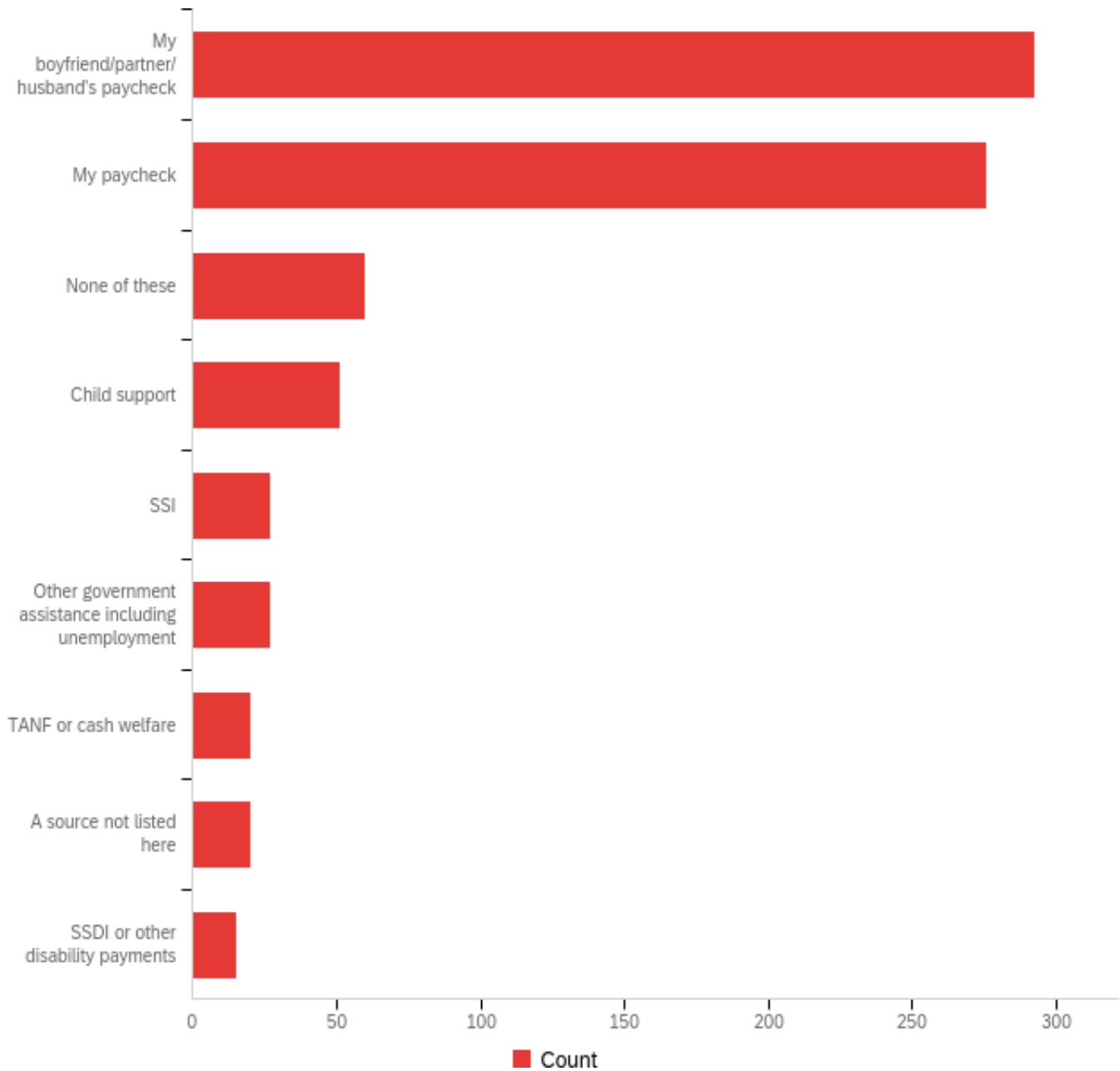
Figure 110. What was your total household income from all sources in the past 12 months?



Income Sources

Among all respondents, the most likely two sources of income are from boyfriend/partner/husband’s paycheck or from their own paycheck (See Figure 111). The next most common sources of income/money were from “none of these” and child support. SSI, other government assistance, TANF or cash welfare, a source not listed here, or SSDI or other disability payment were about equally indicated as sources of income among respondents.

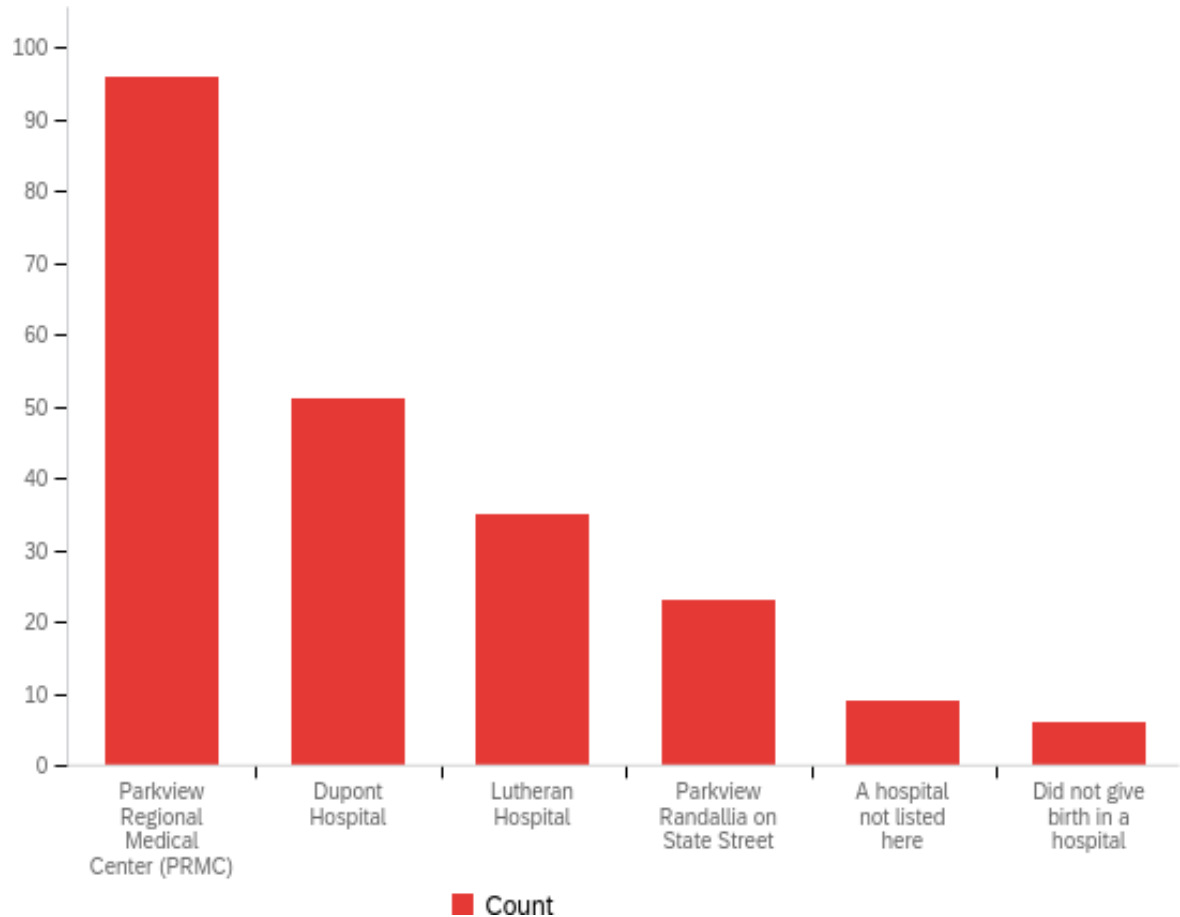
Figure 111. Right now, do you receive income/money from any of the following? Check all that apply.



Hospital of Most Recent Delivery

Among respondents with a new baby, (2.73%) of them did not give birth in a hospital (See Figure 112). A small percentage of respondents (4.17%) used a hospital not listed here. Most respondents gave birth most recently at Parkview Regional Medical Center (PRMC) (43.64%). DuPont Hospital was the second most reported hospital used in the most recent delivery (23.18%). The next most commonly used hospital was Lutheran Hospital (15.91%), followed by delivery in Parkview Randallia near State Street (10.45%).

Figure 112. Hospital of your most recent delivery?



Number of Pregnancies

The typical respondent had either 1 or 2 pregnancies, followed closely by 3, 4 or 5 pregnancies. The highest number of pregnancies reported was 12.

