

## PRAMS Surveillance Report Alabama 2003

Alabama Department of Public Health

Center for Health Statistics



### PRAMS Surveillance Report Alabama 2003

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

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### PRAMS SURVEILLANCE REPORT ALABAMA 2003

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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 56,472 live births that occurred in Alabama in 2003 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 2003, 1,492 questionnaires were completed from the 2,105 sampled. The response rate was 70.9 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.

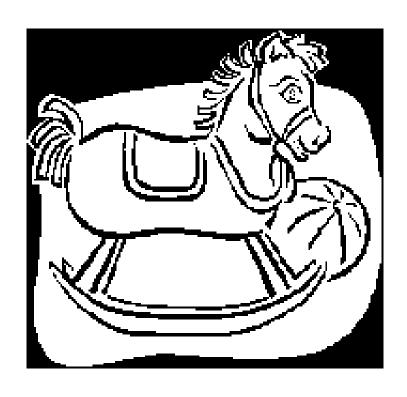
### 2003 PRAMS Surveillance Report Highlights

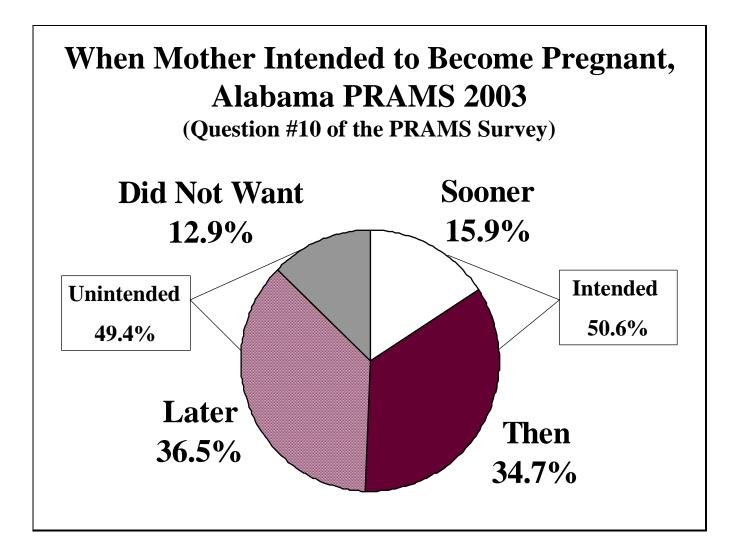
- 49.4 percent of Alabama births in 2003 were unintended.
- 63.9 percent of Alabama mothers did not take any multivitamins before becoming pregnant.
- In 2003, 27.3 percent of mothers smoked 100 cigarettes or more in the past two years, which was basically unchanged from 2002 when 27.8 percent reported the same level of smoking.
- 13.3 percent of Alabama mothers indicated they continued smoking during pregnancy.
- In 2003, 4.6 percent of Alabama mothers drank alcoholic beverages on a weekly basis during the last three months of pregnancy.
- 72.5 percent of Alabama mothers reported having a medical problem, such as nausea or vomiting, preterm labor, high blood pressure, kidney or bladder infections, vaginal bleeding, or diabetes during pregnancy.
- 57.1 percent of Alabama mothers participated in the Supplemental Food Program for Women, Infants, and Children (WIC) during pregnancy.
- In 2003, 57.9 percent of Alabama mothers initiated breastfeeding their infants.
- 54.7 percent of Alabama women who did not plan to become pregnant reported using no birth control when they became pregnant.
- At the time of the survey (postpartum), 88.9 percent of mothers were using some form of birth control.
- 35.5 percent of Alabama mothers reported they argued more than usual with their husband or partner during their pregnancy.
- 5.5 percent of mothers reported physical abuse by their husband or partner during their pregnancy.
- In 2003, 56.4 percent of Alabama women worked at least ten hours per week while pregnant.
- 50.1 percent of working pregnant women continued to work through the ninth month of their pregnancy.
- One in five Alabama mothers reported needing to see a dentist for a problem during their pregnancy.
- 54.4 percent of Alabama mothers lay their babies on the back for sleeping.

### **Mothers' General Comments**

- "For two weeks after I had my baby I felt down, not because of my baby though. I love her more than anything in the world. It's amazing how much you can love someone the first time you hold them."
- "Mothers who have preterm babies need that extra emotional support from family and friends as well as being educated on preterm babies."
- "A husband and father is essential for a child's development. I simply could never take the place of my husband."
- "I think that people should help mothers that have health issues and make a book about how to make moms feel better about themselves; that they can have children and raise them."
- "Both my pregnancies and deliveries were perfect. I did all that was asked of me by my doctor. I take my baby to all check-ups and follow his doctor's advice. He so far is very healthy."
- "I think if you are not ready to be a full time mother Don't have babies until you are willing to be with them all the time."
- "When you find out you are pregnant get prenatal care as soon as possible take care of yourself, your body, eat and eat right. Do not smoke or do drug or drink alcohol. You could hurt yourself and more importantly the life of your unborn child."
- "Giving a Life is special, but giving two is a BIG BLESSING."
- "Thanks so much for this opportunity to help others."
- "I believe there should be more awareness though for teen pregnancy. I have seen many children with unhealthy children."
- "It would be nice to hear more about proper nutrition for infants and children. Info on how good eating habits are established at a young age and which foods and drinks are not recommended for regular use. Examples: sodas, fried foods, etc."
- "If you start to bleed, don't take it lightly no matter what your doctor tells you. you have pain go straight to the hospital....no matter what."
- "Please let people know that once you learn that your pregnant, your body no longer belongs to you, it belongs to that beautiful life inside you."
- "Every woman in Alabama should be very careful about their choices in life. Have a safe pregnancy."

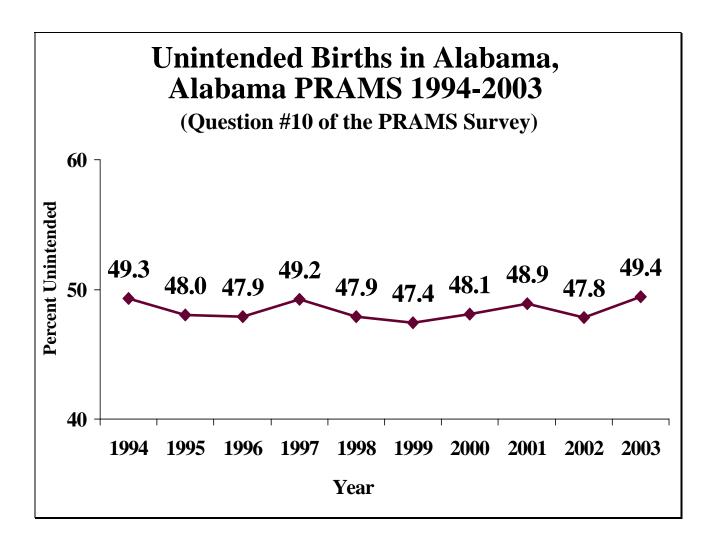
## Intendedness Of Births





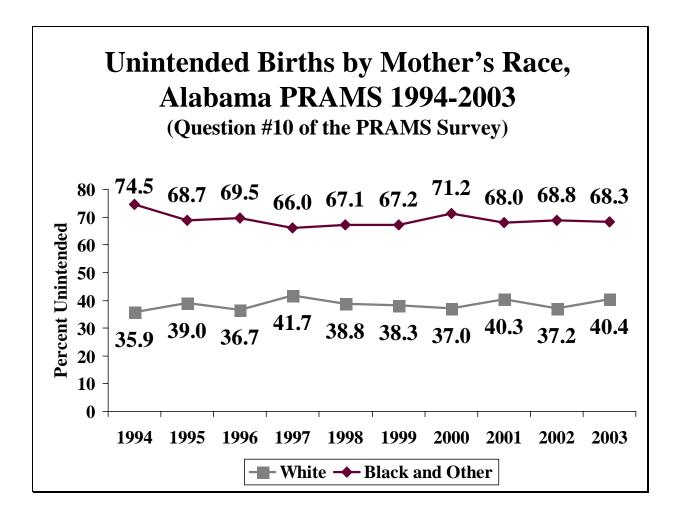
Over one-third of Alabama mothers said they wanted to be pregnant *LATER*, while 12.9 percent said they *DID NOT WANT* to be pregnant at all. The responses *LATER* and *DID NOT WANT* are combined to form the category unintended. In 2003, 49.4 percent of births were unintended. On the other hand, 15.9 percent of Alabama mothers wanted to be pregnant *SOONER*, and 34.7 percent wanted to be pregnant *AT THE TIME* of conception. Therefore, 50.6 percent of births were planned or intended in 2003. 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	13.7-18.4	31.8-37.8	33.5-39.6	10.9-15.2	46.3-52.5	47.6-53.7					



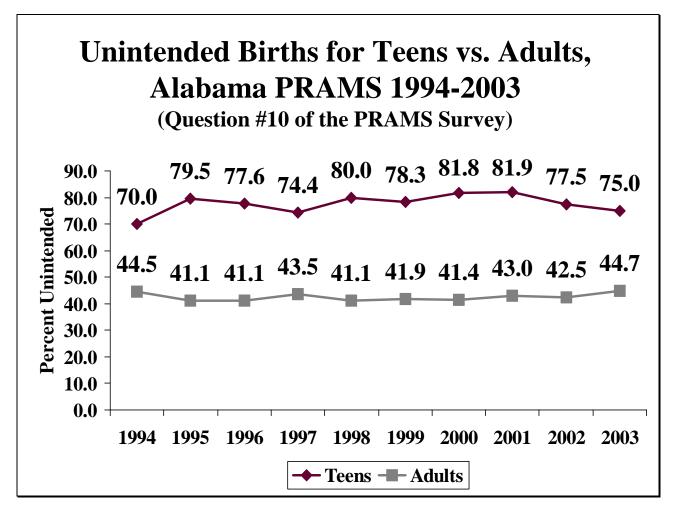
Alabama mothers reporting unintended births during the past ten years remained at slightly less than half. The difference from year to year is not statistically significant.

	CONFIDENCE INTERVALS											
YEAR 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003												
PERCENT UNINTENDED	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	46.3-52.5		



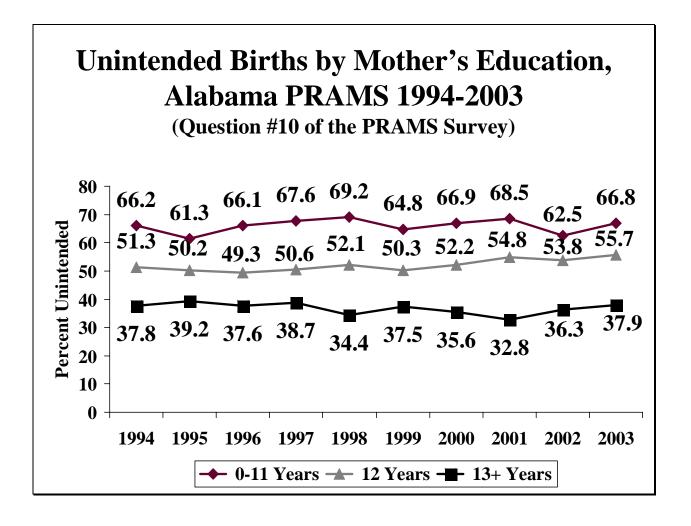
The percent of unintended births has been considerably higher among black and other race women than among white women since 1994. From 1994 to 2003, there was a 8.3 percent decrease in unintended births among black and other race women, whereas among white women, there was an increase of 12.5 percent in unintended births. The percent change in both populations was not statistically significant.

	CONFIDENCE INTERVALS											
YEAR/ RACE	1994 1995 1996 1997 1998 1999 2000 2001 2002 200											
WHITE	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	36.6-44.3		
BLACK & OTHER	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	62.9-73.3		



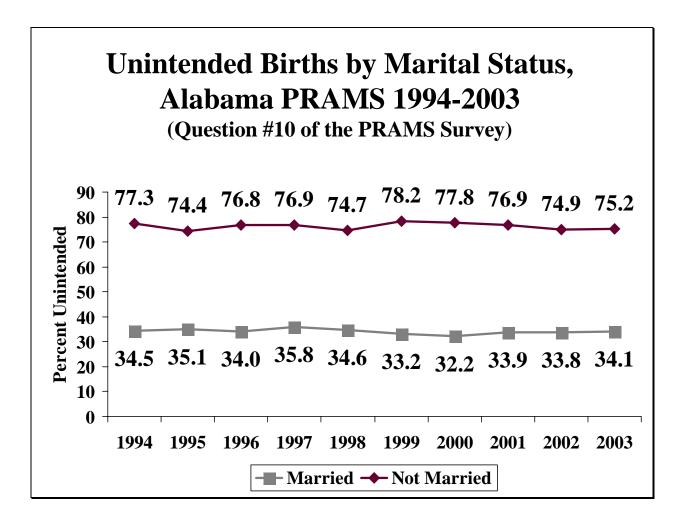
An inverse correlation exists between unintended births and maternal age. Teens, 10 to 19 years of age, have a higher percentage of unintended pregnancies than adult women. One possible explanation for this trend is that older women are more capable of controlling the timing and spacing of pregnancies than are teenagers. In 2003, 75 percent of teenage mothers did not intend to give birth, a decline of 3.2 percent from 2002. The percentage of unintended births to adult women increased by 5.2 percent from the previous year. Neither change was statistically significant.

	CONFIDENCE INTERVALS												
YEAR/ AGE	-   1994   1995   1996   1997   1998   1999   2000   2001   2002   2003												
TEENS	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	66.9-81.6			
ADULTS	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	41.3-48.1			



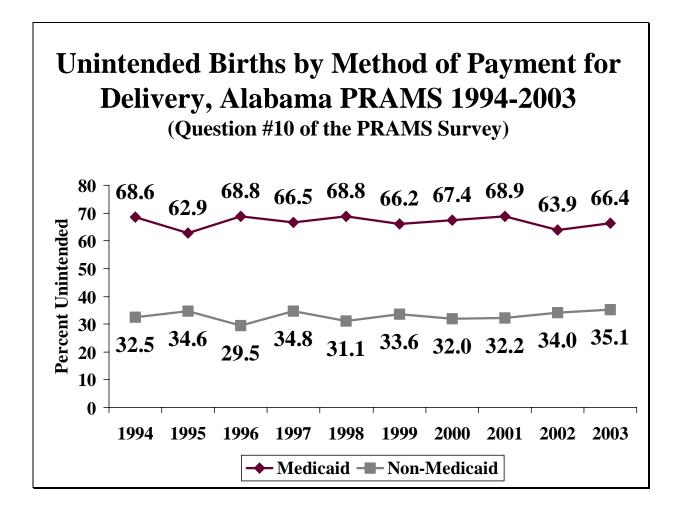
An inverse correlation exists between unintended births and a mother's education, or as the amount of formal education increases, the percent of unintended births decreases. In 2003, unintended births increased by 4.4 percent from 2002 in women with 13+ years of education. There was an increase in unintended births in both groups with less education; a 3.5 percent increase for women with 12 years of education and a 6.9 percent increase in mothers with 0-11 years of education. None of the changes from 2002 to 2003 were statistically significant.

