

## PRAMS Surveillance Report Alabama 2002

Alabama Department of Public Health

Center for Health Statistics



### PRAMS Surveillance Report Alabama 2002

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Informational materials in alternative formats will be made available upon request.

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Alabama PRAMS staff responsible for the collection and analysis of data in this report include Dorothy Harshbarger, PRAMS project director; Albert Woolbright and Rhonda Stephens, PRAMS project coordinators; Shelia Davison and Yvonne Fountain Paul, PRAMS data managers; Carol Ann Dagostin, PRAMS research analyst.

### PRAMS SURVEILLANCE REPORT ALABAMA 2002

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### INTRODUCTION AND METHODS

### **INTRODUCTION**

Since February, 1993, the Alabama PRAMS survey has been collecting data on mothers and their newborns whose births occurred after November 1, 1992. The collected information includes responses to numerous questions about the mothers' experiences with the health care system during pregnancy and delivery, as well as postpartum care for both the mother and infant. Data are also collected on maternal behaviors and experiences which might have influenced the outcome of the pregnancy and the health of the infant.

PRAMS collects information for pregnancies resulting in live births only. No information is available through PRAMS about the characteristics of women whose pregnancies end in fetal death or induced termination of pregnancy. Data for fetal deaths and induced terminations of pregnancy are collected through the vital events system and are available in other publications.

### **METHODS**

The survey is conducted according to the methodology developed by Donald Dillman and discussed in his book entitled *Mail and Telephone Surveys: The Total Design Method*. The survey questionnaire is sent to a sample of new mothers randomly selected from the birth certificate master file two to four months after the baby is born. To maximize the likelihood of participation by those selected, each mother is sent up to five mailings including three copies of the questionnaire. If no response has been received after the fifth mailing, up to fifteen attempts are made to contact the mother by telephone.

Beginning with the 2000 PRAMS survey, a Spanish language survey is sent along with an English language survey to mothers who are listed as 'Hispanic' on the birth certificate. Alabama does not have Spanish speaking interviewers for the phone phase.

The sample is selected through a complex, stratified sampling design. Mothers of low birth weight infants and those whose deliveries are paid for by Medicaid are oversampled. Roughly equal numbers of mothers are selected from each of four sample strata; Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight.

The figures given in this publication are weighted to represent the 55,995 live births that occurred in Alabama in 2002 to women who were Alabama residents at the time of the births, excluding certain multiple births. The weights adjust for differential response rates by mother's marital status, age, and educational attainment. For infants born during 2002, 1,567 questionnaires were completed from the 2,090 sampled. The response rate was 75.0 percent.

This year 95% confidence intervals have been included in the analyses. Line graphs of the major topics have been included to identify trends and determine progress in objectives of interest. These trend charts may be useful to programs that are interested in PRAMS data. For the year 1993, November and December births in the year 1992 are included, since those two months were the first collected for Alabama PRAMS.

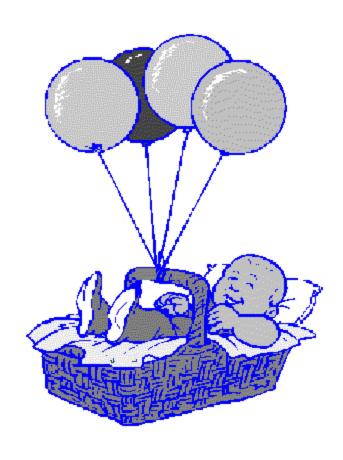
### **2002 PRAMS Surveillance Report Highlights**

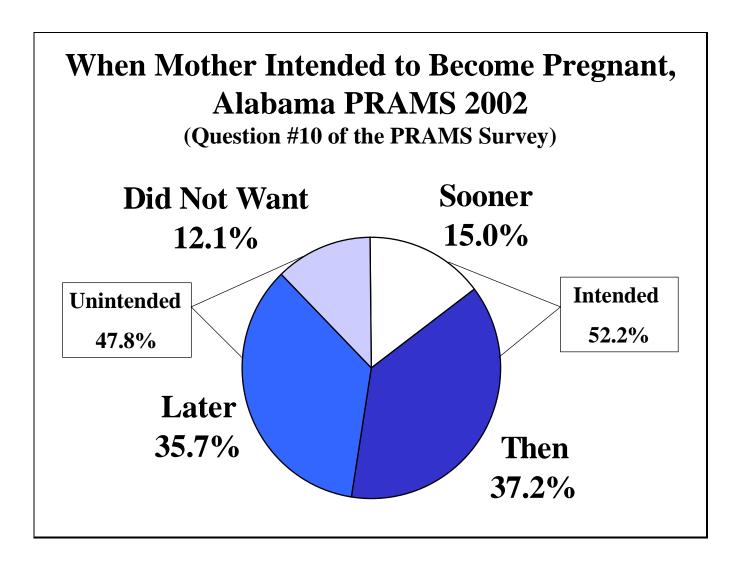
- 47.8 percent of Alabama births in 2002 were unintended.
- 27.8 percent of Alabama mothers reported that they had smoked 100 cigarettes or more in the past 2 years.
- 14.4 percent of Alabama mothers reported smoking during the last three months of pregnancy, a decrease of 7.7 percent (statistically insignificant) from 2001.
- 3.1 percent of Alabama mothers reported that they drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- Over two-thirds of Alabama mothers reported experiencing medical problems during pregnancy (69.2 percent).
- 55.3 percent of Alabama mothers participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- Only 57.0 percent of Alabama mothers attempted to breastfeed their infants in 2002.
- Only 43.4 percent of Alabama mothers, who did not plan to become pregnant, reported using birth control at the time of conception.
- At the time of survey (postpartum), 87.7 percent of mothers reported using some form of contraception.
- 4.2 percent of Alabama mothers reported physical abuse by their husband or partner during pregnancy.
- 48.0 percent of Alabama mothers who worked during pregnancy reported working until their ninth month of pregnancy.
- Over a quarter of Alabama mothers needed to see a dentist during pregnancy (26.5 percent), and 50.6 percent of mothers reported waiting a year or longer to have their teeth cleaned.
- Only 52.0 percent of Alabama mothers reported putting their baby down to sleep on his/her back in 2002.

### **Mothers' General Comments**

- "I have a very healthy little girl and she's everything to me. I wouldn't trade her for the world!"
- "I developed pregnancy induced high blood pressure...the Dr. on call delivered my son by emergency C-section. Four weeks early and weighing 4 lbs. 3oz....now at 3 months old his smiles have replaced his cries and is 9 lbs. 12oz...."
- "I wish that Medicaid would allow you to have one doctor or 2. But I went to the clinic and I saw 6 to 7 different doctors. Each week there was a different doctor."
- "The unborn babies in high risk pregnancys recieve great care but... the mothers may need additional care for a longer period of time after the delivery of the child."
- "Please encourage all pregnant women to seek a second opinion if they feel a doctor has not given them adequate care. If only I had done that I might have been able to save my baby."
- "To mothers who had a lot of things to happen to them: 1. <u>Don't give up.</u> 2. It's never to late to try. (Age is not a factor always) 3. Always pray and keep God first. 4. <u>Never give up.</u> I tried six times before something good came out. Now, I have a beautiful daughter."
- "My daughter was born w/ spina bifida and many other medical problems... Something needs to be done to help women understand the importance of folic acid before becoming pregnant."
- "I think their should be classes offered on teaching mothers how to be a good parent prior to child's birth."
- "It has taken me 3 month(s) to hold and feed my little boy. And the wait has been worth it."
- "I would like to say that being a mother is a big responsibility."
- "I think working mothers, as myself, that do not qualify for WIC still need assistance with formula (if not breastfeeding), cereal and juice etc."
- "I just would like to say, if you are pregnant with more than one baby, please take it easy. Stay off your feet as much as possible."
- "I had a baby....and lost her. But as soon as we could we tried and had another little girl...she's perfect. The lose of my 1<sup>st</sup> was the worst down point in my life. But now I'm greatful."
- "There should be more information on how to deal with your older child excepting new babies."

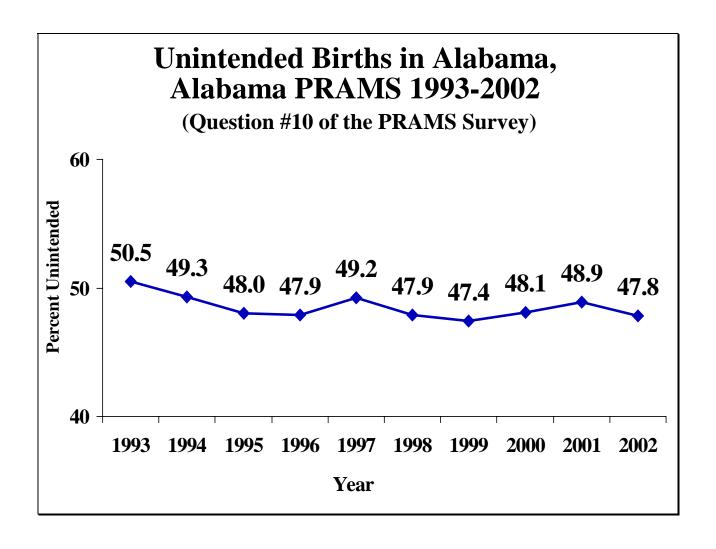
## Intendedness Of Births





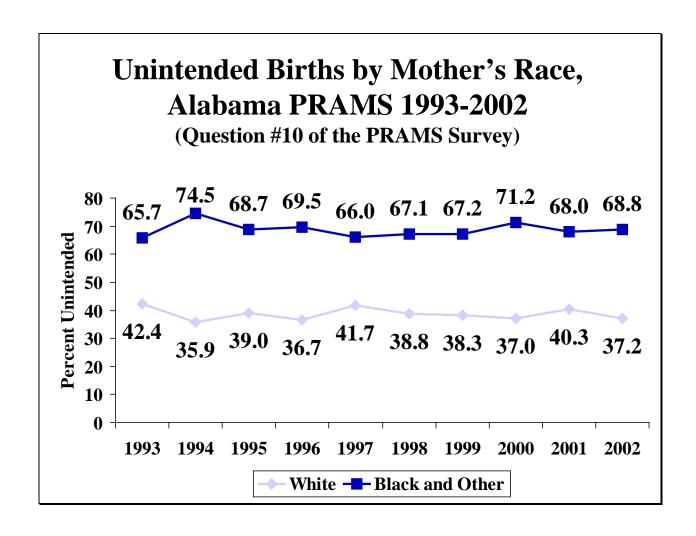
About one-third of Alabama mothers said they wanted to be pregnant *LATER*, while 12.1 percent said they *DID NOT WANT* to be pregnant at all. The responses *LATER* and *DID NOT WANT* are combined to form the category unintended. In 2002, 47.8 percent of births were unintended. On the other hand, 15.0 percent of Alabama mothers wanted to be pregnant *SOONER*, and 37.2 percent wanted to be pregnant *AT THE TIME* of conception. Therefore, 52.2 percent of births were planned or intended in 2002. The Healthy People 2010 Objective is to increase the proportion of pregnancies that are intended to 70 percent. Alabama women are far from meeting this objective.

	CONFIDENCE INTERVALS										
INTENTION SOONER THEN LATER DID NOT WANT UNINTENDED INTENDED											
PERCENT	12.8-17.2	34.2-40.2	32.7-38.6	10.1-14.2	44.8-50.8	49.2-55.2					



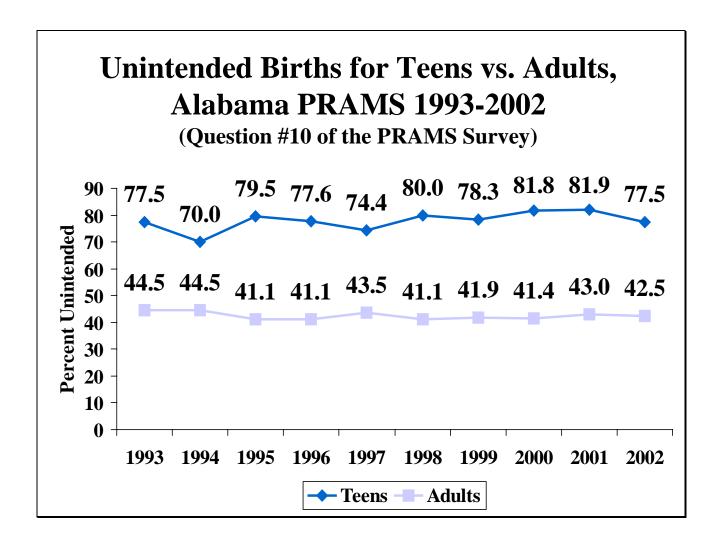
There has been a gradual decline in the percent of births that are unintended in Alabama since 1993, although it is not a statistically significant decline. In 1993, 50.5 percent of Alabama mothers reported that their birth was unintended, while in 2002, 47.8 percent of Alabama mothers reported an unintended birth. The 5.3 percent decrease in unintended births from 1993 to 2002 was not statistically significant.

	CONFIDENCE INTERVALS										
YEAR	YEAR         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002										
PERCENT UNINTENDED	47.8-53.3	46.4-52.2	45.0-51.0	45.1-50.8	46.2-52.2	44.9-50.9	44.3-50.5	45.2-51.1	46.0-51.7	44.8-50.8	



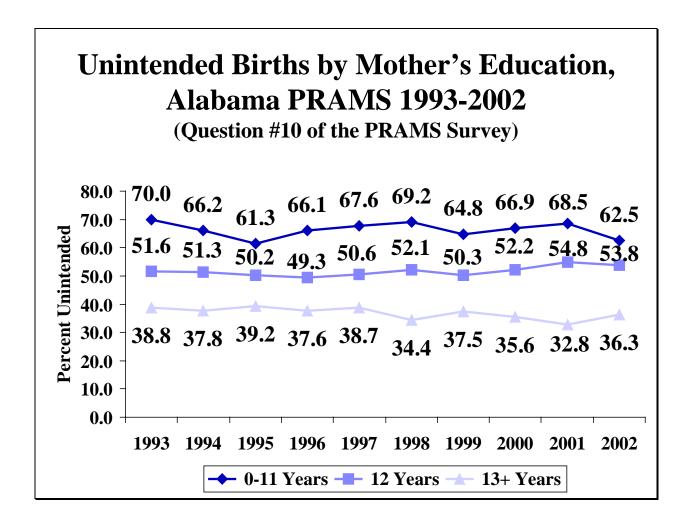
The percent of unintended births has been considerably higher among black and other race women, than among white women since 1993. From 1993 to 2002, there was a 4.7 percent increase in unintended births among black and other race women, whereas among white women, there has been a decrease of 12.3 percent in unintended births. The percent change in both populations was not significant.

	CONFIDENCE INTERVALS											
YEAR/ RACE	-   1993   1994   1995   1996   1997   1998   1999   2000   2001   2007											
WHITE	38.9-45.8	32.3-39.5	35.4-42.6	33.3-40.1	38.1-45.3	35.2-42.4	34.5-42.1	33.3-40.6	36.7-43.9	33.6-40.8		
BLACK & OTHER	61.1-70.3	69.8-79.1	63.3-74.1	64.6-74.4	60.6-71.3	61.6-72.6	62.0-72.4	66.3-76.1	63.1-72.9	63.9-73.7		



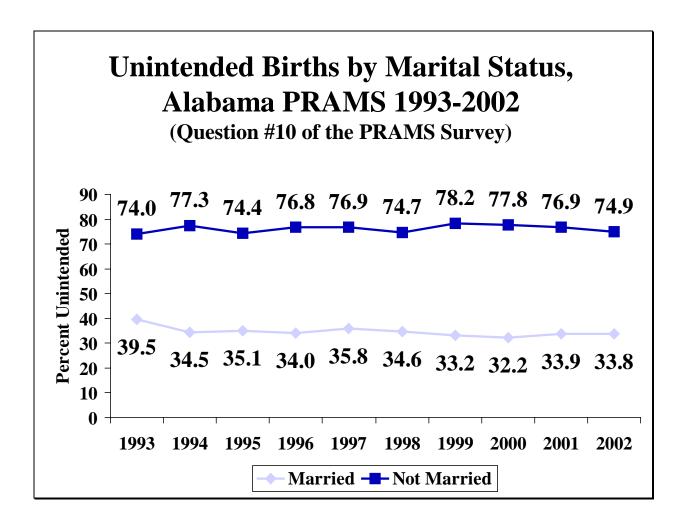
An inverse correlation exists between unintended births and maternal age. Teens, 10 to 19 years of age, have a higher percentage of unintended pregnancies than older women. 77.5 percent of teenage mothers did not intend to give birth in 2002, a decline of 5.4 percent from 2001, yet exactly the same percent as in 1993. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers.

	CONFIDENCE INTERVALS											
YEAR/ AGE	-   1993   1994   1995   1996   1997   1998   1666   2660   2661   2661   2662											
TEENS	71.8-83.1	63.3-76.7	73.7-85.3	72.0-83.1	68.2-80.6	74.2-85.8	72.1-84.6	75.8-87.7	76.0-87.8	71.4-83.6		
ADULTS	41.4-47.5	41.2-47.7	37.7-44.5	37.8-44.4	40.1-46.9	37.6-44.5	38.4-45.3	38.1-44.7	39.8-46.2	39.2-45.8		



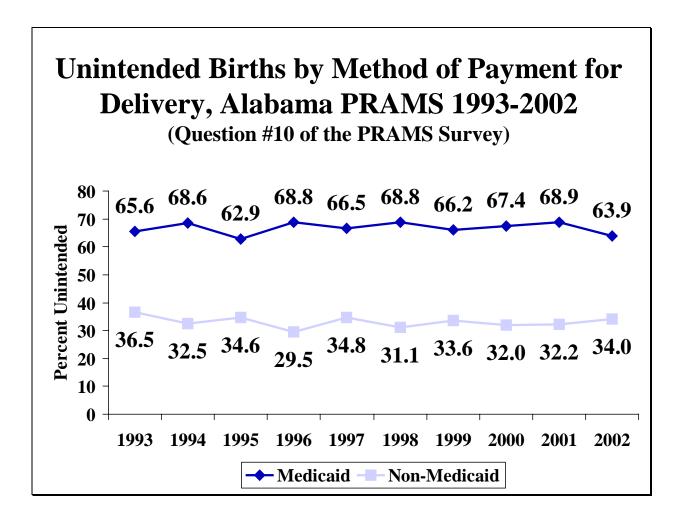
An inverse correlation exists between unintended births and a mother's education, or as the amount of formal education increases, the percent of unintended births decreases. In 2002, unintended births increased by 10.7 percent from 2001 in women with 13+ years of education. There was a decrease in unintended births in both groups with less education; a 1.8 percent decrease for women with 12 years of education and an 8.8 percent decrease in mothers with 0-11 years of education. None of the changes from 2001 to 2002 were significant.