Live Births

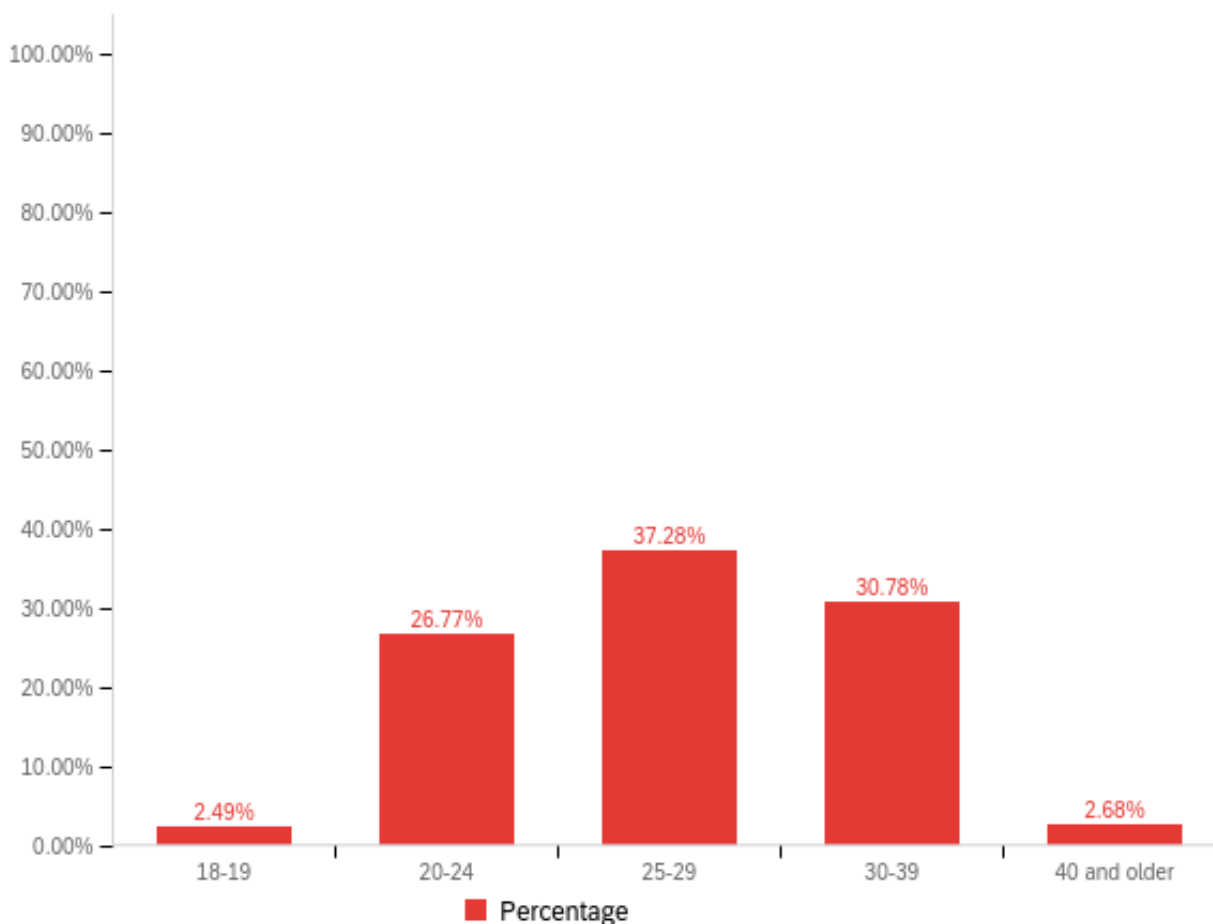
The typical respondent had either 1 or 2 live births, followed closely by respondents having 3 live births. The highest number of live births reported was 12.

Respondent Age

Out of 516 members, 13 (2.52%) of them are of 18-19 years, 138 (26.74%), 194 (37.60%), 157 (30.43%), 14 (2.71%) members are of 20-24 years, 25-29 years, 30-39 years, and 40 and others (See Figure 113).

Implication: 95% of the respondents are adults, less than 3% of the women are middle-aged and only 2.5% of the respondents are teens.

Figure 113. What is your age?



Conclusions

CSR and CRI offer the following about the survey’s responses and participants:

- **Race and ethnicity:** The survey respondent pool as measured by race and ethnicity was consistent with the race and ethnicity of Allen County’s mothers who gave birth in 2020, although the survey respondents were more diverse than the population as a whole. In 2020, the CDC’s natality data reported 77.4% of Allen County’s mothers as white, 14.8% as Black, 6.0% as Asian, 1.7% as more than one race, and 9.6% as Hispanic. For the survey, it was 65.8% white, 15.9% as Black, 5.6% as Asian, 8.1% as multiracial, 4.6% as another race, plus another 25% as Hispanic or Latino.
- **Recommendations from healthcare providers:** Healthcare providers are likely to recommend the use of prenatal vitamins and getting vaccinations while they are less likely to recommend the use of birth control.
- **Not using healthcare services when feeling fine:** A theme of not using healthcare emerged as a result of “feeling fine,” both for not seeing a healthcare provider in the past year or the year before getting pregnant or not going to their post-partum check-up.
- **Concern about prescription medication while pregnant:** Respondents expressed concern about the use of prescription medication during pregnancy. Concern about the baby was the top reason for the currently pregnant and those with a new baby for why they didn’t take a prescription medication. More than half of the pre-conception/inter-conception respondents indicated a degree of discomfort – extremely or somewhat

- in taking prescription medications while pregnant.
 - For prescription medication for mental health, more than one third of respondents had used such in the past 12 months.
- **Use of contraceptives:** As for use of birth control at the time of getting pregnant, most respondents – about 2/3 of the currently pregnant or new baby cohorts – reported not using contraceptives when they got pregnant. When asked why, the most common response at 262 compared to 61 for the second most popular answer was that they wanted to be or didn't mind getting pregnant. The second most common reason was the side effects of birth control.
 - Looking at the current use of contraceptives, the most common choice was condoms, followed by withdrawal, and birth control pills.
- **Activity restrictions:** More than a third of the women who gave birth received an activity restriction. Of those with a restriction directive, essentially half followed them completely while the other half followed some. Only four respondents followed none.
- **Post-partum check-ups:** Of those who answered this question, most of the women who gave birth indicated they went to their post-partum check-up. The two most common topics at this follow-up visit was a discussion of birth control methods and being asked if they were feeling down or depressed, followed by use of prenatal vitamins or taking folic acid.
- **Respondent mental health:** Looking at mental health of all respondents, some interesting dichotomies or contrasts emerged across questions. For all respondents – new baby, currently pregnant and pre-/inter-conception – 57% felt confident always or most of the time about being able to handle life's ups and downs while less than 5% listed occasionally or never. For pregnant and new baby respondents, 64% indicated their most recent pregnancy was either one of the happiest times of their life or happy with few problems, compared to 12% who identified it as either very hard or one of the worst times of her life.
 - Switching over to symptoms of anxiety or depression that lasted several days or more including feeling nervous or anxious, being easily annoyed or irritable, or having trouble sleeping, most respondents indicated one or more symptoms.
 - Almost 38% of respondents indicated they had sought treatment from a mental health professional in the past year.
 - Lack of access to mental health professionals for those who sought one out was limited. More than 90% of those seeking mental health services were able to see someone, either virtually or in person.
- **Discussion of baby blues/post-partum depression:** A split emerged between respondents who were currently pregnant and those who had given birth when discussing the baby blues or post-partum depression with healthcare providers. About 90% of women who had given birth in the past year heard about the baby blues or post-partum depression from their healthcare provider as compared to 6.8% who said no. For those who were currently pregnant, approximately 53% heard the same while 40.5% said no.
- **Domestic or intimate partner violence:** The survey asked about physical harm, threats, controls, restrictions and financial control, and unwanted touch or sex. Between 76% and 81% of respondents to this voluntary section indicated they had never experienced such. For those who did report such, they were more likely to report it for a previous boyfriend/partner/husband than the current partner at about 11% for a previous partner.
- **Conflict at home:** Almost 60% of respondents indicated they never experience violence or conflict at home like screaming, yelling, fights or physical abuse with the people with whom they live, compared to 4.8% who reported such as a lot or almost constant.
- **Concern about violence or crime in neighborhood:** More than half expressed some degree of concern, ranging from very little to almost constant, for concern about violence or crime in their neighborhood, while 44.8% listed never. 8.7% reported it as a concern a lot or almost constant.