	CONFIDENCE INTERVALS											
YEAR/ EDUCATION         1994         1995         1996         1997         1998         1999         2000         2001         2002         200												
0 – 11 YEARS	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	59.9-73.0		
12 YEARS	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	49.9-61.4		
13 + YEARS	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	33.6-42.4		



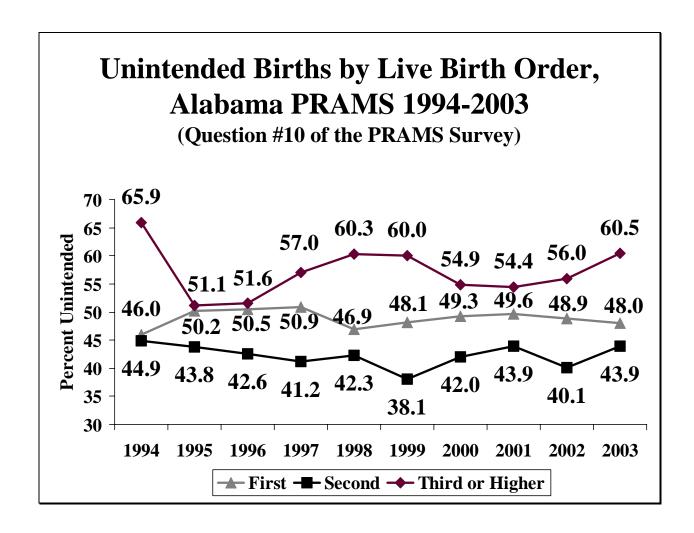
The percent of unintended births to unmarried women was over twice that of unintended births to married women. Abstinence, postponement of childbearing, and improved contraceptive use would be instrumental in the reduction and elimination of unintended births, especially among unmarried women for whom the consequences tend to be greatest. Neither the increase in unintended births for married and unmarried women was statistically significant from 2002 to 2003.

	CONFIDENCE INTERVALS											
YEAR/ MARITAL STATUS	MARITAL 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003											
MARRIED	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	30.4-38.0		
NOT MARRIED	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	70.1-79.6		



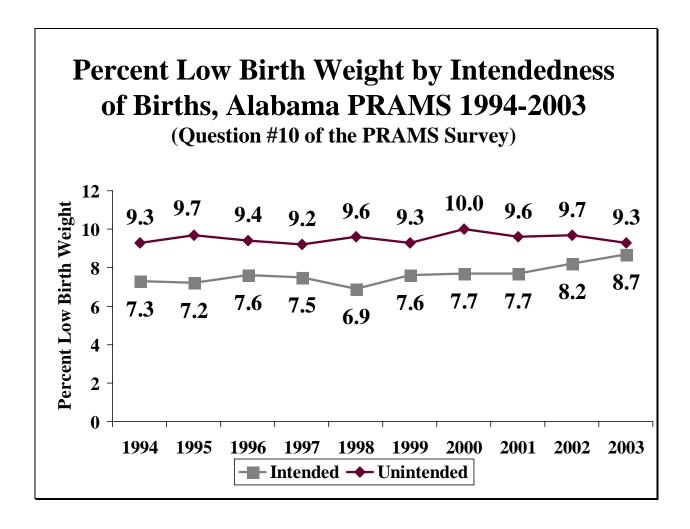
In 2003 in Alabama, two out of three births to women on Medicaid were unintended compared to one out of three births unintended among non-Medicaid women. This indicates that poorer women are more likely to have unplanned births. There has been no statistically significant change in the percentage of unintended births for Medicaid or non-Medicaid women from 1994 to 2003.

	CONFIDENCE INTERVALS											
YEAR/ PAYMENT METHOD         1995         1996         1997         1998         1999         2000         2001         2002         2003												
MEDICAID	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	62.0-70.6		
NON- MEDICAID	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	30.8-39.7		



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 2003, 60.5 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 1994 to 2003.

	CONFIDENCE INTERVALS												
YEAR/BIRTH ORDER         1994         1995         1996         1997         1998         1999         2000         2001         2002         2003													
FIRST	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	43.0-53.0			
SECOND	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	38.8-49.3			
THIRD OR HIGHER	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	53.9-66.8			



Of unintended births in 2003 in Alabama, 9.3 percent were low weight births (less than 2,500 grams). Of intended births, 8.7 percent were low weight births, a 6.1 percent increase (statistically insignificant) in intended low weight births from 2002.

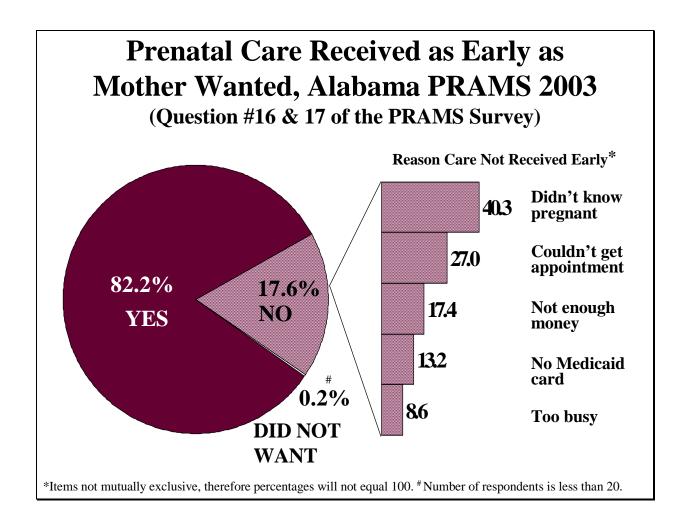
YEAR/ INTENTION	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
INTENDED	6.7-7.9	6.5-7.8	6.9-8.2	6.9-8.2	6.2-7.5	6.9-8.3	7.0-8.3	7.1-8.4	7.5-8.9	8.0-9.5
UNINTENDED	8.5-10.1	8.9-10.5	8.6-10.2	8.4-10.0	8.7-10.5	8.4-10.2	9.1-10.8	8.8-10.4	8.9-10.6	8.5-10.2

### **Mothers' Intendedness Comments**

- "I had two other children that took very long to get pregnant. At the time I had a 4 month old child. We were not trying so with our history we did not think [pregnancy] would happen- But what a blessing he is!"
- "We wanted to get pregnant."
- "I think girls my age should wait until you are older before getting pregnant."
- "We both wanted a baby and it took 3 years to have a baby."
- "Having a baby isn't fun so you really have to want a baby."
- "Lord ordains children. He places them at the right time & that's what he did."
- "I was afraid of the unknown of being pregnant."
- "I marked one of the questions that I didn't want to be pregnant then. I would never change what happened to my husband and I with the birth of our beautiful daughter. Children are a gift from God. Just please take care of your children and cherish every moment you have with them."
- "I was too scared to tell anyone that I was pregnant because I was still in high school."
- "I was in denial and couldn't believe I was pregnant again. I was thinking about abortion...."
- "Due to infertility problems, we wouldn't mind having more if I did get pregnant again. If not, then that's okay, too.
- "Being a new mother is not easy because you rarely get time for yourself. Everything is new and different. With a baby you have to focus all of your energy into making sure that the baby has everything he or she needs. It takes patients, love and understanding...It may be hard but the pay off of having a healthy, happy, beautiful baby is ever lasting."

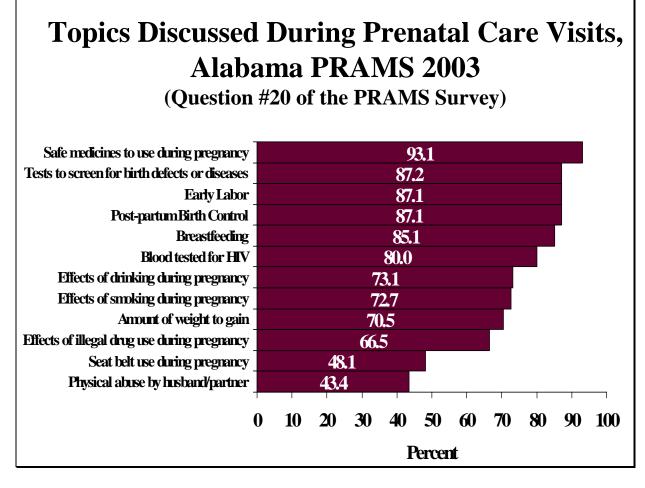
### Prenatal Care





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 2003, 17.6 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 Medicaid card, and too busy.

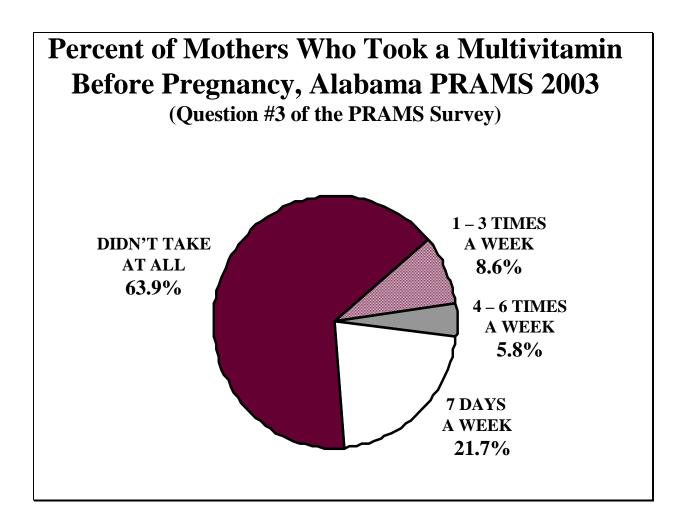
	CONFIDENCE INTERVALS										
EARLY PNC	YES   NO   NOT     TOORIISY										
PERCENT	79.6-84.5	15.3-20.3	0.0-0.7	33.0-48.0	20.7-34.4	12.3-24.0	8.8-19.4	5.3-13.9			



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 56 percent of mothers were not counseled about physical abuse to women by their husbands or partners.

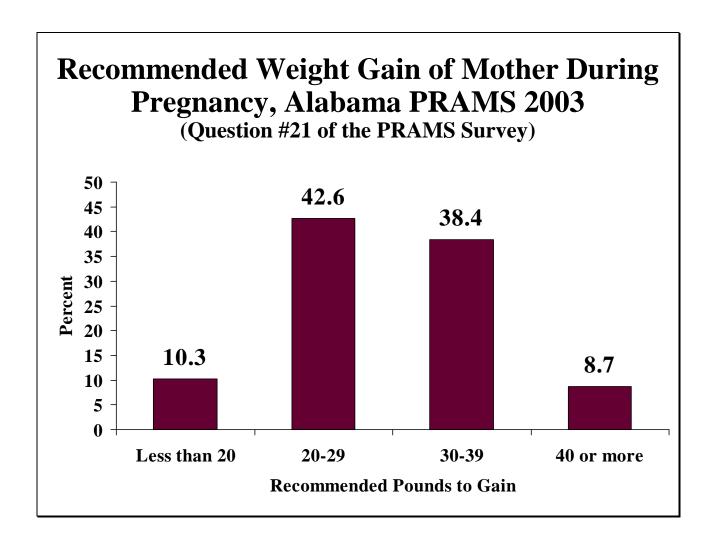
CONFIDENCE INTERVALS						
TOPIC SAFE MEDICINES SCREENING BIRTH CONTROL BREAST-FEEDING HIV TEST						
PERCENT	91.2-94.6	84.9-89.3	84.7-89.1	84.7-89.1	82.7-87.3	77.2-82.5

	CONFIDENCE INTERVALS						
TOPIC OF OF OF ORINKING SMOKING SMOKIN							
PERCENT	70.2-75.9	69.8-75.5	67.4-73.4	63.4-69.4	44.9-51.4	40.4-46.5	



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 about 64 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 7 DAYS A WEEK A WEEK						
PERCENT	60.8-66.8	7.0-10.6	4.5-7.6	19.2-24.4		



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 2003, 70.5 percent responded "Yes." Of the "Yes" respondents in 2003, the majority of women, 42.6 percent, reported they were advised to gain 20-29 pounds during pregnancy. The average recommended weight gain for Alabama mothers was 27 pounds.

CONFIDENCE INTERVALS						
WEIGHT GAIN < 20 20 - 29 30 - 39 40 +						
PERCENT	8.1-13.1	38.5-46.8	34.4-42.5	6.6-11.5		

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

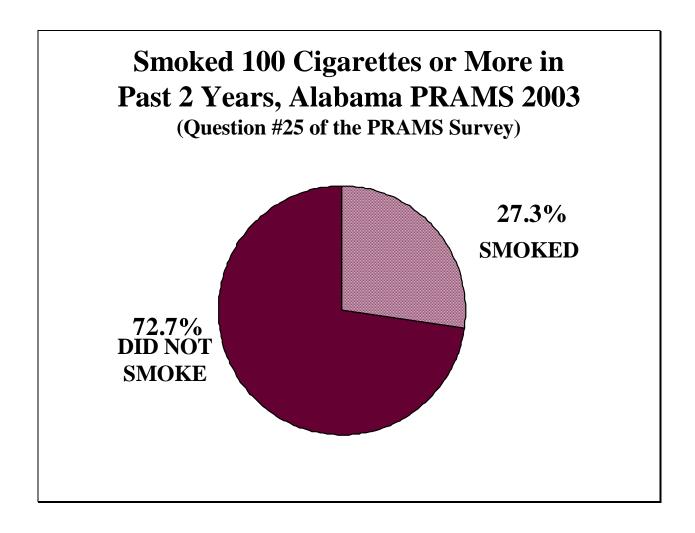
- "I believe getting or receiving pre-natel care for babies is so important."
- "I also wanted to say that more information needs to be given out on gestational diabetes and how it can affect the mother's body now and in the future and the different risks it imposes on the baby."
- "I would like to tell anyone that gets pregnant to go to the doctor regardless of how scared you are. Your baby needs help."
- "I also feel that doctors and nurses don't do enough explaining, especially if you have had a previous pregnancy and birth."
- "I think there should be more information out there about preeclampsia and other possible labor complications."
- "Vitamins and prenatal care are very important."
- "I wish more info would be given to mothers about the signs and symptoms of Group B strep in their babies."
- "Good prenatal care & information helped me have a wonderful, happy & healthy pregnancy."
- "I had excellent prenatal care. I followed guidelines set by the doctor and took care of myself. I stopped working 2 days before my son was born. He was born at 37 weeks after a very short labor."