	CONFIDENCE INTERVALS											
YEAR/ EDUCATION         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002												
0 – 11 YEARS	64.5-75.6	60.3-72.2	54.6-68.0	60.1-72.2	61.3-73.8	62.9-75.6	58.1-71.5	60.5-73.2	63.0-74.0	56.4-68.7		
12 YEARS	46.9-56.2	45.8-56.9	44.9-55.5	44.0-54.6	45.4-55.8	46.5-57.8	44.6-56.0	46.9-57.4	49.3-60.2	48.2-59.3		
13 + YEARS	34.4-43.1	33.3-42.4	34.6-43.7	33.1-42.0	34.1-43.4	29.9-38.8	32.9-42.1	31.0-40.2	28.4-37.2	31.9-40.7		



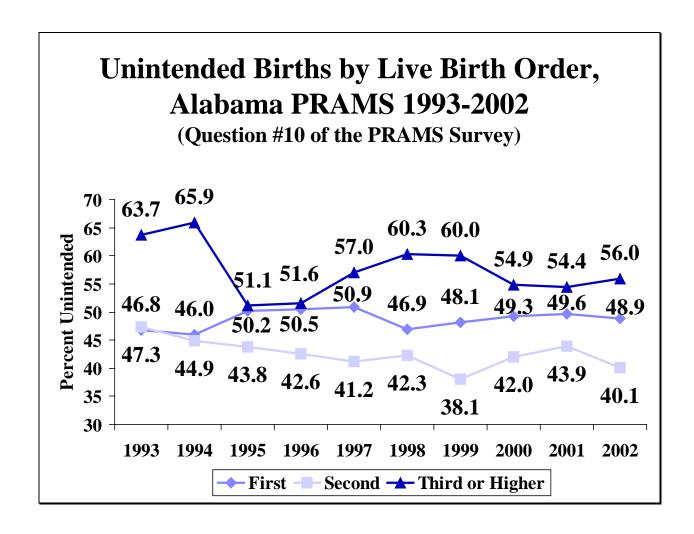
Unmarried women had a much higher percent of unintended births, over twice that of unintended births to married women. Abstinence, postponement of childbearing, and improved contraceptive use would be instrumental in the reduction and elimination of unintended births; especially among unmarried women for whom the consequences tend to be greatest. Neither the decline in unintended births for married women, nor the increase in unintended births for unmarried women was statistically significant from 1993 to 2002.

	CONFIDENCE INTERVALS											
YEAR/ MARITAL STATUS	MARITAL 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002											
MARRIED	36.1-42.8	30.9-38.1	31.5-38.7	30.5-37.4	32.2-39.5	30.8-38.3	29.4-36.9	28.6-35.8	30.3-37.6	30.1-37.5		
NOT MARRIED	69.5-78.4	72.8-81.8	69.6-79.2	72.3-81.4	72.4-81.5	69.8-79.6	73.6-82.8	73.4-82.3	72.7-81.1	70.5-79.4		



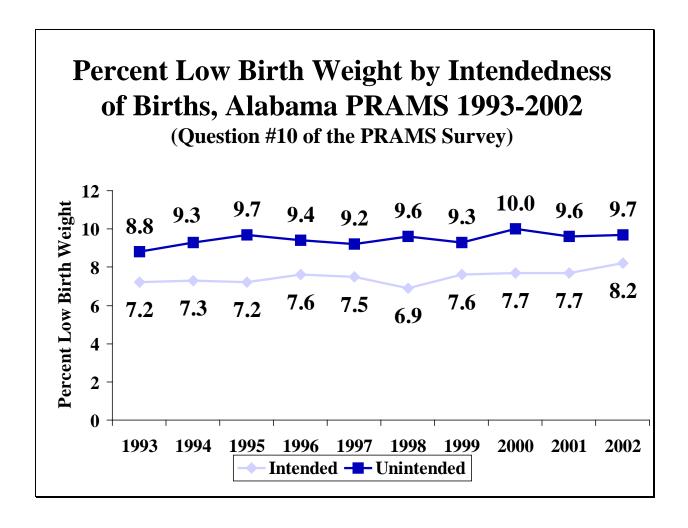
In 2002, over 60 percent of births to women on Medicaid in Alabama were unintended, whereas about one out of three births was unintended among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births. There has been no statistically significant change in the percent of unintended births for Medicaid or non-Medicaid women from 1993 to 2002.

	CONFIDENCE INTERVALS												
YEAR/ PAYMENT METHOD	PAYMENT 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002												
MEDICAID	61.7-69.5	64.4-72.7	58.6-67.2	64.8-72.8	62.3-70.6	64.5-73.0	61.8-70.7	63.3-71.5	64.9-72.8	59.7-68.0			
NON- MEDICAID	32.6-40.4	28.4-36.7	30.3-38.9	25.4-33.5	30.5-39.0	26.9-35.3	29.3-37.9	27.8-36.3	28.1-36.3	29.7-38.3			



The percent of unintended births was lowest among mothers who had just given birth to their second child; meaning second births are most likely to be planned. In 2002, 56.0 percent of births to mothers having their third or higher birth order child were unintended, and about half of births to first-time mothers were unintended. There was no statistically significant change over time for any birth order from 1993 to 2002.

	CONFIDENCE INTERVALS											
YEAR/BIRTH ORDER         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002												
FIRST	42.7-50.8	41.6-50.4	45.7-54.7	46.2-54.8	46.4-55.3	42.4-51.4	43.6-52.7	44.7-53.9	45.0-54.2	44.3-53.5		
SECOND	42.2-52.5	39.6-50.1	38.7-48.9	37.4-47.8	35.7-46.6	36.8-47.7	32.5-43.7	36.6-47.3	38.7-49.0	34.8-45.4		
THIRD OR HIGHER	57.8-69.7	59.2-72.6	43.7-58.6	44.7-58.6	50.3-63.7	52.9-67.7	53.2-66.9	48.4-61.4	48.4-60.5	49.7-62.3		



Of all unintended births in 2002 in Alabama, 9.7 percent were low weight births compared to 8.2 percent of intended births being low weight births. It is widely accepted that mothers who plan their births are more likely to exhibit other beneficial health behaviors which lead to normal weight babies. The percent low birth weight has increased since 1993 for both intended and unintended births, but the increases were not statistically significant.

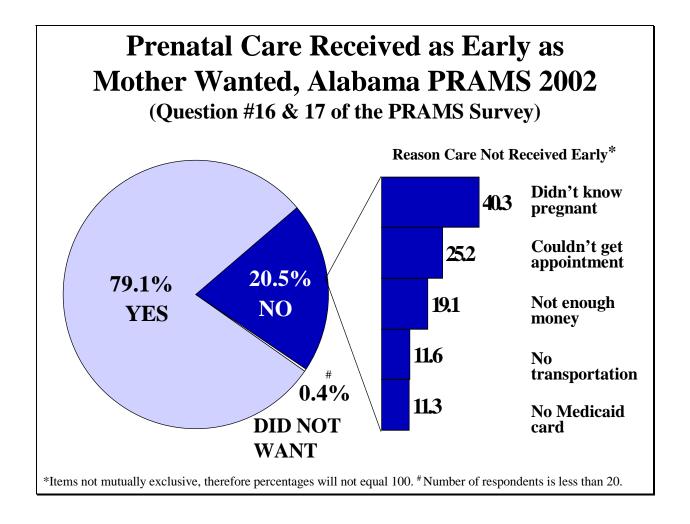
YEAR/ INTENTION	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
INTENDED	6.6-7.8	6.7-7.9	6.5-7.8	6.9-8.2	6.9-8.2	6.2-7.5	6.9-8.3	7.0-8.3	7.1-8.4	7.5-8.9
UNINTENDED	8.1-9.5	8.5-10.1	8.9-10.5	8.6-10.2	8.4-10.0	8.7-10.5	8.4-10.2	9.1-10.8	8.8-10.4	8.9-10.6

### **Mothers' Intendedness Comments**

- "When another baby comes it's supposed to come."
- "I had just had a new baby 9 weeks old when I got pregnant again. It was something unexpected."
- "We were in love with each other and felt that using a method of birth control wasn't for us. Besides, we didn't mind if we had a baby."
- "I feel that the gift of life comes from God. Whether or not we get pregnant, have a healthy or unhealthy baby, and how long the baby will live and thrive depends on the LORD."
- "[I] Used fertility drugs (to become pregnant) because of my age (37)."
- "[I] Wasn't sure if I was going to abort or put up for adoption."
- "I was scared and undecided on what to do at the time [upon learning she was pregnant]."
- "Let any mother know if they are unable to take care of there baby adoption is ok."

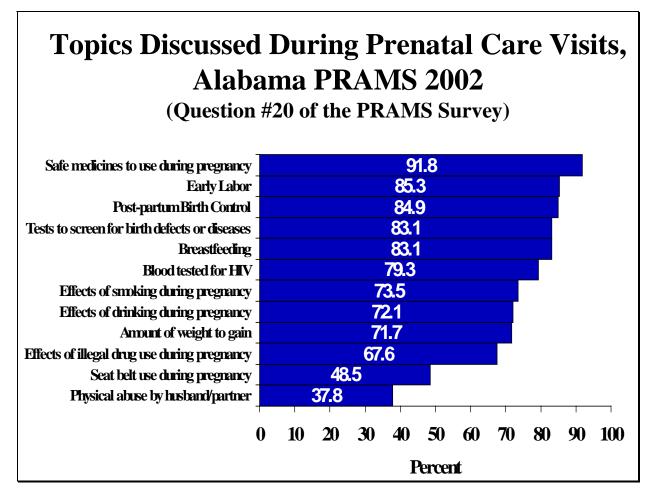
### Prenatal Care





Early and adequate prenatal care is critical in detecting problems that may arise during pregnancy and treating them before they become serious or life-threatening. In 2002, 20.5 percent of mothers responded that they did not receive prenatal care as early in their pregnancy as they wanted. Barriers that hindered mothers from receiving prenatal care when desired included uncertainty of pregnancy, inability to get an appointment earlier in their pregnancies, lack of money, no transportation, and no Medicaid card.

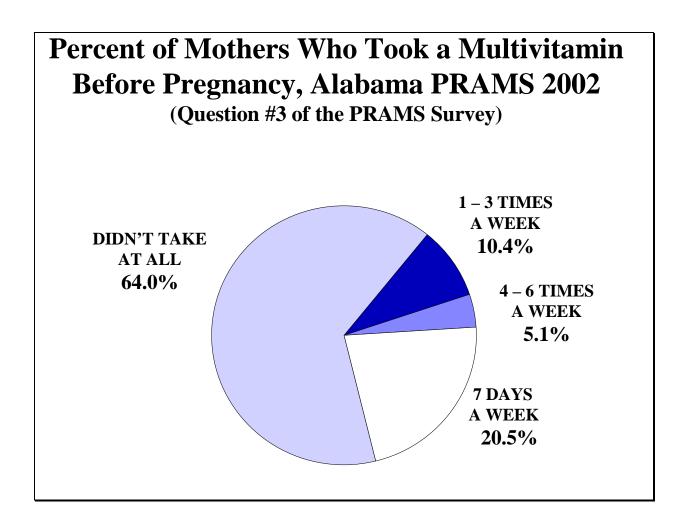
	CONFIDENCE INTERVALS										
EARLY PNC YES NO DID NOT KNOW APPT NO TRANSPORTATION NO MEDICALL											
PERCENT	76.6-81.6	18.0-22.9	0.1-0.8	33.7-46.9	19.3-31.1	13.7-24.6	7.2-15.9	7.2-15.4			



Mothers were asked if a doctor, nurse, or other health care worker talked with them about the above topics during any of their prenatal care visits. The majority of mothers responded that most of the listed prenatal topics were discussed. However, approximately half of mothers were not instructed about proper seat belt use during pregnancy, and over 60 percent of mothers were not counseled about physical abuse to women by their husbands or partners.

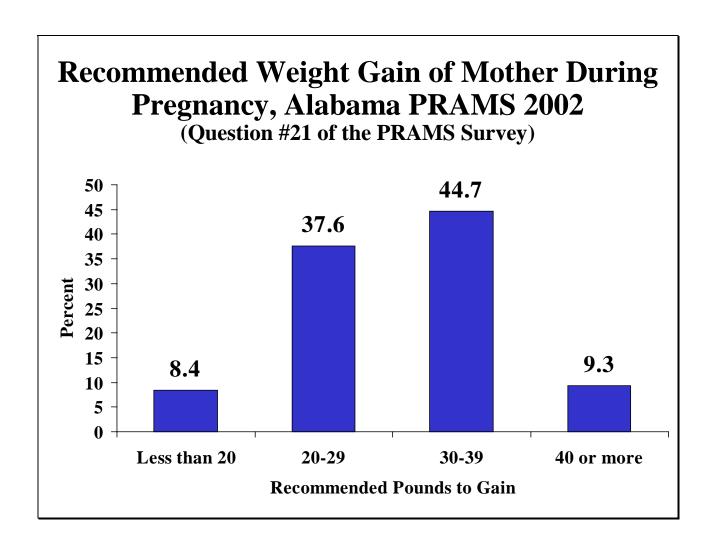
	CONFIDENCE INTERVALS							
TOPIC	SAFE MEDICINES	EARLY LABOR	BIRTH CONTROL	BIRTH DEFECT/DISEASE SCREENING	BREAST- FEEDING	HIV TEST		
PERCENT	90.1-93.6	83.1-87.5	82.6-87.1	80.7-85.5	80.7-85.5	76.8-81.8		

	CONFIDENCE INTERVALS							
ТОРІС	EFFECTS OF SMOKING	EFFECTS OF DRINKING	WEIGHT GAIN	EFFECTS OF DRUG USE	SEAT BELT USE	ABUSE BY HUSBAND		
PERCENT	70.8-76.3	69.3-74.9	68.8-74.5	64.8-70.5	45.3-51.6	35.0-40.7		



Mothers were asked about how many days they took multivitamins in an average week before their pregnancies. Only one in five mothers took a multivitamin daily, while 64.0 percent stated they did not take a multivitamin at all. The recommended daily allowance of folic acid is found in multivitamins, and is especially important before pregnancy to prevent neural tube defects. Before the 2000 survey, mothers were asked about their awareness of folic acid preventing birth defects. The question was changed in 2000 to obtain information on their actual practice in taking vitamins. The Healthy People 2010 Objective is to increase the proportion of pregnancies begun with an optimum folic acid level to 80 percent. Alabama mothers must improve in this area of prenatal care to promote healthy birth outcomes for their infants.

CONFIDENCE INTERVALS						
VITAMIN USAGE	DIDN'T TAKE	1-3 TIMES A WEEK	4-6 TIMES A WEEK	7 DAYS A WEEK		
PERCENT	61.1-66.8	8.4-12.3	3.7-6.5	18.1-23.0		



Mothers were asked, "At any time during your prenatal care, did a doctor, nurse, or other healthcare worker talk with you about how much weight you should gain during your pregnancy?" In 2002, 71.7 percent responded "Yes." Of the "Yes" respondents in 2002, the majority of women, 44.7 percent, reported they were advised to gain 30-39 pounds during pregnancy. The average recommended weight gain for Alabama mothers was 28 pounds.

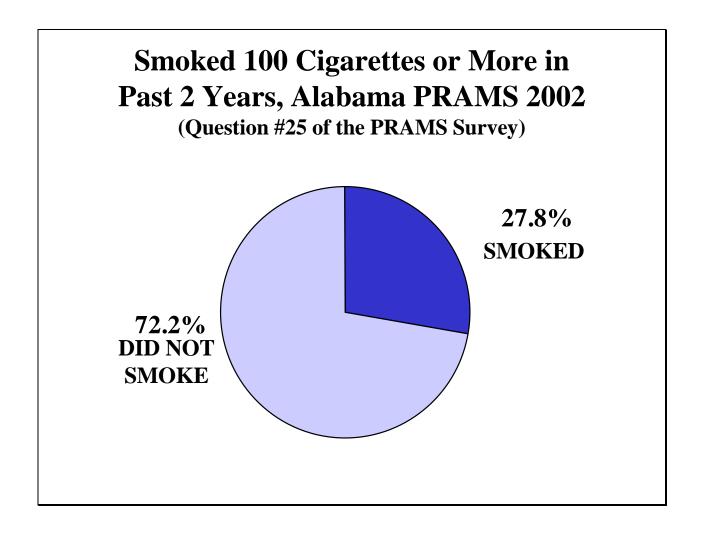
CONFIDENCE INTERVALS						
WEIGHT GAIN < 20 20 - 29 30 - 39 40 +						
PERCENT	6.3-10.6	33.8-41.4	40.8-48.6	7.1-11.6		

### **Mothers' Prenatal Care Comments**

- "Prenatal care is very important."
- "I had very good care while pregnant. It was very stressful with problems from week 9. All our doctors were great to help us."
- "My daughter had a fatal syndrome called Trisomy 13, a chromosome deficiency. I did not know I was pregnant...If I would have known, I would have received prenatal care."
- "My doctor's office volunteered almost <u>no</u> information about what I should avoid- food, activities, etc. during pregnancy...I was disappointed in the lack of information I was given- I learned most about my pregnancy not from my doctor, but from a book."
- "I think that a pregnant woman should know her doctor or nurse, even at a clinic. They should see the same person each visit!"
- "Need more information on preeclampsia / toxemia. May save the life of a mom and baby. Encourage doctors to discuss this."
- "There should be more info on preterm labor and signs of labor in early pregnancy."
- "Mothers need more information on the signs and symptoms of pre-term labor. My water broke at 28 weeks and I didn't know what was happening."
- Reasons for not getting prenatal care as early as desired:
  - "4 negative pregnancy tests (home tests)."
  - "I already had an 8 mth old child when I found out that I was pregnant and my partner and I were trying to hide it."
- "Doctors need to talk with mothers about groupie [group B] strep."
- "My baby was born 2 mths early, I think doctors should treat people on medicaid the same as other people."
- "I had a very good experience, before, during and after both of my pregnancies."
- "I feel that doctors (OBGYN & Pediatrician) should not assume parents with previous children, do not have any questions."
- "I wish there had been more information on how to handle the changing hormones."