- **Financial and food security:** Using this as a marker of financial instability, 16.3% indicated they had a utility shut off due to non-payment in the past year. As for food, more than half worried at some point about running out of food with almost 30% reporting sometimes or most of the time. Switching from worry to financial capacity, less than half indicated they never did not have food and were without the money to buy more. More than a quarter indicated the lack of food and money sometimes or most of the time.
- **Kick counts:** For those who had given birth or those who were in the second or third trimester of their pregnancy, about 70% used kick counts while 30% said they did not. Women were most likely to report they were taught by their healthcare provider on how to do these counts that can identify fetal distress in utero.
 - For those who didn't use them, "some other reason" was the most common answer followed by not understanding how to do them, never hearing of them, and they didn't think it was helpful.
- **Accessing healthcare services during daytime, weekday hours:** For all respondents, 76% indicated the daytime nature of healthcare providers' offices did not affect their ability to receive care, compared to 24% who said it did.
 - Schedule flexibility was key to determining whether accessing daytime care was a problem. Those who could make daytime appointments listed schedule flexibility, and those who couldn't listed an inflexible schedule.
- **Employment during pregnancy:** More than 2/3 of those who were pregnant or had a new baby reported working during their most recent pregnancy.
 - As for pregnancy-related accommodations, 47.5% requested at least one accommodation from their employer. For those asking for the accommodations, 45.8% got all, 40.9% got some, and 13.4% got none.
 - For those who returned to work after the baby's birth either full or part time, 43.6% went back before 9 weeks and 17.2% before 5 weeks while 26.4% returned after more than 12 weeks.
- **Available social supports:** Respondents in all three cohorts were least likely to report having someone who could loan them \$50 while they had relatively strong supports for someone to talk to, getting a ride to a healthcare provider, and the availability of someone to help if they were sick needed to stay in bed.
- **Safe sleep environments and practices:** Respondents with new babies indicated a strong knowledge of the safe sleep ABCs – on their backs, alone and in a crib – with a majority indicating this as very important. More than 11% indicated the safe sleep ABCs as either a little important or not important. Furthermore, most had access to a crib and sleep sack with a sleep area in the room where mom sleeps.
 - The survey captured the frequency of safe and unsafe sleep environments and practices such as sleeping with a blanket or sleeping in an armchair or couch. While respondents indicated knowledge of safe sleep, their sleep practices indicated a range of unsafe sleep practices or locations.
 - As for the reasons why unsafe sleep, respondents indicated the baby slept better in the adults' bed, was easier to feed if they slept in their bed, concern about a flat spot on their head, always having babies sleep with them, a belief that their baby slept better on their side or tummy, that it is safer for the baby to sleep in the adult bed and convenience to share a bed with baby.
- **Infant's caregivers:** The women who had given birth primarily had family members who took care of their infant. The use of paid childcare workers was the least common answer.
- **Transportation:** Most respondents had access to their own vehicle. The second most common form of transportation was having someone else drive them, which was half as common as one's own vehicle. Essentially equivalent numbers used Citilink bus service and Uber or Lyft.
 - Most respondents listed no obstacles in transportation. Cost of gas was the second most common obstacle followed by needed repairs.

- **Smoking and tobacco use:** Most respondents indicated they and the people they live with do not smoke, vape or use other tobacco products. Smoking was slightly more common than vaping.

Recommended Path Forward

As Healthier Moms and Babies implements resolutions and recommendations, it is imperative to understand the impact they have on the clients and families of Healthier Moms and Babies and the larger community. As such, the recommended path forward includes incorporating continual data collection into a feedback loop so that Healthier Moms and Babies can continue gauging progress and setbacks as resolutions and recommendations are put into place. This continual data collection can be tailored to include or exclude fact-of-life circumstances such as running low on food during the month. Healthier Moms and Babies may benefit from receiving a quarterly report that compiles current data and analyzes the effectiveness of those resolutions and recommendations as well as continuing to uncover additional areas of opportunity and need for clients and families.

Some potential areas for Healthier Moms and Babies and other community partners to address that should improve the health and wellbeing of infants, mothers and families:

Recommendations

Positioning Healthier Moms and Babies as Allen County’s leading advocate for the wellbeing of mothers, babies, and young families: Healthier Moms and Babies mission statement is “to reduce infant mortality and improve the outcome of pregnancy in Allen County by offering health education and case management services to low-income, high-risk pregnant women and their families.” As the agency identifies larger community needs to reduce infant mortality beyond their case management and education services, it can become a leading voice in Allen County and potentially statewide on community-level needs to help women have healthy pregnancy outcomes and babies to mark their first birthday. For example, this survey asked about social determinants of health like housing conditions and food stability. Healthier Moms and Babies is not a housing provider and does not operate a food pantry. Instead, it can take the information it has learned from this project and inform decision makers and community members about the challenges and needs of pregnant people and babies in the context of the social determinants of health, including housing and neighborhoods, social and community supports, economic stability, and of course access to clinical services. It can also convene social service agencies to better address the needs of the populations Healthier Moms and Babies serves.

In this advocacy role, Healthier Moms and Babies can position itself as both a collaborator and leader for addressing the multiple causes of infant mortality and improving pregnancy outcomes. As a collaborator, Healthier Moms and Babies can bring together healthcare providers, philanthropic funders, those from the public and private sector interested in helping families, and other social services that serve women and infants. Since Healthier Moms and Babies has emphasized maternal and infant health, the additional collaboration could improve outcomes for things like training and employment that are not part of Healthier Moms and Babies’ expertise yet valuable for improving families’ outcomes. It currently works with St. Joseph Community Health Foundation to co-facilitate the Prenatal and Infant Care Network, so collaboration is already part of the agency’s business model. This would “level up” the convening and cooperation beyond prenatal and infant health.

As a leader, Healthier Moms and Babies can advocate for their clients and the needs of similarly situated families to elected officials, the business community, funders, state agencies, and other community leaders. Furthermore Healthier Moms and Babies can be a trusted voice for local media to speak about the challenges low-income

families face during pregnancy, labor and delivery, and infancy. The agency's decades of experience working directly with pregnant people and families gives it credibility as a local leader, especially since no other organization that has taken this public role. While other agencies effectively serve young families with case management services, their missions are not about reducing infant mortality. Accordingly, Healthier Moms and Babies is well positioned to take its knowledge about its clients and what was learned from this survey to be a leader and advocate to reduce infant mortality and improve mothers' health outcomes before, during, and after pregnancy.

Targeted efforts to support safe sleep practices and environments: In positive news, survey results of respondents with a new baby reflected a solid understanding and use of the safe sleep ABCs: alone, on their back, in a crib, and demonstrated knowledge of the importance of such. The questions about specific sleep situations like sleeping with blankets, in an adult bed, or on a couch reflected something different: occasional or routine use of unsafe sleep environments or unsafe sleep practices. When asked why they used unsafe sleep practices or environments, varying themes developed including how their baby slept better in the adult bed or it was easier to feed the baby as a result.

Messaging to parents and caregivers about safe sleep in Allen County needs to be two-fold going forward: 1) reinforcing the basics of safe sleep to ensure that knowledge does not slip and 2) delving deeper into the individual situations parents and other caregivers face with young infants to ensure consistent use of safe sleep practices and environments. The safe sleep ABCs can be communicated with traditional messaging campaigns and from healthcare providers. The second component – responding to the individualized needs of families – is more complex.

While there may be opportunities to use advertising campaigns for things beyond on their back, in a crib and alone, the complexity of safe sleep in real life requires knowledge of the families' situations and how to respond to when and why unsafe sleep is used. This is where Healthier Moms and Babies is well positioned. They can work with their clients through their case managers to understand the particular or unique challenges for that family and work with the mother or other caregivers to develop actionable strategies that eliminate or at least minimize unsafe sleep situations. For parents and caregivers not receiving case management services, an opportunity to discuss safe sleep may exist with pediatricians or other healthcare providers for parent or child to understand the what, when, and why of unsafe sleep practices and environments. Again, Healthier Moms and Babies can work with their community partners and medical advisory committee to strategize ways to address this issue across Allen County.

Recognizing that infant mortality caused by unsafe sleep is a completely preventable cause of death, dedicating resources to ensure knowledge of safe sleep ABCs coupled with strategies to respond to families' unique needs can reduce the risk and ultimately save lives.

Improved use of kick counts by pregnant people: Lack of fetal movement can indicate fetal distress, and if addressed promptly, may avoid a stillbirth. Counting the baby's movements daily can help pregnant people identify if there is a problem and seek help before it is too late. About 70% of survey respondents who either had a baby or were in their second or third trimester of their pregnancy reported using kick counts during their pregnancy. That also meant three out of 10 had not used kick counts.

For those who didn't use them, reasons ranged from something not listed in the survey responses to not being familiar with them to not seeing them as valuable or being too much work. Improving the use of kick counts has two components: 1) education and outreach to pregnant people and 2) the pregnant person actually using the kick counts with sufficient frequency and then knowing when to engage with medical help if problems arise. Outreach and education can be a generalized universal strategy for all pregnant people, but it can also be a targeted or relational effort: healthcare providers speaking with their pregnant patients or case workers working with clients. Based on the survey results, kick-count outreach and education needs to explain both the "how" and the "why."

To build kick count knowledge outside of the agency's clients, Healthier Moms and Babies may want to work with their medical advisory committee to identify strategies for healthcare providers who care for pregnant patients to improve how they educate their patients on kick counts and why this is important for their baby's health and wellbeing while in utero. The agency can also enhance their own kick count education strategies with their pregnant clients.

The second component to this strategy – actual use of kick counts – rests with the pregnant person. Only the person experiencing pregnancy can actually perform kick counts. Hopefully better explaining how to do them and why they are important for a healthy pregnancy will improve the use of kick counts. Encouraging use of apps like Count the Kicks! may be another strategy to close the kick-count education-execution loop.