Reasons for not getting prenatal care, or as early as mother wanted:

- "I did not received prenatal care, because I was embarrassed, this was my six[th] child."
- "I was high risk and couldn't get a doctor because, I was on Medicaid, I had to be seen by the health dept or midwife. There were no openings available. It took me 2 months to get to a private physician."
- "I didn't know I was pregnant until I was 6 weeks."
- "If I know I was pregnant earlier. If I know the info I know now I would've did everything differently."
- "I wasn't exactly sure and I was scared to find out. I wanted to make sure my cycle did not start. (I didn't want to get my hopes up)"

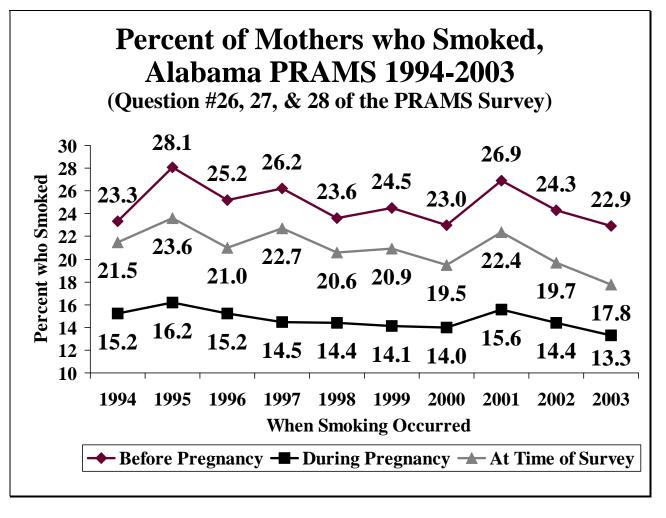
# Negative Health Behaviors: Smoking and Drinking





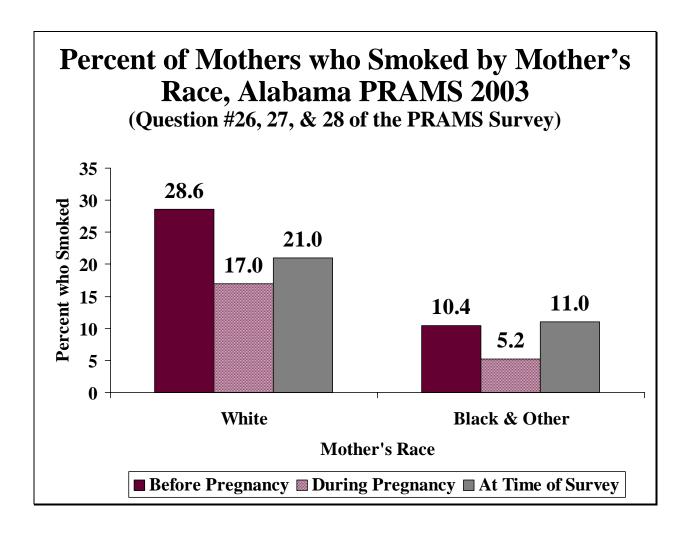
In 2003 when Alabama mothers were asked if they had smoked at least 100 cigarettes in the past two years, 27.3 percent responded, "Yes". Smoking during and after pregnancy can have serious health effects on both the mother and the baby. Babies whose mothers smoke are more likely to be born prematurely 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 DID NOT SMOKE SMOKED					
PERCENT	24.5-30.3				



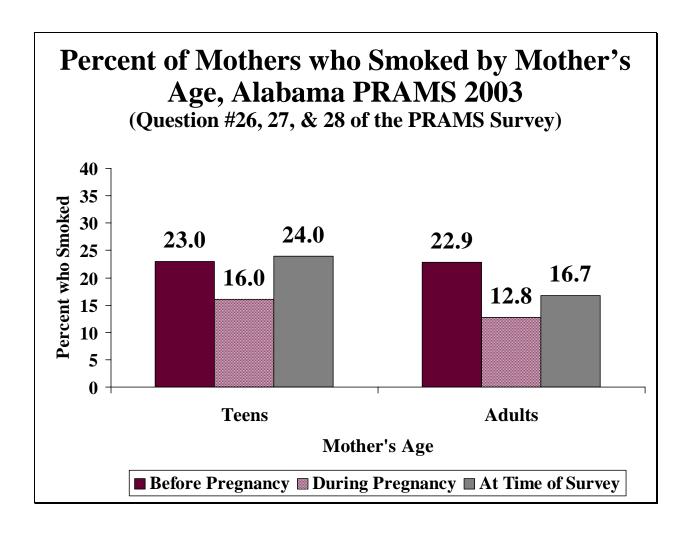
In 2003, smoking declined among Alabama mothers. According to the survey, 13.3 percent of Alabama's pregnant women smoked in 2003. Many of the mothers who quit smoking while they were pregnant resumed smoking after their babies were born, but rates of smoking remained lower than before pregnancy. The Healthy People 2010 Objective is to increase abstinence from cigarettes among pregnant women to 99 percent. Alabama women are far from meeting this objective.

CONFIDENCE INTERVALS										
YEAR/ SMOKED	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
BEFORE PREGNANCY	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	20.3-25.7
DURING PREGNANCY	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	11.3-15.6
AT TIME OF SURVEY	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	15.5-20.4



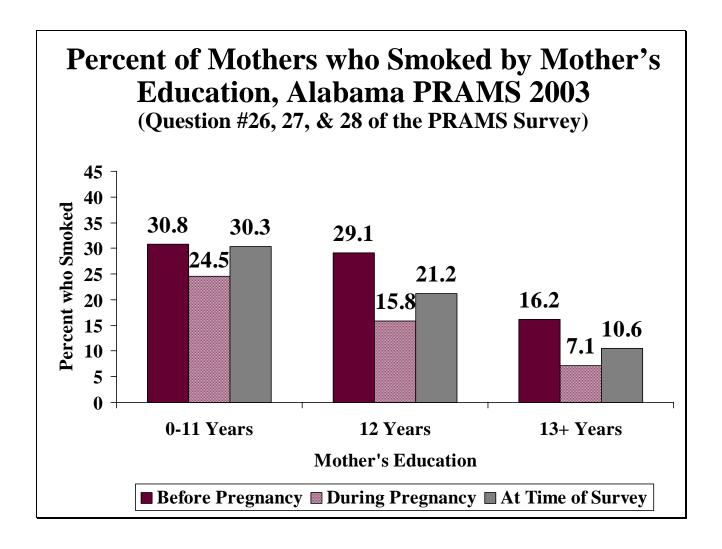
Both white and black and other race smokers showed the same trend—smoking decreased during pregnancy, but increased again by the time of the survey. Among white smokers, there was a significant decrease in smoking from before pregnancy and during pregnancy. Among black and other races, the percentage of smokers at the time of the survey was slightly above that of those who smoked before pregnancy. This increase was not statistically significant.

CONFIDENCE INTERVALS						
SMOKED/ RACE			AT TIME OF SURVEY			
WHITE	25.2-32.3	14.4-20.1	18.1-24.3			
BLACK & OTHER	7.3-14.6	3.2-8.2	7.8-15.2			



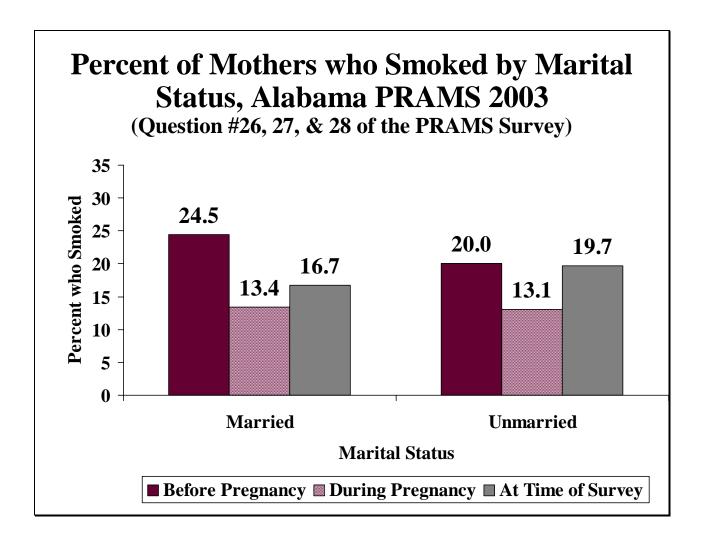
In 2003 for both teens and adults, smoking declined during pregnancy, but increased again after delivery. The decrease in smoking from before pregnancy and during pregnancy was statistically significant among adult smokers but insignificant in teen smokers. The slight increase in teen smoking at the time of the survey or after delivery and before pregnancy was also statistically insignificant.

CONFIDENCE INTERVALS						
SMOKED/ AGE BEFORE DURING PREGNANCY PREGNANCY			AT TIME OF SURVEY			
TEENS	16.5-31.2	10.7-23.2	17.4-32.1			
ADULT	20.1-26.0	10.7-15.2	14.3-19.4			



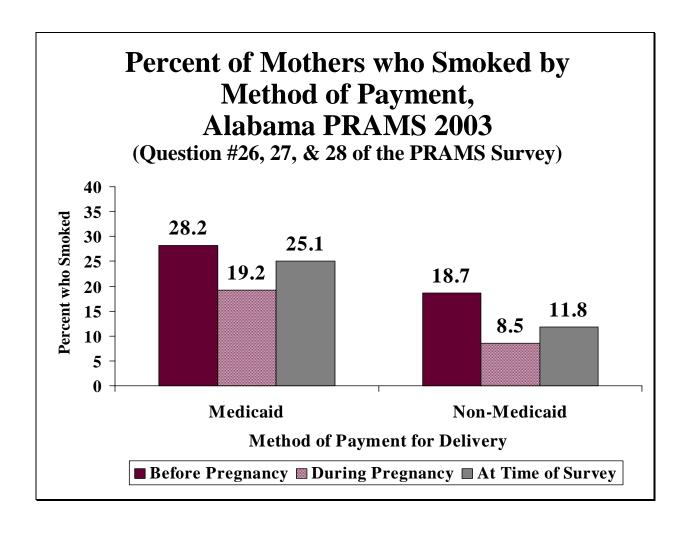
There is an inverse correlation between mother's education and smoking before pregnancy, during pregnancy, and after pregnancy. As the mother's education increases, the percent of mothers smoking decreases. In 2003, smoking was lowest for mothers with more than a high school education, but 7.1 percent of those women smoked during pregnancy. A significant decrease in smoking before pregnancy and during pregnancy was seen in those mothers with 12 or more years of education, but not in those mothers with less than a high school education.

CONFIDENCE INTERVALS							
SMOKED/ BEFORE DURING PREGNANCY PREGNANCY			AT TIME OF SURVEY				
0-11 YEARS	24.5-37.9	18.9-31.1	24.1-37.2				
12 YEARS	24.0-34.8	12.0-20.6	16.7-26.4				
13+ YEARS	13.0-19.9	5.1-9.8	8.1-13.8				



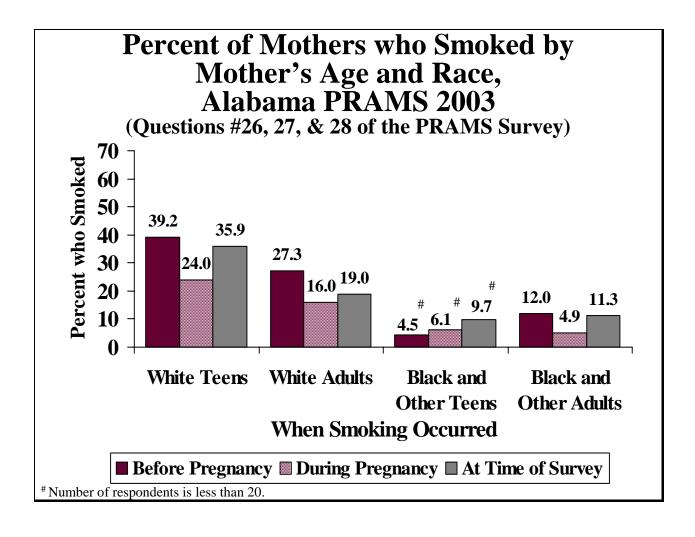
In 2003, both married and unmarried mothers followed the same pattern: the number of smokers decreased during pregnancy only to increase again after delivery or at the time of the survey. A 45 percent decrease from before pregnancy and during pregnancy was reported by married women, and is statistically significant. The smoking decrease reported from before pregnancy and during pregnancy in unmarried women was not statistically significant. The percent of unmarried women smoking at the time of the survey was almost identical to those smoking before becoming pregnant.

CONFIDENCE INTERVALS						
SMOKED/ MARITAL STATUS	AT TIME OF SURVEY					
MARRIED	21.3-28.1	10.9-16.3	14.0-19.8			
UNMARRIED	15.9-24.9	9.9-17.2	15.7-24.5			



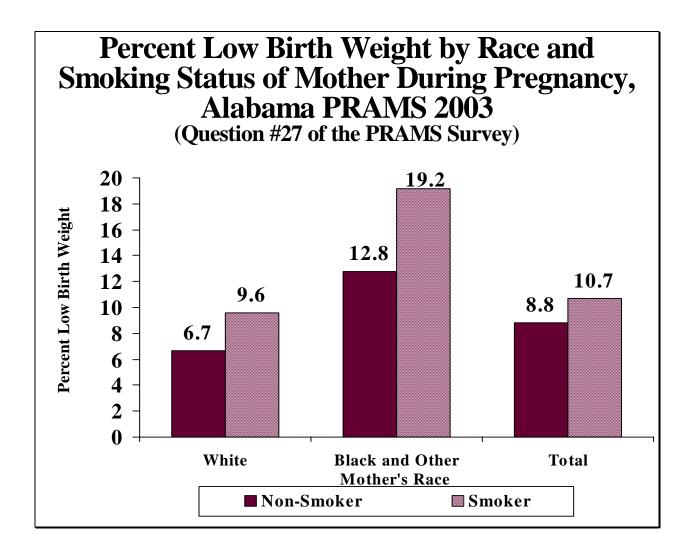
Cigarette smoking was significantly higher among mothers on Medicaid before, during, and after pregnancy than non-Medicaid mothers. In both groups, smoking significantly declined during pregnancy, yet increased again after delivery of their infants. Medicaid mothers increased their smoking after delivery by 30.7 percent, while non-Medicaid mothers increased post-delivery smoking by 38.8 percent. In neither case was the increase statistically significant.

CONFIDENCE INTERVALS							
SMOKED/ PAYMENT METHOD  BEFORE PREGNANCY PREGNANCY PREGNANCY OF SURVE							
MEDICAID	24.1-32.6	15.8-23.1	21.3-29.4				
NON- MEDICAID	15.4-22.5	6.3-11.3	9.1-15.2				



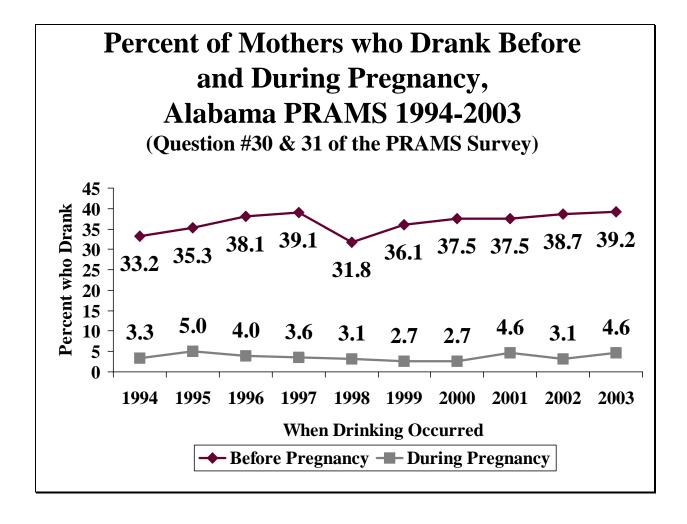
In 2003, white teens smoked significantly more than white adults after delivery. White adults also smoked significantly more than black and other adults before and during pregnancy. Very few black and other race teens smoked before, during, or after pregnancy.