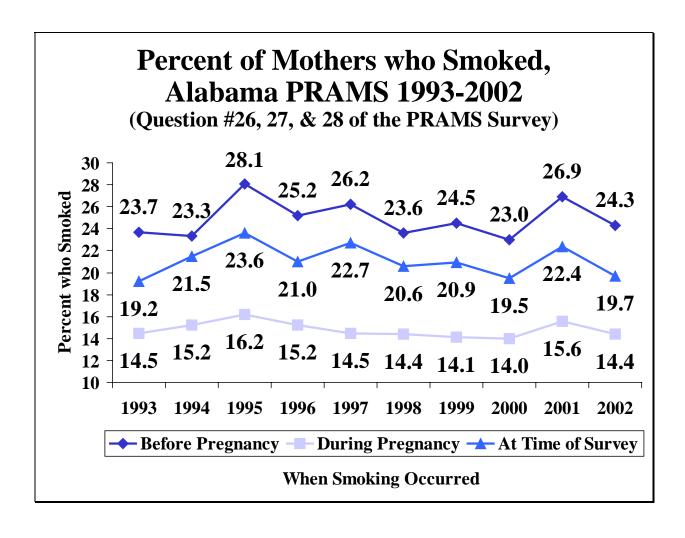
# Negative Health Behaviors: Smoking and Drinking





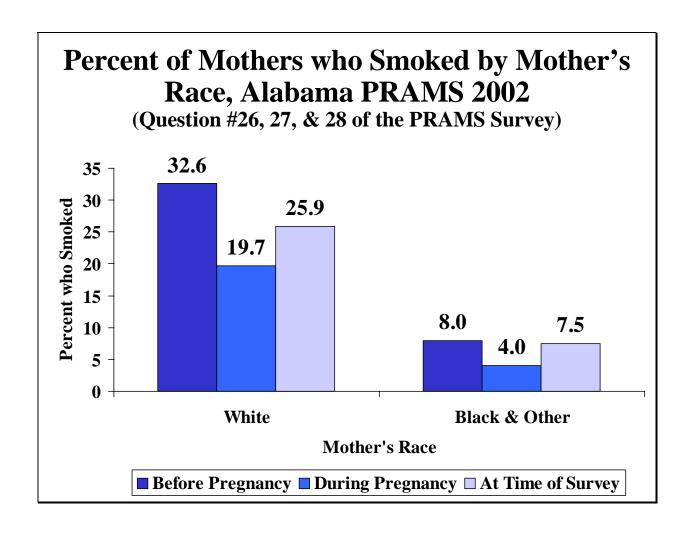
In 2002 when Alabama mothers were asked if they had smoked at least 100 cigarettes in the past two years, 27.8 percent (a 5.1 percent decrease from 2001) responded, "Yes". Smoking during and after pregnancy can have serious health effects on both the mother and the baby. Babies whose mothers smoke are more likely to be born prematurely and at lower birth weights than are infants of non-smokers. In addition, infants of smokers are more likely to suffer greater respiratory problems and are more likely to die during infancy than babies of non-smokers.

CONFIDENCE INTERVALS					
SMOKING STATUS	SMOKED				
PERCENT	69.5-74.9	25.1-30.5			



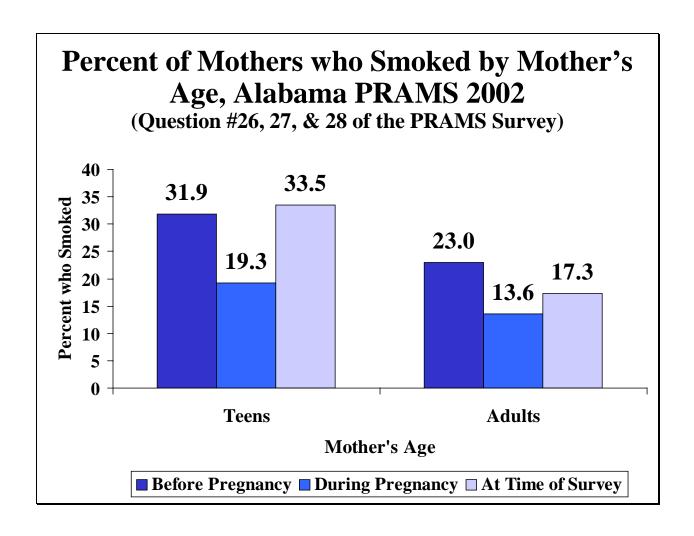
Almost one mother in four stated she smoked in the three months before becoming pregnant. Many of the mothers who quit smoking while they were pregnant resumed smoking after their babies were born, but rates of smoking remained lower than before pregnancy. According to the survey, 14.4 percent of Alabama's pregnant women smoked in 2002. The Healthy People 2010 Objective is to increase abstinence from cigarettes among pregnant women to 99 percent. Alabama women are far from meeting this objective. There has been no statistically significant change over time in the percent of mothers smoking before pregnancy, during pregnancy, or after pregnancy.

CONFIDENCE INTERVALS										
YEAR/ SMOKED	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
BEFORE PREGNANCY	21.4-26.1	20.8-25.8	25.4-30.8	22.7-27.8	23.5-28.8	21.0-26.2	21.9-27.2	20.3-25.6	24.2-29.6	21.7-27.0
DURING PREGNANCY	12.6-16.4	13.0-17.3	14.0-18.4	13.1-17.3	12.4-16.5	12.3-16.5	12.0-16.2	11.9-16.1	13.4-17.8	12.3-16.5
AT TIME OF SURVEY	17.0-21.3	19.1-23.9	21.1-26.2	18.6-23.4	20.2-25.1	18.2-23.0	18.4-23.4	17.1-22.0	19.9-24.9	17.4-22.1



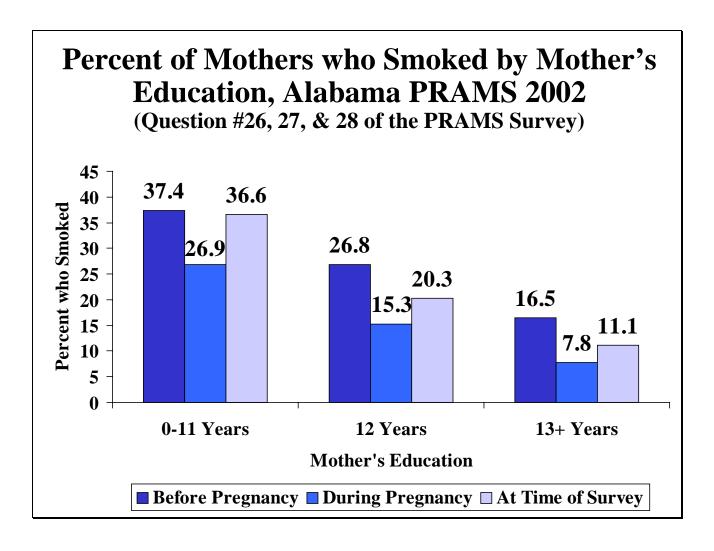
The percent of white mothers who smoked before pregnancy, during pregnancy, and after pregnancy was over three times higher than that of black and other race mothers. Both white and black and other race smokers showed the same trend—smoking decreased during pregnancy, but increased again by the time of the survey.

	CONFIDENCE INTERVALS						
SMOKED/ RACE			AT TIME OF SURVEY				
WHITE	29.1-36.1	16.8-22.6	22.7-29.1				
BLACK & OTHER	5.3-10.8	2.0-5.9	4.8-10.1				



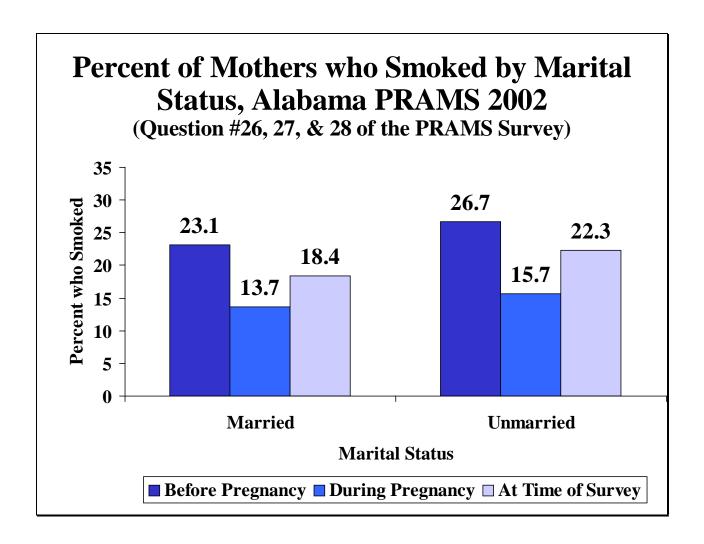
From 2001 to 2002, smoking before pregnancy among teen and adult women had declined by 12.1 percent and 8.7 percent, respectively. In 2002 for both teens and adults, smoking declined during pregnancy, but increased again after delivery.

CONFIDENCE INTERVALS						
SMOKED/ AGE			AT TIME OF SURVEY			
TEENS	24.6-39.1	13.2-25.3	26.2-40.7			
ADULT	20.2-25.8	11.3-15.8	14.9-19.8			



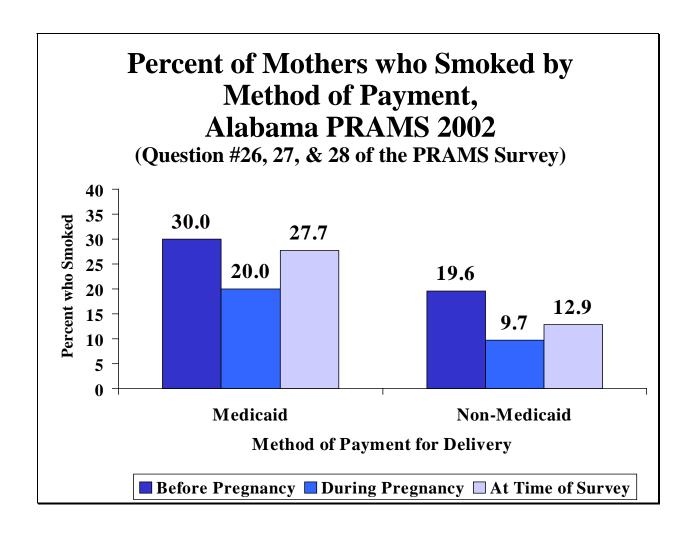
There is an inverse correlation between mother's education and smoking before pregnancy, during pregnancy, and after pregnancy. As the mother's education increases, the percent of mothers smoking decreases. In 2002, smoking was lowest for mothers with more than a high school education, but 7.8 percent of those women smoked during pregnancy. This percentage increased by 30.0 percent from 2001 when 6.0 percent of mothers with higher education smoked during pregnancy. Yet, this increase is not statistically significant.

CONFIDENCE INTERVALS							
SMOKED/ BEFORE DURING PREGNANCY		AT TIME OF SURVEY					
0-11 YEARS	31.1-43.7	21.2-32.6	30.5-42.7				
12 YEARS	21.9-31.7	11.4-19.2	16.0-24.6				
13+ YEARS	13.0-19.9	5.4-10.3	8.2-13.9				



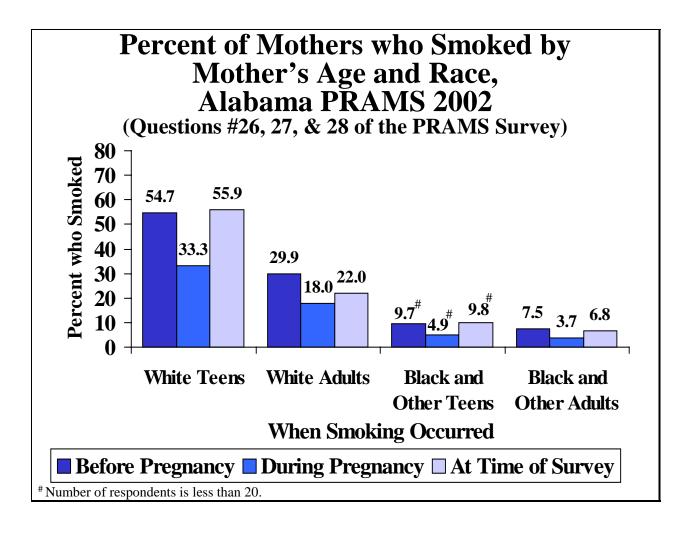
For both marital statuses, there was a statistically significant decrease from smoking before pregnancy to smoking during pregnancy. Smoking increased for both after delivery, but the increases were not significant. Unmarried women consistently smoked more than married women, but the differences were not statistically significant.

CONFIDENCE INTERVALS						
SMOKED/ MARITAL STATUS	AT TIME OF SURVEY					
MARRIED	19.9-26.4	11.2-16.3	15.5-21.3			
UNMARRIED	22.2-31.2	12.1-19.4	18.2-26.5			



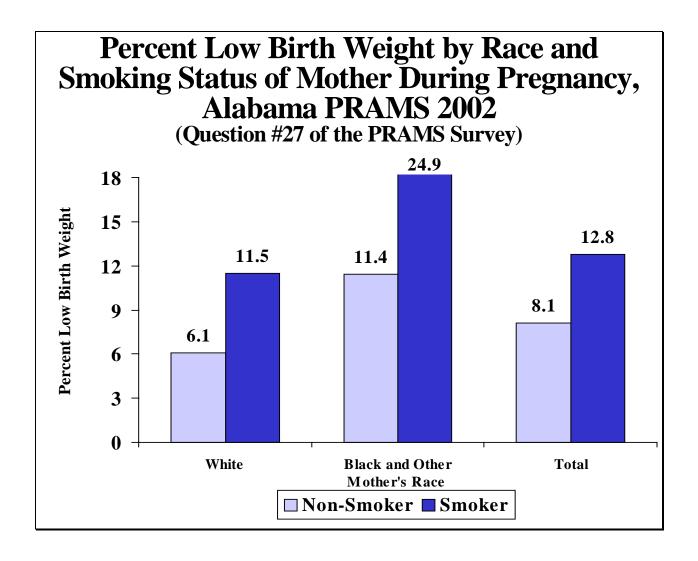
Cigarette smoking was significantly higher among mothers on Medicaid before, during, and after pregnancy than non-Medicaid mothers. In both groups, smoking significantly declined during pregnancy, yet increased again after delivery of their infants. Medicaid mothers increased their smoking after delivery by 38.5 percent, while non-Medicaid mothers increased post-delivery smoking by 33.0 percent.

CONFIDENCE INTERVALS						
SMOKED/ PAYMENT METHOD	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY			
MEDICAID	26.0-34.1	16.6-23.5	23.9-31.6			
NON- MEDICAID	16.1-23.1	7.1-12.3	10.0-15.9			



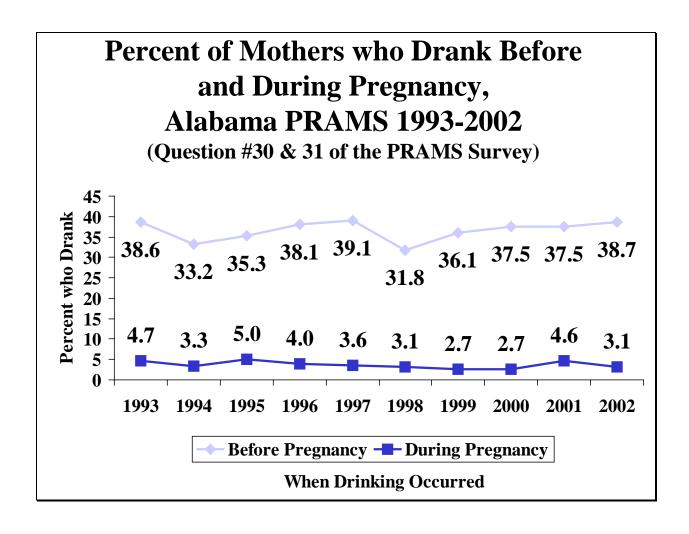
In 2002, white teens smoked significantly more than white adults before, during, and after pregnancy. White adults also smoked significantly more than black and other adults before, during, and after pregnancy. Very few black and other race teens smoked before, during, or after pregnancy.

CONFIDENCE INTERVALS						
PERIOD OF SMOKING	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY			
WHITE TEENS	43.8-65.7	23.3-43.4	45.4-66.4			
WHITE ADULTS	26.2-33.5	15.0-21.0	18.7-25.2			
BLACK & OTHER TEENS	2.8-16.5	0.0-10.0	3.0-16.7			
BLACK & OTHER ADULTS	4.6-10.5	1.6-5.8	4.1-9.6			



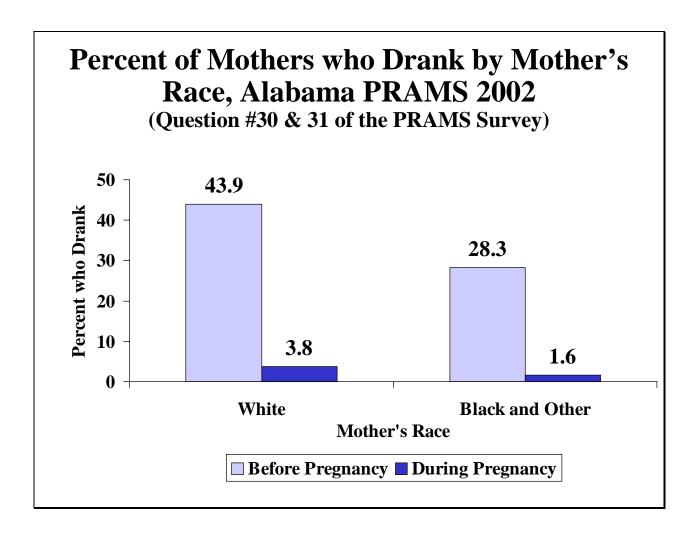
Low weight births were more prevalent among women who smoked during pregnancy than non-smokers in the all three groups. The percent of low weight births to white women who smoked during pregnancy was significantly higher than for those who did not smoke. This was also true for total births. No statistical difference was seen for black and other mothers.