Enhanced use of healthcare services, including mental health professionals, by women of childbearing age: The survey asked a number of questions about respondents' use of healthcare services for themselves. Some key themes emerged that have relevance for maternal health, and in turn for improving infant health. More than three quarters of pregnant and new baby respondents indicated they visited with a healthcare provider in the 12 months before getting pregnant, and 85.8% of women in the pre-pregnancy group indicated the same. While there may be some selection bias for those who exhibit healthy behaviors, it does indicate use of healthcare providers for regular check-ups at their family doctor or OB-GYN, which is to be commended.

For those who did not see a provider as well as the women who did not attend their post-partum check-up, "feeling fine" or otherwise thinking the visit was not needed was a theme. In the age of "self-care," messaging about the need for women of childbearing age to engage with a healthcare provider for routine care even when they don't have an obvious medical need may be appropriate. It allows women to establish a medical home before getting pregnant so they can engage with a provider quickly if and when they become pregnant.

As for prescription medication, respondents indicated a fairly widespread concern or discomfort about women taking medication while pregnant. This was true for both the currently pregnant and new baby groups but also for pre-pregnant respondents. While not all medication is safe for pregnant people, some medications may be needed or even preferred to continue throughout pregnancy. Like many of the recommendations here, a dual approach may be needed: general messaging about working with a healthcare provider, especially pharmacists, to identify which medications are safe or unsafe before stopping them plus individual approaches between healthcare providers and patients to reinforce the idea that not all prescriptions are unsafe for pregnancy and discuss the patient's particular medications and healthcare needs

while pregnant.

For mental health, respondents reported a strong degree of emotional wellbeing as measured by how confident they felt in the past 12 months to handle the ups and downs of life. Just slightly more than 57% indicated they could handle the ups and downs always or most of the time compared to 16.5% who said occasionally or never. In contrast, more than half of the respondents indicated symptoms of anxiety or depression. While not designed to be a diagnostic tool or a mental health screener, the fact that the majority felt positive about life while also reporting symptoms of a mental health diagnosis presented a study in contrasts. It is not clear if these women expect life to be difficult when it might be a chemical imbalance in the brain or if they do not want to get treatment out of concern for stigma or even just the hassle of yet another healthcare provider and more appointments. The questions asking about seeking care from a mental health professional indicated that most respondents who sought care received it, so access issues may be more perceived than reality or may be for certain kinds of mental health professionals, say difficulty seeing a psychiatrist as compared to a licensed mental health counselor. Either way, awareness of mental health symptoms – distinguishing what is normal and what merits attention from a healthcare provider – and encouraging women to get treatment before, during, or after pregnancy may improve the health and wellbeing of both mothers and infants.

Strengthening supports of family and friends: Respondents with a new baby, who were currently pregnant, and pre-pregnancy indicated generally favorable levels of engagement with friends and family members for things like having someone available to drive them to a medical appointment or someone with whom they can talk.

The consistent gap across the three populations was having someone who could loan them \$50, which indicates the financial fragility of respondents' social networks. While Healthier Moms and Babies is not equipped to provide direct financial assistance to clients, knowledge that women of child-bearing age often have people in their lives with limited economic resources to help them in the time of need should be communicated to staff who work with clients so that they understand a small unexpected expense may create difficulty for the client and her loved ones.

Additionally, case managers may want to screen for the other social supports – having someone to talk with, someone who can provide a ride to a medical appointment, or someone who can care for her if she needs bed rest or has an activity restriction. Recognizing where the client does and does not have social supports may be helpful in understanding the challenges and strengths the client brings to her pregnancy and parenthood. Case managers may also be able to help clients to identify other family members or friends who can provide needed social supports, even if it is on a limited or one-time basis.

Creating connections to appropriate social services: Survey results revealed a variety of needs not directly addressed by Healthier Moms and Babies' services. For example, 16% of respondents to this question indicated they had a utility shut off due to non-payment, while about 25% of respondents answered affirmatively to the question about the current or past use of threats, control, limitations, and restrictions with either a current or former partner or spouse, another family member, or someone else. More than half expressed concern about not having enough money for food.

In sum, survey respondents indicated a variety of experiences and needs that could be addressed by a social service agency that addresses these particular situations. Fortunately Fort Wayne and Allen County is rich with social service agencies that address a variety of needs: food, healthcare, housing supports, domestic violence services, and more. Some services are more readily available than others – access of food compared to housing vouchers – but women of childbearing age in need of services may not be familiar with how to access such.

Healthier Moms and Babies' clients may be able to get information from their case managers. For others, Healthier Moms and Babies may want to work with FSSA and other local social service agencies to increase awareness of the 211 hotline, CONNECT Allen County's one-stop shop access center, the local domestic violence hotline, Brightpoint's utility assistance programs, and other services that do not require an existing relationship to access information or services.

Identifying needed supports for women who need or want to work during pregnancy or after birth:

Supports for pregnant workers or workers who recently gave birth are limited or non-existent under state or federal law. Federal and state law do not provide paid family leave, often leaving women returning to work less than a month after giving birth.

More than 15% of survey respondents with new babies who returned to paid employment were back to work within four weeks and another 26.4% returned between five and eight weeks. While the survey did not identify if they were working remotely or at the worksite, the other socio-economic indicators create the assumption that many if not most were at their employer and not working from home. Additionally, 47.5% of respondents who were employed during their pregnancy requested accommodations from their employer. Of those requesting accommodations, 45.8% received all accommodations, 40.9% had some but not all, and 13.4% had no accommodations granted.

While supporting clients' employment is not a direct objective for Healthier Moms and Babies, it may be able to help clients identify the available work supports in preparation for recovery after the baby's birth, and also support pregnant people who request and need accommodations at work. For example, Healthier Moms and Babies may want to convene their own staff or work with other agencies to bring in the Fort Wayne Metropolitan Human Relations Commission for an in-service training about employment protections for pregnant employees and other relevant employment or housing laws that protect pregnant people and families with children. Healthier Moms and Babies, in their advocacy role, may also want to ask employers and legislators to support paid family leave and improved pregnancy accommodations.

Additional engagement with women considering pregnancy in the future: With the small sample size of the pre-pregnant cohort coupled with an emphasis on questions that addressed pregnancy and post-partum, the need exists to better understand women who are pre-conception or inter-conception for Healthier Moms and Babies to build and enhance their Own Your Journey program. A survey of women who could become pregnant in the future may provide useful information to build these programs to be relevant to local women.

Conclusion: The results of this survey offer unique, actionable data for Healthier Moms and Babies to

improve the health and wellbeing of infants and current and future parents in a variety of areas including the use of healthcare services including mental health, safe sleep practices, social supports of families, employment, domestic violence, social determinants of health.

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Appendix: Survey

The study is based upon survey data collected by Healthier Moms and Babies. The survey is included, here. Note that the survey was available in English and Spanish.

Healthier Moms and Babies - February 2022 Survey

Start of Block: 1. Introduction

Q1.1 Thank you for your willingness to participate in this survey conducted on behalf of Healthier Moms and Babies. This survey is the first study on the experiences during pre-pregnancy, pregnancy, delivery and with your new baby, and for women thinking about getting pregnant. We will not be able to identify your answers in this survey so answer the questions the best you can. Participation in the survey is completely voluntary. It will take about 10 to 20 minutes to complete the survey.

End of Block: 1. Introduction

Start of Block: 2. Screening 1

Q2.1 We are looking for women with specific experiences to participate in this study. These three questions will identify if you qualify to take this survey.

Q2.2 What county do you live in?

- Adams
 - Allen
 - DeKalb
 - Huntington
 - Noble
 - Wells
 - Whitley
 - Another county not listed here.
-

Q2.3 What age group are you in?

- 18 or older
 - 17 or younger
-

Q2.4 Which of the following applies to you?

- Currently pregnant
 - My baby was born in January 2021 or later.
 - Haven't given birth in the past year but thinking about getting pregnant in the future.
 - None of these apply to me.
-

Q2.5 Is your new baby living with you now?

- Yes; including baby at NICU/hospital
- No, because they live somewhere else.
- No, because they passed away.

End of Block: 2. Screening 1

Start of Block: 3. Healthcare use: general for pre-pregnancy, pregnant, new baby

Q3.1

This section is going to ask you about your use of healthcare.

We want you to think back to any time in the 12 months before you got pregnant with your new baby.

Q3.2

This section is going to ask you about your use of healthcare.

We want you to think back to any time in the previous 12 months.