CONFIDENCE INTERVALS							
PERIOD OF SMOKING	BEFORE PREGNANCY	DURING PREGNANCY	AT TIME OF SURVEY				
WHITE TEENS	28.3-51.4	15.6-35.2	25.5-47.9				
WHITE ADULTS	23.8-31.1	13.3-19.2	16.0-22.4				
BLACK & OTHER TEENS	1.4-13.3	2.3-15.4	4.5-19.9				
BLACK & OTHER ADULTS	8.3-17.0	2.8-8.3	7.7-16.2				



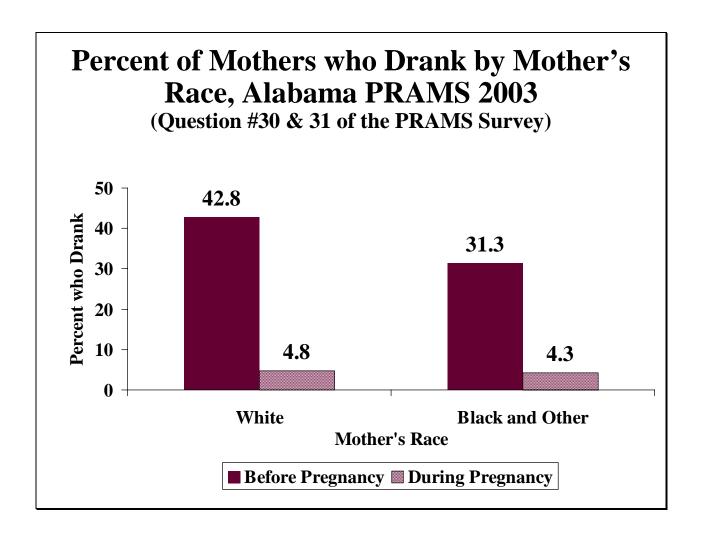
Low weight births were more prevalent among women who smoked during pregnancy than non-smokers in the all three groups. The percent of low weight births to white women who smoked during pregnancy was significantly higher than for those who did not smoke. This was also true for total births. No statistical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

SMOKING STATUS/RACE	NON-SMOKER	SMOKER
WHITE	6.1-7.3	7.5-12.2
BLACK & OTHER	11.3-14.5	10.6-32.2
TOTAL	8.4-9.2	8.6-13.3



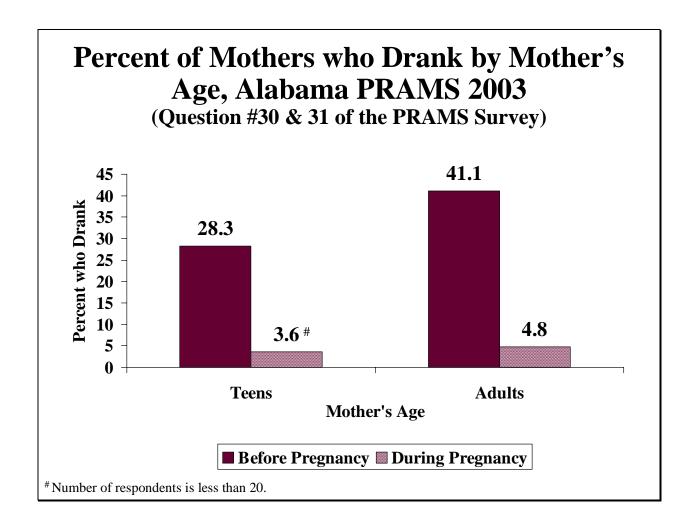
In the survey, mothers were asked how many alcoholic drinks they drank in an average week in the three months before becoming pregnant and in the last three months of pregnancy. More than one-third of Alabama mothers responded that they drank alcoholic beverages before pregnancy in 2003. Mothers significantly reduced their alcohol intake during pregnancy in 2003 to 4.6 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 1994.

	CONFIDENCE INTERVALS										
YEAR/ DRANK         1994         1995         1996         1997         1998         1999         2000         2001         2002         200							2003				
BEFORE PREGNANCY	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	36.1-42.5	
DURING PREGNANCY	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	3.5-6.1	



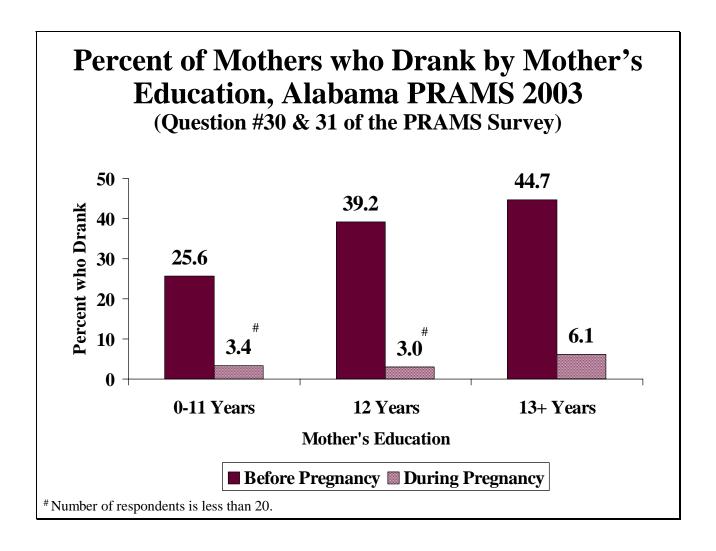
In 2003, white mothers were significantly more likely to drink than black and other race mothers before pregnancy. Drinking declined significantly among both white and black and other race mothers during pregnancy. There was no statistically significant difference in the percent drinking during pregnancy by mother's race.

CONFIDENCE INTERVALS							
DRANK/ RACE	BEFORE PREGNANCY	DURING PREGNANCY					
WHITE	38.9-46.7	3.4-6.7					
BLACK & OTHER	26.1-37.0	2.5-7.1					



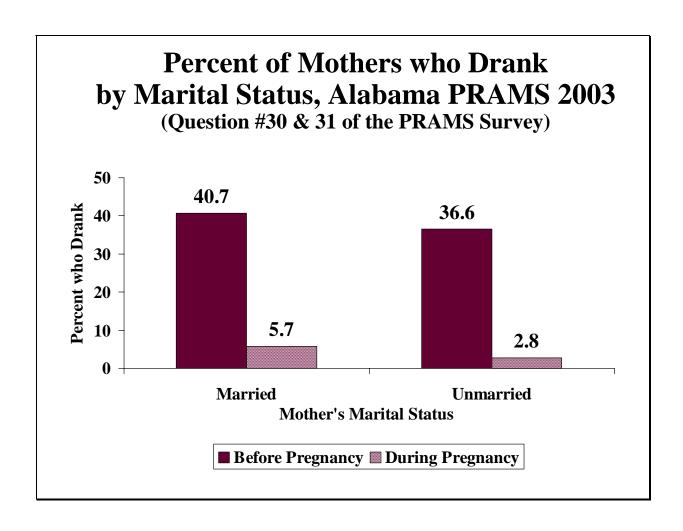
As expected, older mothers were significantly more likely to drink than teen mothers before pregnancy. However, one in four mothers under the age of 20 reported consuming alcohol before pregnancy, despite being underage. Drinking decreased significantly for both age groups during pregnancy.

CONFIDENCE INTERVALS							
DRANK/ AGE	BEFORE PREGNANCY	DURING PREGNANCY					
TEENS	21.1-36.9	1.5-8.3					
ADULTS	37.6-44.6	3.5-6.5					



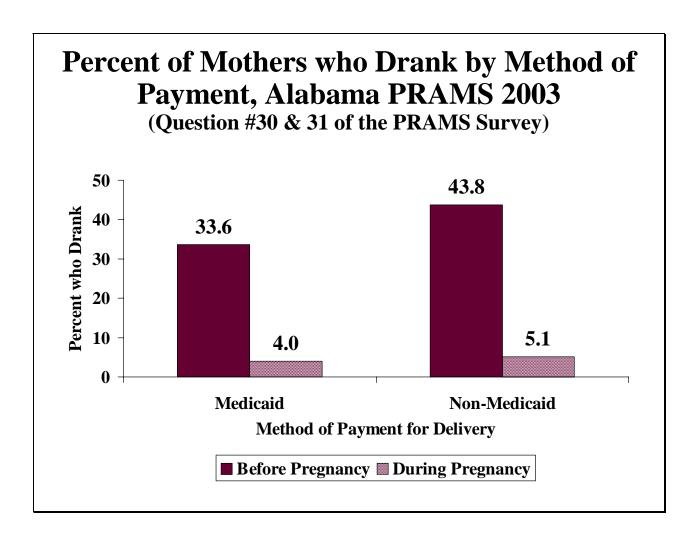
In 2003, mothers with higher levels of education were more likely to drink before pregnancy. Drinking before pregnancy was highest among mothers with one or more years of college, and lowest among mothers with less than 12 years of education. Less drinking among women with lower education levels may be attributable in part to age. Drinking during pregnancy decreased significantly in every educational level.

CONFIDENCE INTERVALS								
DRANK/ EDUCATION	BEFORE PREGNANCY	DURING PREGNANCY						
0 – 11 YEARS	19.7-32.6	1.7-6.8						
12 YEARS	33.5-45.1	1.6-5.7						
13 + YEARS	40.2-49.4	4.3-8.7						



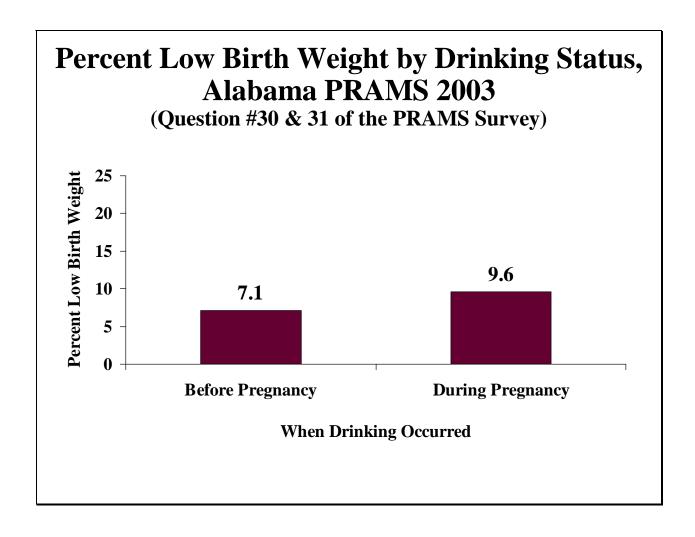
Married mothers were more likely to drink before pregnancy than unmarried mothers, but the difference was not significant. Both married and unmarried mothers drank significantly less after becoming pregnant. There was no statistically significant difference in the percent drinking during pregnancy by mother's marital status.

CONFIDENCE INTERVALS							
DRANK/ MARITAL STATUS	BEFORE PREGNANCY	DURING PREGNANCY					
MARRIED	36.8-44.7	4.1-7.9					
UNMARRIED	31.4-42.2	1.5-5.0					



In 2003, 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 88 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/ PAYMENT METHOD	BEFORE PREGNANCY	DURING PREGNANCY					
MEDICAID	29.3-38.2	2.6-6.2					
NON-MEDICAID	39.3-48.4	3.5-7.4					



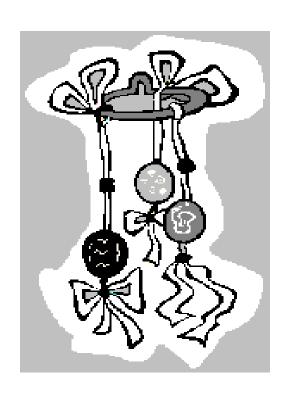
In 2003, 7.1 percent of mothers who drank before pregnancy had a low weight baby. Among mothers who drank during pregnancy, 9.6 percent had a low weight baby. There is no statistically significant difference in the percent of low weight births between mothers who drank before or during pregnancy.

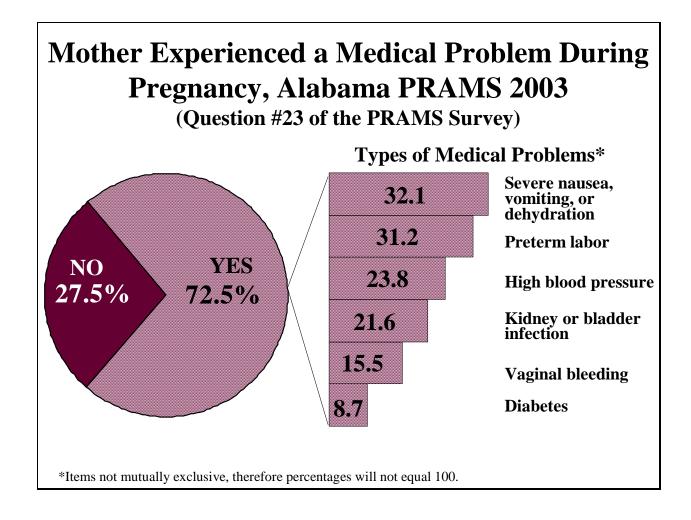
CONFIDENCE INTERVALS							
DRANK	DURING PREGNANCY						
PERCENT LBW	6.2-8.0	6.4-14.1					

### Mothers' Negative Health Behaviors Comments

- "Please tell all mothers not to use drugs when they are pregnant. My baby is a methadone baby. I really didn't mean to hurt her."
- "Survey good idea, need more commercial/marketing on moms not smoking or drinking."
- "While I was pregnant I smoked. I would advise women not to smoke while pregnant. My baby came early and weighed less than what he should of."
- "I stopped smoking 2 months before I got pregnant, just because I realized how awful it is."
- "It is very important that mothers know just how harmful drugs and alcohol is during pregnancy."
- "I have no comments except for I stopped smoking pot when I found out I was pregnant, so now I have a very healthy baby."
- "I didn't drink while I was pregnant, never."
- "This is probably a thing that everybody knows, but any kind of drugs during pregnancy affects your baby in every way. Also eating the right things helps to have a healthy baby."
- "I had a very difficult time trying to stop smoking. I did change to UltraLite cigarettes the first month. The debate to stop smoking caused much stress in our relationship. More efforts need to be made by the Department of Public Health to get mothers to not smoke for life."
- "Quit [smoking] when found out I was pregnant."
- "I feel that the public needs to be more aware of the harmful effects of smoking on an unborn child/babies. I am continually surprised by people who smoke around pregnant women, children & babies. Bulletin boards, Public Service Announcements, Advertisements, anything needs to be done to make people aware of the hazards (& outright rudeness) of second-hand smoke."