SMOKING STATUS/RACE	NON-SMOKER	SMOKER
WHITE	5.5-6.6	9.1-13.9
BLACK & OTHER	10.1-12.7	10.8-38.9
TOTAL	7.7-8.4	10.4-15.2



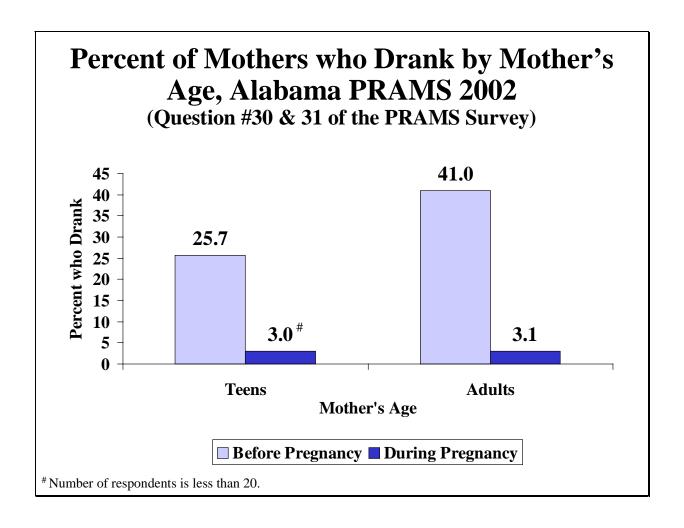
In the survey, mothers were asked how many alcoholic drinks they drank in an average week in the three months before becoming pregnant and in the last three months of pregnancy. More than one-third of Alabama mothers responded that they drank alcoholic beverages before pregnancy in 2002. Mothers significantly reduced their alcohol intake during pregnancy in 2002 to 3.1 percent, a possible outcome of health care providers counseling mothers on the ill effects of drinking while pregnant. The Healthy People 2010 objective is to increase abstinence from alcohol among pregnant women to 94 percent, so Alabama women have met this objective. There has been no statistically significant change in drinking during pregnancy since 1993.

CONFIDENCE INTERVALS										
YEAR/ DRANK         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002								2002		
BEFORE PREGNANCY	35.9-41.4	30.3-36.1	32.4-38.2	35.2-41.0	36.1-42.1	28.9-34.8	33.1-39.2	34.4-40.5	34.5-40.5	35.7-41.8
DURING PREGNANCY	3.5-5.9	2.3-4.3	3.6-6.3	2.9-5.2	2.4-4.7	2.0-4.1	1.7-3.7	1.6-3.7	3.3-5.9	2.0-4.2



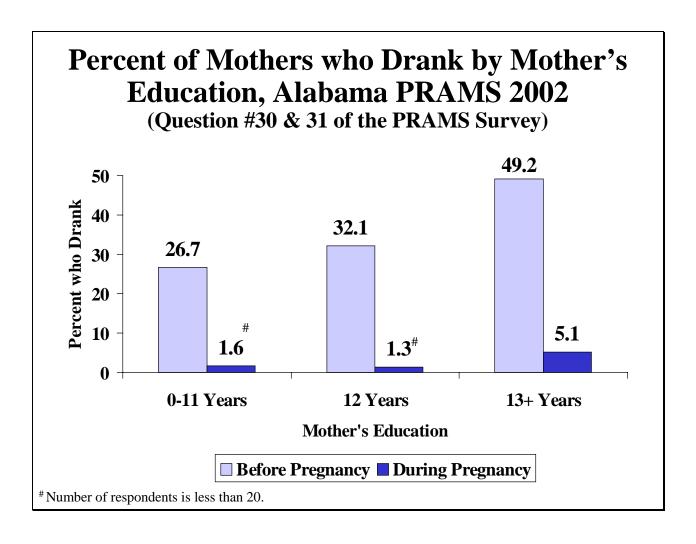
In 2002, white mothers were significantly more likely to drink than black and other race mothers before pregnancy. Drinking declined significantly among both white and black and other race mothers during pregnancy. There was no statistically significant difference in the percent drinking during pregnancy by mother's race.

CONFIDENCE INTERVALS							
DRANK/ RACE	DURING PREGNANCY						
WHITE	40.1-47.7	2.4-5.3					
BLACK & OTHER	23.5-33.2	0.3-2.9					



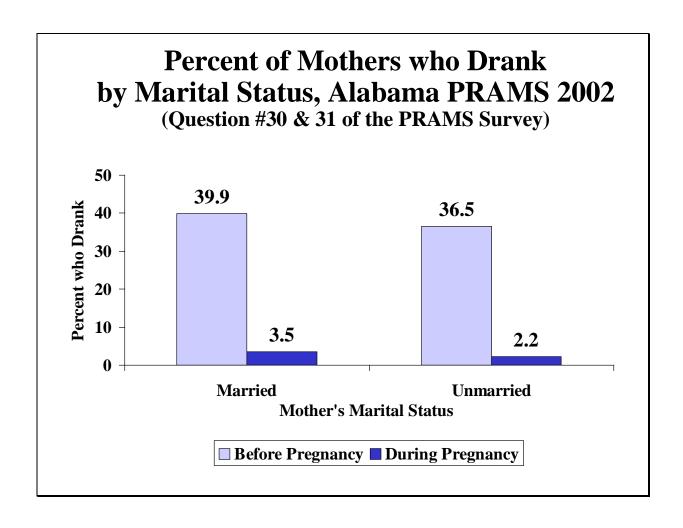
As expected, older mothers were significantly more likely to drink than teen mothers before pregnancy. However, one in four mothers under the age of 20 reported consuming alcohol before pregnancy, despite being underage. Drinking decreased significantly for both age groups during pregnancy.

CONFIDENCE INTERVALS							
DRANK/ AGE	BEFORE PREGNANCY	DURING PREGNANCY					
TEENS	19.0-32.5	0.5-5.6					
ADULTS	37.6-44.4	1.9-4.3					



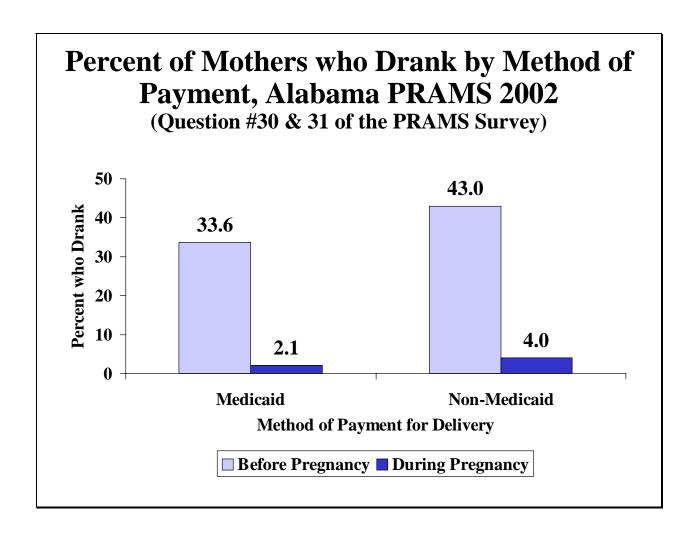
In 2002, mothers with higher levels of education were more likely to drink before pregnancy. Drinking before pregnancy was highest among mothers with one or more years of college, and lowest among mothers with less than 12 years of education. Less drinking among women with lower education levels may be attributable in part to age. Mothers with one or more years of college were significantly more likely to drink during pregnancy than mothers with a high school education.

CONFIDENCE INTERVALS							
DRANK/ EDUCATION	BEFORE PREGNANCY	DURING PREGNANCY					
0 – 11 YEARS	21.0-32.4	0.1-3.1					
12 YEARS	26.8-37.3	0.1-2.4					
13 + YEARS	44.5-53.8	3.0-7.1					



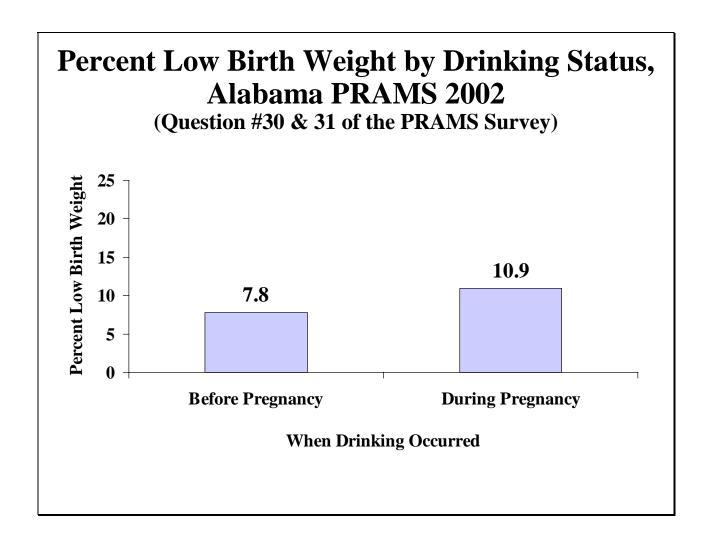
Both married and unmarried mothers drank significantly less during pregnancy, with both experiencing over a 90 percent decrease in drinking. Married mothers were more likely to drink before pregnancy than unmarried mothers, but the difference was not significant. There was no statistically significant difference in the percent drinking during pregnancy by mother's marital status.

CONFIDENCE INTERVALS							
DRANK/ BEFORE DURIN MARITAL STATUS PREGNANCY PREGNA							
MARRIED	36.0-43.7	2.1-5.0					
UNMARRIED	31.4-41.5	0.8-3.7					



Mothers whose deliveries were not covered by Medicaid were significantly more likely to drink before pregnancy, than mothers whose deliveries were covered by Medicaid. Alcohol consumption decreased approximately 90 percent during pregnancy for mothers regardless of the method of payment for delivery. There was no statistically significant difference in the percent drinking during pregnancy by mother's method of payment for delivery.

CONFIDENCE INTERVALS							
DRANK/ BEFORE DURING PAYMENT METHOD PREGNANCY PREGNANCY							
MEDICAID	29.5-37.8	0.9-3.3					
NON-MEDICAID	38.6-47.5	2.3-5.6					



About 7.8 percent of mothers who drank before pregnancy had a low weight baby. Among mothers who drank during pregnancy, 10.9 percent had a low weight baby. There is no statistically significant difference in the percent of low weight births between mothers who drank before or during pregnancy.

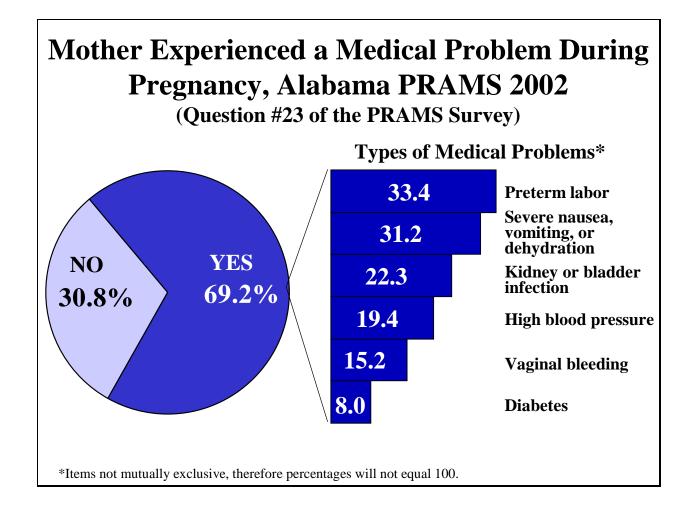
CONFIDENCE INTERVALS							
DRANK	BEFORE PREGNANCY	DURING PREGNANCY					
PERCENT LBW	6.9-8.7	6.0-15.9					

### Mothers' Negative Health Behaviors Comments

- "I just hopes this helps. Please try & raise the awareness issue of drugs & alcohol w/ all pregnant mothers. it's what got my baby taken from me. Try and stress that nothings worth your childs life w/ you while it's a baby."
- "I want to help women and infant's out because I was pregnat and lost my son at 22 weeks...I want to say don't smoke or drink and do not do drugs cause it can kill you or your baby."
- "If you are planning to get pregnant start taking multivitamins ASAP...Don't let anyone around you that smokes before you get pregnant, while, or after you have your baby."
- "Every mother should eat food's that are good for the baby...Some mothers should also work out for their health and take good care of their body no matter what their excuses are."
- "When my doctors fouund out that I smoked they told me to quit & I didn't...I cut down a lot but, I couldn't quit."
- "I never drunk any alcaholic drinks while I was pregnant because I knew it would harm my baby."
- "My son was born early. I believe it was because I still smoked during my pregnancy; I cut down...Even though I could not quit I at lease cut down to 5 a day. But I never did drugs or alcohol. To have a healthy baby think about them and not your needs. Because they depend on us for everything! And I'm truly blessed that my little boy weighs 10 lbs. 2 oz. now, when he only weighed 4' 3[oz]."
- "My baby is very small in the 5<sup>th</sup> percentile at 12 wks he only weighed 9 lbs. 11oz. 23 in. I think me smoking only about 3-5 cigarettes a day had something to do with that."

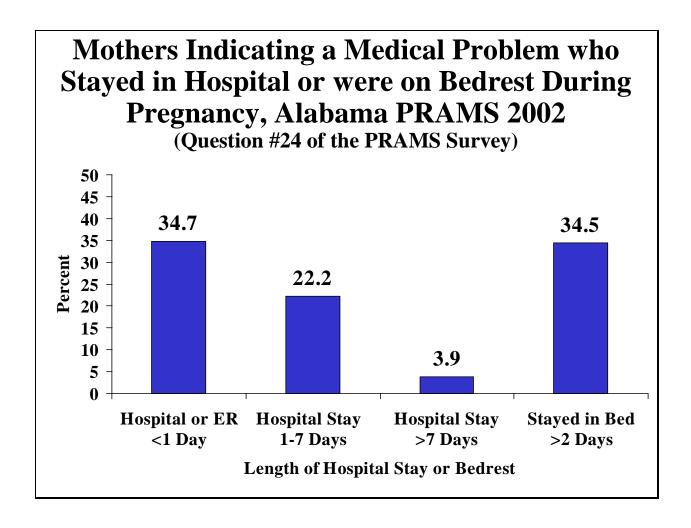
# Health Care System Issues





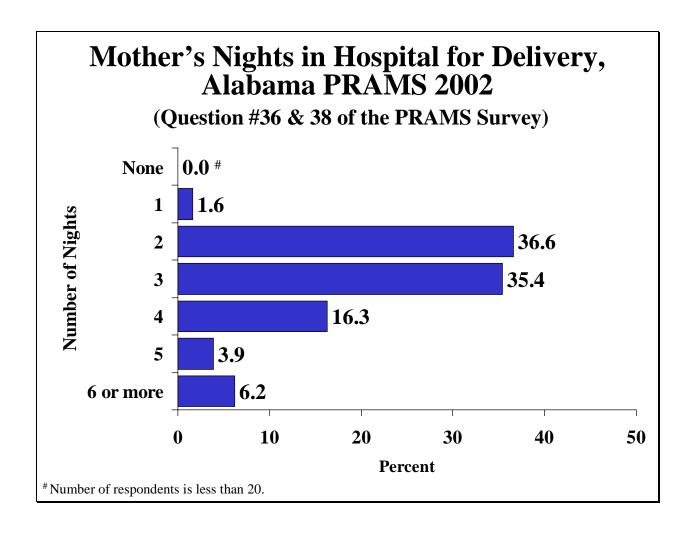
About 70 percent of Alabama mothers reported having a medical problem during pregnancy. Of those mothers with a medical problem, one third reported preterm labor; over 30 percent reported severe nausea, vomiting, or dehydration; 22.3 percent reported kidney or bladder infection; 19.4 percent reported high blood pressure during pregnancy; 15 percent experienced vaginal bleeding; and 8.0 percent reported having diabetes during pregnancy.

	CONFIDENCE INTERVALS									
PROBLEMS	NO	YES	PRETERM LABOR	VOMITING,	KIDNEY OR BLADDER INFECTION	HIGH BLOOD PRESSURE	VAGINAL BLEEDING	DIABETES		
PERCENT	27.9-33.7	66.3-72.1	30.6-36.3	28.4-34.1	19.7-24.8	17.0-21.8	13.1-17.4	6.3-9.7		



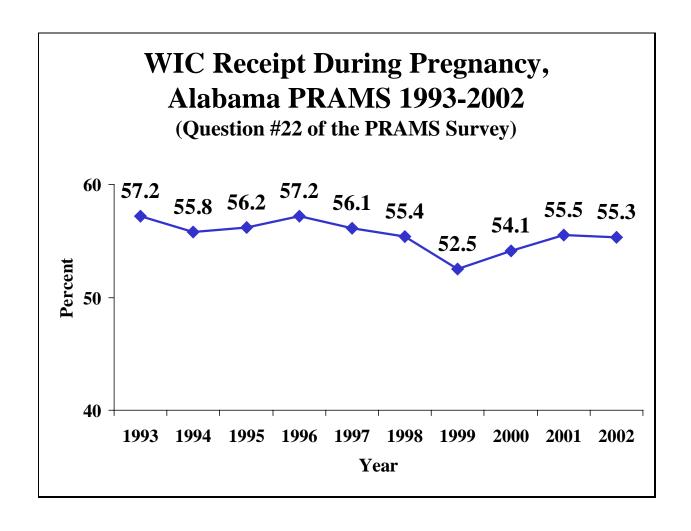
Mothers who answered yes to experiencing at least one medical problem during their pregnancy were asked if they stayed in the hospital or were on bed rest because of the medical problem. Of those who reported at least one problem, over one third of mothers visited a hospital and stayed less than a day; 22.2 percent stayed from one to seven days; 3.9 percent stayed longer than seven days; and 34.5 percent stayed in bed for more than two days at a doctor's or nurse's advice.

CONFIDENCE INTERVALS								
LENGTH OF STAY HOSPITAL OR OR BEDREST ER <1 DAY		HOSPITAL STAY 1-7 DAYS	HOSPITAL STAY >7 DAYS	STAYED IN BED >2 DAYS				
PERCENT	31.3-38.2	19.2-25.1	2.9-5.0	31.0-38.0				



In 2002, 36.6 percent of mothers stayed two nights in the hospital following delivery of their babies and 35.4 percent stayed three nights. About 10 percent of mothers stayed in the hospital five or more nights. Early discharge after delivery has been a health concern in recent years. There has been a marked decrease in the percent of mothers who stayed only one night in the hospital following delivery. One-night discharges had a statistically significant decrease from 15.7 percent (13.5-17.9) in 1996, to 1.6 percent (0.8-2.4) in 2002.