Q3.3 In the 12 months before you got pregnant, did you have any healthcare visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- No

Yes

Q3.4 In the 12 months, did you have any healthcare visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

No

Yes

Q3.5 Why did you visit a healthcare provider before you got pregnant? *Check all that apply.*

- Regular checkup at my family doctor
 - Regular checkup at my OB/GYN
 - Chronic condition like diabetes, asthma or heart disease
 - Injury or illness
 - Family planning or birth control
 - Depression or anxiety
 - Regular check-up at my dentist
 - Emergency room or urgent care center
 - Other
-

Q3.6 What is the "other" reason you visited a healthcare provider before you got pregnant? *Write your answer in the space provided.*

Q3.7 Why did you visit a healthcare provider in the past 12 months? *Check all that apply.*

- Regular checkup at my family doctor
 - Regular checkup at my OB/GYN
 - Chronic condition like diabetes, asthma or heart disease
 - Injury or illness
 - Family planning or birth control
 - Depression or anxiety
 - Regular check-up at my dentist
 - Emergency room or urgent care center
 - Other
-

Q3.8 What is the "other" reason you visited a healthcare provider? *Write your answer in the space provided.*

Q3.9 Did your healthcare provider do any of the following in the past 12 months? *Check all that apply.*

- Test for diabetes
- Test for high blood pressure
- Test for HIV/AIDS or other sexually transmitted infections (STIs or STDs) like chlamydia, gonorrhea, or syphilis

- Ask about my mental health/emotional wellbeing
 - Ask if someone was hurting me
 - None of these/don't remember
-

Q3.10

Did a healthcare provider recommend you do any of the following in the past 12 months? *Check all that apply.*

- Take prenatal vitamins/folic acid
 - Use birth control
 - Get vaccinated, including flu shot and coronavirus vaccine
 - Stop smoking cigarettes
 - Get a dental exam/check-up
 - None of these/don't remember
-

Q3.11 Why didn't you have any healthcare visits before you got pregnant? *Check all that apply.*

- Didn't have money to pay for visit
- Felt fine and did not think I needed any visit
- Couldn't get an appointment when I wanted one
- Didn't have transportation

- Too many other things going on
 - Couldn't take time off from work
 - Don't have a family doctor or OB-GYN
 - Other
-

Q3.12 What is the "other" reason you didn't visit a healthcare provider before you got pregnant? *Write your answer in the space provided.*

Q3.13 Why didn't you have any healthcare visits in the past 12 months? *Check all that apply.*

- Didn't have money to pay for visit
 - Felt fine and did not think I needed any visit
 - Couldn't get an appointment when I wanted one
 - Didn't have transportation
 - Too many other things going on
 - Couldn't take time off from work
 - Don't have a family doctor or OB-GYN
 - Other
-

Q3.14 What is the "other" reason you didn't visit a healthcare provider in the past 12 months? *Write your answer in the space provided.*

Q3.15 Did a healthcare provider prescribe any medication while you were pregnant? This includes medication you took before getting pregnant or needed while pregnant.

Yes

No

Not sure

Q3.16 Did you take the medication(s) that you were prescribed?

All of them

Some of them

None of them

Q3.17 Why didn't you take the medication? *Check all that apply.*

Didn't think I needed them

Felt better when not taking them

Didn't like the side-effects

Concerned they would hurt my baby

Too expensive

Couldn't get to the pharmacy

Some other reason

Q3.18 Are you currently taking prescription medication other than birth control pills?

- Yes
- No
- Not sure

Q3.19 How comfortable do you feel about taking prescription medication during pregnancy?

- Extremely uncomfortable
- Somewhat uncomfortable
- Neither comfortable nor uncomfortable
- Somewhat comfortable
- Extremely comfortable

End of Block: 3. Healthcare use: general for pre-pregnancy, pregnant, new baby

Start of Block: 4. Healthcare-Pregnancy prevention: When you got pregnant

Q4.1 These questions are going to ask about when you got pregnant.

Q4.2 When you got pregnant with your new baby, were you or your boyfriend/partner/husband doing anything to keep from getting pregnant? This includes using birth control pills, condoms, withdrawal, or natural family planning.

- No
- Yes

Q4.3 When you got pregnant, what method of birth control were you using? *Check all that apply.*

- Birth control pills
- Condoms
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)

- Contraceptive implant (Nexplanon® or Implanon®)
 - Natural family planning (including rhythm method)
 - Withdrawal (pulling out)
 - Other
-

Q4.4 What "other" method of birth control were you using when you got pregnant? *Write your answer in the space provided.*

Q4.5 Why were you not doing anything to keep from getting pregnant, when you got pregnant? *Check all that apply.*

- Wanted to be or didn't mind if I got pregnant
 - Thought I couldn't get pregnant then
 - Thought boyfriend/partner/husband or I could not get pregnant at all
 - Had side effects from birth control
 - Boyfriend/partner/husband didn't want to use anything
 - Forgot to use birth control
 - Other
-

Q4.6 What is the "other" reason you didn't do anything to keep from getting pregnant, when you got pregnant? *Write your answer in the space provided.*

End of Block: 4. Healthcare-Pregnancy prevention: When you got pregnant

Start of Block: 5. Healthcare-Pregnancy prevention: Now

Q5.1 Right now are you or your boyfriend/partner/husband doing anything to prevent pregnancy? This includes having your tubes tied, using birth control pills, condoms, withdrawal, or natural family planning?

- No
 - Yes
-

Q5.2 What are the reasons you or your boyfriend/partner/husband are not doing anything to prevent pregnancy? *Check all that apply.*

- Want to get pregnant
- Pregnant now
- Don't think I can get pregnant
- Had my tubes tied
- Boyfriend/partner/husband had a vasectomy (has been snipped)
- Don't want to use birth control
- Worried about side effects from birth control
- Not having sex
- My boyfriend/partner/husband doesn't want to use anything
- Problems paying for birth control
- Other

Q5.3 What is the "other" reason you or your boyfriend/partner/husband are not doing anything to prevent pregnancy? *Write your answer in the space provided.*

Q5.4 What kind of birth control are you or your boyfriend/partner/husband using now to keep from getting pregnant? *Check all that apply.*

- Birth control pills
- Condoms
- IUD (including Mirena®, ParaGard®, Liletta®, or Skyla®)
- Contraceptive implant (Nexplanon® or Implanon®)
- Tubes tied or blocked (female sterilization)
- Vasectomy (male sterilization)
- Withdrawal (pulling out)
- Natural family planning (including rhythm method)
- Abstinence/not having sex
- Other

Q5.5 What is the "other" kind of birth control are you or your boyfriend/partner/husband using now to keep from getting pregnant? *Write your answer in the space provided.*

Start of Block: 6. Healthcare: Restricted activity-bed rest

Q6.1 During your most recent pregnancy, did your healthcare provider tell you to go on bed rest or restrict your activity?

- Yes
 - No
 - Not sure
-

Q6.2 Did you follow the bed rest or activity restriction?

- All restrictions
- Some restrictions
- None of the restrictions

End of Block: 6. Healthcare: Restricted activity-bed rest

Start of Block: 7. Healthcare: Pregnancy and Healthcare after baby born

Q7.1 These questions ask about your pregnancy and use of healthcare after your baby was born.

Q7.2 Was your new baby your first labor and delivery?

- No
 - Yes
-

Q7.3 How many months were between your new baby's birth and the next youngest child's birth?

- Less than 12 months
- 12-18 months
- 19-24 months

More than 24 months

Q7.4 Now, we want to know if you have given birth before. Will this pregnancy be your first labor and delivery?

No

Yes

Q7.5 How many months were between your new baby's birth and the next youngest child's birth?

Less than 12 months

12-18 months

19-24 months

More than 24 months

Q7.6 Did you have a checkup with a healthcare provider about 4-6 weeks after giving birth?

Gave birth less than 4-6 weeks ago

No

Yes

Q7.7 During your postpartum checkup, did a healthcare provider do any of the following? *Check all that apply.*

Tell me to take folic acid/prenatal vitamins

Talk about how long to wait before getting pregnant again

Talk about birth control methods, including condoms, or a prescription for birth control pills, patch or NuvaRing® or insert IUD (Mirena®, ParaGard®, or Skyla®) or contraceptive implant

(Nexplanon® or Implanon®)

- Follow up or refer to another doctor for high blood pressure or diabetes
 - Ask if I was smoking, or using alcohol or recreational drugs
 - Ask if I was feeling down or depressed
 - Refer me to my family doctor for follow-up for "regular care"
 - None of the above
-

Q7.8 Did any of these things keep you from visiting your healthcare provider after giving birth? *Check all that apply.*

- Felt fine or didn't think I needed to have a visit
 - I didn't want to go back to the doctor
 - Couldn't get an appointment when I wanted one
 - Didn't have money to cover the cost of the visit
 - Didn't have transportation
 - Had too many things going on, was too busy
 - Couldn't take time off from work
 - Didn't have someone to watch my child(ren)
 - Other
-

Q7.9 What are the "other" things kept you from visiting your healthcare provider after giving birth?

Write your answer in the space provided.

