

MIHA Questionnaire Topic List for 2024 and 2025

Strikethrough indicates topic dropped from or cycled off of questionnaire

MIHA 2025 (currently in the field)

GENERAL HEALTH / HEALTH CONDITIONS

- General health status (preconception)
- Diabetes, hypertension, asthma (preconception)
- Depression diagnosis (preconception)
- Depressive symptoms (prenatal, postpartum)
- Anxiety symptoms (prenatal, postpartum)

NUTRITION AND WEIGHT

- Food security (2-item, prenatal)

HEALTH INSURANCE COVERAGE

- Insurance coverage (preconception, prenatal, postpartum, infant)
- Any gaps in insurance coverage (prenatal, postpartum)

HEALTH CARE AND SERVICES

- KEEP ON: Pre-pregnancy usual source of care**
- Pre-pregnancy folic acid vitamin**
- KEEP ON: Receipt of information during pregnancy about maternal early warning signs**
- Receipt of oral health care (prenatal)
- Receipt of flu and Tdap vaccines
- Receipt of postpartum medical visit
- CYCLE ON: Reasons for no prenatal oral health care**
- Maternal mental health screening (prenatal, postpartum)
- Maternal (prenatal or postpartum) mental health care (receipt of and unmet need for)
- WIC participation (prenatal)
- WIC participation (postpartum)**
- Reasons for not participating in WIC (prenatal)
- WIC benefits liked (prenatal, postpartum)**
- Receipt of food stamps (prenatal)
- Support person during labor or birth, including doula
- Maternity care experiences (9 items on autonomy, communication, and mistreatment)
- Racial discrimination during birth
- Postpartum home blood pressure monitoring**

HARDSHIPS AND SUPPORT

- Emotional and practical support (prenatal)
- Stressful life events (prenatal)
- Chronic worry about racism (lifetime)
- Chronic worry about racism for loved ones (lifetime)
- Experience of racial discrimination (lifetime)
- Intimate partner violence: anger/threats, control, physical abuse, sexual abuse (prenatal)
- Childcare problems that impacted work for respondent or partner (postpartum)

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SUBSTANCE USE

- Smoking (preconception, prenatal, postpartum)
- Drinking (preconception and prenatal)
- **KEEP ON: Cannabis use (prenatal, postpartum)**
- **KEEP ON: Frequency of cannabis use (past 30 days)**

BREASTFEEDING AND INFANT SLEEP

- Breastfeeding intention (prenatal)
- Infant feeding (breastfeeding/formula, liquids/foods other than breast milk)
- Sleep position

FAMILY PLANNING

- **CYCLE ON: Postpartum birth control**

MATERNAL DEMOGRAPHICS

- Marital status
- Education of respondent
- Education of respondent's parent
- Language
- ~~Born in US/another country~~
- ~~Year moved to US if foreign-born~~
- Income, family size

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See topics under consideration for MIHA 2026 on the next page.

Potential changes for the MIHA 2026 Survey

New questions under consideration to add to MIHA 2026

- PreMA
 - An initiative of the California Office of the Surgeon General (OSG), PreMA is a simple, eight-question quiz designed to reduce preventable maternal deaths by helping people understand how their current pre-pregnancy health status and medical history affect a future pregnancy.
 - With funding from the OSG, MIHA will develop a question to assess whether respondents have completed the PreMA quiz.
- Content of postpartum visit
 - In 2018 and 2021, the American College of Obstetricians and Gynecologists (ACOG) identified components of a comprehensive postpartum visit.
 - In 2025, the Department of Health Care Services (DHCS) released the Birthing Care Pathway Report, which summarizes policy solutions that address the physical, behavioral, and health-related social needs of pregnant and postpartum Medi-Cal members.
 - If included, this question would expand on MIHA's current question about receipt of a postpartum visit to assess whether respondents receive the elements of postpartum care that align with ACOG recommendations and the DHCS Birthing Care Pathway. Will adopt or adapt a similar PRAMS question.
- Economic hardship
 - MIHA currently assesses economic and social stressors, such as housing and food insecurity, low income, and postpartum childcare difficulties, as well as participation in WIC, Medi-Cal, and CalFresh. Recent studies suggest that rising cost of living, barriers to affordable health care, and gaps in social safety net have increased work and economic instability. These hardships are linked to reduced access to perinatal care, unmet health needs, and increased risk of adverse maternal and infant outcomes.
 - MIHA is considering adding a question or questions to better understand the economic strain for families with a recent birth.