CONFIDENCE INTERVALS								
NUMBER OF NIGHTS	NONE	1	2	3	4	5	6 OR MORE	
PERCENT	0.0-0.7	0.8-2.4	33.6-39.7	32.4-38.4	13.9-18.6	2.8-5.0	4.9-7.3	



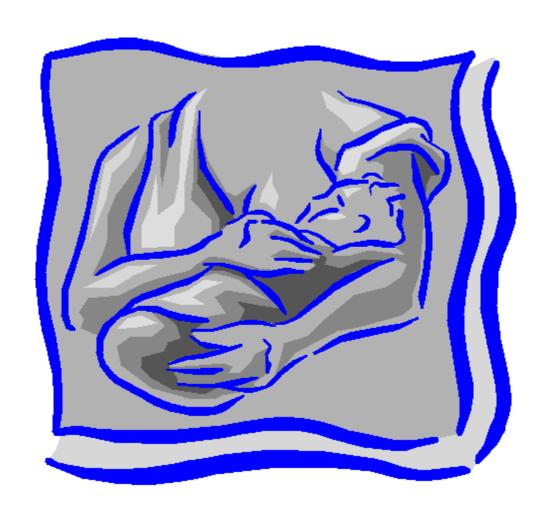
More than half (55.3%) of Alabama mothers said they received the Supplemental Food Program for Women, Infants, and Children (WIC) benefits during pregnancy in 2002. There was a statistically significant decrease in the percent of women who received WIC from 1993 to 1999, but there was no significant increase from 1999 to 2002.

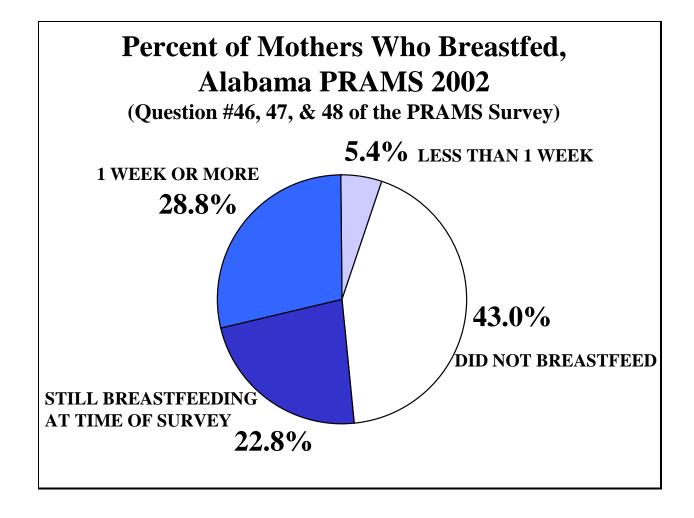
CONFIDENCE INTERVALS										
YEAR/ WIC RECEIPT	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
PERCENT	55.3-59.1	53.7-57.9	54.1-58.2	55.0-59.4	53.8-58.3	53.1-57.7	50.0-54.9	51.7-56.5	53.1-57.8	53.0-57.7

### **Mothers' Health Care System Comments**

- "I have 2 children and I've had a lot of help from my health department with wic, and information with breastfeeding. They even gave me a breast pump."
- "The <u>two</u> important issues not addressed in this survey are: 1) to allow working mothers to take the last month before her due date off from work...<u>paid</u> disability leave as is available in other states of the US (New Jersey, etc.); and 2) to have <u>paid</u> maternity leave for three months after birth of baby....both measures would improve health and mental health of mothers & babies."
- "Thank you for WIC!! Couldn't do it without!"
- "Even though I was on Medicaid I still got what I think was excellent service during my pregnancy and even after My baby was 2 month premature and stayed in the hospital for 2 weeks after birth he got excellent care."
- "The professionalism of most places that accept Medicaid is not up to part [par]. Many women accept this treatment because they feel the[y] can't do any better or they just don't know any better. There need to be more time spent on teaching customer service skills to these workers seeing that this is a very delicate time in a woman's life."
- "An offering of public (counseling referral etc. education) assistance (meetings) for pregnant mothers as a group meeting once per month would be great!"
- "I feel mothers that have a c-section should have an extra day in the hospital because it's harder to get around when you've been cut on."
- "The WIC programs offers a lot of information to people as far as nutrition, exercise, and healthy living."
- "My baby was premature and needed special attention and [a] lot of treatment; I am so thankful for Medicaid.."
- "WIC should be available to all pregnant women and newborn babies regardless of income."
- "Thank you for providing the WIC program. The items you recieve before and after the program help to make sure you get good nutrition. Without the program I wouldn't have had that good of nutrition while I was pregnant. Thank goodness for the formula vouchers too!"
- "There should be guidelines & laws govering work environments for pregnant ladies in Alabama. I worked 12 hour shifts without breaks for my employer until 4 days before I delivered. I stood on my feet 80% of the day...There may be an agency to monitor corporations that do not provide adequate working conditions for pregnant ladies- but I am unaware of any help for us."

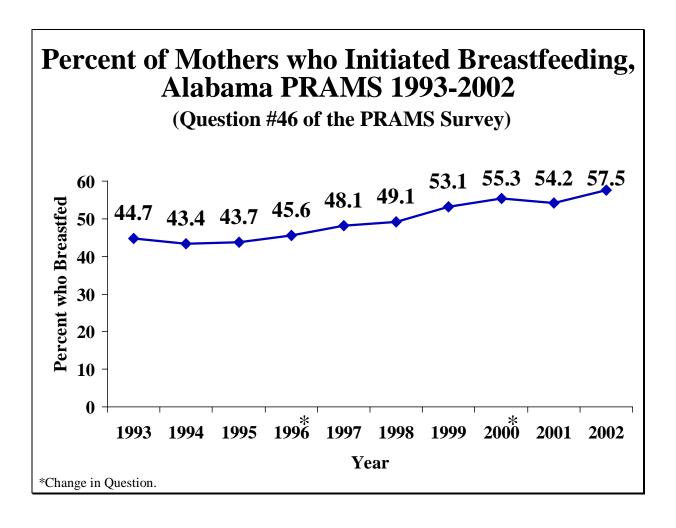
## Breastfeeding





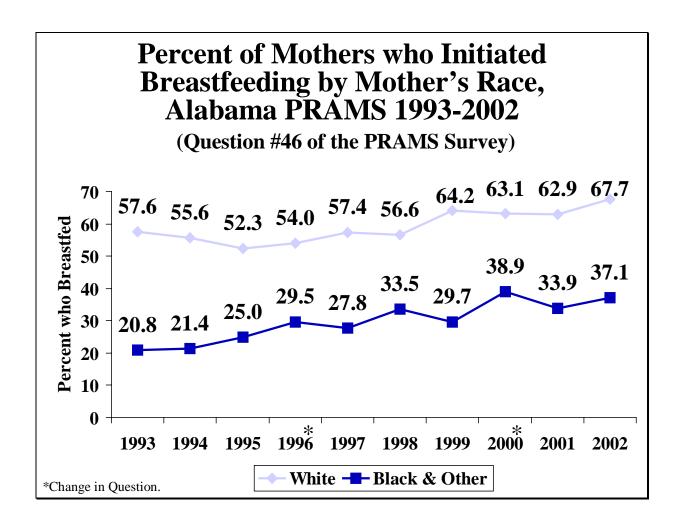
Numerous benefits are associated with breastfeeding, not only for the infant, but for the mother as well. The Healthy People 2010 Objective is to increase the proportion of mothers who breastfeed in the early postpartum period to at least 75 percent. In 2002, 57.0 percent of Alabama mothers attempted to breastfeed their babies, with 51.6 percent breastfeeding for more than 1 week. Many mothers, 43.0 percent, did not breastfeed their newborns at all. Only one mother in five was still breastfeeding at the time of the survey.

CONFIDENCE INTERVALS								
TIME DID NOT BREASTFEED		LESS 1 WEEK THAN 1 OR WEEK MORE		STILL BREASTFEEDING				
PERCENT	40.0-46.1	4.0-6.9	25.9-31.7	20.1-25.5				



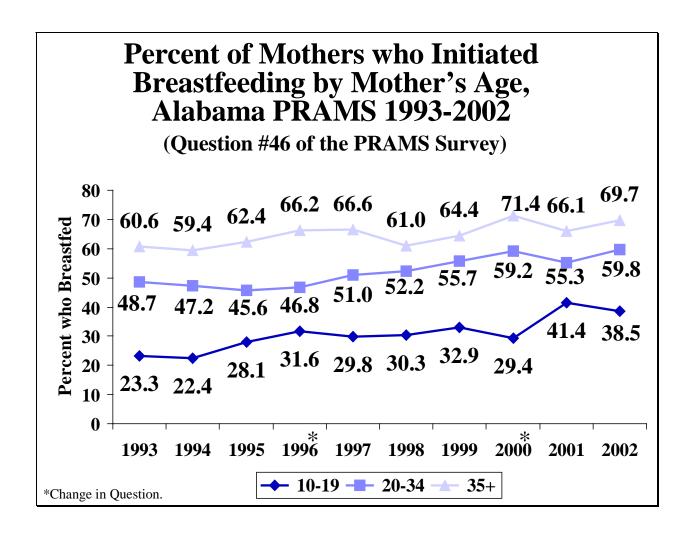
The percent of Alabama mothers breastfeeding has been increasing since 1993, and in 2002, the highest percent (57.5) in 10 years was reported. The question about breastfeeding changed in 1996 and in 2000, but the numbers are comparable. When the question was consistent from 1996 to 1999, the increase in percent breastfeeding was statistically significant.

	CONFIDENCE INTERVALS										
YEAR	YEAR         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002										
PERCENT BREASTFED	42.1-47.3	40.6-46.2	40.8-46.6	42.7-48.5	45.1-51.0	46.0-52.2	50.0-56.1	52.3-58.3	51.2-57.3	54.5-60.5	



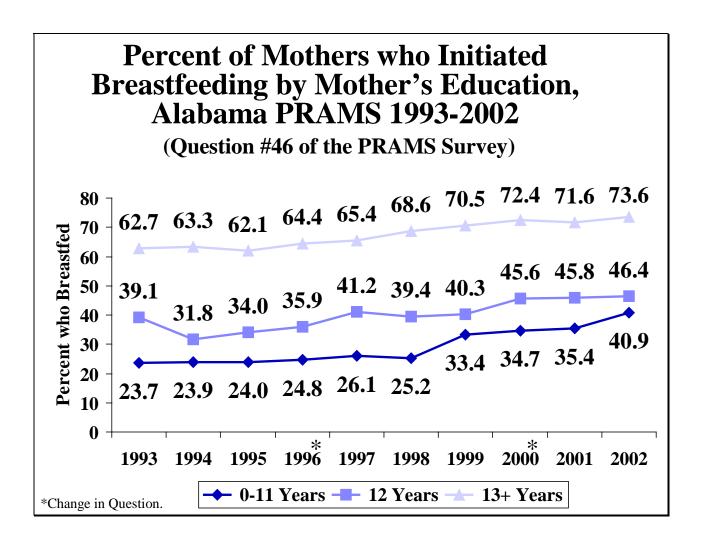
White mothers continue to show a significantly higher prevalence of breastfeeding when compared to black and other race mothers. From 1993 to 2002, the percent of white mothers initiating breastfeeding significantly increased by 17.5 percent, and the percent of black and other race mothers initiating breastfeeding significantly increased by 78.4 percent.

	CONFIDENCE INTERVALS											
YEAR/ RACE	- 1 1993   1994   1995   1996   1997   1998   1999   2000   2001   200									2002		
WHITE	54.3-60.9	52.0-59.2	48.7-55.9	50.3-57.6	53.8-61.1	52.8-60.3	60.6-67.9	59.4-66.8	59.2-66.6	64.1-71.2		
BLACK & OTHER	16.9-24.6	17.1-25.6	20.3-29.7	24.5-34.4	22.8-32.9	27.9-39.0	24.6-34.8	33.3-44.4	28.7-39.1	31.7-42.4		



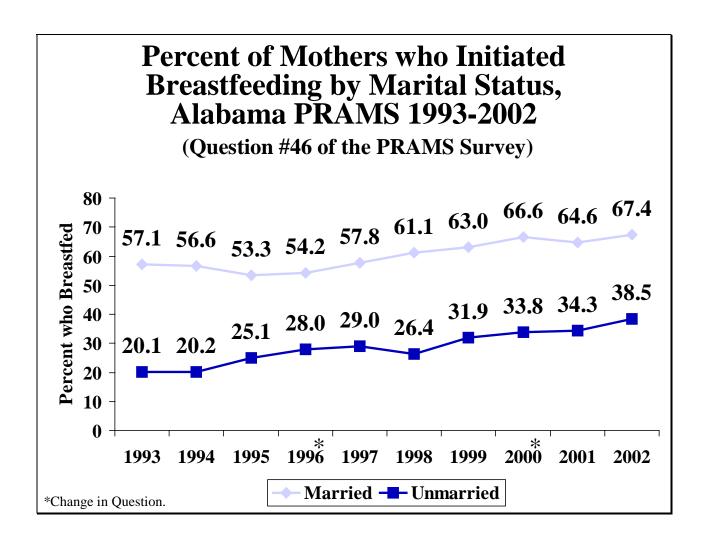
As age increased among Alabama mothers, so did the prevalence of breastfeeding initiation. The highest percent of mothers who breastfed was among women 35 and older, which, in 2002 was 81.0 percent higher than the percent of teenage mothers attempting to breastfeed. Almost 60 percent of mothers 20-34 years of age attempted to breastfeed their babies.

	CONFIDENCE INTERVALS											
YEAR/ AGE	-   1993   1994   1995   1996   1997   1998   1999   2000   2001   2002											
10 – 19	17.8-28.7	16.6-28.2	21.8-34.4	25.2-38.0	23.6-36.0	23.6-37.0	25.8-40.1	22.2-36.7	33.7-49.2	30.9-46.1		
20 - 34	45.6-51.8	43.8-50.6	42.2-49.1	43.3-50.2	47.5-54.6	48.6-55.8	52.1-59.3	55.8-62.7	51.7-58.8	56.2-63.3		
35 +	50.5-70.6	49.5-69.3	51.5-73.2	56.6-75.7	55.6-77.5	49.3-72.6	54.8-73.9	60.0-82.8	56.3-76.0	59.8-79.6		



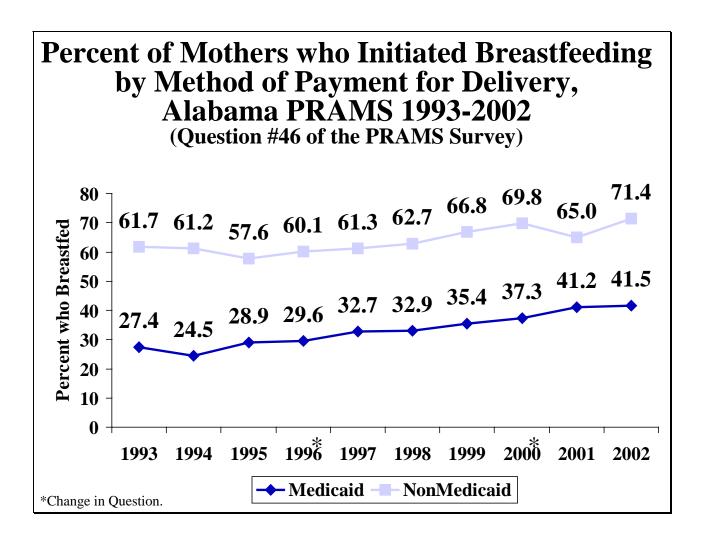
Mothers of all educational levels have increased breastfeeding initiation since 1993 with the highest percentages reported in 10 years in 2002. Breastfeeding prevalence increases for mothers as educational attainment increases. In 2002, 73.6 percent of mothers who completed one of more years of college initiated breastfeeding, compared to just over 40 percent of mothers who did not complete high school.

	CONFIDENCE INTERVALS											
YEAR/ EDUCATION	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002		
0 – 11 YEARS	18.8-28.7	18.7-29.0	18.3-29.6	19.4-30.2	20.4-31.8	19.5-31.0	26.8-39.9	28.0-41.4	29.6-41.2	34.4-47.5		
12 YEARS	34.7-43.5	26.8-36.7	29.1-38.8	30.9-41.0	36.1-46.2	33.9-44.8	34.8-45.7	40.2-50.9	40.2-51.5	40.7-52.0		
13+ YEARS	58.4-67.0	58.9-67.7	57.6-66.5	60.0-68.9	60.9-70.0	64.2-73.0	66.2-74.8	68.0-76.8	67.2-76.0	69.4-77.8		



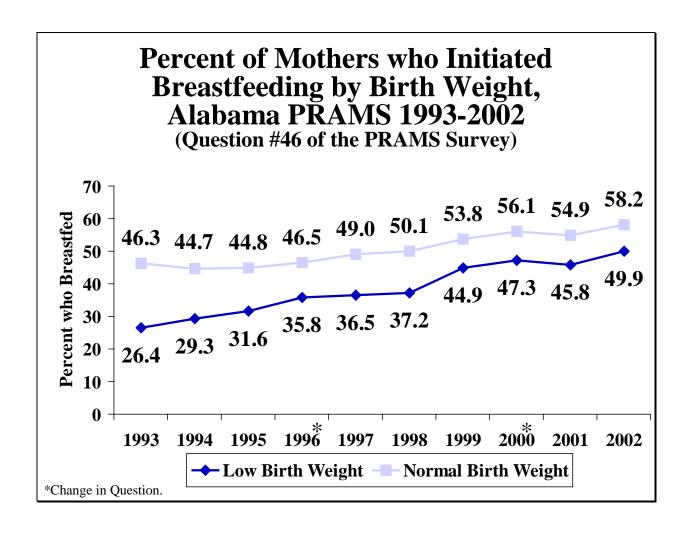
In 2002, married mothers continue to be more likely to breastfeed their babies than their unmarried counterparts. This may be partly attributable to other factors, since married mothers were more likely to be older and have attended college than unmarried mothers.