Q7.10 What type of healthcare visits have you had since having your new baby for yourself, not including for your baby? *Check all that apply.*

- Post-partum visit
- Regular checkup at my family doctor's office
- Regular checkup at my OB/GYN's office
- Chronic conditions like diabetes, asthma, or heart disease
- Illness or injury
- Family planning or birth control
- Depression or anxiety treatment
- Regular checkup at my dentist
- Emergency room or urgent care center
- Other
- None of these

Q7.11 What "other" type of healthcare visits have you had since having your new baby for yourself, not including for your baby? *Write your answer in the space provided.*

Q7.12 Why did you use an emergency room or urgent care center in the past 12 months for yourself? *Check all that apply.*

- Did not use ER/urgent care center
- Emergency needed immediate attention
- Healthcare provider told me to go there
- Needed care after hours/on a weekend
- Couldn't afford to pay for office visit
- Couldn't make an appointment at my regular healthcare provider
- Don't have a regular healthcare provider
- Emergency room or urgent care center is where I usually go for my healthcare
- Another reason not listed here

Q7.13 What "other" reason did you use an emergency room or urgent care center in the past 12 months for yourself? *Write your answer in the space provided.*

End of Block: 7. Healthcare: Pregnancy and Healthcare after baby born

Start of Block: 8. Social supports

Q8.1 This series of questions ask about your social support.

Q8.2 What kinds of help were available to you during your pregnancy and after your baby was born? *Check which apply to you in each line. If no one was available to do that item, select Not Available.*

	During my pregnancy	After my baby was born	Not available
Someone to loan me \$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone to help me if I was sick and needed to be in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone to take me to my healthcare provider if I needed a ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8.3 What kinds of help were available to you during your pregnancy? *Check which apply to you in each line. If no one was available to do that item, select Not Available.*

	During my pregnancy	Not available
Someone to loan me \$50	<input type="checkbox"/>	<input type="checkbox"/>
Someone to help me if I was sick and needed to be in bed	<input type="checkbox"/>	<input type="checkbox"/>
Someone to take me to my healthcare provider if I needed a ride	<input type="checkbox"/>	<input type="checkbox"/>
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>

Q8.4 What kinds of help are available to you to you now? *Check all that apply.*

Someone to loan me \$50

- Someone to help me if I was sick and needed to be in bed
- Someone to take me to my healthcare provider if I needed a ride
- Someone to talk to
- None of these

Q8.5 All parents need help with caregiving for their children. How often do the following people watch your new baby or other child(ren):

	Every day	Most days	A few days a week	A few times a month	Never
Boyfriend/partner/husband	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baby's grandparents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members or friends/neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.6 This question is about your current boyfriend/partner/husband, who may or may not be the father of your new baby. Please choose the statement that best describes the current living arrangement.

- They live with me all of the time.
- They live with me some of the time.
- They do not live with me.
- I do not have a boyfriend/partner/husband right now.

Q8.7 This question is about your current boyfriend/partner/husband.

Please choose the statement that best describes the current living arrangement.

- They live with me all of the time.
- They live with me some of the time.
- They do not live with me.
- I do not have a boyfriend/partner/husband right now.

Q8.8 The following statements are about your boyfriend/partner/husband and the support they provide you now. *Check all that apply.*

- Can count on them for financial support
- Can talk with them about things that are important to me
- Are affectionate toward me
- Help me care for my child(ren)
- Understand how I am feeling
- Talk with me, spend time with me, or do things with me
- Can count on them to be there for me
- None of these apply to my boyfriend/partner/husband

End of Block: 8. Social supports

Start of Block: 9. Safe sleep practices

Q9.1 These questions ask about where your new baby sleeps.

Q9.2 How old is your new baby?

- Less than 6 months old
- 6 to 12 months old

Q9.3 How often does your baby sleep at night and for naps in these locations or with these people or things:

	7 days a week	5-6 days a week	3-4 days a week	1-2 days a week	Never
In a crib, bassinet, or pack and play?	0	0	0	0	0
On a twin or larger mattress or bed?	0	0	0	0	0
On a couch, sofa, or armchair?	0	0	0	0	0
In an infant car seat or swing?	0	0	0	0	0
In a sleep sack or wearable blanket?	0	0	0	0	0
With a blanket?	0	0	0	0	0
With toys, cushions, or pillows, including nursing pillows?	0	0	0	0	0
With crib bumper pads (mesh or non-mesh)?	0	0	0	0	0
With a sibling/other child?	0	0	0	0	0
With an adult?	0	0	0	0	0

Q9.4 In which positions do you lay your baby down to sleep? *Check all that apply.*

- Their side
- Their back
- Their stomach

Q9.5 Think about how your new baby slept in their first six months. *Provide an answer for each line.*
How often did your baby sleep at night and for naps in these locations or with these people or things:

	7 days a week	5-6 days a week	3-4 days a week	1-2 days a week	Never
In a crib, bassinet, or pack and play?	0	0	0	0	0
On a twin or larger mattress or bed?	0	0	0	0	0
On a couch, sofa, or armchair?	0	0	0	0	0
In an infant car seat or swing?	0	0	0	0	0
In a sleep sack or wearable blanket?	0	0	0	0	0
With a blanket?	0	0	0	0	0

With toys, cushions, or pillows, including nursing pillows?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With crib bumper pads (mesh or non-mesh)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a sibling/other child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With an adult?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9.6 In the first six months of your new baby's life, in which positions did you lay your baby down to sleep? *Check all that apply.*

- Their side
- Their back
- Their stomach

Q9.7 Does your baby have access to the following in your living arrangement, now? *Check all that apply.*

- A crib, pack-and-play, or bassinet
- Sleep sack or wearable blanket
- A sleep area in the room where I sleep
- None of these

Q9.8 How important is it that your new baby always sleep alone, on their back and in their crib or pack-and-play?

- Very important
- Somewhat important
- A little important
- Not important

Q9.9 Who have you talked to about using a safe sleep location for your new baby? *Check all that apply.*

- My boyfriend/partner/husband
- My parents/stepparents or my boyfriend/partner/husband's parents/stepparents
- Baby's brother or sister
- Other family members
- Friends or neighbors
- Faith community
- Childcare worker
- Someone not listed here
- No one

- More convenient for my baby to sleep with me or someone else in adult bed or on couch/recliner
- Always had my baby/babies sleep with me
- Believe it's safer for my baby to sleep with me
- Easier to feed my baby if they sleep in my bed
- Sleeps better in my bed
- Sleeps better in swing, floor seat, lounger, or car seat
- Sleeps better on their side/tummy
- Developed a head flat spot or concerned about my baby getting one
- Don't like putting my baby on their back to sleep
- My mom, grandma, or someone else said it's OK if my baby sleeps somewhere other than crib/pack-and-play
- My mom, grandma, or someone else said it's OK if my baby sleeps on side/tummy
- I don't have access to a crib or pack-and-play where I live right now
- Like having toys, pillows, blankets, or bumper pads where my baby sleeps
- Looks better with toys, pillows, blankets, or bumper pads

-
- More convenient for my baby to sleep with me or someone else in adult bed or on couch/recliner
 - Always had my baby/babies sleep with me

- Believe it's safer for my baby to sleep with me
- Easier to feed my baby if they sleep in my bed
- Sleeps better in my bed
- Sleeps better in swing, floor seat, lounger, or car seat
- Sleeps better on their side/tummy
- Developed a head flat spot or concerned about my baby getting one
- Don't like putting my baby on their back to sleep
- My mom, grandma, or someone else said it's OK if my baby sleeps somewhere other than crib/pack-and-play
- My mom, grandma, or someone else said it's OK if my baby sleeps on side/tummy
- I don't have access to a crib or pack-and-play where I live right now
- Like having toys, pillows, blankets, or bumper pads where my baby sleeps
- Looks better with toys, pillows, blankets, or bumper pads

End of Block: 9. Safe sleep practices

Start of Block: 10. Maternal mental health

Emotional wellbeing is being confident and positive and being able to cope with the ups and downs of life.

Q10.2 In the past 12 months, how often have you felt confident about being able to handle life's ups and downs?

- Always
- Most of the time

- Some of the time
 - Occasionally
 - Never
 - Not sure
-

Q10.3 How would you describe your emotions during your most recent pregnancy?

- One of the happiest times of my life
 - Happy with few problems
 - Moderately hard
 - Very hard
 - One of the worst times of my life
-

Q10.4 When talking about your feelings with those you are close to, which of the following apply to you now? *Check all that apply.*

- Not hard to talk about my feelings
- Want to avoid conflict
- Fear of disapproval and rejection
- Afraid to admit that I need help or feel weak
- Don't have anyone to talk to
- Not sure how to describe my feeling
- Concerned what others might think
- Not sure what I need from others

Another reason

Q10.5 These questions ask about how you felt emotionally in the past 12 months and your use of mental health services.

In the past 12 months, did you experience any of the following for several days or more? *Check all that apply.*

Feeling nervous, anxious, or on edge

Not able to stop worrying about minor things

Trouble relaxing or not being able to sit still

Easily annoyed or irritable

Lost interest in doing things I enjoy

Feeling down, depressed or hopeless

Trouble sleeping

Poor appetite or overeating

Feeling bad about myself

Trouble concentrating when watching TV, reading or other tasks

Thoughts of hurting myself or being better off dead

None of these

Q10.6 These questions ask about how you felt emotionally before, after, and during your pregnancy and

your use of mental health services.

