

 H3PG17D**Question**

17D. [If MAX=1:] How was {s/YOUR} prenatal care paid for? [If MAX > 1:] For the pregnancy that ended in of , how was {s/YOUR} prenatal care paid for? Mark all the kinds of payments that apply.

Medicaid

| | |
|---|------------|
| 0 | not marked |
| 1 | marked |