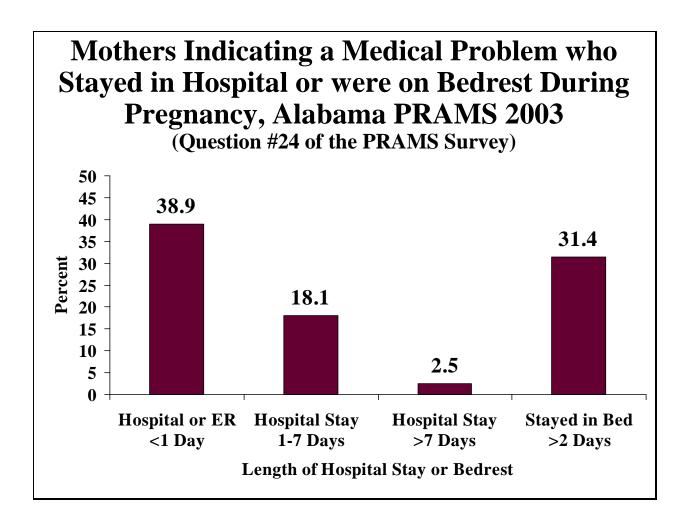
# Health Care System Issues





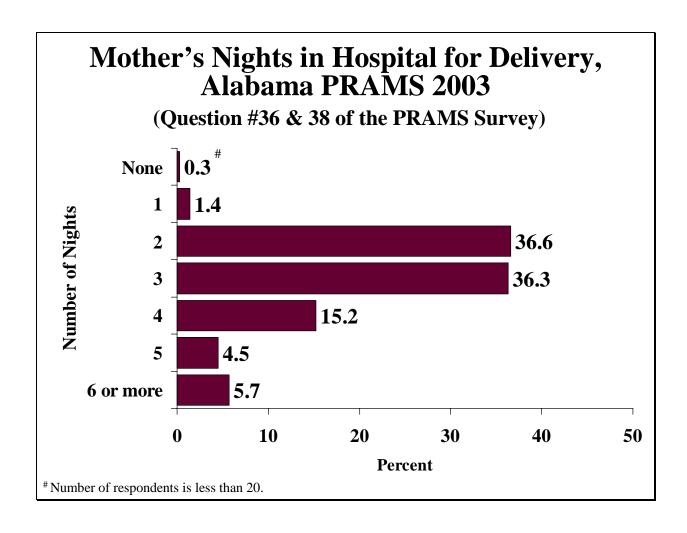
Over 70 percent of Alabama mothers reported having a medical problem during pregnancy. Of those mothers with a medical problem, about one third reported severe nausea, vomiting, or dehydration; 31.2 percent reported preterm labor; 23.8 percent reported high blood pressure; 21.6 percent reported kidney or bladder infections; 15.5 percent experienced vaginal bleeding; and 8.7 percent reported having diabetes during pregnancy.

CONFIDENCE INTERVALS									
PROBLEMS NO YES VOM		NAUSEA, VOMITING, DEHYDRATION	PRETERM LABOR	KLOOD		BLEEDING	DIABETES		
PERCENT	24.7-30.5	69.5-75.3	29.2-35.2	28.4-34.2	21.2-26.6	19.1-24.3	13.4-17.9	7.1-10.7	



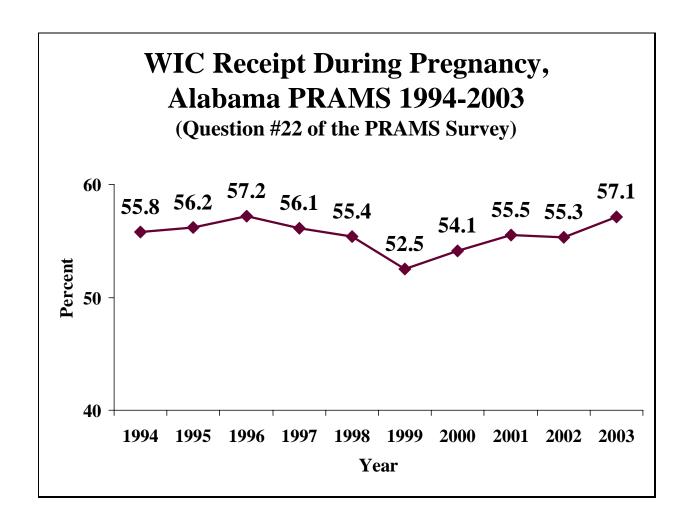
Mothers who answered "Yes" to experiencing at least one medical problem during their pregnancy were asked if they stayed in the hospital or were on bed rest because of the medical problem. Of those who reported at least one problem, almost 40 percent of mothers visited a hospital and stayed less than a day; 18.1 percent stayed from one to seven days; 2.5 percent stayed longer than seven days; and 31.4 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	35.3-42.6	15.6-21.0	1.9-3.3	28.0-34.9				



In 2003, 36.6 percent of mothers stayed two nights in the hospital following delivery of their babies and 36.3 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.

CONFIDENCE INTERVALS								
NUMBER OF NIGHTS	NONE	1	2	3	4	5	6 OR MORE	
PERCENT	0.1-1.0	0.8-2.5	33.5-39.8	33.1-39.5	13.0-17.7	3.4-6.0	4.7-7.1	



More than half (57.1%) of Alabama mothers said they received the Supplemental Food Program for Women, Infants, and Children (WIC) benefits during pregnancy in 2003. The 3.3 percent increase in mothers receiving WIC benefits from 2002 to 2003 is statistically insignificant.

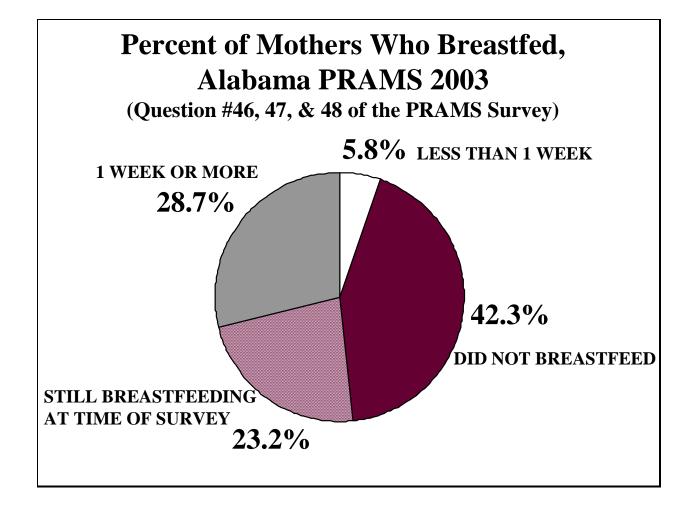
CONFIDENCE INTERVALS										
YEAR/ WIC RECEIPT	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
PERCENT	53.7-57.9	54.1-58.2	55.0-59.4	53.8-58.3	53.1-57.7	50.0-54.9	51.7-56.5	53.1-57.8	53.0-57.7	54.5-59.6

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

- "There should be a plan for pregnant women to have their teeth checked, cleaned or extracted if need be for little or no money. There should be more info on shaken baby syndrome. I was asked if I wanted to speak with someone about it. A rule should be made that every woman must watch a video or be talked to about shaken baby syndrome. They should ask women if they're experiencing any baby blues at all before they leave the hospital. There should be more info on AIDS, smoking and drinking given by doctors, nurses and hospitals."
- "I appreciate the help with my pregnancy that was given. I feel that I was healthier and my baby was healthier with the assistance of WIC. Thanks so much."
- "Alabama has many wonderful programs to help pregnant women and children (WIC, Medicaid, All Kids). But the information about how to qualify and who qualifies is often unavailable and the ones who could really benefit from these programs don't even realize they could get this very valuable help."
- "Alabama should put forth more of an effort to make sure that women especially teenagers
  receive more help such as a help line for depression and people that can mentor them in
  mothering because having a baby doesn't make you a good mother."
- "The Medicaid program is an incredible program for expectant mothers across Alabama."
- "I feel that mothers and babies are sent home too early from the hospital with normal vaginal births. I feel that the health of both the mother and child are jeopardized by the rush to empty rooms."
- "Maternity leave should be at least partially paid leave."
- "When babies are born they need to be monitored. They need to give more information on SIDS. The babies should be on a monitor for 6 months. This should be required for all new born babies. When mother's have babies they need to be trained with CPR so they can save their babies if they find there baby is not breathing. One of my babies died. Let people know about monitors."
- "I am glad for WIC. I don't know how I would have made it."
- "My husband and I did our research and before ever becoming pregnant, we had decided that we wanted to have a home birth. We were disheartened to fine out that the State of AL does not license Direct Entry Midwives."

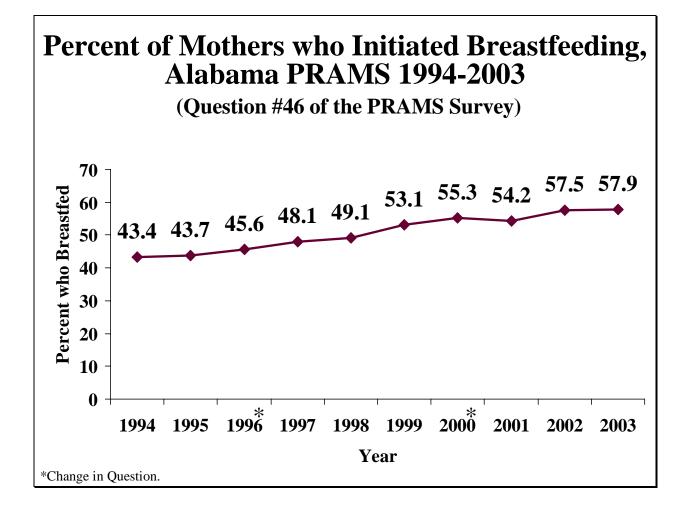
## Breastfeeding





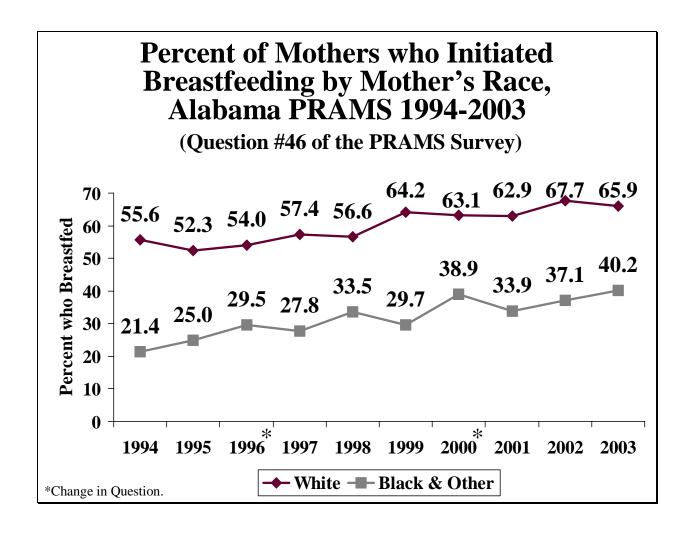
Numerous benefits are associated with breastfeeding, not only for the infant, but for the mother as well. The Healthy People 2010 Objective is to increase the proportion of mothers who breastfeed in the early postpartum period to at least 75 percent. In 2003, 57.7 percent of Alabama mothers attempted to breastfeed their babies, with 51.9 percent breastfeeding for more than 1 week. Many mothers, 42.3 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	39.1-45.6	4.4-7.6	25.8-31.8	20.5-26.1				



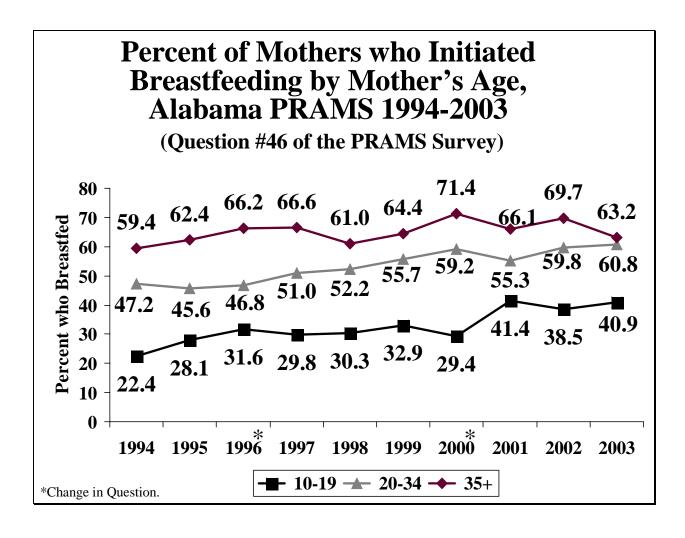
The percent of Alabama mothers breastfeeding has been increasing since 1994, and in 2003, the highest percentage (57.9) in 10 years was reported. The question about breastfeeding changed in 1996 and in 2000, but the numbers are comparable. When the question was consistent from 1996 to 1999, the increase in percent breastfeeding was statistically significant.

	CONFIDENCE INTERVALS											
YEAR	YEAR         1994         1995         1996         1997         1998         1999         2000         2001         2002         2003											
PERCENT BREASTFED	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	54.7-61.1		



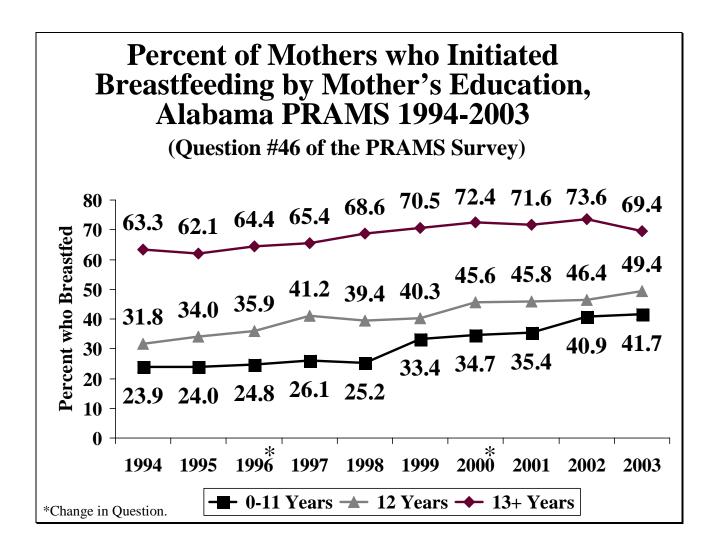
From 1994 to 2003, there has been a significant increase in breastfeeding in both race groups. White mothers continue to show a significantly higher prevalence of breastfeeding when compared to black and other race mothers. As shown in 2003, black and other race mothers had a slight increase in breastfeeding whereas white mothers decreased slightly. Neither change was statistically significant.

	CONFIDENCE INTERVALS											
YEAR/ RACE	-   1994   1995   1996   1997   1998   1999   7000   7001   7001   7007   7003											
WHITE	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	62.0-69.6		
BLACK & OTHER	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	34.5-46.1		



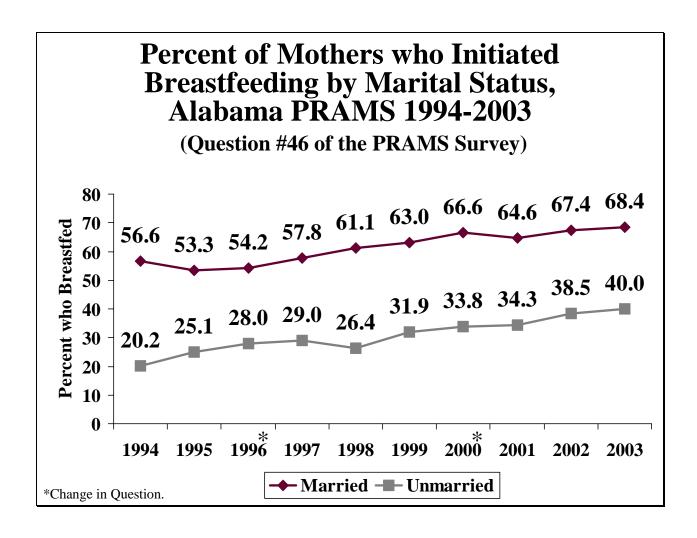
As age increased among Alabama mothers, so did the prevalence of breastfeeding initiation. The highest percent of mothers who breastfed was among women 35 years and older. Sixty percent of mothers 20-34 years of age attempted to breastfeed their babies, and 40.9 percent of teen mothers breastfed their infants. It is interesting that in the past 10 years, a significant increase in breastfeeding initiation has occurred among younger women, and in the 35 year and older group, the percentages have remained basically unchanged.