Q10.7 These questions ask about how you felt emotionally before and during your pregnancy and your use of mental health services.

- Feeling nervous, anxious, or on edge
 - Not able to stop worrying about minor things
 - Trouble relaxing or not being able to sit still
 - Easily annoyed or irritable
 - Lost interest in doing things I enjoy
 - Feeling down, depressed or hopeless
 - Trouble sleeping
 - Poor appetite or overeating
 - Feeling bad about myself
 - Trouble concentrating when watching TV, reading or other tasks
 - Thoughts of hurting myself or being better off dead
 - None of these
-

- Feeling nervous, anxious, or on edge

- Not able to stop worrying about minor things
- Trouble relaxing or not being able to sit still
- Easily annoyed or irritable
- Lost interest in doing things I enjoy
- Feeling down, depressed or hopeless
- Trouble sleeping
- Poor appetite or overeating
- Feeling bad about myself
- Trouble concentrating when watching TV, reading or other tasks
- Thoughts of hurting myself or being better off dead
- None of these

Q10.10 During your most recent pregnancy, did you experience any of the following for several days or more? *Check all that apply.*

- Feeling nervous, anxious, or on edge
- Not able to stop worrying about minor things
- Trouble relaxing or not being able to sit still
- Easily annoyed or irritable
- Lost interest in doing things I enjoy
- Feeling down, depressed or hopeless

- Trouble sleeping
- Poor appetite or overeating
- Feeling bad about myself
- Trouble concentrating when watching TV, reading or other tasks
- Thoughts of hurting myself or being better off dead
- None of these

Q10.11 Since your baby was born, did you experience any of the following for several days or more?
Check all that apply.

- Feeling nervous, anxious, or on edge
- Not able to stop worrying about minor things
- Trouble relaxing or not being able to sit still
- Easily annoyed or irritable
- Lost interest in doing things I enjoy
- Feeling down, depressed or hopeless
- Trouble sleeping not related to my baby's schedule
- Poor appetite or overeating
- Feeling bad about myself
- Trouble concentrating when watching TV, reading or other tasks
- Thoughts of hurting myself or being better off dead

None of these

Q10.12 If you or someone you know is thinking about self-harm or suicide, please contact the National Suicide Prevention Lifeline at 1(800)273-8255 or text the Crisis Text Line (text HELLO to 741741).

Both services are free and available 24 hours a day, seven days a week. All calls are confidential.

To continue with the survey, please hit the arrow below.

Q10.13 During your most recent pregnancy, OR after delivery, did a healthcare provider talk with you about "baby blues" OR postpartum depression?

- No
 - Yes
 - Not sure
-

Q10.14 During your most recent pregnancy did a healthcare provider talk with you about "baby blues" OR postpartum depression?

- No
 - Yes
 - Not sure
-

Q10.15 In the past year, have you sought treatment from a mental health professional like a therapist, counselor, psychologist, or psychiatrist?

- No
 - Yes
 - Not sure
-

Q10.16 Were you able to actually meet with a mental health professional? *Check one.*

- Yes, in person
 - Yes, virtually
 - No
-

Q10.17 Have you taken prescription medication for your mental health in the past 12 months?

- No
- Yes
- Not sure

End of Block: 10. Maternal mental health

Start of Block: 11. Employment

Q11.1 Did you work during your most recent pregnancy?

- No
 - Yes
-

Q11.2 Did you request any accommodations from your employer due to your pregnancy, such as ability to sit or no overtime?

- No
 - Yes
-

Q11.3 Did your employer provide the requested accommodations?

- All accommodations
 - Some but not all accommodations
 - No accommodations
-

Q11.4 When you left work to have your baby, did you: *Check all that apply.*

- Receive paid time off
 - Receive unpaid time off
 - Go on Family Medical Leave Act/FMLA
 - Quit my job, gave notice
 - Got fired, did not give notice
 - None of these
-

Q11.5 Are you currently working?

- Yes, full time
 - Yes, part-time
 - No
-

Q11.6 Why are you not currently working? *Check all that apply.*

- Still on maternity leave
- Taking some time off from work
- Cannot find a job that pays enough
- Cannot find a job that fits my schedule
- Cannot find childcare
- Don't need my paycheck, boyfriend/partner/husband makes enough money

Another reason not listed here

Q11.7 How soon after your new baby was born did you return to work?

- Less than 2 weeks
- 2 to 4 weeks
- 5 to 8 weeks
- 9 to 12 weeks
- More than 12 weeks

End of Block: 11. Employment

Start of Block: 12. Intimate partner violence

Q12.1 The following questions ask about physical, emotional or financial abuse you may have experienced in the 12 months before you got pregnant, during your pregnancy, or after your baby was born.

Q12.2 The following questions ask about physical, emotional or financial abuse you may have experienced in the 12 months before you got pregnant or during your pregnancy.

Q12.3 The following questions ask about physical, emotional or financial abuse you may have experienced in the previous 12 months.

Q12.4 Did any of the following push, hit, slap, kick, choke, or physically hurt you? *Check all that apply.*

My current boyfriend/partner/husband

My former boyfriend/partner/husband

- Another family member
- Someone else
- No one

Q12.5 Did any of the following threaten you, control who you could talk to or where you could go, limit your activities, restrict access to money, or make you or other family members feel unsafe? *Check all that apply.*

- My current boyfriend/partner/husband
- My former boyfriend/partner/husband
- Another family member
- Someone else
- No one

Q12.6 Did any of the following force you to take part in touching or any sexual activity when you did not want to? *Check all that apply.*

- My current boyfriend/partner/husband
- My former boyfriend/partner/husband
- Someone else
- No one

Q12.7 Before you got pregnant with your baby, did the baby's father ever try to keep you from using birth control? For example, did he hide your birth control, threaten you, accuse of you of distrusting him, throw it away, refuse to wear a condom, or do anything else to keep you from using it?

Yes

No

Q12.8 Do you have any of these for yourself and your child(ren)? *Check all that apply.*

- Domestic Violence Safety Escape Plan
- Safety word for friends and family
- Protective order or restraining order
- Contact information for YWCA/domestic violence shelter
- Can immediately stay with family or friends if problems happen
- My own money, credit cards or other financial resources
- Something not listed here
- None of these

End of Block: 12. Intimate partner violence

Start of Block: 13. Kick counts 2nd/3rd trimester and new baby

Q13.1 Which applies to you?

- Currently pregnant in the first trimester
- Currently pregnant in second or third trimester
- Have a new baby

Q13.2 Some women track their baby's movements or do kick counts in the 2nd and 3rd trimester. Who taught you how to track your baby's movements or do kick counts while pregnant? *Check all that apply.*

- Healthcare provider
 - Home visitor
 - Community organization
 - Someone else
 - No one
-

Q13.3 Did anyone explain why tracking your baby's movements or doing kick counts are helpful to a healthy pregnancy?

- No
 - Yes
 - Not sure
-

Q13.4 Did you track your baby's movements or do kick counts during your pregnancy?

- No
 - Yes
-

Q13.5 Why didn't you track your baby's movements or do kick counts? *Check all that apply.*

- Didn't understand how to do them
- Too hard or too much effort
- Didn't think it was helpful
- Didn't like doing them

Never heard of them

Some other reason

End of Block: 13. Kick counts 2nd/3rd trimester and new baby

Start of Block: 14. Social determinants of health

Q14.1 These questions will ask about your housing, transportation options, access to food and healthcare, and use of tobacco.

Q14.2 Would you consider your current residence:

Temporary, because I have to move out within the next 90 days or could be asked to leave

Permanent, because I can stay for at least the next 90 days, not at risk of being asked to leave or do not have a move-out date

Q14.3 Where do you live right now? *Check all that apply.*

Rental house or apartment with my name on the lease

Rental house or apartment but my name not on the lease

Own my house/condo with or without a mortgage

Fort Wayne Housing Authority apartment complex or have Section 8/Housing Choice voucher

Hotel/motel

Shelter or other temporary housing like halfway house or recovery home

Place not meant for housing including car or vehicle, a tent or RV/camper, unsheltered locations like under a bridge

Location not listed here

Q14.4 Who lives with you? *Check all that apply.*

Boyfriend/partner/husband

My kid(s)

Other children

My parents

My boyfriend/partner/husband's parents

Other family, like sister, brother, cousins, or boyfriend/partner/husband's family

Friends or roommates

Someone else

Do not live with anyone else

Q14.5 How many children do you live with?