	CONFIDENCE INTERVALS											
YEAR/ MARITAL STATUS         1993         1994         1995         1996         1997         1998         1999         2000         2001         2002										2002		
MARRIED	53.8-60.4	52.9-60.2	49.6-56.9	50.5-57.9	54.0-61.6	57.2-64.9	59.3-66.7	63.0-70.3	60.8-68.3	63.7-71.2		
UNMARRIED	16.2-23.9	16.1-24.3	20.5-29.6	23.2-32.8	24.3-33.8	21.7-31.1	26.8-37.1	28.5-39.0	29.4-39.2	33.4-43.6		



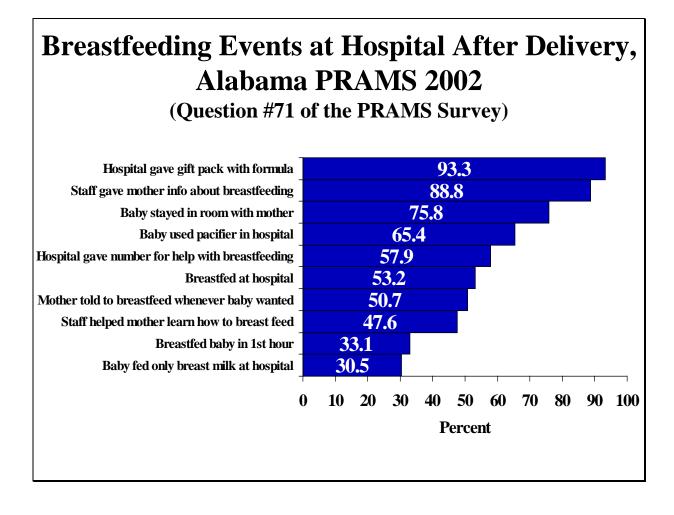
In 2002, 71.4 percent of mothers whose deliveries were not paid for by Medicaid breastfed their babies. The percent of non-Medicaid mothers who breastfed in 2002 was 72.0 percent higher than the percent of Medicaid mothers who breastfed their babies. Since 1993, there has been a significant increase in mothers, both covered by Medicaid and private insurance, breastfeeding their babies in Alabama.

	CONFIDENCE INTERVALS											
YEAR/ PAYMENT METHOD	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002		
MEDICAID	23.9-30.9	20.9-28.2	25.1-32.7	25.6-33.5	28.6-36.8	28.7-37.1	31.1-39.7	33.0-41.7	36.9-45.5	37.1-45.8		
NON- MEDICAID	57.8-65.5	57.0-65.4	53.3-61.9	55.8-64.3	57.0-65.5	58.4-67.1	62.5-71.0	65.6-74.0	60.7-69.3	67.2-75.5		



Among babies born in 2002 at a normal birth weight, 58.2 percent were breastfed. Among babies born at a low birth weight, almost half were breastfed. This is related to hospital practice, since low weight babies are often separated from their mothers and put in neonatal intensive care nurseries, which may discourage breastfeeding. The percent of low birth weight babies being breastfed has increased by 89.0 percent since 1993, while the percent of normal birth weight babies being breastfed has increased by 25.7 percent.

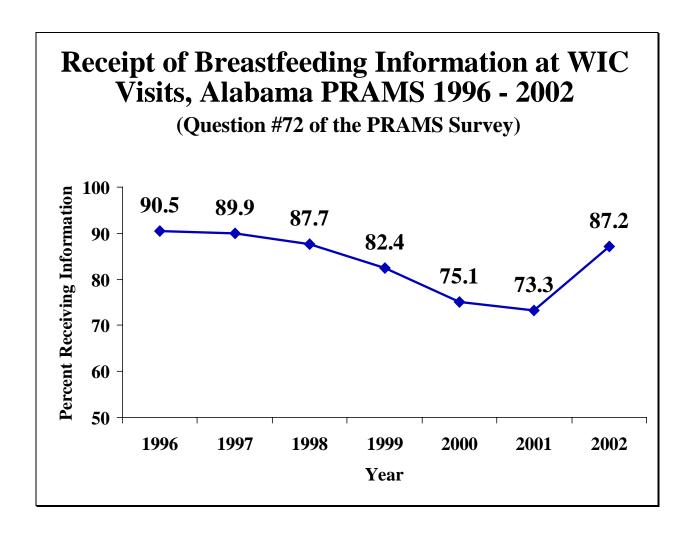
	CONFIDENCE INTERVALS											
YEAR/ BIRTH WEIGHT	BIRTH 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002											
LOW WEIGHT	23.7-29.0	26.7-31.9	29.0-34.3	33.0-38.6	33.6-39.5	33.7-40.7	41.3-48.6	43.7-50.8	42.4-49.1	46.3-53.5		
NORMAL WEIGHT	43.5-49.1	41.6-47.7	41.6-47.9	43.3-49.6	45.8-52.2	46.8-53.4	50.5-57.1	52.8-59.4	51.6-58.3	54.9-61.5		



The Healthy People 2010 objective is for at least 75 percent of mothers to breastfeed their infants in the six weeks after birth. Over 90 percent of mothers received formula from the hospital, even though 53.2 percent of mothers breastfed their infants at the hospital. Slightly less than half of mothers reported that hospital staff helped them learn how to breastfeed, while 30.5 percent fed their baby only breast milk at the hospital.

CONFIDENCE INTERVALS										
EVENTS	GIFT PACK	BREASTFEEDING INFO	BABY IN ROOM	PACIFIER	BREASTFEEDING NUMBER					
PERCENT	91.7-94.9	86.8-90.8	73.2-78.4	62.4-68.4	54.9-60.9					

CONFIDENCE INTERVALS										
EVENTS BREASTFED WHEN BABY MOTHER MILK AT IN FIRST HOSPITAL WANTED BREASTFED HOSPITAL HOUR										
PERCENT	50.2-56.2	47.5-53.8	44.5-50.8	27.6-33.4	30.1-36.1					



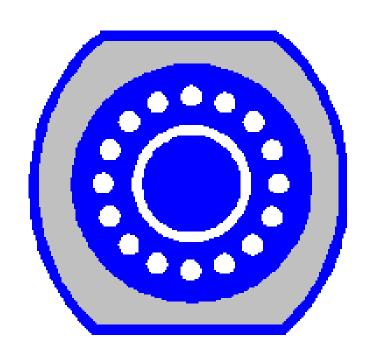
The percent of Alabama mothers receiving breastfeeding information at WIC visits declined steadily from 1996 to 2001. However in 2002, 87.2 percent of mothers reported they were given breastfeeding information by WIC. A goal of WIC is to educate pregnant women on breastfeeding and increase its prevalence among new mothers. The 19.0 percent increase from 2001 to 2002 in the number of mothers reporting breastfeeding education by WIC was a significant increase.

CONFIDENCE INTERVALS										
YEAR	YEAR 1996 1997 1998 1999 2000 2001 2002									
PERCENT         88.3-92.7         87.6-92.2         85.2-90.3         79.3-85.6         71.6-78.7         69.9-76.8         84.3-90.1										

### **Mothers' Breastfeeding Comments**

- "I had to have an emergency C-section. The staff had to put me completely under. They gave my baby one ounce of formula. After I woke up I Breast fed the rest of the time. That is until he was 6 weeks old."
- "It is very important to breastfeed..."
- "I encourage every mother to at least try to breastfeed their new baby. It creates a strong bond between mother and baby. It has a lot of benefits for both of you."
- "I wanted to breast feed 1<sup>st</sup> but they had already given her a bottle."
- "I believe the hospital staff should make an effort to get your baby to you an hour after birth to establish nursing."
- "Being a working mother I decided breast feeding would not be the best option for my baby so my health care provider did not push the issue."
- "I breastfed my first baby until she was 12 months old. I did not introduce juice until she was capable of drinking from a sippy cup. She is now 21 months old and is extremely healthy. She has only had (1) cold and (1) ear infection during this time."
- "Still nursing exclusively & plan to for the first year. I did w/my first child [approximately] 14 months."
- "I wish moms & babies could stay in the hospital for at least a week after delivery! Especially for breastfeeding mothers. This would allow adequate <u>rest</u> and help until the milk comes in and breastfeeding would be established."
- "More mothers need to be encouraged to breastfeed and more of the population needs to support this...A <u>big</u> issue is making employers understand and have them encourage breastfeeding by providing places for mothers to nurse or pump or, better, daycare on site for just babies."
- "I strongly recommend for babies to be breastfed. It reduces the chances of the baby getting sick."
- "My daughter had to be taken by emergency C-section because I had severe pre-eclampsia. Unfortunately, she was 9 weeks too early...She had to stay [in] NICU for six weeks...She has never had anything but breastmilk. I pumped for 10 weeks and she finally learned to do it herself. I'm so proud of her."
- "I didn't breast feed my baby because he was in the NICU...I am pumping for him daily. He is on breast milk. He is healthier for it and has a better complexion."

### Contraception



#### **Mother Not Planning Pregnancy Using Birth** Control at Conception, Alabama PRAMS 2002 (Question #11, 12, & 13 of the PRAMS Survey) **Reasons for Not Using Birth Control** I didn't mind 38.8 Thought I could not get 25.4 pregnant 43.3% 56.7% Husband/Partner did not 22.3 want to use anything **YES** NO Had side effects from 17.5 birth control Thought husband/ 7.4 partner or I was sterile **Problems getting birth** control

In 2002, 56.7 percent of Alabama mothers who did not plan to become pregnant reported they were not using birth control when they became pregnant. The Healthy People 2010 Objective is to increase the proportion of females at risk of unintended pregnancy who use contraception to 100 percent. The main reason stated for not using birth control was that the mother did not mind if she became pregnant (38.8%). A quarter of mothers thought they could not get pregnant. One in five mothers were not using birth control because their husband/partner did not want them to use anything. Five percent had trouble obtaining birth control.

\*Items not mutually exclusive, therefore percentages will not equal 100.

CONFIDENCE INTERVALS											
BIRTH CONTROL	YES	NO	DIDN'T MIND	THOUGHT COULDN'T GET PREGNANT	PARTNER DID NOT WANT	SIDE EFFECTS	THOUGHT STERILE	PROBLEMS GETTING BIRTH CONTROL			
PERCENT	39.2-47.3	52.7-60.8	33.6-43.9	20.8-30.0	17.8-26.7	13.5-21.6	4.8-10.1	3.0-7.8			

#### **Mother Currently Using Birth Control,** Alabama PRAMS 2002 (Question #59 & 60 of the PRAMS Survey) **Reasons for Not Using Birth Control**\* 31.8 Not having sex Don't want to use 30.5 Think I can't get 17.7 pregnant 12.3% 87.7% 16.9 Husband/partner doesn't NO YES want to use 15.0 Want to be pregnant Can't pay for birth control **12.8**

\*Items not mutually exclusive, therefore percentages will not equal 100. \*Number of respondents is less than 20.

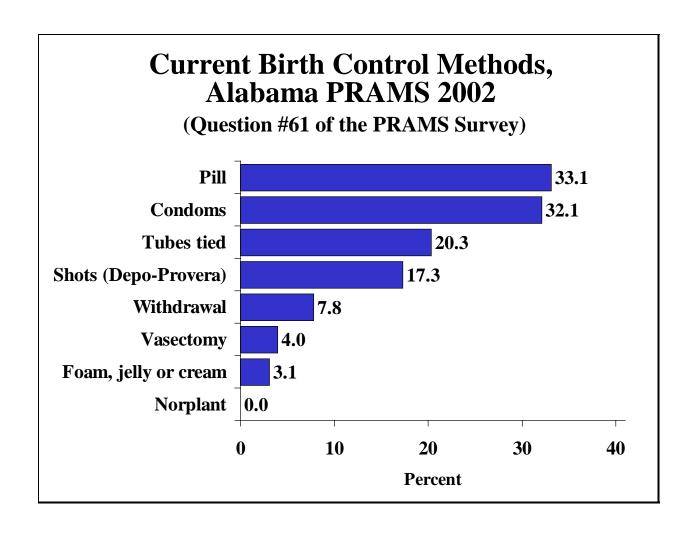
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**Pregnant now** 

The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2002 stated they were currently using some form of contraception. Of those not using birth control at the time of the survey, 31.8 percent said they were not having sex, 30.5 percent did not want to use birth control, 17.7 percent thought they couldn't get pregnant, and 15.0 percent wanted to be pregnant again. Over 7 percent were pregnant again a few months after birth.

CONFIDENCE INTERVALS											
BIRTH CONTROL YES NO NOT HAVING SEX WANT TO USE PREGNANT											
PERCENT	85.7-89.7	10.3-14.3	23.5-40.1	22.4-38.7	11.0-24.3						

CONFIDENCE INTERVALS						
BIRTH CONTROL WANT TO BE PREGNANT CAN'T PAY PARTNER DOESN'T WANT NOW						
PERCENT	8.8-21.2	6.8-18.8	10.3-23.5	3.0-11.5		



The most common birth control methods used by new mothers were the pill (33.1%) and condoms (32.1%). Many mothers, especially those 35 years of age and older, relied on sterilization (tubes tied) as their chosen method of birth control. Depo-Provera was used by 17.3 percent of new mothers and 7.8 percent relied on a natural method (withdrawal) for contraception.

CONFIDENCE INTERVALS							
BIRTH CONTROL METHODS	TUBES TIED	SHOTS					
PERCENT	30.0-36.2	29.0-35.2	17.6-23.0	14.9-19.7			

BIRTH CONTROL METHODS	WITHDRAWAL	VASECTOMY	FOAM, JELLY, CREAM	NORPLANT
PERCENT	6.0-9.6	2.7-5.4	2.0-4.2	NA

### **Mothers' Contraceptive Comments**

- "I didn't know about Family Planning."
- "I was breastfeeding my first child, therefore I didn't think anything about missing a period (3 actually)"
- "After my second child my tubes were to be tied but Medicaid wouldn't cover it because I was 20 years old."
- "I feel that my family & I are more of an exception to many of the norms. I have birth control available to me, however, we are Mormons and our Religion plays a factor."
- Reasons for not using birth control:

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"we don't feel it is necessary at this time. just very careful"
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"Didn't think I could get pregnant at all."

"We tried to be very "careful" & it worked for over a year."

"Did not want to use anything."

"I used homemade birth control techniques"

"We used fertility drugs for over a year to get pregnant the first time so we thought we'd be in the same predicament"

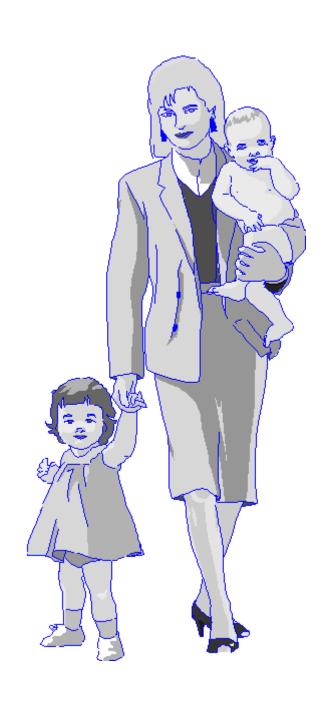
"we were not "trying", but we were not doing anything to prevent, either..."

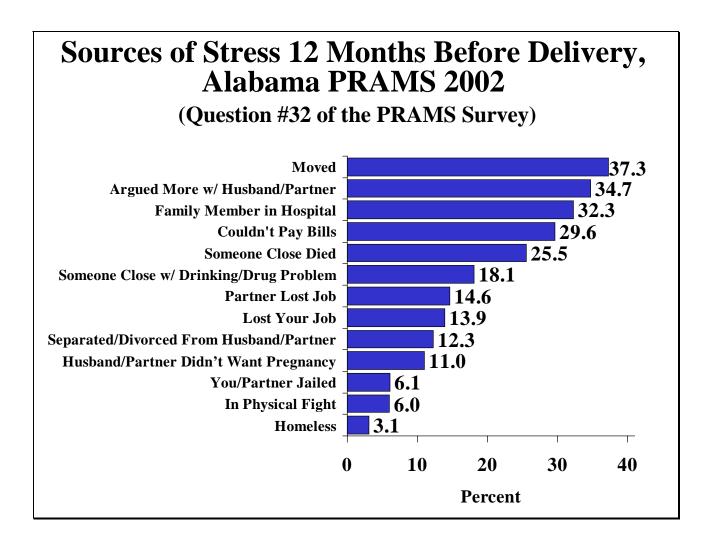
"I was on the pill but I could never remember to take them all the time and I could not do depo [-Provera shots]."

<sup>&</sup>quot;was careless & didn't want to use anything"

<sup>&</sup>quot;got careless"

### Miscellaneous

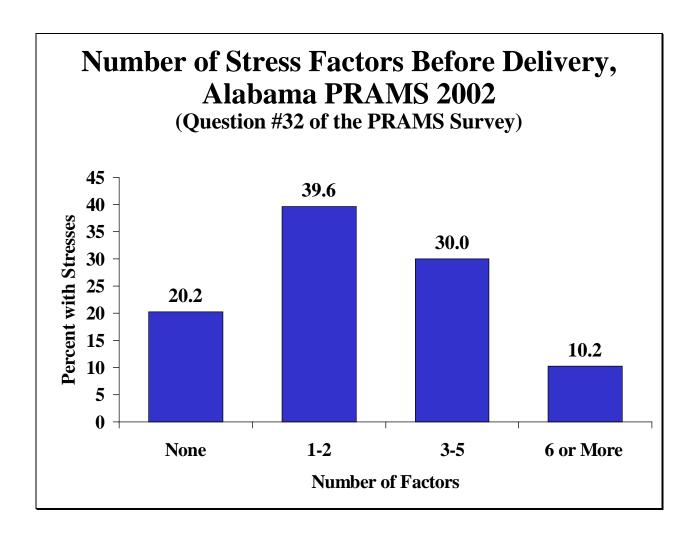




Stressful events experienced during pregnancy could have negative effects on the health of the expectant mother as well as her unborn child. Alabama mothers reported various sources of stress during the 12 months before delivery of their new babies. Almost 40 percent relocated, and a third argued with their partners more than usual. Nearly one-third experienced the illness of a family member. Also, many mothers experienced financial hardships or the death of a loved one.