	CONFIDENCE INTERVALS												
YEAR/ AGE	-   1994   1995   1996   1997   1998   1999   2000   2001   2002   2003								2003				
10 – 19	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	32.6-49.7			
20 - 34	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	57.0-64.4			
35 +	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	51.4-73.6			



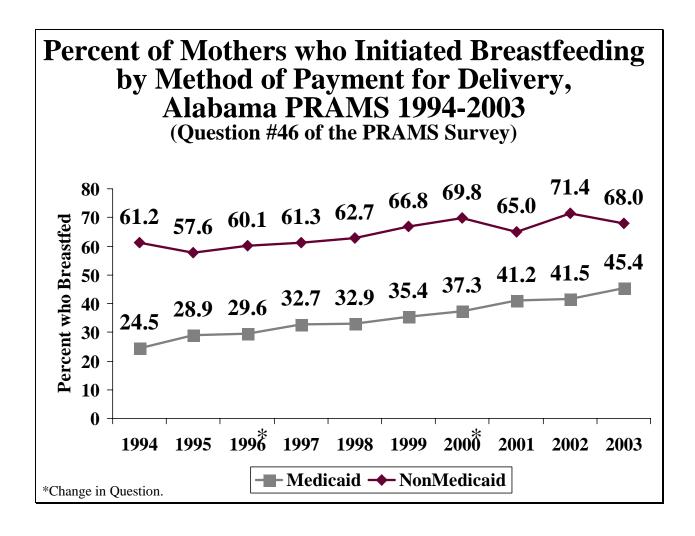
Breastfeeding prevalence increases for mothers as educational attainment increases. Mothers of all educational levels have increased breastfeeding initiation since 1994. In 2003, a slight increase in breastfeeding initiation was seen among mothers with less education and a slight decrease among mothers with the college level education, but none of these changes were statistically significant.

	CONFIDENCE INTERVALS											
YEAR/ EDUCATION	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003		
0 – 11 YEARS	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	34.4-49.4		
12 YEARS	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	43.4-55.5		
13+ YEARS	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	64.8-73.6		



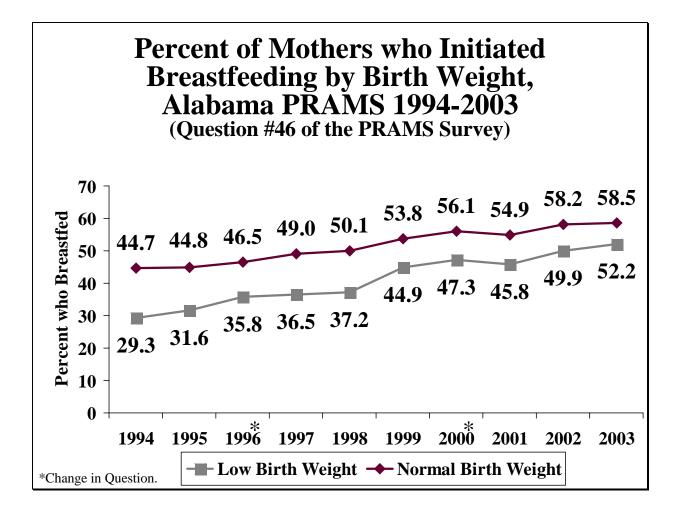
In 2003, married mothers continued to be significantly more likely to breastfeed their babies than their unmarried counterparts. This may be partly attributable to other factors. Married mothers were more likely to be older than unmarried mothers, and have a higher educational attainment.

	CONFIDENCE INTERVALS											
YEAR/ MARITAL STATUS	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003		
MARRIED	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	64.5-72.0		
UNMARRIED	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	34.5-45.7		



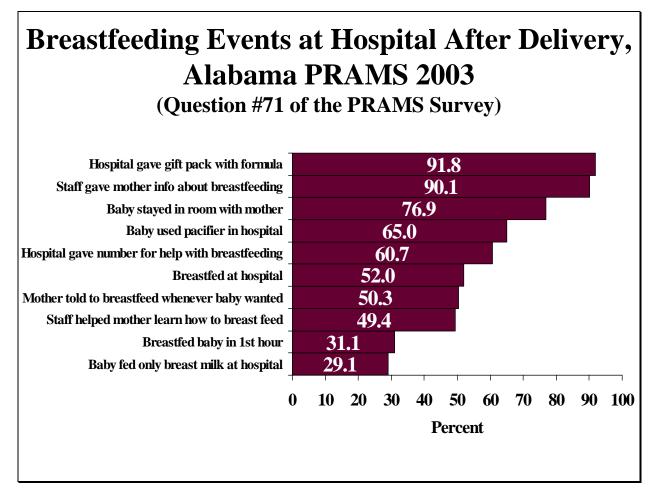
In 2003, 68.0 percent of mothers whose deliveries were not paid for by Medicaid breastfed their babies compared to 45.4 percent for Medicaid mothers. The percent of non-Medicaid mothers who breastfed in 2003 was 49 percent higher than the percent of Medicaid mothers who breastfed their babies. From 2002 to 2003, the slight decrease in breastfeeding among non-Medicaid mothers and the slight increase among Medicaid mothers were not statistically significant.

	CONFIDENCE INTERVALS											
YEAR/ PAYMENT METHOD	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003		
MEDICAID	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	40.8-50.2		
NON- MEDICAID	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	63.5-72.2		



Among babies born in 2003 at a normal birth weight, 58.5 percent were breastfed. Among babies born at a low birth weight, 52.2 percent 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. The percent of low birth weight babies being breastfed has increased by 78.2 percent since 1994 (may be due to increased pumping of breast milk), while the percent of normal birth weight babies being breastfed has increased by 30.9 percent.

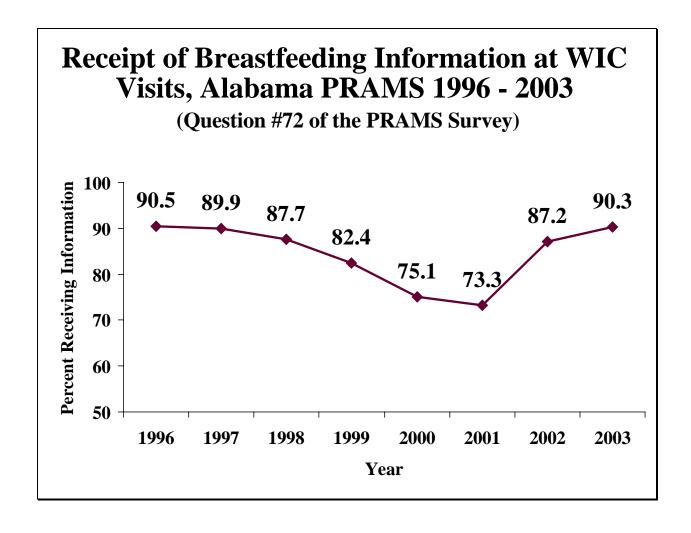
	CONFIDENCE INTERVALS											
YEAR/ BIRTH WEIGHT	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003		
LOW WEIGHT	26.7-31.9	29.0-34.3	33.0-38.6	33.6-39.5	33.7-40.7	41.3-48.6	43.7-50.8	42.4-49.1	46.3-53.5	48.6-55.8		
NORMAL WEIGHT	41.6-47.7	41.6-47.9	43.3-49.6	45.8-52.2	46.8-53.4	50.5-57.1	52.8-59.4	51.6-58.3	54.9-61.5	55.0-62.0		



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 52 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 29.1 percent fed their baby only breast milk at the hospital.

CONFIDENCE INTERVALS										
EVENTS	EVENTS GIFT PACK BREASTFEEDING BABY IN ROOM PACIFIER BREASTFEEDING NUMBER									
PERCENT	98.7-93.5	87.9-91.9	74.2-79.5	61.8-68.2	57.5-63.8					

CONFIDENCE INTERVALS											
EVENTS	EVENTS BREASTFED AT WHEN BABY WOTHER HOSPITAL WANTED BREASTFED BREASTFED HOUR ONLY BREAST MILK AT HOSPITAL										
PERCENT	48.8-55.2	47.0-53.6	46.1-52.6	28.1-34.2	26.2-32.1						



The percent of Alabama mothers receiving breastfeeding information at WIC visits declined steadily from 1996 to 2001. However in 2003, 90.3 percent, almost back to the 1996 level, 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.

CONFIDENCE INTERVALS										
YEAR	YEAR 1996 1997 1998 1999 2000 2001 2002 2003									
PERCENT INFORMATION	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	87.2-92.7		

### **Mothers' Breastfeeding Comments**

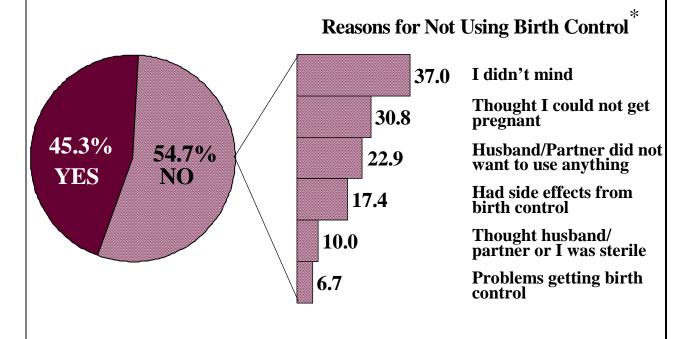
- "And of course, BREASTMILK! is the BEST thing for your baby and I think ya'll should talk about it more and give some more information since I never got much, and formula never will give the same vitamins or health to a baby. P.S. I will breastfeed as long as I can..."
- "She has not even had a runny nose in her first four months of life, attributable to breast feeding and constant hand washing and shelter from exposure to vectors."
- "More answers and help with breast feeding (More encouragement)."
- "I had a C-section and was not able to breast feed my baby in the first hour, but was able to breast feed within three hours. The hospital was great about getting my son to me as soon as possible."
- "My only complaint [concerning breastfeeding] is that neither time in the hospital did I see a lactation consultant or was ever told that one was available. I found out through a friend when I got home and called and it helped me tremendously. They are an extremely valuable resource and should be recommended to every patient."
- "I attempted to breastfeed, but I did not receive any help from the hospital staff until my baby was over 36 hours old. This made the experience stressful, especially after a c-section, therefore we turned to bottle feeding."
- "More information needs to be provided to health care providers (ie) doctors and nurses about breastfeeding. When in the hospital there is such conflicting information given...I was not informed to breastfeed within the first hour."
- "I would like for separate rooms to be available in the clinics setting for mothers to breast feed their babies. This would aid in encouraging young mothers to breast feed their infants."
- "To be such advocates of breastfeeding there should be more availability of breastpumps for nursing mothers."
- "Breastfeeding is not as easy as they make it out to be. I had to work at it. I am still working at it."
- "Mothers should breast feed their babies...Breast milk is best! It's good for mommy and baby, so spread the word!!"
- "Before I had my baby I really didn't want to breast feed. I just thought "YUCK!" But as soon as I had him I just felt like I should. I still didn't. I regret it to this day."

## Contraception



### Mother Not Planning Pregnancy Using Birth Control at Conception, Alabama PRAMS 2003

(Question #11, 12, & 13 of the PRAMS Survey)



In 2003, 54.7 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 (37.0%). Thirty percent 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. Six 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	41.1-49.6	50.4-58.9	31.7-42.6	25.9-36.3	18.5-28.1	13.5-22.1	7.1-13.9	4.4-10.2				

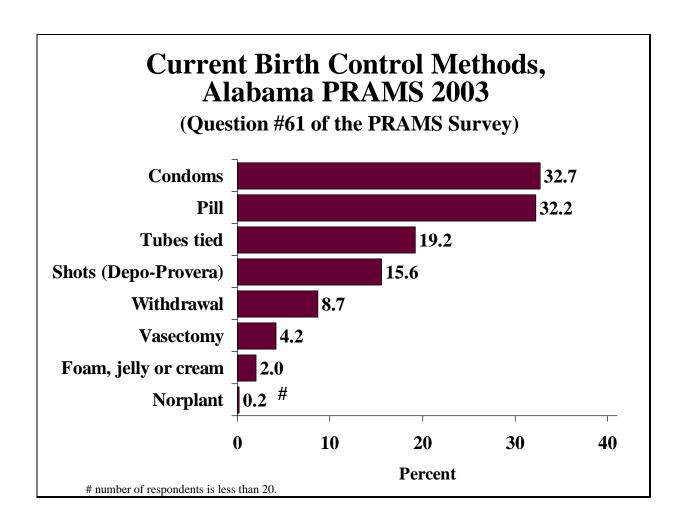
### **Mother Currently Using Birth Control,** Alabama PRAMS 2003 (Question #59 & 60 of the PRAMS Survey) **Reasons for Not Using Birth Control**\* 29.6 Not having sex Don't want to use 22.3 Husband/partner doesn't **18.7** want to use **15.4** Wants pregnancy **6.6** # Can't pay for birth control **Pregnant now** Think I can't get pregnant

The correct usage of contraception is invaluable in preventing unintended pregnancies. Almost 90 percent of Alabama mothers in 2003 stated they were currently using some form of contraception. Of those not using birth control at the time of the survey, 29.6 percent said they were not having sex, 22.3 percent did not want to use birth control, 18.7 percent indicated their husband or partner did not want to use birth control, and 15.4 percent wanted to be pregnant again.

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

CONFIDENCE INTERVALS											
BIRTH CONTROL YES NO NOT HAVING SEX USE WANT TO USE WAN											
PERCENT	86.7-90.7	9.3-13.4	21.4-39.4	15.3-31.3	12.3-27.3						

CONFIDENCE INTERVALS						
BIRTH WANT TO BE PREGNANT		CAN'T PAY	PREGNANT NOW	CAN'T GET PREGNANT		
PERCENT	9.7-23.7	3.2-12.9	3.1-13.4	1.6-9.0		



The most common birth control methods used by new mothers were condoms (32.7%) and the pill (32.2%). 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 15.6 percent of new mothers and 8.7 percent relied on a natural method (withdrawal) for contraception.