Existing questions under consideration to cycle on MIHA 2026

- Pre-pregnancy folic acid supplement (2009-2019, 2022, 2024, 2026)
 - This core surveillance topic cycles on to the questionnaire every other year.
- Postpartum home blood pressure monitoring (2024, 2026)
 - Postpartum home blood pressure monitoring is a strategy in the care of hypertensive disorders of pregnancy, a condition related to poor outcomes for birthing people and infants.
 - Cycle on as planned, every other year.
- Infant sleep environment (2023)
 - Infant sleep environment includes modifiable risk factors that are associated with increased infant sleep-related death.
 - MIHA includes a core question about infant sleep position, asked annually.
 - In 2026, consider whether to cycle on all or part of a longer set of infant sleep questions on infant sleep surface, items in the sleep space, whether infant slept alone, and room-sharing. These questions are also included on PRAMS.
 - Past MIHA input suggested that information about infant sleep is a high priority, but the MIHA questions may not match data user needs. Additionally, we have some concerns about question validity.

Existing questions that will cycle off MIHA 2026 (Q numbers are 2025 questionnaire)

- Q10: Reasons for no prenatal oral health care (2009, 2012, 2016, 2019, 2022, 2025)
 - Cycle off per agreement with CDPH Office of Oral Health information. Tentative cycle back on in 2028.
- Q76-77: Born in US/another country, year started living in the US (2003-2024)
 - This topic was removed in 2025 after consulting with community organizations and will remain off in 2026. It may be sensitive and impact MIHA participation.
 - Will consider cycling on these important measures of acculturation in future years.
- Q58-60: Postpartum contraception: Any use, type, reasons for no use (2011-2021, 2023, 2025, 2027)
 - Core question that cycles off in 2026 and will cycle back on in 2027.

Existing questions considered, but DO NOT PLAN TO CYCLE OFF from MIHA 2026 (Q numbers are 2025 questionnaire)

- Q2: Pre-pregnancy usual source of care (1999-2019, 2022, 2024-2026)
 - This core surveillance topic cycled on and off the questionnaire in recent years. Recommend not cycling off. Keep annually to assess federal and state Medicaid policy changes on pre-pregnancy health care utilization.
- Q38-47: Maternity care experiences (2023-2026)
 - Funding from the California Health Care Foundation supported development and fielding of 10 questions on person-centered maternity care in MIHA from 2023-2025.
 - Recommend keeping on in 2026. High priority topic and space in future years is uncertain. Will seek support for ongoing data collection and analysis.
- Q37: Doula and other labor support (2020-2026)
 - Funding from the California Health Care Foundation supported fielding of this question on MIHA from 2023-2025.
 - Recommend continuing this single question to measure population prevalence of doula support during labor and delivery. No proposed year to cycle off.

New questions to add in future years

- E-cigarettes/vaping
 - These questions would ensure more comprehensive assessment of tobacco product use around the time of pregnancy.
 - Questions have been drafted, but more pretesting is required. MIHA is exploring funding to support testing, fielding, and analysis of tobacco questions in MIHA for 2027.
- Prenatal low dose aspirin use
 - Low dose aspirin is a low-cost intervention to prevent preeclampsia but is underutilized.
 - Additional development is required to ensure accurate self-report of use of low dose aspirin versus other pain relievers during pregnancy. Due to short developmental timeline for 2026, MIHA does not have capacity for further testing, but will reconsider this high priority topic in future years.