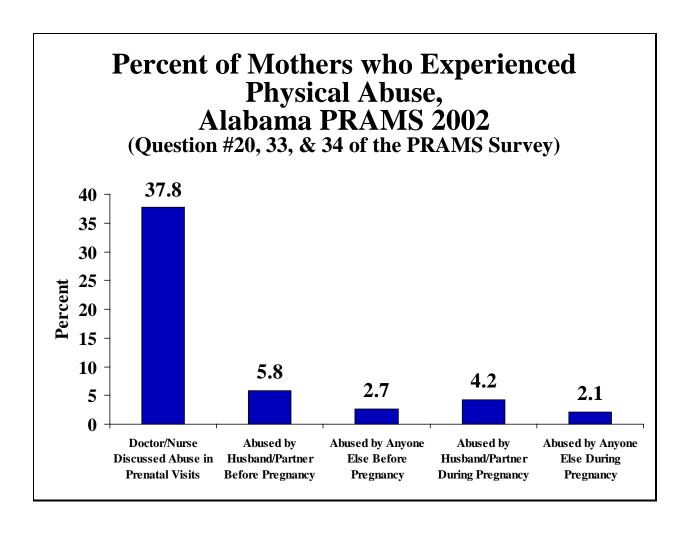
CONFIDENCE INTERVALS							
SOURCES OF STRESS	MOVED	ARGUED MORE W/ PARTNER	MHIMIKHIK	DAVDILLE	CLOSE		
PERCENT	34.3-40.3	31.8-37.5	29.3-35.2	26.7-32.4	22.8-28.2	15.7-20.4	12.5-16.8

CONFIDENCE INTERVALS							
SOURCES OF STRESS	SEPARATED/ DIVORCED	PARTNER DIDN'T WANT	LOST YOUR JOB	IN PHYSICAL FIGHT	YOU/ PARTNER JAILED	HOMELESS	
PERCENT	10.3-14.3	9.1-13.0	11.8-15.9	4.6-7.3	4.7-7.5	1.9-4.3	



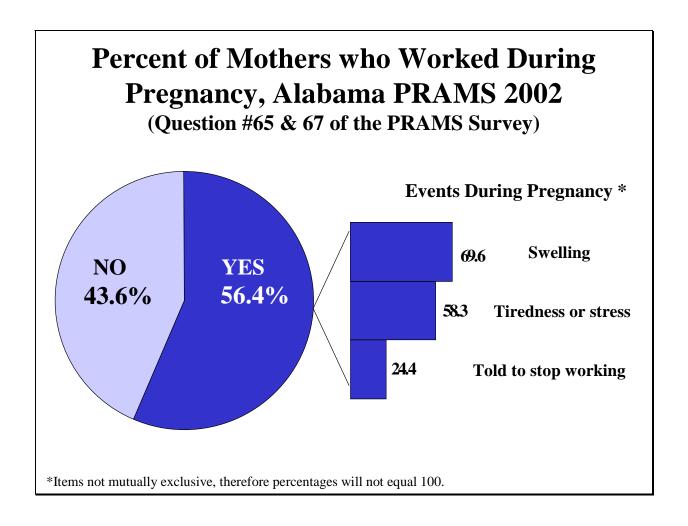
About one-fifth of Alabama mothers reported they did not experience any of the potential sources of stress listed on the previous graph. Almost 40 percent of mothers stated that they experienced one or two of these stress factors, and 30.0 percent experienced three to five of the factors. Ten percent of mothers experienced six or more stress factors during pregnancy.

CONFIDENCE INTERVALS						
NUMBER OF STRESS FACTORS	NONE	1-2	3-5	6+		
PERCENT	17.7-22.6	36.6-42.6	27.2-32.9	8.4-12.0		



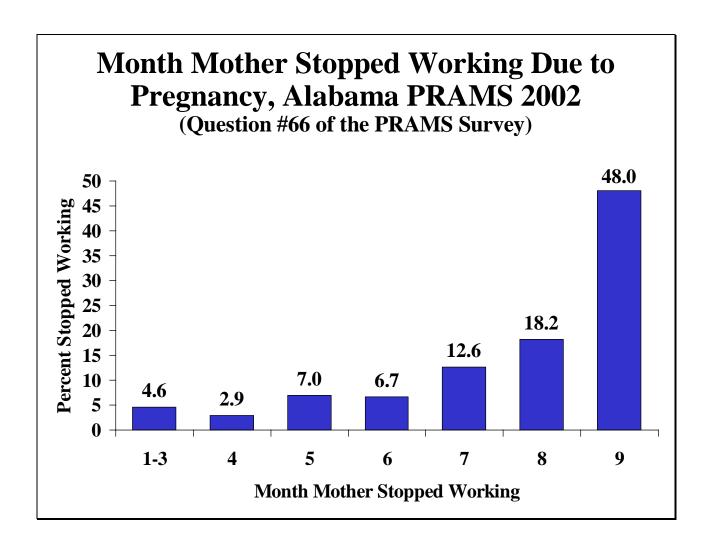
In 2002 in Alabama, 37.8 percent of mothers said a doctor or health care worker talked about physical abuse during their prenatal visits. Before pregnancy, 5.8 percent of mothers experienced abuse by their husband/partner and 2.7 percent were abused by someone other than their husband/partner. The Healthy People 2010 Objective is to reduce the rate of physical assault by current or former intimate partners to 3.3 assaults per 1,000 persons aged 12 years or older, or 0.3 percent. During pregnancy, 4.2 percent of mothers were abused by their husband/partner, while 2.1 percent were abused by someone other than their husband/partner.

CONFIDENCE INTERVALS							
PHYSICAL ABUSE	PRENATAL DISCUSSION	ABUSED BY HUSBAND/PARTNER BEFORE PREGNANCY	ABUSED BY SOMEONE ELSE BEFORE PREGNANCY	ABUSED BY HUSBAND/PARTNER DURING PREGNANCY	ABUSED BY SOMEONE ELSE DURING PREGNANCY		
PERCENT	35.0-40.7	4.4-7.2	1.8-3.6	3.0-5.4	1.3-2.9		



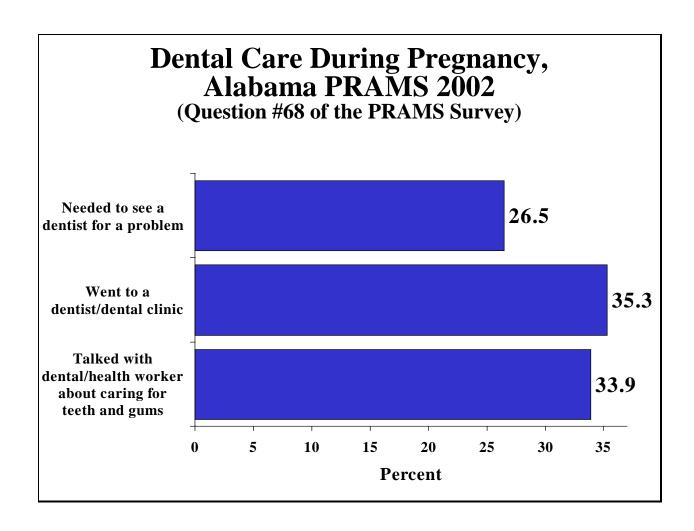
Fifty six percent of Alabama women who gave birth in 2002 worked at least 10 hours per week during pregnancy. The majority of women working experienced swelling during pregnancy, or tiredness or work-related stress. About a quarter of women were told to stop working by their doctor or nurse.

CONFIDENCE INTERVALS							
MOTHERS WHO WORKED/ EVENTS	YES	NO	TIREDNESS OR STRESS	TOLD TO STOP WORKING			
PERCENT	53.4-59.4	40.6-46.6	65.7-73.5	54.1-62.5	20.8-28.1		



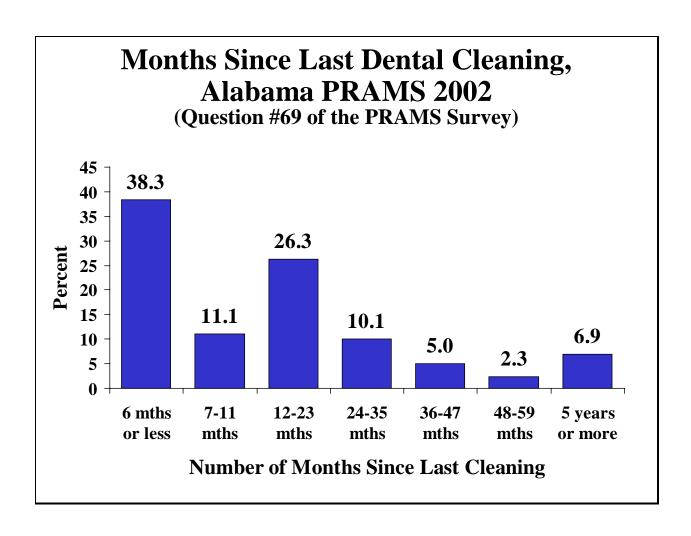
Among mothers who worked during pregnancy, 4.6 percent quit working in their first trimester. Forty eight percent of working pregnant women in Alabama continued to work through the ninth month of their pregnancy.

	CONFIDENCE INTERVALS							
MONTH STOPPED WORKING	1-3	4	5	6	7	8	9	
PERCENT	3.0-6.3	1.5-4.2	4.9-9.2	4.7-8.7	9.9-15.4	14.9-21.5	43.8-52.2	



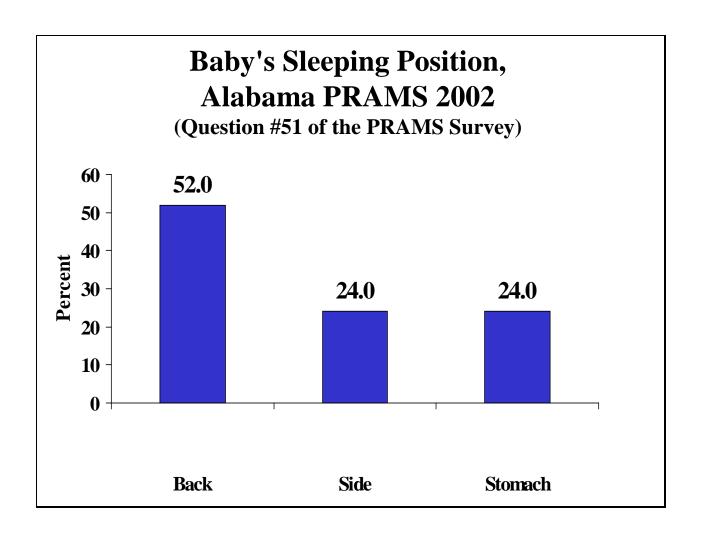
Alabama women were asked about their dental care during pregnancy. Over a quarter of women reported that they needed to see a dentist for a problem during their pregnancy. Over one-third saw a dentist during their pregnancy, and one in three talked with a dental/health care worker about caring for their teeth. All women should have seen a dentist during their pregnancy if they followed the recommended visit schedule of seeing a dentist every 6 months.

CO	CONFIDENCE INTERVALS						
EVENTS DURING PREGNANCY	NEEDED TO SEE DENTIST	SAW A DENTIST	TALKED WITH DENTAL/HEALTI WORKER				
PERCENT	23.7-29.3	32.5-38.2	31.0-36.9				



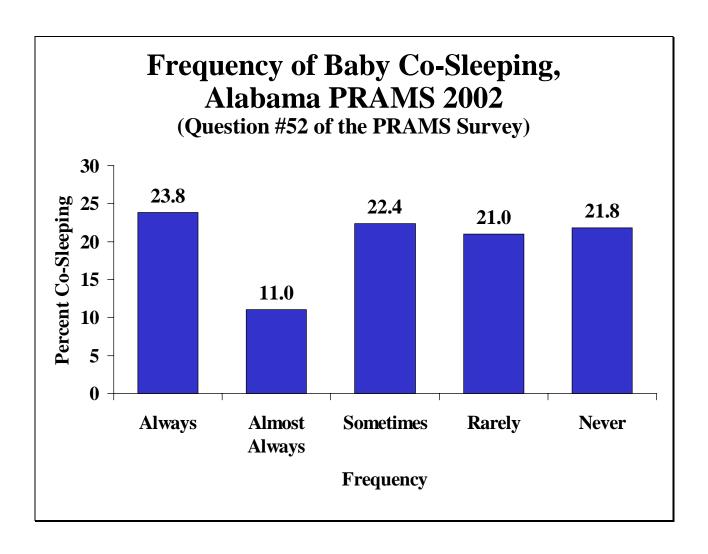
Mothers were asked, "How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?" \_\_\_months. Half of Alabama mothers reported it has been 1 year or longer since their last teeth cleaning. Only 38.3 percent of mothers had their teeth cleaned in the last 6 months.

	CONFIDENCE INTERVALS							
MONTHS SINCE LAST CLEANING		7-11 MONTHS	12-23 MONTHS	24-35 MONTHS	36-47 MONTHS	48-59 MONTHS	5 YEARS OR MORE	
PERCENT	35.1-41.6	8.9-13.2	23.3-29.2	8.0-12.1	3.5-6.4	1.3-3.3	5.3-8.6	



Health providers suggest that placing an infant to sleep on his/her back could reduce the risk of Sudden Infant Death Syndrome (SIDS). The Healthy People 2010 Objective is to increase the percentage of healthy full-term infants who are put down to sleep on their backs to 70 percent. In Alabama in 2002, only 52.0 percent of mothers put babies on their backs for sleeping and 48.0 percent answered they put babies to sleep on their sides or stomachs.

C	CONFIDENCE INTERVALS					
SLEEP POSITION	BACK	SIDE	STOMACH			
PERCENT	48.8-55.3	21.2-26.7	21.3-26.8			



One-third of Alabama mothers stated that their babies always or almost always sleep in the same bed with the mother or someone else, and 22.4 percent sometimes allow their baby to co-sleep. Only 21.8 percent never allow their baby to co-sleep. Health care providers recommend infants sleep in their cribs or beds to reduce the risk of accidental injury or suffocation.

CONFIDENCE INTERVALS						
FREQUENCY OF COSLEEPING	RARELY	NEVER				
PERCENT	21.1-26.4	9.0-13.0	19.7-25.1	18.5-23.7	19.2-24.4	

# Mothers' Miscellaneous Comments

- "New mothers need to be more prepared for the <u>emotional</u> aspects of being a new mother..Also I feel a [check]list for new mothers would be helpful...they could put on frig to remind them about well-baby appt! + tips!"
- "Emotionally and verbal [abuse] hurt just as much as physical if not more"
- "Mothers need dental care while they are pregnant..."
- "All mothers should (mandatory) be tested for Group B Strep!"
- "I had a lot of problems with my teeth, and I could not afford to go to the dentist."
- "During my pregnancy I needed to see an eye doctor and dentist but Medicaid would not pay for that. Now my eye sight is terrible and my teeth are awful."
- "It is very important for mothers to take vitamins before during and after there pregnancies."
- "I see too many babies & toddlers not in car seats when in a vehicle."
- "To teach them[mothers]how to wear a seat belt! (while pregnant)"
- "If you have high blood pressure & your doctor does not seem to be getting it down find you another doctor as soon as possible."
- "I would just like to tell all the single mothers like myself, don't give up. There are a lot of thing that will stress you out. But just think about the precious baby that's about to come into your life and use that as motivation and strength. And always put God first because he is all that you need to make it."
- "Hospital and Health care provider should talk more to mother about stress. They should [provide] mother with helpline #'s, and office or group talk to discuss the heatlh of having a baby and the care after."
- "I think there needs to be more awareness of gestational diabetes."
- "After losing my child I haven't dealt with it very good at all...I believe mothers should have counciling after such terror. My husband as well. We don't know how to deal with it."
- "I needed to see a dentist but don't have any money too."

# **Technical Notes**



## **Survey Questions**

The PRAMS survey was developed by representatives of several states and researchers from the Centers for Disease Control and Prevention (CDC). The methodology generally follows techniques developed by Donald Dillman and outlined in his book, *Mail and Telephone Surveys: The Total Design Method*. Great care was used in designing the questions and in making them as non-threatening as possible to the respondent. All questions were worded so that a person with a ninth grade reading level should be able to easily comprehend them.

There is a set of core questions in the survey that are included in questionnaires from all states participating in the PRAMS project. A set of state-specific questions are included in questionnaires if each PRAMS state chooses to include them. A few questions were developed by the Alabama PRAMS Steering Committee and the Alabama PRAMS staff with the assistance of CDC staff.

The major objective of the project is to provide data for planners so that they can target and evaluate programs designed to improve the health of mothers and babies. The data in this report have been presented in a format which is easily useable and understandable by policy makers.

A significant feature of the PRAMS survey is that numerous attempts are made to contact each mother selected for the survey. Mothers are mailed up to three questionnaires at one week intervals. If the mother does not respond to the mailings, then up to fifteen attempts are made to contact her by telephone. These numerous attempts are helpful in reaching the required 70% overall response rate for statistical reliability.

The survey has gone through three revisions, or phases, since Alabama began using the PRAMS survey: 1993 to 1995 data were gathered in the Phase 2 survey; 1996 to 1999 data were gathered from the Phase 3 survey; and in 2000, the Phase 4 survey began. In 2002, a slight revision was made to Phase 4. Changes in the wording of a question from one phase to another, such as the breastfeeding question, are noted in the chart.

# Weighting

Statistics in this report are based on weighted data. The weights were developed by CDC to adjust for nonresponse and noncoverage to give unbiased estimates of population parameters. The first element of the weight is the sampling weight which is the reciprocal of the sampling fraction for each stratum. The second element is a nonresponse adjustment factor. Finally, the third element is a sampling frame noncoverage weight which reflects a less than 0.1 percent rate of omission from the sampling frame. The resulting sampling weight used in analysis of the survey data is the product of these three elements and includes an adjustment for nonresponse and noncoverage\*.

The nonresponse portion of the sampling weight was developed through a logistic regression analysis of variables related to nonresponse performed by CDC staff. These variables included mother's marital status, race, age, and education. The adjustment reflects the inclination of women possessing certain characteristics to repond at different rates than women not possessing those characteristics. For example, the response rate for married women is higher than that for unmarried women.

<sup>\*</sup> For 2001, there was no adjustment for noncoverage.

#### **Calculation of Confidence Intervals**

The 95% confidence intervals (CI) presented at the bottom of each page were computed using the formula [CI = percent +/- (1.96 x standard error)]. Percents and standard errors were calculated using the SAS and SUDAAN statistical packages provided by CDC. The confidence intervals are included to determine significance of trends. Generally, for simple univariate percentages, the standard errors should be reasonably small. However, for cross-classifications involving several variables, cell frequencies can be quite small and the standard errors quite large, resulting in a large confidence interval around the estimate.

#### Limitations

Because the mother is first contacted two to four months after giving birth, her responses may be subject to recall bias. She may have forgotten certain dates or what was discussed during pregnancy. Some questions ask the mother to remember up to 12 months before she became pregnant. The mother may also not respond truthfully if the question is asking about events that may not be socially acceptable; ie. smoking, drinking, use of birth control.