CONFIDENCE INTERVALS							
BIRTH CONTROL CONDOMS PILL TUBES TIED SHOTS							
PERCENT	29.5-36.0	29.1-35.5	16.7-22.1	13.4-18.1			

BIRTH CONTROL METHODS	WITHDRAWAL	VASECTOMY	FOAM, JELLY, CREAM	NORPLANT
PERCENT	7.0-10.9	3.0-5.7	1.2-3.2	0.1-0.8

### **Mothers' Contraceptive Comments**

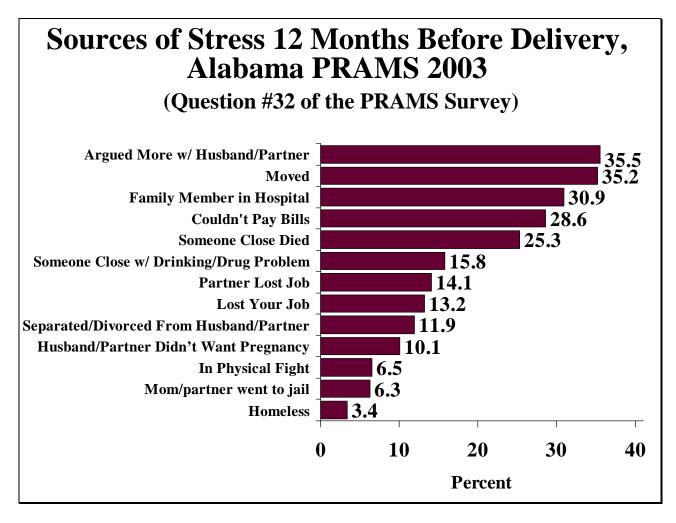
- "My boyfriend doesn't want me to use birth control."
- "We believe we will have another baby when God wants us to whether or not we are using birth control or not."
- "I think more needs to be done to educate school age girls about becoming a mother. If they knew what it is really like they would make wiser choices."

#### Reasons for not using birth control:

- "I was nursing I thought I would not get pregnant. However, I didn't mind if I got pregnant."
- "I was faithful to my pills. I never missed any and I still got pregnant."
- "I have had endometrisis and cyst for years and I was told I could not have children."
- "I thought it would be more difficult to get pregnant because of irregular cycle."
- "I was still nursing my 10 month old. I had trouble getting pregnant 1st time. We were about to start trying again."
- "I was told by my doctor that I could not have any more children because of cysts I had on my ovaries."
- "I took my chances but didn't no that I was going to get pregnant."
- "Using my ovalation time thought I couldn't get pregnant."
- "I guess I cared, but then again I just didn't b/c I didn't do anything to prevent it."

## Miscellaneous

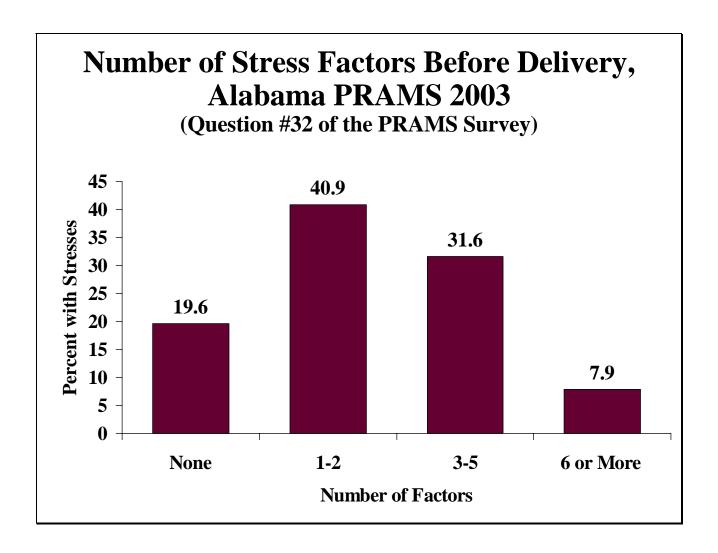




Stressful events experienced during pregnancy could have negative effects on the health of the expectant mother as well as her unborn child. Alabama mothers reported various sources of stress during the 12 months before delivery of their new babies. In 2003, 35 percent reported arguing with their partners more than usual and moving to another location. Thirty percent experienced illness of a family member, and one out of four mothers experienced financial hardships or the death of a loved one.

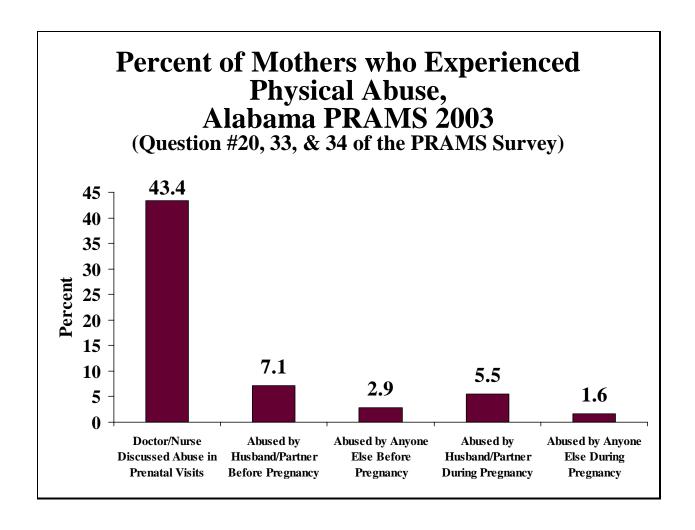
	CONFIDENCE INTERVALS							
SOURCES OF STRESS	ARGUED MORE W/ PARTNER	MOVED	FAMILY MEMBER HOSPITALIZED	COULDN'T PAY BILLS	CLOSE	SOMEONE DRINKING/ DRUGS	PARTNER LOST JOB	
PERCENT	32.5-38.6			25.8-31.6	22.6-28.1	13.7-18.3	12.0-16.6	

CONFIDENCE INTERVALS							
SOURCES OF STRESS		SEPARATED/ DIVORCED	PARTNER DIDN'T WANT	IN PHYSICAL FIGHT	YOU/ PARTNER JAILED	HOMELESS	
PERCENT	11.3-15.5	10.0-14.1	8.3-12.2	5.0-8.3	4.9-7.9	2.3-4.9	



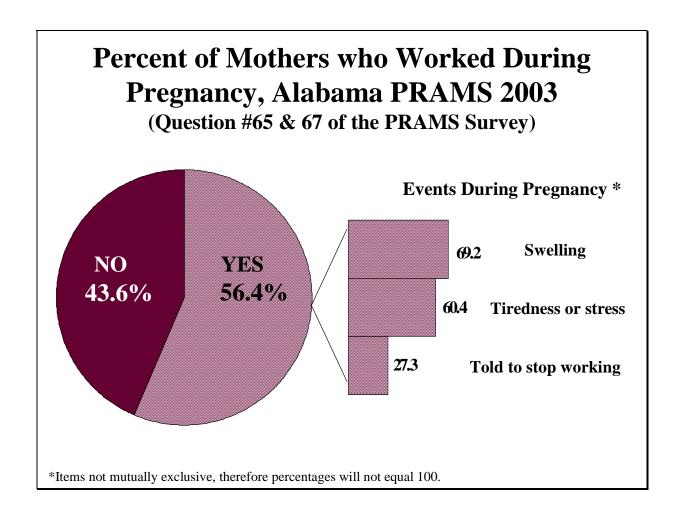
About one-fifth of Alabama mothers reported they did not experience any of the potential sources of stress listed on the previous graph. Forty percent of mothers stated that they experienced one or two of these stress factors, and 31.6 percent experienced three to five of the factors. Almost 8 percent of mothers experienced six or more stress factors during pregnancy.

CONFIDENCE INTERVALS						
NUMBER OF STRESS FACTORS NONE 1-2 3-5 6+						
PERCENT	17.2-22.2	37.8-44.1	28.7-34.7	6.4-9.7		



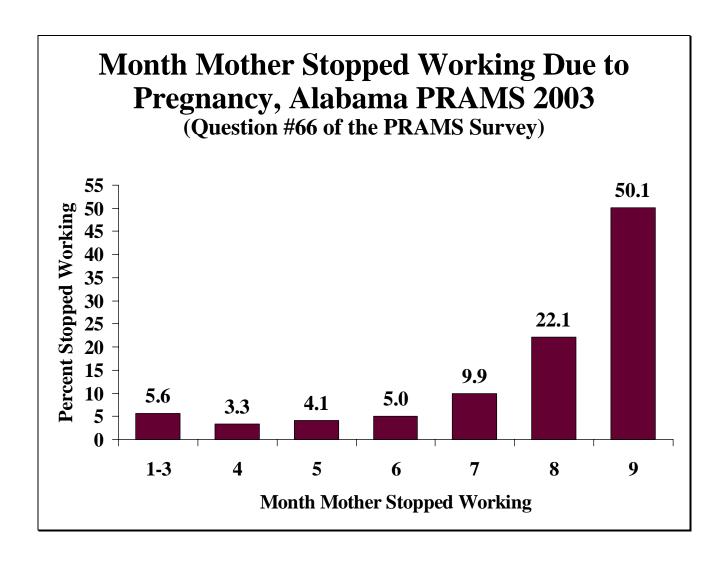
In 2003 in Alabama, 43.4 percent of mothers said a doctor or health care worker talked about physical abuse during their prenatal visits. Before pregnancy, 7.1 percent of mothers experienced abuse by their husband/partner and 2.9 percent were abused by someone other than their husband/partner. The Healthy 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, 5.5 percent of mothers were abused by their husband/partner, while 1.6 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	40.4-46.5	5.5-9.0	2.0-4.2	4.2-7.2	1.0-2.5		



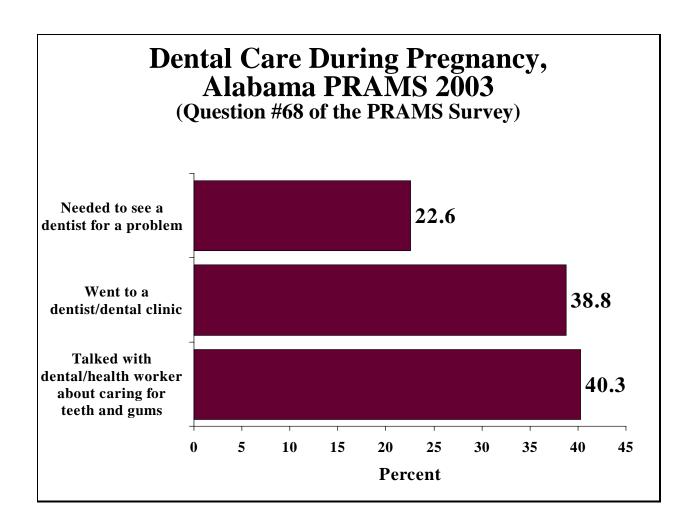
Fifty six percent of Alabama women who gave birth in 2003 worked at least 10 hours per week during pregnancy. The majority of women working experienced swelling during pregnancy, or tiredness or work-related stress. Twenty-seven percent of women were told to stop working by their doctor or nurse.

CONFIDENCE INTERVALS							
MOTHERS WHO WORKED/ EVENTS	WHO WORKED/ YES NO SWELLING				TOLD TO STOP WORKING		
PERCENT	53.2-59.5	40.5-46.8	65.0-73.1	56.0-64.6	23.5-31.4		



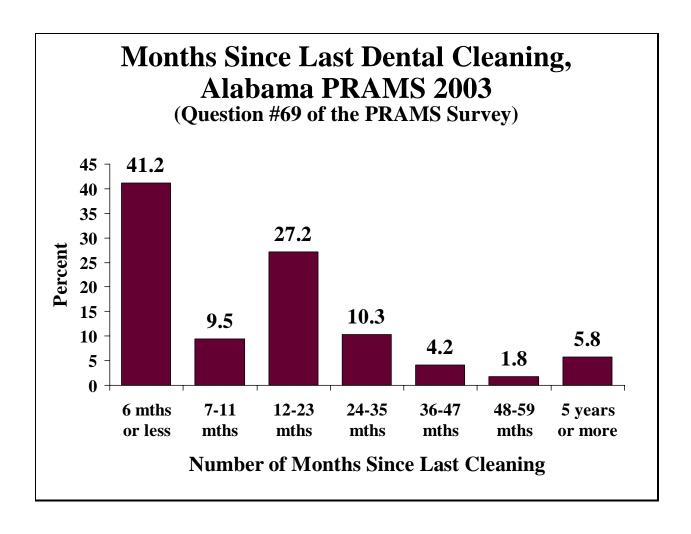
Among mothers who worked during pregnancy in 2003, 5.6 percent quit working in their first trimester. Half of working pregnant women in Alabama continued to work through the ninth month of their pregnancy.

	CONFIDENCE INTERVALS						
MONTH STOPPED WORKING	1-3	4	5	6	7	8	9
PERCENT	4.0-7.7	2.1-5.2	2.7-6.0	3.6-7.0	7.6-12.7	18.6-26.0	45.8-54.4



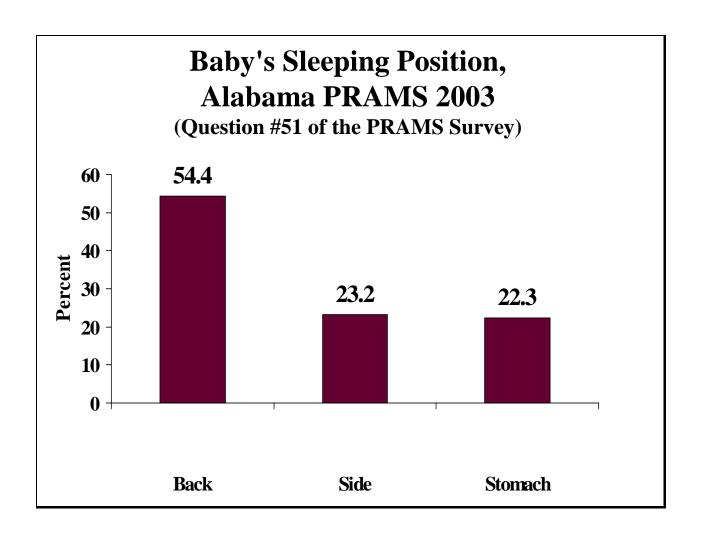
In 2003, Alabama women were asked about their dental care during pregnancy. One in five women reported that they needed to see a dentist for a problem during their pregnancy. Thirty-eight percent saw a dentist during their pregnancy, and 40.3 percent talked with a dental/health care worker about caring 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 T SEE DENTIST		SAW A DENTIST	TALKED WITH DENTAL/HEALTH WORKER	
PERCENT	20.0-25.4	35.8-42.0	37.2-43.6	



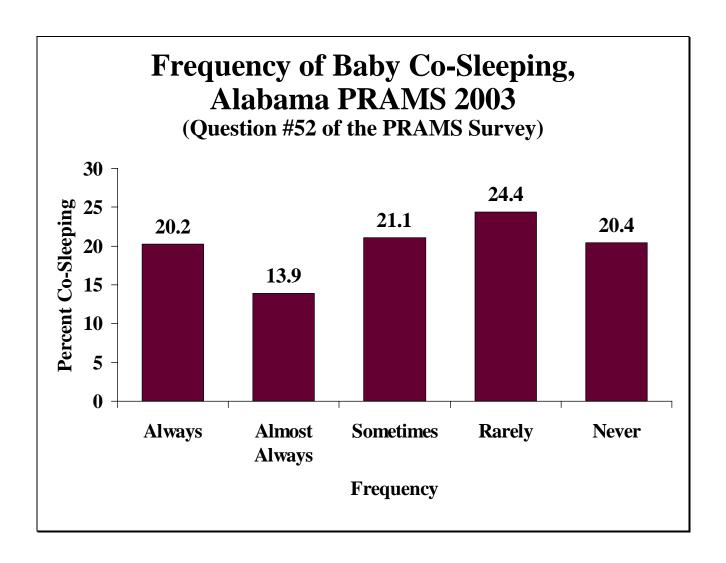
Mothers were asked, "How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?" \_\_\_months. Almost half of Alabama mothers reported it has been 1 year or longer since their last teeth cleaning. Only 41.2 percent of mothers had their teeth cleaned in the last 6 months.