0

1

2

3

4 or more

Q14.6 Thinking about where you live most of the time, how would you describe any physical problems

with your housing? Problems could be peeling paint, leaking roof or windows, mold, mice or rats, bedbugs or cockroaches, broken heating or cooling, sinks that don't drain, toilets that don't flush, holes in walls, missing interior doors, or electrical outlets that don't work. *Select one answer.*

- No problems
- Few problems
- Some problems
- Many problems
- Lots of problems

Q14.7 How do these problems affect you or those living with you? *Check all that apply.*

- Does not create any difficulties
- Creates health problems like asthma or allergies
- I feel unsafe
- Living there is hard or uncomfortable
- I'm embarrassed about where I live
- Friends or family will not visit me
- Department of Child Services/DCS involved because of these problems
- Something not listed here

Q14.8 How much violence or conflict like screaming, yelling, fights, or physical abuse happens between the people you live with? This may or may not include you.

- None
- Very little

- Some
- A lot
- Almost constant

Q14.9 How concerned are you about violence and crime in you neighborhood?

- None
- Very little
- Some
- A lot
- Almost constant

Q14.10 In the past 12 months have you ever stayed overnight in any of these places: *Check all that apply.*

- An emergency shelter
- Transitional housing, like a halfway house or recovery home
- Jail
- In a vehicle
- Outside or structure not designed for housing (not including a planned camping trip)
- Have not stayed in any of the listed locations

Q14.11 In the past 12 months, were any utilities shut off due to non-payment?

- No
- Yes
- Not sure

End of Block: 14. Social determinants of health

Start of Block: 15. Food insecurity

Q15.1 Do you currently receive food assistance from the following? *Check all that apply.*

- Food stamps/SNAP/EBT
- WIC
- Food banks, food giveaways, or community pantries
- Food donations from family and friends
- Another free food source not listed here
- Do not receive food assistance

Q15.2 In the past 12 months, how often did you worry about running out of food?

- Most of the time
- Sometimes
- Rarely
- Never

Q15.3 In the past 12 months, how often did you not have enough food and didn't have money to buy more?

- Most of the time
- Sometimes
- Rarely
- Never

End of Block: 15. Food insecurity

Start of Block: 16. Tobacco products

Q16.1 Do you currently smoke, vape or use other tobacco products? *Check all that apply.*

- Smoke
 - Vape
 - Other tobacco products
 - Do not use any of these
-

Q16.2 Does anyone who currently lives with you smoke, vape or use other tobacco products? *Check all that apply.*

- Smoke
- Vape
- Other tobacco products
- Do not use any of these

End of Block: 16. Tobacco products

Start of Block: 17. Transportation

Q17.1 How do you get to the places you need to go? *Check all that apply.*

- My own car
- Someone else drives me
- Citilink bus service
- Ride sharing service like Uber or Lyft

- Walk or use a bicycle or scooter
- Something not listed here

Q17.2 What are your obstacles in transportation? *Check all that apply.*

- No obstacles in transportation
- Cost of gas
- Needed repairs to my car
- Do not have my own car
- Friends, family not available
- Inconvenient bus schedules or routes
- No bus service
- Cost of ride sharing services
- Don't have insurance or driver's license
- Another reason not listed here

End of Block: 17. Transportation

Start of Block: 18. Access to healthcare

Q18.1 Healthcare services are typically available during daytime hours on weekdays. Does this affect your ability to receive care for yourself?

- No
- Yes

Q18.2 Why do daytime hours not limit your ability to seek care? *Check all that apply.*

- Have sick time or paid time off/PTO
- My schedule is flexible
- Available during the day
- Only seek healthcare in an emergency because an appointment is too difficult with my schedule
- Another reason not listed here

Q18.3 Why do daytime hours limit your ability to seek care? *Check all that apply.*

- No paid time off (PTO) or run out of paid sick or vacation time
- Do not have a flexible schedule
- Limited transportation
- Another reason not listed here

End of Block: 18. Access to healthcare

Start of Block: 19. Health Insurance and Costs

Q19.1 What kind of health insurance do you currently have? *Select one answer.*

- Private health insurance ONLY from your work, your husband's work, or your parents
- Private insurance but use Medicaid to pay deductibles/co-pays
- Medicaid/Hoosier Healthwise, Healthy Indiana Plan/HIP, or other public health insurance
- Emergency Medicaid

- Not sure what kind
 - No health insurance coverage
-

Q19.2 What kind of health insurance did you have when you gave birth to your baby? *Select one answer.*

- Private health insurance from your work, your husband's work, or your parents
 - Private insurance but use Medicaid to pay deductibles/co-pays
 - Medicaid/Hoosier Healthwise, Healthy Indiana Plan/HIP, or other public health insurance
 - Emergency Medicaid
 - Not sure what kind
 - No health insurance coverage
-

Q19.3 When did you get health insurance? *Select one answer.*

- Had insurance when I found out I was pregnant
 - After I found out I was pregnant but before I saw my doctor or nurse midwife for the first time
 - After I saw my doctor or nurse midwife for the first time but before my 6th month
 - Between my 6th and 9th month
 - Just before the baby was born
-

Q19.4 Do you have health insurance for yourself, right now?

- No
 - Yes
 - Not sure
-

Q19.5 In the last 12 months, how often did you not seek healthcare for yourself because of the cost?

- Never
- 1 time
- 2 times
- 3 or more times

Q19.6 In the last 12 months, how often did you not seek healthcare for your *baby or other children* because of the cost?

- Never
- 1 time
- 2 times
- 3 or more times

Q19.7 In the last 12 months, how often did you not fill a prescription for *yourself* because of the cost?

- Never
- 1 time
- 2 times
- 3 or more times

Q19.8 In the last 12 months, how often did you not fill a prescription for your *baby or other children* because of the cost?

- Never
- 1 time
- 2 times
- 3 or more times

End of Block: 19. Health Insurance and Costs

Start of Block: 20. Top three challenges

Q20.1 What are the *three* major stressors or problems that you faced in your pregnancy and following the birth of your baby?

Q20.2 What are the *three* major stressors or problems that you faced in your pregnancy?

End of Block: 20. Top three challenges

Start of Block: 21. Demographics

Q21.1 You are almost done. We want to ask some questions about yourself.

Q21.2 What is the age of your youngest child?

- Less than 2 weeks
- 3 weeks to 4 weeks
- 1 to 2 months
- 3 to 4 months
- 5 to 6 months

Older than 6 months

Q21.3 Do these apply to your youngest child? *Check all that apply.*

- Born 3 weeks or more before due date
- Spent 1 or more days in neonatal intensive care unit/NICU
- Neither applies to my baby
-

Q21.4

Do you identify as Hispanic or Latino?

- No
- Yes
-

Q21.5 Do you identify as...

- White
- Black or African American
- Asian
- Multi-racial
- Other
-

Q21.6 What language is spoken the most at home?

- English
- Spanish
- Burmese or similar language

Other

Q21.7 What "other" language is spoken the most at home?

Q21.8 Where do you live in Allen County?

- Northeast Fort Wayne (46805, 46815, 46825, 46835)
 - Northwest Fort Wayne (46808, 46818, 46845)
 - Southeast Fort Wayne (46803, 46806, 46816)
 - Southwest Fort Wayne (46802, 46804, 46807, 46809, 46814, 46819)
 - Hometown, Leo-Cedarville, New Haven, Roanoke
 - Arcola, Grabill, Harlan, Hoagland, Monroeville, Woodburn, Zanesville
 - Another location not listed here
-

Q21.9 What is the highest level of education you completed?

- Less than 12th grade
 - High school graduate or equivalent
 - Some college/no degree
 - Associate's degree
 - Bachelor's degree
 - Graduate or professional degree
-

Q21.10 What was your total household income from all sources in the past 12 months? *All information will be kept private and will not affect any services you have.*

- Less than \$12,000
- \$12,000 to \$24,999

- \$25,000 to \$49,999
 - More than \$50,000
 - Not sure
-

Q21.11 Right now, do you receive income/money from any of the following? *Check all that apply.*

- My paycheck
 - My boyfriend/partner/husband's paycheck
 - Child support
 - SSI
 - SSDI or other disability payments
 - Other government assistance including unemployment
 - TANF or cash welfare
 - A source not listed here
 - None of these
-

Q21.12 Hospital of your most recent delivery?

- Parkview Randallia on State Street
- Parkview Regional Medical Center (PRMC)
- Lutheran Hospital
- Dupont Hospital
- A hospital not listed here
- Did not give birth in a hospital

Q21.13 How many times have you been pregnant, including those that ended in miscarriage, stillbirth or abortion?

Q21.14 How many live births have you had?

Q21.15 What is your age?

- 18-19
- 20-24
- 25-29
- 30-39
- 40 and older

End of Block: 21. Demographics

Start of Block: Random ID

Q22.1

Here is your ID number

`#{e://Field/Random%20ID}`

Right now, take a screen shot of your ID number. Submit it with your name and mailing address to Healthier Moms and Babies to claim your incentive, after you submit your survey.

Text your screen shot of your ID number, along with your name and mailing address to (260)310-7098. Your text message must include your name and complete mailing address. Healthier Moms and Babies will not follow up if incomplete information is sent.

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Note that it will take 2 weeks for the card to be mailed. **You must submit your survey after hitting the next arrow below to qualify for the incentive.**

End of Block: Random ID