# The Sample

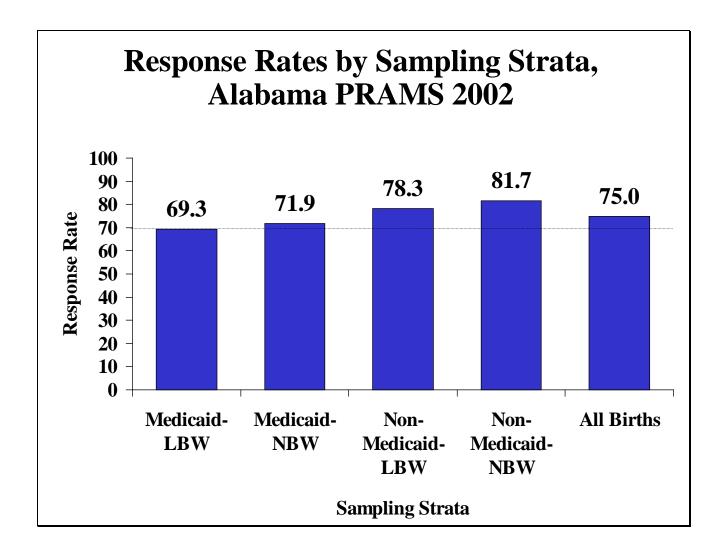
Each month approximately 180-200 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into four strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight. Women in each of these strata have a different probability of being chosen. Samples are selected so that roughly equal numbers of women are chosen from each strata. The odds of being selected in 2001 were approximately as follows:

Medicaid low birth weight	1:5
Medicaid normal birth weight	1:40
Non-Medicaid low birth weight	1:5
Non-Medicaid normal birth weight	1:54

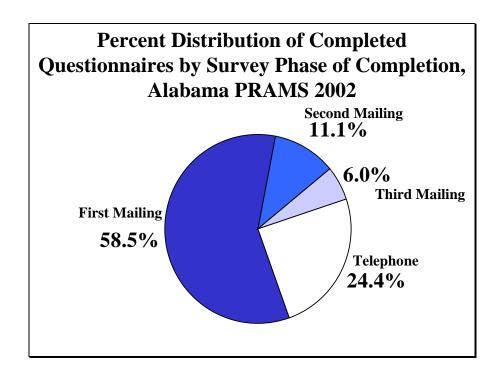
Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

Strata were chosen to allow for oversampling of mothers who give birth to low birth weight babies and mothers whose birth was paid for by Medicaid. Both low birth weight births and Medicaid births are of special interest to the state of Alabama. Oversampling allows for large enough numbers of births that are low birth weight and Medicaid to be able to perform analyses.

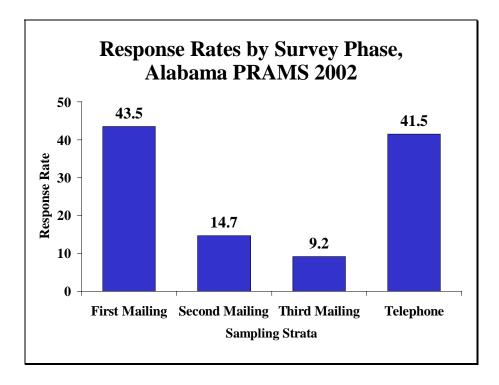
# **Response Rates**



As a rule of thumb, CDC requires at least 400 completed questionnaires and a response rate of 70 percent in a stratum before the data are considered statistically reliable. The response rates for four of the strata were above 70 percent in 2002, except for low birth weight Medicaid which was slightly below.



The majority of completed questionnaires are received as a result of the initial mailing (58.5%). The second mailing accounts for 11.1 percent of the completed questionnaires, and 6.0% of the surveys are returned as a result of the third mailing. Telephone interviews account for 24.4% of the total completed questionnaires.



Of all the women who were sent the first mailing, 43.5 percent responded. The second mailing had a 14.7 percent response rate. The response rate for the third mailing was only 9.2 percent. Of those who entered the phone phase, 41.5 percent completed the questionnaire over the telephone. One source of bias in the survey is the possibility that mothers may answer some of the questions differently depending upon whether they respond by mail or telephone.

# PRAMS Survey Questions



First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1.	Just before you got pregnant, did you have health insurance? (Do not count Medicaid.)
	No Yes
2.	Just before you got pregnant, were you on Medicaid?
	No Yes
3.	In the month <i>before</i> you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?
	I didn't take a multivitamin at all 1 to 3 times a week 4 to 6 times a week Every day of the week
1	What is your date of birth?
	Month Day Year
5.	Just before you got pregnant, how much did you weigh?
-	Pounds OR Kilos  How tall are you without shoes?
0.	How tall are you without snoes?
	Feet Inches
	OR Centimeters
7.	Before your new baby, did you ever have any other babies who were born alive?
	No — Go to Question 10 Yes
8.	Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?
	No Yes
9.	Was the baby just before your new one born <i>more</i> than 3 weeks before its due date?
	No Yes
10	. Thinking back to just before you got pregnant, how did you feel about becoming pregnant?
	I wanted to be pregnant sooner I wanted to be pregnant later I wanted to be pregnant then I didn't want to be pregnant then or at any time in the future

11. When you got pregnant with your new baby, were you trying to become pregnant?
No Yes → Go to Question 14
12. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)
No Yes → Go to Question 14
13. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?
Check <u>all</u> that apply
I didn't mind if I got pregnant I thought I could not get pregnant at that time I had side effects from the birth control method I was using I had problems getting birth control when I needed it I thought my husband or partner or I was sterile (could not get pregnant at all) My husband or partner didn't want to use anything Other  Please tell us:
The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)
<b>14.</b> How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)
Weeks OR Months  I don't remember  15. How many weeks or months pregnant were you when you had your first visit for
<b>prenatal care?</b> (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)
Weeks OR Months  I didn't go for prenatal care

16. Did you got propotal care as early in your programmy as you wanted?
16. Did you get prenatal care as early in your pregnancy as you wanted?
No
Yes Go to Question 18
I didn't want prenatal care
17. Did any of these things keep you from getting prenatal care as early as you wanted?
Check <u>all</u> that apply
I couldn't get an appointment earlier in my pregnancy
I didn't have enough money or insurance to pay for my visits
I didn't know that I was pregnant
I had no way to get to the clinic or doctor's office The doctor or my health plan would not start care earlier
I didn't have my Medicaid card
I had no one to take care of my children
I had too many other things going on
Other — Please tell us:
<del></del>
If you did not go for prenatal care, go to Page
4, Question 22.
i) Question 221
18. Where did you go most of the time for your prenatal visits? (Do not include visits for
WIC.)
Check one answer
Hospital clinic
Health department clinic
Private doctor's office or HMO clinic
Community health center
Military facility Other → Please tell us:
Outer — Fredse ten us.
19. How was your prenatal care paid for?
Cheek one enewer
Check <u>one</u> answer
Medicaid
Personal income (cash, check, or credit card)
Health insurance or HMO
Military
Health department
Other Please tell us:
<del></del>

talked with you about it or circle <b>N</b> (No) if no one talked with you about it.	No	Yes
How smoking during pregnancy could affect your baby	. N	Y
Breastfeeding your baby	. N	Y
How drinking alcohol during pregnancy could affect your baby		Y
Using a seat belt during your pregnancy	. N	Y
Birth control methods to use after your pregnancy	. N	Y
Medicines that are safe to take during your pregnancy		Y
How using illegal drugs could affect your baby		Y
Doing tests to screen for birth defects or diseases		
that run in your family	. N	$\mathbf{Y}$
What to do if your labor starts early		Y
Getting your blood tested for HIV (the virus that causes AIDS)		Y
Physical abuse to women by their husbands or partners		Y

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

How many pounds did he or she recommend you gain?

22.	2. During your pregnancy, were you on WIC	(the Special Supplemental Nutrition
	Program for Women, Infants, and Children	n)?

No

No

Yes

Pounds

Yes

23. Did you have any of these problems during your pregnancy? For each item, circle Y (Yes) if you had the problem or circle N (No) if you did not.		
( 17, )	No	Yes
a. Labor pains more than 3 weeks before your baby was due		
(preterm or early labor)	. N	Y
b. High blood pressure (including preeclampsia or toxemia)		
or retained water (edema)		Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta	<b>N</b> T	<b>▼</b> 7
(such as abruptio placentae, placenta previa)		Y Y
e. Severe nausea, vomiting, or dehydration		Y
g. Kidney or bladder (urinary tract) infection.		Y
h. Water broke more than 3 weeks before your baby was due	11	•
(premature rupture of membranes, PROM)	Ν	Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)		Y
j. You were hurt in a car accident		Y
·		
If you did not have any of these problems, go to		
Question 25.		
24. Did you do any of the following things because of these problem(s)?		
Check <u>all</u> that apply		
I went to the hospital or emergency room and stayed less than 1 day		
I went to the hospital and stayed 1 to 7 days		
I went to the hospital and stayed more than 7 days		
I stayed in bed at home more than 2 days because of my doctor's or nurse's advice		
The next questions are about smoking cigarettes and drinking alcohol.		
25. Have you smoked at least 100 cigarettes in the past 2 years? (A pack has 20 cigarettes.)		
No - Go to Page 6, Question 29		
Yes		
26. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did		
you smoke on an average day? (A pack has 20 cigarettes.)		
Cigarettes OR Packs		
Cigarettes OK Facks		
Less than 1 cigarette a day		
I didn't smoke		
I don't know		
27. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did		
you smoke on an average day?		
Cigarettes OR Packs		
Less than 1 cigarette a day		
I didn't smoke		
I don't know		

28. How many cigarettes or packs of cigarettes do you smoke on an average day now?			
26. How many tigarettes of packs of tigarettes do you smoke on an average day now:			
Cigarettes OR Packs			
Less than 1 cigarette a day			
I don't smoke			
I don't know			
2 451 ¢ 1115 H			
29. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine			
cooler, can or bottle of beer, shot of liquor, or mixed drink.)			
No Go to Question 32			
Yes			
20 a Duning the 2 months to four year act masses to how many clashelic driving did non-			
30. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?			
nave in an average week:			
I didn't drink then			
Less than 1 drink a week			
1 to 3 drinks a week			
4 to 6 drinks a week			
7 to 13 drinks a week			
14 drinks or more a week			
I don't know			
b. During the 3 months before you got pregnant, how many times did you drink 5			
alcoholic drinks or more in one sitting?			
Times			
I didn't drink then			
I don't know			
Tuon t Know			
31 a. During the <i>last 3 months</i> of your pregnancy, how many alcoholic drinks did you have in an average			
week?			
I didn't drink then			
Less than 1 drink a week 1 to 3 drinks a week			
4 to 6 drinks a week			
7 to 13 drinks a week			
14 drinks or more a week			
I don't know			
b. During the last 3 months of your pregnancy, how many times did you drink 5			
alcoholic drinks or more in one sitting?			
Times			
I didn't drink then			
I don't know			

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

34.	your new baby was born. For each item, circle Y (Yes) if it happened to you or circle N (No) if it did not. (It may help to use the calendar.)
a. b. c. d. e. f. g. h. i. j. k. l. m.	A close family member was very sick and had to go into the hospital
33	a. During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?
	No Yes
	b. During the 12 months before you got pregnant, did anyone else physically hurt you in any way?
34.	No Yes  a. During your most recent pregnancy, did your husband or partner push, hit, slap,
	kick, choke, or physically hurt you in any other way?
	No Yes
	b. During your most recent pregnancy, did anyone else physically hurt you in any way?  No
	No Yes
	e next questions are about your labor and delivery. (It may help to look at the calendar when you answer se questions.)
35.	When was your baby due?
	Month Day Year

36 V	36 When did you go into the hospital to have your baby?				
-	Month	Day	Year		
	I didn't	have m	y baby in a hospita	1	
37. V	When was y	our bab	y born?		
-	Month	Day	Year		
			<b>charged from the h</b> ne calendar.)	ospital after your baby was born?	
<del>-</del>	Month	Day	Year		
	I didn't	have m	y baby in a hospita	1	
39.	After your	baby wa	s born, was he or s	he put in an intensive care unit?	
	No				
	Yes I don't	know			
40.	After your	baby wa	s born, how long d	id he or she stay in the hospital?	
	Less than 24 hours (Less than 1 day) 24–48 hours (1–2 days)				
	3 days 4 days				
	5 days 6 days or more				
	My baby was not born in a hospital  My baby is still in the hospital				
44 7					
41. 1	How was yo		ery paid for? eck <u>all</u> that apply		
		Cii	cck <u>an</u> that apply		
	Health Militar	al incom insuranc	e (cash, check, or c ce or HMO nent	redit card)	
			ease tell us:	_	
The next questions are about the time since your new baby was born.					
42. What is today's date?					
	Month	Day	Year		

43. Is your baby alive now?
No
oo to Question ie
44. When did your baby die?
Month Day Year
Go to Page 11, Question 58
45. Is your baby living with you now?
No Yes Go to Page 11,Question 58
46. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?
No Go to Page 10, Question 50 Yes
47. Are you still breastfeeding or feeding pumped milk to your new baby?
No Yes → Go to Question 49
48. How many weeks or months did you breastfeed or pump milk to feed your baby?
Weeks OR Months
Less than 1 week
<b>49.</b> How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)
Weeks OR Months
My baby was less than one week old I have not fed my baby anything besides breast milk
If your baby is still in the hospital, go to Question 58.
50. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?
Hours
Less than one hour a day My baby is never in the same room with someone who is smoking

51. How do you <i>most often</i> lay your baby down to sleep now?		
Check one answer		
On his or her side On his or her back		
On his or her stomach		
On his of her stomach		
52. How often does your new baby sleep in the same bed with you or anyone else?		
Always		
Almost always Sometimes		
Rarely		
Never		
53. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?		
No Go to Question 55 Yes		
Yes		
54. Was your new baby seen at home or at a health care facility?		
54. Was your new baby seen at nome of at a nearth care facinty.		
At a doctor's office, clinic, or other health care facility		
55. Has your baby had a well-baby checkup?		
and the same of th		
No Co to Ouestion 58		
No Go to Question 58 Yes		
56. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It		
may help to use the calendar.)		
Times		
57. Where do you usually take your baby for well-baby checkups?		
Check one answer		
CHOCK DATE WILD HOT		
Hospital clinic		
Health department clinic		
Private doctor's office or HMO clinic		
Community health center		
Military facility		
Other — Please tell us:		
<del></del>		

The next few questions are about the time after you gave birth to your new baby and things that may have happened after delivery.

58. After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?

No

Yes

**59.** Are you or your husband or partner doing anything *now* to keep from getting pregnant? (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

No
Yes → Go to Page 12, Question 61

60. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check <u>all</u> that apply, then go to Page 12, Question 62.

I am not having sex
I want to get pregnant
I don't want to use birth control
My husband or partner doesn't want to use anything
I don't think I can get pregnant (sterile)
I can't pay for birth control
I am pregnant now
Other — Please tell us:

61. What kind of birth control are you or your husband or partner using now to keep from getting pregnant?

Tubes tied (sterilization)
Vasectomy (sterilization)
Pill
Condoms
Foam, jelly, cream
Norplant®
Shots (Depo-Provera®)

Withdrawal
Other → Please tell us:

\_\_\_\_\_

The next questions are about your family and the place where you live.

62.	which rooms are in the	house, apartment, or trailer v	nere you live?
		CI T T T	٦
		Check <u>all</u> that apply	
	Living room		
	Separate dining room	m	
	Kitchen		
	Bathroom(s)	n on family noom	
	Recreation room, de Finished basement	n, or family room	
	Bedroom — He	ow many?	
63.	<b>Counting yourself, how</b>	many people live in your hous	e, apartment, or trailer?
	Adults (people ago	ed 18 years or older)	
	Babies, children, o	or teenagers (people aged 17 y	ears or younger)
64.	What were the sources of	of your household's income du	ring the past 12 months?
		Check <u>all</u> that apply	
	Paycheck or money		W (TANT)
			ilies (TANF), welfare, public assistance, general
	Unemployment bene	nps, or Supplemental Security	Income
	Child support or ali		
		kers' compensation, veteran b	enefits, or pensions
		ess, fees, dividends, or rental i	
	Money from family		
	Other → Please t	ell us:	
On	the last few nages, there	are questions on a variety of t	opics. Your answers should be for your most
		ncy leading up to that birth.	opies. Tour answers should be for your most
	v	iej reading up to that are the	
<b>65.</b>	Did you work for pay fo	r at least 10 hours per week d	uring your pregnancy?
	No - Go to	Question 68	
	Yes	Question 00	
66.	What was the last month more per week?	n of your pregnancy that you	worked for pay for 10 hours or
	more per week.		
	First, second, or thin	d month	
	Fourth month		
	Fifth month		
	Sixth month		
	Seventh month		
	Eighth month		
	Ninth month		

67.	Did any of these things happen to you during your pregnancy. For each thing, circle Y			
	(Yes) if it did happen to you or circle N (No) if it did not.			
	No Yes			
a.	My doctor or nurse told me to stop going to work			
b.	I had tiredness or work-related stress N Y			
c.	I had swelling in my ankles, hands, face, or elsewhere N Y			
68.	This question is about the care of your teeth during your most recent pregnancy. For each thing, circle Y (Yes) if it is true or circle N (No) if it is not true.			
	No Yes			
a.	I needed to see a dentist for a problem			
b.	I went to a dentist or dental clinic			
c.	A dental or other health care worker talked with me about how			
•	to care for my teeth and gums			
69.	How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?			
	Months			
If y	ou did not go for prenatal care, go to Page			
	Question 71.			
70. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk to you about how HIV (the virus that causes AIDS) could affect your baby?				
	No			
	Yes			
	165			
If	your baby is not alive, or is not living with			
	ou, go to Page 15.			
	your baby was not born in the hospital, go to uestion 72.			

71.	This question asks about things that may have happened at the hospital where new baby was born. For each item, circle Y (Yes) if it happened or circle N (No)	•				
	did not happen.	, 11 10				
	No	Yes				
a.	Hospital staff gave me information about breastfeeding	Y				
b.	My baby stayed in the same room with me at the hospital	Y				
c.	I breastfed my baby in the hospital	Y				
d.	I breastfed my baby in the first hour after my baby was born	Y				
e.	Hospital staff helped me learn how to breastfeedN	Y				
f.	My baby was fed only breast milk at the hospital	Y				
g.	Hospital staff told me to breastfeed whenever my baby wantedN	Y				
h.	The hospital gave me a gift pack with formulaN	Y				
i.	The hospital gave me a telephone number to call for					
	help with breastfeedingN	Y				
j.	My baby used a pacifier in the hospitalN	Y				
•						
Tf	you were not on WIC during your most					
	ecent pregnancy, go to Question 73.					
	programmely, go to Question for					
72.	When you went for WIC visits before your baby was born, did you receive in	formation on breastfeeding?				
	No					
	Yes					
73.	Since your new baby was born, have you used WIC services for your new bab	py?				
	No					
	Yes					
	165					
74.	How old was your baby when he or she went for his or her first well-baby che	eckup?				
	Weeks old					
	Less than 1 week					
	My baby has never had a well-baby checkup					
	my baby has hever had a wen-baby eneckup					
P	lease use this space for any additional comments you would like to make about	the health of mothers and				
-	babies in Alabama.					

Alabama Department of Public Health



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