	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	37.8-44.5	7.7-11.7	24.2-30.4	8.4-12.6	3.0-5.8	1.1-2.9	4.5-7.6



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 2003, only 54.4 percent of mothers put babies on their backs for sleeping. Forty-five percent were putting their babies to sleep on their sides or stomachs.

C	CONFIDENCE INTERVALS			
SLEEP POSITION	~==== RACK		STOMACH	
PERCENT	51.0-57.8	20.5-26.2	19.6-25.3	



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 21.1 percent sometimes allow their baby to co-sleep. Only one in five mothers never allowed their baby to co-sleep. Health care providers recommend infants sleep in their cribs or beds alone to reduce the risk of accidental injury or suffocation.

CONFIDENCE INTERVALS					
		ALMOST ALWAYS	SOMETIMES	RARELY	NEVER
PERCENT	17.7-23.0	11.7-16.4	18.5-23.9	21.7-27.4	18.0-23.1

# Mothers' Miscellaneous Comments

- "Medicaid provided very good care of me & my unborn baby the only problem I had during my pregnancy was with my teeth & I did not have dental care."
- "Don't let baby sleep in the bed with you."
- "Reading & drinking lots of water helped to keep me somewhat stress free & resting ever time my body felt exhausted."
- "My baby was born 5 weeks early. I believe it was due to stress. Health care providers need to push the issue of having a stress free pregnancy."
- "I had my baby 3 months early. I had no idea of the stress I was putting on my body. I went to school full time and was constantly upset about things around me. I could have lost my son. Pregnant women should take it easy whether they feel they are hurting themselves or not."
- "I think Medicaid should pay for dental work during pregnancy."
- "Can you send me something on physical abuse to woman by husbands or partners?"
- "Stressor during pregnancy included- husband out of work for surgery for 3 months. I was the only income provider in household."
- "My first daughter was born on time and weighed 7 lbs. 4 ozs. I did the exact same things I did w/ this last pregnancy so I have no idea why this one was early, but I didn't smoke or drink; there was more stress so maybe that was it."

As to how the baby is put down for sleeping:

- "Always sleeps in bed with parents @ night. I know this isn't recommended, but I couldn't handle her sleeping in another room. Sleeps in crib or swing during the day."
- "'back' Always!!!"

How long has it been since your last dental cleaning?

- "14 years. Can't afford it and I need it."
- "Never went to a dentist."
- "Never because of healthy teeth."

# **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 2003, 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

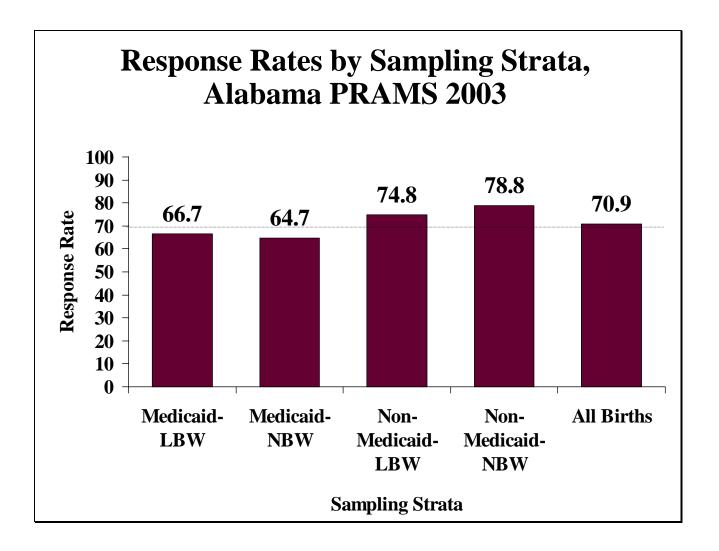
Each month approximately 180-200 women who have given birth two to four months before the sampling date are selected for the sample. The survey is divided into four strata: Medicaid low birth weight, Medicaid normal birth weight, non-Medicaid low birth weight, and non-Medicaid normal birth weight. Women 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 2003 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

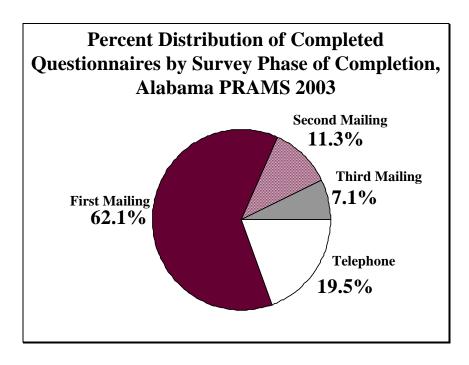
Selection probabilities are adjusted annually to take into account the changes in the distribution of births over time and the response rates of mothers in each strata. The goal is to obtain at least 400 completed questionnaires from each strata.

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.

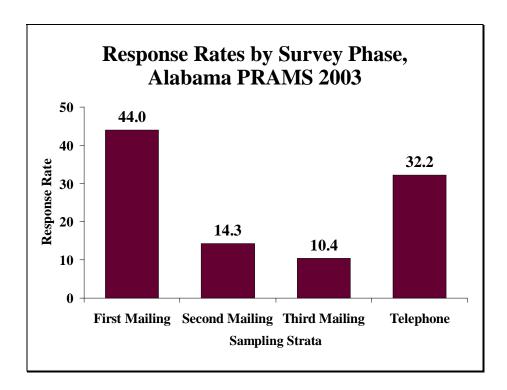
# **Response Rates**



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 three of the strata were above 70 percent in 2003. Low birth weight Medicaid and normal birth weight Medicaid were slightly below.



The majority of completed questionnaires are received as a result of the initial mailing (62.1%). The second mailing accounts for 11.3 percent of the completed questionnaires, and 7.1% of the surveys are returned as a result of the third mailing. Telephone interviews account for 19.5% of the total completed questionnaires.



Of all the women who were sent the first mailing, 44.0 percent responded. The second mailing had a 14.3 percent response rate. The response rate for the third mailing was 10.4 percent. Of those who entered the phone phase, 32.2 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.
	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)?
	you take a munivitainin (a pin that contains many unferent vitainins and inmerals):
	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
4.	What is your date of birth?
	Month Day Year
	Month Day Teal
5.	Just before you got pregnant, how much did you weigh?
	Pounds OR Kilos
	rands OR rands
6.	How tall are you without shoes?
	Feet Inches
	reet menes
	OR Centimeters
-	
7.	Before your new baby, did you ever have any other babies who were born alive?
	No → Go to Question 10
	Yes
0	Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less
0.	at birth?
	No
	Yes
9.	Was the baby just before your new one born <i>more</i> than 3 weeks before its due date?
Т	· ·
	No
	Yes
10	. Thinking back to just before you got pregnant, how did you feel about becoming pregnant?
	I wanted to be pregnent gooner
	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
prenatal care? (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 get prenatal care as early in your pregnancy as you wanted?
10. Did you get prenatare as earry in your pregnancy as you wanted:
No
Yes — Co to Opportion 18
I didn't want prenatal care Go to Question 18
17. Did any of these things keep you from getting prenatal care as early as you wanted?
Check all 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:
Other — Flease ten us:
<del></del>
If you did not go for prenatal care, go to Page
4, Question 22.
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:
19. How was your prenatal care paid for?
17. How was your prenatal care paid for:
Check <u>one</u> answer
Medicaid
Personal income (cash, check, or credit card)
Health insurance or HMO
Military
Health department Other Please tell us:
Ticase tell us.
<del></del>

20.	During any of your prenatal care visits, did a doctor, nurse, or other health care		
	worker talk with you about any of the things listed below? (Please count only		
	discussions, not reading materials or videos.) For each item, circle Y (Yes) if someone		
	talked with you about it or circle <b>N</b> (No) if no one talked with you about it.		
		NΙο	Voc

		110	1 65
a.	How smoking during pregnancy could affect your baby	N	Y
b.	Breastfeeding your baby	N	Y
c.	How drinking alcohol during pregnancy could affect your baby	N	Y
d.	Using a seat belt during your pregnancy	N	Y
e.	Birth control methods to use after your pregnancy	N	$\mathbf{Y}$
f.	Medicines that are safe to take during your pregnancy		Y
g.	How using illegal drugs could affect your baby	N	Y
h.	Doing tests to screen for birth defects or diseases		
	that run in your family	N	Y
i.	What to do if your labor starts early	N	$\mathbf{Y}$
j.	Getting your blood tested for HIV (the virus that causes AIDS)		$\mathbf{Y}$
k.	Physical abuse to women by their husbands or partners		Y

21. At any time during your prenatal care, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

No Yes ->	How many pounds did he or she recommend you gain?
Pounds	

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

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

No Yes

<b>23.</b> Did you have any of these problems during your pregnancy? For each item, circle <b>Y</b> (Yes) if you had the problem or circle <b>N</b> (No) if you did not.		
	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)	N	Y
c. Vaginal bleeding	N	Y
d. Problems with the placenta		
(such as abruptio placentae, placenta previa)		Y
e. Severe nausea, vomiting, or dehydration		Y
f. High blood sugar (diabetes)		Y
g. Kidney or bladder (urinary tract) infection	N	Y
h. Water broke more than 3 weeks before your baby was due	<b>N</b> T	₹7
(premature rupture of membranes, PROM)		Y
i. Cervix had to be sewn shut (incompetent cervix, cerclage)		Y
j. You were hurt in a car accident	IN	Y
If you did not have any of these problems, go to		
Question 25.		
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.)		
200 May of the past 200 eight colors in the past 2 years. (11 pack has 20 eight colors)		
No — Go to Page 6. Question 29		
No		
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		
Less than 1 cigarette a day		
I didn't smoke		
I don't know		
27. In the <i>last 3 months</i> 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?
Cigarettes OR Packs
Less than 1 cigarette a day
I don't smoke
I don't know
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.)
$N_0 \longrightarrow Q_0 + Q_0 + Q_0$
No Go to Question 32
Yes
20 a Design the 2 months before you get managed how many clockells driving did you
30. a. During the 3 months before you got pregnant, how many alcoholic drinks did you
have in an average week?
T 323-24 3-2-1-41
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
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
1 UOH 1 KHOW
h Duning the last 2 months of nonn magnetic house the last 121 months for
b. During the <i>last 3 months</i> of your pregnancy, how many times did you drink 5
alcoholic drinks or more in one sitting?
Times
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.

32.	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?
	No Yes
34.	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 Yes
thes	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	36 When did you go into the hospital to have your baby?			
	Month	Day	Year	
	I didn	't have m	y baby in a hospit	tal
37.	When was	your bab	y born?	
	Month	Day	Year	
38.			charged from the ne calendar.)	hospital after your baby was born?
	Month	Day	Year	
	I didn	't have m	y baby in a hospit	tal
39.	After your	r baby wa	s born, was he or	she put in an intensive care unit?
	No			
	Yes I don'	t know		
40.	After your	r baby wa	s born, how long	did he or she stay in the hospital?
	24–48	hours (1-	urs (Less than 1 d -2 days)	day)
	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			
41.	How was y	our deliv	ery paid for?	
		Ch	eck <u>all</u> that apply	
	Medicaid Personal income (cash, check, or credit card) Health insurance or HMO Military Health department Other — Please tell us:			
The	e next ques	tions are	about the time sin	nce your new baby was born.
42.	What is to	day's dat	te?	
	Month		Year	

43. Is your baby alive now?			
No			
Yes — Go to Question 45			
44. When did your baby die?			
Month Day Year			
Go to Page 11, Question 58			
45. Is your baby living with you now?			
No Go to Page 11,Question 58 Yes			
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 most often 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
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
i es
54. Was your new baby seen at home or at a health care facility?
At homo
At home At a doctor's office, clinic, or other health care facility
55. Has your baby had a well-baby checkup?
· • •
No Go to Question 58 Yes
165
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 <u>one</u> answer
Homital alinia
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 all 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?

Check all that apply **Tubes tied (sterilization)** Vasectomy (sterilization) Pill **Condoms** Foam, jelly, cream **Norplant®** Shots (Depo-Provera®)

Other — Please tell us:

Withdrawal

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

<b>62.</b>	2. Which rooms are in the hou	ise, apartment, or trailer v	where you live?		
	Γ	Check <u>all</u> that apply			
	Living room Separate dining room Kitchen Bathroom(s) Recreation room, den, of Finished basement Bedroom — How	·			
63.	8. Counting yourself, how ma	•	se, apartment, or trailer?		
	Adults (people aged 1	8 years or older)			
		eenagers (people aged 17 y	rears or younger)		
64.	. What were the sources of y	our household's income d	aring the past 12 months?		
		Check <u>all</u> that apply			
	Paycheck or money from a job Aid such as Temporary Assistance for Needy Families (TANF), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income Unemployment benefits Child support or alimony Social security, workers' compensation, veteran benefits, or pensions Money from a business, fees, dividends, or rental income Money from family or friends Other → Please tell us:  On the last few pages, there are questions on a variety of topics. Your answers should be for your most recent birth and the pregnancy leading up to that birth.				
65.	No Go to Qu		uring your pregnancy?		
	No - Go to Qu Yes	lestion do			
66.	What was the last month of more per week?	your pregnancy that you	worked for pay for 10 hours or		
	First, second, or third n Fourth month Fifth month Sixth month Seventh month Eighth month Ninth month	ıonth			

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. b. c.	My doctor or nurse told me to stop going to work				
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. b. c.	I needed to see a dentist for a problem				
	to care for my teeth and gums				
69.	69. How long has it been since you had your teeth cleaned by a dentist or a dental hygienist?				
	Months				
	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				
	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.				

	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.	II K
	No	Yes
a. I	Hospital staff gave me information about breastfeeding N	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 hospitalN	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
If v	you were not on WIC during your most	
	eent pregnancy, go to Question 73.	
	F-18	
72.	When you went for WIC visits before your baby was born, did you receive inf	formation on breastfeeding?
	No	
	Yes	
73.	Since your new baby was born, have you used WIC services for your new bab	y?
	No	
	Yes	
74.	How old was your baby when he or she went for his or her first well-baby che	ckup?
		<b>F</b>
	Weeks old	
	Less than 1 week	
	My baby has never had a well-baby checkup	
Pl.	ease use this space for any additional comments you would like to make about	the health of mothers and
11	babies in Alabama.	the hearth of mother's and
	vavies in Alavania.	

Thanks for answering our questions!
Your answers will help us work to make Alabama mothers and babies healthier.

Alabama Department of Public Health



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